

# How Consumers Shop for Health Insurance: Lessons for Exchange Designers

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May 14, 2012

**Consumers Union**  
POLICY & ACTION FROM  
CONSUMER REPORTS

## Yes, THAT *Consumer Reports*

The collage features three main elements:

- Magazine Cover:** A cover of Consumer Reports magazine with the headline "Best & worst cell phone deals" and sub-headlines like "Top carriers", "Best phones", and "Contract traps to avoid".
- Technician:** A photograph of a person in a blue uniform working on a car's engine compartment.
- Reliability History Chart:** A grid titled "Reliability History - Toyota Prius" showing performance from 2010 to 2008. The chart uses icons: a red circle with a white dot for "worse" and a white circle with a black dot for "better".

	10	01	02	03	04	05	06	07	08
Drive System	-	-	●	●	●	●	●	●	●
Fuel System	-	-	○	○	○	○	○	○	○
Engine Minor	-	-	●	●	●	●	●	●	●
Electrical System	-	-	●	○	○	○	○	○	○
Used Car Prediction	-	-	●	●	●	●	●	●	●

## An Empowered Consumer Is Central to Realizing the Goals of the ACA

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To successfully attract consumers, manage their expectations, and allow them to make a meaningful choice among health plan options, Exchange designers must start with a nuanced understanding of how consumers actually shop for health insurance.

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## Three CU studies revealed how consumers really shop

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Study Examined:	When:	Locations: Mid-sized cities in...
Pages 1-4 of new health insurance disclosure	Sept-Oct 2010	IA, NH, CA, OH
"Coverage Facts Label" (pages 5-6)	May 2011	MO, NY
Actuarial Value Concepts	May 2011	CO, MD

*Participants were evenly divided between men/women; uninsured/insured (non-group). A variety of education levels, ages (26-64), and race/ethnic background, and prior familiarity with health insurance.*

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# Sample Page from New Form

**Insurance Company 1: Plan Option 1** Coverage Period: 01/01/2013 – 12/31/2013  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs** Coverage for: Individual + Spouse | Plan Type: PPO

**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.\[insert\]](#) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="#">www.[insert].com</a> or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.

Questions: Call 1-800-[insert] or visit us at [www.\[insert\].com](#).  
 If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](#) or call 1-800-[insert] to request a copy.

OMB Control Number 1545-0047  
1210-0147 and 0938-1146 **1 of 8**

## Lesson #1:

Abandon the image of a careful shopper capable of weighing the myriad costs and benefits of their health insurance options



## Lesson #2: Consumers Dread Shopping for Health Insurance

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*I think medical insurance is probably one of the hardest things for me that I shop for. And I think it's one of the hardest things to figure out what's covered.*

*-quote from CU report: **Early Consumer Testing of New Health Insurance Disclosure Forms** (Dec 2010)*

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## Lesson #3: Consumers Doubt the Value/Purpose of Health Insurance

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- Many view health insurance as pre-paid health care, rather than insurance.
- Doesn't seem like a good value if they don't expect to use much health care next year

**Note:** This is different from the notion that "I'm young and invincible." Rests on a skewed notion of what insurance *is*.

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## **Lesson #4: Consumers Want a Good “Value”**

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Universal concerns:

- What’s covered?
- How much is it going to cost me?

Sometimes:

- Is my doctor in the plan?
- Does this plan have good quality providers?

Consumers don’t want the lowest cost plan, they want the best value plan they can afford.

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## **Lesson #5: Consumers Can’t Calculate Value**

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Consumers can not use traditional health plan materials to figure out the key health plan features they care about.

There are myriad reasons but essentially:

- Health plans are complex contracts
  - The cognitive load is overwhelming
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## Lesson #6: Consumers are confused by cost-sharing terms

This is the area of greatest confusion.

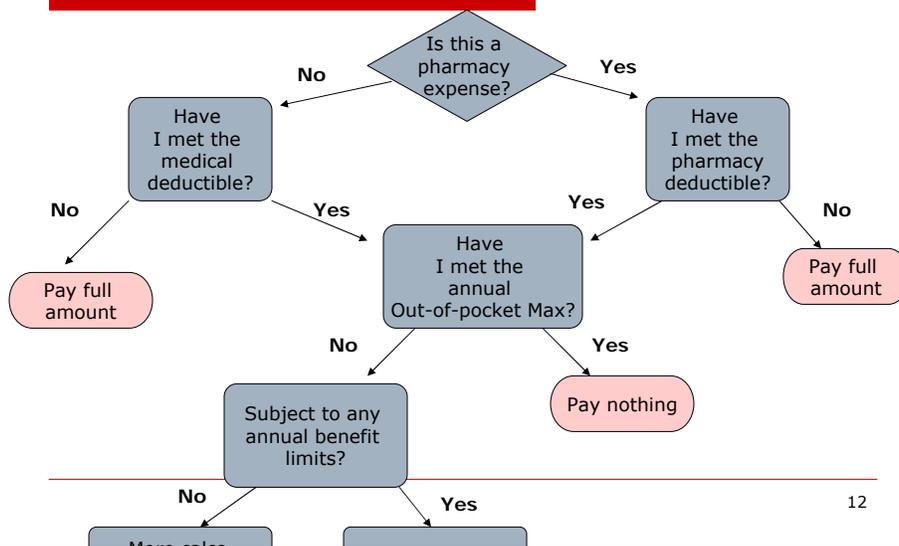
Consumers don't know the vocabulary: deductible, coinsurance, benefit maximum, allowed amount, out-of-pocket maximum.

Consumers don't understand the concepts:

Note that these complex concepts must often be combined to derive patient costs for services (do copays count towards the deductible? do they count towards the out-of-pocket maximum?)

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## Sophisticated computation skills are required



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## Which would you choose?

<b>Health Plan A</b>	or	<b>Health Plan B</b>
Terms: εκπεστέου είναι \$4.000· η μητρότητα δεν είναι καλύπτονται		Terms: εκπεστέου είναι \$1,000 7 μητρότητα έχει \$5.000 όφελος όριο

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## Lesson #7: Some medical coverage terms are also confusing

- What is the difference between primary and preventive care?
- What are specialty drugs?
- How does a diagnostic test differ from a screening?

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## Lesson #8: Consumers need a “mental map” to navigate a complex topic like insurance

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- If this “map” or framework is missing, decision aids like glossaries or well-designed disclosures can do little to help consumers—there is nothing for them to attach the information to.
- If they have prior experience with health insurance, consumers view new information through that lens. *Example: Copays counted towards the deductible in my old plan so this plan probably works the same way.*

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## If they don't have prior experience with health insurance...

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... consumers will use other experiences – like car insurance.

*Moderator: So let's say [you] had a really bad year and you had two accidents... you think each time you're going to have to pay that deductible?*

*Participant: Yeah, because it's just like an accident in a car. If I crash my car 10 times I [would have to keep paying the deductible] ...it'll be a loss for the insurance company just having a one-time deductible.*

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## **Lesson #9: Providing clarity is insufficient; information must also be trusted**

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- Trust levels are very low for health insurers. Even when consumers have a good grasp of the information in front of them, they often don't trust their analysis. Participants told us they worry about the "fine print" because health insurers are "tricky."
- If consumers don't trust the information, they won't use it.**

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## **Failure to Address Consumer Confusion has Grave Consequences**

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- Consumers find themselves underinsured, too often leading to medical bankruptcy
- Under-insured consumers act like uninsured consumers – they delay getting care
- Inability to effectively compare plans undermines the health plan marketplace
- Strains customer help lines

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## Sidebar: Findings from Consumer Behavior Research

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Consumers have a finite capacity to process information.

When the cognitive load is too great, it causes stress and dread. Consumer may avoid the task.

Consumer will take cognitive short-cuts, looking for a way to simplify the task (for example, shopping by brand.)

Valuable options may be incorrectly eliminated when consumers proceed this way.

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*See, for example, Botti and Iyengar, The Dark Side of Choice: When Choice Impairs Social Welfare, 2006.*

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## Helping Consumers Shop for Coverage

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- Assume consumers will use cognitive short-cuts to “get through” the task of shopping for coverage.
  - Exchanges should provide short-cuts to help consumers to make an informed choice:
    - Strong measures of network adequacy
    - Actuarial Value Tiers
    - Coverage Facts Labels
    - Other summary measures of coverage
- 

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## Helping Consumers Shop for Coverage, con't

- ❑ Convey the value and purpose of insurance in a compelling way
- ❑ Provide health insurance education using a multi-layered, "just-in-time" approach
- ❑ Showing what the plan would pay for a serious illness improves consumer clarity and provides a cognitive short cut

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Coverage Examples		Coverage for: Individual + Spouse   Plan Type: PPC																																																																																					
<p><b>About these Coverage Examples:</b></p> <p>These examples show how this plan might cover medical care in three situations. Use these examples to see, in general, how much insurance protection you might get from different plans.</p> <div style="border: 1px solid blue; padding: 5px; margin-top: 10px;"> <p> <b>This is not a cost estimator.</b></p> <p>Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.</p> <p>See the next page for important information about these examples.</p> </div>	<p><b>Having a baby</b> (normal delivery)</p> <ul style="list-style-type: none"> <li>■ Amount owed to providers: \$10,000</li> <li>■ Plan pays \$0</li> <li>■ You pay \$10,000 (maternity is not covered, so you pay 100%)</li> </ul> <p><b>Sample care costs:</b></p> <table border="1"> <tr><td>First office visit</td><td>\$100</td></tr> <tr><td>Radiology</td><td>\$300</td></tr> <tr><td>Laboratory tests</td><td>\$200</td></tr> <tr><td>Routine obstetric care</td><td>\$2,000</td></tr> <tr><td>Hospital charges (mother)</td><td>\$4,100</td></tr> <tr><td>Hospital charges (baby)</td><td>\$1,900</td></tr> <tr><td>Anesthesia</td><td>\$1,000</td></tr> <tr><td>Circumcision</td><td>\$200</td></tr> <tr><td>Vaccines, other preventive</td><td>\$200</td></tr> <tr><td><b>Total</b></td><td><b>\$10,000</b></td></tr> </table> <p><b>You pay:</b></p> <table border="1"> <tr><td>Deductibles</td><td>\$0</td></tr> <tr><td>Co-pays</td><td>\$0</td></tr> <tr><td>Co-insurance</td><td>\$0</td></tr> <tr><td>Limits or exclusions</td><td>\$10,000</td></tr> <tr><td><b>Total</b></td><td><b>\$10,000</b></td></tr> </table>	First office visit	\$100	Radiology	\$300	Laboratory tests	\$200	Routine obstetric care	\$2,000	Hospital charges (mother)	\$4,100	Hospital charges (baby)	\$1,900	Anesthesia	\$1,000	Circumcision	\$200	Vaccines, other preventive	\$200	<b>Total</b>	<b>\$10,000</b>	Deductibles	\$0	Co-pays	\$0	Co-insurance	\$0	Limits or exclusions	\$10,000	<b>Total</b>	<b>\$10,000</b>	<p><b>Treating breast cancer</b> (lumpectomy, chemotherapy, radiation)</p> <ul style="list-style-type: none"> <li>■ Amount owed to providers: \$98,000</li> <li>■ Plan pays \$94,800</li> <li>■ You pay \$3,200</li> </ul> <p><b>Sample care costs:</b></p> <table border="1"> <tr><td>Office visits &amp; procedures</td><td>\$4,000</td></tr> <tr><td>Radiology</td><td>\$4,000</td></tr> <tr><td>Laboratory tests</td><td>\$2,400</td></tr> <tr><td>Hospital charges</td><td>\$3,300</td></tr> <tr><td>Inpatient medical care</td><td>\$200</td></tr> <tr><td>Outpatient surgery</td><td>\$3,400</td></tr> <tr><td>Chemotherapy</td><td>\$64,000</td></tr> <tr><td>Radiation therapy</td><td>\$13,000</td></tr> <tr><td>Prostheses (wig)</td><td>\$500</td></tr> <tr><td>Pharmacy</td><td>\$2,000</td></tr> <tr><td>Mental health</td><td>\$1,200</td></tr> <tr><td><b>Total</b></td><td><b>\$98,000</b></td></tr> </table> <p><b>You pay:</b></p> <table border="1"> <tr><td>Deductibles</td><td>\$2,500</td></tr> <tr><td>Co-pays</td><td>\$200</td></tr> <tr><td>Co-insurance</td><td>\$0</td></tr> <tr><td>Limits or exclusions</td><td>\$500</td></tr> <tr><td><b>Total</b></td><td><b>\$3,200</b></td></tr> </table>	Office visits & procedures	\$4,000	Radiology	\$4,000	Laboratory tests	\$2,400	Hospital charges	\$3,300	Inpatient medical care	\$200	Outpatient surgery	\$3,400	Chemotherapy	\$64,000	Radiation therapy	\$13,000	Prostheses (wig)	\$500	Pharmacy	\$2,000	Mental health	\$1,200	<b>Total</b>	<b>\$98,000</b>	Deductibles	\$2,500	Co-pays	\$200	Co-insurance	\$0	Limits or exclusions	\$500	<b>Total</b>	<b>\$3,200</b>	<p><b>Managing diabetes</b> (routine maintenance of existing condition)</p> <ul style="list-style-type: none"> <li>■ Amount owed to providers: \$7,800</li> <li>■ Plan pays \$6,800</li> <li>■ You pay \$1,000</li> </ul> <p><b>Sample care costs:</b></p> <table border="1"> <tr><td>Office visits &amp; procedures</td><td>\$960</td></tr> <tr><td>Laboratory tests</td><td>\$300</td></tr> <tr><td>Medical equipment &amp; supplies</td><td>\$40</td></tr> <tr><td>Pharmacy</td><td>\$6,500</td></tr> <tr><td><b>Total</b></td><td><b>\$7,800</b></td></tr> </table> <p><b>You pay:</b></p> <table border="1"> <tr><td>Deductibles</td><td>\$300</td></tr> <tr><td>Co-pays</td><td>\$260</td></tr> <tr><td>Co-insurance</td><td>\$400</td></tr> <tr><td>Limits or exclusions</td><td>\$40</td></tr> <tr><td><b>Total</b></td><td><b>\$1,000</b></td></tr> </table>	Office visits & procedures	\$960	Laboratory tests	\$300	Medical equipment & supplies	\$40	Pharmacy	\$6,500	<b>Total</b>	<b>\$7,800</b>	Deductibles	\$300	Co-pays	\$260	Co-insurance	\$400	Limits or exclusions	\$40	<b>Total</b>	<b>\$1,000</b>
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## A Movie Break...

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## Helping Consumers Shop for Coverage, con't

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- Provide health insurance education using a multi-layered, "just-in-time" approach
  - Roll-over explanations
  - Very short videos (accommodates different learning styles)
  - Access to live assistance
  - Consumer test everything!
  - Realize that we have a lot more to learn about how to improve consumer's health insurance literacy

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up/down to sort the associated column.

Use Filters | Print Your Plan Comparison Report | Plan Brochures

Sample screen shot from Center for the Study of Services / Consumers' CHECKBOOK Health Plan Chooser tool. Used with permission.

Estimated Average Yearly Costs \$0 - \$7210  
 Deductible \$0 - \$4000  
 Most You Can Pay \$0 - \$27880  
 Yearly Premium Minus Assistance \$1615 - \$6115

Summary Cost Comparison Cost Sharing Coverage Features Vision/Dental/Hearing Plan Flexibility Quality Quality Enh

Showing 15 of 22 Plans

Select to compare	Plan Name	Plan Type	Tier	Estimated Average Yearly Cost for Families Like Yours			Most You Could Pay in a Year	Overall Quality Score - (Personalize Here)	Doctor
				Yearly Premium Minus Any Government Assistance	Health-Care Costs YOU Pay	Combined Total Cost			
<input type="checkbox"/>	APWU CDHP	CDHP	Silver	\$1,615	\$385	\$2,000	\$9,340	★★★★	Napoli
<input type="checkbox"/>	Aetna HealthFund HDHP	HDHP	Silver	\$1,655	\$835	\$2,490	\$8,150	★★★	Napoli
<input type="checkbox"/>	GEHA HDHP	HDHP	Silver	\$1,836	\$764	\$2,600	\$10,930	★★★★	Dr. Na
<input type="checkbox"/>	Kaiser-Std	HMO	Bronze	\$1,662	\$1,338	\$3,000	\$10,570	★★★★★	Unk
<input type="checkbox"/>	Aetna HealthFund CDHP	CDHP	Silver	\$2,982	\$39	\$3,020	\$10,650	★★★	Napoli
<input type="checkbox"/>	Mail Handlers HDHP	HDHP	Silver	\$2,104	\$976	\$3,080	\$10,450	★	Napoli
<input type="checkbox"/>	CareFirst BlueChoice-Hi	HMO	Bronze	\$2,593	\$1,107	\$3,700	\$9,000	★★	Napoli
<input type="checkbox"/>	Aetna Open Access-Basic	HMO	Bronze	\$2,345	\$1,365	\$3,710	\$12,010	★★★	Napoli
<input type="checkbox"/>	Kaiser-Hi	HMO	Bronze	\$2,961	\$889	\$3,850	\$8,770	★★★★★	Dr. Na

Point your mouse at this symbol you need additional explanation. Click on for Video explanation. Click on up/down to sort the associated column.

Use Filters | Print Your Plan Comparison Report | Plan Brochures | \$

Sample screen shot from Center for the Study of Services / Consumers' CHECKBOOK Health Plan Chooser tool. Used with permission.

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<input type="checkbox"/>	APWU CDHP	CDHP	Silver	\$1,615	\$385	\$2,000	\$9,340	★★★★	Napolitan
<input type="checkbox"/>	Mail Handlers-Value	PPO-FEE	Gold	\$1,642	\$3,159	\$4,800	\$27,880 ⚠	★	Napolitan
<input type="checkbox"/>	Aetna HealthFund HDHP	HDHP	Silver	\$1,655	\$835	\$2,490	\$8,150	★★★	Napolitan
<input type="checkbox"/>	Kaiser-Std	HMO	Bronze	\$1,662	\$1,338	\$3,000	\$10,570	★★★★★	Unk
<input type="checkbox"/>	GEHA-Std	PPO-FEE	Gold	\$1,695	\$2,365	\$4,060	\$15,340	★★★★★	Napolitan
<input type="checkbox"/>	GEHA HDHP	HDHP	Silver	\$1,836	\$764	\$2,600	\$10,930	★★★★	Dr. Name
<input type="checkbox"/>	Mail Handlers HDHP	HDHP	Silver	\$2,104	\$976	\$3,080	\$10,450	★	Napolitan
<input type="checkbox"/>	Blue Cross-Basic	PPO	Gold	\$2,298	\$1,622	\$3,920	\$7,280	★★★★	Dr. Name

**CONSUMERS' CHECKBOOK** State Exchange Health Plan Comparison Tool Explains & A

**See Details of Plan Quality Ratings and Personalize for What Matters to You**

By clicking the topics listed below, you can see details on measures of plan quality. By moving the slider bars, you can personalize the tool so that you get a personalized Overall Quality Score for each plan. [Learn more about our methods](#)

**Sample screen shot from Center for the Study of Services / Consumers' CHECKBOOK Health Plan Chooser tool. Used with permission.**

[Go to Main Plan Comparison Table](#) | [Plan Brochures](#) | [Search](#)

Summary | Cost Comparison | Cost Sharing | Coverage Features | Vision/Dental/Hearing | Plan Flexibility | **Quality** | Quality Enhanced

Move slider to show what's important to you. Click any topic below to see details.

Not important	Slider	Very Important
50	<input type="range"/>	What members say about the quality of care
50	<input type="range"/>	Quality and availability of doctors and other providers
50	<input type="range"/>	What members say about being able to get needed care and get it quickly
50	<input type="range"/>	Coordination of care among doctors, hospitals, and other providers
50	<input type="range"/>	Help for members to learn about and choose treatment options
50	<input type="range"/>	Customer service and claims handling
50	<input type="range"/>	Information plan gives members to help them keep out-of-pocket costs down
50	<input type="range"/>	Overall rating of plan by surveyed members
50	<input type="range"/>	Members get the tests and treatments they should for <b>diabetes</b>
50	<input type="range"/>	Members get the tests and treatments they should for <b>heart disease</b>
50	<input type="range"/>	Members get the tests and treatments they should for <b>cancer</b>
50	<input type="range"/>	Members get the tests and treatments they should for <b>back pain</b>
50	<input type="range"/>	Members get the tests and treatments they should for <b>respiratory conditions, asthma, sore thro</b>
50	<input type="range"/>	Members get the tests and treatments they should for <b>mental health</b>
50	<input type="range"/>	Members get the tests and treatments they should for <b>maternity and childbirth</b>
50	<input type="range"/>	Members get the tests and treatments they should for <b>childhood immunizations</b>

Click on "Submit" to see your cost and quality results with your personalized overall plan score.

[★ Always read our Key Tips & Final Plan Selection](#)

## Helping Consumers Shop for Coverage, con't

- Avoid jargon (allowed amount, benefit limit, preferred/non-preferred etc.) Use terms that are familiar to most consumers. Substitute terms will have to be tested.
- Avoid percentages.

## Helping Consumers Shop for Coverage, con't

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### Provide a manageable number of choices.

- Provide “good” (vetted) choices
- Provide great “choice architecture” to help consumers navigate these choices
- Even Better: reduce the number of features that can vary between plans (Massachusetts)

The research is very clear: Given the cognitive difficulty of evaluating their choices, consumers don't want an unlimited number of health insurance choices.

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## Helping Consumers Shop for Coverage, con't

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- Cultivate an image as a trusted source for information
- Manage consumer expectations – don't oversell
- Partner with trusted entities
- Merit consumer trust:
  - vet health plans well,
  - strive for stability in offerings
  - invest in good communications,
  - test communications with consumers, and
  - engage in these activities over the long run

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## Could Actuarial Value Measures Help Consumers?

Actuarial Value is a measure of the financial protection provided by a health plan.

### ACTUARIAL VALUE

Medical Spending **Paid By Health Plan**, for a defined set of services, across a standard population

All Medical Spending, for a defined set of services, across a standard population

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## What “actuarial value” is not

- ❑ A predictor of what out-of-pocket costs will be for any individual
- ❑ A precise measure of the extent of coverage under a health plan – different plan designs can achieve the same AV:

	Plan 1	Plan 2
Actuarial Value	70%	70%
Deductible	\$1,500	\$1,900
Max Out-of-Pocket	\$5,950	\$2,975

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## The 2014 ACA reforms rely heavily on Actuarial Value Concepts

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Individual and Small Group Plans arrayed into "Metal" tiers:

Metal Tier	Actuarial Value Target	
Platinum	90%	More Coverage
Gold	80%	
Silver	70%	
Bronze	60%	Less Coverage

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## Testing Results: is it useful to provide Actuarial Value to consumers?

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- Metal Tiers – yes
- Absolute Amount of Actuarial Value - maybe:
  - Addresses a big need identified by consumers (value)
  - Only "conventional" variations tested. Study provides direction for what a consumer-friendly version might look like.
  - Better versions should be tested.
  - Actuarial value is unfamiliar, but other disclosures indicate that consumers can learn.

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Consumers can learn to use sophisticated numeric benchmarks..

**ENERGY STAR**  
Based on standard U.S. Government tests  
Refrigerator-Freezer  
With Automatic Defrost  
With Side-Mounted Freezer  
With Through-the-Door  
Compare the  
with  
Energy use (kWh)  
Uses Least  
Energy  
617  
kWh/year (kilowatt-hour)  
Your daily company uses  
cubic feet and the above  
Refrigerators using refrigerators  
This model's estimated yearly operating cost  
\$53  
Based on a 2011 U.S. Government national average cost of 8.2  
actual operating cost will vary depending on your local utility rate  
See the FREE Fuel Economy Guide at dealers

**EPA Fuel Economy Estimates**

Could actuarial value become a widely understood benchmark?

Daily Value*	
	18%
	15%
	10%
	20%
g	10%
	0%

Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

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## What About Quality Measures?

Shopping for coverage is the gateway to quality information:

- Provider quality
- Plan quality
- Value determinations that weigh quality measures against other health plan information
- If gathering information about coverage (highest priority) is too difficult, even well designed quality measures may be ignored

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## Things to note

- ❑ Coverage concerns trump quality concerns
- ❑ Provider quality measures trump plan quality measures
- ❑ Consumers look to provider quality information not necessarily to optimize care, but to avoid the risks associated with below-average care

Source for last bullet: **Improving Quality Health Care: The Role of Consumer Engagement**, October 2007

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## Thank you!

Please email  
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any questions:

lquincy "at" consumer.org



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# Bibliography

## Guide to SBC Testing Studies

Study Topic	When	Whose Study	Link to study
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		AHIP	<a href="http://www.naic.org/documents/committees_b_consumer_information_101012_ahip_focus_group_summary.pdf">http://www.naic.org/documents/committees_b_consumer_information_101012_ahip_focus_group_summary.pdf</a>
"Coverage Facts Label" (pages 5-6)	May 2011	CU	<a href="http://prescriptionforchange.org/wordpress/wp-content/uploads/2011/08/A_New_Way_of_Comparing_Health_Insurance.pdf">http://prescriptionforchange.org/wordpress/wp-content/uploads/2011/08/A_New_Way_of_Comparing_Health_Insurance.pdf</a>
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