

Early Experience With A New Consumer Benefit: The Summary of Benefits and Coverage

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Prior to joining Consumers Union, Ms. Quincy held senior positions with Mathematica Policy Research, Inc., the Institute for Health Policy Solutions and Watson Wyatt Worldwide (now Towers Watson). She holds a master's degree in economics from the University of Maryland.

Executive Summary

The Affordable Care Act calls for a new, standardized method of communicating health coverage information to consumers. This new document is called the “Summary of Benefits and Coverage” (SBC or Summary). This far reaching policy is intended to benefit all consumers shopping for or enrolling in private health insurance coverage – approximately 170 million consumers.

This study examines how consumers fared during the first open enrollment period when the Summary was available—the Fall of 2012. Using a nationally representative survey and anecdotal stories provided by consumers, we learned:

- Awareness of the new benefit is low. Just 50 percent of consumers who shopped for or renewed private health insurance coverage recalled seeing the Summary. Rates were even lower for those who shopped for coverage on their own in the non-group market.
- Among shoppers that did see the Summary, their impressions were very favorable. Over 50% were very or completely satisfied with the specific features of the SBC, with very few expressing any dissatisfaction. When asked to rate the helpfulness of the SBC against other common sources of health plan information, the SBC was rated as helpful most often, followed by employer provided health plan comparisons (for those shopping for employer coverage) and by lists of participating doctors and Health insurer's brochure (for those shopping in the non-group market).
- When asked specifically about problems with the Summary, respondents were evenly divided over whether there was too much or too little information in the form, suggesting a wide variety of consumer preferences for the amount of content.
- Few consumers reported seeing the new feature called “Coverage Examples.” These “examples” show how much the plan would pay for a hypothetical medical scenario, like having a baby. While these examples tested very well with consumers, they are near the back of the multi-page Summary which may explain why few consumers recalled seeing them.

These findings show that consumers value a uniform, consumer-friendly method of conveying health plan information – a finding reinforced by other research. We find it significant that, when consumers are aware of the SBC, they routinely find it more helpful than other types of health plan information also available to them.

Low rates of awareness among plan shoppers show that much more needs to be done to publicize consumers’ rights to the SBC. A limited amount of anecdotal evidence suggests that insurers may need to improve dissemination to shoppers and current enrollees, particularly in the non-group market.

When consumers are aware of the SBC, they routinely find it more helpful than other types of health plan information available to them.

HHS may want to test moving the coverage examples closer to the front of the form to see if this increases consumers' awareness and use of this new feature. HHS may also want to be guided by consumers' suggestions for additional medical scenarios to be added to the coverage examples in the SBC, such as an example illustrating out-of-network coverage or a trip to the emergency room.

When these recent findings are viewed in conjunction with earlier evidence from pre-testing the Summary form, it suggests there is tremendous upside to continue to refine and promote the new SBC form. Ensuring that accurately completed forms are routinely provided to consumers is likely to improve consumer confidence when shopping for coverage and make our health insurance markets more competitive.

Introduction

The Affordable Care Act calls for a uniform health insurance “Summary of Benefits and Coverage” (SBC or Summary) to be provided to all consumers shopping for or enrolling in private health coverage – over 170 million consumers.¹ For the first time, this new disclosure standardizes the display of health insurance information regardless of who offers it. For example, spouses with an offer of coverage from both their employers can use this form to compare the two offers on an apples-to-apples basis.

There is wide-spread evidence – including Consumers Union’s own testing – that shows traditional health plan summaries are often impossible for consumers to decipher, especially with respect to cost-sharing and the overall amount of coverage being offered.² The evidence also shows that consumers dread shopping for coverage. Together, these barriers undermine consumers’ ability to find the health plan that is right for them.

Early consumer testing of the SBC indicated that the new form could be very useful to consumers. Consumers liked the uniform format because they could line up Summaries from different carriers and more easily compare them.³ Further, the summaries contain a new feature called the Coverage Examples. These examples show, for the first time, how much health care costs and how much the plan would pay for selected medical scenarios (Exhibit 1). Testing showed that this information greatly increased consumers’ willingness to make a health plan selection and increased their confidence in the selection.⁴ Furthermore, polling indicates that a standardized health insurance summary is highly valued by consumers.⁵

This initial research suggests that the new Summaries could be transformative – if consumers know about their new benefit and can easily access their Summary.

This study explores how policy translated into reality by examining how consumers fared during the first season of SBC use – health plan open

Exhibit 1: Coverage Example

Having a baby (normal delivery)	
■ Amount owed to providers: \$7,540	
■ Plan pays \$5,490	
■ Patient pays \$2,050	
Sample care costs:	
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540
Patient pays:	
Deductibles	\$700
Copays	\$30
Coinsurance	\$1320
Limits or exclusions	\$0
Total	\$2,050

¹ *Decoding Your Health Insurance: The New Summary of Benefits and Coverage*, Families USA, May 2012.

² L. Quincy, *What’s Behind the Door: Consumers’ Difficulties Selecting Health Insurance*, Consumers Union, January 2012.

³ Consumers Union and People Talk Research, *Early Consumer Testing of New Health Insurance Disclosure Forms*, December 2010 and *America’s Health Insurance Plans Focus Group Summary*, JKM Research, October 2010.

⁴ Consumers Union and Kleimann Communication Group, *Early Consumer Testing of the Coverage Facts Label: A New Way of Comparing Health Plans*, August 2011 and *America’s Health Insurance Plans [and] Blue Cross Blue Shield Association Focus Group Summary*, JKM Research, May 2011.

⁵ Kaiser Health Tracking Poll, November 2011.

enrollment during the Fall of 2012. Specifically, we sought to understand consumer awareness of, and reactions to, the SBC.

Research Approach

The majority of our findings are informed by a nationally representative survey commissioned by Consumers Union and conducted in December 2012. This information was augmented with consumer stories and other anecdotal data from selected stakeholders.

Target Audience

Household insurance decision makers between the ages of 18-64 who shopped for private coverage on their own or went through open enrollment with their employer in the Fall of 2012. This population includes federal⁶ and state employees but excludes those shopping for PCIP, Medicaid, CHIP, Medicare, Medigap, Medicare Advantage, Medicare Part D drug plans or military coverage such as TRICARE or Veteran's benefits.

Below, we refer to this group as “people who shopped for coverage” in the Fall of 2012. We intend the phrase to include those who enrolled in coverage with their employer, even if they just renewed coverage they already had. We include in this group people who shopped for private coverage, even if they didn't end up enrolling in the coverage.

Nationally Representative Survey

We used GfK's (formerly Knowledge Networks) online panel for the survey. This KnowledgePanel® is a nationally representative probability sample of the U.S. adult population. Initially, participants are chosen scientifically by a random-selection of telephone numbers and residential addresses. Persons in selected households are then invited by telephone or by mail to participate in the web-enabled KnowledgePanel®. Panel respondents who do not have Internet access are provided with Internet service and free laptop computers by Knowledge Networks, to ensure that panel respondents are representative of the national population and are not limited only to those who already use the Internet.

A complete description of this survey, including the questionnaire, is available by contacting Consumers Union.

⁶ While the Affordable Care Act doesn't require the form for Federal workers, the U.S. Office of Personnel Management enacted a rule requiring the SBC be provided by carriers offering coverage to federal employees. <https://www.opm.gov/healthcare-insurance/healthcare/carriers/2012/2012-22.pdf>

Respondents

Just over one thousand respondents met our screening tests to identify those who shopped for private health coverage in Fall of 2012. The vast majority of respondents enrolled in employer coverage during the Fall of 2012, although 6 percent enrolled in non-group coverage and four percent were “shoppers” who did not end up enrolling in any coverage (Exhibit 2).

EXHIBIT 2 — RESPONDENTS BY TYPE OF SHOPPING, FALL 2012	
Type of Shopping	Distribution of Respondents
Covered by a health plan through my employer, family member's employer or former employer	90%
Covered by a health plan that was purchased privately	6%
Shopped for but did not enroll in health insurance	4%
All Respondents	100%

Source: Consumers Union Survey

For the full sample, sampling error was 3.9% at the 95% confidence level. For the subset of respondents who recalled viewing the SBC Form sampling error was 5.5% at the 95% confidence level. Sampling error is a term used to describe the range of possible results when survey findings are generalized to the entire population of the county. In this case, the sampling error estimates the most accurate percentage for the result and the range within which we would expect the true value to fall 95 times out of 100.

Respondents were shown an image of page 1 of the SBC to ensure that their responses did not apply to a different summary they may have received. Many of the respondents were renewing coverage they already had and many of them did not have a choice of plans. Our analysis explores these factors.

Survey Findings

Low Rates of Awareness

Only 50 percent of respondents recalled seeing the SBC when they renewed, enrolled in or shopped for coverage in the Fall of 2012 (Exhibit 3). Rates were significantly lower (approximately 35%) among those who shopped in the non-group market, had COBRA coverage or didn't end up enrolling in a plan.

EXHIBIT 3 — HALF RECALLED SEEING THE SBC WHEN THEY SHOPPED

(After being shown an image of page 1 of the SBC) <i>Do you recall viewing a similar form when you last shopped for, enrolled in, or renewed a health plan?</i>	All Respondents	By Type of Coverage			
		Current Employer (incl spouse's)	COBRA or Other Employer-Based Health Plan	Private Plan	No Health Plan
Yes, saw the form	50%	53%	36%	35%	36%
No, did not see the form	30%	29%	37%	37%	31%
Not sure	20%	19%	26%	28%	33%
All Respondents	1,076	906	61	61	49

Source: Consumers Union Survey. Subsamples of less than 100 respondents should be regarded with caution.

While type of coverage seems to impact whether or not consumers saw the SBC, among those that saw the form, their opinions about the form did not differ by type of coverage.

Only 50 percent of respondents recalled seeing the SBC when they shopped for coverage.

Among those who didn't recall seeing the form, about one quarter recall seeing a reference to the SBC but did not follow up on it (Exhibit 4).

EXHIBIT 4 — RESPONDENTS WHO DIDN'T SEE THE SUMMARY, FALL 2012

<i>Although you do not recall viewing the new Summary of Benefits and Coverage form, do you remember seeing a postcard, or an Internet link, that described how to obtain one?</i>	Percentage
I recall the Internet link to the form but I did not click it	17%
I recall a postcard, but I didn't mail it to request the form	7%
I recall some other method of obtaining the form, but didn't pursue it.	5%
None of the above	73%
All Respondents	540

Source: Consumers Union Survey

High Rates of Satisfaction Among Those Who Viewed the Summary

Among respondents who viewed the form (n=534), most were very satisfied with the specific features (Exhibit 5). Very few reported any dissatisfaction.

EXHIBIT 5 — HIGH LEVELS OF SATISFACTION WITH THE SBC			
<i>Please indicate how satisfied you were with the following aspects of the Summary of Benefits and Coverage form.</i>	Percent responding completely or very satisfied	Fairly Well Satisfied	Somewhat to Completely Dissatisfied
It provided me with useful information to help me select the best health plan available	61%	31%	9%
The format allowed easy comparison of health plan options	57%	33%	9%
Clear presentation of the benefits and costs of the health plan	56%	35%	9%
Completeness of information presented about health plan	53%	41%	6%
Enough information was presented about getting care out-of-network	52%	36%	13%
Understandable presentation of the "fine print" (e.g., terms, conditions, and limitations of coverage in health plan)	43%	43%	14%
All Respondents	526-533 (not every respondent answered every question)		

Source: Consumers Union Survey

Little Consensus on Problems with the Summary

Shoppers who saw the SBC were asked specifically if they felt there were any problems with the form. When a problem was identified, there was little consensus around the nature of the problem (Exhibit 6). Indeed, respondents were almost evenly divided over whether the form had too little or too much information.

EXHIBIT 6 — LITTLE CONSENSUS ON PROBLEMS WITH THE FORM	
Which, if any, of the following would you identify as problems with the Summary of Benefits Coverage form?	Percentage
There was too much information to absorb - the form was too long	21%
There was too little information about each plan	17%
The language used in the form was too technical, legal, or full of jargon	16%
It was not clear how consumers were supposed to use this information	16%
The format of the form did not allow an easy comparison of the health plan options	13%
Other : _____	3%
Base	537

Notes: Respondents could select more than one problem and 14% of respondents did so. 46 respondents replied “no problem” or similar in the “other” category and these were removed from the distribution so that only “other problems” are included in this table. The order of the fixed responses was randomized.

The “other” responses noted general confusion or that something wasn’t clear (5 responses), needed more/better information on out-of-network costs (2 responses), wellness disclaimer wasn’t clear (1 responses) or would like “prices next to benefits.”

Coverage Examples Rarely Viewed

As noted above, the SBC includes a feature called Coverage Examples. This feature is new to consumers – traditional health plan summaries rarely show how much the plan would pay for a specific medical scenario.

When the prototype was pre-tested with consumers, these examples proved very helpful to consumers.⁷ In this survey, half of respondents did not recall seeing these examples (located near the end of the multi-page form) and twenty percent reported they did not find the examples helpful (Exhibit 7).

EXHIBIT 7 — COVERAGE EXAMPLES RARELY VIEWED	
<i>Were the two "Coverage Examples" showing plan benefits and bottom line costs for "having a baby" and "diabetes" helpful to you?</i>	Percentage
Yes	26%
No	22%
Don't recall seeing this part	52%
All Respondents	532

Source: Consumers Union Survey

The U.S. Department of Health and Human Services (HHS) has committed to providing up to six examples, although only two were required in the Fall of 2012 – “having a baby” and “treating diabetes.” All respondents who saw the SBC were asked which additional example they would like to see. Responses which were fairly evenly divided over a number of scenarios, with a significant percentage being unsure of which they would prefer (Exhibit 8).

⁷ Consumers Union and Kleimann Communication Group, *Early Consumer Testing of the Coverage Facts Label: A New Way of Comparing Health Plans*, August 2011 and *America's Health Insurance Plans [and] Blue Cross Blue Shield Association Focus Group Summary*, JKM Research, May 2011.

EXHIBIT 8 — COVERAGE EXAMPLES RARELY VIEWED

<i>If you could add an additional scenario illustrating plan benefits, what would your first choice be?</i>	Percentage
Getting care out-of-network	21%
Trip to Emergency Room for broken leg	20%
Care received by a typical family with children	17%
Heart attack	6%
Treatment of breast cancer	5%
Other	3%
Not sure	28%
All Respondents	531

Note: The presentation of these items was randomized. Source: Consumers Union Survey

When completing the “other” response, consumers answered:

- Inpatient hospital for surgery (3 responses)
- Illustrate preventive care vs. non-preventive care (2)
- Mental health coverage (1)
- Multiple Sclerosis (1)
- Coverage not available while traveling (1)
- Care for a family with health problems (1)
- “Total care” (this may be all care for a year) (1)

During development of the form, a breast cancer scenario was tested but not included in the initial requirements for the SBC. Because of the high charges associated with this scenario (roughly \$100,000), this example generated the biggest consumer response among the three that were tested. Seeing that medical care can result in unexpected, very high charges reminded consumers that having health insurance protects families.⁸ Hence, a high cost scenario like breast cancer or heart attack may help consumers, even if they don’t report it on a survey such as this one.

⁸ Ibid.

The SBC Ranked Highly Among All Sources of Health Plan Information

Among shoppers that saw the SBC, this source of information ranked above other sources of information in terms of helpfulness (Exhibit 9).

For those with employer-based coverage, employer provided plan summaries also ranked highly, followed by lists of participating doctors provided by health plans. Advice from co-workers, friends and family, the HR department or the insurer provided documents were also found helpful by just over half of respondents with employer coverage who saw the SBC.

EXHIBIT 9 — HELPFULNESS OF SBC, COMPARED TO OTHER SOURCES OF INFORMATION

Source of Information	Percent finding this source of information very or somewhat helpful	
	Shopped for Employer Coverage	Shopped for private, non-group coverage
The Summary of Benefits and Coverage Form	89%	90%
Employer-prepared health plans comparison	78%	N/A
Lists of participating doctors provided by health plans	76%	81%
Health insurer's brochure	66%	78%
Advice from employers' Human Resources Department	61%	N/A
Advice from friends and family	57%	71%
Advice from co-workers	55%	39%
Health plan ratings viewed on the Internet	49%	67%
Broker or agent's advice	N/A	58%
Health insurer's renewal letter	N/A	45%
All Respondents	477-493	35-38

Note: Subsamples of less than 100 respondents should be regarded with caution. Source: Consumers Union Survey.

The SBC was ranked as very or somewhat helpful more often than other documents.

Among those who shopped for coverage in the non-group market, the SBC was ranked as very or somewhat helpful more often than other documents. Other sources that also ranked highly include lists of participating doctors and brochures from health insurers. Unlike those shopping for employer coverage, advice from co-workers was cited as helpful for shoppers in this market only 39 percent of the time.

We asked a similar question of those who shopped for coverage in the Fall of 2012 but did *not* recall viewing the SBC. In terms of the relative importance of each source of information, their responses were very similar to those who *did* view the SBC, once the SBC is removed as an option (Exhibit 10). For example, among the choices, employer provided health plan comparison were ranked as very or somewhat helpful more often than other sources.

Interestingly, almost all information sources were ranked as helpful less often compared to the group that viewed the SBC. For example, those viewing the SBC found “Employer-prepared health plans comparisons” very or somewhat helpful 78 percent of the time compared to 61 percent for the group that didn’t view the SBC.

EXHIBIT 10 — HELPFULNESS OF SOURCES OF INFORMATION, AMONG THOSE WHO DIDN'T VIEW THE SBC

Source of Information	Percent finding this source of information very or somewhat helpful	
	Shopped for Employer Coverage	Shopped for private, non-group coverage
The Summary of Benefits and Coverage Form	N/A	N/A
Employer-prepared health plans comparison	61%	N/A
Lists of participating doctors provided by health plans	56%	70%
Health insurer's brochure	48%	71%
Advice from employers' Human Resources Department	56%	N/A
Advice from friends and family	49%	56%
Advice from co-workers	57%	29%
Health plan ratings viewed on the Internet	28%	33%
Broker or agent's advice	N/A	27%
Health insurer's renewal letter	N/A	49%
All Respondents	454-465	60-62

Note: Subsamples of less than 100 respondents should be regarded with caution. Source: Consumers Union Survey.

Impressions Were Even More Favorable When Shoppers Were Careful Reviewers of The Form

Among all consumers who shopped for private coverage in the Fall of 2012, a significant portion did not have a choice of plans (Exhibit 11). Even among those with a choice of plans, many did not seriously weigh alternatives.

Only 36 percent of employer-based respondents seriously weighed other health insurance options, compared to over 50 percent of those shopping in the non-group market. Twenty-eight percent of employer-based shoppers reported only one choice of plan.

Surprisingly, 21 percent of non-group shoppers reported they had no choice of plans. These may be shoppers who were locked into their plan due to their pre-existing medical conditions, or perhaps they felt they lacked meaningful choices due to the high cost of coverage in this market.

EXHIBIT 11 — CHOICE OF PLANS AMONG ALL SHOPPERS (WHETHER OR NOT SBC VIEWED)

<i>Which of the following best describes your choice of health plans in recent months?</i>	Shopped for Employer Coverage	Shopped for Individual Coverage
I had only one choice of plans	28%	21%
I had more than one choice, but I really didn't weigh other options	37%	26%
I had more than one choice, and I seriously weighed other options	36%	54%
All Respondents	968	99

Source: Consumers Union Survey

Not surprisingly, among those that recalled seeing the SBC, those who seriously weighed more than one health coverage option reported they were more likely to read the SBC “very carefully.”

Those who read the SBC “very carefully” were more likely to report that they found the SBC features “very helpful.” When asked about perceived problems, they were more likely to report that the jargon was too technical than to report being dissatisfied with the amount of information in the document.

Relatively few respondents reported not reading the form carefully. When asked why, the dominant reason was “I knew I would renew my old plan and did not feel the need to review [the SBC] more carefully.”

Shoppers who seriously weighed more than one health coverage option more likely to read the SBC very carefully .

Anecdotal Reports from Fall Enrollment

Survey data provides a comprehensive, nationally representative overview of SBC awareness around the country and it can suggest areas for further investigation but it isn't always nuanced enough to tell us what policy changes, if any, might be indicated.

Therefore, we also solicited consumer experiences via an online feedback tool and other methods. Further, we spoke with experts at *Consumers Checkbook*. *Consumers Checkbook* is a popular tool that provides comparative health plan data to federal employees, encompassing 248 different health plans. As such, we were interested in their experience trying to gather SBCs in order to populate their comparison tool.

Anecdotal Evidence Suggests Difficulty Obtaining SBC

Significantly, *Checkbook* experts reported difficulty obtaining the SBC for about 50 percent of plans and, as they put it, “we knew what we were looking for.”

EXHIBIT 12 — EASE/DIFFICULTY OF OBTAINING SBCS FOR FEHB PLANS	
Ease or Difficulty	Percentage
SBC relatively easy to find on plan website	50%
SBC difficult to find on plan website or had to call and request	35%
Never found SBC and plan rep did not return call	15%
Total Number FEHB Plans	248

Source: Staff at *Consumers Checkbook*

Checkbook staff suggested that the name of the document – “Summary of Benefits and Coverage” – was too similar to other insurance documents and insurer staff may not yet be trained in what term refers to.

This is similar to the experience of a Pennsylvania consumer who had tremendous difficulty obtaining a correct SBC. The health plan sent him the wrong document when he directly requested the SBC (see Side Bar: Even When You Know What to Ask For...).

These anecdotal reports – reinforced by our survey data – suggest that insurers need to do more to ensure that consumers can easily access their SBC.

EVEN WHEN YOU KNOW WHAT TO ASK FOR...

A consumer in Pennsylvania had a very poor experience obtaining an accurate SBC, including:

- Customer called his carrier to request an SBC, but customer was sent a different document, identified as the “Personal Choice Welcome Kit,” that didn’t include the SBC. Customer was not directed to the SBC online.
- On his own, customer looked for the SBC online. The SBC was not prominent or easy to locate. Customer was able to locate it but only after entering his login information. Hence, the SBC description was not available to shoppers who don’t yet have login information as they aren’t yet enrollees (a violation of federal rules).
- Once obtained, the SBC was found to have several errors including: (a) maternity is not covered by this plan but the carrier failed to list it on page 7 “Services your plan does NOT cover;” and (b) the coverage example “Managing Type 2 Diabetes” shows that plan pays all but \$80 of these services. This is incorrect given the \$5,000 deductible associated with these services.
- When the customer brought the *Managing Type 2 Diabetes* error to the attention of the carrier, he was told that it “didn’t matter because the document clearly says that it is not a cost-estimator.”
- Bringing these problems to the attention of the PA Department of Insurance provided no remedy, as the department noted it was not authorized to enforce the rules.

Some SBC Contained Errors

Several SBC documents that we received from consumers contained errors, particularly with the coverage examples (see Side Bar). There is no way to tell how wide-spread this problem is, but it bears closer monitoring by state insurance departments and HHS.

SBCs Aren’t As Uniform as Intended

In the first year of use, it is not surprising that the rules intended to standardize the language facing consumers were not always followed, or in some cases, that the rules didn’t address areas where standardization was needed.

An example from *Consumers Checkbook*: one of the common medical events for which coverage is described is “preventive services.” As required by the ACA, these services are required to be covered without cost-sharing – something that should be fairly simple to convey to consumers. Yet in the “limitations and exceptions” column of the SBC, plans reported a wide variety of “exceptions” for this service, undermining the main idea of uniform treatment across plans:

- “under unique circumstances” plan may pay out-of-network
- “age and frequency schedules may apply”
- “none”
- “preventive services required by ACA covered in full”
- “limited to one per year for each covered service”
- "benefit includes 8 age or periodicity limits that vary..."
- "one routine exam per person every calendar year."

While all of these statements may be technically accurate, any differences are extremely rare and probably should not be mentioned in this Summary document.

Conclusion and Recommendations

These findings confirm earlier evidence that consumers will benefit from the new Summary of Benefits and Coverage. In this nationally representative survey, they report finding the SBC one of the most helpful sources of plan information available to them. But low rates of awareness and problems with insurer provision of the form suggest that much more needs to be done to publicize consumers' rights to the SBC and to improve standardization and accuracy of the document.

The survey data and anecdotal evidence suggests that insurers may need to make it easier for shoppers and current enrollees to access their SBC, particularly in the non-group market. In some cases, additional training of staff answering consumer help lines and reviews of SBC for accuracy may be needed. HHS may want to test moving the coverage examples closer to the front of the form to see if this increases consumers' awareness of this new feature. HHS may also want to be guided by consumers' suggestions for additional scenarios to be added to the coverage examples in the SBC.

We believe this study demonstrates the value of monitoring early experience with new consumer disclosures to see if policy goals are being achieved, and so adjustments can be made accordingly. We would like to see a mixed-methods approach to monitoring become a regular practice of federal and state agencies that provide new disclosures to consumers.

ConsumersUnion

POLICY & ACTION FROM CONSUMER REPORTS

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