

Appendix
Financial Risk for COVID-19-like Respiratory Hospitalizations in Consumer-Directed Health Plans
Eisenberg et al.

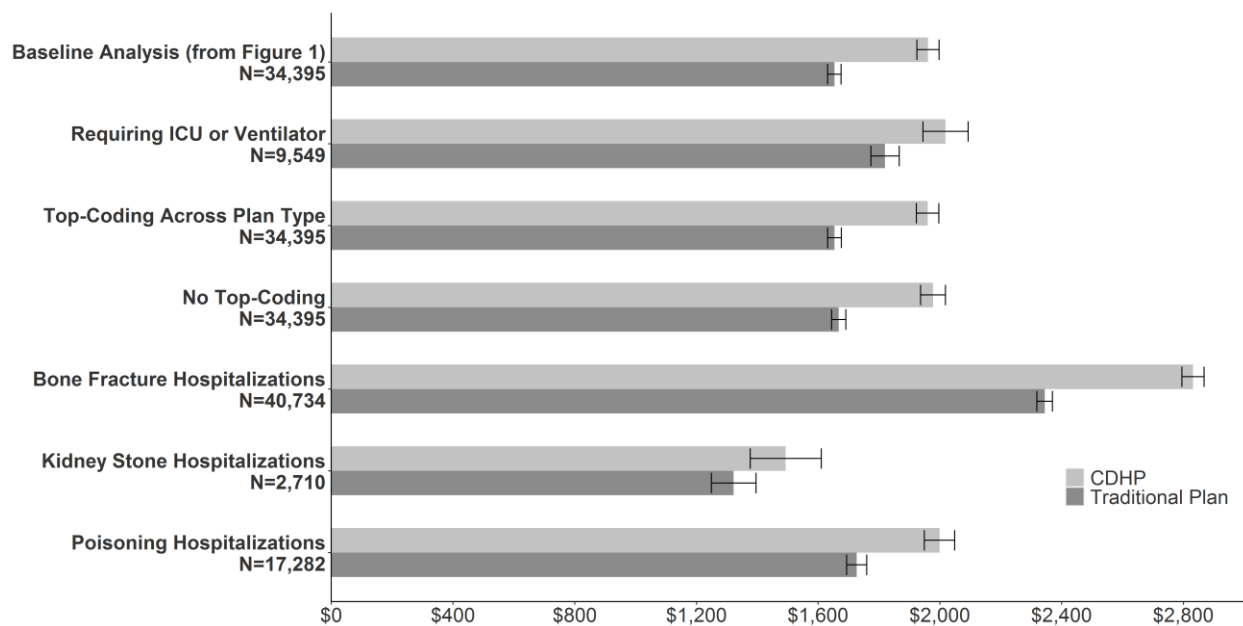
Appendix Table 1. Average and Median Out-of-Pocket (OOP) Spending Comparing Consumer-Directed Health Plan (CDHP) and Traditional Plan Enrollees With a Respiratory-Related Hospitalization, by Age Group and Quarter of Year

Subsample	Mean			Median		
	Traditional plan	CDHP	T-test <i>p</i> -value	Traditional plan	CDHP	KS test <i>p</i> -value
All ages	1,653	1,961	<0.001	1,178	1,520	<0.001
Ages 0–21	1,685	2,237	<0.001	1,342	1,972	<0.001
Ages 22–39	1,695	1,928	<0.001	1,218	1,440	<0.001
Ages 40–55	1,684	1,854	<0.001	1,147	1,344	<0.001
Ages 56–64	1,578	1,708	0.001	996	1,136	<0.001
Quarter 1	1,978	2,578	<0.001	1,642	2,457	<0.001
Quarter 2	1,580	1,798	<0.001	1,072	1,296	<0.001
Quarter 3	1,350	1,496	0.002	643	731	0.002
Quarter 4	1,363	1,377	0.751	700	613	<0.001

Notes: Analytic sample includes hospitalizations from January 1, 2016 through August 31, 2019 for individuals continuously enrolled for at least 1 month before and 1 month after the hospitalization. Costs are normalized to August 2019 dollars. Hospitalizations were for pneumonia, acute bronchitis, lower respiratory infections, and acute respiratory distress syndrome (ARDS). Consumer-directed health plans (CDHPs) were defined as plans coupled with a Health Savings Account or Health Reimbursement Account. Traditional plans were defined as plans that were not coupled with an account. Note that some individuals may have had multiple hospitalizations.

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Appendix Figure 1. Average out-of-pocket (OOP) spending comparing consumer-directed health plan (CDHP) and traditional plan enrollees, alternate specifications and samples.



Notes: Analytic sample includes hospitalizations from January 1, 2016 through August 31, 2019 for individuals continuously enrolled for at least 1 month before and 1 month after the hospitalization. Costs are normalized to August 2019 dollars. Respiratory hospitalizations were for pneumonia, acute bronchitis, lower respiratory infections, and acute respiratory distress syndrome (ARDS). Hospitalizations requiring ICU or a ventilator were identified from revenue and procedure codes. The baseline analysis top-coded spending at the 99th percentile within each plan group. The top-coding across plan type analysis top-coded the entire sample at the 99th percentile. Bone fracture hospitalizations include any bone fracture not related to osteoporosis. Kidney stone hospitalizations included any hospitalization for kidney stones, identified via diagnosis codes. Poisoning hospitalizations included any hospitalization for an acute poisoning event, identified via diagnosis codes. Consumer-directed health plans (CDHPs) were defined as plans coupled with a Health Savings Account or Health Reimbursement Account. Traditional plans were defined as plans that were not coupled with an account. Note that some individuals may have had multiple hospitalizations.