2019 KFF Employer Health Benefits Survey

September 25, 2019

Filling the need for trusted information on national health issues.
Drew Altman

President and CEO, KFF
Gary Claxton

Senior Vice President, KFF
Matthew Rae

Associate Director, Program on the Health Care Marketplace, KFF
Craig Palosky

Director of Communications, KFF
Figure 1
Average Annual Premiums for Single and Family Coverage, 1999-2019

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

Figure 2
Average Annual Increases in Premiums for Family Coverage Compared to Other Indicators, 2000-2019

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

Figure 3
Cumulative Increases in Family Coverage Premiums, General Annual Deductibles, Inflation, and Workers' Earnings, 2009-2019

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.

Figure 4
Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2019

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

**Figure 5**
Distribution of Percentage of Premium Paid by Covered Workers for Single and Family Coverage, by Firm Size, 2019

* 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, 2019
Figure 6
Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Single and Family Coverage, By Firm Wage Level, 2019

* Estimate is statistically different between firm wage level categories (p < .05).
NOTE: Firms with many lower-wage workers are those where at least 35% earn less than the 25th percentile of national earnings ($25,000 in 2019).
SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 7
Eligibility, Take-Up, and Coverage Rates in Firms Offering Health Benefits, by Wage Level, 2019

- Percentage Of Workers Eligible For Health Benefits Offered By Their Firm: 81%*
- Percentage Of Eligible Workers Who Participate In Their Firm's Plan (Take-Up Rate): 78%*
- Percentage Of Workers Covered By Their Firm's Health Benefits: 63%*

* Estimate is statistically different between firm wage level categories (p < .05).

NOTE: Firms with many lower-wage workers are those where at least 35% earn less than the 25th percentile of national earnings ($25,000 in 2019).

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 8
Average General Annual Deductibles for Single Coverage, 2006-2019

* 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.

Figure 9
Percentage of Covered Workers Enrolled in a Plan with a High General Annual Deductible for Single Coverage, by Firm Size, 2019

* 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. 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.

SOURCE: KFF Employer Health Benefits Survey, 2019
### Figure 10
**Distribution of Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2019**

<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></td>
<td>21%</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>1993</td>
<td>46%</td>
<td></td>
<td>21%</td>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>1996</td>
<td>27%</td>
<td></td>
<td>31%</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>1999</td>
<td>10%</td>
<td></td>
<td>28%</td>
<td>39%</td>
<td>24%</td>
</tr>
<tr>
<td>2000</td>
<td>8%</td>
<td></td>
<td>29%</td>
<td>42%</td>
<td>21%</td>
</tr>
<tr>
<td>2001</td>
<td>7%</td>
<td></td>
<td>24%</td>
<td>46%</td>
<td>23%</td>
</tr>
<tr>
<td>2002</td>
<td>4%</td>
<td></td>
<td>27%</td>
<td>52%</td>
<td>18%</td>
</tr>
<tr>
<td>2003</td>
<td>5%</td>
<td></td>
<td>24%</td>
<td>54%</td>
<td>17%</td>
</tr>
<tr>
<td>2004</td>
<td>5%</td>
<td></td>
<td>25%</td>
<td>55%</td>
<td>15%</td>
</tr>
<tr>
<td>2005</td>
<td>3%</td>
<td></td>
<td>21%</td>
<td>61%</td>
<td>15%</td>
</tr>
<tr>
<td>2006</td>
<td>3%</td>
<td></td>
<td>20%</td>
<td>60%</td>
<td>13%</td>
</tr>
<tr>
<td>2007</td>
<td>3%</td>
<td></td>
<td>21%</td>
<td>57%</td>
<td>4%</td>
</tr>
<tr>
<td>2008</td>
<td>20%</td>
<td></td>
<td>58%</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>2009</td>
<td>20%</td>
<td></td>
<td>60%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>2010</td>
<td>19%</td>
<td></td>
<td>58%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>2011</td>
<td>17%</td>
<td></td>
<td>55%</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td>2012</td>
<td>16%</td>
<td></td>
<td>56%</td>
<td>9%</td>
<td>19%</td>
</tr>
<tr>
<td>2013</td>
<td>14%</td>
<td></td>
<td>57%</td>
<td>9%</td>
<td>20%</td>
</tr>
<tr>
<td>2014</td>
<td>13%</td>
<td></td>
<td>58%</td>
<td>8%</td>
<td>20%</td>
</tr>
<tr>
<td>2015</td>
<td>14%</td>
<td></td>
<td>52%</td>
<td>10%</td>
<td>24%</td>
</tr>
<tr>
<td>2016</td>
<td>15%</td>
<td></td>
<td>48%</td>
<td>9%</td>
<td>29%</td>
</tr>
<tr>
<td>2017</td>
<td>14%</td>
<td></td>
<td>48%</td>
<td>10%</td>
<td>28%</td>
</tr>
<tr>
<td>2018</td>
<td>16%</td>
<td></td>
<td>49%</td>
<td>6%</td>
<td>29%</td>
</tr>
<tr>
<td>2019</td>
<td>19%</td>
<td></td>
<td>44%</td>
<td>7%</td>
<td>30%</td>
</tr>
</tbody>
</table>

**NOTE:** Information was not obtained for POS plans in 1988 or for HDHP/SO plans until 2006. A portion of the change in 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.

Figure 11
Percentage of Firms Offering Health Benefits, by Firm Size, 1999-2019

* 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.

Figure 12
Percentage of Workers Covered by Their Firm's Health Benefits, 1999-2019

Tests found no statistical difference from estimate for the previous year shown (p < .05).

Figure 13
Among Large Firms that Offer Spousal Coverage, Spouses' Eligibility if They Have an Offer from Another Source, by Firm Size, 2019

<table>
<thead>
<tr>
<th>Firm Size</th>
<th>Either Restrictions, Higher Premiums And/Or Higher Cost-Sharing</th>
<th>Unable To Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>200-999 Workers</td>
<td>11%*</td>
<td>12%</td>
</tr>
<tr>
<td>1,000-4,999 Workers</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>5,000 or More Workers</td>
<td>25%*</td>
<td>10%</td>
</tr>
<tr>
<td>All Large Firms (200 or More Workers)</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>

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

NOTE: Large Firms have 200 or more workers. Other restrictions may include requirements on the work status of the spouse, or the type of coverage they have access to.

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 14
Among Firms Offering Health Benefits, Percentage of Firms That Offer Voluntary Insurance Benefits in Addition to Benefits Offered Through the Health Plan, by Firm Size, 2019

Dental
- Small Firms: 37% Offers and Contributes, 22% Offers But Does Not Contribute
- Large Firms: 63% Offers and Contributes, 29% Offers But Does Not Contribute

Vision
- Small Firms: 21% Offers and Contributes, 23% Offers But Does Not Contribute
- Large Firms: 33% Offers and Contributes, 50% Offers But Does Not Contribute

Critical Illness
- Small Firms: 5% Offers and Contributes, 18% Offers But Does Not Contribute
- Large Firms: 4% Offers and Contributes, 58% Offers But Does Not Contribute

Hospital Indemnity
- Small Firms: 3% Offers and Contributes, 14% Offers But Does Not Contribute
- Large Firms: 28% Offers and Contributes, 29% Offers But Does Not Contribute

Long Term Care
- Small Firms: 7% Offers and Contributes, 11% Offers But Does Not Contribute
- Large Firms: 6% Offers and Contributes, 19% Offers But Does Not Contribute

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

NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers. Critical illness insurance provides a cash benefit when an enrollee is diagnosed with a specified condition, such as cancer. Hospital indemnity plans provide a cash benefit when an enrollee is admitted to the hospital or has a certain type of outpatient surgery. Long term care insurance covers assistance with daily living not generally covered by health insurance such as care from a home health worker or nursing home. The survey asks firms that offer health benefits if they offer or contribute to voluntary benefits that are separate from any their health plans might include.

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 15
Among Firms with 1,000 or More Workers That Offer Coverage for Prescription Drugs, Percentage of Firms With Prescription Drug Coverage Who Have Reduced or No Cost Sharing for Maintenance Drugs for Chronic Conditions, by Firm Size, 2019

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

NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers. An example of a maintenance drug for a chronic condition is insulin for diabetes.

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 16
Among Large Firms Offering Health Benefits, Percentage of Firms Offering Various Wellness and Health Promotion Activities and Incentives, by Firm Size, 2019

<table>
<thead>
<tr>
<th>Activity</th>
<th>5,000 or More Workers</th>
<th>All Large Firms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offers Health Risk Assessment</td>
<td>75%</td>
<td>65%</td>
</tr>
<tr>
<td>Incentive for Completing Health Risk Assessment</td>
<td>39%</td>
<td>32%</td>
</tr>
<tr>
<td>Offers Biometric Screening</td>
<td>65%*</td>
<td>52%</td>
</tr>
<tr>
<td>Incentive for Completing Biometric Screening</td>
<td>41%</td>
<td>31%</td>
</tr>
<tr>
<td>Incentive for Meeting Biometric Outcomes</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Offers Specific Wellness Programs</td>
<td>92%</td>
<td>84%</td>
</tr>
<tr>
<td>Incentive for Participating In or Completing Wellness Programs</td>
<td>53%*</td>
<td>34%</td>
</tr>
</tbody>
</table>

* Estimates are statistically different between firm size estimates within category (p < .05).

NOTE: 'Specific Wellness Programs' include 'Programs to Help Workers Stop Smoking', 'Programs to Help Workers Lose Weight', or 'Other Lifestyle or Behavioral Coaching'. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 17
Among Large Firms Offering Health Benefits, Percentage of Firms Taking Various Actions in Response to the Opioid Crisis, by Firm Size, 2019

- Incorporate or Revise Employee Assistance Program (EAP): 40% (1,000 or more workers), 40% (all large firms)
- Introduced Utilization or Step Therapy: 42% (1,000 or more workers), 24% (all large firms)
- Provided Additional Health Information to Employees: 38% (1,000 or more workers), 38% (all large firms)
- Require Scripts be Obtained from a Single Medical Provider: 10% (1,000 or more workers), 8% (all large firms)
- Increase Monitoring of Opioid Prescribing: 42% (1,000 or more workers), 21% (all large firms)
- Increase the Number of Substance Abuse Providers In-Network: 3% (1,000 or more workers), 2% (all large firms)
- Other: 10% (1,000 or more workers), 10% (all large firms)
- At least one of these responses: 78% (1,000 or more workers), 69% (all large firms)

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

NOTE: Many employers selecting 'other', indicated that they limited the number of pills that can be given per prescription. An EAP is a program which offers short-term counseling for things such as substance abuse or relationship issues. Step therapies require enrollees to try alternatives before opioids are covered. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 18
Among Firms Offering Health Benefits, Percentage of Firms Whose Plan Has Various Features, by Firm Size, 2019

<table>
<thead>
<tr>
<th>Feature</th>
<th>50 or More Workers</th>
<th>5,000 or More Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage at Retail Clinics</td>
<td>82%</td>
<td>85%</td>
</tr>
<tr>
<td>On-Site Clinic</td>
<td>20%</td>
<td>36%*</td>
</tr>
<tr>
<td>Delivery of Care Through Telemedicine</td>
<td>69%</td>
<td>90%*</td>
</tr>
<tr>
<td>High Performance or Tiered Provider Network</td>
<td>14%</td>
<td>31%*</td>
</tr>
<tr>
<td>Eliminated Hospitals or Health Systems From Network</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Offers Narrow Network Plan</td>
<td>6%</td>
<td>24%*</td>
</tr>
</tbody>
</table>

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

NOTE: For Retail Clinics, Telemedicine, and High Performance/Tiered Provider Network, firms were asked if their plan with the largest enrollment had these features.

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 19
Among Firms Offering Health Benefits, How Broad the Firm Considers Their Largest Plan's Provider Network, by Firm Size, 2019

* Estimates are statistically different from estimate for all other firms not in the indicated category within each firm size (p < .05).

NOTE: A broad network includes most doctors and hospitals in the area, a narrow network is one which is limited to a small number of providers. Small Firms have 3-199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 20
Among Firms Offering Health Benefits with 50 or More Workers, Percentage of Firms that Believe the Repeal of the Individual Mandate has Reduced the Share of Employees and Dependents Who Took up Offer of Coverage, by Firm Size, 2019

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

NOTE: Among Large Firms (200 or more employees) that believe the repeal of the Individual Mandate impacted the uptake of coverage among their employees, 76% believe that the reduction in insurance uptake was greater among lower-paid employees. 18% indicated that they did not know. 3% of firms offering health benefits with 50 or more employees indicated that they did not know. w

SOURCE: KFF Employer Health Benefits Survey, 2019
Figure 21
Among Firms with 50 or More Workers Offering Health Benefits, Importance of High-Cost Plan Tax in Making Health Policy Decisions for 2019, by Firm Size, 2019

- Very Important
- Somewhat Important
- Not Too Important
- Not at All Important
- Don’t Know

<table>
<thead>
<tr>
<th>Firm Size</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Too Important</th>
<th>Not at All Important</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-199 Workers</td>
<td>12%</td>
<td>21%</td>
<td>29%</td>
<td>34%</td>
<td>3%</td>
</tr>
<tr>
<td>200-999 Workers</td>
<td>8%</td>
<td>24%</td>
<td>30%</td>
<td>28%</td>
<td>10%</td>
</tr>
<tr>
<td>1,000-4,999 Workers</td>
<td>3%</td>
<td>21%</td>
<td>37%</td>
<td>31%</td>
<td>8%</td>
</tr>
<tr>
<td>5,000 or More Workers</td>
<td>10%</td>
<td>14%</td>
<td>33%</td>
<td>31%</td>
<td>13%</td>
</tr>
<tr>
<td>All Firms (50 or More Workers)</td>
<td>11%</td>
<td>21%</td>
<td>30%</td>
<td>33%</td>
<td>5%</td>
</tr>
</tbody>
</table>

SOURCE: KFF Employer Health Benefits Survey, 2019
Contact Information

Craig Palosky
Director of Communications, DC
Email: CPalosky@KFF.org
Phone: 202-347-5270
Filling the need for trusted information on national health issues.