



Survey: Cost Concerns in the ACA Market

August 2019

Introduction

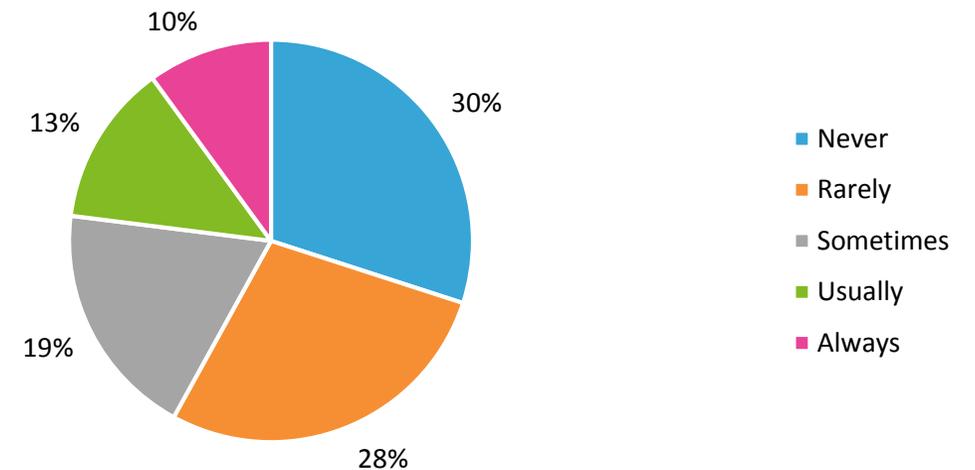
This report is based on a survey exploring consumer sentiments and experiences related to price transparency, surprise medical bills, and health insurance premiums and deductibles, as well as their concerns about the future of health coverage in the United States.

The survey was conducted by eHealth on a voluntary basis in July 2019 and a total of 801 responses were collected. Survey participants purchased ACA-compliant individual or family health insurance plans from eHealth, some with and some without government subsidies.

Most consumers rarely or never get an estimate of their out-of-pocket costs from medical care providers

- More than half (58%) say they are “never” (30%) or “rarely” (28%) given an estimate of their costs.
- 19% say they are sometimes given an estimate.
- Fewer than a quarter (23%) say they are “usually” (13%) or “always” (10%) given an estimate of their costs.

How often are you given an estimate of your costs up front by a medical care provider?



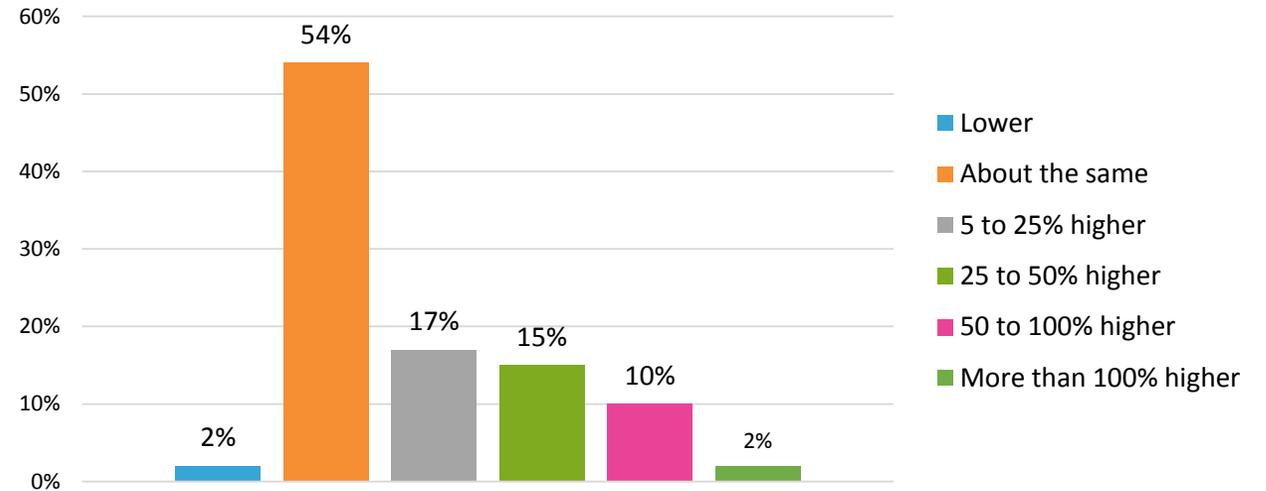
Most who get estimates have to ask for them: 70% of those who received cost estimates from medical care providers had to ask for them; 30% say the cost estimate was provided without asking.

Discussing costs of treatment options: 56% of survey respondents say they have discussed the cost of different treatment options with their doctor. Of these, 65% say the cost information provided by their doctor proved accurate.

More than four in ten (44%) were charged more than their estimate

- Among those given cost estimates, 54% say the estimates were about right.
- 17% say they were charged 5-25% more in the end.
- 15% were charged 25-50% more.
- 10% were charged 50-100% more.
- 2% were charged more than 100% more.

Were your final costs higher or lower than the estimate you were given?



Nearly four in ten received a discount on their final bill: Among those who were charged more for their medical care than their original estimate, 38% say they were not required to pay the full bill in the end. 62% say they did pay the full bill.

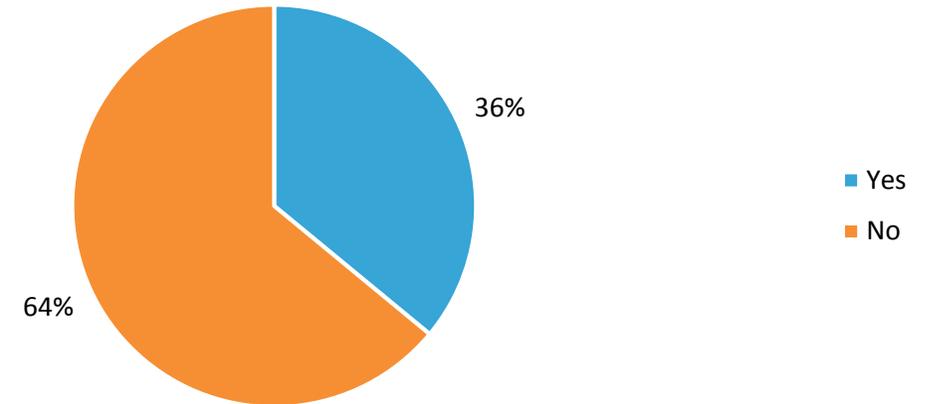
The unsubsidized were more often stuck with the full bill: Consumers not receiving ACA subsidies were required to pay the full bill more often than those receiving subsidies (67% vs. 55%).

Medical providers and insurers helped to reduce final costs: Among those not required to pay the full bill, 47% say the medical provider agreed to accept a lower payment; 35% say their insurer helped to negotiate a lower charge.

More than a third of consumers say they have had to meet their full annual deductible

- 64% of respondents say they have never reached their full annual deductible.
- 36% say they have paid out a full annual deductible at least once.

Have you ever had to pay out your full annual deductible under a health insurance plan?



Few have the savings to pay out their full deductible in an emergency: Two thirds (66%)* of respondents say they have \$4,000 or less in savings; 56% say they have \$2,000 or less in savings.

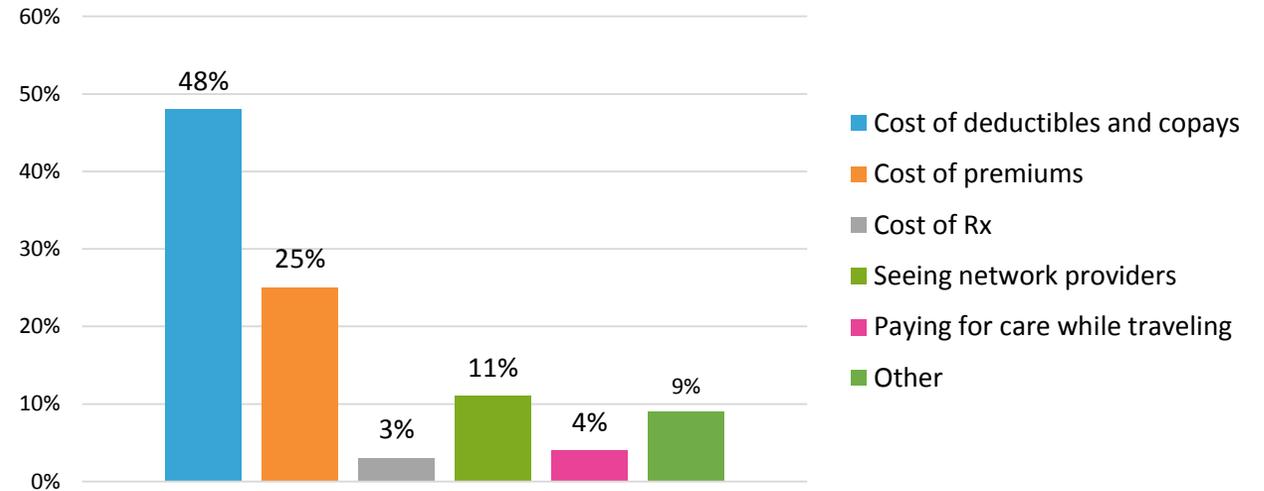
Average deductibles for individuals and families exceed savings: According to eHealth's [Health Insurance Price Index](#) report for the 2019 open enrollment period, unsubsidized eHealth customers selected plans with deductibles averaging \$4,320 for individual coverage and \$8,071 for family coverage.

*Among survey respondents willing to share how much they had in savings.

Cost of deductibles, copays and premiums a top concern for consumers

- 48% say the cost of deductibles and copays worry them most when they need medical care.
- 25% cite the cost of monthly premiums as their top worry.
- 11% say they worry most about having access to network doctors and hospitals.
- 4% worry most about paying for care while traveling.
- 3% worry most about the cost of prescriptions.

When you need medical care, what worries you most?



Subsidized worry more about deductibles and copays: 54% of people accessing ACA subsidies worry most about deductibles and copays, compared to 45% of the unsubsidized.

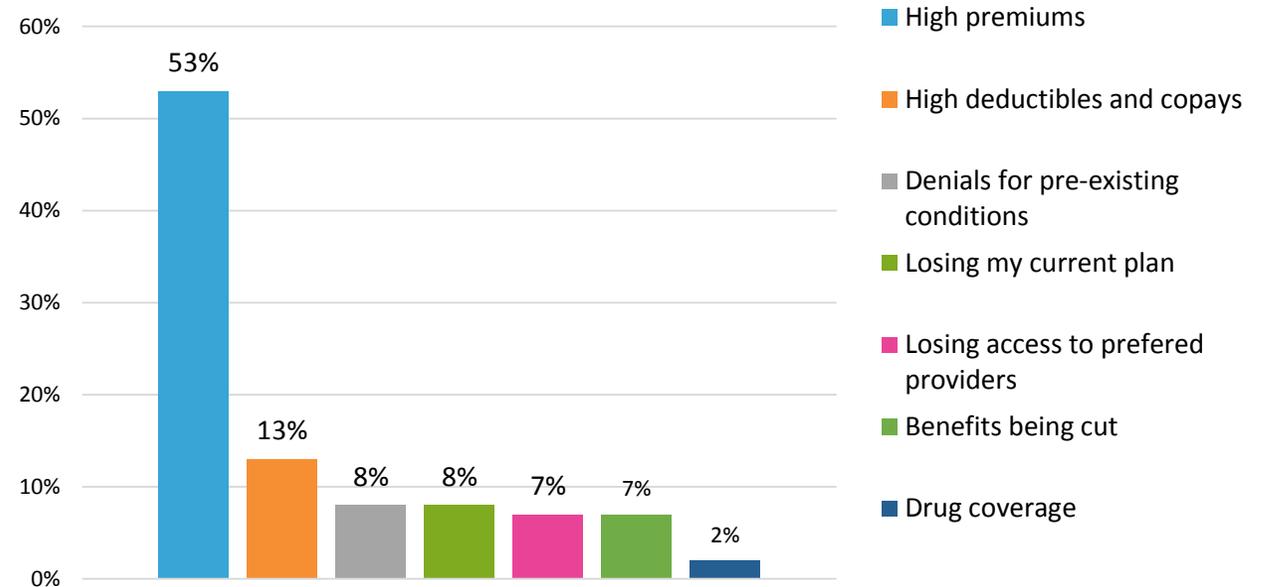
Nearly two thirds have skipped care to save money: 63% of all survey respondents say they have skipped medical care or not filled a prescription in the past due to cost. Women were more likely than men to have skipped care (69% vs. 53%), as were those receiving ACA subsidies (72%) as compared to the unsubsidized (60%).

Most would be willing to seek care in non-medical settings to save money: 75% of respondents say they would be willing to receive medical care at a pharmacy or other non-traditional setting if it reduced their costs.

Cost of premiums are the biggest concern for the future of health insurance in the United States

- 53% worry most about unaffordable premiums.
- 13% worry most about deductibles and copays.
- 8% are most concerned about being denied health insurance for pre-existing medical conditions; an equal number (8%) worry about losing their current health plan.
- 7% cite losing access to preferred medical providers as a top concern; 7% also worry about their benefits being cut.
- 2% worry most about drug coverage.

What worries you most about the future of health insurance?

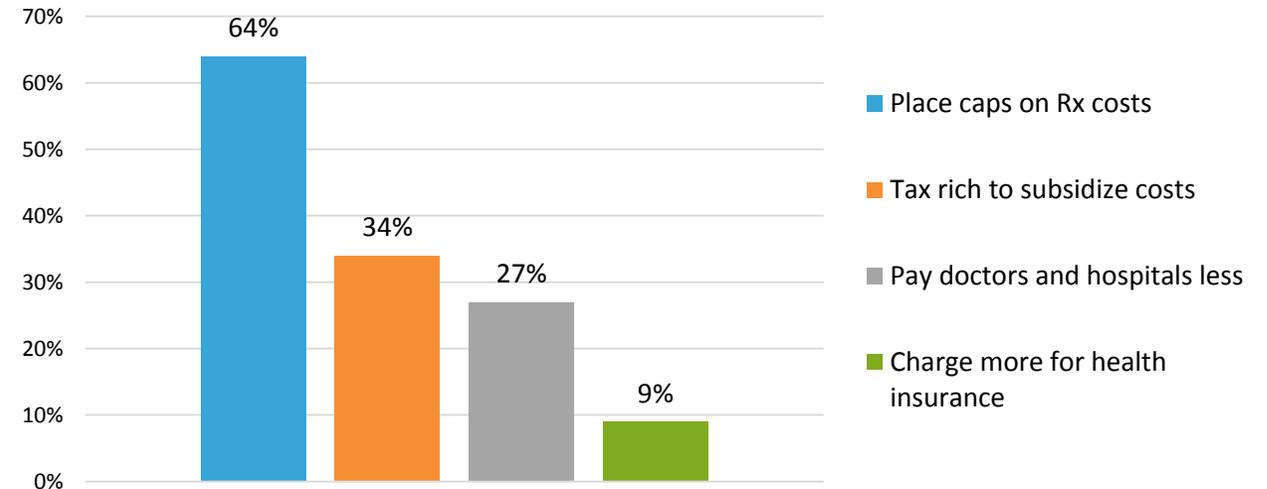


Consumers with subsidized ACA plans more concerned than the unsubsidized about losing coverage: 17% of those currently receiving ACA premium subsidies say they worry about losing their current plan, compared to 4% of the unsubsidized.

A majority want caps on drug costs to bring down cost of care

- 64% of respondents say caps should be placed on drug prices to lower the cost of health care.
- 34% say doctors and hospitals should be paid less.
- 27% say the rich should be taxed more to subsidize the cost of care for others.

What should be done to lower the cost of health care?



Medicare consumers agree with ACA consumers on drug costs: In a [recent survey](#) of Medicare customers, eHealth found that 73% also felt that placing caps on drug costs was the single most important thing to bring down the cost of health care.

ACA subsidy recipients more likely to approve taxing the rich to subsidized care: 42% of subsidy recipients think wealthier Americans should be taxed more to subsidize the cost of health care, compared to 30% of those not receiving subsidies.

Methodology Note

The survey on which this report is based was conducted by eHealth in July 2019 on a voluntary basis. Participants had purchased at eHealth and were currently enrolled in ACA-compliant health insurance plans. A total of 801 responses were collected. Survey respondents were asked to voluntarily identify whether they had received government premiums subsidies.

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