Appendix

Appendix Table 1. Five health insurance plans drawn from HealthCare.gov.

Includes one plan from each of the five metal categories: catastrophic, bronze, silver, gold, and platinum. For the comprehension survey, participants were asked questions about three plans: catastrophic, bronze, and platinum. For the choice experiment, participants chose from all five plans.

The five plans are included under the table, exactly as depicted on HealthCare.gov and in our study.

PLAN	Monthly premium ($)	Estimated total yearly cost ($)	Deductible ($)	Out-of-pocket maximum ($)	Copayments / Coinsurance
A: **Catastrophic** *Lowest premium*	96	8,016	6,850	6,850	ER: No charge after deductible GDs: No charge after deductible P: $20 S: No charge after deductible
B: **Bronze**	149	8,652	5,500	6,850	ER: $250 Copay after deductible GDs: $20 Copay after deductible P: $35 S: $75 Copay after deductible
C: **Silver**	182	7,587	3,500	5,400	ER: $250 Copay after deductible GDs: $10 P: $10 S: $60
D: Gold	208	5,991	1,600	3,500	ER: 10% Coinsurance after deductible GDs: 10% Coinsurance after deductible P: 10% Coinsurance after deductible S: 10% Coinsurance after deductible
E: **Platinum** *Highest premium*	304	6,156	500	2,500	ER: $150 GDs: $4 Copay after deductible P: $5 S: $10

ER =   Emergency room care
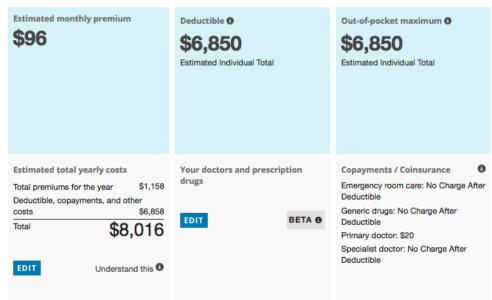GDs =   Generic drugs
P =   Primary doctor
S =   Specialist doctor

Plan A: Catastrophic Plan

Aetna · Coventry Catastrophic Duke Medicine 100%

Catastrophic POS | Plan ID: 61671NC0070015

Estimated monthly premium

$96

Deductible ⓘ

$6,850

Estimated Individual Total

Out-of-pocket maximum ⓘ

$6,850

Estimated Individual Total

Estimated total yearly costs

Total premiums for the year	$1,158
Deductible, copayments, and other costs	$6,858
Total	$8,016

[EDIT] Understand this ⓘ

Your doctors and prescription drugs

[EDIT] BETA ⓘ

Copayments / Coinsurance ⓘ

Emergency room care: No Charge After Deductible

Generic drugs: No Charge After Deductible

Primary doctor: $20

Specialist doctor: No Charge After Deductible

Plan B: Bronze Plan

Aetna · Coventry Bronze $35 Copay Duke Medicine

Bronze POS | Plan ID: 61671NC0070010

Estimated monthly premium

$149

Deductible ⓘ

$5,500

Estimated Individual Total

Out-of-pocket maximum ⓘ

$6,850

Estimated Individual Total

Estimated total yearly costs

Total premiums for the year	$1,793
Deductible, copayments, and other costs	$6,858
Total	$8,652

[EDIT] Understand this ⓘ

Your doctors and prescription drugs

[EDIT] BETA ⓘ

Copayments / Coinsurance ⓘ

Emergency room care: $250 Copay after deductible

Generic drugs: $20 Copay after deductible

Primary doctor: $35

Specialist doctor: $75 Copay after deductible

Plan C: Silver Plan

Aetna · Coventry Silver $10 Copay Duke Medicine

Silver POS | Plan ID: 61671NC0070008

Estimated monthly premium	Deductible ❶	Out-of-pocket maximum ❶
$182	**$3,500** Estimated Individual Total	**$5,400** Estimated Individual Total

Estimated total yearly costs

Total premiums for the year	$2,178
Deductible, copayments, and other costs	$5,408
Total	**$7,587**

EDIT   Understand this ❶

Your doctors and prescription drugs

EDIT   BETA ❶

Copayments / Coinsurance ❶

Emergency room care: $250 Copay after deductible
Generic drugs: $10
Primary doctor: $10
Specialist doctor: $60

Plan D: Gold Plan

UnitedHealthcare · Gold Compass HSA 1600

Gold HMO | Plan ID: 54332NC0030003

Estimated monthly premium	Deductible ❶	Out-of-pocket maximum ❶
$208	**$1,600** Estimated Individual Total	**$3,500** Estimated Individual Total

Estimated total yearly costs

Total premiums for the year	$2,491
Deductible, copayments, and other costs	$3,500
Total	**$5,991**

EDIT   Understand this ❶

Your doctors and prescription drugs

EDIT   BETA ❶

Copayments / Coinsurance ❶

Emergency room care: 10% Coinsurance after deductible
Generic drugs: 10% Coinsurance after deductible
Primary doctor: 10% Coinsurance after deductible
Specialist doctor: 10% Coinsurance after deductible

Plan E: Platinum Plan

Blue Cross and Blue Shield of NC · Blue Value 500 (limited network)

Platinum POS | Plan ID: 11512NC0100021

Estimated monthly premium	Deductible ❶	Out-of-pocket maximum ❶
$304	**$500**	**$2,500**
	Estimated Individual Total	Estimated Individual Total

Estimated total yearly costs

Total premiums for the year	$3,648
Deductible, copayments, and other costs	$2,508
Total	**$6,156**

EDIT   Understand this ❶

Your doctors and prescription drugs

EDIT   BETA ❶

Copayments / Coinsurance ❶

Emergency room care: $150
Generic drugs: $4 Copay after deductible
Primary doctor: $5
Specialist doctor: $10

Appendix Figure 1. Pop-up definitions of insurance concepts, replicated from HealthCare.gov.

Note: HealthCare.gov does not include a definition for monthly premium. We included this definition to ensure that participants had access to definitions for every insurance concept we tested for comprehension.

Appendix Figure 2. Estimated Medical Use Profiles drawn from HealthCare.gov

LOW
2 Doctor visits
1 Lab or diagnostic test
4 Prescription drugs
Minimal other medical
expenses

MEDIUM
5 Doctor visits
2 Lab or diagnostic tests
10 Prescription drugs
$200 in other medical
expenses

HIGH
15 Doctor visits
10 Lab or diagnostic tests
20 Prescription drugs
2 days in the hospital
$8,300 in other medical
expenses

Appendix Table 2. Characteristics of Study Participants

Characteristic	Comprehension Survey (n=76)	Choice Experiment (n=298)
Gender (%)		
Male	52.6	51.3
Female	46.1	48.3
Other	1.3	0.2
Age		
Mean	32.4	35.3
Median	29.5	32.0
(S.D.)	(10.3)	(11.1)
[Range]	[47]	[56]
Race/Ethnicity (%)		
White/Non-Hispanic	80.3	80.9
African American	6.6	5.7
Hispanic/Latino	6.6	3.0
Asian	3.9	6.4
Other	2.6	4.0
Education (%)		
< High School	1.3	0.4
High School Diploma/GED	18.4	12.6
Some College	21.1	22.4
Associate/technical degree	10.5	9.5
Undergraduate degree	40.8	39
Graduate degree	7.9	16
Insurance Enrollment (%)		
Yes, currently	73.7	N/A
No, but yes in past	21.2	N/A
No, never	5.3	N/A

Appendix Table 3. Plan Choice Regressions

		n=298	Reference group: Low to High Sorting Order				95% C.I. for EXP(B)		R^2, Model 1	R^2, Model 2	Delta R^2
Plan A	Covariate	B	S.E.	Wald	Sig.	Exp(B) - Odds ratio	Lower	Upper	0.087	0.089	0.002
Model 1	Sorting Order**	1.223	0.332	13.589	0.000	3.398**	1.773	6.512			
	Numeracy	-0.228	0.157	2.120	0.145	0.796	0.585	1.082			
Model 2 (includes interaction):	Sorting Order x Numeracy	-0.211	0.333	0.404	0.525	0.809	0.422	1.554			
Plan B									0.185	0.194	0.009
Model 1	Sorting Order**	-2.021	0.387	27.232	0.000	0.133**	0.062	0.283			
	Numeracy	0.150	0.167	0.807	0.369	1.162	0.837	1.612			
Model 2 (includes interaction):	Sorting Order x Numeracy	-0.566	0.395	2.054	0.152	0.568	0.262	1.231			
Plan C									0.009	0.021	0.012
Model 1	Sorting Order	-0.376	0.334	1.266	0.261	0.687	0.357	1.322			
	Numeracy	-0.068	0.170	0.162	0.687	0.934	0.669	1.303			
Model 2 (includes interaction):	Sorting Order x Numeracy	-0.488	0.347	1.982	0.159	0.614	0.311	1.211			
Plan D									0.114	0.130	0.016
Model 1	Sorting Order**	1.520	0.364	17.425	0.000	4.572**	2.240	9.333			
	Numeracy	0.076	0.174	0.190	0.663	1.079	0.766	1.519			
Model 2 (includes interaction):	Sorting Order x Numeracy	0.630	0.358	3.107	0.078	1.878	0.932	3.785			
Plan E									0.006	0.023	0.017
Model 1	Sorting Order	0.258	0.252	1.049	0.306	0.773	0.471	1.266			
	Numeracy	0.055	0.133	0.172	0.679	1.057	0.814	1.373			
Model 2 (includes interaction):	Sorting Order x Numeracy	0.536	0.280	3.657	0.056	1.709	0.987	2.960			