

Introduction



31% of respondents expect an increase in international assignments in the upcoming year



1in 5 respondents allow some flexibility for employees to "work from anywhere"



#Iconsideration in selecting an international health plan (IHP) vendor is ability to **offer compliant coverage** in all host/home countries



Almost half (47%) recognized a gap in wellbeing services, specifically telehealth and employee assistance programs (EAPs)



In a continuing upward trend, a **vast majority** bundle medical, dental and vision benefits within an IHP

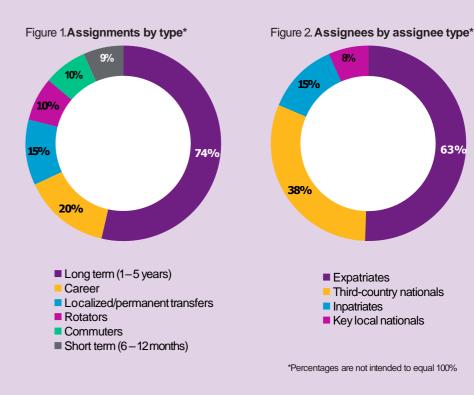


A majority offer business travel medical and accident benefits, with a quarter managing two distinct travel programs



Highlights of participating organizations

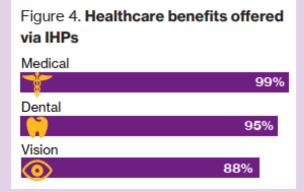
Top industries represented in the 2021 survey are financial services, energy/natural resources, professional services, consumer goods, pharma/ health and aerospace/defense. Participant headquarters represented by region indicate 54% in North America, 35% in Europe and 9% in Asia Pacific. Constructing a composite picture, a strong majority of respondents are either privately or publicly owned with revenue between \$1 billion and \$50 billion; have an average global, full-time employee count of approximately 43,000; and conduct business on at least five continents.



31% of respondents expect an increase in international assignments

Healthcare coverage for international assignees

International assignees may be covered under home, host and/or international benefit programs. Over the past three decades, the trend for multinationals has been to offer international healthcare plans (IHPs) that are tailored to international assignees and their dependents. These plans increasingly include multiple healthcare benefits, bundling medical, dental and vision care



Including dental coverage under the IHP has increased from 87% in 2019 to 95% in 2021. There has been a significant increase in offering vision benefits within the international plan (88% in 2021 versus 60% in 2019).

It must be noted that the survey results indicate over half (51%) of the international plans originate in North America (the largest category with growth of 11 points over 2019), and 37% originate in Europe, including the U.K. Policy situs can have a direct impact on specific plan design features given various regulations; therefore, the survey results specific to plan will be weighted toward U.S.-based

International health plan structure

Many employers maintain more than one plan design, generally in response to regulatory requirements, regional benefit strategies or specific needs for a given category of international assignees (e.g., rotators). In this year's survey, 24% of respondents had two or more plan designs.

Figure 5. IHP plan structure

of respondents offer one consistent plan 76% for all categories of international assignees



of respondents manage more than one benefit plan for interna-24% tional assignees, generally in response to regulatory requirements (e.g., U.A.E., K.S.A., U.S.) in comparison with 10% in 2019

of plans have geographical restrictions 26% compared with 32% in 2019



Figure 6. **IHP funding**

of plans are fully insured

of respondents require employees to contribute a portion of healthcare premium (compared with 36% in 2019), most commonly for U.S. expatriates (standard practice) and more often for dependent versus employee premiums

of respondents allow employees to waive coverage (versus 44% in 2019) with 26% also requiring proof of other suitable coverage

7%

average increase in IHP premium, from a range of 1% to 15%

Medical benefit highlights

Nearly one-third of respondents have plans with varying levels of deductibles, coinsurance percentages and out-ofpocket limits, based on claims incurred in the U.S. or outside the U.S. This is a typical practice in the U.S. healthcare market due to steerage into medical networks to contain costs.

Deductibles (excess)

- For plans with consistent provisions worldwide, 82% do not require a deductible; for those that do, the median is \$420 for an individual (2xfor a family).
- For plans with individual deductibles that vary based on U.S. or non-U.S. care, median amounts are \$500 for non-U.S., \$550 for U.S. in-network and \$950 for U.S. out-of-network. Family deductibles vary from 2x to 3xthe individual amounts.

Coinsurance

- For plans with consistent provisions worldwide, 68% indicate 100%coverage worldwide (same as 2019).
- For plans that vary based on U.S. or non-U.S. care, median coinsurance levels are: 90% for U.S. in-network.70% for U.S. out-of-network and 100% for non-U.S.

Out-of-pocket limits

- For plans with consistent provisions worldwide, median amounts are \$1,235per individual, \$2,850 per family.
- For plans that vary based on U.S. or non-U.S. care, amounts range widely with median individual amounts of\$2,000 for non-U.S., \$2,500 for U.S.in-network and \$3,000 for U.S. out-of-network (2x per family).



The top considerations when selecting a global healthcare vendor have remained fairly consistent over the past two years:



Ability to offer compliant coverage in all applicable home/host countries

Quality of services for employees/ dependents



Contractual and plan design options

Access to preferred service providers/direct payment options

Figure 7. Notable coverage provisions

950/o cover mental health

920/₀ cover preexisting conditions

cover routine/preventive healthcare and cancer screenings (versus 84% in 2019)

cover substance abuse disorders (versus 63% in

cover treatment for pandemic/epidemic illness, although 96% are covering medical treatment as a result of COVID-19

include medical evacuation and assistance services as a rider to the healthcare coverage, with 35% of those plans also including political/security evacuation and assistance and 41% offering natural disaster evacuation services

plans.

Figure 8. Dental benefit highlights

37% of dental plans have an annual deductible, with a median of \$50 per employee and \$150 per family

92% of plans have a calendaryear maximum, with a median of \$2,000

81% of plans offer orthodontia coverage, with a median lifetime maximum of \$1,875

Figure 9. Vision benefit highlights

97% offer vision exams (versus 100% in 2019)

90% offer glasses and frames

83% offer contact lenses

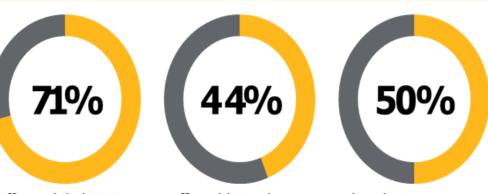
26% offer laser eye surgery

Dental and Vision benefits typically have frequency limits and financial maximums.

Wellbeing highlights

As evidenced by the increase in prevalence below, wellbeing initiatives continue to be an important aspect of employee benefit coverage for international assignees, with the majority incorporated into the IHP (Figure 10).

Figure 10. Wellbeing highlights



offer a global EAP (up from 53% in 2019), with 56% providing the EAP within the IHP; 14% via local EAPs; and 31% through a global, stand-alone EAP offer additional wellbeing benefits to international assignees and their dependents (up from 30% in 2019)

align their international assignee wellbeing program with a wider corporate initiative (up from 43% in 2019)

Additional wellbeing highlights

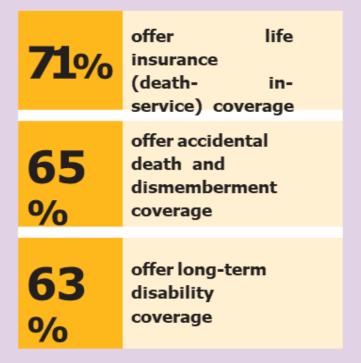
68 %	64 %	57 %	50 %	32 %
Emotiona 	Vaccination	Annual health	24/7 helpline	Retirement planning
wellbeing		checkup	support and online informatio	and support

Nearly half (47%) of respondents recognized the need to expand wellbeing services (e.g., telehealth and EAPs), in order to cover gaps brought to light by the COVID-19 pandemic. Per our 2021 Global Medical Trends Survey, 50% of insurers globally offer telehealth across all plans; this is a growing trend as insurers expect almost one-third of plan members to access services in this manner moving forward.

Risk benefits for international assignees

Similar to healthcare benefits, international assignees may be offered risk benefits (life, accident, disability)under home, host and/or international benefit programs. While survey results indicate a majority of respondents still provide risk benefit via home country rather than international plans, there is a continuing trend for multinational organizations to seek consistent global coverage to meet minimum benefit standards for all international assignees.

Figure 11. Prevalence of risk benefit plans to international assignees



Life (death-in-service) benefits

- 71% of respondents offer life benefits to international assignees, with 44%doing so as part of an international plan and 71% leveraging the assignee's home country plan.
- 87% of plans offer a life benefit as a lump sum benefit based on a multiple of salary (12x to 50x monthly pay).
- Benefits range from \$37,500minimum to \$2.9 million.

Accidental death and dismemberment benefits

- Accidental death and dismemberment (AD&D) benefits are offered by 65% of respondents, with 38% doing so as part of an international plan and 66% as part of a home country plan.
- 68% of plans offer AD&D benefits based on a multiple of salary (12x to70x monthly pay).
- Benefits range from \$50,000minimum to \$1.3 million maximum

Long-term disability benefits

When it comes to long-term disability (LTD) or total and permanent disability (TPD) benefit plans, 63% of the respondents confirmed benefits are made available to international assignees, with 35% offering those benefits through an international risk plan. Of those indicating an international plan:

- 92% provide LTD (income replacement) benefits, and 46%provide lump sum benefit payments, often as an extension of a short-term in come replacement benefit (e.g., two years).
- The median for LTD benefits as a percentage of pay is 67%.
- The median maximum monthly benefit is US\$15,000.



Benefits for business travelers

The median percentageof employees traveling internationally on business in 2020 was 10%,a significant reduction from 2019 (25%) due to the pandemic.

While 64% of respondents maintain **Business Travel Medical** (BTM)benefits, and 60% also provide **Business Travel Accident** (BTA)coverage, it is not uncommon for employers to offer two separate insurance plans covering emergency medical and business accident coverage, respectively. A quarter of respondents manage both unique types of programs. But it is also very common to bundle these coverages within a classic BTA or Personal Accident program (Figure 12).

Figure 12. Business travel benefit plans

Business Travel Medical Core benefit is urgent/emergency medical coverage

- 64% of respondents offer BTM coverage.
- 61% of plans are stand-alone BTM
- 39% are riders to a BTA plan.
- 46% of plans include sojourn travel (median of 14 days of leisure travel attached to business travel).
- 17% of plans cover personal travel (median of up to 14 days of leisure travel not attached to business travel).
- 75% include coverage for dependents traveling with employee.

BTA

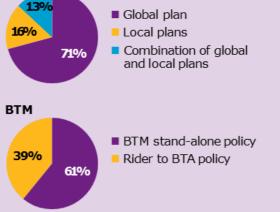
 50% of plans include an AD&D benefit.

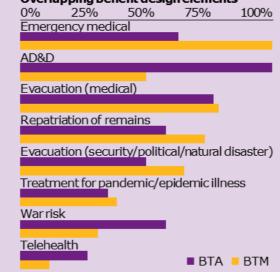
Business Travel Accident Core benefit is AD&D



- 60% of respondents offer BTA coverage.
- 71% of policies are global versus local or regional (versus 63% in 2019).
- 41% of plans include up to 14 days of sojourn travel (versus 22% in 2019).
- 34% of plans have varying levels of benefit depending on employee classification.
- 47% offer AD&D in a fixed amount ranging from \$67,000 to \$1 million, with a median of \$450,000.
- 61% offer AD&D as a multiple of salary ranging from \$540,000 to \$4 million, with a median of \$1.8 million.
- 63% include an out-of-country medical benefits rider (increase from 52% in 2019).

Figure 13. Business Travel Accident vs. Business Travel Medical benefits





Evacuation and assistance services for IMEs

For most employers, it is imperative that IMEs — both international assignees and business travelers - have access to evacuation and assistance services. Such benefits can be found in a number of insured plans, including international healthcare, BTA and BTM plans. It is also quite common for employers to contract directly with an evacuation and assistance service provider.

63%

of plans include

and assistance

health plan.

medical evacuation

services as a rider

to their international

Figure 14. Evacuation and assistance prevalence

46%

(versus 33% in 2019) of

respondents maintain

separate and stand-

alone evacuation and

Of these, 49% are

and 52% are self-

funded.

assistance agreements.

insured arrangements

respondents have protocols in place in the event they need to liaise with international healthcare and business travel vendors around evacuation procedures. It is typical and recommended that HR and risk management work together to ensure alignment on such protocols (Figure 14).

91%

of respondents have

insurers (international

specific protocols

to coordinate with

health and business

travel vendors) to

ensure appropriate

and subsequent

medical care.

handling of evacuations

A very high number of

assistance — prevalence of services 0% 25% 50% 75% 100% Emergency medical evacuation and assistance

Figure 15. Evacuation and travel

Political/Security evacuation and assistance

92%

Natural disaster evacuation and assistance

74%

Risk assessment

49%

Travel tracking

Treatment for pandemic/epidemic illness

28%

Security training

28%

Clinical services

23%

Overlapping benefit design elements

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Our subject matter experts are uniquely positioned to support our clients with plan design (e.g., benchmarking and industry trends), regulatory compliance in an ever-changing environment, cost management (e.g., market review, analysis and financing), and ongoing management of health and risk benefits for international assignees and international business travelers.

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About Willis Towers Watson

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