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METHODOLOGY BRIEF · OCTOBER 2026

How the Broker Report Card is graded, *and why.*

The research, legal requirements and practitioner experience behind every question, and how expectations scale with company size.

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zencovi.com/broker-report-card

WHERE THE CRITERIA COME FROM

Three sources, *one standard.*

Most employers review their health plan every renewal, but have no clear standard for reviewing the broker who manages it. The Report Card defines that standard from three places, then sets the bar by company size.

1

What employers say they want

Published employer surveys on how companies choose, rate and leave their benefits broker, led by the largest recurring survey on the topic (1,400+ respondents in 2026).

2

What the law requires

Federal rules that apply no matter who your broker is: broker pay disclosure, the Medicare Part D notice, Section 125 plan documents, and annual filings for self-funded and level-funded plans.

3

What good looks like in practice

Eight years on the brokerage side across 100+ group accounts: what separated the brokers employers relied on from the ones they simply tolerated.

Expectations scale with company size

A 15-person company and a 400-person company shouldn't be held to the same bar. For each question, we set the answer a good broker should deliver for each of six size bands, from under 25 to 500+ employees. Your grade measures your broker against the bar for your size, not against an ideal no small group could reach.

WHAT IT IS

- An expert standard of what good broker service should look like, grounded in published research and law
- A free self-assessment: about four minutes, no account required
- A starting point for a better conversation with your broker

WHAT IT ISN'T

- A statistical benchmark built from thousands of employers' answers
- Anti-broker. A good broker should score well, and this helps you see it
- Legal or tax advice

SOURCE 1 · EMPLOYER SURVEYS

What employers say they want *from a broker.*

Across the most credible employer surveys from 2019 to 2026, two themes keep coming up: fast, effective service keeps a broker, and proactive cost strategy wins and loses accounts.

#1

Prompt, effective service is the top reason employers choose their broker, in every edition from 2023 to 2026.

ZYWAVE 2026 · 1,400+

74%

of employers ranked prompt service and timely answers a top selection criterion.

ZYWAVE 2025 · ~900

94% / 51%

say a multiyear strategic plan is important, versus those who actually get one.

ZYWAVE 2026 · 1,400+

28% · 27%

would switch brokers for broader solutions, or for proactive help managing costs.

MCKINSEY 2025 · ~1,900

SURVEY	SAMPLE	TOP THINGS EMPLOYERS WANT OR WOULD SWITCH FOR
Zywave Broker Services Survey 2026 · broker software vendor	1,400+ US respondents	Choose: prompt service, then trusted advisor (71%). Leave: slow response or ineffective service, inconsistent communication, not acting as a strategic advisor.
Zywave Broker Services Survey 2025 · fielded June 2025	~900 US employers	Prompt, effective service (74%); strategic advisor, not a salesperson (69%); regular updates.
McKinsey Employer Health Benefits Survey 2025 · with CIAB, Leader's Edge	~1,900 employers (as reported)	Reasons to switch: broader range of solutions (28%); lack of proactive cost help (27%); coverage not meeting employee needs (27%).
Zywave Broker Services Survey 2024 · fielded June 2024	375+ US employers	Prompt service (57%); trusted advisor (53%); can challenge and negotiate the renewal (48%).
Aflac WorkForces Report 2020–21 · Kantar fieldwork	1,200 benefits decision-makers	"Strong knowledge of best practices in employee benefits is the top reason employers give for using a broker."
Uprise Health HR Leaders Survey 2022 · Researchscape	543 HR leaders, 100+ employees	53% likely to change broker within a year; 38% of those want more communication, responsiveness and proactivity.
BenefitsPRO Employer Benefits Survey 2019	150+ decision-makers	Reasons to switch: cost (51%); better product offerings (46%); more consultative approach (24%).

Every survey above was run or sponsored by a vendor, carrier or trade organization, and each asks a slightly different question, so the rankings aren't directly comparable. We use them to decide what to measure, not to set scores. Full citations are on page 7.

15 QUESTIONS · 5 AREAS

Why each question *is there.*

Each question is tagged by its basis: SURVEY employer research, LAW a legal requirement, PRACTICE broker experience.

QUESTION	BASIS	WHY IT MATTERS
SERVICE		
1. Problem resolution	SURVEY PRACTICE	When a claim goes sideways, does the broker own it or hand you a phone number? This is the service employees actually feel.
2. Responsiveness	SURVEY	The #1 selection criterion and the #1 reason employers say they'd leave (Zywave 2026).
3. Annual service review	SURVEY PRACTICE	A written review against agreed goals. Strategic planning is the widest gap employers report.
STRATEGY		
4. Renewal timing	PRACTICE	Starting 90+ days out leaves time to shop, model options and tell employees.
5. Options modeled	SURVEY	Broader solutions and proactive cost help are the top reasons employers switch (McKinsey 2025).
6. Level-funded check	LAW PRACTICE	Small fully insured rates are filed with the state and can't be negotiated, so funding is the main lever. Skipped where state stop-loss rules restrict it.
7. Peer comparison	SURVEY	Benchmarking against employers of your size, industry and region.
8. Proactive ideas	SURVEY	"Trusted advisor, not a salesperson" is the fastest-rising expectation (53% → 71%, Zywave 2023–2026).

QUESTION	BASIS	WHY IT MATTERS
COMPLIANCE		
9. Notices and deadlines	LAW SURVEY	Medicare Part D notice before Oct 15; gag-clause attestation by Dec 31 and prescription drug reporting by June 1. 98% of employers want compliance answers from their broker (Zywave 2019).
10. Plan documents	LAW	Pre-tax premium deductions require a written Section 125 plan.
TRANSPARENCY		
11. Renewal negotiation	SURVEY PRACTICE	You should be able to tell negotiated savings from savings that came from plan changes or shifting cost to employees.
12. Pay disclosure	LAW	Under ERISA, as amended in 2021, a group health plan broker expecting $1,000+ in direct or indirect pay must disclose it in writing.
13. Add-on benefit costs	LAW PRACTICE	Recent lawsuits allege employers didn't check broker pay and claims payouts on employee-paid voluntary benefits.
EXPERIENCE		
14. Open enrollment	PRACTICE	Twelve common enrollment deliverables, with the items expected at each company size.
15. Employee help	SURVEY PRACTICE	Without year-round support, HR becomes the benefits help desk.

HOW THE GRADE IS CALCULATED

Graded against the bar *for your size.*

1 · CONTEXT FIRST

Company size, state and plan funding come before any broker question, so you only see questions that apply to you.

2 · FOUR ANSWERS

Each answer is worth 10, 7, 3 or 0 points, roughly A, B, D and F.

3 · SIZE SETS THE BAR

Meet the expected answer for your size and you get full credit. Each step short costs points.

4 · FAIR EXCLUSIONS

Questions you aren't shown, or benefits you don't offer, are left out of your score.

EXPECTED ANSWER BY COMPANY SIZE (EMPLOYEES)

QUESTION	<25	25-49	50-99	100-249	250-499	500+
1. Problem resolution	B	B	B	A	A	A
2. Responsiveness	B	A	A	A	A	A
3. Annual service review	D	B	A	A	A	A
4. Renewal timing	A	A	A	A	A	A
5. Options modeled	B	A	A	A	A	A
6. Level-funded check*	A	A	A	—	—	—
7. Peer comparison	B	A	A	A	A	A
8. Proactive ideas	B	A	A	A	A	A
9. Notices and deadlines†	B	A	A	A	A	A
10. Plan documents	B	A	A	A	A	A
11. Renewal negotiation	A	A	A	A	A	A
12. Pay disclosure	B	A	A	A	A	A
13. Add-on benefit costs	B	B	B	A	A	A
14. Open enrollment	Expected checklist items grow with company size					
15. Employee help	A	A	A	A	A	A

* Shown only to small fully insured groups: under 50 employees, or under 100 in California, Colorado, New York and Vermont (50–99 applies in Colorado and Vermont only). Skipped in New York, California, and for Delaware groups under 25, where state stop-loss rules ban or restrict level funding.

† Self-funded and level-funded plans raise the compliance bar one step, because more filings fall on the employer. Small fully insured groups see a version of question 11 that gives full credit for explaining that a filed rate can't be negotiated.

BEING UPFRONT

What this *can't tell you.*

- **The bar is an expert standard, not a statistical average.** Expected answers by size reflect published research, legal requirements and practitioner judgment, not a percentile of what other employers reported.
- **The research has limits too.** Every employer survey we found was sponsored by a vendor, carrier or trade group, and none publishes broker rankings by company size. Our size scaling is our judgment.
- **It's a self-assessment.** Results reflect what you know about your broker relationship. "Not sure" is a valid answer and often a useful finding on its own.
- **We'll keep improving it.** As more employers complete the Report Card, we'll refine the questions and bars. Feedback is always welcome.

SOURCES

1. Zywave, 2026 Broker Services Survey (July 2026). zywave.com/2026-broker-services-survey · coverage: insurance-edge.net, July 28, 2026
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8. BenefitsPRO, 2019 Employer Benefits Survey (Oct 2019), as summarized by ExtensisHR
9. Zywave 2019 survey on compliance expectations, via Employee Benefit Adviser (Oct 21, 2019)
10. ERISA §408(b)(2), as amended by the Consolidated Appropriations Act, 2021: broker and consultant compensation disclosure
11. CMS: Medicare Part D creditable coverage disclosure requirements
12. Internal Revenue Code §125: cafeteria plan written plan requirement
13. NABIP, Stop-loss restrictions by state (2023); Milliman; BenefitsPRO (Feb 2026)

See how your broker measures up.

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