



Coverage Uncovered:

How Status Quo Employer-based Health Insurance Fails Florida



Metro Florida 2023 Survey Results

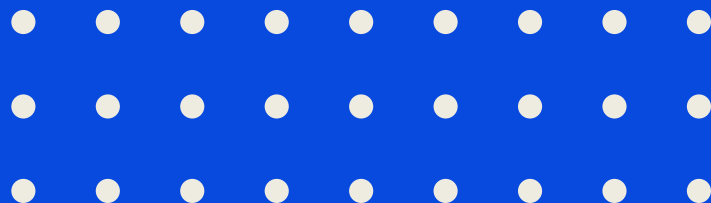
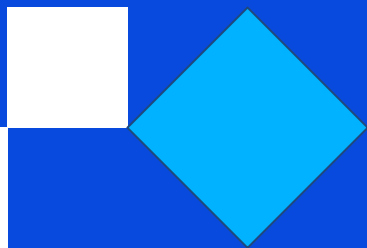




Table of contents



1 Executive summary

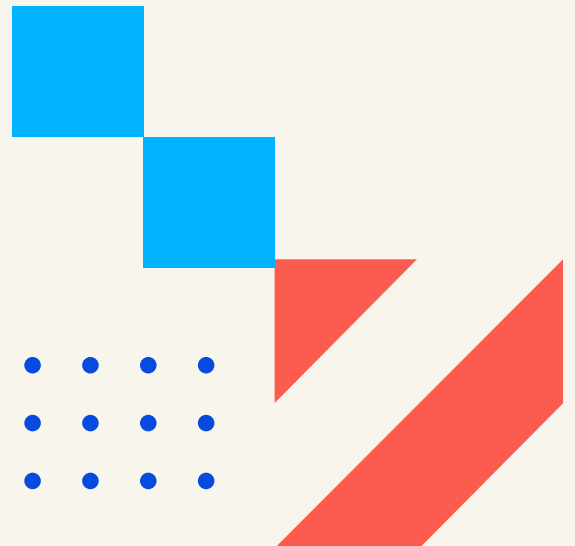
2 Methodology

3 Key findings

4 Conclusion

5 About Curative

6 Appendix





Executive summary

In Metro Florida, employer-sponsored healthcare falls massively short of its promise to cover needed care and protection against high unexpected medical expenses. Instead, employees are left with essentially only a catastrophic health benefit plan, and employers fail to derive value from this costly investment. The status quo has ultimately resulted in both a health and financial crisis for many employees, while employers fail to derive value from their costly investment in health benefits.

In 2023, Curative conducted a survey across the three largest cities in Florida, seeking to understand the experiences of people with employer-based insurance plans. The survey aimed to assess how current cost-sharing arrangements impact utilization, overall health and well-being, and to identify the primary barriers to accessing care and treatment.

Survey results paint a bleak picture of the health plan status quo.

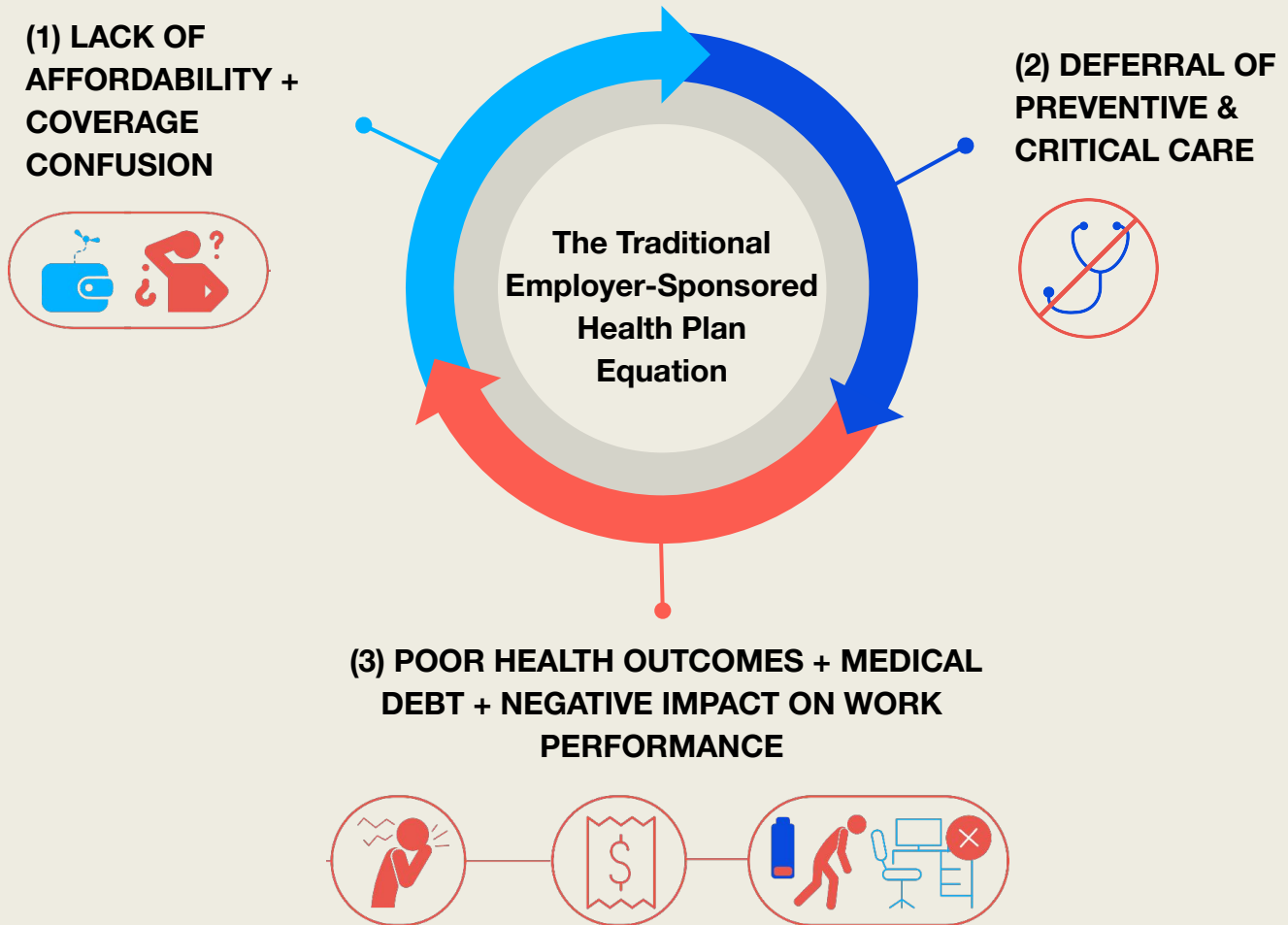
Many employees cannot afford their share of costs, face confusion and uncertainty regarding expenses and accessibility, and consequently forgo or delay seeking care, leading to worse health outcomes and work performance.

Some standout results include:

- Only **45% say they could comfortably afford out-of-pocket costs** if they had a major medical event or were diagnosed with a chronic illness.
- **67% have used alternative methods** to pay for out-of-pocket expenses, such as **depleting a savings account (23%)** and **increasing credit card debt (24%)**.
- **51% couldn't anticipate out-of-pocket expenses** for prescription medicines.
- **32% of total respondents have medical debt** and **48% of members with high deductibles have outstanding medical debt**.
- Within the past year, **32% have skipped preventive health services**, such as a yearly check-up or routine test. Many are not adhering to medications.
- **67% of respondents are missing work** because of health-related issues and **46% agree** their family health **impacts their work performance**.

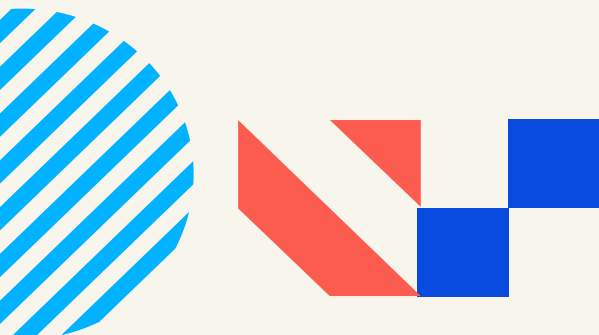


Ultimately, traditional health plans result in a vicious cycle:



It's time to break the cycle with next-generation health plans.

Florida employees and employers alike have become numb to the status quo of health insurance, and need a category-breaking alternative that drives positive points of interaction and true value to meet the health care needs of working insured Floridians.





Methodology

Curative conducted a survey to gain insights into the experiences of people enrolled in employer-based insurance plans. The objective was to understand to what extent cost sharing impacts overall health and well-being and, in the process, identify the main obstacles to accessing care and treatment. The sample included **1,201 adults aged 18 years and above residing in Orlando, Miami, and Tampa with employer-based insurance** who voluntarily participated in the survey.

Curative conducted the survey quantitatively among a patient population using an online, web-based platform. Curative applied quotas when selecting the sample to ensure representation of key demographic variables and weighed the final data using the latest Census information through a post-stratification, random iterative method (RIM) weighting methodology across demographic variables. The data for “Florida” represents the findings for the three individual cities, aggregated and weighted to reflect respective populations within each city's combined population data. For the individual cities, the weights are based on the census parameters specific to each.





The state of traditional health coverage: it's catastrophic

The Patient Protection and Affordable Care Act mandates US employers with **50** employees or more must provide health insurance benefits to at least 95% of all full-time employees or pay a fine of **\$2,880** per employee.¹ According to a Kaiser Family Foundation study,² the vast majority (93%) of US companies with **50** employees are in compliance with this mandate and currently offer their workforce some kind of health benefits, even if some of these benefits barely comply with regulations. The same study found that premiums for employees enrolled in family plans have increased by **20%** in the past five years. This is up **43%** from 10 years ago.

The average out-of-pocket maximum for employer-sponsored plans in 2022 was **\$4,355** and single employees reported paying around **\$111** a month for coverage. Based on 2022 premium trends, researchers have determined there were low levels of health plan utilization during the fall of 2021.⁴ For 2023, employers anticipated to experience a 6.5% increase in the cost of health coverage for their employees.⁵

Florida trends are no different: costs are shifting to employees and resulting in de facto catastrophic care.

According to Curative survey results, **45%** of Florida employees reported that their annual deductible amount was **\$1500 or less**. **21%** have an annual deductible of **\$1001 - \$3000** and **22%** have a deductible of **\$3,001 or more**. While the average savings for U.S. adults varies by age and background, the median bank account balance for households is \$5,300.⁶ With a deductible of \$3,000 or more, this cuts significantly into liquid savings, which could be allocated toward other financial goals.





Key Florida Findings

- Increased cost-sharing prices out care for employees
- Lack of transparency and complex systems breed confusion
- Employees' forced choice: delay or skip care, or take on medical debt
- Poor health undercuts work productivity and performance
- Talent has a critical eye on their health benefits
- Different cities, different experiences





Increased cost-sharing prices out care for employees

Affordability in employer-sponsored health insurance refers to an employee’s ability to pay for the cost-sharing of the care they receive, such as copays, deductibles, and other out-of-pocket costs. When employees can’t afford the cost of their healthcare, they may delay or forgo important care.

Florida employees reported a lack of affordability with their health insurance:

22%

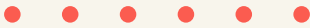
stated that their annual deductible is **≥ \$3,000.**

55%

say that their out-of-pocket costs have become expensive.

44%

of respondents who are unsatisfied with their current health coverage can’t afford their out-of-pocket healthcare expenses.



In an already unaffordable market, Florida respondents reported increases in their healthcare costs in the past year.

44%

reported increases in out-of-pocket costs for health insurance.

46%

reported increases in monthly health insurance premiums.



Among those needing significant medical care, **45%** of those with a chronic condition and **76%** currently using prescription drugs are more likely to be enrolled in an HDHP plan compared to others (**29%** and **60%** respectively).



To afford healthcare, many employees have had to **make sacrifices** in other areas in the past year. Of respondents, **67% have used alternative methods** to pay for their out-of-pocket expenses.

That includes:

18%

borrowed money from friends or family.

18%

put off vacations or major household purchases.

20%

cut back on food, clothing, and other basic needs.

24%

increased their credit card debt.

23%

used money from savings.

Hispanic individuals tend to utilize a range of options more frequently than other groups to pay for their out-of-pocket costs.

This includes borrowing money from friends/family or using a payday lender **(21% and 15% respectively, compared to 15% and 6% for others).**





Lack of transparency and complex systems breed confusion

The survey results suggest that the underutilization of health plans may not only stem from issues of affordability but also from a lack of transparency. Employees may hesitate to use their benefits due to concerns about unexpected costs, especially when they're uncertain about what their plans cover. According to the survey, Florida employees are confused about their benefits. The higher the degree of confusion, the less likely employees will be to use their benefits and the more likely they are to defer care out of fear of costs.

Respondents reported that:



44%

don't understand what's covered by their insurance company.



51%

couldn't anticipate out-of-pocket expenses for prescription medicines.



55%

couldn't anticipate out-of-pocket expenses for healthcare services.



42%

have trouble navigating their health insurance.



35%

have experienced high anxiety over their ability to access health care in the past 3 months.



40%

feel they need to jump through hoops to get the care they need.



37%

feel they have to fight with their health insurance company to get them to pay for their health care.

Hispanics (48%) are more likely to face difficulties navigating their insurance coverage than Whites (36%) and individuals from other ethnic backgrounds (45%).

Those enrolled in a **high deductible health plan** agree that they often encounter insurance barriers such as struggling to anticipate costs (62%) and investing more time in navigating the insurance providers to get the care they need compared to others (50% vs 38%).



Employees' **forced choice:** delay or skip care, or take on medical debt

Within the past year

32%

skipped their preventive health services, including yearly check-ups, routine medical tests, and treatments.

35%

of urban residents with employer-based health insurance deferred seeking medical care due to financial concerns.

35%

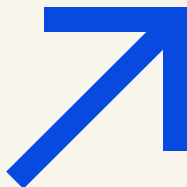
of respondents express anxiety about deferring care due to financial concerns.

51%

postponed visits to doctors and specialists.

43%

neglected to adhere to their prescribed medications due to out-of-pocket costs.



Caregivers and parents are significantly impacted by the burden of out-of-pocket costs. Among caregivers, **61%** have deferred seeing a doctor in the past 12 months due to financial concerns, compared to **57%** of parents, and **47%** of others.

While over a third (**35%**) of Florida respondents have stated that they have deferred care, the trend is higher with individuals dealing with a **chronic condition (47%)** and those in poor health (**48%**).



Some respondents have never received any of the following preventive health services:



43%

have never had a mental health screening.



32%

have never been screened for diabetes.



33%

have never had a cancer screening (including a mammogram or colonoscopy).



32%

have never been screened for hypertension.



27%

haven't had a routine physical in over one year.



In the last three months:



34%

needed healthcare but didn't get it.



35%

deferred seeking medical care due to a high deductible, copay, coinsurance, or other out-of-pocket expense.





Many employees suffer increased medical debt and resulting stress from an inability to pay for out-of-pocket medical expenses. This debt directly impacts the overall well-being of employees, resulting in increased stress and increasing the likelihood of deferring care.

Respondents reported that:

In the past 12 months

17%

think their out-of-pocket costs are more than they could afford, even with health insurance.

30%

did not seek medical care for a minor illness because of out-of-pocket costs.

In the past three months:

40%

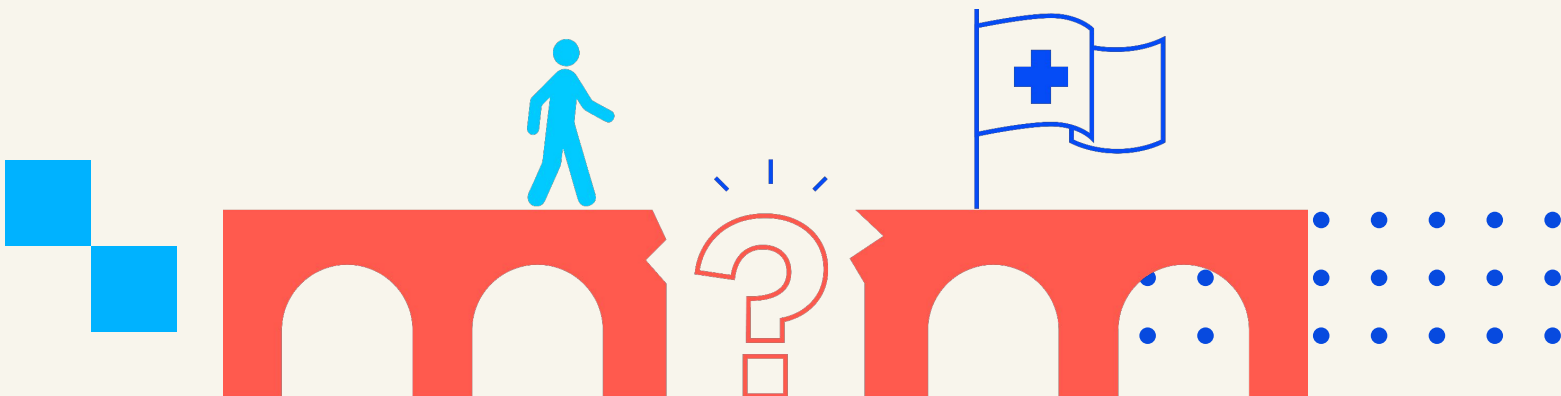
felt anxious about delaying medical care because of financial concerns in the past three months.

32%

of respondents currently have outstanding medical debt.

Of those **currently enrolled in an HDHP**, **48%** have outstanding medical debt. This is significantly higher when compared to the 28% without an HDHP.

Over half (**60%**) of these respondents cannot anticipate their out-of-pocket costs. These individuals are significantly more likely to defer care or treatment (**70%**), experience difficulties seeking an appointment (**44%**) and to forgo preventive health services (**40%**) when compared to others (**42%, 14%, 19%**).





Poor health undercuts work productivity and performance

Respondents to the survey report that poor health has directly impacted work performance. For many Florida employees, this extends to administering and coordinating healthcare for their family members and loved ones.

Respondents reported that this year:



46%

missed work to attend to their own, or their family's, health care needs and administration.



67%

missed work because of illness or health-related issues.



45% of Florida respondents report that their unresolved physical and mental health issues affected their work performance compared to others.

Those with an HDHP (51%) are more likely to spend over an hour on administrative tasks with their insurance company to access necessary care compared to others (51% vs. 35%).

Respondents to the survey report that their feelings towards their health insurance benefits and their current wellness can directly impact work performance.



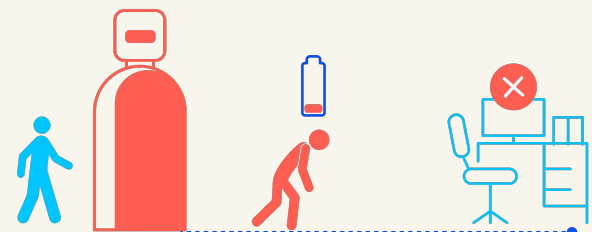
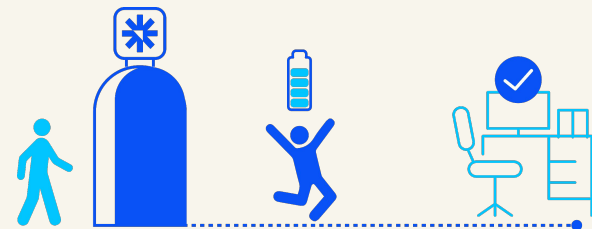
54%

agree that their personal or family health affects their work performance.



69%

believe that the healthcare benefits offered by their employer affect their work satisfaction.

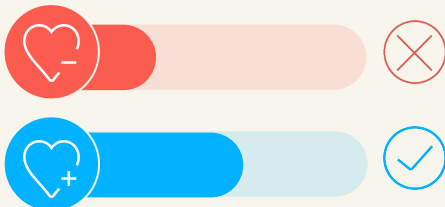




Talent has a critical eye on their health benefits

Potential employers often offer top talent robust benefits packages as a factor in total compensation. To remain competitive and retain top talent, employers must offer a comprehensive health plan that meets — or exceeds — employee expectations.

Our survey findings show that employee healthcare is essential to attracting and retaining top talent. Out of 1,201 respondents:

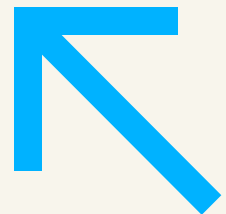


9%
of respondents resigned from a job due to unsatisfactory health benefits.

51%
said the health benefits package offered by their place of employment influenced their decision to work there.

27%
doubted their employer prioritized their health.

12%
are dissatisfied with employer healthcare coverage.

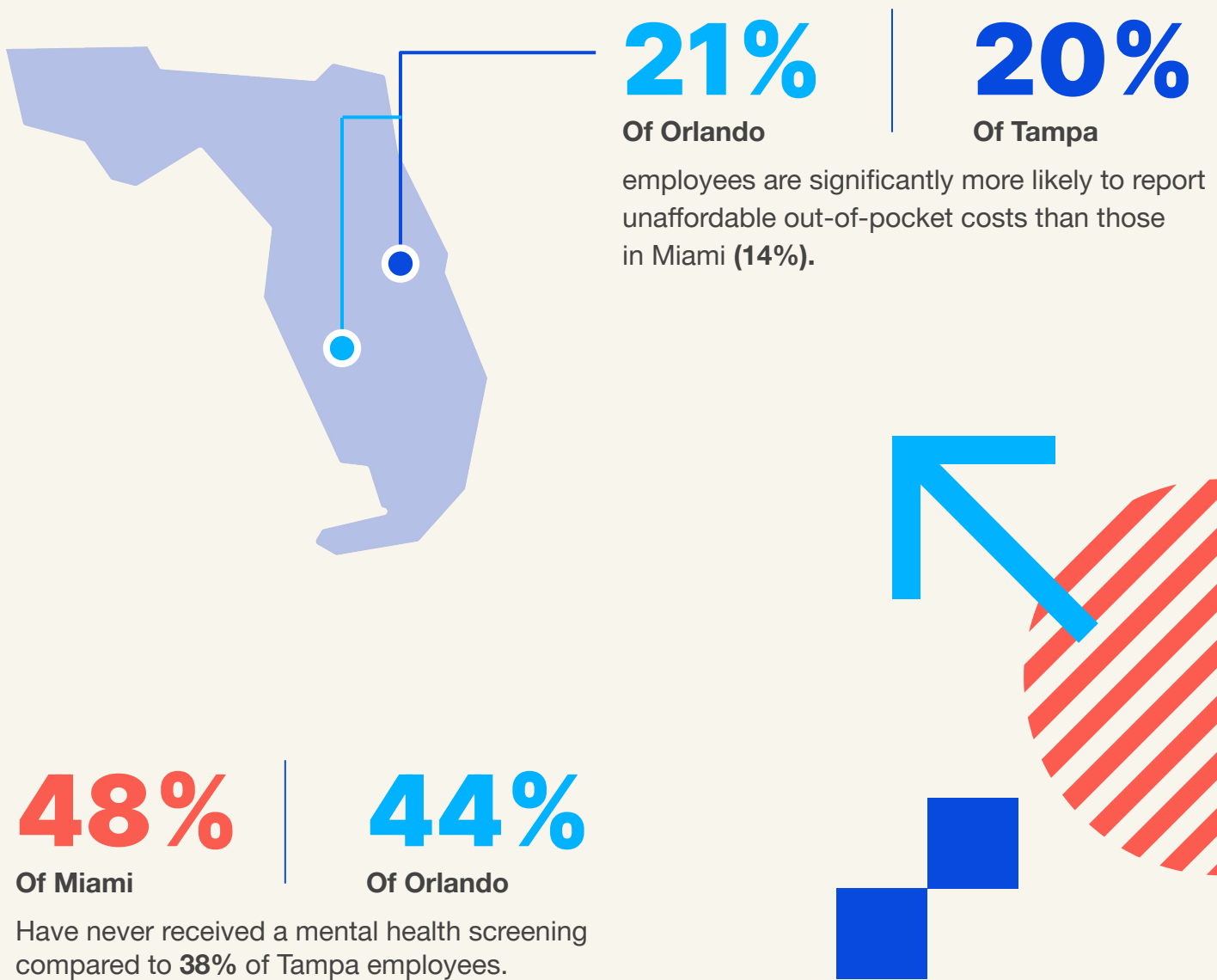




Different cities, different experiences

While much of the data is consistent across the state, there are several disparities in how employees feel about and interact with their insurance, depending on where they are in Florida.

According to the survey:





 **48%**

of Miami employees report unresolved physical or mental health issues impacting work compared to:

44%

of Tampa employees

41%

of Orlando employees

 **41%**

of **Orlando** employees have never been screened for cancer, a notably higher percentage compared:

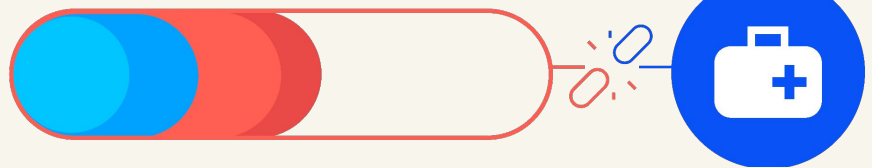
32%

of Miami employees

28%

of Tampa employees

32%



of **Orlando** employees feel that their employers do not prioritize their health and well-being, compared to:

25%

of Miami employees

29%

of Tampa employees



Conclusion

Health insurance benefits are essential to attracting and retaining top talent, and keeping them healthy and productive. However, it is clear from the survey results that employees perceive traditional health plans as confusing (44%) and unaffordable (19%). If employers continue to offer the same traditional health benefits, it is likely that employer satisfaction and performance will decline, along with a company's ability to remain competitive in the hiring market.

Beyond satisfaction and performance, when employees face a lack of affordability and confusion in their health plans, they are much more likely to defer care (59%). Employees who defer care will experience worse health outcomes and by waiting to treat conditions until they are serious, they increase their odds of taking on significant medical debt from expensive medicine or treatment. It is likely that these employees' work performance will suffer and will decrease in productivity due to stress and poor health.

Based on the results of the study, offering comprehensive employer-based health insurance that encourages use and promotes preventive health will help employees receive the care they need without concerns over affordability or confusion around costs and benefits.

It's time for health benefits that are actually beneficial with coverage that's affordable, simple, and engaging.





About Curative

Eliminating Cost-Sharing and Increasing Transparency for Healthier, More Productive Employees

Curative is a health plan that focuses on affordability, engagement, and simplicity, so people feel confident getting the care they need when they need it. Imagine — a health plan that actually covers health care.



Affordability

People shouldn't avoid doctor visits out of fear of surprise medical bills. By completing a **Baseline Visit** in the first **120 days** of joining Curative, one monthly premium enables the continuation of:

\$0

copays
out-of-pocket costs
preferred prescriptions
deductibles for in-network care





This affordability ensures employees are confident about their costs and know exactly what they are responsible for. When employees feel their health costs are transparent, they will be more likely to seek both preventive care and medical treatment earlier to help avoid complications and costs in the long term. Curative's health plan can mitigate the fear of medical debt and therefore reduce one of the greatest barriers to employees seeking care.



Engagement

Curative builds engagement with employees from day one by facilitating trusted relationships with a Care Navigator following their Baseline Visit. Members complete a **Baseline Visit** within 120 days of the plan's effective date to create an individualized, preventive care plan with a Curative Care Navigator and clinician (in geographies where available) to reach their health and wellness goals.

We ensure members are connected to our large and inclusive provider network so that employees can seek care where they feel the most engaged. With greater options for practitioners, employees can focus on their specific health needs and don't have to make compromises for coverage. The best workforce deserves the best options.





Simplicity

A stress-free, straightforward health plan with built-in support removes barriers employees have faced with traditional health plans. When seeking care, members will not only be able to easily understand their options but will also have a trusted guide along the way.

Each member has a designated Care Navigator, in addition to member services who are available **24/7/365** to answer any questions. Members in Florida can access [virtual urgent care](#) via messaging, audio, or video chat.

For prescriptions, members have the choice between the [Curative Pharmacy](#) and retail partners across the country. The Curative Pharmacy offers delivery in select cities*, and partners with Publix.

**No copays.
No deductibles.
No...really*.**

**Curative is changing the way
we view health insurance with
a health plan that actually
encourages better health.**

*To qualify, members must complete a Baseline Visit within the first 120 days of the plan's effective date.

**Patients experiencing a medical emergency should call 911 (or the local emergency number) immediately.



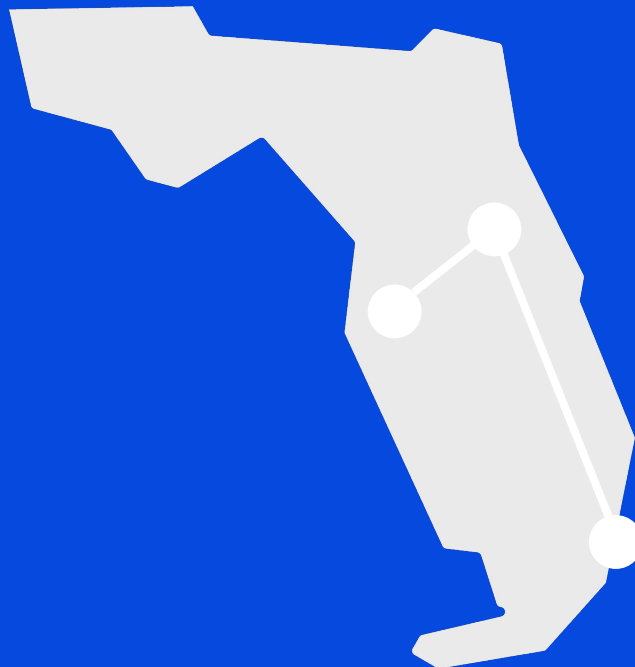
To see all disclaimers,
[please view here.](#)



Learn more about Curative's
employer-sponsored health plan [here.](#)

Appendix

We've provided additional context to understand the setting of our data within the Florida workforce, including demographics, industries and health conditions.





Demographics

This study was conducted in Orlando, Miami, and Tampa. The data below represents the population, median household income, per capita yearly income, average travel time to work, and number of people in the workforce in each region based on Census data.

| | Orlando | Miami | Tampa |
|--|----------|----------|----------|
| Population* July 1, 2022 | 316,081 | 449,514 | 398,173 |
| Median household income | \$58,968 | \$47,860 | \$59,893 |
| Per capita yearly income | \$36,596 | \$34,295 | \$40,962 |
| Mean travel time to work (minutes) | 27.1 | 28.0 | 24.7 |
| In civilian labor force (2017-2021) | 71.5% | 64.5% | 65.3% |

(Source: [US Census Data](#))

The success of companies relies on a healthy workforce. One of the greatest and longest-lasting tools that impact employee well-being is the culture and conversation surrounding health. Health insurance benefits have become a key differentiator in the hiring market, and comprehensive packages can give employers a decisive edge in attracting and hiring top talent.

Traditional health insurance provides coverage, but often with a high deductible and coinsurance or copays, meaning that the policyholder (employee) must cover a portion of their medical care costs. Depending on the services rendered, this cost-sharing can be significant. Traditional health insurance plans may not cover all medical services and treatments, creating greater out-of-pocket costs for the policyholder.





Major industries

As of **July 2023**, Florida has a civilian labor force of **11,080,032** Floridians employed across all industries.

Orlando

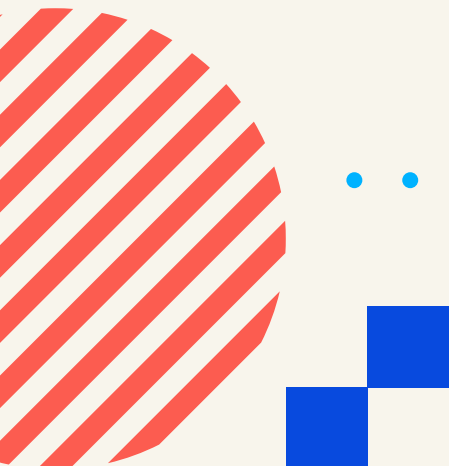
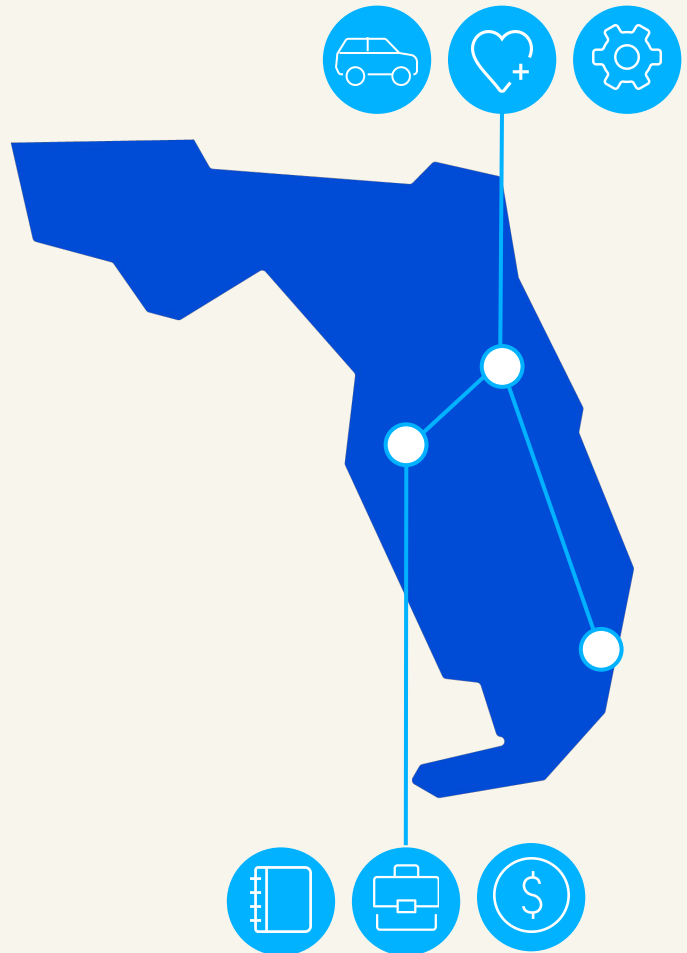
1. Leisure & Hospitality
2. Professional & Business Services
3. Education & Health Services
4. Retail Trade

Miami

1. Tourism
2. Finance
3. International Trade
4. Agriculture

Tampa

1. Business and Information Services
2. Manufacturing
3. Marine Sciences
4. Tourism





Current health conditions

Curative sought to better understand the current health of Florida-based employees and their experiences with health insurance. Curative’s survey collected first-hand data regarding the experiences of people enrolled in employer-based insurance plans.

Many Metro Florida employees experience chronic health conditions. Chronic health conditions, like diabetes and arthritis, are long-term health problems or illnesses that last for more than three months and often cannot be cured. Those with chronic health conditions may be less likely to attend work or unable to perform their normal work duties.

Chronic health conditions often lead to decreased productivity and feelings of depression and anxiety. Medications used to treat chronic health conditions can cause side effects such as sleep disruption, increased fatigue, and cognitive difficulties, all of which further impact work performance.

Respondents reported that:

32%

have chronic conditions.

Of all respondents who reported having a health condition:

22%

have experienced mental health impairment.

22%

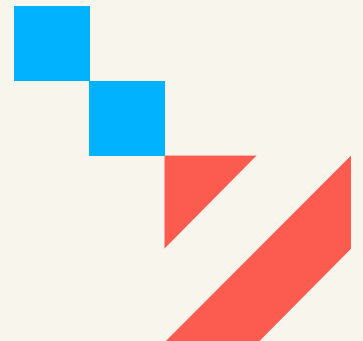
have diabetes.

22%

have arthritis.

28%

have allergies.





References

¹ What are the employer shared responsibility penalties under the Patient Protection and Affordable Care Act (PPACA)? (20 March, 2023) The Society for Human Resource Management (SHRM).

<https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/penaltiesforfailingto comply.aspx>

² "2022 Employer Health Benefits Survey." (27 Oct, 2022). KFF.

<https://www.kff.org/report-section/ehbs-2022-summary-of-findings/>

³ Tretina, K. & Gollub, H. (23 June, 2023) How much does health insurance cost in 2023? USA Today.

<https://www.usatoday.com/money/blueprint/health-insurance/how-much-is-health-insurance/>

⁴ Gallagher K, Gerhart J, Amin K, Rae M, Cox C. (17 Aug, 2022). Early 2021 data show no rebound in health care. Peterson-KFF Health System Tracker.

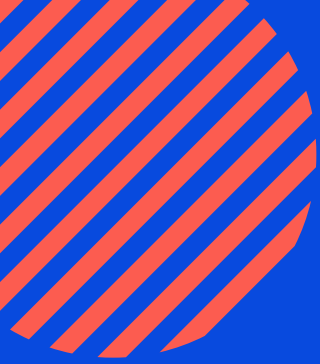
<https://www.healthsystemtracker.org/brief/early-2021-data-show-no-rebound-in-health-care-utilization/>

⁵ Minemyer, P. (19 Aug, 2022). Employer health costs set to rise 6.5% in 2023: Aon. Fierce Healthcare.

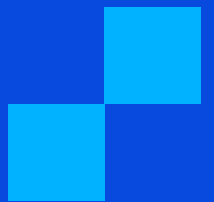
<https://www.fiercehealthcare.com/payers/employer-health-costs-set-rise-65-2023-aon>

⁶ "Savings Account Average Balance." Bankrate.

<https://www.bankrate.com/banking/savings/savings-account-average-balance/>



curative



Contact us:

 sales@curative.com

 Curative.com

