

The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey

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EBRI



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2019 CEHCS Overview

15th Annual Consumer Engagement in Health Care Survey

The Consumer Engagement in Health Care Survey (CEHCS) is a survey of privately insured adults conducted by the Employee Benefit Research Institute (EBRI) and Greenwald & Associates, an independent research firm. The survey has been conducted annually since 2005. The CEHCS provides reliable national data on the growth of consumer-driven health plans and high-deductible health plans and their impact on the behavior and attitudes of health care consumers.

The 2019 survey of 2,068 individuals was conducted using Dynata/ResearchNow's online research panel between Aug. 26 and Sept. 20, 2019. All respondents were between the ages of 21 and 64.

The national sample is weighted by gender, age, income, ethnicity, education, and region to reflect the actual proportions in the population. The consumer-directed health plan (CDHP) and high-deductible health plan (HDHP) samples are weighted by gender, age, income, and ethnicity.

2019 CEHCS Funders

BenefitWallet

Blue Cross and
Blue Shield Association

HealthEquity, Inc.

National Rural Electric
Cooperative
Association

Prudential Financial

UMB Financial

Key Findings

Enrollment in High-Deductible Health Plans Continues to Grow

The percentage of the population with a high deductible has continued to increase. In 2019, 15 percent of privately insured adults had a plan that was associated with either a health reimbursement arrangement (HRA) or health savings account (HSA), collectively known as consumer-directed health plans (CDHP) (Figure 1). Thirteen percent had a high-deductible health plan (HDHP) that was not associated with either an HRA or HSA.

15% of privately insured adults

had a plan associated with an HRA or HSA

Lower Satisfaction With Health Care Costs Drives Differences by Plan Type

Most people were satisfied with the quality of care, choice of physician, and access to care, and the findings did not vary much by plan type. Approximately 90 percent (or more) were satisfied with these aspects of care (Figure 2). In contrast, many individuals in CDHPs and HDHPs were dissatisfied with the cost they pay out of pocket for prescription drugs (29 percent) and other health care (43 percent) (Figure 3). This may account for the overall difference in satisfaction by plan type.

 9 in 10 were satisfied with:

- Quality of care
- Choice of physician
- Access to care

Satisfaction Increases With Plan Tenure

Satisfaction with health coverage did, however, increase the longer someone had been enrolled in their plan. For example, among HDHP enrollees, the percentage extremely or very satisfied increased from 35 percent among those enrolled in their plan for less than one year to 50 percent among those enrolled in their plan for three or more years (Figure 4).

Key Findings

Individuals Are Most Satisfied With Plan Selection and Least Satisfied With the Number Of Plan Choices

When it comes to choosing a health plan, most people were satisfied with the ease of selecting a plan and the information available to them to help them understand their health plan choices. However, satisfaction fell when examining the availability of affordable health plans and the number of health plans to choose from (Figure 5).

**9 in 10
individuals**

were satisfied with the ease of selecting a plan and the information available to them

Many People Have a Choice of Health Plans

About two-thirds of individuals reported that they have a choice of at least two health plans (Figure 6). Despite the fact that satisfaction related to the number of health plan choices was lower among HDHP enrollees than traditional plan enrollees (Figure 5), HDHP enrollees were more likely than traditional plan enrollees to report that they had a choice of health plan (Figure 6). Twenty-two percent of HDHP enrollees reported that they had two health plans to choose from, compared with 17 percent among traditional plan enrollees. And 28 percent of HDHP enrollees reported that they had three health plans to choose from, compared with 17 percent of traditional plan enrollees. Overall, 32 percent of traditional plan enrollees reported that they were offered an HDHP, with or without an account (Figure 7). Four in ten traditional plan enrollees reported that they were not offered an HDHP in 2019, up from 3 in 10 in 2017.



**2 in 3
individuals**

had a choice of at least two health plans

Key Findings

Certain Aspects of Health Plans Are More Important Than Others

When it comes to their health plan, most people thought that the following aspects were very or somewhat important: the network of health care providers, easy access to health care, low out-of-pocket costs, prescription drug coverage, low premiums, simple to understand, and specific coverage included in the plan (Figure 8). The provider network and access to health care were ranked higher in importance than lower cost of premiums or low out-of-pocket costs.

Generally, traditional plan enrollees and HDHP enrollees ranked these aspects of health care in the same order, with one exception: Traditional plan enrollees reported that low out-of-pocket costs for doctor's visits were more important. Of lesser importance was low cost of premiums when selecting a plan. However, HDHP enrollees reported that low premiums were more important than low out-of-pocket costs when selecting a plan (Figure 9).

Most health plan enrollees considered these aspects very or somewhat important:



- Network of health care providers
- Easy access to health care
- Low out-of-pocket costs
- Prescription drug coverage
- Low premiums
- Simple to understand
- Specific coverage included in the plan

Key Findings

HDHP Enrollees Exhibit More Cost-Conscious Behavior Than Traditional Plan Enrollees

Those in an HDHP were more likely than those with traditional coverage to say that they had checked whether the plan would cover care or medication (55 percent HDHP vs. 42 percent traditional); checked the quality rating of a doctor or hospital before receiving care (45 percent HDHP vs. 36 percent traditional); checked the price of doctor's visits, medication, or other service before receiving care (46 percent HDHP vs. 35 percent traditional); talked to their doctors about other treatment options and costs (37 percent HDHP vs. 31 percent traditional); talked to their doctors about prescription options and costs (36 percent HDHP vs. 29 percent traditional); used an online cost-tracking tool provided by the health plan (25 percent HDHP vs. 17 percent traditional); developed a budget to manage health care expenses (21 percent HDHP vs. 17 percent traditional); or declined a medical procedure because of costs (25 percent HDHP vs. 16 percent traditional) (Figure 10). However, fewer than one-half said they had engaged in any of this cost-conscious behavior for anything other than checking whether the health plan would cover care or medications.

In addition, when it came to prescription drug use, those in an HDHP were more likely than those with traditional coverage to have asked for a generic drug instead of a brand name (43 percent HDHP vs. 29 percent traditional) or to have asked their doctor to recommend a less costly prescription drug (31 percent HDHP vs. 22 percent traditional) (Figure 11). Again, though, fewer than one-half reported doing so.

Generally, very few people search for health care cost information. Overall, only about one-quarter (26 percent) sought such information, with 17 percent finding it and 9 percent not finding it (Figure 12). Those in an HDHP were more likely than those with traditional coverage to have sought such information (25 percent HDHP vs. 22 percent traditional) and to have found such information (21 percent HDHP vs. 15 percent traditional).



**4 in 10
HDHP
enrollees**

had asked for a generic drug instead of a brand name

vs. 29% of traditional plan enrollees

Key Findings

Attitudes Toward Primary Care Differ by Generational Cohort

Most individuals had a primary care provider. Overall, 72 percent reported having a primary care provider (Figure 13). Those in HDHPs were slightly more likely than those in traditional health plans to have a primary care provider (77 percent vs. 70 percent). Not surprisingly, Baby Boomers were more likely than Generation Xers and Millennials to have a primary care provider (82 percent Boomers; 74 percent Gen Xers; 65 percent Millennials).

Overall, most people agreed (either strongly or somewhat) that they are comfortable telling their primary care provider about any health issue that they may have, that it is important that their doctor knows them and their medical history personally, and that it is important that their primary care provider is aware of all of the other medical care that they receive (Figure 14). However, it was less important that they see their primary care provider every visit and that the doctor's office has all the doctors that they need at one location. The degree to which they agreed that after seeing their doctor, they make healthier lifestyle choices and rely on themselves more than their primary doctor to make decisions about their medical care leaned much more toward somewhat agreeing with those statements than strongly agreeing. Baby Boomers were much more likely than Millennials to strongly agree that they are comfortable telling their primary care provider about any health issue that they may have, that it is important that their doctor knows them and their medical history personally, that it is important that their primary care provider is aware of all of the other medical care that they receive, and that they see their own primary care provider at every visit (Figure 15).

8 in 10 Baby Boomers

had a primary care provider

vs. 74% of Gen Xers
vs. 65% of Millennials

9 in 10 health plan enrollees

agreed that:

- They are comfortable telling their primary care provider about any health issue
- It is important that their doctor knows them and their medical history personally
- It is important that their primary care provider is aware of all of the other medical care that they receive

Key Findings

Knowledge About HSAs Is Lacking

HSA owners and those more likely to be eligible for an HSA were more knowledgeable about HSAs than those in traditional plans. Only 58 percent of HDHP enrollees and 30 percent of traditional plan enrollees knew that they could use their HSA to pay for health care expenses in retirement (Figure 16). Only 39 percent of HDHP enrollees and 13 percent of traditional plans enrollees knew that HSAs can be invested in mutual funds.

When it came to false statements, only 44 percent of HDHP enrollees and 21 percent of traditional plan enrollees knew that it was not true that anyone can open an HSA. Similarly, only 55 percent of HSA enrollees and 30 percent of HDHP enrollees knew that it is not true that if they leave their job, they lose the HSA and the money in it.

**Fewer than
6 in 10**

knew that they can use their HSA to pay for health expenses in retirement

**55% of HSA
enrollees**

knew that it is not true that if they leave their job, they lose their HSA and the money in it

Key Findings

Use of HSAs

Individuals with HSAs are using the accounts in a variety of ways. Nearly 40 percent were using them to pay for current out-of-pocket expenses and/or saving for health care expenses in retirement (Figure 17). One-third were using their HSAs to minimize taxes and/or to pay for a mix of short-term and long-term health care expenses. Thirty percent were using them to reimburse themselves for out-of-pocket expenses when they needed the money. One-quarter were using them to pay for immediate or shorter-term expenses, and 18 percent were using them to invest. Individuals who described themselves as being financially secure were far more likely to say they are using their HSAs to save for health care expenses in retirement (51 percent vs. 10 percent) or to be investing their account funds in stock, bonds, or mutual funds — although the proportion is still small (21 percent vs. 7 percent).

Overall, 61 percent reported using the HSA as a savings account, 25 percent as an investment account, and 18 percent as a checking account (Figure 18). Nine in ten reported rolling over unspent HSA money each year.

Not surprisingly given where they are in their lifecycles, Baby Boomers were most likely to view HSAs as savings accounts, while Millennials were most likely to view them as investment accounts (Figure 19).

Despite the fact that only 18 percent viewed the accounts as investment accounts, 77 percent either strongly agreed (32 percent) or somewhat agreed (35 percent) that they view the account as a long-term savings vehicle that they can use for health care costs in retirement (Figure 20). One-half strongly agreed (21 percent) or somewhat agreed (32 percent) that they are interested in having some of their HSA money invested in stocks, bonds, or mutual funds. Only 1 in 3 reported that, because of the tax advantages of HSAs, they maximize their HSA savings before contributing to other savings plans such as 401(k) plans and individual retirement accounts.



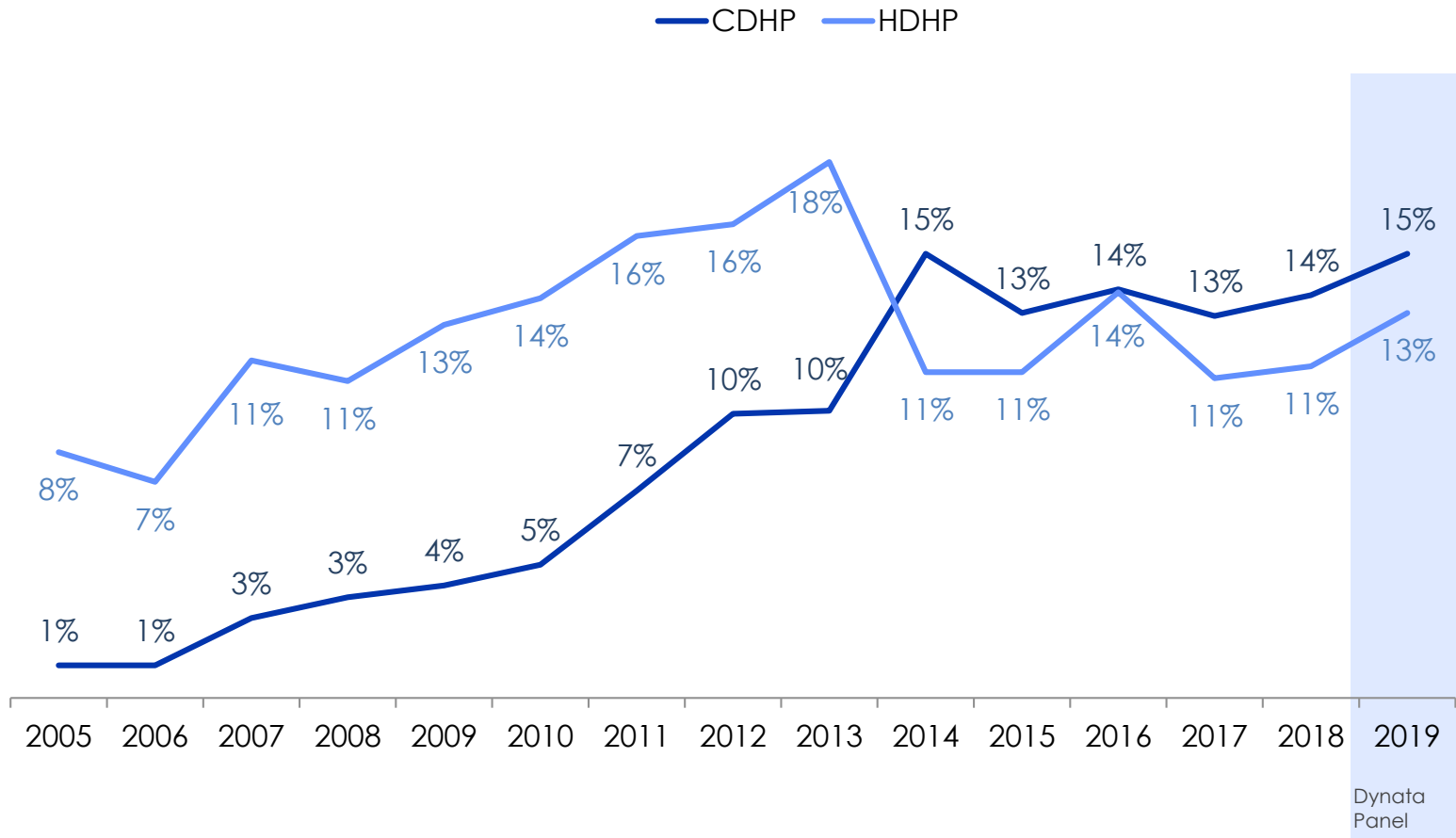
5 in 10
financially
secure
individuals

said they are using their HSAs to save for health care expenses in retirement

vs. 10% of those who are financially insecure

Figure 1 Growth of Consumer-Directed Health Plans (CDHP) and High-Deductible Health Plans (HDHP)

Incidence of CDHP/HDHP in national sample
(CHCS/CEHCS: 2005–2019)



Starting in 2014, HSA eligibles (with no account) were added to the CDHP group.

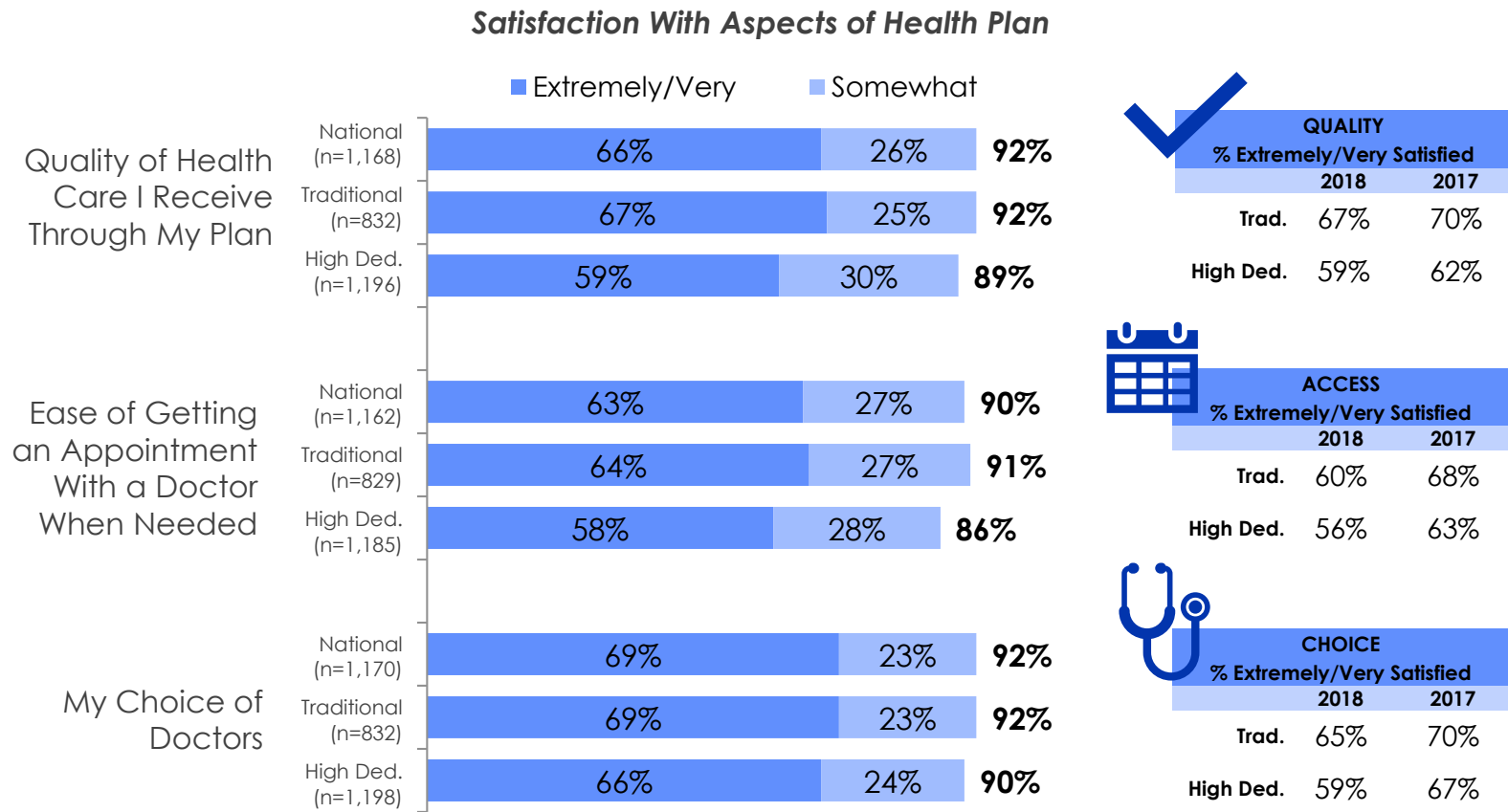
Source: Consumerism in Health Care Survey/Consumer Engagement in Health Care Survey, 2005–2019.

Figure 2

Satisfaction With Health Plan

In 2019, there continued to be a higher satisfaction with quality of care for the traditional plan owners compared with high-deductible groups.

Choice and access satisfaction were similar across the three plan types, though high deductible scored slightly lower.



"Not applicable" responses not included in percentage base.

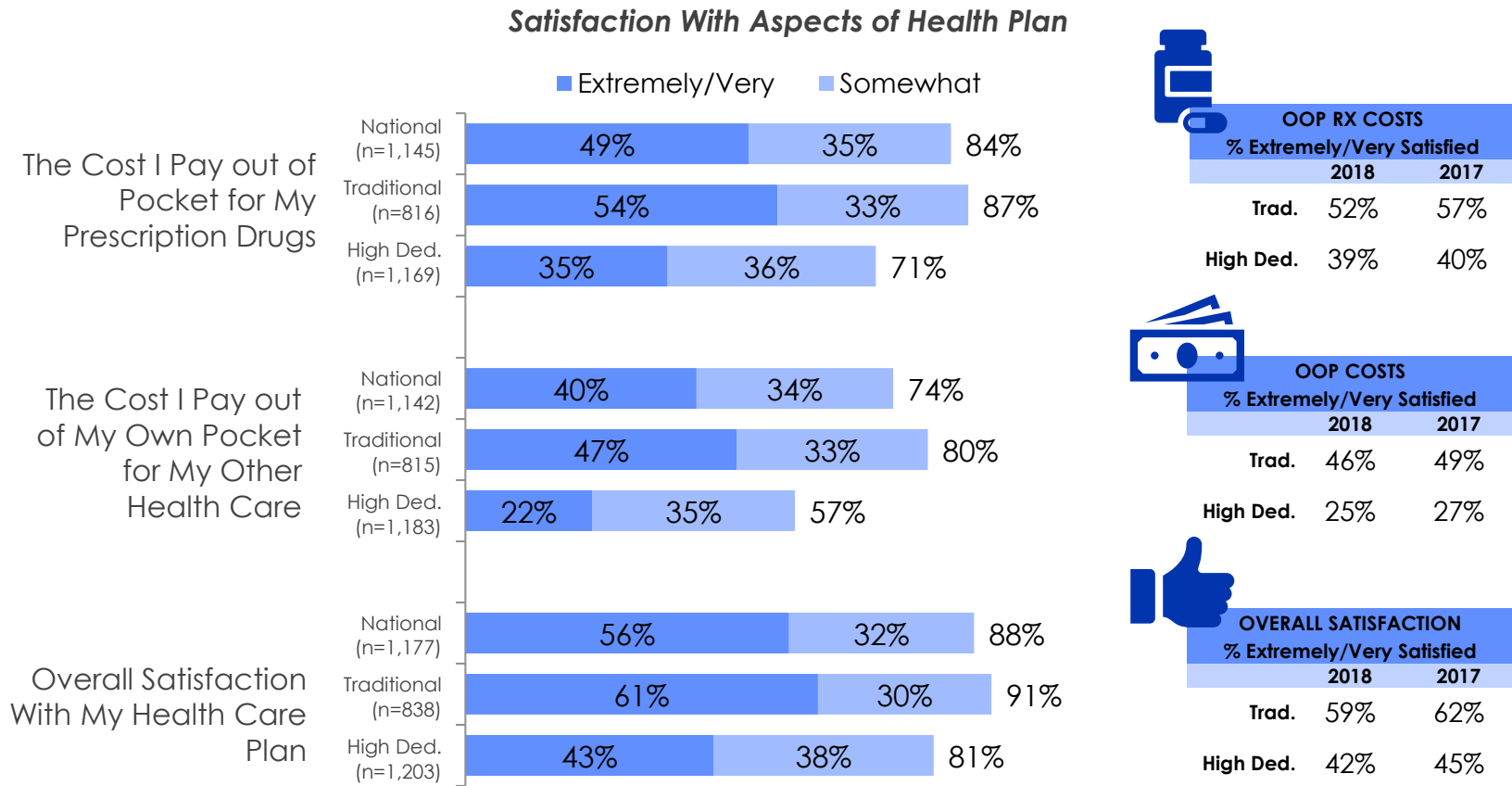
Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 3

Satisfaction With Health Plan

Overall satisfaction remained lower for high-deductible members compared with the traditional plan group.

Satisfaction with out-of-pocket (OOP) costs continued to be much higher for the traditional plan group than for high-deductible members.

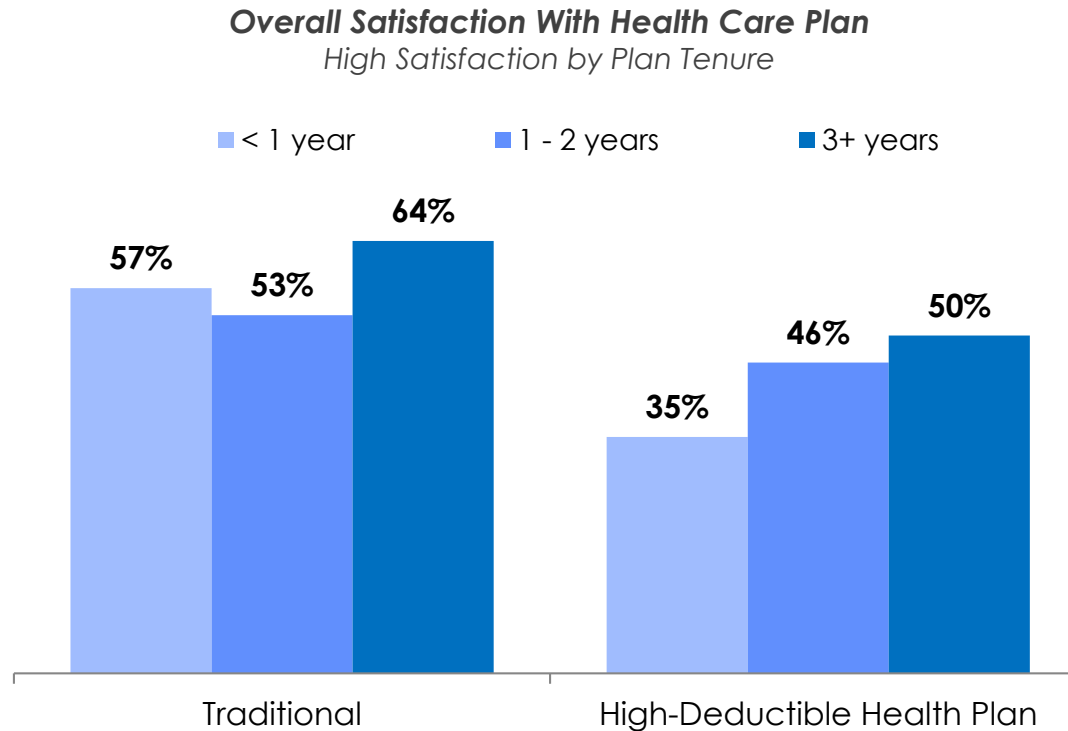


"Not applicable" responses not included in percentage base.

Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019

Figure 4 Satisfaction With Health Plan/Length of Time With Current Plan

The longer a member was with their health care plan, the more satisfied they appeared to be.



"Not applicable" responses not included in percentage base.

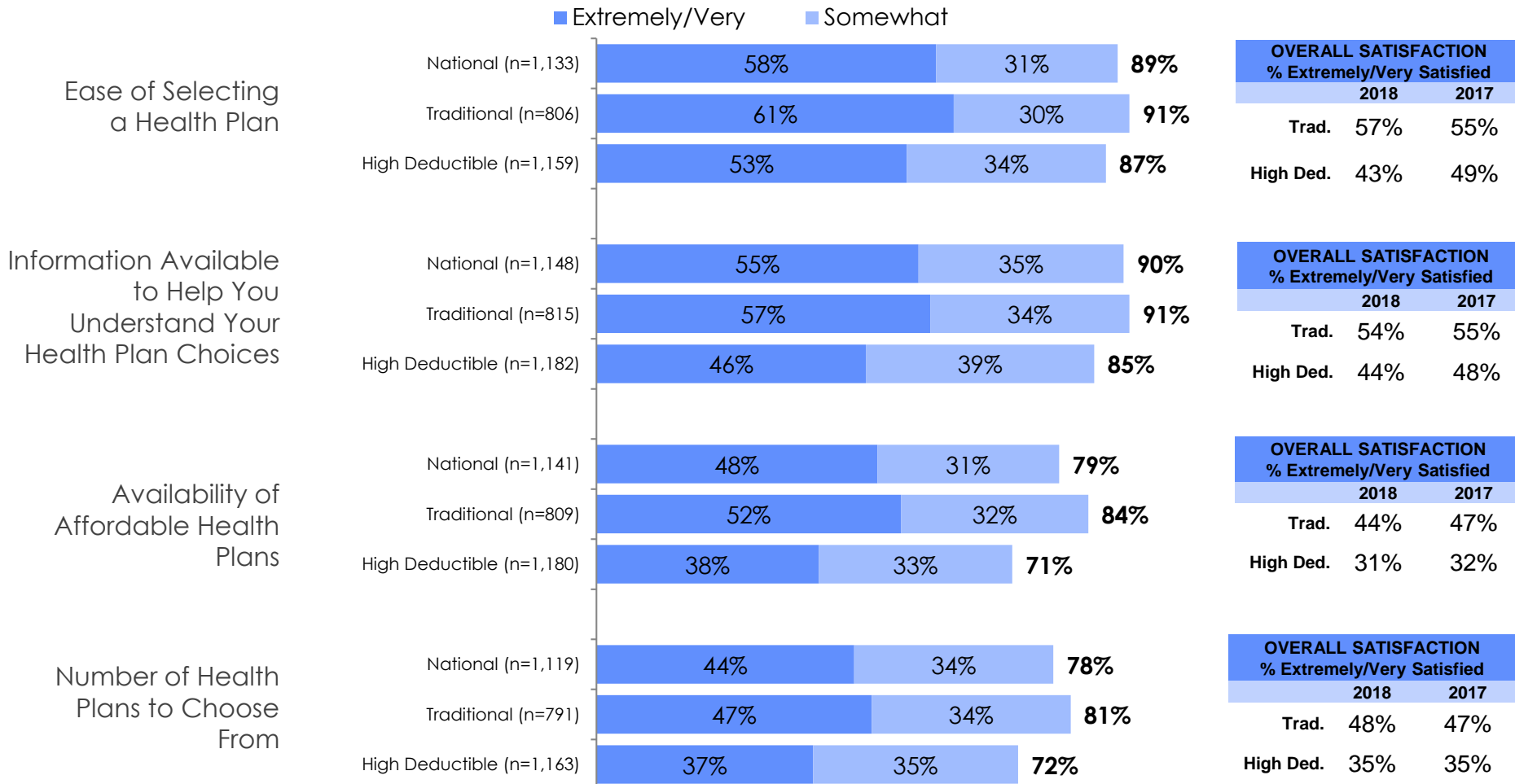
Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 5

Satisfaction With Health Care

Consumers were most satisfied with the ease of selecting a plan and information available, and least satisfied with the number of health plans to choose from.

Satisfaction With Aspects of Health Care



"Not applicable" responses not included in percentage base.

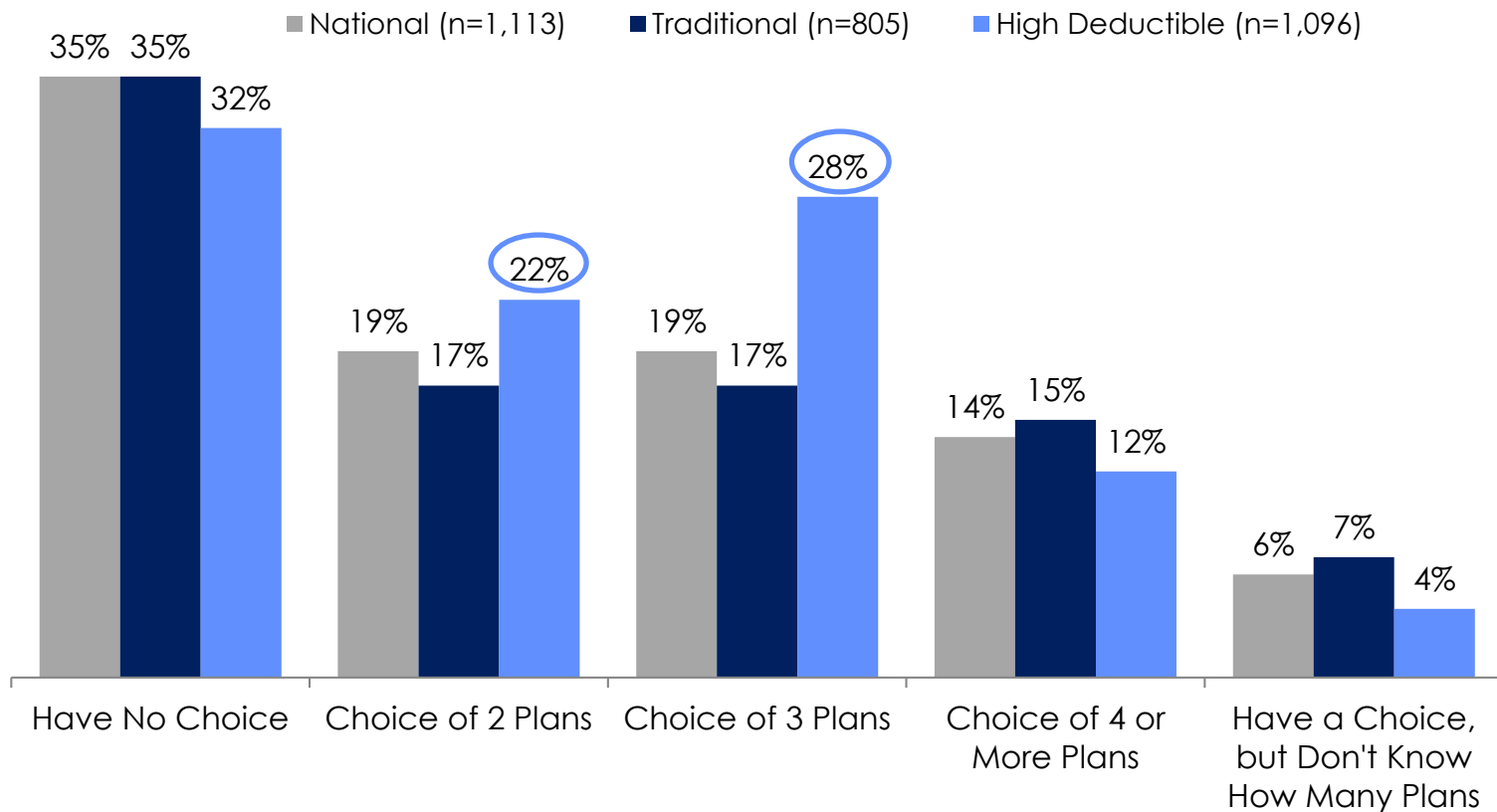
Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 6

Choice of Health Plans

The high-deductible group was significantly more likely to have a choice of two or three plans.

Are you offered a choice of health plans?/How many different health plans did you have to choose from?
Covered by Employer



"Don't know" if have a choice not shown above.

Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 7 Traditional Product Owners With Choices: CDHP/HDHP Availability

One in six traditional plan owners with a choice of plans had the option for a high-deductible health plan (HDHP)/consumer-directed health plan (CDHP).

Traditional plan owners who are not offered a high-deductible plan continued to rise.

To the best of your knowledge, was one of the plans you were offered, but did not take, a plan with a high deductible?/Did the high-deductible plan that you were offered but did not take also include a savings account or fund that you could use to pay your health care expenses?

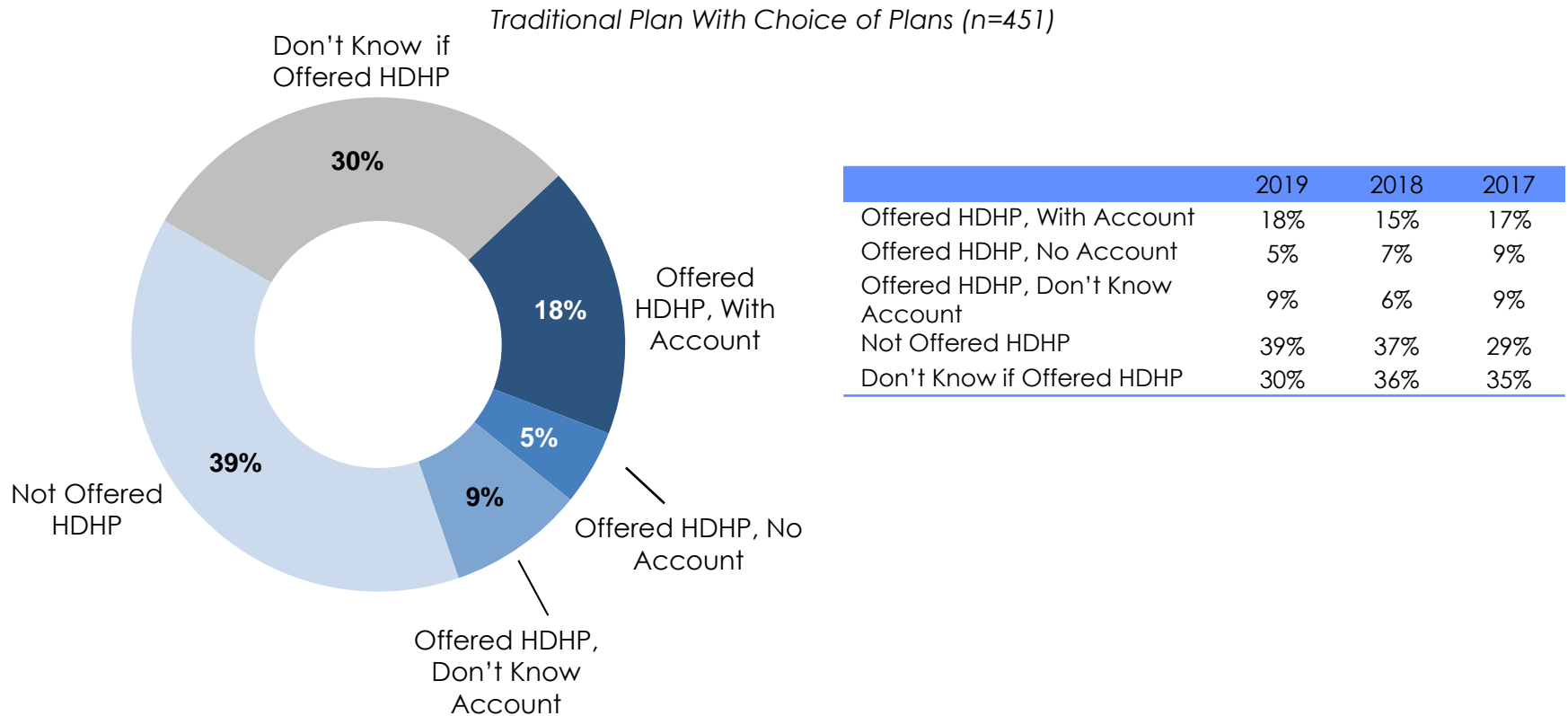


Figure 8

Important Aspects of Health Plan

Having a good network and easy access to care were considered “very important” by 7 in 10 nationally.

*How important were each of the following aspects of a health plan in your choice of your current plan?
National (n=1,201); Top Seven Shown*

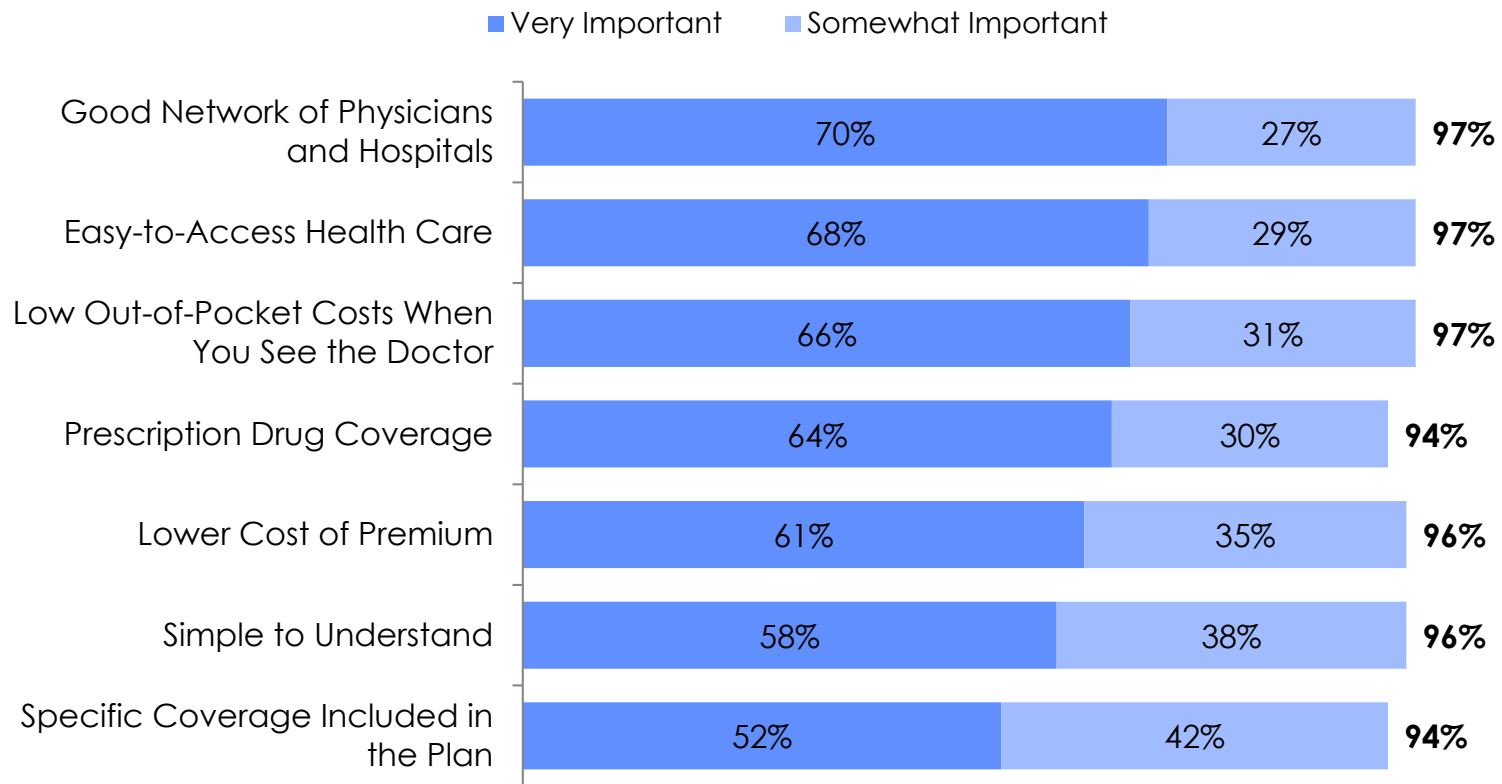


Figure 9

Important Aspects of Health Plan

Traditional and high-deductible plan holders valued a good network and access to health care as most important to their choice of health plan.

However, as third most important, traditional plan users focused on out-of-pocket costs when visiting a doctor, whereas high-deductible plan users focused on lower costs of premiums.

How important were each of the following aspects of a health plan in your choice of your current plan?
Top Six Shown

Traditional (n=858)	Very Important
Good network of physicians and hospitals	69%
Easy-to-access health care	68%
Low out-of-pocket costs when you see the doctor	68%
Prescription drug coverage	66%
Lower cost of premium	60%
Simple to understand	59%

High Deductible (n=1,210)	Very Important
Good network of physicians and hospitals	73%
Easy-to-access health care	70%
Lower cost of premium	64%
Prescription drug coverage	62%
Low out-of-pocket costs when you see the doctor	57%
Simple to understand	51%

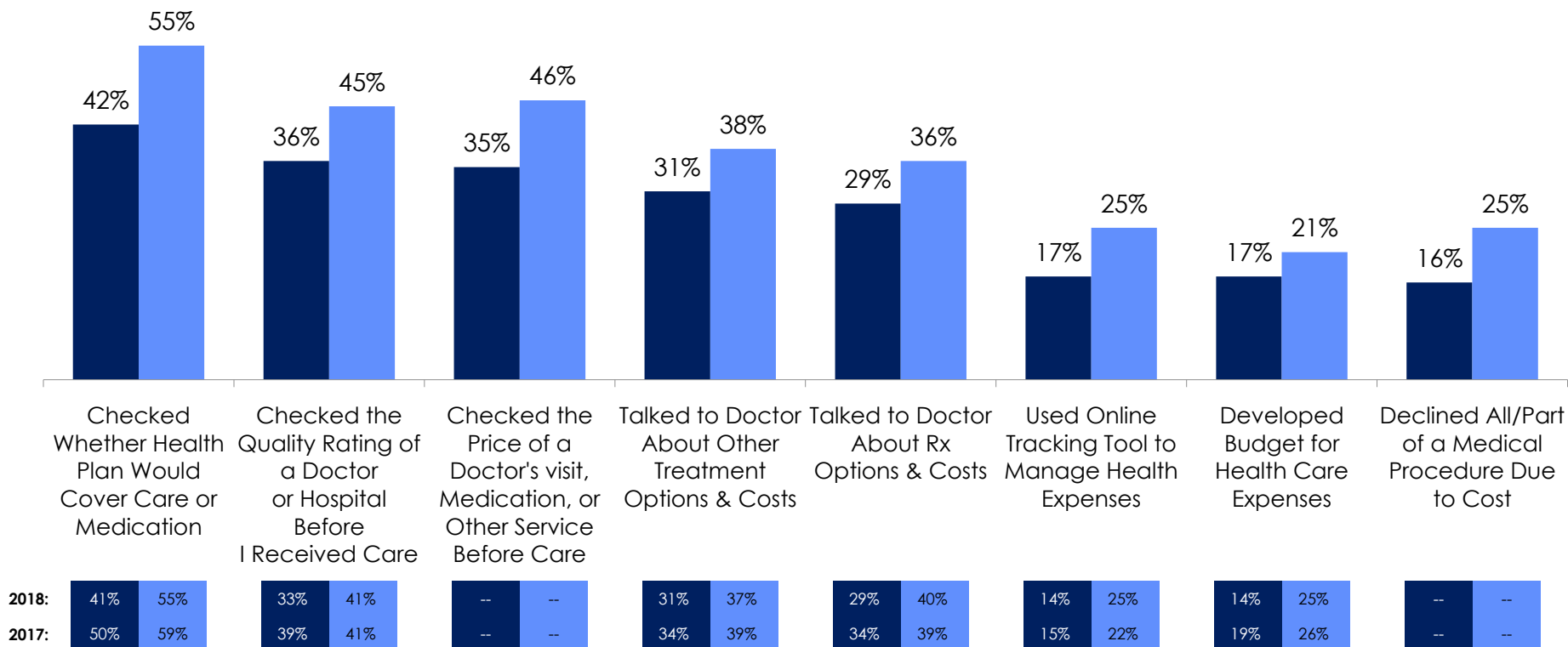
Figure 10

Health Information: Consumer Research Patterns

Members of traditional plans were somewhat less likely to do any of the listed actions than high-deductible plan members.

In the last year/Since you joined your current health plan, did you do any of the following?
Percentage Yes

■ Traditional (n=858) ■ High Deductible (n=1,210)



Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 11

Health Information: Consumer Research Patterns

Traditional plan members were less likely than consumers with high-deductible plans to ask for a generic drug instead of a brand-name drug or ask their doctors to recommend less costly drugs.

In the last year/Since you joined your current health plan, did you do any of the following concerning your prescription drugs?

Percentage Yes

■ Traditional (n=858) ■ High Deductible (n=1,210)

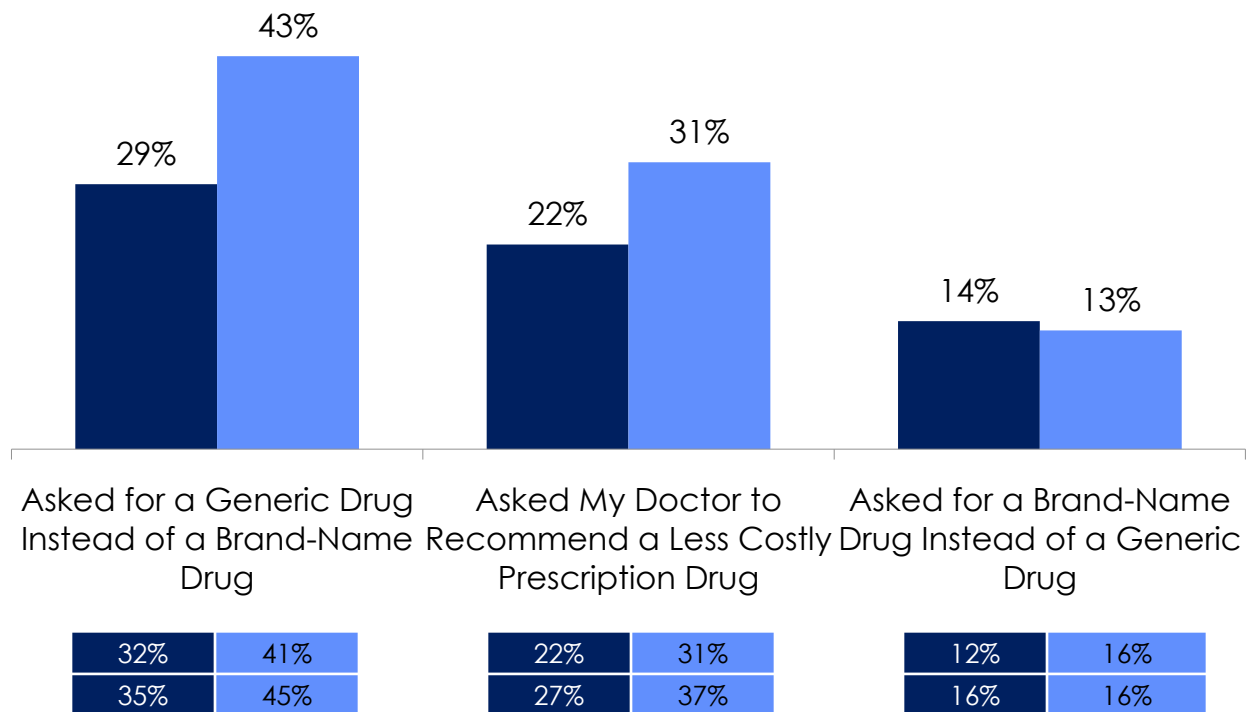
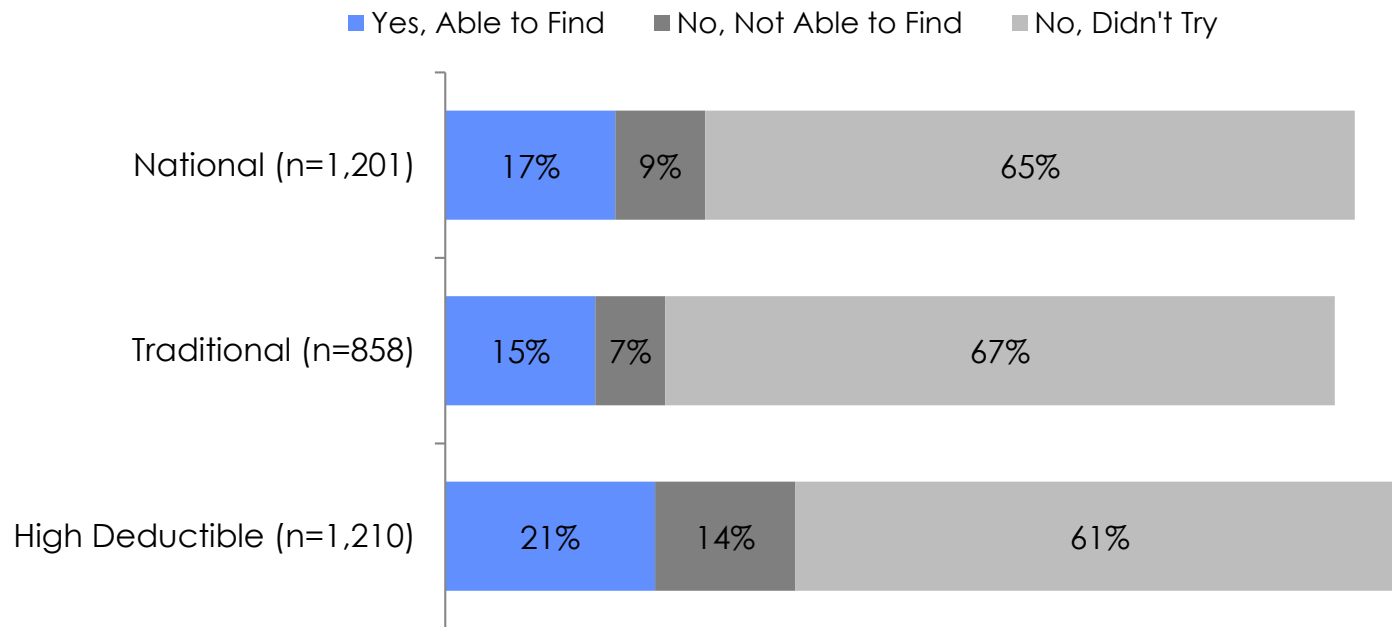


Figure 12

Search for Health Care Cost Information

A quarter nationally tried to find health care cost information; most of those did find information. The high-deductible group was more likely to look for and find health care cost information.

In the past two years, have you tried to find the cost of health care services that you needed before you actually got that care?/Were you able to find the information you were looking for?



"Don't know" if have a choice not shown above.

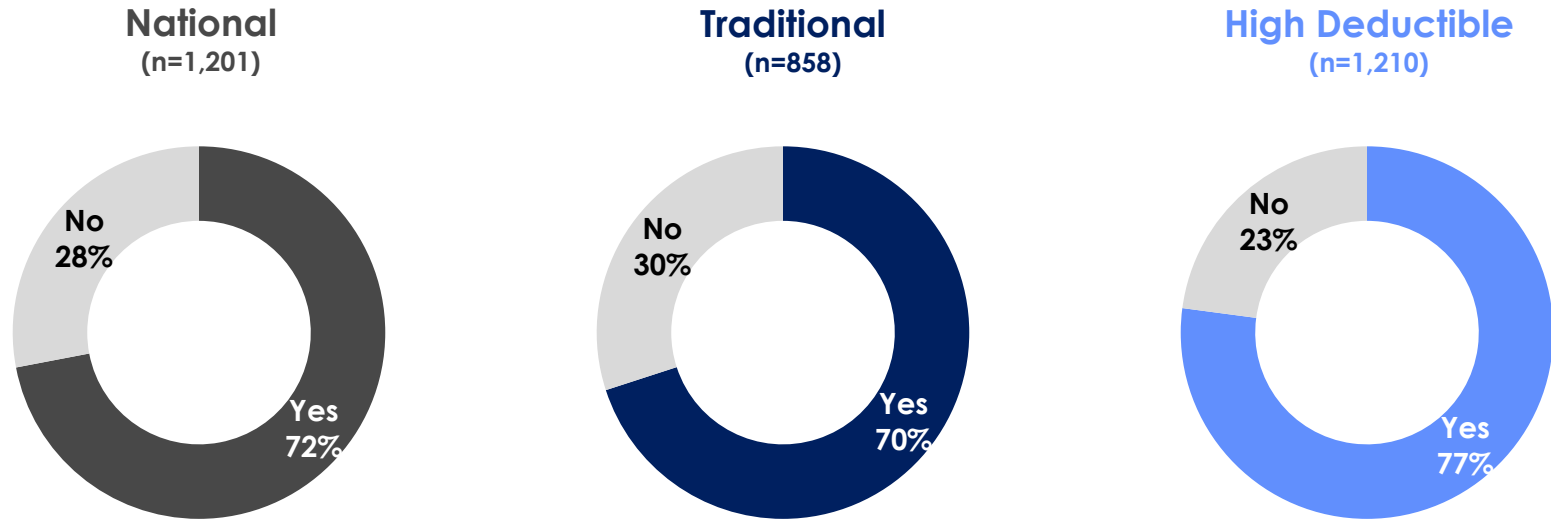
Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 13

Use of a Primary Care Physician

At least 7 in 10 consumers had a primary care provider.

Do you have a primary care provider or PCP?



	Yes	No	Boomers are more likely to have a primary care provider than Millennials and Gen Xers.
Millennials (n=404)	65%	35	
Gen Xers (n=481)	74%	26	
Boomers (n=307)	82%	18	

Figure 14

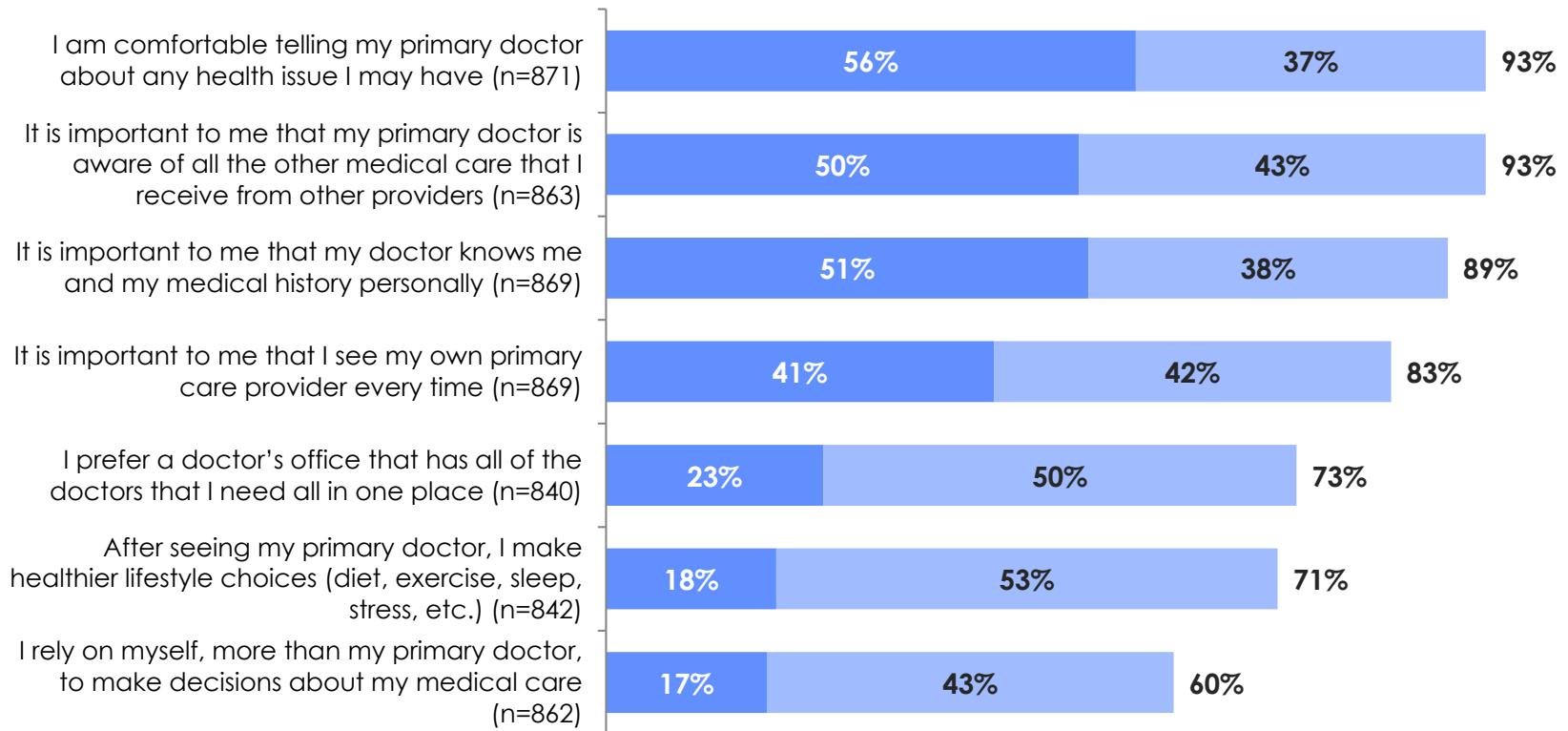
Views on Primary Care Provider's (PCP's) Role

Close to 6 in 10 users were comfortable telling their primary doctor about any health issue. Half found it important that their doctor has a comprehensive view of their care.

How strongly do you agree or disagree with each of the following statements:

National Only; Has a PCP

■ Strongly Agree ■ Somewhat Agree



"Not applicable" responses are not shown and not included in percentage base.

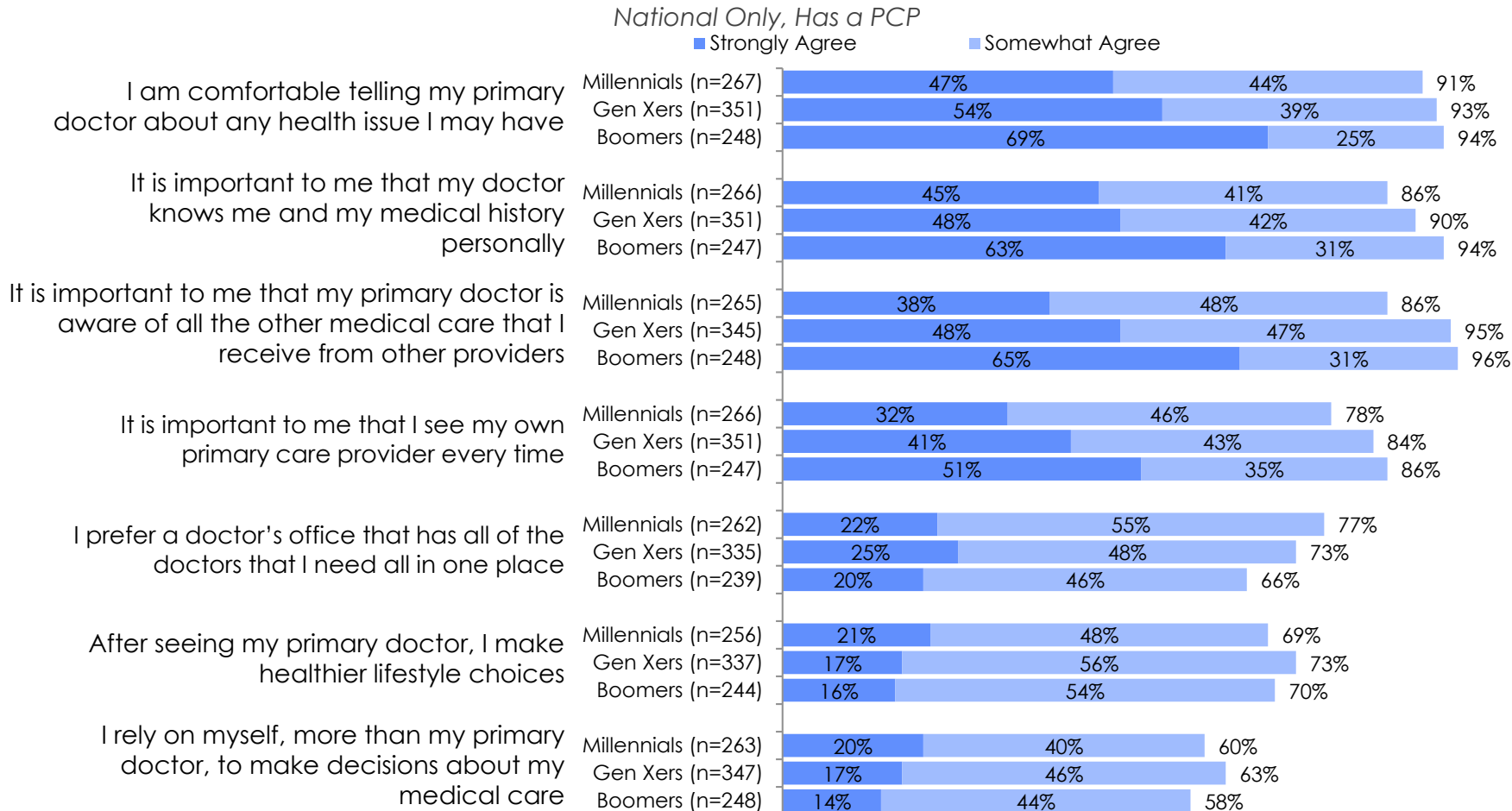
Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 15

Views on Primary Care Provider's (PCP's) Role

Boomers were more inclined to find importance in their primary doctor knowing all the other medical care that they receive from other providers.

How strongly do you agree or disagree with each of the following statements:



"Not applicable" responses are not shown and not included in percentage base.

Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 16

Health Savings Accounts: Quiz

High-deductible plan owners tended to be the most knowledgeable about health savings accounts (HSAs); nearly 4 in 10 passed the HSA quiz.

Those with account tenures of more than one year were significantly more likely to answer the questions correctly.

To the best of your knowledge, are each of the following statements about health savings accounts (HSAs) True or False?

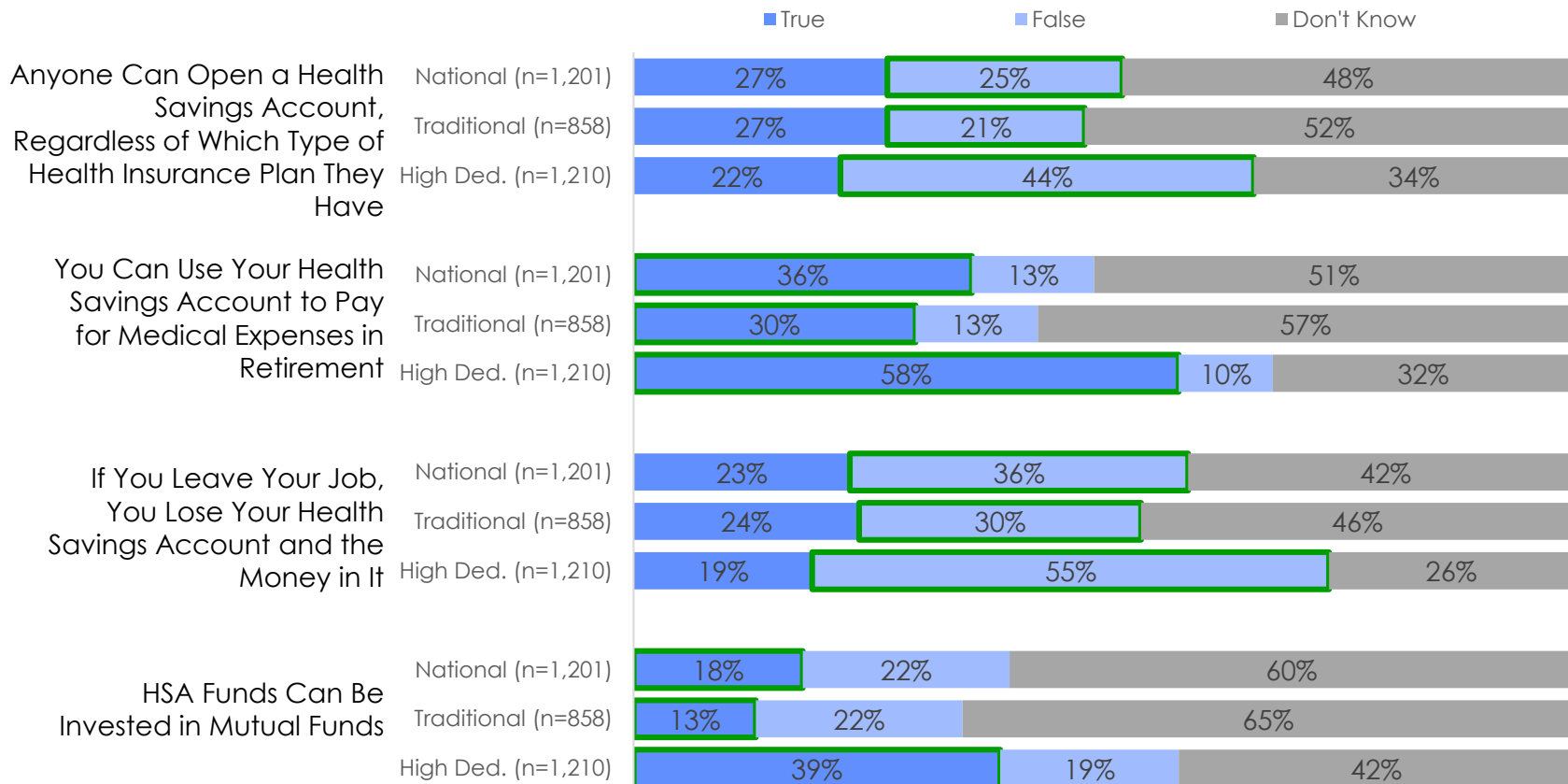


Figure 17

Use of Account

The two leading ways consumers used their accounts were to pay for current expenses and save for health care expenses in retirement.

Individuals who felt financially secure tended to be thinking longer term about those funds for savings and retirement than those who were financially insecure.

How are you using your account?

Has HSA; CDHP (n=568)

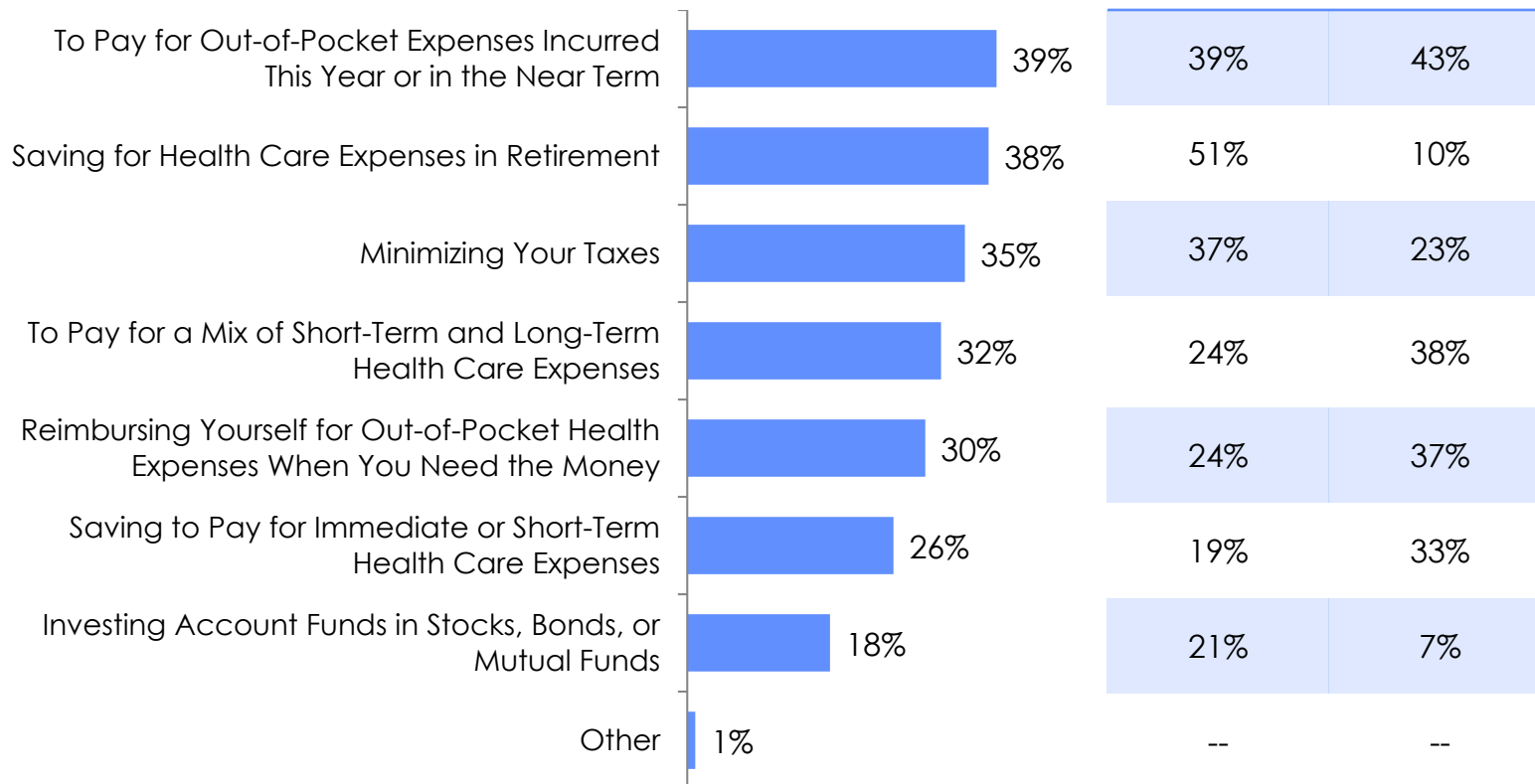


Figure 18

Use of Account

A majority rolled over money in unspent funds each year.

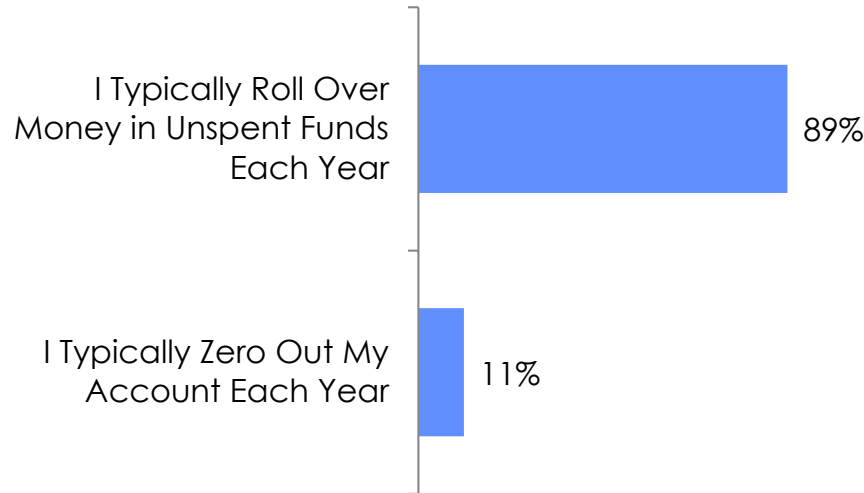
Six in ten viewed their health savings account (HSA) as a savings account.

One in three (29%) of financially secure individuals and about 1 in 6 (18%) individuals in good to fair/poor health see it as an investment account.

Do you typically roll money in unspent funds over from year to year or do you tend to zero out the account each year?

Allowed to Roll Over Unspent Money; Had Savings Account for at Least One Year

Consumer-Directed Health Plan (n=487)



How do you view this account?

Has HSA

Consumer-Directed Health Plan (n=568)

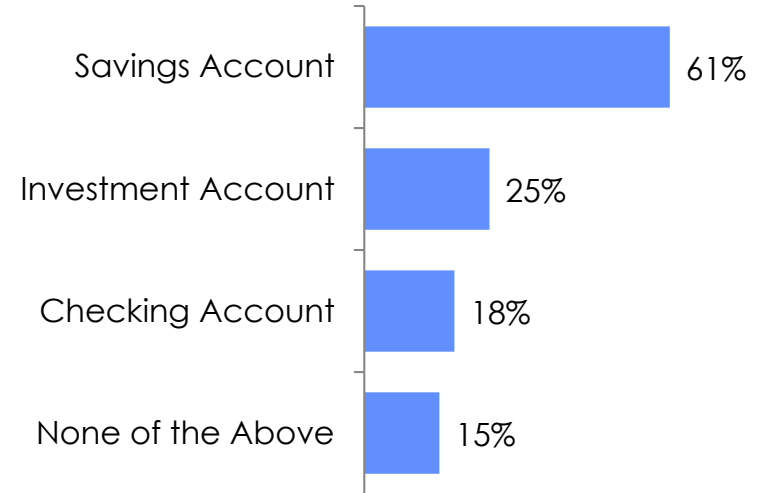


Figure 19

Use of Account: Generations

Nearly 6 in 10 Gen Xers viewed their health savings account (HSA) as a checking account.

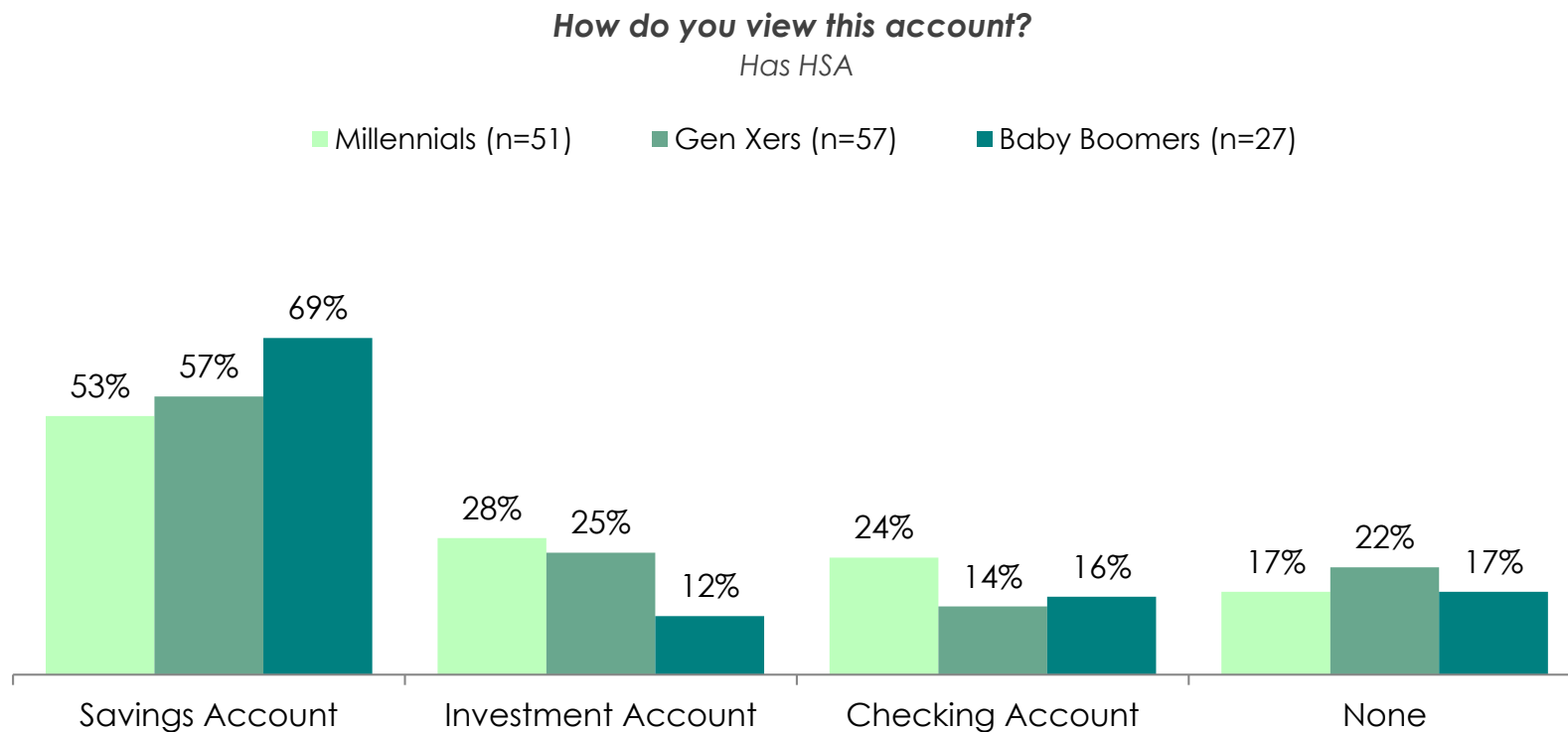


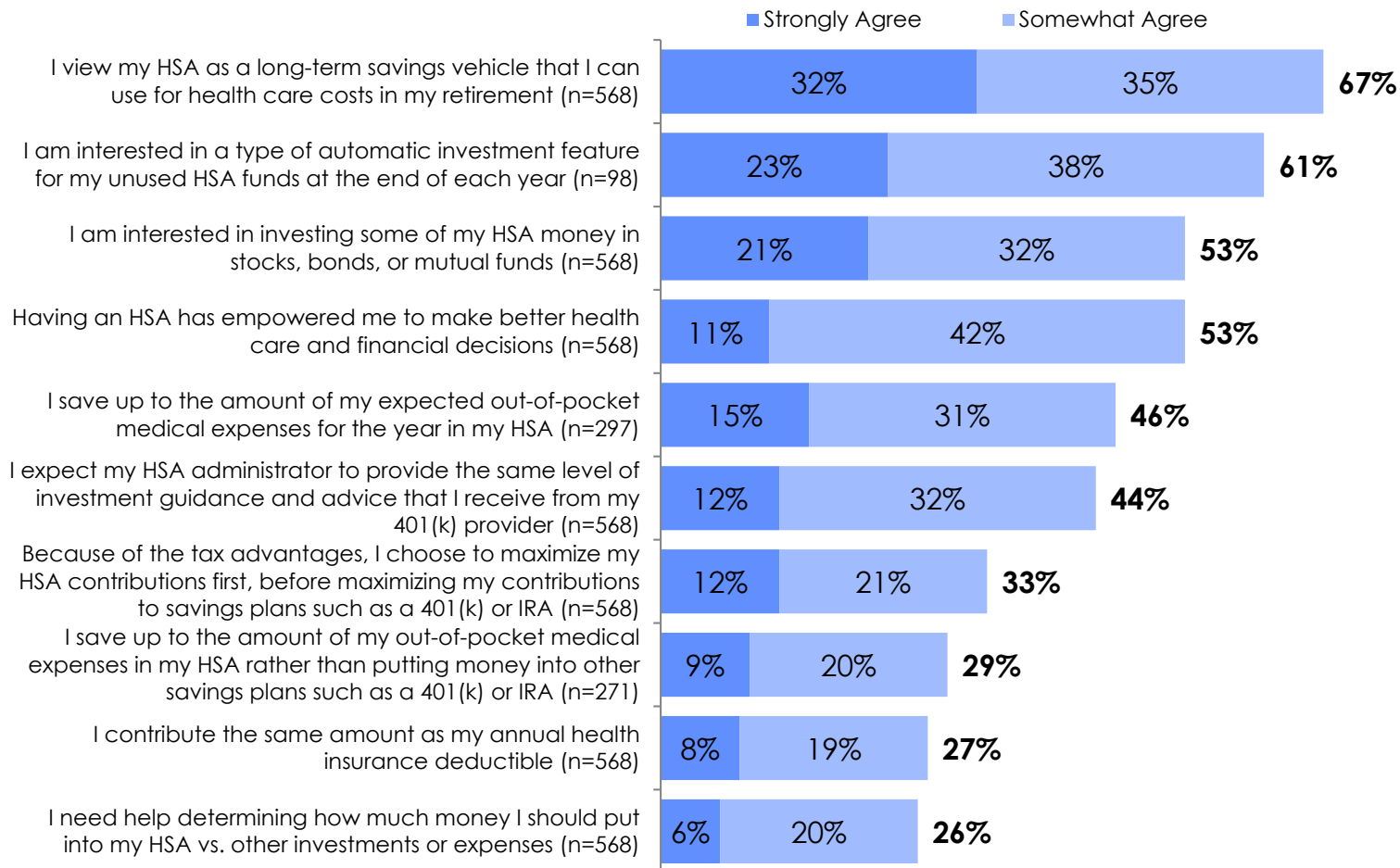
Figure 20

Using Health Savings Accounts

Two in three viewed their health savings account (HSA) as a long-term savings vehicle that can be used for health care costs in retirement. A similar share expressed interest in an automatic investment feature for their unused HSA funds at the end of the year.

How much do you agree or disagree with each of the following statements?

Has HSA; CDHP



Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 21

Respondent Profile

	National (n=1,201)	Traditional (n=858)	High Deductible (n=1,210)
Gender			
Male	47%	46%	51%
Female	53	54	49
Age			
21 to 29	16%	17%	13%
30 to 44	37	37	36
45 to 54	25	25	26
55 to 64	22	22	25
Children in Household			
None	55%	56%	60%
One	19	19	18
Two	16	16	14
Three	4	4	5
Four or more	2	2	2
Adults (ages 26 or older) in Household			
None	3%	3%	1%
One	22	23	23
Two	60	57	66
Three	10	11	7
Four or more	3	3	2

	National (n=1,201)	Traditional (n=858)	High Deductible (n=1,210)
Ethnic Background			
White/ Caucasian	62%	58%	73%
Hispanic	14	14	12
African-American/ Black	12	15	5
Asian/Pacific Islander	9	10	8
Other	3	3	2
Hispanic			
Yes	14%	14%	12%
No	85	85	88
Refused	1	1	<0.5
Region			
South	36%	35%	34%
West	24	26	23
Midwest	21	19	26
Northeast	18	20	17

Source: The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2019.

Figure 22

Respondent Profile

	National (n=1,201)	Traditional (n=858)	High Deductible (n=1,210)
Employment Status			
Employed full time	77%	75%	82%
Employed part time	6	8	4
Not employed, looking for work	2	2	2
Homemaker	6	5	4
Retired	8	8	8
Other	2	2	1
	(n=999)	(n=721)	(n=1,017)
Self-Employed			
Yes	9%	10%	9%
No	91	90	91
	(n=1,201)	(n=858)	(n=1,210)
Retirement Account or IRA			
Yes	52%	47%	68%
No	48	53	32

	National (n=999)	Traditional (n=721)	High Deductible (n=1,017)
Employer Size (Among those employed full or part time)			
Self-employed with no employees	4%	4%	3%
2 to 9	7	7	6
10 to 49	9	10	8
50 to 499	19	20	17
500 to 1,999	14	13	15
2,000 to 4,999	8	8	8
5,000 to 9,999	6	7	7
10,000 or more	24	22	28
Don't know	8	9	7
	(n=970)	(n=698)	(n=985)
Retirement or Savings Plan Through Employer			
Yes	80%	79%	87%
No	20	21	13

Figure 23

Respondent Profile

	National (n=1,201)	Traditional (n=858)	High Deductible (n=1,210)		National (n=1,201)	Traditional (n=858)	High Deductible (n=1,210)
Education				Marital Status			
Some high school or less	6%	8%	<0.5%	Married	57%	55%	62%
High school graduate	21	22	10	Not married, living with partner	8	8	8
Some college	22	22	12	Divorced or separated	8	8	7
Trade or business school	4	5	4	Widowed	1	1	1
College graduate	25	24	39	Single, never married	26	28	22
Some post-graduate work	3	4	4	Household Income			
Graduate degree	18	15	31	Less than \$20,000	6%	8%	1%
				\$20,000 to \$29,999	4	4	2
				\$30,000 to \$39,999	6	6	5
				\$40,000 to \$49,999	6	7	5
				\$50,000 to \$69,999	13	12	14
				\$70,000 to \$99,999	19	18	19
				\$100,000 to \$149,999	19	20	17
				\$150,000 or more	22	19	31
				Declined to answer	5	5	6

Discussion of Methodology

The findings presented in the attached chart pack were derived from the 2019 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS), an online survey that examines issues surrounding consumer-driven health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with health care plans, reasons for choosing a plan, and sources of health information. The 2019 CEHCS was conducted within the United States between Aug. 26 and Sept. 20, 2019 through a 20-minute internet survey. The national or base sample was drawn from Dynata's online panel of internet users who have agreed to participate in research surveys. Adults ages 21–64 who had health insurance through an employer, purchased directly from a carrier, or purchased through a government exchange were drawn randomly from the Dynata sample for this base sample. This sample was stratified by gender, age, region, income, and race. In previous years, the survey was fielded using Ipsos' panel. There were over 1,200 national sample completes, 537 CDHP completes (183– national; 354– oversample), and 673 HDHP completes (160– national; 513– oversample). The national sample is weighted by gender, age, income, ethnicity, education, and region to reflect the actual proportions in the population.