Employer Health Benefits
2013 Annual Survey

Employee Cost Sharing

SECTION 7

EMPLOYEE COST SHARING

In addition to any required premium contributions, most covered workers face cost sharing for the medical services they use. Cost sharing for medical services can take a variety of forms, including deductibles (an amount that must be paid before some or all services are covered by the plan), copayments (fixed dollar amounts), and/or coinsurance (a percentage of the charge for services). The type and level of cost sharing often vary by the type of plan in which the worker is enrolled. Cost sharing may also vary by the type of service, such as office visits, hospitalizations, or prescription drugs.

The cost-sharing amounts reported here are for covered workers using services provided in-network by participating providers. Plan enrollees receiving services from providers that do not participate in plan networks often face higher cost sharing and may be responsible for charges that exceed plan allowable amounts. The framework of this survey does not allow us to capture all of the complex cost-sharing requirements in modern plans, particularly for ancillary services (such as durable medical equipment or physical therapy) or cost-sharing arrangements that vary across different settings (such as tiered networks). Therefore, we do not collect information on all plan provisions and limits that affect enrollee out-of-pocket liability.

GENERAL ANNUAL DEDUCTIBLES

- A general annual deductible is an amount that must be paid by the enrollee before most services are covered by their health plan. Some plans require enrollees to meet a service specific deductible such as on prescription drugs or hospital admissions in lieu of or in addition to a general deductible. Federal law requires that some services such as preventative care are covered by some plans without cost sharing.
  - Seventy-eight percent of covered workers are enrolled in a plan with a general annual deductible for single coverage. More covered workers are enrolled in a plan with a general annual deductible in 2013 than in 2012 (78% vs. 72%) (Exhibit 7.2). Since 2006, the percent of covered workers with a general annual deductible has increased from 55% to 78%.
  - The percent of covered workers enrolled in a plan with a general annual deductible is similar for small (3–199 workers) and larger firms (77% and 78%) (Exhibit 7.2).
  - The likelihood of having a deductible varies by plan type. Workers in HMOs are less likely to have a general annual deductible for single coverage compared to workers in other plan types. Fifty-nine percent of workers in HMOs do not have a general annual deductible, compared to 34% of workers in POS plans and 19% of workers in PPOs (Exhibit 7.1).
  - Workers without a general annual plan deductible often have other forms of cost sharing for medical services. For workers without a general annual deductible for single coverage, 81% in HMOs, 83% in PPOs, and 73% in POS plans are in plans that require cost sharing for hospital admissions. The percentages are similar for family coverage (Exhibit 7.4).
- The dollars amounts of general annual deductibles vary greatly by plan type and firm size.
  - The average annual deductible is $1,135. There are differences in the average general annual deductible by plan type. The average annual deductibles among those covered workers with a deductible for single coverage are $729 for HMOs, $799 for PPOs, $1,314 for POS plans, and $2,003 for HDHP/SOs (Exhibit 7.5). Overall, the average general annual deductible for all covered workers is $1,135.
  - There is no statistically significant change in deductible amounts from 2012 to 2013 for any plan type (Exhibit 7.7).

- Deductibles are generally higher for covered workers in small firms (3–199 workers) than for covered workers in large firms (200 or more workers) across plan types (Exhibit 7.5). For covered workers in PPOs, deductibles in small firms are more than twice as large as deductibles in large firms ($1,488 vs. $563). On average, covered workers at small firms face higher general annual deductibles than covered workers at large firms ($1,715 vs. $884) (Exhibit 7.5).

- For family coverage, the majority of workers with general annual deductibles have an aggregate deductible, meaning all family members' out-of-pocket expenses count toward meeting the deductible amount. Among those with a general annual deductible for family coverage, the percentage of covered workers with an average aggregate general annual deductible is 56% for workers in HMOs, 58% for workers in PPOs, 77% for workers in POS plans and 84% for workers in HDHP/SOs (Exhibit 7.13).
  - The average amounts for workers with an aggregate deductible for family coverage are $1,743 for HMOs, $1,854 for PPOs, $2,821 for POS plans, and $4,079 for HDHP/SOs (Exhibit 7.14).
  - The average aggregate deductible amounts for family coverage are similar to last year for each plan type (Exhibit 7.15).
- The other type of family deductible, a separate per-person deductible, requires each family member to meet a separate per-person deductible amount before the plan covers expenses for that member. Most plans with separate per-person family deductibles consider the deductible met for all family members if a prescribed number of family members each reach their separate deductible amounts. Plans may also require each family member to meet a separate per-person deductible until the family's combined spending reaches a specified dollar amount.
  - For covered workers in health plans that have separate per-person general annual deductible amounts for family coverage, the average plan deductible amounts are $609 for HMOs, $782 for PPOs, $1,080 for POS plans, and $2,033 for HDHP/SOs (Exhibit 7.14).
  - Most covered workers in plans with a separate per-person general annual deductible for family coverage have a limit to the number of family members required to meet the separate deductible amounts (Exhibit 7.18).[1] Among those workers in plans with a limit on the number of family members, the most frequent number of family members required to meet the separate deductible amounts is three for HMO and PPO plans, and two for POS plans (Exhibit 7.19).
- Thirty-eight percent of covered workers are in plans with a deductible of $1000 or more for single coverage, similar to the percentage (34%) in 2012 (Exhibit 7.9).
  - Over the last five years, the percentage of covered workers with a deductible of $1,000 or more for single coverage has increased from 18% to 38% (Exhibit 7.9). Workers in small firms (3–199 workers) are more likely to have a general annual deductible of $1,000 or more for single coverage than workers in large firms (200 or more workers) (58% vs. 28%) (Exhibit 7.8). The percent of covered workers at small firms (3–199 workers) who have a deductible of a $1,000 or more increased from 49% in 2012 to 58% in 2013 (Exhibit 7.9).
  - Fifteen percent of covered workers are enrolled in a plan with a deductible of $2,000 or more. Thirty-one percent of covered workers at small firms (3–199 workers) have a general annual deductible of $2,000 or more (Exhibit 7.8).

NOTE:

[1] Some workers with separate per-person deductibles or out-of-pocket maximums for family coverage do not have a specific number of family members that are required to meet the deductible amount and instead have another type of limit, such as a per-person amount with a total dollar amount limit. These responses are included in the averages and distributions for separate family deductibles and out-of-pocket maximums.

- The majority of covered workers with a deductible are in plans where the deductible does not have to be met before certain services, such as physician office visits or prescription drugs, are covered.
  - Large majorities of covered workers (77% in HMOs, 78% in PPOs, and 72% in POS plans) with general plan deductibles are enrolled in plans where the deductible does not have to be met before physician office visits for primary care are covered (Exhibit 7.21).
  - Similarly, among workers with a general annual deductible, large shares of covered workers in HMOs (95%), PPOs (91%), and POS plans (87%) are enrolled in plans where the general annual deductible does not have to be met before prescription drugs are covered (Exhibit 7.21).

HOSPITAL AND OUTPATIENT SURGERY COST SHARING

- In order to better capture the prevalence of combinations of cost sharing for inpatient hospital stays and outpatient surgery, the survey was changed to ask a series of yes or no questions beginning in 2009. The new format allowed respondents to indicate more than one type of cost sharing for these services, if applicable. Previously, the questions asked respondents to select just one response from a list of types of cost sharing, such as separate deductibles, copayments, coinsurance, and per diem payments (for hospitalization only). Due to the change in question format, 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 addition, the average copayment and coinsurance rates for hospital admissions include workers who may have a combination of these types of cost sharing.
- Whether or not a worker has a general annual deductible, most workers face additional types of cost sharing when admitted to a hospital or having outpatient surgery (such as a copayment, coinsurance, or a per diem charge).
  - For hospital admissions, 61% of covered workers have coinsurance and 16% have copayments. Lower percentages of workers have per day (per diem) payments (7%), a separate hospital deductible (3%), or both copayments and coinsurance (8%), while 17% have no additional cost sharing for hospital admissions after any general annual deductible has been met (Exhibit 7.22). For covered workers in HMO plans, copayments are more common (37%) and coinsurance (26%) is less common than in other plan types.
  - The percent of covered workers in a plan which requires coinsurance for hospital admission has increased from 53% in 2010 to 61% in 2013.
  - The average coinsurance rate is 18%; the average copayment is $278 per hospital admission; the average per diem charge is $264; and the average separate annual hospital deductible is $436 (Exhibit 7.24).
  - The cost-sharing provisions for outpatient surgery are similar to those for hospital admissions, as most workers have coinsurance or copayments. Sixty-two percent of covered workers have coinsurance and 18% have copayments for an outpatient surgery episode. In addition, 2% have a separate annual deductible for outpatient surgery, and 5% have both copayments and coinsurance, while 19% have no additional cost sharing after any general annual deductible has been met (Exhibit 7.23).
  - For covered workers with cost sharing, the average coinsurance is 18%, the average copayment is $140, and the average separate annual outpatient surgery deductible is $726 (Exhibit 7.24).

COST SHARING FOR PHYSICIAN OFFICE VISITS

- The majority of covered workers are enrolled in health plans that require cost sharing for an in-network physician office visit, in addition to any general annual deductible.[2]

NOTE:

[2] Starting in 2010, the survey asked about the prevalence and cost of physician office visits separately for primary care and specialty care. Prior to the 2010 survey if the respondent indicated the plan had a copayment for office visits, we assumed the plan had a copayment for both primary and specialty care visits. The survey did not allow for a respondent to report that a plan had a copayment for primary care visits and coinsurance for visits with a specialist physician. The changes made in 2010 allow for variations in the type of cost sharing for primary care and specialty care. This year the survey includes cost sharing for in-network services only. See the 2007 survey for information on out-of-network office visit cost sharing.

- The most common form of physician office visit cost sharing for in-network services is copayments. Seventy-four percent of covered workers have a copayment for a primary care physician office visit and 20% have coinsurance. For office visits with a specialty physician, 72% of covered workers have copayments and 20% have coinsurance. Workers in HMOs, PPOs, and POS plans are much more likely to have copayments than workers in HDHP/SOs for both primary care and specialty care physician office visits. For example, the majority of workers in HDHP/SOs have coinsurance (55%) or no cost sharing after the general annual plan deductible is met (22%) for primary care physician office visits (Exhibit 7.25).
- Among covered workers with a copayment for in-network physician office visits, the average copayment is $23 for primary care and $35 for specialty physicians (Exhibit 7.26), similar to $23 and $33 reported in 2012.
- Among workers with coinsurance for in-network physician office visits, the average coinsurance rates are 18% for a visit with a primary care physician and 19% for a visit with a specialist (Exhibit 7.26).

OUT-OF-POCKET MAXIMUM AMOUNTS

▶ Most covered workers are in a plan that partially or totally limits the cost sharing that a plan enrollee must pay in a year. These limits are generally referred to as out-of-pocket maximum amounts. Enrollee cost sharing, such as deductibles, office visit cost sharing, or spending on prescription drugs, may or may not apply to the out-of-pocket maximum. Therefore, the survey asks what types of out-of-pocket expenses count when determining whether a covered worker has met the plan out-of-pocket maximum. When a plan does not count certain types of spending, it effectively increases the amount a worker may pay out-of-pocket.

▶ Twelve percent of covered workers are in a plan that does not limit the amount of cost sharing enrollees have to pay for either single or family coverage (Exhibit 7.31).

- Covered workers with single or family coverage in HMOs (25%) are more likely to be enrolled in a plan that does not limit the amount of cost sharing than workers in PPOs (11%) (Exhibit 7.31).
- Covered workers without an out-of-pocket maximum, however, may not have large cost-sharing responsibilities. For example, 76% of covered workers in HMOs with no out-of-pocket maximum for single coverage have no general annual deductible, only 2% have coinsurance for a hospital admission and less than 1% have coinsurance for outpatient surgery episodes.
- HSA-qualified HDHPs are required by law to have an out-of-pocket maximum of no more than $6,250 for single coverage and $12,500 for family coverage in 2013. HDHP/HRAs have no such requirement, and among workers enrolled in these plans, 9% have no out-of-pocket maximum for single or family coverage.

▶ For covered workers with out-of-pocket maximums, there is wide variation in spending limits.

- Twenty-nine percent of covered workers with an out-of-pocket maximum for single coverage have an out-of-pocket maximum of less than $2,000, while 12% have an out-of-pocket maximum of $5,000 or more (Exhibit 7.33). Covered workers with an out-of-pocket maximum in small firms (3 to 199 workers) are more likely than such workers in larger firms to be covered by a plan with an out-of-pocket maximum of $3,000 or more (52% vs. 39%).
- Like deductibles, some plans have an aggregate out-of-pocket maximum amount for family coverage that applies to cost sharing for all family members, while others have a per-person out-of-pocket maximum that limits the amount of cost sharing that the family must pay on behalf of each family member. Sixty-three percent of covered workers in a plan with an out-of-pocket maximum are in a plan with an aggregate limit (Exhibit 7.34).
- For covered workers with an aggregate out-of-pocket maximum for family coverage, 29% have an out-of-pocket maximum of less than $4,000 and 24% have an out-of-pocket maximum of $8,000 or more (Exhibit 7.35). Among workers with separate per-person out-of-pocket limits for family coverage, 85% have out-of-pocket maximums of less than $4,000 (Exhibit 7.36).

- As noted above, covered workers with an out-of-pocket maximum may be enrolled in a plan where not all spending counts toward the out-of-pocket maximum, potentially exposing workers to higher out-of-pocket spending.
  - Among workers enrolled in PPO plans with an out-of-pocket maximum for single or family coverage, 34% are in plans that do not count spending for the general annual plan deductible toward the out-of-pocket limit (Exhibit 7.32).
  - It is more common for covered workers to be in plans that do not count prescription drug cost sharing toward the out-of-pocket limit. Eighty-four percent of workers enrolled in PPO plans and 71% enrolled in HMO plans with an out-of-pocket maximum for single or family coverage are in plans that do not count prescription drug spending towards the out-of-pocket maximum (Exhibit 7.32). The ACA will require that all non-grandfathered plans have an out-of-pocket maximum that counts all cost sharing towards the limit.

EXHIBIT 7.1

Percentage of Covered Workers with No General Annual Health Plan Deductible for Single and Family Coverage, by Plan Type and Firm Size, 2013

	Single Coverage	Family Coverage
HMO		
200–999 Workers	64%	64%
1,000–4,999 Workers	70	70
5,000 or More Workers	54	54
All Small Firms (3–199 Workers)	**56%**	**55%**
All Large Firms (200 or More Workers)	**60%**	**60%**
ALL FIRM SIZES	**59%**	**59%**
PPO		
200–999 Workers	14%	14%
1,000–4,999 Workers	17	17
5,000 or More Workers	19	19
All Small Firms (3–199 Workers)	**22%**	**23%**
All Large Firms (200 or More Workers)	**18%**	**18%**
ALL FIRM SIZES	**19%**	**19%**
POS		
200–999 Workers	30%	30%
1,000–4,999 Workers	59	59
5,000 or More Workers	NSD	NSD
All Small Firms (3–199 Workers)	**22%**	**23%**
All Large Firms (200 or More Workers)	**51%**	**51%**
ALL FIRM SIZES	**34%**	**34%**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

NSD: Not Sufficient Data.

Note: HDHP/SOs are not shown because all covered workers in these plans face a minimum deductible. In HDHP/HRA plans, as defined by the survey, the minimum deductible is $1,000 for single coverage and $2,000 for family coverage. In HSA-qualified HDHPs, the legal minimum deductible for 2013 is $1,250 for single coverage and $2,500 for family coverage. Average general annual health plan deductibles for PPO and POS plans are for in-network services. Tests found no statistical differences within plan and coverage type from estimate for all other firms not in the indicated size category ($p<.05$).

EXHIBIT 7.2

Percent of Covered Workers in a Plan which Includes a General Annual Deductible for Single Coverage, by Plan Type and Firm Size, 2006–2013

	2006	2007	2008	2009	2010	2011	2012	2013
HMO								
All Small Firms (3–199 Workers)	17%	14%	25%	27%	34%	38%	33%	44%
All Large Firms (200 or More Workers	10%	20%*	18%	12%	25%*	27%	29%	40%
ALL FIRM SIZES	**12%**	**18%**	**20%**	**16%**	**28%***	**29%**	**30%**	**41%**
PPO								
All Small Firms (3–199 Workers)	69%	72%	73%	74%	80%	76%	76%	78%
All Large Firms (200 or More Workers	69%	71%	66%	74%	76%	83%	77%	82%
ALL FIRM SIZES	**69%**	**71%**	**68%**	**74%**	**77%**	**81%**	**77%**	**81%**
POS								
All Small Firms (3–199 Workers)	35%	53%*	59%	63%	64%	68%	58%	78%*
All Large Firms (200 or More Workers	28%	41%	41%	58%	70%	71%	63%	49%
ALL FIRM SIZES	**32%**	**48%***	**50%**	**62%**	**66%**	**69%**	**60%**	**66%**
ALL PLANS								
All Small Firms (3–199 Workers)	56%	60%	65%	67%	73%	75%	72%	77%
All Large Firms (200 or More Workers	54%	59%	56%	61%	68%*	74%	73%	78%
ALL FIRM SIZES	**55%**	**59%***	**59%**	**63%**	**70%***	**74%**	**72%**	**78%***

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

* Estimate is statistically different from estimate for the previous year shown by plan type and firm size ($p<.05$).

Note: Average general annual health plan deductibles for PPO and POS plans are for in-network services. By definition, all HDHP/SOs have a deductible.

EXHIBIT 7.3

Percent of Covered Workers in a Plan which Includes a General Annual Deductible and Average Deductible, by Firm Characteristics, 2013

	Percent of Covered Workers in a Plan which Includes a General Annual Deductible	Among Covered Workers with a General Annual Health Plan Deductible for Single Coverage, Average Deductible
Low Wage Level		
Less Than 35% Earn $23,000 a Year or Less	78%	$1,128
35% or More Earn $23,000 a Year or Less	82%	$1,213
High Wage Level		
Less Than 35% Earn $56,000 a Year or More	80%	$1,216*
35% or More Earn $56,000 a Year or More	76%	$1,041*
Unions		
Firm Has At Least Some Union Workers	76%	$776*
Firm Does Not Have Any Union Workers	79%	$1,326*
Younger Workers		
Less Than 35% of Workers Are Age 26 or Younger	78%	$1,136
35% or More Workers Are Age 26 or Younger	77%	$1,115
Older Workers		
Less Than 35% of Workers Are Age 50 or Older	79%	$1,178
35% or More Workers Are Age 50 or Older	76%	$1,072
Firm Ownership		
Private For-Profit	82%*	$1,269*
Public	71%	$740*
Private Not-For-Profit	72%*	$1,038
ALL FIRMS	78%	$1,135

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimates are statistically different from each other within firm characteristic (p<.05).

EXHIBIT 7.4

Among Covered Workers with No General Annual Health Plan Deductible for Single and Family Coverage, Percent Who Have the Following Types of Cost Sharing, by Plan Type, 2013

	Single Coverage	Family Coverage
Separate Cost Sharing for a Hospital Admission‡		
HMO	81%	81%
PPO	83	83
POS	73	73
Separate Cost Sharing for an Outpatient Surgery Episode		
HMO	78%	78%
PPO	78	78
POS	61	61

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

‡ Separate cost sharing for each hospital admission includes the following types: separate annual deductible, copayment, coinsurance, and/or a charge per day (per diem). Cost sharing for each outpatient surgery episode includes the following types: separate annual deductible, copayment, and/or coinsurance.

Note: HDHP/SOs are not shown because all covered workers in these plans face a deductible. In HDHP/HRA plans, as defined by the survey, the minimum deductible is $1,000 for single coverage and $2,000 for family coverage. In HSA-qualified HDHPs, the legal minimum deductible for 2013 is $1,250 for single coverage and $2,500 for family coverage. Average general annual health plan deductibles for PPO and POS plans are for in-network services.

EXHIBIT 7.5

Among Covered Workers with a General Annual Health Plan Deductible for Single Coverage, Average Deductible, by Plan Type and Firm Size, 2013

	Single Coverage
HMO	
All Small Firms (3–199 Workers)	$1,231*
All Large Firms (200 or More Workers)	$436*
ALL FIRM SIZES	**$729**
PPO	
All Small Firms (3–199 Workers)	$1,488*
All Large Firms (200 or More Workers)	$563*
ALL FIRM SIZES	**$799**
POS	
All Small Firms (3–199 Workers)	$1,575*
All Large Firms (200 or More Workers)	$696*
ALL FIRM SIZES	**$1,314**
HDHP/SO	
All Small Firms (3–199 Workers)	$2,379*
All Large Firms (200 or More Workers)	$1,802*
ALL FIRM SIZES	**$2,003**
ALL FIRMS	
All Small Firms (3–199 Workers)	$1,715*
All Large Firms (200 or More Workers)	$884*
ALL FIRM SIZES	**$1,135**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

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

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.6

Among Covered Workers with a General Annual Health Plan Deductible for Single Coverage, Average Deductible, by Plan Type and Region, 2013

	Single Coverage
HMO	
Northeast	$739
Midwest	$571
South	$821
West	NSD
ALL REGIONS	**$729**
PPO	
Northeast	$572*
Midwest	$810
South	$840
West	$862
ALL REGIONS	**$799**
POS	
Northeast	NSD
Midwest	$1,535
South	$1,253
West	NSD
ALL REGIONS	**$1,314**
HDHP/SO	
Northeast	$1,823
Midwest	$2,222*
South	$1,881
West	$2,026
ALL REGIONS	**$2,003**
ALL PLANS	
Northeast	$1,020
Midwest	$1,282*
South	$1,104
West	$1,107
ALL REGIONS	**$1,135**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimate is statistically different within plan type from estimate for all other firms not in the indicated region (p<.05).

NSD: Not Sufficient Data.

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.7

Among Covered Workers with a General Annual Health Plan Deductible for Single Coverage, Average Deductible, by Plan Type, 2006–2013

	2006	2007	2008	2009	2010	2011	2012	2013
HMO	$352	$401	$503	$699*	$601	$911	$691	$729
PPO	$473	$461	$560*	$634*	$675	$675	$733	$799
POS	$553	$621	$752	$1,061	$1,048	$928	$1,014	$1,314
HDHP/SO	$1,715	$1,729	$1,812	$1,838	$1,903	$1,908	$2,086	$2,003
ALL PLANS	**$584**	**$616**	**$735***	**$826***	**$917***	**$991**	**$1,097***	**$1,135**

SOURCE:

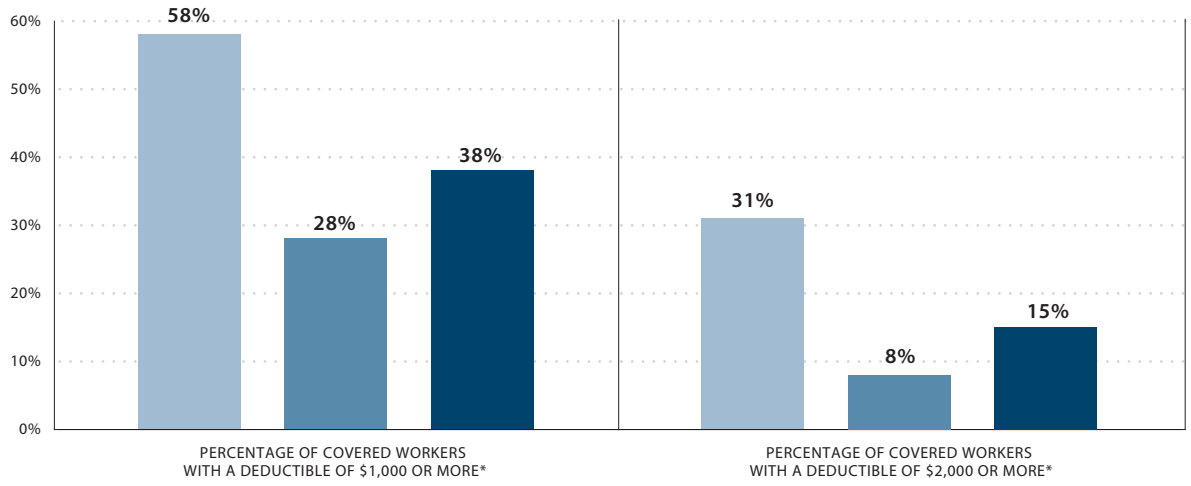
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

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

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.8

Percentage of Covered Workers Enrolled in a Plan with a High General Annual Deductible for Single Coverage, by Firm Size, 2013



SOURCE:

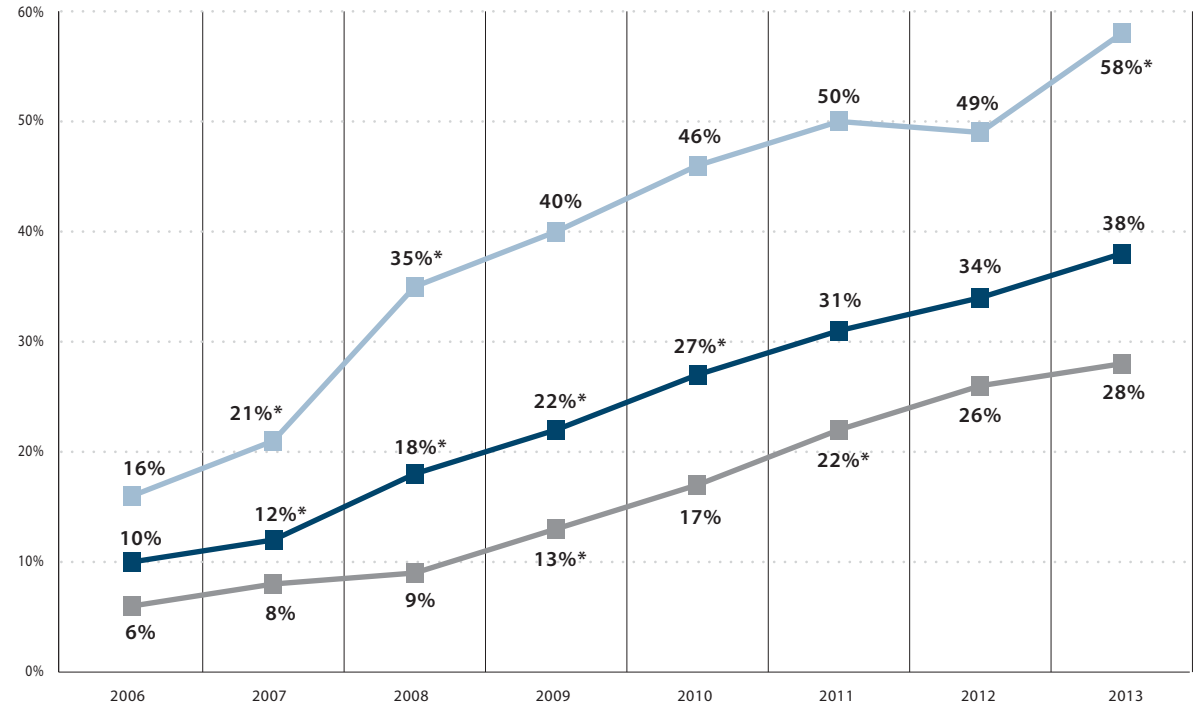
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

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

NOTE: These estimates include workers enrolled in HDHP/SO and other plan types. Because we do not collect information on the attributes of conventional plans, to be conservative, we assumed that workers in conventional plans do not have a deductible of $1,000 or more. Because of the low enrollment in conventional plans, the impact of this assumption is minimal. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.9

Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of $1,000 or More for Single Coverage, by Firm Size, 2006–2013



SOURCE:

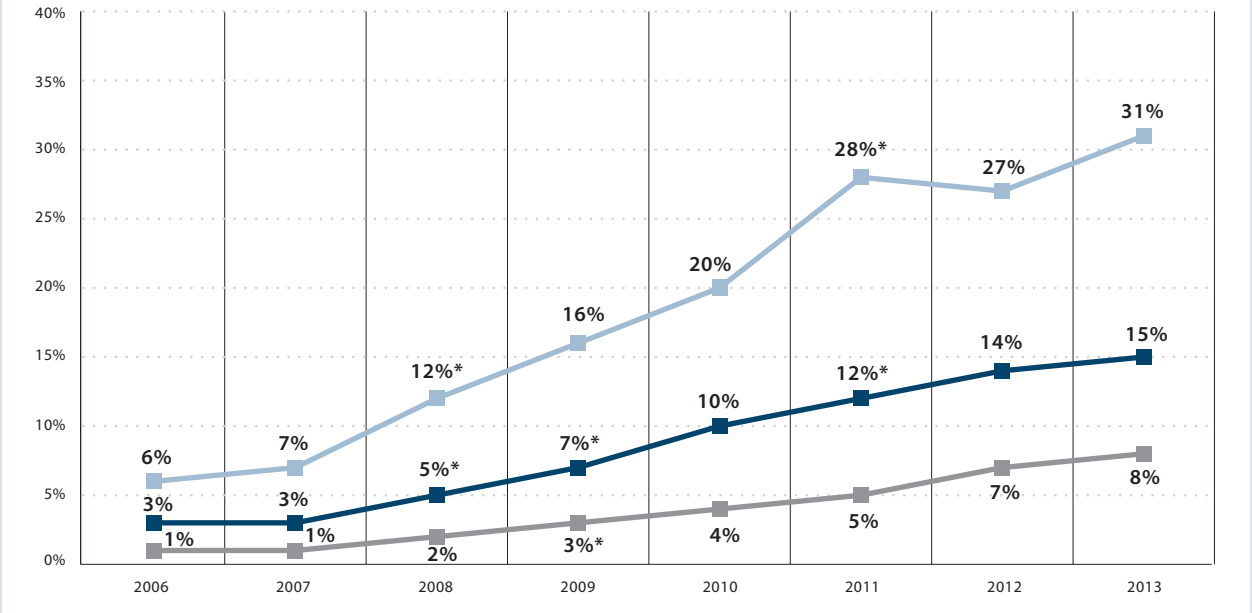
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

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

Note: These estimates include workers enrolled in HDHP/SO and other plan types. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.10

Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of $2,000 or More for Single Coverage, by Firm Size, 2006–2013



SOURCE:

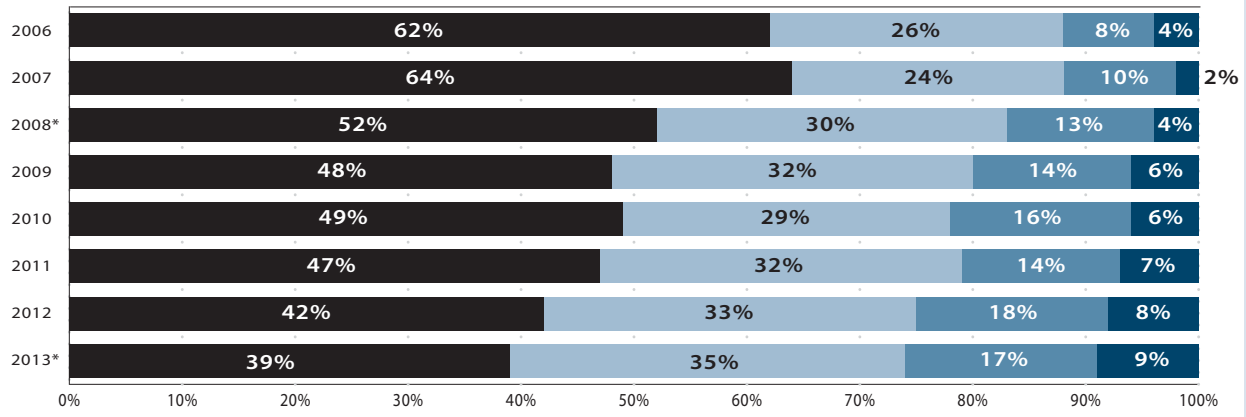
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

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

Note: These estimates include workers enrolled in HDHP/SO and other plan types. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.11

Among Covered Workers with a General Annual Health Plan Deductible for Single PPO Coverage, Distribution of Deductibles, 2006–2013



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

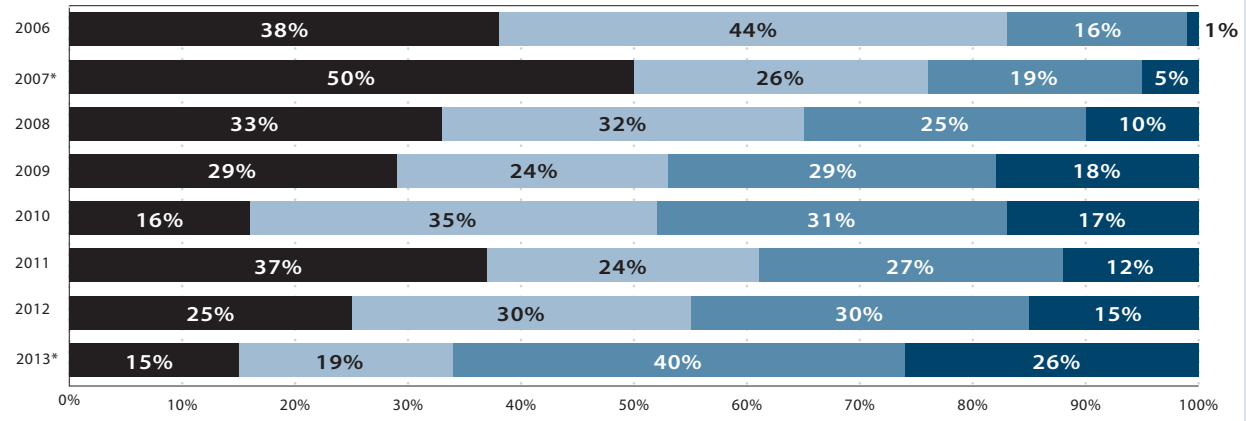
* Distribution is statistically different from distribution for the previous year shown (p<.05).

Note: Deductibles for PPO plans are for in-network services.

$1–$499
$500–$999
$1,000–$1,999
$2,000 OR MORE

EXHIBIT 7.12

Among Covered Workers With a General Annual Health Plan Deductible for Single POS Coverage, Distribution of Deductibles, 2006–2013



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

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

Note: Deductibles for POS plans are for in-network services.

$1–$499
$500–$999
$1,000–$1,999
$2,000 OR MORE

EXHIBIT 7.13

Distribution of Type of General Annual Deductible for Covered Workers with Family Coverage, by Plan Type and Firm Size, 2013

	No Deductible	Aggregate Amount	Separate Amount per Person
HMO			
All Small Firms (3–199 Workers)	55%	27%	17%
All Large Firms (200 or More Workers)	60	21	19
ALL FIRM SIZES	**59%**	**23%**	**18%**
PPO			
All Small Firms (3–199 Workers)	23%	49%	28%
All Large Firms (200 or More Workers)	18	46	36
ALL FIRM SIZES	**19%**	**47%**	**34%**
POS			
All Small Firms (3–199 Workers)	23%*	59%	19%
All Large Firms (200 or More Workers)	51*	40	9
ALL FIRM SIZES	**34%**	**51%**	**15%**
HDHP/SO			
All Small Firms (3–199 Workers)	NA	85%	15%
All Large Firms (200 or More Workers)	NA	83	17
ALL FIRM SIZES	**NA**	**84%**	**16%**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimates are statistically different from within plan type between All Small Firms and All Large Firms ($p<0.05$).

NA: Not Applicable. All covered workers in HDHP/SOs face a general annual deductible. In HDHP/HRA plans, as defined by the survey, the minimum deductible is $1,000 for single coverage and $2,000 for family coverage. In HSA-qualified HDHPs, the legal minimum deductible for 2013 is $1,250 for single coverage and $2,500 for family coverage.

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. Among workers with a general annual family deductible, 56% of workers in HMOs, 58% in PPOs, and 77% in POS plans have an aggregate deductible. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.14

Among Covered Workers with a General Annual Health Plan Deductible, Average Deductibles for Family Coverage, by Deductible Type, Plan Type, and Firm Size, 2013

	Aggregate Amount	Separate Amount per Person
HMO		
All Small Firms (3–199 Workers)	NSD	NSD
All Large Firms (200 or More Workers)	$1,043	$392
ALL FIRM SIZES	**$1,743**	**$609**
PPO		
All Small Firms (3–199 Workers)	$3,393*	$1,414*
All Large Firms (200 or More Workers)	$1,264*	$605*
ALL FIRM SIZES	**$1,854**	**$782**
POS		
All Small Firms (3–199 Workers)	$3,359*	NSD
All Large Firms (200 or More Workers)	$1,650*	NSD
ALL FIRM SIZES	**$2,821**	**$1,080**
HDHP/SO		
All Small Firms (3–199 Workers)	$4,706*	NSD
All Large Firms (200 or More Workers)	$3,740*	$1,759
ALL FIRM SIZES	**$4,079**	**$2,033**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimates are statistically different within plan and deductible type between All Small Firms and All Large Firms ($p<.05$).

NSD: Not Sufficient Data.

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. 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 7.15

Among Covered Workers with an Aggregate General Annual Health Plan Deductible for Family Coverage, Average Deductibles, by Plan Type, 2006–2013

	2006	2007	2008	2009	2010	2011	2012	2013
HMO	$751	$759	$1,053	$1,524*	$1,321	$1,487	$1,329	$1,743
PPO	$1,034	$1,040	$1,344*	$1,488	$1,518	$1,521	$1,770	$1,854
POS	$1,227	$1,359	$1,860	$2,191	$2,253	$1,769	$2,163	$2,821
HDHP/SO	$3,511	$3,596	$3,559	$3,626	$3,780	$3,666	$3,924	$4,079

SOURCE:

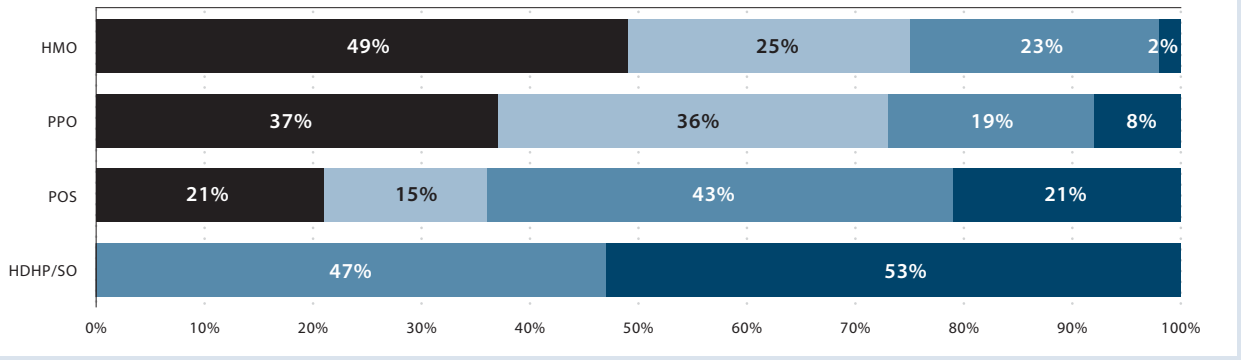
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

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

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.16

Among Covered Workers with a Separate Per Person General Annual Health Plan Deductible for Family Coverage, Distribution of Deductibles, by Plan Type, 2013



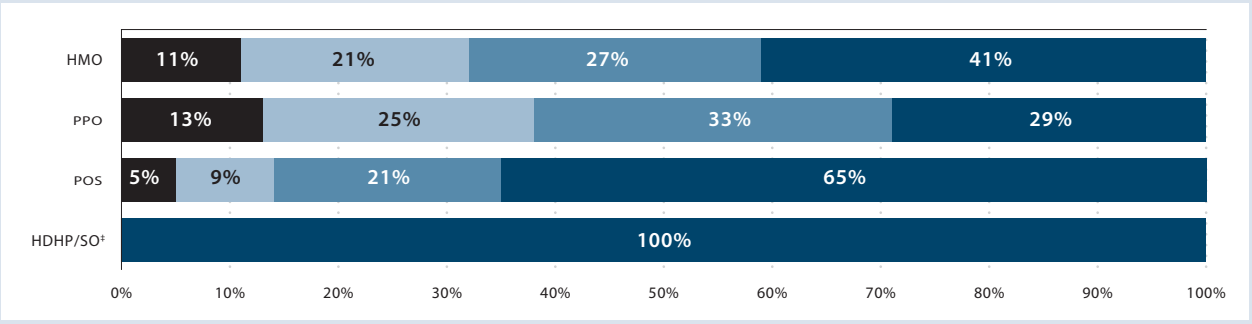
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. 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 7.17

Among Covered Workers with an Aggregate General Annual Health Plan Deductible for Family Coverage, Distribution of Deductibles, by Plan Type, 2013



SOURCE:

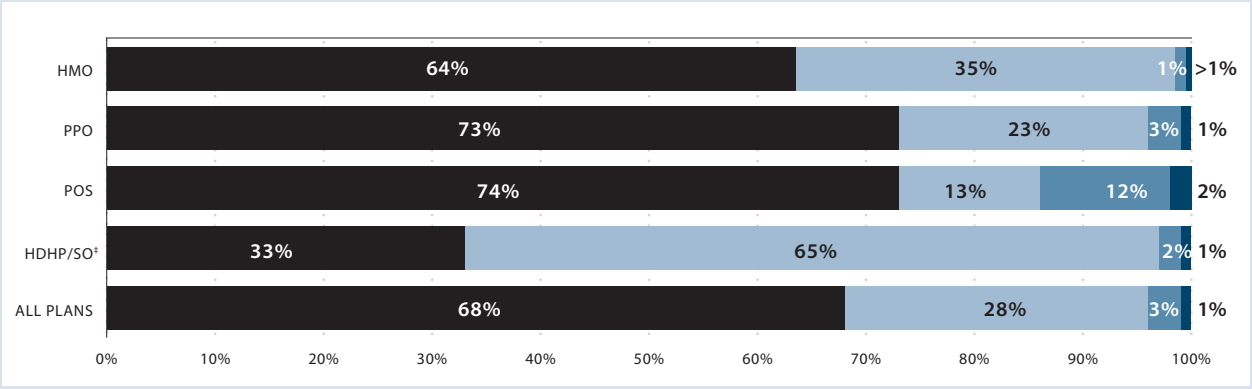
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

‡ By definition, 100% of covered workers in HDHP/SOs with an aggregate deductible have a family deductible of $2,000 or more.

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. 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 7.18

Among Covered Workers With a Separate Per Person General Annual Health Plan Deductible for Family Coverage, Structure of Deductible Limits, By Plan Type, 2013



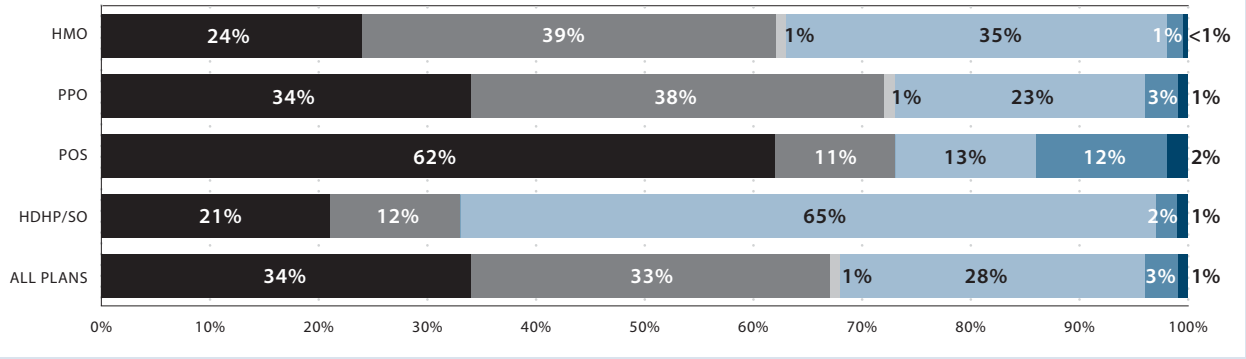
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. The survey distinguishes between plans that have an aggregate family deductible that applies to spending by any covered person in the family or a separate family deductible that applies to spending by each family member or a limited number of family members. Beginning in 2012, the survey's skip logic was edited so that firms who selected a separate family deductible were asked if they had a combined limit or if the limit was consider met when a specified number of family members reached their separate per-person limit. The "other" category refers to workers that have another type of limit on per-person deductibles, such as a per-person amount with a total dollar cap.

EXHIBIT 7.19

Among Covered Workers With a Separate Per Person General Annual Health Plan Deductible for Family Coverage, Distribution of Maximum Number of Family Members Required to Meet the Deductible, by Plan Type, 2013



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Note: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. The survey distinguishes between plans that have an aggregate family deductible that applies to spending by any covered person in the family or a separate family deductible that applies to spending by each family member or a limited number of family members. Beginning in 2012, the survey's skip logic was edited so that firms who selected a separate family deductible were asked if they had a combined limit or if the limit was consider met when a specified number of family members reached their separate per-person limit. The "other" category refers to workers that have another type of limit on per-person deductibles, such as a per-person amount with a total dollar cap.

EXHIBIT 7.20

Among Covered Workers With an Aggregate General Annual Health Plan Deductible for Family Coverage, Distribution of Aggregate Deductibles, by Plan Type, 2006–2013

	$1–$499	$500–$999	$1,000–$1,999	$2,000 or More
HMO				
2006	27%	42%	23%	7%
2007	22	48	23	8
2008	31	26	20	23
2009	7	22	33	38
2010	28	9	36	27
2011	35	14	28	23
2012	18	35	25	22
2013*	11	21	27	41
PPO				
2006	20%	42%	27%	12%
2007	14	49	25	12
2008*	11	38	32	19
2009	12	30	35	23
2010	7	33	35	24
2011	12	28	36	24
2012	10	27	31	33
2013*	13	25	33	29
POS				
2006	12%	26%	45%	18%
2007	32	13	29	25
2008	23	14	24	39
2009	3	18	30	49
2010	7	9	21	63
2011	6	26	36	33
2012	11	10	36	42
2013*	5	9	21	65

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

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

Note: By definition, 100% of covered workers in HDHP/SOs with an aggregate deductible have a family deductible of $2,000 or more. Average general annual health plan deductibles for PPOs and POS plans are for in-network services. 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 7.21

Among Covered Workers with a General Annual Health Plan Deductible, Percentage with Coverage for the Following Services Without Having to First Meet the Deductible, by Plan Type, 2013

	HMO	PPO	POS	HDHP/HRA§
Physician Office Visits for Primary Care	77%	78%	72%	56%
Prescription Drugs	95%	91%	87%	74%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

§ By definition, HSA-qualified HDHPs are required by law to apply the plan deductible to nearly all services.

Note: These questions are asked of firms with a deductible for single or family coverage. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.22

Distribution of Covered Workers With Separate Cost Sharing for a Hospital Admission in Addition to Any General Annual Deductible, by Plan Type, 2013

Separate Cost Sharing for a Hospital Admission	HMO	PPO	POS	HDHP/SO§	**ALL PLANS**
Separate Annual Deductible for Hospitalizations	3%	4%	6%	0%*	**3%**
Copayment and/or Coinsurance					
Copayment	37*	14	31*	3*	**16**
Coinsurance	26*	69*	42*	68	**61**
Both Copayment and Coinsurance‡	5	10	9	2*	**8**
Charge Per Day	20*	4	15	2*	**7**
None	19	13	16	28*	**17**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimate is statistically different from All Plans estimate (p<.05).

‡ 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 was collected only for HDHP/HRAs because federal regulations for HSA-qualified HDHPs make it unlikely these plans would have a separate deductible for specific services.

Note: As in past years, we collected information on the cost-sharing provisions for hospital admissions that are in addition to any general annual plan deductible. However, beginning with the 2009 survey, in order to better capture the prevalence of combinations of cost sharing, the survey was changed to ask a series of yes or no questions. Previously, the question asked respondents to select one response from a list of types of cost sharing, such as separate deductibles, copayments, coinsurance, and per diem payments (for hospitalization only). Due to the change in question format, the distribution of workers with types of cost sharing does not equal 100% as workers may face a combination of types of cost sharing. Zero percent of covered workers have an "other" type of cost sharing for a hospital admission.

EXHIBIT 7.23

Distribution of Covered Workers with Separate Cost Sharing for an Outpatient Surgery Episode in Addition to Any General Annual Deductible, by Plan Type, 2013

Separate Cost Sharing for an Outpatient Surgery Episode	HMO	PPO	POS	HDHP/SO§	ALL PLANS
Separate Annual Deductible for Outpatient Surgery	1%	3%	5%	0%*	**2%**
Copayment and/or Coinsurance					
Copayment	49*	12*	35*	4*	**18**
Coinsurance	28*	71*	37*	69	**62**
Both Copayment and Coinsurance‡	5	7	6	1*	**5**
None	21	15	26	27*	**19**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimate is statistically different from All Plans estimate (p<.05).

‡ 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 outpatient surgery was collected only for HDHP/HRAs because federal regulations for HSA-qualified HDHPs make it unlikely these plans would have a separate deductible for specific services.

Note: As in past years, we collected information on the cost-sharing provisions for outpatient surgery that are in addition to any general annual plan deductible. However, beginning with the 2009 survey, in order to better capture the prevalence of combinations of cost sharing, the survey was changed to ask a series of yes or no questions. Previously, the question asked respondents to select one response from a list of types of cost sharing, such as separate deductibles, copayments, coinsurance, and per diem payments (for hospitalization only). Due to the change in question format, the distribution of workers with types of cost sharing does not equal 100% as workers may face a combination of types of cost sharing. Less than 1% of covered workers have an "other" type of cost sharing for an outpatient surgery.

EXHIBIT 7.24

Among Covered Workers with Separate Cost Sharing for a Hospital Admission or Outpatient Surgery Episode in Addition to Any General Annual Deductible, Average Cost Sharing, by Plan Type, 2013

	Average Copayment	Average Coinsurance	Charge Per Day
Separate Cost Sharing for a Hospital Admission			
HMO	$348	19%	$276
PPO	255	18	178*
POS	246	21*	350*
HDHP/SO	NSD	18	NSD
ALL PLANS	**$278**	**18%**	**$264**
Separate Cost Sharing for an Outpatient Surgery Episode			
HMO	$148	19%	NA
PPO	119	18	NA
POS	177	20*	NA
HDHP/SO	NSD	19	NA
ALL PLANS	**$140**	**18%**	**NA**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimate is statistically different from All Plans estimate (p<.05).

NSD: Not Sufficient Data.

NA: Not Applicable. The survey did not offer "Charge Per Day" (per diem) as a response option for questions about separate cost sharing for each outpatient surgery episode.

Note: The average separate annual deductible for hospital admission is $436 and the average separate annual deductible for outpatient surgery is $726. In most cases there were too few observations to present the average estimates by plan type. The average amounts include workers who may have a combination of types of cost sharing. All Plans estimates are weighted by workers in firms that reported cost sharing. See the Survey Design and Methods section for more information on weighting.

EXHIBIT 7.25

In Addition to Any General Annual Plan Deductible, Percentage of Covered Workers with the Following Types of Cost Sharing for Physician Office Visits, by Plan Type, 2013

	Copay Only	Coinsurance Only	No Cost Sharing	Other Type of Cost Sharing
Primary Care				
HMO	96%*	3%*	1%*	1%
PPO	82*	15	2*	1
POS	89*	4*	4	3
HDHP/SO	22*	55*	22*	0
ALL PLANS	**74%**	**20%**	**6%**	**1%**
Specialty Care				
HMO	94%*	4%*	0%*	2%
PPO	80*	15	2*	2
POS	90*	5*	3	2
HDHP/SO	18*	56*	22*	5
ALL PLANS	**72%**	**20%**	**6%**	**2%**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimate is statistically different from All Plans estimate (p<.05).

Note: In 2013, the survey includes questions on cost sharing for in-network services only. See the 2007 survey for information on out-of-network office visit cost sharing. Starting in 2010, the survey asked about the prevalence and cost of physician office visits separately for primary care and specialty care. Prior to the 2010 survey, if the respondent indicated the plan had a copayment for office visits, we assumed the plan had a copayment for both primary and specialty care visits. The survey did not allow for a respondent to report that a plan had a copayment for primary care visits and a coinsurance for visits with a specialist physician. The changes made in 2010 allowed for variations in the type of cost sharing for primary care and specialty care.

EXHIBIT 7.26

Among Covered Workers with Copayments and/or Coinsurance for In-Network Physician Office Visits, Average Copayments and Coinsurance, by Plan Type, 2013

In-Network Office Visits	HMO	PPO	POS	HDHP/SO	ALL PLANS
Primary Care Office Visit					
Average Copay	$22*	$23	$24	$24	**$23**
Average Coinsurance ‡	NSD	19%	NSD	18%	**18%**
Specialty Care Office Visit					
Average Copay	$32*	$35	$38	$36	**$35**
Average Coinsurance‡	NSD	19%	NSD	18%	**19%**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimate is statistically different from All Plans estimates (p<.05).

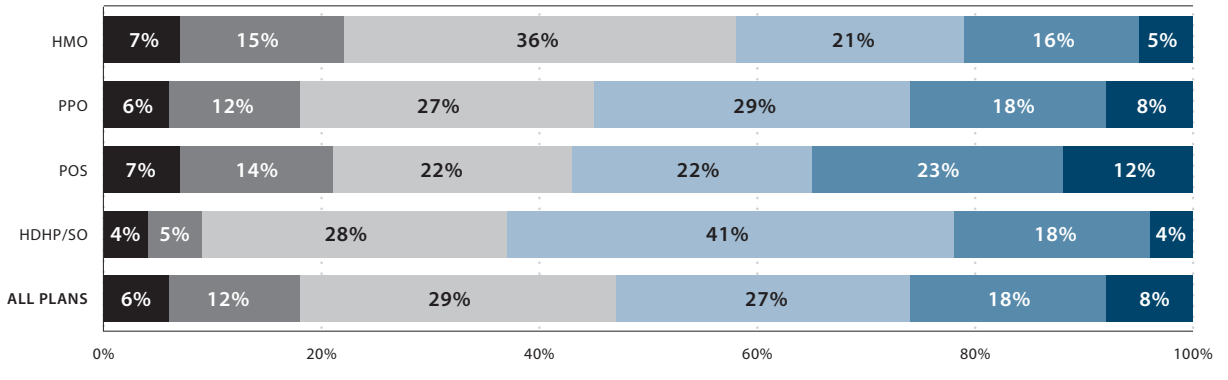
NSD: Not Sufficient Data.

‡ In the 2012 survey, the structure of cost-sharing questions was revised to include coinsurance rates with a minimum or maximum dollar amount. For most plan types, the average coinsurance rate is not significantly different depending on whether it included a minimum, maximum, or neither. See the Survey Design and Methods section for more information.

Note: The survey asks respondents if the plan has cost sharing for in-network office visits. In 2010, the survey asked about the prevalence and cost of physician office visits separately for primary care and specialty care. Prior to the 2010 survey if the respondent indicated the plan had a copayment for office visits, we assumed the plan had a copayment for both primary and specialty care visits. The survey did not allow for a respondent to report that a plan had a copayment for primary care visits and a coinsurance for visits with a specialist physician. The changes made in 2010 allowed for variations in the type of cost sharing for primary care and specialty care.

EXHIBIT 7.27

Among Covered Workers with Copayments for a Physician Office Visit with a Primary Care Physician, Distribution of Copayments, by Plan Type, 2013



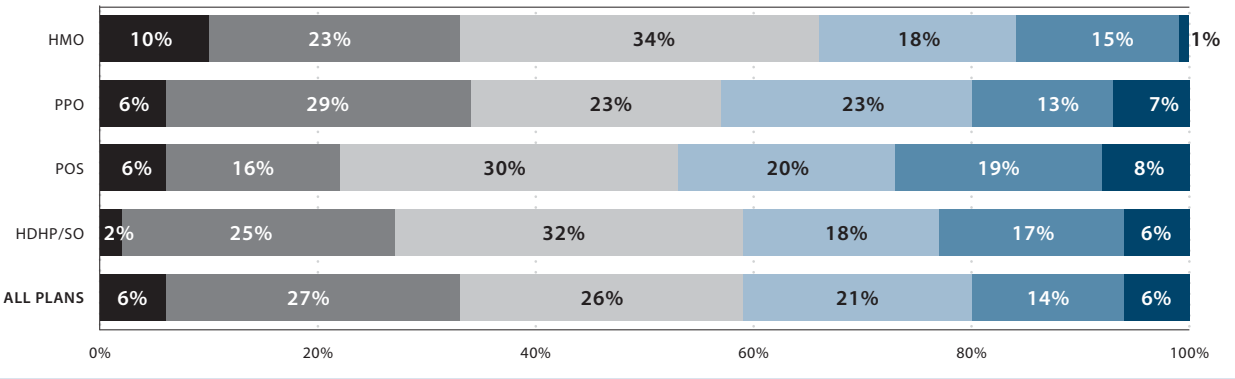
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Note: Copayments for PPOs, POS plans, and HDHP/SOs are for in-network providers.

EXHIBIT 7.28

Among Covered Workers with Copayments for a Physician Office Visit with a Specialty Care Physician, Distribution of Copayments, by Plan Type, 2013



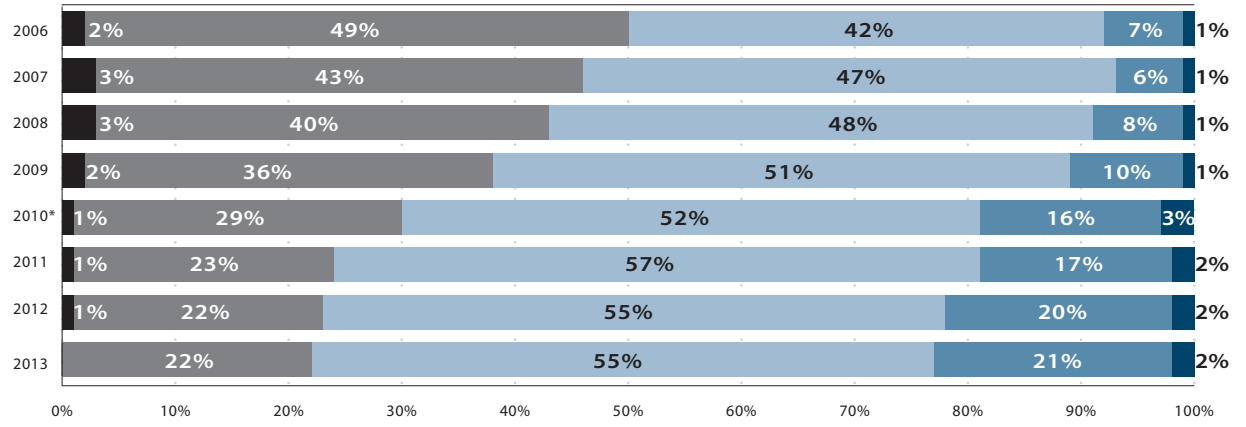
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Note: Copayments for PPO, POS, and HDHP/SO plans are for in-network providers.

EXHIBIT 7.29

Among Covered Workers with Copayments for a Physician Office Visit with a Primary Care Physician, Distribution of Copayments, 2006–2013



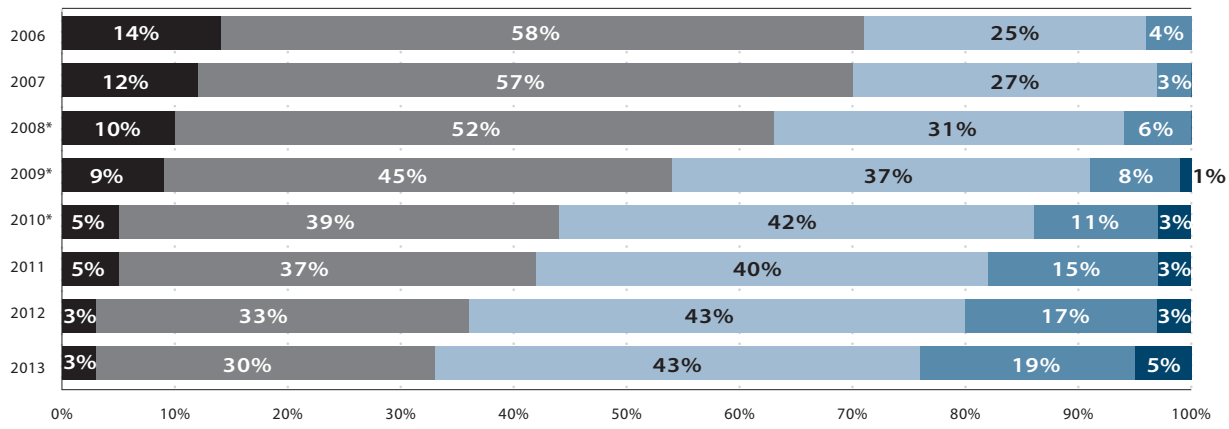
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

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

EXHIBIT 7.30

Among Covered Workers with Copayments for a Physician Office Visit with a Specialty Care Physician, Distribution of Copayments, 2006–2013



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2013.

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

EXHIBIT 7.31

Percentage of Covered Workers without an Annual Out-of-Pocket Maximum for Single and Family Coverage, by Plan Type, 2013

	Single Coverage	Family Coverage
HMO	25%*	25%*
PPO	11	11
POS	15	16
ALL PLANS	**12%**	**12%**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Estimate is statistically different from All Plans estimate within coverage type (p<.05).

Note: HSA-qualified HDHPs are required to have an annual maximum out-of-pocket liability of no more than $6,250 for single coverage and $12,500 for family coverage in 2013. HDHP/HRAs have no such requirement, and the percentages of covered workers in HDHP/HRAs with "No Limit" for annual out-of-pocket maximum for both single and family coverage are 9%.

EXHIBIT 7.32

Among Covered Workers with an Annual Out-of-Pocket Maximum, Percentage Whose Spending on Various Services Does Not Count Towards the Out-of-Pocket Maximum, by Plan Type, 2013

	HMO	PPO	POS	HDHP/SO‡
General Annual Plan Deductible	45%	34%	16%	17%
Any Additional Plan Deductibles	NSD	68	NSD	NSD
Physician Office Visit Copayments	44	76	47	88
Physician Office Visit Coinsurance	NSD	3	NSD	<1
Prescription Drug Cost Sharing	71	84	66	60

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

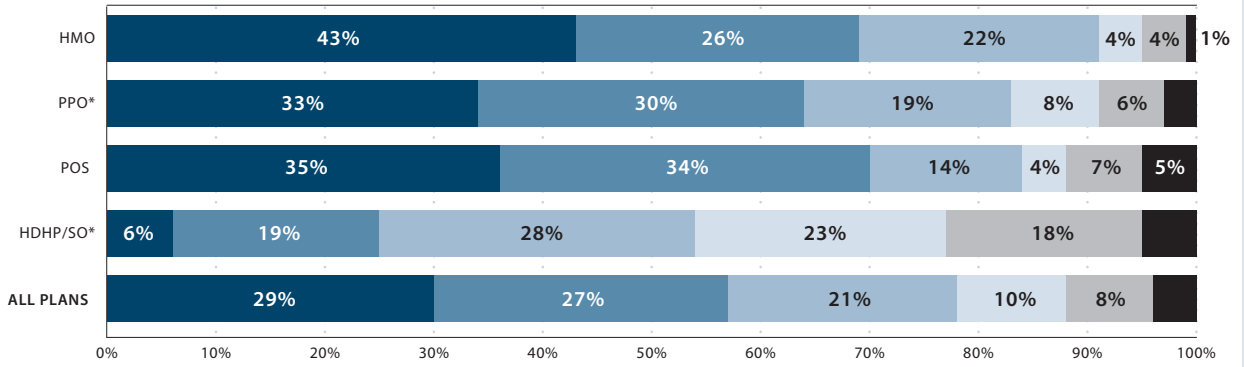
‡ Among HDHP/SO plans, questions other than "overall plan deductible" were asked only of HDHP/HRAs and not of HSA-qualified HDHPs. HSA-qualified HDHPs are required to apply most cost sharing to the out-of-pocket maximum. When HDHP/HRAs are considered exclusively, among covered workers with an annual out-of-pocket maximum, the percentage whose out-of-pocket maximum does not include certain services is as follows: any additional plan deductibles is NSD, office visit copayments is 88%, office visit coinsurance is <1%, and prescription drug cost sharing is 60%.

NSD: Not Sufficient Data.

Note: This series of questions is asked if the plan has an out-of-pocket maximum for single or family coverage.

EXHIBIT 7.33

Among Covered Workers with an Out-of-Pocket Maximum for Single Coverage, Distribution of Out-of-Pocket Maximums, by Plan Type, 2013



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

EXHIBIT 7.34

Distribution of Type of Out-of-Pocket Maximum for Covered Workers with Family Coverage, by Plan Type and Firm Size, 2013

	No Limit	Aggregate Amount	Separate Amount per Person
HMO			
All Small Firms (3–199 Workers)*	22%	65%	13%
All Large Firms (200 or More Workers)*	27	51	22
ALL FIRM SIZES	**25%**	**56%**	**19%**
PPO			
All Small Firms (3–199 Workers)	17%	63%	20%
All Large Firms (200 or More Workers)	9	58	32
ALL FIRM SIZES	**11%**	**60%**	**29%**
POS			
All Small Firms (3–199 Workers)	10%	71%	20%
All Large Firms (200 or More Workers)	24	64	11
ALL FIRM SIZES	**16%**	**68%**	**16%**
HDHP/SO‡			
All Small Firms (3–199 Workers)	7%	86%	7%
All Large Firms (200 or More Workers)	3	78	19
ALL FIRM SIZES	**4%**	**81%**	**15%**
ALL FIRMS			
All Small Firms (3–199 Workers)*	14%	70%	16%
All Large Firms (200 or More Workers)*	11	60	28
ALL FIRM SIZES	**12%**	**63%**	**24%**

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

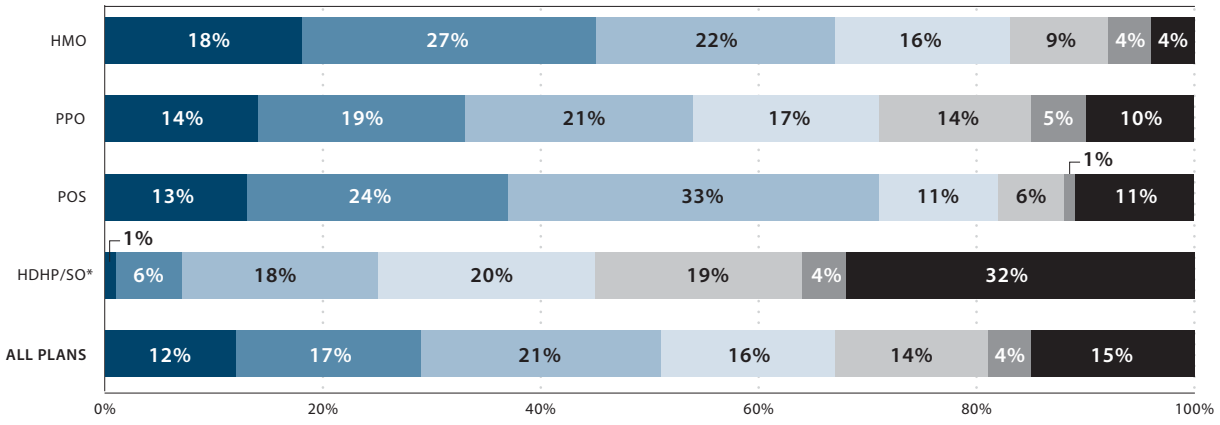
* Distributions are statistically different beween All Small Firms and All Large Firms within plan type (p<.05).

‡ HSA-qualified HDHPs are required by law to have an annual maximum out-of-pocket liability of no more than $6,250 for single coverage and $12,500 for family coverage in 2013. When they are excluded from the calculation, the distribution of type of out-of-pocket maximum for HDHP/HRAs only is as follows: All Small Firms – 18% No Limit, 73% Aggregate Amount, and 9% Separate Amount per Person; All Large Firms – 5% No Limit, 70% Aggregate Amount, and 25% Separate Amount per Person; All Firm Sizes – 9% No Limit, 71% Aggregate Amount, and 20% Separate Amount per Person.

Note: The survey distinguished between plans that have a family aggregate out-of-pocket maximum that applies to spending by any covered person in the family or a separate per person out-of-pocket maximum that applies to spending by each family member or a limited number of family members. Among workers with an out-of-pocket maximum for family coverage, 75% of workers in HMOs, 67% in PPOs, 81% in POS plans, and 72% in All Plans have an aggregate out-of-pocket maximum.

EXHIBIT 7.35

Among Covered Workers with an Aggregate Out-of-Pocket Maximum for Family Coverage, Distribution of Out-of-Pocket Maximums, by Plan Type, 2013



SOURCE:

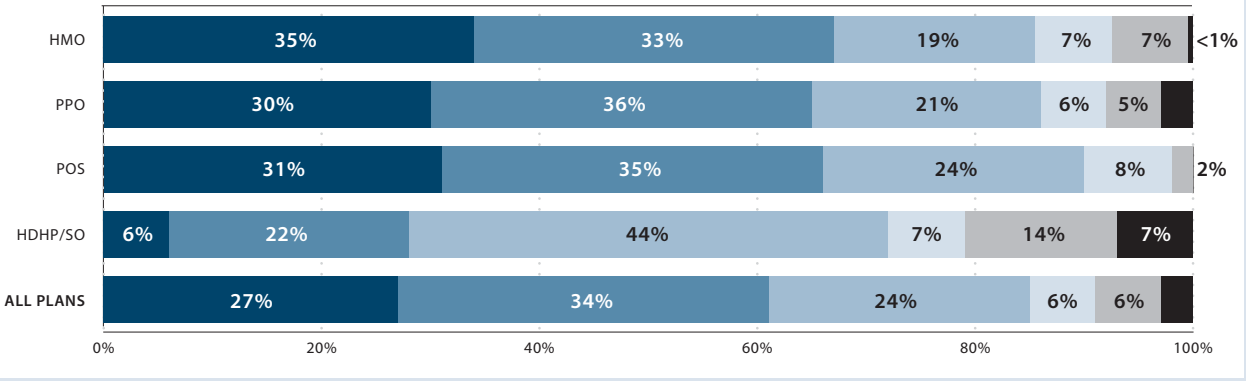
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Distribution is statistically different from All Plans distribution (p<.05).

Note: Distributions are among covered workers facing a specified limit for out-of-pocket maximum amounts. HSA-qualified HDHPs are required by law to have an out-of-pocket maximum of no more than $6,250 for single coverage and $12,500 for family coverage in 2013. The survey distinguished between plans that have a family aggregate out-of-pocket maximum that applies to spending by any covered person in the family or a separate per person out-of-pocket maximum that applies to spending by each family member or a limited number of family members.

EXHIBIT 7.36

Among Covered Workers with a Separate Per Person Out-of-Pocket Maximum for Family Coverage, Distribution of Out-of-Pocket Maximums, by Plan Type, 2013



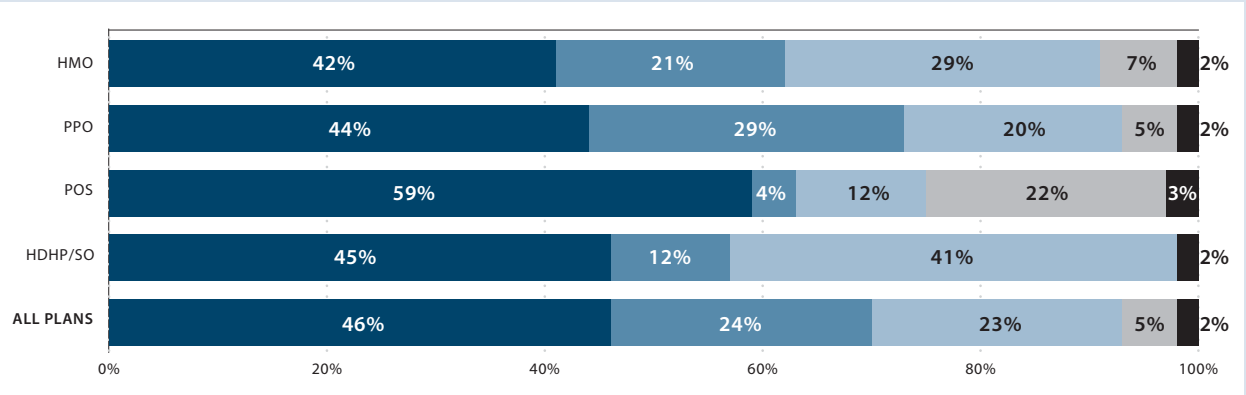
SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Note: Distributions were not statistically different from the All Plans distribution. Distributions are among covered workers facing a specified limit for out-of-pocket maximum amounts. The survey distinguished between plans that have a family aggregate out-of-pocket maximum that applies to spending by any covered person in the family or a separate per person out-of-pocket maximum that applies to spending by each family member or a limited number of family members.

EXHIBIT 7.37

Among Covered Workers with a Separate Per Person Out-of-Pocket Maximum for Family Coverage, Distribution of Number of Family Members Required to Meet the Maximum, by Plan Type, 2013



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

* Distribution is statistically different from All Plans distribution (p<.05).

Note: The survey distinguishes between plans that have a family aggregate out-of-pocket maximum that applies to spending by any covered person in the family or a separate out-of-pocket maximum that applies to spending by each family member or a limited number of family members. In 2012, the survey's skip logic was edited so that firms who selected a separate out-of-pocket maximum were asked if they had a combined limit or if the limit was considered met when a specified number of family members reached their separate per-person limit.