



Four Ways  
to Improve  
Satisfaction  
with High  
Deductible  
Health Plans

More than 50% of private sector employees are enrolled in HDHPs, leading to dissatisfaction & missed care.

With healthcare costs continuing to rise, it's no surprise that high deductible health plans (HDHPs) continue to be a standard benefit design option with employers purchasing coverage for their employees. Some states are seeing as high as 60% of private sector workers enrolled in HDHPs.

### **The drawback? HDHPs have low satisfaction.**

According to the Employee Benefits Research Institute, 66% of *traditional* health plan members are satisfied with their health plan, however:

- ▶ This drops to 52% for HDHP plan members.<sup>1</sup>
- ▶ Only 35% of HDHP plan members report satisfaction with their out of pocket (OOP) costs. HDHP dissatisfaction is driven by overall OOP expenses.

<sup>1</sup> [https://www.ebri.org/docs/default-source/fast-facts/ff-463-cehcs7-6apr23.pdf?sfvrsn=c599392f\\_2](https://www.ebri.org/docs/default-source/fast-facts/ff-463-cehcs7-6apr23.pdf?sfvrsn=c599392f_2)

**Another problem? Plan members skip necessary care due to high costs.** Multiple studies have shown that HDHPs reduce the use of preventive care services, reduce medication adherence, and reduce office visits for appropriate care.<sup>2</sup> This can ultimately increase healthcare costs as chronic conditions go unmanaged or undiagnosed and may be harder to treat later.



## What is a high-deductible health plan?

A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but the plan member pays more health care costs themselves before the insurance company starts to pay its share. In 2023, the IRS defines an HDHP as having a minimal deductible of \$1,500 for self-only coverage or \$3,000 for family coverage. Some plans may have deductibles up to \$9,100 for self-only coverage and \$18,200 for family coverage.

<sup>2</sup> <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0610>



## It Doesn't Have to Be Like This

Simple steps can  
be taken to improve  
the HDHP experience,  
increase satisfaction,  
and ensure all plan  
members are receiving  
the care they need.

# 1 Incorporate no- or low-cost virtual care options that help before the deductible

One simple way to reduce out-of-pocket costs and increase access is to be sure your plan is taking advantage of the extension of the IRS telehealth rule, which allows HDHPs to provide \$0 deductible coverage of telehealth and remote care.<sup>3</sup> Cost is the top barrier to care for HDHP members. Including a virtual option ensures that people who need to speak to a medical professional to determine next steps or receive treatment for simple conditions such as urinary tract infections can access care and advice at no cost. Delaying treatment for these conditions can cause more serious illness and increased overall costs.

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<sup>3</sup> <https://www.irs.gov/publications/p969>

Additionally, virtual care options exist that offer chronic condition support, education, guidance, and medical expertise from physicians without requiring claims submission and insurance billing. Offering no-cost healthcare programs outside of medical insurance is another way to expand access to healthcare and reduce costs for employees and employers.



# 2

## Better support people who are searching for care

The goal of HDHPs was to encourage plan members to be savvy consumers of healthcare. Unfortunately, most health plan members aren't familiar or comfortable with the healthcare system. They don't know what services they need. Despite transparency laws, reliable price estimates are not available to most. Members of high deductible health plans need better tools when searching for care, which means accurate price estimation tools and services that help members determine if the recommended care is right for them.



For example, in most HDHPs seeking a second opinion means that the health plan member will incur charges for an office visit to see the specialist providing the second opinion. Second opinions can reduce overall medical spend by changing diagnoses or treatment paths. But the out-of-pocket costs, which can exceed \$700, can deter individuals from seeking them.



# 3

## Proactively identify and eliminate friction points with preventive services

HDHPs create a number of friction points for plan members. Identifying these problem areas and eliminating them through better plan design or proactive education can reduce confusion and improve member satisfaction.

Preventive services are an area that can generate confusion for plan members. Often plan members expect preventive services to be covered 100% prior to the deductible and are surprised to receive bills for those visits. Common culprits include:

- ▶ Labs ordered during annual visits
- ▶ Depression screenings
- ▶ Cancer screenings including colonoscopies, mammographies for cancer survivors, and skin cancer screenings by dermatologists

# 4 Pair health reimbursement, health savings, or flexible spending accounts

Pairing a high deductible health plan with a tax-advantaged savings account is a necessary step to reduce the stress and financial burden of a medical emergency, and ensure that HDHP members are able to afford care. Front loading an employer's contribution to a Healthcare Reimbursement Account (HRA) or a Healthcare Savings Account (HSA), or encouraging use of a Flexible Spending Account (FSA), can help employees cover unexpected costs and provide a reassuring financial safety net.





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