

**FOR IMMEDIATE RELEASE: April 24, 2013**

Contact: Stephen Blakely, EBRI: 202/775-6341, [blakely@ebri.org](mailto:blakely@ebri.org)  
Paul Fronstin, EBRI (author): 202/775-6352, [fronstin@ebri.org](mailto:fronstin@ebri.org)

## **New Research from EBRI:**

### **Consumer-Driven Health Plan Enrollees Less Likely to be Young**

WASHINGTON—It is often assumed that consumer-driven health plan enrollees are more likely than those with traditional coverage to be young, because they use less health care, on average. However, that is generally not the case in recent years, according to new research by the nonpartisan Employee Benefit Research Institute (EBRI).

Analysis of so-called “consumer-driven” health plans (CDHPs) over the past seven years finds that in most years, CDHP enrollees were less likely than those with traditional coverage to be between the ages of 21 and 34.

“It is very difficult to generalize the differences in characteristics among CDHP enrollees, high-deductible enrollees, and individuals with traditional coverage, but a few differences stand out,” according to Paul Fronstin, director of EBRI’s Health Research and Education Program, and author of the report. “The study found that people who enroll in CDHPs do typically seem to be in better health, with higher education and higher incomes than those with traditional coverage.” Similar results were found in comparing the high-deductible health plan (HDHP) population with traditional-coverage enrollees, according to the EBRI analysis.

HDHP enrollees were more likely than those with traditional coverage to be ages 35–44 only in 2010, and other than in 2011, there were no differences in the percentages between the ages of 45–54.

Consumer-driven health plans consist of health reimbursement arrangements (HRAs), with a high deductible of at least \$1,000 for employee-only coverage and a tax-preferred account that workers and families can use to pay for out-of-pocket health care expense, and health savings accounts (HSAs).

Using annual consumerism in health care surveys EBRI has conducted dating back to 2005, EBRI finds:

- CDHP enrollees have consistently reported better health status than traditional-plan enrollees.
- CDHP enrollees were roughly twice as likely as individuals with traditional coverage to have college or post-graduate educations in nearly all years of the survey.
- The CDHP population was more likely than traditional-plan enrollees to be in households with \$150,000 or more in income in every year except 2009 and 2010.
- Few differences in plan enrollment type were found by race.
- In the earlier years of the survey (2005–2009), the CDHP population was more likely than the population with traditional coverage to have that coverage through small employers (between two and 49 employees), but more recently there have been no statistically significant differences by employer size between the CDHP population and that of the population with traditional coverage.

Previous EBRI research has found that growth of CDHPs has been slow, but steady. By 2012, 36 percent of employers with 500 or more workers offered either an HRA- or HSA-eligible plan, covering 16 percent of that population, up from the 32 percent that offered such a plan and 13 percent enrollment a year earlier. As a result, about 25 million individuals with private insurance, representing about 14.6 percent of the market, were either in a CDHP or an HSA-eligible plan last year.

The full article is published in April EBRI Notes, “Characteristics of the Population With Consumer-Driven and High-Deductible Health Plans, 2005–2012,” available at [www.ebri.org](http://www.ebri.org). The article examines the population with a CDHP and how it differs from the population with traditional health coverage. Data from the 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey and the 2008–2012 EBRI/MGA Consumer Engagement in Health Care Survey are used for the analysis.

The Employee Benefit Research Institute is a private, nonpartisan, nonprofit research institute based in Washington, DC, that focuses on health, savings, retirement, and economic security issues. EBRI does not lobby and does not take policy positions. The work of EBRI is made possible by funding from its members and sponsors, which includes a broad range of public, private, for-profit and nonprofit organizations. For more information go to [www.ebri.org](http://www.ebri.org) or [www.asec.org](http://www.asec.org)

###