



# 2023

## SENIOR MARKET INSIGHTS SERVICE

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# Study Overview

## RESEARCH OBJECTIVES

Deft Research's 2023 *AEP Gut Check Study* is designed to shed light on Medicare members' expectations for the upcoming AEP, specifically whether they expect to shop or switch and which channels they expect to use. In addition, the study also gauges seniors' fears and goals around aging, as well as attitudes toward insurance decision-making, agents, and advertising. Armed with this knowledge, carriers, FMOs, agents, and ad agencies may better understand and connect with consumers as they work to enroll them in their 2024 coverage.

## METHOD

- Respondents were recruited from online panels.
- Surveys were administered from June 16 to June 23, 2023.
- Standard panel incentives were administered for completing the survey.
- **2,465** total responses:
  - 1,441 seniors with a Medicare Advantage plan
  - 727 seniors with a MedSupp plan
  - 297 in Original Medicare only

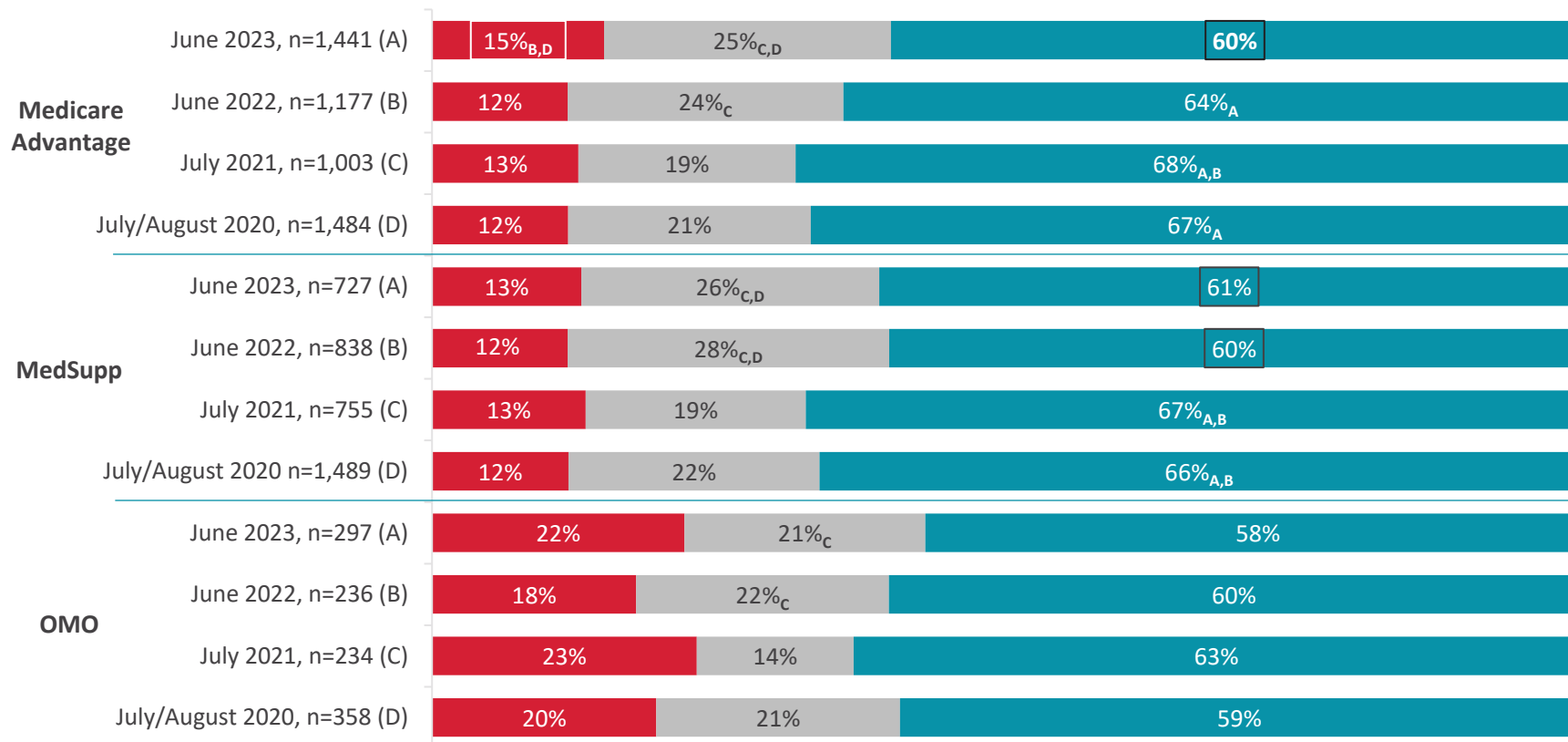
## SAMPLE COMPOSITION

# Loyalty continues to tick downward among MA members – a pattern that began in 2021.

LOYALTY BY COVERAGE TYPE OVER TIME

Base: All

■ At-Risk (0-6)    ■ Passive (7-8)    ■ Loyal (9-10)

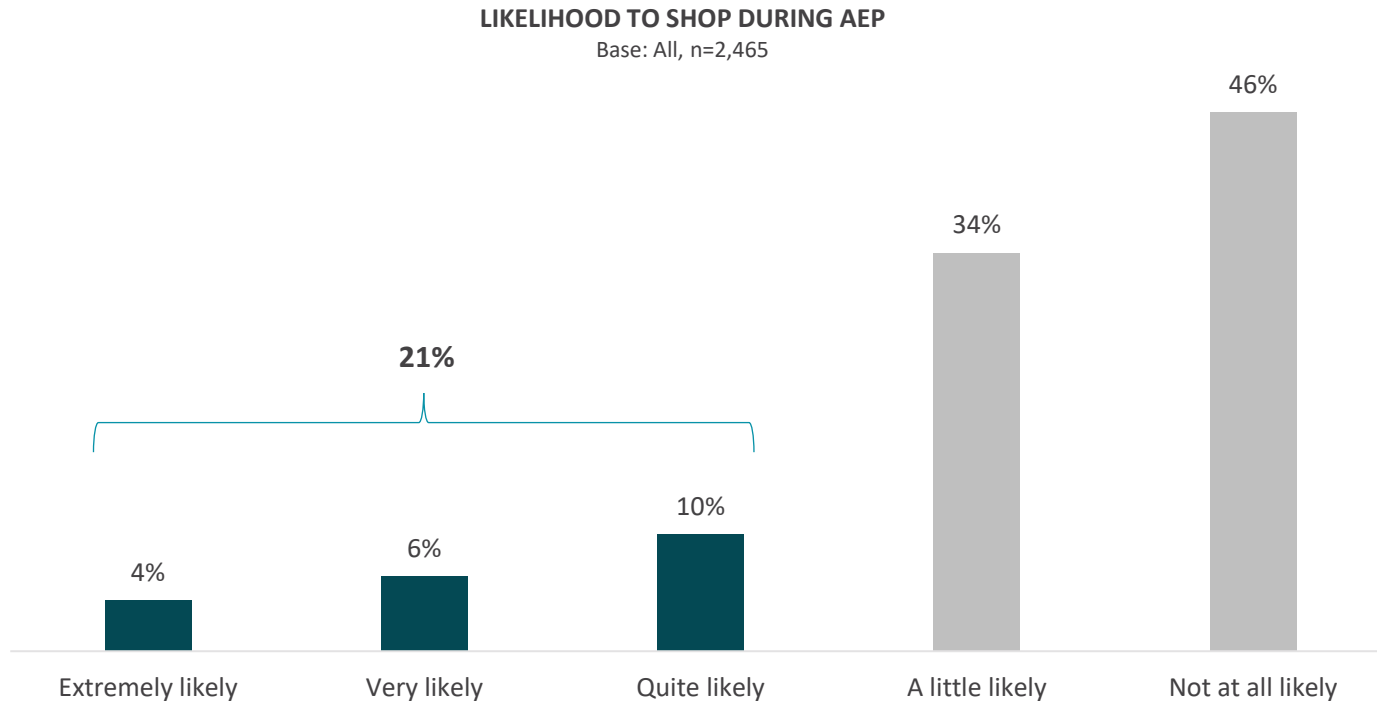


Letters indicate statistically significant difference from corresponding group,  $p < .05$ .

How likely are you to stay with your current insurer the next time you have the opportunity to change your health insurance?

# A sizable share of seniors already have at least moderate expectations to shop come fall, even before two of the biggest shopping jolts hit: ANOCs and new benefit designs.

Deft's 2023 Medicare Shopping and Switching Study reported that last year 43% of seniors were active, with 11% of them switching and the rest just shopping for new coverage.



Letters indicate statistically significant difference from corresponding group,  $p < .05$ .

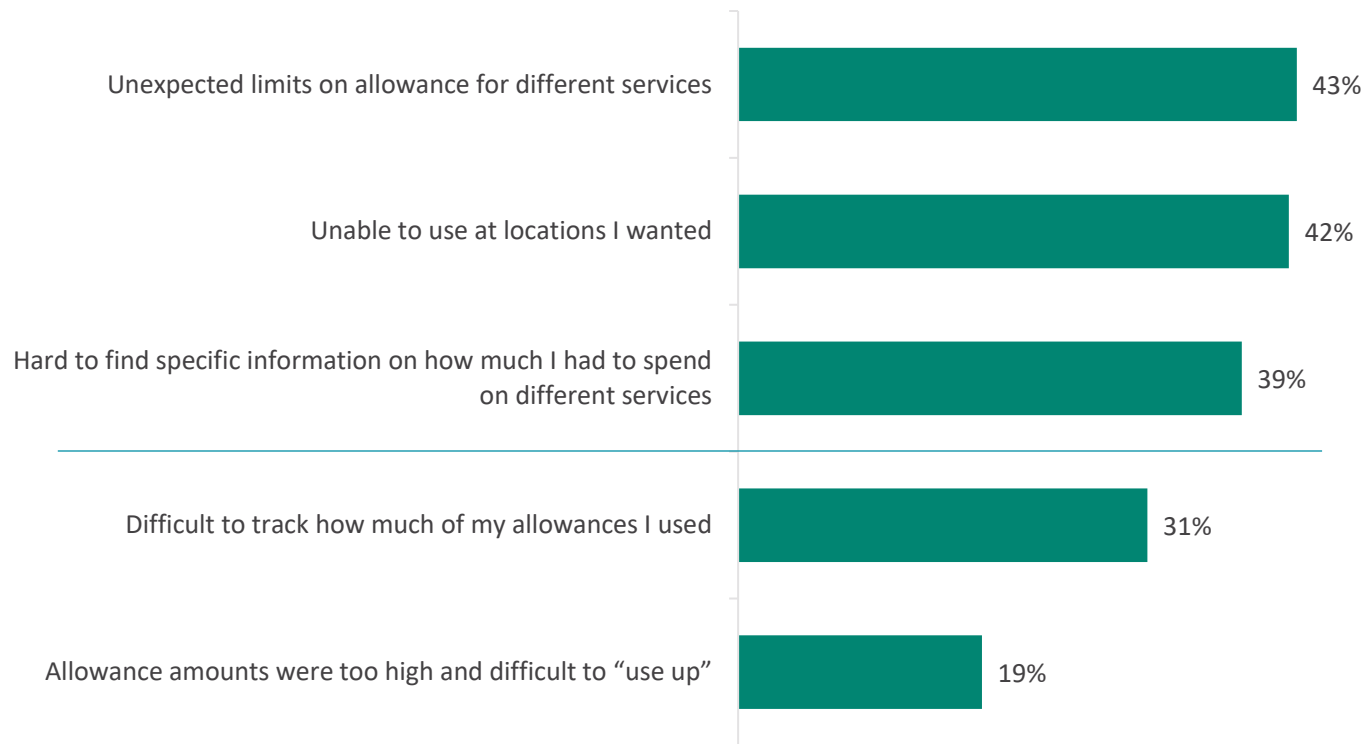
Thinking about the upcoming Medicare Annual Enrollment Period (AEP) this fall, how likely are you to shop for new medical coverage for 2024?

# Utilization Issues and AEP Expectations

Unexpected purse limits and network limitations are common issues MA members have encountered during the year when trying to use their flex cards.

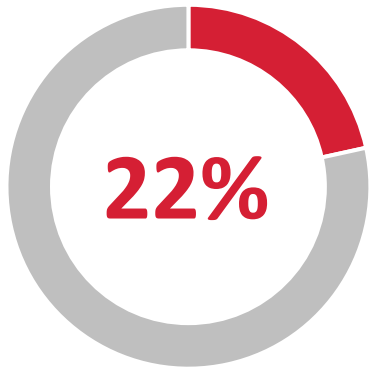
**ISSUES WHEN TRYING TO USE FLEXIBLE ALLOWANCES**

Base: MA, Harder to Use Flexible Allowances Than Expected, n=166  
Multiple Response



*You indicated that it was harder to use your flexible allowances than you expected. Did you have difficulty with any of the following when using your flexible allowances?*

Issues around network and costs are most highly associated with MA members being at risk of switching.

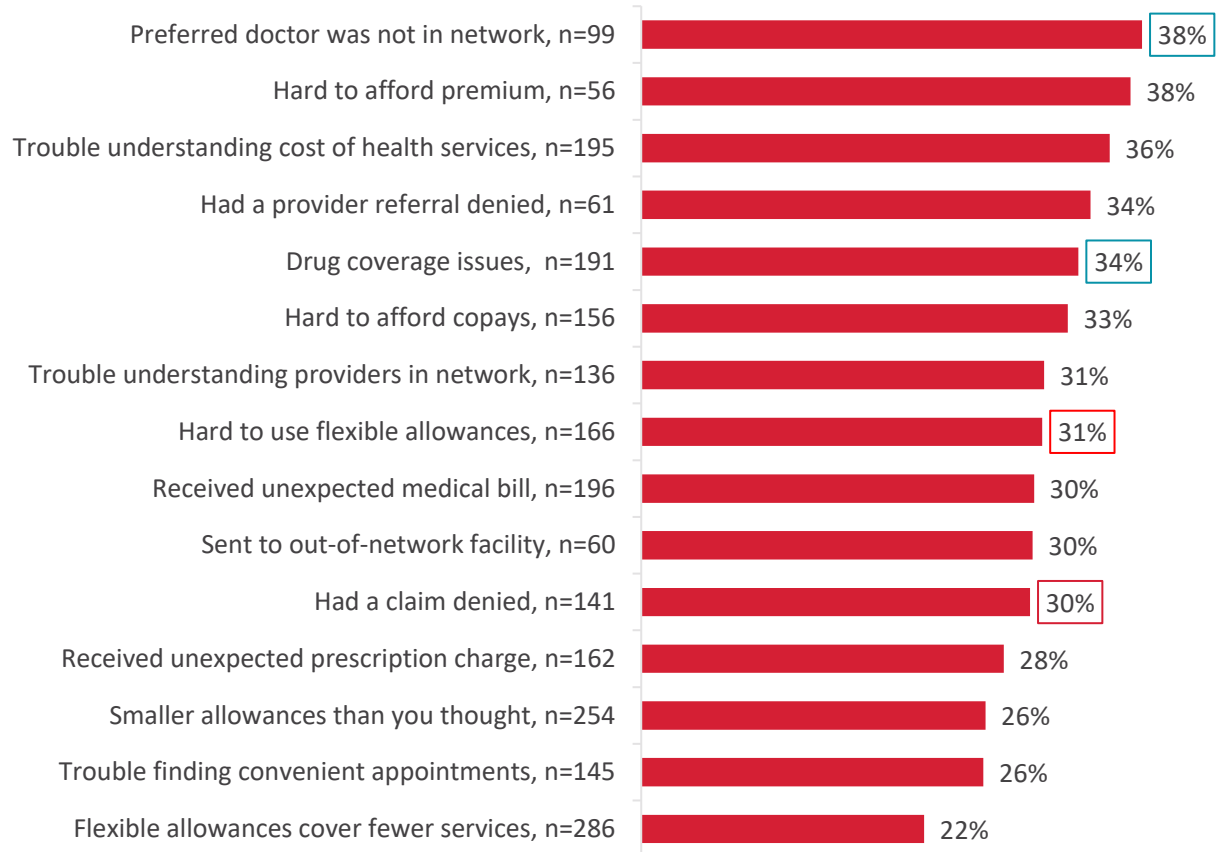


...of MA members who experienced a utilization issue are at risk of switching plans. **11%** fall into the Buyer's Remorse segment, while an additional **38%** are Satisfied but Discerning (compared to 2% and 17% of MA members without any utilization issues, respectively).

**% AT-RISK WHO EXPERIENCED ISSUES WITH UTILIZING 2023 MEDICARE INSURANCE**

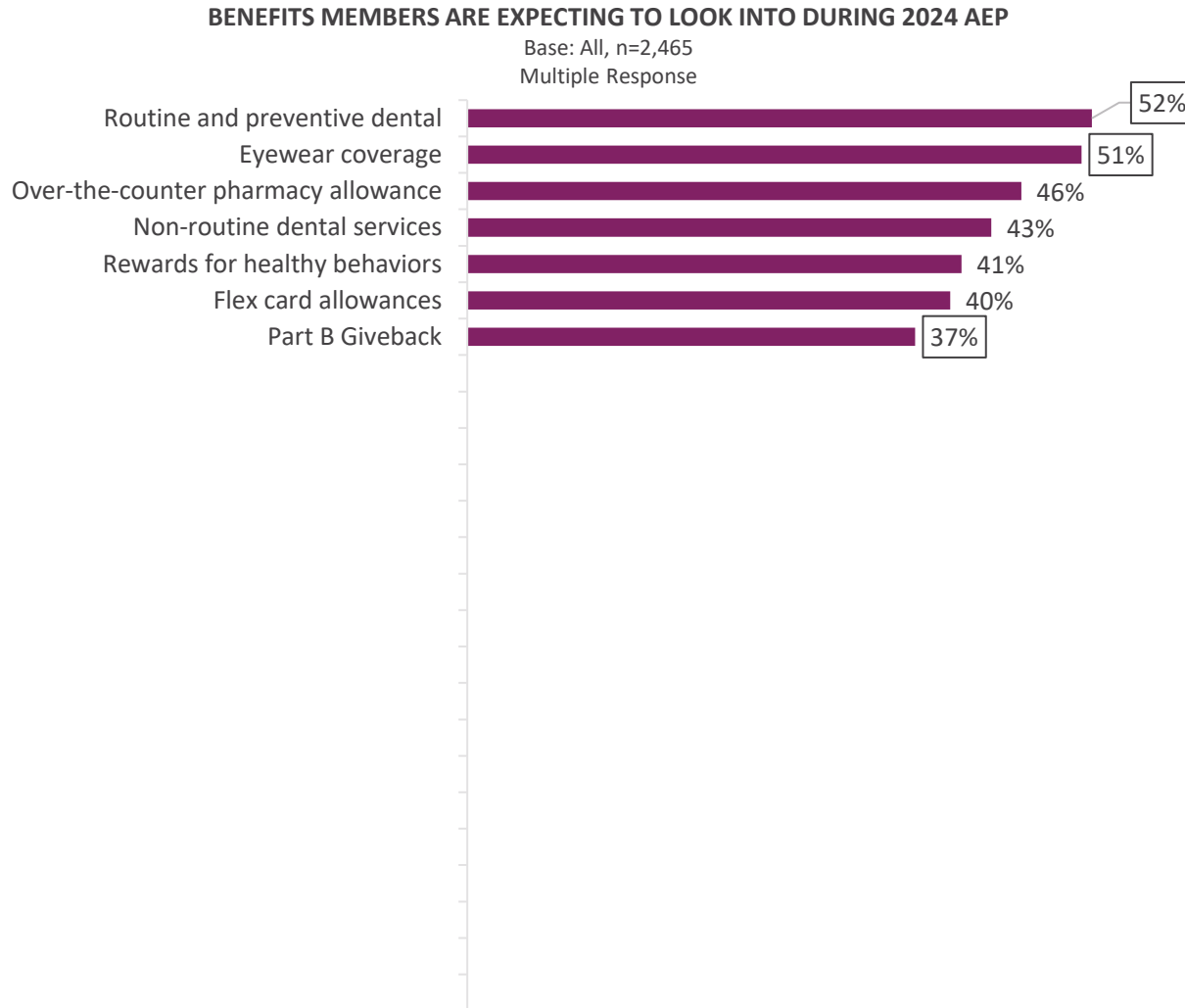
Base: MA, Experienced Utilization Issue

Multiple Response



When using your 2023 Medicare insurance, have you encountered any of the following?

In addition to dental and vision benefits, OTC allowance and rewards for healthy behavior are among the top benefits members expect to look for during the upcoming AEP.



*During the next AEP, which will run from October 15 to December 7, 2023, do you expect to look into any Medicare plans with any of the following benefits?*

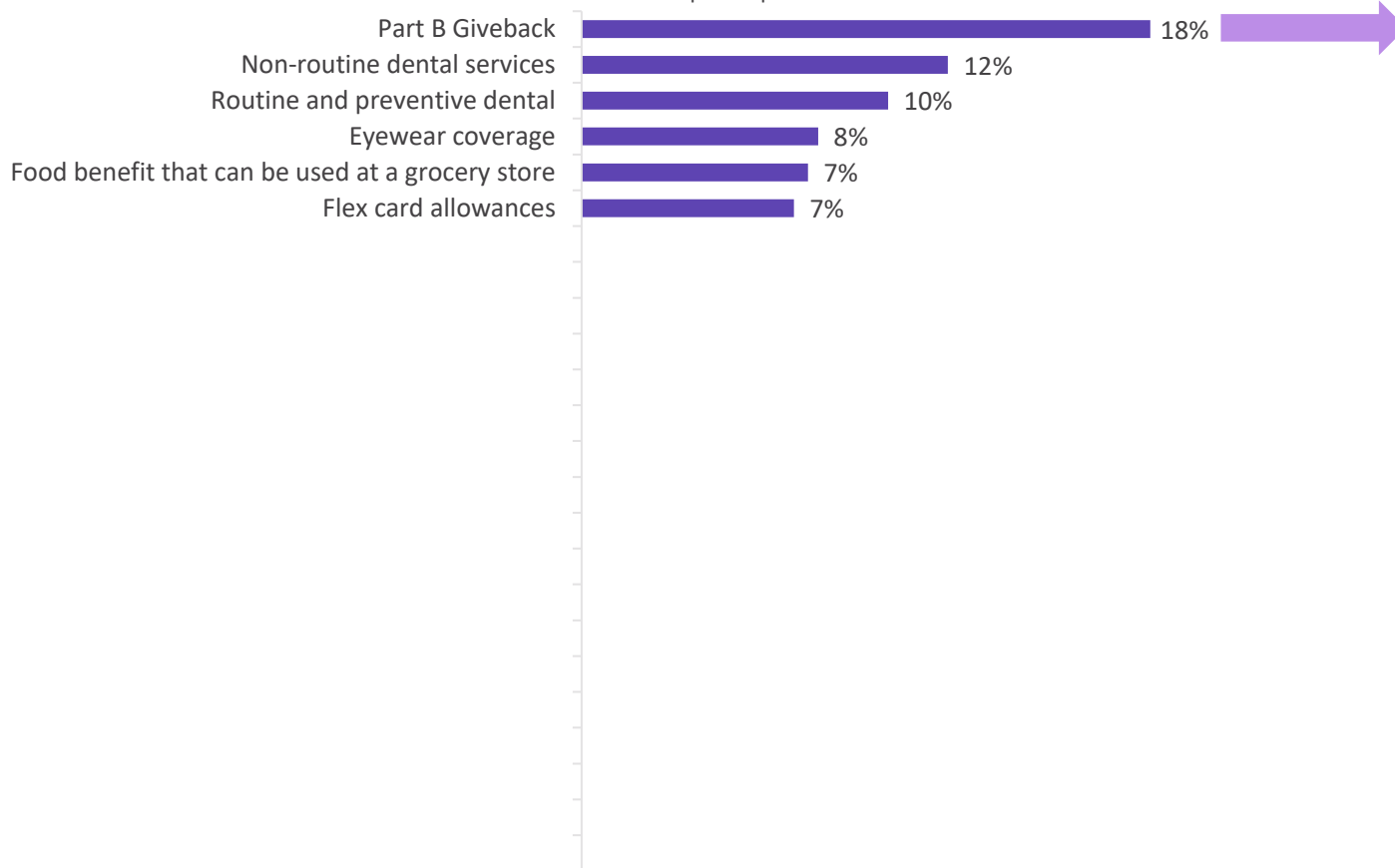


When asked what benefits they would be most excited to have, members indicated a Part B Giveback, followed distantly by dental services and eyewear.

### BENEFITS WOULD BE MOST EXCITED TO HAVE IN 2024

Base: All, n=2,465

Multiple Response



Most desired by 22% of MA members, 15% of OMO beneficiaries, and 12% of MedSupp members.

Which of these benefits would you be most excited to have for 2024?

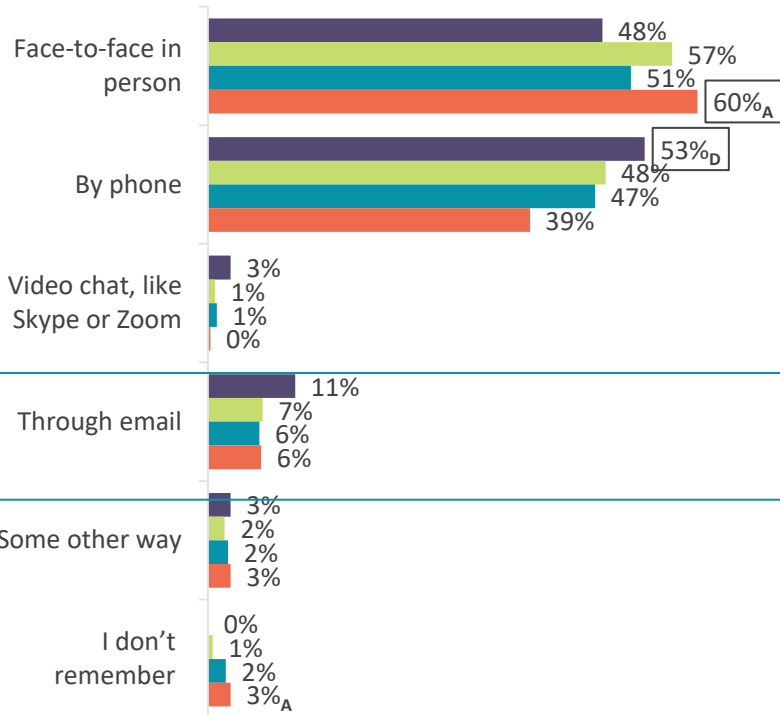
# Agent Experiences and Preferences

When asked about preferences for agent meeting location, members over 75 desire in-person, while younger members were more likely to choose phone.

**LOCATION MET WITH AGENT BY AGE**

Base: Used Agent  
Multiple Response

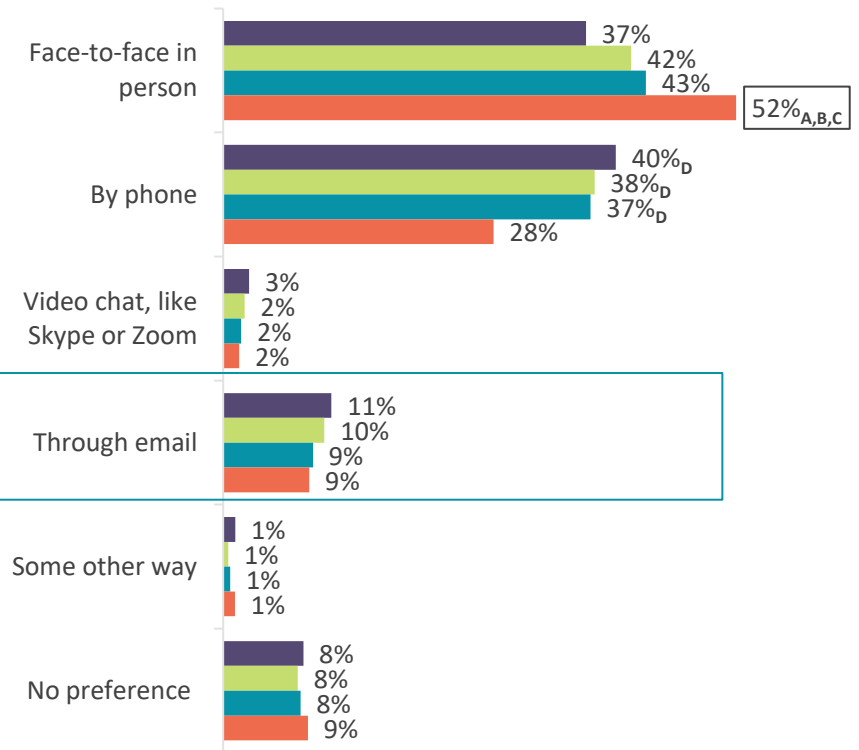
65-67, n=254 (A)      68-70, n=345 (B)  
71-74, n=367 (C)      75+, n=324 (D)



**AGENT MEETING LOCATION PREFERENCE BY AGE**

Base: All

65-67, n=490 (A)      68-70, n=592 (B)  
71-74, n=711 (C)      75+, n=672 (D)



Letters indicate statistically significant difference from corresponding group,  $p < .05$ .

Choosing all that apply, how did you meet with the agent or broker?

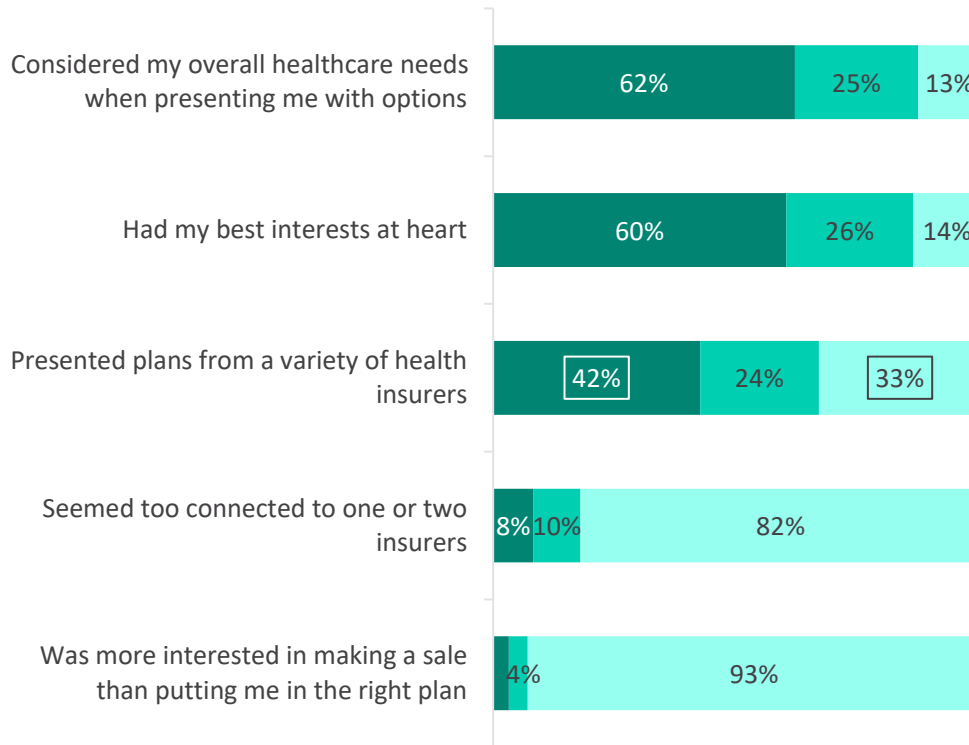
Whether or not you worked with an agent or broker to enroll in your current coverage, how would you most prefer to meet with an agent or broker?

Overwhelmingly, members report positive experiences with agents, which often negates the need for a second opinion.

### AGREEMENT WITH STATEMENTS ABOUT AGENT EXPERIENCE

Base: Used Agent, n=1,290

■ Strongly/completely agree 
 ■ Mostly agree 
 ■ Do not agree/agree a little

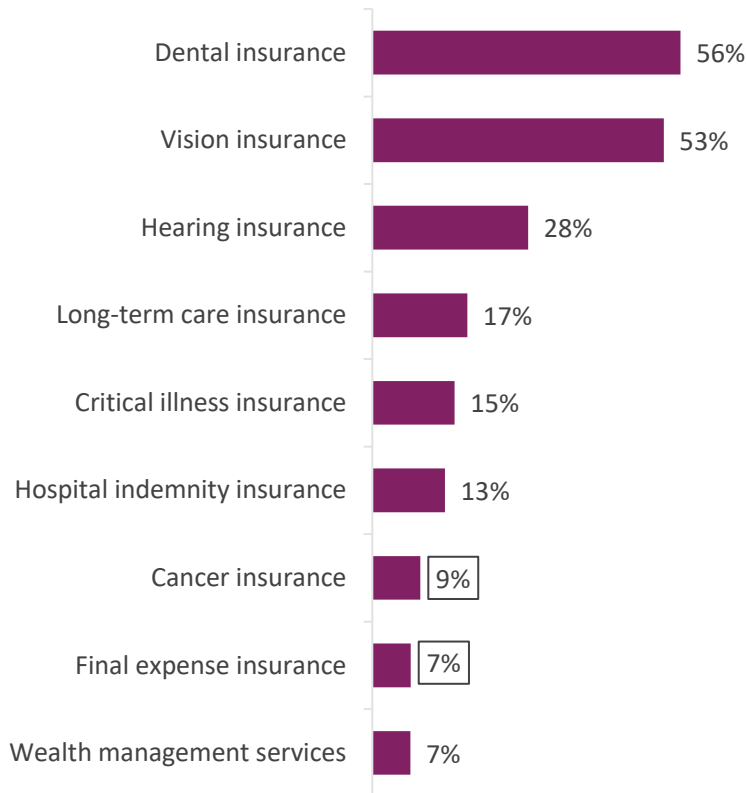


Thinking of when you met with your agent, how much do you agree with the following statements?  
 After you worked with an agent or broker, did you get a "second opinion" on the agent's recommendation from any of the following people?

Most agents are talking to their Medicare prospects about the traditional ancillary benefits — dental and vision. But seniors want to hear about other benefits sold outside of MedSupp and not embedded in MA.

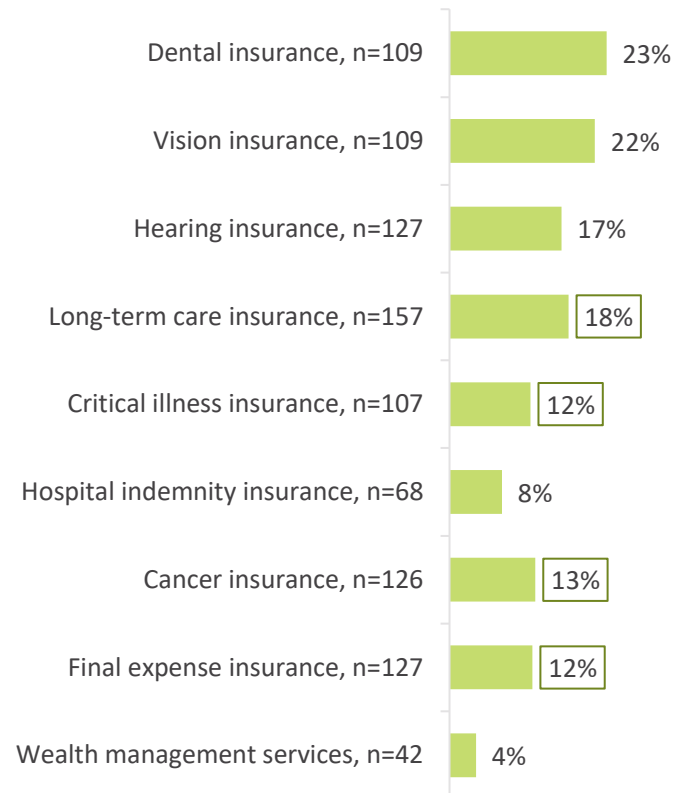
### AGENT DISCUSSED OTHER INSURANCE

Base: Used Agent, 1,290  
Multiple Response



### WOULD LIKE AGENT TO DISCUSS OTHER INSURANCE

Base: Used Agent, Agent Did Not Discuss Benefit  
Multiple Response



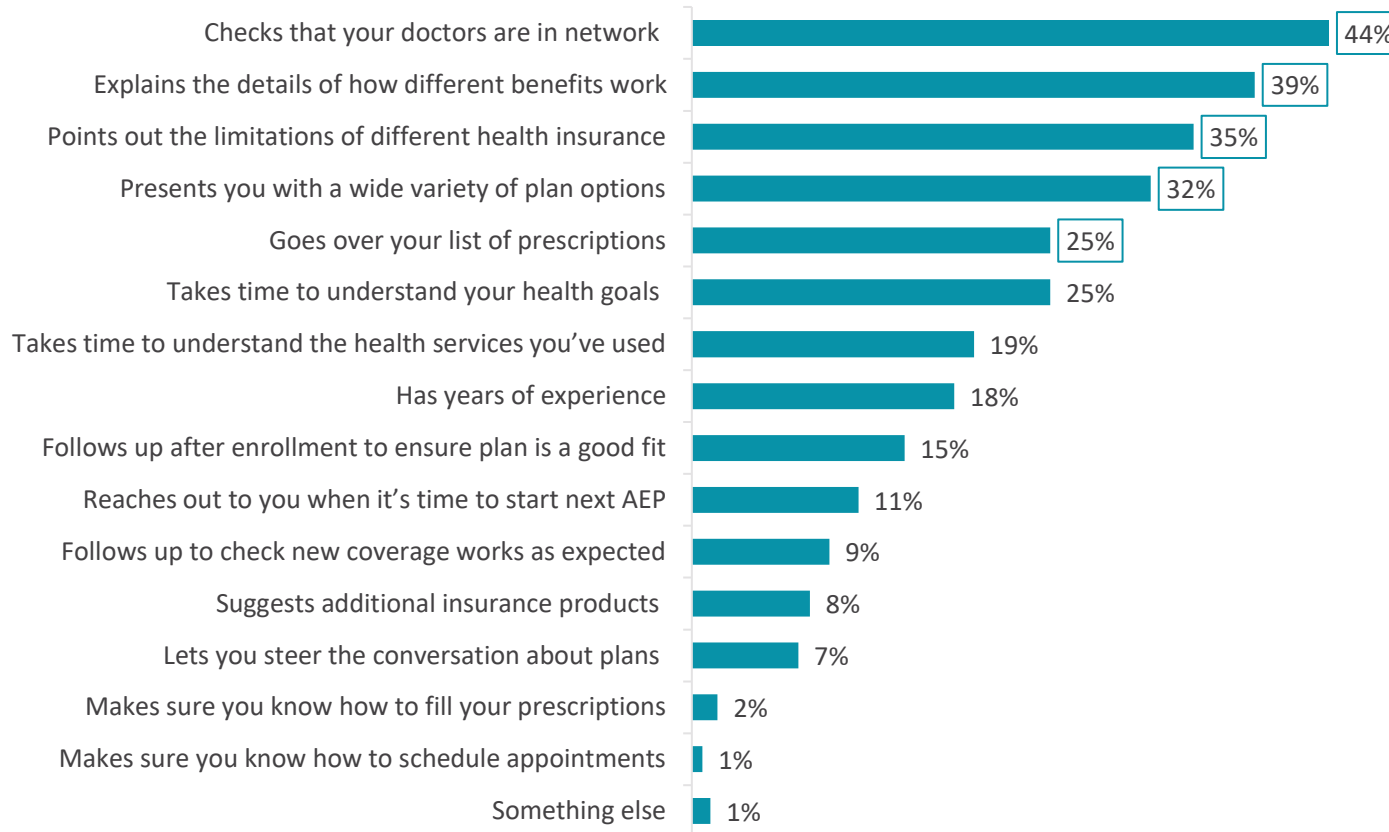
When you met with the agent about your current Medicare insurance, did they also talk to you about any of these other types of insurance?  
Would you have liked for your agent to discuss any of these products with you?

A “good agent” in the eyes of Medicare members will personalize recommendations by checking to see if their doctor is in the plan’s network, explain benefits and how to use them, and be upfront about potential plan limitations.

**TOP THREE “MAKES A GOOD AGENT” ITEMS**

Base: Random Half, Received Aided Response Options, n=1,254

Multiple Response



Whether you’ve worked with a health insurance agent or not, we’d like to know your opinions of what makes for a “good agent.” Choosing from the list below, please select the top three things that you think distinguish a “good agent” from a “bad agent.”

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