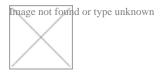


The easiest way for researchers to track to the affordability of health care is through health insurance premiums. However, health care access is governed by a number of other factors: network adequacy, coinsurance and copayments, annual insurance deductibles, among others. Insurance deductibles in particular have been an increasingly valuable tool for insurance companies to maintain reasonable rate increases for health insurance in the face of rising health care costs and new expensive procedures. For instance, the percent of workers covered by employer-sponsored insurance that includes any deductible at all has increased from 55 percent in 2006 to 80 percent in 2014, and the size of the deductible has also been rising.[1] These trends present themselves in the individual market as well. The chart below describes the size of the deductible for the second-lowest cost Silver plan—otherwise known as the "benchmark" plan—available in the health insurance market place across 43 states and 461 independent rating areas. Overall, the number of rating areas with benchmark plans offering deductibles of over \$4,000 is on the rise, with lower deductibles becoming increasingly rare.



[1] Kaiser Family Foundation, "Employer Health Benefits 2014 Annual Survey," available at: http://kff.org/health-costs/report/2014-employer-health-benefits-survey/