

- What do the Data Say About The
- Future of Employee Benefits?

- Dallas L. Salisbury
- President and CEO
- Employee Benefit Research Institute
- www.ebri.org and www.choosetosave.org

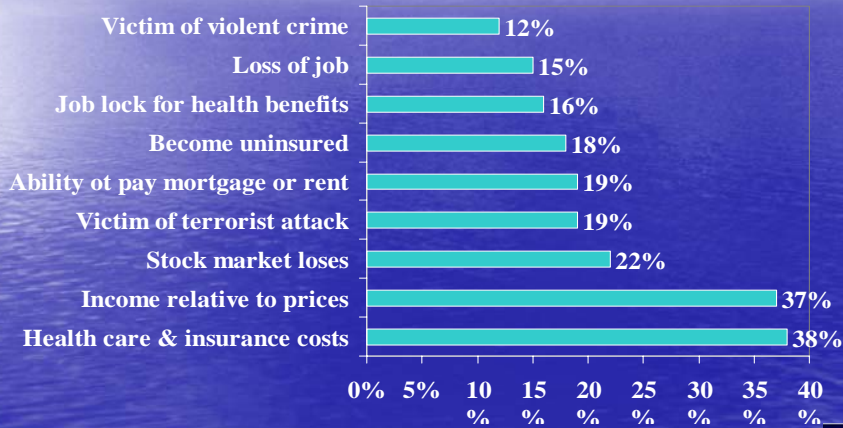


Agenda

- Worker Demand
- Overall Spending and Sponsorship
- Health Insurance
- Pensions
- Savings Plans
- Conclusion



Health Care and Insurance Are Number One Worry !

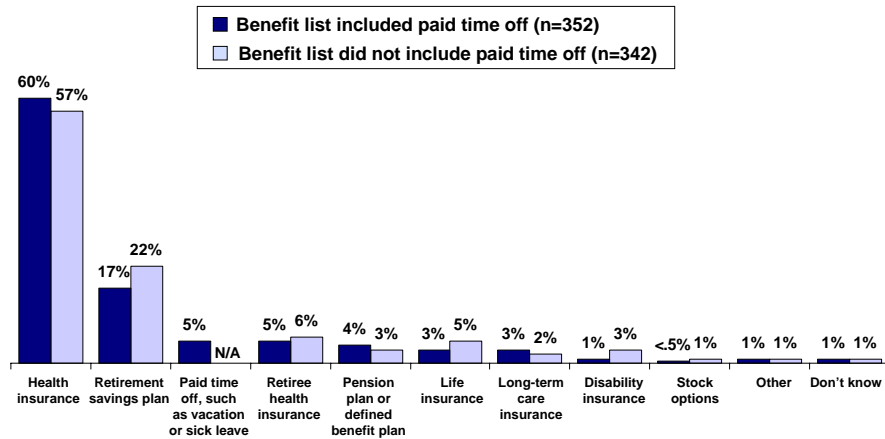


Source: Kaiser Family Foundation



Workers Will Have Health Protection!

I'm going to read a list of benefits. Please tell me which one you think is most important to you. Among those employed full or part time (split sample)

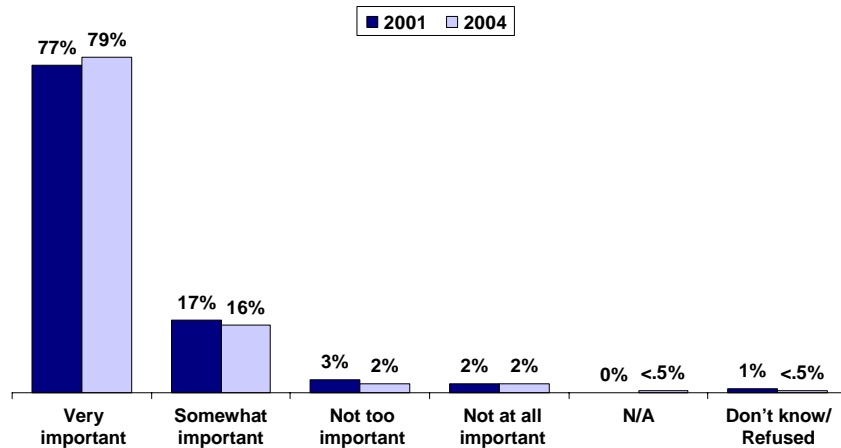


Source: 2004 EBRI Health Confidence Survey

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Benefits Drive Job Choice – And Drive Voters!

When choosing a job, how important are the benefits that a potential employer offers, such as retirement plans, health benefits, vacation, sick leave, child care, and life insurance, in your decision to accept or reject the job? Among those employed full or part time (2004 n=694)

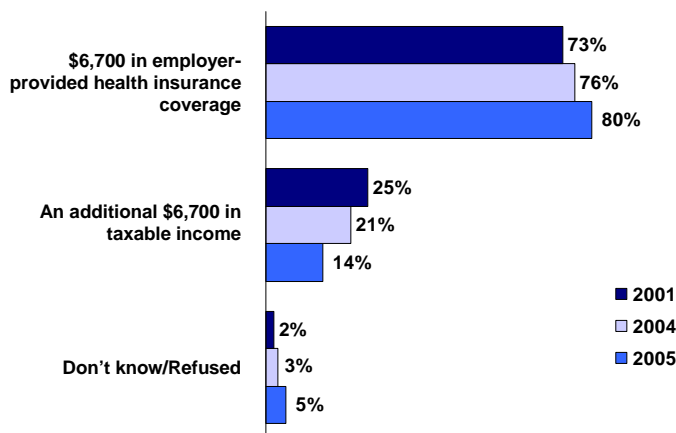


Source: 2004 EBRI Health Confidence Survey

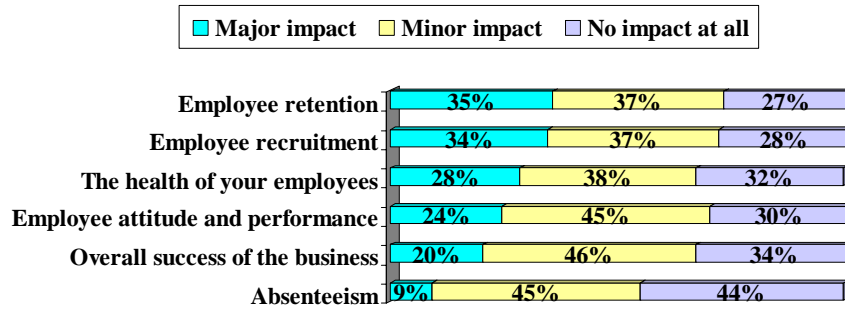
4

Workers Select Health Insurance Over Higher Pay

Employers who provide health benefits now pay an average of \$6,700 per employee each year for that coverage, which is not counted as taxable income to employees. Would you rather have...? Among those with health insurance coverage and employed full or part time (Split Sample A n=246)



Impact of Health Plan on Various Aspects of Business



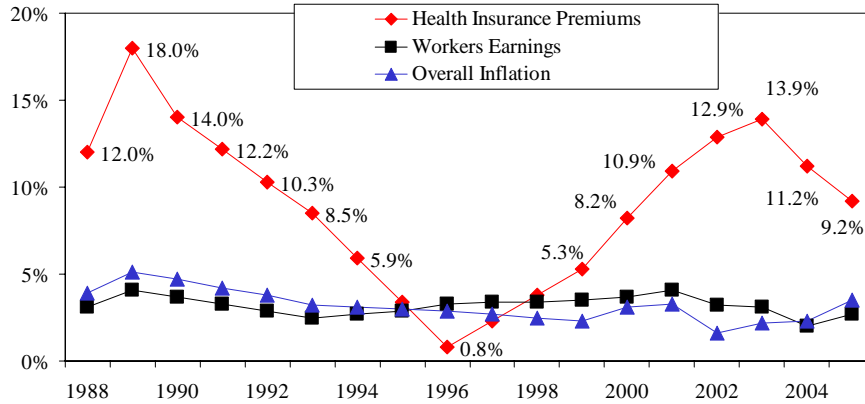
Source: EBRI Small Employer Health Benefits Survey.

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Agenda

- Overall Spending and Sponsorship

Premiums Rising 4-5 Times Faster than Inflation and Wages, 1988-2005

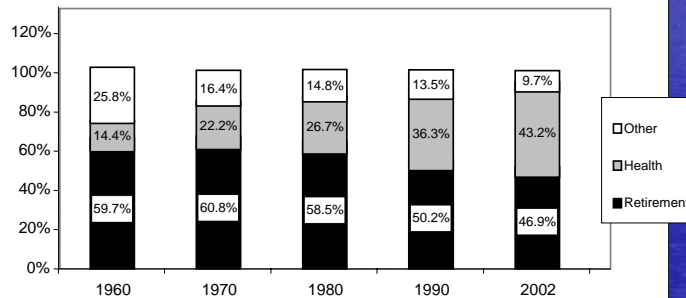


Source: KFF/HRET and Bureau of Labor Statistics.

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Worker Preferences Drive Employer Decisions Health Spending Up – Retirement Spending Down

Employer Spending on Benefits as a Percentage of Total Benefit Spending, Selected Years, 1960–2002



Source: Employee Benefit Research Institute tabulations of data from the U.S. Department of Commerce, Bureau of Economic Analysis, National Income and Product Accounts of the United States.

Labor Market Trends Mean Future Decline

Class	Ret	Med	Dental	Vision	Drug
White C	61	58	42	24	52
Blue C	51	61	39	25	56
Service	22	27	17	12	25
FullTime	60	66	45	27	59
PartT	19	12	9	6	11
Union	85	83	67	51	77
Non-U	46	49	33	19	44
1-99	37	43	24	14	37
100+	67	65	51	32	61

Source: Bureau of Labor Statistics

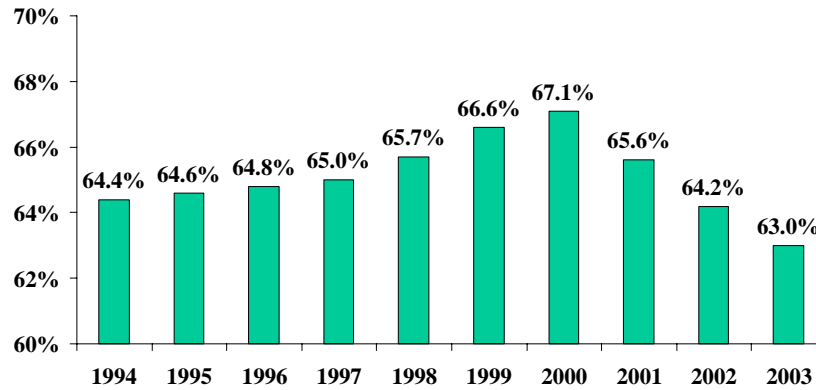


Agenda

- Health Insurance



Employment-Based Coverage Nonelderly Americans: 1994-2003



Source: EBRI estimates of the March 2003 Current Population Survey.

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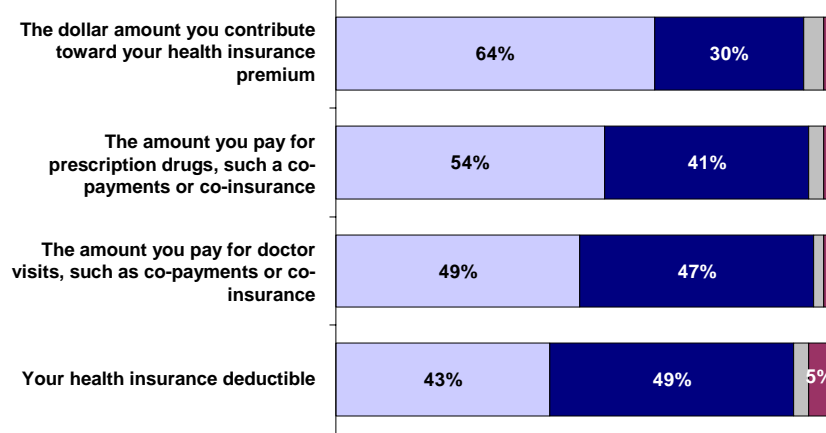
The Value of Insurance

	Taxable Family Income	\$5000 Premium as Percentage of Taxable Income	Marginal Tax Rate	Amount of Exclusion from Federal Income Taxes	Amount of Exclusion from Medicare & Social Security Taxes	Total Exclusion	Exclusion as a Percentage of Taxable Income
Family 1	\$10,000	50%	10%	\$500	\$383	\$883	8.8%
Family 2	45,000	11	15	750	383	1,133	2.5
Family 3	100,000	5	25	1,250	73	1,323	1.3
Family 4	150,000	3	28	1,400	73	1,473	1.0
Family 5	250,000	2	33	1,650	73	1,723	0.7
Family 6	400,000	1	35	1,750	73	1,823	0.5

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Worker Costs Are Up

■ Increased ■ Stayed the same ■ Decreased ■ Don't know/Refused

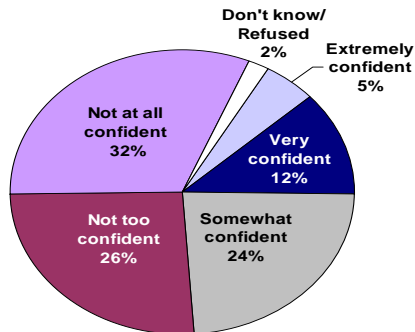


Source: 2004 EBRI Health Confidence Survey

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Almost 6 in 10 with employer coverage are not confident they could afford to purchase it on their own.

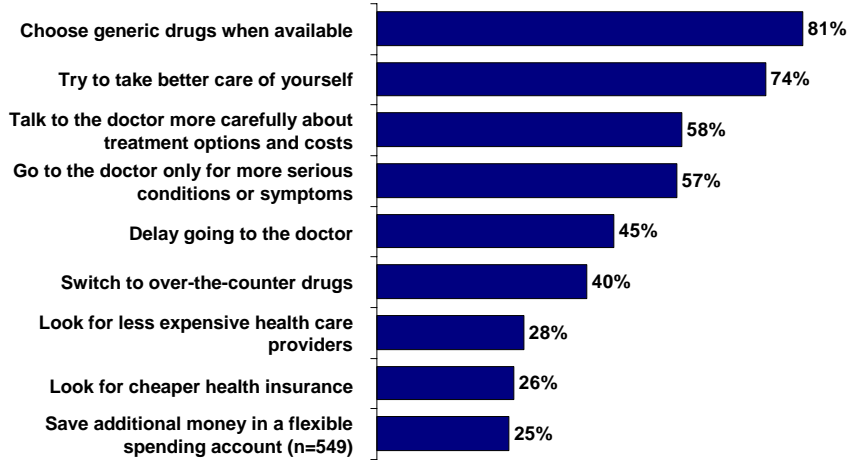
If (your/your spouse's/the) employer or union stopped offering you health insurance, and gave you the money it currently spends on your insurance to help you pay for it yourself, how confident are you that you could afford to purchase it on your own? Among those with employer-based coverage (n=671)



Source: 2004 EBRI Health Confidence Survey

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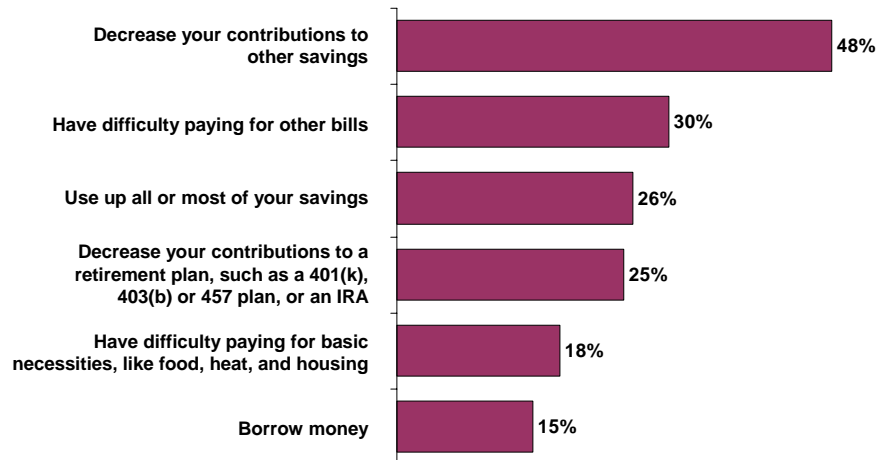
Increased health costs have led to changed behavior.



Source: 2004 EBRI Health Confidence Survey

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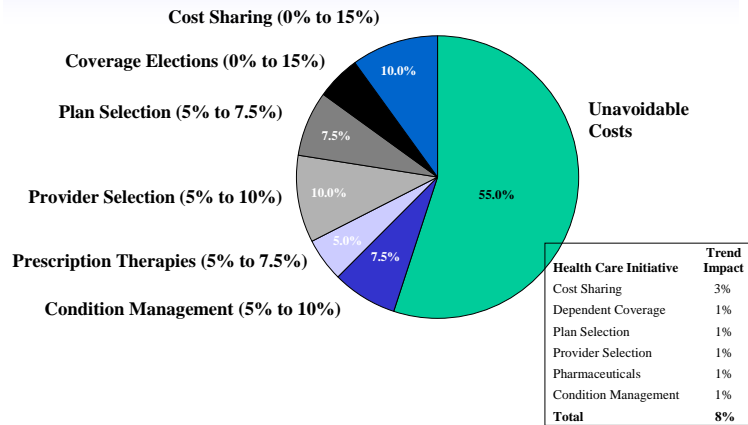
Increased health care costs have reduced savings.



Source: 2004 EBRI Health Confidence Survey

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Decisions that Drive Health Cost

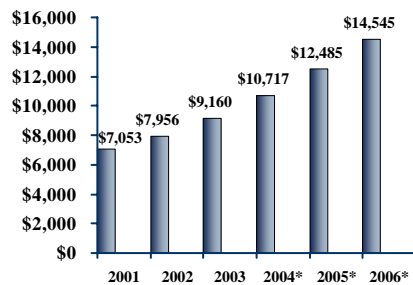


Source: Hewitt

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Looking Ahead: Expected Cost Increases

Average Annual Premiums for Employer-Sponsored Family Coverage, 2001-2006



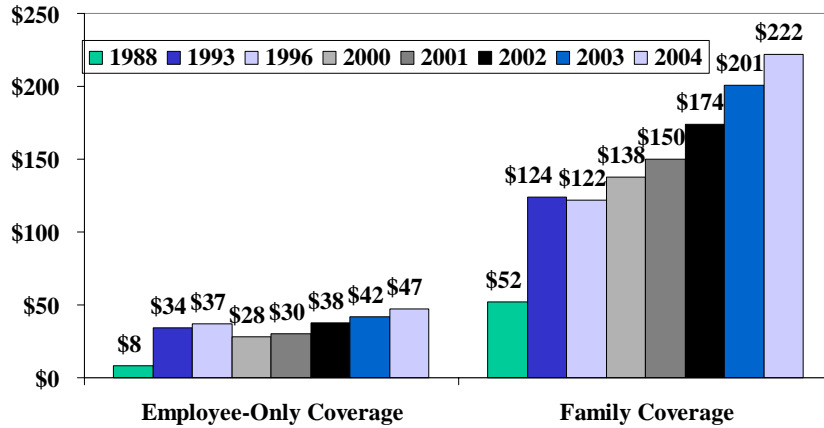
- Estimated cost of family coverage is \$9,160 this year.
- Figure will surge to \$14,545 in 2006.
- Number of uninsured Americans projected to reach 51.2 to 53.7 mil in 2006, from 41.2 in 2001 (US Census Bureau).
- Effective cost control measures needed.

*Projected.

*Source: Kaiser/HRET Employer Health Benefits, 2001-2003; Towers Perrin 2003 Health Care Cost Survey, Report of Key Findings, 2003; Mercer US Health Care Survey Results, Mercer HR Consulting, December 9 2002; Health Care Cost Increases Expected to Continue Double-Digit Pace in 2003, Hewitt Associates, Oct. 14, 2002.

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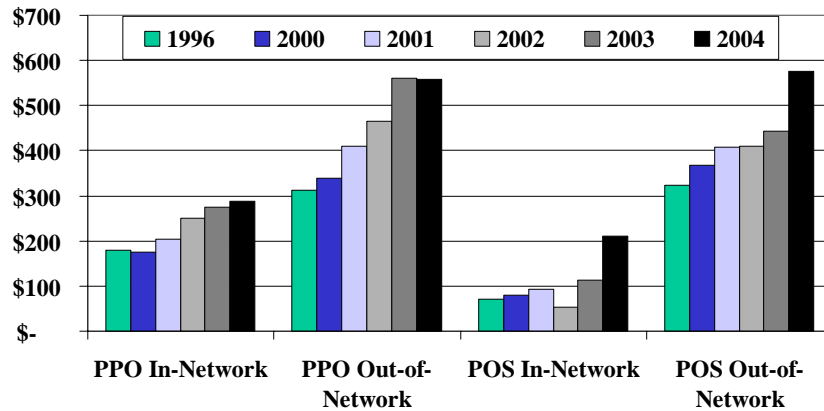
Average Worker Monthly Contribution, 1988-2004



Source: KFF/HRET.

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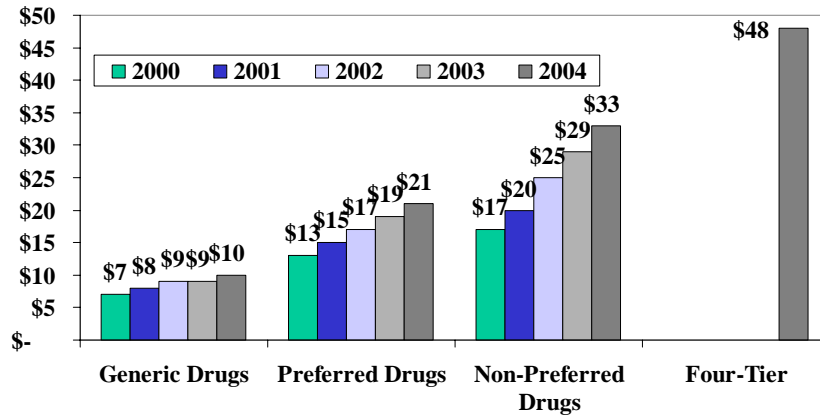
Average Annual Deductibles, Employee-Only, 1996-2004



Source: KFF/HRET.

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Average Co-Pay for Drugs, 2000-2004



Source: KFF/HRET.

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Tiered Provider Networks

- Hospitals & doctors.
- Tiers vary with cost & quality.
 - Similar to PPO (in vs. out)
 - Similar to Rx tiers.
- Cost sharing distinctions
 - Co-payment per hospital day.
 - Coinsurance rate per stay.
 - Overall deductible per stay.

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Health Savings Accounts (HSAs)

- Allows for tax-free accumulation of savings.
 - Tax free contribution.
 - Tax free accumulation.
 - Tax free withdrawals for health care services, COBRA and LTCI premiums, retiree health premiums for Medicare-eligible retirees.
- Qualified health plan.
 - Self-only: Minimum \$1,000 deductible, \$5,100 OOP max.
 - Family coverage: Minimum \$2,000 deductible, \$10,200 OOP max.
- Contributions
 - Self-only: limited to level of deductible up to \$2,650 max.
 - Family coverage: limited to level of deductible up to \$5,250 max.
- Catch-up contributions allowed once age 55 of \$1,000 (phased-in by 2009).

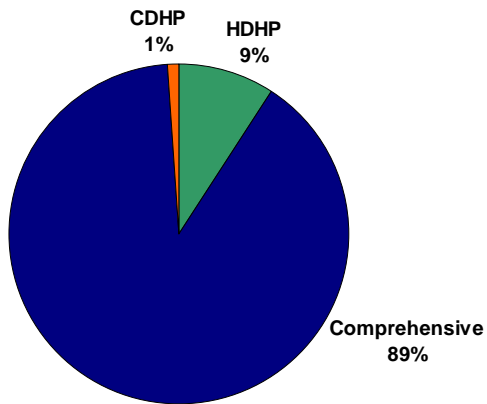
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Health Reimbursement Arrangement (HRA)

- Employer provided notional account that allows for pre-tax reimbursement of medical expenses.
- Typically combined with a high-deductible health plan.
- Employee contributions not permitted.

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89% in Comprehensive Plans in 2005

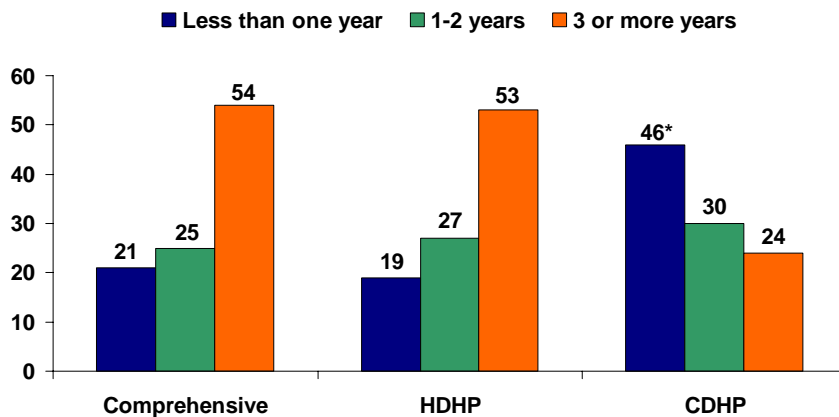


Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Most In New Designs Only a Short Time



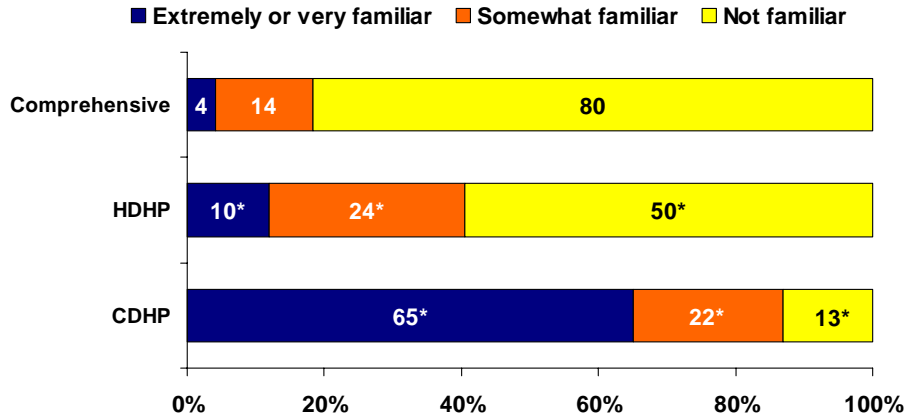
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*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



As Familiarity with Consumer Driven Health Plans Increases Patterns Could Change



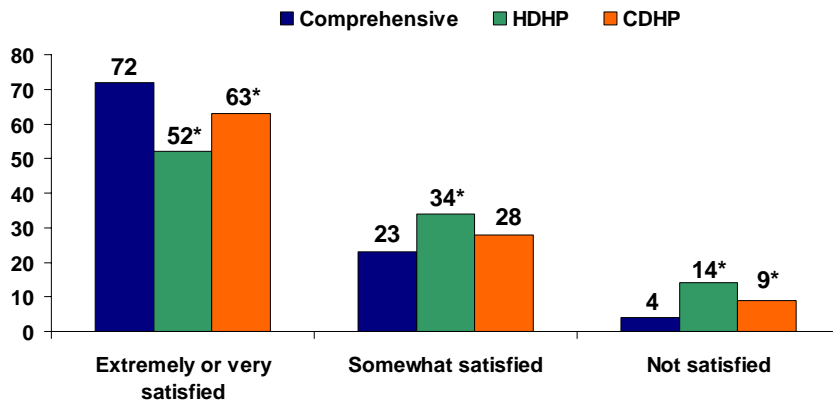
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Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Satisfaction with Quality of Health Care Received, Varies by Type of Health Plan



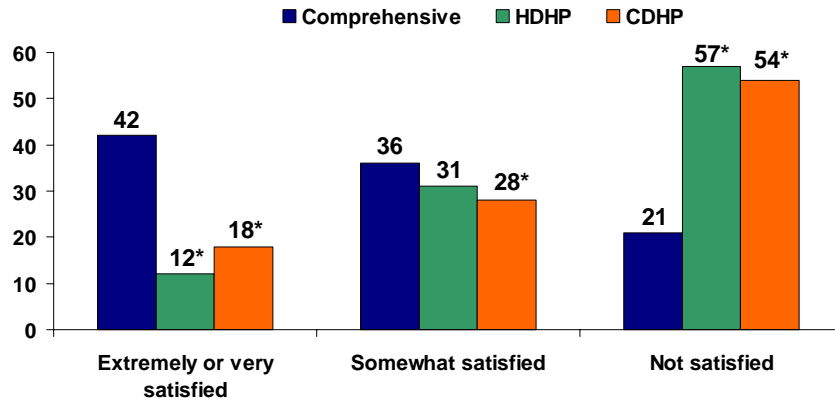
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Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Satisfaction with Out-of-Pocket Costs for Health Care, Varies by Type of Health Plan



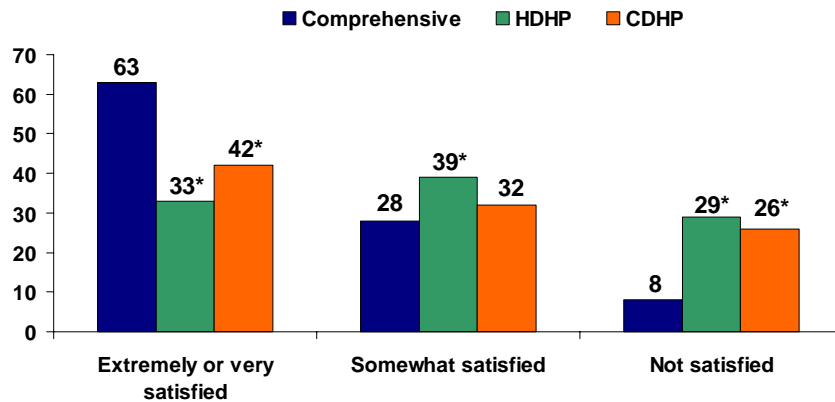
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Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Overall Satisfaction with Health Plan, Varies by Type of Health Plan



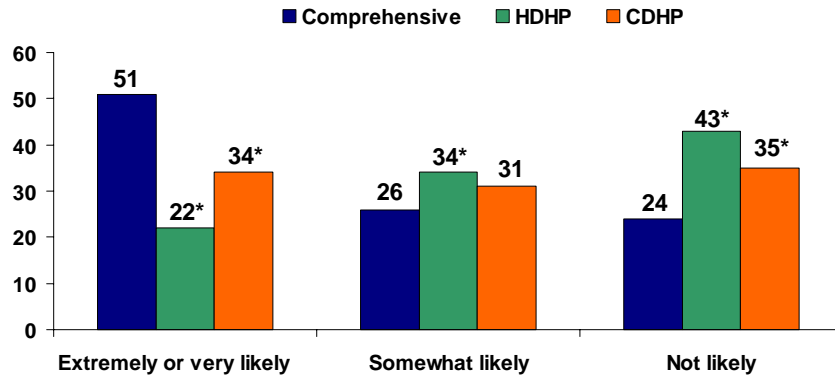
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Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Likelihood of Recommending Health Plan to Friend or Co-Worker, by Type of Health Plan



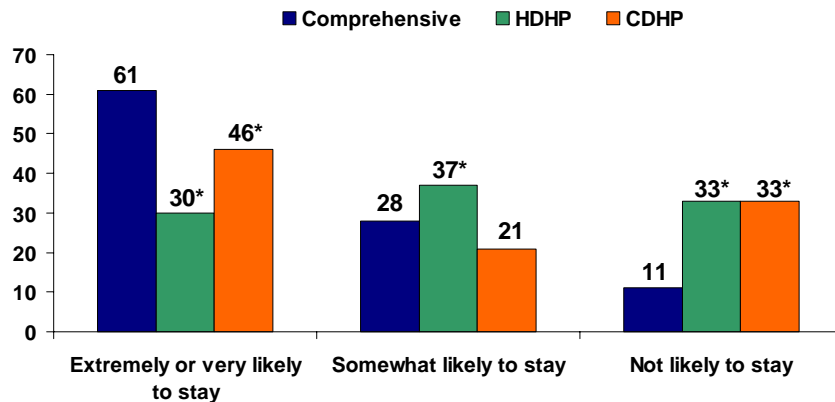
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*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Likelihood of Staying With Current Health Plan If Had the Opportunity to Change, by Type of Health Plan



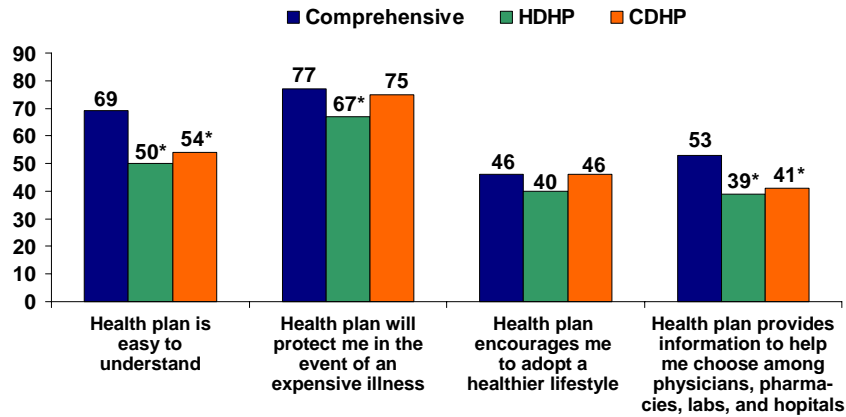
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*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Agreement With Statements About Health Plan: Percent Reporting That They Strongly or Somewhat Agree, by Type of Health Plan



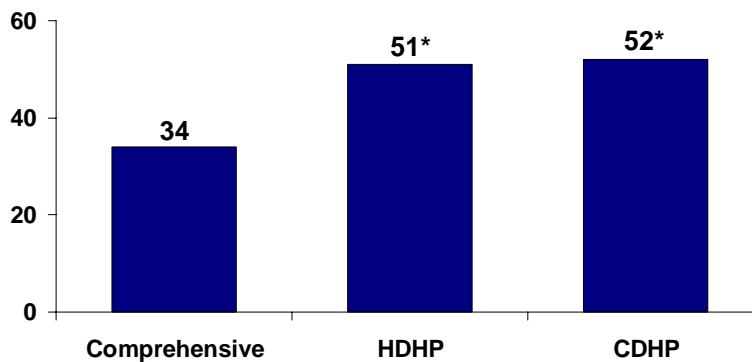
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*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Percentage of Individuals Covered by Employment-Based Health Benefits With No Choice of Health Plan, by Type of Health Plan



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

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Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Among Individuals with a Choice of Plan, Reasons for Choice

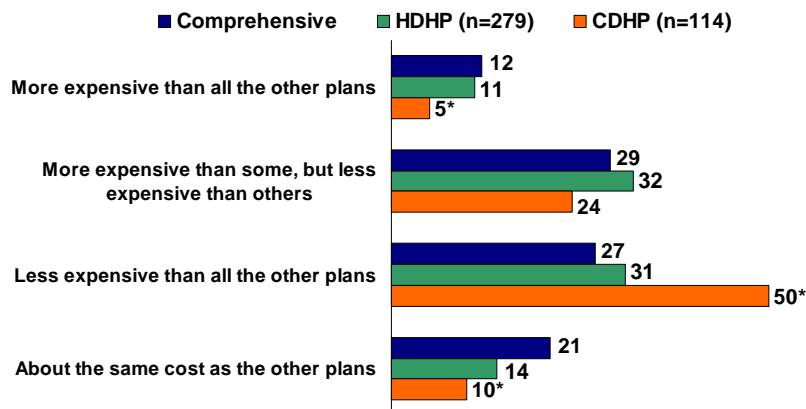
- Comprehensive
 - Low out of pocket costs, good benefits (54%)
- CDHP (n=63)
 - Opportunity to save money in the account, and rollover funds for future years (62%)
- HDHP
 - Cost of the premium (64%)

Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Health Plan Choice and Premium Cost



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

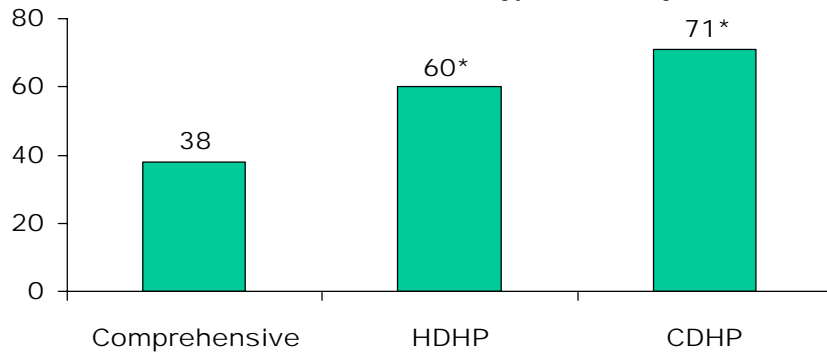
*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Percentage of Adults who Agree that Terms of Coverage Make Them Consider Cost When Deciding to Seek Health Care Services

Percent of adults 21-64 who strongly or somewhat agree



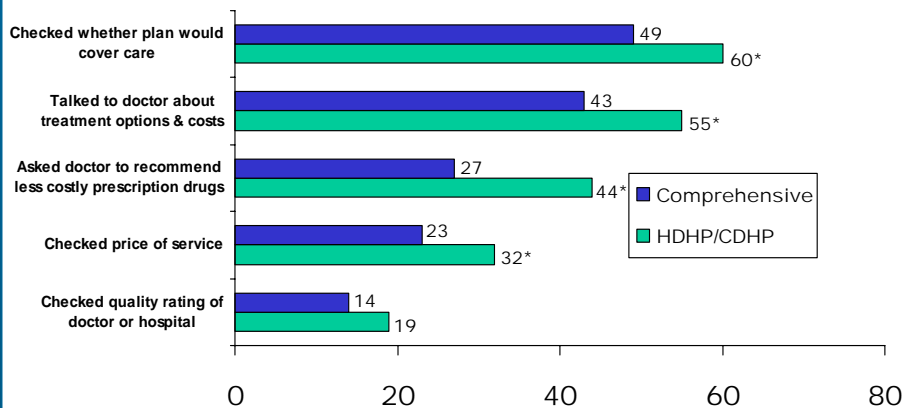
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*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.

Cost Conscious Decision-Making, by Insurance Source

Percent of adults 21-64 who received health care in last twelve months



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

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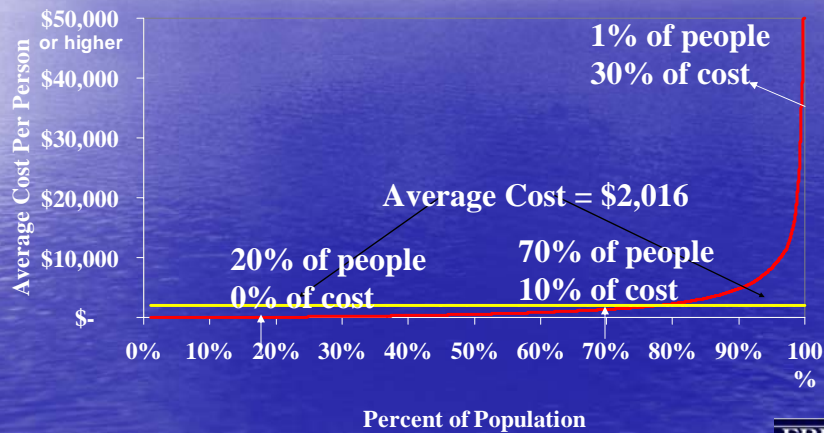
Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.

Potential Savings is Small

- Middle of the distribution.
 - 20-30% of the population will fall between \$1,000 and \$3,000 of spending each year.
- Even if HRAs influenced the care decisions of this population, savings potential is not large.
 - 10% reduction in spending for 20-30% of population leads to 2-3% reduction in spending.
 - Even if savings were substantial, they may be offset by induced demand elsewhere.

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Annual Claims Distribution, Adults Ages 18-6 Challenge for Consumer Driven/HSA Designs



Source: EBRI estimates from the 2000 MEPS.

Savings in HSA

Various Scenarios

Years Contributing To HSA	Annual Contribution & Amount Rolled Over (Assumes 5% Rate of Return)			
	\$5,000 / Full Rollover	\$5,000 / 50% Rollover	\$1,000 / Full Rollover	\$1,000 / 50% Rollover
20 Years	\$165,000	\$89,000	\$33,000	\$18,000
40 Years	\$633,000	\$319,000	\$121,000	\$64,000

Evidence So Far and What is Still Unknown

- Evidence on selection.
 - Less healthy likely to remain in PPO or HMO when given choice.
- *Still unknown*
- Impact of consumer-driven health on...
 - Individual behavior/utilization.
 - Quality of care.
- Whether web-based information and tools make individuals become better consumers of health care.

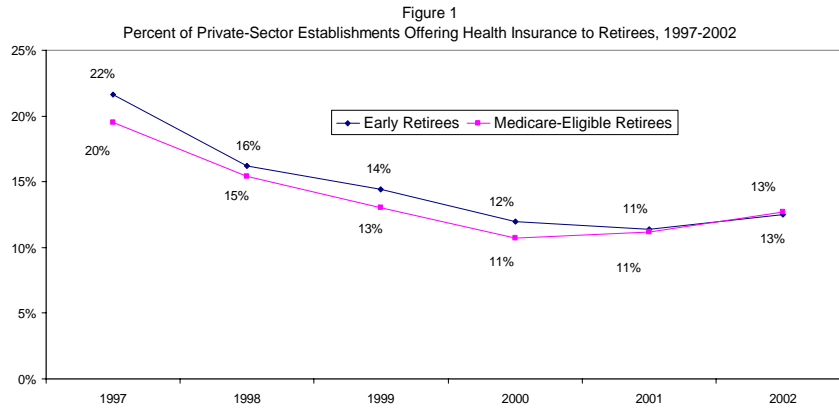
Caveats

- Do not underestimate cost drivers.
 - Technology
 - Aging population
- Risk selection.
- Underwriting cycle.
- Insurer excess profits, especially non-profit plans.

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Retiree Health Care

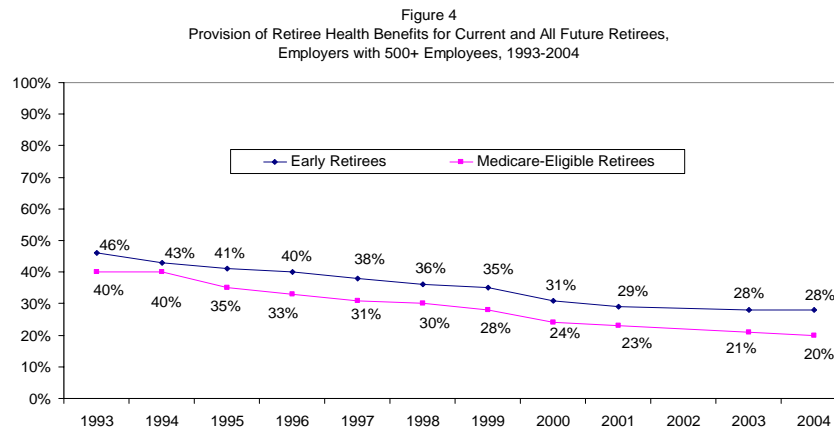
Retiree Health: All Employers



Source: Various tables at www.meprs.ahcpr.gov/Data_Pub/IC_Tables.htm.

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Employer Retiree Health 500+

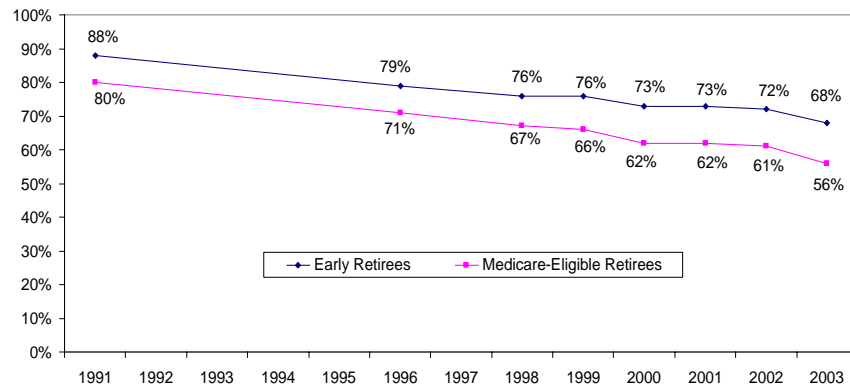


Source: Mercer Human Resources Consulting.

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Retiree Health 1000+

Figure 5
Provision of Retiree Health Benefits by Employers with 1,000+ Employees,
1991-2003



Source: Hewitt Associates.

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Retiree Health Curtailment

- FAS 106 Caps
- Modifications for current retirees
- End access for new hires
- Modify or end access for post 65
- Modify or end access for pre 65

Savings needed for employment-based retiree health benefits - access-only plans at age 65 - in 2015

Assumes 7% premium growth - Longevity Matters !

Age at Death	Premium Only	Premium + out-of-pocket
80	\$160,000	\$230,000
85	\$223,000	\$321,000
90	\$296,000	\$426,000
95	\$381,000	\$548,000
100	\$477,000	\$687,000

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Medicare Rx

Means Test of Part B Premium (levels doubled for married couples)	<ul style="list-style-type: none"> 75%: < \$80,000 65%: \$80,000 - \$100,000 50%: \$100,000 - \$150,000 35%: \$150,000 - \$200,000 20%: > \$200,000
Preventive Benefits	<ul style="list-style-type: none"> Initial voluntary physical upon eligibility. Screening for individuals at high risk for diabetes. Screening for early detection of cardiovascular disease. Disease management program.
Cost Containment	Congressional response required if general revenue exceeds 45%.

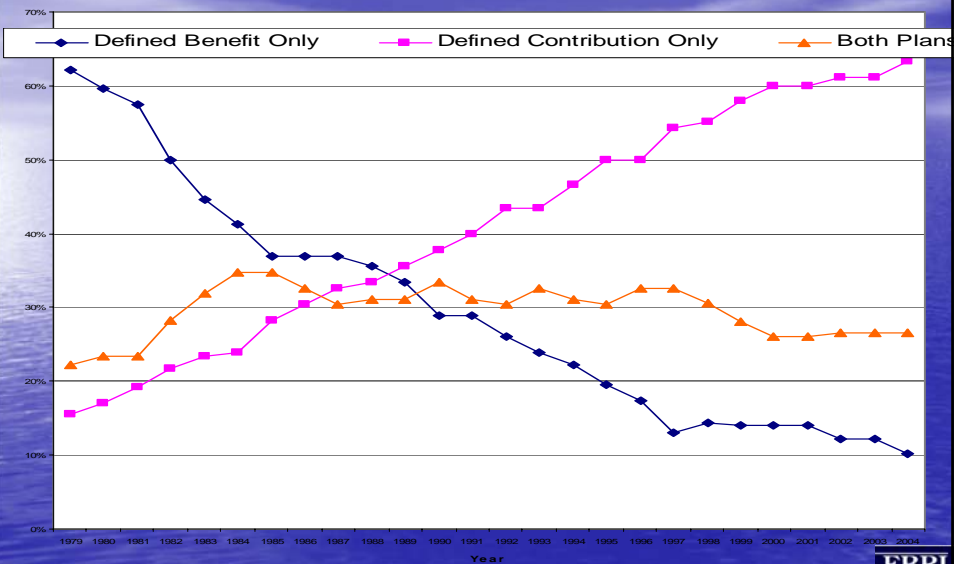
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Agenda

- Pensions



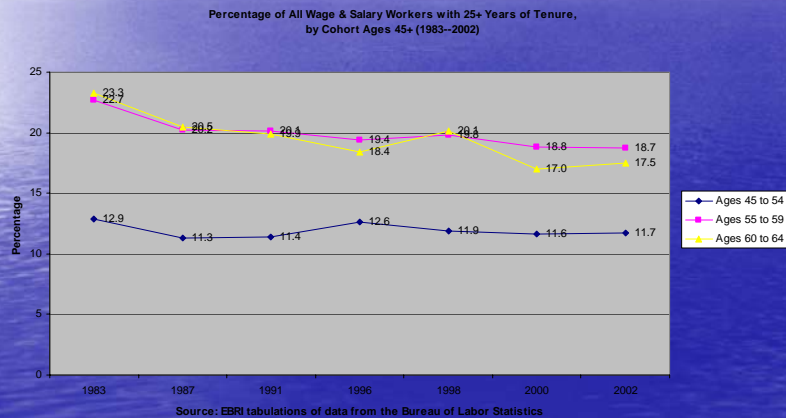
Retirement Plan Design Has Followed Worker Preferences and Reduced Employer Retirement Plan Cost Variability



Source: Department of Labor Form 5500 Tabulations 1999, 2000-2004 EBRI estimates.



Long Service Workers Have Gone From Being the Dog to the Tail



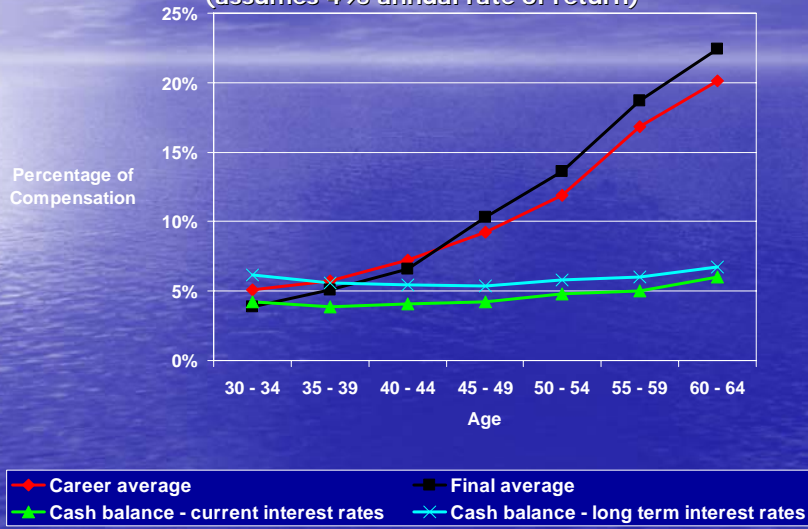
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Pension Plans Are Being Frozen

- Soft Freeze
- Hard Freeze
- Multiple versions of "enhanced" DC
 - Few if any will come close to keeping workers "whole"
 - Most will leave major shortfalls

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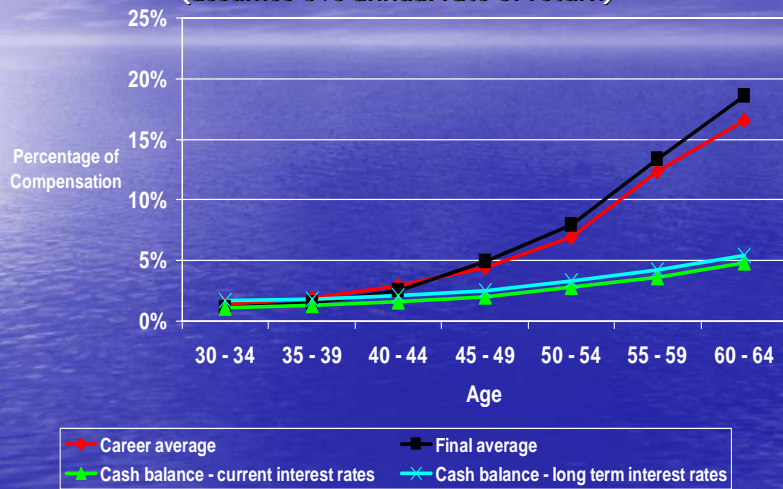
Median Percentage of a Worker's Annual Pay Needed to Offset the Impact of a Pension Freeze in 2006, by Pension Plan Type and Current Age
(assumes 4% annual rate of return)



Source: Tabulations from the EBRI/ERF Retirement Income Projection Model (2/23/2006 Version)



Median Percentage of a Worker's Annual Pay Needed to Offset the Impact of a Pension Freeze in 2006, by Pension Plan Type and Current Age
(assumes 8% annual rate of return)

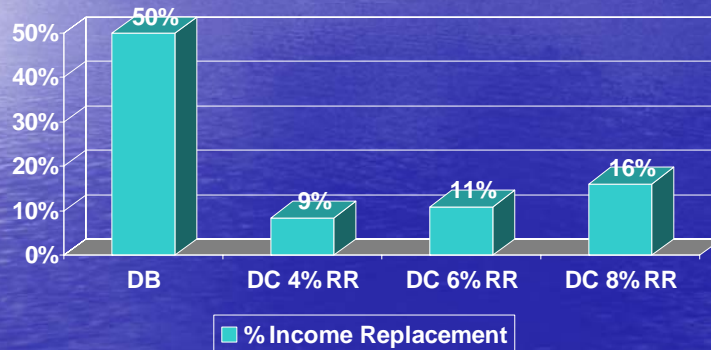


Source: Tabulations from the EBRI/ERF Retirement Income Projection Model (2/23/2006 Version)



Fixed 4.43% of Pay Plan Employer Cost -
Entry age 30 – “The Lost Adequacy Price of DC Pay Equity” – DB’s will
produce higher benefits for a given cost due to turnover. For the
employee this leads to “portability losses” for those that leave early
and “staying gains” for those that remain with the employer.

DB DC Cost Efficiency Comparison



Source: EBRI calculations. DB assumes 6% rate of return.

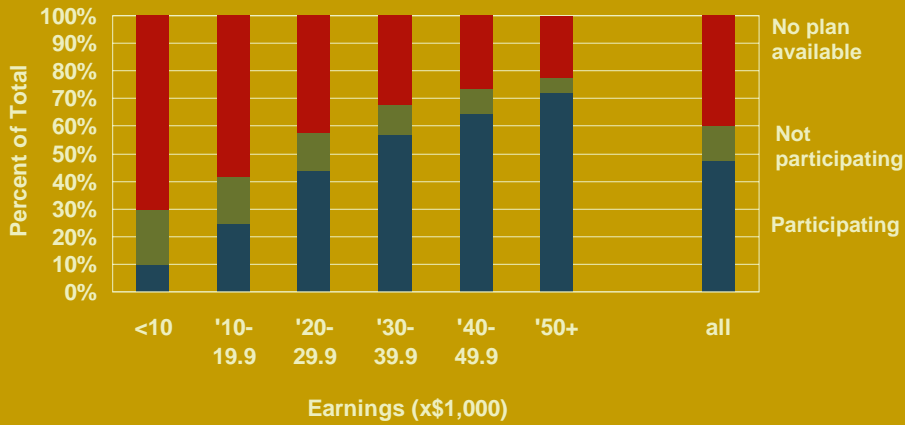


Agenda

- Savings Plans



Retirement plan participation, private wage and salary workers, 2004

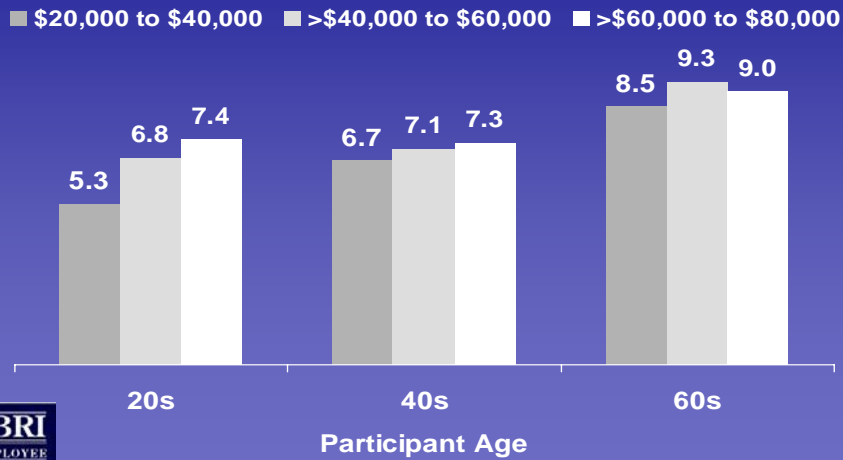


Employee Benefit Research Institute



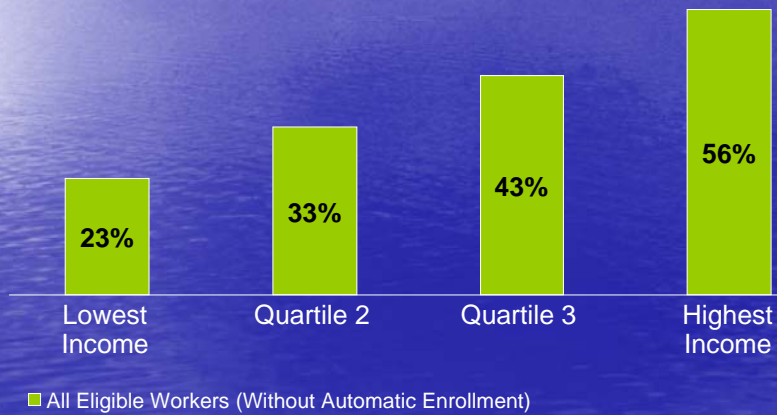
60

Average Participant Before-Tax Contribution Rates by Age and Salary, 1999 (percent of salary)



Source: EBRI/ICI Participant-Directed Retirement Plan Data Collection Project (see Holden and VanDerhei (October 2001))

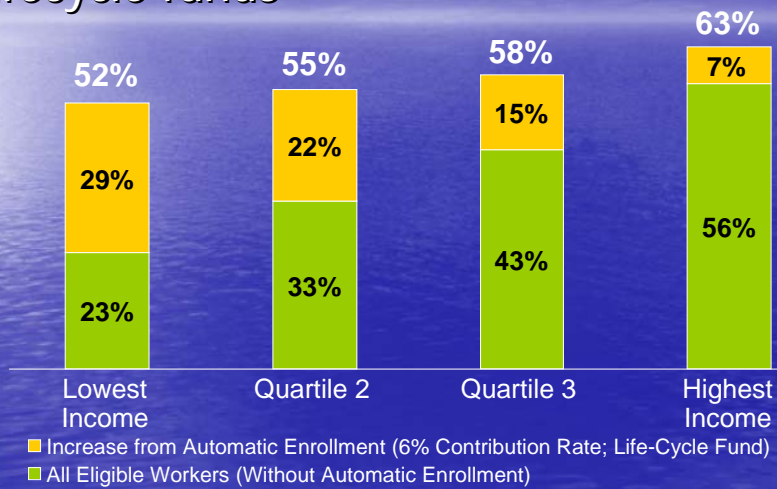
Here's the retirement income the current DC system may replace by the 2030's...for continuous participants



Sources: Tabulations from Holden and VanDerhei (2005)



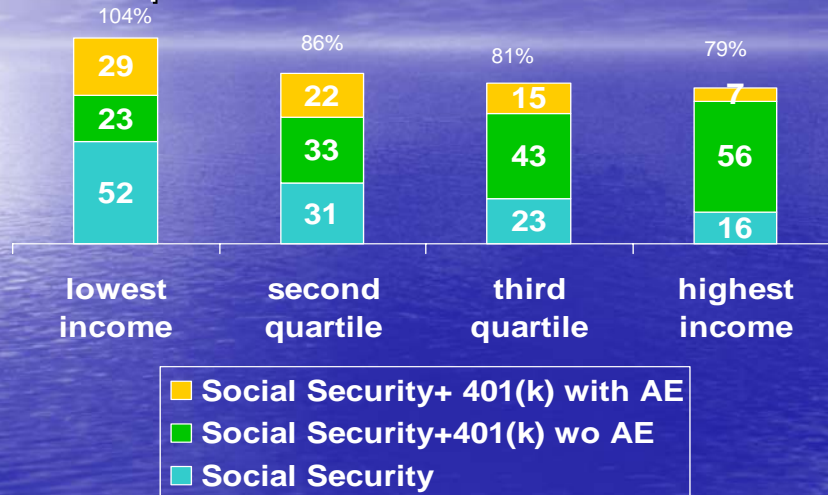
Here is what *might* be achieved -- with two key reforms – auto-enrollment and lifecycle funds



Sources: Tabulations from Holden and VanDerhei (2005)

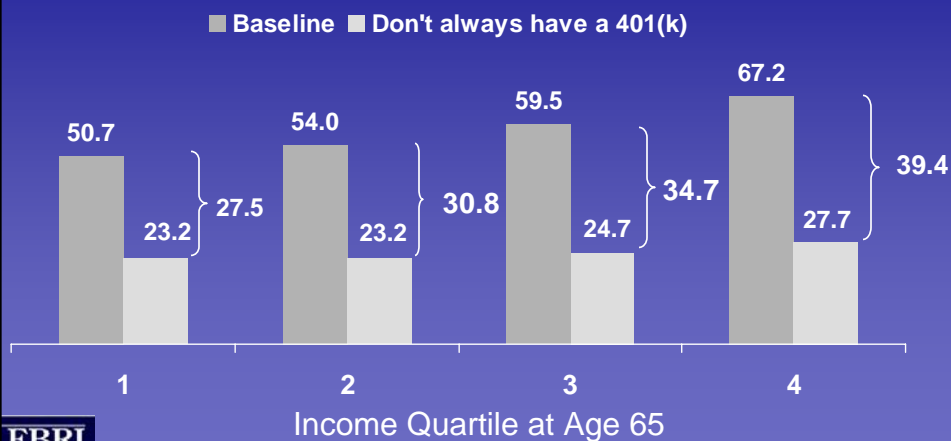


Combined with SSA- Continuous Participation and Preservation



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Median Replacement Rates for 401(k) Accumulations* for Participants Reaching Age 65 Between 2030 and 2039 (percent of final five-year average salary)



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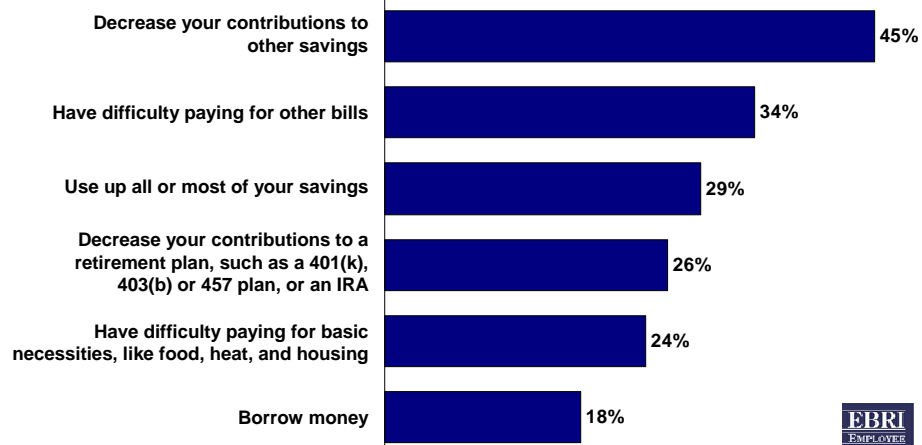
*The 401(k) accumulation includes 401(k) balances at employer(s) and rollover IRA balances.
Source: Tabulations from the EBR/ICI 401(k) Accumulation Projection Model

65

And Increased Health Care Costs Have Caused Many to Have Financial Difficulties

Has increased spending on health care expenses in the past year caused you to do any of the following? Among those with health insurance coverage who had increases in health care costs in the last year (n=731)

Percentage Saying Yes



Agenda

- Conclusion



Health Conclusions

- The search for lower costs will continue.
- Consumerism will increase as IT and research allow better metrics for making choices.
- The fact that over 80% of cost comes from less than 15% of covered lives presents a hurdle.
- Retiree coverage will continue to decline.
- Government will step in as employers and individuals step out with mandates, coverage and/or regulations.



Pension and Savings Conclusions

- Continued decline of DB plans and coverage.
- Continued refinement of DC plans to offset “inertia” with automatic actions with opt-out
- Continued worker preference for lump sum distributions, even as more DC plans offer access to annuities.
- Consideration of mandatory national savings program (with or without opt-out).
- Continued use of DB plans where employers want full career workers and want to manage work force exit.

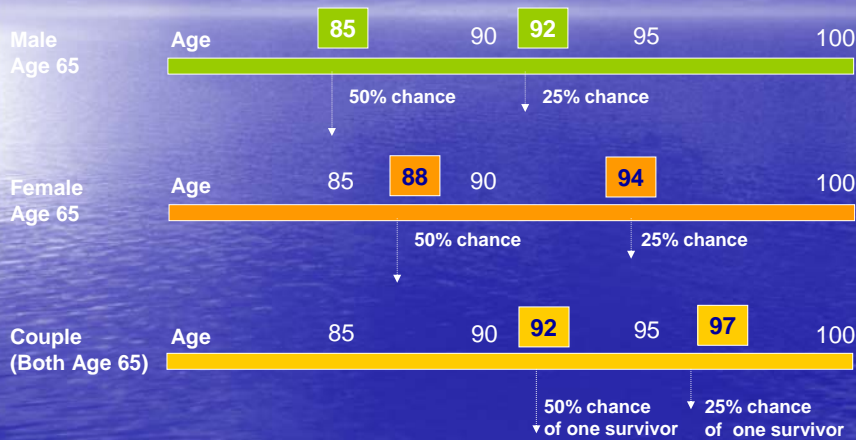


Where are we headed?

- Longer work lives driven by necessity?
- Declining standard of living for retirees?
- Pressure for SSA expansion?
- Pressure for pre-65 Medicare access?
- Replace savings incentives with mandates?
- Mandates for health pay or play?
- Difficulty in getting workers to retire?



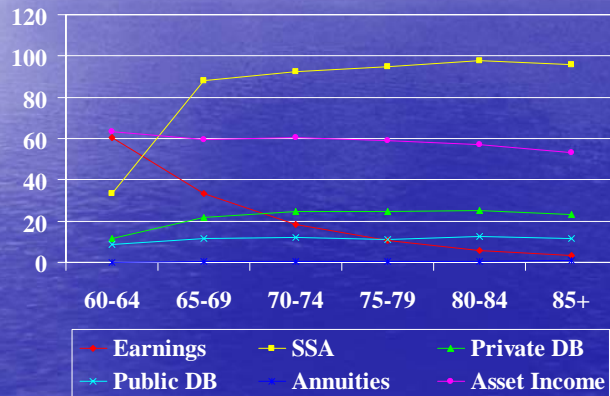
Longevity Extends



Source: Annually 2000 Mortality Table, American Society of Actuaries. Figures assume you are in good health.



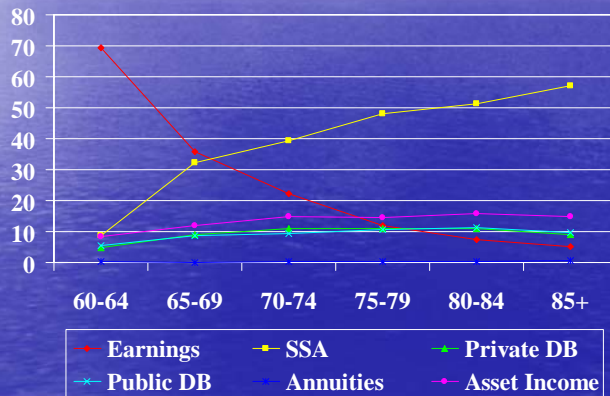
SSA Income Dominates *Sources of retiree income by age (2004)*



Source: Current Population Survey, Bureau of the Census



SSA Grows in Importance With Age – Income from Work Persists *Percentage of total income by age for the retired population (2004)*



Source: Current Population Survey, Bureau of the Census



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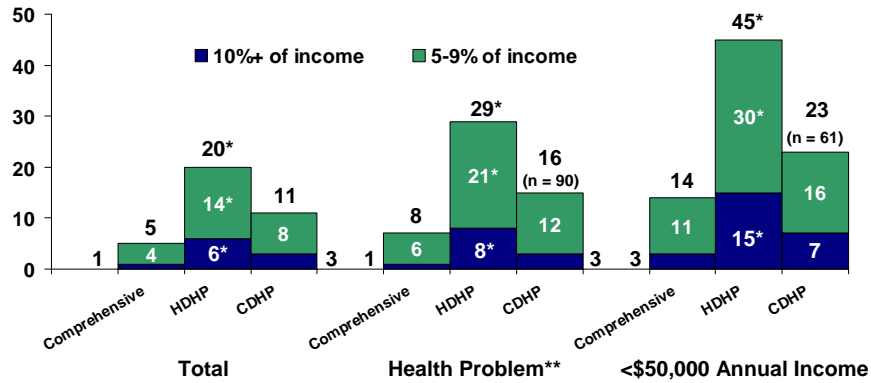
74

CDHC Appendix

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Percent of Income Spent Annually on Out-of-Pocket Medical Expenses

Percent of adults 21-64 spending ≥ 5% of income



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

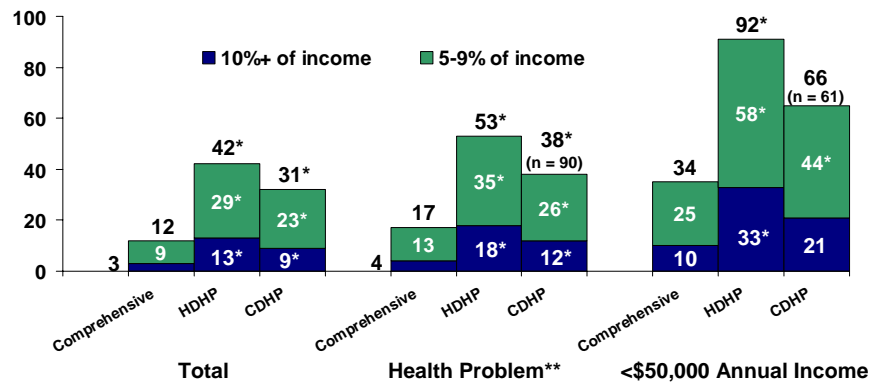
**Health problem defined as fair or poor health or one of eight chronic health conditions.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Percent of Income Spent Annually on Out-of-Pocket Medical Expenses, Including Premiums

Percent of adults 21-64 spending ≥ 5% of income



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

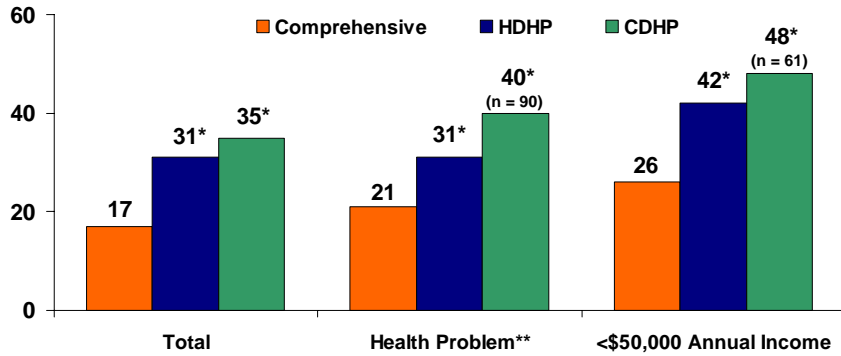
**Health problem defined as fair or poor health or one of eight chronic health conditions.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Percent of Adults Who Have Delayed or Avoided Getting Health Care Due to Cost

Percent of adults 21-64



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

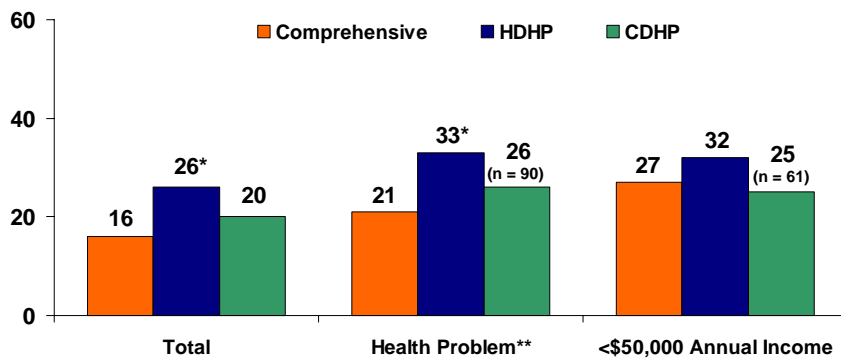
**Health problem defined as fair or poor health or one of eight chronic health conditions.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Percent of Adults Who Have Not Filled a Prescription Due to Cost

Percent of adults 21-64



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

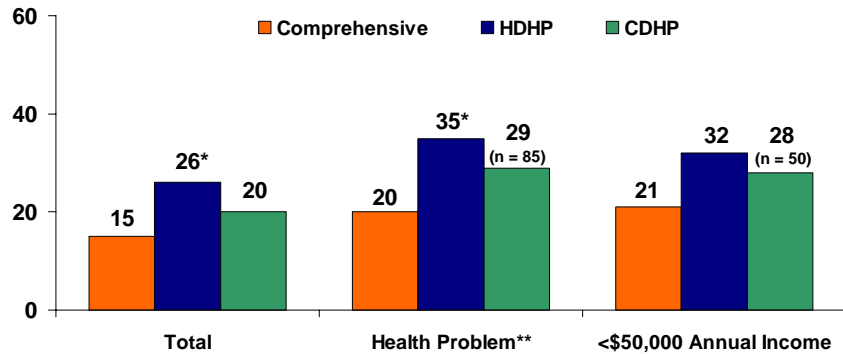
**Health problem defined as fair or poor health or one of eight chronic health conditions.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Percent of Adults Who Have Skipped Doses to Make a Medication Last Longer

Percent of adults 21-64 with prescriptions in last twelve months



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

**Health problem defined as fair or poor health or one of eight chronic health conditions.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Availability and Use of Quality and Cost Information Provided by Health Plan

	Comprehensive	HDHP/CDHP
Health plan provides information on quality of care provided by:		
Doctors	14%	16%
Hospitals	14	15
Health plan provides information on cost of care provided by:		
Doctors	16	12
Hospitals	15	12

Of those whose plans provide info on quality, how many tried to use it for:		
Doctors	42	54
Hospitals	25	45*
Of those whose plans provide info on cost, how many tried to use it for:		
Doctors	15	36* (n = 76)
Hospitals	14	32* (n = 76)

Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

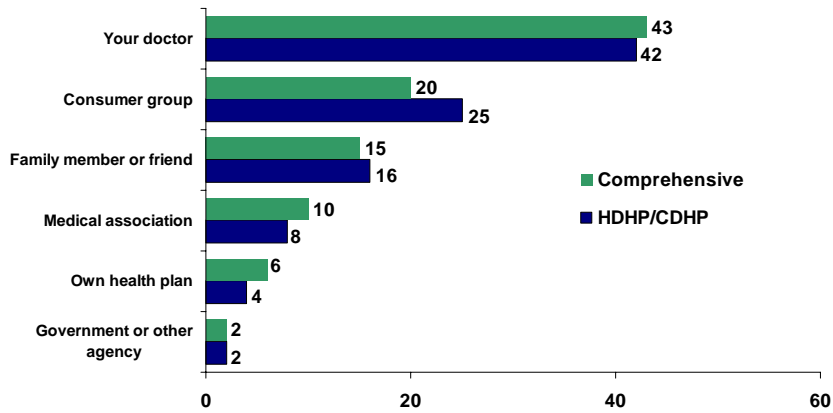
*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Most Trusted Sources for Information on Health Care Providers, by Insurance Source

Percent of adults 21-64



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

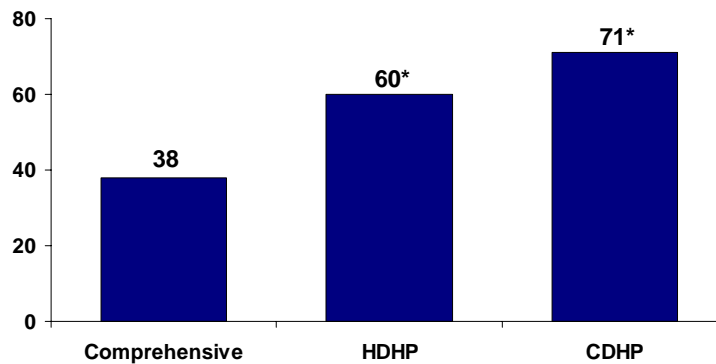
*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Percentage of Adults who Agree that Terms of Coverage Make Them Consider Cost When Deciding to Seek Health Care Services

Percent of adults 21-64 who strongly or somewhat agree



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

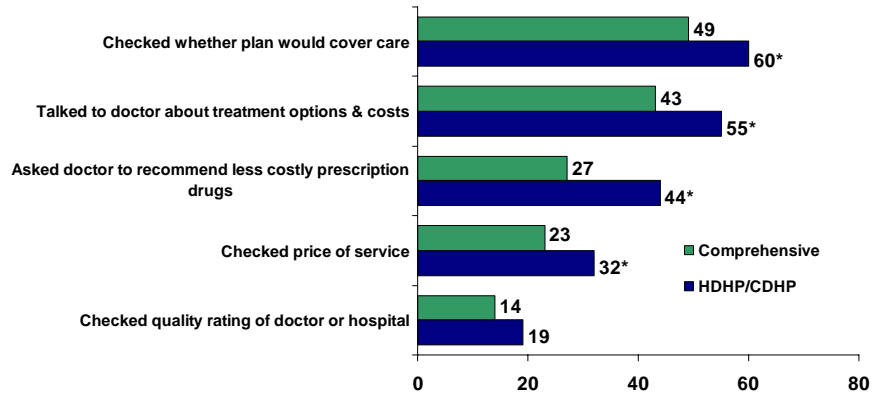
*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.



Cost Conscious Decision-Making, by Insurance Source

Percent of adults 21-64 who received health care in last twelve months



Note: Comprehensive = plan w/ no deductible or <\$1000 (ind), <\$2000 (fam); HDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), no account; CDHP = plan w/ deductible \$1000+ (ind), \$2000+ (fam), w/ account.

*Difference between HDHP/CDHP and Comprehensive is statistically significant at $p \leq 0.05$ or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.

