THE HENRY J.
KAISER
FAMILY
FOUNDATION

Topline

Assessing Americans' Familiarity with Health Insurance Terms and Concepts

METHODOLOGY

This Kaiser Family Foundation Survey, *Assessing Americans' Familiarity with Health Insurance Terms and Concepts,* was designed and analyzed by researchers at the Kaiser Family Foundation (KFF), and was conducted October 17-27, 2014, among a nationally representative sample of 1,292 adults ages 18 and older, including an oversample of adults age 18-64 who have no health insurance. KFF paid for all costs associated with the survey. Interviews were conducted in English and Spanish using GfK's KnowledgePanel, an online research panel. KnowledgePanel members are recruited through probability sampling methods and include both those with internet access and those without (KnowledgePanel provides internet access for those who do not have it and, if needed, a device to access the internet when they join the panel). A combination of random digit dialing (RDD) and address-based sampling (ABS) methodologies have been used to recruit panel members (in 2009 KnowledgePanel switched its sampling methodology for recruiting panel members from RDD to ABS). The panel comprises households with landlines and cellular phones, including those with only cell phones, and those without a phone. Both the RDD and ABS samples were provided by Marketing Systems Group (MSG). KnowledgePanel continually recruits new panel members throughout the year to offset panel attrition as people leave the panel.

The survey data were weighted to be representative of adults nationwide. Weighting took place in two stages. First, all members of the panel carry a weight designed to produce a nationally representative sample of the U.S. adult population based on gender, age, race/ethnicity, education, region, household income, home ownership status, metropolitan area, and Internet access. In the second stage, design weights were adjusted to account for the oversample and adjust for any differential survey non-response. An iterative procedure was used to adjust the final sample to match benchmarks from the March 2014 Supplement to the Census Bureau's Current Population Survey (CPS) on age, gender, race/ethnicity, region, education, metropolitan area, household income, internet access, and primary language (English Dominant, Bilingual, Spanish Dominant, Non-Hispanic).[1]

Margins of sampling error and tests of statistical significance take into account the effect of weighting. The margin of sampling error including the design effect for the full sample of 1,292 adults is plus or minus 3 percentage points. Numbers of respondents and margin of sampling error for key subgroups are shown in the table below. For results based on other subgroups, the margin of sampling error may be higher. Sample sizes and margins of sampling error for other subgroups are available by request. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll.

Group	N (unweighted)	M.O.S.E.
Total	1,292	± 3 percentage points
Insurance Status		
Insured, age 18-64	794	± 4 percentage points
Uninsured, age 18-64	194	± 8 percentage points
Age		
18-29	204	± 8 percentage points
30-49	413	± 5 percentage points
50-64	425	± 5 percentage points
65+	250	± 7 percentage points
Gender		
Men	650	± 4 percentage points
Women	642	± 4 percentage points
Education		
High school grad or less	549	± 5 percentage points
Some college	349	± 6 percentage points
College grad or more	394	± 5 percentage points

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[1] Details about KnowledgePanel sampling, recruitment, and weighting methodology, including details about how design weights are calculated, are available at
http://www.knowledgenetworks.com/knpanel/docs/knowledgepanel(R)-design-summary-description.pdf

QINS1. Below is a list of the different kinds of health plans or health insurance people have, including those provided by the government. Please indicate whether or not you are currently covered by each type of insurance or not.

	Covered Total	Not Covered Total	Not Sure/Refused Total
Health insurance through your or someone else's employer or union	54	39	8
Medicare, a government plan that pays health care bills for people aged 65 or older and for some disabled people	22	70	8
Medicaid or any other state medical assistance plan for those with lower incomes	12	80	9
Health insurance that you bought directly, but not from [INSERT NAME OF STATE HEALTH INSURANCE EXCHANGE]	8	82	10
Health insurance from some other source	8	82	10
Health insurance that you bought through [INSERT NAME OF STATE HEALTH INSURANCE EXCHANGE]	5	86	9

Q1. Which of the following is the best definition of the term "health insurance premium"?

	Total
The best type of health insurance you can buy	7
The amount health insurance companies charge each month for coverage **(correct answer)**	76
A bonus you get at the end of the year if you stay covered	1
Don't know	16
Did not answer	--

Q2. Is a health insurance premium something you must pay every month, regardless of whether you use health care services, or do you only have to pay your health insurance premium during months when you use health care services?

	Total
Must pay every month, regardless of whether you use services **(correct answer)**	79
Only have to pay in months when you use health care services	5
Don't know	15
Did not answer	1

Q3. Which of the following is the best definition of the term "annual health insurance deductible"?

	Total
The amount that is deducted from your paycheck each year to pay for your policy	6
The amount of health expenses you can subtract from income on your yearly tax return	4
The amount of covered health care expenses you must pay yourself each year before your insurance will begin to pay **(correct answer)**	72
Don't know	17
Did not answer	1

Q4. Suppose that under your health insurance policy, hospital expenses are subject to a $1,000 deductible and $250 per day copay. You get sick and are hospitalized for 4 days, and the bill comes to $6,000. How much of that hospital bill will you have to pay yourself?

	Total
$0	3
$1,000	14
$2,000 **(correct answer)**	51
$4,000	10
$6,000	3
Don't know	18
Did not answer	1

Q5. Which of the following best describes the "annual out-of-pocket limit" under a health insurance policy?

	Total
The most you will have to pay in deductibles, copays, and coinsurance for covered care received in network for the year **(correct answer)**	67
The most your insurance policy will pay for covered services in a year	7
The most you will have to pay for premiums in a year	5
Don't know	18
Did not answer	2

Q6. Which of the following best describes a "health insurance formulary"?

	Total
The form you send to your insurance company when you need to have a medical bill paid	5
The name for permission you must get from your insurance company before surgery will be covered	9
The list of prescription drugs your health plan will cover **(correct answer)**	33
Don't know	53
Did not answer	1

Q7. Which of the following best describes a health plan "provider network"?

	Total
The hospitals and doctors that contract with your health plan to provide services for an agreed-upon rate or fee schedule **(correct answer)**	76
The computer system doctors and hospitals use to submit bills to insurance companies	4
A website where consumers can find information about the best doctors	3
Don't know	16
Did not answer	1

Q8. True or false: If you receive inpatient care at a hospital that participates in your health plan's provider network, all the doctors who care for you while you're in the hospital will also be in network.

	Total
True	29
False **(correct answer)**	41
Don't know	29
Did not answer	1

Q9. Suppose your health plan covers lab tests in full if you go to an in-network lab, but only pays 60% of allowed charges if you go out of network. You forget to check and get your blood test at a lab that turns out to be out of network. The lab bills you $100 for the blood test. Your health insurance allows only a $20 charge for that test. How much would you have to pay out of pocket for that lab test?

	Total
$0	3
$40	17
$80	39
$88 (correct answer)	16
$100	3
Don't know	20
Did not answer	1

Q10. True or false? If your health insurance plan refuses to pay for a service that you think is covered and your doctor says you need, you can appeal the denial and possibly get the insurance company to pay the claim.

	Total
True (correct answer)	68
False	6
Don't know	25
Did not answer	1

DEMOGRAPHICS

AGE.

	Total
18-24	12
25-34	17
35-44	18
45-54	18
55-64	17
65-74	13
75+	5

AGE/INSURANCE STATUS COMBO.

	Total
18-64 Insured	66
18-64 Uninsured	9
65+	19
Unknown insurance status	6

GENDER.

	Total
Male	48
Female	52

RACE/ ETHNICITY.

	Total
White, non-Hispanic	65
Hispanic	15
Black, non-Hispanic	12
Other, non-Hispanic	6
2+ Races, non-Hispanic	1

EDUCATION.

	Total
Less than high school	12
High school	30
Some college	29
Bachelor's degree or more	29

EMPLOYMENT STATUS.

|	Total
Working	57
Working- as a paid employee	50
Working- self-employed	7
Not working	43
Not working- on temporary layoff from a job	1
No working- looking for work	8
Not working- retired	19
Not working- disabled	6
Not working- other	9

INCOME.

	Total
Less than $35,000	27
$35,000- $74,999	31
$75,000 or more	41

REGION.

	Total
Northeast	18
Midwest	21
South	37
West	23

LANGUAGE OF SURVEY.

	Total
English	94
Spanish	6
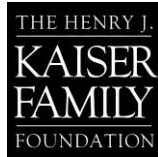
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