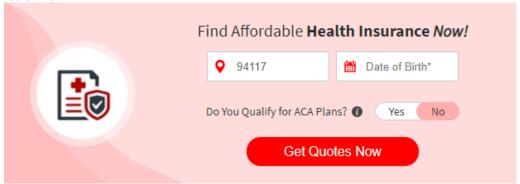
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Open enrollment survey: Company's health care critical for employee retention and recruitment

Les Masterson - Last updated: Nov. 4, 2019

It's open enrollment season for the Affordable Care Act exchanges and Medicare. Many employers are also starting their annual processes of letting employees choose a health plan for the next year.

During open enrollment, people can review their choices and see what's best for their situation. The best health plan for you depends on your finances, providers and what you want from a health plan.

There's no one-size-fits-all plan. One person may prefer a restricted network of providers and pay less in premiums. Another may rather the lowest premiums possible with the understanding that they'll pay more if they need care. Yet others want the largest provider network and fewest restrictions with the trade-off of higher premiums.

People like choice, but many employers are limiting health plan options. In a recent survey of 500 people, Insure.com found that employees often don't have many choices.

When asked: "How many choices did your employer give you when you were choosing a health plan?" more than half of respondents said their employer didn't offer more than one.

- One option -- not a high-deductible health plan -- 34%
- One option -- a high-deductible health plan -- 16%
- Two or three options -- 37%
- More than three -- 8%

This lack of choice could hurt a company's ability to woo and keep talent. Survey respondents said a business' health insurance plan is key to employee recruitment and retention. Nearly half of survey respondents said that a business' health insurance plan is a key factor when deciding on a job or staying with an employer. Forty-three percent ranked it as a 5, which is the highest level, and 39% gave it a 4.

Only a combined 3% ranked a company's health insurance as a 1 or 2 in the level of importance.

While we found limited choices for employees, people shopping for a health plan in the Affordable Care Act exchanges have more options for 2020.

There are 175 health insurers with plans in the exchanges. That's an increase from 155 in 2019 and 132 in 2018. Two states will only have one option for people in the exchanges. There were five one-insurer states in 2019.

Overall, the <u>Centers for Medicare and Medicaid Services</u> said 755 counties will only have one insurer option. That's nearly one-quarter of counties. Two insurers will offer plans in 1,362 counties (43% of counties), three insurers will provide plans to 495 counties (16%) and three insurers or more will offer plans in 529 counties (17%).

Not only do people in the ACA exchanges have more choices. They may also pay less for coverage. Premiums are dropping by 4% on average compared to 2019 in the ACA exchanges.

What's most important when choosing a health plan?

Where do you start when deciding on a health plan? It's always wise to balance multiple factors, including costs and what you want from your health plan.

We found respondents are split as to what's most important:

- Low premiums -- 27%
- Low deductibles -- 22%
- I didn't have a choice -- 22%
- Breadth of services -- 19%
- Not needing a referral (such as a PPO) -- 10%

Respondents said they would rather pay lower premiums with a higher deductible than higher premiums with a lower deductible. Sixty-one percent favored lower premiums and higher deductibles with the other 39% preferring the reverse.



They also said that they would rather a restricted network of providers with lower premiums than having access to more providers but paying much more for health insurance. Those results mirrored the previous question (61% to 39%).

So, in effect, if given a choice, respondents prefer high-deductible health plans and health maintenance organization plans, according to our survey.

Individual mandate penalty not affecting health insurance

Though Congress ended the individual mandate penalty, which required nearly all Americans have health insurance, we found that the vast majority of people are keeping their health coverage.

Seventy-five percent said they're maintaining health coverage. Twelve percent said they're dropping insurance because they can't afford it. Seven percent said they can afford coverage it, but have decided to stop coverage. Five percent said they're swapping a health plan for a short-term plan.

Another change to health care over the past two years is the availability of short-term health plans. The low-cost/low-coverage plans are available to most Americans. Only people who live in states that forbid the plans don't have the option.

However, we found little interest in the plans.

- 4% said they've already changed to a short-term plan
- 9% said they plan to switch to a short-term plan next year
- 45% said they don't expect to change to a short-term plan
- 41% said they don't know about short-term plans

We also discovered overwhelming support for the ACA provision that requires health insurers to cover people regardless of health condition or age. Before the ACA, individual health insurers could reject members or set much higher rates to people with pre-existing conditions.

The survey found that 86% support the regulation. Only 14% said they support ending the provision.

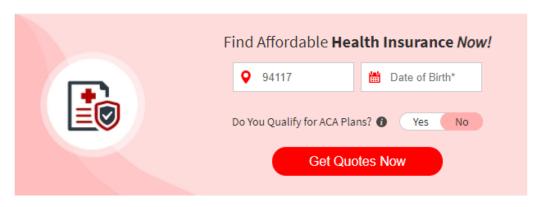
However, when told that rates may increase because insurers must cover everyone, respondents' support dissipated somewhat.

For those who back the plan, we found differing results when it comes to how much of a rate increase they're willing to accept in exchange for insurers not rejecting people with pre-existing conditions.

- Support it, but not if it increases rates -- 40%
- Up to 5% increase in rates -- 18%
- Up to 10% increase in rates -- 15%
- Up to 15% increase in rates -- 7%
- Up to 20% increase in rates -- 5%
- Support it and doesn't matter how much it increases rates -- 5%
- Up to 25% increase in rates -- 2%

Check out other results from the health care survey.

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