



VERINT[®] EXPERIENCE INDEX: HEALTH INSURANCE

**Company Satisfaction, NPS[†],
and Omnichannel Insights**

Satisfied members are more likely to
recommend, renew, and trust their health insurer.

[†]Net Promoter, Net Promoter System, Net Promoter Score, NPS and the NPS-related emoticons are registered trademarks of Bain & Company, Inc., Fred Reichheld and Satmetrix Systems, Inc.

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Introduction: The Evolution of the Health Insurance Industry

Consumer behavior is evolving, and expectations are rising. Members often choose digital-first, but expect informed, relevant, and authentic interactions—including human assistance when they need it. The workforce is also changing. Remote and hybrid work is the new norm. Humans and bots are increasingly working together to address customer needs.

A global pandemic layered new challenges on top of an existing pressure cooker. Suddenly, contact centers were overwhelmed with the need for COVID-19 prevention, testing, and treatment options. Health insurers were experiencing financial pressure due to uncertainty around premiums and companies going out of business.

Health insurers want to educate, serve, and empower their members with customer-focused decisions. However, there is more data than ever, and it's most often locked in business silos that make it difficult to synthesize, centralize, and prioritize.

The Verint Experience Index (VXI): Health Insurance Edition* surveyed more than 6,000 members about their health insurance plans to understand which companies are providing the best experience, and therefore engendering trust, recommendations, and renewals.

It's possible for forward-thinking health insurance executives to meet this moment and deliver exceptional member experiences across all available engagement channels.

Web panel study, data collected 6/9/21 - 7/1/21, n=6,336

Customer Satisfaction (CSAT) Rankings

To rank omnichannel experiences of the top U.S. health insurance providers, Verint measured members' satisfaction across a diverse set of demographics, behaviors, and attitudes.

The range of CSAT scores from highest to lowest is just under 9 points, suggesting that all of the top 25 health insurers are highly competitive.

CSAT margin of error is +/- 1.88 points.

Top 25 health insurance providers in the U.S. selected using the National Association of Insurance Commissioners (NAIC) list based on market share.

RANK		SCORE	RANK		SCORE
1	UnitedHealthcare	84.1	13	Florida Blue	79.8
2	Humana	83.4	14	BlueCross BlueShield of Oklahoma	79.5
3	Kaiser Foundation Health Plan	82.8	15	Highmark Blue Shield	79.3
4	Aetna	82.7	16	Independence Blue Cross	79.2
5	Empire BlueCross BlueShield	82.1	17	CareFirst BlueCross BlueShield	79.1
6	UPMC Health Plan	81.7	18	BlueCross BlueShield of Texas	78.8
7	Health Net	81.5	19	Blue Shield of California	78.5
8	Horizon Blue Cross Blue Shield of New Jersey	80.4	20	BlueCross BlueShield of Illinois	77.4
9	WellCare	80.3	21	Anthem Blue Cross	77.4
10	Anthem BlueCross and BlueShield	80.2	22	Molina Healthcare	77.2
11	Highmark Blue Cross Blue Shield	79.8	23	Blue Cross of California	77.0
12	Blue Cross Blue Shield of Michigan	79.8	24	Cigna	76.9
			25	CareSource	75.2
AVERAGE					79.8

NPS Rankings

Net Promoter Score (NPS) is a measure of members' intent to recommend a company. It can be used as an indicator of business growth, customer experience, or loyalty.

Our findings include:





- The top 25 U.S. health insurers achieve an average NPS score of 29.3.
- Humana registers the top NPS score of 48.4, which is 6.5 points higher than UnitedHealthcare's second-place ranking.

NPS margin of error is +/- 7.99.

RANK		SCORE	RANK		SCORE
1	Humana	48.4	13	Anthem BlueCross and BlueShield	28.5
2	UnitedHealthcare	41.9	14	Blue Cross Blue Shield of Michigan	28.4
3	Kaiser Foundation Health Plan	41.5	15	WellCare	28.3
4	Aetna	41.2	16	BlueCross BlueShield of Texas	28.2
5	Empire Blue CrossBlue Shield	39.7	17	Independence Blue Cross	27.5
6	UPMC Health Plan	35.2	18	Blue Cross Blue Shield of Illinois	26.7
7	Florida Blue	34.1	19	CareFirst Blue Cross Blue Shield	25.1
8	Health Net	34.0	20	Blue Shield of California	23.8
9	Blue Cross Blue Shield of Oklahoma	33.1	21	Anthem Blue Cross	23.0
10	Highmark Blue Cross Blue Shield	32.5	22	CareSource	15.2
11	Horizon Blue Cross Blue Shield of New Jersey	31.0	23	Blue Cross of California	14.7
12	Highmark Blue Shield	29.5	24	Molina Healthcare	11.2
			25	Cigna	10.2
AVERAGE					29.3

Value, Provider Availability, and Ease Impact Satisfaction

Verint’s methodology measures several key drivers of satisfaction and is able to calculate the relative impact of those elements on CSAT. Value ranks as the most important driver of satisfaction for most but not all of the top 25 U.S. health insurers. However, that isn't the case for every company measured. Additionally, scores tend to be lower for digital experiences. As more members turn to digital tools, the digital experience could represent an area of untapped potential.









					
VALUE	Premium cost, level of coverage, thoroughness of coverage	1	1	1	1
ENROLLMENT	Capacity of plan choices and options, information provided, ease of enrollment	2	3	6	3
SERVICES	Availability when needed, responsiveness to needs, ability to answer questions	3	2	3	5
PROVIDER AVAILABILITY	Ability to visit primary care provider of your choice, special care provider of your choice, urgent or express care location of your choice	4	4	2	4
DIGITAL EXPERIENCE	Responsiveness of website or app, ease of finding, ease of managing policy	5	5	5	6
CLAIMS	Ease of filing claims, time from claim submission to payment, degree that coverage paid met expectations	6	6	4	2

WHY IT MATTERS

While this data shows impacts of satisfaction for the top four health insurers, each company’s priorities can differ. Using the right methodology allows health insurers to know exactly which drivers most impact their members’ satisfaction and NPS.

CSAT Drives Trust and Plan Renewal

Satisfied members are more likely to trust their health insurer and renew policies. It's worth noting the insurance companies that rank at the top for member satisfaction also place highest in terms of outcomes. Here's how the top five rank.

TRUST			RENEW		
RANK		SCORE	RANK		SCORE
1	 United Healthcare	85.7	1	 aetna	87.7
2	Humana	84.7	2	 KAISER PERMANENTE	87.4
3	 KAISER PERMANENTE	84.3	3	 United Healthcare	87.3
4	 Empire Blue Cross	84.2	4	Humana	86.1
5	 aetna	83.7	5	 Empire Blue Cross	85.8
Average of Top 25		80.7	Average of Top 25		82.3
Lowest of Top 25		76.5	Lowest of Top 25		76.5

WHY IT MATTERS

Improving customer satisfaction drives better business outcomes, and the right methodology can quantify just how much.

Members Only Slightly Prefer Digital Self-Service

When we ask members how they would prefer to engage with their health insurance company, over a third (39%) would prefer digital self-service, while slightly fewer (34%) prefer the call center. Only 11% would prefer to engage through digital support (email or chat).

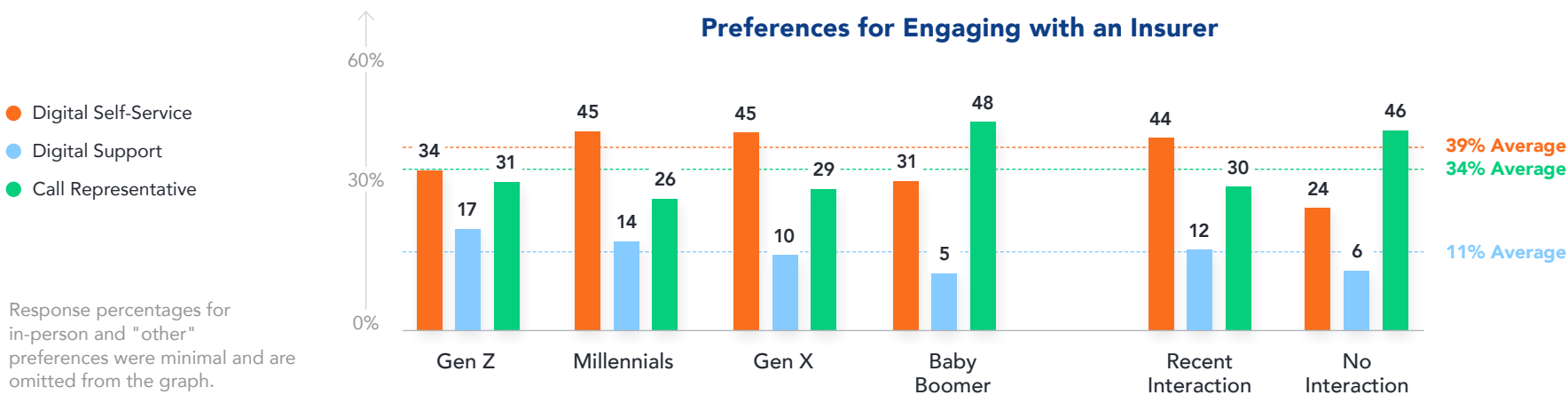
	Digital Self-Service	Digital Support	Call Center
REASON FOR PREFERENCE	<ul style="list-style-type: none"> Easy Fast Convenient Avoid dealing with people 	<ul style="list-style-type: none"> Easy Fast (immediate responses without call wait times) Don't need to talk with a person 	<ul style="list-style-type: none"> Easy Fast Verify information Prefer to speak with a person
FOCUS FOR CX IMPROVEMENTS	<ul style="list-style-type: none"> Perception of value Trust "Find a Provider" tool Ease of app use 	<ul style="list-style-type: none"> Enrollment processes Perception of value Trust "Find a Provider" tool Ease of app use 	<ul style="list-style-type: none"> Perception of value Trust and ease of "Find a Provider" tool Increase first-call resolution
QUOTES FROM RESPONDENTS	"It's easier than calling on a phone, waiting for a rep, explaining an issue several times, etc."	"It is interactive but easier to reach. I hate call robots that are everywhere now."	"I prefer to talk to a real person, so I can get answers right away and may ask other questions."

WHY IT MATTERS

Although it saves money when members choose digital self-service, there are times when members want and need additional support. Learn how to optimize the customer experience across all touchpoints by understanding what drives usage and behavior.

Baby Boomers Prefer Calling; Gen Z Has Only a Slight Preference for Digital Self-Service

Examining averages doesn't always tell the whole story. A closer look at demographics shows some important generational differences when it comes to how members prefer to interact with their health insurance company. For example, it's intuitive that Baby Boomers would prefer the contact center and Millennials are most likely to prefer digital support—and they do. What's more surprising is that Generation Z has a higher preference for the call center than do Millennials, and Baby Boomers have a relatively high preference for digital engagement.



WHY IT MATTERS

Digital UI updates and improvements to call center procedures can be targeted for relevant demographics, as can channel-specific marketing campaigns.

What Members Like Best About Their Current Insurer

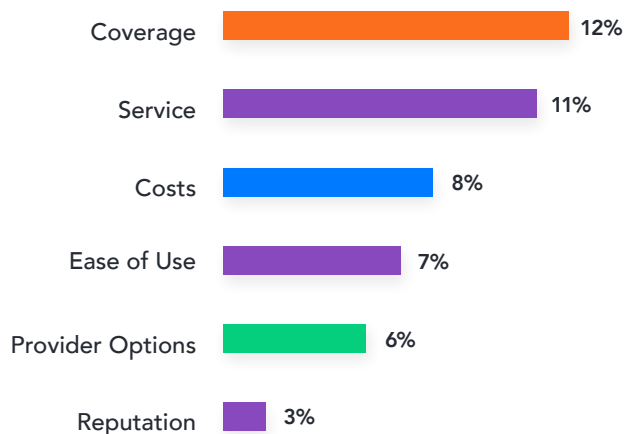
Using an open-ended question, we asked members what they like best about their current health insurance company.

Coverage was mentioned most often by women, Gen X, and Gen Z.

Service was more likely to be mentioned by men and Millennials.

Ease of use was more likely to be mentioned by Baby Boomers and less likely to be mentioned by Gen Z.

Costs were most often mentioned by Gen Z and least often by men.



"I like the easiness of contacting them, and the broad coverage they offer."

"Low relative premium and lots of doctors in the network."

- Benefits & Coverage
- Financial
- Provider Availability
- Engagement/Contact

WHY IT MATTERS

Critical insights exist in unstructured data like comments, web chats, emails, social media, and call notes that can drive enhanced insight and identify pain points early.

Effort to Complete Common Tasks

To understand more about what channels members use for different tasks, we asked them about their most recent interaction with their health insurance provider. Most commonly, members choose digital self-service options (the website, mobile site, or app) for a first step. However, the phone is a more common first step for specific tasks when there may be an expectation that members will need help, like pre-authorization, filing disputes, and following up on a claim.

Commonly Attempted Tasks*	Percentage of Tasks Attempted	Effort**
Reviewed Benefits	17%	2.8
Find a Provider Tool	14%	2.6
Estimated Costs for a Visit/Procedure	8%	2.7
Pre-authorization	7%	2.5
COVID-19 Information	5%	2.3
Check Claim Status/EOB	5%	2.4
Insurance Coverage Payments	4%	2.4
Filed, Disputed, or Claim Follow-up	4%	2.7
Telehealth Information	3%	2.3
Signed-up/Purchased New Coverage	3%	2.5

*Showing tasks with a minimum of 200 respondents. Not all answer options shown.

**4 = much more than expected, 1 = less than expected

WHY IT MATTERS

Understanding how much effort different tasks require can help identify friction and pain points. Better yet, understanding how channel preference impacts perceived effort could help with right-channeling endeavors.

Telehealth Improves Satisfaction and Trust

Members who know their insurance provider covers telehealth are more trusting and more satisfied, but 31% of respondents either think their insurer doesn't cover these kinds of appointments or they aren't sure if they do. Moreover, members who recently used a telehealth appointment are more likely to consider using one again. Even among members who have not recently used a telehealth appointment, 65% would consider using one in the future.

Members who said their insurance provider covers telehealth have a 12% higher trust score for their insurer compared to those who say it is not covered.

* Not showing respondents who preferred not to answer this question.

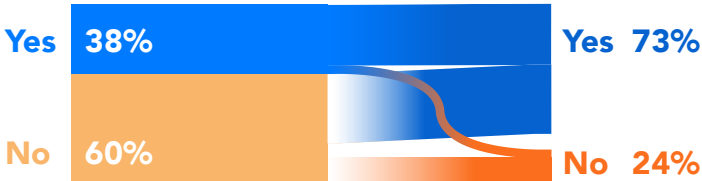
Yes, 69%
SAT 82, Trust 83



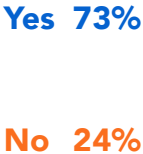
No, 9%
SAT 74, Trust 74

I Don't Know, 22%
SAT 76, Trust 77

Have you used telehealth in the last 90 days?*



Would you consider using telehealth for a future appointment?*



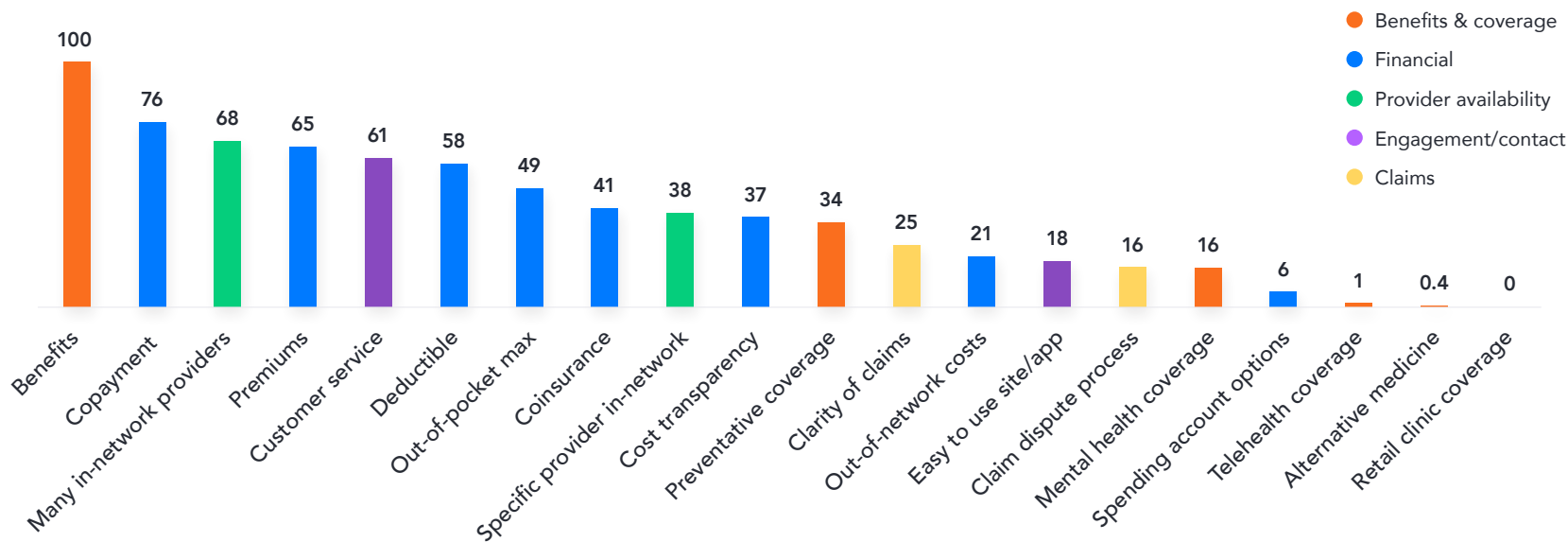
WHY IT MATTERS

Telehealth is likely here to stay, and insurers can reap huge rewards from including it in their coverage and ensuring that members know it is a benefit available to them.

What Matters Most When Selecting a Health Insurance Plan?

While overall benefits are consistently the most important factor when choosing an insurance policy, some specific benefits show disparity in their importance across groups, making them less important on average, but very important to some groups.

We normalized the results of a best-worst scaling analysis to provide the relative importance of 20 factors. We asked members what is most and least important to them when selecting a health insurance plan.



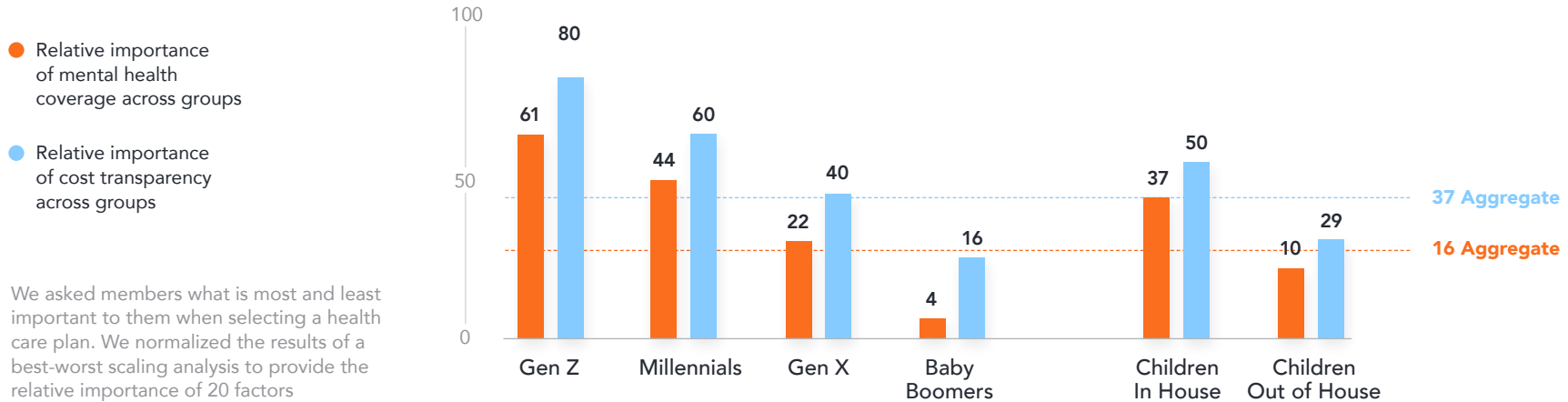
WHY IT MATTERS

It's crucial to understand what matters most to members, but also instructive to know what matters least. There may be investments in areas of relatively less importance that can be reallocated to higher-impact areas.

Young People Care More About Mental Health Coverage and Cost Transparency

As shown in the previous chart, mental health coverage was relatively unimportant overall (15.8 on a 100-point scale of relative importance). However, when we look at a few specific member segments, we see that mental health benefits are incredibly important to Generation Z, Millennials, and people with children in the household.

Similarly, cost transparency matters more to Generation Z than it does to other segments. Cost transparency also impacts trust, communication, and financial considerations in a way some other features don't. In fact, while the average importance of cost transparency across all respondents is 37.2, Generation Z values it (79.2) almost as much as they value benefits (100).



We asked members what is most and least important to them when selecting a health care plan. We normalized the results of a best-worst scaling analysis to provide the relative importance of 20 factors

WHY IT MATTERS

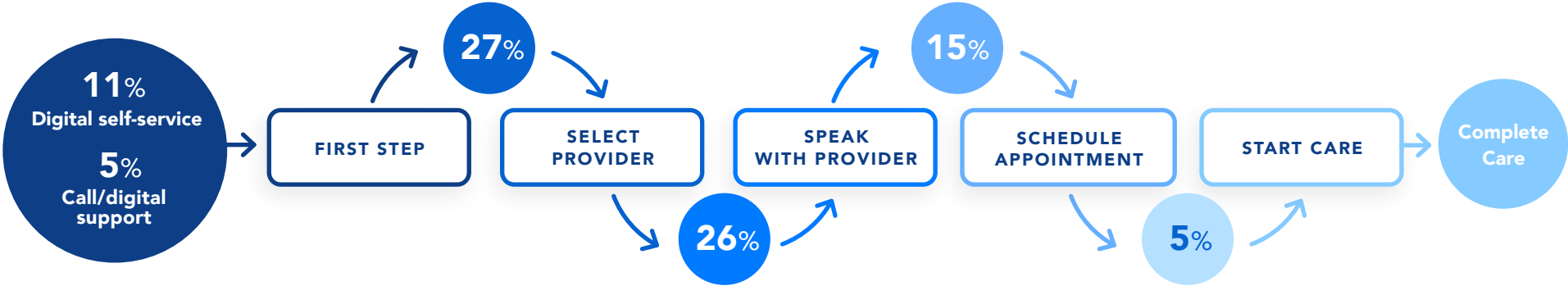
Insurers should be clear about mental health coverage and could consider targeting relevant marketing and educational materials to groups who are most likely to want it. There are a number of ways to increase cost transparency, including visible and easy-to-use tools and calculators that estimate total and out-of-pocket costs. Communication about cost transparency should start at the very beginning of a customer journey with onboarding and continue throughout the lifecycle as healthcare systems and plan benefits change.

Most Members Contact Insurer Before Healthcare Provider

Understanding member journeys is more important than ever. We asked respondents at what point they would engage with their health insurer if they needed a new healthcare provider. The good news for health insurance companies is that almost 70% of members will engage with them before they ever speak to their healthcare provider.

In fact, only 11% reported they wouldn't engage with the insurer at all. However, it's also critical that members engage with their insurer at the right time. There isn't consensus on when that is, so it might behoove insurers to better define this process.

When Would You Engage with the Insurance Company if You Needed a New Provider?



WHY IT MATTERS

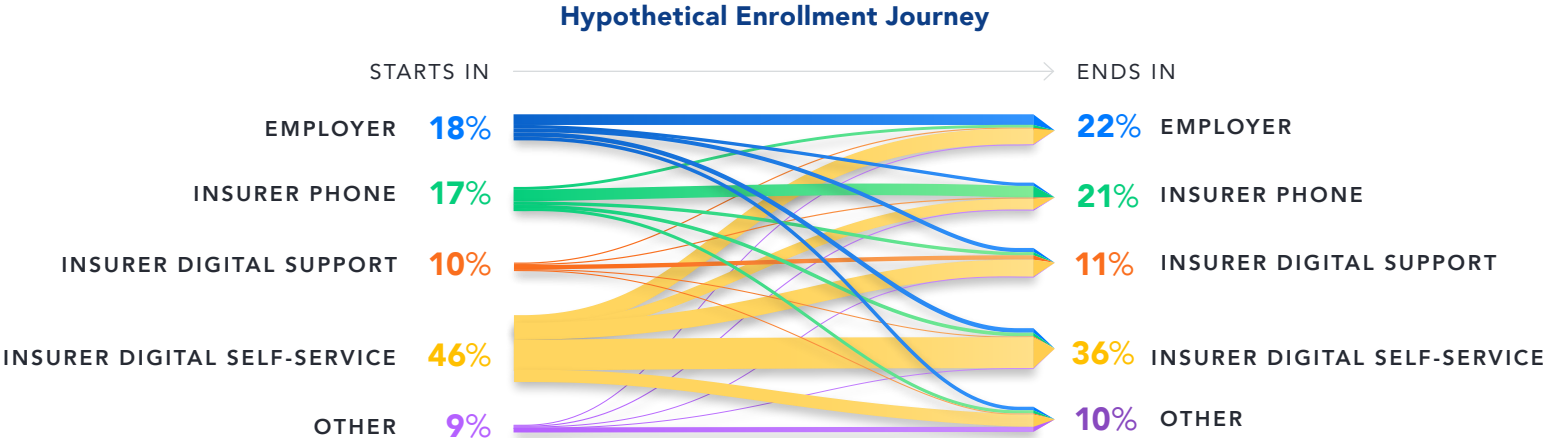
Insurers have a tremendous opportunity to influence, educate, and inform members long before they ever select, contact, or visit their healthcare provider. Insurers can become a trusted source by taking this role seriously and understanding what information members need at different stages of their journey.

The Enrollment Member Journey

To better understand both the member journey and interaction with specific touchpoints, we asked survey respondents about the process they would take when enrolling for new health insurance.

Journeys were similar whether or not an employer covered a plan. Nearly three-quarters (73%) of all respondents would start their journey with the insurer, and only 18% would start with their employer. While only 17% start with the

insurer’s call center, 30% of respondents will end up using the insurer’s contact center at some point in their journey, and nearly one-quarter (21%) will end their journey there.



WHY IT MATTERS

Prepare for continued high volumes in the contact center channels, and look for member-friendly ways to help deflect calls with digital self-service. When members do turn to digital support, it's because they want agent help but don't want to wait on hold. Digital self-service could bridge the gap.

Definitions of CSAT, Drivers of Satisfaction, and NPS

Customer Satisfaction (CSAT)

Customer Satisfaction (CSAT) is calculated using a composite of the responses from three questions about a respondent's experiences with the health insurance policy. Each question requests a rating on a scale of 1-10.

- What is your overall satisfaction with your current health insurance policy?
- How well does your current health insurance policy meet your expectations?
- How does your current health insurance policy compare to an ideal health insurance policy?

The CSAT score for each respondent is the average of the three responses using optimal weighting, rescaled from a 1-10 response scale to a 0-100 score scale.

Drivers of Satisfaction (used in this study)

Driver scores for each respondent are calculated as composites of the responses to the three questions asked on a 1-10 scale. The three responses are averaged using optimal weighting and then rescaled to a 0-100 score scale:

VALUE

- Premium cost
- Level of coverage
- Thoroughness of coverage

SERVICES

- Availability when needed
- Responsiveness to needs
- Ability to answer questions

PROVIDER AVAILABILITY

- Ability to visit primary care provider of your choice
- Specialty care provider of your choice
- Urgent or express care location of your choice

ENROLLMENT

- Clarity of plan choices and options
- Information provided
- Ease of enrollment

DIGITAL EXPERIENCE

- Responsiveness of website or app
- Ease of finding
- Ease of managing policy

CLAIMS

- Ease of filing claims
- Time from claim submission to payment
- Degree that coverage paid met expectations

Net Promoter Score (NPS)

Net Promoter Score (NPS) is calculated using the question:

How likely are you to recommend your insurer to someone else?

- Respondents providing a 0-6 are labeled "detractors."
- Respondents providing a 7-8 are labeled "passives."
- Respondents providing a 9-10 are labeled "promoters."

NPS values are calculated for a group and use the formula below:

- $NPS = 100 * (\text{Number of Promoters} - \text{Number of Detractors}) / (\text{Total Number of Respondents})$
- NPS values are recorded on a scale of -100 to +100.

About the Research Team

José R. Benkí, PhD, is Research Science Director at Verint and an Adjunct Assistant Research Scientist in the Survey Research Center at the University of Michigan. He has expertise in survey participation, interviewing, speech science, and cross-cultural and cross-language survey research. He is a member of the American Association for Public Opinion Research and the Acoustical Society of America.

Karly Szczepkowski is a Senior Research Analyst at Verint responsible for thought leadership studies, predictive benchmarking, predictive model templates, and usage analysis. She graduated from Wayne State University in Detroit with a master's degree in library and information science and holds a bachelor's degree in engineering from the University of Michigan in Ann Arbor.

Sara K. Shaffer, PhD, is a Product Adoption and Marketing Analytics Manager with Verint and brings over 15 years of experience in research design, analysis, reporting, and teaching to her role. She has conducted research internationally, collaborating with academic colleagues, colleges, universities, businesses, non-profits, and government organizations throughout her career.

Zealand Cooley is a Research Scientist at Verint who enjoys working on data manipulation projects in Python and other platforms. In her role, she develops solutions that enhance and automate analysis. She holds a Bachelor of Science in Statistics from the University of Michigan and is currently working on a master's degree in Applied Data Science from the university's School of Information.

Matt Kozmor is a Senior Analyst who has spent more than 10 years providing actionable recommendations based on survey data analysis. As a subject matter expert in the Financial and Insurance industries, he works with Verint's customers and internal teams to help increase revenue by improving satisfaction. Matt earned his Master of Arts in Industrial and Organizational Psychology and a Bachelor of Arts in Psychology from Wayne State University.

About the Verint Experience Index

The Verint Experience Index is a web panel survey report chronicling customer experiences across key industries. The 2021 health insurance edition ranks the omnichannel experiences of the top health insurance providers in the U.S. Top companies were determined by the National Association of Insurance Commissioners (NAIC) rankings based on market share. The study uses one panel sample with survey respondents representative of the U.S. general population with 250-260 responses for each health insurance provider. Respondents needed to have a health insurance policy with one of the providers to qualify for the survey.

Rankings in the VXI are based on customer satisfaction (CSAT), using a scale of 0-100. NPS is also shown, on a scale of -100 to 100. When two or more scores are identical at one decimal place, the next decimal

place is used to break ties and determine rankings. All significance testing was completed at a 90% confidence level.

In a few instances, we were not able to collect enough panel survey data for a top insurer during the fielding timeframe. These companies were dropped from the list. Whether or not an insurer is a Verint client has no bearing on their inclusion or exclusion in the list.

The study was fielded from June 9-July 1, 2021 with a total of 6,336 survey respondents. CSAT margin of error is +/- 1.88 and NPS margin of error is +/- 7.99.

Data analysis incorporated the calculation of influence scores, which provided the relative influence each categorical variable had on company satisfaction scores. The knowledge

gained from this evaluation was combined with the Verint predictive model to help inform the direction of further analysis.

About Verint Experience Management

Verint Experience Management solutions help you process and analyze data, automate and speed decision-making, and operationalize across the organization—so you can compete on better customer experience.

Get in touch for a customized briefing to discuss your organization's Experience Management needs, or with any questions or comments about the report: xm@verint.com

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