

Trends in Cost Sharing for Medical Services, 2013–2018

Employee Benefit Research Institute

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Center for Research on Health Benefits Innovation

This study was conducted through the EBRI Center for Research on Health Benefits Innovation (EBRI CRHBI). Launched in 2010, the CRHBI focuses on helping employers assess the impact that plan design, with the goal of increasing consumer engagement, has on cost, quality, and access to health care.

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Data

This study made use of data from the IBM MarketScan® Commercial Database and Benefit Plan Design Database (copyright © 2020 IBM, all rights reserved). The IBM MarketScan® Databases contain individual-level, de-identified health insurance enrollment and plan design information from employers and health plans across the United States that provide health coverage for between 23 and 25 million people, depending upon the year, between 2013 and 2018. This analysis is based on a sample of 5.9 million individuals who were continuously enrolled in the dataset from 2013 to 2018.

2020 CRHBI Funders

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Mixed Trends in Enrollment by Plan Type

- The biggest change in plan enrollment was the movement of enrollees from PPO/POS plans to HSA-eligible health plans. The percentage of enrollees in HSA-eligible health plans more than doubled between 2013 and 2018, increasing from 4 percent to 10 percent (Figure 2).
- There was a one-time increase in HRA enrollment between 2013 and 2014. Otherwise, enrollment in HRAs has remained flat since 2014.
- Enrollment in HMOs/EPOs fell slightly between 2013 and 2018 but only accounted for a small share of the market in 2013.



Trends in Plan Deductibles

Deductibles are trending up.

- All enrollees: Among enrollees with deductibles, there has been an across-the-board increase in deductibles, regardless of plan type or employee demographic, since 2013.
- Employee-only coverage: Deductibles for employee-only coverage increased from \$724 to \$1,100 between 2013 and 2018 (Figure 3) a 52 percent increase.
- Family coverage: Deductibles for family coverage increased from 1,534 to \$2,225 between 2013 and 2018 a 45 percent increase.

Deductibles varied significantly by plan type.

- Enrollees in HSA-eligible health plans faced the highest average deductibles (\$2,673 for employee-only coverage in 2018).
- This is followed by HRAs, then PPO/POS, comprehensive, and HMO/EPO (Figures 4–5).



Trends in Plan Deductibles (continued)

Increases in deductibles also vary.

- The largest increase in deductibles between 2013 and 2018 occurred among enrollees in HMO/EPO, followed by PPO/POS and comprehensive.
- Deductibles in HRAs and HSA-eligible health plans increased the least (Figure 6). They barely increased for those with employee-only coverage, and they increased less than 5 percent for those with family coverage.



Trends in Plan Deductibles (continued)

- There are limited demographic differences in deductibles.
 - Gender: There was no discernible difference in deductibles by gender (Figure 7). Men and women appear to pick health plans with comparable deductibles.
 - Age: There was also no discernible difference in deductibles by age, with one exception individuals ages 55–64 appear to choose lower-deductible plans (Figures 8–9). This is not a surprise as they use the most health care services on average.
 - Payroll Status: Salaried individuals have higher deductibles than hourly individuals (Figure 10).
 This is no surprise as salaried individuals have higher income on average than hourly individuals and are therefore better able to afford higher deductibles.
 - Union vs. Non-Union: Individuals in unions have lower deductibles than those not in unions (Figure 11). This is not surprising since unions often trade off wages for benefits.



Copayment Increases and Variation

- Copayments have increased for each type of health care service examined, by an average annual rate of:
 - 5 percent for emergency departments.
 - 3 percent for specialist visits.
 - 2 percent for primary care physician visits.
 - 1 percent for inpatient admissions (Figure 12).
- There is considerable variation in copayment levels by type of health care service.
 - Copayments are highest for emergency department visits (\$141 in 2018).
 - They are lowest for primary care physician office visits (\$22 in 2018) (Figure 13).



Copayment Variation (continued)

- There are variations in copayments between salaried and hourly employees as well as between union and non-union employees.
 - Salaried vs. hourly employee copayments:
 - **Emergency department** visit copayments were 15 percent higher in 2018 in health plans of salaried employees (Figure 14).
 - Inpatient admission copayments were 29 percent higher in 2018 in health plans of salaried employees (Figure 15).
 - Specialist physician copayments were 7 percent higher among salaried employees in 2018 (Figure 16).
 - There was no meaningful difference in copayments for **primary care physician** visits between salaried and hourly employees (Figure 17).



Copayment Variation (continued)

- Union vs. non-union copayments vary.
 - Emergency department copayments were lower for union members than for non-union members (21 percent lower in 2018).
 - Specialist visit copayments were lower for union members (10 percent lower in 2018) (Figures 18 and 21).
 - Inpatient admission copayments were 9 percent higher among union members compared with non-union members (Figure 19).
 - Primary care visit copayments were higher among union members, though the difference was only 1 percent (Figure 20).
- We found considerable variation in copayments by industry, but there were no clear-cut trends (Figures 22–25).



Coinsurance

- Coinsurance hasn't increased much on a percentage-point basis.
 - Between 2013 and 2018, coinsurance for emergency departments increased from 18 percent to 20 percent.
 - It increased for inpatient admissions from 17 percent to 18 percent.
 - And it increased for office visits from 18 percent to 19 percent (Figure 26).
- It is not surprising that coinsurance increases have been limited.
 - Coinsurance does not have to increase to shift costs onto enrollees.
 - As medical prices rise, patients will pay more automatically when they have coinsurance because they are paying a portion of the cost.



Out-of-Pocket Maximum Levels

- Average out-of-pocket (OOP) maximums are still substantially below the statutory maximum.
 - In 2018, the statutory OOP maximum was \$7,350 for employee-only coverage, but actual OOP maximums averaged \$3,377.
 - In 2018, the statutory OOP maximum was \$14,700 for family coverage, but actual OOP maximums averaged \$5,076 (Figure 27).
 - The OOP maximum averaged:
 - \$3,387 for **PPO/POS enrollees**.
 - \$2,608 for **HRA enrollees**.
 - \$1,931 for **HMO/EPO enrollees** (Figure 28).
 - In 2018, the OOP maximum was highest for PPO/POS enrollees and lowest for HMO/EPO enrollees.
 - Data on OOP maximums were unavailable for HSA-eligible health plans.



Out-of-Pocket Maximum Trends

- OOP maximums have trended up slightly: Between 2013 and 2018, they increased at an average annual rate of about 3 percent (Figure 27).
- But there is little variation in the average annual rate of change in OOP maximums by type of health plan.
 - OOP maximums averaged less in union plans (\$2,231) than in non-union plans (\$3,690) for employee-only coverage (Figure 30).
 - For family coverage, the opposite was true: OOP maximums were slightly higher in **union plans** (\$5,724) than in **non-union plans** (\$5,639).
 - HRA enrollees with employee-only coverage were the only enrollees to experience a reduction in OOP maximums between 2013 and 2018 (Figure 31).



Figure 1 Sample Means, Policy Holder, 2018

Age	49.6				
Under 26	16%				
26–34	8%				
35–44	22%				
45–54	32%				
55–64					
Gender					
Male	54%				
Female					
Plan Type					
Comprehensive	3%				
HMO/EPO	15%				
PPO/POS	55%				
HRA	17%				
HSA-eligible health plan					

Salaried vs. Hourly					
Salary	51%				
Hourly					
Union					
Non-union	75%				
Union	25%				
Industry					
Oil & gas extraction, mining	2%				
Manufacturing					
Durable goods	31%				
Nondurable goods	8%				
Transportation, communications, & utilities	17%				
Wholesale & retail trade	4%				
Finance, insurance, real estate	16%				
Services	22%				
Agriculture, forestry & fishing, construction	0.1%				



Figure 2
Plan Enrollment is Shifting to HSA-Eligible Health Plans From HMO/EPO and PPO/POS

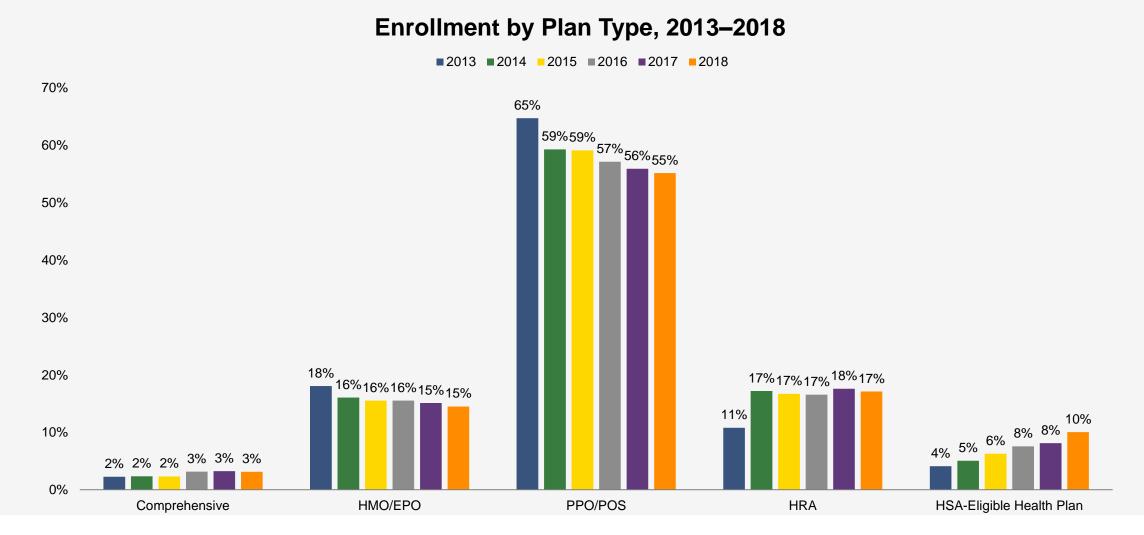
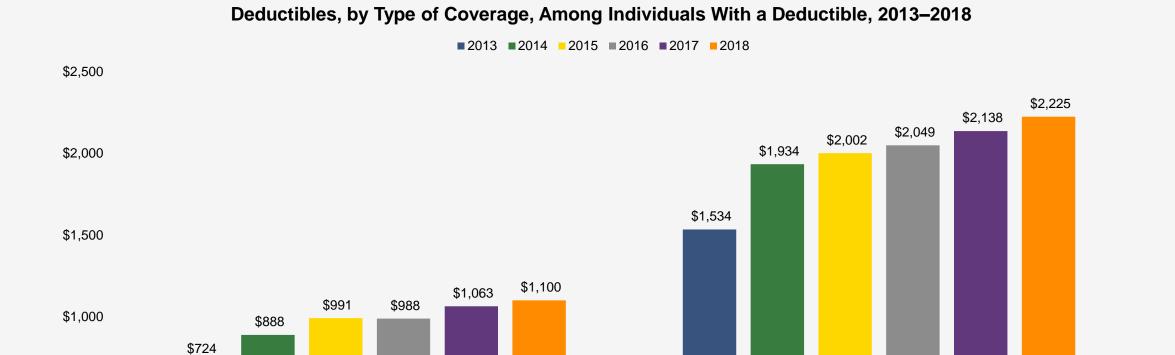




Figure 3
Deductibles Are Trending Up; Increasing 52 Percent for Employee-Only Coverage and 49 Percent for Family Coverage Since 2013





\$500

\$0

Employee-Only

Family

Figure 4
Deductibles are Highest for HSA-Eligible Health Plans and HRAs, and Lowest for HMO/EPOs

Deductibles, by Type of Health Plan, Among Individuals With a Deductible and Employee-Only Coverage, 2013–2018 \$3,000 \$2,500 \$2,000 \$1,500 \$1,000 \$500 \$0 2013 2014 2015 2016 2017 2018 Comprehensive \$480 \$559 \$575 \$510 \$569 \$604 HMO/EPO \$356 \$455 \$511 \$387 \$421 \$522 PPO/POS \$710 \$564 \$604 \$754 \$744 \$757 HRA \$1,969 \$1,962 \$1,976 \$1,926 \$1,957 \$1,976 → HSA-Eligible Health Plan \$2,573 \$2,628 \$2,540 \$2,726 \$2,686 \$2,673



Figure 5
Deductibles are Highest for HSA-Eligible Health Plans and HRAs, and Lowest for HMO/EPOs

2013-2018 \$5,000 \$4,500 \$4,000 \$3,500 \$3,000 \$2,500 \$2,000 \$1,500 \$1,000 \$500 \$0 2013 2014 2015 2016 2017 2018 Comprehensive \$945 \$1,223 \$892 \$1,066 \$1,043 \$1,065 ---HMO/EPO \$623 \$720 \$737 \$1,127 \$983 \$1,098 PPO/POS \$1,064 \$1,346 \$1,402 \$1,408 \$1,456 \$1,471 → HRA \$3,025 \$3,431 \$3,449 \$3,455 \$3,526 \$3,639 → HSA-Eligible Health Plan \$4,117 \$4,190 \$4,171 \$4,242 \$4,487 \$4,564

Deductibles, by Type of Health Plan, Among Individuals With a Deductible and Family Coverage,



Figure 6
Deductibles Are Increasing Faster Among HMO/EPO and PPO/POS Enrollees Than Among HRA and HSA-Eligible Health Plan Enrollees



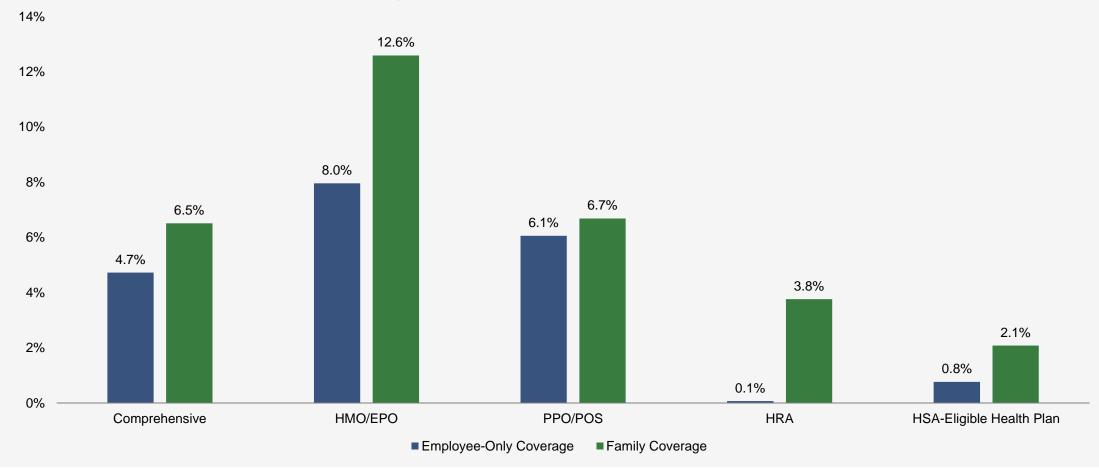




Figure 7
Deductibles Do Not Vary by Gender – Men and Women Choose Similar Deductibles

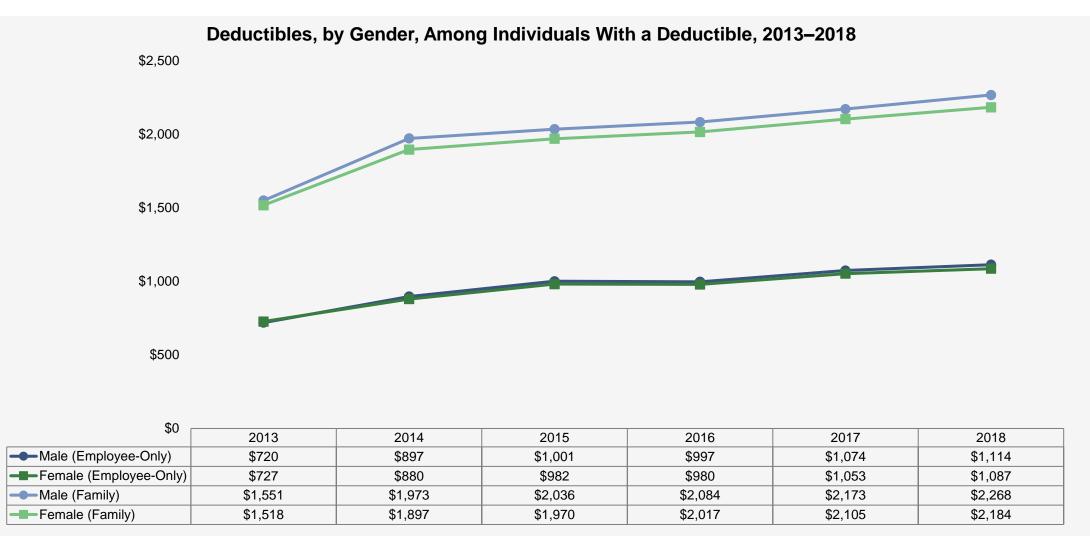




Figure 8
Older Enrollees Choose Lower Deductibles Than Everyone Else

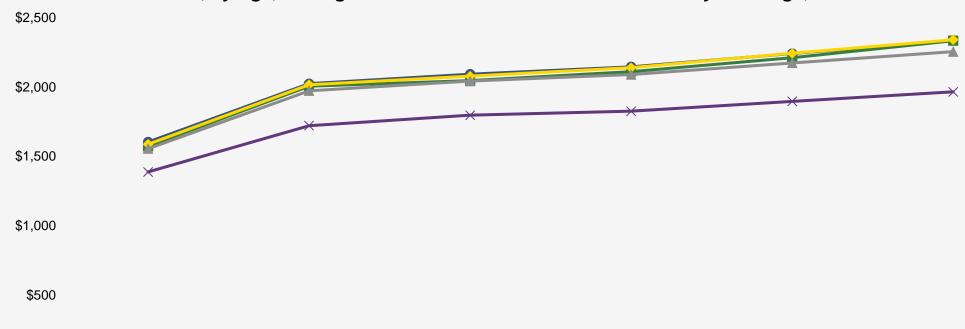
Deductibles, by Age, Among Individuals With a Deductible and Employee-Only Coverage, 2013–2018





Figure 9
Older Enrollees Choose Lower Deductibles Than Everyone Else

Deductibles, by Age, Among Individuals With a Deductible and Family Coverage, 2013–2018



\$0 r						
	2013	2014	2015	2016	2017	2018
Under 26	\$1,604	\$2,026	\$2,094	\$2,147	\$2,243	\$2,339
26–34	\$1,574	\$2,007	\$2,048	\$2,113	\$2,213	\$2,336
→ 35–44	\$1,588	\$2,018	\$2,080	\$2,141	\$2,245	\$2,342
45–54	\$1,556	\$1,974	\$2,044	\$2,091	\$2,175	\$2,256
×- 55–64	\$1,388	\$1,722	\$1,798	\$1,827	\$1,898	\$1,966



Figure 10
Salaried Workers Have Higher Deductibles Than Hourly Workers

Deductibles, by Class of Worker, Among Individuals With a Deductible, 2013–2018





Figure 11
Union Members Have Lower Deductibles Than Nonunion Workers

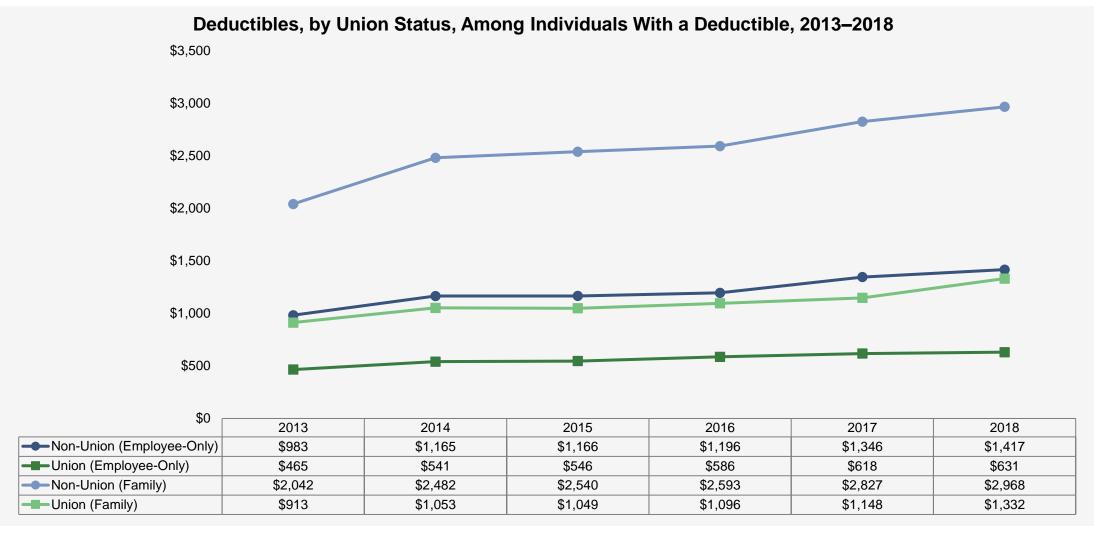




Figure 12 Copayments Rising Faster for Emergency Department Visits

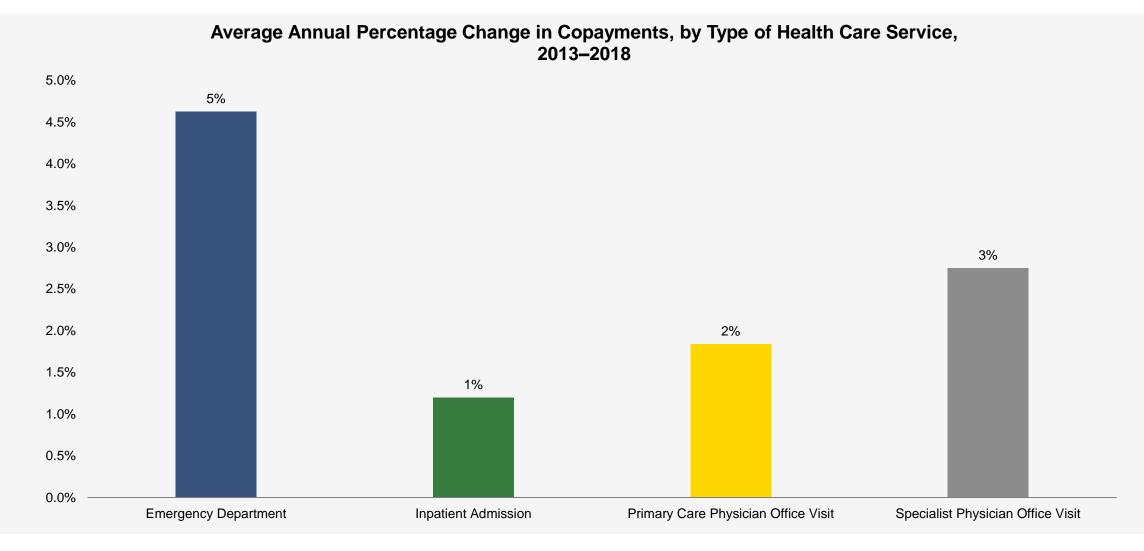




Figure 13
Copayments Are Highest for Emergency Department Visits and Inpatient Admissions – the Costliest Settings to Receive Health Care

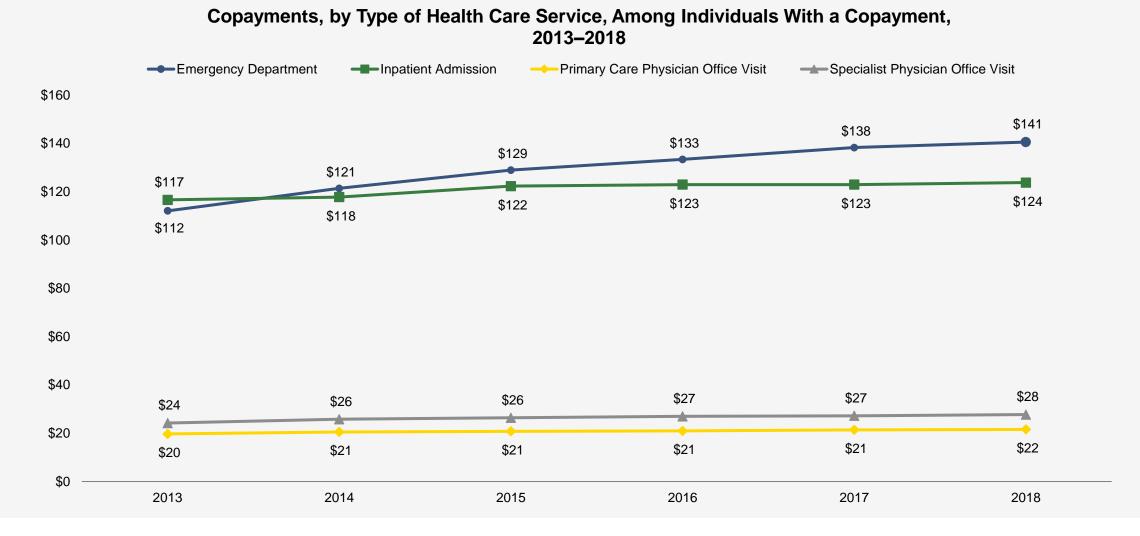
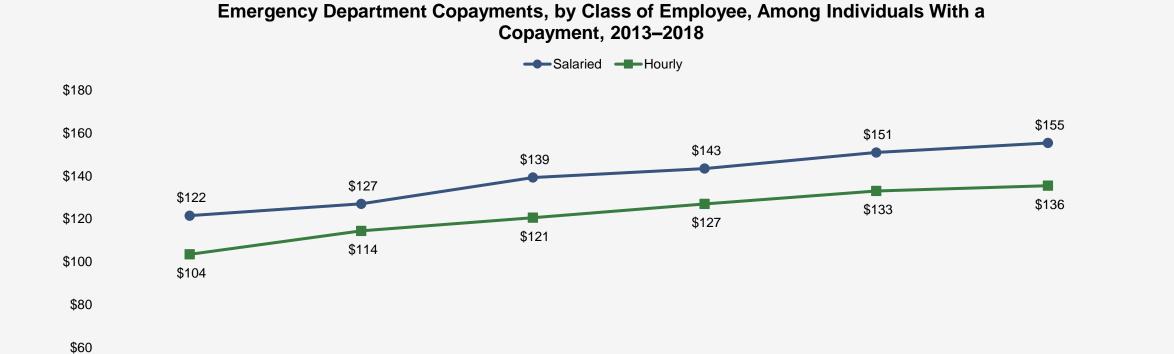




Figure 14
Salaried Workers Have Higher Emergency Department Visit Copayments Than Hourly Workers



2015

2016

2017



\$40

\$20

\$0

2013

2014

2018

Figure 15
Salaried Workers Have Higher Inpatient Admission Copayments Than Hourly Workers







Figure 16
Salaried Workers Have Higher Specialist Visit Copayments Than Hourly Workers

Specialist Physician Office Visit Copayments, by Class of Employee, Among Individuals With a Copayment, 2013–2018

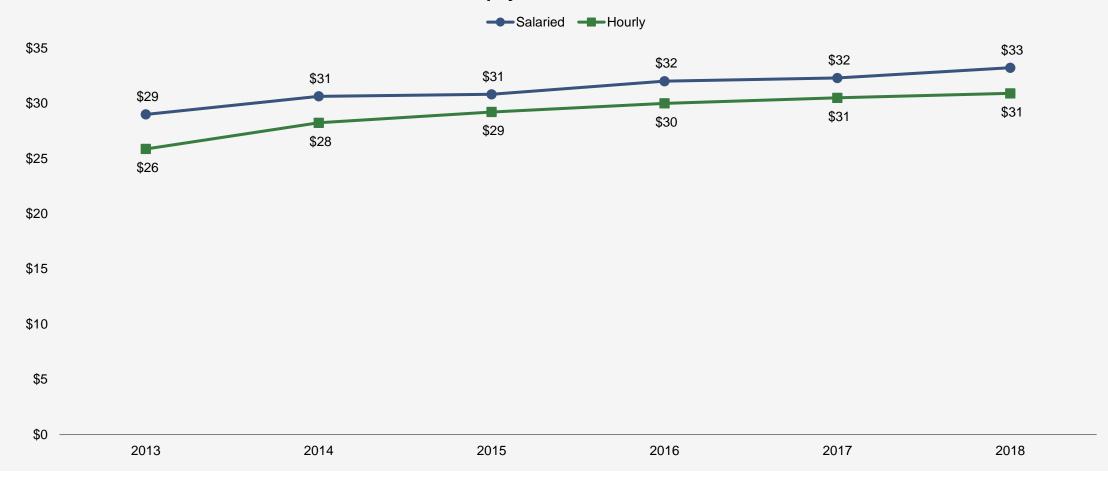




Figure 17
Copayments for Primary Care Physician Office Visits Are About the Same for Salaried and Hourly Workers

Primary Care Physician Office Visit Copayments, by Class of Employee, Among Individuals With a Copayment, 2013–2018

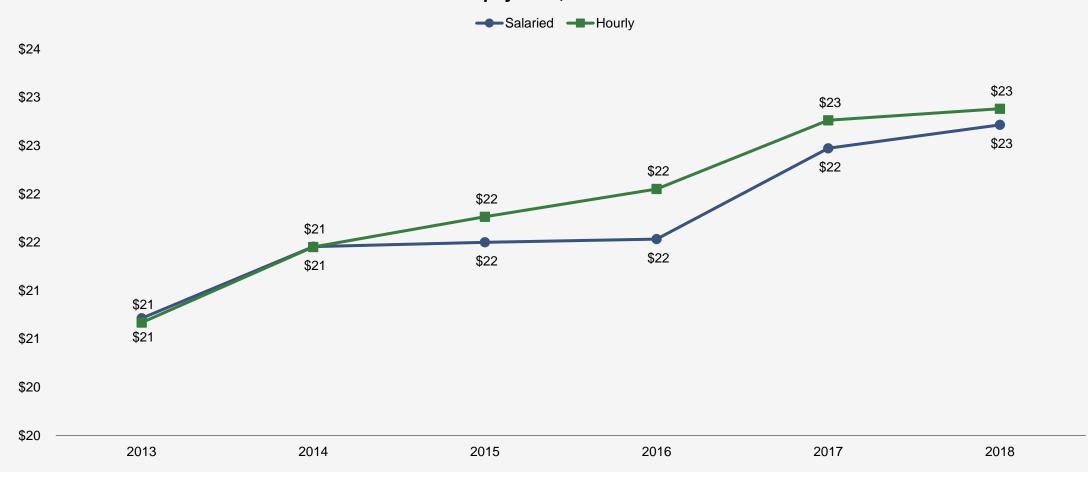
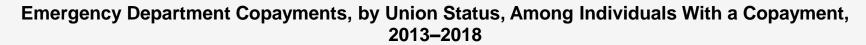




Figure 18
Union Members Have Lower Emergency Department Copayments Than Nonunion Workers



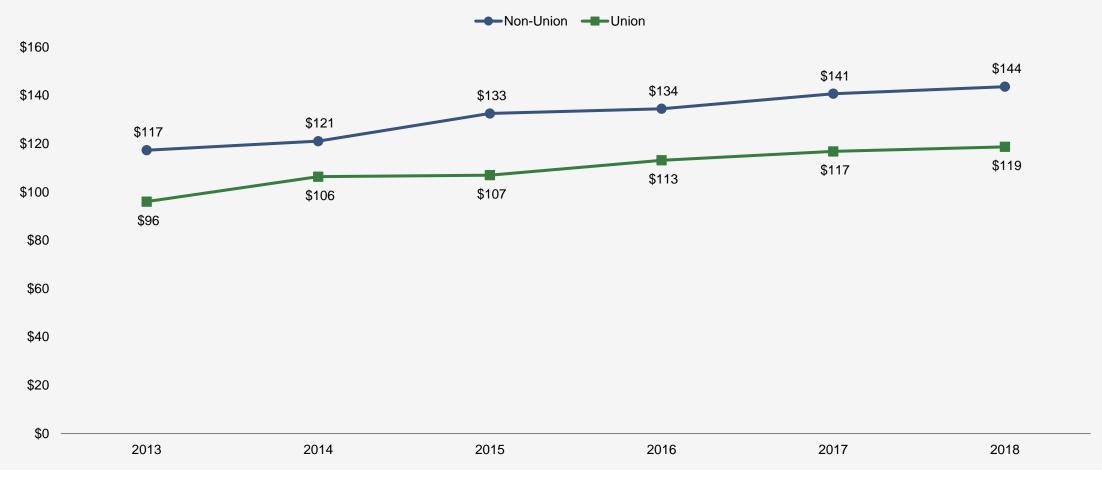




Figure 19
Union Members Have Higher Emergency Department Visit Copayments Than Nonunion Workers

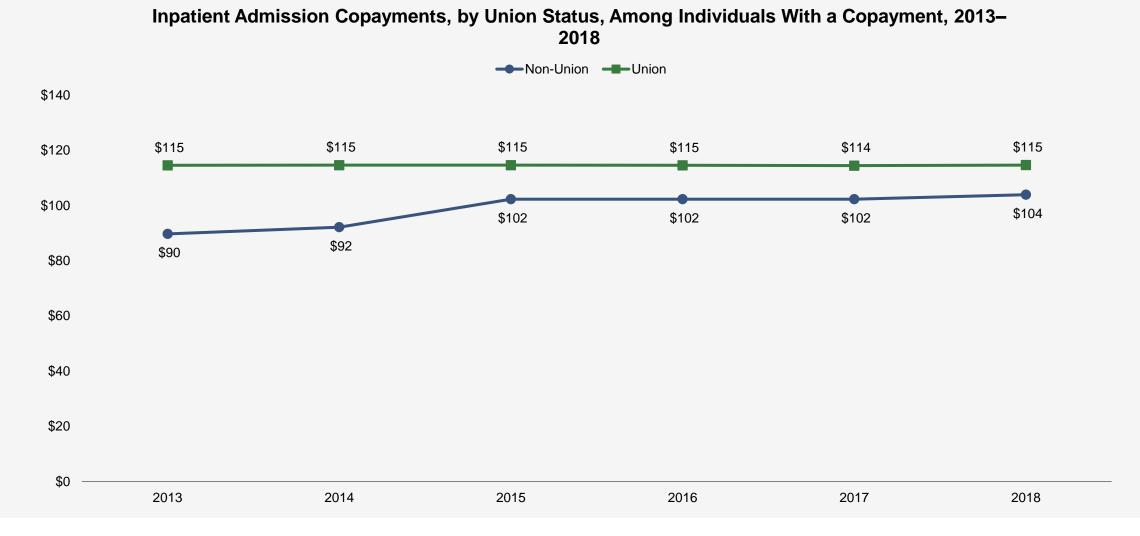




Figure 20
Union Members Have Higher Primary Care Physician Office Visits Copayments Than Nonunion Workers

Primary Care Physician Office Visit Copayments, by Union Status, Among Individuals With a Copayment, 2013–2018

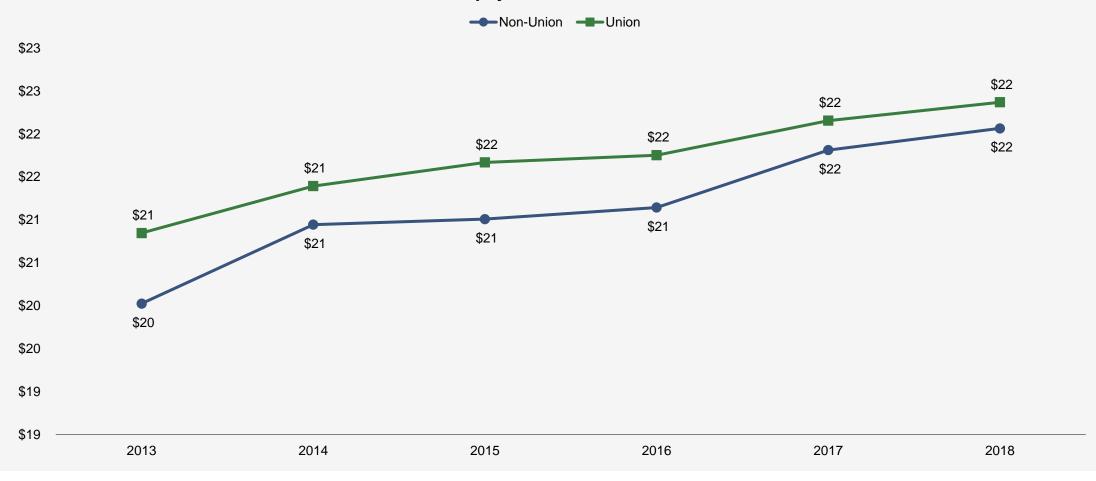




Figure 21
Union Members Have Lower Specialist Visit Copayments Than Nonunion Workers

Specialist Physician Office Visit Copayments, by Union Status, Among Individuals With a Copayment, 2013–2018

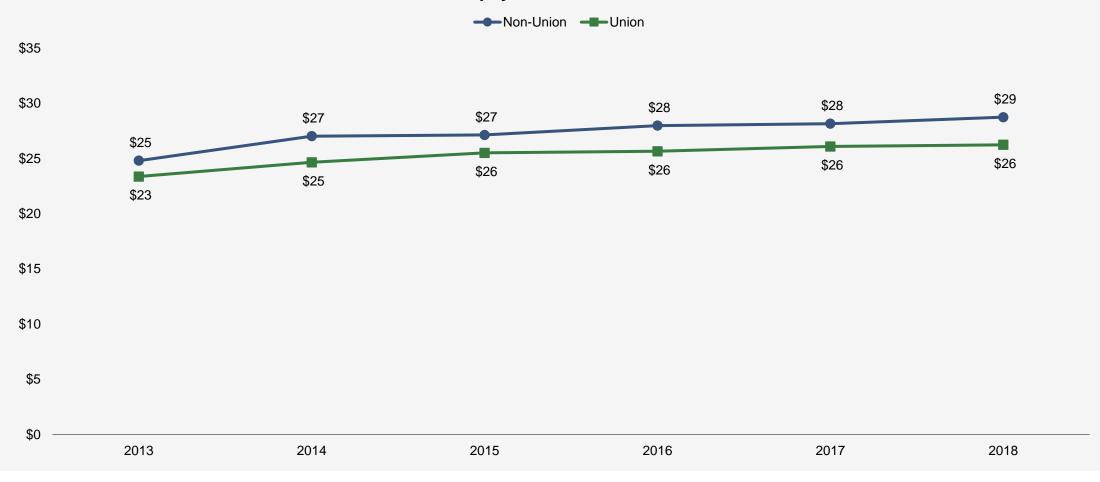




Figure 22
Copayments for Emergency Department Visits Vary by Industry

Emergency Department Copayments, by Industry, Among Individuals With a Copayment, 2013–2018





Figure 23
Copayments for Inpatient Admissions Vary by Industry

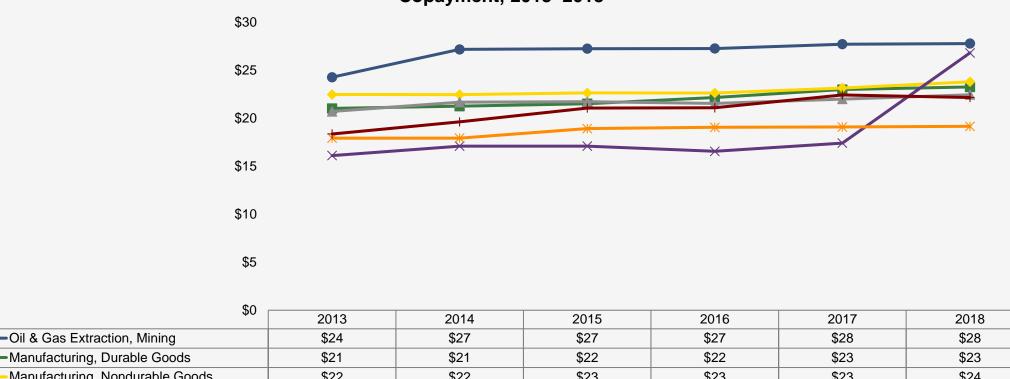
Inpatient Admission Copayments, by Industry, Among Individuals With a Copayment, 2013-2018 \$450 \$400 \$350 \$300 \$250 \$200 \$150 \$100 \$50 \$0 2013 2014 2015 2016 2017 2018 Oil & Gas Extraction, Mining \$237 \$237 \$237 \$258 \$208 \$237 ----Manufacturing, Durable Goods \$349 \$349 \$349 \$398 \$398 \$398 -Manufacturing, Nondurable Goods \$250 \$250 \$250 \$250 \$250 \$250 Transportation, Communications, & Utilities \$212 \$212 \$212 \$212 \$212 \$212 → Wholesale & Retail Trade \$250 \$250 \$250 \$250 \$250 \$250 Finance, Insurance, Real Estate \$101 \$101 \$200 \$200 \$200 \$200 ----Services \$250 \$250 \$250 \$250 \$250 \$250



Note: Detail is hard to see because of the for the manufacturing, nondurable goods; wholesale & retail trade; and services industries being the same.

Figure 24
Copayments for Primary Care Physician Office Visits Vary by Industry

Primary Care Physician Office Visit Copayments, by Industry, Among Individuals With a Copayment, 2013–2018



ΨΟ	2013	2014	2015	2016	2017	2018
Oil & Gas Extraction, Mining	\$24	\$27	\$27	\$27	\$28	\$28
Manufacturing, Durable Goods	\$21	\$21	\$22	\$22	\$23	\$23
Manufacturing, Nondurable Goods	\$22	\$22	\$23	\$23	\$23	\$24
Transportation, Communications, & Utilities	\$21	\$22	\$22	\$22	\$22	\$22
→ Wholesale & Retail Trade	\$16	\$17	\$17	\$17	\$17	\$27
──Finance, Insurance, Real Estate	\$18	\$18	\$19	\$19	\$19	\$19
Services	\$18	\$20	\$21	\$21	\$22	\$22



Figure 25
Copayments for Specialist Visits Vary by Industry

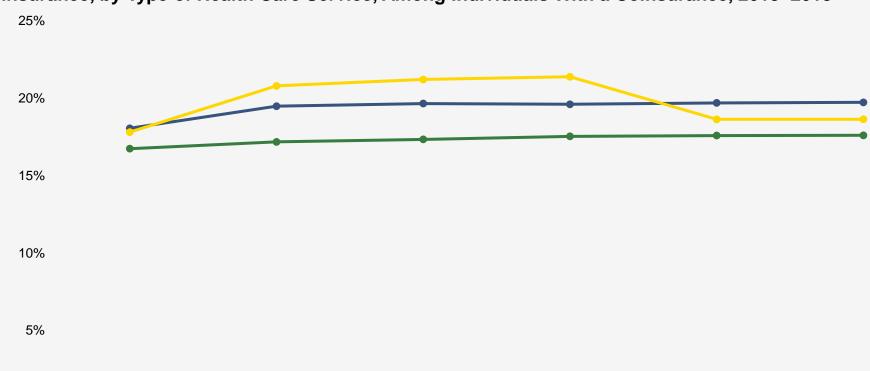
Specialist Physician Office Visit Copayments, by Industry, Among Individuals With a Copayment, 2013–2018





Figure 26
Average Coinsurance Rates Have Ticked up Slightly Since 2013

Coinsurance, by Type of Health Care Service, Among Individuals With a Coinsurance, 2013–2018



0%									
0 /8	2013	2014	2015	2016	2017	2018			
Emergency Department	18%	19%	20%	20%	20%	20%			
Inpatient Admission	17%	17%	17%	18%	18%	18%			
Office Visit	18%	21%	21%	21%	19%	19%			



Figure 27
Annual Out-of-Pocket Maximums Are Trending up; Average Still Nowhere Near Statutory Maximum

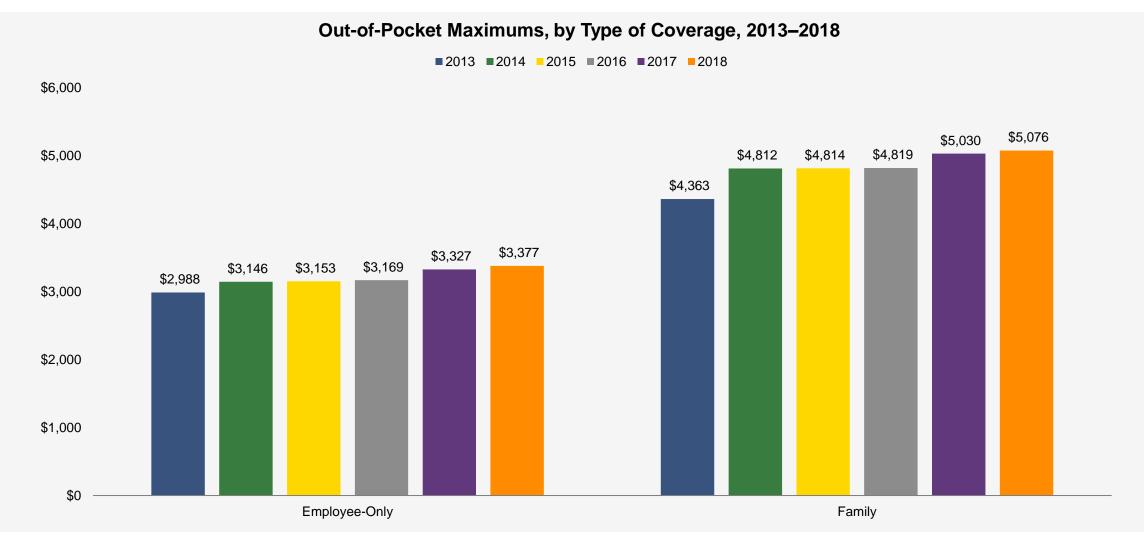




Figure 28
Among Enrollees With Employee-Only Coverage, Out-of-Pocket Maximums Are Highest for PPO/POS Enrollees; Lowest for HMO/EPO Enrollees

Out-of-Pocket Maximums, by Type of Health Plan, Among Individuals With Employee-Only Coverage, 2013–2018





Figure 29
Among Enrollees With Family Coverage, Out-of-Pocket Maximums Are Highest for PPO/POS Enrollees; Lowest for HRA Enrollees

Out-of-Pocket Maximums, by Type of Health Plan, Among Individuals With Family Coverage, 2013–2018

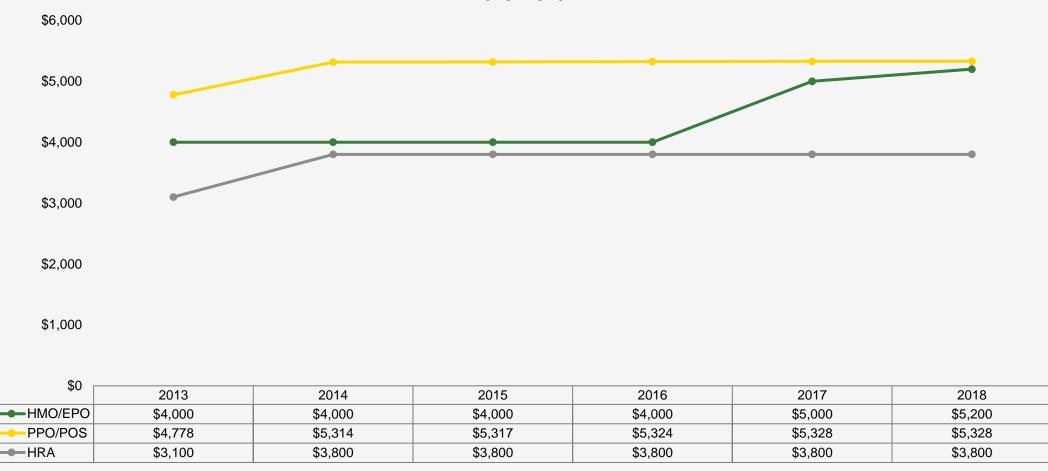




Figure 30
Out-of-Pocket (OOP) Maximums Are Lower Among Union Members

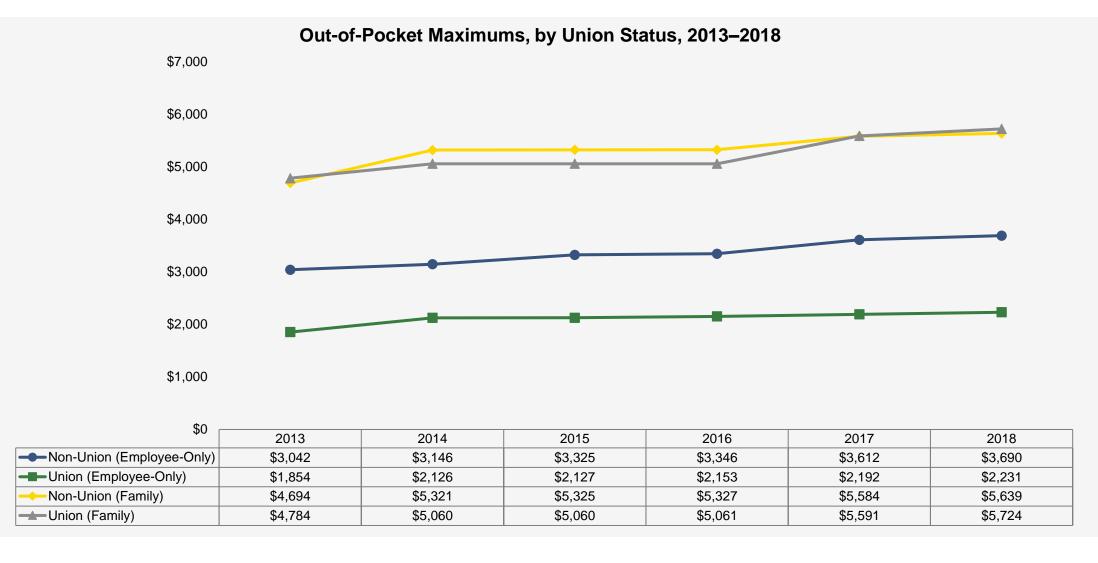
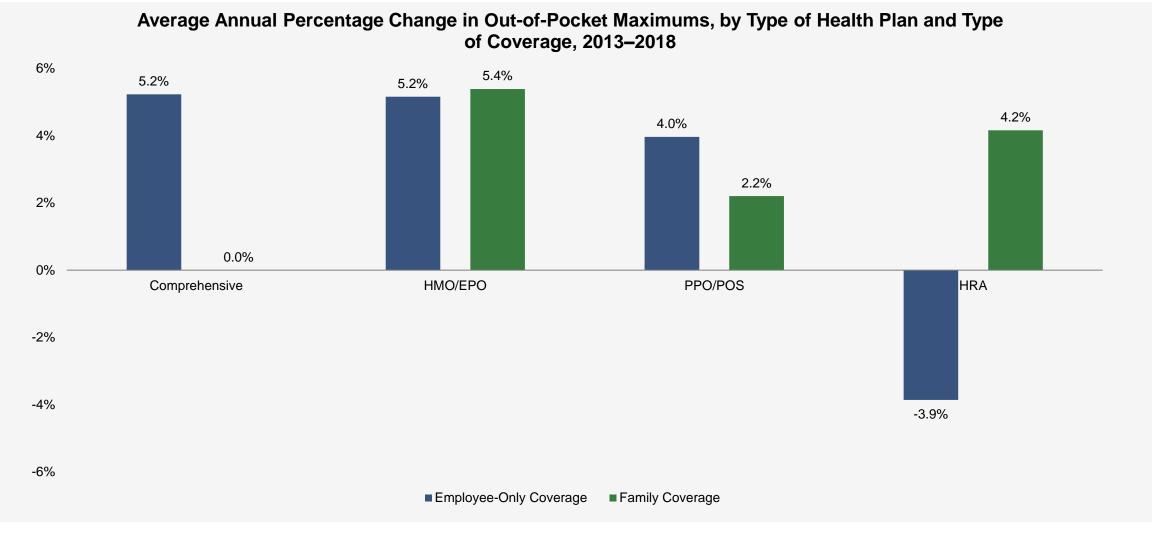




Figure 31
Out-of-Pocket (OOP) Maximums Are Increasing at an Average Annual Rate of No More Than 5 Percent; HRA Enrollees With Employee-Only Coverage Are Seeing Declines in OOP Maximums





Limitations

Not all charts are based on the full sample for two reasons: Not everyone in the sample had each type of cost sharing (i.e. copayments and coinsurance) and data were sometimes missing. Data were missing because some benefit plan provisions may not send a sufficiently strong statistical signal to be represented in the Benefit Plan Design Database. Because of missing data, we were not able to determine the percentage of the population with various types of cost-sharing arrangements. We were also not able to examine cost sharing for prescription drugs, as that information was not included in the Benefit Plan Design Database.





APPENDIX

Figure 32 Deductibles, by Industry, Among Individuals With a Deductible and Employee-Only Coverage, 2013–2018

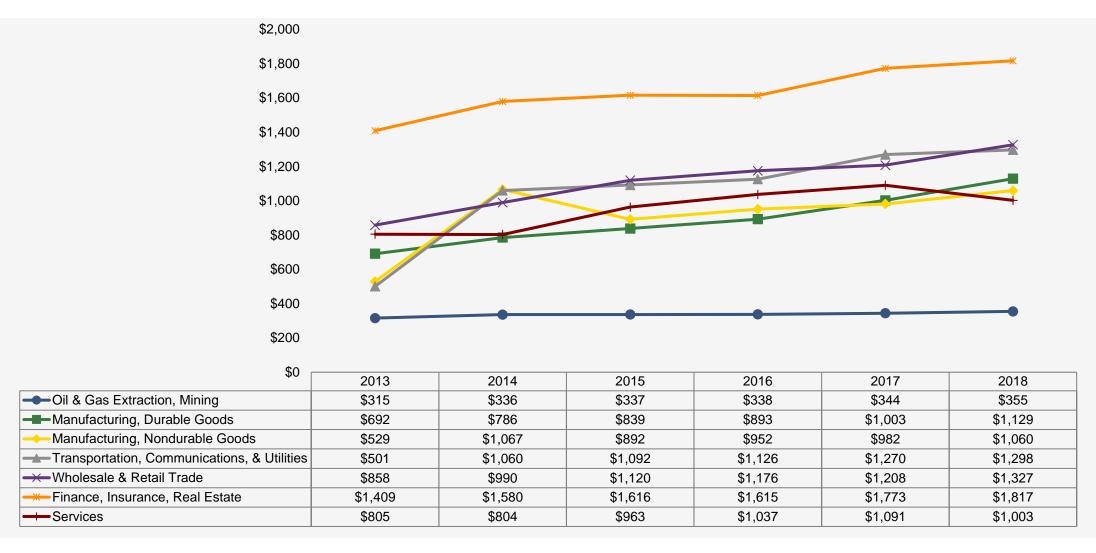




Figure 33
Deductibles, by Industry, Among Individuals With a Deductible and Family Coverage, 2013–2018

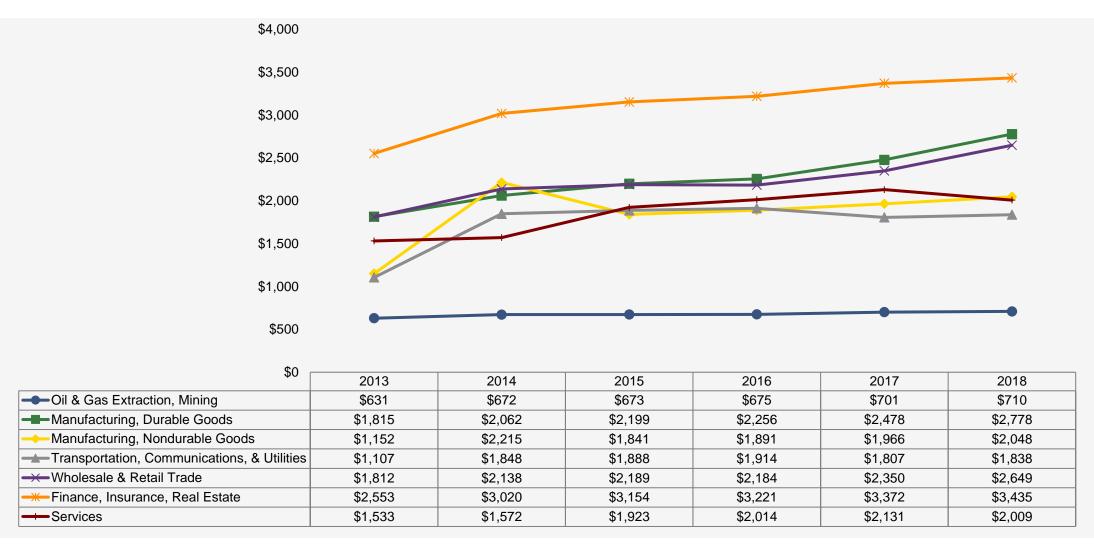




Figure 34
Emergency Department Copayments, by Type of Health Plan, Among Individuals With a Copayment, 2013–2018

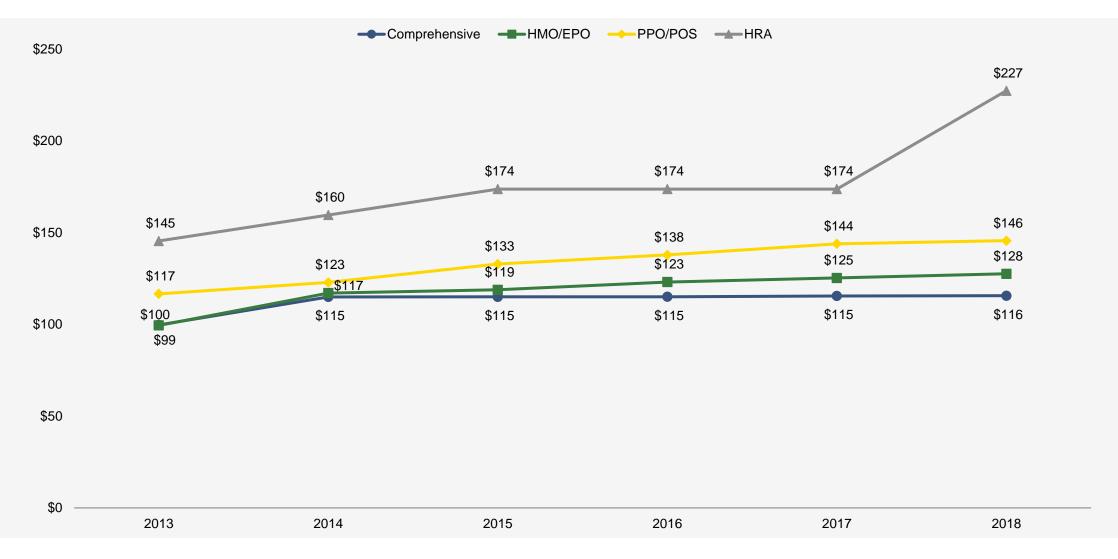




Figure 35 Inpatient Admission Copayments, by Type of Health Plan, Among Individuals With a Copayment, 2013–2018

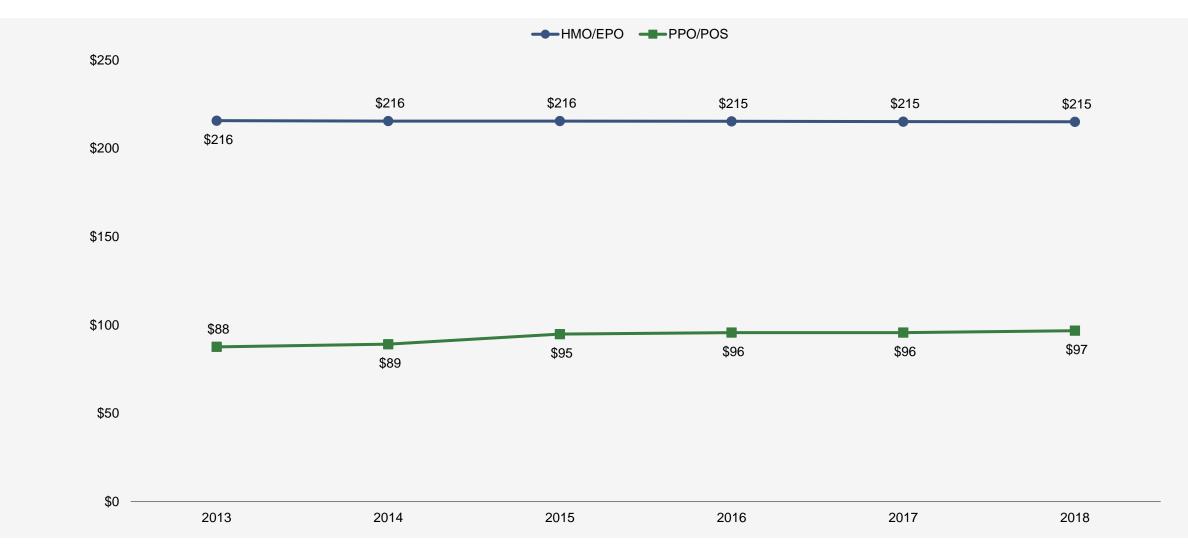




Figure 36
Primary Care Physician Office Visit Copayments, by Type of Health Plan, Among Individuals With a Copayment, 2013–2018

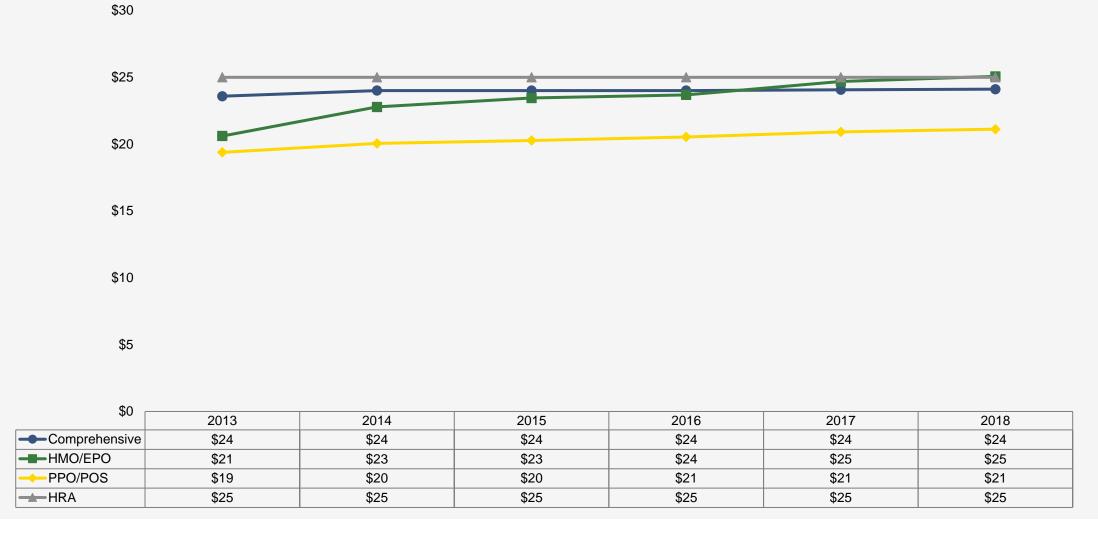




Figure 37
Specialist Physician Office Visit Copayments, by Type of Health Plan, Among Individuals With a Copayment, 2013–2018

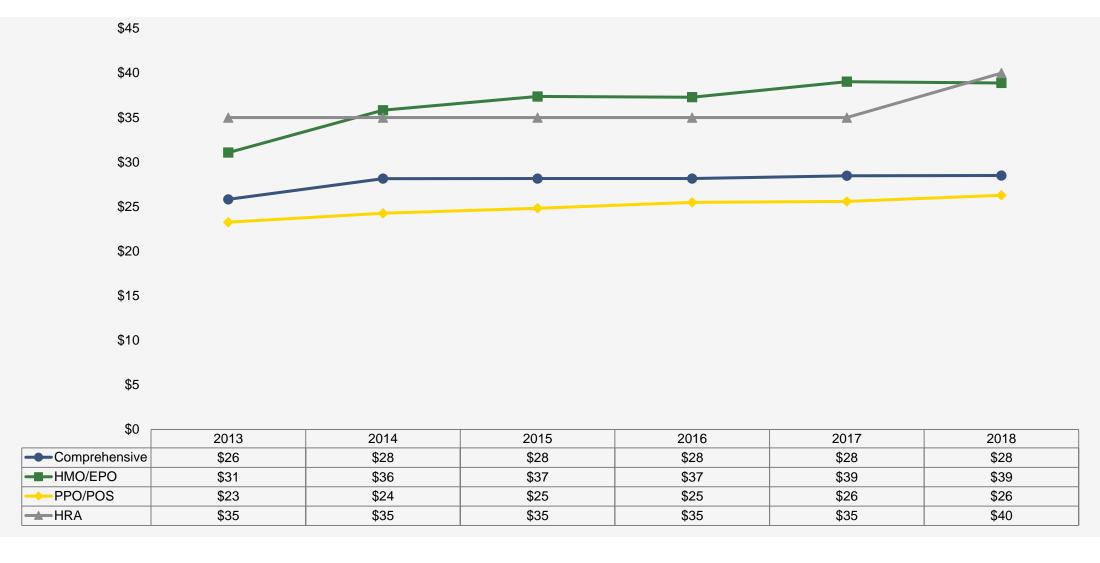




Figure 38
Emergency Department Copayments, by Gender, Among Individuals With a Copayment, 2013–2018

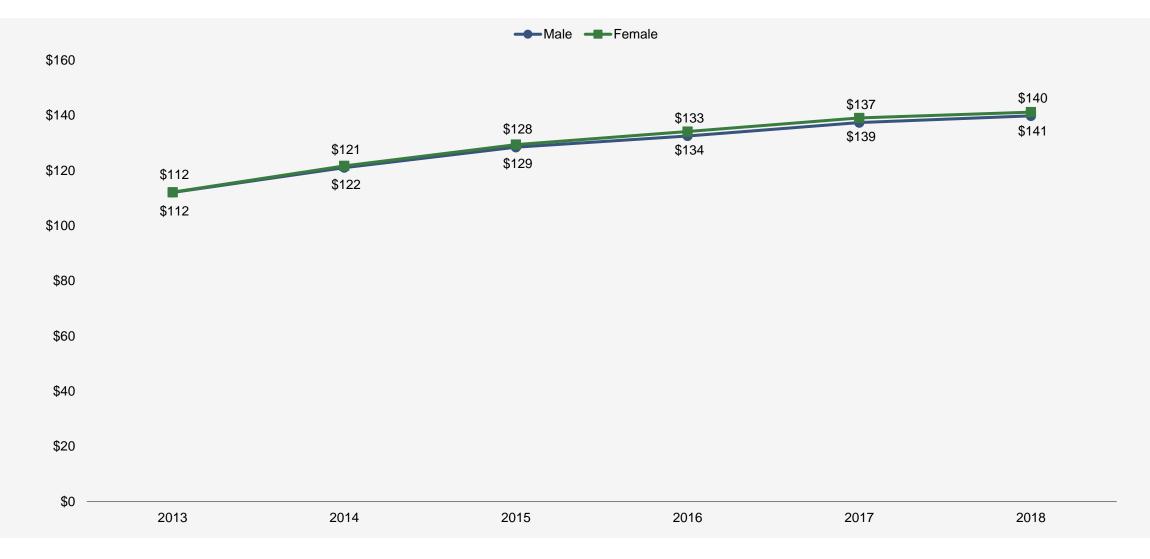




Figure 39 Inpatient Admission Copayments, by Gender, Among Individuals With a Copayment, 2013–2018

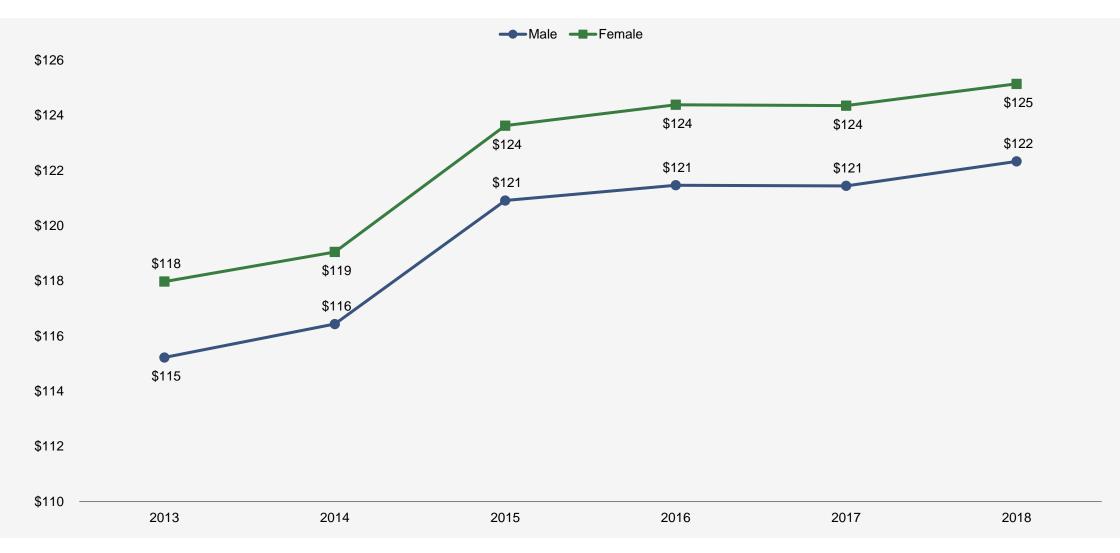




Figure 40
Primary Care Physician Office Visit Copayments, by Gender, Among Individuals With a Copayment, 2013–2018

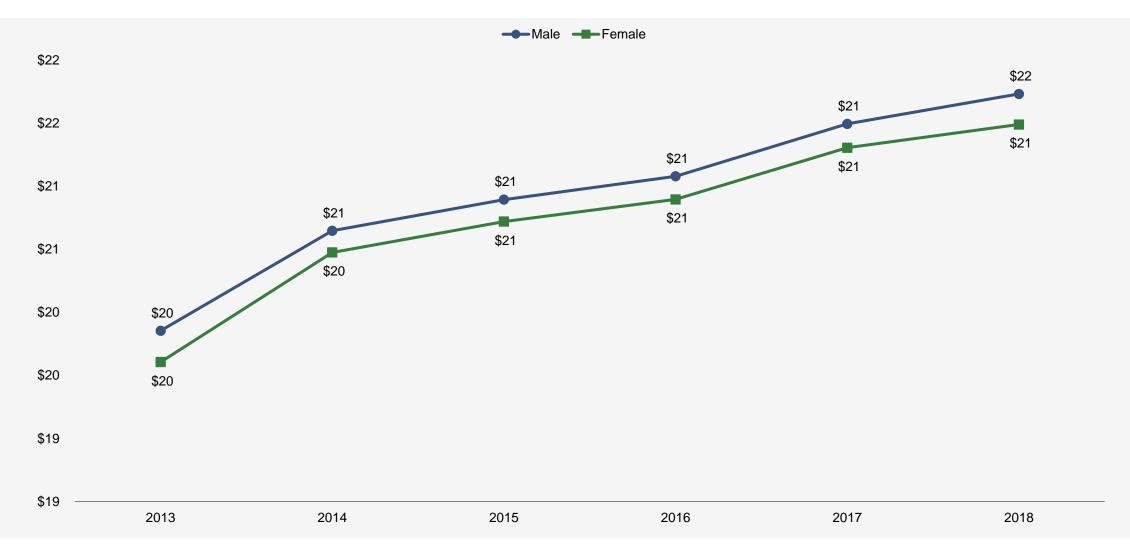




Figure 41
Specialist Physician Office Visit Copayments, by Gender, Among Individuals With a Copayment, 2013–2018

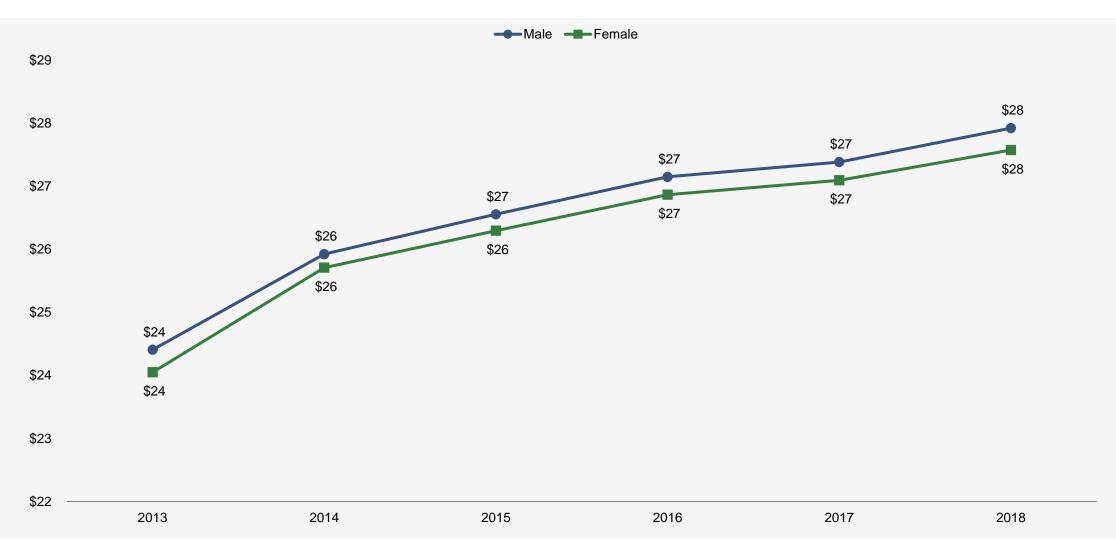




Figure 42
Emergency Department Copayments, by Age, Among Individuals With a Copayment, 2013–2018

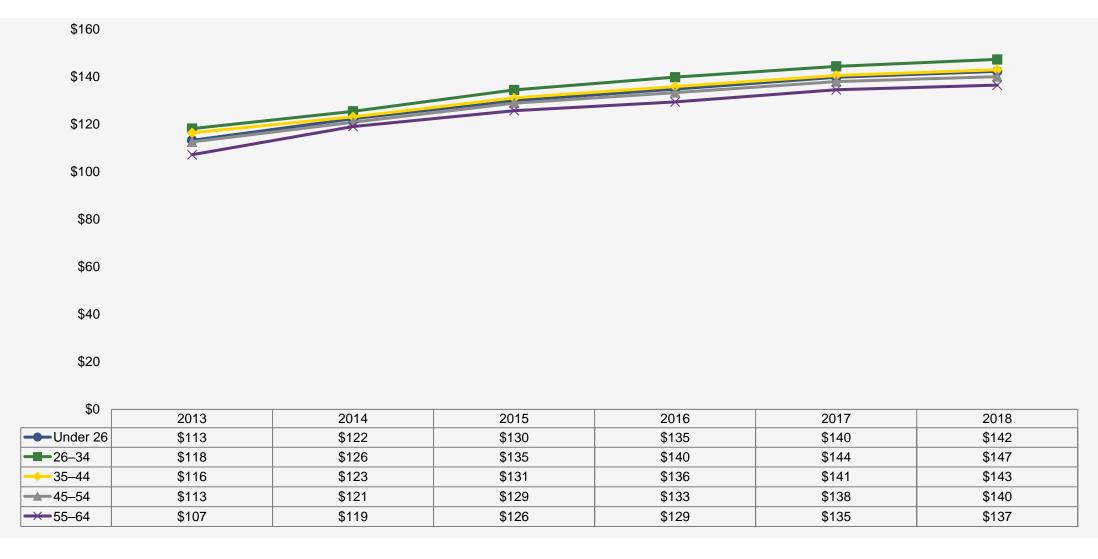




Figure 43 Inpatient Admission Copayments, by Age, Among Individuals With a Copayment, 2013–2018

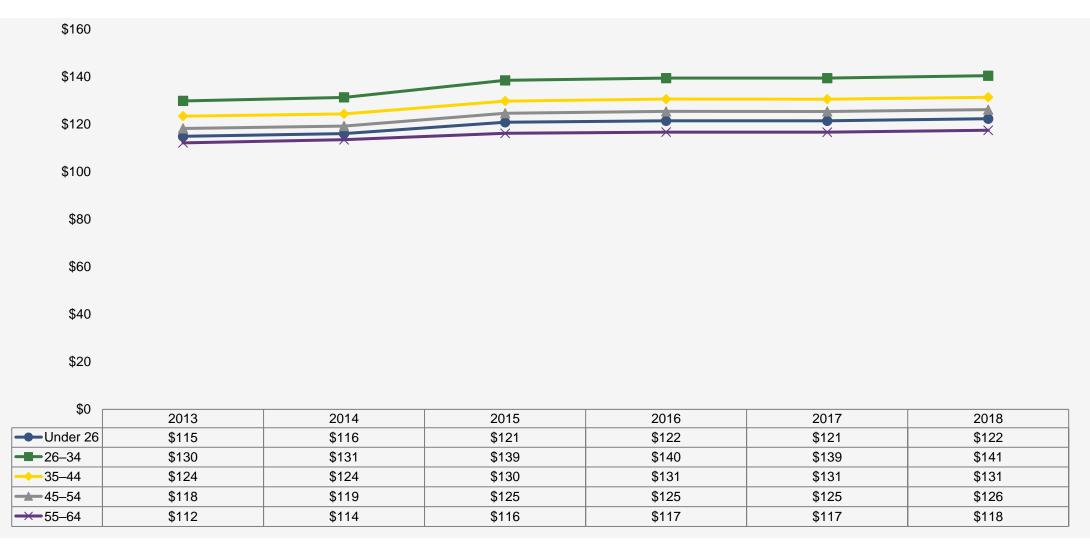




Figure 44
Primary Care Physician Office Visit Copayments, by Age, Among Individuals With a Copayment, 2013–2018

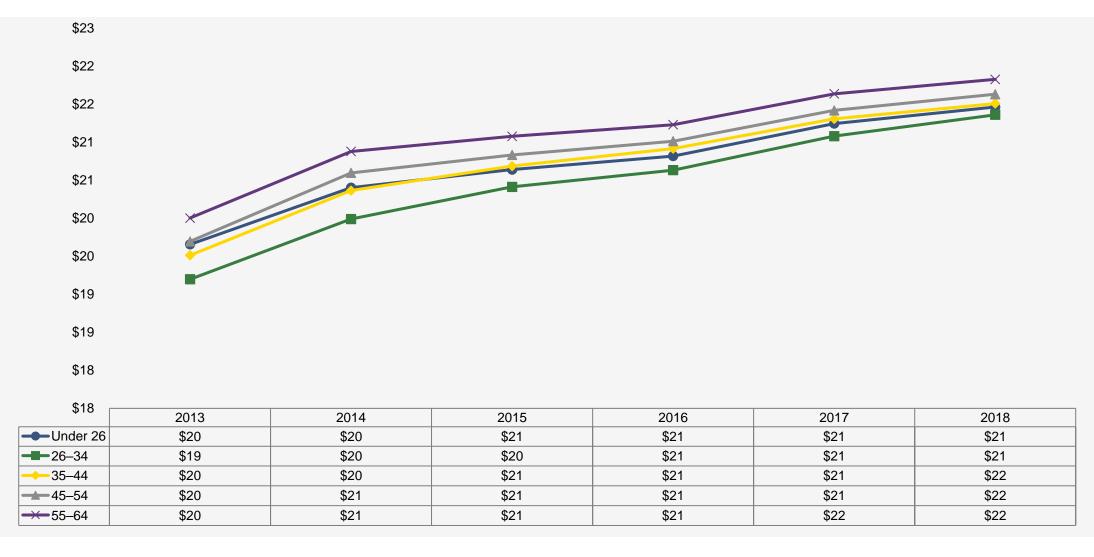




Figure 45
Specialist Physician Office Visit Copayments, by Age, Among Individuals With a Copayment, 2013–2018

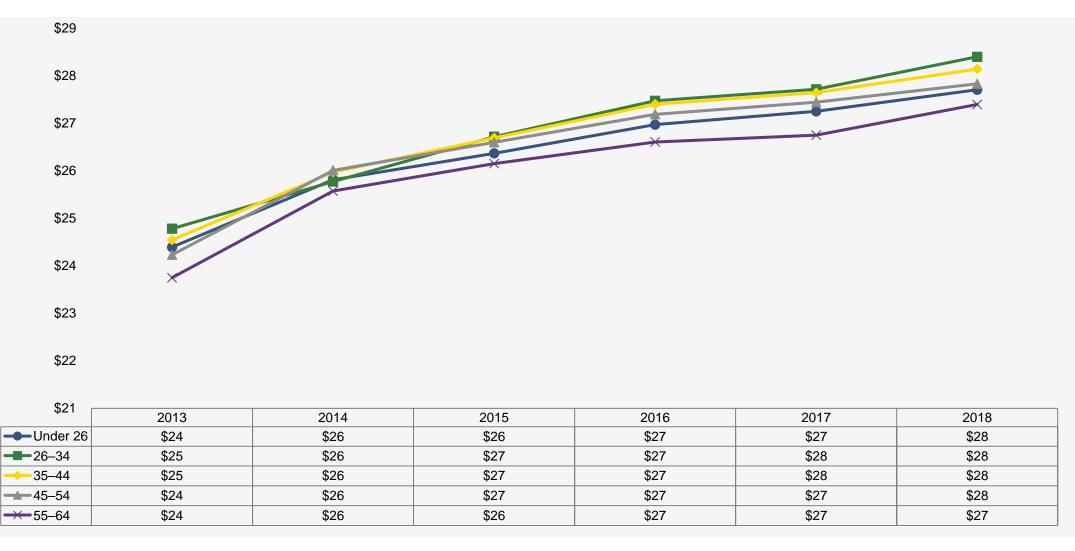
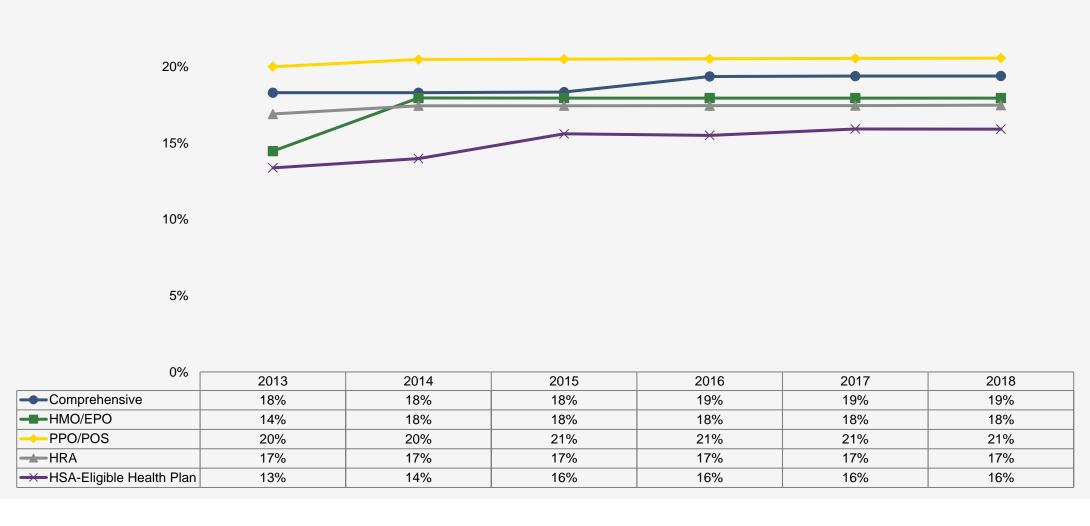




Figure 46
Emergency Department Coinsurance, by Type of Health Plan, Among Individuals With a Coinsurance, 2013–2018





25%

Figure 47
Inpatient Admission Coinsurance, by Type of Health Plan, Among Individuals With a Coinsurance, 2013–2018

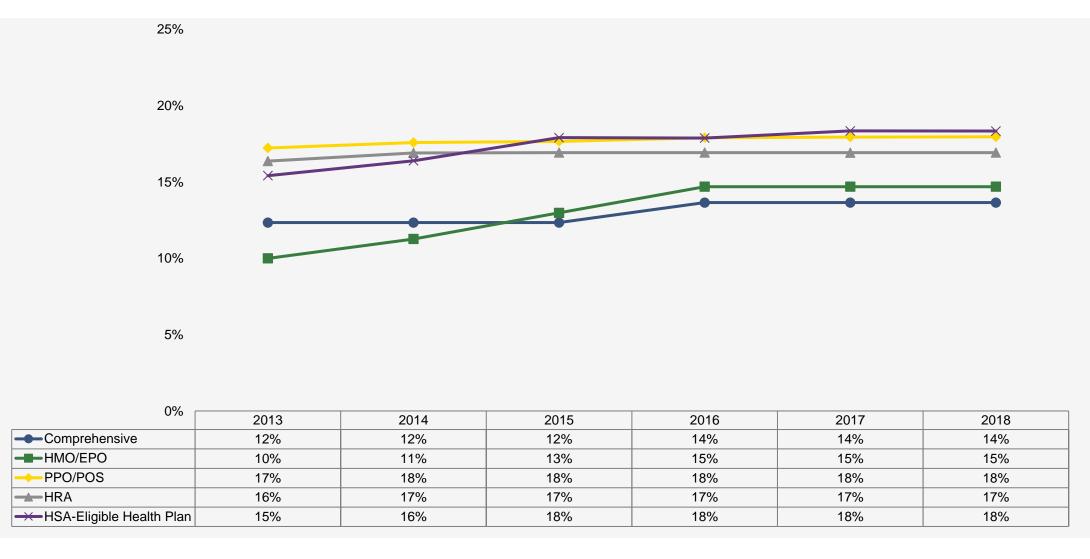




Figure 48
Office Visit Coinsurance, by Type of Health Plan, Among Individuals With a Coinsurance, 2013–2018

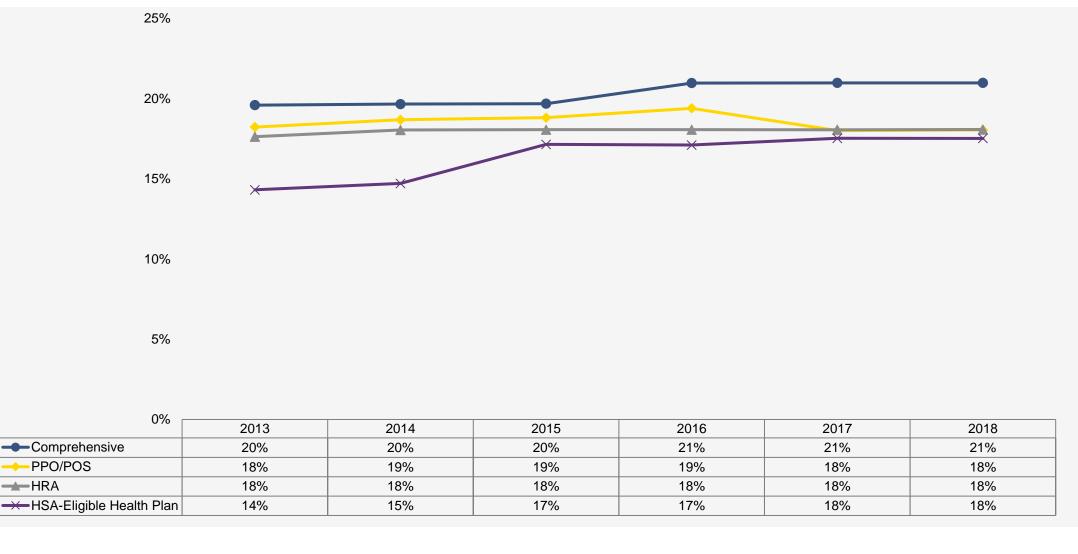




Figure 49
Emergency Department Coinsurance, by Gender, Among Individuals With a Coinsurance, 2013–2018

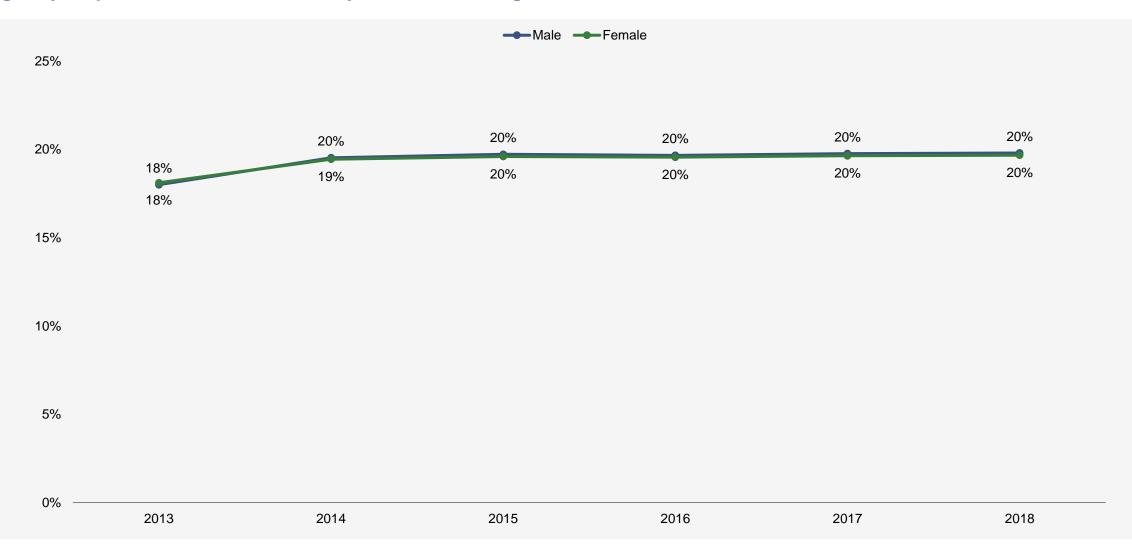




Figure 50 Inpatient Admission Coinsurance, by Gender, Among Individuals With a Coinsurance, 2013–2018

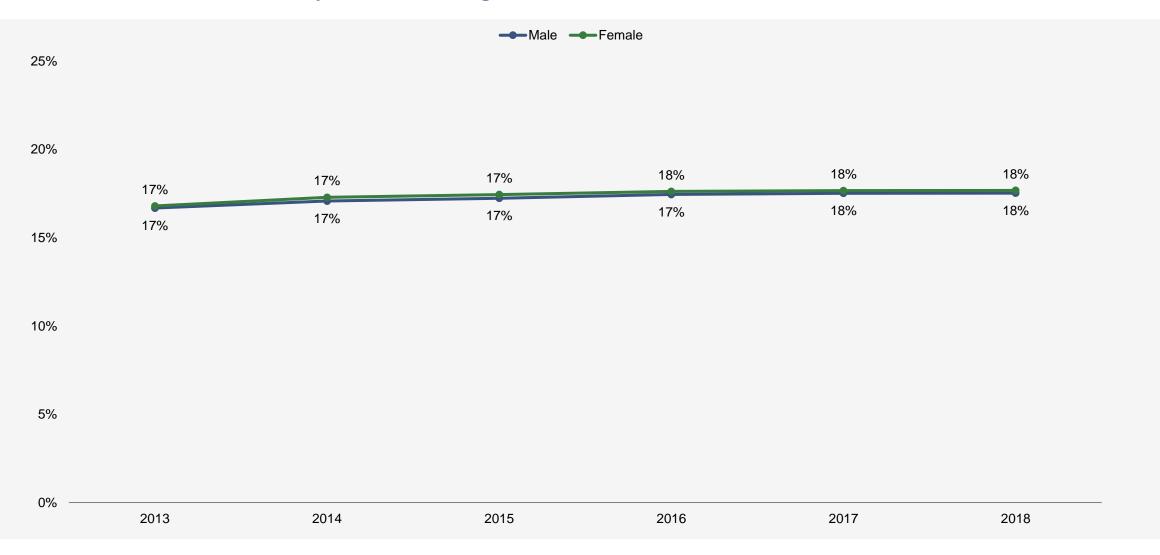




Figure 51
Office Visit Coinsurance, by Gender, Among Individuals With a Coinsurance, 2013–2018

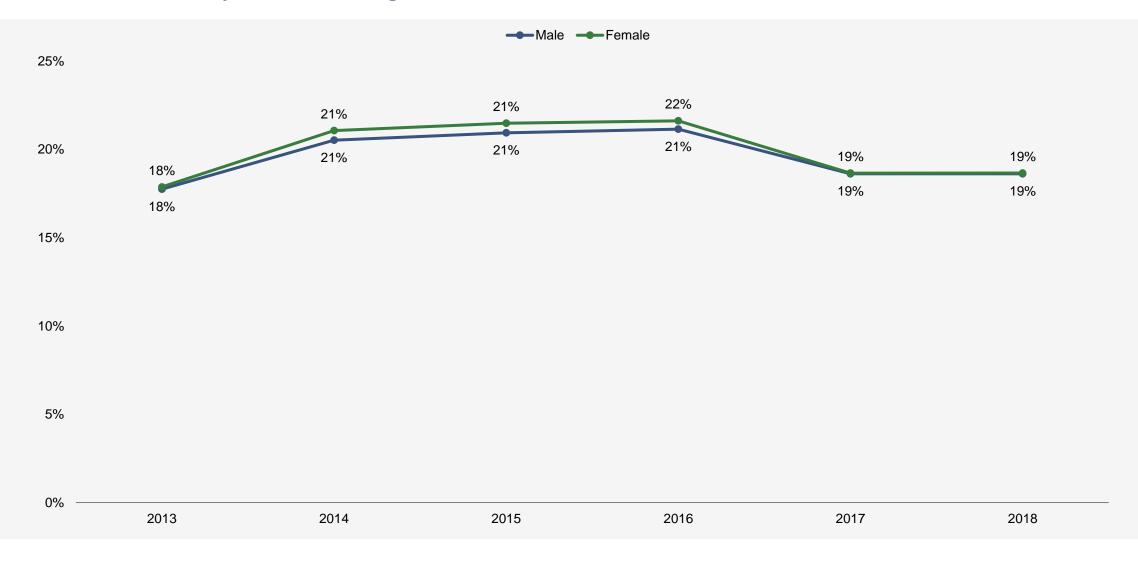




Figure 52
Emergency Department Coinsurance, by Age, Among Individuals With a Coinsurance, 2013–2018

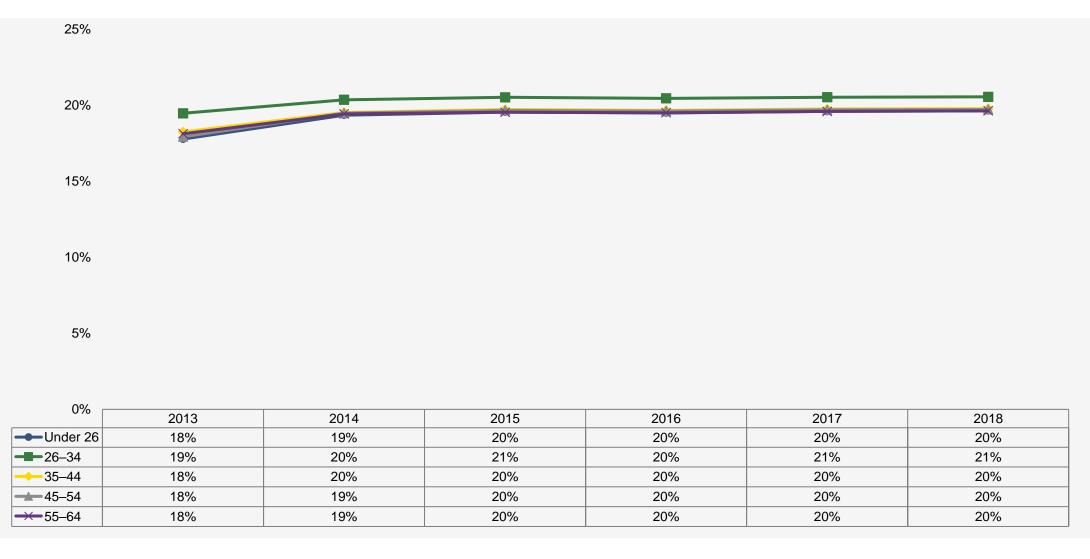




Figure 53 Inpatient Admission Coinsurance, by Age, Among Individuals With a Coinsurance, 2013–2018

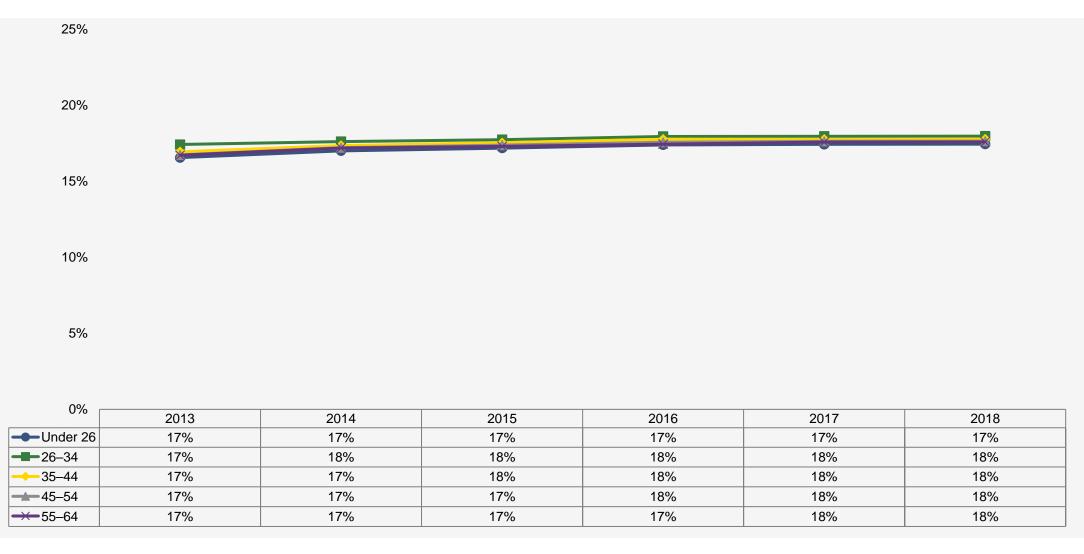




Figure 54
Office Visit Coinsurance, by Age, Among Individuals With a Coinsurance, 2013–2018

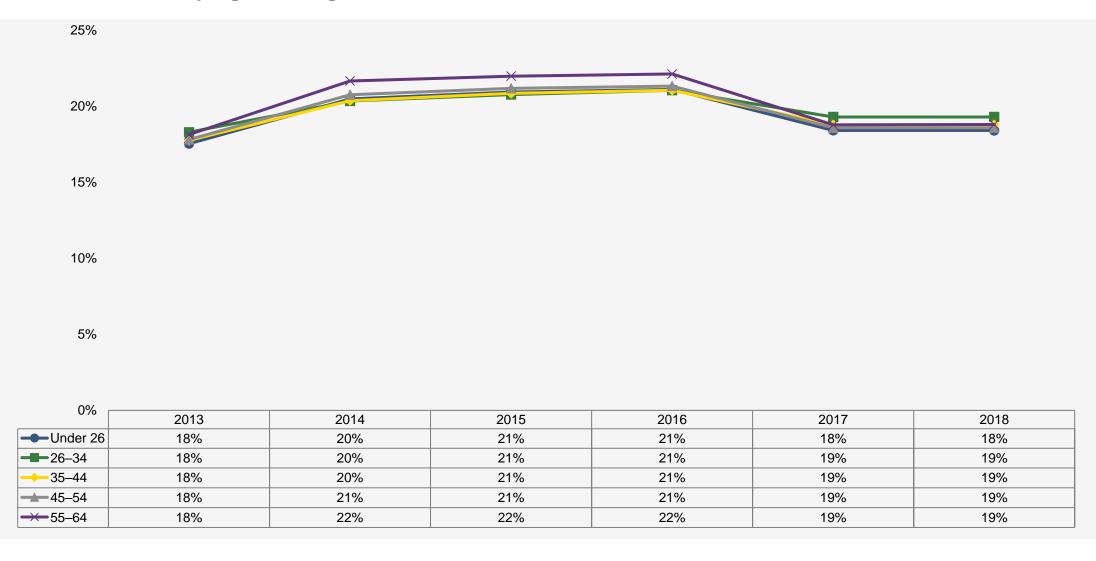




Figure 55
Emergency Department Coinsurance, by Class of Employee, Among Individuals With a Coinsurance, 2013–2018

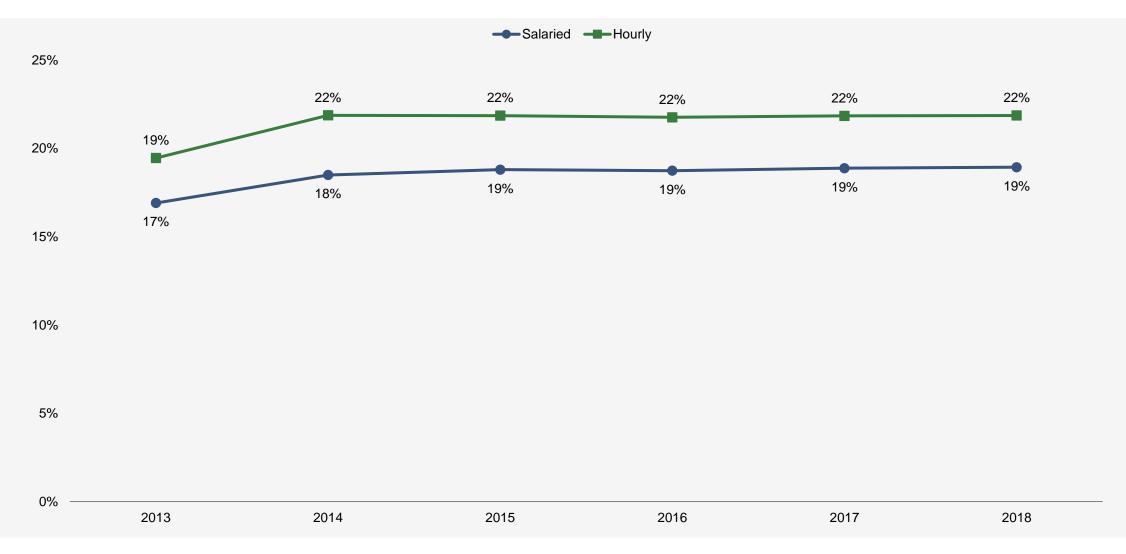




Figure 56 Inpatient Admission Coinsurance, by Class of Employee, Among Individuals With a Coinsurance, 2013–2018

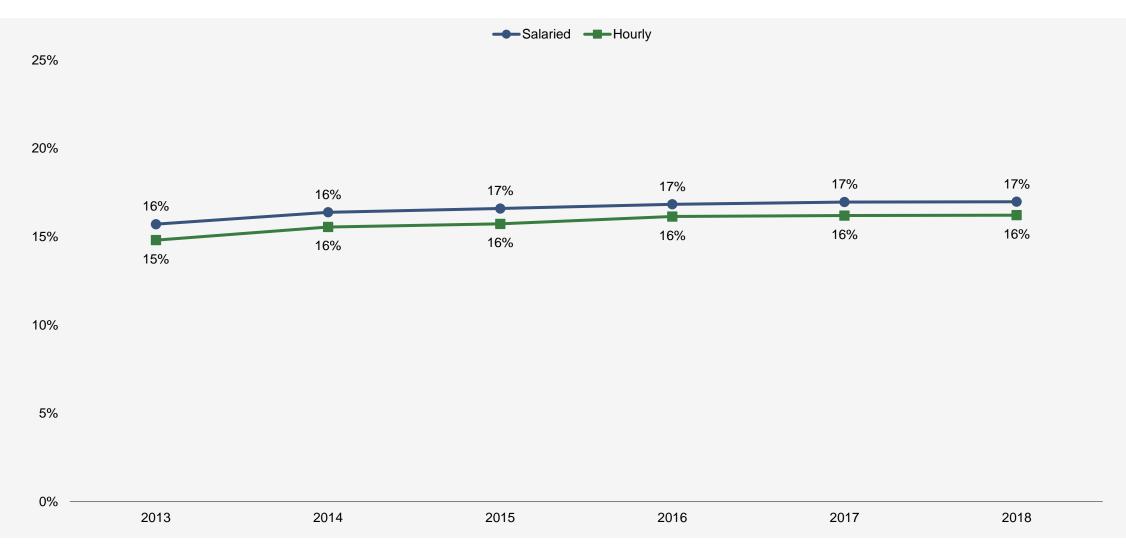




Figure 57
Office Visit Coinsurance, by Class of Employee, Among Individuals With a Coinsurance, 2013–2018

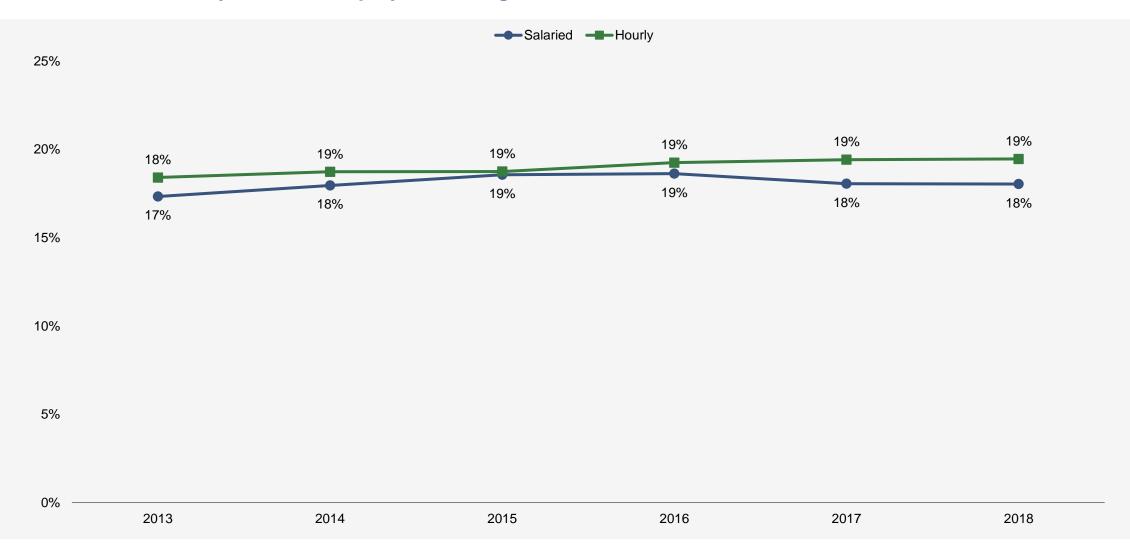




Figure 58
Emergency Department Coinsurance, by Union Status, Among Individuals With a Coinsurance, 2013–2018

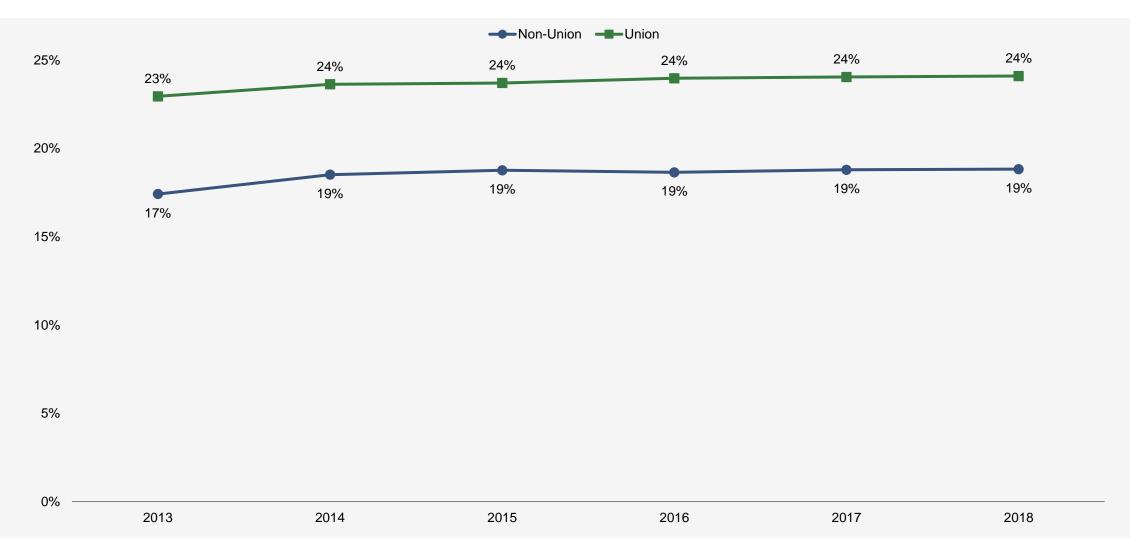




Figure 59
Inpatient Admission Coinsurance, by Union Status, Among Individuals With a Coinsurance, 2013–2018

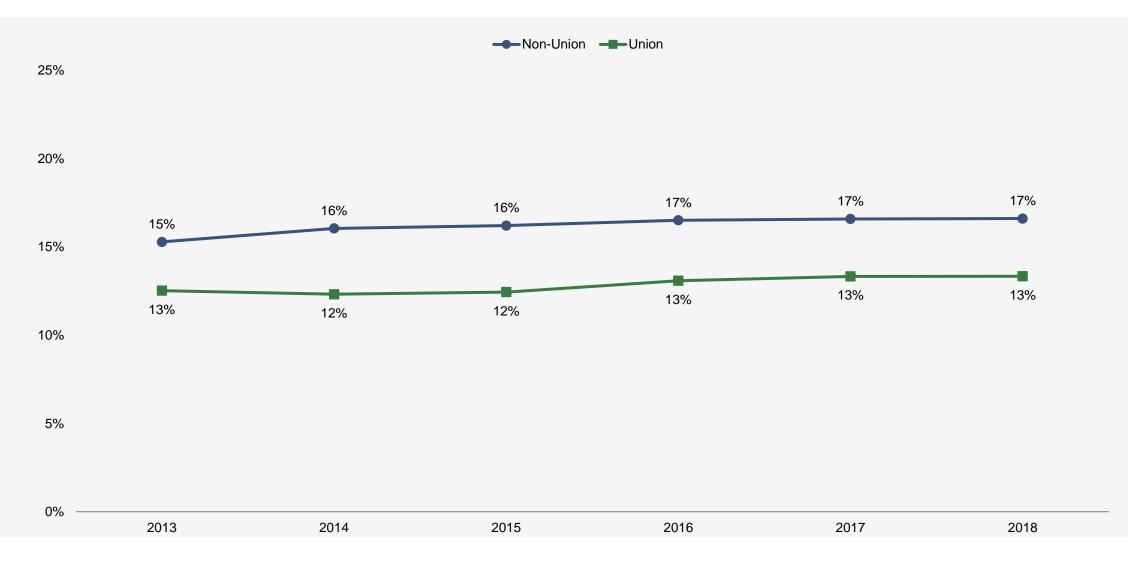




Figure 60
Office Visit Coinsurance, by Union Status, Among Individuals With a Coinsurance, 2013–2018

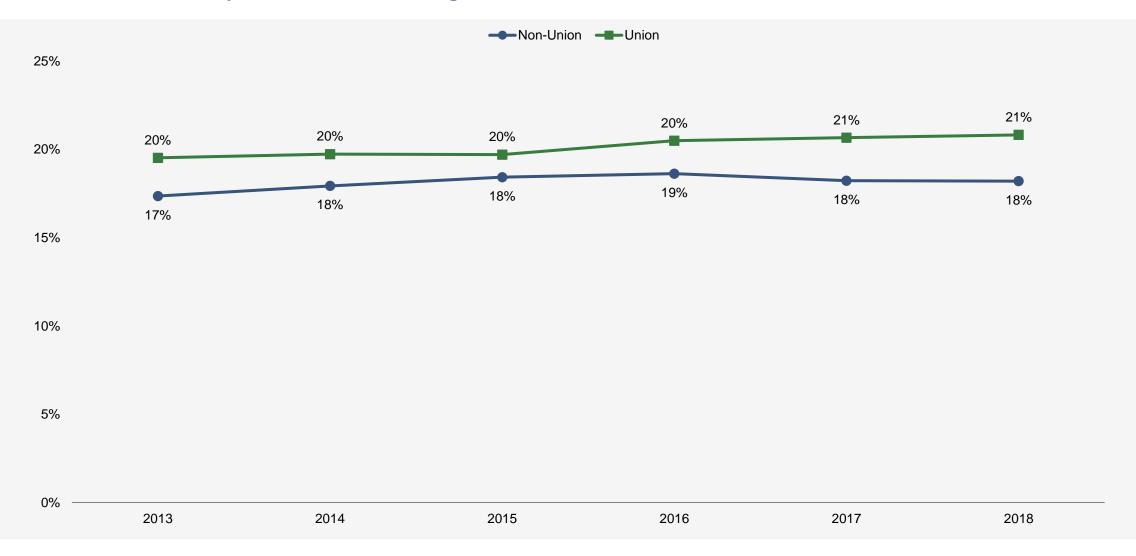




Figure 61
Emergency Department Coinsurance, by Industry, Among Individuals With a Coinsurance, 2013–2018

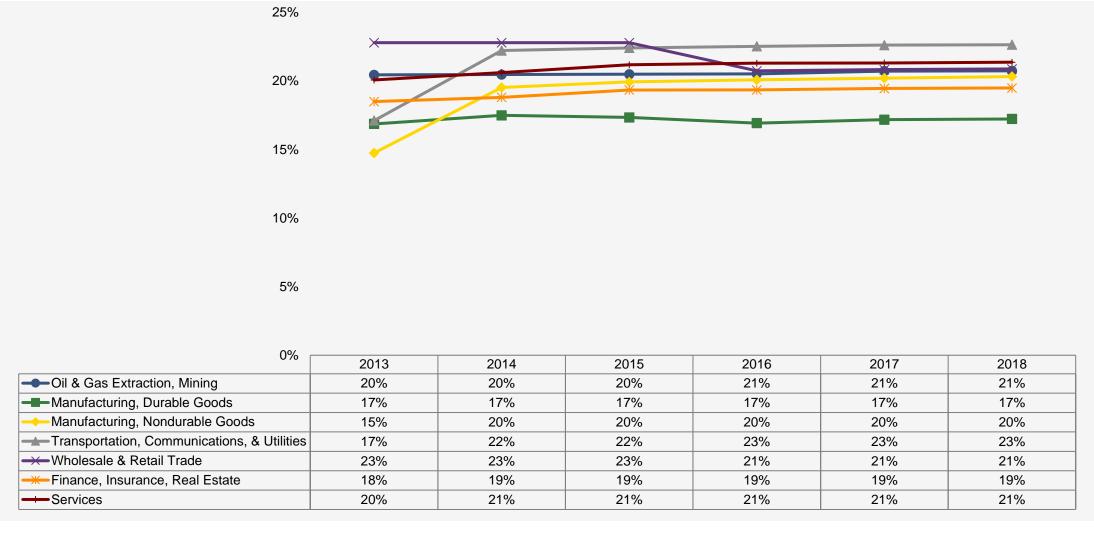




Figure 62 Inpatient Admission Coinsurance, by Industry, Among Individuals With a Coinsurance, 2013–2018

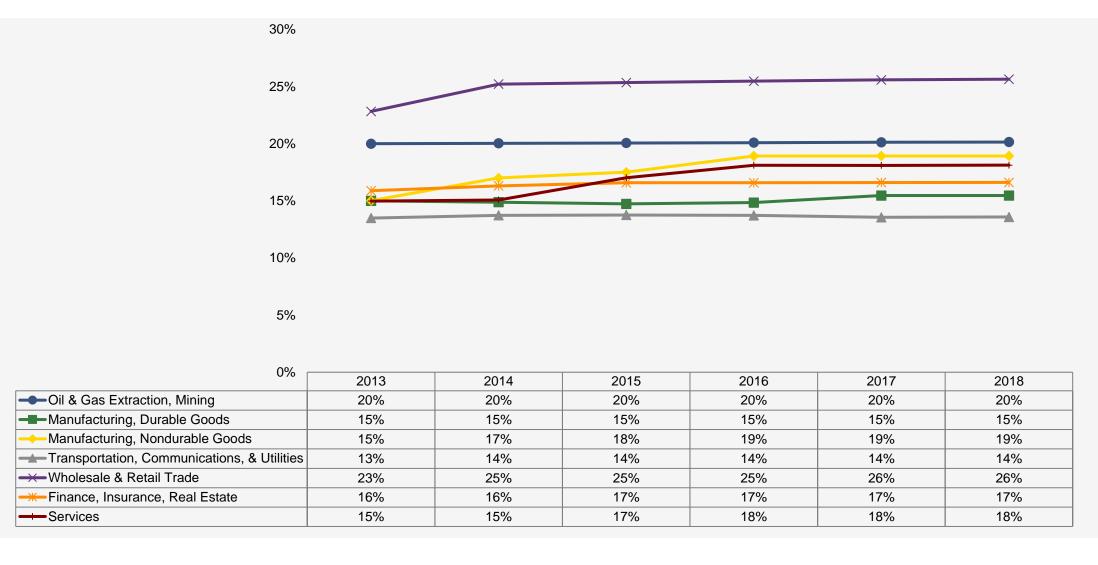




Figure 63
Office Visit Coinsurance, by Industry, Among Individuals With a Coinsurance, 2013–2018

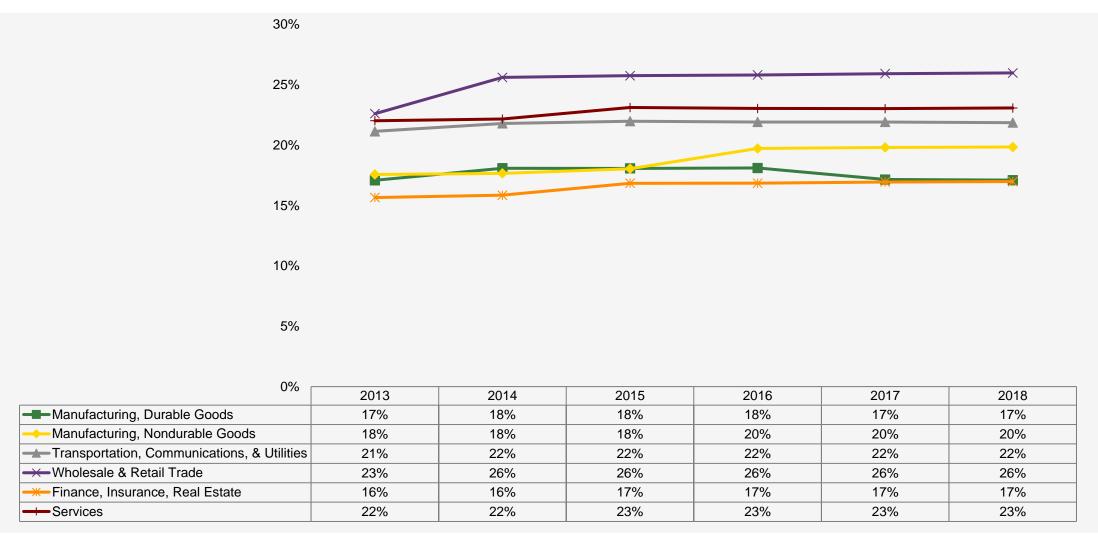




Figure 64
Out-of-Pocket Maximums, by Gender, 2013–2018

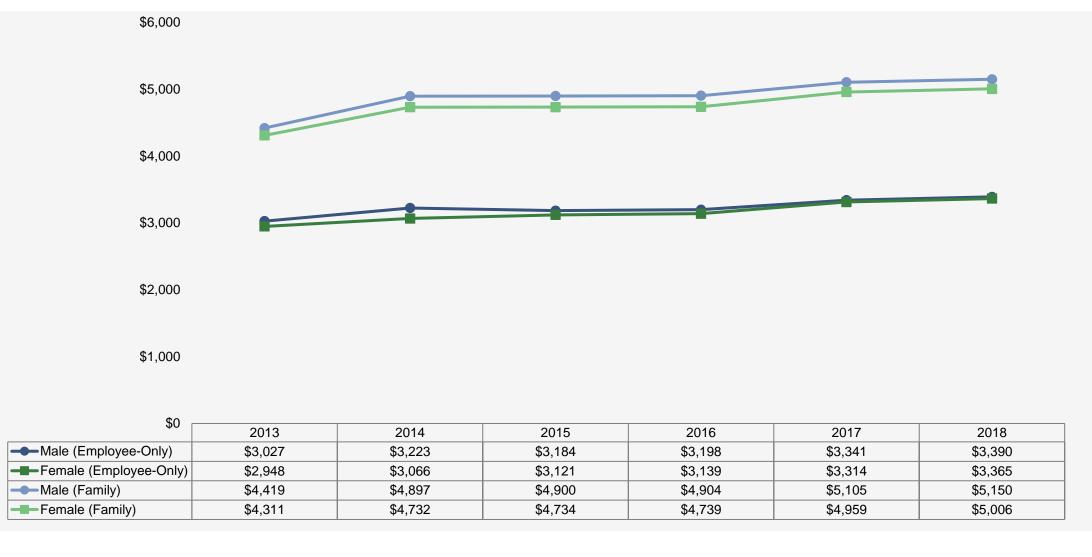




Figure 65
Out-of-Pocket Maximums, by Age, Among Individuals With Employee-Only Coverage, 2013–2018

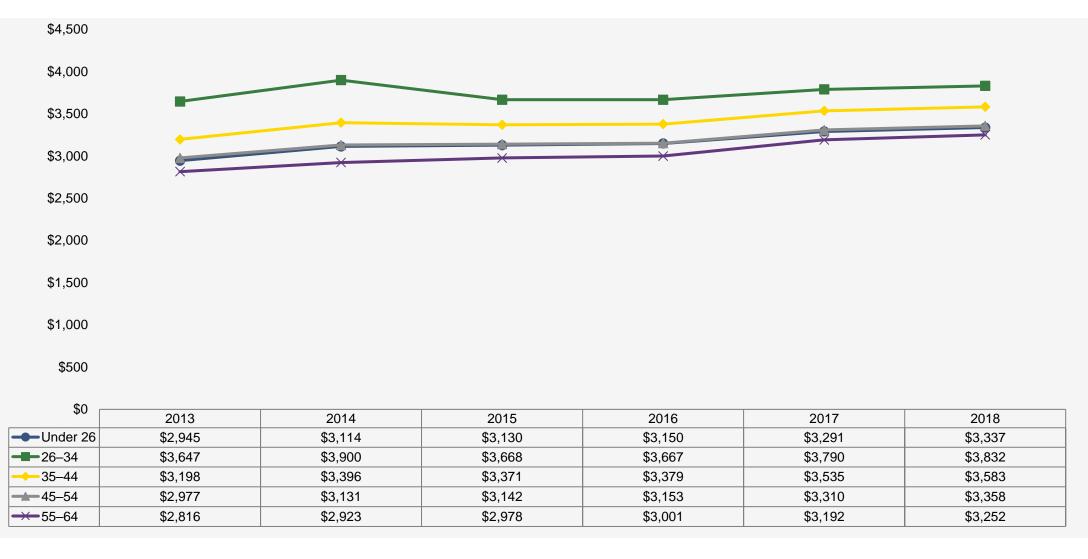




Figure 66
Out-of-Pocket Maximums, by Age, Among Individuals With Family Coverage, 2013–2018

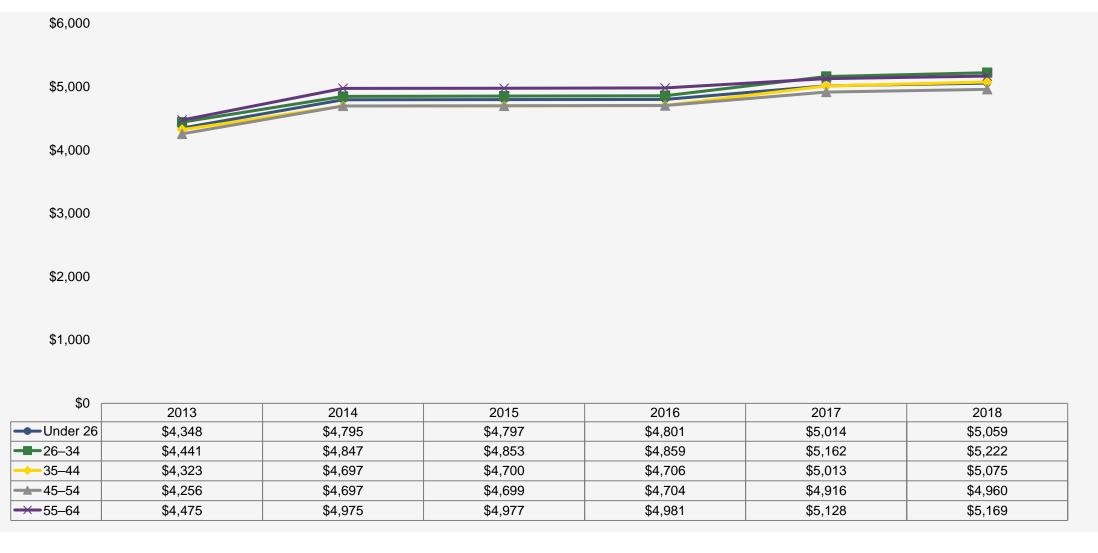




Figure 67
Out-of-Pocket Maximums, by Class of Worker, 2013–2018





Figure 68
Out-of-Pocket Maximums, by Industry, Among Individuals With Employee-Only Coverage, 2013–2018

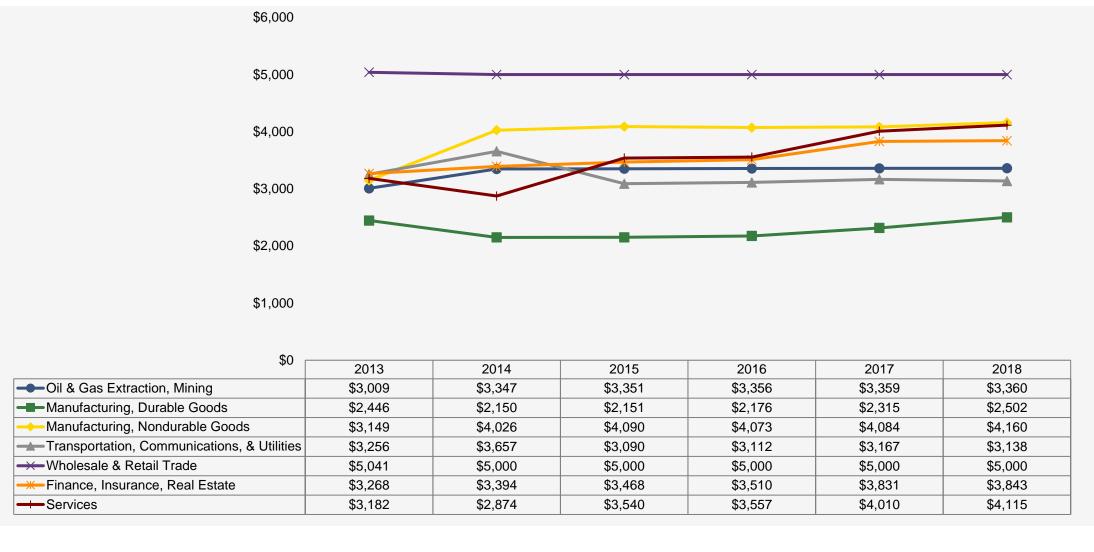




Figure 69
Out-of-Pocket Maximums, by Industry, Among Individuals With Family Coverage, 2013–2018



