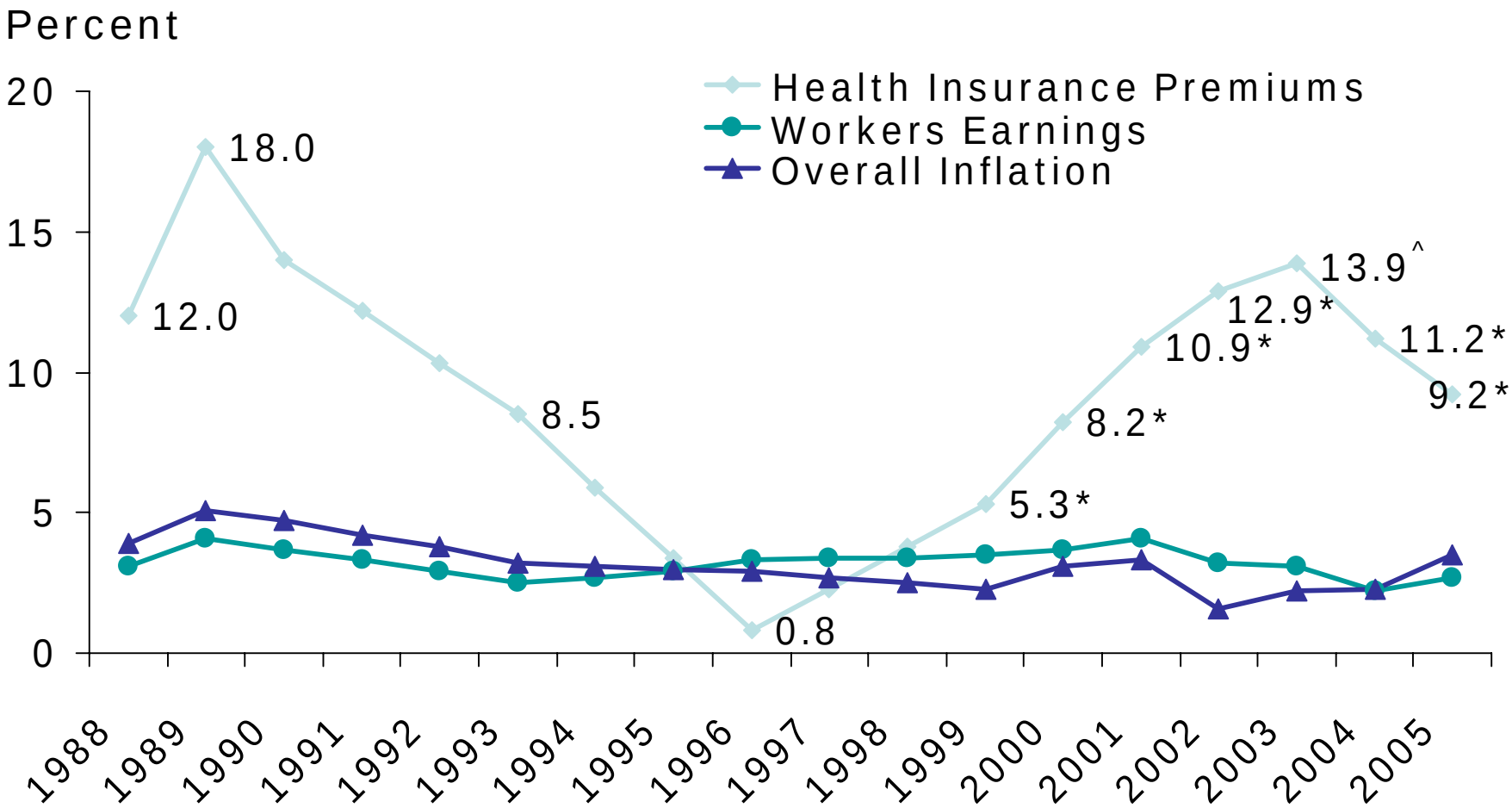
Figure 1. Increases in Health Insurance Premiums Compared to Other Indicators, 1988–2005

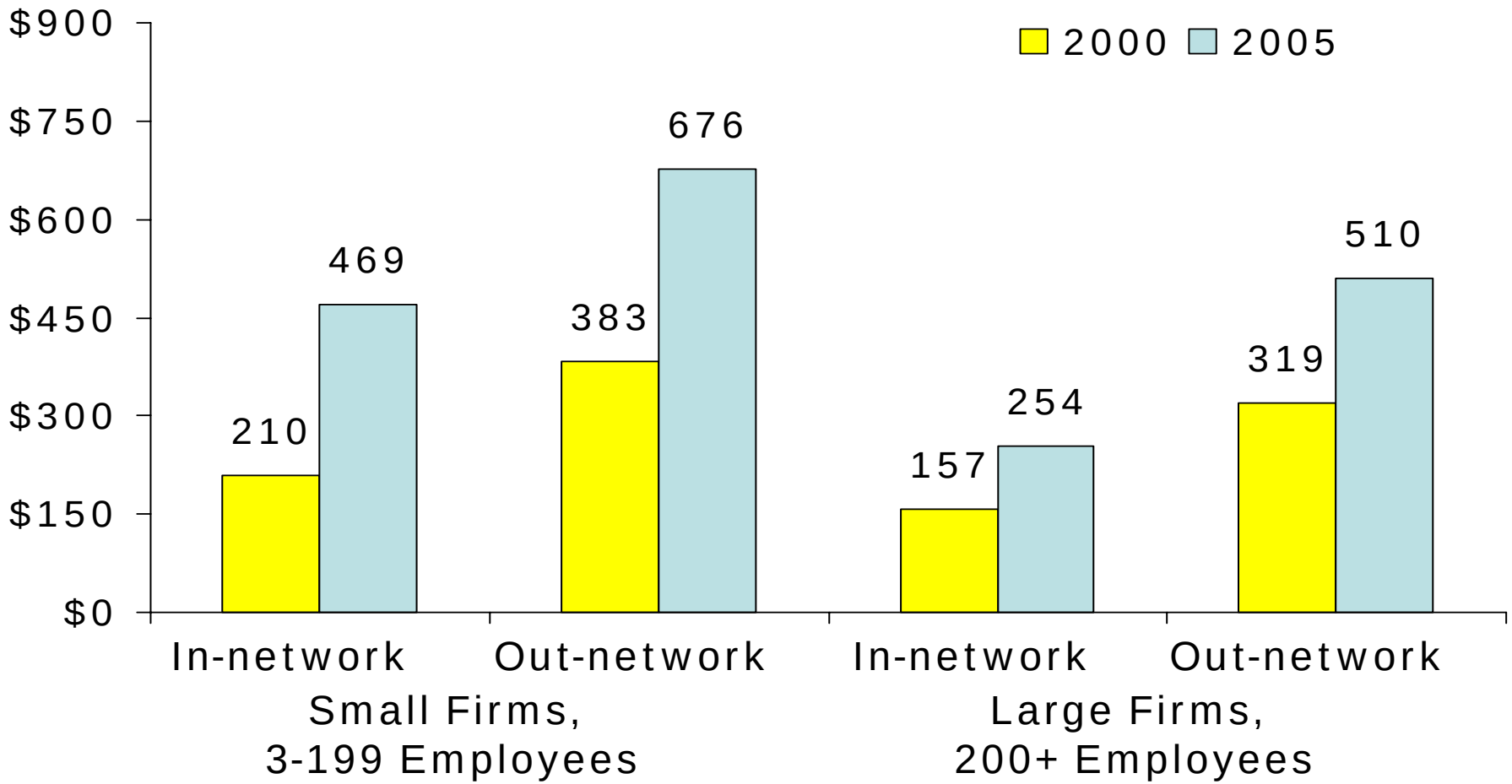


Source: KFF/HRET Survey of Employer-Sponsored Health Benefits: 2005.
*Estimate is statistically different from the previous year shown at p<0.05.
^ Estimate is statistically different from the previous year shown at p<0.1.
Note: Data on premium increases reflect the cost of health insurance premiums for a family of four. Historical estimates of workers' earnings have been updated to reflect new industry classifications (NAICS).

THE COMMONWEALTH FUND

Figure 2. Deductibles Rise Sharply, Especially in Small Firms, Over 2000–2005*

PPO in-network and out-of-network deductibles

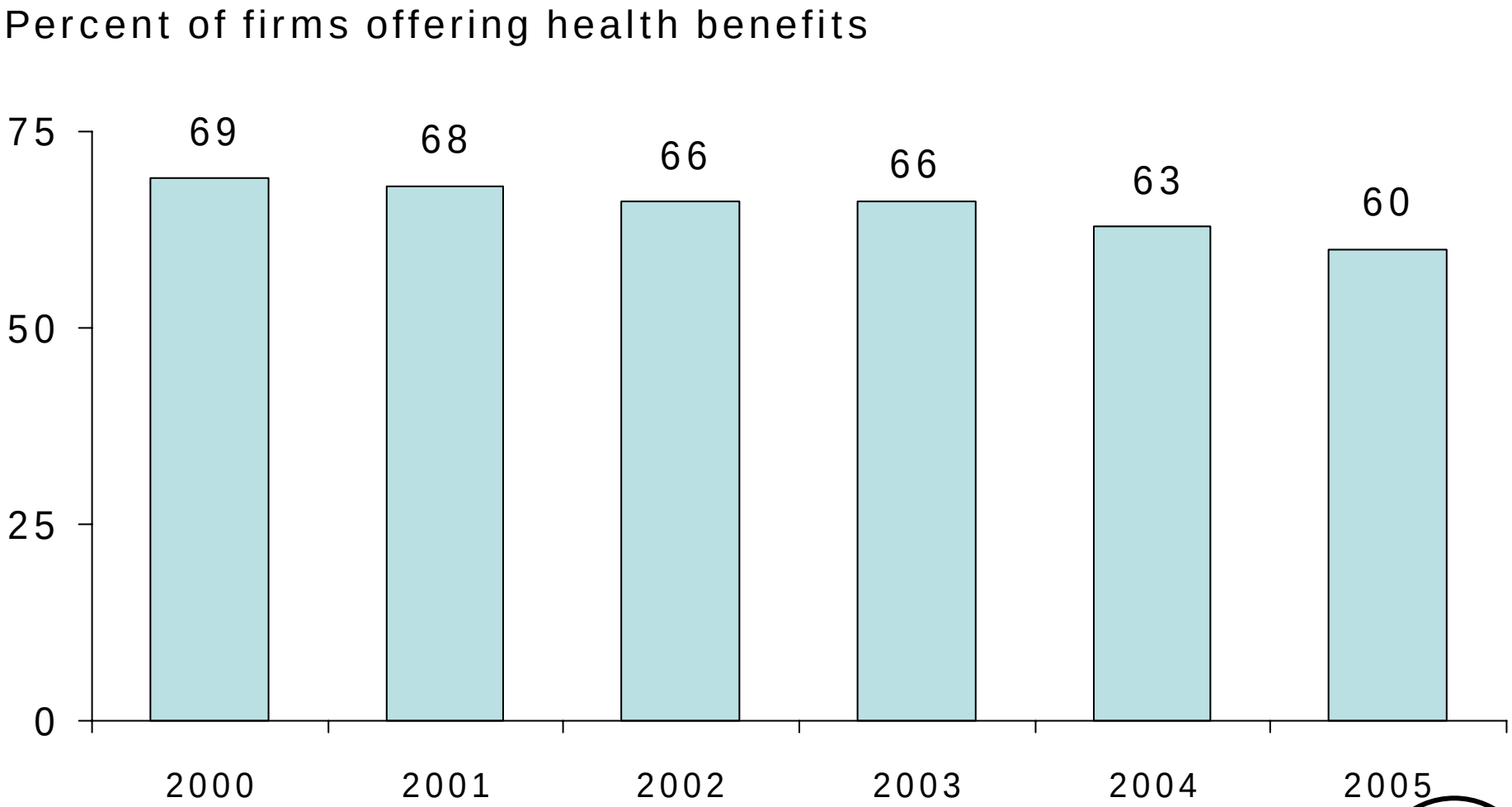


*Out-of-network deductibles are for 2000 and 2004.

Source: J. Gabel and J. Pickreign, *Risky Business: When Mom and Pop Buy Health Insurance for Their Employees* (Commonwealth Fund, April 2004); KFF/HRET Employer Health Benefits 2005 Annual Survey.

THE COMMONWEALTH FUND

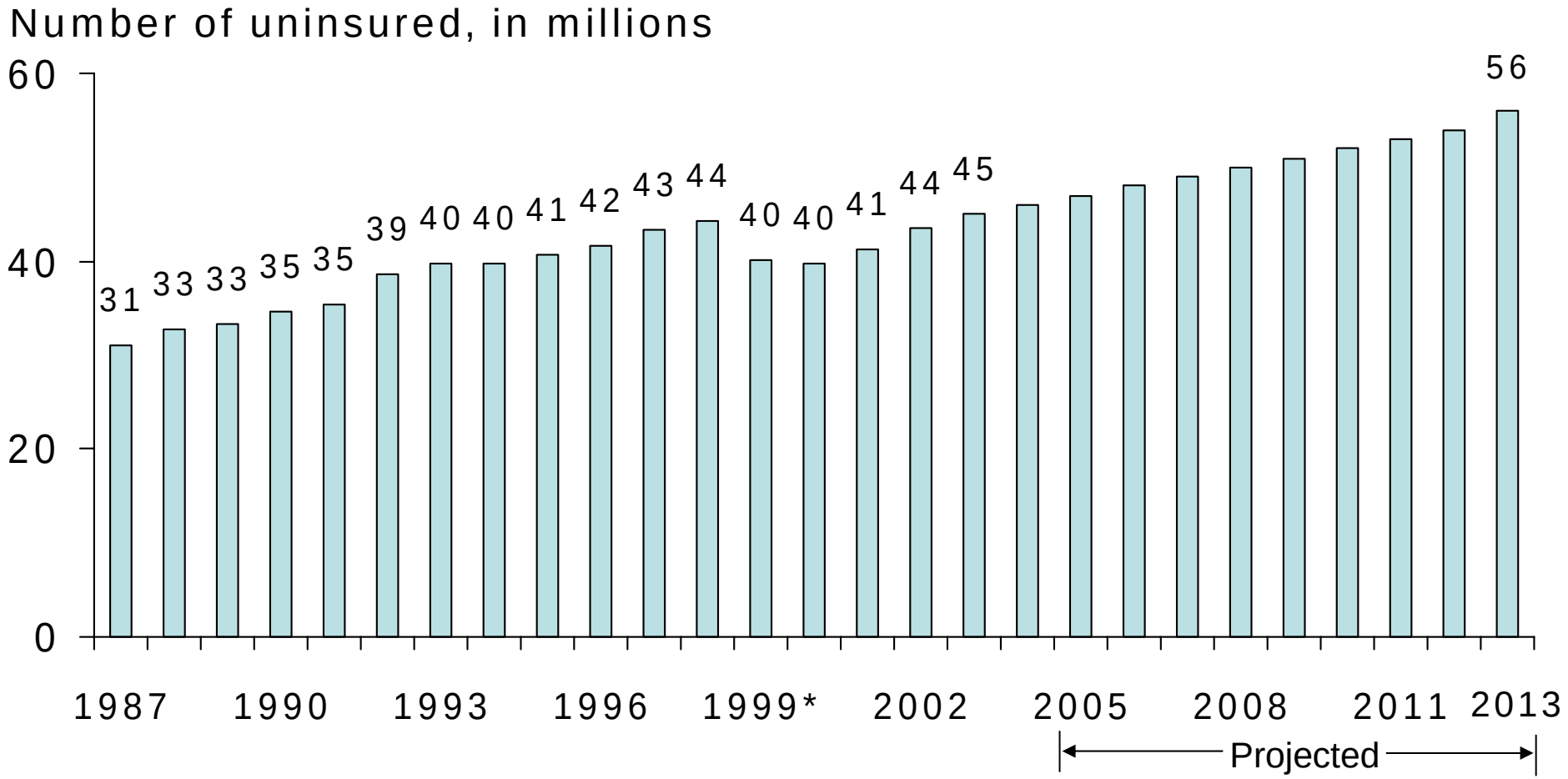
Figure 3. Percent of Firms Offering Health Benefits Declined Over 2000–2005



THE COMMONWEALTH FUND

Source: KFF/HRET Employer Health Benefits 2005 Annual Survey.

Figure 4. 46 Million Uninsured in 2004; Increasing Steadily Since 2000



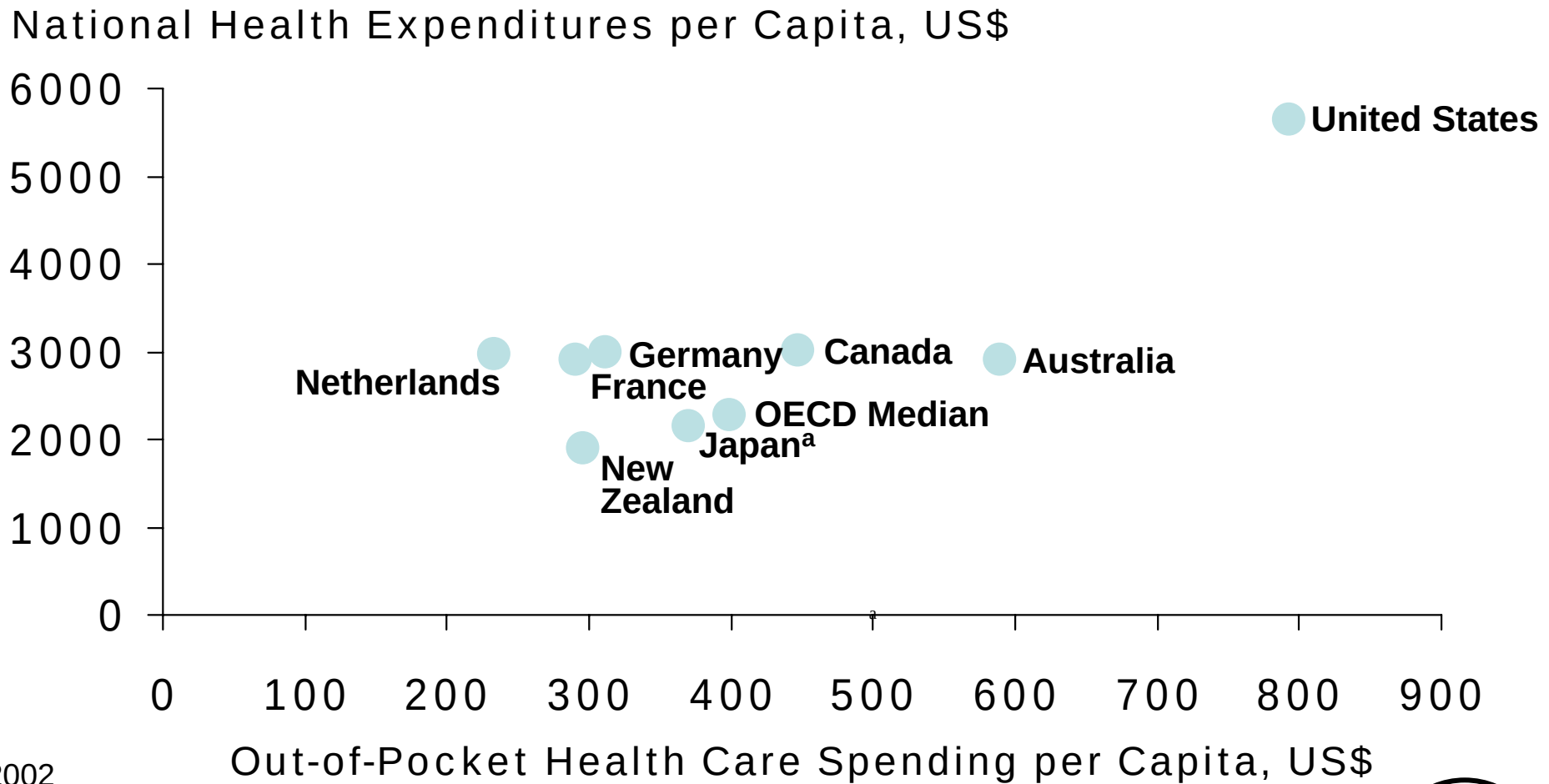
*1999–2003 estimates reflect the results of follow-up verification questions and implementation of Census 2000-based population controls.

Note: Projected estimates for 2004–2013 are for nonelderly uninsured based on T. Gilmer and R. Kronick, "It's the Premiums, Stupid: Projections of the Uninsured Through 2013," *Health Affairs* Web Exclusive, April 5, 2005.

Source: U.S. Census Bureau, March CPS Surveys 1988 to 2005.

THE COMMONWEALTH FUND

Figure 5. Greater Out-of-Pocket Costs are Not Associated with Lower Health Spending in Cross-National Comparisons



[a]2002

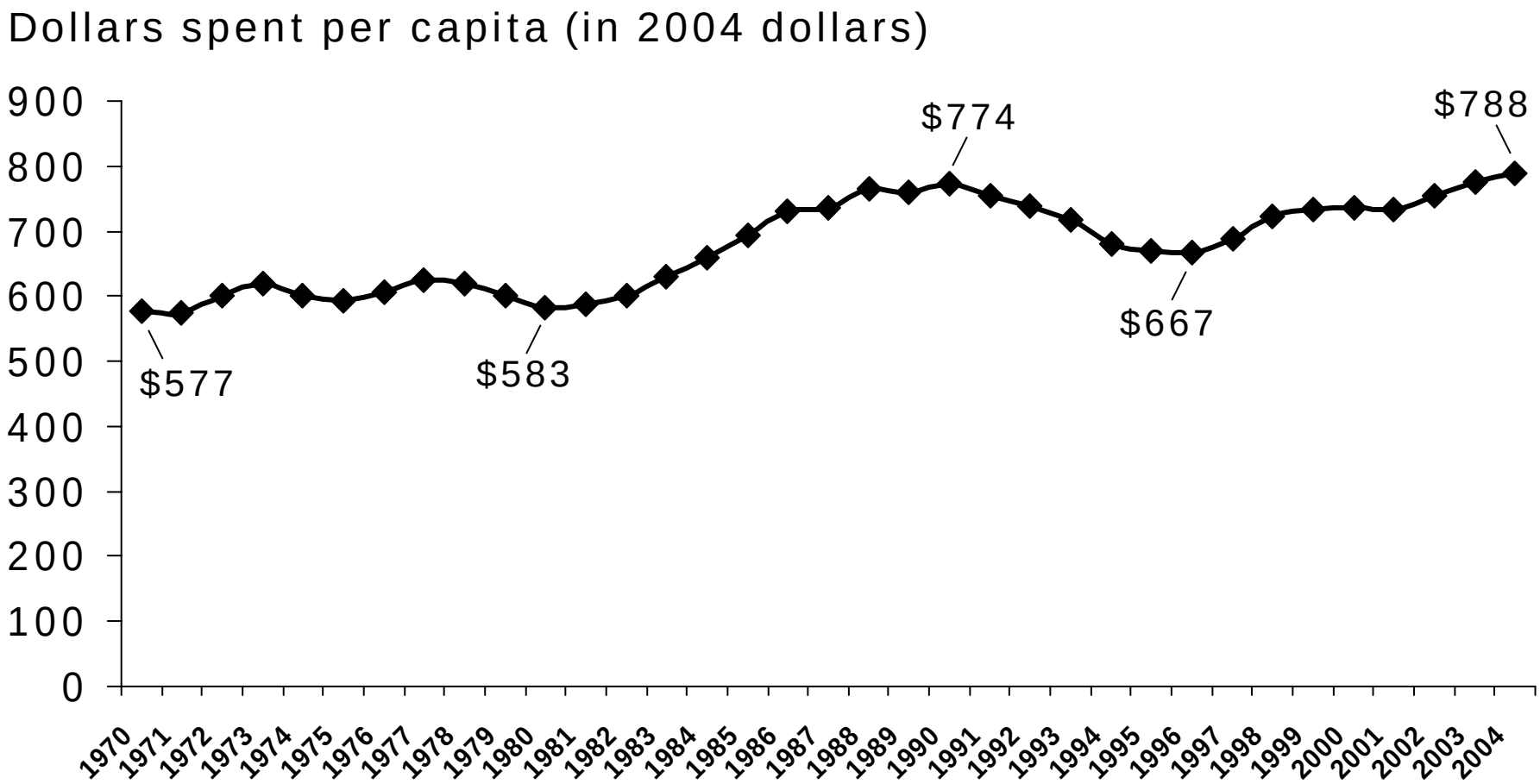
*Allan Hubbard, Director of the National Economic Council, February 14, 2006.

Note: Adjusted for Differences in the Cost of Living, 2003.

Source: Bianca K. Frogner and Gerard F. Anderson, "Multinational Comparisons of Health Systems Data, 2005," The Commonwealth Fund, Forthcoming.

THE COMMONWEALTH FUND

Figure 6. Americans Are Spending More Out-of-Pocket for Health Care

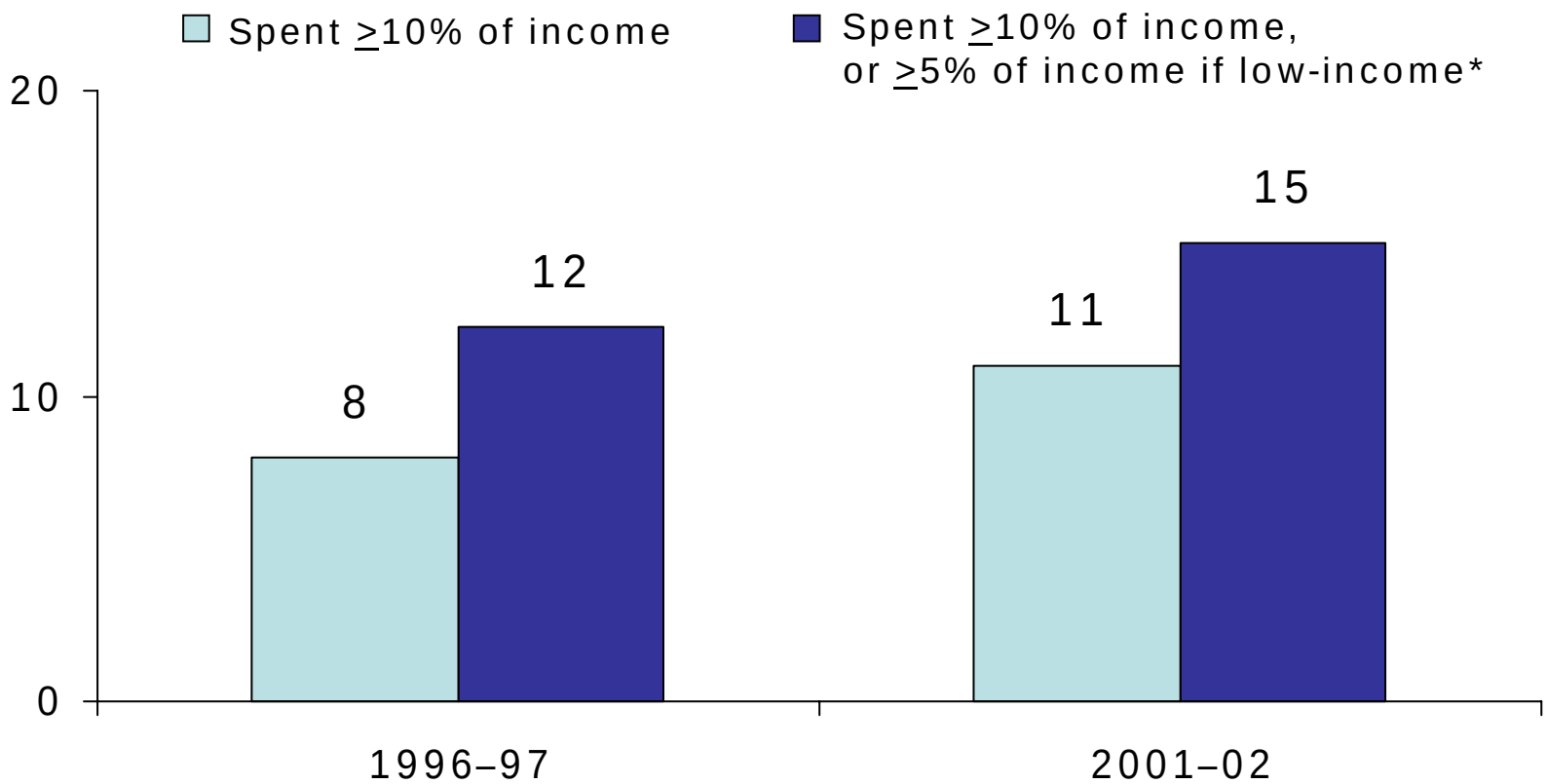


Source: C. Smith et al., "National Health Spending in 2004: Recent Slowdown Led by Prescription Drug Spending," *Health Affairs* 25, no. 1 (January/February 2006); Centers for Medicare and Medicaid Services, National Health Expenditures Data; http://www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf

THE COMMONWEALTH FUND

Figure 7. Nearly One of Six Families Spent 10% or More of Income (or 5% or More if Low-Income) on Out-of-Pocket Medical Costs, 2001–02

Percent of families with high out-of-pocket medical costs relative to income, *not* including premiums

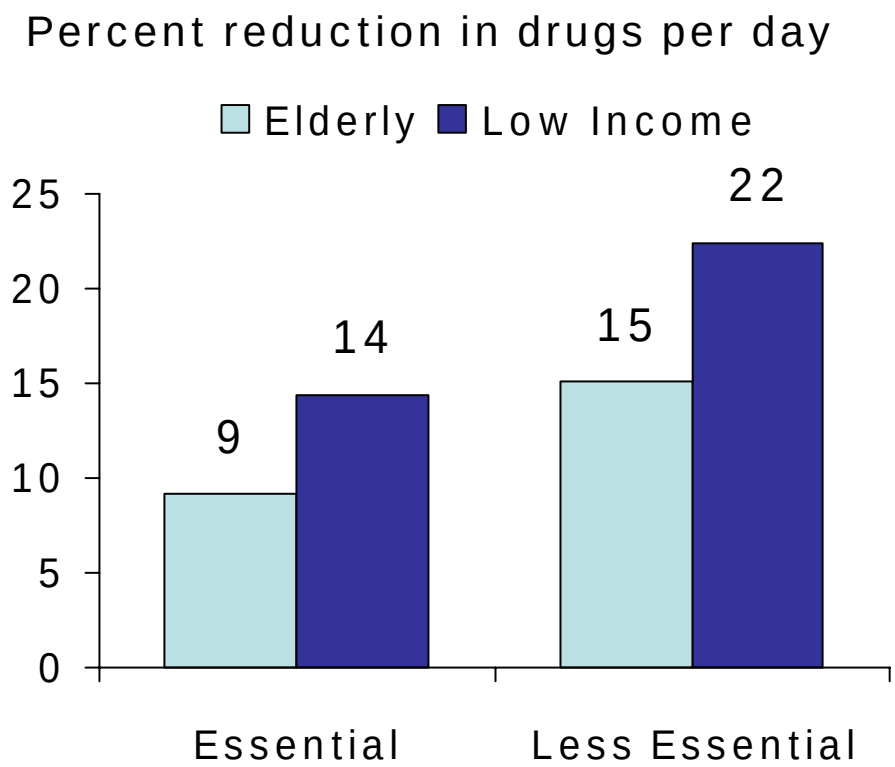


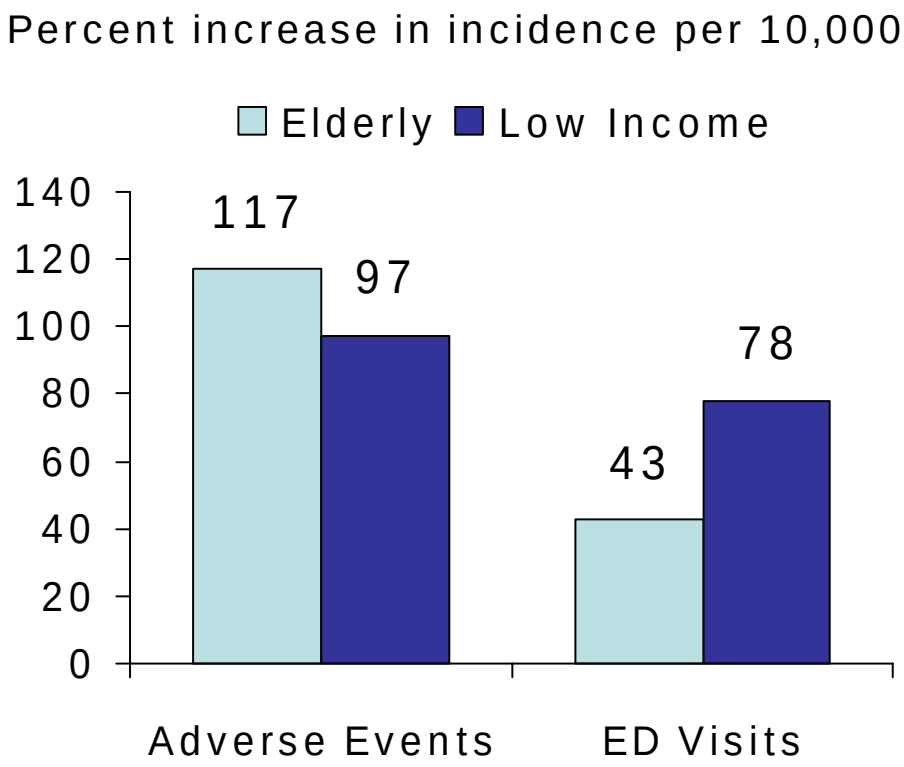
*Low-income includes families with incomes <200% of the federal poverty level.

Source: M. Merlis, D. Gould and B. Mahato, *Rising Out-of-Pocket Spending for Medical Care: A Growing Strain on Family Budgets* (New York: The Commonwealth Fund) February 2006.

THE COMMONWEALTH FUND

Figure 8. Cost-Sharing Reduces Use of Both Essential and Less Essential Drugs and Increases Risk of Adverse Events

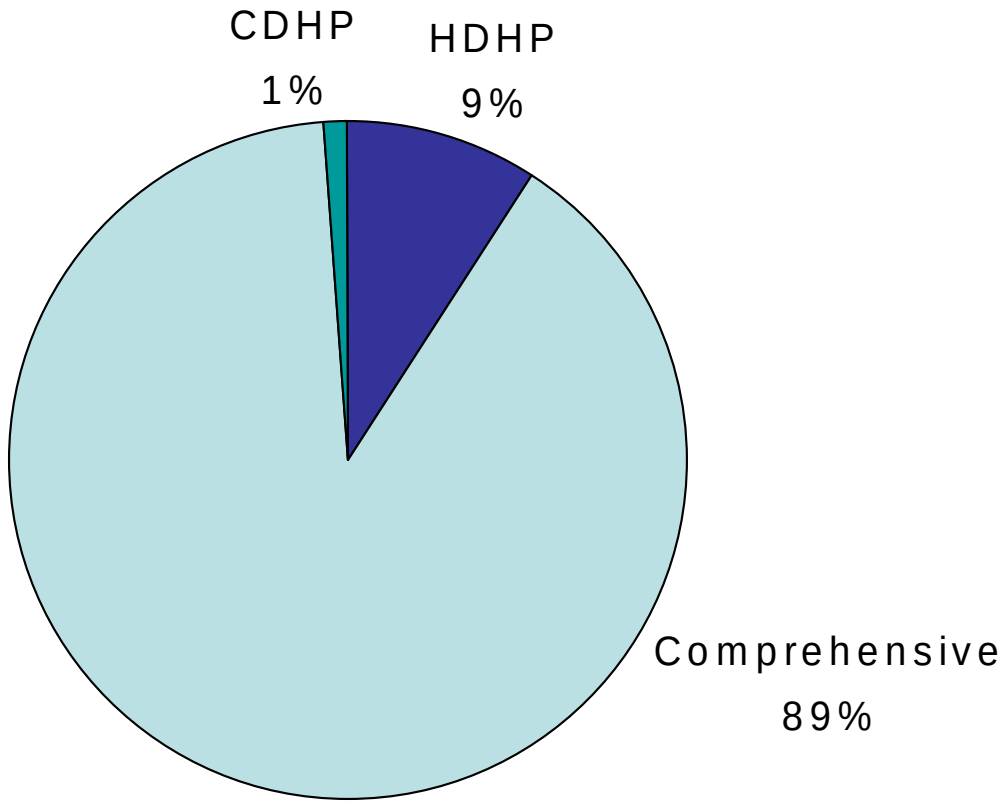




Source: R. Tamblyn et al., "Adverse Events Associated With Prescription Drug Cost-Sharing Among Poor and Elderly Person," *JAMA* 285, no. 4 (2001): 421–429.

THE COMMONWEALTH FUND

Figure 9. Few Insured People Are Currently Covered by High Deductible Health Plans (HDHP) or Consumer Directed Health Plans (CDHP) with a Savings Account

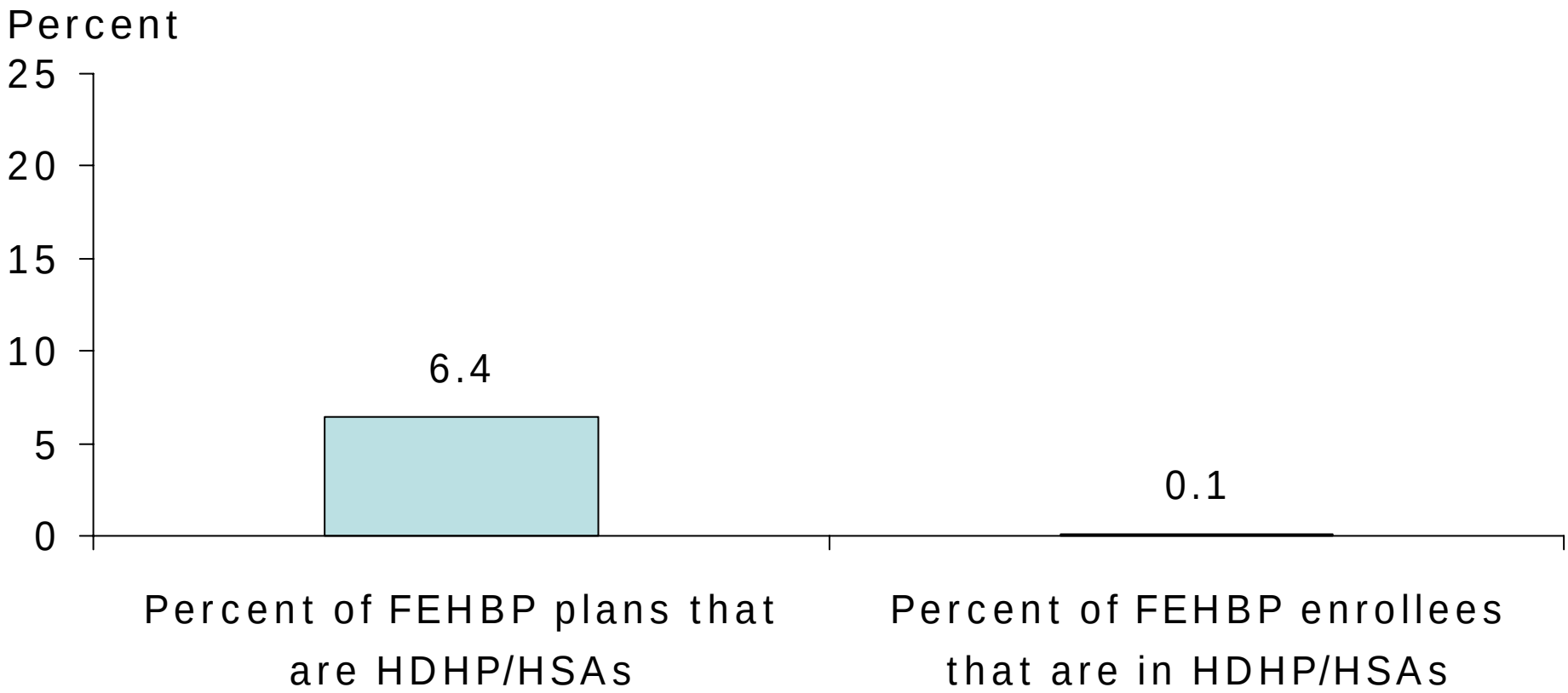


Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

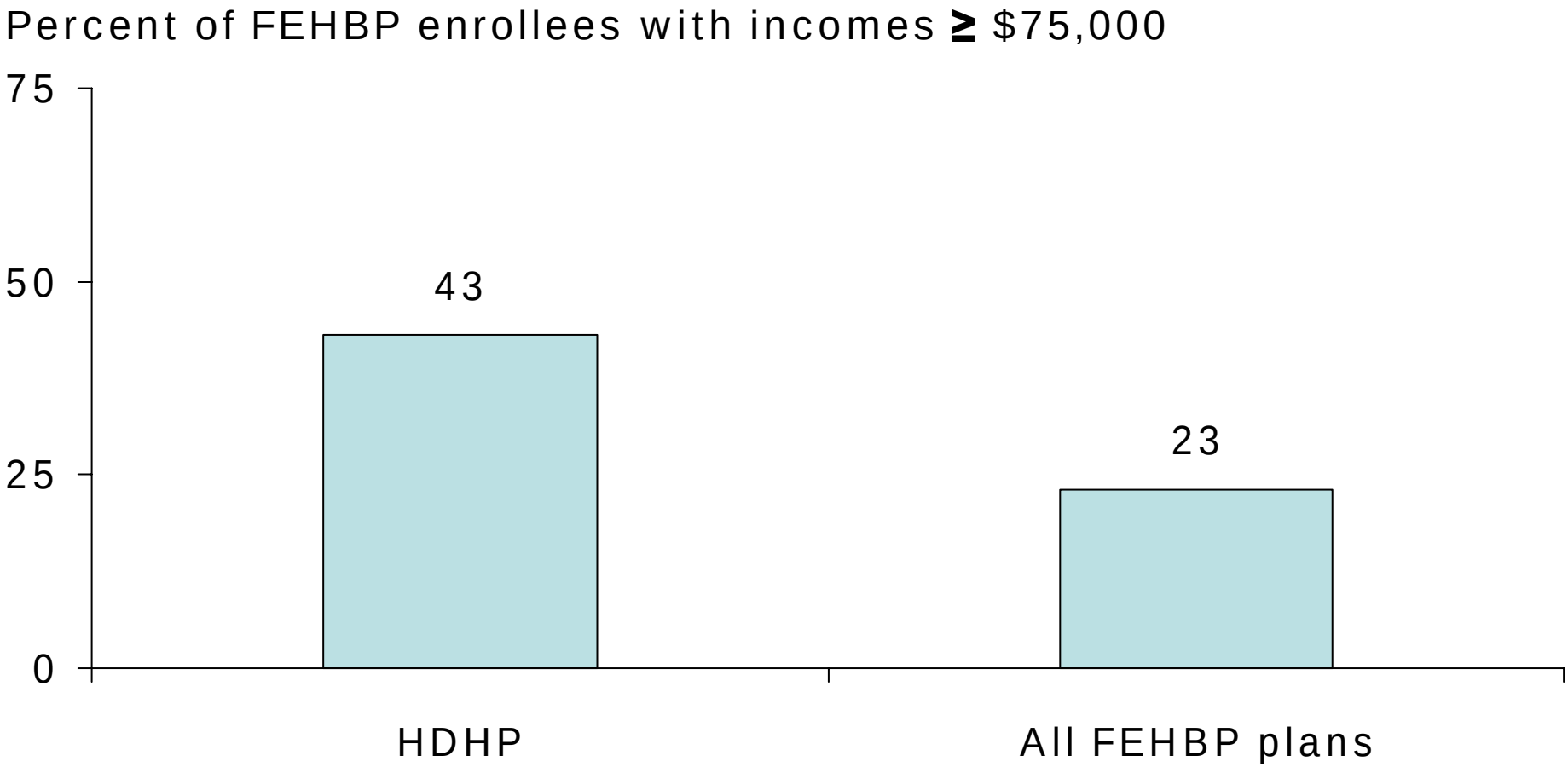
Figure 10. FEHBP HDHP/HSAs Plans Enroll 7,500 out of 9 Million Covered Lives



Note: As of March 2005.
Source: Government Accountability Office, *Federal Employees Health Benefits Program First-Year Experience with High-Deductible Health Plans and Health Savings Accounts*, Washington, DC: GAO, January 2006; OPM, http://www.opm.gov/insure/handbook/FEHBhandbook.pdf

THE COMMONWEALTH FUND

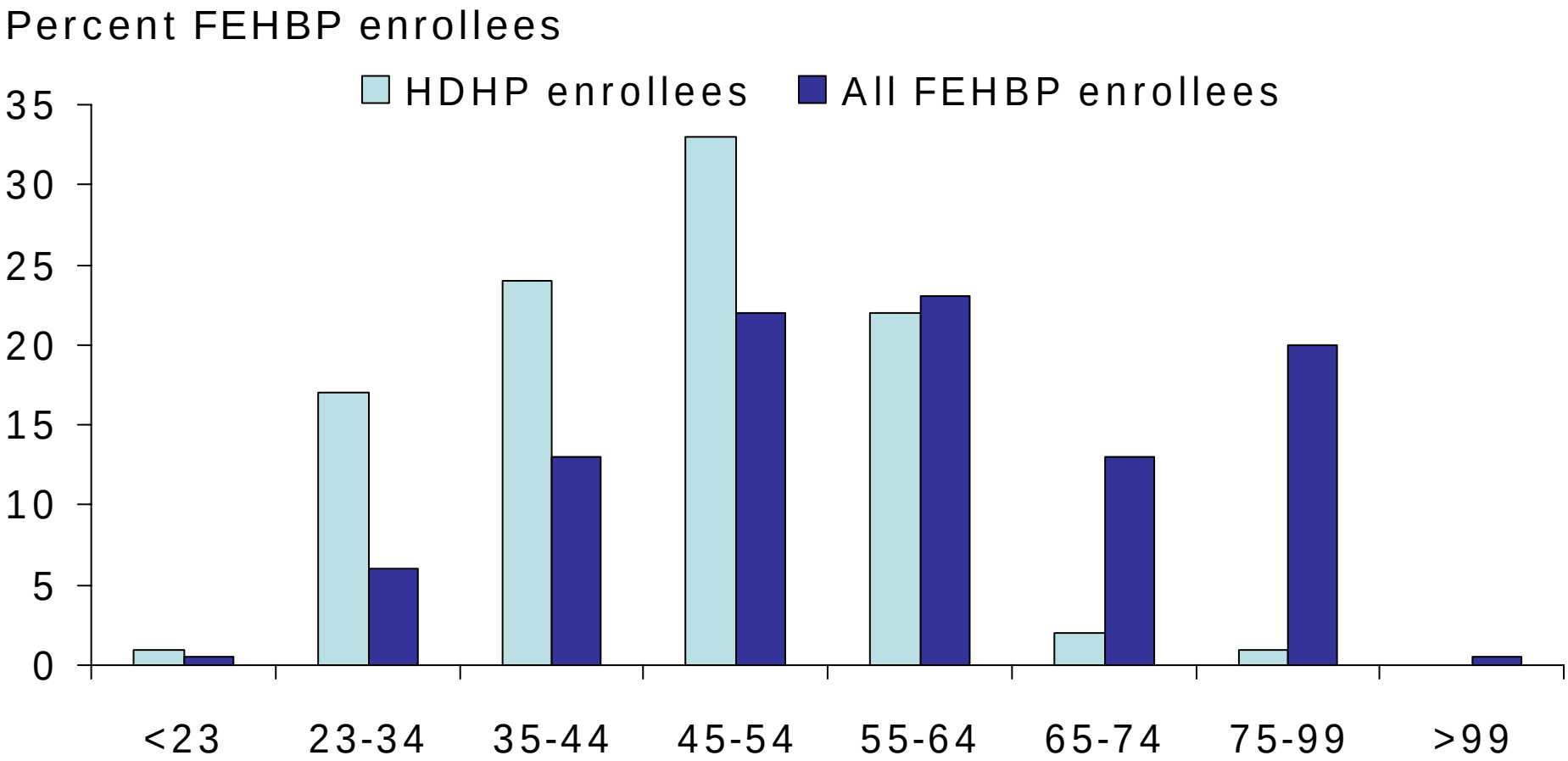
Figure 11. Enrollees Who Chose HDHPs From the Federal Employees Health Benefits Program Are More Likely to Earn Higher Incomes



Source: Government Accountability Office, *Federal Employees Health Benefits Program First-Year Experience with High-Deductible Health Plans and Health Savings Accounts*, Washington, DC: GAO, January 2006.

THE COMMONWEALTH FUND

Figure 12. Age Distribution of HDHP and Other FEHBP Enrollees

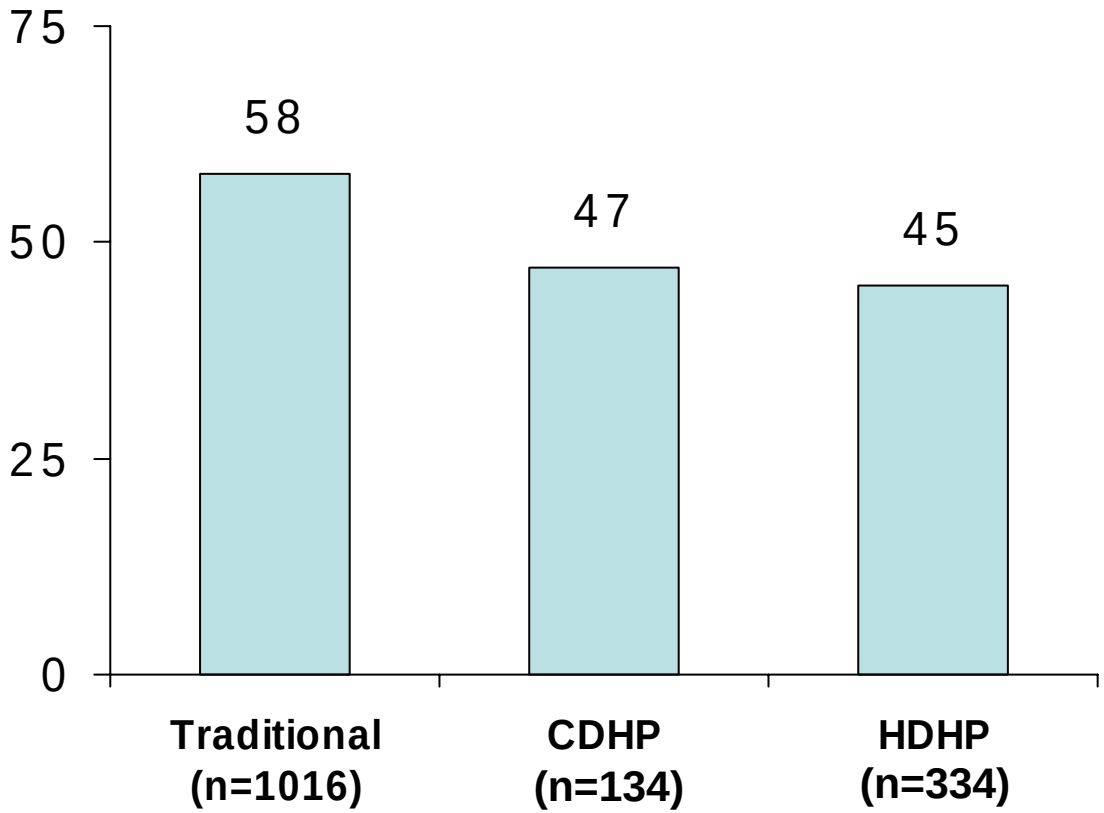


Source: Government Accountability Office, *Federal Employees Health Benefits Program First-Year Experience with High-Deductible Health Plans and Health Savings Accounts*, Washington, DC: GAO, January 2006.

THE COMMONWEALTH FUND

Figure 13. Less than Half of Those Enrolled in Employer-Based High Deductible Health Plans Had a Choice

Percent of adults with employer-based coverage who were offered a choice of health plans

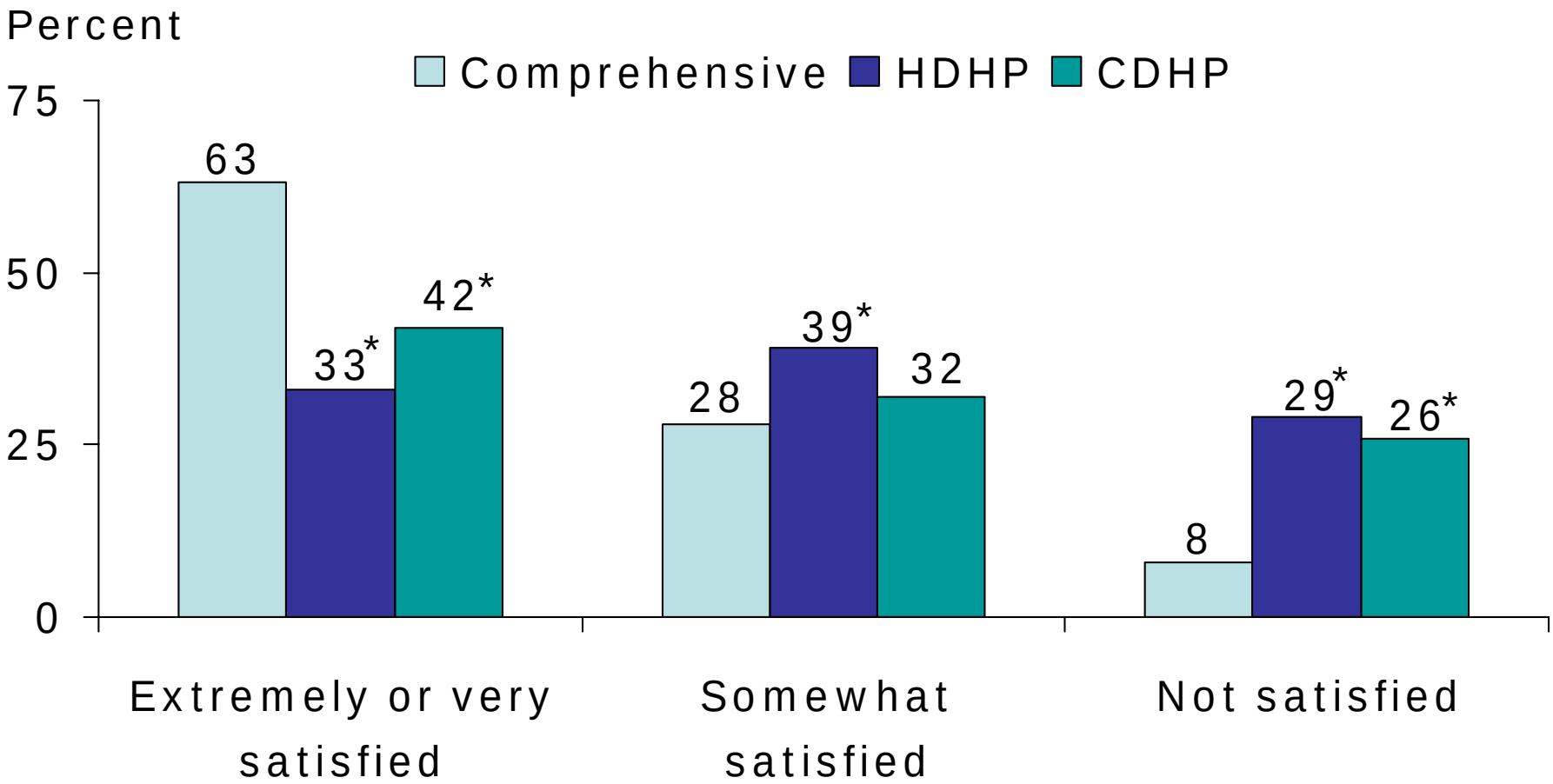


- CDHP and HDHP owners are less likely to have a choice of plans from their employer
- When they have a choice, the savings account is the leading reason for choosing CDHP, while premium cost is the most frequent reason for choosing HDHP. Traditional plans are chosen for low out-of-pocket costs.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 14. Enrollees of HDHP/CDHPs Are Less Satisfied with Their Coverage

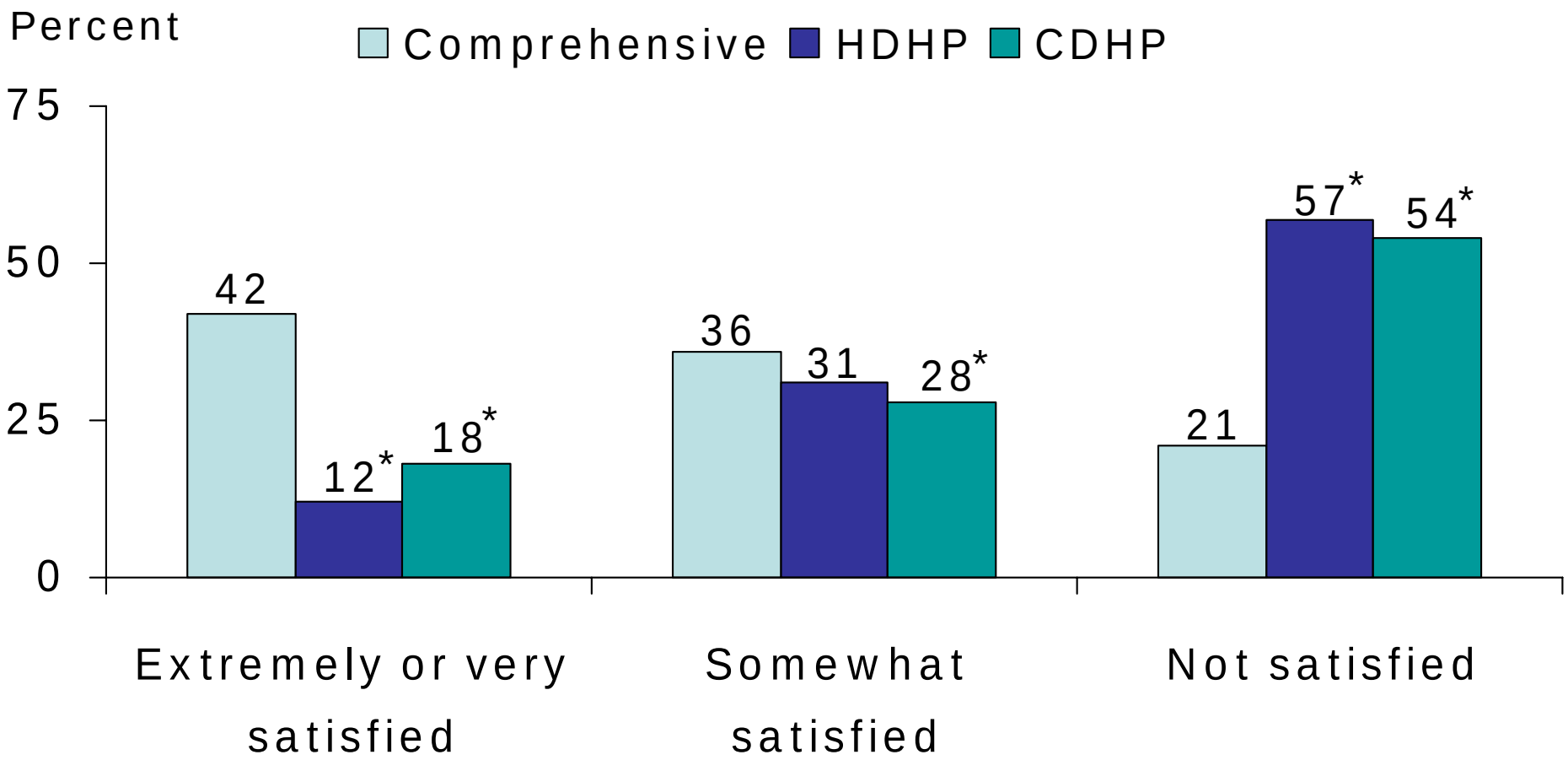


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 15. Enrollees of HDHP/CDHPs Are Less Satisfied with Out-of-Pocket Costs

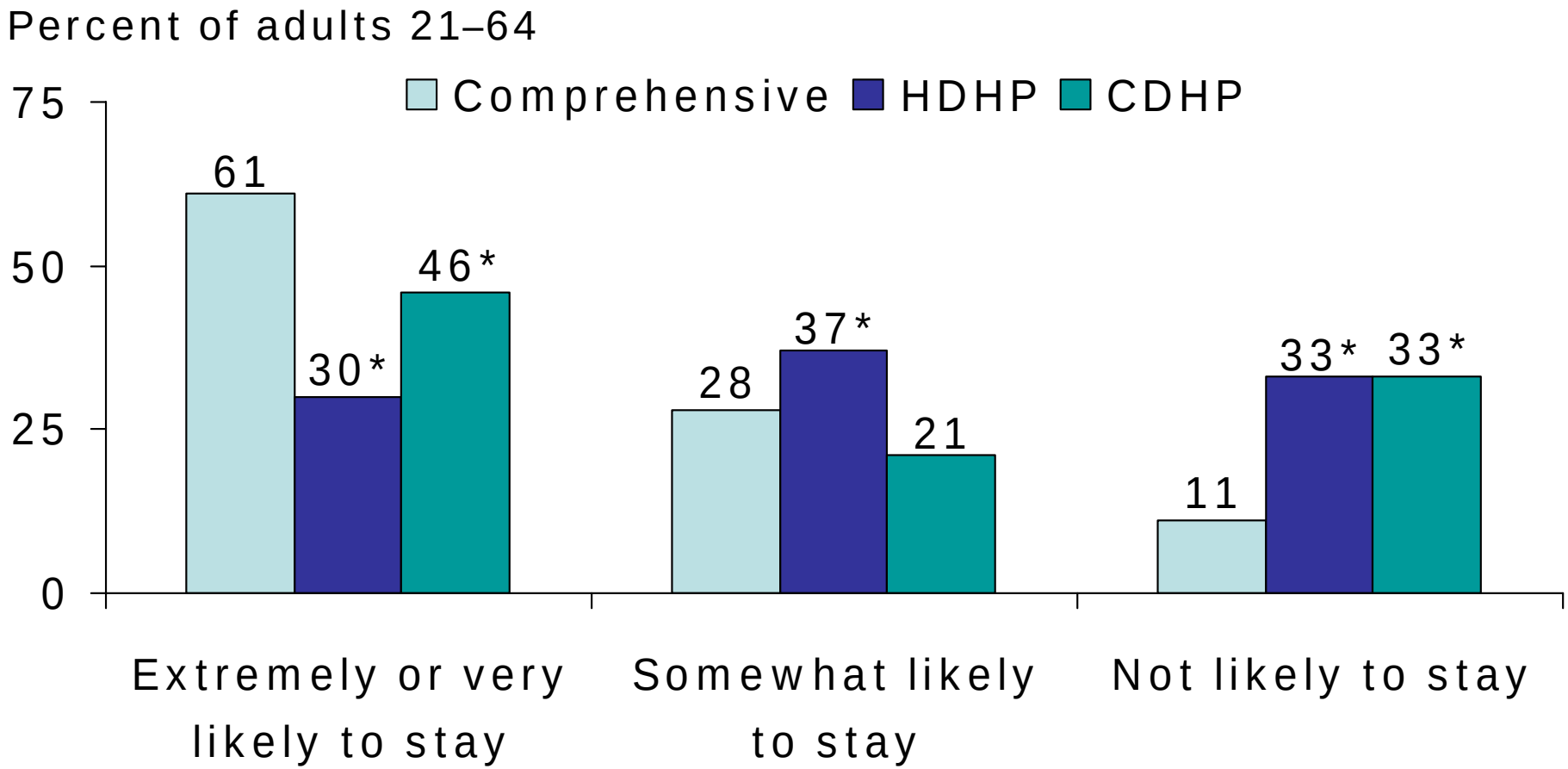


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 16. Enrollees of HDHP/CDHPs Are Less Likely To Stay With Their Current Health Plan If They Had the Opportunity to Change

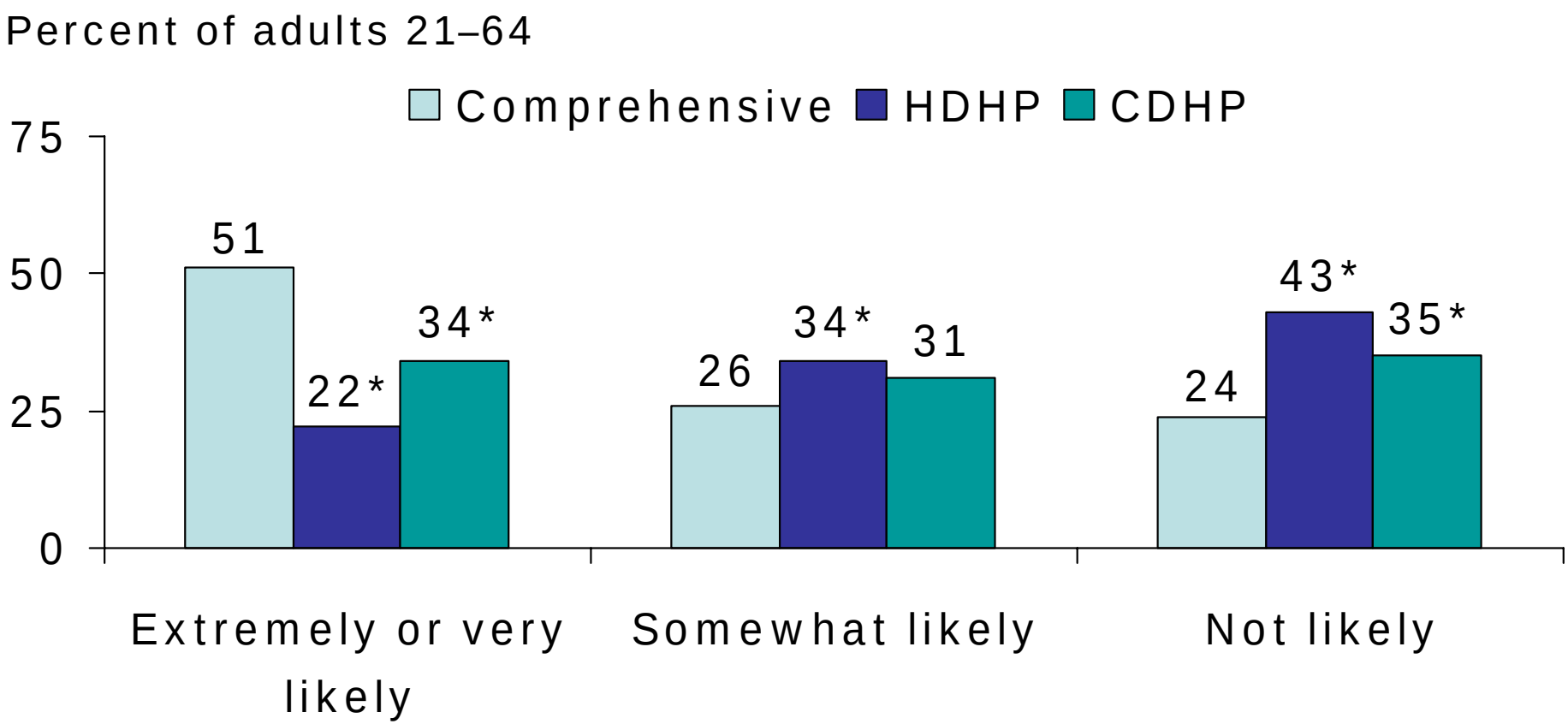


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 17. Enrollees of HDHP/CDHPs Are Less Likely to Recommend their Plan To a Friend or Co-Worker

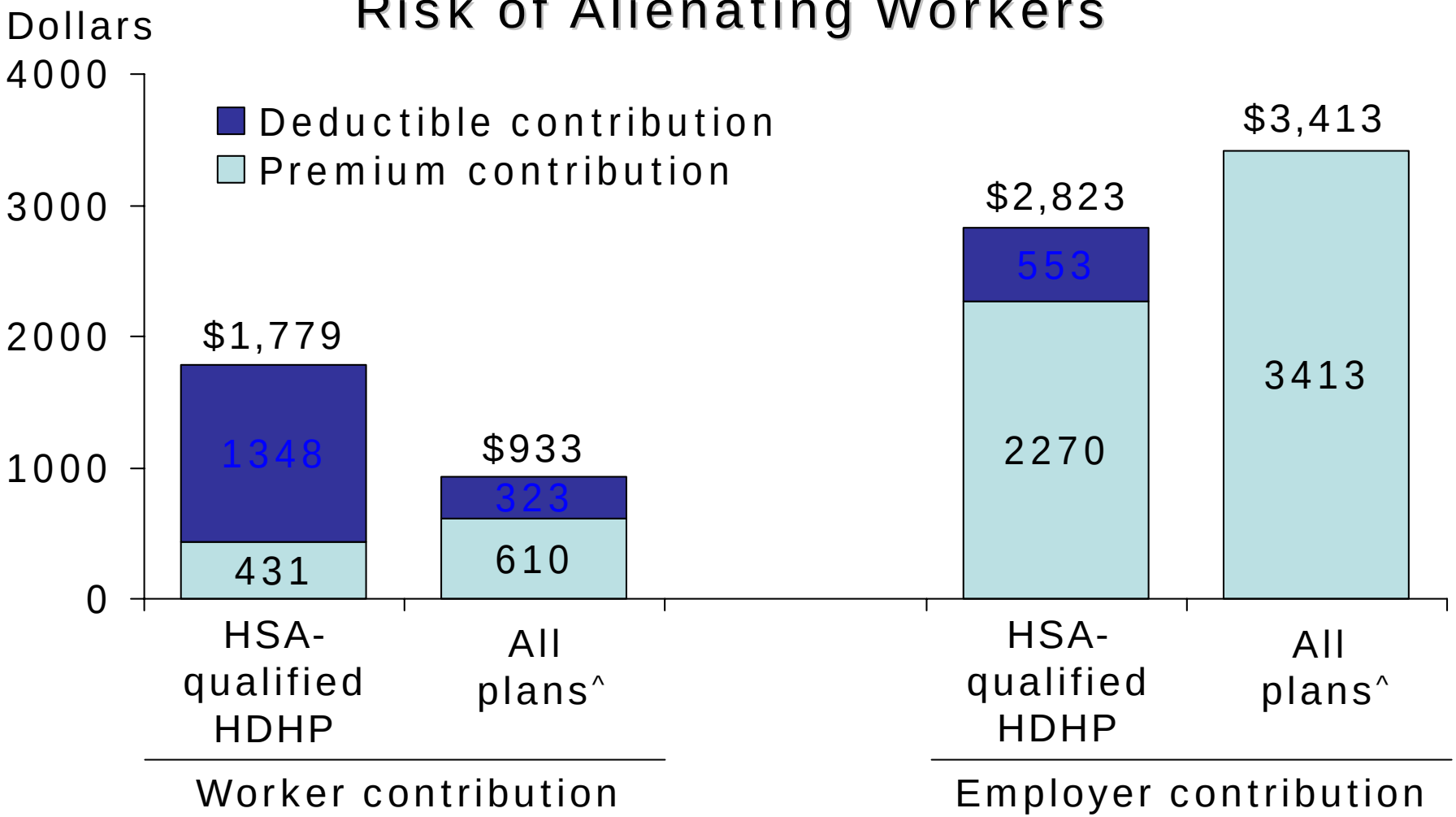


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

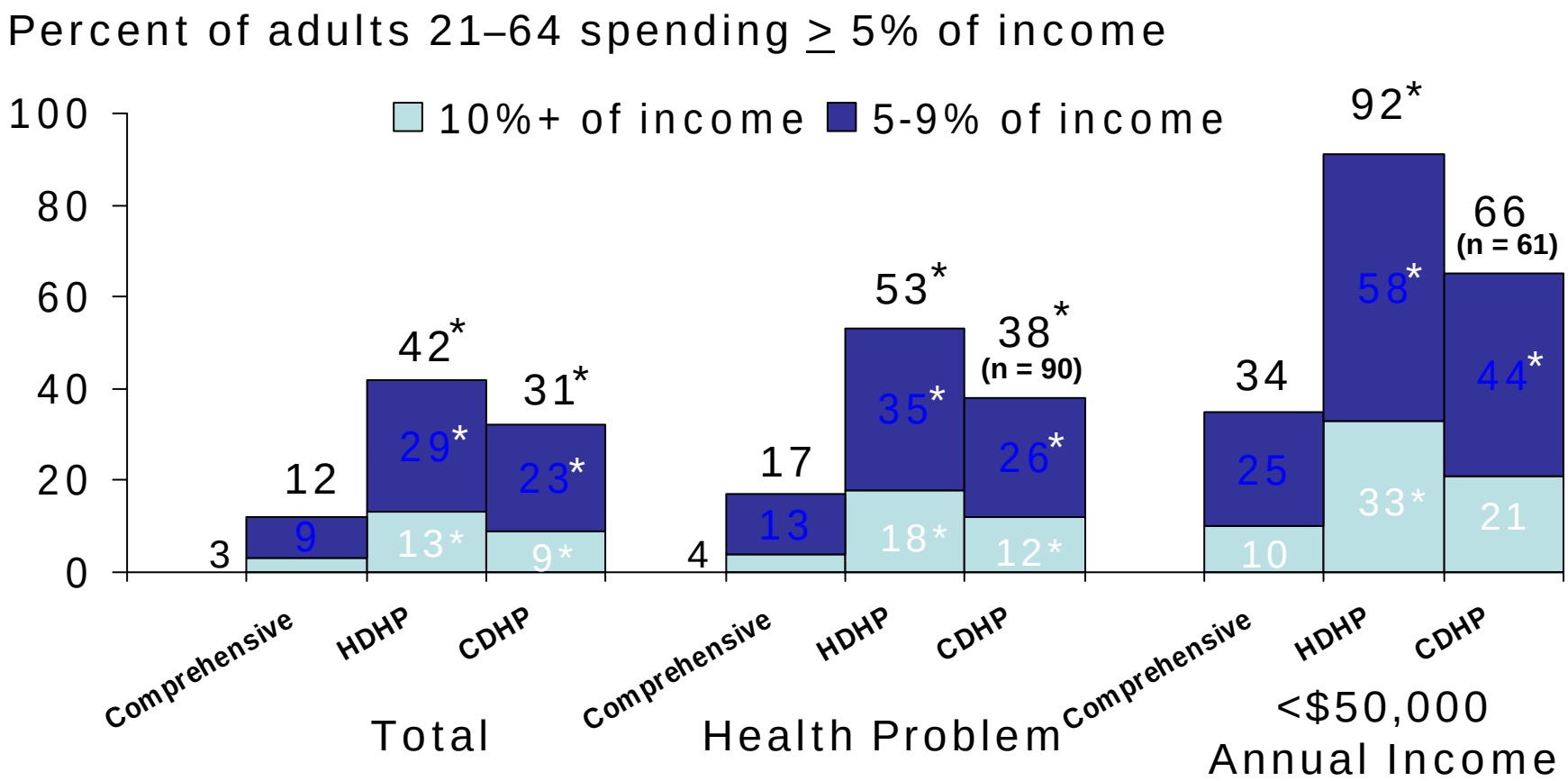
Figure 18. Workers are Less Satisfied When Their Costs Go Up – Employer Costs Go Down but at the Risk of Alienating Workers



^ "All plans" refers to all conventional HMOs, PPOs, and POS plans in the survey, not just HDHP/HRA or HSA-qualified HDHPs. Source: Calculated based on: G. Claxton et al., "What High Deductible Health Plans Look Like: Findings from a National Survey of Employers, 2005," *Health Affairs* Web Exclusive, September, 14, 2005; J. Gabel et al., "Health Benefits in 2005: Premium Increases Slow Down, Coverage Continues to Erode," *Health Affairs*, September/October 2004.

THE COMMONWEALTH FUND

Figure 19. Enrollees of HDHP/CDHPs Spend Higher Percent of Income on Out-of-Pocket Medical Expenses and Premiums

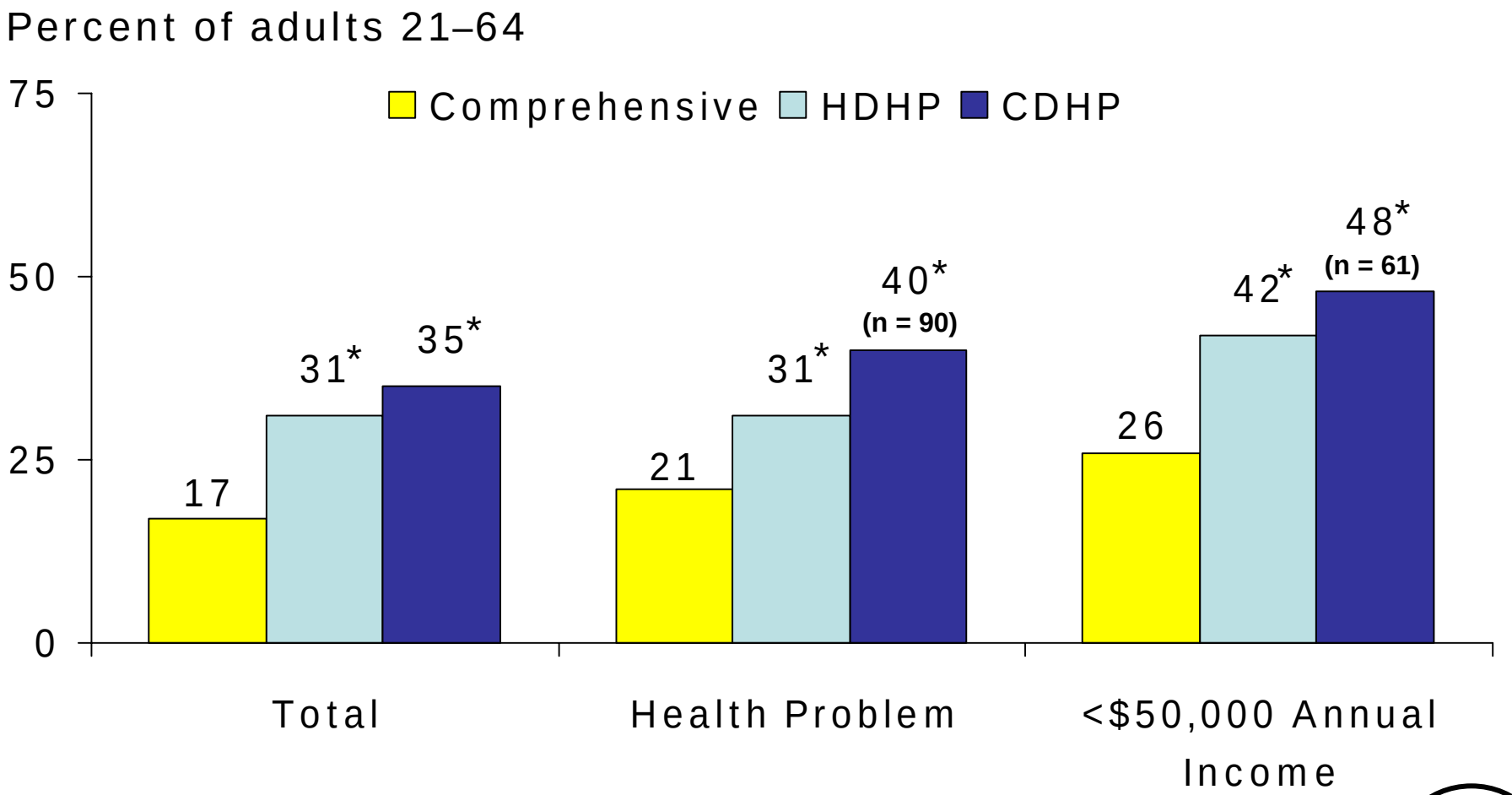


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 20. Enrollees of HDHP/CDHPs Are More Likely to Delay or Avoid Getting Health Care When Sick Due to Cost

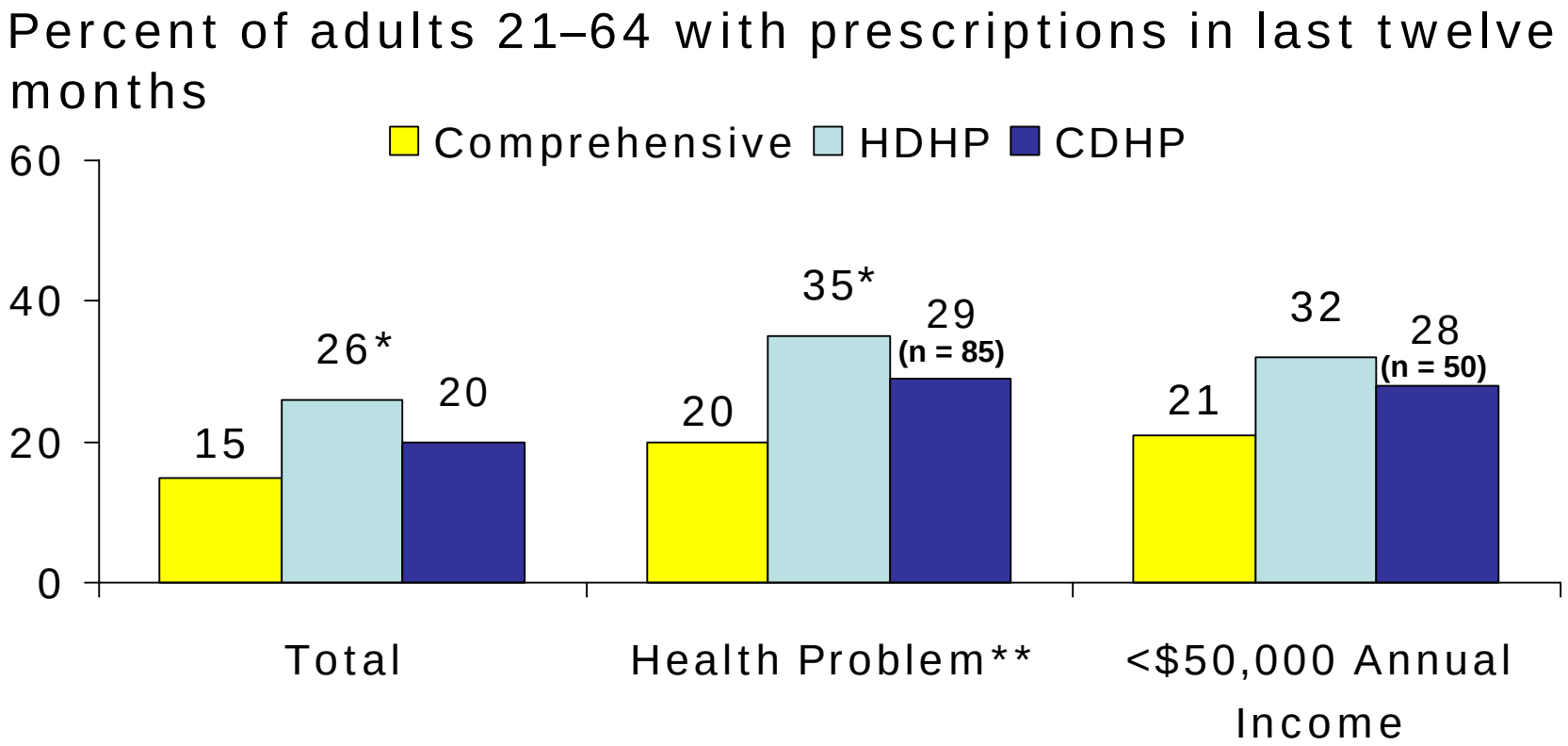


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 21. Enrollees of HDHP/CDHPs Are More Likely To Skip Doses to Make Medications Last

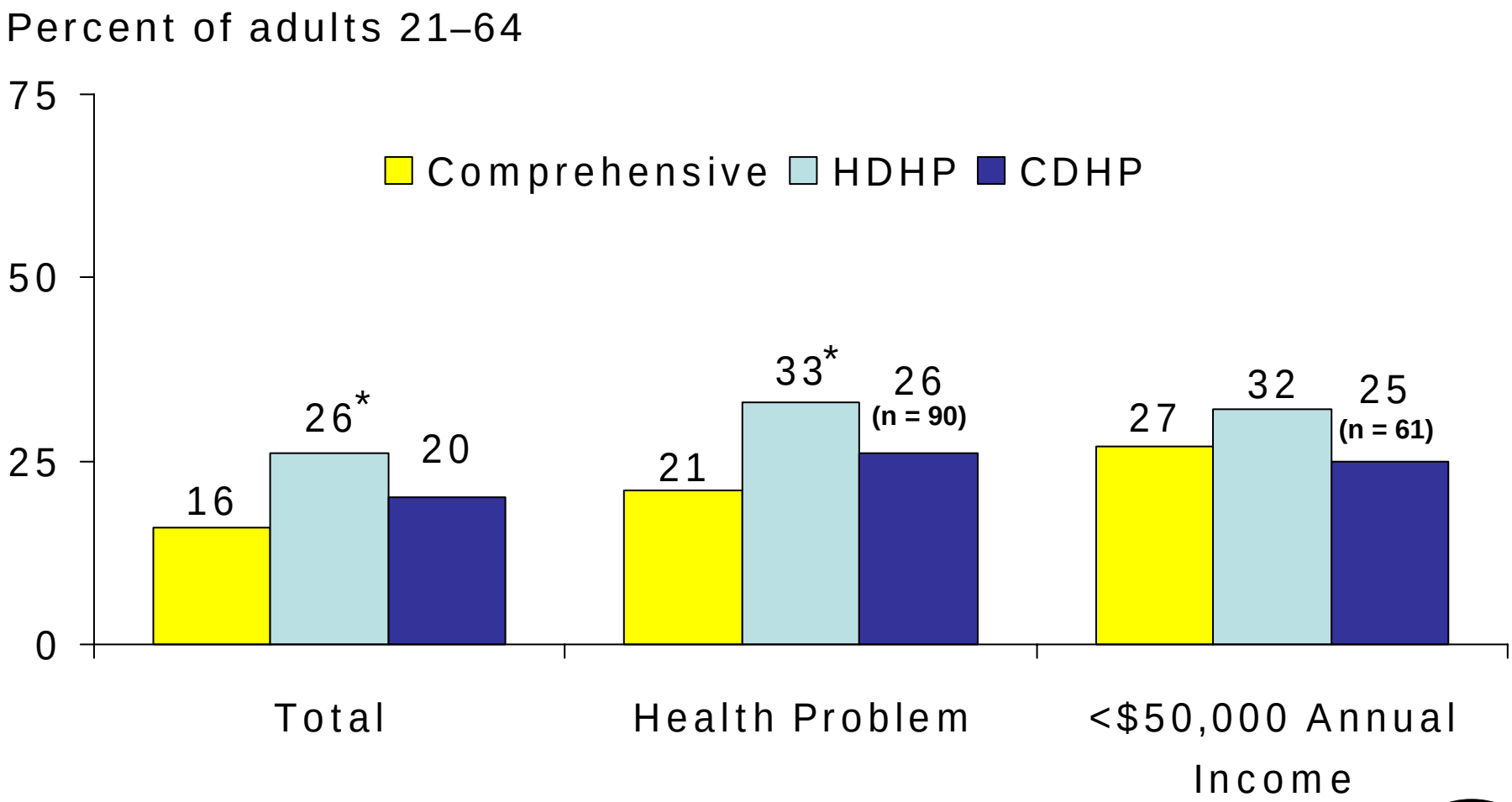


**Health problem defined as fair or poor health or one of eight chronic health conditions.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 22. Enrollees of HDHP/CDHPs Are More Likely to Not Fill a Prescription Due to Cost

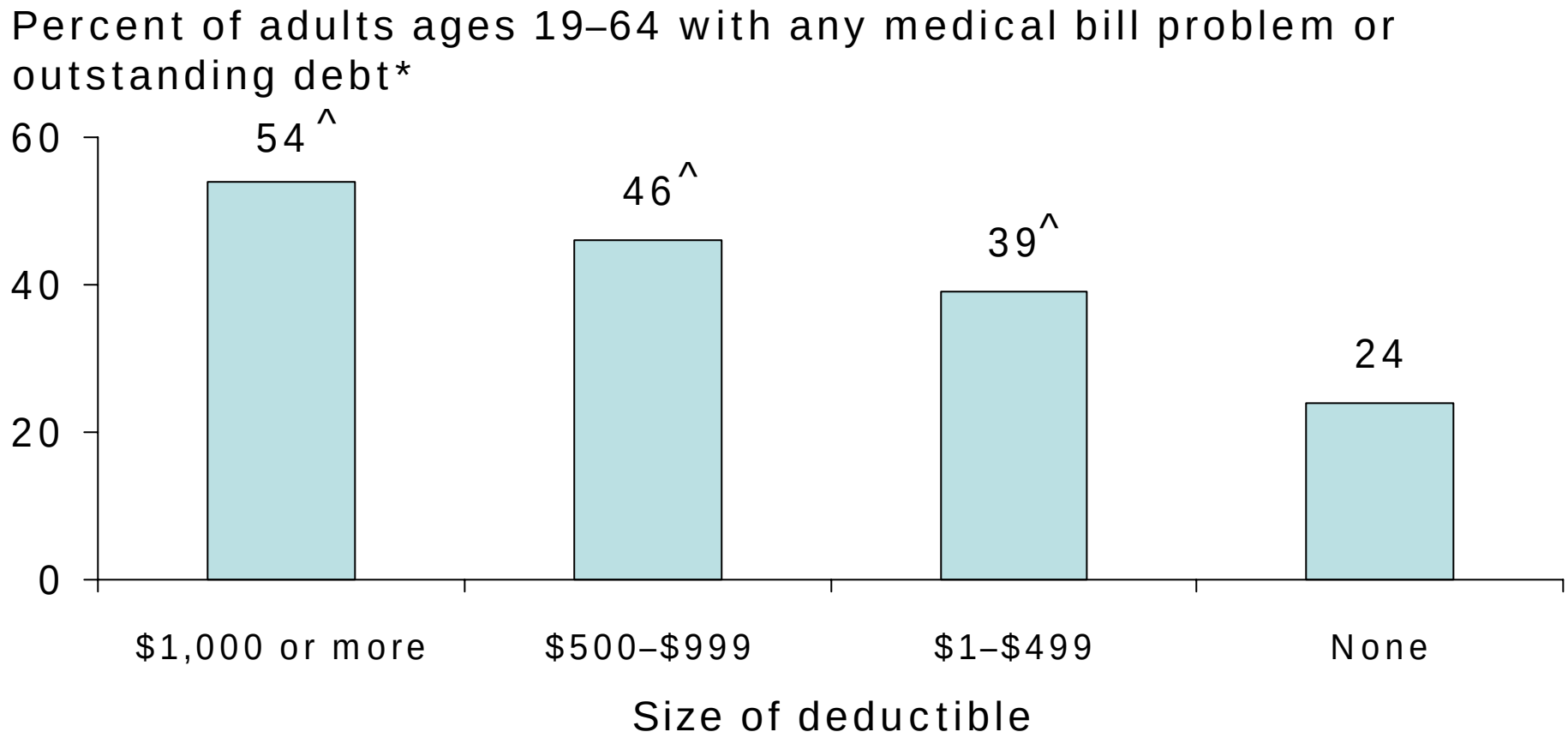


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 23. People with Higher Deductibles More Likely to Have Medical Debt or Problems Paying Medical Bills in Past Year, by Size of Deductible



Note: Adjusted percentages based on logistic regression models; controlling for health status and income.

*Problems paying/not able to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills, or has medical debt being paid off over time.

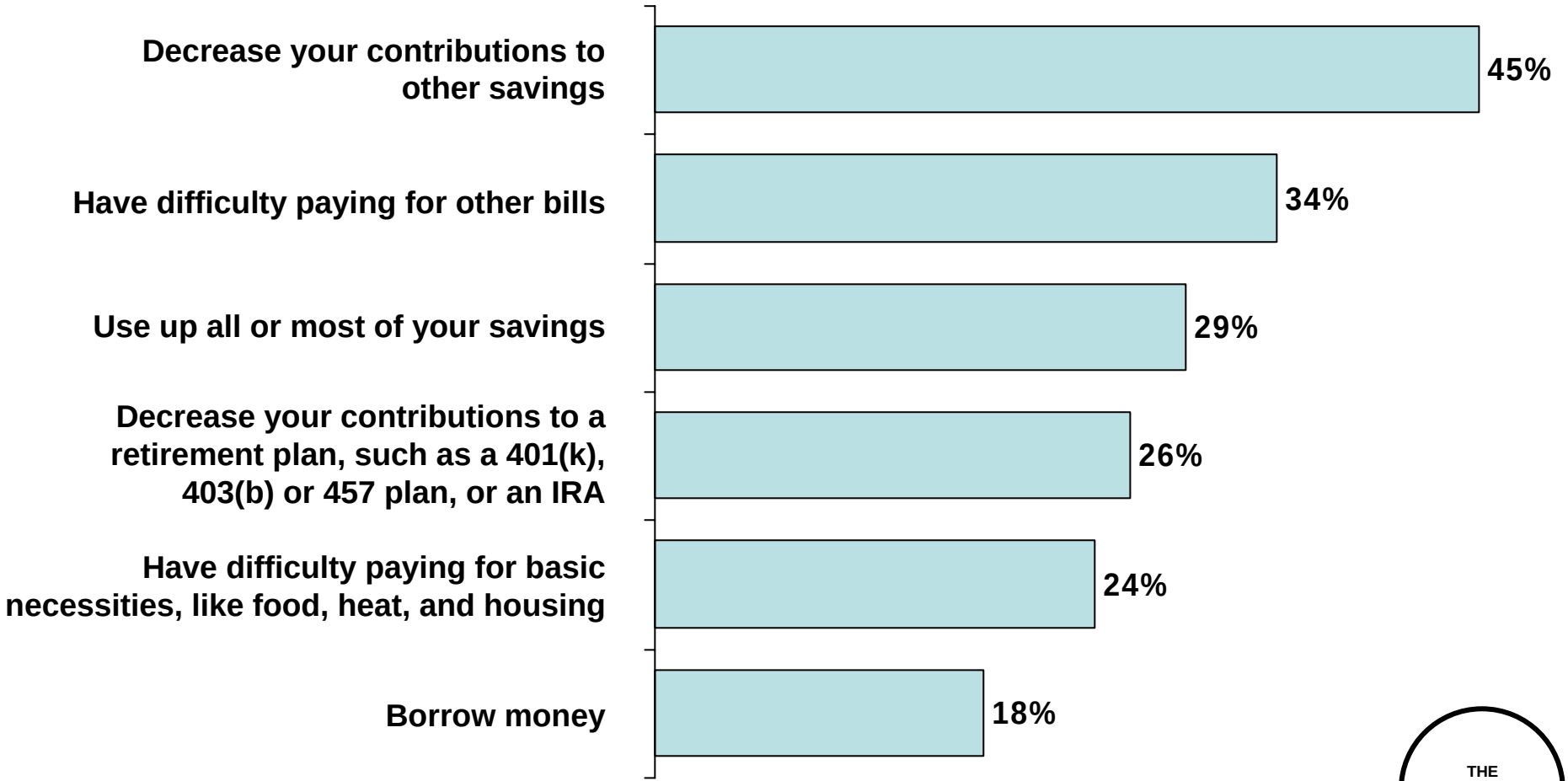
^Significant difference at $p < .05$ or better; referent category = no deductible.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2003).

THE COMMONWEALTH FUND

Figure 24. Increased Health Care Costs Have Reduced Savings

Has increased spending on health care expenses in the past year caused you to do any of the following? Among those with health insurance coverage who had increases in health care costs in the last year (n=731) (percentage saying yes)



THE COMMONWEALTH FUND

Source: EBRI Health Confidence Survey, 2005.

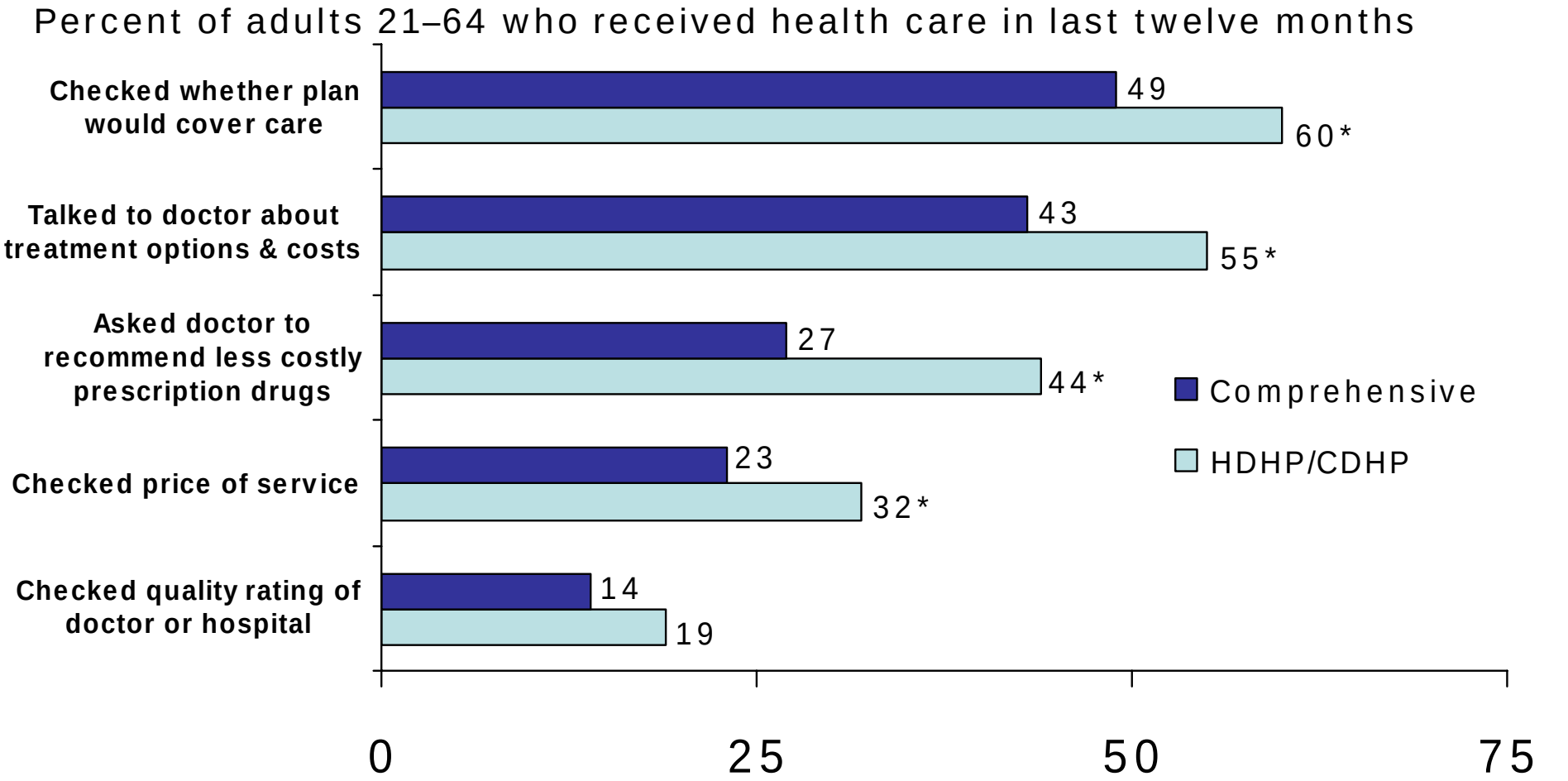
Figure 25. Most Insured Do Not Have Quality and Cost Information to Make Informed Choices

	Comprehensive	HDHP/CDHP
Health plan provides information on quality of care provided by:		
Doctors	14%	16%
Hospitals	14	15
Health plan provides information on cost of care provided by:		
Doctors	16	12
Hospitals	15	12
Of those whose plans provide info on quality, how many tried to use it for:		
Doctors	42	54
Hospitals	25	45
Of those whose plans provide info on cost, how many tried to use it for:		
Doctors	15	36 **(n = 76)**
Hospitals	14	32 **(n = 76)**

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

Figure 26. Cost Conscious Decision-Making, by Insurance Source

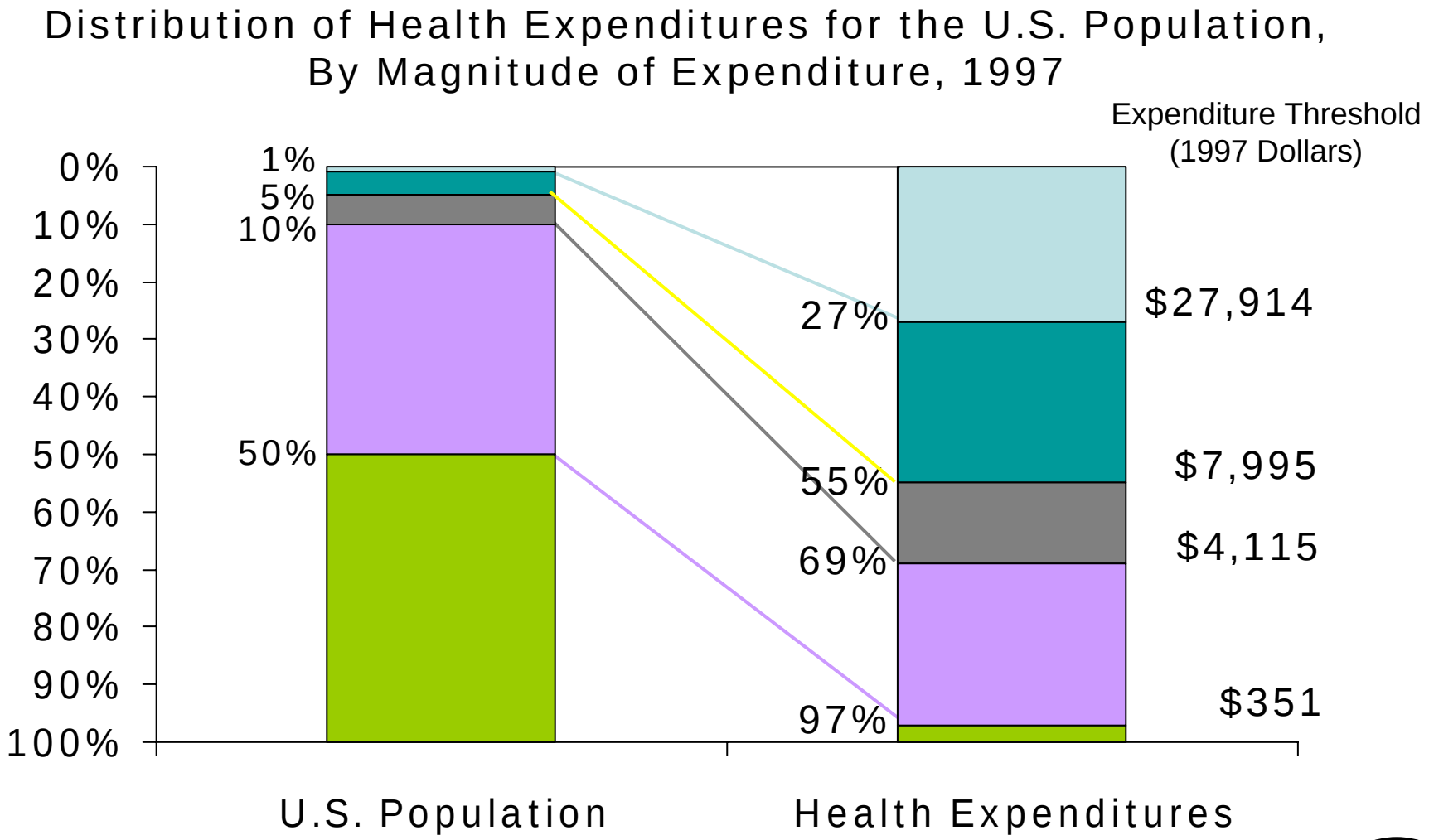


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

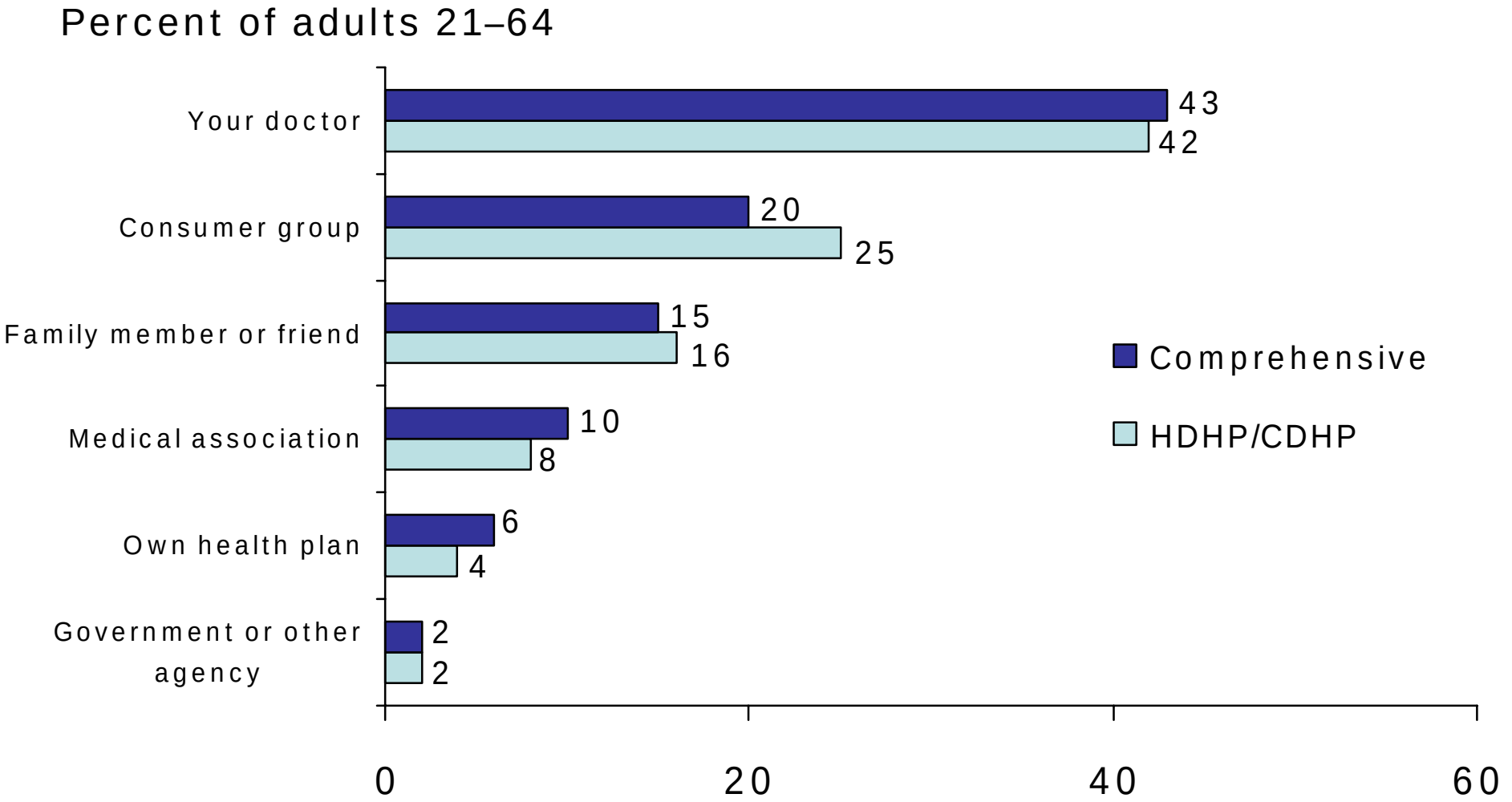
Figure 27. HSAs Won't Solve the Cost Problem: Most Costs Are Concentrated in the Very Sick



Source: A.C. Monheit, "Persistence in Health Expenditures in the Short Run: Prevalence and Consequences," *Medical Care* 41, supplement 7 (2003): III53–III64.

THE COMMONWEALTH FUND

Figure 28. Most Trusted Sources for Information on Health Care Providers, by Insurance Source

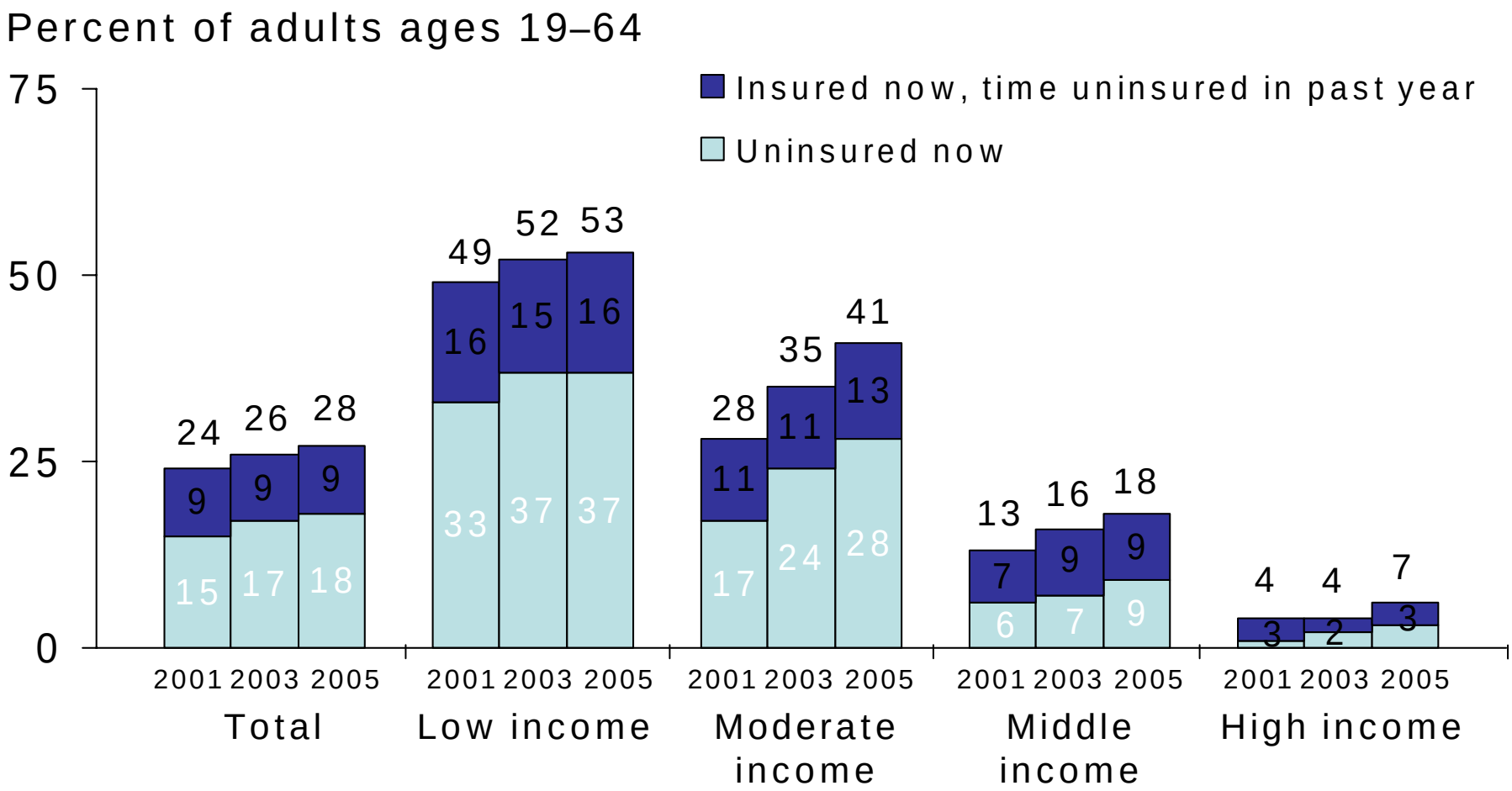


*Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.

Source: P. Fronstin, S.R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings From the EBRI/Commonwealth Fund Consumerism in Health Care Survey*, EBRI Issue Brief, December 2005.

THE COMMONWEALTH FUND

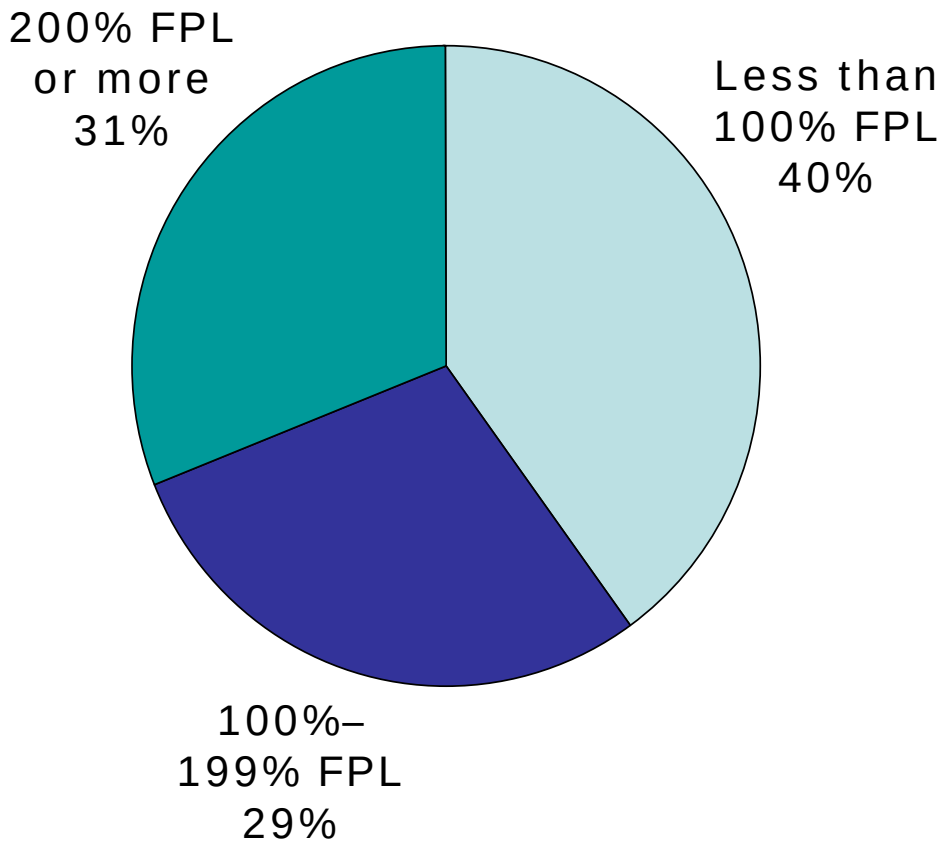
Figure 29. Uninsured Rates High Among Adults with Low and Moderate Incomes, 2001–2005



Note: Income refers to annual income. In 2001 and 2003, low income is <$20,000, moderate income is $20,000–$34,999, middle income is $35,000–$59,999, and high income is $60,000 or more. In 2005, low income is <$20,000, moderate income is $20,000–$39,999, middle income is $40,000–$59,999, and high income is $60,000 or more.
Source: S.R. Collins et al., *Gaps in Health Insurance Coverage: An All-American Problem, Findings from The Commonwealth Fund Biennial Health Insurance Survey,* The Commonwealth Fund, April 2006.

THE COMMONWEALTH FUND

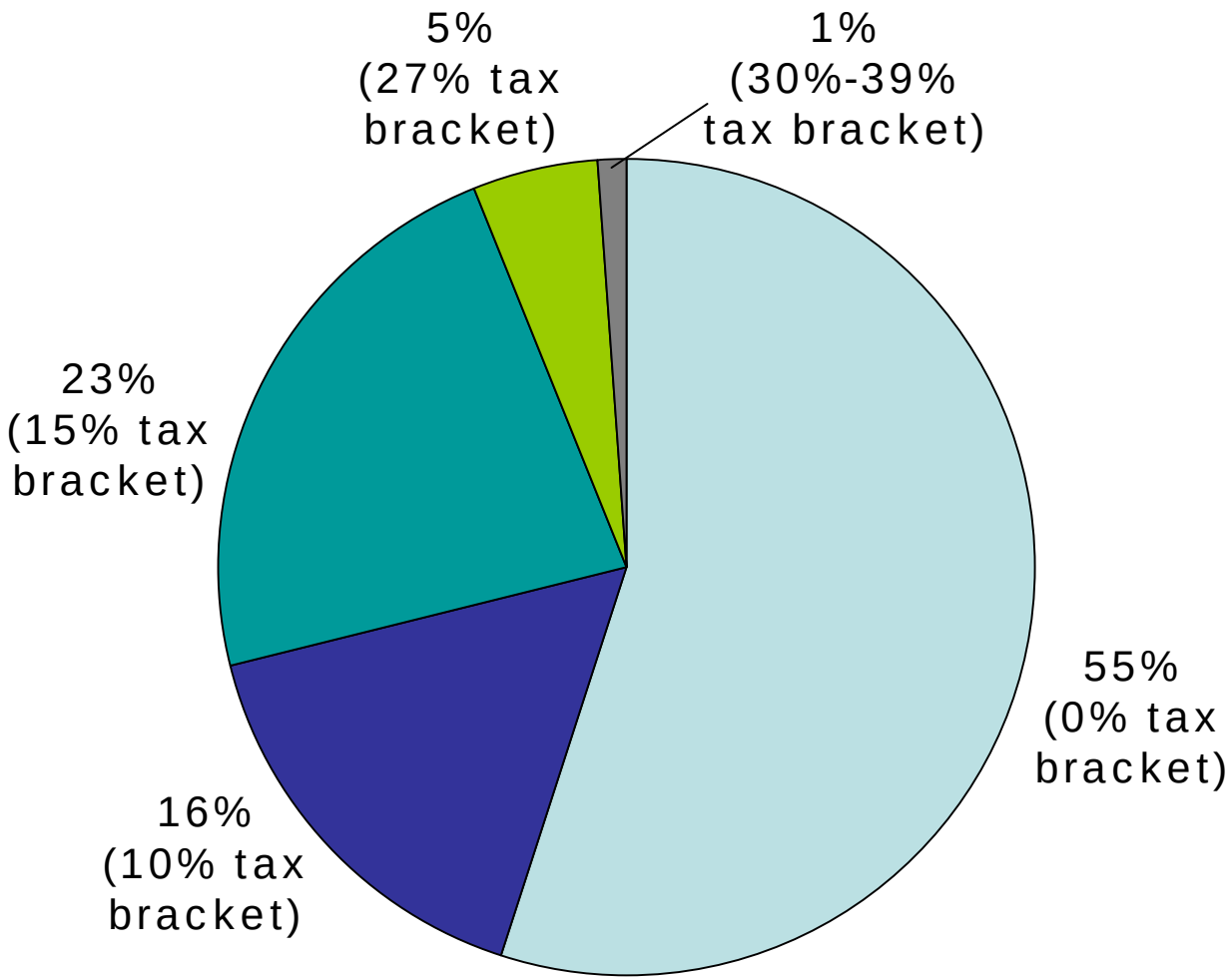
Figure 30. Distribution of Uninsured Young Adults 19–29 by Poverty Status, 2004



Source: S.R. Collins, C. Schoen, J.L. Kriss, M.M. Doty, B. Mahato, *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help,* The Commonwealth Fund, updated May 2006.

THE COMMONWEALTH FUND

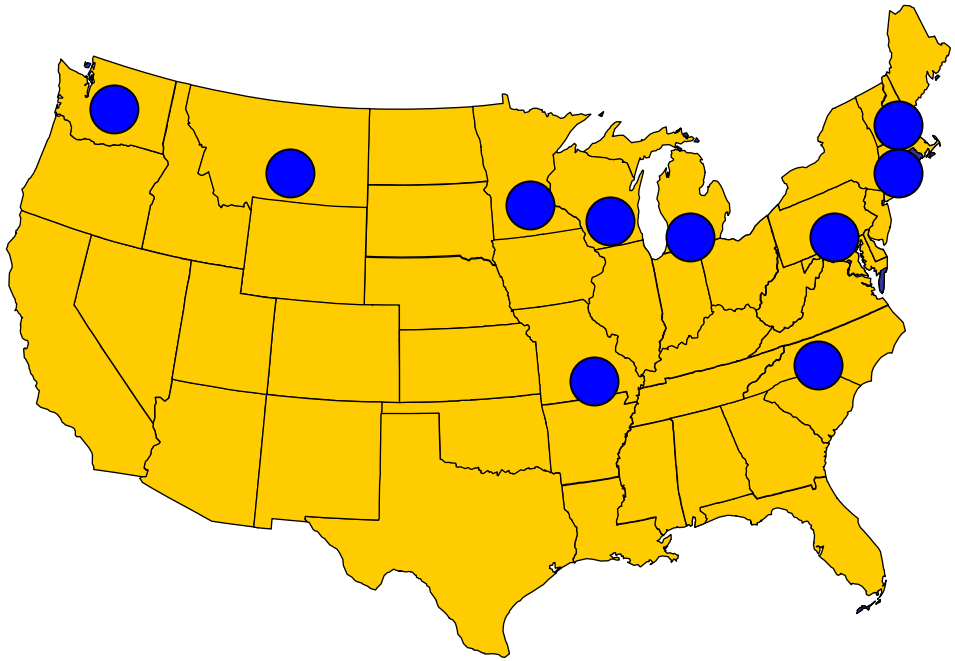
Figure 31. HSAs Won't Solve the Uninsured Problem: Income Tax Distribution of Uninsured



Source: S.A. Glied, *The Effect of Health Savings Accounts on Health Insurance Coverage*, The Commonwealth Fund, April 2005.

THE COMMONWEALTH FUND

Figure 32. Medicare Physician Group Practice Demonstration



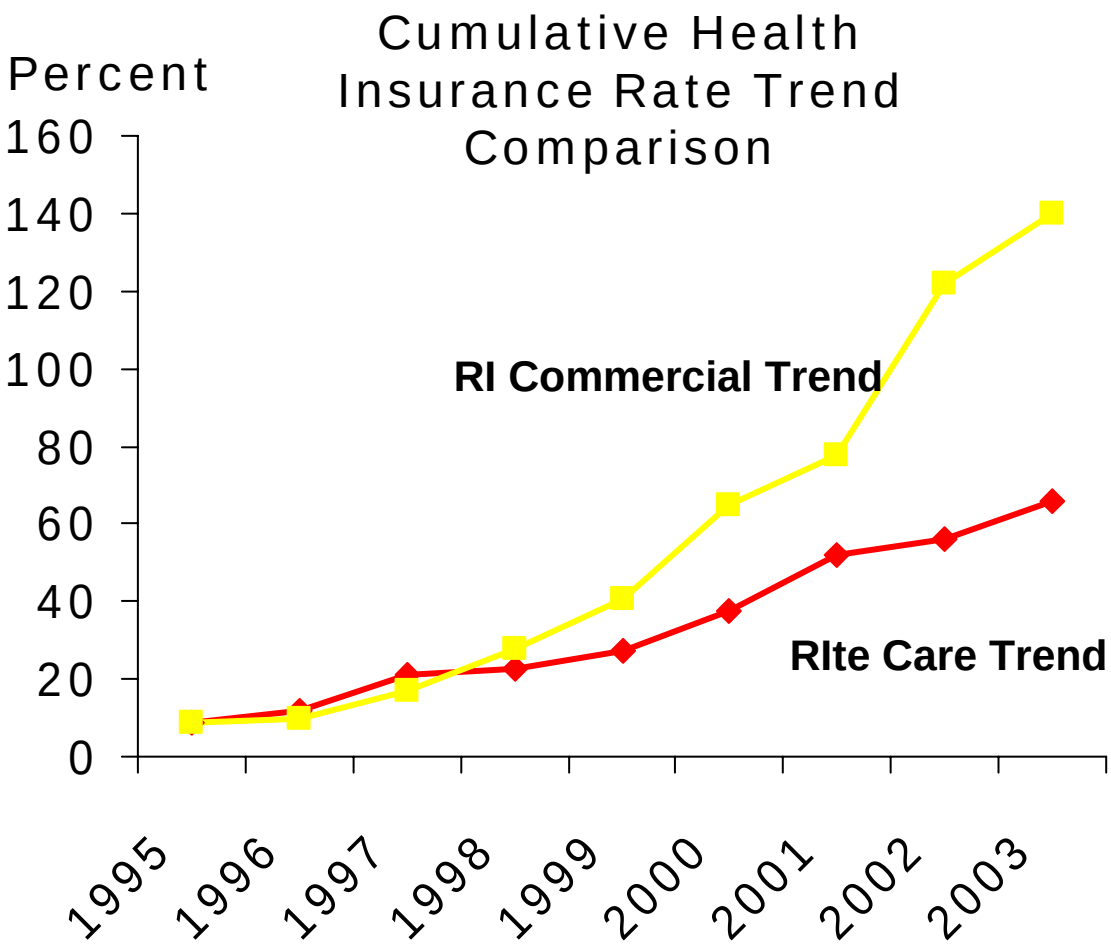
- The Everett Clinic (WA)
- Deaconess Billings Clinic
- Park Nicollet Health Services (MN)
- Marshfield Clinic (WI)
- St. John's Health System (MO)
- Univ. of Michigan Faculty Group Practice
- Geisinger Health System (PA)
- Forsyth Medical (NC)
- Middlesex Health (CN)
- Dartmouth-Hitchcock Clinic

- 10 physician group practices
- 3-year project, began April 2005
- Bonus pool based on savings relative to local area
- Practices expected to save 2%, keep up to 80% of additional savings
- Actual bonuses depend on savings and quality targets

THE COMMONWEALTH FUND

Source: "Medicare Physician Group Practice Demonstration," www.cms.gov, January 31, 2005.

Figure 33. Building Quality Into RIte Care Higher Quality and Improved Cost Trends



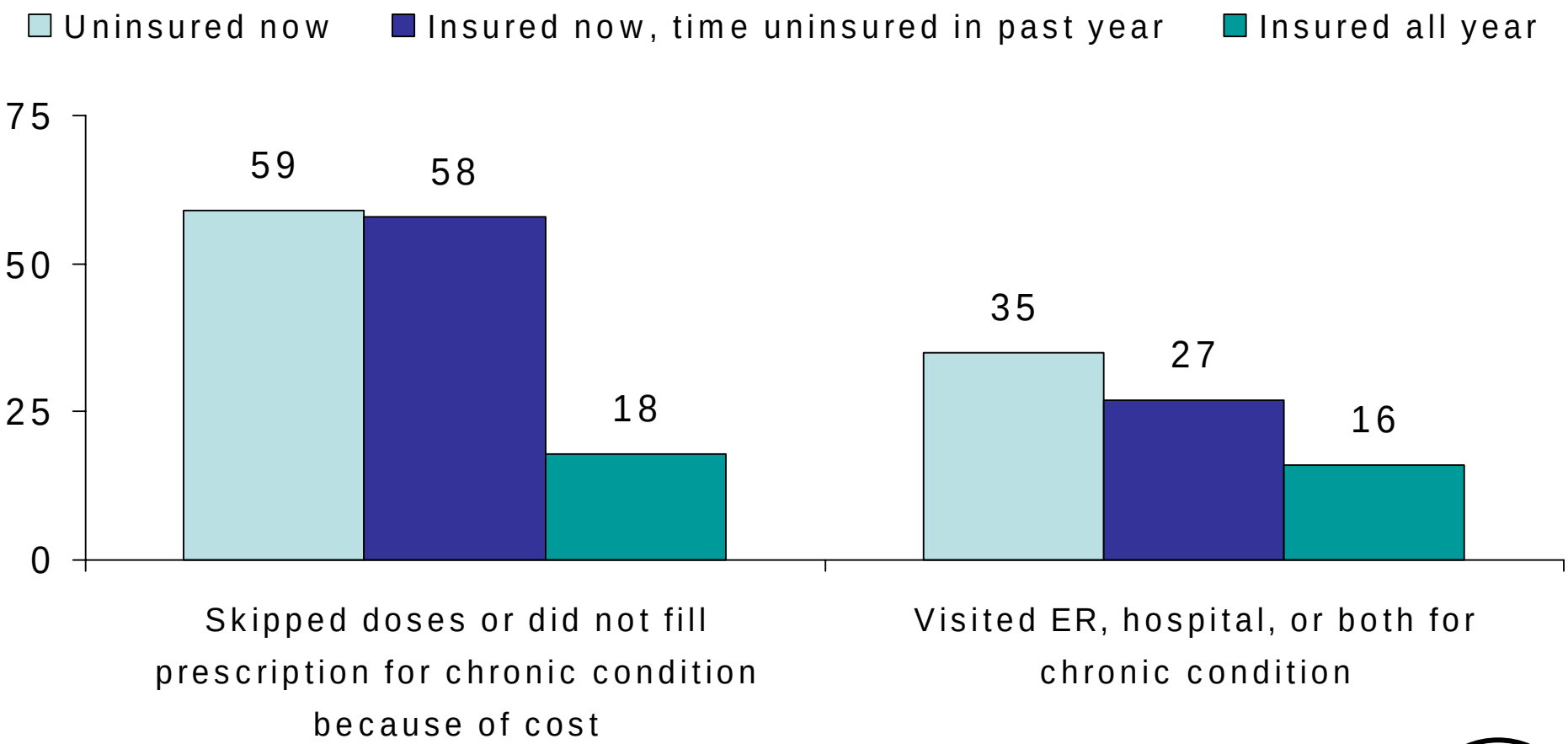
- Quality targets and $ incentives
- Improved access, medical home
  - One third reduction in hospital and ER
  - Tripled primary care doctors
  - Doubled clinic visits
- Significant improvements in prenatal care, birth spacing, lead paint, infant mortality, preventive care

Source: Silow-Carroll, *Building Quality into RIte Care,* Commonwealth Fund, 2003. Tricia Leddy, *Outcome Update,* Presentation at Princeton Conference, May 20, 2005.

THE COMMONWEALTH FUND

Figure 34. Lacking Health Insurance for Any Period Undermines Quality and Efficiency

Percent of adults ages 19–64 with at least one chronic condition*



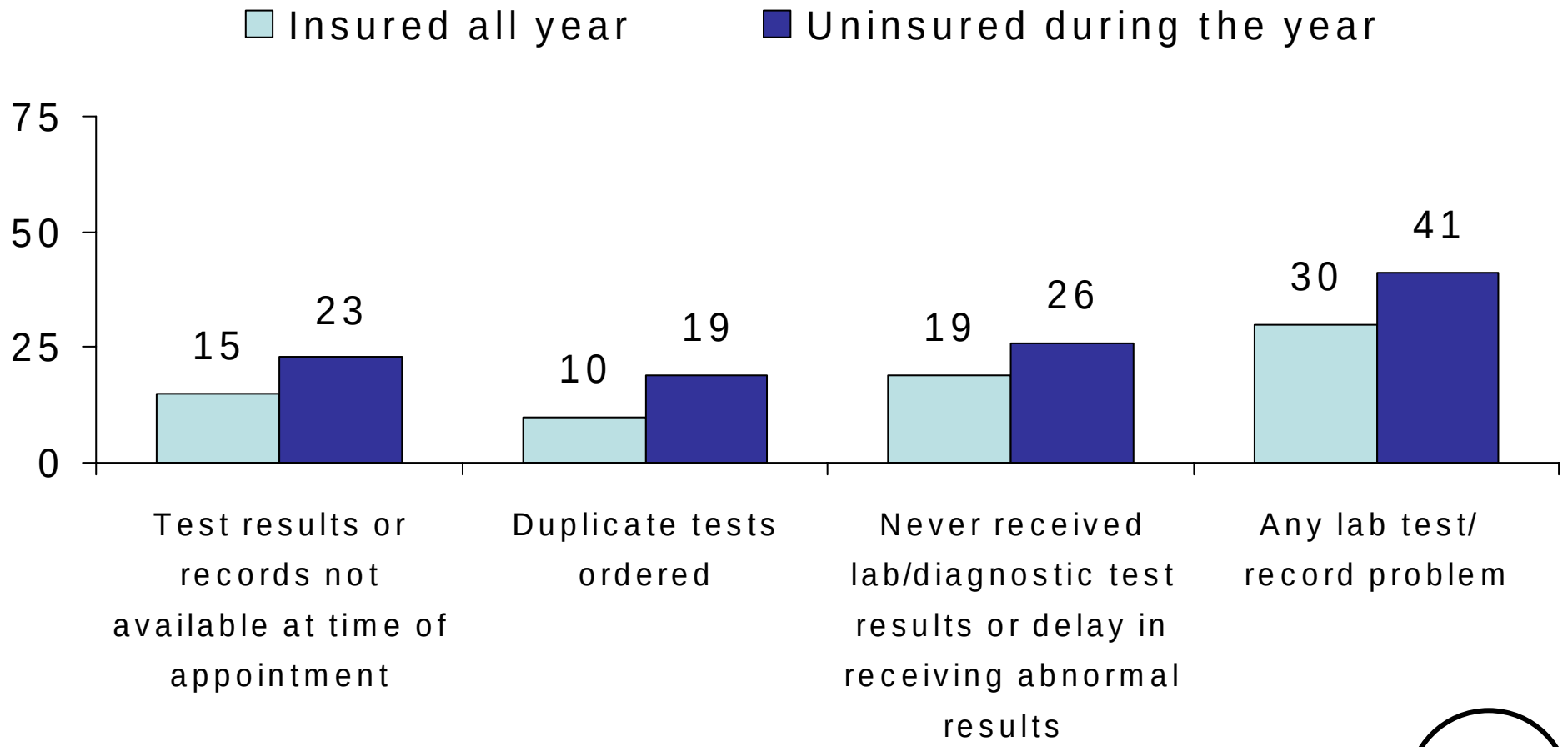
* Hypertension, high blood pressure, or stroke; heart attack or heart disease; diabetes; asthma, emphysema, or lung disease.

Source: S.R. Collins et al., *Gaps in Health Insurance Coverage: An All-American Problem, Findings from The Commonwealth Fund Biennial Health Insurance Survey,* The Commonwealth Fund, April 2006.

THE COMMONWEALTH FUND

Figure 35. Adults Without Insurance Have More Problems With Lab Tests and Records

Percent of adults ages 19–64 reporting the following problems in past two years:



Source: S.R. Collins et al., *Gaps in Health Insurance Coverage: An All-American Problem, Findings from The Commonwealth Fund Biennial Health Insurance Survey,* The Commonwealth Fund, April 2006.

THE COMMONWEALTH FUND