MarketScan

A Topical Index of MarketScans
Related to Workplace Benefits

2016 – 2025

LIMRA
Navigate With Confidence

MarketScans

MarketScans are quick readings of the marketing environment — quick-response research projects that member companies can request to get specific, topical information.

Here's how it works!

LIMRA consults with your company throughout the project to ensure that the MarketScan will meet your needs.

Your company:

- Supplies a first draft of the survey questionnaire.

- Suggests a list of the specific companies to be surveyed.

- Provides your company's answers to the final questionnaire.

LIMRA's Benefits Marketing and Research Unit:

- Advises on the content of the survey and handles revisions.

- Makes suggestions on the list of companies to be surveyed — we are uniquely able to get needed participation.

- Collects and analyzes the data.

- Creates a report of the results.

Companies participate in the survey anonymously. Participants receive the final report and a list of the contributors. Projects typically include up to 20 questions and 20 companies.

Completion is **usually 8 weeks** after the survey is fielded — some are even faster!

All participants receive a copy of the report. Results are also summarized in LIMRA's publication, *MarketFacts*.

MarketScan results are published on LIMRA's website 60 days after they are completed.

MarketScans are supported by your dues as a LIMRA member. For regular members, fees vary depending on the scope of the project.

MarketScans are an outstanding value of LIMRA membership.

Table of Contents

The following pages list MarketScans on group insurance and healthcare topics that LIMRA has published. A copy of any published MarketScan is available to LIMRA members at no cost.

Administration and Enrollment

Best Practices for Quoting and Onboarding Group Workplace Insurance Accounts (2021) examines carrier practices as they relate to the quoting and onboarding processes for group workplace accounts, including both true group as well as group voluntary products. Companies based their responses on their life insurance products, disability insurance products, and/or absence management services. For the purposes of this survey, onboarding/implementation of a new customer was defined as post-sale activities spanning from requirement gathering to case installation to handoff to client management. (Quoting of Group Workplace Insurance Products: 13 companies; Onboarding Group Workplace Insurance Accounts: 13 companies)

Carrier Models for Servicing Workplace Benefits (2022) examines the primary models that workplace benefit carriers use to service clients and brokers. It also looked at turnaround goals and execution, including metrics for new client implementation. (12 companies)

Enrollment Experience and Provider Platforms for Workplace Products (2021) examines the enrollment experience and platforms of providers in the U.S. workplace insurance market. Some of the topics examined include the type of enrollment platform primarily used by companies, average annual volume of insurance applications, average time to complete an application, whether the enrollment platform allows for single-application or multiple products in one application, and whether companies offer an omni-channel enrollment experience. (16 companies)

Enrollment Strategies for Voluntary Insurance Products (2018) examines how carriers engage employers in enrollment discussions around employer-sponsored group voluntary products (disability, life, accident, critical illness, hospital indemnity, and dental). Fifteen companies participated. (15 extraterritorial jurisdiction administrative companies)

Extraterritorial Jurisdiction Administrative Practices by Group Supplemental Health Insurance Carriers (2023) examines how supplemental benefits group insurance carriers handle extraterritorial jurisdiction administrative practices. (18 companies)

Handling Requests for Proposals for Group Insurance Products (2023) examines how group insurance carriers handle requests for proposals (RFPs) for group insurance products. The products of interest include life insurance, accidental death and dismemberment (AD&D), absence/leave management, disability, dental, and supplemental health insurance. (16 companies)

Invoicing and Remittance of Premium for Group Insurance Products (2019) examines the online and paper billing processes carriers offer to employers for both employer-paid (100 percent employer-paid and contributory) and voluntary group insurance products as it applies to list bills. Some of the topics examined include invoicing methods, types of remittance accepted, and conversion to exclusively invoicing by electronic methods.

New Case Submission Practices (2021) examines carrier practices as they relate to new business case submission guidelines and turnaround times for group nonmedical products. For the purpose of the study, onboarding/account installation was defined to include the submission of new case paperwork needed to install a case as well as the following activities: onboarding a new customer, system set-up, loading eligibility, issue of policy, booklets, ID cards, and first billing statement. (15 companies)

Processes for Finalizing Plan Designs for New and Existing Employers (2017) examines the processes companies use when finalizing plan news for new and existing employers. The focus of this survey is on nonmedical products.

Claims

Claim Metrics for Dental Plans, Disability Insurance Products, and Absence Management Services (2021) examines the structure of carriers' claim contact centers as well as metrics for telephonic claim intake, claim decisions, and accuracy of benefit decisions. (Dental plans: 8 companies; disability insurance products: 13 companies; absence management services: 8 companies)

Claim Servicing for Group Disability Insurance Products (2019) examines claim servicing for group disability insurance products. Topics examined include the structure of claims teams, claims caseload, clinician involvement, claims administration, and technology. (15 companies)

Group Disability Clinical and Vocational Resources (2022) examines carrier practices as they relate to clinical and vocational disability claim involvement and processes. It looked at unit size, staffing trends, work management as well as medical review processes, best practices, and trends. (15 companies)

Compensation and Recognition Programs

Incentive Conference Programs Provided by Insurance Companies to Group Benefits Sales Representatives (2018) examines incentive conference programs provided by insurance companies to qualifying group benefits sales representatives. Some of the topics include parameters used to identify qualifying group sales representatives and the structure of the recognition program. (9 companies)

Incentive Compensation Plan Administration (2016) collects information on carrier practices for administering incentive compensation plans for group nonmedical sales representatives. Topics include definitions of when incentive is "earned," incentives for canceled cases, and compensation plan administration under various employment termination and leave scenarios. (18 companies)

Dental

Claim Metrics for Dental Plans, Disability Insurance Products, and Absence Management Services (2021) examines the structure of carriers' claim contact centers as well as metrics for telephonic claim intake, claim decisions, and accuracy of benefit decisions. (Dental plans: 8 companies; disability insurance products: 13 companies; absence management services: 8 companies)

Group Benefits Call Center Metrics (2022) examines call centers that handle group benefits such as disability and dental insurance. The survey explored carrier practices regarding call centers that handle inbound calls for servicing and inquiries related to claims status, coverage information, and intake for claims set-ups. (14 companies)

Practices for Dental Fraud, Waste and Abuse and Medically Necessary Cleanings (2025) examines group dental insurance carriers' practices for fraud, waste and abuse, as well as handling medically necessary cleanings. (10 companies)

Disability

Access to Diagnostic Information for ASO Disability Services (2020) examines whether the privacy provisions of the Gramm-Leach-Bliley Act (GLB) are applicable to carriers' administrative services only (ASO) disability services. (10 companies)

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Disability Insurance Tax Withholding Practices (2021) examines carrier practices as they relate to tax withholding requirements for insured and self-insured employer group disability plans. (11 companies)

Employee Assistance Programs for Group Life and Group Disability Insurance Plans (2017) examines carrier practices relating to carriers who offer an Employee Assistance Program (EAP) in conjunction with the purchase of a group life or group disability insurance policy, learning how the EAP is contractually structured with the employer, and with the EAP provider. (20 companies)

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Group Benefits Online Capabilities (2016) collects information on carriers' online and mobile capabilities for group life and group disability products. Topics covered included mobile apps, online enrollment, and online self-service websites for employees, employers, and producers. (14 companies)

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New York and New Jersey Statutory Disability Insurance (2016) examines company practices regarding New York and/or New Jersey state disability products. Topics include product administration, options, claims, and reporting. (13 companies)

Performance Guarantees for Group Long-Term Disability Insurance Products (2018) examines structure and approval, features included, performance measurement, and auditing. This survey is an update to a performance guarantee survey conducted in 2014. (15 companies)

Performance Guarantees for Group Short-Term Disability Insurance Products (2018) examines structure and approval, features included, performance measurement, and auditing. This survey is an update to a performance guarantee survey conducted in 2014. (16 companies)

Use of Experience Rating of Group Long-term Disability Insurance Plans (2025) examines experience rating as it relates to pricing and underwriting of group long-term disability (LTD) insurance plans. (19 companies)

Financial Reporting/Expenses

Insurance Carriers' Account Receivables Metrics (2021) examines metrics on unapplied cash balances, open receivable balances, and days outstanding sales. It also examines bad debt reserves and year-end write-offs of uncollectible receivables for group worksite business. Companies based their responses on their company's group workplace products (employer-paid, contributory, and voluntary business). (7 companies)

Life Products

Employee Assistance Programs for Group Life and Group Disability Insurance Plans (2017) examines carrier practices relating to carriers who offer an Employee Assistance Program (EAP) in conjunction with the purchase of a group life or group disability insurance policy, learning how the EAP is contractually structured with the employer and with the EAP provider. (20 companies)

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Identifying Potentially Deceased Individuals in Self-Administered Group Life Insurance Policies (2025) examines group life insurance carriers' practices in conducting policyholder death audits, which could include utilization of the Social Security Administration's Death Master File (DMF), or use of other services that scan the DMF, to identify potentially deceased policyholders on self-administered insurance plans. (11 companies)

Performance Guarantees for Group Life Insurance Products (2018) examines structure and approval, features included, performance measurement, and auditing. This survey is an update to a performance guarantee survey conducted in 2014. (17 companies)

Spousal and Adult Dependent Signatures for Life Insurance Sold in the Workplace (2017) examines carrier practices relating to spousal and/or dependent signatures for individual and group life insurance coverage sold at the worksite as a supplemental or voluntary offering. (11 companies)

Miscellaneous

Carrier Models for Servicing Workplace Benefits (2022) examines the primary models that workplace benefit carriers use to service clients and brokers. It also looks at turnaround goals and execution, including metrics for new client implementation. (12 companies)

Compliance with the New York Department of Financial Services (NYDFS) Cybersecurity Regulation (2018) examines company practices as they relate to compliance with the New York Department of Financial Services Cybersecurity Regulation, Section 500.11. This regulation requires implementation of formal third-party risk management policies and procedures to address third party service providers that access non-public information (NPI) or information systems, with specific requirements across third-party lifecycle stages — i.e., pre-contract, contracting and post-contract. Compliance with this regulation was due by March 1, 2019. (11 companies)

Customer Communications Management — CCM (2019) examines communications provided by insurance carriers to insureds. Some of the topics examined include the availability of digital notification services, whether communication platforms are custom built or employ specific CCMM technology, types of communication functions outsourced, and whether carriers proactively communicate with customers. (16 companies)

Data Transmission Practices between Customers and Carrier (2018) examines data transmissions practices between customers (internal/external/brokers/TPAs /TPEs, etc.) and a carrier's dedicated team. Some of the topics include the size of the dedicated team, annual number of transmission requests, unit costs, and transmission options provided to customers. (12 companies) *Confidential: For participants only.*

Extraterritorial Jurisdiction Administrative Practices by Group Supplemental Health Insurance Carriers (2023) examines how supplemental benefits group insurance carriers handle extraterritorial jurisdiction administrative practices. (18 companies)

Group Benefits Call Center Metrics (2022) examines call centers that handle group benefits such as disability and dental insurance. The survey explored carrier practices regarding call centers that handle inbound calls for servicing and inquiries related to claims status, coverage information, and intake for claims set-ups. (14 companies)

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Insurance Product Premium Management and Leakage (2017) collected information on company practices as it relates to premium leakage for group, voluntary, and retail lines of business. Premium leakage is defined as loss in expected insurance premiums resulting from, but not limited to, such things as client under-billing, premium that is written off, uncollected premium, and the under-reporting of covered earnings. The survey drills down on major and minor contributors to premium leakage. (7 companies)

Performance Guarantees for Family Medical Leave Act Administration (2018) examines structure and approval, features included, performance measurement, and auditing. This survey is an update to a performance guarantee survey conducted in 2014. (13 companies)

Performance Guarantees for Group Workplace Products/Services (2022) examines carriers' performance guarantees for group workplace insurance products/services and the processes used to review, align, and improve the performance guarantees offered to clients. (15 companies)

Processes for Finalizing Plan Designs for New and Existing Employers (2017) examines the processes companies use when finalizing plan designs for new and existing employers with a focus on nonmedical products. (7 companies)

Renewal Practices for Customers with Multiple Products (2017) examines group carrier practices as they relate to renewing customers with multiple products. The focus was on small to medium case size clients. (8 companies)

Servicing Workplace Benefit Sponsors and Clients (2016) examines the service capabilities of carriers marketing insurance benefits at the workplace. It explores company practices related to turnaround time expectations, online services, proactive client communications, and obtaining evidence of insurability information. (14 companies)

Small-Group Business

Renewal Practices for Customers with Multiple Products (2017): The objective of this MarketScan is to examine group carrier practices as they relate to renewing customers with multiple products. The focus is on small to medium case size clients.

Technology

Customer Communications Management — CCM (2019) examines communications provided by insurance carriers to insureds. Some of the topics examined include the availability of digital notification services, whether communication platforms are custom built or employ specific CCMM technology, types of communication functions outsourced, and whether carriers proactively communicate with customers. (16 companies)

File Feeds for Services Related to Group Workplace Products (2022) examines file feeds for services related to group workplace products. The file feeds of interest were eligibility, enrollment, evidence of insurability (EOI), billing, and port and conversion. Some of the topics examined included new file feed intake procedures, time from intake to production, and how work is assigned for file feed implementation, ongoing issue resolution, and file feed changes. Also examined were common issues reported by customers and/or vendors and planned changes. (11 companies)

Group Benefits Online Capabilities (2016) collects information on carriers' online and mobile capabilities for group life and group disability products. Topics covered included mobile apps, online enrollment, and online self-service websites for employees, employers, and producers. (14 companies)

Online Capabilities & Billing (2018) collects information about carriers' online and mobile capabilities for group life and group disability products. Topics include billing and online self-service websites for employees, employers, and producers. (14 companies)

Self-Serve Online Portal Use for Group Workplace Products (2022) examines the availability, adoption, and use of self-serve online portals by employers, brokers, and members for group workplace products. The products of interest were true group and/or voluntary employee benefits. Some of the topics examined include current levels of engagement, capabilities offered, and challenges and success in increasing online portal use. (16 companies)

Single Sign-On for Evidence of Insurability (2022) examines single sign-on connections (SSO) for evidence of insurability (EOI) between benefits administration/third-party administrator (TPA) platforms and carriers' online medical underwriting systems. Some of the topics examined included which benefit administration platforms carriers currently have SSO connections with, case size requirements for use of an SSO connection for EOI, lead times when setting up new and existing SSO connections, and testing requirements prior to a SSO customer going live. (17 companies)

Voluntary Products/Worksite Marketing

Best Practices for Quoting and Onboarding Group Workplace Insurance Accounts (2021) examines carrier practices as they relate to the quoting and onboarding processes for group workplace accounts including both true group as well as group voluntary products. Companies based their responses on their life insurance products, disability insurance products, and/or absence management services. For the purposes of this survey, onboarding/implementation of a new customer was defined as post-sale activities spanning from requirement gathering to case installation to handoff to client management. (Quoting of Group Workplace Insurance Products: 13 companies; Onboarding Group Workplace Insurance Accounts: 13 companies)

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For information about the MarketScan program or for a complete list of MarketScans related to Workplace Benefits, contact:

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