

Contact: Tracey Young, EBRI, (202) 775-6329, young@ebri.org

Fast Facts from EBRI:

How Do Consumer-Driven Health Participants Differ From Those in Traditional Health Plans?

WASHINGTON—What are the some of the characteristics of a consumer-driven health plan (CHDP) enrollee?

A study by the nonpartisan Employee Benefit Research Institute (EBRI) shows that CDHP enrollees tended to be better educated, healthier, and have higher incomes than people in traditional health plans. But in recent years, the income differences have begun to narrow.

For example, EBRI found that in 2005 CDHP enrollees were more likely than traditional plan enrollees to have household income of \$150,000 or more, but by 2010 this was no longer the case. In 2010, CDHP enrollees were more likely to have household income of \$50,000–\$100,000, but were not more likely to have household income of \$100,000 or more.

The data come from the 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey and the 2008–2010 EBRI/MGA Consumer Engagement in Health Care Survey. The full report is in the May 2011 *EBRI Notes*, “Characteristics of the CDHP Population, 2005–2010,” online at www.ebri.org

The EBRI report notes that it is very difficult to generalize the differences in characteristics among CDHP enrollees, high-deductible health plan (HDHP) enrollees, and individuals with traditional coverage, but a few differences other than income stand out:

- **Age:** The CDHP and HDHP populations were less likely to be young (ages 21–34) than the population with traditional coverage. However, in 2010, both the CDHP and HDHP populations were more likely to be ages 35–44. There were no differences in the portion ages 45–54.
- **Education:** CDHP and HDHP enrollees have consistently reported higher educational levels than traditional plan enrollees.
- **Health:** CDHP enrollees have consistently reported better health status than traditional plan enrollees and exhibited better health behavior than traditional plan enrollees with respect to smoking, exercise, and, recently, obesity rates. It cannot be determined from the survey whether plan design had an impact on health status, smoking, exercise, or obesity rates.

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