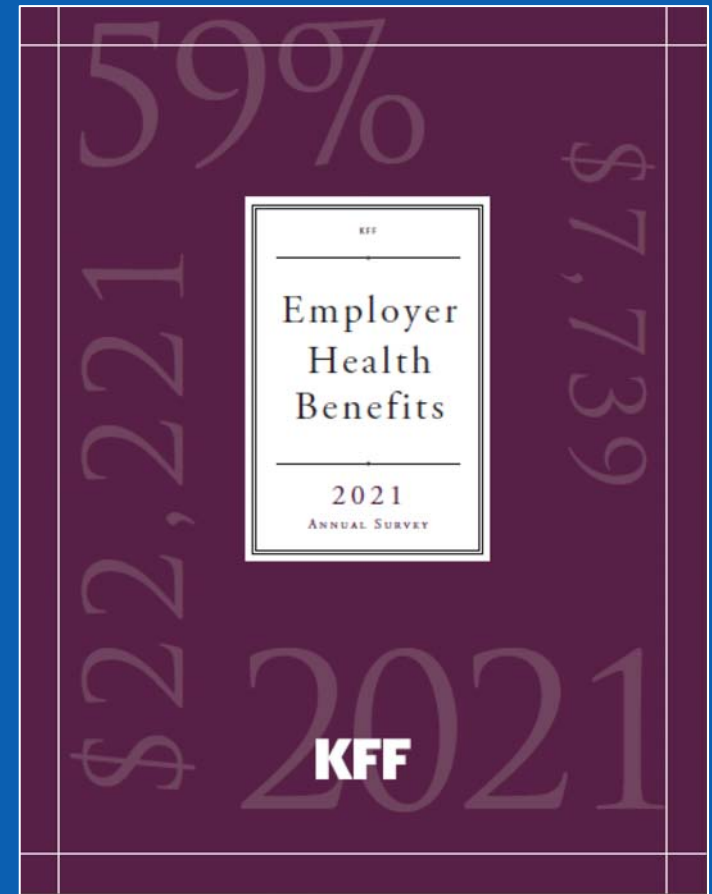


2021 KFF Employer Health Benefits Survey

November 10, 2021



KFF

Filling the need for trusted information on national health issues.

Agenda

Introduction

- **Larry Levitt**, Executive Vice President for Health Policy

Presentations

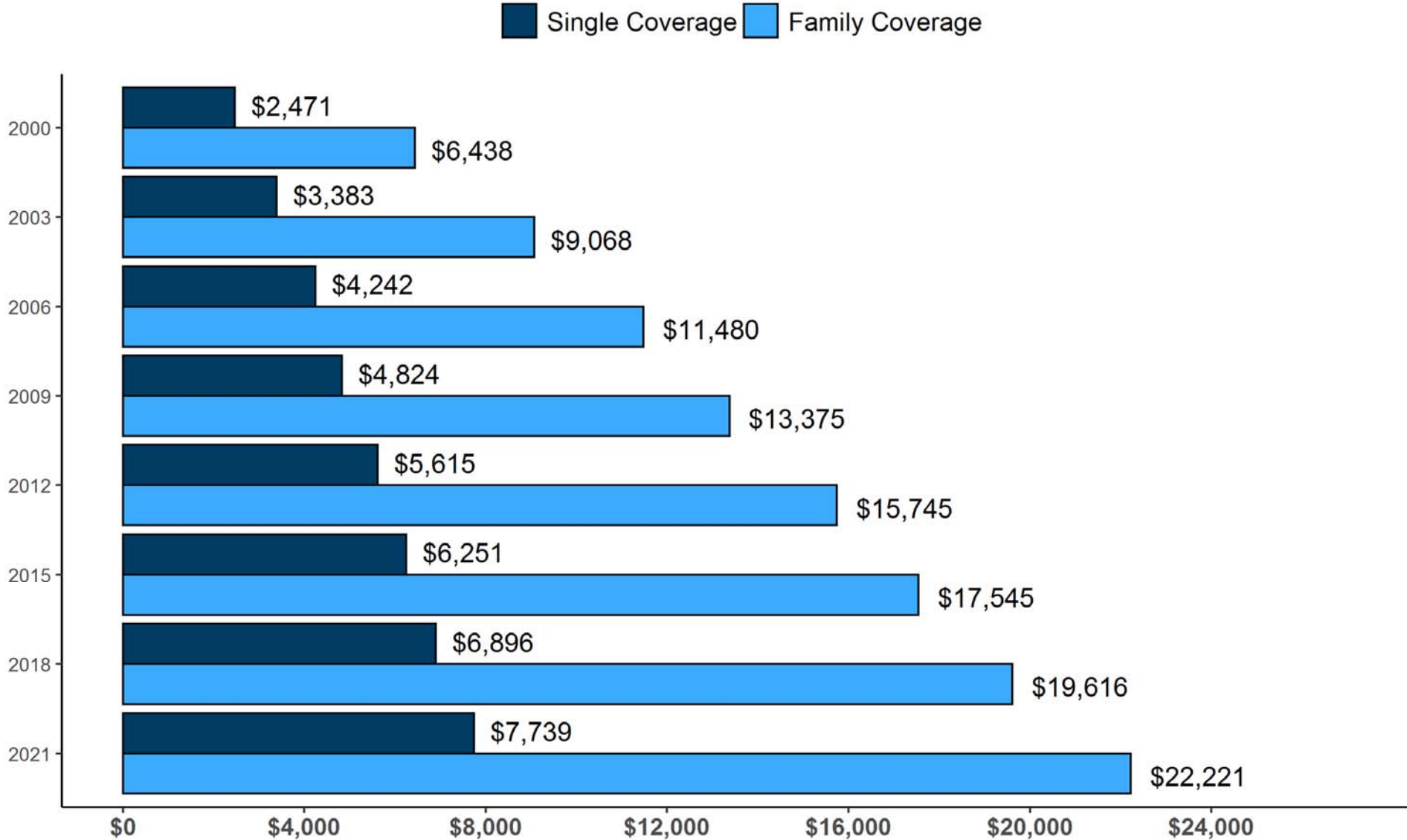
- **Gary Claxton**, Senior Vice President
- **Matthew Rae**, Associate Director, Program on the Health Care Marketplace

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

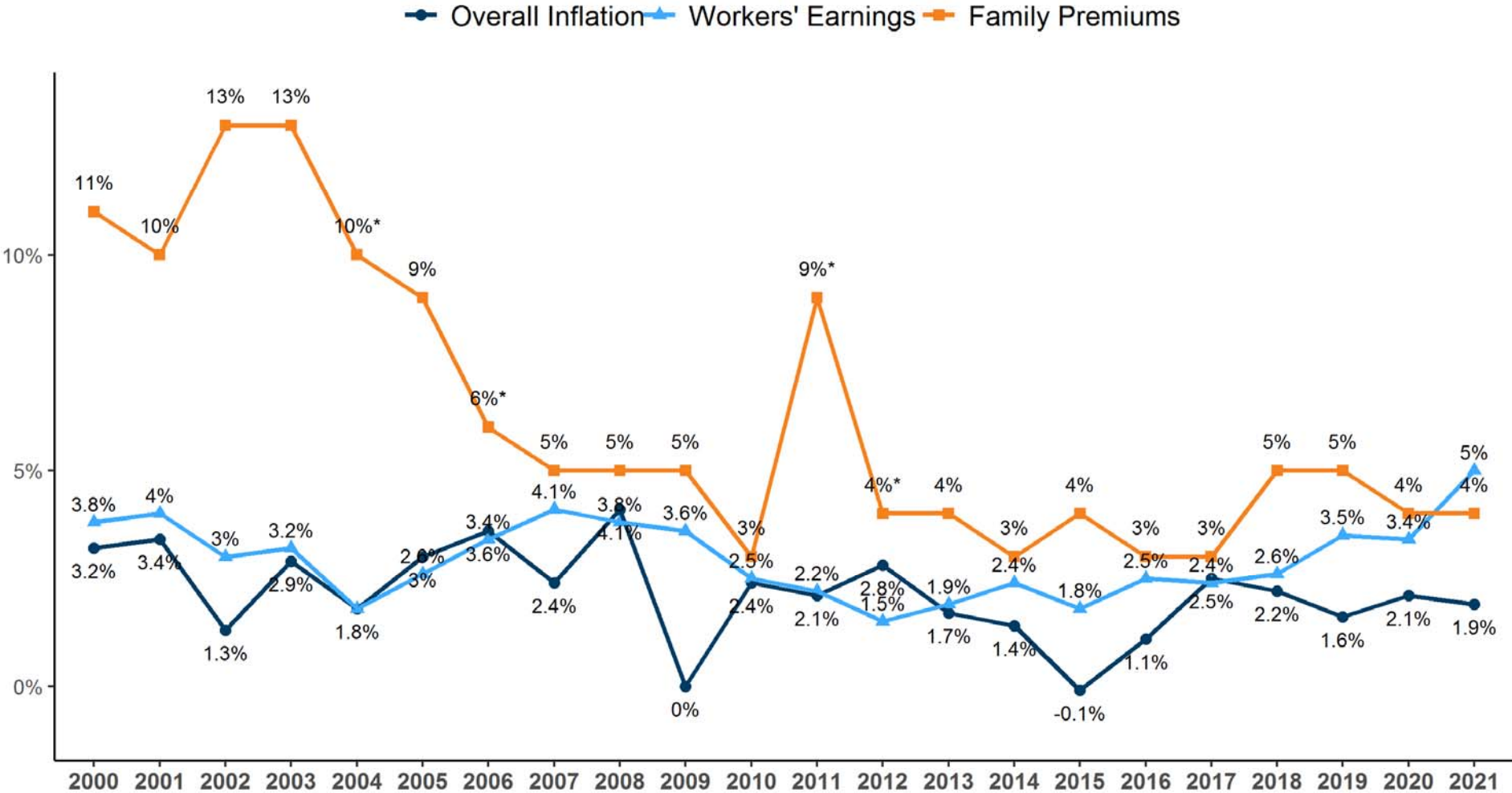


SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2000-2017



Figure 2

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



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

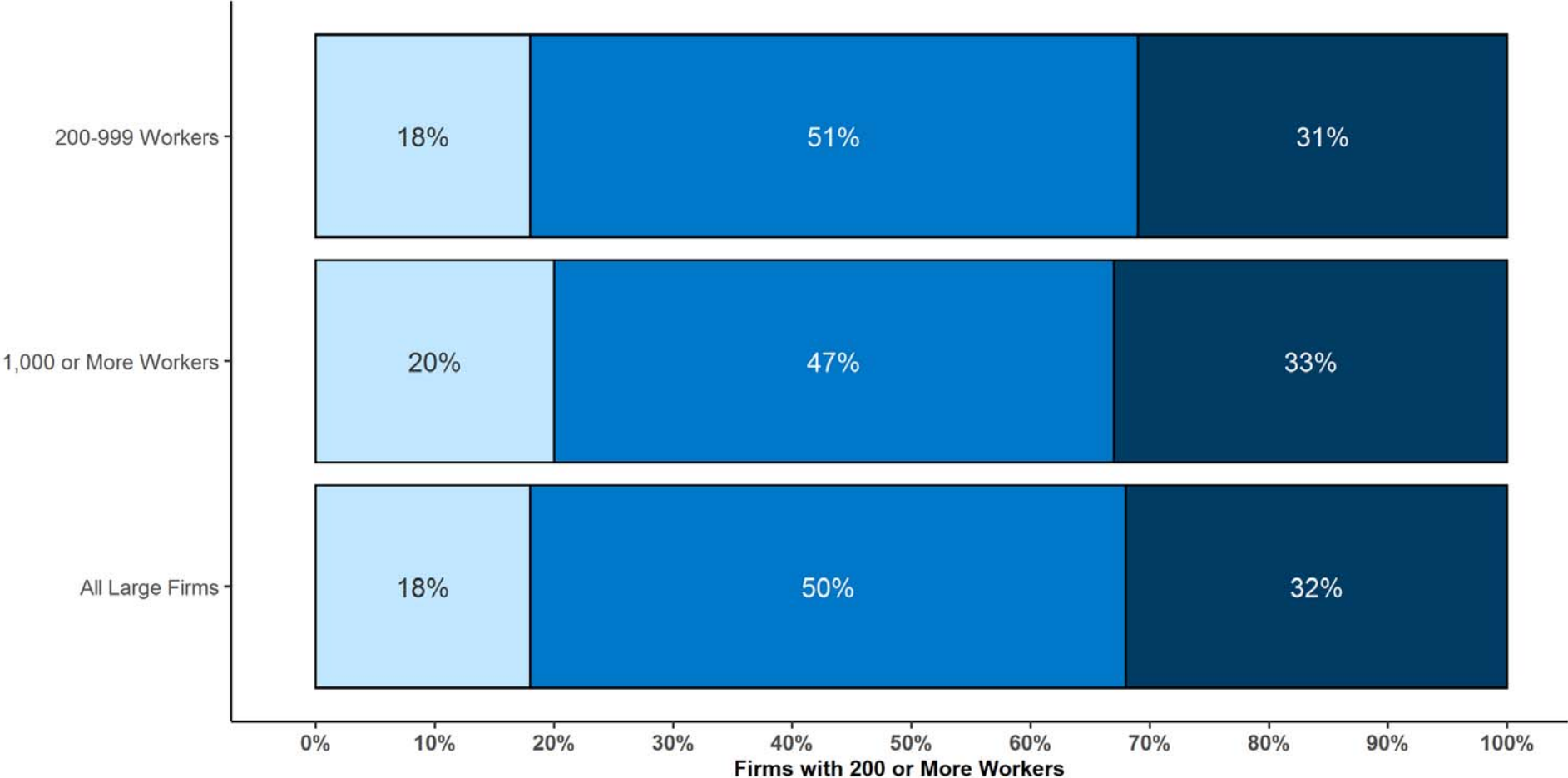
SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation, 1999-2021; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2021.



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

Legend: Above (light blue), About the Same (medium blue), Below (dark blue)

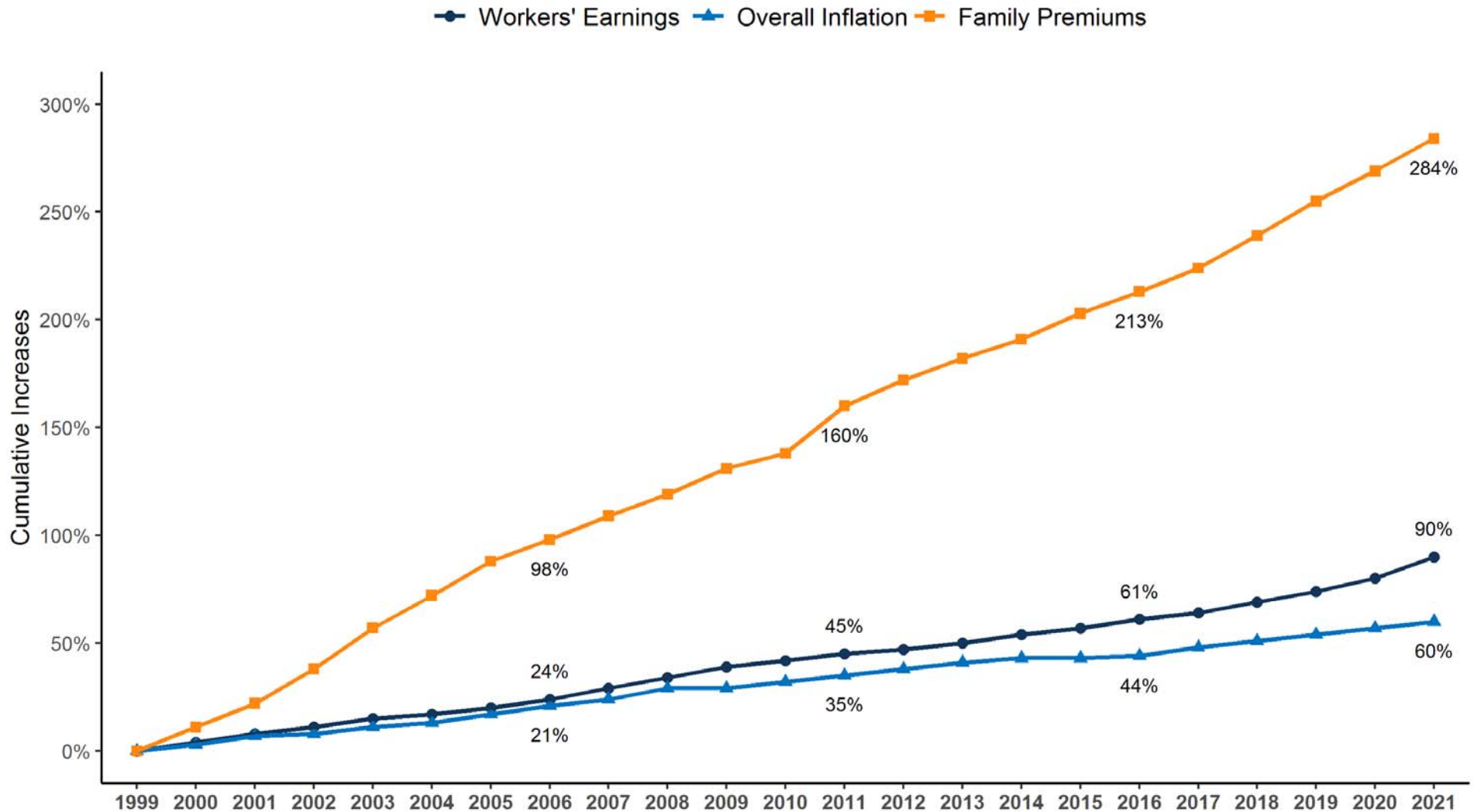


NOTE: Large Firms have 200 or more workers.
SOURCE: KFF Employer Health Benefits Survey, 2021



Figure 4

Cumulative Increases in Family Premiums, Inflation, and Workers' Earnings, 1999-2021

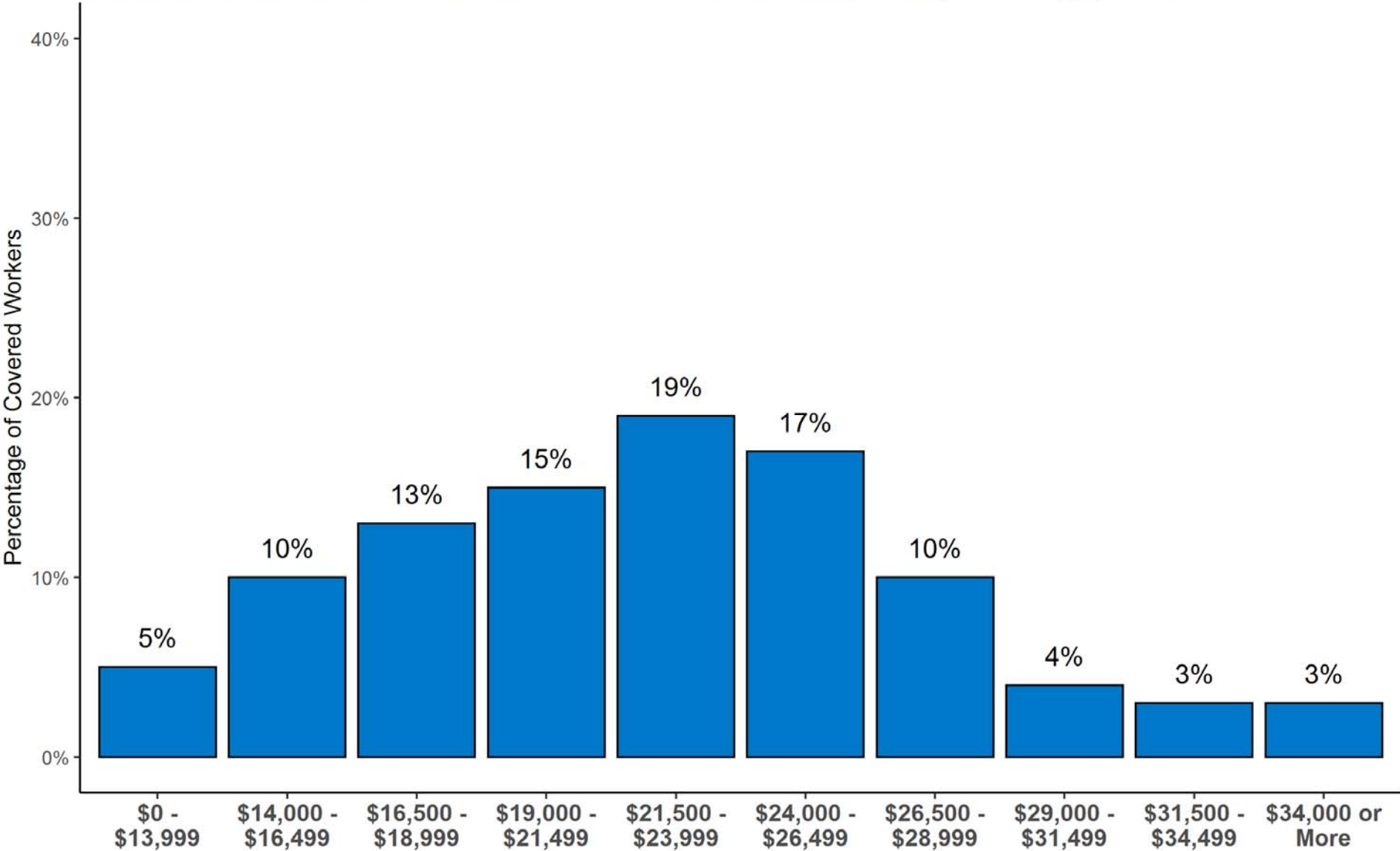


SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation, 1999-2021; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2021.



Figure 5

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

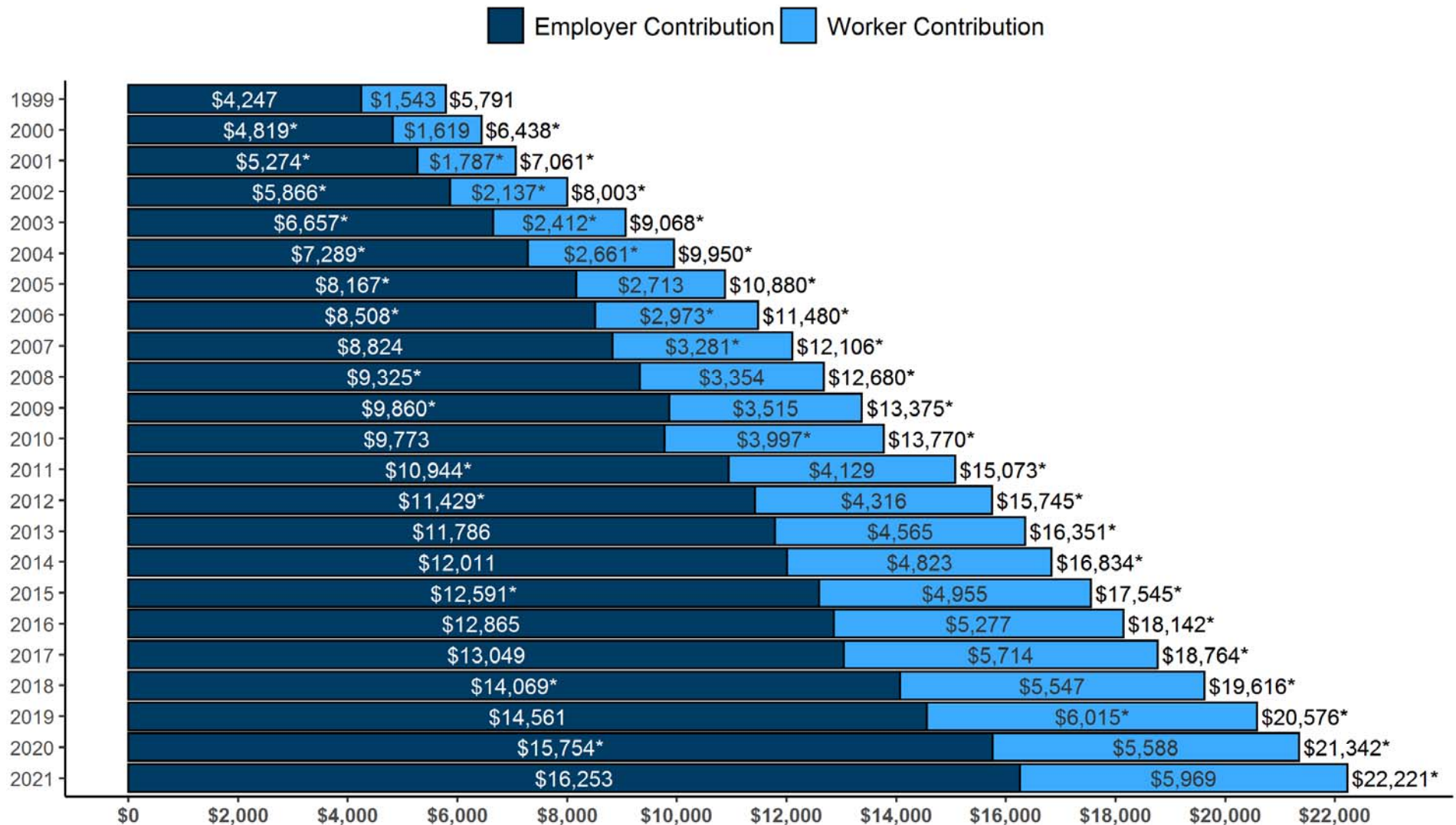


SOURCE: KFF Employer Health Benefits Survey, 2021



Figure 6

Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2021

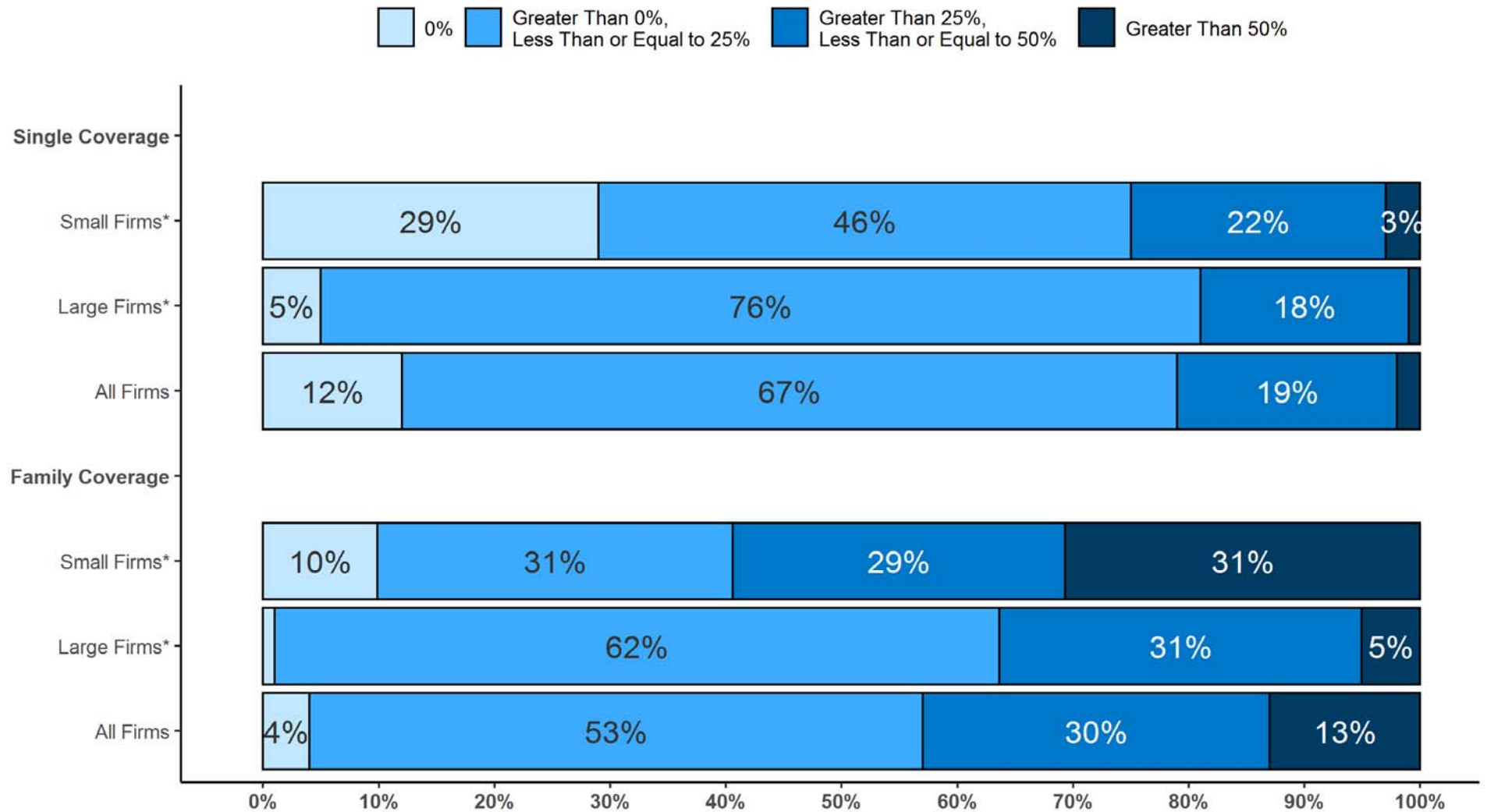


* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 7

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



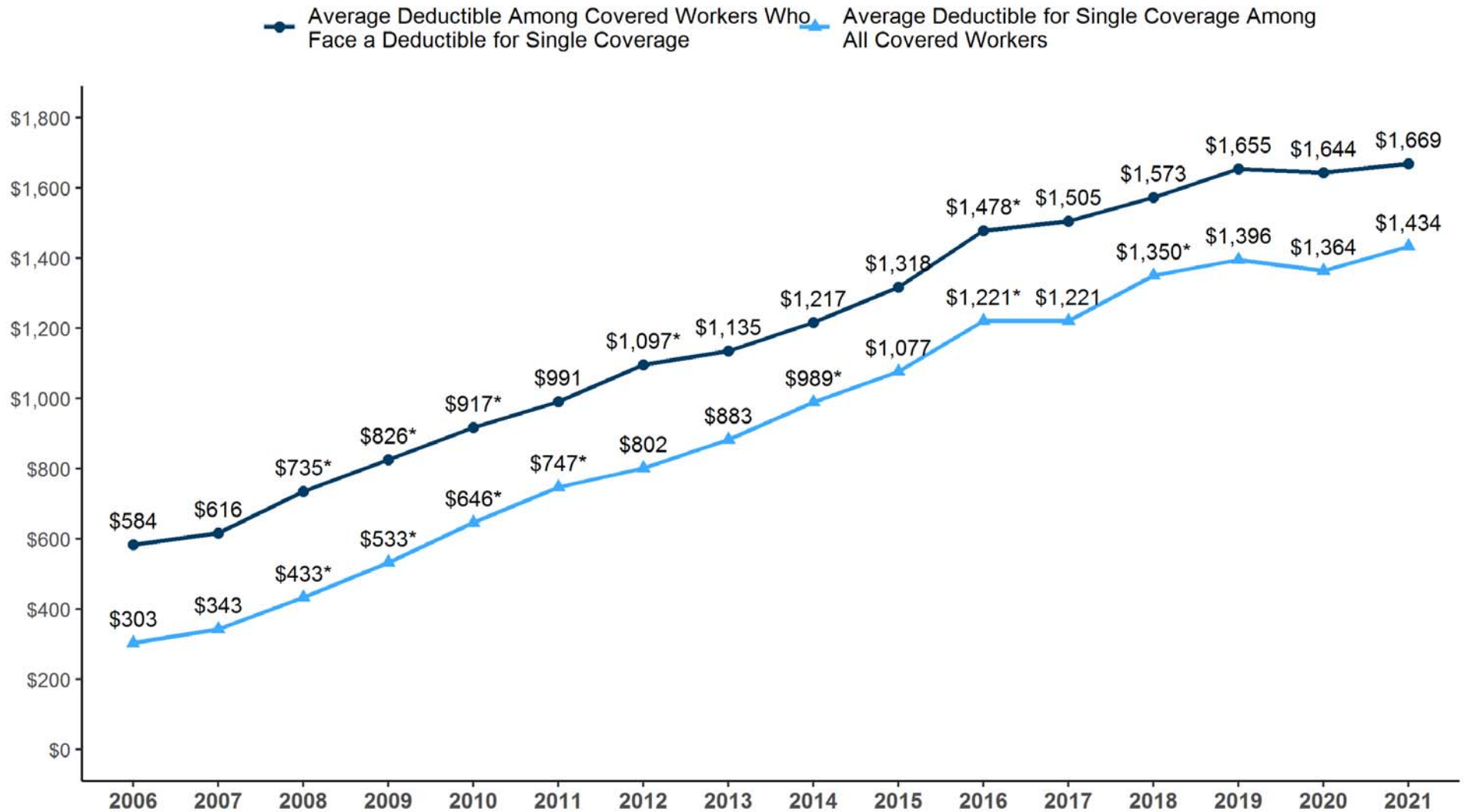
* Distributions are statistically different between All Small Firms and All Large Firms within coverage type ($p < 0.05$).

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).

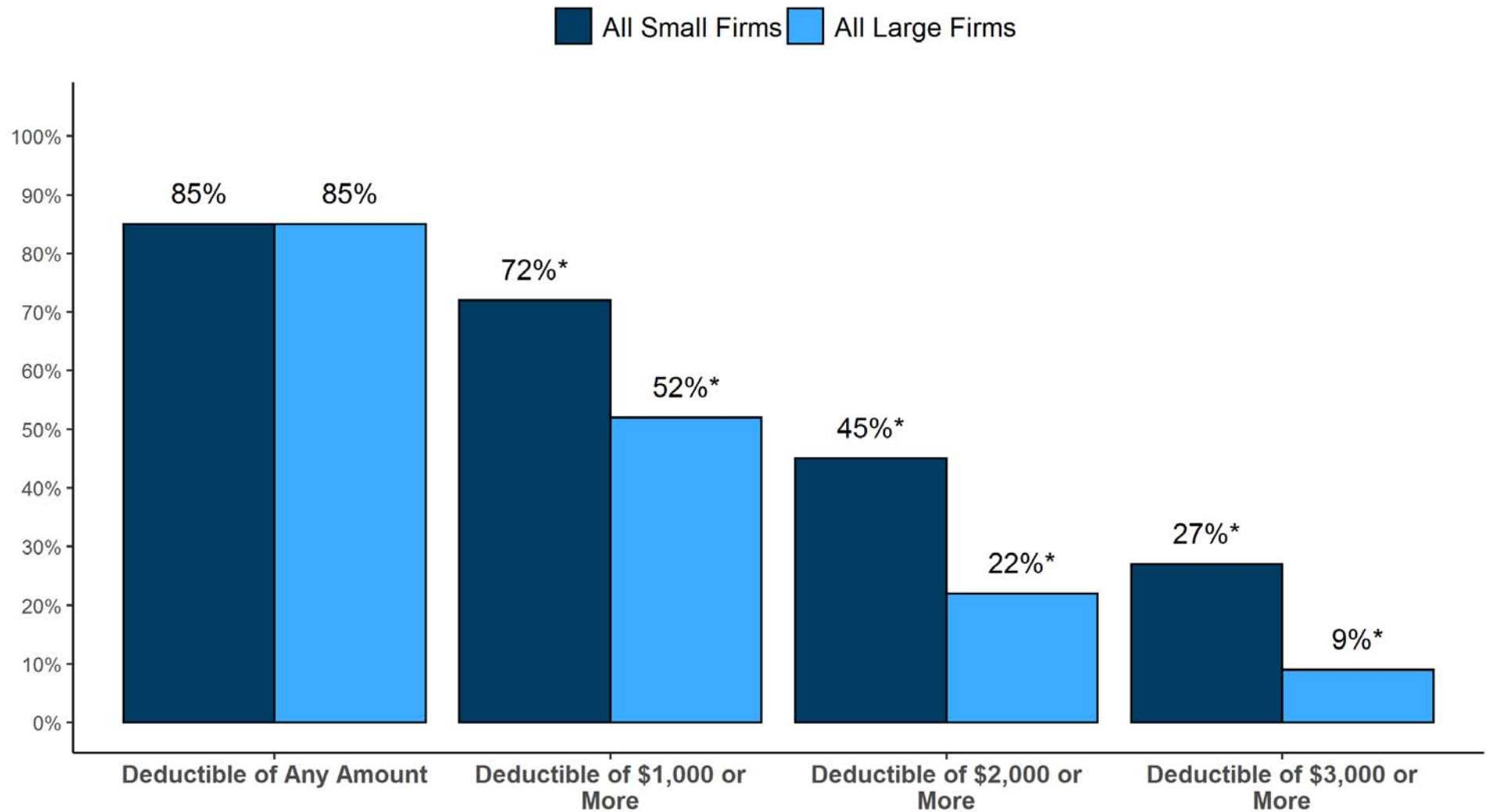
NOTE: Average general annual deductibles are among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2017



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



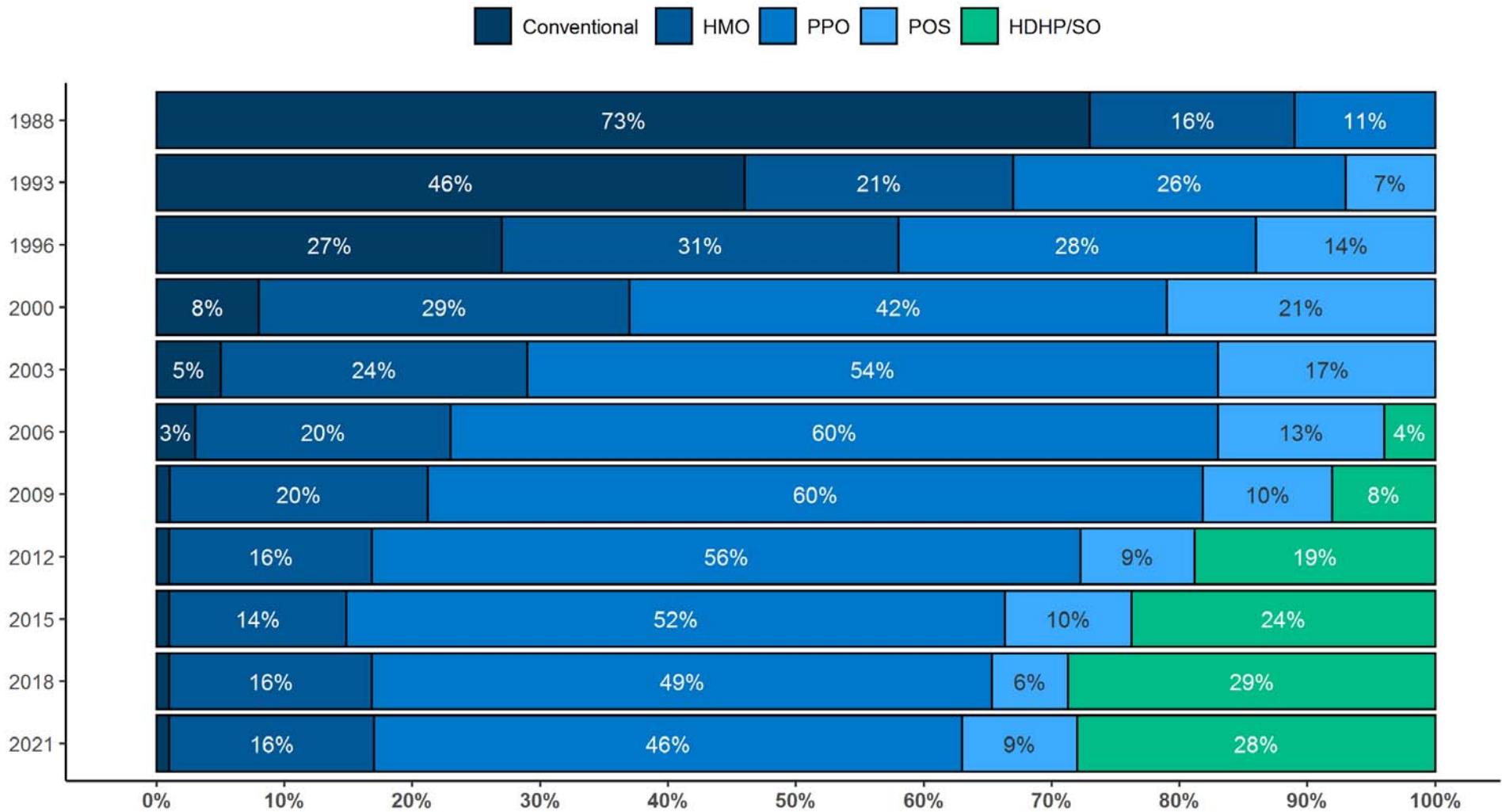
* Estimate is statistically different between All Small Firms and All Large Firms estimate ($p < .05$).

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



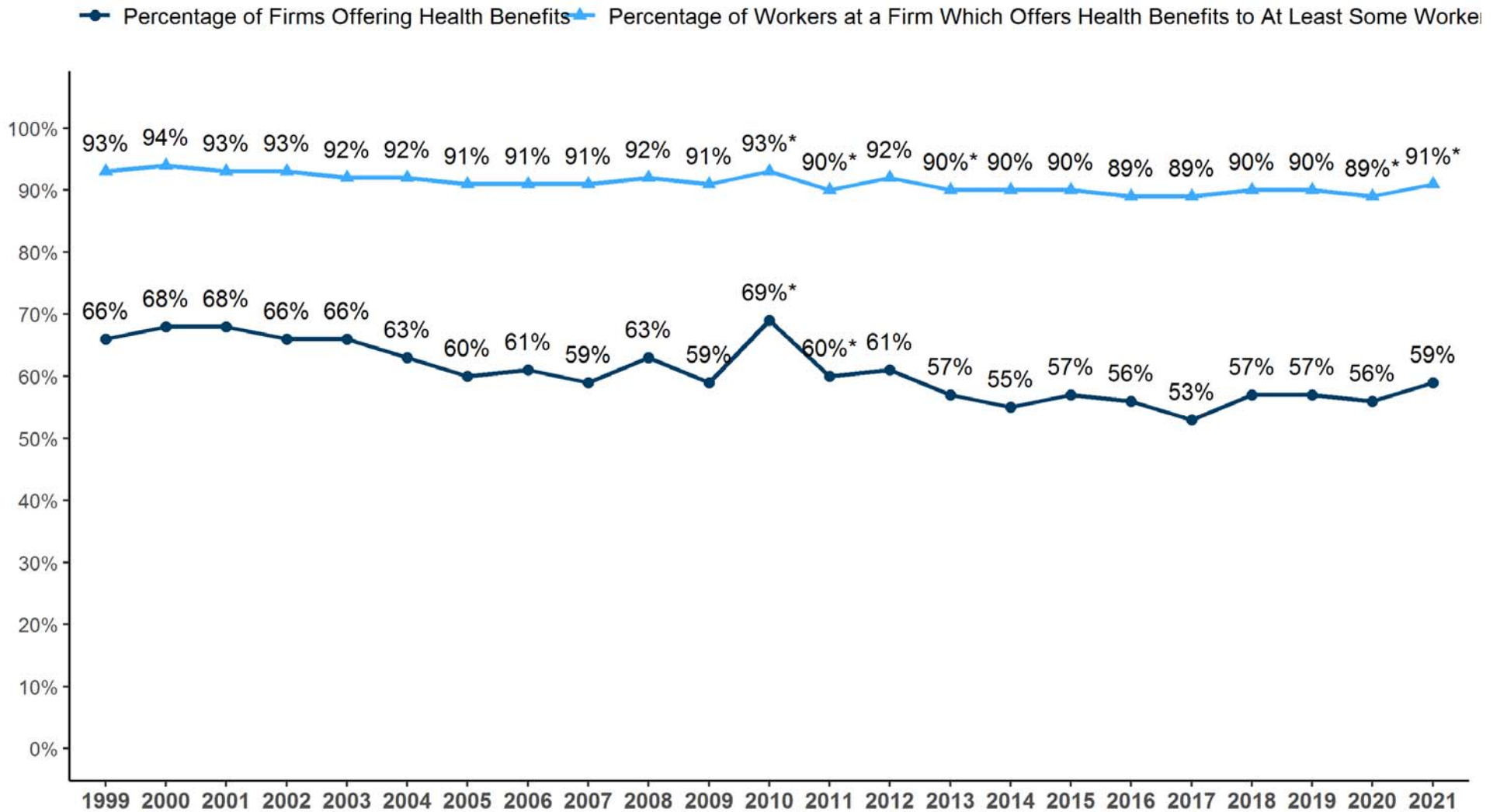
NOTE: Information was not obtained for POS plans in 1988 or for HDHP/SO plans until 2006. See the Survey Design and Methods section from the 2005 Kaiser/HRET Survey and the 2021 KFF Survey for a discussion of weighting changes.

SOURCE: KFF Employer Health Benefits Survey, 2018-2021; 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 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.

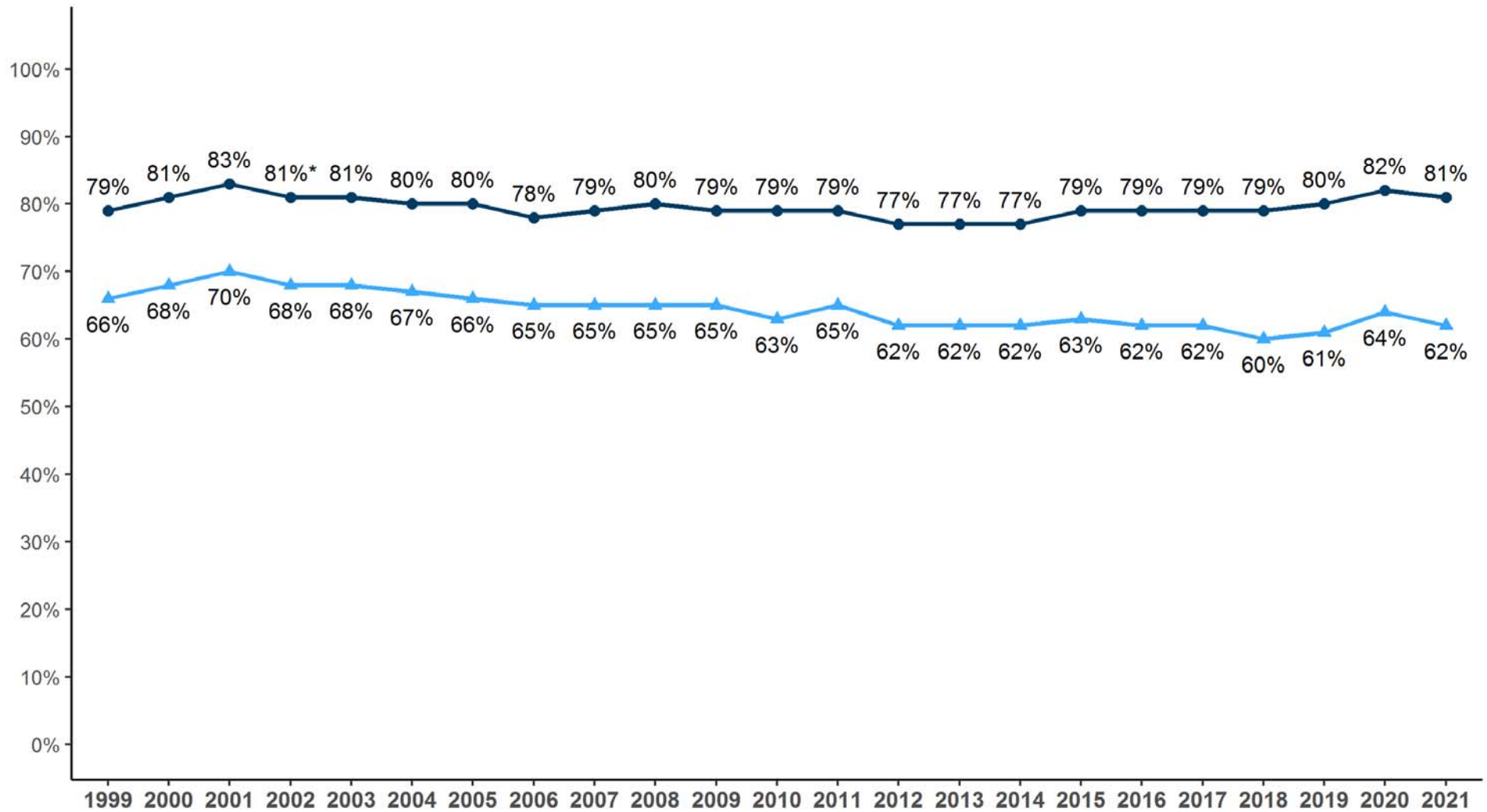
SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017



Figure 12

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

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



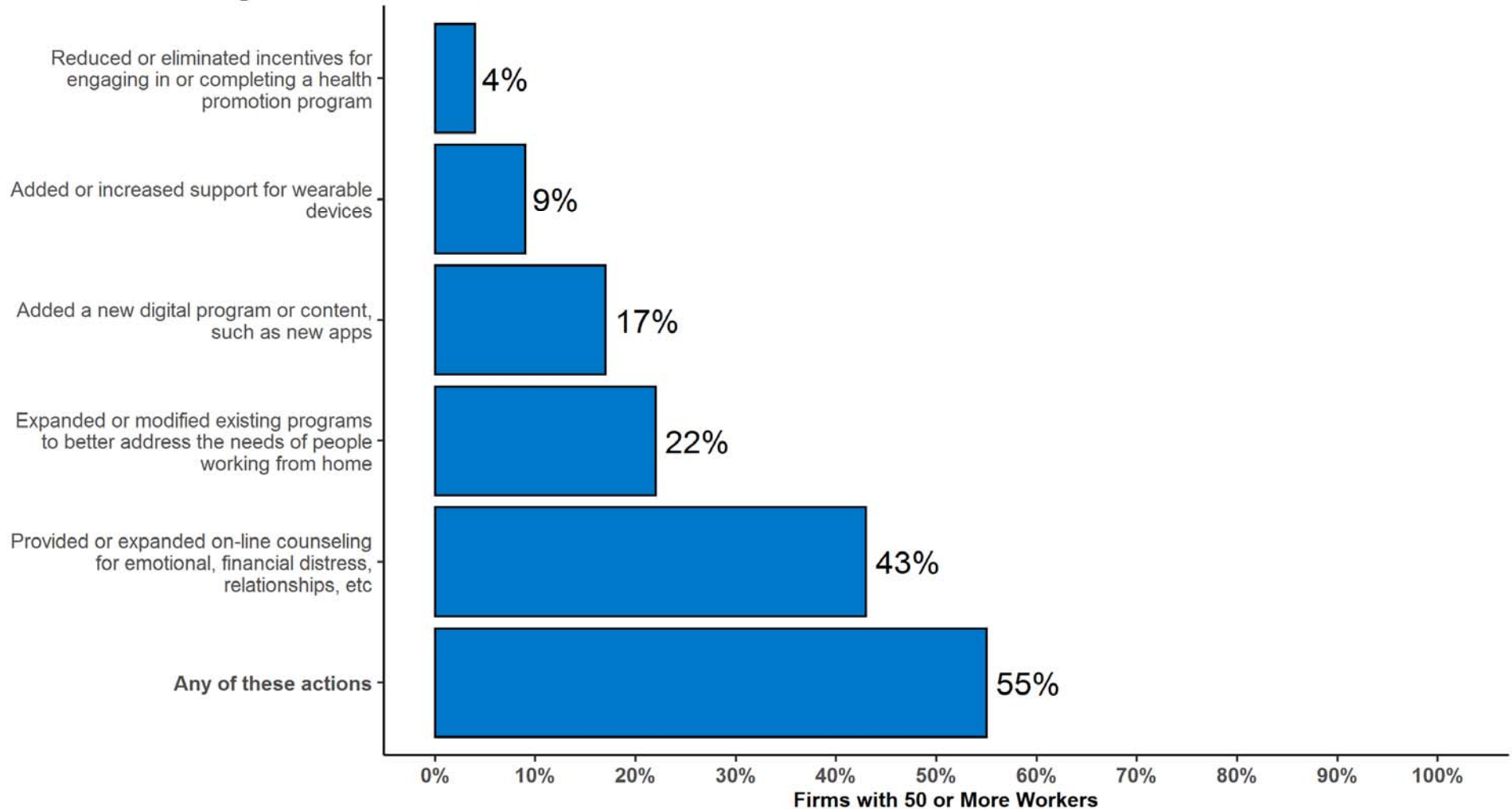
* Estimate is statistically different from estimate for the previous year shown (p < .05).

SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017



Figure 13

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

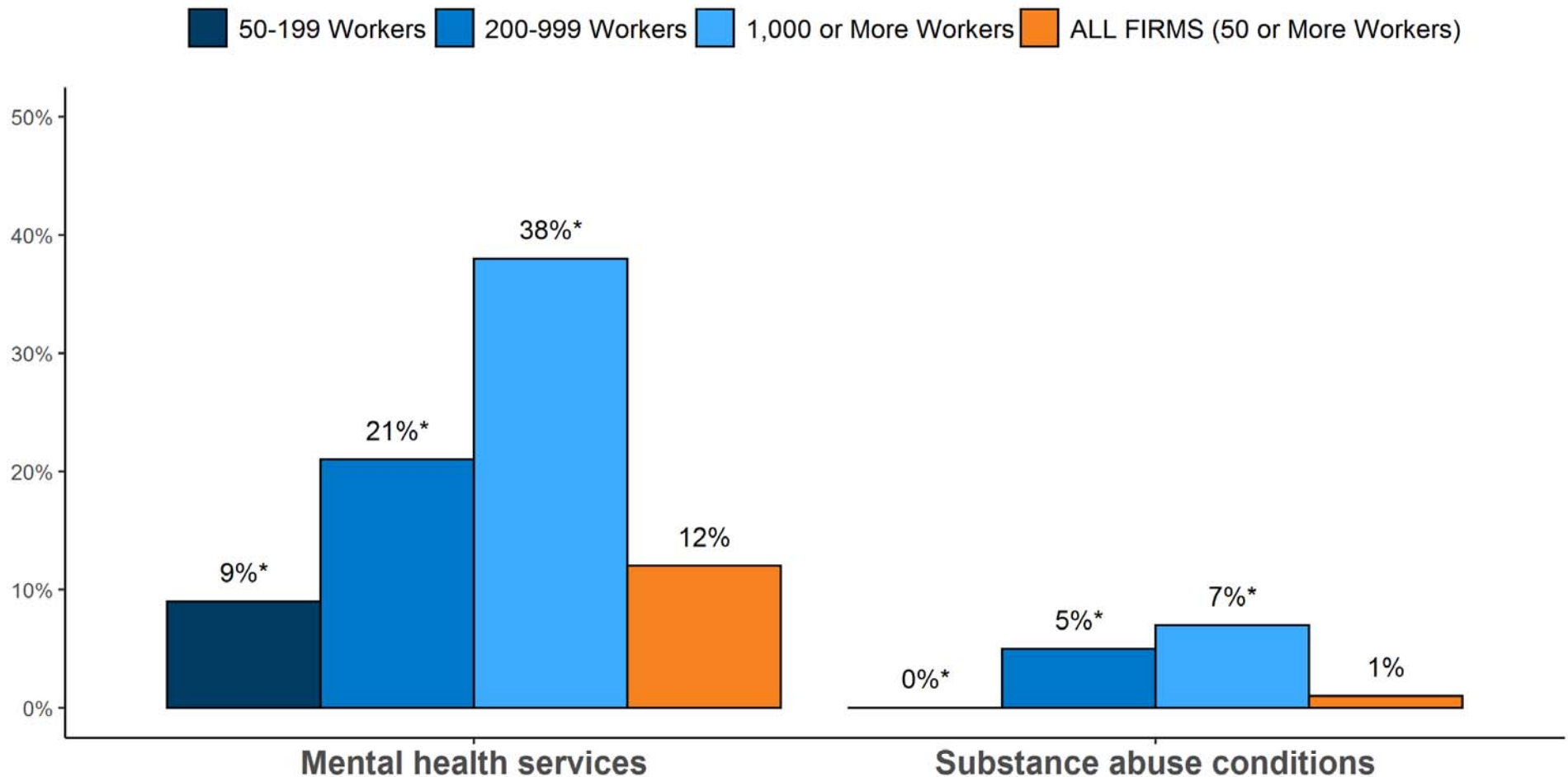


NOTE: We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview.

SOURCE: KFF Employer Health Benefits Survey, 2021

Figure 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



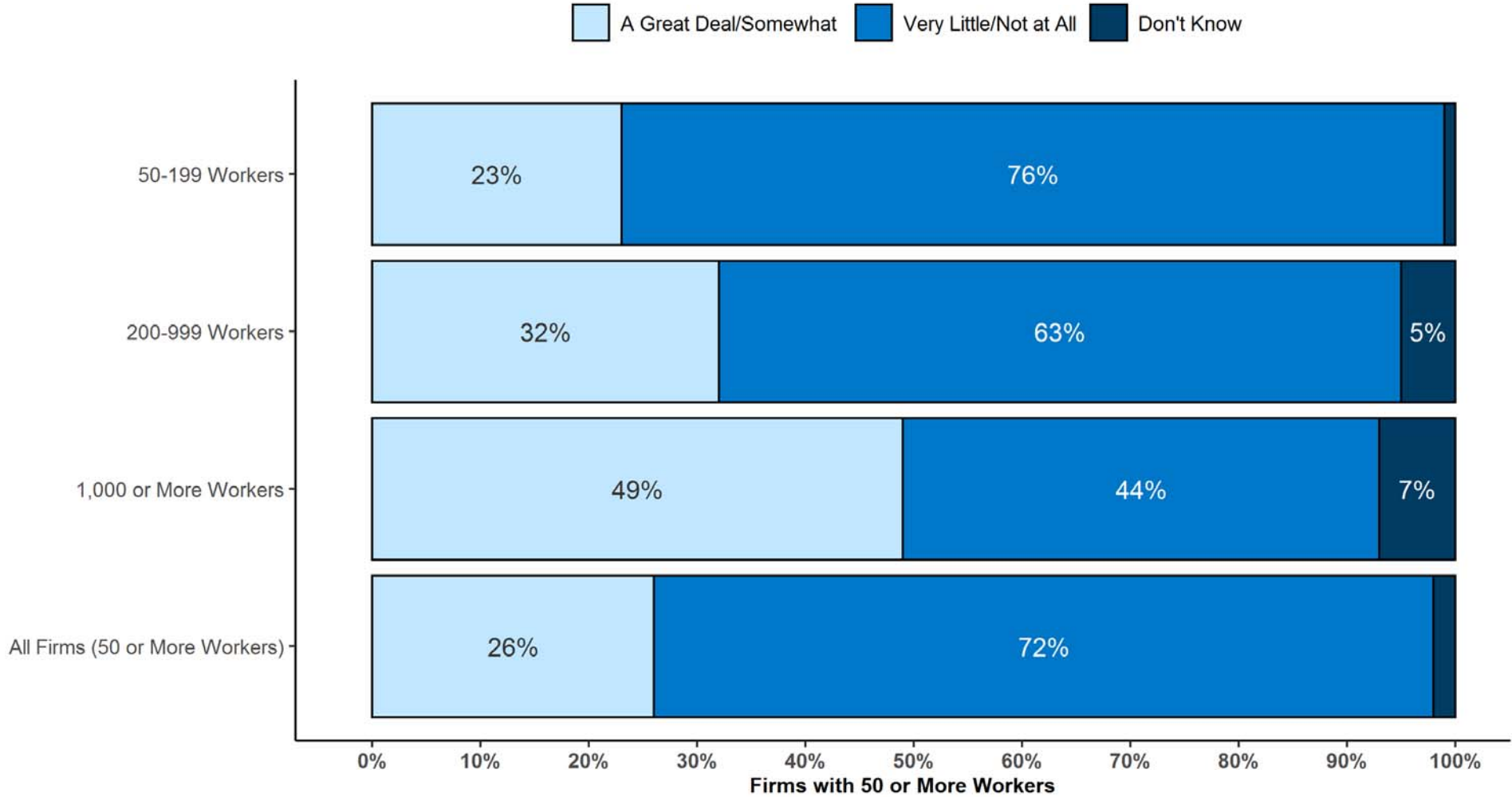
* Estimate is statistically different from estimate for all other firms not in the indicated size category ($p < .05$).

NOTE: A significant share of employers did not know whether there was an increase in employees seeking mental health (24%) and substance abuse 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



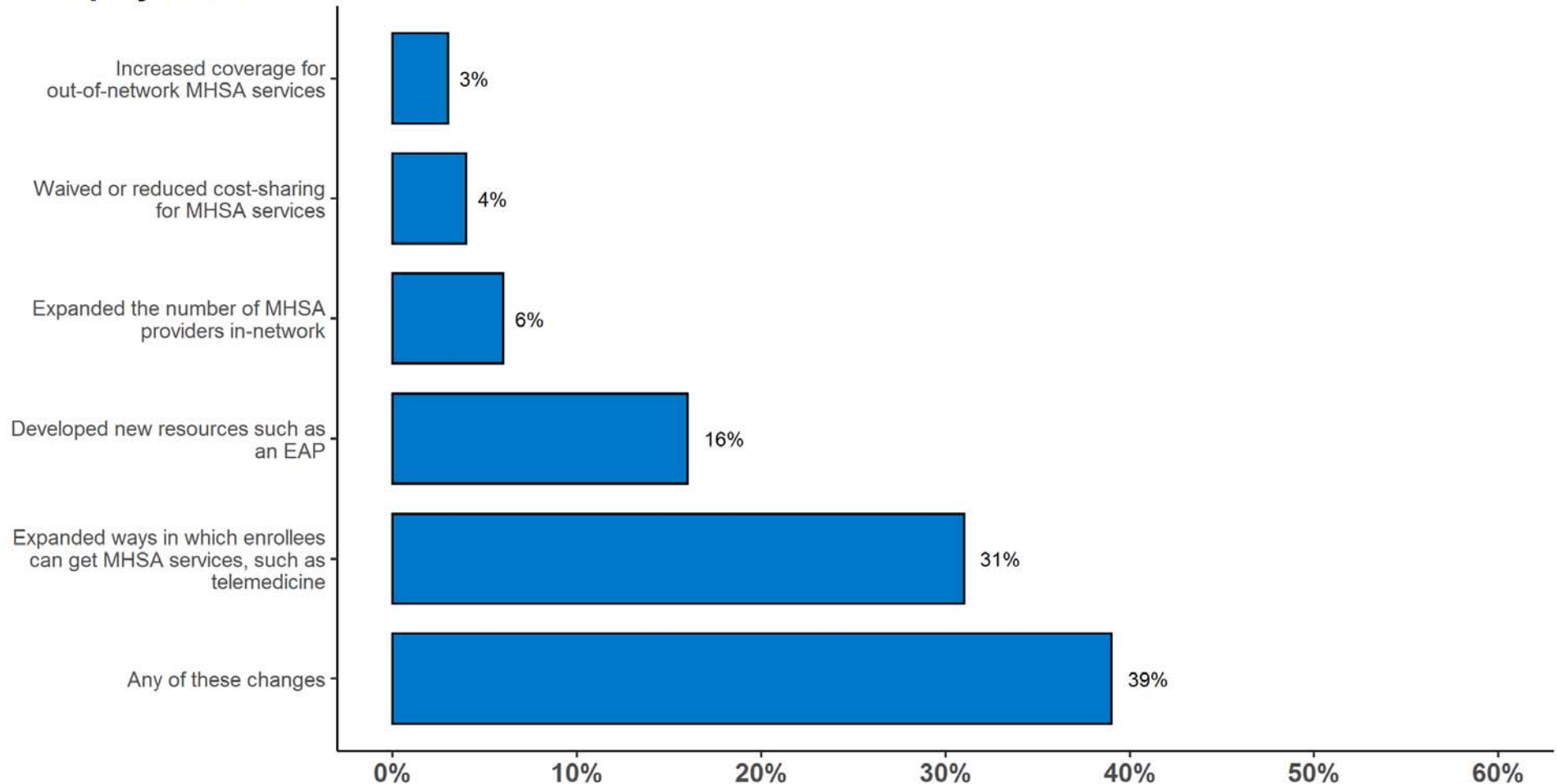
NOTE: We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview.

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

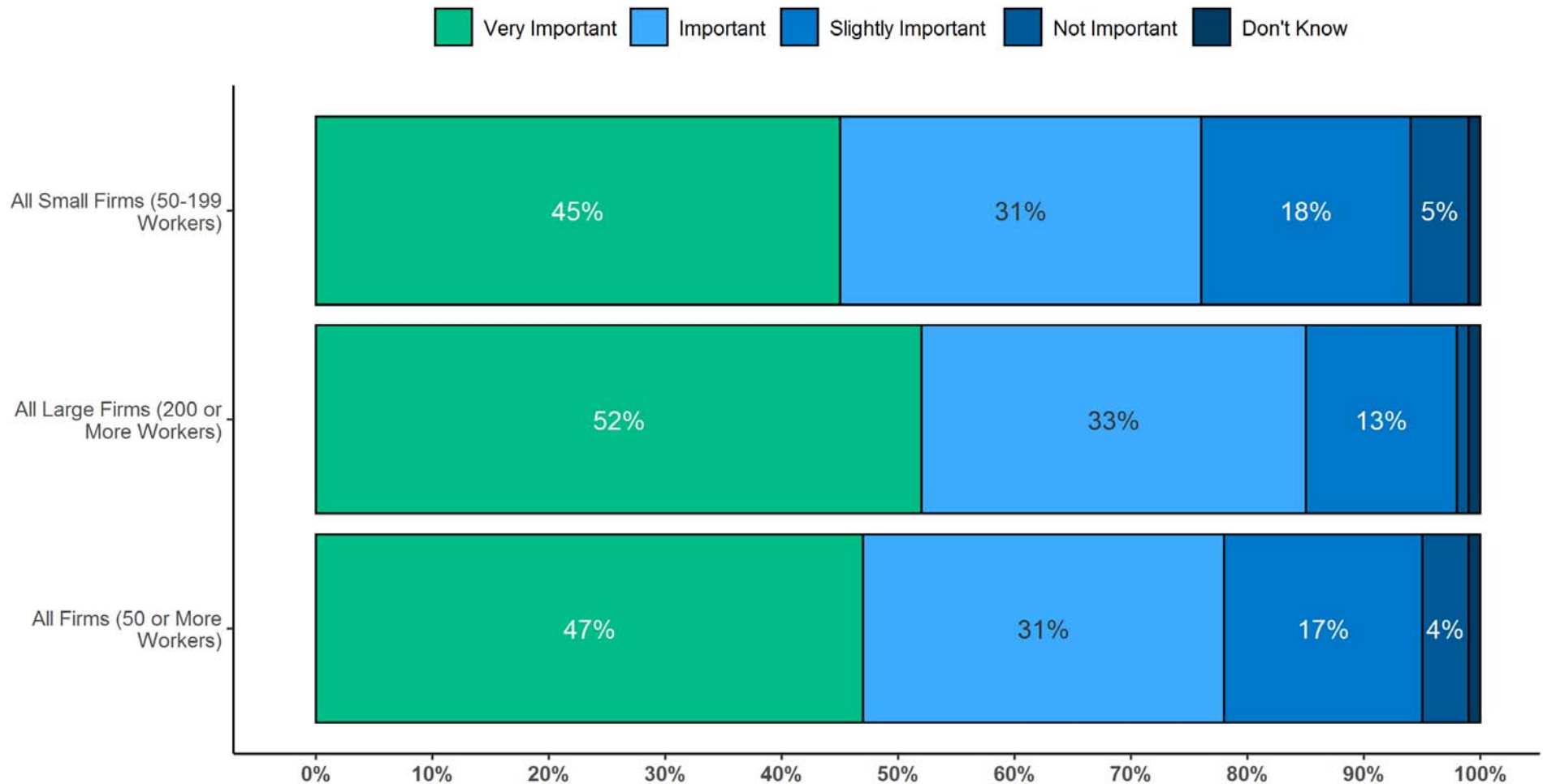


NOTE: MHSA refers to Mental Health and/or Substance Abuse. EAP refers to Employee Assistance Programs. We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview.

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

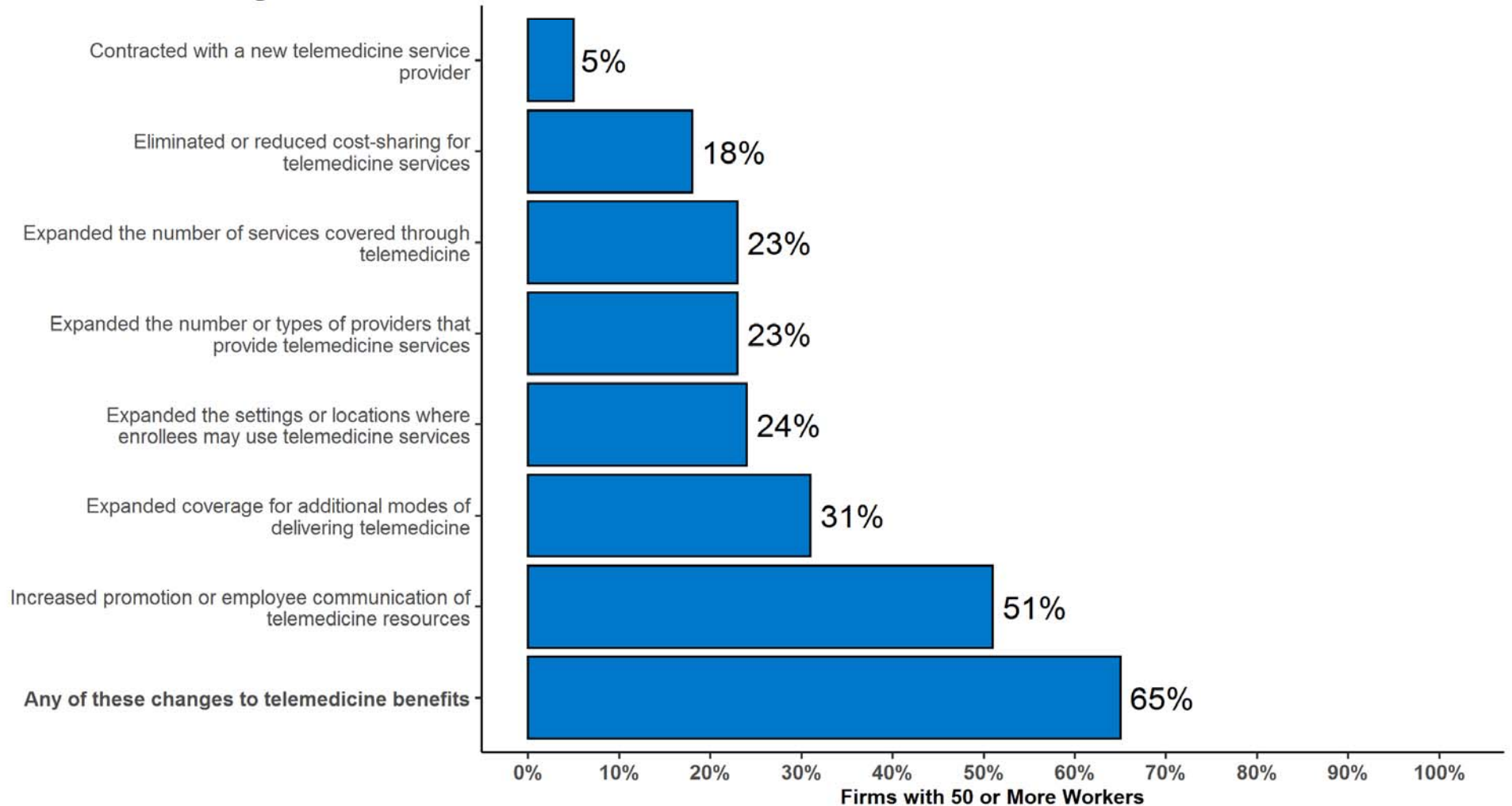


NOTE: Telemedicine is health care services provided to a patient from a provider who is at a different location, including video chat and remote monitoring. We do not include email, exclusively web-based non-interactive resources, or online information a plan may make available unless a health professional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

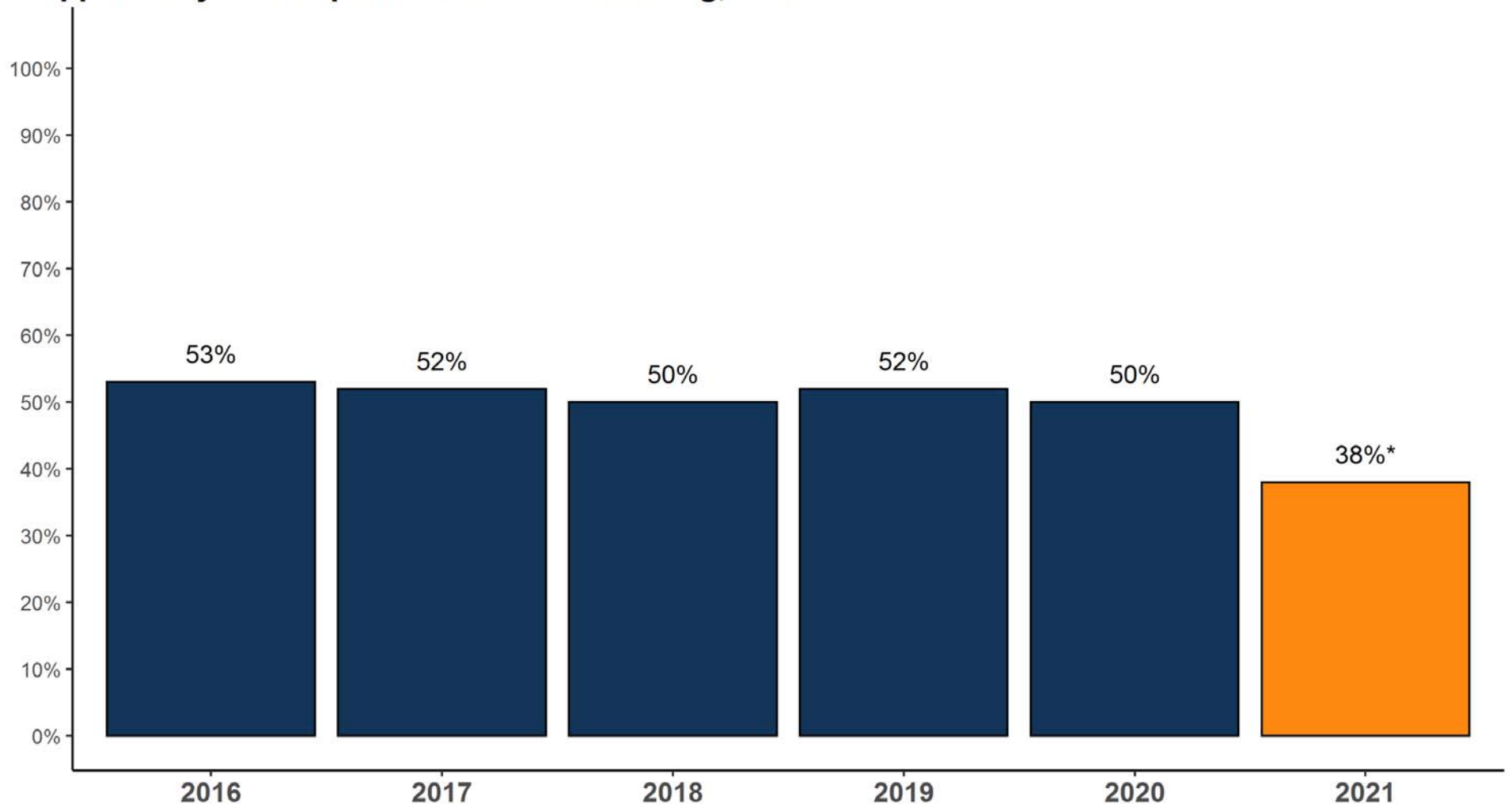


NOTE: We asked respondents about changes they made due to the COVID-19 pandemic from January 2020 that were still in effect at the time of the interview.

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



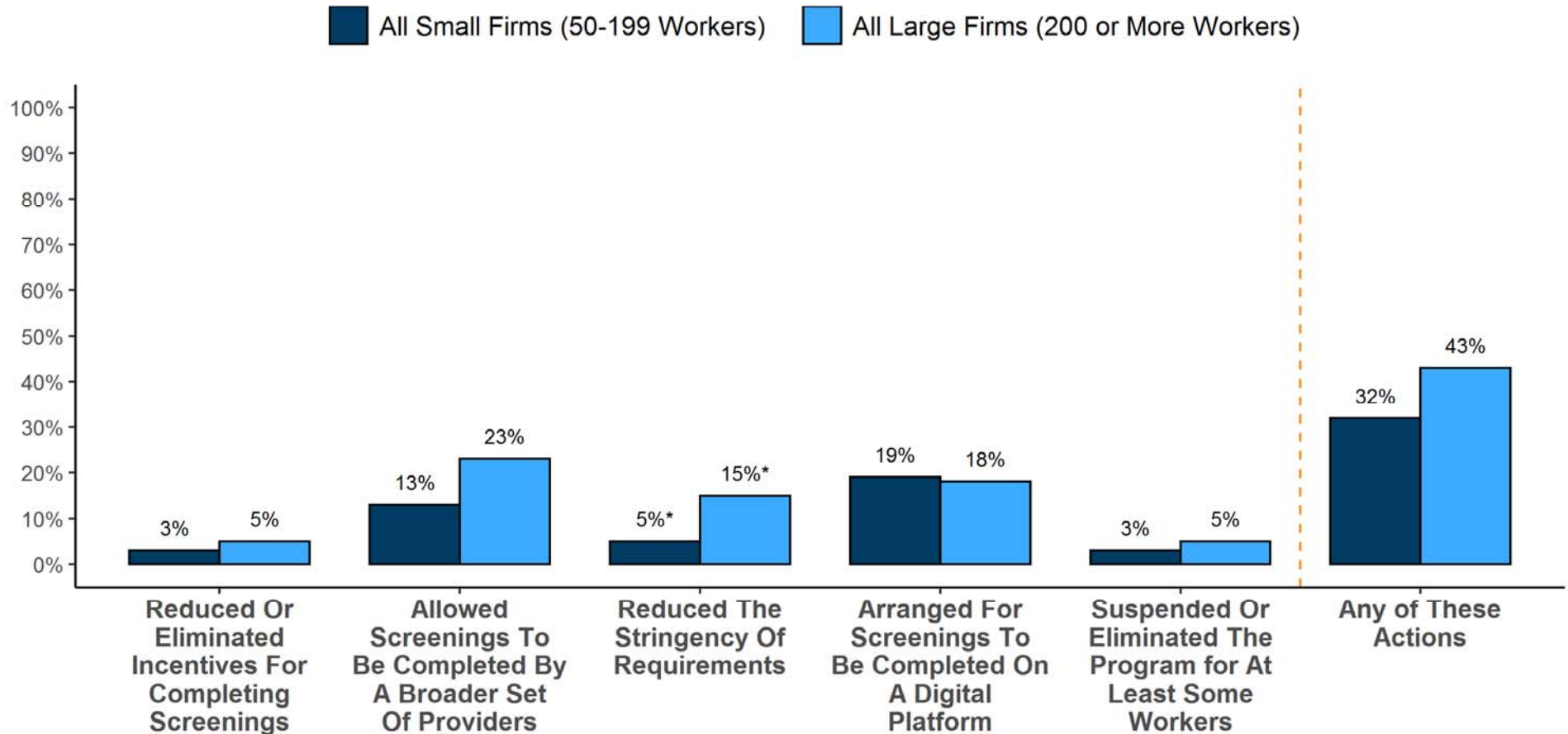
* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

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.

SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016-2017

Figure 20

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



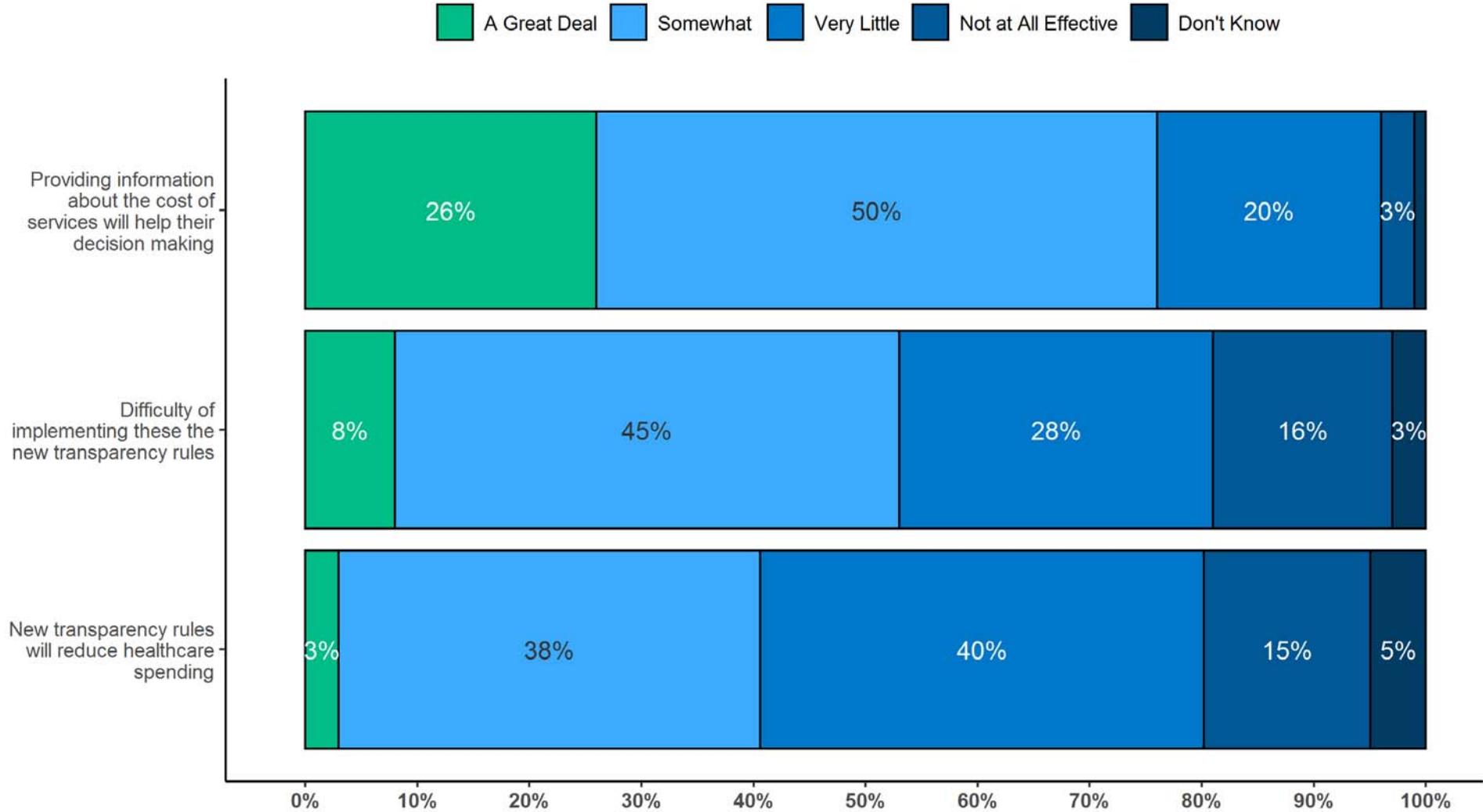
* Estimate is statistically different between All Small Firms and All Large Firms estimate ($p < .05$).

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

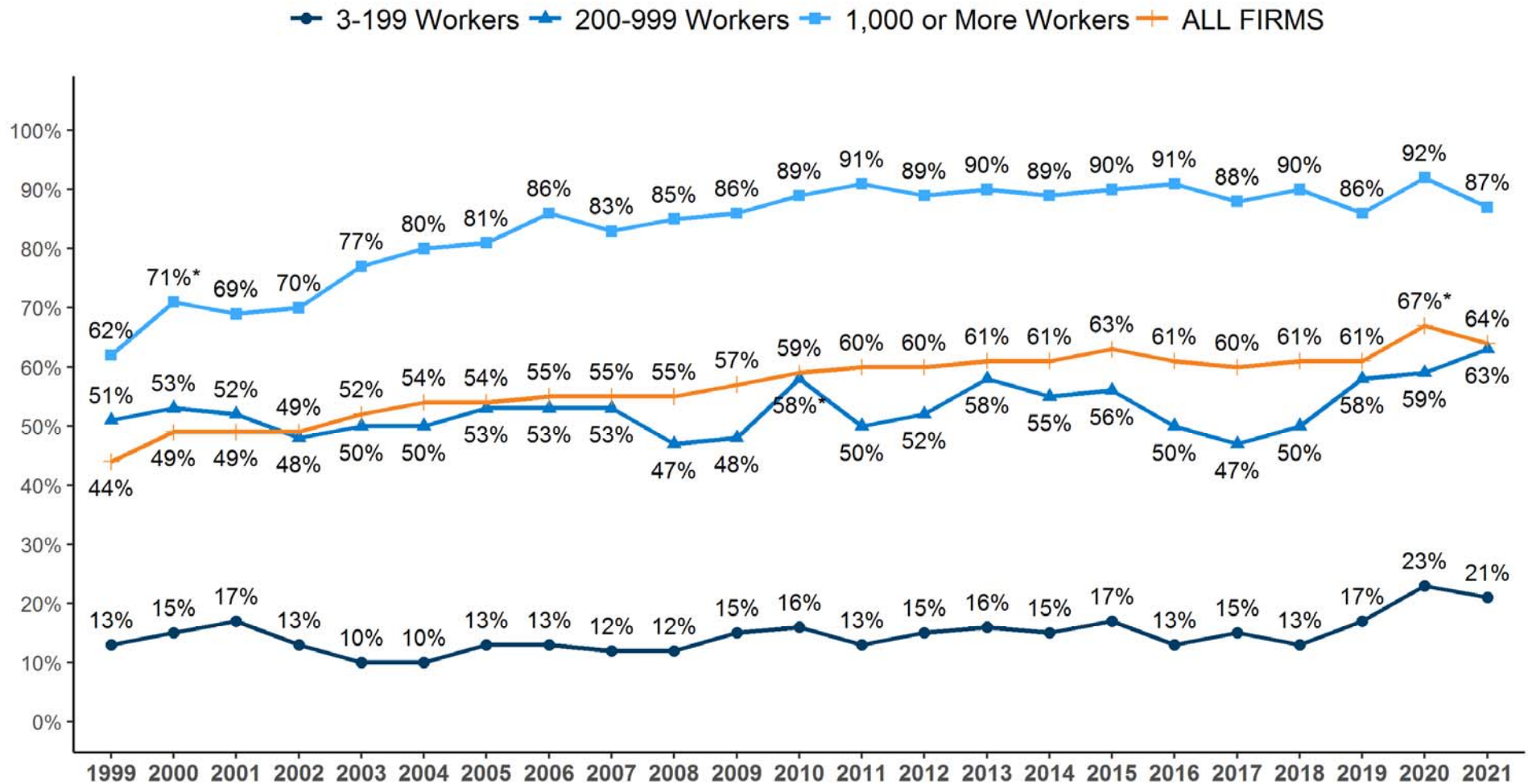


NOTE: Large Firms have 200 or more workers.
SOURCE: KFF Employer Health Benefits Survey, 2021



Figure 22

Percentage of Covered Workers Enrolled in a Self-Funded Plan, by Firm Size, 1999-2021



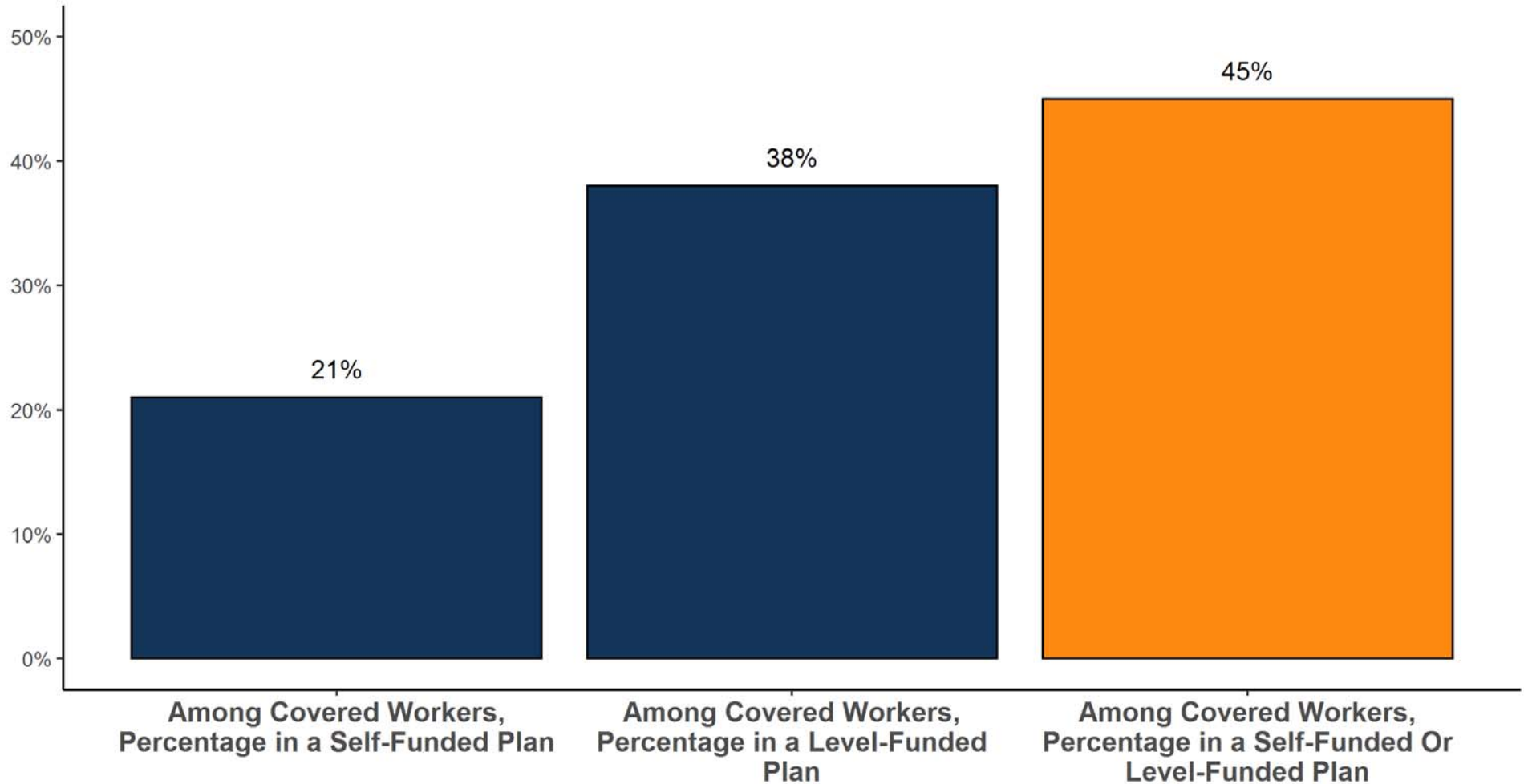
* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

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 2006; 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.

SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

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

Submit Questions for Q&A

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.