

EMPLOYER HEALTH BENEFITS
2014 ANNUAL SURVEY

Employee
Cost Sharing

SECTION

7

55%

\$6,025

\$16,834

2014

EMPLOYEE COST SHARING

IN ADDITION TO ANY REQUIRED PREMIUM CONTRIBUTIONS, MOST COVERED WORKERS FACE COST SHARING FOR THE MEDICAL SERVICES THEY USE. COST SHARING FOR MEDICAL SERVICES CAN TAKE A VARIETY OF FORMS, INCLUDING DEDUCTIBLES (AN AMOUNT THAT MUST BE PAID BEFORE MOST SERVICES ARE COVERED BY THE PLAN), COPAYMENTS (FIXED DOLLAR AMOUNTS), AND/OR COINSURANCE (A PERCENTAGE OF THE CHARGE FOR SERVICES). THE TYPE AND LEVEL OF COST SHARING OFTEN VARY BY THE TYPE OF PLAN IN WHICH THE WORKER IS ENROLLED. COST SHARING MAY ALSO VARY BY THE TYPE OF SERVICE, SUCH AS OFFICE VISITS, HOSPITALIZATIONS, OR PRESCRIPTION DRUGS.

THE COST-SHARING AMOUNTS REPORTED HERE ARE FOR COVERED WORKERS USING SERVICES PROVIDED IN-NETWORK BY PARTICIPATING PROVIDERS. PLAN ENROLLEES RECEIVING SERVICES FROM PROVIDERS THAT DO NOT PARTICIPATE IN PLAN NETWORKS OFTEN FACE HIGHER COST SHARING AND MAY BE RESPONSIBLE FOR CHARGES THAT EXCEED PLAN ALLOWABLE AMOUNTS. THE FRAMEWORK OF THIS SURVEY DOES NOT ALLOW US TO CAPTURE ALL OF THE COMPLEX COST-SHARING REQUIREMENTS IN MODERN PLANS, PARTICULARLY FOR ANCILLARY SERVICES (SUCH AS DURABLE MEDICAL EQUIPMENT OR PHYSICAL THERAPY) OR COST-SHARING ARRANGEMENTS THAT VARY ACROSS DIFFERENT SETTINGS (SUCH AS TIERED NETWORKS). THEREFORE, WE DO NOT COLLECT INFORMATION ON ALL PLAN PROVISIONS AND LIMITS THAT AFFECT ENROLLEE OUT-OF-POCKET LIABILITY.

GENERAL ANNUAL DEDUCTIBLES

- ▶ A general annual deductible is an amount that must be paid by the enrollee before most services are covered by their health plan. Non-grandfathered health plans are required to have some services such as preventative care available to enrollees without cost-sharing. Some plans require enrollees to meet a service specific deductible such as on prescription drugs or hospital admissions in lieu of or in addition to a general deductible.
 - Eighty percent of covered workers are enrolled in a plan with a general annual deductible for single coverage; this is similar to 78% in 2013 (Exhibit 7.2). Since 2009, the percentage of covered workers with a general annual deductible has increased from 63% to 80%.
 - The percentage of covered workers enrolled in a plan with a general annual deductible is similar for small (3–199 workers) and larger firms (82% and 80%) (Exhibit 7.2).
 - The likelihood of having a deductible varies by plan type. Workers in HMOs are less likely to have a general annual deductible for single coverage compared to workers in other plan types. Sixty-three percent of workers in HMOs do not have a general annual deductible, compared to 30% of workers in POS plans and 15% of workers in PPOs (Exhibit 7.1).
- Workers without a general annual plan deductible often have other forms of cost sharing for medical services. For workers without a general annual deductible for single coverage, 85% in HMOs, 78% in PPOs, and 77% in POS plans are in plans that require cost sharing for hospital admissions. The percentages are similar for family coverage (Exhibit 7.4).
- ▶ The dollars amounts of general annual deductibles vary greatly by plan type and firm size.
 - The average annual deductible for covered workers across all plan types is \$1,217. However, average deductibles vary considerably by plan type. The average annual deductibles among those covered workers with a deductible for single coverage are \$1,032 for HMOs, \$843 for PPOs, \$1,215 for POS plans, and \$2,215 for HDHP/SOs (Exhibit 7.5).
 - The average general annual deductible for covered workers enrolled in single coverage has increased over time from \$826 five years ago (Exhibit 7.7).

- Deductible amounts for HMOs and HDHP/SOs are higher compared to 2013 (\$1,032 vs. \$729 for HMOs and \$2,215 vs. \$2,003 for HDHP/SOs) (Exhibit 7.7). Covered workers enrolled at small firms (3–199 workers) have a similar deductible for HMO plans as they did in 2013. Covered workers at large firms enrolled in an HMO plan on average have a deductible of \$726,¹ significantly more than the amount reported in 2013.
 - Deductibles are generally higher for covered workers in small firms (3–199 workers) than for covered workers in large firms (200 or more workers) across plan types (Exhibit 7.5). For covered workers in PPOs, deductibles in small firms are more than twice as large as deductibles in large firms (\$1,420 vs. \$657). On average, covered workers at small firms face higher general annual deductibles than covered workers at large firms (\$1,797 vs. \$971) (Exhibit 7.5).
- ▶ There is considerable variation in the dollar values of general annual deductibles for workers at different firms. For example 33% of covered workers enrolled in a PPO plan with a general annual deductible for single coverage have a deductible of less than \$500 and 10% have a deductible of \$2,000 or more (Exhibit 7.11).
- ▶ For family coverage, the majority of workers with general annual deductibles have an aggregate deductible, meaning all family members' out-of-pocket expenses count toward meeting the deductible amount. Among those with a general annual deductible for family coverage, the percentage of covered workers with an average aggregate general annual deductible is 65% for workers in HMOs, 53% for workers in PPOs, 86% for workers in POS plans and 85% for workers in HDHP/SOs (Exhibit 7.13).
- The average amounts for workers with an aggregate deductible for family coverage are \$2,328 for HMOs, \$1,947 for PPOs, \$2,470 for POS plans, and \$4,522 for HDHP/SOs (Exhibit 7.14).
- The average aggregate deductible amount for family coverage for HDHP/SOs is higher compared to 2013 (\$4,522 vs. \$4,079). Deductible amounts are similar to last year for all other plan types (Exhibit 7.15).
- ▶ The other type of family deductible, a separate per-person deductible, requires each family member to meet a separate per-person deductible amount before the plan covers expenses for that member. Most plans with separate per-person family deductibles consider the deductible met for all family members if a prescribed number of family members each reach their separate deductible amounts. Plans may also require each family member to meet a separate per-person deductible until the family's combined spending reaches a specified dollar amount.
- For covered workers in health plans that have separate per-person general annual deductible amounts for family coverage, the average plan deductibles are \$870 for HMOs, \$821 for PPOs, \$1,153 for POS plans, and \$2,126 for HDHP/SOs (Exhibit 7.14).
 - Most covered workers in plans with a separate per-person general annual deductible for family coverage have a limit to the number of family members required to meet the separate deductible amounts (Exhibit 7.18).² Among those workers in plans with a limit on the number of family members, the most frequent number of family members required to meet the separate deductible amounts is two for HMO and HDHP/SO plans, and three for POS plans (Exhibit 7.19).
- ▶ Forty-one percent of covered workers are in plans with a deductible of \$1,000 or more for single coverage, similar to the percentage (38%) in 2013 (Exhibit 7.9).

NOTES:

¹ Some workers with separate per-person deductibles or out-of-pocket maximums for family coverage do not have a specific deductible amount. This estimate has a relative standard error of 15%.

² Some workers with separate per-person deductibles or out-of-pocket maximums for family coverage do not have a specific number of family members that are required to meet the deductible amount and instead have another type of limit, such as a per-person amount with a total dollar amount limit. These responses are included in the averages and distributions for separate family deductibles and out-of-pocket maximums.

- Over the last five years, the percentage of covered workers with a deductible of \$1,000 or more for single coverage has nearly doubled, increasing from 22% to 41% (Exhibit 7.9). Workers in small firms (3–199 workers) are more likely to have a general annual deductible of \$1,000 or more for single coverage than workers in large firms (200 or more workers) (61% vs. 32%) (Exhibit 7.8).
- Eighteen percent of covered workers are enrolled in a plan with a deductible of \$2,000 or more. Thirty-four percent of covered workers at small firms (3–199 workers) have a general annual deductible of \$2,000 or more, in contrast to just 11% in large firms (Exhibit 7.8). The percentage of covered workers at large firms who face a deductible of \$2,000 or more is significantly higher than last year (Exhibit 7.10).
- ▶ The majority of covered workers with a deductible are in plans where the deductible does not have to be met before certain services, such as physician office visits or prescription drugs, are covered.
 - Large majorities of covered workers (76% in HMOs, 78% in PPOs, and 68% in POS plans) with general plan deductibles are enrolled in plans where the deductible does not have to be met before physician office visits for primary care are covered (Exhibit 7.21).
 - Similarly, among workers with a general annual deductible, large shares of covered workers in HMOs (95%), PPOs (93%), and POS plans (89%) are enrolled in plans where the general annual deductible does not have to be met before prescription drugs are covered (Exhibit 7.21).

HOSPITAL AND OUTPATIENT SURGERY COST SHARING

- ▶ In order to better capture the prevalence of combinations of cost sharing for inpatient hospital stays and outpatient surgery, the survey was changed to ask a series of yes or no questions beginning in 2009. The new format allowed respondents to indicate more than one type of cost sharing for these services, if applicable. Previously, the questions asked respondents to select just one response from a list of types of cost sharing, such as separate deductibles, copayments, coinsurance, and per diem payments (for hospitalization only). Due to the change in question format, the distribution of workers with types of cost sharing does not equal 100% as workers may face a combination of types of cost sharing. In addition, the average copayment and coinsurance rates for hospital admissions include workers who may have a combination of these types of cost sharing.
- ▶ Whether or not a worker has a general annual deductible, most workers face additional types of cost sharing when admitted to a hospital or having outpatient surgery (such as a copayment, coinsurance, or a per diem charge).
 - For hospital admissions, 62% of covered workers have coinsurance and 15% have copayments. Lower percentages of workers have per day (per diem) payments (5%), a separate hospital deductible (3%), or both copayments and coinsurance (10%), while 15% have no additional cost sharing for hospital admissions after any general annual deductible has been met (Exhibit 7.22). For covered workers in HMO plans, copayments are more common (38%) and coinsurance (28%) is less common than in other plan types.
 - The percentage of covered workers in a plan which requires coinsurance for hospital admission has increased from 55% in 2011 to 62% in 2014.
 - The average coinsurance rate is 19%; the average copayment is \$280 per hospital admission; the average per diem charge is \$297; and the average separate annual hospital deductible is \$490 (Exhibit 7.24).
 - The cost-sharing provisions for outpatient surgery are similar to those for hospital admissions, as most workers have coinsurance or copayments. Sixty-four percent of covered workers have coinsurance and 16% have copayments for an outpatient surgery episode. In addition, 1% have a separate annual deductible for outpatient surgery, and 7% have both copayments and coinsurance, while 18% have no additional cost sharing after any general annual deductible has been met (Exhibit 7.23).
 - For covered workers with cost sharing for outpatient surgery, the average coinsurance is 19% and the average copayment is \$157 (Exhibit 7.24).

COST SHARING FOR PHYSICIAN OFFICE VISITS

- ▶ The majority of covered workers are enrolled in health plans that require cost sharing for an in-network physician office visit, in addition to any general annual deductible.³
 - The most common form of physician office visit cost sharing for in-network services is copayments. Seventy-three percent of covered workers have a copayment for a primary care physician office visit and 18% have coinsurance. For office visits with a specialty physician, 72% of covered workers have copayments and 21% have coinsurance. Workers in HMOs, PPOs, and POS plans are much more likely to have copayments than workers in HDHP/SOs for both primary care and specialty care physician office visits. The majority of workers in HDHP/SOs have coinsurance (56%) or no cost sharing after the general annual plan deductible is met (24%) for primary care physician office visits (Exhibit 7.25).
 - Among covered workers with a copayment for in-network physician office visits, the average copayment is \$24 for primary care and \$36 for specialty physicians (Exhibit 7.26), similar to \$23 and \$35 reported in 2013.
 - Among workers with coinsurance for in-network physician office visits, the average coinsurance rates are 18% for a visit with a primary care physician and 19% for a visit with a specialist (Exhibit 7.26).

OUT-OF-POCKET MAXIMUM AMOUNTS

- ▶ Most covered workers are in a plan that partially or totally limits the cost sharing that a plan enrollee must pay in a year. These limits are generally referred to as out-of-pocket maximum amounts. The ACA requires that non-grandfathered health plans with a plan year starting in 2014 have an out-of-pocket maximum of \$6,350 or less for single coverage and \$12,700 for family coverage. Firms that either renewed their plan prior to January 1st (known as “early renewals”) or plans which are grandfathered

are not required to comply with this provision. As plans lose their grandfathered status, more firms will be subject to this provision. Many plans have complex out-of-pocket structures, increasing the difficulty of accurately collecting information on this element of plan design.

- ▶ In 2014, 94% percent of covered workers have an out-of-pocket maximum for single coverage, significantly more than 88% in 2013 (Exhibit 7.37). Six percent of covered workers are in a plan that does not limit the amount of cost sharing enrollees have to pay for either single or family coverage (Exhibit 7.31).
 - Covered workers without an out-of-pocket maximum, however, may not have large cost-sharing responsibilities. For example, 57% of covered workers in PPOs with no out-of-pocket maximum for single coverage have no general annual deductible compared to 86% of covered workers in PPOs who have an out-of-pocket limit. Among covered workers enrolled in a PPO plan without an out-of-pocket limit, less than one percent have a coinsurance for hospital admission and three percent for outpatient surgery.
- ▶ For covered workers with out-of-pocket maximums, there is wide variation in spending limits.
 - Twenty-one percent of covered workers with an out-of-pocket maximum for single coverage have an out-of-pocket maximum of less than \$2,000, while 9% have an out-of-pocket maximum of \$6,000 or more (Exhibit 7.32).
 - Covered workers with an out-of-pocket maximum in small firms (3 to 199 workers) are more likely than such workers in larger firms to be covered by a plan with an out-of-pocket maximum of \$3,000 or more (61% vs. 51%).
 - The percentage of covered workers who either do not have an out-of-pocket limit or have an out of pocket limit of more than \$6,350 dollars for single coverage decreased from 14% in 2013 to 7% in 2014 (Exhibit 7.37).

NOTE:

³ Starting in 2010, the survey asked about the prevalence and cost of physician office visits separately for primary care and specialty care. Prior to the 2010 survey if the respondent indicated the plan had a copayment for office visits, we assumed the plan had a copayment for both primary and specialty care visits. The survey did not allow for a respondent to report that a plan had a copayment for primary care visits and coinsurance for visits with a specialist physician. The changes made in 2010 allow for variations in the type of cost sharing for primary care and specialty care. This year the survey includes cost sharing for in-network services only. See the 2007 survey for information on out-of-network office visit cost sharing.

- Like deductibles, some plans have an aggregate out-of-pocket maximum amount for family coverage that applies to cost sharing for all family members, while others have a per-person out-of-pocket maximum that limits the amount of cost sharing that the family must pay on behalf of each family member. Sixty-eight percent of covered workers in a plan with an out-of-pocket maximum are in a plan with an aggregate limit (Exhibit 7.33).
 - For covered workers with an aggregate out-of-pocket maximum for family coverage, 21% have an out-of-pocket maximum of less than \$4,000 and 21% have an out-of-pocket maximum of \$10,000 or more (Exhibit 7.34). Among workers with separate per-person out-of-pocket limits for family coverage, 72% have out-of-pocket maximums of less than \$4,000 (Exhibit 7.35).
- ▶ The ACA requires that most in-network deductibles, copays, and coinsurances are counted towards the out-of-pocket limit for non-grandfathered plans for plan years starting after January 1st, 2014. As discussed above some covered workers remain in plans that are not subject to this provision.

EXHIBIT 7.1

Percentage of Covered Workers with No General Annual Health Plan Deductible for Single and Family Coverage, by Plan Type and Firm Size, 2014

	Single Coverage	Family Coverage
HMO		
200–999 Workers	75%	75%
1,000–4,999 Workers	72	72
5,000 or More Workers	71	71
All Small Firms (3–199 Workers)	41%	41%
All Large Firms (200 or More Workers)	72%	72%
ALL FIRM SIZES	63%	63%
PPO		
200–999 Workers	17%	17%
1,000–4,999 Workers	20	20
5,000 or More Workers	12	12
All Small Firms (3–199 Workers)	17%	17%
All Large Firms (200 or More Workers)	15%	15%
ALL FIRM SIZES	15%	15%
POS		
200–999 Workers	24%	24%
1,000–4,999 Workers	37	37
5,000 or More Workers	NSD	NSD
All Small Firms (3–199 Workers)	31%	31%
All Large Firms (200 or More Workers)	28%	28%
ALL FIRM SIZES	30%	30%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

NSD: Not Sufficient Data.

NOTE: HDHP/SOs are not shown because all covered workers in these plans face a minimum deductible. In HDHP/HRA plans, as defined by the survey, the minimum deductible is \$1,000 for single coverage and \$2,000 for family coverage. In HSA-qualified HDHPs, the legal minimum deductible for 2014 is \$1,250 for single coverage and \$2,500 for family coverage. Average general annual health plan deductibles for PPO and POS plans are for in-network services. Tests found no statistical differences within plan and coverage type from estimate for all other firms not in the indicated size category ($p < .05$).

EXHIBIT 7.2

Percent of Covered Workers in a Plan which Includes a General Annual Deductible for Single Coverage, by Plan Type and Firm Size, 2006–2014

	2006	2007	2008	2009	2010	2011	2012	2013	2014
HMO									
All Small Firms (3–199 Workers)	17%	14%	25%	27%	34%	38%	33%	44%	59%
All Large Firms (200 or More Workers)	10%	20%*	18%	12%	25%*	27%	29%	40%	28%
ALL FIRM SIZES	12%	18%	20%	16%	28%*	29%	30%	41%	37%
PPO									
All Small Firms (3–199 Workers)	69%	72%	73%	74%	80%	76%	76%	78%	83%
All Large Firms (200 or More Workers)	69%	71%	66%	74%	76%	83%	77%	82%	85%
ALL FIRM SIZES	69%	71%	68%	74%	77%	81%	77%	81%	85%
POS									
All Small Firms (3–199 Workers)	35%	53%*	59%	63%	64%	68%	58%	78%*	69%
All Large Firms (200 or More Workers)	28%	41%	41%	58%	70%	71%	63%	49%	72%*
ALL FIRM SIZES	32%	48%*	50%	62%	66%	69%	60%	66%	70%
ALL PLANS									
All Small Firms (3–199 Workers)	56%	60%	65%	67%	73%	75%	72%	77%	82%
All Large Firms (200 or More Workers)	54%	59%	56%	61%	68%*	74%	73%	78%	80%
ALL FIRM SIZES	55%	59%*	59%	63%	70%*	74%	72%	78%*	80%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

* Estimate is statistically different from estimate for the previous year shown by plan type and firm size ($p < .05$).

NOTE: Average general annual health plan deductibles for PPO and POS plans are for in-network services. By definition, all HDHP/SOs have a deductible.

EXHIBIT 7.3

Percent of Covered Workers in a Plan which Includes a General Annual Deductible and Average Deductible, by Firm Characteristics, 2014

	Percent of Covered Workers in a Plan which Includes a General Annual Deductible	Among Covered Workers with a General Annual Health Plan Deductible for Single Coverage, Average Deductible
Low Wage Level		
Less Than 35% Earn \$23,000 a Year or Less	80%	\$1,204
35% or More Earn \$23,000 a Year or Less	86%	\$1,370
High Wage Level		
Less Than 35% Earn \$57,000 a Year or More	82%	\$1,354*
35% or More Earn \$57,000 a Year or More	79%	\$1,076*
Unions		
Firm Has At Least Some Union Workers	75%*	\$803*
Firm Does Not Have Any Union Workers	83%*	\$1,411*
Younger Workers		
Less Than 35% of Workers Are Age 26 or Younger	80%*	\$1,206
35% or More Workers Are Age 26 or Younger	89%*	\$1,348
Older Workers		
Less Than 35% of Workers Are Age 50 or Older	83%	\$1,285
35% or More Workers Are Age 50 or Older	78%	\$1,139
Firm Ownership		
Private For-Profit	85%*	\$1,306*
Public	70%*	\$850*
Private Not-For-Profit	74%*	\$1,213
ALL FIRMS	80%	\$1,217

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimates are statistically different from each other within firm characteristic (p<.05).

EXHIBIT 7.4

Among Covered Workers with No General Annual Health Plan Deductible for Single and Family Coverage, Percent Who Have the Following Types of Cost Sharing, by Plan Type, 2014

	Single Coverage	Family Coverage
Separate Cost Sharing for a Hospital Admission[‡]		
HMO	85%	85%
PPO	78%	78%
POS	77%	77%
Separate Cost Sharing for an Outpatient Surgery Episode		
HMO	79%	79%
PPO	81%	81%
POS	66%	66%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

[‡] Separate cost sharing for each hospital admission includes the following types: separate annual deductible, copayment, coinsurance, and/or a charge per day (per diem). Cost sharing for each outpatient surgery episode includes the following types: separate annual deductible, copayment, and/or coinsurance.

NOTE: HDHP/SOs are not shown because all covered workers in these plans face a deductible. In HDHP/HRA plans, as defined by the survey, the minimum deductible is \$1,000 for single coverage and \$2,000 for family coverage. In HSA-qualified HDHPs, the legal minimum deductible for 2014 is \$1,250 for single coverage and \$2,500 for family coverage. Average general annual health plan deductibles for PPO and POS plans are for in-network services.

EXHIBIT 7.5

Among Covered Workers with a General Annual Health Plan Deductible for Single Coverage, Average Deductible, by Plan Type and Firm Size, 2014

	Single Coverage
HMO	
All Small Firms (3–199 Workers)	\$1,384*
All Large Firms (200 or More Workers)	\$726*
ALL FIRM SIZES	\$1,032
PPO	
All Small Firms (3–199 Workers)	\$1,420*
All Large Firms (200 or More Workers)	\$657*
ALL FIRM SIZES	\$843
POS	
All Small Firms (3–199 Workers)	\$1,527*
All Large Firms (200 or More Workers)	\$704*
ALL FIRM SIZES	\$1,215
HDHP/SO	
All Small Firms (3–199 Workers)	\$2,769*
All Large Firms (200 or More Workers)	\$1,909*
ALL FIRM SIZES	\$2,215
ALL FIRMS	
All Small Firms (3–199 Workers)	\$1,797*
All Large Firms (200 or More Workers)	\$971*
ALL FIRM SIZES	\$1,217

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimates are statistically different within plan type between All Small Firms and All Large Firms ($p < .05$).

NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.6

Among Covered Workers with a General Annual Health Plan Deductible for Single Coverage, Average Deductible, by Plan Type and Region, 2014

	Single Coverage
HMO	
Northeast	\$946
Midwest	\$619*
South	\$1,159
West	\$1,168
ALL REGIONS	\$1,032
PPO	
Northeast	\$689
Midwest	\$742
South	\$893
West	\$1,011
ALL REGIONS	\$843
POS	
Northeast	NSD
Midwest	\$1,260
South	\$1,319
West	NSD
ALL REGIONS	\$1,215
HDHP/SO	
Northeast	\$2,115
Midwest	\$2,465*
South	\$2,031
West	\$2,228
ALL REGIONS	\$2,215
ALL PLANS	
Northeast	\$1,099
Midwest	\$1,294
South	\$1,172
West	\$1,307
ALL REGIONS	\$1,217

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimate is statistically different within plan type from estimate for all other firms not in the indicated region ($p < .05$).

NSD: Not Sufficient Data.

NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.7

Among Covered Workers with a General Annual Health Plan Deductible for Single Coverage, Average Deductible, by Plan Type, 2006–2014

	2006	2007	2008	2009	2010	2011	2012	2013	2014
HMO	\$352	\$401	\$503	\$699*	\$601	\$911	\$691	\$729	\$1,032*
PPO	\$473	\$461	\$560*	\$634*	\$675	\$675	\$733	\$799	\$843
POS	\$553	\$621	\$752	\$1,061	\$1,048	\$928	\$1,014	\$1,314	\$1,215
HDHP/SO	\$1,715	\$1,729	\$1,812	\$1,838	\$1,903	\$1,908	\$2,086	\$2,003	\$2,215*
ALL PLANS	\$584	\$616	\$735*	\$826*	\$917*	\$991	\$1,097*	\$1,135	\$1,217

SOURCE:

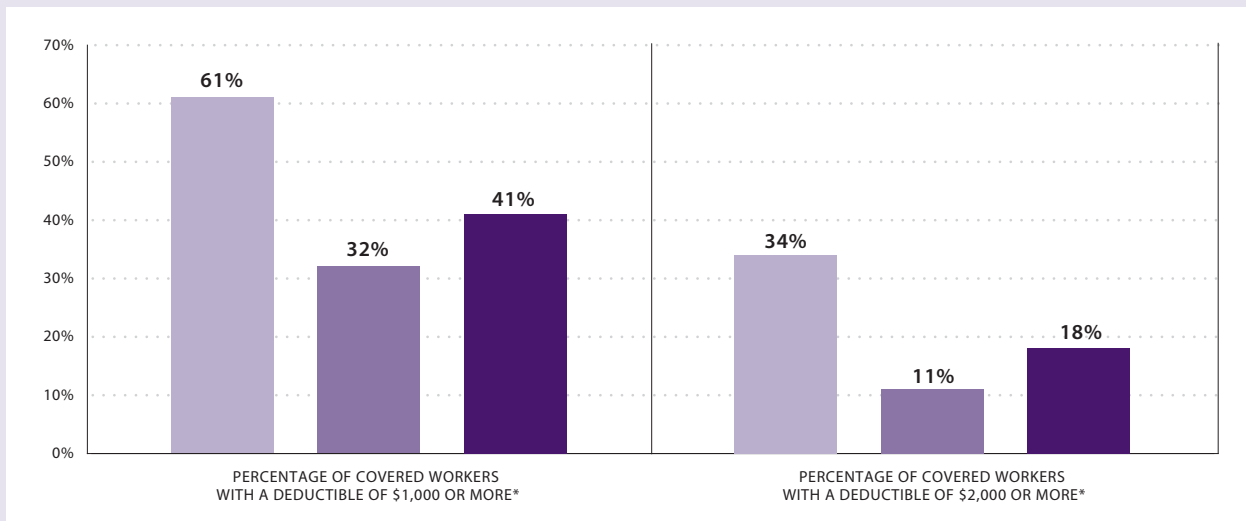
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

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

NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.8

Percentage of Covered Workers Enrolled in a Plan with a High General Annual Deductible for Single Coverage, by Firm Size, 2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

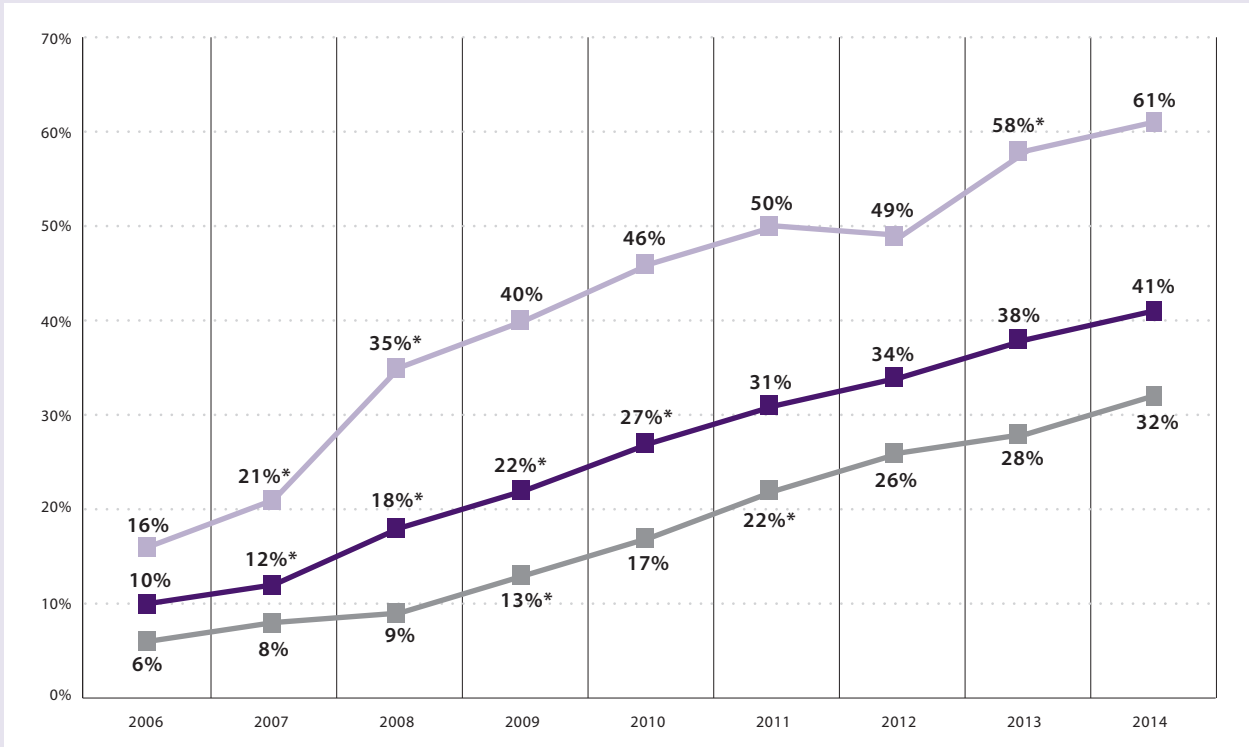
* Estimate is statistically different between All Small Firms and All Large Firms within category (p<.05).

NOTE: These estimates include workers enrolled in HDHP/SO and other plan types. Because we do not collect information on the attributes of conventional plans, to be conservative, we assumed that workers in conventional plans do not have a deductible of \$1,000 or more. Because of the low enrollment in conventional plans, the impact of this assumption is minimal. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

ALL SMALL FIRMS (3-199 WORKERS)
 ALL LARGE FIRMS (200 OR MORE WORKERS)
 ALL FIRMS

EXHIBIT 7.9

Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$1,000 or More for Single Coverage, by Firm Size, 2006–2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

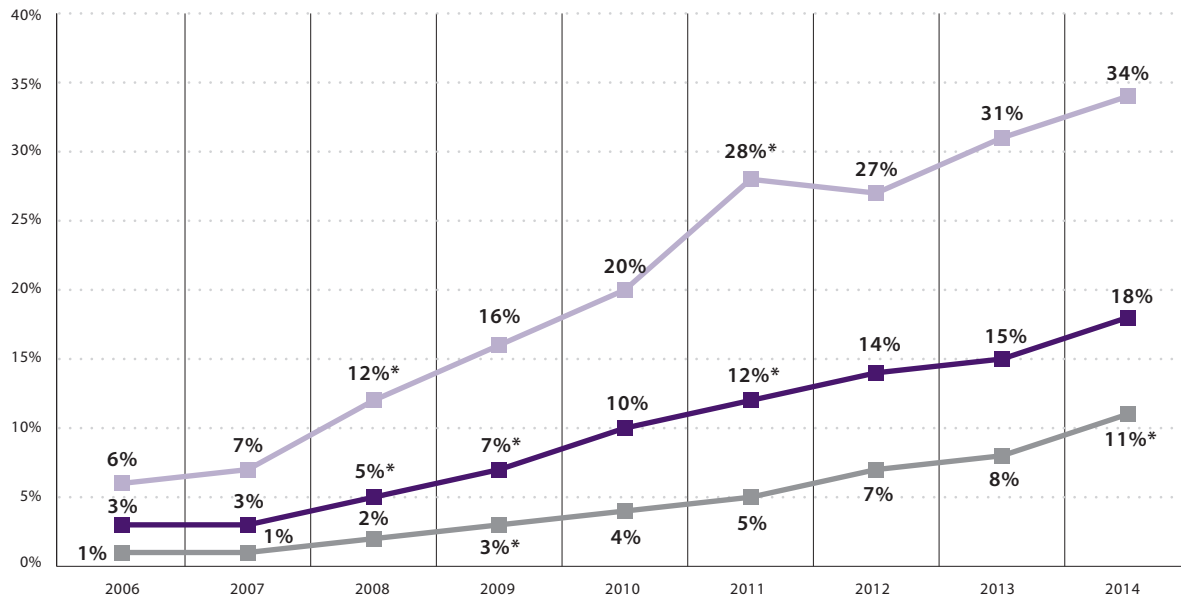
- ALL SMALL FIRMS (3-199 WORKERS)
- ALL LARGE FIRMS (200 OR MORE WORKERS)
- ALL FIRMS

* 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.

EXHIBIT 7.10

Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$2,000 or More for Single Coverage, by Firm Size, 2006–2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

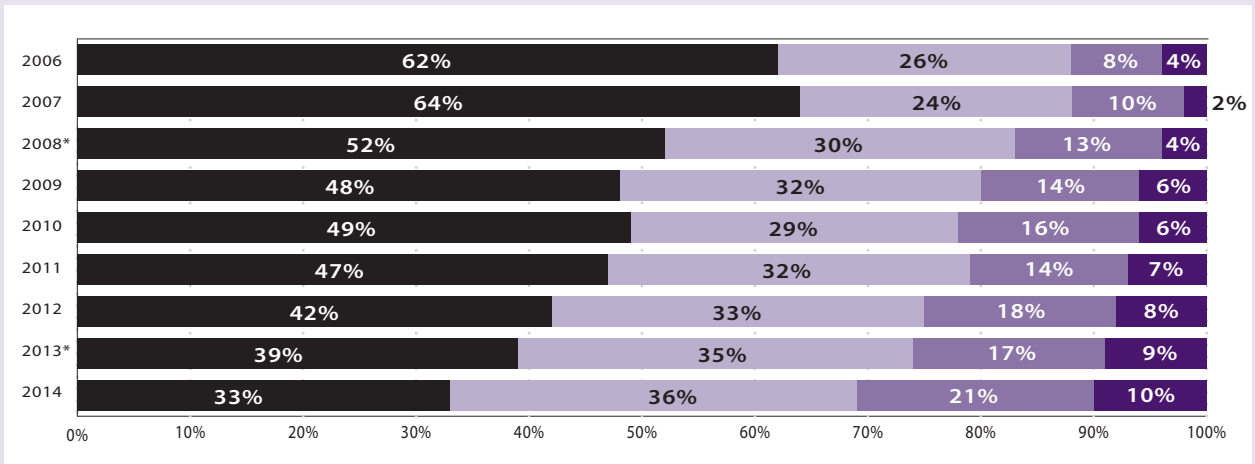
* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

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.

- ALL SMALL FIRMS (3-199 WORKERS)
- ALL LARGE FIRMS (200 OR MORE WORKERS)
- ALL FIRMS

EXHIBIT 7.11

Among Covered Workers with a General Annual Health Plan Deductible for Single PPO Coverage, Distribution of Deductibles, 2006–2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

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

NOTE: Deductibles for PPO plans are for in-network services.

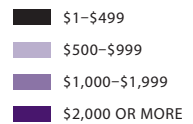
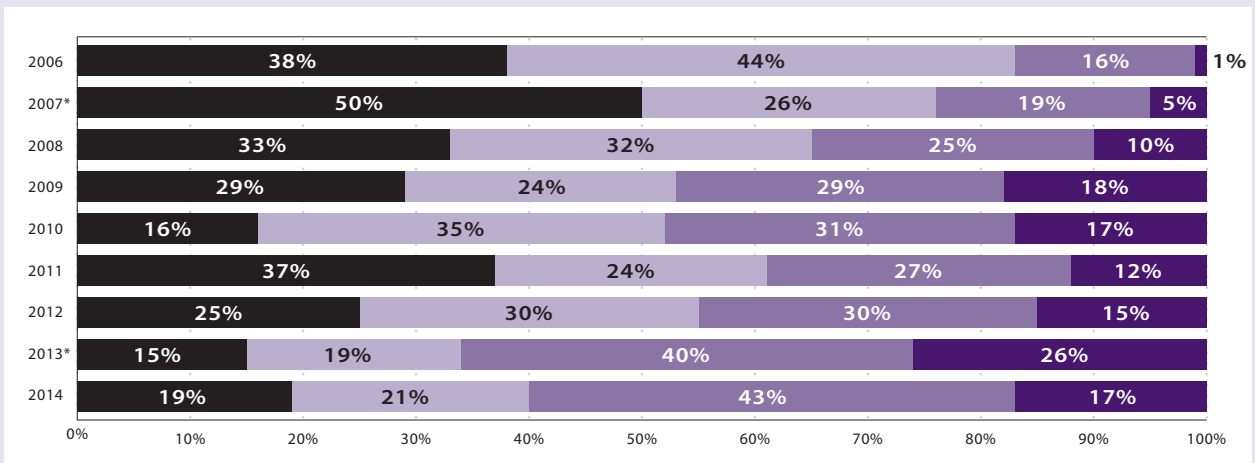


EXHIBIT 7.12

Among Covered Workers With a General Annual Health Plan Deductible for Single POS Coverage, Distribution of Deductibles, 2006–2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

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

NOTE: Deductibles for POS plans are for in-network services.

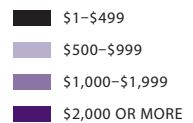


EXHIBIT 7.13

Distribution of Type of General Annual Deductible for Covered Workers with Family Coverage, by Plan Type and Firm Size, 2014

	No Deductible	Aggregate Amount	Separate Amount per Person
HMO			
All Small Firms (3–199 Workers)	41%*	41%*	18%
All Large Firms (200 or More Workers)	72*	17*	11
ALL FIRM SIZES	63%	24%	13%
PPO			
All Small Firms (3–199 Workers)	17%	51%	33%
All Large Firms (200 or More Workers)	15	43	42
ALL FIRM SIZES	15%	45%	40%
POS			
All Small Firms (3–199 Workers)	31%	59%	10%
All Large Firms (200 or More Workers)	28	62	10
ALL FIRM SIZES	30%	60%	10%
HDHP/SO			
All Small Firms (3–199 Workers)	NA	88%	12%
All Large Firms (200 or More Workers)	NA	83	17
ALL FIRM SIZES	NA	85%	15%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimates are statistically different from within plan type between All Small Firms and All Large Firms ($p < 0.05$).

NA: Not Applicable. All covered workers in HDHP/SOs face a general annual deductible. In HDHP/HRA plans, as defined by the survey, the minimum deductible is \$1,000 for single coverage and \$2,000 for family coverage. In HSA-qualified HDHPs, the legal minimum deductible for 2014 is \$1,250 for single coverage and \$2,500 for family coverage.

NOTE: The survey distinguished between plans that have an aggregate deductible amount in which all family members' out-of-pocket expenses count toward the deductible and plans that have a separate amount for each family member, typically with a limit on the number of family members required to reach that amount. Among workers with a general annual family deductible, 65% of workers in HMOs, 53% in PPOs, and 86% in POS plans have an aggregate deductible. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.14

Among Covered Workers with a General Annual Health Plan Deductible, Average Deductibles for Family Coverage, by Deductible Type, Plan Type, and Firm Size, 2014

	Aggregate Amount	Separate Amount per Person
HMO		
All Small Firms (3–199 Workers)	\$2,817	NSD
All Large Firms (200 or More Workers)	\$1,845	\$482
ALL FIRM SIZES	\$2,328	\$870
PPO		
All Small Firms (3–199 Workers)	\$3,231*	\$1,282*
All Large Firms (200 or More Workers)	\$1,463*	\$708*
ALL FIRM SIZES	\$1,947	\$821
POS		
All Small Firms (3–199 Workers)	\$3,079*	NSD
All Large Firms (200 or More Workers)	\$1,481*	NSD
ALL FIRM SIZES	\$2,470	\$1,153
HDHP/SO		
All Small Firms (3–199 Workers)	\$5,602*	NSD
All Large Firms (200 or More Workers)	\$3,894*	\$1,818
ALL FIRM SIZES	\$4,522	\$2,126

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimates are statistically different within plan and deductible type between All Small Firms and All Large Firms ($p < .05$).

NSD: Not Sufficient Data.

NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. The survey distinguished between plans that have an aggregate deductible amount in which all family members' out-of-pocket expenses count toward the deductible and plans that have a separate amount for each family member, typically with a limit on the number of family members required to reach that amount.

EXHIBIT 7.15

Among Covered Workers with an Aggregate General Annual Health Plan Deductible for Family Coverage, Average Deductibles, by Plan Type, 2006–2014

	2006	2007	2008	2009	2010	2011	2012	2013	2014
HMO	\$751	\$759	\$1,053	\$1,524*	\$1,321	\$1,487	\$1,329	\$1,743	\$2,328
PPO	\$1,034	\$1,040	\$1,344*	\$1,488	\$1,518	\$1,521	\$1,770	\$1,854	\$1,954
POS	\$1,227	\$1,359	\$1,860	\$2,191	\$2,253	\$1,769	\$2,163	\$2,821	\$2,470
HDHP/SO	\$3,511	\$3,596	\$3,559	\$3,626	\$3,780	\$3,666	\$3,924	\$4,079	\$4,522*

SOURCE:

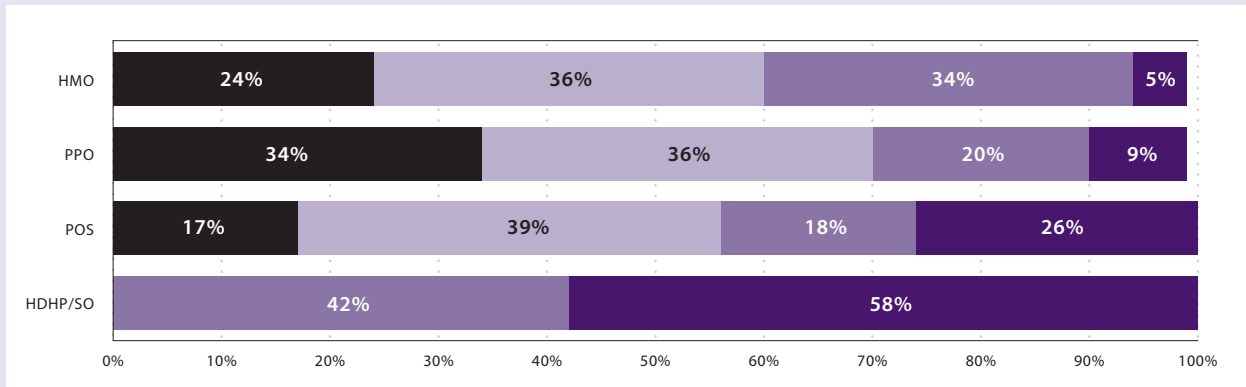
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

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

NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.16

Among Covered Workers with a Separate Per Person General Annual Health Plan Deductible for Family Coverage, Distribution of Deductibles, by Plan Type, 2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. The survey distinguished between plans that have an aggregate deductible amount in which all family members' out-of-pocket expenses count toward the deductible and plans that have a separate amount for each family member, typically with a limit on the number of family members required to reach that amount.

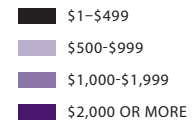
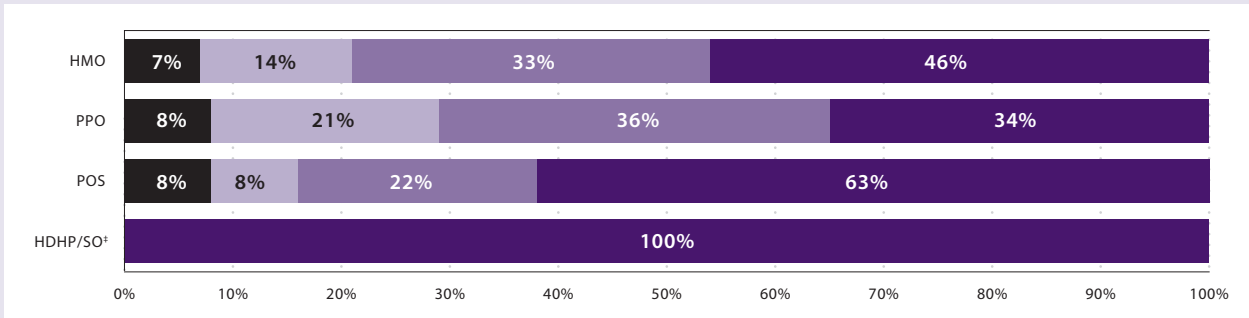


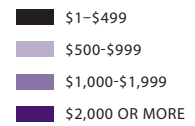
EXHIBIT 7.17

Among Covered Workers with an Aggregate General Annual Health Plan Deductible for Family Coverage, Distribution of Deductibles, by Plan Type, 2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

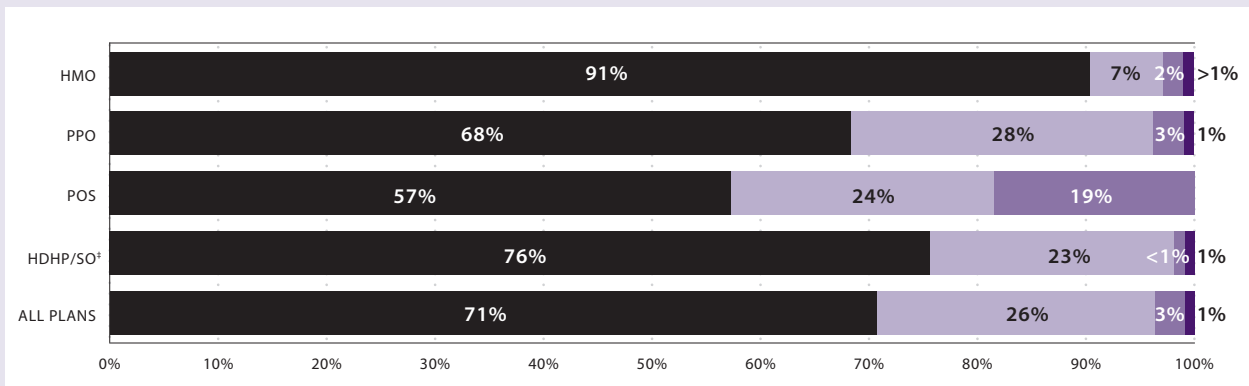


† By definition, 100% of covered workers in HDHP/SOs with an aggregate deductible have a family deductible of \$2,000 or more.

NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. The survey distinguished between plans that have an aggregate deductible amount in which all family members' out-of-pocket expenses count toward the deductible and plans that have a separate amount for each family member, typically with a limit on the number of family members required to reach that amount.

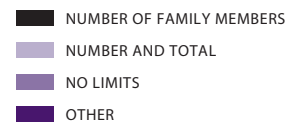
EXHIBIT 7.18

Among Covered Workers With a Separate Per Person General Annual Health Plan Deductible for Family Coverage, Structure of Deductible Limits, by Plan Type, 2014



SOURCE:

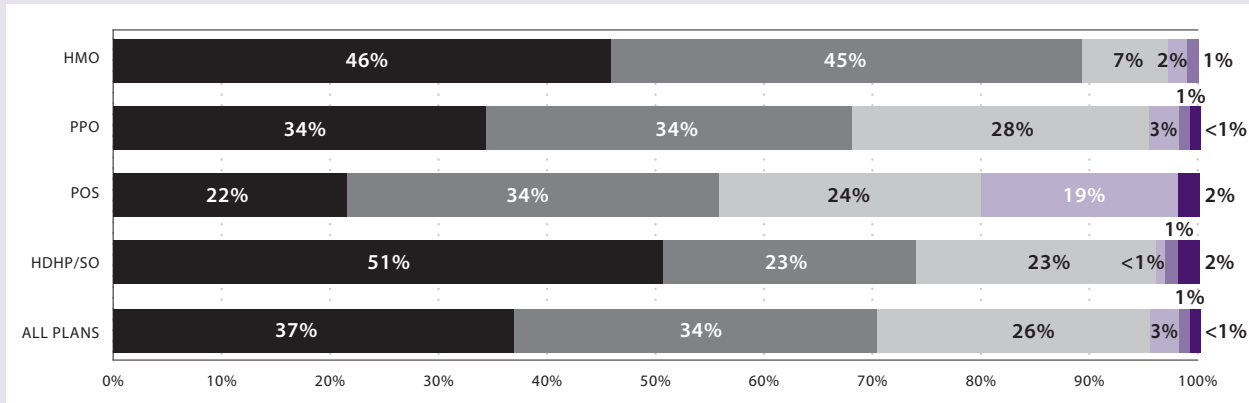
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.



NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. The survey distinguishes between plans that have an aggregate family deductible that applies to spending by any covered person in the family or a separate family deductible that applies to spending by each family member or a limited number of family members. Beginning in 2012, the survey's skip logic was edited so that firms who selected a separate family deductible were asked if they had a combined limit or if the limit was considered met when a specified number of family members reached their separate per-person limit. The "other" category refers to workers that have another type of limit on per-person deductibles, such as a per-person amount with a total dollar cap.

EXHIBIT 7.19

Among Covered Workers With a Separate Per Person General Annual Health Plan Deductible for Family Coverage, Distribution of Maximum Number of Family Members Required to Meet the Deductible, by Plan Type, 2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

NOTE: Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services. The survey distinguishes between plans that have an aggregate family deductible that applies to spending by any covered person in the family or a separate family deductible that applies to spending by each family member or a limited number of family members. Beginning in 2012, the survey's skip logic was edited so that firms who selected a separate family deductible were asked if they had a combined limit or if the limit was consider met when a specified number of family members reached their separate per-person limit. The "other" category refers to workers that have another type of limit on per-person deductibles, such as a per-person amount with a total dollar cap.

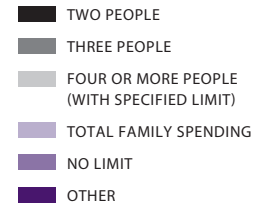


EXHIBIT 7.20

Among Covered Workers With an Aggregate General Annual Health Plan Deductible for Family Coverage, Distribution of Aggregate Deductibles, by Plan Type, 2006–2014

	\$1–\$499	\$500–\$999	\$1,000–\$1,999	\$2,000 or More
HMO				
2006	27%	42%	23%	7%
2007	22	48	23	8
2008	31	26	20	23
2009	7	22	33	38
2010	28	9	36	27
2011	35	14	28	23
2012	18	35	25	22
2013*	11	21	27	41
2014	7	14	33	46
PPO				
2006	20%	42%	27%	12%
2007	14	49	25	12
2008*	11	38	32	19
2009	12	30	35	23
2010	7	33	35	24
2011	12	28	36	24
2012	10	27	31	33
2013*	13	25	33	29
2014	8	21	36	34
POS				
2006	12%	26%	45%	18%
2007	32	13	29	25
2008	23	14	24	39
2009	3	18	30	49
2010	7	9	21	63
2011	6	26	36	33
2012	11	10	36	42
2013*	5	9	21	65
2014	8	8	22	63

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

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

NOTE: By definition, 100% of covered workers in HDHP/SOs with an aggregate deductible have a family deductible of \$2,000 or more. Average general annual health plan deductibles for PPOs and POS plans are for in-network services. The survey distinguished between plans that have an aggregate deductible amount in which all family members' out-of-pocket expenses count toward the deductible and plans that have a separate amount for each family member, typically with a limit on the number of family members required to reach that amount.

EXHIBIT 7.21

Among Covered Workers with a General Annual Health Plan Deductible, Percentage with Coverage for the Following Services Without Having to First Meet the Deductible, by Plan Type, 2014

	HMO	PPO	POS	HDHP/HRA [§]
Physician Office Visits for Primary Care	76%	78%	68%	51%
Prescription Drugs	95%	93%	89%	78%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

[§] By definition, HSA-qualified HDHPs are required by law to apply the plan deductible to nearly all services.

NOTE: These questions are asked of firms with a deductible for single or family coverage. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

EXHIBIT 7.22

Distribution of Covered Workers With Separate Cost Sharing for a Hospital Admission in Addition to Any General Annual Deductible, by Plan Type, 2014

Separate Cost Sharing for a Hospital Admission	HMO	PPO	POS	HDHP/SO [§]	ALL PLANS
Separate Annual Deductible for Hospitalizations	3%	2%	11%	0%*	3%
Copayment and/or Coinsurance					
Copayment	38*	10	28*	6*	15
Coinsurance	28*	74*	30*	64	62
Both Copayment and Coinsurance [‡]	5*	14	4*	2*	10
Charge Per Day	16*	4	14*	1*	5
None	16	11*	20	28*	15

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimate is statistically different from All Plans estimate ($p < .05$).

[‡] This includes enrollees who are required to pay the higher amount of either the copayment or coinsurance under the plan.

[§] Information on separate deductibles for hospital admissions was collected only for HDHP/HRAs because federal regulations for HSA-qualified HDHPs make it unlikely these plans would have a separate deductible for specific services.

NOTE: As in past years, we collected information on the cost-sharing provisions for hospital admissions that are in addition to any general annual plan deductible. However, beginning with the 2009 survey, in order to better capture the prevalence of combinations of cost sharing, the survey was changed to ask a series of yes or no questions. Previously, the question asked respondents to select one response from a list of types of cost sharing, such as separate deductibles, copayments, coinsurance, and per diem payments (for hospitalization only). Due to the change in question format, the distribution of workers with types of cost sharing does not equal 100% as workers may face a combination of types of cost sharing. Zero percent of covered workers have an "other" type of cost sharing for a hospital admission.

EXHIBIT 7.23

Distribution of Covered Workers with Separate Cost Sharing for an Outpatient Surgery Episode in Addition to Any General Annual Deductible, by Plan Type, 2014

Separate Cost Sharing for an Outpatient Surgery Episode	HMO	PPO	POS	HDHP/SO [§]	ALL PLANS
Separate Annual Deductible for Outpatient Surgery Copayment and/or Coinsurance	3%	1%	1%	0%*	1%
Copayment	48*	12*	33*	4*	16
Coinsurance	29*	74*	32*	65	64
Both Copayment and Coinsurance [‡]	2*	9	6	2*	7
None	21	12*	33*	31*	18

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimate is statistically different from All Plans estimate ($p < .05$).[‡] This includes enrollees who are required to pay the higher amount of either the copayment or coinsurance under the plan.[§] Information on separate deductibles for outpatient surgery was collected only for HDHP/HRAs because federal regulations for HSA-qualified HDHPs make it unlikely these plans would have a separate deductible for specific services.

NOTE: As in past years, we collected information on the cost-sharing provisions for outpatient surgery that are in addition to any general annual plan deductible. However, beginning with the 2009 survey, in order to better capture the prevalence of combinations of cost sharing, the survey was changed to ask a series of yes or no questions. Previously, the question asked respondents to select one response from a list of types of cost sharing, such as separate deductibles, copayments, coinsurance, and per diem payments (for hospitalization only). Due to the change in question format, the distribution of workers with types of cost sharing does not equal 100% as workers may face a combination of types of cost sharing. Less than 1% of covered workers have an "other" type of cost sharing for an outpatient surgery.

EXHIBIT 7.24

Among Covered Workers with Separate Cost Sharing for a Hospital Admission or Outpatient Surgery Episode in Addition to Any General Annual Deductible, Average Cost Sharing, by Plan Type, 2014

	Average Copayment	Average Coinsurance	Charge Per Day
Separate Cost Sharing for a Hospital Admission			
HMO	\$371*	20%	\$291
PPO	244	18	243
POS	277	20	NSD
HDHP/SO	272	19	NSD
ALL PLANS	\$280	19%	\$297
Separate Cost Sharing for an Outpatient Surgery Episode			
HMO	\$166	20%	NA
PPO	142	19	NA
POS	183	18	NA
HDHP/SO	192	19	NA
ALL PLANS	\$157	19%	NA

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimate is statistically different from All Plans estimate ($p < .05$).

NSD: Not Sufficient Data.

NA: Not Applicable. The survey did not offer "Charge Per Day" (per diem) as a response option for questions about separate cost sharing for each outpatient surgery episode.

NOTE: The average separate annual deductible for hospital admission is \$490 (there are too few observations to report the average separate annual deductible for outpatient surgery). In most cases there were too few observations to present the average estimates by plan type. The average amounts include workers who may have a combination of types of cost sharing. All Plans estimates are weighted by workers in firms that reported cost sharing. See the Survey Design and Methods section for more information on weighting.

EXHIBIT 7.25

In Addition to Any General Annual Plan Deductible, Percentage of Covered Workers with the Following Types of Cost Sharing for Physician Office Visits, by Plan Type, 2014

	Copay Only	Coinsurance Only	No Cost Sharing	Other Type of Cost Sharing
Primary Care				
HMO	89%*	5%*	5%	1%
PPO	83*	12*	3*	2
POS	94*	1*	5	0
HDHP/SO	20*	56*	24*	1
ALL PLANS	73%	18%	8%	1%
Specialty Care				
HMO	90%*	6%*	3%	1%
PPO	82*	16*	1*	1
POS	94*	2*	3	1
HDHP/SO	18*	58*	23*	1
ALL PLANS	72%	21%	6%	1%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimate is statistically different from All Plans estimate ($p < .05$).

NOTE: In 2014, the survey includes questions on cost sharing for in-network services only. See the 2007 survey for information on out-of-network office visit cost sharing. Starting in 2010, the survey asked about the prevalence and cost of physician office visits separately for primary care and specialty care. Prior to the 2010 survey, if the respondent indicated the plan had a copayment for office visits, we assumed the plan had a copayment for both primary and specialty care visits. The survey did not allow for a respondent to report that a plan had a copayment for primary care visits and a coinsurance for visits with a specialist physician. The changes made in 2010 allowed for variations in the type of cost sharing for primary care and specialty care.

EXHIBIT 7.26

Among Covered Workers with Copayments and/or Coinsurance for In-Network Physician Office Visits, Average Copayments and Coinsurance, by Plan Type, 2014

In-Network Office Visits	HMO	PPO	POS	HDHP/SO	ALL PLANS
Primary Care Office Visit					
Average Copay	\$23	\$24	\$25	\$24	\$24
Average Coinsurance ‡	NSD	18%	NSD	19%	18%
Specialty Care Office Visit					
Average Copay	\$34	\$36	\$39	\$41	\$36
Average Coinsurance ‡	NSD	19%	NSD	19%	19%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Estimate is statistically different from All Plans estimates ($p < .05$).

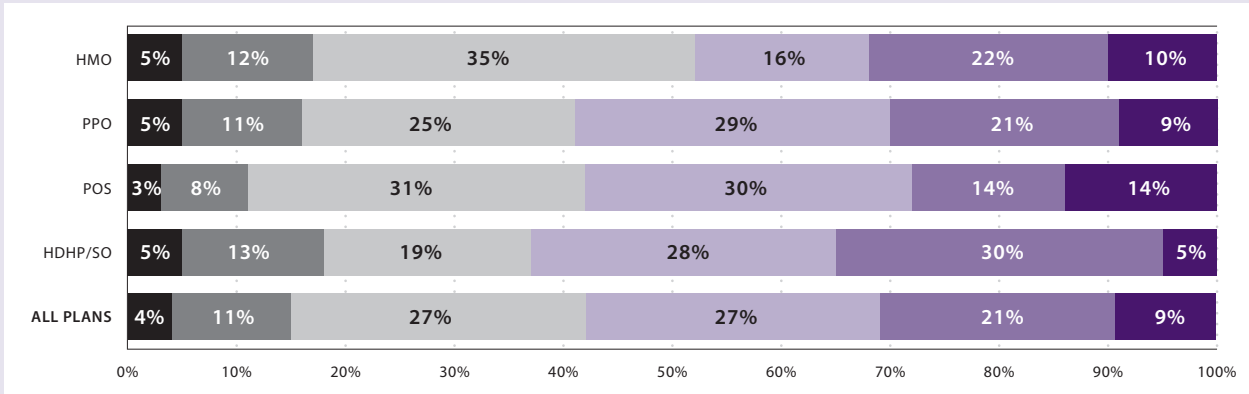
NSD: Not Sufficient Data.

‡ In the 2012 survey, the structure of cost-sharing questions was revised to include coinsurance rates with a minimum or maximum dollar amount. For most plan types, the average coinsurance rate is not significantly different depending on whether it included a minimum, maximum, or neither. See the Survey Design and Methods section for more information.

NOTE: The survey asks respondents if the plan has cost sharing for in-network office visits. In 2010, the survey asked about the prevalence and cost of physician office visits separately for primary care and specialty care. Prior to the 2010 survey if the respondent indicated the plan had a copayment for office visits, we assumed the plan had a copayment for both primary and specialty care visits. The survey did not allow for a respondent to report that a plan had a copayment for primary care visits and a coinsurance for visits with a specialist physician. The changes made in 2010 allowed for variations in the type of cost sharing for primary care and specialty care.

EXHIBIT 7.27

Among Covered Workers with Copayments for a Physician Office Visit with a Primary Care Physician, Distribution of Copayments, by Plan Type, 2014



SOURCE:

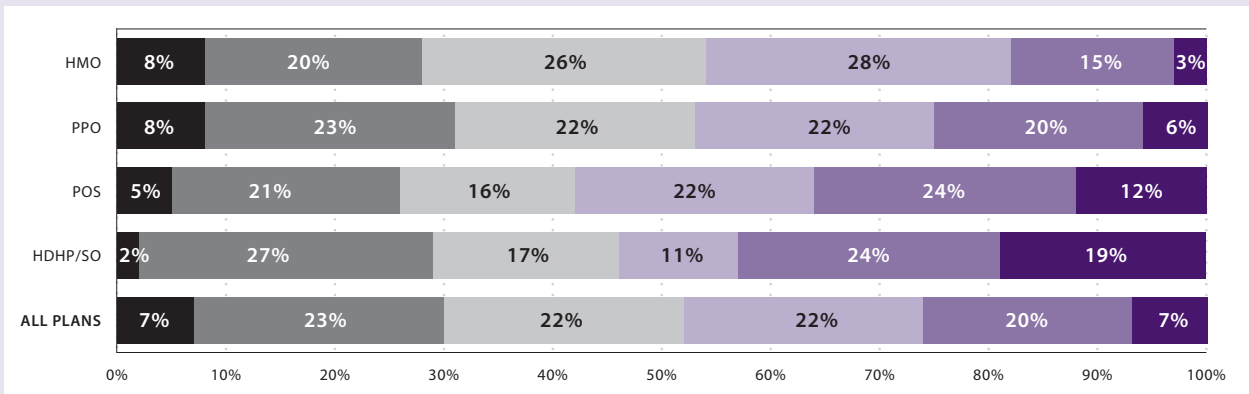
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

NOTE: Copayments for PPOs, POS plans, and HDHP/SOs are for in-network providers.



EXHIBIT 7.28

Among Covered Workers with Copayments for a Physician Office Visit with a Specialty Care Physician, Distribution of Copayments, by Plan Type, 2014



SOURCE:

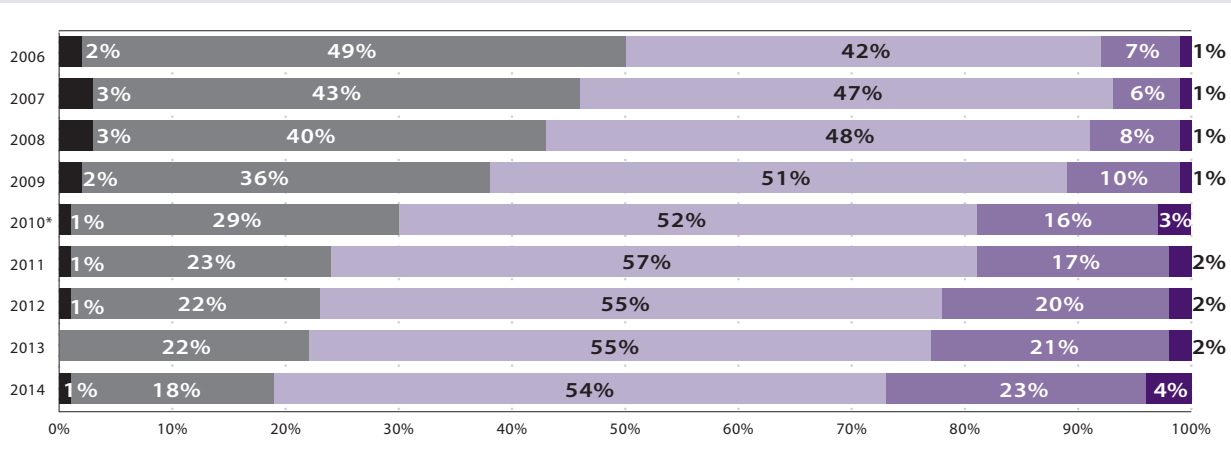
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

NOTE: Copayments for PPO, POS, and HDHP/SO plans are for in-network providers.



EXHIBIT 7.29

Among Covered Workers with Copayments for a Physician Office Visit with a Primary Care Physician, Distribution of Copayments, 2006–2014



SOURCE:

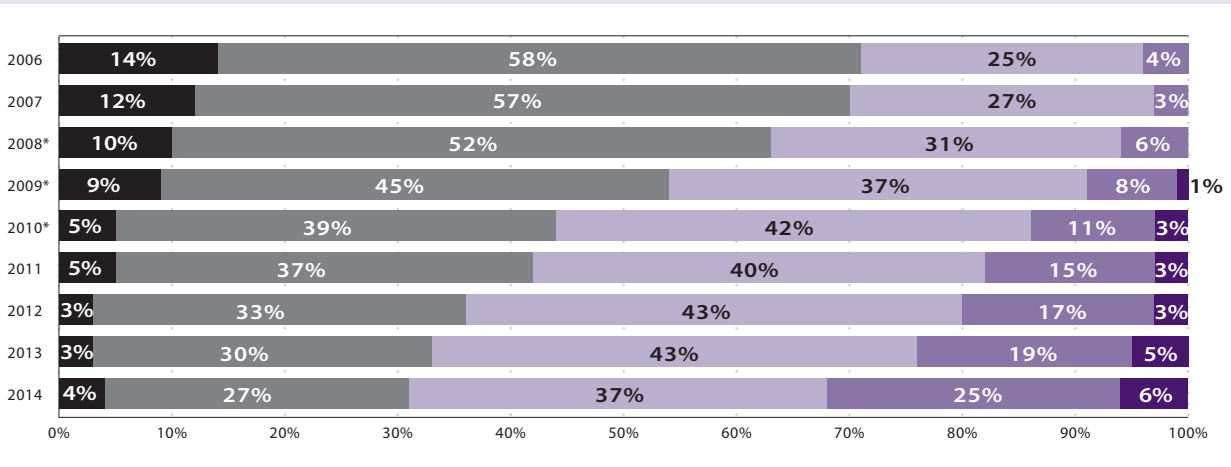
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

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



EXHIBIT 7.30

Among Covered Workers with Copayments for a Physician Office Visit with a Specialty Care Physician, Distribution of Copayments, 2006–2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006–2014.

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



EXHIBIT 7.31

Percentage of Covered Workers without an Annual Out-of-Pocket Maximum for Single and Family Coverage, by Plan Type, 2014

	Single Coverage	Family Coverage
HMO	10%	10%
PPO	6	6
POS	12	12
ALL PLANS	6%	6%

SOURCE:

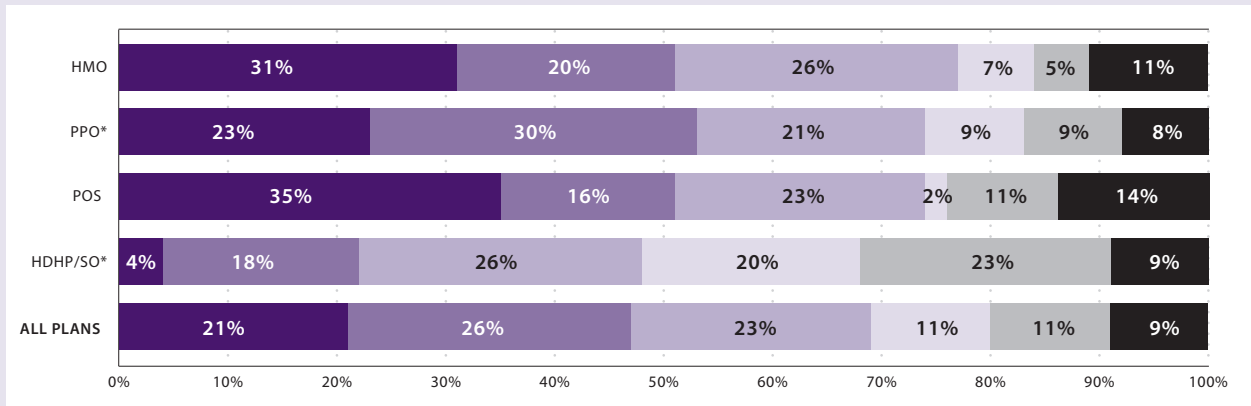
Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

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

NOTE: HSA-qualified HDHPs are required to have an annual maximum out-of-pocket liability of no more than \$6,250 for single coverage and \$12,500 for family coverage in 2013. HDHP/HRAs have no such requirement, and the percentages of covered workers in HDHP/HRAs with "No Limit" for annual out-of-pocket maximum for both single and family coverage are 3%.

EXHIBIT 7.32

Among Covered Workers with an Out-of-Pocket Maximum for Single Coverage, Distribution of Out-of-Pocket Maximums, by Plan Type, 2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

- \$1,999 OR LESS
- \$2,000-\$2,999
- \$3,000-\$3,999
- \$4,000-\$4,999
- \$5,000-\$5,999
- \$6,000 OR MORE

EXHIBIT 7.33

Distribution of Type of Out-of-Pocket Maximum for Covered Workers with Family Coverage, by Plan Type and Firm Size, 2014

	No Limit	Aggregate Amount	Separate Amount per Person
HMO			
All Small Firms (3–199 Workers)	4%	71%	25%
All Large Firms (200 or More Workers)	13	61	26
ALL FIRM SIZES	10%	64%	25%
PPO			
All Small Firms (3–199 Workers)	10%	70%	20%
All Large Firms (200 or More Workers)	4	61	35
ALL FIRM SIZES	6%	63%	31%
POS			
All Small Firms (3–199 Workers)	14%	84%	2%
All Large Firms (200 or More Workers)	10	79	11
ALL FIRM SIZES	12%	82%	5%
HDHP/SO			
All Small Firms (3–199 Workers)	2%	88%	10%
All Large Firms (200 or More Workers)	<1	86	14
ALL FIRM SIZES	1%	86%	13%
ALL FIRMS			
All Small Firms (3–199 Workers)	8%	77%	15%
All Large Firms (200 or More Workers)	5	64	31
ALL FIRM SIZES	6%	68%	26%

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

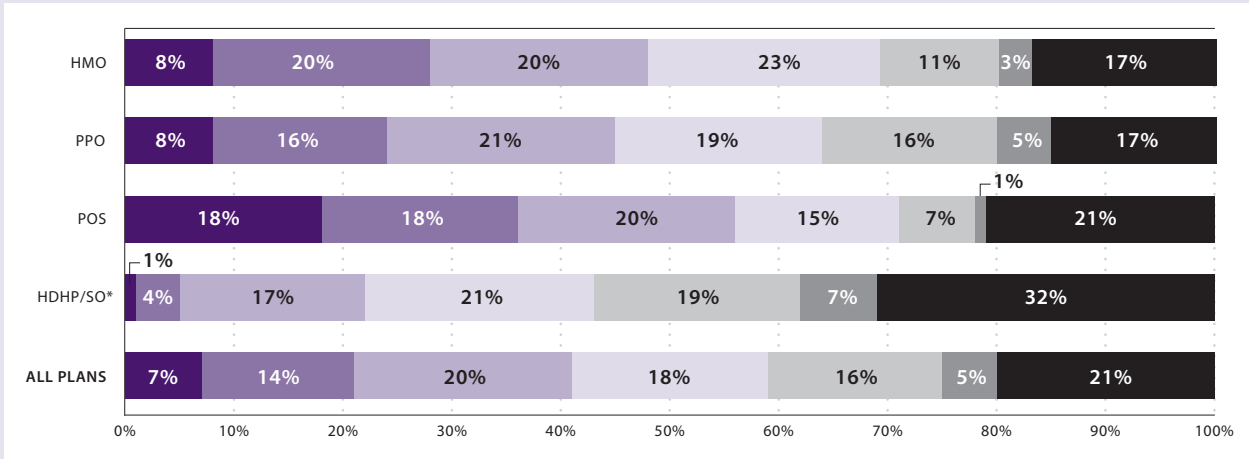
* Distributions are statistically different between All Small Firms and All Large Firms within plan type ($p < .05$).

† IHSA-qualified HDHPs are required by law to have an annual maximum out-of-pocket liability of no more than \$6,350 for single coverage and \$12,700 for family coverage in 2014. When they are excluded from the calculation, the distribution of type of out-of-pocket maximum for HDHP/HRAs only is as follows: All Small Firms – 6% No Limit, 76% Aggregate Amount, and 18% Separate Amount per Person; All Large Firms – 1% No Limit, 69% Aggregate Amount, and 30% Separate Amount per Person; All Firm Sizes – 3% No Limit, 72% Aggregate Amount, and 26% Separate Amount per Person.

NOTE: The survey distinguished between plans that have a family aggregate out-of-pocket maximum that applies to spending by any covered person in the family or a separate per person out-of-pocket maximum that applies to spending by each family member or a limited number of family members. Among workers with an out-of-pocket maximum for family coverage, 72% of workers in HMOs, 67% in PPOs, 94% in POS plans, and 73% in All Plans have an aggregate out-of-pocket maximum.

EXHIBIT 7.34

Among Covered Workers with an Aggregate Out-of-Pocket Maximum for Family Coverage, Distribution of Out-of-Pocket Maximums, by Plan Type, 2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

* Distribution is statistically different from All Plans distribution (p<.05).

NOTE: Distributions are among covered workers facing a specified limit for out-of-pocket maximum amounts. HSA-qualified HDHPs are required by law to have an out-of-pocket maximum of no more than \$6,250 for single coverage and \$12,500 for family coverage in 2014. The survey distinguished between plans that have a family aggregate out-of-pocket maximum that applies to spending by any covered person in the family or a separate per person out-of-pocket maximum that applies to spending by each family member or a limited number of family members.

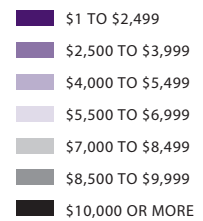
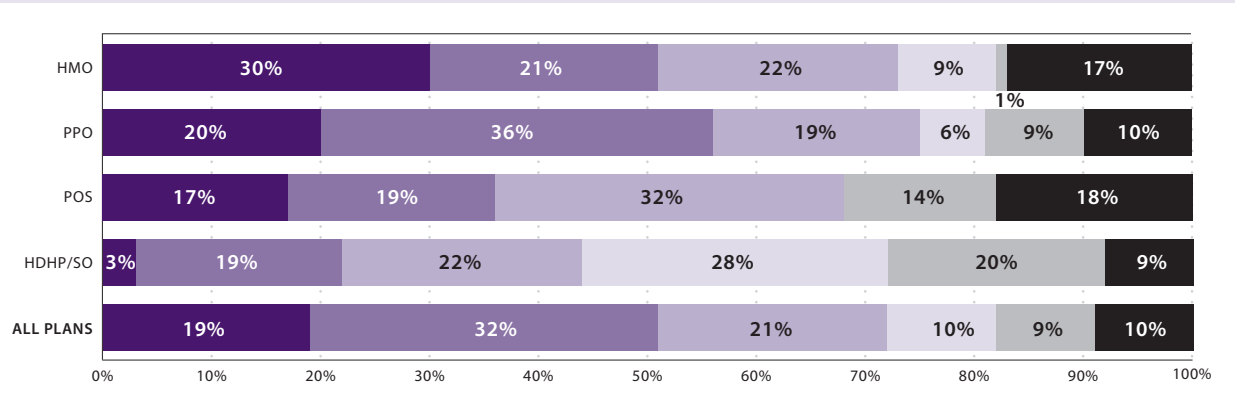


EXHIBIT 7.35

Among Covered Workers with a Separate Per Person Out-of-Pocket Maximum for Family Coverage, Distribution of Out-of-Pocket Maximums, by Plan Type, 2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

NOTE: Distributions were not statistically different from the All Plans distribution. Distributions are among covered workers facing a specified limit for out-of-pocket maximum amounts. The survey distinguished between plans that have a family aggregate out-of-pocket maximum that applies to spending by any covered person in the family or a separate per person out-of-pocket maximum that applies to spending by each family member or a limited number of family members.

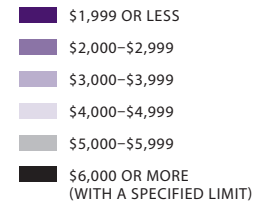
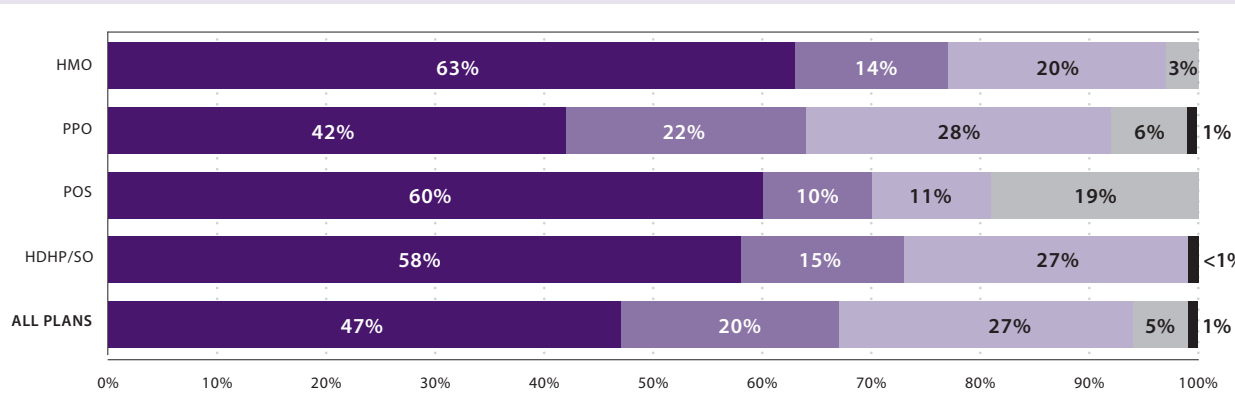


EXHIBIT 7.36

Among Covered Workers with a Separate Per Person Out-of-Pocket Maximum for Family Coverage, Distribution of Number of Family Members Required to Meet the Maximum, by Plan Type, 2014



SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

NOTE: The survey distinguishes between plans that have a family aggregate out-of-pocket maximum that applies to spending by any covered person in the family or a separate out-of-pocket maximum that applies to spending by each family member or a limited number of family members. In 2012, the survey's skip logic was edited so that firms who selected a separate out-of-pocket maximum were asked if they had a combined limit or if the limit was considered met when a specified number of family members reached their separate per-person limit.

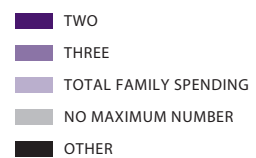


EXHIBIT 7.37

Among Covered Workers, The Prevalence and Value of Out-of-Pocket Maximums for Single Coverage, 2006-2014

	Percent of Covered Workers with an Out-of-Pocket Maximum for Single Coverage	Among Covered Workers Average Out-of-Pocket Maximum for Single Coverage	Percent of Covered Workers Enrolled in a Plan with an Out-Pocket-Maximum Above \$6,350 or in a Plan Without an Out-of-Pocket Limit
2006	79%	\$1,510	22%
2007	71%*	\$1,447	29%*
2008	80%*	\$1,665*	20%*
2009	81%	\$1,791	19%
2010	82%	\$2,134*	19%
2011	83%	\$2,191	19%
2012	87%	\$2,300	15%*
2013	88%	\$2,480	14%
2014	94%*	\$3,011*	7%*

SOURCE:

Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2014.

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