Young adults and health insurance: Not invincible—but perhaps convincible
Findings from the Deloitte 2014 Survey of Young Adults and Health Insurance

Before they will choose coverage under the ACA, young adults seek information, affordability, and value.
19- to 34-year-olds: young and invincible?

Characterized by the media as “young invincibles,” young adults (age 19-34*) form a distinct group within which many consider themselves healthy and immune to health problems. According to popular belief, good health, a high risk tolerance, and an optimistic outlook are leading factors in their decision to forgo health insurance. Young adults are a key target for insurers because they can help balance spending on older enrollees and stabilize risk pools in the health insurance marketplace.

*While there is no generally accepted age range that defines this group, the federal government uses 18-34 years; Deloitte used 19-34 years.

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Key findings: Create value

Cost versus protection and peace of mind

Entering the first open enrollment period for the new health insurance marketplaces, a big question was “Will they come?” Many did, including more than two million young adults who signed up for health insurance. However, for a sizeable number of young adults, health insurance is simply not affordable. And, for many others, it doesn’t offer enough value for the money.

On the whole, this group is cost-sensitive. Many who enrolled via an exchange report they received a tax subsidy and a substantial number qualified for Medicaid, highlighting how low incomes are for some members of this group. Of those who chose to forgo insurance, few say they did so based on either preference or a high degree of risk-tolerance – a stereotype often applied to “young invincibles.” Rather, price, affordability, perception of cost versus expected benefit, and website technical issues were key barriers to uptake. Those who remain uninsured were three times more likely than those who obtained coverage to abandon enrolling in an exchange due to technical difficulties. Young adults who decided to forge ahead and purchase health insurance say protection from financial risk, peace of mind, and avoidance of paying the ACA penalty were top motivators.

While highly aware of ACA provisions that have been widely promoted—the individual mandate, health insurance marketplaces, and the penalty—young adults were far less likely to be aware of provisions intended to increase access and affordability, such as subsidies and Medicaid expansion in some states.

Policy levers—the carrots and sticks of a subsidized individual mandate and a penalty for not having insurance—intended to expand coverage had some impact. The subsidies were important in supporting insurance uptake—half (50 percent) of respondents who became insured and 62 percent of the younger respondents (age 19-24) who became insured say subsidies were “very” or “somewhat” important in their decision to become insured. Yet, close to half of all respondents report that they didn’t know about subsidies to help pay for health insurance.

National median income (2012 dollars)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Median Income (2012 dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 19-24</td>
<td>$30,604</td>
</tr>
<tr>
<td>Age 25-34</td>
<td>$51,381</td>
</tr>
<tr>
<td>All households (national, all ages)</td>
<td>$51,017</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, September, 2013
Out of sight and out of reach: many young adults remain uninsured

Young adults who remain uninsured say they find health insurance unaffordable; additionally, many do not see its worth. Forty-six percent say they did not get coverage because they do not see the value of having health insurance, whether due to costs outweighing benefits, inadequate plan choices, or feeling healthy and not needing coverage (not shown). Others say they do not have the money to purchase health insurance (66 percent cite cost concerns).

Some are interested in shopping on the marketplaces for coverage—however, just over half (54 percent) of young adults who remain uninsured never visited HealthCare.gov or one of the state exchange websites (not shown).

Reasons for remaining uninsured

Why don’t you have health insurance? Please select all that apply.

- I can’t afford health insurance: 66%
- I feel that the costs of health insurance outweigh the benefits: 26%
- I would rather pay for health care if and when I need it: 24%
- I am not eligible for coverage through Medicaid: 20%
- I feel healthy and do not need health insurance: 19%
- I am not eligible for coverage through my employer or my employer doesn’t offer coverage: 16%
- The types of plans offered through a health insurance marketplace/exchange do not address my needs: 13%
- It’s not my responsibility to subsidize the health care costs of others: 11%
- I don’t have enough information/I am not sure how or where to get health insurance: 10%
- I was unable to enroll through a health insurance marketplace/exchange due to technical issues: 10%
- Choosing and enrolling in a health plan is too complicated and/or time consuming: 8%
- I am concerned about providing my personal information to an organization or through a website: 3%
- Other: 12%
Young adults who obtained insurance sought protection and peace of mind. Young adults who obtained insurance know they are not invincible: Those who purchased it say they did so because they want to avoid paying medical bills if they get sick, pregnant, or injured (67 percent). They also enrolled because it gives them peace of mind that they can get care if they need it (60 percent). Half (49 percent) who became insured say they did so to avoid the ACA fine or penalty for not having insurance.

### Reasons for becoming insured

*How important were each of the following factors in your decision to get health insurance?*

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not at all important</th>
<th>Does not apply to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wanted to avoid having to pay medical bills if I get sick, injured, or pregnant.</td>
<td>67%</td>
<td>18%</td>
<td>3%</td>
<td>13%</td>
</tr>
<tr>
<td>Having insurance gives me peace of mind that I can get health care if I need it.</td>
<td>60%</td>
<td>28%</td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td>I didn’t want to pay a fine.</td>
<td>49%</td>
<td>30%</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>I qualified for Medicaid.</td>
<td>40%</td>
<td>34%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>I was eligible for coverage through my job, school, or some other source.</td>
<td>40%</td>
<td>20%</td>
<td>9%</td>
<td>20%</td>
</tr>
<tr>
<td>My parents (or other people who are important to me) told me I should get coverage.</td>
<td>35%</td>
<td>31%</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>I was eligible for a subsidy or tax credit (financial help) to lower the premium.</td>
<td>34%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Paying for health care coverage is part of my responsibility to society.</td>
<td>34%</td>
<td>30%</td>
<td>13%</td>
<td>28%</td>
</tr>
<tr>
<td>I thought I should get insurance even though I’m not really sure I want it.</td>
<td>35%</td>
<td>35%</td>
<td>18%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Showing those currently insured

Data are weighted

Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance
Information, navigation, and procrastination: the purchase experience

Overall, slightly more than half (55 percent) of all respondents say they had visited either HealthCare.gov or a state exchange website; the older age group (age 25-34) (60 percent) did so more than the younger group (age 19-24) (46 percent) (all not shown). Of those who became insured after October 1, 2013, 69 percent say they had visited the federal or a state exchange website (not shown). Of those who remain uninsured, 54 percent report they did not visit HealthCare.gov or a state exchange website at all (not shown).

Many younger people delayed signing up on an exchange until the last minute. Overall, close to one in three (29 percent) health insurance marketplace enrollees say they waited until the last month of open enrollment to sign-up. The younger respondents (age 19-24 years) were even more likely to wait; nearly half (45 percent) say they postponed enrolling until the "very" last minute (not shown).

Respondents report encountering a number of problems when enrolling for coverage, from lack of information to technical issues. One in three (32 percent) who visited the marketplace websites say they found all the information they needed to make their selection. More than one-fourth (28 percent) who visited the exchange websites say they abandoned attempting to enroll after experiencing technical difficulties. Navigators assisted two in five who enrolled via health marketplaces (not shown).

The marketplace experience

When you visited the health insurance exchange website, did you …?

<table>
<thead>
<tr>
<th>Experience technical difficulties that caused a delay in your enrollment</th>
<th>32%</th>
<th>Insured total</th>
<th>Uninsured total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find all the information you needed to understand differences between health plans</td>
<td>32%</td>
<td>Insured total</td>
<td>Uninsured total</td>
</tr>
<tr>
<td>Experience technical difficulties that caused you to stop trying to enroll</td>
<td>28%</td>
<td>Insured total</td>
<td>Uninsured total</td>
</tr>
<tr>
<td>Discover that you were eligible for Medicaid</td>
<td>21%</td>
<td>Insured total</td>
<td>Uninsured total</td>
</tr>
<tr>
<td>Discover that you were eligible for financial help (a tax credit subsidy) to help with the cost of insurance</td>
<td>18%</td>
<td>Insured total</td>
<td>Uninsured total</td>
</tr>
<tr>
<td>None of these</td>
<td>22%</td>
<td>Insured total</td>
<td>Uninsured total</td>
</tr>
</tbody>
</table>

Showing those who visited exchange(s) websites and responded “yes”

Data are weighted

Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance
Most young adults say they were familiar with key aspects of insurance coverage under the ACA — specifically, the existence of the individual mandate and of penalties. However, they were less likely to be familiar with elements intended to increase access to insurance, such as the availability of subsidies to help buy insurance, Medicaid expansion in some states for low-income people, and being able to remain on parental plans until the age of 26. Nearly half (47 percent) say they did not know that the open enrollment season occurs annually.

**Awareness of ACA insurance provisions**

*Before taking this survey today, were you aware that...?*

- The federal government required most individuals to enroll in a health insurance plan of some kind by March 31, 2014: 70% (Age 19-24), 78% (Age 25-34)
- Individuals who can’t get insurance through an employer or Medicaid can buy insurance through an online health insurance marketplace/exchange: 71% (Age 19-24), 78% (Age 25-34)
- Individuals must pay a fine if they did not sign up for health insurance by March 31, 2014: 67% (Age 19-24), 74% (Age 25-34)
- Adult children can stay on their parent/guardian’s health plan until they turn 26 years old: 61% (Age 19-24), 78% (Age 25-34)
- The federal government offers money to people with lower incomes to help them buy health insurance: 57% (Age 19-24), 55% (Age 25-34)
- The fine for not having insurance will increase over the next few years (from the higher of $95 or 1% of income in 2014, to $325 or 2% of income in 2015, to $695 or 2.5% of income in 2016): 50% (Age 19-24), 54% (Age 25-34)
- The open enrollment period for health insurance marketplaces/exchanges is once a year (unless you have major changes in your life, such as moving to another state or getting married): 52% (Age 19-24), 53% (Age 25-34)
- Some state Medicaid programs are now letting in more people to get coverage: 55% (Age 19-24), 51% (Age 25-34)
Shift the lens

Resonate with consumers

Despite being branded by the media as “young invincibles,” young adults may not be so invincible, after all. This group is not invulnerable to chronic conditions, lifestyle-related health factors, and catastrophic occurrences. Young males, in particular, are more likely to engage in risky behaviors than older age groups. Young adults’ participation in buying insurance is important for the health care industry for three reasons: it stabilizes the risk pool and helps bolster the success of health insurance marketplaces; and it provides enrollees with financial protection when they get sick.

The main challenge with young adults is convincing them that the new insurance options can be affordable and offer value versus going without insurance. Deloitte found that, like their elders, young adults turn to traditional sources when learning about insurance. Friends, family, and health care providers are young adults’ most trusted information sources. Although many respondents say they used the Internet to search for information about insurance options, almost as many obtained information through a personal contact.

Consumer outreach group, Enroll America, and advocacy group, Young Invincibles, have found that families, friends, and peer-to-peer information sharing are essential for this group to learn about coverage (see page 12). Enroll America suggests that multiple touch points increase the likelihood of enrollment, with a mix of personalized messages delivered in-person, by telephone, and through online communications having the most impact. Recent research indicates that consumers of all ages lack understanding of the fundamental concepts of health insurance. Even consumers with insurance have a poor understanding, with just 14 percent being able to explain the four key concepts of deductibles, copays, co-insurance, and out-of-pocket maximums. Other research has found that with employer-sponsored insurance, individuals facing health plan choices initially tend to “go with the crowd,” learning from others who have more information and experience. Baicker et al (2012) posit that more people may take up insurance if having it was the norm rather than the exception. Their research suggests that strategies which reinforce positive social attitudes about having health insurance may encourage people to “join the team” and sign up for coverage.

As a demographic group, young adults clearly fall into what has been characterized as “digital omnivores”—U.S. consumers who have high ownership levels of laptops, smart phones, and tablets, and who seamlessly move across devices and platforms, signaling a shift in the way consumers use technology to communicate, work, and play. While technology—mobile, in particular—at this point in time was not an influential information channel about health insurance for this group, young adults’ high connectivity suggests that opportunity exists to develop more effective and trusted education and communication tools using this medium.
What young adults want: the right products at the right price

Young adults care about overall cost and good value when choosing a health insurance plan. Provider networks (48 percent) and brand (43 percent) matter less to this population than overall costs (75 percent) and good value (68 percent). Having the right benefits at the right price is very important, in particular, for the older respondents (age 25-34) (75 percent) compared with the younger age group (57 percent).

Priorities in plan features

If you have the opportunity to select a health plan, how important would the following be in deciding which plan to choose?

<table>
<thead>
<tr>
<th>Percentage responding “very important”</th>
<th>Age 19-24</th>
<th>Age 25-34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showing those not opposed to health insurance</td>
<td>66%</td>
<td>79%</td>
</tr>
<tr>
<td>Quality rankings published by independent sources</td>
<td>40%</td>
<td>37%</td>
</tr>
<tr>
<td>Recommendations from friends, family, co-workers, or fellow students</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>Having a conversation with a health insurance navigator</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>Overall amount I have to pay (total of premiums, deductibles, and copays in a year)</td>
<td>79%</td>
<td>75%</td>
</tr>
<tr>
<td>Good value: I can pick the benefits I want at the price I want to pay</td>
<td>57%</td>
<td>75%</td>
</tr>
<tr>
<td>My doctors or hospitals are in the network</td>
<td>42%</td>
<td>50%</td>
</tr>
<tr>
<td>Brand/reputation of the plan</td>
<td>44%</td>
<td>43%</td>
</tr>
<tr>
<td>Consumer ratings/reviews</td>
<td>42%</td>
<td>37%</td>
</tr>
</tbody>
</table>

75% age 25-34 vs 57% age 19-24 think good value is important when choosing a plan (significant @ p<0.05)

44% of Hispanics vs 20% of non-Hispanics think navigators are important when choosing a plan (significant @ p<0.05)
Personal contacts are trusted and persuasive

While there is no dominant source or channel for information to guide health insurance decisions, traditional sources are more trusted. Friends, family, and health care providers are the most trusted sources of reliable information among those not opposed to having health insurance. Celebrities may have helped raise awareness of the topic, but respondents do not report that they shaped purchasing decisions.

Trusted sources of information and purchasing decisions

To what extent would you trust the following sources to provide reliable information that can help you make decisions about buying or changing your health insurance?

<table>
<thead>
<tr>
<th>Source</th>
<th>Age 19-24</th>
<th>Age 25-34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and friends</td>
<td>42%</td>
<td>49%</td>
</tr>
<tr>
<td>Health care providers, such as doctors, hospitals, clinics, or pharmacists</td>
<td>30%</td>
<td>38%</td>
</tr>
<tr>
<td>Government agencies/programs/offices, such as Medicaid</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>Community and consumer organizations, such as churches, e-Healthinsurance.com, or Consumer Reports</td>
<td>22%</td>
<td>29%</td>
</tr>
<tr>
<td>Insurance sources, such as health plans, health insurance marketplaces, health insurance navigators</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>Employers and schools/training programs</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Media sources and entertainers, such as celebrities/sports figures</td>
<td>9%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance
Influential communication channels

When thinking about choosing a health plan, how much influence would each of these digital sources have on your decision? (Please assume that the source told you something about a plan that you liked.)

*Major influencers when choosing a plan*

- Pop-up internet ad: 25% of males vs. 10% of females (significant @ p<0.05)
- TV/radio ad: 34% of males vs. 18% of females (significant @ p<0.05) and 41% of Hispanics vs. 21% of non-Hispanics (significant @ p<0.05)
- Online newspaper/magazine ad: 25% of males vs. 10% of females (significant @ p<0.05)

**“Digital omnivores” day-to-day, but traditional channels work for health insurance**

Despite being the “always connected” generation, young adults interested in health insurance have no single communication channel that influences their decision-making. Age and gender preferences are apparent: Television and radio appeal to males (34 percent) and Hispanics (41 percent), as do Internet ads (22 percent). Few channels appeal to females – the highest ranked is television/radio advertisements (18 percent). The younger age group (age 19-24) preferred television/radio and video websites.

**Influential communication channels**

Percentage responding “major influence”

Showing those not opposed to health insurance

Data are weighted

Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance
Takeaways from the Young Invincibles organization

Young Invincibles is a national organization committed to mobilizing and expanding opportunities for young Americans between 18 and 34 years of age on issues such as higher education, health care, and jobs.

Jen Mishory, executive director of Young Invincibles, shared with Deloitte her organization’s experiences and insights from targeting enrollment of young adults in health insurance exchanges.

According to Mishory, “young people want coverage, and want coverage that they can afford.” Overall, for the young adult population, the leading reasons for not enrolling in health insurance are the cost and the lack of information about subsidies. Information about financial help is key: “Cost is going to be the first question you’re going to hear from a young adult—they want to know what risk they’re taking on,” said Mishory. With low earnings and little disposable income, many struggle to pay bills, let alone unanticipated medical expenses. For many, health insurance and dealing with the health care system are new experiences. Young adults need to know how to make insurance work for them. They need to be educated about health insurance concepts such as copays, how to find a primary care doctor, and how free preventive care works. Also, they need to know of other options, including special enrollment after qualifying life events such as marriage, births, moving, new jobs, and graduations.

Lessons learned

• Employ a comprehensive communication strategy—both offline and online. Also, a long time horizon is necessary—young adult consumers need to hear information more than once and from different sources.
• Find young people where they are, such as college campuses, malls, and movie theaters, and make sure outreach is well thought-out, clear, and concise.
• Friends and family (e.g., mothers, teachers, girlfriends, older siblings) and health care providers are the most trusted sources of information, so engage with them. Peer-to-peer outreach is also important.
• Public figures and broad communication campaigns are helpful to achieve general awareness. But partner with those in the community who are working and interacting directly with young people. For example, target individuals or groups that young people turn to as trusted sources for help—community groups, teachers, campus organizations—and use “train the trainer” approaches.
• Use online outreach, such as social media and crowdsourcing campaigns via social media channels, to enable a single message to be mass-shared.
• Make information accessible; mobile-friendly versions of websites are important, as mobile technology is widely used as a primary source of Internet access.
Stakeholder considerations

Creating awareness and engaging young adults are priorities when trying to convince more of them that the expected benefits of obtaining health care coverage outweigh the cost of premiums. Federal and state governments could do more to publicize the availability of subsidies that reduce premiums. They also could work with health plans to offer less expensive products. Both steps may help increase awareness and perception among this price-sensitive group that coverage can be affordable.

Because young adults are highly mobile, technology will play a major role in forging relationships with this “always-connected” generation. Despite Deloitte’s findings that technology-based channels were not overly favored sources of trusted information, the importance of disseminating information and education via mobile devices, social media, gamification, and data analytics is expected to grow. In addition, creative partnerships and innovative marketing will be vital to reach young adults.

Create the value

Product design and appeal
Young adults are looking for products that are affordable and meet their needs. Affordability is critical to both lowering the barriers to adoption and increasing young adults’ understanding of the value of good health. Innovative plan designs, benefits, and network considerations may be necessary to make insurance products more attractive to this group.

Value, enhanced awareness, and user-friendly systems
The notion of health insurance is attractive to many in this group, but the insurance system and enrollment channels are confusing, difficult to navigate, and impeded by young adults’ concerns about affordability. Educating consumers about ways to access insurance products and resources that address affordability concerns is essential to attracting more enrollees. Specifically, stakeholders should spread the word about subsidies before the next open enrollment period, and bundle the subsidy information with a compelling value message.

Personalized products and entry-level strategies
Young adults want the right products at the right prices. Weighing the benefits of insurance versus affordability is challenging; they may be more willing than older consumers to make trade-offs, such as narrow networks, for a lower price. In addition, younger consumers might be more interested in coverage options that are more simple and affordable.

Resolution of barriers to get the word out
Traditional messages resonate with this group, with many valuing protection and peace of mind, and avoiding the ACA penalty. Online technical difficulties led to over one-fourth of young adults who visited a marketplace website to abandon enrollment; a strategy to reconnect with this group and shift how insurance exchanges are perceived will be necessary once technical issues are resolved.

Shift the lens

Multi-channel communication
Stakeholders need to determine how to generate continued awareness among young adults about the availability of various health insurance subsidies. The marketing tactics used during the first open enrollment period got young adults’ attention, but many missed the key message that help is available in the form of subsidies. Targeted, multichannel communication methods and messages are the most likely ways that insurers can reach this diverse group of consumers and make them aware of plan options that offer value.

Cultural and community experiences
Health insurers seeking to address young adults’ preferences for personalized attention, cost-savings, and culturally relevant messaging across numerous channels should use trusted, community-based information resources. Focus messages on raising general awareness and resolving consumers’ concerns about cost and affordability. Target the delivery of clear and easily understood information, make sure the enrollment process is user-friendly, and provide in-person advice and support.
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Appendix

Methodology and sample characteristics
Deloitte conducted an online survey of 500 randomly selected young adults age 19-34, between April 9, 2014 and April 23, 2014. Respondents were those who were uninsured as of September 30, 2013, and either remained uninsured or had subsequently become insured through various avenues. The questionnaire probed awareness of insurance-related provisions of the Affordable Care Act, and attitudes and behaviors with respect to health insurance, including decision-making, trusted sources of information, influencers and future preferences. Systematic controls were used for demographic characteristics and data were weighted.

Survey sample
A web-based survey of 500 randomly selected young adults, age 19-34; with systematic controls for age, gender, race and ethnicity, health insurance status, household income, and geographic location.
• To be eligible for participation, respondents met the following criteria:
  – Resides in the U.S.; age 19-34; uninsured as of September 30, 2013
  – Knows current health insurance status
  – Knows current health insurance source if currently insured
  – Does not work for the federal government
• Quotas were used to ensure a sufficient number of respondents in key insurance subgroups for analytical purposes:
  – Continuously uninsured: 253
  – Newly insured: 247
    - Health insurance exchange: 111
    - Medicaid: 50
    - Other insurance: 86

Timing
The survey was fielded between April 9, 2014 and April 23, 2014, and took an average of 11 minutes to complete.

Questionnaire
The questionnaire consisted of five primary items and approximately 15 sub-categories, depending upon insurance status. The questionnaire probed opinions with respect to awareness of insurance-related provisions of the Affordable Care Act, and attitudes and behaviors with respect to health insurance, including decision-making, trusted sources of information, influencers, and future preferences.

Sample weighting
Data were weighted to be representative of non-institutionalized U.S. adults age 19-34. Weighting was applied to correct for bias from using quotas for the insurance groups and for differences between an online panel and the general population.
Endnotes


Deloitte Center for Health Solutions

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