



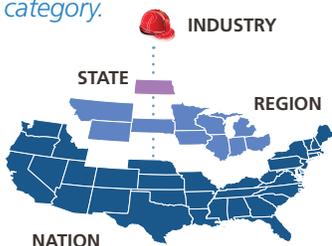
EMPLOYERS SEEK GUIDANCE TO STRATEGICALLY MANAGE HEALTH INSURANCE COSTS

Data in the 2015 UBA Health Plan Survey are based on responses from 10,804 employers sponsoring 18,186 health plans nationwide.

The UBA survey is **larger** than all the leading surveys — produced by Kaiser, Mercer, Gallagher, Willis, Towers Watson, and Aon — **combined!**



The size of the 2015 UBA Health Plan Survey provides employers with the data they need to benchmark their plans more accurately based on plan type, region, number of employees, and industry category.



Data from the UBA Health Plan Survey provides employers of all sizes more detailed—and therefore more meaningful—benchmarks and trends than any other source. The following are selected highlights and key findings from the 2015 survey responses.

Factors Driving Rates Higher

- Small groups forced into community-rated, high-cost ACA-compliant plans
- Lack of negotiating power among small groups

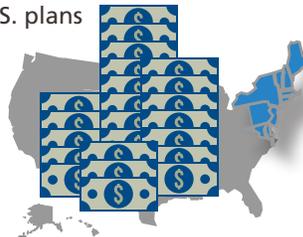


Factors Holding Rates Steady

- Large group negotiating power
- Grandmothered employers avoided ACA-compliant plans
- **UBA bargaining power**

\$\$\$\$ Plans

- Government and Finance
- Northeast U.S. plans



\$ Plans

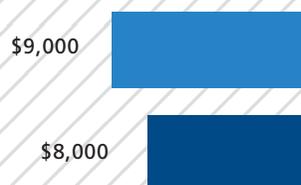
- Retail, Construction, and Hospitality
- Central U.S. plans



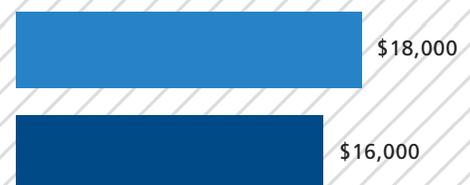
Out-of-Pocket Costs Rising

Over the last five years, median in-network single deductibles have doubled, and employees' median out-of-network deductibles increased 50%. For families, the median in-network deductible increased 33% and the out-of-network deductible increase was a whopping 75% in just five years. Families bear the brunt of the increase in median out-of-network out-of-pocket maximums, going from \$16,000 in 2014 to \$18,000 in 2015, while singles increased from \$8,000 to \$9,000.

MEDIAN OUT-OF-NETWORK SINGLE OUT-OF-POCKET MAXIMUMS



MEDIAN OUT-OF-NETWORK FAMILY OUT-OF-POCKET MAXIMUMS



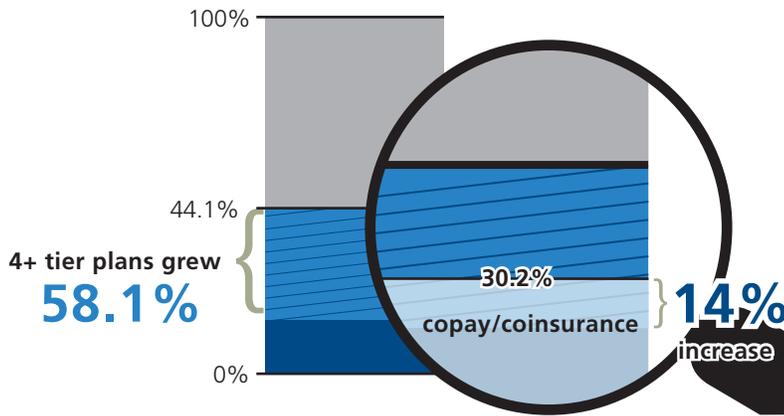
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NUMBER 1 COST CONTAINMENT STRATEGY FOR PRESCRIPTION PLANS: 4-TIER PLANS WITH COPAY/COINSURANCE MODEL

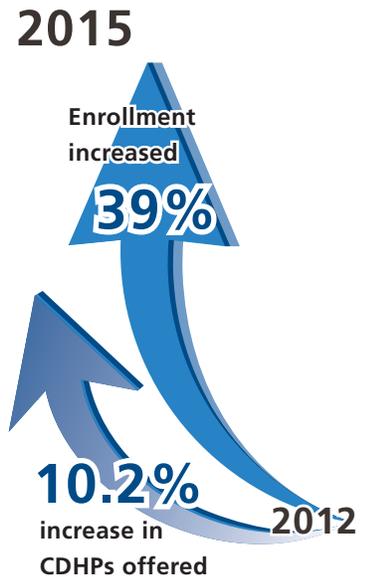
Almost half (48.9%) of prescription drug plans utilize three tiers (generic, formulary brand, and non-formulary brand); 4.3% retain a two-tier plan; and 44.1% offer four tiers or more. Over the last two years, the number of 4+ tier plans grew 58.1%, making this a rapidly growing strategy to control costs. In addition, 30.2% of prescription plans use varying combinations of copays and coinsurance as part of the plan design — a 14% increase from last year — showing that the move away from more costly copay-only models is steady.

Prescription Tier Prevalence



CDHPs Grow in Popularity with Employers and Employees

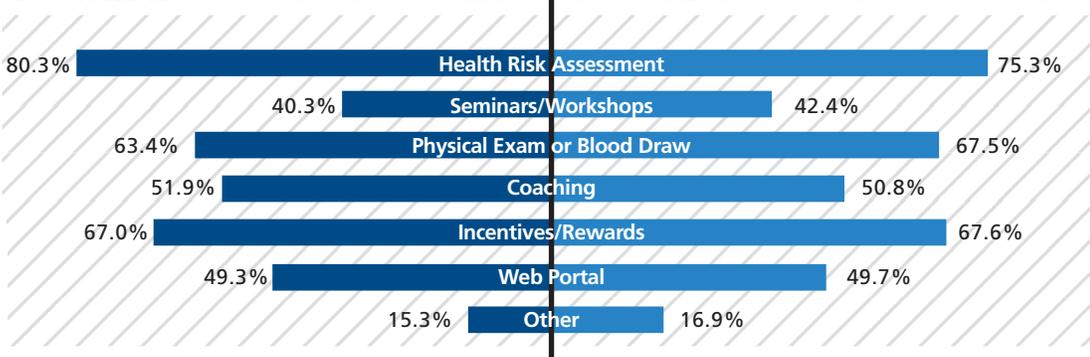
Nearly a quarter of all plans are consumer-directed health plans (CDHPs) — an increase of 10.2% from 2012. These plans are seeing enrollment increases of more than 39% in the last three years.



New Wellness Trend: Employers Move Away from Health Risk Assessments

Nearly 20% of employers offer wellness programs but the program components are changing. Compared to 2014, the use of health risk assessments is down 6.2%, while biometric screenings and physical exams are up 6.5% and seminars are up 5.2%.

2014 WELLNESS PROGRAMS & COMPONENTS | 2015 WELLNESS PROGRAMS & COMPONENTS



Contact us today for a copy of the 2015 UBA Health Plan Survey Executive Summary or to request a custom benchmarking study of your health plan.

