



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



2016 Annual Membership Satisfaction Survey Results

Board of Trustees Meeting

December 2, 2016

A Division of the Department of State Treasurer

Annual Membership Satisfaction Survey Overview

- Methodology
- Executive Summary
- Appendix: Full Survey Results Report

Tell us how we're doing...

Your opinion matters—and so does your satisfaction with the North Carolina State Health Plan. That's why we're asking you to let us know about your experience with the Plan. As an active or retired member, both you and your covered spouse (if applicable) are welcome to participate in our quick, online survey.

Thank you in advance for your valuable feedback. It helps us learn what's working well and what might need improvement to ensure an excellent member experience for you and your family.



Taking the survey is fast and easy:

Go to www.shpnc.org

Click the Membership Satisfaction Survey link

Take the survey

North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Let us know how we're doing!

Take our quick Membership Satisfaction Survey today!

 Give your feedback



We value your feedback

Methodology Reminder

- Approximately 380,200 postcards were mailed inviting subscribers and covered spouses to participate in the survey that was posted on the Plan's website.
- A total of 7,287 responses were collected from July 20 through September 1, 2016, resulting in a response rate of 2%. The survey length averaged 11 minutes.

AE			MP		
Active Employees/Retirees			Medicare Primary Retirees		
2014	2015	2016	2014	2015	2016
n=5171	n=4859	n=6436	n=2554	n=597	n=851

AE= Active Employees/Non-Medicare Retirees
 MP= Medicare Primary Retirees

Executive Summary

- As seen in both 2014 and 2015, the cost of monthly premiums is the top reason for Active Employees and Non-Medicare Retirees choosing one design over another in 2016. This is followed by copays, which have slightly risen in importance in 2016. Results do vary by plan type and coverage, and below are some noteworthy differences between groups:
 - 76% of those on the Traditional 70/30 Plan rate the cost of monthly premiums as their #1 reason, followed much further behind by cost of dependents at 6%.
 - 31% on the Enhanced 80/20 Plan rate monthly premiums as #1, followed closely by copays at 27%.
 - As for CDHP, 50% rate the cost of monthly premiums as #1, followed much further behind by having an HRA at 18%.
 - The cost of monthly premiums, copays, wellness activities, and the existence of other insurance are more important to Active Employees and Non-Medicare Retirees with employee/retiree only coverage than to those who cover additional members of their family (spouse and/or children).

Executive Summary, con't.

- The cost of monthly premiums remains the top reason behind Medicare Primary Retirees' choice of health plans in 2016. Importance had increased from 2014 into 2015, but remained steady from 2015 into 2016. Annual out-of-pocket maximums and copays continue to be secondary reasons in 2016. However, copays have returned to their 2014 average ranking, after falling in importance in 2015.
- In 2016, costs delayed or prevented 37% of Active Employees and Non-Medicare Retirees from receiving health care services such as prescription refills, doctors visits, or preventive care screenings during the past 12 months.
 - This result represents an increase above the 2014 level (36%) after an improvement was noted in 2015 (32%).
 - In contrast, 21% of Medicare Primary Retirees indicate they delayed or forewent services due to costs, which is comparable to 2015 (23%) but higher than 2014 at only 15%.

Executive Summary, con't.

- Overall satisfaction with the current offerings by the State Health Plan has dropped since 2015, although it remains higher than 2014. Other noteworthy changes in satisfaction include:
 - 2015 saw improvements in Active and Non-Medicare Retirees' satisfaction with customer service, pharmacy benefits, and communicated information. However, satisfaction in 2016 mostly returned back to 2014 levels.
 - Satisfaction with pharmacy benefits continues to decline for Medicare Primary Retirees (top 3 box 60% in 2016, 69% in 2015, and 73% in 2014). While their satisfaction with customer service is comparable to previous years overall, this year revealed a lower satisfaction in customer service among those with BCBSNC plans than those with Humana and UnitedHealthcare.

Executive Summary, con't.

- 88% of Active Employees and Non-Medicare Retirees have visited their Primary Care Provider listed on their ID card in 2016, which is up slightly from 2015 (86%) and 2014 (84%). As for Medicare Primary Retirees, 2016 shows an increase in preventative services and screenings (70%) as compared to 2014 (59%).
- In 2016, Active Employees and Non-Medicare Retirees' most preferred method of receiving information from the State Health Plan is email. Preference for this method has increased since 2015. Medicare Primary Retirees also show an increase for email correspondence in 2016, however, their most preferred remains mailed printed materials.
- 82% of Active Employees and Non-Medicare Retirees have a smartphone and of those, 36% are likely to use a benefit app to assist them with understanding their State Health Plan benefits. As for Medicare Primary Retirees, 63% have a smartphone and of those, 33% are likely to use this type of app.

Active Employees and Non-Medicare Retirees

Drivers of Choice

What were your top reasons for choosing one design over another for the 2016 benefit year? Please rank the items on the list using numbers 1 through 8, where 1 means your top reason, 2, means your second reason, and so on, with 8 being the least important reason for choosing one plan over another.

Reasons Ranked 1-8 <i>Base: AE Total 2014 (n=5171); 2015 (n=4859); 2016 (n=6436)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	2014 (A)	2015 (B)	2016 (C)	2014 (D)	2015 (E)	2016 (F)	2014 (G)	2015 (H)	2016 (I)	2014 (J)	2015 (K)	2016 (L)
Cost of monthly premiums #1	43%	43%	42%	59%	59%	58%	72%	73% I	71%	2.53	2.49	2.56 K
Copay or cost associated with each doctor visit or prescription	19%	19%	21% AB	47%	46%	47%	74%	75%	75%	2.79	2.77	2.76
Having preventive services, medications, and/or prescriptions covered at 100%	13%	14% AC	14%	28%	29% F	28%	46%	46%	46%	3.52	3.48	3.54
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	13%	13%	14%	37%	37%	37%	61%	61%	60%	3.20	3.18	3.22
Presence or lack of wellness activities to lower monthly premiums	5%	5%	5%	13%	14%	13%	22%	24% G	23%	4.82 K	4.75	4.76
Cost of dependents	3%	2%	3%	8%	8%	9% E	12% H	10%	13%	6.17	6.23 L	6.11
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	2%	2%	2%	5%	4%	6% E	9%	8%	10% H	5.85	5.92 J	5.88
Existence of other insurance such as TRICARE	2%	1%	1%	3% EF	2%	2%	4% HI	3%	3%	7.12	7.18 J	7.17 J

Red letters represent statistically significant differences at the 95% level. Groups compared include ABC, DEF, GHI and JKL.

Medicare Primary Members

Drivers of Choice

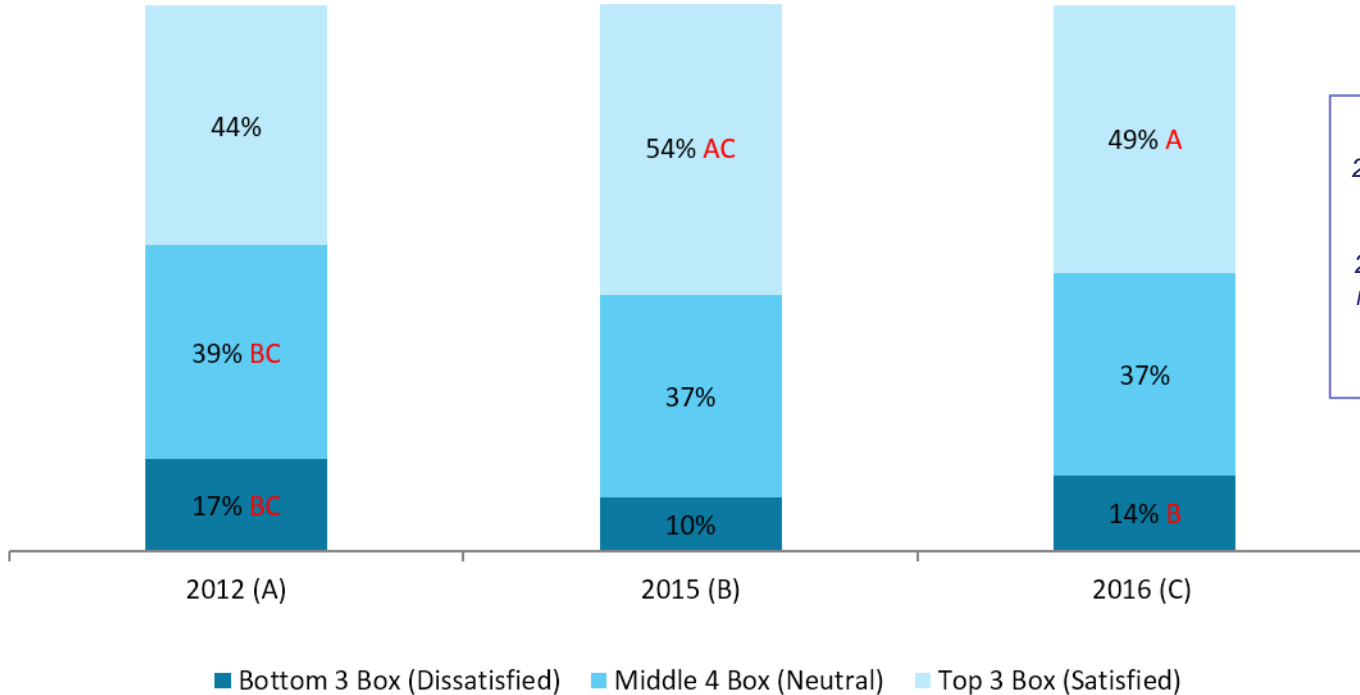
What were your top reasons for choosing one design over another for the 2016 benefit year? Please rank the items on the list using numbers 1 through 6, where 1 means your top reason, 2, means your second reason, and so on, with 6 being the least important reason for choosing one plan over another.

Reasons Ranked 1-6 <i>Base: MP Total 2014 (n=2554); 2015 (n=597); 2016 (n=851)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	2014 (A)	2015 (B)	2016 (C)	2014 (D)	2015 (E)	2016 (F)	2014 (G)	2015 (H)	2016 (I)	2014 (J)	2015 (K)	2016 (L)
Cost of monthly premiums #1	41%	53% A	54% A	57%	69% D	69% D	71%	78% G	77% G	2.46 KL	2.12	2.12
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	16% BC	12%	13%	48% EF	43%	43%	75%	72%	77% H	2.68	2.83 J	2.75
Copay or cost associated with each doctor visit or prescription	18% BC	11%	12%	46% E	38%	44% E	79% H	75%	79%	2.64	2.81 JL	2.69
Existence of other insurance such as an Individual Medicare Advantage Plan, an Individual Part D Plan or TRICARE	8%	11% A	10%	13%	19% DF	14%	17%	23% GI	18%	4.68 K	4.49	4.65
Having preventive services, medications, and/or prescriptions covered at 100%	14% BC	10%	11%	30% F	26%	25%	49% HI	44%	43%	3.24	3.43 J	3.40 J
Cost of dependents	3% C	3% C	1%	7% F	5%	5%	9% I	8%	7%	5.31	5.32	5.39

Red letters represent statistically significant differences at the 95% level. Groups compared include ABC, DEF, GHI and JKL.

Overall Member Satisfaction with the Plan

How satisfied or dissatisfied are you overall with the current health plan coverage offered by the State Health Plan? For this question, please use a 10-point scale where a “10” means completely satisfied and “1” means completely dissatisfied.

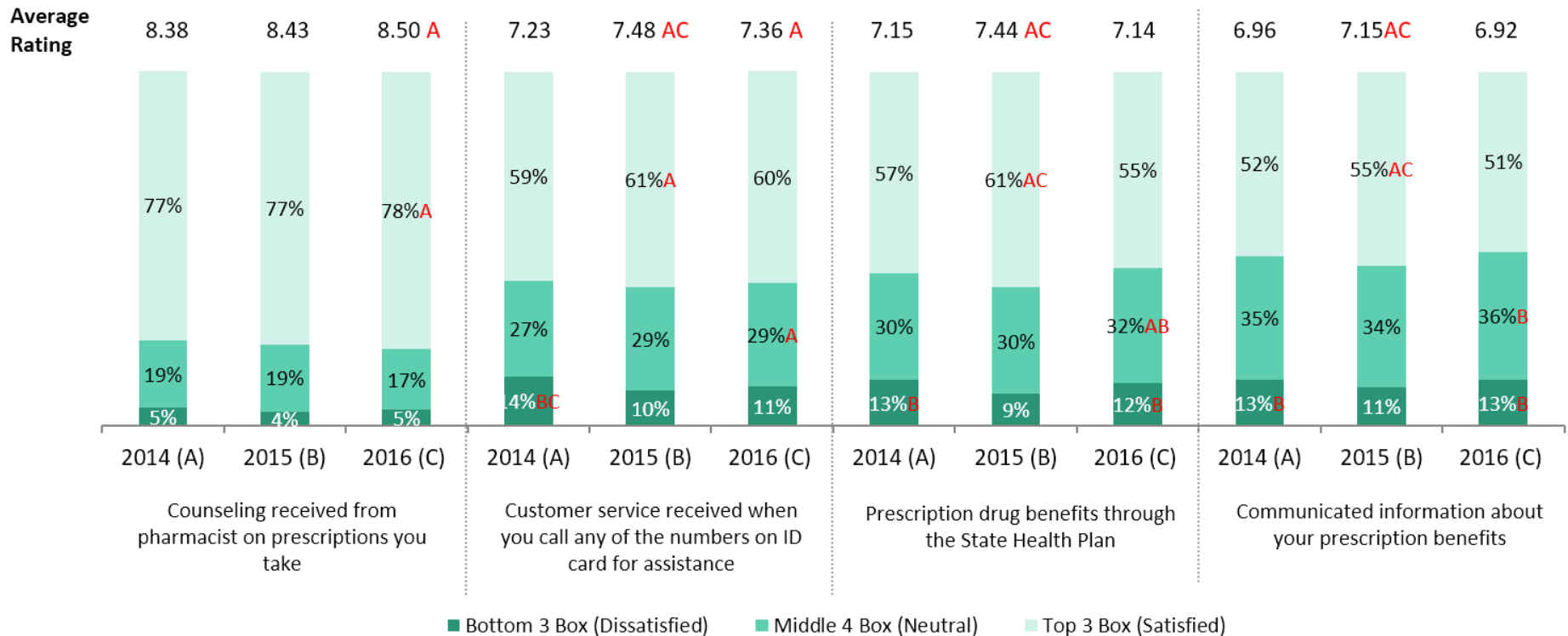


Please note – the 2015 and 2016 data is being compared to 2012 data, since this question was not asked in 2014. In addition, this data is reported in total because the AE and MP distinction was not made in 2012.

Member Satisfaction for Services

Active Employees and Non-Medicare Retirees

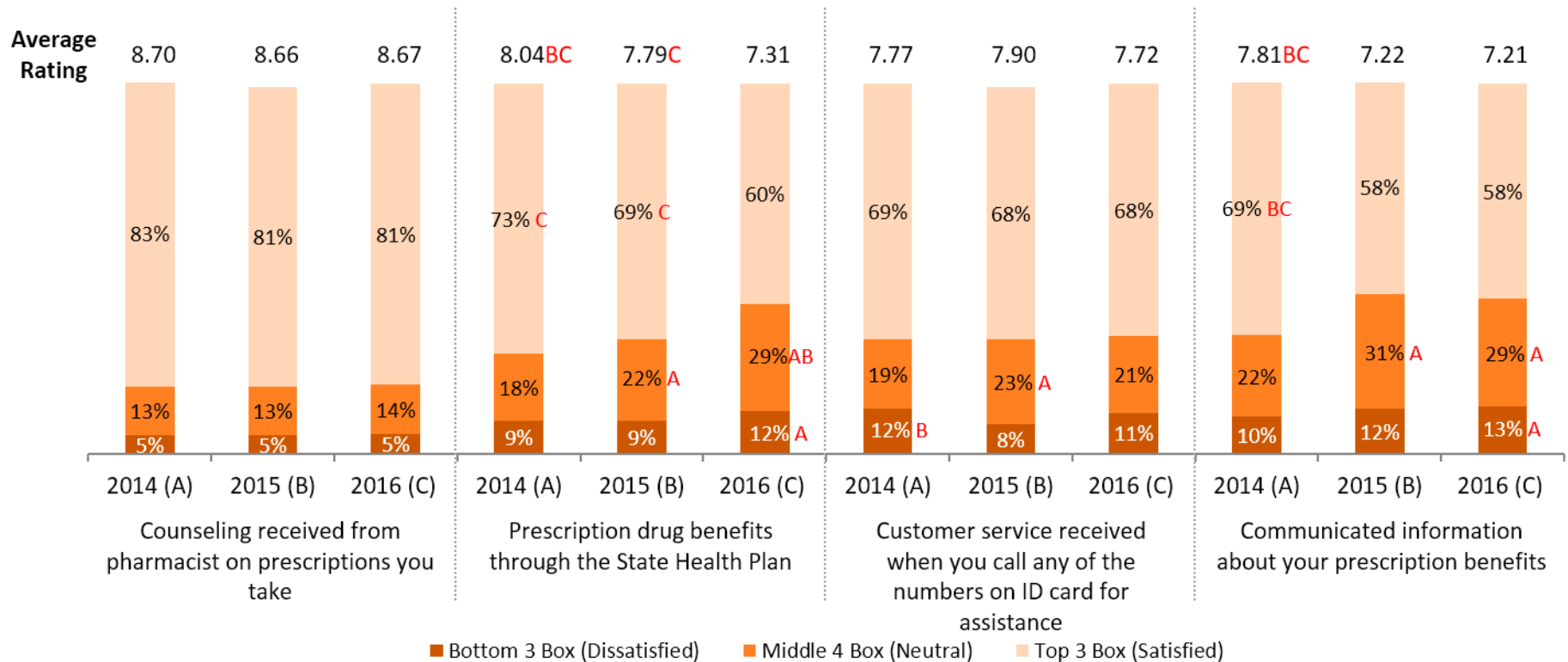
Using a scale of 1-10, where a “10” means completely satisfied and “1” means completely dissatisfied, how satisfied or dissatisfied are you with the following since January 1, 2016?



Member Satisfaction

Medicare Primary Members

Using a scale of 1-10, where a “10” means completely satisfied and “1” means completely dissatisfied, how satisfied or dissatisfied are you with the following since January 1, 2016?



Red letters represent statistically significant differences at the 95% level. Groups compared include ABC, DEF, GHI and JKL.

Appendix

Member Satisfaction Survey Results



**BlueCross BlueShield
of North Carolina**



North Carolina
State Health Plan
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**Research Report
September 30, 2016**



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Research Objectives

The research objectives for 2016 are:

1. Trends. Compare the 2016 results to those in 2015 and 2014 in order to uncover data trends
2. Focus. Member communication, customer service and plan design
3. Purpose. Solicit member feedback to support customer experience improvements, plan design changes and new offerings

Furthermore, the questionnaire was designed with these objectives in mind:

- To learn the reasons behind members' choice of health plan design
- To identify wellness benefit usage
- To assess satisfaction with key elements of the pharmacy benefits
- To explore access to and usage of care services



Methodology

- Data Decisions Group (formerly FGI Research) conducted an online survey of SHP subscribers, both active and retired, as well as covered spouses. This was a census survey which allows everyone in this population a chance to take the survey.
- A total of approximately 380,200 postcards were mailed inviting subscribers and covered spouses to participate in the survey that was posted on the main page of the SHP website.
- A total of 7,287 responses were collected from July 20 through September 1, 2016, resulting in a response rate of 2%. The survey length averaged 11 minutes.
- This report includes 2014, 2015, and 2016 data for both Active Employees/Retirees (AE) and Medicare Primary Retirees (MP). Within each of these subscriber groups, the three years were compared for statistically significant differences at the 95% confidence level, which are notated by a letter. Counts for each group are included below.
- In addition, some questions provide additional breakouts by plan type, coverage, and/or provider. Statistically significant differences at the 95% level between the subgroups are noted with a red letter. Sample sizes for subgroups are provided on individual slides.



Active Employees/Retirees			Medicare Primary Retirees		
2014	2015	2016	2014	2015	2016
n=5171	n=4859	n=6436	n=2554	n=597	n=851



Executive Summary

1. As seen in both 2014 and 2015, the cost of monthly premiums is the top reason for Active Employees/Retirees choosing one design over another in 2016. This is followed by copays, which have slightly risen in importance in 2016. Results do vary by their plan type and coverage, and below are some noteworthy differences between groups:
 - 76% of those on a Traditional plan rate the cost of monthly premiums as their #1 reason, followed much further behind by cost of dependents at 6%. 31% on the Enhanced plan rate monthly premiums as #1, followed closely by copays at 27%. As for CDHP, 50% rate the cost of monthly premiums as #1, followed much further behind by having an HRA at 18%.
 - The cost of monthly premiums, copays, wellness activities, and the existence of other insurance are more important to Active Employees/Retirees with employee/retiree only coverage than to those who cover additional members of their family (spouse and/or children).
2. The cost of monthly premiums remains the top reason behind Medicare Primary Retirees' choice of health plans in 2016. Importance had increased from 2014 into 2015, but remained steady from 2015 into 2016. Annual out-of-pocket maximums and copays continue to be secondary reasons in 2016. However, copays have returned back to their 2014 average ranking, after falling in importance in 2015.
3. In 2016, cost delayed or prevented 37% of Active Employees/Retirees from receiving healthcare services such as prescription refills, doctors visits, or preventative care screenings during the past 12 months. This has risen back up to its 2014 level (36%) after an improvement in 2015 (32%). In contrast, 21% of Medicare Primary Retirees say this, which is comparable to 2015 (23%) but higher than 2014 at only 15%.
4. Overall satisfaction with the current offering by the State Health Plan has dropped since 2015, although it remains higher than 2014. Other noteworthy changes in satisfaction include:
 - 2015 saw improvements in Active Employees/Retirees' satisfaction with customer service, prescription drug benefits, and communicated information. However, satisfaction in 2016 mostly returned back to 2014 levels.
 - Satisfaction with prescription drug benefits continues to decline for Medicare Primary Retirees (top 3 box 60% in 2016, 69% in 2015, and 73% in 2014). While their satisfaction with customer service is comparable to previous years overall, this year revealed a lower satisfaction in customer service among those with BCBSNC Traditional than those with Humana MA and United MA.
5. 88% of Active Employees/Retirees have visited their primary care provider listed on their health benefits card in 2016, which is up slightly from 2015 (86%) and 2014 (84%). As for Medicare Primary Retirees, 2016 shows an increase in preventative services and screenings (70%) as compared to 2014 (59%).
6. In 2016, Active Employees/Retirees' most preferred method of receiving info from the State Health Plan is email. Preference for this method increased since 2015. Medicare Primary Retirees also show an increase for email in 2016, however, their most preferred remains mailed printed materials.
7. 82% of Active Employees/Retirees have a smartphone and of those 36% are likely to use a benefit app to assist them with understanding their State Health Plan benefits. As for Medicare Primary Retirees, 63% have a smartphone and of those, 33% are likely to use this type of app.



Recommendations

1. Medicare Primary Retirees' satisfaction with prescription drug benefits continues to decline each year. Therefore, SHP should explore this more deeply among these members and work to resolve any issues they are facing.
2. Satisfaction had increased in 2015 among Active Employees/Retirees for customer service, prescription drug benefits, and communicated information. But in 2016 these all dropped back closer to where they were in 2014. SHP should identify what was different in 2015 and how to get satisfaction back up to those levels again.
3. More and more members are expressing a preference for email. This is a great method of communication to reach them (especially Active Employees/Retirees), as well as printed material mailed to their home.
4. There appears to be an audience who would be open to a SHP benefits app on their smartphone. To improve its success, SHP should conduct further research to determine what app features would be most useful to members.

Drivers of Plan Choice



Drivers of Choice — AE in Total

AE



The cost of monthly premiums remains the top reason for Active Employees/Retirees choosing one design over another in 2016. Slightly more in 2016 than previous years rank copays as #1, although copays continues to fall second to premiums.

The lower the ranking, the more important the reason.

Reasons Ranked 1-8 <i>Base: AE Total 2014 (n=5171); 2015 (n=4859); 2016 (n=6436)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	2014 (A)	2015 (B)	2016 (C)	2014 (D)	2015 (E)	2016 (F)	2014 (G)	2015 (H)	2016 (I)	2014 (J)	2015 (K)	2016 (L)
Cost of monthly premiums #1	43%	43%	42%	59%	59%	58%	72%	73% I	71%	2.53	2.49	2.56 K
Copay or cost associated with each doctor visit or prescription	19%	19%	21% AB	47%	46%	47%	74%	75%	75%	2.79	2.77	2.76
Having preventive services, medications, and/or prescriptions covered at 100%	13%	14% AC	14%	28%	29% F	28%	46%	46%	46%	3.52	3.48	3.54
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	13%	13%	14%	37%	37%	37%	61%	61%	60%	3.20	3.18	3.22
Presence or lack of wellness activities to lower monthly premiums	5%	5%	5%	13%	14%	13%	22%	24% G	23%	4.82 K	4.75	4.76
Cost of dependents	3%	2%	3%	8%	8%	9% E	12% H	10%	13%	6.17	6.23 L	6.11
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	2%	2%	2%	5%	4%	6% E	9%	8%	10% H	5.85	5.92J	5.88
Existence of other insurance such as TRICARE	2%	1%	1%	3% EF	2%	2%	4% HI	3%	3%	7.12	7.18J	7.17 J

Red letters represent statistically significant differences at the 95% level. Groups compared include ABC, DEF, GHI and JKL.



Drivers of Choice — AE by Plan Type

AE



In 2016, the cost of monthly premiums is by far the leading driver of plan choice among those Active Employees/Retirees with the Traditional plan. In fact, all plan types had more customers select monthly premiums than anything else as the #1 most important reason. However, when looking at average rankings, copays ranked more important than monthly premiums for members on the Enhanced plan. Other significant differences between the plan types are notated below.

Reminder, the lower the ranking, the more important the reason.

Reasons Ranked 1-8 <i>Bases: 2016 AE Traditional 70/30 (n=1271) Enhanced 80/20 (n=4610) CDHP (n=469)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	Traditional (A)	Enhanced (B)	CDHP (C)	Traditional (D)	Enhanced (E)	CDHP (F)	Traditional (G)	Enhanced (H)	CDHP (I)	Traditional (J)	Enhanced (K)	CDHP (L)
The cost of monthly premiums	76% BC	31%	50% B	90% EF	48%	67% E	93% HI	64%	79% H	1.54	2.88 JL	2.29 J
The cost of dependents	6% B	2%	6% B	25% EF	4%	18% E	31% H	6%	26% H	5.11	6.46 JL	5.36 J
The copay or cost associated with each doctor visit or prescription	5%	27% AC	4%	26% F	57% DF	12%	62% I	83% GI	29%	3.38 K	2.42	4.49 JK
The annual out-of-pocket or coinsurance maximums on medical and pharmacy services	3%	17% AC	10% A	26%	41% DF	24%	54% I	64% GI	34%	3.57 K	3.02	4.28 JK
Having preventive services, medications, and/or prescriptions covered at 100%	3%	16% AC	10% A	14%	32% DF	24% D	27%	51% GI	45% G	4.28 KL	3.30	3.82 K
The presence or lack of wellness activities to lower monthly premiums	3%	5% AC	3%	8%	15% D	15% D	16%	25% G	26% G	5.34 KL	4.59	4.81 K
The existence of other insurance such as TRICARE	5% BC	1%	0%	8% EF	1%	0%	9% HI	2% I	0%	6.86	7.20 J	7.73 JK
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	0%	1%	18% AB	4% E	2%	41% DE	8% H	5%	61% GH	5.93 L	6.13 JL	3.22

Red letters represent statistically significant differences at the 95% level. Groups compared include ABC, DEF, GHI and JKL.



Drivers of Choice — AE by Coverage

AE



Reminder, the lower the ranking, the more important the reason.

Based on average 2016 scores, the cost of monthly premiums, copays, wellness activities and the existence of other insurance are more important to Active Employees/Retirees with employee/retiree only coverage than all three of the other coverage levels. Annual out-of-pocket maximums are more important among coverages without children than those with children. The full list of differences by coverage level can be found in the table below.

Reasons Ranked 1-8 <i>Bases: 2016 AE Employee/Retiree Only (n=4779) Employee/Retiree + Children (n=762) Employee/Retiree + Spouse (n=373) Family (n=522)</i>	Ranked #1				Ranked Top 2				Ranked Top 3				Average Ranking			
	Emp/Ret Only (A)	Emp/Ret + Children (B)	Emp/Ret + Spouse (C)	Family (D)	Emp/Ret Only (E)	Emp/Ret + Children (F)	Emp/Ret + Spouse (G)	Family (H)	Emp/Ret Only (I)	Emp/Ret + Children (J)	Emp/Ret + Spouse (K)	Family (L)	Emp/Ret Only (M)	Emp/Ret + Children (N)	Emp/Ret + Spouse (O)	Family (P)
The cost of monthly premiums	43% B	37%	38%	45% BC	60% FG	51%	52%	55%	74% JKL	62%	59%	64%	2.42	2.97 M	2.98 M	2.95 M
The copay or cost associated with each doctor visit or prescription	22% CD	22% CD	15%	16%	50% FGH	42%	42%	37%	78% JKL	65%	69% L	61%	2.64	3.00 M	3.05 M	3.28 MNO
The annual out-of-pocket or coinsurance maximums on medical and pharmacy services	14%	13%	20% ABD	11%	39% FH	31%	39% FH	28%	63% JL	50%	60% JL	48%	3.11	3.64 MO	3.16	3.68 MO
Having preventive services, medications, and/or prescriptions covered at 100%	13%	12%	15%	14%	28%	25%	28%	28%	46% J	43%	49% J	43%	3.46	3.79 MO	3.54	3.86 MO
The presence or lack of wellness activities to lower monthly premiums	5% B	3%	4%	3%	14% FH	10%	11%	11%	24%	22%	21%	21%	4.65	5.19 MO	4.90 M	5.08 M
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	2%	2%	3% A	3% A	5%	8% E	7% E	10% E	7%	14% I	15% I	19% IJ	5.91 P	5.87 P	5.89 P	5.59
The existence of other insurance such as TRICARE	2% BC	1%	0%	1%	3% FG	1%	1%	2%	4% JK	1%	1%	3%	7.01	7.69 MO	7.53 M	7.58 M
The cost of dependents	1%	11% ACD	6% A	7% A	2%	32% EG	20% E	29% EG	3%	43% IK	25% I	42% IK	6.79 NOP	3.85	4.96 NP	3.98

Red letters represent statistically significant differences at the 95% level. Groups compared include ABCD, EFGH, IJKL and MNOP.



Drivers of Choice — MP Plan



Since 2014, Medicare Primary Retirees ranked the cost of monthly premiums as the top reason for choosing one design over another, however, more did so in 2015 and 2016 than in 2014. Annual out-of-pocket maximums and copays continue to be secondary reasons in 2016. According to the average ranking, copays have increased back to their 2014 level of importance, after decreasing in average importance in 2015.

Reminder, the lower the ranking, the more important the reason.

Reasons Ranked 1-6 <i>Base: MP Total 2014 (n=2554); 2015 (n=597); 2016 (n=851)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	2014 (A)	2015 (B)	2016 (C)	2014 (D)	2015 (E)	2016 (F)	2014 (G)	2015 (H)	2016 (I)	2014 (J)	2015 (K)	2016 (L)
Cost of monthly premiums #1	41%	53% A	54% A	57%	69% D	69% D	71%	78% G	77% G	2.46 KL	2.12	2.12
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	16% BC	12%	13%	48% EF	43%	43%	75%	72%	77% H	2.68	2.83 J	2.75
Copay or cost associated with each doctor visit or prescription	18% BC	11%	12%	46% E	38%	44% E	79% H	75%	79%	2.64	2.81 JL	2.69
Existence of other insurance such as an Individual Medicare Advantage Plan, an Individual Part D Plan or TRICARE	8%	11% A	10%	13%	19% DF	14%	17%	23% GI	18%	4.68 K	4.49	4.65
Having preventive services, medications, and/or prescriptions covered at 100%	14% BC	10%	11%	30% F	26%	25%	49% HI	44%	43%	3.24	3.43 J	3.40 J
Cost of dependents	3% C	3% C	1%	7% F	5%	5%	9% I	8%	7%	5.31	5.32	5.39

Red letters represent statistically significant differences at the 95% level. Groups compared include ABC, DEF, GHI and JKL.

Usage & Satisfaction



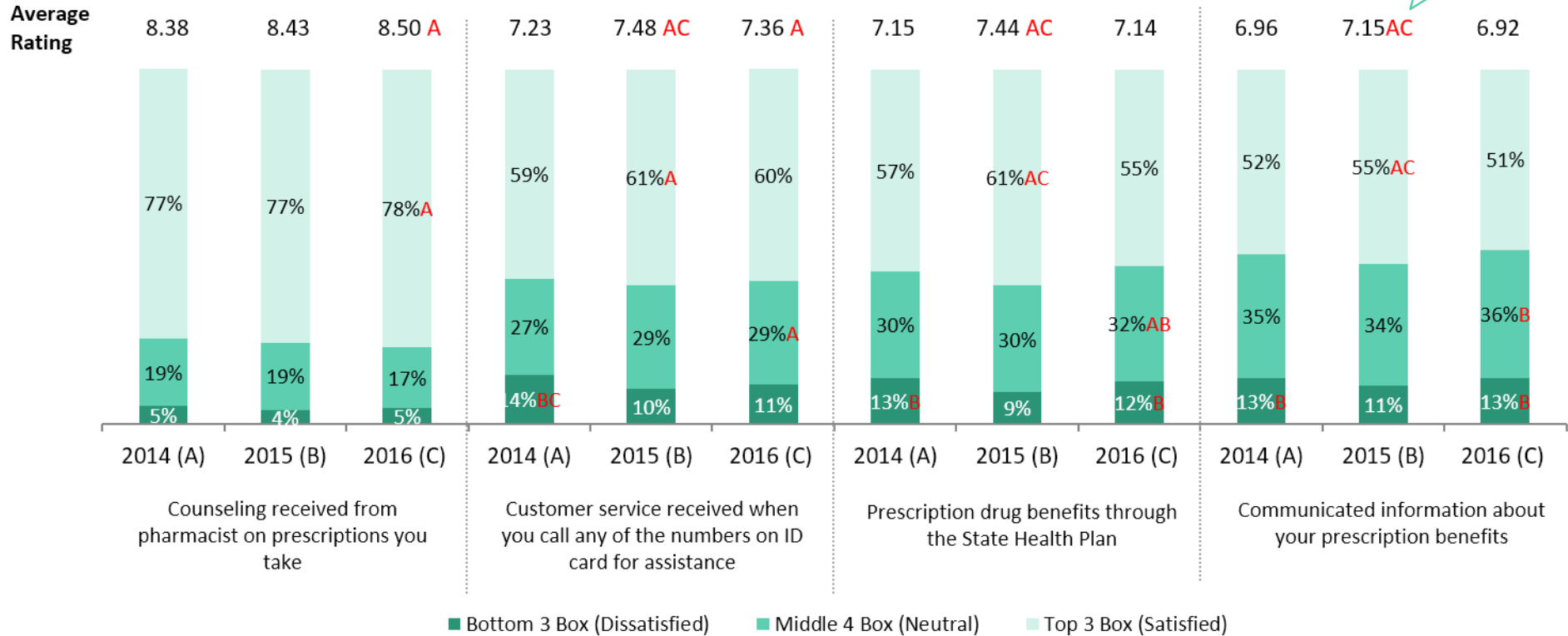
Satisfaction – AE



Base: AE Total excluding "n/a" (base varies)

After an improvement in satisfaction levels in 2015 among Active Employees/Retirees, levels have mostly returned closer to their 2014 levels. However, satisfaction is higher in 2016 than 2014 for counseling received from pharmacist on prescriptions they take.

READ AS: This satisfaction measure in 2015 is statistically significantly higher than in 2014 and 2016.



Red letters represent statistically significant differences at the 95% level.

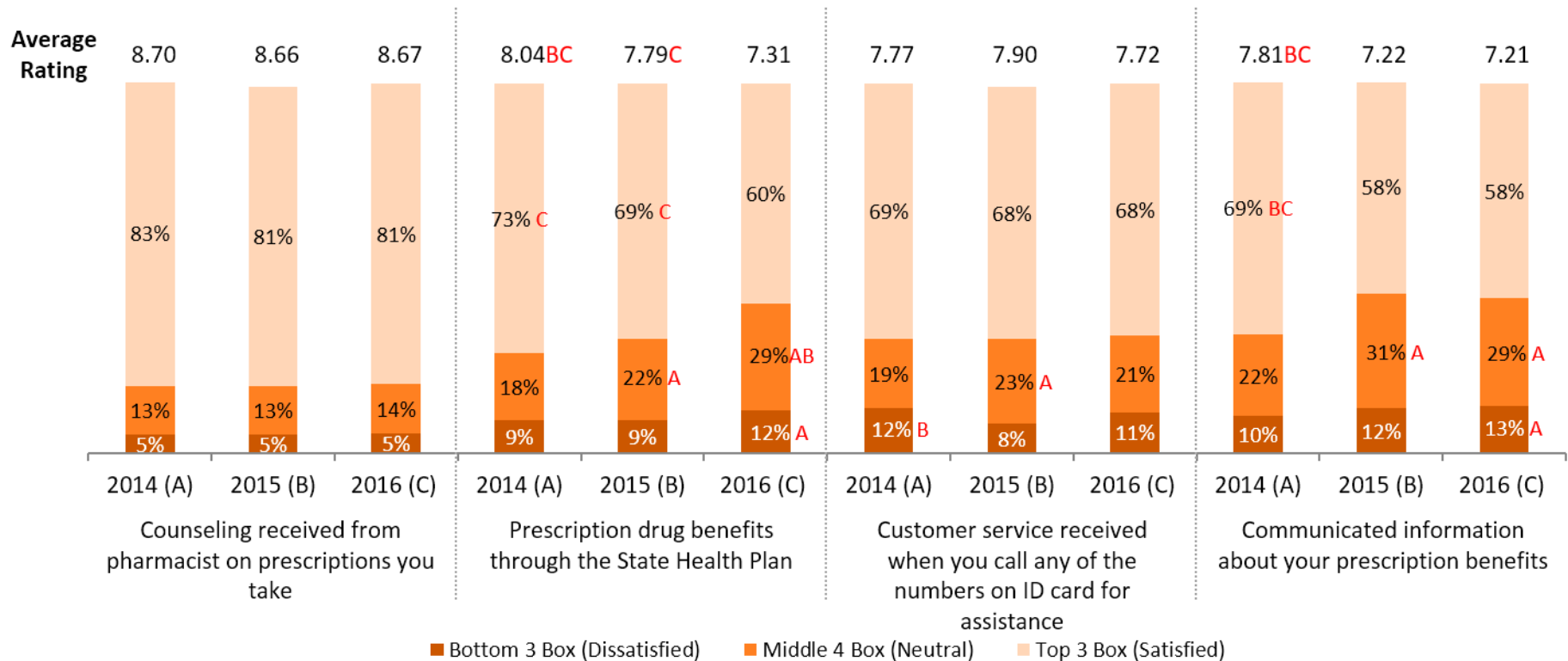


Satisfaction – MP



Base: MP Total excluding "n/a" (base varies)

Satisfaction with prescription drug benefits continues to decline among Medicare Primary Retirees. 2014 had the strongest ratings for this measure, as well as communicated information about prescription benefits.



Letters represent statistically significant differences at the 95% level.

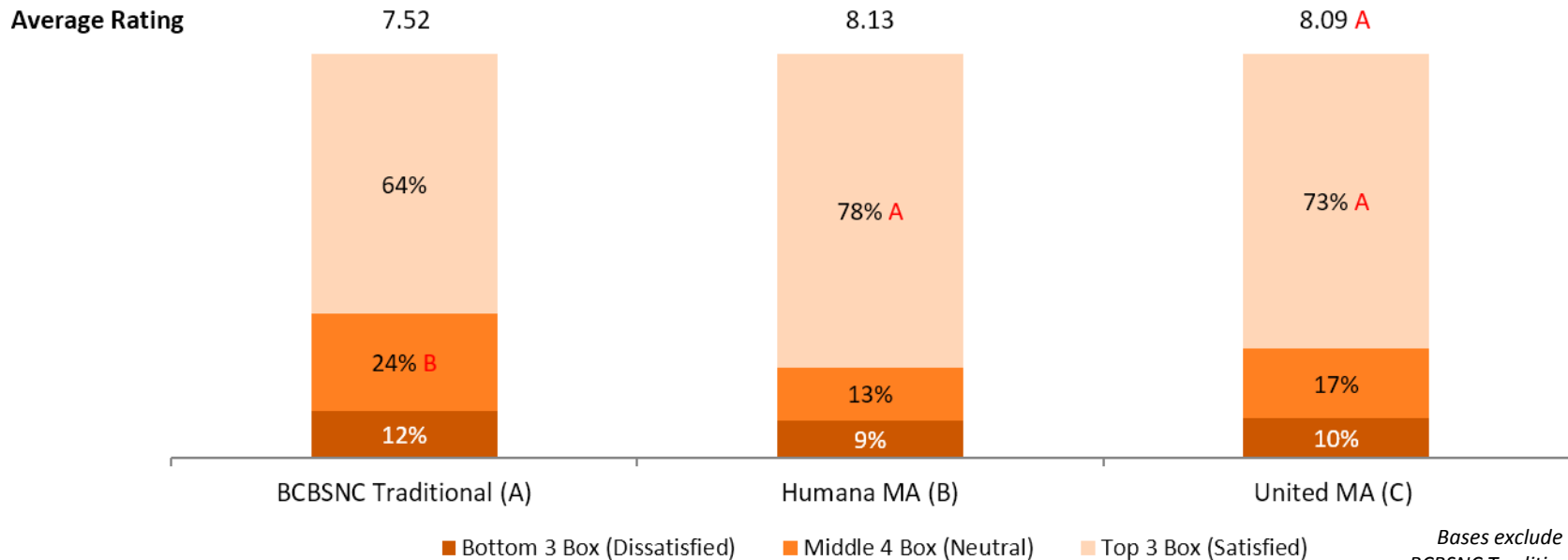


Customer Service Satisfaction by MP Carrier

Among Medicare Primary Retirees, satisfaction with customer service received when calling any of the numbers on ID cards for assistance is higher for both Humana and United Medicare Advantage Plans than it is for BCBSNC Traditional plans.



The customer service you receive when you call any of the numbers on your ID card for assistance



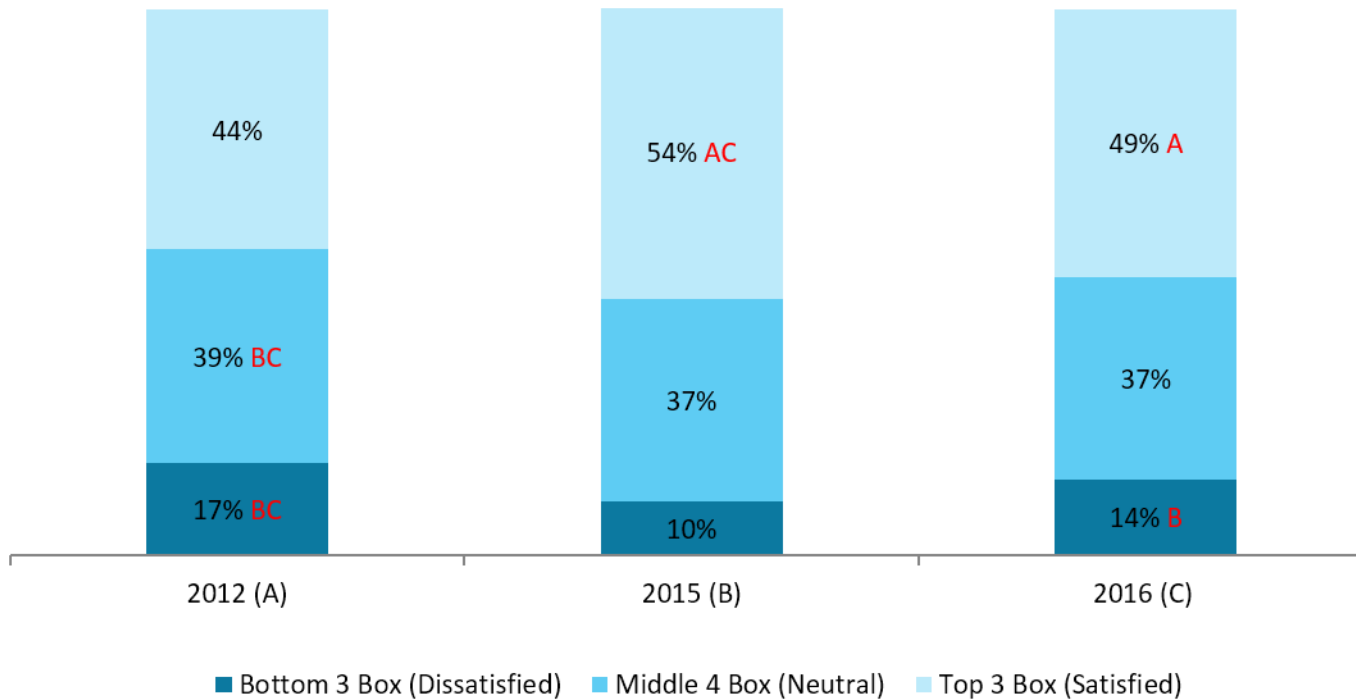
Bases exclude "n/a" BCBSNC Traditional 70/30 Plan (n=397); Humana Medicare Advantage (n=76-small base size); UnitedHealthcare Medicare Advantage (n=163)

Letters represent statistically significant differences at the 95% level.



State Health Plan Coverage Satisfaction

Although overall satisfaction with current health plan coverage offered by the State Health Plan is higher in 2016 than 2014, it did see a drop as compared to 2015.



Please note – the 2015 and 2016 data is being compared to 2012 data, since this question was not asked in 2014. In addition, this data is reported in total because the AE and MP distinction was not made in 2012.

Base: Total
2012 (n=10453);
2015 (n=5456);
2016 (n=7287)

Red letters represent statistically significant differences at the 95% level.

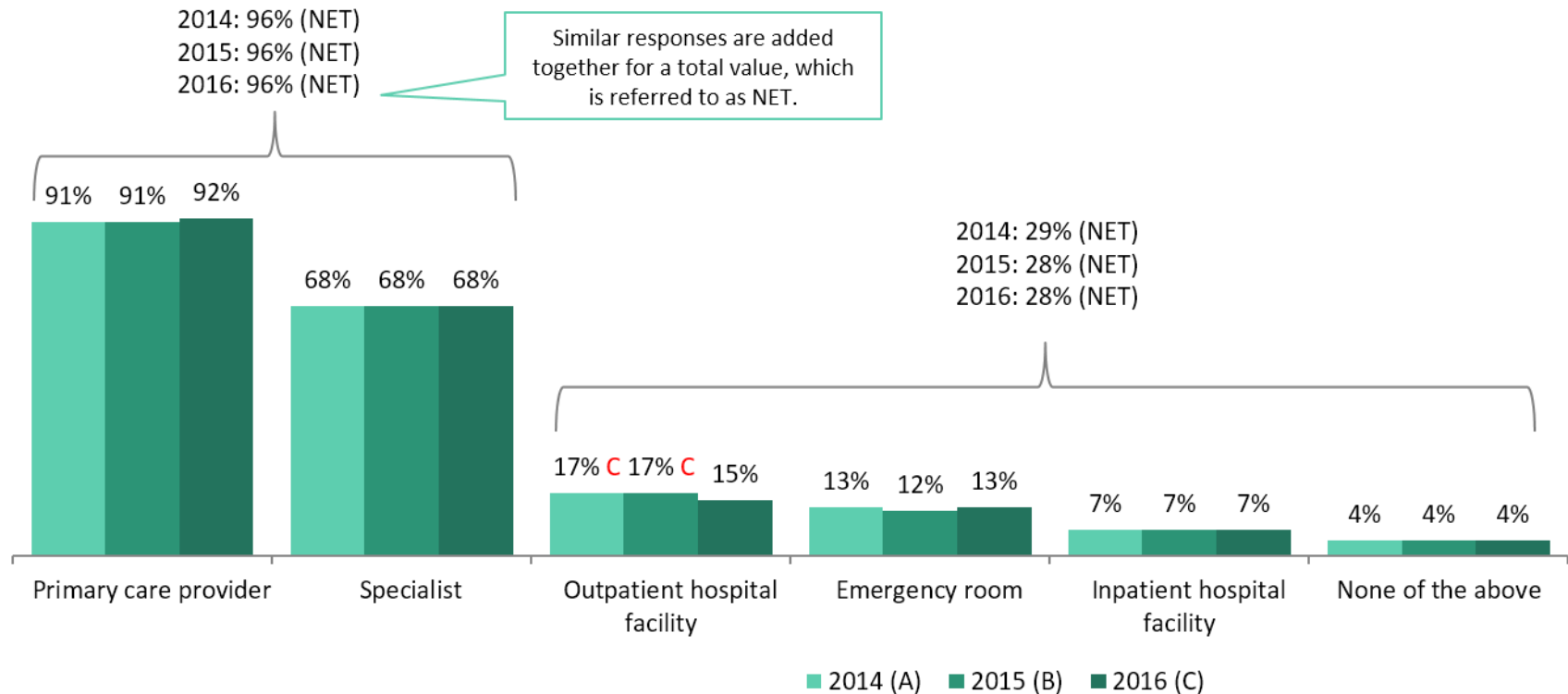


Visits in Past 12 Months – AE

AE



Nearly all Active Employees/Retirees have visited a primary care provider during the past 12 months. The only change in 2016 is a slight drop in outpatient hospital facility visitation.



Base: AE Total
2014 (n=5171);
2015 (n=4859);
2016 (n=6436)

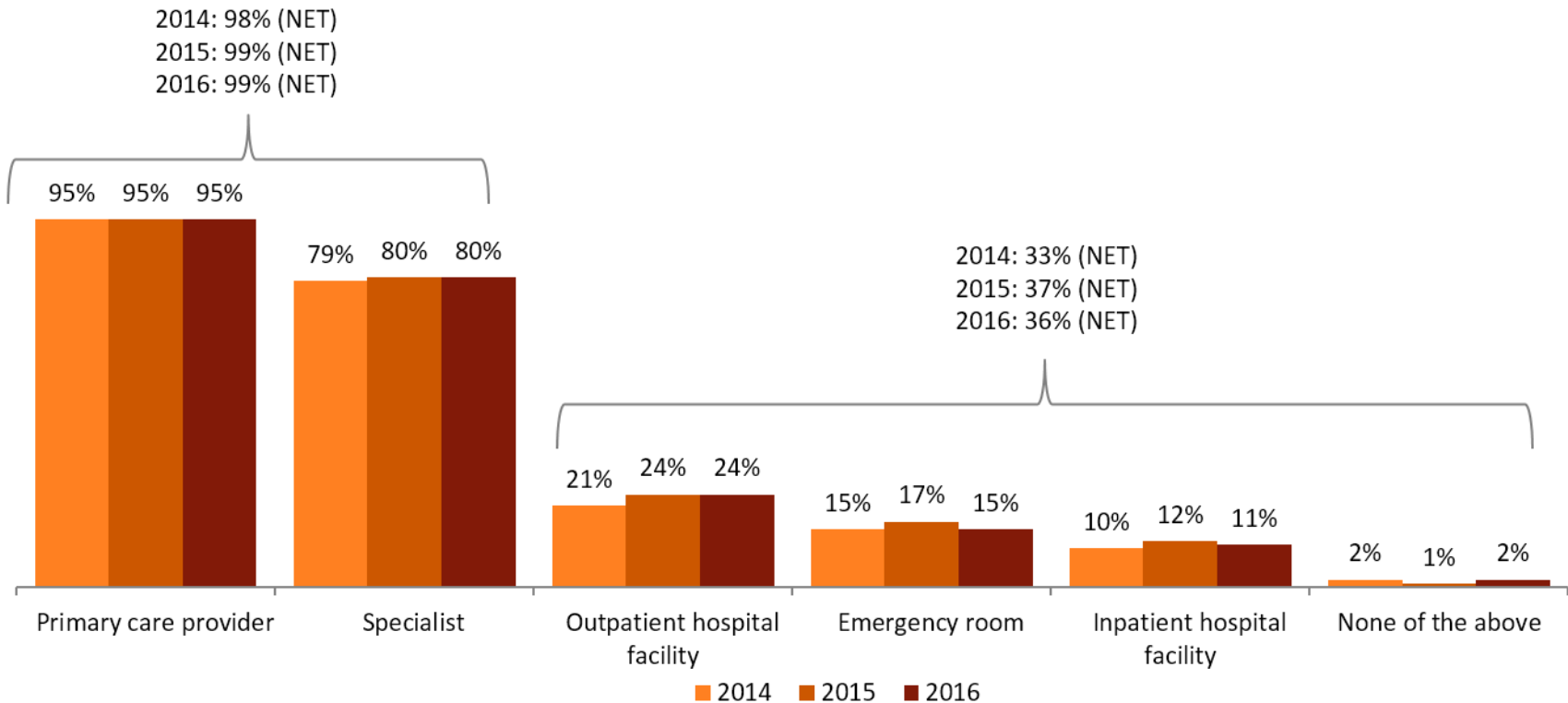
Red letters represent statistically significant differences at the 95% level.



Visits in Past 12 Months – MP



Virtually all Medicare Primary Retirees visited a primary care provider during the past 12 months. These proportions did not change significantly over time.

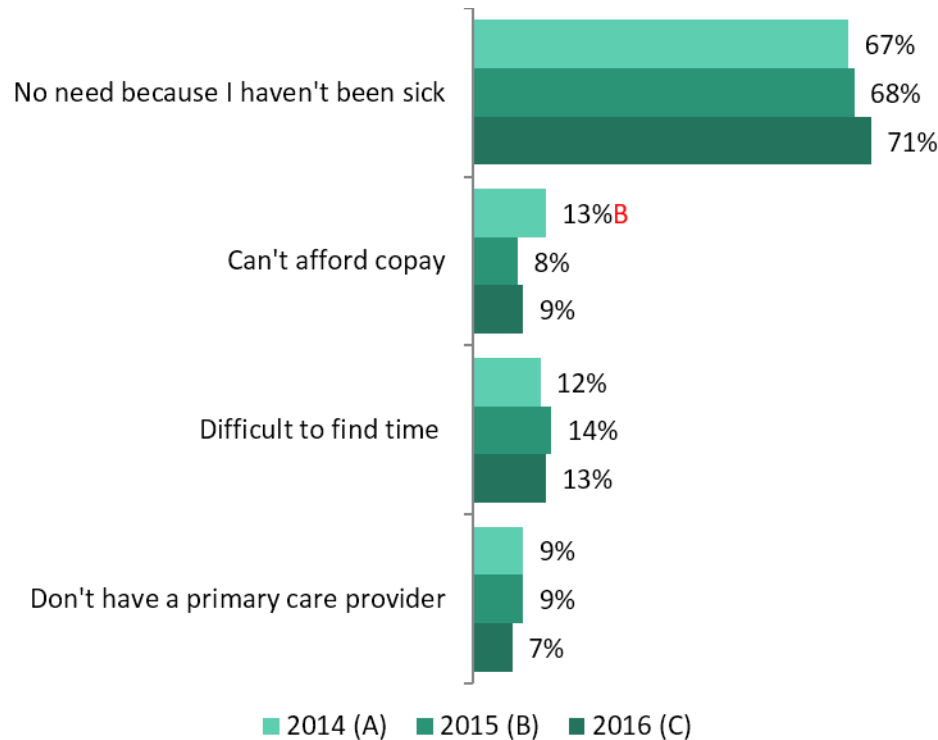


Base: MP Total
2014 (n=2554);
2015 (n=597);
2016 (n=851)



Reasons for NOT Visiting PCP – AE

Of the Active Employees/Retirees who haven't visited a Primary Care Provider within the last 12 months, the majority didn't do so because they weren't sick, and therefore, didn't have a need. A similar proportion of these members gave the same response in both 2014 and 2015. There are also no changes among the other reasons in 2016 when compared to previous years.



Base: AE who have not visited PCP past 12 months
2014 (n=464);
2015 (n=444);
2016 (n=542)

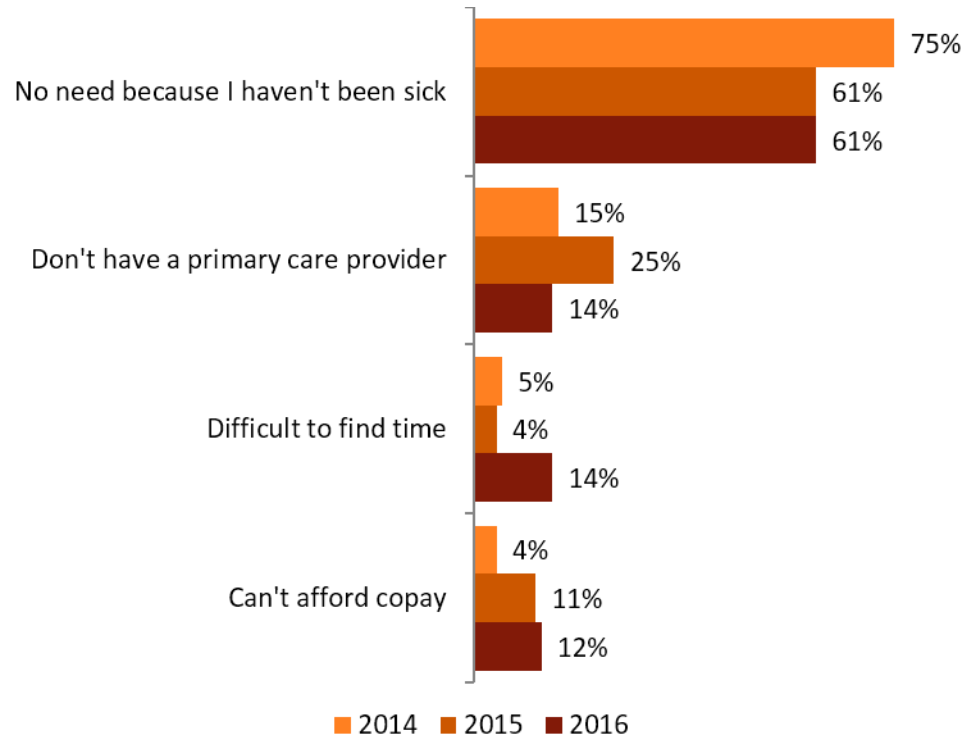
Red letters represent statistically significant differences at the 95% level.

Q14. What reason most closely matches why you have not visited a Primary Care Provider within the last 12 months?



Reasons for NOT Visiting PCP – MP

The majority of Medicare Primary Retirees didn't visit a Primary Care Provider in the past 12 months because they weren't sick, and therefore, didn't have a need to do so. Small base sizes limited the ability to detect any potential differences over the years.



Base: MP who have not visited PCP past 12 months 2014 (n=136); 2015 (n=28 -extremely small base size – not eligible for significance testing); 2016 (n=43-small base size)

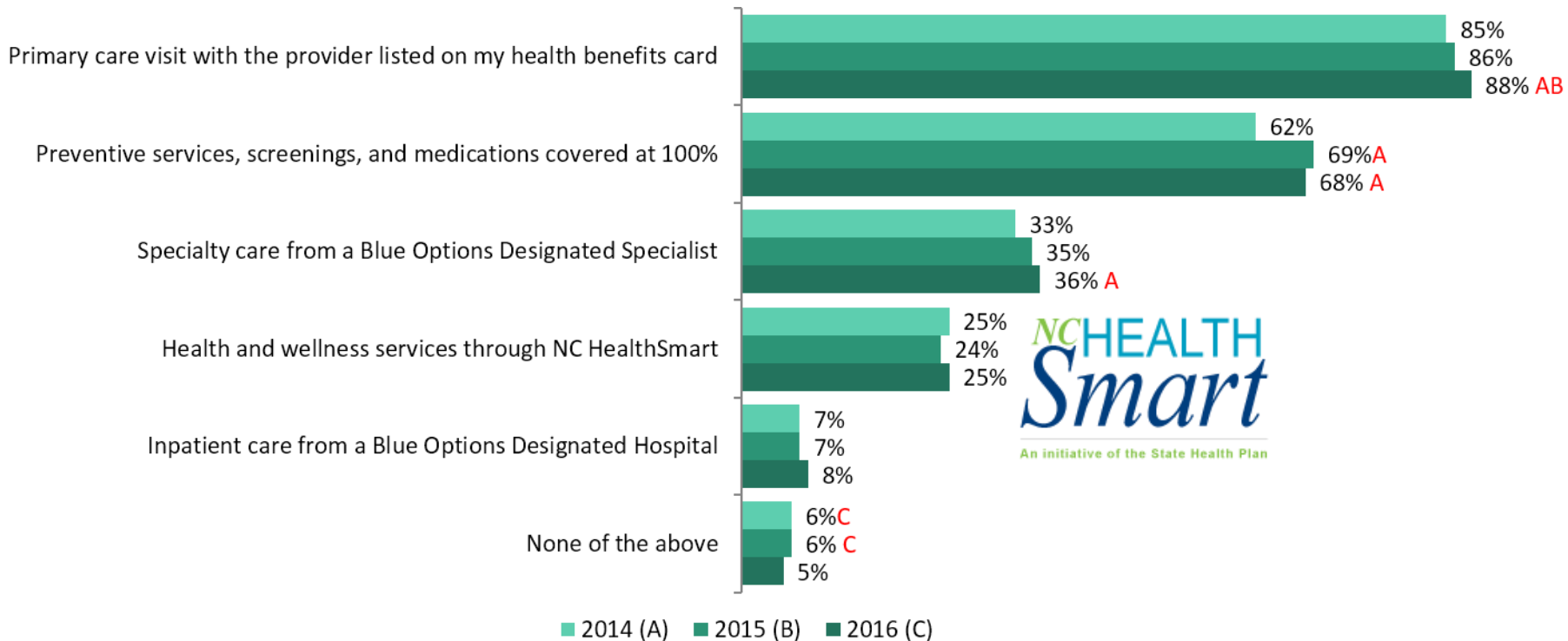


AE Services

AE



A visit with a primary care provider was the service utilized by most Active Employees/Retirees, and this is even higher in 2016. As compared to 2014, more in 2016 utilized preventive services, screenings and medications covered at 100% as well as specialty care from a Blue Options Designated Specialist.



Base: AE not on traditional 70/30 plan
 2014 (n=4010);
 2015 (n=3892);
 2016 (n=5163)

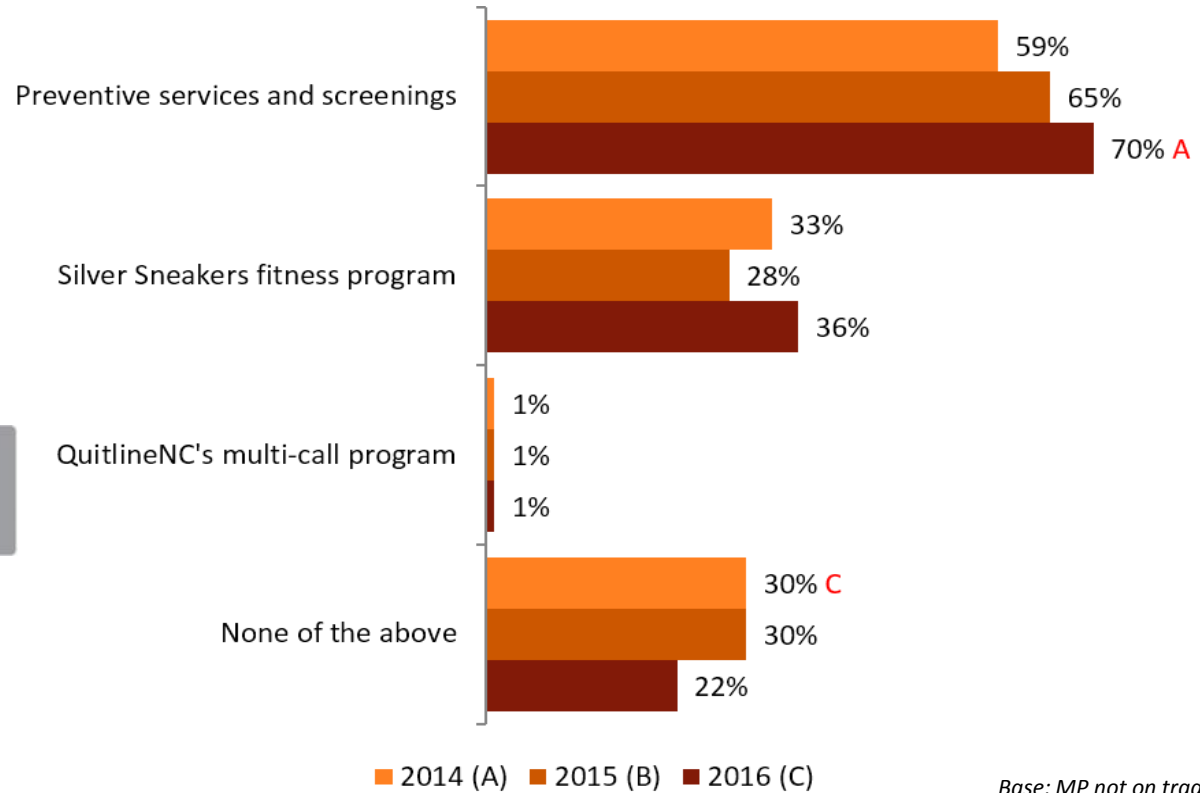
Red letters represent statistically significant differences at the 95% level.



MP Services



Preventive services and screenings are utilized most often by Medicare Primary Retirees, and this is even higher in 2016 than 2014. Roughly one-third continue to take advantage of the fitness program Silver Sneakers. QuitlineNC continues to be used by only 1%.



Base: MP not on traditional 70/30 plan
2014 (n=1894);
2015 (n=139);
2016 (n=362)

Red letters represent statistically significant differences at the 95% level.

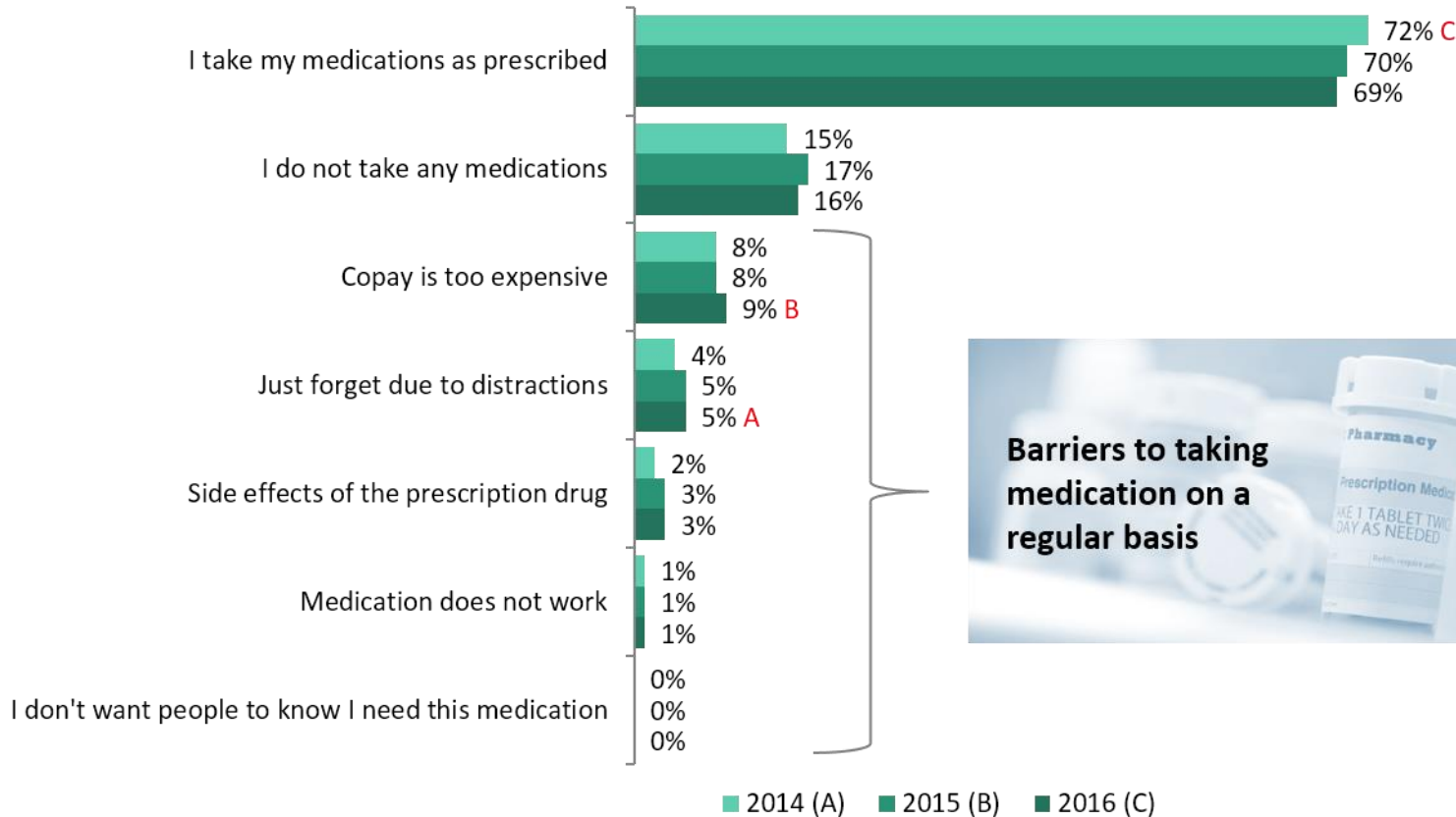
Q5a. Which of the following services have you used since January 1, 2016? Please select all that apply.



Medication – AE



The majority of Active Employees/Retirees take their medications as prescribed, although this has dropped slightly in 2016 as compared to 2014. Slightly more in 2016 say forgetting due to distractions is a barrier as compared to 2014. And slightly more in 2016 than 2015 say it's because the copay is too expensive.



Barriers to taking medication on a regular basis

Base: AE Total
 2014 (n=5171);
 2015 (n=4859);
 2016 (n=6436)

Red letters represent statistically significant differences at the 95% level.

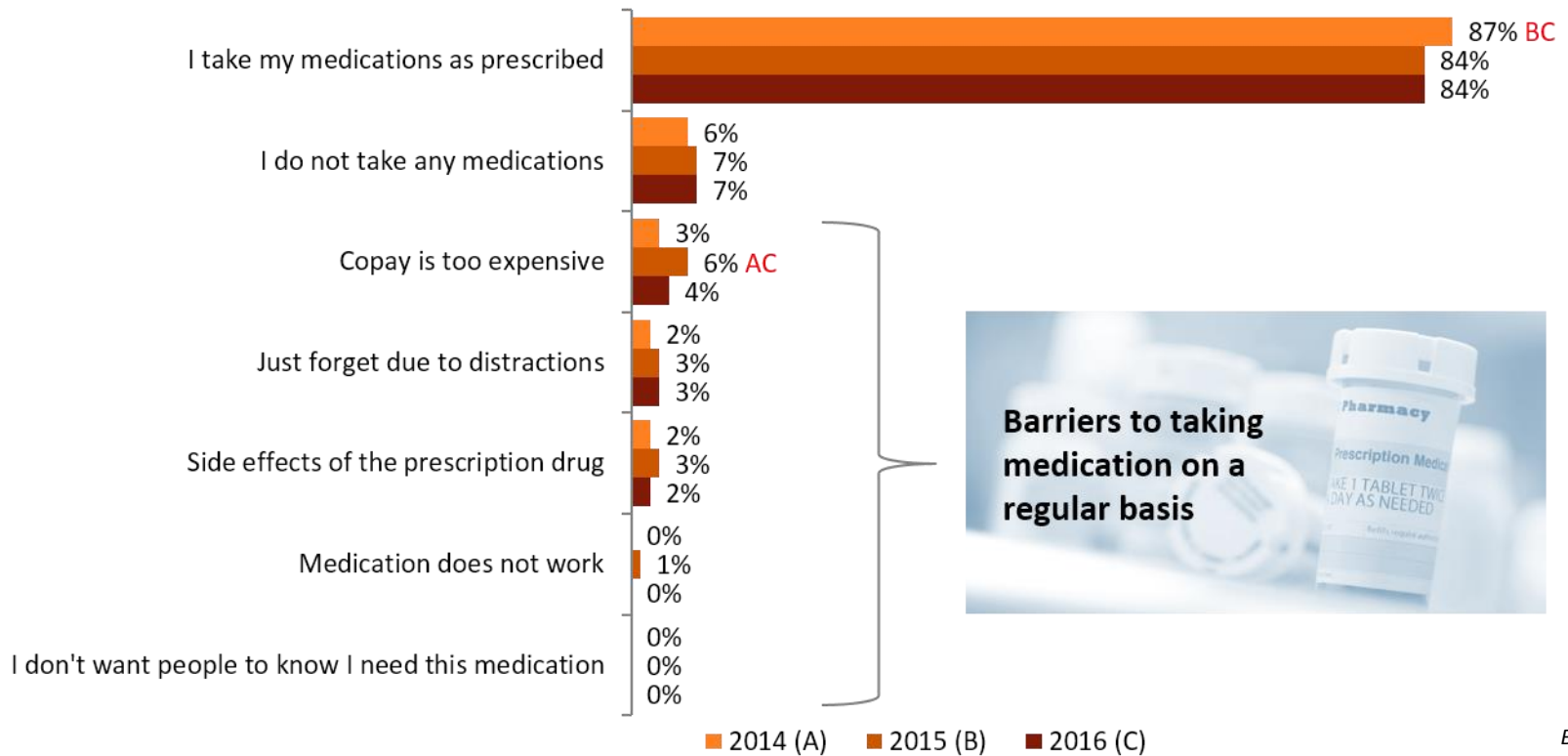
Q8. What prevents you from taking your medication(s) on a regular basis?



Medication – MP



Slightly more Medicare Primary Retirees in 2014 than in 2015 and 2016 took their medications as prescribed. 2015 saw an increase in the proportion of those who do not take their medications regularly because their copay is too expensive, but 2016 returned closer to 2014 levels.



Barriers to taking medication on a regular basis

Base: MP Total
2014 (n= 2554);
2015 (n=597);
2016 (n=851)

Red letters represent statistically significant differences at the 95% level.

Q8. What prevents you from taking your medication(s) on a regular basis?

Attitudes toward Cost

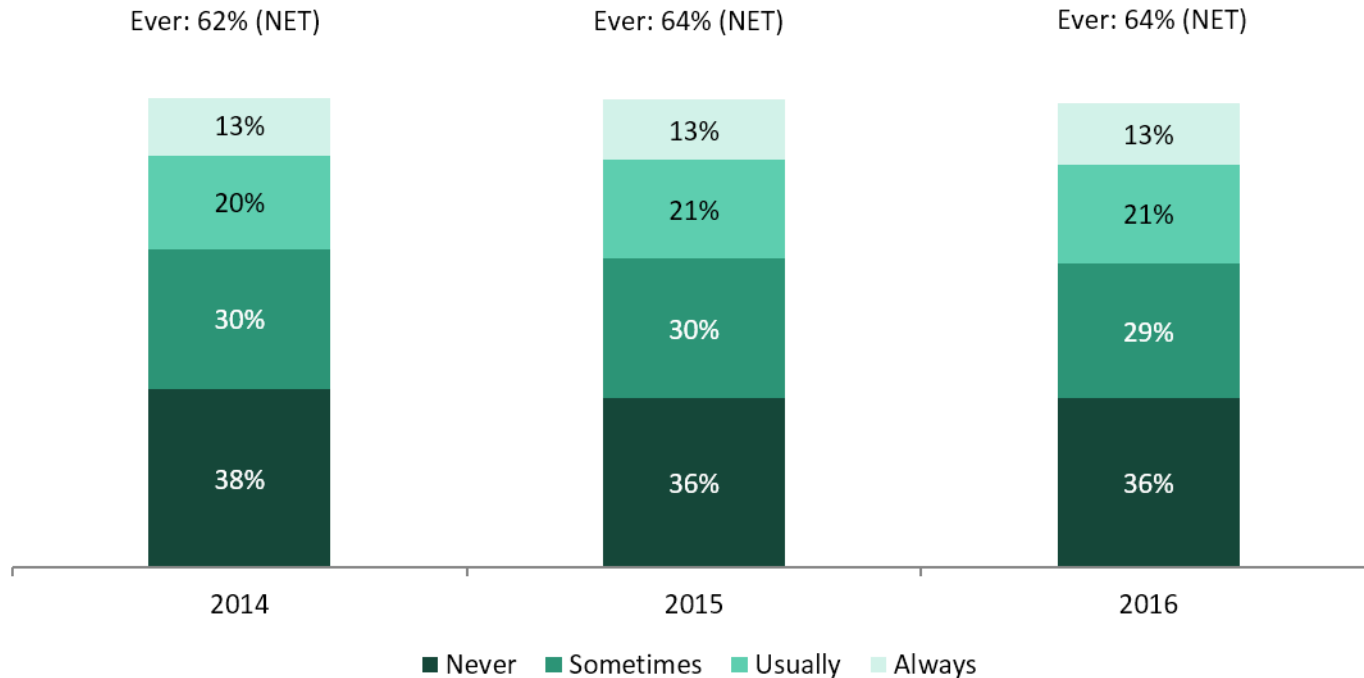


Advanced Notice of Cost – AE

AE



Over the past 12 months, just over one third of Active Employees/Retirees say they have never been able to find out in advance how much they would have to pay for needed health care services/equipment. This has remained steady since 2014.



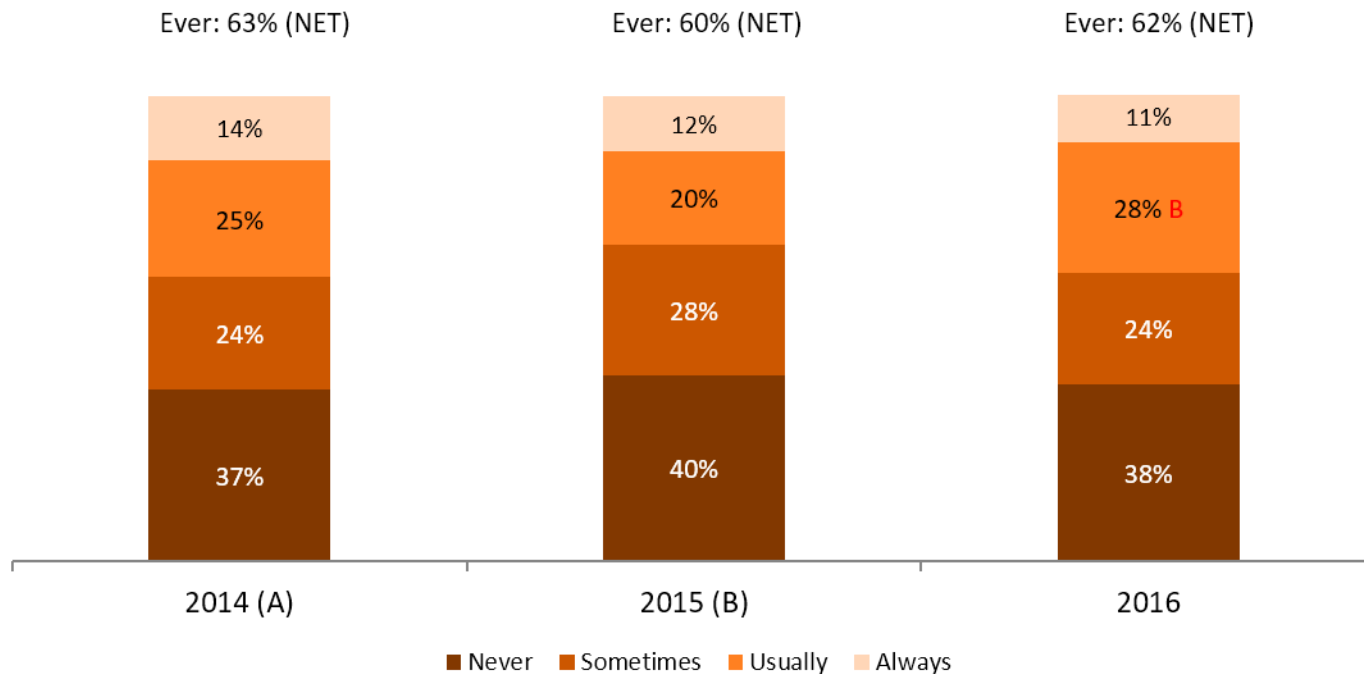
Base: AE Total excluding n/a
2014 (n=2946);
2015 (n=2643);
2016 (n=3825)



Advanced Notice of Cost – MP



Over the past 12 months, about four out of ten Medicare Primary Retirees say they have never been able to find out in advance how much they would have to pay for needed health care services/equipment. This has remained steady since 2014.



Base: MP Total excluding n/a
2014 (n=1438);
2015 (n=358);
2016 (n=501)

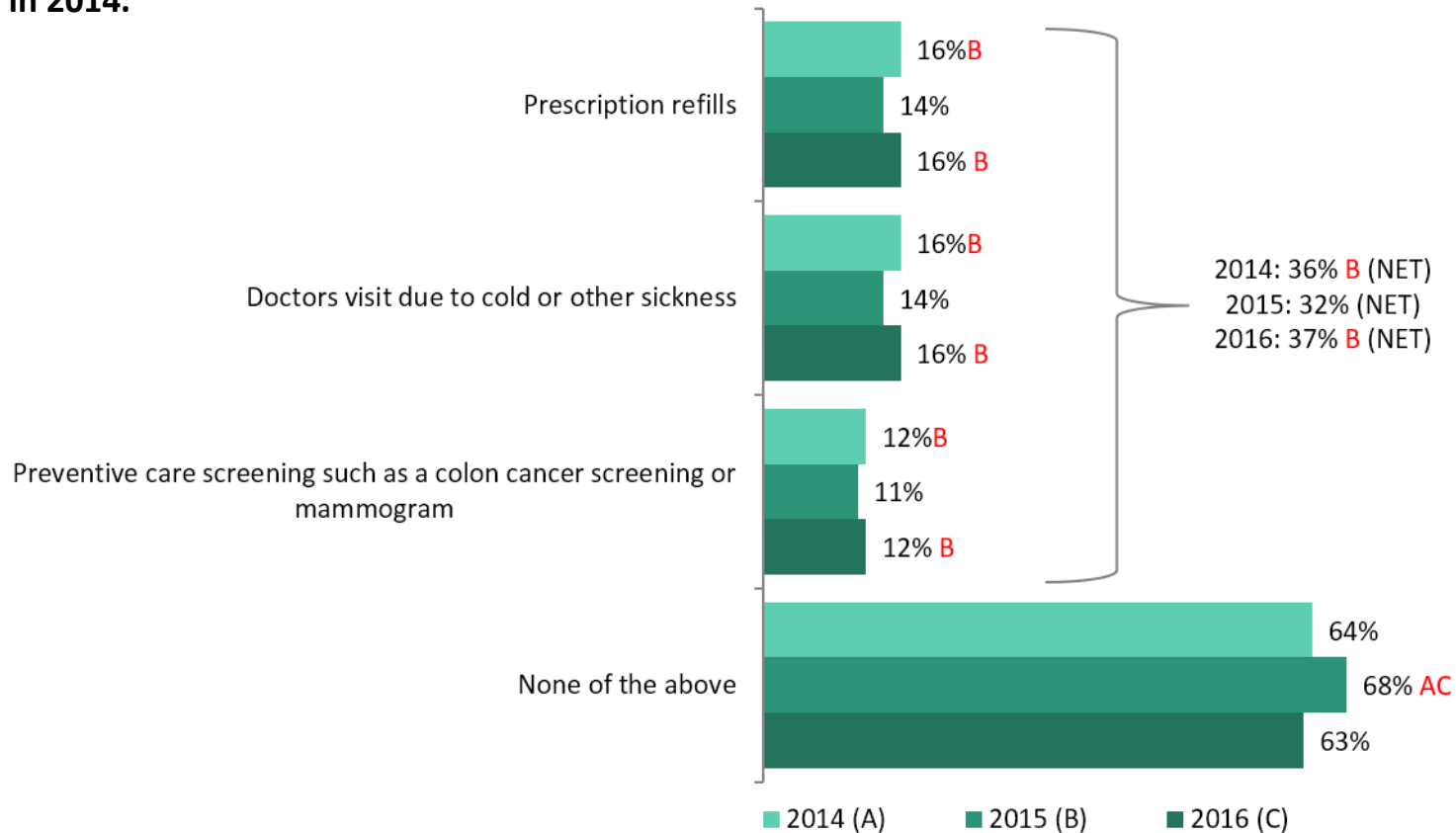
Red letters represent statistically significant differences at the 95% level.



Cost as a Barrier – AE



In 2016, 37% of Active Employees/Retirees say they were delayed in getting health care service or didn't receive it at all in the past 12 months because of cost. After an improvement in 2015, this has returned closer to what was seen in 2014.



Base: AE Total
 2014 (n=5171);
 2015 (n=4852);
 2016 (n=6433)

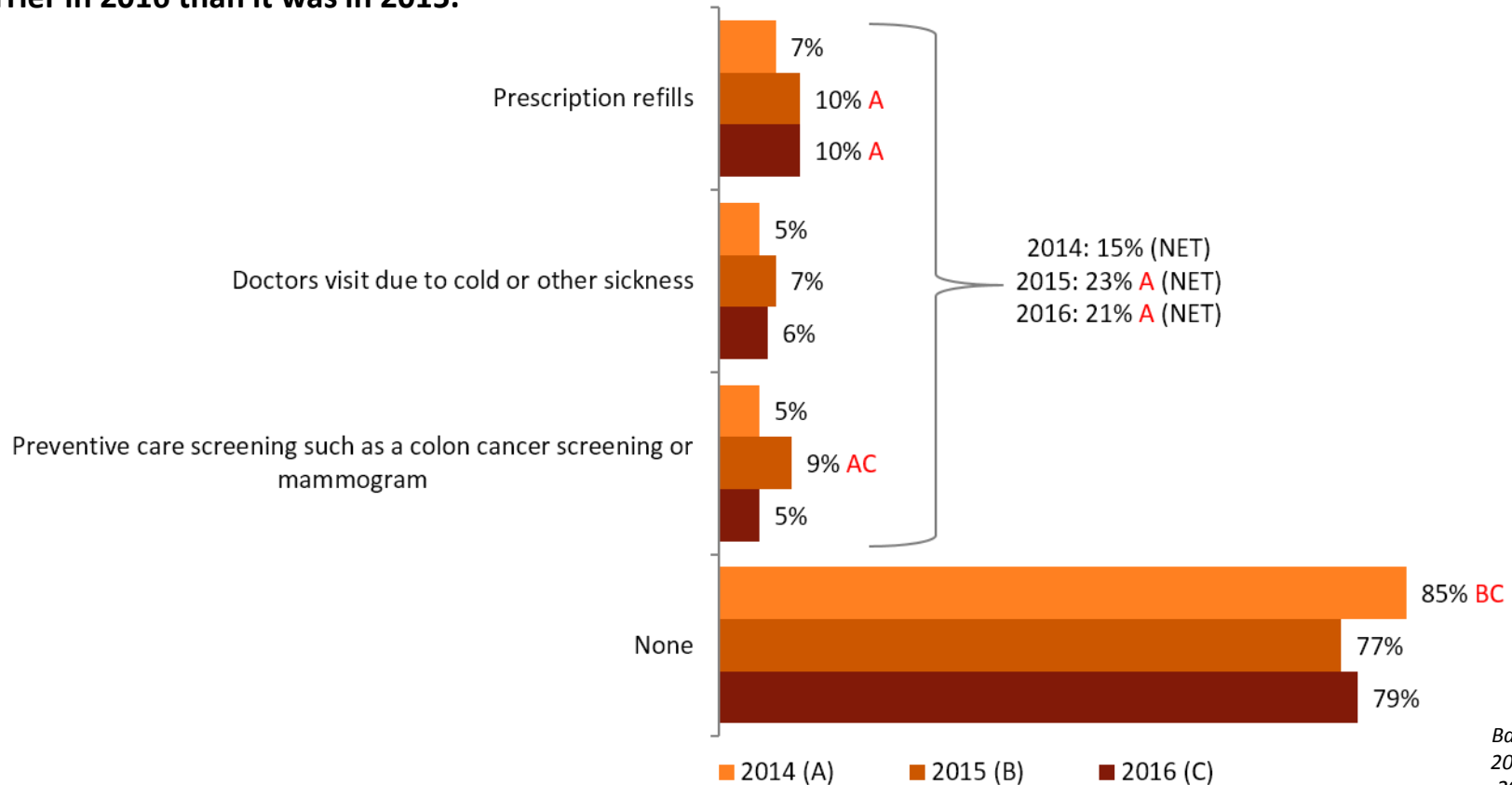
Red letters represent statistically significant differences at the 95% level.



Cost as a Barrier – MP



In 2016, 21% of Medicare Primary Retirees say they were delayed in getting health care service or didn't receive it at all in the past 12 months because of cost. This is comparable to 2015, but higher than 2014. In 2016, the most common service that cost prevented them from receiving is prescription refills. Preventative care screening is less of a barrier in 2016 than it was in 2015.



Base: MP Total
2014 (n=2552);
2015 (n=596);
2016 (n=851)

Red letters represent statistically significant differences at the 95% level.

Communication & Resources



Communication Methods – AE

AE



Mailed printed materials and email communications continue to be the top two most preferred methods of receiving information from the State Health Plan among Active Employees/Retirees. However, email communications has now surpassed mailed printed materials in 2016, with more now ranking it as #1.

The lower the ranking, the more preferred the method.

Method Preferences Ranked 1-7 <i>Base: AE Total 2014 (n=5171); 2015 (n=4859); 2016 (n=7287)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	2014 (A)	2015 (B)	2016 (C)	2014 (D)	2015 (E)	2016 (F)	2014 (G)	2015 (H)	2016 (I)	2014 (J)	2015 (K)	2016 (L)
Printed material mailed to my home	34% C	39% AC	32%	52%	58% DF	52%	65%	71% GI	66%	2.78 K	2.57	2.82 K
Email communications	35%	35%	37% B	64%	64%	64%	80%	80%	81%	2.36	2.35	2.33
State Health Plan website (shpnc.org)	16% BC	14%	15%	33% EF	31%	31%	56% HI	52%	52%	3.31	3.43 J	3.48 J
Member Focus, monthly electronic State Health Plan newsletter	9% B	7%	8% B	31% EF	26%	28% E	60% HI	55%	54%	3.33	3.49 J	3.49 J
Through my Health Benefits Representative	3%	3%	3%	8%	8%	9% D	15%	15%	16% G	5.26	5.26	5.24
Group meetings or presentations at my worksite	2%	2%	3% AB	7%	7%	9% DE	13%	13%	17% GH	5.46 L	5.54 JL	5.36
Mobile application for my phone	2%	1%	2%	6%	6%	8% DE	12%	14% G	16% GH	5.49 KL	5.36 L	5.28

Red letters represent statistically significant differences at the 95% level. Groups compared include AB, CD, EF and GH.



Communication Methods – MP



Mailed printed material and email communications are the top two most preferred methods of receiving information from the State Health Plan among Medicare Primary Retirees. Email communication is more preferred in 2016 than previous years. In contrast, mailed printed material is less preferred in 2016 than previous years.

The lower the ranking, the more preferred the method.

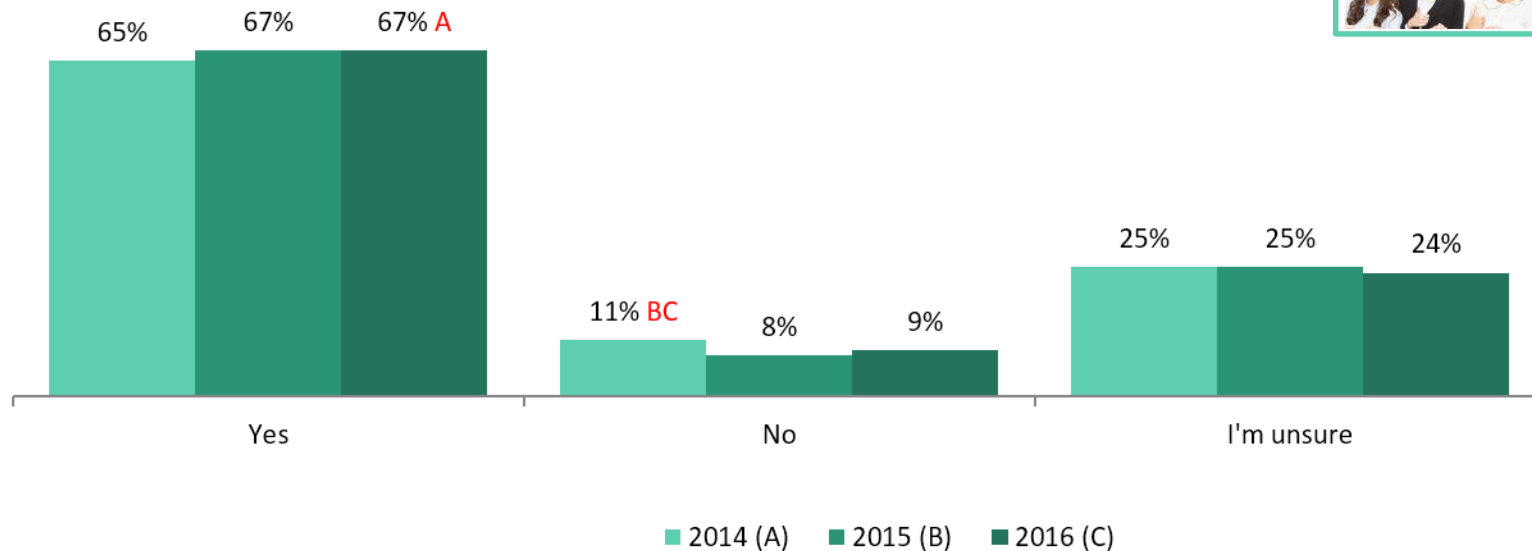
Method Preferences Ranked 1-7 <i>Base: MP Total 2014 (n=2554); 2015 (n=597); 2016 (n=851)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	2014 (A)	2015 (B)	2016 (C)	2014 (D)	2015 (E)	2016 (F)	2014 (G)	2015 (H)	2016 (I)	2014 (J)	2015 (K)	2016 (L)
Printed material mailed to my home	53% C	58% AC	45%	68% F	74% DF	62%	78%	82% GI	75%	2.14 K	1.95	2.33 JK
Email communications	25%	22%	29% AB	56%	54%	63% DE	75%	73%	81% GH	2.60 L	2.71 L	2.42
State Health Plan website (shpnc.org)	11%	9%	11%	31% F	30%	26%	58% I	54%	52%	3.25	3.38	3.39 J
Member Focus, monthly electronic State Health Plan newsletter	9%	7%	12% AB	33% E	25%	37% DE	66% H	57%	66% H	3.12	3.39 JL	3.06
Through my Health Benefits Representative	2%	3%	1%	6%	9% DF	6%	11%	15% GI	11%	5.36	5.34	5.51 JK
Group meetings or presentations at my worksite	0%	0%	0%	3%	5% D	3%	7%	11% GI	7%	5.86 K	5.65	5.85 K
Mobile application for my phone	1%	1%	1%	3%	3%	3%	6%	8%	9% G	5.67 K	5.58	5.45

Red letters represent statistically significant differences at the 95% level. Groups compared include AB, CD, EF and GH.



PCP & Specialist Communicating – AE

In 2016, 67% of Active Employees/Retirees say their Primary Care Provider communicates with their specialist(s) to provide them with the highest level of care. This proportion is comparable to 2015, but slightly higher than 2014.



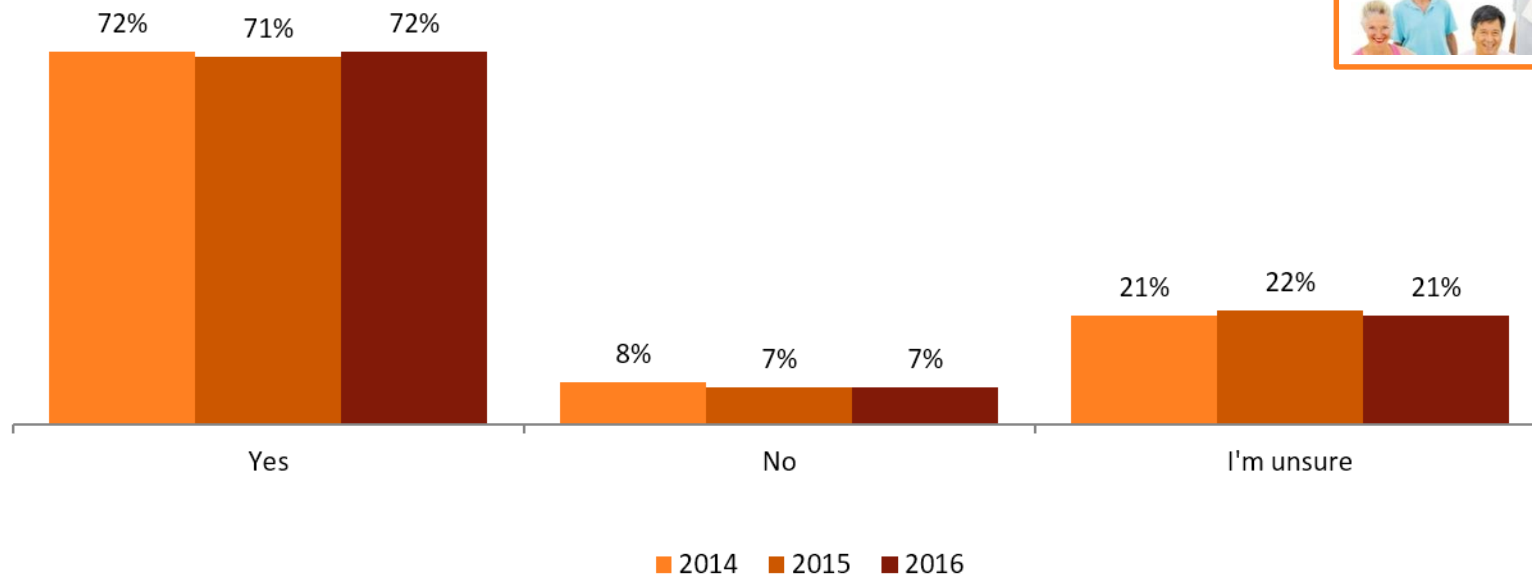
Base: AE who visited doctor/facility P12M who have PCP and have seen specialist
2014 (n=4198);
2015 (n=3963);
2016 (n=5261)

Red letters represent statistically significant differences at the 95% level.



PCP & Specialist Communicating – MP

In 2016, 72% of Medicare Primary Retirees say their Primary Care Provider communicates with their specialist(s) to provide them with the highest level of care. This is consistent with previous years.

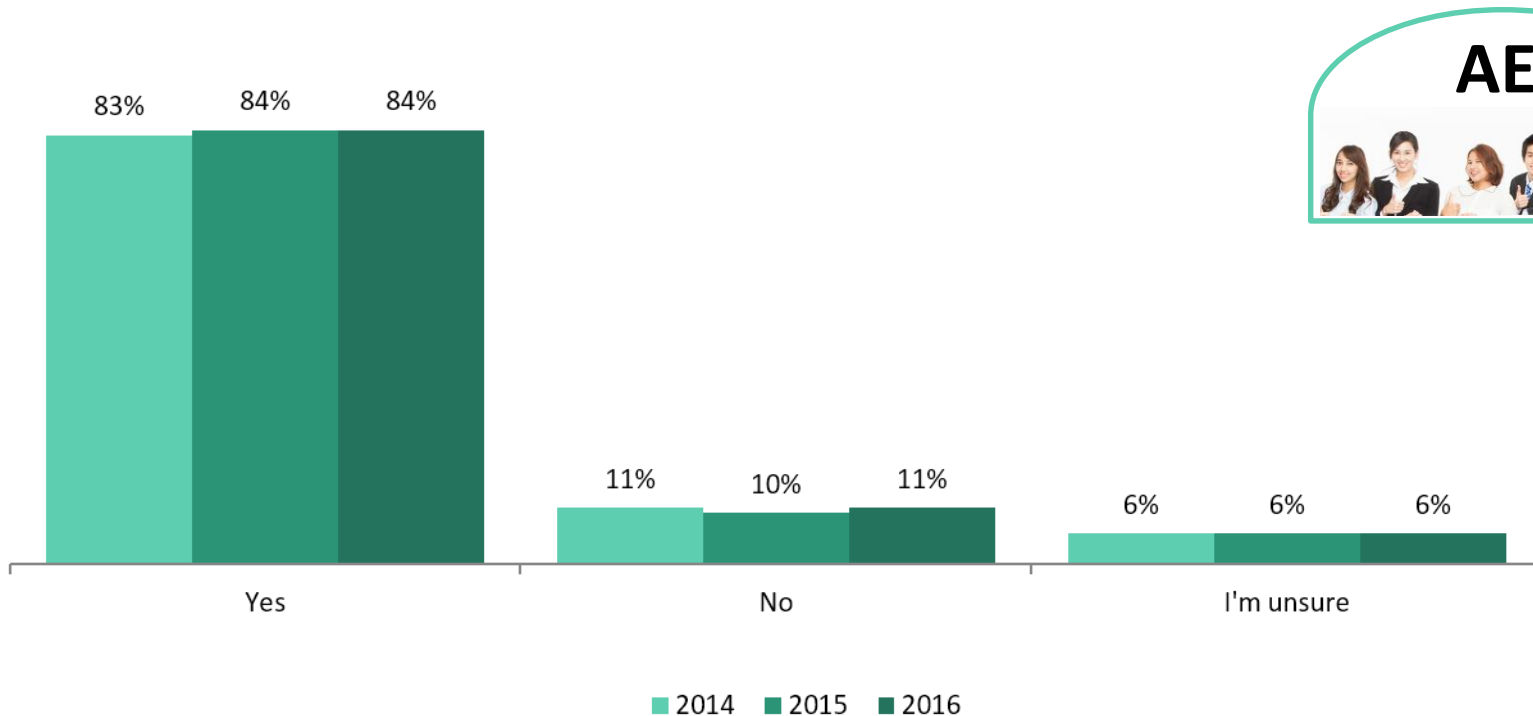


Base: MP who visited doctor/facility P12M who have PCP and have seen specialist
2014 (n=2223);
2015 (n=539);
2016 (n=752)



PCP Providing Resources – AE

In 2016, 84% of Active Employees/Retirees say their primary care provider gives them resources to help them understand and manage their health. This has remained stable over time.

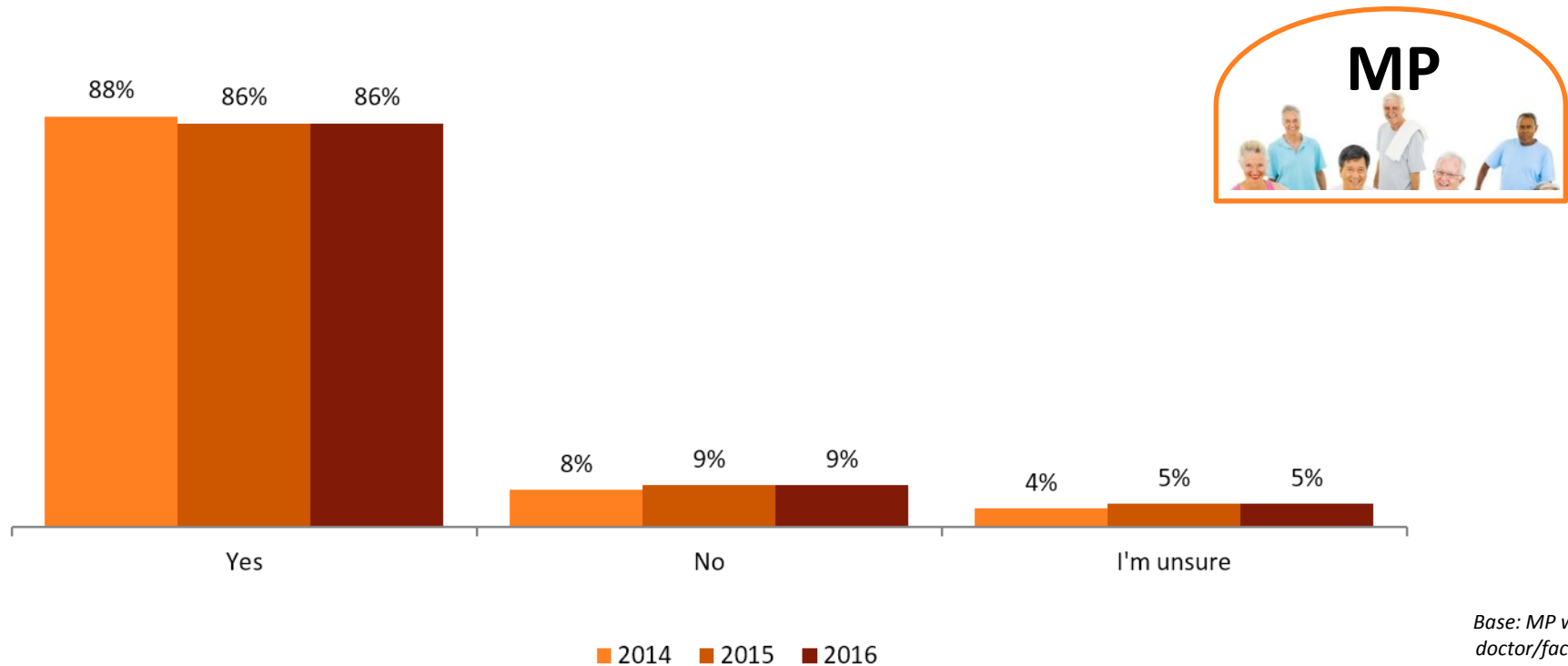


Base: AE who visited doctor/facility P12M who have PCP
2014 (n=4933);
2015 (n=4637);
2016 (n=6141)



PCP Providing Resources – MP

In 2016, 86% of Medicare Primary Retirees say their primary care provider gives them resources to help them understand and manage their health. This has remained stable over time.



Base: MP who visited doctor/facility P12M who have PCP
2014 (n=2483);
2015 (n=587);
2016 (n=827)

Q12. Does your Primary Care Provider give you resources to help you understand and manage your health?
For example, resources to help you manage your diabetes or maintain a healthy weight.

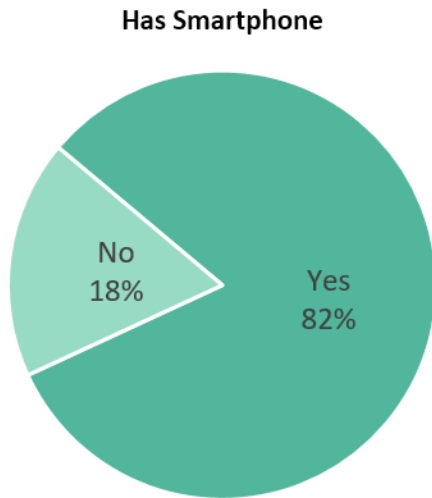


Smartphone/Benefit App– AE

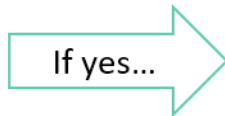
AE



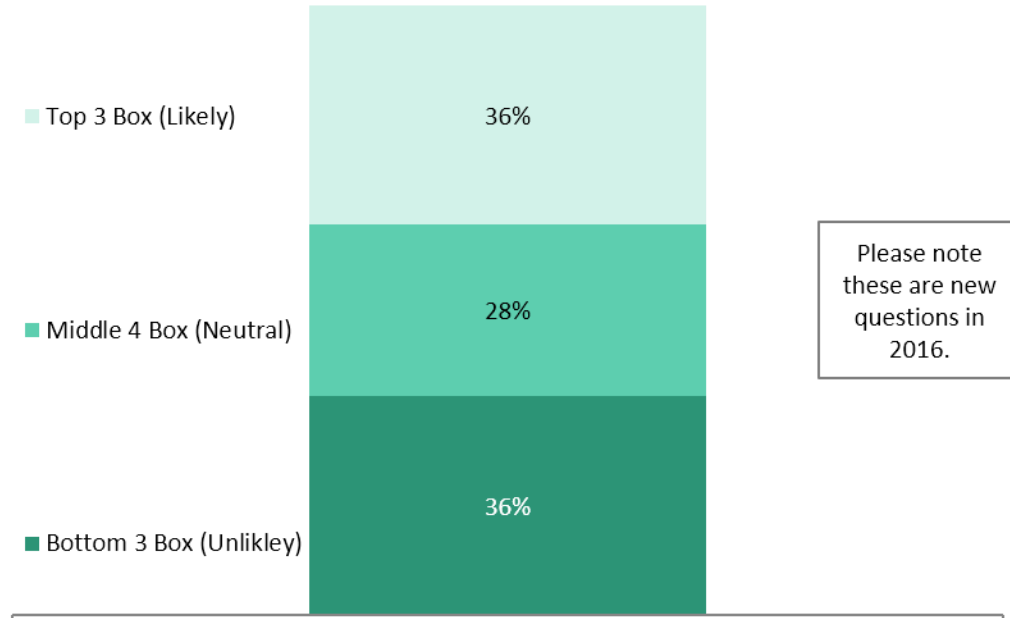
82% of Active Employees/Retirees have a smartphone. Of those, 36% are likely to use a benefit app to assist them with understanding their State Health Plan benefits.



Base: AE Total 2016 (n=6436)



If yes...



Likelihood to use a benefit app to assist you with understanding your State Health Plan benefits

Base: AE who has Smartphone 2016 (n=5299)

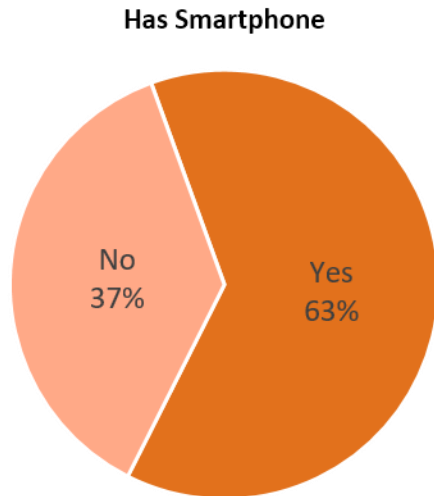
Please note these are new questions in 2016.



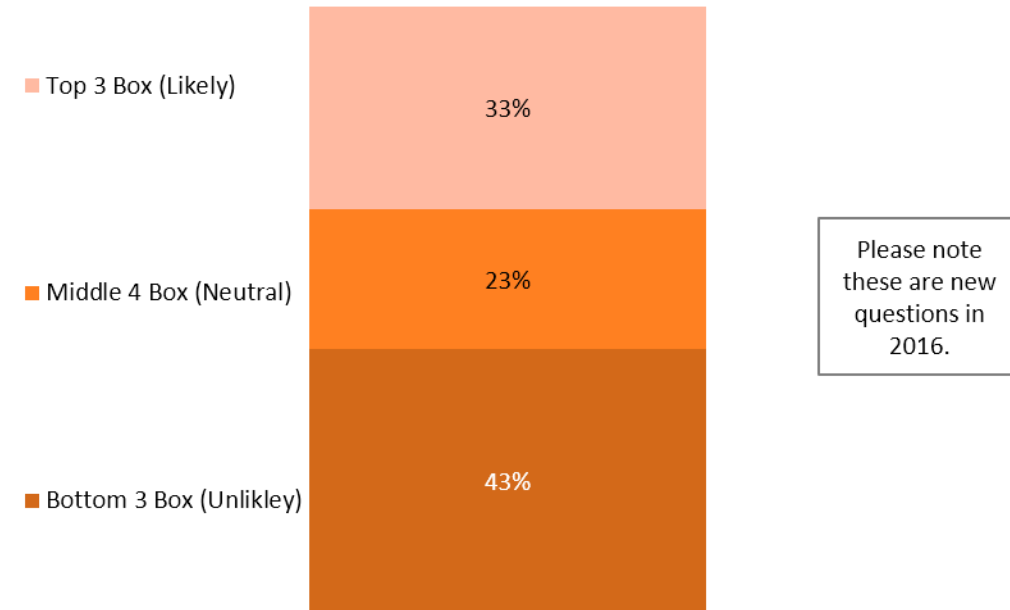
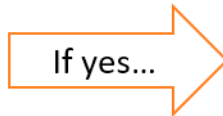
Smartphone/Benefit App– MP



63% of Medicare Primary Retirees have a smartphone. Of those, 33% are likely to use a benefit app to assist them with understanding their State Health Plan benefits.



Base: MP Total 2016 (n=851)



Likelihood to use a benefit app to assist you with understanding your State Health Plan benefits

Base: MP who has Smartphone 2016 (n=537)

Please note these are new questions in 2016.

Respondent Profile



AE Respondent Profile

AE



		2014 (A)	2015 (B)	2016 (C)
GENDER	Male	24% BC	22%	21%
	Female	76%	78% A	79% A
WORK	University	12% C	21% AC	9%
	Community College	5% B	3%	6% AB
	State Agency	20% B	13%	24% AB
	School System	33% B	31%	36% AB
	UNC Healthcare	2% C	2% C	1%
	Retired	27% C	30% AC	24%
2014 PLAN ¹	Traditional 70/30 Plan	23% BC	20%	20%
	Enhanced 80/20 Plan	71%	75% AC	73%
	Consumer-Directed Health Plan	6%	5%	7% AB
COVERAGE	Employee/Retiree only	77% C	77% C	74%
	Employee/Retiree and child/children only	10%	10%	12% AB
	Employee/Retiree and spouse only	6%	6%	6%
	Family	8%	8%	8%
HEALTH HABITS	I always wear my seatbelt	98%	98%	98%
	I do not use tobacco products	93%	94% AC	93%
	I am mindful of my eating habits	86%	87% C	84%
	I work with my doctor and other health care professionals to improve my health	76%	77%	75%
	I receive a flu shot every year	68% C	69% C	66%
	I exercise on a regular basis	53%	54% C	52%
	I maintain a low level of stress	45%	48% AC	45%

Red letters represent statistically significant differences at the 95% level.



MP Respondent Profile



		2014 (A)	2015 (B)	2016 (C)
GENDER	Male	33%	33%	32%
	Female	67%	67%	68%
YEARS RETIRED	Less than 1 year	4%	7%A	6%A
	1-3	16%	18%	18%
	4-6	20%	19%	22%
	7-10	24% C	24%	20%
	11+	36%	31%	34%
2014 PLAN ¹	Traditional 70/30 Plan	27%	83%A	61%A
	Humana (NET)	21%BC	5%	13%B
	<i>Humana Medicare Advantage Base Plan</i>	14%BC	4%	10%B
	<i>Humana Medicare Advantage Enhanced Plan</i>	7%BC	2%	3%
	UnitedHealthcare (NET)	52%BC	12%	26%B
	<i>UnitedHealthcare Medicare Advantage Base Plan</i>	21%B	3%	18%B
	<i>UnitedHealthcare Medicare Advantage Enhanced Plan</i>	31%BC	9%	9%
COVERAGE	Employee/Retiree only	86%	85%	89%AB
	Employee/Retiree and spouse only	13% C	11%	9%
	Family	1%	2%AC	1%
	Employee/Retiree and child/children only	0%	2%A	1%A
HEALTH HABITS	I always wear my seatbelt	98%	98%	98%
	I do not use tobacco products	94%	92%	94%
	I am mindful of my eating habits	90%	89%	88%
	I work with my doctor and other health care professionals to improve my health	89%	87%	87%
	I receive a flu shot every year	84% C	82%	79%
	I maintain a low level of stress	63%	61%	63%
	I exercise on a regular basis	61%BC	53%	55%

Red letters represent statistically significant differences at the 95% level.