

State of Kansas Employee Health Plan and HealthQuest Survey 2020



Conducted for

**Kansas Department of Administration on Behalf of the State Health Plan
Employee Advisory Committee**

January 2021



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Mission:

To Facilitate Effective Public Policy Decision-Making.

The staff of the Docking Institute of Public Affairs and its University Center for Survey Research are dedicated to serving the people of Kansas and surrounding states.

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Executive Summary

From the responses received on its online survey of current State of Kansas employees and retirees conducted between November 12, 2020, and December 6, 2020, the Docking Institute of Public Affairs offers this summary of findings. In addition to the quantitative results in this summary and detailed in the body of this report, several lengthy supplementals listing the open-ended responses to four open field questions and an open field follow up question set are offered under separate cover.

Employees – State Employee Health Plan

- The vast majority (95%) of current employee respondents are enrolled in a State Health Plan for 2021.
- 2021 Health Plan enrollments are highly concentrated in Plan C (49%) and A (42%). Only about 6% are in Plan N and less than 2% selected Plan J (1.6%) and Q (1.0%).
- Only 6.4% indicate their 2021 selection is different than their enrollment the prior year.
- Of those who did not switch Plans, about 70% gave no consideration to doing so, while about 24% somewhat considered a switch and about 7% gave very serious consideration to switching.
- About 94% of respondents have selected Blue Cross/Blue Shield of Kansas for their 2021 Health Plan, with the remainder choosing Aetna.
- Almost half (49%) selected employee only coverage in 2021, followed by employee/children (20.3%). About 16% selected employee and spouse coverage, and about 15% selected employee and family coverage.
- Among a set of sociodemographic/background factors potentially associated with selection of 2021 Health Plan, there are slight tendencies toward selecting Plan A among those: with a chronic medical condition, a disability, in an older age category, in a lower income group, and with lower levels of formal education completed.
- The most often used information source used for selecting one's 2021 Health Plan is the SEHP Enrollment Book (60%), followed by accessing the SEHP website (49%). Substantially lower percentages mention using any of the other sources, with the third most often used source being an employee's own agency website at 18%.

- A large majority (86%) did not use the “Ask Alex” online Plan selection tool and the two most often selected reasons for not using it are that a person did not need it (47%) and/or were unaware of the tool (40%).
- Among the 14% who used Ask Alex, 63% report using the tool’s recommended Health Plan.
- Among all employees, a majority (55%) are very confident they understood the difference between Health Plans and selected the 2021 Plan that will best meet their needs, while another 39% are somewhat confident. Only 6% are not at all confident.
- Of eight possible ways offered to respondents for receiving communications about the SEHP, by far email emerges as the most useful means with 78% indicating to be highly useful and 21% indicating it to be somewhat useful.
- Satisfaction with these seven Health Plan features was measured: premium, out-of-pocket maximum, deductible, cost to access primary care provider, cost to access specialists, cost of an ER visit, and the HSA/HRA feature (all but Plan A).
- The highest level of dissatisfaction lies with the out-of-pocket maximum, with a combined 52% either dissatisfied or very dissatisfied, followed by deductible, with a combined 43% either dissatisfied or very dissatisfied. The three features with which respondents express more satisfaction than dissatisfaction are the cost to access their primary care provider (42% at least satisfied), the premium (52% at least satisfied), and the HSA/HRA (76% at least satisfied) -- excludes Plan A respondents who are not eligible.
- No substantive difference in satisfaction with the seven features were found by Health Plan enrolled.
- For every one of the seven Health Plan features, some slight differences in levels of satisfaction are detected by sociodemographic/background types; general patterns of difference include tendencies toward lower levels of satisfaction among those with coverage types that include family or children, those diagnosed with a chronic medical condition, those with a disability, male respondents, those in younger age categories, those in lower income groups, and those with lower levels of formal education completed.
- When asked to indicate how important each of the seven Health Plan features were in selecting a Health Plan, that the importance of all but one of these features is quite high with the combined percentages of “very important” and “somewhat important” exceeding 80% among enrollees of every Health Plan with only once exception –

understandably, relatively low percentages of those in Plan A rate the HSA/HRA feature as at least somewhat important (53%).

- Importance of cost to access a primary care provider, to access a specialist, and to visit the ER is somewhat lower for those on Plan C and N than those on Plan A, with the importance of all three being lowest for those on Plan N.
- Importance of out-of-pocket maximum is somewhat higher for those on Plan C than those on Plans A and N, with it being lowest of importance for those on Plan N.
- Importance of deductible is also lowest among Plan N enrollees compared to Plan A and C enrollees.
- Importance of premium is somewhat lower for those on Plan A than Plans C and N.
- Not surprisingly, household income has a patterned relationship to the importance rating of all Health Plan features. The lower the income the higher the percentage rating the feature as very important, except for the HSA/HRA feature, which has no relationship to income.
- About 16% report that they or a family member on their Health Plan has purchased a specialty drug, and about 27% of those respondents report no difficulty in purchasing it.
- Yet, about 45% of those who have purchased specialty drugs selected the inability to afford the drug as a problem, and 20% have had difficulty receiving pre-authorization for the specialty drug.
- As might be expected, the lower the household income the higher the percentage indicating they could not afford the specialty drug, ranging from about 55% of those with annual incomes under \$35,000 to 26% of those with incomes \$150,000 or higher.
- Finally, at the end of the survey all current employees enrolled in a Health Plan for 2021 were asked whether they had any suggestions regarding the SEHP, and 64% did not. Report Supplement 2 lists responses from the up to 1,974 (36%) employees who indicated they had a suggestion(s).

Retirees – State of Kansas Medicare Plan

- The vast majority (93%) of retiree respondents are enrolled in a State of Kansas Medicare Plan for 2021.
- Almost 90% indicate enrollment in Part A and almost 60% indicated enrollment in Part D, and 51% are enrolled in both Part A and D.
- In terms of the State Medicare Plans selected, a majority (54%) chose the BCBSKS Senior Plan C, followed by BSBSKS Senior Plan C Select at 15.5%. No more than 10% of retirees chose any one of the other six Plan options.
- A majority (83%) of those enrolled in Part D were aware of the new economy plan option for Part D enrollees, and only about 10% opted to enroll in it.
- The most common reason for not selecting the new Part D economy is that the premium is higher than the respondent's private market plan.
- Looking at coverage type for 2021, a large majority (79%) have the retiree only (single) coverage, and about 21% have the retiree plus spouse coverage.
- Of six possible ways offered to retirees for receiving communications about the SEHP Medicare Plans, a large majority (77%) indicate they used the 2021 SEHP Enrollment Book, distantly followed by 44% who indicate they used the SEHP website.
- Just over half, 51%, are very confident and another 42% are somewhat confident that they understood the difference between the Medicare plans and selected the best plan to meet their health care needs.
- Of six possible ways to receive SEHP communications, as among current employees, email is considered highly useful by a substantial percentage (69%) of retired respondents, but direct mail is even more preferred, with 73% considering it a highly useful means of receiving communications.
- Relative to current employees, retirees express much lower rates of dissatisfaction with the six Plan features examined: premium, out-of-pocket maximum, deductible, cost to access primary care provider, cost to access specialists, and cost of an ER visit.

- Combining very dissatisfied and dissatisfied, less than 13% of retirees are dissatisfied with any given feature, and over 55% are either satisfied or very satisfied with all features.
- The highest levels of satisfaction are in cost of accessing a primary care provider and cost of accessing a specialist.
- The most important feature in choosing a State Medicare Plan is out-of-pocket maximum, with 76% describing it as very important, but this is followed closely by cost of accessing primary care provider, premium, and cost of accessing a specialist, all of which have very important ratings of over 70%.
- Finally, at the end of the survey all retirees enrolled in a State Medicare Plan for 2021 were asked whether they had any suggestions regarding the SEHP, and 66% did not. Report Supplement 2 lists responses from the up to 252 (34%) retirees who indicated they had a suggestion(s).

HealthQuest

- Though retirees are not currently eligible to use HealthQuest, 10% of retirees indicated they would be interested in using a State of Kansas wellness program for a cost half are unsure as of now.
- Among the combined 90% who are those who are unsure or not interested in a State of Kansas wellness program offered for a cost, 39% indicate they would be interested if it were offered at no cost. Another 41% are unsure, while 20% still have no interest in a free wellness program offered by the State.
- A large majority (86%) of employees report enabling their HealthQuest account in 2020.
- Among a set of sociodemographic/background factors potentially associated with enabling a HealthQuest account the following types are somewhat less likely to have enabled an account in 2020: men; those in the older age categories (particularly those 65 or older); those with household incomes of \$150,000 or greater; and those with a doctoral degree, high school degree, or some college as the highest level of education completed.

- A majority (58%) of the only 14% who did not enable a HealthQuest account in 2020, indicate that the effort to complete HealthQuest activities is not worth the benefit – by far the single most selected reason for not enabling an account.
- About 28% report they live or work close enough to Topeka to use the Marathon Health Clinic in Topeka.
- About 26% of those who reported living or working close enough to Topeka to use the HealthQuest Marathon Clinic say they have used the Clinic; of the remainder, 67% report they have not used it, presumably even though they were aware of it, and another 7% indicate they were unaware of this HealthQuest clinic in Topeka.
- The single largest percentage (42%) of Clinic users consider it very valuable and 30% consider it moderately valuable. Another 21% consider it somewhat valuable and only 7% indicate it is not valuable.
- Among those who report living close enough to Topeka to use the Clinic but do not use it, by far the single most often reason selected for not is going to another doctor or clinic, with 78% selecting this reason.
- At least 75% of all employee respondents have used the following HealthQuest activities: wellness assessment questionnaire (97%), preventative dental exams (91%), preventative eye exams (89%), preventative well woman/man exams (89%), biometric screening (88%), wellness challenges (78%), Naturally Slim (75%), and health/wellness learning modules (75%).
- Much lower percentages report having every used the four remaining HealthQuest activities in the survey list: financial learning modules (41%), EAP webinars & on-demand training (37%), health coaching (23%), and tobacco cessation program (12%).
- Prior to being asked whether they had ever participated in the HealthQuest activity, employees were asked to rate the level of effort necessary to use the feature.
- For every HealthQuest activity much greater percentages of those who have ever participated rate the level of effort as easy/less difficult compared to those never using the feature.
- For all HealthQuest activities solid majorities of those ever participating rate the level of effort to use as easy or very easy.

- Combined percentages greater than 70% of those ever participating rate these activities as easy or very easy at easy to use: preventative dental exams (89%), preventative eye exams (88%), wellness questionnaire (88%), Naturally Slim (75%), health/wellness learning modules (73%), and financial learning modules (73%).
- Among all HealthQuest activities, the three forms of preventative exams (dental, eye, and annual well ness check-ups by a clinical provider) have by far the highest “very valuable” ratings, each at over 80%.
- Slightly under half rate biometric screens very valuable at 47%.
- Percentages rating the remaining activities very valuable are around or below 30%, but no more than a fourth of respondents rate any activity not at all valuable with the only exception being tobacco cessation program at 34%.
- When those who enabled a HealthQuest account in 2020 were asked to indicate which they consider the primary benefit of participating, by far the single largest percentage, 70%, choose financial incentives, followed by about 19% who choose improved health outcomes.
- 16% of those who have a diagnosed chronic medical condition or disability feel there are accessibility barriers to participating in HealthQuest that pose a difficulty in earning credits. Majorities of these respondents identify the wellness challenges, 61%, and the biometric health screen, 52%, as posing accessibility barriers. Over 30% report an accessibility barrier associated with Naturally Slim, 35%, health coaching, 34%, and EAP webinars & on-demand training, 32%.
- Finally, at the end of the survey all who enabled a HealthQuest account in 2020 were asked whether they had any suggestions regarding HealthQuest, and 71% did not. Report Supplement 4 lists responses from the up to 1,293 (29%) who indicated they had a suggestion(s).

Introduction & Methodology

The Kansas Department of Administration (KDA) commissioned the Docking Institute of Public Affairs (Institute) to design, administer, and analyze results of a survey examining whether the current health plan benefits and the HealthQuest wellness program are meeting the needs of State employees and if employees are satisfied with the options and services provided. Retirees who may use a State of Kansas Medicare plan were also added to the study. Institute researchers worked with representatives of the State Employee Health Plan's Employee Advisory Committee (EAC) to design the final questionnaire (provided as an Appendix to this report).

KDA submitted the email addresses of 43,382 State employees and retirees in digital format. The emails are those registered by employees/retirees during annual health insurance open enrollment. The Institute found 771 duplicate emails, which were eliminated. Institute staff are ineligible to take the survey, eliminating another five. After surveying began, six additional email addresses were provided to the Institute after KDA found them to not be in the original list. Finally, another 98 emails are known to have resulted in undeliverable survey invitations, which could not be resolved. This resulted in a total of 42,214 presumably eligible targeted individuals to whom multiple invitations to participate were sent.

The survey invitation explained the general purposes of the survey, that the Institute was conducting it on behalf of the KDA and Employee Advisory Committee, offered assurances of confidentiality and the voluntary nature of participation, provided the timeline of the open window for data collection, and provided contact information of the Institute researchers for any questions on how to participate/troubleshoot any technical problems. The first survey invitation email was sent by the Institute to all presumed eligible respondents on November 12, 2020, with a second invitation email sent on November 19, 2020. The emails contained a unique respondent-specific web link to an online survey hosted on the Qualtrics survey platform. The EAC sent a prenotice email to all prior to survey launch and sent multiple reminder emails during the open window for surveying, which lasted through December 6, closing at midnight Central.

A total of 7,142 total responded by completing over 25% of questions for which they were eligible. This will be the numerator in a calculation of overall response rate. With 42,214 considered as having had the potential to receive and respond to invitations to participate, the response rate is 17% ($7,142 / 42,214$), a solid response rate for an online email invitation only survey.

Of these 7,142 responding, 274 employees report not being enrolled in a State Employee Health Plan (SEHP) and 170 retirees report not being enrolled in a State of Kansas Medicare Plan. This leaves us with 6,698 respondents considered the primary working dataset. Of course, most analyses will be based on fewer than those 6,698, as substantial skip patterns funneled respondents into more narrow channels of questioning.

The 274 employees not on a State Employee Health Plan were thanked for their willingness to participate and then exited from the survey. The 170 retirees not enrolled in a State Medicare Plan were invited to answer, question 5, “Should access to the State’s wellness program become available to retirees, would you want to participate at a cost?” Those who answered “No, not interested” or “I’m not sure” were then asked to answer question 6, “Would you be interested in access to the State’s wellness program if available at no cost?” Then they were sent to the survey’s exit.

As shown in the Sample Sociodemographic Profile below, a comparison of the final sample to the full population of State employees on Health Plan enrollment for 2021 finds the sample to be similar to the full population, adding confidence that the final sample is representative of the State’s population of employees on a State Employee Health Plan.

Sample Sociodemographic Profile

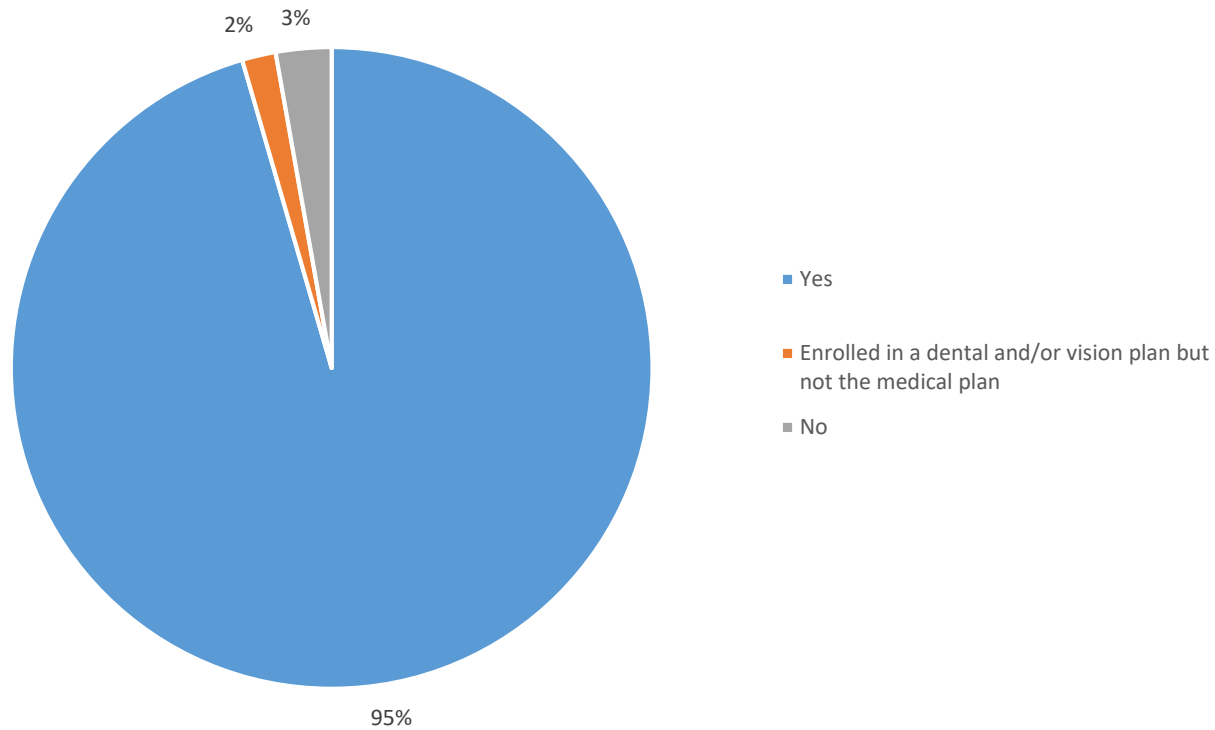
	Percentage of Full Working Sample of Respondents (n=6,698)
Gender	59.0% female 32.9% male 0.2% fluid/transgender 7.8% prefer to not specify/did not answer
Hispanic/LatinX/Spanish origin	3.4% Yes
Racial identity (select all that apply)	83.2% white 2.1% black or African American 1.4% American Indian or Alaska native 1.5% Asian 0.1% Native Hawaiian or Pacific Islander 1.3% other 7.2% prefer not to specify
Age categories in years	0.4% are 18-24 9.7% are 25-34 18.0% are 35-44 23.4% are 45-54 29.4% are 55-64 19.1% are 65+
Total gross household income in 2019	0.1%... under \$10,000 1.8%... \$10,000 to \$24,999 8.0%... \$25,000 to \$34,999 17.8%... \$35,000 to \$49,999 24.5%... \$50,000 to \$74,999 20.4%... \$75,000 to \$99,999 19.3%... \$100,000 to \$149,999 8.1%... \$150,000 or more
Highest level of education completed	0% less than high school 5.9% high school graduate 11.5% some college 9.6% associate's or technical degree 32.4% bachelor's degree

	25.1% professional or master's degree 15.5% doctoral degree	
Urbanicity of respondent county	8.4% county population less than 10,000 21.6% county population 10,000 to 50,000 70% county population over 50,000	
State Health Plan Enrollments for 2021	Percentage of Employee Respondents (n=5,777)	Percentage of Full Population of State Employees (contracts) Per KDA's SEHP Records (N=37,962)
Plan A	42%	46%
Plan C	49%	43%
Plan J	2%	2%
Plan N	6%	8%
Plan Q	1%	1%

Current Employees: Health Care Plan Enrollment

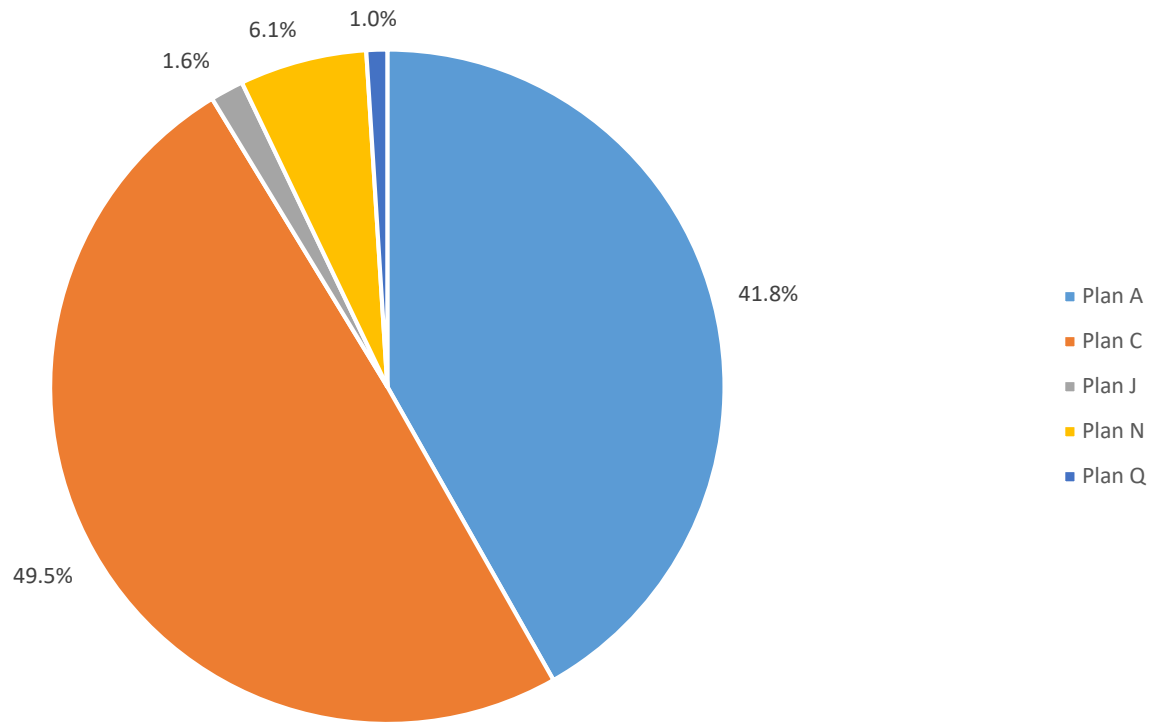
As shown in Figure 1, the vast majority (95%) of current employees who responded to the survey are enrolled in a State Health Plan for 2021. Only 3% are not, and 2% enrolled in a dental and/or vision plan but not a medical health plan.

Figure 1. Employees- Enrolled in a State Health Plan for 2021 (n=6,144)



Health Plan enrollments are highly concentrated in Plan C (49%) and A (42%) as Figure 2 shows. About 6% are in Plan N, with less than 2% selecting Plan J (1.6%) and Q (1.0%).

Figure 2. Employees- Health Plan Selected for 2021 (n=5,777)



Respondents were asked whether their 2021 enrollment had them switching to a different plan than used in the previous year. Only 6.4% indicate their 2021 selection is different than their enrollment the prior year. Those who did not switch were asked whether they had seriously considered doing so.

Figure 3. Employees- Health Plan Selected for 2021 Differs from Previous Year (n=5,799)

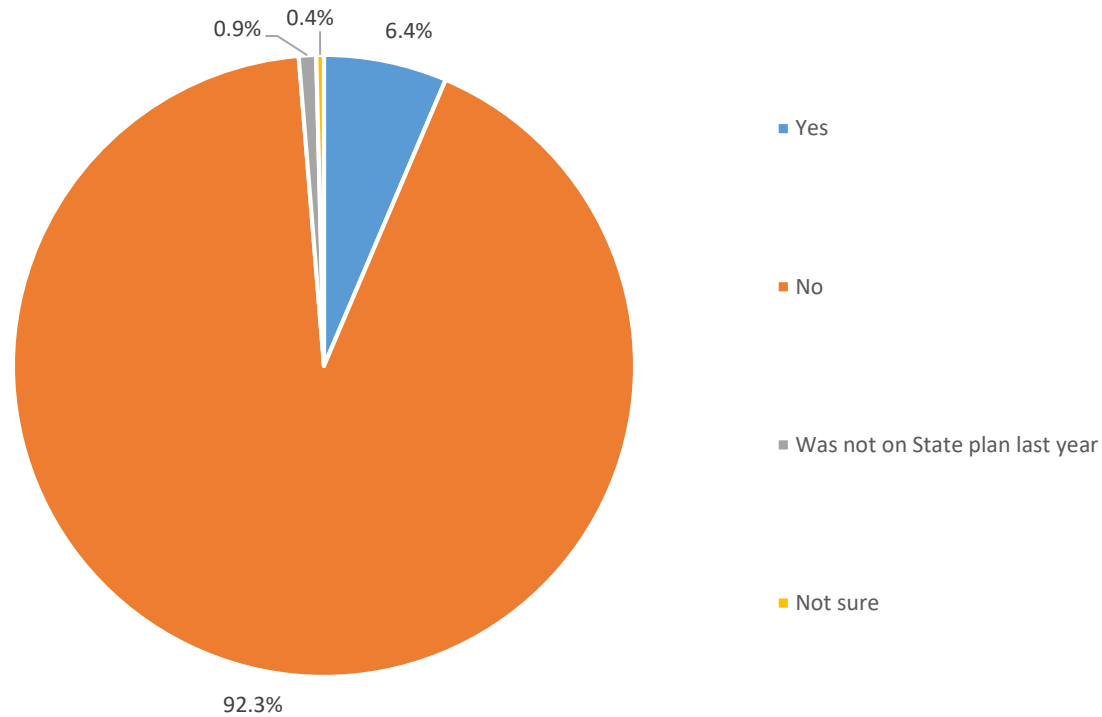


Figure 4 shows that about 70% did not consider switching plans, 24% considered it somewhat seriously, and 7% considered switching very seriously.

Figure 4. Employees- Considered Switching Health Plans for 2021 (n=5,339)

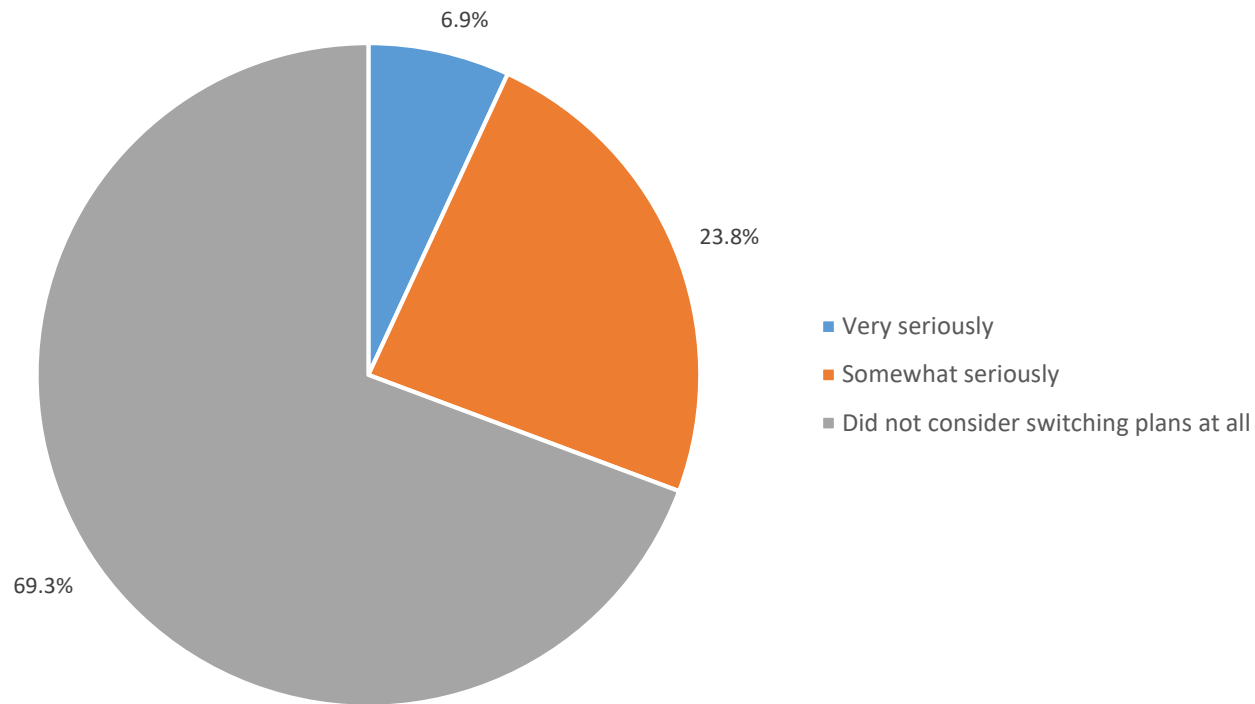


Figure 5 shows that about 94% of respondents have selected Blue Cross/Blue Shield of Kansas for their 2021 Health Plan, with the remainder choosing the other available Plan provider, Aetna.

Figure 5. Employees- 2021 Health Plan Provider (n=5,756)

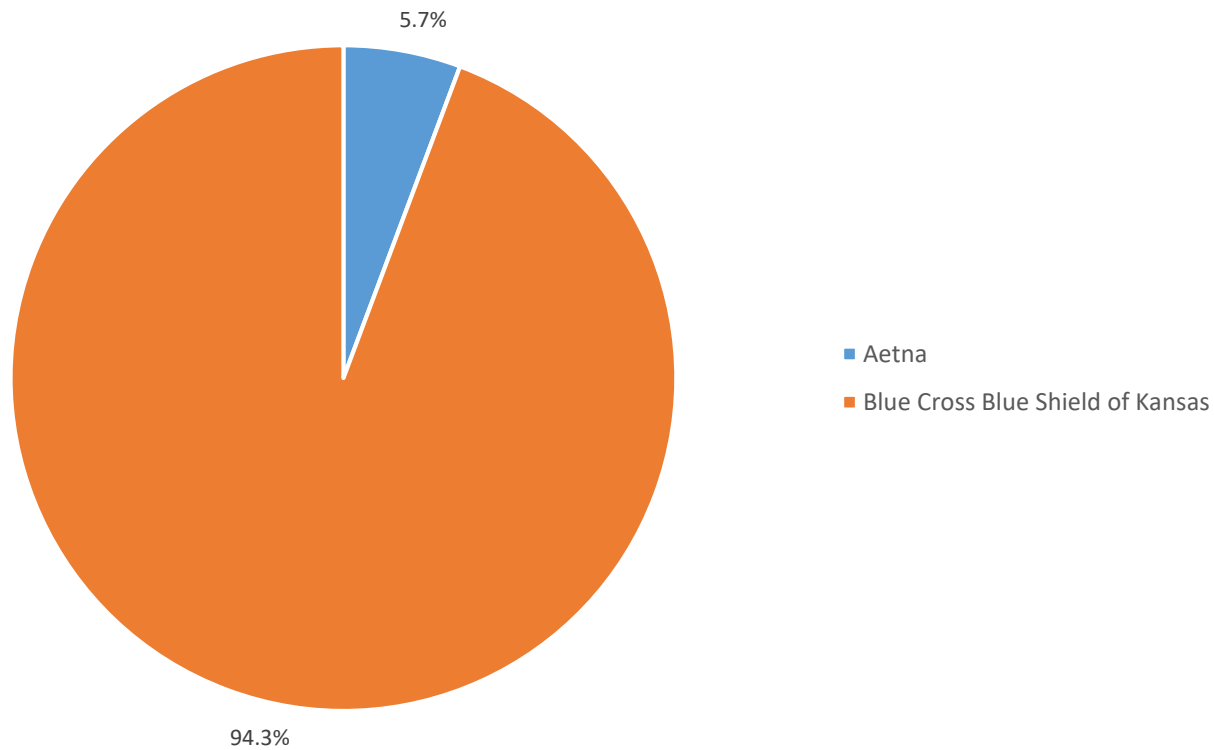
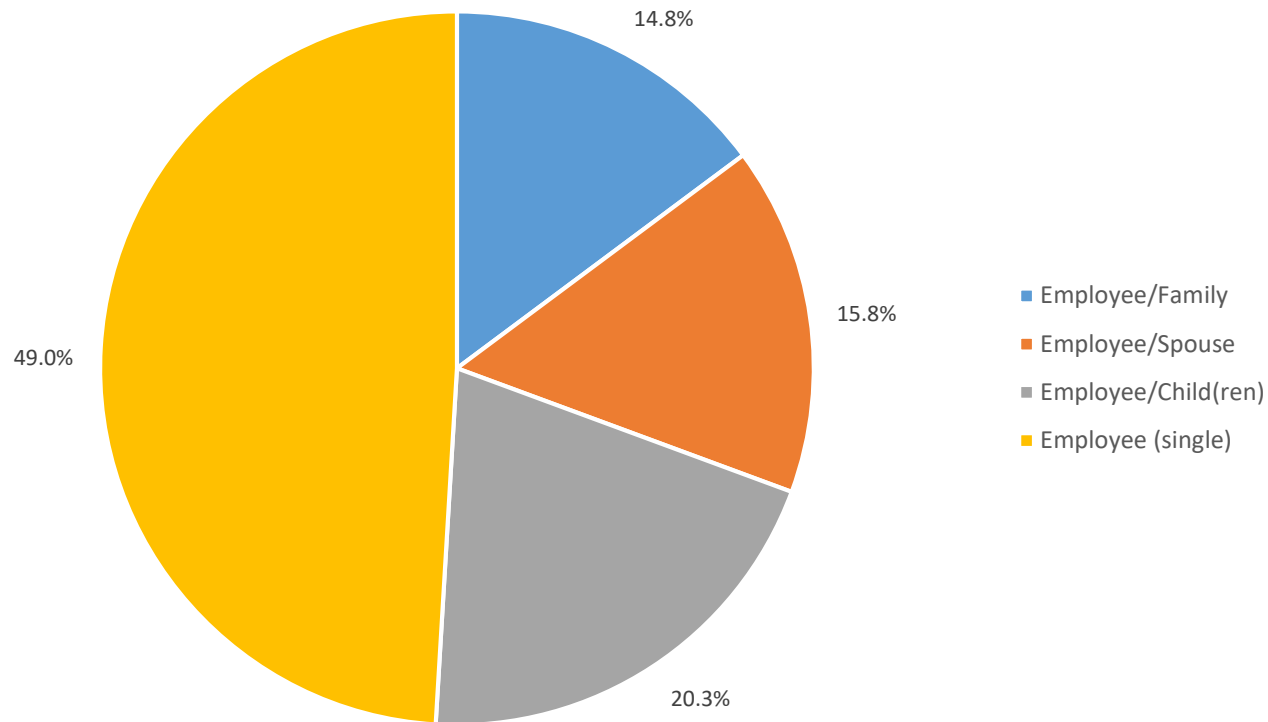


Figure 6 shows the coverage type selected for 2021. Almost half (49%) selected employee only coverage, followed by employee/children (20.3%). About 16% selected employee and spouse coverage, and about 15% selected employee and family coverage.

Figure 6. Employees- Health Plan Coverage Type (n=5,783)



Additional analyses considered whether a number of sociodemographic/background factors might be associated with choice of Health Plan. Those factors include: Health Plan coverage type (individuals covered); having a chronic medical condition; having a disability; gender; identifying as Hispanic, LatinX, Spanish origin; identifying as white or non-white; age; household income; education level completed; and urbanicity of the respondent's county of residence.

Conceptualizing all the above factors as independent variables that might help structure choice of Health Plan, the Cramer's V coefficient was used to test for a statistically significant and substantive difference in Health Plan chosen by sociodemographic/background characteristic. As a rule of thumb for these analyses, differences are considered substantive if the association achieves statistical significance, the Cramer's V association has a magnitude of at least 0.05, and the percentage difference in a row of the table is at least 5%.

From the list potential factors above, these additional analyses find no substantive differences in Health Plan selection by gender; identifying as Hispanic, LatinX, or of Spanish origin; identifying as white or non-white; and urbanicity of one's county. Where at least slight, substantive associations between the selected Health Plan and sociodemographic/background factors are detected, crosstabular results tables follow.

From results in the following tables (Tables 1 through 6), these additional analyses find slight tendencies toward selecting Plan A among those: with a chronic medical condition, a disability, in an older age category, in a lower income group, and with lower levels of formal education completed.

Coverage type is slightly associated (Cramer's V=.19) with Health Plan chosen. As shown in Table 1, among those with single coverage the most often chosen is Plan A at 54%, followed by 40% choosing Plan C. Among those with one of the other three coverage types, the single largest percentage chose Plan C, followed by Plan A. Right at 50% of those with employee and spouse coverage chose Plan C and 38% chose Plan A. About 63% of those with employee and family coverage chose Plan C and 17% chose Plan A, and 62% of those with employee child(ren) coverage chose Plan C, while 34% chose Plan A.

Table 1. Employees- Health Plan by Coverage Type

Crosstab

			Q22 Coverage type Health Plan 2021				
			Employee (single)	Employee/Spouse	Employee/Family	Employee/Child(ren)	Total
Q15 Health Plan selected for - 2021	Plan A	Count	1529	341	143	394	2407
		% within Q22 Coverage type Health Plan 2021	54.2%	37.5%	16.7%	33.5%	41.8%
	Plan C	Count	1124	458	540	728	2850
		% within Q22 Coverage type Health Plan 2021	39.8%	50.4%	63.2%	62.0%	49.5%
	Plan J	Count	28	24	22	21	95
		% within Q22 Coverage type Health Plan 2021	1.0%	2.6%	2.6%	1.8%	1.6%
	Plan N	Count	113	73	141	25	352
		% within Q22 Coverage type Health Plan 2021	4.0%	8.0%	16.5%	2.1%	6.1%
	Plan Q	Count	27	13	9	7	56
		% within Q22 Coverage type Health Plan 2021	1.0%	1.4%	1.1%	0.6%	1.0%
	Total	Count	2821	909	855	1175	5760
		% within Q22 Coverage type Health Plan 2021	100.0%	100.0%	100.0%	100.0%	100.0%

Having a diagnosed chronic medical condition is slightly associated (Cramer's V=.12) with Health Plan chosen. About 52% of those with a chronic medical condition chose Plan A and about 42% chose Plan C. This compares to 54% of those without a chronic condition choosing Plan C and 36% choosing Plan A as shown in Table 2.

Table 2. Employees- Health Plan by Diagnosed Chronic Medical Condition

Crosstab

			Q23 Diagnosed - chronic medical condition			Total
			Yes	No	Prefer not to disclose	
Q15 Health Plan selected for - 2021	Plan A	Count	854	1313	233	2400
		% within Q23 Diagnosed - chronic medical condition	51.7%	36.0%	52.2%	41.8%
	Plan C	Count	697	1958	188	2843
		% within Q23 Diagnosed - chronic medical condition	42.2%	53.7%	42.2%	49.5%
	Plan J	Count	31	56	8	95
		% within Q23 Diagnosed - chronic medical condition	1.9%	1.5%	1.8%	1.7%
	Plan N	Count	52	287	12	351
		% within Q23 Diagnosed - chronic medical condition	3.1%	7.9%	2.7%	6.1%
	Plan Q	Count	17	34	5	56
		% within Q23 Diagnosed - chronic medical condition	1.0%	0.9%	1.1%	1.0%
	Total	Count	1651	3648	446	5745
		% within Q23 Diagnosed - chronic medical condition	100.0%	100.0%	100.0%	100.0%

The same pattern holds regarding disability (Cramer's $V=.06$), as 62% of those with a disability chose Plan A and 35% chose Plan C. This is compared to 50% of those without a disability choosing Plan C and 41% choosing Plan A.

Table 3. Employees- Health Plan by Disability Status

Crosstab

			Q24 Has - disability			Total
			Yes	No	Prefer not to disclose	
Q15 Health Plan selected for - 2021	Plan A	Count	120	2158	124	2402
		% within Q24 Has - disability	61.9%	40.7%	50.4%	41.8%
	Plan C	Count	67	2671	104	2842
		% within Q24 Has - disability	34.5%	50.3%	42.3%	49.5%
	Plan J	Count	2	87	6	95
		% within Q24 Has - disability	1.0%	1.6%	2.4%	1.7%
	Plan N	Count	4	337	9	350
		% within Q24 Has - disability	2.1%	6.4%	3.7%	6.1%
	Plan Q	Count	1	52	3	56
		% within Q24 Has - disability	0.5%	1.0%	1.2%	1.0%
	Total	Count	194	5305	246	5745
		% within Q24 Has - disability	100.0%	100.0%	100.0%	100.0%

Age is slightly associated (Cramer's $V=.12$) with Health Plan. Table 4 shows generally that the younger the age category the higher the preference for Plan C, particularly compared to preference for Plan A. Note too that the three youngest age categories select Plan N at higher rates than other age categories.

Table 4. Employees- Health Plan by Age Category

			Crosstab						
			Q68 Age						
			18-24	25-34	35-44	45-54	55-64	65+	Total
Q15 Health Plan selected for - 2021	Plan A	Count	7	185	342	551	818	274	2177
		% within Q68 Age	26.9%	31.6%	31.4%	39.1%	46.6%	69.2%	41.4%
	Plan C	Count	11	294	620	753	838	104	2620
		% within Q68 Age	42.3%	50.3%	57.0%	53.4%	47.7%	26.3%	49.8%
	Plan J	Count	1	16	19	27	20	4	87
		% within Q68 Age	3.8%	2.7%	1.7%	1.9%	1.1%	1.0%	1.7%
	Plan N	Count	5	79	98	66	71	11	330
		% within Q68 Age	19.2%	13.5%	9.0%	4.7%	4.0%	2.8%	6.3%
	Plan Q	Count	2	11	9	13	9	3	47
		% within Q68 Age	7.7%	1.9%	0.8%	0.9%	0.5%	0.8%	0.9%
Total	Count	26	585	1088	1410	1756	396	5261	
	% within Q68 Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Annual household income is also slightly associated (Cramer's $V=.07$). Majorities of those in the three highest income categories chose Plan C. The single largest percentage of those in the \$10,000-24,999; \$25,000-\$34,999; and the \$35,000-\$49,999 income groups selected Plan A.

Table 5. Employees- Health Plan by Household Income

			Crosstab								
			Q69 Household income in 2019 (gross income)								
			Under \$10,000	\$10,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 or more	Total
Q15 Health Plan selected for - 2021	Plan A	Count	1	33	191	415	471	334	322	154	1921
		% within Q69 Household income in 2019 (gross income)	25.0%	45.2%	50.4%	49.6%	41.7%	35.6%	35.5%	39.1%	41.2%
	Plan C	Count	2	30	148	346	553	519	506	212	2316
		% within Q69 Household income in 2019 (gross income)	50.0%	41.1%	39.1%	41.4%	48.9%	55.3%	55.8%	53.8%	49.7%
	Plan J	Count	1	2	10	12	22	18	15	1	81
		% within Q69 Household income in 2019 (gross income)	25.0%	2.7%	2.6%	1.4%	1.9%	1.9%	1.7%	0.3%	1.7%
	Plan N	Count	0	7	24	57	69	60	57	26	300
		% within Q69 Household income in 2019 (gross income)	0.0%	9.6%	6.3%	6.8%	6.1%	6.4%	6.3%	6.6%	6.4%
	Plan Q	Count	0	1	6	6	15	7	7	1	43
		% within Q69 Household income in 2019 (gross income)	0.0%	1.4%	1.6%	0.7%	1.3%	0.7%	0.8%	0.3%	0.9%
	Total	Count	4	73	379	836	1130	938	907	394	4661
		% within Q69 Household income in 2019 (gross income)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Highest level of education completed is also slightly related (Cramer's $V=.07$). The single largest percentages of those with bachelor's degree or higher selected Plan C, while the single largest percentages of those with less than an associates/technical selected Plan A.

Table 6. Employees- Health Plan by Level of Education Completed

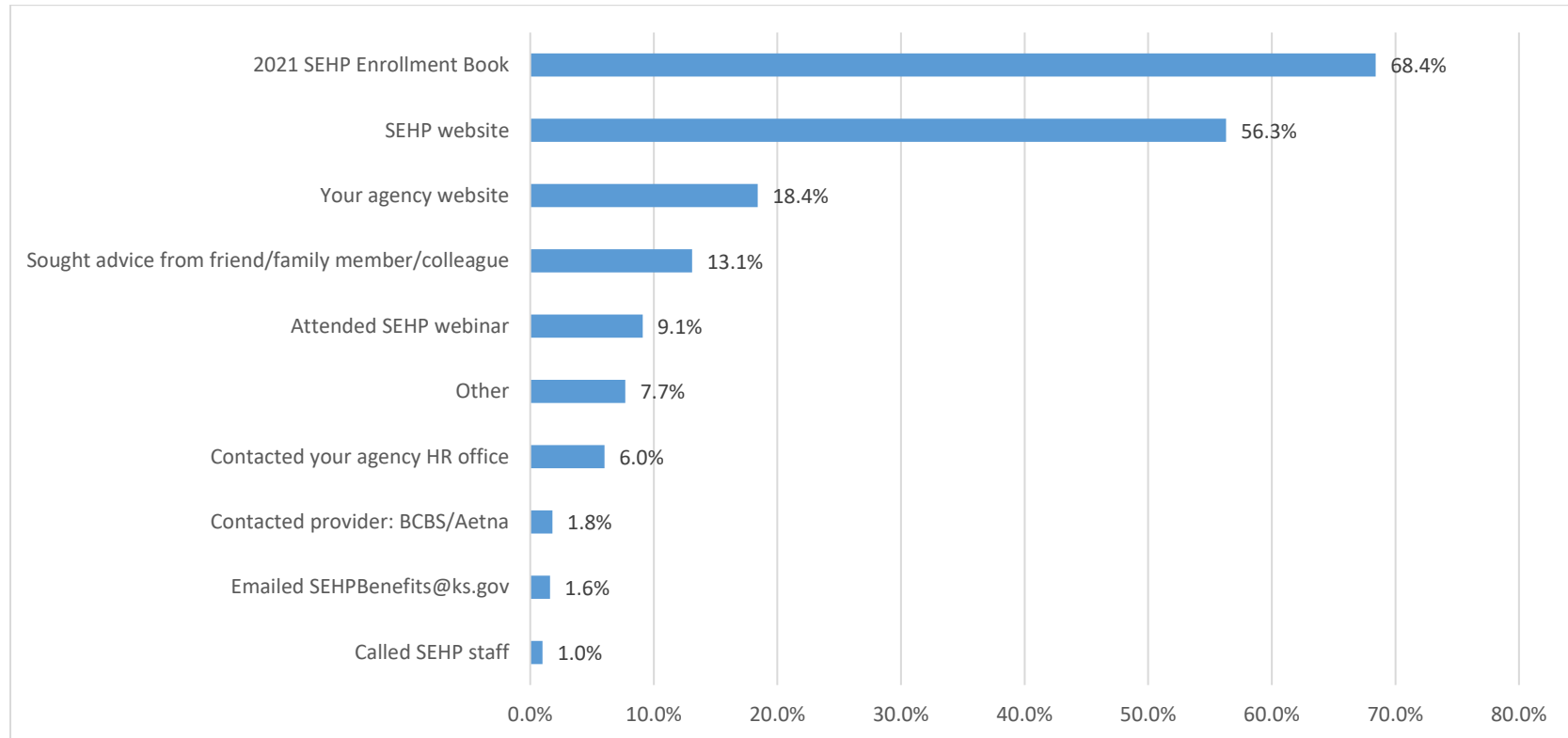
Crosstab

			Q70 Education level completed							
			Less than high school	High school graduate	Some college	Associate or technical degree	Bachelor degree	Professional or master degree	Doctorate	Total
Q15 Health Plan selected for - 2021	Plan A	Count	0	173	309	251	674	477	318	2202
		% within Q70 Education level completed	0.0%	55.8%	50.1%	46.7%	38.4%	36.4%	41.1%	41.5%
	Plan C	Count	2	125	265	251	906	710	371	2630
		% within Q70 Education level completed	100.0%	40.3%	42.9%	46.7%	51.7%	54.2%	48.0%	49.6%
	Plan J	Count	0	2	7	6	33	17	25	90
		% within Q70 Education level completed	0.0%	0.6%	1.1%	1.1%	1.9%	1.3%	3.2%	1.7%
	Plan N	Count	0	8	27	27	121	91	55	329
		% within Q70 Education level completed	0.0%	2.6%	4.4%	5.0%	6.9%	6.9%	7.1%	6.2%
	Plan Q	Count	0	2	9	3	19	15	4	52
		% within Q70 Education level completed	0.0%	0.6%	1.5%	0.6%	1.1%	1.1%	0.5%	1.0%
	Total	Count	2	310	617	538	1753	1310	773	5303
		% within Q70 Education level completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Current Employees: Information Sources for, Confidence in, and Utility of SEHP Communications for Making Health Plan Enrollment Decisions

Respondents were presented with a list of sources that provide information about Health Plans and asked to indicate all sources they had used for choosing their 2021 Plan. The most often used source was the 2021 SEHP Enrollment Book, with almost 70% indicating they consulted that source, followed by accessing the SEHP website, with about 56% indicating its use, as shown in Figure 7. Substantially lower percentages mention using any of the other sources, with the third most often used source being an employee's own agency website at 18%.

Figure 7. Employees- Information Sources Used for 2021 Enrollment [select all that apply] (n=6,698)



Respondents were also asked about their use of the online tool “Ask Alex,” for making their 2021 Health Plan and elective enrollments. Ask Alex provides estimates or suggestions for selecting health plan and electives enrollments based on an individual’s responses to a series of questions. Figure 8 shows that 86% did not use it. From a list of possible reasons for not using Ask Alex, respondents were asked to indicate which reasons contributed to their not using this tool.

Figure 8. Employees- Used "Ask Alex" for 2021 Health Plan Selections (n=5,780)

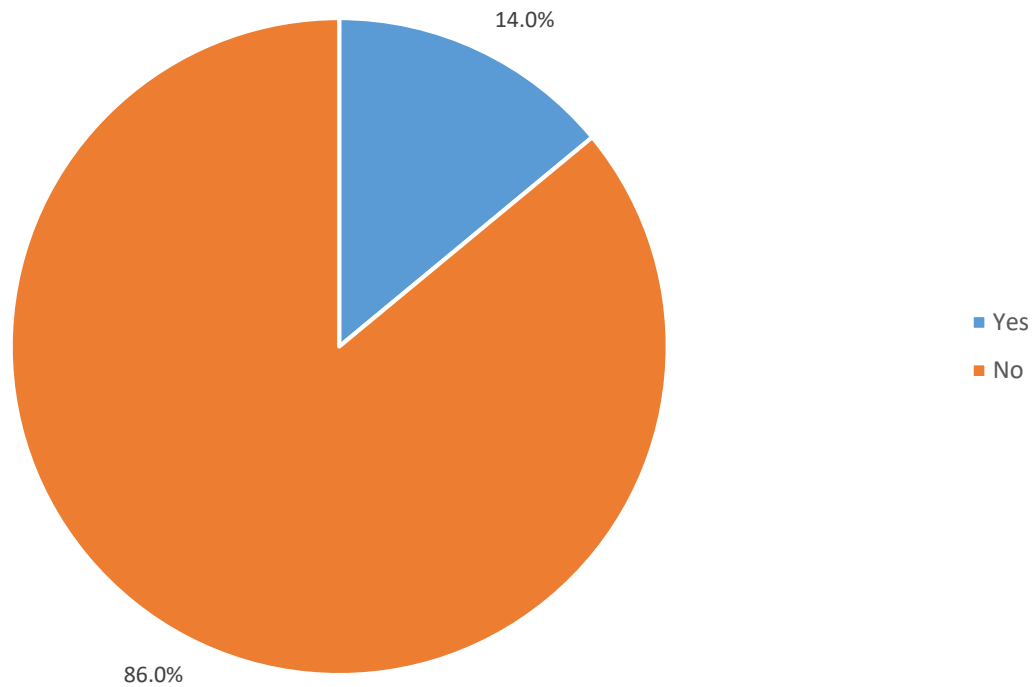
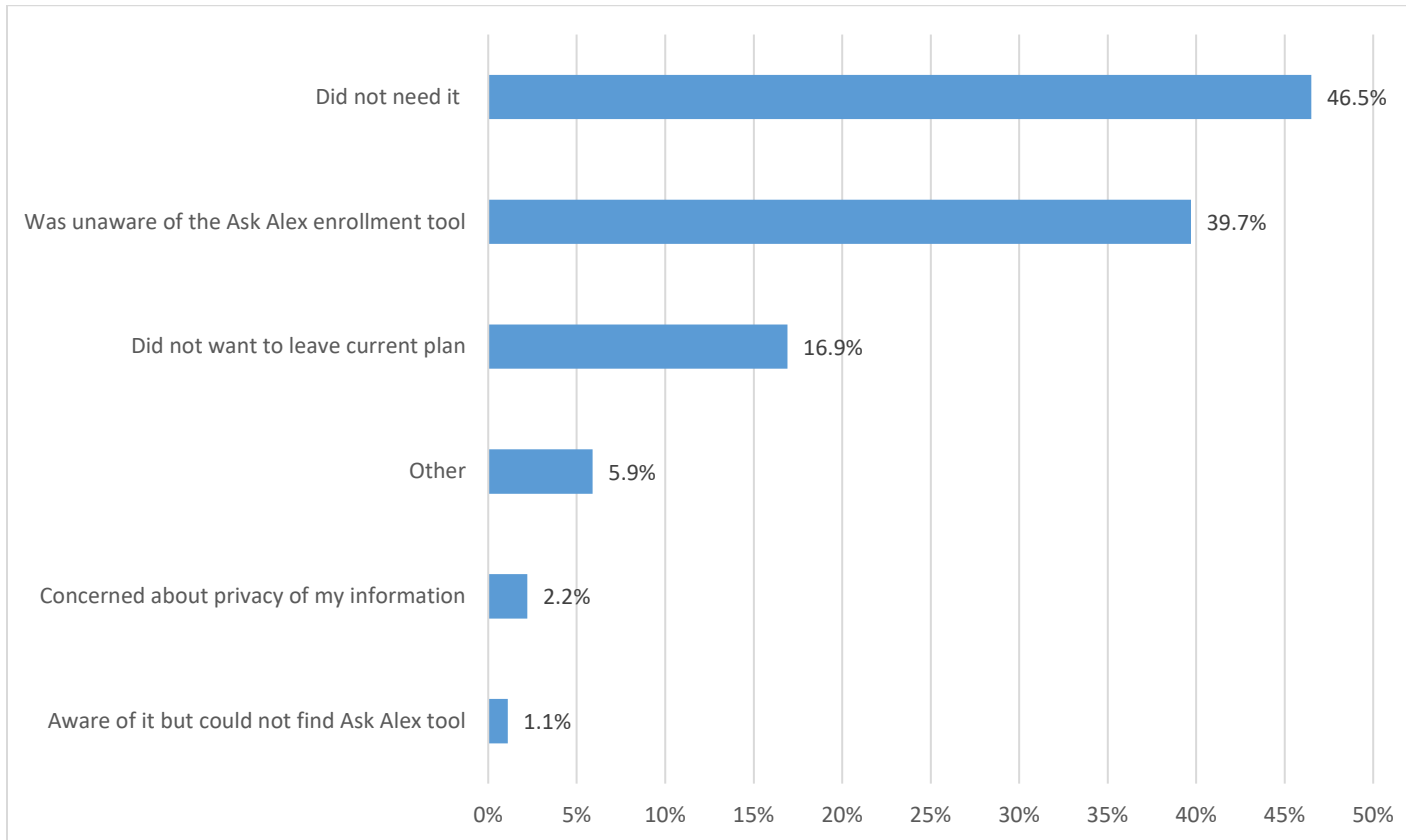


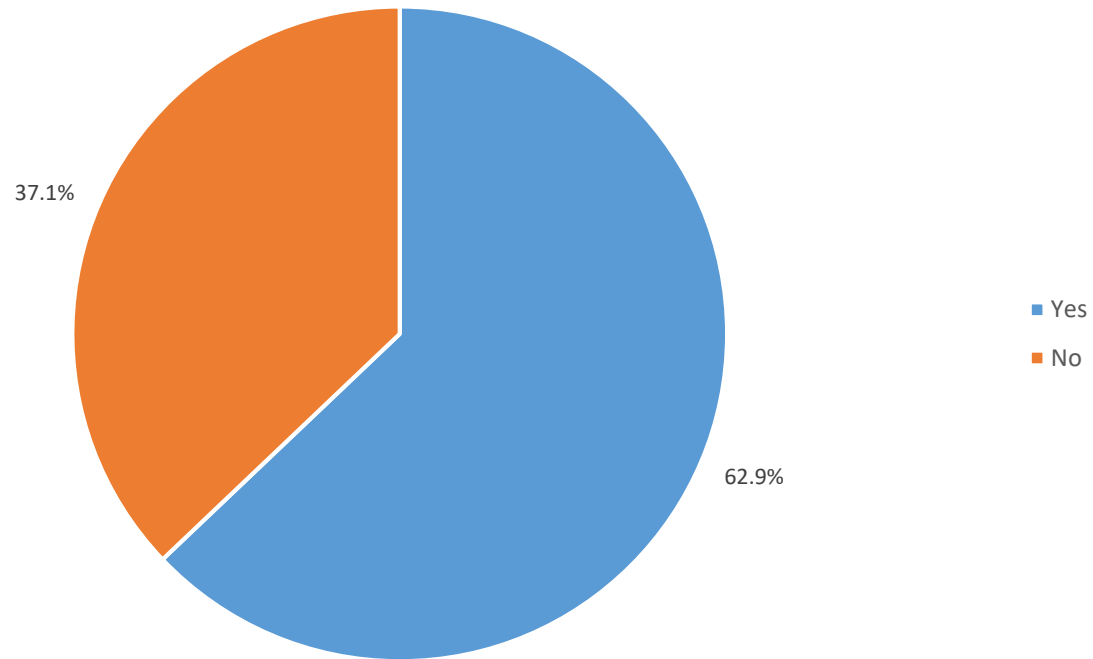
Figure 9 shows that about 47% indicated they did not need it, followed by about 40% who were unaware of this enrollment tool. About 17% indicated a contributing factor to not using Ask Alex was no desire to leave their current elections plan.

Figure 9. Employees- Reasons for Not Using "Ask Alex" Enrollment Tool [select all that apply] (n=4,970)



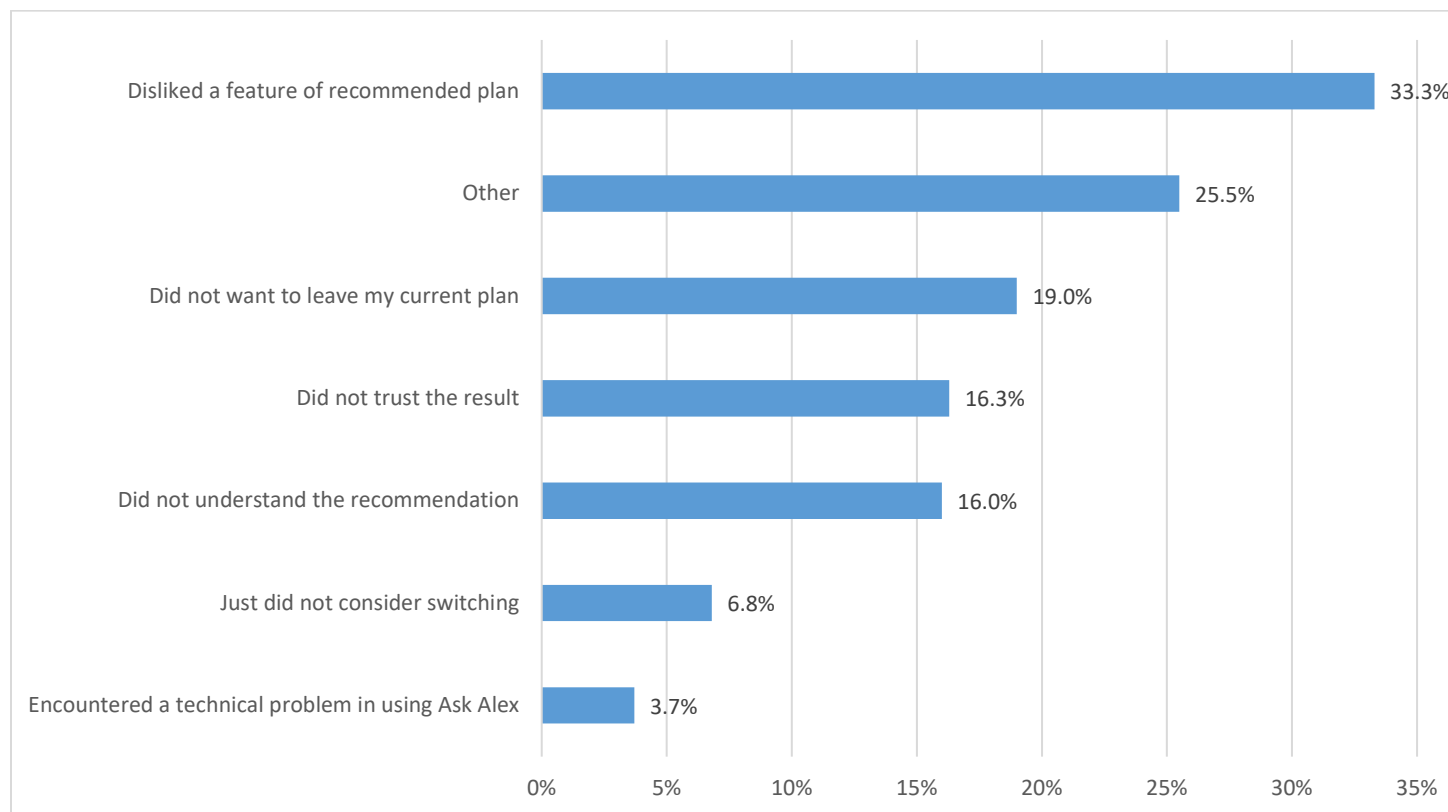
Those who used the Ask Alex were asked whether they ended up selecting the Health Plan recommended by the online tool. Figure 10 shows that about 63% who used Ask Alex selected the Health Plan it recommended.

Figure 10. Employees- Selected Health Plan Recommended by Ask Alex (n=792)



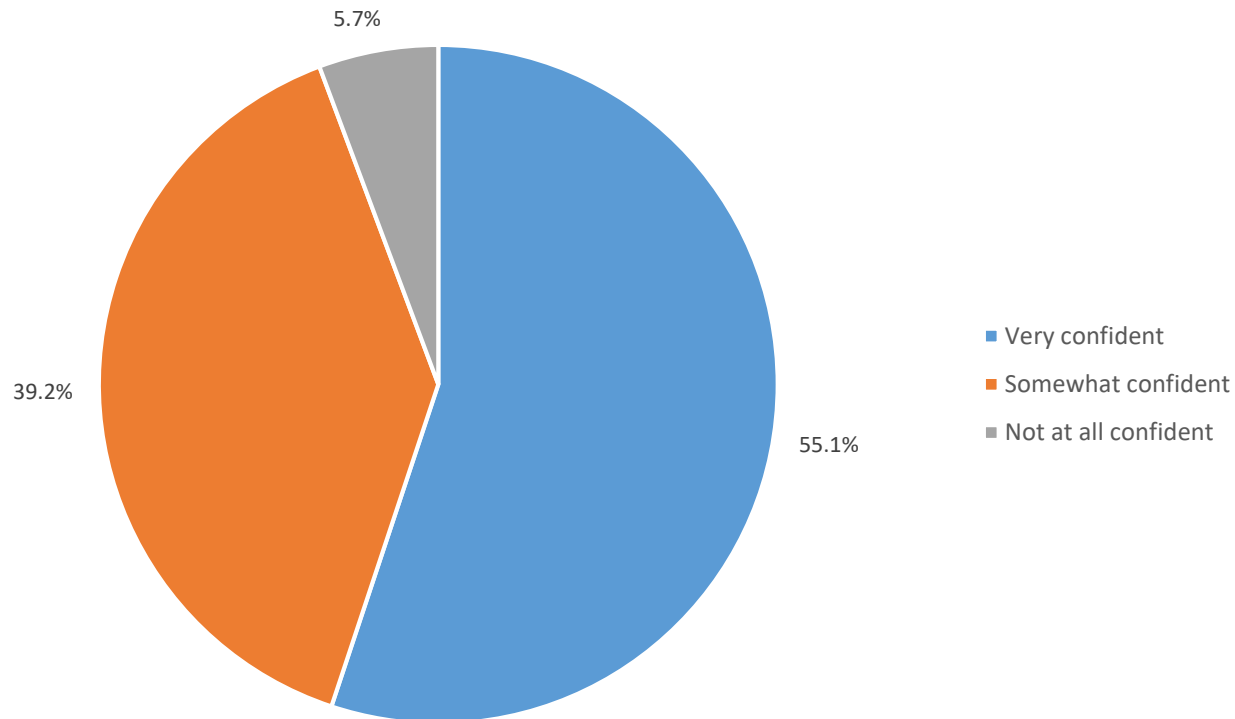
From a list of possible reasons for not selecting the Health Plan recommended by Ask Alex, the 37% of respondents who did not select the recommended plan were asked to indicate which reasons contributed. The most often indicated reason shown in Figure 11 is disliking a feature of the recommended plan at 33%. Nearly equal percentages of about 16% indicated they did not trust the result and/or did not understand the recommendation

Figure 11. Employees- Reasons for Not Selecting Plan Recommended by "Ask Alex" [select all that apply] (n=294)



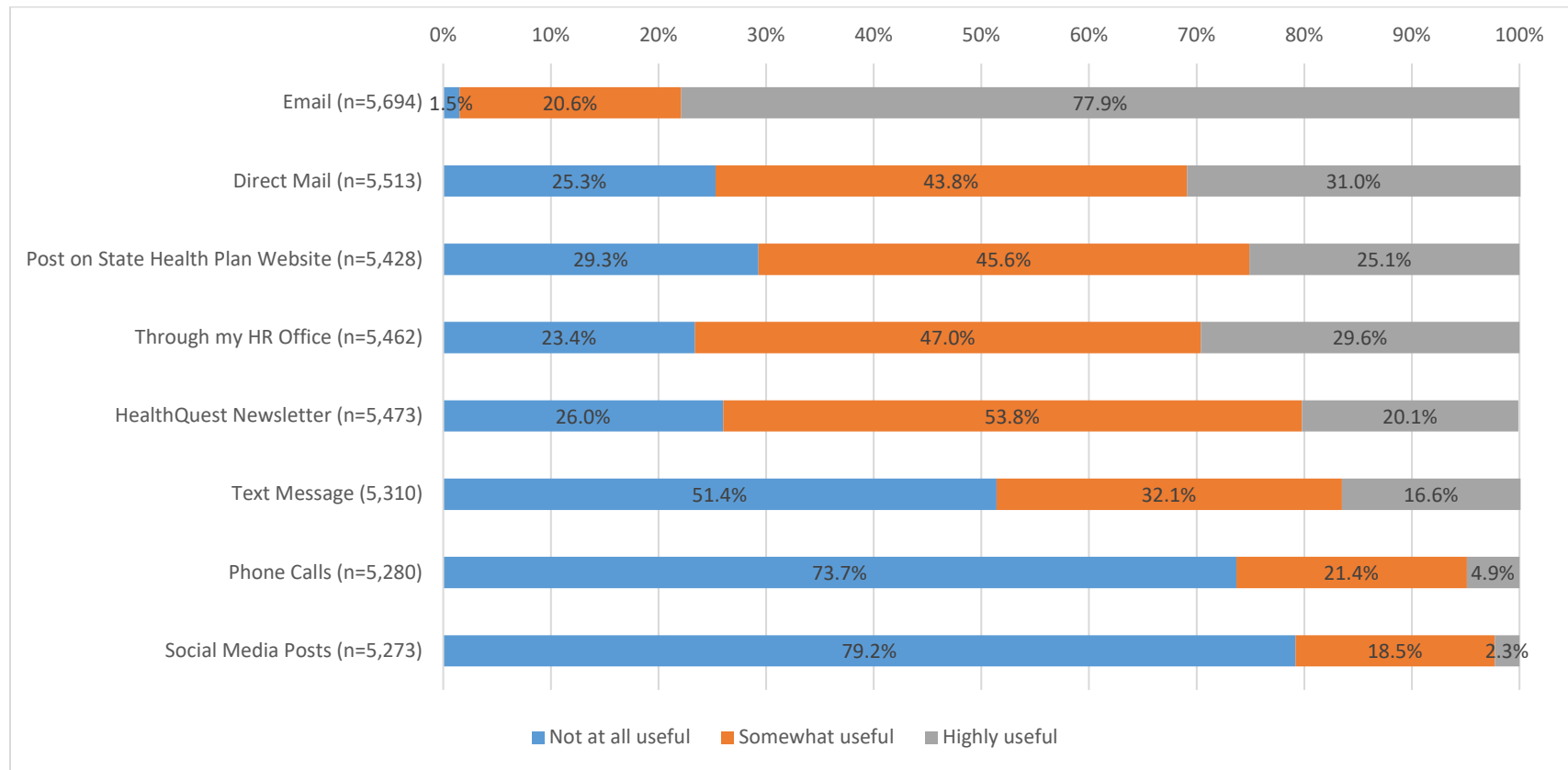
Respondents were asked to report their level of confidence in having understood the difference between plans and selected the plan that best meets their health care needs. Well over half, 55%, are very confident, while another nearly 40% are somewhat confident as Figure 12 shows. Only about 6% responded that they are not at all confident.

Figure 12. Employees- Confidence in Understanding Plan Differences and Selecting Best Plan (n=5,694)



To ascertain utility in various modes of communicating about the SEHP, a series of communication forms was presented, and respondents were asked to rate the form of communication as “highly useful, somewhat useful,” or “not at all useful.” Standing out in Figure 13 is the substantial utility in email as a means of receiving communications about the SEHP, with 78% considering it to be highly useful. None of the other modes of communication approach this level of utility. Considered not at all useful by large majorities are phone calls (74%) and social media posts (79%).

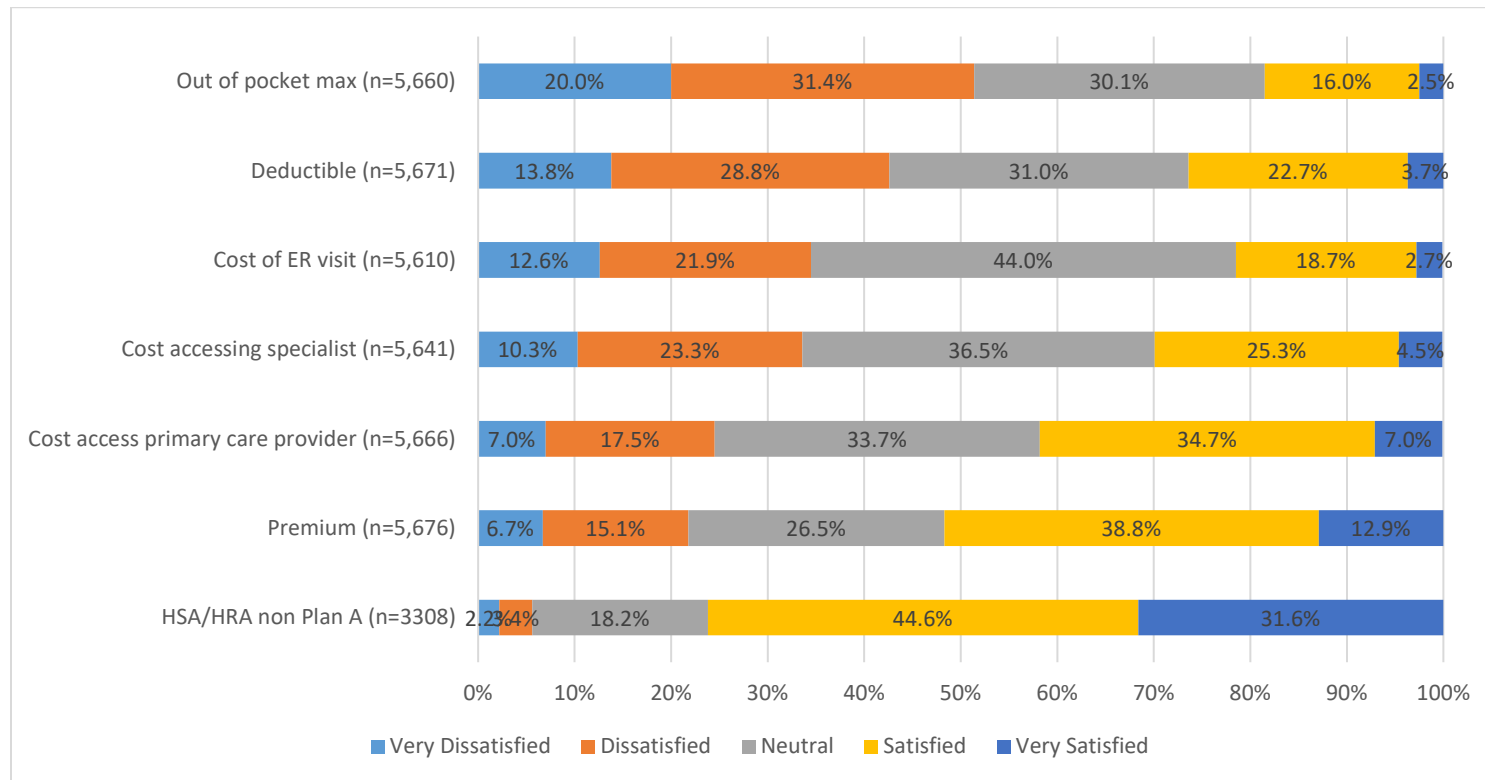
Figure 13. Employees- Utility of SEHP Communication Modes



Current Employees: Satisfaction with and Importance of Health Plan Features

Respondents were asked to report their level of satisfaction with several features of their health plan. Figure 14 shows that highest level of dissatisfaction lies with the out-of-pocket maximum, with a combined 52% either dissatisfied or very dissatisfied, followed by deductible, with a combined 43% either dissatisfied or very dissatisfied. The three features with which respondents express more satisfaction than dissatisfaction are the cost to access their primary care provider, the premium, and the HSA/HRA (does not include Plan A respondents who are not eligible).

Figure 14. Employees- Satisfaction with Health Plan Features



Additional analyses (not shown) compared respondents with different Health Plans on their satisfaction with each feature. Using Cramer's V as measure to assess association between Health Plan and satisfaction, no substantive differences in feature satisfaction by Health Plan are found. That is, for all features there is no difference in satisfaction by Health Plan selected.

Additional analyses examined whether sociodemographic/background factors might be associated with Health Plan feature satisfaction. Those factors include: Health Plan coverage type (individuals covered); having a chronic medical condition; having a disability; gender; identifying as Hispanic, LatinX, Spanish origin; identifying as white or non-white; age; household income; education level completed; and urbanicity of the respondent's county of residence. The satisfaction metric is an ordinal one, and its association with ordinal sociodemographic/background variables is assessed using Gamma. For non-ordinal variables, association with satisfaction is measured with Cramer's V. As a rule of thumb for these analyses, differences are considered substantive if the association achieves statistical significance, the pertinent coefficient of association has a magnitude of at least 0.05, and the percentage difference in a row of the table is at least 5%.

Where these analyses find a substantive difference in satisfaction with a Plan feature by sociodemographic/background characteristic, a table showing crosstabular results is provided in the following set of tables (Tables 7 through 34). Narrative description of each table focuses on the either side of "neutral" on an answer metric of "very dissatisfied, dissatisfied, neutral, satisfied, very satisfied" where the percentage difference is most notable by sociodemographic/background, yet, as would be expected, an examination of the tables shows a tendency that when a relatively higher level of dissatisfaction exists, a lower level of satisfaction is also the case and vice-versa.

That there are many tables in the set below means there are multiple differences in satisfaction on features by sociodemographic/background characteristics of respondents, and all are only slight differences in magnitude. For every Health Plan feature satisfaction level some differences by sociodemographic/background characteristics exist. General patterns include tendencies toward lower levels of satisfaction by these characteristics: those with coverage types that include family or children; those diagnosed with a chronic medical condition; those with a disability; male respondents; those in younger age categories; those in lower income groups; and those with lower levels of formal education completed.

Table 7 shows that men are slightly less satisfied than women in their Health Plan's premium (Cramer's V=.11).

Table 7. Employees- Premium Satisfaction by Gender

Crosstab

			Q65 Gender		Total
			Male	Female	
Q32_1 Plan Feature Satisfaction - Premium	Very Dissatisfied	Count	172	176	348
		% within Q65 Gender	9.3%	5.0%	6.5%
	Dissatisfied	Count	326	463	789
		% within Q65 Gender	17.6%	13.3%	14.8%
	Neutral	Count	490	905	1395
		% within Q65 Gender	26.5%	25.9%	26.1%
	Satisfied	Count	652	1456	2108
		% within Q65 Gender	35.3%	41.7%	39.5%
	Very Satisfied	Count	208	493	701
		% within Q65 Gender	11.3%	14.1%	13.1%
Total	Count	1848	3493	5341	
	% within Q65 Gender	100.0%	100.0%	100.0%	

Table 8 shows that younger age groups tend to be slightly less satisfied with their premium (Gamma=.08).

Table 8. Employees- Premium Satisfaction by Age Category

Crosstab

			Q68 Age						
			18-24	25-34	35-44	45-54	55-64	65+	Total
Q32_1 Plan Feature Satisfaction - Premium	Very Dissatisfied	Count	0	40	101	87	89	12	329
		% within Q68 Age	0.0%	6.9%	9.4%	6.2%	5.1%	3.0%	6.3%
	Dissatisfied	Count	3	88	161	243	234	47	776
		% within Q68 Age	12.0%	15.1%	14.9%	17.4%	13.4%	11.9%	14.9%
	Neutral	Count	8	140	302	372	438	103	1363
		% within Q68 Age	32.0%	24.0%	28.0%	26.6%	25.1%	26.0%	26.1%
	Satisfied	Count	8	237	393	527	735	168	2068
		% within Q68 Age	32.0%	40.7%	36.5%	37.7%	42.1%	42.4%	39.6%
	Very Satisfied	Count	6	78	121	168	249	66	688
		% within Q68 Age	24.0%	13.4%	11.2%	12.0%	14.3%	16.7%	13.2%
	Total	Count	25	583	1078	1397	1745	396	5224
		% within Q68 Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 9 shows those whose coverage includes family or children are slightly more dissatisfied with their deductible than those with only self or spouse coverage (Cramer's V=.09).

Table 9. Employees- Deductible Satisfaction by Coverage Type

Crosstab

			Q22 Coverage type Health Plan 2021				
			Employee (single)	Employee/Spouse	Employee/Family	Employee/Child(ren)	Total
Q32_2 Plan Feature Satisfaction - Deductible	Very Dissatisfied	Count	300	118	161	201	780
		% within Q22 Coverage type Health Plan 2021	10.9%	13.1%	19.0%	17.4%	13.8%
	Dissatisfied	Count	726	261	270	373	1630
		% within Q22 Coverage type Health Plan 2021	26.3%	29.0%	31.8%	32.4%	28.8%
	Neutral	Count	899	286	269	303	1757
		% within Q22 Coverage type Health Plan 2021	32.5%	31.8%	31.7%	26.3%	31.0%
	Satisfied	Count	706	201	135	248	1290
		% within Q22 Coverage type Health Plan 2021	25.5%	22.4%	15.9%	21.5%	22.8%
	Very Satisfied	Count	133	33	13	27	206
		% within Q22 Coverage type Health Plan 2021	4.8%	3.7%	1.5%	2.3%	3.6%
Total	Count	2764	899	848	1152	5663	
	% within Q22 Coverage type Health Plan 2021	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 10 shows those reporting disability are slightly more dissatisfied with their deductible than those with no disability (Cramer's V=.06).

Table 10. Employees- Deductible Satisfaction by Disability Status

Crosstab

			Q24 Has - disability			Total
			Yes	No	Prefer not to disclose	
Q32_2 Plan Feature Satisfaction - Deductible	Very Dissatisfied	Count	38	696	43	777
		% within Q24 Has - disability	19.6%	13.3%	18.1%	13.7%
	Dissatisfied	Count	68	1477	84	1629
		% within Q24 Has - disability	35.1%	28.3%	35.3%	28.8%
	Neutral	Count	47	1628	77	1752
		% within Q24 Has - disability	24.2%	31.2%	32.4%	31.0%
	Satisfied	Count	34	1221	31	1286
		% within Q24 Has - disability	17.5%	23.4%	13.0%	22.8%
	Very Satisfied	Count	7	197	3	207
		% within Q24 Has - disability	3.6%	3.8%	1.3%	3.7%
	Total	Count	194	5219	238	5651
		% within Q24 Has - disability	100.0%	100.0%	100.0%	100.0%

Table 11 shows that those with lower levels of formal education completed are slightly more dissatisfied with their deductible (Gamma=.08).

Table 11. Employees- Deductible Satisfaction by Level of Education Completed

Crosstab

			Q70 Education level completed							
			Less than high school	High school graduate	Some college	Associate or technical degree	Bachelor degree	Professional or master degree	Doctorate	Total
Q32_2 Plan Feature Satisfaction - Deductible	Very Dissatisfied	Count	2	53	112	84	225	131	95	702
		% within Q70 Education level completed	100.0%	17.2%	18.4%	15.7%	13.0%	10.1%	12.4%	13.3%
	Dissatisfied	Count	0	96	173	170	480	368	212	1499
		% within Q70 Education level completed	0.0%	31.1%	28.4%	31.7%	27.6%	28.3%	27.7%	28.5%
	Neutral	Count	0	82	188	159	547	415	235	1626
		% within Q70 Education level completed	0.0%	26.5%	30.8%	29.7%	31.5%	31.9%	30.7%	30.9%
	Satisfied	Count	0	63	111	112	413	336	199	1234
		% within Q70 Education level completed	0.0%	20.4%	18.2%	20.9%	23.8%	25.8%	26.0%	23.5%
	Very Satisfied	Count	0	15	26	11	72	52	25	201
		% within Q70 Education level completed	0.0%	4.9%	4.3%	2.1%	4.1%	4.0%	3.3%	3.8%
	Total	Count	2	309	610	536	1737	1302	766	5262
		% within Q70 Education level completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 12 shows that those with lower incomes tend to be slightly less satisfied with cost to access a primary care provider (Gamma=.12).

Table 12. Employees- Satisfaction with Cost to Access a Primary Care Provider by Household Income

Crosstab

			Q69 Household income in 2019 (gross income)								
			Under \$10,000	\$10,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 or more	Total
Q32_3 Plan Feature Satisfaction - Cost of accessing primary care provider	Very Dissatisfied	Count	0	7	28	79	76	63	36	15	304
		% within Q69 Household income in 2019 (gross income)	0.0%	9.7%	7.4%	9.5%	6.8%	6.7%	4.0%	3.8%	6.6%
	Dissatisfied	Count	0	9	79	156	207	153	143	50	797
		% within Q69 Household income in 2019 (gross income)	0.0%	12.5%	21.0%	18.8%	18.4%	16.3%	15.9%	12.8%	17.2%
	Neutral	Count	3	29	133	284	357	310	278	116	1510
		% within Q69 Household income in 2019 (gross income)	75.0%	40.3%	35.4%	34.3%	31.8%	33.1%	30.9%	29.7%	32.6%
	Satisfied	Count	1	21	111	253	405	344	369	164	1668
		% within Q69 Household income in 2019 (gross income)	25.0%	29.2%	29.5%	30.6%	36.1%	36.8%	41.0%	41.9%	36.0%
	Very Satisfied	Count	0	6	25	56	78	66	75	46	352
		% within Q69 Household income in 2019 (gross income)	0.0%	8.3%	6.6%	6.8%	6.9%	7.1%	8.3%	11.8%	7.6%
	Total	Count	4	72	376	828	1123	936	901	391	4631
		% within Q69 Household income in 2019 (gross income)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 13 shows that those with lower levels of formal education completed tend to be slightly less satisfied with cost to access a primary care provider (Gamma=.10).

Table 13. Employees- Satisfaction with Cost to Access a Primary Care Provider by Level of Education Completed

			Crosstab							Total
			Q70 Education level completed							
			Less than high school	High school graduate	Some college	Associate or technical degree	Bachelor degree	Professional or master degree	Doctorate	
Q32_3 Plan Feature Satisfaction - Cost of accessing primary care provider	Very Dissatisfied	Count	2	27	61	46	106	62	48	352
		% within Q70 Education level completed	100.0%	8.7%	10.0%	8.6%	6.1%	4.8%	6.3%	6.7%
	Dissatisfied	Count	0	69	103	98	298	198	134	900
		% within Q70 Education level completed	0.0%	22.3%	16.9%	18.3%	17.2%	15.2%	17.5%	17.1%
	Neutral	Count	0	113	226	202	555	429	223	1748
		% within Q70 Education level completed	0.0%	36.5%	37.1%	37.8%	32.0%	32.9%	29.1%	33.3%
	Satisfied	Count	0	88	175	160	632	518	295	1868
		% within Q70 Education level completed	0.0%	28.4%	28.7%	29.9%	36.5%	39.8%	38.5%	35.5%
	Very Satisfied	Count	0	13	44	29	142	95	66	389
		% within Q70 Education level completed	0.0%	4.2%	7.2%	5.4%	8.2%	7.3%	8.6%	7.4%
	Total	Count	2	310	609	535	1733	1302	766	5257
		% within Q70 Education level completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 14 shows that there is a slight tendency for those living in a county with over 50,000 population to be more satisfied with cost to access a primary care provider (Gamma=.07).

Table 14. Employees- Satisfaction with Cost to Access a Primary Care Provider by Urbanicity

Crosstab

			Population under 10,000	Urbanicity 10,000 to 50,000 population	Over 50,000 population	Total
Q32_3 Plan Feature Satisfaction - Cost of accessing primary care provider	Very Dissatisfied	Count	37	91	237	365
		% within Urbanicity	8.1%	7.9%	6.6%	7.0%
	Dissatisfied	Count	87	195	625	907
		% within Urbanicity	19.0%	16.9%	17.4%	17.4%
	Neutral	Count	163	416	1162	1741
		% within Urbanicity	35.5%	36.1%	32.3%	33.4%
	Satisfied	Count	154	372	1301	1827
		% within Urbanicity	33.6%	32.3%	36.1%	35.1%
	Very Satisfied	Count	18	79	275	372
		% within Urbanicity	3.9%	6.9%	7.6%	7.1%
	Total	Count	459	1153	3600	5212
		% within Urbanicity	100.0%	100.0%	100.0%	100.0%

Table 15 shows that those with a diagnosed chronic condition are slightly more dissatisfied with cost to access a specialist (Cramer's V=.07).

Table 15. Employees- Satisfaction with Cost to Access a Specialist by Diagnosed Chronic Medical Condition

Crosstab

		Q23 Diagnosed - chronic medical condition			Total	
		Yes	No	Prefer not to disclose		
Q32_4 Plan Feature Satisfaction - Cost of accessing specialist	Very Dissatisfied	Count	197	329	53	579
		% within Q23 Diagnosed - chronic medical condition	12.1%	9.2%	12.2%	10.3%
	Dissatisfied	Count	418	763	129	1310
		% within Q23 Diagnosed - chronic medical condition	25.7%	21.4%	29.7%	23.3%
	Neutral	Count	510	1384	158	2052
		% within Q23 Diagnosed - chronic medical condition	31.3%	38.9%	36.4%	36.5%
	Satisfied	Count	419	928	80	1427
		% within Q23 Diagnosed - chronic medical condition	25.7%	26.1%	18.4%	25.4%
	Very Satisfied	Count	85	155	14	254
		% within Q23 Diagnosed - chronic medical condition	5.2%	4.4%	3.2%	4.5%
	Total	Count	1629	3559	434	5622
		% within Q23 Diagnosed - chronic medical condition	100.0%	100.0%	100.0%	100.0%

Table 16 shows that those with a disability are slightly more dissatisfied with cost to access a specialist (Cramer's V=.08).

Table 16. Employees- Satisfaction with Cost to Access a Specialist by Disability Status

Crosstab

			Q24 Has - disability			Total
			Yes	No	Prefer not to disclose	
Q32_4 Plan Feature Satisfaction - Cost of accessing specialist	Very Dissatisfied	Count	36	495	49	580
		% within Q24 Has - disability	18.7%	9.5%	20.5%	10.3%
	Dissatisfied	Count	57	1189	64	1310
		% within Q24 Has - disability	29.5%	22.9%	26.8%	23.3%
	Neutral	Count	50	1916	85	2051
		% within Q24 Has - disability	25.9%	36.9%	35.6%	36.5%
	Satisfied	Count	42	1350	36	1428
		% within Q24 Has - disability	21.8%	26.0%	15.1%	25.4%
	Very Satisfied	Count	8	241	5	254
		% within Q24 Has - disability	4.1%	4.6%	2.1%	4.5%
	Total	Count	193	5191	239	5623
		% within Q24 Has - disability	100.0%	100.0%	100.0%	100.0%

Table 17 shows that those in younger age groups tend to be slightly less satisfied with cost to access a specialist (Gamma=.08).

Table 17. Employees- Satisfaction with Cost to Access a Specialist by Age Category

Crosstab

			Q68 Age						
			18-24	25-34	35-44	45-54	55-64	65+	Total
Q32_4 Plan Feature Satisfaction - Cost of accessing specialist	Very Dissatisfied	Count	1	58	145	144	140	22	510
		% within Q68 Age	4.0%	10.1%	13.4%	10.4%	8.1%	5.6%	9.8%
	Dissatisfied	Count	7	121	230	348	403	79	1188
		% within Q68 Age	28.0%	21.0%	21.3%	25.1%	23.2%	20.0%	22.9%
	Neutral	Count	11	223	417	500	605	137	1893
		% within Q68 Age	44.0%	38.7%	38.6%	36.1%	34.9%	34.7%	36.4%
	Satisfied	Count	3	144	245	341	502	122	1357
		% within Q68 Age	12.0%	25.0%	22.7%	24.6%	28.9%	30.9%	26.1%
	Very Satisfied	Count	3	30	42	52	86	35	248
		% within Q68 Age	12.0%	5.2%	3.9%	3.8%	5.0%	8.9%	4.8%
	Total	Count	25	576	1079	1385	1736	395	5196
		% within Q68 Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 18 shows that those with lower incomes tend to be slightly less satisfied with cost to access a specialist (Gamma=.12).

Table 18. Employees- Satisfaction with Cost to Access a Specialist by Household Income

			Crosstab								Total
			Q69 Household income in 2019 (gross income)								
			Under \$10,000	\$10,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 or more	
Q32_4 Plan Feature Satisfaction - Cost of accessing specialist	Very Dissatisfied	Count	0	7	41	119	111	92	64	23	457
		% within Q69 Household income in 2019 (gross income)	0.0%	9.7%	11.0%	14.4%	10.0%	9.9%	7.1%	5.9%	9.9%
	Dissatisfied	Count	0	11	103	216	261	192	186	73	1042
		% within Q69 Household income in 2019 (gross income)	0.0%	15.3%	27.6%	26.1%	23.4%	20.7%	20.8%	18.7%	22.6%
	Neutral	Count	4	31	132	293	395	348	329	127	1659
		% within Q69 Household income in 2019 (gross income)	100.0%	43.1%	35.4%	35.4%	35.4%	37.5%	36.7%	32.5%	36.0%
	Satisfied	Count	0	18	78	164	303	256	266	138	1223
		% within Q69 Household income in 2019 (gross income)	0.0%	25.0%	20.9%	19.8%	27.2%	27.6%	29.7%	35.3%	26.5%
	Very Satisfied	Count	0	5	19	35	45	41	51	30	226
		% within Q69 Household income in 2019 (gross income)	0.0%	6.9%	5.1%	4.2%	4.0%	4.4%	5.7%	7.7%	4.9%
	Total	Count	4	72	373	827	1115	929	896	391	4607
		% within Q69 Household income in 2019 (gross income)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 19 shows that those with lower levels of formal education completed tend to be slightly less satisfied with cost to access a specialist (Gamma=.09).

Table 19. Employees- Satisfaction with Cost to Access a Specialist by Level of Education Completed

Crosstab

			Q70 Education level completed						Total	
			Less than high school	High school graduate	Some college	Associate or technical degree	Bachelor degree	Professional or master degree		Doctorate
Q32_4 Plan Feature Satisfaction - Cost of accessing specialist	Very Dissatisfied	Count	2	39	83	61	162	97	75	519
		% within Q70 Education level completed	100.0%	12.6%	13.7%	11.5%	9.4%	7.5%	9.9%	9.9%
	Dissatisfied	Count	0	88	151	133	388	261	173	1194
		% within Q70 Education level completed	0.0%	28.5%	24.8%	25.1%	22.5%	20.1%	22.8%	22.8%
	Neutral	Count	0	110	214	198	633	504	245	1904
		% within Q70 Education level completed	0.0%	35.6%	35.2%	37.4%	36.7%	38.8%	32.3%	36.4%
	Satisfied	Count	0	60	127	119	449	385	225	1365
		% within Q70 Education level completed	0.0%	19.4%	20.9%	22.5%	26.0%	29.6%	29.6%	26.1%
	Very Satisfied	Count	0	12	33	19	92	53	41	250
		% within Q70 Education level completed	0.0%	3.9%	5.4%	3.6%	5.3%	4.1%	5.4%	4.8%
	Total	Count	2	309	608	530	1724	1300	759	5232
		% within Q70 Education level completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 20 shows that those who have family or children covered on their plan are slightly less satisfied with cost of an ER visit than those who have self only or self and spouse coverage (Cramer's V=.06).

Table 20. Employees- Satisfaction with ER Cost by Coverage Type

Crosstab

			Q22 Coverage type Health Plan 2021				
			Employee (single)	Employee/Spouse	Employee/Family	Employee/Child(ren)	Total
Q32_5 Plan Feature Satisfaction - Cost of ER visit	Very Dissatisfied	Count	301	93	141	174	709
		% within Q22 Coverage type Health Plan 2021	11.0%	10.6%	16.8%	15.2%	12.7%
	Dissatisfied	Count	591	182	189	267	1229
		% within Q22 Coverage type Health Plan 2021	21.6%	20.7%	22.5%	23.3%	21.9%
	Neutral	Count	1234	401	362	465	2462
		% within Q22 Coverage type Health Plan 2021	45.1%	45.6%	43.0%	40.6%	43.9%
	Satisfied	Count	512	182	137	220	1051
		% within Q22 Coverage type Health Plan 2021	18.7%	20.7%	16.3%	19.2%	18.8%
	Very Satisfied	Count	100	22	12	18	152
		% within Q22 Coverage type Health Plan 2021	3.7%	2.5%	1.4%	1.6%	2.7%
	Total	Count	2738	880	841	1144	5603
		% within Q22 Coverage type Health Plan 2021	100.0%	100.0%	100.0%	100.0%	100.0%

Table 21 shows that those with a disability are slightly more dissatisfied with the cost of an ER visit (Cramer's V=.06).

Table 21. Employees- Satisfaction with ER Cost by Disability Status

Crosstab

			Q24 Has - disability			Total
			Yes	No	Prefer not to disclose	
Q32_5 Plan Feature Satisfaction - Cost of ER visit	Very Dissatisfied	Count	37	622	45	704
		% within Q24 Has - disability	19.2%	12.1%	18.8%	12.6%
	Dissatisfied	Count	50	1109	67	1226
		% within Q24 Has - disability	25.9%	21.5%	28.0%	21.9%
	Neutral	Count	61	2300	96	2457
		% within Q24 Has - disability	31.6%	44.6%	40.2%	43.9%
	Satisfied	Count	40	985	26	1051
		% within Q24 Has - disability	20.7%	19.1%	10.9%	18.8%
	Very Satisfied	Count	5	143	5	153
		% within Q24 Has - disability	2.6%	2.8%	2.1%	2.7%
	Total	Count	193	5159	239	5591
		% within Q24 Has - disability	100.0%	100.0%	100.0%	100.0%

Table 22 shows that men are slightly less satisfied with cost of ER visit (Cramer's V=.06).

Table 22. Employees- Satisfaction with ER Cost by Gender

Crosstab

		Q65 Gender		Total	
		Male	Female		
Q32_5 Plan Feature Satisfaction - Cost of ER visit	Very Dissatisfied	Count	265	384	649
		% within Q65 Gender	14.5%	11.1%	12.3%
	Dissatisfied	Count	428	716	1144
		% within Q65 Gender	23.4%	20.7%	21.7%
	Neutral	Count	763	1565	2328
		% within Q65 Gender	41.7%	45.3%	44.1%
	Satisfied	Count	324	685	1009
		% within Q65 Gender	17.7%	19.8%	19.1%
	Very Satisfied	Count	48	104	152
		% within Q65 Gender	2.6%	3.0%	2.9%
Total	Count	1828	3454	5282	
	% within Q65 Gender	100.0%	100.0%	100.0%	

Table 23 shows that in terms of satisfaction with ER visit cost, those who are younger tend to be slightly more dissatisfied (Gamma =.06) and notable is the relatively high dissatisfaction and low satisfaction among the 35-44 age group.

Table 23. Employees- Satisfaction with ER Cost by Age Category

Crosstab

			Q68 Age					Total	
			18-24	25-34	35-44	45-54	55-64		65+
Q32_5 Plan Feature Satisfaction - Cost of ER visit	Very Dissatisfied	Count	1	72	170	167	186	30	626
		% within Q68 Age	4.0%	12.4%	15.9%	12.1%	10.8%	7.7%	12.1%
	Dissatisfied	Count	7	115	239	311	370	72	1114
		% within Q68 Age	28.0%	19.8%	22.3%	22.5%	21.5%	18.6%	21.6%
	Neutral	Count	12	258	456	603	772	176	2277
		% within Q68 Age	48.0%	44.5%	42.5%	43.7%	44.9%	45.4%	44.1%
	Satisfied	Count	3	115	178	264	346	92	998
		% within Q68 Age	12.0%	19.8%	16.6%	19.1%	20.1%	23.7%	19.3%
	Very Satisfied	Count	2	20	29	35	47	18	151
		% within Q68 Age	8.0%	3.4%	2.7%	2.5%	2.7%	4.6%	2.9%
Total	Count	25	580	1072	1380	1721	388	5166	
	% within Q68 Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 24 shows that those with lower incomes tend to be slightly more dissatisfied with cost of an ER visit (Gamma=.09).

Table 24. Employees- Satisfaction with ER Cost by Household Income

Crosstab

			Q69 Household income in 2019 (gross income)								
			Under \$10,000	\$10,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 or more	Total
Q32_5 Plan Feature Satisfaction - Cost of ER visit	Very Dissatisfied	Count	0	10	54	130	117	120	84	42	557
		% within Q69 Household income in 2019 (gross income)	0.0%	13.9%	14.5%	15.9%	10.5%	13.0%	9.5%	10.8%	12.1%
	Dissatisfied	Count	0	14	92	193	260	184	172	64	979
		% within Q69 Household income in 2019 (gross income)	0.0%	19.4%	24.7%	23.6%	23.3%	19.9%	19.4%	16.4%	21.3%
	Neutral	Count	4	32	151	341	490	408	408	170	2004
		% within Q69 Household income in 2019 (gross income)	100.0%	44.4%	40.5%	41.6%	43.9%	44.2%	46.0%	43.6%	43.7%
	Satisfied	Count	0	15	59	131	223	191	193	101	913
		% within Q69 Household income in 2019 (gross income)	0.0%	20.8%	15.8%	16.0%	20.0%	20.7%	21.8%	25.9%	19.9%
	Very Satisfied	Count	0	1	17	24	27	21	30	13	133
		% within Q69 Household income in 2019 (gross income)	0.0%	1.4%	4.6%	2.9%	2.4%	2.3%	3.4%	3.3%	2.9%
	Total	Count	4	72	373	819	1117	924	887	390	4586
		% within Q69 Household income in 2019 (gross income)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 25 shows that those with lower levels of formal education completed tend to be slightly more dissatisfied with cost of an ER visit (Gamma=.06).

Table 25. Employees- Satisfaction with ER Cost by Level of Education Completed

Crosstab

			Q70 Education level completed							
			Less than high school	High school graduate	Some college	Associate or technical degree	Bachelor degree	Professional or master degree	Doctorate	Total
Q32_5 Plan Feature Satisfaction - Cost of ER visit	Very Dissatisfied	Count	2	49	104	63	188	133	94	633
		% within Q70 Education level completed	100.0%	16.0%	17.2%	11.9%	10.9%	10.3%	12.6%	12.2%
	Dissatisfied	Count	0	74	131	147	342	268	160	1122
		% within Q70 Education level completed	0.0%	24.1%	21.7%	27.8%	19.9%	20.7%	21.4%	21.6%
	Neutral	Count	0	127	245	212	793	599	319	2295
		% within Q70 Education level completed	0.0%	41.4%	40.5%	40.1%	46.2%	46.2%	42.6%	44.1%
	Satisfied	Count	0	49	108	93	339	266	151	1006
		% within Q70 Education level completed	0.0%	16.0%	17.9%	17.6%	19.7%	20.5%	20.2%	19.3%
	Very Satisfied	Count	0	8	17	14	55	31	25	150
		% within Q70 Education level completed	0.0%	2.6%	2.8%	2.6%	3.2%	2.4%	3.3%	2.9%
	Total	Count	2	307	605	529	1717	1297	749	5206
		% within Q70 Education level completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 26 shows that those who have family or children covered on their plan are slightly less satisfied with their out-of-pocket maximum than those who have self only or self and spouse coverage (Cramer's V=.08).

Table 26. Employees- Satisfaction with Out-of-Pocket Maximum by Coverage Type

Crosstab

			Q22 Coverage type Health Plan 2021				
			Employee (single)	Employee/Spouse	Employee/Family	Employee/Child(ren)	Total
Q32_6 Plan Feature Satisfaction - Out of pocket maximum	Very Dissatisfied	Count	484	162	219	263	1128
		% within Q22 Coverage type Health Plan 2021	17.5%	18.1%	25.9%	22.8%	20.0%
	Dissatisfied	Count	788	292	284	410	1774
		% within Q22 Coverage type Health Plan 2021	28.5%	32.6%	33.6%	35.6%	31.4%
	Neutral	Count	903	284	226	290	1703
		% within Q22 Coverage type Health Plan 2021	32.7%	31.7%	26.8%	25.2%	30.1%
	Satisfied	Count	490	139	110	167	906
		% within Q22 Coverage type Health Plan 2021	17.7%	15.5%	13.0%	14.5%	16.0%
	Very Satisfied	Count	98	18	5	21	142
		% within Q22 Coverage type Health Plan 2021	3.5%	2.0%	0.6%	1.8%	2.5%
	Total	Count	2763	895	844	1151	5653
		% within Q22 Coverage type Health Plan 2021	100.0%	100.0%	100.0%	100.0%	100.0%

Table 27 shows that those with a diagnosed chronic medical condition are more dissatisfied with their out-of-pocket maximum (Cramer's V=.07).

Table 27. Employees- Satisfaction with Out-of-Pocket Maximum by Diagnosed Chronic Medical Condition

		Crosstab				Total
		Q23 Diagnosed - chronic medical condition				
			Yes	No	Prefer not to disclose	
Q32_6 Plan Feature Satisfaction - Out of pocket maximum	Very Dissatisfied	Count	361	654	111	1126
		% within Q23 Diagnosed - chronic medical condition	22.1%	18.3%	25.6%	20.0%
	Dissatisfied	Count	558	1068	142	1768
		% within Q23 Diagnosed - chronic medical condition	34.2%	29.9%	32.8%	31.3%
	Neutral	Count	410	1160	129	1699
		% within Q23 Diagnosed - chronic medical condition	25.1%	32.4%	29.8%	30.1%
	Satisfied	Count	259	598	47	904
		% within Q23 Diagnosed - chronic medical condition	15.9%	16.7%	10.9%	16.0%
	Very Satisfied	Count	44	95	4	143
		% within Q23 Diagnosed - chronic medical condition	2.7%	2.7%	0.9%	2.5%
	Total	Count	1632	3575	433	5640
		% within Q23 Diagnosed - chronic medical condition	100.0%	100.0%	100.0%	100.0%

Table 28 shows that those with a disability are more dissatisfied with their out-of-pocket maximum (Cramer's V=.06).

Table 28. Employees- Satisfaction with Out-of-Pocket Maximum by Disability Status

Crosstab

			Q24 Has - disability			Total
			Yes	No	Prefer not to disclose	
Q32_6 Plan Feature Satisfaction - Out of pocket maximum	Very Dissatisfied	Count	59	991	76	1126
		% within Q24 Has - disability	30.3%	19.0%	31.8%	20.0%
	Dissatisfied	Count	52	1638	79	1769
		% within Q24 Has - disability	26.7%	31.5%	33.1%	31.4%
	Neutral	Count	52	1582	63	1697
		% within Q24 Has - disability	26.7%	30.4%	26.4%	30.1%
	Satisfied	Count	27	860	18	905
		% within Q24 Has - disability	13.8%	16.5%	7.5%	16.0%
	Very Satisfied	Count	5	135	3	143
		% within Q24 Has - disability	2.6%	2.6%	1.3%	2.5%
	Total	Count	195	5206	239	5640
		% within Q24 Has - disability	100.0%	100.0%	100.0%	100.0%

Table 29 shows that men are slightly more likely to be dissatisfied (particularly “very dissatisfied”) with out-of-pocket maximum (Cramer’s V=.07).

Table 29. Employees- Satisfaction with Out-of-Pocket Maximum by Gender

Crosstab

			Q65 Gender		Total
			Male	Female	
Q32_6 Plan Feature Satisfaction - Out of pocket maximum	Very Dissatisfied	Count	429	616	1045
		% within Q65 Gender	23.3%	17.7%	19.6%
	Dissatisfied	Count	546	1120	1666
		% within Q65 Gender	29.6%	32.1%	31.3%
	Neutral	Count	527	1079	1606
		% within Q65 Gender	28.6%	31.0%	30.1%
	Satisfied	Count	299	572	871
		% within Q65 Gender	16.2%	16.4%	16.3%
	Very Satisfied	Count	43	97	140
		% within Q65 Gender	2.3%	2.8%	2.6%
	Total	Count	1844	3484	5328
		% within Q65 Gender	100.0%	100.0%	100.0%

Table 30 shows a very slight difference in satisfaction out-of-pocket maximum by household income ($\text{Gamma}=.05$), with those in the highest income category (\$150,000 or more) being notably less dissatisfied and more satisfied than other income groups.

Table 30. Employees- Satisfaction with Out-of-Pocket Maximum by Household Income

			Crosstab								
			Q69 Household income in 2019 (gross income)								
			Under \$10,000	\$10,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 or more	Total
Q32_6 Plan Feature Satisfaction - Out of pocket maximum	Very Dissatisfied	Count	0	15	77	194	206	195	149	56	892
		% within Q69 Household income in 2019 (gross income)	0.0%	20.8%	20.5%	23.4%	18.4%	20.9%	16.6%	14.2%	19.3%
	Dissatisfied	Count	0	20	103	253	364	287	305	101	1433
		% within Q69 Household income in 2019 (gross income)	0.0%	27.8%	27.5%	30.6%	32.6%	30.8%	34.1%	25.7%	31.0%
	Neutral	Count	4	25	125	244	327	277	259	131	1392
		% within Q69 Household income in 2019 (gross income)	100.0%	34.7%	33.3%	29.5%	29.2%	29.7%	28.9%	33.3%	30.1%
	Satisfied	Count	0	11	55	116	190	156	160	89	777
		% within Q69 Household income in 2019 (gross income)	0.0%	15.3%	14.7%	14.0%	17.0%	16.7%	17.9%	22.6%	16.8%
	Very Satisfied	Count	0	1	15	21	31	17	22	16	123
		% within Q69 Household income in 2019 (gross income)	0.0%	1.4%	4.0%	2.5%	2.8%	1.8%	2.5%	4.1%	2.7%
	Total	Count	4	72	375	828	1118	932	895	393	4617
		% within Q69 Household income in 2019 (gross income)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 31 shows that those with lower levels of formal education completed tend to be slightly more dissatisfied with cost of an ER visit (Gamma=.09).

Table 31. Employees- Satisfaction with Out-of-Pocket Maximum by Level of Education Completed

			Crosstab							Total
			Q70 Education level completed							
			Less than high school	High school graduate	Some college	Associate or technical degree	Bachelor degree	Professional or master degree	Doctorate	
Q32_6 Plan Feature Satisfaction - Out of pocket maximum	Very Dissatisfied	Count	2	81	161	113	319	204	133	1013
		% within Q70 Education level completed	100.0%	26.3%	26.4%	21.1%	18.4%	15.7%	17.4%	19.3%
	Dissatisfied	Count	0	94	173	183	553	418	220	1641
		% within Q70 Education level completed	0.0%	30.5%	28.3%	34.2%	31.9%	32.2%	28.8%	31.3%
	Neutral	Count	0	88	164	159	519	418	241	1589
		% within Q70 Education level completed	0.0%	28.6%	26.8%	29.7%	30.0%	32.2%	31.6%	30.3%
	Satisfied	Count	0	36	99	71	288	229	146	869
		% within Q70 Education level completed	0.0%	11.7%	16.2%	13.3%	16.6%	17.6%	19.1%	16.6%
	Very Satisfied	Count	0	9	14	9	52	31	23	138
		% within Q70 Education level completed	0.0%	2.9%	2.3%	1.7%	3.0%	2.4%	3.0%	2.6%
	Total	Count	2	308	611	535	1731	1300	763	5250
		% within Q70 Education level completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 32 shows that those with a disability are slightly less satisfied with the HSA/HRA feature of their Health Plan (Cramer's V=.06).

Table 32. Employees- Satisfaction with HSA/HRA by Disability Status

Crosstab

			Q24 Has - disability			Total
			Yes	No	Prefer not to disclose	
Q32_7 Plan Feature Satisfaction - HSA or HRA	Very Dissatisfied	Count	3	62	8	73
		% within Q24 Has - disability	4.0%	2.0%	6.9%	2.2%
	Dissatisfied	Count	5	102	4	111
		% within Q24 Has - disability	6.7%	3.3%	3.4%	3.4%
	Neutral	Count	11	557	31	599
		% within Q24 Has - disability	14.7%	17.9%	26.7%	18.2%
	Satisfied	Count	37	1388	46	1471
		% within Q24 Has - disability	49.3%	44.7%	39.7%	44.6%
	Very Satisfied	Count	19	997	27	1043
		% within Q24 Has - disability	25.3%	32.1%	23.3%	31.6%
	Total	Count	75	3106	116	3297
		% within Q24 Has - disability	100.0%	100.0%	100.0%	100.0%

Table 33 shows that those who identify as non-white are slightly less satisfied with the HSA/HRA feature of their plan than those who identify as white (Cramer's V=.07).

Table 33. Employees- Satisfaction with HSA/HRA by White or Non-White

Crosstab

		white		Total	
		Identify as white	Identify as non-white		
Q32_7 Plan Feature Satisfaction - HSA or HRA	Very Dissatisfied	Count	58	6	64
		% within white	2.1%	2.4%	2.1%
	Dissatisfied	Count	94	9	103
		% within white	3.3%	3.7%	3.4%
	Neutral	Count	475	65	540
		% within white	16.8%	26.4%	17.6%
	Satisfied	Count	1278	98	1376
		% within white	45.2%	39.8%	44.8%
Very Satisfied	Count	922	68	990	
	% within white	32.6%	27.6%	32.2%	
Total	Count	2827	246	3073	
	% within white	100.0%	100.0%	100.0%	

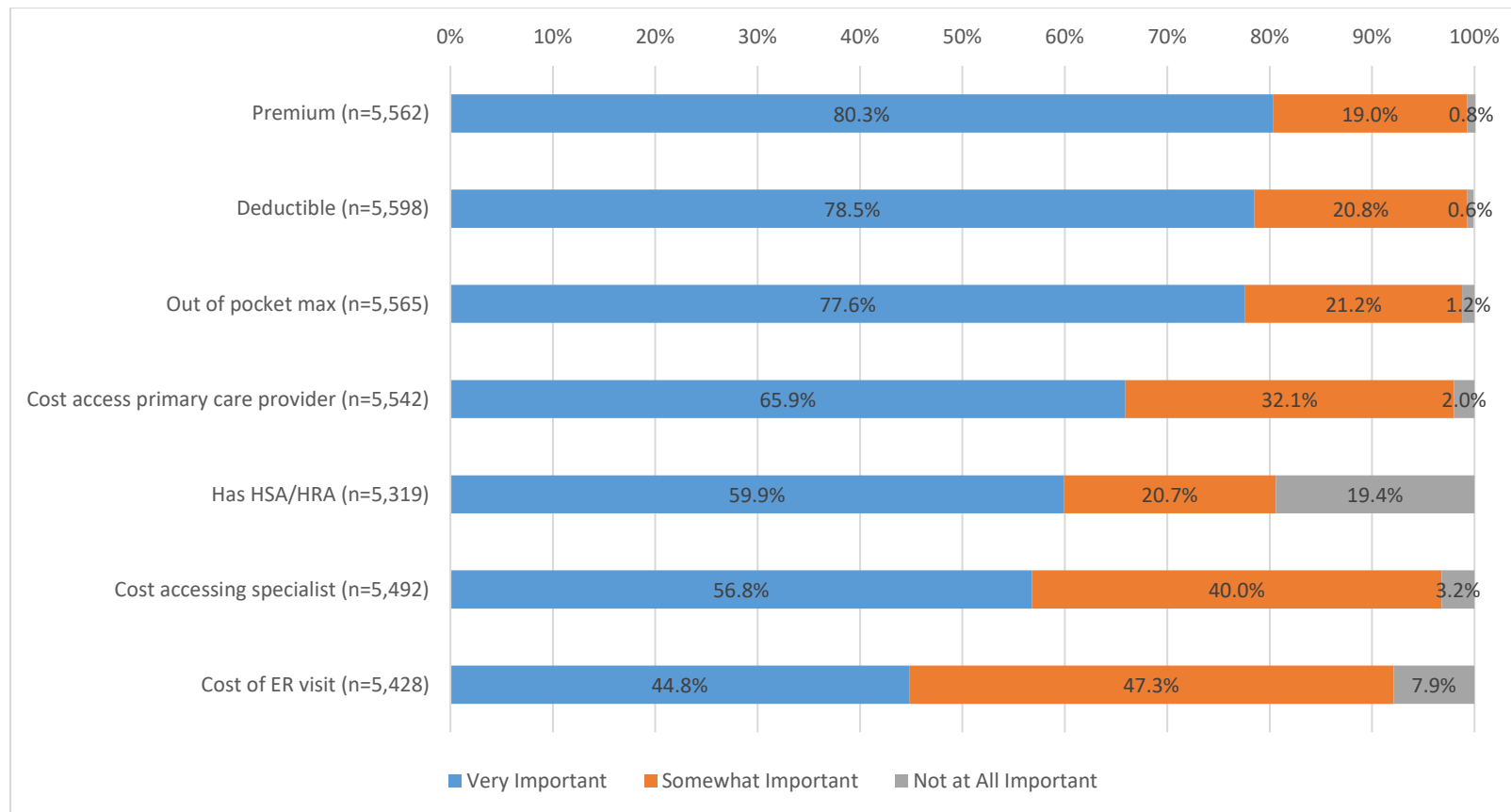
Table 34 shows that those in lower income categories are less satisfied with their HSA/HRA (Cramer's V=.08), particularly with regard to differences in being very satisfied with this feature of the Health Plan.

Table 34. Employees- Satisfaction with HSA/HRA by Household Income

			Crosstab								
			Q69 Household income in 2019 (gross income)								
			Under \$10,000	\$10,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 or more	Total
Q32_7 Plan Feature Satisfaction - HSA or HRA	Very Dissatisfied	Count	0	1	8	16	11	4	9	5	54
		% within Q69 Household income in 2019 (gross income)	0.0%	2.6%	4.3%	3.9%	1.7%	0.7%	1.5%	2.1%	2.0%
	Dissatisfied	Count	0	0	8	13	25	18	17	10	91
		% within Q69 Household income in 2019 (gross income)	0.0%	0.0%	4.3%	3.1%	3.8%	3.0%	2.9%	4.1%	3.3%
	Neutral	Count	2	11	43	79	116	90	83	37	461
		% within Q69 Household income in 2019 (gross income)	66.7%	28.2%	22.9%	19.0%	17.7%	14.9%	14.3%	15.4%	16.9%
	Satisfied	Count	0	19	80	170	288	287	272	98	1214
		% within Q69 Household income in 2019 (gross income)	0.0%	48.7%	42.6%	41.0%	44.0%	47.5%	46.7%	40.7%	44.5%
	Very Satisfied	Count	1	8	49	137	214	205	201	91	906
		% within Q69 Household income in 2019 (gross income)	33.3%	20.5%	26.1%	33.0%	32.7%	33.9%	34.5%	37.8%	33.2%
	Total	Count	3	39	188	415	654	604	582	241	2726
		% within Q69 Household income in 2019 (gross income)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Respondents were also asked to report the importance of the same set of features in choosing their Health Plan. Figure 15 has premium, deductible, and out of pocket maximum as the three most important features, and over 75% indicate each of those features to be very important. Notably small percentages indicate these features to be of no importance at all when choosing a Plan. At 19%, only the HSA/HRA feature has more than single digit percentages considering the feature not at all important, and break-out analyses below will show that most of the not at all important rating for HSA/HRA occurs among those in Plan A.

Figure 15. Employees- Importance of Features in Choosing Health Plan



Because the survey asked respondents to rate the importance of each feature in selecting their 2021 Health Plan, examining the level of importance of each feature among those in different Health Plans may add to the understanding of these features' influences on plan selection. It is important to keep in mind throughout these break out analyses showing a feature's importance by Plan that very small percentages of respondents chose either Plans J (1.6%; n=95) or Q (1%; n=56). Thus, practically speaking these breakouts are most instructive to help understand differences in choosing Plans A (41.8%; n=2,416), C (49.5%; n=2,858), or N (6.1%; n=352), so, remarks will focus on these. Cramer's V was used for examining substantive magnitude of difference in importance of a feature by Health Plan selected, and though a statistically significant difference exists among the set of plans on every feature, for all but the HSA/HRA feature the magnitude of difference is slight.

Figure 16 shows that relative to those in other plans, premium is somewhat less important to those selecting Plan A (Cramer's V=.09).

Figure 16. Employees- Importance of Premium by Health Plan Chosen

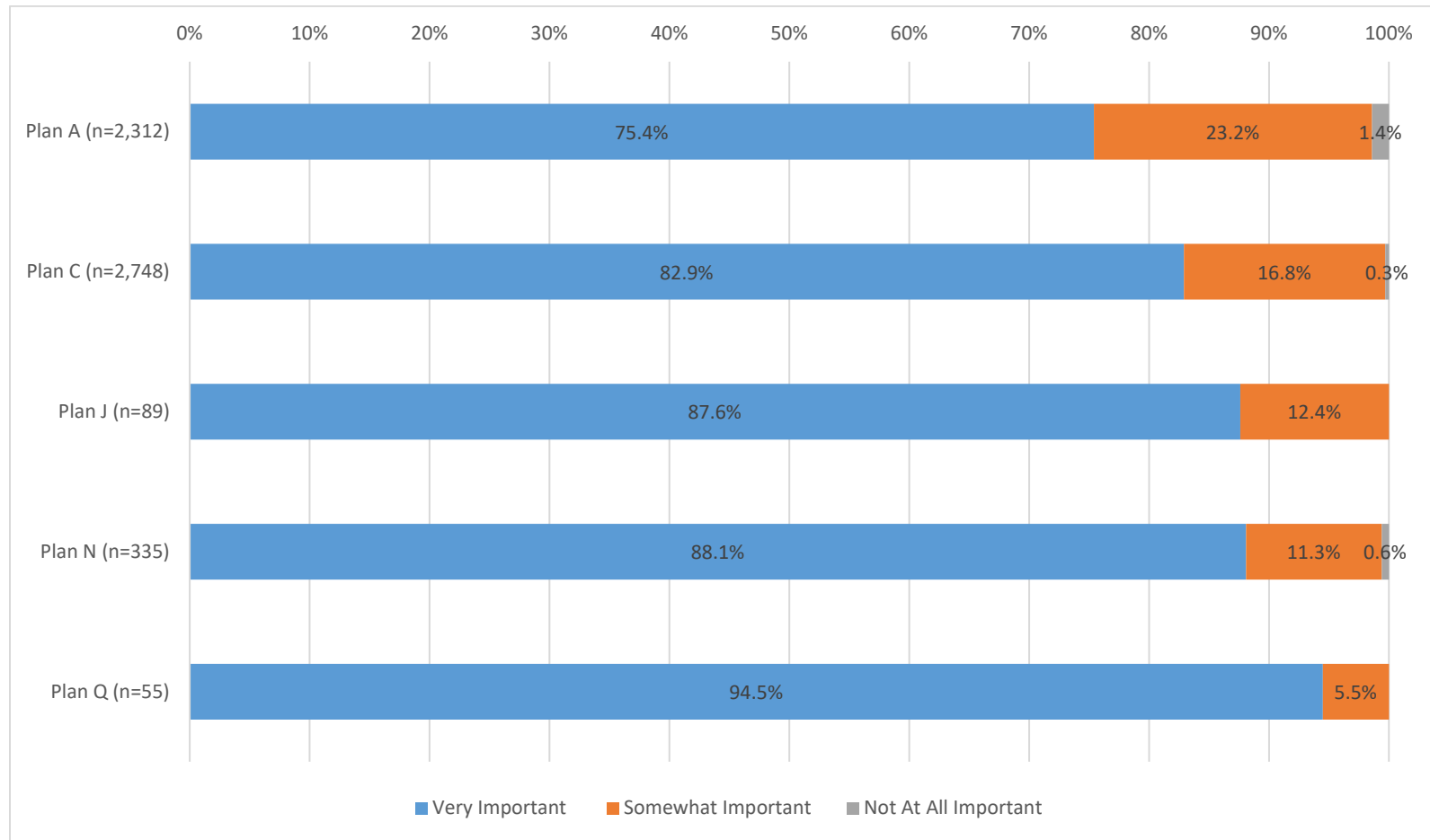


Figure 17 shows that relative to those in other plans, those in Plan N have the largest percentage rating deductible as only somewhat important (Cramer's V=.06).

Figure 17. Employees- Importance of Deductible by Health Plan Chosen

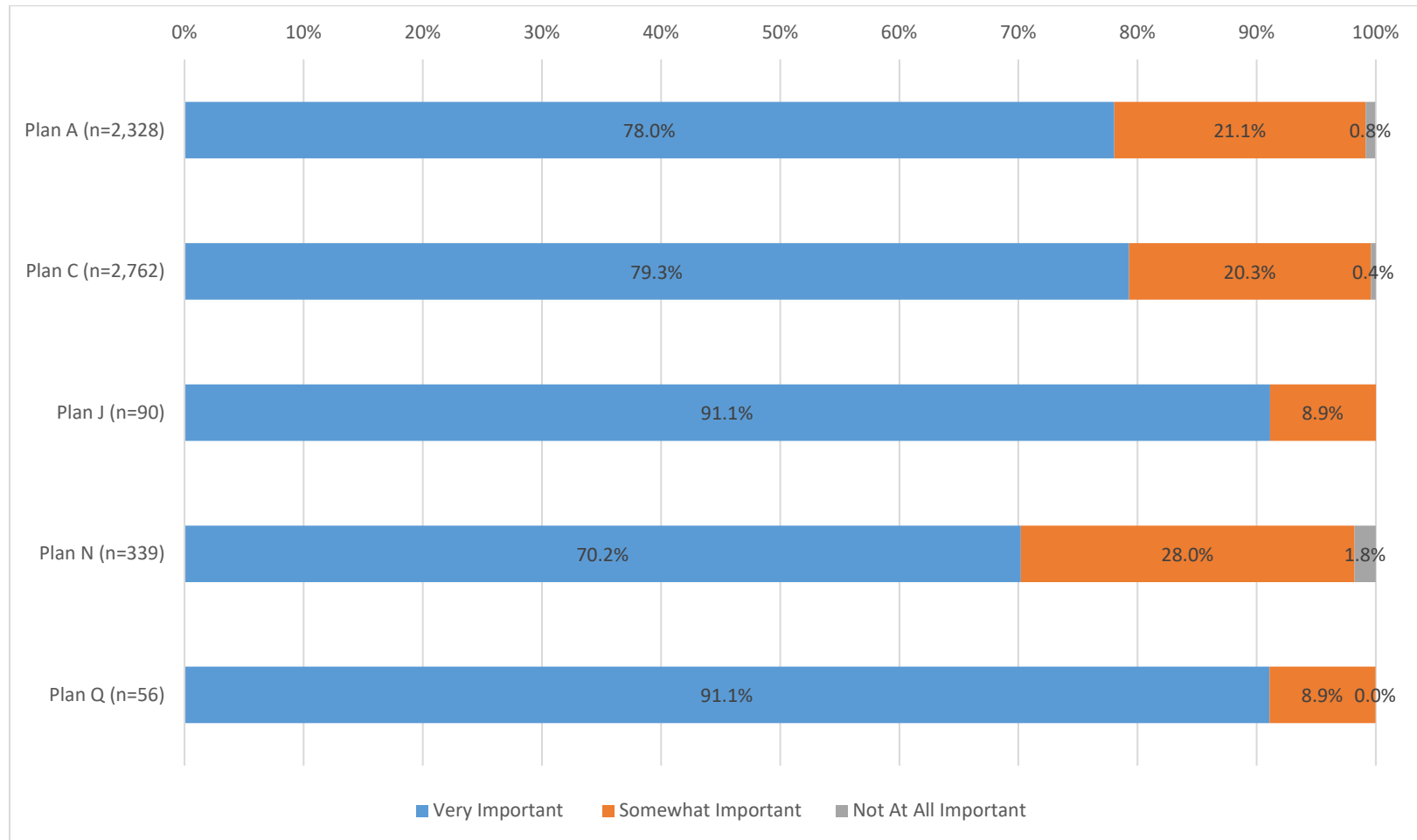


Figure 18 shows that relative to Plans A and C, those in Plan N have the largest percentages rating cost to access primary care provider as somewhat important and not at all important. Plan C has a slightly larger percentage rating it as somewhat important compared to Plan A (Cramer's V=.08).

Figure 18. Employees- Importance of Cost to Access Primary Care Provider by Health Plan Chosen

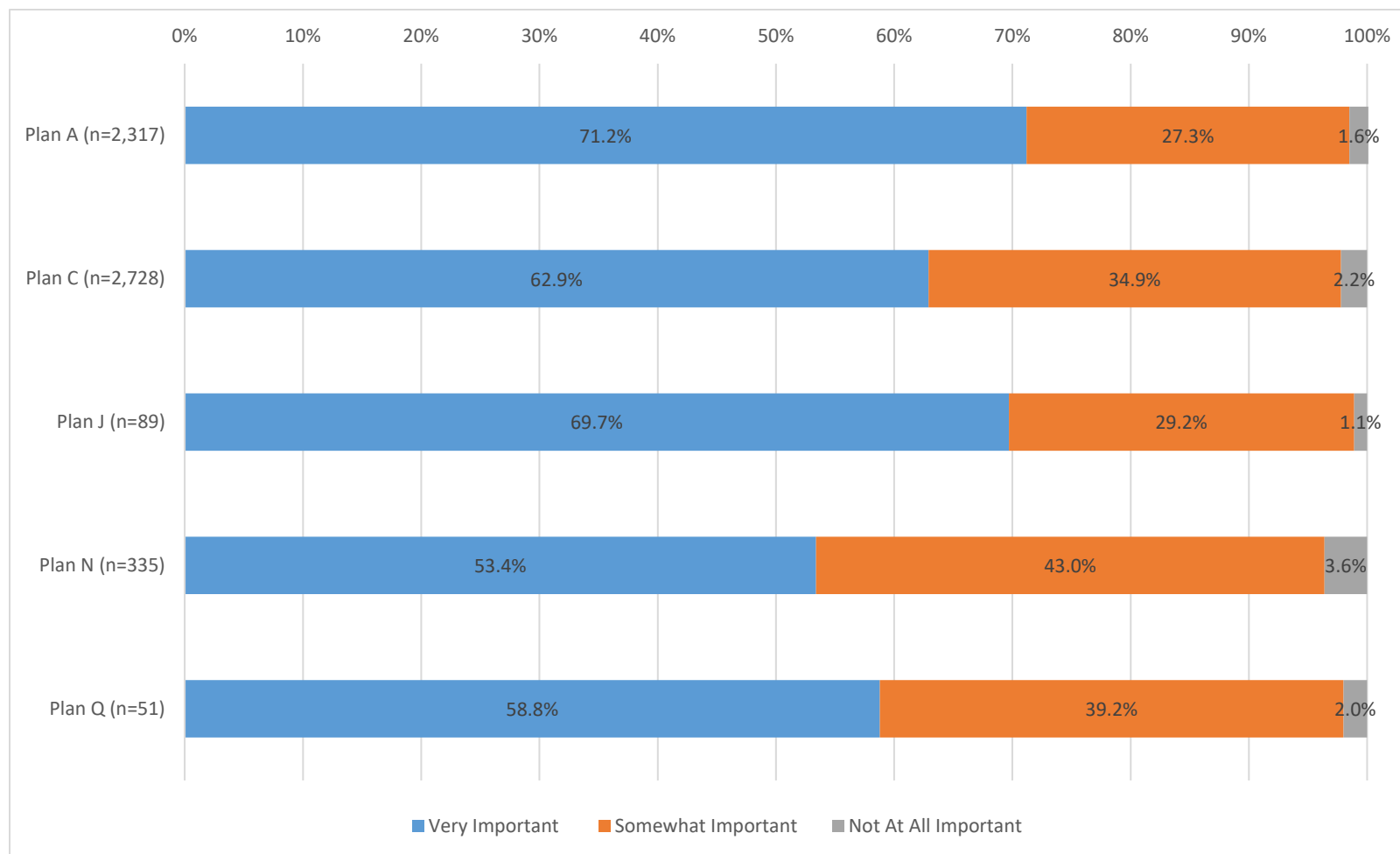


Figure 19 shows that a substantial majority, 65%, of those in Plan A rate this as very important, and a small majority, 52%, of those in Plan C do so. Only 42% of those in Plan N rate cost to access a specialist as very important (Cramer's V=.12).

Figure 19. Employees- Importance of Cost to Access Specialist by Health Plan Chosen

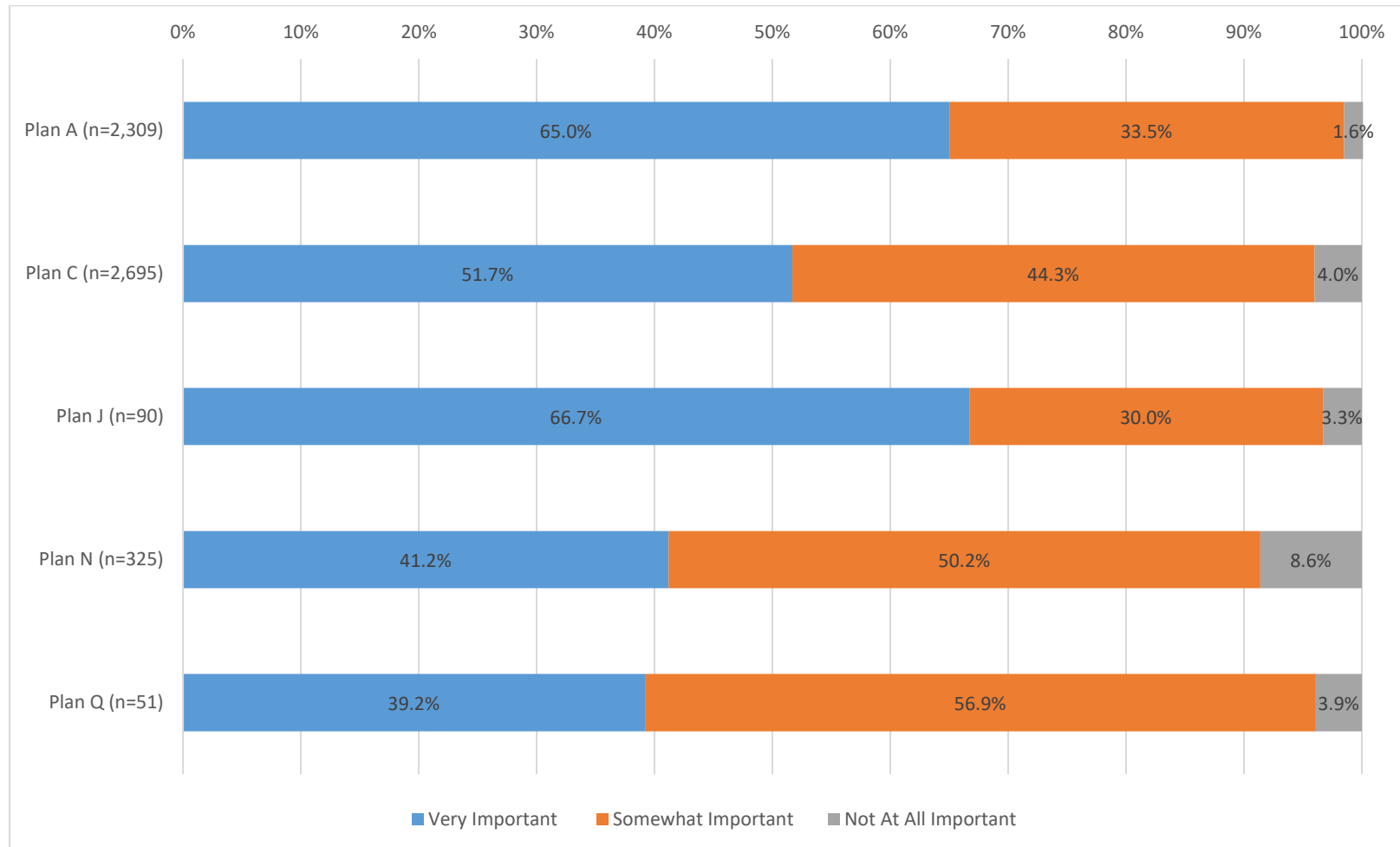


Figure 20 shows that among Plans A, C, and N, only Plan A reaches 50% in very important rating, and this is followed by Plan C at 41% and Plan N at 36% (Cramer's V=.09).

Figure 20. Employees- Importance of ER Visit Cost by Health Plan Chosen

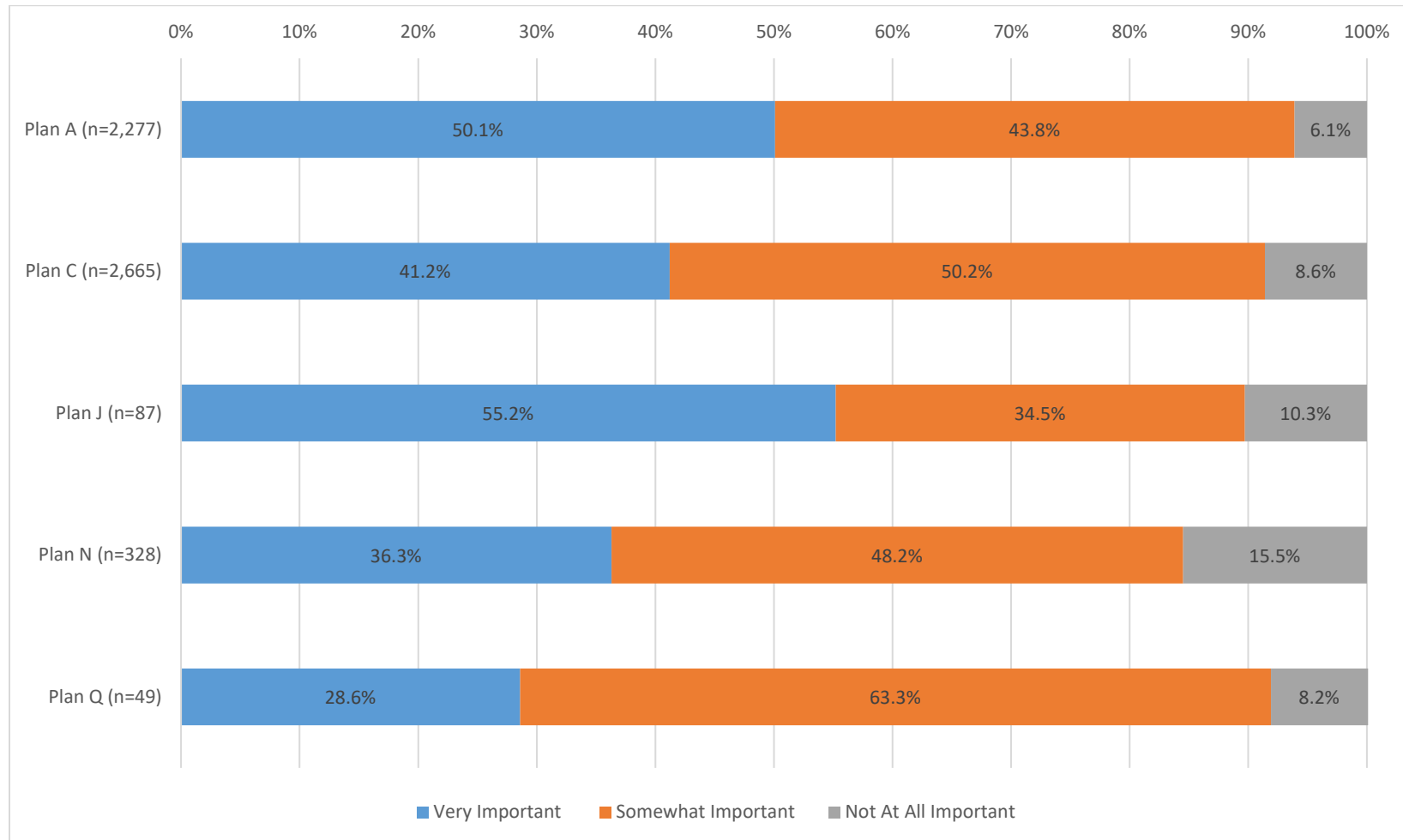
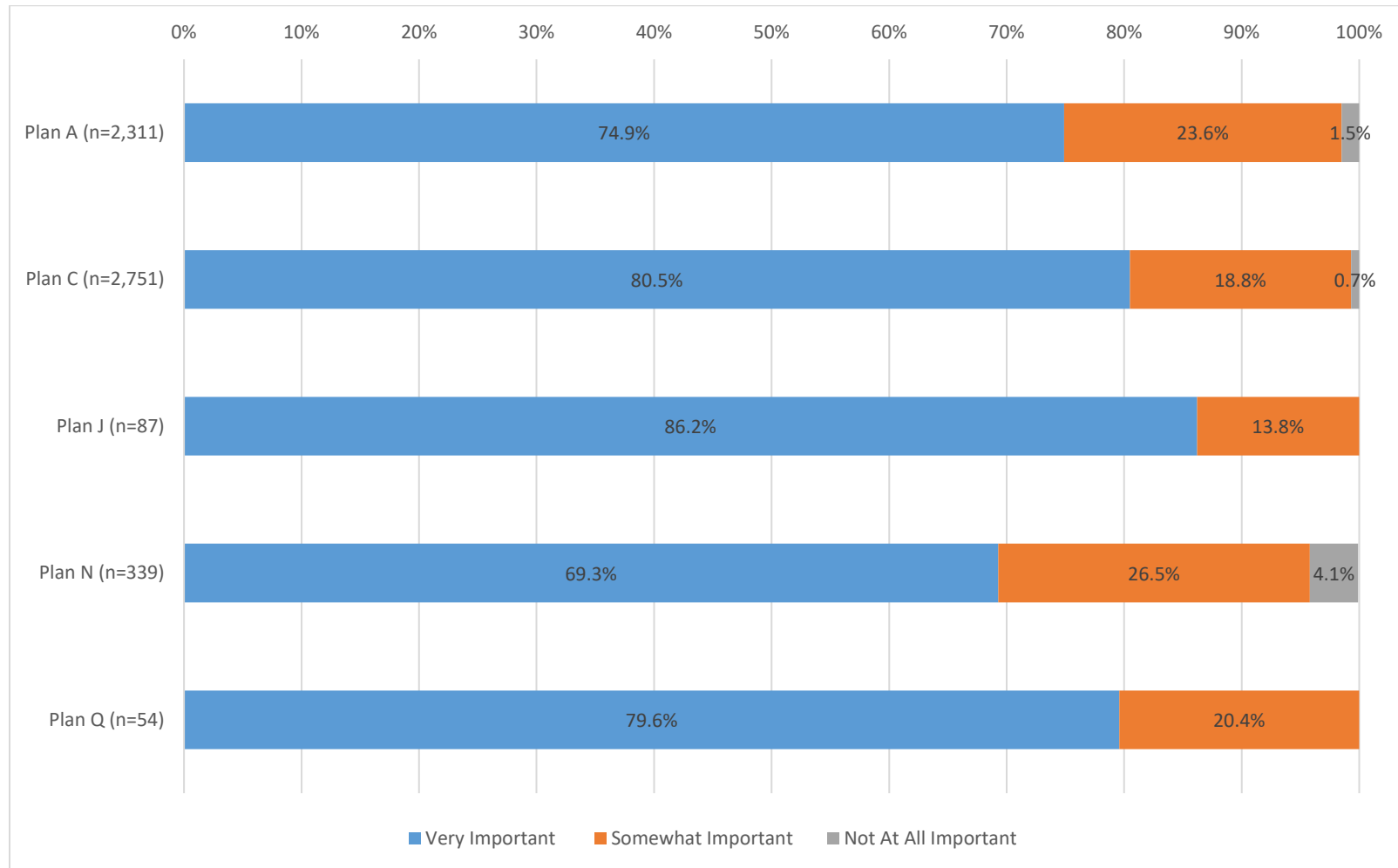


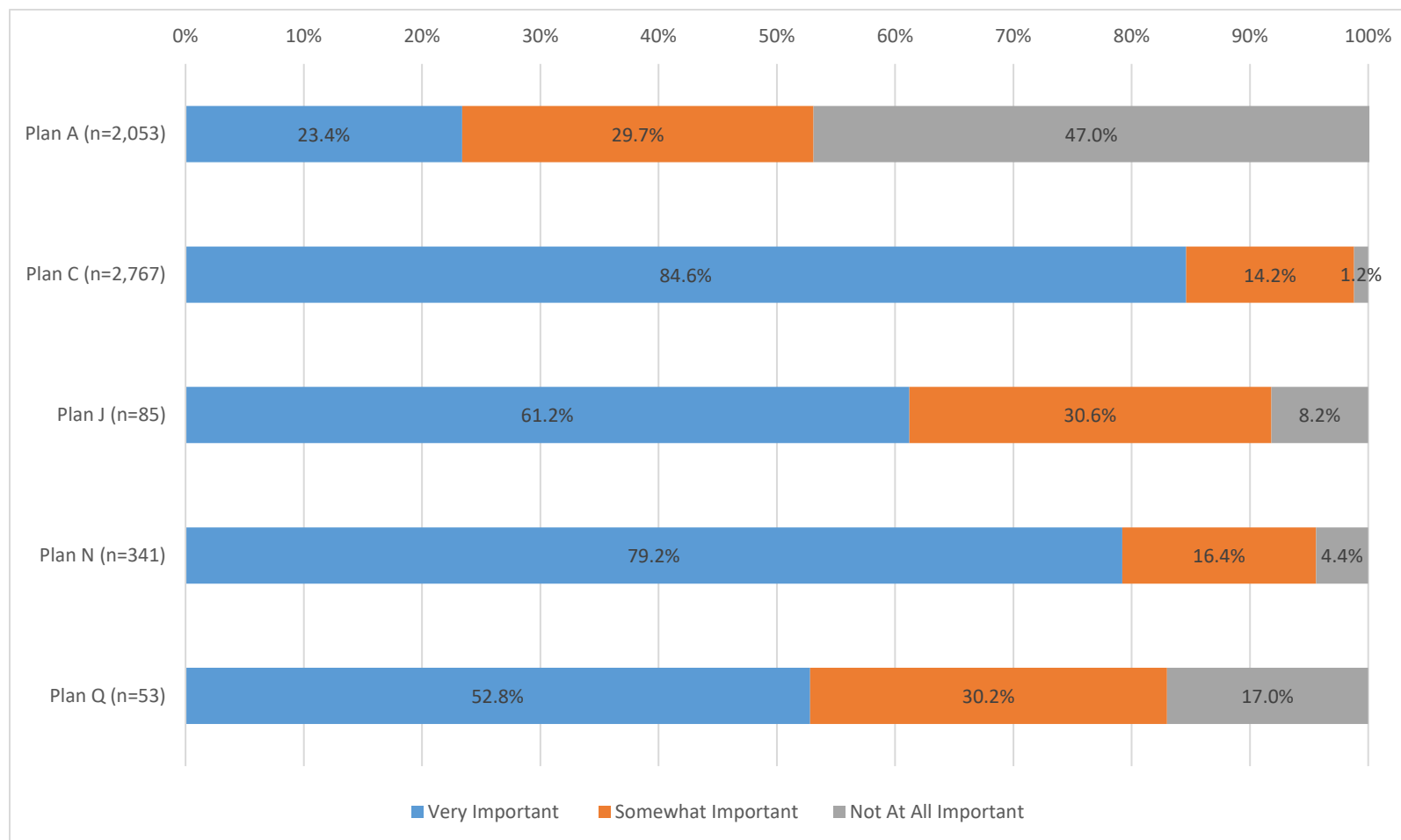
Figure 21 shows that relative to Plans A and C, those in Plan N have the largest percentages rating out-of-pocket maximum as somewhat important and not at all important (Cramer's V=.08).

Figure 21. Employees- Importance of Out-of-Pocket Maximum by Health Plan Chosen



Plan A does not include an HSA nor HRA feature. So, not surprisingly, Figure 22 shows those in Plan A have substantially lower percentages rating it as very important, 23%, or somewhat important, 30% than those in other plans (Cramer's $V=.46$). Large majorities of those in Plan C, 85%, and Plan N, 79%, rate this feature as very important.

Figure 22. Employees- Importance of HSA/HRA by Health Plan Chosen



To summarize these findings about differences in feature importance for choosing one's 2021 Health Plan across the groups of enrollees, foremost to keep in mind is that the importance of all but one of these features is quite high with the combined percentages of "very important" and "somewhat important" exceeding 80% among enrollees of every Health Plan with only once exception. Those in Plan A, as might be anticipated, rate the HSA/HRA feature relatively low with only a combined 53% rating it as very or somewhat important. Differences by Health Plan enrolled tend to only be in the percentages rating the feature as very important versus somewhat important. Also, as mentioned at the outset of these break-out analyses, the only strong comparisons can be drawn for those in Plans A, C, and N, as the numbers of respondents in Plans J and Q are very small.

Importance of cost to access a primary care provider, to access a specialist, and to visit the ER is somewhat lower for those on Plan C and N than those on Plan A, with the importance of all three being lowest for those on Plan N.

Importance of out-of-pocket maximum is somewhat higher for those on Plan C than those on Plans A and N, with it being lowest of importance for those on Plan N.

Importance of deductible is also lowest among Plan N enrollees compared to Plan A and C enrollees.

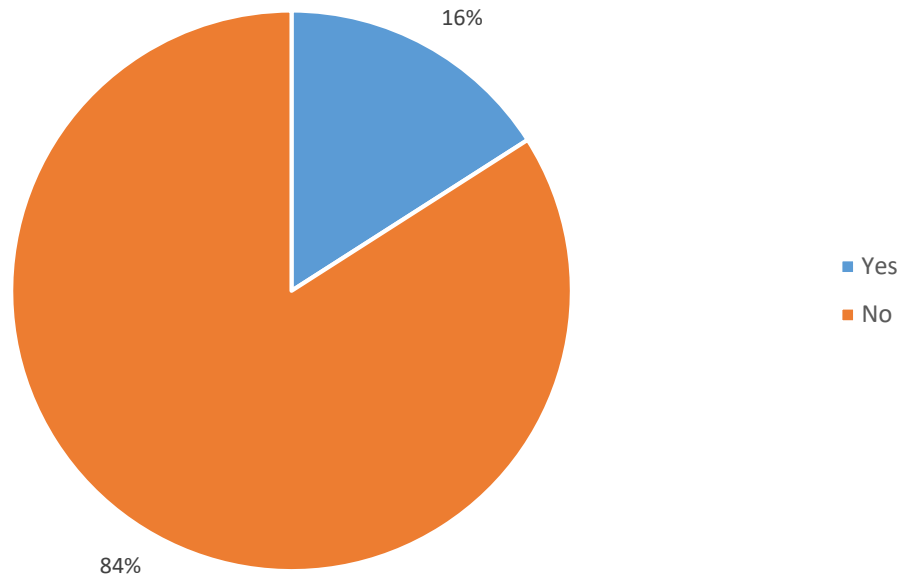
Importance of premium is somewhat lower for those on Plan A than Plans C and N.

Additional analyses (not shown) find that, not surprisingly, household income has a patterned relationship to the importance rating of all Health Plan features, with the exception of HSA/HRA. The lower the income the higher the percentage rating the feature as very important, except for the HSA/HRA, which has no relationship to income.

Current Employees: Use of Specialty Drugs

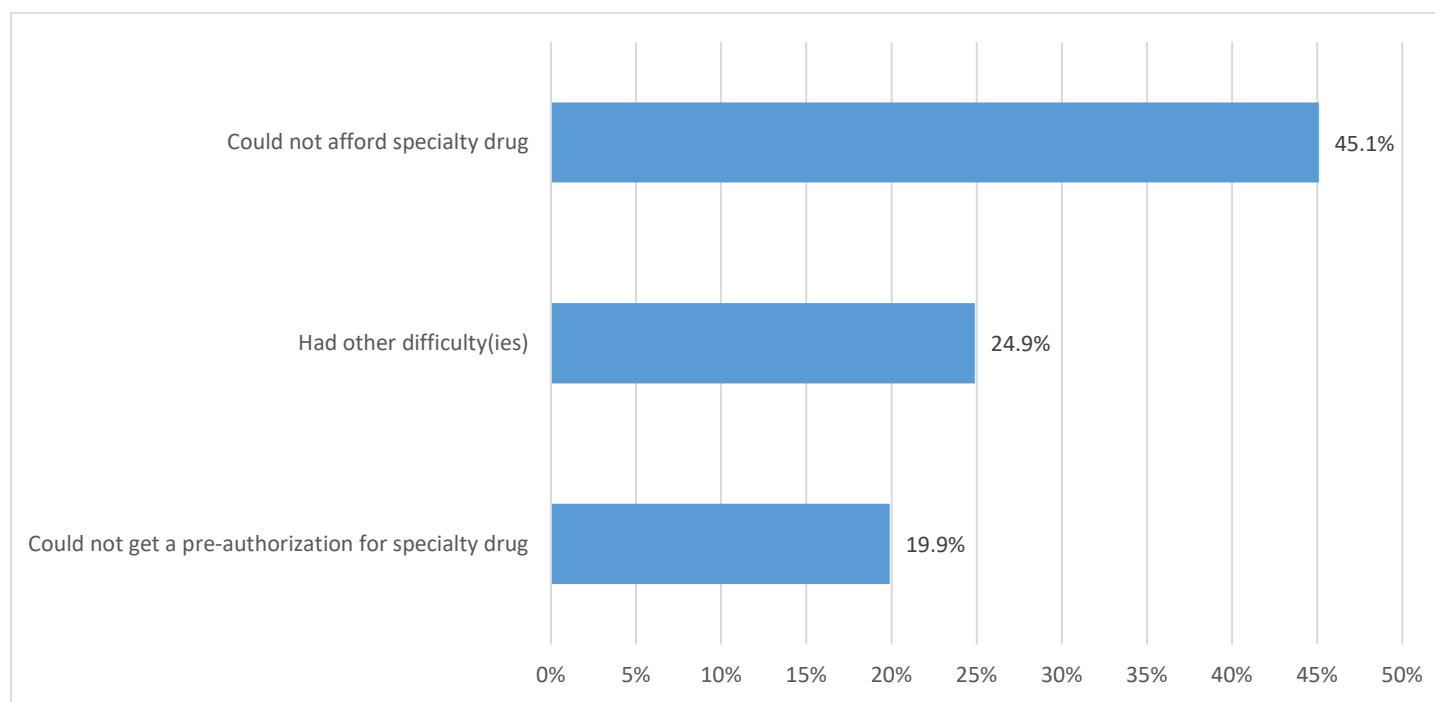
Respondents were asked “Have you or a family member who is covered under the Health Plan had to purchase a drug that is considered a specialty drug?” Additional context was offered to respondents immediately following the question, preceding the answer options, which read, “Specialty drugs are often biologics – ‘drugs derived from living cells’ that are injectable or infused (although some are oral medications). The State Employee Health Plan has an exclusive arrangement for specialty medications through Caremark Connect Specialty Pharmacy.” Figure 23 shows that 16% report that they or a family member on their Health Plan has purchased a specialty drug.

Figure 23. Employees- Self and/or Family Member Has Purchased a Specialty Drug on a State Health Plan (n=5,242)



Follow-up questions of those who responded “yes” finds that about 27% report experiencing no difficulty in this purchasing. Figure 24 shows that significant percentages report experiencing one or more difficulties from the three offered them as part of the follow-up questioning, with unaffordability being the single most selected difficulty. About 45% of those who have purchased specialty drugs mention the inability to afford the drug as a problem, and 20% mentioned the specific difficulty of not receiving pre-authorization for the specialty drug. About 25% chose the answer option “Other,” and an open-ended field was offered for such respondents to describe the difficulty(ies). All resulting of open-ended responses to this question are reported in the separate Supplement 1.

Figure 24. Employees: Difficulties in Purchasing Specialty Drug [select all that apply] (n=836)



Additional analyses find that, as would be expected, the lower the household income the higher the percentage indicating they could not afford the specialty drug, ranging from about 55% of those with annual incomes under \$35,000 to 26% of those with incomes \$150,000 or higher.

Retirees: State Medicare Plan Enrollment

All 874 retiree respondents to the survey were asked “Are you enrolled in a State of Kansas Medicare Plan?” A total of 820 (93%) answered in the affirmative. These respondents indicating enrollment in a State of Kansas Medicare Plan were asked whether they were enrolled in Part A, Part D, or in neither. Figure 25 shows that almost 90% indicate enrollment in Part A, and almost 60% indicated enrollment in Part D. Crosstabulation also finds that 418 (51% of the 820) indicate enrollment in both Part A and Part D. A negligible percentage (less than 2%) indicate being enrolled in neither.

Figure 25. Retirees- Enrollment in Medicare Parts A and/or D [select all that apply] (n=820)

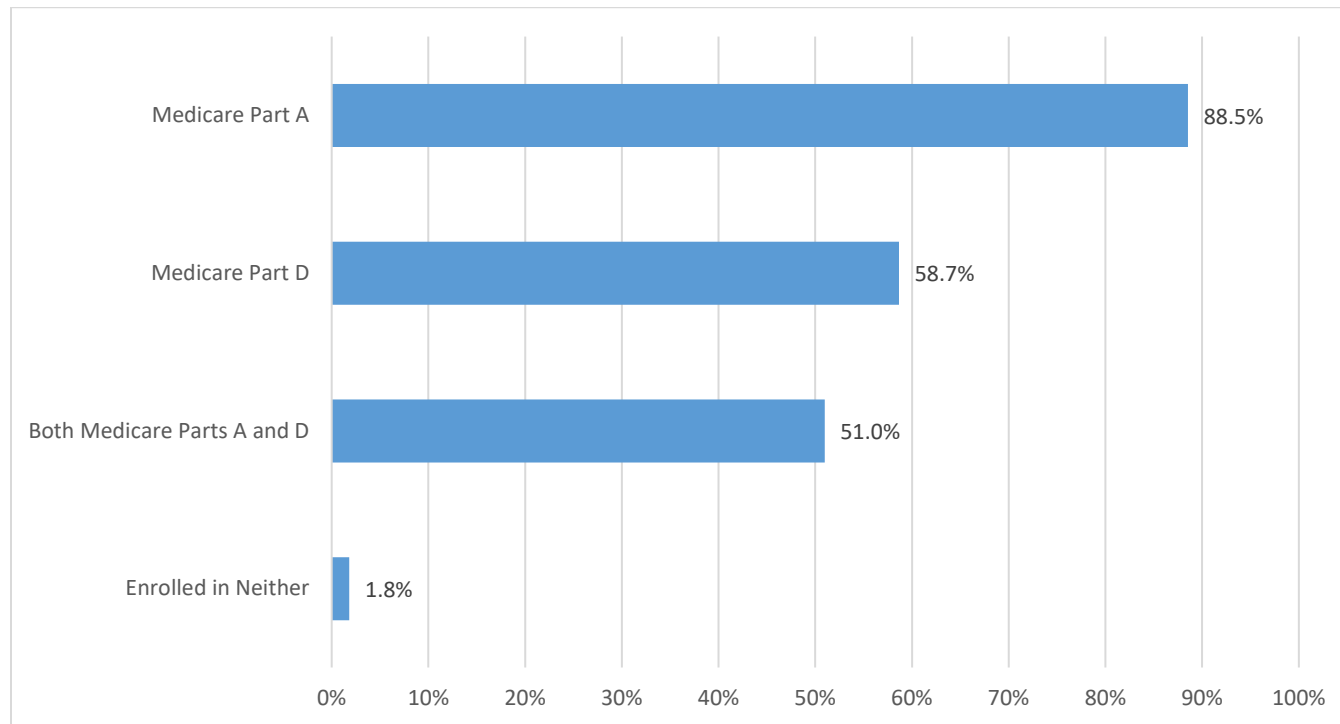
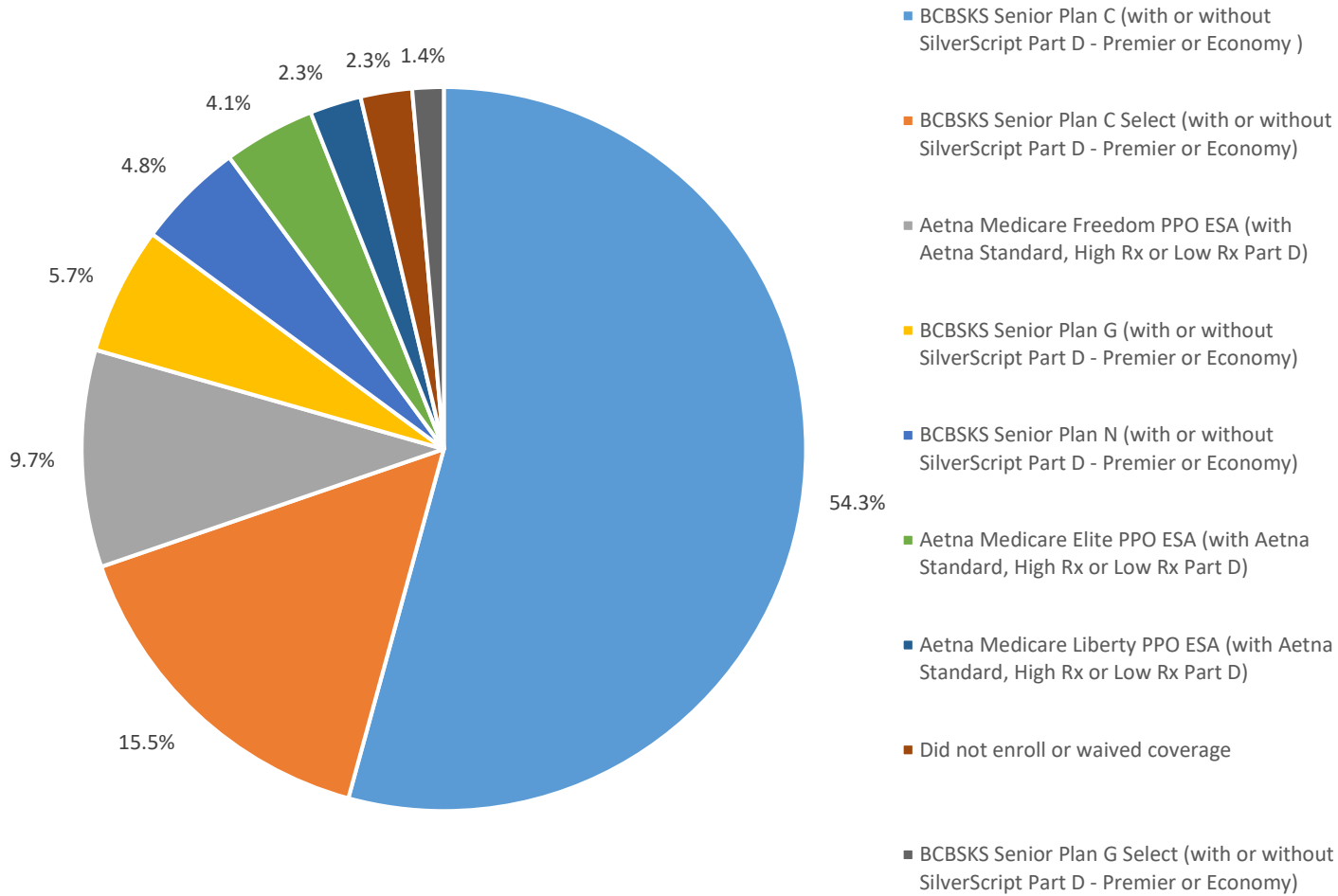


Figure 26 shows the State Medicare plan selected. A majority, 54%, chose the BCBSKS Senior Plan C, followed by BSBSKS Senior Plan C Select at 15.5%. No greater than 10% enrolled in any one of the additional six options, and 2.3% waived coverage.

Figure 26. Retirees- State Medicare Plan Selected for 2021 (n=787)



Respondents who indicated enrollment in Part D, were asked the follow-up question, “This year, two Medicare Part D options were offered, a premier plan and an economy plan. The economy plan is new. Were you aware of this option?” Figure 27 shows that a large majority (83%) of those who selected Part D indicate they were aware of the new economy plan.

Figure 27. Retirees- Awareness of New Economy Plan Among Part D Enrollees (n=479)

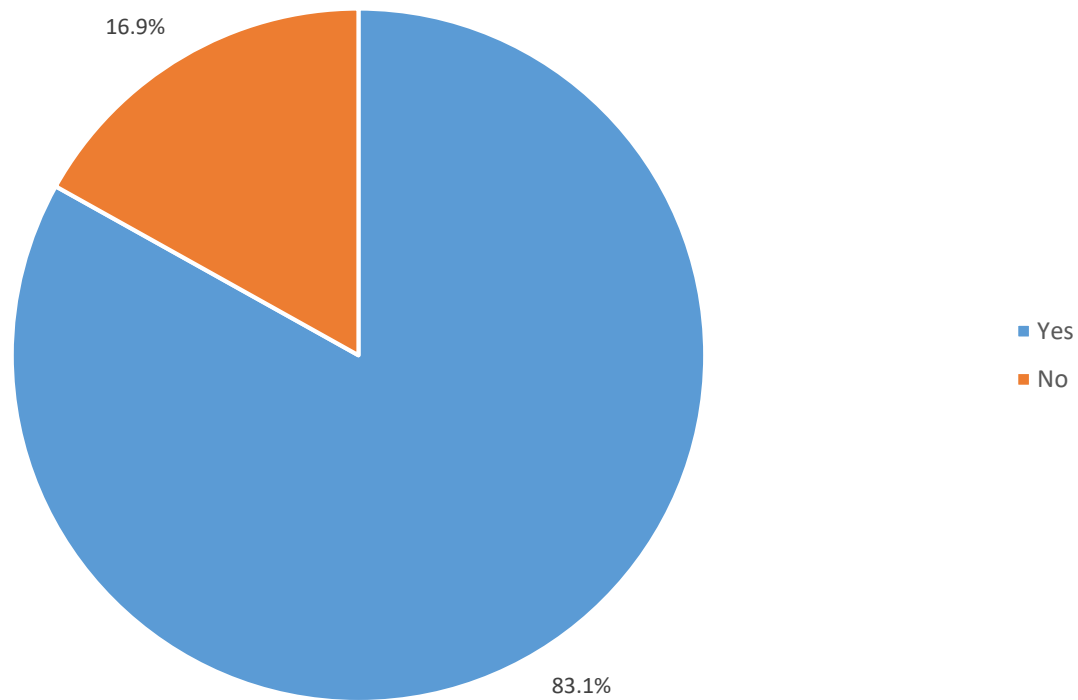
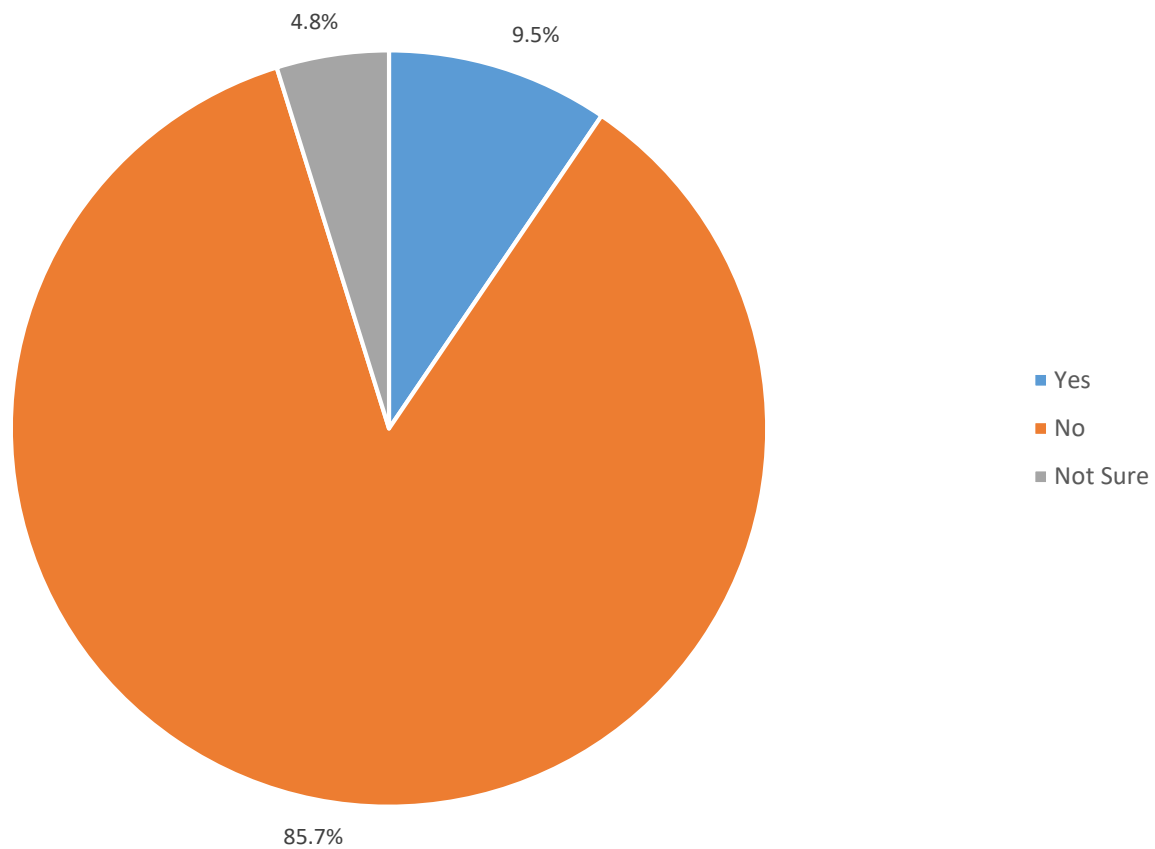


Figure 28 shows that among those who indicated awareness of the new Part D economy plan, only about 10% decided to enroll in it. About 86% did not select it, and another 5% were unsure whether they had selected it.

Figure 28. Retirees- Selected New Part D Economy Plan [among those aware of it] (n=398)



To assess reasons for not selecting the new Part D economy plan, a series of possibilities were presented, and respondents could select any that apply to them. The most commonly selected reason (with 37% choosing it) is that the premium is higher than the respondent's private market plan, as shown in Figure 29.

Figure 29. Retirees- Reasons for Not Selecting New Part D Economy Plan [select all that apply] (n=341)

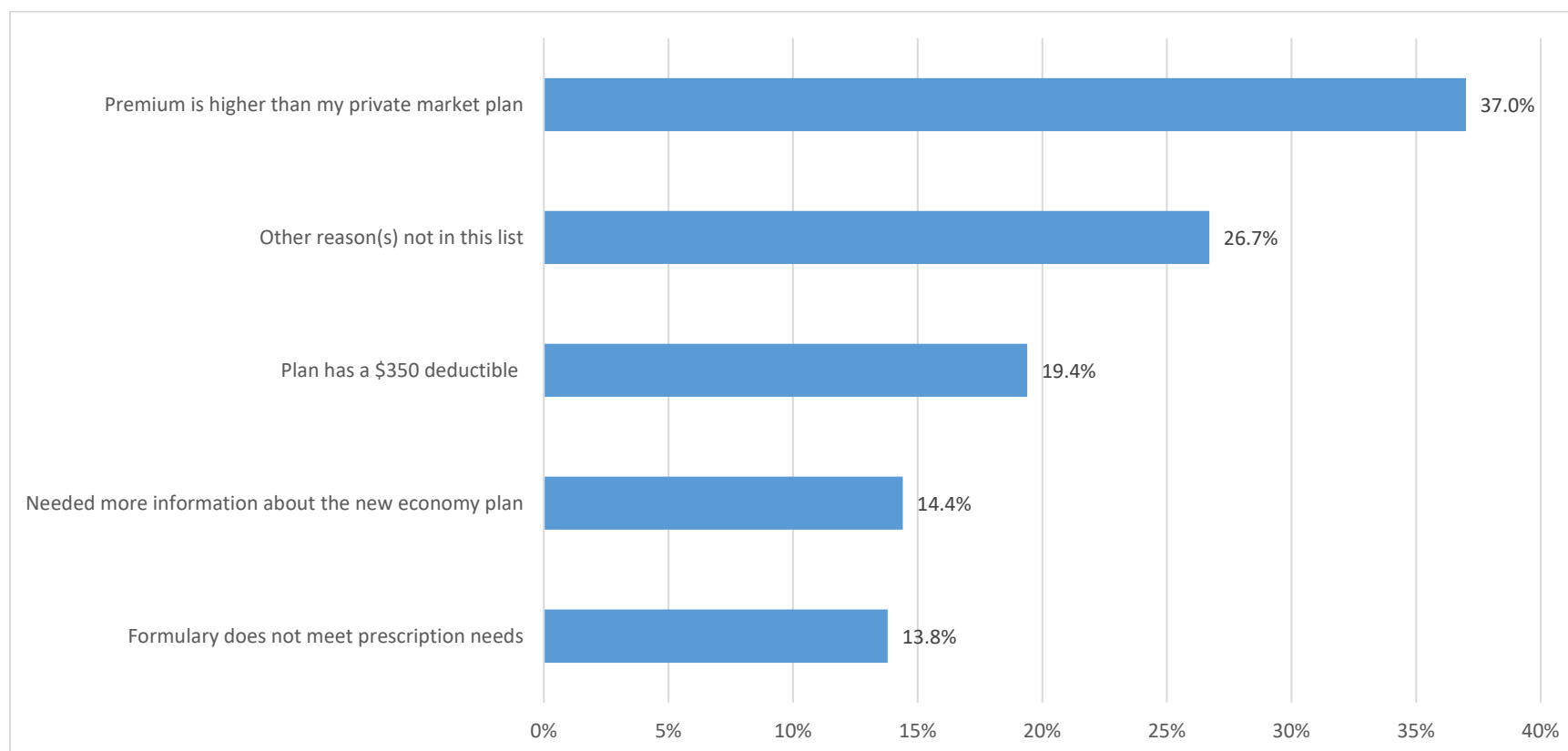
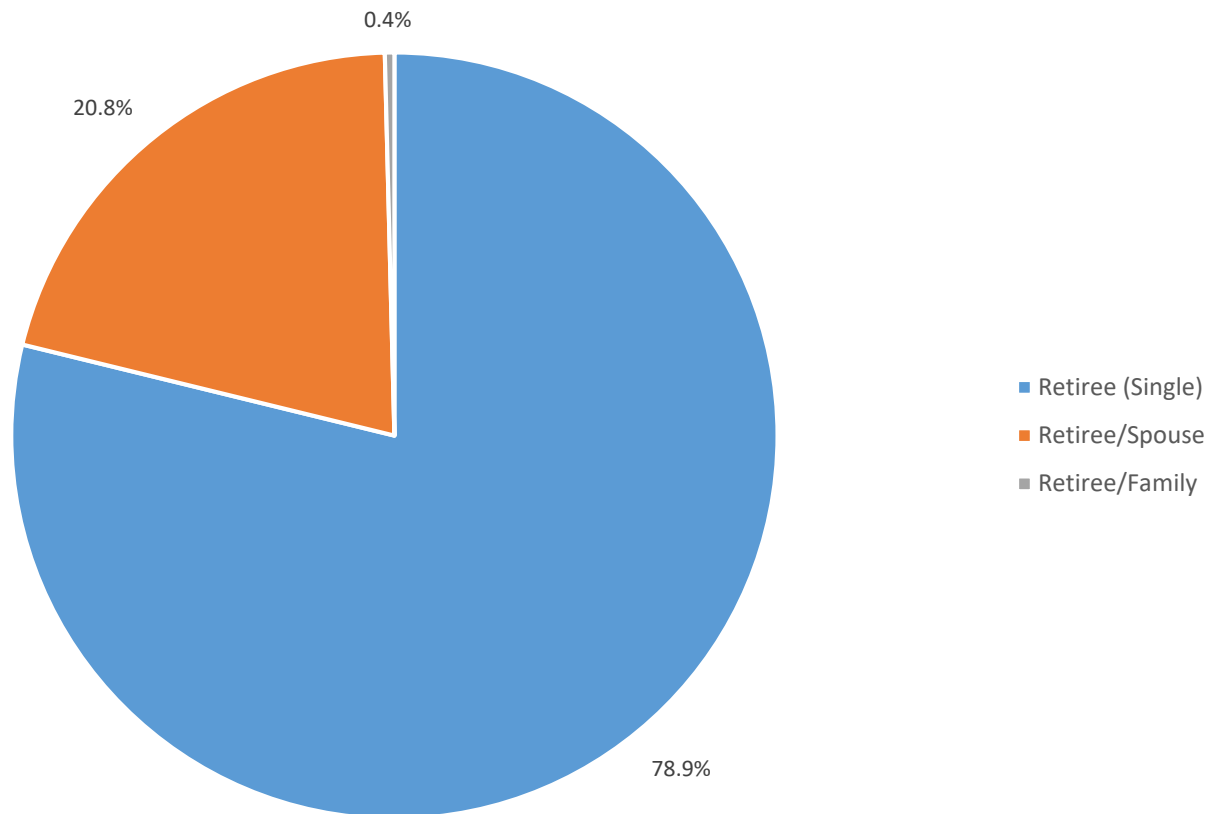


Figure 30 shows the coverage type selected for 2021, with a large majority, almost 79%, enrolling in retiree only (single) coverage, and about 21% using retiree and spouse coverage.

Figure 30. Retirees- Health Plan Coverage Type (n=790)



Retirees: Information Sources for, Confidence in, and Utility of SEHP Communications for Making Health Plan Enrollment Decisions

Retiree respondents were presented with a list of sources that provide information about Health Plans and asked to indicate all sources they had used for choosing their 2021 Plan. A large majority, about 77%, indicate they used the 2021 SEHP Enrollment Book, distantly followed by 44% who indicate they used the SEHP website, as displayed in Figure 31. A fourth contacted the Direct Bill Center, and less than 10% used SHICK offices, contacted the insurer (BCBS/Aetna), and watched a vendor and/or health plan video.

Figure 31. Retirees- Information Sources Used for 2021 State Medicare Plan Enrollment [select all that apply] (n=874)

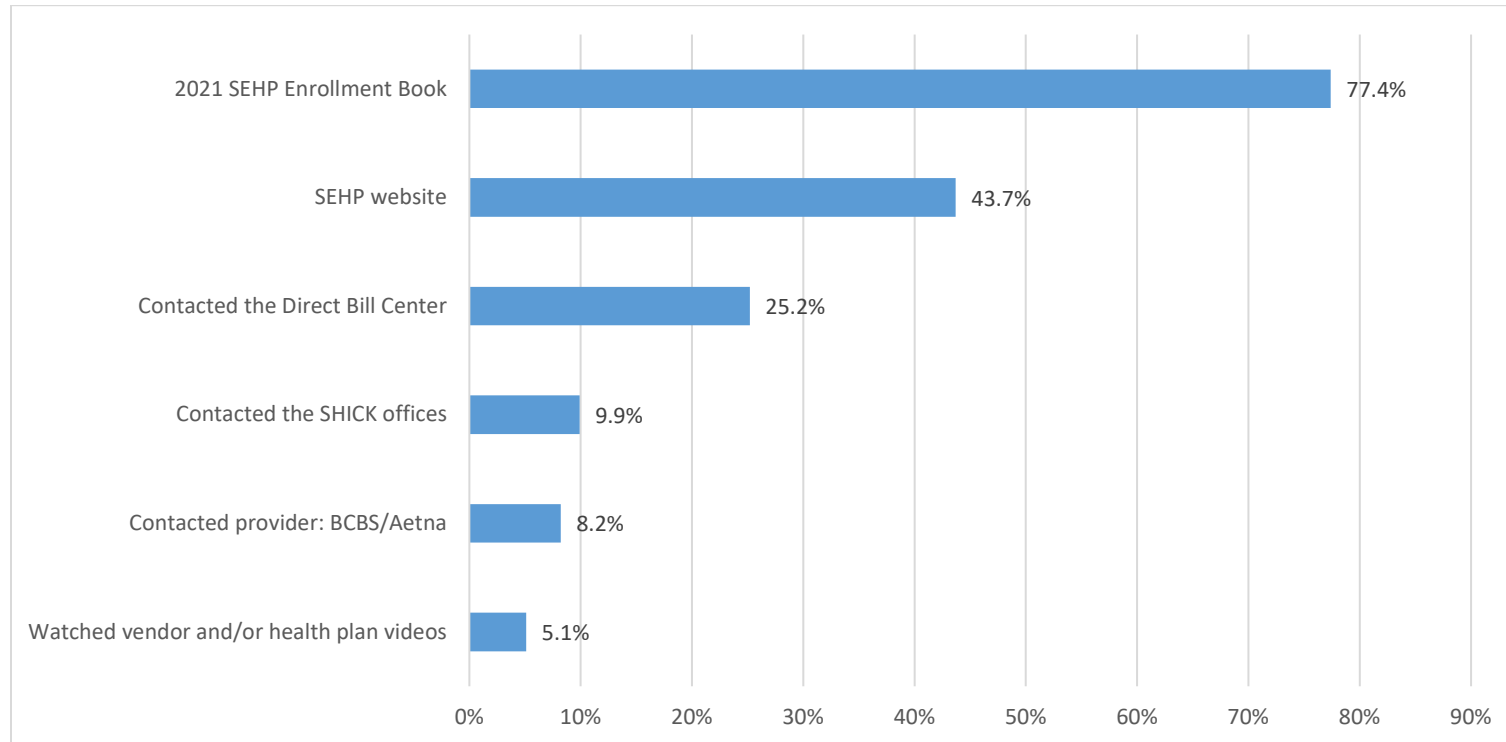
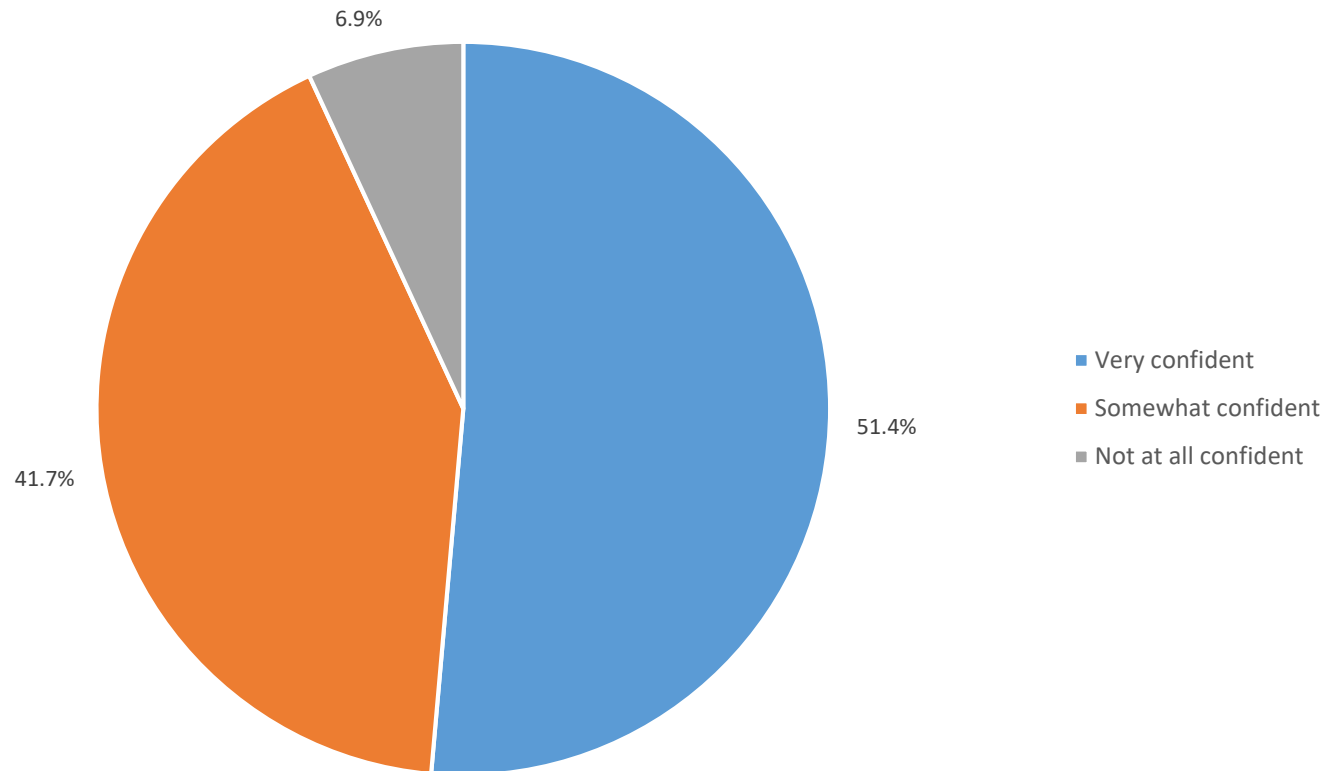


Figure 32 shows just over half, 51%, are very confident and another 42% are somewhat confident that they understood the difference between the Medicare plans and selected the best plan to meet their health care needs. Only about 7% responded that they are not at all confident.

Figure 32. Retirees- Confidence in Understanding Plan Difference and Selecting Best Plan (n=772)



Turning to utility of various means for the SEHP to communicate with retirees, Figure 33 shows that as with current employees, email is considered highly useful by a substantial percentage, 69%, of retiree respondents. More so than with current employees, direct mail is considered highly useful, with it having the largest percentage rating it highly useful among all communications modes at 73%. Also similar to current employees, social media posts are considered not at all useful by a large majority, 81%, of retired respondents.

Figure 33. Retirees- Utility of SEHP Communications Modes

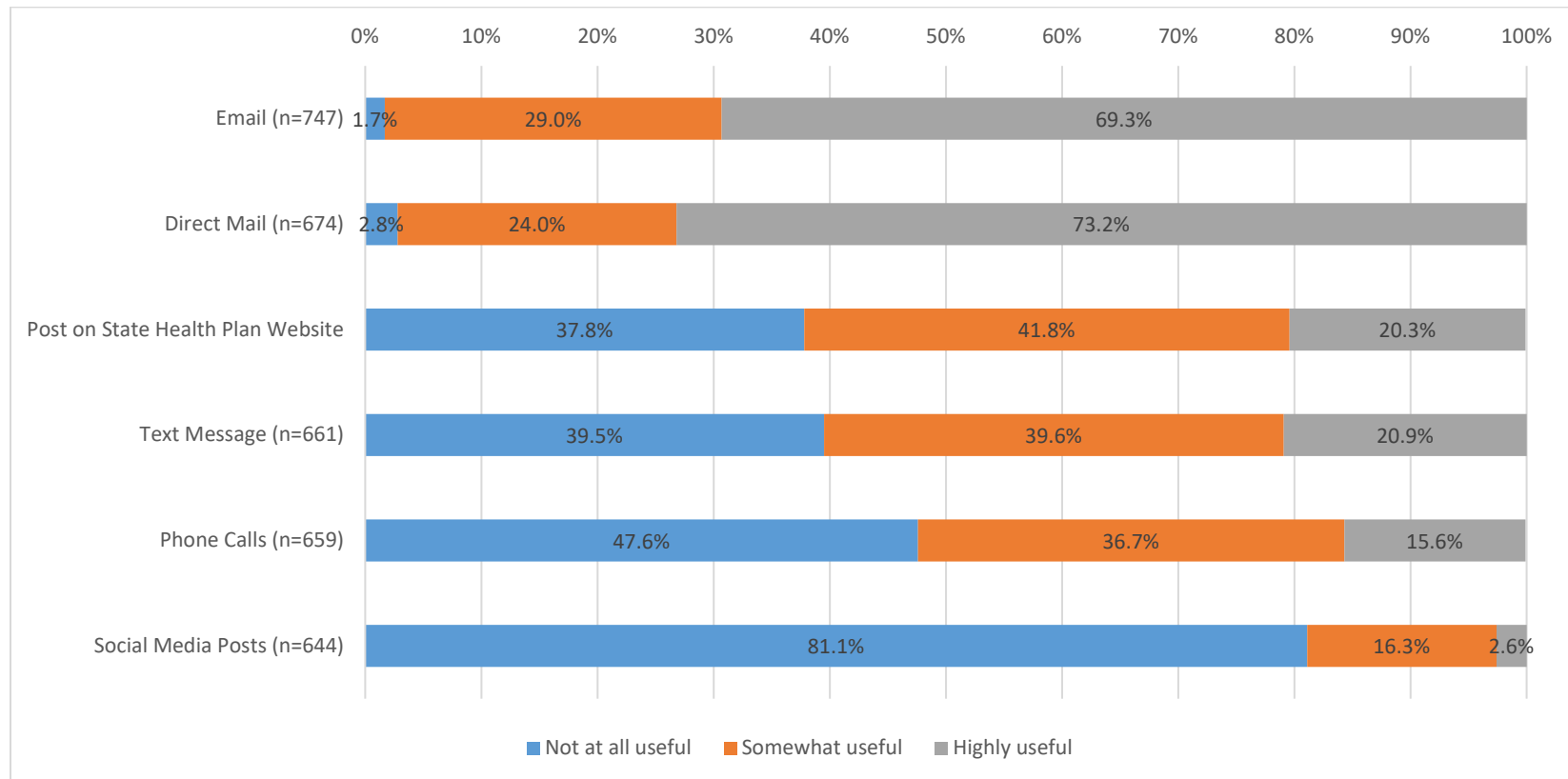


Figure 34 shows that relative to current employees, retirees express much lower rates of dissatisfaction with various plan features. Combining very dissatisfied and dissatisfied, less than 13% of retirees are dissatisfied with any given feature. Over 55% are either satisfied or very satisfied with all features. The highest levels of satisfaction are in cost of accessing a primary care provider and cost of accessing a specialist.

Figure 34. Retirees- Satisfaction with Health Plan Features

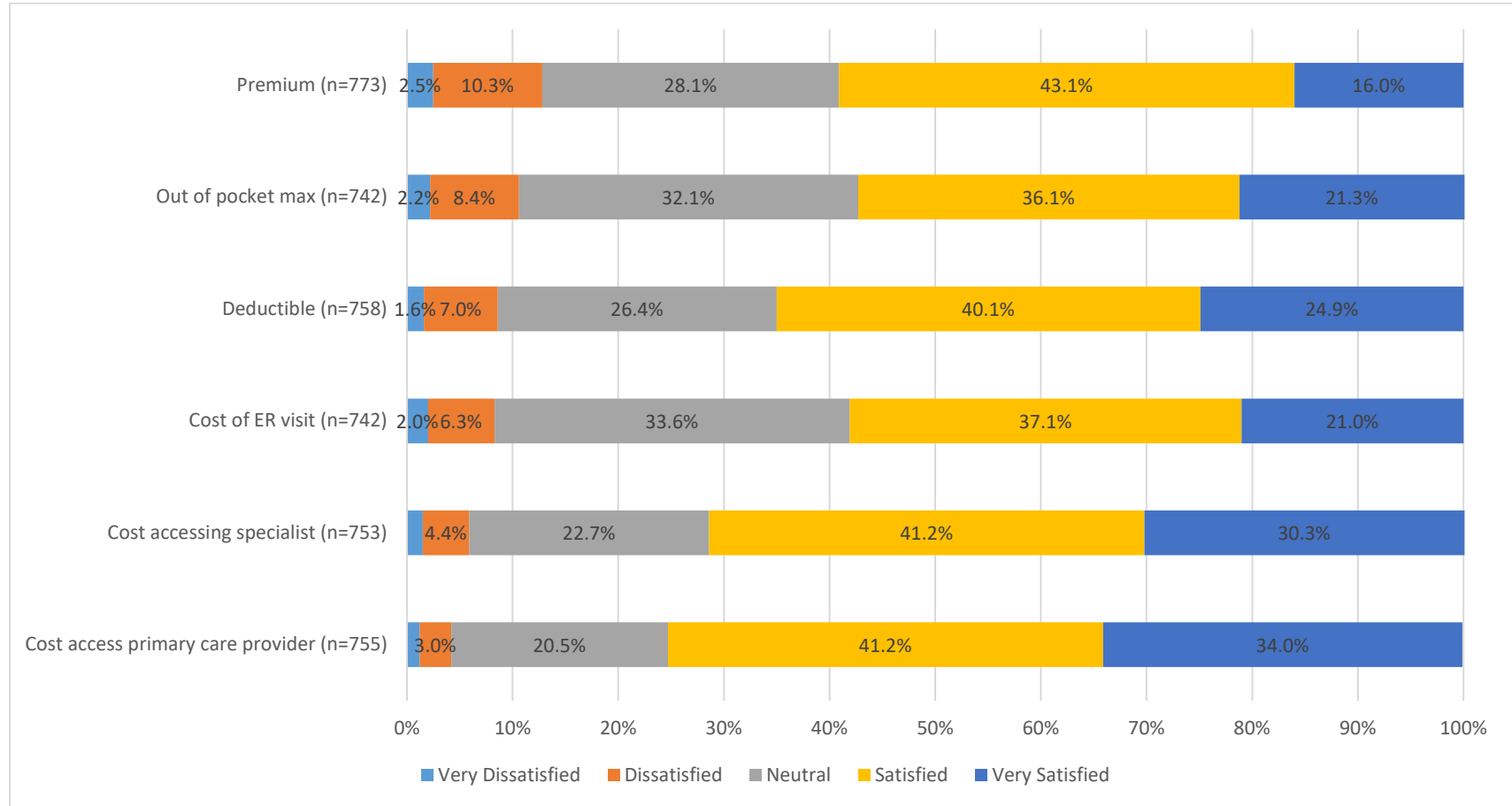
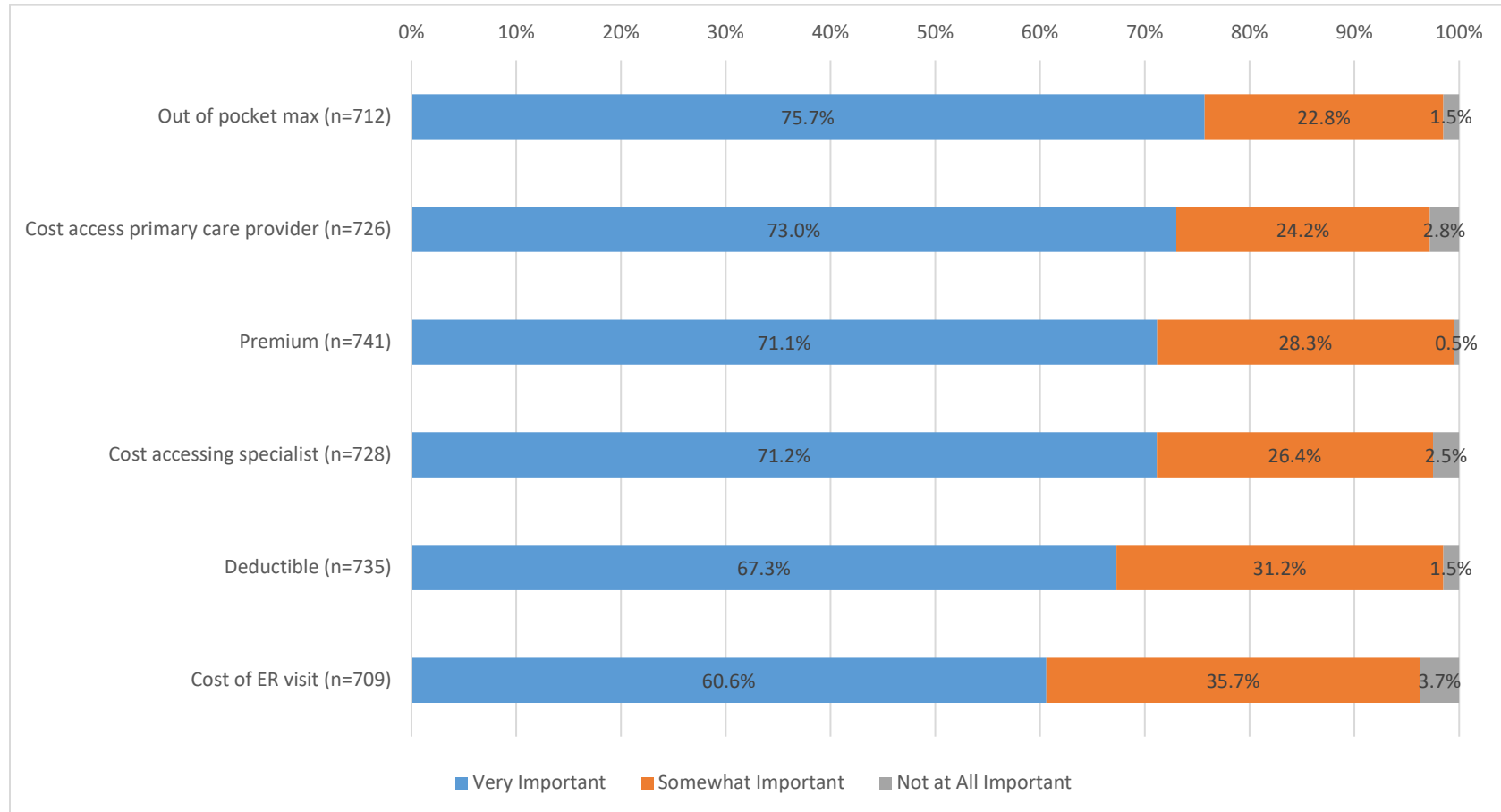


Figure 35 shows that among retirees, the most important feature in choosing a State Medicare Plan is out-of-pocket maximum, with 76% describing it as very important, but this is followed closely by cost of accessing primary care provider, premium, and cost of accessing a specialist, all of which have very important ratings of over 70%. The percentage considering a feature not at all important is negligible across all features – no greater than 4% for any feature.

Figure 35. Retirees- Importance of Features in Choosing State Medicare Plan



HealthQuest Use

Retirees are not eligible to use HealthQuest but were asked whether they had an interest in using the State of Kansas wellness program for a cost. Those who responded “no” or “not sure” were asked the follow-up question of whether they would be interested in using such a service as no cost. Figures 36 and 37 show results of those questions asked of retirees.

Figure 36 shows that 10% indicated they would be interested in using a State of Kansas wellness program for a cost, and right at half, 51%, are unsure.

Figure 36. Retirees- Interest in Using State of Kansas Wellness Program for a Cost (n=865)

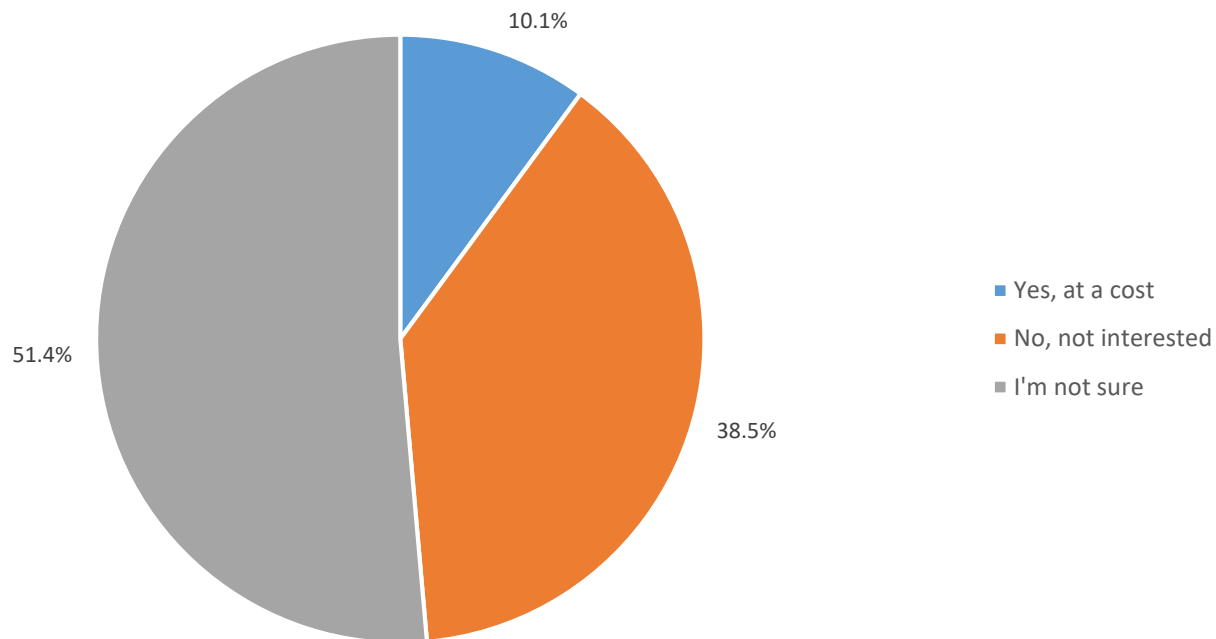
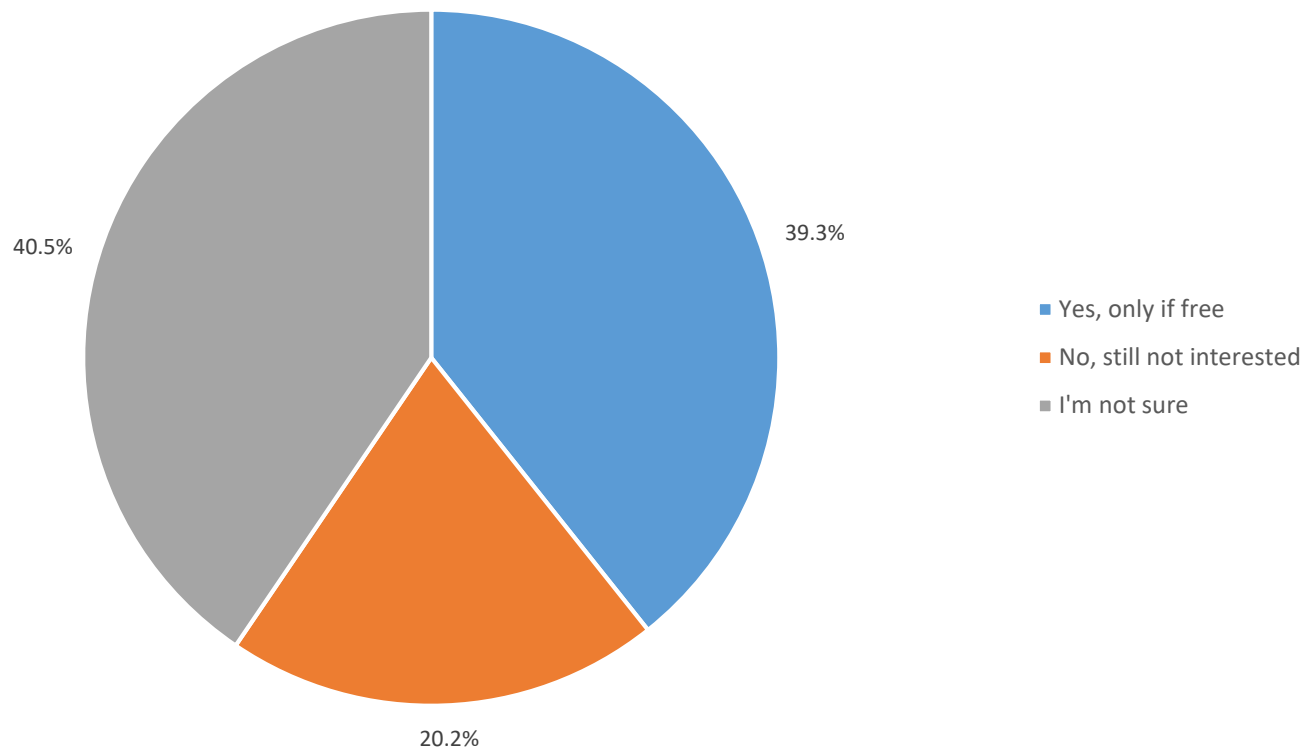


Figure 37 shows that among those who are unsure or not interested in a State of Kansas wellness program offered for a cost, 39% indicate they would be interested if it were offered at no cost. Another 41% are unsure, and 20% still have no interest in a free wellness program offered by the State.

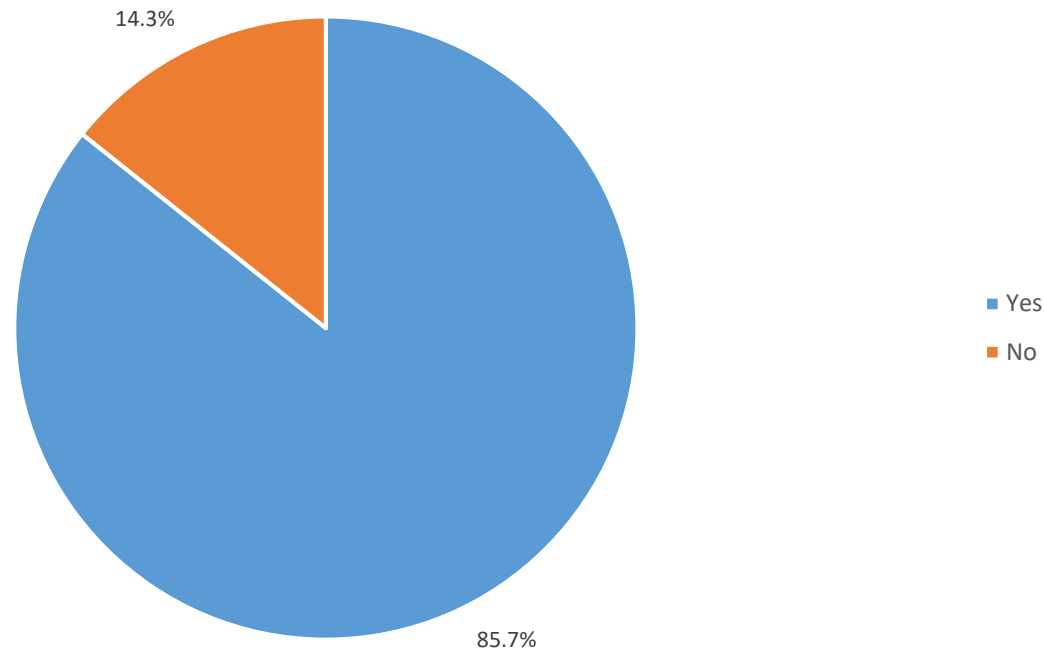
Figure 37. Retirees with No Interest in Using a For-Cost State Wellness Program- Interest in Using a Free State Wellness Program (n=778)



All employees were asked the following, “Did you enable a HealthQuest account this year, that is, in 2020?” To help ensure respondents had the correct referent in mind in case of recall problems or simply misidentification of the concept, this further contextual information was provided immediately following this question in parenthesis, “(By enabling a HealthQuest wellness account, employees and spouses can earn credits towards a premium reduction for the next plan year, and on some plans, the employee/spouse can earn an employer contribution to an HSA/HRA.)”

Figure 38 shows that a large majority, 86%, of employees report enabling their HealthQuest account in 2020.

Figure 38. Enabled HealthQuest Account in 2020 (n=5,508)



Staying with the list of sociodemographic/background factors used above in break-out analyses among employees regarding their Health Plan, we examined whether enabling a HealthQuest differs by these. Those characteristics include: Health Plan coverage type (individuals covered); having a chronic medical condition; having a disability; gender; identifying as Hispanic, LatinX, Spanish origin; identifying as white or non-white; age; household income; education level completed; and urbanicity of the respondent's county of residence. As a rule of thumb for these analyses, differences are considered substantive if the association achieves statistical significance, the Cramer's V association has a magnitude of at least 0.05, and the percentage difference in a row of the table is at least 5%.

Where these analyses find a substantive difference in enabling a HealthQuest account in 2020 by sociodemographic/background characteristic, a table showing crosstabular results is provided in the following set of tables (Tables 35 through 38). This analyses finds the following types to be somewhat less likely to have enabled a HealthQuest account in 2020: men; those in the older age categories (particularly those 65 or older); those with household incomes of \$150,000 or greater; and those with a doctoral degree, high school degree, or some college as the highest level of education completed.

As Table 35 shows, females are more likely to have enabled their HealthQuest account in 2020 (Cramer's V=0.16) by a difference of about 11%.

Table 35. Enabled HealthQuest Account in 2020 by Gender

Crosstab

			Q65 Gender		Total
			Male	Female	
Q36 Did you enable a Health Quest account in 2020	Yes	Count	1378	3082	4460
		% within Q65 Gender	78.3%	89.9%	85.9%
	No	Count	383	347	730
		% within Q65 Gender	21.7%	10.1%	14.1%
Total	Count	1761	3429	5190	
	% within Q65 Gender	100.0%	100.0%	100.0%	

Table 36 shows that the older the age category, the less likely to have enabled a HealthQuest account in 2020 (Cramer's V=.11).

Table 36. Enabled HealthQuest Account in 2020 by Age Category

Crosstab

			Q68 Age						
			18-24	25-34	35-44	45-54	55-64	65+	Total
Q36 Did you enable a Health Quest account in 2020	Yes	Count	25	506	914	1197	1437	285	4364
		% within Q68 Age	100.0%	89.7%	87.5%	87.5%	84.9%	74.8%	86.0%
	No	Count	0	58	131	171	255	96	711
		% within Q68 Age	0.0%	10.3%	12.5%	12.5%	15.1%	25.2%	14.0%
Total	Count	25	564	1045	1368	1692	381	5075	
	% within Q68 Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 37 shows that those in the highest income category (\$150,000 or more) are less likely to have enabled a HealthQuest account in 2020 (Cramer's V=.09), and there is little difference between the remaining age categories.

Table 37. Enabled HealthQuest Account in 2020 by Household Income

			Crosstab								
			Q69 Household income in 2019 (gross income)								
			Under \$10,000	\$10,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 or more	Total
Q36 Did you enable a Health Quest account in 2020	Yes	Count	3	54	300	698	915	812	773	290	3845
		% within Q69 Household income in 2019 (gross income)	100.0%	79.4%	84.0%	86.6%	84.7%	88.5%	88.1%	76.9%	85.7%
	No	Count	0	14	57	108	165	105	104	87	640
		% within Q69 Household income in 2019 (gross income)	0.0%	20.6%	16.0%	13.4%	15.3%	11.5%	11.9%	23.1%	14.3%
Total	Count	3	68	357	806	1080	917	877	377	4485	
	% within Q69 Household income in 2019 (gross income)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 38 shows that in the highest education completed category (doctoral degree) are the least likely, 79%, to have enabled a HealthQuest account in 2020 (Cramer's V=.10), followed fairly closely by 83% of those who completed either high school or some college education who enabled their account.

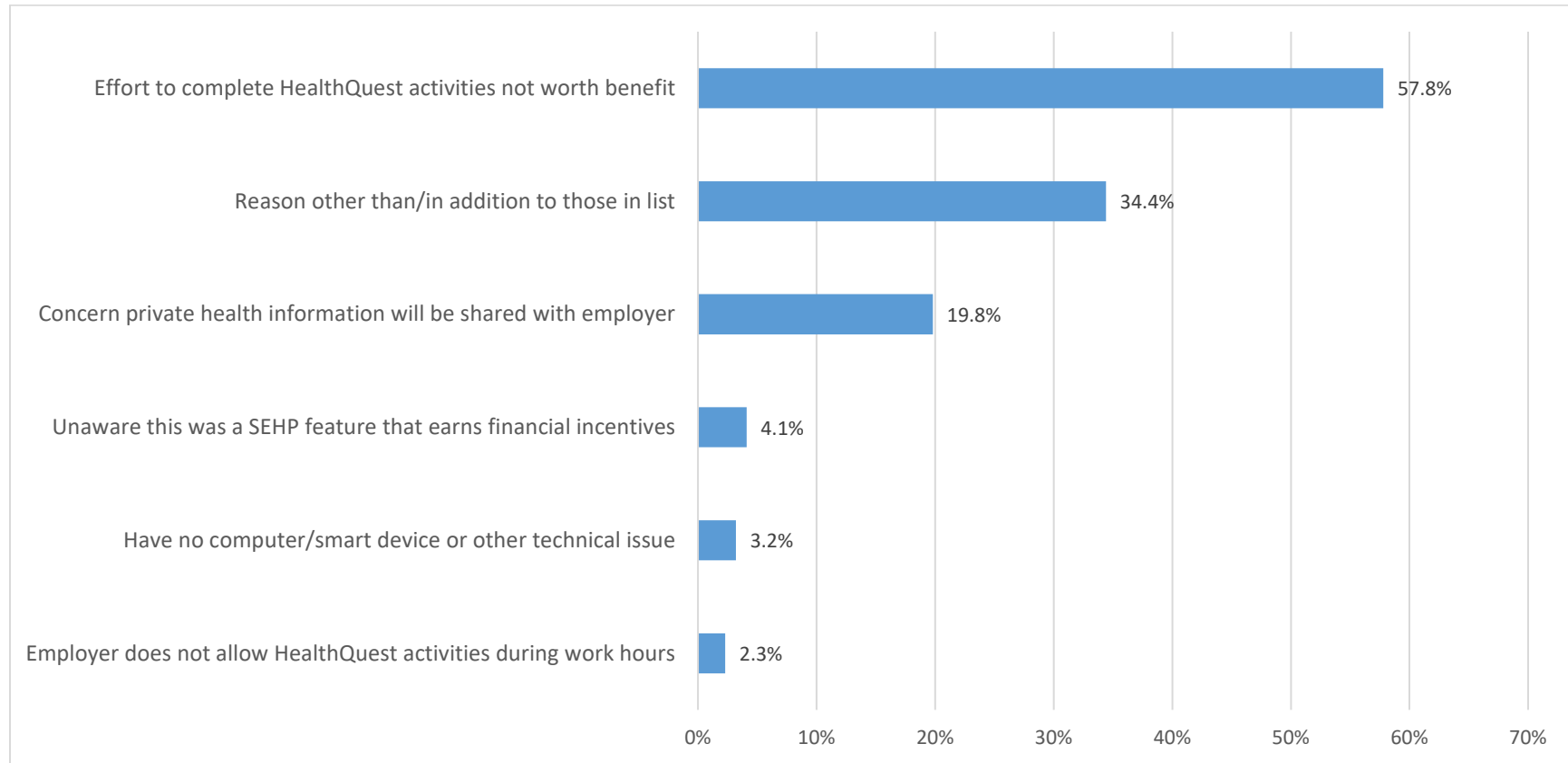
Table 38. Enabled HealthQuest Account in 2020 by Level of Education Completed

Crosstab

			Q70 Education level completed							
			Less than high school	High school graduate	Some college	Associate or technical degree	Bachelor degree	Professional or master degree	Doctorate	Total
Q36 Did you enable a Health Quest account in 2020	Yes	Count	2	247	483	442	1514	1128	586	4402
		% within Q70 Education level completed	100.0%	83.2%	82.6%	86.3%	88.7%	88.3%	79.2%	86.0%
	No	Count	0	50	102	70	193	149	154	718
		% within Q70 Education level completed	0.0%	16.8%	17.4%	13.7%	11.3%	11.7%	20.8%	14.0%
Total	Count	2	297	585	512	1707	1277	740	5120	
	% within Q70 Education level completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Employees who did not enable a HealthQuest account in 2020 were asked to indicate from a list of possible reasons which if any contributed to them not enabling an account. Figure 39 shows that a majority, 58%, of those who did not enable a HealthQuest account in 2020 indicate that the effort to complete HealthQuest activities is not worth the benefit. This was by far the single most selected reason for not enabling an account.

Figure 39. Reasons Did Not Enable HealthQuest Account in 2020 [select all that apply] (n=787)



All employees enrolled in a SEHP were asked a few questions about their potential use of the HealthQuest Marathon Health Clinic in Topeka. First, respondents were asked whether they live or work near enough to Topeka to use this clinic. Figure 40 shows that about 28% report they live or work close enough to Topeka to use the Clinic.

Figure 40. Live/Works Close Enough to Topeka to Use HealthQuest Marathon Clinic (n=5,685)

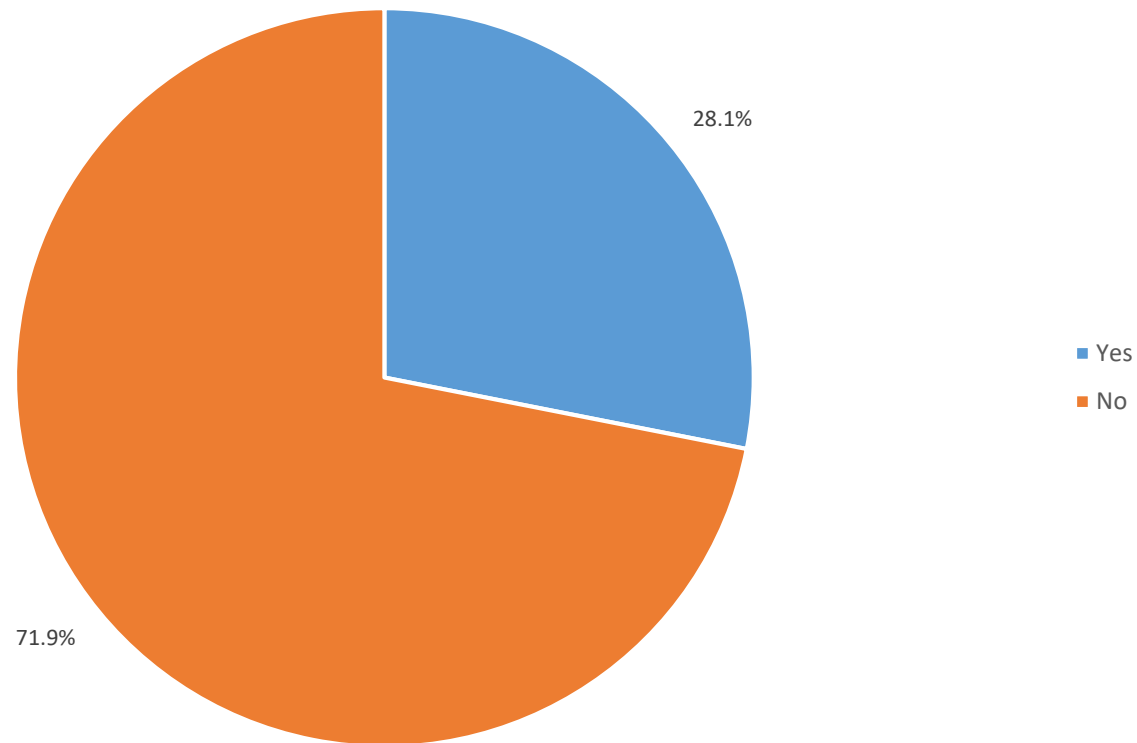
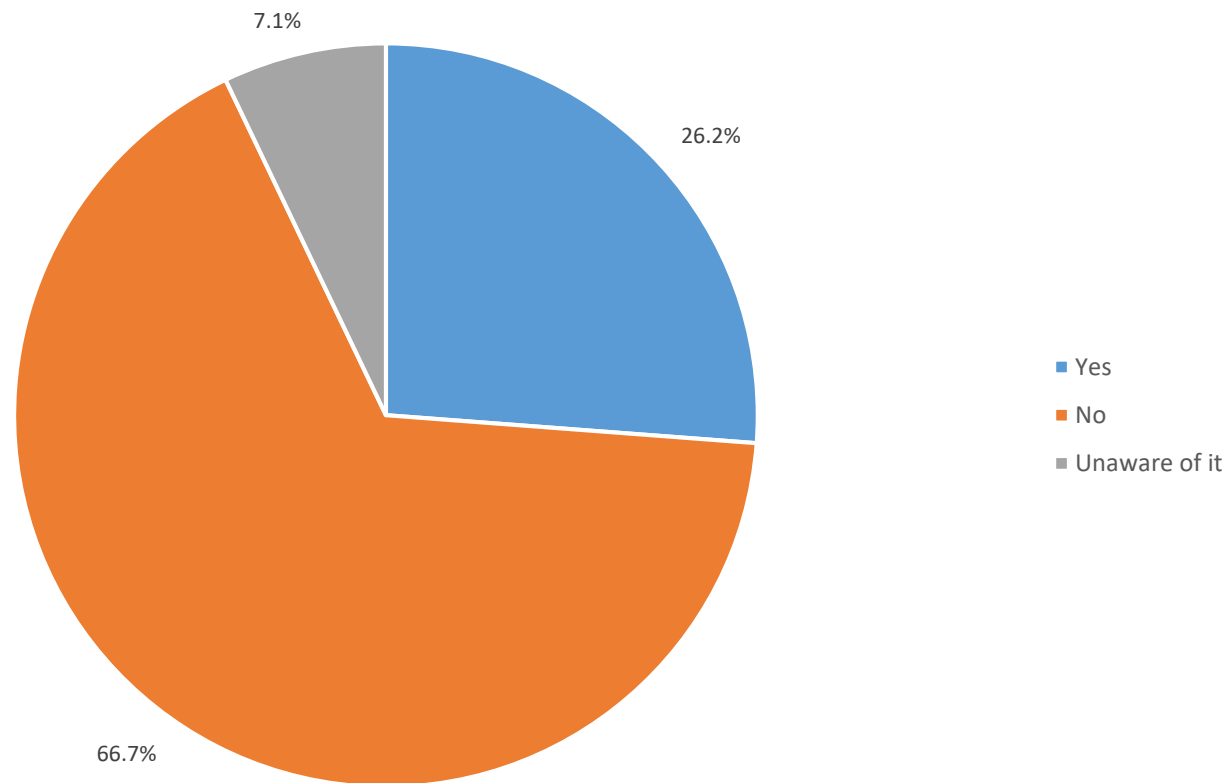


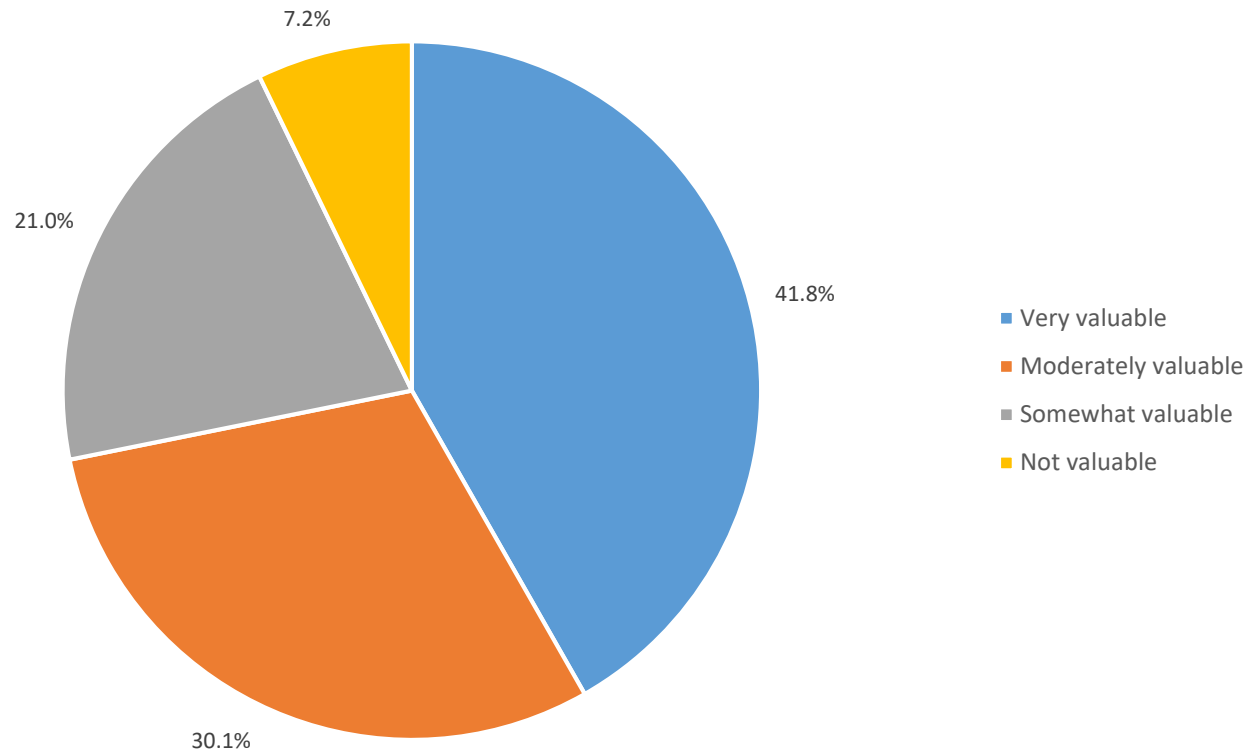
Figure 41 shows that about 26% of those who reported living or working close enough to Topeka to use the HealthQuest Marathon Clinic say they have used the Clinic. Of the remainder, 67% report they have not used it, presumably even though they were aware of it, and another 7% indicate they were unaware of this HealthQuest clinic in Topeka.

Figure 41. Use and Awareness of HealthQuest Marathon Clinic Among Those Self-Defining as Living or Working Close Enough to Topeka to Use It (n=1,598)



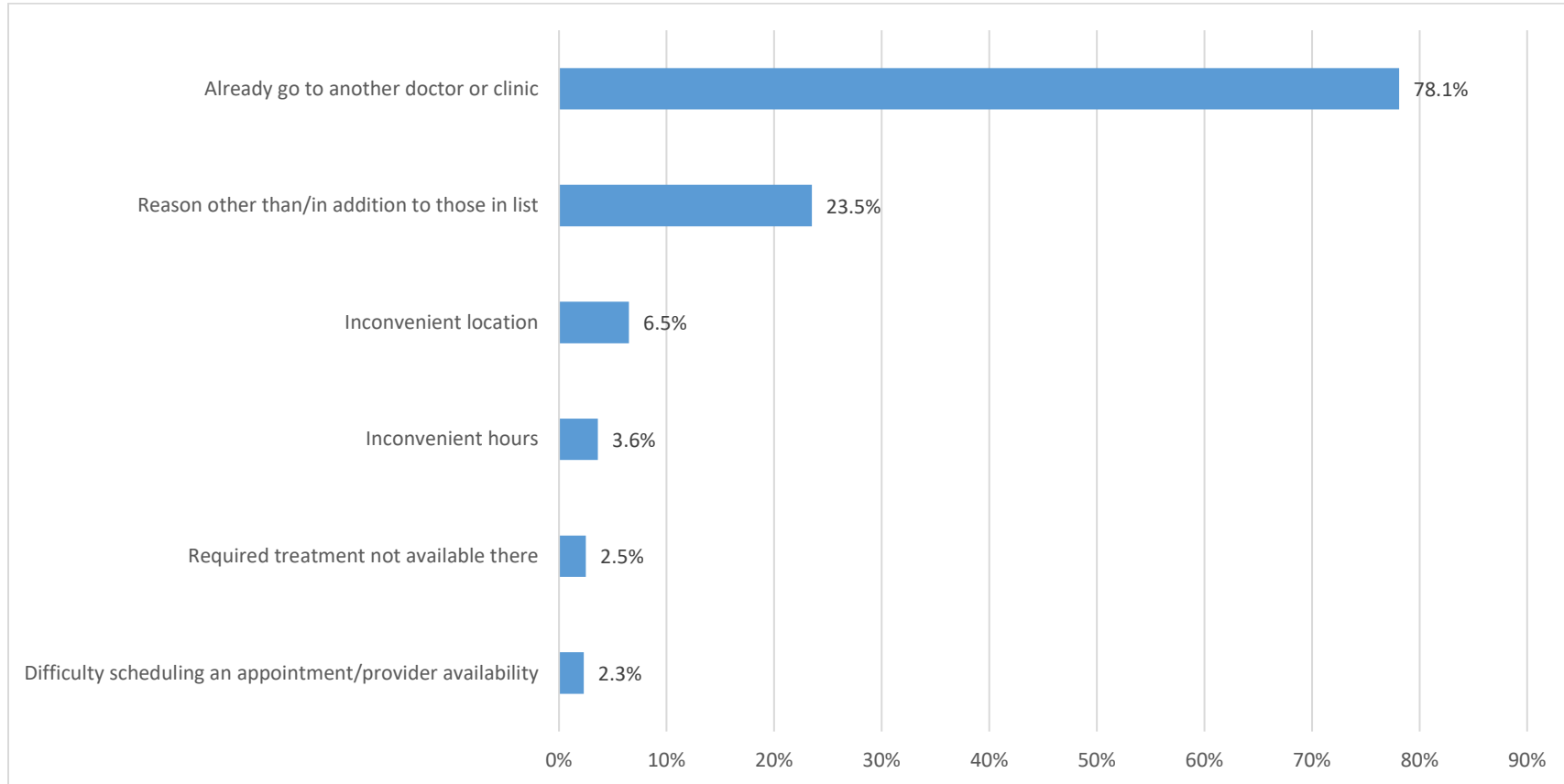
Those who have used the Clinic were asked how valuable they think the Clinic to be in maintaining/improving their health. Figure 42 shows that only 7% of users consider it not valuable to them. The single largest percentage, 42%, consider it very valuable, and another 30% consider it moderately valuable.

Figure 42. Perceived Value in HealthQuest Marathon Clinic Among Users (n=419)



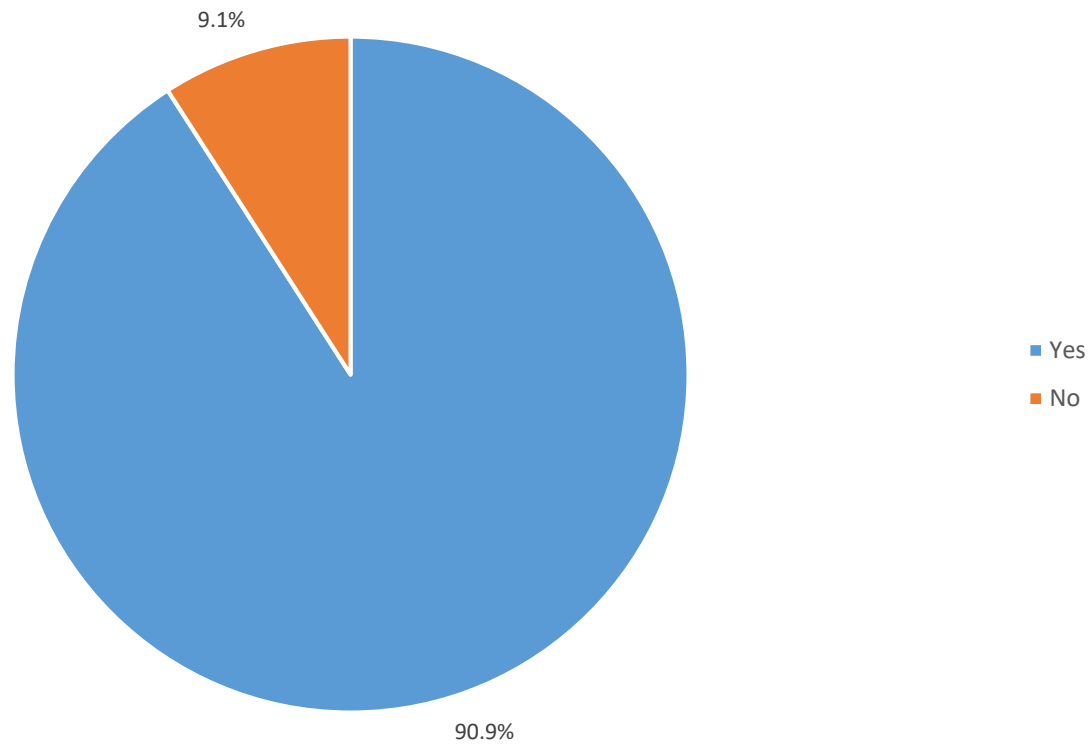
Those who say they live or work near enough to Topeka to use the Clinic but who reported they do not use it were asked to indicate from a list of possible reasons which, if any, apply to them. Figure 43 shows that a large majority, 78%, and by far the most often indicated reason for not using the Clinic is already going to another doctor or clinic.

Figure 43. Reasons for Not Using HealthQuest Marathon Clinic Among Those Self-Defining as Living/Working Close Enough to Topeka to Use it [select all that apply] (n=1,066)



Those who indicated they do not live or work close enough to Topeka to use the HealthQuest Marathon Clinic were asked this follow-up “Is there sufficient access to network medical providers in your area?” Figure 44 shows that 91% do report sufficient access to network medical providers in their area.

Figure 44. Perceive Sufficient Access to Network Medical Providers in Own Area Among Those Not Living/Working Near Topeka (n=4,044)



Employees were asked in which of the HealthQuest activities they had ever participated. Figure 45 show levels of participation above 75% for all items in the graph and having ever participated in basic preventative exams is about 90% for all three types. The list is arranged in order of highest to lowest levels of ever participating and continues into the next figure.

Figure 45. Ever Participated in HealthQuest Activity

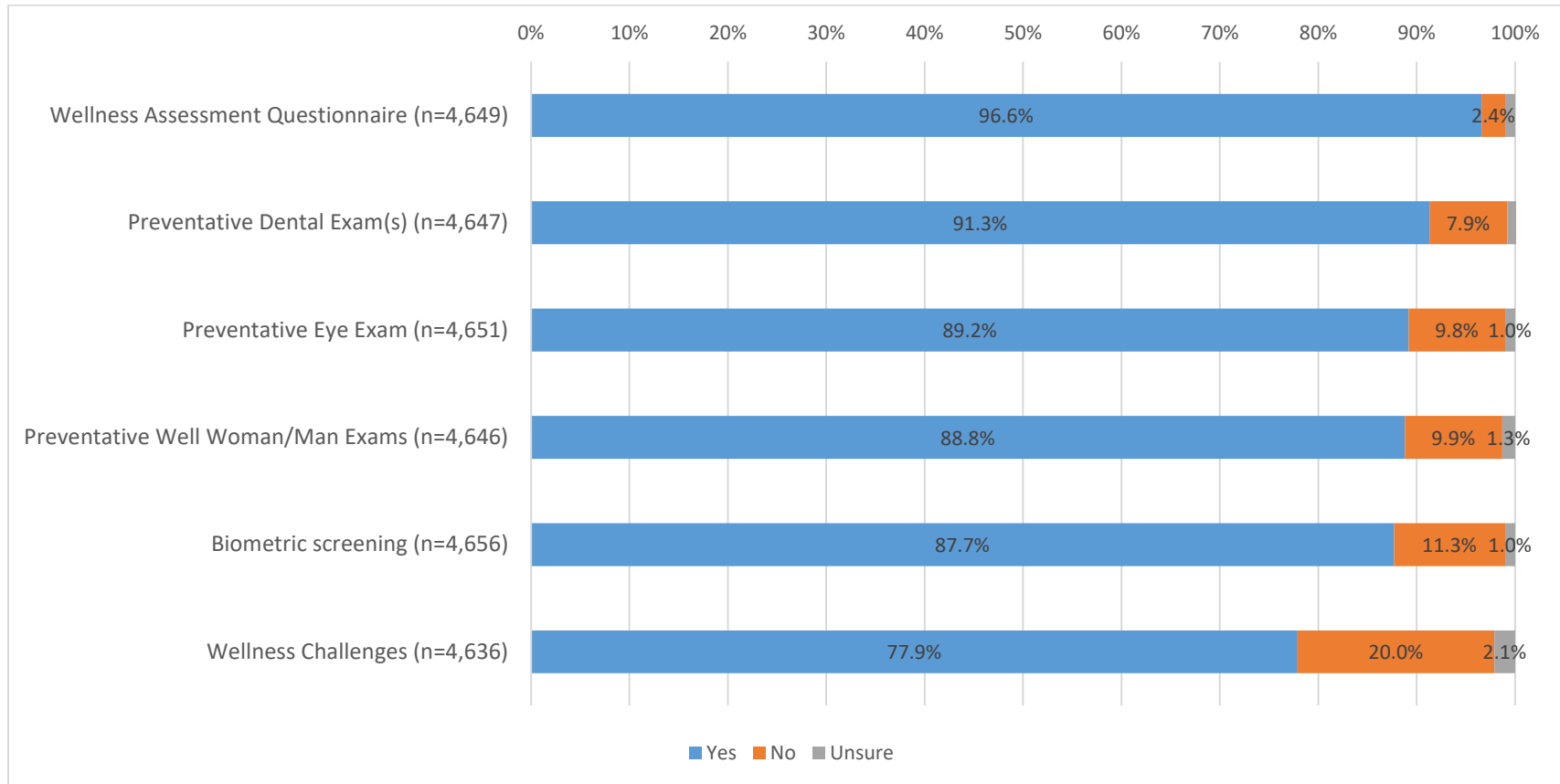
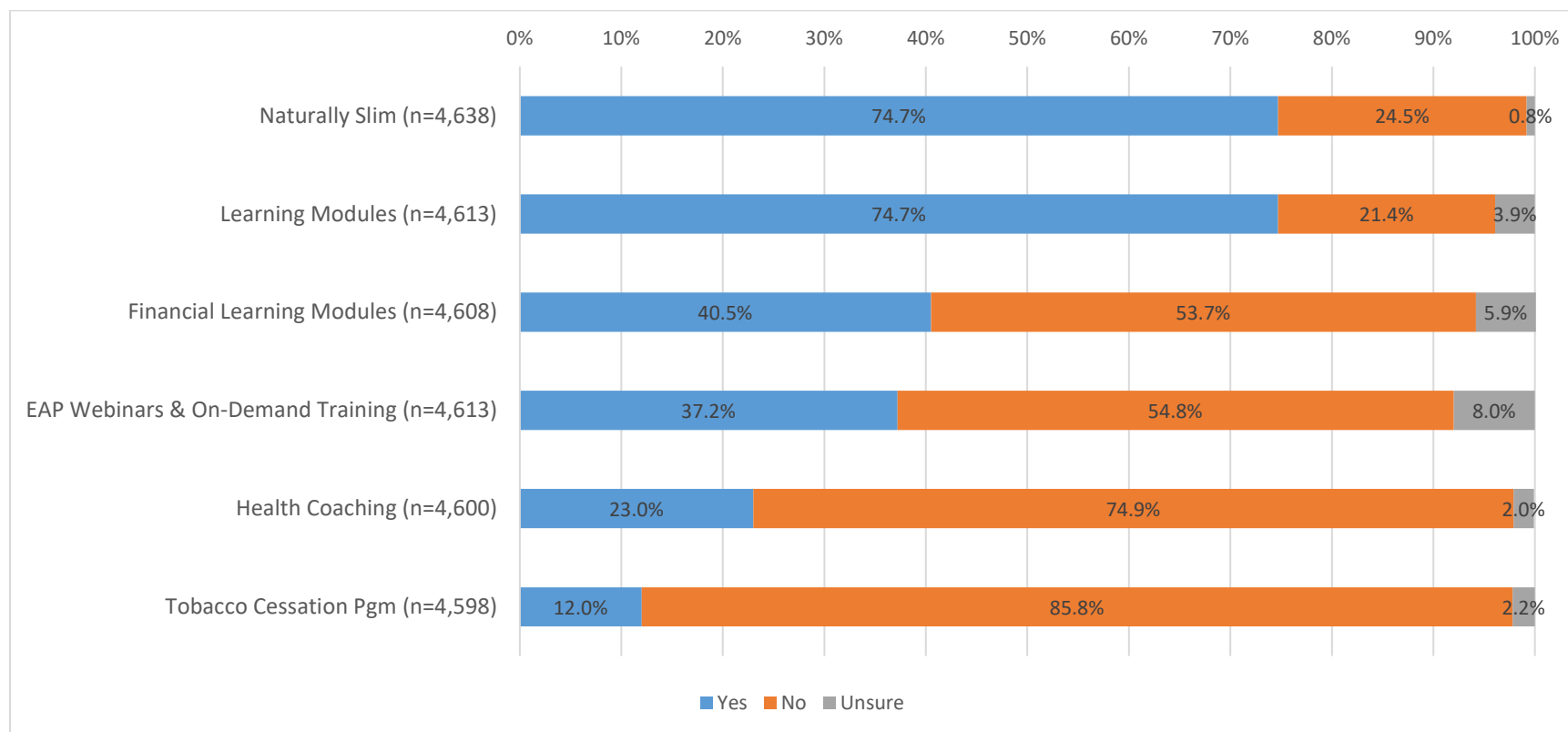


Figure 46 continues with the series in order from highest to lowest levels of having ever participated in the HealthQuest activity listed. The first two items in the list show levels of use similar to those in the figure above. Having ever participated falls off precipitously after those two, with having ever participated in financial learning modules at barely 40%, EAP webinars and on-demand training at 37%, and Health Coaching at only 23%. Given that the vast majority of Kansans do not use tobacco, it is not surprising to see low participation in tobacco cessation relative to the other activities.

Figure 46. Ever Participated in HealthQuest Activity (continued)



Perceived Level of Effort to Participate in HealthQuest

Respondents were asked to rate the level of effort necessary to use HealthQuest activities and were asked to do so prior to being asked whether they had ever participated in the activity. This order of questioning aimed to minimize response bias in rating level of effort required for the activity and to minimize nonresponse to the perceived level of effort questions, particularly among those who may have never used the activity. It is to be expected that some who perceive unduly high level of effort to participate in an activity, even in the absence of ever using the HealthQuest feature, may avoid it.

Figures 47 through 49 below show level of effort ratings among those who have used the HealthQuest activity and those who have not. For every HealthQuest activity much greater percentages of those who have ever participated rate the level of effort as easy/less difficult compared to those never using the feature. For all HealthQuest activities solid majorities of those ever participating rate the level of effort to use as easy or very easy. Combined percentages greater than 70% of those ever participating rate these activities as easy or very easy to use: preventative dental exams (89%), preventative eye exams (88%), wellness questionnaire (88%), Naturally Slim (75%), health/wellness learning modules (73%), and financial learning modules (73%).

For all HealthQuest activities charted in Figure 47, those who have used the feature report far greater levels of ease than is perceived by those who have never used the feature (and Cramer's V tests of difference magnitudes -not shown- confirm this). Solid majorities of users rate the activity as easy or very easy. Among those who have never used it the only feature with a combined majority, 54%, rating of easy and very easy rating is preventative eye exams, and yet, this is far lower than the combined 88% easy and very easy rating among those who have used this HealthQuest feature.

Figure 47. Rating Effort to Participate in HealthQuest Activities Among Those Who Have and Have Not Used Feature

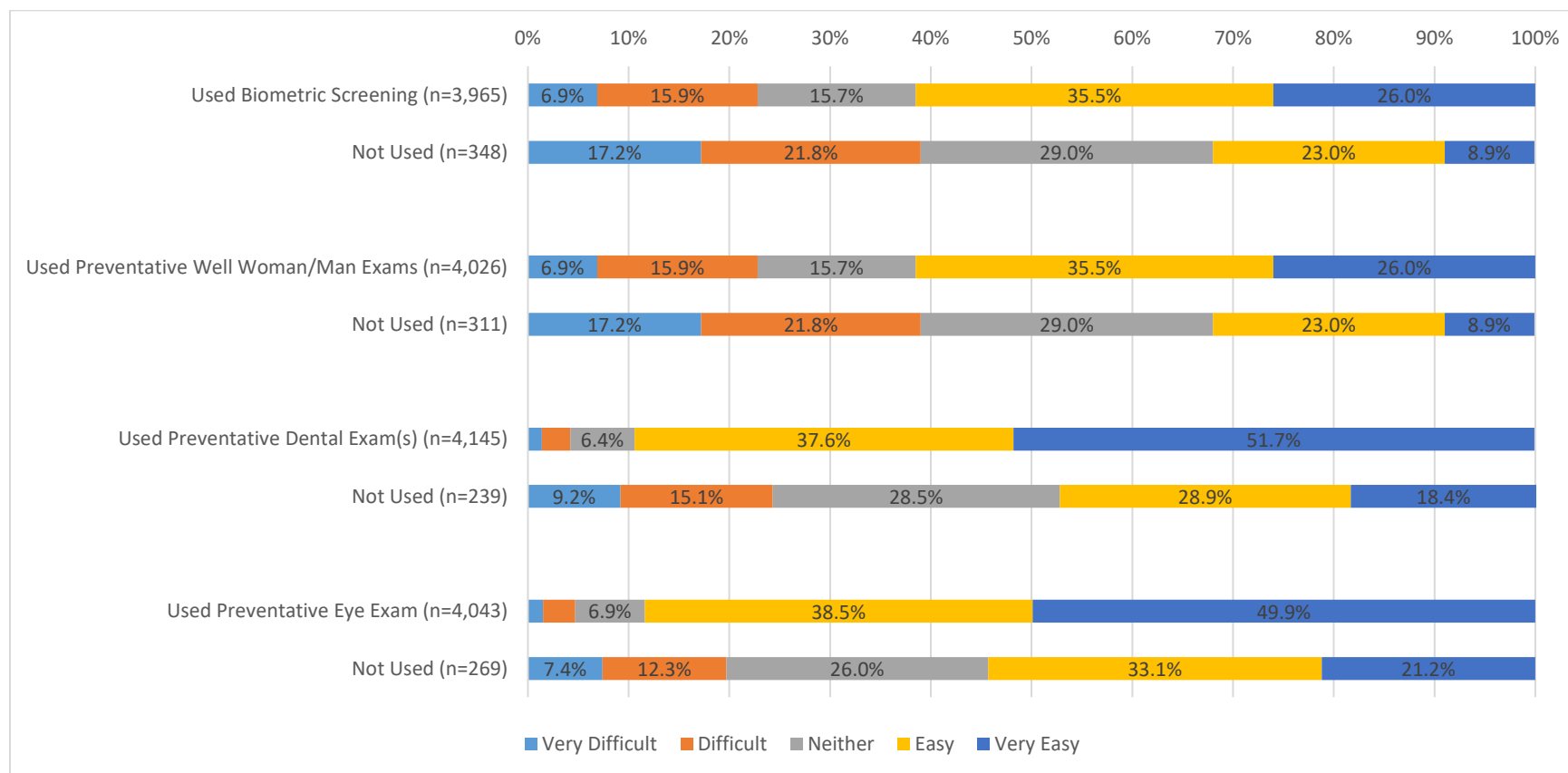
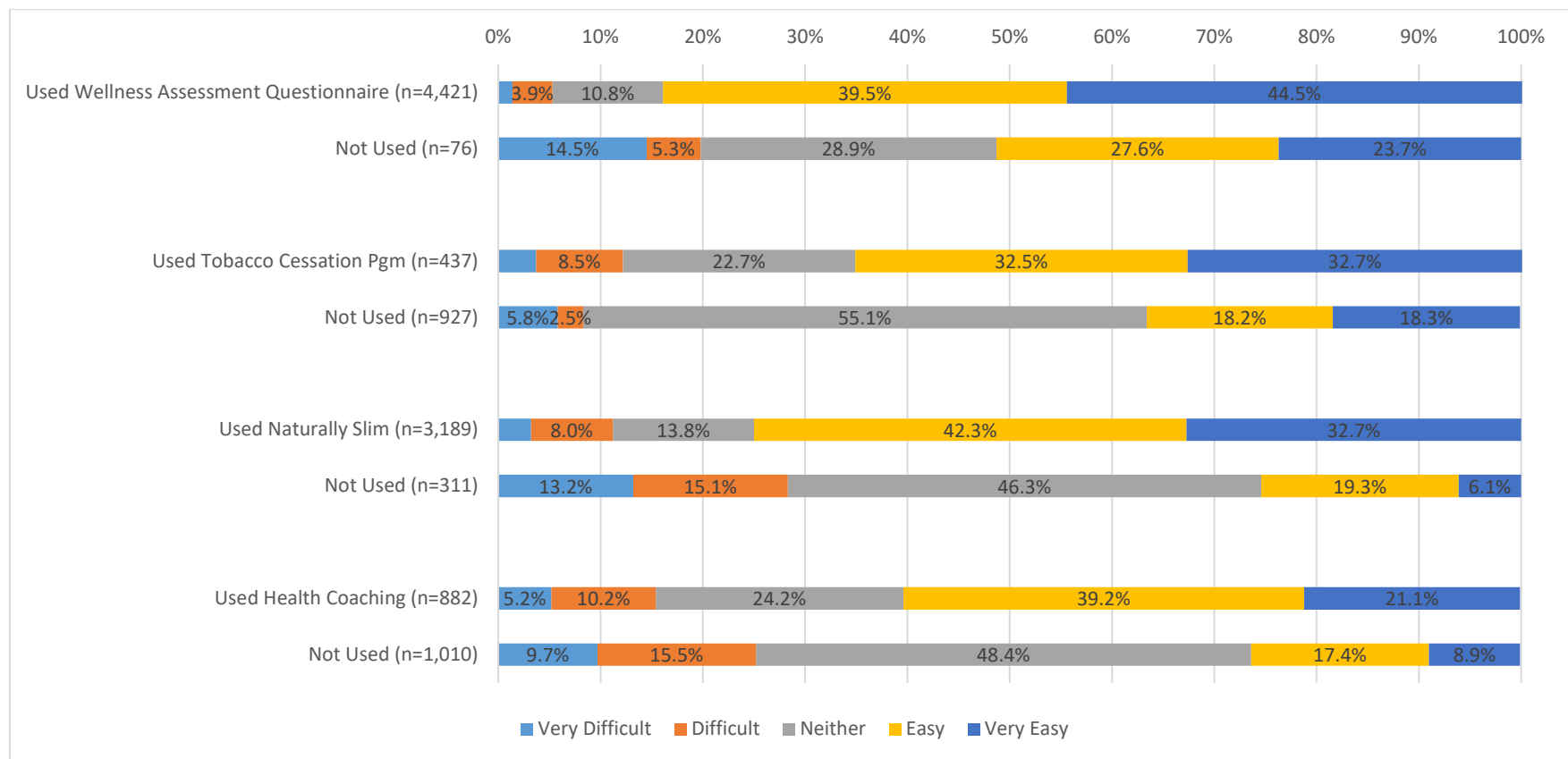


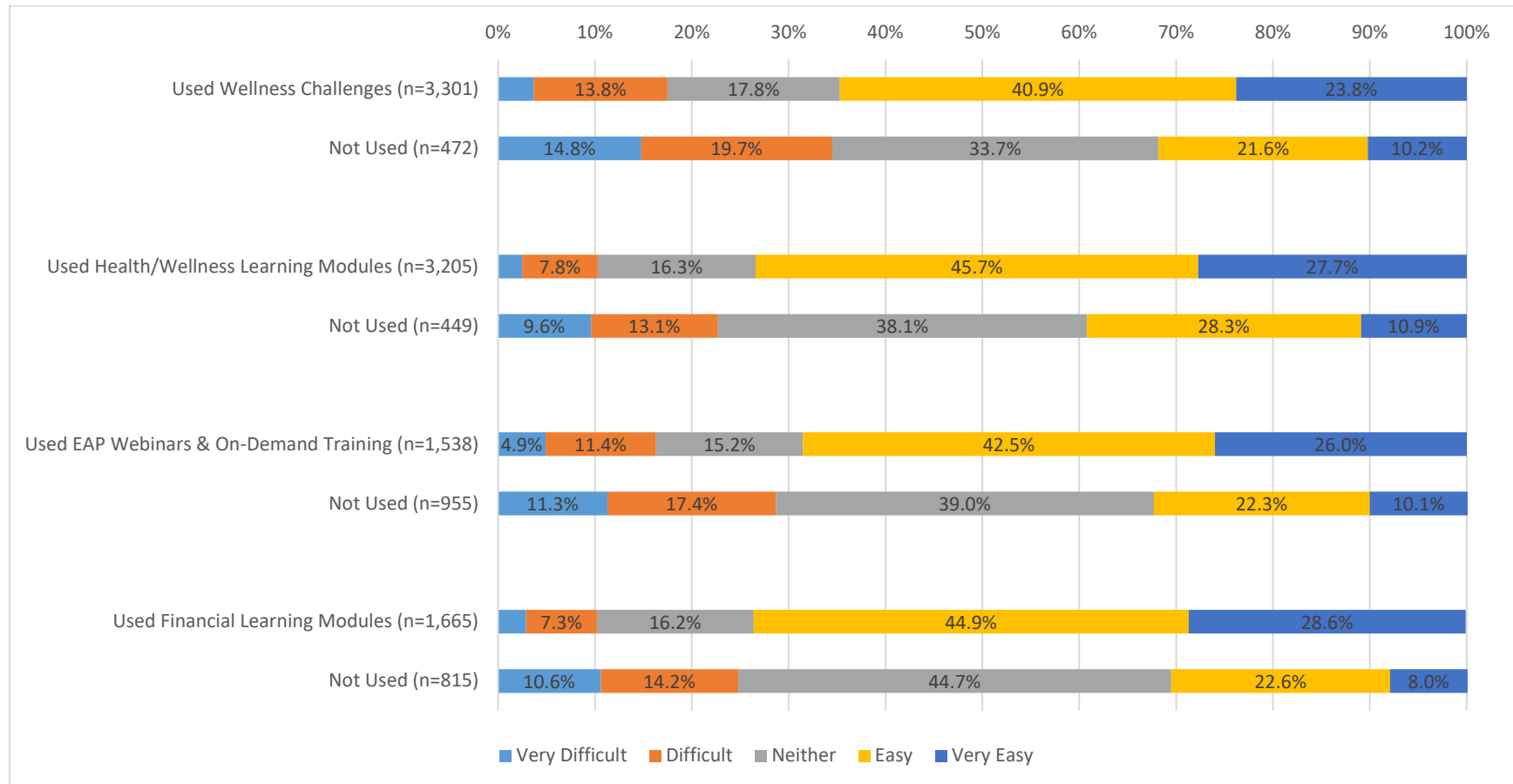
Figure 48 continues the charting of level of effort to participation in a HealthQuest feature among those who have ever used the feature and those who have not. Like findings charted in the previous figure, far higher percentages of those who have ever used the features in Figure 48 rate them as easy or very easy compared to those who have never used the feature (and Cramer's V tests of difference magnitudes -not shown- confirm this). Also, again in this chart solid majorities of those who have every participated in the activity rate it as easy or very easy to use.

Figure 48. Rating Effort to Participate in HealthQuest Activities Among Those Who Have and Have Not Used Feature (continued)



Patterns from Figures 47 and 48 continue for the HealthQuest activities in Figure 49. Far higher percentages of those who have ever used the features in Figure 49 rate them as easy or very easy compared to those who have never used the feature (and Cramer's V tests of difference magnitudes -not shown- confirm this). And again in this chart, solid majorities of those who have every participated in the activity rate it as easy or very easy to use.

Figure 49. Rating Effort to Participate in HealthQuest Activities Among Those Who Have and Have Not Used Feature (continued)



Perceived Value in Using HealthQuest Among Participants

Respondents who ever used a HealthQuest feature were asked to rate the value of the activity. Figures 50 and 51 show results of those ratings ordered from the highest to lowest percentages considering the activity “very valuable.”

Figure 50. Value Rating of HealthQuest Activity Among Those Who Have Ever Participated

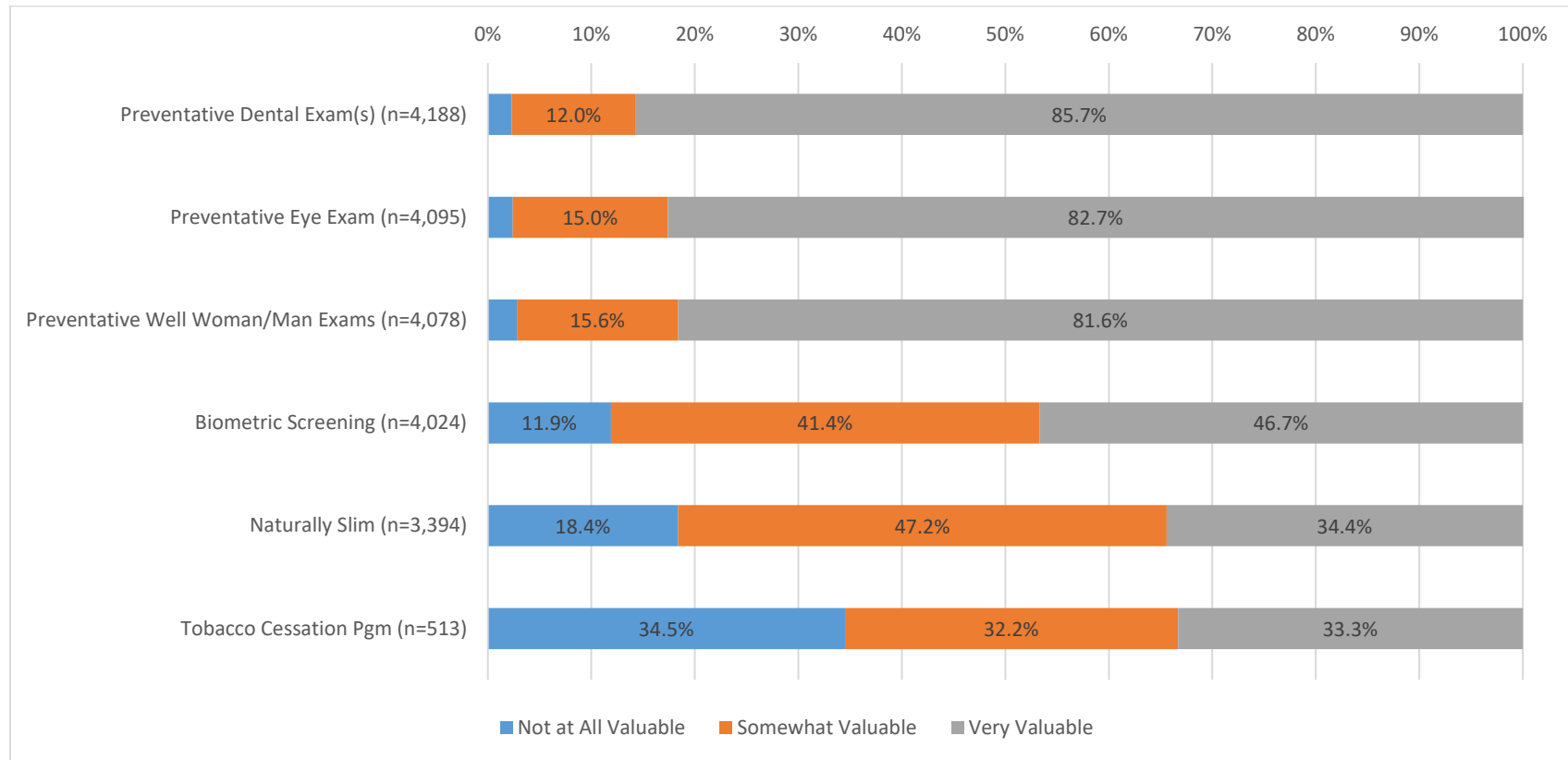
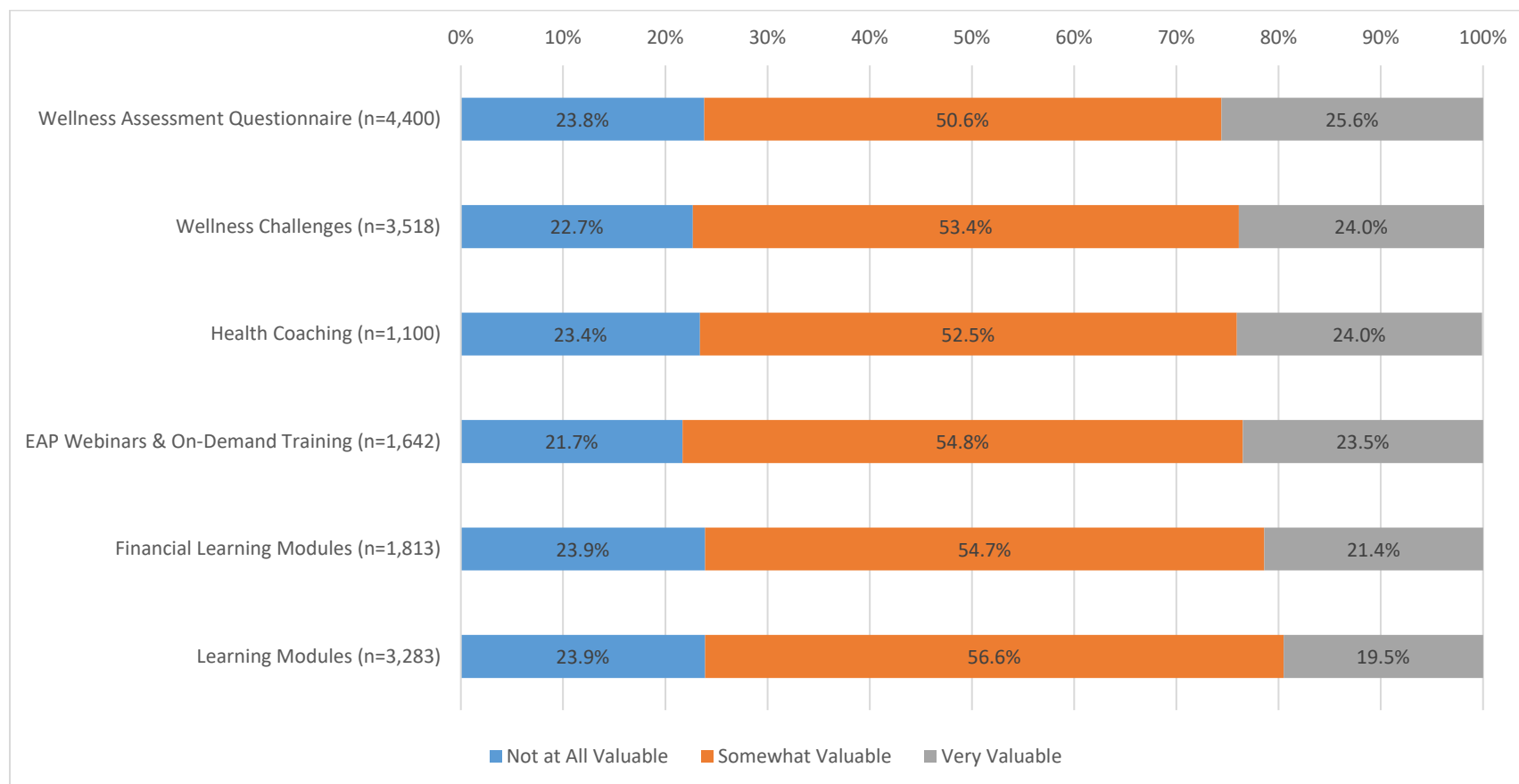


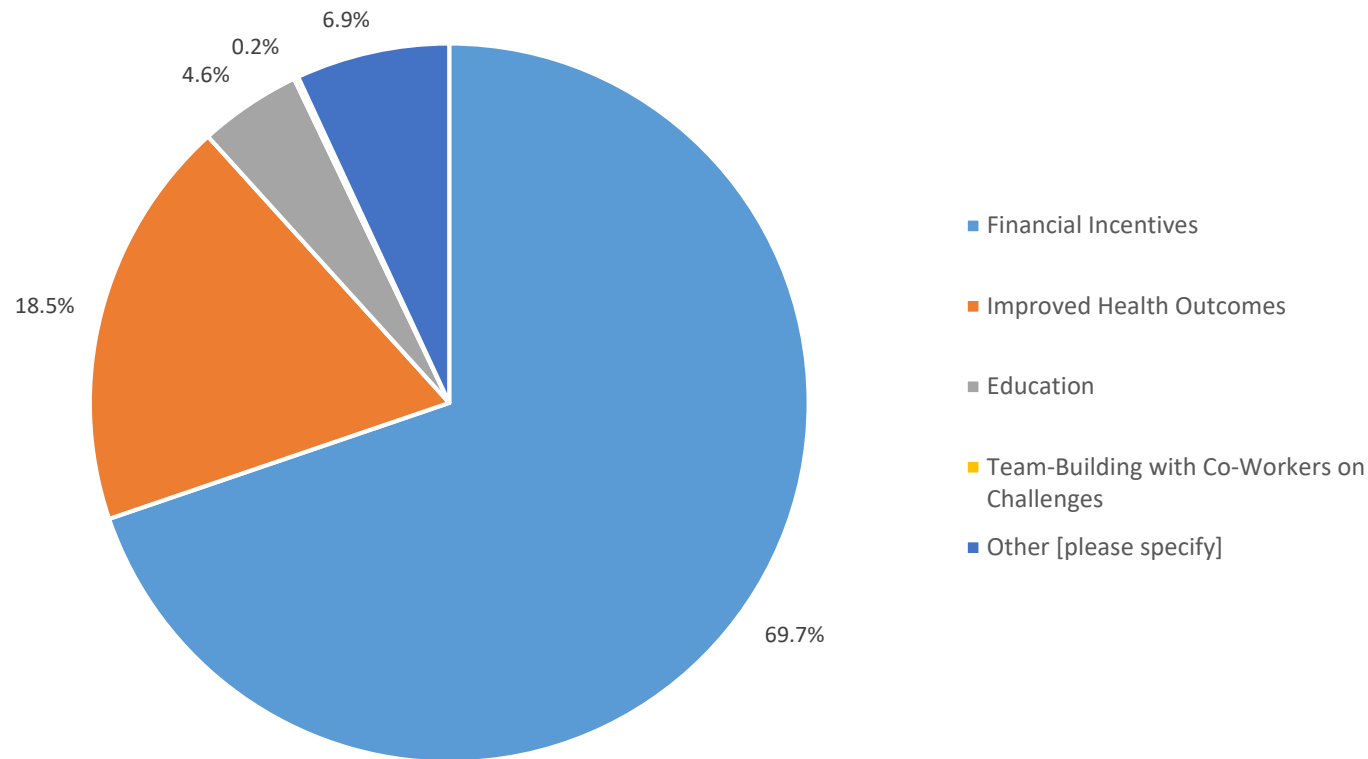
Figure 51. Value Rating of HealthQuest Activity Among Those Who Have Ever Participated (continued)



Among all HealthQuest activities, the three forms of preventative exams (dental, eye, and annual wellness check-ups by a clinical provider) have by far the highest “very valuable” ratings, each at over 80%. Further, the percentages considering these three activities “not at all valuable” are less than 2% each. We might consider these to be long held culturally as good health/wellness practice. Slightly under half rate biometric screens very valuable at 47%. Percentages rating the remaining activities very valuable are around or below 30%, but no more than a fourth of respondents rate any activity not at all valuable with the only exception being tobacco cessation program at 34%.

Lastly in terms of value, when those who enabled a HealthQuest account in 2020 were asked, “What do you see as the primary benefit of your HealthQuest participation?” Figure 52 shows that by far the single largest percentage, 70%, choose financial incentives, followed by about 19% who choose improved health outcomes. Those who chose “other” were offered an open field follow up question, and the open-ended answers provided are listed in report Supplement 3.

Figure 52. Primary Benefit of HealthQuest Participation Among Those Enabling an Account in 2020 (n=4,600)



Reasons for Not Participating in Particular HealthQuest Activities

Those who have not used a particular HealthQuest Activity were given this list of possible reasons and asked to select all that apply, “unaware of it, don’t need it, requires too much effort, privacy of information concern, other reasons.”

Figure 53 shows that besides the 36% who indicate some other reason(s) contribute to their decision not to use biometric screenings, the single most often selected reason is that it requires too much effort at 32%.

Figure 53. Reasons for Not Using Biometric Screenings Among Never Users (n=527)

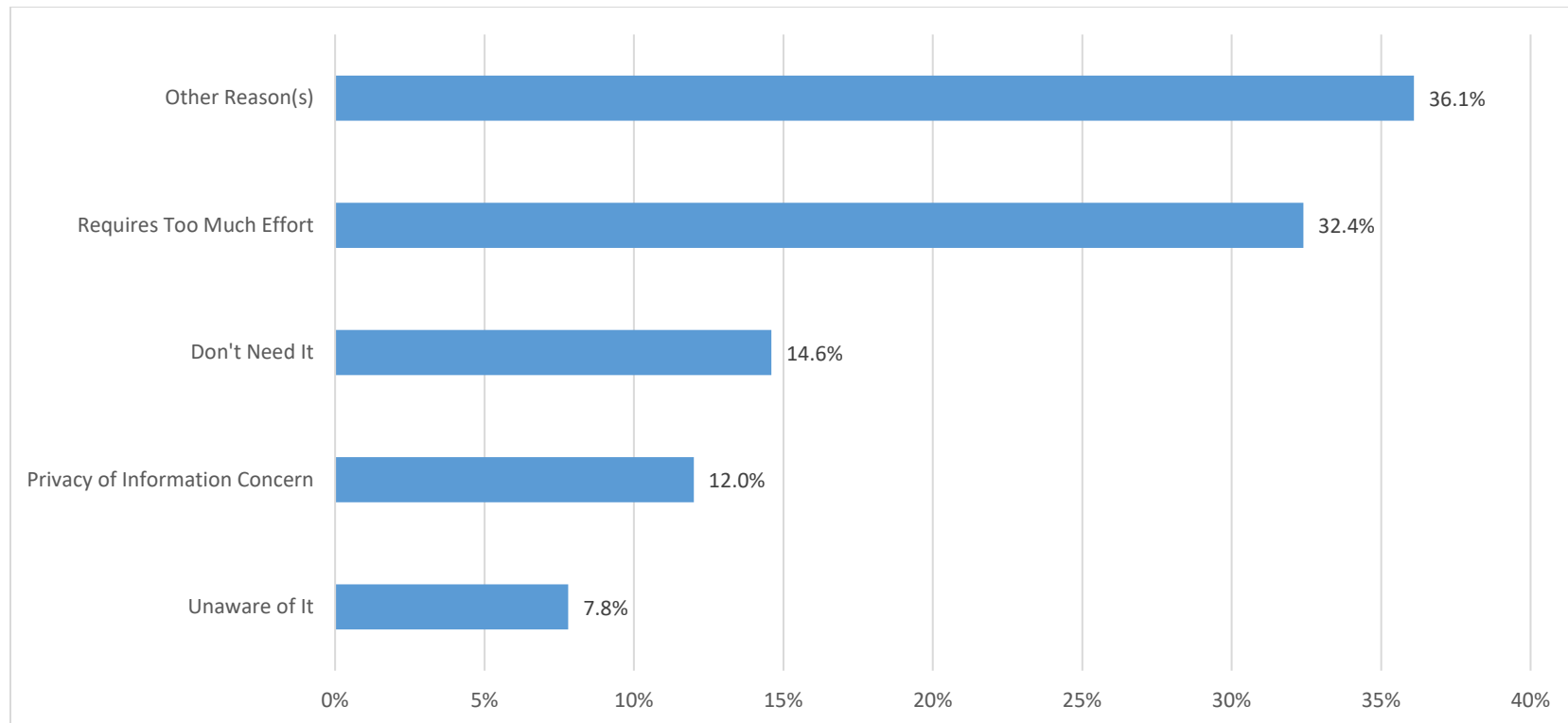


Figure 54 shows that besides the 43% who indicate some other reason(s) contribute to their decision not to use preventative well woman/man exams, the single most often selected reason is that it requires too much effort, mentioned by about 22%, followed by about 17% who think they don't need it.

Figure 54. Reasons for Not Using Preventative Well Woman/Man Exams Among Never Users [select all that apply] (n=459)

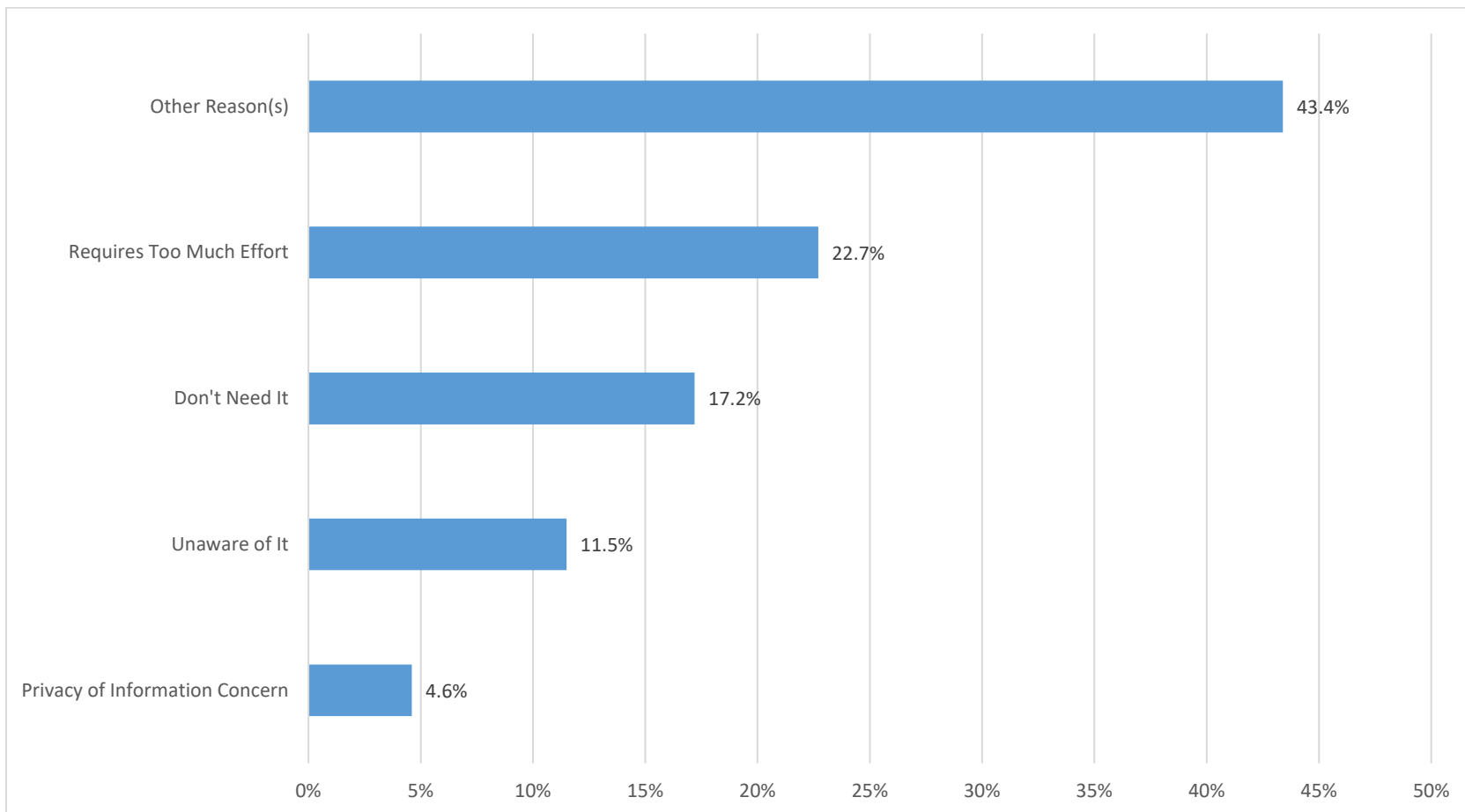


Figure 55 shows that besides the 58% who indicate some other reason(s) contribute to their decision not to use preventative dental exams, the most often two reasons selected are requires too much effort and don't need it, both at 14%.

Figure 55. Reasons for Not Using Preventative Dental Exams Among Never Users [select all that apply] (n=365)

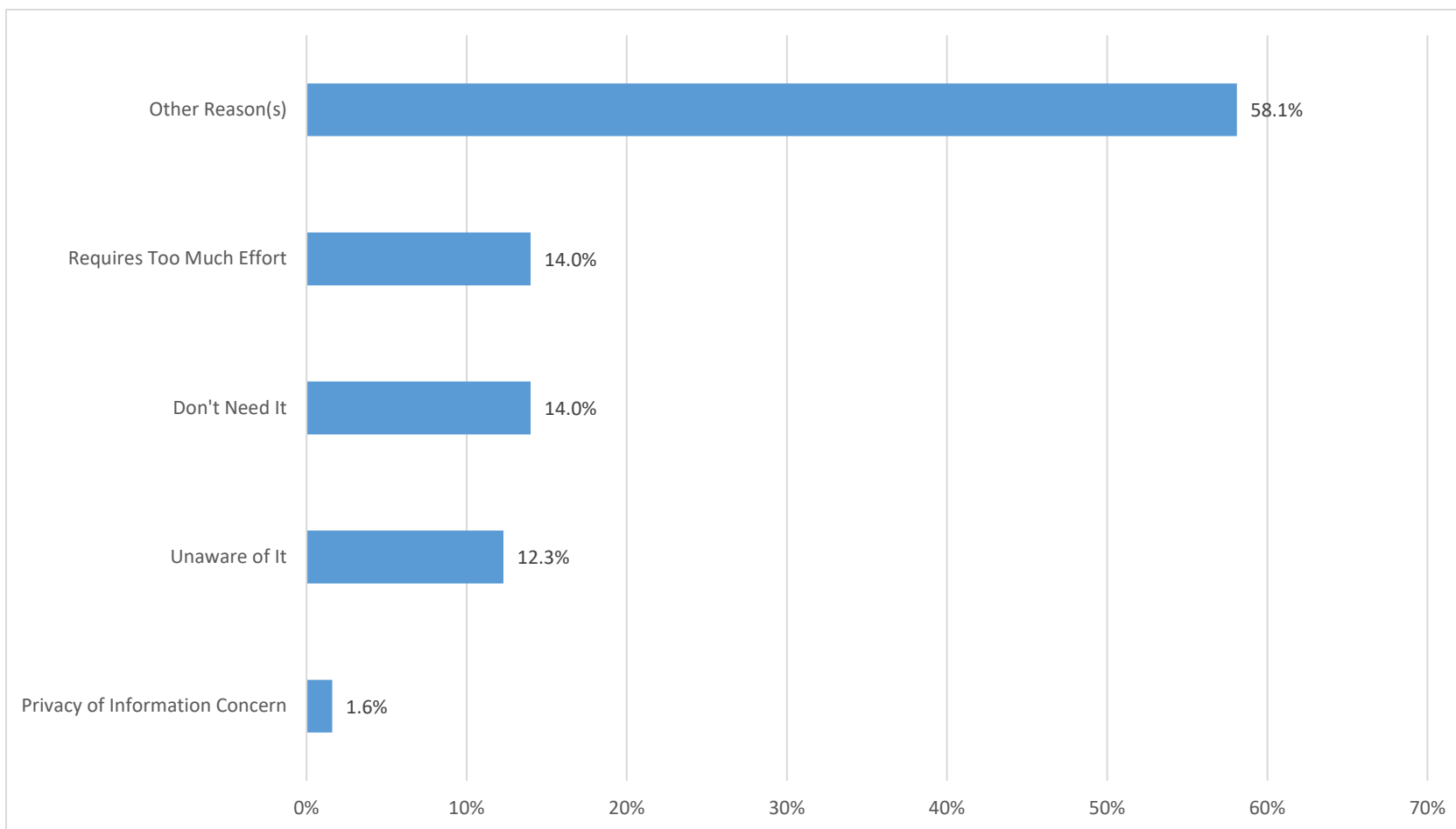


Figure 56 shows that besides the 40% who indicate some other reason(s) contribute to their decision not to use preventative eye exams, the most often reason selected is don't need it at 36%.

Figure 56. Reasons for Not Using Preventative Eye Exams Among Never Users [select all that apply] (n=454)

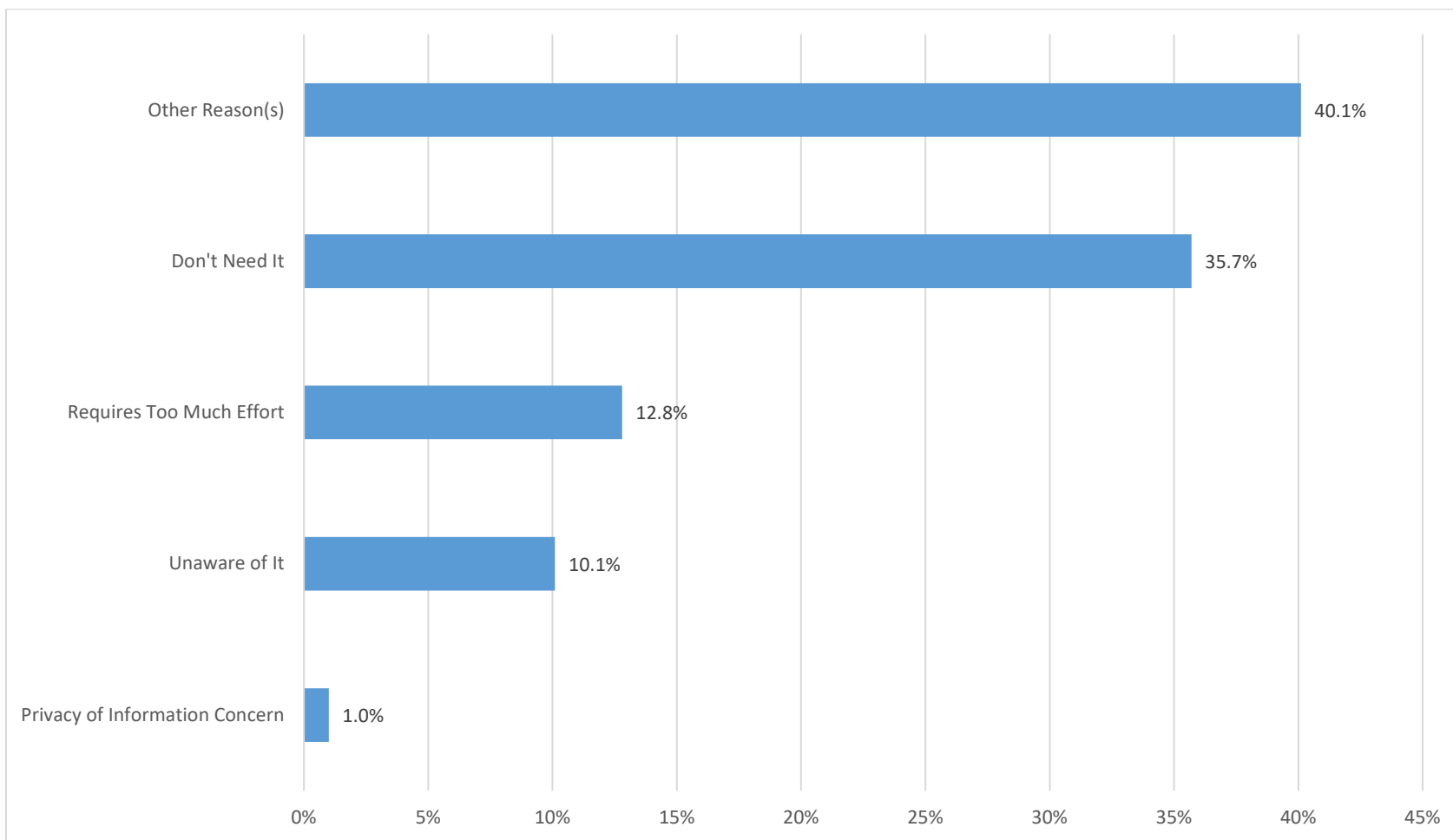


Figure 57 shows that besides the 30% who indicate some other reason(s) contribute to their decision not to use the wellness assessment questionnaire, the most often reasons selected are being unaware of it, 22%, and requires too much effort, 21%.

Figure 57. Reasons for Not Using Wellness Assessment Questionnaire Among Never Users [select all that apply] (n=112)

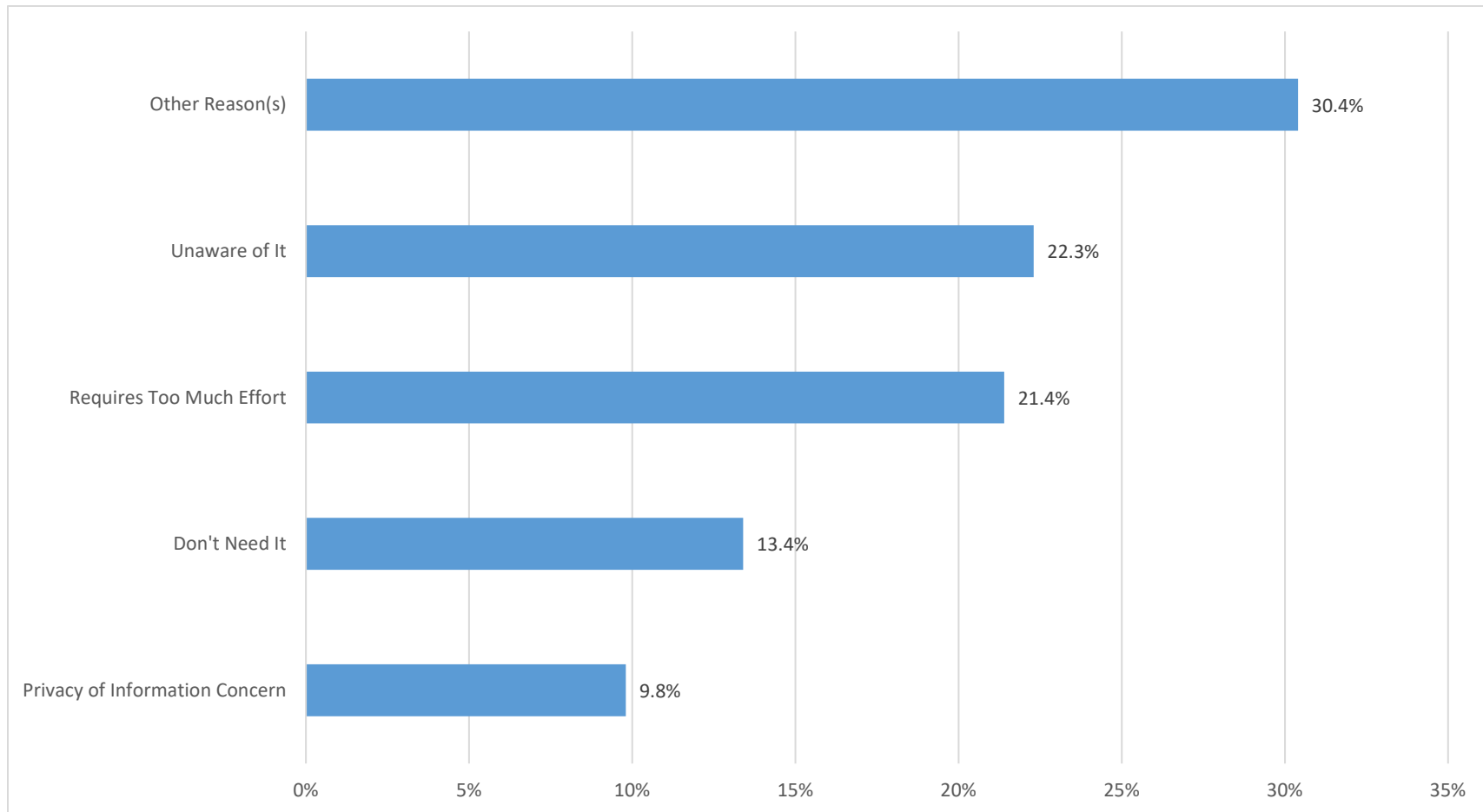


Figure 58 shows that, not surprisingly, the vast majority of those who have never used the tobacco cessation program have not done because they do not need it. This is an artifact of the question not being confined to only those who use tobacco or were users sometime during their employment for the state since this has been a feature of the HealthQuest program. Thus, not much is to be gleaned from Figure 58 in ascertaining reasons that tobacco users have not use the tobacco cessation program.

Figure 58. Reasons for Not Using the Tobacco Cessation Program Among Never Users [select all that apply] (n=3,943)

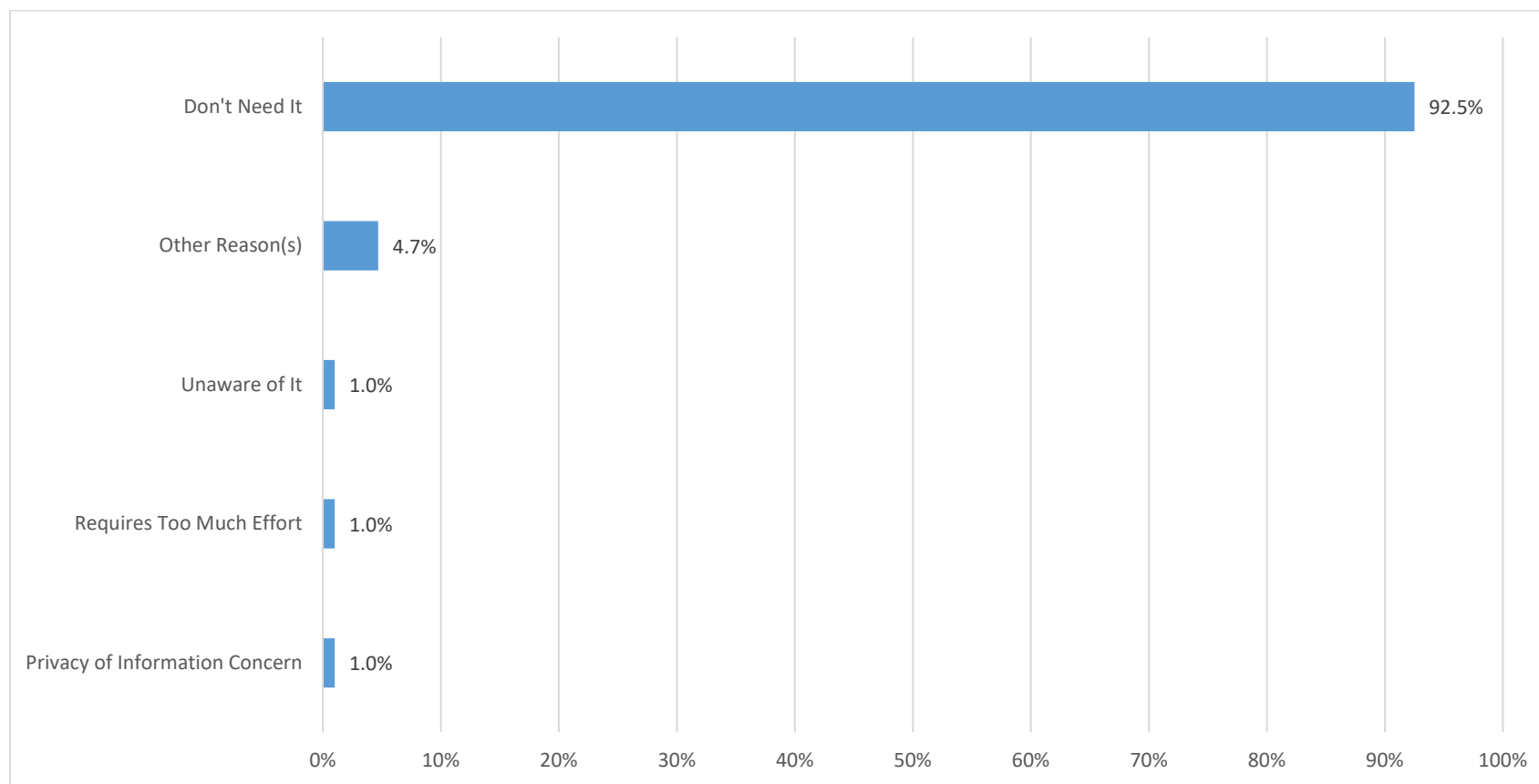


Figure 59 shows that by far the most often reason selected for not using Naturally Slim is don't need it at 55%.

Figure 59. Reasons for Not Using Naturally Slim Among Never Users [select all that apply] (n=1,136)

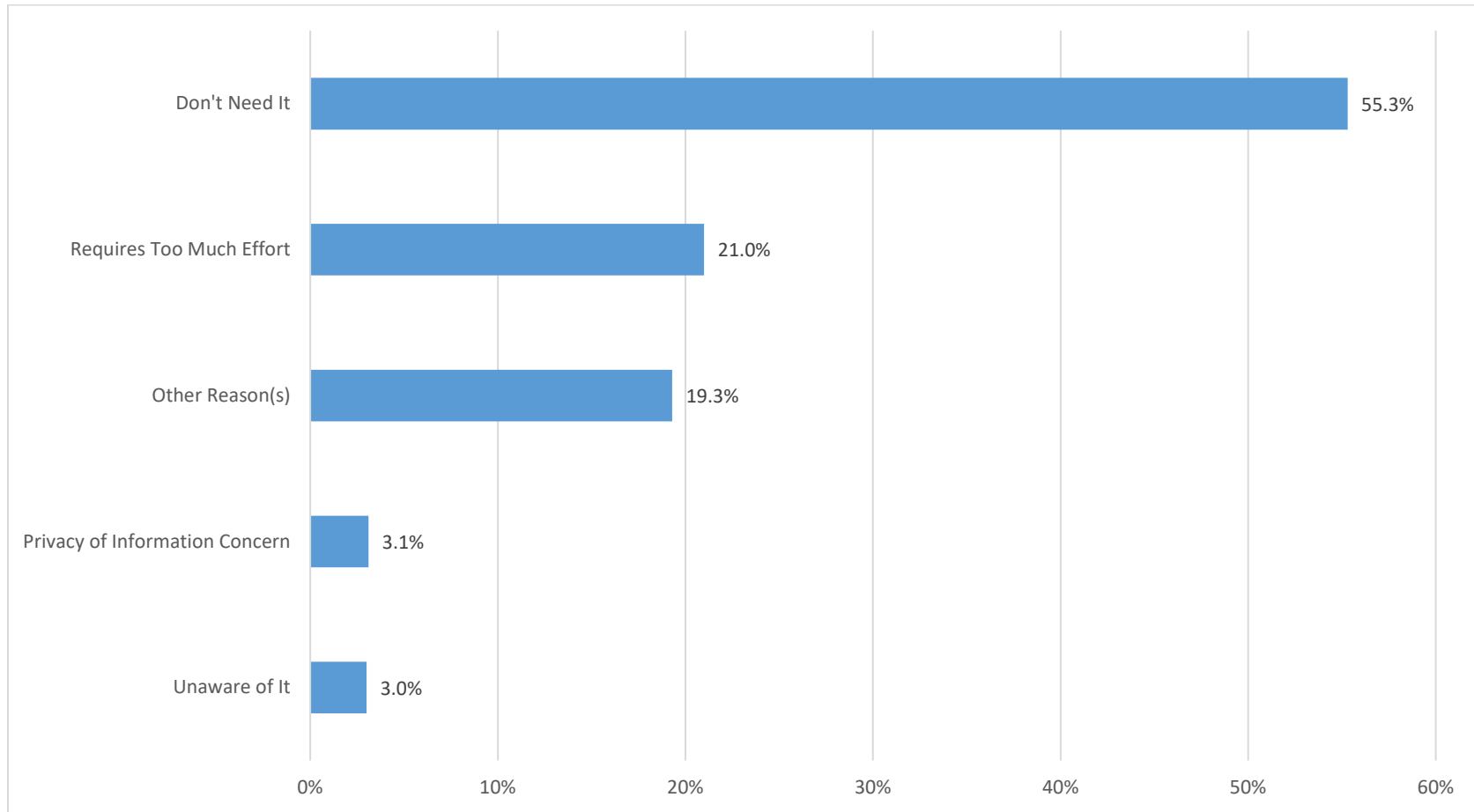


Figure 60 shows that by far the most often reason selected for not using Health Coaching is don't need it at 42%.

Figure 60. Reasons for Not Using Health Coaching Among Never Users [select all that apply] (n=3,436)

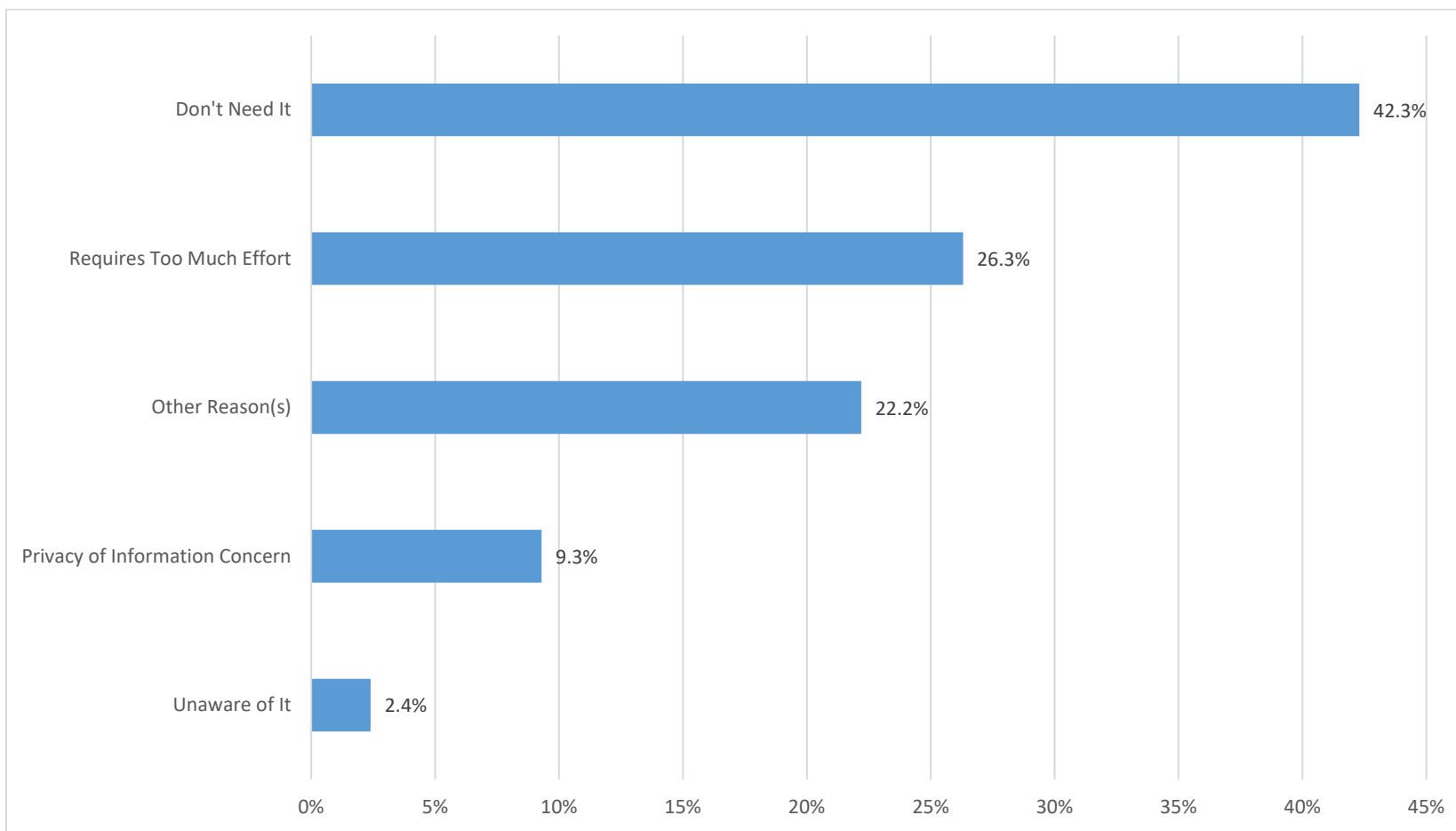


Figure 61 show the most often selected reason for not using wellness challenges is requires too much effort at 40%.

Figure 61. Reasons for Not Using Wellness Challenges Among Never Users [select all that apply] (n=929)

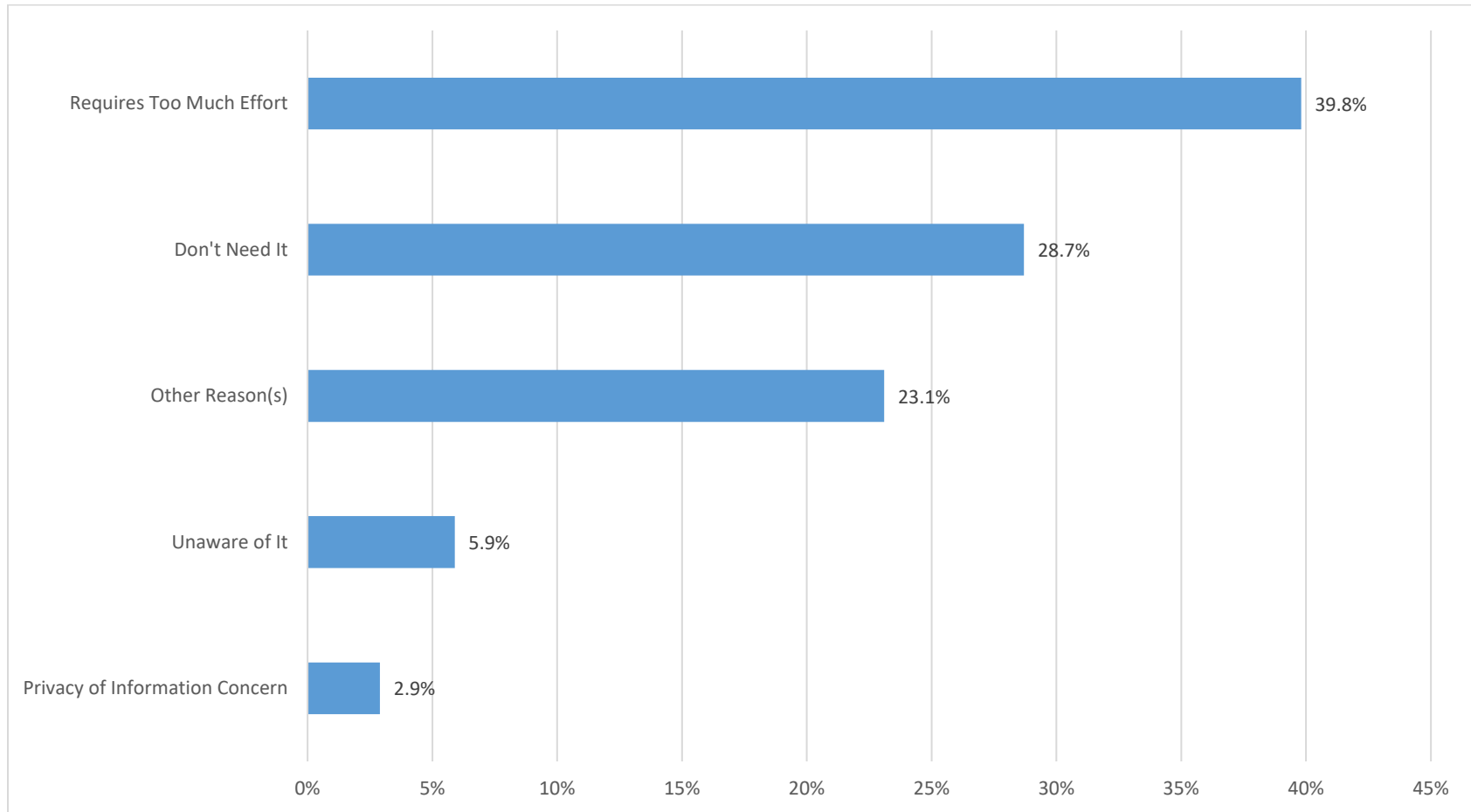


Figure 62 shows that by far the most often reason selected for not using health and wellness learning modules is don't need it at 41%.

Figure 62. Reasons for Not Using Health & Wellness Learning Modules Among Never Users [select all that apply] (n=987)

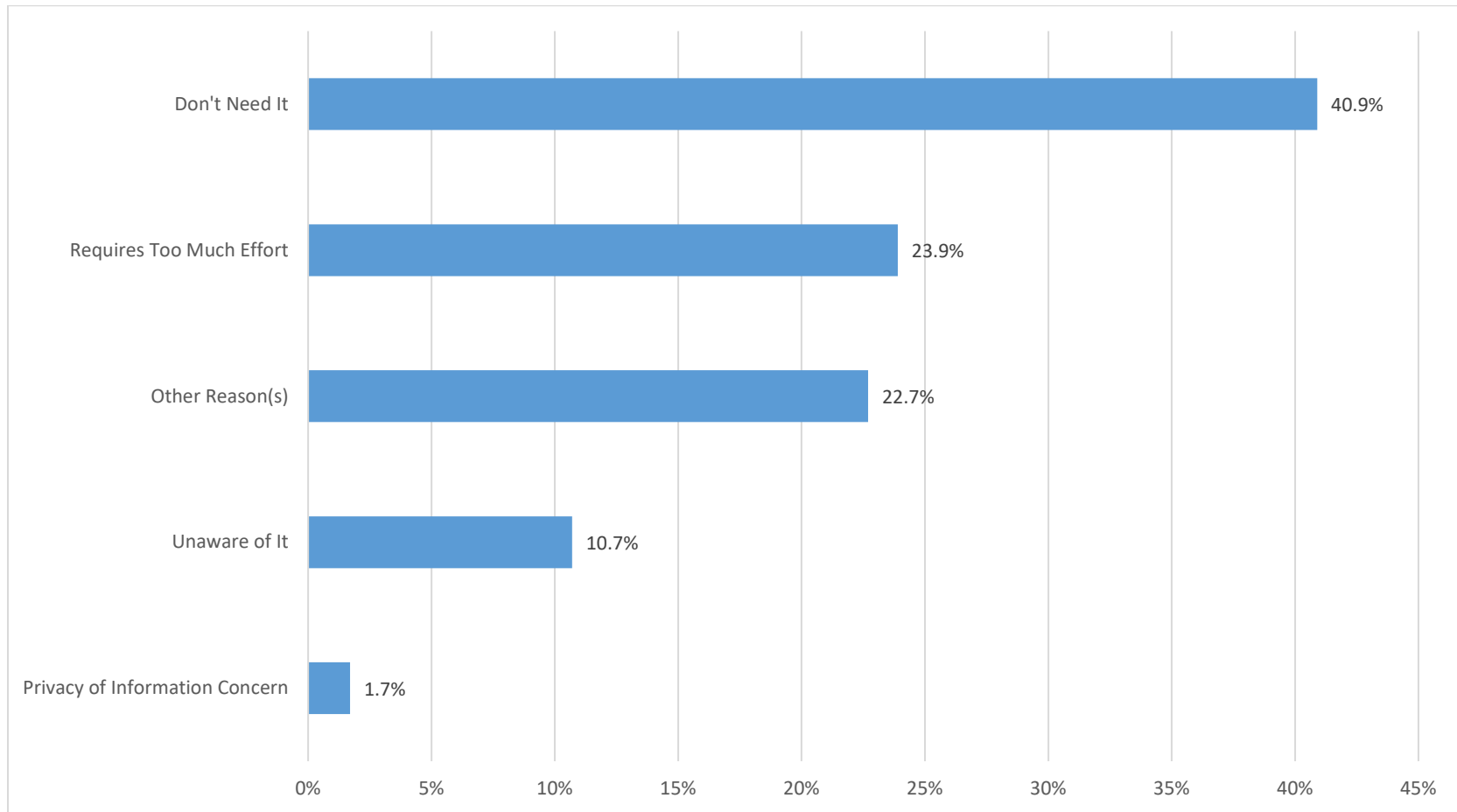


Figure 63 shows that by far the most often reason selected for not using webinars and on-demand training is don't need it at 39%.

Figure 63. Reasons for Not Using Webinars & On-Demand Training Among Never Users [select all that apply] (n=2,530)

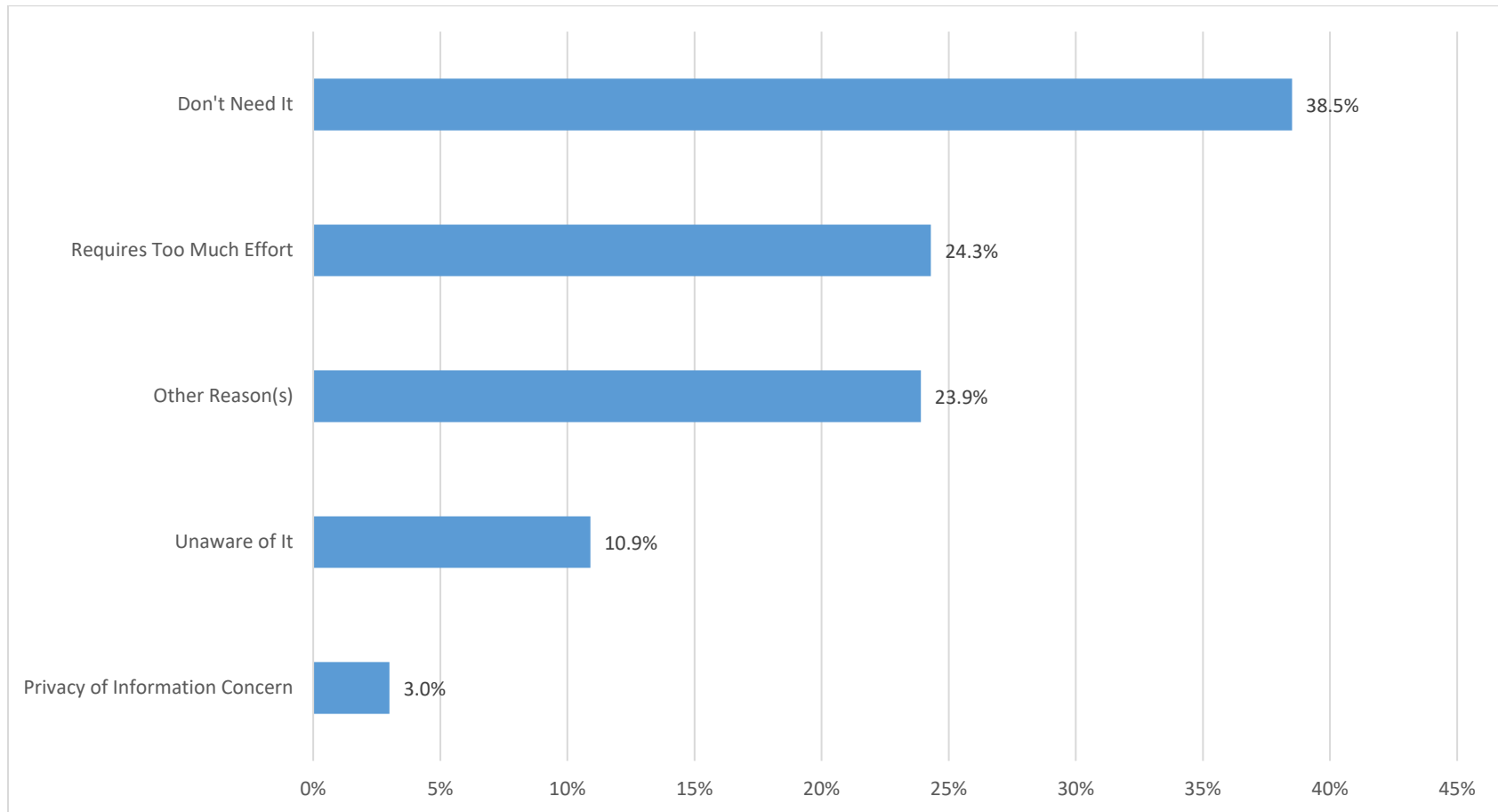
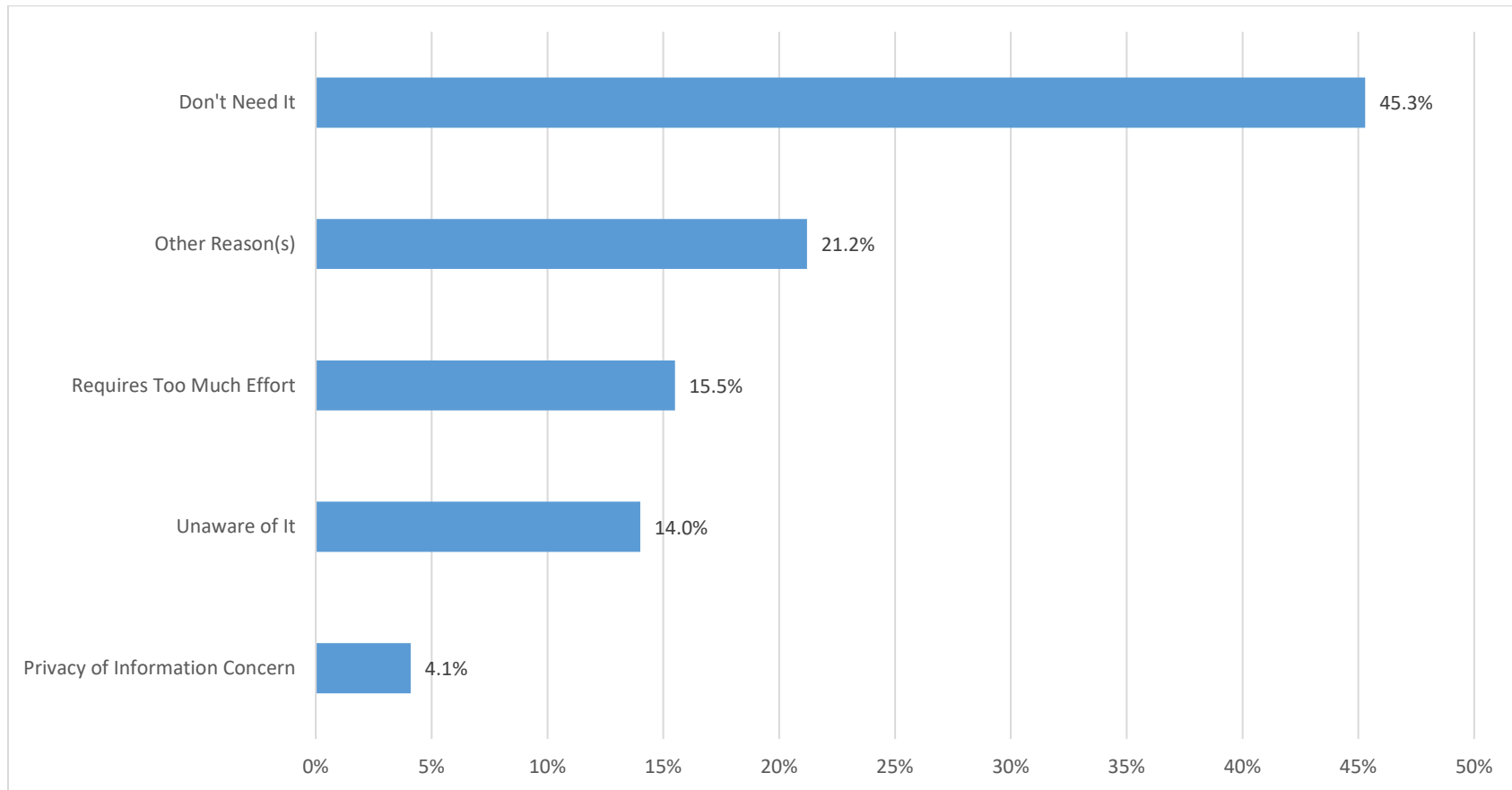


Figure 64 shows that by far the most often reason selected for not using financial learning modules is don't need it at 45%.

Figure 64. Reasons for Not Using Financial Learning Modules Among Never Users [select all that apply] (n=2,474)

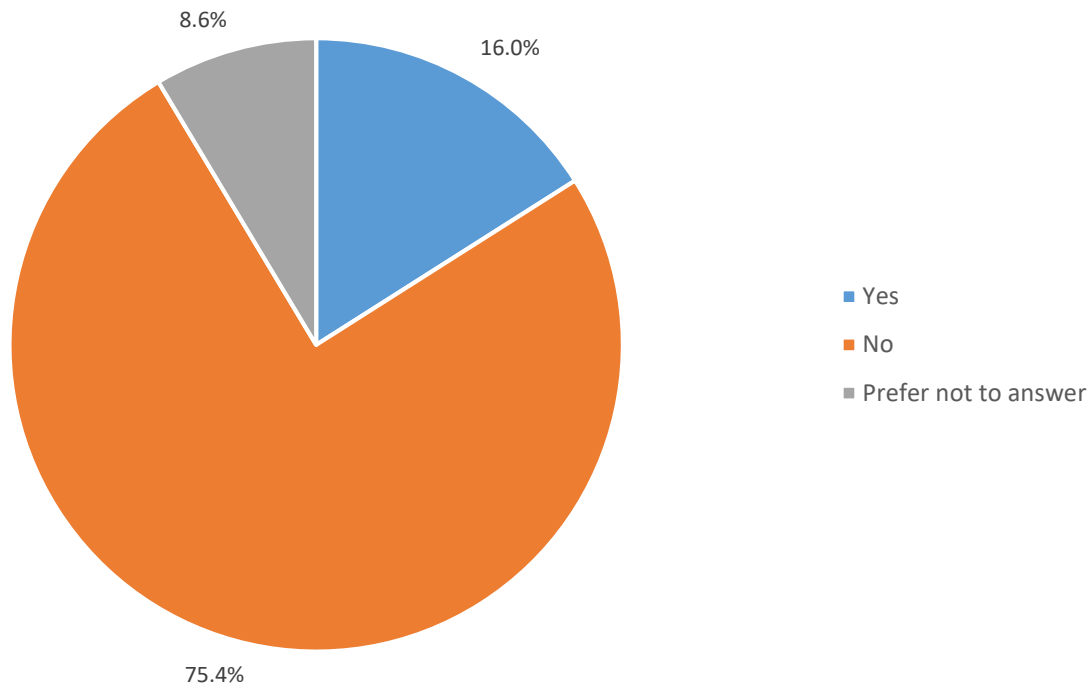


Barriers to HealthQuest Use Among those with Diagnosed Chronic Medical Condition or Disability

Current employees who report a chronic medical condition or a disability were asked, “as a person who has been diagnosed with a chronic medical condition or disability do you feel there are accessibility barriers to HealthQuest that prevent you from earning credits?”

Figure 65 shows that 16% responded that they do feel there are accessibility barriers to earning credits.

Figure 65. Feel There Are Accessibility Barriers to HealthQuest that Prevent Earning of Credits Among Those with Chronic Medical Condition or Disability (n=1,667)



The 16% of respondents in Figure 65 who perceive an accessibility barrier to HealthQuest that inhibits earning points were asked follow up questions to determine for each HealthQuest activity whether it poses an accessibility barrier. Figures 66 and 67 report results in order of the highest percentage reporting the activity to pose accessibility barrier to the lowest percentage reporting the activity to pose a barrier.

Figure 66. HealthQuest Activity Poses an Accessibility Barrier

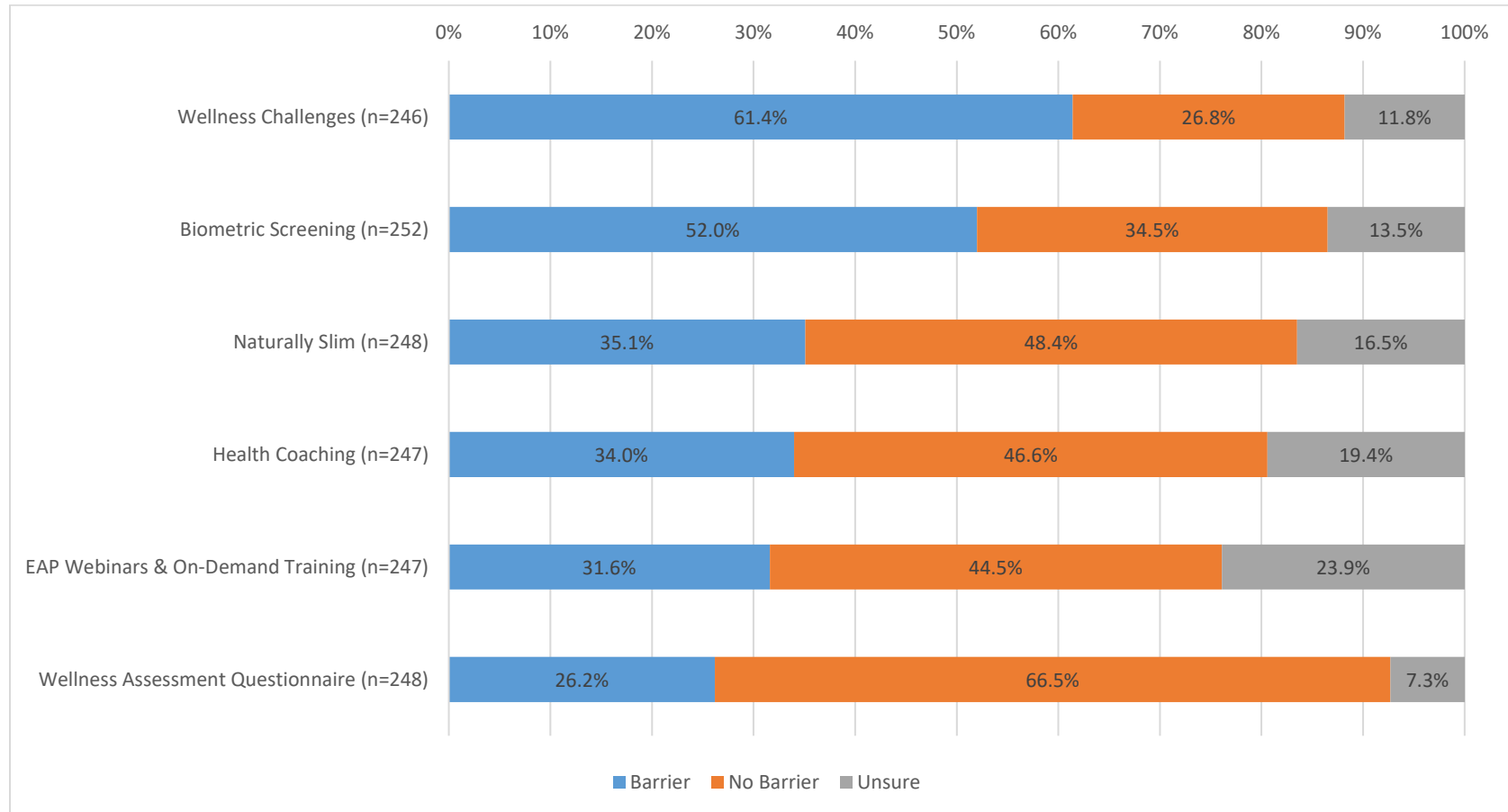
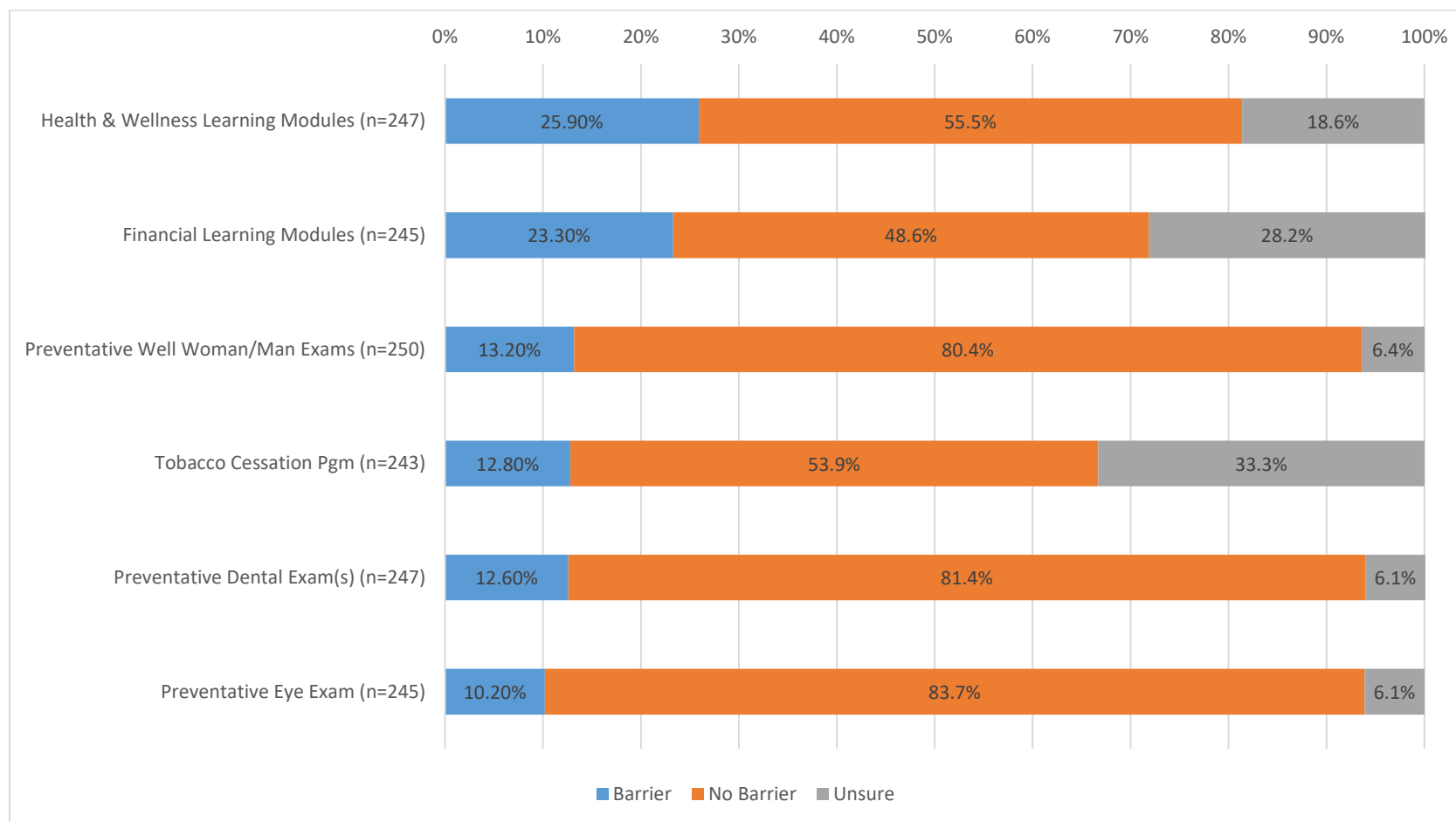


Figure 67. HealthQuest Activity Poses an Accessibility Barrier (continued)



Of the 16% of those with a diagnosed chronic medical condition or disability who feel HealthQuest has some accessibility barriers preventing the earning of credits, majorities identify the wellness challenges, 61%, and the biometric health screen, 52%, to pose accessibility barriers. Over 30% report an accessibility barrier associated with Naturally Slim, 35%, health coaching, 34%, and EAP webinars & on-demand training, 32%. Respondents who reported a barrier on any item were offered an open field follow up question allowing them to describe the barrier. A list of responses is in Supplement 5.

Appendix: Questionnaire

Kansas State Employee Health Plan and HealthQuest Survey 2020

Start of Block: Default Question Block

Q1

NOTE: This survey is intended for both active employees and retirees. If you are a retiree, your open enrollment period for 2021 extends through November 15. If you have not made your 2021 plan selections, please do so before completing this survey.

Please make sure your Web browser is updated to the latest version. If you are a person who utilizes a screen-reader or other accessibility tools please make sure they are also up-to-date.

If there are questions you do not wish to answer, you may leave them blank. Please select "Yes - I wish to continue" in order to participate in the survey. Selecting this is your consent to participate (must be at least 18 years of age).

- Yes - I wish to continue (1)
- No (2)

Display This Question:

If Q1 = No

Q1a

We just want to confirm that you do not wish to participate in the survey.
The survey takes about 5-10 minutes depending on your responses.

- Correct, I do not wish to participate (1)
- I do wish to continue with the survey (2)

Skip To: End of Survey If Q1a = Correct, I do not wish to participate

Q2 Are you currently a State of Kansas employee or are you a retiree?

- Current State employee (1)
- Retiree (2)

Display This Question:

If Q2 = Retiree

Q3 Are you enrolled in a State of Kansas Medicare plan (for persons 65 years and older or those with a disability)?

- Yes (1)
- No (2)
- Not sure (3)

Display This Question:

If Q2 = Current State employee

Q4 Are you enrolled in a State of Kansas Employee Health Plan?

- Yes (1)
- Enrolled in a dental and/or vision plan but not the medical plan (2)
- No (3)
- I'm not sure (4)

Display This Question:

If Q2 = Retiree

Q5 Should access to the State's wellness program become available to retirees, would you want to participate at a cost?

- Yes, at a cost (1)
- No, not interested (2)
- I'm not sure (3)

Display This Question:

If Q5 = No, not interested

Or Q5 = I'm not sure

Q6 Would you be interested in access to the State's wellness program to retirees if available at no cost?

- Yes, only if free (1)
- No, still not interested (2)
- I'm not sure (3)

Q7

What county do you primarily reside in?

Please select 'Not in Kansas' if your primary residence is not located within the State of Kansas.

▼ Allen (1) ... Not in Kansas (999)

Q8 What is the 5-digit ZIP code of your primary residence?

Display This Question:

If Q3 != Yes

And If

Q4 != Yes

Q9 We are currently only surveying people who are enrolled in either a State Employee Health Plan [SEHP] or State Medicare Plan. We have no further questions for you, but do appreciate your willingness to participate.

Skip To: End of Survey If Q9 Is Displayed

Display This Question:

If Q3 = Yes

Q10 Are you currently enrolled in Medicare Part A or D?

[select all that apply]

- Part A (1)
- Part D (2)
- Neither (3)

Display This Question:

If Q10 = Part D

Q11

This year, two Medicare Part D options were offered. A premier plan and an economy plan. The economy plan is new. Were you aware of this option?

- Yes (1)
- No (2)

Display This Question:

If Q11 = Yes

Q12 Did you decide to enroll in the new economy plan option?

- Yes (1)
- No (2)
- Not sure (3)

Display This Question:

If Q12 = No

Q13

If you did not enroll in the new option please share your reason(s) as to why not.
[select all that apply]

- Needed more information about the Plan (1)
- Premium is higher than my current private market plan (2)
- Formulary does not meet my prescription needs (3)
- The Plan has a \$350 deductible (4)
- Other (5)

Display This Question:

If Q2 = Retiree

Q14

Which of the following resources, if any, did you use when selecting your health plan for Plan Year 2021?
[select all that apply]

- Reviewed the 2021 Enrollment Book, which was sent in the mail (1)
- Visited the State Employee Health Plan website: <https://healthbenefitsprogram.ks.gov/sehp> (2)
- Contacted the Direct Bill Call Center (3)
- Contacted the Senior Health Insurance Counseling for Kansas (SHICK) offices (4)
- Contacted Aetna or Blue Cross Blue Shield of Kansas (5)
- Watched vendor and/or health plan videos (6)

Display This Question:

If Q4 = Yes

Q15 During the open enrollment period for Plan Year 2021, which begins in January, which Health Plan did you select?

- Plan A (1)
- Plan C (2)
- Plan J (3)
- Plan N (4)
- Plan Q (5)

Display This Question:

If Q2 = Current State employee

Q16

What branch of State government are you currently employed by?

[If in the Executive branch, please see list of agencies under the Executive branch. If no option applies to you, please select "None of the Above."]

▼ Judicial Branch (1) ... None of the Above (40)

Display This Question:

If Q15 = Plan J

Q17 Do you currently have a J-1 visa?

- Yes (1)
- No (2)

Display This Question:

If Q4 = Yes

Q18 Is your Health Plan enrollment for 2021 a switch to a different plan than you used this year?

- Yes (1)
- No (2)
- Was not on State plan last year (3)
- Not sure (4)

Display This Question:

If Q18 = No

Q19 How seriously did you consider switching plans?

- Very seriously (1)
- Somewhat seriously (2)
- Did not consider switching plans at all (3)

Display This Question:

If Q3 = Yes

Q20 During the open enrollment period for Plan Year 2021, which begins in January, in which (if any) of these State of Kansas Medicare plans with Aetna or Blue Cross Blue Shield of Kansas [BCBSKS] did you enroll?

- Aetna Medicare Freedom PPO ESA (with Aetna Standard, High Rx or Low Rx Part D) (1)
- Aetna Medicare Liberty PPO ESA (with Aetna Standard, High Rx or Low Rx Part D) (2)
- Aetna Medicare Elite PPO ESA (with Aetna Standard, High Rx or Low Rx Part D) (3)
- BCBSKS Senior Plan C (with or without SilverScript Part D - Premier or Economy) (4)
- BCBSKS Senior Plan C Select (with or without SilverScript Part D - Premier or Economy) (5)

- BCBSKS Senior Plan G (with or without SilverScript Part D - Premier or Economy) (6)
- BCBSKS Senior Plan G Select (with or without SilverScript Part D - Premier or Economy) (7)
- BCBSKS Senior Plan N (with or without SilverScript Part D - Premier or Economy) (8)
- Did not enroll or waived coverage (9)

Skip To: End of Survey If Q20 = Did not enroll or waived coverage

Display This Question:

If Q15 = Plan A

Or Q15 = Plan C

Or Q15 = Plan J

Or Q15 = Plan N

Or Q15 = Plan Q

Q21

Which will be your insurer for 2021?

- Aetna (1)
- Blue Cross Blue Shield of Kansas (2)

Display This Question:

If Q4 = Yes

Or Q3 = Yes

Q22 For the SEHP Medical Plan you selected, which of the following is your coverage type?

Q2 = Current State employee

- Employee (single) (1)

Q2 = Current State employee

- Employee/Spouse (2)

Q2 = Current State employee

- Employee/Family (3)

Q2 = Current State employee

- Employee/Child(ren) (4)

Q2 = Retiree

- Retiree (single) (5)

Q2 = Retiree

- Retiree/Spouse (6)

Q2 = Retiree

- Retiree/Family (7)

Q2 = Retiree

- Retiree/Child(ren) (8)

Q23

Have you been diagnosed with a chronic medical condition?

For example: hypertension, diabetes, depression, cardiovascular disease, chronic obstructive pulmonary disease (COPD), obesity.

- Yes (1)
- No (2)
- Prefer not to disclose (3)

Q24 Do you have a disability?

A disability is defined as a physical or mental condition, impairment, or disability that affects your daily activities or that requires you to use special equipment or devices, such as a wheelchair, walker, TDD or communication device.

- Yes (1)
- No (2)
- Prefer not to disclose (3)

Display This Question:

If Q4 = Yes

Q25

For Plan Year 2021 what source(s) did you consult about plan selection?

[select all that apply]

- Consulted the 2021 Enrollment Book either online or an actual printed copy (1)
- Visited the State Employee Health Plan website, <https://healthbenefitsprogram.ks.gov/sehp> (2)
- Sent an email to SEHPBenefits@ks.gov (3)
- Attended a State Employee Health Plan webinar (4)
- Contacted your agency's human resource office (5)
- Sought advice from a friend, family member, or colleague that does not work in your agency's human resource office (6)
- Contacted a vendor, including Aetna or Blue Cross Blue Shield of Kansas (7)
- Used materials created by or available on my agency's website (8)
- Called the State Employee Health Plan [SEHP] staff (9)

Other (10)

Display This Question:

If Q4 = Yes

Q26

Another resource to help make an open enrollment decision is called "Ask Alex." Alex is an online tool that provides estimates or suggestions for

which health plan to select based on your responses to a series of questions about your predicted needs.

Did you use "Ask Alex" for the Plan Year 2021?

- Yes (1)
- No (2)

Display This Question:

If Q26 = No

Q27 Why did you not use the 'Ask Alex' tool?

[select all that apply]

- Did not want to leave my current plan (1)
- Was unaware of 'Ask Alex' enrollment tool (2)
- Was aware, but could not find the 'Ask Alex' enrollment tool (3)
- Concerned about privacy (4)
- Did not need it (5)
- Other (6)

Display This Question:

If Q26 = Yes

Q28 Did you select the Health Plan that 'Ask Alex' recommended?

- Yes (1)
- No (2)

Display This Question:

If Q28 = No

Q29

Why did you not select the Plan recommended by 'Ask Alex?'

[select all that apply]

- Did not trust the result (1)
- Did not understand recommendation well enough to make an informed choice (2)
- Did not want to leave my current plan (3)
- Disliked a feature of a plan recommended by Ask Alex (e.g. premium too high) (4)
- Just did not consider switching plans (5)
- Encountered technical problem (6)
- Other (7)

Display This Question:

If Q4 = Yes

Or Q3 = Yes

Q30 Please rate the following ways to receive communications about the State Employee Health Plan:

	Not at all useful (1)	Somewhat useful (2)	Highly useful (3)
Email (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct mail (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post information on the State Health Plan website (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Q2 = Current State employee</i>			
Through my Human Resources Office (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Q2 = Current State employee</i>			
HealthQuest newsletter (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text message (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone calls (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media posts (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q4 = Yes

Or Q3 = Yes

Q31 When selecting your health plan for 2021, how confident were you that you understood the differences between the plans and selected the best plan to meet your health care needs?

- Very confident (1)
- Somewhat confident (2)
- Not at all confident (3)
- Don't Know (4)

Display This Question:

If Q4 = Yes

Or Q3 = Yes

Q32

Please rate your satisfaction with each of these features in your health plan.

Your plan is: \${Q21/ChoiceGroup/SelectedChoices} \${Q15/ChoiceGroup/SelectedChoices} \${Q22/ChoiceGroup/SelectedChoices}
 \${Q20/ChoiceGroup/SelectedChoices}

	Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
Premium (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deductible (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of accessing primary care provider (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of accessing specialist (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of ER visit (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of pocket maximum (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Q2 = Current State employee And Q15 != Plan A</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HSA or HRA (7)					

Display This Question:

If Q4 = Yes

Or Q3 = Yes

Q33

How important are the following health plan features to you when choosing your plan?

	Not at All Important (1)	Somewhat Important (2)	Very Important (3)	DON'T KNOW (4)
Premium (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deductible (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of accessing primary care provider (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of accessing specialist (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of ER visit (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of pocket maximum (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Q2 = Current State employee</i>				
Has an HSA or HRA, which provides an opportunity to save for health care expenses (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If Q4 = Yes

Q34 Have you, or a family member who is covered under the Health Plan, had to purchase a drug that is considered a specialty drug? Specialty drugs are often biologics—"drugs derived from living cells" that are injectable or infused (although some are oral medications). The State Employee Health Plan has an exclusive arrangement for specialty medications through Caremark Connect Specialty Pharmacy.

- Yes (1)
- No (2)
- Don't Know (3)

Display This Question:

If Q34 = Yes

Q35

Have you experienced any of the following when purchasing specialty drugs?
[select all that apply]

- Could not get a pre-authorization (1)
- I could not afford it (2)
- Other (3) _____
- Had no difficulty (4)

Display This Question:

If Q2 = Current State employee

Q36 Did you enable a HealthQuest account this year, that is, in 2020?

(By enabling a HealthQuest wellness account, employees and spouses can earn credits towards a premium reduction for the next plan year, and on some plans, the employee/spouse can earn an employer contribution to an HSA/HRA.)

- Yes (1)
- No (2)
- Don't Know (3)

Display This Question:

If Q2 = Current State employee

Q37

To enable a HealthQuest account members must go to <https://healthquest.phsstofks.wellness.us.healtheintent.com/onboarding> to sign up. Once

signed up, a person must always login in to use their HealthQuest account.
Image of the current HealthQuest login page below:

Display This Question:

If Q36 = No

Q38

If you did not enable a HealthQuest account in 2020, what are some of the reasons you did not?

[select all that apply]

- Unaware this was a State health plan feature that allows me to earn financial incentives (1)
- The effort to complete the HealthQuest activities requirements is not worth the benefit (2)
- Concerned that my private health information will be shared with the employer (3)
- Employer does not allow me to complete HealthQuest activities during work hours (4)
- Could not figure out where to go online to enable the HealthQuest account (5)
- Do not have a computer/smart device or other technical issues (6)
- Other (7)

Display This Question:

If Q36 = Yes

Q39 For each of the HealthQuest features below, please rate the level of effort necessary to use:

	Very Difficult (1)	Difficult (2)	Neither (3)	Easy (4)	Very Easy (5)	DON'T KNOW (6)
Preventative Exams: Annual Well-Woman/Well-Man Exam (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Exams: Once or Twice Per Year Dental Exam(s) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Exams: Annual Eye Exam (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biometric Screening Services (On-site screening, home test kit, or Healthy Range Incentive Form) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Assessment Questionnaire (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tobacco Cessation Program Completion (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naturally Slim (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Coaching (in-person or telephonic) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Challenges (credits equal to number of weeks of challenge) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Modules (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EAP Webinars and On-Demand Training (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HealthQuest Financial Learning Module (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2020 HealthQuest Program Overview Video and Quiz (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q4 = Yes

Q40

Everyone enrolled in a State Employee Health Plan is eligible to use the HealthQuest Marathon Health Clinic in Topeka. Do you live or work near enough to Topeka to use it?

- Yes (1)
- No (2)

Display This Question:

If Q40 = No

Q41 Is there sufficient access to network medical providers in your area?

- Yes (1)
- No (2)

Display This Question:

If Q40 = Yes

Q42 Have you used the HealthQuest Marathon Health Clinic located in Topeka?

- Yes (1)
- No (2)
- Unaware of it (3)

Display This Question:

If Q42 = Yes

Q43 How valuable is the Marathon Health Clinic to maintaining/improving your health?

- Very valuable (1)
- Moderately valuable (2)
- Somewhat valuable (3)
- Not valuable (4)

Display This Question:

If Q42 = No

Q44 What are some of the reasons you do not use Marathon Health Clinic?

[select all that apply]

- Already go to another doctor or clinic (1)
- Inconvenient location (2)
- Inconvenient hours (3)

- Difficulty scheduling an appointment (provider not available) (4)
- Does not offer my required treatment (5)
- Other (6)

Display This Question:

If Q36 = Yes

Q45 Have you ever participated in any of the following HealthQuest activities?

	Yes (1)	No (2)	Unsure (3)
Biometric Screening Services (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Exams: Annual Well-Woman/Well-Man Exam (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Exams: Once or Twice Per Year Dental Exam(s) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Exams: Annual Eye Exam (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Assessment Questionnaire (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Cessation Program Completion (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naturally Slim (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Coaching (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Challenges (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Modules (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EAP Webinars and On-Demand Training (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HealthQuest Financial Learning Modules (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q45 [Yes] (Count) >= 1

Q46 For each HealthQuest activity you used, rate how valuable it is for maintaining/improving your health?

	Not at All Valuable (1)	Somewhat Valuable (2)	Very Valuable (3)	DON'T KNOW (4)
<p><i>Q45 = Biometric Screening Services [Yes]</i></p> <p>Biometric Screening Services (1)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Q45 = Preventative Exams: Annual Well-Woman/Well-Man Exam [Yes]</i></p> <p>Preventative Exams: Annual Well-Woman/Well-Man Exam (2)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Q45 = Preventative Exams: Once or Twice Per Year Dental Exam(s) [Yes]</i></p> <p>Preventative Exams: Once or Twice Per Year Dental Exam(s) (3)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Q45 = Preventative Exams: Annual Eye Exam [Yes]</i></p> <p>Preventative Exams: Annual Eye Exam (4)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Q45 = Wellness
Assessment
Questionnaire [Yes]*

**Wellness
Assessment
Questionnaire (5)**

*Q45 = Tobacco
Cessation Program
Completion [Yes]*

**Tobacco
Cessation
Program
Completion (6)**

*Q45 = Naturally Slim
[Yes]*

Naturally Slim (7)

*Q45 = Health
Coaching [Yes]*

**Health Coaching
(8)**

*Q45 = Wellness
Challenges [Yes]*

**Wellness
Challenges (9)**

*Q45 = Learning
Modules [Yes]*

**Learning Modules
(10)**

Q45 = EAP Webinars
and On-Demand
Training [Yes]

EAP Webinars
and On-Demand
Training (11)

Q45 = HealthQuest
Financial Learning
Modules [Yes]

HealthQuest
Financial Learning
Modules (12)

Display This Question:

If Q45 [No] (Count) >= 1

Q47

What reason(s) did you not use the following HealthQuest features?
[select all that apply for each item]

	Unaware of It (1)	Don't Need It (2)	Requires Too Much Effort (3)	Privacy of Info Concern (4)	Other (5)
<p><i>Q45 = Biometric Screening Services [No]</i></p> <p>Biometric Screening Services (1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Q45 = Preventative Exams: Annual Well-Woman/Well-Man Exam [No]</i></p> <p>Preventative Exams: Annual Well-Woman/Well-Man Exam (2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Q45 = Preventative Exams: Once or Twice Per Year Dental Exam(s) [No]</i></p> <p>Preventative Exams: Once or Twice Per Year Dental Exam(s) (3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q45 =
Preventative
Exams: Annual
Eye Exam [No]

Preventative
Exams: Annual
Eye Exam (4)

Q45 = Wellness
Assessment
Questionnaire
[No]

Wellness
Assessment
Questionnaire
(5)

Q45 = Tobacco
Cessation
Program
Completion
[No]

Tobacco
Cessation
Program
Completion (6)

Q45 = Naturally
Slim [No]

Naturally Slim
(7)

Q45 = Health
Coaching [No]

Health
Coaching (8)

Q45 = Wellness Challenges [No]

Wellness Challenges (9)

Q45 = Learning Modules [No]

Learning Modules (10)

Q45 = EAP Webinars and On-Demand Training [No]

EAP Webinars and On-Demand Training (11)

Q45 = HealthQuest Financial Learning Modules [No]

HealthQuest Financial Learning Modules (12)

Display This Question:

If Q23 = Yes

Or Q24 = Yes

And If

Q2 = Current State employee

Q48 As a person who has been diagnosed with a chronic medical condition or disability do you feel there are accessibility barriers to HealthQuest that prevent you from earning credits?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

Display This Question:

If Q48 = Yes

Q49 Of the following HealthQuest features, please tell us whether you believe there is a barrier in terms of accessibility.

	Barrier (1)	No Barrier (2)	Unsure (3)
Biometric Screening Services (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Exams: Annual Well-Woman/Well-Man Exam (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Exams: Once or Twice Per Year Dental Exam(s) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Exams: Annual Eye Exam (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Assessment Questionnaire (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Cessation Program Completion (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naturally Slim (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Coaching (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Challenges (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Modules (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EAP Webinars and On-Demand Training (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HealthQuest Financial Learning Modules (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q49 = Biometric Screening Services [Barrier]

Q50 Barrier(s) for Biometric Screening Services:

Display This Question:

If Q49 = Preventative Exams: Annual Well-Woman/Well-Man Exam [Barrier]

Q51 Barrier(s) for Preventative Exams: Annual Well-Woman/Well-Man Exam:

Display This Question:

If Q49 = Preventative Exams: Once or Twice Per Year Dental Exam(s) [Barrier]

Q52 Barrier(s) for Preventative Exams: Bi-Annual Dental Exam:

Display This Question:

If Q49 = Preventative Exams: Annual Eye Exam [Barrier]

Q53 Barrier(s) for Preventative Exams: Annual Eye Exam:

Display This Question:

If Q49 = Wellness Assessment Questionnaire [Barrier]

Q54 Barrier(s) for Wellness Assessment Questionnaire:

Display This Question:

If Q49 = Tobacco Cessation Program Completion [Barrier]

Q55 Barrier(s) for Tobacco Cessation Program Completion:

Page Break

Display This Question:

If Q49 = Naturally Slim [Barrier]

Q56 Barrier(s) for Naturally Slim:

Display This Question:

If Q49 = Health Coaching [Barrier]

Q57 Barrier(s) for Health Coaching:

Display This Question:

If Q49 = Wellness Challenges [Barrier]

Q58 Barrier(s) for Wellness Challenges:

Display This Question:

If Q49 = Learning Modules [Barrier]

Q59 Barrier(s) for Learning Modules:

Display This Question:

If Q49 = EAP Webinars and On-Demand Training [Barrier]

Q60 Barrier(s) for EAP Webinars and On-Demand Training:

Display This Question:

If Q49 = HealthQuest Financial Learning Modules [Barrier]

Q61 Barrier(s) for HealthQuest Financial Learning Modules:

Display This Question:

If Q36 = Yes

Q62 What do you see as the *primary* benefit of your HealthQuest participation?

- Financial incentives (1)
- Improved health outcomes (2)
- Education (3)
- Team-building with co-workers on challenges (4)
- Other [please specify] (5) _____

Display This Question:

If Q4 = Yes

Or Q3 = Yes

Q63 Do you have any suggestions regarding the State Employee Health Plan [SEHP]?

- No suggestion (1)
- Yes, please specify (2) _____

Display This Question:

If Q36 = Yes

Q64 Do you have any suggestions regarding HealthQuest?

- No suggestion (1)
- Yes, please specify (2) _____

Q65 What is your gender?

- Male (1)
- Female (2)
- Gender fluid/transgender (3)
- Other (4)
- Prefer not to specify (5)

Page Break _____

Q66 Are you Hispanic, Latino(a) or of Spanish origin?

- Yes (1)
- No (2)
- Prefer not to specify (3)

Q67 Which one or more of the following would you say is your race?

- White (1)
- Black or African American (2)
- American Indian or Alaska Native (3)
- Asian (4)
- Native Hawaiian or Pacific Islander (5)
- Other (6)
- Prefer not to specify (7)

Q68 What is your current age?

- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 55-64 (5)
- 65+ (6)
- Prefer not to specify (7)

Q69 Which category includes your total annual household income in 2019 before taxes and withholding? (i.e., gross income)

- Under \$10,000 (1)
- \$10,000 to \$24,999 (2)
- \$25,000 to \$34,999 (3)
- \$35,000 to \$49,999 (4)
- \$50,000 to \$74,999 (5)
- \$75,000 to \$99,999 (6)
- \$100,000 to \$149,999 (7)
- \$150,000 or more (8)
- Decline to answer (9)

Q70 What is the highest level of education you have completed?

- Less than high school (1)
- High school graduate (2)
- Some college (3)
- Associate or technical degree (4)
- Bachelor degree (5)
- Professional or master degree (6)
- Doctorate (7)
- Decline to answer (8)

End of Block: Default Question Block

Start of Block: Block 2

Q71

You are at the end of the survey.

If you wish to submit your answers, select the 'submit' button below. You will not be able to change your answers or re-enter the survey once you click submit. If you want to make changes to your answers, select the 'back' button.

Thank you for your participation in this survey!

End of Block: Block 2