2021 KFF Employer Health Benefits Survey

November 10, 2021

Filling the need for trusted information on national health issues.
Agenda

Introduction
  – Larry Levitt, Executive Vice President for Health Policy

Presentations
  – Gary Claxton, Senior Vice President
  – Matthew Rae, Associate Director, Program on the Health Care Marketplace

Audience Q&A
  – Submit a question at any time during the presentation, using the Q&A function.
Figure 1

Average Annual Premiums for Single and Family Coverage, 2000-2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Single Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>$2,471</td>
<td>$6,438</td>
</tr>
<tr>
<td>2003</td>
<td>$3,383</td>
<td>$9,068</td>
</tr>
<tr>
<td>2006</td>
<td>$4,242</td>
<td>$11,480</td>
</tr>
<tr>
<td>2009</td>
<td>$4,824</td>
<td>$13,375</td>
</tr>
<tr>
<td>2012</td>
<td>$5,615</td>
<td>$15,745</td>
</tr>
<tr>
<td>2015</td>
<td>$6,251</td>
<td>$17,545</td>
</tr>
<tr>
<td>2018</td>
<td>$6,896</td>
<td>$19,616</td>
</tr>
<tr>
<td>2021</td>
<td>$7,739</td>
<td>$22,221</td>
</tr>
</tbody>
</table>

Figure 2

Average Annual Increases in Premiums for Family Coverage Compared to Other Indicators, 2000-2021

Overall Inflation, Workers' Earnings, Family Premiums

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

Figure 3
Among Large Firms Offering Health Benefits, Has the Amount of Health Care Utilization Been Above or Below Expectations During the Last Quarter, by Firm Size, 2021

<table>
<thead>
<tr>
<th>Firm Size</th>
<th>Above</th>
<th>About the Same</th>
<th>Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>200-999 Workers</td>
<td>18%</td>
<td>51%</td>
<td>31%</td>
</tr>
<tr>
<td>1,000 or More Workers</td>
<td>20%</td>
<td>47%</td>
<td>33%</td>
</tr>
<tr>
<td>All Large Firms</td>
<td>18%</td>
<td>50%</td>
<td>32%</td>
</tr>
</tbody>
</table>

NOTE: Large Firms have 200 or more workers.
SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 4
Cumulative Increases in Family Premiums, Inflation, and Workers' Earnings, 1999-2021

Figure 5

Distribution of Annual Premiums for Covered Workers with Family Coverage, 2021

SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 6
Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2021

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

Figure 7
Distribution of Percentage of Premium Paid by Covered Workers for Single and Family Coverage, by Firm Size, 2021

* 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, 2021
Figure 8

Average General Annual Deductibles for Single Coverage, 2006-2021

* 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 Any General Annual Deductible or a High General Annual Deductible for Single Coverage, by Size, 2021

* 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, 2021
Figure 10

Distribution of Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2021

NOTE: Information was not obtained for POS plans in 1988 or for HDHP/SO plans until 2006. See the Survey Design and Methods section from the 2005 Kaiser/HRET Survey and the 2021 KFF Survey for a discussion of weighting changes.

Figure 11
Percentage of Firms and Workers at Firms that Offer Health Benefits, 1999-2021

* 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

Eligibility and Coverage Rates for Workers in Firms Offering Health Benefits, 1999-2021

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

Figure 13

Among Firms Offering a Specified Wellness Program, Percentage of Firms Which Changed Wellness Programs Due to the COVID-19 Pandemic, 2021

- Reduced or eliminated incentives for engaging in or completing a health promotion program: 4%
- Added or increased support for wearable devices: 9%
- Added a new digital program or content, such as new apps: 17%
- Expanded or modified existing programs to better address the needs of people working from home: 22%
- Provided or expanded on-line counseling for emotional, financial distress, relationships, etc.: 43%
- Any of these actions: 55%

NOTE: We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview.
SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 14

Among Firms Offering Health Benefits, Percentage of Firms Which Have Seen an Increase in Employees Seeking Mental Health and Substance Abuse Services Since the COVID-19 Pandemic Began, by Firm Size, 2021

- 50-199 Workers
- 200-999 Workers
- 1,000 or More Workers
- ALL FIRMS (50 or More Workers)

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

NOTE: A significant share of employers did not know whether there was an increase in employees seeking mental health (24%) and substance abuses services (22%) since the COVID-19 pandemic began.

SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 15
Among Firms Offering Health Benefits, Concern with Growth of Substance Abuse Conditions Among Employees, by Firm Size, 2021

NOTE: We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview.
SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 16

Among Firms with 50 or More Employees Offering Health Benefits, Changes the Firm Made Since the Beginning of the COVID-19 Pandemic to Meet the Mental Health Needs of Employees, 2021

- Increased coverage for out-of-network MHSA services: 3%
- Waived or reduced cost-sharing for MHSA services: 4%
- Expanded the number of MHSA providers in-network: 6%
- Developed new resources such as an EAP: 16%
- Expanded ways in which enrollees can get MHSA services, such as telemedicine: 31%
- Any of these changes: 39%

NOTE: MHSA refers to Mental Health and/or Substance Abuse. EAP refers to Employee Assistance Programs. We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview.

SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 17

Among Firms Offering Health Benefits, How Important Firm Considers Telemedicine in Providing Access to Enrollees in The Coming Years, by Firm Size, 2021

<table>
<thead>
<tr>
<th>Firm Size</th>
<th>Very Important</th>
<th>Important</th>
<th>Slightly Important</th>
<th>Not Important</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Small Firms (50-100 Workers)</td>
<td>45%</td>
<td>31%</td>
<td>18%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>All Large Firms (200+ More Workers)</td>
<td>52%</td>
<td>33%</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Firms (50+ More Workers)</td>
<td>47%</td>
<td>31%</td>
<td>17%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Telemedicine is health care services provided to a patient from a provider who is at a different location, including video chat and remote monitoring. We do not include email, exclusively web-based non-interactive resources, or online information a plan may make available unless a health professional provides information specific to the enrollee’s condition.

SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 18

Among Firms Offering Telemedicine Benefits, Changes the Firm Made to Telemedicine Benefits During the COVID-19 Pandemic, 2021

- Contracted with a new telemedicine service provider: 5%
- Eliminated or reduced cost-sharing for telemedicine services: 18%
- Expanded the number of services covered through telemedicine: 23%
- Expanded the number or types of providers that provide telemedicine services: 23%
- Expanded the settings or locations where enrollees may use telemedicine services: 24%
- Expanded coverage for additional modes of delivering telemedicine: 31%
- Increased promotion or employee communication of telemedicine resources: 51%
- Any of these changes to telemedicine benefits: 65%

NOTE: We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview.
SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 19

Among Large Firms Offering Health Benefits, Percentage of Firms That Provide an Opportunity to Complete Biometric Screening, 2012-2021

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

NOTE: Biometric screening is a health examination that measures a person’s risk factors for certain medical issues. Biometric outcomes could include meeting a target body mass index (BMI) or cholesterol level, but not goals related to smoking. Large Firms have 200 or more workers.

Among Firms Which Offered Biometric Screening This Year and Last Year, Changes Firm Made to Biometric Screening Programs Due to the COVID-19 Pandemic, by Firm Size, 2021

- Reduced or eliminated incentives for completing screenings: 3% (Small) vs. 5% (Large)
- Allowed screenings to be completed by a broader set of providers: 13% (Small) vs. 23% (Large)
- Reduced the stringency of requirements: 5% (Small) vs. 15% (Large)
- Arranged for screenings to be completed on a digital platform: 19% (Small) vs. 18% (Large)
- Suspended or eliminated the program for at least some workers: 3% (Small) vs. 5% (Large)
- Any of these actions: 32% (Small) vs. 43% (Large)

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

NOTE: 33% of firms with 50 or more workers offering health benefits reported that they offered employees the opportunity to complete a biometric screening program last year. Biometric screening is a health examination that measures a person's risk factors for certain medical issues. Biometric outcomes could include meeting a target body mass index (BMI) or cholesterol level, but not goals related to smoking. We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview. Small Firms have 50 to 199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 21
Among Large Firms Offering Health Benefits, Firms Opinions on Health Transparency Requirements, 2021

- Providing information about the cost of services will help their decision making:
  - A Great Deal: 26%
  - Somewhat: 50%
  - Very Little: 20%
  - Not at All Effective: 3%
  - Don't Know: 3%

- Difficulty of implementing these the new transparency rules:
  - A Great Deal: 8%
  - Somewhat: 45%
  - Very Little: 28%
  - Not at All Effective: 16%
  - Don't Know: 3%

- New transparency rules will reduce healthcare spending:
  - A Great Deal: 3%
  - Somewhat: 38%
  - Very Little: 40%
  - Not at All Effective: 15%
  - Don't Know: 5%

NOTE: Large Firms have 200 or more workers.
SOURCE: KFF Employer Health Benefits Survey, 2021
Figure 22
Percentage of Covered Workers Enrolled in a Self-Funded Plan, by Firm Size, 1999-2021

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

NOTE: Includes covered workers enrolled in self-funded plans in which the firm's liability is limited through stoploss coverage. Overall, 64% of covered workers are in a self-funded plan in 2021. Due to a change in the survey questionnaire, funding status was not asked of firms with conventional plans in 2008; therefore, conventional plan funding status is not included in the averages in this figure for 2006. See end of Section 10 for definitions of self-funded, fully-insured, and level-funded premium plans.

Figure 23
Among Covered Workers at Small Firms, Percentage Enrolled in a Level-Funded or Self-Funded Plan, 2021

NOTE: See end of Section 10 for definitions of self-funded, fully-insured, and level-funded premium plans. Small Firms have 3-199 workers. This figure shows the percentage of covered workers; In 2021, 42% of small firms reported that they had a level-funded plan. This includes respondents who indicated both that their plan was level-funded and fully insured.

SOURCE: KFF Employer Health Benefits Survey, 2021
To submit a question for the panelists, click on the Q&A button.
Contact Information

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View the 2021 survey online at www.kff.org/ehbs

An archived version of the webinar will be posted online later today. We will notify attendees by email when it is available.
Thank you.