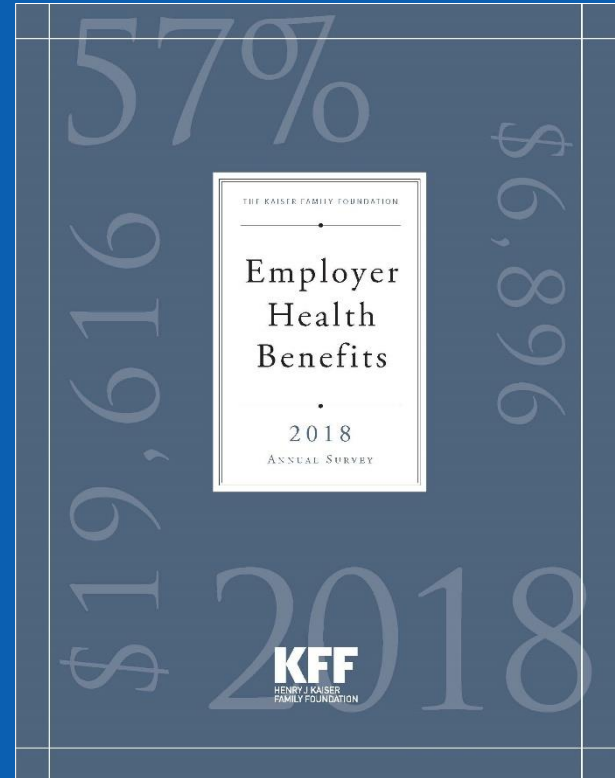


# 2018 Employer Health Benefits Survey

Release Slides  
October 3, 2018



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# Drew Altman



President and CEO, KFF

# Gary Claxton



Vice President, KFF

# Matthew Rae



Senior Policy Analyst, KFF

# Michelle Long

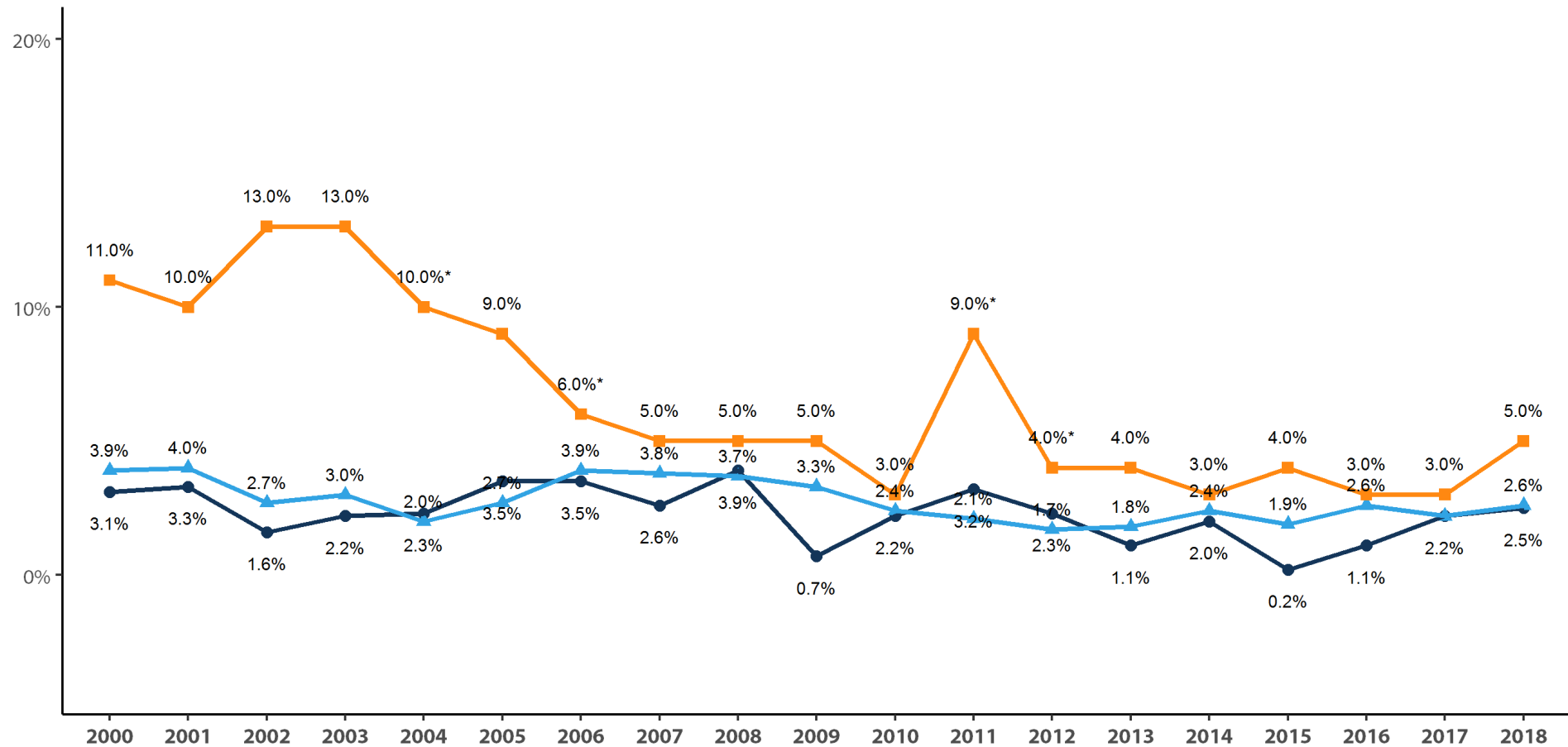


Policy Analyst, KFF

**Figure 1**

**Average Annual Increases in Premiums for Family Coverage Compared to Other Indicators, 2000-2018**

Overall Inflation Workers' Earnings Family Premiums

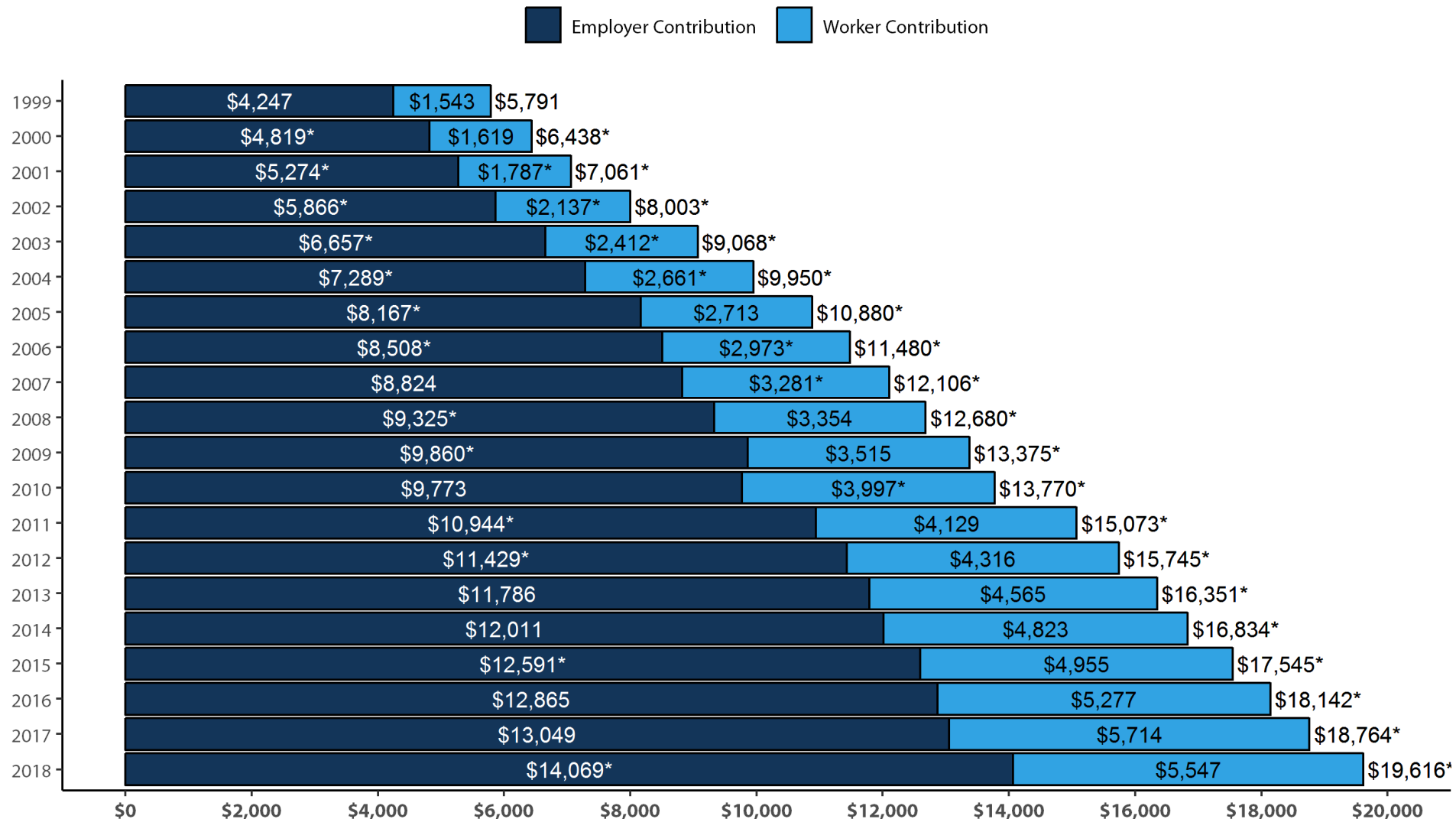


\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2018; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2018 (April to April).

## Figure 2

### Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2018

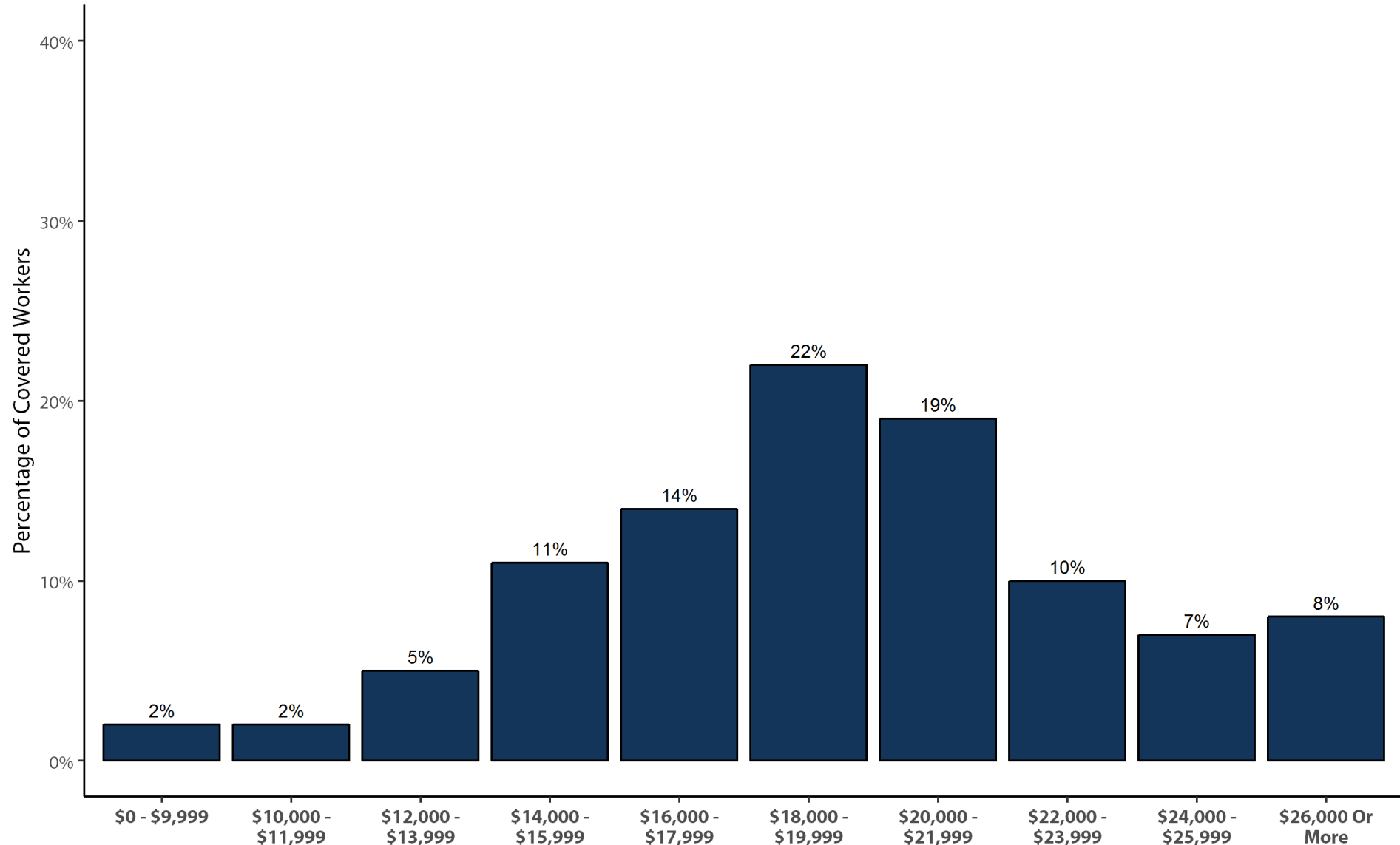


\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

**Figure 3**

**Distribution of Annual Premiums for Covered Workers with Family Coverage, 2018**

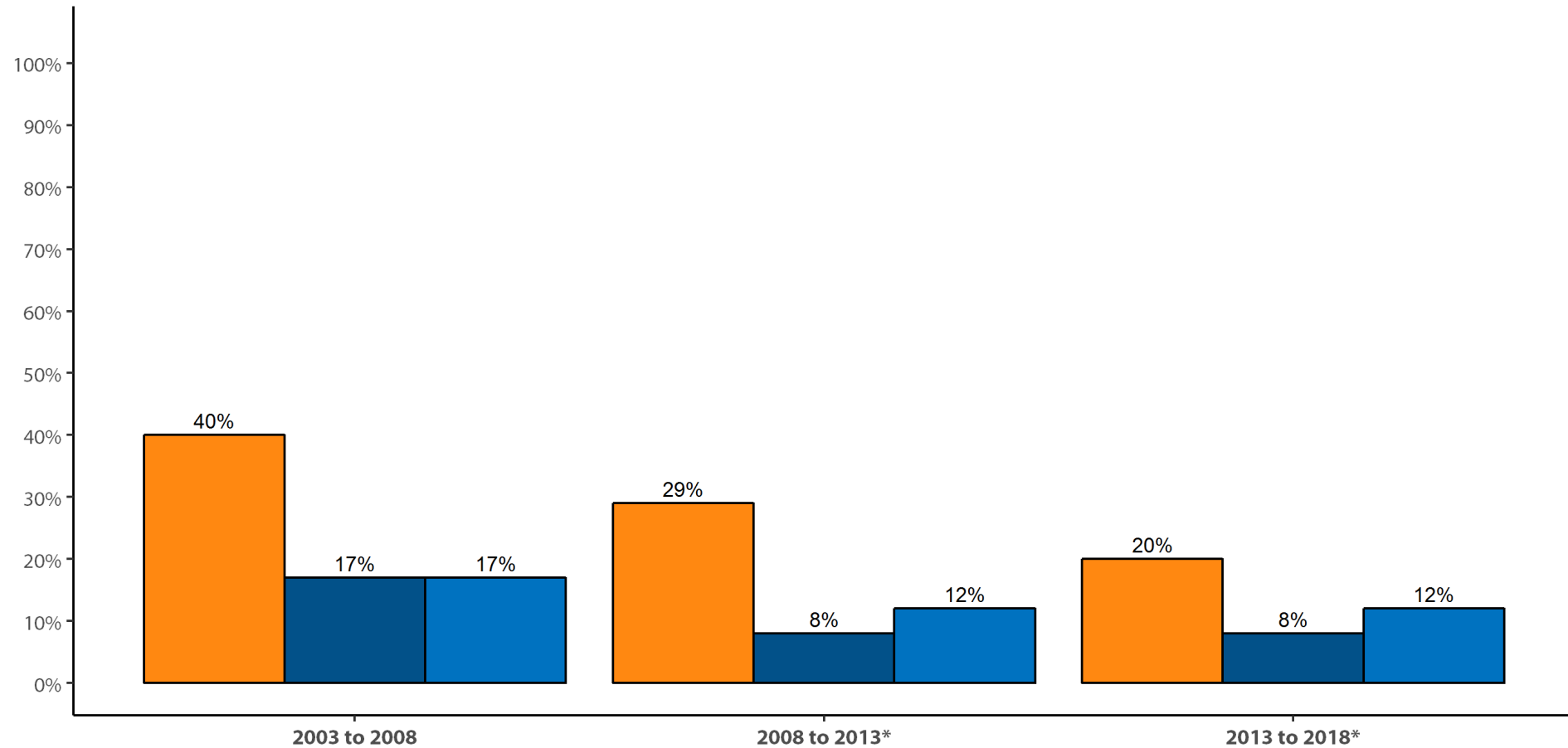




**Figure 4**

**Cumulative Premium Increases, Inflation, and Earnings for Covered Workers with Family Coverage, 2003-2018**

Premium Increases Overall Inflation Workers' Earnings

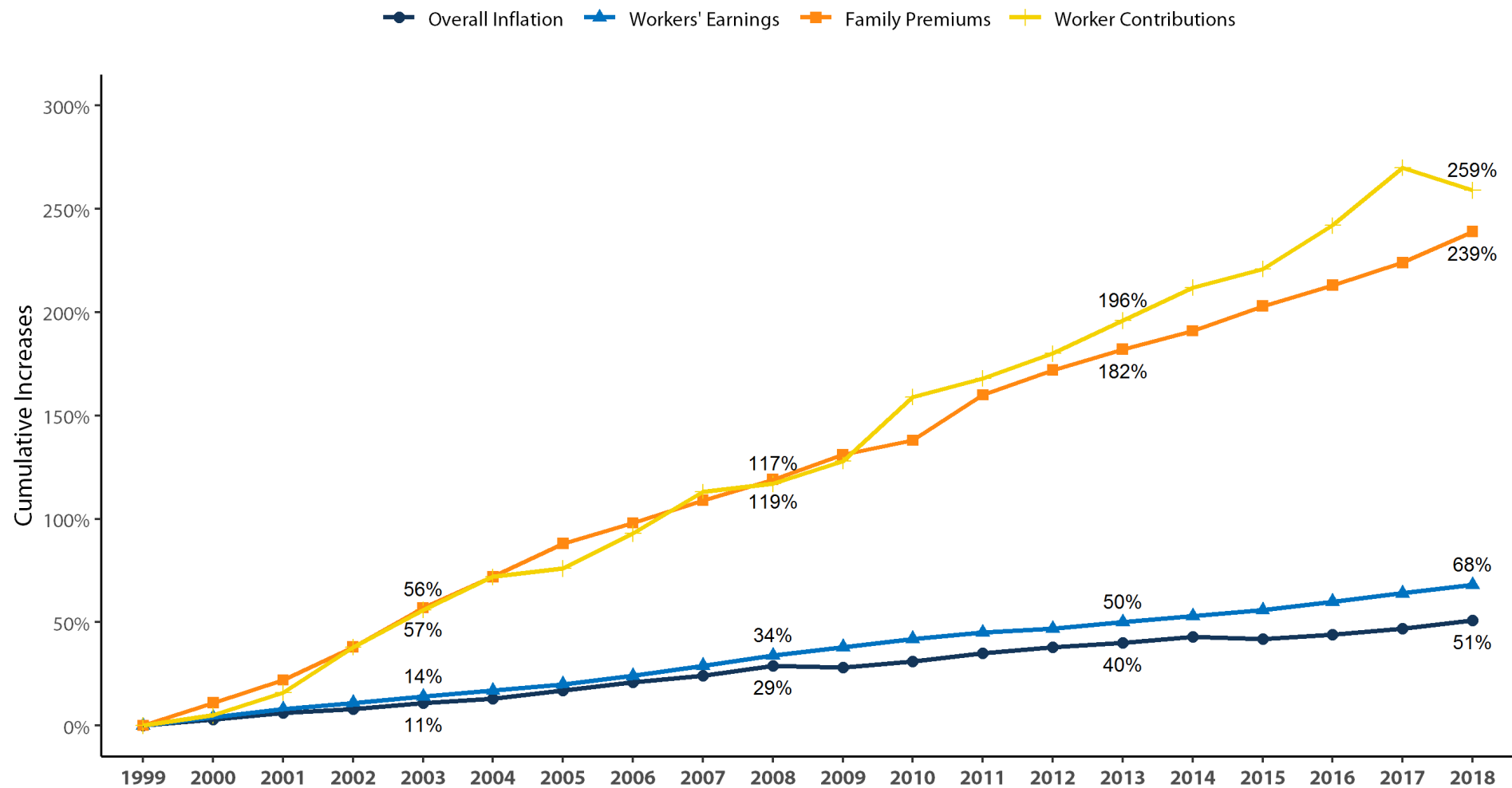


\* Percentage change in family premium is statistically different from previous five year period shown ( $p < .05$ ).

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2003-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 2003-2018; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2003-2018 (April to April).

**Figure 5**

**Cumulative Increases in Family Premiums, Worker Contributions to Family Premiums, Inflation, and Workers' Earnings, 1999-2018**

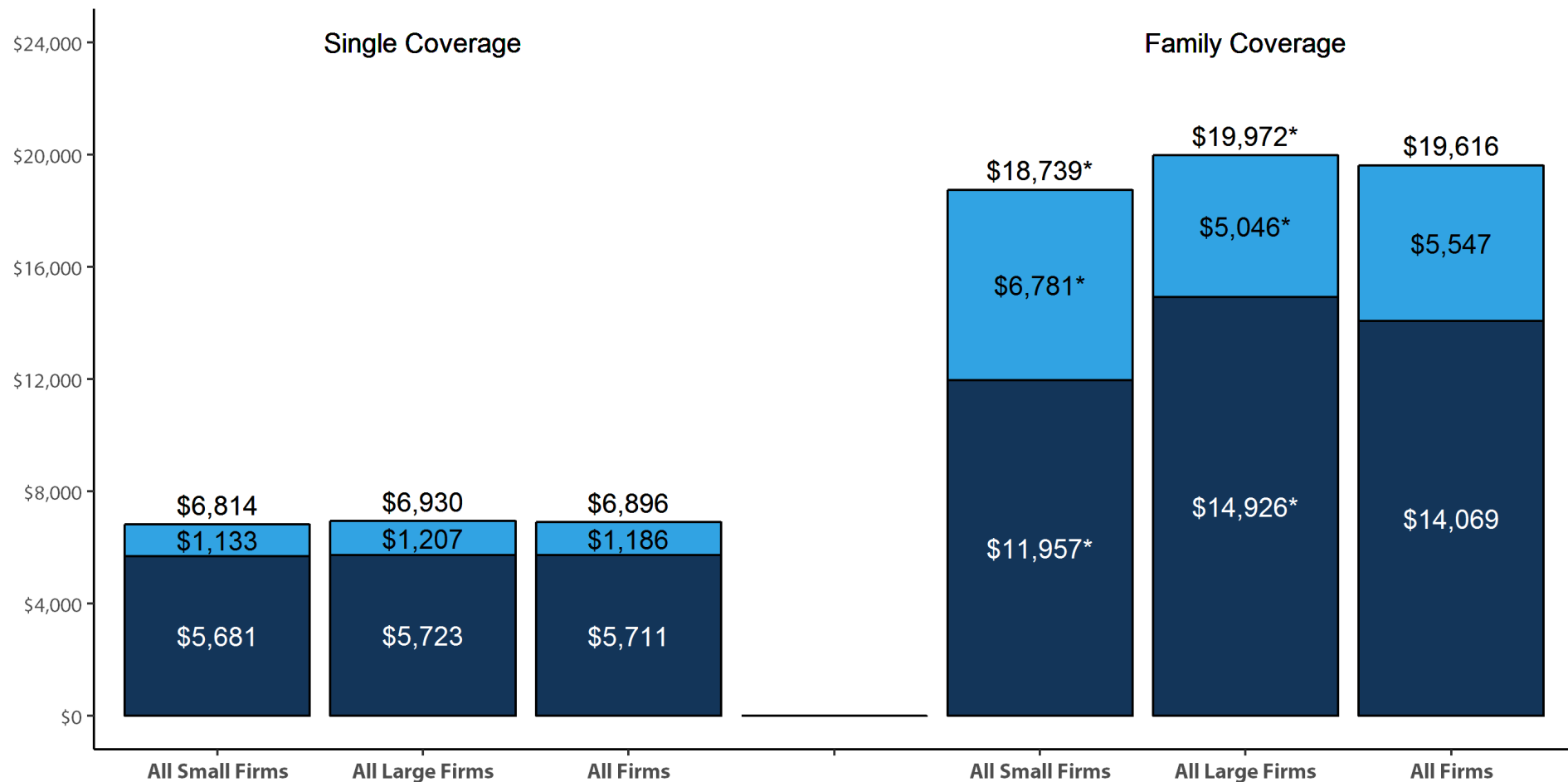


SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2018; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2018 (April to April).

**Figure 6**

**Average Annual Worker and Employer Premium Contributions and Total Premiums for Single and Family Coverage, by Firm Size, 2018**

Worker Contribution    Employer Contribution



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

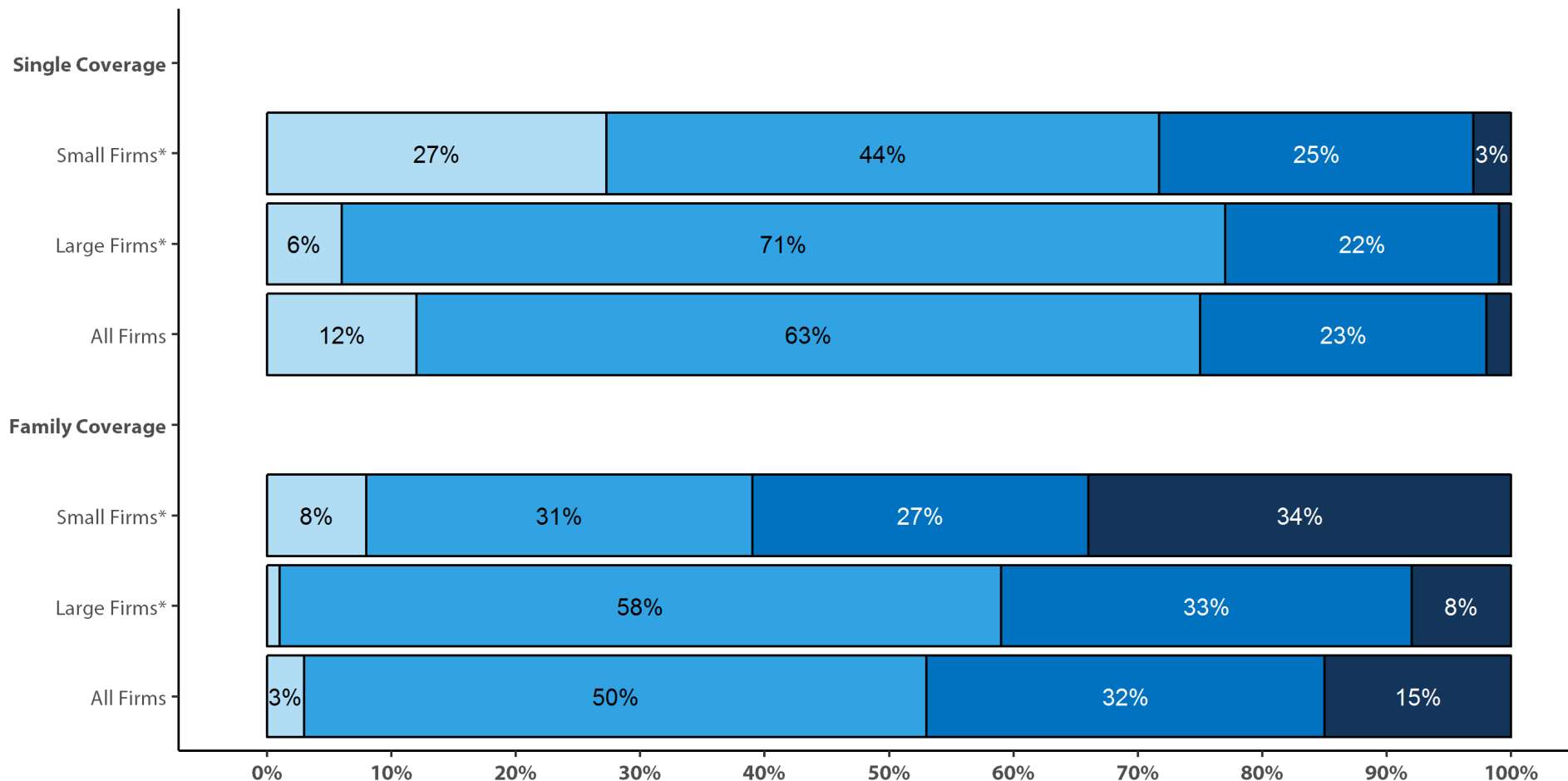
NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 7**

**Distribution of Percentage of Premium Paid by Covered Workers for Single and Family Coverage, by Firm Size, 2018**

0%   Greater Than 0%, Less Than Or Equal To 25%   Greater Than 25%, Less Than Or Equal To 50%   Greater Than 50%



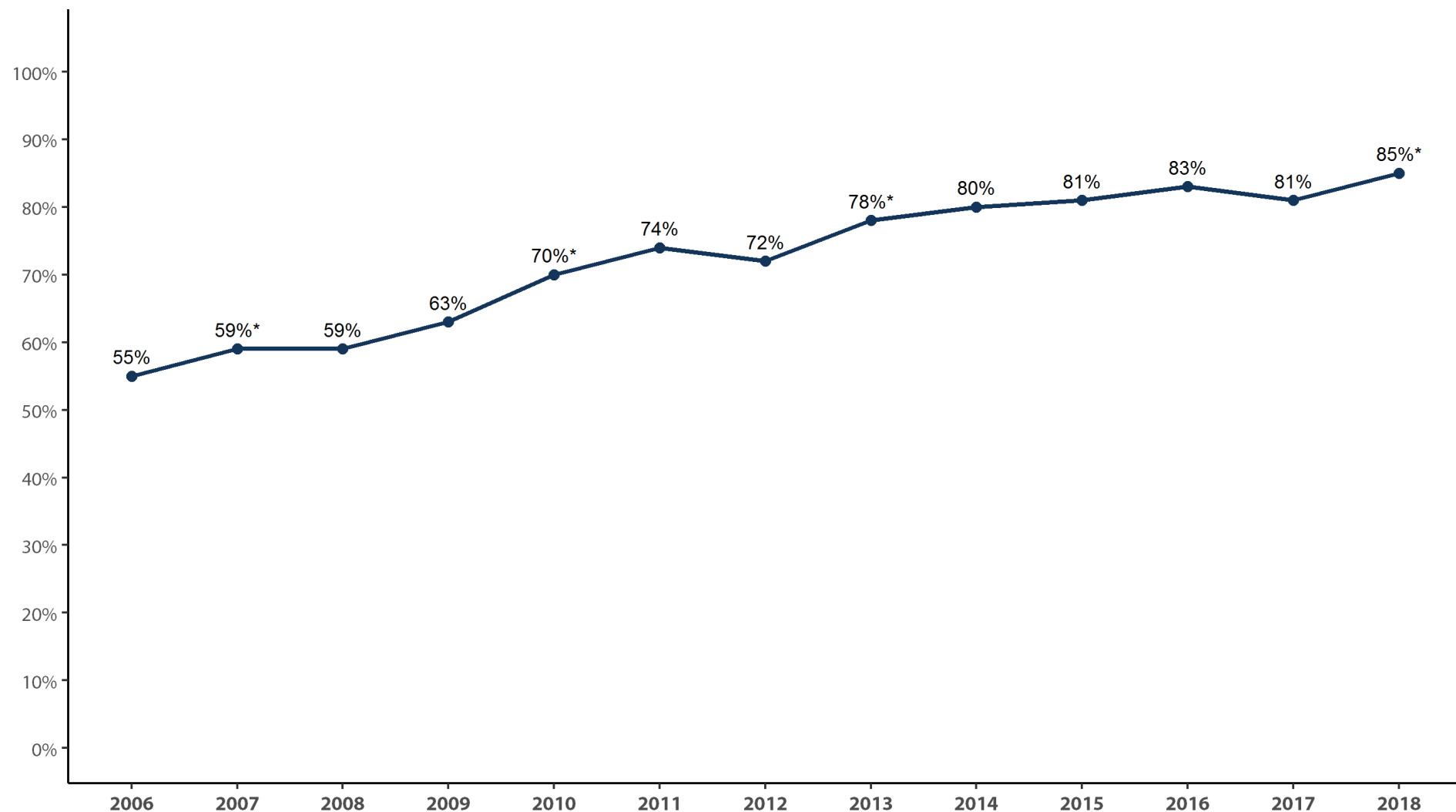
\* Distributions are statistically different between All Small Firms and All Large Firms within coverage type ( $p < 0.05$ ).

NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 8**

**Percentage of Covered Workers with a General Annual Deductible for Single Coverage,  
2006-2018**



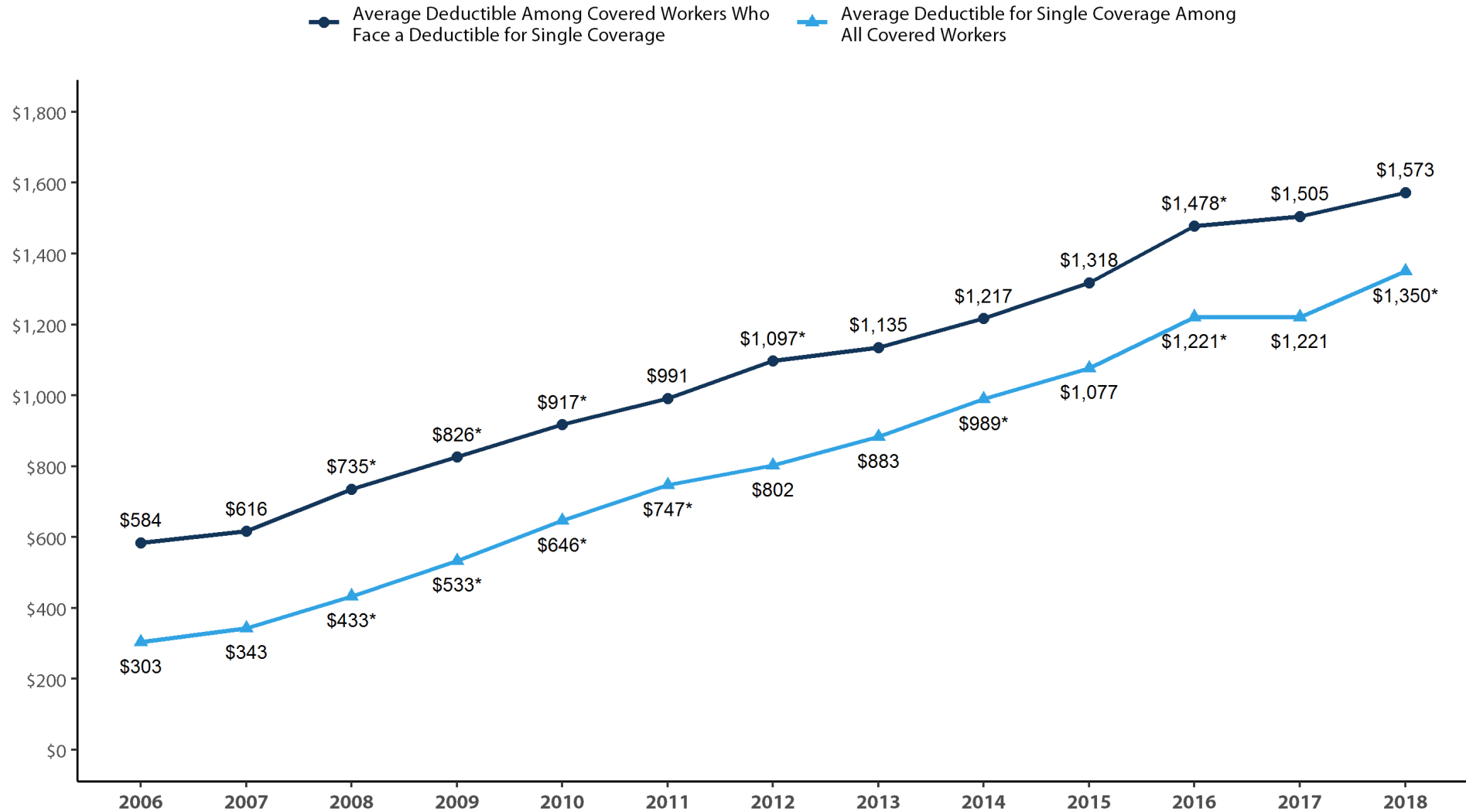
\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

NOTE: Average general annual deductibles are for in-network providers.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2017

**Figure 9**

**Average General Annual Deductibles for Single Coverage, 2006-2018**



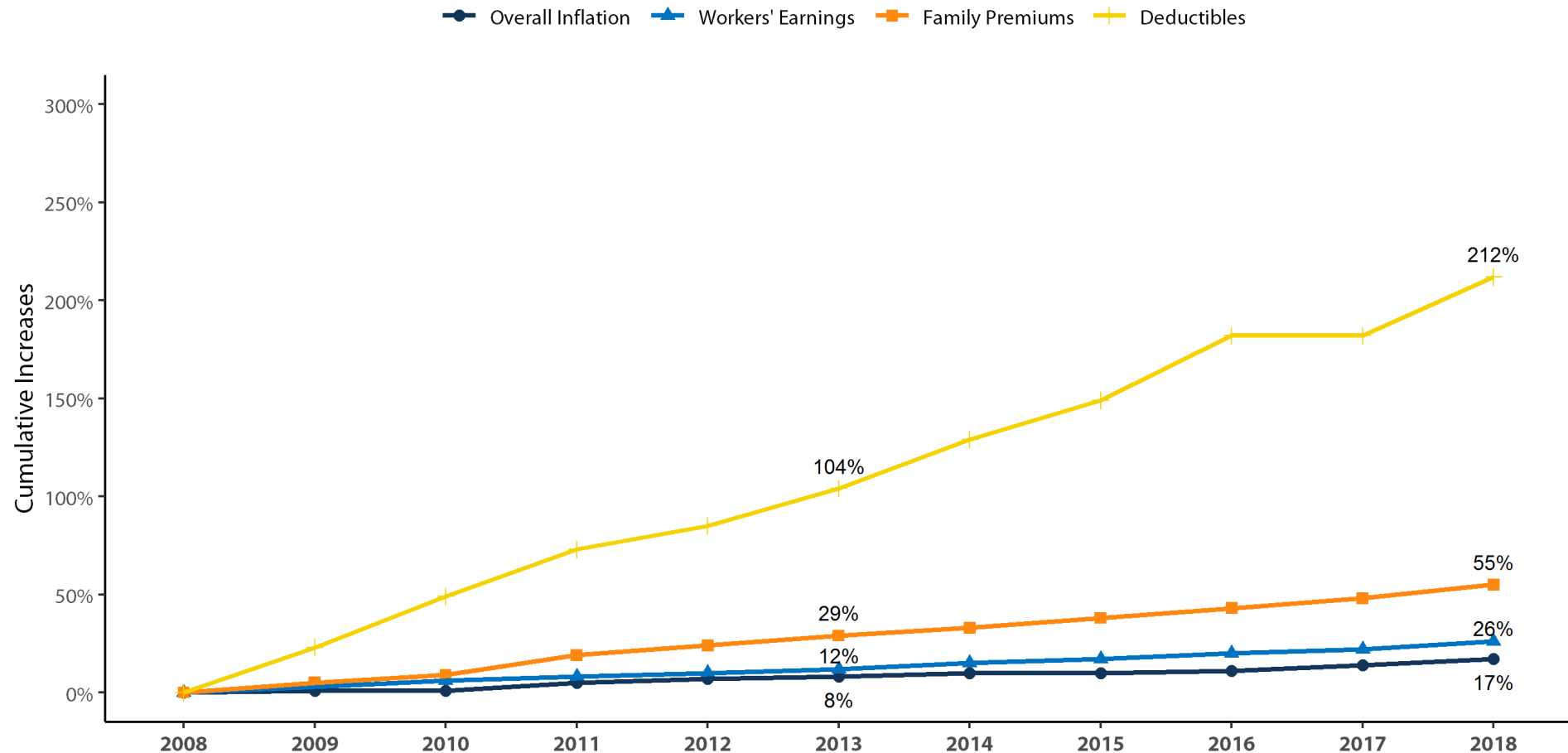
\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

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

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2017

**Figure 10**

**Cumulative Increases in Family Coverage Premiums, General Annual Deductibles, Inflation, and Workers' Earnings, 2008-2018**

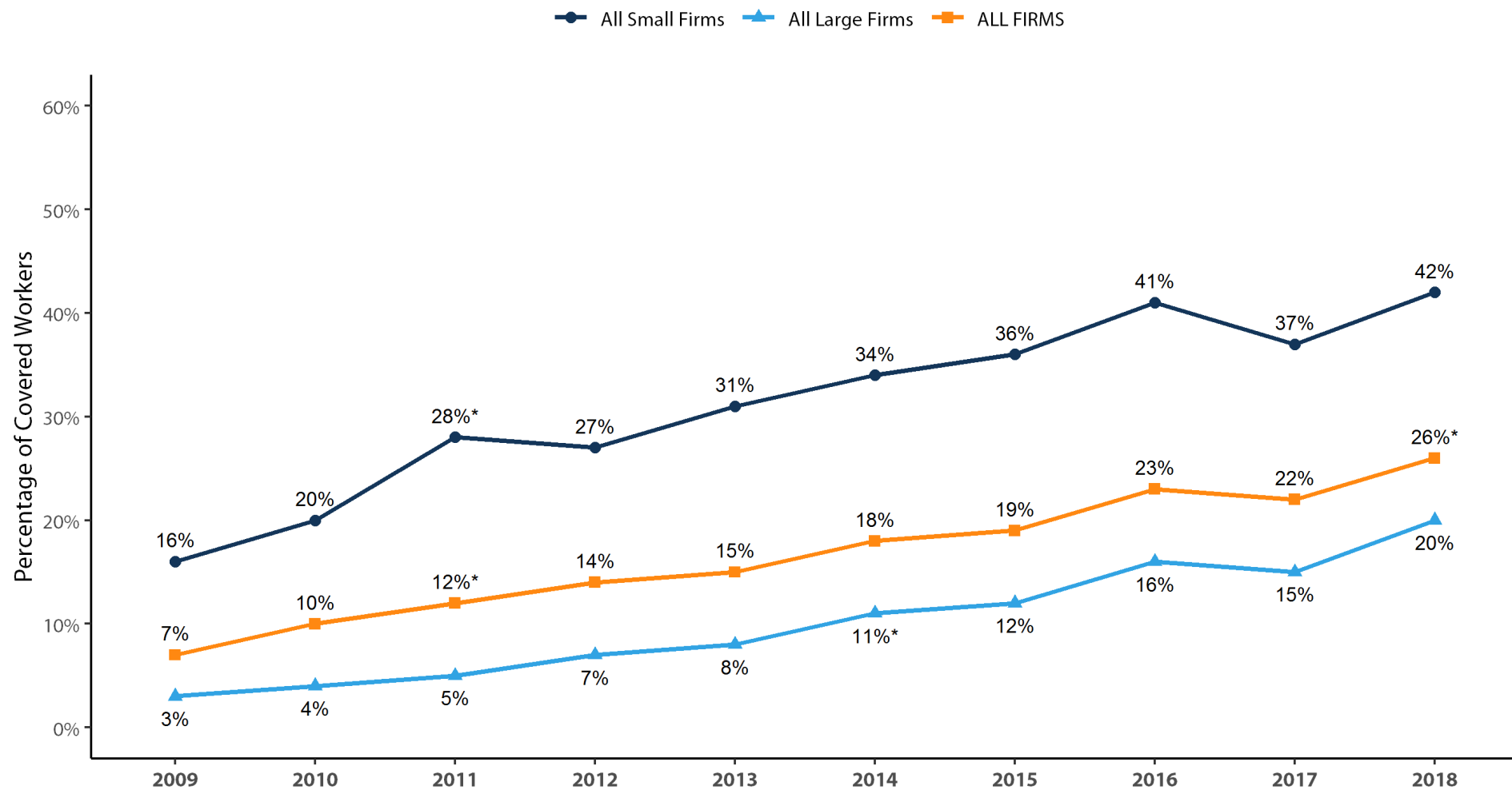


NOTE: Average general annual deductibles are for single coverage and are among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2008-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 2008-2018; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2008-2018 (April to April).

**Figure 11**

**Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$2,000 or More for Single Coverage, by Firm Size, 2009-2018**



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

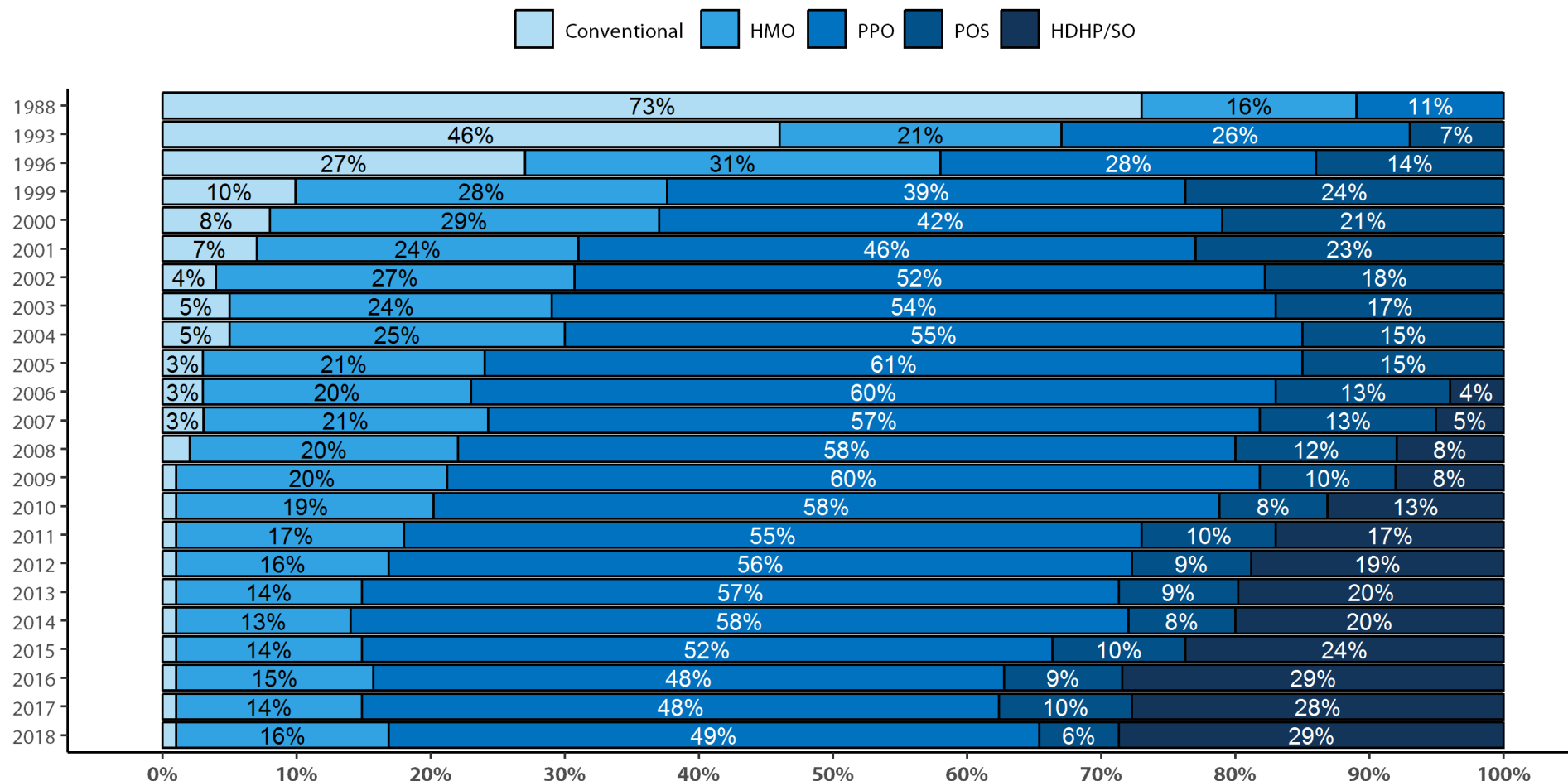
NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers. These estimates include workers enrolled in HDHP/SOs and other plan types. Average general annual deductibles are for in-network services.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2009-2017



# Figure 12

## Distribution of Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2018

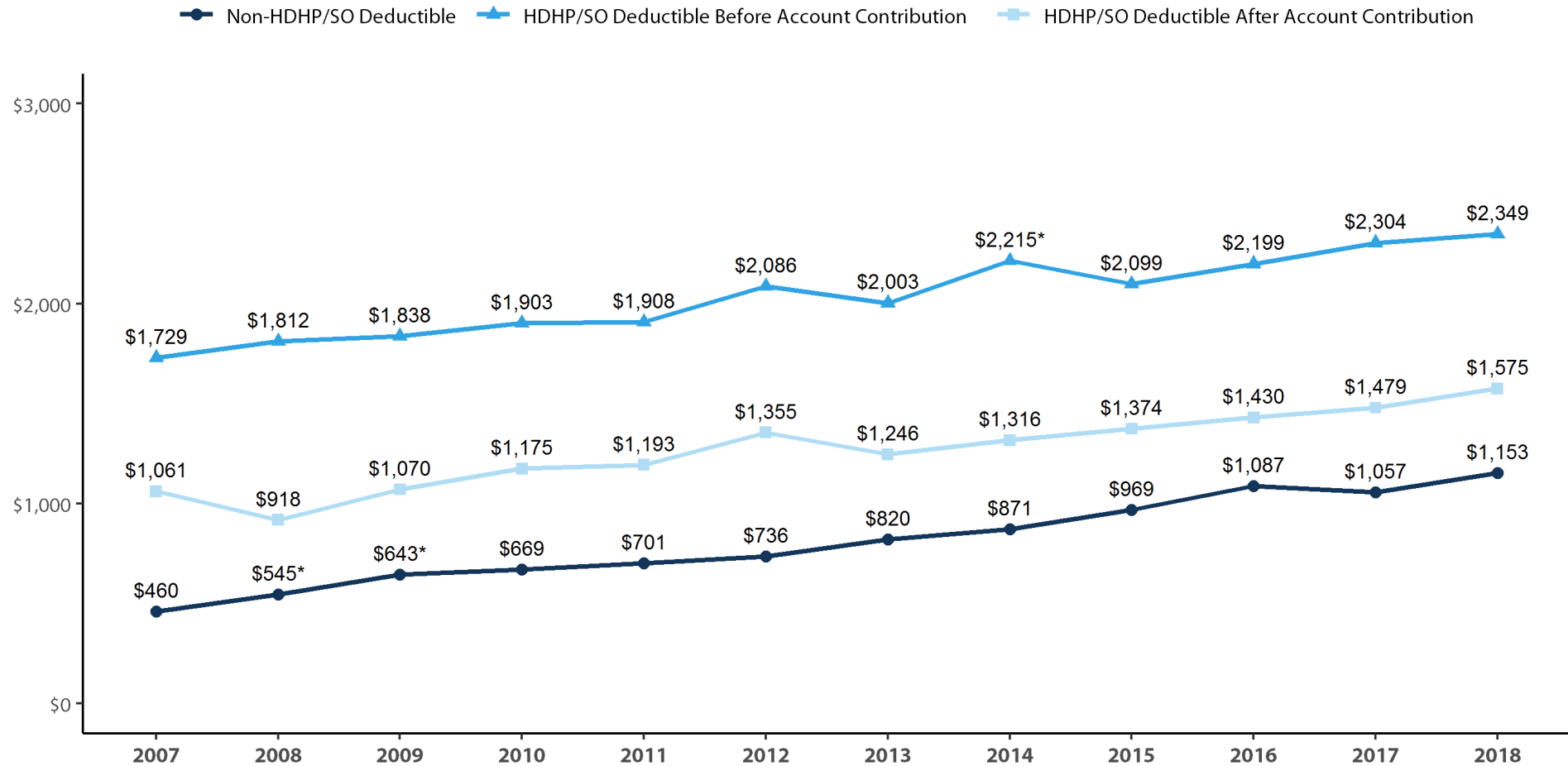


NOTE: Information was not obtained for POS plans in 1988 or for HDHP/SO plans until 2006. A portion of the change in plan type enrollment for 2005 is likely attributable to incorporating more recent Census Bureau estimates of the number of state and local government workers and removing federal workers from the weights. See the Survey Design and Methods section from the 2005 Kaiser/HRET Survey of Employer-Sponsored Health Benefits for additional information.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017; KPMG Survey of Employer-Sponsored Health Benefits, 1993, 1996; The Health Insurance Association of America (HIAA), 1988.

**Figure 13**

**Among Covered Workers with a General Annual Deductible, Average Deductibles for Workers in Non-HDHP/SOs Compared to HDHP/SOs Before and After Any Employer Account Contributions, for Single Coverage, 2007-2018**



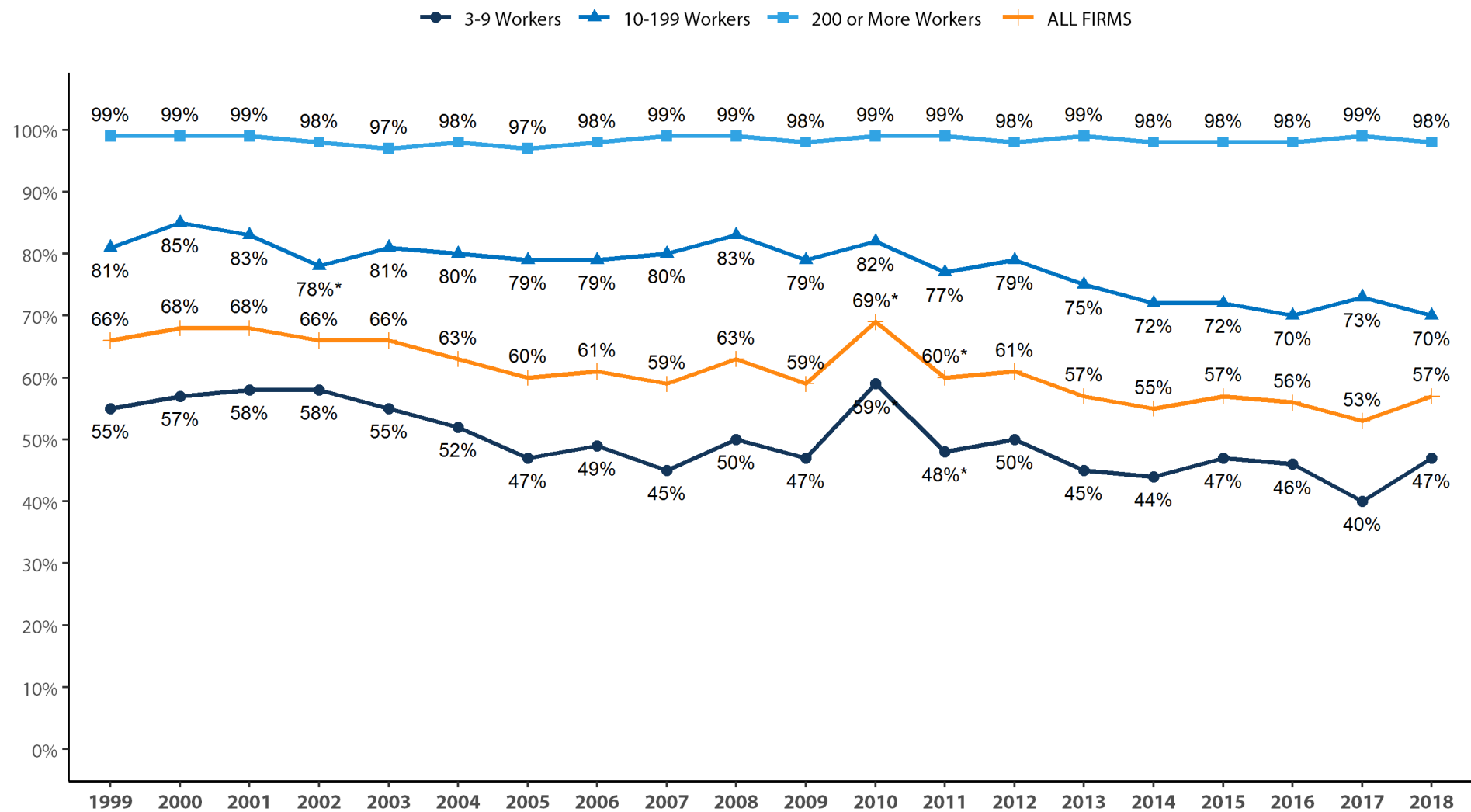
\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

NOTE: The net liability for covered workers enrolled in a plan with an HSA or HRA is calculated by subtracting the account contribution from the single coverage deductible. General annual deductibles are for in-network services.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2007-2017

# Figure 14

## Percentage of Firms Offering Health Benefits, by Firm Size, 1999-2018



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

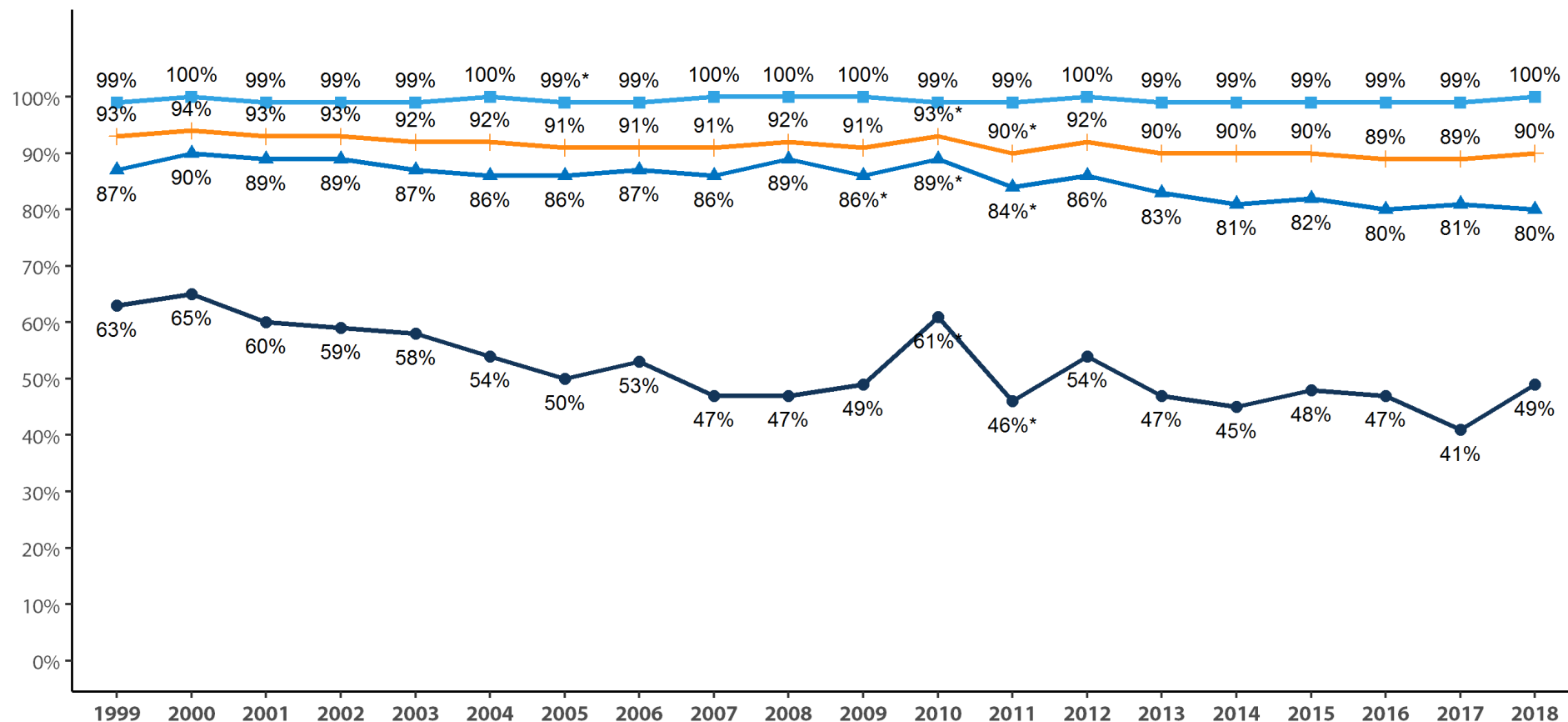
NOTE: As noted in the Survey Design and Methods section, estimates are based on the sample of both firms that completed the entire survey and those that answered just one question about whether they offer health benefits.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

**Figure 15**

**Percentage of Workers at Firms That Offer Health Benefits to at Least Some Workers, by Firm Size, 1999-2018**

3-9 Workers 10-199 Workers 200 or More Workers ALL FIRMS



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

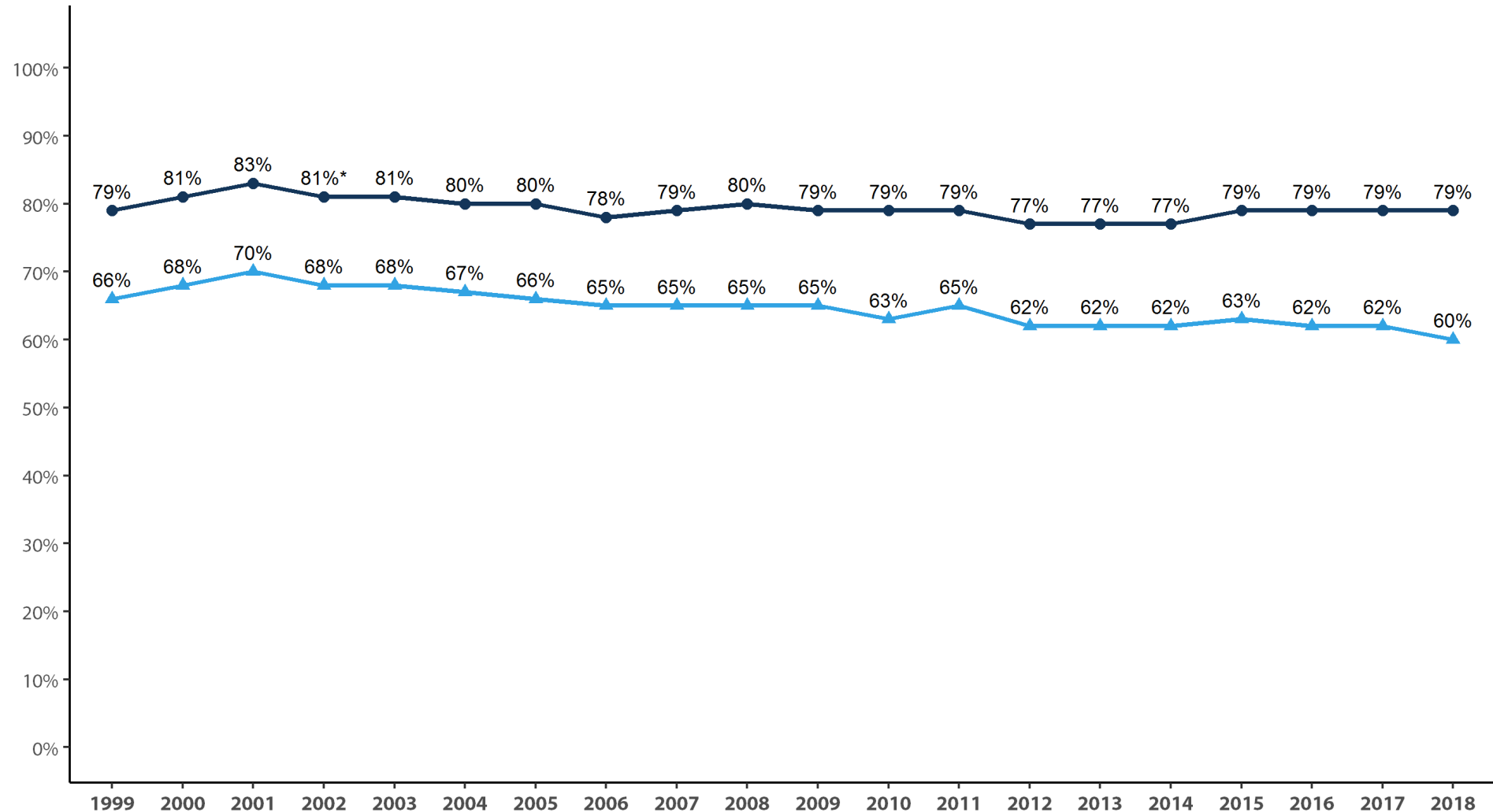
NOTE: As noted in the Survey Design and Methods section, estimates are based on the sample of both firms that completed the entire survey and those that answered just one question about whether they offer health benefits. Not all workers at a firm offering benefits are eligible or enrolled in their firm's health benefits.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

**Figure 16**

**Eligibility and Coverage Rates for Workers in Firms Offering Health Benefits, 1999-2018**

● Eligible For Firm's Health Benefits ▲ Covered By Firm's Health Benefits



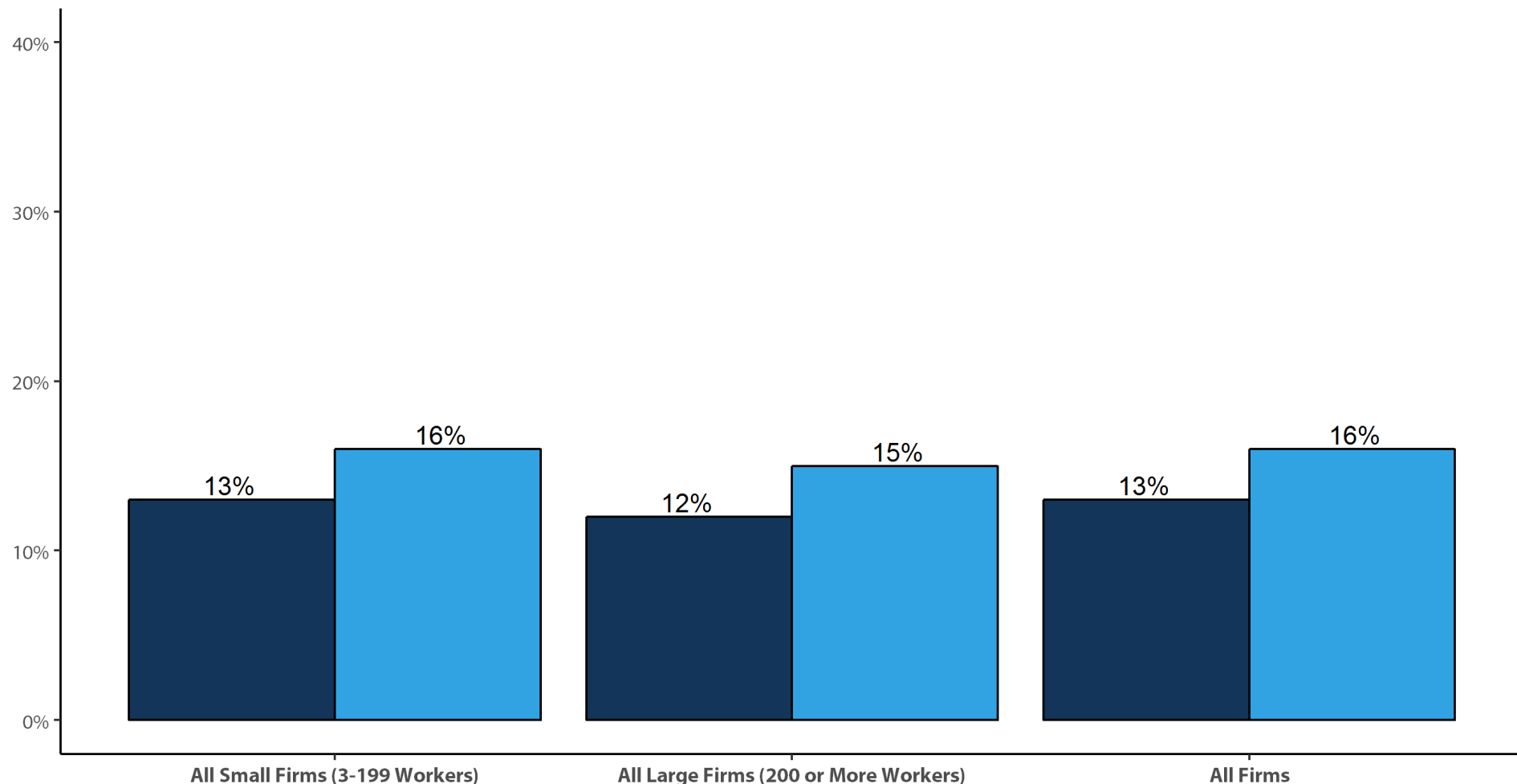
\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

**Figure 17**

**Among Firms Offering Health Benefits, Percentage of Firms That Provide Workers Additional Incentives For Various Enrollment Decisions, by Firm Size, 2018**

■ Enrolling in a Spouse's Plan   ■ Not Participating in Firm's Health Benefits

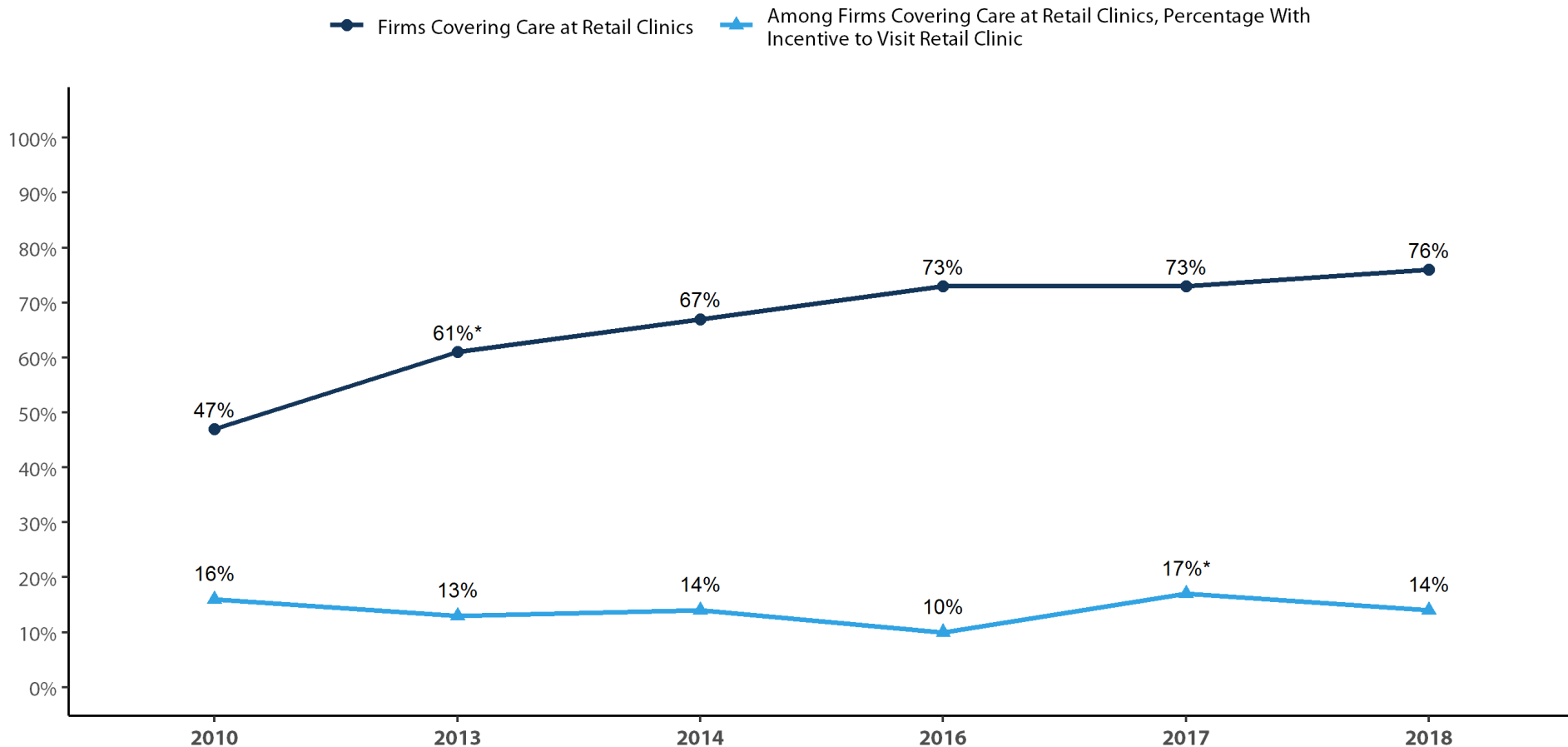


Tests found no statistical difference from estimate for all other firms not in the indicated size category ( $p < .05$ ).

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 18**

**Among Large Firms Offering Health Benefits, Percentage of Firms Whose Plan with the Largest Enrollment Covers Care at Retail Clinics and That Have a Financial Incentive for Workers to Visit Retail Clinics Instead of a Physician's Office, 2010-2018**



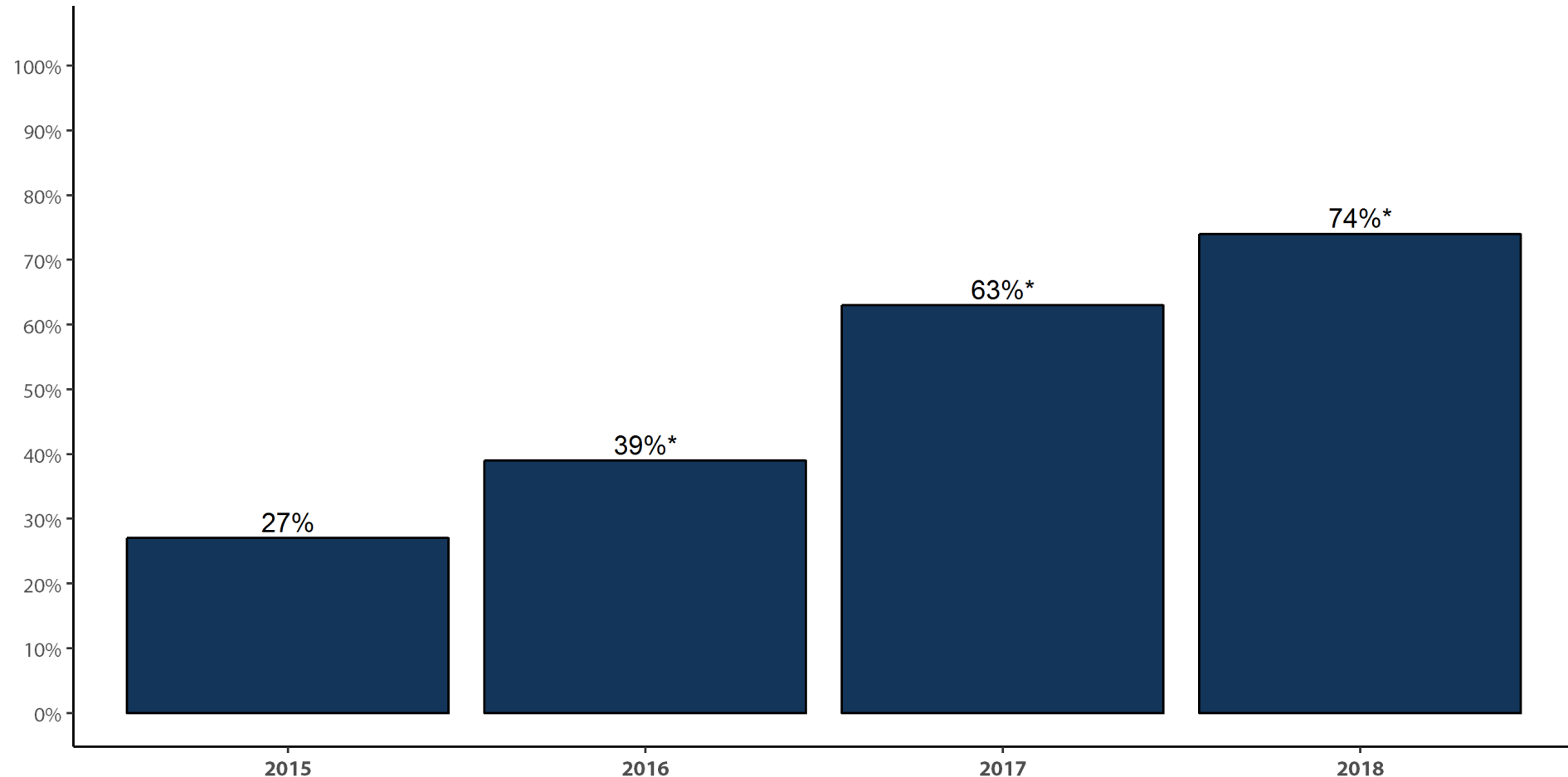
\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

NOTE: A retail clinic is a health care clinic located in a retail store, supermarket, or pharmacy that treats minor illnesses and provides preventive health care services such as flu shots. Financial incentives include lower cost sharing for care received at retail clinics instead of traditional physician offices. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2010-2017

**Figure 19**

**Among Large Firms Offering Health Benefits, Percentage of Firms Whose Plan with the Largest Enrollment Covers Telemedicine, 2015-2018**



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

NOTE: Large Firms have 200 or more workers. Telemedicine is the delivery of health care services through telecommunications to a patient from a provider who is at a remote location, including video chat and remote monitoring. This would not include the mere exchange of information via email, exclusively web-based resources, or online information a plan may make available unless a health professional provides information specific to the enrollee's condition. There was a minor change in the survey question about telemedicine between 2016 and 2017.

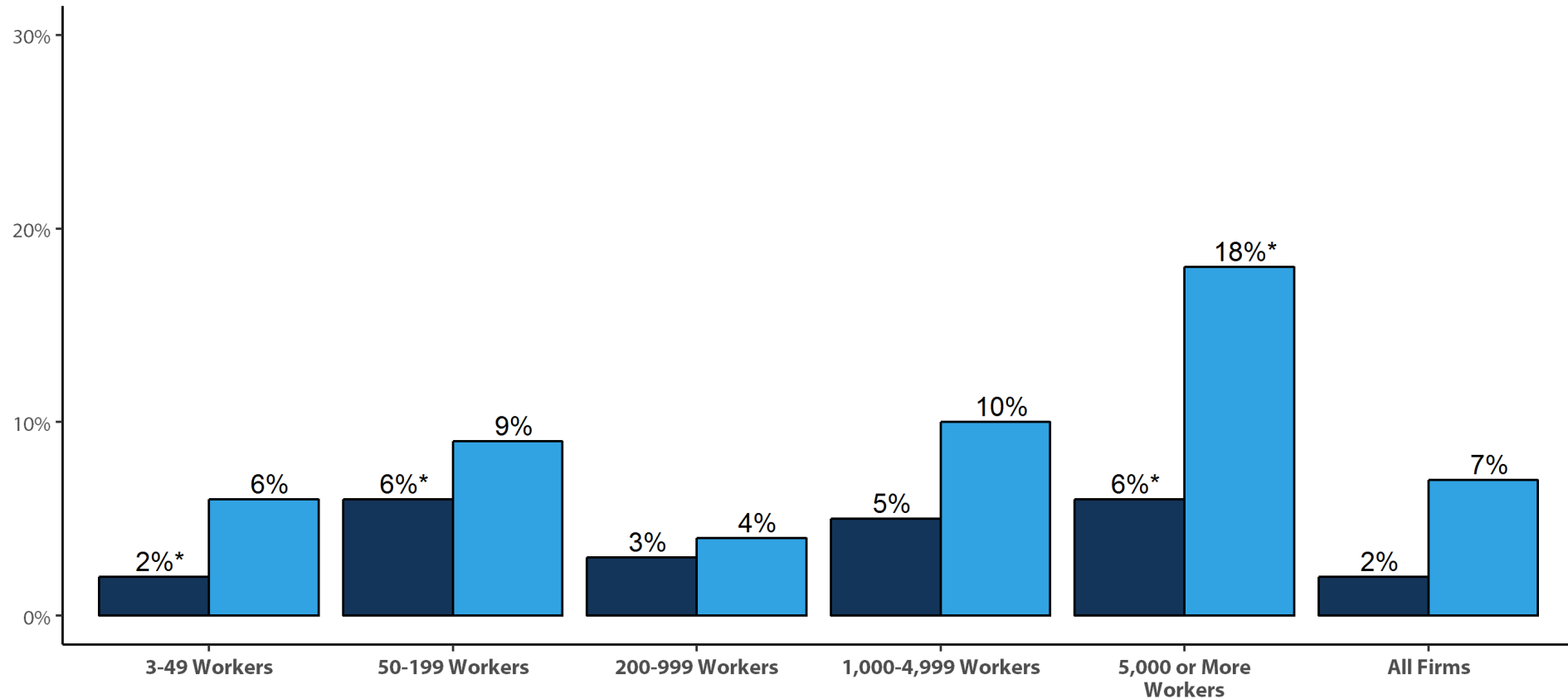
SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2015-2017



**Figure 20**

**Among Firms Offering Health Benefits, Percentage of Firms That Eliminated Hospitals From Their Network in the Past Year to Reduce Cost or Offer a Narrow Network Plan, by Firm Size, 2018**

■ Eliminated Hospitals or Health Systems from a Network    ■ Offers Plan Considered a Narrow Network



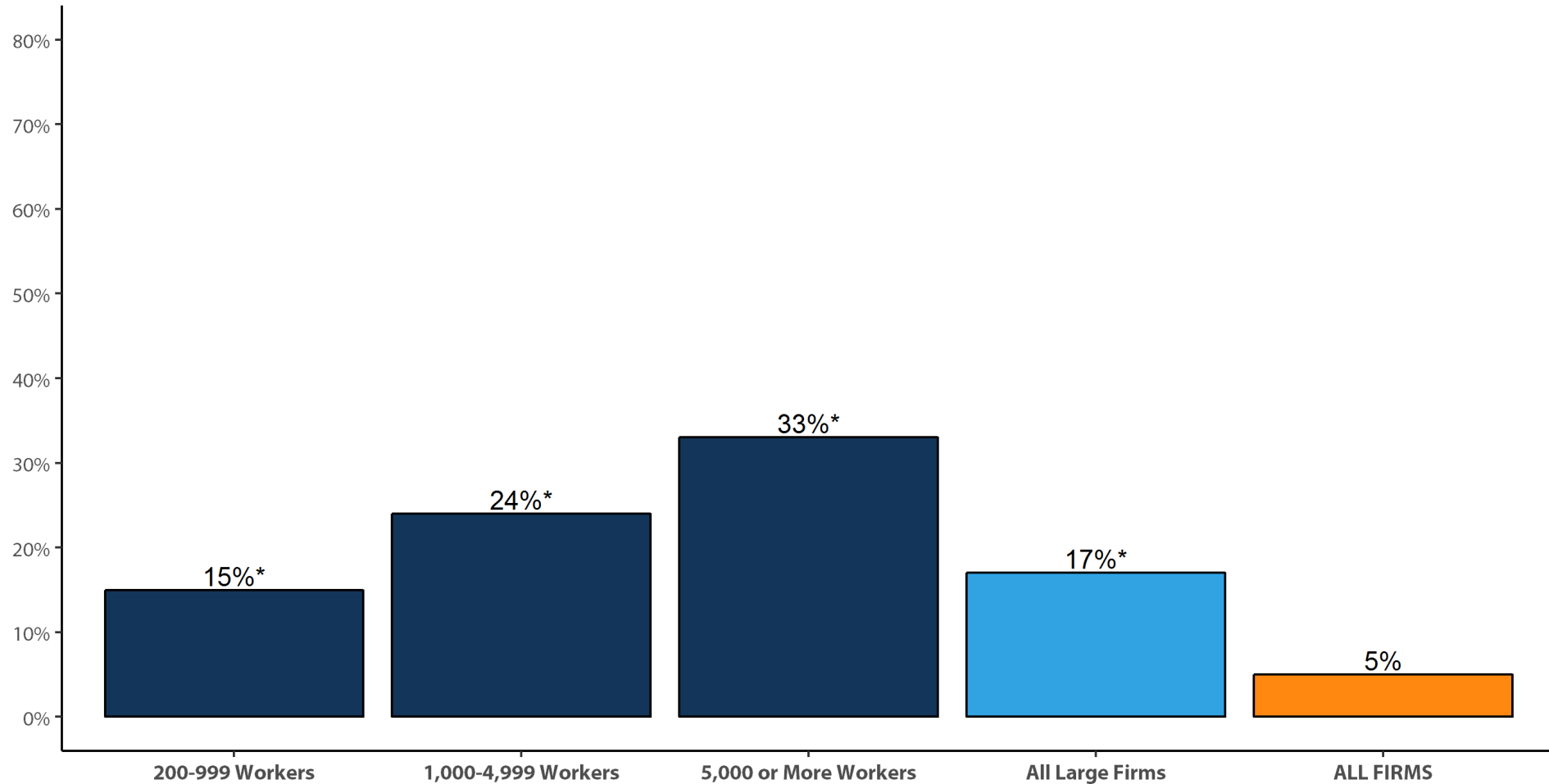
\* Estimate is statistically different from estimate for all other firms not in the indicated size category ( $p < .05$ ).

NOTE: Narrow network plans limit the number of providers that can participate in order to reduce costs and generally are more restrictive than standard HMO networks.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 21**

**Among Large Firms Offering Health Benefits, Percentage of Firms That Require Workers Who Use Tobacco to Contribute More to the Premium or Cost Sharing Than Those Who Do Not Use Tobacco, by Firm Size, 2018**



\* Estimate is statistically different from estimate for all other firms not in the indicated size category ( $p < .05$ ).

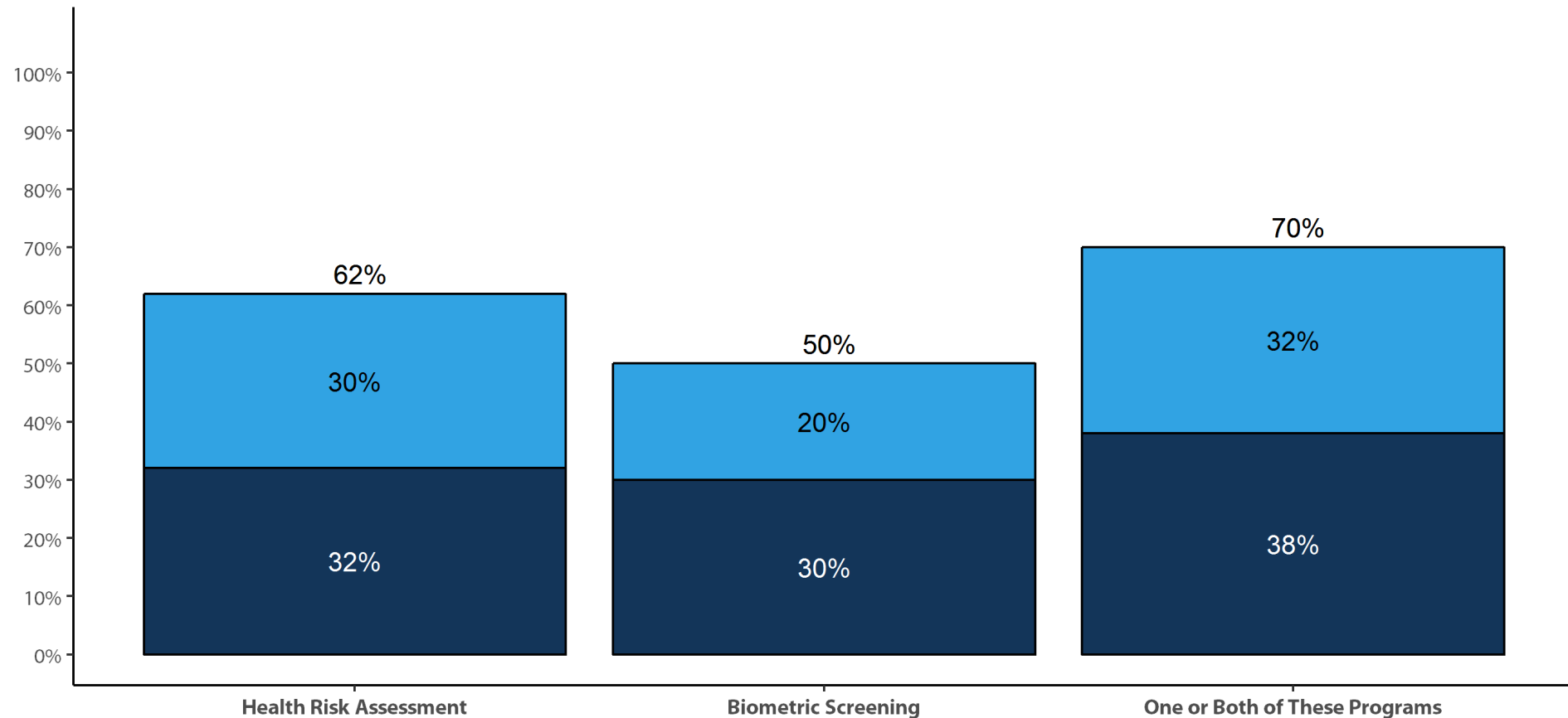
NOTE: Four percent of firms offering health benefits volunteered that not using tobacco is a condition of employment. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 22**

**Among Large Firms Offering Health Benefits and a Health Risk Assessment and/or Biometric Screening, Percentage With or Without an Incentive to Complete the Programs, 2018**

Offers Program, But No Incentive   Offers Incentive to Complete Program

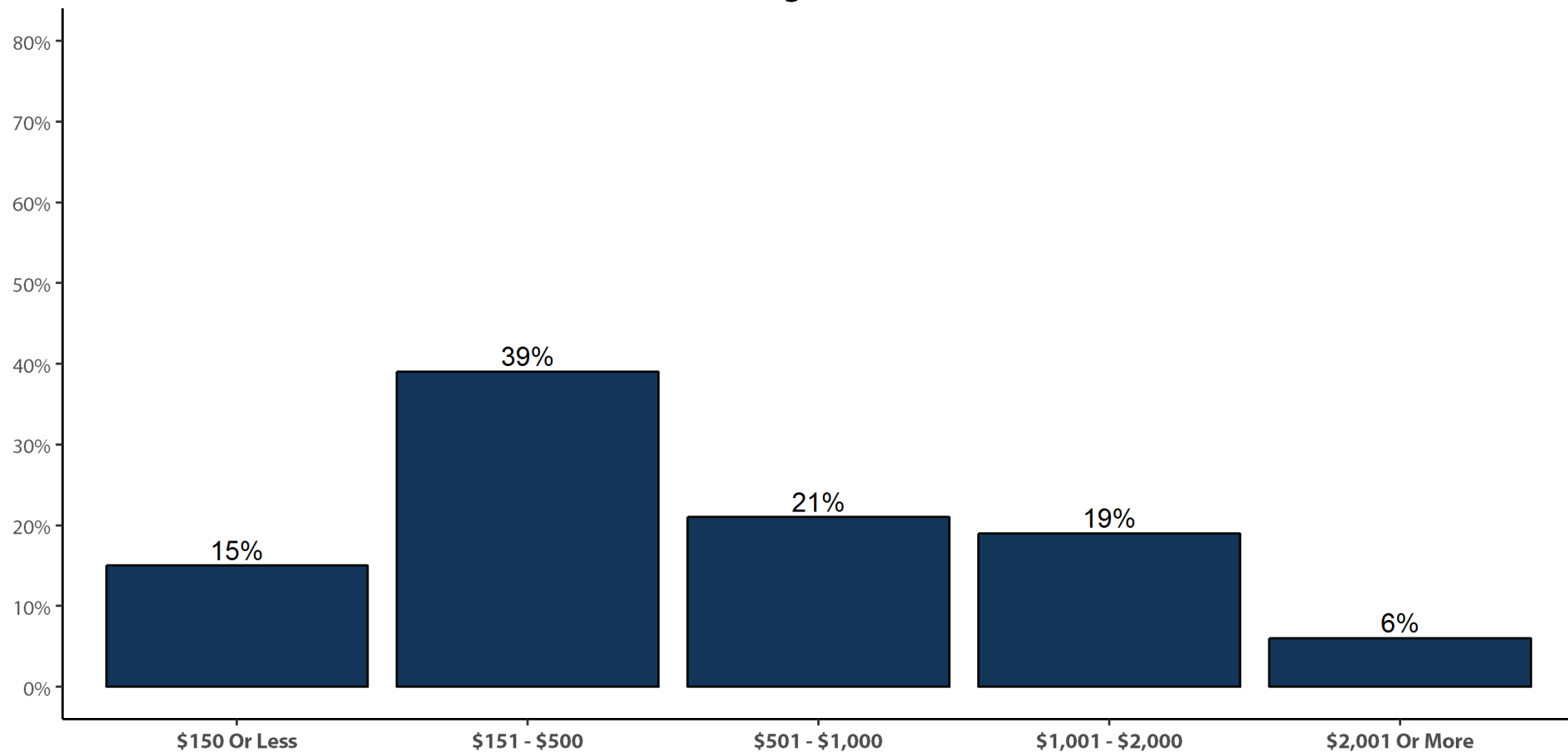


NOTE: A health risk assessment includes questions on medical history and lifestyle and is designed to identify a person's health risks. Biometric screening is an in-person health examination to measure risk factors such as cholesterol, blood pressure, and body mass index. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 23**

**Among Large Firms Offering Workers an Incentive for Any Health Promotion Programs,  
Maximum Annual Value of the Incentive for All Programs Combined, 2018**

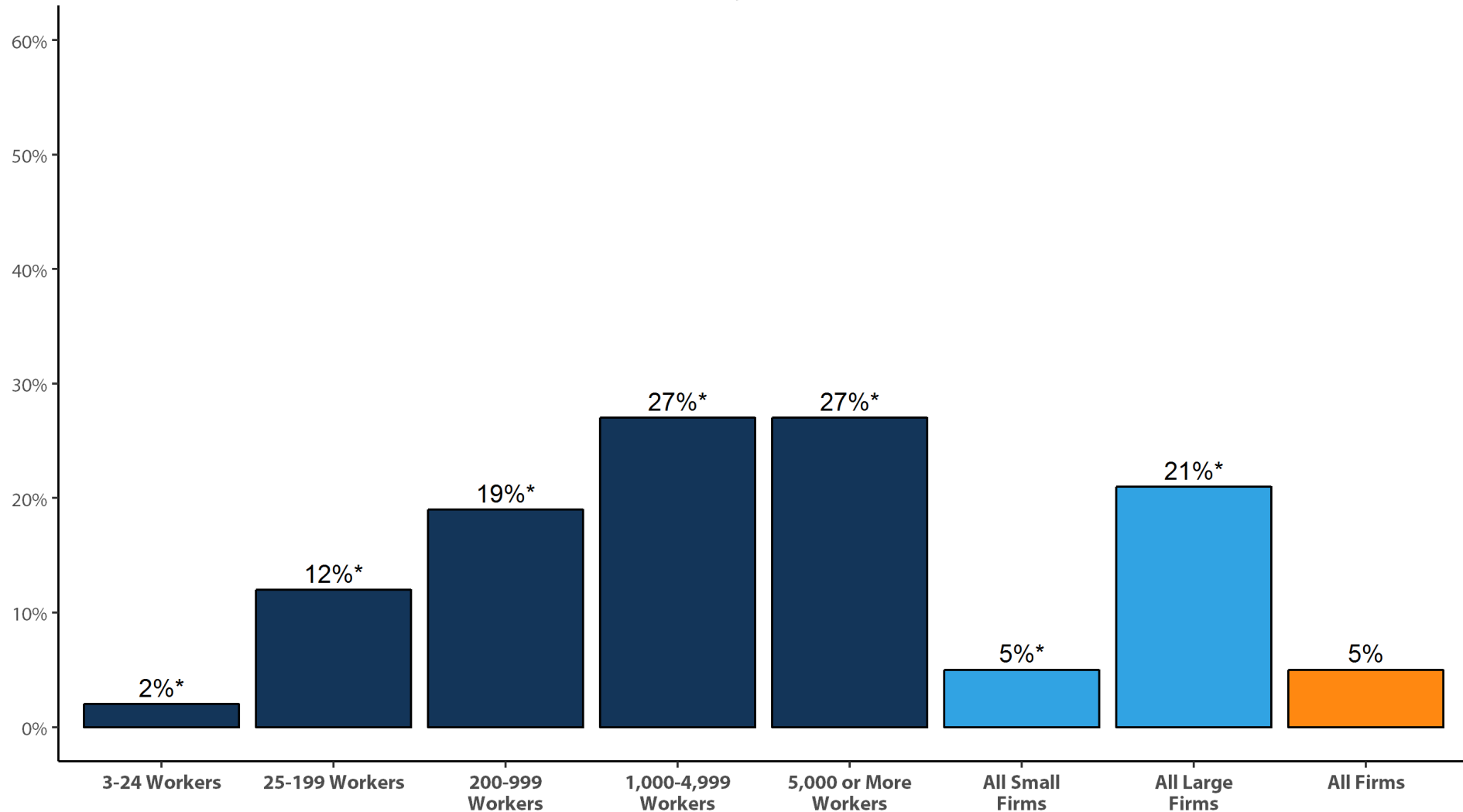


NOTE: Includes incentives for health risk assessments, biometric screenings, and wellness programs. Firms with at least one of the listed health promotion programs were asked to report the maximum incentive a worker and his/her dependents could receive for all the firm's health promotion programs combined. Forty-five percent of large offering firms offer an incentive to complete any of their health promotion programs. In 2018, less than one percent of firms indicated they had a reward of zero dollars. In most cases, this indicates a non-monetary incentive such as a preferred parking spot. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 24**

**Among Firms Offering Health Benefits, Percentage of Firms That Collect Information From Workers' Mobile Apps or Wearable Technologies, by Firm Size, 2018**



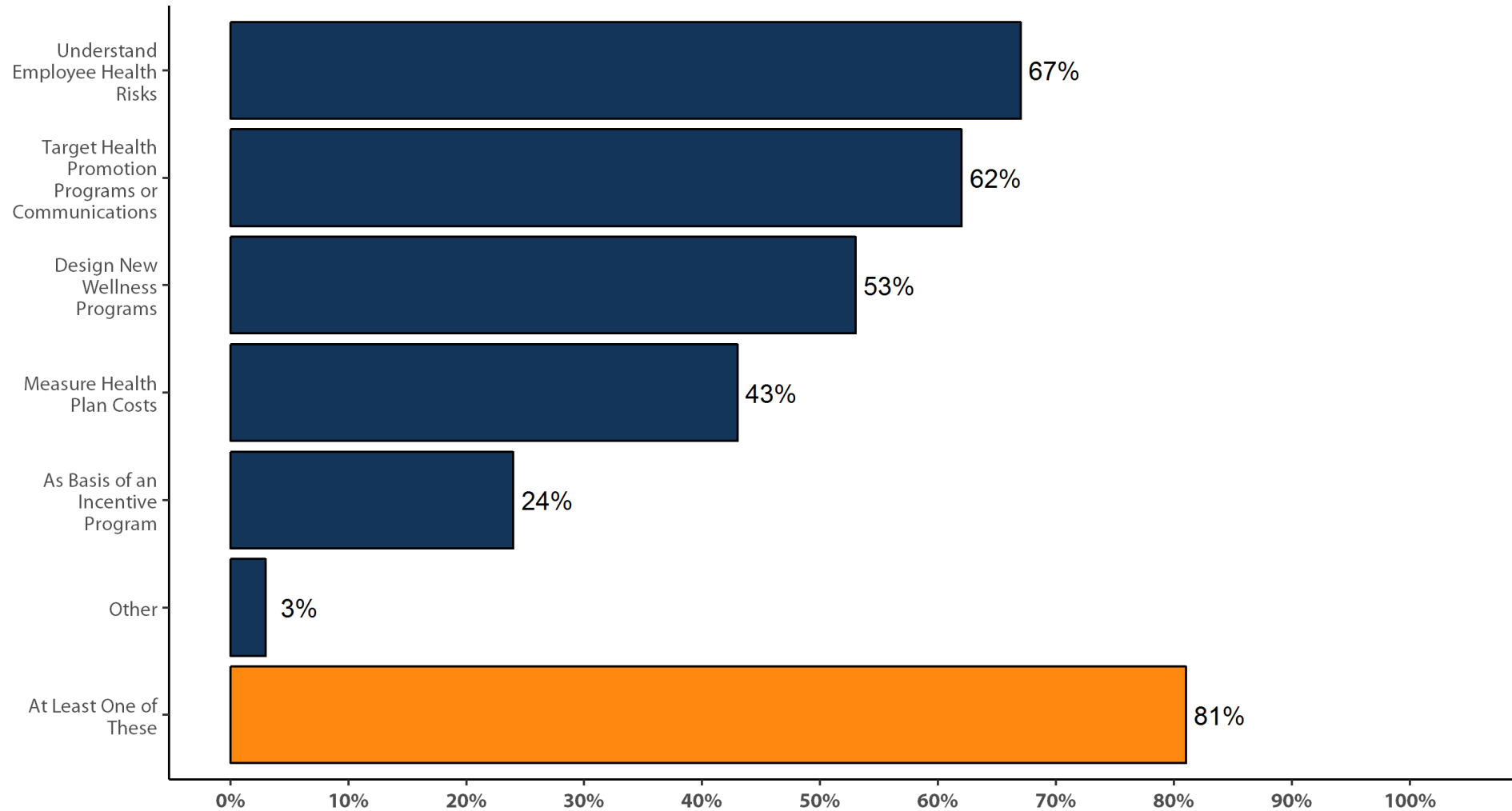
\* Estimate is statistically different from estimate for all other firms not in the indicated size category (p < .05).

NOTE: Wearable technologies could include Fitbits or Apple Watches. Small Firms have 3-199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 25**

**Among Large Firms That Offer a Health Screening Program, How Firm Uses Information Collected, 2018**



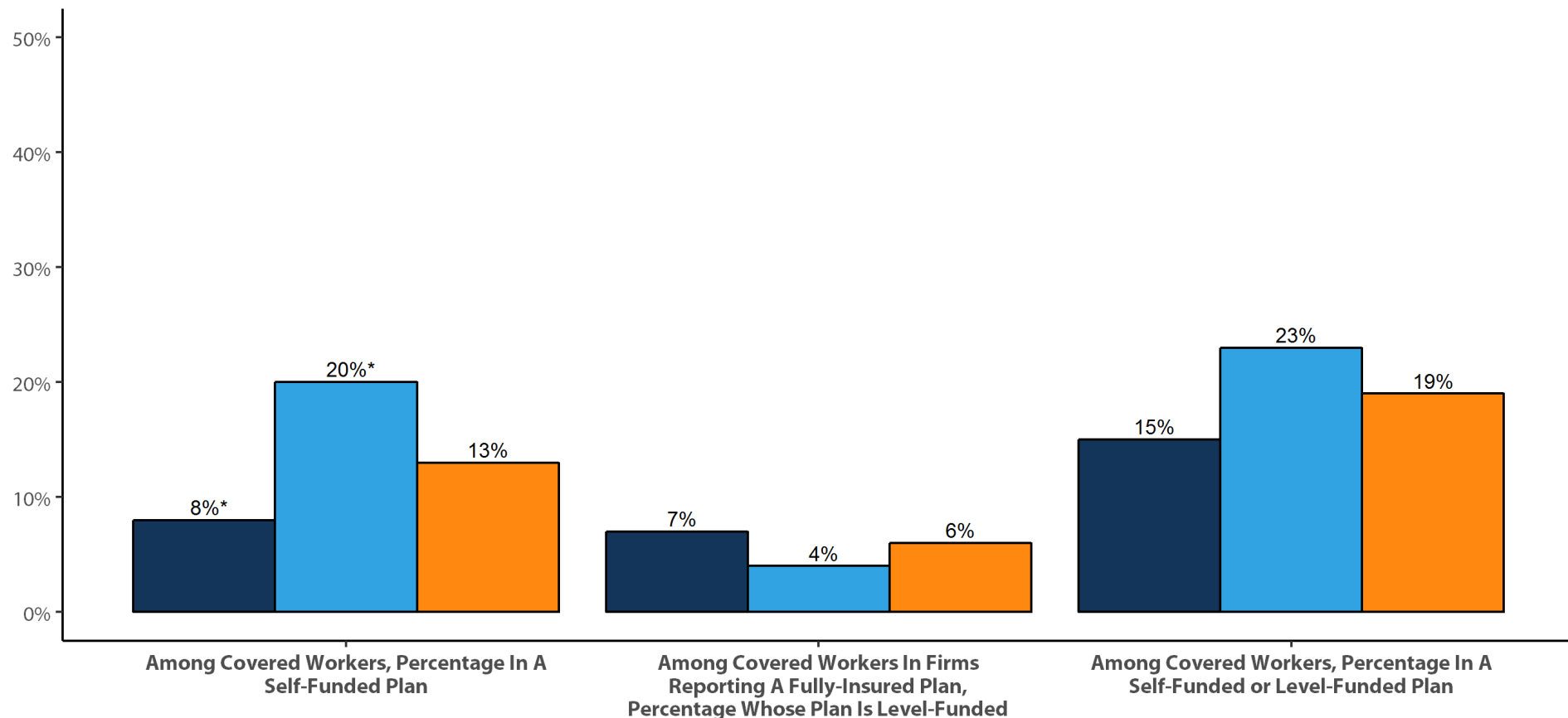
NOTE: Screening programs include health risk assessments and biometric screenings. Among large firms offering health benefits, 70% offer workers one or both of these programs. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 26**

**Among Covered Workers at Small Firms, Percentage Enrolled in a Level-Funded or Self-Funded Plan, by Firm Size, 2018**

3-49 Workers    50-199 Workers    All Small Firms



\* Estimate is statistically different from estimate for all other firms not in the indicated size category ( $p < .05$ ).

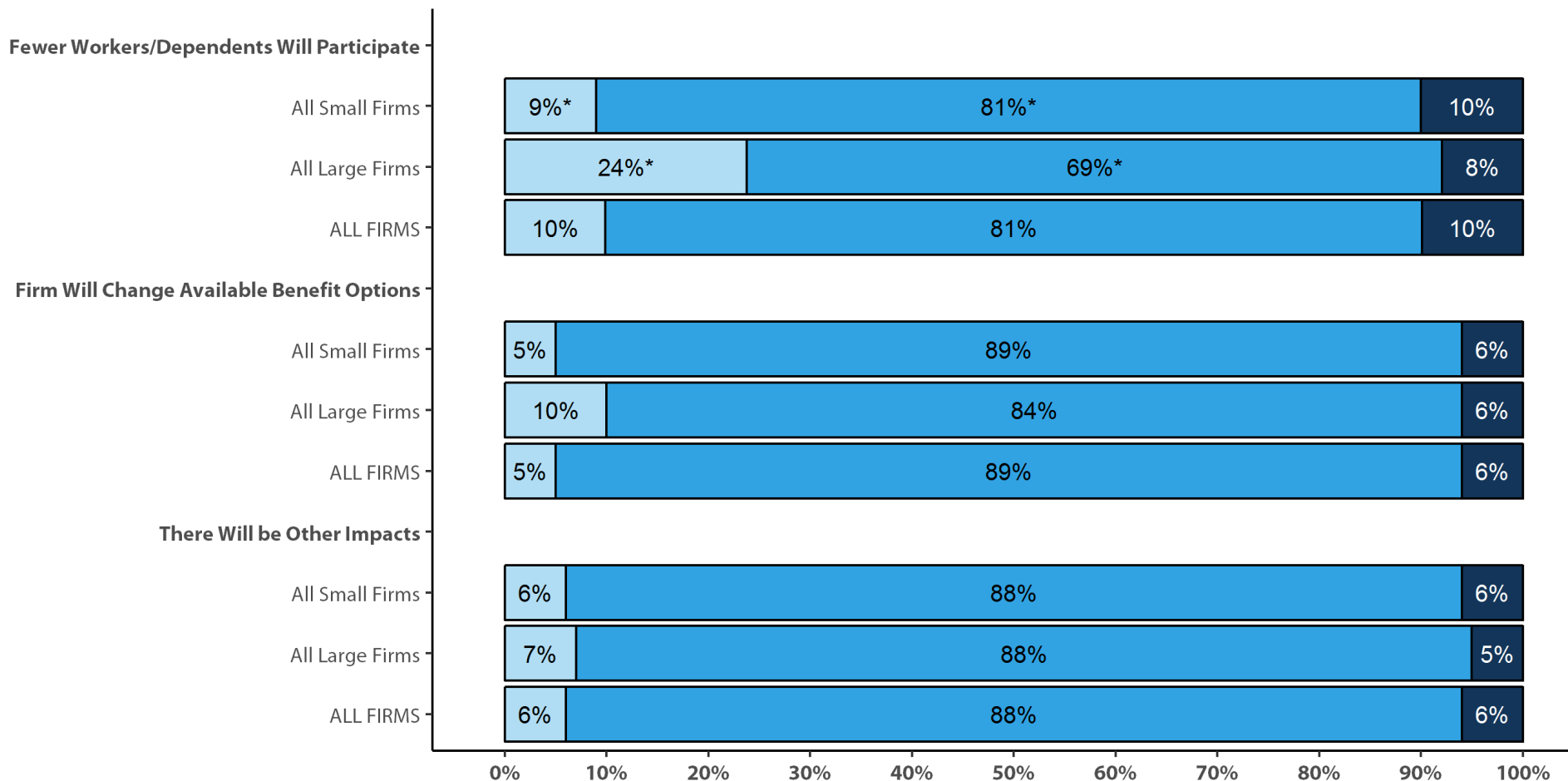
NOTE: Only firms that indicated they were fully-insured were asked if their plan was level-funded; self-funded plans may also have this structure. See the glossary at the end of Section 10 for definitions of self-funded, fully-insured, and level-funded premium plans. Small Firms have 3-199 workers.

SOURCE: KFF Employer Health Benefits Survey, 2018

**Figure 27**

**Among Firms Offering Health Benefits, Percentage of Firms That Believe the Repeal of the Individual Mandate Will Impact Their Benefit Offerings, by Firm Size, 2018**

Yes No Don't Know



\* Estimates are statistically different between Small Firm and Large Firm estimates within category ( $p < .05$ ).

NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018



Read the report, and find a link to today's  
presentation, at

**[kff.org/ehbs](https://kff.org/ehbs)**

# Contact Information

**Craig Palosky**

Director of Communications, DC

Email: **[CPalosky@KFF.org](mailto:CPalosky@KFF.org)**

Phone: 202-347-5270



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