bswift

2014 bswift Benefits Study

The journey continues— from employer paternalism to employee ownership

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Background

For employers seeking to better manage health care costs and benefits, the journey continues — from employer "paternalism" and centralized control to employee engagement and "ownership" of health insurance and employee benefits. The annual bswift Benefits Study identifies trends and provides insight into how organizations are using wellness initiatives, consumerism and technology to shift responsibility for benefits decision-making and management from employer to employee.

U.S. employers are under pressure to provide competitive health care and employee benefits while controlling costs. Successfully navigating these objectives hinges on employee involvement. Employers are making a clear shift away from managing employees' benefits for them and toward giving employees more decision-making control.

Three employer strategies stand out as "trends in progress" this year, each with employee ownership as the central tenet: 1) reliance on employee self-service and automation; 2) the ramping up of wellness programs and related incentives; and 3) the consideration — but not yet adoption — of a defined contribution approach incorporating more health plan options for employees. These three tactics are at different stages of industry adoption, with employee self-service at the most mature end of the spectrum, outcomes-based wellness incentives moving into adolescence and defined contribution remaining in its infancy. All three are likely to continue to gain momentum in the years ahead.

As with any significant change, rolling out programs incrementally and with ample advanced communication is critical — whether it be the launch of employee self-service, a set of wellness initiatives or a switch to defined contribution. Implementing changes to the health benefits process within a company cannot be a top-down effort; witness Pennsylvania State University's launch of a new wellness program, which was introduced with a letter from the president. In September 2013, the university administrators abandoned their strategy of levying a $1,200 annual surcharge for employees who did not participate in the wellness program, including filling out a health risk assessment (HRA), participating in a biometric screening and getting a medical check-up. Notably, in the world of employee benefits, this participation-based incentive program was not new or unique, but its introduction without appropriate communication halted the program before it even began.

Key Findings

A set of common wellness program offerings is emerging. For large employers with wellness initiatives, HRAs and biometric testing top the list with 84% reporting that they offer these two. Next are smoking cessation, weight loss/weight management programs and physical fitness challenges and activities (each at 81%).

Adoption of incentives based on outcomes is on the rise. In the interest of inspiring employees, increasing numbers of employers are offering incentives. Large employers with wellness programs are at 83%, a significant boost from 78% in 2013 and 76% in 2012, and small employers weigh in at 78%, a sizable increase over last year's 69% (already up from 52% in 2012). What stands out is that, of those large employers with wellness incentives, 24% — up from 15% in 2013 — now provide outcomes-based incentives for employees who meet or exceed biometric thresholds.

Premium adjustments represent the primary incentive type. 64% of large companies using wellness program incentives offer health insurance premium discounts or credits. The next most popular incentive, at 56%, is cash, gift cards and sweepstakes.

Defined contribution is under consideration by some early adopters. The number of employers considering a defined contribution approach for benefits rose to 18% for the 2015 planning season, up slightly from the 14% planned for 2014. Notably, few implemented this approach for 2014 — less than 1% — and presumably many of the 18% looking at the option for 2015 ultimately will not make the transition this coming year. In addition, most large employers (80%) are considering defined contribution only for medical benefits, not for the full suite of benefits. Of note is that few of the employers interested in defined contribution for 2015 indicated the intent to switch their self-insured plans to fully insured in order to execute on a defined contribution strategy.

Automation and employee self-service are making steady progress. Employers have embraced many aspects of self-service technology. What remains to be realized is the full scope and value of automation, self-service and communication of different types of important, high-volume transactions (for example, new hire enrollments).

In contrast, integrated health care system Maine Medical Center/MaineHealth reworked its employee health benefits and wellness program, rolling it out in 2012 for the 2013 benefits year with positive results. Following the restructuring of the program, which emphasizes expanded choice and rewards ownership of personal health management, employee participation rates rose from 53% to 95%.

J. Michael Vittoria, MaineHealth's Vice President of Corporate Benefit Services, credits the health care system's early communications, in large part, for the successful transition. "Two of our plan designs were different from what we offered before," he explains, "so we needed to do a lot more communication to help employees understand the plans, know how to take action and fully grasp the benefits to them of making a change. For employers that are willing to commit to that extra communication and engage employees in the discussion, the payoff for the extra work can be great."

When introducing wellness initiatives and other benefits-related programs, employers can learn from the MaineHealth success story and from the tough lessons of Penn State. Prior to launching a wellness program, employers must achieve broad understanding and acceptance at the senior leadership level and at the employee level.

According to this year's numbers, employers continue to build their wellness programs on a foundation of HRAs and biometric testing. 84% of large employers with wellness programs use these initiatives and most offer incentives to employees for completing such tests.

The 2014 bswift Benefits Study, commissioned by bswift and conducted by *Employee Benefits News*, investigates trends in the three areas defined above: wellness programs and incentives, defined contribution and automation/self-service, comparing this year's numbers to those reported in 2012 and 2013.

The study was conducted online in January and February 2014 among 388 benefits decision makers at organizations that offer health benefits. Respondents were required to be employed at organizations with 50 or more employees and have responsibility in HR/benefits/insurance, designing benefits plans and selecting benefits carriers.

The respondents were divided into two groups: large employers with more than 500 benefits-eligible employees and smaller employers with 50 to 500 benefits-eligible employees. This study focuses first on data collected from large employers; key findings for employers of 50 to 500 employees appear at the end of the study.

Wellness Programs Continue to Mature

2013 represented a notable year for wellness. New Affordable Care Act (ACA) regulations increased incentive thresholds for wellness programs and tightened the "rules of the road" for outcomes-based programs. The 2013 RAND study questioned wellness ROI and prompted wellness proponents and clients to pay closer attention to ROI. Finally, as part of their wellness programs, large and small employers showed a stronger commitment to HRAs and biometric tests and also increased their use of team-based challenges and other "social" tools to encourage employee wellness.

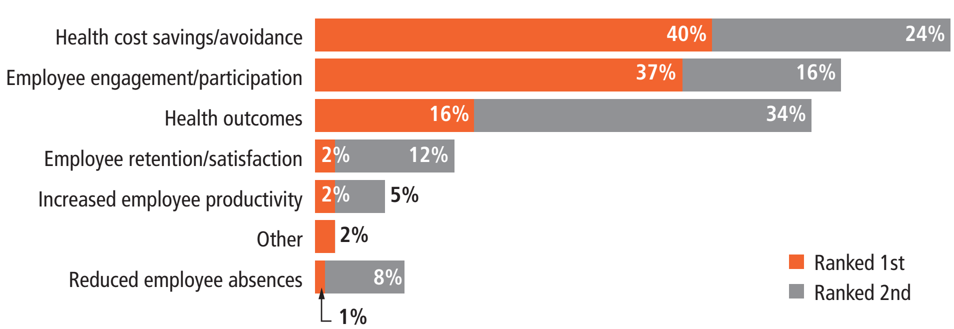
For the 2014 benefit year, large employers continued to invest in wellness, adding some new programs, expanding incentive dollars and increasing their efforts to engage employees. Within large companies, nearly all (87%) now provide wellness programs for their employees. However, perhaps because of the distractions of the ACA and the negative press that wellness programs received due to the RAND study and the failed rollout of Penn State's program, only 69% of small companies offered any wellness program to their employees—a significant drop from the 81% reported in 2013.

"It is critical for employers to start with a vision for what they hope to achieve. By establishing objectives and priorities for how to get there, they can then define exactly what they want to measure," observes Steve Cyboran, Vice President, Consulting Actuary, Healthy Enterprise Initiative Leader, Sibson Consulting. He recommends "taking a balanced scorecard approach and looking beyond pure cost savings and participation numbers."

Both large and small employers rank cost savings and employee participation as the leading objectives by which they measure the success of their wellness programs, with health outcomes being next in the ranking **(Figure 1)**.

Figure 1—Key Performance Indicators (KPIs) for Wellness Programs, Large Employers

How do you evaluate the success of your wellness program? Please rank your top 3 in the order of importance.



>500 employees
Base = Employers offering wellness programs

Source: SourceMedia Research, 2013–2014

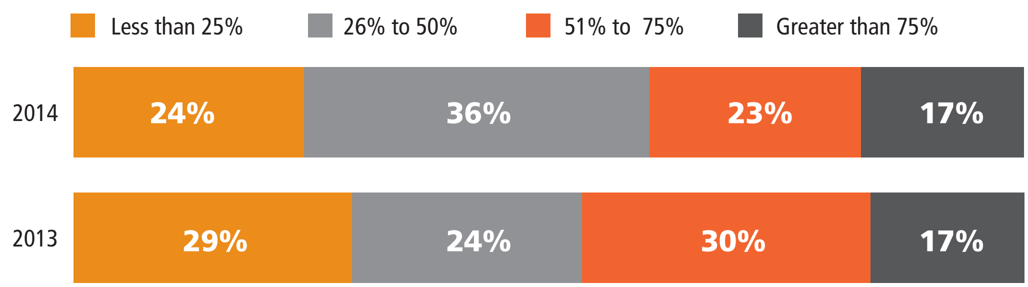
Cost savings or cost avoidance can be difficult to isolate in the context of the many changes that employers are making to their health plan year over year, and employee participation, while an important indicator of program reach, doesn't measure improvement. With their causal link to health risks, health outcomes (particularly biometric results) provide one of the best practical choices for HR leaders seeking to objectively track program results.

Surprisingly, wellness program participation rates declined this year **(Figure 2)**. Fewer employers were able to achieve participation rates in excess of 50%. This is notable given the increase in both the incentive amounts offered this year and the incremental program options. Vittoria stresses the importance of employee buy-in, noting, "With key business objectives, such as achieving health outcomes and reducing costs, employee engagement is a prerequisite. If you believe that wellness is important to your business objectives, then everybody needs to be engaged to make it happen."

Cyboran concurs: "A lot of people like to jump on the bandwagon and do what others are doing without taking a more strategic approach for what's going to make sense at their organization. Simply having a wellness program doesn't mean that it's going to be effective."

Figure 2—Wellness Program Employee Participation Rates, Large Employers

What is the employee participation rate of your wellness program?



>500 employees
Base = Employers offering wellness programs

Source: SourceMedia Research, 2013–2014

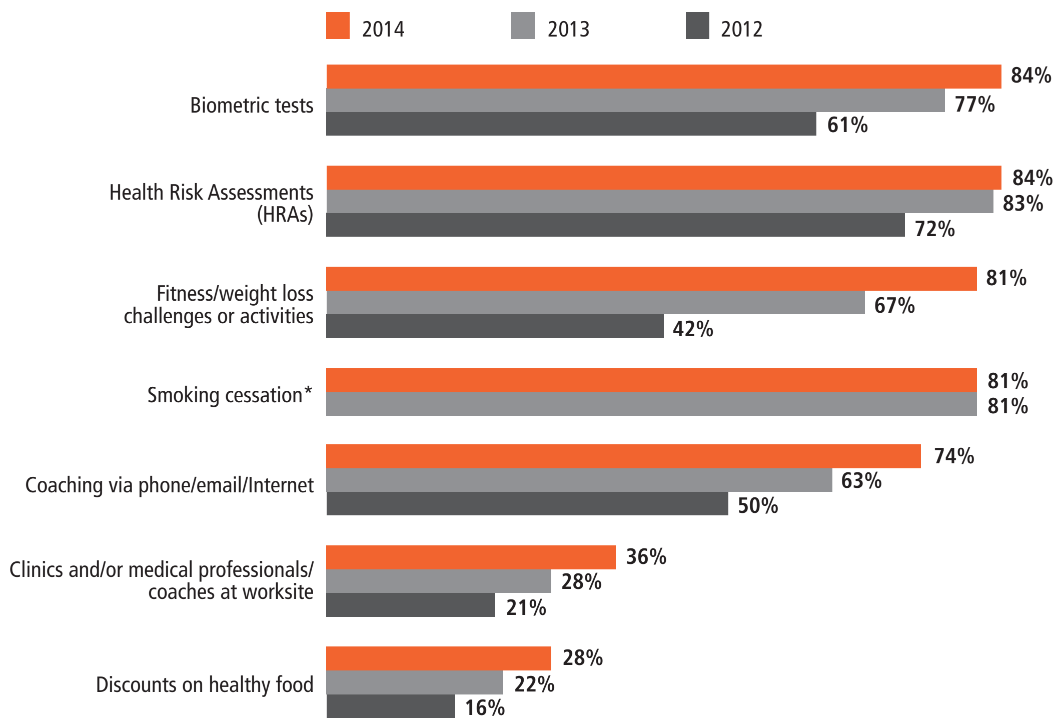
The decrease in wellness participation rates underscores the ongoing challenge of maintaining employee engagement in wellness efforts and the importance of aligning program design, communications and incentives to maximize a program's impact while integrating with the corporate culture. Fundamentally, effective wellness initiatives must drive behavior change and the first indicator of overall program effectiveness is employee engagement. Disengaged employees will not improve their health status.

Wellness Programs Reward Engagement in Healthy Activities and Measure Results

HRAs, biometric tests, flu shots and smoking cessation programs continue to be mainstays of wellness programs in 2014 **(Figure 3)**. The percentage of employers incorporating these services into their existing programs increased slightly from an already high base in 2013. However, wellness programs have continued to evolve over the past two years. The prevalence of objective biometric tests is particularly telling, as it reflects the rising interest in health outcomes as a key performance indicator for wellness.

Figure 3—Employee Wellness Programs, Large Employers

Which wellness programs or initiatives did/does your organization currently have in place for its employees?



*Data not available for all years

>500 employees
Base = Employers offering wellness programs

Source: SourceMedia Research, 2012–2014

The similar increase over the past three years in physical fitness and weight loss challenges and activities—and the use of incentives to motivate employees to participate in those activities—clearly indicates the investment that large employers are making to encourage employees' healthy behaviors, rather than relying on educational programs only. The prevalence of these types of programs also highlights the growing belief that social engagement can spur behavior change.

According to the framework espoused by Douglas K. Smith, one of the authors of The Wisdom of Teams, there are four ways to get an individual to commit to change: appeal to intrinsic motivation, influence with authority, reward with value and incorporate social influence. Well-designed wellness programs now capitalize on all four. They are grounded in strong communications that focus on the importance of good health and the dangers of unaddressed conditions, while engaging corporate leadership and adding incentives and social programs to drive program momentum. With these building blocks in place, the next step in creating a successful workplace wellness program is to identify the winning combinations that work in different corporate environments.

New ACA Incentive Allowance Has Smaller than Expected Impact

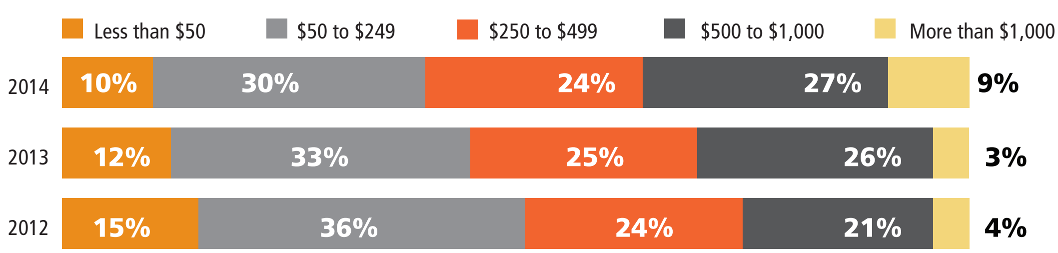
Amendments made to HIPAA regulations in 2006 allowed employers to offer their employees wellness incentives of up to 20% of the premium equivalent value of the health plan. With the passing of the ACA, starting January 1, 2014, that wellness incentive threshold rose to 30% and as high as 50% for tobacco-related incentives. However, an incremental percentage of employers (from 3% to 9%) chose to offer incentives over $1,000, the dollar threshold consistent with incentives that are 20% or greater; this suggests that a relatively small fraction of employers leveraged the additional incentive dollars available through the changes in the regulation.

"There's a cost associated with incentives and executives always want to know if there's going to be an ROI for an additional investment—especially with some of the press that's come out questioning the value of wellness. It's not a slam dunk that adding a wellness program will have impact," notes Cyboran.

While the latest trends show an increase in the dollar amount that employers are allotting to wellness incentives, they do not represent the dramatic change that might be expected as a result of the regulatory increase in limits. 36% of large employers that have wellness programs offer incentives over $500, up from 29% of large employers last year **(Figure 4)**. Despite the increase in the incentive threshold from 20% to 50% for refraining from tobacco use, relatively few employers took advantage of the ACA provisions by pushing their smoking surcharge or credit up to the maximum amount. Instead, employers appear to be taking a measured approach.

Figure 4—Investment in Wellness Incentives per Employee, Large Employers

What is the annual dollar amount per employee for wellness incentives?

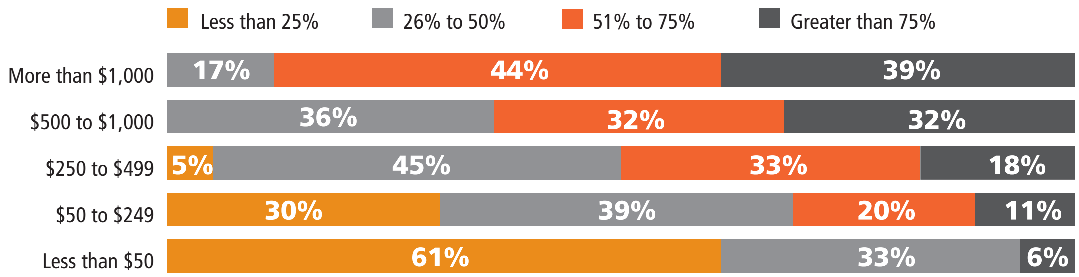


>500 employees
Base = Employers offering incentives for wellness programs

Source: SourceMedia Research, 2012–2014

Larger incentive dollars drive greater employee participation **(Figure 5)**. Only 6% of employers using incentives of $50 or less have participation rates greater than 50%. Incentive amounts greater than $500 are typically necessary to drive high participation rates. However, a distribution of engagement results still exists within each incentive tier, so incentive design and communication do significantly impact results. For example, 17% of employers offering incentives larger than $1,000 still have participation rates of less than 50%, so HR leaders cannot rely on incentives alone to deliver the engagement rates they seek.

Figure 5—Participation Rates for Employers with Outcomes-Based Programs, Large Employers



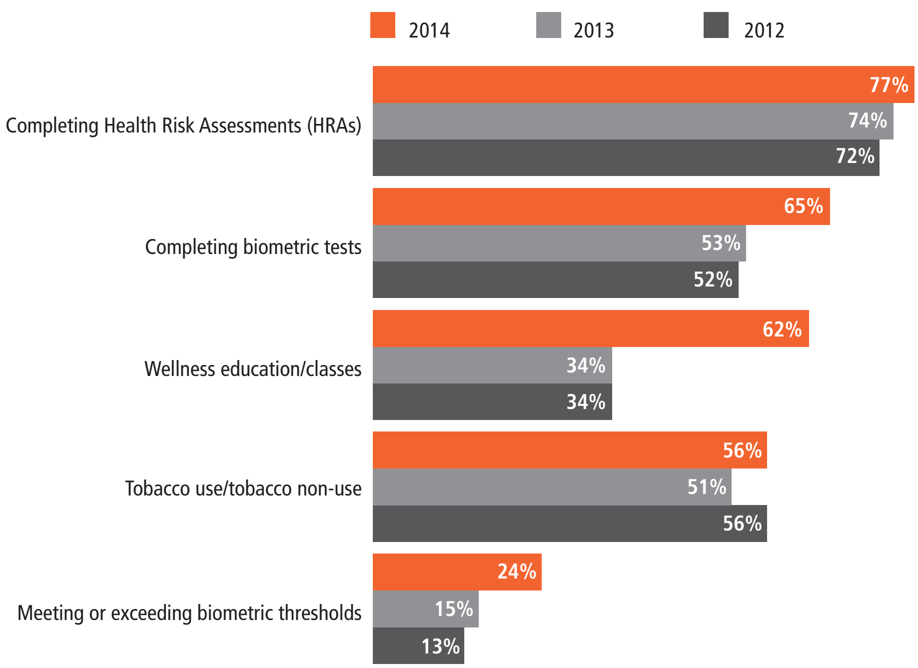
>500 employees
Base = Employers with outcomes-based programs

Source: SourceMedia Research, 2012–2014

The real stand-out, however, is the number of employers now offering outcomes-based incentives. Nearly one quarter of all employers with wellness programs in place reported offering incentives for meeting or exceeding biometric thresholds, up from 1 in 7 in earlier years **(Figure 6)**.

Even more intriguing, nearly half of large employers are considering offering incentives for biometric test outcomes in 2015 and beyond. Clearly, "pay for performance" is becoming more common. "As CFOs and HR leadership take a closer look at wellness program results, outcomes-based approaches that tie dollars to employee health improvements will become more commonplace," says Brad Wolfsen, Executive Director, bswift Exchange Solutions.

Figure 6—Incentivized Wellness Programs, Large Employers



>500 employees
Base = Employers offering incentives for wellness programs

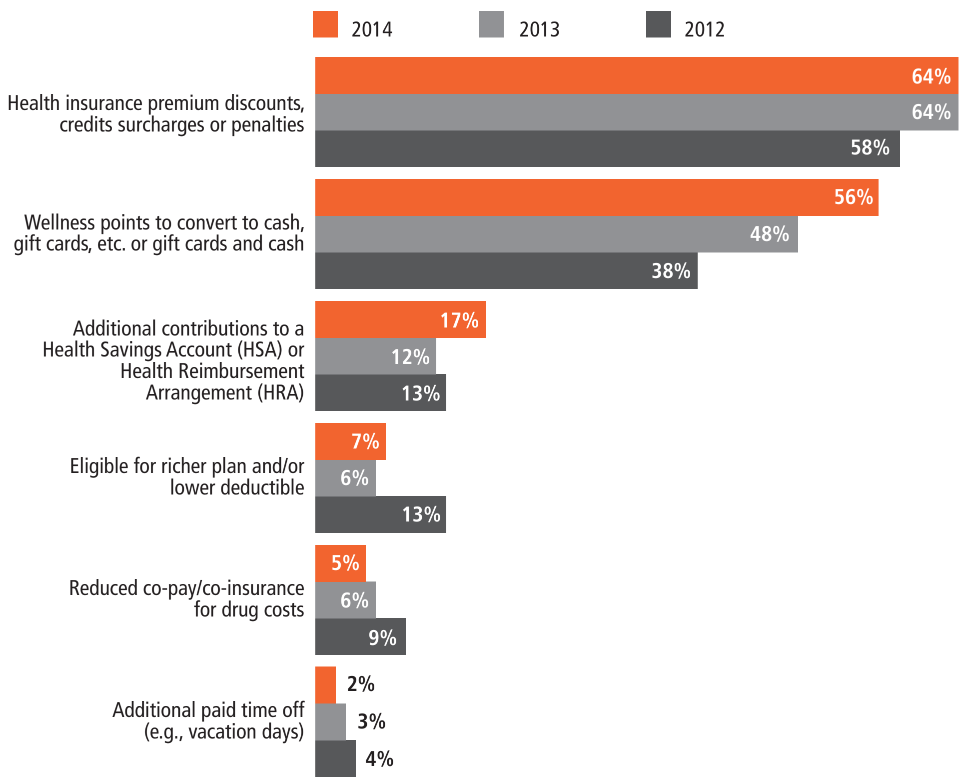
Source: SourceMedia Research, 2012–2014

Premium incentives (used by 64% of employers with wellness offerings and incentives, level with 64% in 2013 and up from 58% in 2012) and cash, gift cards and sweepstakes (used by 56%, up from 48% in 2013 and 38% in 2012) are proving to be the most popular forms of incentives **(Figure 7)**.

There are several advantages to premium credits and surcharges. The most important is that they can be easily funded as part of the employee contribution strategy, without requiring incremental investment dollars from the employer. In addition, with a benefits portal in place along with regular communications, wellness credits can serve as a recurring reminder to employees that they are being rewarded for healthy living — or that they can start to earn credits by engaging in wellness initiatives.

Figure 7—Types of Wellness Incentives, Large Employers

What types of incentives or disincentives does your organization use?



>500 employees
Base = Employers offering incentives for wellness programs
Source: SourceMedia Research, 2012–2014

Defined Contribution

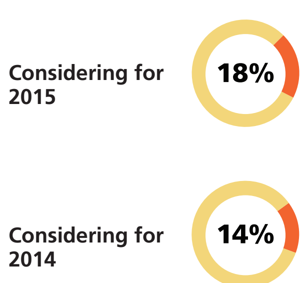
The percentage of large employers that are considering a defined contribution approach and/or private exchanges is gradually increasing, from 14% in 2013 to 18% in 2014 **(Figure 8)**. This modest increase may come as a surprise, given the extraordinary amount of attention that defined contribution and private exchanges have received in the media. Of smaller companies with 50 to 500 employees, 10% are considering a defined contribution strategy.

Of those large employers interested in the concept of defined contribution, most are looking at it primarily for health/medical benefits—not for the full suite of benefits **(Figure 9)**. Large companies report that they intend to provide more health plan options as a result of implementing a defined contribution approach; however, nearly an equal percentage of employers are not clear on their plans at this point, which speaks to the state of infancy for defined contribution **(Figure 10)**. Very few are looking to provide a greater choice in carriers. Some of the early adopters of defined contribution may join a private exchange; others may simply add choices to their existing employee experience.

Of the 18% of large employers that are considering defined contribution for 2015, 83% are currently self-insured and 17% are fully insured. Don Garlitz, Executive Director, bswift Exchange Solutions, explains: "This study makes it clear that very few employers that are currently self-insured are willing to look at fully insured solutions in order to implement defined contribution." Garlitz suspects that this reservation comes from the long-term view that claims will drive cost to the corporation, whether the plan is self-insured or fully insured, and that the real savings need to come from utilization management and wellness. "More consumer choice is a good thing and can improve employee satisfaction, but defined contribution need not involve the abandonment of the cost advantages afforded by self-insuring," says Garlitz **(Figure 10)**.

Figure 8—State of Defined Contribution, Large Employers

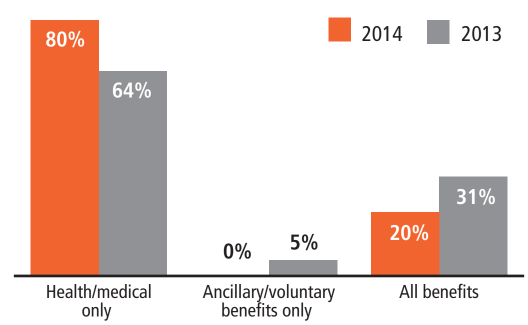
Is your organization currently offering or considering a "defined contribution" approach for any of its health and welfare benefits for active employees?



Base = >500 employees
Source: SourceMedia Research, 2013–2014

Figure 9—Consideration of 2015 Defined Contribution, Large Employers

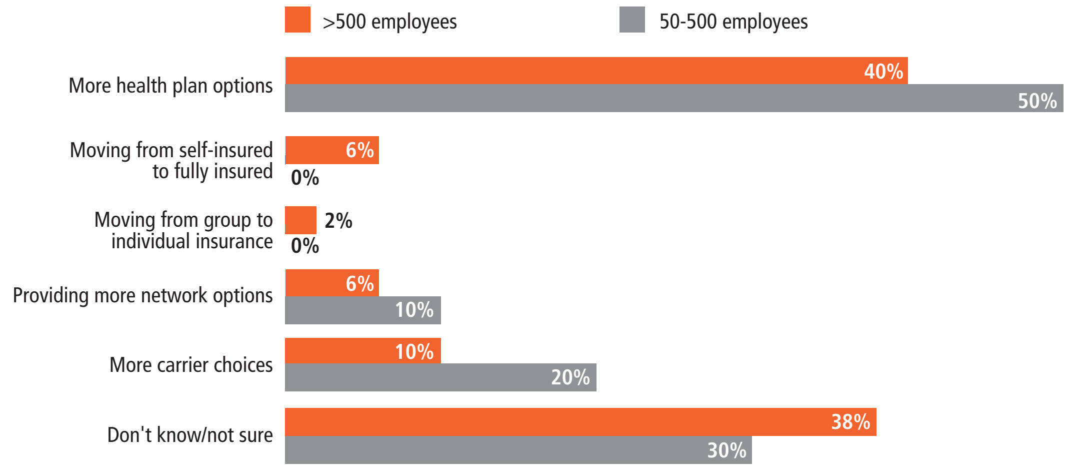
For which of the following is your organization currently offering or considering a "defined contribution" approach?



>500 employees
Base = Employers considering a defined contribution approach
Source: SourceMedia Research, 2013–2014

Figure 10—Health Plan Changes for Defined Contribution, Large vs. Small Employers

Which of the following health plan changes do you plan to make as a result of implementing a "defined contribution" approach?



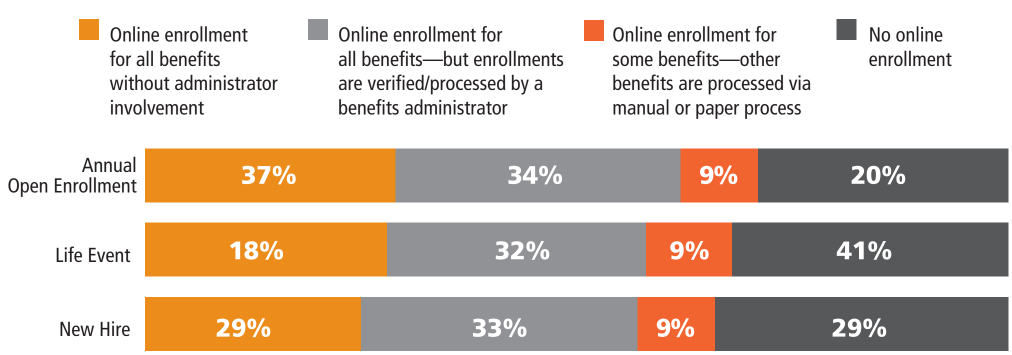
Base = Employers planning a defined contribution approach in 2015
Source: SourceMedia Research, 2014

Employee Self-Service and Automation

Most employers are moving in the right direction with employee self-service and automation but, with only subtle changes from the 2013 numbers, there is still room for improvement. Employers have incorporated employee self-service for some functions but not for the full range of transactions. For new hires at large companies, online enrollment without administrator involvement is gradually trending upward, at 29% in 2014, over the 28% reported in 2013 **(Figure 11)**. For life events, however, the numbers are on the decline (18% in 2014 vs.19% in 2013) as are the numbers for annual open enrollment for all benefits (37%, down from 39% last year). While large employers continue to make slow and steady progress adopting employee self-service, it is noteworthy that nearly 30% still do not offer online enrollment for new hires.

Figure 11—Employee Benefits Enrollment Methods, Large Employers

How do your newly hired employees enroll in benefits (e.g., health, life, etc.) for each of the enrollment types?



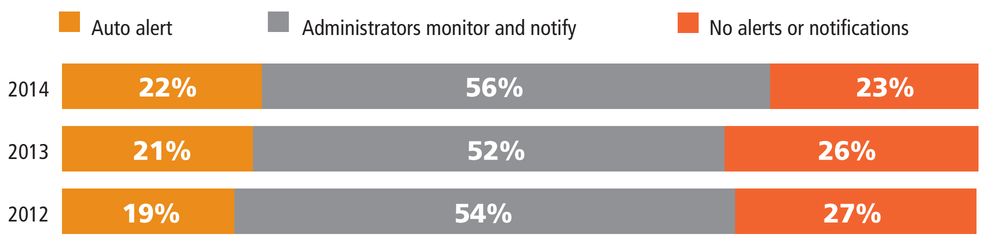
Base = >500 employees

Source: SourceMedia Research, 2012–2014

The use of automated methods to alert new hires that their enrollment window is closing or their enrollment is incomplete is barely inching up, at 22% in 2014, 21% in 2013 and 19% in 2012 **(Figure 12)**.

Figure 12—New Hire Communication, Large Employers

How are new hires alerted if their enrollment window is closing soon and their enrollment remains incomplete?



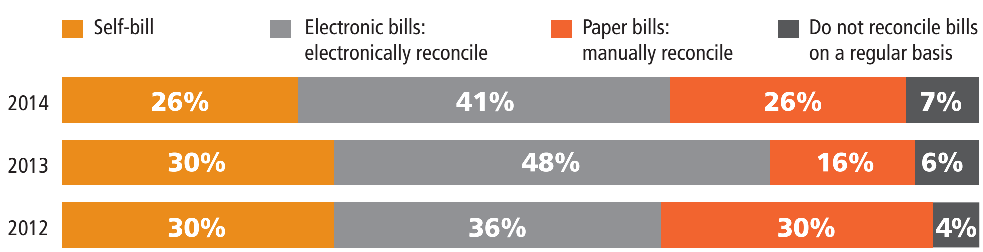
Base = >500 employees

Source: SourceMedia Research, 2012–2014

When it comes to employers' billing automation practices, the trend reverses itself. In 2013, 48% of large companies electronically reconciled bills; this year, that number drops to 41%. The percentage of large employers that manually reconcile paper bills increased to 26% in 2014, compared to 16% in 2013 **(Figure 13)**. It is surprising that the percentage of employers that continue to reconcile paper bills manually or not at all is on the rise. In 2013, that combined figure was 22%; for 2014, the number has climbed to 33%. Clearly, many employers are not using automation as much as they could.

Figure 13—Health Insurance Billing Automation, Large Employers

How does your organization manage health insurance bill reconciliation?



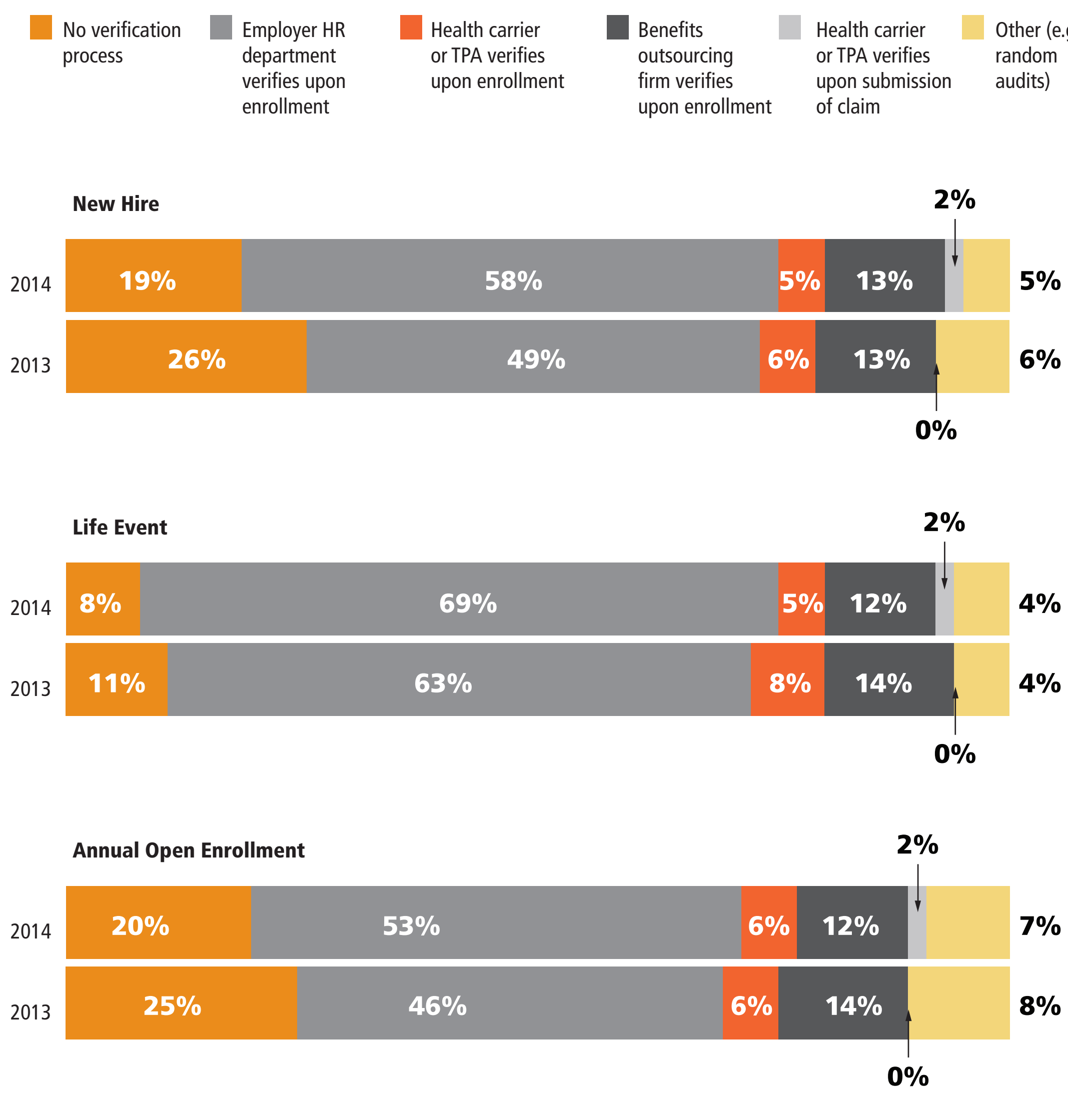
Base = >500 employees

Source: SourceMedia Research, 2012–2014

Due to the recognized cost of covering dependents, in 2014 fewer large employers are covering them without first verifying their eligibility. Yet, even while the number of companies with no verification process is decreasing, a striking 58% of large employers handle the task of verifying dependents themselves instead of outsourcing it **(Figure 14)**. This finding begs the question whether HR departments at large companies are being strategic and efficient with their use of resources—the "R" in HR.

Figure 14—Dependent Eligibility, Large Employers

For each of the following enrollment types, who verifies the eligibility of dependents (e.g., reviews marriage certificates, birth certificates, etc.) and when?



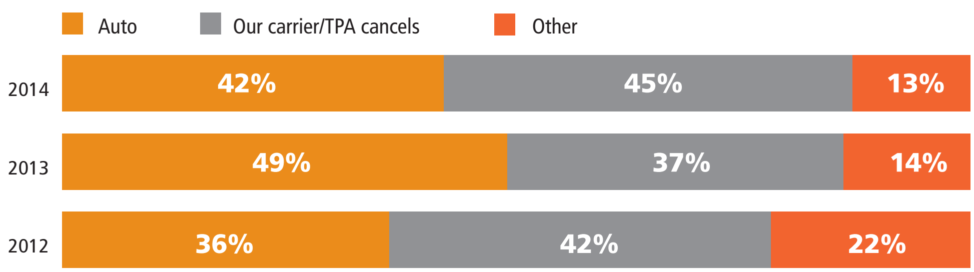
Base = >500 employees

Source: SourceMedia Research, 2013–2014

This year, 42% of large employers — down from 49% in 2013 — use an automated method of cancelling coverage for dependents who become ineligible to receive benefits due to a change in age. A surprising finding is that, in 2014, 45% of large employers are relying on the carrier or TPA to cancel coverage when dependents age out — up from 37% in 2013 **(Figure 15)**. But with dependents typically being covered for multiple lines of benefits (for example, medical, dental, vision and life), who is responsible for notifying employees and these additional carriers about the discontinuation of the dependents' coverage? In addition, how does a change in tier get updated in the employer's HRIS/payroll system?

Figure 15—Dependent Age-Out Automation, Large Employers

How is dependent coverage canceled when dependents "age-out" (e.g., at age 26) and become ineligible?



Base = >500 employees

Source: SourceMedia Research, 2012–2014

Companies 50 to 500 Employees: Wellness

The number of smaller employers — those with 50 to 500 employees — offering wellness programs dropped from 81% in 2013 to just under 70% in 2014. This segment's adoption of wellness programs is approximately 20% less than larger employers, largely because they typically have fewer resources to administer these programs and fewer program options.

Key findings include:

Program types at smaller companies continue to match those at larger companies. The top employee wellness programs offered by smaller employers were HRAs (82%), biometric tests (79%), fitness/weight loss challenges or activities (76%), smoking cessation (66% vs. 81% for large companies) and coaching by phone (55% vs. 74% for large companies). Of interest is that smaller companies offer significantly fewer individual improvement programs — such as smoking cessation and coaching — than larger companies, even though they offer the same top three activities: HRAs, biometric tests and fitness challenges.

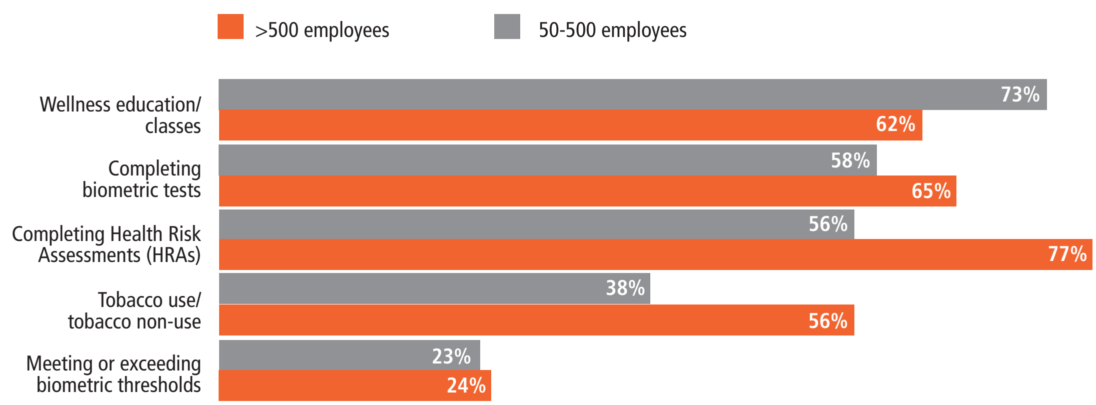
Small companies edge out larger employers in employee participation. 37% of employers with 50 to 500 employees report participation rates above 50%, higher than the 35% reported by larger employers.

Employee participation is the #1 goal in offering wellness programs. 40% of smaller companies base the success of their wellness programs primarily on employee participation, with 27% of employers ranking health cost savings as the most important factor. This is in contrast to larger employers: 40% put cost savings first, while 37% give employee participation the top position.

Incentivized wellness programs show strong adoption. Of small companies with wellness programs that include incentives, the percentage increased significantly in 2014—at 78%, compared to 69% in 2013 and 52% in 2012. The leading incentivized program is participation in wellness education/classes (73%—a major leap from the 45% reported in 2013), followed by completion of biometric tests (58%, up from 52% in 2013 and 48% in 2012) and completion of HRAs (56%, down from 60% in 2013 and 62% in 2012) **(Figure 16)**.

Figure 16—State of Incentivized Wellness Programs, Small vs. Large Employers

For which of the following wellness programs, if any, does your organization offer incentives ("carrots") or disincentives ("sticks")?



Base = Employers offering incentives for wellness programs

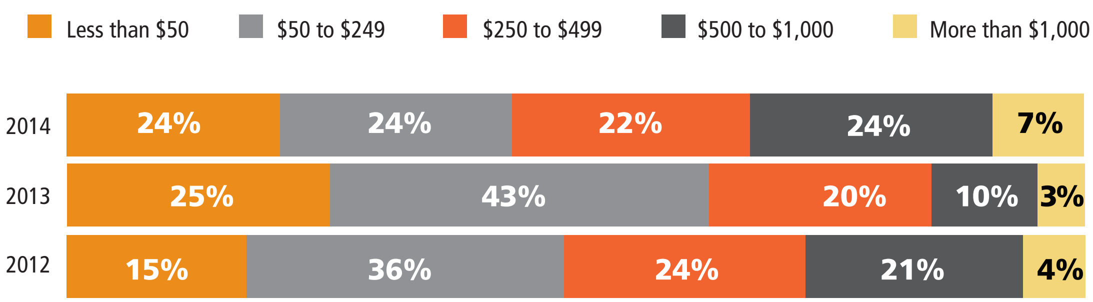
Source: SourceMedia Research, 2014

Types of incentives used. Of the smaller companies that offer incentives or disincentives, 73% provide health insurance premium credits or surcharges—a surge from 48% in 2013 and 39% in 2012. The next most common incentive is cash, with 60% of smaller employers offering cash, gift cards or sweepstakes (representing no change from 2013). Of note is that smaller employers are more likely than larger companies to use health insurance discounts and credits and less likely to use surcharges and penalties, by a swing of about 10%.

Amount invested in wellness incentives is rising. The number of smaller companies that contribute $500 or more in annual wellness incentives rose sharply in 2014, at 31% over the 13% reported in 2013 **(Figure 17)**. (36% of larger employers invested at least $500 in incentives.) When compared to larger employers, smaller employers achieve slightly better participation results, likely due to internal communications advantages afforded by their smaller size.

Figure 17—Investment in Wellness Incentives per Employee, Small Employers

What is the annual dollar amount per employee for wellness incentives?



50–500 employees
Base = Employers offering incentives for wellness programs

Source: SourceMedia Research, 2013–2014

When sourcing these programs, small employers take a similar approach as large employers, with a few differences. Approximately 30% of both large and small employers have taken on the challenge of designing and administering the program on their own. Compared to approximately 32% of large employers, 43% of small employers use wellness programs provided by their carriers. This difference is likely due to the simplicity of administering carrier-based wellness programs and the limited administrative staff most small companies employ for managing these initiatives. Conversely, only 22% of smaller employers outsource their wellness programs to a best-of-breed selection of vendors, compared to nearly 40% of larger employers. Of the wellness partners used by smaller employers, no single vendor dominated the field, indicating that the wellness industry remains fragmented.

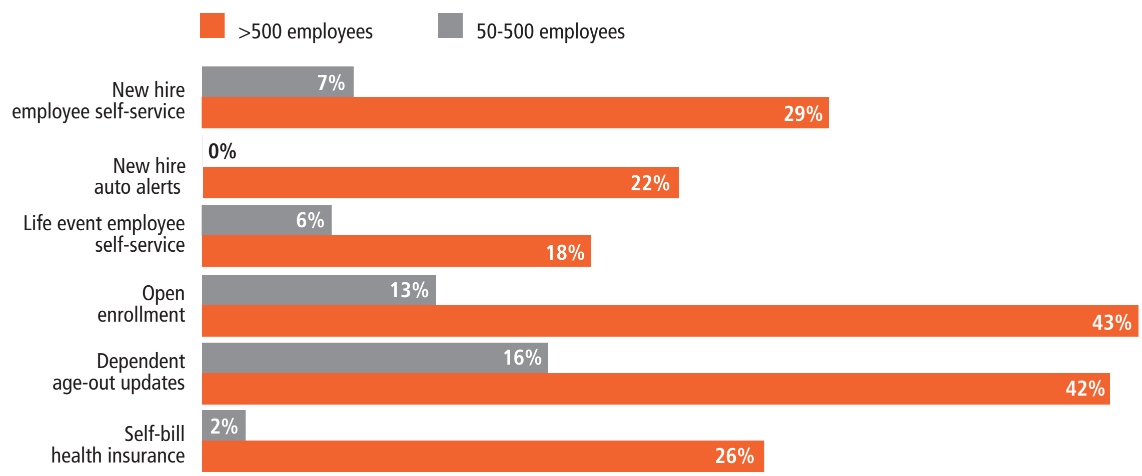
Companies with 50 to 500 Employees: Self-Service and Automation

Smaller companies that are embracing employee self-service and automation of benefits administration tools have significant opportunities for increased adoption as well as cost savings. Key findings include:

Self-service is lacking for multiple enrollment actions. The number of smaller companies that offer online enrollment for new hires shrank slightly, at 7% in 2014 compared to 8% in 2013. This number lags far behind the 29% of large employers that are fully automated in 2014 **(Figure 18)**.

Smaller companies are lagging behind in the use of automated "age-outs." Only 16% of small companies are likely to auto-cancel coverage when dependents become ineligible, compared with 42% of large companies **(Figure 18)**.

Figure 18—State of Automation, Small vs. Large Employers



Source: SourceMedia Research, 2013–2014

Conclusion

The challenge of controlling health care spending while providing a range of attractive health insurance plans and other employee benefits is no longer solely the purview of HR and Benefits. Despite the distractions that the Affordable Care Act has created for employers since its introduction in 2010, it has been instrumental in creating awareness of the cost of health care among CEOs, CFOs and consumers throughout the U.S. The ACA has also afforded employers the rare opportunity to take a look at their employee benefits program and consider adopting a set of strategies around benefits contributions, the user experience and how to engage and inspire employees.

bswift CEO Rich Gallun notes, "The rise in public and private exchanges has created a clear shift in organizations' approach to health care, and the prediction is that the transition to more widespread self-service and automation, outcomes-based wellness initiatives and adoption of defined contribution will accelerate."

These changes are unlikely to happen as quickly as some consultants and members of the media are forecasting. "We're in the midst of a journey, an evolution," Gallun points out. "Nevertheless, employers are taking advantage of this specific moment in time, when they have the unique opportunity to change the conversation: shifting control over health insurance and other benefits to their employees."

Methodology

This online survey was fielded during January and February of 2014. In total, SourceMedia surveyed 388 benefits decision makers at organizations that offer health benefits. The sample was randomly drawn from subscribers of *Employee Benefit News*. The margin of error for the total sample is +/-5.0% at the 95% confidence level.

About bswift

Based in Chicago, bswift offers software and services that streamline benefits, HR and payroll administration for employers and public and private exchanges nationwide, including its own exchange solution: Springboard Marketplace. bswift's state-of-the-art cloud-based technology and outsourcing solutions significantly reduce administrative costs and time-consuming paperwork, making life easier for administrators and millions of consumers who enroll in benefits with bswift. To learn more, please contact us at:

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