



Unclear About Healthcare

Many Americans Are Missing Key Facts About Their Coverage

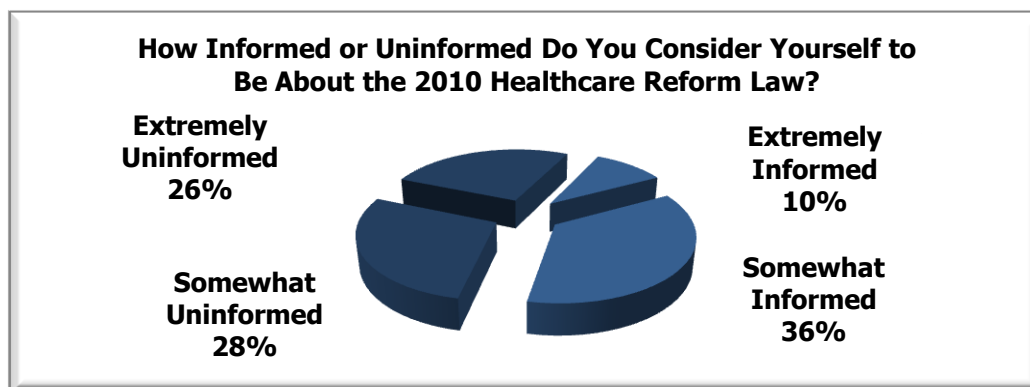
Most Americans tend to consider the details of their health insurance coverage, or lack thereof, only when a serious medical problem arises or they're forced to make changes to their plans. A new survey by eHealthInsurance shows that a great deal of insured folks value having health benefits, but don't pay much attention to their coverage beyond that. This type of behavior will leave many consumers vulnerable, especially those Americans entering the individually-purchased health insurance market because of the health care reform law or as the result of employers dropping coverage.

1) HAZY ON THE DETAILS

Time to Hit the Books. Less than two in three Americans can confidently explain or define terms like 'copayment' (61%) and 'deductible' (55%). They are even less familiar with other basic health insurance terms:

- Only four in ten (41%) can confidently explain or define the term 'premium'
- Only about a third (34%) can confidently define or explain the term 'HMO'
- Only one in four (25%) can confidently define or explain the term 'coinsurance'
- 19 percent can't confidently explain or define any of the common terms presented in the survey (including 'copayment,' 'deductible,' 'premium,' 'out-of-pocket limit,' 'open enrollment,' 'HMO,' 'PPO,' 'coinsurance,' and 'HSA')

➤ **I Don't Know Much.** This lack of knowledge extends to the ever-changing world of healthcare reform, leaving millions of Americans in the dark about how their benefits are evolving. Over one in two (54%) confess they feel uninformed about the 2010 healthcare reform law – and only 10 percent can boast that they're extremely informed about these changes.

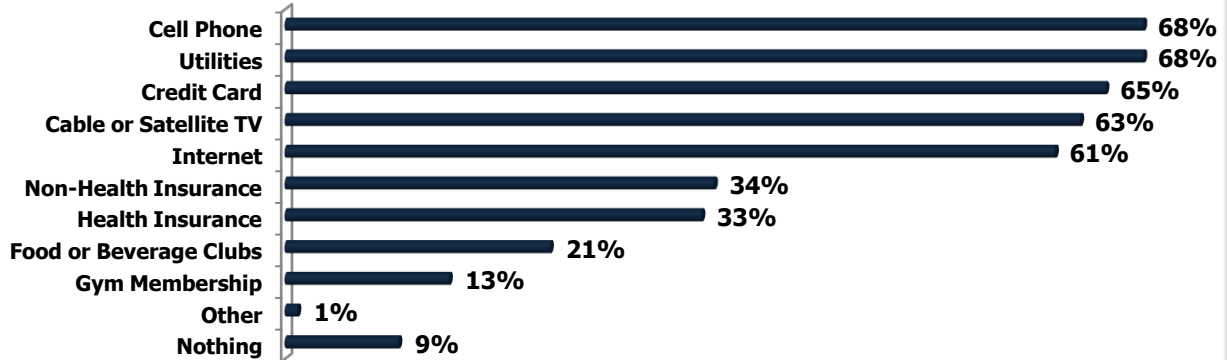


- More women than men (58% vs. 49%) believe they fall short in information about these laws.
- **Unaware of Changes.** There is widespread misunderstanding of the health care reform provisions already in effect:
 - Very few know that: adult children can stay on their parents' health plans until age 26 (45%), more preventive medical services are now available without fees under new health insurance plans (19%), and that there are no lifetime limits for the basic covered medical services (16%).
 - What's more, over four in ten (42%) mistakenly assume that people with pre-existing conditions can no longer be declined for coverage.

2) **NOT ENGAGED ENOUGH**

- **Top Priority.** Close to seven in ten (68%) Americans feel that having a health plan is crucial for personal financial security – a statistically equivalent amount of folks (66%) describe retirement savings that way.
 - Health insurance is more highly regarded among the 40+ age group than those who are 18-39 years old (74% vs. 62%).
- **Uncovering Knowledge Gaps.** But beyond this acknowledgement of health insurance's importance, many Americans with coverage aren't on top of the details of their plans. More than two in five can't recall whether or not they're covered for crucial benefits such as vision (41%) or dental (44%) services. Some also own up to the same ignorance about coverage for immunizations (36%), lab tests (29%) and prescription drugs (20%).
- **Attention is Elsewhere.** Clearly, many folks need to learn more about what goes into their health benefits package – and they know it. Almost one in two (49%) insured Americans admit they have deeper knowledge about the terms of their current lease or mortgage than what is covered under their health plans.
- **Out of Sight, Out of Mind.** But unfortunately, less than one in two (44%) generally review their health plan payments or statements annually to keep tabs on the details of their plans. And only a third (33%) do this every month, which pales in comparison to their attentiveness to many other monthly expenses.

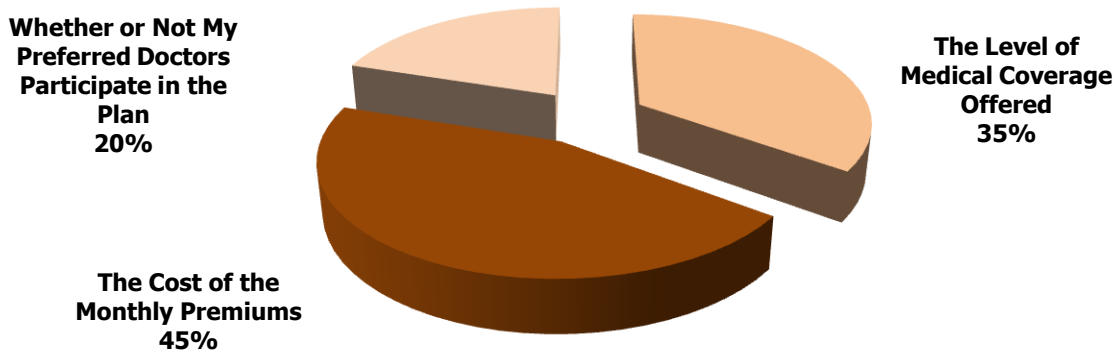
Which of the Following, if any, Are You Likely to Review on a Monthly Basis? Please Choose All That Apply.*



*Among Respondents with Health Insurance

- **The Price is Right?** Perhaps this is why far fewer of those with health insurance would be able to accurately name – within ten dollars – their monthly payment for this benefit (46%) than many other recurring costs, such as cell phone (63%), Internet (63%) and cable (59%).
- **The Cash Question.** This is troubling given that almost one in two (45%) Americans name the cost of monthly premiums as a deciding factor when considering healthcare options – even more important than the coverage they're being offered or whether their preferred doctors participate in the plan.

Which of the Following Would Most Likely Be a Deciding Factor When Choosing Among Different Health Insurance Plans?



- This is a more common sentiment among 18-49-year-olds than those who are 50 and older (50% vs. 38%).
- Monthly premiums are also more important to uninsured than insured people (60% vs. 42%).