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The 2nd Annual EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006:

Early Experience With High-Deductible and Consumer-Driven Health Plans

By Paul Fronstin, EBRI, and Sara R. Collins, The Commonwealth Fund

This report presents findings from the EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006, the second annual version of this survey. The online survey of 3,158 privately insured adults ages 21–64 was conducted to provide nationally representative data regarding the growth of consumer-directed health plans (CDHPs) and high-deductible health plans (HDHPs), and their impact on the behavior and attitudes of health care consumers.

- ***Enrollment:*** Enrollment in CDHPs and HDHPs is virtually unchanged from 2005. Only 1 percent of the privately insured population ages 21–64 are currently enrolled in CDHPs, representing 1.3 million individuals ages 21–64. Another 7 percent, representing 8.5 million individuals ages 21–64, were enrolled in plans with deductibles high enough to meet the threshold that would qualify to make tax-preferred contributions to a health savings account, but do not have such an account.
- ***Impact on the uninsured:*** The survey finds that adults in CDHPs are no more likely to have been uninsured prior to enrolling in their plans than are those in more comprehensive plans. Ten percent of CDHP enrollees were uninsured prior to being covered by their current plan, compared with 20 percent of HDHP enrollees and 24 percent of individuals with more comprehensive plans.
- ***Lower satisfaction:*** As in 2005, individuals in CDHPs and HDHPs continue to be less satisfied with various aspects of their health plan than individuals in more comprehensive health plans, are less satisfied overall with their health plan, and are less likely to recommend the plan to a friend or colleague.
- ***Preventive care not excluded from deductible:*** While the law that created HSAs allows people to have high-deductible health plans which cover the cost of preventive services (i.e., preventive services are excluded from the deductible), more than one-half of individuals in CDHPs are in plans with deductibles that apply to *all* health care services.
- ***More missed care:*** Individuals in CDHPs and HDHPs are more likely than those with comprehensive health insurance to report that they delayed or avoided needed care because of cost. Yet few differences were found among adults in the three plan types in reported use of health services and preventive care. In addition, people in CDHPs and HDHPs are about as likely as those with comprehensive coverage to follow treatment regimens for a set of chronic health conditions that the survey asked about.
- ***More cost-conscious behavior***: Individuals in CDHPs and HDHPs exhibit more cost-conscious behavior in their health care decision-making than individuals with more comprehensive health insurance. However, in many questions that addressed this issue, those in more comprehensive plans were just as likely to report such behavior as adults in consumer-driven or high-deductible health plans.
- ***Availability of information:*** Despite the emphasis on informed choice surrounding consumer-driven health care, people in CDHPs and HDHPs were less likely to report that their health plans provided information on the cost and quality of providers than those in more comprehensive plans.

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Introduction

Employment-based health benefits are the most common form of health insurance in the United States. However, these benefits are slowly becoming both less common and less comprehensive. Between 2000 and 2006, overall premiums for health insurance increased a cumulative 87 percent, while median family income increased only 11 percent.[1] Because the cost of health benefits is increasing faster than income (Gilmer and Kronick, 2005), and because fewer employers are offering health benefits, fewer workers and dependents have employment-based health benefits.[2] When health benefits are offered, workers are noticing changes to their benefits package: Workers are not only contributing more to health insurance premiums but also contributing more to the cost of health care services; deductibles are increasing[3] and copayments for physician office visits and prescription drugs are increasing;[4] and health plans are increasingly likely to provide incentives for beneficiaries to use generic drugs and/or mail order pharmacy services, and other forms of tiered benefits (Fronstin, 2003).[5]

Recently, there has been interest among employers in offering health plans with very high deductibles (Fronstin, 2002 and 2004). Health plans with deductibles of $1,000 or more for employee-only coverage and $2,000 or more for family coverage are becoming more common and are often combined with one of two kinds of tax-exempt savings accounts: health reimbursement arrangements (HRAs) and health savings accounts (HSAs). Overall, 7 percent of employers are currently offering such plans (Claxton et al., 2006).

High-deductible health plans, whether or not linked to an account, are controversial. Proponents of these plans think that they will encourage individuals to become more astute health care consumers, who make decisions about their health care on the basis of cost and quality information. Critics worry that the high out-of-pocket costs will discourage use of needed health care services, especially among people with low incomes and/or chronic health conditions. And while most employers are interested in the long-term prospects for improved cost control that high-deductible health plans might provide, they await evidence that the plan will succeed in controlling costs, and are concerned about the potential adverse effects on the use of preventive and chronic care conditions and other health care services that some researchers have found (Collins et al., 2006; Davis et al., 2005; Glied and Remler, 2005; Hsu et al., 2006; Newhouse, 2004; Rice and Matsuoka, 2004; Schoen et al., 2005; and Tamblyn et al., 2001). They also fear that employees will consider a move to these plans as a cut in benefits, resulting in increased turnover or low morale.

Methods

This report presents findings from the EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006, the second annual version of this survey. The online survey of 3,158 privately insured adults ages 21–64 was conducted to provide nationally representative data regarding the growth of account-based health plans and high-deductible health plans, and their impact on the behavior and attitudes of health care consumers. The sample was randomly drawn from Synovate's online sample of 1.5 million Internet users who have agreed to participate in research surveys. The base sample was complemented with an additional random over-sample of two groups of adults: 1) those with a high-deductible health plan and either an employer-funded HRA or an employer- and/or employee-funded HSA, and 2) those with a high-deductible health plan without an account but with deductibles high enough to meet the qualifying threshold to make tax-preferred contributions to such an account or that are generally associated with HRAs. High deductibles were defined as individual deductibles of at least $1,000 and family deductibles of at least $2,000.[6]

This survey, a nationally representative survey of individuals with high-deductible health plans who also have savings accounts—so called consumer-driven health plans (CDHPs)—enables comparisons between individuals with these plans, individuals with deductibles high enough to meet the threshold that would qualify them to make tax-preferred contributions to such an account but who currently do not have an account, and adults enrolled in more comprehensive health plans or those with lower or no deductibles.[7] The final sample included 722 in high-deductible health plans with accounts (CDHPs), 930 in high-deductible health plans without accounts (HDHPs), and 1,506 in more comprehensive health plans.

Summary of Findings

Despite the widespread attention being given to consumerism in health care, the survey finds that enrollment in the plans is virtually unchanged from 2005 (Figure 1). Only 1 percent of the privately insured population ages 21–64 are currently enrolled in CDHPs. This population represents 1.3 million individuals ages 21–64. Another 7 percent, representing 8.5 million individuals ages 21–64, are enrolled in plans with deductibles high enough to meet the threshold that would qualify to make tax-preferred contributions to such an account, but do not have such an account. More than 90 percent of the privately insured population are in more comprehensive health plans, representing 110 million individuals ages 21–64.[8]

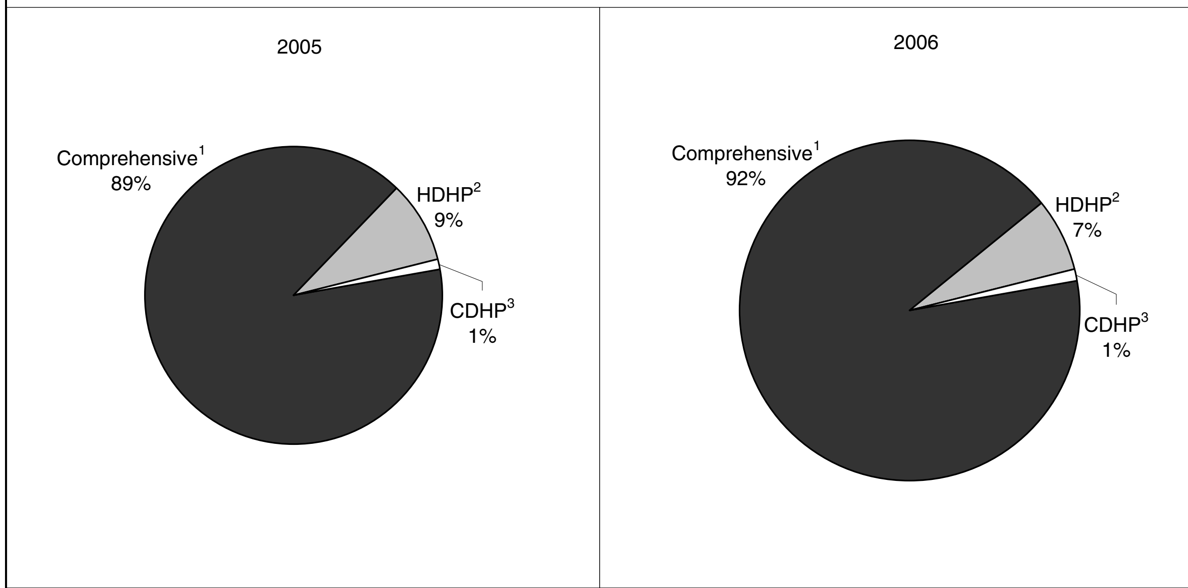
CDHPs in large part are not only new but also unknown. Among persons with CDHPs, only 21 percent had been covered by their health plan three years or longer (Figure 2). This is in contrast to 57 percent of comprehensive plan enrollees and 49 percent of HDHP enrollees reporting that they had been covered by their current health plan three years or longer. With respect to familiarity with a CDHP, 55 percent of those with a CDHP were either extremely or very familiar with the plan, and another 22 percent were somewhat familiar with it (Figure 3). In contrast, only 6 percent of individuals with comprehensive coverage were extremely or very familiar with a CDHP, and only 9 percent of individuals with an HDHP were extremely or very familiar with a CDHP.

The survey also finds that despite the expectations of some policy makers that the lower premiums and tax benefits of consumer-driven health plans would substantially reduce the number of people without health insurance, adults in CDHPs are no more likely to have been uninsured prior to enrolling in their plans than are those in more comprehensive plans. The survey asked respondents whether they had health insurance coverage prior to enrolling in their current health plan. Ten percent of CDHP enrollees were uninsured prior to being covered by their current plan, compared with 20 percent among HDHP enrollees and 24 percent among individuals with comprehensive coverage (Figure 4). In the individual insurance market, 9 percent of adults with CDHPs were uninsured just prior to enrolling in their health plan, compared with 53 percent of those in more comprehensive plans.[9]

The study also finds the following:

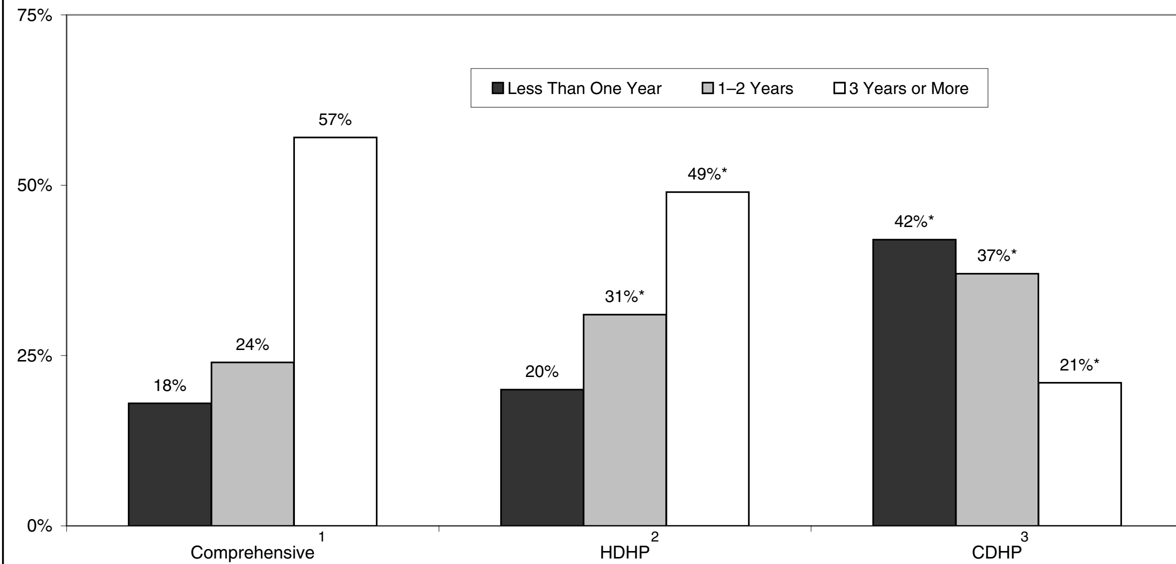
- Adults enrolled in CDHPs are in better health and are less likely to have chronic health conditions than are people in more comprehensive health plans. CDHP enrollees are also more likely to be between the ages of 35 and 44, and along with those in HDHPs, more likely to be single, to be white, to have graduated from college, and to work in small firms than adults in more comprehensive plans.
- As in 2005, individuals in CDHPs and HDHPs continue to be less satisfied than individuals with comprehensive health insurance with various aspects of their health plan, are less satisfied overall with their health plan, and are less likely to recommend the plan to a friend or work colleague.
- While the legislation which created HSAs allows people to have high deductible health plans which cover the cost of preventive services (i.e., preventive services are excluded from the deductible), more than half of individuals in CDHPs are in plans with deductibles that apply to *all* health care services—meaning preventive services are not carved out from the deductible.
- The survey finds that individuals enrolled in CDHPs and HDHPs are more likely than those with comprehensive health insurance to report that they delayed or avoided needed care because of cost. Yet the survey found few differences among adults in the three plan types in reported use of health services. In addition, people in CDHPs and HDHPs are about as likely as those with comprehensive coverage to follow treatment regimens for a set of chronic health conditions the survey asked about.
- When individuals with a CDHP or HDHP do get care, they incur large personal financial burdens, compared with individuals in comprehensive health plans.
- Individuals in CDHPs and HDHPs exhibit more cost-conscious behavior in their health care decision-making than individuals with more comprehensive health insurance. However, in many questions that addressed this issue, those in more comprehensive plans were just as likely to report such behavior as adults in consumer driven or high deductible health plans.
- Despite the emphasis on informed choice surrounding consumer-driven health care, people in CDHPs and HDHPs were less likely to report that their health plans provided information on the cost and quality of providers than those in more comprehensive plans.

Figure 1
Distribution of Individuals Covered by Private Health Insurance, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
Note: Percentages may not sum to 100% due to rounding.

Figure 2
Number of Years Covered by Current Health Plan, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
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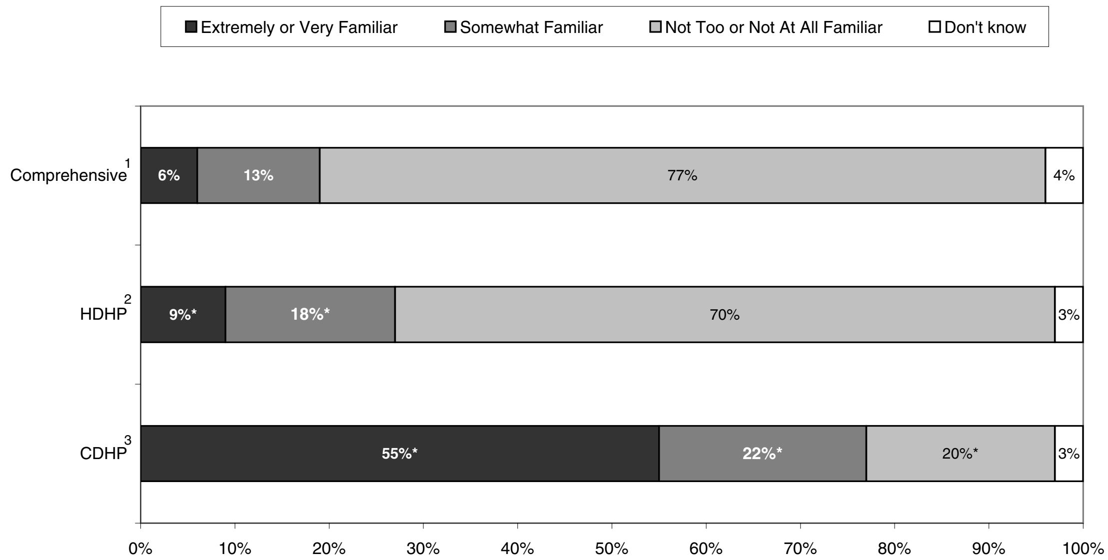
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.



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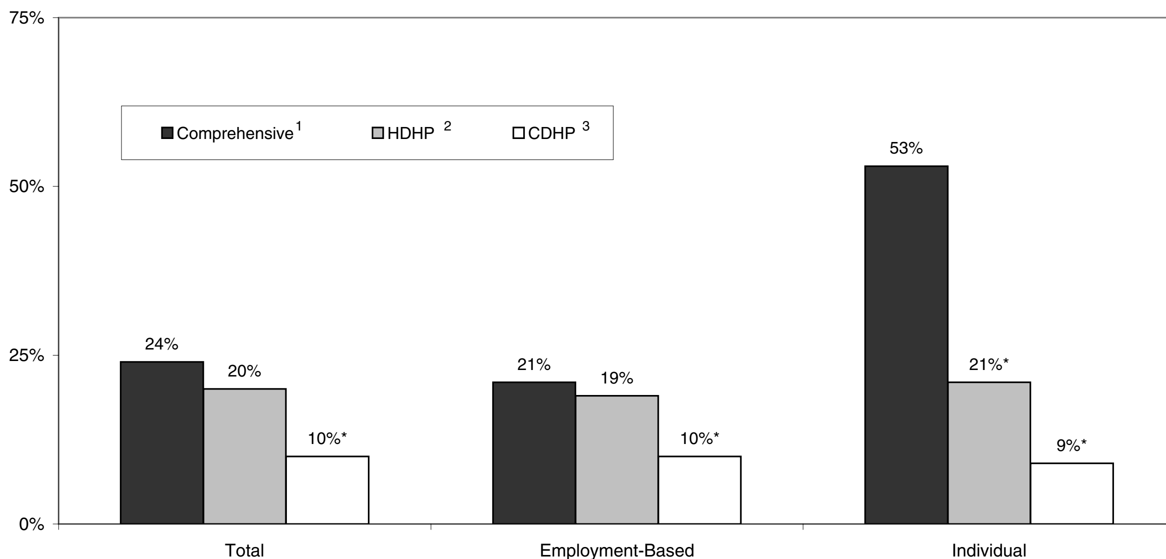
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.



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[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

The remainder of this report compares and contrasts the findings from the EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006, as they relate to differences and similarities between individuals enrolled in comprehensive health plans, CDHPs, and HDHPs. Findings from the 2006 survey are examined and compared with findings from the 2005 EBRI/Commonwealth Fund Survey, where relevant. The report examines health plan features, enrollee characteristics such as health status and demographics, attitudes and satisfaction toward health insurance, choice of health plan, health care use and spending, cost-related access problems, cost and quality information, and health care decision-making.

Health Plan Features and Demographics

More than one-half (57 percent) of all adults enrolled in more comprehensive health plans reported that they had a deductible, and 12 percent said that they had a deductible that applied only to health care services obtained outside of the provider network (data not shown). Among adults with single-person coverage in more comprehensive plans, 35 percent had no deductible, 38 percent had a deductible below $500, 14 percent had a deductible between $500 and $999, and 12 percent either did not know if they had a deductible or did not know what their deductible was (Figure 5). Among adults with family coverage in more comprehensive plans, 46 percent had no deductible, 37 percent reported that the deductible was below $999, 7 percent reported it was between $1,000–$1,999, and 10 percent either did not know if they had one or what it was.

Among adults with single-person coverage and enrolled in a HDHP, 60 percent reported a deductible of between $1,000 and $1,999, 28 percent had deductibles between $2,000 and $4,999, and 9 percent had deductibles of $5,000 or more. Three-quarters (78 percent) of those in HDHPs with family coverage had a deductible of between $2,000 and $4,999, and 18 percent were in a plan with a deductible of $5,000 or higher.

Many people with CDHPs have deductibles substantially above the level required for HSA eligibility. Among CDHP enrollees with single person coverage, less than half (48 percent) had deductibles of under $2,000; 2 in 5 (42 percent) had deductibles between $2,000 and $4,999, and 5 percent had deductibles of $5,000 or more. Among people with family coverage who were enrolled in a CDHP, two-thirds (69 percent) reported that they were covered by a plan with a family deductible of $2,000 to 4,999 and 29 percent reported a deductible of $5,000 or more.

By law, people in high-deductible health plans can have the cost of preventive services excluded from their deductible and still be eligible for an HSA. This provision in the legislation was designed to encourage those with high deductibles to get regular screening tests like mammograms and colonoscopies. The survey asked people with deductibles whether their deductible applied to all medical care or whether some services were excluded. More than half (57 percent) of adults in CDHPs, including those with coverage through their employers, said that their deductibles applied to all medical care (Figure 6). More than two-thirds (68 percent) of those in CDHP with coverage through the individual market said their deductibles applied to all their care.

Health Status and Demographics

People with CDHPs are slightly more likely to be in excellent or very good health than those with HDHPs or comprehensive health insurance. About 60 percent of people with CDHPs said their health was excellent or very good compared with just over half (53 percent–54 percent) of those with HDHPs or comprehensive health insurance (Figure 7). People with lower incomes were less likely than those with higher incomes to report being in excellent or very good health across all forms of coverage (data not shown). Those in employment-based HDHPs and CDHPs were significantly less likely to report being in excellent or very good health than were those who had purchased either product in the individual market. Just over one-half (56 percent) of those with employment-based CDHPs were in excellent or very good health, compared with three-quarters (76 percent) of those with CDHPs purchased in the individual market (data not shown).

The survey asked respondents whether they had chronic conditions. For analytic purposes, reports of chronic health conditions and fair or poor health were combined into an indicator of health problems. People

Figure 5 **Annual Deductibles, Premiums, and Out-of-Pocket Medical Expenses, by Type of Health Plan**			
	Comprehensive[1]	HDHP[2]	CDHP[3]
Total Sample	1,506	930	722
Single Person Deductible			
No deductible	35%	N/A	N/A
$1–$499	38	N/A	N/A
$500–$999	14	N/A	N/A
$1,000–$1,999	N/A	60%	48%
$2,000–$4,999	N/A	28	42
$5,000 or higher	N/A	9	5
Family Deductible			
No deductible	46	N/A	N/A
$1–$999	37	N/A	N/A
$1,000–$1,999	7	N/A	N/A
$2,000–$4,999	N/A	78	69
$5,000 or higher	N/A	18	29
Premium (Household)			
None	17	12*	12*
Less than $2,400	48	42*	47
$2,400–$3,599	9	14*	14*
$3,600 or more	14	25*	21*
Don't know	10	5*	5*
Out-of-Pocket Medical Expenses, Not Including Premiums (Household)			
Nothing	13	15	17
$1–$199	17	8*	6*
$200–$499	11	7*	8
$500–$999	16	13*	12*
$1,000–$1,499	11	8	8
$1,500–$1,999	6	7	6
$2,000–$4,999	11	15	17*
$5,000 or more	8	23*	22*
Out-of-Pocket Medical Expenses, Including Premiums (Household)			
Nothing	3	1*	4
$1–$199	4	2*	1*
$200–$499	9	3*	5*
$500–$999	8	6*	5*
$1,000–$1,499	12	10*	8*
$1,500–$1,999	11	9*	9*
$2,000–$4,999	28	32*	31*
$5,000 or more	10	28*	28*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

were defined as having a health problem if they said they were in fair or poor health or had one of eight chronic health conditions (arthritis; asthma, emphysema or lung disease; cancer; depression; diabetes; heart attack or other heart disease; high cholesterol; or hypertension, high blood pressure, or stroke). People in CDHPs were significantly less likely to have a health problem than were adults in HDHPs or more comprehensive plans: 44 percent of those in CDHPs reported a health problem, compared with just over half (51 percent–53 percent) of those in HDHPs and more comprehensive plans (Figure 7).

Adults in CDHPs were significantly less likely to smoke than were adults in more comprehensive plans: 14 percent of those in CDHPs smoked, compared with about one-quarter (24 percent) of those in more comprehensive plans (Figure 7). People in CDHPs were also slightly more likely to exercise but they were no less likely to be obese compared with adults in other health plans.

There were only a few statistically significant demographic differences among adults enrolled in the three types of health plans. People enrolled in CDHPs were slightly more likely to be between the ages of 35 and 44, and, along with those in HDHPs, more likely to be single, white, and college graduates (Figure 7). There were few income differences across the three plans, although those in more comprehensive health plans were slightly more likely to have a household income of more than $100,000.

Work Status

People in both CDHPs and HDHPs were more likely than those in more comprehensive plans to be sole proprietors or to be employed in small firms. One-third (31 percent) of adults in HDHPs and CDHPs were employed in companies with fewer than 50 workers, compared with 19 percent of those in more comprehensive plans (Figure 7). Just under one-third (28–31 percent) of HDHP and CDHP enrollees worked for companies with 500 or more employees compared with 45 percent of those in more comprehensive plans.

Attitudes and Satisfaction

Respondents were asked a series of questions regarding their attitudes toward their health plan and satisfaction with regard to various aspects of their health care. In general, the survey found that individuals with comprehensive health insurance were more satisfied and had a better opinion of their health care experience and health plan than individuals enrolled in CDHPs and HDHPs. Specifically, individuals with comprehensive health insurance were more satisfied than individuals enrolled in CDHPs and HDHPs with the quality of health care they received (Figure 8) and they were more satisfied with out-of-pocket costs (Figure 9). In addition, individuals in comprehensive health plans were more likely than individuals with CDHPs and HDHPs to be extremely or very satisfied with regard to access to doctors or choice of doctors (Figure 10).

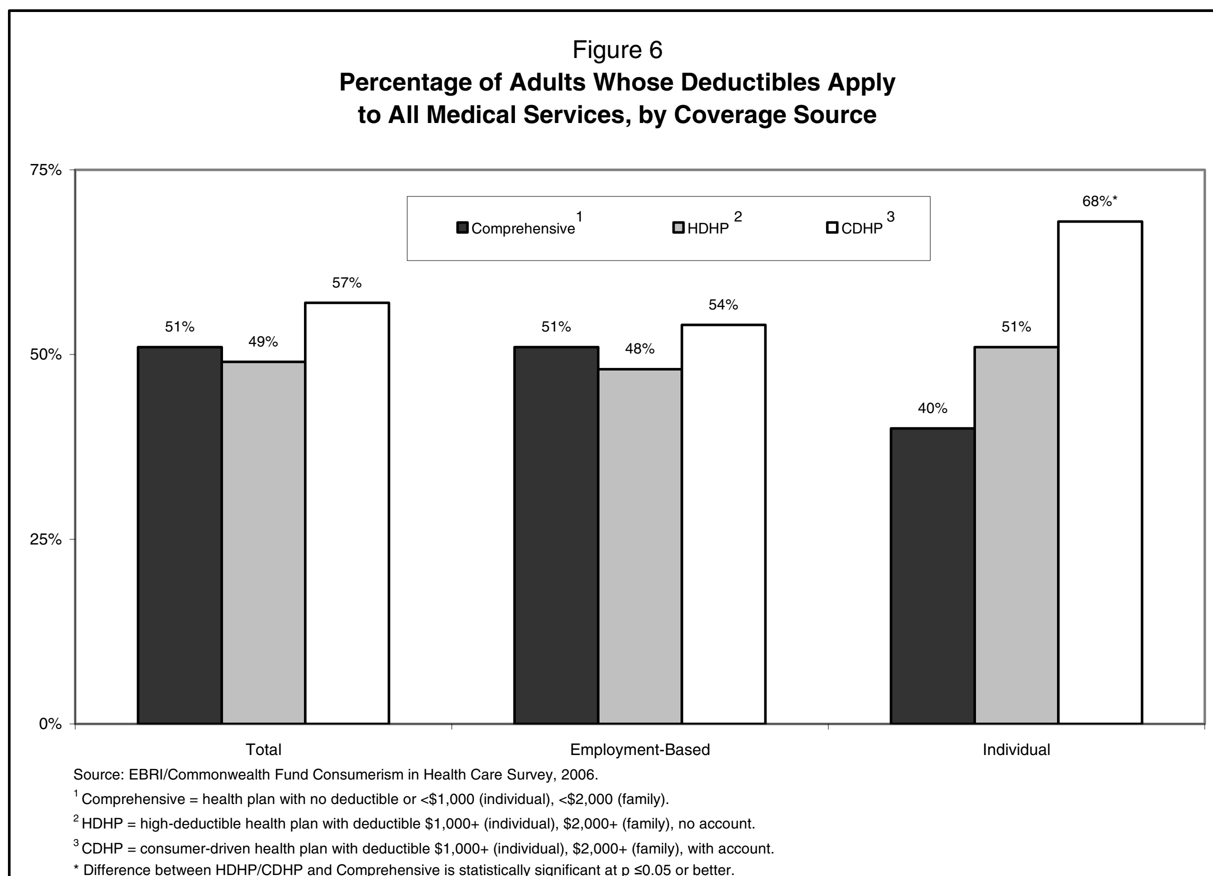
Overall, individuals with comprehensive health insurance were significantly more satisfied with their health plan than individuals with CDHPs and HDHPs. Specifically, 67 percent of individuals with comprehensive health insurance were extremely or very satisfied with their health plan, compared with 37 percent among CDHP and HDHP enrollees (Figure 11).

Hence, it is not surprising that individuals with comprehensive health insurance were more likely than those with a CDHP or HDHP to report that they were extremely or very likely to recommend their health plan to a friend or coworker. Slightly more than one-half of individuals in more comprehensive plans were extremely or very likely to recommend their health plan, compared with 30 percent among those in CDHPs and 25 percent among those in HDHPs (Figure 12).

Individuals in CDHPs and HDHPs were less likely than those with more comprehensive health insurance to report that they were likely to stay with their current plan if they had the opportunity to change plans. Just over one-third (36 percent) of CDHP enrollees and 30 percent of those in HDHPs reported that they were extremely or very likely to stay with their current health plan if they had the opportunity to switch compared with more than 60 percent of individuals with comprehensive health insurance (Figure 13).

Figure 6

Percentage of Adults Whose Deductibles Apply to All Medical Services, by Coverage Source



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

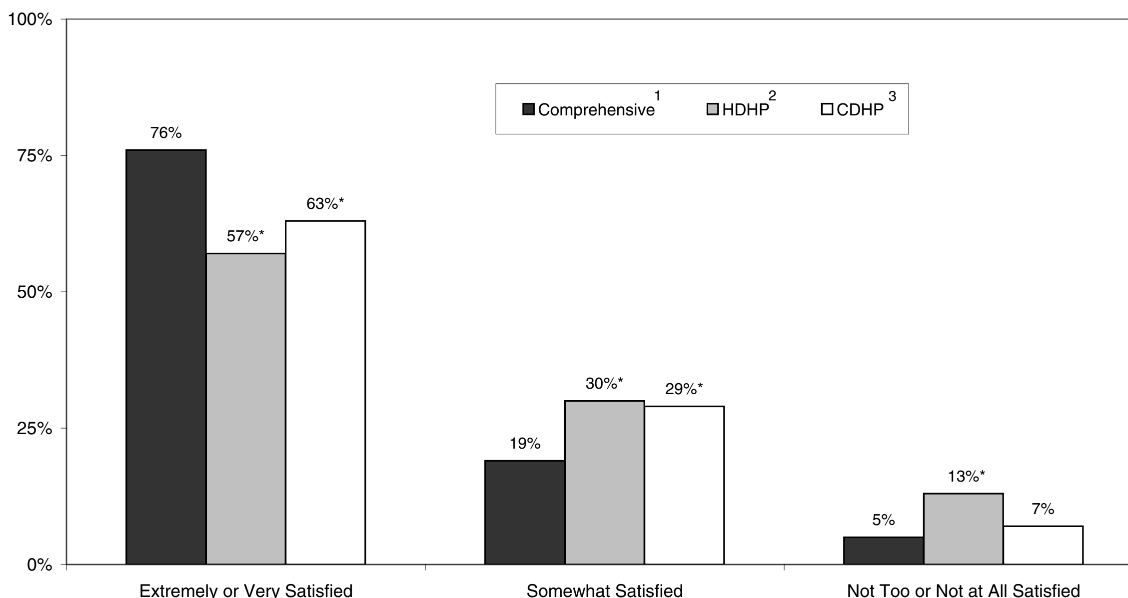
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 7
Selected Demographics, by Type of Health Plan

	Comprehensive[1]	HDHP[2]	CDHP[3]
Total sample	1,506	930	722
Gender			
Male	49%	49%	50%
Female	51	51	50
Age			
21–34	33	24*	24*
35–44	23	25	32*
45–54	26	29	28
55–64	18	22	16
Married	74	55*	61*
Has Children	42	35*	44
Race/Ethnicity			
White, non-Hispanic	71	83*	81*
Minority	29	17*	19*
Household Income			
Less than $30,000	12	17*	13
$30,000–$49,999	20	30*	24
$50,000–$99,999	38	35	43
$100,000–$149,999	14	5*	7*
$150,000 or more	7	3*	4*
Education			
High school graduate or less	38	17*	11*
Some college, trade or business school	29	36*	33*
College graduate or some graduate work	22	35*	41*
Graduate degree	11	12	15
Self-Rated Health Status			
Excellent/very good	54	53	60*
Good	35	34	33
Fair/poor	12	13	7*
*At least one chronic health condition***	49	50	43*
*Health problem****	51	53	44*
Obese	30	28	30
Smokes cigarettes	24	18*	14*
No regular exercise	25	25	19*
Firm Size (base: employed full- or part-time or self-employed/business owner)			
Self-employed with no employees	4	12*	8
2–49	19	31*	31*
50–199	10	13	12
200–499	8	8	10
500 or more	45	28*	31*
Job Tenure (base: employed full- or part-time)			
Less than 2 years	24	27	19
2–9 years	44	42	50
10 or more years	31	30	31

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan w/ no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1000+ (individual), $2000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.
** Arthritis; asthma, emphysema or lung disease; cancer; depression; diabetes; heart attack or other heart disease; high cholesterol; or hypertension, high blood pressure or stroke.
*** Health problem defined as fair or poor health or one of eight chronic health conditions.

Figure 8
Satisfaction With Quality of Health Care Received, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
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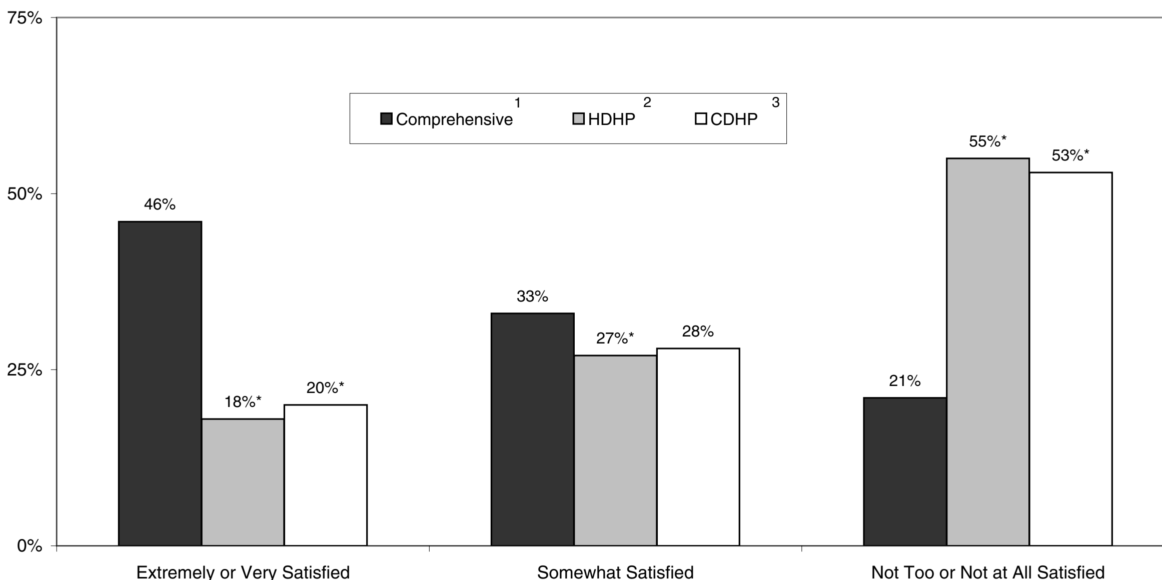
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 9
Satisfaction With Out-of-Pocket Costs for Health Care, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Compared with 2005, CDHP enrollees in 2006 were no more satisfied with their health plans and were even less likely to say that they would stay with their current health plan if they had the opportunity to switch (Figure 14). The percentage of CDHP enrollees who reported that they would stay with their current plan declined sharply over 2005–2006, from 46 percent to 36 percent.

Individuals with CDHPs and HDHPs were less likely than those with comprehensive health insurance to say that their health plan is easy to understand (Figure 15). If anything, confusion about the plans has increased: Between 2005 and 2006, the percentage of CDHP enrollees reporting that their health plan was easy to understand declined from 54 percent to 45 percent (Figure 14). In addition, while there was an across-the-board increase in the percentage of individuals in all plans between 2005 and 2006 who reported that their health plan provides information to help choose a health care provider, people in CDHPs and HDHPs were less likely to report that their health plans did this than those in more comprehensive plans. Also surprising is that people in CDHPs and HDHPs were less likely than those in more comprehensive health plans to say that their health plan encourages them to adopt a healthier lifestyle, although the percentage reporting this increased among adults in all three plan types (Figure 14).

The survey asked respondents whether they agreed about three *potential priorities* for the health care system: providing information about the quality of care delivered by providers, providing information about the cost of care, and encouraging healthy behavior by paying for preventive screening tests. Strong majorities of adults in all three health plans strongly or somewhat agreed with each priority (Figure 16).

Choice of Health Plan

Among individuals covered by an employment-based health plan, those in CDHPs or HDHPs were more likely than those with comprehensive insurance not to have a choice of health plan. Two in 5 (42 percent) CDHP enrollees and more than half (54 percent) of HDHP enrollees did not have a choice of health plan, compared with one-third (34 percent) of those in more comprehensive insurance (Figure 17). However, between 2005 and 2006, the percentage of CDHP enrollees without a choice of health plan dropped sharply, from 53 percent to 42 percent (data not shown).

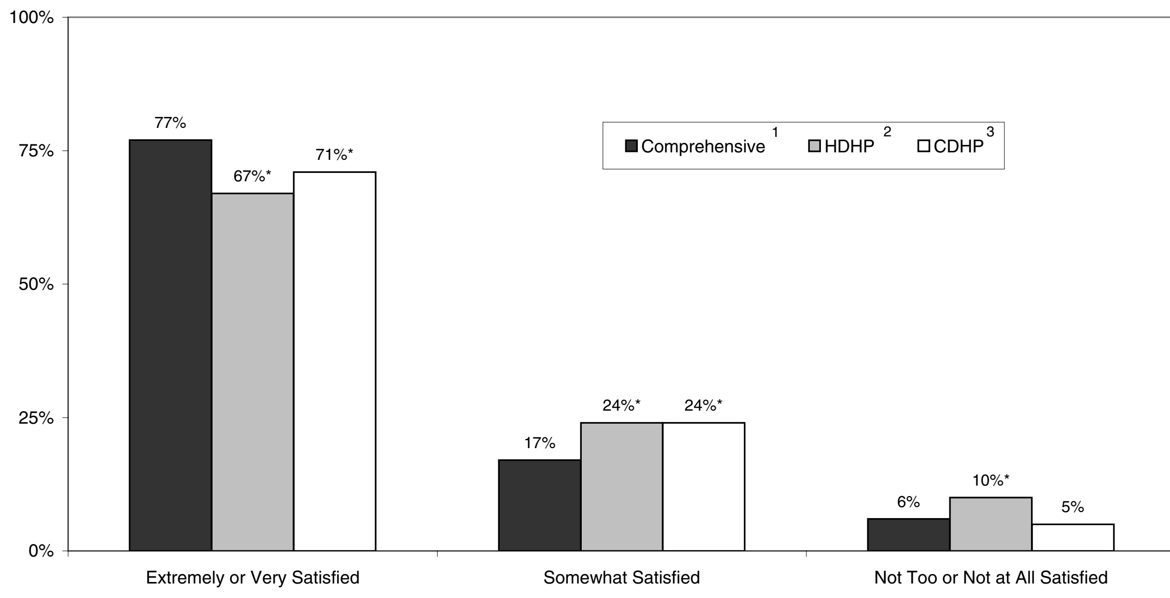
When individuals have a choice of health plan, the premium affects their decision regarding which plan to choose. The survey found that 51 percent of CDHP enrollees in individual and employment-based plans reported that their cost for insurance was less expensive than the other available options (Figure 18). This compares with 33 percent of HDHP enrollees and 32 percent of individuals with comprehensive health insurance reporting that their health plan was the least-costly option available. There are other reasons, however, why an individual may choose a particular health plan. When asked about the main reason for enrolling in the plan, 57 percent of CDHP enrollees reported that they enrolled because of the lower premium, while 44 percent reported that the opportunity to save money in the account for future years was a main reason for enrolling in that plan (Figure 19). Among individuals with comprehensive insurance, 49 percent cited the good network of providers and 41 percent reported the low out-of-pocket costs as the main reason for enrolling in the plan.

Among the population with comprehensive insurance and a choice of plan, 33 percent were offered a CDHP or HDHP, and 28 percent were not offered it, but 39 percent did not know if they were offered it (Figure 20). Among the 33 percent who were offered either a CDHP or HDHP, 9 percent were offered a CDHP, 13 percent were offered a HDHP, and 11 percent were offered an HDHP and did not know if they were offered an account.

Individuals with HDHPs reported that they had not opened an HSA for a number of reasons:

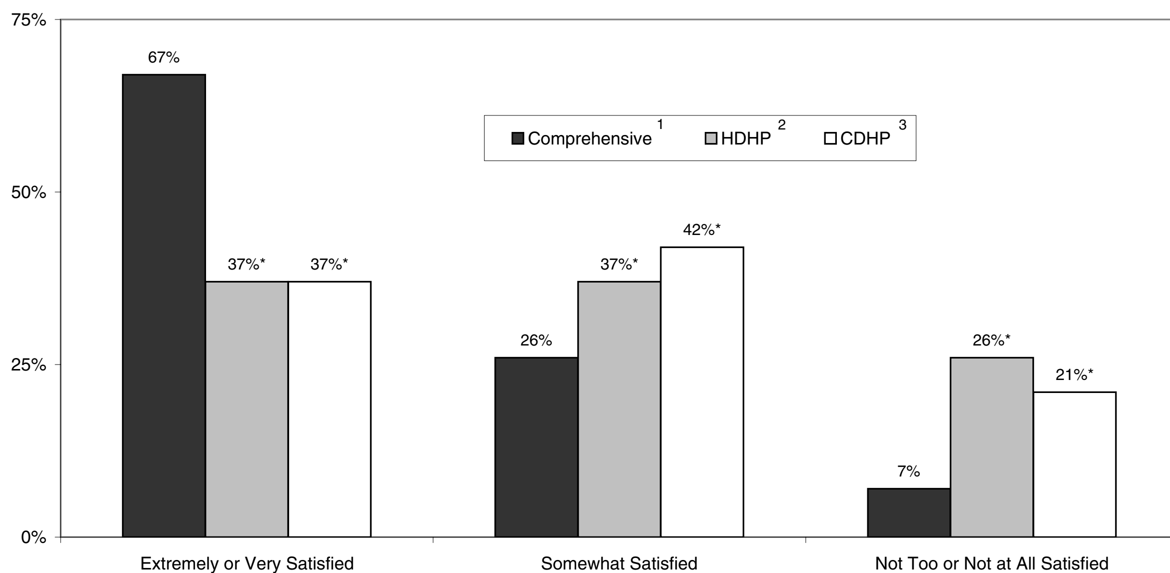
- Forty-four percent reported that they did not have the money to fund the account.
- Twenty percent reported that it was too much trouble to open and/or manage the account.
- Nineteen percent reported that the tax benefits were not attractive enough.
- Eleven percent reported that it was either too complicated or they did not understand the option (Figure 21).

Figure 10
Satisfaction With Choice of Doctors, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

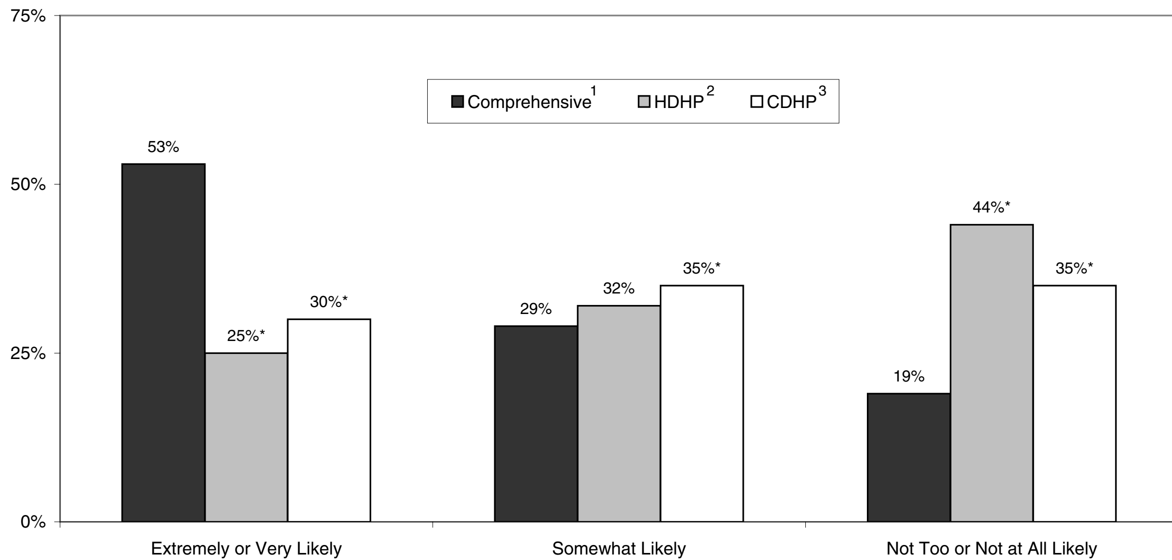
Figure 11
Overall Satisfaction With Health Plan, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 12

Likelihood of Recommending Health Plan to Friend or Co-Worker, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

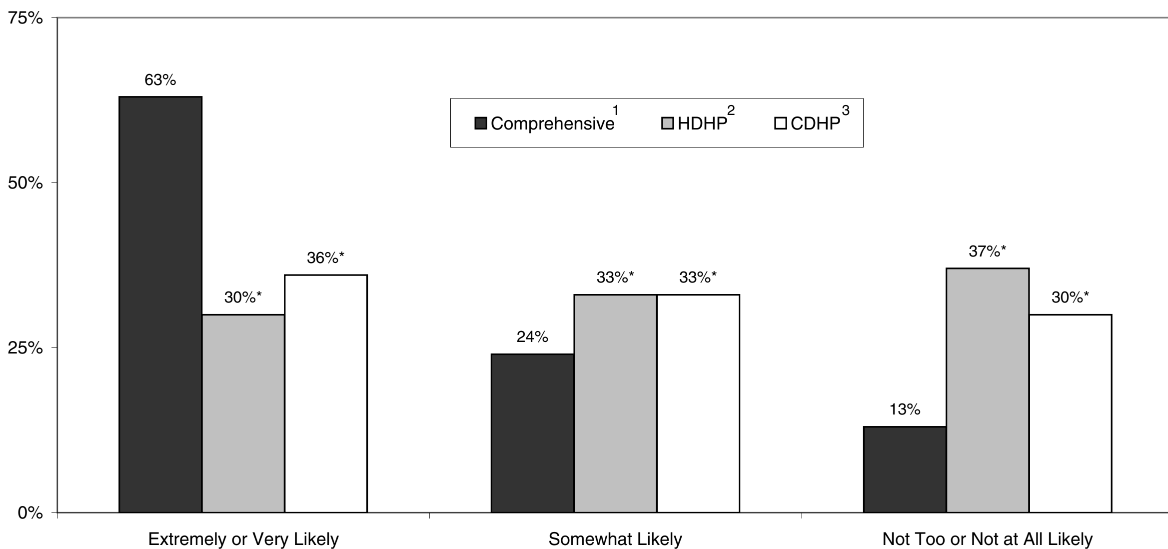
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

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

Figure 13

Likelihood of Staying With Current Health Plan If Had the Opportunity to Change, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

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

Figure 14

Trends in Satisfaction and Views of Health Plan, 2005–2006

	2005			2006		
	Comprehensive[1]	HDHP[2]	CDHP[3]	Comprehensive[1]	HDHP[2]	CDHP[3]
Total Sample	1,061	463	185	1,506	930	722
Extremely or very likely to stay with current health plan if had the opportunity to change	60%	31%*	46%*	63%	30%*	36%*
Strongly or somewhat agree that health plan is easy to understand	68	51*	54*	65	46*	45*
Strongly or somewhat agree that health plan encourages adoption of healthier lifestyle	49	40*	46	58	44*	52*
Strongly or somewhat agree that health plan provides information to help choose among providers	55	40*	40*	67	52*	56*
Strongly or somewhat agree that terms of health plan make me consider costs before seeing a doctor or filling a prescription	40	61*	72*	46	61*	73*
Extremely or very satisfied with quality of health care received	70	52*	63	76	57*	63*
Extremely or very satisfied with out-of-pocket costs for health care	45	13*	18*	46	18*	20*
Extremely or very satisfied with choice of doctors	72	60*	69	77	67*	71*
Extremely or very satisfied with health plan	61	33*	41*	67	37*	37*
Extremely or very likely to recommend health plan to friend or co-worker	49	23*	34*	53	25*	30*
Strongly or somewhat agree that health plan will protect them in the event of an expensive illness	75	67*	75	72	67	69

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
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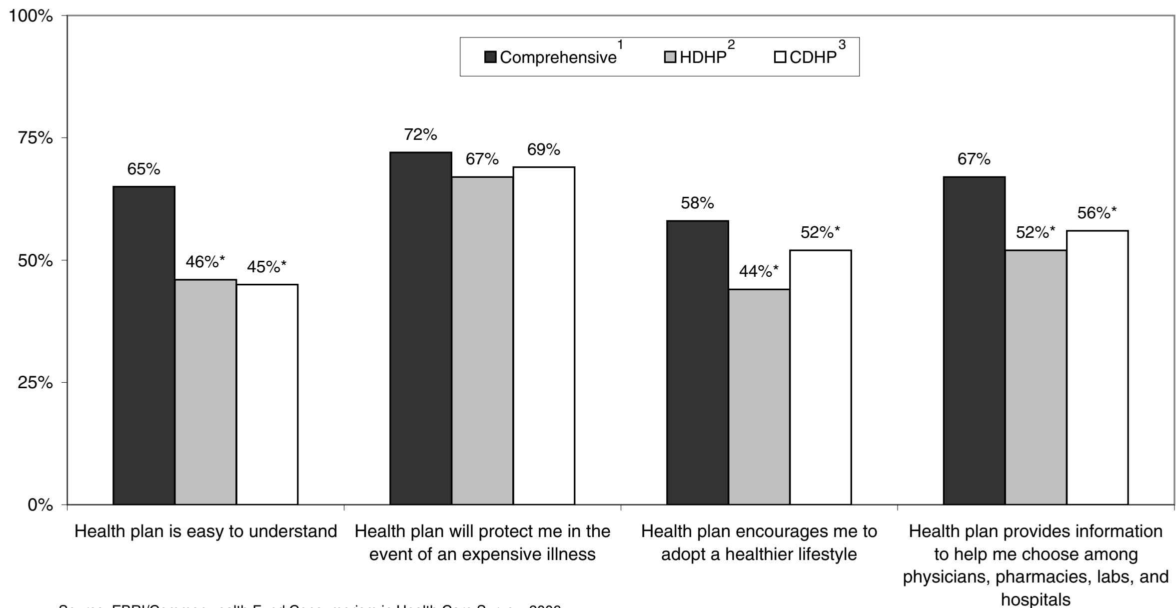
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 15

Agreement With Statements About Health Plan: Percentage Reporting That They Strongly or Somewhat Agree, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
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[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Contribution Behavior and Account Balances

Among individuals with a CDHP, some receive employer contributions to the account, while others do not. Roughly two-thirds of all individuals with an employment-based CDHP (including both those covered as an individual and those with family coverage) reported that the employer contributed to the account, while 32 percent reported that they did not receive employer contributions, and 3 percent did not know if the employer contributed (Figure 22).[10] Among the 65 percent with an employer contribution, 7 percent received less than $200, 15 percent received between $200 and $499, 18 percent received between $500 and $749, 9 percent received between $750 and $999, and 43 percent received $1,000 or more (Figure 23). Eight percent of this group did not know how much the employer contributed to the account. More than one-half of persons with family coverage received an employer contribution of at least $1,000 (Figure 24).

Individuals' contributions to savings accounts varied significantly by income. About 1 in 5 adults with a CDHP did not contribute to their account (Figure 25). Individuals with household income of less than $50,000 reported that they contributed nothing to the account at twice the rate of individuals with household income of $50,000 or more. Specifically, 27 percent of individuals with household income of less than $50,000 did not contribute to their accounts: This is twice the rate of individuals with household income of $50,000 or more who contributed nothing. Just 16 percent of individuals with household income of less than $50,000 contributed at least $1,500 to the account, compared with 37 percent among individuals with household income of $50,000 or more. Individuals with family coverage were more likely than individuals with employee-only coverage to report that they contributed $1,000 or more to their account (Figure 26).

Since 57 percent of survey respondents had the account-based plan less than one year (Figure 27), many respondents have not yet reached the point when they will know how much of their unused funds they will roll over from the account into the following year. However, among individuals in the CDHP for more than one year, 23 percent reported that they had rolled over nothing, 26 percent rolled over less than $500, 9 percent rolled over between $500 and $999, 10 percent rolled over $1,000 to $1,499, 13 percent rolled over $1,500 or more, and 19 percent did not know how much was rolled over (Figure 28). Not surprisingly, rollover amounts vary by health status: Specifically, 35 percent of individuals with a health problem rolled over nothing in their health care account, compared with 13 percent among individuals without a health problem.

Overall, 14 percent of account holders had no money in their account, 16 percent had less than $200, 16 percent had between $200 and $499, 15 percent had between $500 and $999, and 25 percent had $1,000 or more (Figure 29). Fourteen percent of respondents did not know how much money was in their account.

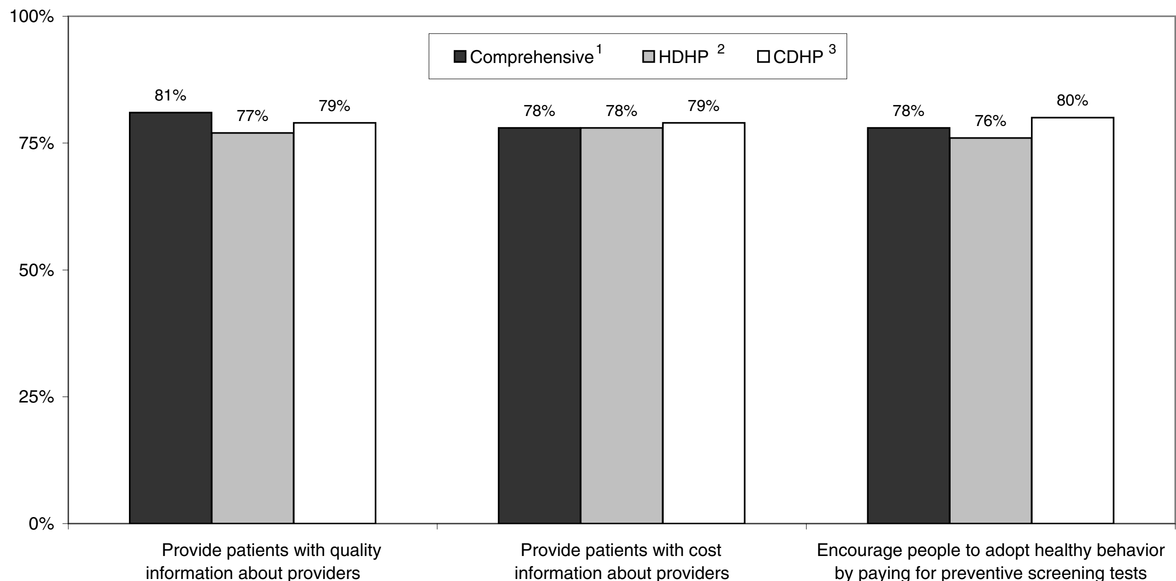
Health Care Spending

Adults across the country who are enrolled in consumer-driven and high deductible health plans spend substantially more for both their health insurance and their health care than do those in more comprehensive plans. On average, people in HDHPs and CDHPs spend more on their monthly premiums than do those in more comprehensive plans (Figure 5). This is driven by the fact that more people in HDHPs and CDHPs buy coverage through the individual market and thus bear the full cost of their premiums. In addition, people enrolled in high-deductible and consumer-driven plans offered through an employer are more likely to be employed in small firms, which generally face higher premiums than large firms (Figure 7). People in more comprehensive plans are more likely to be employed in large firms. Across all sources of coverage, more than 1 in 5 adults in HDHPs and CDHPs spent $3,600 or more on their family premiums, compared with 14 percent of those in more comprehensive plans (Figure 5). In employer-based health plans, 18 percent of adults in HDHPs and 15 percent in CDHPs spent $3,600 or more on their premiums annually, compared with 13 percent of those with more comprehensive coverage (data not shown).

Adults with CDHPs and HDHPs are more likely to report spending significantly more out-of-pocket on their health care than those in more comprehensive plans. More than 1 in 5 adults in CDHPs (22 percent) and HDHPs (23 percent) reported annual household medical expenditures of $5,000 or more, compared with 8 percent of adults in more comprehensive plans (Figure 5).

Out-of-pocket health care costs can consume a significant share of family income in a given year and people in CDHPs and HDHPs are the most vulnerable. One-third of adults in HDHPs and 29 percent of

Figure 16
Agreement With Statements About Priorities for the Health Care System: Percentage Reporting That They Strongly or Somewhat Agree, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
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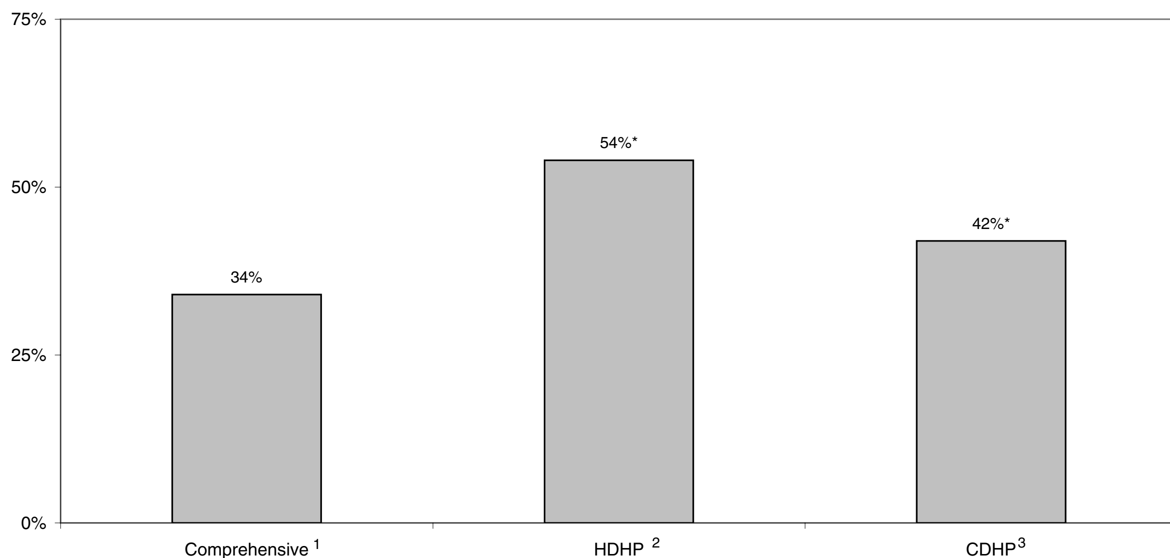
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

Figure 17
Percentage of Individuals Covered by Employment-Based Health Benefits With No Choice of Health Plan, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
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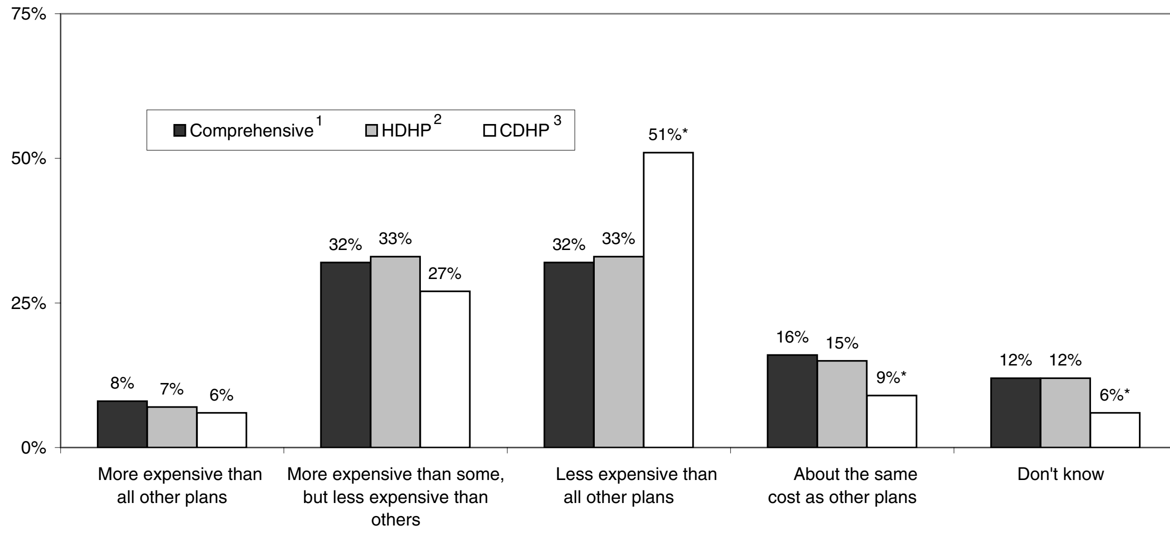
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Figure 18

Premium of Selected Plan Compared With Other Available Plans, Among Individuals With Choice of Plans and Those in the Individual Market, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
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[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 19

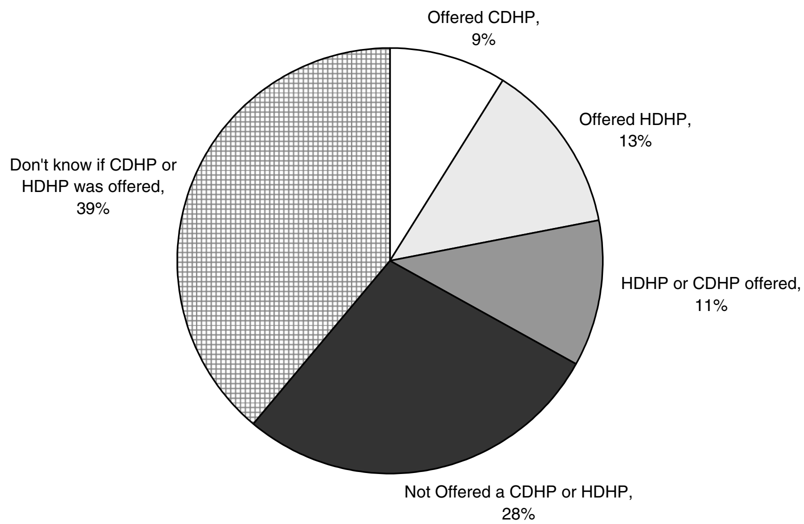
Main Reason for Deciding to Enroll in Current Health Plan, Among Individuals With a Choice of Health Plan or in the Nongroup Market, by Type of Health Plan

	Comprehensive[1]	HDHP[2]	CDHP[3]
Lower cost of the premium	28%	49%*	57%*
Low out-of-pocket costs for the doctor	41	16*	6*
Good network of physicians and hospitals/doctor in the network	49	43*	30*
Prior experience with the plan	25	20	11*
Family type of coverage, simple to understand	21	19	5*
Easy access to care	21	17	7*
Opportunity to save money in the account, roll over funds for future years	2	<1*	44*
Puts you in control of your health care dollars, you make choices of how your account is spent	5	4	26*
Not much paperwork	17	18	8*
Tax benefits of the plan	2	3	26*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 20

Percentage of Individuals With Comprehensive[1] Employment-Based Health Benefits Offered HDHP[2] or CDHP[3]



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

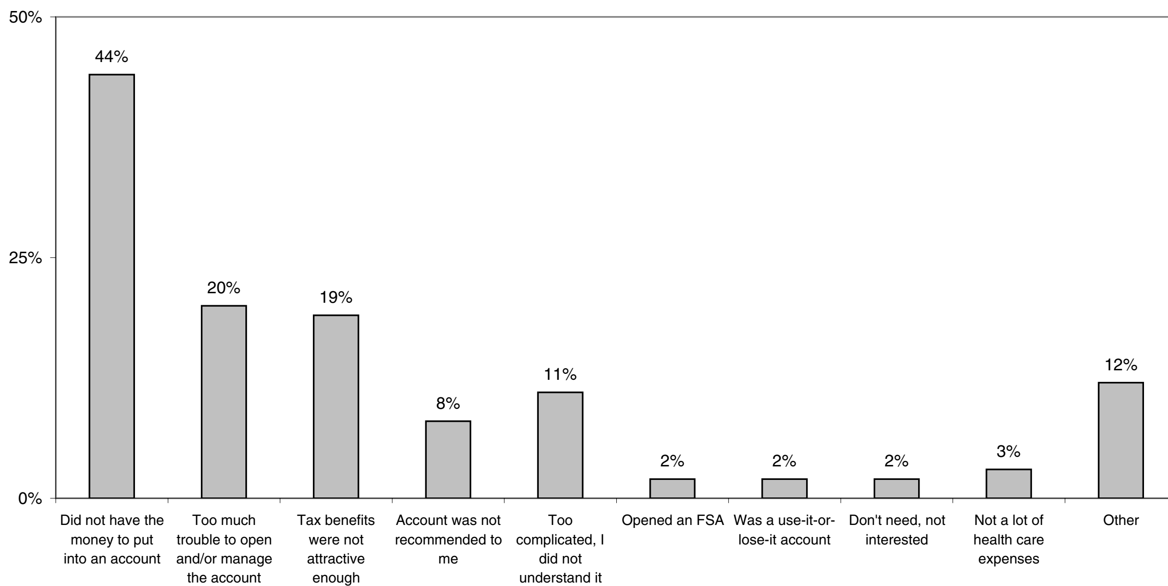
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

Figure 21

Reasons for Deciding Not to Open a Health Savings Account

Percentage of Adults 21–64 With HDHPs[1] Who Were Offered a Health Savings Account But Did Not Take It



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

those in CDHPs spent 5 percent or more of their income on out-of-pocket costs in the last year, compared with 12 percent of those in comprehensive health plans (Figures 30 and 31). People with lower incomes or health problems were particularly vulnerable to spending large shares of their income on out-of-pocket health costs. More than 2 in 5 of those enrolled in HDHPs (42 percent) and CDHPs (43 percent) with incomes under $50,000 spent 5 percent or more of their income on out-of-pocket costs and about one-quarter (23 percent–28 percent) spent 10 percent or more. In contrast, 23 percent of people in the same income group in comprehensive plans spent 5 percent or more and 11 percent spent 10 percent or more of their annual income. Among adults with health problems, 38 percent of those in HDHPs and CDHPs spent 5 percent or more of their income on medical expenses, compared with 18 percent of those in comprehensive plans.

People with high-deductible and consumer-driven plans with coverage through an employer were no more protected from out-of-pocket costs than were those with plans in the individual market. Among adults in employer-based health plans, one-third (34 percent) of those in HDHPs and 30 percent of those in CDHPs spent 5 percent or more of their income on out-of-pocket costs, more than twice the rate reported by those with comprehensive coverage (Figure 32).

When combined with premiums, outlays on health care as a share of income rose substantially among those with HDHPs and CDHPs, particularly among those with low incomes or health problems. One-half (51 percent) of people with HDHPs and 44 percent of those in CDHPs spent 5 percent or more of their income on out-of-pocket costs and premiums, compared with 22 percent of people in comprehensive plans (Figures 30 and 33). Two-thirds of people with HDHPs (64 percent) and CDHPs (66 percent) with incomes under $50,000 spent 5 percent or more of their income on out-of-pocket costs and premiums, and 2 in 5 (40–43 percent) spent 10 percent or more. This compares with 43 percent of people in that income group in comprehensive plans who spent 5 percent or more of their income and 20 percent who spent 10 percent or more. People with health problems in HDHPs were also vulnerable to spending large shares of their income on out-of-pocket costs and premiums: More than half of those in HDHPs (55 percent) and CDHPs (52 percent) with health problems spent 5 percent or more, and about 30 percent spent 10 percent or more. People with health problems in comprehensive plans were better protected by comparison: 28 percent spent 5 percent or more of their income and 11 percent spent 10 percent or more.

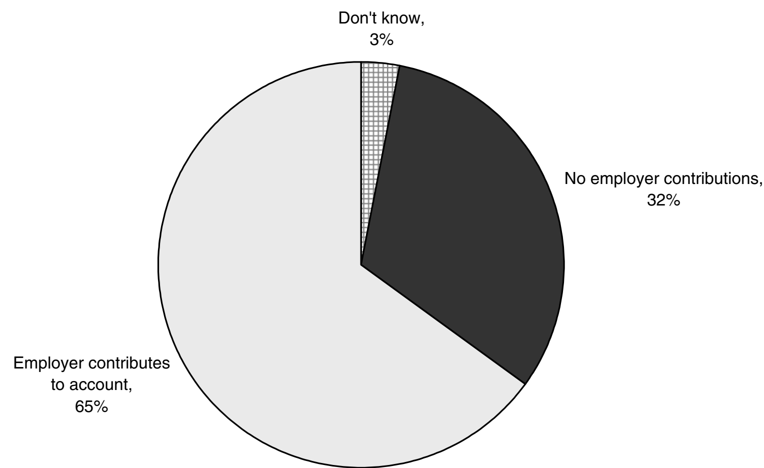
Reflecting their relatively higher premium expenditures, people with HDHPs and CDHPs with coverage purchased through the individual insurance market spent more of their incomes on premiums and out-of-pocket costs than did adults covered by the plans through an employer. About 60 percent of people with HDHPs and half (52 percent) of those with CDHPs purchased through the individual market spent 5 percent or more of their income on out-of-pocket costs and premiums, compared with 42 percent–47 percent of their counterparts in employer-based consumer-driven and high-deductible plans (Figure 34).

Health Care Use

There was little significant variation in the frequency with which people in consumer-driven and high-deductible health plans used health care services, compared with adults in more comprehensive plans (Figure 35). The survey asked about health care use over the last year, including the number of times people had filled a prescription; visited a doctor's office or clinic; been treated in an emergency room; been admitted to a hospital; or had a diagnostic test such as an x-ray, MRI, blood test, cancer screening, or CAT scan. Adults in HDHPs were significantly more likely than those in more comprehensive plans to say they had not visited a physician's office in the past year. Adults in HDHPs and CDHPs were significantly more likely not to have had a diagnostic test in the past year or to have been treated in an emergency room. But there were no other significant differences in health care service use across the plan types.

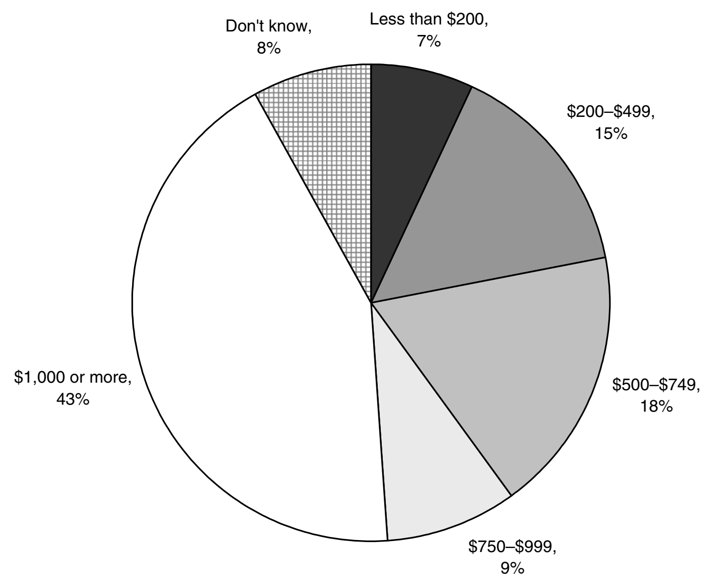
There were significant differences in health care use by income and health status across the plan types. For example, adults with household incomes of less than $50,000 in comprehensive plans or HDHPs were significantly less likely to have filled a prescription, visited a physician or clinic, or have had a diagnostic or cancer screening test (HDHP only) in the last year than were those in higher-income families (data not shown). People with health problems in all three plans were much more likely to have used all the services that they were questioned about than those who were in better health (data not shown).

Figure 22
Percentage of Individuals With Employer Contribution to Account, Among Persons With Employment-Based Health Benefits and CDHP[1]



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

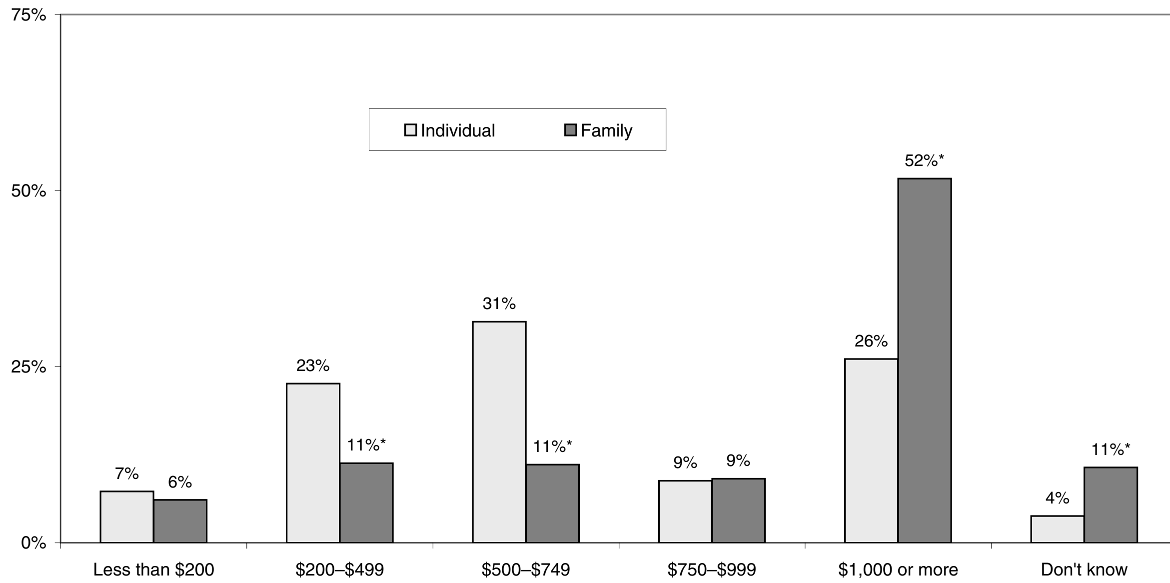
Figure 23
Annual Employer Contributions to the Account, Among Persons With CDHP[1] Whose Employer Contributes to Account



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
Note: Both single-person and family plans.

Figure 24

Annual Employer Contributions to the Account, Among Persons With CDHP[1]



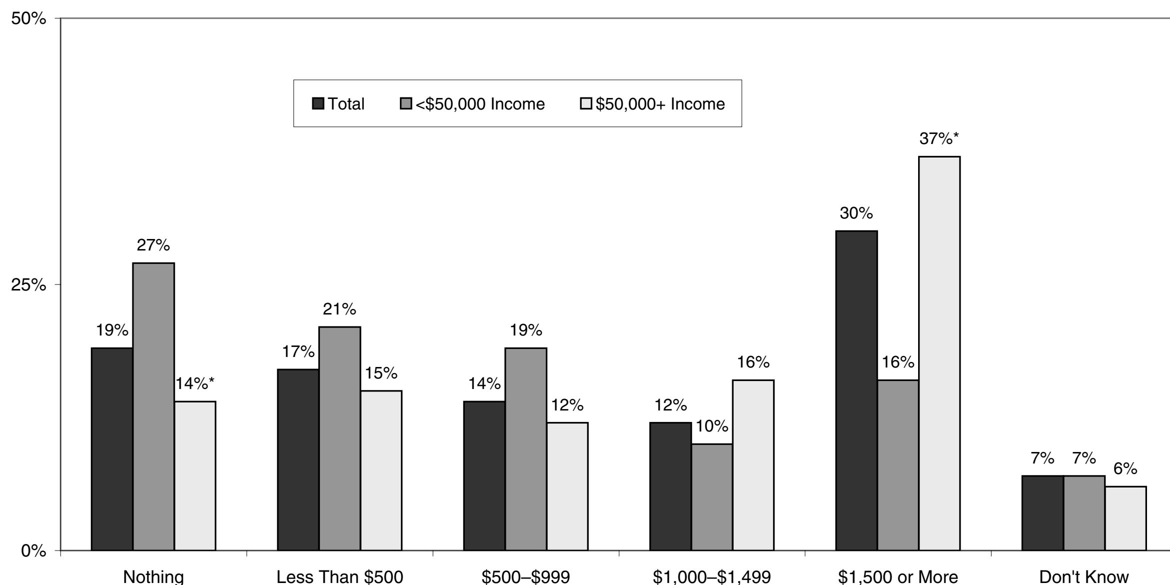
Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

* Difference between individual coverage and family coverage is statistically significant at $p \leq 0.05$ or better.

Figure 25

Annual Employee Contributions to the Account, by Household Income, Among Persons With CDHP[1]



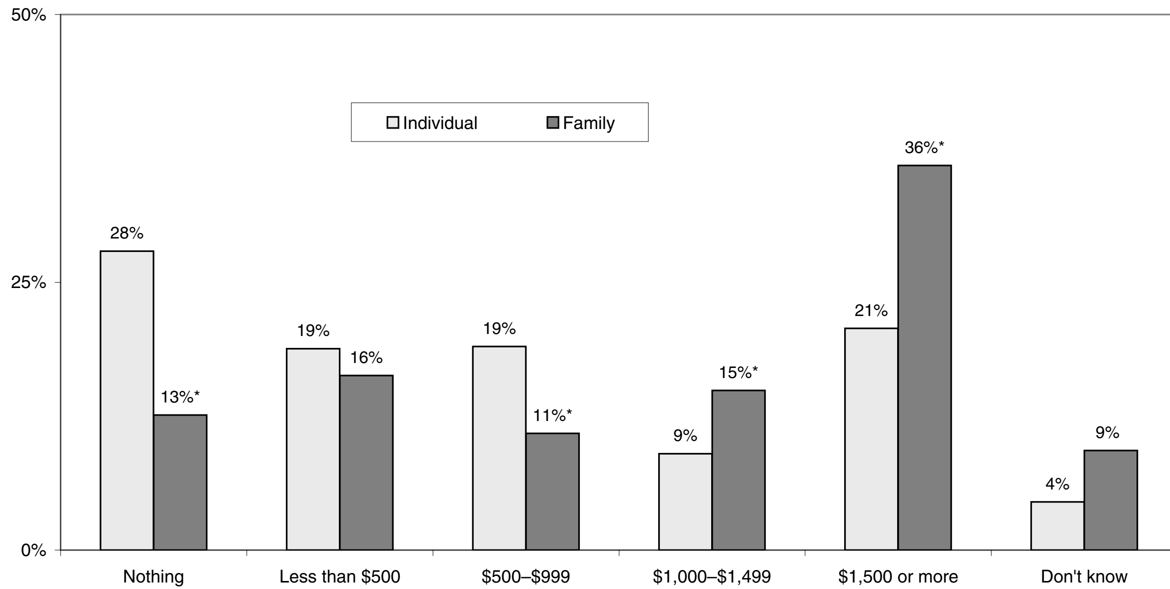
Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

* Difference between <$50,000 income and $50,000+ income is statistically significant at $p \leq 0.05$ or better.

Figure 26

Annual Employee Contributions to the Account, by Type of Coverage, Among Persons With CDHP[1]



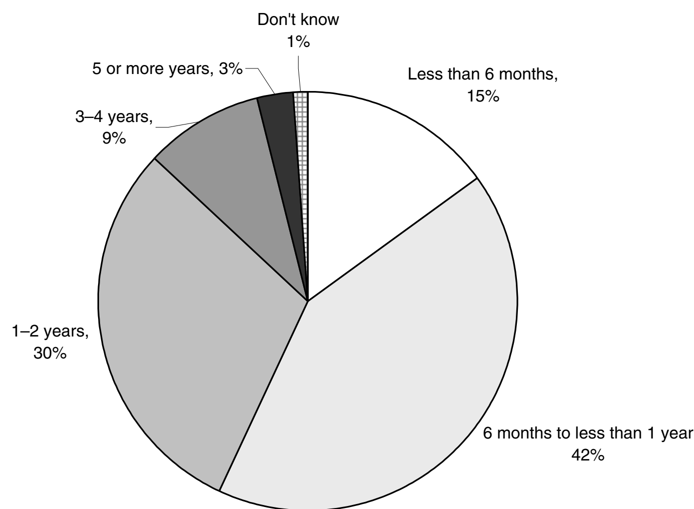
Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

* Difference between individual coverage and family coverage is statistically significant at $p \leq 0.05$ or better.

Figure 27

Length of Time With CDHP[1] and Savings Account



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

There were some significant differences among adults in the three plan types in their use of recommended preventive screening tests. The survey asked whether people had had their blood pressure checked or had a dental exam in the past year or if they had had their cholesterol checked in the last five years. It also asked women if they had had a Pap test in the last three years, women over age 50 if they had had a mammogram in the past two years, and all adults over age 50 whether they had had a colon cancer screening in the past five years. People in more comprehensive plans were significantly more likely to have had a colon cancer screen than those in CDHPs (52 percent vs. 40 percent) and were slightly more likely to have had their blood pressure checked than people in CDHPs and HDHPs (Figure 35). Women in more comprehensive plans and CDHPs were more likely to say they had had a Pap test in the past three years than were women in HDHPs. Adults in CDHPs were more likely than those in more comprehensive plans and HDHPs to have had their cholesterol checked. There were no significant differences in preventive care use between people in HDHPs or CDHPs who had preventive services excluded from their deductibles (data not shown). People with incomes under $50,000 across all plan types reported substantially lower rates of dental exams, cholesterol tests, and colon cancer screens than adults in higher income households (data not shown). Adults with incomes under $50,000 in CDHPs and HDHPs, however, were significantly more likely to have had their cholesterol checked in the past five years than adults in more comprehensive plans in that income range (Figure 35).

A concern that has been raised about consumer-driven or high-deductible health plans is that people with chronic health conditions might not take appropriate care of their conditions adequately when faced with high out-of-pocket costs. The survey asked respondents who had chronic conditions whether they agreed that they followed their treatment regimens for specific conditions carefully. Among those conditions for which there was sufficient sample to analyze differences (allergies, arthritis, depression, high cholesterol, hypertension, or stroke) there were no significant differences between those in more comprehensive plans and those in HDHPs or CDHPs (Figure 36).

Cost-Related Access Problems

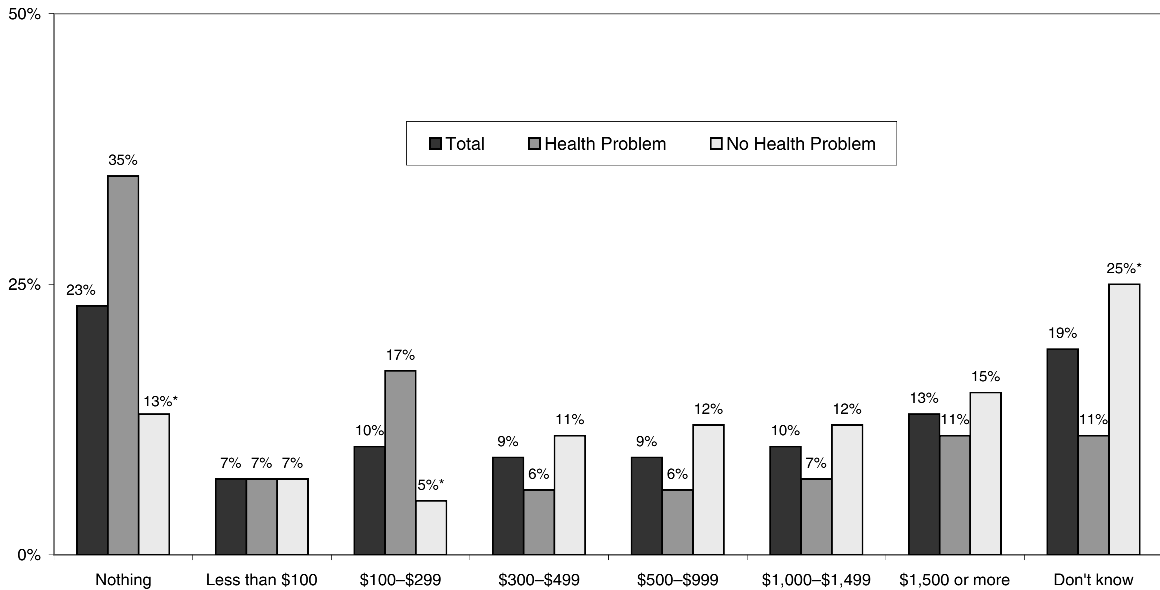
While people reported using health services at similar rates across health plans, adults with CDHPs and HDHPs were significantly more likely to report that they had avoided, skipped, or delayed health care because of costs than were those with comprehensive insurance, with problems particularly pronounced among those with health problems and lower incomes. The survey asked whether in the last year respondents had delayed or avoided getting any needed health care services because of costs. About one-third of people in HDHPs (33 percent) and CDHPs (38 percent) reported delaying or avoiding care, compared with 19 percent of those in comprehensive health plans (Figures 37 and 38). Among people who reported being in fair or poor health or having at least one chronic health condition, those in CDHPs or HDHPs reported delaying or avoiding care at significantly higher rates than those in comprehensive plans: 36 percent of those in HDHPs and 42 percent of people in CDHPs, compared with 23 percent in comprehensive plans. People in all plan types with incomes of under $50,000 reported delaying or avoiding needed care at high rates: 29 percent of those in more comprehensive plans, 36 percent of those in HDHPs and 2 in 5 of those in CDHPs reported not getting health care when it was needed.

The differences between delaying or avoiding needed care between people in high- deductible and consumer-driven health plans were greatest among those in employment-based plans. People covered by CDHPs through their employer avoided or delayed needed care at two times the rate of those covered by comprehensive plans (Figures 37 and 39). People with coverage through the individual insurance market in more comprehensive plans were as likely as those in CDHPs or HDHPs to report that they had delayed or avoided care.

The survey also asked respondents about specific types of needed health care they delayed or avoided. One-quarter of all adults with CDHPs and 22 percent with HDHPs said they had delayed or avoided a needed visit to a doctor, compared with 13 percent of those in more comprehensive plans (Figure 40). About 13 percent–17 percent of people in the high-deductible or consumer-driven plans had avoided needed visits to specialists and 9 percent–11 percent had delayed or avoided lab or imaging tests.

Figure 28

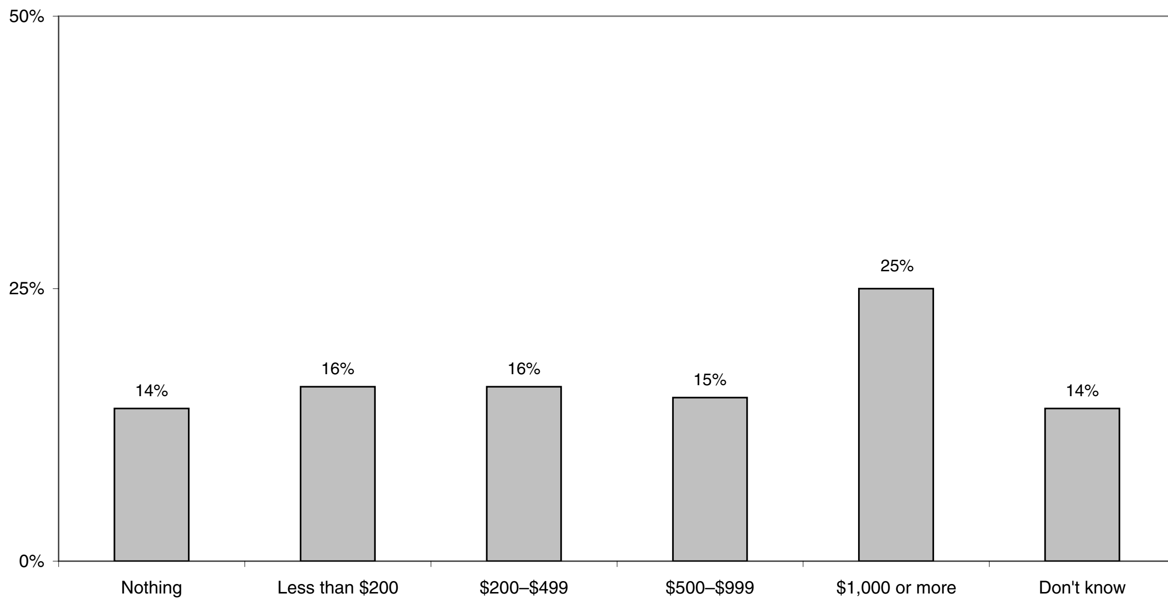
Amount of Money Rolled Over in the CDHP,[1]
Among Individuals With CDHP One Year or Longer, by Health Status**



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between health status categories is statistically significant at p ≤0.05 or better.
** Health problem defined as fair or poor health or one of eight chronic health conditions.
Note: Both single-person and family plans.

Figure 29

Amount of Money Currently in Account, Among Individuals With a CDHP[1]



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

Figure 30

Household Out-of-Pocket Health Care Costs, by Type of Health Plan

	Comprehensive[1]	HDHP[2]	CDHP[3]
Total Sample	1,506	930	722
Total			
Total annual out-of-pocket medical expenses			
Spent annually 5% or more of income	12%	33%*	29%*
Spent annually 10% or more of income	5	17*	16*
Total annual out-of-pocket medical expenses plus premium			
Spent annually 5% or more of income	22	51*	44*
Spent annually 10% or more of income	9	29*	23*
Health Problem**			
Total annual out-of-pocket medical expenses			
Spent annually 5% or more of income	18	38*	38*
Spent annually 10% or more of income	7	21*	22*
Total annual out-of-pocket medical expenses plus premium			
Spent annually 5% or more of income	28	55*	52*
Spent annually 10% or more of income	11	31*	29*
No Health Problem**			
Total annual out-of-pocket medical expenses			
Spent annually 5% or more of income	6	27*	21*
Spent annually 10% or more of income	3	11*	11*
Total annual out-of-pocket medical expenses plus premium			
Spent annually 5% or more of income	16	47*	38*
Spent annually 10% or more of income	7	26*	19*
<$50,000 Yearly Household Income			
Total annual out-of-pocket medical expenses			
Spent annually 5% or more of income	23	42*	43*
Spent annually 10% or more of income	11	23*	28*
Total annual out-of-pocket medical expenses plus premium			
Spent annually 5% or more of income	43	64*	66*
Spent annually 10% or more of income	20	43*	40*
$50,000+ Yearly Household Income			
Total annual out-of-pocket medical expenses			
Spent annually 5% or more of income	9	29*	24*
Spent annually 10% or more of income	3	13*	10*
Total annual out-of-pocket medical expenses plus premium			
Spent annually 5% or more of income	14	48*	37*
Spent annually 10% or more of income	5	18*	16*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.
** Health problem defined as fair or poor health or one of eight chronic health conditions.

In addition to delaying or avoiding health care, people in HDHPs were significantly more likely to skimp on their medications than were those in comprehensive plans. The survey asked respondents whether in the last 12 months they had not filled a prescription because of costs or if they had skipped doses of medications to make them last longer. About 30 percent of those with HDHPs and CDHPs said they had not filled a prescription because of cost or had skipped a dose of their medication, compared with 22 percent of those in comprehensive health plans (Figures 37 and 41). Among people who reported being in fair or poor health or having at least one chronic health condition, more than one-third of those in HDHPs (35 percent) and CDHPs (38 percent) had not filled a prescription because of cost or skipped a medication dose, compared with 27 percent of people with health problems in comprehensive plans. People with incomes under $50,000 across all health plans reported skimping on medications at similarly high rates.

Differences in the tendency of adults to skip or not fill prescriptions in consumer-driven and more comprehensive plans are greatest among those with employment-based insurance. About one-third of adults in HDHPs (32 percent) and CDHPs (33 percent) through an employer did not fill a prescription or skipped a dose, compared with 23 percent of adults enrolled in more comprehensive insurance through an employer (Figures 37 and 42).

Availability and Use of Cost and Quality Information

In theory, the incentives of consumer-driven health plans are designed to promote heightened sensitivity to cost and quality in people's decisions about their health care. Yet the ability of people to make informed decisions is highly dependent on the extent to which they have access to useful information.

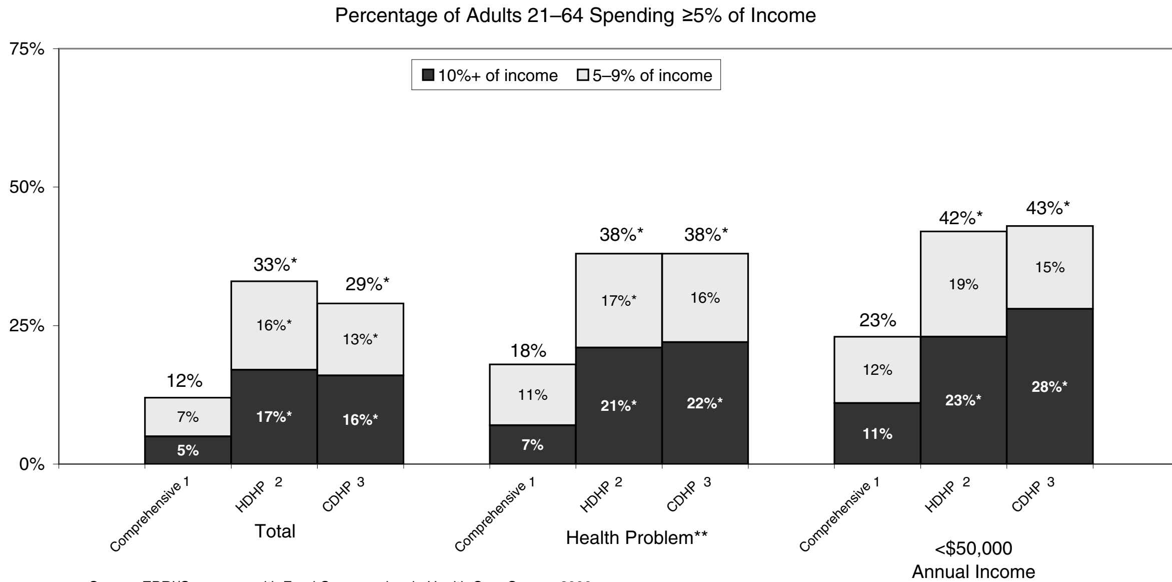
The survey asked respondents whether their health plans provided any information regarding the cost and quality of providers. Surprisingly, adults in more comprehensive health plans were significantly more likely to report that their health plans provided such information than were those in HDHPs or CDHPs. More than 45 percent of those in comprehensive plans said that their health plans provided quality information on doctors and hospitals, compared with one-third (32 percent) of those in HDHPs and just over one-quarter (27 percent–28 percent) in CDHPs (Figure 43). Similarly, 2 in 5 adults covered by comprehensive polices said their health plans provided information on the cost of hospitals and physicians, compared with 22 percent–27 percent of those in HDHPs and CDHPs. And while adults in HDHPs and CDHPs were nearly as likely those in more comprehensive plans to say that they had tried to use the health plan's quality information in selecting doctors or hospitals, they were significantly less likely than those in more comprehensive plans to say they had tried to use plan-provided cost information to choose providers.

Many people across all plan types also sought health care information from other sources. Between 23 percent and 36 percent of adults in all plan types tried to find information on the quality of doctors and hospitals from sources other than their health plans, with those in high-deductible or consumer-driven plans no more likely to do so than those in more comprehensive plans (Figure 44). Similarly, about 17 percent–24 percent looked for cost information from other sources. Again, adults in HDHPs or CDHPs were no more likely to try to find cost information than were those in more comprehensive plans. But among those who tried to find information on cost and quality, those in HDHPs and CDHPs were significantly *less likely* than those in comprehensive plans to say that they had found all of the information on cost and quality that they needed.

People looked to a wide variety of sources for health information. A majority consulted physicians frequently and many went online to explore health information Web sites, with adults in HDHPs and CDHPs more likely to say that they went online a lot or some (Figure 45). Friends or relatives were a commonly consulted source of health information among people in all plans. Adults in HDHPs were less likely than those in comprehensive plans or CDHPs to consult their health plans frequently for information. More than 50 percent of people in all plans frequently consulted magazines, books, or news stories in the general press.

But when it came down to whom they most trusted as a source of information about health care providers, adults in all health plans cited personal physicians by a substantial margin. More than half of adults said that they would most trust their doctor as a source of information about other providers, although those in more comprehensive plans were significantly more likely to cite their doctor than those in HDHPs

Figure 31
Percentage of Household Income Spent Annually on
Out-of-Pocket Medical Expenses, by Health Status and Income



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

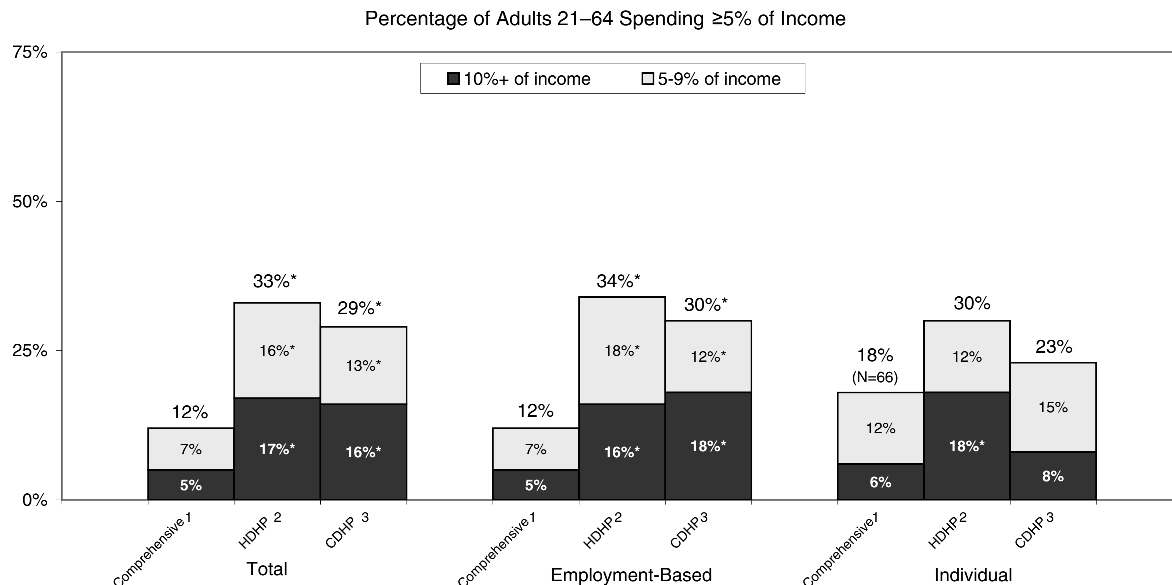
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

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

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

Figure 32
Percentage of Household Income Spent Annually on
Out-of-Pocket Medical Expenses, by Coverage Source



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

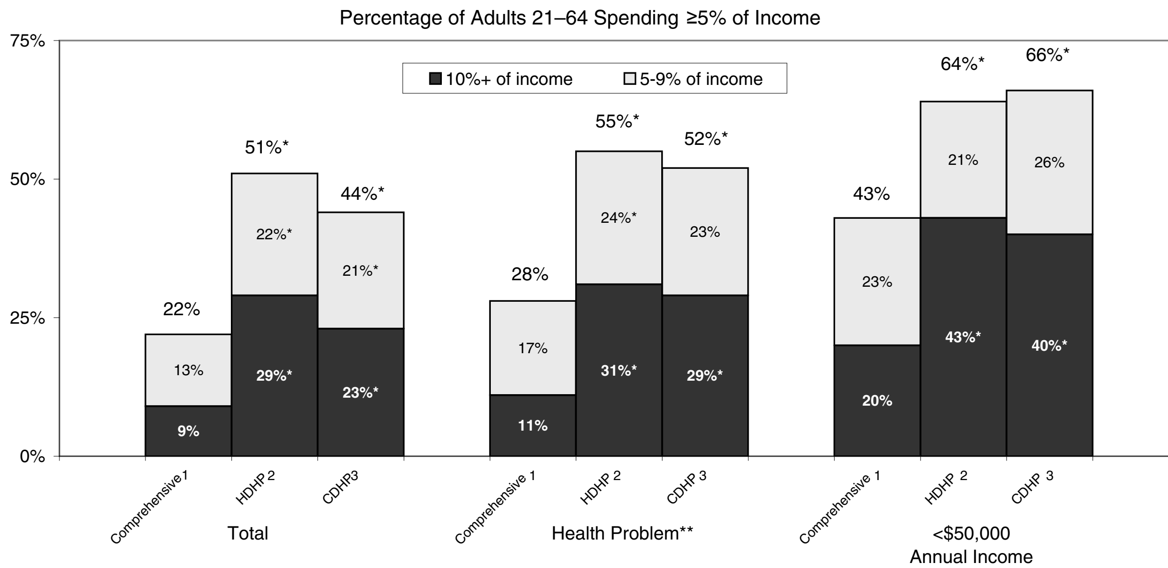
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

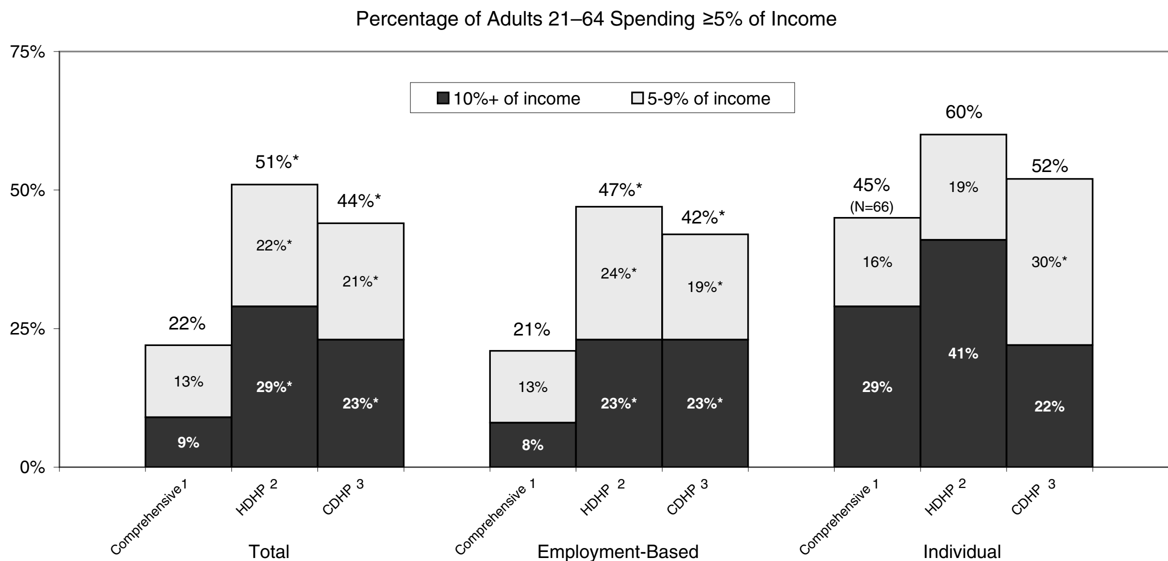
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 33
Percentage of Household Income Spent Annually on Out-of-Pocket Medical Expenses Plus Premiums, by Health Status and Income



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.
** Health problem defined as fair or poor health or one of eight chronic health conditions.

Figure 34
Percentage of Household Income Spent Annually on Out-of-Pocket Medical Expenses Plus Premiums, by Coverage Source



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 35

Health Care Use and Preventive Care, by Type of Health Plan

				Health Problem**			<$50,000 Annual Income		
	Comprehensive[1]	HDHP[2]	CDHP[3]	Comprehensive[1]	HDHP[2]	CDHP[3]	Comprehensive[1]	HDHP[2]	CDHP[3]
Total Sample	1,506	930	722	753	514	340	298	341	221
Medical Service Use (in past year)									
Filled a prescription									
Never	21%	29%*	26%	14%	19%	11%	27%	34%	28%
Once	9	9	8	4	7	6	12	9	9
2 or more times	70	62	66	82	74	83	61	58	63
Visited doctor's office or medical clinic									
Never	13	20*	16	8	12	7	18	24	17
Once	16	17	17	10	15	12	17	21	17
2 or more times	72	62	67	82	73	81	64	55	66
Been treated at a hospital ER									
Never	70	79*	78*	67	77*	77*	64	81*	79*
Once	19	14*	14*	21	16	13*	22	13*	13*
2 or more times	10	6*	7	12	7	10	13	6	8
Been admitted to a hospital									
Never	80	85*	83	77	82	75	78	88*	81
Once	14	12	12	17	14	16	14	9	12
2 or more times	6	3	5	7	4	9	7	3	7
Had a diagnostic test									
Never	40	48*	47*	29	35	31	44	56*	49
Once	26	24	24	25	28	26	24	22	24
2 or more times	35	29	29	46	37	43	32	22	27
Preventive Care									
Blood pressure checked (past year)	85	80*	80*	93	88*	91	80	75	80
Dental exam (past year)	63	58	67	63	58	64	47	50	59*
Received mammogram in past 2 years (females age 50+)	78	71	74	82	70	79	76	69	76
Received pap test in past year (females ages 19–29), in past 3 years (females age 30+)	85	78*	87	85	78	88	81	73	89
Received colon cancer screening in past 5 years (age 50+)	52	46	40*	55	52	44	33	38	28
Cholesterol checked in past 5 years	56	57	63*	67	68	77*	43	53*	57*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.
** Health problem defined as fair or poor health or one of eight chronic health conditions.

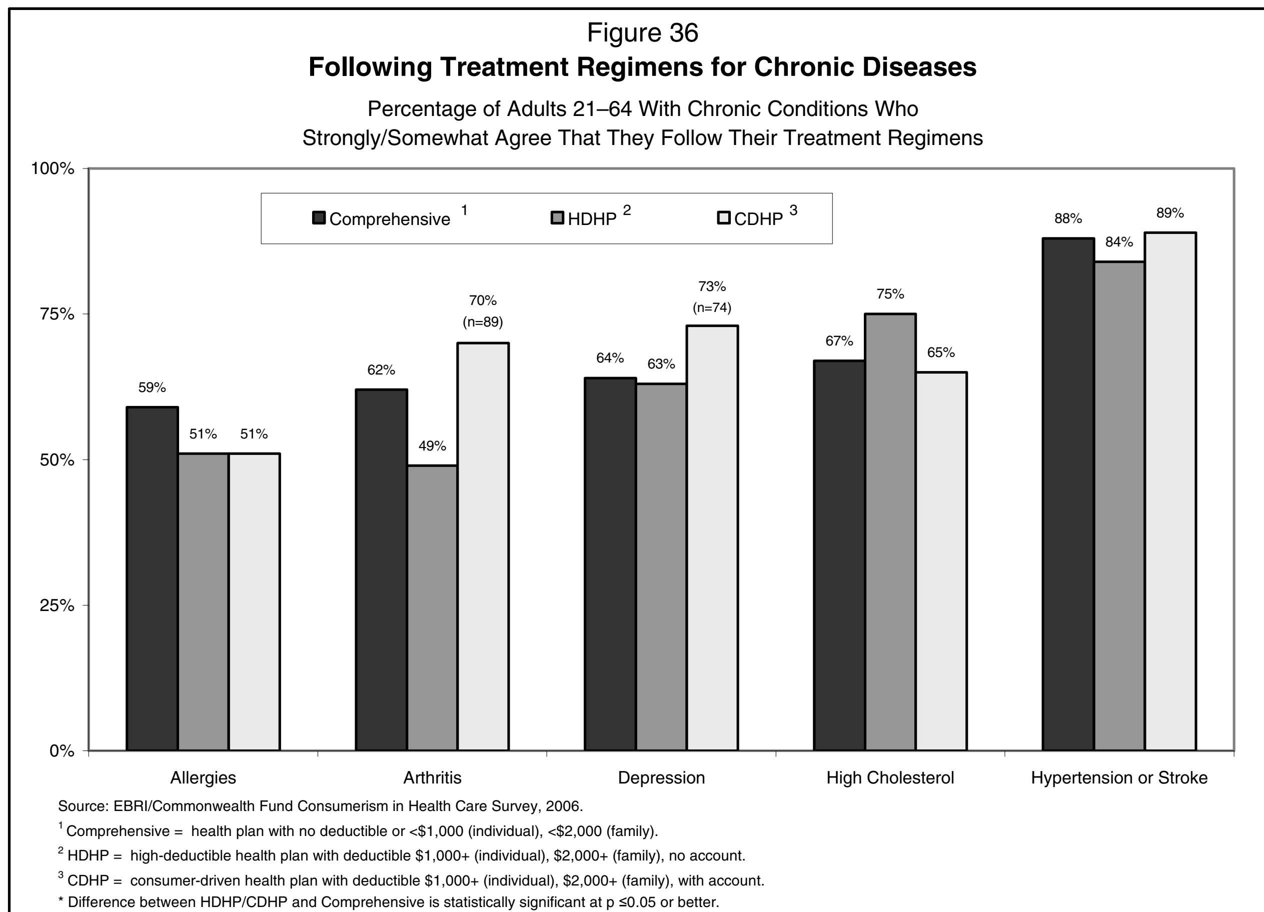
and CDHPs (Figure 46). Fewer than 1 in 5 adults said they would most trust family members or friends, with those in CDHPs more likely to say they trusted friends and family most. Between 4 percent and 6 percent of adults said they would most trust their health plans to provide information on providers, and less than 1 percent of respondents cited the government as their most trusted source.

People enrolled in CDHPs and HDHPs were somewhat more likely to consider costs in their decisions about their health care. Nearly three-quarters (73 percent) of adults in CDHPs and 3 in 5 (61 percent) of those in HDHPs strongly or somewhat agreed that the terms of their coverage made them consider cost when deciding to see a doctor when sick or fill a prescription; fewer than half (46 percent) of those in more comprehensive plans felt this way (Figure 47). Adults in high-deductible or consumer-driven plans were also more likely than those in more comprehensive plans to say that they had asked their doctor to recommend a less costly prescription drug: About 2 in 5 said they had done this, compared with 31 percent of those in more comprehensive plans (Figure 48). Adults in HDHPs were more likely to ask for a generic drug than those in more comprehensive plans. One quarter (26 percent) of adults in CDHPs said they had checked the price of a service prior to receiving care, compared to 20 percent of those in comprehensive plans. Few people participate in wellness programs offered by employers, but those in CDHPs were more likely to say they did so. Similarly, although only 17 percent of adults in CDHPs used an online cost-tracking tool, their reported use is more than twice the rate reported by people in HDHPs or comprehensive plans.

On other measures of cost-conscious decision-making, however, there were markedly slim differences between adults in high-deductible and consumer-driven health plans relative to those in more comprehensive plans. More than 2 in 5 people in all plan types reported that they talked to their doctors about treatment options and costs, with those in more comprehensive plans no less likely to say they had done this (Figure 48). Likewise, about 3 in 5 adults said they had checked whether their health plan would cover costs prior to receiving care, with no significant differences in reported behavior between those in CDHPs and HDHPs and more comprehensive plans.

Figure 36
Following Treatment Regimens for Chronic Diseases

Percentage of Adults 21–64 With Chronic Conditions Who Strongly/Somewhat Agree That They Follow Their Treatment Regimens



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

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

Conclusion

Although consumer-driven health care continues to attract significant attention from industry, the news media, and policymakers, the EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006, finds continuing low enrollment in high-deductible and consumer-driven plans. As of October 2006, just 1 percent of the U.S. adult population, or 1.3 million people ages 21–64, had a high-deductible health plan with a health savings account or health reimbursement arrangement. An additional 7 percent, or 8.5 million adults, had a health plan with a deductible high enough to make them eligible for an HSA, but had not yet opted to open an account. These findings are consistent with other recent estimates of enrollment in consumer-driven health plans.[11]

The survey also finds that, despite the expectations of some policymakers that the lower premiums and tax benefits of consumer-driven health plans would substantially reduce the number of people without health insurance, adults in CDHPs are no more likely to have been uninsured prior to enrolling in their plans than are those in more comprehensive plans.

Similarly, much of the "consumerism" discussion has focused on people's ability to manage their own health care dollars with a specially designated health savings account to which both individuals and employers can contribute. But the majority of people with high-deductible health plans do not have savings accounts. The primary reason people give for not opening an account is that they do not have enough money to put into the account. In addition, many people who do have CDHPs either do not contribute to the accounts or their employers do not. About one-third of the 1.3 million adults in CDHPs do not receive contributions to their accounts from their employers, and nearly 1 in 5 does not contribute his or her own dollars to the account. People with lower incomes who have CDHPs are much less likely to contribute to their accounts than are those in higher-income households.

In addition, people in high-deductible health plans by law can have the cost of preventive services excluded from their deductible and still be eligible for an HSA. This provision in the legislation was designed to encourage people with high deductibles to get regular screening tests like mammograms and colonoscopies. Yet the survey finds that more than half of adults in CDHPs, including those with coverage through their employers, reported that their deductibles applied to all their medical care.

People with CDHPs continue to report that their health plans are not easy to understand and, if anything, confusion about the plans is rising. In 2006, only 45 percent of adults in CDHPs said their health plan was easy to understand, down from 54 percent in 2005. In contrast, about two-thirds of adults in more comprehensive plans said their plans were easy to understand.

The 2006 survey finds continuing low satisfaction with high-deductible and consumer-driven plans. As in 2005, adults with CDHPs and HDHPs are far more likely than people with comprehensive plans to report dissatisfaction with several aspects of their health care, including quality of care, out-of pocket costs, and overall satisfaction with their plans. Moreover, just one-third of adults in CDHPs said they were very likely to remain in their plan if they had the opportunity to change, and only 3 in 10 would be very likely to recommend their plan to a friend or co-worker.

The high rates of dissatisfaction with costs likely stem from the substantial shares of income that people in these plans are spending, particularly those with health problems or annual household incomes under $50,000. More than half of adults with HDHPs and 44 percent of those in CDHPs spend 5 percent or more of their income on out-of-pocket costs and premiums, compared with 22 percent in comprehensive plans.

People in consumer-driven and high-deductible plans reported using health services at rates similar to those in comprehensive plans, and there are just a few reported differences in the use of preventive screens or tests. Adults over age 50 in CDHPs are significantly less likely than those in more comprehensive plans to have received a colon cancer screen in the past five years. And while all adults in CDHPs are less likely to have had their blood pressure checked in the last year than those in more comprehensive plans, they are more likely to have had their cholesterol checked in the past five years. Among adults with chronic health conditions, those in CDHPs are no less likely to report that they adhere to their treatment regimens than are adults in more comprehensive plans.

Figure 37

Access Issues, by Type of Health Plan

	Comprehensive[1]	HDHP[2]	CDHP[3]
Total Sample	1,506	930	722
Total			
Not filled a prescription due to cost (you or family members)	16%	21%*	23%*
Skipped doses to make medication last longer (of those who were given a prescription) (you or family members)	16	22*	23*
Not filled a prescription due to cost or skipped doses to make medication last longer (summary of above data)	22	29*	31*
Delayed or avoided getting health care due to cost (you or family members)	19	33*	38*
Any of the above (summary of subset)	25	39*	39*
Health Problem**			
Not filled a prescription due to cost	18	25*	25*
Skipped doses to make medication last longer (of those who were given a prescription)	21	28*	29*
Not filled a prescription due to cost or skipped doses to make medication last longer (summary of above data)	27	35*	38*
Delayed or avoided getting health care due to cost	23	36*	42*
Any of the above (summary of subset)	30	45*	45*
No Health Problem**			
Not filled a prescription due to cost	13	17	22*
Skipped doses to make medication last longer (of those who were given a prescription)	11	15	17
Not filled a prescription due to cost or skipped doses to make medication last longer (summary of above data)	18	22	25*
Delayed or avoided getting health care due to cost	16	28*	35*
Any of the above (summary of subset)	20	32*	34*
Less Than $50,000 Yearly Household Income			
Not filled a prescription due to cost	20	25	23
Skipped doses to make medication last longer (of those who were given a prescription)	21	23	26
Not filled a prescription due to cost or skipped doses to make medication last longer (summary of above data)	29	31	33
Delayed or avoided getting health care due to cost	29	36	40
Any of the above (summary of subset)	35	44	45
$50,000 or More Yearly Household Income			
Not filled a prescription due to cost	13	19*	23*
Skipped doses to make medication last longer (of those who were given a prescription)	14	20*	21*
Not filled a prescription due to cost or skipped doses to make medication last longer (summary of above data)	19	27*	29*
Delayed or avoided getting health care due to cost	14	30*	36*
Any of the above (summary of subset)	21	34*	35*
Employment-Based Insurance			
Not filled a prescription due to cost	16	22*	25*
Skipped doses to make medication last longer (of those who were given a prescription)	16	24*	25*
Not filled a prescription due to cost or skipped doses to make medication last longer (summary of above data)	23	32*	33*
Delayed or avoided getting health care due to cost	19	33*	40*
Any of the above (summary of subset)	25	40*	42*
Individually Purchased Insurance	**(n=66)**		
Not filled a prescription due to cost	12	18	18
Skipped doses to make medication last longer (of those who were given a prescription)	15	17	11
Not filled a prescription due to cost or skipped doses to make medication last longer (summary of above data)	18	24	21
Delayed or avoided getting health care due to cost	28	32	30
Any of the above (summary of subset)	31	37	28

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.
** Health problem defined as fair or poor health or one of eight chronic health conditions.

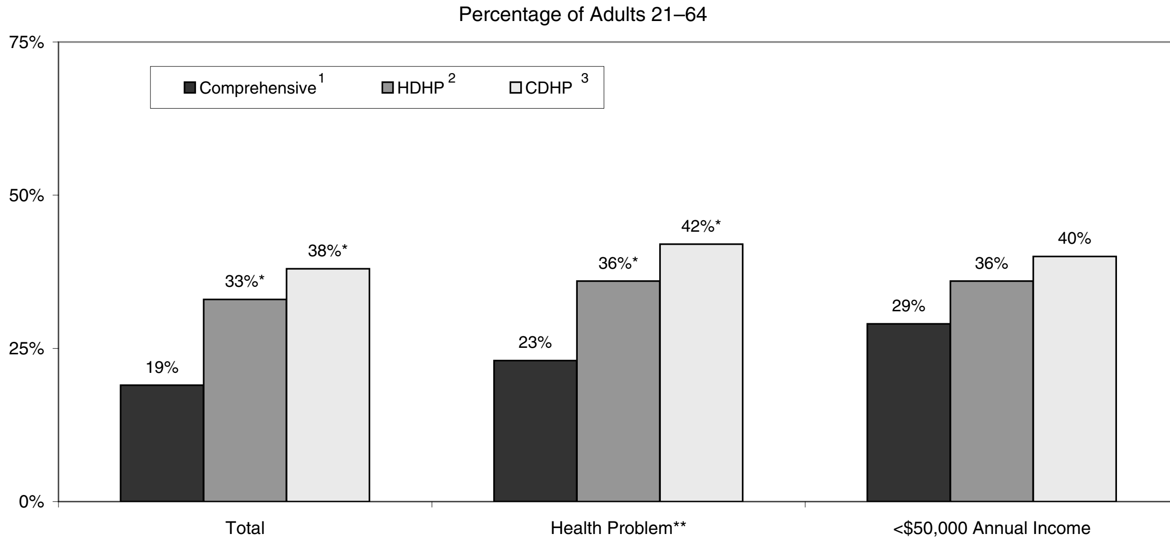


Figure 38
Percentage of Adults Who Have Delayed or Avoided Getting
Needed Health Care Due to Cost, by Health Status and Income
Percentage of Adults 21–64
75%
50%
25%
0%
Comprehensive 1
HDHP 2
CDHP 3
19%
33%*
38%*
23%
36%*
42%*
29%
36%
40%
Total
Health Problem**
<$50,000 Annual Income
Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
1 Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
2 HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
3 CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.
** Health problem defined as fair or poor health or one of eight chronic health conditions.

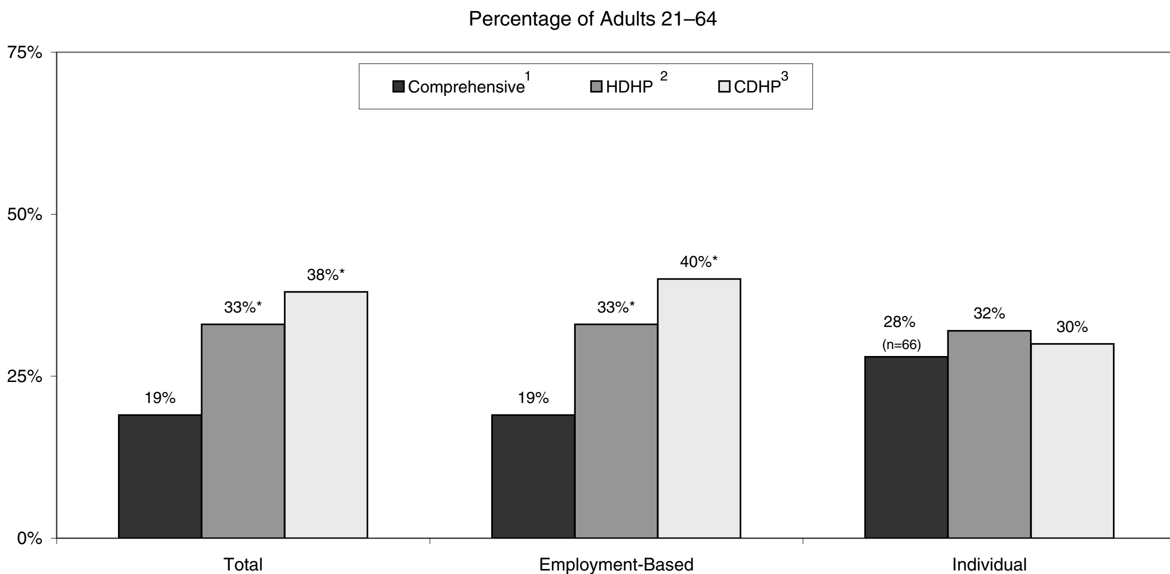


Figure 39
Percentage of Adults Who Have Delayed or Avoided Getting
Needed Health Care Due to Cost, by Coverage Source
Percentage of Adults 21–64
75%
50%
25%
0%
Comprehensive 1
HDHP 2
CDHP 3
19%
33%*
38%*
19%
33%*
40%*
28%
(n=66)
32%
30%
Total
Employment-Based
Individual
Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
1 Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
2 HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
3 CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

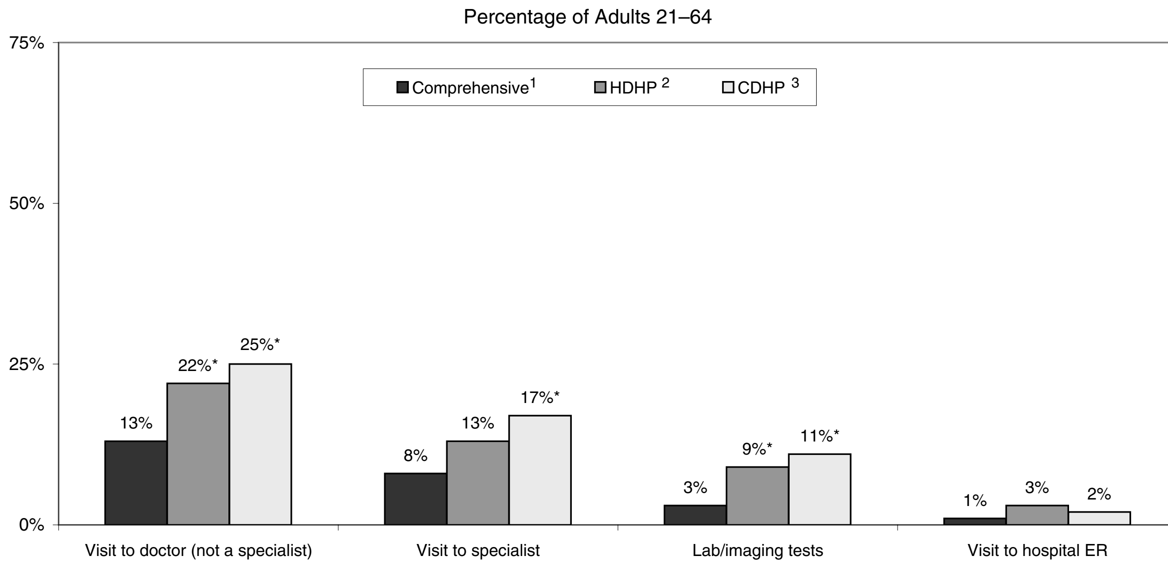
Yet, when people were asked if they avoided or delayed needed health care because of costs, those in high-deductible and consumer-driven plans were significantly more likely to say yes. One-third of those in CDHPs and HDHPs reported delaying or avoiding care because of costs, compared with 1 in 5 of those in more comprehensive health plans. Differences were also pronounced among people with health problems. More than 2 in 5 adults with CDHPs who had health problems said they had avoided or delayed needed care, compared with 23 percent of people with health problems in more comprehensive plans.

The 2006 survey reveals a growing awareness among adults in all plan types of the need for information about quality and cost in selecting higher-quality and lower-cost providers. Adults in HDHPs and CDHPs are significantly more likely to say that the terms of their health plan made them consider costs when deciding to see a doctor when sick or fill a prescription, to report that they had checked the price of a service prior to receiving care, and to ask their doctor for a less costly prescription drug. But on other measures of cost-conscious decision-making, there were markedly slim differences between those in high-deductible and consumer-driven health plans relative to people in more comprehensive plans. About 2 in 5 people in all plan types reported that they talked to their doctors about treatment options and costs and 3 in 5 adults said they had checked whether their health plan would cover costs prior to receiving care, with those in more comprehensive plans no less likely to report such behavior than those in CDHPs and HDHPs.

At its most fundamental level, consumerism in health care is an attempt to wrest control of the rapid growth in health care costs experienced by employers over the first half of this decade by addressing the incentives surrounding the *demand* for health care. This survey finds that people in consumer-driven and high-deductible plans are somewhat more sensitive to the costs of health care. But the survey also reveals that people with lower and moderate incomes across all plan types are becoming increasingly vulnerable to the rising costs of health care, with many spending in excess of 5 percent or 10 percent of their income on premiums and health care costs. Indeed, the primary reason people give for joining CDHPs and HDHPs is the lower premium. The survey finds evidence that insured adults in all plan types with incomes under $50,000 have substantially lower rates of some cancer screens and diagnostic tests as well as primary care than people in higher-income households. An obvious concern about the future is that if cost-sharing continues to climb in the work place and income grows as slowly as it has over the past few years, will greater numbers of families delay health care that might prevent or mitigate more serious—and costly—illness later on? The findings of the report suggest that new strategies that go beyond cost-sharing are needed to encourage the timely use of high-quality preventive and primary care services and the appropriate management of chronic conditions.

Figure 40

Percentage of Adults Who Have Delayed or Avoided Getting Needed Health Care Due to Cost, by Type of Care Delayed

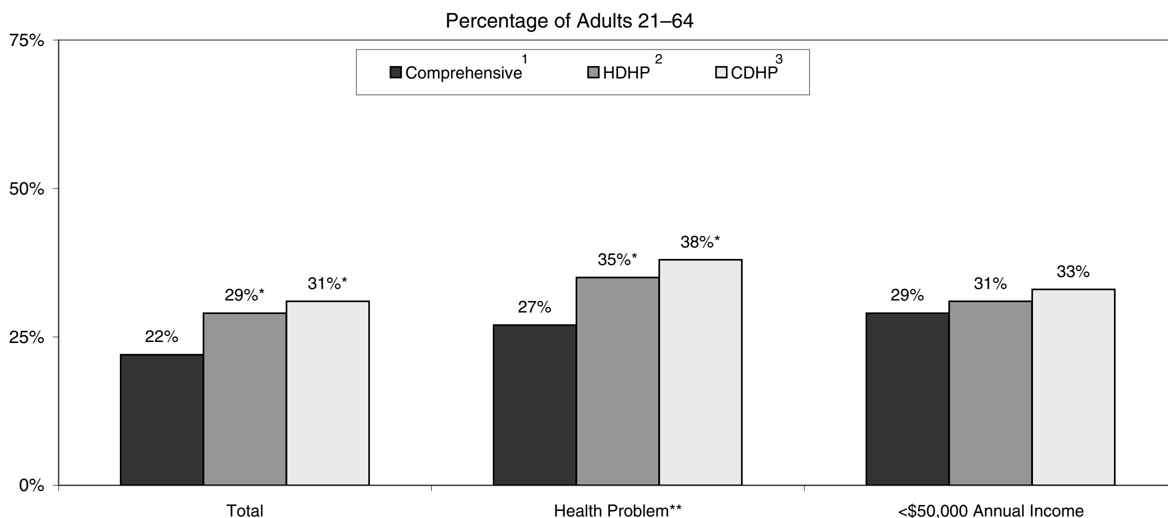


Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 41

Percentage of Adults Who Have Not Filled a Prescription Due to Cost or Who Have Skipped Doses to Make a Medication Last Longer, by Health Status and Income

Percentage of Adults 21–64



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.
** Health problem defined as fair or poor health or one of eight chronic health conditions.

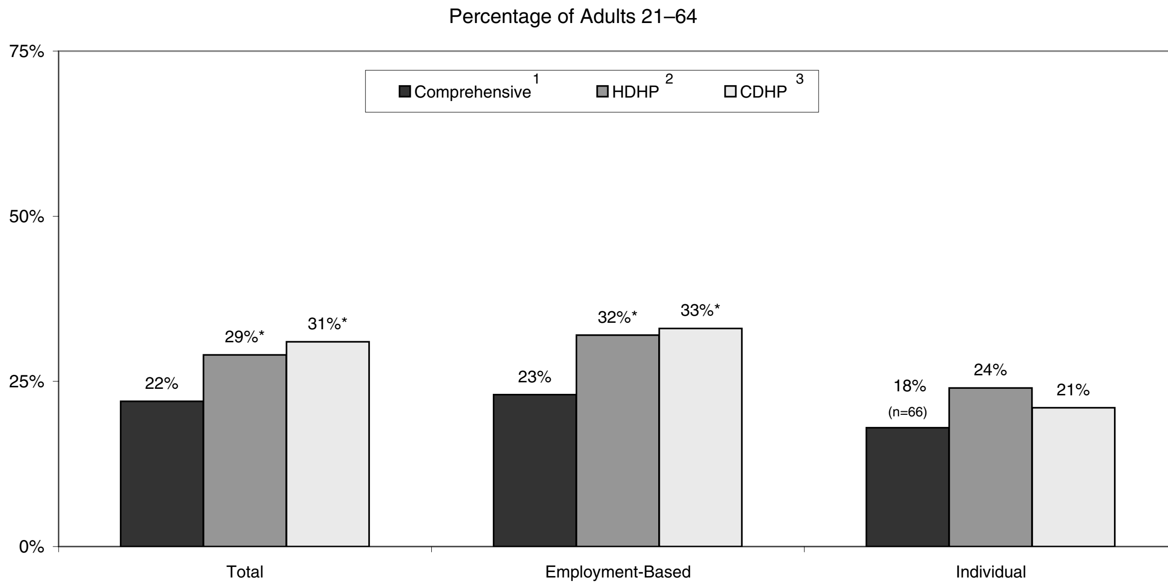


Figure 43

Availability and Use of Quality and Cost Information Provided by Health Plan

	Comprehensive[1]	HDHP[2]	CDHP[3]
Health plan provides information on quality of care provided by:			
Doctors	47%	32%*	28%*
Hospitals	46%	32%*	27%*
Health plan provides information on cost of care provided by:			
Doctors	40%	27%*	22%*
Hospitals	40%	26%*	22%*
Of those whose plans provide info on quality, how many tried to use it for:			
Doctors	54%	52%	47%
Hospitals	44%	38%	36%
Of those whose plans provide info on cost, how many tried to use it for:			
Doctors	49%	40%*	36%*
Hospitals	45%	34%*	37%

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Figure 44

Effort to Find Information on Quality and Cost From Sources Other Than Health Plans

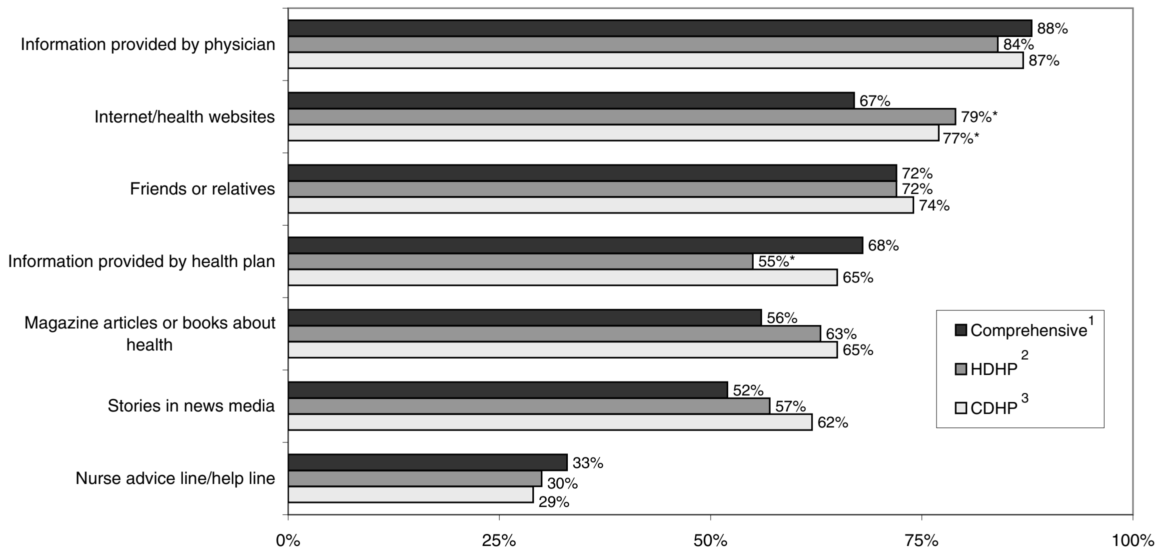
	Comprehensive[1]	HDHP[2]	CDHP[3]
Tried to find information from sources other than health plans on quality of care provided by:			
Doctors	33%	36%	31%
Hospitals	26	25	23
Tried to find information from sources other than health plans on cost of care provided by:			
Doctors	23	24	22
Hospitals	20	19	17
Of those who tried to find info on quality, how many found all they needed for:			
Doctors	77	57*	57*
Hospitals	79	64*	65*
Of those who tried to find info on cost, how many found all they needed for:			
Doctors	71	53*	48*
Hospitals	67	52*	49*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 45

Resources Used for Health Information, by Type of Health Plan

Percentage of Adults 21–64 Who Use the Following Resources a Lot/Some

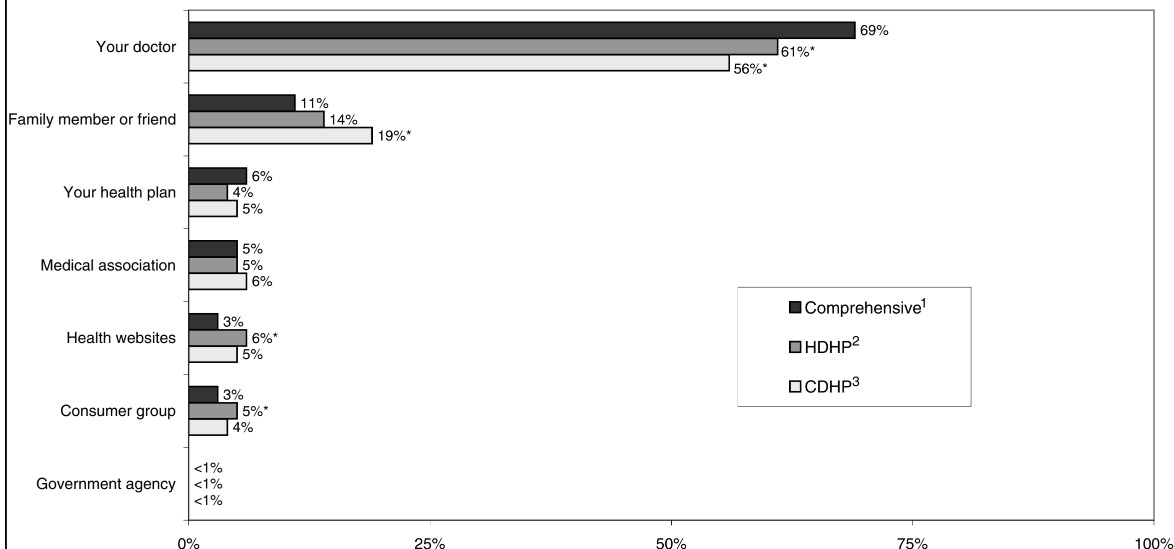


Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Figure 46

Most Trusted Sources for Information on Health Care Providers, by Type of Health Plan

Percentage of Adults 21–64



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

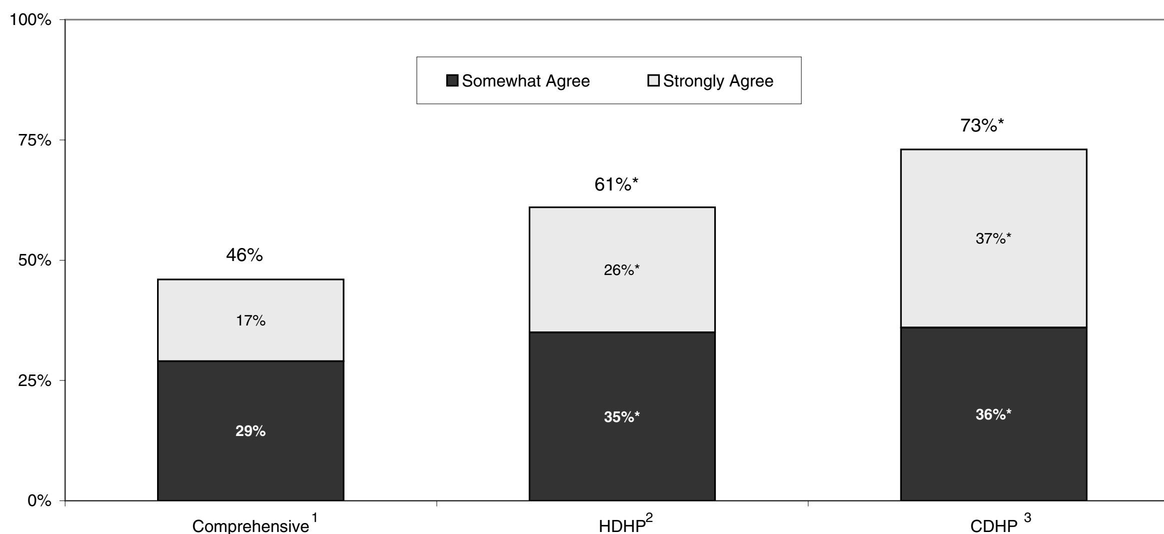
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

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

Figure 47

Percent of Individuals Who Agree That Terms of Coverage Make Them Consider Cost When Deciding to Seek Health Care Services

Percentage of Adults 21–64



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.

[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

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

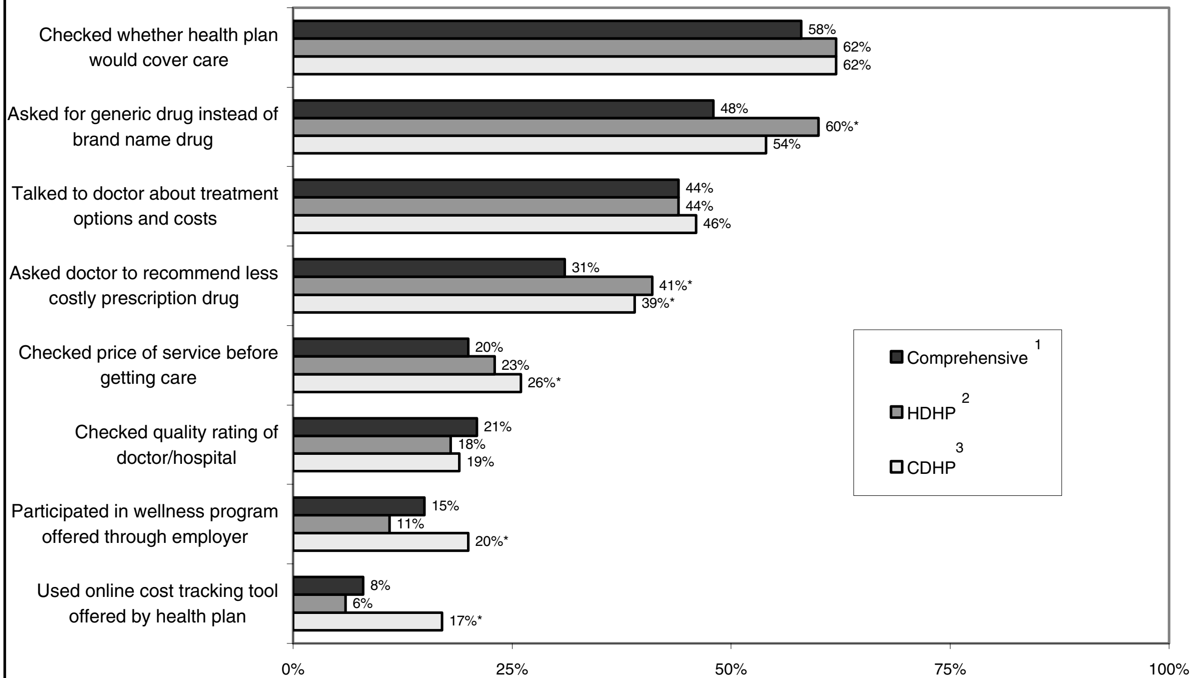


Figure 48
Cost-Conscious Decision Making, by Type of Health Plan
Percentage of Adults 21–64 Who Received Health Care in Last 12 Months

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006.
[1] Comprehensive = health plan with no deductible or <$1,000 (individual), <$2,000 (family).
[2] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
[3] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤0.05 or better.

Appendix – Methodology

The findings presented in this *Issue Brief* were derived from the EBRI/Commonwealth Fund Consumerism in Health Care Survey (CHCS), an online survey that examines issues surrounding consumer-directed health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with their health care plan, reasons for choosing their plan, and sources of health information. The survey was conducted within the United States between September 1–19, 2006, through a 14-minute Internet survey. The national or base sample was drawn from Synovate's online sample of 1.5 million Internet users who have agreed to participate in research surveys. More than 1,600 adults (n=1,631) ages 21 to 64 who have health insurance through an employer or purchased directly from a carrier were drawn randomly from the Synovate sample for this base sample. This sample was stratified by gender, age, region, income, education, and race. The response rate for the base sample (national sample) was 17 percent.

To examine the issues mentioned above, respondents were assigned into one of three groups: those with a consumer-driven health plan (CDHP), those with a high-deductible health plan (HDHP), and those with more comprehensive health insurance. Individuals were assigned to the CDHP and HDHP group if they had a deductible of at least $1,000 for individual coverage or $2,000 for family coverage. To be assigned to the CDHP group, they must also have had an account, such as a health savings account (HSA) or health reimbursement arrangement (HRA) that they can use to pay for medical expenses. To be counted as having a CDHP, respondents had to have accounts with certain provisions—either they could roll over unspent funds at the end of the year or they could take the accounts with them if they changed jobs. Individuals with only a flexible spending account (FSA) were not included in the CDHP group.

Individuals were assigned to the HDHP group if they did not have an account used for medical expenses with a rollover provision or portability if they changed jobs. This group includes individuals with HSA-

eligible health plans, but because individuals were not asked about maximum out-of-pocket expenses under their plan, this group may also include individuals with high deductibles who are not eligible to contribute to an HSA. Individuals with comprehensive health insurance include a broad range of plan types, including HMOs, PPOs, other managed care plans, and plans with a broad variety of cost-sharing arrangements. The shared characteristic of this group is that they either have no deductible or deductibles that are below current thresholds that would quality for HSA tax preference, and they do not have an HRA-based plan.

The box below includes the questions and skip patterns that were used to assign the sample into the three analysis groups: those with comprehensive insurance, those with a CDHP, and those with a HDHP.

S5. Does your health plan have a deductible for medical care? [A deductible is the amount you have to pay before your insurance plan will start paying any part of your medical bills.]

Yes
Yes, but only when I go out of network
No
Don't know

S6a. [IF HAVE FAMILY COVERAGE ASK:] What is the amount of your family deductible for medical care? (If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.)

Less than $2,000
$2,000 or more
Don't know
Have a separate deductible for each family member

S6aa. [IF DEDUCTIBLE IS BETWEEN $2,000 AND $2,999, ASK:] Is your family deductible less than $2,100 or is it $2,100 to $2,999?

Less than $2,100
$2,100-$2,999
Don't know

S6b. [IF DON'T KNOW AMOUNT OF DEDUCTIBLE, ASK:] Is the family deductible less than $2,000 or $2,000 or more?
Less than $2,000
$2,000 or more
Don't know

S7a. [IF HAVE INDIVIDUAL COVERAGE OR HAVE SEPARATE DEDUCTIBLES FOR FAMILY COVERAGE, ASK:] What is the amount of your annual per person deductible for medical care? (If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.)

Less than $1,000
$1,000 or more
Don't know

S7aa. [IF DEDUCTIBLE IS BETWEEN $1,000 AND $1,499, ASK:] Is your family deductible less than $1,050 or is it $1,050 to $1,499?

Less than $1,050
$1,050-$1,499
Don't know

S7b. [IF DON'T KNOW AMOUNT OF DEDUCTIBLE, ASK:] Is the deductible less than $1,000 or $1,000 or more?

Less than $1,000
$1,000 or more
Don't know

S12a. Do you have a special account or fund you can use to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.

Yes
No
Don't know

S12b. Are you allowed to roll over unspent money for your use in the following year?

Yes
No
Don't know

S12c. Can you carry your account with you if you leave your job?

Yes
No
Don't know

Because the base sample only included 21 individuals in a CDHP and 104 individuals with a HDHP, the survey added an oversample of individuals with a CDHP or HDHP. The oversample included 701 individuals with a CDHP and 826 individuals with a HDHP, resulting in a total sample (base plus oversample) of 722 for the CDHP group and 930 for the HDHP group. After factoring out of the base sample the 21 individuals with a CDHP and the 104 individuals with a HDHP, there are 1,506 individuals in our sample with a comprehensive health plan.

In addition to being stratified, the base sample was also weighted by gender, age, education, region, income, and race/ethnicity to reflect the actual proportions in the population age 21 to 64 with private health insurance coverage.[12] The CDHP and HDHP oversamples were weighted by gender, age, income, and race/ethnicity, using the demographic profile of the CDHP and HDHP respondents to the omnibus survey described below.

To efficiently identify respondents who would qualify for the CDHP and HDHP oversamples, the survey used Synovate's omnibus survey of more than 95,000 online panel members who met the criteria for our study (having private insurance and age 21–64.) The following three questions were used in the July Omnibus Survey to identify likely CDHP and HDHP respondents:

[ALL THREE QUESTIONS TO BE ASKED OF THOSE AGE 21–64]

1. Which of the following best describes your current health insurance status:

I have health insurance through a government plan such as
Medicare, Medicaid, or Veterans benefits 1
I have health insurance through my job or the job
of another family member (such as spouse or parent) 2
I have health insurance that I purchase from a health
insurance company..3

I have other health insurance (specify ________________)................................4
I do not have health insurance currently..5

[IF Q1 = 1,5, SKIP THE OTHER 2 QUESTIONS]

2. Which of the following best describes your health plan's deductible:

[A deductible is the amount you have to pay before your insurance plan will start paying any part of your medical bills.]

No deductible
Individual or Single Coverage
My deductible is less than $1,000
My deductible is $1,000 or more
Don't know amount of individual deductible
Family Coverage
My deductible is less than $2,000 for me and my family
My deductible is $2,000 or more for me and my family
Don't know amount of family deductible
Don't know if have deductible

3. Do you have a special account or fund you can use to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.

Yes
No
Not sure

While panel Internet surveys such as the CHCS are nonrandom, the sample is randomly drawn from the panel and studies have demonstrated that such surveys, when carefully designed, obtain results comparable to random-digit-dial telephone surveys. Taylor (2003), for example, provides the results from a number of surveys that were conducted at the same time using the same questionnaires both via telephone and online. He found that the use of demographic weighting alone was sufficient to bring almost all of the results from the online survey close to the replies from the parallel telephone survey. He also found that in some cases propensity weighting, meaning the propensity for a certain type of person to be online, reduced the remaining gaps, but in other cases it did not reduce the remaining gaps. Perhaps the most striking difference in demographics between telephone and online surveys was the under-representation of minorities in online samples.

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Endnotes

[1] Calculated from Claxton, et al., 2006 and Census data.

[2] In 2005, 62 percent of the population under age 65, accounting for 159.5 million nonelderly individuals, had some form of employment-based health benefits, down from 66.8 percent in 2000 (Fronstin, 2006).

[3] In 2006, 38 percent of workers with an employee-only PPO had a deductible of at least $500, up from 14 percent in 2000. A similar trend was found for workers with a point-of-service plan. See Exhibit 7.5 in www.kff.org/insurance/7527/upload/7527.pdf).

[4] Between 2004 and 2006, the percentage of workers with an office visit co-payment of at least $20 increased from 39 percent to 53 percent (see Exhibit 7.15 in www.kff.org/insurance/7527/upload/7527.pdf). See Exhibit 9.4 for trends in co-payments for prescription drug benefits.

[5] In 2004, 19 percent of large employers use a tiered network for some combination of physician and hospital services, up from 11 percent in 2003 (Mercer Human Resources Consulting, 2004a). Nearly 20 percent of small employers and 20 percent of large employers are likely to introduce tiered cost sharing for some combination of physician and hospital services in 2007 (see Exhibit 12.2 in www.kff.org/insurance/7527/upload/7527.pdf).

[6] See Appendix for more detail on the methodology.

[7] Comprehensive plans include a broad range of plan types, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), other managed care plans and plans with a broad variety of cost-sharing arrangements. The shared characteristic of this group is that they either have no deductible or deductibles that are below current thresholds that would quality for HSA tax preference or that are generally associated with HRAs.

[8] Our findings on lack of growth in CDHP and HDHP between 2005 and 2006 are consistent with other studies. In fact, enrollment in HSA-qualified plans was expected to grow substantially in 2006, but according to some studies has not grown as expected. A survey conducted in 2004 found that 73 percent of employers with 500 or more employees were very or somewhat likely to offer an HSA by 2006, but a similar survey conducted in 2005 found that only 13 percent were expecting to offer them in 2006 (Mercer Human Resources Consulting, 2005). This survey also found that only 5 percent of employers with 500 or more employees were offering HSA plans in 2005. More recently, according to a mid-year survey conducted in 2006, the dramatic growth in account-based health plan enrollment seems to be slowing down (see *Inside Consumer-Directed Care*, July 28, 2006 and October 27, 2006). Another survey found that total enrollment among workers increased by only 300,000, from 2.4 million to 2.7 million, with 1.4 million enrolled in HSA-based plans and another 1.3 million in HRA-based plans (Claxton, et al., 2006). There are other surveys that suggest a much higher growth rate and higher enrollment. An occasional survey conducted by the trade association for health plans, AHIP, found that enrollment in HSA-qualified plans increased from 1 million in March 2005 to 3.2 million in January 2006 (See www.ahipresearch.org/pdfs/HSAHDHPReportJanuary2006.pdf). This survey has higher enrollment numbers than other surveys because it includes the number of covered dependents and also examines coverage in the individual market. Because nearly one-half of enrollment growth in this survey could not be allocated to either employment-based coverage or the individual market the survey cannot tell us how the two sectors are accounting for enrollment growth. According to Steve Davis, editor of *Inside Consumer-Directed Care*, total enrollment in CDHPs increased from 3.5 million in 2005 to 6.5 million in 2006 (personal communication, Oct. 2006). Based on data from 2005 on the total size of the market for employment-based and individually purchased health coverage (the most recent data available) about 2 percent of the market was covered by a CDHP.

[9] In contrast to our 9 percent estimate, AHIP reports that 31 percent of individuals with an HSA-qualified plan in the individual market were previously uninsured (See www.ahipresearch.org/pdfs/HSAHDHPReportJanuary2006.pdf). AHIP also reports that 33 percent of small employers offering an HSA-qualified plan did not previously offer coverage, but it is impossible to know what percentage of their employees were previously uninsured. This estimate is not comparable to our 10 percent estimate because our estimate for CDHPs includes individuals with HRAs, which was not covered by the AHIP study, and AHIP did not provide data on the insurance status of workers and their dependents.

[10] Similarly, Claxton et al. (2006) found that 37 percent of employers offering an HSA-qualified HDHP did not contribute to the HSA, which covers 30 percent of workers covered by these plans.

[11] See endnote 8.

[12] In theory, a random sample of 1,204 yields a statistical precision of plus or minus 3 percentage points (with 95 percent confidence) of what the results would be if the entire population ages 21 to 64 with private health insurance coverage were surveyed with complete accuracy. There are also other possible sources of error in all surveys that may be more serious than theoretical calculations of sampling error. These include refusals to be interviewed and other forms of nonresponse, the effects of question wording and question order, and screening. While attempts are made to minimize these factors, it is impossible to quantify the errors that may result from them.

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