



This Issue Brief focuses on the types of decision support tools that employees use when choosing between health plans—and how you can help people make sound choices that meet their health and financial needs.

This issue brief draws on a study of more than 125,000 unique online visitors to sites containing the PBGH Health Plan Chooser—online decision support software—at eight large employers; employees went online during open enrollment periods in 2010. In addition, more than 3,000 employees at a single large California employer with multiple locations were surveyed in December 2010, right after open enrollment.

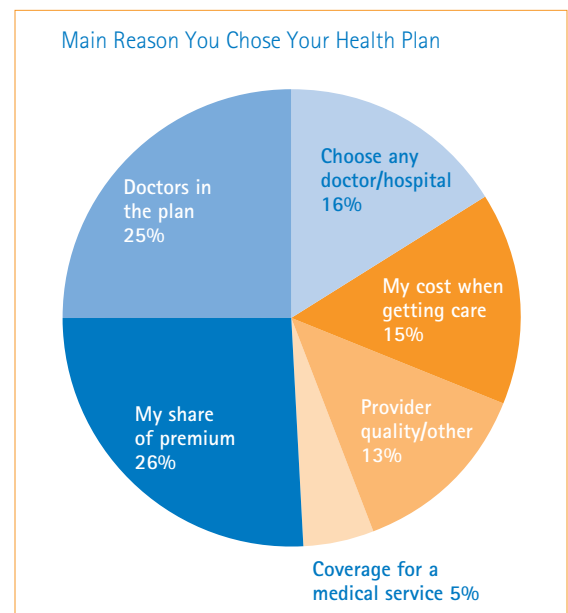
## The big picture

When it comes to choosing health plans, consumers' diverse information needs are striking. They have a range of priorities and preferences for various information resources. Their comprehension of plan information varies, too—so choosing a health plan is far from a 'one size fits all' process.

This issue brief draws on a study of more than 125,000 unique online visitors to sites containing the PBGH Health Plan Chooser—online decision support software—at eight large employers; employees went online during open enrollment periods between August and December, 2010. In addition, more than 3,000 employees at a single large California employer with multiple locations were surveyed in December 2010, right after open enrollment. In five days, more than 1,300 employees completed the survey—a response rate of 36%. The results from these employees, who used a variety of information resources, provide compelling insight into how consumers compare plans and what types of information they need to make decisions.

## What matters most when choosing a plan?

What's striking about consumer preferences for health plans is how much they vary. When asked to identify their top priority for choosing a health plan, sizable segments of consumers singled out each of a half-dozen factors. For instance, approximately a quarter named their share of premium costs as the



most important factor in plan choice; another quarter placed highest priority on the doctors covered by the plan. In addition, about 15% of consumers named their costs when getting care as most important; roughly the same proportion identified the ability to choose any doctor or hospital as most important.

The top priority in choosing a health plan for four in ten employees was the cost of health care: the combination of their share of health plan premiums and their costs when receiving care. Provider selection—doctors covered by the plan or the ability to choose any doctor or hospital—was the top priority for a similar proportion of those surveyed. The pattern of top priorities, balanced among a variety of factors, indicates that consumers bring many different perspectives to the process of choosing a health plan; while we know which factors are important across all employees, what's most important varies a lot from person to person.

## What forms of information helped people choose health plans?

Like their top criteria for choosing a health plan, consumer preferences for types of decision support tools varied. Almost 90% used printed information, including material they printed from online sources such as plan comparison PDFs. Sixty-five percent used online information, and a smaller but significant 24% obtained helpful information over the phone.

On the whole, employees were satisfied with the information resources provided to help them choose a plan; more than 80% rated them favorably. The printable 'plan comparison chart' PDF was the highest-rated resource; nine of ten employees rated it favorably.

Providing a mix of decision support tools—online, print material, and by phone—is key to helping all consumers make health plan choices.

## Comparison Tools in the PBGH Health Plan Chooser

The screenshot shows the 'Plan Rules & Features' section of the health plan chooser. It includes a table with columns for Plan, Seeing a Doctor, Wellness Resources, Medical Conditions, How to Save Money, and Rate or Remove Plan. Below this is the 'QuickCompare' section, which allows users to compare plans side-by-side. The table below shows the cost comparison for three plans: Core CA, Anthem Lumenos PPO with HRA, and Kaiser Permanente CA HMO.

	Core CA	Anthem Lumenos PPO with HRA	Kaiser Permanente CA HMO
Your Premium Cost (Monthly)	\$0.00	\$40.00	\$40.00
Your Premium Cost (Yearly)	\$0.00	\$487.20	\$487.20
Your Cost at Time of Service (Yearly)	\$350.00	\$0.00	\$25.00
Total Cost (Yearly)	\$350.00	\$487.20	\$512.20

Employees used the annual enrollment guide they received in the mail less often than they used online information.



Making an online printable enrollment guide available can be an effective and practical alternative to mailing enrollment guides to all employees.

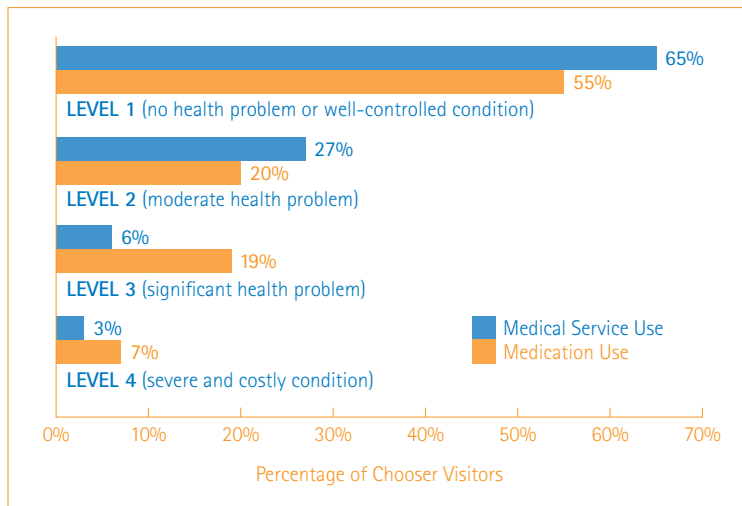
Nearly all online Chooser users were very satisfied with the experience: 83% reported the Chooser was helpful or very helpful, 82% found it easy to navigate, and 83% reported that it included the things most important to their health plan decision making.


## Who uses online information and how do they use it?

Google analytics and other visitor selection counts allowed us to understand the ways employees used the Chooser: the sites, pages, and topics they visited. This provides important insight into topics that employees consider as they weigh the comparative benefits of health plans.

**Anticipated health care use** More than half of 125,000 working age people who used the Chooser expected to use few or no health care services or medications in the coming year. This segment of people choosing a health plan does not need elaborate or highly tailored information to compare plans' out-of-pocket costs when getting care. On the other hand, a small but sizable percentage of Chooser users expects to use a number of services for moderate to serious health conditions in the next year. For this group, the costs of care—especially the costs of medications—are far more likely to be an important choice factor.

Anticipated use of medical services/medication during the next year




 A majority of people choosing health plans are well served with simple, general cost estimates to compare plans on out-of-pocket costs. A subset of people need more detailed information. Tools should "start simple" and allow consumers to learn just as much as they need.

**Chronic disease** Upwards of a third of Chooser users compared plans' disease management programs; this interest level roughly mirrors the prevalence of chronic diseases in the population. The mix of topics varies by workplace, but hypertension and high cholesterol, asthma, depression, and diabetes were the most frequently selected topics.


## What did they compare between plans?

Employees typically spent about seven minutes comparing their health plan choices. They spent a comparable amount of online time on each of four aspects of plan comparison: doctors, services, costs, and a summary of all comparison topics. Additionally, they spent a smaller portion of time comparing health plan features, such as wellness benefits, a 24-hour nurse line, and the like. They spent the most time on the Chooser QuickCompare Page—an 'at a glance' view of topics across plans; 63% reported getting most of their information from it.

 By personalizing their comparison of plans, employees can quickly zero in on what matters most to them. Many employees prefer a shortcut, by quickly tailoring the information to their needs, to get to a summary plan comparison fast.

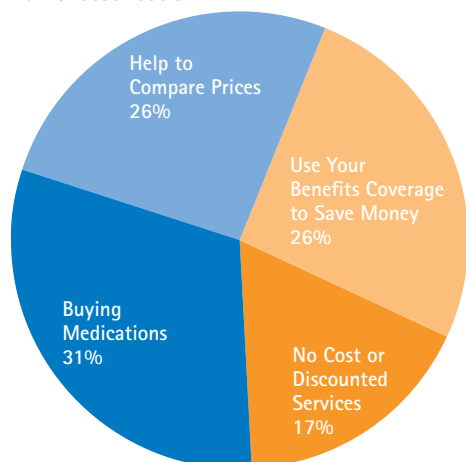
Other topics employees compared included wellness services and, not surprisingly in the current economic climate, saving money.

**Wellness services** Three wellness topics were of most interest to consumers comparing plans' health improvement services: weight management and fitness, controlling cholesterol and blood pressure, and managing stress. Smaller numbers of employees selected other 'stay healthy' topics like 'getting help with health risks and habits,' and 'stop smoking.'

 Employees are interested in wellness programs when making plan choices; aligning messages during open enrollment and throughout the year about wellness programs—from options to incentives—may better engage employees in these initiatives.

**Saving money** Just as their top priorities for a health plan varied, Chooser users focused on a variety of strategies for saving money on health care costs. Buying medications topped the list of 'saving money' topics they selected—but only by a slim margin. Using coverage to save money and help comparing prices were also each selected by about a quarter of Chooser users.

"Saving Money" Topics Selected by PBGH Health Plan Chooser Users



💡 Employees approach saving money on health care costs in different ways. Providing a variety of information on ways to save money meets the needs of more people.

## When is choosing a health plan more challenging?

More than 80% of employees were confident about their plan choice and reported no difficulty in choosing a plan. For a similar number, their main reason for choosing a plan matched the type of plan they selected—good evidence that employees made choices that fit their key needs.

While choosing a health plan was a successful experience for most employees, a subset found it challenging. Understanding their experiences is critical to making plan choice successful for everyone.

**Employees who are not engaged** Fifteen percent of the workforce is not actively engaged in using information resources or in making plan choices. These employees are more likely to:

- ▶ Discount differences between health plans or the importance of plan choice
- ▶ Have difficulty understanding aspects of plan choice
- ▶ Re-enroll in the same plan
- ▶ Choose an HMO in lieu of a PPO, opting for the HMO's less complex cost-sharing

💡 To engage employees, messaging should illustrate trade-offs between different plan choices for varying health and financial circumstances. It is particularly important to explain the financial certainty, doctor access, and 'self-service' trade-offs among plans.

### Comprehension of aspects of plan choice is lower

For approximately 20% of surveyed employees, understanding some aspects of plan choice—plan rules, coverage for a particular service, and doctors in plan—was more difficult. They were more likely to report difficulty in choosing a plan and lower confidence about their choice.

Making it easier for people to understand aspects of plan choice reduces the difficulty of choosing a plan, increases confidence about their choice of plans, and helps them choose plans that best match their preferences.

💡 To increase comprehension, focus communications on educating people about more complex aspects of plan choice, such as plan rules (like health saving accounts or coverage levels that differ among types of providers) and coverage for a particular service.

### Employees are more vulnerable or stressed

One in five employees reported difficulty choosing a plan. They were also more likely to:

- ▶ Find it difficult to understand aspects of plan choice
- ▶ Not use online resources
- ▶ Have poorer health status
- ▶ Have someone in the household who needs treatment for a health problem.

💡 When promoting information resources, include messaging about tangible ways that health plans can help people with health problems, such as 24-hour health coaches, nurse lines, or services for people with chronic conditions, high-risk pregnancies, and the like. Make printed and mailed formats available.