



## eHealth **Coverage Satisfaction Index**

Survey of Individual and Family Health Insurance Shoppers

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February 2015

## INTRODUCTION

eHealth's Coverage Satisfaction Index is an ongoing study tracking national consumer sentiment on health insurance correlated with Americans' feelings about their health and financial standing. When paired with the cost data published in eHealth's Price Index, eHealth's Coverage Satisfaction Index provides a snapshot of how individual and family health insurance consumers feel about the coverage for which they are paying.

The latest installment of the Coverage Satisfaction Index, the present report, is the first to provide insights into contrasting consumer attitudes among new Obamacare consumers buying their own health insurance and the general population, and to explore divergences between government subsidy recipients vs. unsubsidized health insurance consumers; women vs. men; married persons vs. single persons; and persons living in rural areas vs. suburbanites or urbanites.

This report is based on a voluntary online survey of eHealth customers conducted between January 16 and January 20, 2015, for which a total of 1,562 responses were collected. It serves as a companion to the Coverage Satisfaction Index data published by eHealth on January 22, 2015<sup>1</sup> and collected through a survey of the general population conducted on behalf of eHealth by Wakefield Research. Results from Wakefield's general population survey are referenced in the present report in order to facilitate comparison of the sentiments expressed by consumers purchasing their own coverage and the American consumer population at large, some of whom are uninsured and many of whom obtain their coverage through an employer's group health insurance plan.

## EXECUTIVE SUMMARY

### **Self-purchasers are more financially secure**

- Most of the consumers surveyed reported that they felt financially secure (70%), and most expected their financial situation to improve in the next 12 months (74%).
- By comparison, 66% of consumers in the general population (eHealth/Wakefield Research data) felt financially secure and 69% expected their financial situation to improve in the next year.

### **Health-related expenses dominate financial fears:**

- The most commonly cited financial fears included expensive medical emergencies (62%), paying for health care (52%), and funding their retirement (48%).

### **Most are satisfied with coverage but cost is a major concern:**

- Almost seven-in-ten (69%) were satisfied with the value of their health insurance plan, but when asked to identify the thing they were least satisfied with about their current health plan, nearly

half (48%) cited the cost of their coverage and an additional 31% cited the benefits they receive for the money they pay.

- Subsidy recipients were significantly more satisfied with the value of their health plans compared to consumers not receiving subsidies (84% compared to 65%, respectively).

**High deductibles are a major burden:**

- More than six-in-ten (61%) said they would likely have difficulty paying their annual deductible when faced with a major medical expense.
- Subsidy-recipients were more likely to say they may not be able to afford their deductible (73%) compared to persons not receiving subsidies (57%).

**Many unaware of improved preventive benefits:**

- Four-in-ten respondents (41%) said they were unaware of how the Affordable Care Act has changed their access to preventive health care benefits.

**Self-purchasers think more about the cost of coverage:**

- More than nine-in-ten (93%) said they think more about the cost of health insurance than the cost of cable television; by contrast, among consumers in the general population (eHealth/Wakefield Research data), only two-thirds (63%) said they think more about the cost of health insurance than the cost of cable television.

**Self-purchasers are wary of Obamacare:**

- Fewer than one-in-ten (9%) felt that their coverage is better now than it was prior to 2014, before the big provisions of the ACA came into effect.
- More than half (56%) said that their health insurance is more expensive now than it was prior to January 1, 2014, while 43% said that their out-of-pocket costs (like copayments and deductibles) are more expensive now.
- Nearly half (47%) felt that the Affordable Care Act had an overall negative effect on the quality of their health insurance coverage; 37% felt that it had an overall positive effect.

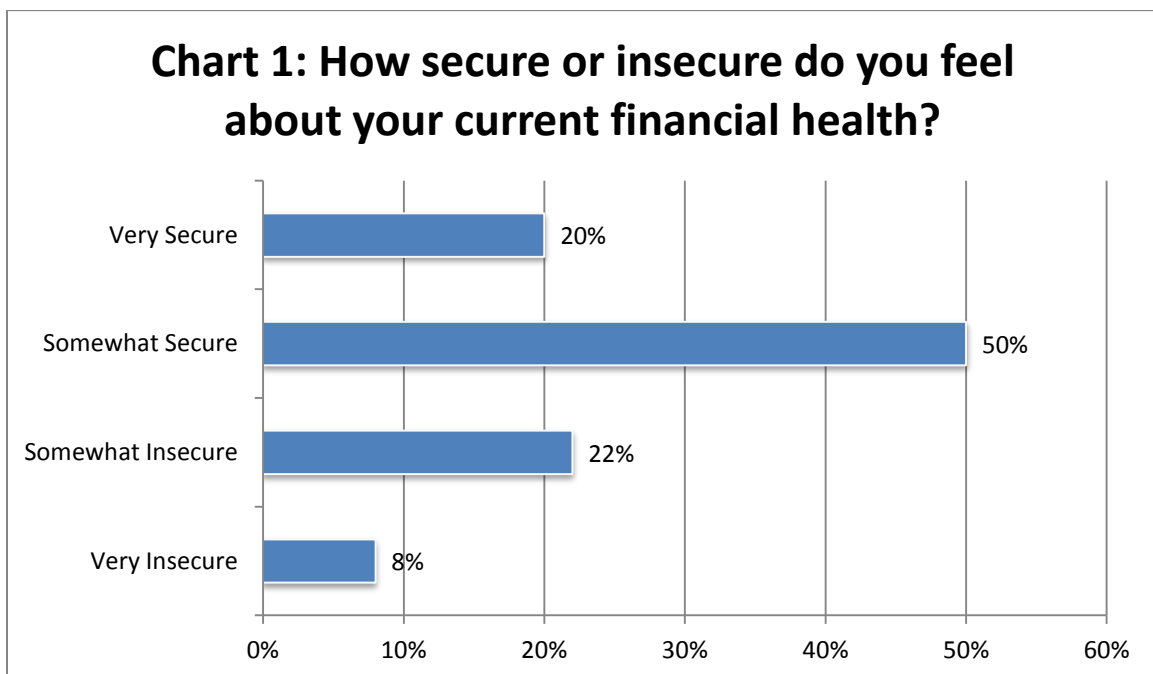
## FINDINGS: EHEALTH COVERAGE SATISFACTION INDEX SURVEY

### Financial Security

In general, eHealth's Coverage Satisfaction Index survey found that most consumers purchasing coverage on their own felt secure and hopeful about their current and future finances. However, persons not receiving government subsidies were more likely to feel financially secure than those receiving subsidies. Men, married persons, and urbanites were also more likely to feel financially secure.

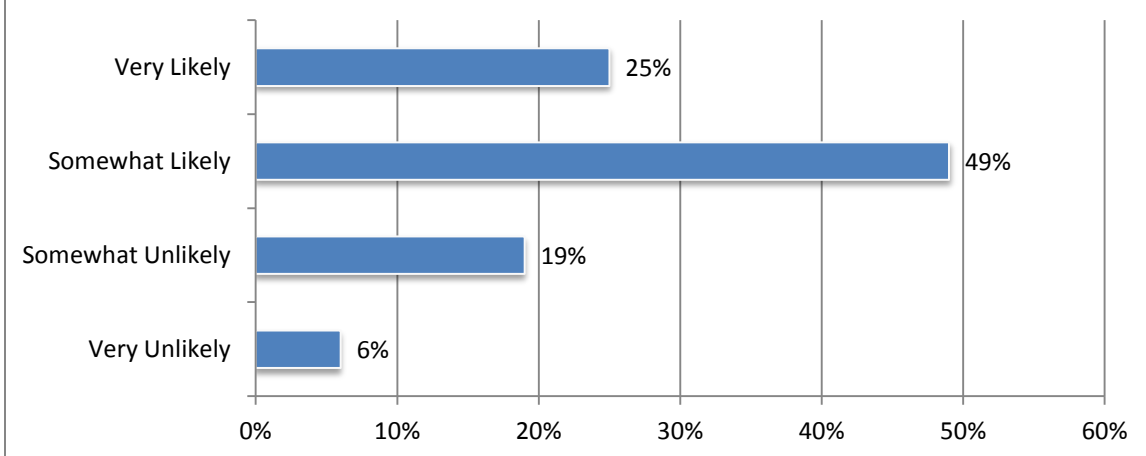
#### Headline Results:

- Among all respondents, seven-in-ten (70%) reported that they felt financially secure, while three-in-ten (30%) said they did not feel financially secure. [Chart 1]
- By comparison, the eHealth/Wakefield Research survey of the general population (results published by eHealth on January 22, 2015) found that about two-thirds (66%) of consumers felt financially secure while approximately one-third (34%) felt financially insecure.



- Nearly three-quarters (74%) expected their financial situation to improve in the next 12 months while about one-quarter (26%) did not expect their finances to improve. [Chart 2]
- By comparison, the eHealth/Wakefield Research survey found that 69% of consumers in the general population thought their finances were likely to improve in the next 12 months, while 36% felt that their finances were not likely to improve.

**Chart 2: How likely or unlikely is your financial health to improve in the next 12 months?**



Select Detailed Results:

*Subsidy vs Non-Subsidy*

- Persons not receiving government health insurance subsidies were more likely to feel financially secure (73%) than subsidy recipients (59%).
- That gap in confidence contracted when it came to their financial prospects for the coming year: 75% of persons not receiving subsidies expected their financial health to improve over the next 12 months compared to 70% of subsidy recipients.

*Men vs Women*

- Men were more likely to feel financially secure (75%) than women (67%).

*Married vs Single*

- Married persons (76%) were more likely to feel financially secure than single persons (63%).

*Urban vs Suburban vs Rural*

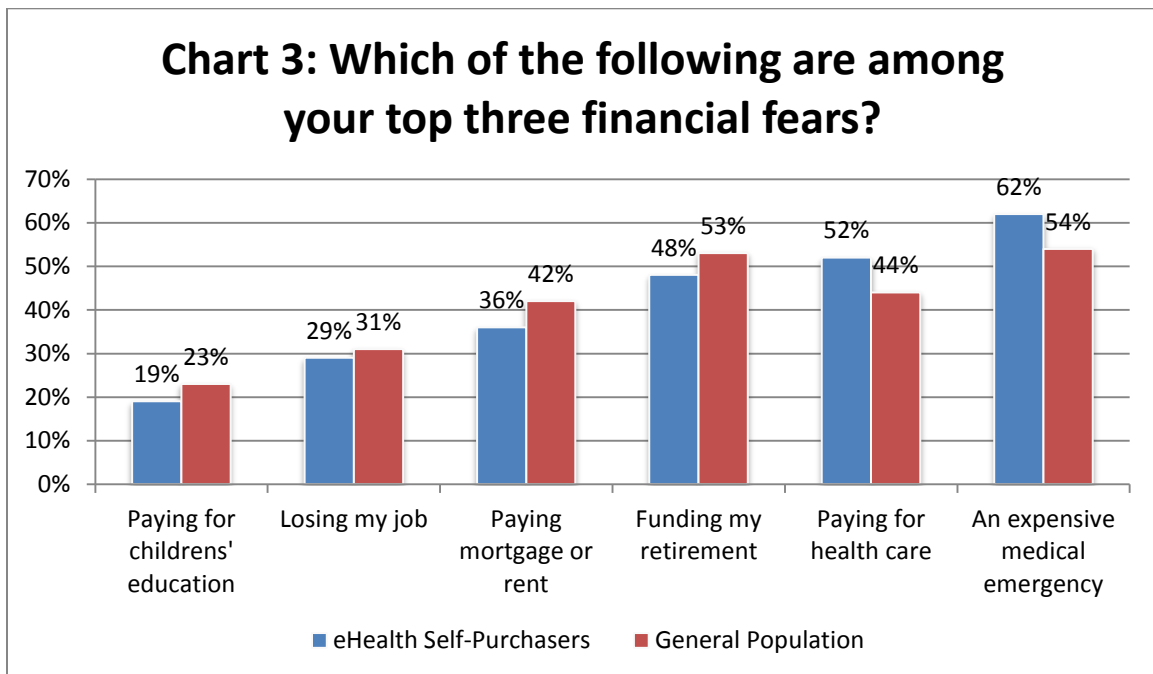
- Persons living in urban areas (73%) and suburban areas (69%) were more likely to feel financially secure than people living in rural areas (65%).
- Persons living in rural areas were more likely (34%) to believe that their finances will not improve in the next 12 months than people living in urban (23%) or suburban (26%) areas.

## Financial Fears

Two of the financial fears most commonly cited by survey respondents related to the cost of health care. In fact, according to eHealth’s survey, consumers were more likely to be fearful about medical expenses than about funding their retirement, paying their mortgage, or losing their jobs.

### Headline Results:

- The three most commonly cited financial fears include expensive medical emergencies (62%), paying for health care (52%), and funding their retirement (48%). [Chart 3]
- By comparison, the eHealth/Wakefield Research survey found that the most commonly cited financial fears among the general population were expensive medical emergencies (54%), funding their retirement (53%), and paying for health care (44%).



### Select Detailed Results:

#### *Subsidy vs Non-Subsidy*

- Paying for a medical emergency was the top financial fear for both subsidized health insurance consumers (60%) and non-subsidized (62%).

#### *Men vs Women*

- Women (55%) were more likely than men (47%) to cite paying for health care as one of their top three financial fears

### Urban vs Suburban vs Rural

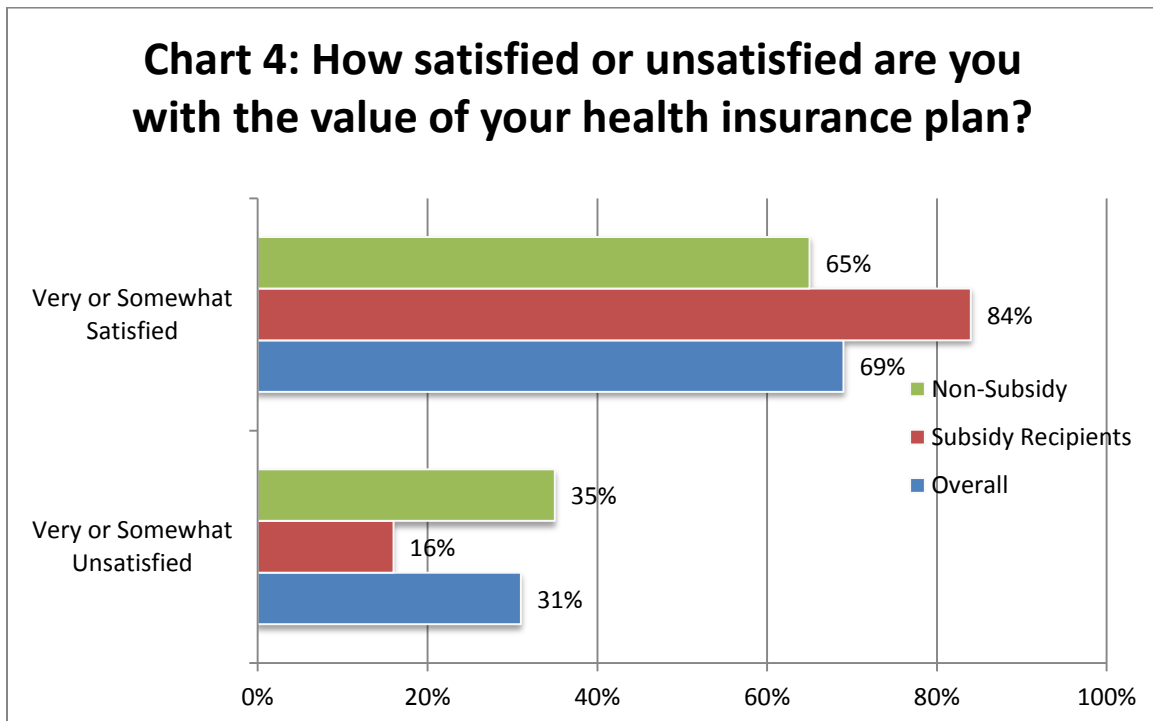
- People living in rural areas (63%) were more likely than urbanites (52%) to cite paying for health care as one of their top three financial fears.

### Satisfaction / Dissatisfaction with Health Plans

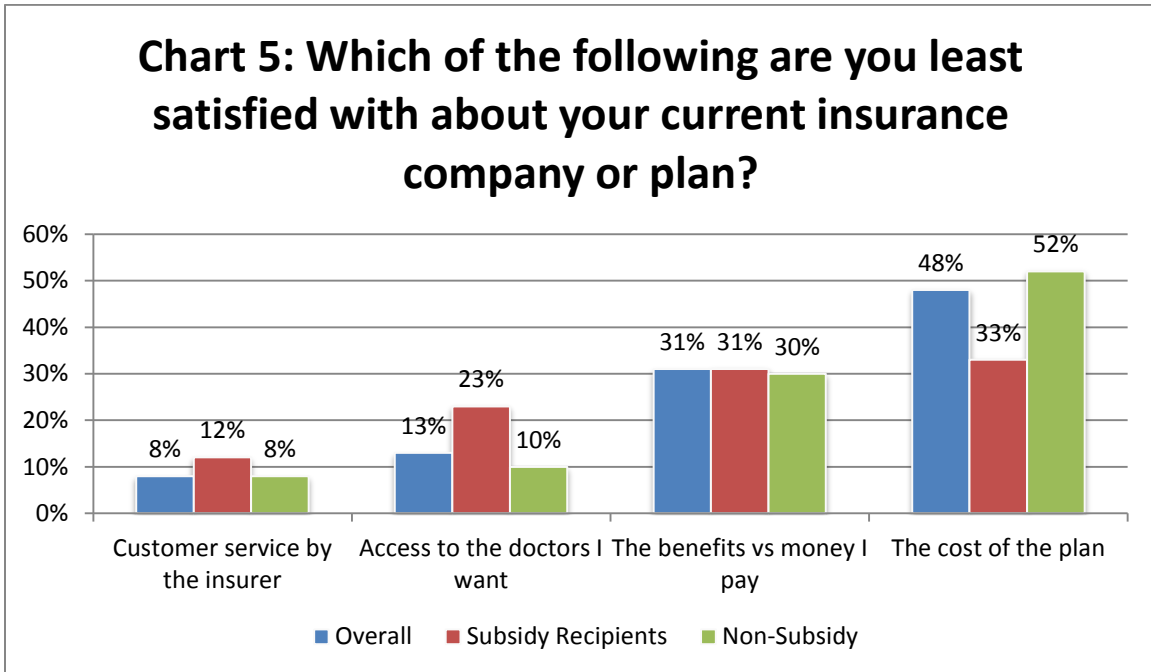
Most respondents were satisfied with the value of their health insurance coverage relative to the premiums they pay, though persons receiving government subsidies were significantly more satisfied with the value of their coverage.

#### Headline Results:

- Almost seven-in-ten (69%) of those purchasing their own coverage through eHealth were satisfied with the value of their health insurance plan [Chart 4]; by comparison, the eHealth/Wakefield Research survey of the general population found that 86% were generally satisfied with the value of their coverage.
- More than three-in-ten were unsatisfied with the value of their coverage. [Chart 4]
- Among those who satisfied with the value of their coverage, the most commonly cited reason was its affordability (39%)
- Among those unsatisfied with the value of their health plan, the most commonly cited reason was also the cost of their coverage (50%).



- Among all survey respondents, when asked to identify the thing that they were least satisfied with about their current health plan, nearly half (48%) cited the cost of their coverage; 31% cited the benefits they get for the money they pay. [Chart 5]
- By comparison, the eHealth/Wakefield Research survey of the general population found that 35% of survey respondents (including consumers with employer-sponsored coverage) were least satisfied with the cost of their coverage.



Select Detailed Results:

*Subsidy vs Non-Subsidy*

- Subsidy recipients were significantly more satisfied with the value of their health plans compared to consumers not receiving subsidies (84% compared to 65%, respectively). [Chart 4]
- When asked to identify the thing that they were least satisfied with about their current health plan, persons not receiving government subsidies were more likely to be least satisfied with the cost of their plan (52%) than subsidy recipients (33%). [Chart 5]

*Women vs Men*

- Among those unsatisfied with the value of their health plan, women (53%) were more likely than men (43%) to cite the cost of monthly premiums as the source of their dissatisfaction; men, however, were more likely to cite the cost of their deductible as a source of dissatisfaction (32% for men vs. 22% for women).



### *Married vs Single*

- Single people were more satisfied with their health plan (72%) than married persons (65%).

### *Urban vs Suburban vs Rural*

- People living in urban areas were more satisfied with their health plans (72%) than persons living in suburban (66%) or rural (67%) areas; a third of suburban and rural consumers (34% and 33%, respectively) were dissatisfied with the value of their coverage.
- When asked to identify the thing that they were least satisfied with about their current health plan, people living in rural areas were more likely to be least satisfied with the cost of their coverage (52%) than people living in urban areas (46%).

## **Motivations for Plan Selection**

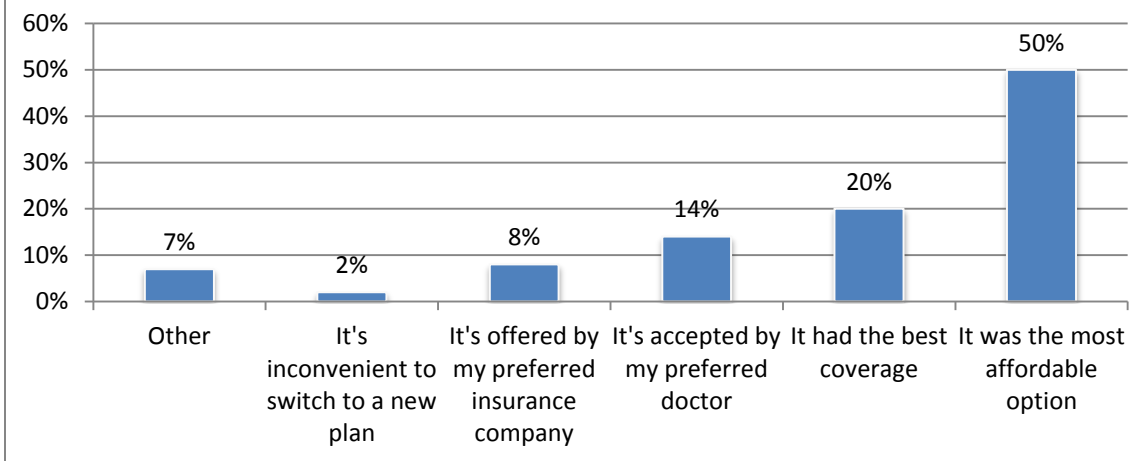
When asked why they had enrolled in their current plan, most survey respondents cited the relative affordability of their current health insurance coverage compared to other options. Brand-loyalty and doctor networks were relatively minor considerations by comparison.

### Headline Results:

- The relative affordability of their plan compared to other options was the reason most commonly cited (50%) when respondents were asked why they had enrolled in their current health insurance plan. **[Chart 6]**
- Two-in-ten (20%) respondents selected their current plan based on the quality of the benefits it offered; 14% selected their current plan because the plan's network included their preferred doctor. **[Chart 6]**
- By comparison, eHealth/Wakefield Research survey of the general population found that only 32% of respondents were enrolled in their current plan because it was the most affordable option.

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**Chart 6: Which of the following best describes why you are enrolled in your current plan?**



Select Detailed Results:

*Subsidy vs Non-Subsidy*

- Six-in-ten (60%) subsidy recipients said they had enrolled in their current health plans because of its relative affordability, compared to only 47% of shoppers not receiving subsidies.

*Urban vs Suburban vs Rural*

- Urban (54%) and rural (53%) consumers were more likely to cite affordability as the reason they enrolled in their current plan than people living in the suburbs (45%).

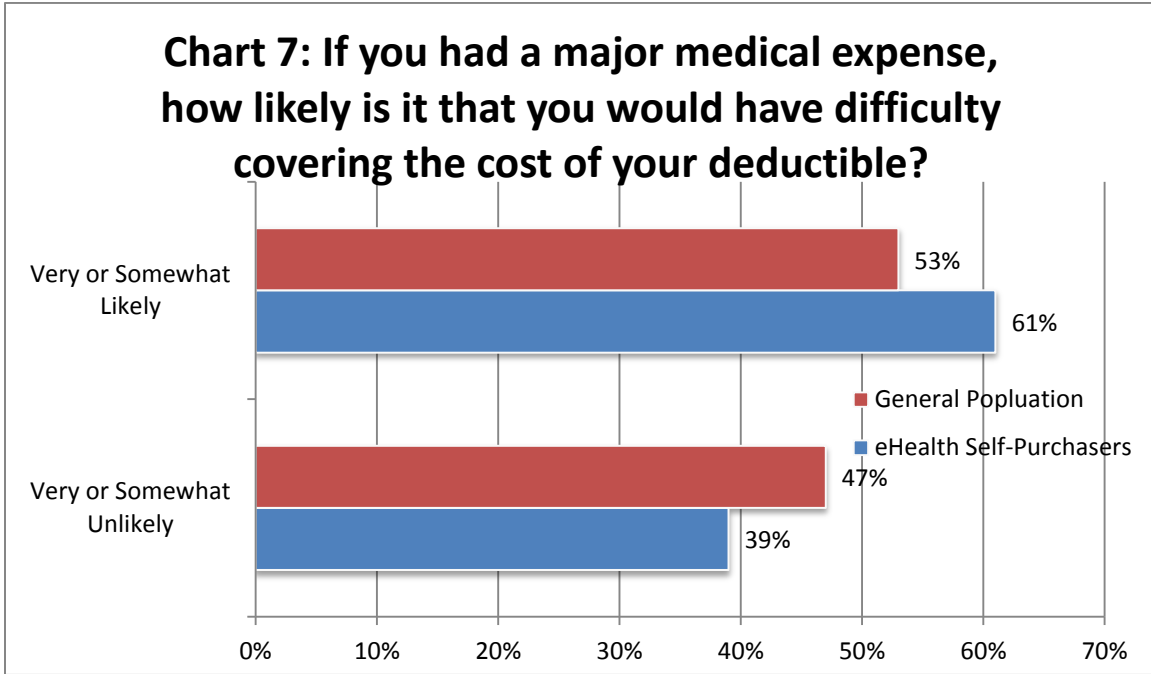
**Paying for Annual Deductibles**

As reflected throughout this report, the cost of coverage (monthly health insurance premiums) is a major concern for many consumers. However, annual deductibles also present a burden for many. According to eHealth's Price Index update published January 15, 2015, deductibles for 2015 health plans selected by eHealth shoppers during the first half of the 2015 open enrollment period averaged \$3,933 for individuals and \$7,633 for families<sup>2</sup>.

Headline Results:

- More than six-in-ten (61%) survey respondents said they would likely have difficulty paying their annual deductible when faced with a major medical expense. [Chart 7]

- By comparison, the eHealth/Wakefield Research survey of the general population found that 53% of consumers (many with employer-sponsored plans which may have lower deductibles) would likely have difficulty paying their annual deductible when faced with a major medical expense.



Select Detailed Results:

*Subsidy vs Non-Subsidy*

- Subsidy-recipients were more likely to say they may not be able to afford their deductible (73%) than persons not receiving subsidies (57%).

*Women vs Men*

- Women (64%) were more likely than men (56%) to believe they would likely have difficulty covering their annual deductible.

*Married vs Single*

- Single people (63%) were more likely than married people (59%) to believe they may have difficulty paying for their deductible.

### Urban vs Suburban vs Rural

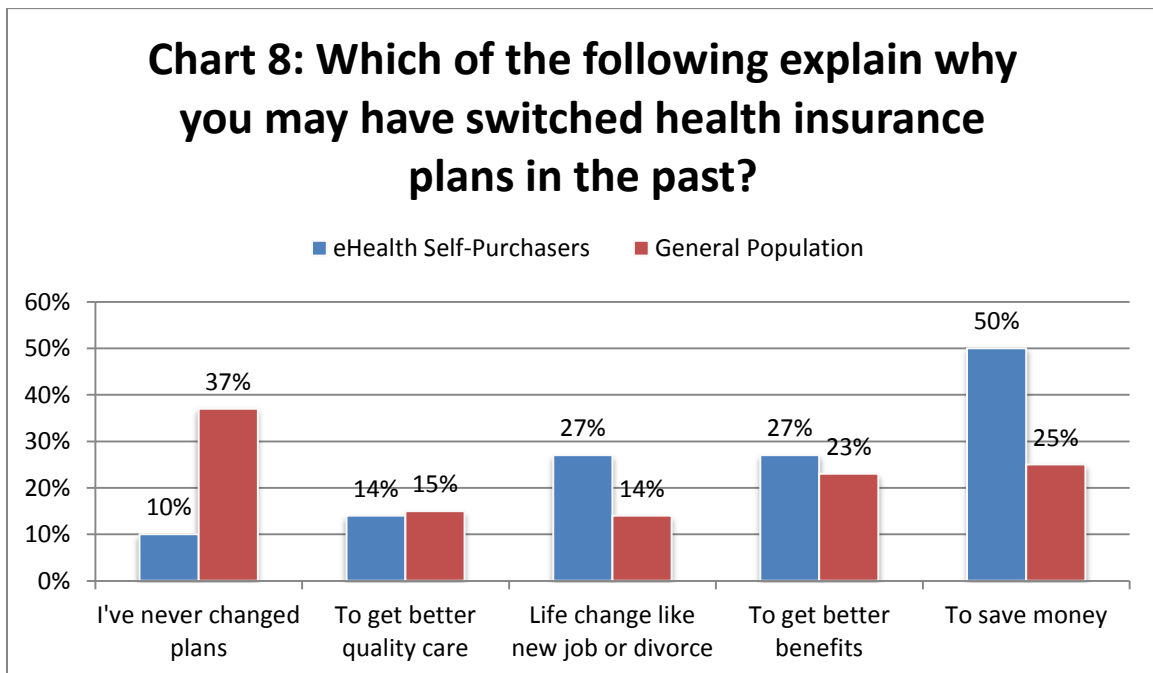
- People living in urban (64%) and rural areas (65%) were more likely to believe they may have difficulty paying their deductible than persons living in the suburbs (57%).

### Why Consumers Switch Health Plans

Health insurance shoppers may change plans for a variety of reasons. Sometimes they change plans because they have moved to a new city or recently been married or divorced. Other times, consumers may switch to new health plans solely to save money on monthly premiums. eHealth asked consumers to identify some of the reasons they've switched plans in the past.

#### Headline Results:

- By far the most popular reason cited for switching health plans in the past was to save money (50%); by contrast, only 25% of the general population surveyed in the eHealth/Wakefield Research CSI survey had switched plans in order to save money. [Chart 8]
- About one-quarter (27%) switched to get better health insurance benefits, and about one-quarter (27%) switched because of a major life event. [Chart 8]
- Only one-in-ten (10%) said that they had never switched plans in the past; by contrast, more than one-third of the general population in the eHealth/Wakefield Research survey said they had never switched plans. [Chart 8]
- Among other reasons cited (not identified in Chart 8), 13% said they had switched plans to maintain coverage between jobs, while one-in-ten (10%) said they had switched to get access to a preferred doctor.



### Select Detailed Results:

#### *Subsidy vs Non-Subsidy*

- Consumers purchasing their own health plans without subsidies were more likely than subsidized health insurance consumers to have switched plans in order to save money (51% vs 45%, respectively).

#### *Women vs Men*

- Men (54%) were more likely than women (47%) to have switched plans in order to save money.

#### *Married vs Single*

- Married persons (53%) were more likely than single persons (46%) to have switched plans in order to save money.

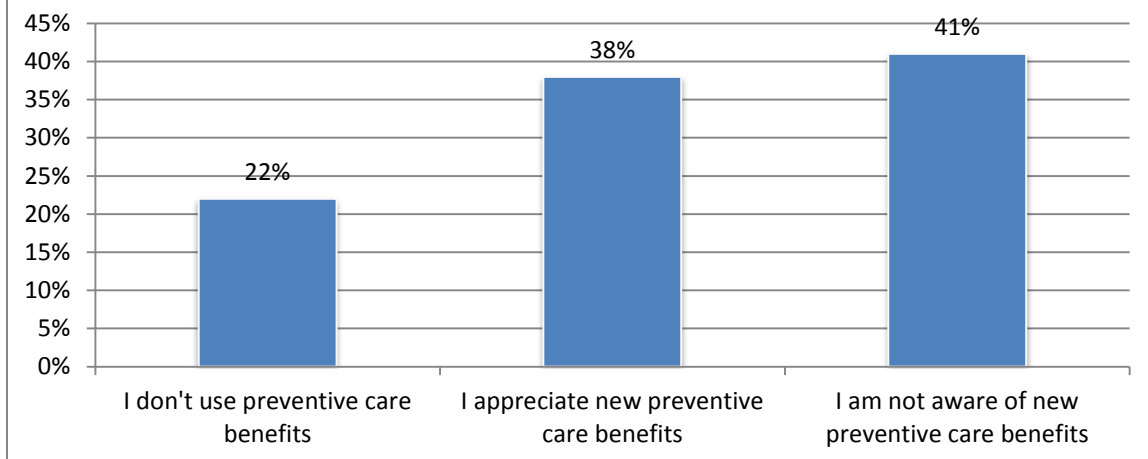
## **Health Care Utilization & Skipping Care to Save Money**

Starting in 2014, the Affordable Care Act required all major medical health plans to provide robust coverage for preventive care at no out-of-pocket cost to the consumer, but many are still unaware of the coverage available to them. In the following questions, eHealth sought to explore enrollees' familiarity with their coverage and to understand how the utilization of medical care may vary between different consumer segments.

### Headline Results:

- Four-in-ten respondents (41%) said they were unaware of how the Affordable Care Act (ACA) had changed their access to preventive health care benefits. [Chart 9]
- Only somewhat more than one-third (38%) said that they appreciated the improved access to preventive care that the ACA had provided them. [Chart 9]
- More than six-in-ten respondents (63%) said they had received an annual checkup in the past year.
- About four-in-ten (42%) had made sick visits to their doctor within the past year.
- About a quarter (24%) had received a cholesterol screening in the past year.
- A majority of women (52%) indicated that they had skipped or avoided receiving medical care in the past in order to save money; by comparison, only about four-in-ten (38%) men said they had skipped care to save money.

### Chart 9: Which of the following best describe your feeling about how the ACA has changed your access to preventive care?



Select Detailed Results:

*Subsidy vs Non-Subsidy*

- Among persons receiving subsidies, half (50%) said they appreciated the new preventive care benefits available to them, while only 28% were unaware of these benefits.
- Among those not receiving subsidies, nearly half (45%) were unaware of any new preventive care benefits available to them and only one-third (33%) were grateful for the new benefits.
- About two-thirds (65%) of unsubsidized consumers said they had an annual checkup in the last year, while only 57% of subsidy recipients said they had an annual checkup.
- Subsidy recipients were more likely to have visited to the emergency room in the past year than people not receiving subsidies (25% vs. 17%, respectively).

*Women vs Men*

- Women (44%) were more likely than men (37%) to say that they were unaware of the new preventive care available to them under the ACA.
- When asked to identify forms of medical care that they had skipped in the past in order to save money, more than one quarter of women (28%) reported that they had skipped a physical exam or medical tests ordered by their primary care physician.
- About a quarter (24%) of women said that they had skipped an annual gynecological exam and 21% said that they had skipped a mammogram in order to save money.
- When asked to identify forms of medical care that they had skipped in the past in order to save money, 21% of men said they had skipped a physical exam. This increased to 30% for men receiving health insurance subsidies.

### *Urban vs Suburban vs Rural*

- People living in rural areas were much less likely than suburbanites to say they had received an annual checkup in the past year (48% vs 66%, respectively).
- Only 27% of rural consumers had received an immunization in the past year, compared to 34% of suburbanites; likewise, only 38% of rural consumers had seen the doctor for a sick visit in the past year, compared to 46% of those living in the suburbs.
- Fewer than one half (48%) of people living in rural areas had an annual checkup in the past year compared to two-thirds (66%) of those living in the suburbs; likewise, only 38% of those living in rural areas saw the doctor when sick in the past year compared to 46% of those living in the suburbs.
- People living in rural areas were more likely than urbanites to be unaware of the improved access to preventive care available now (44% vs 33%, respectively).

### **Coverage Now vs Coverage Pre-2014**

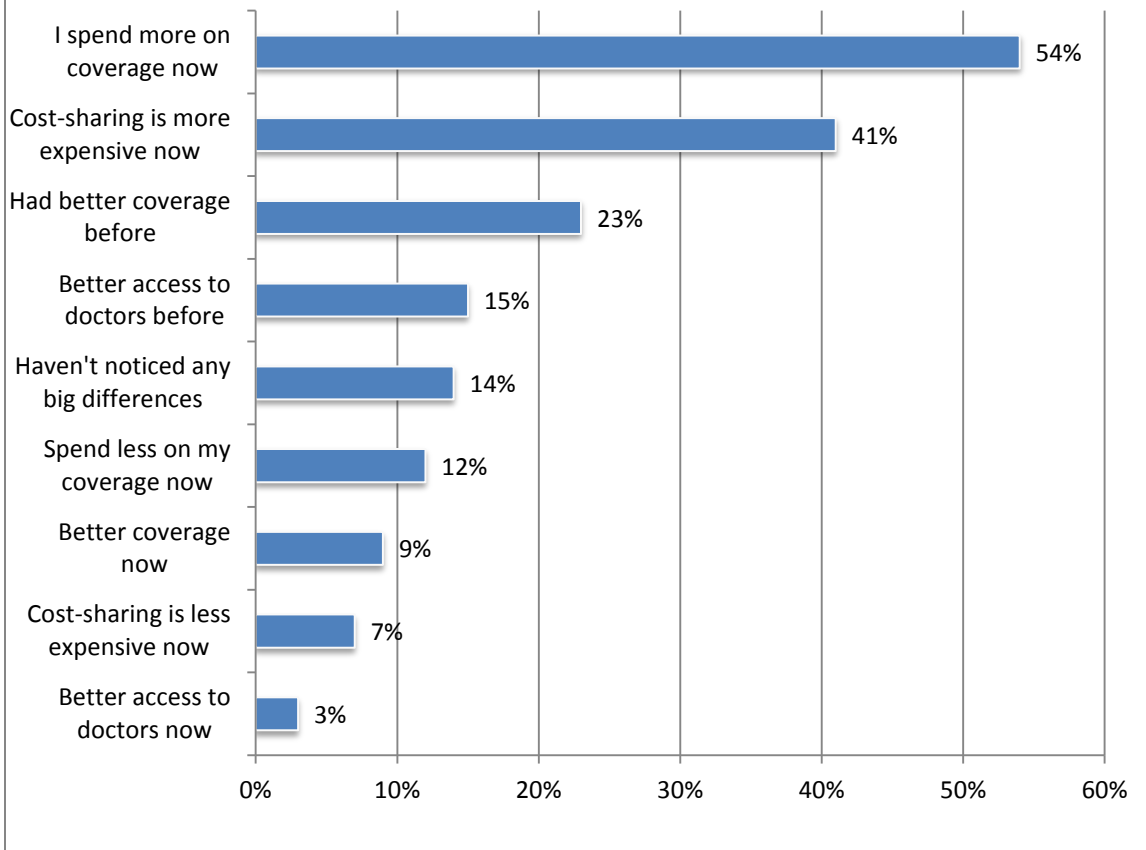
The individual and family health insurance market in the United States underwent significant changes between 2013 and 2014, when the final major provisions of the Affordable Care Act became effective. When asked to say how they felt their coverage had changed, many consumers cited cost issues.

#### Headline Results:

- More than half (56%) of survey respondents said that their health insurance was more expensive now than it was prior to January 1, 2014. **[Chart 10]**
- More than four-in-ten (43%) said that their out-of-pocket costs (like copayments and deductibles) were more expensive now. **[Chart 10]**
- Fewer than one-in-ten (9%) felt that their coverage was better now than it was prior to 2014. **[Chart 10]**

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**Chart 10: In what ways do you feel your coverage prior to 2014 differed from the coverage you had since 2014 when the ACA went into effect?**



Select Detailed Results:

*Subsidy vs Non-Subsidy*

- 60% of persons not receiving subsidies say their coverage is more expensive now than prior to January 1, 2014, compared to only 36% of subsidy recipients.

*Married vs Single*

- Nearly six-in-ten (59%) married persons feel that they spend more on coverage now, whereas only 49% of single persons feel the same.



### Urban vs Suburban vs Rural

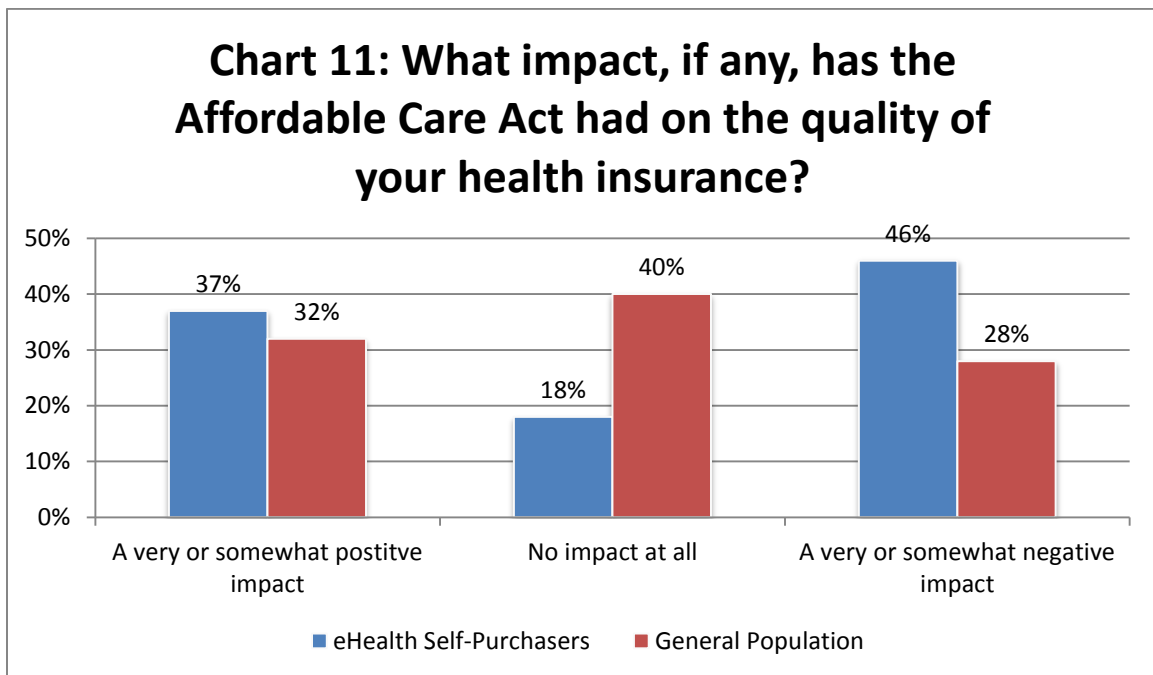
- A majority of rural (55%) and suburban (59%) consumers feel that they spend more on coverage now, whereas slightly fewer than half (48%) of urbanites feel the same.

### Consumer Sentiments about Obamacare

The Affordable Care Act (popularly referred to as ‘Obamacare’) has been a contentious issue for many American consumers, as well as their political representatives. In its Coverage Satisfaction Index survey, eHealth wanted to see how persons who purchased their own health insurance coverage felt about the law and its impact on their life.

#### Headline Results:

- Nearly half (47%) felt that the Affordable Care Act had an overall negative effect on the quality of their health insurance coverage; 37% felt that it had an overall positive effect. [Chart 11]
- By comparison, the eHealth/Wakefield Research survey found that 28% of the general population (many of whom would have employer-sponsored coverage) felt that the law had a negative impact on the quality of their coverage. [Chart 11]
- eHealth shoppers were more than twice as likely to feel that the ACA had had a negative impact on their choice of doctors (39%) than a positive effect (18%).



## Select Detailed Results:

### *Subsidy vs Non-Subsidy*

- More than half (57%) of subsidy recipients felt that the ACA had an overall positive effect on the quality of their health coverage while more than half (51%) of those not receiving subsidies felt that the law had a negative effect.
- Nearly a third (32%) of subsidy-recipients felt that the ACA had an overall positive effect on their choice of doctors and hospitals, while only 15% of people not receiving subsidies felt the same.

### *Men vs Women*

- Men (40%) were more likely than women (36%) to feel that the ACA had had a positive effect on the quality of their coverage; women (49%) were more likely than men (43%) to feel that the law had had a negative effect on their coverage.

### *Married vs Single*

- Married persons (52%) were more likely than single persons (42%) to feel that the law had a negative effect on the quality of their coverage.
- Single people were most likely to feel that the ACA had no effect (42%) on their choice of doctors while married persons were most likely to feel that the law had a negative effect (44%) on their choice of doctors.

### *Urban vs Suburban vs Rural*

- People living in rural areas (55%) were more likely than urbanites (45%) to feel that the law had a negative effect on the quality of their coverage.
- Nearly half (46%) of people living in rural areas felt that the law had a negative effect on their choice of doctors, while only 34% of urbanites felt the same.

## **Demographics and Lifestyle**

In addition to the issues addressed above, eHealth's survey also explored demographic and lifestyle questions which shed light, for example, on which consumer segments were more likely to receive subsidies, the relative amount of time that people spend thinking about health insurance costs vs. their cable bill, and whether consumers are cutting other items from their budget in order to help pay for coverage.

### *Subsidies and Who Gets Them*

- 49% of subsidy recipients live in urban areas compared to 39% of shoppers not utilizing government subsidies.

- 33% of subsidy recipients live in the suburbs compared to 44% of shoppers not utilizing government subsidies.
- 68% of enrollees not utilizing subsidies have a college degree while 53% of subsidy recipients report that they have a college degree.
- Consumers not receiving subsidies are more likely to consider themselves healthy (92%) than subsidy recipients (86%).
- One quarter (26%) of single persons were receiving a government subsidy to help lower the cost of their coverage while only 18% of married persons received subsidies.
- About a quarter of consumers living in urban (26%) and rural (24%) areas received government subsidies while only 17% of people living in the suburbs received subsidies.

#### *Health Insurance vs Cable Television: What Do You Think About More?*

- 93% of survey respondents think more about the cost of health insurance than the cost of cable television; by contrast, among consumers in the general population surveyed in the eHealth/Wakefield Research study, only about two-thirds (63%) think more about the cost of health insurance than the cost of cable.
- Among eHealth shoppers, men (9%) are more likely than women (6%) to think more about the cost of cable than the cost of health insurance.

#### *Giving Up On Treats to Afford Health Insurance*

- Most (54%) survey respondents said they had to give up something (like a daily espresso drink or weekly dinner out) or make other changes to their personal finances in order to afford their health insurance plan.
- Women (60%) were more likely than men (43%) and people living in rural areas (58%) were more likely than suburbanites (52%) to say they had to give up something (like a daily espresso drink or weekly dinner out) or make other changes to their personal finances in order to afford their health insurance plan.

### **Methodology**

eHealth's Coverage Satisfaction Index report is based on a voluntary online survey of eHealth customers. It was conducted between January 16 and January 20, 2015. Responses from a total of 1,562 individual were collected. Subsidy-eligible customers were not specifically targeted in the survey. Data in this report, including data about subsidy-eligible individuals, was based entirely on voluntary self-reporting in the survey and was not independently corroborated by eHealth with data from any source other than the survey responses.

*Notes*

<sup>1</sup> Where general population data is referenced in this report, it is drawn from the eHealth/Wakefield Research Coverage Satisfaction Index survey of the general population, results of which were [published by eHealth on January 22, 2015](#).

<sup>2</sup> eHealth Price Index data from the first half of the 2015 open enrollment period, with comparisons to the first half of the 2014 open enrollment period, can be found in [eHealth's January 15, 2015 press release](#).

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