HCCI HEALTH CARE COST INSTITUTE

Issue Brief #9

October 2014

Out-of-Pocket Spending Trends (2013)

In 2013, 16.4% of health care spending per individual covered by employer-sponsored insurance (ESI) was paid out of pocket. In that year, out-of-pocket expenditures for those with ESI rose by 4.0% to $800 per capita. Most of the increase came from rising out-of-pocket spending on professional services and outpatient visits. In contrast, out-of-pocket spending on prescriptions fell for the third consecutive year. Among the four Census regions studied, the South continued to have the highest level and fastest growing out-of-pocket spending. Among age groups, out-of-pocket-spending growth jumped for pre-Medicare adults (ages 55–44), while growth slowed for other age groups. Spending differences between men and women generally continued to widen. Unlike the other ESI populations examined, young adult women (ages 19–25) did not experience an increase in out-of-pocket spending in 2013.

KEY FINDINGS: 2013

16.4%

Share of health care costs paid out of pocket.

$800 AND 4.0%

Out-of-pocket spending per capita and growth rate (2012–2013) for national ESI population.

$662 AND 0.0%

Out-of-pocket spending per capita and growth rate (2012–2013) for young adult women.

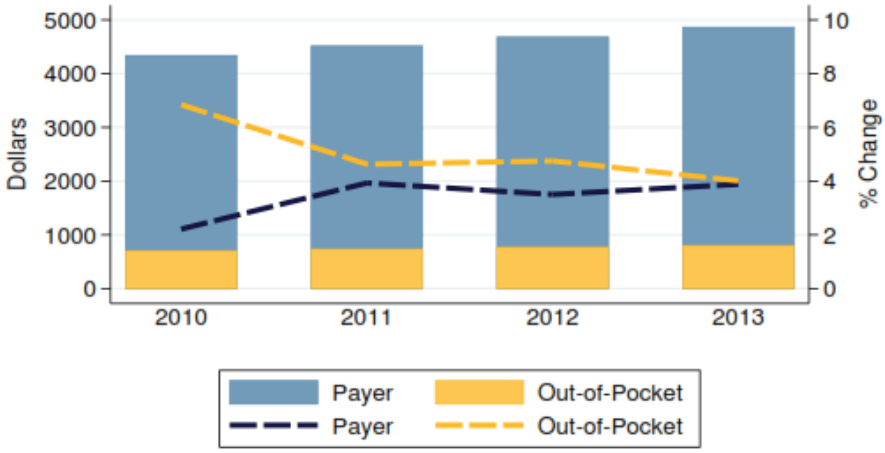
$51 AND 10.5%

Out-of-pocket per capita spending and growth rate (2012–2013) on acute inpatient admissions.

-0.6% AND -10.2%

Growth rates for out-of-pocket spending (2012–2013) on generic and brand prescriptions.

Figure 1
Payer and Out-of-Pocket ESI Expenditures Per Capita for Insureds Younger than Age 65: 2009-2013



Source: HCCI, 2014.
Notes: All data weighted to reflect the national, younger than 65 population.
Data from 2012 and 2013 adjusted using acturial completion.

In this issue brief, HCCI reports on trends in out-of-pocket expenditures per capita for the national, younger than age 65 population covered by employer-sponsored insurance (ESI) for the study period covering 2011 through 2013. Out-of-pocket expenditures are payments made by insureds directly to medical professionals, facilities, pharmacies, and other providers and suppliers, and are among the most visible health care costs to consumers (see "Key definitions").

Between 2012 and 2013, out-of-pocket expenditures per capita rose from $769 to $800 (Table 1). This 4.0% increase was the lowest growth in out-of-pocket spending during the study period. However, out-of-pocket expenditures during this time grew at

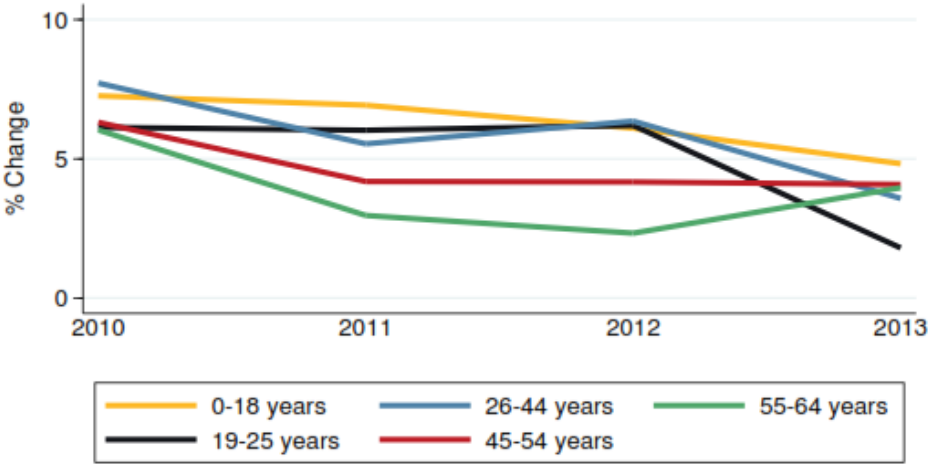
a faster rate than payer expenditures (Figure 1). As expected, out-of-pocket spending levels were substantially lower than those spent by payers. Out-of-pocket expenditures per insured person remained at 16.4% of total health care spending for the ESI population.

Out-of pocket expenditures for professional services continued to grow; spending on prescriptions fell

In 2013, out-of-pocket spending on professional services, in addition to accounting for the largest portion of this spending (44%), also increased as a share of spending (Table 1 and Figure 2). However, of the medical service categories, professional services had the slowest growth in out-of-pocket spending at 5.3%, or $18, to $353 per person.

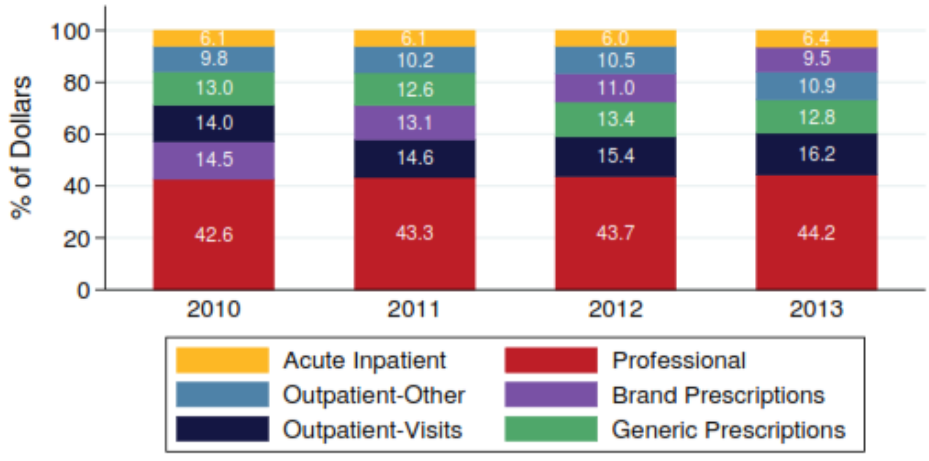
Outpatient spending accounted for 27% of out-of-pocket spending, with outpatient visits and outpatient-other services constituting 16% and 11%, respectively, of total out-of-pocket spending. Outpatient visits and outpatient-other services had the second and third fastest growth rates, which rose 9.6% ($11 per capita) and 7.3% ($6 per capita), respectively. Over the study period, outpatient visits had the highest average spending levels and grew an average annual rate of 9.6%. In contrast, between 2011 and 2013, out-of-pocket spending growth for outpatient-other services slowed at an average annual rate of 8.3%.

Figure 3
Annual Percentage Changes in Out-of-Pocket Expenditures Per Capita by Age Group: 2010-2013



Source: HCCI, 2014.
Notes: All data weighted to reflect the national, younger than 65 ESI population.
Data from 2012 and 2013 adjusted using acturial completion.

Figure 2
Share of Out-of-Pocket Expenditures Per Capita by Subservice Category: 2010-2013



Source: HCCI, 2014.
Notes: All data weighted to reflect the national, younger than 65 ESI population.
Data from 2012 and 2013 adjusted using acturial completion.
Uncategorizable prescriptions are excluded due to low dollar amounts.

In 2013, out-of-pocket spending for acute inpatient services rose fastest (10.5%), but due to the relatively small amounts paid out of pocket for inpatient care, this represented a $5 increase in spending per capita.

Conversely, for the third year in a row, per capita out-of-pocket spending on prescriptions declined, driven largely by declines in out-of-pocket spending on brand prescriptions. In 2013, out-of-pocket spending per capita on generic prescriptions also declined (-0.6%), after increasing 11.0% in 2012. This resulted in a $9 decline in out-of-pocket spending on prescriptions ($179 per capita in 2013). The share of spending on brand prescriptions dropped to 9.5%, down from 13.1% in 2011. The share of out-of-pocket spending on generic prescriptions also fell slightly between 2012 and 2013, to 12.8% of total out-of-pocket spending.

Out-of-pocket spending highest and grew fastest in the South

In 2013, out-of-pocket expenditures growth was higher in the South and

Northeast than the other regions (Table 1). In the South, out-of-pocket expenditures grew by 4.8% ($40) to $876 per capita. The South experienced the fastest growth and the highest level of per capita spending in every year between 2011 and 2013. In the Northeast in 2013, out-of-pocket per capita expenditures increased by $33 to $737 per capita.

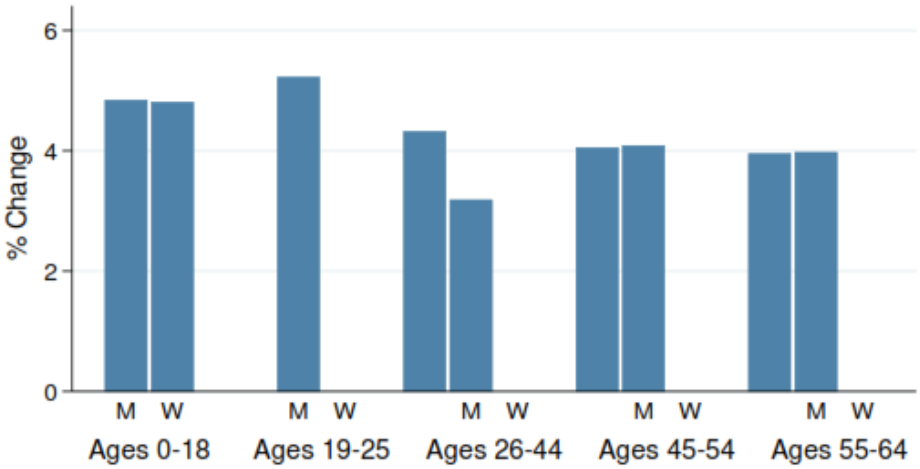
In the Midwest in 2013, out-of-pocket expenditures rose 3.3% ($26); per capita spending out of pocket was the second highest of the four Census regions ($822). The West had the lowest out-of-pocket expenditure growth rate (2.5%), which raised out-of-pocket spending by $17 per person. Compared to other parts of the country, the West continued for the second consecutive year to have the lowest levels of out-of-pocket spending per capita ($711 in 2013).

Pre-Medicare adult spending out-of-pocket jumped by $50 per person

Overall, per capita out-of-pocket spending rose with age. In 2013, children (ages 0–18; see "HCCI age groups"), had the lowest per capita expenditures, at $454 (Table 1) and had the highest spending growth, up 4.8%, or $21 per capita (Figure 3). The lowest growth rate was for young adults (ages 19–25), which rose 1.8% ($9) to $515 per capita. This was the first year in the study period in which young adults had the lowest expenditure growth rate. For intermediate adults (ages 26–44), out-of-pocket expenditures rose 3.6% to $783. For middle age adults (ages 45–54), spending rose by 4.1% to $1,005 per capita. As seen in Figure 3, the growth rates across age groups have generally been slowing over the study period.

In each year between 2011 and 2013, the highest per capita out-of-pocket expenditures were for the pre-Medicare adults (ages 55–64), who spent $1,318 per capita out-of-pocket in 2013. This represented a 4.0% increase in their spending, $50 more than in 2012. Unlike the other age groups, for pre-Medicare adults, out-of-pocket spending grew faster in 2013 than in 2011 or 2012.

Figure 4
Change in Out-of-Pocket Expenditures Per Capita by Gender and Age Group: 2013



Source: HCCI, 2014.
Notes: All data weighted to reflect the national, younger than 65 ESI population.
Data from 2012 and 2013 adjusted using acturial completion.

Difference in spending by gender continued to widen

In 2013, out-of-pocket expenditures grew faster for men (4.5%) than for women (3.7%; Table 1). However, in each year of the study period, spending levels were higher for women. In 2013, women's out-of-pocket per capita expenditures reached $914, $233 per capita more than out-of-pocket expenditures by men – a slightly larger difference than in 2012 ($230) and 2011 ($215).

Out-of-pocket spending stayed flat for young adult women

Between 2012 and 2013, generally, out-of-pocket spending rose for the age-gender groups. For both boys and girls,

HCCI AGE GROUPS

Children

Ages 0 through 18.

Young adults

Ages 19 through 25.

Intermediate adults

Ages 26 through 44.

Middle age adults

Ages 45 through 54.

Pre-Medicare adults

Ages 55 through 64

out-pocket spending rose 4.8% to $467 and $439, respectively (Table 2 and Figure 4). Among the different gender-age groups, young adult men had the highest out-of-pocket growth rate (5.2%) but the lowest spending level ($369). For intermediate adults, spending grew 4.3% for men and 3.2% for women, slower rates than in 2012. For both middle age adults and pre-Medicare adults, spending grew faster in 2013 than 2012 (4.1% for middle age men and women, 3.9% for pre-Medicare men, and 4.0% for pre-Medicare women).

In contrast to the other age-gender groups, out-of-pocket spending by young adult women stayed flat at $662 per woman. Notably, this was the first time in the three-year study period that out-of-pocket spending by any age-gender group did not increase between years (see "Why didn't out-of-pocket spending by young adult women grow in 2013?").

In 2013, in each of the adult age groups, per capita out-of-pocket spending was higher for women than men. Spending differences between men and women declined with age, however. The difference was largest for intermediate adults ($449) and smallest for pre-Medicare adults ($124). Children were an exception, as out-of-pocket spending was slightly higher for boys than for girls (a $28 difference).

Inpatient out-of-pocket spending for women 19-44 driven up by labor and delivery

In 2013, the largest increases in expenditure growth rates for acute inpatient admissions detailed categories were for newborns (24.7%, or $1 per capita) and labor and delivery (LD) admissions (21.4%, or $2 per capita; Appendix Table A22). This increase in LD out-of-pocket spending was largely accounted for by intermediate women, whose spending increased 22.3% or $12 per capita (Appendix Tables A25a and A25b). LD out-of-pocket spending also increased for young adult women (19.3%, or $7 per capita; Appendix Tables A24a and A24b). Spending on new-

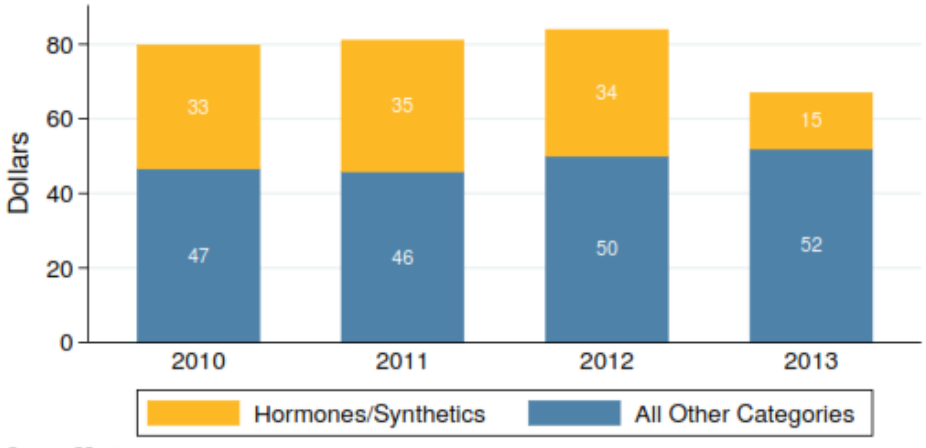
WHY DIDN'T OUT-OF-POCKET SPENDING BY YOUNG ADULT WOMEN GROW IN 2013?

In 2013, out-of-pocket spending per capita was flat for young adult women ($662; Table 2). Comparatively, out-of-pocket expenditures grew at least 3.2% for all other age-gender groups. For young adult women, the rise in out-of-pocket spending on medical services was offset by a drop in prescription spending, resulting in flat growth overall (Appendix Tables A21a and A21b). Per capita spending declined for both brand (-16.7%) and generic (-20.1%) prescriptions, a $10 per capita decline for brand prescriptions and a $17 decline for generic prescriptions.

The drop in out-of-pocket spending on prescriptions by young adult women was almost completely due to a decline in spending on generic and brand hormone and synthetic substitutes ("hormones"). Out-of-pocket spending declined $19 per capita on generic hormones (Figure 5) and $6 per capita on brand hormones.

Of the $19 decline in spending on generic hormones, 97.7% was due to a decline in spending on generic contraceptives. Less than $0.50 of the $19 was attributable to a decline in spending on other types of generic hormones. Less than $0.15 of the decline in spending on brand hormones was attributable to brand hormones other than contraceptives.

Figure 5
Out-of-Pocket Expenditures Per Capita on Generic Prescription Categories for Women Ages 19-25: 2010-2013



Source: HCCI, 2014.
Notes: All data weighted to reflect the national, younger than 65 ESI population.
Data from 2012 and 2013 adjusted using acturial completion.

borns increased $2 per boy and per girl between 2012 and 2013 (Appendix Tables A23a and A23b). For other types of admissions used by other age-gender groups, there was little change in out-of-pocket spending.

Despite lower utilization, out-of-pocket spending rose for emergency room and outpatient surgery visits

Between 2012 and 2013, the largest increase in per capita out-of-pocket spending on outpatient services was for emergency room (ER) visits, which rose 12.9%, or $7 per capita (Appendix Table A22). However, the use of these services declined.[1]

The increase in spending on ER visits was observed for every age group and gender. The smallest spending increases on ER visits was for boys and young adult men ($4 per capita; Appendix Tables A23a and A24a); the largest was for young adult women and intermediate women ($10 per capita; Appendix Tables A24a and A25a). Young adult women spent the most out of pocket for ER visits ($84 per capita), whereas, pre-Medicare men spent the least ($50 per capita; Appendix Table A27a).

There was also a large increase in out-of-pocket spending in 2013 on outpatient surgery (6.7%, or $4 per capita; Appendix Table A22). The largest spending increase for these services was among pre-Medicare women (8.3%, or $9 per capita; Appendix Tables A27a and A27b); the smallest increase was among young adult men and women (Appendix Tables A24a and A24b).

Generally, spending out of pocket on outpatient surgery rose with age, with the lowest spending for girls ($27 per capita; Appendix Table A23a) and the highest on pre-Medicare women ($120 per capita; Appendix Table A27a). For each of the adult age groups, spending was higher by women than by men. The largest spending difference between men and women was among intermediate adults; the smallest, in the pre-Medicare group.

Out-of-pocket spending on specialist office visits up 13.8%

In 2013, for detailed categories of pro-

KEY DEFINTIONS

Out-of-pocket expenditures per capita: Out-of-pocket payments include the patients' share of payment for the provision of health care services and prescriptions covered by insurance; this includes any copayments, coinsurance payments, or deductible payments. If an insurance claim was not filed (for example, for the purchase of over-the-counter medicines), the expenditures are not included in this metric. HCCI calculated out-of-pocket expenditures per capita by dividing total out-of-pocket expenditures by the total insured population.

Deductibles: A deductible is the amount of health care costs incurred that an insured individual must pay out-of-pocket before the health plan reimbursement begins in a contract period. For example, for health care expenses of $2,000 in a year, an insured with a $1,000 deductible would pay the first $1,000 out of pocket. After the deductible is satisfied, the insured and the health plan jointly pay for the remaining $1,000 of expenses according to the coinsurance and co-payment policy stipulated in the insurance contract.

Coinsurance: Coinsurance is the portion of covered health care costs borne by an insured. After insureds meet their deductible requirements, they generally pay for a portion of the remaining health care expenses out of pocket. For example, they may pay according to a fixed percentage of the expense, such as 20%. The insurer (payer) pays the other 80%.

Co-payments: Co-payments are an out-of-pocket expense in which the insured pays a specified charge for a specified service. Typical co-payments are fixed fees for services such as physician office visits, prescriptions, or hospital admissions. These payments are in addition to deductibles and coinsurance payments.

Payer expenditures per capita: Payer expenditures are the dollars paid by the insurer directly to a health care provider on behalf of the insured. Any rebates, discounts, or incentive payments between insurers and providers not captured by the insureds' claims data are not included in this metric. HCCI calculated payer expenditures per capita by dividing total payer expenditures by the total insured population.

fessional services, the largest out-of-pocket spending increase in level and growth was for office visits to specialists, which rose 13.8% ($7 per capita) to $59 per insured (Appendix Table A22). Young adult men had the lowest spending level on specialist office visits ($28 per capita; Appendix Table A24a), while girls experienced the smallest increase in the level of spending ($4 per capita; Appendix Table A23a). Pre-Medicare women had the highest per capita spending level and largest spending increase on specialist office visits ($100 and $11, respectively; Appendix Table A27a).

Out-of-pocket spending on office visits to primary care providers (PCPs) increased 4.1%, or $2 per capita, to $52 per capita (Appendix Table A22). At the same time, out-of-pocket spending on preventive visits to both specialists and PCPs declined slightly, although by less than $1 per capita for the national ESI population.

Large increases in out-of-pocket spending occurred for professional laboratory and pathology (lab/path) services ($4 per capita). Intermediate adult women had the highest spending level and largest spending increase on professional lab/path services ($65 and $9 per capita, respectively; Appendix Table A25a), while boys had the lowest per capita spending ($9 per capita; Appendix Table A23a) and girls had the smallest spending increase (less than $1 per capita).

Largest decline in generic prescription out-of-pocket spending for hormones and synthetic substitutes

In 2013, out-of-pocket spending on generic prescriptions declined slightly (-0.6%; Table 1). The drop in generic spending was concentrated among girls (-3.0%; Appendix Table A23b), young adult women (-20.1%; Appendix Table A24b), and intermediate adult women (-7.8%; Appendix Table A25b). Generic out-of-pocket spending increased for all other age-gender groups.

Most of the decline in young adult women's out-of-pocket spending on generic prescriptions (-55.5%, or $15 per capita) was attributable to lower spending on hormones (Appendix Tables A24a and A24b). This 2013 spending decline broke a trend of stable spending in the prior years. In 2011 and 2012, generic spending was $35 per young adult woman and $34 per young adult woman, respectively. A similar break in trend in 2013 was observed for intermediate adult women. Between 2012 and 2013, spending on generic hormones declined 37.1% from $31 per intermediate adult woman to $19 per intermediate adult woman (Appendix Tables A25a and A25b).

In 2013, generic prescription spending for girls was highest on anti-infective agents ($11 per capita). For boys, young adult men and women, intermediate adult men and women, middle age adult women, and pre-Medicare adult women, the highest out-of-pocket spending per capita on generic prescriptions was on CNS agents (Appendix Tables A23a-A27a).

Brand prescription spending out of pocket continued to drop

Between 2012 and 2013, out-of-pocket spending generally declined for all detailed categories of brand prescriptions (Appendix Table A22). Only anti-infective agents and gastrointestinal drugs saw small increases in spending (6.7% and 0.4%, respectively). The largest per capita spending declines on brand prescriptions were on cardiovascular drugs for pre-Medicare men (16.9%, or $13; Appendix Tables A27a and A275b), pre-Medicare women (-21.4%, or $10), and middle age men (-18.6%, or $7; Appendix Tables A26a and A26b). The next largest decline in brand spending was for young adult women, whose out-of-pocket spending on brand hormones declined 22.5%, or $6 per capita (Appendix Tables A24a and A24b).

Conclusions

In 2013, out-of-pocket spending rose by $31 to $800 (Table 1). Most of this spending increase was due to rising spending on professional and outpatient services, which was partially offset by declines in prescription spending out of pocket. The gender and age of the insured played a role in which services experienced spending increases or declines.

For the third year in a row, the most out-of-pocket spending was on professional services and outpatient visits. Out-of-pocket spending grew fastest for acute inpatient admissions, followed by outpatient visits. In 2013, the detailed categories of medical services with the largest per capita increases were for ER visits, office visits to specialists, lab/path professional services, and outpatient surgery.

Overall, out-of-pocket spending on generic prescriptions declined, owing to declines among girls, young adult women, and intermediate adult women. For detailed categories of generic prescriptions, the largest decline was in young adult women's spending on hormones.

Out-of-pocket spending on brand prescriptions continued to decline for the third straight year for every age-gender group. The largest spending declines were for cardiovascular drugs and CNS agents.

2013 PAYER EXPENDITURE TRENDS

Insurer (payer) expenditures reflect the amounts insurers paid to providers for health care services excluding the portion paid out-of-pocket by the insured (see "Key definitions"). Between 2012 and 2013, payer expenditures remained the bulk of expenditures per capita (83.6%) for the ESI population, and increased by 3.9%, from $3,912 to $4,064 (Appendix Table A28 and Figure 1). Between 2011 and 2013, payer expenditures per capita grew each year at rates slightly lower than out-of-pocket per capita expenditures.

Between 2012 and 2013, payer spending and growth varied across the four Census regions studied. Payer expenditures grew fastest in the Northeast (4.8%) and the Midwest (4.4%).

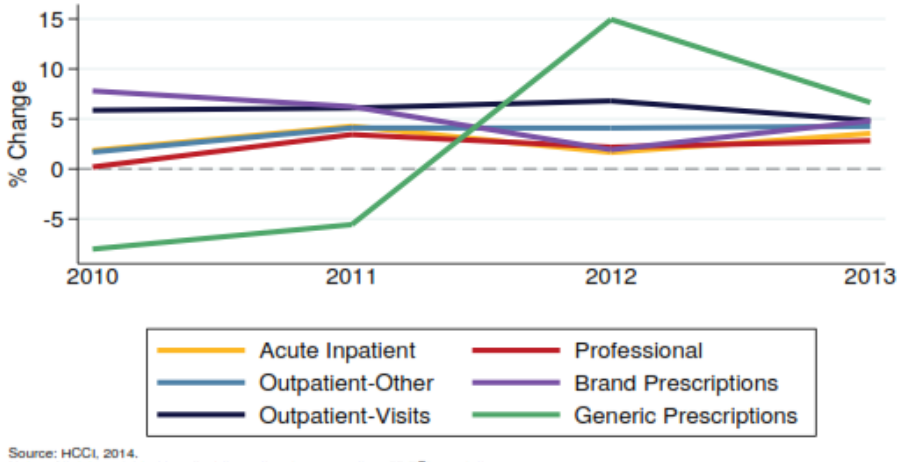
For the third year in a row, the Northeast had the highest per capita payer expenditures ($4,299). Payer growth rates accelerated in the West, rising from 1.5% to 3.1%, but the growth rate remained the lowest of the regions. Spending growth slowed in the South, from 4.4% to 3.4%, and per capita payer spending remained the second highest ($4,088).

Overall in 2013, payers had higher per capita spending for older adults compared with younger adults, as expenditures for the pre-Medicare adults reached $7,914 per capita. This was $2,606 per capita more than the expenditures on the next oldest group (middle age adults, $5,308 per capita) and more than twice the amount spent on intermediate adults ($3,475 per capita). For the third year in a row, the highest payer growth rate was for young adults (5.2% in 2103). The second highest payer growth rate by age group was for children (4.5%) and this group had the lowest level of per capita payer spending at $2,120.

For payers, there was little change over the study period in the share of spending on each of the service categories. In 2013, the largest share of spending and the highest per capita spending was for professional procedures (31.9% and $1,298, respectively) and acute inpatient admissions (23.0% and $934, respectively). The smallest share of spending and lowest level of spending per capita was on outpatient-other services (10.9% and $441, respectively) and generic prescriptions (4.5% and $184, respectively).

In 2013, as in 2012, payer expenditures on generic prescriptions grew the fastest for any subservice category (6.6% in 2013, 14.9% in 2012; Figure 6). The second fastest growth in payer expenditures was for outpatient visits (4.8%) and brand prescriptions (4.8%). Growth was slowest for professional services, at 2.8%.

Figure 6
Annual Percentage Changes in Payer Expenditures Per Capita by Subservice Category: 2010-2013



Source: HCCI, 2014.
Notes: All data weighted to reflect the national, younger than 65 ESI population.
Data from 2012 and 2013 adjusted using acturial completion.

Out-of-pocket spending trends differed by age group and gender. Women continued to pay more out of pocket than men; this gap widened between 2012 and 2013. Out-of-pocket spending grew fastest for young adult men and children. Notably, out-of-pocket spending remained flat only for young adult women, due largely to a decline in spending on prescriptions, especially generic prescriptions.

Data and methods

This issue brief discusses the out-of-pocket payments that the national ESI population made to providers for medical and pharmacy services. For discussions of the ESI population's total per capita spending trends, use of services trends, and price trends, see the 2013 *Health Care Cost and Utilization Report*.[1] Appendix tables for this issue brief can be found in the 2013 *Health Care Cost and Utilization Report Appendix*.[2]

For this study, HCCI did not seek to determine what role changes in benefit design played in spending levels or changes observed in 2013. National changes in insurance regulation through the Affordable Care Act affected some services, such as generic prescriptions and preventive visits, for certain age-gender groups. Other changes, such as rising professional and outpatient spending, were influenced by a number of factors, including provider network status, the ESI population's rising use of high deductible health plans, and intensity of care. Further investigation into these questions is warranted.

For the 2013 *Health Care Cost and Utilization Report* and this issue brief, HCCI used a subset of a standard analytic dataset that consisted of weighted and aggregated claims data for people younger than age 65 with ESI for calendar years 2009 to 2013.[3] The HCCI dataset was derived from claims for about 40 million insureds per year. All data used for our study were de-identified and compliant with the Health Insurance Portability and Accountability Act.

Claims for 2012 and 2013 were adjusted using actuarial completion to account for claims incurred but not adjudicated. HCCI used these weighted and adjusted claims to calculate out-of-pocket and payer expenditures for 2009 through 2013. HCCI did not correct dollars for inflation; thus, all reported expenditures were in nominal dollars.

For a more detailed description of the methods and limitations of this study, see 2013 *Health Care Cost and Utilization Report* and the corresponding methodology.[1,4]

Endnotes

[1] Health Care Cost Institute. 2014 Health Care Cost and Utilization Report. HCCI, Oct. 2014. Web.
[2] Health Care Cost Institute. 2014 Health Care Cost and Utilization Report Appendix. HCCI, Oct. 2014. Web.
[3] Health Care Cost Institute, Inc. Aggregated ESI Cost and Utilization Dataset (2009-2013). Health Care Cost Institute, 2014. Digital file.
[4] Health Care Cost Institute. 2013 Health Care Cost and Utilization Report Analytic Methodology v.3.3. Health Care Cost Institute, Oct. 2014. Web.

Contact

Health Care Cost Institute, Inc.
1310 G Street NW, Suite 720
Washington, DC 20005
202-803-5200

Table 1: Out-of-Pocket Expenditures Per Capita (2011—2013)

	2011	2012	2013	Percent Change 2010 / 2011	Percent Change 2011 / 2012	Percent Change 2012 / 2013
Out-of-Pocket Per Capita	$734	$769	$800	4.6%	4.8%	4.0%
Share of Expenditures	16.3%	16.4%	16.4%	N/A	N/A	N/A
Out-of-Pocket Per Capita by Region						
Northeast	$670	$704	$737	3.2%	5.1%	4.7%
Midwest	$757	$796	$822	4.8%	5.2%	3.3%
South	$791	$836	$876	5.6%	5.7%	4.8%
West	$678	$694	$711	4.0%	2.3%	2.5%
Out-of-Pocket Per Capita by Age						
18 and Younger	$408	$433	$454	6.9%	6.1%	4.8%
19-25	$477	$506	$515	6.0%	6.2%	1.8%
26-44	$711	$756	$783	5.5%	6.4%	3.6%
45-54	$927	$966	$1,005	4.2%	4.2%	4.1%
55-64	$1,239	$1,268	$1,318	3.0%	2.3%	4.0%
Out-of-Pocket Per Capita by Gender						
Men	$624	$652	$681	4.7%	4.4%	4.5%
Women	$839	$882	$914	4.6%	5.0%	3.7%
Out-of-Pocket Per Capita by Service Category						
Inpatient	$46	$47	$52	5.0%	3.1%	10.2%
Acute Inpatient	$45	$46	$51	5.3%	3.1%	10.5%
Outpatient	$182	$199	$216	9.2%	9.3%	8.7%
Visits	$107	$118	$129	9.3%	9.9%	9.6%
Other	$75	$81	$87	9.1%	8.4%	7.3%
Professional Procedures	$318	$335	$353	6.3%	5.6%	5.3%
Prescriptions	$189	$188	$179	-2.0%	-0.7%	-4.8%
Brands	$96	$85	$76	-5.2%	-12.0%	-10.2%
Generics	$93	$103	$102	1.5%	11.0%	-0.6%

Source: HCCI, 2014.
Notes: Data represents the population of insureds 0-64 covered by ESI. Actuarial completion was performed on data from 2012 and 2013. All per capita dollars calculated from allowed amounts. All figures rounded. Skilled nursing facility (SNF), hospice, and ungroupable claims were excluded from analysis of acute inpatient trends due to the lack of claims in this population.

Table 2: Total Out-of-Pocket Expenditures Per Capita by Gender and Age Group (2011—2013)

	2011	2012	2013	Percent Change 2010 / 2011	Percent Change 2011 / 2012	Percent Change 2012 / 2013
Men						
Ages 18 and Younger	$421	$446	$467	6.9%	6.0%	4.8%
Ages 19-25	$330	$351	$369	9.2%	6.4%	5.2%
Ages 26-44	$496	$528	$550	5.0%	6.3%	4.3%
Ages 45-54	$806	$836	$869	4.4%	3.7%	4.1%
Ages 55-64	$1,184	$1,206	$1,254	3.3%	1.8%	3.9%
Women						
Ages 18 and Younger	$394	$419	$439	6.9%	6.3%	4.8%
Ages 19-25	$624	$662	$662	4.8%	6.2%	0.0%
Ages 26-44	$910	$969	$999	5.7%	6.4%	3.2%
Ages 45-54	$1,039	$1,087	$1,131	4.0%	4.6%	4.1%
Ages 55-64	$1,290	$1,325	$1,378	2.6%	2.8%	4.0%

Source: HCCI, 2014.
Notes: Data represents the population of insureds 0-64 covered by ESI. Actuarial completion was performed on data from 2012 and 2013. All per capita dollars calculated from allowed amounts. All figures rounded.