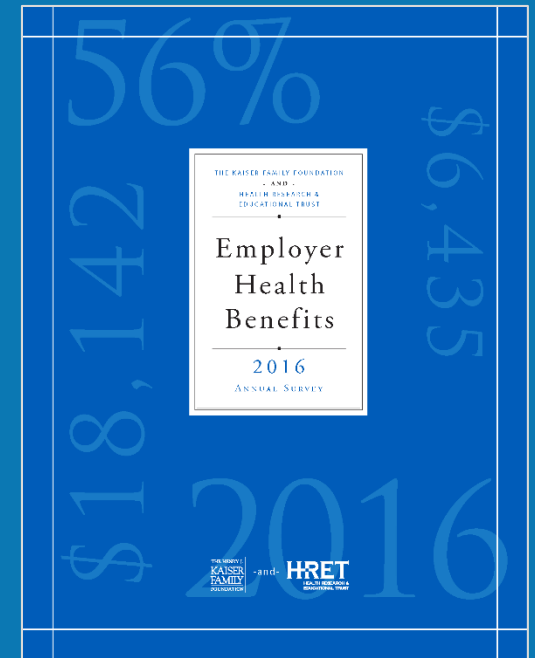
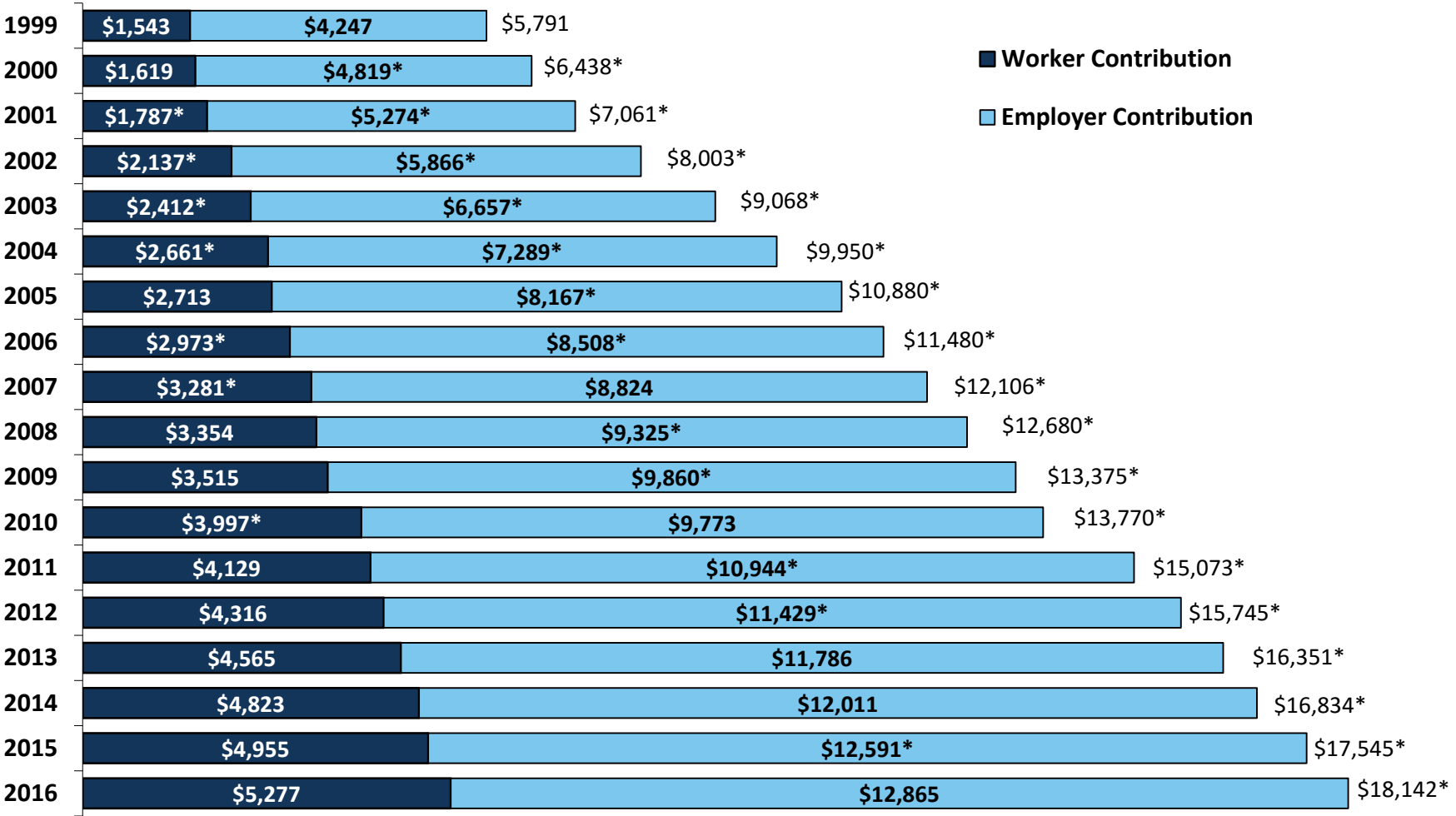


# Employer Health Benefit Survey 2016

Release Slides  
September 14, 2016

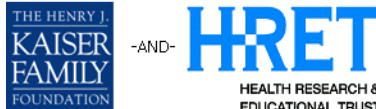


# Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2016

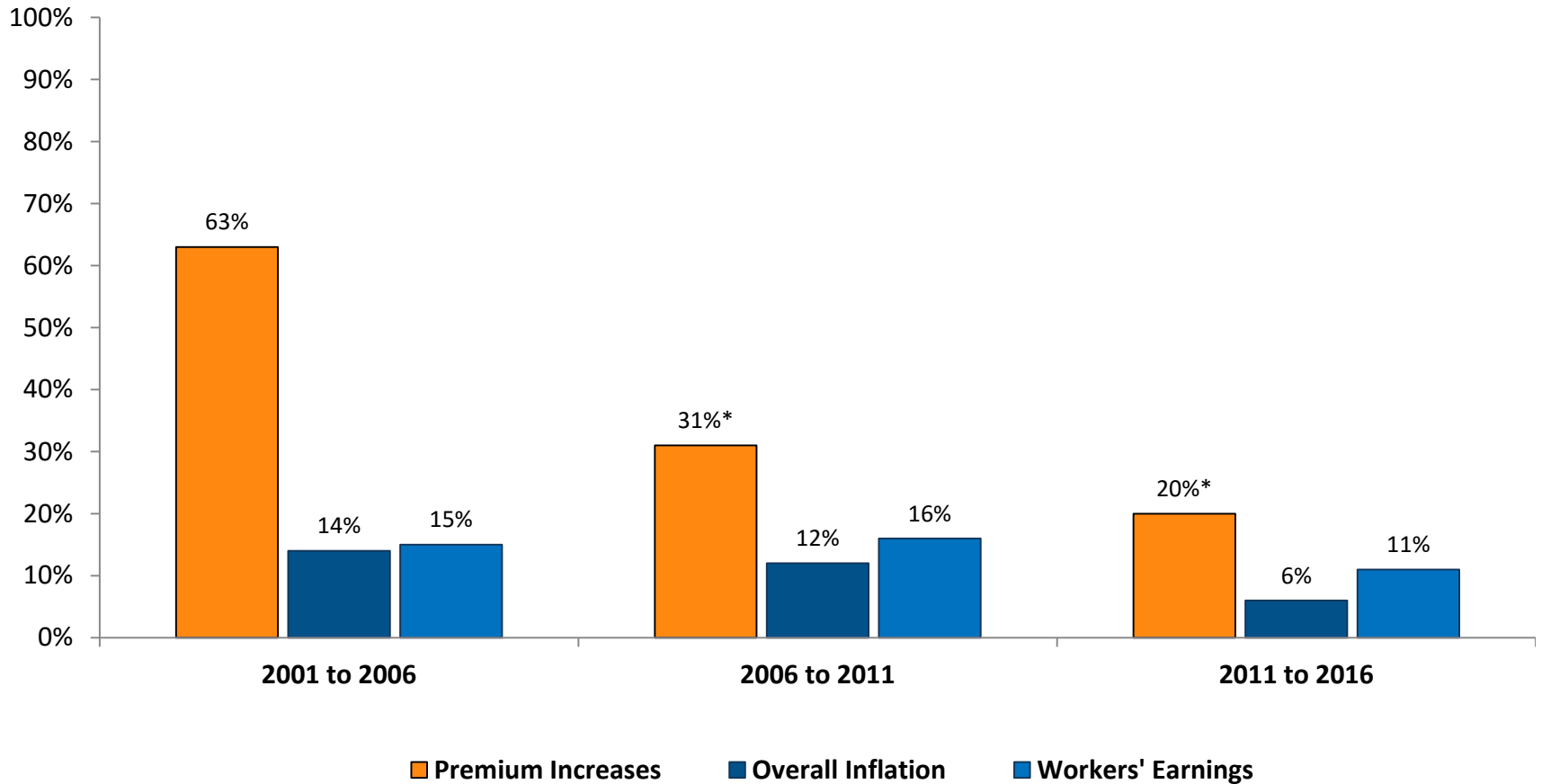


\*Estimate is statistically different from estimate for the previous year shown (p < .05).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2016.



# Cumulative Premium Increases for Covered Workers with Family Coverage, 2001-2016

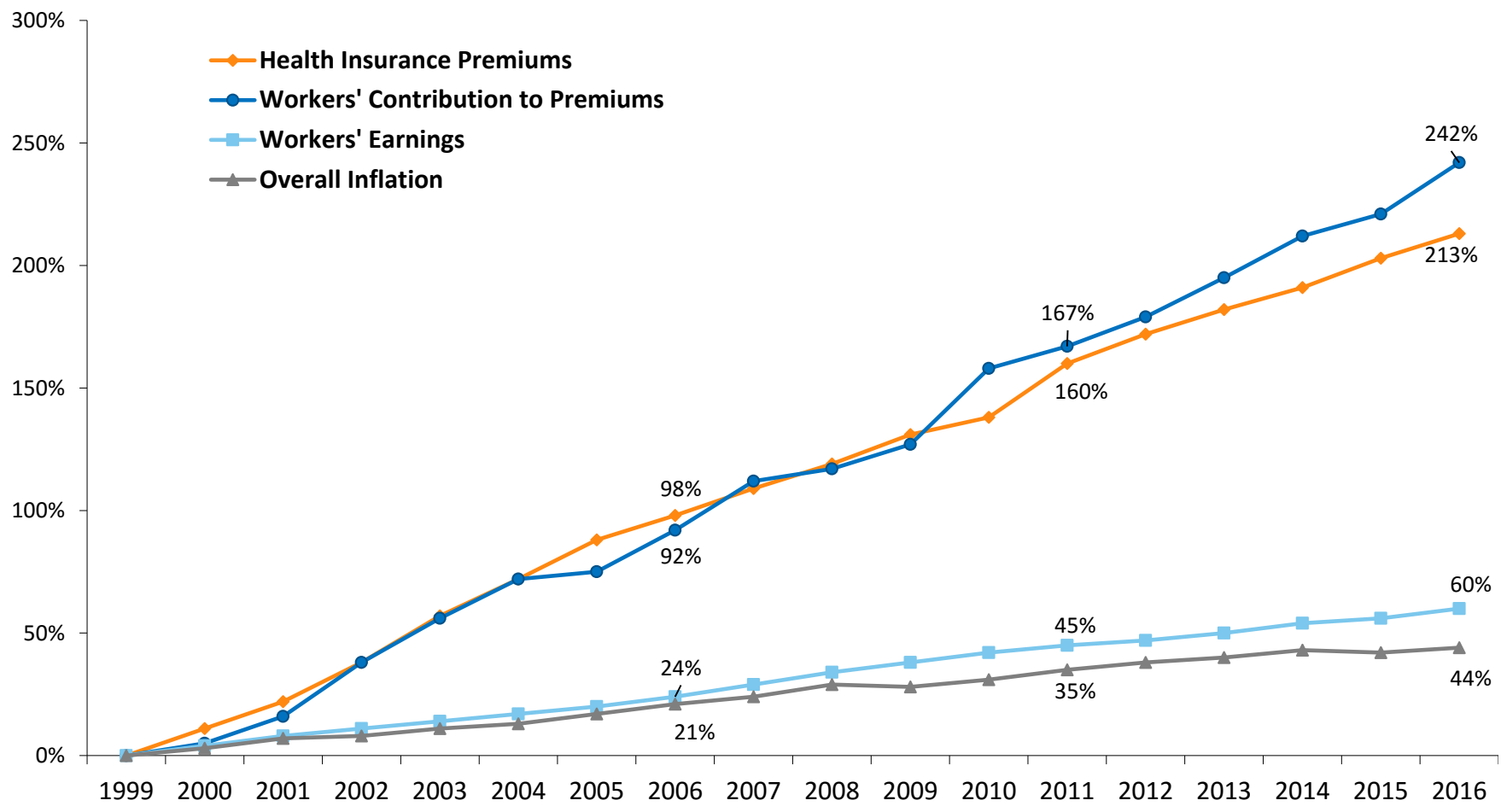


\* Percentage change in family premium is statistically different from previous five year period shown ( $p < .05$ ).

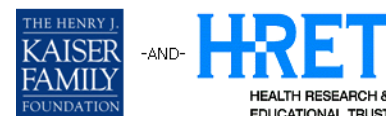
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2001-2016. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 2001-2016; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2001-2016 (April to April).



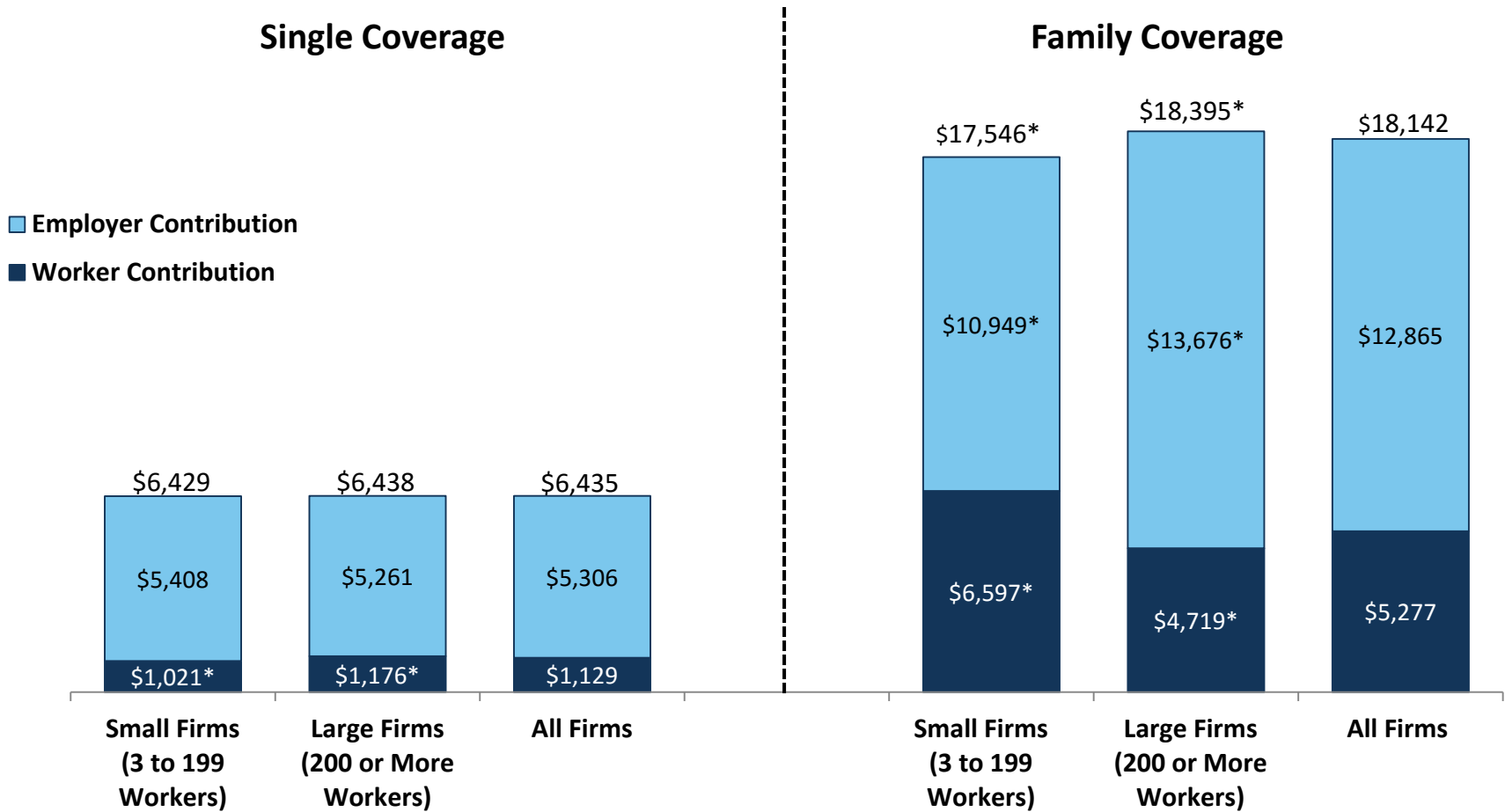
# Cumulative Increases in Health Insurance Premiums, Workers' Contributions to Premiums, Inflation, and Workers' Earnings, 1999-2016



SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2016. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2016; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2016 (April to April).

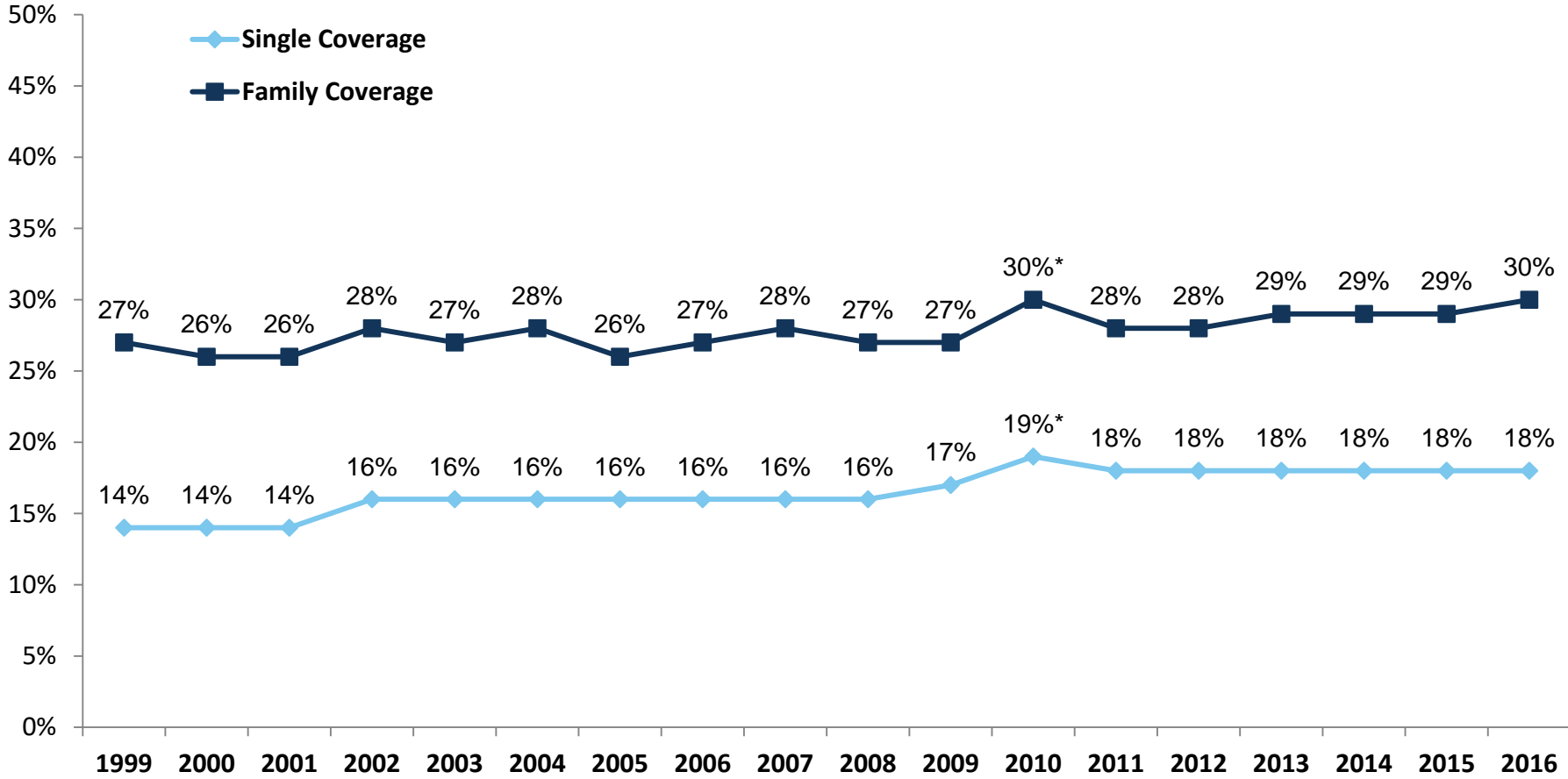


# Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Single and Family Coverage, by Firm Size, 2016



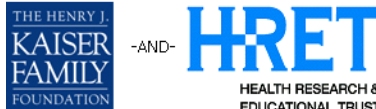
\*Estimate is statistically different between All Large Firms and All Small Firms estimate (p < .05).

# Average Percentage of Premium Paid by Covered Workers for Single and Family Coverage, 1999-2016

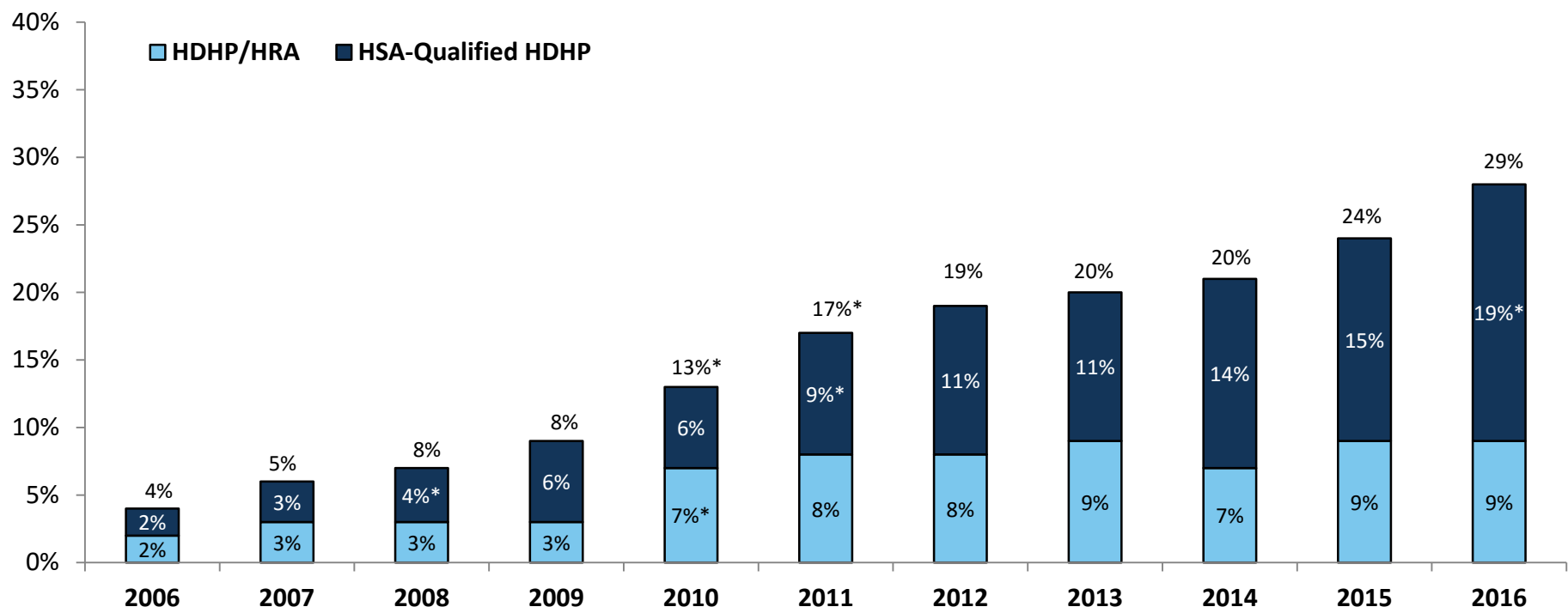


\*Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2016.



# Percentage of Covered Workers Enrolled in an HDHP/HRA or an HSA-Qualified HDHP, 2006-2016



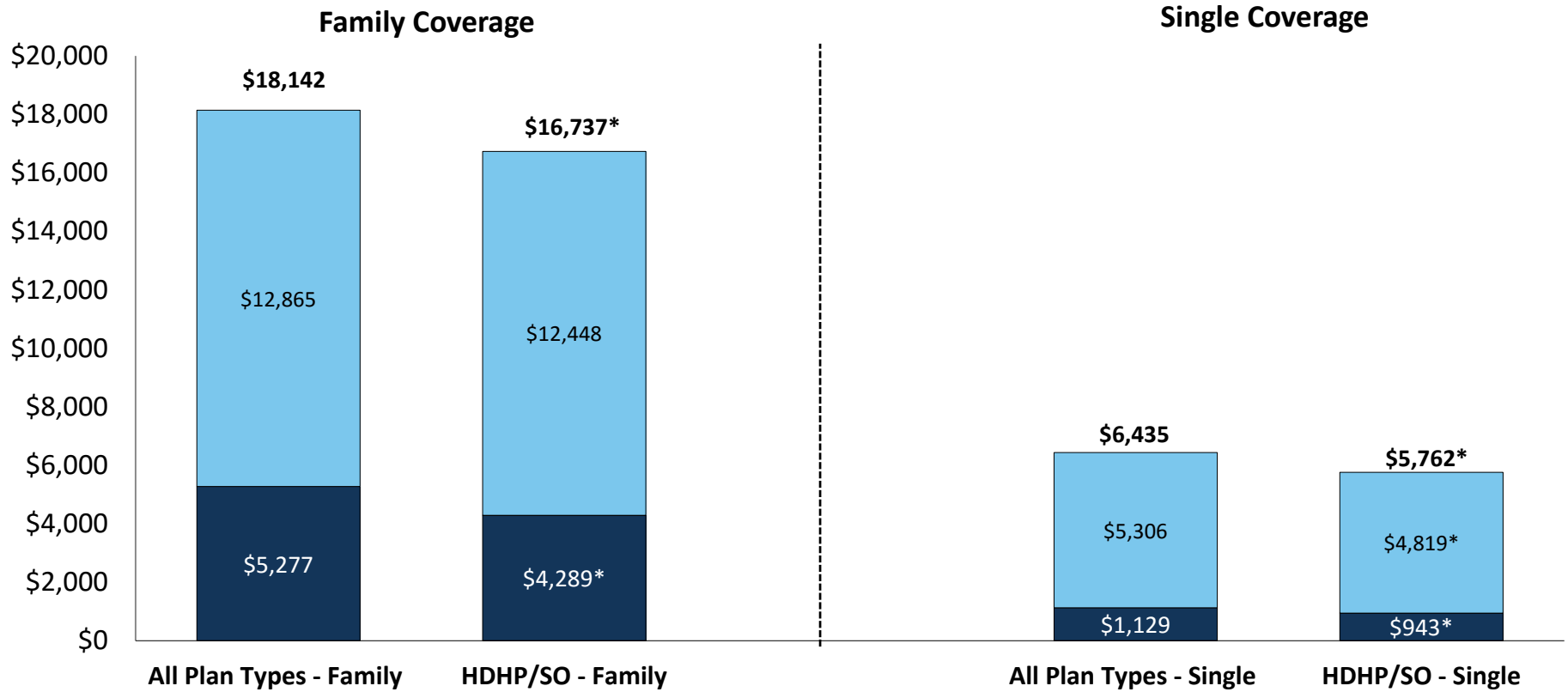
\* Estimate is statistically different from estimate for the previous year shown (p < .05).

NOTE: Covered Workers enrolled in an HDHP/SO are enrolled in either an HDHP/HRA or a HSA-Qualified HDHP. For more information, see the Survey Methodology Section. The percentages of covered workers enrolled in an HDHP/SO may not equal the sum of HDHP/HRA and HSA-Qualified HDHP enrollment estimates due to rounding.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2016.

# Average Annual Firm and Worker Premium Contributions and Total Premiums for Covered Workers for Single and Family Coverage, by Plan Type, 2016

■ Worker Contribution    ■ Employer Contribution



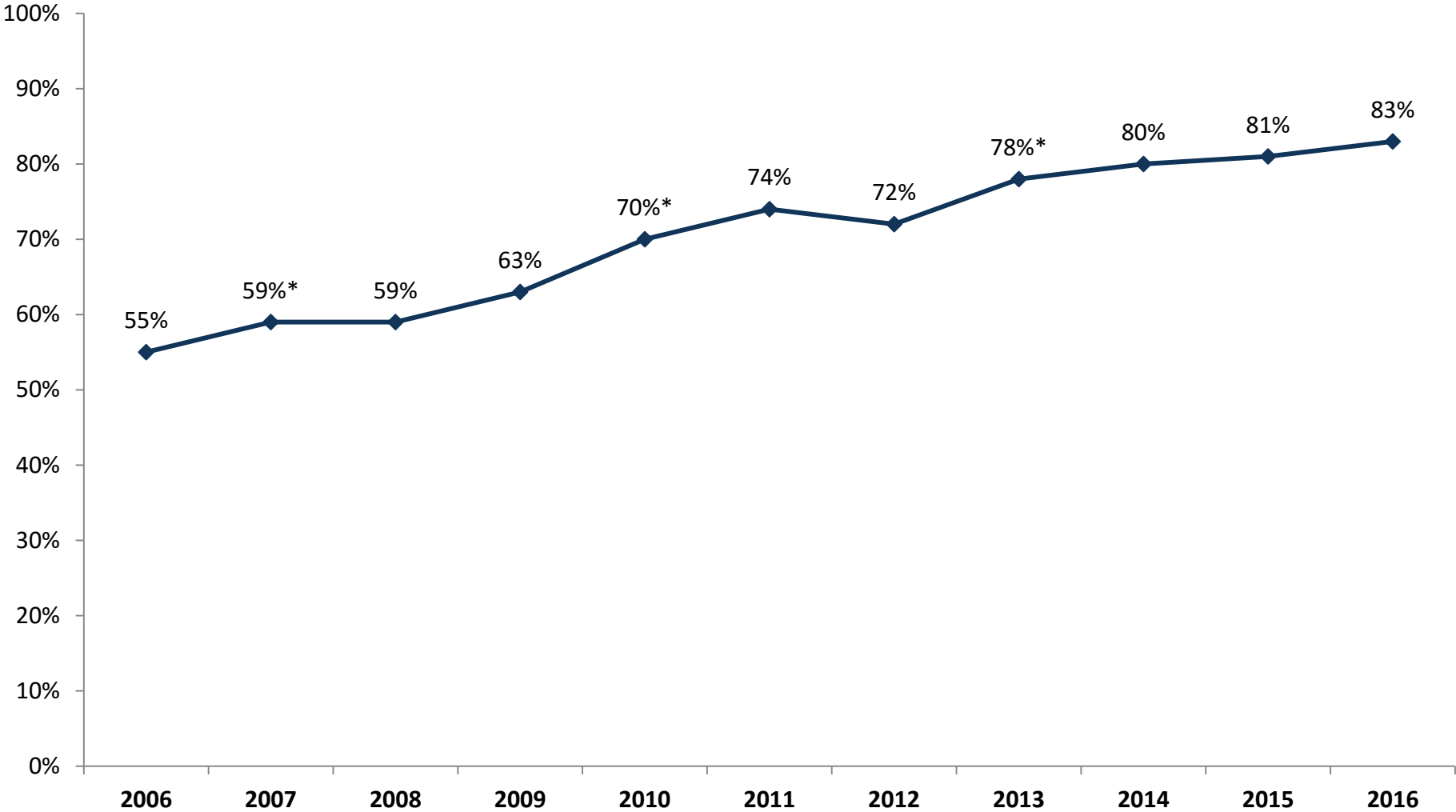
\*Estimate is statistically different from All Plans estimate by coverage type (p < .05).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.





# Percentage of Covered Workers With a General Annual Deductible for Single Coverage, 2006-2016



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

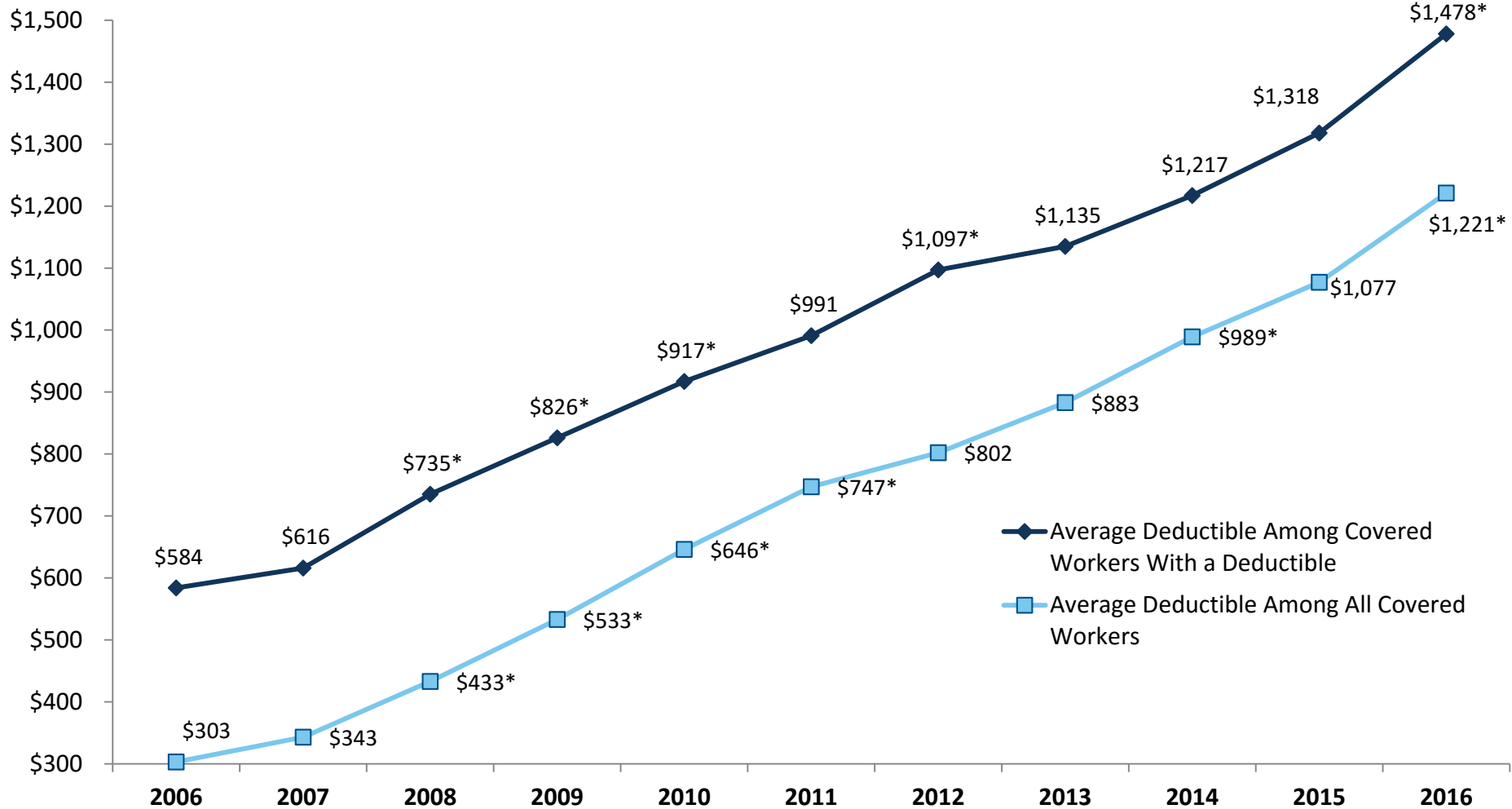
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2016.



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# Average General Annual Deductible for Covered Workers Enrolled in Single Coverage, 2006-2016

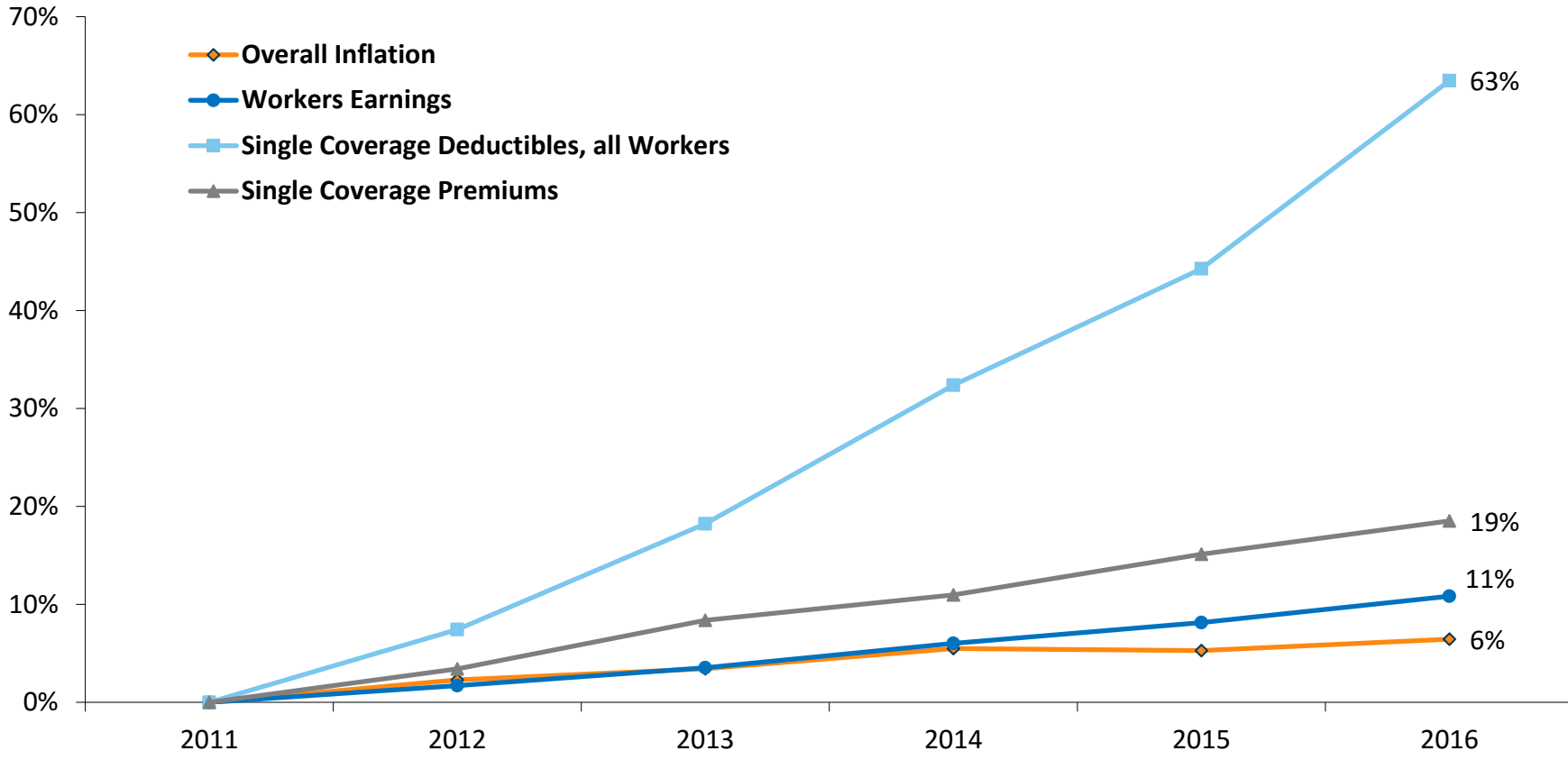


\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

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

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2016.

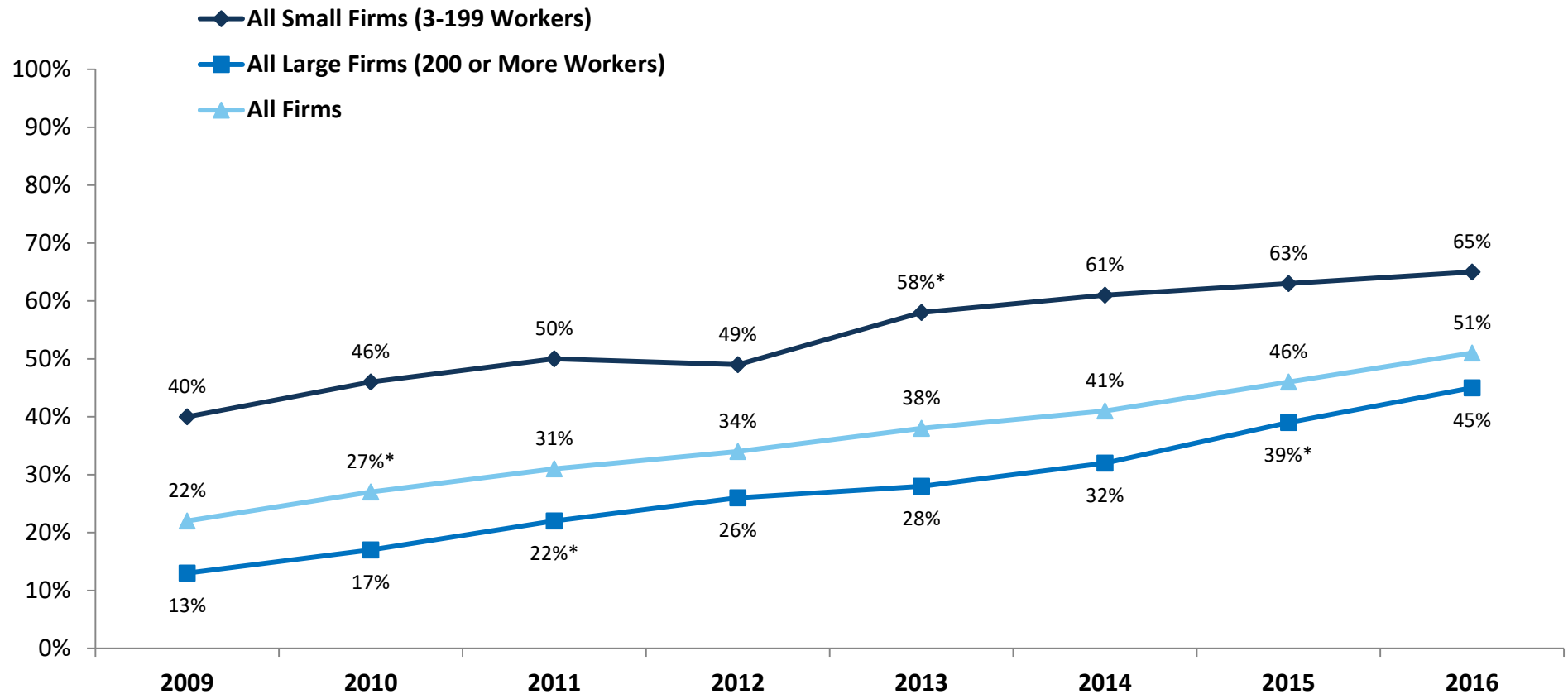
# Cumulative Increases in Health Insurance Premiums, General Annual Deductibles, Inflation, and Workers' Earnings, 2011-2016



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

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2011-2016. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 2011-2016; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2011-2016 (April to April).

# Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$1,000 or More for Single Coverage, by Firm Size, 2009-2016

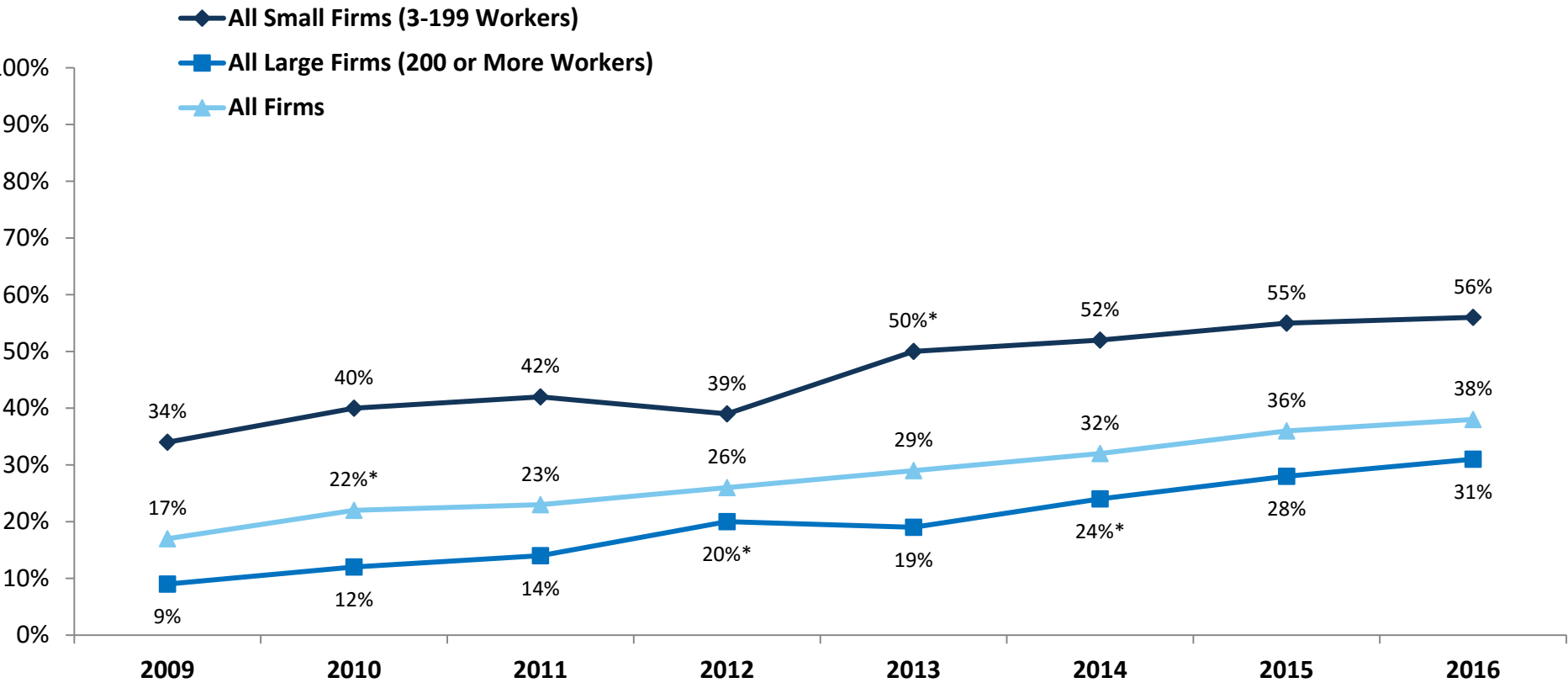


\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

NOTE: These estimates include workers enrolled in HDHP/SO and other plan types. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2009-2016.

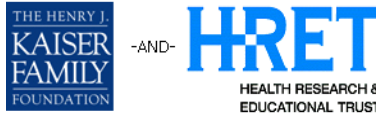
# Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$1,000 or More for Single Coverage After any HRA/HSA Contributions, by Firm Size, 2009-2016



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

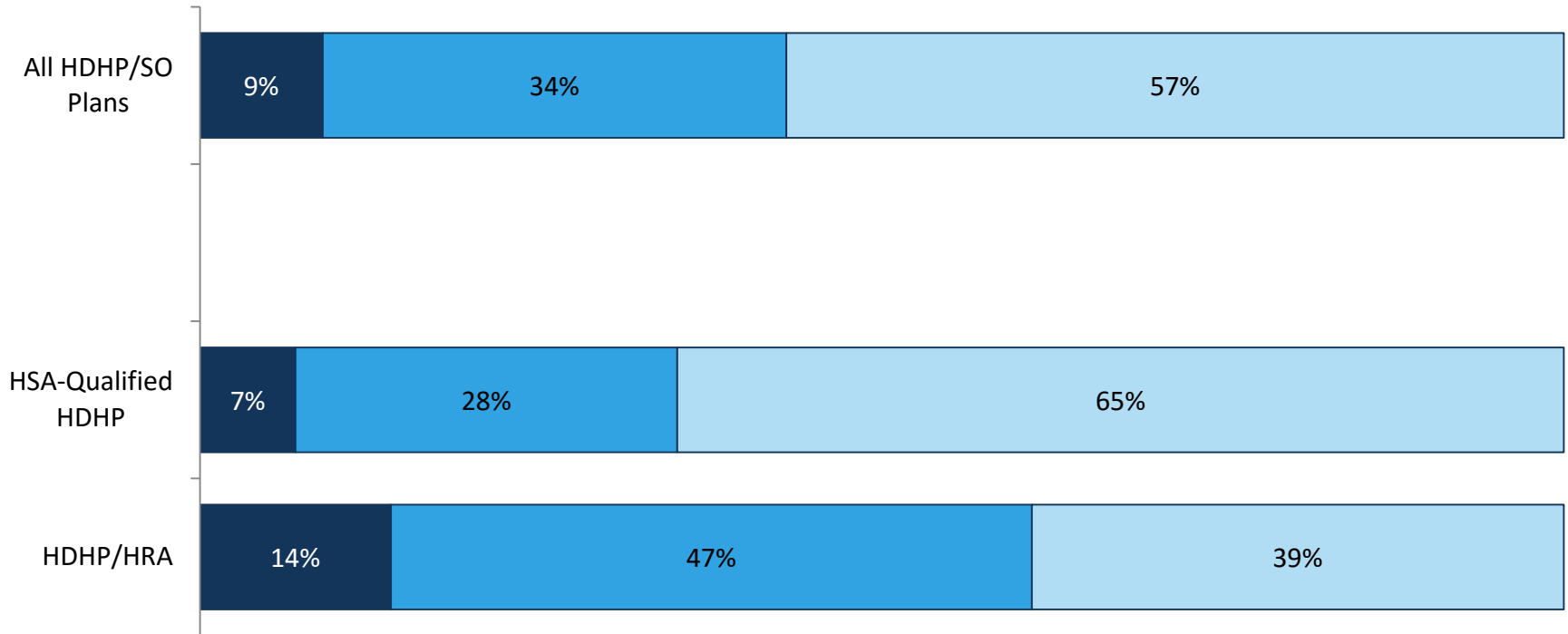
NOTE: These estimates include workers enrolled in HDHP/SO and other plan types. Account contributions include an employer's contribution to an HSA or HRA. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. The net liability for covered workers enrolled in a plan with an HSA or HRA is calculated by subtracting the account contribution from the single coverage deductible.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2009-2016



# Among Covered Workers Enrolled in an HDHP/SO, Average General Annual Deductibles for Single Coverage After HRA/HSA Contributions, 2016

- Account Contribution Greater Than or Equal To Deductible
- Deductible After Contribution Is \$1,000 or Less
- Deductible After Contribution Is More Than \$1,000

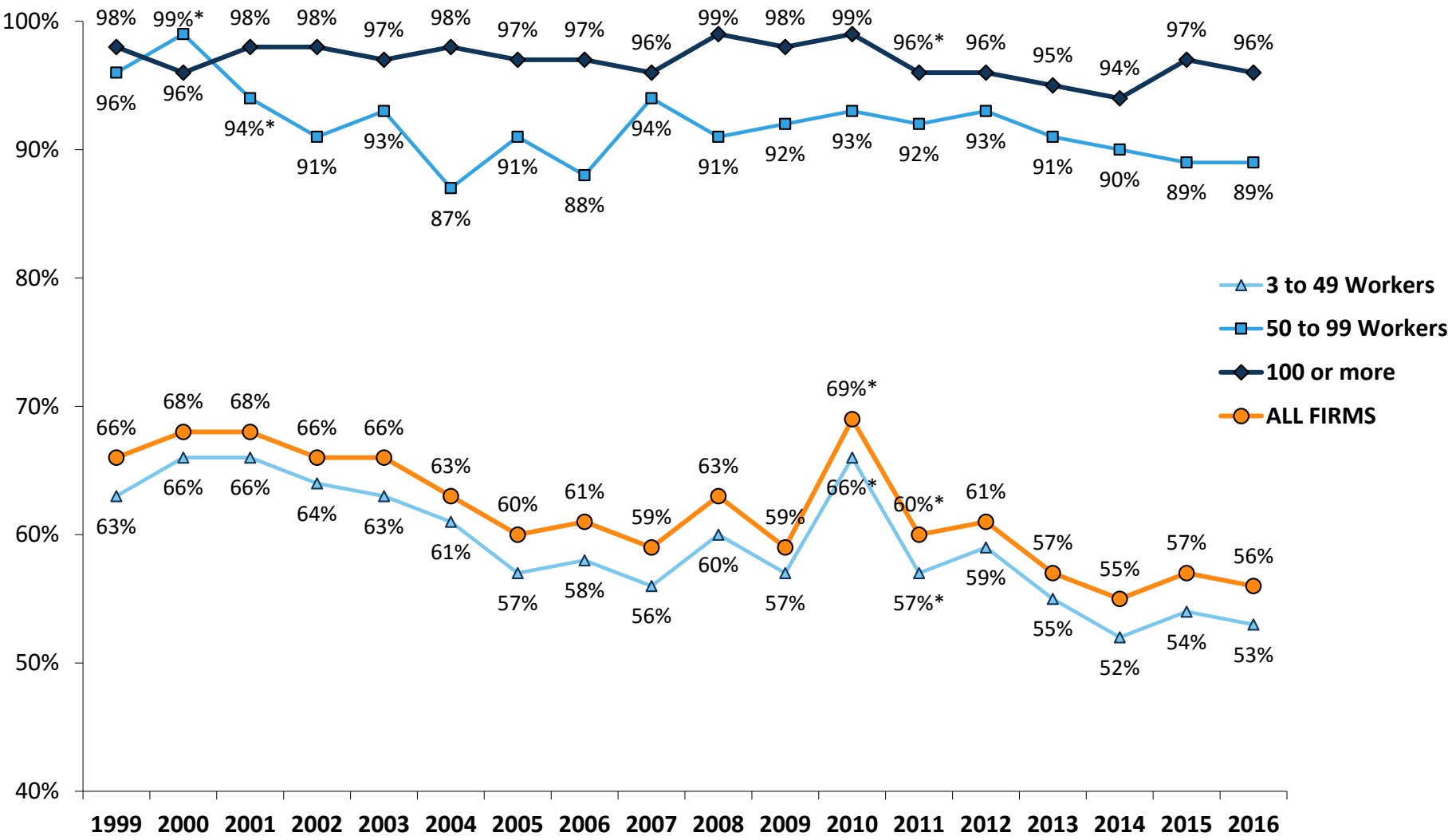


NOTE: The net liability for covered workers enrolled in a plan with an HSA or HRA is calculated by subtracting the account contribution from the single coverage deductible. HRAs are notional accounts, and employers are not required to actually transfer funds until an employee incurs expenses. General annual deductibles are for in-network services.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.



# Percentage of Firms Offering Health Benefits, by Firm Size, 1999-2016

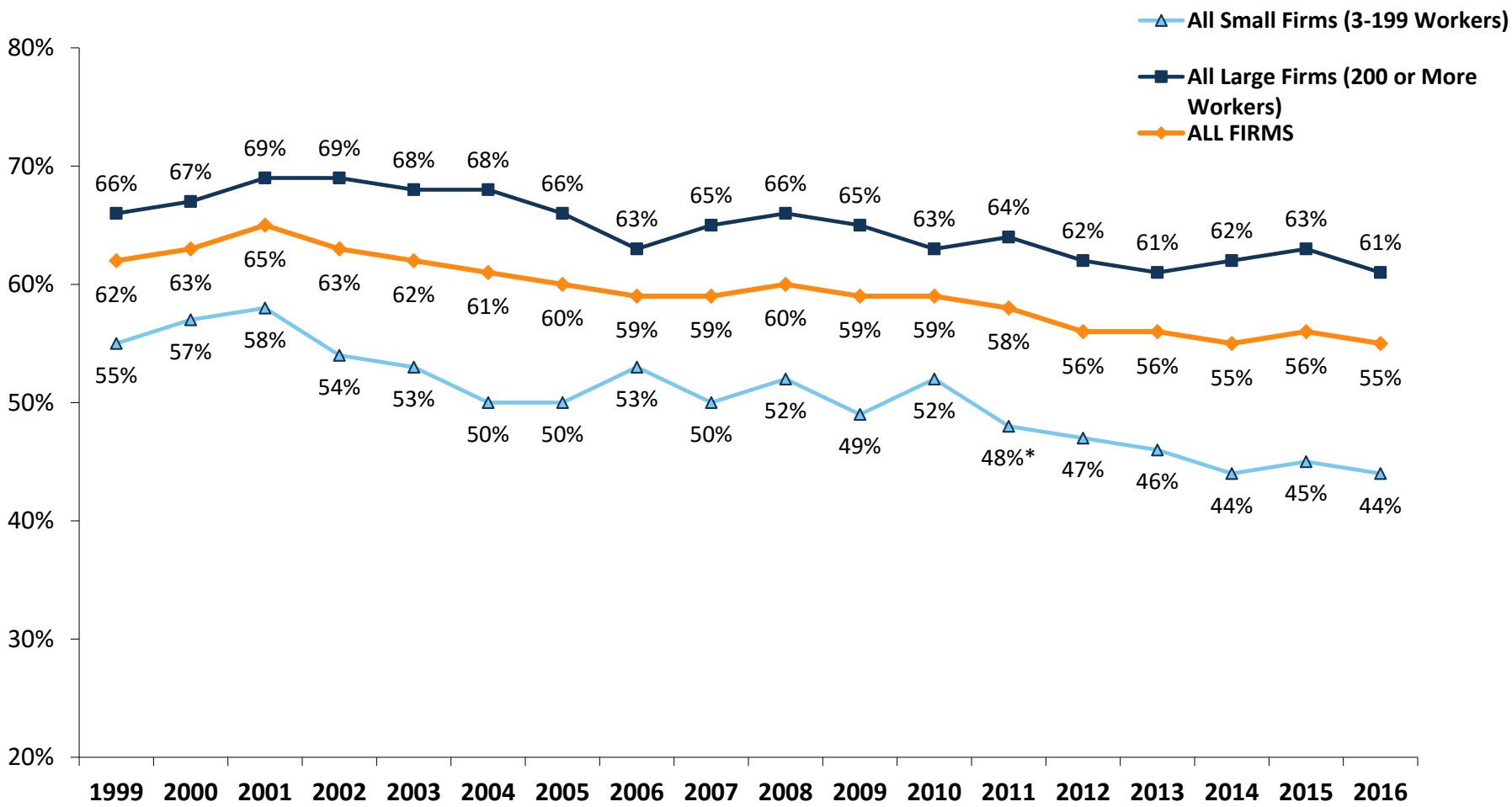


\*Estimate is statistically different from estimate for the previous year shown (p<.05).

NOTE: Estimates presented in this exhibit are based on the sample of both firms that completed the entire survey and those that answered just one question. For more information see the Survey Methods Section.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2016.

# Percentage of All Workers Covered by Their Employers' Health Benefits, in Firms Both Offering and Not Offering Health Benefits, by Firm Size, 1999-2016

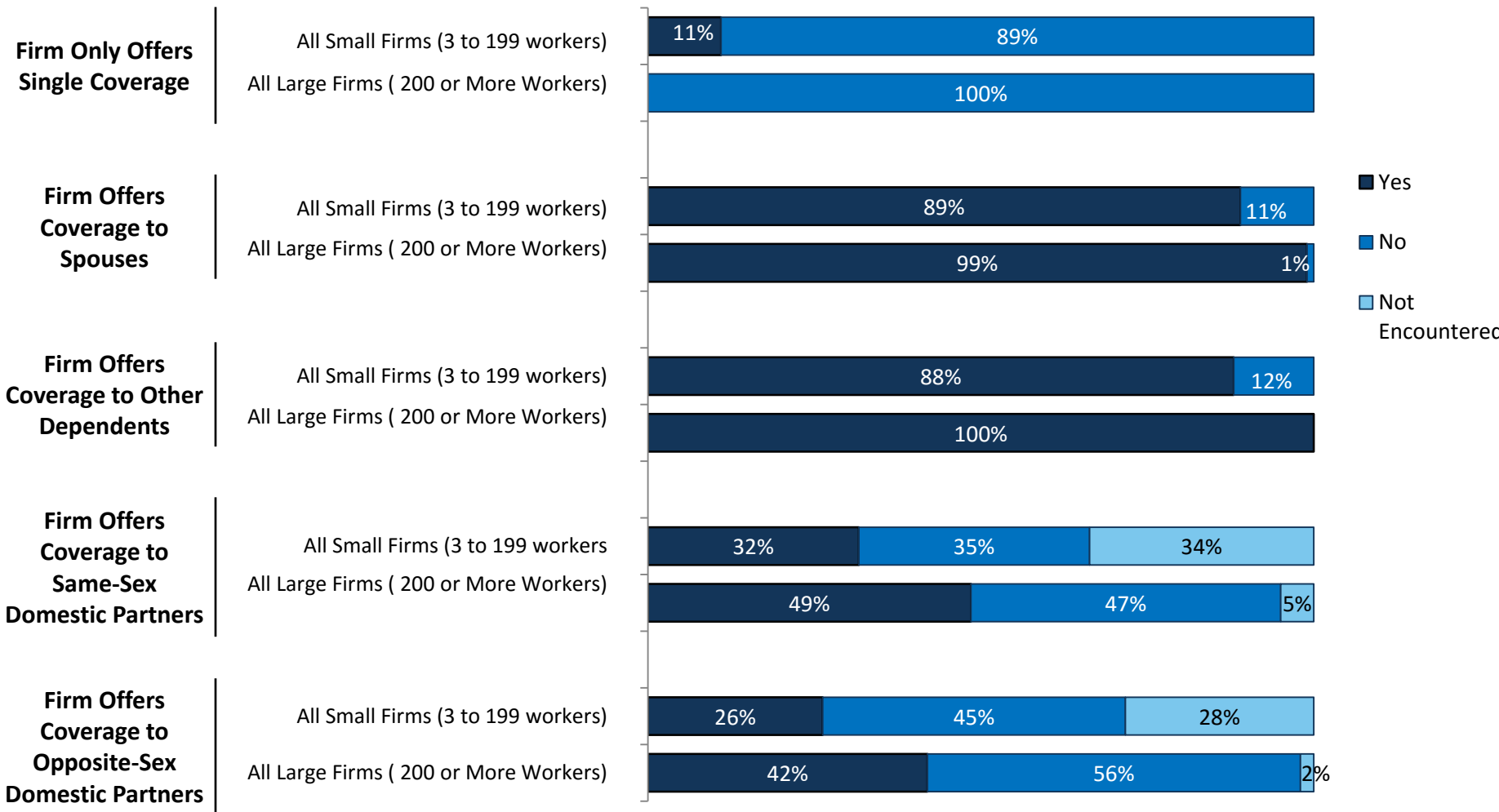


\*Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2016.

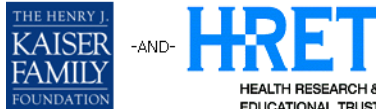


# Among Firms Offering Health Benefits, Percentage That Offer to Spouses, Dependents and Partners, 2016

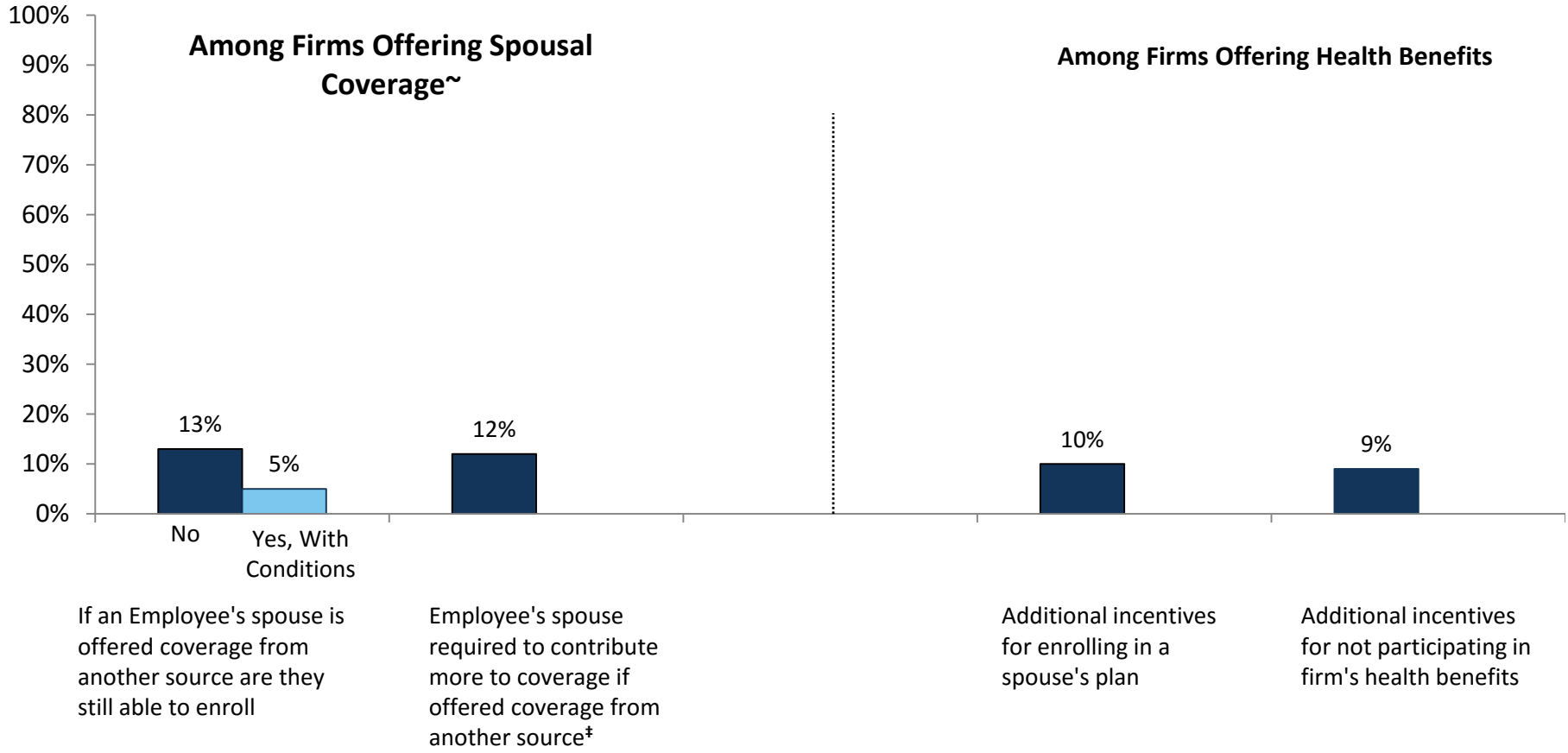


NOTE: "Not encountered" refers to firms where no workers requested domestic partner benefits and there is no corporate policy on coverage for that classification of domestic partners.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.



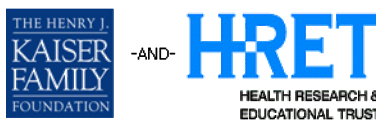
# Among Firms Offering Health Benefits, Percent of Firms Using Various Incentives for Spousal Coverage, 2016



‡ Among firms that allow spouses to enroll when they are offered coverage from another source.

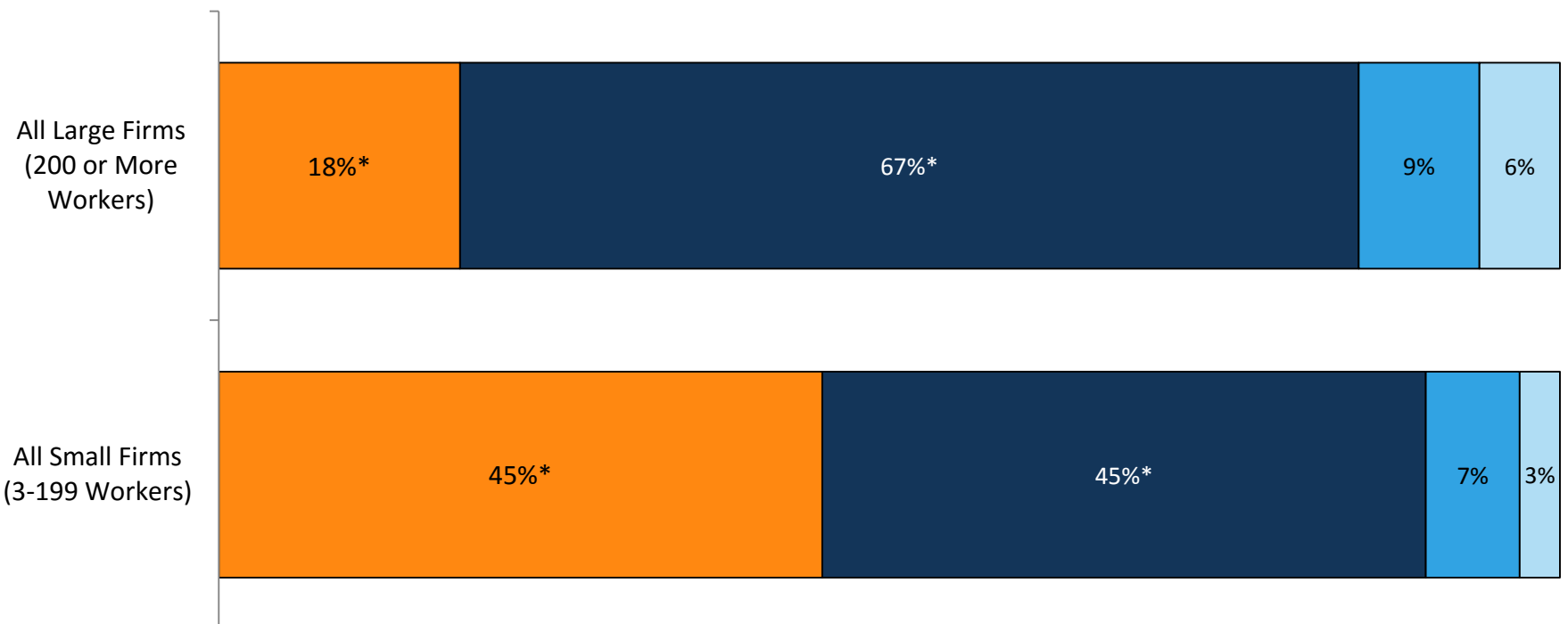
~ Eighty-nine percent of small firms (3-199 workers) and 99% of large firms offer coverage to spouses.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.



# Among Firms Offering Family Coverage, Percentage of Employers Using Various Approaches to Family Premium Contributions, by Firm Size, 2016

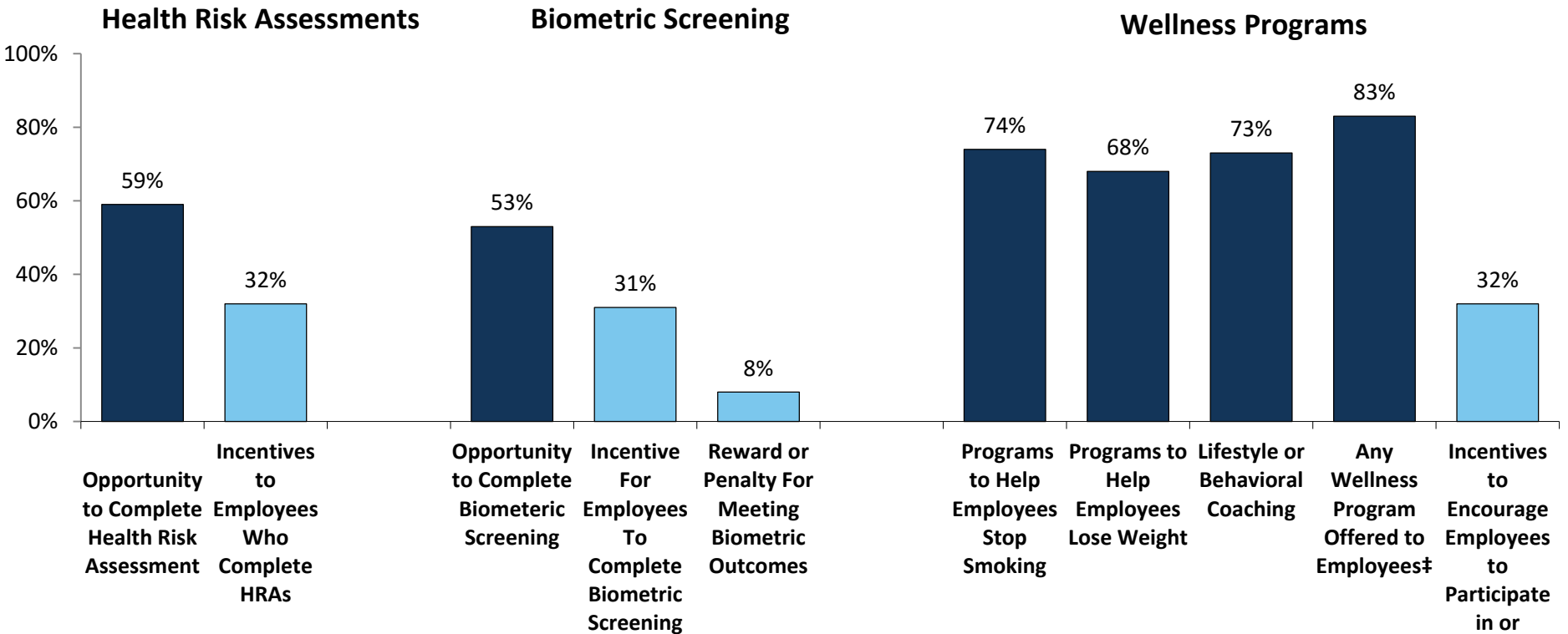
- Firm contributes the same dollar amount for family coverage as for single coverage
- Firm contributes a larger dollar amount for family coverage than single coverage
- Some other approach
- Varies by class of employees



\* Estimate is statistically different within response selection from all other firms not in the indicated firm size category.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.

# Among Large Firms (200 or more workers) Offering Health Benefits, Percentage of Firms Offering Incentives for Various Wellness and Health Promotion Activities, 2016



NOTE: Among large firms that offer a health risk assessment, 54% had incentives or penalties to encourage employees to complete it. Among large firms that offer biometric screening, 59% had incentives or penalties to encourage employees to complete it and 14% had incentives or penalties for employees to meet a biometric outcome. Among large firms that offer a wellness program, 42% had incentives or penalties to encourage employees to complete it.

† Firms that offer either “Programs to Help Employees Stop Smoking”, “Programs to Help Employees Lose Weight”, or “Other Lifestyle or Behavioral Coaching”.

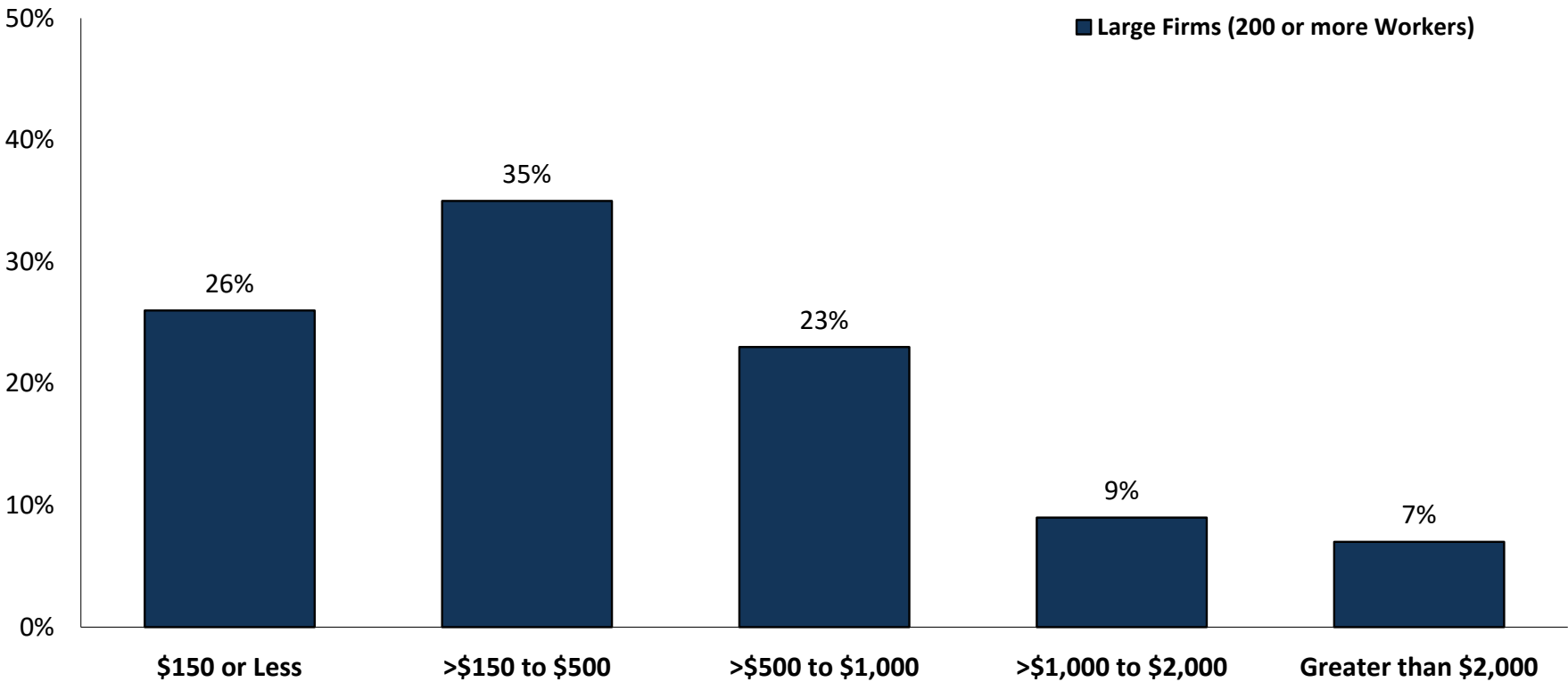
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.



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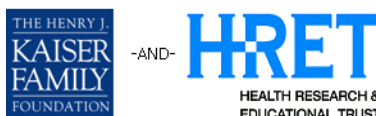
# Among Large Firms That Offer Employees an Incentive to Participate In or Complete Any Health Promotion Programs, Maximum Annual Value of the Incentive for All Programs Combined<sup>‡</sup>, 2016



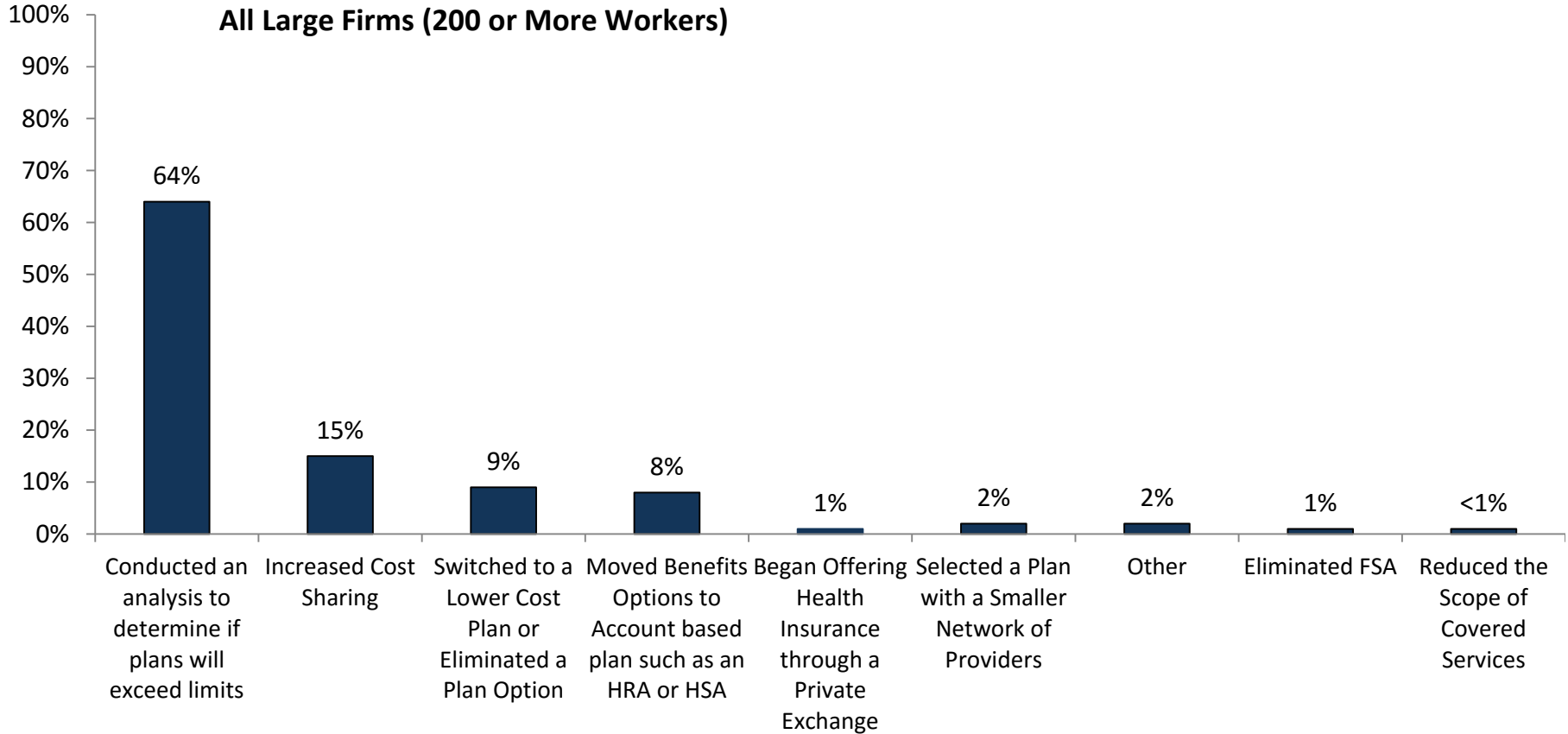
<sup>‡</sup>Includes incentives for health risk assessments, biometric screenings, and wellness programs. Forty-nine percent of large firms offering health benefits offer incentives for at least one of these activities.

NOTE: Firms with at least one of the listed health promotion programs were asked to report the maximum incentive an employee and his/her dependents could receive for all of the firm's health promotion programs combined.

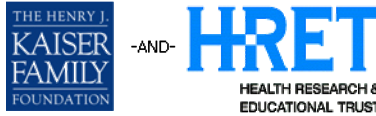
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.



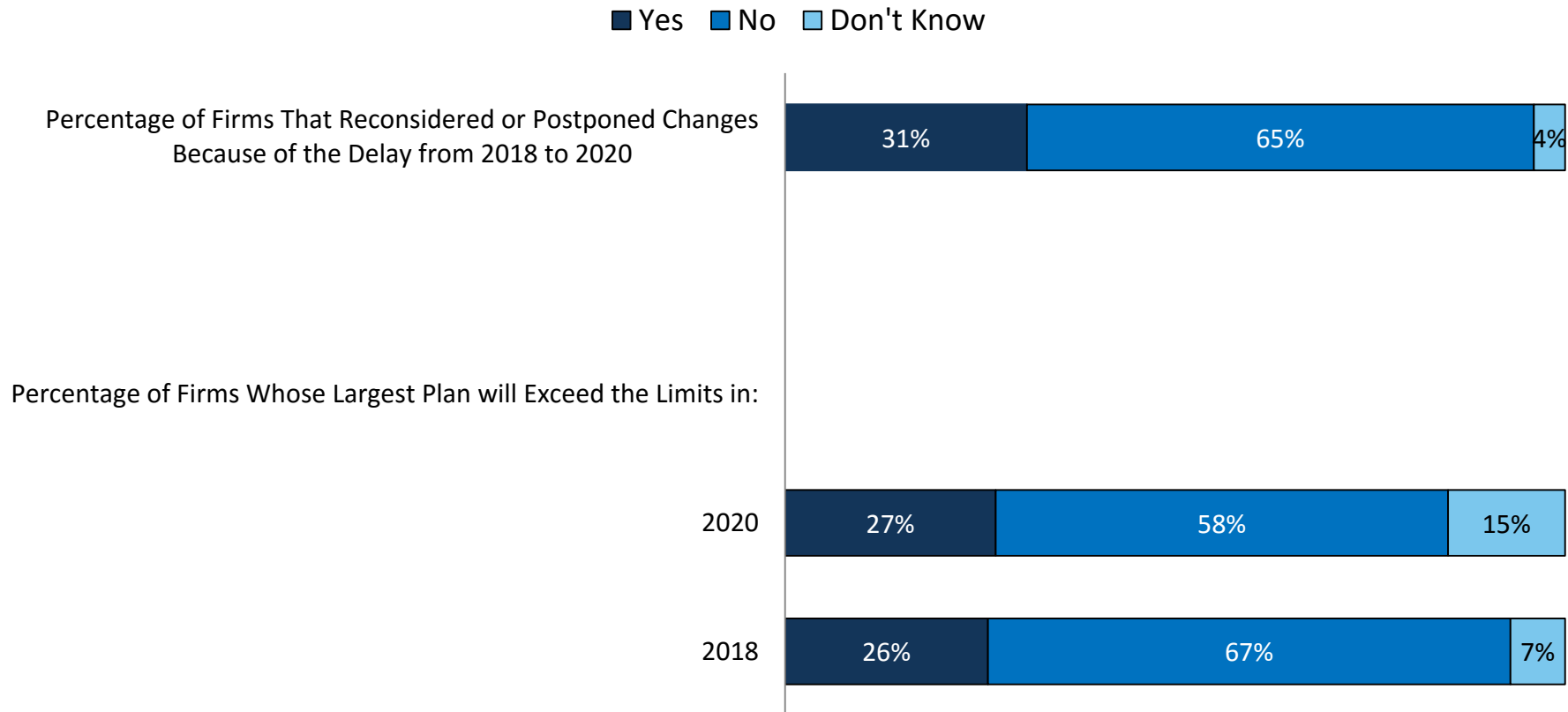
# Among Large Firms Offering Health Benefits, Percentage of Firms That Have Taken Various Actions in Anticipation of the Excise Tax on High Cost Plans, 2016



SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.



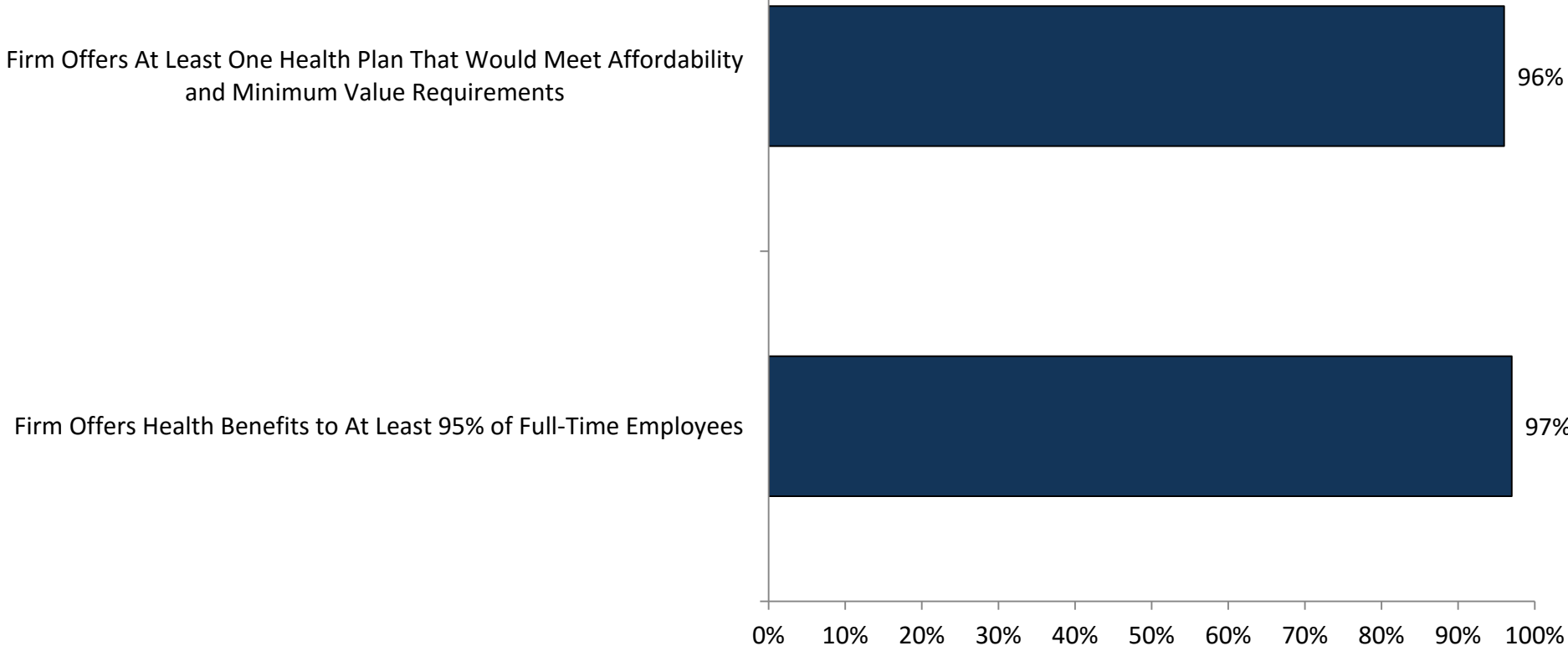
# Among Firms Who Have Conducted an Analysis to Determine Their Liability Under the Excise Tax, Percentage of Large Firms (200 or more workers) that Believe that Their Plan with the Largest Enrollment Will Exceed the Thresholds, 2016



Note: Sixty-four percent of large firms (200 or more workers) offering health benefits report that they conducted an analysis to determine if plans will exceed the thresholds.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.

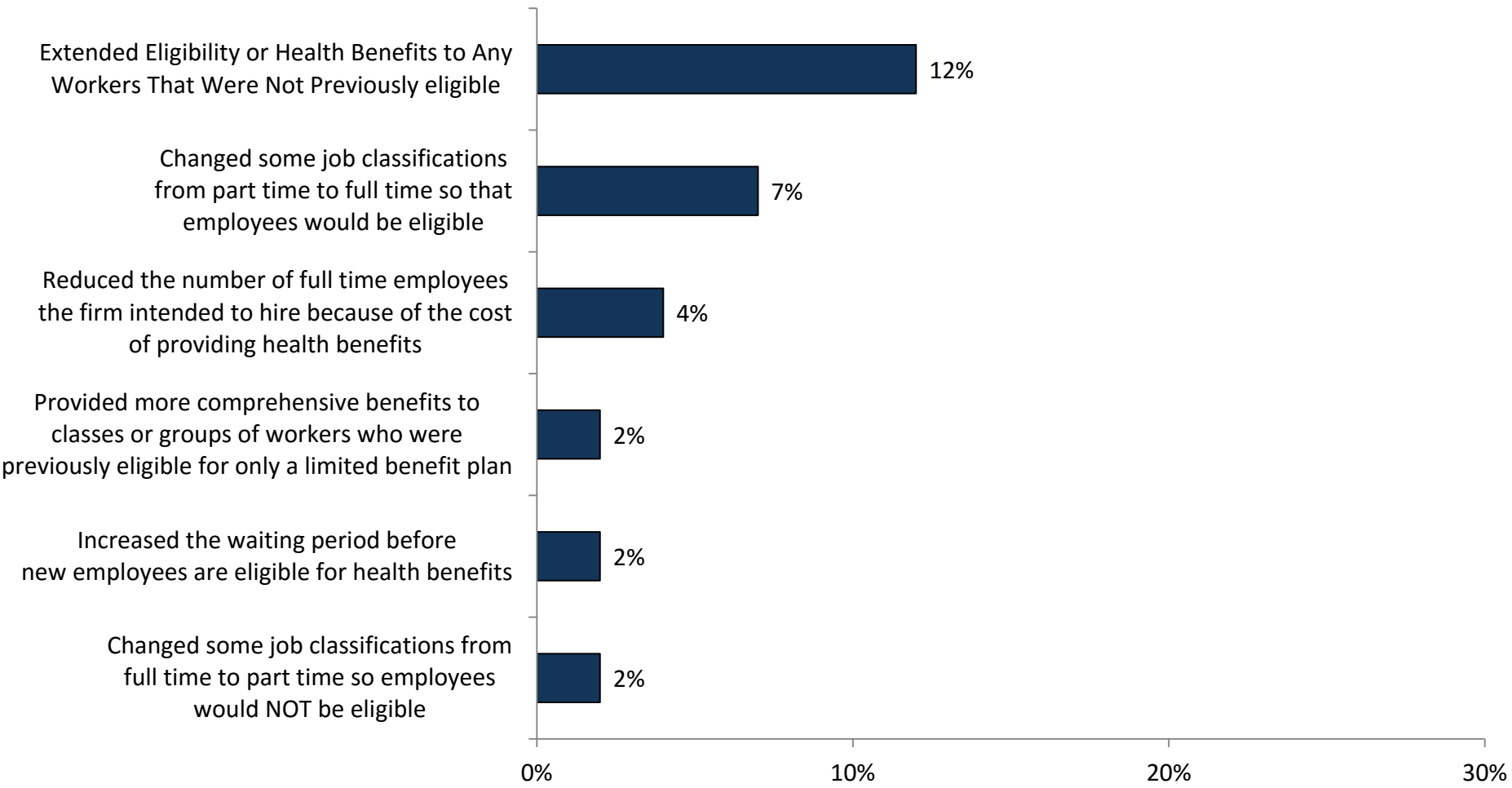
# Among Offering Firms with 50 or More Full-Time-Equivalents, Percentage of Firms That Offer Health Benefits to At Least 95% of Their Full-Time Employees and That Would Meet Affordability and Minimum Value Requirements, by Firm Size, 2016



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.

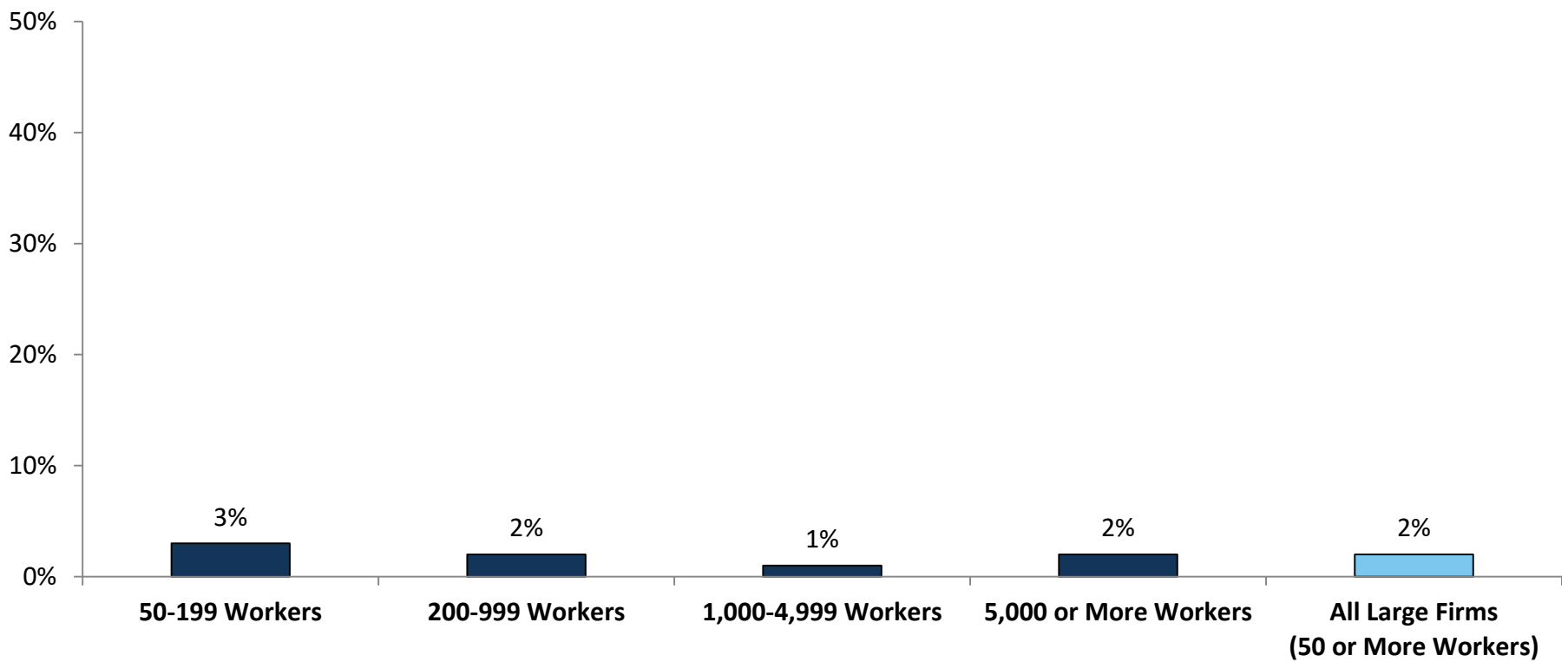


# Among Offering Firms with 50 or More Full-Time Equivalents, Percentage of Firms That Took Various Actions in Response to the Employer Shared Responsibility Provision of the ACA, by Firm Size, 2016



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.

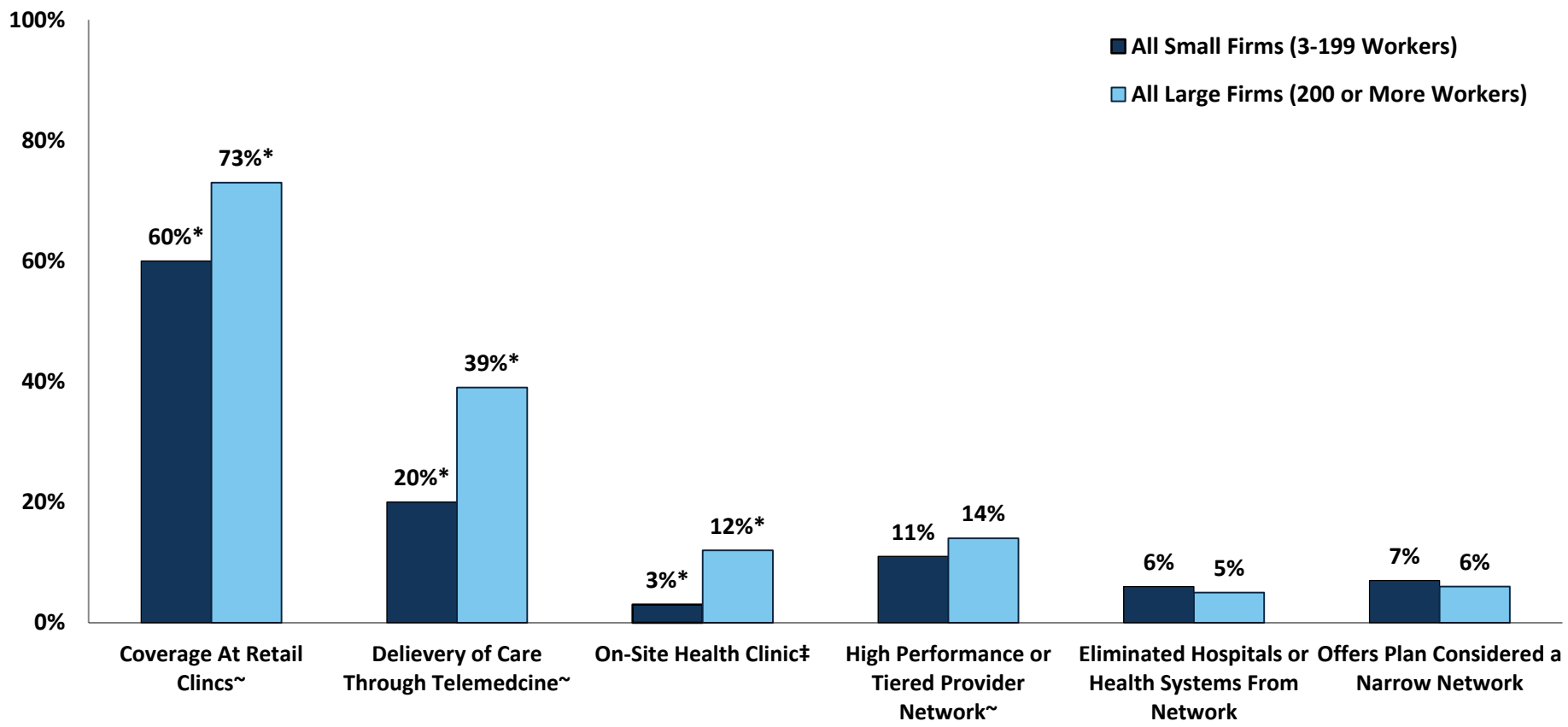
# Among Offering Firms with 50 or More Employees, Percentage of Covered Workers Enrolled at a Firm That Offers Benefits Through a Private or Corporate Exchange, by Firm Size, 2016



NOTE: A private exchange is one created by a consulting company; not by a federal or state government. Private exchanges allow employees to choose from several health benefit options offered on the exchange. In 2016, 4% of offering firms with 50 or more employees offered coverage through a private exchange.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.

# Among Firms Offering Health Benefits, Percentage of Firms Whose Plans Include Various Features, by Firm Size, 2016

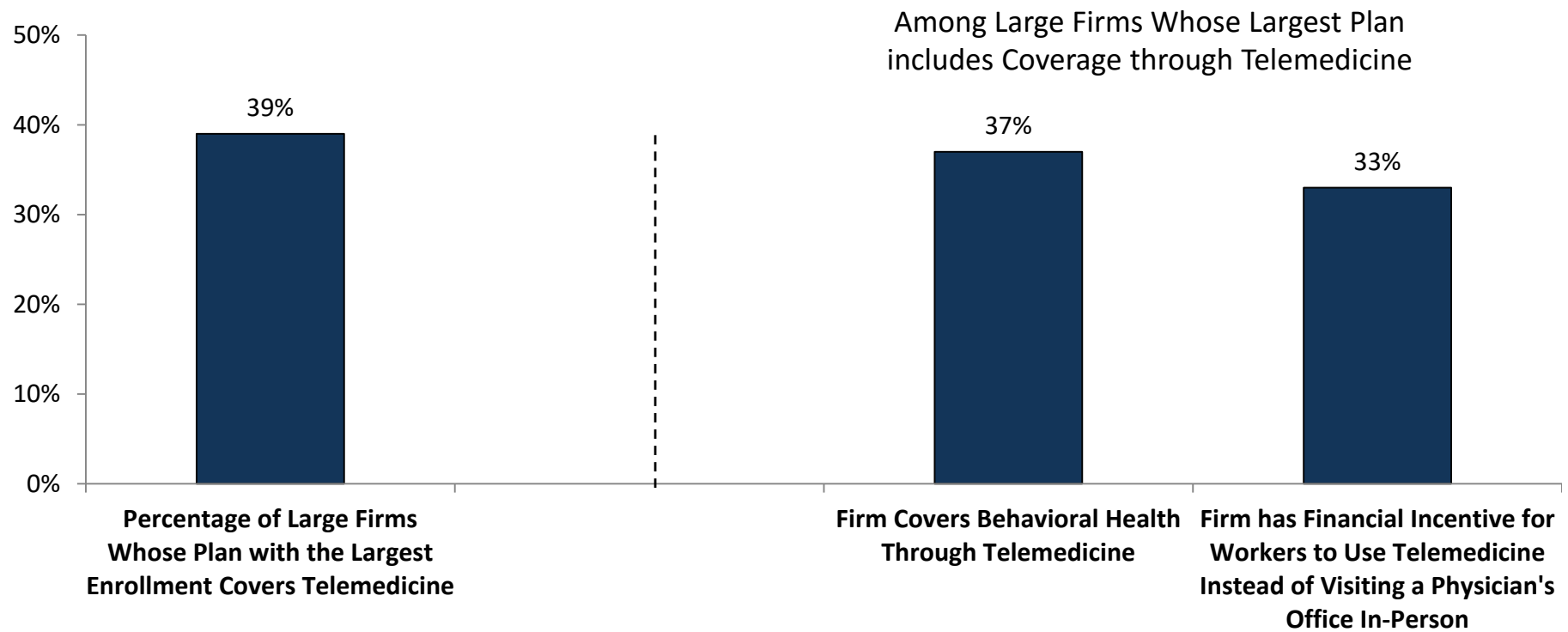


~ Firms were asked if their plan with the largest enrollment had these features.

‡ Among Firms with 50 or more employees. Twenty-five percent of offering firms with 1,000 or more employees have an on-site clinic.

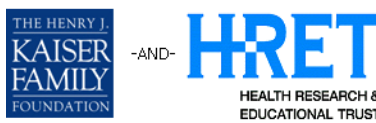
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.

# Among Large Firms (200 or more Workers) Offering Health Benefits, Percentage of Firms Whose Plan With the Largest Enrollment Includes The Delivery of Services through Telemedicine, 2016

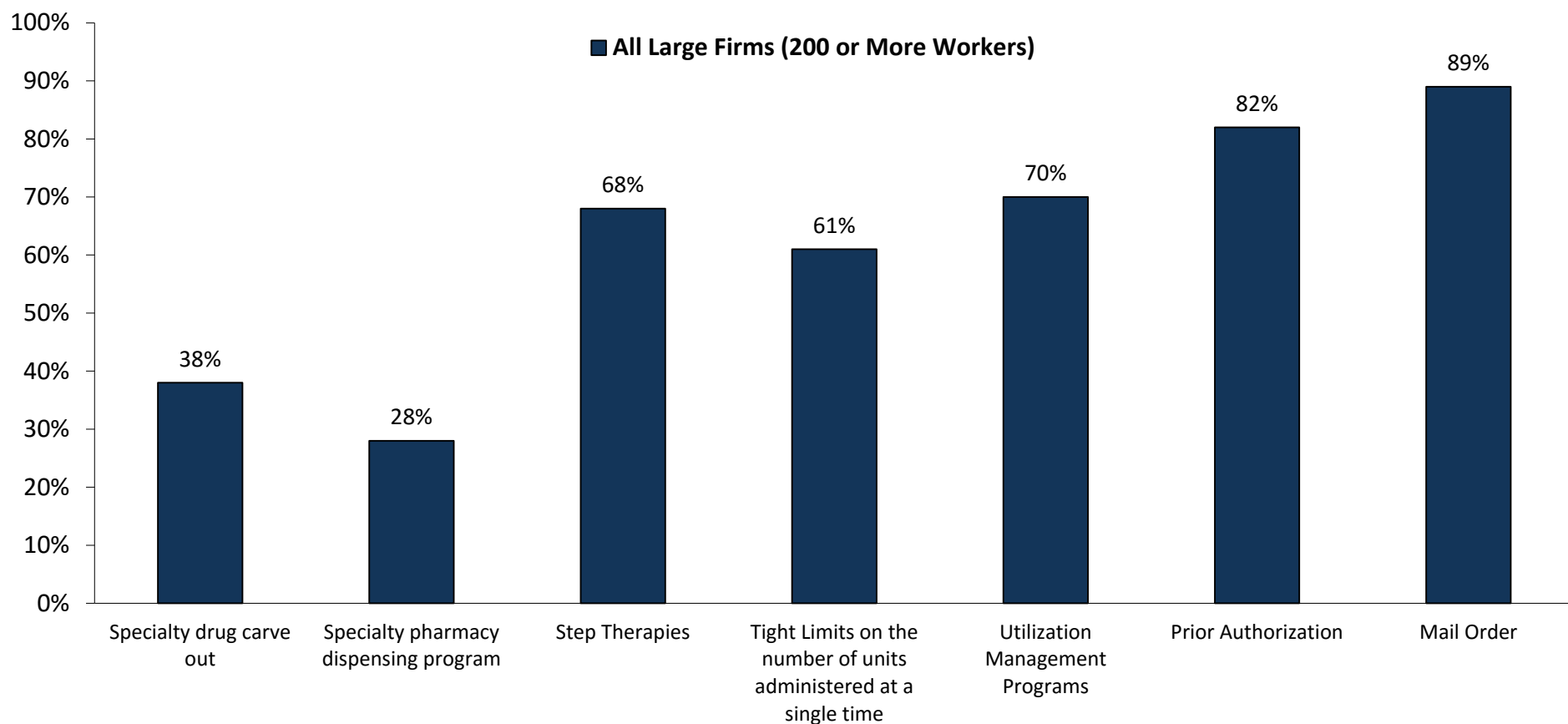


NOTE: Telemedicine is the delivery of health care services through telecommunications to a patient from a provider who is at a remote location, including video chat and remote monitoring. In 2016, we modified our questions about telemedicine to clarify that we were interested in the provision of health care services, and not merely the exchange of information, through telecommunication.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.



# Among Large Firms Whose Plan with the Largest Enrollment Covers Specialty Drugs, Percentage of Firms Which Use the Following Strategies to Contain Specialty Drug Cost, 2016



NOTES: Specialty drugs such as biologics may be used to treat chronic conditions and often require special handling and administration. 98% of covered workers at large firms are enrolled in a plan that covers specialty drugs. Step therapies require enrollees to try alternatives before specialty drugs are covered. Utilization management programs review the discharges, care settings, and effectiveness of drugs.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2016.



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