

Health Care Affordability Pressures Persist for Privately Insured Americans, Prompting Cuts to Spending, Retirement Saving and Delayed Care

New EBRI survey finds deductibles widespread and most people spend less than two hours picking a plan

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WASHINGTON, D.C. — Rising health care costs are affecting household finances for many privately insured adults, with 4 in 10 reporting higher expenses in the past year and many cutting discretionary spending or reducing retirement contributions, according to results from the 2025 EBRI/Greenwald Research Consumer Engagement in Health Care Survey (CEHCS) released today by the Employee Benefit Research Institute (EBRI).

Employment-based coverage remained the dominant source of private insurance, with 6 in 10 covered through their own job. Deductibles also remained widespread across plan types: More than three-quarters of enrollees had a medical deductible, including 70% of traditional plan enrollees. Enrollment in high-deductible health plans dipped slightly in 2025, while enrollment in consumer-directed health plans and health savings accounts (HSAs) appeared relatively stable.

The annual survey also found that most enrollees spent relatively little time selecting coverage during open enrollment, with about half spending less than an hour reviewing options and most spending under two hours. While most adults reported being satisfied with the ease of plan selection and the information available, satisfaction with the availability of affordable plan options and the number of plans to choose from declined in 2025.

“Even among people with private coverage, rising health care costs are affecting household budgets in very real ways,” said Paul Fronstin, director of health benefits research, EBRI. “When higher health care costs lead people to cut spending, struggle with bills or reduce retirement contributions, it highlights how affordability shapes both access to care and longer-term financial security.”

Key survey findings include:

Financial security and affordability: Most enrollees reported feeling financially secure, though fewer described themselves as very secure compared with 2024. Financial stress tied to inflation and everyday expenses remained common, with 29% of enrollees reporting a lot of stress and 33% reporting some stress. Four in 10 said their health care costs increased in the past year. Among those facing higher costs, more than half cut discretionary spending, about one-third had difficulty paying other bills, and one-quarter reduced retirement contributions. Cost was the leading reason adults delayed or avoided needed care.

Open enrollment: Most adults spent relatively little time choosing a plan during open enrollment. About half spent less than an hour reviewing options, and most spent under two hours. Satisfaction remained high for ease of selection and the information available, but fewer adults said they were satisfied with the affordability of available options and the number of plans offered. Benefits guides remained the most-used resource when choosing coverage.

Plan choice: Provider networks were the top factor when selecting a health plan, outranking premiums and other features. Cost considerations remained central across plan types: Traditional plan enrollees prioritized lower out-of-pocket costs when receiving care, while high-deductible plan enrollees placed more emphasis on lower premiums. Prescription drug coverage rose in importance compared with prior years. Concerns about out-of-pocket costs remained the most common reason traditional plan enrollees did not choose consumer-directed options.

Use of health savings accounts: Among HSA holders, employer contributions were the most frequently cited reason for opening an account, followed by saving for future health care expenses. Fewer enrollees cited tax advantages as their primary motivation compared with prior years. Most HSA holders viewed the account as a savings tool rather than a long-term investment vehicle, with about 3 in 10 saying they primarily viewed it as an investment account. Two-thirds reported using HSA funds for current or near-term out-of-pocket expenses.

GLP-1 medications: Most privately insured adults said GLP-1 medications should be covered by insurance, but about half did not know whether their plan covers them. Among those who said they are covered, rules varied, with some reporting coverage only for diabetes, some only for obesity, and others for both. About 35% of GLP-1 medication users reported stopping a GLP-1 medication, with affordability cited most often. Four in 10 who stopped cited cost, and about 1 in 7 said they discontinued because the medication was not covered.

Health technology and AI: Consumers reported substantially higher trust in health care providers than in artificial intelligence (AI) for health-related decisions. When asked about the importance of different health technology uses, AI-related applications ranked below more established tools and functions. The findings suggest AI is part of the landscape, but consumers currently place greater confidence in clinicians and prioritize other technology uses over AI.

“As we’ve seen in previous years, consumers do not spend much time selecting their plans, with some spending no time at all,” said Sara Rubinstein, director, Healthcare, Greenwald Research. “With changes in the landscape, including high-cost prescriptions and a growing reliance on AI, there is an opportunity for employers to better educate their employees on their options.”

About the survey

The Consumer Engagement in Health Care Survey is a survey of privately insured adults. The 2025 survey included 2,001 privately insured adults ages 21–64 and was conducted Oct. 13–Nov. 8, 2025.

This research study was conducted with the support of the Blue Cross and Blue Shield Association, The Cigna Group, HealthEquity Inc., Inspira Financial, Johnson & Johnson, Segal, TIAA and WEX.

To review a summary of the new survey report, visit <https://www.ebri.org/publications/research-publications/issue-briefs/content/2025-consumer-engagement-in-health-care-survey>.

The Employee Benefit Research Institute is a nonprofit, nonpartisan research organization that provides objective information about critical issues relating to employee benefit programs in the United States. EBRI also coordinates activities for the Center for Research on Health Benefits Innovation, the Financial Wellbeing Research Center and the Retirement Security Research Center and produces a variety of industry surveys throughout the year. For more information, visit [ebri.org](https://www.ebri.org).

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MEDIA NOTE: To receive the complete research report, email Ron Dresner at dresner@ebri.org