

# Consumer Decisions on Health Insurance Exchanges

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# Consumer Decisions on HIX

Price Sensitivity: Varies by Age

Standardization and Plan Generosity

Valuing (and Observing?) Networks

Renewal Decisions and Defaults

# Learning from Pre-ACA HIX



- Massachusetts HIX
- Result of state reform
- Guaranteed issue, modified community rating
- 2007-2013: no risk adjustment, no subsidies (separate subsidized plans)



**Medicare.gov**  
The Official U.S. Government Site for Medicare

- Medicare Part D
- Rx drug insurance for elderly, 2006+
- Guaranteed issue, community rating
- Risk adjustment, subsidies

# Consumer Price Sensitivity on Mass. HIX

- How do consumers substitute among plans when insurers raise premiums?
  - Determines how insurers set price markups
- Result: big gain to being the cheapest plan
  - Equivalent to \$300-\$550/year premium decrease
    - Consistent with heuristic “choose the cheapest”; cheapest plan is listed first
  - Competition at bottom of the market may be quite different from top of the market

# Consumer Price Sensitivity on Mass. HIX

- Over/under age 45: older half as price sensitive
  - ... because sicker, richer, or relationship w/doctor
  - Result: insurers want higher markups for older
- Limiting age-based pricing links prices of old/young
  - Leads to transfers from young to old
  - Also lowers insurers profits by  $\approx \$300$  pp/year
    - Why? Insurers price to *marginal* consumer, who is young and inexpensive
  - Raises consumer surplus by  $\approx \$600$  pp/year

# Standardization and Plan Generosity

- Arranging plans in tiers helps consumer compare
  - Non-neutral names: “gold” is a recommendation
- Hard to compare within tier
  - Is a \$250 increase in deductible worth a 5% decrease in coinsurance?
- Massachusetts, 2010: Standardized cost sharing parameters within tier

# Choice Process: Pre-Standardization

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✓ [Step 1: Eligibility](#)
 ✓ [Step 2: Provide information](#)
 ✓ [Step 3: Choose type of plan](#)

[Step 4: Compare plans](#)
[Step 5: Confirm your plan](#)
[Step 6: Enroll](#)

## Find Insurance: *Individuals & Families*

### STEP 4 OF 6 - COMPARE PLANS (OVERVIEW)

Click "View Plan" to see details. You can also compare up to 3 plans at a time. Check the box next to the plans you want to compare. Then click "Compare Selected Plans."

Compare Selected Plans

Tier	Plan	Premium* <sup>?</sup>	Deductible <sup>?</sup>	Co-Payments <sup>?</sup>			Hospital Stay <sup>?</sup>	Doctors You Can See <sup>?</sup>	Choose Plan
				Doctor	RX	ER			
<b>B</b>	<input checked="" type="checkbox"/> <b>Fallon Community Health Plan</b> FCHP Direct Care	<b>\$586.00</b>	\$2,000/\$4,000	\$25	\$15 / \$50 / \$100	\$200	\$500 per admission after deductible	<a href="#">Find Doctor</a>	<a href="#">View Plan</a>
<b>B</b>	<input type="checkbox"/> <b>Neighborhood Health Plan</b> NHPThree Select	<b>\$636.22</b>	\$2,000/\$4,000	\$25	\$15 after Rx deductible / 50% co-insurance after Rx deductible / 50% co-insurance after Rx deductible	\$100 after deductible	20% co-insurance after deductible	<a href="#">Find Doctor</a>	<a href="#">View Plan</a>
<b>B</b>	<input type="checkbox"/> <b>Harvard Pilgrim Health Care</b> Harvard Pilgrim Core Coverage 1750	<b>\$641.71</b>	\$1,750/\$3,500	\$25 copay up to 3 medical care office visits per individual (or 6 per family); next visits are subject to the deductible; then 20% co-insurance thereafter	\$15 / 50% co-insurance after Rx deductible / 50% co-insurance after Rx deductible	\$250	20% co-insurance after deductible	<a href="#">Find Doctor</a>	<a href="#">View Plan</a>
<b>B</b>	<input type="checkbox"/> <b>Fallon Community Health Plan</b> FCHP Select Care	<b>\$676.00</b>	\$2,000/\$4,000	\$25	\$15 / \$50 / \$100	\$200	\$500 per admission after deductible	<a href="#">Find Doctor</a>	<a href="#">View Plan</a>
<b>B</b>	<input type="checkbox"/> <b>Tufts Health Plan</b> Advantage HMO Select 2000 <span style="color: red;">(Limited choice of doctors &amp; hospitals)</span>	<b>\$676.73</b>	\$2,000/\$4,000	\$40	\$20 after Rx deductible / \$50 after Rx deductible / \$75 after Rx deductible	\$200	\$0 after deductible	<a href="#">Find Doctor</a>	<a href="#">View Plan</a>
<b>B</b>	<input type="checkbox"/> <b>Blue Cross Blue Shield of Massachusetts</b> HMO Blue Basic Value	<b>\$689.15</b>	\$250 per plan year/\$500 per plan year	\$25	\$15 / 50% co-insurance after Rx deductible / 50% co-insurance after Rx deductible	\$200	35% co-insurance after deductible	<a href="#">Find Doctor</a>	<a href="#">View Plan</a>
<b>S</b>	<input type="checkbox"/> <b>Tufts Health Plan</b> Advantage HMO Select 750 <span style="color: red;">(Limited choice of doctors &amp; hospitals)</span>	<b>\$810.93</b>	\$750/\$1,500	\$15	\$10 after Rx deductible / \$30 after Rx deductible / \$45 after Rx deductible	\$200	\$0 after deductible	<a href="#">Find Doctor</a>	<a href="#">View Plan</a>

# Choice Process: Post-Standardization

## You've selected

### Benefits package

- ☒ Bronze
- ☒ Silver
- ☒ Gold

### Narrow by provider

#### [Search for your doctor...](#)

Only show plans that include your doctor, nurse practitioner, hospital or health center.

### Narrow by monthly cost

- [Less than \\$300](#) (5)
- [\\$301 - \\$400](#) (12)
- [\\$401 - \\$500](#) (17)
- [\\$501 - \\$600](#) (8)
- [\\$601 - \\$700](#) (2)
- [Greater than \\$700](#) (3)

### Narrow by insurance carrier

- [BMC HealthNet Plan](#) (6)
- [Blue Cross Blue Shield of Massachusetts](#) (6)
- [CelliCare](#) (6)
- [Fallon Community Health Plan](#) (11)
- [Harvard Pilgrim Health Care](#) (6)
- [Neighborhood Health Plan](#) (6)
- [Tufts Health Plan](#) (6)

Show Plans. Then choose up to 3 to compare. Click **Continue** at bottom.

	Monthly Cost	Annual Deductible	Annual Out of Pocket Max.	Doctor Visit	Generic Rx	Emergency Room	Hospital Stay
<b>Bronze Low Benefits Package</b> 8 plans available	as low as <b>\$271</b>	STANDARD BENEFITS FOR ALL BRONZE LOW PLANS					
<a href="#">Show Plans</a>   <a href="#">About Bronze Low</a>		\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	annual deductible, then \$25 copay	annual deductible, then \$15 copay	annual deductible, then \$100 copay	annual deductible, then 20% co-insurance
<b>Bronze Medium Benefits Package</b> 8 plans available	as low as <b>\$296</b>	STANDARD BENEFITS FOR ALL BRONZE MEDIUM PLANS					
<a href="#">Show Plans</a>   <a href="#">About Bronze Medium</a>		\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$30 copay	\$10 copay	annual deductible, then \$150 copay	annual deductible, then \$500 copay
<b>Bronze High Benefits Package</b> 8 plans available	as low as <b>\$298</b>	STANDARD BENEFITS FOR ALL BRONZE HIGH PLANS					
<a href="#">Show Plans</a>   <a href="#">About Bronze High</a>		\$250 (ind.) \$500 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$15 copay	\$150 copay	annual deductible, then 35% co-insurance
<b>Silver Low Benefits Package</b> 8 plans available	as low as <b>\$394</b>	STANDARD BENEFITS FOR ALL SILVER LOW PLANS					
<a href="#">Show Plans</a>   <a href="#">About Silver Low</a>		\$1,000 (ind.) \$2,000 (fam.)	\$2,000 (ind.) \$4,000 (fam.)	\$20 copay	\$15 copay	annual deductible, then \$100 copay	annual deductible, then no copay
<b>Silver High Benefits Package</b> 8 plans available	as low as <b>\$412</b>	STANDARD BENEFITS FOR ALL SILVER HIGH PLANS					
<a href="#">Show Plans</a>   <a href="#">About Silver High</a>		None	\$2,000 (ind.) \$4,000 (fam.)	\$25 copay	\$15 copay	\$100 copay	\$500 copay
<b>Gold Benefits Package</b> 7 plans available	as low as <b>\$493</b>	STANDARD BENEFITS FOR ALL GOLD PLANS					
<a href="#">Show Plans</a>   <a href="#">About Gold</a>		None	None	\$20 copay	\$15 copay	\$75 copay	\$150 copay

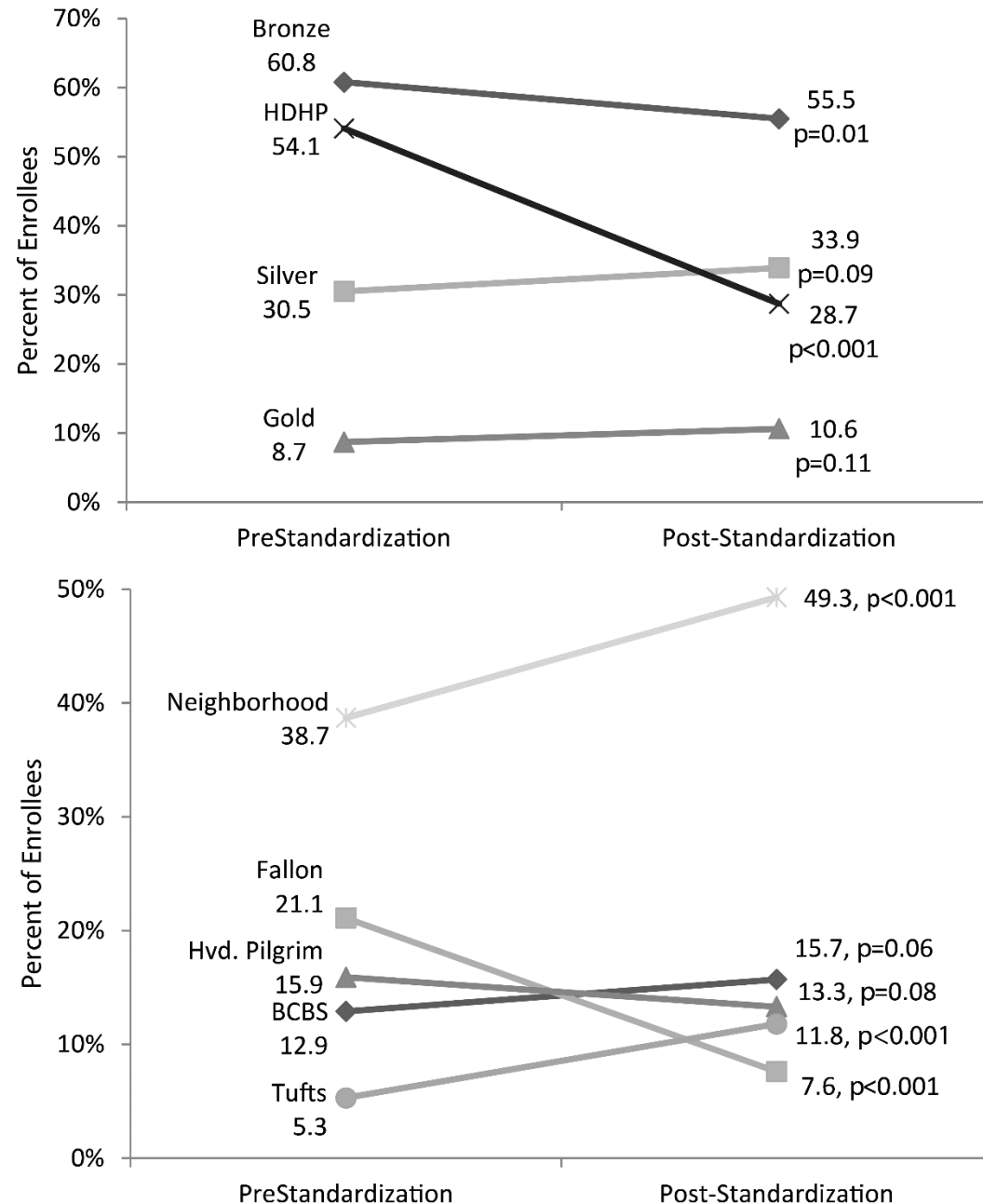
[Continue](#)





## Result of Standardization

- More generous plans chosen.
- Tier became more important in decisions
- Little change in price sensitivity
- Major shift in brand choices
- Made consumers better off

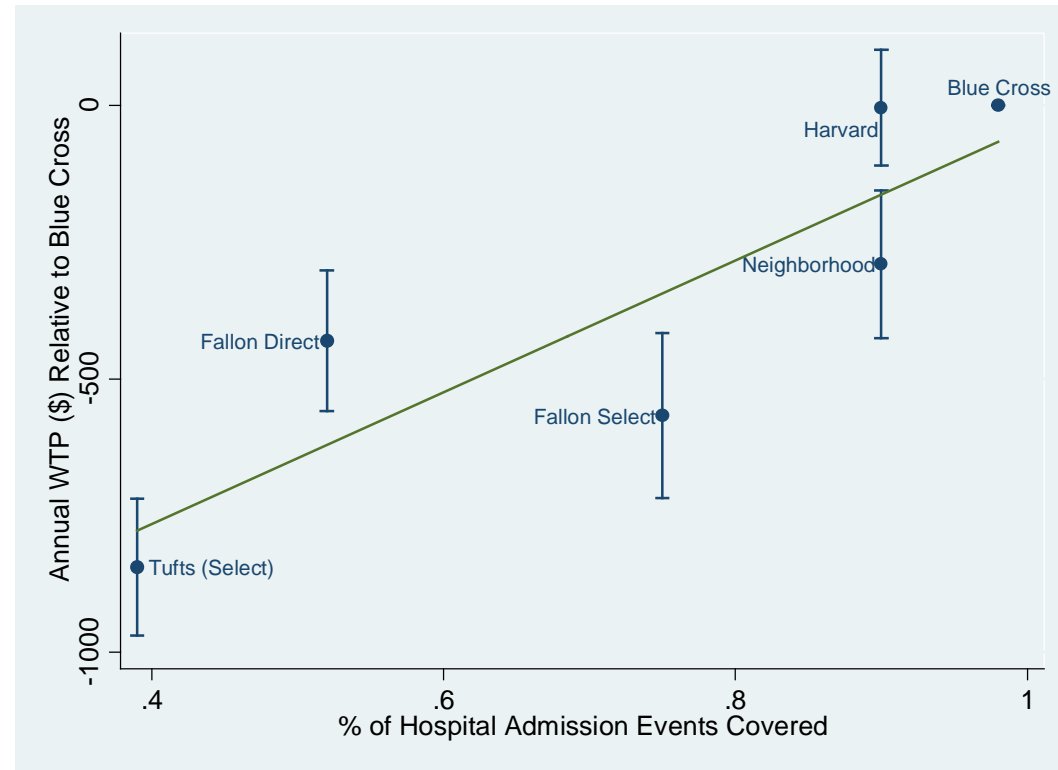


# Networks

- How do consumers value provider coverage network?
  - Hard to observe network (many doctors, hospitals)
  - **No** direct choice evidence until now
- Massachusetts HIX 2009-2010
  - Had useful search tool
  - Measure network breadth by % of *all* hospital admissions statewide that would be covered by insurer
  - Measure willingness to pay from plan choices

# Networks

- Consumers willing to pay for broader network
  - It varies by age
  - \$750/year for 30 year olds, \$1500/year for 60 year olds
- Hard to distinguish different networks *within* brand
- Don't know much about contexts with opaque network info
  - Or unfamiliar brands



# Inertia in Plan Choice: Defaults Matter

## Medicare Part D

- Initial assignment default:
  - Low Income Subsidy (LIS) recipients assigned to plan below threshold
  - Matters in year 1 and beyond
- Automatic switching default
  - If firm raises price in year 2, LIS switched to cheaper plan
  - High income enrollees have to actively switch

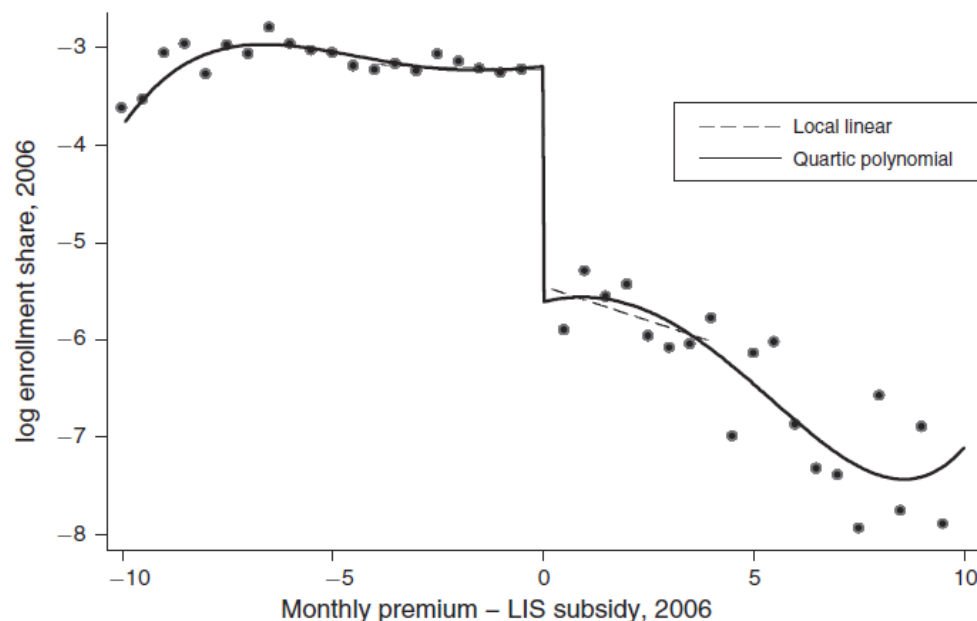
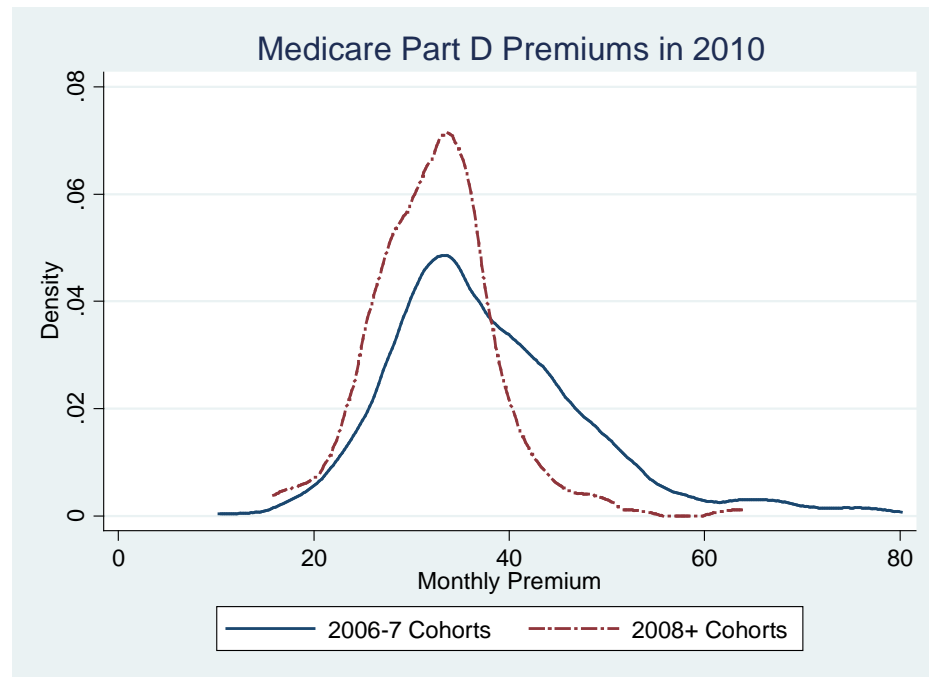


FIGURE 3. THE EFFECT OF 2006 BENCHMARK STATUS ON 2006 ENROLLMENT

Notes: Dots are local averages with a bin size of \$0.50. Dashed lines are predictions from local linear regressions with bandwidth of \$4. Solid lines are predictions from regressions with a quartic polynomial with a bandwidth of \$10.

# Inertia in Plan Choice: Defaults Matter

- Insurers respond by using “invest-then-harvest” pricing
  - Offer low prices in early years, capture enrollees
  - Costly to switch
  - Raise prices in later years
- Result: unnecessary churn between plans, lower investment in enrollee health



**Result:** Older plans are 20% more expensive than equivalent newly introduced plans  
*(weighted by enrollment)*

# Consumer Decision-Making on HIX

- HIXs: more choice but difficult choices
- HIX design can help consumers
  - Defaults
  - Recommendations
  - Standardization for comparison
  - *Employers played this role in employer-sponsored insurance*
- More work: consumers and provider networks, including disclosure of network info