

2024 Consumer Engagement in Health Care Survey



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Consumer Engagement in Health Care Survey (CEHCS) Overview

20th Annual Consumer Engagement in Health Care Survey

The Consumer Engagement in Health Care Survey (CEHCS) is a survey of privately insured adults conducted by the Employee Benefit Research Institute (EBRI) and Greenwald Research, an independent research firm. The survey has been conducted annually since 2005. The CEHCS provides reliable national data on the growth of consumer-driven health plans and high-deductible health plans and their impact on the behavior and attitudes of health care consumers.

The 2024 survey of 2,011 individuals was conducted using Dynata's online research panel between Oct. 24 and Nov. 25, 2024. All respondents were between the ages of 21 and 64.

The national sample is weighted by gender, age, income, ethnicity, education, and region to reflect the actual proportions in the population.

2024 CEHCS Funders

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Key Findings

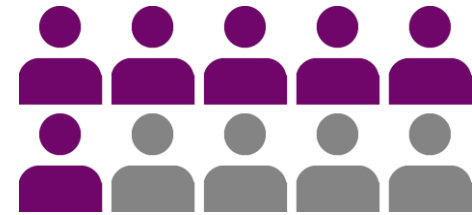
Health Plan Basics

Most people with private health insurance reported getting their coverage through their own job (61 percent) or through a spouse's job (20 percent). Only 19 percent said they get it directly from a health insurance carrier (11 percent) or from a government exchange (8 percent).

Few individuals with private health insurance said they have had their plan for less than one year (10 percent). One-half reported having had it for one to two years (23 percent) or three to four years (28 percent). About one-fifth had it at least 10 years.

Enrollment in health savings account (HSA)-eligible health plans and health reimbursement arrangements appears to have leveled off. Enrollment in health plans with high deductibles that were not eligible to be paired with an HSA continued to fall, reaching 8 percent in 2024, after having reached 15 percent in 2020.

One-half (53 percent) of traditional plan enrollees were offered a high-deductible health plan (HDHP) in 2024.



6 in 10

with private insurance get coverage through their own job

Key Findings

Satisfaction With Various Aspects of Health Care Is High, Out-of-Pocket Costs Drive Satisfaction Down

Most plan enrollees were satisfied with their health plan. Nearly two-thirds were extremely or very satisfied. Only 10 percent were not too or not at all satisfied.

Satisfaction with choice of doctors and the quality of health care received were also high, with seven in 10 being extremely or very satisfied. Less than 10 percent were not too or not at all satisfied.

To the degree that enrollees are not satisfied with their health plan, it appears to be driven by costs. Fourteen percent were not too or not at all satisfied with the cost paid out-of-pocket for prescription drugs, and 21 percent were not satisfied with the cost paid out-of-pocket for other health care.

6–7 percent
of enrollees are not too or not at all satisfied with quality of care and choice of doctors



Between 15 percent and 21 percent of enrollees are not satisfied with out-of-pocket costs

Key Findings

Open Enrollment

Most enrollees spent less than two hours deciding on their health plan during open enrollment. One-half spent less than one hour. And nearly one-third spent less than 30 minutes.

One-half of enrollees reported using annual employee benefits guides to help them decide. Just over one-half of HDHP enrollees used the same resource, down from nearly two in three last year. HDHP enrollees are more likely to use their employee benefits online portal than traditional plan owners.

Enrollees were highly satisfied with various aspects of the open enrollment process. About 90 percent were satisfied with overall process, the time they had to select a plan, the materials provided, the paperwork, and the person presenting the information during open enrollment.

90 percent of adults

are satisfied with the plan selection process during open enrollment

HDHP enrollees spent a little more time selecting a health plan

Auto Re-Enrollment

One in five enrollees were automatically re-enrolled in their health plan. Traditional plan owners continue to be more likely than HDHP enrollees to be automatically re-enrolled in their plan.

Key Findings

Health Plan Knowledge Is Often Lacking

Most enrollees understood premiums and deductibles but not prescription drug copays or maximum out-of-pocket limits. Eighty-six percent understood that premiums are the amount paid for health insurance, regardless of using care, and 82 percent understood that the deductible is the amount you have to pay out of pocket before your plan begins to pay for care. HDHP enrollees were more likely than traditional plan enrollees to answer these questions correctly.



There was confusion among enrollees over prescription copays. Only about one in four knew that the amount is not the same for all groups of prescriptions. And there was confusion about out-of-pocket maximums.

When it comes to knowledge about HSAs, HDHP enrollees were more likely to understand HSAs, though overall knowledge remained low (32 percent correctly answered at least three out of four statements vs. 22 percent of traditional plan enrollees).

Key Findings

Health Tech Is Popular, but Enrollees Want Data Sharing With Health Providers and Often Question the Accuracy

Smart technology is defined as any application for the phone, wearable device, or other technology that includes the ability to sense or track activity for the purposes of managing health. Two-thirds of enrollees reported using smart health technology at some point, and three in five were comfortable with its use of artificial intelligence (AI).

Just over four in 10 were currently using smart health technology, and HDHP enrollees were more likely to use it than traditional plan enrollees.

Just over one-third of enrollees had never used smart health technology.

Three-quarters agreed that smart health technology has made it easier to access care, but two-thirds wish their data could be shared with their doctor and six in 10 with their health insurance company.



Key Findings

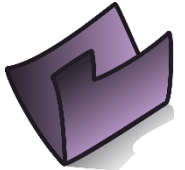
Health Savings Accounts (HSAs) Used in a Variety of Ways

Over one-half (56 percent) of individuals reported opening their HSA to save on taxes. Similarly, 53 percent opened their HSA to save for future health care expenses and 52 percent to take advantage of employer contributions.

While 36 percent viewed the account as an investment account, 19 percent viewed the account as a checking account. Most (66 percent) viewed the HSA as a savings account.

Two-thirds reported using the account to pay out-of-pocket expenses incurred this year or in the near term. Only 39 percent said they were using it to save for health care expenses in retirement, and only 38 percent reported using it to minimize taxes or to reduce taxable income.

56 percent



opened their HSA to save on taxes

66 percent view their HSA as a savings account; 36 percent view it as an investment account

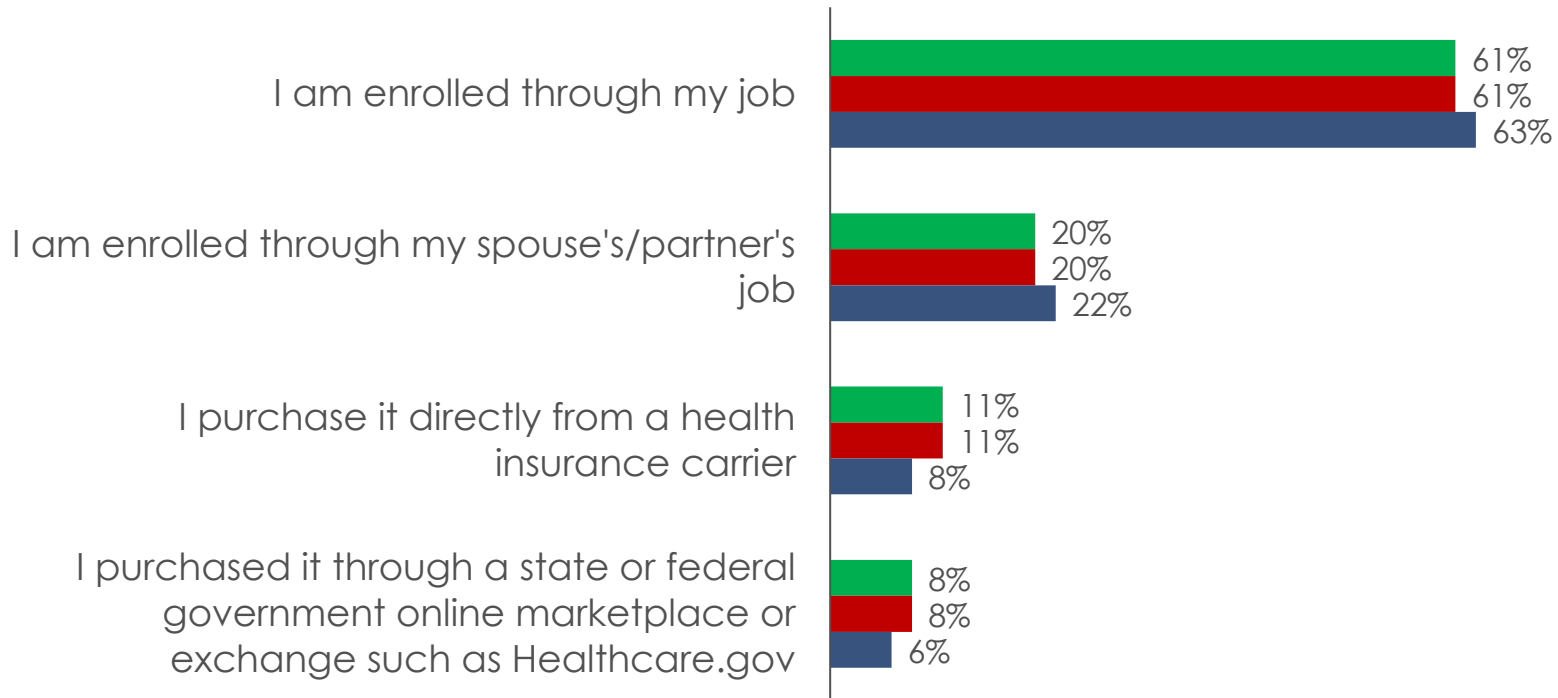
Health Plan Basics

Figure 1

Source of Health Insurance

Which of the following best describes how you obtain your health insurance coverage?

■ National (n=2,011) ■ Traditional (n=1,549) ■ High Deductible (n=462)



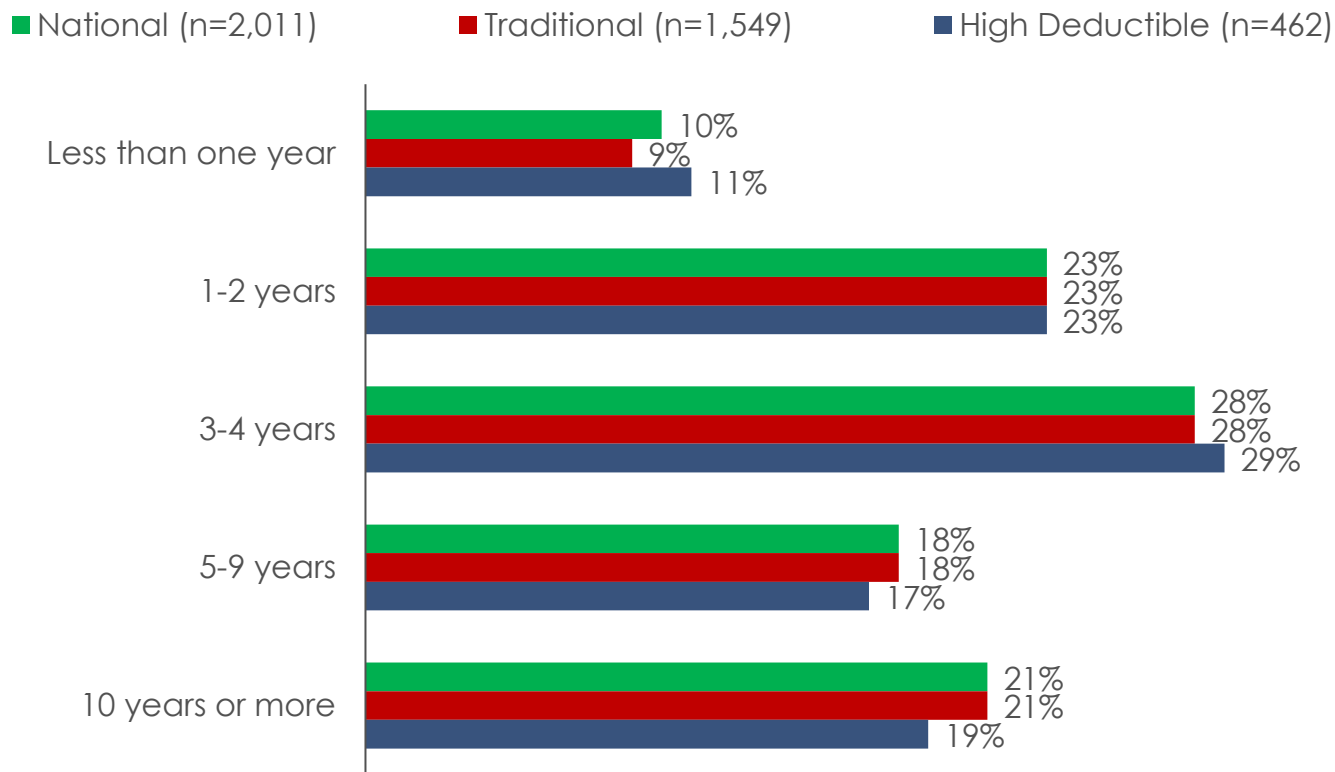
Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

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Figure 2

Length of Time With Current Plan

How long have you been covered by your current health insurance plan?



"Don't know" responses not shown

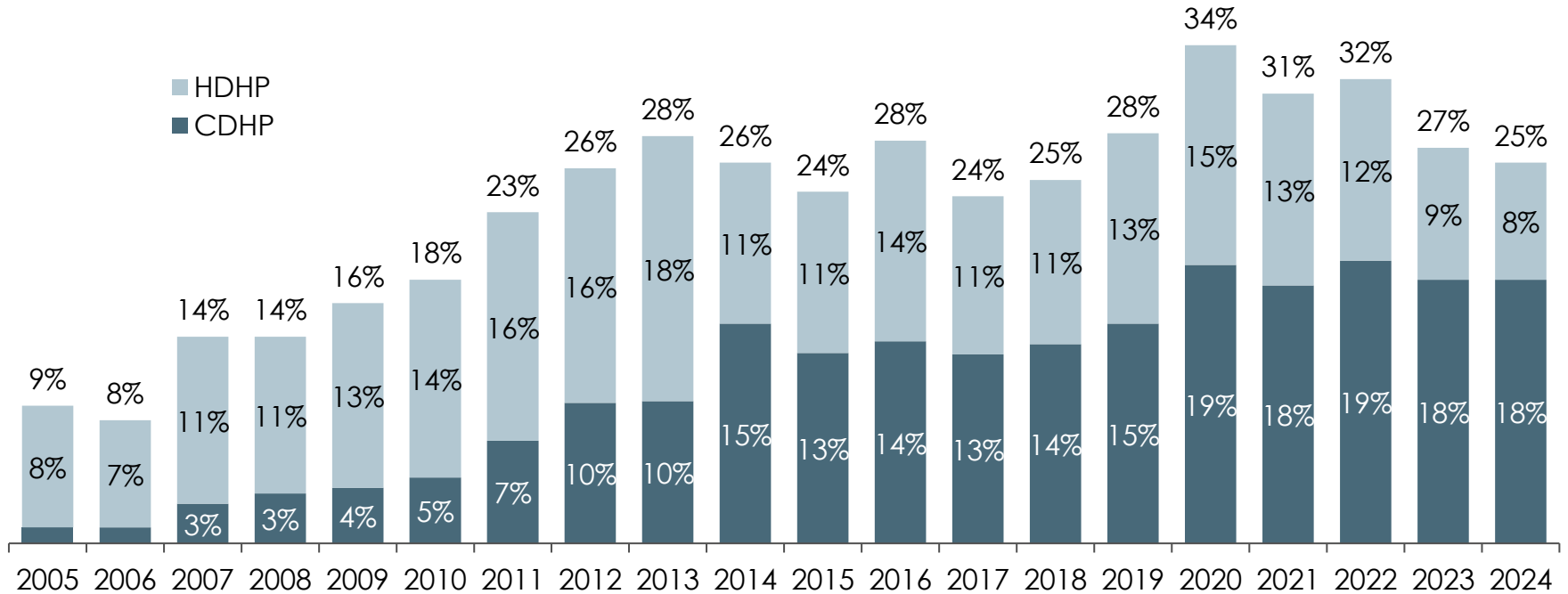
Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

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Figure 3

Enrollment in high-deductible health plans (HDHPs) was also down slightly in 2024.

Percentage of Enrollees in HDHPs and Consumer-Driven Health Plans (CDHPs)



Starting in 2014, HSA-eligibles (with no account) were added to the CDHP group.
Starting in 2019, Dynata's panel was used for the sample.

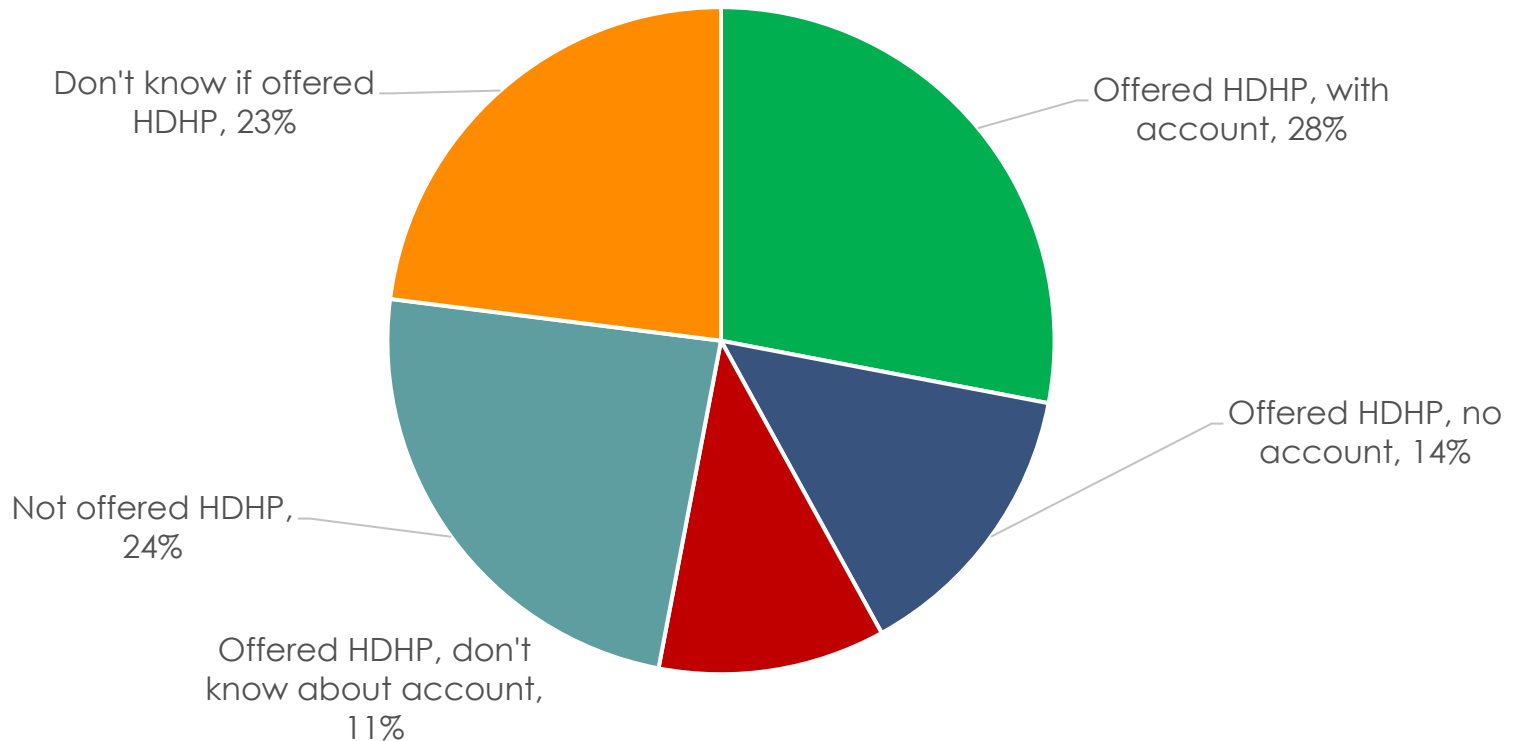
Source: Employee Benefit Research Institute/Greenwald Research, 2008–2024 Consumer Engagement in Health Care Survey & 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey.

Figure 4

About one-half of traditional plan owners with a choice of plans had the option for an HDHP/CDHP; one-quarter did not know if an HDHP was offered.

To the best of your knowledge, was one of the plans you were offered, but did not take, a plan with a high deductible?/Did the high-deductible plan that you were offered but did not take also include a savings account or fund that you could use to pay your health care expenses?

Traditional plan with choice of plans



Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

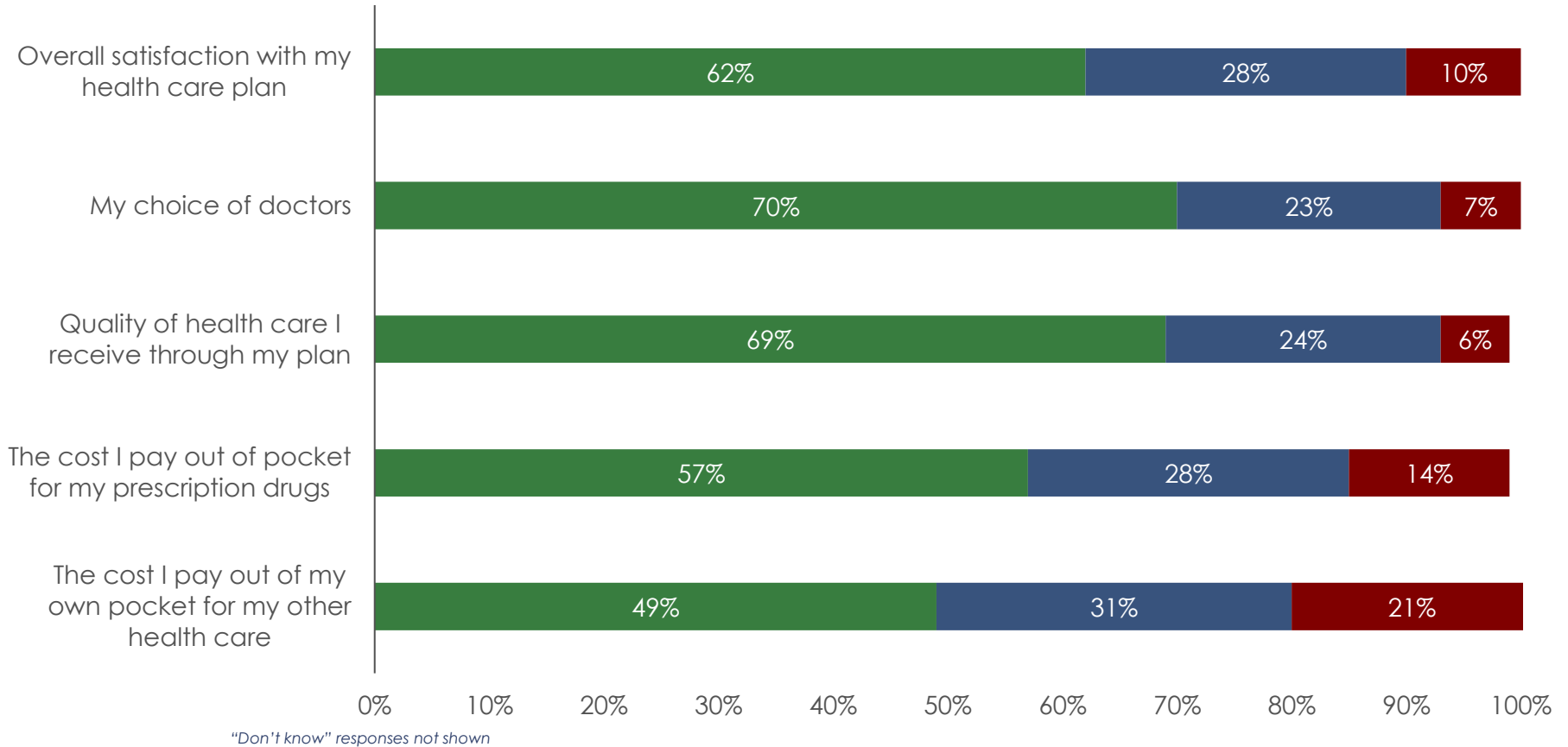
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Figure 5

Satisfaction With Aspects of Health Plan

Please rate your satisfaction with each of the following aspects of your health care

■ Extremely/Very Satisfied ■ Somewhat Satisfied ■ Not too/Not at all Satisfied



Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

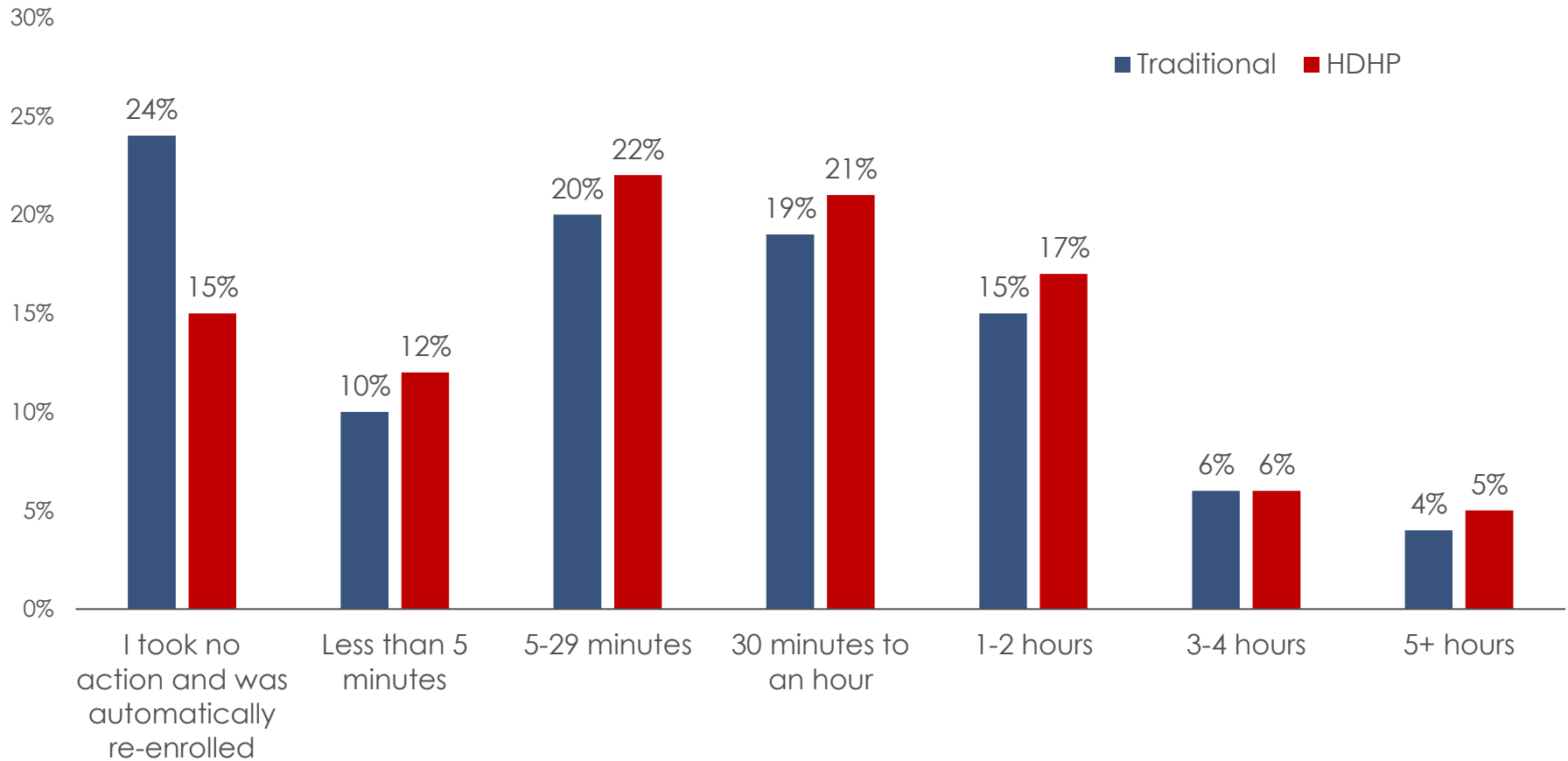
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Open Enrollment

Figure 6

Most enrollees do not spend a lot of time on health plan choice: HDHP enrollees spend more time than traditional plan enrollees.

About how much time did you spend making a health insurance decision?

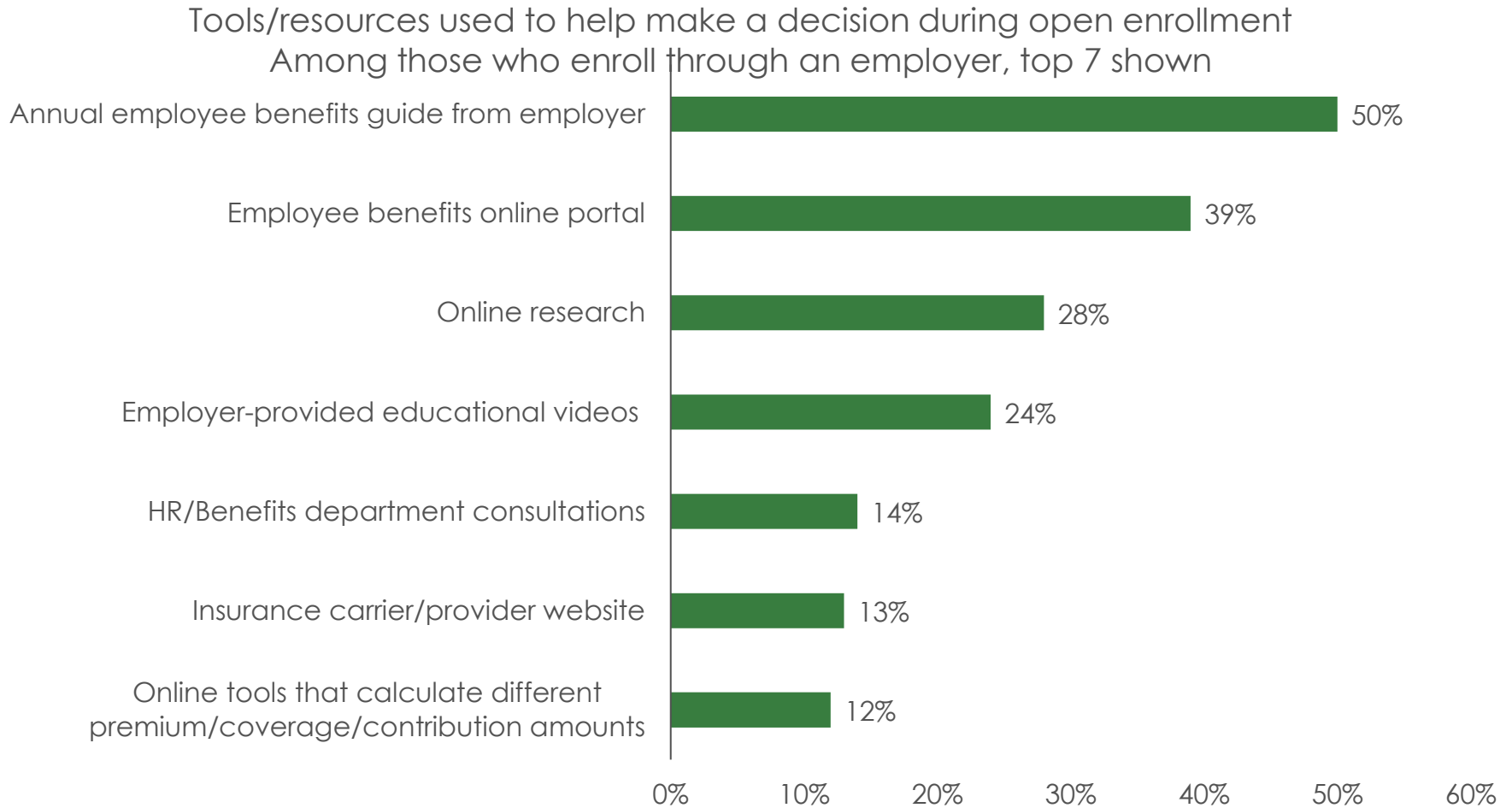


Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

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Figure 7

Consumers used various tools and resources to choose their health plan.

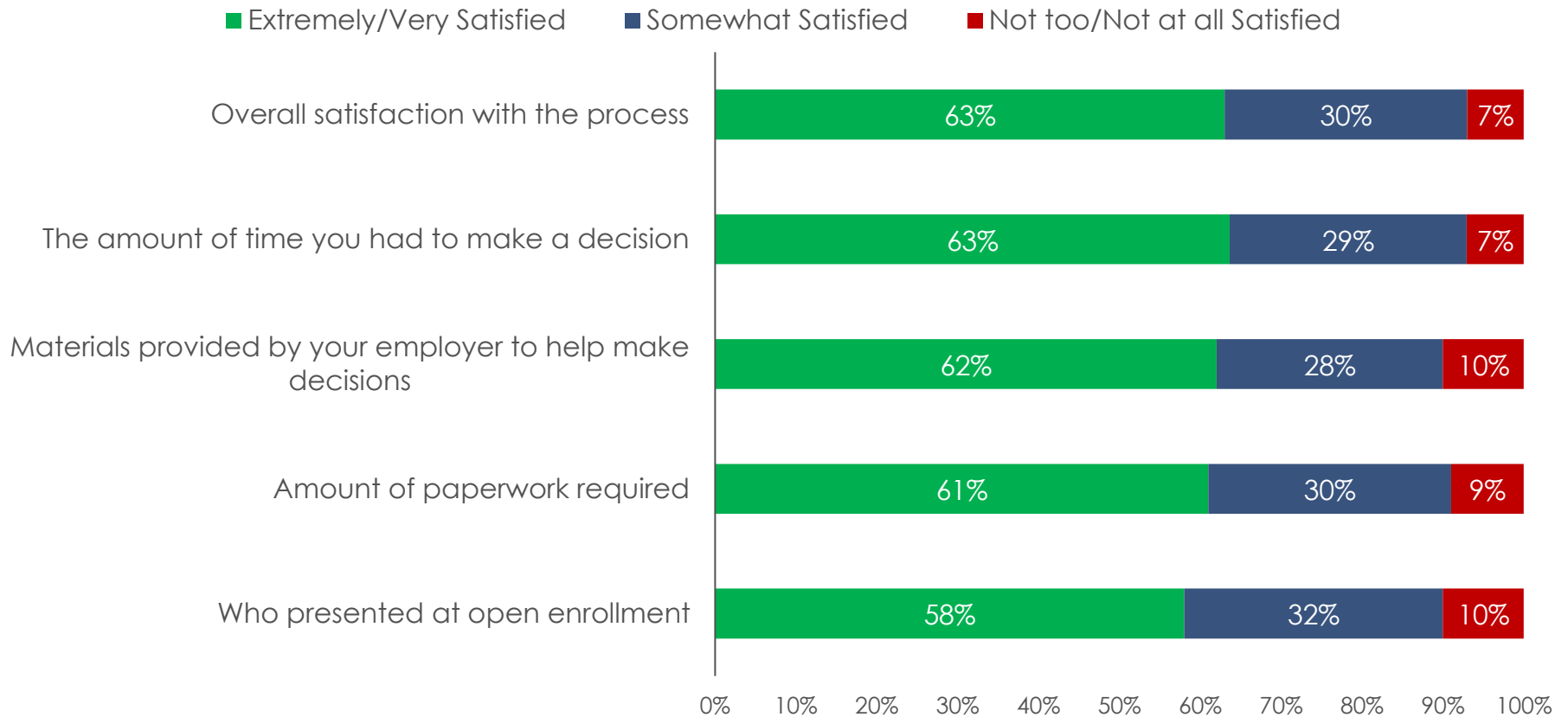


Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

Figure 8

Satisfaction with open enrollment is high.

How satisfied were you with the following aspects of your most recent open enrollment?
Among those who enrolled through an employer



Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

Health Plan Knowledge

Figure 9

Most enrollees understand premiums and deductibles but not prescription drug copays or maximum out-of-pocket limits.

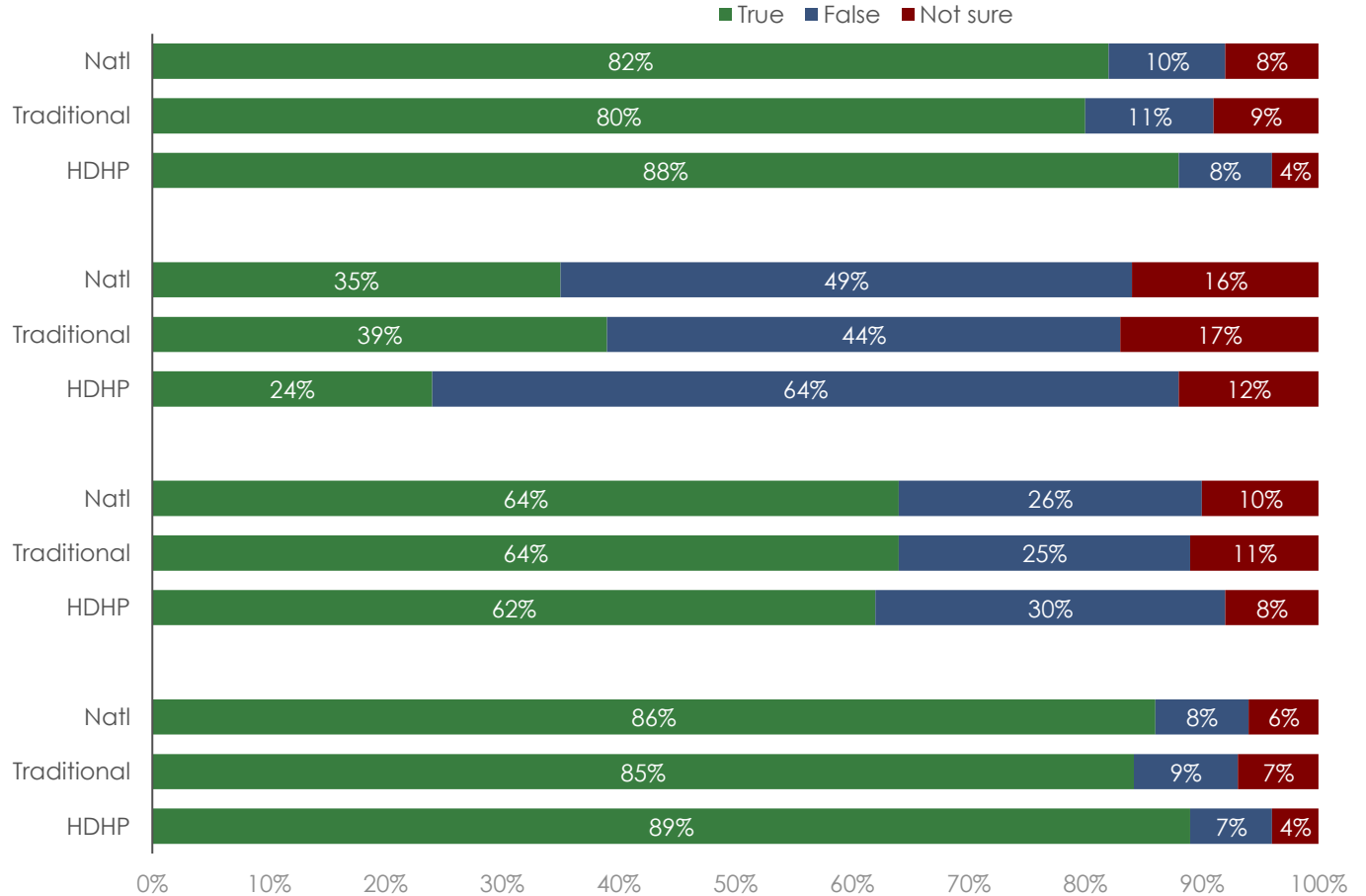
To the best of your knowledge, are each of the following statements about health insurance plans true or false?

A deductible is the amount you have to pay out of pocket during the plan year for covered health care services before your plan begins to pay for care.

Your health insurance plan will pay for all of your covered care before you hit your out-of-pocket maximum.

A prescription copay is a set amount you pay each time you get a prescription filled. This amount is the same for all groups of prescriptions (i.e., generic, brand, specialty).

A monthly premium is the amount you pay for your health insurance plan, regardless of using care.

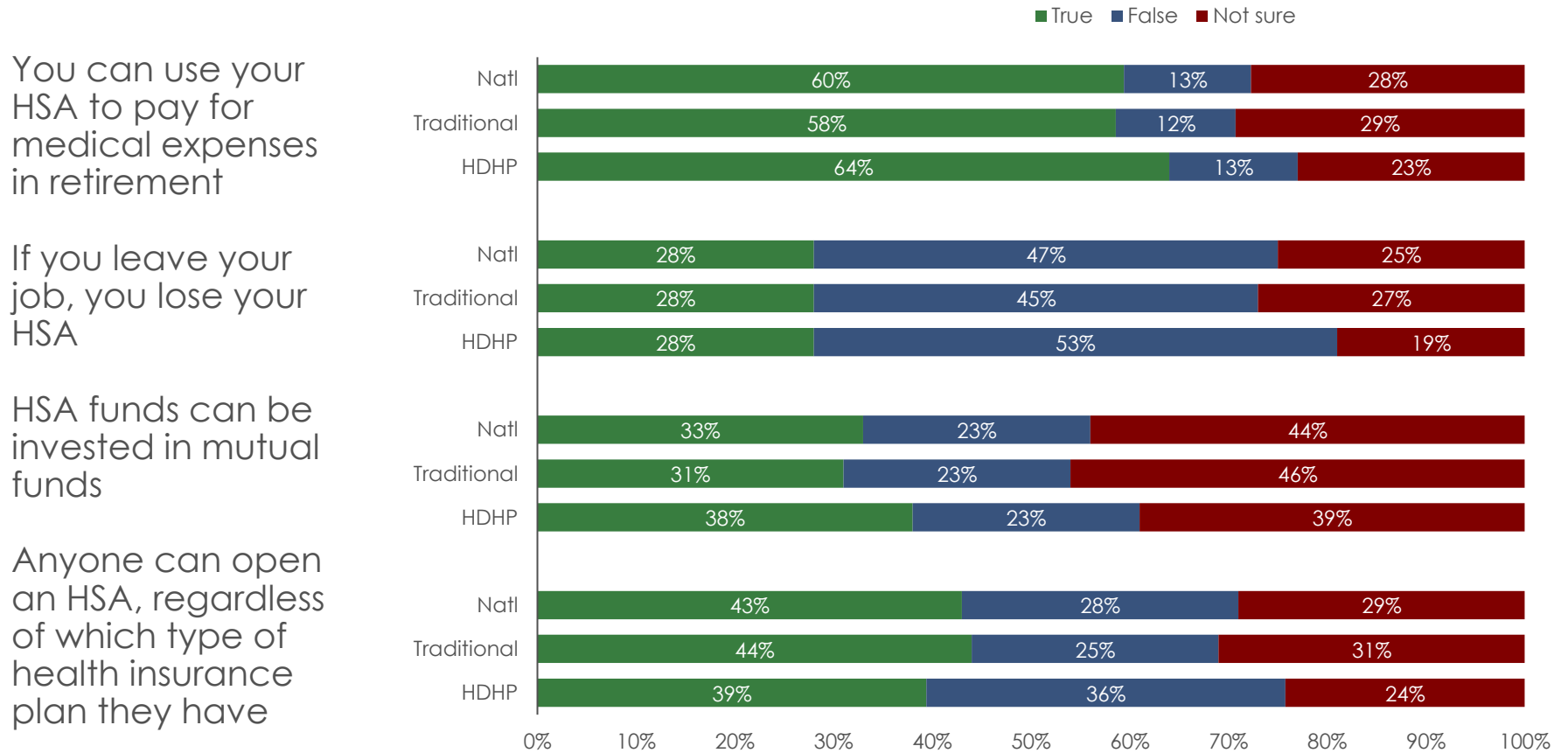


Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

Figure 10

HDHP enrollees are more likely to understand HSAs, but overall knowledge remains low.

To the best of your knowledge, are each of the following statements about health savings accounts (HSAs) true or false?



Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

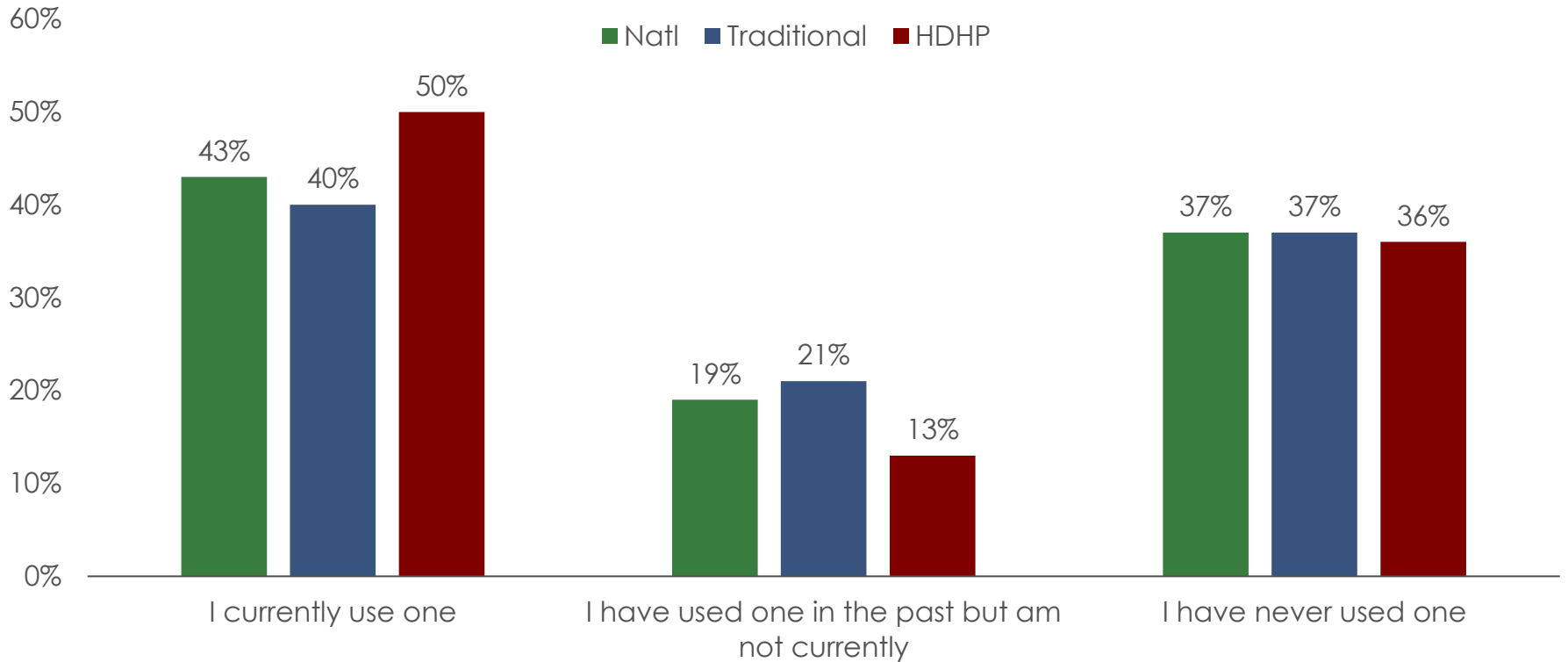
Health Technology

Figure 11

Roughly four in 10 reported currently using smart health technology; HDHP enrollees were more likely to use it.

Do you currently or have you ever used smart health technology?

Smart health technology is defined as any application for the phone, wearable device, or other technology that includes the ability to sense or track activity for the purposes of managing your health. This can include everything from blood glucose monitoring tools, to mindfulness and meditation apps, to step tracker tools like Apple watch and FitBit, to smart scales and water bottles, and more.

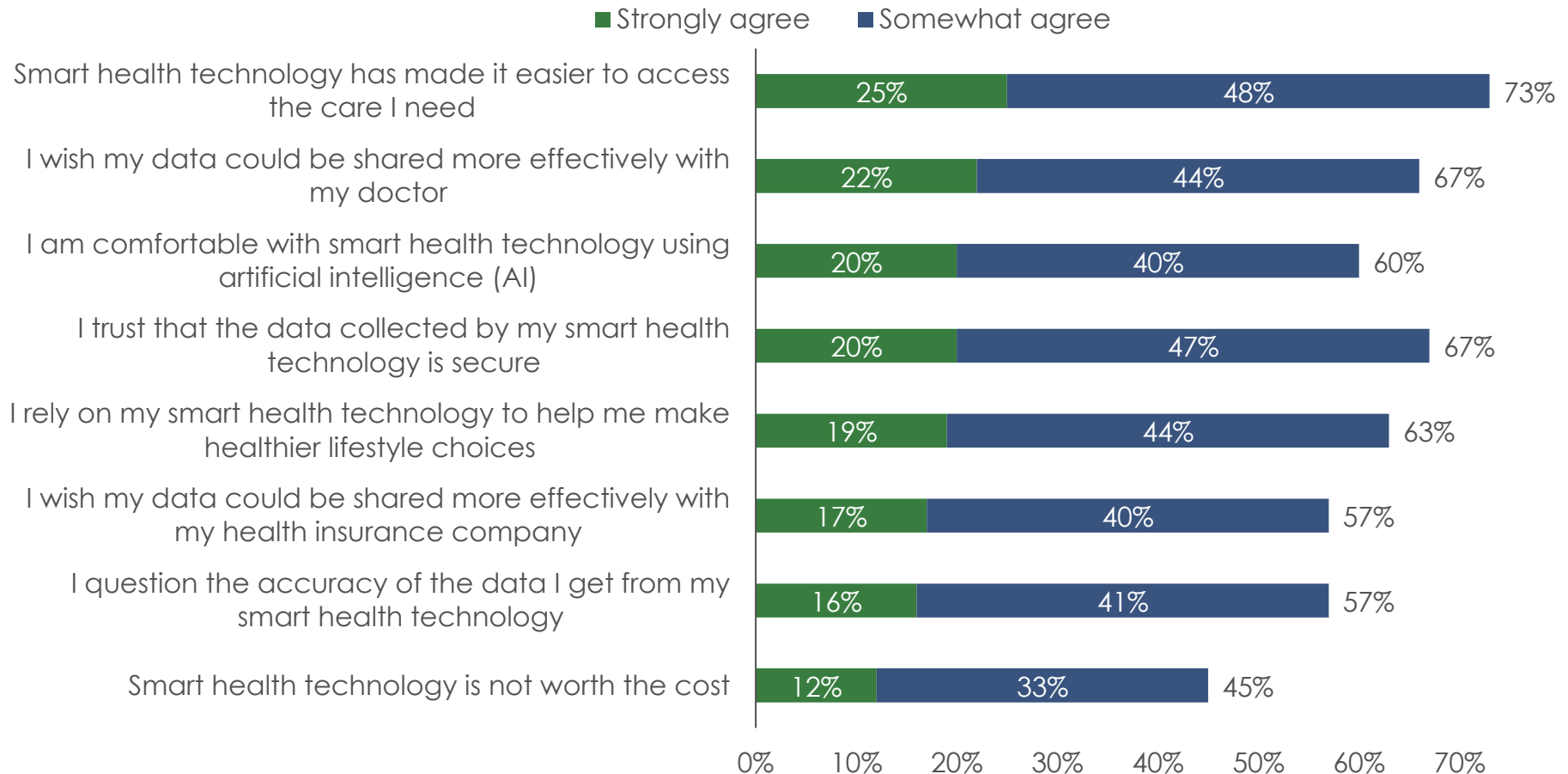


Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

Figure 12

Three-quarters agreed that smart health technology has made it easier to access care, but two-thirds wished their data could be shared with their doctor.

How strongly do you agree or disagree with each of the following statements regarding smart health technology?



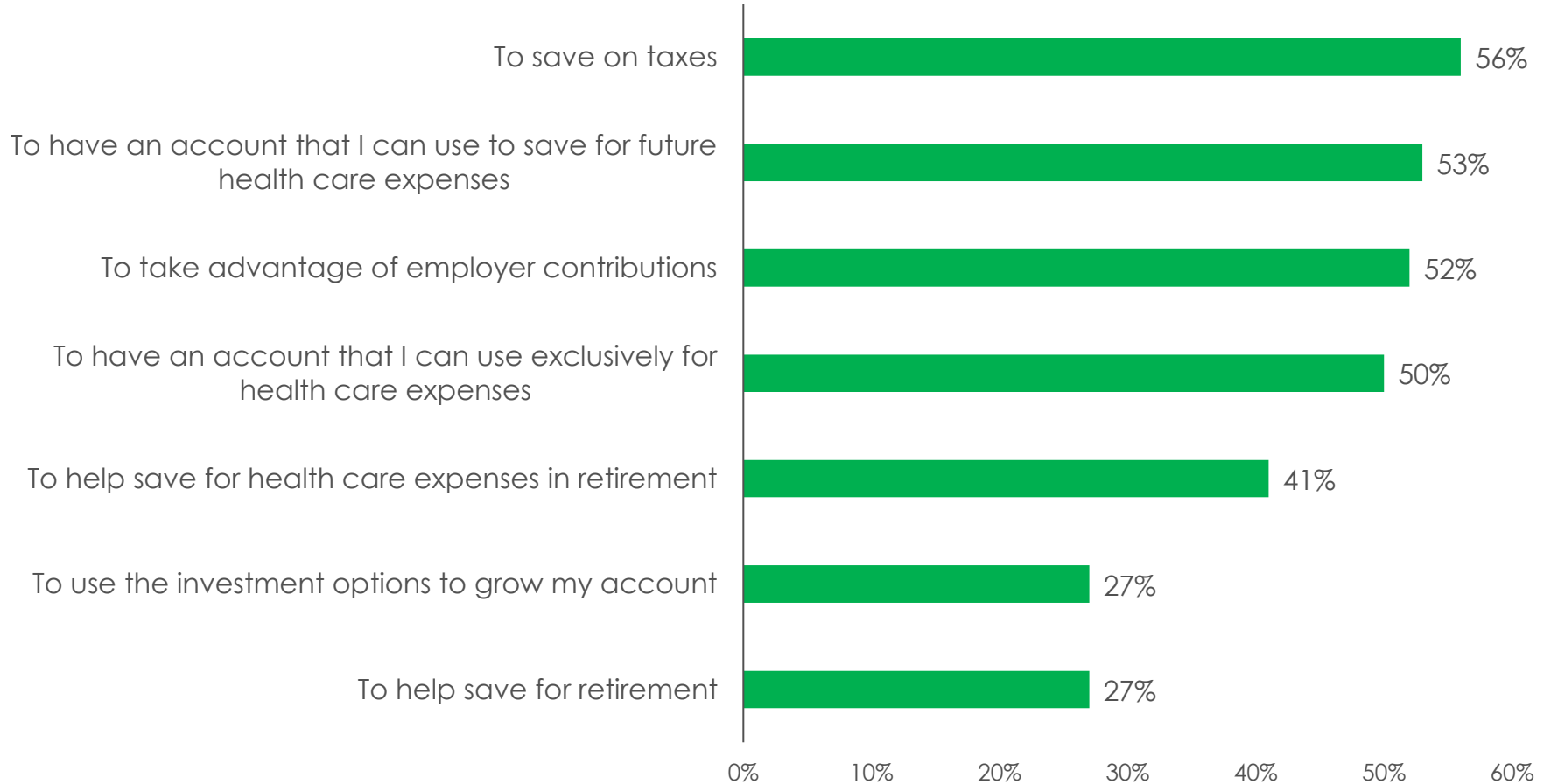
Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

Use of Health Savings Accounts

Figure 13

Consumers opened their HSAs to save on taxes and to save for future expenses.

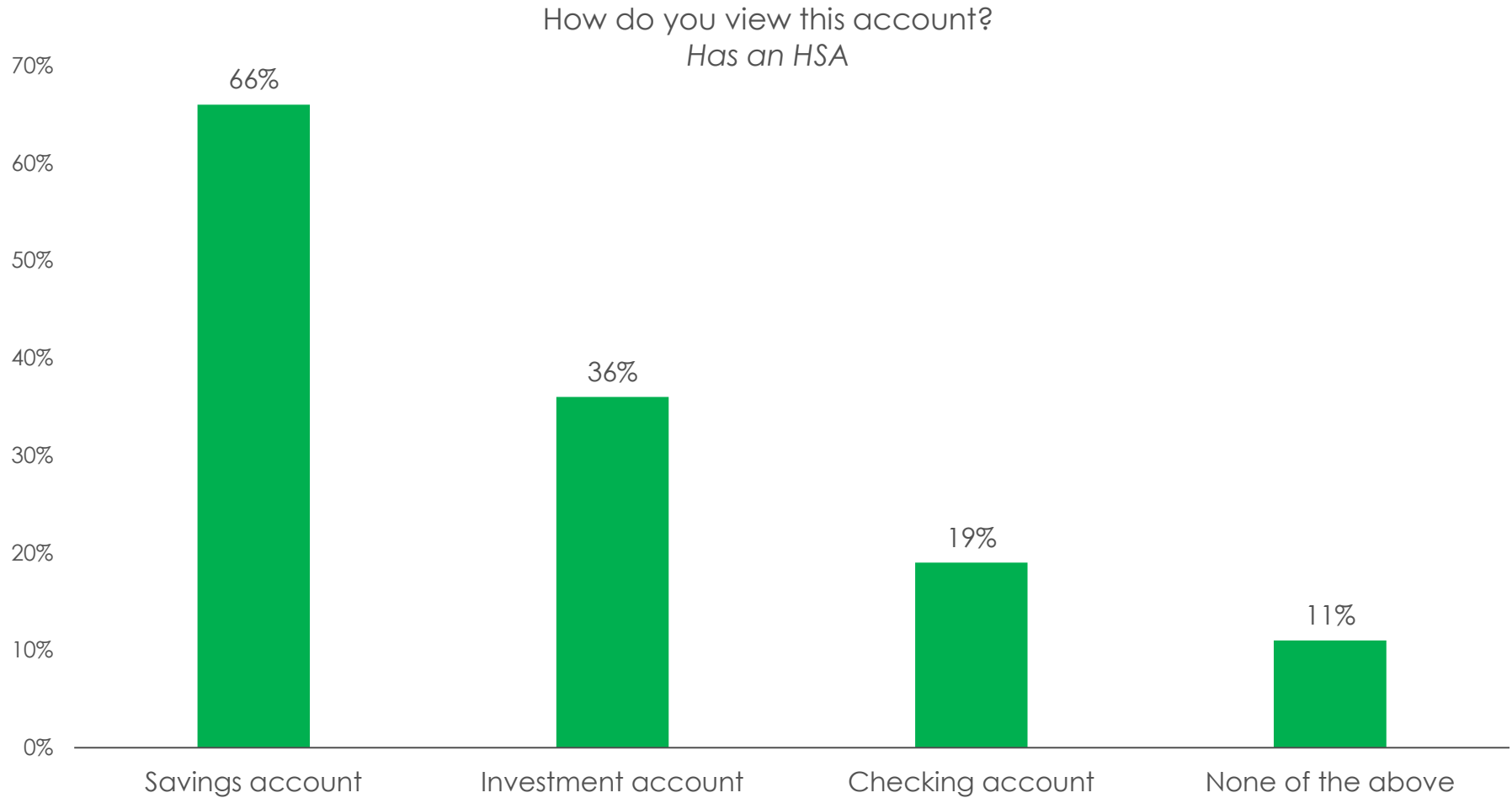
Why did you decide to open a health savings account?
Has an HSA



Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

Figure 14

Two-thirds view their HSA as a savings account.



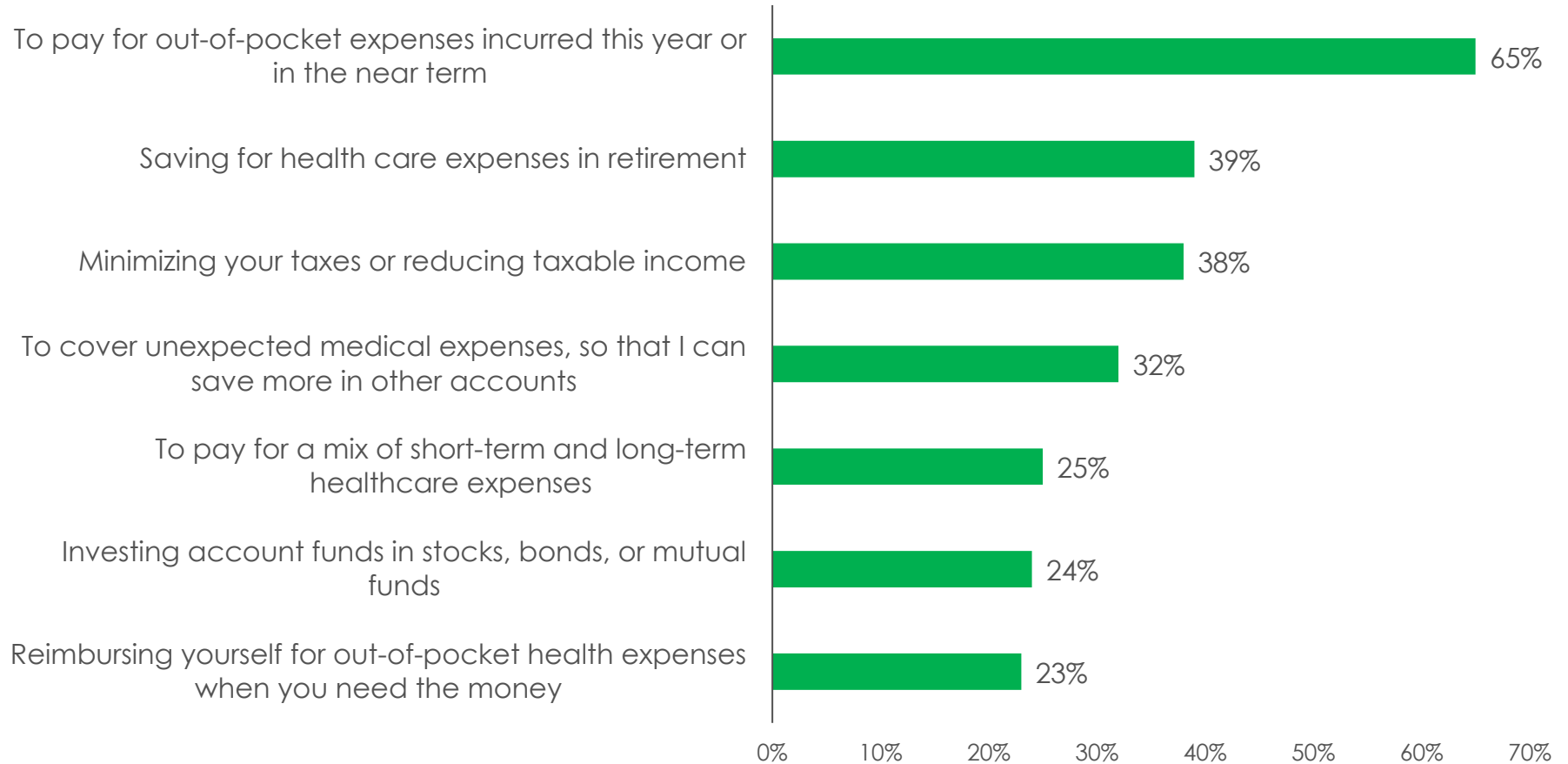
Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

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Figure 15

Two-thirds of enrollees with an HSA were using it to pay for current or near-term out-of-pocket expenses.

How are you using your account?
Has an HSA



Source: Employee Benefit Research Institute and Greenwald Research, 2024 Consumer Engagement in Health Care Survey

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Respondent Profile

Respondent Profile

	National (n=2,011)	Traditional (n=1,549)	High Deductible (n=462)
Gender			
Male	51%	52%	47%
Female	49	48	53
Age			
21 to 34	31%	33%	25%
35 to 44	23	24	21
45 to 54	23	23	25
55 to 64	22	20	29
Children in Household			
None	43%	42%	48%
One	24	25	21
Two	21	22	20
Three	7	6	8
Four or more	2	2	2
Adults (ages 26 or older) in Household			
None	3%	3%	1%
One	20	20	18
Two	63	60	71
Three	8	10	5
Four or more	4	4	4

	National (n=2,011)	Traditional (n=1,549)	High Deductible (n=462)
Ethnic Background			
White/ Caucasian	62%	59%	70%
Hispanic	15	16	13
African American/ Black	11	13	7
Asian/Pacific Islander	9	9	8
Other	3	3	2
Hispanic			
Yes	15%	16%	13%
No	85	84	87
Refused	<0.5	<0.5	<0.5
Area			
Suburb	39%	39%	40%
Large city	26	26	25
Small city	20	20	19
Rural	15	15	16

Respondent Profile

	National (n=2,011)	Traditional (n=1,549)	High Deductible (n=462)		National (n=2,011)	Traditional (n=1,549)	High Deductible (n=462)
Employment Status				Education			
Employed full time	76%	76%	76%	Some high school or less	1%	2%	1%
Employed part time	8	9	7	High school graduate	25	25	25
Not employed, looking for work	3	3	3	Some college	21	23	16
Homemaker	6	6	6	Trade or business school	4	5	2
Retired	6	5	8	College graduate	28	27	29
Other	1	1	1	Some post-graduate work	3	2	4
				Graduate degree	18	16	24

Respondent Profile

	National (n=2,011)	Traditional (n=1,549)	High Deductible (n=462)		National (n=2,011)	Traditional (n=1,549)	High Deductible (n=462)
Household Income				Marital Status			
Less than \$20,000	2%	3%	<0.5%	Married	60%	57%	68%
\$20,000 to \$29,999	2	3	<0.5	Not married, living with partner	10	11	9
\$30,000 to \$39,999	3	4	2	Divorced or separated	7	6	7
\$40,000 to \$49,999	4	5	3	Widowed	1	1	<0.5
\$50,000 to \$69,999	10	12	6	Single, never married	22	24	15
\$70,000 to \$99,999	15	16	13				
\$100,000 to \$149,999	23	24	21				
\$150,000 or more	38	33	54				
Declined to answer	1	1	1				

Discussion of Methodology

The findings presented in this chart pack were derived from the 2024 EBRI/Greenwald Research Consumer Engagement in Health Care Survey (CEHCS), an online survey that examines issues surrounding consumer-driven health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with health care plans, reasons for choosing a plan, and sources of health information. The 2024 CEHCS was conducted within the United States between Oct. 24 and Nov. 25, 2024, through a 16-minute internet survey. The national or base sample was drawn from Dynata's online panel of internet users who have agreed to participate in research surveys. The survey respondents were adults ages 21–64 who had health insurance through an employer, purchased directly from a carrier, or purchased through a government exchange. This sample was stratified by gender, age, region, income, and race. In previous years, the survey was fielded using Ipsos' panel. There were 2,011 national sample completes, of which 1,549 had traditional insurance coverage, and 462 had a high-deductible health plan (HDHP). The sample is weighted by gender, age, income, ethnicity, education, and region to reflect the actual proportions in the population.