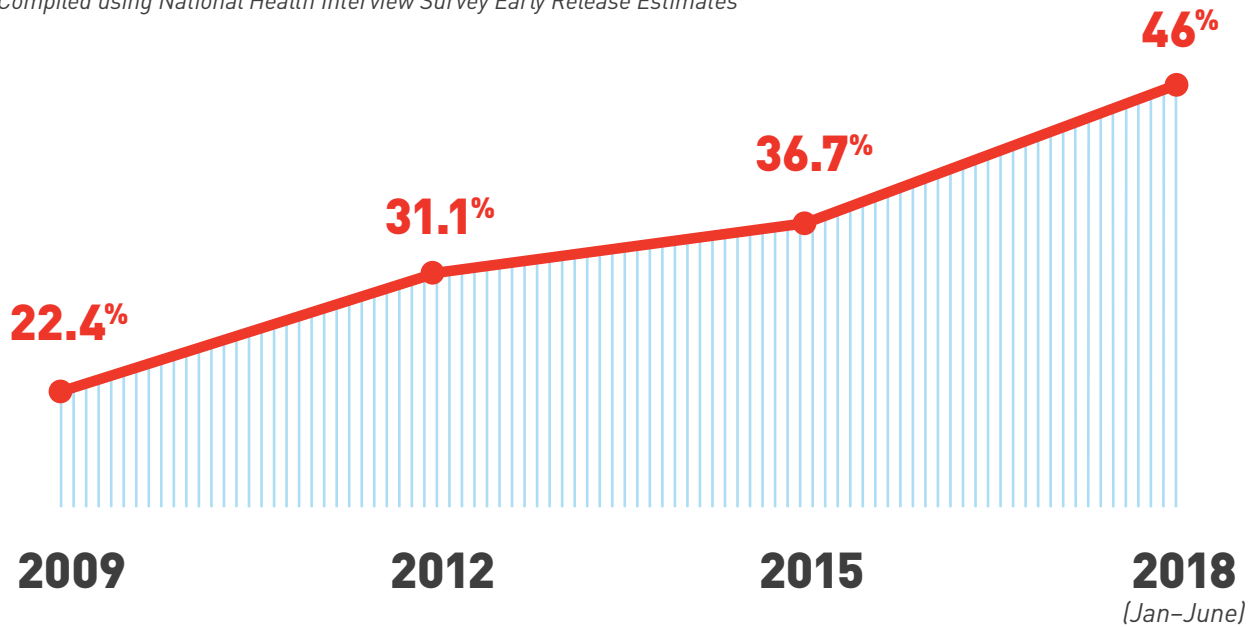


TRENDS IN HEALTH CARE



Growth in High-Deductible Health Care Plans (HDHPs) Commercial Insurance HDHP Trends and Features

Compiled using National Health Interview Survey Early Release Estimates





● Percentage of Americans under age 65 with commercial health insurance enrolled in a high-deductible health plan

Increasing Enrollment in HDHPs

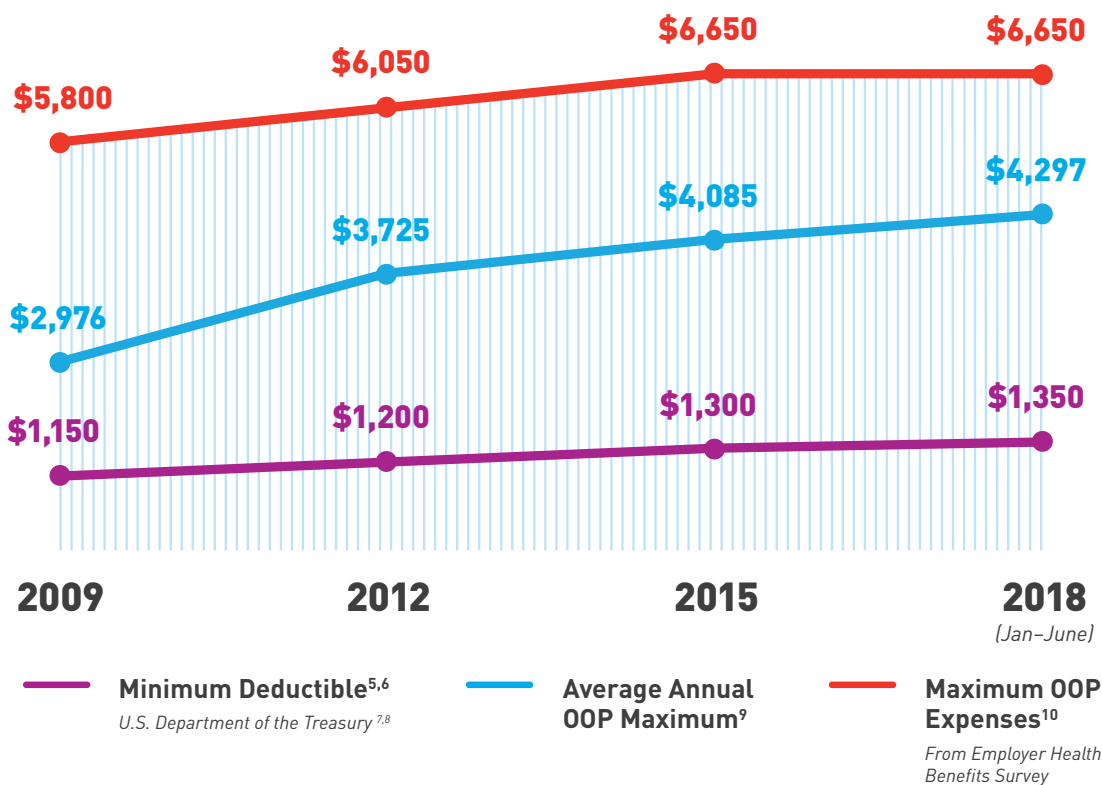
- Enrollment in HDHPs requires patients to incur the full cost of some prescription medications before their deductible is met
- Increase in higher deductibles, and the rise in cost burden on employees, has helped to control increases in premiums to date¹
- Not all HDHPs include the pharmacy cost in the deductible

Average General Annual HDHP / HSA Plan Deductibles^{2,3}

- Employer subsidies may reduce the deductible amount for patients
- Lilly supports legislation to allow HDHP/HSAs to exempt chronic disease medications from deductibles as a way to increase access to critical medicines⁴

	2009	2018
 Individual	\$1,922	\$2,447
 Family	\$3,734	\$4,883

Growth in Out-of-Pocket (OOP) Expenses for Individual HDHP/HSA Plans*



Compiled using Kaiser Family Foundation annual Employer Health Benefits Survey for 2009, 2012, 2015, and 2018. Available at www.kff.org. Last accessed February 27, 2019.

*This graph does not reflect growth in corresponding numbers for family plans, which saw similar increases from 2009 to 2018. Maximum out-of-pocket expenses for a family plan in 2009 was \$11,600 and increased to \$13,300, an increase of more than 16%. Data for the average annual out-of-pocket maximum for family plans was not available.

- The Affordable Care Act mandates an OOP maximum for commercial plans. In 2014, the first year of the requirement, these maximums were \$6,350 for individual coverage and \$12,700 for family coverage. In 2019, the OOP maximum increased to \$7,900 for individual coverage and \$15,800 for family coverage.^{11,12}

Impact of Reduced Cost-Sharing on Adherence



- Use of drug coupons for specialty medications may improve treatment adherence by lowering OOP costs¹³



- Patient awareness of value-based benefit design incentives (eg, preventive care coverage) in HDHP/HSAs may also improve adherence and reduce overall health care costs^{14,15}

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