

Kaiser Health News

Patients Often Don't Realize Preventive Care Is Free, Study Says

By Jay Hancock

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Researchers have known that members of high-deductible health plans, a rapidly growing type of coverage, seem to get less preventive care than people who pay lower out-of-pocket costs. But evidence for why was scanty. After all, under the 2010 Affordable Care Act many preventive screenings and treatments are covered with no out-of-pocket cost at all, even for high-deductible insurance.

Now policy pros at Kaiser Permanente, the giant health plan, have filled in some of the gaps. (Kaiser Health News is not affiliated with the insurer). Perhaps not surprisingly, their research shows that many consumers with high-deductible coverage think the deductible — which can run to thousands of dollars — applies to all doctor visits.

A survey of hundreds of Californians enrolled in health savings accounts, one type of high deductible plan, showed that fewer than one member in five understood that preventive care was free or almost free. A fifth of those surveyed said they had avoided preventive examination or treatment because of cost.

“It’s a reminder that patients usually have a pretty limited understanding of the details of their health insurance plan,” Mary Reed, a Kaiser Permanente scientist and the study’s lead author, said in an interview. “Even when plans are designed well or thoughtfully, if patients don’t understand they probably won’t behave accordingly.”

The lesson doesn’t apply just to high-deductible plans, she said. The need for member education is rising as all plans “continue to get relatively more complicated,” she added.

Nineteen percent of American workers are enrolled in a high-deductible plan, up from 4 percent in 2006, according to the Kaiser Family Foundation. (KHN is an editorially independent program of the foundation.) High-deductible insurance comes with substantially lower premiums than other coverage, partly because patients bear more of the cost when they get sick. But advocates see it as a way to prompt consumers to think more carefully about the kind, amount and expense of health services they seek.