






Agents' Perspective

Large Employer Plan Coverage




The following questions were asked regarding agents and brokers' large employer plans (100 or more full-time employees). The responses do not reflect all plans, but respondents were asked to choose the answer that best fit the majority of their plans. All information is current as of the date the survey was conducted.

The following portion of the survey was sent to 5,740 NAHU members on December 2, 2011 and received a total of 170 responses.



Emergency Room Charges including physicians, imaging, testing and supplies

	Responses	
Covered after deductible is met, subject to coinsurance	59 (35%)	
Covered after emergency visit copay	104 (62%)	
Other	5 (3%)	





Inpatient Hospital Stay (including room and board charges, physician fees, imaging, testing and supplies)

	Responses	
Covered after deductible is met, subject to coinsurance	149 (89%)	
Covered after inpatient hospital copay	18 (11%)	
Other	1 (1%)	





Skilled Nursing Facilities (room and board)

	Responses	
Covered after deductible, subject to coinsurance	159 (96%)	
Not covered	7 (4%)	






Rehab Facilities (including room and board charges, physician fees, imaging, testing and supplies)

	Responses	
Covered after deductible, subject to coinsurance	142 (86%)	
Covered after inpatient hospital copay	19 (11%)	
Other	2 (1%)	
Not covered	3 (2%)	



Air Ambulance – Authorization (for life-threatening conditions)

	Responses	
Most plans require pre-authorization	38 (24%)	
Some plans require pre-authorization	37 (23%)	
Few plans require pre-authorization	35 (22%)	
None of the plans require pre-authorization	50 (31%)	


Air Ambulance (if approved)

	Responses	
Covered after deductible, subject to coinsurance	138 (84%)	
Covered after emergency deductible, subject to coinsurance	9 (5%)	
Covered after emergency copay, subject to coinsurance	9 (5%)	
Covered after emergency copay, not subject to coinsurance	9 (5%)	
Not covered	1 (1%)	




Transportation between Facilities (when medically necessary)

	Responses	
Covered	162 (99%)	
Not covered	2 (1%)	





Transportation for Convenience or Comfort

	Responses	
Covered	7 (4%)	
Not covered	159 (96%)	




Hospice Care in a Facility

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	138 (82%)	
Not covered	9 (5%)	
Other	21 (13%)	



Bariatric Surgery or Gastric Bypass (assume medical necessity)

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	72 (43%)	
State mandated benefit	18 (11%)	
Other	21 (13%)	
Not covered	83 (49%)	

Reconstructive Surgery (to restore bodily function or correct deformity from disease, trauma, or previous therapeutic process, including reconstructive breast surgery)

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	162 (96%)	
Other	4 (2%)	
Not covered	2 (1%)	

Cosmetic Surgery (elective and not medically necessary)

	Responses	
Covered	4 (2%)	
Not covered	163 (98%)	

Transplants

Heart Transplants

	Responses	
Covered	165 (99%)	<div style="width: 99%;"></div>
Not covered	2 (1%)	<div style="width: 1%;"></div>

Heart Valve Transplants

	Responses	
Covered	162 (98%)	<div style="width: 98%;"></div>
Not covered	3 (2%)	<div style="width: 2%;"></div>

Lung Transplants

	Responses	
Covered	161 (98%)	<div style="width: 98%;"></div>
Not covered	3 (2%)	<div style="width: 2%;"></div>

Heart/Lung Transplants

	Responses	
Covered	160 (99%)	<div style="width: 99%;"></div>
Not covered	2 (1%)	<div style="width: 1%;"></div>

Cornea Transplants

	Responses	
Covered	153 (93%)	<div style="width: 93%;"></div>
Not covered	11 (7%)	<div style="width: 7%;"></div>

Kidney Transplants

	Responses	
Covered	162 (99%)	<div style="width: 99%;"></div>
Not covered	2 (1%)	<div style="width: 1%;"></div>

Liver Transplants

	Responses	
Covered	164 (99%)	<div style="width: 99%;"></div>
Not covered	2 (1%)	<div style="width: 1%;"></div>



Pancreas Transplants

	Responses	
Covered	154 (94%)	<div style="width: 94%;"></div>
Not covered	10 (6%)	<div style="width: 6%;"></div>

Bone Marrow Transplants (for approved conditions)






	Responses	
Covered	162 (99%)	<div style="width: 99%;"></div>
Not covered	1 (1%)	<div style="width: 1%;"></div>

Organ or Tissue Transplants Considered Experimental/Investigative or Not Medically Necessary




	Responses	
Covered	67 (41%)	
Not covered	95 (59%)	

Prenatal, Pregnancy & Infant Care







Prenatal Care

	Responses	
Covered after deductible, subject to coinsurance	57 (34%)	
Covered after office visit copay for initial visit	124 (74%)	
Covered for complications of pregnancy only	4 (2%)	
Other	12 (7%)	
Not covered	1 (1%)	







Pregnancy Testing – When Performed in Physician's Office

	Responses	
Covered as a regular lab charge	157 (94%)	
Not covered	4 (2%)	
Other	6 (4%)	







Delivery Facility Charges

	Responses	
Covered after deductible, subject to coinsurance	140 (84%)	
Covered with no deductible, subject to coinsurance	4 (2%)	
Covered after initial office visit copay as a global fee	18 (11%)	
Covered for complications of pregnancy only	1 (1%)	
Other	2 (1%)	
Not covered	1 (1%)	



Delivery Physician Charges

	Responses	
Covered after deductible, subject to coinsurance	130 (79%)	
Covered with no deductible, subject to coinsurance	5 (3%)	
Covered after copay	25 (15%)	
Covered for complications of pregnancy only	0 (0%)	
Other	3 (2%)	
Not covered	1 (1%)	



Anesthesia

	Responses	
Covered after deductible, subject to coinsurance	152 (91%)	
Covered with no deductible, subject to coinsurance	3 (2%)	
Covered after copay	10 (6%)	
Covered for complications of pregnancy only	0 (0%)	
Other	0 (0%)	
Not covered	2 (1%)	




Normal Newborn Nursery and Care

	Responses	
Covered	166 (99%)	
Not covered	1 (1%)	



Neonatal Intensive Care Unit (NICU) for Premature Infants or Infants with Complications (assume infant is added to the policy)

	Responses	
Covered	165 (99%)	
Not covered	1 (1%)	



Delivery by Midwife in Home or Free-Standing Facility

	Responses	
Covered	84 (52%)	
Not covered	67 (41%)	
State mandated benefit	12 (7%)	



Circumcision

	Responses	
Covered	143 (88%)	
Not covered	20 (12%)	



Abortion (in cases where mother's health is at risk)

	Responses	
Covered	147 (89%)	
Not covered	19 (11%)	



Elective Abortion

	Responses	
Covered	43 (27%)	
Not covered	118 (73%)	



Maternity for Covered Dependents

	Responses	
Covered	100 (60%)	
Not covered	66 (40%)	

Services Related to Surrogate Mother if Member or Dependent Is Not the Surrogate

	Responses	
Covered	14 (9%)	
Not covered	150 (91%)	



Post-natal and Post-partum Care

	Responses	
Covered	162 (97%)	
Not covered	5 (3%)	



The following portion of the survey was sent to 5,740 NAHU members on December 1, 2011 and received a total of 173 responses.

Fertility Treatment



Diagnosis

	Responses	
Covered	104 (62%)	
Not covered	65 (38%)	



Artificial Insemination, In-Vitro, ZIFT, GIFT

	Responses	
Covered	36 (21%)	
Not covered	132 (79%)	

Sterilization (voluntary)



	Responses	
Covered	129 (77%)	
Not covered	39 (23%)	

Reversal of Sterilization



	Responses	
Covered	20 (12%)	
Not covered	148 (88%)	

Other Services



Genetic Testing

	Responses	
Covered	50 (31%)	
Not covered	112 (69%)	



Routine Podiatry (other than for diabetics)

	Responses	
Covered	90 (54%)	
Not covered	78 (46%)	



Hearing Exams

	Responses	
Covered	96 (58%)	
Not covered	70 (42%)	



Acupuncture

	Responses	
Covered	51 (31%)	
Not covered	113 (69%)	

Massage Therapy


	Responses	
Covered	22 (13%)	
Not covered	145 (87%)	

Homeopathy



	Responses	
Covered	21 (13%)	
Not covered	146 (87%)	

Dental (covered by a medical policy)



Oral Surgery Related to an Accident

	Responses	
Covered	158 (93%)	
Not covered	11 (7%)	



Removal of Wisdom Teeth (not impacted)

	Responses	
Covered	12 (7%)	
Not covered	153 (93%)	




Removal of Wisdom Teeth (impacted)

	Responses	
Covered	87 (52%)	
Not covered	81 (48%)	

Other Oral Surgery – Medically Necessary (example: removal of cancerous tumor or cleft lip)

	Responses	
Covered	159 (94%)	
Not covered	10 (6%)	

TMJ (treatment with oral prosthetic devices or other means of altering vertical dimensions)

	Responses	
Covered	58 (35%)	
Not covered	91 (54%)	
State mandated benefit	34 (20%)	

Mental Health and Substance Abuse Services

Outpatient Mental Health and Substance Abuse

	Responses	
Covered in network only	43 (26%)	<div style="width: 26%;"></div>
Covered in and out of network	126 (75%)	<div style="width: 75%;"></div>
Most outpatient services covered after deductible, subject to coinsurance	77 (46%)	<div style="width: 46%;"></div>
Most outpatient services covered after office visit copay	91 (54%)	<div style="width: 54%;"></div>
Other type of coverage	10 (6%)	<div style="width: 6%;"></div>
Group therapy is covered	64 (38%)	<div style="width: 38%;"></div>
Psychological testing is covered	85 (51%)	<div style="width: 51%;"></div>
Family counseling is covered	64 (38%)	<div style="width: 38%;"></div>
Outpatient mental health and substance abuse services not covered	9 (5%)	<div style="width: 5%;"></div>

Inpatient Mental Health and Substance Abuse

	Responses	
Covered in network only	42 (25%)	<div style="width: 25%;"></div>
Covered in and out of network	128 (76%)	<div style="width: 76%;"></div>
Covered after deductible, subject to coinsurance	139 (83%)	<div style="width: 83%;"></div>
Covered after hospital copay	55 (33%)	<div style="width: 33%;"></div>
Other type of coverage	7 (4%)	<div style="width: 4%;"></div>
Partial hospitalization is covered	46 (27%)	<div style="width: 27%;"></div>
Free-standing rehab facilities are covered	73 (43%)	<div style="width: 43%;"></div>
Supervised living is covered	15 (9%)	<div style="width: 9%;"></div>
Inpatient mental health and substance abuse services not covered	6 (4%)	<div style="width: 4%;"></div>

Autism – Individualized Education Program

	Responses	
Covered	36 (23%)	<div style="width: 23%;"></div>
Not covered	87 (55%)	<div style="width: 55%;"></div>
State mandated benefit	54 (34%)	<div style="width: 34%;"></div>

Autism – Educational Testing

	Responses	
Covered	49 (31%)	<div style="width: 31%;"></div>
Not covered	70 (45%)	<div style="width: 45%;"></div>
State mandated benefit	59 (38%)	<div style="width: 38%;"></div>

Prescription Drugs

Brand Drug Coverage (non-formulary)

	Responses	
Covered after deductible is met, subject to coinsurance	12 (7%)	<div style="width: 7%;"></div>
Covered after brand copay	113 (68%)	<div style="width: 68%;"></div>
Covered after brand copay AND subject to additional coinsurance if not medically necessary	24 (14%)	<div style="width: 14%;"></div>
Not covered if not on formulary unless medically necessary	9 (5%)	<div style="width: 5%;"></div>
Not covered	4 (2%)	<div style="width: 2%;"></div>
Other	5 (3%)	<div style="width: 3%;"></div>

Generic Drug Coverage

	Responses	
Covered after deductible is met, subject to coinsurance	7 (4%)	<div style="width: 4%;"></div>
Covered after generic copay	157 (94%)	<div style="width: 94%;"></div>
Covered at no cost	2 (1%)	<div style="width: 1%;"></div>
Not covered	1 (1%)	<div style="width: 1%;"></div>

Specialty Drug Coverage (such as biological drugs)

	Responses	
Covered after deductible is met, subject to coinsurance	19 (12%)	<div style="width: 12%;"></div>
Covered after brand copay	56 (34%)	<div style="width: 34%;"></div>
Covered after brand copay AND subject to additional coinsurance	67 (41%)	<div style="width: 41%;"></div>
Not covered	6 (4%)	<div style="width: 4%;"></div>
Other	17 (10%)	<div style="width: 10%;"></div>

Oral Contraceptives

	Responses	
Covered	164 (98%)	<div style="width: 98%;"></div>
Not covered	3 (2%)	<div style="width: 2%;"></div>

Injectable or Implanted Contraceptives

	Responses	
Covered as a non-pharmacy benefit	79 (48%)	<div style="width: 48%;"></div>
Covered as a pharmacy benefit	44 (27%)	<div style="width: 27%;"></div>
Not covered	42 (25%)	<div style="width: 25%;"></div>



Smoking Cessation Drugs

	Responses	
Covered	95 (57%)	<div style="width: 57%;"></div>
Not covered	73 (43%)	<div style="width: 43%;"></div>



Psychiatric Drugs (such as anti-psychotic drugs)

	Responses	
Covered	153 (93%)	<div style="width: 93%;"></div>
Not covered	11 (7%)	<div style="width: 7%;"></div>



Medical Foods – PKU

	Responses	
Covered	40 (24%)	
Not covered	126 (76%)	



Weight Loss Drugs

	Responses	
Covered	31 (18%)	
Not covered	137 (82%)	

Infertility Drugs




	Responses	
Covered	37 (22%)	
Not covered	130 (78%)	

Viagra and Related Drugs




	Responses	
Covered	81 (48%)	
Not covered	87 (52%)	

Rehabilitation Services




Cardiac Rehabilitation

	Responses	
Covered	98 (59%)	
Covered subject to limits	68 (41%)	
Not covered	1 (1%)	




Pulmonary Rehabilitation

	Responses	
Covered	96 (57%)	
Covered subject to limits	71 (42%)	
Not covered	1 (1%)	




Outpatient Physical Therapy

	Responses	
Covered	59 (35%)	
Covered subject to limits	107 (64%)	
Not covered	1 (1%)	






Occupational Therapy

	Responses	
Covered	51 (30%)	
Covered subject to limits	107 (64%)	
Not covered	10 (6%)	

Speech Therapy





	Responses	
Covered	51 (31%)	
Covered subject to limits	110 (66%)	
Not covered	5 (3%)	

Treatment of Congenital Illness or Accident Where Recovery Not Possible – Services Used to Enhance or Maintain Ability to Function



	Responses	
Covered with medical review	109 (69%)	
Must show evidence of improvement	50 (32%)	
Visit limits apply	42 (27%)	
State mandated benefit	12 (8%)	
Not covered	18 (11%)	

Disease Management




Preventive Health Care Services (as mandated by PPACA)

	Responses	
Some of my grandfathered plans voluntarily cover these services	51 (31%)	
Many of the insurers adopted these for all plans	100 (60%)	
The majority of my plans are grandfathered and don't cover these specific benefits	9 (5%)	
Other	7 (4%)	









PSA Tests

	Responses	
Covered	159 (98%)	
Not covered	4 (2%)	



Personal Items (such as health club memberships, exercise equipment, scales or personal trainers)

	Responses	
Covered	4 (2%)	
Not covered	79 (47%)	
Not covered but discounts provided	84 (50%)	










Chronic Diseases Coverage

	Responses	
Diabetes	163 (100%)	
Coronary artery disease	154 (94%)	
COPD	148 (91%)	
Hypertension	141 (84%)	
Asthma	144 (88%)	
Kidney failure	119 (73%)	
Cancer	126 (77%)	
Low back	87 (53%)	

Diabetic Education



	Responses	
Covered	133 (80%)	
Not covered	34 (20%)	

Pediatric Medical Benefits



	Responses	
Vision exam beyond screening	30 (18%)	
Prescription eyeglasses	6 (4%)	
Contact lenses	6 (4%)	
Dental cleaning and scaling	5 (3%)	
Routine dental exams	5 (3%)	
Dental X-rays	4 (2%)	
Dental restorative services, such as fillings	4 (2%)	
Orthodontia	3 (2%)	
Not covered	133 (81%)	

Medical Equipment and Supplies



Rental, Purchase or Maintenance of Equipment (hospital beds, oxygen, crutches, etc.)

	Responses	
Covered	160 (95%)	
Not covered	8 (5%)	



Orthotics (prescribed by a physician)

	Responses	
Covered	120 (72%)	
Not covered	47 (28%)	



Prosthetics

	Responses	
Covered	161 (96%)	
Not covered	6 (4%)	



Medical Devices (medically necessary and prescribed by a physician)

	Responses	
Covered	161 (98%)	
Not covered	4 (2%)	



Hearing Aids (other than cochlear implants)

	Responses	
Covered	51 (31%)	
Not covered	115 (69%)	

Cochlear Implants





	Responses	
Covered	76 (46%)	
Not covered	89 (54%)	

Wigs and Scalp Hair Prosthetics (medically necessary due to illness)






	Responses	
Covered	105 (63%)	
Not covered	61 (37%)	

Other Plan Information





Percentage of Clients with HSA/HRA Option for Employees

	Responses	
Less than 10%	43 (26%)	
10-25%	52 (31%)	
25-50%	38 (23%)	
50% or more	33 (20%)	












Client's Level of Deductible with No HSA/HRA

	Responses	
\$250 or less	5 (3%)	
\$251-\$500	19 (11%)	
\$501-\$1,000	60 (36%)	
\$1,000-\$2,400	72 (43%)	
\$2,401 or more	11 (7%)	

Percentage of Clients with a January 1 Renewal

	Responses	
25% or less	59 (35%)	
26-50%	59 (35%)	
51-75%	36 (21%)	
76% or more	14 (8%)	



Most Common Months of Renewal – Not January 1

	Responses	
February	11 (7%)	
March	23 (14%)	
April	50 (30%)	
May	25 (15%)	
June	31 (19%)	
July	97 (59%)	
August	11 (7%)	
September	24 (15%)	
October	39 (24%)	
November	11 (7%)	
December	11 (7%)	




The following portion of the survey was sent to 5,740 NAHU members on November 11, 2011 and received a total of 504 responses.

Diagnostic and Out-Patient Care






Primary Care Office Visits – Routine Non-Preventive

	Responses	
Covered after deductible is met	42 (8%)	
Covered after regular office visit copay	461 (92%)	
Not covered	0 (0%)	






Specialist Care Office Visits

	Responses	
Covered after deductible is met	45 (9%)	
Covered after regular office visit copay	172 (34%)	
Covered after specialist visit copay	286 (57%)	
Not covered	0 (0%)	





Diagnostic Lab – Routine Non-Preventive

	Responses	
Covered after deductible	195 (39%)	
Covered with no deductible, subject to coinsurance	39 (8%)	
Covered with no deductible, not subject to coinsurance (100%)	57 (11%)	
Covered as part of office visit copay if performed in a physician's office	167 (34%)	
Covered after lab visit copay	40 (8%)	
Not covered	0 (0%)	





Diagnostic X-Ray – Routine Non-Preventive – Basic Imaging

	Responses	
Covered after deductible	244 (49%)	
Covered with no deductible, subject to coinsurance	48 (10%)	
Covered with no deductible, not subject to coinsurance (100%)	44 (9%)	
Covered as part of office visit copay if performed in a physician's office	116 (23%)	
Covered after radiology visit copay	48 (10%)	
Not covered	0 (0%)	




Advanced Imaging (MRI, CT scan, etc.) – Authorization

	Responses	
Most plans require pre-authorization	280 (56%)	
Some plans require pre-authorization	136 (27%)	
Few plans require pre-authorization	66 (13%)	
None of the plans require pre-authorization	15 (3%)	




Advanced Imaging (MRI, CT scan, etc.) – If Approved

	Responses	
Covered after deductible, subject to coinsurance	412 (82%)	
Covered with no deductible, subject to coinsurance	17 (3%)	
Covered after regular radiology copay	14 (3%)	
Covered after advanced imaging copay	57 (11%)	
Not covered	0 (0%)	




Radiation Therapy

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	437 (89%)	
Covered after office visit copay	27 (5%)	
Covered after other specified copay	28 (6%)	
Not covered	0 (0%)	




Chemotherapy

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	436 (87%)	
Covered after office visit copay	33 (7%)	
Covered after other specified copay	31 (6%)	
Not covered	0 (0%)	






Outpatient Infusion Therapy (in clinical setting)

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	423 (85%)	
Covered after office visit copay	32 (6%)	
Covered after other specified copay	41 (8%)	
Not covered	0 (0%)	






Home Infusion Therapy

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	422 (86%)	
Covered after specified copay	54 (11%)	
Not covered	17 (3%)	






Injectable Drugs provided during an office visit

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	244 (49%)	
Covered as part of office visit copay	149 (30%)	
Covered as part of specialty visit copay	52 (10%)	
Covered subject to coinsurance, after office visit copay	51 (10%)	
Not covered	3 (1%)	





Allergy Testing

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	192 (39%)	
Covered as part of office visit copay	173 (35%)	
Covered as part of specialty visit copay	97 (20%)	
Covered subject to coinsurance, after office visit copay	32 (6%)	
Not covered	3 (1%)	





Allergy Treatment (including shots)

	Responses	
Prescription drugs and other prescription pharmaceuticals covered under prescription drug benefit (including injectable drugs to be self-administered)	144 (29%)	
Shots are covered like an office visit, subject to the same copay as an office visit	233 (47%)	
Shots are covered like a lab visit, subject to the same copay as lab work	31 (6%)	
Injectable serum (to be self-injected) or shots administered by physician's office are covered after the deductible, subject to coinsurance and out-of-pocket maximum	82 (17%)	
Not covered	4 (1%)	





Nutritional Counseling for Diabetes or End-Stage Renal Disease (ESRD)

	Responses	
Covered as an office visit expense subject to normal plan limits if prescribed by a physician	302 (62%)	
Covered subject to less than 3 visits per year	74 (15%)	
Covered subject to less than 3 visits per lifetime	21 (4%)	
Not covered	91 (19%)	




Nutritional Counseling for Other Chronic Conditions

	Responses	
Covered as an office visit expense subject to normal plan limits if prescribed by a physician	252 (52%)	
Covered subject to less than 3 visits per year	68 (14%)	
Covered subject to less than 3 visits per lifetime	20 (4%)	
Not covered	146 (30%)	




Renal Dialysis (Hemodialysis)

	Responses	
Covered after deductible, subject to coinsurance and out-of-pocket maximum	440 (89%)	
Covered after office visit copay	26 (5%)	
Covered after other specified copay	23 (5%)	
Not covered	5 (1%)	



Hospice Care (either home or in an outpatient setting)

	Responses	
Covered at home like home health care and in clinical setting like an office visit	278 (57%)	
Covered subject to limits established by mandates in my state	198 (40%)	
Not covered	16 (3%)	




Chiropractic Care (when medically necessary)

	Responses	
All services covered during the visit are subject to deductible and coinsurance	170 (34%)	
Spinal manipulation is covered under regular office visit copay; other services are subject to coinsurance	301 (60%)	
Not covered	27 (5%)	

Chiropractic Care (when medically necessary)

	Responses	
Most plans are subject to visit limitations of 10 or fewer per year	343 (71%)	
Most plans do not have visit limitations	137 (29%)	

Chiropractic Care (state mandates)

	Responses	
My state requires coverage of chiropractic care by state mandate	171 (34%)	
My state does not require coverage of chiropractic care by state mandate	194 (39%)	
I'm not sure if my state requires coverage of chiropractic care by state mandate	132 (27%)	

The National Association of Health Underwriters (NAHU) represents more than 100,000 licensed health insurance agents, brokers, consultants and benefit professionals across America. NAHU members service the health insurance needs of large and small employers as well as people seeking individual health insurance coverage. Every day, NAHU members work to obtain insurance for clients who are struggling to balance their desire to purchase high-quality and comprehensive health coverage with the reality of rapidly escalating health care costs.