Health Insurers Respond to COVID–19: A Survey
April 2020
Study Overview

This report presents findings from an anonymous survey of leading health insurance companies with whom eHealth has a business relationship, exploring their institutional responses to the COVID-19 coronavirus crisis. The survey ran from March 30 to April 2, 2020. Insurers invited to participate in the survey serve the individual and family and group health insurance markets and collectively insure millions of Americans nationwide. More than half of invitees participated and a total of 33 responses were received. Highlights:

• **Most insurers are waiving coronavirus costs for members** – 97% of insurer respondents say they are waiving out-of-pocket costs for coronavirus testing. Sixty percent are allowing members impacted by the coronavirus to defer premium payments.

• **Few insurers anticipate raising 2021 premiums due to coronavirus** – 83% say they do not anticipate raising rates for 2021 in response to the crisis, while 17% anticipate raising rates no more than 5%. Eighty-seven percent of respondents offering Affordable Care Act (ACA) plans say it is unlikely they will leave the ACA market due to coronavirus.

• **Increased utilization of telemedicine services** – 96% of insurer respondents say they are seeing increased demand for telemedicine services (virtual doctor visits). Eighty-five percent think the coronavirus crisis will drive increased demand for telemedicine benefits into the future.

• **Most expect a spike in medical claims for elective or non-emergency services put off due to the crisis** – 80% of respondents say they expect a spike in such claims when the coronavirus crisis is over. Seventy-three percent of those who anticipate a spike believe it will come within the next 6 to 12 months.
Most insurers are waiving costs both for COVID-19 coronavirus testing and treatment

- 97% of insurer respondents say they are currently waiving out-of-pocket costs for testing for coronavirus.
- At the time of the survey, 58% said they are waiving out-of-pocket costs for treatment of coronavirus.*

Eight in ten are waiving all out-of-pocket costs for treatment, while others are waiving a portion of such costs: Among insurer respondents who say they have waived out-of-pocket costs for treatment of coronavirus, 80% say they have waived all out-of-pocket costs, while 20% say they have waived only a portion of members’ out-of-pocket costs.

Six in ten say they allow members impacted by coronavirus to defer premium payments: 60% of insurer respondents say they offer a premium deferral program for people adversely impacted by the coronavirus crisis.

* Additional health insurance companies have announced they are waiving treatment costs since the survey was conducted.
Few insurers anticipate raising premium rates next year as a result of the coronavirus crisis

- 83% of insurer respondents say they do not anticipate raising rates in 2021 as a result of the crisis.
- 17% say they do anticipate raising rates due to the crisis, but no more than 5% at most.

The coronavirus crisis is not likely to drive many insurers out of the Affordable Care Act (ACA) market: 87% of insurer respondents offering ACA coverage say it is “very unlikely” they will leave the ACA market as a result of the coronavirus crisis; 13% say it is a toss up (“neither likely nor unlikely”).
The COVID-19 coronavirus crisis is driving increased utilization of virtual doctor visits

- 96% say they have seen an increase in member utilization of telemedicine benefits since the beginning of the crisis.
- 4% say they have seen no increase in utilization of telemedicine.

How insurers are encouraging consumers to make use of their telemedicine benefits: All insurer respondents indicated they are actively encouraging members to make use of their telemedicine benefits; they report they are doing so through direct communications with members, social media campaigns, and in some cases by waiving copays associated with telemedicine services.

Most insurers predict greater utilization of telemedicine services in the future: 85% of respondents say they believe the coronavirus crisis will drive increased consumer demand for telemedicine services in the future.
A third of insurers say they have seen an increase in utilization of mental health benefits by members since the beginning of the coronavirus crisis

- 33% say member utilization of mental health benefits has increased.
- 66% say they have seen no change in use of mental health benefits.

**Have you seen an increase in utilization of mental health benefits?**

- Yes: 33%
- No: 66%

**Many members are able to access mental health care from home:** 82% of insurer respondents say they offer members access to mental health care through their telemedicine services.
Most insurers anticipate a spike in medical claims for elective or non-emergency services that may have been put off due to the crisis

- 80% say they expect a spike in such claims when the coronavirus crisis is over.
- 20% do not anticipate such a spike in future claims.

Most expect a spike in elective and non-emergency care within a year: 73% of insurer respondents who anticipate a spike in such claims believe it will come within the next 6-12 months.
Methodology Note
The findings detailed in this report are based on a survey of health insurance companies with whom eHealth has a business relationship. The survey ran from March 30 through April 2, 2020. Insurers invited to participate in the survey serve the individual and family and group health insurance markets and collectively insure millions of Americans nationwide. More than half of invitees participated and a total of 33 responses were received.
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