

2019 KFF Employer Health Benefits Survey

September 25, 2019



KFF
HENRY J KAISER
FAMILY FOUNDATION

Filling the need for trusted information on national health issues.

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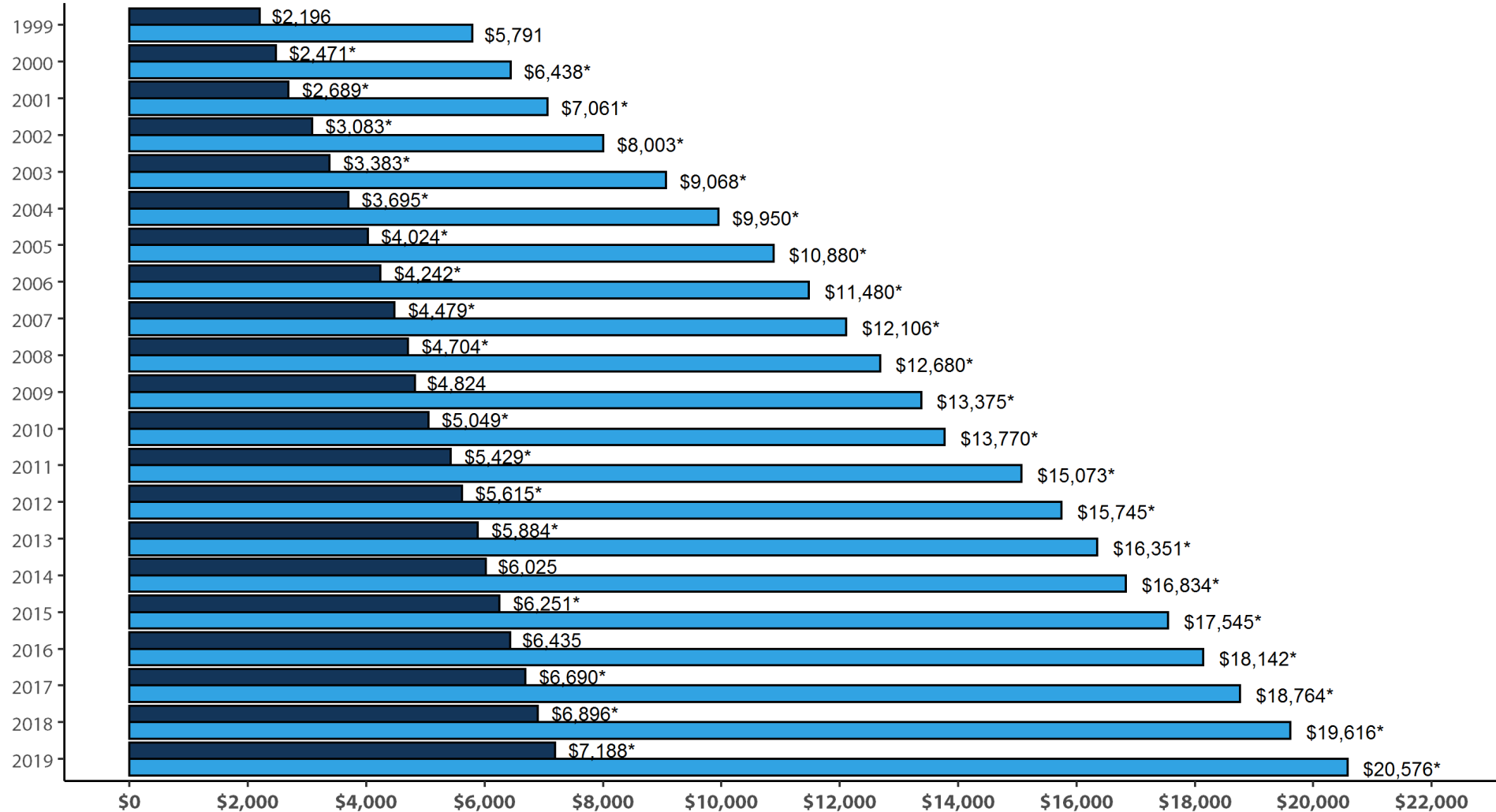
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Figure 1

Average Annual Premiums for Single and Family Coverage, 1999-2019

Single Coverage Family Coverage



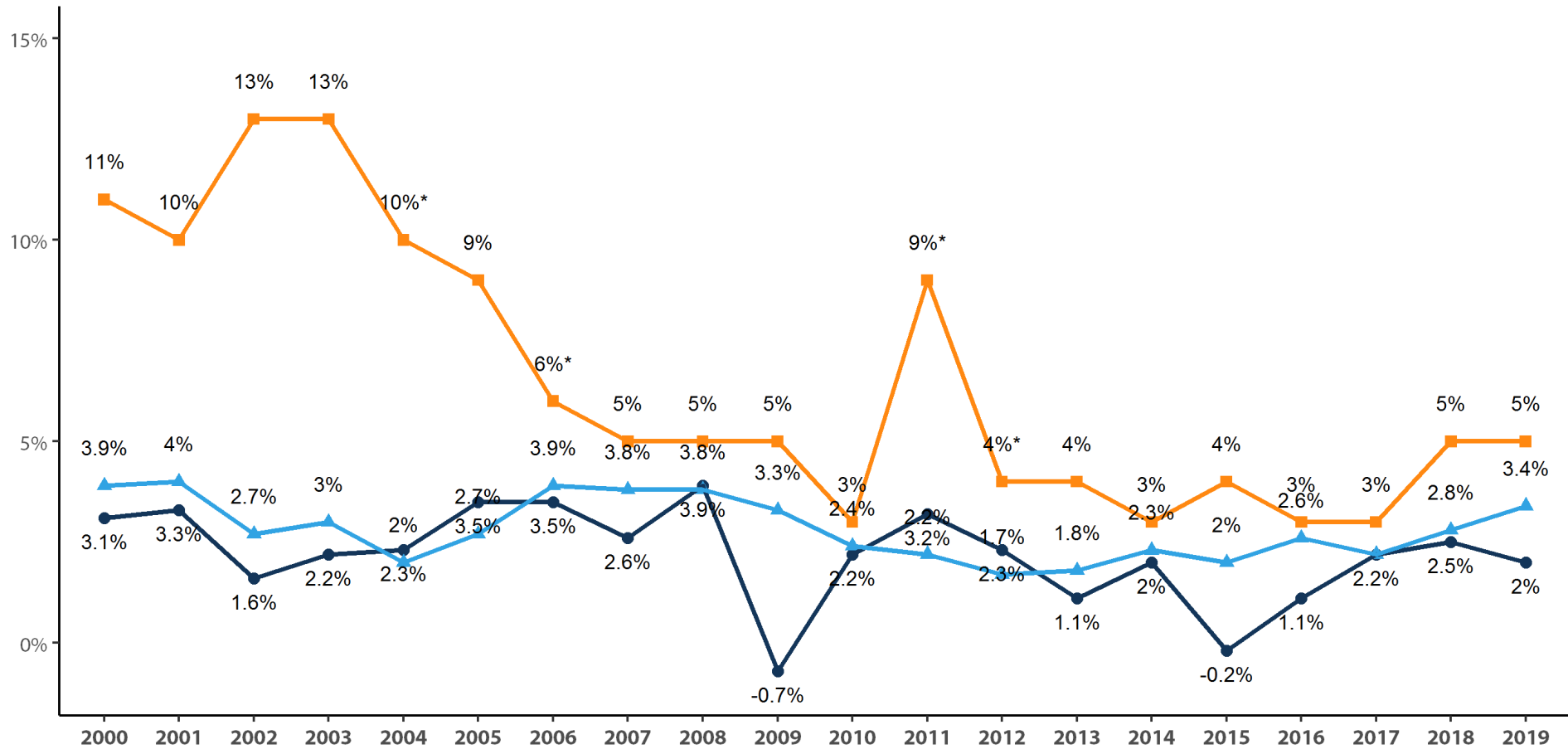
* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 2

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

● Overall Inflation ▲ Workers' Earnings ■ Family Premiums



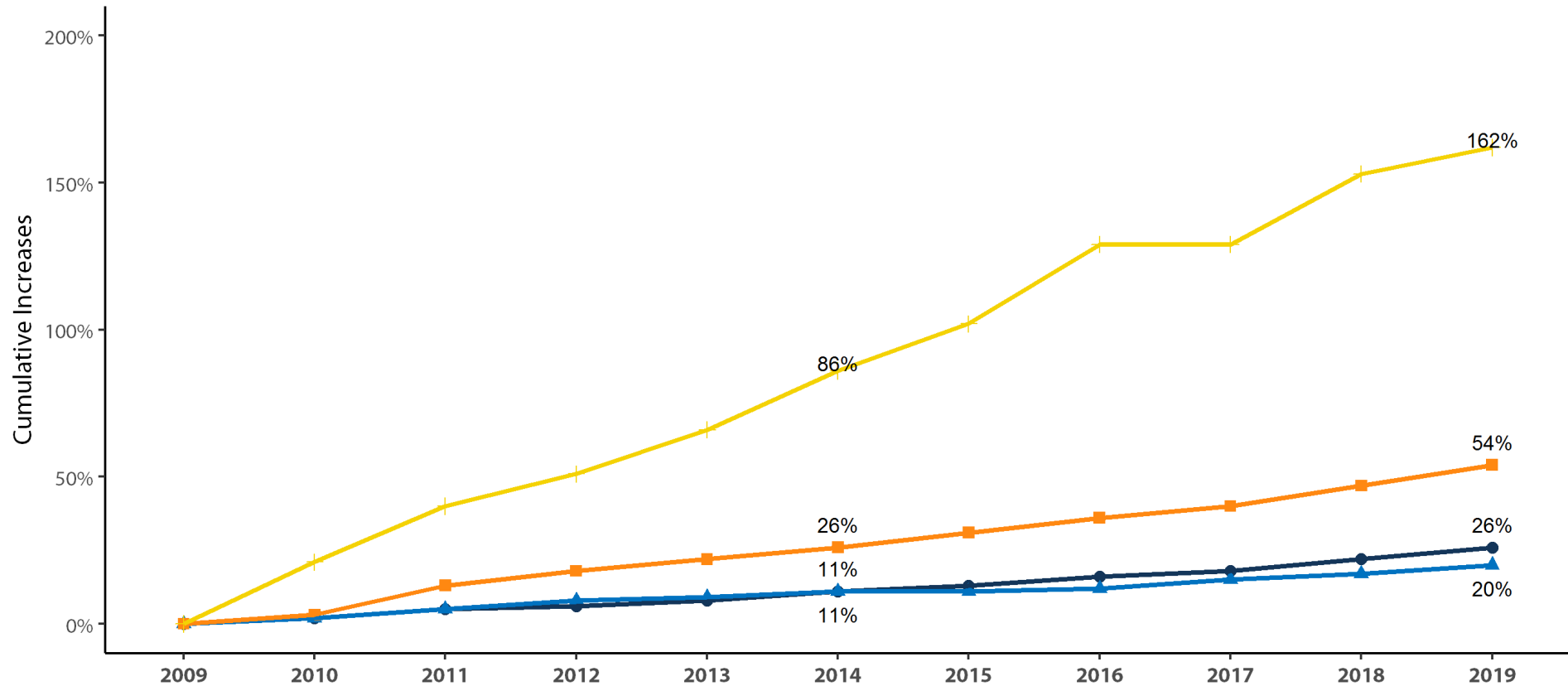
* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; 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), 1999-2019; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2019 (April to April).

Figure 3

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

Workers' Earnings Overall Inflation Family Premiums Deductibles



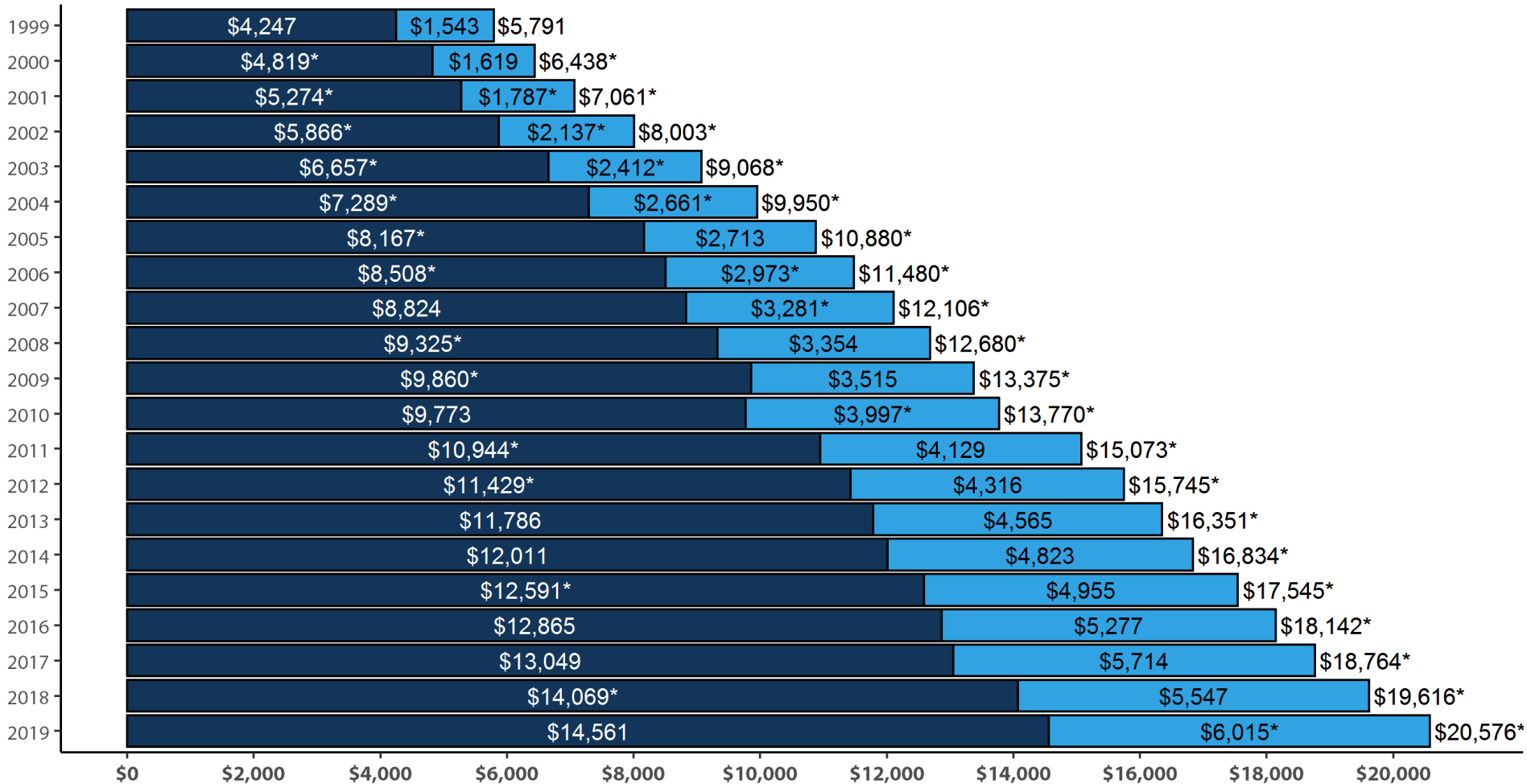
NOTE: Average general annual deductibles are for single coverage and are among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2009-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 2009-2019; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2009-2019 (April to April).

Figure 4

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

Employer Contribution
 Worker Contribution



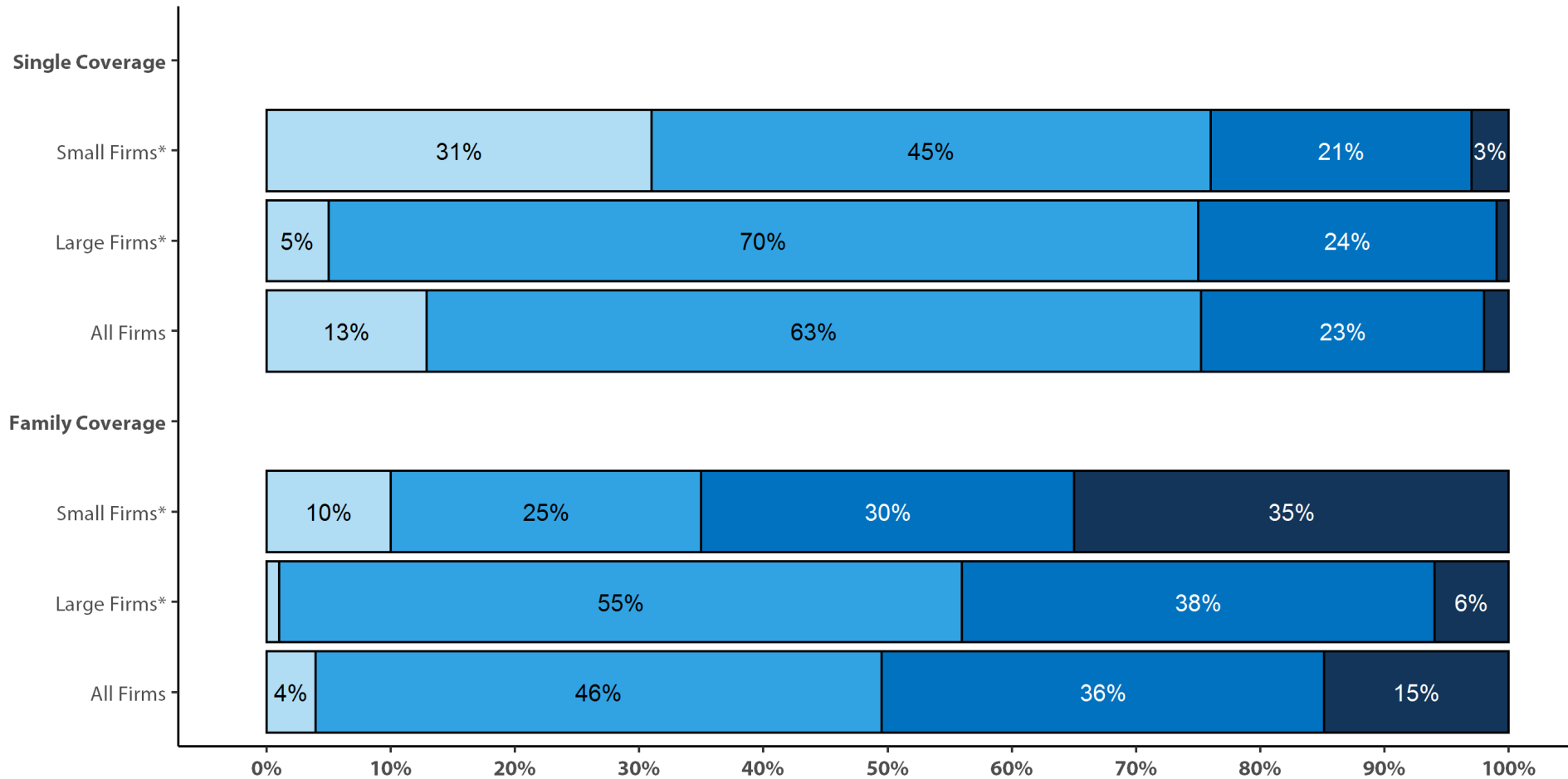
* Estimate is statistically different from estimate for the previous year shown (p < .05).

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 5

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

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 ($p < 0.05$).

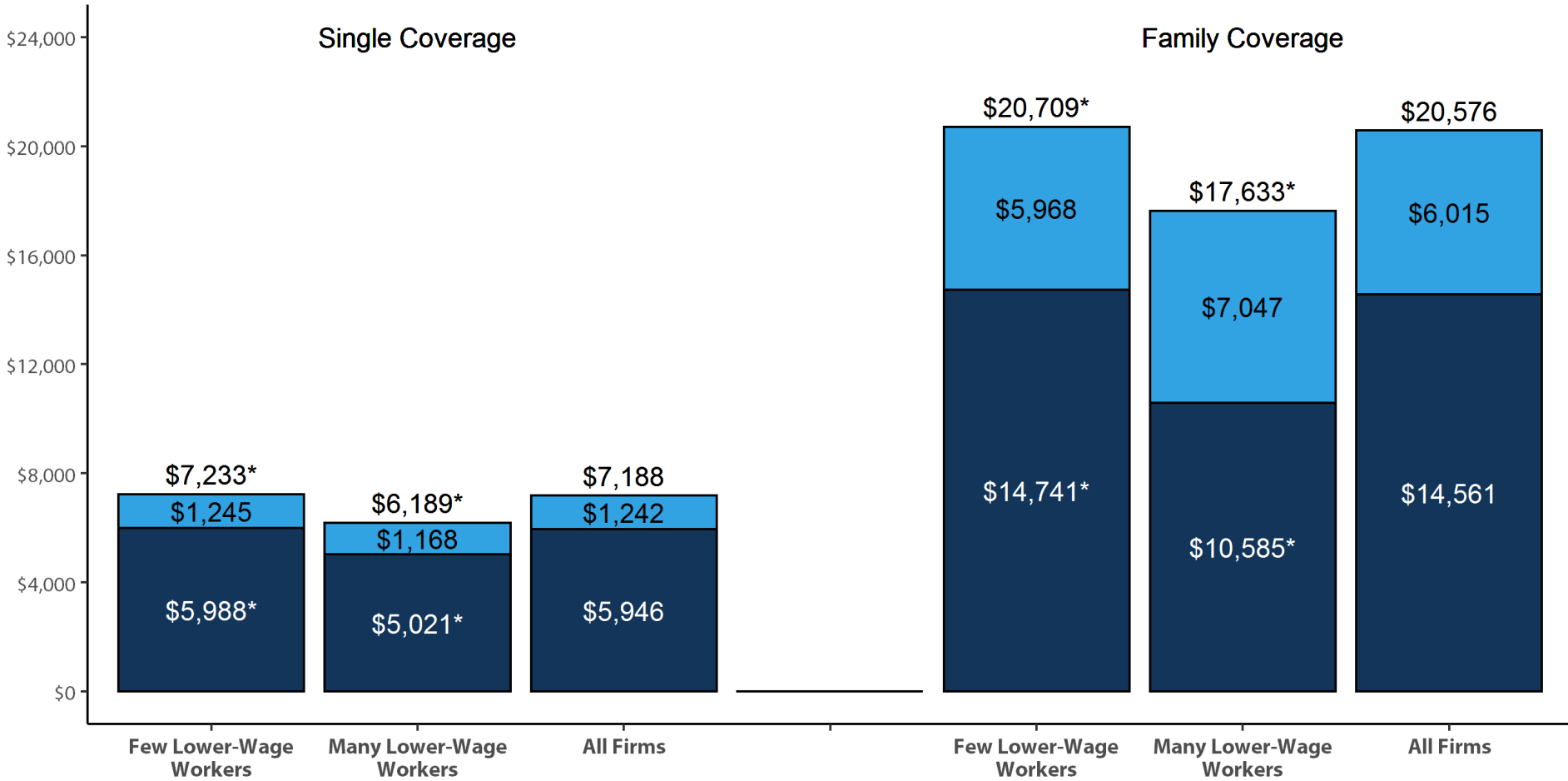
NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2019

Figure 6

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

Worker Contribution Employer Contribution



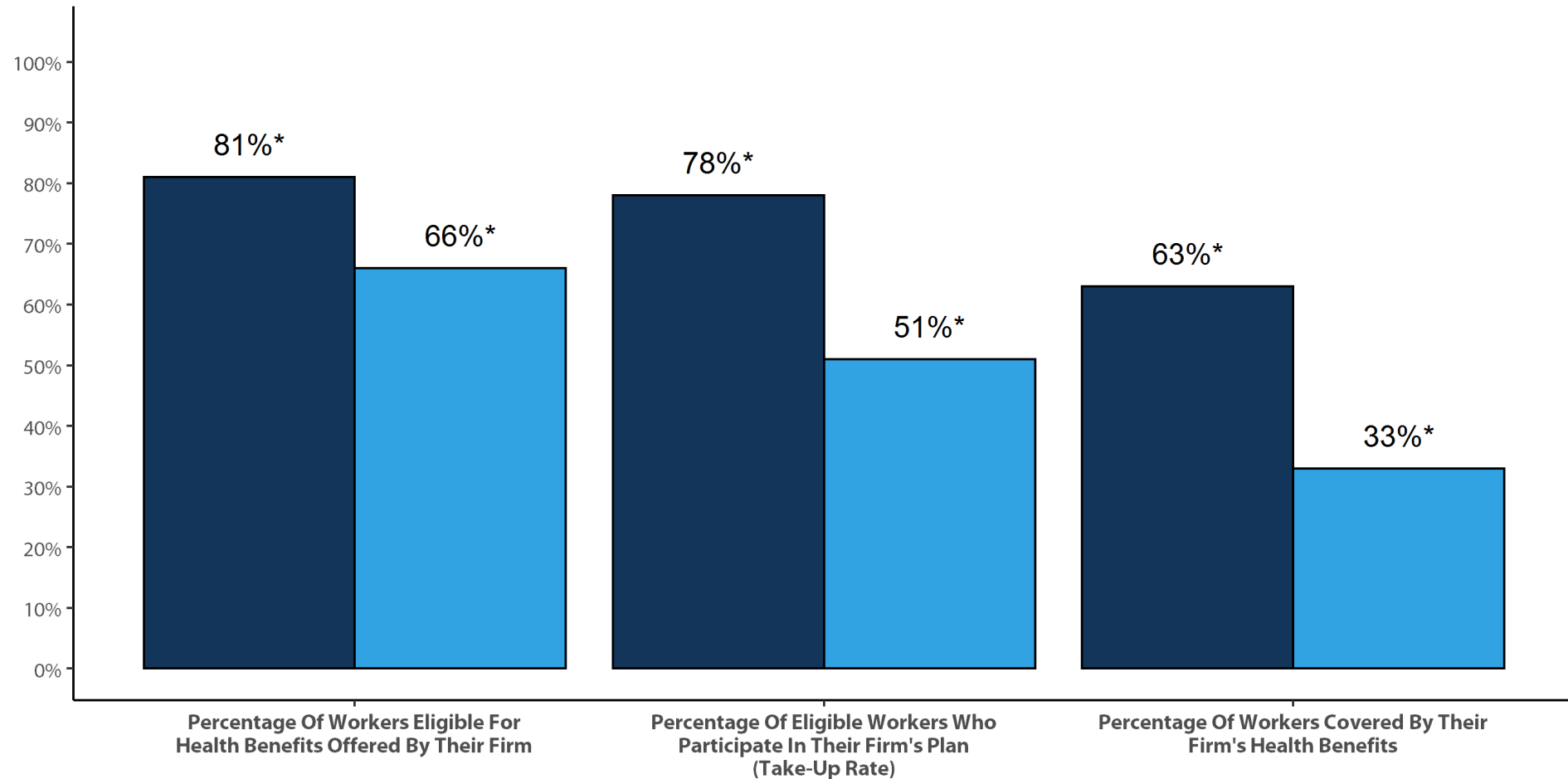
* Estimate is statistically different between firm wage level categories (p < .05).

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

Few Lower-Wage Workers Many Lower-Wage Workers



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

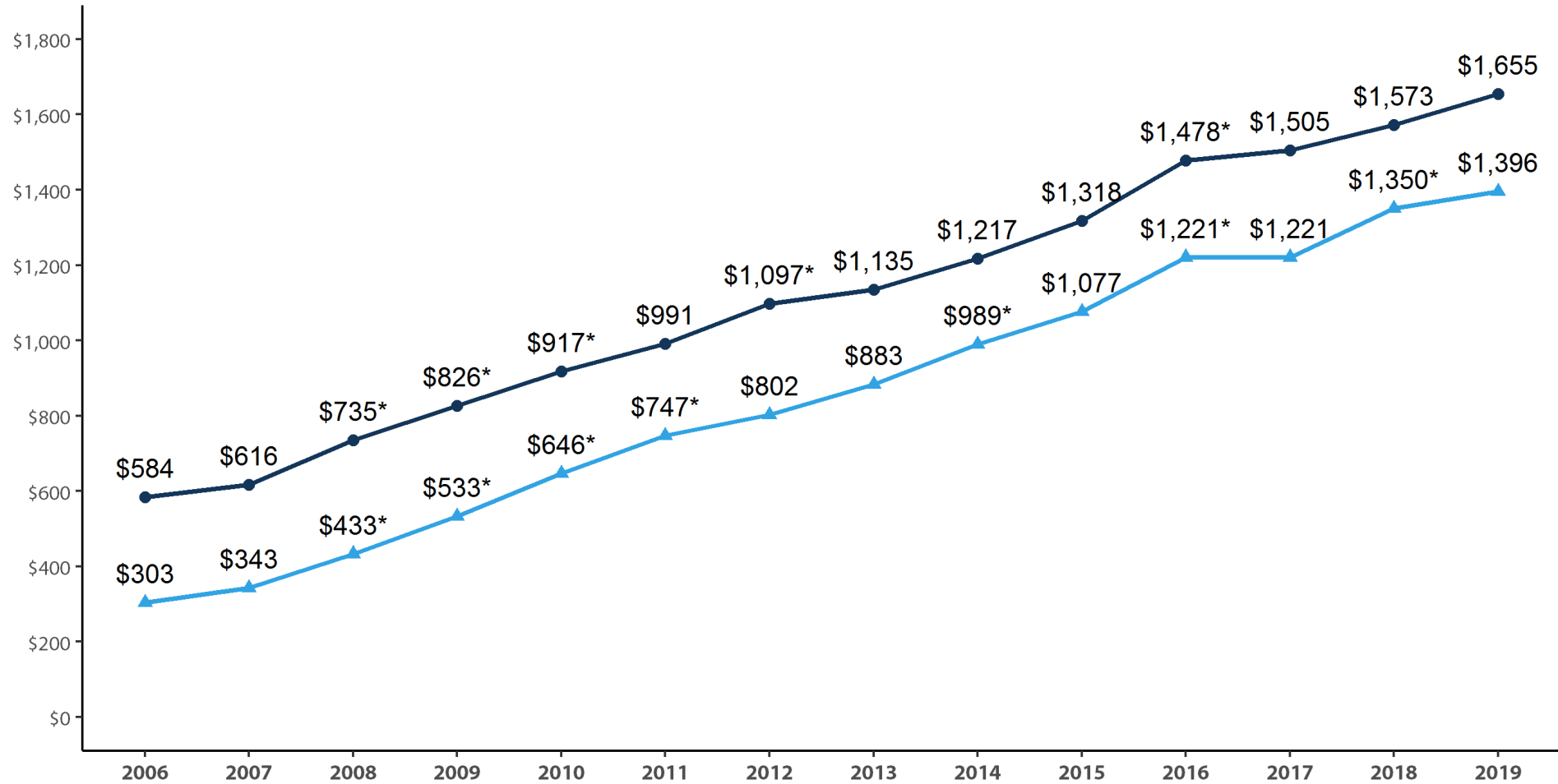
NOTE: Firms with many lower-wage workers are those where at least 35% earn less than the 25th percentile of national earnings (\$25,000 in 2019).

SOURCE: KFF Employer Health Benefits Survey, 2019

Figure 8

Average General Annual Deductibles for Single Coverage, 2006-2019

● Average Deductible Among Covered Workers Who Face a Deductible for Single Coverage
▲ Average Deductible for Single Coverage Among All Covered Workers



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

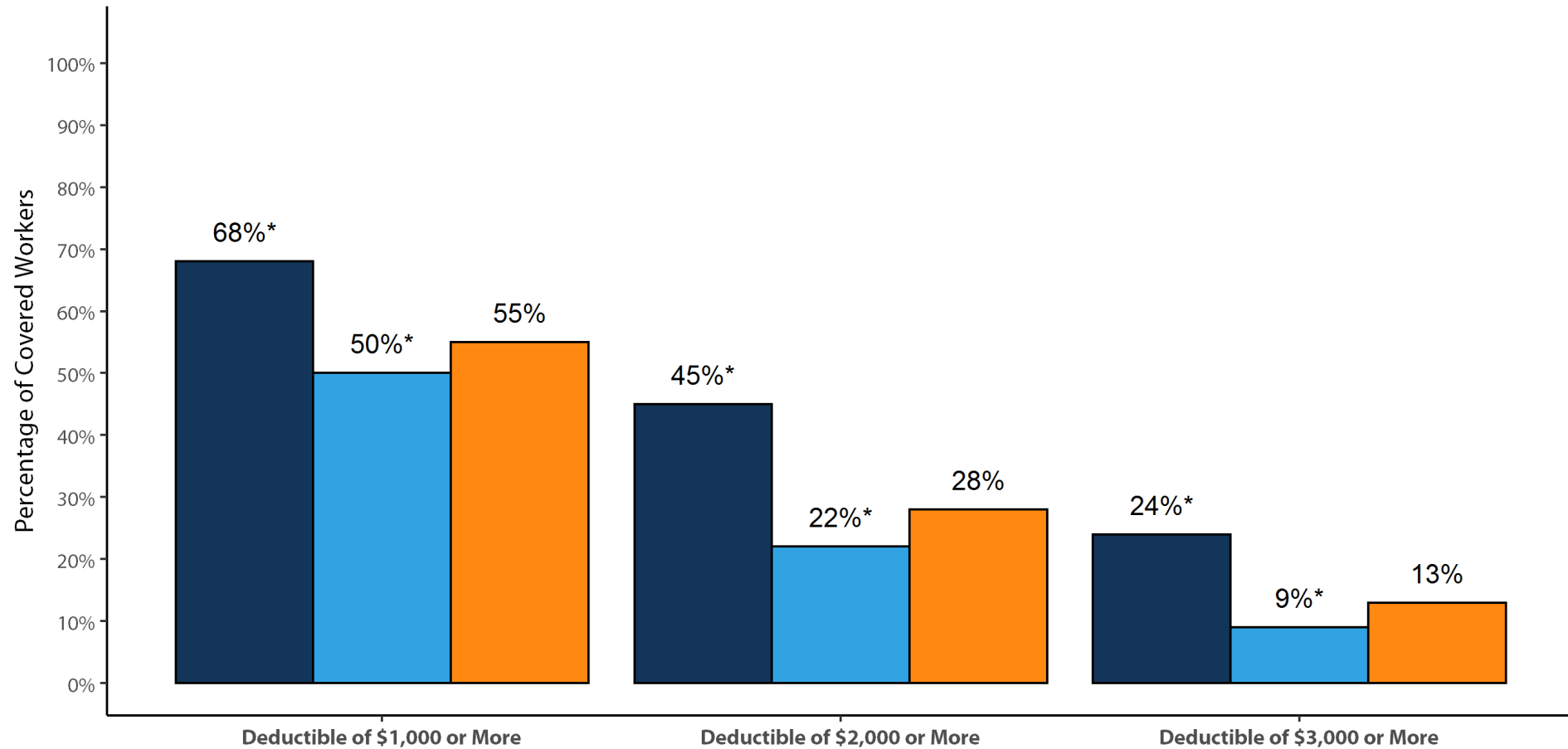
NOTE: Average general annual deductibles are among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2017

Figure 9

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

All Small Firms All Large Firms ALL FIRMS



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

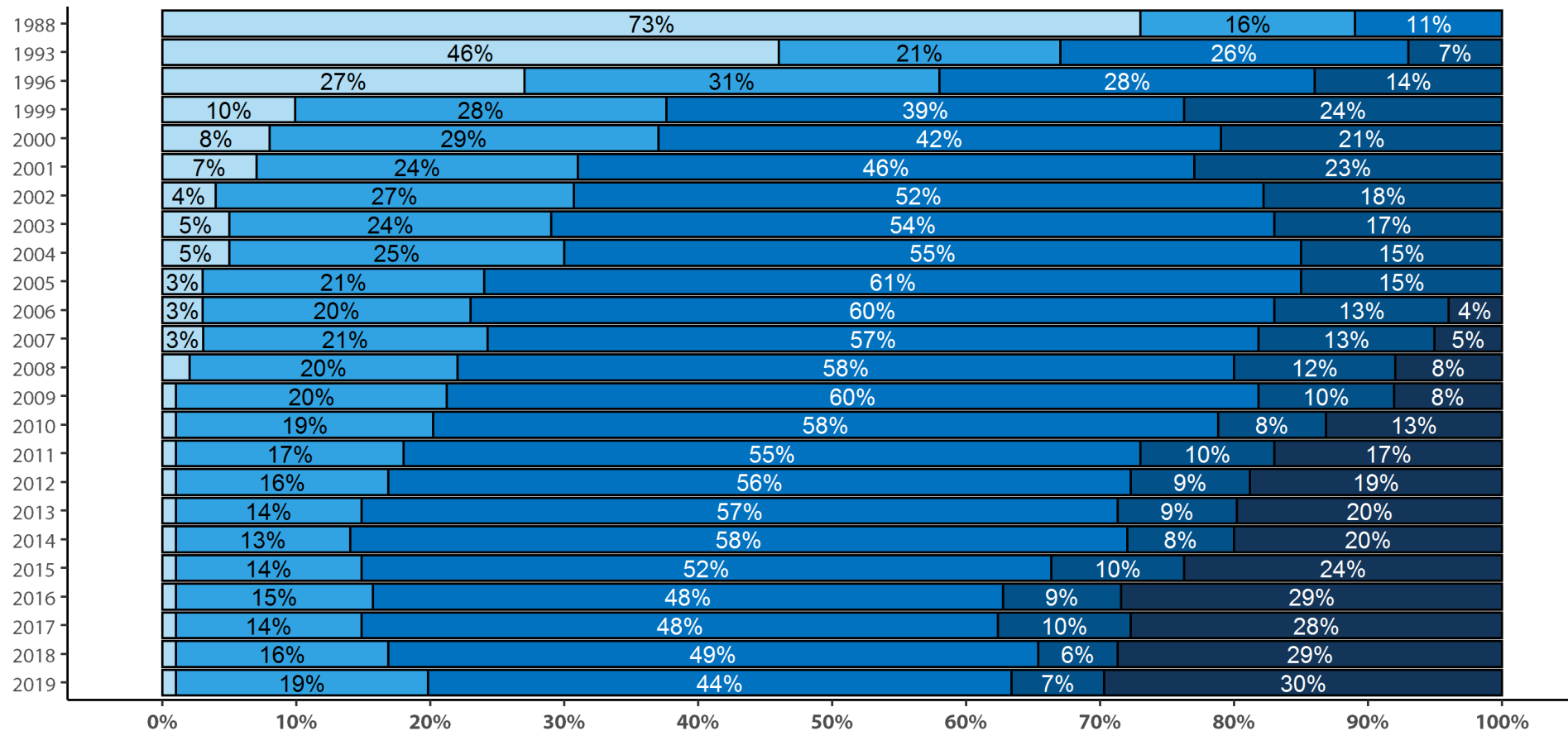
NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers. These estimates include workers enrolled in HDHP/SOs and other plan types. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

SOURCE: KFF Employer Health Benefits Survey, 2019

Figure 10

Distribution of Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2019

Conventional
 HMO
 PPO
 POS
 HDHP/SO



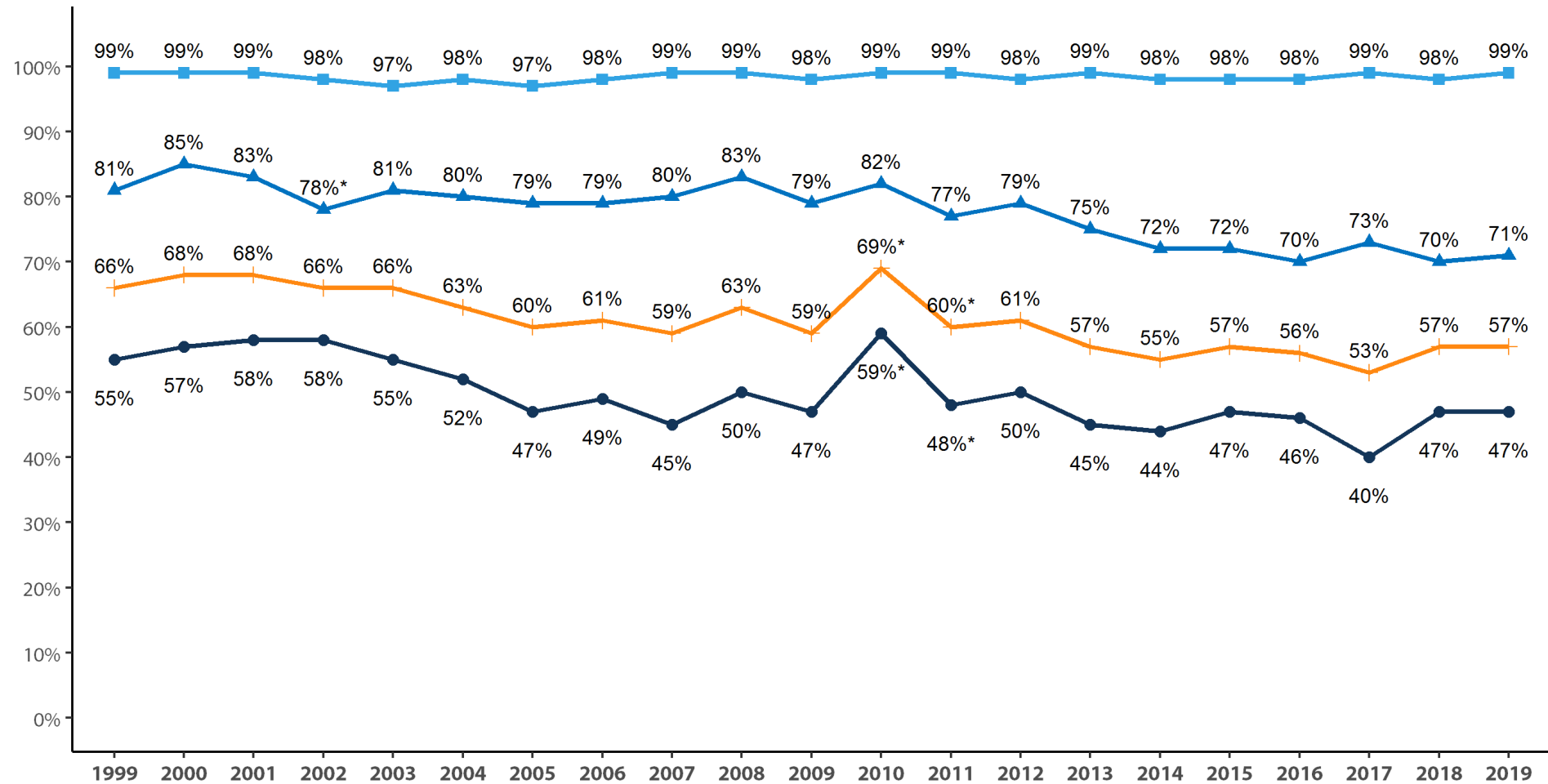
NOTE: Information was not obtained for POS plans in 1988 or for HDHP/SO plans until 2006. A portion of the change in 2005 is likely attributable to incorporating more recent Census Bureau estimates of the number of state and local government workers and removing federal workers from the weights. See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

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017; KPMG Survey of Employer-Sponsored Health Benefits, 1993 and 1996; The Health Insurance Association of America (HIAA), 1988.

Figure 11

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

● 3-9 Workers
 ▲ 10-199 Workers
 ■ 200 or More Workers
 + ALL FIRMS



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

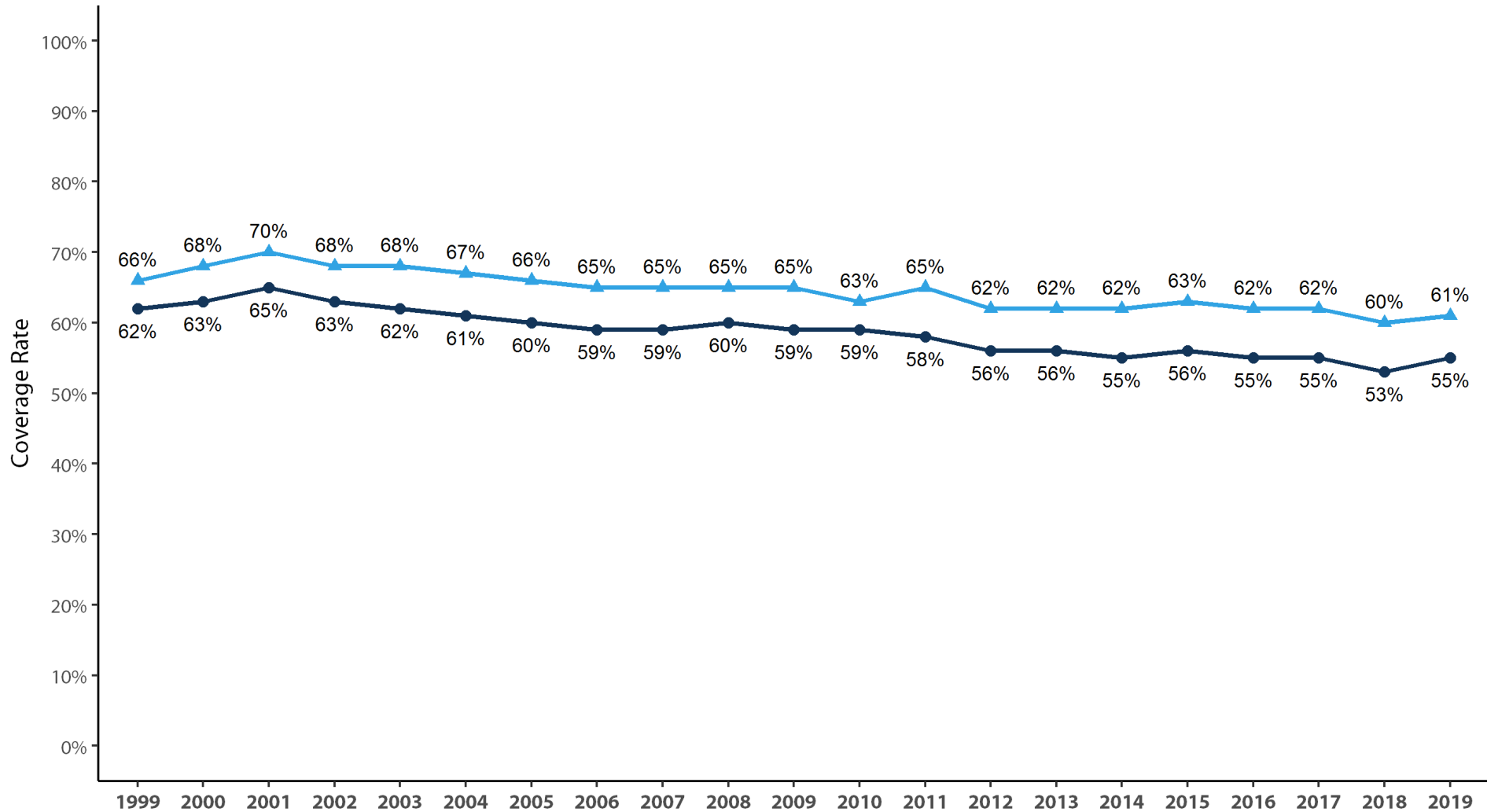
NOTE: As noted in the Survey Design and Methods section, estimates are based on the sample of both firms that completed the entire survey and those that answered just one question about whether they offer health benefits.

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 12

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

● At Offering and Non-Offering Firms ▲ At Offering Firms



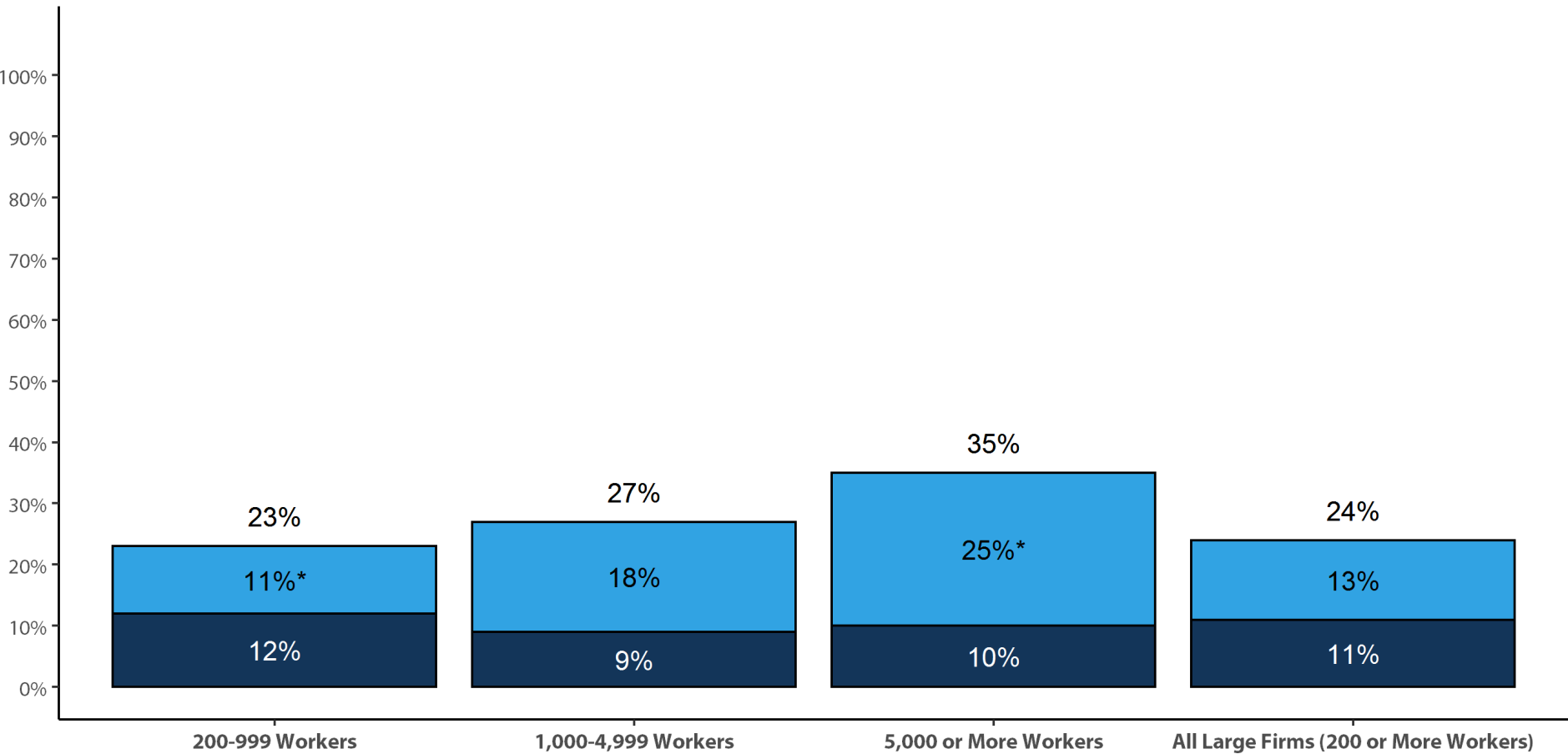
Tests found no statistical difference from estimate for the previous year shown ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 13

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

Legend: ■ Either Restrictions, Higher Premiums And/Or Higher Cost-Sharing ■ Unable To Enroll



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

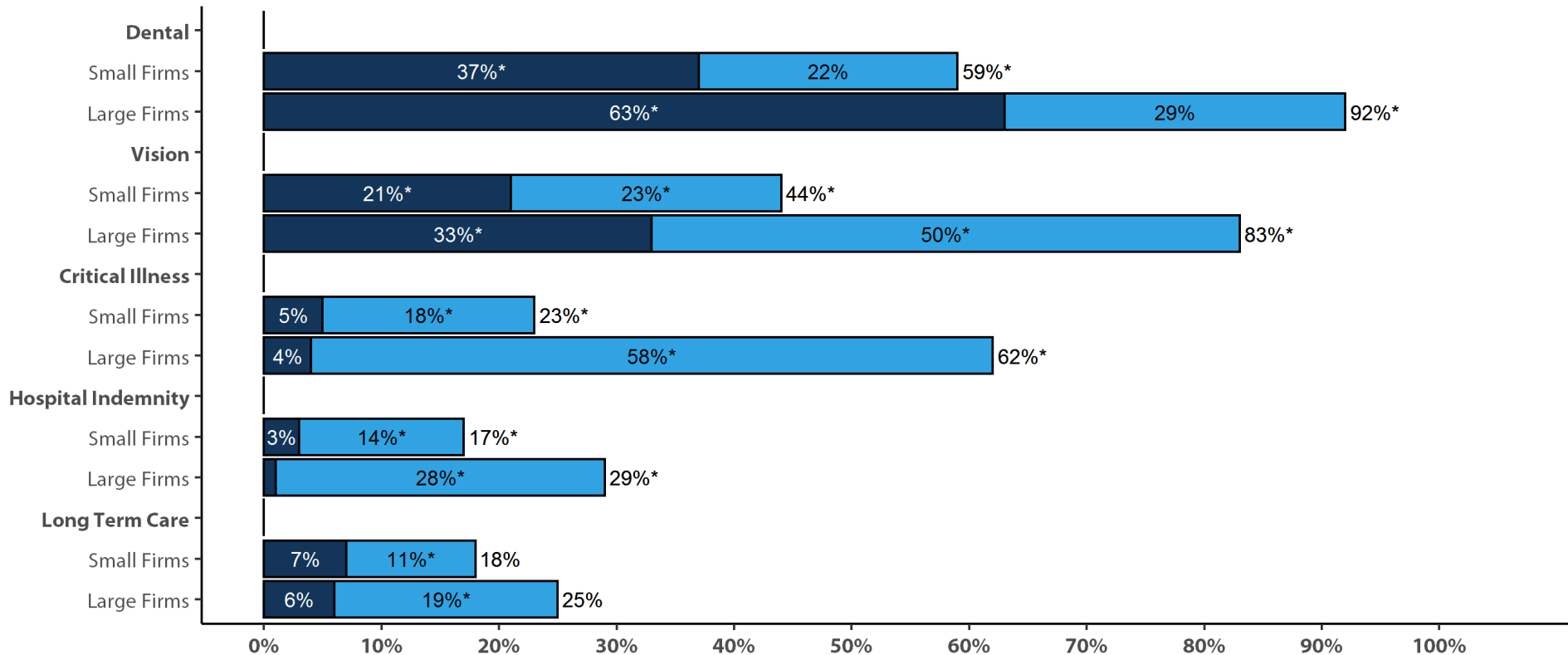
NOTE: Large Firms have 200 or more workers. other restrictions may include requirements on the work status of the spouse, or the type of coverage they have access to

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

Offers and Contributes
 Offers But Does Not Contribute



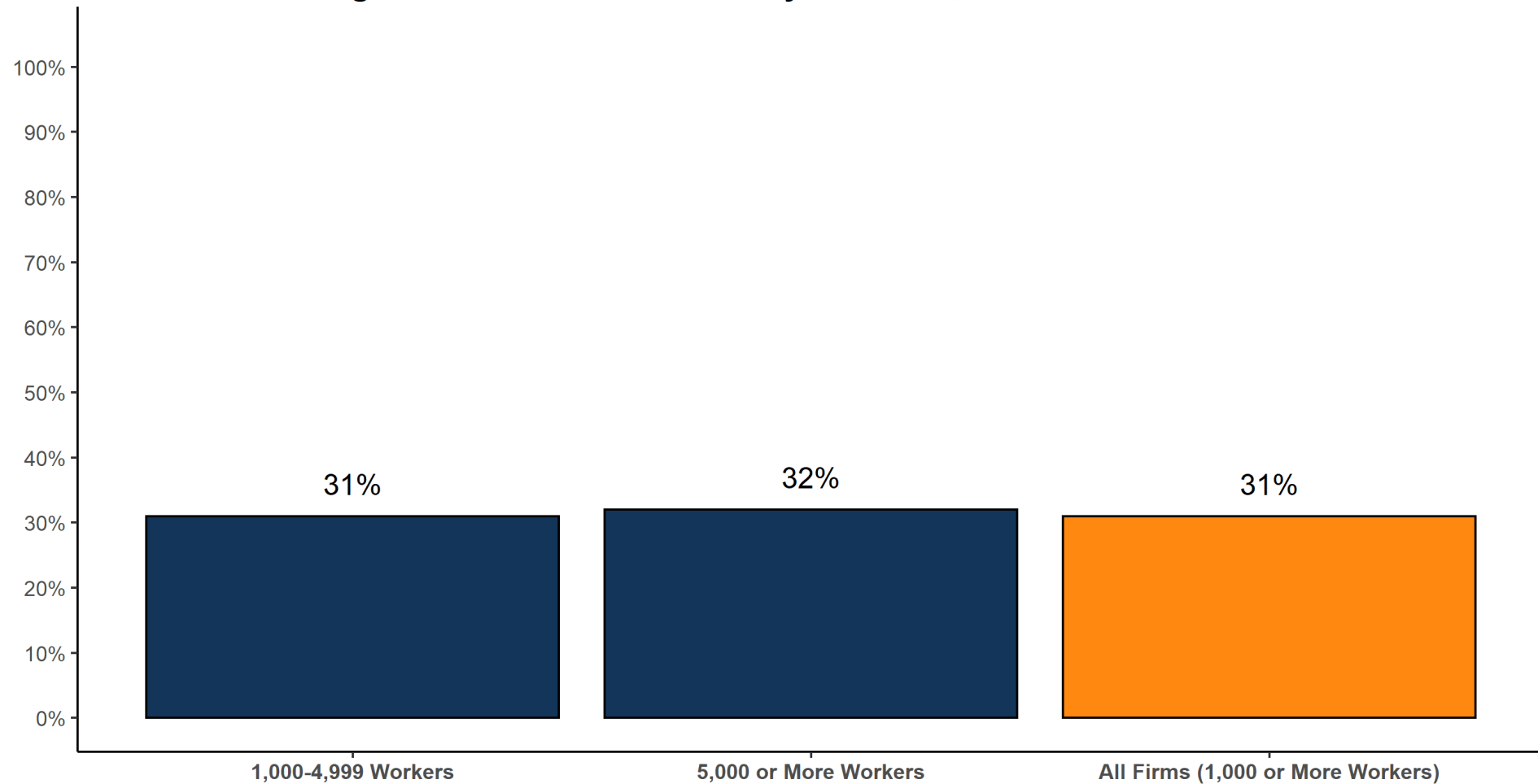
* Estimate is statistically different from estimate for all other firms not in the indicated size category (p < .05).

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 ($p < .05$).

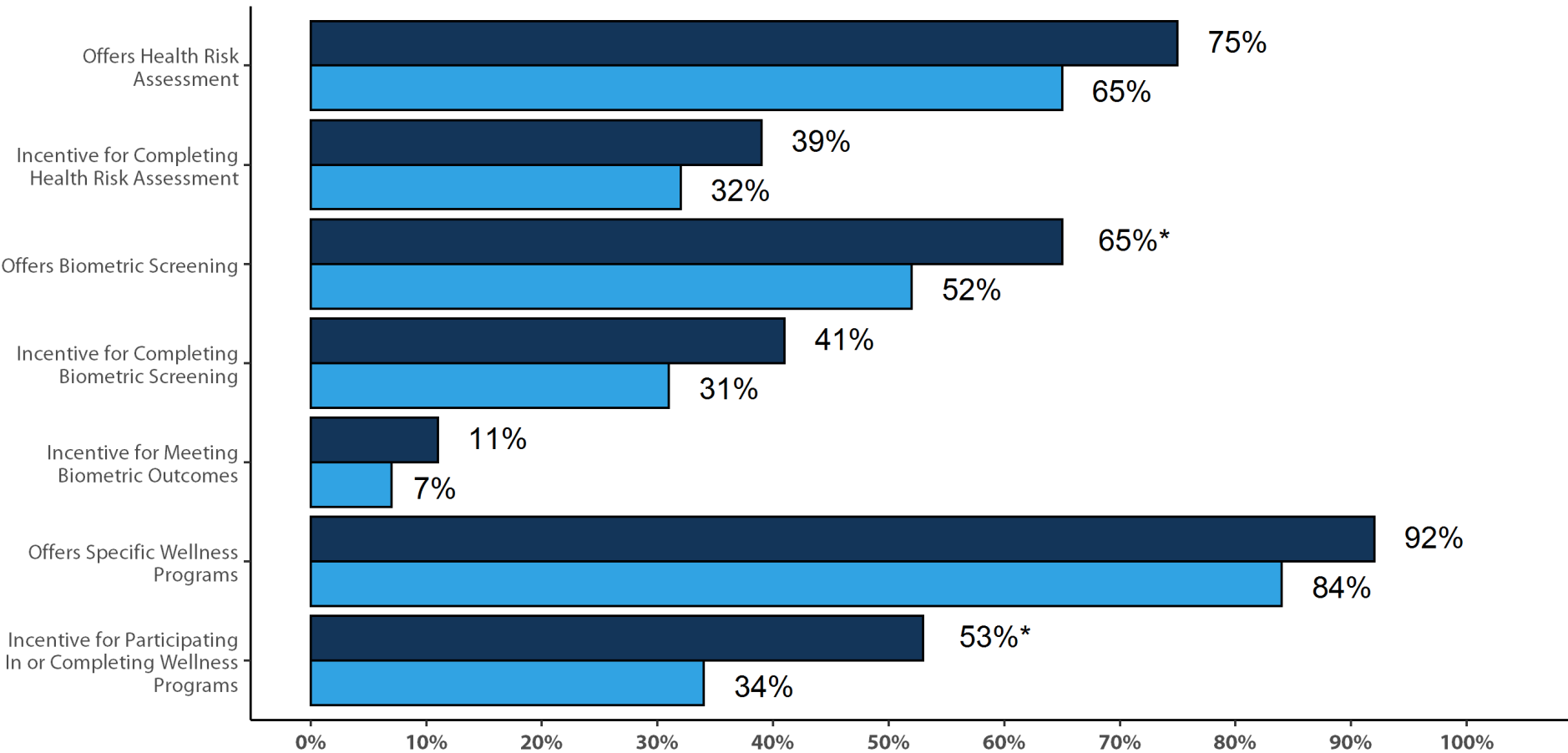
NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers. An example of a maintenance drug for a chronic condition is insulin for diabetes.

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

5,000 or More Workers All Large Firms



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

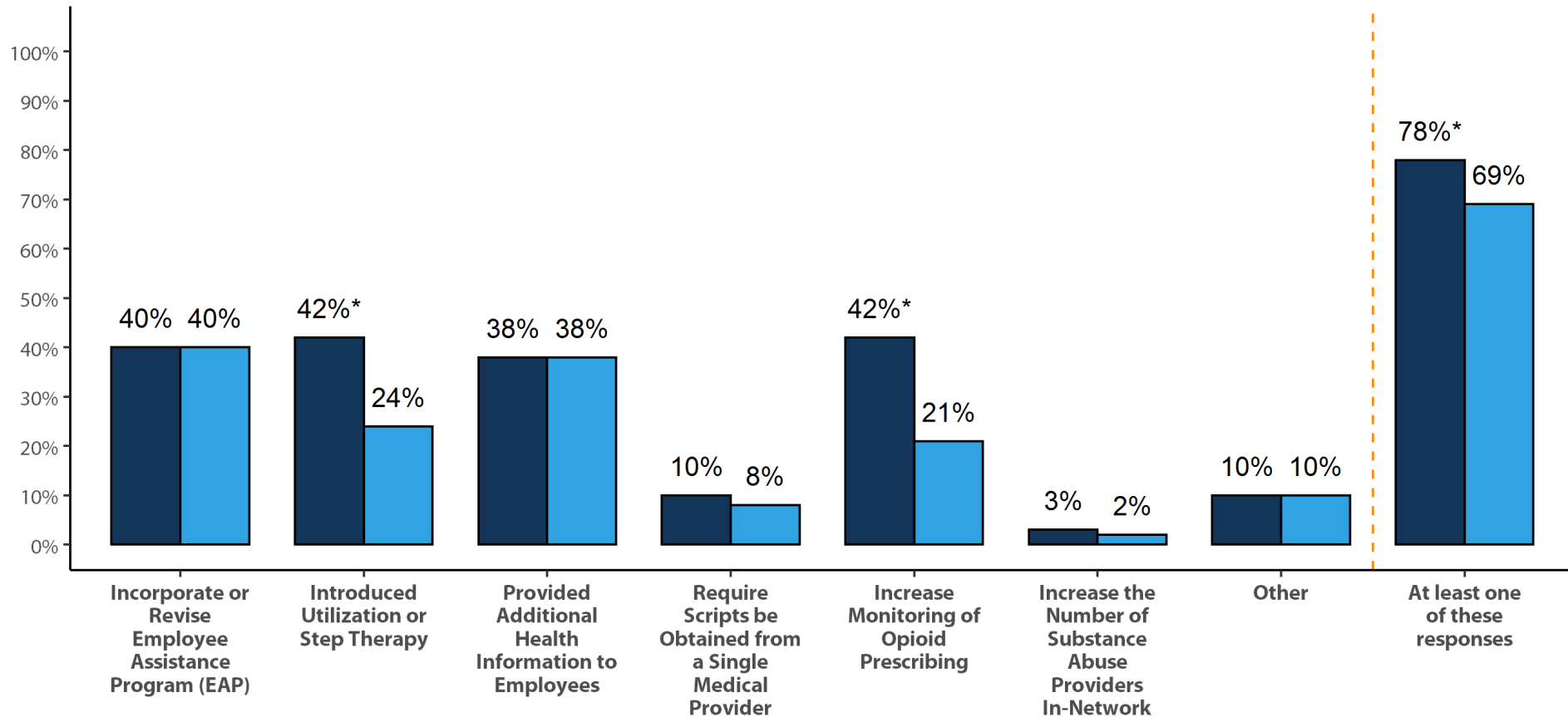
NOTE: 'Specific Wellness Programs' include 'Programs to Help Workers Stop Smoking', 'Programs to Help Workers Lose Weight', or 'Other Lifestyle or Behavioral Coaching'. Large Firms have 200 or more workers.

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

1,000 or More Workers All Large Firms



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

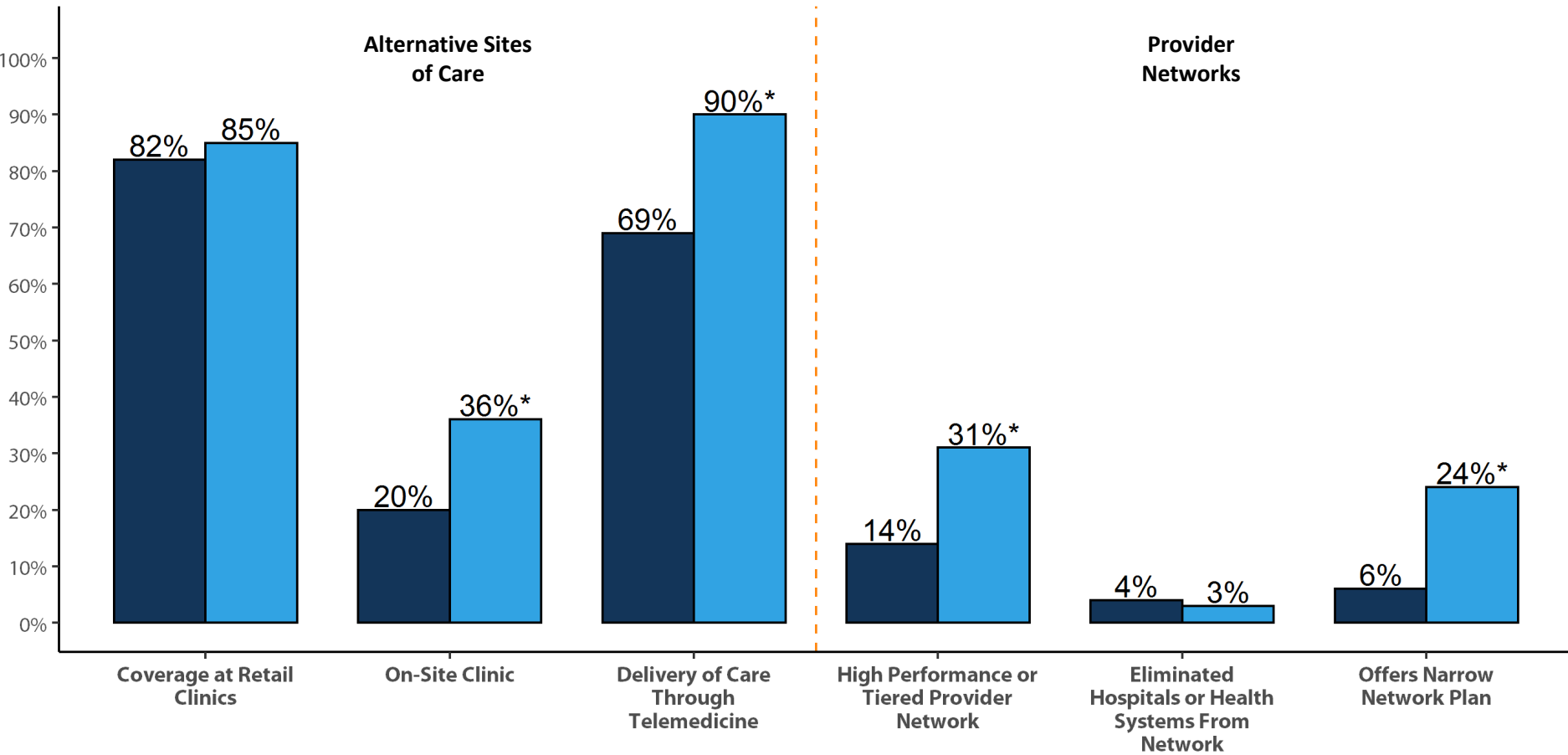
NOTE: Many employers selecting, 'other', indicated that they limited the number of pills that can be given per prescription An EAP is a program which offers short-term counseling for things such as substance abuse or relationship issues. Step therapies require enrollees to try alternatives before opioids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

50 or More Workers 5,000 or More Workers



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

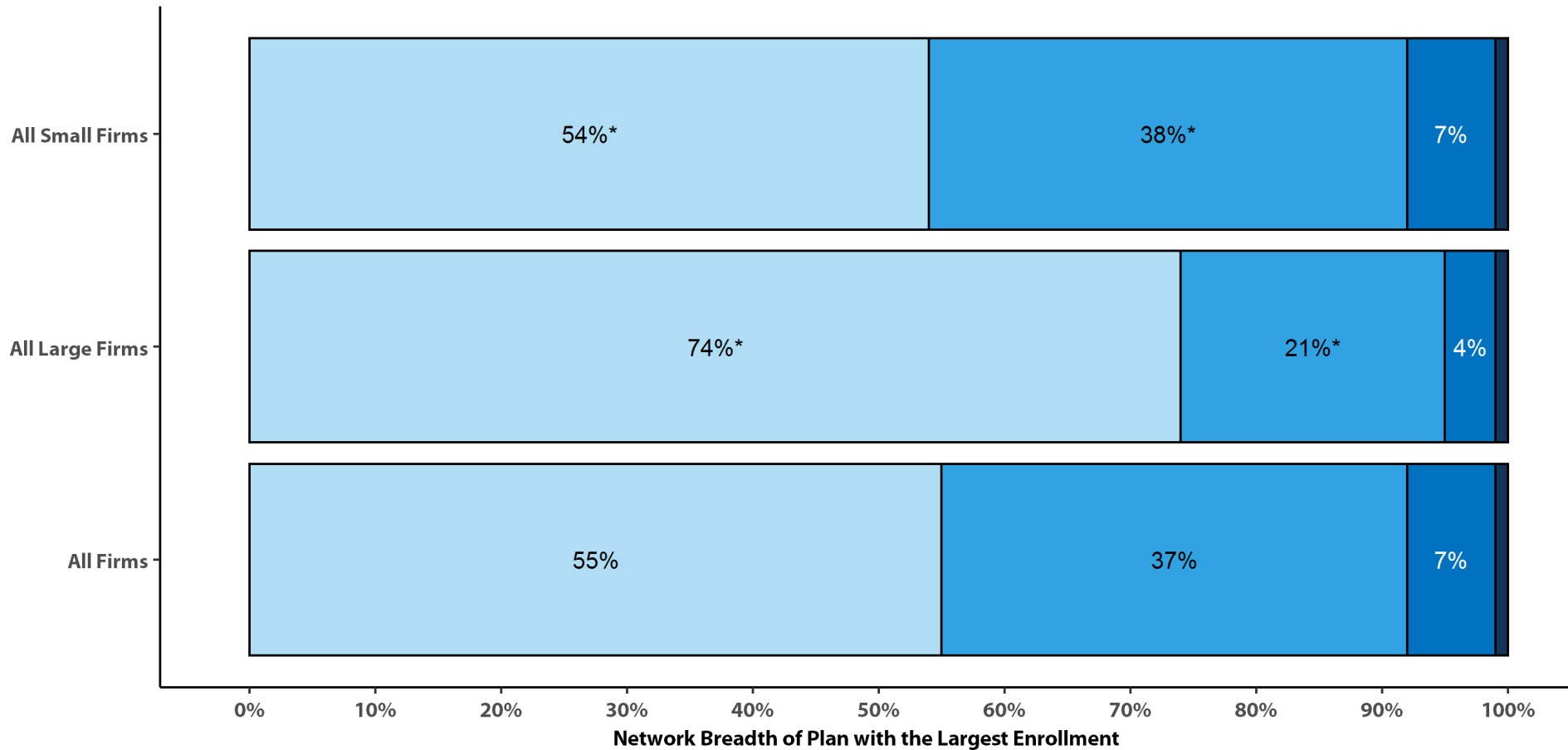
NOTE: For Retail Clinics, Telemedicine, and High Performance/Tiered Provider Network, firms were asked if their plan with the largest enrollment had these features.

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

Very Broad Somewhat Broad Somewhat Narrow Very Narrow



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

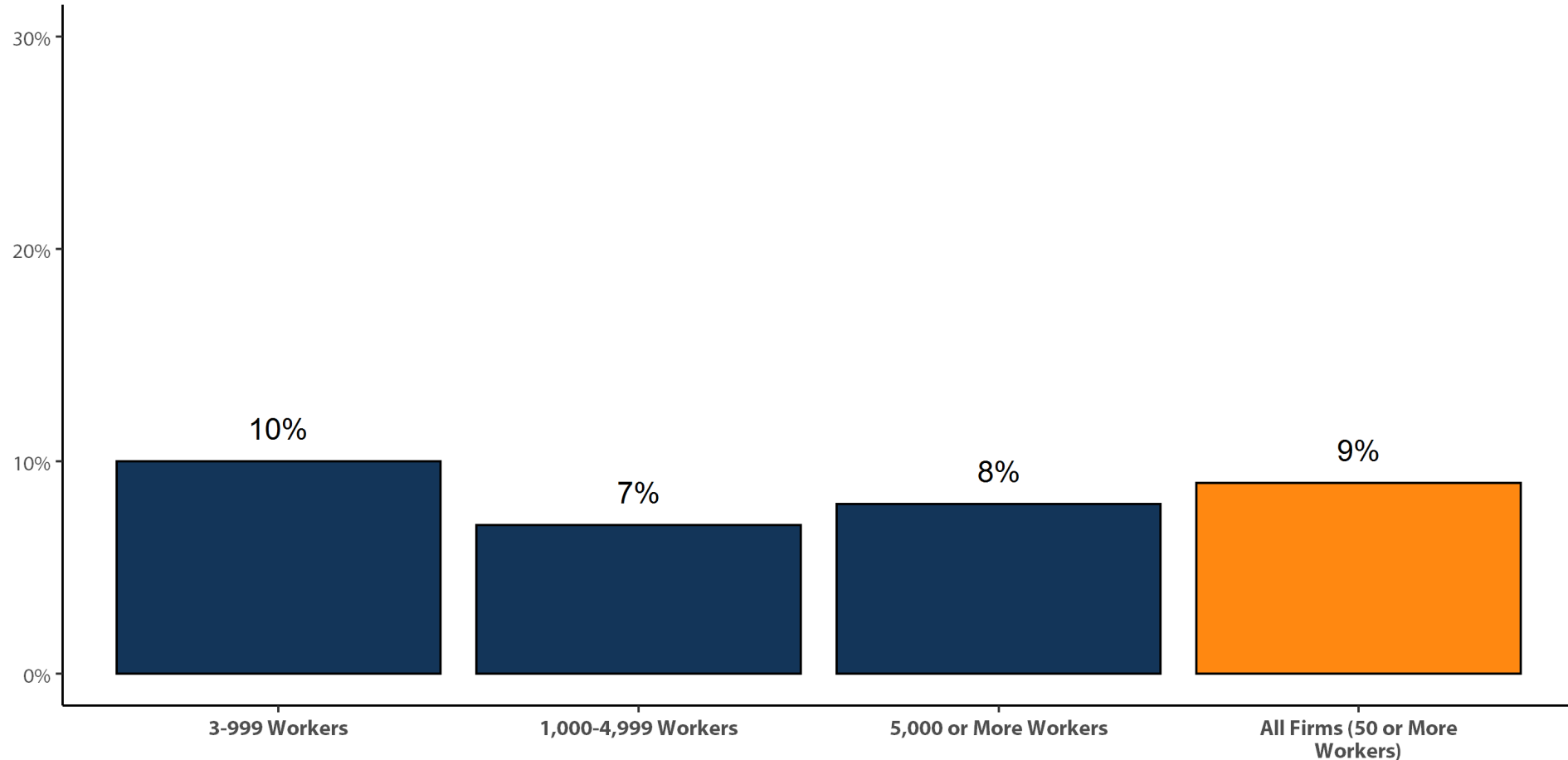
NOTE: A broad network includes most doctors and hospitals in the area, a narrow network is one which is limited to a small number of providers.

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 ($p < .05$).

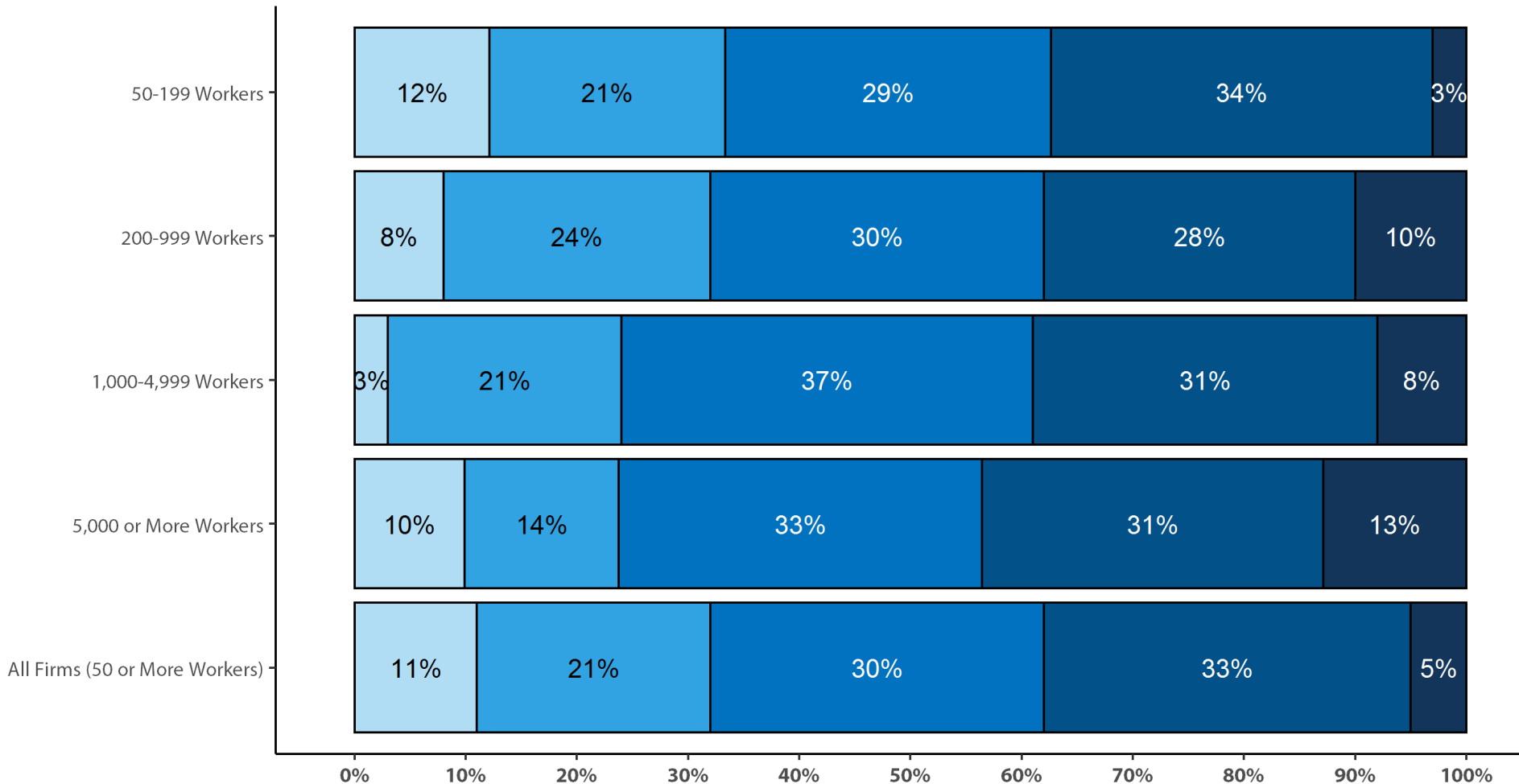
NOTE: Among Large Firms (200 or more employees) that believe the repeal of the Individual Mandate impacted the uptake of coverage among their employees, 76% believe that the reduction in insurance uptake was greater among lower-paid employees. 18% indicated that they did not know. 3% of firms offering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



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