
Summary and Chartpack



The Kaiser Family Foundation

Health Insurance Survey

October 2004

Methodology

The Kaiser Family Foundation *Health Insurance Survey* was designed and analyzed by researchers at the Kaiser Family Foundation. Fieldwork was conducted by telephone by Princeton Survey Research Associates between April 30 and July 20, 2003, among a sample of 2,507 respondents ages 18 to 64 years. The sample includes 2,042 respondents who are covered by health insurance (including 1,542 who are insured through an employer and 152 who purchase their own insurance), and 457 uninsured respondents. Results for all groups have been weighted to reflect the actual distribution in the nation.

The margin of sampling error for the survey is plus or minus 2 percentage points for total respondents; for respondents with health insurance it is plus or minus 2 percentage points; for respondents insured through an employer it is plus or minus 3 percentage points; for respondents who purchase their own insurance it is plus or minus 9 percentage points; and for uninsured respondents it is plus or minus 5 percentage points. For results based on subsets of respondents the margin of error is higher. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll.

“Vol.” indicates that a response was volunteered by respondent, not an explicitly offered choice. Percentages may not always add up to 100% due to rounding.

Full question wording and results are available separately at www.kff.org

SECTION I. PUBLIC EXPECTATIONS OF HEALTH INSURANCE

People see health insurance first and foremost as a way to protect against catastrophic costs, rather than as a way to pay for everyday health expenses.

- A large majority of non-elderly adults says that the most important reason to have insurance is to protect against high medical bills (71%), rather than to pay for everyday health care expenses (25%). Younger individuals and those with lower household incomes are more likely to say that paying for everyday health expenses is the most important reason to have insurance, but majorities in these groups still choose protecting against high bills as the most important reason (Chart 1).
- Most people say they would feel vulnerable without certain aspects of coverage, including coverage for hospital care (93%), specialists (88%), prescription drugs (81%), routine and preventive care (76%), home health care (63%), maternity (58%), and mental health (56%) (Chart 2).

Cost of health plan, choice of doctors, and range of benefits are all important factors to people when choosing or evaluating a health plan. Not surprisingly, those with lower incomes are more likely to see cost as an important factor.

- When asked in general what is important to them and their family in a health plan, about a third (35%) of non-elderly adults choose cost factors as the most important feature in a plan (15% choose low premium, 15% choose low co-pay, and 5% choose low deductible), 30% choose a wide range of benefits, and 27% choose a wide range of doctors and hospitals. People earning less than \$50,000 a year are more likely to choose cost, and less likely to choose a wide range of benefits and wide choice of doctors and hospitals (Chart 3).
- Among those who are insured through their employer and whose employer offered a choice of plans, 38% chose their current plan because of the choice of doctors, 25% chose it because of the range of benefits covered, and 21% chose their current plan based on cost. Those with lower incomes are less likely than their higher-income counterparts to say they picked their plan because of choice of doctors, and more likely to say they picked it because of low cost (Chart 4).
- When the insured are asked about the most important thing about their current coverage they would NOT want to change, 20% give cost-related answers (9% mention low co-pay, 4% low premium, 4% low deductible, and 3% low out-of-pocket costs), 20% give answers related to benefits covered (9% mention benefits in general, 7% prescription drug coverage, 3% hospital coverage, and 1% dental), and 19% mention their plan's choice of doctors.

Overall, people who have health insurance are happy with their plans. In addition, most people want to keep the coverage they have now, even if they have to pay more. However, many express at least some worry that they will have health care needs that their insurance won't cover, particularly those with lower incomes and those who purchase their own insurance.

- More than seven in ten (72%) insured adults ages 18-64 give their health plan a grade of 'A' or 'B,' one in five (20%) give it a 'C,' and just about one in twenty (6%) give it a 'D' or 'F.' Those who purchase their own insurance give their plans somewhat lower grades than those who are insured through an employer (Chart 5).
- About three-quarters of those with employer-sponsored insurance (ESI) say they would prefer to keep their current coverage and pay a higher premium (76%), rather than switch to a more restrictive plan with fewer benefits and continue to pay their current premium (19%). Those with ESI whose household incomes are \$30,000 or less are more likely than those earning \$50,000 or more to say they would choose a more restrictive plan (29% vs. 16%) rather than pay a higher premium than they pay now (64% vs. 80%) (Chart 6).
- Nearly six in ten (57%) non-elderly adults with health insurance agree that "my health insurance is good, and I feel well-protected when it comes to my family's health care needs," while nearly four in ten say "my health insurance is adequate, but I worry that my family might have health care needs that it won't pay for." Just 4% agree that "my health insurance is inadequate, and I feel very worried about my family's health care needs not being paid for." Among those who purchase their own insurance, 11% say their health insurance is inadequate, and another 46% say that their insurance is adequate, but they still worry it might not pay for their family's needs. Similarly, among those with incomes less than \$30,000, 9% say their health insurance is inadequate, and another 45% say that their insurance is adequate, but they still worry it might not pay for their family's needs (Chart 7).

In addition to being an important factor in choosing a health insurance plan among those with coverage, cost is cited as the main barrier to buying insurance for those who do not have coverage.

- Among the uninsured, more than half (52%) cite cost as the main reason they don't have insurance (24% are employed but not offered insurance and say it is too expensive to buy on their own; 17% are not employed and say it is too expensive to buy insurance on their own; and 11% are offered insurance through their employer but say the amount they would have to pay is still too much). Another one in ten (11%) say they are employed and their employer offers coverage, but they are not eligible for coverage because of waiting periods or because they work part time. Just one in fourteen (7%) say they don't have insurance because they don't think they need it, 5% say they couldn't get coverage due to poor health or age, and 3% say they don't know how to get insurance (Chart 8).
- Around four in ten of the uninsured say they don't know how much it would cost to buy health insurance for themselves (40%) or their families (44%) (Chart 9).

When asked what is the highest amount they'd be willing to pay for various aspects of health insurance, people give a variety of responses.

- When asked the highest amount they would accept for a monthly premium if they were shopping for health insurance, about half (49%) name amounts of \$200 or less, just over a quarter (28%) name amounts greater than \$200, and another quarter (24%) say they don't know. Those earning less than \$30,000 a year, and those who are currently uninsured name lower amounts, and are more likely to say they don't know (Chart 10).
- When it comes to deductibles, about four in ten (42%) say they would accept amounts of \$200 or lower, while three in ten (30%) would accept higher amounts, and about one in five (18%) say they don't know. Again, the uninsured and those with low incomes are more likely to name lower amounts, and to say they don't know (Chart 10).
- More than half (56%) say that they would accept amounts of \$20 or lower for a doctor visit co-pay, while a third (33%) name amounts higher than \$20, and about one in ten (11%) say they don't know. When it comes to prescription drug co-pays, more than a third (35%) say they would pay amounts up to \$10, three in ten (31%) name amounts between \$10 and \$20, one in five (22%) name higher amounts, and 12% say they don't know. When it comes to co-pays, the uninsured and those with lower incomes are somewhat more likely to name lower amounts (Chart 11).

SECTION II. ATTITUDES TOWARD EMPLOYER-SPONSORED INSURANCE

People with employer-sponsored insurance (ESI) are sympathetic with their employers, and they prefer to get their insurance at work rather than trying to buy it on their own. Those insured through an employer are somewhat divided on whether they view health insurance coverage as part of, or separate from, their monetary compensation.

- Nearly eight in ten (79%) of those insured through an employer say their employer is doing the best they can to provide them with affordable health insurance coverage (Chart 12).
- When given the option, more than half (55%) of those with ESI say they would rather have their employer pay for their coverage at work, 7% say they would rather receive cash to buy insurance on their own, and 37% say it wouldn't make much difference. Large majorities say purchasing their own coverage would make it more difficult for them to get a good price for insurance (81%), to find or keep insurance if they are sick (79%), to handle administrative issues (73%), and to find a plan that matches their needs well (71%) (Chart 13).
- Just over half (55%) of those with ESI say they consider having their health insurance paid for by their employer as part of their wages, while about four in ten (39%) say they consider it separate from their wages. Those with employer coverage are almost evenly divided about whether they would prefer to have a larger amount deducted from their paycheck for health insurance (47%) or give up a future wage increase (41%). However, more than half (52%) say they would choose more comprehensive benefits over higher wages, while 36% say they would choose higher wages, and 11% don't know (Chart 14). Interestingly, people with lower incomes and those with higher incomes give similar responses to all three of these questions.

SECTION III. ALTERNATIVE HEALTH INSURANCE OPTIONS

Flexible spending accounts (FSA's) are one alternative employer-based option that has been in use for some time. While about four in ten of those with employer-sponsored insurance report that their employer offers an FSA, a much smaller share report having contributed money to an FSA in the last year.

- When read a description of an FSA (“these accounts allow employees to contribute a certain amount of pre-tax dollars at the beginning of the year that may be used throughout the year to pay for medical expenses not covered by their insurance”), about four in ten (42%) of those insured through an employer (26% of the total non-elderly population) say their employer offers an FSA¹. About a third (34%) of those who say they are offered an FSA (14% of all employer-insured) report contributing money to such an account (Chart 15).
- Among those who say they contribute money to an FSA, more than half (55%) report contributing less than \$1,000, three in ten (31%) say they contribute \$1,000 or more, and the rest say they don't know how much they contribute (Chart 15).

¹ Note: This finding is based on self-report by employees. According to the 2003 Kaiser Family Foundation/Health Research and Educational Trust *Employer Benefits Survey*, a survey of employers, 16% of firms (employing 66% of workers who were covered by employer-based health insurance) offered an FSA in 2003.

The idea of a tax credit as an alternative way to purchase insurance is not extremely popular among those who currently have employer-based coverage, and many people are doubtful they could find a plan to meet their family's needs for the likely amount of a tax credit.

- Respondents were asked about a scenario in which the government would offer “a tax credit, tax deduction, or other financial insurance that you could use to purchase health insurance on your own.” The amount of the described tax credit was \$1,000 for an individual, or \$3,000 for a family. Given this option, about three-quarters (76%) of those with ESI say they would choose to continue receiving insurance through their employer rather than try and purchase it on their own.
- When asked how likely they think they would be to find a health plan to meet their family’s needs using a tax credit of this amount, half (50%) of the non-elderly population overall say they would be “very” or “somewhat” likely to find such a plan, about a quarter (26%) say they would be “not too” or “not at all” likely, and 23% say they don’t know enough to say (Chart 16). Older individuals, those with serious or chronic health conditions, and those who currently have employer-sponsored coverage are the least likely to think they could find a plan to meet their family’s needs given such a tax credit (Charts 16 & 17).
- Respondents were then told that “the cost of health insurance varies greatly from plan to plan, and depends on your age and health status, but on average, the cost of insurance is around (\$3,000 a year for an individual / \$8,000 a year for a family).” Given this information, and a scenario in which the government offered a \$1,000 / \$3,000 tax credit, two-thirds (67%) say they would be likely to supplement it with some of their own money to purchase a better plan, while one in five (20%) say they would purchase whatever they could find for the amount of the tax credit, and 9% would go without insurance (Chart 18). Those with lower incomes and those who are currently uninsured are more likely to say they would purchase what they could find for the amount of the tax credit, and are also more likely to say they would go without insurance (Charts 18 & 19).
- Among those who say they would go without insurance in this situation, nearly three-quarters (73%) say they would go without insurance because they don’t think they’d be able to afford it, while just over one in five (22%) say they would go without insurance because they think they can get by without it.
- Among the uninsured, given three options for expanding their family’s access to care, four in ten (40%) say they would prefer to have publicly-sponsored coverage made available to their families, a third (33%) say they would prefer a \$1,000/\$3,000 tax credit, and about one in five (19%) say they would prefer a new public clinic in their community (Chart 20).

Most people have an unfavorable view of catastrophic (high deductible) health plans; however, those who currently purchase their own insurance are more likely to favor this kind of plan.

- Respondents were read the following description of a catastrophic-type health plan: “There is a type of insurance plan that only starts paying once you (and your family) have paid (\$2,000/\$5,000) of medical expenses out of your pocket. After that, it would cover medical expenses like traditional insurance, requiring you to pay some co-payments each time you use services. The monthly premium for the plan would be less than half of what you would pay for a typical comprehensive health insurance policy.” Given this description, large majorities say they would have an unfavorable opinion of such a plan (77%, including 56% who have a very unfavorable opinion) (Chart 21), and that they would feel vulnerable to high medical bills if they had this type of coverage (79%) (Chart 23).
- Among those who currently purchase their own insurance, a somewhat higher share express favorable opinions – 28% of them say they have a favorable opinion of this type of plan (compared with 13% of employer-insured and 23% of uninsured) (Chart 21), and 30% say they would feel well-protected with this coverage (compared with 11% of employer-insured and 19% of uninsured) (Chart 23). Younger individuals and those with higher incomes are also somewhat more likely to view such plans favorably, although a majority of all these groups still say their opinion of these plans is unfavorable (Charts 22 & 24).

A description of so-called “consumer-driven” plans (catastrophic coverage paired with a health savings account) was viewed unfavorably by people with employer-sponsored coverage. While those who are more favorable towards catastrophic plans tend to be younger, higher-income, and people who currently purchase their own insurance; those who are more favorable towards consumer-driven plans are disproportionately male, conservative, and Republican.

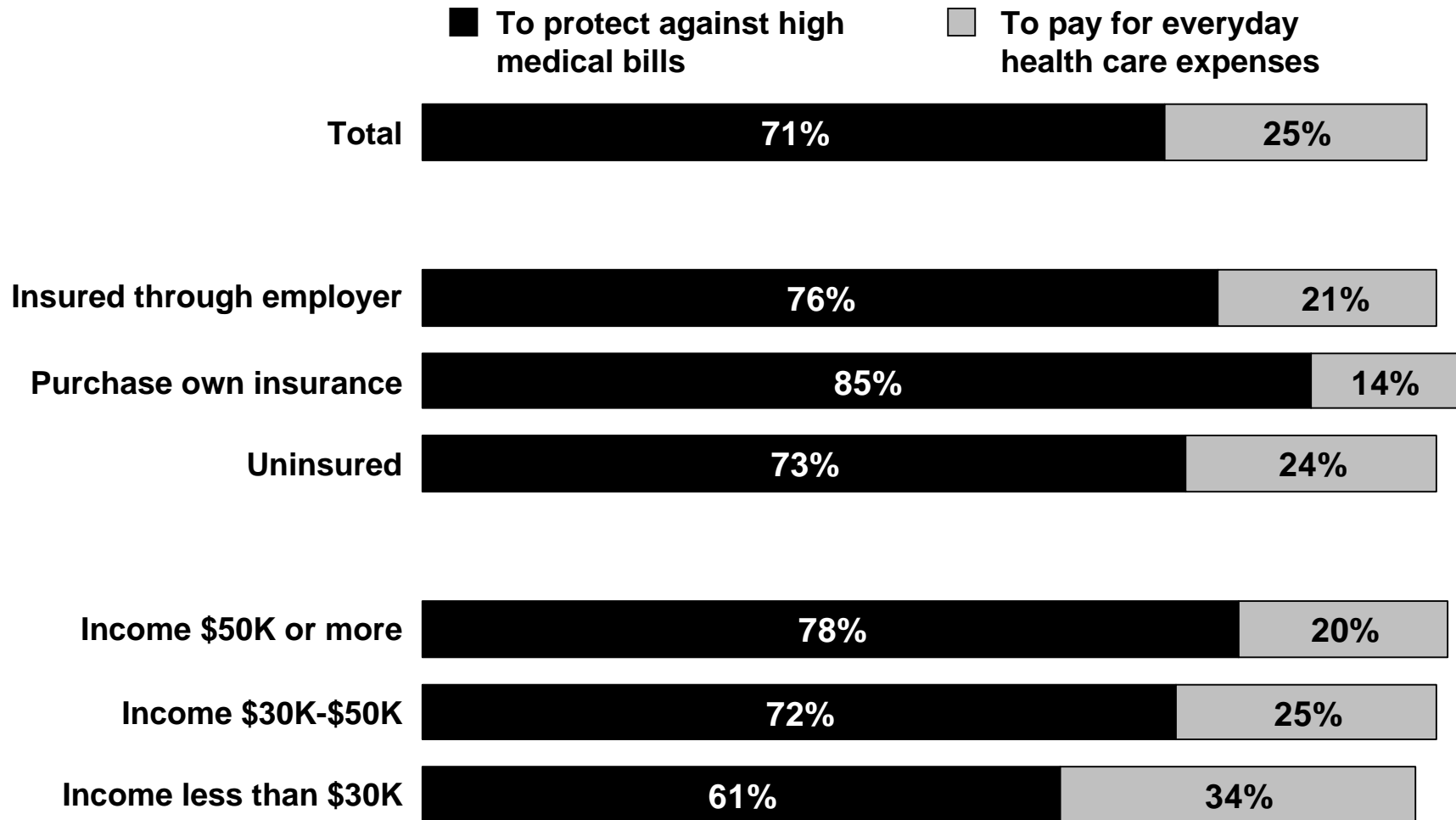
- Survey respondents with ESI were asked about the following type of plan: “Your employer pays for a health plan much like what you have now, but it only starts to pay after you (and your family) have spent (\$2,000/\$4,000) in medical expenses. Your employer also puts (\$1,000/\$2,000) in a personal account that you (and your family) can use to pay for medical costs or carry over for health expenses in the following year. You can make your own decisions about what health services to spend money on. If you (and your family) have medical expenses more than (\$1,000/\$2,000), you have to pay with your own money until you hit the (\$2,000/\$4,000) limit. After that, it would cover medical expenses like traditional insurance, requiring you to pay some co-payments each time you use services.” Views of this type of coverage were mostly unfavorable, with 73% saying they would have an unfavorable opinion of the plan (including 52% very unfavorable), and 78% saying they would feel vulnerable to high medical bills if they had this type of coverage (Chart 25).
- Men, Republicans, and those with a college education or higher are more likely to have favorable opinions of this type of plan, and to say that they would feel well protected with such coverage, although a majority of all these groups still express unfavorable views of these plans (Charts 26 & 27).

Charts Section 1

Public Expectations of Health Insurance

Most Important Reason to Have Insurance

Percent saying each of the following is the most important reason to have health insurance...



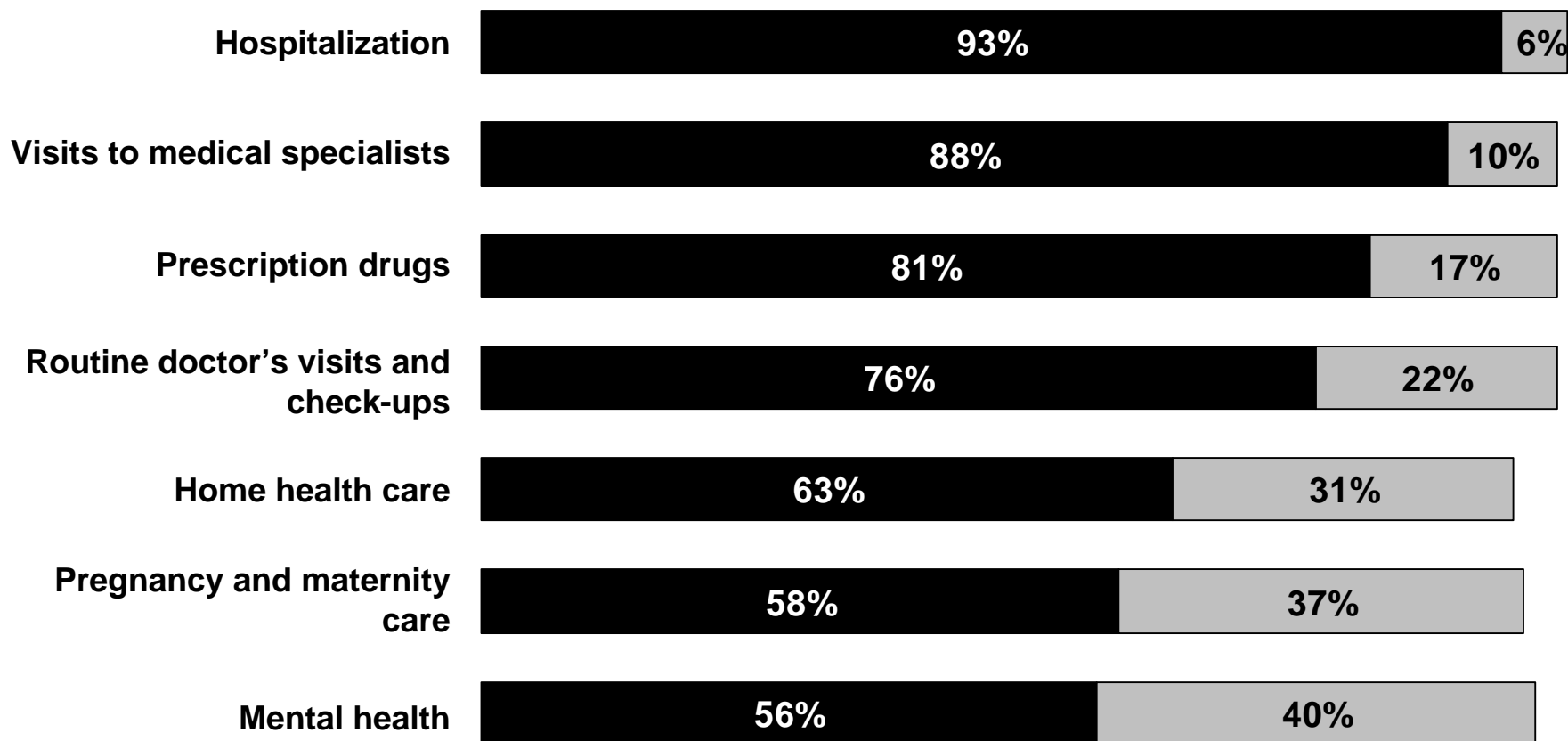
Note: Don't know responses not shown

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Feelings of Vulnerability

If you had a plan that did not pay for (ITEM) but covered everything else, would you feel...

■ Vulnerable to high medical bills □ Well-protected by your insurance

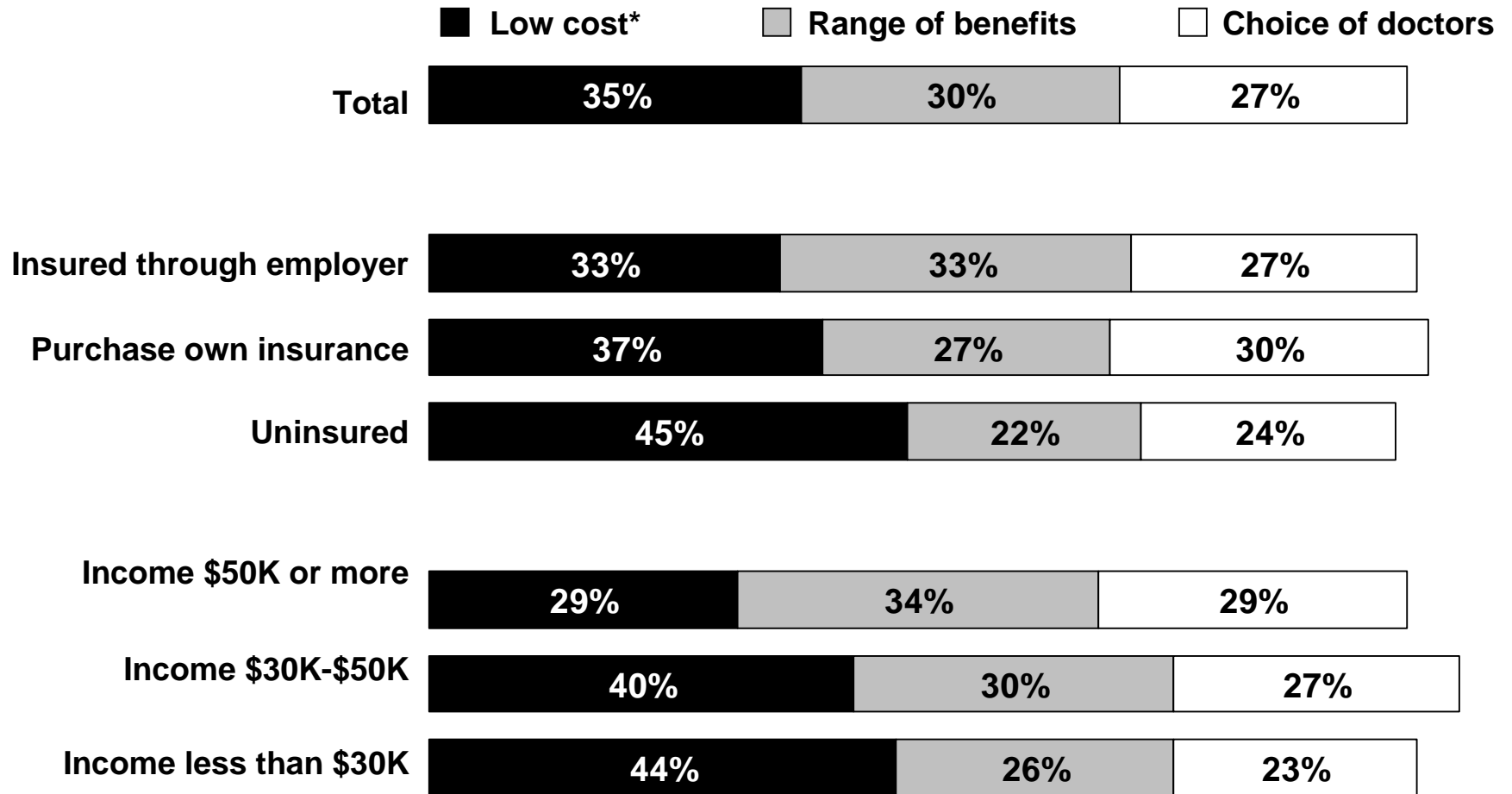


Note: Don't know responses not shown

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

What's Important in a Health Plan

Percent saying each of the following is the most important factor to them and their family in a health insurance plan...



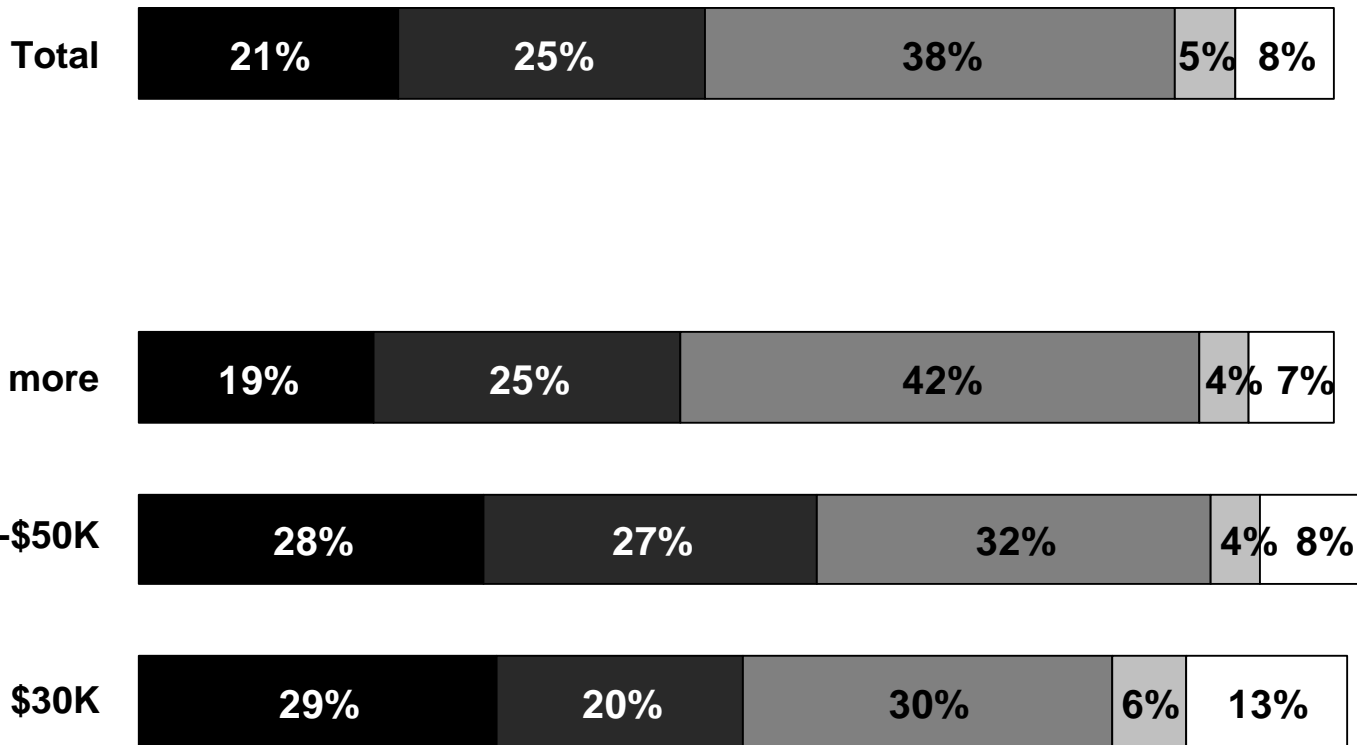
* Low cost includes responses for low premium, low co-payments, and low deductible. Note: Don't know responses not shown

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Reasons for Choosing Current Plan

Among those insured through an employer who were offered a choice of plans, percent saying each of the following was the main reason they picked their plan...

- Cost of the plan was less than other options
- Plan covered wide range of benefits or a specific benefit you need
- You liked the choice of doctors and hospitals
- Plan was easy to understand and required minimal paperwork
- Other reason

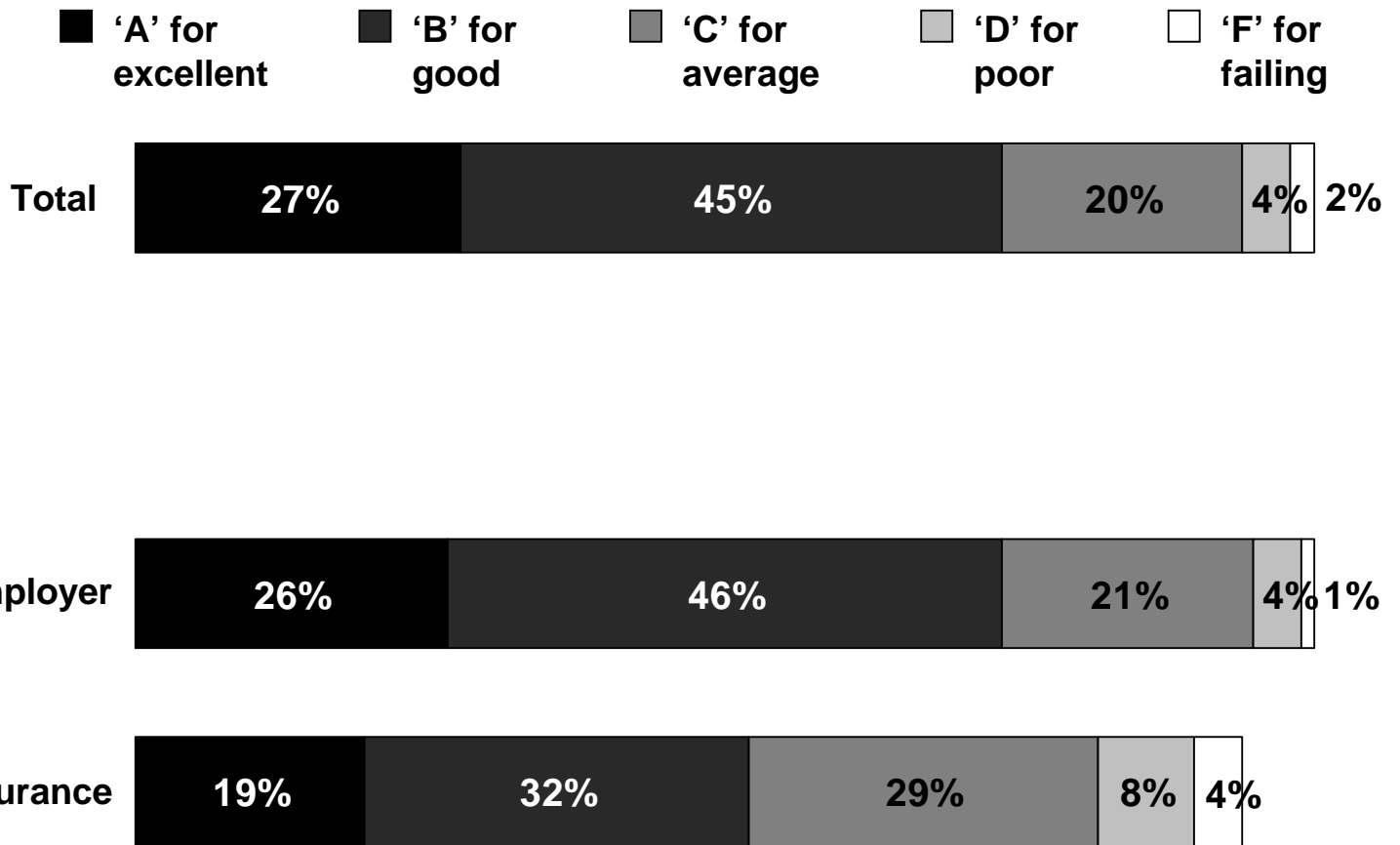


Note: Don't know responses not shown

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Health Plan Grades

Among those with health insurance, percent saying they would give their plan the following grades...



Note: Don't know responses not shown

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Employer-insured Want to Keep What They Have

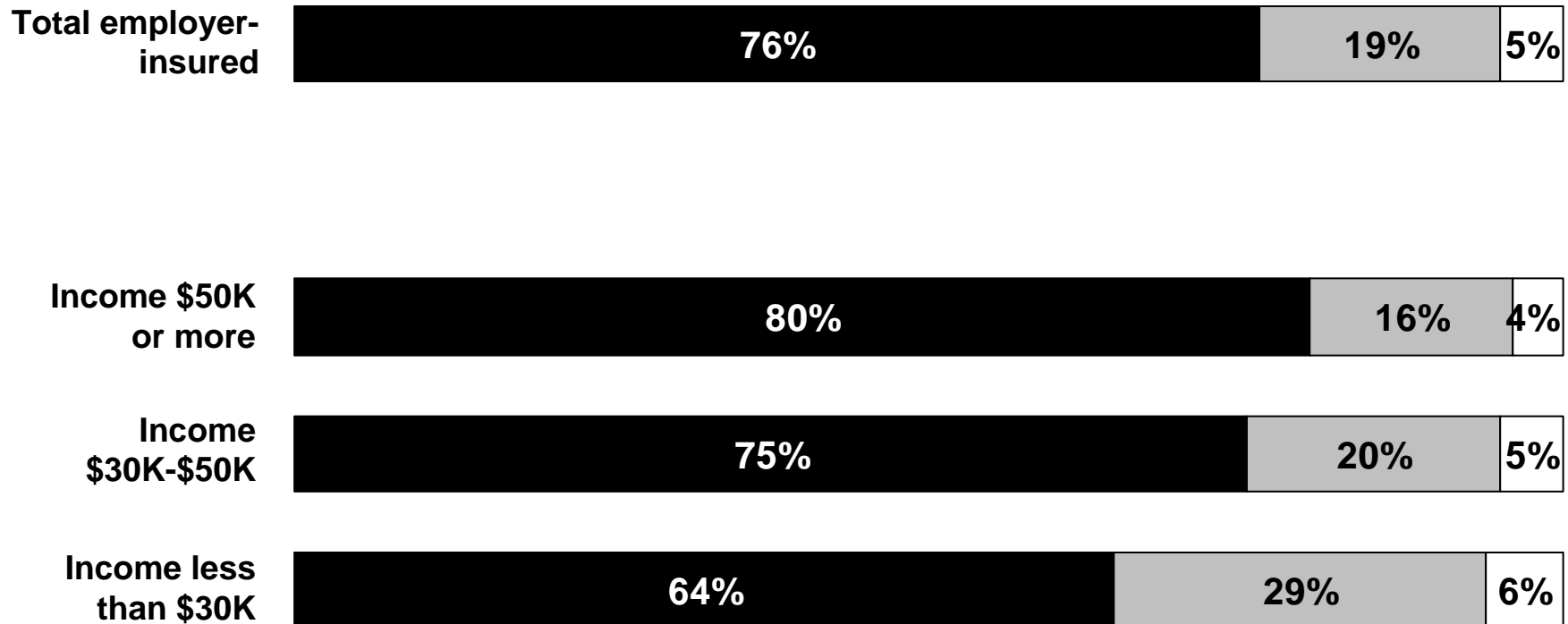
Among those insured through an employer...

Many employers are trying to find ways to deal with the rising cost of health insurance. If your employer gave you the following two options, which would you choose?

Continue to receive the same coverage you have now, but you are required to pay a higher monthly premium

Switch to a plan that is more restrictive and offers fewer benefits, but continue to pay what you pay now

Don't know



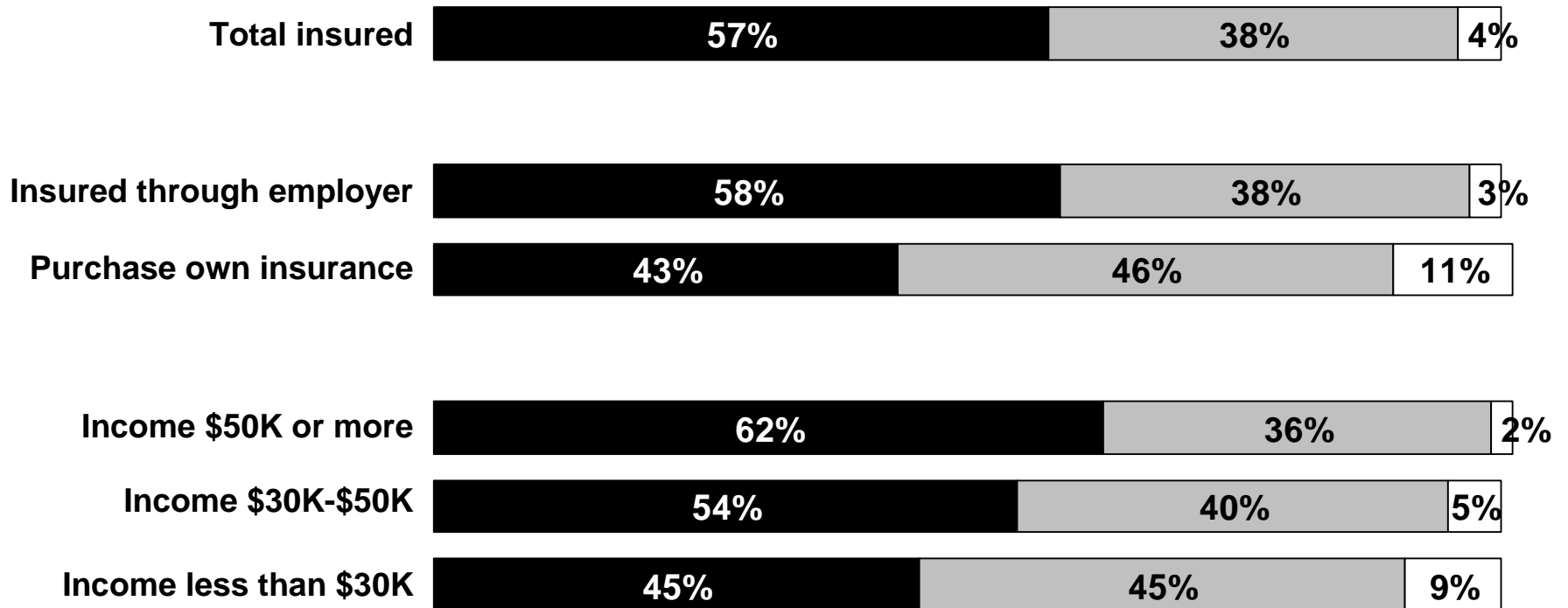
Assessment of Current Plan

Which of the following three statements comes closest to your own view about your current health insurance coverage?

My health insurance is good and I feel well-protected when it comes to my family's health care needs

My health insurance is adequate, but I worry that my family might have health care needs that it won't pay for

My health insurance is inadequate, and I feel very worried about my family's health care needs not being paid for

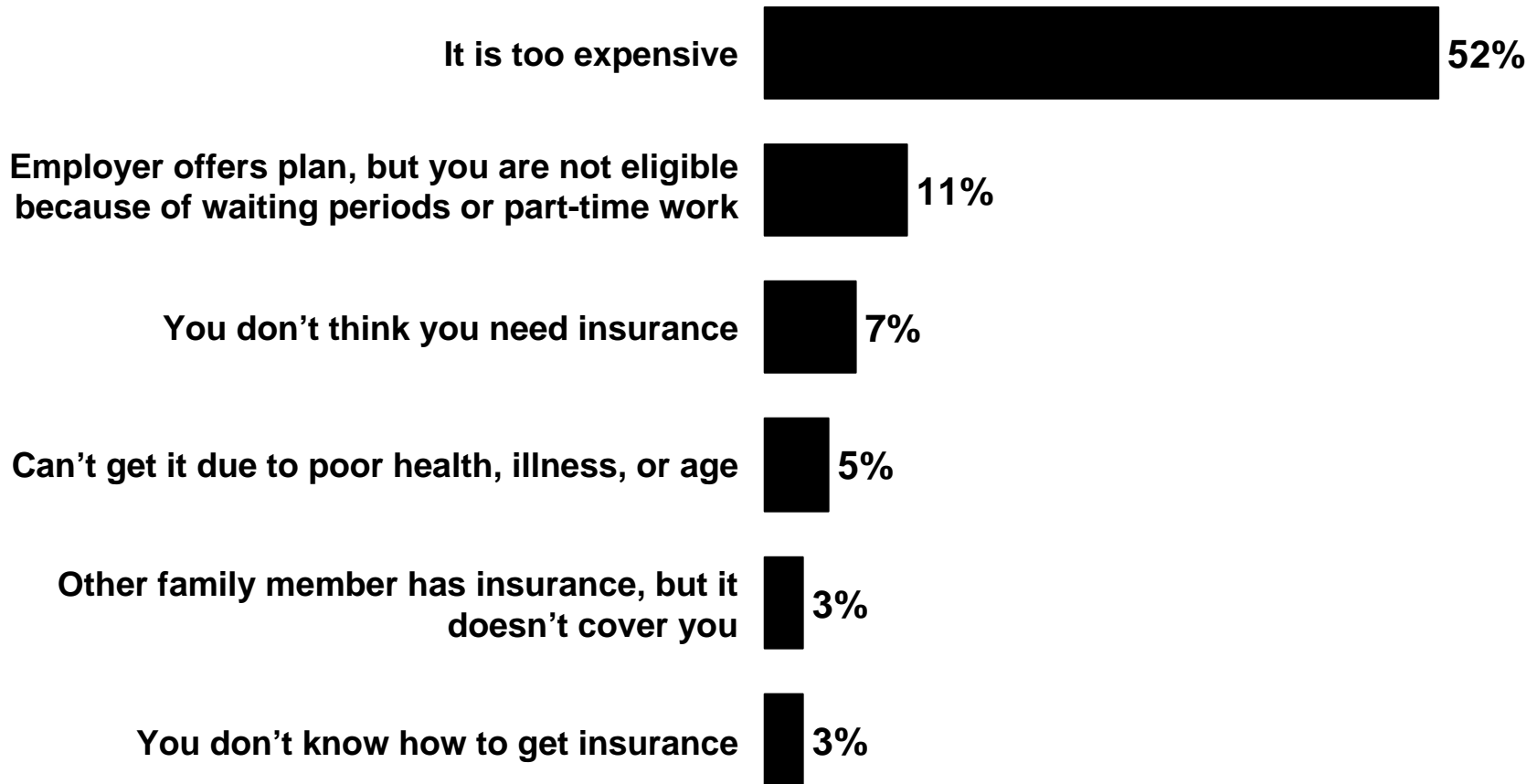


Note: Don't know responses not shown

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Cost Is Main Barrier for the Uninsured

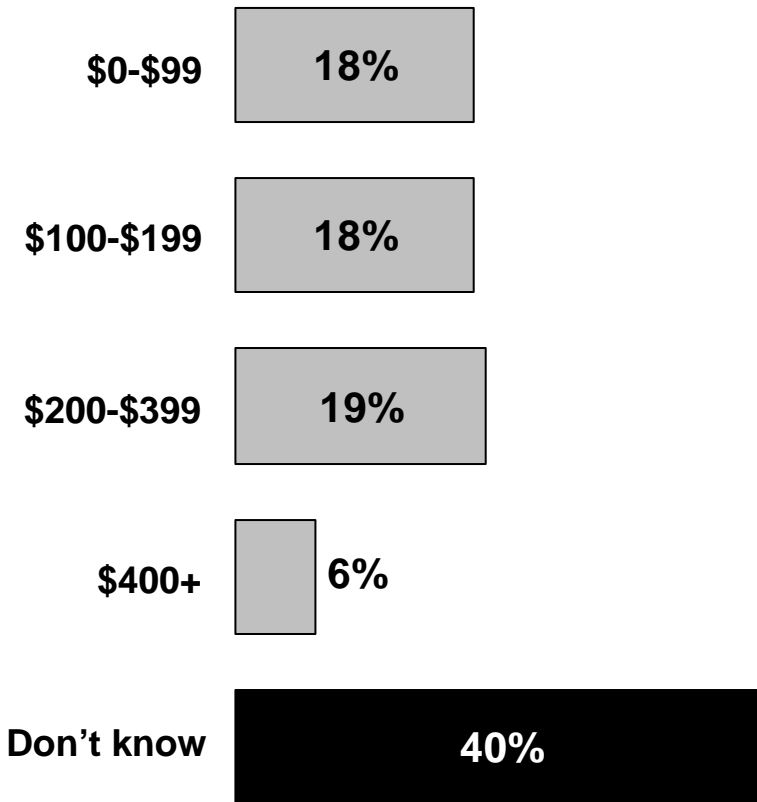
Percent of the uninsured saying each of the following is the main reason they don't have insurance...



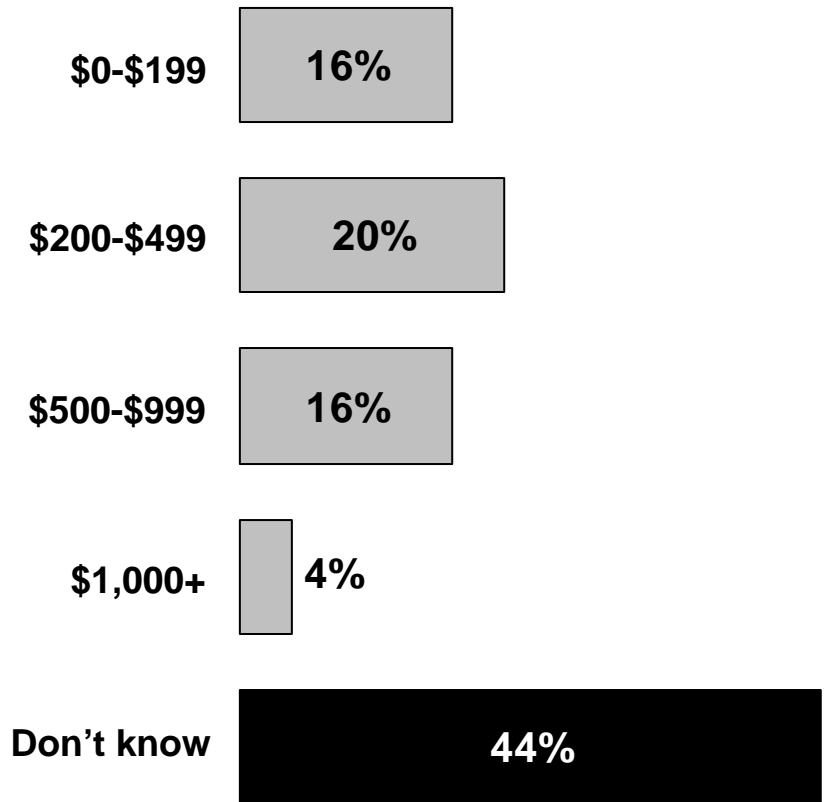
Perceptions of Insurance Cost Among the Uninsured

Among the uninsured...

About how much do you think it would cost per month to buy health insurance for just yourself?

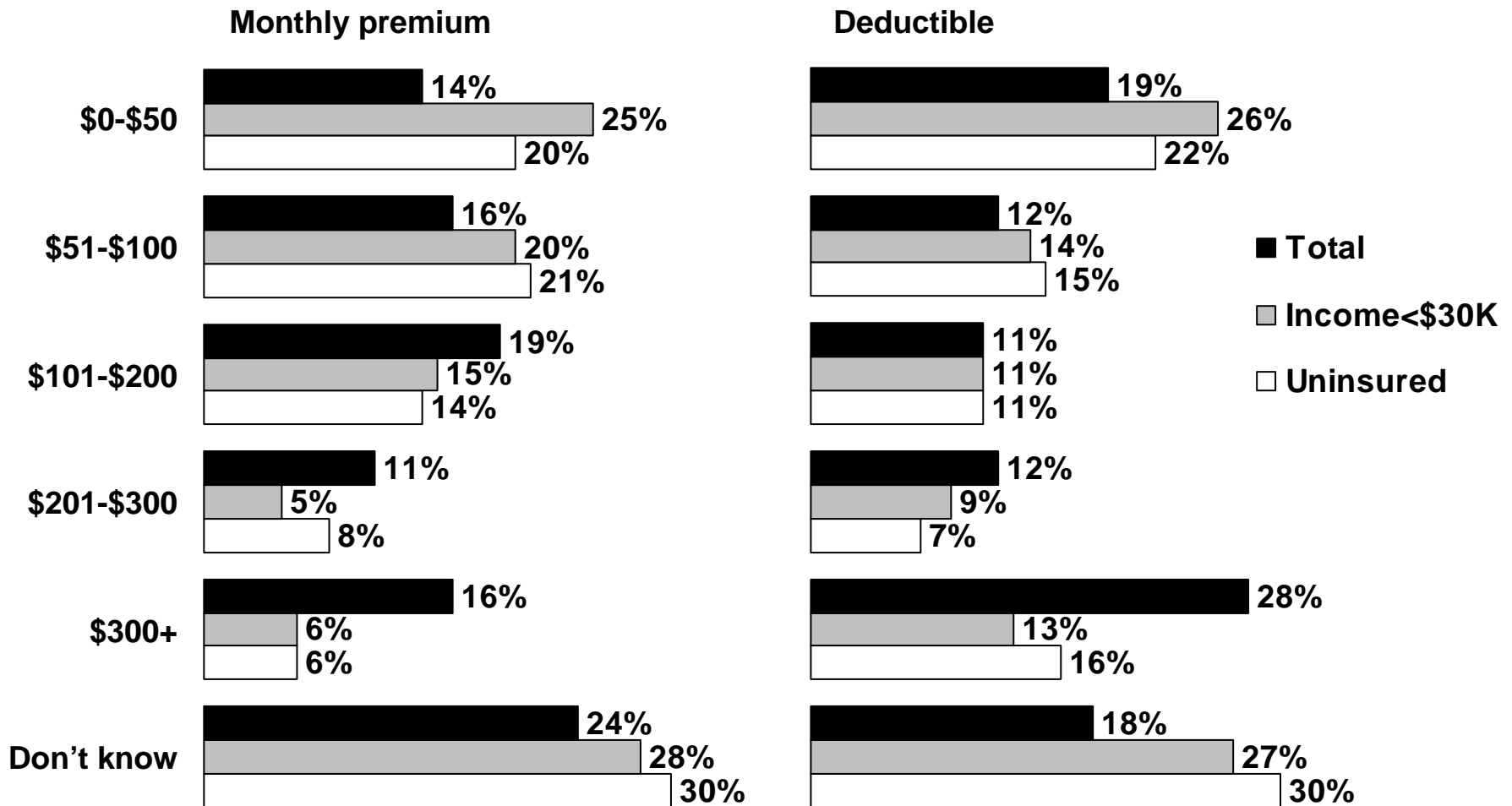


About how much do you think it would cost to buy health insurance for your family? (Asked of those with families)



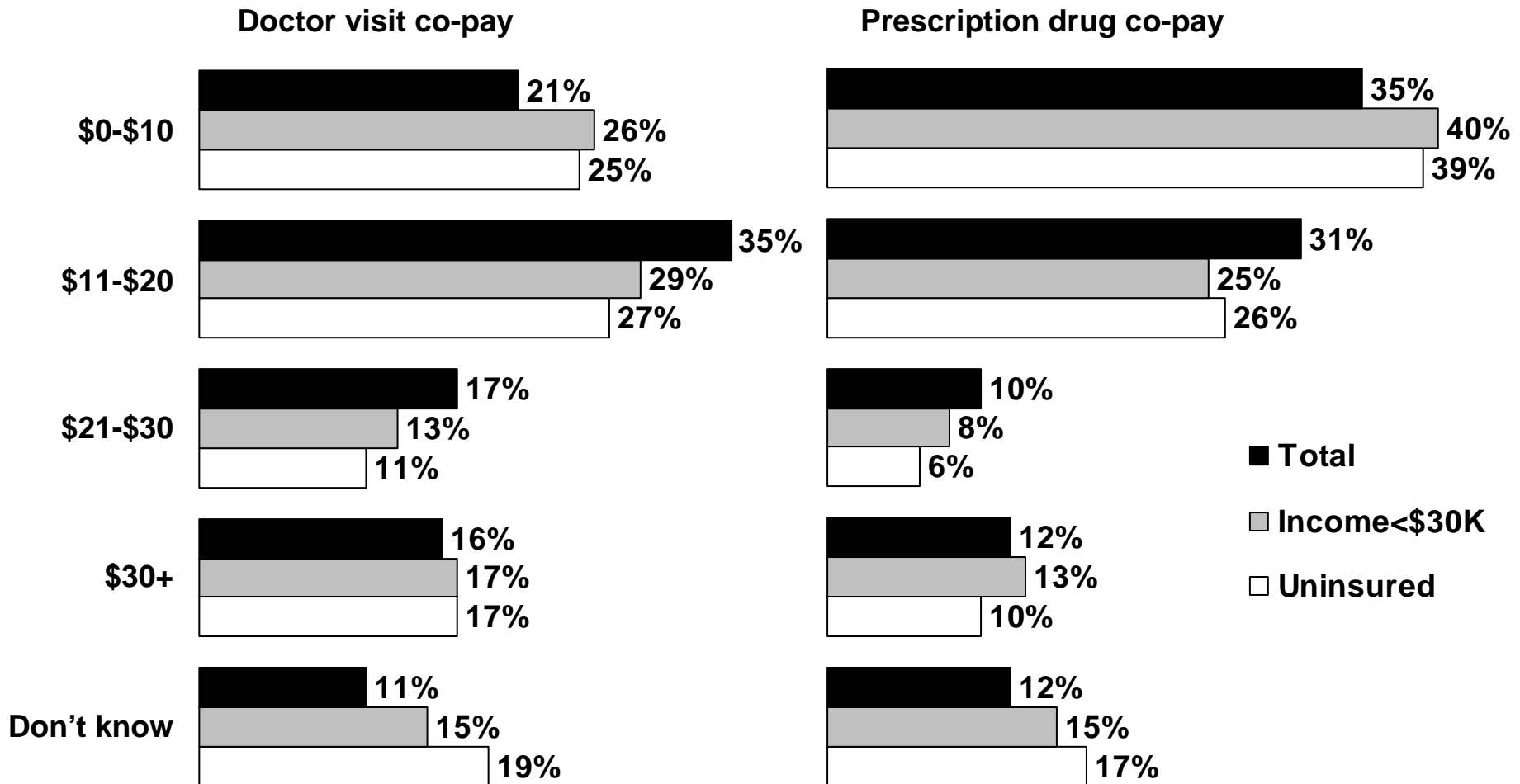
Willingness to Pay for Premiums and Deductibles

If you were shopping for a health insurance policy, what would be the highest dollar amount you would consider for each of the following?



Willingness to Pay for Doctor and Rx Co-pays

If you were shopping for a health insurance policy, what would be the highest dollar amount you would consider for each of the following?



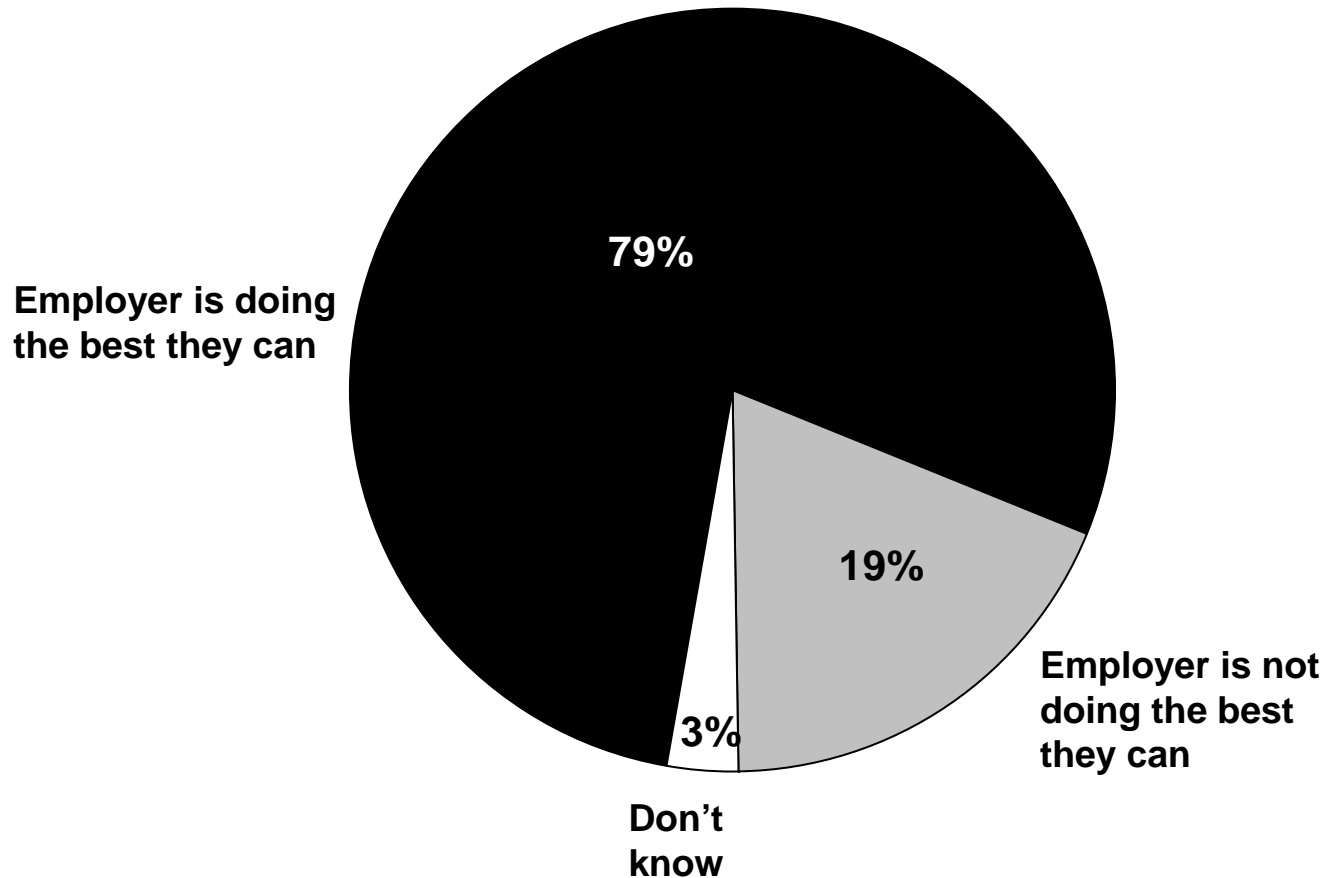
Charts Section 2

**Attitudes Towards
Employer-Sponsored Insurance**

Employer Is Doing the Best They Can

Among those insured through an employer...

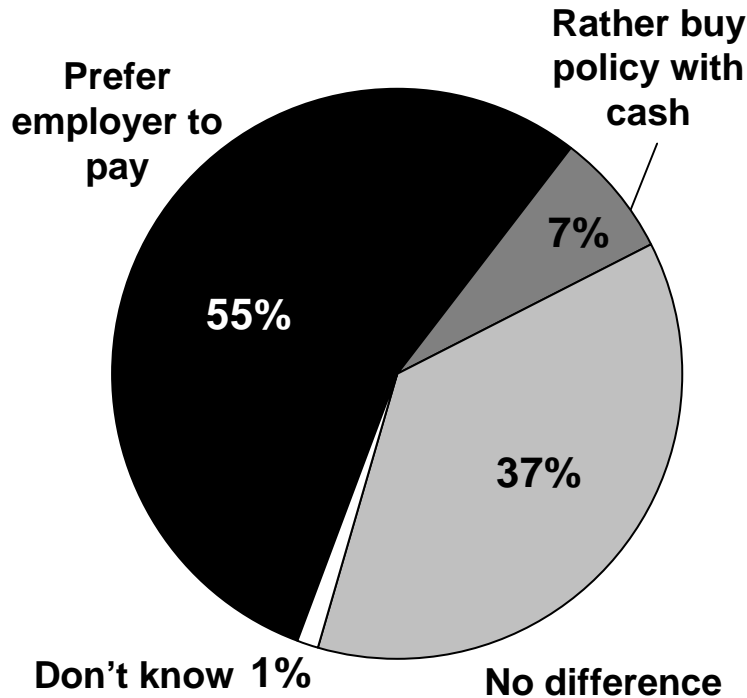
Would you say that your employer is or is not doing the best they can to provide you and your family with affordable health insurance coverage?



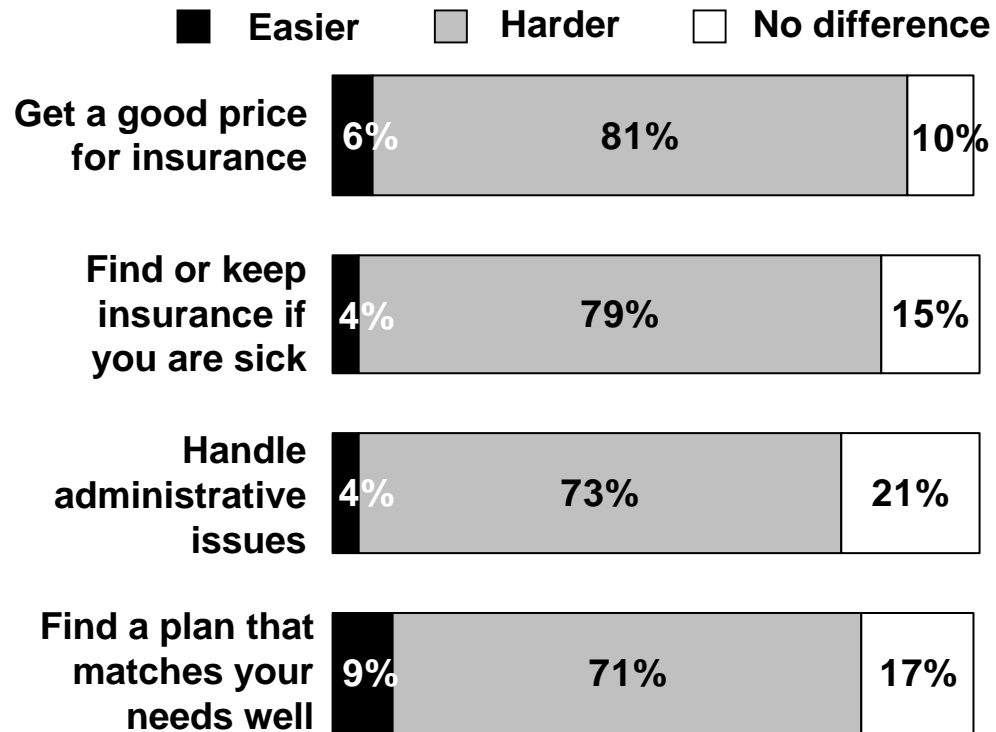
Employees Prefer to Have Employers Purchase Insurance

Among those insured through an employer...

Would you prefer to have your employer pay for all or part of your health insurance at work, or would you rather buy health insurance yourself, with your employer giving you the cash amount they would have contributed – or doesn't it make much difference to you?



What if your employer gave you the cash amount they would have contributed to your insurance, and you had to buy health insurance on your own. Do you think purchasing your own coverage would make it EASIER or HARDER for you to ... or wouldn't it make much difference?



Wages vs. Benefits

Among those insured through an employer:

Do you consider having your health insurance paid for by your employer...

Part of your wages Separate from your wages Don't know



Employers are trying to find ways to deal with rising health care costs. Would you rather...

Give up a future wage increase Pay more for health insurance Don't know



Would you rather have...

More comprehensive health benefits and lower wages Less comprehensive health benefits and higher wages Don't know



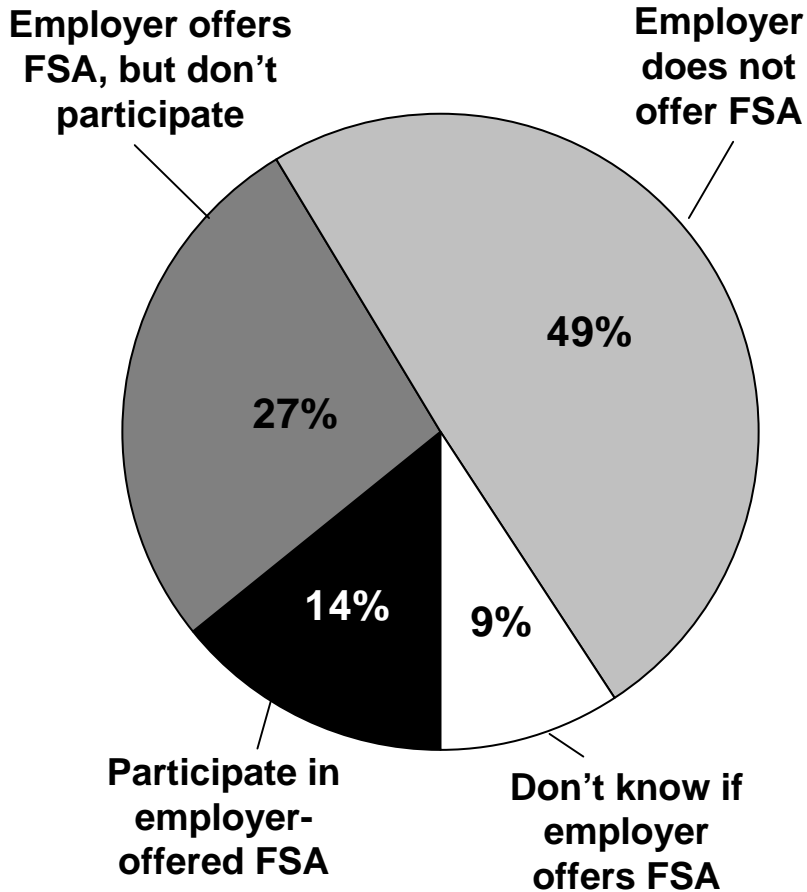
Charts Section 3

**Alternative Health Insurance
Options**

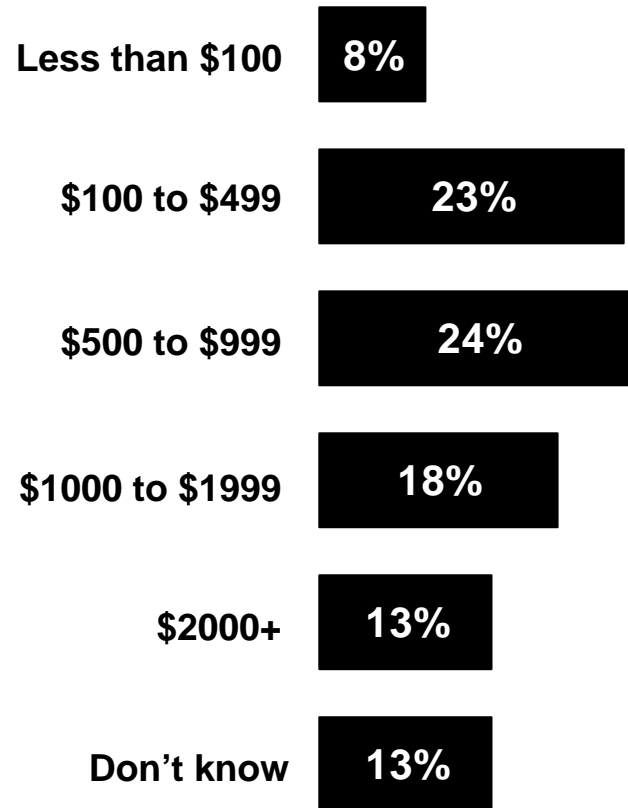
Flexible Spending Accounts

Among those insured through an employer...

Percent who say their employer offers/they participate in a flexible spending account...

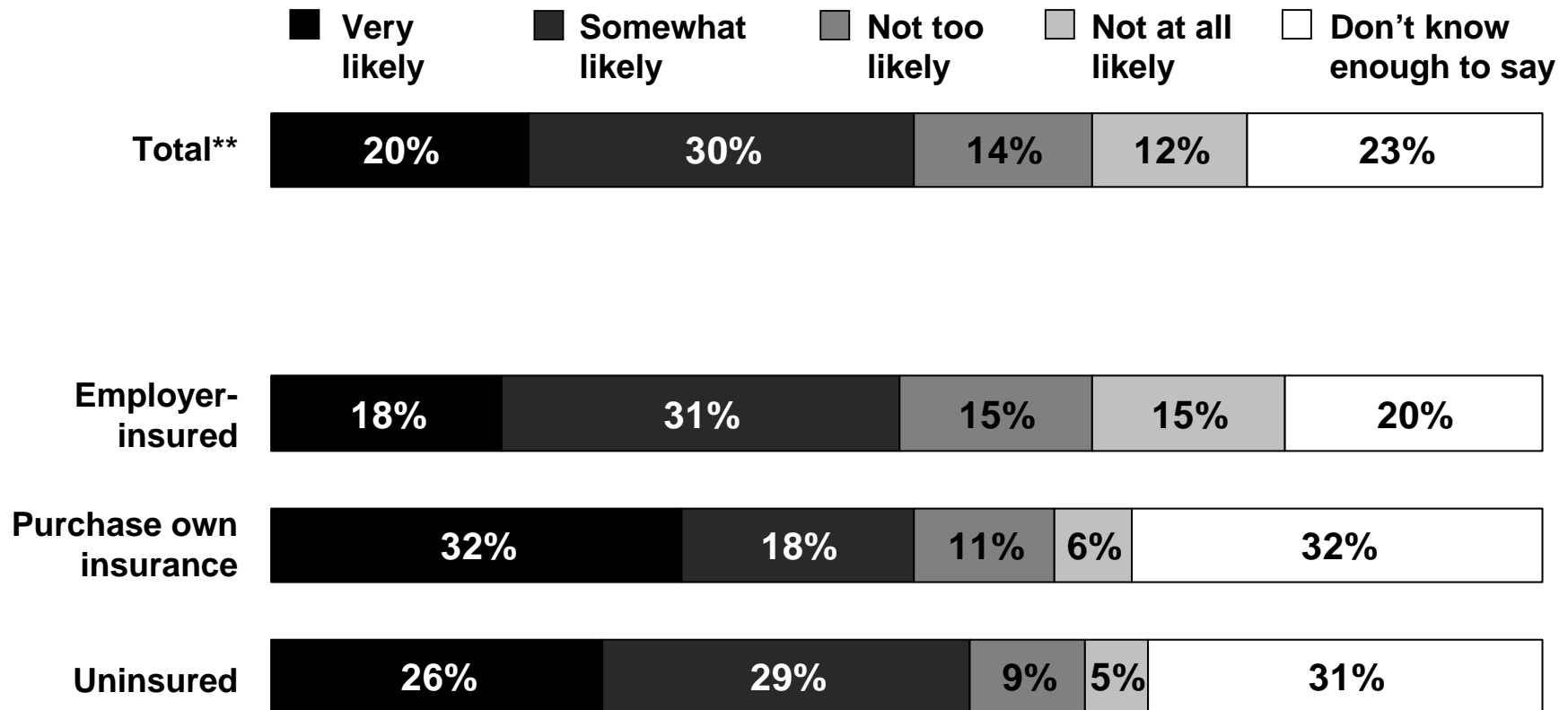


Among those who participate in an FSA, percent who say they contributed the following amount last year...



Attitude Toward Tax Credits by Insurance Status

If the federal government provided you with a \$3,000* tax credit that you could use to purchase health insurance for your family, how likely do you think you would be to find a plan to meet your family's needs?



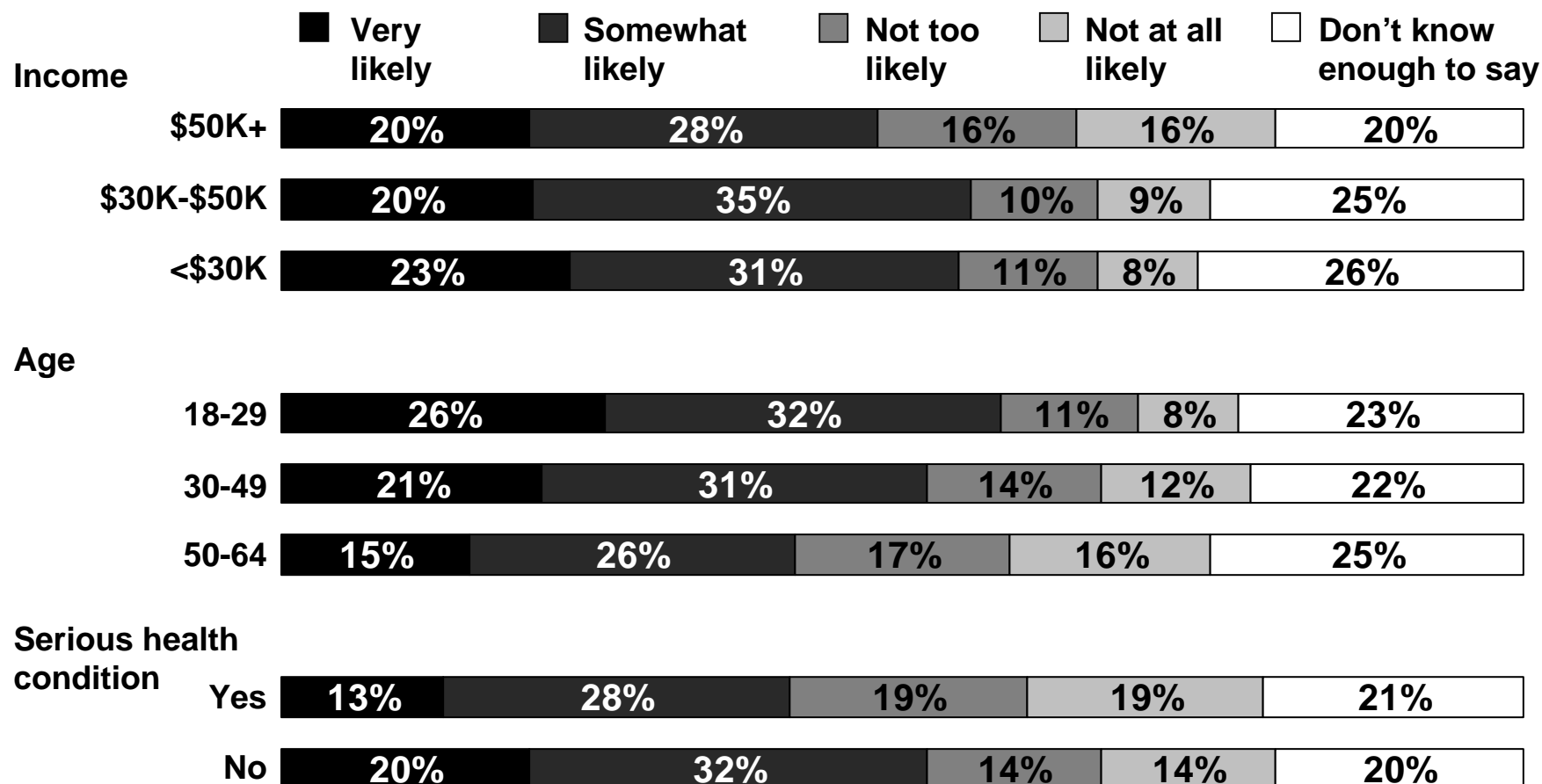
* Amount shown was asked of those with families. Individuals were asked about a \$1,000 tax credit.

** Total excludes those with public health insurance (Medicare or Medicaid)

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Attitude Toward Tax Credits by Income, Age, Health Status

If the federal government provided you with a \$3,000* tax credit that you could use to purchase health insurance for your family, how likely do you think you would be to find a plan to meet your family's needs?



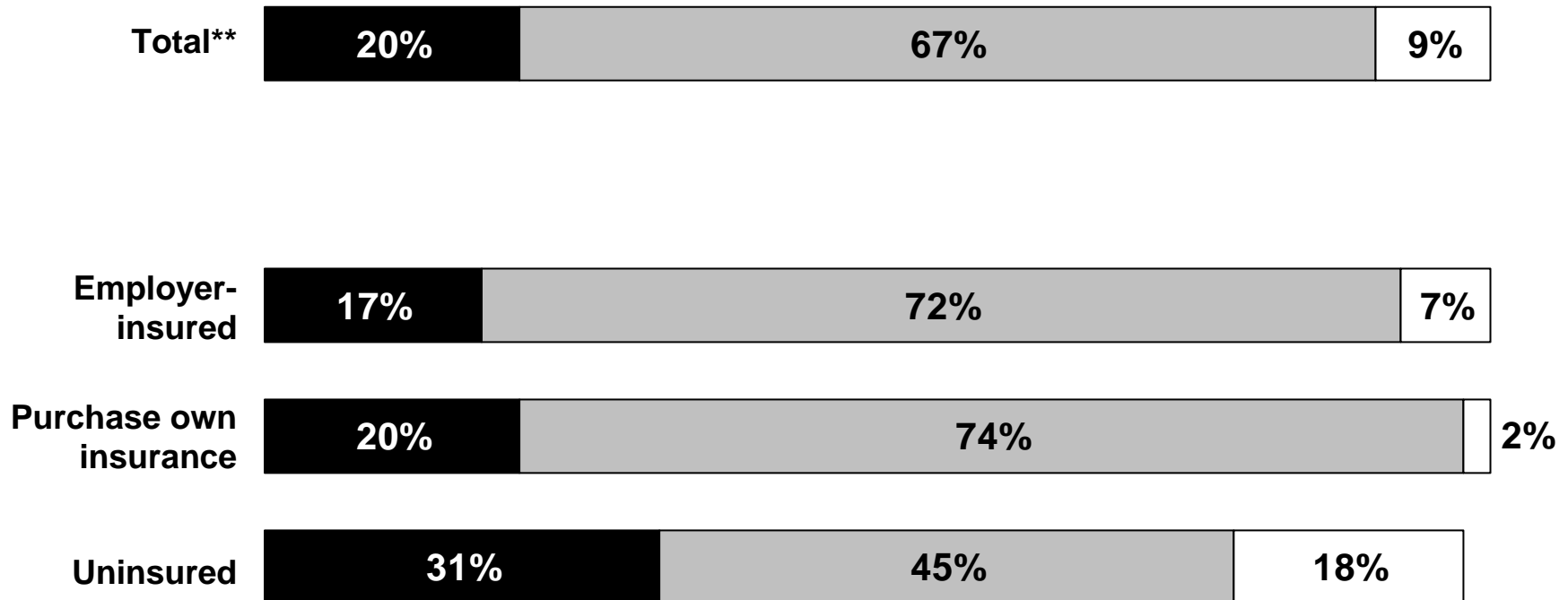
* Amount shown was asked of those with families. Individuals were asked about a \$1,000 tax credit.

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Tax Credits – Options by Insurance Status

On average, the cost of insurance is around \$8,000* a year for a family. If the federal government provided you with a \$3,000* tax credit, what would you be most likely to do?

- Purchase whatever plan you can find for \$3,000*
 Supplement the tax credit w/your own money to get more comprehensive plan
 Go without insurance



* Amount shown was asked of those with families. Individuals were asked about a \$1,000 tax credit, and an average cost of \$3,000 a year for an individual.

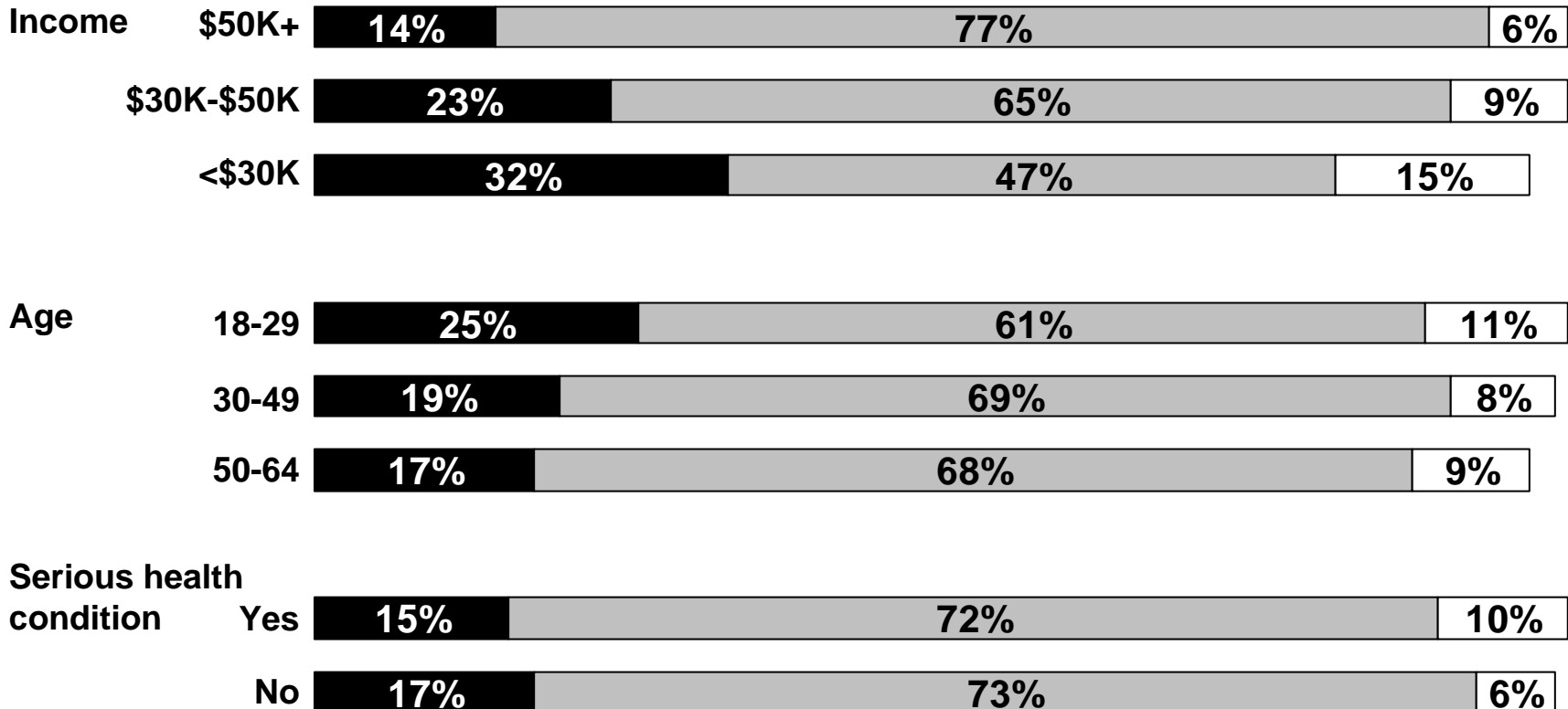
** Total excludes those with public health insurance (Medicare or Medicaid)

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Tax Credits – Options by Income, Age, Health Status

On average, the cost of insurance is around \$8,000* a year for a family. If the federal government provided you with a \$3,000* tax credit, what would you be most likely to do?

- Purchase whatever plan you can find for \$3,000*
 Supplement the tax credit w/your own money to get more comprehensive plan
 Go without insurance

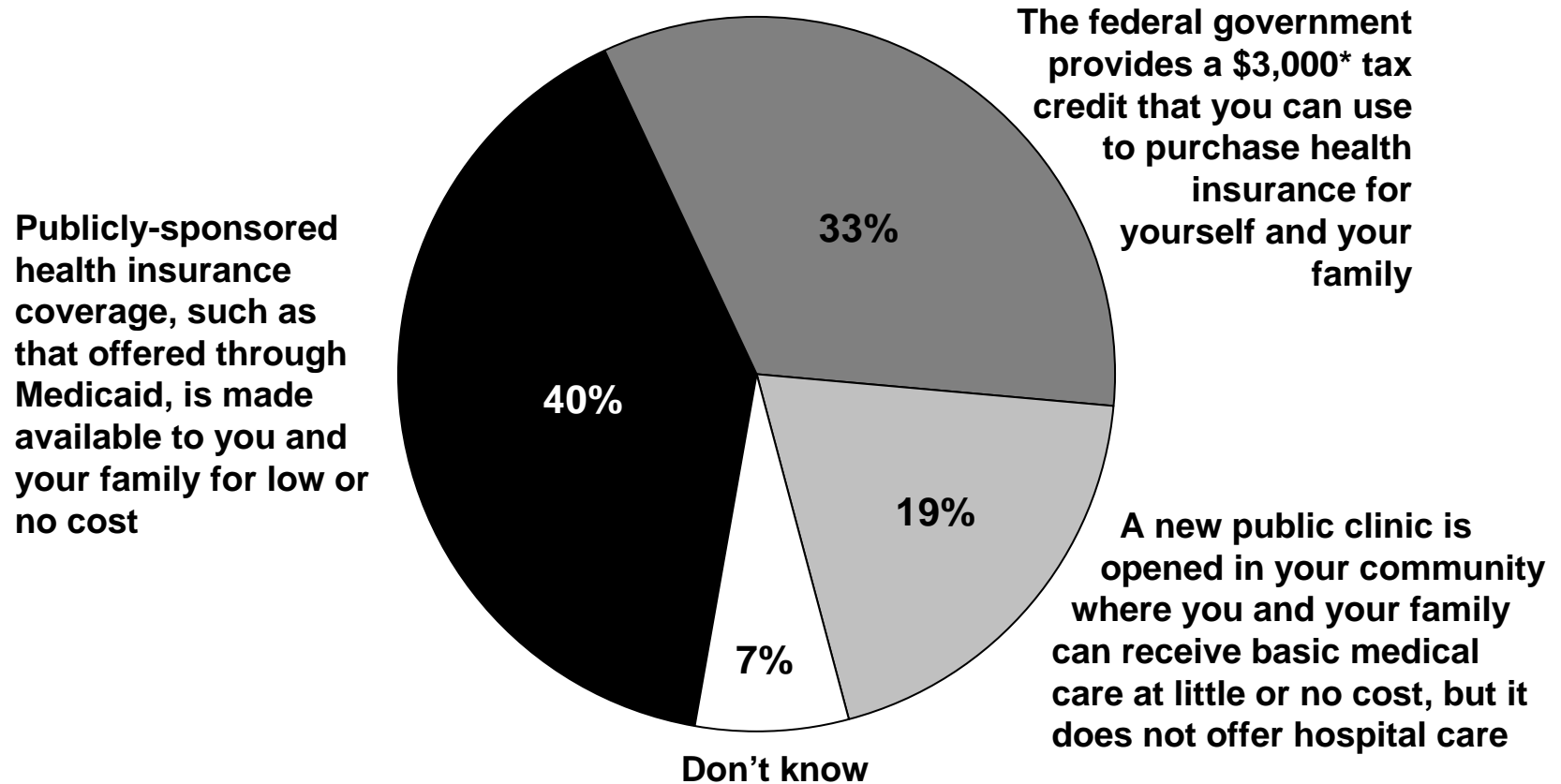


* Amount shown was asked of those with families. Individuals were asked about a \$1,000 tax credit, and an average cost of \$3,000 a year for an individual.

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Tax Credits Compared With Other Options For the Uninsured

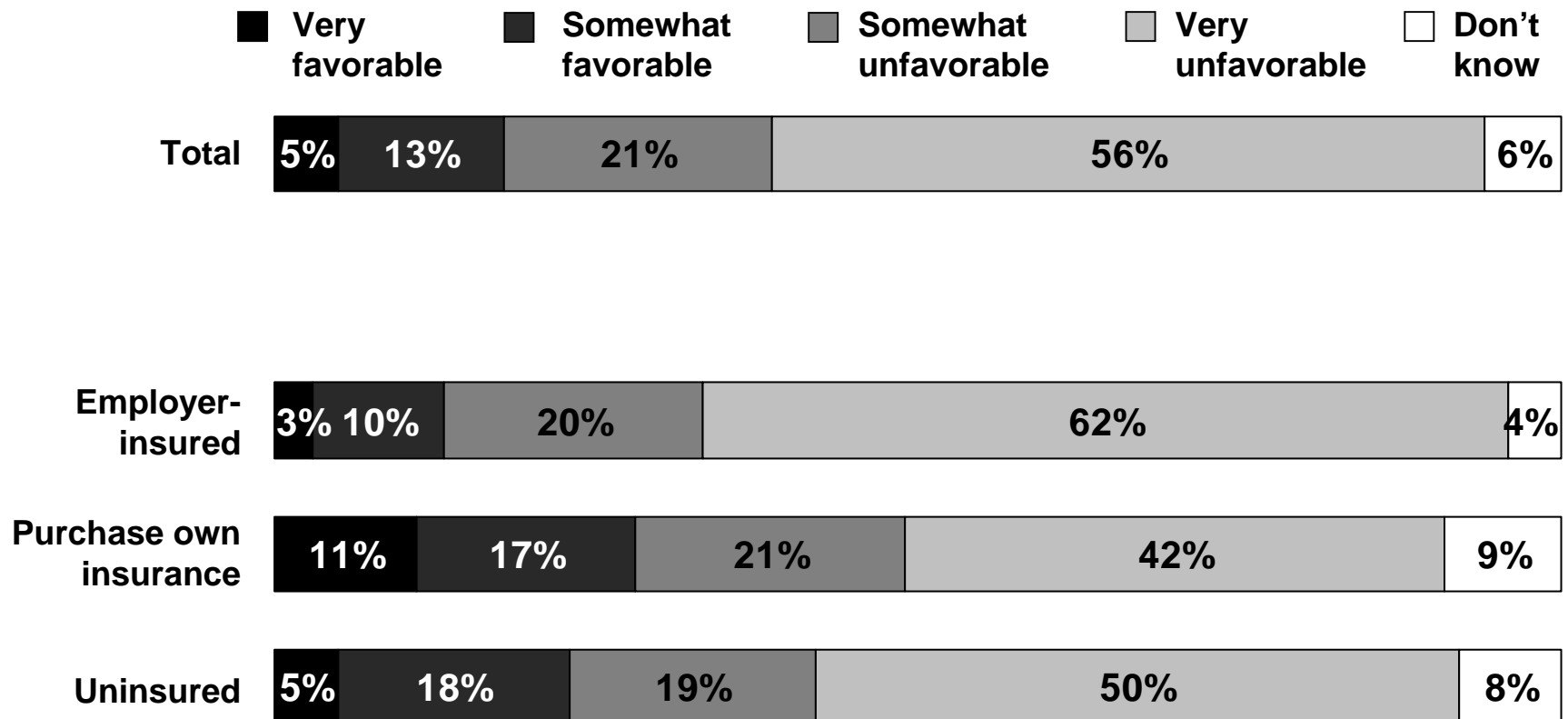
Which of the following three options would you prefer to give you (and your family) greater access to health care?



* Amount shown was asked of those with families. Individuals were asked about a \$1,000 tax credit.

Catastrophic Plan Favorability by Insurance Status

There is a type of insurance plan that only starts paying once you and your family have paid \$5,000* of medical expenses out of your pocket. After that, it would cover medical expenses like traditional insurance, requiring you to pay some co-payments each time you use services. The monthly premium for the plan would be less than half of what you would pay for a typical comprehensive health insurance policy. Is your opinion of this plan...



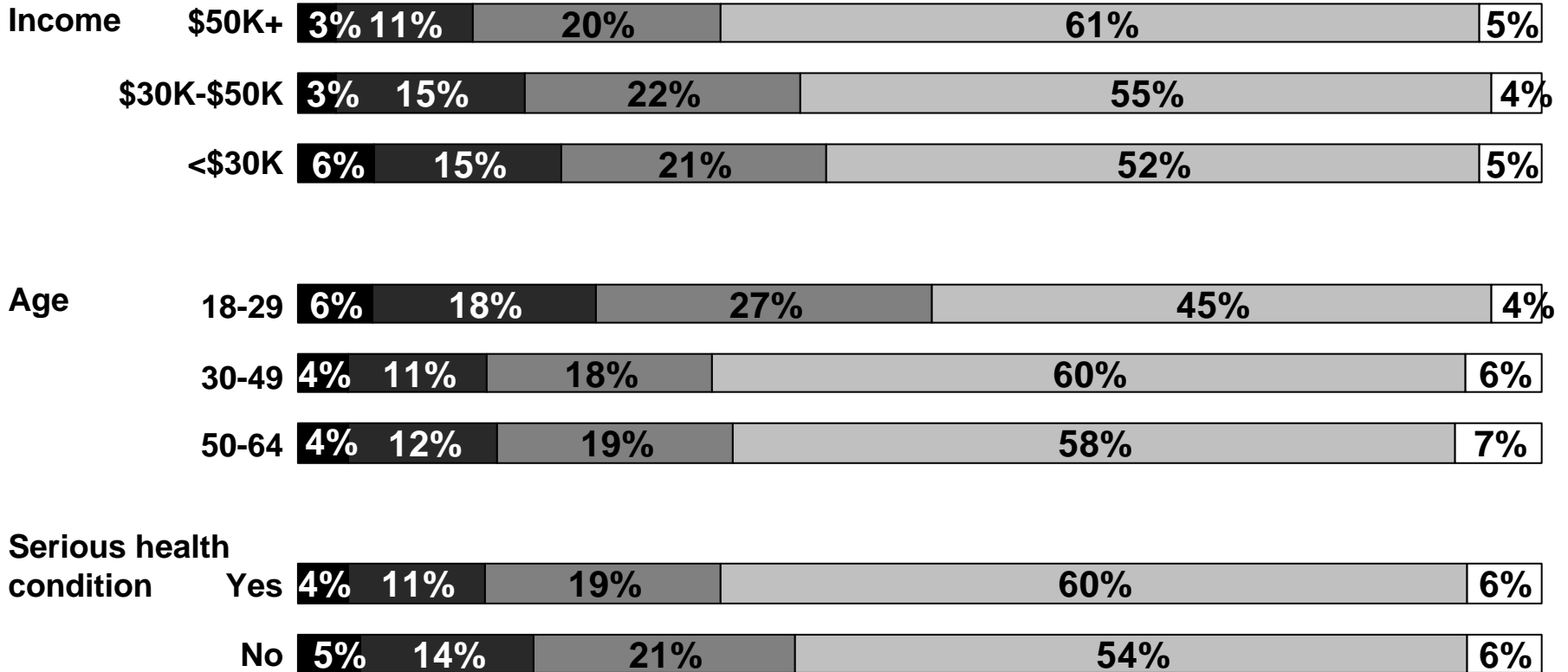
*Amount shown was asked of those with families. Individuals were asked about a \$2,000 deductible.

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Catastrophic Plan Favorability by Income, Age, Health Status

[Catastrophic plan with \$5,000* deductible**] What is your opinion of this type of plan?

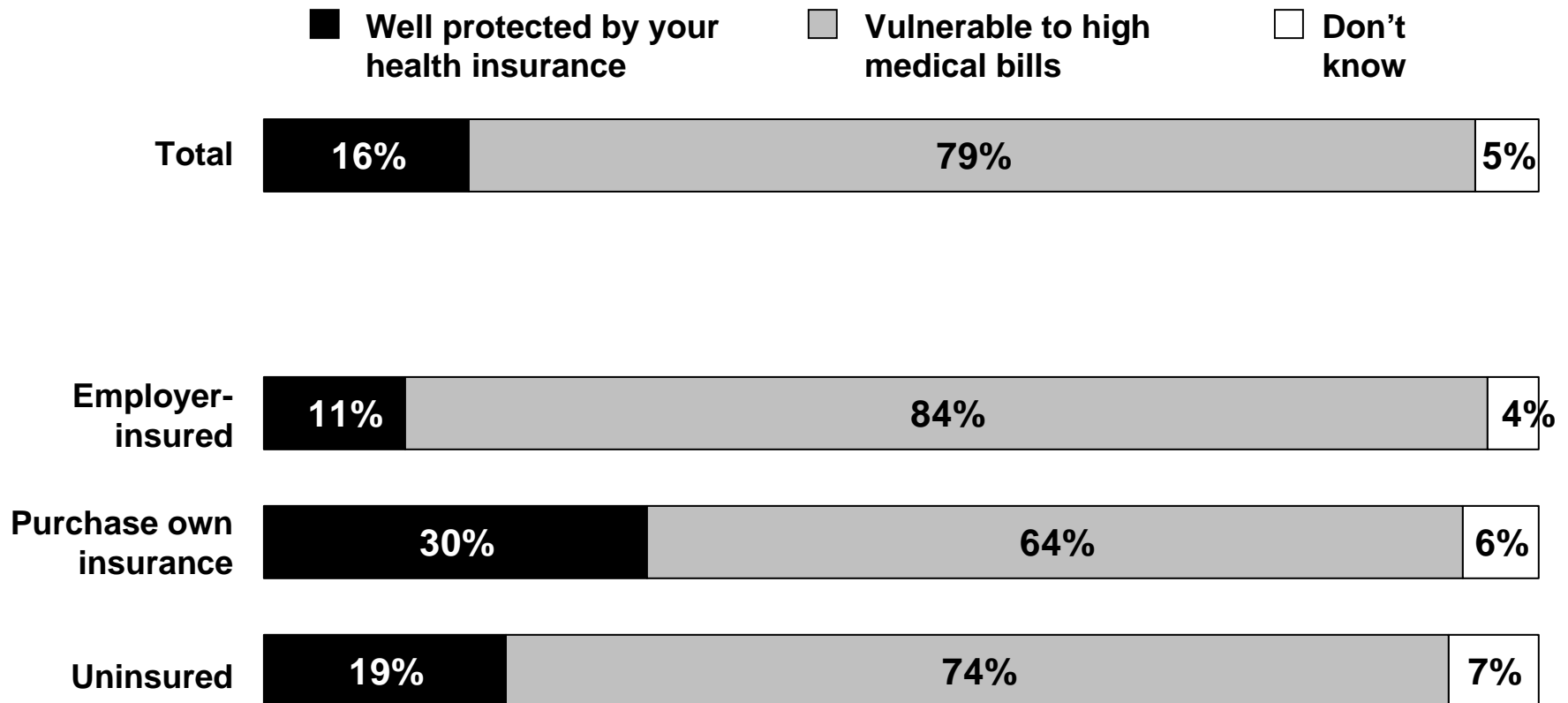
Very favorable
 Somewhat favorable
 Somewhat unfavorable
 Very unfavorable
 Don't know



*Amount shown was asked of those with families. Individuals were asked about a \$2,000 deductible. **See Chart 21 for full question wording.

Catastrophic Plan Vulnerability by Insurance Status

There is a type of insurance plan that only starts paying once you and your family have paid \$5,000* of medical expenses out of your pocket. After that, it would cover medical expenses like traditional insurance, requiring you to pay some co-payments each time you use services. The monthly premium for the plan would be less than half of what you would pay for a typical comprehensive health insurance policy. If you had this insurance, would you feel...?

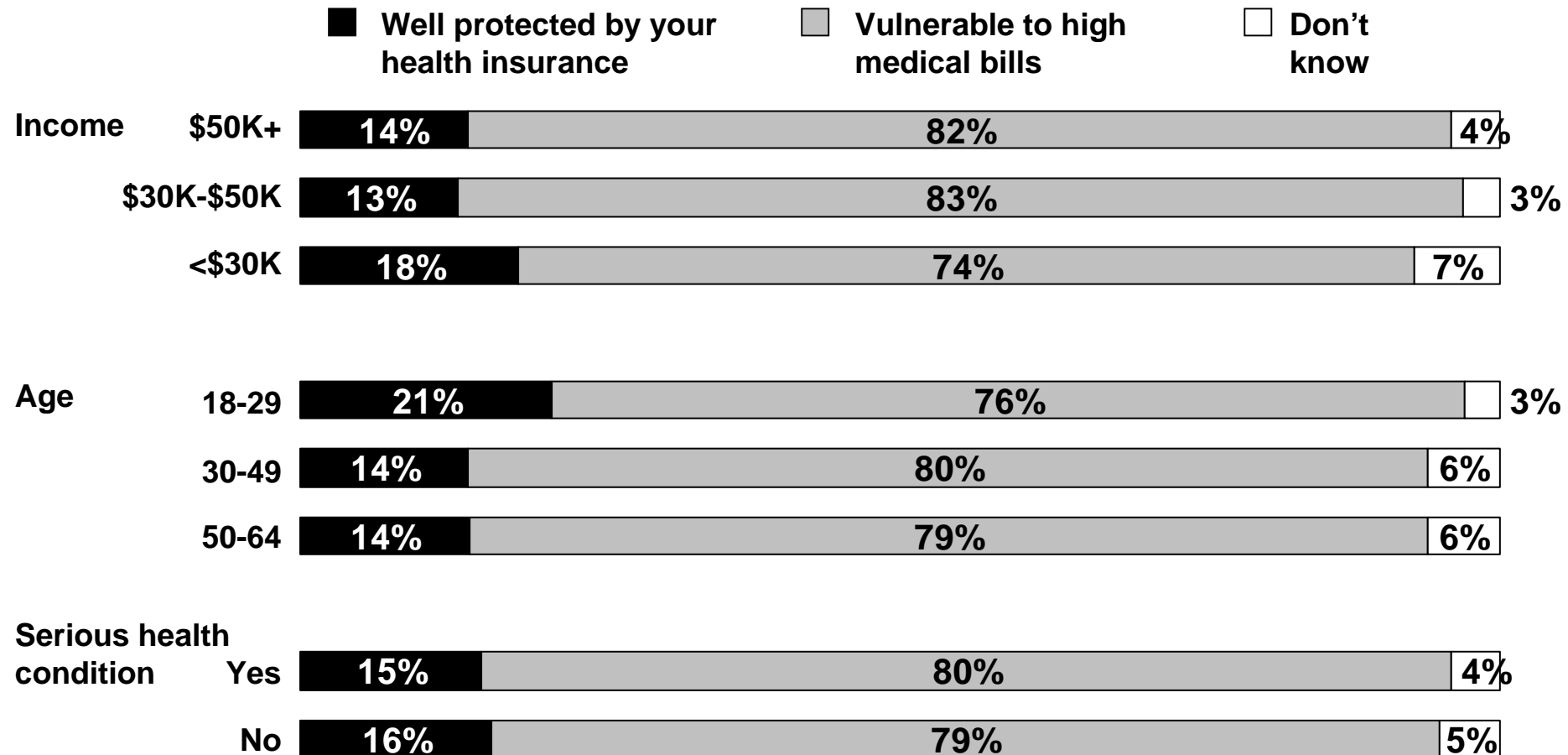


*Amount shown was asked of those with families. Individuals were asked about a \$2,000 deductible.

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Catastrophic Plan Vulnerability by Income, Age, Health Status

[Catastrophic plan with \$5,000* deductible**] If you had this type of plan, would you feel...?



*Amount shown was asked of those with families. Individuals were asked about a \$2,000 deductible. **See Chart 23 for full question wording

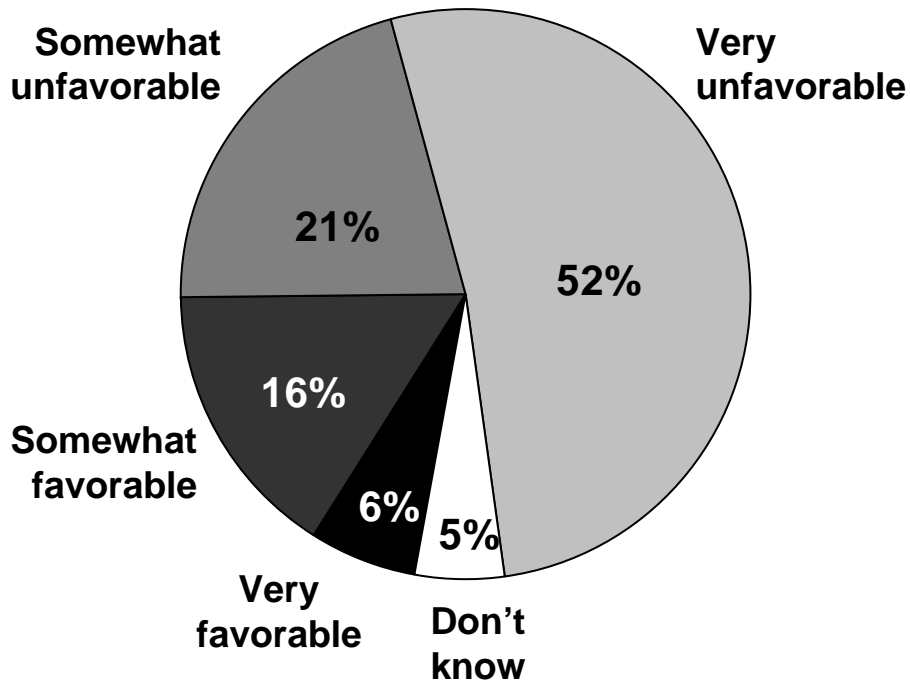
Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Views of “Consumer-Driven” Health Plans

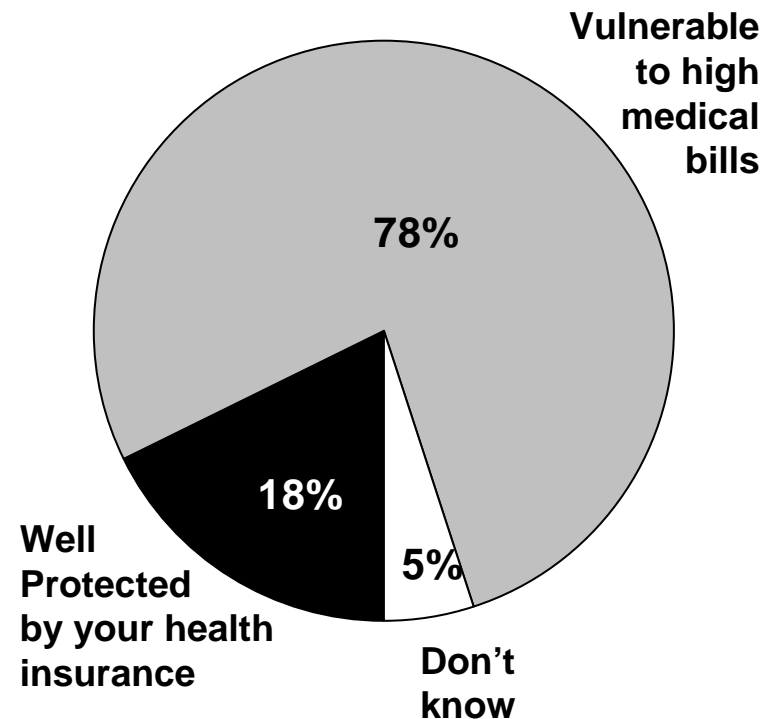
Among those insured through an employer...

Suppose your employer pays for a health plan that only starts to pay after your family has spent \$4,000* in medical expenses. They also put \$2,000* in an account you can use for medical costs. If your family’s medical expenses are more than \$2,000*, you have to pay with your own money until you hit the \$4,000* limit.

What is your opinion of this type of plan?



If your employer switched to this type of plan, would you feel...?



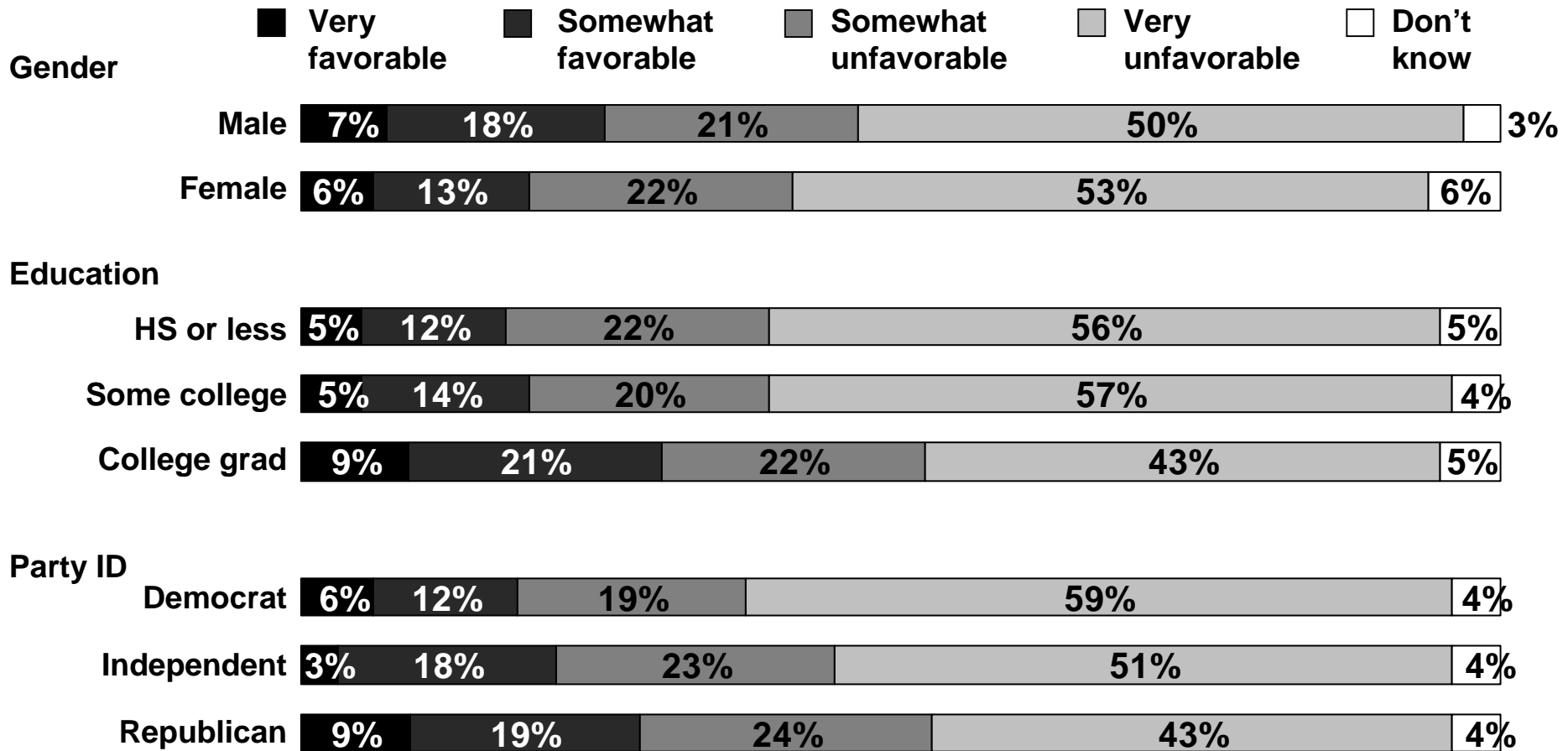
*Amounts shown were asked of those with families. Different amounts were used for individuals (\$2,000 deductible, \$1,000 account).

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)

Chart 26

Defined Contribution Plan Favorability by Gender, Education, Party ID

[Defined contribution plan with \$4,000* deductible and \$2,000 account**] What is your opinion of this type of plan? (Asked of those insured through an employer)

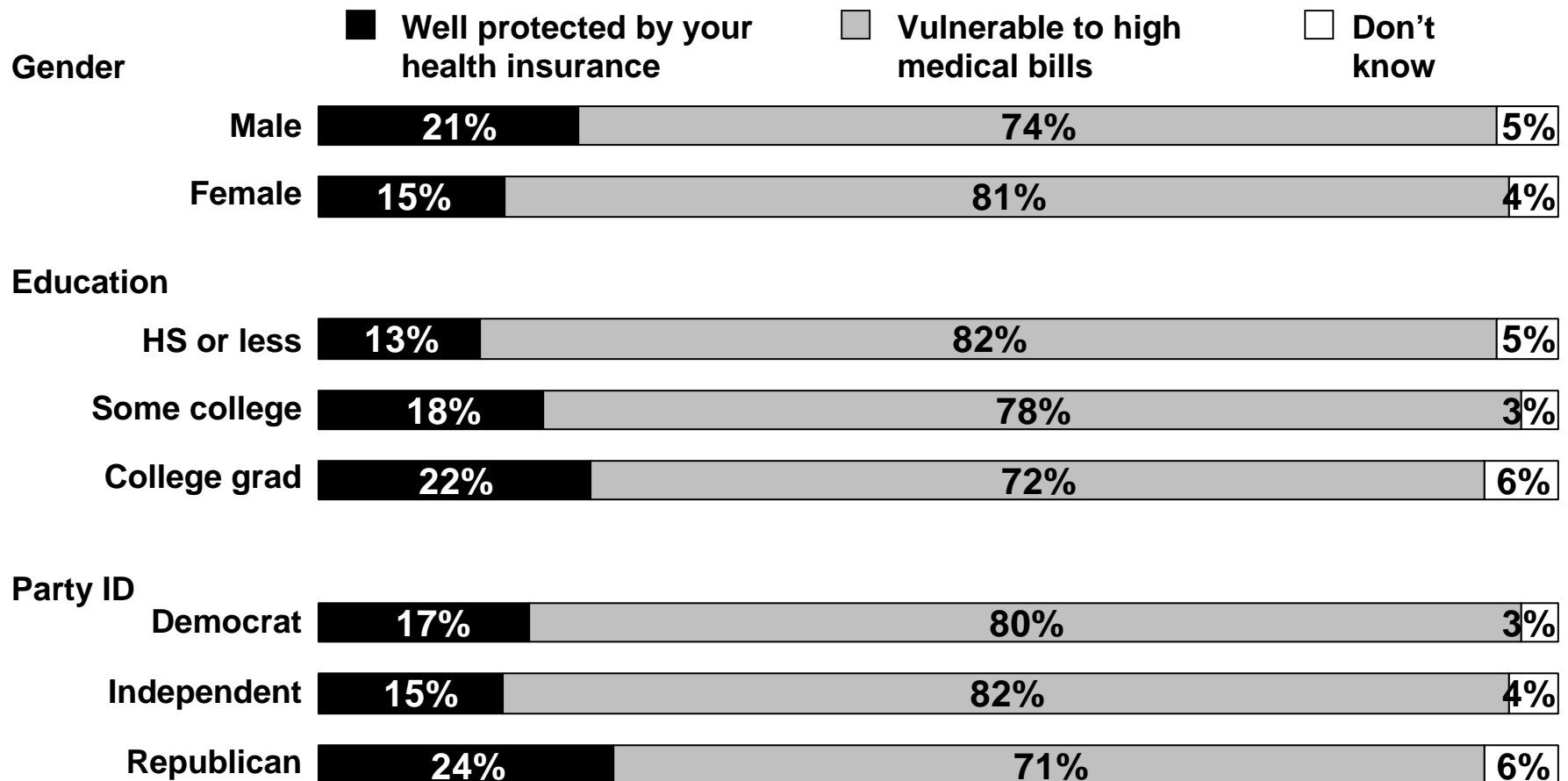


*Amounts shown were asked of those with families. Different amounts were used for individuals (\$2,000 deductible, \$1,000 account).

**See Chart 25 for full question wording.

Defined Contribution Plan Vulnerability by Gender, Education, Party ID

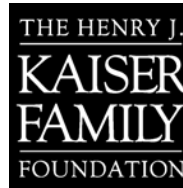
[Defined contribution plan with \$4,000* deductible and \$2,000 account**] If you had this type of plan, would you feel...? (Asked of those insured through an employer)



*Amounts shown were asked of those with families. Different amounts were used for individuals (\$2,000 deductible, \$1,000 account).

**See Chart 25 for full question wording.

Source: Kaiser Family Foundation *Health Insurance Survey*, 2003 (conducted April 30 – July 20, 2003)



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