



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans



Consumer-Directed Health Plans: *Consumer Perspectives*



2007 CDHP Member
Experience Report
December 2007

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Executive Summary

This report assembles results from the 2007 BCBSA Consumer-Directed Health Plan (CDHP) Member Experience Survey, supplemented by additional sources, to provide perspectives on CDHP market adoption, member characteristics and consumer engagement. Key findings detailed in this report demonstrate not only that the CDHP market continues to exhibit growth but that it is beginning to deliver on the promise of driving consumers to take more active roles in managing their own health and healthcare as valuable assets.

Below is an overview of the findings, with the sections that follow providing supporting data for these and other more detailed results.

The CDHP market continues to grow as more consumers have access to HSA-eligible products.

- Overall National Account-based CDHP enrollment has grown by 125 percent since 2005, with the largest growth in the HSA-eligible segment.
- National Account employer offer rates continue to increase.
- Consumers with Health Savings Accounts are as likely to renew their coverage as non-CDHP enrollees.
- HSA-eligible enrollees represent diverse consumer segments.

CDHPs are helping to empower consumers.

- Consumer engagement is increasing over time.
- HSA-eligible enrollees are more likely to research health information and plan and save for health expenses.
- Consumers in HSA-eligible products show higher participation rates in and are more likely to benefit from wellness programs.
- HSA-eligible enrollees are no more likely to forgo care than non-CDHP enrollees.

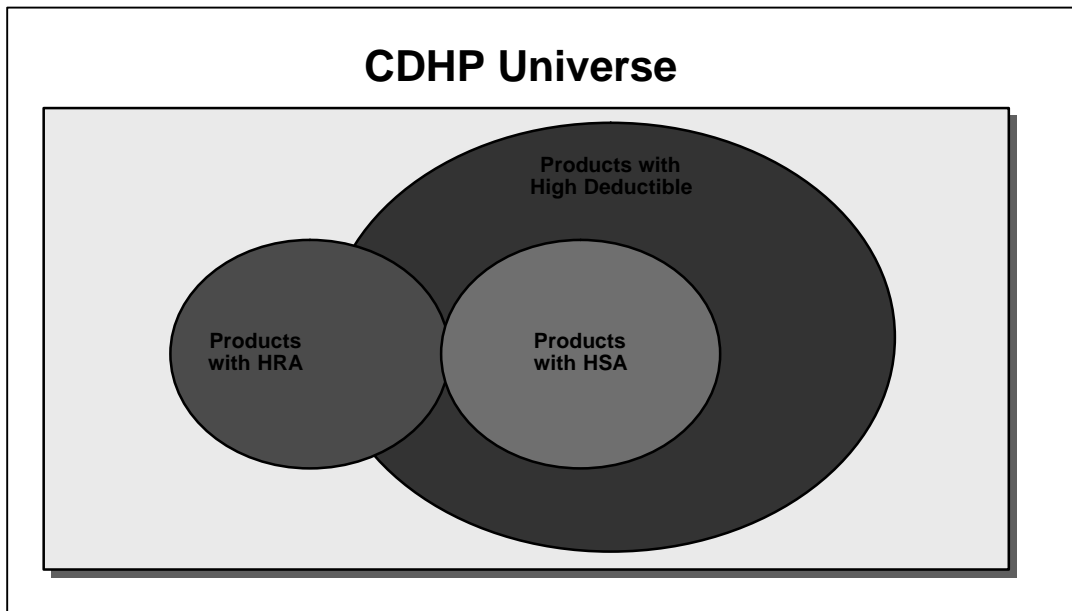
Introduction

CDHP Universe

Broadly defined, as illustrated in the diagram below, a consumer-directed health plan (CDHP) typically refers to a health product with a:

- high deductible health plan (HDHP) and/or
- personal savings account, such as a Health Savings Account (HSA) or employer-sponsored Health Reimbursement Arrangement (HRA).

Products that are eligible to be coupled with a Health Savings Account (HSA-eligible) are of particular interest because higher deductibles and the ability to own account funds are plan design aspects that many believe incent consumers to be more engaged purchasers of healthcare. This is especially true when combined with a culture of wellness promotion, education and decision support.



Market Adoption

The CDHP market continues to grow. Overall National Account-based CDHP enrollment has grown by 125 percent since 2005, with the largest growth in the HSA-eligible segment.

National Account employer offer-rates continue to increase. HRA offer-rates have increased from 12 percent to 17 percent and HSA-eligible offer-rates have increased from 10 percent to 19 percent between 2005 and 2007.

The number of HSA-eligible enrollees and Health Savings Accounts has increased. The total reported HSA assets also have doubled from 2006 to 2007 from \$1 billion to \$2 billion. However, the *proportion* of HSA-eligible enrollees who have opened an account has remained at approximately 50 percent since 2005.

Health Savings Account balances are increasing. Accounts associated with both single and family coverage show balance increases for enrollees who have maintained an HSA for more than a year, relative to those who have opened accounts during this calendar year. The percentage of employers contributing and the amount contributed to employees' HSAs also is increasing.

HSA-eligible enrollees represent diverse consumer segments. HSA-eligible enrollees represent all consumer segments with slight differences in adoption for particular demographic categories.

Enrollees with HSAs state they are as likely to renew their health coverage as non-CDHP enrollees. Enrollees with Health Savings Accounts indicate they are more likely to renew their coverage than HSA-eligible enrollees without HSAs.

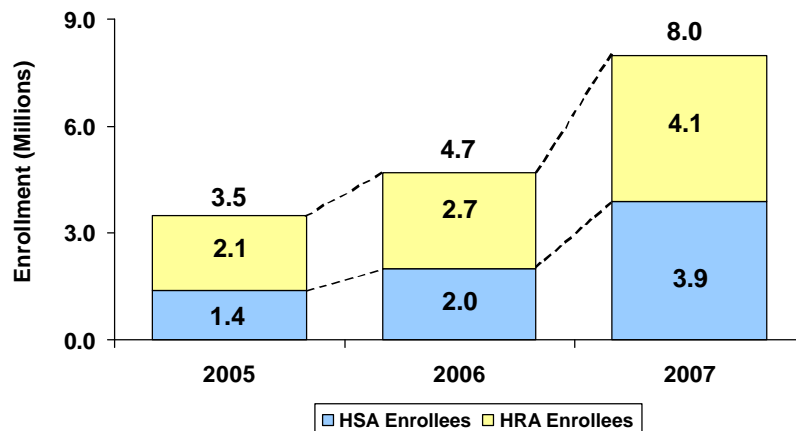
The Blues® maintain the lead in the CDHP market. The Blues have at least 3.1 million CDHP enrollees, including at least 1.7 million members with HSA-eligible products. This represents close to a three-fold increase in Blue HSA-eligible membership since 2005 and roughly 40 percent of total market enrollment in HSA-eligible products.⁽¹⁾

CDHP Market Adoption Continues to Increase

Total National Account-based CDHP enrollment has grown by 125 percent since 2005, from approximately 3.5 million to about 8.0 million, with the largest growth in the HSA-eligible segment.

The Blues have at least 3.1 million CDHP enrollees, including at least 1.7 million members with HSA-eligible products. This represents close to a three-fold increase in HSA-eligible membership Blues since 2005 and roughly 40 percent of the total market for HSA-eligible products.⁽¹⁾

Total National Account-Based Members Enrolled in CDHP⁽²⁾



Sources: (1) Atlantic Information Services (August 2007). For those Blue Plans that reported. Actual figures may be higher, (2) 2005-2007 BCBSA National Account Decision-Maker Survey

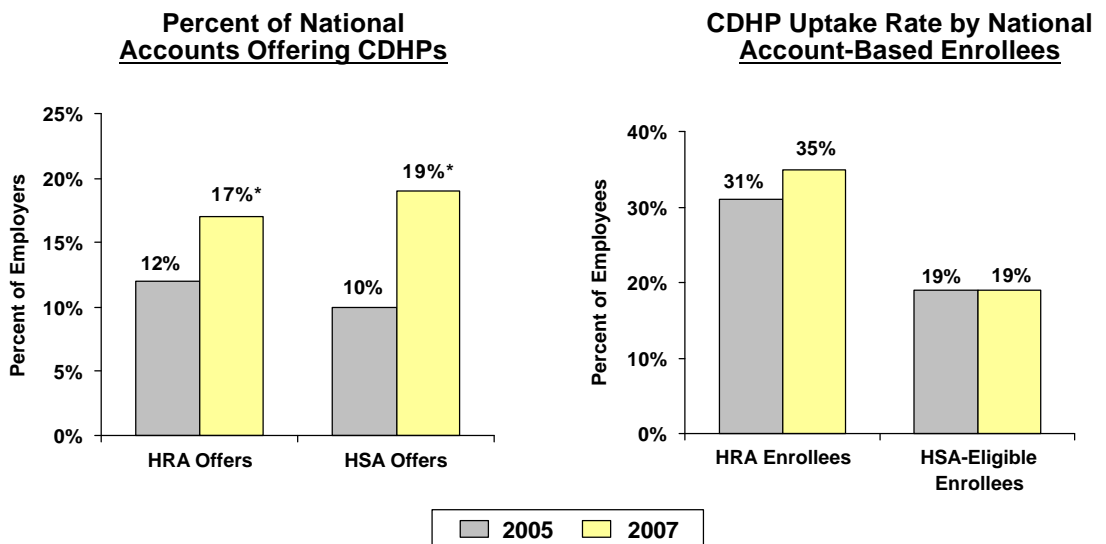
Employers Continue to Expand CDHP Offerings

The majority of CDHP enrollment is employer-sponsored, with 86 percent of HSA-eligible enrollees covered through employer-based channels. Employers are continuing to expand their CDHP offerings. According to the BCBSA National Account Decision-Maker Survey, HRA offer-rates have increased from 12 percent to 17 percent and HSA-eligible offer-rates have increased from 10 percent to 19 percent between 2005 and 2007 for National Accounts.

Given that these products are still relatively new, the majority of employers currently do not offer CDHP products, indicating a potential for growth in the future. Between 34 percent and 38 percent of National Accounts not currently offering HSA-eligible products indicate that they are planning to do so within the next two years.

While employer offer rates are increasing over time, HSA-eligible health plan uptake by employees has remained stable at 19 percent. Currently, the uptake rate for HRAs is higher than for HSA-eligible plans.

National Account Offer and Employee Uptake Rate of CDHP⁽¹⁾



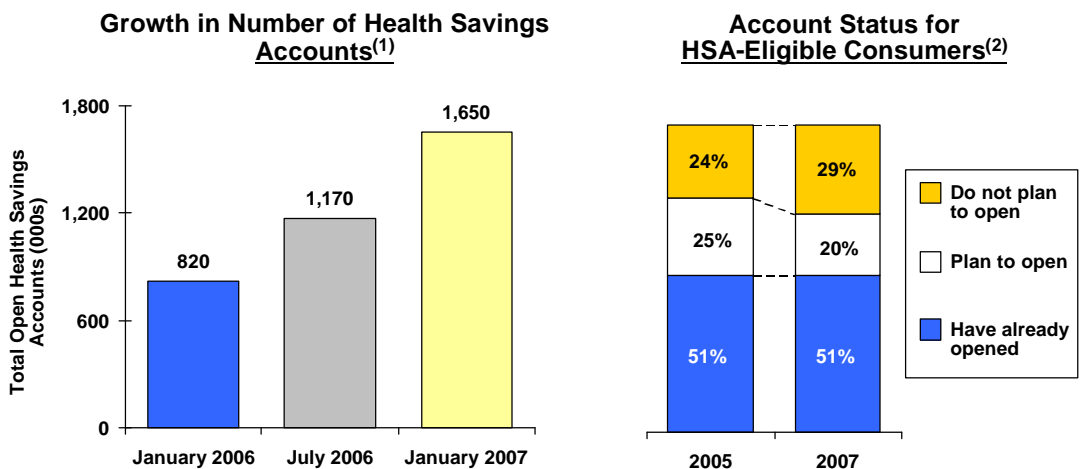
*Significantly different from Direct-Purchase result at a 95% confidence level
Source: (1) 2005-2007 BCBSA National Account Decision-Maker Survey

The Number of Health Savings Accounts is Growing, and Uptake Rates Remain Steady

The number of Health Savings Accounts continues to increase nationally. The growth in HSAs is due to the increasing offer rate of, and enrollment in, HSA-eligible health products. Total reported HSA assets have doubled from \$1 billion in 2006 to \$2 billion in 2007.⁽¹⁾

While the number of HSA accounts and total HSA assets have increased dramatically, the proportion of eligible consumers opening HSAs has remained steady at approximately 50 percent since 2005.

Total and Percent Openings of Health Savings Accounts



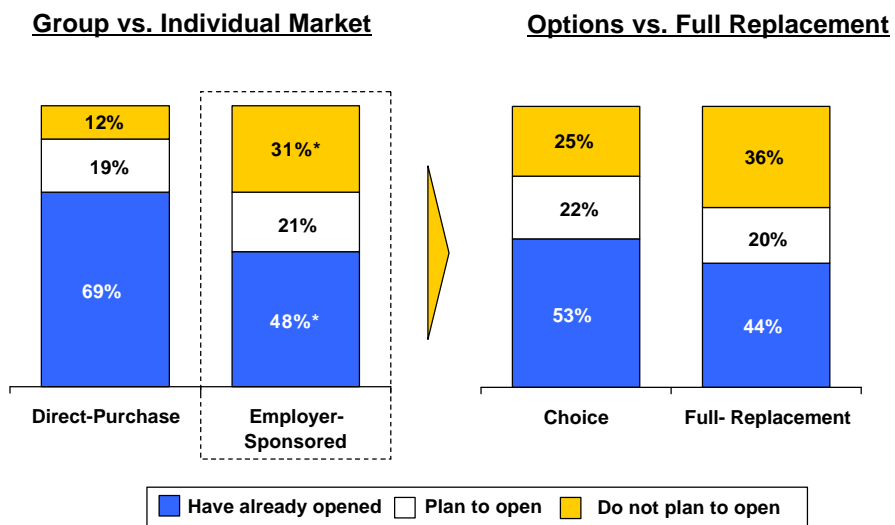
Sources: (1) Atlantic Information Services (March 2007), (2) 2005 and 2007 BCBSA CDHP Member Experience Survey

Enrollees with Choice of Coverage are More Likely to Open Health Savings Accounts

HSA-eligible enrollees who directly purchase their coverage, compared to those enrollees who receive their coverage through their employer, have significantly higher uptake rates for Health Savings Accounts. Also, within the employer market, enrollees who have chosen their coverage open accounts at a higher rate than those who are in full-replacement HSA-eligible products. When adjusted for common demographics such as income, age, education, and health status, these results persist.

In exploring the employer-based segment, employees in smaller companies (fewer than 100 employees) are more likely to open HSAs (about 65 percent). There is no significant difference in account adoption amongst professional, manufacturing and retail industry clusters.

Percent Openings of Health Savings Accounts



*Significantly different from Direct-Purchase result at a 95% confidence level
Source: 2007 BCBSA CDHP Member Experience Survey

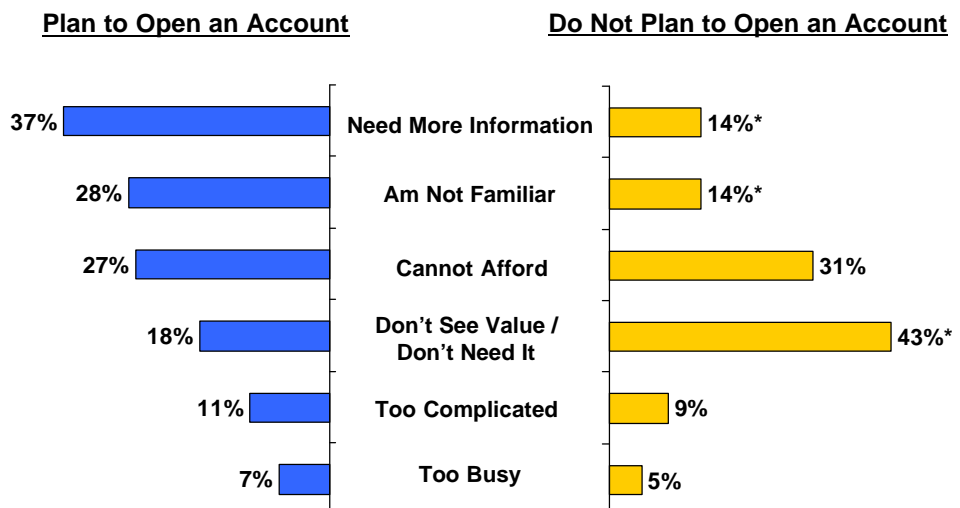
Opportunity to Educate Consumers to Increase HSA Adoption

HSA-eligible enrollees without accounts cite various reasons for not having them, however many of these reasons could be addressed with enhanced consumer education.

Those who do plan to open accounts in the future are more likely to cite “need more information” and “lack of familiarity” as the reason for not having them than those who do not plan on opening accounts.

Enrollees who do not plan on opening accounts in the future are more likely to indicate that they “do not see value” in having an HSA than those who do plan on opening them in the future. This emphasizes an opportunity to educate HSA-eligible enrollees on the value and benefits of a Health Savings Account, which may lead to higher adoption.

Reasons Stated for Not Opening an HSA

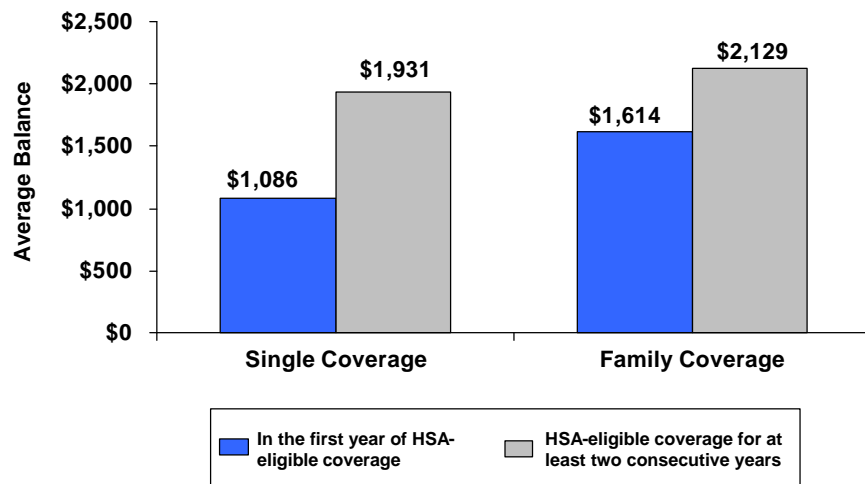


*Significantly different from “Plan to Open an Account” result at a 95% confidence level
Source: 2007 BCBSA CDHP Member Experience Survey

Health Savings Account Balances are Increasing

As of August 2007, the average HSA balance for those with single coverage was \$1,716, while the average HSA balance for those with family coverage was \$2,035. Consumers who have been enrolled in an HSA-eligible health product for at least two consecutive years report higher average balances in their HSAs than those in their first year.

Self-Reported Average HSA Balance by Coverage Length



Source: 2007 BCBSA CDHP Member Experience Survey

The Proportion of Employers Making Contributions to Employee Accounts is Increasing

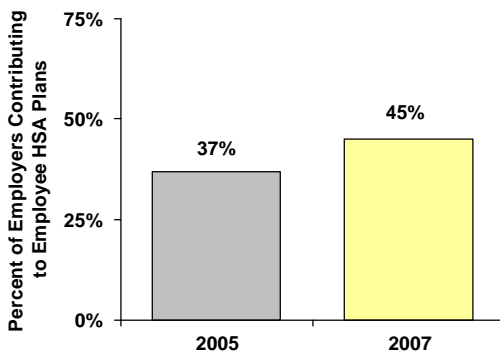
The percentage of employers contributing and the amount contributed to employees' HSAs are increasing, with 26 percent of National Accounts contributing \$500 to \$999 in 2007 to enrollees in single coverage.⁽¹⁾

Accounts in the manufacturing sector are more likely than those in the retail and professional sectors to contribute to employee accounts. Also, employers with more than 5,000 employees are more likely to make HSA contributions into enrollees' HSAs than smaller employers.⁽¹⁾

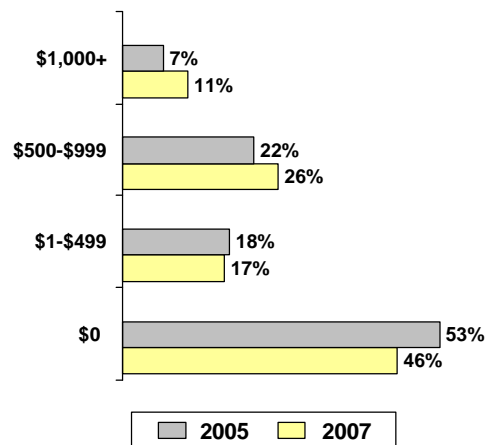
It is interesting to note that the employer contribution rate is higher for employers that offer their employees a choice of health products (51 percent) than those employers that implement HSA-eligible products as a full replacement (40 percent). This may indicate that employers are using contributions as an incentive for employees to adopt HSA-eligible products rather than other options.

National Account Employer Contributions to Health Savings Accounts

Percent of Employees in HSAs who Received HSA Contributions from their Employers⁽²⁾



Distribution of Employers Contributing to Employees' HSAs – Single Coverage⁽¹⁾



Sources: (1) 2005-2007 BCBSA National Account Decision-Maker Survey, (2) 2005 and 2007 BCBSA CDHP Member Experience Survey

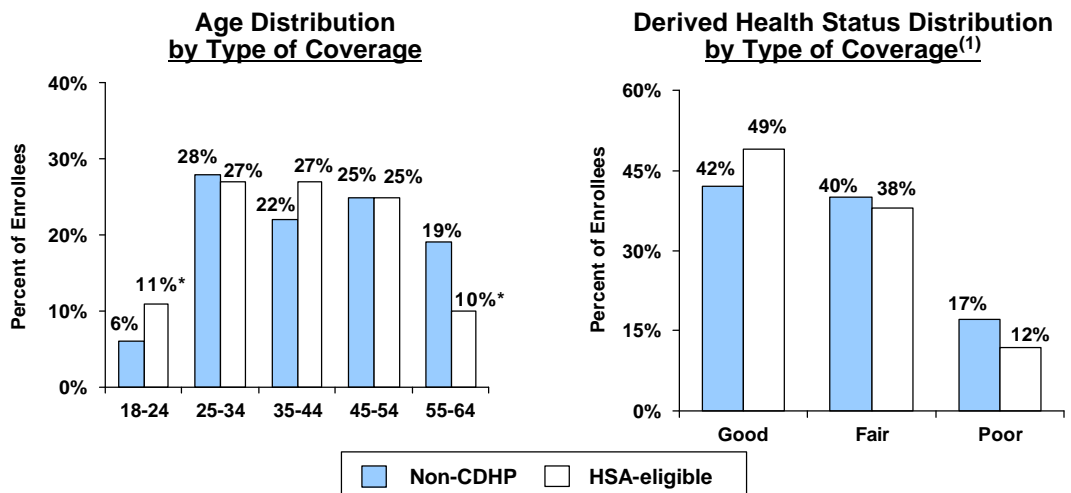
HSA-eligible Enrollees Represent All Age and Health Status Segments

People of all ages report enrollment in HSA-eligible products. Adoption is somewhat higher among those age 18 to 24 and somewhat lower among 55 to 64-year-olds.

About 58 percent of HSA-eligible enrollees age 35 to 50 indicate they have opened Health Savings Accounts, while slightly less than half of those age 18 to 34 and over 50 report doing so.

The self-reported health status of HSA-eligible enrollees is similar to non-CDHP enrollees. HSA-eligible members in poor health are more likely to open a Health Savings Account than those who report good or fair health.

Demographics by Type of Coverage



*Significantly different from non-CDHP result at a 95% confidence level

(1) Derived Health Status is a combination of self-reported chronic conditions or other conditions requiring ongoing care and number of doctor/hospital visits in the past year

Source: 2007 BCBSA CDHP Member Experience Survey

HSA-eligible Enrollees Have Similar Incomes and are More Likely to Have a College Degree

HSA-eligible enrollees exhibit a similar income distribution to non-CDHP enrollees.

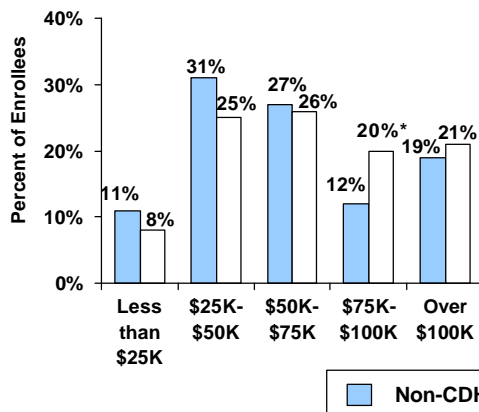
Once enrolled, HSA-eligible enrollees with higher incomes are more likely to open accounts. About 59 percent of those earning more than \$75,000 have opened HSAs, compared to half of those earning between \$25,000 and \$75,000, and 39 percent of those earning less than \$25,000.

Enrollees with a college education are more likely than those with less education to be enrolled in products that are HSA-eligible.

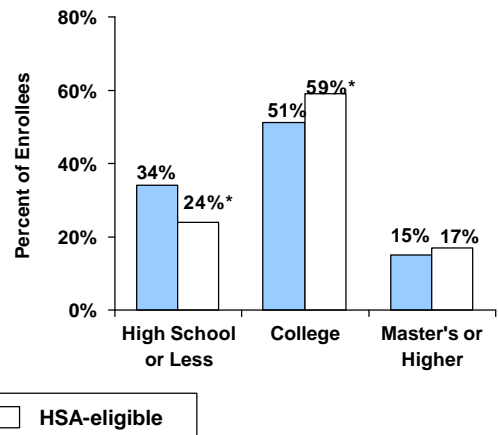
HSA-eligible enrollees with master's degrees or a higher level of education are more likely to open an account (61%) relative to those with a high school education or less (29%).

Demographics by Type of Coverage

Household Income Distribution



Education Distribution

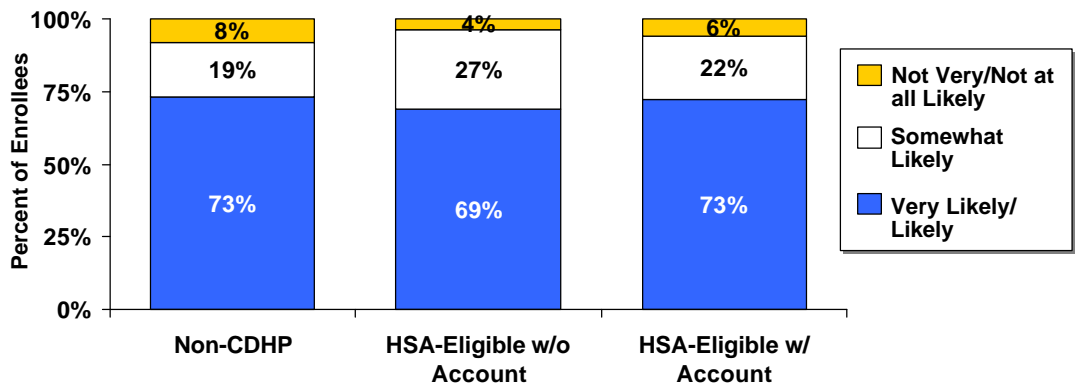


*Significantly higher than non-CDHP result at a 95% confidence level
Source: 2007 BCBSA CDHP Member Experience Survey

Enrollees with HSAs State They are as Likely to Renew Current Health Coverage as Non-CDHP Enrollees

HSA-eligible enrollees who have opened Health Savings Accounts state that they are as likely to renew their health coverage the following year as non-CDHP enrollees.

Likelihood to Renew Current Coverage Next Year



Source: 2007 BCBSA CDHP Member Experience Survey

Impact on Consumer Engagement

Consumer Engagement is Increasing. In 2007, half of all consumers enrolled in HSA-eligible coverage prefer to make their own decisions about treatment rather than share or delegate that responsibility to their doctors, compared to 44 percent of non-CDHP enrollees.

HSA-eligible enrollees are more likely to research health information. HSA-eligible enrollees are more likely than non-CDHP enrollees to search for information on doctor quality (20 percent to 14 percent) and hospital quality (12 percent to 7 percent).

HSA-eligible enrollees are more likely to track, plan and save for healthcare expenses. HSA-eligible employees are nearly 50 percent more likely to track expenses than non-CDHP enrollees (63 percent to 43 percent) and more than twice as likely to save for future expenses (47 percent to 18 percent).

HSA-eligible enrollees are more likely to participate in and benefit from wellness programs. For wellness programs such as smoking cessation, stress management, nutrition/diet and exercise, HSA-eligible enrollees reported higher participation rates than non-CDHP enrollees. For those who participated, HSA-eligible enrollees also reported better results regarding improved fitness, improved diet, weight lost, smoking cessation, and improved overall health.

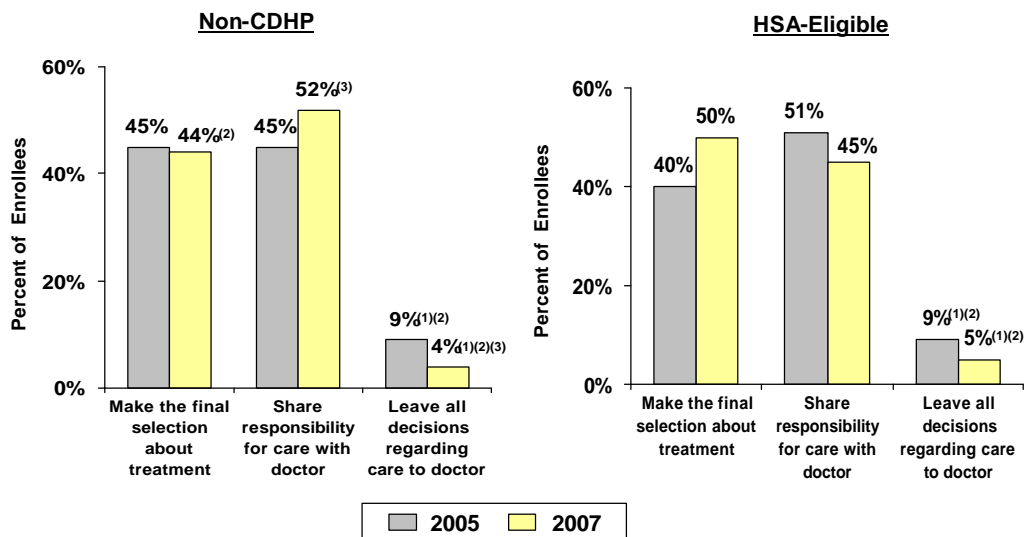
HSA-eligible enrollees are no more likely to forgo care than non-CDHP enrollees. Similar to those in non-CDHP products, fewer than one-in-five HSA-eligible enrollees report not going to the doctor or not filling a prescription.

Consumer Engagement is Increasing Over Time

Relative to 2005, consumers report taking more responsibility for their medical care. For example, the percentage of non-CDHP enrollees who prefer to leave all decisions to their doctor has decreased from nine percent to four percent. For those enrolled in HSA-eligible products, the percentage of consumers who prefer to make the final decision about their treatment rose from 40 percent to 50 percent.

Of those in HSA-eligible products, enrollees with accounts are even more likely to prefer to make the final decision about their care (59 percent) than those without accounts (41 percent).

Preferences for Making Medical Decisions About Care, 2005-07

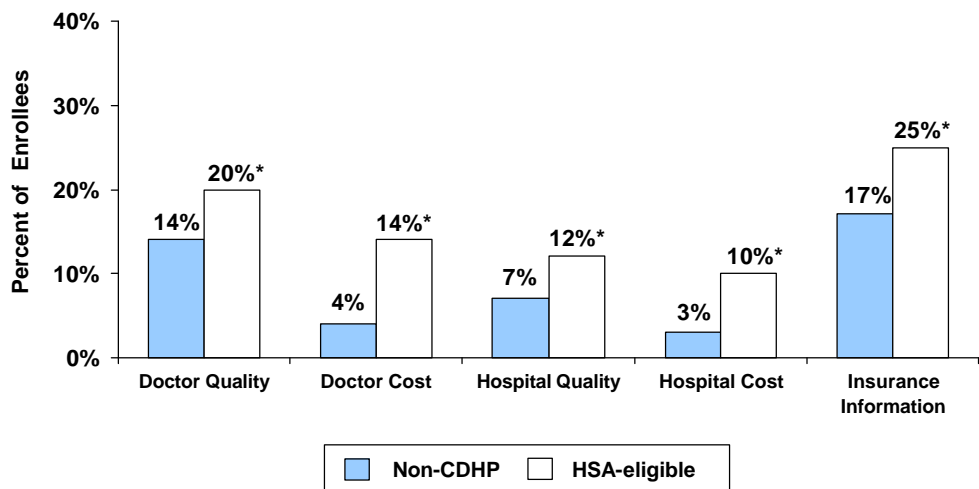


(1) Significantly lower than "Make the final selection about treatment" results at a 95% confidence interval
 (2) Significantly lower than "Share responsibility for care with doctor" result at a 95% confidence level
 (3) Significantly different from 2005 result at a 95% confidence level
 Source: 2005 and 2007 BCBSA CDHP Member Experience Survey

HSA-Eligible Enrollees are More Likely than Non-CDHP Enrollees to Research Health Information

While the rates at which consumers research health information still are relatively low across the industry, HSA-eligible enrollees are more likely to research information about provider cost and quality and their insurance coverage than non-CDHP enrollees. In addition, HSA-eligible enrollees with accounts are slightly more likely to research provider cost and quality information than those without accounts. These differences persist among HSA-eligible enrollees with full-replacement coverage relative to non-CDHP enrollees with full-replacement coverage.

Utilization of Health Information in 2007 by Type of Coverage



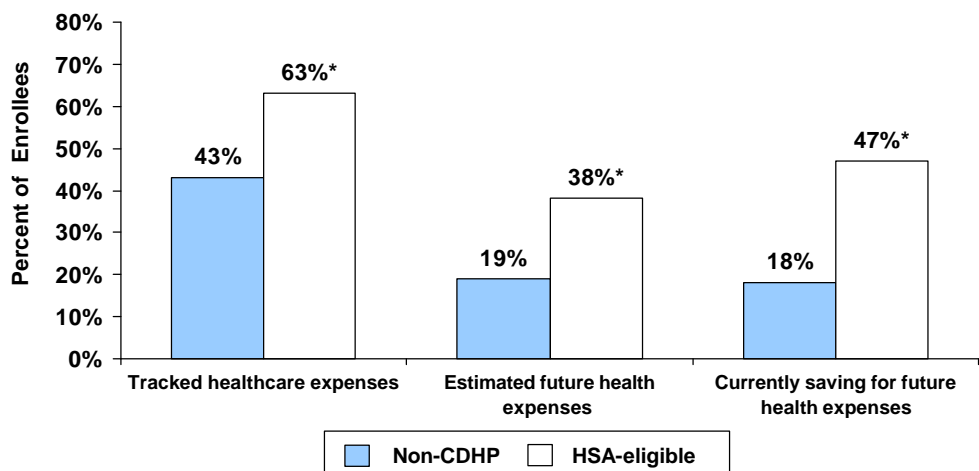
*Significantly higher than non-CDHP result at a 95% confidence level
Source: 2007 BCBSA CDHP Member Experience Survey

HSA-eligible Enrollees are More Likely to Track, Plan and Save for Healthcare Expenses

Consumers in HSA-eligible products are more likely to track, plan and save for healthcare expenses than non-CDHP enrollees.

HSA-eligible enrollees, whether with an account or not, are no more likely to have medical bills that are overdue than non-CDHP enrollees. About 13 percent of enrollees of both product types indicate they have bills overdue.

Healthcare Financial Behaviors by Type of Coverage



*Significantly higher than non-CDHP result at a 95% confidence level
Source: 2007 BCBSA CDHP Member Experience Survey

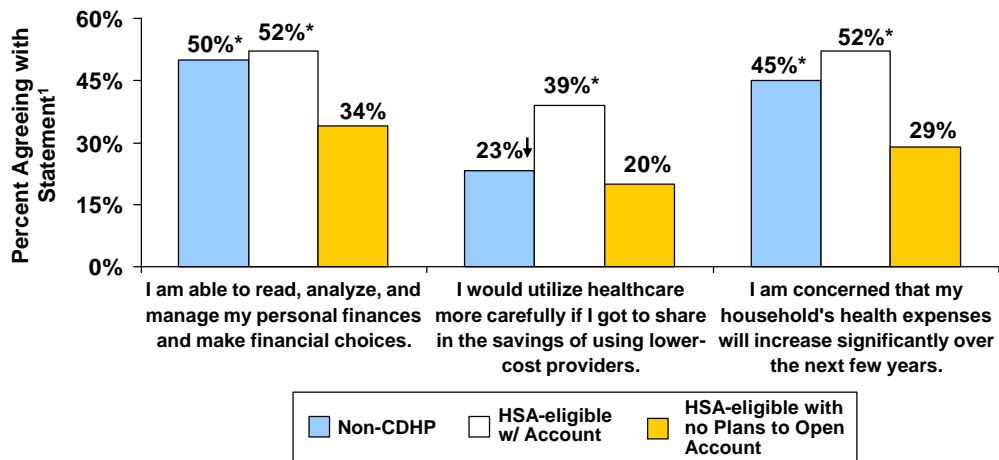
Financial Literacy Impacts HSA Adoption

HSA-eligible enrollees who have opened Health Savings Accounts, as well as non-CDHP enrollees, are more likely than HSA-eligible enrollees who do not plan to open an HSA to indicate the following:

- able to read, analyze, and manage personal finances and make financial choices; and
- have concern about future healthcare costs

More than those enrolled in non-CDHP and those who do not plan to accounts, HSA-eligible enrollees with accounts indicate that they would utilize healthcare more carefully if they are able to share the savings of using lower-cost providers.

Financial Self-Assessment by Product Type and Account Status



*Significantly higher than "HSA-eligible with no Plans to open Account" result at a 95% confidence level

↓ Significantly lower than "HSA-eligible w/ Account" result at a 95% confidence level

Source: 2007 BCBSA CDHP Member Experience Survey

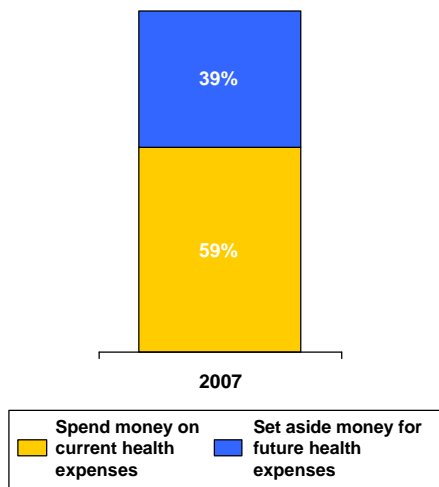
Greater Percentage of Account Holders Anticipate Spending Funds on Health Expenses

In 2007, HSA-eligible enrollees indicated they are more likely to spend the funds in their Health Savings Accounts compared to indications made in 2005. This holds true across age, education and income segments.

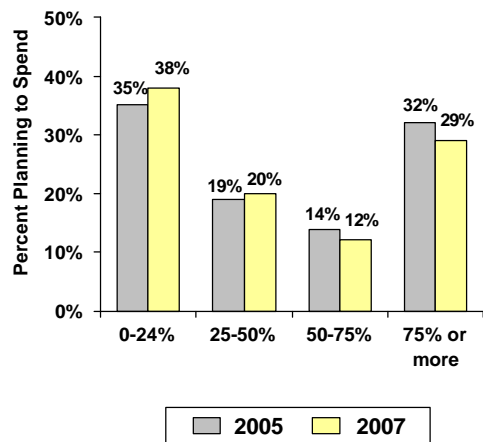
Fifteen percent of account holders have not used or plan on using any of their HSA funds during the calendar year, while about four in 10 anticipate spending up to a quarter of their balance. Only 18 percent of all account holders anticipate exhausting their entire balance within the calendar year.

Utilization of Health Savings Account Balances

Planned Usage of HSA Funds, 2007



Percentage of HSA Balance That Member Intends to Spend During Calendar Year, 2005 vs. 2007

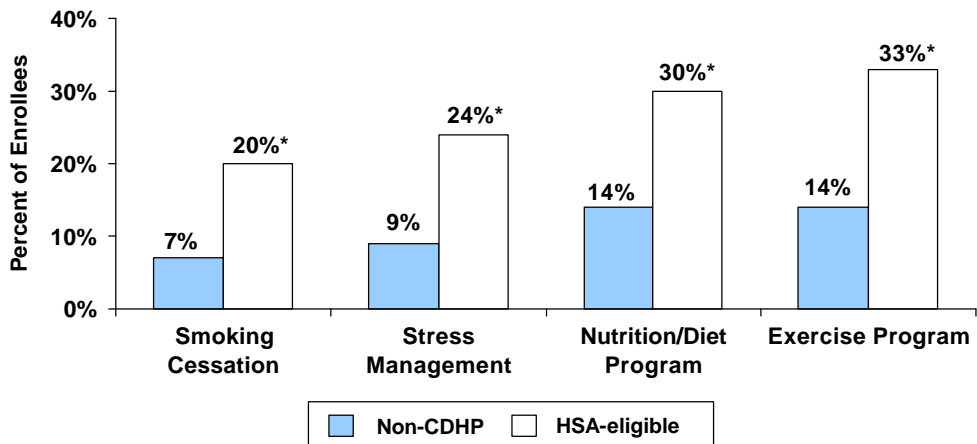


Source: 2005 and 2007 BCBSA CDHP Member Experience Survey

HSA-Eligible Consumers are More Engaged in Wellness Programs

Consumers who are HSA-eligible are more engaged in health management and wellness programs than non-CDHP enrollees. Furthermore, enrollees in full-replacement HSA-eligible products report higher rates of participation in these programs than enrollees in full-replacement non-CDHP products. HSA-eligible members with and without accounts reported similar levels of program participation.

Percentage of Consumers Indicating Participation in Health Management Programs Where Offered in 2007



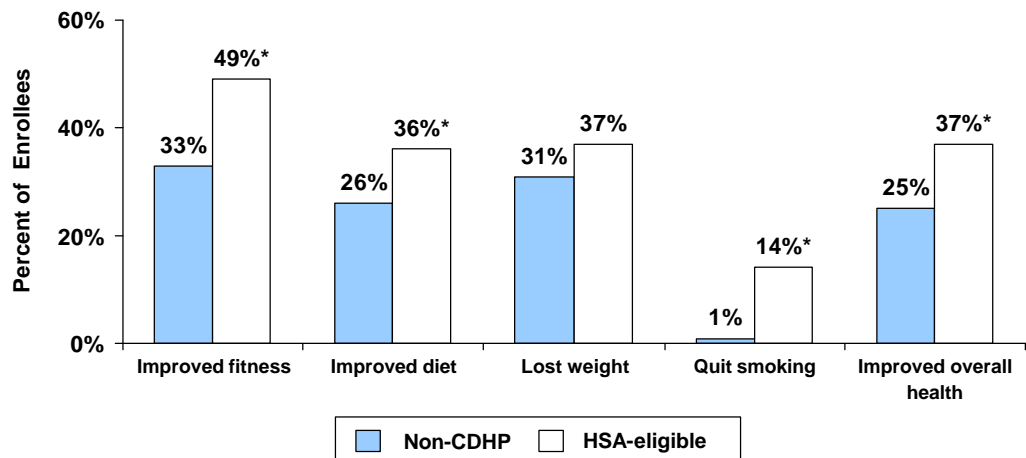
*Significantly higher than non-CDHP result at a 95% confidence level
Note: Includes both employer and carrier sponsored wellness programs
Source: 2007 BCBSA CDHP Member Experience Survey

HSA-Eligible Enrollees who Participate in Health Management Programs are More Likely to See Results than Non-CDHP Enrollees who Participate

HSA-eligible enrollees who participate in health management programs are more likely to report results than those in non-CDHP products. This also is true for enrollees in full-replacement products.

HSA-eligible enrollees with accounts are slightly more likely to experience better results from wellness programs than those without accounts, except for improved diet, where HSA-eligible enrollees are equally likely to report improved diet whether or not they have opened HSAs.

Reported Results Due to Participation in Available Health/Wellness Activities

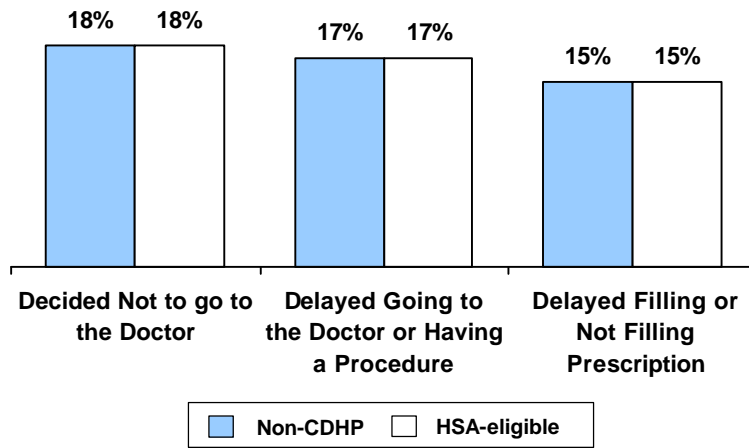


*Significantly higher than non-CDHP result at a 95% confidence level
Source: 2007 BCBSA CDHP Member Experience Survey

HSA-eligible Enrollees are no More Likely to Forgo Care than Non-CDHP Enrollees

Enrollees in HSA-eligible and non-CDHP products report that they are forgoing care at similar rates. This relationship persists for enrollees in full-replacement products. HSA-eligible enrollees also are reporting forgoing care less often than they were two years ago.

Self-Reported Healthcare Utilization Behavior of Consumers Due to Cost



Source: 2007 BCBSA CDHP Member Experience Survey

Claims Data Suggest HSA-Eligible Health Plans are Playing a Positive Role in Impacting Purchasing Behavior

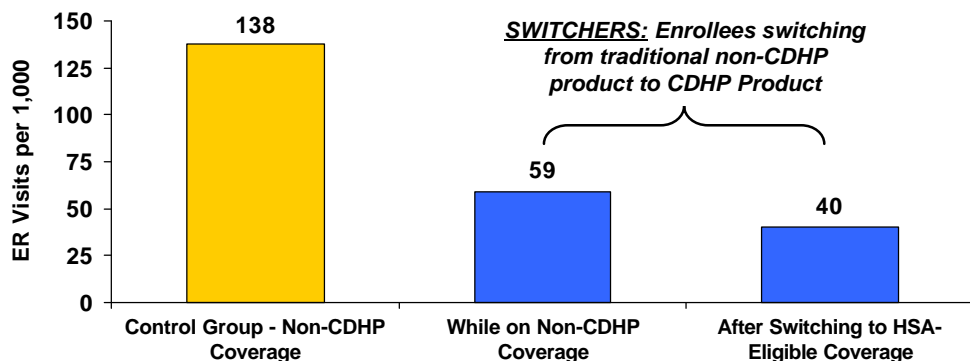
Self-reported enrollee responses regarding behavior and healthcare utilization indicate that HSA-eligible products may positively impact consumer engagement. A claims-based study allows for additional corroboration as to whether HSA-eligible products are impacting utilization.

A Regence BlueShield study released in June of 2007 chronicled the utilization rates of various medical services for Plan members for six-month periods before and after switching from non-CDHP products to HSA-eligible coverage. Little variation was observed in utilization rates of preventative and necessary care such as office visits, inpatient admits and laboratory services before and after the switch for this group.

However, utilization of emergency services decreased by 32 percent after enrollees switched from traditional coverage to HSA-Eligible coverage.

This finding suggests that HSA-eligible products may help reduce healthcare costs by promoting the utilization of more cost-effective care.

Regence BlueShield: ER Visits per 1,000 members



Note: Switchers were 409 unique members who were in a traditional non-CDHP PPO Plans for at least six months prior to switching into a CDHP product where they remained for at least six months between 2005-2006. Utilization of services showed little difference in office visits, inpatient admits and laboratory services for the switching cohort in the period on standard non-CDHP coverage, in comparison with the period on HSA/high deductible coverage. $p=0.10$

Source: "Health Care Purchasing Decisions of Employees Who Switch to an HSA/High Deductible Health Plan: the Regence Experience," Regence BlueShield (Presented at Academy Health Annual Scientific Symposium, 6/3/2007)

Looking to the Future

Delivering on the Promise

With the evolving nature and increasing pressures of the healthcare industry, stakeholders are striving to improve the effectiveness of the healthcare provided to Americans. Consumer-directed healthcare and associated product designs have emerged to help transform the market by elevating consumer engagement and driving consumers to utilize healthcare more efficiently.

As this report demonstrates, HSA-eligible enrollees are taking more control of their healthcare. Participants enrolled in HSA-eligible health plans are more likely to research health information, more engaged in wellness programs and more likely to track, plan and save for healthcare expenses than those in traditional healthcare coverage.

Opportunities to Meet Market Needs

There are near-term opportunities for stakeholders to greatly enhance market adoption, member renewal, and consumer engagement, thereby increasing the impact of CDHPs on the overall healthcare market.

These opportunities include:

- educating consumers on the value of adopting HSA-eligible products and opening Health Savings Accounts;
- providing HSA-eligible enrollees access to robust decision support tools and information for making more informed health-related decisions; and
- better integrating insurance coverage and Health Savings Accounts for a more seamless customer experience.

The Blue Commitment to Consumer-Directed Healthcare

As leaders in CDHP enrollment, the Blues are driving innovation at the local level and on a national scale with the development of collective assets, including:

- Blue Healthcare Bank® – addresses the critical consumer need of seamlessness and integration between health and finances;
- Blue Distinction® – a national program designed to consistently improve overall healthcare quality by recognizing specialty care facilities that meet rigorous evidence-based criteria for clinical quality;
- Blue Health Intelligence® (BHI) – the largest health intelligence data resource in the nation, bringing together the claims-based experiences of over 80 million Blue cardholders to offer unparalleled insight into opportunities for healthcare improvement; and
- Blue365SM – a program designed to help members live a healthier lifestyle with access to products, services and experiences developed to focus on health and wellness, financial planning, family care and travel.

BCBS Plans across the nation offer a diverse array of programs that address consumer needs in their respective communities to promote consumer engagement, health and wellness. Together, the Blues are working with other stakeholders to elevate consumer engagement and drive the transformation of the healthcare industry.

Appendix – Methodology

Introduction

Information provided within the 2007 CDHP Member Experience Survey Report was generated from a primary research study funded by the Blue Cross Blue Shield Association, supplemented by additional primary and secondary sources. The purpose of the study was to gain insights into CDHP market adoption, member characteristics, consumer engagement and future implications.

BCBSA CDHP Member Experience Survey

The 2007 BCBSA CDHP Member Experience Survey was designed to establish reliable measures of key consumer metrics from a self-reported survey. A similar survey was fielded in June 2005.

Vendor/Fielding

The survey was conducted by Knowledge Networks, which conducted a Web-based survey of consumers with health insurance. It was fielded in August 2007.

Sample

The 2007 sample consisted of 3,121 qualified consumers with specific types of health insurance between the ages of 18 and 64. 1,755 were enrolled in HSA-eligible HDHPs, 228 were enrolled in HRAs, and 1,138 were enrolled in non-CDHPs. Survey respondents were primarily from Knowledge Networks' Internet panel. This panel is made up of approximately 24,000 individuals who were recruited using a probability sample based on U.S. Census Bureau demographics. To ensure adequate sample size in the HSA-eligible segment, the Knowledge Networks Internet panel was supplemented with 869 HSA-eligible enrollees from a second survey and sample vendor, SSI, via their opt-in panel.

Prior to fielding the survey, the Knowledge Networks and SSI Internet panels were screened, with 8,796 panelists identified who met the screening criteria. The table below describes how many panelists of each insurance group were selected, at random, to produce the number of completed interviews.

Group	Sample Quotas	Delivered Completes
HSA	1,750	1,755
Non-CDHP BLUE	300	385
Non-CDHP AETNA	200	262
Non-CDHP CIGNA	200	242
Non-CDHP UNITED	200	259
HRA	200	228

All analyses were run using solely the four largest national health insurance carriers (Blue, Aetna, CIGNA and United) as well as using all carriers in the sample. In all cases, results were consistent across both approaches.

Weighting Estimation

Two different types of weights were created for this study. The first weight, the non-CDHP market share weight, is used for the non-CDHP segments. The second weight is specific to HSA and HRA segments and is called the CDHP weight. The reason for two separate weights goes back to the sampling methodology for the study. Since both the HSA-eligible and HRA segments have total sampling quotas that are not specific by carrier, random selection will generate a representative sample. However, because the non-CDHP segment has sampling quotas by carrier, a non-CDHP market share weight was created to correct for this and generate a representative sample.

Both weights use the same methodology to account for demographic differences between the survey sample and the overall U.S. population. The most recent Current Population Survey (CPS) conducted by the U.S. Census Bureau for the population of adults age 18 to 64 was used as the benchmark in this adjustment. Additionally, benchmarks on Internet penetration from Knowledge Networks (KN) were used in the adjustment, since KN has more current information than CPS on Internet penetration in the U.S. The following benchmark distributions were utilized for the demographic and geographic adjustment:

- gender (male, female)
- age (18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64)
- race/Hispanic ethnicity (White/Non-Hispanic, Black/Non-Hispanic, Other/Non-Hispanic, 2+ races/Non-Hispanic, Hispanic)
- education (less than high school, high school, some college, bachelor and beyond)
- income (19 categories)
- Census region (Northeast, Midwest, South, West)
- Internet access (yes, no)
- metropolitan area (yes, no)

While the CDHP weight consists of the demographic adjustments mentioned above, the non-CDHP market share weight performs an additional step. After the demographic adjustments, the non-CDHP market share weight is adjusted to reflect accurate market shares based on screener data.

Weighting Application

The CDHP weight only is applied to the HSA-eligible and HRA segments. The market share weight is applied to the non-CDHP segment for all data extrapolation as well as for one particular case with HSA-eligible and HRA segments. The only instance where the market share weight is applied to the HSA-eligible and HRA segments is when showing market share by product type (i.e., direct extrapolations for counts by each product for adoption).

Design Effect/Significance Testing

As a result of setting sampling quotas, the responses are not a random sample, so a design effect was developed to account for this difference. The design effect measures the ratio of sample variance from a complex sample to the sample variance had the survey been selected as a simple random sample. The design effect is used to adjust calculated sampling errors from the study to reflect the deviation of the sample design from a simple random sample design. This design effect is a multiplier used in the calculation of the standard error.

Criteria for Presenting Results

While the report provides an extensive set of results, it is by no means exhaustive. The report could be many times longer if all results were included. To determine which findings to include in this report, these two criteria were used:

1. Does the result show meaningful differences? Generally, only findings that showed a meaningful relationship were presented. For instance, if the level of satisfaction with reporting did not show a meaningful difference between A and B, a relationship between A and B was not found and, therefore, the result was not presented.
2. Are the results statistically valid? Sometimes, results show meaningful differences, but only in particular categories with a small number of observations. In this case, we do not know whether the differences are representative of all like respondents or whether they are due to unusual responses from the few respondents in our sample. Generally, results only were shown that were based on at least 75 to 100 responses.