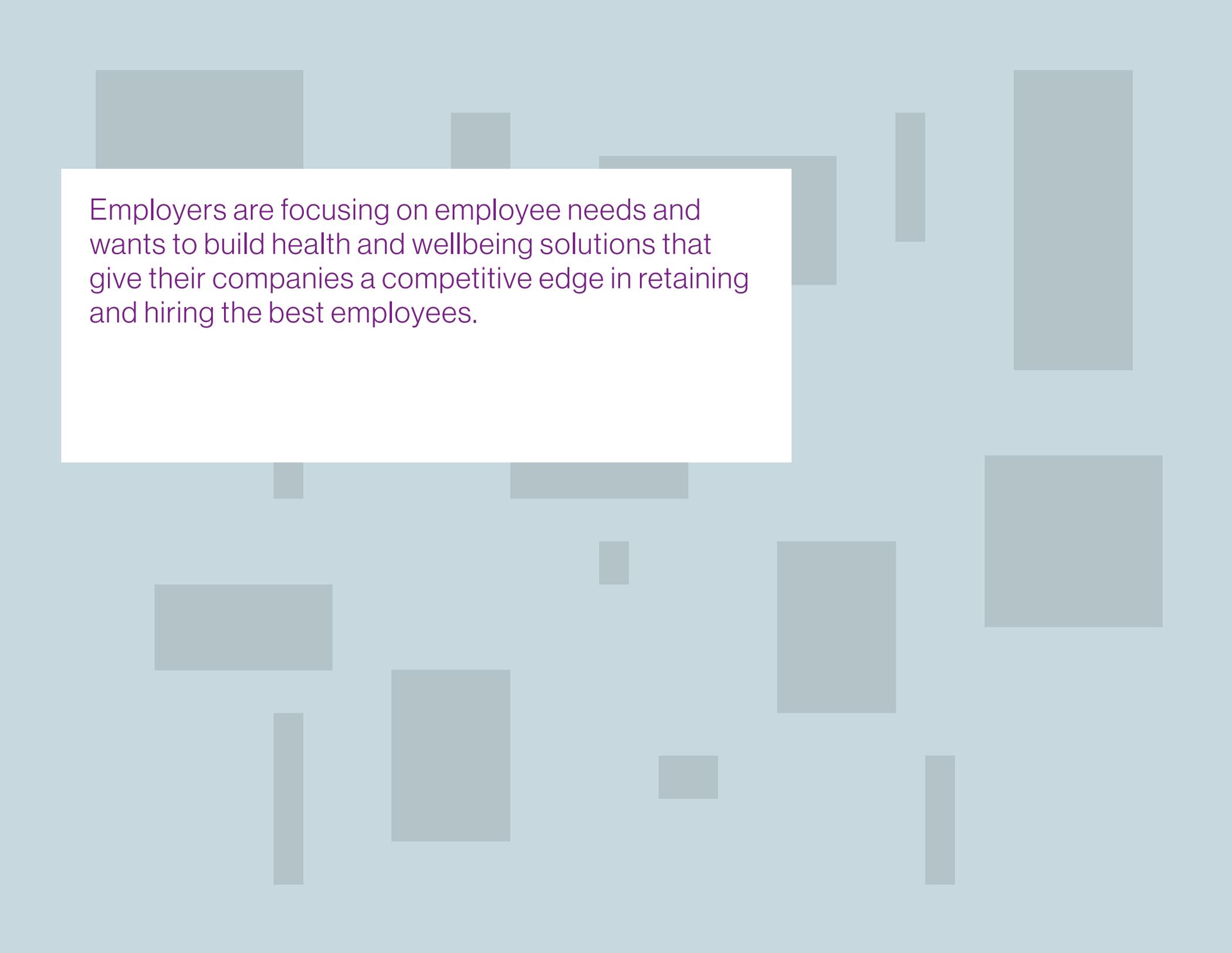


Willis Towers Watson 23rd Annual Best Practices in Health Care Employer Survey

Full report and high-performance insights



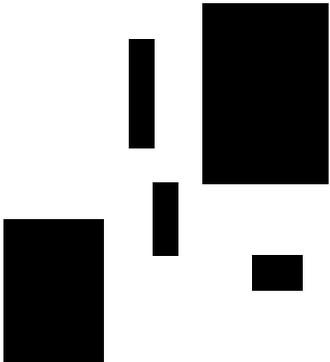
Employers are focusing on employee needs and wants to build health and wellbeing solutions that give their companies a competitive edge in retaining and hiring the best employees.

Willis Towers Watson 23rd Annual Best Practices in Health Care Employer Survey

Full report and high-performance
insights

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Executive summary

As the current economic expansion enters its ninth year, employers are increasingly focused on attracting and retaining employees, making health care benefits an important component of the employee value proposition (EVP). When the Willis Towers Watson 23rd Annual Best Practices in Health Care Employer Survey was conducted between May and July 2018, unemployment ranged from 3.8% to 4.0%, according to the Department of Labor. In this currently competitive environment, employers are not only mindful of employees' ability to continue to afford their health plans but also increasingly focused on ways to improve the employee experience by aligning it with their benefit programs.

Employer confidence in offering employee health care benefits is nearly absolute among survey respondents. According to the survey, 94% of employers are very confident their organizations will continue to sponsor health benefits in five years – up two points from the prior year. In fact, no respondent reported “not confident” to the question. Even their longer-term commitment to offering these benefits in 10 years grew to 69% from 65% last year, marking a new high level since the passage of the Affordable Care Act (ACA) in 2010.

At the same time, employers continue to focus on controlling costs and adopting solutions to improve the effectiveness of their health care programs as cost trends remain well above the rate of inflation. Employers expect a slight upswing in health care cost increases over the next two years, but cost trends remain at or below 5% (after plan changes) compared with a current Consumer Price Index under 3%.

To tackle cost – for both the employer and the employee – and ultimately improve workforce performance, employers are focusing on a short list of top priorities:

- Concentrating on clinical conditions to reduce high-cost claims with a particular focus on metabolic syndrome/diabetes, musculoskeletal disease and mental/behavioral health
- Improving management of pharmacy costs particularly related to specialty pharmacy cost and utilization
- Encouraging greater use of high-performance networks (HPNs), centers of excellence (COEs) and telemedicine to ensure appropriate, cost-effective and high-quality care
- Considering the addition of low point-of-care cost plans as an option rather than an all account-based health plan (ABHP) lineup
- Improving employee total wellbeing – including physical, social, emotional and financial – and connecting these efforts to corporate culture and the EVP

Looking to mitigate future cost increases and connect benefit programs to workforce culture, 82% of employers are investing in wellbeing initiatives, or plan to over the next three years. Despite current participation challenges, employers remain committed to improving employee wellbeing.

Employers also recognize that workers are more productive when they are healthier and emotionally and financially secure, and wellbeing is evolving accordingly as employers seek to align the work environment and company culture with their overall health and wellbeing initiatives. Currently 53% of employers report aligning company culture with health benefits, and that number is expected to rise to 76% over the next two years.

However, engagement remains a challenge for health and wellbeing initiatives. The use of financial incentives for participation in wellbeing activities has plateaued. To improve engagement, there is growing emphasis on connecting the workplace environment and leadership involvement to the many aspects of wellbeing. Some of the initiatives at the workplace that address physical, emotional and social wellbeing include:

- Flexible work arrangements
- Paid parental leave
- Diversity and inclusion initiatives
- Events that give back to the local community, such as food drives

Organizations with increased health engagement are focused on improving the employee experience by adding benefit choice and ultimately providing tools and resources that support employees when they need it most.

Today's workforce demands greater choice among plan offerings that better address all career stages, whether it's starting a first job or preparing to retire. Employers are addressing these issues by:

- Offering choice of health plan options or insurers
- Expanding the menu of voluntary and supplemental benefits
- Making workforce perks such as childcare services, time off to volunteer and onsite services a core part of the EVP

To support the growing number and complexity of programs being offered, employers need to have tools not only to support enrollment but also to support health care decisions. Employers are adopting new technology and partnering with innovative companies to improve health care navigation, increase wellbeing, improve the delivery of health care and better connect members with chronic condition management.

Innovations in technology, along with market disruption, offer opportunities and challenges for employers to make progress on these priorities. Employers have mixed responses on innovation. While they believe new, nontraditional industry participants like start-ups or tech giants may lead to lower costs, employers are uncertain about the impact

on the quality of care. Meanwhile, the sentiment toward mergers of traditional industry participants is reversed. Employers believe mergers will lead to increased costs but improved quality of care.

Employers understand the importance of the health and wellbeing of their workforce to their organization's success. They're focusing on employee needs and wants to build health and wellbeing solutions that give their companies a competitive edge in retaining and hiring the best employees in a highly competitive labor market. The employers that measure their success (currently only 46% have a measurement strategy) will gain momentum and advantage to achieve a healthy, high-performing workforce.

Organizations with increased health engagement are focused on improving the employee experience by adding benefit choice and ultimately providing tools and resources that support employees when they need it most.

At a glance

Feeling confident



94%
are very
confident

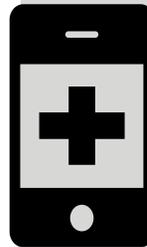
6% are
somewhat
confident

0%
are not
confident

that the organization will continue to sponsor health care benefits in five years

Top clinical condition

65% will emphasize metabolic syndrome/diabetes over the next three years



Pick up the phone

86% offer telemedicine, up from 11% in 2012

43% reduce point-of-care costs for using telemedicine



Focus on wellbeing

41% have made progress on enhancing employees' total wellbeing over the last three years

82% think it is important to enhance employees' total wellbeing over the next three years

85% have enough budget for existing programs, but...

only **55%** have sufficient budget to add new programs

Account-based health plan sponsorship



81%
offer ABHPs

76% offer health-savings-account-based ABHPs

21% offer employees only ABHPs (total replacement), compared with 3% a decade ago

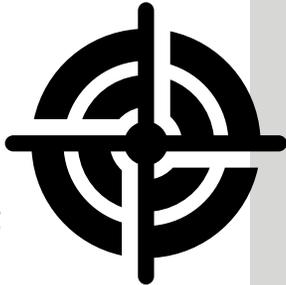
18% of those that adopted total replacement ABHPs have pulled back on that strategy in the last few years

Top wellbeing action by 2021

Physical

80%

sponsor programs or pilots that target specific conditions or high-cost cases



Financial

67%

offer one-on-one financial counseling on short-term financial issues



Social

85%

sponsor volunteer activities to local communities



Emotional

61%

implement a companywide behavioral health strategy/action plan



Growing interest in tech

56% prioritize health technology solutions as important over the next three years

26% are actively looking for best **new** technology or plan to pilot **new** solutions

65% are interested in tech that improves health care navigation or benefit experiences



Survey highlights

Increasing health care costs



Companies expect a slight upswing in health care cost increases over the next two years, but cost trends remain at or below 5% (after plan changes). Cost shifting appears to have slowed partly due to the maturing of ABHPs.

Confidence in offering health benefits rises



Employer confidence in offering health benefits in 10 years remains strong, nearing its highest levels in 15 years.

Focus on employees' wants and needs



Over the next three years, companies will emphasize targeting specific clinical conditions and enhancing the employee experience. At the center, employers place a growing emphasis on understanding employees' wants and needs, and refine program designs and activities around a consumer-centric approach.

Growing interest in value-based designs



Employers plan to increasingly incorporate value-based designs and expand the use of HPNs services to enhance care delivery (e.g., expert medical opinion, concierge services).

ABHP sponsorship possibly peaking



ABHP sponsorship and the advance toward total replacement have leveled off. In fact, one in five companies with a total replacement strategy has reversed course and reintroduced low point-of-care cost programs.

Controlling pharmacy costs



Employers proactively manage pharmacy benefit costs with particular emphasis on specialty pharmacy utilization, but significant opportunities remain to adjust plan designs and implement coverage changes.

Strong commitment to wellbeing initiatives



Employee engagement in health and wellbeing initiatives is a persistent challenge and top opportunity, but employer commitment to wellbeing has never been stronger.

Aligning wellbeing initiatives with corporate culture



Employers look to engage in a broad set of activities to support the physical, emotional, financial and social wellbeing across their workforces, and there is growing emphasis to align wellbeing with their EVPs and support the connections among all aspects of wellbeing, the workplace environment culture and leadership involvement.

Financial incentives leveling off



The use of financial incentives around wellbeing activities has plateaued, especially the use of penalties and outcomes-based incentives. Instead, employers focus on building a healthy work environment and creating a personalized experience to drive engagement.

Prioritizing health technology solutions



Over half of companies prioritize health technology solutions – connected devices, enhanced enrollment and an integrated platform – as important over the next three years to improve the delivery of care, health analytics and the consumer experience, and one-quarter of companies are actively looking for the best technology or plan to pilot solutions.

Tools for supporting decisions



Employers plan to significantly expand the offering of various tools to support employees' decisions and monitor their health and wellbeing while looking for superior technology to enhance the enrollment experience.

About the survey

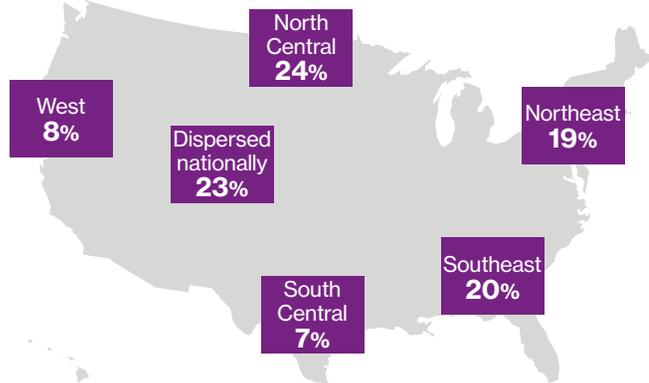
The 23rd Annual Willis Towers Watson Best Practices in Health Care Employer Survey was completed by 687 U.S. employers with at least 100 employees between June and July 2018. It reflects respondents' 2018 health plan decisions and strategies as well as expected changes for 2019 and 2020. For consistency with prior years' surveys, results provided in this report are primarily based on 554 employers, each with at least 1,000 employees. Collectively they employ 11.4 million employees and operate in all major industries (Figure 1).

Figure 1. About the data that follow

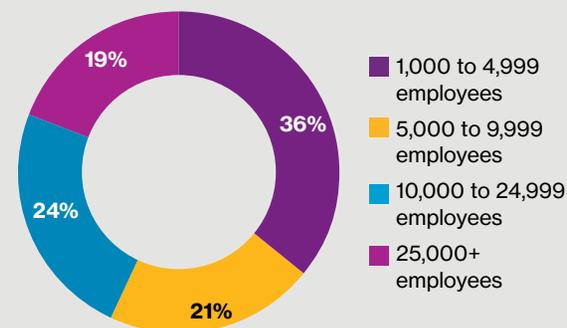
554 employers with at least 1,000 employees responded to the survey

11.4m employees work at the responding organizations

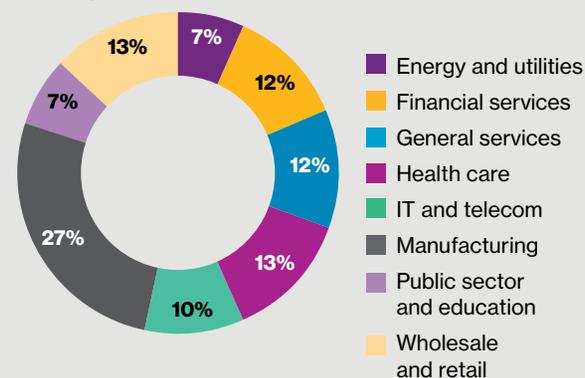
Respondents have the largest number of benefit-eligible employees in:



Employer size



Industry



Chapter 1 – Health benefit strategy: Focus on cost and affordability, prioritize clinical management and wellbeing

Cost and risk

Although annual cost increases of employer-sponsored health care remain at low levels, cost trends after plan changes continue to be well above the rate of inflation. Employers are focused on minimizing cost increases and expect the trend to remain similar to the past 10 years.

Respondents to our annual survey expect total health care costs (both employer and employee) to rise 5.0% in 2019 after plan design changes. According to our Financial Benchmark Survey results, the average

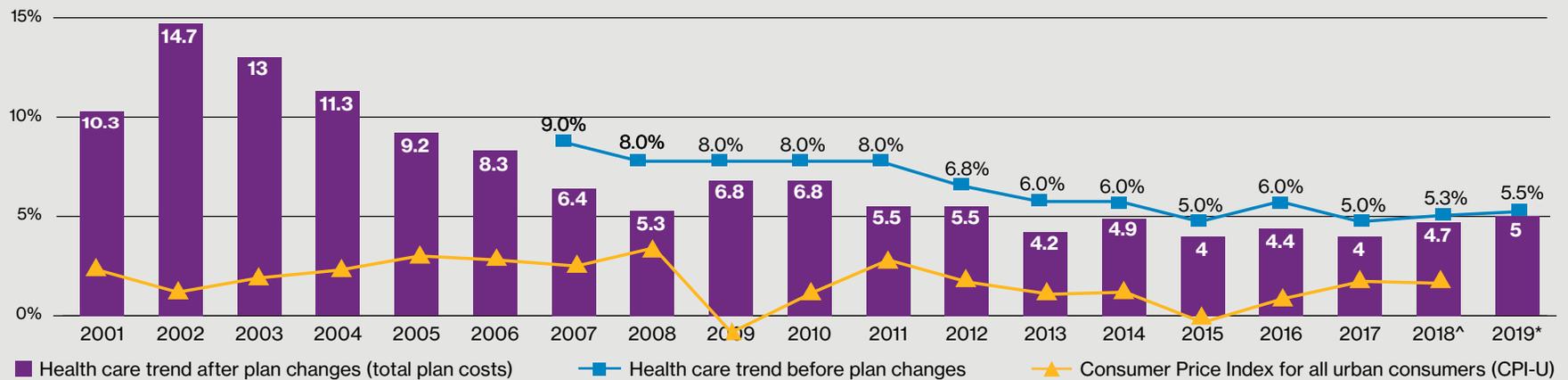
cost of health care is \$12,612 per employee per year (PEPY) in 2018; based on the expected increases, this will translate to \$13,243 in 2019. For comparison, the general inflation rate for the first half of 2018 was 2.0%,¹ and many economic forecasts suggest this will persist throughout 2019.² Before plan changes, cost trends are expected to be 5.3% in 2018, which is up from 5.0% in 2017 (*Figure 2*).

Annual increases in the cost of health care, plus sustained cost shifting to employees over the years, continue to raise concerns about employee affordability – especially for lower-paid employees.

On average, employees contribute 24% of total premium costs in 2018. In paycheck deductions, this translates into an average annual employee contribution of \$3,027 in 2018, which could rise to \$3,178 per year in 2019 under current plan designs.

With their own PEPY costs rising, employers will continue to mitigate increases by managing their plan utilization and efficiency. Although many employers have moved to ABHP and even total replacement over recent years, one in five who moved to full replacement has reinstated a plan without a high deductible.

Figure 2. Health care costs before and after plan changes are well above the rate of inflation



^Expected *Projected
Sample: Based on respondents with at least 1,000 employees

¹Bureau of Labor Statistics figures for first half of 2018 average based on all urban consumers. https://data.bls.gov/timeseries/CUUR0000SA01E?output_view=pct_12mths

²OECD estimates. <https://data.oecd.org/price/inflation-forecast.htm#indicator-chart>

Employers will utilize several key strategies to improve efficiency of their plans, including:

- Managing cost and utilization of pharmacy benefits – particularly specialty pharmacy
- Encouraging the use of high-quality health care delivery channels, including telemedicine, COEs and HPNs
- Ensuring vendors and carriers are aligned with their cost and health improvement goals; measuring and evaluating their performance accordingly

Top priorities

Employers have identified priorities that will improve health outcomes and the health experience for employees (Figure 3). Over the next three years, employers' top priorities include:

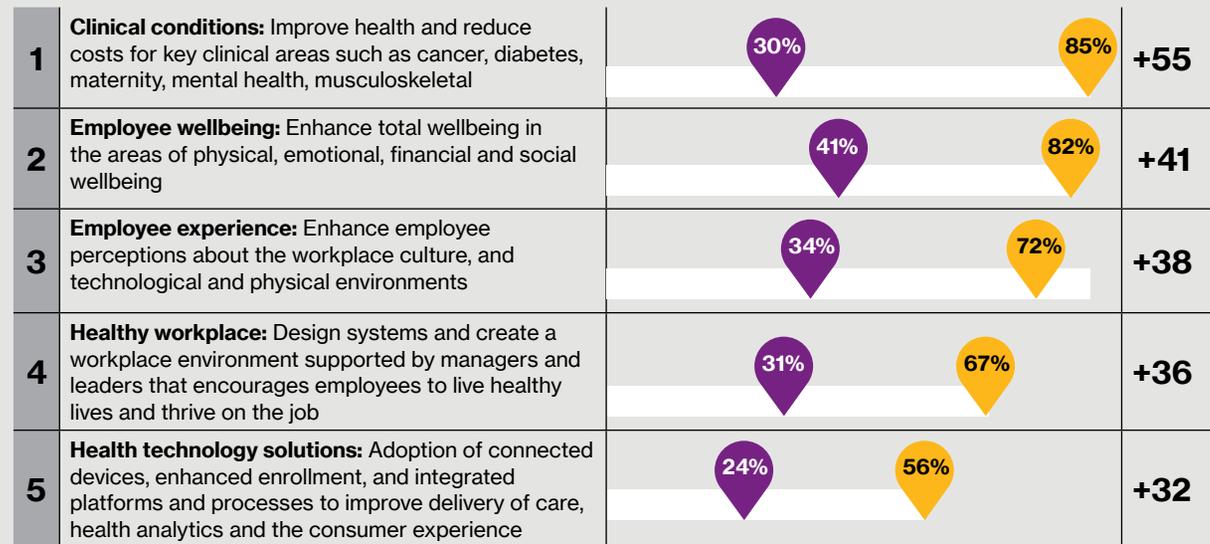
1. Clinical conditions: Improving the health of employees and reducing the costs for key clinical areas
2. Employee wellbeing: Enhancing employees' physical, emotional, financial and social wellbeing
3. Employee experience: Promoting employee involvement in workplace, technological and physical environments
4. Healthy workplace: Creating a workplace environment that encourages healthy living

Affordability

The 0.5% difference between 5.5% projected trend before plan changes in 2019 and 5.0% after plan changes is the smallest difference in over 10 years. Employers are less focused now on cost shifting to employees than they have been since the passage of the ACA in 2010. The maturation of ABHPs, a heightened focus on employee affordability, an increased need to attract and retain employees in a competitive environment, and less concern about the excise tax have altered employers' focus from cost shifting to strategies that improve plan efficiency while providing a better employee experience.



Figure 3. Progress over last three years and priorities going forward, focus on total wellbeing and clinical conditions



 Progress made over the **last three years**
 Importance over the **next three years**

Note: Percentage indicates "To a very great extent" or "To a great extent"

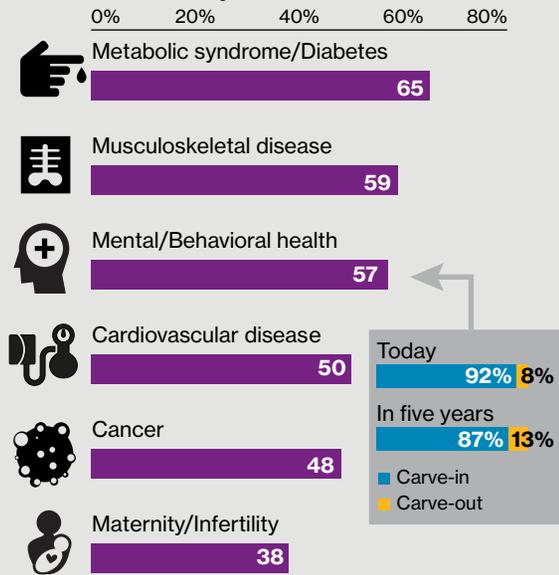
Sample: Based on respondents with at least 1,000 employees

Employers report strong interest in improving clinical conditions, with 85% reporting that they will prioritize at least one clinical condition over the next three years. However, there is a 55-point gap between interest and progress made in the past three years.

Employers report the following clinical conditions are their top concerns (Figure 4):

1. Metabolic syndrome/Diabetes
2. Musculoskeletal disease
3. Mental/Behavioral health
4. Cardiovascular disease
5. Cancer
6. Maternity/Infertility

Figure 4. **Nearly two-thirds of employers will emphasize metabolic syndrome/diabetes over the next three years**



Note: Percentage indicates “To a very great extent” or “To a great extent”

Sample: Based on respondents with at least 1,000 employees

Meanwhile, employers are committed to their wellbeing initiatives. With 82% reporting wellbeing as a top priority for the next three years, it is the second highest priority. Despite having the highest progress level of all the top priorities, the gap between progress and interest remains large as only 41% reported making progress in wellbeing over the past three years. Although most employers have started their wellbeing activities focusing on physical wellbeing, the best wellbeing initiatives also address emotional, financial and social wellbeing, which integrates employee engagement at work leading to higher productivity.

To address experience, employers are offering more choice allowing employers to offer a broader variety of benefits and more options to better meet the personal or family needs of employees. Some of the choices include deductibles, insurance carriers and even types of plans as some employers are beginning to rethink their total replacement programs. Employers are also expanding voluntary benefit offerings. As choice increases for employees, so does the need for – and employer interest in – providing decision support to help employees choose what’s best for their personal situations. The percentage of employers that offer decision support is expected to double between 2017 and 2020 from 35% to 71%.

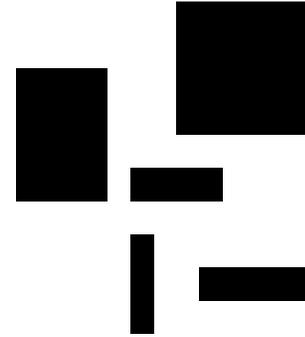
Rounding out the top four priorities is a healthy workplace, which is driven by wellbeing initiatives. By creating a workplace environment supported by managers and leaders that encourages employees living healthy lives at work and at home, employers are also addressing many of the aspects of wellbeing by integrating physical, emotional, financial and social components.

New market entrants: clinical conditions and tech



As employers look for innovative ways to help their employees manage clinical conditions, many are turning to new technology firms. In fact, 43% of employers say they are watching emerging companies that leverage connected devices – like digitized glucometers and remote physical therapy monitoring – to revolutionize the management of chronic conditions.

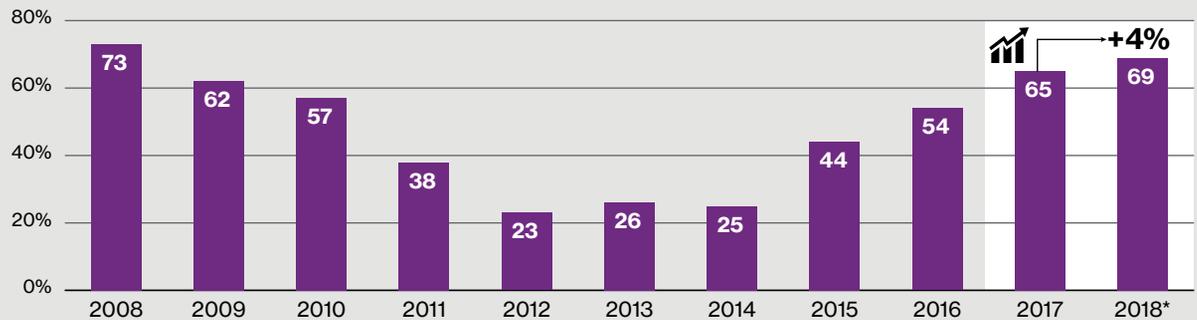
The four top priorities are connected because employees who are healthy and financially secure are more productive and engaged at work. Today’s workforce is multigenerational with different wants and needs. Some people may have health issues, while others may have financial challenges. Some may be willing to take on risk, while others are risk averse and demand a level of certainty. It is not enough for employers to apply a one-size-fits-all approach.



Rising confidence

Amid a strong economy with record low unemployment, employer confidence in offering health plans remains high. In fact, employer confidence is practically absolute with 94% of employers confident that they will offer health care benefits to employees five years from now – two points higher than last year. Longer term, employer confidence over 10 years is also strong, standing at 69% marking a new high since the passage of the ACA in 2010 (Figure 5). Employers recognize that offering health care benefits is vitally important in attracting and retaining employees as well as improving employee health, wellbeing and ultimately productivity.

Figure 5. **Employer confidence in sponsoring health care benefits over the next 10 years continues to grow (percentage of “Very confident”)**



Sample: Based on respondents with at least 1,000 employees

Confidence the organization will continue to sponsor health care benefits **in five years**
94% Very confident **6%** Somewhat confident **0%** Not confident

Best performers create their own competitive advantage

Employers continue to show dramatic differences in their abilities to manage their health care cost trends. Our research identified 48 companies that qualify as best performers based on their sustained ability to manage cost trends and efficiency. Best-performing companies must exhibit the following two characteristics:

- **Efficiency:** Efficiency that is 5% or greater – roughly 60th percentile and above
- **Cost trend:** Two-year average trend before and after plan changes that is at or below the national norm

Defining efficiency

Efficiency is a financial measure that compares an employer's annual per employee per year cost to a PEPY benchmark, which is adjusted for factors including the employer's age and gender mix, family size, geography and location of plan participants, and plan design. A PEPY cost that exceeds the adjusted benchmark is "inefficient," and organizations that have a 5% or better efficiency and lower trend are best performing.

The 48 best performers represent 14% of eligible companies reporting both favorable efficiencies and cost trends before and after plan changes at or below the national average. We estimate best performers will pay \$1,393 PEPY less than the average employer in our national survey (\$11,219 in 2018 compared with the national average of \$12,612). For perspective, a best performer with 10,000 employees is saving almost \$14 million a year over similar size peers.

Best performers also maintain a two-year average cost trend after plan changes of 0.8% – roughly 3.6 percentage points lower than the national average (4.4%). While plan design changes have helped to mitigate their cost increases, best performers also maintain a two-year average gross trend (before plan design changes) of 3.5 percentage points lower than the national norm (1.7% versus 5.2%).

What can we learn from best performers?

Best-performing companies lead the way in developing high-performing health care programs that manage costs and add value, in part by implementing superior network and provider strategies. Throughout the rest of this report, we identify specific tactics that best-performing companies are deploying much more than the national average or other organizations – best practices focused on six core areas:

- Plan design and financial management
 - Participation: employee and dependent
 - Subsidization
 - Account-based health plans
- Health care access and delivery
- Pharmacy management
- Employee wellbeing
- Employee experience
- Measurement

While many factors can explain the reasons for best performers holding the line on costs, these activities are likely an important part of their recent success, and many are emerging trends that could position them – and those who emulate them – for success in the future. While best performers are leading the way, there is plenty of opportunity for all companies to take actions to rein in costs and improve the performance of their health care programs.





Where do we get our data?

For the fourth year, total plan costs for this study are being based on Willis Towers Watson's annual Financial Benchmark Survey, which includes detailed medical plan cost values on 2,248 companies with more than 10.8 million enrollees and total costs of over \$133.7 billion. By incorporating the use of this deep and broad database in our annual Willis Towers Watson Best Practices in Health Care Employer Survey, we enhance our ability to provide detailed annual plan costs for over 18 industry groups.

These cost data are adjusted for demographic, geographic and design factors, and as a result, help us evaluate how efficiently companies' health plans are performing. This adjustment enables participating employers to gain a richer understanding of how well their plans are performing compared with those of others at a level of detail that is unmatched by any other survey data source in the marketplace.

For fully insured medical and pharmacy plans, the costs presented reflect premium rates. For self-insured plans, the costs reflect premium equivalencies, which include company contributions to medical accounts such as health reimbursement arrangements and health savings accounts (HSAs), health management program costs and program participation incentives paid by the plan, and administration costs.

We selected best performers from the 351 companies that completed the 2018 Willis Towers Watson Financial Benchmark Survey and the 2018 Willis Towers Watson Best Practices in Health Care Employer Survey with sufficient health care cost trend and efficiency information.

Chapter 2 – Plan and financial management: Trends in health care contributions, premiums and benefit designs

Subsidization

With health care costs rising faster than the rest of the economy, employers continue to address the challenge of changing plan design to control costs and keep health care affordable for employees.

Only a quarter of employers today review health care subsidies in the context of other benefits and pay (Total Rewards), but the prevalence of this practice is expected to jump to 40% within two years. About a third offer lower costs to employees who take specific steps (36%), such as participating in a physical wellbeing initiative like a health assessment, with 55% planning to do so by 2020. Just over a quarter use a defined contribution (DC) arrangement, with that figure possibly rising to 40% in 2020 based on those that are planning or considering it (Figure 6).

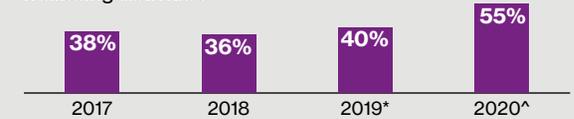
Furthermore, employers are considering value-based designs to improve quality and efficiency of care delivered. For example, almost a third of employers increase out-of-pocket costs for use of specific

services that are commonly overused like going to an emergency room for a non-emergency condition. In the next two years, over half of employers expect to adopt such penalties. A similar approach that may see explosive growth is requiring second opinions. Currently only 5% of employers require employees who get certain types of medical procedures to pay a higher cost share if they do not first seek additional input, but in two years over a quarter of employers expect to adopt such policies.

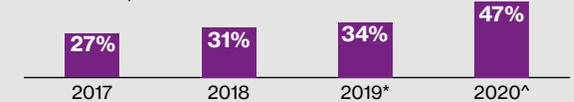
The most widely used penalty to nudge behavior change remains tobacco surcharges, which average \$600 a year. Currently 44% of employers either penalize tobacco users with higher premiums or reward them for quitting. Adoption of tobacco surcharges and incentives, however, may be reaching a plateau as this year's figure remains the same as last year's. While another 10% of employers indicated they might add tobacco surcharges or incentives in the next two years, the figure has remained at its current level for the last four years.

Figure 6. Trends in health care contributions, premiums and benefit designs

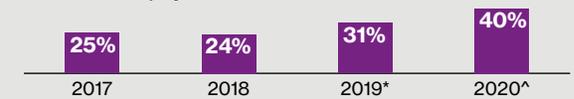
Require employees to participate in other health and wellbeing activities



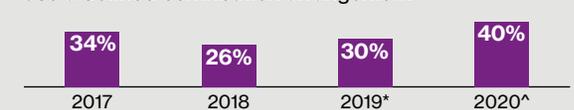
Use spousal surcharges (when other employer coverage is available)



Review health care subsidies in the context of other benefits and pay increases



Use a defined contribution arrangement



Structure employee contributions based on employee pay levels



Note: * "Planning for 2019," ^ "Considering in 2020"

Sample: Based on respondents with at least 1,000 employees
Source: 2017 and 2018 Willis Towers Watson Best Practices in Health Care Employer Survey

Participation

While penalties may be effective nudges to change behavior, typically employees prefer rewards to penalties – with the exception of tobacco surcharges. Specifically, the use of incentives focused on driving program participation is on the decline having peaked in 2015 at 77% of employers, steadily declining to this year's five-year low at 56%. Although some employers may be pulling back from offering rewards, those that still offer incentives remain committed and increased the maximum amount of money employees can earn by \$304 a year – a 47% increase – between 2012 and 2018 (Figure 7).

Subsidization: Families pay more

Because family size impacts health care cost per employee, employers continue to pass the higher cost of family coverage on to employees, especially when spouses have coverage from their own jobs. Almost a third (31%) charge more to cover spouses when other employer coverage is available, rising from 27% last year (Figure 6). The higher family rates help avoid across-the-board increases to all employees.

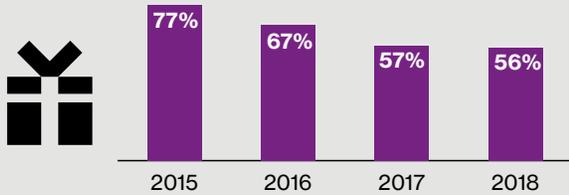
Best practices: Subsidization



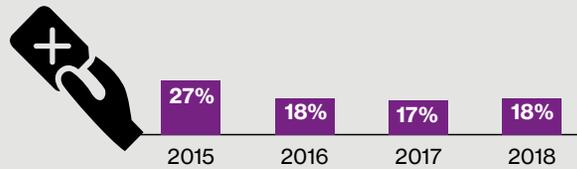
- Review health care subsidies in the context of Total Rewards and organizational values.
- Evaluate employee premiums and out-of-pocket costs for affordability.
- Set contribution levels for members with dependents higher than for single members.
- Apply spousal surcharge approach when other coverage is available.

Figure 7. Use of incentives plateaus

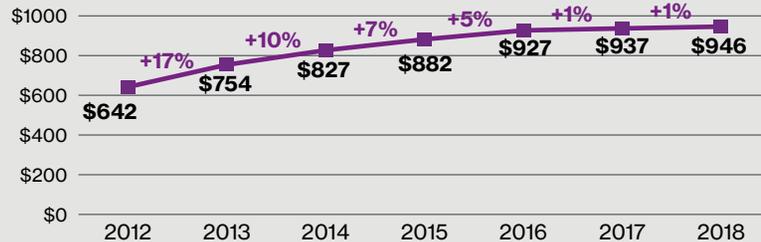
Use **rewards** for participation in healthy activities



Apply **penalties** for lack of participation in or failure to meet requirements of health programs/activities



Maximum opportunity – Overall average



Maximum opportunity
up \$304 –
a 47% increase –
between 2012 and 2018



■ Combined employee and spouse and/or dependents

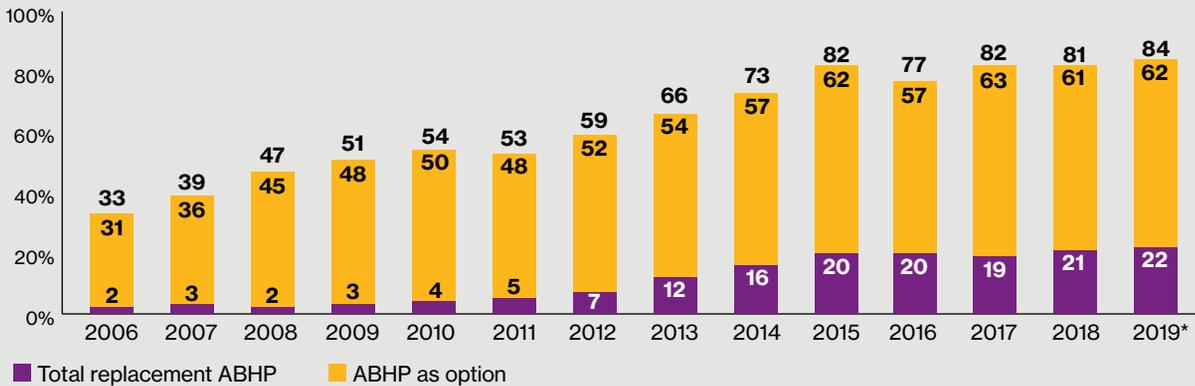
Note: Means: includes companies offering incentives to only employees or to employees and spouses

Chapter 3 – ABHP sponsorship is peaking, HSAs expanding

Figure 8. Has ABHP sponsorship peaked?

22% Nearly **one-fifth** of all companies are expected to **only offer employees ABHPs by 2019**, compared with 3% a decade ago.

Percentage offering or planning to offer an ABHP



*Planned for 2019

Note: 2006 is based on the 12th annual Willis Towers Watson/National Business Group on Health Employer Survey on Purchasing Value in Health Care; 2007 is based on the 13th annual survey, and so on.

Sample: Based on respondents with at least 1,000 employees

Sponsorship rates

Account-based health plans have increased in prevalence over the past decade. Today, 81% of employers offer ABHPs. In contrast, only 47% of employers offered ABHPs in 2008. We are reaching a saturation point as the availability of these plans is anticipated to only go up three points to 84% next year.

Currently 21% of employers offer ABHPs as their only plan, up from 19% in 2017. Growth of total replacement is expected to remain stagnant next year as only 22% of employers expect to only offer ABHPs (Figure 8).

Rethinking total replacement ABHPs

Total replacement has lingered around one-fifth of employers since 2015, and now, employers are beginning to rethink the total replacement strategy.

Nearly one in five (18%) employers that had previously offered only ABHPs have reinstated a choice of plan options where ABHPs are an option along with low point-of-care cost plans (Figure 9). Furthermore, another 14% of employers that adopted total replacement are expecting to add back low point-of-care cost plans in the next two years.

Figure 9. Nearly 20% of employers have eliminated their total replacement ABHP strategy

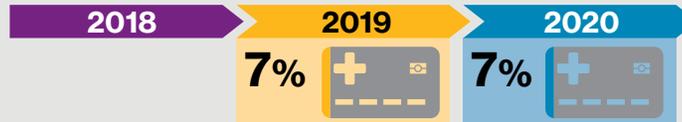
Among non-total replacement ABHP sponsors

Eliminated a total replacement ABHP strategy and offered a choice of plan options among ABHPs and plans with low point-of-care costs in the last few years



Among total replacement ABHP sponsors

Planning to eliminate its total replacement ABHP strategy



Note: Percentages indicate "Used in 2018," "Planning for 2019" or "Considering for 2020"

Sample: Based on respondents with at least 1,000 employees that offer ABHPs



HSAs expand, but some employers hold on to HRAs

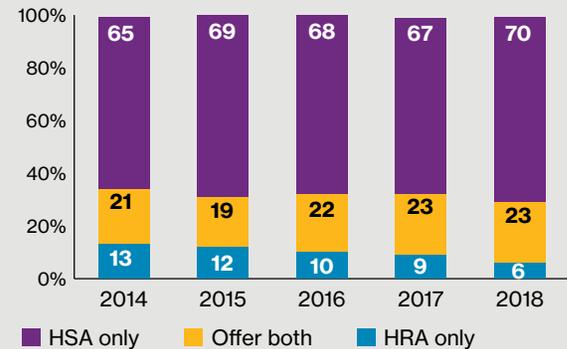
Employers offering HSAs with their ABHPs stand at 93% in 2018 up from 90% in 2017 (Figure 10). In contrast, 29% of employers with ABHPs offer HRAs in 2018 down from 32% in 2017. Those figures include the 23% of employers that offer both HSAs and HRAs in 2018 and 2017. The number of employers offering only HRAs now stands at 6%, down from 9% in 2017. These figures are in a stark contrast to a decade ago when nearly as many companies offered HSAs (61%) as HRAs (59%) when including the 20% of employers offering both. We expect our future results for HRA use could change pending a proposal by the Trump administration to promote HRA availability.

Although many employers offer ABHPs along with other plans, most organizations find ways to nudge employees toward choosing the ABHP option such as charging lower premiums than other plan options, and 65% contribute funds to an employee's HSA to help defray the higher point-of-care costs (Figure 11).

Best practices: ABHP

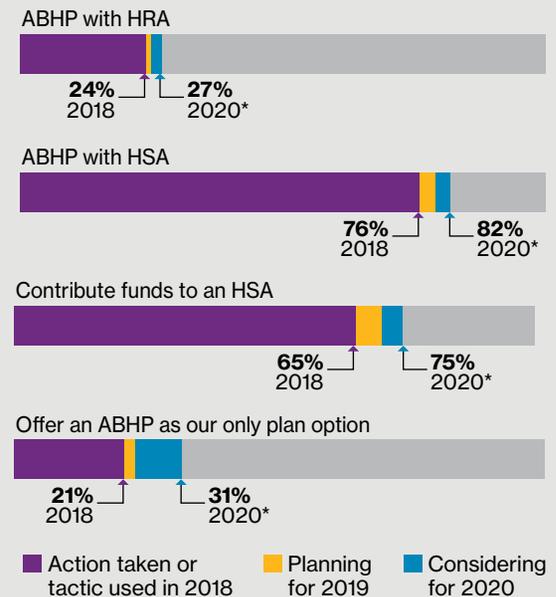
- Offer plans that will have affordable premiums and point-of-care costs for the entire range of employees.
- Provide initial contribution to ABHP-associated savings account (HSA or HRA), and consider differential contribution for low-wage workers.
- Provide decision support to help employees choose the best plan and amount to contribute into a savings account.
- Communicate and educate on the value of saving and the connection to other saving vehicles such as 401(k)s.
- Shop carefully for an HSA vendor: The best deal for your organization and employees is not always the carrier's partner.

Figure 10. HSAs continue to expand among employers with ABHPs



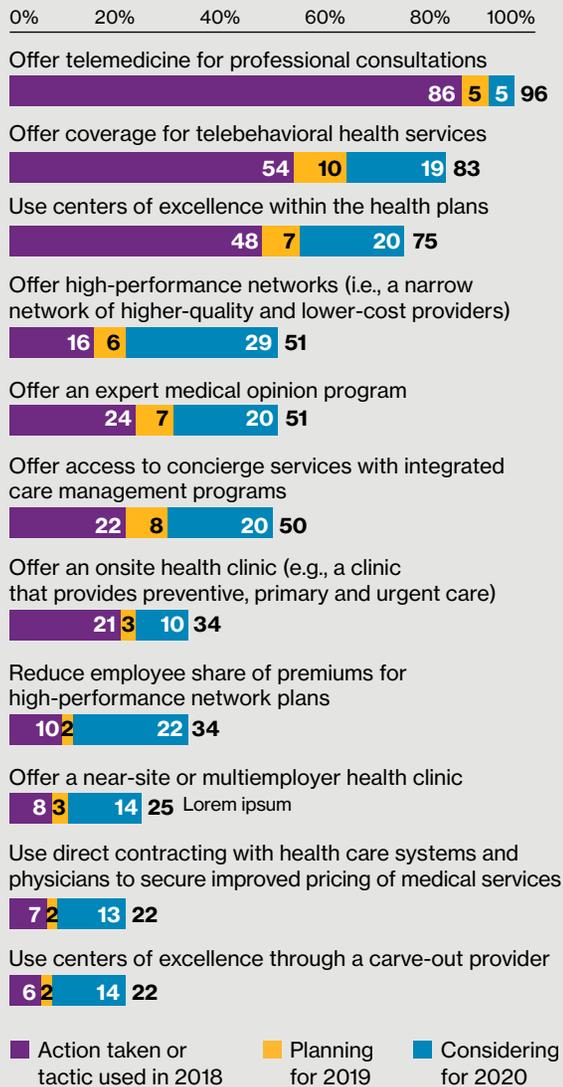
Sample: Based on respondents with at least 1,000 employees that offer an HSA-or HRA-ABHP

Figure 11. Over four out of five companies plan to offer an HSA-based ABHP by 2020



*Includes companies indicating "Planned for 2019" or "Considering for 2020"
Sample: Based on respondents with at least 1,000 employees with or without an ABHP

Figure 12. Network and provider strategies



Sample: Based on respondents with at least 1,000 employees

Chapter 4 – Health care delivery: Encouraging use of value-based health services

U.S. health care total costs are largely reflective of high unit prices, and there is often little relationship between unit price and quality. Employers are seeking to steer their members to high-value providers that are able to provide high quality and service at lower costs. This also provides a market signal to high-cost providers that they should evaluate opportunities to increase their cost effectiveness.

Where employees receive care can have a dramatic impact on costs, so employers are encouraging participants to use value-based services such as:

- Telemedicine
- Centers of excellence
- Expert medical opinion programs
- High-performance networks

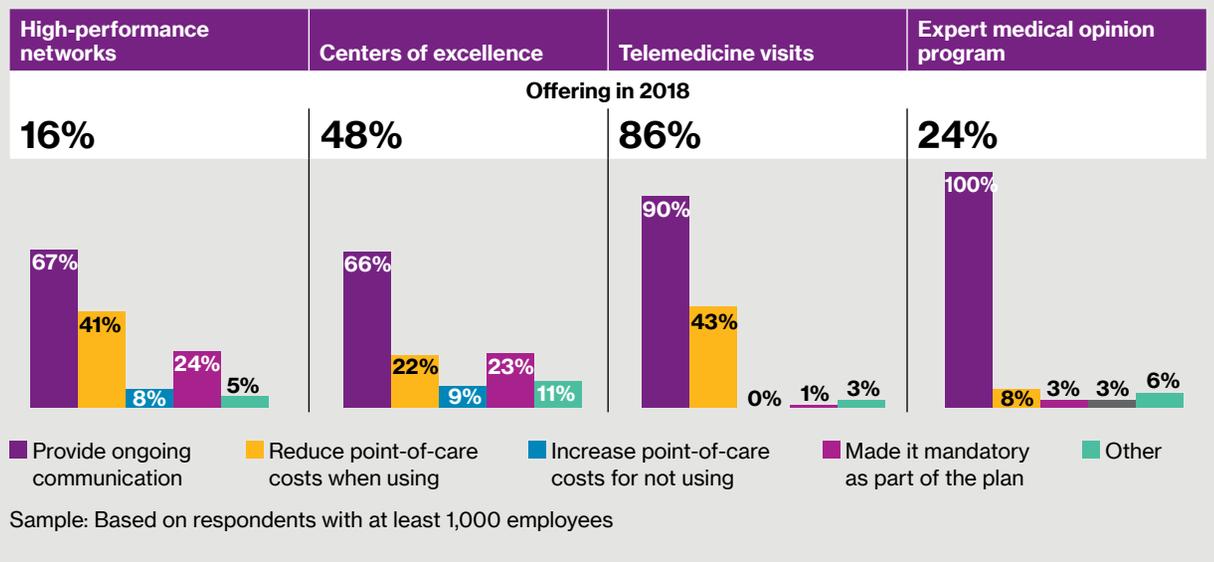
Telemedicine has seen the highest rate of adoption, as 86% of employers offer it with another 10% considering it by 2020 (Figure 12). Employers are encouraging the use of telemedicine through communications (90%) and incentives (43%) like reduced point of care cost. Meanwhile, more than half of employers (54%) offer telebehavioral health services and another 29% are considering adding it by 2020. Nonetheless, member use of telemedicine continues to lag behind expectations, and employers are working to increase employee use of this benefit.

Nearly half (48%) use COEs, with another 27% considering it by 2020. Currently, most work with their health plan in establishing a COE, but 6% of employers use a carve-out provider for COEs, which is set to more than triple in two years to 22%. Furthermore, employers are either making COEs mandatory (23%) or offering incentives (22%) for use with a smaller number (9%) issuing penalties like increased point-of-care costs when not used (Figure 13).

Expert medical opinion programs are growing in popularity with employers as a means to improve care, enhance the member experience and drive better results. Just under a quarter of employers offer the service, and its adoption is expected to double in two years. Employers offering such a service provide ongoing communications to employees and, when done most effectively, build out integration of the service into health plan and other program points of contact.

Employers are seeking to steer their members to high-value providers that are able to provide high quality and service at lower costs.

Figure 13: The majority of employers provide ongoing communication to promote the use of preferred providers



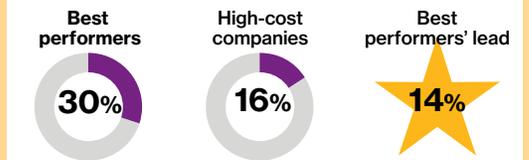
Similarly, employers expect their use of HPNs, a narrow network of higher-quality and lower-cost providers, to grow significantly along with reducing employee cost sharing for use of an HPN. These local network solutions can take many forms but are usually narrower sets of providers curated based on quality and cost efficiency. Most health plans have a set of offerings, as do a growing number of third parties. Only 16% offer HPNs today, a number that could grow to over 50% by 2020. Currently 10% of employers reduce premiums for use of HPNs, but that could more than triple by 2020 (34%) (Figure 12). Out of employers that currently use HPNs, 10% reduce point-of-care costs for using HPNs; 41% make using HPNs mandatory, and 8% increase point-of-care costs for not using HPNs (Figure 13).

Network solutions continue to evolve as employers seek out greater value. Health plans are developing new models for employers in a growing number of locations. Another emerging network solution is direct contracting between an employer and a health care system or targeted set of health care providers in key markets. Today, 7% of employers report using direct contracting, but prevalence could triple by 2020 (Figure 12). The supply and demand for these arrangements is expected to grow, along with expectations for improved outcomes, efficiency and member experience.

Best practices: Health care delivery

- Optimize strategies to include both national and local delivery solutions.
- Provide and encourage broad-based telemedicine and telebehavioral services.
- Encourage participants to use value-based services, such as expert medical opinion programs, through incentives and communications.

Best performer advantage: Offer an expert medical opinion program



- Use local or regional COEs for high-use and high-cost-variability services or procedures.
- Offer HPNs in locations where experience and population characteristics support it.

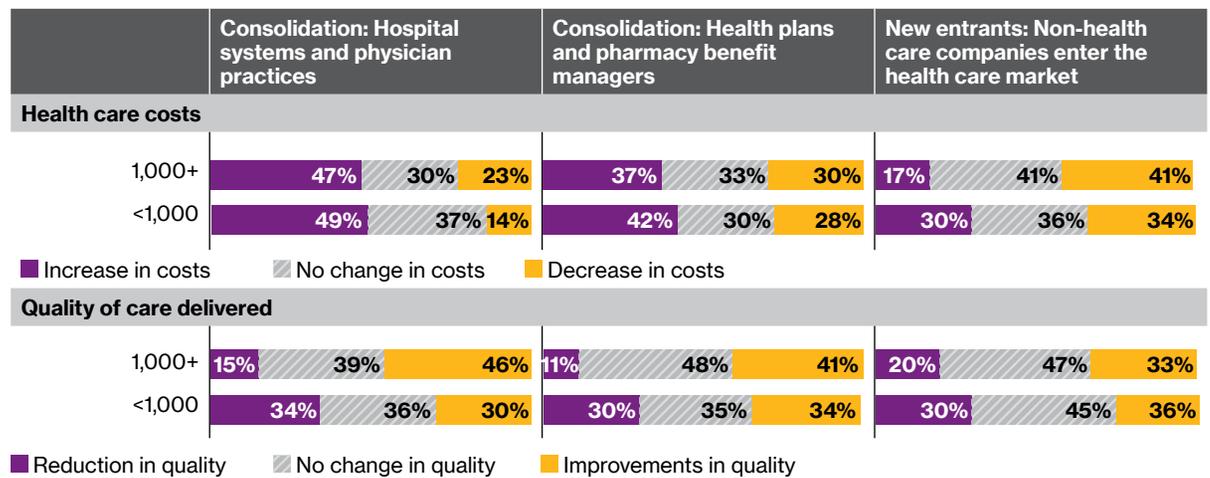


Market disruption: Employers look for efficiencies from industry consolidation

With both large and small industry players engaging in horizontal and vertical mergers, employers are concerned about industry consolidation. They are most worried about the mergers that are not making the national news – those between hospital systems and physician practices. Almost 50% of employers (both large and small) believe these deals will raise costs. However, large and small employers differ on the opinion of whether such deals will improve care. Almost half (46%) of large employers believe such mergers will improve care, but only 30% of small employers believe care will improve.

Large and small employers also have a difference in opinion on the results of the pending mega deals between pharmacy benefit managers and insurers that received media attention and greater scrutiny from regulators. While both employer groups share similar views on cost, large employers are less worried about a reduction in quality post-merger (11%) versus small employers at 30% (Figure 14).

Figure 14: Employers are evaluating the impact of health care market changes: consolidation and new entrants

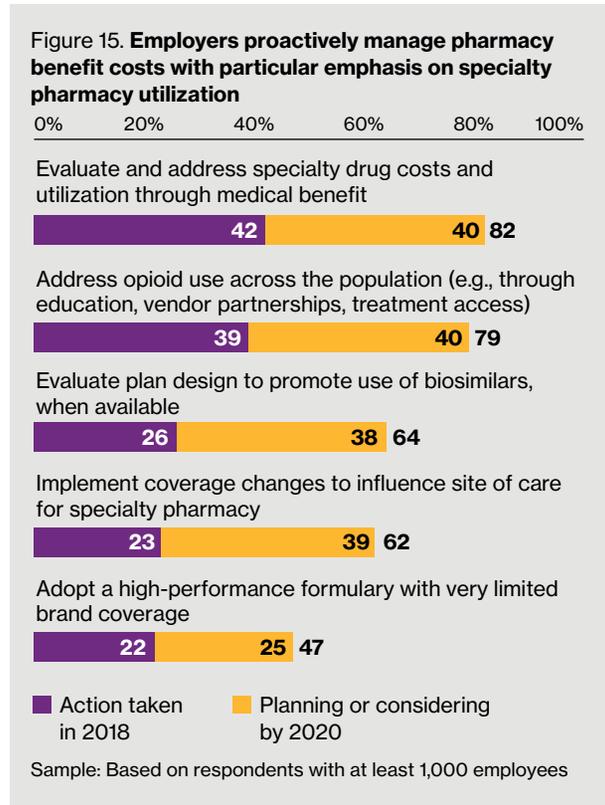


Sample: Based on respondents with at least 1,000 employees

Chapter 5 – Pharmacy: Reining in the cost and use of high-cost drugs

Employers are aggressively trying to curtail the exorbitant growth in pharmacy costs. Today 42% of employers evaluate their pharmacy benefit contract terms, and that number is set to nearly double to 82% by 2020 (Figure 15). Employers have made progress promoting generic drugs and are now looking to continue that success with stemming the rising costs of specialty drug costs. For example:

- More than a quarter (26%) of employers have implemented approaches that promote biosimilars as opposed to branded biologic medications, a number that is anticipated to increase to 64% by 2020.
- Just under a quarter (23%) adopted coverage changes to influence site of care, and this will likely grow to 62% in two years.
- Similar to the growth of HPNs in medical coverage, 22% are employing high-performance formularies with limited brand coverage and various brand exclusions, a trend that may rise to 47% in 2020.



Market disruption: biologics and biosimilars

Biologic drugs are different from typical “small molecule” drugs because they are produced by living organisms rather than chemical synthesis. In the past, biologics were usually associated with treatments administered by medical professionals such as vaccines, blood, tissue and gene therapies – the main exception being insulin. About 20 years ago, the Food and Drug Administration (FDA) approved the first biologic pharmaceutical that was packaged so that patients could administer it themselves: etanercept (Enbrel).

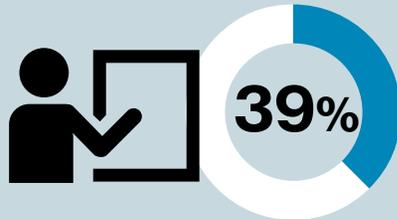
Biosimilars are more complex than “small molecule” drugs, and historically there can be small differences from batch to batch or from manufacturer to manufacturer. The U.S. does not allow interchange of biosimilars, although this is allowed or required in many other countries.

The FDA approved the first biosimilar in 2015, and by July 2018 the number had reached a dozen. However, because of patents, only five are currently available for sale in the U.S.

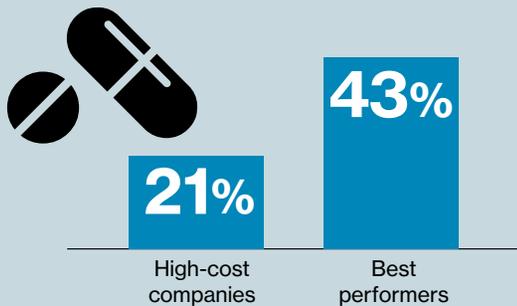
Pharmacy: the importance of addressing opioid use



As opioid use remains an ongoing problem across the country, 39% of employers invest in employee education and partner with vendors to stem the tide of this epidemic. That figure is set to double in two years.



Furthermore, there is a large discrepancy between the best performers and high-cost employers regarding addressing opioid use among employees. Only one-fifth (21%) of high-cost employers are taking steps to address opioid use, whereas more than twice as many (43%) best performers are addressing it.

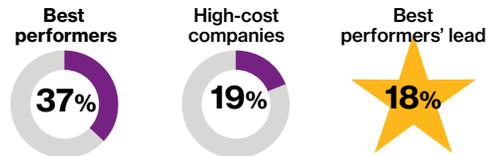


Best practices: Pharmacy

- Take time to understand financial cost exposure attributable to specialty drug utilization through both medical and pharmacy benefits.
- Evaluate appropriate options for providing incentives to use lower-cost sites of care for specialty infusions.
- Ensure implementation of formulary and plan design strategies that promote the use of biosimilars.

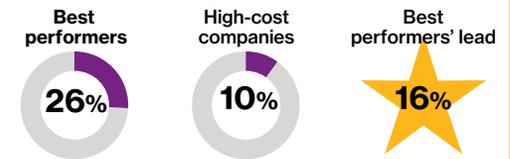
Best performer advantage:

Implement coverage changes to influence site of care for specialty pharmacy through your medical benefit



Best performer advantage:

Adopt a high-performance formulary with very limited brand coverage across therapy classes



- Evaluate appropriate options for providing incentives to use lower-cost sites of care for specialty infusions.



Chapter 6 – Integrated wellbeing: Companies are committed to employee wellbeing

For employers, wellbeing initiatives are no longer a “nice to have.” They are a core part of a companies’ benefit strategy. Today’s multigenerational employees have varied and complex needs, and employers have put much of the responsibility onto employees to manage them. Employees need help, and without that help they will continue to struggle, driving up health care costs and dragging down corporate productivity.

Wellbeing incorporates four key dimensions:

physically **thriving**, emotionally **balanced**, financially **secure** and socially **connected**. Each dimension is both unique and intertwined with the others. Wellbeing begins with the individual and, when achieved, extends throughout the organizational culture, the family and the larger community. For employers, wellbeing is the foundation for creating more engaged and more productive employees, contributing to improved, more sustainable business results – and a greater degree of work and career satisfaction for employees.

Companies with higher levels of wellbeing achieve levels of employee engagement that are two times higher than those of other companies. They also report higher revenue per employee, lower health care costs, fewer days lost and 70% fewer stressed employees. Employers continue to report that employee wellbeing is extremely important:

- 82% of employers think it is important to enhance wellbeing over the next three years.

- 41% of employers say they have made progress on enhancing employees’ total wellbeing over the past three years.

Driving the commitment to wellbeing is the realization that a physically thriving, financially secure, emotionally balanced and socially connected workforce is a more competitive one – a key advantage in a competitive labor market. While physical wellbeing has been a priority of organizations for many years, there is a growing emphasis on supporting the integration of the emotional, financial and social wellbeing of employees. The top priorities in each by 2020 are as follows (Figure 16):

- **Physical:** 80% will sponsor programs or pilots that target specific conditions or high-cost cases.
- **Emotional:** 61% will establish a companywide behavioral health strategy or action plan.
- **Financial:** 59% will offer and promote decision support on borrowing, refinancing and consolidation of debt.
- **Social:** 65% will include wellbeing as part of the organization’s corporate social responsibility strategy and mission, including implementing diversity and inclusion initiatives.

Figure 16. **Top two actions in each wellbeing category that employers are planning or considering in the next three years**



■ Today ■ In three years*

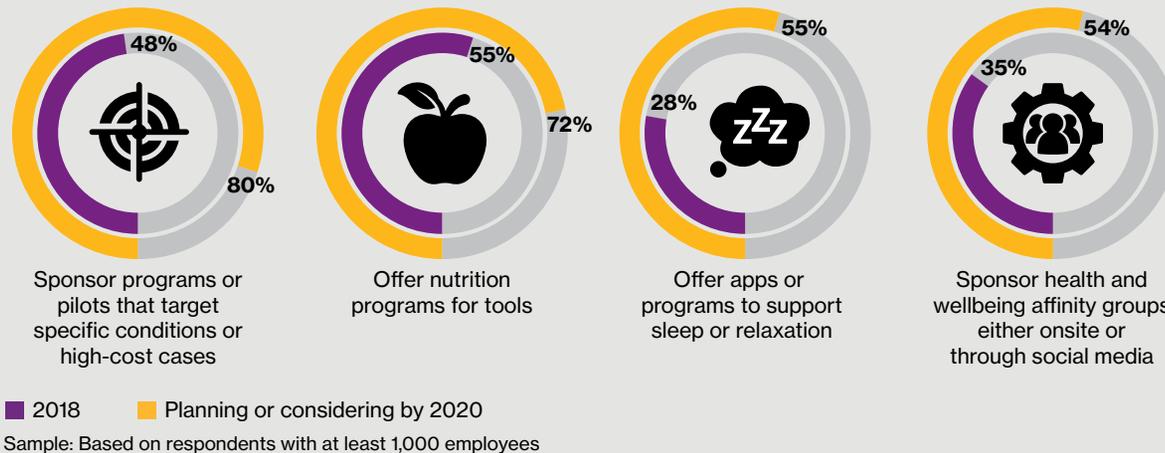
**“Planning for 2019” or “Considering in 2020”

Sample: Based on respondents with at least 1,000 employees



Employers are expanding their focus on physical wellbeing beyond the traditional programs that target high-cost cases. Employers are adding programs to improve engagement through apps that promote sleep and relaxation, and affinity groups both in person and via social media to promote health and wellbeing (Figure 17).

Figure 17. **Employers expand their focus on physical wellbeing**



Creating a healthy workplace environment

Employers are increasingly focusing on strategies to integrate health and wellbeing into the culture of the organization. While only 31% of employers say they've made progress on creating a healthy workplace environment, two in three will make it a priority over the next three years (Figure 18). Just over half (53%) assess the work environment as well as health and wellbeing initiatives to align with company culture. Almost half of employers (46%) also indicate health and wellbeing is a core part of their EVPs (Figure 19). Some of the means by which employers are connecting wellbeing with the workplace culture and EVP are:

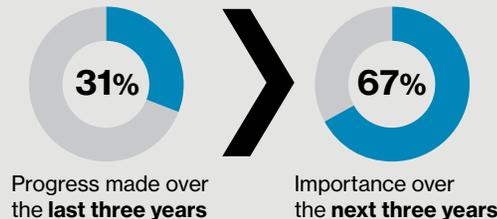
- Offer flexible work options such as flex hours, work from home and summer sabbaticals (64%).
- Design policies and programs to include stay at work and early return to work following disability (62%).
- Improve the physical environment to encourage physical activity (61%).
- Integrate workplace safety and wellbeing strategy and initiatives (59%).

Figure 18. **Two in three organizations think a healthy workplace is important over the next three years**



Healthy workplace
Design systems and create a workplace environment supported by leaders that encourages employees to live healthy lives and thrive on the job

(% of "To a very great extent" or "To a great extent")



While employers talk about promoting managers' involvement in supporting wellbeing initiatives in the workplace, measuring that involvement is still low on the list of priorities. Only 9% of employers measure manager support of employee wellbeing, but that figure could jump fourfold to 36% in two years.

Engagement

Like health care plans, employers recognize that they need to apply a more human-centered design that addresses an employee's wants and needs and focuses on the employee experience. Just over a quarter (26%) use a human-centered design, but this is set to double in two years (Figure 19). The lack of a human-centered design could explain the weak participation rates observed at both large and small employers alike.

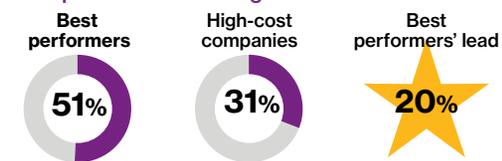


Only **32%** of employees say their company's programs have encouraged them to live a healthier lifestyle.

Best practices: Wellbeing

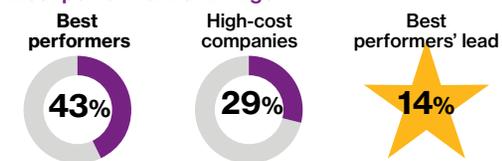
- Have local health champions or committees to promote a healthy workplace

Best performer advantage:



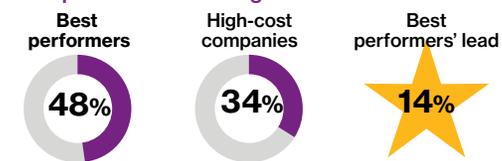
- Use key influencers, testimonials and viral messaging to communicate through the social networks of the company

Best performer advantage:



- Build health and wellbeing into the organization's employee value proposition

Best performer advantage:



- Incorporate diversity and inclusion priorities in benefit program design

Best performer advantage:

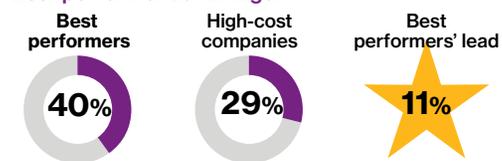
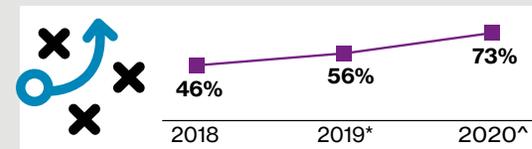


Figure 19. **Employers take action to align wellbeing with their EVPs**

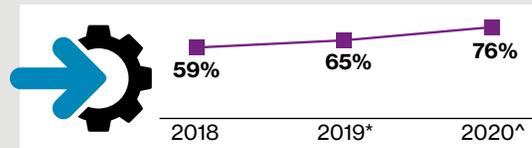
Strategy

Formally build health and wellbeing into the organization's employee value proposition



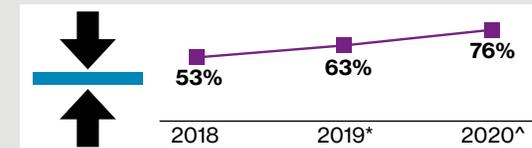
Integration

Integrate workplace safety and wellbeing strategy and initiatives



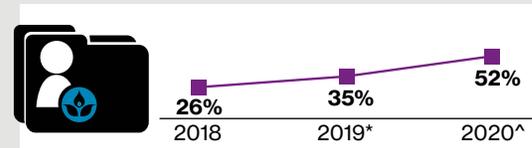
Alignment

Assess the work environment, and health and wellbeing initiatives to align with company culture



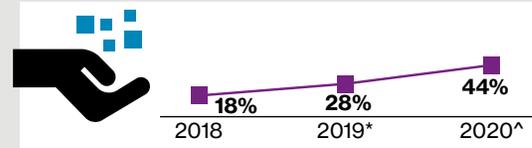
Design

Apply human-centered design to wellbeing initiatives (i.e., focus on the desires, needs, experience and requirements of the people who are expected to benefit)



Meet needs

Use consumer marketing techniques to develop a customized or targeted communication strategy

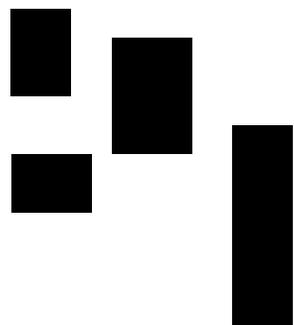


*"Planning for 2019" ^"Considering in 2020"
Sample: Based on respondents with at least 1,000 employees

Chapter 7 – Enhancing employee experience with choice and technology

Choice

Employers realize benefits matter more than ever in order to remain competitive and attract and retain their workforce. As a result, employers are beginning to place employee wants and needs at the forefront of their decision making. Currently about a third of employers host surveys, focus groups and town hall meetings to identify employees' wants and needs, and by 2020 almost 60% of employers expect to do so. While only 12% track Net Promoter Scores to evaluate employee satisfaction with their benefits today, that figure might triple in the next two years. While Net Promoter Scores have been used successfully with many consumer products to measure customer loyalty, alternative survey approaches that provide more insights into the wants and needs of detractors and promoters should be considered as well.



To address the different needs of employees, employers are taking steps that improve choice and flexibility and enhance their members' experiences with their health plan (Figure 20). Some examples of choice being offered include:

- Provide choice in health plan options.
- Sponsor or offer a variety of benefits such as voluntary benefits.
- Offer a choice of insurance carrier.
- Childcare services
- Time off for volunteering
- Onsite conveniences and concierge services

Furthermore, employers are aligning their health and wellbeing initiatives with their EVPs and Total Rewards strategies. For example, 42% of employers make workforce perks a core part of the EVP. We evaluated more than 100 perks in 10 main categories, including:

Figure 20: Employers provide different choices and worksite perks to enhance the member experience with health care programs

	2017	2018	2019*	2020^
Offer choice in health plan options	84%	88%	90%	94%
Sponsor or offer a variety of types of benefits (e.g., offer voluntary benefits and services typically paid for solely by the employee)	66%	73%	79%	91%
Make workforce perks a core part of the employee value proposition (e.g., child care services, volunteer time off, onsite conveniences, concierge services)	34%	42%	49%	65%
Offer choice in health insurance carriers	20%	21%	90%	94%

**Planning for 2019* ^^Considering in 2020"
 Sample: Based on respondents with at least 1,000 employees
 Source: 2017 and 2018 Willis Towers Watson Best Practices in Health Care Employer Survey

While choice may address the differing needs of employees, it also creates a requirement for tools to support decisions. Nearly three-fifths of employers offer tools to support navigation of health care services, and just over half provide recommendation tools that support enrollment decisions (Figure 21). We are seeing an increased use of chatbots and “intelligent” technology within portals and enrollment engines to provide a more personalized and guided experience when selecting benefits.

Technology

Employers have a strong interest in adopting new health technology solutions to improve the employee experience with their health benefit plan. Some of the health technology solutions that employers have their eyes on include:

- Enrollment and benefit decision support tools
- Concierge tools and services to simplify health care navigation

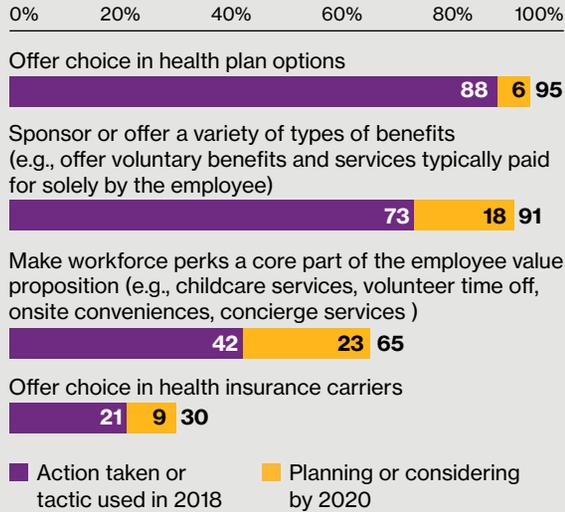
- Wellbeing-focused technologies that keep the employees’ wants and needs at the center of the equation
- Technology to help monitor and treat health conditions such as diabetes
- Digital health services that provide more convenient delivery of care
- Connected devices to monitor improvement and provide real-time feedback

So far, only 24% of employers think they have made progress with health technology solutions over the past three years, but 56% of employers think it will be important over the next three years. Making progress on this goal may be a challenge for organizations because only two in five employers have enough budget to adopt new technology solutions.

Figure 21. Employers are looking for superior tools to enhance the enrollment experience



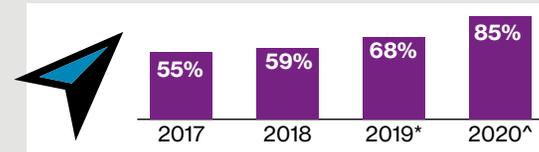
Figure 22. **Nearly one-fifth of employers are planning to or considering to offer a variety of types of benefits to enhance member experience**



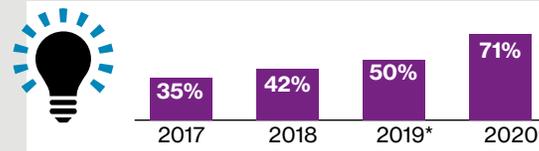
Sample: Based on respondents with at least 1,000 employees

Figure 23. **Various tools are provided to support employees' decisions and monitor their health and wellbeing**

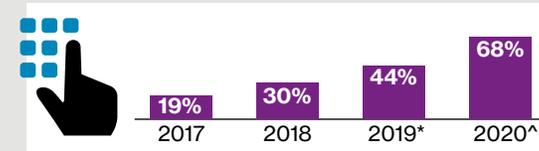
Offer tools or services to **support employee navigation of health care services**



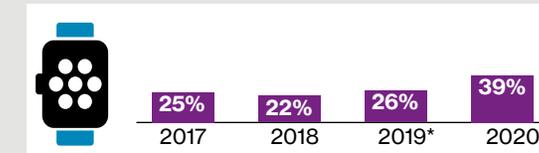
Offer treatment **decision support**



Offer apps and connected devices for **condition management or reducing health risks**



Offer wearable devices for **tracking physical activity**



*"Planning for 2019"

^^"Considering in 2020"

Sample: Based on respondents with at least 1,000 employees

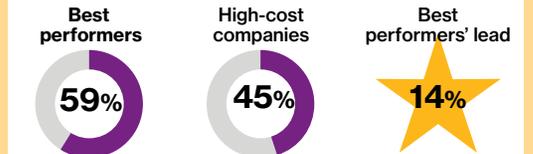
The technology solutions that most interest employers are tools that improve health care navigation and benefit elections. The growing interest coincides with the increasing popularity of offering more choices (Figure 22). In order to support this growing trend of choice, employers require tools that help employees make informed decisions both when enrolling and seeking care (Figure 23). Top technologies of interest include:

- Navigation tools
- Decision support services
- Condition management apps and devices

Best practices: Employee experience

- Offer recommendation tools that support enrollment decisions

Best performer advantage:



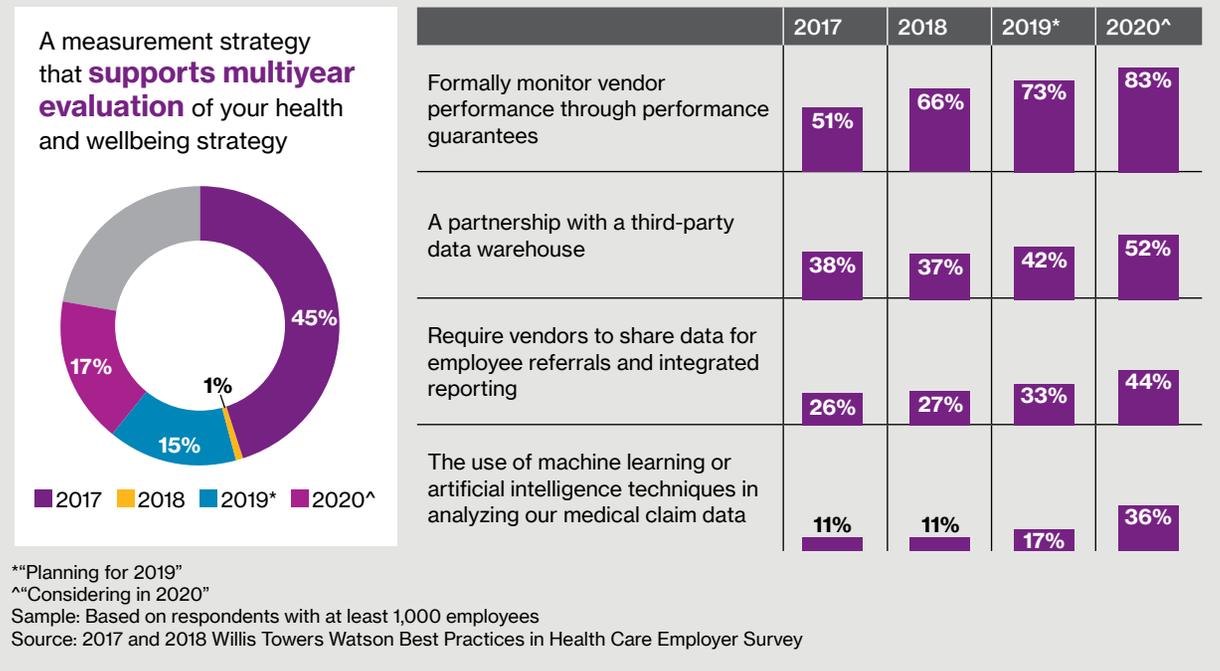
Chapter 8 – Data analytics: Measuring program outcomes remains an opportunity for most employers

Measuring the impact of health and wellbeing initiatives remains an opportunity for employers to better understand what results in actual lower cost or trend and what employees want. Currently, less than half (46%) of employers use analytics for a multiyear evaluation of their strategy and activities (Figure 24). Two-thirds of employers (66%) formally monitor vendor performance through performance guarantees.

While artificial intelligence is seizing the interest of other industries, only 11% of employers currently are using artificial intelligence and machine learning to analyze medical claims data, but interest is growing and a third (36%) of employers expect to use it by 2020.

Taking a more focused approach, only a quarter (26%) of employers are using data to identify specific individuals or workforce segments for targeted outreach on relevant health and wellbeing initiatives. However, less than 20% of employees are comfortable with targeted messages around health issues, according to our most recent Global Benefits Attitudes Survey.

Figure 24: **Monitoring vendor performance through performance guarantees are a point of emphasis**



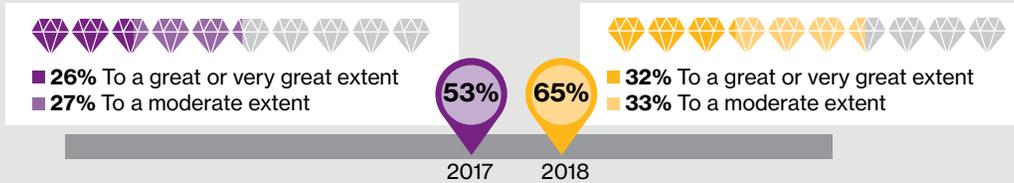
Notably, employers use a broader financial and nonfinancial measurement called a value-on-investment (VOI) approach more than a return-on-investment (ROI) approach to measure their health and wellbeing initiatives. About two-thirds (65%) of employers report using VOI, while 59% use ROI (Figure 25). The extent companies are using a VOI approach is also climbing – up from 53% in 2015.

Interestingly, the data collected by plan executives is not necessarily making it up the chain to the top as less than half (42%) share health and wellbeing initiative performance metrics with the C-suite, with senior management, or as a corporate-reported metric or scorecard on a regular basis (Figure 26).

Figure 25. **Measuring the impact of health and wellbeing initiatives remains an opportunity**

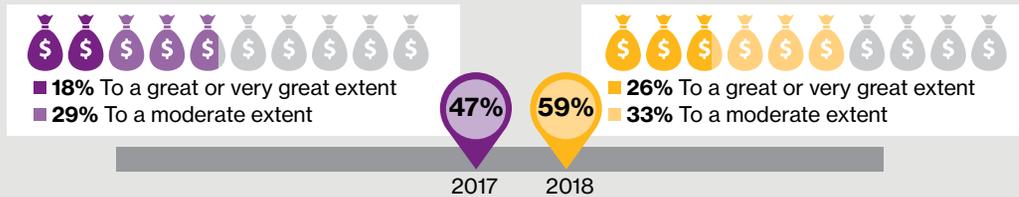
Value-on-investment approach

Use a variety of financial and nonfinancial metrics to measure the impact of health and wellbeing initiatives (i.e., value-on-investment approach)



Return-on-investment approach

Use return-on-investment calculations to measure the impact of the health care and wellbeing initiatives

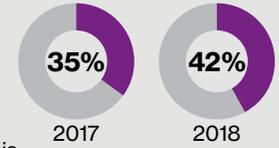


Sample: Based on respondents with at least 1,000 employees
 Source: 2017 and 2018 Willis Towers Watson Best Practices in Health Care Employer Survey

Figure 26. **Greater opportunities to leverage data and metrics**

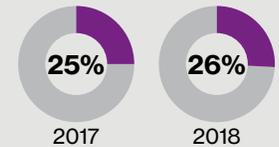
Senior management

Share health and wellbeing initiative performance metrics with the C-suite, senior management, or as a corporate-reported metric or scorecard on a regular basis



Workforce segmentation

Use data to identify specific individuals or subgroups to personalize tools and select relevant health and wellbeing activities or highlight gaps in care



Lost-time metrics

Use lost-time metrics (e.g., unplanned absence, presenteeism, disability, workers compensation) to inform decisions or changes to your health and wellbeing activities

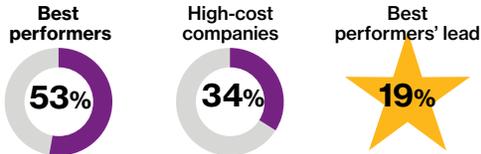


Note: Percentage indicates "To a very great extent" or "To a great extent"
 Sample: Based on respondents with at least 1,000 employees
 Source: 2017 and 2018 Willis Towers Watson Best Practices in Health Care Employer Survey

Best practices: Data analytics

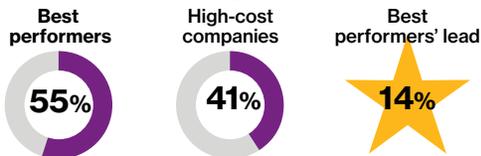
- Have a measurement strategy that supports multiyear evaluation of your health and wellbeing initiatives.

Best performer advantage:



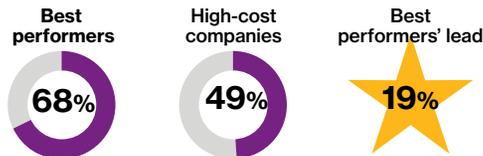
- Use a variety of financial and nonfinancial metrics to measure impact of health and wellbeing initiatives.
- Compile workforce data and perform analytics to develop a strategy for improving diversity and inclusion.

Best performer advantage:



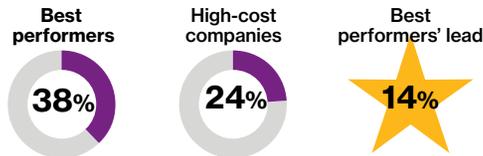
- Share performance metrics with the C-suite, with senior management, or as a corporate-reported metric or scorecard on a regular basis.
- Formally monitor vendor performance through performance guarantees.

Best performer advantage:



- Have a partnership with a third-party data warehouse.

Best performer advantage:





Next steps

Strategy



Measure and analyze your health care data to understand your population health and to develop the right strategies and initiatives to support and achieve your health care goals.

Establish benchmarks and metrics – including nonfinancial metrics – to evaluate effectiveness, recalibrate and make improvements.

Evaluate your health plan's performance both nationally and in key locations to assess the opportunity and identify where gaps in value exist today.

Research the availability of solutions based on your data, and determine the best solutions for your objectives and population.

Plan and financial management



Examine health care benefits in the context of your EVP: Make changes to plan design and account contributions that consider affordability for low-wage employees.

Health care delivery



Place greater emphasis on value-based arrangements through plan designs that encourage employees to utilize high-value services (quality and cost effectiveness) to maximize the value they receive from their health care benefit.

Improve access to care with care extenders, such as telemedicine and onsite or near-site clinics, to enhance employee access, productivity and convenience in a cost-effective manner for both medical and behavioral health conditions.

Pharmacy



Take action to curb the cost of specialty pharmacy: Focus on delivery and site of care, utilization and price.

Wellbeing



Expand and integrate a wellbeing strategy across all four dimensions – physical, emotional, financial and social – and align with your Total Rewards strategy.

Go beyond programs alone and align with the objectives of a healthy workplace that includes leadership commitment to wellbeing, inclusion and diversity.

Design initiatives and the workplace environment to make health and wellbeing the easiest or default option.

Focus your efforts: As health and wellbeing shifts from initiatives for all to initiatives that matter, best performers take concrete actions on each dimension of health, understand the issue and target initiatives for purpose-driven benefits.

Focus on employee behavioral health, integrating support for medical and disability conditions as well as complex issues.

Enhance navigation support and integration across all wellbeing dimensions.

Employee experience



Put employees at the center of your health care strategy. Start by identifying the wants and needs of your workforce.

Gather employee feedback through multiple channels, and listen. Create opportunities for employees to share their voice via focus groups, pulse surveys and other crowdsourcing of ideas.

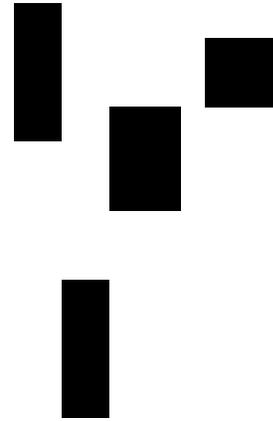
Understand the segments of your population and their personal health care journeys in order to assess their barriers and opportunities for improvement.

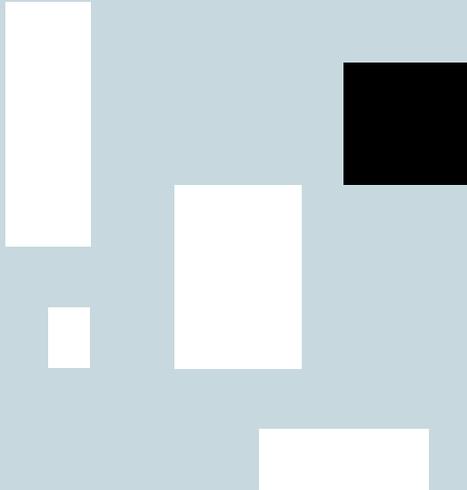
Assess your current benefit offerings to determine whether they offer enough choice, flexibility and personalization to meet employees' wants and needs today and tomorrow.

Pair choice and flexibility in your benefit package with decision support. Provide enhanced decision support to simplify the member experience and connect people to the benefits they need and highly value.

Use technology and data to create more personalized, individualized experiences.

Update and improve employee engagement strategies to personalize, mobilize and integrate across health. Evaluate all programs with a purpose to engage employees in their health and wellbeing.





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