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Rural Residents More Likely to be Enrolled in High Deductible Health Plans

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Overview

Enrollment in high deductible health plans (HDHPs)* has grown in recent years as employers and individuals respond to rising health insurance premiums. Prior research indicates that rural individuals are more likely than their urban counterparts to face high out-of-pocket health care costs relative to income, a difference related both to the lower income of rural residents generally and to the quality of the private plans through which they have coverage.1 While HDHPs may be attractive to rural enrollees due to their lower premiums, the income status of rural residents may limit their participation in savings accounts and make deductible and co-insurance costs burdensome. This study examines rural residents’ enrollment in HDHPs prior to the Affordable Care Act (ACA) and the implications for the evolving Health Insurance Marketplaces.

Using the 2007-2010 National Health Interview Survey (NHIS), this study analyzes rates of HDHP enrollment by socio-economic characteristics among rural and urban residents with private health insurance under age 65, as well as rural-urban differences in plan features. These data are linked to the Rural-Urban Continuum Codes to examine residents living in urban areas, rural areas adjacent to urban areas, and rural areas not adjacent to urban areas.

Findings

Among those with private insurance during 2007-2010, residents of rural, not adjacent areas are somewhat more likely to have either an HDHP or consumer-directed health plan (CDHP)* than residents of rural adjacent or urban areas (Figure 1). Regardless of residence, CDHPs are less common than HDHPs. Regional variation in HDHP enrollment is pronounced, with the highest rates of rural HDHP enrollment in the Midwest and West.

Among those who work for a small employer (fewer than 25 employees), the rate of HDHP enrollment is highest among adults living in rural, not adjacent areas compared to urban adults (Figure 2). Compared to urban workers, the rate of HDHP enrollment is also highest among rural, not adjacent workers who are paid an hourly wage. Among those who work for county, state, or federal governments, a larger proportion of rural, not adjacent adults have an HDHP than urban adults. The latter finding is of particular interest given that public employers tend to offer health insurance plan choices that are more comprehensive than those offered by private employers. At the state and federal levels, individuals living in rural and urban areas would presumably have the same basic plan options (although perhaps not the same number of carriers). This suggests that rural public workers may be more likely to select HDHP coverage from the options available to them than urban public workers. At the local level, county and town governments in rural areas may lack the resources to offer their employees plans with lower deductibles. Slightly more than one-third of workers who are self-employed have high-deductible coverage, and this is highest in rural adjacent areas. Rural, not adjacent residents are less likely to have prescription drug coverage with their HDHP than are urban residents.

Key Findings

Rural residents with private insurance are more likely to have an HDHP than are urban, especially when they live in remote, rural areas.

Although HDHP enrollment is lowest among those working in the public sector, a greater proportion of workers living in rural, not adjacent areas have an HDHP plan than their urban counterparts.

Rural, not adjacent residents are less likely to have prescription drug coverage with their HDHP than are urban residents.

For more information about this study, contact Jennifer Lenardson at jlenardson@usm.maine.edu

This Research & Policy Brief is based on a longer Working Paper. To view the full report, please visit the Maine Rural Health Research Center at: http://usm.maine.edu/muskie/cutler/mrhrc-publications

Note: Due to missing responses to the CDHP question, combined HDHP and CDHP rates are slightly smaller than reported for all HDHPs.

Data: National Health Interview Survey, 2007-10; differences by residence significant at p<.05

Figure 1: Rates of HDHP Enrollment Among Persons with Private Health Insurance, 2007-10

<table>
<thead>
<tr>
<th></th>
<th>Rural, Not Adjacent</th>
<th>Rural, Adjacent</th>
<th>HDHP</th>
<th>CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDHP</td>
<td>18.2%</td>
<td>16.0%</td>
<td>5.1%</td>
<td>5.9%</td>
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<tr>
<td>CDHP</td>
<td>7.1%</td>
<td>5.1%</td>
<td>5.9%</td>
<td></td>
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</tbody>
</table>

HDHPs are health insurance plans with lower premiums and higher cost-sharing than traditional plans that offer catastrophic coverage once consumers meet an established out-of-pocket threshold. When HDHPs are offered with tax-advantaged health savings accounts they are known as consumer-directed health plans (CDHP). The 2010 NHIS defines HDHPs based on an annual deductible of $1,200 or more for individual coverage or $2,400 or more for family coverage, an amount adjusted annually for inflation.

* HDHPs are health insurance plans with lower premiums and higher cost-sharing than traditional plans that offer catastrophic coverage once consumers meet an established out-of-pocket threshold. When HDHPs are offered with tax-advantaged health savings accounts they are known as consumer-directed health plans (CDHP). The 2010 NHIS defines HDHPs based on an annual deductible of $1,200 or more for individual coverage or $2,400 or more for family coverage, an amount adjusted annually for inflation.
it will be important to monitor whether HDHP enrollment, with higher out-of-pocket costs and annually renewing deductibles, contributes to this pattern of lower utilization.

Rural residents with HDHPs are less likely to have prescription drug coverage than their urban counterparts. With higher prescription costs and copayments potentially reducing medication adherence for those with chronic disease,59 rural residents may face costlier and poorer outcomes under an HDHP when prescriptions are not covered, especially since adults ages 50-64 who live in rural, not adjacent areas are more likely to have an HDHP than are urban adults. Rural residents may benefit from the ACA requirement that plans cover prescription drugs when they are offered through the Health Insurance Marketplaces and are eligible for a subsidy.

HDHPs may be the most affordable option for many consumers and the transparency of health care costs to consumers under high-deductible plans may promote cost-conscious use of health services. However, given the complexity of high-deductible plans, consumers may find it difficult to understand the trade-offs between lower premium prices and high out-of-pocket costs, including deductibles. Among those covered by an HDHP, rural residents are more likely to have low incomes and to have more limited educational attainment than urban residents. These differences suggest it will be important to monitor HDHP enrollment, plan affordability, and health plan literacy among plans available through the Health Insurance Marketplaces. To the extent that enrollment in ACA plans mirrors current trends toward higher rural enrollment in HDHPs, plan outreach and education should include information about deductible and cost-sharing responsibilities and ensure that enrollees understand plan features such as first-dollar coverage of preventive care and the need to plan for annual out-of-pocket costs and potential use of savings accounts.

Endnotes