Healthcare Delivery – Healthcare Options

Bibliography

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Appearance Focused Wellness Plans

   Nearly 11 million cosmetic plastic surgery procedures were performed in the United States in 2006, according to statistics released by the American Society of Plastic Surgeons. Statistics were collected through an online national database for plastic surgery procedures, Tracking Operations and Outcomes for Plastic SurgeonsSM (TOPSSM). The data were combined with the annual survey sent to ABMS board-certified physicians. Responses were aggregated and extrapolated to the population of more than 23,000 physicians most likely to perform cosmetic and reconstructive plastic surgery procedures.

   A survey by the American Society of Plastic Surgeons found that in 2006, average surgeon fees for cosmetic procedures were: Botox - $492, Eyelid surgery (blepharoplasty) - $2,877, Cheek implants - $1,764, Face lift (rhytidectomy) - $4,856, Chemical peel - $686, Forehead/brow lift - $2,846, Chin implant - $1,910, Laser skin resurfacing - $2,160, Collagen injection - $390, Lip augmentation - $1,603, Dermabrasion - $264 and Nose surgery (rhinoplasty) - $3,841. There are additional costs (fees for anesthesia, operating room facilities or other related expenses.) The total bill can be 50% to 100% higher than the surgeon fees above. In some cases, health insurance may cover some of the costs of cosmetic surgery.

   The American Society of Plastic Surgeons reported that 9.2 million cosmetic procedures took place in 2004.

Catastrophic Illness

   The lump sum payments critical illness insurance policies typically provided ranged from $10,000 to $50,000, with premiums ranging between $250 and $400 per year in 2006.

   Cancer Insurance could cost more than $400 per year, according to Robert O. Weagley, PhD, a consumer and family economics expert at the University of Missouri-Columbia.

Complimentary Medicine

   Thomson Medstat's 2006 consumer healthcare survey asked 23,000 adults about their use of alternative medicine and found that 37.2 percent of U.S. households used some form of alternative medicine.

   Health Forum LLC, a subsidiary of AHA, conducted a survey of nearly 1,400 hospitals throughout the United States in 2005. Nearly 27% of the hospitals that responded were offering one or more CAM therapies.

Outpatient claims for the treatment of back pain were analyzed. Most people used only CAM (43%) or only conventional providers (45%) for back pain treatment, with merely 12% using both. Average amount allowed per outpatient low back pain claim was: mean $50, SD $28. Total outpatient costs for the treatment of back pain for the group using both CAM and conventional care was: mean $1079, SD $1185, and for the group using CAM only was: mean $342, SD $429.


In 2004, acupuncture coverage was 47% of covered workers, and chiropractic coverage was 87%, according to Kaiser/HRET data.


Kaiser/HRET surveyed 3,017 US firms in 2004. 47% offered acupuncture coverage and 87% offered chiropractic coverage.

**Consumer Driven Plans**


More than 40% of U.S companies were expected to offer a consumer-driven health plan during 2007, according to the Heartland Institute.


Human capital consulting organization of Aon Corporation and the International Society of Certified Employee Benefit Specialists conducted a nationwide study of 470 employers in 2007 and found that 37% offering of employers were offering consumer driven health plans to employees, up from 28% of employers in 2006 and 22% in 2005


According to the 2006 Kaiser Family Foundation/Health Research and Educational Trust Employer Health Benefits Survey (KFF/HRET), workers' average monthly premium contribution for single coverage in CDHPs was $56 in 2006. In 2006, the average annual in-network deductible in CDHPs—when offered as choice to workers—was $1,459 for single coverage. When offered a choice of plans, 19% of employees selected CDHPs in 2006.


29% of employers will offer CDHPs to employees in the next year, according to a June 2006 survey of 1,000 member agents and brokers of the National Association of Health Underwriters. The 2005 Employee Health Benefits Annual Survey found that less than 5% of Americans with private health insurance had CDHPs. 438,000 Americans enrolled in 2004; by January 2006, there were 3.2 million, reported America's Health Insurance Plans.


A Government Accountability Report stated that 3 million people were covered by consumer directed plans in 2005, and between 5-6 million were in 2006. Blue Cross estimated that between 17%-60% of employees chose consumer directed plan options in 2006.


Aon Consulting and the International Society of Certified Employee Benefit Specialists conducted a nationwide survey of 434 employers in 2006 and found that 28% offered a CDHP (22% in 2005). 40% of the remaining respondents plan to offer a CDHP. About 5 million people (nearly 3% of the 177 million Americans with private health coverage) participated in CDHPs in 2006, according to the Government Accountability Office.


The Government Accounting Office examined survey data and interviewed and obtained data from employers, insurance carriers, individuals, financial institutions and experts to estimate that the number of enrollees and dependents in consumer directed health plans increased from about 3 million in January 2005 to 5-6 million in January 2006.

Roughly 4 million CDHPs had been sold in 2005, of which about 1 million were HSAs and the remainder HRAs.

   Healthquest found that there were 2.6 million people enrolled in consumer directed plans in 2005.

   The National Center for Policy Analysis reported that 15% of employers offered consumer driven plans in 2004 and it was estimated that about 30% would offer the plans in 2005.

   61 companies received email surveys between Oct-Nov 04. Survey data was supplemented with telephone contacts and publicly available information. 28 companies representing 800,000 covered lives responded. 87% offered HRA and HSA. 7% offered HRA only; 7% offered HSA only.

   In 2004, about 10% of employers offered consumer driven plans, mostly HRA's, with a few million people signing up for them. The Segal Company estimated that 32 million people (20% of the 160 million insured through employers) could sign up for consumer driven plans within the next five years.

   According to a study by Towers Perrin, 10% of employers planned to offer consumer driven health plans in 2005.

   Atlantic Information Services, Inc. found that there were over 1,486,425 lives covered by 19 selected insurers through consumer driven plans in 2004.

   Consumer-directed plans accounted for 2% of the insurance market in 2004. No data source was provided.

   The National Business Group on Health and Watson Wyatt Worldwide surveyed 159 large employers in 2004. Results showed that consumer directed plans covered 480,000 workers in 2004. Nearly one-third of employers offered consumer directed plans in 2004, though less than 2% offered only consumer directed plans.

Concierge Care

   In 2007, boutique medicine patients paid from $1,500 - $25,000 a year. One practice, MDVIP, covered 60,000 lives in 2007.

   In one concierge care practice, patients had to pay $1,500 a year above any other costs in 2007.

Current Healthcare System

   The annual premium for an employer health plan covering a family of four averaged nearly $11,500 and the annual premium for single coverage averaged over $4,200 in 2006, according to the Kaiser/HRET survey.

   According to a study by Hewitt Associates, the cost of providing health-care benefits to employees was $7,982 in 2007. The average employee contribution toward premiums was $1,690. Hewitt data included than 1,800 health plans throughout the U.S., including 400 large employers, and more than 18 million plan participants in its survey. The results were based on responses from employers that pay premiums to insurance companies for coverage and employers who are self-insured.
   David Cutler, a Harvard economics professor, stated that health insurance cost $11,000 or $12,000 a year in 2007.

   The Kaiser Family Foundation reported that total average annual cost for family coverage premiums in 2007 was $12,106.  60% of employers offered health benefits in 2007.  The telephone survey, which ended in May and was conducted by Kaiser and the Health Research and Educational Trust, queried 3,078 public and private employers and was based on 1,997 that responded to the full survey.

   Administration officials said that the average employer-provided family health insurance plan costs $11,500 a year.

34. The Employer-Based Health-Insurance System (EBI) is at Risk: What We Must Do About It. Washington, DC: Committee for Economic Development, November 7, 2006. (HO-190)
   A Health Affairs article stated that the price of an average family insurance policy was $13,382 in 2006.

   Health insurance cost a family $11,500 in 2006.

   The actuarial firm Milliman calculated that the total coverage costs for a family of four averaged $12,214 in 2005.

   A wide-ranging national telephone survey taken in September 2006 by USA TODAY, ABC News and the Kaiser Family Foundation found that 80% of respondents were dissatisfied with the total tab the nation spends on health care.  The yearly cost of the most popular type of insurance plan offered by employers hit $11,765 in 2006, with the average employee paying $3,226 of that total, a Kaiser Family Foundation study showed.

   The average employee share of premiums was $2,712 in 2005.

   The Kaiser Family Foundation/HRET survey of 2,122 employers found that the average premium for a family was $11,480 in 2006, with workers paying $2,973.

   The 2005 Kaiser Family Foundation Survey found that the average premium for family medical coverage was $10,880 in 2005.

   Employer-provided insurance in 2005 averaged $10,880 for a family ($10,235 in 2004, 9,578 in 2003), according to the Kaiser Family Foundation employer health benefits survey.

   According to the Kaiser/HRET survey, the 2005 average annual premium for a family policy was $10,880.

   Hewitt Associates surveyed employers with more than 9,000 employees in 2005 and predicted that average cost of employer-based health insurance would be $1,612 per employee in 2006.

44. Stein, C. “As Healthcare Erodes, Will Change Come Too Late?”  Boston Globe, September 18, 2005. (HO-140)
   The Kaiser Family Foundation reported that the average cost for a family health insurance policy was $10,880 in 2005.

The 2005 Kaiser/HRET Employer Health Benefits Survey found that workers paid an average of $51 per month for single coverage and $226 per month for family benefits.

Employee contributions for medical care premiums averaged $273.03 per month for family coverage; for single coverage, employee contributions averaged $68.96 per month in March 2005.

47. Whitehouse, K. “Average Family Medical Costs will Exceed $12,200 this Year.” Wall Street Journal: D2, May 26, 2005. (HO-114)
Actuarial and consulting firm Milliman reported that the average family of four with an employer sponsored PPO spent more than $12,200 on medical expenses in 2005.

Phone interviews with 1,005 national adults 18+ conducted between January 3-5, 2005 found that 25% were very/somewhat satisfied with the availability of affordable healthcare in the US (2004-27%)

According to the Employee Benefits Survey, the average monthly premium for family coverage for full-time employees was $263.65 ($3,163.80 annually) in 2004.

50. Milliman Medical Index, Milliman, Inc., 2005. (HO-124)
Milliman Inc. completed its first annual study to produce the Milliman Medical Index (MMI), which measures average spending by a family of four covered by an employer-sponsored PPO program. The average annual medical cost for a family of four was $11,192 in 2004 and $12,214 in 2005.

Kaiser/HRET surveyed 2,013 US firms by telephone in 2005. The average annual cost of health insurance was $4,024 for single coverage and $10,880 for families in 2005.

Employee contributions to medical premiums averaged $264.59 per month for family coverage in March 2004.

Hewitt Associates predicted that the average employee share of premiums would be $1,481 in 2005 and Towers Perrin predicted $1,610.

The Jan-May 2004 Kaiser/HRET Survey of 3,017 randomly selected public and private firms with more than 3 employees (1,925 responded) found that 2004 average premiums were $9,950 for family coverage and $3,695 for single coverage.

Harris Interactive Polls found that 13% of people said that the health care system worked pretty well in 2004.

In 2004, the average annual cost of single coverage was $3,695 and family coverage was $9,950, according to Kaiser/HRET data.

Citing ABC's World News Tonight and USA Today, the average premium for a family insurance policy was $9,086 a year in 2004.

Kaiser/HRET surveyed 3,017 US firms in 2004. The average annual cost of health insurance was $3,696 for single coverage and $9,948 for families in 2004.

**Defined Contribution Plans**

   23.1% of responding employers to Plansponsor's 2007 Defined Contribution Survey had programs in place compared with 17.1% in 2006. The median participation rate among eligible employees was 78% in 2007 and 75% in 2006 (average 72.7% in 2007 and 70.1% in 2006)

**Diet Focused Wellness Plans**

   A 2007 Watson Wyatt survey of 573 U.S. employers with 11 million employees found that 42% had obesity-reduction programs.

   The Business Roundtable, a group of 160 large U.S. companies surveyed their membership to find that in 2006-07, 85% included obesity management.

   A three-page questionnaire was sent to eligible Pennsylvania health plans. Sixteen of 19 eligible plans (84%) responded. All plans provided some coverage for bariatric surgery. 56% stated that they covered individual dietary counseling, but only five paid for intensive counseling. Less than 50% of plans reimbursed other forms of lifestyle modification or weight loss medication.

63. “Web Site Offers 'Natural Medicines' Data.” *Newsday*: B15, May 9, 2006. (HO-159)
   Consumer Reports offered a database on herbs, dietary supplements and natural medicines for $19 per year in 2006. Data sources were the National Center for Complementary and Alternative Medicine, Information Resources Inc., Nutrition Business Journal and American Botanical Council.

   In 2004, 18.9% of Americans reported that they had taken one or more dietary supplements in the past year, according to the Institute of Medicine

   Based on a random-digit-dialing telephone survey of 1,798 English- or Spanish-speaking non-institutionalized adults (aged 18 years and older) in the 50 states and the District of Columbia, 78% of respondents were taking action about their weight.

   The Centers for Disease Control and Prevention found that 39.5% of Americans took multivitamins in 2004.

   In 2005, the annual Jenny Craig membership was $5,078 ($4,750 for just meals). The author estimated that the yearly average for a fitness plan that included diet, exercise, doctor visits and gear was between $5,027-$5,855.

   45 million Americans diet each year.

**Disease Management Programs**

69. *Disease Management Programs May Improve Quality of Care, But May Not Save Money*. RAND Corporation, December 10, 2007 (HO-225)
RAND researchers selected 29 evaluations, systemic reviews and meta-analyses to focus on, covering 317 unique studies, finding that 96% of the top 150 U.S. health insurance companies offered some form of disease management service in 2005.

A 2007 Watson Wyatt survey of 573 U.S. employers with 11 million employees found that 28% offered reduced insurance premiums for participation in health management programs.

71. McQueen, M. P. "Look Who's Watching Your Health Expenses: Employers Increasingly Turn to 'Care Managers' to Control Medical Costs, but Some Wonder if Patients Always Benefit." Wall Street Journal, September 25, 2007. (HO-200)
A spokeswoman for Blue Cross-Blue Shield of Minnesota said: "Our research shows that over 90% of members who participate with our care-management programs say they are satisfied or very satisfied with their interactions in the programs."

The Business Roundtable, a group of 160 large U.S. companies surveyed their membership to find that in 2006-07, over four out of five offered disease management programs.

A 2007 survey conducted by the ERISA Industry Committee (ERIC), the National Association of Manufacturers (NAM) and IncentOne Inc. of 242 major employers found that 75% of the surveyed employers offered health-management programs to their employees.

74. Kane, R. L., Meeting the Challenge of Chronic Illness, Baltimore, MD, Johns Hopkins University Press. (HO-149)
The Partnership for Solutions estimated that 46.2% of the U.S. had a chronic condition in 2005.

According to the Alliance for Health Reform, average spending for a person with a chronic condition was $6,032 to $16,000 in 2004.

**eMedicine/Web-based**

71% of online users turn to their computers to research health issues, according to 2006 research from JupiterKagan Inc.'s JupiterResearch.

77. Fox, S. Online Health Search 2006. PEW Internet and American Life Project, 2006. (HO-167)
80% of American Internet users, or some 113 million adults, searched for information on health topics in 2006.

Markle Foundation and the Robert Wood Johnson Foundation surveys found that 72% of Americans were eager for a nationwide electronic information exchange and the functionality that personal health records offered in 2005.

RAND found that 15%-20% of US physicians’ offices and 20%-25% of hospitals had electronic medical records in 2005.

As of March 2005, more than 60% of American consumers searched for online health information to make treatment decisions in the last 12 months, according to a report released by RAND and the Blue Cross and Blue Shield Association.

In 2005, fees paid by insurance companies to doctors for using e-mail consultations were listed: $25 for each Blue Cross of California exchange ($24-$30 were amounts various BCBS plans paid doctors for online consultations), $30 for each Dartmouth-Hitchcock online visit, and $60 per year for patients to use the Palo Alto Medical Foundation's online answers service. Some patients were charged a $5-$10 co-pay for these services.

RelayHealth tracked utilization of their online doctor-patient communication services product. They found that the average patient used RelayHealth to communicate with their doctor 1-2 times per year at a co-pay of $5-7 per webVisit in 2003 and 2004.


Average online physician consultations ranged between $10-$100 in 2004.


In 2004, Jupiter Media Matrix estimated that there were 141 million US Internet users.

**Exercise Focused Wellness Plans**


A 2007 Watson Wyatt survey of 573 U.S. employers with 11 million employees found that 42% had obesity-reduction programs.


73% of clients stayed with an exercise program for one year or longer in 2007. Results were compiled from the responses of 225 IDEA members who are health club owners, fitness center managers and/or exercise program directors.


70% of clients stayed with an exercise program for one year or longer in 2006. Results were compiled from the responses of nearly 300 IDEA members who are health club owners, fitness center managers and/or exercise program directors.


In 2005, the average yearly membership at Gold's Gym was $500. The author estimated that the yearly average for a fitness plan that included diet, exercise, doctor visits and gear was between $5,027-$5,855.

**Faith-Based Health Insurance**


Members paid $2,400-$4,800 per year to their churches for faith-based health insurance in 2005.


In November 2004, the United States government began a new form of health coverage for federal workers, a Catholic health plan that excludes payment for contraceptives, abortion, sterilization and artificial insemination. OSF Health sponsored the plan, which was available to 4 million federal workers and offered a choice of 249 plans for 2005. The employee's monthly premium was $80.30 for individuals and $199.66 for families.

**Flexible Spending Accounts**


Paul Dennet, vice president of health policy for the American Benefits Council, estimated that 20% of eligible employees participated in FSAs in 2006.

Celent conducted FSA administrator interviews to project the number of flexible spending accounts for 2005 - 17,000, 2006 - 18,000, 2007 - 19,000, 2008 - 18,000.

About 7 million Americans were enrolled in flexible spending accounts in 2004, according to the Employers Council on Flexible Compensation.

Genetically Personalized Care

A poll conducted by Charlton Research Co., commissioned by Parade Magazine and Research!America, of 1,000 nationally representative people, found that 34% of people would be willing to pay more for genetically personalized health care in 2004.

Health Coverage Tax Credits

According to research published in Health Affairs, the average family health insurance tax subsidy was $1,492 in 2004, with averages of $102 for low-income and $2,780 for high-income families.

The Health Coverage Tax Credit Program was created in 2002 to offer tax credits to jobless workers who buy health insurance. As of January 2004, 8,374 workers were receiving the credits (25,000 people, including dependents) out of the anticipated 500,000 that the government hoped would use the program. In 2004, 29 states have designated health plans to provide coverage to people receiving the tax credit. Consumers would have to pay 35% of their insurance premium, which would be about $3,360 annually for state-based health insurance, according to federal officials. One person interviewed for this article was quoted $22,680 for her annual share of the health insurance premium to be eligible for this program.

Health Reimbursement Accounts

A 2007 Watson Wyatt survey of 573 U.S. employers with 11 million employees found that 72% offered HRAs.

61 companies received email surveys between Oct-Nov 04. Survey data was supplemented with telephone contacts and publicly available information. 28 companies representing 800,000 covered lives responded. 87% offered HRA and HSA. 7% offered HRA only; 7% offered HSA only.

Kaiser/HRET surveyed 2,013 US firms by telephone in 2005. 1.9% of firms offered an HRA in 2005 (covering 1.6 million workers). HRA average annual deductibles were $1,870 for single coverage and $3,686 for families.

100."CDH Products and Enrollment Data from Select Vendors and Insurers." Inside Consumer-Directed Care 2(18): 6-7, September 24, 2004. (HO-094)
Atlantic Information Services, Inc. found that there were over 1,486,425 lives covered by 19 selected insurers through consumer driven plans in 2004. Aetna covered 191,000 lives through their HealthFund HRA and United Health Group covered nearly 100,000 lives through their iPlan high-deductible PPO paired with an HRA.

Health Savings Accounts

According to a study by Hewitt Associates, more than 20% of employers offer, or plan to offer, a high-deductible health plan with a tax-advantaged health savings account, or HSA, by the end of this year, and almost half are considering offering one at
a future date. 3% of employees elected these plans in 2006. Hewitt data included than 1,800 health plans throughout the
U.S., including 400 large employers, and more than 18 million plan participants in its survey. The results were based on
responses from employers that pay premiums to insurance companies for coverage and employers who are self-insured.

(HO-198)
A telephone survey, which ended in May and was conducted by Kaiser and the Health Research and Educational Trust,
quered 3,078 public and private employers and was based on 1,997 that responded to the full survey. It found that almost
one in five large employers offered some sort of health savings option, combined with high-deductible insurance, in 2007.

Mintel’s survey revealed that 13% of employees had a HSA through their employer in 2007.

3 million people had health savings accounts in 2007.

The number of enrollees and dependents covered by an HSA-eligible plan increased from about 438,000 in September 2004
to about 3 million in January 2006. Annual deductibles for HSA-eligible plans averaged $1,901 for single coverage and
$4,070 for family coverage in 2005.

The Government Accountability Office studied IRS records and found that the average deduction for health savings accounts
was $2,100 in 2004.

The AHIP HSA Census found that 438,000 people were enrolled in HSAs in 2004, 1,031,000 in 2005 and 3,168,000 in 2006.
The average annual premiums were $2,700 for single plans and $7,909 for family coverage, according to Kaiser Family
Foundation research.

America's Health Insurance Plans (AHIP) reported that over 3 million people signed up for high-deductible policies with
HSAs in 2006. HSAs had deductibles of at least $1,050 for individuals and $2,100 for families in 2006.

HSA minimum deductibles were $1,050 for individuals and $2,100 for families with annual out-of-pocket limits of no more
than $5,250 or $10,500 for individuals and families in 2006. As of January 2006, at least 3 million people were covered by
HSA plans.

110. Summary: January 2006 Census Shows 3.2 Million People Covered By HSA Plans. Washington, DC: America's Health Insurance
Plans, January 2006. (HO-174)
A periodic census by America’s Health Insurance Plans (AHIP) of its member companies shows that the number of people
covered by health savings accounts/high-deductible health plans (HSA/HDHPs) was almost 3.2 million in January 2006,
more than triple the HSA/HDHP coverage of about one million reported by AHIP members in March 2005. There were
438,000 members in 2004.

111. Robinson, J. C. "Health Savings Accounts - The Ownership Society." New England Journal of Medicine 353(12): 1199-1202,
September 22, 2005. (HO-130)
America's Health Insurance Plans found that the HSA market averaged $2,790 for single persons and $5,230 for families in
2005.

112. The Changing Landscape of Health Insurance: Summary of Current Trends in Health Insurance. Waltham, MA, Massachusetts
Medical Society, September 2005. (HO-138)
In 2005, health savings accounts had a minimum deductible of $1,000 for individuals and $2,000 for families

Inside Consumer Directed Care reported that there were 425,000 health savings accounts in 2005.

The New York Times reported that 8% of large employers offered HSAs in 2005, and 18% planned to offer them in 2006, and 47% are considering offering them.


The Commonwealth Fund reported that 1 million people were enrolled in health savings accounts in the US in 2005.


America's Health Insurance Plans conducted a survey and found that 1,031,000 HSAs have been opened between 2003-2005.


An ongoing census by America's Health Insurance Plans (AHIP) found that the number of people covered by health savings accounts was 1,031,000 in March 2005 and 438,000 in September 2004.


61 companies received email surveys between Oct-Nov 04. Survey data was supplemented with telephone contacts and publicly available information. 28 companies representing 800,000 covered lives responded. 87% offered HRA and HSA. 7% offered HRA only; 7% offered HSA only.


A random survey of 1,000 people by Watson Wyatt Worldwide in 2005 found that less than a third of workers with health insurance heard about health savings accounts, and once described, 66% said that paying the full price of prescription drugs until the coverage kicked in seemed extremely undesirable.


Kaiser/HRET surveyed 2,013 US firms by telephone in 2005. 2.3% of firms offered an HSA in 2005 (covering 810,00 workers). HSA average annual deductibles were $1,901 for single coverage and $4,070 for families.

HSA enrollment reached over 1 million covered lives in 2005. A Mercer survey found that up to 73% of employers planned HSAs for 2006.


Mercer Human Resource Consulting conducted a survey and found that 73% of employers were likely or somewhat likely to offer HSAs by 2006.

The US government offered high deductible health savings accounts to more than 3 million federal employees and their families in 2004.

In 2004, Mercer Human Resources Consulting found that 81% of all employers with 20,000 or more employees were somewhat or very likely to offer HSAs within 2 years.

A survey by Mercer Human Resources Consulting found that 73% of employers said that they would offer health savings accounts to employees. Annual deductibles for HSAs ranged from $300-$2,000+ in 2004.


The U.S. House of Representatives Joint Committee on Taxation estimated that 1 million HSA's would be sold in 2004. A survey by Destiny Health in January 2004 showed that 66% of people would be interested in a tax-free account.
Hewitt Associates surveyed nearly 270 companies and found that while 61% of employers were likely to offer HSAs in the near future, only 33% of the companies had the required design structure in place to do so. HSAs allowed an annual deductible of at least $1,000 per individual and $2,000 per family in 2004.

US Treasury Department guidelines on Health Savings Accounts issued in March 2004 clarified that consumers must buy health insurance policies with a minimum $1,000/maximum $2,600 deductible for individuals and a minimum $2,000/maximum $5,150 deductible for families.

Destiny Health surveyed 1,000 Americans and found that 66% were interested in having their own tax-free savings account in 2004.

250 million nonelderly Americans had access to health savings accounts in 2004, provided they were combined with catastrophic insurance. Health insurance policies accompanying HSAs must have an overall deductible of $1,000/not exceeding $2,600 for individuals and $2,000/not exceeding $5,150 for families.

Kaiser/HRET surveyed 3,017 US firms in 2004. 3.5% of firms offered an HSA in 2004, and 27% of firms said that they were likely to offer a high deductible plan or HSA within the next 2 years.

Healthcare Consultant/Coach

Some consumer driven plans added $100 to someone's health account for talking with a health coach to manage chronic conditions in 2004.

High Deductible Insurance Plans

A telephone survey, which ended in May and was conducted by Kaiser and the Health Research and Educational Trust, queried 3,078 public and private employers and was based on 1,997 that responded to the full survey. It found that high-deductible plans covered 3.8 million workers in 2007. Almost one in five large employers offered some sort of health savings option, combined with high-deductible insurance, in 2007.

According to Watson Wyatt Worldwide, 29% of employers provided access to a high-deductible plan in 2006. Another 33% planned to add one by 2007.

Median employee enrollment in high-deductible health plans was 7% in 2006, according the National Business Group on Health.

A periodic census by America’s Health Insurance Plans (AHIP) of its member companies shows that the number of people covered by health savings accounts/high-deductible health plans (HSA/HDHPs) was almost 3.2 million in January 2006, more than triple the HSA/HDHP coverage of about one million reported by AHIP members in March 2005. There were 438,000 members in 2004.

According to America's Health Insurance Plans, 1 million people had high deductible policies in 2005 and 3 million in 2006.


High deductible health plans cost individuals $1,000 or more per year in 2005.


An ongoing census by America's Health Insurance Plans (AHIP) found that the number of people covered by health savings accounts/high-deductible insurance plans was 1,031,000 in March 2005 and 438,000 in September 2004.


The Los Angeles Times reported that surveys found that 14% of employers offered high deductible insurance plans in 2005 and 26% planned to offer them in 2006.


60 large employers sponsored low-cost plans for uninsured workers in 2005, including a high deductible plans for $49.83-$303 per month that cover major medical and hospital expenses.


Hewitt Associates said that 17% of employers offered some kind of high deductible plan in 2005.


The Segal Company estimated that 32 million people (20% of the 160 million insured through employers) could sign up for high deductible consumer driven plans within the next five years.


In 2004, about 10% of firms reported offering a high deductible health plan, according to the Kaiser/HRET survey.


The National Business Group on Health estimated that 20% of employers offered high deductible insurance plans in 2004 and predicted that 30% planned to offer them.


Kaiser/HRET surveyed 3,017 US firms in 2004 families in 2004. 10% of firms offered a high deductible plan in 2004 and 27% said that they were likely to offer a high deductible plan or HSA within the next 2 years.

Individual Health Accounts

AHIP conducted a survey of individual market premiums included just under 1.9 million policies, covering approximately 3.2 million individuals. Nationwide, annual premiums averaged $2,268 for single coverage and $4,424 for a family plan in 2004.

A study sponsored by eHealthInsurance and the Kaiser Family Foundation found that 16.5 million people bought their own insurance in 2004. The average annual premium was $1,776 for individuals and $3,324 for families.

In 2004, Staples workers could use a medical debit card to deduct up to $3,500 worth of medical expenses from their wages. In 2004, 20,000 full-time Staples workers had used this card. In 2004, 800,000 workers used the MBI medical debit card.
Limited Benefit Health Plans

Ben Rozum, senior vice president of sales at Star HRG, said that limited benefit plan premiums could start at $28 per month in 2006.

Typically, a mini-med plan cost subscribers $13 to $40 per week in 2006.

The average costs for limited benefit health plans (plans that provide limited coverage for routine doctor's visits, but usually not catastrophic care) were $50-$100 a month for individual coverage and about $200 a month for families in 2005, according to the Los Angeles Times.

Long Term Care

154. Brenner, L. "Do You Need Insurance for Long-Term Care?" Parade Magazine. 10, February 17, 2008. (HO-228)
Long-Term Care insurance policy premiums ranged from $1,500 to $8,000 per year for people aged 60-70 in 2008.

In 2007, 34 million Americans were helping an aging relative or friend. Caregivers spend an average of $5,500 annually of their own money in caring for a loved one over the age of 50, according to the study by the National Alliance for Caregiving and Evercare, a Minnesota firm that coordinates long-term care.

Kaiser Family Foundation conducted a survey between October 1 – October 10, 2007 and found that 68% of Americans had a family member or someone they know well receiving long-term care.

Data gathered by Verispan LLC from state health licensing agencies, federal government sources and telephone or mail surveys through May 2004 showed that the number of nursing homes operating in the U.S. was 15,300 in and the number of home care agencies was 12,284 in 2004.

In 2004, about 1.5 million people lived in nursing homes at any given time, and 3.5 million spent time in a nursing home in the course of the year.

In 2004, 3%-4% of spending on long term care was through private long term care insurance. CBO found 2004 annual LTC policies ranging from $1,487-$5,098, depending on the age of the person purchasing the policy.

According to the Alliance for Health Reform, in 2004, a year's stay in a nursing home cost roughly $50,000 and the average annual cost of hiring someone to provide care at home was about $15,000.

In 2004, the annual nursing home cost was $57,700. 42% of Americans 65 and older were estimated to need nursing home care in 2004. According to the National Center for Assisted Living, there were 33,000 assisted living facilities in the United States in 2004, with about 800,000 people living in them, at an average cost of $22,800 annually.
Mind/Body Focused Wellness Plans


   In February 2004, an American Psychological Association survey found that 85% of people felt that health insurance should cover mental health services.

Prescription Drugs


   A telephone survey, which ended in May and was conducted by Kaiser and the Health Research and Educational Trust, queried 3,078 public and private employers and was based on 1,997 that responded to the full survey. It found that drug plans served three in four covered employees in 2007.


   98% of covered workers in employer-sponsored plans had a prescription drug benefit in 2005, according to the Kaiser/HRET Survey.


   In 2004, there were 3.7 million retail drug prescriptions. Based on the National Compensation Survey, 100% of workers covered by medical insurance had outpatient prescription drug coverage in 2004.


   60 large employers sponsored low-cost plans for uninsured workers in 2005, including a prescription drug discount card starting at $4.41 per month.


   The Kaiser Family Foundation/Health Research and Educational Trust Employer Health Benefits 2004 Annual Survey found that 100% of covered workers had prescription drug coverage.


   The Kaiser/HRET 2004 survey found over 99% of insured workers had prescription drug coverage.


   Kaiser/HRET surveyed 3,017 US firms in 2004. 100% of firms offered prescription drug coverage.

Preventive Medicine/Diagnostic


   The Kaiser Family Foundation/Health Research and Educational Trust Employer Health Benefits 2004 Annual Survey found that 95% of covered workers received coverage for adult physicals.


   The Kaiser/HRET 2004 survey found that over 95% of insured workers had preventive benefits coverage (adult physicals, well-baby care, annual ob/gyn exams, prenatal exams).


   Intensive (also called extreme) physicals cost between $2,000-$7,500 in 2004, with some insurance plans covering 30%-60% of the cost. The reporter estimated costs of $125-$175 for a nutrition analysis and $600 for a 2 hour long physician counseling session.

Kaiser/HRET surveyed 3,017 US firms in 2004. 95%-99% of plans surveyed offered preventive benefits (adult physicals, prenatal care, well baby care, ob/gyn).

Store Based Health Care Programs

   A standard check-up at Walmart topped out at $65 in 2007.

   Retail based clinics typically charged $50-$60 per visit in 2007.

   A Harris survey found that in-store clinic visits usually cost less than $50 in 2005. 7% of respondents had used one, and 41% said they would be likely to do so.

   Blue Cross & Blue Shield of Minnesota analyzed 22,956 visits to minute clinics between June 2004 - July 2005 and found that the average cost was $43.

   Solantic found costs between $10-$90 per visit at store based health care programs, such as Walmart, Target and CVS in 2005.

179. “Many Americans Open to Care at Retail-Based Health Clinics.” Wall Street Journal, October 26, 2005. (HO-156)
   A Harris Interactive Poll of 2,245 adults conducted between Oct 12-14, 2005 found that 7% of adults have used retail-based health clinics and average costs were $25-$60 per visit.

   In 2005, patients could go to CVS, Wal-Mart or Target and receive routine medical services like strep throat tests, sports physicals or flu shots, for $25-$60 per visit.

   In 2005, Sam's Club 46 million members could get up to 50% discount off selected health services, such as laser eye surgery, home health care, fitness club memberships and dental care, through UnitedHealth Group's Health Allies Program. Sam's membership cost $100 in 2005. In 2005, BJ's Wholesale Club offered discounts of 30% or more on health care services and Costco offered up to 40% up to $12.95 per month.

Tiered Pricing Plans

   The Center for Studying Health System Change conducted site visits in 2004 to 12 nationally representative metropolitan communities and interviewed individuals from health plans, providers, employers, policy makers and other stakeholders. They found that over 80% of the survey participants were interested in development of tiered-provider networks, and that over 40% were already selling these products.

Universal Coverage

   A 2006 survey by USA Today, ABC News and Kaiser Family Foundation found that 56% of people favored universal coverage.

   A Pew poll found that two thirds of people supported universal healthcare in 2005.

A September 2006 poll by ABC News, Kaiser Family Foundation and USA Today found that 56% of Americans favored a government run universal healthcare system.

   A wide-ranging national telephone survey taken in September 2006 by USA TODAY, ABC News and the Kaiser Family Foundation found that 56% of survey respondents said they preferred a universal system.

   Unidentified polls indicated that 75% of Americans supported universal coverage in 2005.

   The Boston Club surveyed 130 Boston area female business leaders and found that 34% favored universal health care in 2004.

   A poll conducted by the Civil Society Institute in 2004 found that 67% of Americans would support guaranteed health insurance, and 52% would support national health insurance.

   The Civil Society Institute issued a survey of 1,020 adults conducted by Opinion Research Corp. in 2004 and found that two-thirds of respondents supported a healthcare "guarantee" and 78% advocated government regulation of health care.

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