

THE KAISER FAMILY FOUNDATION
- AND -
HEALTH RESEARCH AND
EDUCATIONAL TRUST

Employer Health Benefits

2005
ANNUAL SURVEY



-AND-



Overview

The Kaiser Family Foundation/Health Research and Educational Trust 2005 Annual Employer Health Benefits Survey (Kaiser/HRET) reports findings from a telephone survey of 2,995 randomly selected public and private nonfederal employers, including 2,013 who responded to the full survey and an additional 982 who responded to one question about whether or not they provide health coverage to their employees. Kaiser/HRET drew its sample from a Dun & Bradstreet list of the nation's employers with three or more workers. Weights were created and used to make national, regional, firm size, and industry estimates for firms and for covered workers. The Kaiser/HRET Employer Benefits Survey is based on previous surveys sponsored by the Health Insurance Association of America from 1987–1990 and KPMG from 1991–1998. Researchers at the Kaiser Family Foundation and the Health Research and Educational Trust designed and analyzed the survey and National Research LLC conducted the field work between January and May 2005. The overall response rate for the survey was 48%. All statistical tests are performed at the 0.05 level except where otherwise noted. Some values or percentages may not add up due to rounding.

Beginning with the 2003 Survey, several methodological changes were made to the survey (and applied to years 1999 – 2002), including standardizing survey weights to U.S. Census data. Therefore, historical data in the exhibits may differ slightly from previously published estimates.

These charts present a summary of findings from the 2005 Kaiser/HRET Employer Health Benefits Survey. Individual copies of the full report of survey findings (#7315) are available at the Kaiser Family Foundation's website at www.kff.org. Additional copies of this chartpack (#7375) are also available at www.kff.org.

The Kaiser Family Foundation, based in Menlo Park, California, is a nonprofit, private operating foundation dedicated to providing information and analysis on health care issues to policymakers, the media, the health care community, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Health Research and Educational Trust is a private, not-for-profit organization involved in research, education, and demonstration programs addressing health management and policy issues. Founded in 1944, HRET collaborates with health care, government, academic, business, and community organizations across the United States to conduct research and disseminate findings that help shape the future of health care.

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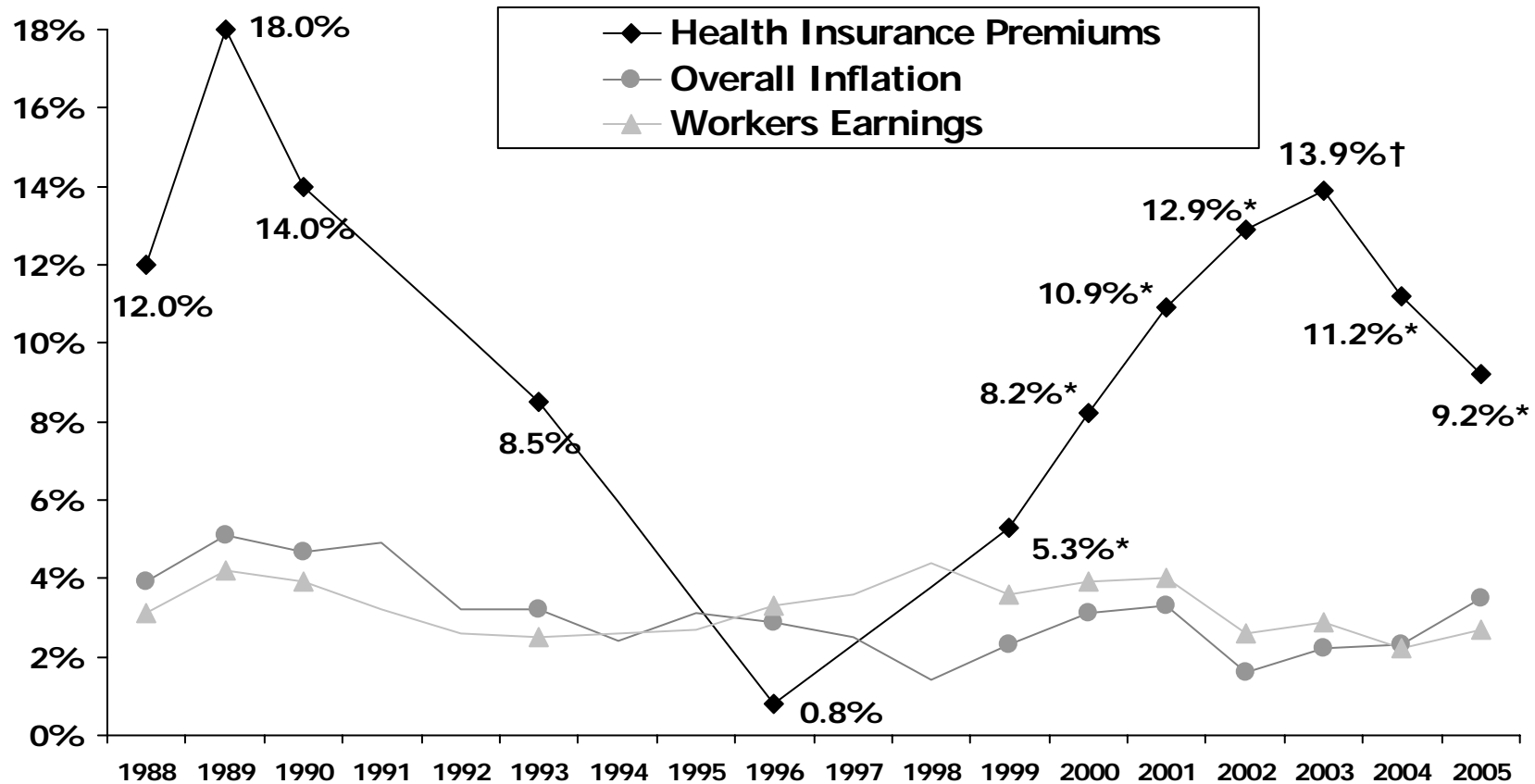
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Cost and Enrollment Trends

Chart #1

Increases in Health Insurance Premiums Compared to Other Indicators, 1988-2005



* Estimate is statistically different from the previous year shown at p<0.05. No statistical tests were conducted for years prior to 1999.

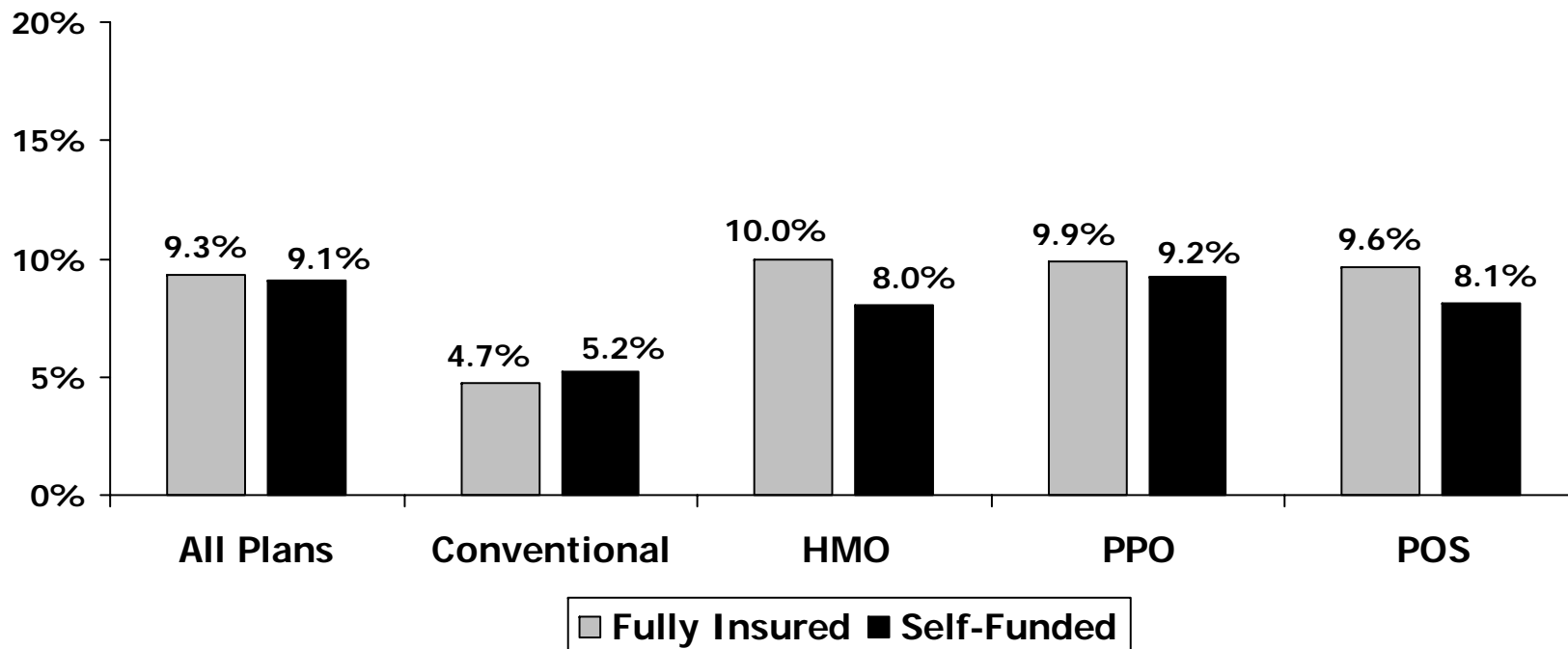
† Estimate is statistically different from the previous year shown at p<0.1. No statistical tests were conducted for years prior to 1999.

Note: Data on premium increases reflect the cost of health insurance premiums for a family of four.

Source: KFF/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005; KPMG Survey of Employer-Sponsored Health Benefits, 1993, 1996; The Health Insurance Association of America (HIAA), 1988, 1989, 1990; Bureau of Labor Statistics, Consumer Price Index (U.S. City Average of Annual Inflation (April to April), 1988-2005; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey (April to April), 1988-2005.

Chart #2

Premium Increases, by Plan Type and Funding Arrangement, 2005*



* Tests found no statistically significant differences between fully insured and self-funded within a plan type at $p < .05$.

Fully insured plan: An insurance arrangement in which the employer contracts with a health plan to assume financial responsibility for the costs of enrollees' medical claims.

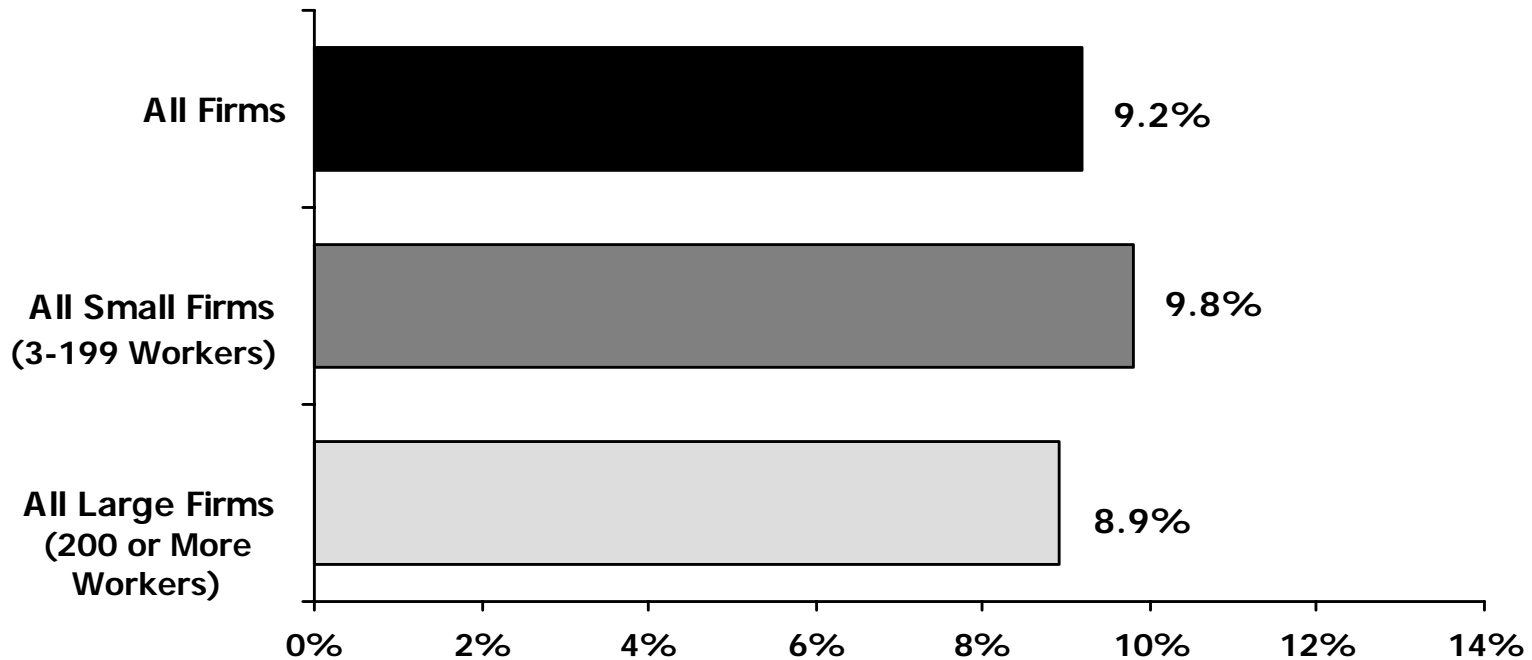
Self-funded plan: An insurance arrangement in which the employer assumes direct financial responsibility for the costs of enrollees' medical claims. Employers sponsoring self-funded plans typically contract with a third-party administrator or insurer to provide administrative services for the self-funded plan.

Note: Data on premium increases reflect the cost of health insurance premiums for a family of four.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #3

Percentage Change in Premiums for Covered Workers‡, by Firm Size, 2005*



* Tests found no statistically different estimates from All Firms at $p < .05$. The difference in the average increase between All Small Firms (9.8%) and All Large Firms (8.9%) is not statistically significant at $p < .05$.

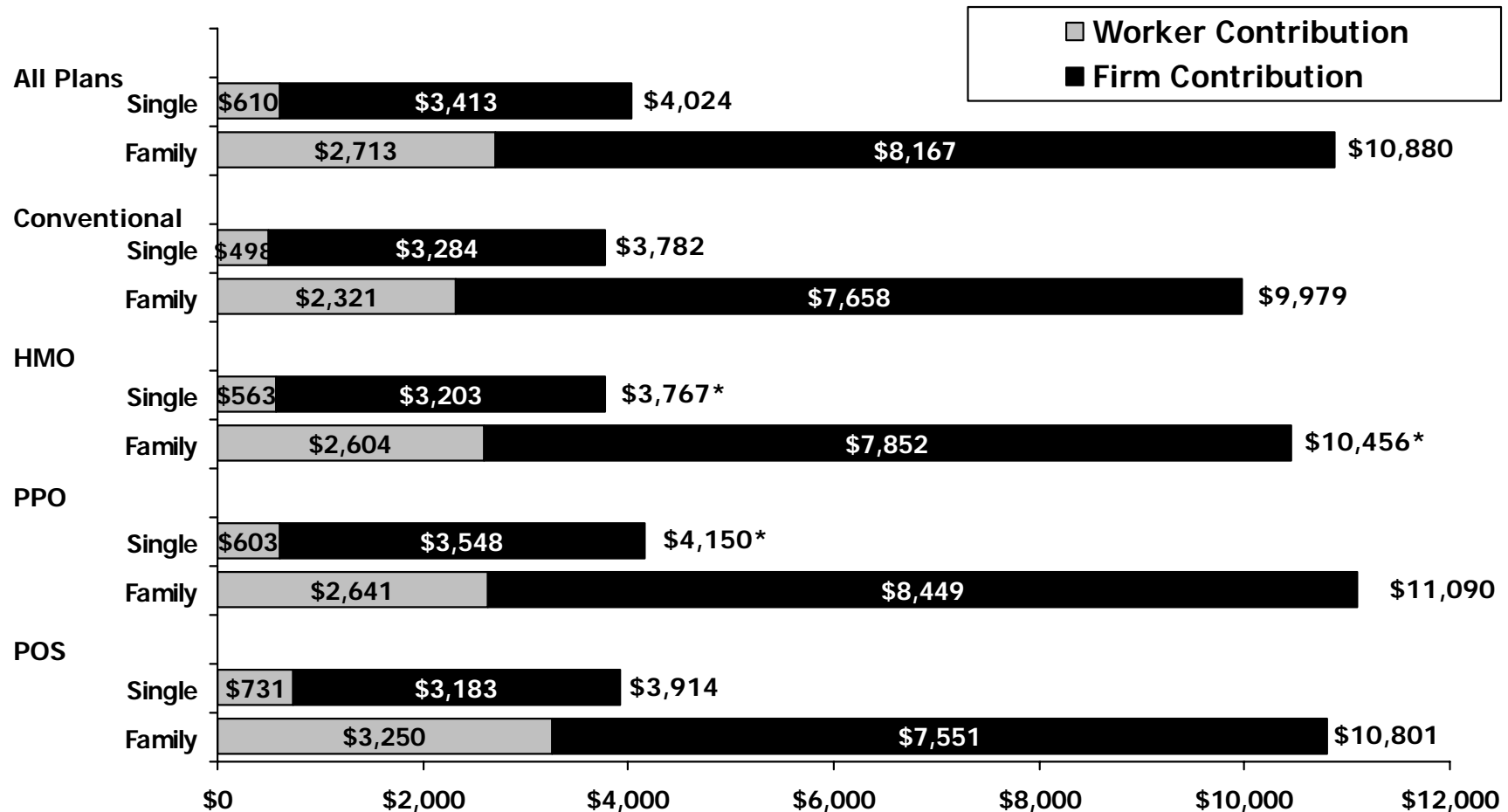
‡ Applies to employer and employee share of premiums.

Note: Data on premium increases reflect the cost of health insurance premiums for a family of four.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #4

Average Annual Premiums for Covered Workers, by Plan Type, 2005



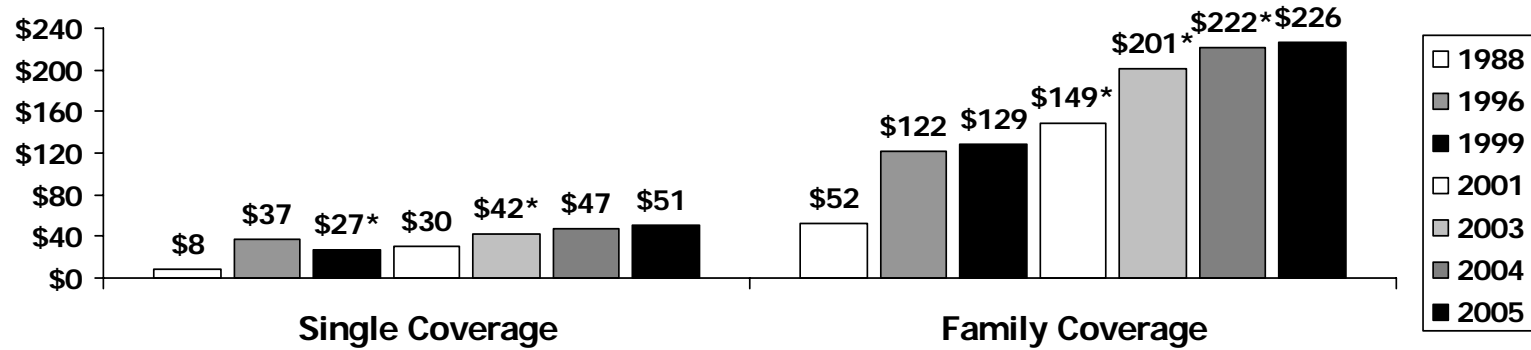
* Estimate of total premium is statistically different from All Plans by coverage type at $p < .05$.

Note: Family coverage is defined as health coverage for a family of four.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #5

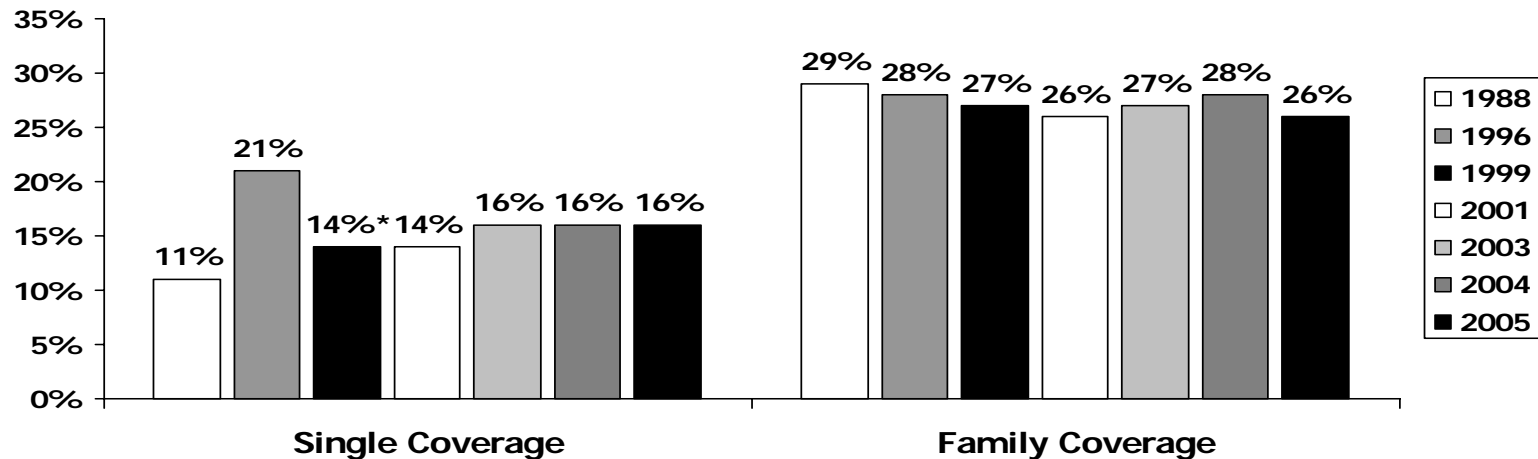
Average Monthly Worker Contribution, 1988-2005



* Estimate is statistically different from the previous year shown at $p < .05$. No statistical tests were conducted for years prior to 1999.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005; KPMG Survey of Employer-Sponsored Health Benefits, 1996; Health Insurance Association of America (HIAA), 1988.

Percentage of Premium Paid by Covered Workers, 1988-2005

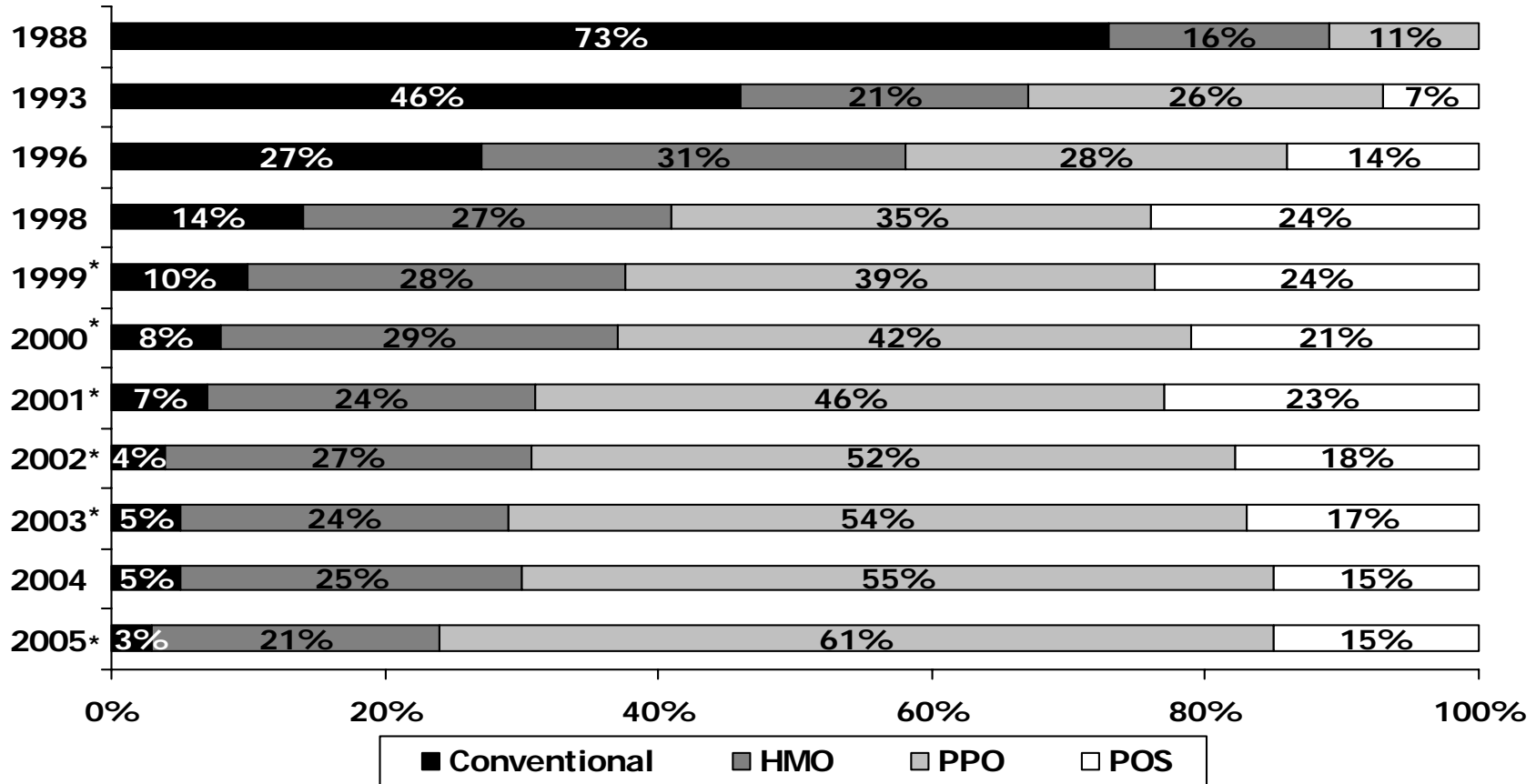


* Estimate is statistically different from the previous year show at $p < .05$. No statistical tests were conducted for years prior to 1999.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005; KPMG Survey of Employer-Sponsored Health Benefits, 1996; Health Insurance Association of America (HIAA), 1988.

Chart #6

Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2005



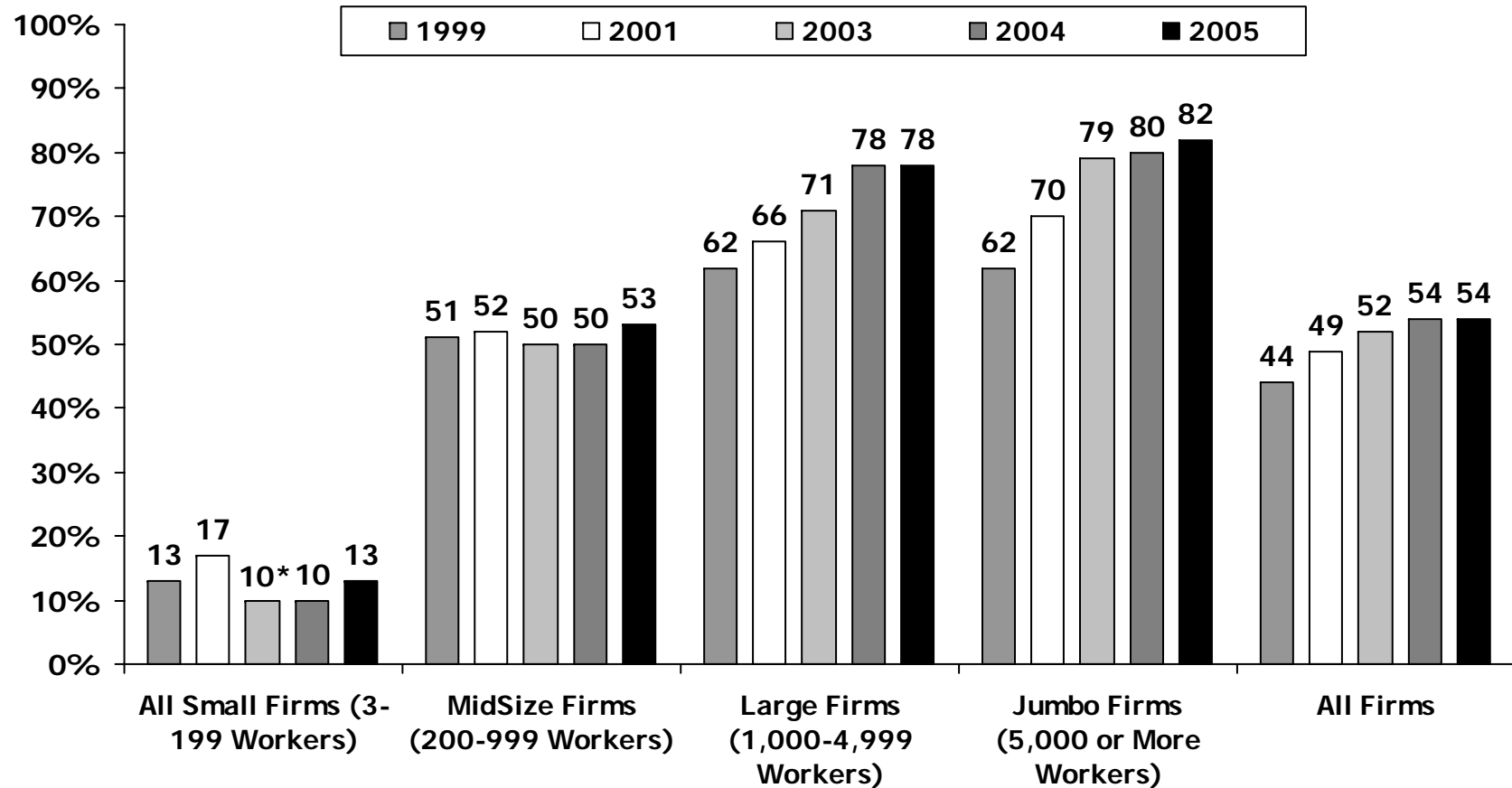
* Distribution is statistically different from the previous year shown at $p < .05$. No statistical tests were conducted for years prior to 1999. Information was not obtained for POS plans in 1988.

Note: A portion of the change in enrollment for 2005 is likely attributable to incorporating more recent Census Bureau estimates of the number of state and local government workers and removing federal workers from the weights. See the Survey Design and Methods section in the report for additional information: www.kff.org/insurance/7315/.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005; KPMG Survey of Employer-Sponsored Health Benefits, 1993, 1996. The Health Insurance Association of America (HIAA), 1988.

Chart #7

Percentage of Covered Workers in Partially or Completely Self-Funded Plans, By Firm Size, 1999-2005



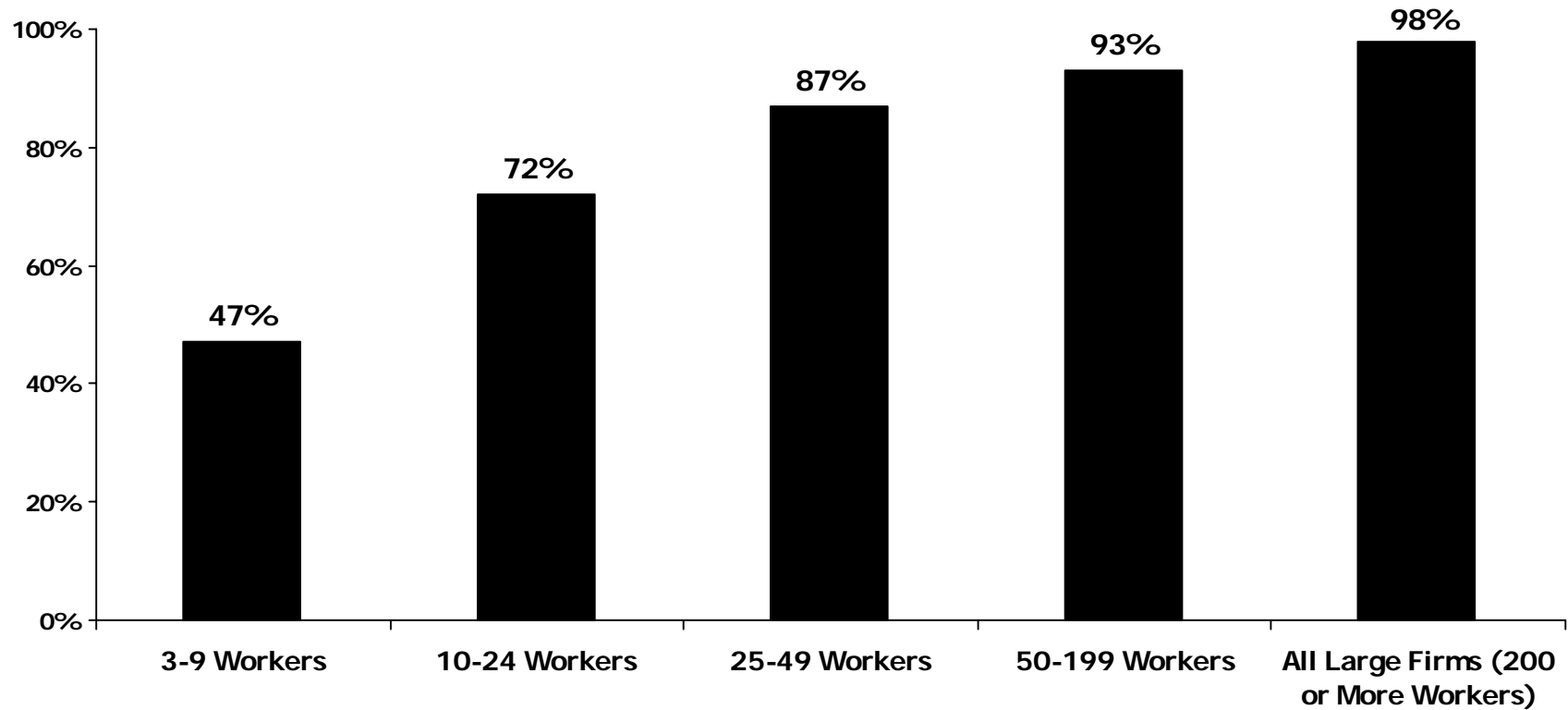
* Estimate is statistically different from the previous year shown at $p < .05$.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005.

Coverage and Benefit Trends

Chart #8

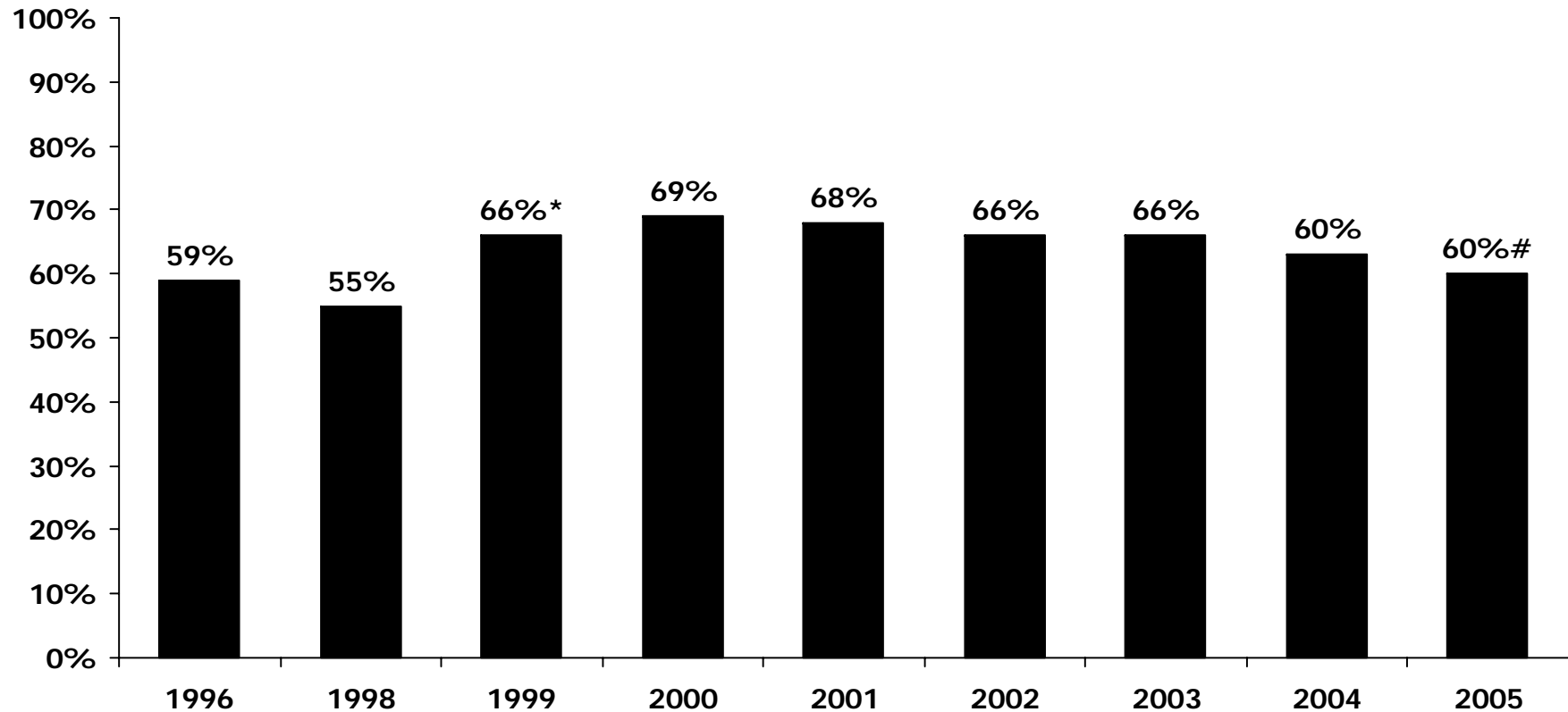
Percentage of Firms Offering Health Benefits, by Firm Size, 2005



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #9

**Percentage of All Firms Offering Health Benefits,
1996-2005***



* Estimate is statistically different from the previous year shown at $p < .05$.

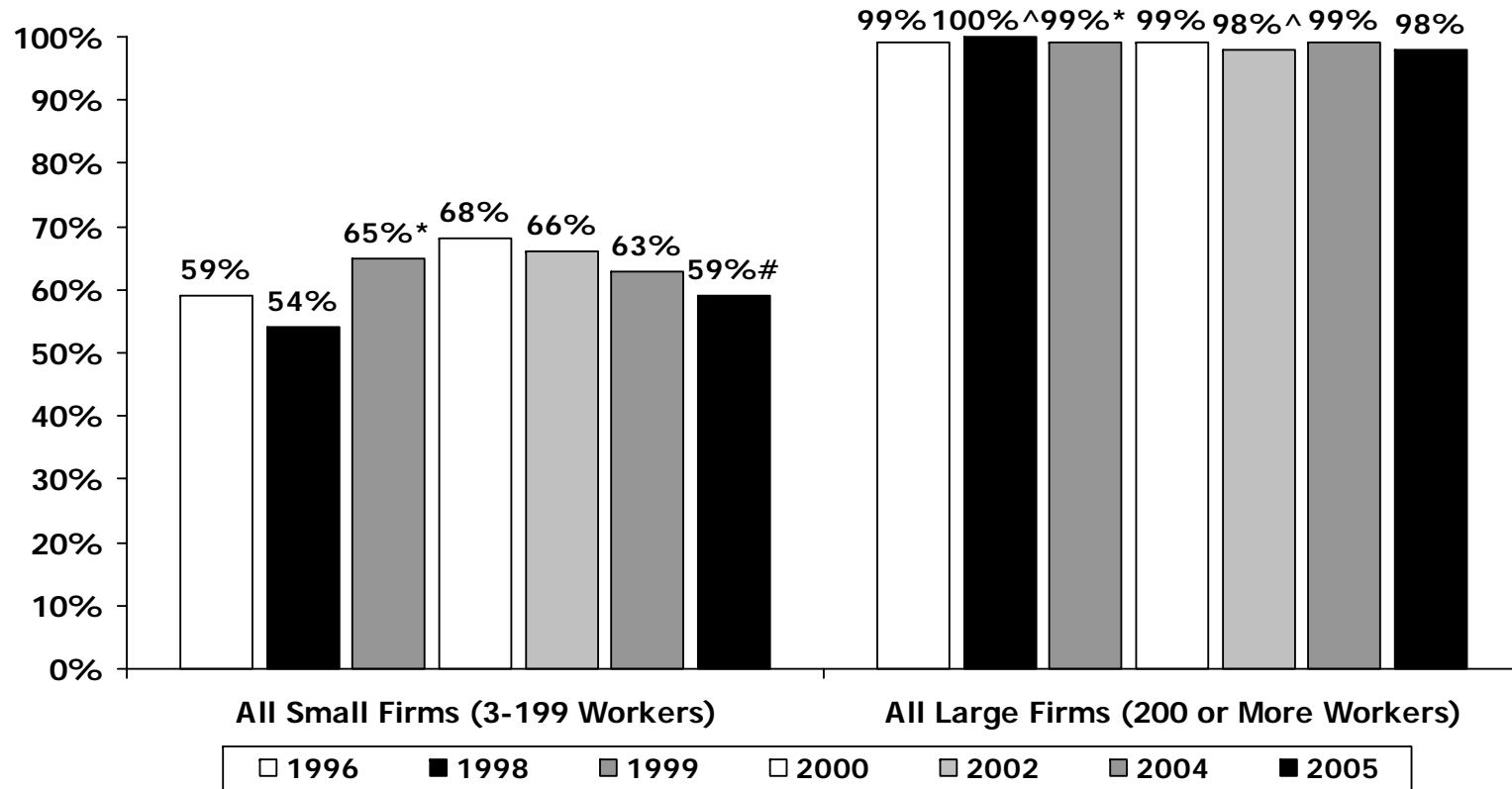
The 2005 offer rate is not statistically different than the 2004 offer rate at $p < .05$, however the difference between the offer rate in 2000 (69%) and the offer rate in 2005 (60%) is statistically significant at $p < .05$.

Note: Data for years prior to 1999 do not reflect several methodological changes that were made to the survey, including standardizing survey weights to U.S. Census data.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005; KPMG Survey of Employer-Sponsored Health Benefits, 1996.

Chart #10

Percentage of Firms Offering Health Benefits, by Firm Size, 1996-2005



* Estimate is statistically different from the previous year shown at $p < .05$.

^ Estimate is statistically different from the previous year shown at $p < .1$.

The 2005 offer rate for All Small Firms is not statistically different than the 2004 offer rate for All Small Firms at $p < .05$. The difference between the offer rate for All Small Firms in 2000 (68%) and the offer rate for All Small Firms in 2005 (59%) is statistically significant at $p < .05$.

Note: The percentage of All Large Firms (200 or more workers) offering health benefits in 1999 was 99%, not 100% as reported last year. Data for years prior to 1999 do not reflect several methodological changes that were made to the survey, including standardizing survey weights to U.S. Census data.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005; KPMG Survey of Employer-Sponsored Health Benefits, 1996.

Chart #11

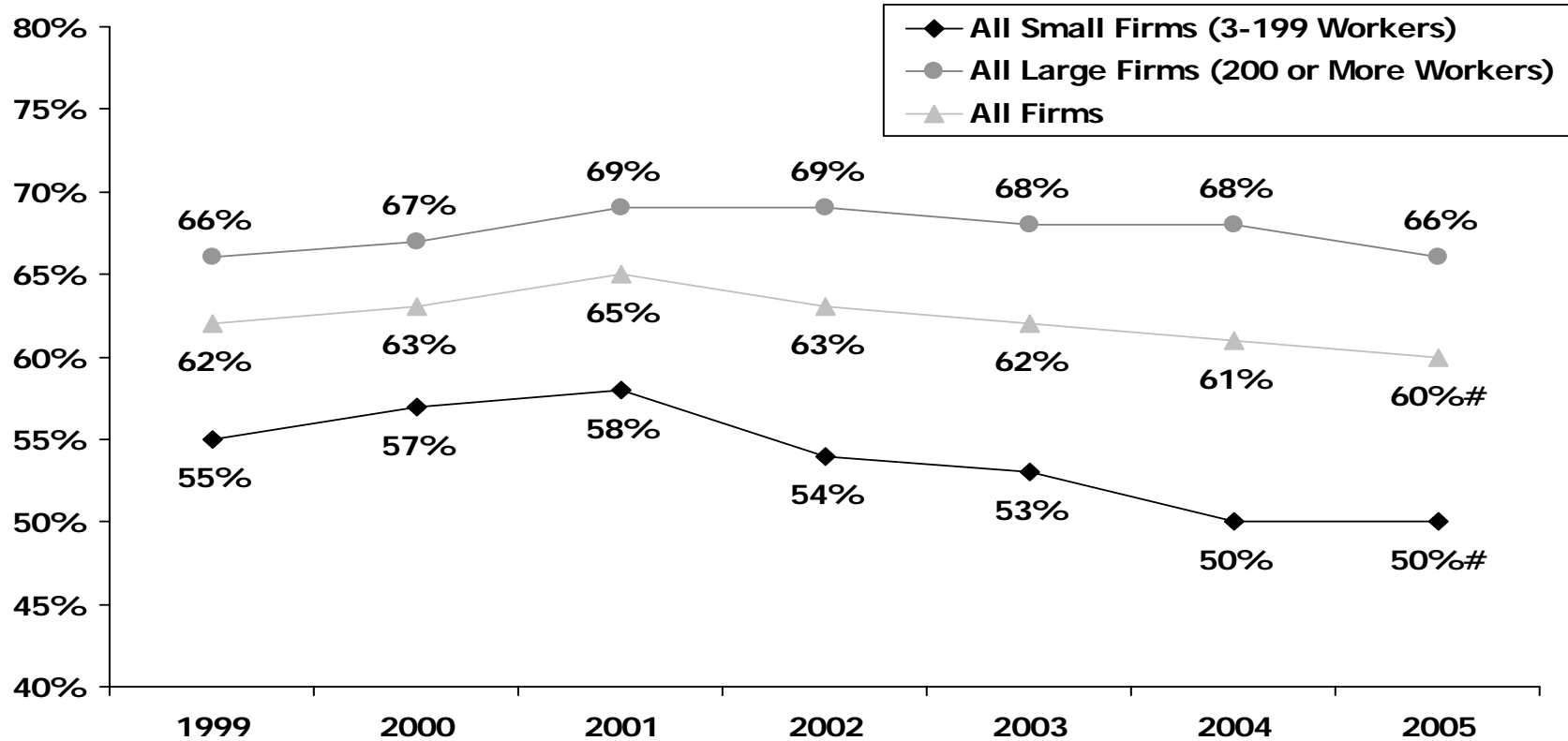
Among Firms Not Offering Health Benefits, Reasons for Not Offering, 2005

	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Not Too Important</i>	<i>Not At All Important</i>	<i>Don't Know</i>
High Premiums	73%	13%	5%	9%	<1%
Employees Covered Elsewhere	33	26	13	25	3
High Turnover	16	13	23	49	0
Obtain Good Employees Without Offering A Health Plan	22	32	18	27	2
Administrative Hassle	14	29	25	28	3
Firm Too Newly Established	2	9	9	80	0
Firm Is Too Small	52	21	9	19	0
Firm Has Seriously Ill Employee	4	6	5	82	3

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #12

Percentage of Workers Covered by Their Employer's Health Benefits, in Firms Both Offering and Not Offering Health Benefits, by Firm Size, 1999-2005

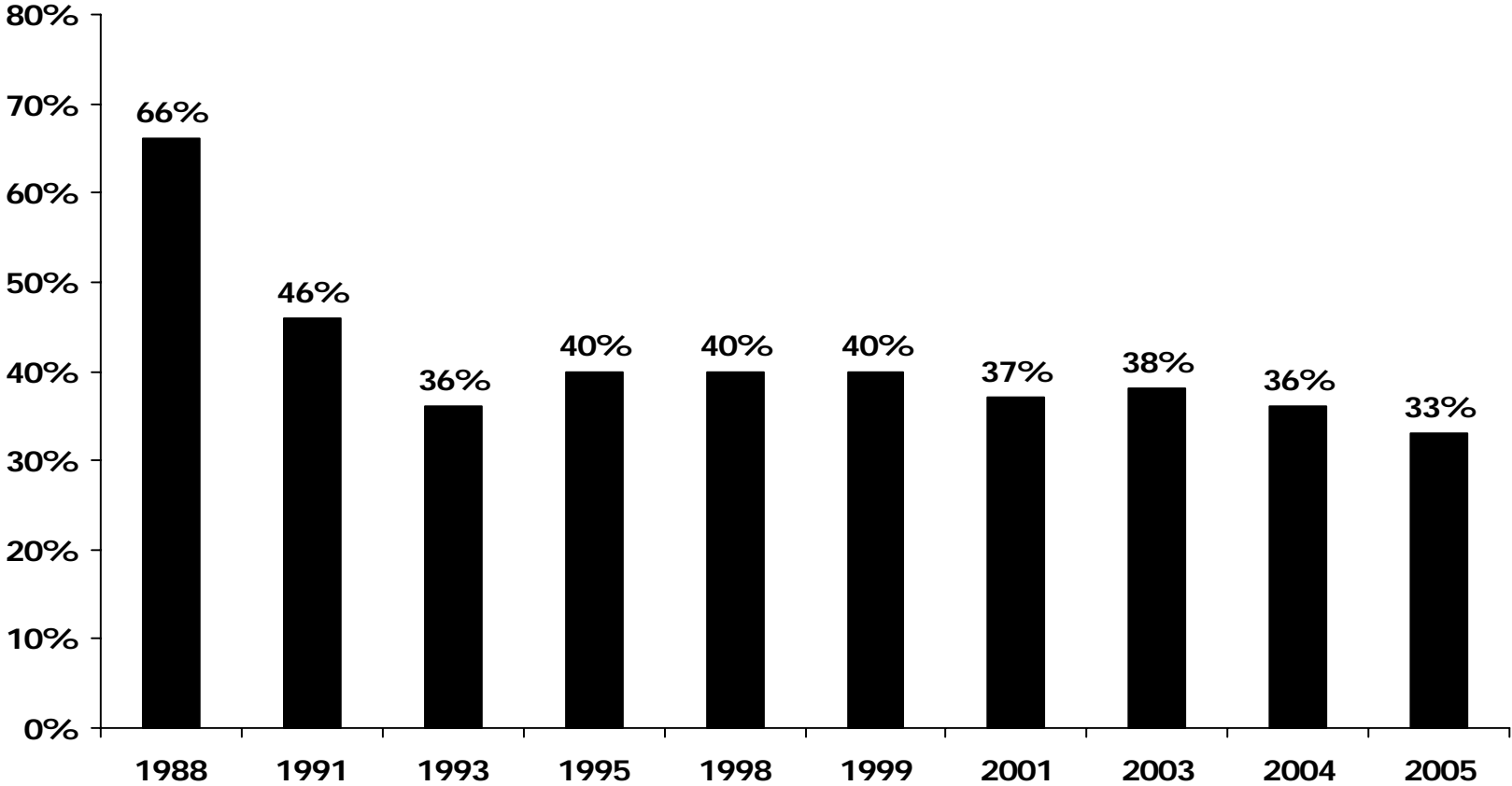


Year-to-year estimates are not significantly different at $p < .05$. However, there is a significant change between 2000 and 2005 for All Firms and All Small Firms at $p < .05$.

Source: KFF/HRET Survey of Employer-Sponsored Health Benefits, 1999–2005.

Chart #13

Among All Large Firms (200 or More Workers) Offering Health Benefits to Active Workers, Percentage Offering Retiree Health Benefits, 1988-2005*

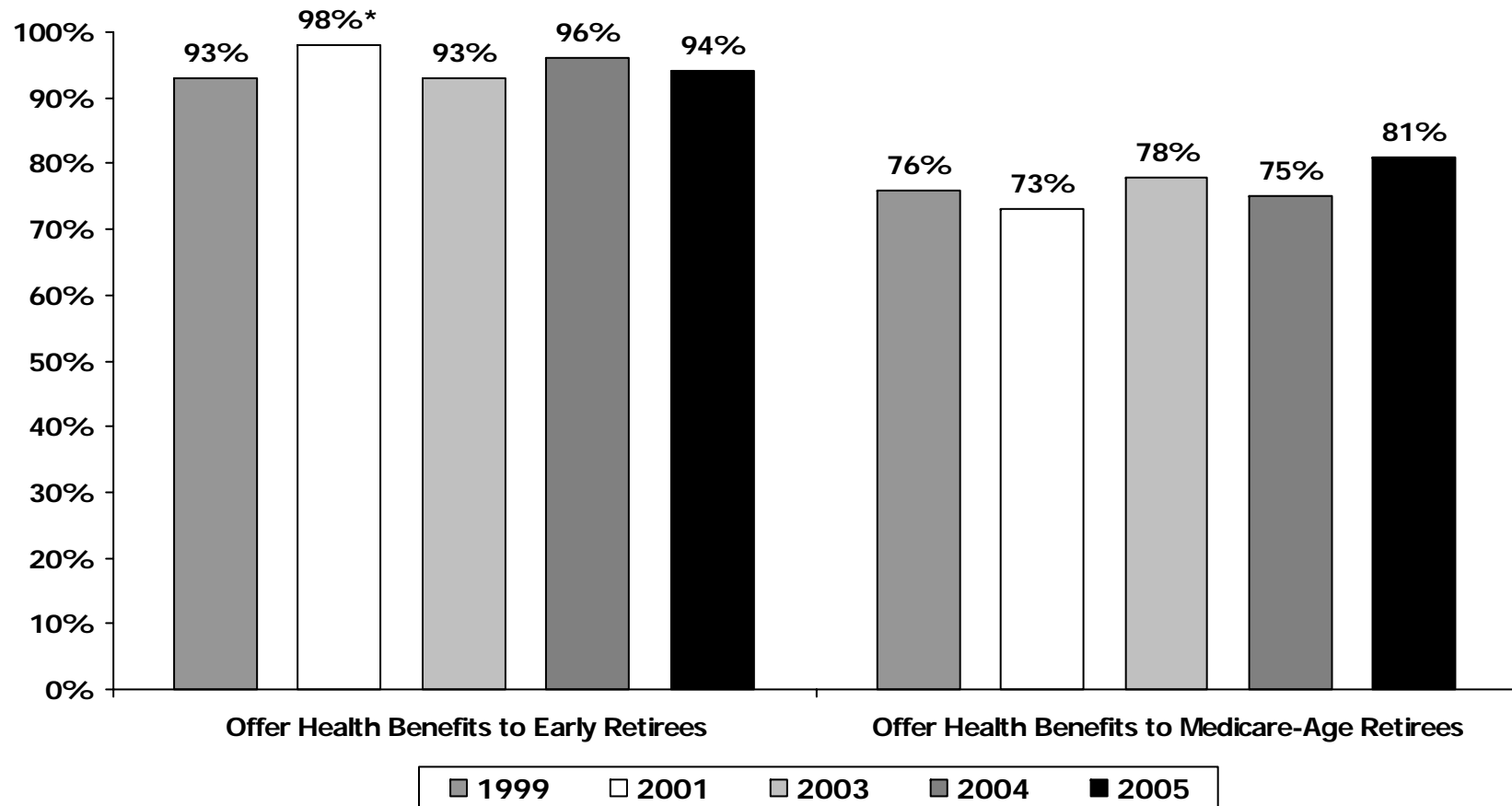


* Tests found no statistically different estimates from the previous year shown at $p < .05$. No statistical tests were conducted for years prior to 1999.

Source: KFF/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005; KPMG Survey of Employer-Sponsored Health Benefits, 1993, 1995, and 1998; The Health Insurance Association of America (HIAA), 1988.

Chart #14

Among All Large Firms (200 or More Workers) Offering Retiree Coverage, Percentage Offering Health Benefits to Early and Medicare-Age Retirees, 1999-2005



* Estimate is statistically different from the previous year shown at $p < .05$.

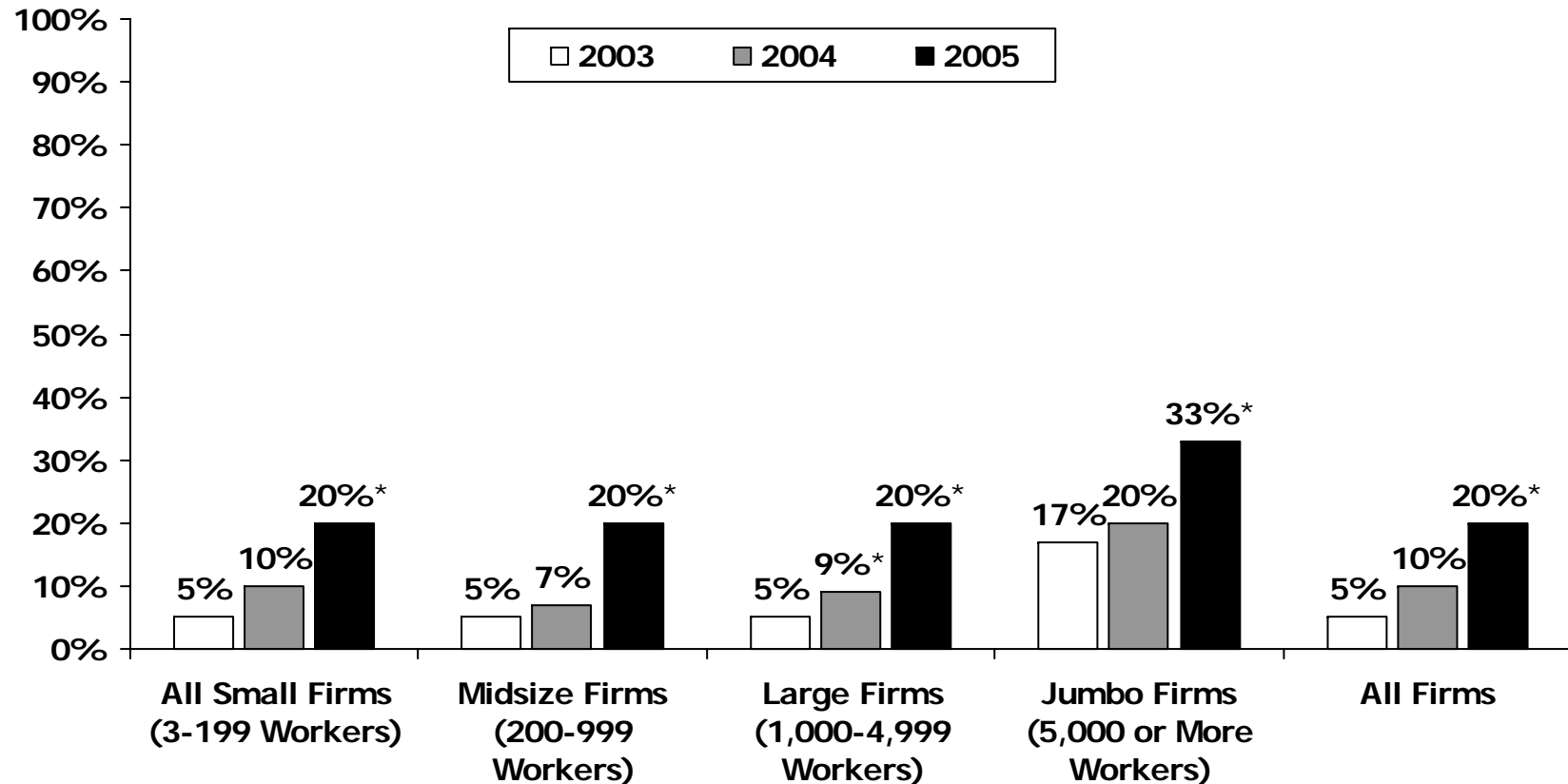
Note: Includes only firms offering health benefits to active workers. Early retirees are people retiring before age 65.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005.

High-Deductible Health Plan Options

Chart #15

Percentage of Firms That Offer Employees a High-Deductible Health Plan, by Firm Size, 2003-2005



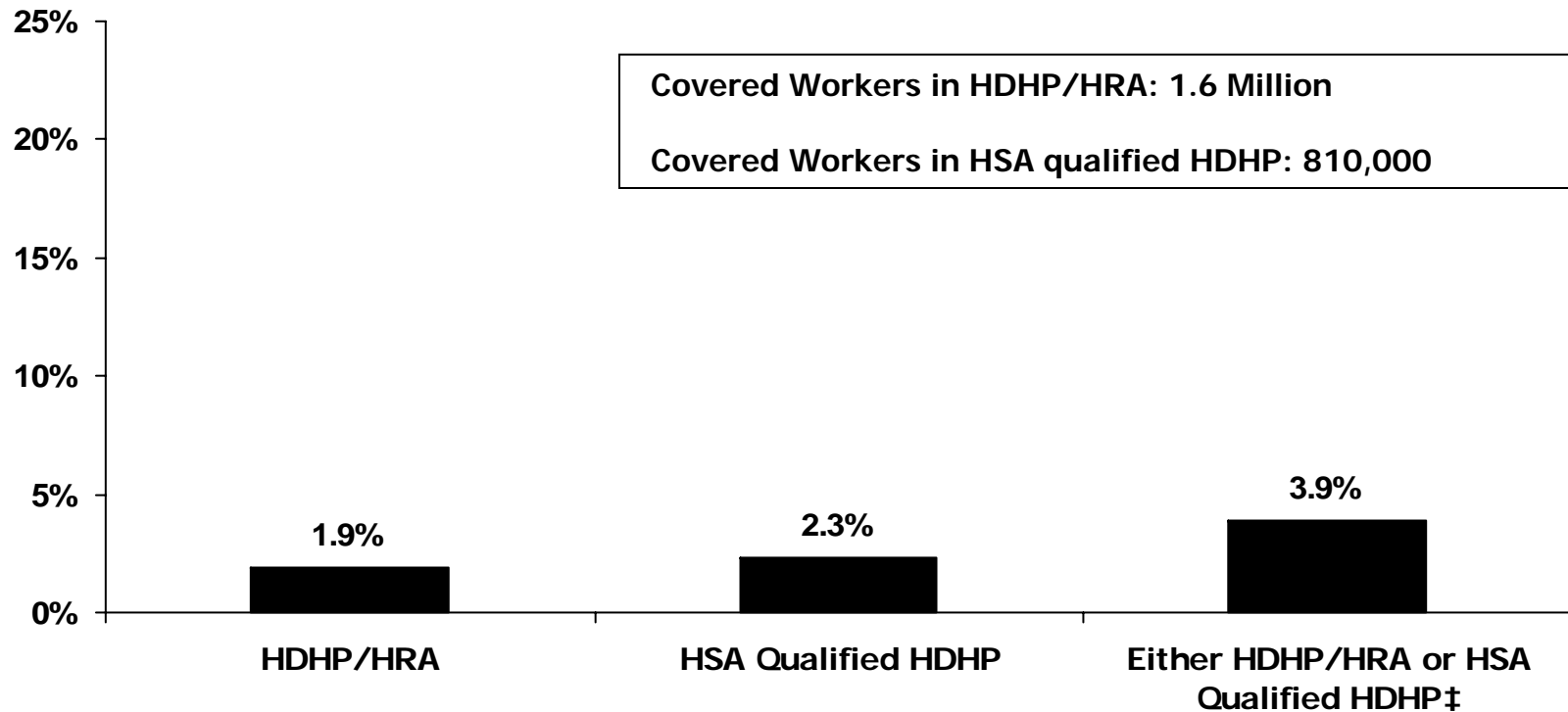
* Estimate is statistically different from previous year shown at $p < .05$.

High-deductible health plan (HDHP): A plan with an annual deductible of at least \$1,000 for single coverage and \$2,000 for family coverage. In 2003 and 2004, the survey used a different definition and asked if firms offered a health plan with a deductible of more than \$1,000 for single coverage. The survey did not specify a minimum deductible for family coverage. The prevalence shown is for all HDHPs, regardless of whether they are offered with an HRA, are HSA qualified, or neither.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2003-2005.

Chart #16

Among Firms Offering Health Benefits, Percentage Offering an HDHP/HRA or HSA Qualified HDHP, 2005



† This includes 0.3% of all firms offering health benefits that offer both an HDHP/HRA and an HSA Qualified HDHP.

HDHP/HRA: A high-deductible health plan (HDHP) offered with an HRA.

HSA Qualified HDHP: A high-deductible health plan (HDHP) that meets the legal requirements to permit a worker to establish an HSA.

For additional information about HDHP/HRAs and HSA qualified HDHPs, please see section 8 in the report:

<http://www.kff.org/insurance/7315/sections/ehbs05-sec8-2.cfm#HRAs/> .

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #17

HDHP/HRA and HSA Qualified HDHP Features, by Plan Type, 2005

Average Enrollment (Among Firms Offering Plan Type)	HDHP/HRA		HSA Qualified HDHP	
	25%		15%	
Annual Plan Averages for:	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>
Premium	\$3,503	\$8,530	\$2,700	\$7,909
Worker Contribution to Premium	\$423	\$2,654	\$431	\$1,664
Deductible	\$1,870	\$3,686	\$1,901	\$4,070
Out of Pocket Maximum Liability ‡	\$2,859	\$5,057	\$2,551	\$4,661
Firm Contribution to HSA or HRA	\$792	\$1,556	\$553	\$1,185

‡ Employers reported no maximum out-of-pocket limits for 3% of workers enrolled in HDHP/HRAs; these workers are excluded from the calculation. For HSA qualified HDHPs, we excluded cases where employers reported out-of-pocket limits that exceeded the legal maximums (\$5,100 for single coverage and \$10,200 for family coverage).

HDHP/HRA: A high-deductible health plan (HDHP) offered with an HRA.

HSA Qualified HDHP: A high-deductible health plan (HDHP) that meets the legal requirements to permit a worker to establish an HSA.

For additional information about HDHP/HRAs and HSA qualified HDHPs, please see section 8 in the report:

<http://www.kff.org/insurance/7315/sections/ehbs05-sec8-2.cfm#HRAs/> .

Note: The average firm contributions to HSAs for single coverage (\$553) and family coverage (\$1,185) include covered workers whose firm makes no contribution to the account. Average Firm Contributions to the HSA or HRA cannot be calculated by subtracting the average Total Annual Premium from the average Total Annual Spending due to varying sample sizes. See Note in Exhibit 8.4 in the report for further explanation:

<http://www.kff.org/insurance/7315/sections/ehbs05-8-4.cfm/> .

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #18

Average Annual Premiums and Contributions to Spending Accounts For Covered Workers in HDHP/HRAs and HSA Qualified HDHPs Compared to All Plans, 2005

	HDHP/HRA		HSA Qualified HDHP		All Plans [‡]	
	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>
Total Annual Premium	\$3,503*	\$8,530*	2,700*	\$7,909*	\$4,024	\$10,880
<i>Worker Contribution to Premium</i>	423	2,654	431	1,664*	610	2,713
<i>Firm Contribution to Premium</i>	3,080	5,876*	2,270*	6,245*	3,413	8,167
Total Annual Firm Contribution (Firm Share of Premium Plus Contribution to HRA or HSA)	3,872*	7,538	2,850	7,337	3,413	8,167
Total Annual Spending (Total Premium Plus Firm Contribution to HRA or HSA)	\$4,295	\$10,193	\$3,280*	\$9,001*	\$4,024	\$10,880

* Estimate is statistically different from All Plans by coverage type at $p < .05$.

[‡] All Plans refers to all conventional, HMO, PPO, and POS plans in the survey, not just HDHP/HRAs or HSA qualified HDHPs. Average firm contributions to the premium are the same as those shown in Chart #4.

HDHP/HRA: A high-deductible health plan (HDHP) offered with an HRA.

HSA Qualified HDHP: A high-deductible health plan (HDHP) that meets the legal requirements to permit a worker to establish an HSA.

For additional information about HDHP/HRAs and HSA qualified HDHPs, please see section 8 in the report:

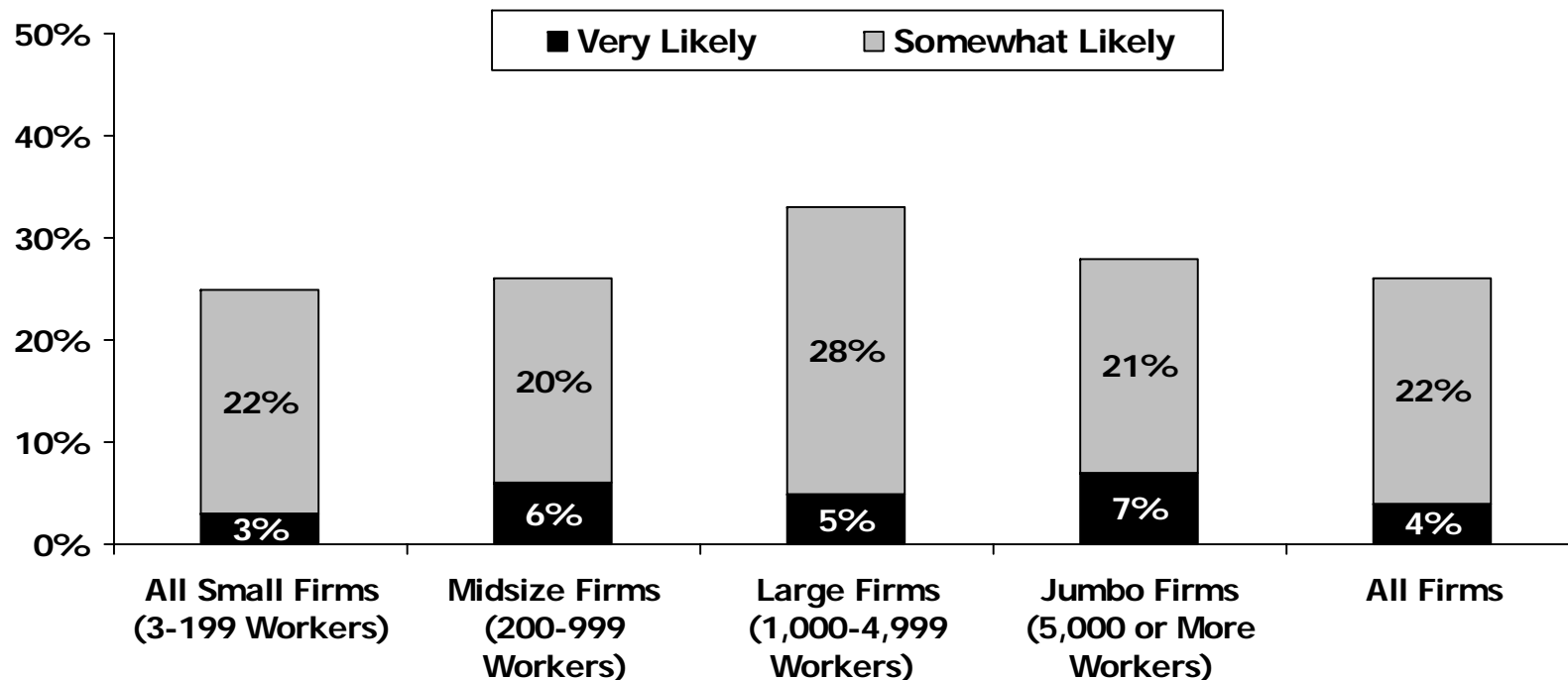
<http://www.kff.org/insurance/7315/sections/ehbs05-sec8-2.cfm#HRAs/> .

Note: The average firm contributions to HRAs and HSAs cannot be calculated from this chart. See Note in Exhibit 8.5 in the report for further explanation: <http://www.kff.org/insurance/7315/sections/ehbs05-8-5.cfm/> .

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #19

Among Firms Not Offering An HDHP/HRA, Percentage That Say They Are “Very Likely” or “Somewhat Likely” to Offer an HDHP/HRA in the Next Year, 2005*



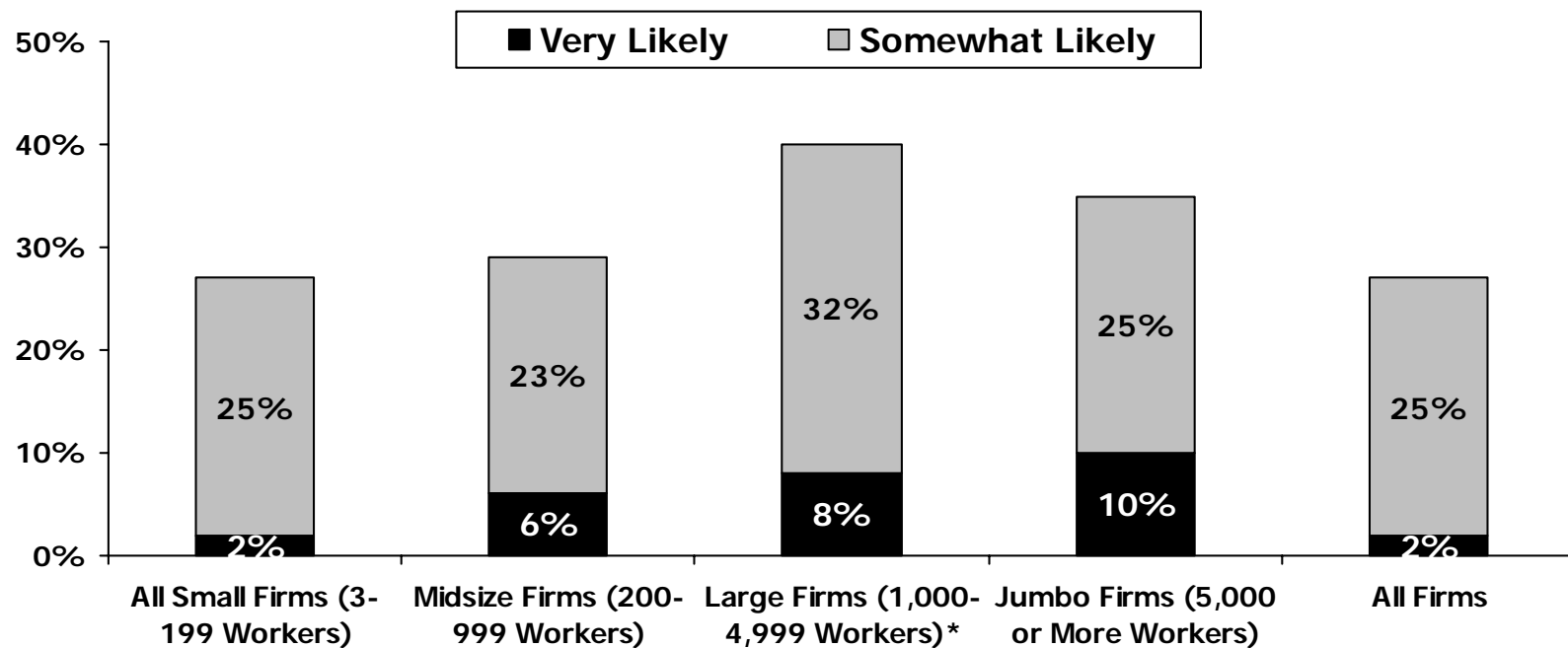
*Tests found no statistically different estimates from All Firms at $p < .05$.

HDHP/HRA: A high-deductible health plan (HDHP) offered with an HRA. For additional information about HDHP/HRAs, please see section 8 in the report: <http://www.kff.org/insurance/7315/sections/ehbs05-sec8-2.cfm#HRAs/>.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #20

Among Firms Not Offering An HSA Qualified HDHP, Percentage That Say They Are “Very Likely” or “Somewhat Likely” to Offer an HSA Qualified HDHP in the Next Year, 2005



*Estimate is statistically different from All Firms at $p < .05$.

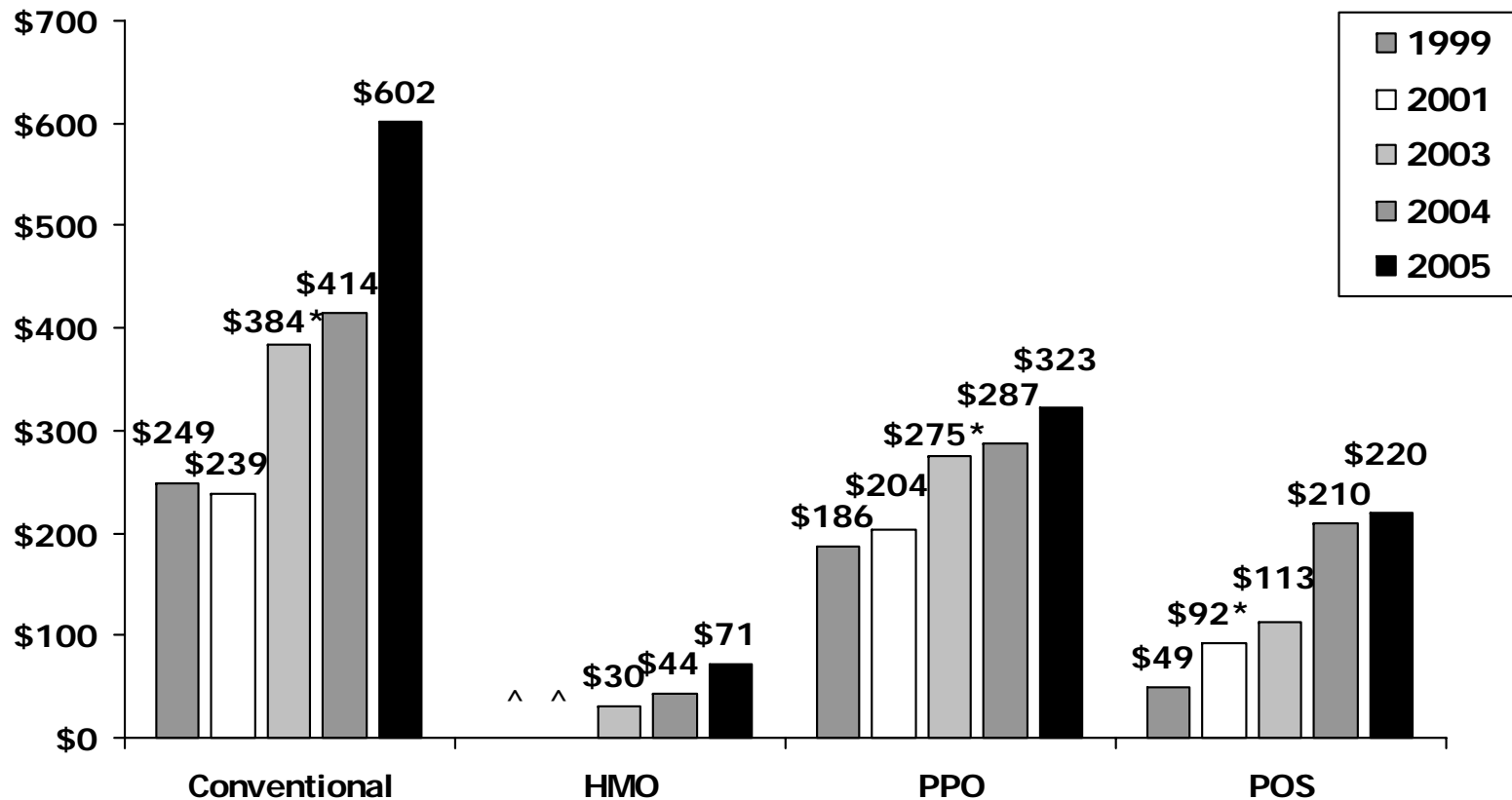
HSA Qualified HDHP: A high-deductible health plan (HDHP) that meets the legal requirements to permit a worker to establish an HSA. For additional information about HSA qualified HDHPs, please see section 8 in the report: <http://www.kff.org/insurance/7315/sections/ehbs05-sec8-2.cfm#HRAs/>.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Cost Sharing

Chart #21

Average Annual Deductibles for Single Coverage, by Plan Type, 1999-2005



* Estimate is statistically different from the previous year shown at $p < .05$.

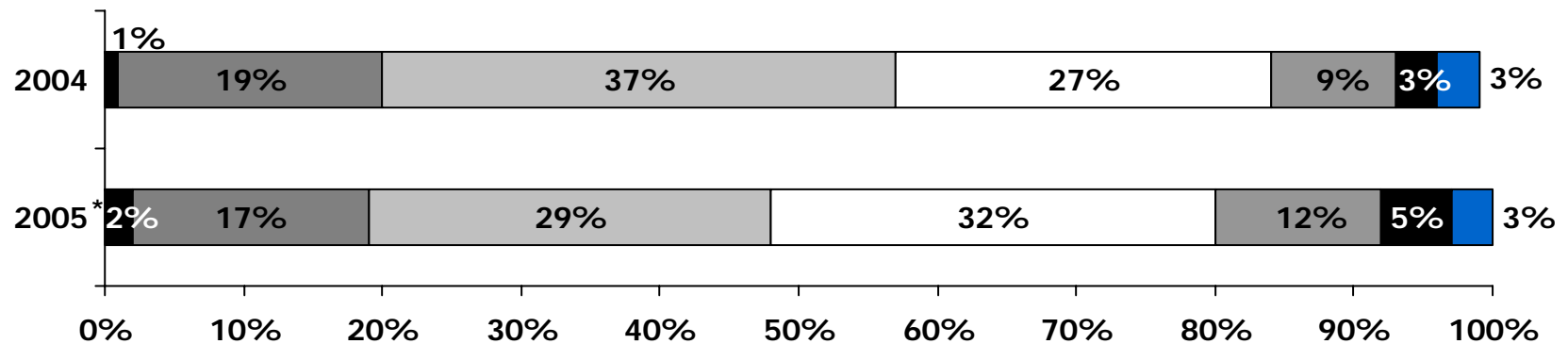
^ Information was not obtained for HMO single coverage prior to 2003.

Note: Average deductibles for PPO and POS plans are for in-network services. Averages include covered workers who do not have a deductible. If covered workers with no deductible are excluded from the calculation, the average deductibles for single coverage for 2005 are as follows: conventional - \$671; HMO - \$568; PPO - \$455; POS - \$495.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2005.

Chart #22

Among Covered Workers Facing Copayments for Physician Office Visits, Distribution of Copayments, 2004-2005



*Distribution is statistically different from previous year shown at $p < .05$.

Note: Copayments for in-network services in PPO and POS plans were used to calculate the distribution shown. The distribution does not include covered workers who do not face a copayment for office visits (e.g., workers who face coinsurance).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2004 - 2005.

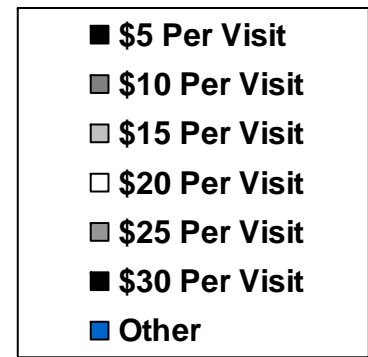


Chart #23

Distribution of Covered Workers With the Following Types of Cost Sharing for a Hospital Admission, 2005*

	<i>Deductible or Copay Only</i>	<i>Coinsurance Only</i>	<i>Copay and Coinsurance</i>	<i>Charge Per Day</i>	<i>Annual Deductible</i>	<i>None</i>
HOSPITAL ADMISSIONS						
Conventional Plans	25%	14%	1%	0%	6%	54%
HMO Plans	55	3	1	4	0	37
PPO Plans	26	13	3	1	1	55
POS Plans	46	6	4	4	0	40
ALL PLANS	36%	10%	3%	2%	1%	48%

* Tests found no statistically different distributions from All Plans at $p < .05$.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #24

Among Covered Workers with Separate Hospital Cost Sharing, Average Cost Sharing, 2005*

	Average Hospital Deductible/Copay	Average Hospital Coinsurance	Average Hospital Per Diem
All Small Firms (3-199 Workers)	\$284	17%	NSD
All Large Firms (200 or More Workers)	224	16	140
ALL FIRM SIZES	\$241	16%	\$163

* Tests found no statistically different estimates from All Firm Sizes at $p < .05$.

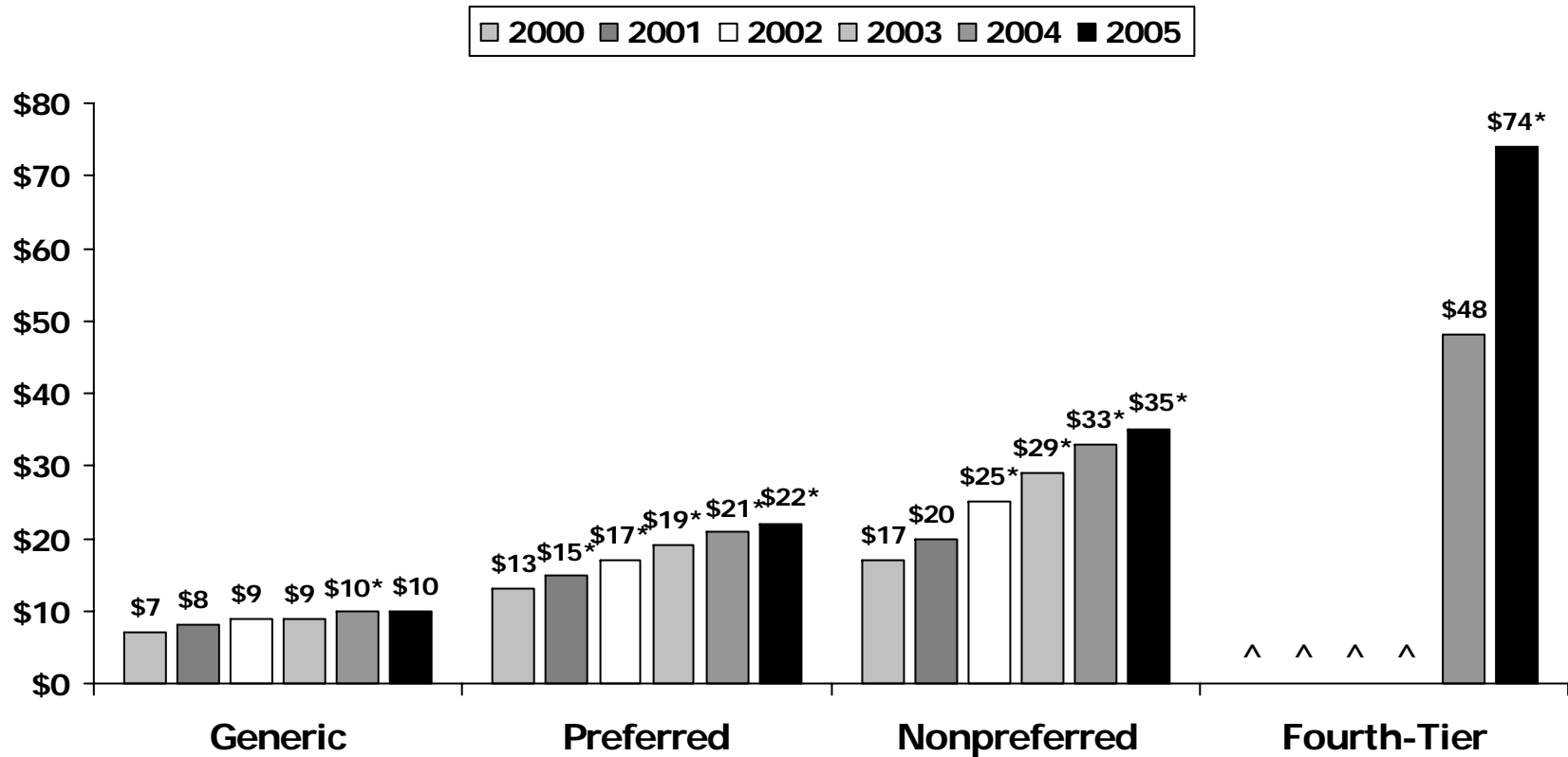
NSD: Not sufficient data.

Note: Averages do not include covered workers who do not have separate hospital cost sharing.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #25

Among Covered Workers Facing Prescription Drug Copayment Amounts, Average Copayments, 2000-2005



* Estimate is statistically different from the previous year shown at $p < .05$.

^ Fourth-tier copayment information was not obtained prior to 2004.

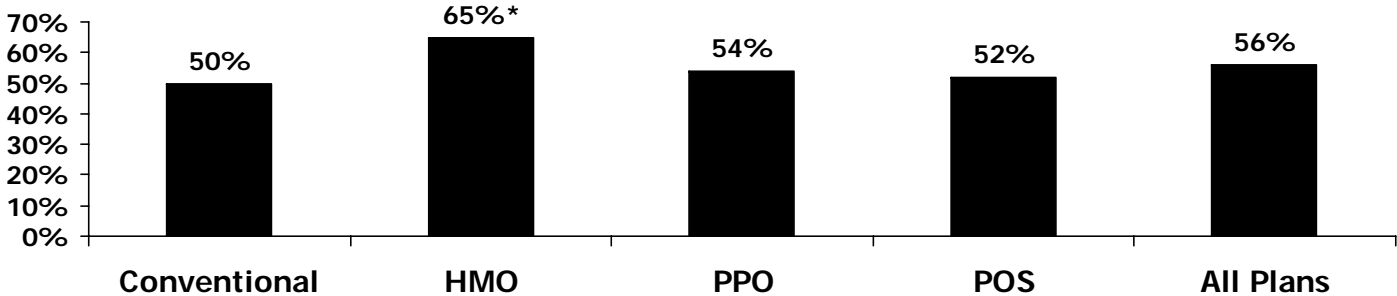
Note: Average copayments for generic, preferred and nonpreferred drugs are calculated by combining the weighted average copayments for those types of drugs among firms with a single copayment amount or a multi-tier cost sharing structure. The average copayment for fourth-tier drugs is calculated using information from only those plans that have a fourth-tier copayment amount.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits: 2000-2005.

Cost and Disease Management Practices

Chart #26

Percentage of Covered Workers in Plans With A Disease Management Program, 2005



Among Covered Workers Enrolled In A Plan With Disease Management Programs, Percentage With Particular Disease Management, 2005

	<i>Diabetes</i>	<i>Asthma</i>	<i>Hypertension</i>	<i>High Cholesterol</i>
FIRM SIZE				
All Small Firms (3-199 Workers)	99%	84%	85%	82%
All Large Firms (200 or More Workers)	98	86	82	62

* Estimate is statistically different from All Plans at p<.05.

Note: The survey defines disease management programs as programs that try to improve the health and reduce the costs associated with people with chronic illnesses by teaching patients about their disease, suggesting treatment options and assessing the treatment process and outcomes.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #27

Percentage of Covered Workers in Plans with Utilization Management Provisions, by Firm Size, 2005

FIRM SIZE	<i>Percentage of Covered Workers in Plans with Pre-Admission Certification For Inpatient Hospital Care</i>	<i>Percentage of Covered Workers in Plans with Pre-Admission Certification for Outpatient Surgery</i>	<i>Percentage of Covered Workers in Plans with Case Management for Large Claims</i>
3-24 Workers	69%	61%	59%*
25-199 Workers*	68*	58	60*
ALL SMALL FIRMS (3-199 Workers)*	68*	59	59*
Midsize (200-999 Workers)	74	55	81
Large (1,000-4,999 Workers)*	83*	52	93*
Jumbo (5,000+ Workers)	80	51	95*
ALL LARGE FIRMS (200 or More Workers)	79	52	91*
ALL FIRM SIZES	75%	55%	81%

* Estimate is statistically different from All Firm Sizes at $p < .05$.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #28

Among All Firms Both Offering and Not Offering Health Benefits, Percentage Offering Wellness Programs To Their Employees, by Firm Size, 2005

FIRM SIZE	<i>Percentage of Firms Offering Fitness Programs or On-Site Health Club Facilities</i>	<i>Percentage of Firms Offering Smoking Cessation Programs</i>	<i>Percentage of Firms Offering Injury Prevention Programs</i>	<i>Percentage of Firms Offering Weight Loss Programs</i>
3-24 Workers	6%	3%	15%	4%
25-199 Workers	15*	9*	25*	6
ALL SMALL FIRMS (3-199 Workers)	8	4	16	4
Midsize (200-999 Workers)	31*	31*	30*	24*
Large (1,000-4,999 Workers)	41*	41*	40*	36*
Jumbo (5,000+ Workers)	44*	43*	41*	42*
ALL LARGE FIRMS (200 or More Workers)	34*	34*	33*	28*
ALL FIRM SIZES	8%	5%	17%	5%

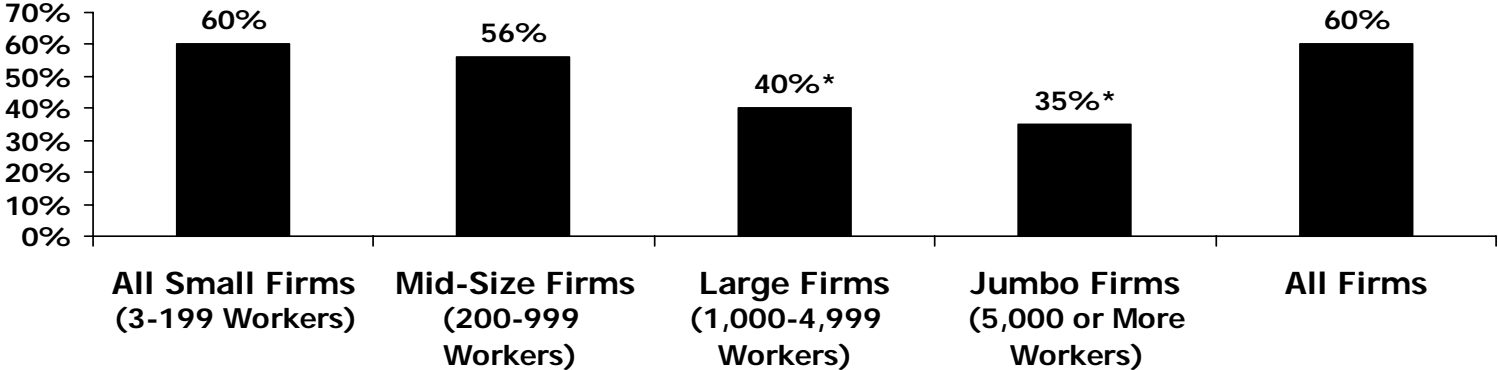
* Estimate is statistically different from All Firm Sizes at p<.05.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

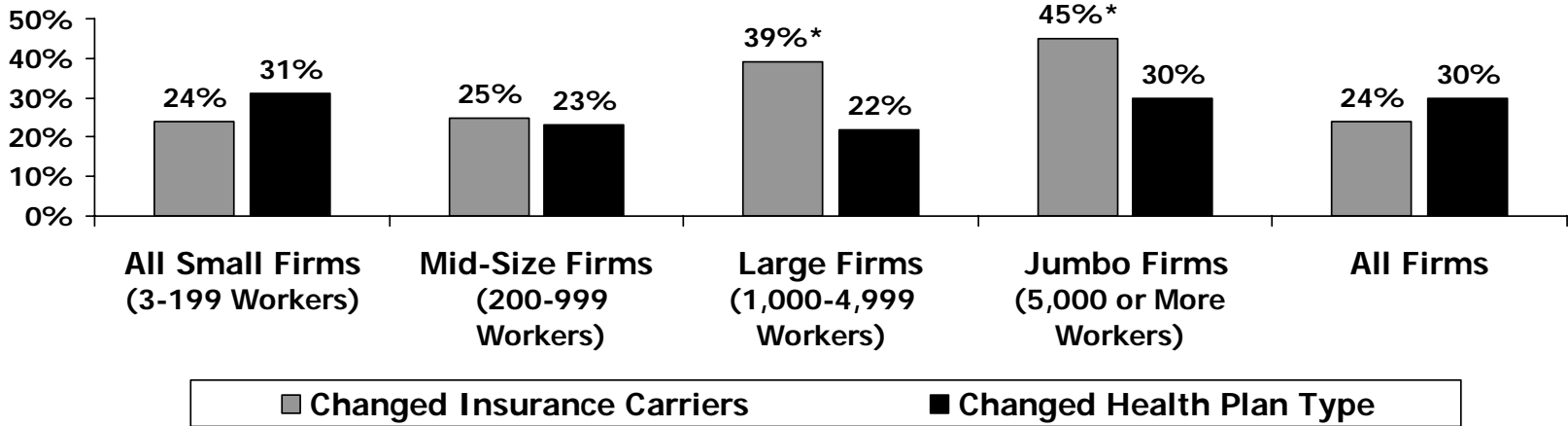
Employer Attitudes

Chart #29

Among Firms Offering Health Benefits, Percentage That Shopped For a New Plan or Health Insurance Carrier, by Firm Size, 2005



Among Firms That Shopped, Percentage Reporting That They Changed Insurance Carrier And/OR Health Plan Type, 2005‡



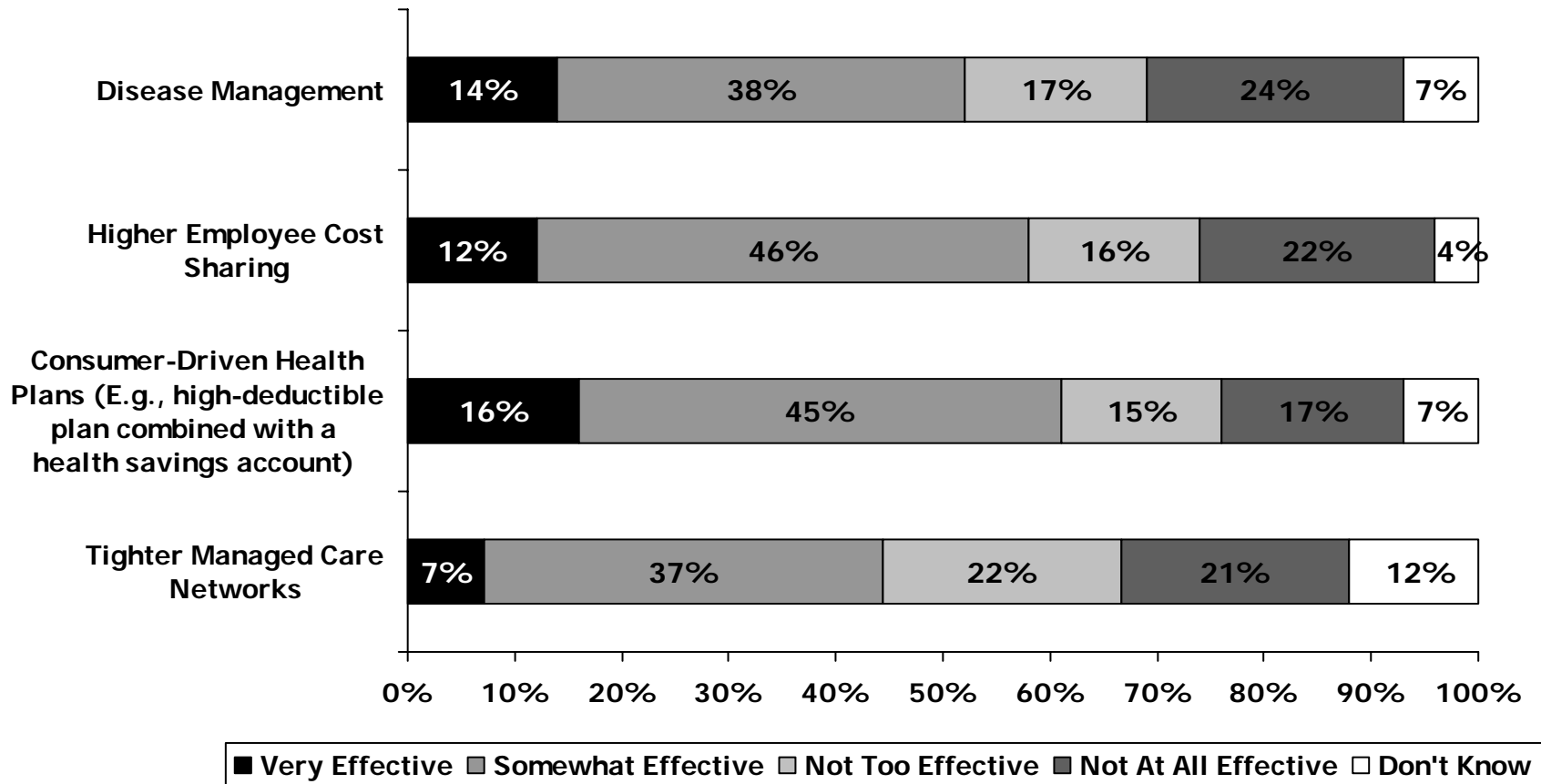
* Estimate is statistically different from All Firms at p<.05.

‡ These answers are not exclusive; 10% of firms that shopped switched both carrier and type of health plan offered.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #30

Distribution of Firms' Opinions on the Effectiveness of the Following Cost Containment Strategies, 2005



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.

Chart #31

Distribution of All Large Firms (200 or More Workers) Reporting the Likelihood of Making the Following Changes in the Next Year, 2005

	<i>Very Likely</i>	<i>Somewhat Likely</i>	<i>Not Too Likely</i>	<i>Not At All Likely</i>	<i>Don't Know</i>
Increase the Amount Employees Pay for Health Insurance	43%	31%	13%	12%	<1%
Increase the Amount Employees Pay for Prescription Drugs	12	33	36	18	1
Increase the Amount Employees Pay for Deductibles	16	32	33	18	1
Increase the Amount Employees Pay for Office Visit Copays or Coinsurance	12	31	37	20	1
Introduce Tiered Cost Sharing for Doctor Visits and Hospital Stays	2	16	39	40	3
Restrict Employees Eligibility for Coverage	2	6	34	56	1
Drop Coverage Entirely	0	2	5	93	<1

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005.