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New Research from EBRI:
Consumer-Driven Health Plans
Driving Cost-Conscious Behavior

WASHINGTON—Consumer-driven health plans appear to be succeeding at getting people to pay attention to their health costs and behavior, according to new research by the nonpartisan Employee Benefit Research Institute (EBRI).

According to the 2015 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS), adults in a consumer-driven health plan (CDHP) and a high-deductible health plan (HDHP) were more likely than those in a traditional plan to exhibit a number of cost-conscious behaviors.

The survey also found evidence that adults in a CDHP were more likely than those in a traditional plan to be engaged in their choice of health plan and that CDHP enrollees were more likely than traditional-plan enrollees to take advantage of various wellness programs, such as health-risk assessments, health-promotion programs, as well as biometric screenings.

“Employers have been interested in bringing aspects of consumer engagement into health plans for many years, not just through greater cost-sharing but also through wellness programs,” said Paul Fronstin, director of EBRI’s Health Research and Education Program and author of the report. “Consumer-driven health plans appear to be having that effect.”

Specifically, the EBRI survey found that those in a CDHP or HDHP 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; asked a doctor to recommend a less costly drug; talked to their doctors about other treatment options and costs; developed a budget to manage health care expenses; and used an online cost-tracking tool provided by the health plan.

Also, those in a CDHP were more likely than those with traditional coverage to say that they had talked to friends, family or colleagues about the plans; attended a meeting where health plan choices were explained; and consulted with their employer’s HR staff about health plan choices. Those in an HDHP were more likely than those with traditional coverage to say that they had visited the health plans’ website to learn about their plans; talked to friends, family or colleagues about the plans; used other websites to learn about their choices; and that they consulted with an insurance broker to understand plan.

Consumer-driven health plans are a combination of health coverage with high deductibles (at least $1300 for individual coverage in 2015) and tax-preferred savings or spending accounts that workers and their families can use to pay their out-of-pocket health care expenses. A handful of employers first started offering CDHPs in 2001 with HRAs and in 2004 employers were able to start offering health plans with HSAs.
This year, the survey found 13 percent of the population was enrolled in a CDHP; 11 percent was enrolled in a high-deductible health plan (HDHP); and 76 percent was enrolled in traditional coverage. The 13 percent of the population with a CDHP represented about 26 million individuals with private insurance, while the 11 percent with an HDHP represented about 22 million individuals.

The CEHCS examines differences and similarities among individuals enrolled in traditional health plans, CDHPs, and HDHPs. The report also examines consumer engagement more generally and health care decision making; cost and quality information; participation in wellness programs; opinions about provider engagement; cost-sharing incentives related to plan type; and telemedicine. Findings from this survey are compared previous EBRI surveys on the subject.


EBRI’s publications can also be accessed through mobile device apps, available in the Apple store for Apple devices and Google Play for Android devices.

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