The Experience of Young Adults on HealthCare.gov: Suggestions for Improvement

**Background:** Young adults comprise a large percentage of uninsured persons (1). Efforts to insure more young adults were widespread during the Patient Protection and Affordable Care Act’s first open enrollment period for the health insurance marketplace.

**Objective:** To elicit reactions and feedback from young adults on ways to improve the HealthCare.gov insurance selection process.

**Methods:** We observed 33 highly educated young adults, aged 19 to 30 years, navigating the HealthCare.gov Web site in Philadelphia, Pennsylvania, between January and March 2014. As they made decisions about health insurance, they explained their thinking in real time. We interviewed participants about their impressions and suggestions for improvement.

**Findings:** Participants were challenged by poor understanding of health insurance terms that were inadequately explained. Although participants expressed their preferred benefits (for example, preventive care and dental coverage), they had difficulty matching plans with their preferences, partially because they perceived that the amount of information was overwhelming. Young adults qualifying for affordability provisions were confused by discount applications that made more-comprehensive plans (such as silver) cheaper than less-comprehensive alternatives (such as catastrophic).

**Discussion:** Using a systematic approach, we identified 6 actionable improvements for HealthCare.gov that could be implemented before the next open enrollment period, beginning 15 November 2014 (Table).

1. Provide more accessible explanations of health insurance terminology. Young adults preferred instantly accessible glossary definitions paired with concrete examples for complex cost concepts (for example, the deductible).

2. Emphasize mandatory inclusion of preventive primary care services in all marketplace plans at no additional cost. Young adults identified preventive services (for example, well-woman visits and contraception) as top coverage priorities but were unaware of their universal inclusion and instead assumed that available plans would charge for these services. Emphasizing free preventive coverage within each plan’s details may motivate more young adults to purchase marketplace plans.

3. Clarify or expand options for adult dental coverage earlier in the enrollment process. Participants were unaware of the dental insurance marketplace that becomes available after selecting a health insurance plan, because adult dental coverage within the health insurance marketplace was described only as “not covered.” Mentioning the dental insurance marketplace or expanding adult dental benefits in more health insurance plans, if feasible, may encourage broader enrollment.

4. Present health insurance choices tailored to consumer preferences. Filters for cost and coverage details were poorly accessible on the primary HealthCare.gov page that presents plan options. Young adults wanted prominently positioned and improved sorting tools to enable them to narrow plan options. They also favored decision-support tools; suggested organizing principles included ordering plans by estimated total monthly or annual cost (premiums plus expected cost-sharing), best fit for “people like me,” or a “smart default” (2, 3).

5. Provide a better explanation and presentation of the affordability provisions for qualifying health insurance consumers. Participants who qualified for premium tax credits and cost-sharing reduction plans were confused that these plans only applied to certain metallic categories (5). Without discounts, premiums increased while deductibles and out-of-pocket maximums decreased predictably from catastrophic to platinum plans (Appendix Figure 1, available at www.annals.org). With discounts, those intuitive progressions were lost and silver plans tended to be the least expensive (Appendix Figure 2, available at www.annals.org). The counterintuitive premium structure and insufficient explanation of how discounts are applied caused participants to doubt their own understanding, even when they correctly leaned toward the highest-value plan.

6. Rename the “catastrophic” insurance category. A high-deductible insurance category available to all young adults is named “catastrophic,” a term that caused confusion or was interpreted negatively. Other names, such as “value” or “minimal,” could be tested to determine which is most acceptable and effective at conveying the actual meaning.

Young adults in this study revealed how small changes to HealthCare.gov could improve their understanding of a typically difficult process and the usability of the marketplace Web site.

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**Letters**

<p>| <strong>Table. Recommendations From Young Adults for Approaches to Improve the Health Insurance Selection Process on HealthCare.gov</strong> |</p>
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Details</th>
<th>Rationale as Explained by Young Adults</th>
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</thead>
<tbody>
<tr>
<td>Provide more accessible explanations of health insurance terminology</td>
<td>Real-time explanations (e.g., pop-up bubbles when hovering over a term) Pair glossary definitions with narrative examples in familiar health care (e.g., bronchitis) or non-health care (e.g., car insurance) contexts</td>
<td>“It’d be nice if they had something like they do on TurboTax, how you can, like, scroll over and it opens up a little help window that explains a bit more.” “[Reference 2] is helpful to me [for understanding what a deductible is] because it gives me several examples [with prices] of real situations I could be in, like bronchitis.”</td>
</tr>
<tr>
<td>Emphasize mandatory inclusion of preventive primary care services in all marketplace plans at no additional cost</td>
<td>Emphasize the breadth of free preventive care coverage (e.g., well-woman visits and contraception) within each plan’s details</td>
<td>Young adults did not understand that all plans provided preventive care. “The catastrophic plan] is going to only offer you coverage in times of unexpected and immediate health concerns. So, like, routine visits, for example, would be uncovered.” “I was surprised that it wasn’t explicitly written here that [gynecology] annuals are excluded from copays.”</td>
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<tr>
<td>Clarify or expand options for adult dental coverage earlier in the enrollment process</td>
<td>Describe the available adult dental insurance marketplace within the health insurance module Offer adult dental benefits in marketplace health insurance plans, if feasible</td>
<td>“There’s no dental, which is a disappointment because that’s 1 thing that I was looking for.” “Out of anything, I’d probably be willing to spend more money on dental insurance than I would be on actual health insurance, because I think I’d want to get back to having twice-a-year cleanings...”</td>
</tr>
<tr>
<td>Present health insurance choices tailored to consumer preferences</td>
<td>Improve user-friendly filters and sorting tools for cost and coverage preferences Elicit consumers’ preferences about features; highlight these qualities within each plan’s details Include an estimated out-of-pocket cost calculator Implement decision-support tools that show plans that are the best fit for “people like me” or “smart default” plans</td>
<td>“You could input your range of ideal premiums, deductibles, and copayments. And then it would say these are all the plans that meet those qualifications.” “I would love a tool where it’s, like, is it important that you have dental coverage? Check this box. Do you want mental health coverage? Check this box... [And then have it generate: These are the plans that most closely meet your needs...].” “I would rather be shown plans that other people like me have chosen because it would help give me some insight.”</td>
</tr>
<tr>
<td>Provide a better explanation and presentation of the affordability provisions for qualifying health insurance consumers</td>
<td>Explain why silver plans are less expensive when tax credits and cost-sharing reduction plans are applied Direct consumers away from plans unlikely to be the best choice (e.g., catastrophic insurance)</td>
<td>“There should be a summary that says, ‘Hey, this is why [the platinum plan] costs so much more than this [silver] plan that seems to be giving you the same stuff.’” “When they told us how the tiers are supposed to work... why am I qualifying for a cheaper silver plan than a catastrophic plan, for example?”</td>
</tr>
<tr>
<td>Rename the “catastrophic” insurance category</td>
<td>Test other names, such as “value” or “minimal,” to determine the most acceptable and effective at conveying meaning</td>
<td>“Catastrophic—an interesting use of the word, and it sounds like a scare tactic; but they’re pushing us toward these plans with the low price.”</td>
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**References**
Appendix Figure 1. HealthCare.gov presentation of plan categories without qualification for tax subsidy and cost-sharing reduction plans.
Appendix Figure 2. HealthCare.gov presentation of plan categories with qualification for tax subsidy and cost-sharing reduction plans.

<table>
<thead>
<tr>
<th>Plan Category</th>
<th>Coverage Description</th>
<th>Monthly Premium with Premium Tax Credit</th>
<th>Copayment</th>
<th>Deductible</th>
<th>Out-of-pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>Covers less than 60% of the total average costs of care</td>
<td>High $196.64 Low $182</td>
<td>$23</td>
<td>$6,350</td>
<td>$6,350</td>
</tr>
<tr>
<td>Bronze</td>
<td>Covers 60% of the total average costs of care</td>
<td>High $30 Low $0.12</td>
<td>$18</td>
<td>$5,689</td>
<td>$6,311</td>
</tr>
<tr>
<td>Silver</td>
<td>Covers 94% of the total average costs of care</td>
<td>High $72 Low $0.13</td>
<td>$4</td>
<td>$114</td>
<td>$1,336</td>
</tr>
<tr>
<td>Gold</td>
<td>Covers 80% of the total average costs of care</td>
<td>High $133 Low $29</td>
<td>$17</td>
<td>$667</td>
<td>$5,408</td>
</tr>
<tr>
<td>Platinum</td>
<td>Covers 90% of the total average costs of care</td>
<td>High $143.24 Low $110.30</td>
<td>$12</td>
<td>$0</td>
<td>$2,750</td>
</tr>
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