

**ZACHARY CHRISTIAN HALL**  
ECONOMICS DEPARTMENT  
UNIVERSITY OF CALIFORNIA SAN DIEGO

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**CONTACT INFORMATION**

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**EDUCATION**

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PhD Candidate in Economics, University of California San Diego, expected completion 6/2024  
Committee: Jeffrey Clemens (Co-Chair), Itzik Fadlon (Co-Chair), Gordon Dahl, Kaspar Wuthrich, Guarav Khanna  
MS in Economics, University of California San Diego, 2019  
BS in Economics; BS in Mathematics; BS in Statistics, University of Wyoming, *Summa Cum Laude*, College of Arts and Sciences Outstanding Graduate, Outstanding Economics Senior, 2017

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**REFERENCES**

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Jeffrey Clemens, Associate Professor, University of California San Diego, [jeffclemens@ucsd.edu](mailto:jeffclemens@ucsd.edu), (858) 534-5713  
Itzik Fadlon, Associate Professor, University of California San Diego, [fadlon@ucsd.edu](mailto:fadlon@ucsd.edu)  
Gordon Dahl, Professor, University of California San Diego, [gdahl@ucsd.edu](mailto:gdahl@ucsd.edu), (858) 822-0644

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**FIELDS OF INTEREST**

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Health and Labor Economics, Applied Behavioral Economics

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**RELEVANT POSITIONS HELD**

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Associate-In (Instructor), UCSD, Fall 2023  
Teaching Assistant, UCSD, 2018-2023  
Reader, UCSD, 2017-2018  
Summer GSR (Graduate Student Research) Recipient, Summer 2018 (w/ Jim Hamilton) & Summer 2019 (w/ Charles Sprenger)

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**WORKING PAPERS**

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“Inertia, Information, and Enrollment Assistance: Evidence using Dominated Plan Choice in the California Individual Health Insurance Market”, November 2023 (**Job Market Paper**)  
In 2018, a federal legal decision regarding the Affordable Care Act (ACA) individual market fostered a natural experiment during which premiums for health insurance plans with mid-tier coverage exceeded those with high-tier coverage for middle-to-high income enrollees. In California, this put over 35,000 individuals at risk of re-enrolling in a previously chosen plan that was now dominated by a lower-premium, higher-coverage plan. I study a clean case of inertia and other choice errors by examining choice of this plan throughout the state: 63.5% of these enrollees remain in the dominated plan. These inert individuals forgo at least \$7.275 million in aggregate, or \$327 per full-year enrollee, though the actual consumer loss is larger for most enrollees and affects a larger subset of enrollees. I also examine

how seeking help in the form of government or corporate (issuer-based) assistance interacts with this behavior. Overall, governmental help is associated with the lowest rates of inertia, though corporate assistance is marginally advantageous as well. No form of assistance fully or nearly eliminates these choice errors that are clear ex-ante. While current allocations of assistance resources slightly reduce outcome disparities along race and age dimensions, mandated assistance would not likely mitigate these disparities and could exacerbate those that exist along an income gradient. Still, universal uptake of these resources could reduce losses by over 30%. Finally, I find evidence that enrollees with low health insurance literacy are those who generally receive help; the causal effect of government help, thus, may be slightly underestimated.

“Dominated Plan Choice, Free Plan Availability, and Behavioral Failures: A study of the Affordable Care Act Individual Market”, November 2023

In 2017, the Trump Administration announced that the United States government would no longer provide subsidies for Cost Sharing Reductions (CSR), a federally-funded provision of the Affordable Care Act which ensured that low-income enrollees had access to rich plans in the individual market. As these improvements to copayments and coinsurance were still lawfully required in the individual insurance markets, states took varying approaches in instructing and allowing insurers to load the cost of providing CSR onto their plan offerings’ premiums. Due to the presence of another ACA mechanism, Premium Tax Credits (PTC), this actually made plans more affordable for many enrollees. In tandem with greater affordability, other phenomena occurred in a plethora of markets, including increased accessibility to zero-premium bronze plans among varying income groups and to gold plans that were less expensive than comparable silver plans. After theoretically considering dynamics associated with the presence of these, I test the claims empirically using aggregated data, finding robust evidence of aggregate market failures associated with individuals choosing dominated plans. This may be due to inertia, caused by inattention and status quo bias, or other behavioral failures or information frictions. I also find no evidence of a zero-price effect, which may be attributed to the use of county-level, rather than individual-level, data.

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## **RESEARCH IN PROGRESS**

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“Information Sources and Health Insurance Markets: Evidence from Covered California”

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## **TEACHING EXPERIENCE**

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Associate-In (Lead Instructor) for Data Analytics/Social Sciences (ECON 5), Fall 2023

Teaching Assistant for Decisions Under Uncertainty (ECON 171), Songzi Du, Spring 2023

Teaching Assistant for Econometrics A (ECON 120A), Munpyung O & Maria Candido, Fall 2019 – Spring 2022; Winter 2023

Teaching Assistant for Principles of Economics (ECON 1), Steven Levkoff & Alson Ma, Fall 2022

Teaching Assistant for Microeconomics A (ECON 100A), Maxim Sintsyn, Spring 2019

Teaching Assistant for Market Imperfections and Policy (ECON 2), Augusto Nieto-Barthaburu, Winter 2019

Teaching Assistant for Environmental Economics (ECON 131), Mark Jacobsen, Fall 2018

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## **PROFESSIONAL ACTIVITIES**

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*Conference Participation*

2019: Presenter, IRES Graduate Student Workshop, Chapman University

**OTHER INFORMATION**

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Citizenship: United States

Languages: English, Spanish (Beginner)

Skills: Stata, R SAS, c++, JAVA, MATLAB, VBA, Python, SQL

Society of Actuaries Exam Scores: Probability: 10 out of 10; Financial Mathematics 9 out of 10

Relevant Work Experience: Summer 2016: Actuarial Intern, *Aetna, Inc.*

2021-2023: Actuarial Analyst, *Blue Cross Blue Shield of Wyoming*