

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 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* [?]	Deductible [?]	Co-Payments [?]			Hospital Stay [?]	Doctors You Can See [?]	Choose Plan
				Doctor	RX	ER			
B	<input checked="" type="checkbox"/> Fallon Community Health Plan FCHP Direct Care	\$586.00	\$2,000/\$4,000	\$25	\$15 / \$50 / \$100	\$200	\$500 per admission after deductible	Find Doctor	View Plan
B	<input type="checkbox"/> Neighborhood Health Plan NHPTThree Select	\$636.22	\$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	Find Doctor	View Plan
B	<input type="checkbox"/> Harvard Pilgrim Health Care Harvard Pilgrim Core Coverage 1750	\$641.71	\$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	Find Doctor	View Plan
B	<input type="checkbox"/> Fallon Community Health Plan FCHP Select Care	\$676.00	\$2,000/\$4,000	\$25	\$15 / \$50 / \$100	\$200	\$500 per admission after deductible	Find Doctor	View Plan
B	<input type="checkbox"/> Tufts Health Plan Advantage HMO Select 2000 (Limited choice of doctors & hospitals)	\$676.73	\$2,000/\$4,000	\$40	\$20 after Rx deductible / \$50 after Rx deductible / \$75 after Rx deductible	\$200	\$0 after deductible	Find Doctor	View Plan
B	<input type="checkbox"/> Blue Cross Blue Shield of Massachusetts HMO Blue Basic Value	\$689.15	\$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	Find Doctor	View Plan
S	<input type="checkbox"/> Tufts Health Plan Advantage HMO Select 750 (Limited choice of doctors & hospitals)	\$810.93	\$750/\$1,500	\$15	\$10 after Rx deductible / \$30 after Rx deductible / \$45 after Rx deductible	\$200	\$0 after deductible	Find Doctor	View Plan



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](#) (8)
- [Blue Cross Blue Shield of Massachusetts](#) (8)
- [CelliCare](#) (8)
- [Fallon Community Health Plan](#) (11)
- [Harvard Pilgrim Health Care](#) (8)
- [Neighborhood Health Plan](#) (8)
- [Tufts Health Plan](#) (8)

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
Bronze Low Benefits Package 8 plans available Show Plans About Bronze Low	as low as \$271	\$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
Bronze Medium Benefits Package 8 plans available Show Plans About Bronze Medium	as low as \$296	\$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
Bronze High Benefits Package 8 plans available Show Plans About Bronze High	as low as \$298	\$250 (ind.) \$500 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$15 copay	\$150 copay	annual deductible, then 35% co-insurance
Silver Low Benefits Package 8 plans available Show Plans About Silver Low	as low as \$394	\$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
Silver High Benefits Package 8 plans available Show Plans About Silver High	as low as \$412	None	\$2,000 (ind.) \$4,000 (fam.)	\$25 copay	\$15 copay	\$100 copay	\$500 copay
Gold Benefits Package 7 plans available Show Plans About Gold	as low as \$493	None	None	\$20 copay	\$15 copay	\$75 copay	\$150 copay

[Continue](#)

Choice Process: Post-Standardization

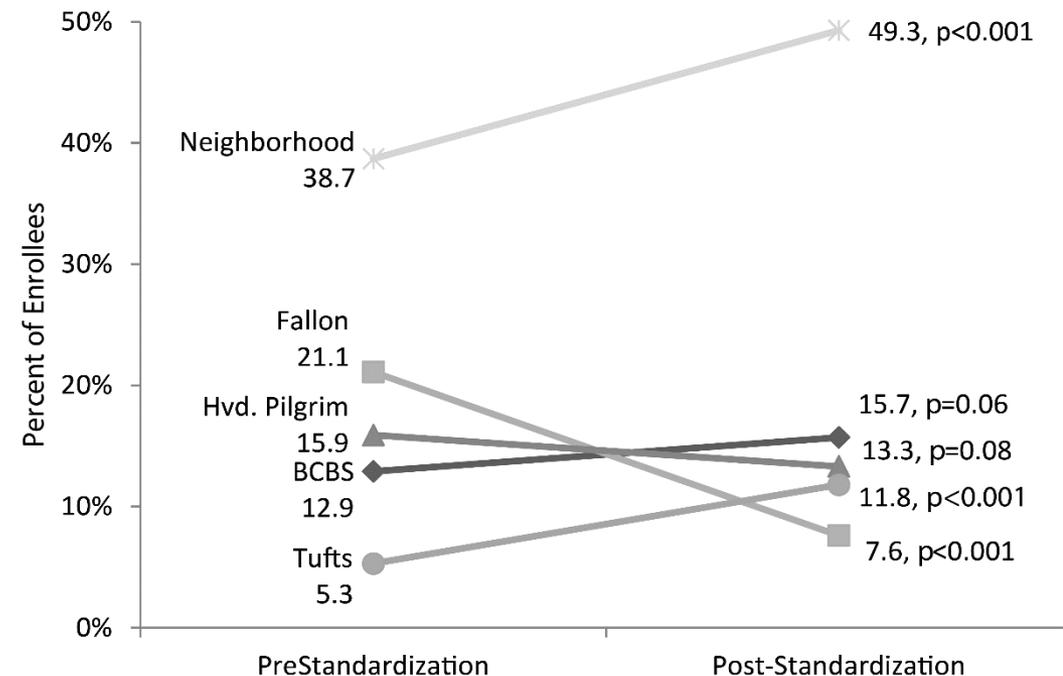
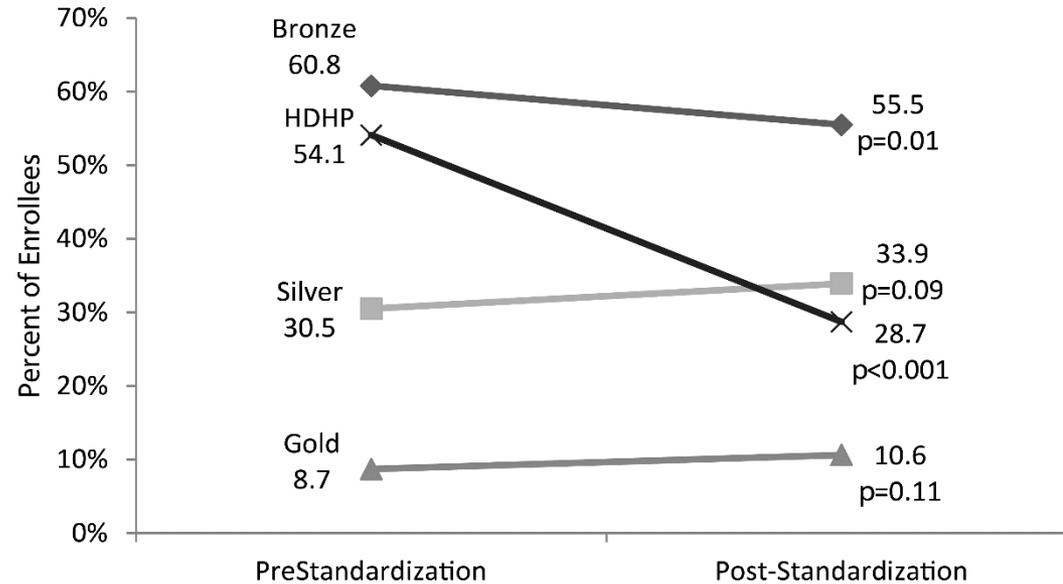
Show Plans. Then choose up to 3 to compare. Click **Continue** at bottom.

	\$ Monthly Cost	Annual Deductible	Annual Out of Pocket Max.	Doctor Visit	Generic Rx	Emergency Room	Hospital Stay
Bronze Low Benefits Package							
8 plans available		STANDARD BENEFITS FOR ALL BRONZE LOW PLANS					
as low as \$271		\$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
<input type="checkbox"/> Hide Plans About Bronze Low							
<input type="checkbox"/>	 Healthier Plan Get more.	\$270.51	↑	↑	↑	↑	↑
<input type="checkbox"/>	 CELTICARE Health Plan of Massachusetts	\$273.84	↑	↑	↑	↑	↑
<input type="checkbox"/>	 Neighborhood Health Plan	\$292.60	↑	↑	↑	↑	↑
<input type="checkbox"/>	 TUFTS Health Plan	\$348.98	↑	↑	↑	↑	↑
<input type="checkbox"/>	 fallon community health plan	\$354.00	↑	↑	↑	↑	↑
<input type="checkbox"/>	SMALLER NETWORK  Harvard Pilgrim HealthCare	\$394.69	↑	↑	↑	↑	↑
<input type="checkbox"/>	 fallon community health plan	\$402.00	↑	↑	↑	↑	↑
<input type="checkbox"/>	 MASSACHUSETTS	\$404.84	↑	↑	↑	↑	↑
Bronze Medium Benefits Package							
8 plans available		STANDARD BENEFITS FOR ALL BRONZE MEDIUM PLANS					
as low as \$296		\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$30 copay	\$10 copay	annual deductible, then \$150	annual deductible, then \$500



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

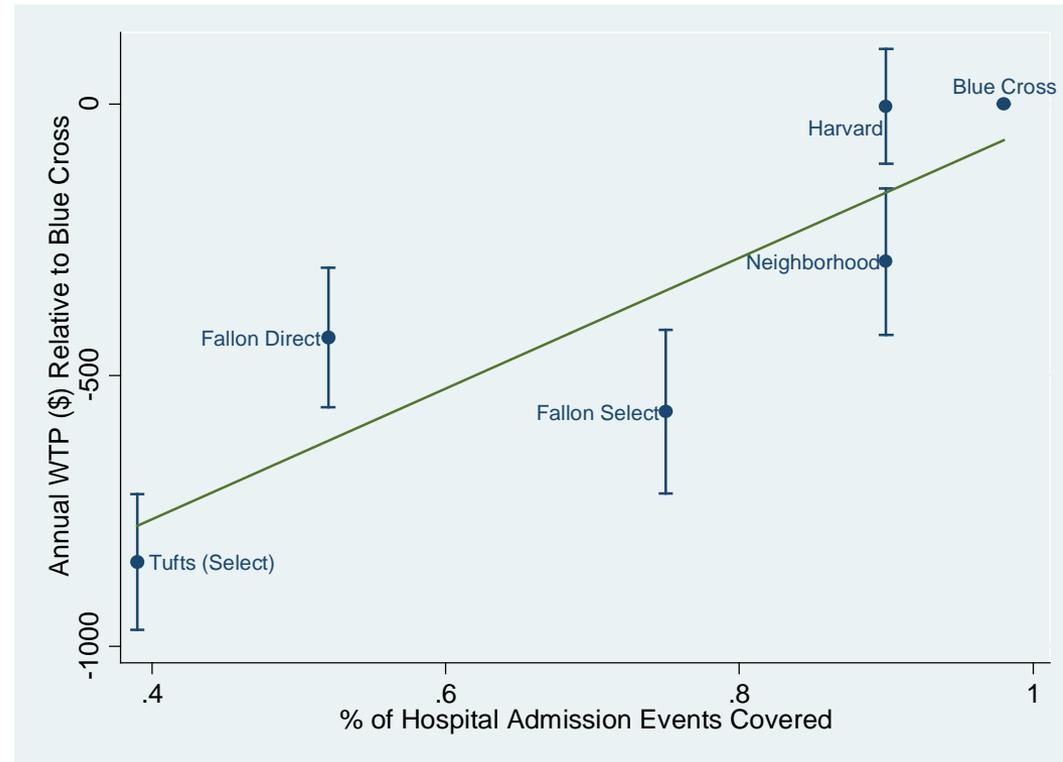


Networks

- 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

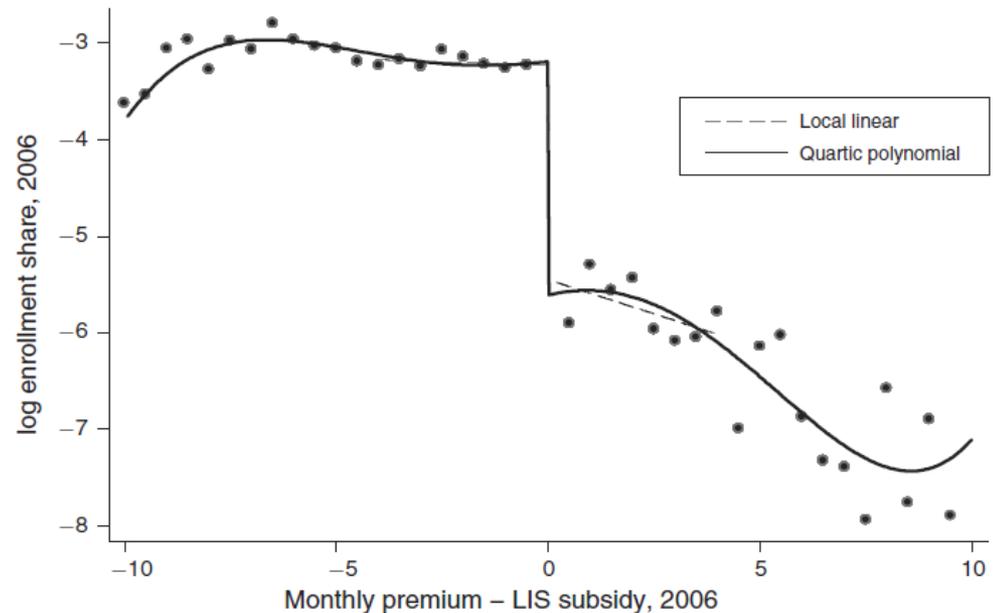
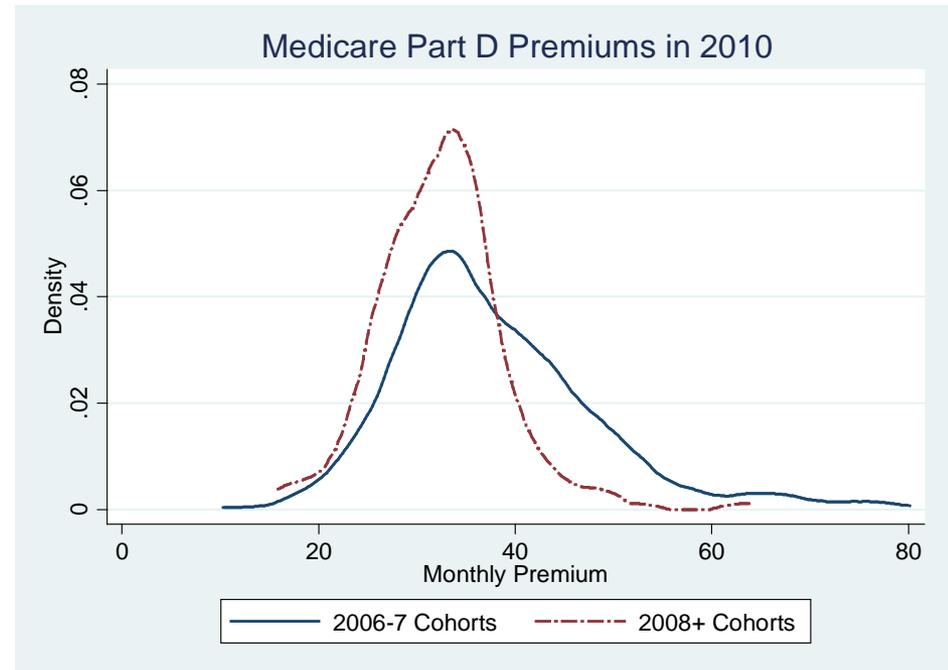


FIGURE 3. THE EFFECT OF 2006 BENCHMARK STATUS ON 2006 ENROLLMENT

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