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Availability, Contributions, Account Balances, and Rollovers in Account-Based Health Plans

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Abstract

This paper presents findings from the 2008 EBRI Consumer Engagement in Health Care Survey and the 2006 and 2007 EBRI/Commonwealth Fund Consumerism in Health Care Surveys. It examines the availability of HRA and HSA-eligible plans (so-called consumer-driven health plans or CDHPs), as well as employer and individual contribution behavior, time enrolled in such plans, account balances, and rollover behavior.

In 2008, 3 percent of the adult population with private health insurance was enrolled in a health reimbursement account (HRA) or had a high-deductible plan with a health savings account (HSA). An additional 3.6 percent were eligible for an HSA but did not have such an account. Overall, 6.6 percent of adults with private insurance were either in a consumer-driven health plan (CDHP) or were in a high-deductible plan that was eligible for an HSA, but had not opened an account.

Workers with employee-only coverage and an employer contribution have seen their annual employer contributions increase, and a majority of workers with family coverage receive a contribution of \$1,000 or more. The percentage of individuals with employee-only coverage contributing nothing to an HSA was 19 percent in 2008. Persons both with and without health problems are about equally likely to contribute to an HSA, and their contribution levels are about the same.

The amount of money that individuals have accumulated in their accounts has grown. The percentage of individuals reporting that they had nothing in their account declined from 14 percent in 2006 to 9 percent in 2008. The percentage of individuals reporting an account balance of at least \$1,000 increased from 25 percent in 2006 to 44 percent in 2007, and remained at 43 percent in 2008. The percentage of persons reporting no rollover fell from 23 percent to 16 percent between 2006 and 2008. The percentage reporting a rollover of \$1,500 or more increased from 13 percent in 2006 to 27 percent in 2008.

Keywords: Account-based health plans, Consumer-driven health care, Employment-based benefits, Health savings accounts (HSAs)

JEL Classification: I1, J32

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15 References

- employers started to focus on value-based insurance designs that seek to encourage the use of high-value services while discouraging the use of services when the benefits are not justified by the costs

2002, there was interest in tiered provider networks (see Paul Fronstin , p. 195 - 203 Posted: 2003-08

- The 2nd Annual EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2006: Early Experience With High-Deductible and Consumer-Driven Health Plans

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