



2008 Benchmark Survey

April 2008

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Executive Summary

HSA Bank undertook a research project to provide a benchmark for the health savings account (HSA) industry in terms of health care consumerism and HSA holder characteristics. The benchmark information was collected through an online survey, which HSA Bank conducted beginning in March 2008 and ending on the last day of April 2008.

The survey was primarily distributed to employer relationships via HSA Bank's Employer Update (monthly newsletter to employers). The employer relationships were asked to forward the link to the survey to all employees, regardless of their choice in health care coverage.

The March newsletter with the initial link for the survey was sent on March 21, 2008 to more than 12,000 employers. The April newsletter with a reminder that the survey was available until the end of April was sent on April 11, 2008 to more than 13,000 employers.

This report summarizes the responses provided by the 733 respondents, ranging from HSA Bank customers (60.3%) to people that do not have an HSA-compatible health plan. Nearly two-thirds of the respondents reported having an HSA-compatible health plan. Of those respondents, 87.8 % also reported having an HSA.

Key Findings

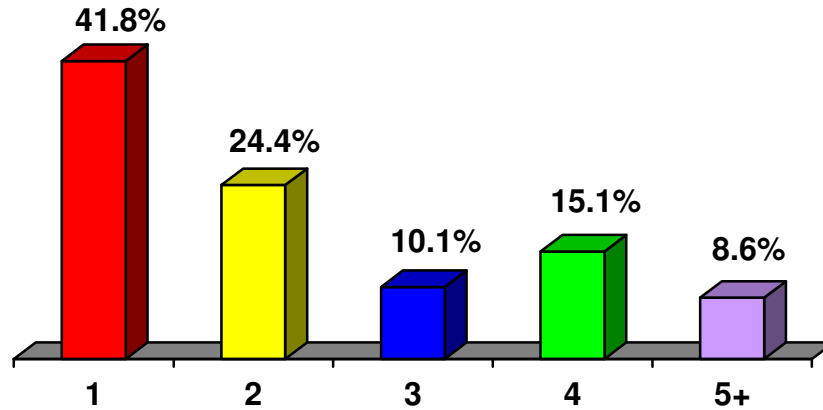
- Most respondents primarily covered just themselves (41.8%) or one other individual (24.4%) with their health plans. Only 8.6% covered five or more with their health plan.
- A majority of respondents (65.8%) have a high-deductible health plan (HDHP) as their primary health insurance.
- Of those who have an HDHP, 72.6% of respondents selected their HDHP over a traditional health plan option.
- Of those who have an HDHP, (87.8%) also have an accompanying health savings account (HSA).
- Of those who were recommended medical treatment in the past 12 months, no statistically significant difference exists between those covered by an HDHP and those covered by any other type of health plan when choosing to delay treatment because of cost ($p=.607$).
- A majority of respondents consider themselves to be in good health (53.3%) or excellent health (24.3%).
 - Those with an HDHP were slightly more likely to report excellent health, but there is no statistically significant difference between respondents covered by an HDHP and those covered by any other type of health plan who report 'average' to 'excellent' health (96.2% vs. 92.2%).
- Most respondents (58.0%) indicate that their health plan pays for preventive care prior to the deductible being met regardless of health plan. There is no statistically significant difference between those with and HDHP and those without HDHP coverage regarding preventive care (HDHP = 58.9% and Non-HDHP = 56.0%).
- A majority of the respondents receive an annual physical examination (57.6%) excluding pap or mammograms regardless of health plan. There is no statistically significant difference between those with and HDHP and those without HDHP coverage regarding physical exams (HDHP = 58.5% and Non-HDHP = 55.8%).

- Over the past 12 months, 69.3% have inquired about the cost of a visit prior to making an appointment. Of those who visited their doctor, 22.8% of respondents asked about the cost of a visit prior to making an appointment.
 - Of those visiting the doctor in the past 12 months, those with an HDHP were more likely to ask about the cost prior to making an appointment (26.2% vs. 16.1%).
- Over the past 12 months, 62.5% of all respondents have inquired about lower cost alternatives for recommended treatments. Of those who visited their doctor, 30.4% of respondents asked about lower cost alternatives for recommended treatments.
 - Of those visiting the doctor in the past 12 months, those with an HDHP were more likely to ask about lower cost alternatives for treatment (32.9% vs. 25.2%).
- Of those who were recommended treatment, regardless of health plan type, 33.4% decided against treatment due to cost.
 - Of those visiting the doctor in the past 12 months, there is no statistically significant difference between those covered by an HDHP and those covered by any other type of health plan who report deciding against treatment. (p= .216)
- Almost one-third of all respondents (32.1%) have delayed a treatment due to the cost during the past 12 months. Of those who were recommended treatment, 58.9% did not delay their treatment due to cost.
 - Of those visiting the doctor in the past 12 months, there is no statistically significant difference between those covered by an HDHP and those covered by any other type of health plan, who report choosing to delay treatment.
- Of all respondents considered for treatment, 33.8% chose to take the lower cost option as compared to 33.4% of respondents who chose the more expensive option, when given a choice. 32.8% report no treatment or no option recommended.
 - Of those who were considered for treatment and have an HDHP 69.6% chose a lower cost alternative compared to just 61.2% of respondents with any other type of health plan.
- Regardless of health plan type, of those respondents who were prescribed a prescription drug, a majority (76.6%) asked for a lower cost generic drug instead of a brand name prescription.
 - Of those prescribed a prescription drug in the past 12 months, those with an HDHP are more likely to ask about generic prescription alternatives (79.5% vs. 70.7%).
- No statistically significant difference exists between age ranges with respect to HSA ownership. (p= .410).

A total of 61.3% of respondents were female and 72.2% of total respondents were married. Age of respondents varied, but the most frequent age range was 45-54 years old (29.7%). Annual household income also varied, many (43.7%) reported having a household income over \$85,000. The survey did not ask for individual income, so a significant number of households may be reporting two incomes in their response.

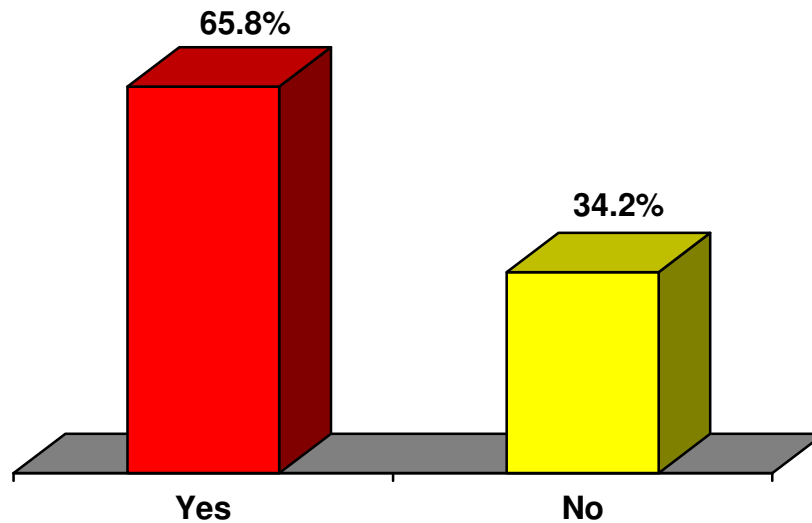
Results

How Many People Are Covered Under Your Health Plan?

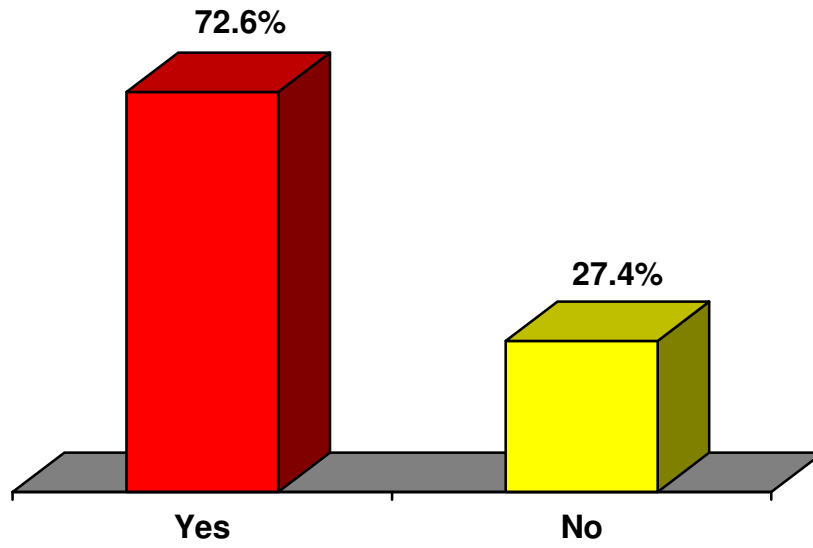


- Respondent's health plans primarily covered just themselves (41.8%) or one additional dependent (24.4%).
- The majority of respondents (65.8%) have an HDHP.

Do You Have A High Deductible Health Plan (HDHP)

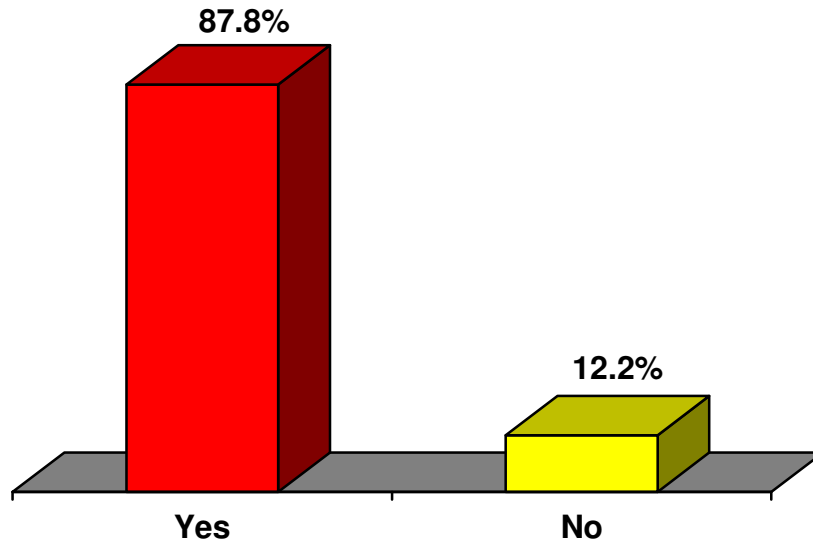


Did You Select Your HDHP Over A Traditional Plan

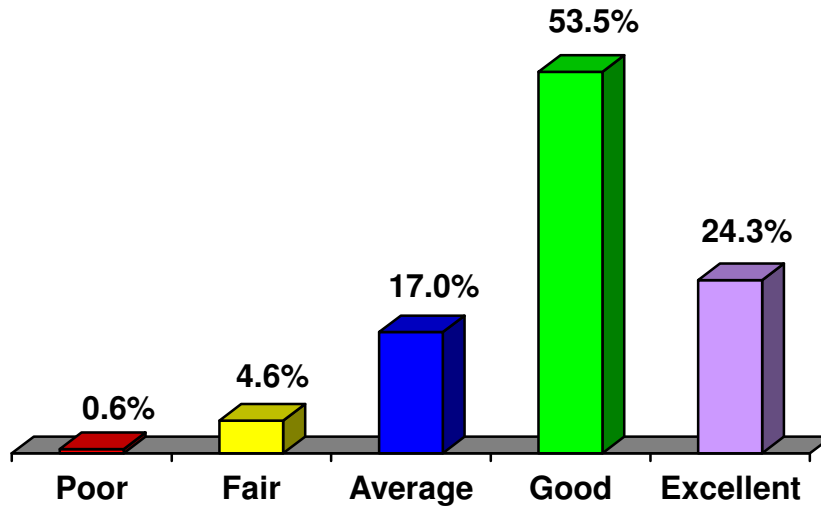


- The majority of respondents (72.6%) who have an HDHP chose their plan over a traditional health plan.
- Of those respondents who have an HDHP, 87.8% also have an HSA.

Do You Have A Health Savings Account (HSA) Along With Your HDHP

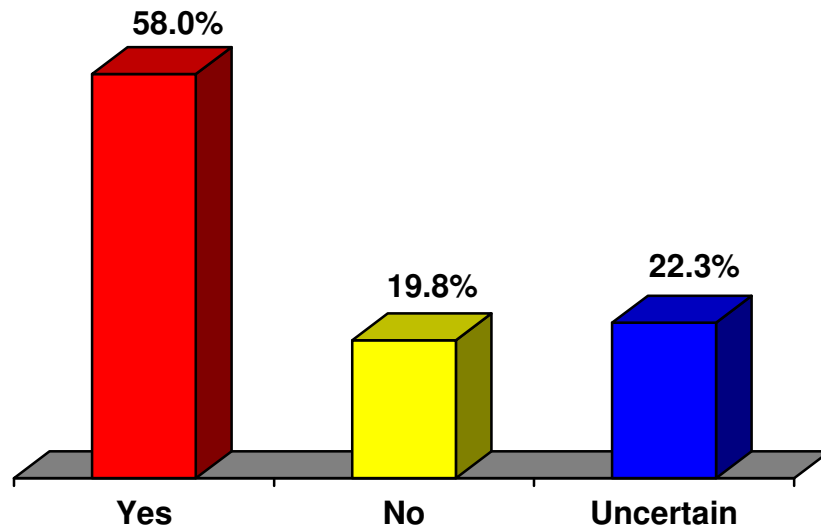


How Would You Rate Your Overall Health

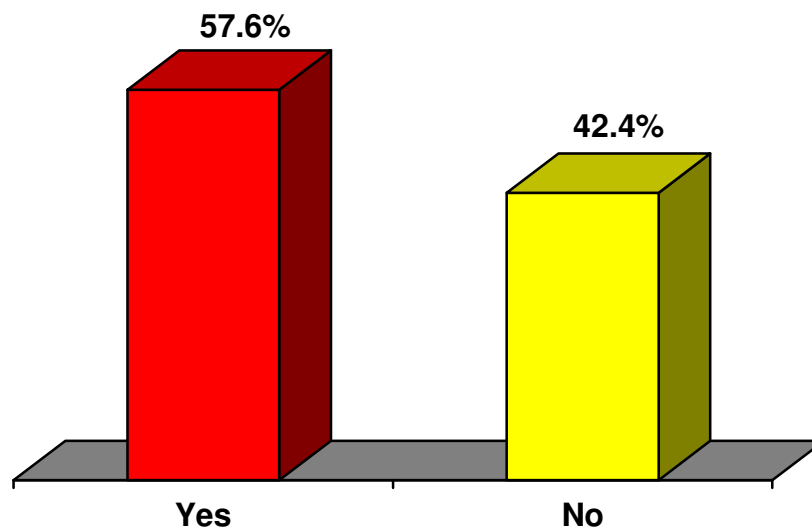


- The majority of respondents (53.5%) consider themselves to be in good health.
- More than half (58.0%) of consumer health plans pay for preventive care prior to their deductible being met. Of those who are aware of their health plan coverage, 74.6% know that their health plan pays for preventive care prior to their deductible being met.

Does Your Health Plan Pay For Preventive Care Prior To Your Deductible Being Met

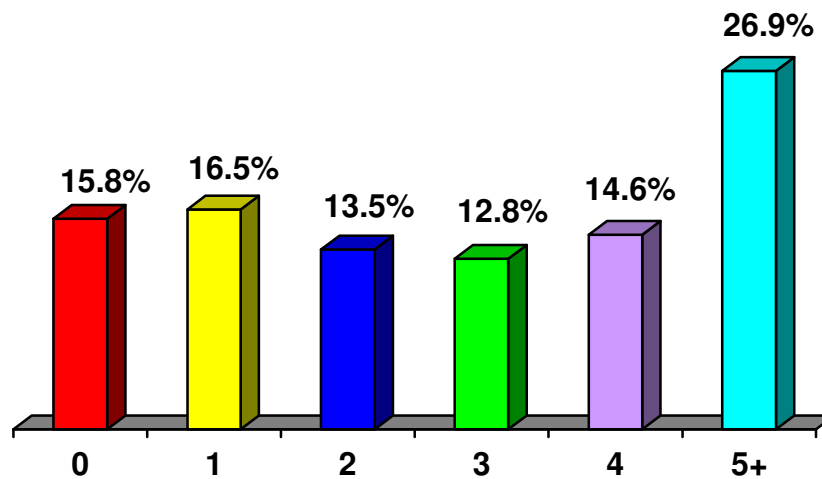


Do You Go To The Doctor To Get a Preventive (Physical) Exam Each Year (Excluding Pap Or Mammograms)

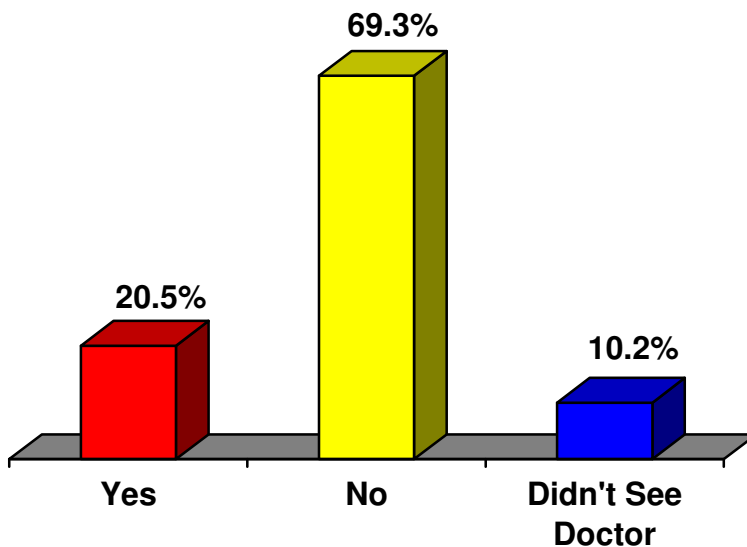


- The majority of respondents (57.6%) receive a physical exam each year.
- In the past five years, 26.9% of respondents have gotten five or more physical exams, while 15.8% of respondents have not gotten a physical during the same period.

In The Past 5 Years, How Many Times Have You Received An Annual Preventive (Physical) Exam (Excluding Pap or Mammograms)

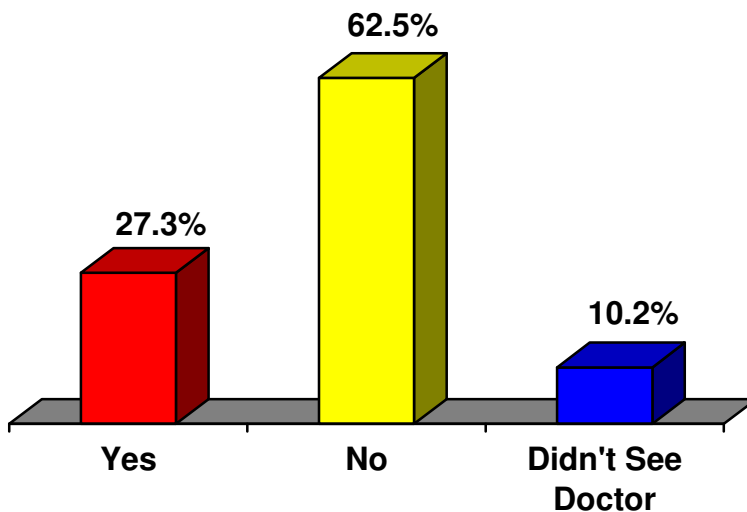


If You Have Seen Your Doctor In The Past 12 Months, Did You Ask About The Cost Of A Visit Prior To Making An Appointment

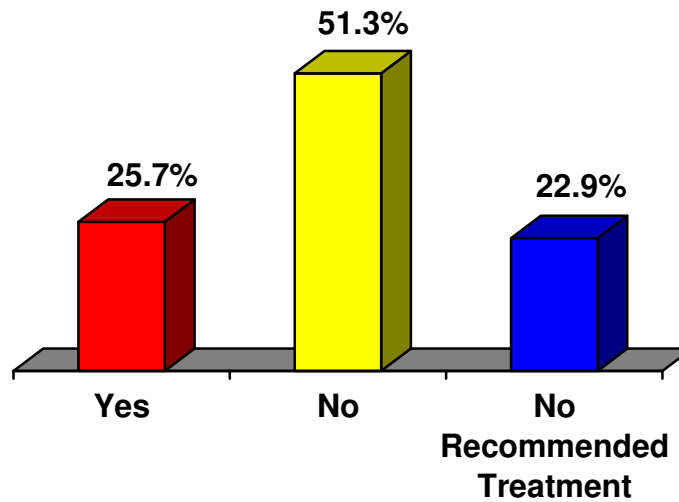


- 69.3% of respondents did not ask about the cost of an office visit prior to making an appointment in the past 12 months. Of those who visited their doctor, 22.8% of respondents asked about the cost of a visit prior to making an appointment.
- The majority of respondents (62.5%) did not ask about lower cost alternatives for recommended treatments in the past 12 months. Of those who visited their doctor, 30.4% of respondents asked about lower cost alternatives for recommended treatments.

If You Have Seen Your Doctor In The Past 12 Months, Did You Ask About Lower Cost Alternatives For Recommended Treatments

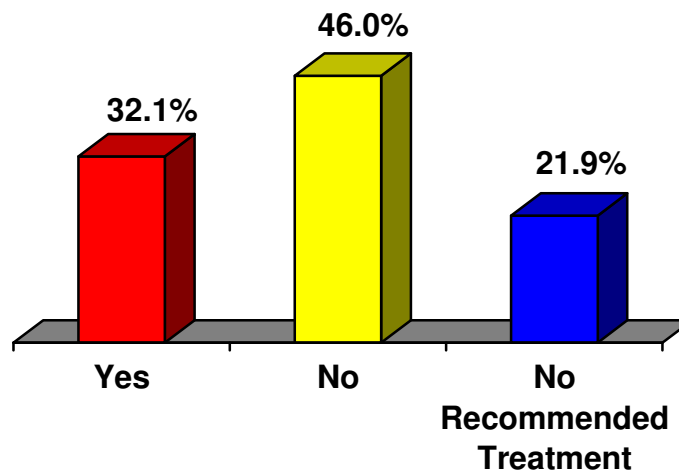


In The Past 12 Months, Have You Decided Against Recommended Treatment Due To Cost

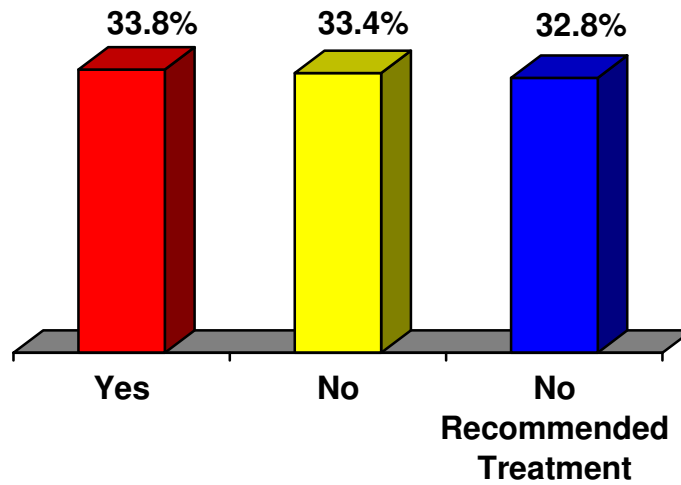


- The majority of respondents (51.3%) did not decide against treatment in the past 12 months due to the cost of the treatment.
- Almost one-third of all respondents (32.1%) have delayed treatment due to cost during the past 12 months. Of those who were recommended treatment, 58.9% did not delay their treatment due to cost.

In The Past 12 Months, Have You Delayed Treatment Due To Cost

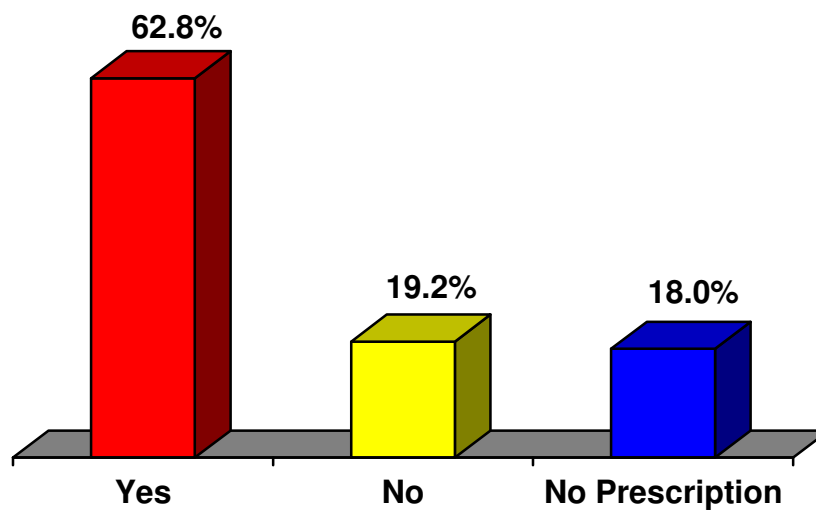


In The Past 12 Months, If Given A Choice, Have You Selected A Lower Cost Option For a Recommended Test Or Treatment

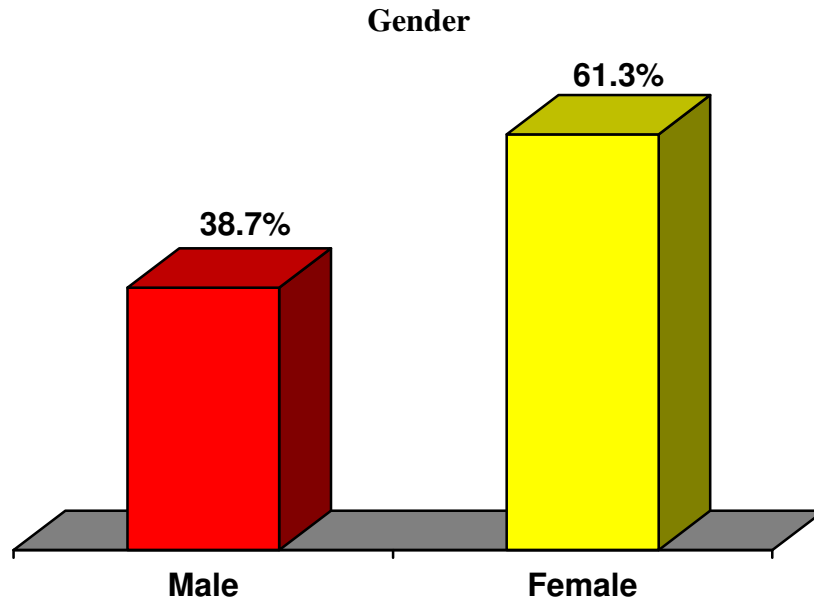


- If given a choice to select a lower cost option for treatments or tests in the past 12 months, 33.8% of respondents chose to take the lower cost option, as compared to 33.4% of respondents who chose the more expensive option.
- The majority of respondents (62.8%) who were prescribed medication in the past 12 months asked for a lower cost alternative instead of taking a brand name prescription drug.

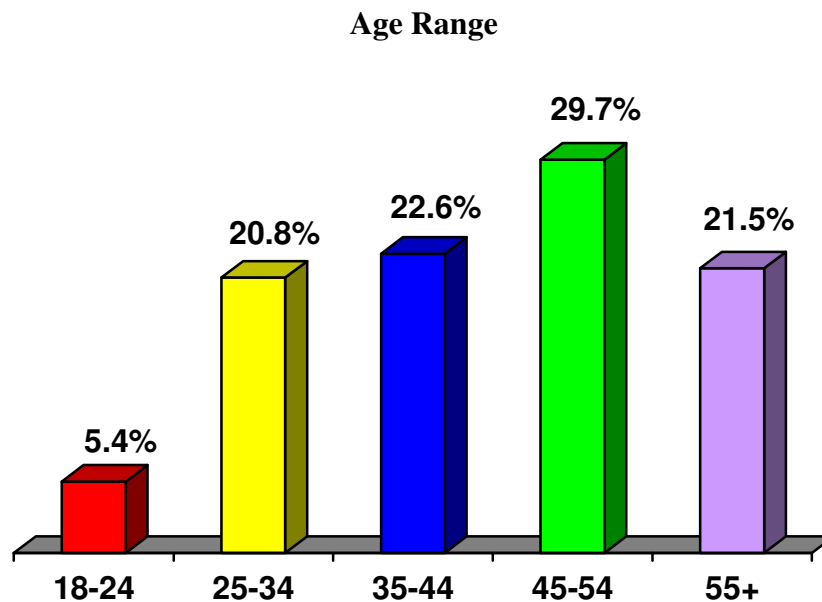
If You Have Been Prescribed Any Medication In The Past 12 Months, Did You Ask Your Doctor Or Pharmacist For a Lower Cost Generic Prescription Drug Instead Of a Brand Name Prescription Drug



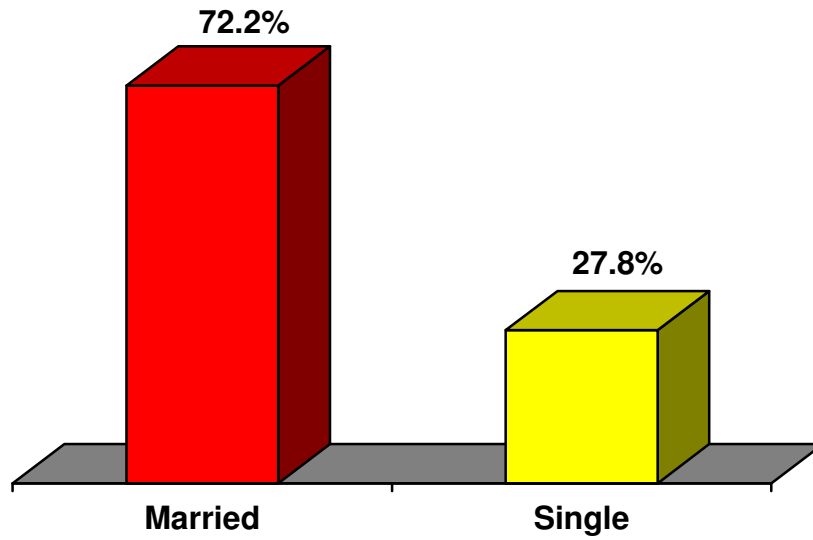
General Information



- Almost two-thirds (61.3%) of respondents were female.
- The highest breakdown of age ranges was 45-54 with 29.7% of respondents, while only 5.4% were represented by the 18-24 year old group.

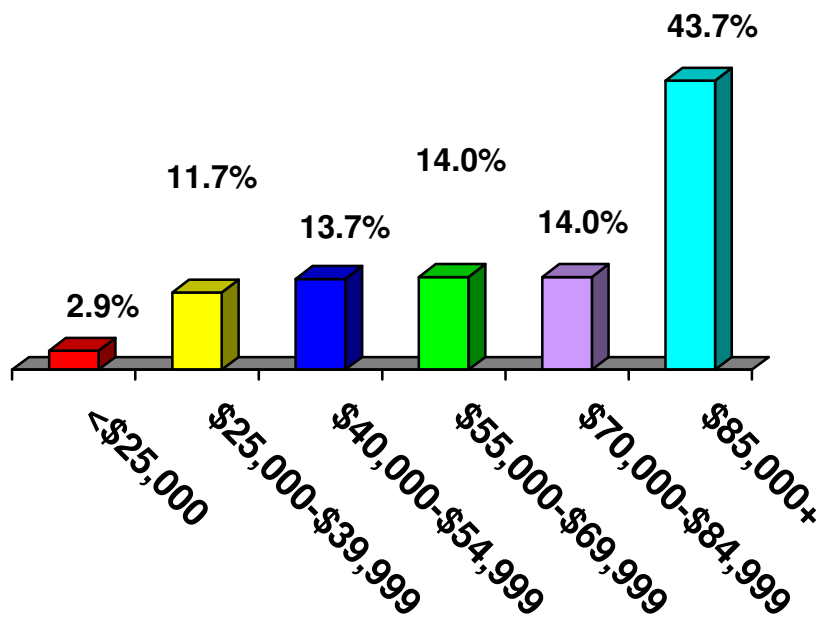


Marital Status

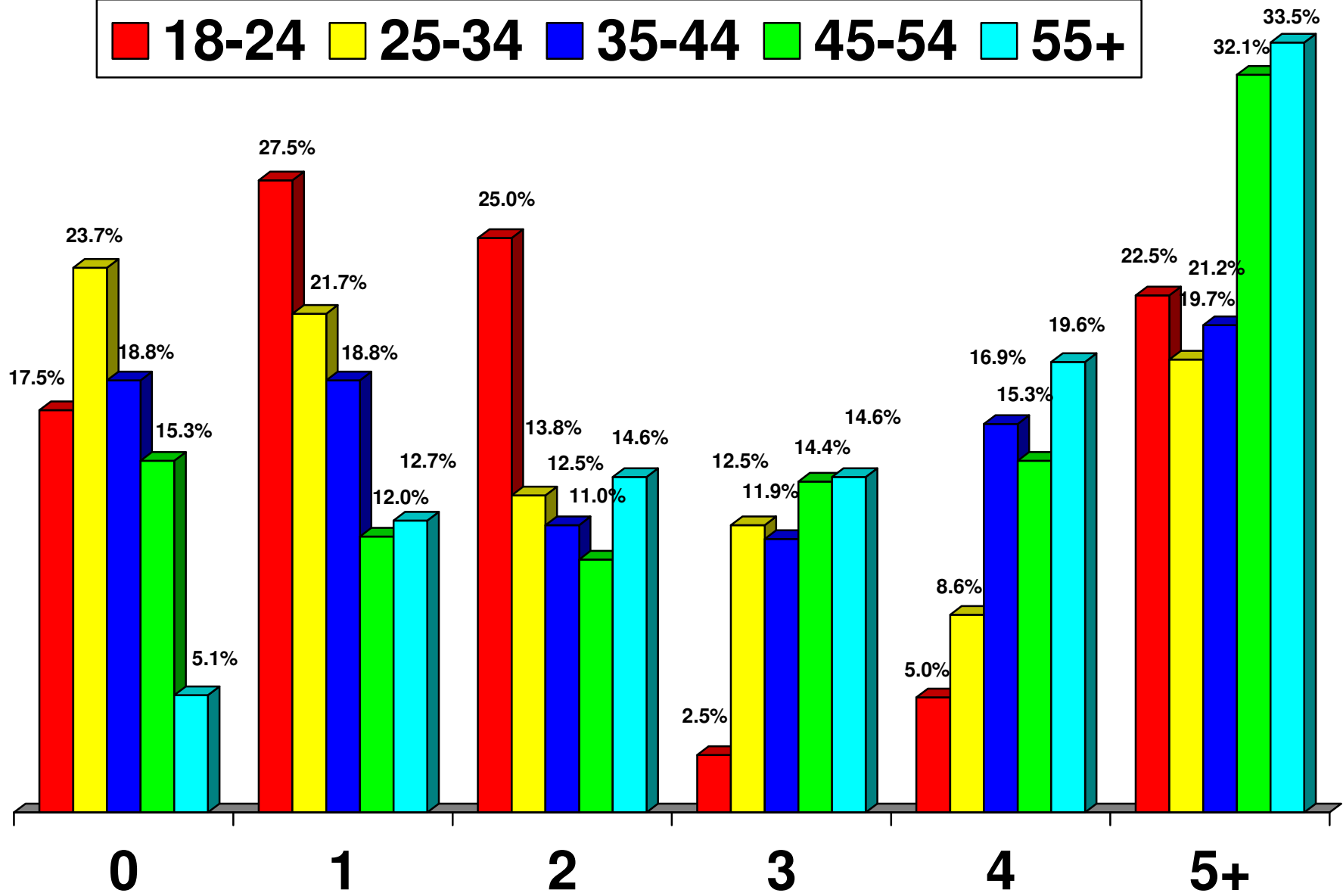
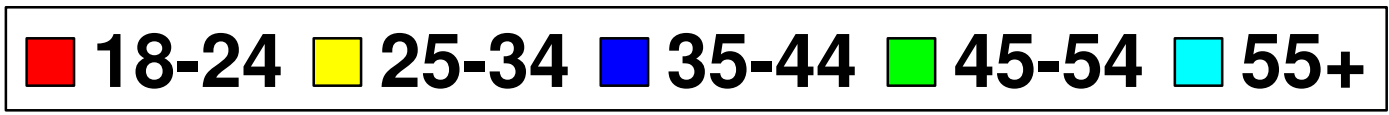


- Almost three-quarters of respondents (72.2%) were currently married.
- The largest household income range was \$85,000+ with 43.7% of respondents belonging to this group.

Annual Household Income



Number of Physicals by Age Range



Number of Physicals Over Past Five Years (Excluding Pap & Mammograms)

Analysis of Interrelationships

Gender

- Female respondents were significantly more likely to get a preventive (physical) exam each year (excluding pap or mammograms) (62.2%) compared to males (50.7%).
- Female respondents were significantly more likely to have received 4 or more annual preventive (physical) exams (excluding pap or mammograms) (48.0%) over a five year period compared to males (31.2%).
- Of those who were recommended treatment in the past 12 months, no statistically significant difference exists between males/females and deciding against a treatment because of cost (p=.075).
- No statistically significant difference exists between males/females and having an HDHP (p=.222).
- No statistically significant difference exists between males/females and having an HSA (p=.153).
- No statistically significant difference exists between males/females and rating overall health (p= .295).
- Of those who saw their doctor in the past 12 months, no statistically significant difference exists between males/females and asking about cost prior to appointment (p= .629).
- Of those who saw their doctor in the past 12 months, no statistically significant difference exists between males/females and selecting lower cost tests or treatments (p= .463).

Age Range

- No statistically significant difference exists between age range and having an HSA (p= .410).
- No statistically significant difference exists between age range and overall health rating (p= .692).
- Respondents in the 25-34 age range are more likely to have an HDHP (63.7%) than those in the 18-24 age range (45.5%). The remaining age groups were also higher than the 18-24 year olds 35-44 (69.4%), 45-54 year olds (67.2%) and 55+ (66.7%)
- 38.5% of 35-44 year olds who have seen their doctor in the past 12 months will ask about lower cost alternatives for recommended treatment compared to just 12.5% of 18-24 year olds.
- Of those who saw their doctor in the past 12 months, no statistically significant difference exists between age range and asking about cost prior to appointment (p= .171).
- Of those who were recommended treatment in the past 12 months, no statistically significant difference exists between age range and deciding against a treatment because of cost (p=.361).
- Of those who saw their doctor in the past 12 months, no statistically significant difference exists between age range and selecting lower cost tests or treatments (p= .141).
- Of those who were prescribed a medication in the past 12 months, no statistically significant difference exists between age range and selecting a generic drug over a brand name drug (p= .358).

HDHP Respondents

- Those with an HDHP were slightly more likely to report excellent health, but there is no statistically significant difference between those reporting ‘average’ to ‘excellent’ health (96.2% vs. 92.2%) and HDHP selection.
- There is a statistically significant difference between those who have seen their doctor in the past 12 months, have an HDHP and asked about the cost prior to making an appointment (26.2%) compared to those who have seen their doctor in the past 12 months, do not have an HDHP and asked about the cost prior to making an appointment (16.1%).
- There is a statistically significant difference between those who have seen their doctor in the past 12 months, have an HDHP and asked about lower cost alternative for recommended treatments (32.9%) compared to those who have seen their doctor in the past 12 months, do not have an HDHP and asked about lower cost alternatives for recommended treatments (25.2%).
- There is a statistically significant difference between those who have been prescribed any medication in the past 12 months, have an HDHP and asked about lower cost generic prescription drugs instead of brand name (79.5%) compared to those who have been prescribed any medication in the past 12 months, do not have an HDHP and asked about lower cost generic prescription drugs instead of brand name (70.7%).
- Of those who were recommended treatment in the past 12 months, no statistically significant difference exists between HDHP and Non-HDHP respondents when deciding against a treatment because of cost ($p=.216$).
- Of those who were recommended treatment in the past 12 months, no statistically significant difference exists between HDHP and Non-HDHP respondents when deciding to delay a treatment because of cost ($p=.607$).

Marital Status

- 60.1% of married respondents go to the doctor to get a preventive (physical) exam each year (excluding Pap or Mammograms) compared to 51.5% of single respondents.
- Of the respondents who were recommended treatment in the past 12 months, 48.4% of single respondents delayed the treatment because of cost compared to just 38.0% of married respondents.
- Of the respondents who were recommended treatment in the past 12 months, 41.4% of single respondents decided against the treatment because of cost compared to just 29.8% of married respondents.
- In regards to their overall health, married respondents rate themselves significantly higher (4.01) compared to single respondents (3.88).
- No statistically significant difference exists between single and married respondents who report having an HDHP ($p= .919$).
- No statistically significant difference exists between single and married respondents who report having an HSA ($p= .960$).
- Of those who saw their doctor in the past 12 months, no statistically significant difference exists between single and married respondents who report asking about cost prior to appointment ($p= .875$).
- Of those who saw their doctor in the past 12 months, no statistically significant difference exists between single and married respondents who report selecting lower cost tests or treatments ($p= .219$).
- Of those who saw their doctor in the past 12 months, no statistically significant difference exists between single and married respondents who report selecting lower cost tests or treatments ($p= .135$).
- Of those who were prescribed a medication in the past 12 months, no statistically significant difference exists between single and married respondents who report selecting a generic drug over a brand name drug ($p= .204$).