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## **New Research from EBRI:**

### **HSA Enrollments Grow, Health Reimbursement Arrangements Shrink**

WASHINGTON, DC—The growth in so-called “consumer-driven” and high-deductible health plans continues, and now cover 28 percent of those with health insurance, according to the latest report by the nonpartisan Employee Benefit Research Institute (EBRI).

However, one kind of consumer-driven health plan—employer-funded health reimbursement arrangements, or HRAs—declined while enrollment grew in health savings accounts (HSAs) and high-deductible health plans (HDHPs), which can include both employer and employee contributions, EBRI found.

The 2013 Consumer Engagement in Health Care Survey (CEHCS), conducted by EBRI and Greenwald & Associates, also found that a growing share of the HDHP market was HSA-eligible.

“When examining only the number of people enrolled in HSA- or HSA-eligible plans, the overall number of individuals with an HSA or enrolled in an HSA-eligible plan increased from 17.5 million to 20.4 million, a 16 percent increase,” noted Paul Fronstin, director of EBRI’s Health Research and Education Program and co-author of the report.

Based on findings from the 2013 CEHCS:

- 9.7 percent of the population was enrolled in a consumer-driven health plan (CDHP), up from 9.6 percent in 2012.
- Enrollment in HDHPs increased from 16 percent in 2012 to 18 percent in 2013.

The 2013 CEHCS also found that CDHP enrollees are more cost conscious in their decision making than those in traditional plans. “Once again, we found that CDHP enrollees were more likely to use resources to pick their health plan, more likely to use cost information before getting health care services, and more likely than traditional-plan enrollees to take advantage of various wellness programs, such as health-risk assessments, health-promotion programs, and biometric screenings,” noted Fronstin.

However, he cautioned that it’s not clear from the data whether the differences in consumer engagement can be attributed to plan-design differences or whether various plan designs attract certain kinds of individuals.

“Regardless, it is clear that the underlying characteristics of the populations enrolled in these plans are different,” he said. “As the CDHP and HDHP markets continue to expand and more enrollees are enrolled

for longer periods of time, the sustained impact that these plans are having on cost, quality, and access to health care services can be better understood.”

Among other findings in the EBRI survey:

- Adults in a CDHP or HDHP were more likely than those in a traditional health plan to exhibit a number of cost-conscious behaviors. Specifically, those in a CDHP were more likely than those with traditional coverage to say that they had checked whether the plan would cover care; asked for a generic drug instead of a brand name; talked to their doctors about prescription options and costs; talked to their doctors about other treatment options and costs; asked a doctor to recommend less costly prescriptions; developed a budget to manage health care expenses; checked the price of a service before getting care; and used an online cost-tracking tool provided by the health plan.
- Adults in a CDHP were somewhat more likely than those in a traditional plan to be engaged in their choice of health plan: Those in a CDHP were more likely than those with traditional coverage to say that they had visited health plans’ websites to learn about their plans; attended a meeting where health plan choices were explained; used other websites to learn about health plan choices; and consulted with an insurance broker to understand plan choices.
- CDHP enrollees were more likely than traditional-plan enrollees to take advantage of various wellness programs, such as health-risk assessments, health-promotion programs, and biometric screenings. In addition, financial incentives mattered more to CDHP enrollees than to traditional-plan enrollees.

The full survey, “Findings from the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey,” is published in the December *EBRI Issue Brief*, available online at [www.ebri.org](http://www.ebri.org)

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