

 Benefits Technology, Powered by People

Expanding Insight Surveys: Benefit Preference (Kano) & Benefit Literacy



Benefit Preference (Kano) Surveys



Benefit Preference Kano Survey

What is Kano

- Kano model surveys measure which benefits are most important to an employee population by asking two simple questions. The structure of these questions doesn't change. Here is an example:
 - How would you feel if your employer offered a care navigation program?
 - How would you feel if your employer DID NOT offer a care navigation program?
- The Kano model ranks each benefit on its potential to positively delight or satisfy as well as potential to negatively dissatisfy or frustrate employees.
- Data populates Benefit Preference Insight Dashboard.
- 3-4 benefits per module, 60%-70% response rate on avg.

Current State

- Only includes benefit programs.
- Ability to turn each module on/off independently.

Where do employees see the survey?

- Through-out employee web portal, year-round.
- Each module only displays to a small subset of employee base (10-20%).

What's Changing

- Expanding to include electable benefits.
- Data will be added to current dashboards.

1 OF 4



Accident Insurance

Accident insurance provides a cash benefit if you or a covered family member are injured in an accident. It helps cover expenses like medical bills, deductibles, or everyday costs while you recover—offering financial support when unexpected injuries happen.

How would you feel if your employer offered Accident Insurance as an electable benefit? *

- I like it
- I expect it
- I'm neutral
- I can tolerate it
- I dislike it

How would you feel if your employer **DID NOT** offer Accident Insurance as an electable benefit? *

- I like it
- I expect it
- I'm neutral
- I can tolerate it
- I dislike it

Next



Current Benefit Preference Survey Modules – Benefit Program Only

Healthcare Patient Experience

- Care Navigation
- Telemedicine
- Drug Search
- Find a Provider
- Nurse Line
- Provider Guidance Program
- Centers of Excellence

Condition Support

- Musculoskeletal Program
- Diabetes Support Program
- Hypertension Support Program
- Digestive Health Program
- Cancer Support Program
- Addition Support Program

Event-based Care Support

- Expert Second Opinion
- Surgery Planning
- Healthcare Support Program

Wellness and Prevention

- Wellness Programs and Incentives
- Women's Health Program
- Weight Management Program
- Preventive Care Program
- Genetic Testing Program
- Tobacco Cessation Program
- Fitness Program

Employee Assistance

- Employee Assistance Program
- Financial Assistance Program
- Prescription Assistance Program

Family Support

- Family Planning Benefits
- Parent and Caregiver Support
- Day Care Support Program

Employee Perks

- Employee Discount Program
- Time Off

Retirement Support

- 401(k) Program
- Medicare Exchange





Electable Benefit Modules Being Added

We can now survey employees about these benefits, too

Healthcare and Supplemental Healthcare Insurance **New**

- Medical
- Dental
- Vision
- Accident
- Critical Illness
- Hospital Indemnity
- Cancer

Voluntary Benefits **New**

- Legal Insurance
- Long-term Care Insurance
- Pet Insurance
- Identity Theft Protection
- Device Protection
- Disaster Recovery

Income Protection **New**

- Disability
- AD&D
- Life
- Child and Spouse Life

Benefit Accounts **New**

- Health Savings Account
- Flexible Spending Account
- Dependent Care FSA
- Goal Account



Why Utilize Benefit Preference (Kano) Surveys?

Holistic View of Employee Priorities

- Distinguish between:
 - **Must-haves:** benefits employees expect (e.g., medical, dental).
 - **Delighters:** benefits that surprise and delight (e.g., mental health apps, pet insurance).
 - **Indifferent:** benefits that don't drive engagement or satisfaction.
- Ensures time and budget are spent on the right areas.

Data-driven Benefit Offerings

- Provides quantitative evidence of what employees value, helping justify plan design to leadership.
- Helps identify opportunities to streamline offerings or invest in emerging benefits.

Increase Employee Satisfaction & Retention

- Offering the right mix of benefits improves how employees perceive total rewards.
- Aligning benefits with employee preferences, increases satisfaction and retention.



Benefits Literacy Surveys



Benefit Literacy Surveys

What are Benefit Literacy Surveys

- Assesses employee's level of benefits knowledge while educating about each topic.
- 3-5 questions per module, 60%-70% response rate on avg.
- Data populates Benefit Literacy Insight Dashboard.

Current State

- **Only includes two modules:**
 - HSA, FSA.
 - Accident, Critical Illness, and Hospital Indemnity.

Where do employees see the survey?

- Through-out employee web portal, year-round.
- Each module only displays to a small subset of employee base (10-20%).

What's Changing

- Adding three new modules, **Preventive Care, Care Setting, At the Pharmacy.**
- Ability to turn each module on/off independently.

Why

- Ability to segment employees by knowledge level, offering opportunity to serve employees more targeted communications and personalized web and mobile app experience.

Question 1 of 5

Which of the following statements about Healthcare Flexible Spending Accounts (FSA) are **TRUE**?

- FSA contributions are taxed the same as the rest of your income
- You can only enroll in an FSA if you also enroll in a high-deductible health plan (HDHP)
- Any money not spent on eligible healthcare expenses during the plan year is lost
- Healthcare FSAs can only be used to pay for medical expenses you incur at a in-network doctor's offices or hospitals

Next



Healthcare Flexible Spending Account (FSA) Facts

✗ False

FSA contributions are taxed the same as the rest of your income.

FSA contributions are **not taxed** which can help you save money on eligible, expected healthcare costs.

✗ False

You can only enroll in an FSA if you also enroll in a high-deductible health plan (HDHP)

You can enroll in a Healthcare FSA, regardless of medical plan. You can even enroll if you waive coverage or have coverage under someone else's policy.

✓ True

Any money not spent on eligible healthcare expenses during the plan year is lost.

Healthcare FSAs are best used for **expected medical expenses**. Before deciding how much to contribute, ask yourself how much you're likely to spend within the year. This is because any money left over by the end of the year might not carry over to the next and may be lost.

✗ False

Healthcare FSAs can only be used to pay for medical expenses you incur at a in-network doctor's offices or hospitals.

FSA contributions are **not taxed** which can help you save money on expected healthcare costs.

You can use your Healthcare FSA on **eligible medical expenses**, such as copays and deductibles, select medical devices, qualified prescription drugs and more. You can find your list of eligible medical expenses in your plan documents or on the IRS website.

Next



Benefits Literacy Surveys

Module 3: Preventive Care **New**



Benefit Literacy Surveys

Module 3: Preventive Care

QUESTION 1 OF 3

Which of the following is typically considered a preventive service covered at 100% by most health insurance plans under the Affordable Care Act? *

- Emergency room visits
- Annual physical exams
- Prescription medications
- Surgery for chronic conditions

Next



Preventive Healthcare Facts

✘ Incorrect

Emergency room visits

ER visits are urgent or emergency care, not preventive, and usually require cost-sharing.

✔ Correct

Annual physical exams

Most ACA-compliant plans cover annual wellness visits at 100% in-network with no cost to you.

✘ Incorrect

Prescription medications

These are treatment for existing conditions and typically have copays or coinsurance.

This money is intended to assist with any unexpected costs, but can be used freely once it's paid. The amount paid out is determined by the insurance company themselves according to the terms of the policy.

✘ Incorrect

Surgery for chronic conditions

This is treatment, not prevention, and generally subject to your plan's cost-sharing rules.

Next



Benefit Literacy Surveys

Module 3: Preventive Care

QUESTION 2 OF 3

Which statement about preventive care screenings is true? *

- They are only free if you've already met your deductible.
- They are free for everyone, regardless of network.
- They are covered at no cost in-network, even if you haven't met your deductible.
- They are only covered if you have symptoms.

Next



Preventive Care Screening Facts

✘ False

Only free after deductible

Preventive care is typically covered at 100% **in-network** without applying to your deductible.

✘ False

Free for everyone regardless of network

Going out-of-network may result in costs.

✔ True

Covered at no cost in-network

That's a key benefit of preventive services under most ACA-compliant plans.

✘ False

Only covered if you have symptoms

Preventive care is for healthy people to prevent illness, not just for treating symptoms.

Next



Benefit Literacy Surveys

Module 3: Preventive Care

QUESTION 3 OF 3

Why is it important to use preventive care services even if you feel healthy? *

- To avoid paying high premiums
- To make your deductible go up
- To meet your out-of-pocket maximum
- To detect potential health issues early

Next



Preventive Healthcare Facts

✘ Incorrect

Avoid paying high premiums

Preventive care use doesn't typically affect your monthly premium.

✘ Incorrect

Make your deductible go up

Deductibles are set by your plan, not by using preventive care.

✘ Incorrect

Meet your out-of-pocket maximum

Preventive care is usually covered at no cost, so it doesn't help you reach your out-of-pocket maximum.

✔ Correct

Detect potential health issues early

Early detection often means easier, less costly treatment and better long-term outcomes.

Next



Benefits Literacy Surveys

Module 4: Care Setting **New**



Benefit Literacy Surveys

Module 4: Care Setting

QUESTION 1 OF 4

You wake up with a mild sore throat, runny nose, and no fever. Which is the most appropriate care setting? *

- Emergency Room (ER)
- Primary Care Provider (PCP)
- Urgent Care
- Virtual/Telehealth visit

Next



Care Setting

✘ Incorrect

Emergency Room (ER)

ERs are for life-threatening emergencies; this is a minor illness.

✘ Possible, but not necessary

Primary Care Provider (PCP)

You could see your Primary Care Provider, but virtual visits are faster and more cost-effective for mild symptoms.

✘ Incorrect

Urgent Care

Urgent care is for more immediate but non-life-threatening issues.

✔ Likely Best Option

Virtual visit

If you have access to telemedicine visits, they are quick, convenient, and often lowest cost for mild symptoms like these.

Next



Benefits Literacy Surveys

Module 4: Care Setting

QUESTION 2 OF 4

You cut your hand while cooking. The cut is deep, bleeding heavily, and may require stitches. Where should you go? *

- Primary care doctor
- Emergency room (ER)
- Urgent care center
- Telehealth appointment

Next



Where to Go for Care

✘ Incorrect

Primary care doctor

Most primary care offices can't handle stitches, especially for urgent or after-hours injuries.

✔ Maybe

Emergency room (ER)

ERs are equipped for stitches, but you'll pay significantly more out of pocket (often hundreds or thousands of dollars) for care that urgent care can usually handle.

✔ Likely Best Option

Urgent care clinics are the right place for non-life-threatening injuries like cuts needing stitches. They're quicker, less expensive than the ER, and staffed to handle this kind of care.

✘ Incorrect

Telehealth appointment

Telehealth is useful for minor issues, but not for injuries that may need physical treatment or stitches.

Next



Benefit Literacy Surveys

Module 4: Care Setting

QUESTION 3 OF 4

You suddenly develop severe chest pain, are sweating, and feel short of breath. What should you do? *

- Call 911 or go to the Emergency Room
- Go to Urgent Care
- Call your Primary Care Physician
- Rest at home

Next



Where to Go for Care

✓ Correct

Call 911 or go to the Emergency Room

These are symptoms of a heart attack. Only the ER can provide immediate testing, cardiac care, and life-saving treatment.

✗ Incorrect

Go to Urgent Care

Urgent care clinics are not prepared for potentially fatal emergencies like heart attacks.

✗ Incorrect

Call your Primary Care Physician

PCPs usually aren't equipped to handle emergencies or respond quickly to life-threatening symptoms.

✗ Incorrect

Rest at home

Waiting could delay critical treatment and increase the risk of permanent damage or death.

Next



Benefit Literacy Surveys

Module 4: Care Setting

QUESTION 4 OF 4

It's Saturday afternoon, and your child has a sudden earache but no fever or serious symptoms. Your doctor's office is closed. *

- Wait until Monday
- Visit Urgent Care
- Go to the ER
- Give old antibiotics from a past prescription

Next



Where to Go for Care

✘ Incorrect

Wait until Monday

Waiting may lead to increased pain or infection if symptoms worsen.

✔ Correct

Visit Urgent Care

Urgent care is the right place for non-emergency situations outside regular hours.

✘ Incorrect

Go to the Emergency Room (ER)

The ER should be reserved for emergencies. An earache is not an emergency.

✘ Incorrect

Give old antibiotics from a past prescription

Leftover antibiotics may be the wrong type or dosage, and misuse contributes to resistance and ineffective treatment.

Next



Benefits Literacy Surveys

Module 5: At the Pharmacy **New**



Benefit Literacy Surveys

Module 5: At the Pharmacy

QUESTION 1 OF 3

What is the main difference between a generic drug and a brand-name drug? *

- Generics are less effective than brand-name drugs
- Generics have different active ingredients than brand-name drugs
- Generics contain the same active ingredients but usually cost less
- Generics are not regulated by the FDA

Next



Be Smart at the Pharmacy

✘ Incorrect

Less effective

Generics work the same way in the body as brand-name drugs.

✘ Incorrect

Different ingredients

The active ingredients are the same; only fillers or inactive ingredients may differ.

✔ Correct

Same active ingredients, lower cost

Generics are FDA-approved, equally effective, and typically cost less.

✘ Incorrect

Not FDA-regulated

Generics go through strict FDA review for safety and effectiveness.

Next



Benefit Literacy Surveys

Module 5: At the Pharmacy

QUESTION 2 OF 3

If your medication is not covered or is too expensive, what should you do first? *

- Talk to your doctor or pharmacist
- Skip it until next year's open enrollment
- Use a friend's medication
- Try to split pills to make them last longer

Next



Be Smart at the Pharmacy

✓ Correct

Talk to your doctor or pharmacist

They can suggest generics, formulary alternatives, or patient assistance programs.

✗ Incorrect

Skip until next year

Delaying treatment can be harmful.

✗ Incorrect

Use a friend's medication

Taking someone else's prescription drugs is unsafe and illegal.

✗ Incorrect

Split pills

Splitting can change dosage or effectiveness and is unsafe unless explicitly directed.

Next



Benefit Literacy Surveys

Module 5: At the Pharmacy

QUESTION 3 OF 3

Which of the following is another smart way to save money on prescription drugs? *

- Shopping at multiple pharmacies without transferring prescriptions
- Using mail-order pharmacy for 90-day supplies
- Asking your doctor if a lower-cost therapeutic alternative is available
- Checking if your health plan offers preferred pharmacies with lower copays

Next



Be Smart at the Pharmacy

✘ Incorrect

Multiple pharmacies

Makes it harder to track interactions and doesn't guarantee savings.

✔ Correct

Mail-order

Using mail order, often lowers cost per pill and provides convenience with automatic refills.

✘ Incorrect

Therapeutic alternative

This can help, but it's something to discuss with your doctor, not the pharmacy counter itself.

✘ Incorrect

Preferred pharmacy

Preferred pharmacies can sometimes save money, but not as broadly impactful as mail-order for long-term use.

Next



→ Why Utilize Benefit Literacy Surveys?

Identify Knowledge Gaps That Drive Costs

- Many high-cost claims and unnecessary spend stem from employees misusing healthcare settings (e.g., ER vs. urgent care) or not understanding preventive care coverage.
- Literacy surveys surface where employees struggle, allowing admins to target education and reduce avoidable spend.

Improve Employee Engagement and Confidence

- Employees who understand their benefits are more likely to enroll correctly, use benefits effectively, and feel supported by their employer.
- Literacy surveys give admins insights to design communications that meet employees where they are, increasing confidence and satisfaction.

Drive Better Health Outcomes and Productivity

- Employees who understand preventive care and care settings are more likely to seek the right care at the right time, improving health outcomes.
- This translates into fewer absences, higher productivity, and stronger well-being across the workforce.





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Market Leader in Benefits Technology and Innovation