

# Employee Benefits & Wellness

Excellence



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# The Wrong Benefit Design Can Drive Up Chronic Disease Costs And Plan Risk

4 essential plan features employers should consider adding to their 2022 coverage

 By [George Huntley](#)

Employers have long been the largest health care payer in the U.S. As recently as 2019, employers provided medical insurance for 56.4 percent of all Americans – 183 million children and adults – more than Medicare, Medicaid and the Veterans Administration combined.<sup>1</sup>

Employee benefits professionals, therefore, play a vital role in improving the nation's health. This is particularly true for people living with chronic conditions like diabetes, asthma, heart disease or cancer who otherwise could not begin to cover the cost required to manage their disease, or the complications and comorbidities that often go along with it.

Despite varied and concerted efforts to bend the cost curve, health spending continues to rise, cutting deeper into bottom lines and frustrating employers and employees alike. Problems arise when plans inadvertently restrict coverage for important tools employees need to proactively manage and improve their health.

## Shifting Costs Instead of Saving

To date, the most prevalent savings lever has been shifting costs to employees, through higher deductibles, coinsurance and copays; a higher share of premiums; and lower coverage levels. Requiring “more skin in the game” from employees is supposed to slow cost growth by encouraging more prudent health spending decisions and discouraging waste.

Unfortunately, for many employees and their families, the pendulum has now swung too far, resulting in many fully insured people rationing or forgoing care altogether. Nearly 1 in 3 U.S. families decided not to seek medical care due to cost, according to a 2020 national survey by Bankrate.<sup>2</sup> Rates varied by generation, with 40 percent of millennials reporting rationing, compared to 35 percent of Gen-Xers and 24 percent of baby boomers.

In the Bankrate survey, rationing was as prevalent among families with employer-provided insurance (34 percent) as it was among the uninsured (33 percent).<sup>3</sup>

weight loss counseling as the primary strategy to fight diabetes and obesity is proven to be a losing proposition. It is time to remove the stigma from this serious, chronic metabolic disease and cover medical treatment for overweight and obesity according to standards of care.

## Finding the Win-Win

At the end of the day, we all want to reduce costs and improve health – which also boosts employee productivity, satisfaction and retention. This can only be achieved by designing health plan coverages that invest in chronic disease management, shifting the cost curve away from the catastrophic and expensive complications.

Here are four key plan design features that employers should consider adding to their 2022 coverage:

1. Pre-deductible coverage for chronic disease management
2. Low, predictable employee cost-sharing spread throughout the plan year
3. Rebate pass-through on drugs and supplies to eliminate list price exposure
4. Treatment choice/individualized care versus “one size fits all”

There is one more critical layer required to accomplish this goal – active management of intermediaries like insurance companies and pharmacy benefit managers (PBMs). These players often operate without a lot of transparency. Close oversight is essential to eliminate perverse incentives and conflicting interests, ensuring the value of the pharmaceutical and medical device spend for both employers and employees. A win-win!

To view the archive of our last webcast with HR.com; **Innovation & Inclusion: Essential Tools to Improve Diabetes Care and Cost Management**, please click [here](#).

### Notes

<sup>1</sup>Keisler-Starkey K, Bunch LN. Health insurance coverage in the United States: 2019. United States Census Bureau, Current Population Reports. September 2020. <https://www.census.gov/library/publications/2020/demo/p60-271.html>. Accessed August 3, 2021.

<sup>2</sup> Foster S. Survey: As coronavirus spreads, nearly 1 in 3 Americans admit to not seeking medical care due to cost. <https://www.bankrate.com/surveys/health-care-costs/>. Accessed August 3, 2021.

<sup>3</sup> Ibid.

<sup>4</sup> Kirzinger A, Munana C, Wu B, Brodie M. Data note: Americans' challenges with health care costs. Kaiser Family Foundation. June 11, 2019. <https://www.kff.org/health-costs/issue-brief/data-note-americans-challenges-health-care-costs/>.

<sup>5</sup> Ellis RP, Martins B, Zhu W. Health care demand elasticities by type of service. *J Health Econ*. 2017 September ; 55: 232–243. doi:10.1016/j.jhealeco.2017.07.007.

<sup>6</sup> IQVIA. Medicine spending and affordability in the U.S.: Understanding patients' costs for medicines. August 4, 2020. <https://www.iqvia.com/insights/the-iqvia-institute/reports/medicine-spending-and-affordability-in-the-us>.

<sup>7</sup> Ibid.

<sup>8</sup> Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.

<sup>9</sup> American Diabetes Association. Economic costs of diabetes in the U.S. in 2017. *Diabetes Care*. 2018;41(5):917-928. doi: 10.2337/dci18-0007

<sup>10</sup> Wing RR, Phelan S. Long-term weight loss maintenance. *Am J Clin Nutr* 2005;82(suppl):222S–5S. doi:10.1093/ajcn/82.1.222S



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