

EMPLOYER HEALTH BENEFITS
2012 ANNUAL SURVEY

High-Deductible
Health Plans
with Savings
Option

SECTION

8

HIGH-DEDUCTIBLE HEALTH PLANS WITH SAVINGS OPTION

CHANGES IN LAW OVER THE PAST FEW YEARS HAVE PERMITTED THE ESTABLISHMENT OF NEW TYPES OF SAVINGS ARRANGEMENTS FOR HEALTH CARE. THE TWO MOST COMMON ARE HEALTH REIMBURSEMENT ARRANGEMENTS (HRAs) AND HEALTH SAVINGS ACCOUNTS (HSAs). HRAs AND HSAs ARE BOTH FINANCIAL ACCOUNTS THAT WORKERS OR THEIR FAMILY MEMBERS CAN USE TO PAY FOR HEALTH CARE SERVICES. THESE SAVINGS ARRANGEMENTS ARE OFTEN (OR, IN THE CASE OF HSAs, ALWAYS) PAIRED WITH HEALTH PLANS WITH HIGH DEDUCTIBLES. THE SURVEY TREATS HIGH-DEDUCTIBLE PLANS THAT CAN BE PAIRED WITH A SAVINGS OPTION AS A DISTINCT PLAN TYPE – HIGH-DEDUCTIBLE HEALTH PLAN WITH SAVINGS OPTION (HDHP/SO) – EVEN IF THE PLAN WOULD OTHERWISE BE CONSIDERED A PPO, HMO, POS PLAN, OR CONVENTIONAL HEALTH PLAN. SPECIFICALLY FOR THE SURVEY, HDHP/SOs ARE DEFINED AS (1) HEALTH PLANS WITH A DEDUCTIBLE OF AT LEAST \$1,000 FOR SINGLE COVERAGE AND \$2,000 FOR FAMILY COVERAGE¹ OFFERED WITH AN HRA (REFERRED TO AS HDHP/HRAs); OR (2) HIGH-DEDUCTIBLE HEALTH PLANS THAT MEET THE FEDERAL LEGAL REQUIREMENTS TO PERMIT AN ENROLLEE TO ESTABLISH AND CONTRIBUTE TO AN HSA (REFERRED TO AS HSA-QUALIFIED HDHPs).²

PERCENTAGE OF FIRMS OFFERING HDHP/HRAs AND HSA-QUALIFIED HDHPs, AND ENROLLMENT

- ▶ Thirty-one percent of firms offering health benefits offer an HDHP/HRA or an HSA-qualified HDHP. Among firms offering health benefits, 5% offer an HDHP/HRA and 26% offer an HSA-qualified HDHP (Exhibit 8.1).
 - Firms with 5,000 or more workers are significantly more likely to offer an HDHP/SO than smaller firms. Forty-eight percent of firms with 5,000 or more workers offer an HDHP/SO, compared to 31% of firms with 3 to 199 workers, 33% of firms with 200–999 workers, or 38% of firms with 1,000 to 4,999 workers (Exhibit 8.2).
- ▶ Nineteen percent of covered workers are enrolled in an HDHP/SO in 2012, similar to the 17% enrolled last year (Exhibit 8.4). Enrollment in HDHP/SOs had increased significantly in previous years (13% in 2010; 8% in 2009).
 - Eight percent of covered workers are enrolled in HDHP/HRAs in 2012, and 11% percent of covered workers are enrolled in HSA-qualified HDHPs (Exhibit 8.4).
 - Twenty-four percent of covered workers in small firms (3–199 workers) are enrolled in HDHP/SOs, compared to 17% of workers in large firms (200 or more workers) (Exhibit 8.5).
 - The percentage of workers in small firms (3–199 workers) enrolled in HSA-qualified HDHP/SOs is higher than the percentage of workers in large firms enrolled in HSA-qualified HDHP/SOs (16% vs. 9%) (Exhibit 8.5).

PLAN DEDUCTIBLES

- ▶ As expected, workers enrolled in HDHP/SOs have higher deductibles than workers enrolled in HMOs, PPOs, or POS plans.

NOTE:

¹ There is no legal requirement for the minimum deductible in a plan offered with an HRA. The survey defines a high-deductible HRA plan as a plan with a deductible of at least \$1,000 for single coverage and \$2,000 for family coverage. Federal law requires a deductible of at least \$1,200 for single coverage and \$2,400 for family coverage for HSA-qualified HDHPs in 2012. See the Text Box for more information on HDHP/HRAs and HSA-qualified HDHPs.

² The definitions of HDHP/SOs do not include other consumer-driven plan options, such as arrangements that combine an HRA with a lower-deductible health plan or arrangements in which an insurer (rather than the employer as in the case of HRAs or the enrollee as in the case of HSAs) establishes an account for each enrollee. Other arrangements may be included in future surveys as the market evolves.

Health Reimbursement Arrangements (HRAs) are medical care reimbursement plans established by employers that can be used by employees to pay for health care. HRAs are funded solely by employers. Employers typically commit to make a specified amount of money available in the HRA for premiums and medical expenses incurred by employees or their dependents. HRAs are accounting devices, and employers are not required to expend funds until an employee incurs expenses that would be covered by the HRA. Unspent funds in the HRA usually can be carried over to the next year (sometimes with a limit). Employees cannot take their HRA balances with them if they leave their job, although an employer can choose to make the remaining balance available to former employees to pay for health care.

HRAs often are offered along with a high-deductible health plan (HDHP). In such cases, the employee pays for health care first from his or her HRA and then out-of-pocket until the health plan deductible is met. Sometimes certain preventive services or other services such as prescription drugs are paid for by the plan before the employee meets the deductible.

Health Savings Accounts (HSAs) are savings accounts created by individuals to pay for health care. An individual may establish an HSA if he or

she is covered by a “qualified health plan” which is a plan with a high deductible (i.e., a deductible of at least \$1,200 for single coverage and \$2,400 for family coverage in 2012) that also meets other requirements.¹ Employers can encourage their employees to create HSAs by offering an HDHP that meets the federal requirements. Employers in some cases also may assist their employees by identifying HSA options, facilitating applications, or negotiating favorable fees from HSA vendors.

Both employers and employees can contribute to an HSA, up to the statutory cap of \$3,100 for single coverage and \$6,250 for family coverage in 2012. Employee contributions to the HSA are made on a pre-income tax basis, and some employers arrange for their employees to fund their HSAs through payroll deductions. Employers are not required to contribute to HSAs established by their employees but, if they elect to do so, their contributions are not taxable to the employee. Interest and other earnings on amounts in an HSA are not taxable. Withdrawals from the HSA by the account owner to pay for qualified health care expenses are not taxed. The savings account is owned by the individual who creates the account, so employees retain their HSA balances if they leave their job.

¹ See U.S. Department of the Treasury, *Health Savings Accounts*, available at <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/HSA-2012-indexed-amounts.aspx>

- The average general annual deductible for single coverage is \$1,923 for HDHP/HRAs and \$2,190 for HSA-qualified HDHPs (Exhibit 8.6). These averages are similar to the amounts reported in recent years. There is wide variation around these averages (Exhibit 8.8).
- ▶ Since 2006, the survey has collected information on two types of family deductibles. The survey asks employers whether the family deductible amount is (1) an aggregate amount (i.e., the out-of-pocket expenses of all family members are counted until the deductible is satisfied), or (2) a per-person amount that applies to each family member (typically with a limit on the number of

family members that would be required to meet the deductible amount).

- The average aggregate deductibles for workers with family coverage are \$3,666 for HDHP/HRAs and \$4,068 for HSA-qualified HDHPs (Exhibit 8.6). There is wide variation around these average amounts for family coverage (Exhibit 8.10).

OUT-OF-POCKET MAXIMUM AMOUNTS

- ▶ HSA-qualified HDHPs are legally required to have a maximum annual out-of-pocket liability of no more than \$6,050 for single coverage and \$12,100 for family coverage in 2012. HDHP/HRAs have no similar requirement.

- The average annual out-of-pocket maximum for single coverage is \$3,203 for HDHP/HRAs³ and \$3,725 for HSA-qualified HDHPs (Exhibit 8.6).
- As with deductibles, the survey asks employers whether the family out-of-pocket maximum liability is (1) an aggregate amount that applies to spending by any covered person in the family, or (2) a separate per person amount that applies to spending by each family member or a limited number of family members. The survey also asks whether spending by enrollees on various services counts towards meeting the plan out-of-pocket maximum.
- Among covered workers with family coverage whose out-of-pocket maximum is an aggregate amount that applies to spending by any covered person in the family, the average annual out-of-pocket maximums are \$6,131 for HDHP/HRAs and \$7,434 for HSA-qualified HDHPs (Exhibit 8.6).

PREMIUMS

- ▶ In 2012, the average annual premiums for HDHP/HRAs are \$5,271 for single coverage and \$15,169 for family coverage. For single coverage, the HDHP/HRA average premium for covered workers is significantly lower than the average premium for covered workers in plans that are not HDHP/SOs (Exhibit 8.7).
- ▶ The average annual premium for workers in HSA-qualified HDHPs is \$4,713 for single coverage and \$13,446 for family coverage. These amounts are lower than the average single and family premium for workers in plans that are not HDHP/SOs (Exhibit 8.7).

WORKER CONTRIBUTIONS TO PREMIUMS

- ▶ The average annual worker contributions to premiums for workers enrolled in HDHP/HRAs are \$949 for single coverage and \$4,184 for family coverage (Exhibit 8.6).

- ▶ The average annual worker contributions to premiums for workers in HSA-qualified HDHPs are \$647 for single coverage and \$3,437 for family coverage (Exhibit 8.6). The average contribution for single coverage for workers in HSA-qualified HDHPs is significantly less than the average premium contribution made by covered workers in plans that are not HDHP/SOs (Exhibit 8.7).

EMPLOYER CONTRIBUTIONS TO PREMIUMS AND SAVINGS OPTIONS

- ▶ Employers contribute to HDHP/SOs in two ways: through their contributions toward the premium for the health plan and through their contributions (if any, in the case of HSAs) to the savings account option (i.e., the HRAs or HSAs themselves).
 - Looking just at the annual employer contributions to premiums, covered workers in HDHP/HRAs on average receive employer contributions of \$4,323 for single coverage and \$10,985 for family coverage. The average employer contribution for single coverage in HDHP/HRAs is significantly less than the average employer premium contribution for plans that are not HDHP/SOs. (Exhibit 8.7).
 - The average annual employer contributions to premiums for workers in HSA-qualified HDHPs are \$4,066 for single coverage and \$10,009 for family coverage. These amounts are lower than the average contributions for single or family coverage for workers in plans that are not HDHP/SOs (Exhibit 8.7).
- ▶ When looking at employer contributions to the savings option, workers enrolled in HDHP/HRAs receive, on average, an annual employer contribution to their HRA of \$970 for single coverage and \$1,840 for family coverage (Exhibit 8.7).
 - HRAs are generally structured in such a way that employers may not actually spend the whole amount that they make available to their employees' HRAs.⁴ Amounts committed to an employee's HRA that are not used by the employee generally roll over and can

NOTE:

³ The average out-of-pocket maximum for HDHP/HRAs is calculated for plans with an out-of-pocket maximum. About 10% of covered workers in HDHP/HRAs with single coverage or family coverage are in plans that reported having no limit on out-of-pocket expenses.

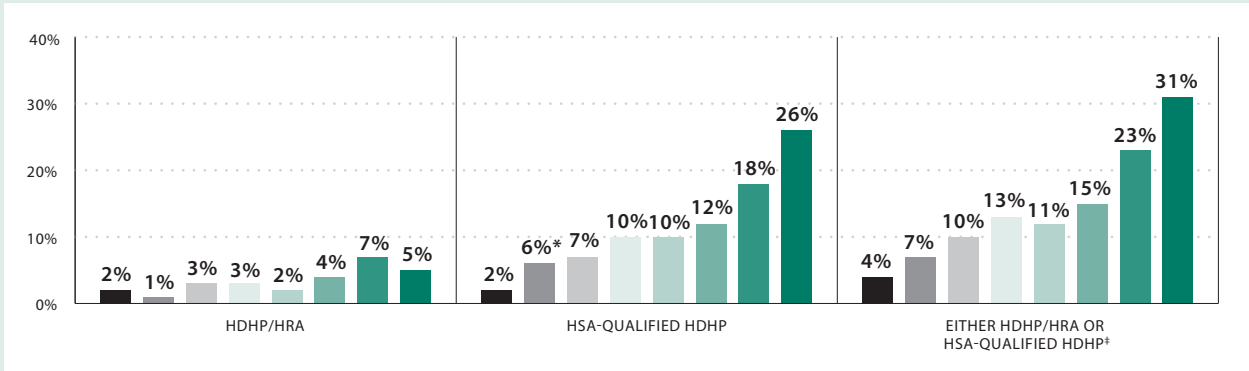
⁴ In the survey, we ask, "Up to what dollar amount does your firm promise to contribute each year to an employee's HRA or health reimbursement arrangement for single coverage?" We refer to the amount that the employer commits to make available to an HRA as a contribution for ease of discussion. As discussed, HRAs are notional accounts, and employers are not required to actually transfer funds until an employee incurs expenses. Thus, employers may not expend the entire amount that they commit to make available to their employees through an HRA.

be used in future years, but any balance may revert back to the employer if the employee leaves his or her job. Thus, the employer contribution amounts to HRAs that we capture in the survey may exceed the amount that employers will actually spend.

- ▶ Workers enrolled in HSA-qualified HDHPs on average receive an annual employer contribution to their HSA of \$609 for single coverage and \$1,070 for family coverage (Exhibit 8.7).
 - In some cases, employers that sponsor HSA-qualified HDHP/SOs do not make contributions to HSAs established by their employees. Twenty-eight percent of employers offering single and family coverage through HSA-qualified HDHPs do not make contributions towards the HSAs that their workers establish (Exhibit 8.7). Thirty-four percent of workers with single or family coverage in an HSA-qualified HDHP do not receive an account contribution from their employer (Exhibit 8.13 and Exhibit 8.14).
 - The average HSA contributions reported above include the portion of covered workers whose employer contribution to the HSA is zero. When those firms that do not contribute to the HSA are excluded from the calculation, the average employer contribution for covered workers is \$919 for single coverage and \$1,611 for family coverage (Exhibit 8.7).
- ▶ Employer contributions to savings account options (i.e., the HRAs and HSAs themselves) for their employees can be added to their health plan premium contributions to calculate total employer contributions toward HDHP/SOs.
 - For HDHP/HRAs, the average annual total employer contribution for covered workers is \$5,293 for single coverage and \$12,826 for family coverage. The average total employer contribution amounts for single and family coverage in HDHP/HRAs are higher than the average amount that employers contribute towards single and family coverage in health plans that are not HDHP/SOs (Exhibit 8.7).
 - For HSA-qualified HDHPs, the average annual total employer contribution for covered workers is \$4,668 for single coverage and \$11,056 for workers with family coverage. The total amounts contributed for workers in HSA-qualified HDHPs for single and family coverage are similar to the amounts contributed for workers not in HDHP/SOs (Exhibit 8.7).

EXHIBIT 8.1

Among Firms Offering Health Benefits, Percentage That Offer an HDHP/HRA and/or an HSA-Qualified HDHP, 2005–2012



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005–2012.

* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

† The 2012 estimate includes 0.6% of all firms offering health benefits that offer both an HDHP/HRA and an HSA-qualified HDHP. The comparable percentages for previous years are: 2005 [0.3%], 2006 [0.4%], 2007 [0.2%], 2008 [0.3%], 2009 [$< 0.1\%$], 2010 [0.3%], and 2011 [1.8%].

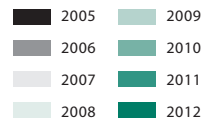
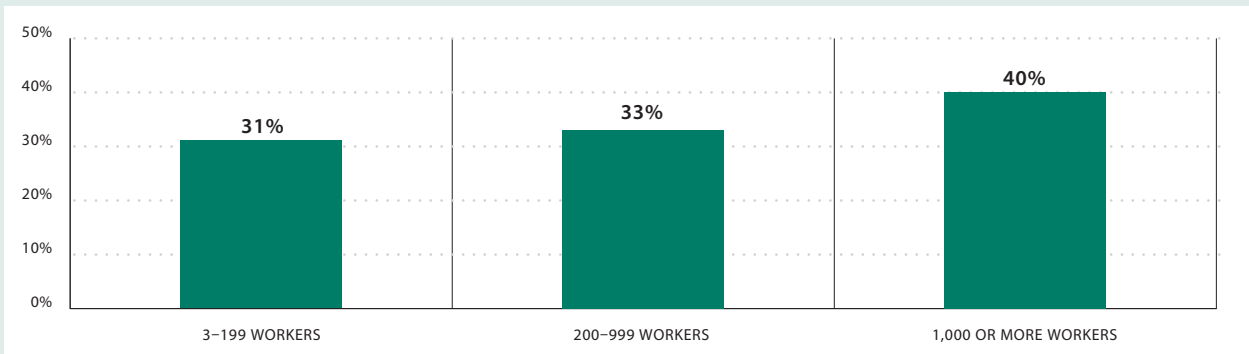


EXHIBIT 8.2

Among Firms Offering Health Benefits, Percentage That Offer an HDHP/SO, by Firm Size, 2012



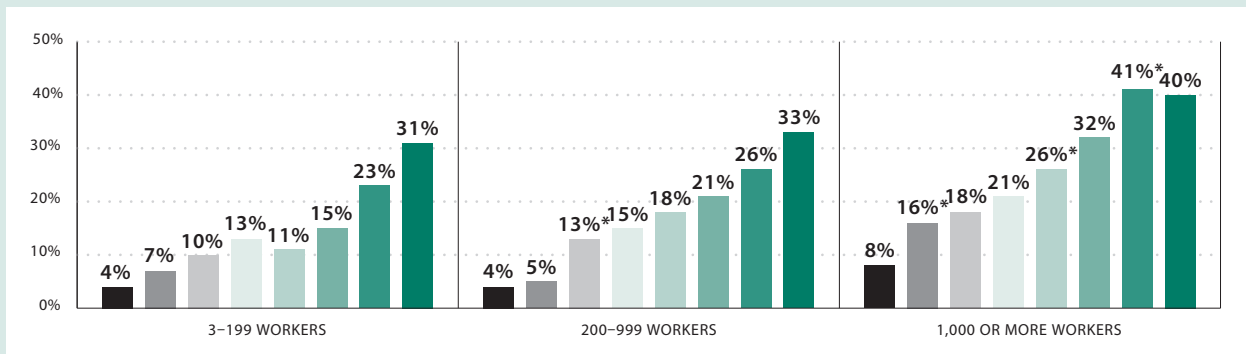
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: Tests found no statistical difference from all other firms not in the indicated size category ($p < .05$). The 2012 estimate includes 1.8% of all firms offering health benefits that offer both an HDHP/HRA and an HSA-qualified HDHP.

EXHIBIT 8.3

Among Firms Offering Health Benefits, Percentage That Offer an HDHP/SO, by Firm Size, 2005–2012



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005–2012.

* Estimate is statistically different from estimate for the previous year shown (p<.05).

Note: The 2012 estimate includes 0.6% of all firms offering health benefits that offer both an HDHP/HRA and an HSA-qualified HDHP. The comparable percentages for previous years are: 2005 [0.3%], 2006 [0.4%], 2007 [0.2%], 2008 [0.3%], 2009 [<0.1%], 2010 [0.3%], and 2011 [1.8%].

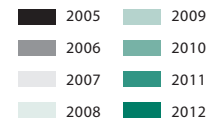
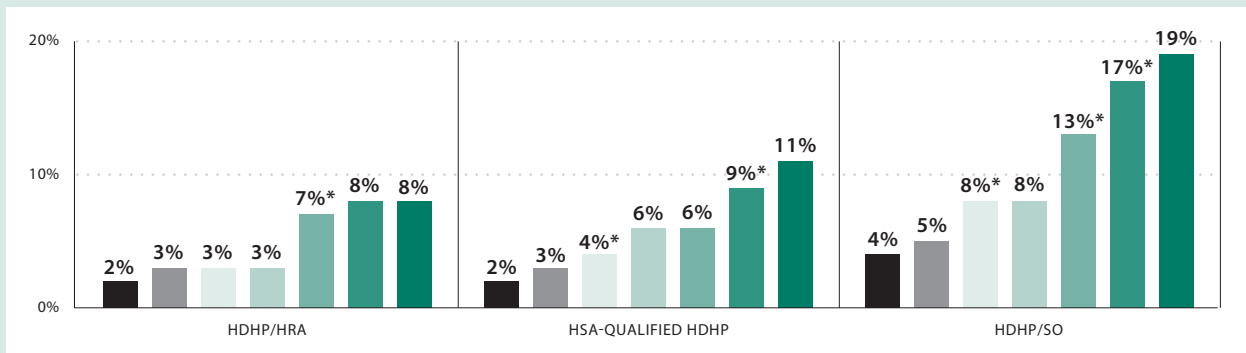


EXHIBIT 8.4

Percentage of Covered Workers Enrolled in an HDHP/HRA or HSA-Qualified HDHP, 2006–2012



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2012.

* Estimate is statistically different from estimate for the previous year shown (p<.05).

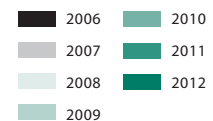
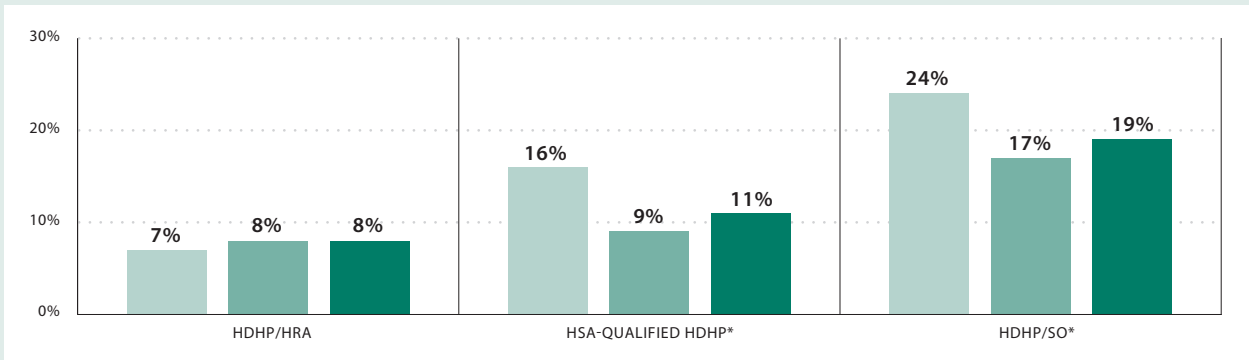


EXHIBIT 8.5

Percentage of Covered Workers Enrolled in an HDHP/HRA or HSA-Qualified HDHP, by Firm Size, 2012



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

* Estimates are statistically different between All Small Firms and All Large Firms within category (p<.05).

ALL SMALL FIRMS (3-199 WORKERS)
 ALL LARGE FIRMS (200 OR MORE WORKERS)
 ALL FIRMS

EXHIBIT 8.6

HDHP/HRA and HSA-Qualified HDHP Features for Covered Workers, 2012

Annual Plan Averages for:	HDHP/HRA		HSA-Qualified HDHP	
	Single	Family	Single	Family
Premium	\$5,271	\$15,169	\$4,713	\$13,446
Worker Contribution to Premium	\$949	\$4,184	\$647	\$3,437
General Annual Deductible [‡]	\$1,923	\$3,666	\$2,190	\$4,068
Out-of-Pocket Maximum Liability [‡]	\$3,203	\$6,131	\$3,725	\$7,434
Firm Contribution to the HRA or HSA [§]	\$970	\$1,840	\$609	\$1,070

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

[‡]Ten percent of workers enrolled in HDHP/HRAs have employers that reported no out-of-pocket maximum for single coverage and family coverage. These workers are excluded from the HDHP/HRA out-of-pocket maximum liability calculation. The deductible and out-of-pocket maximum averages shown for both HDHP/HRAs and HSA-qualified HDHPs for family coverage are for covered workers whose firms report that they face an aggregate amount. Among covered workers in HDHP/HRAs, 22% are in plans whose family deductible is a separate per person amount and 12% are in a plan where the family out-of-pocket maximum is a separate per person amount. Among covered workers in HSA-qualified HDHPs, the percentages are 13% for deductibles and 11% for out-of-pocket maximums.

[§]When those firms that do not contribute to the HSA (28% for single and family coverage) are excluded from the calculation, the average firm contribution to the HSA for covered workers is \$919 for single coverage and \$1,611 for family coverage. For HDHP/HRAs, we refer to the amount that the employer commits to make available to an HRA as a contribution for ease of discussion. HRAs are notional accounts, and employers are not required to actually transfer funds until an employee incurs expenses. Thus, employers may not expend the entire amount that they commit to make available to their employees through an HRA. Therefore, the employer contribution amounts to HRAs that we capture in the survey may exceed the amount that employers will actually spend.

EXHIBIT 8.7

Average Annual Premiums and Contributions to Savings Accounts for Covered Workers in HDHP/HRAs or HSA-Qualified HDHPs, Compared to All Non-HDHP/SO Plans, 2012

	HDHP/HRA		HSA-Qualified HDHP		Non-HDHP/SO Plans [§]	
	Single	Family	Single	Family	Single	Family
Total Annual Premium	\$5,271*	\$15,169	\$4,713*	\$13,446*	\$5,777	\$16,128
Worker Contribution to Premium	\$949	\$4,184	647*	\$3,437*	\$995	\$4,458
Firm Contribution to Premium	\$4,323*	\$10,985	\$4,066*	\$10,009*	\$4,782	\$11,670
Annual Firm Contribution to the HRA or HSA[‡]	\$970	\$1,840	\$609	\$1,070	NA	NA
Total Annual Firm Contribution (Firm Share of Premium Plus Firm Contribution to HRA or HSA)	\$5,293*	\$12,826*	\$4,668	\$11,056	\$4,782	\$11,670
Total Annual Cost (Total Premium Plus Firm Contribution to HRA or HSA, if Applicable)	\$6,241*	\$17,010	\$5,309*	\$14,494*	\$5,777	\$16,128

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

* Estimate is statistically different from estimate for All Non-HDHP/SO Plans ($p < .05$).

[‡] When those firms that do not contribute to the HSA (28% for single and family coverage) are excluded from the calculation, the average firm contribution to the HSA for covered workers is \$919 for single coverage and \$1,611 for family coverage. For HDHP/HRAs, we refer to the amount that the employer commits to make available to an HRA as a contribution for ease of discussion. HRAs are notional accounts, and employers are not required to actually transfer funds until an employee incurs expenses. Thus, employers may not expend the entire amount that they commit to make available to their employees through an HRA. Therefore, the employer contribution amounts to HRAs that we capture in the survey may exceed the amount that employers will actually spend.

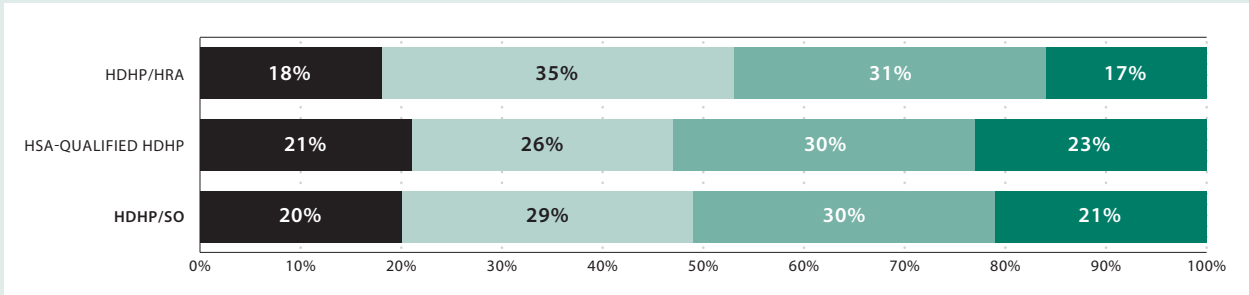
[§] In order to compare costs for HDHP/SOs to all other plans that are not HDHP/SOs, we created composite variables excluding HDHP/SO data.

NA: Not Applicable.

Note: Values shown in the table may not equal the sum of their component parts. The averages presented in the table are aggregated at the firm level and then averaged, which is methodologically more appropriate than adding the averages. This is relevant for Total Annual Premium, Total Annual Firm Contribution, and Total Annual Cost.

EXHIBIT 8.8

Distribution of Covered Workers with the Following General Annual Deductible Amounts for Single Coverage, HSA-Qualified HDHPs and HDHP/HRAs, 2012



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: The minimum annual single deductible for workers enrolled in HSA-qualified HDHPs is \$1,200 in 2012 according to federal regulation. Therefore, the distribution for HSA-qualified HDHPs starts at \$1,200.

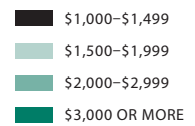


EXHIBIT 8.9

Among Covered Workers, Distribution of Type of General Annual Deductible for Family Coverage, HDHP/HRAs and HSA-Qualified HDHPs, 2012

	Aggregate Amount	Separate Amount per Person
HDHP/HRA	78%	22%
HSA-Qualified HDHP	87	13
HDHP/SO	83%	17%

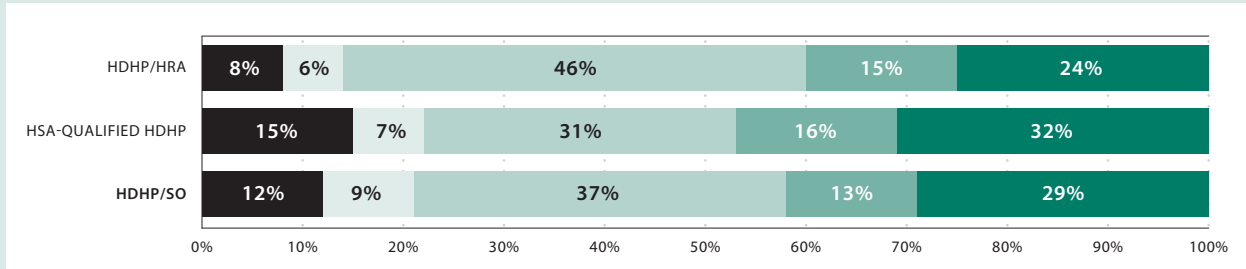
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: The survey distinguished between plans that have an aggregate deductible amount in which all family members' out-of-pocket expenses count toward the deductible, and plans that have a separate amount for each family member, typically with a limit on the number of family members required to reach that amount.

EXHIBIT 8.10

Distribution of Covered Workers with the Following Aggregate Family Deductible Amounts, HDHP/HRAs and HSA-Qualified HDHPs, 2012



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: The survey distinguished between family deductibles that are an aggregate amount in which all family members' out-of-pocket expenses count toward the deductible, and plans that have a separate amount for each family member, typically with a limit on the number of family members required to reach that amount. The minimum annual family deductible for workers enrolled in HSA-qualified HDHPs is \$2,400 in 2012 according to federal regulation. Therefore, the distribution for HSA-qualified HDHPs starts at \$2,400.

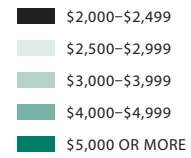


EXHIBIT 8.11

Percentage of Covered Workers with Coverage for the Following Services Without Having to First Meet the Deductible, HDHP/HRAs, by Firm Size, 2012

	Physician Office Visits for Primary Care	Prescription Drugs
All Small Firms (3-199 Workers)	67%	79%
All Large Firms (200 or More Workers)	36%	79%
ALL FIRMS	46%	79%

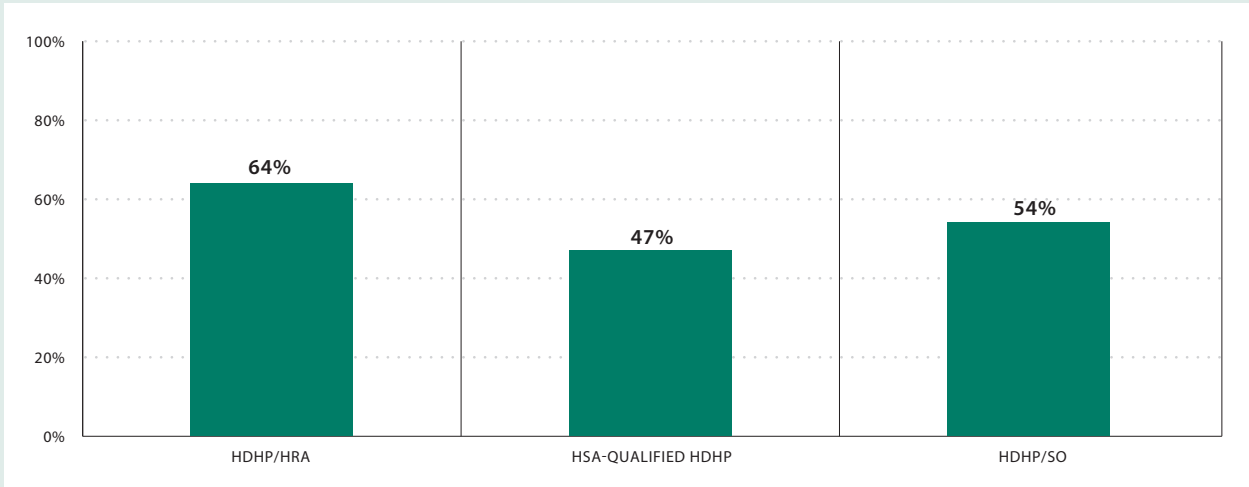
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: Only firms with HDHP/HRAs were asked about physician office visits for primary care or prescription drugs. HSA-qualified HDHPs are required by law to apply the plan deductible to nearly all services.

EXHIBIT 8.12

Percentage of Covered Workers in Partially or Fully Self-Funded HDHP/HRAs and HSA-Qualified HDHPs, 2012



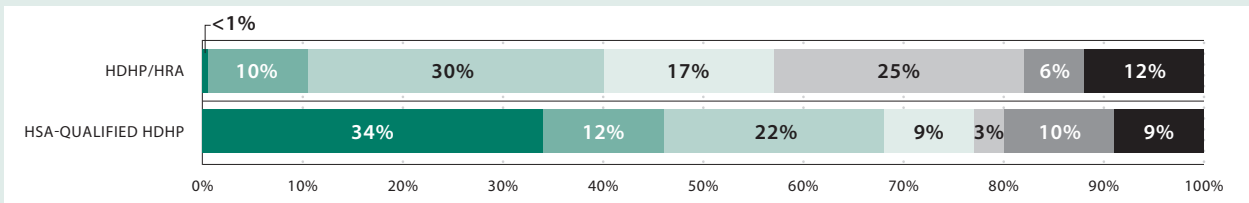
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: For definitions of Self-Funded and Fully Insured Plans, see the introduction to Section 10.

EXHIBIT 8.13

Distribution of Covered Workers with the Following Annual Employer Contributions to their HRA or HSA, for Single Coverage, 2012



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: For single coverage, 28% of employers offering HSA-qualified HDHPs (covering 34% of workers enrolled in these plans) do not make contributions towards the HSAs that their workers establish.

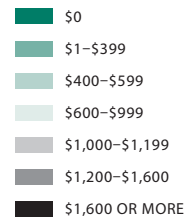
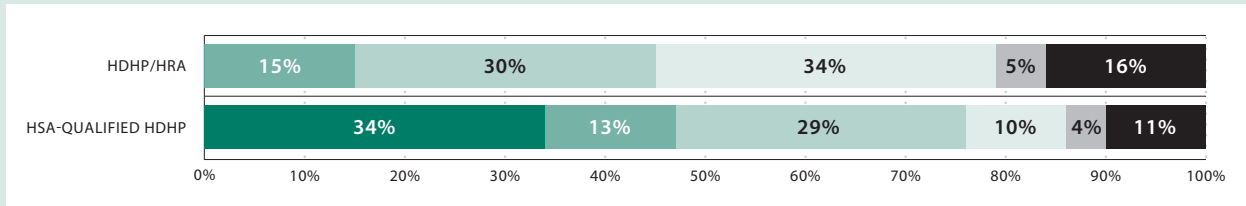


EXHIBIT 8.14

Distribution of Covered Workers with the Following Annual Employer Contributions to their HRA or HSA, for Family Coverage, 2012



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: For family coverage, 28% of employers offering HSA-qualified HDHPs (covering 34% of workers enrolled in these plans) do not make contributions towards the HSAs that their workers establish.

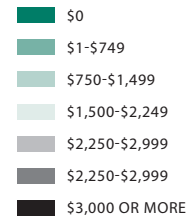


EXHIBIT 8.15

Distribution of Firm Contributions to the HRA for Single and Family Coverage Relative to the Average Annual Firm Contribution to the HRA, 2012

Contribution Range, Relative to Average HRA Contribution	Single Coverage		Family Coverage	
	Contribution Range, Dollar Amount	Percentage of Covered Workers in Range	Contribution Range, Dollar Amount	Percentage of Covered Workers in Range
Less than 80%	Less than \$776	51%	Less than \$1,472	45%
80% to Less Than Average	\$776 to <\$970	7%	\$1,472 to <\$1,840	16%
Average to Less Than 120%	\$970 to <\$1,164	25%	\$1,840 to <\$2,208	18%
120% or More	\$1,164 or more	18%	\$2,208 or More	21%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: The average annual firm contribution to the HRA is \$970 for single coverage and \$1,840 for family coverage. The HRA account contribution distribution is relative to the average single or family account contribution. For example, \$776 is 80% of the average single HRA account contribution and \$1,164 is 120% of the average single HRA account contribution. The same break points relative to the average are used for the distribution for family coverage.

EXHIBIT 8.16

Distribution of Firm Contributions to the HSA for Single and Family Coverage Relative to the Average Annual Firm Contribution to the HSA, 2012

Contribution Range, Relative to Average HSA Contribution	Single Coverage		Family Coverage	
	Contribution Range, Dollar Amount	Percentage of Covered Workers in Range	Contribution Range, Dollar Amount	Percentage of Covered Workers in Range
Less than 80%	Less than \$487	49%	Less than \$856	49%
80% to Less Than Average	\$487 to <\$609	16%	\$856 to <\$1,070	14%
Average to Less Than 120%	\$609 to <\$731	5%	\$1,070 to <\$1,284	9%
120% or More	\$731 or More	30%	\$1,284 or More	28%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

Note: The average annual firm contribution to the HSA is \$609 for single coverage and \$1,070 for family coverage. The distribution includes workers in firms who do not make any contribution. The HSA account contribution distribution is relative to the average single or family account contribution. For example, \$487 is 80% of the average single HSA account contribution and \$731 is 120% of the average single HSA account contribution. The same break points relative to the average are used for the distribution for family coverage.

EXHIBIT 8.17

Distribution of Covered Workers in HDHP/HRAs and HSA-Qualified HDHPs with the Following Types of Cost Sharing in Addition to the General Annual Deductible, 2012

Separate Cost Sharing for a Hospital Admission	HDHP/HRA	HSA-Qualified HDHP	HDHP/SO [§]
Separate Annual Deductible	<1%	NA	<1%
Copayment and/or Coinsurance			
Copayment	3	7%	6
Coinsurance	66	56	60
Both Copay and Coinsurance [‡]	2	<1	1
Charge Per Day	2	1	1
None	29	36	33
Separate Cost Sharing for an Outpatient Surgery Episode			
Separate Annual Deductible	0%	NA	0%
Copayment and/or Coinsurance			
Copayment	4	9%	7
Coinsurance	65	53	58
Both Copay and Coinsurance [‡]	3	<1	1
None	30	37	34
Separate Cost Sharing for Primary Care Physician Office Visits			
Copayment	29%	9%	17%
Coinsurance	57	51	53
None	14	40	30
Other	0	1	<1
Separate Cost Sharing for Specialty Care Physician Office Visits			
Copayment	31%	11%	19%
Coinsurance	55	52	53
None	14	37	28
Other	<1	<1	<1
Separate Cost Sharing for Emergency Room Visits			
Copayment	29%	15%	20%
Coinsurance	35	48	43
None	16	36	28
Other	20	2	9

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

[‡] This includes enrollees who are required to pay the higher amount of either the copayment or coinsurance under the plan.

[§] Information on separate deductibles for hospital admissions or outpatient surgery was collected for HDHP/HRAs only.

NA: Not Applicable. Information on separate annual deductibles for hospital admissions or outpatient surgery was not collected for HSA-qualified HDHPs because federal regulations make it unlikely the plan would have a separate deductible for specific services.

Note: The distribution of workers with types of cost sharing does not equal 100% as workers may face a combination of types of cost sharing. In 2012 the questions on primary care office visits, specialty office visits, and ER cost sharing were revised to ensure that firms that had a coinsurance with a minimum or maximum dollar amount were included in the coinsurance category.

