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New Research from EBRI:

**CDHP Enrollees More Educated, Healthier, and
Higher-Income Than Those in Traditional Health Plans**

WASHINGTON—In the 10 years that consumer-driven health plans (CDHPs) have existed they have tended to attract participants who are better educated, healthier, and have higher incomes than people in traditional health plans, according to a new report by the nonpartisan Employee Benefit Research Institute (EBRI). But in recent years, the income differences have begun to narrow.

For instance, 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.

Paul Fronstin, director of EBRI’s Health Research and Education Program and author of the report, said other than for these factors, there are no clear demographic differences between enrollees in consumer-driven health plans and traditional health plans.

The findings are published in the May 2011 EBRI *Notes*, “Characteristics of the CDHP Population, 2005–2010,” and are available on line at www.ebri.org. 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.

Employment-based health benefits are the most common form of health insurance in the United States, but skyrocketing health expenses have forced employers to seek ways to control their costs. Starting in 2001, employers started offering account-based health plans—a combination of health plans with deductibles of at least \$1,000 for employee-only coverage and tax-preferred savings or spending accounts that workers and their families can use to pay their out-of-pocket health care expenses. These health savings accounts (HSAs) and health reimbursement arrangements (HRAs) are collectively known as “consumer-driven” health plans, and are designed to give workers more control over how they pay for their health coverage.

Other findings in the EBRI report:

- **Educational Level:** CDHP and high-deductible health plan (HDHP) enrollees have consistently reported higher education levels than traditional plan enrollees.

- **Age:** In most years of the survey, both 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 and no recent differences in the portion ages 55–64.
- **Health Status:** CDHP enrollees have consistently reported better health status than traditional plan enrollees. They have also exhibited better health behavior than traditional plan enrollees with respect to smoking, exercise, and, recently, obesity rates. HDHP enrollees have also been consistently less likely than those with traditional coverage to report that they smoke, but no recent differences were found in exercise rates and differences have never been found in obesity rates. It cannot be determined from the survey whether plan design had an impact on health status, smoking, exercise, or obesity rates.

The Employee Benefit Research Institute (EBRI) is a private, 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.

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