

For Immediate Release

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Fifteenth Annual Consumer Engagement in Health Care Survey Uncovers Differences Between Generations; HDHP Enrollees and Traditional Plan Enrollees

Washington, D.C. – December 20, 2019 — The Employee Benefit Research Institute (EBRI), a private, nonpartisan, nonprofit research group, and Greenwald & Associates, a full-service market research firm, just released their annual Consumer Engagement in Health Care Survey (Consumer Engagement Survey or CEHCS) aimed at examining consumer engagement in health care and health insurance decisions.

Now in its 15th year, the annual CEHCS provides reliable national data on the growth of consumer-driven health plans and high-deductible health plans and their impact on the behavior and attitudes of health care consumers.

The survey finds that the percentage of the population with a high deductible has continued to increase. In 2019, 15 percent of privately insured adults had a plan that was associated with either a health reimbursement arrangement (HRA) or health savings account (HSA), collectively known as consumer-directed health plans (CDHP). Another 13 percent had a high-deductible health plan (HDHP) that was not associated with either an HRA or HSA.

When it comes to choice of health plan, most people focus on the network of health care providers, easy access to health care, low out-of-pocket costs, prescription drug coverage, low premiums, simple to understand, and specific coverage included in the plan. The provider network and access to health care were ranked higher in importance than lower cost of premiums or low out-of-pocket costs. Generally, traditional plan enrollees and HDHP enrollees rank these aspects of health care in the same order, with one exception: Traditional plan enrollees report that low out-of-pocket costs for doctors' visits are more important. Of lesser importance is low cost of premiums when selecting a plan. However, HDHP enrollees report that low premiums are more important than low out-of-pocket costs when selecting a plan.

"It is clear that HDHP enrollees value low premiums over low out-of-pocket costs, while traditional plan enrollees value low out-of-pocket costs over low premiums," said Paul Fronstin, Director of EBRI's Health Research and Education Program and co-author of the report. "It is therefore not surprising that traditional plan and HDHP enrollees behave differently when it comes to their health care."

Consumers enrolled in an HDHP were more likely than those with traditional coverage to say that they had checked whether the plan would cover care or medication ; checked the quality rating of a doctor or hospital before receiving care; checked the price of doctor's visits, medication or other service before

receiving care; talked to their doctors about other treatment options and costs; talked to their doctors about prescription options and costs; used an online cost-tracking tool provided by the health plan; developed a budget to manage health care expenses; or declined a medical procedure because of costs.

In addition, when it comes to prescription drug use, those in an HDHP were more likely than those with traditional coverage to have asked for a generic drug instead of a brand name; or asked their doctor to recommend a less costly prescription drug.

Attitudes toward health care differ by generational cohort as well. Baby Boomers were more likely than Generation Xers and Millennials to have a primary care provider. Baby Boomers are much more likely than Millennials to strongly agree that they are comfortable telling their primary care provider about any health issue that they may have, that it is important that their doctor knows them and their medical history personally, that it is important that their primary care provider is aware of all of the other medical care that they receive, and that they see their own primary care provider at every visit.

About the Survey

The 2019 survey of 2,068 individuals was conducted online using Dynata/ResearchNow's online research panel between Aug. 26 and Sept. 20, 2019. All respondents were between the ages of 21 and 64. The national sample is weighted by gender, age, income, ethnicity, education, and region to reflect the actual proportions in the population. The CDHP and HDHP samples are weighted by gender, age, income, and ethnicity.

The survey was underwritten by Benefit Wallet, Blue Cross and Blue Shield Association, HealthEquity, Inc., National Rural Electric Cooperative Association, Prudential Financial, and UMB Financial.

About EBRI:

The Employee Benefit Research Institute is a private, nonpartisan, nonprofit research institute based in Washington, DC, that focuses on health, savings, retirement, and financial 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, who include a broad range of public, private, for-profit, and nonprofit organizations. For more information go to www.ebri.org.

About Greenwald & Associates:

Founded in 1985, Greenwald & Associates is a full-service market research firm with unique industry expertise in financial services, employee benefits & healthcare. Visit their website to learn more.