

Health Insurance: What Americans Want

Americans Most Focused on Pocketbook Issues When It Comes to Coverage

Reform Provides an Opportunity for the Health Insurance Industry to Improve Its Image



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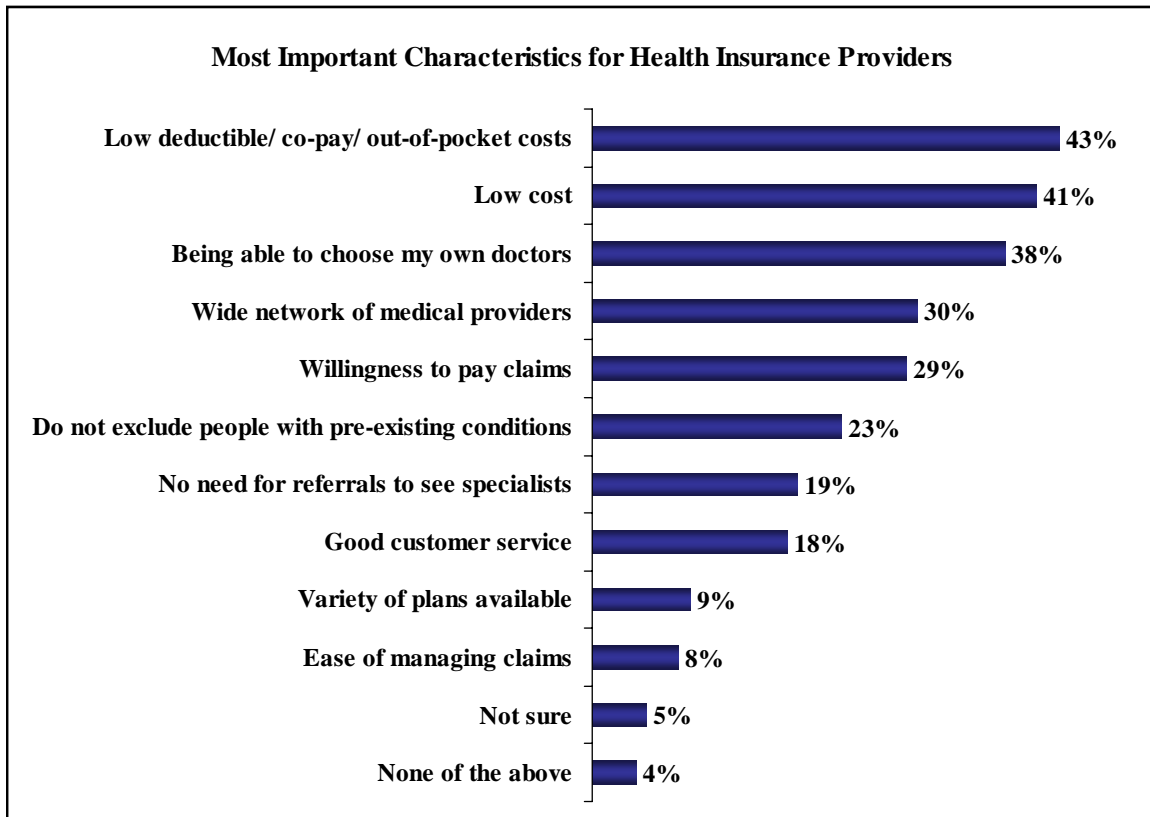
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Reform Provides an Opportunity for the Health Insurance Industry to Improve Its Image

New York, NY – When it comes to health insurance coverage in the current economic climate, concerns related to financial security trump all other matters such as health care provider choice and customer service, according to a new Ipsos poll of over 1,000 Americans. Low costs top the list of what Americans deem most important when it comes to health insurance, including low deductibles and out-of-pocket costs (#1 characteristic, cited by 43%), low cost of coverage (#2, cited by 41%), and willingness to pay claims (#5, cited by 29%).

Taking these concerns into account within the context of the healthcare reform debate may provide a unique opportunity for the health insurance industry to improve its less-than-stellar reputation. The poll shows that half of Americans (49%) hold an unfavorable opinion of the insurance industry while only 18% have a favorable view of it. Among those without health insurance coverage, just 11% have a favorable view of the industry.



The survey shows that, when looking at health insurance, pocketbook issues are especially important to men and women who are dealing with medical conditions.

- Those suffering from a chronic or serious condition are more likely than those who are not to deem low out-of-pocket costs, such as co-pays and deductibles, as one of the most essential qualities for health insurance providers (47% vs. 33%). Those suffering from obesity (58%), diabetes (57%), arthritis (55%), a mental health condition (51%) or a respiratory condition (50%) are even more likely to consider low out-of-pocket costs to be one of the most crucial factors.
- Low cost of coverage is particularly vital to those with a household income of less than \$25,000 (46%) and Northeasterners (48%), while retirees are disproportionately likely to place importance on a provider's willingness to pay claims (38%).

Availability and choice of medical practitioners are nevertheless important in the minds of many Americans – especially being able to choose their own doctors (selected by 38%) and having a wide network of providers to choose from (30%).

- The ability to select their own doctor is of particular significance to those aged 55 and older (44%), even more so than low co-pays and deductibles (42%) or low cost of premiums (35%).
- Those with a household income of \$50,000 or more are more likely to focus on the variety of medical providers available (35%), though cost is still the first priority among these more affluent adults (43% select low out-of-pocket costs; 37% select low cost of premiums).

Good customer service is an essential attribute for 18% of adults, and a similar proportion (19%) insist on avoiding the red tape involved with needing referrals to see specialists. However, fewer focus primarily on the ease of managing claims (8%) or the variety of plans offered (9%).

- Those suffering from a chronic or serious condition are more likely than those who are particularly sensitive about customer service (20% vs. 12%), particularly those with allergies (23%) or high blood pressure (20%).

Adults who have some form of health insurance tend to have different priorities regarding health insurance providers than do those who are uninsured. For instance, policyholders' ability to choose their own doctors is one of the most important traits among those who are insured (42%), whereas just 27% of the uninsured feel this way.

However, those without health insurance are even more likely than those who are insured to say that low cost of premiums is a top priority (50% vs. 37%). The uninsured are also more than twice as likely to consider offering a variety of plans to be one of the most important traits for a health insurance provider to have (16% vs. 7%).

One of the issues raised in the health care reform pertains to insurance access for those with a pre-existing condition. The survey shows that this matter is influential in shaping Americans' view of the health insurance industry. Nearly a quarter of those surveyed (23%) say that one of the most crucial characteristics for a health insurance provider to have is not excluding those with pre-existing conditions. This opinion is particularly

prevalent among those who have private medical insurance (33%) and those without any health insurance at all (30%).

With seven in ten (71%) living with any serious or chronic condition – ranging from high blood pressure to arthritis, diabetes to depression – fear of losing or being unable to obtain coverage is a reality for many Americans today.

- In fact, 8% of adults say that they have discontinued or lost their health insurance coverage altogether in the past year. Among those who are currently uninsured, three in ten say that they have discontinued or lost their coverage in the last twelve months.
- 12% of those who suffer from a chronic or serious condition and have health insurance, say that their coverage is still not sufficient to receive the appropriate amount of care required for the condition.
- Not surprisingly, those suffering from a chronic condition, particularly high cholesterol (35%), obesity (36%) and arthritis (34%), are more likely than those without such a condition (16%) to say that one of the most important characteristics for a health insurance provider to embody is not excluding those with pre-existing conditions.

As another indication of Americans' disapproval of insurance companies who exclude people with pre-existing conditions, three quarters (74%) say that they would support a measure that would ban insurance companies from denying coverage to people with a pre-existing condition in order to allow all Americans to have access to quality healthcare.

- Westerners (80%), retirees (80%), women (77%), and those suffering from some chronic or serious condition (77%) are particularly likely to support this measure to ensure broader coverage for Americans.

In addition to concern that some have about being denied coverage, many are facing rising costs for their health insurance. One in five (20%) says that over the past year the cost of their premium increased even though their level of coverage remained the same. The same proportion (20%) also says that they are now paying higher out-of-pocket costs. In contrast, very few say that the cost of their premium (1%) or out-of-pocket costs (2%) has *decreased* in the past year. Seven percent say that they changed health insurance providers recently.

Over half of all the survey respondents (52%) report having employer-provided health insurance. Among full-time workers, the proportion of those who do is higher (69%), but still leaves three in ten who are not provided with health insurance benefits through their employer. In fact, 17% of full-time workers say that they have no coverage of any kind. Among part-time workers, just half (49%) have health insurance through their job while one quarter (26%) do not have any form of health insurance. Overall, 20% of all respondents reported that they are currently uninsured.



These are some of the findings of an Ipsos polls conducted July 9-14, 2009. For the survey, a national sample of 1,004 adults aged 18 and older from Ipsos' U.S. online panel were interviewed online. Weighting was then employed to balance demographics and ensure that the sample's composition reflects that of the adult population according to U.S. Census data and to provide results intended to approximate the sample universe. A survey with an unweighted probability sample of this size and a 100% response rate would have an estimated margin of error of +/- 3.1 percentage points 19 times out of 20 of what the results would have been had the entire adult population of the United States had been polled. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error, and measurement error.

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