



The findings and solutions that follow are based on the Plan Chooser, a decision aid PBGH provides for members to help employees choose a health plan, and on consumer research PBGH conducts to inform the design of Health Insurance Exchange plan choice decision software.

1. Personal accounts make the difficult task of choosing a health plan even harder for many people.

Decision support solutions:

- ▶ Provide yearly estimates of time-of-care costs based on expected utilization that incorporate employer account seeding, wellness incentives, or other funds
- ▶ Provide an array of ways for the workforce to learn about personal accounts year-round
- ▶ Personalize plan comparisons by user preferences

2. Many people overestimate the impact of deductibles on total annual spending and choose a more costly, higher premium plan.

Decision support solutions:

- ▶ Provide a time-of-care cost calculator to show realistic yearly cost estimates for each benefit design
- ▶ Balance presentation of cost-share amounts with overall time-of-care cost estimates

Cost at Time of Care Per *Expected Use*

3. Your Cost at Time of Care

Medication Use
Choose the **one** category that best describes the prescription drug use you expect for next year. For a family, choose the category that best describes the family member who will probably need the most services. One prescription lasts 30 days. For details see [Medication Use](#).

Level 1 **No health problems or brief illness** requires about 2 prescriptions during the year.

Level 2 **Medication for a moderate health problem** requires about 5-7 prescriptions during the year.

Level 3 **Regular, ongoing medication needs** requires at least 1 prescription each month and sometimes 2 prescriptions each month.

Level 4 **Multiple prescriptions used daily** requires more than 30 prescriptions during the year.

Medical Service Use
Choose the **one** category that best describes the medical service use you expect for the next year. For a family, choose the category that best describes the family member who will probably need the most services. For details see [Medical Services Use](#).

Level 1 **No health problems or a well-controlled condition** requires 2 doctor office visits, including a regular check-up, and several lab tests during the year.

Level 2 **Moderate health problem** requires regular doctor care to watch or control a problem; 5-6 doctor office visits and regular tests or treatments during the year.

Level 3 **Significant health event or problem** requires monthly doctor office visits, outpatient treatment and a number of lab, x-ray or other services, like therapy, during the year.

Level 4 **Serious and costly problem or condition** requires a hospital stay and considerable outpatient care for the problem (or for expected care like pregnancy), about 20 doctor office visits and a large number of tests or treatments during the year.

3. Health plans rarely show members how to save money.

Decision support solutions:

- ▶ Provide personalized budgeting tool incorporating contracted fees and member coverage
- ▶ Automatically present alternative treatments, care options, and settings
- ▶ Use smart apps to alert the workforce to wise benefit use, care options, and available cost savings

4. Doctor choice matters to many people, but they often find it difficult to integrate information about provider choices when comparing plans.

Decision support solutions:

- ▶ Provider alternative paths to find a health plan: search for a provider and find affiliated plans or search for a plan and find affiliated providers.
- ▶ Incorporate available medical group/provider quality information into plan comparisons
- ▶ Simplify searches by aggregating providers across plans into a single doctor directory
- ▶ Enable search for providers and practices in proximity to employee's home
- ▶ Distinguish between provider and health plan quality performance

Doctor Choice: Top Dimension

Medical Plan	Your Cost	Doctor Choice	Wellness Services	Key Services <small>What you pay for in-network services</small>	Quality Ratings
Zenith HMO GOLD Yearly total cost \$5,341 My top plan choice	\$7,440 Yearly premium -\$2,124 Yearly premium tax credit \$25 Yearly cost at time of service	Your doctor not found in plan. Must select a primary care physician (PCP); referral required for specialist.	Nutrition & weight management; includes community services More...	Deductible Self Family: \$0 Annual Out-of-Pocket Maximum Self Family: \$1,500/\$3,000 Doctor Office Visit: \$15 Hospital Stay: \$250 Prescription Retail generic/ brand/ non-formulary: \$5-\$20/\$35 See all services...	Medical Plan ★★★ Doctors & Hospitals ★★★
Summit HMO GOLD Yearly total cost \$4,816 My top plan choice	\$6,900 Yearly premium -\$2,124 Yearly premium tax credit \$70 Yearly cost at time of service	Plan includes your doctor. Must select a primary care physician (PCP); referral required for specialist.	Nutrition & weight management; no program More...	Deductible Self Family: \$0 Annual Out-of-Pocket Maximum Self Family: \$1,500/\$3,000 Doctor Office Visit: \$25 Hospital Stay: \$500 Prescription Retail generic/ brand/ non-formulary: \$10/\$20/NA See all services...	Medical Plan ★★★ Doctors & Hospitals ★★★
Pinnacle PPO SILVER Yearly total cost \$4,613 My top plan choice	\$6,516 Yearly premium -\$2,124 Yearly premium tax credit \$221 Yearly cost at time of service	Plan includes your doctor. No primary care physician (PCP) required; can self-refer to specialist.	Nutrition & weight management; includes community services More...	Deductible Self Family: \$500/\$1,000 Annual Out-of-Pocket Maximum Self Family: \$2,000/\$4,000 Doctor Office Visit: \$20 PCP; \$30 specialist Hospital Stay: 20% Prescription Retail generic/ brand/ non-formulary: \$10/\$30/\$50; up to 31-day supply See all services...	Medical Plan ★★★ Doctors & Hospitals ★★★

5. Distinct consumer segments prioritize different dimensions of health plans when choosing among them.

Decision support solutions:

- ▶ Include all dimensions in decision support, not just cost and covered services
 - ▶ Share of premium cost
 - ▶ Doctors affiliated with plan
 - ▶ The flexibility to choose any doctor or hospital
 - ▶ Costs of getting care
 - ▶ Coverage for a specific medical service
 - ▶ Quality of doctors and other providers
- ▶ Customize plan compare display to user preferences, placing user-preferred dimensions in primary display, followed by supporting information
- ▶ Summarize information to reduce the volume of content

Top Choice Dimensions in Primary Display (plans positioned on columns)

	My top plan choice	My top plan choice	My top plan choice	My top plan choice	My top plan choice	My top plan choice
	Zenith HMO	Summit HMO	Pinnacle PPO	Eminent Health PPO	Crown High-Deductible Health Plan	Capstone PPO
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE
Your Cost						
Yearly premium	\$7,440	\$6,900	\$6,516	\$6,060	\$3,840	\$4,800
Yearly premium tax credit	-\$2,124	-\$2,124	-\$2,124	-\$2,124	-\$2,124	-\$2,124
Yearly cost at time of service	\$25	\$70	\$221	\$271	\$327	\$327
Yearly total cost	\$5,341	\$4,846	\$4,613	\$4,207	\$2,043	\$3,003
	Zenith HMO	Summit HMO	Pinnacle PPO	Eminent Health PPO	Crown High-Deductible Health Plan	Capstone PPO
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE
Quality Ratings						
Medical Plan	★★★	★★	★★★	★★★★	★★	★★★
Doctors & Hospitals	★★★	★★	★★★	★★★★	★★	★★★
	Zenith HMO	Summit HMO	Pinnacle PPO	Eminent Health PPO	Crown High-Deductible Health Plan	Capstone PPO
	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE
Doctor Choice						
Your Doctor Participates in Plan	Your doctor not found in plan.	Plan includes your doctor.	Plan includes your doctor.	Plan includes your doctor.	Plan includes your doctor.	Your doctor not found in plan.
Seeing a Doctor	Must select a primary care physician (PCP); referral required for specialist.	Must select a primary care physician (PCP); referral required for specialist.	No primary care physician (PCP) required; can self-refer to specialist.	No primary care physician (PCP) required; can self-refer to specialist.	No primary care physician (PCP) required; can self-refer to specialist.	No primary care physician (PCP) required; can self-refer to specialist.