

A Qualitative Overview of the Health Insurance Market for Pets

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The number of homes in the US with pets is increasing, as is the costs of caring for these animals. This paper discusses the economic, health and emotional reasons that individuals chose to live with animals, and then examines the market for pet health insurance which has grown slowly. Notwithstanding the slow growth of this market in the past, reasons for future growth in pet health insurance market are presented.

INTRODUCTION

The sheer number of pets in the U.S. is staggering. According to a 2009-2010 national survey, 62% (71.4 million) homes in the U.S. had a pet, up from 56% in 1988. Although there are more U.S. households with dogs (45.6 million) than cats (38.2 million), cats are the more popular pet in terms of number of animals: there are more pet cats (93.6 million) than pet dogs (77.5 million). But this market is not simply large in terms of numbers of animals; it's also large in terms of dollars spent. In 2009, total spending on pets was \$45.5 billion, with over 26% (\$12.04 billion) spent on veterinarian care. According to the American Pet Products Association, the largest component of annual veterinarian care for both cats and dogs was surgical care (\$532 for dogs and \$278 for cats) with routine medical care for these animals also being a significant annual expense (\$225 for dogs and \$203 for cats) (www.americanpetproducts.org/press_industrytrends.asp, downloaded 8/21/2010).

It is now possible to provide medical and surgical treatments for animals at quite similar levels of complexity as for humans. Vets can now implant cardiac pacemakers, provide organ transplants and chemotherapy to treat conditions which would almost certainly result in pet death only a few years ago (Block, 2002). Furthermore, the conditions treated are not merely those which are life-threatening: hip replacements for animals are now available, and for those wishing to avoid such invasive procedures for their pets, even injections of regenerative stem cells to arthritic animal joints are now being performed (Manochio, 2010). Such advanced diagnostic and therapeutic treatments are certainly not inexpensive. In fact, an MRI is more expensive for an animal than it is for a human, because the animal won't remain motionless for the test and, therefore, must be sedated, adding to the cost (Smith, 2005). Some American pet owners now think little of spending \$10,000 to save the life of a pet (Oberthaler, 2010).

WHAT KIND OF DECISION: ECONOMIC, HEALTH, OR EMOTIONAL?

Why would anyone spend this kind of money to treat a pet? Possibilities include economic, health benefit, and emotional reasons. Economic reasons for pet ownership and resulting pet care seem untenable. A clear majority of cats (65%) are adopted from an animal shelter or were taken in as strays (Thrift, 2010). A dog can cost as little as \$50-\$75 when adopted from an animal shelter (“The cost of owning,” 2010), and only 15-20% of dogs are purchased from breeders (“Pet Statistics”, 2010), where the purchase price is much higher. While the annual cost associated with upkeep of a dog or cat (which includes food, supplies, training as well as medical care) is \$700-875 annually (“Pet Statistics”, 2010), clearly it is possible to spend less. The initial cost of owning a pet combined with the annual costs associated with this ownership is not necessarily large, especially when compared to the magnitude of possible medical expenses previously noted. Based purely upon economic analysis (translating vet expenses of an existing animal into lifetime expenses and comparing this figure to benefits available under a number of different pet health insurance plans), *Consumer Reports* (“Is pet insurance,” 2010) concluded that pet insurance is a poor investment. However, economic analysis simply is inadequate here: it seems unlikely that many individuals purchase a pet thinking that they will make a profit doing so. Another potential, though clearly self-serving, reason would be that pet ownership could lead to health benefits for the owners themselves. Certainly there are numerous studies which have demonstrated health benefits to pet owners of having pets (See Table1).

TABLE1
HEALTH BENEFITS OF PETS

Effects	Sources
Lower heart rate and/or blood pressure	Allen, Blascovich, and Mendes (2002) Allen (2003) Friedmann, et.al. (2007)
Increased survival after heart attack	(Friedmann (1995) Friedmann, Thomas, and Eddy (2000)
Decreased risk of cardiovascular disease	Anderson, Reid, and Jennings (1992)
Greater psychological stability	NIH Workshop (1987)
Lower health care costs	NIH Workshop (1987)
Improved depression	Beck and Katcher (1996)
Decreased anxiety	Davis (2004) Cole, et.al. (2007)

Unfortunately, the situation here is not clear, as not all studies health benefits associated with pet ownership have showed that such effects exist: a number of studies found no such relationship (e.g., Cline, 2010). However, there does seem to be a preponderance of evidence that pet ownership is associated with beneficial health effects for humans. In a comprehensive review of the peer-reviewed literature, Barker and Wolen (2007) discuss 129 articles examining potential physiological and psychological effects associated with pet-human interactions, and conclude that “both clinical and non-clinical samples attest to the perceived benefits of pet ownership” (Barker and Wolen, 2007, p. 492). Health benefits associated with owning a pet would almost certainly be incidental to such ownership, in that very few individuals would be likely to purchase a pet for health benefit reasons alone.

There is another broad class of animals which, at first glance, do not qualify as pets, but should also be considered as candidates for pet health insurance: the animals involved in health care for humans. These would include “therapy” and service animals. Therapy animals are involved in such activities as visiting hospitals, care facilities, and nursing homes to cheer up patients (Moore, 2010). Service perform a wide array of functions, from such day-to-day activities as assisting physically impaired individuals

with such tasks as mobility, retrieving dropped items, barking to get help, etc. (“Paws Program”, 2010) to alerting psychiatric patients when to take medications and even providing a “cold nose” to encourage a depressed patient to get out of bed in the morning (Arehart-Treichel, 2010). Some specially trained service dogs have even been shown be able to detect lung (Ehmann, et.al., 2011), ovarian (Horvath, et.al., 2008), breast (McCulloch, 2011) and bowel (Sonoda, et.al., 2011) cancers.

The cost of training service animals can range from \$10,000 (Kammerer, 2011) to \$60,000 (Holloway, 2009), and the wait for a fully trained service dog can be 5 to 7 years (Lieu, 2004). Part of the reason for these high training costs per animal is the high “flunk out” rate, which can range from 40% (Kennedy, 2006) to 95% (Pischke, 2011). Although these kinds of animals primary function may be to provide assistance to humans, they cannot act in this manner at all times (especially therapy animals), and therefore fall into the category of pets when not “on duty.” Arguably, the unique value of these dogs may prompt their owners to purchase higher levels of coverage as they are made available to policyholders in the future.

In addition to the potential economic or health benefits associated with pet ownership, there appear to be emotional bonds formed between pet owners and their pets as well. Americans both young (Kurdek, 2009a) and adult (Kurdek, 2009b) have been shown to form attachments with their pets, are placing increasing importance on their pets’ health and comfort, and are even willing to pay for their animals’ enhanced lifestyle (Brady and Palmeri, 2007). In other words, many people think of their pets as members of the family. Even hospice care for pets is now available (Mott, 2011). Beth and Lance Robertson spent \$15,000 to provide two years of chemotherapy for their 15 year old golden retriever. Beth says that her two dogs are “like our kids. We take them everywhere.” Where did the Robertsons get the \$5,000? They used some of the money they were saving for a house, and decided not to exchange Christmas presents that year (Leibowitz, 1999, p. V04). So, perhaps it’s not unreasonable that, according to an American Animal Hospital Association 2003 survey, 71% of pet owners stated that they would even go into debt to provide for their pet’s well-being (MacDonald, 2004). Ted Jameson of Veterinary Pet Insurance Company goes even further by stating that a third of pet owners would even mortgage their home in order to restore their pet to health (Williams, 1995).

THE MARKET FOR PET HEALTH CARE INSURANCE

The humanization of pets and the increased costs of veterinary care have sparked a burgeoning industry: pet health care. The current economic downturn has resulted in many cost-conscious consumers being forced to tighten their money belts to make ends meet. However, while they’ve curbed their spending when it comes to purchases and services for themselves, pampering and caring for their beloved pets is still a top priority – hence the increasing popularity of pet health insurance and veterinary discount plans.

Pet insurance was a slow seller since it was introduced into the marketplace in the early 1980s (“Battling the high cost,” 1991). Nonetheless, with veterinary bills rising at an annual rate of approximately 9% (Darlin, 2006), far exceeding the consumer CPI annual rate increase and even the annual rate of increase in medical spending for humans, pet insurance is beginning to look like a reasonable option for pet owners. At the present time, only one percent of U.S. pet owners have pet insurance coverage, while some studies have suggested that as many as 14% of pet owners could be considered “reasonable or good prospects” (McConnell and Drent, 2010).

From 2003 until 2007, the number of cats, dogs and other animals insured in the U.S. increased 56%, according to a study by the research group Packaged Facts. Dogs led the pack in 2008 with an estimated 2 million insured. Cats followed with an approximate 900,000 insured, according to data provided by the American Pet Products Association. While these data account for only about 3 percent of all dogs and 1 percent of cats, the numbers are expected to surge because of the increasingly widespread perception of pets as family members.

Since 2007, the pet health insurance industry has seen steady growth. In 2007, sales were approximately \$210 million in annual premiums, a compound annual growth rate of approximately 20%,

reflecting total growth of 107%. The market for pet insurance is forecast to reach \$1.2 billion by 2012. Due to employee requests, pet insurance is increasingly offered as a voluntary benefit through either direct pay or payroll deductions. Pet health insurance as a voluntary benefit under Section 125 of the IRS Code (cafeteria plan) could be extremely attractive for employers who are looking for added employment benefits that do not increase their cost and provide value to the employee (Luke, 2010).

Pet owners with health care coverage are opting to take more extreme measures, from kidney transplants to hip replacements, to improve the lives of their elderly or ailing animals. Although some procedures come with a hefty price tag, pet health care plans mitigate the expenses, pet owners say. It is important to note, though, that pet insurance, like human insurance, is predicated on the assumption of risk, and all companies exclude pre-existing conditions as they are not insurable risks. "To keep premiums low, many companies exclude hereditary conditions; others cover hereditary conditions and some partially cover them" (McConnell and Drent, 2010, p. A4).

In 2010, pet owners are expected to spend \$47.7 billion on their pets, compared with \$45.5 billion the year before, according to the American Pet Products Association. Owners are paying more for food, supplies and veterinary care, the group says. Surgical vet visits rank as the top expense, 2009 and 2010 surveys by the association indicate. That's likely because pet owners are willing to pay to have their pets undergo extensive operations to improve the quality of their lives and extend their life spans. The rise in pet care ownership also has spawned an increase in pet care health education available to pet owners on the Internet. According to *Managed Care Weekly Digest*, VetpetMD.com, an online pet information resource, provides animal owners and veterinarians with animal healthcare information to ensure that pet owners provide their pets with the best care. This website "blends veterinary medicine, journalism, health communication, and content creation to bring pet owners the best health information possible" ("Health insurance," 2007, p. 7).

"Our kids are grown and out of the house and our animals are our children," said Marnie Zei, the owner of two dogs and a cat that she enrolled in a health care discount plan. "I have not found the limit of money that I wouldn't spend to fix them" (Neighbor, 2010, C1).

As the demand to keep animals alive longer continues to grow, so has the cost of veterinary care. Since 2000, the cost of veterinary services has inflated 80.4 percent, in comparison with 28.1 percent inflation for services in all other industries. Vets who absorb the costs of increasingly expensive equipment and medical supplies say they are stretched thin. "My expenses have gone up dramatically," said Wendy Holst, a veterinarian who owns two pet clinics in the Phoenix area. Those costs continue to increase as vets are forced to keep up with the new technologies needed to care for pets.

Within the next few years, it's likely the rising cost of veterinary care will increasingly convert pet owners without health care plans into clients, said Doris Amdur, founder of United Pet Care, a health care company that offers discount plans. "There are so many people whose pets needed procedures, but they're prohibitively expensive," Amdur said (Neighbor, 2010, p.C10).

Myriad pet health-insurance options exist. Some of the largest insurance companies are Veterinary Pet Insurance, Pethealth Inc. of Oakville, Ontario, and PetFirst Healthcare, headquartered in Jeffersonville, Indiana. Providers offer insurance plans that differ in type and cost: from minimal injury coverage to treatment plans for chemotherapy and hip reconstruction.

To qualify for most plans and as briefly mentioned earlier, a pet can't have a pre-existing condition or exceed a certain age limit, usually 9. Monthly premiums range from \$10 to \$100, with annual deductibles of \$50 to \$500 and annual or lifetime maximums of \$1,000 to \$14,000. Depending on the provider, about 80 to 100 percent of a pet's claim is refunded after the deductible is paid.

Most insurance plans offer crisis coverage and charge additional fees for preventive care procedures such as annual checkups, vaccinations and teeth cleaning. Preventative care can increase premiums by as much as \$22 per month.

In a very recent article written by Carol McConnell, DVM and Dennis Drent, both from Veterinary Pet Insurance Company, the authors emphasized that both current and prospective pet owners should consider three things when they think about purchasing pet insurance: (1) the monthly premium (its affordability), (2) reimbursement levels, and (3) the financial strength, longevity and responsiveness of the insurance company (McConnell and Drent, 2010). Obviously, only the pet owner can measure and answer these questions.

Will pet insurance follow human insurance and become a complex managed care nightmare? One author, the managing editor of *Veterinary Economics*, stated that it would take significant changes in the vet profession to steer pet insurance in the direction of managed care, simply because pet insurers do not have a contractual relationship with veterinarians, and there are no “group networks” of veterinarians with whom insurers can negotiate rates (Bertholf, 2009). At the present time, all pet insurance contracts are made solely between the insurer and the pet owner – and it appears that that arrangement is here to stay.

For some pet owners, health insurance would have been a great investment. Fred Lynch paid \$11,000 in veterinary bills for his cat, Fritz, who developed a rare soft tissue cancer. Not a show cat or even a purebred one, Fritz had been an abandoned stray. After having a leg amputated due to the cancer, suffering from pancreatitis, and receiving round-the-clock medication, Fritz survived past the original 600 day average prognosis for his condition, but not before a bank representative called Fred to ask if the charge card bills from the vet were “for real.” Fred felt that the \$11,000 investment was a good one (Lynch 2007). Similar stories abound. A Washington, DC resident spent over \$11,000 on her four cats which had a variety of ailments, including urethral blockages, gum disease and constipation, some of which required multiple surgeries. She told her vet that if one of her cats got sick again to euthanize it because half of her take-home pay was going to pay the vet bills (Hein, 2008). In 1995, Katheryn Steininger of Dallas spent \$3,000 for glaucoma and cataract surgery for Chauncey, her cocker spaniel (Williams, 1995).

Pet health-care discount plans usually provide discounts for preventative care rather than crisis care. Savings plans provide vaccinations, annual checkups and sometimes teeth cleanings for free or at a substantial discount. The plans are usually cheaper than health insurance but provide savings that rarely exceed 20 percent for crisis care.

Banfield the Pet Hospital, based in Portland, Oregon is one of the most successful providers of discount health-care policies. Their preventive plans range from \$14.95 to \$42.95 monthly, depending on the type of animal and plan coverage (Neighbor, 2010).

CONCLUSIONS

Despite the current sluggish economy, it appears clear that pet care insurance will grow in scope and complexity for a number of reasons. Two of these reasons are found in recent U.S. Census Bureau data that emphasize both the changing fertility patterns and the aging of the population, dimensions that may give new meaning to the status of pets as “family members.” Recent data from a collection of 2008 Current Population Survey statistics – a subset of the Census Bureau’s vast dataset – examined family and nonfamily households, characteristics of single-parent families, living arrangements of children and data on married and unmarried couples. According to Rose Kreider, a family demographer at the U.S. Census Bureau, “Decreases in the percentage of families with their own child under 18 at home reflect the aging of the population and changing fertility patterns. In 2008, not only were baby boomers old enough that most of their children were 18 and over, but they were having fewer kids than their parents, as well” (U.S. Census Bureau/Public Information Office, 2010). These increases in both longevity and childlessness may contribute to an increase in the pet owner population.

Although there appears to be validity for economic and human health rationales for pet ownership, strong emotional bonds between many humans and their pets undoubtedly play a significant role in explaining why humans purchase health insurance for their animals. The existence of these strong relationships between humans and their pets strongly indicates that the market for pet insurance will

continue to expand and evolve as long as pets are perceived as family members and invaluable companions of their human owners.

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