

PEBP Insurance Benefits Satisfaction Survey

May

2012

From March 16, 2012 through April 15, 2012, the Nevada System of Higher Education (NSHE) collaborated with the Public Employees' Benefits Program (PEBP) to survey employees regarding satisfaction with existing insurance benefits. The results for the 3,347 NSHE respondents are contained within this document. The NSHE Benefits Task Force identified the need for this survey due to plan changes made by PEBP in 2011.

NSHE Participants Results

PEBP Satisfaction Survey Results

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Demographics:

Select your gender:

	Response
Male	38.9%
Female	61.1%

Select your age range:

	Response
Under 30	5.3%
30-40	20.8%
41-50	24.8%
51-65	43.8%
Over 65	5.3%

Select your annual salary range:

	Response
<\$50,000	38.0%
\$50,000 - \$75,000	32.0%
\$75,000 - \$100,000	16.7%
\$100,000 - \$125,000	7.6%
>\$125,000	5.7%

Select your family status:

	Response
Single	34.1%
Married/Domestic Partnership	65.9%

Select the number of dependent children you have.

	Response
0	57.8%
1	18.6%
2	15.7%
3 or more	7.8%

My current coverage tier is:

	Response
Employee Only	57.0%
Employee + Spouse/Domestic Partner	11.5%
Employee + Child(ren)	18.3%
Employee + Family	13.2%

I work for:

	Response
Nevada System of Higher Education (e.g. UNLV, Western Nevada College, etc.)	100.0%
State of Nevada Executive Branch Agency (e.g., Department of Motor Vehicles, Department of Health and Human Services, etc.)	0.0%
Legislative Counsel Bureau	0.0%
Public Employees' Retirement System	0.0%
State Boards and Commissions (e.g. Board of Medical Examiners, etc.)	0.0%
Non-state Employees (e.g. City of Elko)	0.0%

Select your employment status:

	Response
Classified employee	35.8%
Unclassified employee	1.4%
Non-Classified employee	1.8%
Academic faculty	32.0%
Administrative faculty	27.0%
Part-time instructor/employee	2.0%

I live in:

	Response
Washoe County, Carson City, Douglas County (Northwest Nevada)	33.0%
Clark County	62.1%
Rural Nevada (all other)	4.9%

General Healthcare:

Please rate your overall health status.

	Response
Excellent health	26.2%
Healthy	51.0%
Moderately Healthy	18.2%
Somewhat healthy	3.5%
Poor health	1.1%

At least one of my covered dependents has an ongoing (chronic) health condition.

	Response
Strongly Agree	8.2%
Agree	10.3%
Neutral	6.1%
Disagree	10.5%
Strongly Disagree	14.4%
Not Applicable	50.5%

Plan:

For the plan year that started July 1, 2011, what changes, if any, did you make to the coverage of your dependents (select all that apply):

	Response
Added spouse/domestic partner	2.2%
Added child(ren)	4.1%
Dropped eligible spouse/domestic partner	9.1%
Dropped eligible child(ren)	3.6%
I made no dependent coverage changes	83.6%

Why did you make the changes above to the coverage of your dependents?

	Response
I was able to secure a better and/or cheaper insurance in the private market.	3.5%
I became eligible for Medicare coverage and chose that option.	1.5%
I have other coverage that is better and/or less expensive.	10.3%
The premiums were too expensive.	23.2%
Other	69.3%

For the plan year that started on July 1, 2011, did you change plans?

	Response
Yes	16.1%
No	83.9%

Which of the following changes did you make?

	Response
HMO to CD PPO HDHP	49.2%
CD PPO HDHP to HMO	50.8%

Please tell us why you changed your health insurance plan during the previous open enrollment period (select all that apply).

	Response
Monthly premium is too high	50.8%
Out-of-pocket costs are too high (e.g. deductible, coinsurance, etc.)	52.8%
To get the Health Savings Account (HSA)	15.1%
Heard from other people that the other plan is better	13.9%

For the plan year that started on July 1, 2011, what plan did you choose?

	Response
Consumer Driven PPO High Deductible Health Plan	65.5%
Health Plan of Nevada HMO (offered in Clark, Esmeralda and parts of Nye and Lincoln Counties)	22.1%
Hometown Health Plan HMO (offered in Carson City, Churchill, Douglas, Elko, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe, and White Pine Counties)	9.8%
Declined Coverage	2.6%

Declined Coverage:

Do you have other health insurance coverage?

	Response
Yes	86.0%
No	14.0%

I chose not to participate in a PEBP-sponsored plans because:

	Response
The coverage offered to me by my spouse's (or domestic partner's) employer is better and/or less expensive.	48.8%
I became eligible for Medicare coverage and chose that option.	4.7%
I was able to secure a better and/or cheaper insurance policy in the private market.	2.3%
I have other coverage that is better and/or less expensive.	14.0%
The premiums were too expensive.	11.6%
Other	18.6%
If you chose "Other, "please explain your reason below:	

CDHP/PPO and HMO Overall Satisfaction:

PPO - I am satisfied with the value of my healthcare plan.

	Response
Extremely Satisfied	0.6%
Very Satisfied	2.3%
Satisfied	17.5%
Dissatisfied	30.7%
Very Dissatisfied	48.4%
Not Applicable	0.5%

HMO - I am satisfied with the value of my healthcare plan.

	Response
Strongly Agree	3.5%
Agree	19.3%
Neutral	21.7%
Disagree	24.4%
Strongly Disagree	30.9%
Not Applicable	0.2%

I attended an educational session before open enrollment, during open enrollment or after open enrollment.

	PPO Response	HMO Response
Yes	57.4%	46.1%
No	42.6%	53.9%

PPO - I have read the Open Enrollment Guide or Master Plan Document or accessed the tools available on the PEBP website.

	Response
Yes	84.5%
No	15.5%

HMO - I have read the Open Enrollment guide or HMO Evidence of Coverage Certificate or accessed the tools available on the PEBP website.

	Response
Yes	80.7%
No	19.3%

PPO - I understand my new plan that went into effect July 2011.

	Response
Strongly Agree	22.2%
Agree	46.4%
Neutral	18.8%
Disagree	9.8%
Strongly Disagree	2.9%

HMO - I understand my new plan that went into effect July 2011.

	Response
Yes	87.0%
No	13.0%

PPO - Insurance claims appear to be processed in a timely manner.

	Response
Strongly Agree	4.1%
Agree	36.6%
Neutral	29.3%
Disagree	13.9%
Strongly Disagree	8.8%
Not Applicable	7.3%

The PEBP website is easy to navigate and provides pertinent plan information.

	PPO Response	HMO Response
Strongly Agree	2.2%	2.3%
Agree	25.7%	22.6%
Neutral	35.8%	46.8%
Disagree	22.4%	14.8%
Strongly Disagree	9.3%	7.2%
Not Applicable	4.7%	6.4%

I have become a more informed (or engaged) consumer of healthcare services.

	PPO Response	HMO Response
Strongly Agree	6.9%	9.7%
Agree	32.3%	41.4%
Neutral	33.1%	35.4%
Disagree	16.4%	9.2%
Strongly Disagree	9.7%	2.8%
Not Applicable	1.6%	1.5%

I have delayed getting needed (or necessary) healthcare due to the cost.

Answer Options	PPO Response	HMO Response
Strongly Agree	42.8%	26.0%
Agree	28.7%	33.2%
Neutral	11.2%	12.8%
Disagree	11.6%	17.5%
Strongly Disagree	3.5%	6.0%
Not Applicable	2.2%	4.5%

CDHP/PPO and HMO Access

I am able to access healthcare where I live when needed.

	PPO Response	HMO Response
Strongly Agree	16.8%	17.0%
Agree	58.9%	53.7%
Neutral	11.6%	11.6%
Disagree	8.3%	11.8%
Strongly Disagree	3.4%	5.2%
Not Applicable	1.0%	0.7%

The selection of primary care providers where I live is adequate.

	PPO Response	HMO Response
Strongly Agree	10.6%	9.6%
Agree	53.9%	45.0%
Neutral	18.3%	15.8%
Disagree	10.2%	19.4%
Strongly Disagree	4.7%	9.5%
Not Applicable	2.2%	0.7%

I am able to get an appointment with a primary care provider when needed.

	PPO Response	HMO Response
Strongly Agree	10.6%	9.4%
Agree	53.6%	38.3%
Neutral	17.9%	17.3%
Disagree	10.1%	20.9%
Strongly Disagree	3.6%	12.2%
Not Applicable	4.3%	1.9%

HMO - I was able to select a primary care provider of my choice.

	Response
Strongly Agree	12.0%
Agree	43.2%
Neutral	16.2%
Disagree	16.5%
Strongly Disagree	10.2%
Not Applicable	1.9%

The selection of specialists where I live is adequate.

	PPO Response	HMO Response
Strongly Agree	7.5%	6.5%
Agree	44.7%	34.4%
Neutral	23.4%	25.9%
Disagree	13.2%	15.8%
Strongly Disagree	6.2%	12.5%
Not Applicable	5.0%	4.9%

PPO - I am able to get an appointment with a specialist when needed.

	Response
Strongly Agree	6.7%
Agree	42.8%
Neutral	24.8%
Disagree	10.8%
Strongly disagree	4.1%
Not Applicable	10.9%

HMO - I am able to get a referral to a specialist when needed.

	Response
Strongly Agree	8.9%
Agree	42.0%
Neutral	21.3%
Disagree	10.8%
Strongly Disagree	7.5%
Not Applicable	9.5%

HMO - I get approval for outpatient tests and procedures in a timely manner when needed.

	Response
Strongly Agree	8.7%
Agree	37.9%
Neutral	23.9%
Disagree	12.1%
Strongly Disagree	6.4%
Not Applicable	11.0%

CDHP/PPO and HMO Affordability and Quality:

My out-of-pocket healthcare costs (premiums, deductibles, coinsurance, etc.) are reasonable.

	PPO Response	HMO Response
Strongly Agree	0.8%	2.8%
Agree	4.5%	19.1%
Neutral	8.6%	16.7%
Disagree	22.8%	27.6%
Strongly Disagree	62.9%	33.4%
Not Applicable	0.5%	0.5%

I believe the healthcare received from my provider(s) is of high quality.

	PPO Response	HMO Response
Strongly Agree	9.4%	9.1%
Agree	42.5%	34.1%
Neutral	24.3%	25.3%
Disagree	11.5%	18.1%
Strongly Disagree	10.8%	12.8%
Not Applicable	1.6%	0.7%

CDHP/PPO and HMO Prescription Medications:

I have changed from a brand name medication (e.g., Lipitor) to a generic medication or from one class of medications to another class to save money.

	PPO Response	HMO Response
Strongly Agree	29.0%	29.3%
Agree	25.6%	31.4%
Neutral	9.2%	8.4%
Disagree	5.6%	5.0%
Strongly Disagree	3.3%	2.1%
Not Applicable	27.3%	23.8%

I comply with the prescription directions provided by my doctor.

	PPO Response	HMO Response
Strongly Agree	36.3%	43.2%
Agree	36.8%	42.0%
Neutral	5.4%	4.6%
Disagree	5.8%	2.0%
Strongly Disagree	2.0%	0.6%
Not Applicable	13.7%	7.6%

I have stopped taking a routine maintenance medication due to the cost.

	PPO Response	HMO Response
Strongly Agree	15.2%	9.5%
Agree	13.6%	11.9%
Neutral	11.1%	14.4%
Disagree	19.9%	25.5%
Strongly Disagree	10.9%	11.4%
Not Applicable	29.3%	27.2%

Prescription drug coverage is adequate under my current plan.

	PPO Response	HMO Response
Strongly Agree	1.2%	5.0%
Agree	9.1%	30.2%
Neutral	15.6%	23.8%
Disagree	23.9%	21.8%
Strongly Disagree	43.8%	14.7%
Not Applicable	6.4%	4.5%

CDHP/PPO HSA and HRA:

Along with the Consumer Driven PPO High Deductible Health Plan, I selected:

	Response
Health Savings Account (HSA)	78.7%
Health Reimbursement Arrangement (HRA)	21.3%

I have contributed to my HSA through payroll deductions.

	Response
Yes	52.8%
No	47.2%

My Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) balance is:

	Response
Less than \$250	45.1%
\$250 - \$500	21.1%
\$500 - \$1,000	22.8%
More than \$1,000	11.0%

Alternatives:

I plan to make changes in my health insurance plan during the upcoming open enrollment period.

	Response
Yes	15.1%
No	32.4%
Undecided	52.5%

If you are planning to change your health insurance during this open enrollment period, please tell us why.

	Response
Monthly premium is too high	37.1%
Out-of-pocket costs are too high (i.e. deductible, copayments, etc.)	79.8%
Want to take advantage of Health Savings Account (HSA)	6.1%
Heard from other people that the other plan is better	7.7%
Other reasons:	

Which of the following changes would you like to see moving forward?

	Response
Higher premiums with lower individual deductibles and copayments	46.3%
Lower premiums with higher individual deductibles and copayments	21.5%
The ability to purchase my own insurance subsidized by the employer	45.5%

I would be interested in purchasing a bridge or gap plan in conjunction with the high deductible health plan that pays part of my costs before I reach the deductible (similar to AFLAC) to supplement the high deductible health plan even if it meant I would have to have a Health Reimbursement Arrangement (HRA) instead of a Health Savings Account (HSA).

	Response
Yes	16.6%
No	24.1%
Unsure	59.3%

Please provide any additional information you may wish to include regarding the current health care plans available to you or your family members, including any changes you may make to your plan in the next enrollment period.