

The Crisis in Cost-Sharing

Shifting the focus from Payment Design to Plan Innovation June 26, 2023



Agenda

01

Industry Trends

02

Plan Design Innovation

03

Innovative Plans Work: the Proof is in the Data



Problems with traditional health benefits



Out-of-control costs

Costs are increasing 4x faster than overall GDP



Few benefit

90% of employers' healthcare expenditure benefits less than 10% of employees



Low perceived value

The average deductible has increased by 212% over the past 10 years



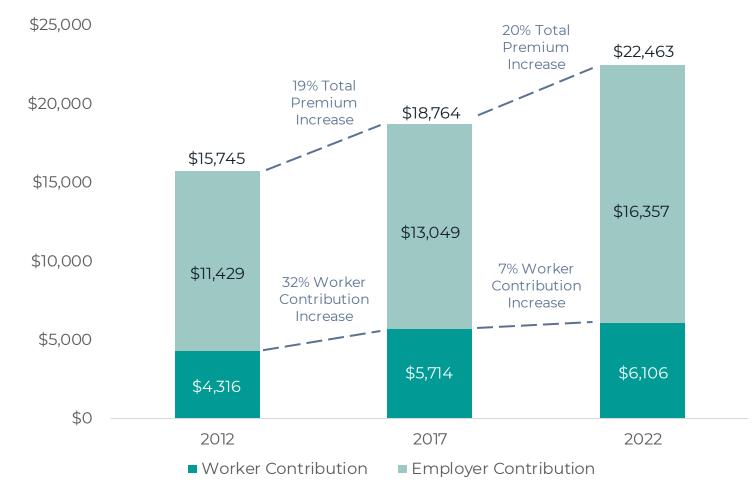
Low satisfaction

Health insurance companies consistently rank at the bottom of consumer satisfaction

Wages vs. premiums and deductibles

- Median full-time salary in the U.S. in 2022: \$55,068
 per year
- Average annual premiums for employer-sponsored health insurance in 2022:
 \$7,911 for single coverage and \$22,463 for family coverage

Average Annual Worker and Employer Premium Contributions for Family Coverage, 2012, 2017, and 2022



SOURCE: KFF Employer Health Benefits Survey, 2022; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012 and 2017



Wages vs. premiums and deductibles







People are spending more of their income on healthcare expenses

- In a growing number of states, workers are at risk of spending 10% or more of their earnings on health insurance premiums and deductibles.
- In nearly half of states, middle-income households faced average deductibles that left them underinsured and exposed to high out-of-pocket costs.

- One in four employers (24%) will shift costs to employees through higher premium contributions.
- The impact of cost shifting would fall disproportionately on vulnerable populations, specifically families under 200% of the federal poverty line.

People are avoiding and delaying care

- 18% of Americans report they or a family member have skipped prescribed medicines to save money.
- 21% of Americans report a time within the previous year when they or a household member had a health problem worsen after postponing care.

- One out of 20 adults report a time in the past year when a friend or family member died after not receiving treatment for a condition due to their inability to pay for it.
- When they fall ill, 71% of Americans report being worried about the **cost of treatment.**
- For many Americans, the cost of care may worsen their conditions due to both care avoidance and added anxiety.

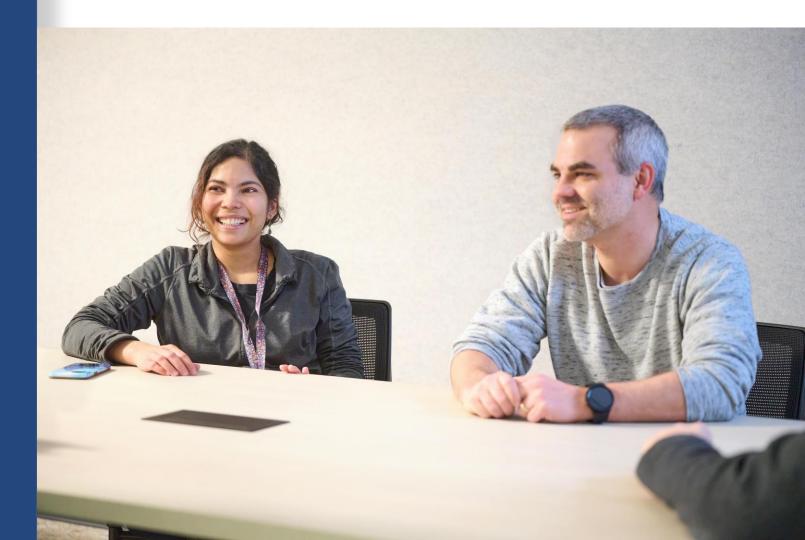
The number of high claims is increasing

According to a recent QBE report, claims over \$200,000 increased by 17% from 2020 to 2021.



What employers and employees want

- Comprehensive coverage
- Convenient ways to access care
- Fewer financial barriers to care



Plan design innovation

No-cost services

- Primary care
- Preventive care
- Specialist care
- Urgent Care visits

- Labs & imaging
- Generic prescriptions
- Online care
- Mental health care

Services subject to copays and OOP costs

- Emergency room visits
- Brand name prescriptions
- Non-preferred brand name prescriptions
- Specialty prescriptions
- Hospital surgery/procedure

Benefit comparison

| | Traditional Silver Plan | Plan Design Innovation | |
|---|-----------------------------------|-------------------------------------|--|
| Deductible | \$3,000 Deductible / \$6,000 OOPM | \$6,000 OOPM/Deductible | |
| Coinsurance | 25% After deductible | No coinsurance | |
| Preventive Care | No Cost | No Cost | |
| Primary Care | \$30 Copay | No Cost | |
| Specialist Care | \$30 Copay | No Cost | |
| Urgent Care | \$30 Copay | No Cost | |
| Labs and Imaging | 25% Coinsurance after deductible | No Cost | |
| Generic Prescriptions | \$25 Copay | No Cost | |
| Emergency Room | 25% Coinsurance after deductible | \$250 Copay | |
| Brand Name Prescriptions | 25% Coinsurance after deductible | \$75 Copay | |
| Non-Preferred Brand Name Prescriptions | 50% Coinsurance after deductible | \$100 Copay or no cost after OOPM** | |
| Specialty Prescriptions | 25% Coinsurance after deductible | \$125 Copay or no cost after OOPM** | |

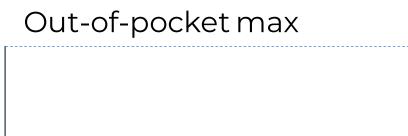


Out-of-pocket spending by employees

Traditional Health Plan



Out-of-Pocket Spending



Employees Using Common Medical Services

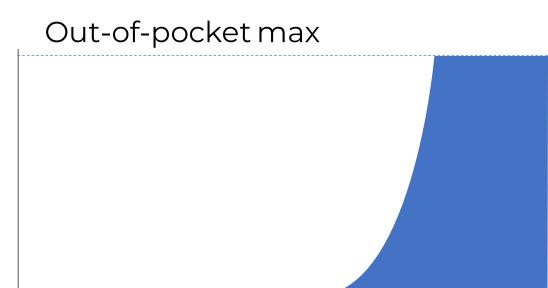
Deductible

Employees Using Less Common Medical Services

Plan Design Innovation



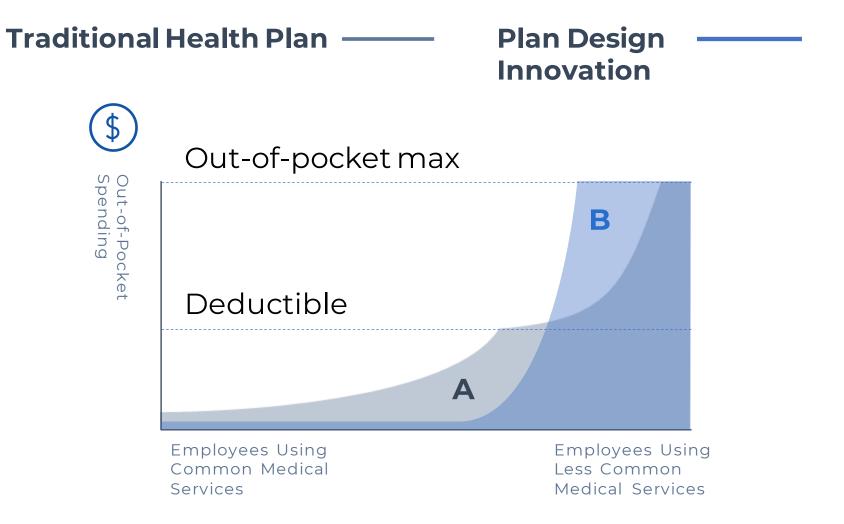
Out-of-Pocket Spending



Employees Using Common Medical Services Employees Using Less Common Medical Services



How it works



Area A is offset by Area B



Why multifunctional virtual healthcare

Today's consumers want and expect access to virtual healthcare. Why?

- Convenience saves time
- Cost savings saves money
- Promotes health & wellness encourages maintenance & adherence

According to a recent survey, 69% of individuals said they use telehealth because it's more convenient and 78% said telehealth made it easier to get health care when they needed it.

- 46% used it because they were unable to find an in-person appointment
- 24% used it to save money associated with in-person visits
- 23% used it when the doctors' offices were closed

Multifunctional virtual healthcare

With **convenient access** to virtual care for **a broad range of everyday health issues,** individuals can avoid unnecessary trips to the doctor's office and costly visits to the ER, **helping employers reduce costs**.

Services include:

- General medical
- Dermatology
- Mental health
- Physical therapy
- And more

Effective results

More than 75% of members with depression or anxiety reported improvement after their third or fourth virtual care visit.

Multifunctional virtual healthcare: physical therapy

Musculoskeletal (MSK) disorders are the #1 issue in healthcare today, costing \$213 billion annually.

Virtual physical therapy changes lives and saves money.

62% **U**

Reduction in pain

52% **①**

Reduction in anxiety

49%

Reduction in medication and opioid use

60% U

Reduction in surgery intent

53% **(**

Reduction in depression

42 % **1**

Increase in productivity

- Groups offering virtual physical therapy have seen upwards of a 34% reduction in MSK spend year over year.
- Employers can better manage overall health benefits costs.
- Members can access the treatment they need to live happier, healthier lives.

People can't afford out-of-pocket expenses

| 64% | 55 % | 37 % | 25% |
|-------------------|-----------------------|--------------------|-----------------------|
| of employees | of Americans live | of people pay for | of adults with health |
| avoid or delay | paycheck to paycheck | medical bills with | care debt owe more |
| care due to cost. | regardless of income. | credit cards. | than \$5,000. |

Consumers want and need simple ways to pay for medical expenses at their own pace.

Flexible payment options are available in nearly every other industry.

The solution: flexible payment options

01 Individual gets care

Individuals get the care they need, including medical procedures and prescriptions that are subject to their out-of-pocket responsibility.

02

Individual accesses flexible payment option

Individuals access a flexible payment option through their health plan provider to pay their portion of medical bills.

03

Repayment

Individuals select a monthly repayment plan that works for them, paying at their own pace without fees or interest.

Improving how people purchase and access healthcare.

The proof is in the data.

A Case Study



The innovative plan's performance stands out next to traditional group health plans

38% ①

More outpatient visits shows the innovative health plan is driving members to lower cost of care.

21% ①

More prescription fills

means Comfort members have more access – and **87% of fills are for generics.**

20% ①

Members have an average of **20% higher utilization** than traditional plan members on common health services.

2.5x ①

With Comfort members get 2.5x more mental health visits through in-person and virtual care.

Saving money and utilizing new roads to care

1) \$98 per month average savings

Members have accessed over **332,000** no-cost visits



Controlling costs

20% ①

Innovative plan design leads to 20% lower costs compared to HRA & HSA plans.



On average, employers are saving 15% when switching to this innovative plan.



Renewing business and trends

Retention Rate:

93% of groups renew



99% of groups over 100 enrolled employees renew

Overall average renewal rate increase of 6.8%

(national average is 8 – 12%)

Thank you!

Questions and Comments

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