

News from EBRI

1100 13th St. NW • Suite 878 • Washington, DC 20005 (202) 659-0670 • www.ebri.org • Fax: (202) 775-6312

FOR IMMEDIATE RELEASE: August 13, 2014

Contact: Stephen Blakely, EBRI: 202/775-6341, blakely@ebri.org

Paul Fronstin, EBRI (author), 202/775-6352, fronstin@ebri.org

New Research from EBRI:

Satisfaction Gap Narrowing Between Traditional and Consumer-Driven Health Plans

Out-of-Pocket Costs Still a Major Factor

WASHINGTON—Who's happier with their health plan—those in "traditional" managed care plans, or those in so-called "consumer-driven" and high-deductible plans?

The latest data from the nonpartisan Employee Benefit Research Institute (EBRI) show that the overall satisfaction rate among consumer-driven health plan (CDHP) enrollees is gradually increasing, while it is gradually decreasing among traditional enrollees.

Nevertheless, significantly more people in traditional plans are satisfied with their health coverage than are those in the newer types, and out-of-pocket costs may explain some of the variation in overall satisfaction rates. In 2013, 44 percent of traditional-plan participants were extremely or very satisfied with out-of-pocket costs (for health care services other than for prescription drugs), while 20 percent of high-deductible health plan (HDHP) enrollees and 31 percent of CDHP participants were extremely or very satisfied. Satisfaction has been trending upward among CDHP enrollees in recent years.

These latest findings come from the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS), compared with the 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care surveys, and the 2008–2012 CEHCS.

"As in previous years of the survey, in 2013 individuals in a CDHP or an HDHP were found to be less likely than those in a traditional plan both to recommend their health plan to friends or co-workers, and to stay with their current health plan if they had the opportunity to switch plans," said Paul Fronstin, director of EBRI's Health Research and Education Program. "However, the percentage of HDHP and CDHP enrollees reporting that they would be extremely or very likely to recommend their plan to friends or co-workers has been trending upward, while it has been flat among individuals with traditional coverage."

Among the EBRI report's other findings:

- Overall Satisfaction Rates: Very few traditional-plan enrollees were not too or not at all satisfied with their health plan in any year of the survey. In 2013, only 11 percent of traditional-plan enrollees were not too or not at all satisfied with their health plan. In comparison, 22 percent of HDHP and 19 percent of CDHP enrollees reported that they were not too or not at all satisfied with their health plan. Overall, dissatisfaction among CDHP and HDHP enrollees has been trending downward during the survey period.
- Quality of Care—Other than in 2006, individuals in a CDHP were as satisfied as individuals with traditional coverage with the quality of care received. By 2013, about two-thirds of individuals

whether in a CDHP (67 percent) or with traditional coverage (68 percent) were extremely or very satisfied with the quality of care received.

• In contrast, individuals with an HDHP were less likely to be satisfied with the quality of care received than those in a traditional plan in every year of the survey. By 2013, 61 percent of HDHP enrollees were extremely or very satisfied with quality of care received, compared with 68 percent among traditional plan enrollees. Satisfaction with quality of care fell between 2012 and 2013 for both individuals with a CDHP and those with traditional coverage.

The full report, "Satisfaction With Health Coverage and Care: Findings from the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey," is published in the August *EBRI Notes*, online at www.ebri.org

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 include a broad range of public, private, for-profit and nonprofit organizations. For more information go to www.ebri.org or www.asec.org