Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2015

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

Average Annual Premium Increases for Family Coverage, 1999-2015

Cumulative Increases in Health Insurance Premiums, Workers’ Contributions to Premiums, Inflation, and Workers’ Earnings, 1999-2015

Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Single and Family Coverage, by Firm Size, 2015

**Single Coverage**

- **Small Firms** (3 to 199 Workers):
  - Employer Contribution: $6,163
  - Worker Contribution: $5,264
  - Total: $11,427

- **Large Firms** (200 or More Workers):
  - Employer Contribution: $6,289
  - Worker Contribution: $5,142
  - Total: $11,431

- **All Firms**:
  - Employer Contribution: $6,251
  - Worker Contribution: $5,179
  - Total: $11,430

**Family Coverage**

- **Small Firms** (3 to 199 Workers):
  - Employer Contribution: $16,625
  - Worker Contribution: $5,904
  - Total: $22,529

- **Large Firms** (200 or More Workers):
  - Employer Contribution: $17,983
  - Worker Contribution: $4,549
  - Total: $22,532

- **All Firms**:
  - Employer Contribution: $17,545
  - Worker Contribution: $4,955
  - Total: $22,500

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

**Source:** Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2015.
Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Single and Family Coverage, by Firm Wage Level, 2015

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

NOTE: Lower-wage level is $23,000 annually or less, the 25th percentile for workers earnings nationally.


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

### Average General Annual Deductible for Covered Workers Enrolled in Single Coverage, 2006-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Deductible Among Covered Workers With a Deductible</th>
<th>Deductible Among All Covered Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>$584</td>
<td>$303</td>
</tr>
<tr>
<td>2007</td>
<td>$616</td>
<td>$343</td>
</tr>
<tr>
<td>2008</td>
<td>$735*</td>
<td>$433*</td>
</tr>
<tr>
<td>2009</td>
<td>$826*</td>
<td>$533*</td>
</tr>
<tr>
<td>2010</td>
<td>$917*</td>
<td>$646*</td>
</tr>
<tr>
<td>2011</td>
<td>$991</td>
<td>$747*</td>
</tr>
<tr>
<td>2012</td>
<td>$1,097*</td>
<td>$802</td>
</tr>
<tr>
<td>2013</td>
<td>$1,135</td>
<td>$883</td>
</tr>
<tr>
<td>2014</td>
<td>$1,217</td>
<td>$989*</td>
</tr>
<tr>
<td>2015</td>
<td>$1,318</td>
<td>$1,077</td>
</tr>
</tbody>
</table>

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

**NOTES:** Average general annual deductible is among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

Cumulative Increases in Health Insurance Premiums, General Annual Deductibles, Inflation, and Workers’ Earnings, 2010-2015

NOTE: Average general annual deductible is among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of $1,000 or More for Single Coverage, By Firm Size, 2006-2015

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

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

## Distribution of Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Conventional</th>
<th>HMO</th>
<th>PPO</th>
<th>POS</th>
<th>HDHP/SO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>73%</td>
<td>16%</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td>46%</td>
<td>21%</td>
<td>26%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>27%</td>
<td>31%</td>
<td>28%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>10%</td>
<td>28%</td>
<td>39%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>8%</td>
<td>29%</td>
<td>42%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>7%</td>
<td>46%</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>4%</td>
<td>27%</td>
<td>52%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>5%</td>
<td>24%</td>
<td>54%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>5%</td>
<td>25%</td>
<td>55%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>3%</td>
<td>21%</td>
<td>61%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>3%</td>
<td>20%</td>
<td>60%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>2007</td>
<td>3%</td>
<td>21%</td>
<td>57%</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>2008</td>
<td>2%</td>
<td>20%</td>
<td>58%</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>2009</td>
<td>1%</td>
<td>20%</td>
<td>60%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>2010</td>
<td>1%</td>
<td>19%</td>
<td>58%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>2011</td>
<td>1%</td>
<td>17%</td>
<td>55%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>1%</td>
<td>16%</td>
<td>56%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>1%</td>
<td>14%</td>
<td>57%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>&lt;1%</td>
<td>13%</td>
<td>58%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>1%</td>
<td>14%</td>
<td>52%</td>
<td>10%</td>
<td>24%</td>
</tr>
</tbody>
</table>

**NOTE:** Information was not obtained for POS plans in 1988. A portion of the change in plan type 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 from the 2005 Kaiser/HRET Survey of Employer-Sponsored Health Benefits for additional information.

Percentage of Firms Offering Health Benefits, by Firm Size, 1999-2015

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

NOTE: Estimates presented in this exhibit are based on the sample of both firms that completed the entire survey and those that answered just one question. For more information, see the Survey Methods Section.

Eligibility, Take-Up Rate, and Coverage for Workers in Firms Offering Health Benefits, 1999-2015

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

Among Firms with More Than 50 Employees and Who Offer Health Benefits, The Percentage of Firms Considering Offering Benefits Through a Private Exchange, 2015

- Considering Offering Benefits Through a Private Exchange: 76% Yes, 7% Don't Know
- Considering a Defined Contribution: 68% Yes, 26% No, 2% Don't Know
- Percentage of Covered Workers Enrolled at a Firm That Offers Benefits Through a Private or Corporate Exchange: 17% Yes, 83% No
- Percentage of Firms offering Health Benefits Which Offer Coverage Through a Private or Corporate Exchange: 2% Yes, 98% No

‡ These questions were not asked of firms that already offer health benefits through a private exchange.

NOTE: A private exchange is one created by a consulting company, not by a state or federal government. Private exchanges allow employees to choose from several health benefit options offered on the exchange. A defined premium contribution is a set dollar amount offered to the employee. Employees may then select one of several plans and the employee pays the difference between the defined contribution and the cost of the health insurance option they choose.

Among Large Firms (200 or More Workers) Offering Health Benefits, Percentage of Firms Offering Incentives for Various Wellness and Health Promotion Activities, 2015

### Health Risk Assessments
- Offers or Requires Health Risk Assessment: 50%
- Also has an Incentive to Complete Health Risk Assessment: 31%

### Biometric Screening
- Offers or Asks Employees to Complete Biometric Screening: 50%
- Also has an Incentive To Complete Biometric Screening: 28%

### Wellness Programs
- Offers Specific Wellness Program: 81%
- Also has an Incentive or Penalty to Participate in Wellness Programs: 31%

\* Firms which offer either “Programs to Help Employees Stop Smoking”, “Programs to Help Employees Lose Weight”, or “Other Lifestyle or Behavioral Coaching”.

Among Firms Offering Health Benefits, Percentage of Firms Offering Specific Wellness Program to Their Employees, by Firm Size, 2015

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

NOTE: “Other Lifestyle or Behavioral Coaching” can include health education classes, stress management, or substance abuse counseling.

Among Large Firms Offering Incentives for Workers Who Participate In or Complete Wellness Programs, Maximum Annual Value of the Reward for Wellness and Health Promotion Programs, Including Incentives for Health Risk Assessment and Biometric Screening, 2015

**Maximum Annual Value of the Reward for Wellness and Health Promotion Programs Altogether (All Large Firms-200 or More Workers)**

<table>
<thead>
<tr>
<th>Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150 or Less</td>
<td>22%</td>
</tr>
<tr>
<td>$150 to $500</td>
<td>41%</td>
</tr>
<tr>
<td>$500 to $1,000</td>
<td>21%</td>
</tr>
<tr>
<td>$1,000 to $2,000</td>
<td>11%</td>
</tr>
<tr>
<td>Greater than $2,000</td>
<td>5%</td>
</tr>
</tbody>
</table>

**NOTE:** Firms with at least one of the listed wellness programs were asked to report the maximum reward or penalty an employee could earn for all of the firm's health promotion activities combined. For some employers, the maximum incentive may include rewards or penalties for activities related to health risk assessments and biometric screening. Listed programs include: “Programs to Help Employees Stop Smoking”, “Programs to Help Employees Lose Weight”, or “Other Lifestyle or Behavioral Coaching”.

**SOURCE:** Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2015.
Among Firms Offering Health Benefits, Percentage of Firms Who Have Incorporated Various Features into Their Provider Networks, by Firm Size, 2015

<table>
<thead>
<tr>
<th>Feature Description</th>
<th>All Small Firms (3-199 Workers)</th>
<th>All Large Firms (200 or More Workers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Largest Plan Includes a High-Performance or Tiered Provider Network</td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>Firm/Insurer Eliminated Hospitals or Health Systems from Network to Reduce Cost</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Firm Offers a Plan Considered a Narrow Network Plan</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Note: A high performance network is one that groups providers within the network based on quality, cost, and/or efficiency of care they deliver.

Among Firms Whose Plan with the Largest Enrollment Covers Specialty Drugs, Percentage of Firms Which Use the Following Strategies to Contain Specialty Drug Cost, by Firm Size, 2015

<table>
<thead>
<tr>
<th>Strategy</th>
<th>All Small Firms (3-199 Workers)</th>
<th>All Large Firms (200 or More Workers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate Cost Sharing Tier</td>
<td>8%</td>
<td>20%</td>
</tr>
<tr>
<td>Specialty Drug Carve Out</td>
<td>7%</td>
<td>14%*</td>
</tr>
<tr>
<td>Specialty Pharmacy Dispensing Program</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>Step Therapies</td>
<td>7%</td>
<td>30%</td>
</tr>
<tr>
<td>Tight Limits on the Number of Units Administered at a Single Time</td>
<td>6%</td>
<td>25%</td>
</tr>
<tr>
<td>Utilization Management Programs</td>
<td>7%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Among Firms Offering Health Benefits with 50 or More Full-Time-Equivalents‡, Percentage of Firms That Took Various Actions, by Firm Size, 2015

- Increased the waiting period before new employees are eligible for health benefits:
  - All Large Firms (200 or more Workers)‡: 3%
  - All Firms (50 or More FTEs)‡: 2%

- Reduced the number of full time employees the firm intended to hire because of the cost of providing health benefits:
  - All Large Firms (200 or more Workers)‡: 5%
  - All Firms (50 or More FTEs)‡: 4%

- Changed some job classifications from part time to full time so that employees would be eligible:
  - All Large Firms (200 or more Workers)‡: 13%
  - All Firms (50 or More FTEs)‡: 10%

- Changed some job classifications from full time to part time so employees would NOT be eligible:
  - All Large Firms (200 or more Workers)‡: 3%
  - All Firms (50 or More FTEs)‡: 4%

‡ Firms were asked if they took the relevant action in response to the Employer-Shared Responsibility Provisions. Firms with 50 or more full-time equivalents were asked these questions. A significant number of employers, mostly large employers did not know how many FTEs they employed. In these cases, firms with 50 or more workers were asked these questions.

Among Firms Offering Health Benefits with 100 or More Full-Time-Equivalents‡, Percentage of Firms That Took Various Actions, 2015

- Offers a Health Plan that Meets Minimum Standards for Value and Affordability: 96%
- Offered More Comprehensive Benefits to Some Workers who Previously were only offered a Limited Benefit Plan: 5%
- Extended Eligibility to Groups of Workers not Previously Eligible because of the Employer Shared Responsibility Provisions: 21%

‡ Response are among firms with 100 or more full-time equivalents. A significant number of employers, mostly large employers did not know how many FTEs they employed. In these cases, the responses for firms with 100 or more workers are included. Two percent of firms did not offer a health plan that meets minimum standards for value and affordability and three percent of firms did not know.

Among Firms Offering Health Benefits, Percentage of Firms That Have Taken Various Actions in Anticipation of the Excise Tax on High-Cost Plans, by Firm Size, 2015

- Conducted an analysis to determine if plans will exceed limits: All Small Firms (17% vs. All Large Firms 53%)
- Made changes to plan’s coverage or cost sharing to avoid exceeding limits: All Small Firms (7% vs. All Large Firms 13%)
- Switched to a lower cost plan: All Small Firms (8% vs. All Large Firms 8%)
- Other: All Small Firms (2% vs. All Large Firms 6%)
- None of these: All Small Firms (71% vs. All Large Firms 38%)

Among Large Firms (200 or More Workers) Offering Health Benefits Who Indicated That Have They Changed Their Plan or Switched Carriers In Anticipation of the Excise Tax on High-Cost Health Plans, Percentage of Firms Which Have Taken Various Actions, 2015

Among firms who offer either an HSA-qualified plan or a high deductible plan paired with a health reimbursement arrangement.

Note: Sixteen percent of large firms offering health benefits report that they have changed their benefit plans or moved to lower cost plans in anticipation of the assessment.

U.S. health care spending per capita has risen at historically low rates recently, but is expected to pick up

Average annual growth rate of health spending per capita for 1970’s – 1990’s;
