



## Industry-Leading, Consumer-Driven Critical Illness Research FACT SHEET

Trustmark Voluntary Benefits Solutions has insight that uncovers what consumers really want in a Critical Illness (CI) plan. This new research will revolutionize how CI is understood, developed, compared and sold in the industry, as it does not compare to the conventional plans of today. It’s currently the only research of its kind, and will help shape the direction of the CI market in the future.

### Trustmark’s research and approach to product development

Trustmark’s approach was very different than what you would typically see in the market. They used an outside market research firm to ask the right questions to the right people. Their goal was to gain consumer insight from people who had either dealt with a critical illness or cared for someone with a critical illness. Trustmark held focus groups to gather true customer insights, followed by multiple market surveys to test concepts. What they found was very consistent responses that differed from how a typical CI product would be designed today. Below is a small sample of what Trustmark found.

### Research Findings: In the industry versus what consumers really want

Industry:	What consumers are saying:
One-third of claims are denied due to early diagnosis (as medical advances, better and faster treatment and acknowledgment of preventive practices all make this possible), yet the contracts of today do not cover early stage diagnosis. <sup>1</sup>	They want to be covered for an early diagnosis, as well as have a policy that provides a benefit throughout their lifetime for other health-related services and not just when they are ill.  The number of early stage breast cancer diagnoses have increased by 100,000 more a year in the past 30 years (since the inception of CI insurance). <sup>2</sup>
More than half of worksite carriers cover 10 or more conditions on a policy which adds directly to the cost. This can be anything from Anthrax to Rocky Mountain Spotted Fever. <sup>1</sup>	They just want a policy that will cover them if they’ve been previously diagnosed, and only 12% of them are ever paid a benefit for these random conditions yet they pay for them every month in their premiums. <sup>1</sup>
About 86% of group carriers and 62% of worksite carriers offer a rate guarantee and a majority only offer that guarantee for one or two years. <sup>1</sup>	They want a commitment that their rates will not go up over the life of their policy.
Most carriers have separation periods for illnesses (which could be 6 months to a year) and typically do not pay a benefit for the same condition twice (if previously diagnosed).	Consumers don’t want to be confused as to when or if they can receive payment. They also want to be able to receive a benefit even if they’ve been diagnosed with the same condition before.

### **Why did Trustmark decide to take this unique approach?**

**Trustmark wanted to reduce the number of claim denials with a focus on paying claims people truly needed.** Their three main claim-drivers are cancer, heart attack and stroke, which are very common to most carriers. These conditions account for 90% of all claims. As mentioned above:

- Current contracts often do not pay a benefit for earlier diagnoses, which are happening more frequently due to medical advances and new methodology for treatment of conditions.
- Contracts may, at best, pay only a minimal benefit. Additionally, there have become too many restrictions surrounding the trigger of a benefit when it comes to an early diagnosis, which has also led to denials.
- Carriers were also adding to their “other conditions” list to enhance their policies but that was mostly just driving up the cost to the consumer for a benefit that most are not likely to use.

**The No. 1 reason brokers select carriers is the quality of their products.**<sup>3</sup> This new way of thinking incorporates that very thought. What the CI industry provides to consumers must meet the needs of today and be open to keep changing as needs change.

### **Who should I contact for more information about Trustmark's research?**

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### **About Trustmark Voluntary Benefit Solutions**

Trustmark Voluntary Benefit Solutions has more than a century of experience in voluntary benefits. It provides the resources that employers need to enhance their benefit plans, and that employees need to make knowledgeable decisions and gain vital financial protection. Trustmark Voluntary Benefit Solutions is known for its service and billing capabilities and takes pride in finding solutions to match employers' needs. Trustmark Voluntary Benefit Solutions is a division of The Trustmark Companies, a mutual holding company rated A- (Excellent) for insurer financial strength by A.M. Best, with \$2 billion in assets and more than 2 million covered lives or plan participants. For more information, visit [www.trustmarksolutions.com](http://www.trustmarksolutions.com).

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<sup>1</sup>U.S. Critical Illness Insurance Market Survey 2012/2013 Results

<sup>2</sup>The New England Journal of Medicine. Effects of three decades of screening mammography on breast cancer incidence. Archie Bleyer, M.D., H. Gilbert Welch, M.D., M.P.H.

<sup>3</sup>Benefitspro.com. Voluntary picture becomes clearer. The 2014 Benefits Selling/Eastbridge Voluntary survey. May 20, 2014.