



# Health Insurance Benefits at Private Employers: Pooled State-Level Estimates, 2021–2023

**Research Findings #51** | September 2024 | Anita Soni, PhD, MBA, G. Edward Miller, PhD, and Patricia S. Keenan, PhD



## Abstract

Employer-sponsored insurance (ESI) is the primary source of health insurance coverage for individuals under age 65 in the United States. This Research Findings report uses pooled 2021–2023 Medical Expenditure Panel Survey Insurance Component data to examine state-level variation in key aspects of private-sector ESI benefits, including offers, coverage, premiums, employee contributions, deductibles, and high-deductible health plans, compared to national averages. State-level analyses can provide insights into workers' access to ESI and the costs that may be incurred by employers (through premiums) and workers (through employee out-of-pocket premiums and deductibles).

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## Contact

Center for Financing, Access, and Cost Trends  
Agency for Healthcare Research and Quality  
5600 Fishers Lane, Mailstop 07W41A  
Rockville, MD 20857  
<https://www.meps.ahrq.gov>

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## Introduction

Employer-sponsored insurance (ESI) is the primary source of health insurance coverage for individuals under age 65 in the United States. This Research Findings report uses Medical Expenditure Panel Survey Insurance Component (MEPS-IC) data to examine state-level variation in key aspects of private-sector ESI benefits, including offers, coverage, premiums, employee contributions, deductibles, and high-deductible health plans (HDHPs). Examining state variations is important because ESI can differ substantially across states, compared to national averages. State-level analyses can thus provide insights into workers' access to ESI and the costs that may be incurred by employers (through premiums) and workers (through employee out-of-pocket premiums and deductibles). From the employee perspective, premium contributions are known costs that may affect take-up of insurance, while deductibles reflect potential costs that may affect use of healthcare services and, particularly in the case of HDHPs, expose individuals and families to high levels of potential out-of-pocket spending that may cause financial strain.

State variations in ESI markets may reflect differences in employment patterns such as firm size, industry composition, and unionization; differing levels of healthcare prices and utilization; and differences in state approaches to regulating private insurance and administering Medicaid. For example, firm size is a key determinant of whether firms offer health insurance, with lower offer rates among smaller compared to larger employers due to smaller firms' more limited ability to pool risk and their higher administrative costs. Cross-state differences in the extent of small firm employment may thus contribute to differences in ESI offer rates across states. Differences in premiums across states may reflect a combination of variations in healthcare prices and utilization patterns, along with variations in benefit generosity such as deductible levels.

This Research Findings report uses pooled 2021–2023 MEPS-IC data. The MEPS-IC is an annual survey of private employers and state and local governments and is designed to be representative of all 50 states and the District of Columbia. (For purposes of the analyses presented in this report, the District of Columbia is treated as a state.) This report focuses on state-level variation in key aspects of ESI in the private sector. The large sample size (about 42,000 private-sector establishments), combined with a response rate of 52.9 percent in 2023, permits analyses of variations in ESI by firm size and across states that are not readily available from other sources. In the pooled data, estimates of dollar values are inflation-adjusted to 2022. The maps show state differences relative to the national mean. The solid shaded colors show statistically significant differences above (in blue) and below (in green) the national mean, at the 0.05 significance level. The diagonal stripes show point estimates above (diagonal blue stripes) and below (green diamond pattern) that are not statistically different from the national mean.

## Highlights

- The percentage of employees that worked in establishments that offered insurance (the “offer rate”) showed substantial variation from the U.S. average of 85.4 percent, ranging from a low of 69.8 percent in Wyoming to a high of 95.8 percent in Hawaii. Among small-firm establishments, the offer rates ranged from 29.0 percent in Alaska to 88.7 percent in Hawaii, compared to the U.S. average of 50.7 percent.
- In 2021–2023, nine states had average annual premiums for single, employee-plus-one, and family coverage that were all above the national average. Six of these states were in the Northeast region of the United States, and two additional Northeastern states had premiums higher than the national average for two of the three types of coverage. In 2021–2023, 11 states had average annual premiums for single, employee-plus-one, and family coverage that were all below the national average. Seven of these states were in the Southern region of the United States.
- In contrast to premiums, there was very little consistency across coverage types (single, employee-plus-one, family) in which states had average annual employee contributions above or below the national average.
- Thirteen states had average individual deductibles below the national average of \$1,960, ranging from \$1,203 in Hawaii to \$1,817 in Arkansas, and 17 states were above the national average, ranging from \$2,119 in Colorado to \$2,543 in Maine. Nine states had average family deductibles below the national average of

\$3,772, ranging from \$2,927 in the District of Columbia to \$3,471 in California, and 16 states were above the national average, ranging from \$4,027 in Iowa to \$4,549 in South Dakota.

- The states of New York and Pennsylvania had *lower* HDHP enrollment rates than the national average for both single and family coverage and *lower* average individual and family deductibles among HDHP enrollees. Similarly, three states (New Hampshire, South Dakota, and Texas) had *higher* HDHP enrollment rates for both single and family coverage, and *higher* average individual and family deductibles among HDHP enrollees.

## Findings

### Health insurance offer and coverage rates (figures 1–3)

This section presents estimates of the percentage of employees that worked in establishments that offered insurance (the “offer rate”) for all private-sector establishments (figure 1) and for small-firm establishments with fewer than 50 employees (figure 2). This section also presents estimates of the “coverage rate” (figure 3), which is the percentage of all employees enrolled in their employer’s health insurance plan at establishments that offered health insurance. The coverage rate is equal to the eligibility rate (the percentage of employees eligible for health insurance) multiplied by the take-up rate (the percentage of eligible employees who enrolled).

In 2021–2023, the offer rate was 85.4 percent for all private-sector employees (figure 1) and 50.7 percent for small-firm employees (figure 2). The offer rate showed substantial variation across the United States, ranging from a low of 69.8 percent in Wyoming to a high of 95.8 percent in Hawaii for all employees, and from 29.0 percent in Alaska to 88.7 percent in Hawaii among small-firm employees. In 2021–2023, the average annual coverage rate was 55.3 percent for all private-sector employees (figure 3). Compared to offer rates, coverage rates show somewhat less variation, ranging from a low of 46.6 percent in New York to a high of 62.5 percent in Hawaii.

For 10 states (Alaska, Arkansas, Idaho, Montana, Nebraska, New Mexico, North Carolina, South Carolina, Utah, and Wyoming) the offer rates for all employees and for small-firm employees were both *lower* than the national average, and for eight states (Alabama, California, the District of Columbia, Hawaii, Illinois, Massachusetts, Missouri, and Virginia) the offer rates for all employees and for small-firm employees were both *higher* than the national average.

Seven states (Maryland, New Mexico, New York, Rhode Island, Vermont, West Virginia, and Wisconsin) had coverage rates *below* the national average, and nine states (Alabama, Arkansas, California, the District of Columbia, Hawaii, Kentucky, Montana, Oregon, and Washington) had coverage rates *above* the national average.

Multiplying the offer rate (figure 1) by the coverage rate (figure 3) provides an estimate of the average annual enrollment rate (percentage of all employees enrolled in a health insurance plan from their employer including employees in establishments that do and do not offer health insurance). In 2021–2023, the national enrollment rate was 47.2 percent (data not shown). New Mexico and Vermont, which had offer and coverage rates that were both *below* the national average, had the lowest enrollment rates (38.8 and 39.0 percent, respectively). Alabama, the District of Columbia, and Hawaii, which had offer and coverage rates that were both *above* the national average, had the highest enrollment rates (52.3, 55.8, and 59.9 percent, respectively).

### Premiums (figures 4–6)

This section presents estimates of total health insurance premiums (i.e., the amount of premiums paid by employees plus the amount paid by employers on behalf of their employees) for single, employee-plus-one, and family coverage.

For the years 2021–2023, national average annual health insurance premiums per enrolled employee with a private-sector employer were \$7,683 for single coverage, \$15,145 for employee-plus-one coverage, and \$22,263 for family coverage (figures 4, 5, and 6).

For single coverage, 12 states with average annual premiums ranging from \$8,161 in Rhode Island to \$8,850 in New York were *above* the national average, and 14 states with average annual premiums ranging from \$6,853 in Arkansas to \$7,386 in Kentucky were *below* the national average (figure 4). For employee-plus-one coverage, 13 states with average annual premiums ranging from \$15,915 in Wyoming to \$17,518 in Alaska were *above* the national average, and 14 states with average annual premiums ranging from \$13,526 in Arkansas to \$14,583 in Iowa were *below* the national average (figure 5). For family coverage, 10 states with average annual premiums ranging from \$23,142 in Maine to \$24,706 in Alaska were *above* the national average, and 13 states with average annual premiums ranging from \$19,534 in Arkansas to \$20,986 in Tennessee were *below* the national average (figure 6).

In 2021–2023, six states in the Northeast region of the United States—Connecticut, Massachusetts, New Hampshire, New Jersey, New York, and Vermont—had average annual premiums for single, employee-plus-one, and family coverage that were all *above* the national average, and two additional Northeastern states—Maine and Rhode Island—had average annual premiums *higher* than the national average for two of the three types of coverage. There were also three states outside the Northeast region—Alaska, the District of Columbia, and West Virginia—with *higher* average annual premiums for all three types of coverage.

In 2021–2023, 11 states—Alabama, Arkansas, Hawaii, Idaho, Kansas, Louisiana, Mississippi, Nevada, Oklahoma, South Carolina, and Tennessee—had average annual premiums for single, employee-plus-one, and family coverage that were all *below* the national average. Seven of these states are in the Southern region of the United States.

### **Employee contributions (figures 7–9)**

This section presents the national average employee contributions for annual health insurance per enrolled employee with a private-sector employer for the years 2021–2023. Nationally, the average annual employee contributions were \$1,628 for single coverage, \$4,274 for employee-plus-one coverage, and \$6,474 for family coverage (figures 7, 8, and 9).

For single coverage, 13 states with average annual employee contributions ranging from \$1,770 in Tennessee to \$1,987 in Vermont were *above* the national average, and eight states with average annual employee contributions ranging from \$990 in Hawaii to \$1,492 in Oklahoma were *below* the national average (figure 7). Some regional clustering was evident as five of six New England states—Connecticut, Massachusetts, New Hampshire, Rhode Island, and Vermont—and two of three mid-Atlantic states—New Jersey and New York—had average annual employee contributions *above* the national average.

For employee-plus-one coverage, five states with average annual employee contributions ranging from \$4,689 in Florida to \$5,045 in North Carolina were *above* the national average, and eight states with average annual employee contributions ranging from \$3,427 in Oregon to \$3,972 in Maine were *below* the national average (figure 8). For family coverage, six states with average annual employee contributions ranging from \$6,970 in California to \$7,416 in Arizona were *above* the national average, and 11 states with average annual employee contributions ranging from \$5,030 in Michigan to \$5,830 in Nevada were *below* the national average (figure 9).

In contrast to premiums, there was very little consistency across coverage types in which states had average annual employee contributions *above* or *below* the national average. The state of Oregon had average annual employee contributions that were *lower* than the national average for all three types of coverage, and no states had average annual employee contributions that were *above* the national average for all three types of coverage.

### **Individual and family deductibles (figures 10–12)**

This section presents estimates of the percentage of ESI enrollees with a deductible (figure 10) and average individual and family deductibles among enrollees with a deductible (figures 11 and 12). The individual and family deductibles reported in this section are annual deductibles that must be met before many services are covered by the health plan.

In 2021–2023, the average annual percentage of private-sector ESI enrollees in a health insurance plan with a deductible was 89.0 percent across all states and ranged from a low of 43.0 percent in Hawaii to 98.4 percent in Montana (figure 10). In five states (California, the District of Columbia, Hawaii, Massachusetts, and New York) the percentage of enrollees with a deductible was significantly *lower* than the national average. In 36 states, the percentage with a deductible was *higher* than the national average.

Among enrollees with a deductible in 2021–2023, the average annual individual deductible for all private-sector enrollees in a health insurance plan with a deductible was \$1,960, and the average annual family deductible was \$3,772. Thirteen states, with average deductibles ranging from \$1,203 in Hawaii to \$1,817 in Arkansas, had average individual deductibles *below* the national average, and 17 states, with deductibles ranging from \$2,119 in Colorado to \$2,543 in Maine, had average individual deductibles *above* the national average (figure 11). Nine states, with deductibles ranging from \$2,927 in the District of Columbia to \$3,471 in California, had average family deductibles *below* the national average, and 16 states, with deductibles ranging from \$4,027 in Iowa to \$4,549 in South Dakota, had average family deductibles *above* the national average (figure 12).

For six states (Arkansas, California, the District of Columbia, Hawaii, Michigan, and Pennsylvania) average annual individual and family deductibles were both *below* the national average. New York nearly makes this list, but the difference in family deductibles is significant only at the  $p < 0.10$  level. Notably, California, the District of Columbia, Hawaii, and New York were also four of the five states in which the percentage of enrollees with a deductible was significantly *lower* than the national average, meaning that the deductible obligations of enrollees in those states would be even *lower* compared to other states if we considered the share of enrollees with no (zero) deductibles.

### High-deductible health plans (figures 13–16)

This section presents estimates of the percentage of ESI enrollees with single and family coverage that were enrolled in HDHPs (figures 13 and 14) and average individual and family deductibles among HDHP enrollees (figures 15 and 16). Health insurance plans are classified as “high-deductible” if the annual deductible meets or exceeds the Internal Revenue Service (IRS) threshold for a high-deductible plan in a given year. In 2023, the deductible threshold was \$1,500 for single coverage and \$3,000 for family coverage.

In 2021–2023, among private-sector employees in single coverage plans, 57.4 percent, on average, were enrolled in HDHPs. Eight states, with HDHP enrollment rates ranging from 17.1 percent in Hawaii to 51.0 percent in Pennsylvania, were *below* the national average, and 25 states, with HDHP enrollment rates ranging from 62.6 percent in Missouri to 78.7 percent in South Dakota, were *above* the national average (figure 13). Results were similar for family coverage, with 57.3 percent of family enrollees, overall, in HDHPs. Eight states, with HDHP enrollment rates ranging from 20.5 percent in Hawaii to 52.4 percent in New York, were *below* the national average, and 16 states, with HDHP enrollment rates ranging from 63.6 percent in Tennessee to 69.7 percent in South Dakota, were *above* the national average (figure 14). Six states—California, the District of Columbia, Hawaii, Nevada, New York, and Pennsylvania—had HDHP enrollment rates that were *below* the national average for both single and family coverage.

Among HDHP enrollees, the average annual individual and family deductibles were \$2,647 and \$5,081, respectively. Eleven states, with average individual deductibles ranging from \$2,302 in Michigan to \$2,519 in Illinois and Pennsylvania, were *below* the national average, and 12 states, with average individual deductibles ranging from \$2,775 in Iowa to \$3,165 in Montana, were *above* the national average (figure 15). Among HDHP enrollees with family coverage, three states—Michigan (\$4,445), New York (\$4,663), and Pennsylvania (\$4,790)—had average family deductibles *below* the national average, and 12 states, with deductibles ranging from \$5,326 in Minnesota to \$5,725 in Oklahoma, had average family deductibles *above* the national average (figure 16).

New York and Pennsylvania were the only two states in the country with *lower* HDHP enrollment rates for both single and family coverage, and *lower* average individual and family deductibles among HDHP enrollees. Similarly, New

Hampshire, South Dakota, and Texas were the only three states with *higher* HDHP enrollment rates for both single and family coverage, and *higher* average individual and family deductibles among HDHP enrollees.

## Data Source

The estimates in the Research Findings are based on 2021–2023 private-sector establishment data from MEPS-IC.

## Definitions

### Health insurance plan

An insurance contract that provides hospital and/or physician coverage to an employee for an agreed-upon fee (premium) for a defined benefit period.

### Premium

Agreed-upon fees paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, or employees, or premium costs can be shared by both the insured person and the plan sponsor.

### Single coverage

A health plan that covers the employee only.

### Employee-plus-one coverage

Health insurance coverage for an employee and the employee's spouse, or an employee and the employee's child, at a lower premium level than family coverage.

### Family coverage

A health plan that covers the enrollee and members of the enrollee's immediate family (spouse and/or children). "Family coverage" is defined as any coverage other than single and employee-plus-one. Some plans offer more than one rate for family coverage, depending on family size and composition. If more than one rate is offered, MEPS-IC respondents are asked to report costs for a family of four.

### Employee contribution

The amount that the employee contributes to health plan premiums.

### Deductible

A fixed dollar amount during the benefit period (usually a year) that an insured person pays before the insurer starts to make payments for covered medical services. For example, if the plan has a \$1,000 deductible, the insured person would be responsible for the first \$1,000 of covered medical services. Plans may have both individual and family deductibles.

### Enrollment rate

The enrollment rate is the percentage of all employees enrolled in their employer's health insurance at establishments both offering and not offering health insurance.

### Offer rate

The offer rate is the percentage of employees who work at establishments that offer health insurance.

## High-deductible health plan

Health insurance plans are classified as "high-deductible" if the deductibles meet or exceed the IRS thresholds for a high-deductible plan in a given year. The individual deductible threshold was \$1,400 in 2021 and 2022 and increased to \$1,500 in 2023. The family deductible threshold was \$2,800 in 2021 and 2022 and increased to \$3,000 in 2023. Note that plans must also meet other requirements to be considered a high-deductible plan by the IRS.

## Coverage rate

The coverage rate is the percentage of all employees enrolled in their employer's health insurance plan at establishments that offered health insurance. The coverage rate is equal to the eligibility rate (the percentage of employees eligible for health insurance at establishments that offer insurance) multiplied by the take-up rate (the percentage of eligible employees who enrolled).

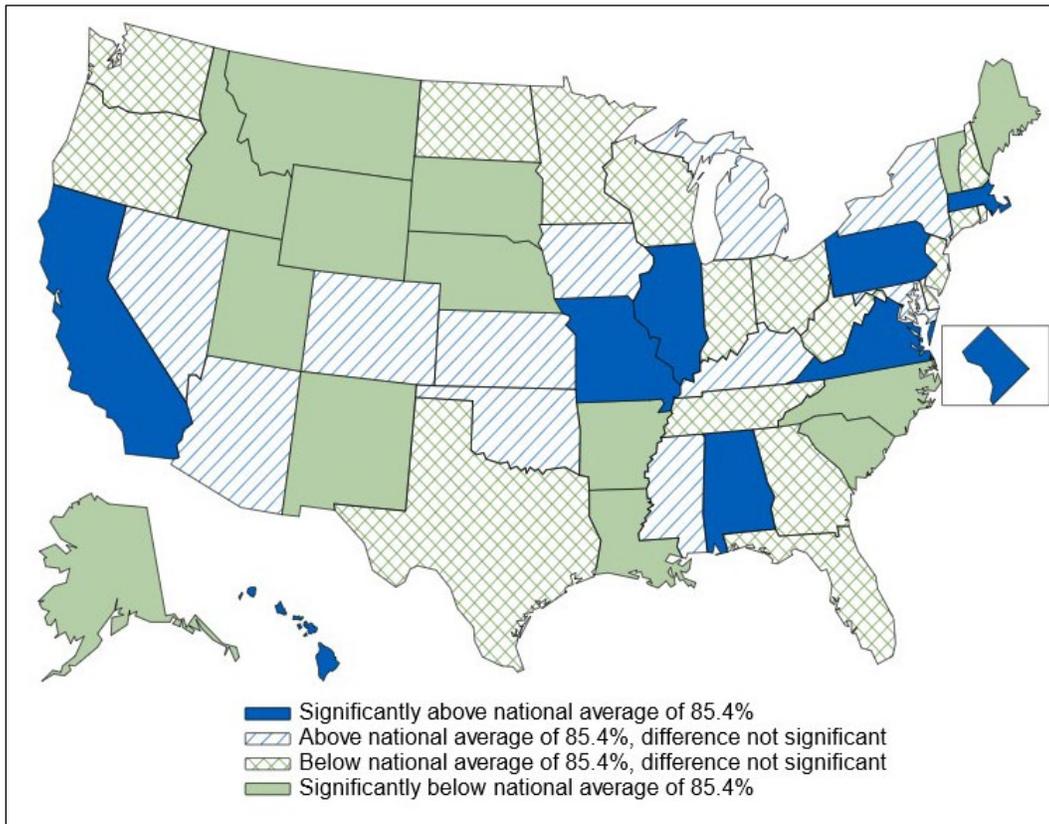
## About MEPS-IC

The MEPS-IC is a survey of private-sector business establishments and state and local governments that collects information on employer-sponsored health insurance, such as whether insurance is offered, enrollments, types of plans, and premiums. The survey is conducted annually by the U.S. Census Bureau under the sponsorship of the Agency for Healthcare Research and Quality (AHRQ). More information about the MEPS-IC can be found on the MEPS website at <https://meps.ahrq.gov>.

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**Figure 1. Offer rate: Percentage of private-sector employees in establishments that offer health insurance, by state, 3-year average, 2021–2023**

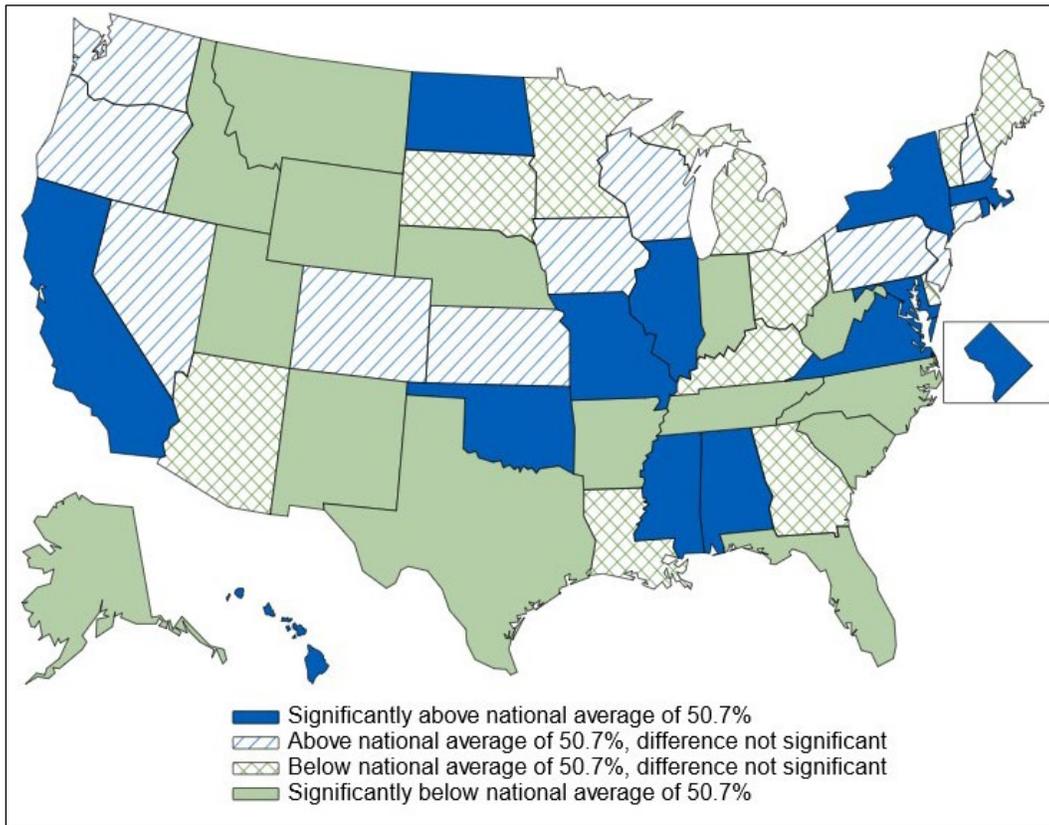


State	Percentage	State	Percentage	State	Percentage
Alabama	87.9%*	Kentucky	85.7%	North Dakota	83.9%
Alaska	73.4%*	Louisiana	81.3%*	Ohio	85.2%
Arizona	87.4%	Maine	81.2%*	Oklahoma	86.0%
Arkansas	82.8%*	Maryland	87.1%	Oregon	83.3%
California	86.9%*	Massachusetts	88.1%*	Pennsylvania	87.1%*
Colorado	85.8%	Michigan	85.5%	Rhode Island	85.2%
Connecticut	84.6%	Minnesota	85.0%	South Carolina	82.0%*
Delaware	84.6%	Mississippi	85.9%	South Dakota	79.4%*
District of Columbia	93.5%*	Missouri	87.3%*	Tennessee	85.0%
Florida	83.8%	Montana	71.5%*	Texas	84.8%
Georgia	83.9%	Nebraska	81.4%*	Utah	81.9%*
Hawaii	95.8%*	Nevada	86.6%	Vermont	78.0%*
Idaho	76.0%*	New Hampshire	85.0%	Virginia	88.6%*
Illinois	87.6%*	New Jersey	84.9%	Washington	83.7%
Indiana	85.4%	New Mexico	78.3%*	West Virginia	83.8%
Iowa	86.7%	New York	86.5%	Wisconsin	85.2%
Kansas	85.5%	North Carolina	82.2%*	Wyoming	69.8%*

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of 85.4% at  $p < 0.05$ .

**Figure 2. Offer rate: Percentage of private-sector employees in establishments that offer health insurance, by state, firm size < 50 employees, 3-year average, 2021–2023**

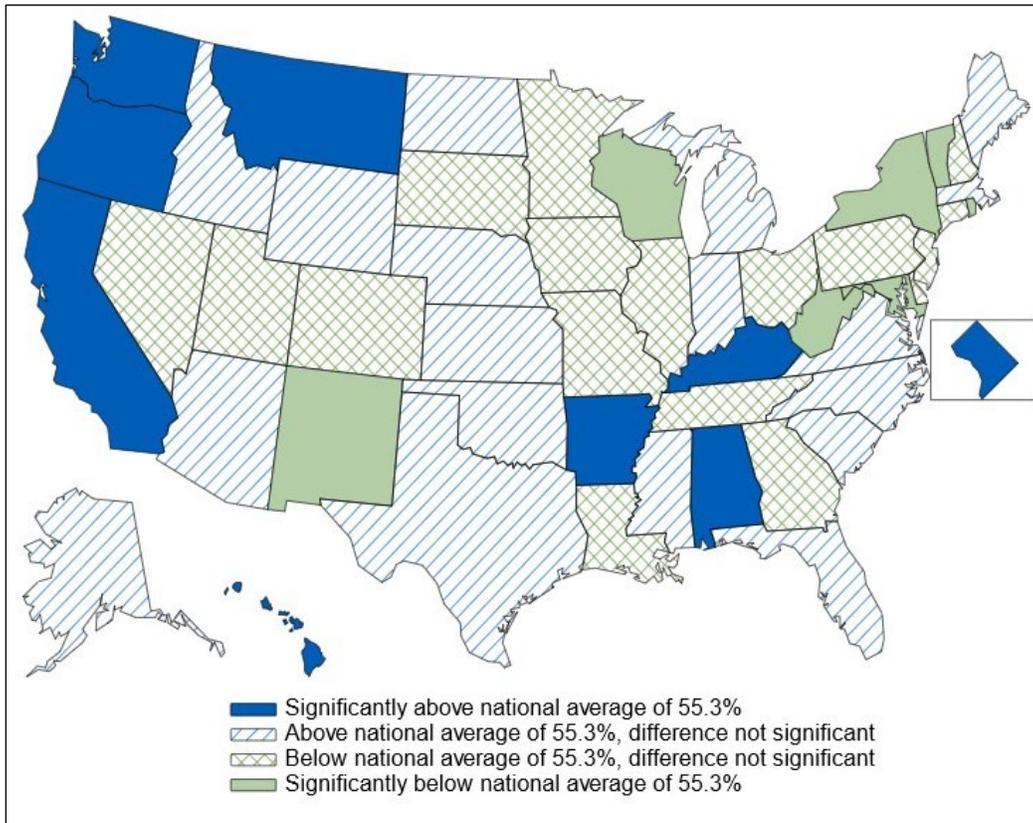


State	Percentage	State	Percentage	State	Percentage
Alabama	58.3%*	Kentucky	45.5%	North Dakota	57.6%*
Alaska	29.0%*	Louisiana	46.4%	Ohio	47.8%
Arizona	49.9%	Maine	50.7%	Oklahoma	59.3%*
Arkansas	39.6%*	Maryland	56.9%*	Oregon	54.7%
California	55.1%*	Massachusetts	57.6%*	Pennsylvania	54.7%
Colorado	55.3%	Michigan	48.6%	Rhode Island	57.0%*
Connecticut	51.8%	Minnesota	50.0%	South Carolina	38.7%*
Delaware	50.3%	Mississippi	56.5%*	South Dakota	49.1%
District of Columbia	71.7%*	Missouri	57.0%*	Tennessee	44.7%*
Florida	39.6%*	Montana	40.7%*	Texas	46.1%*
Georgia	47.3%	Nebraska	40.9%*	Utah	40.8%*
Hawaii	88.7%*	Nevada	54.8%	Vermont	47.3%
Idaho	42.2%*	New Hampshire	53.7%	Virginia	58.9%*
Illinois	55.5%*	New Jersey	51.4%	Washington	53.0%
Indiana	44.0%*	New Mexico	44.5%*	West Virginia	44.5%*
Iowa	54.1%	New York	56.5%*	Wisconsin	51.5%
Kansas	52.5%	North Carolina	42.6%*	Wyoming	39.4%*

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of 50.7% at  $p < 0.05$ .

**Figure 3. Coverage rate: Percentage of private-sector employees who are enrolled in health insurance at establishments that offer health insurance, by state, 3-year average, 2021–2023**

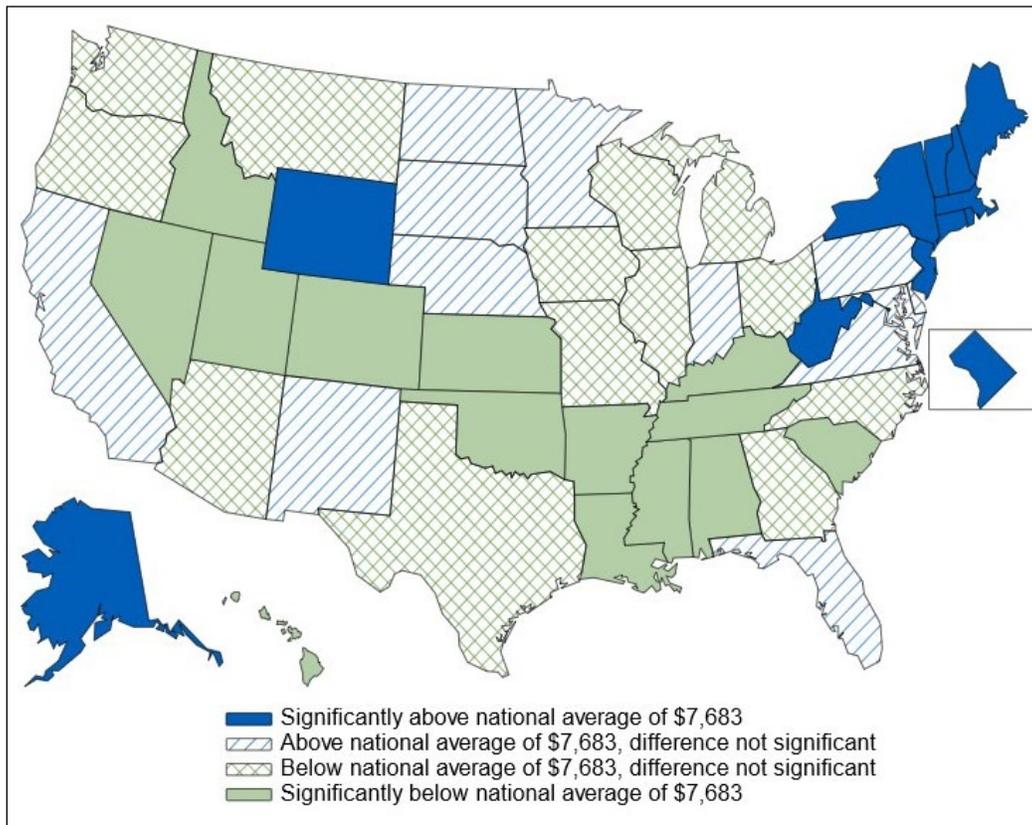


State	Percentage	State	Percentage	State	Percentage
Alabama	59.6%*	Kentucky	58.7%*	North Dakota	57.4%
Alaska	56.0%	Louisiana	53.4%	Ohio	54.6%
Arizona	55.4%	Maine	56.3%	Oklahoma	56.9%
Arkansas	61.9%*	Maryland	52.1%*	Oregon	62.3%*
California	57.9%*	Massachusetts	55.6%	Pennsylvania	55.1%
Colorado	54.7%	Michigan	57.0%	Rhode Island	50.3%*
Connecticut	53.3%	Minnesota	53.7%	South Carolina	57.3%
Delaware	52.8%	Mississippi	57.0%	South Dakota	53.5%
District of Columbia	59.7%*	Missouri	55.2%	Tennessee	54.8%
Florida	55.5%	Montana	60.3%*	Texas	55.6%
Georgia	55.0%	Nebraska	56.2%	Utah	52.1%
Hawaii	62.5%*	Nevada	54.9%	Vermont	50.0%*
Idaho	56.9%	New Hampshire	53.3%	Virginia	56.3%
Illinois	54.5%	New Jersey	53.1%	Washington	61.0%*
Indiana	55.9%	New Mexico	49.5%*	West Virginia	51.0%*
Iowa	55.1%	New York	46.6%*	Wisconsin	52.5%*
Kansas	56.5%	North Carolina	57.4%	Wyoming	57.2%

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of 55.3% at  $p < 0.05$ .

**Figure 4. Average total single premium (in dollars) per enrolled employee, by state, 3-year average, 2021–2023**

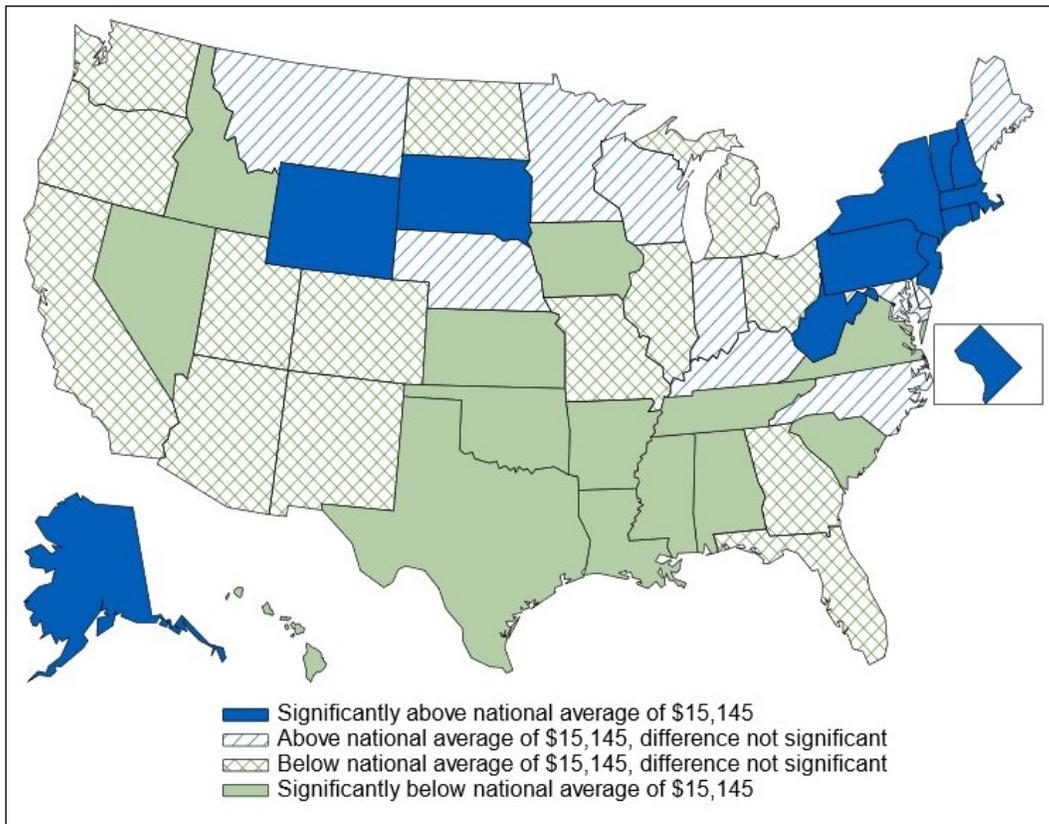


State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$6,987*	Kentucky	\$7,386*	North Dakota	\$7,853
Alaska	\$8,841*	Louisiana	\$7,359*	Ohio	\$7,643
Arizona	\$7,367	Maine	\$8,178*	Oklahoma	\$7,028*
Arkansas	\$6,853*	Maryland	\$7,697	Oregon	\$7,441
California	\$7,708	Massachusetts	\$8,514*	Pennsylvania	\$7,850
Colorado	\$7,349*	Michigan	\$7,402	Rhode Island	\$8,161*
Connecticut	\$8,166*	Minnesota	\$7,686	South Carolina	\$7,284*
Delaware	\$7,845	Mississippi	\$6,929*	South Dakota	\$7,783
District of Columbia	\$8,536*	Missouri	\$7,655	Tennessee	\$7,177*
Florida	\$7,715	Montana	\$7,628	Texas	\$7,522
Georgia	\$7,498	Nebraska	\$7,781	Utah	\$7,111*
Hawaii	\$7,171*	Nevada	\$7,129*	Vermont	\$8,202*
Idaho	\$7,089*	New Hampshire	\$8,172*	Virginia	\$7,687
Illinois	\$7,634	New Jersey	\$8,413*	Washington	\$7,483
Indiana	\$7,799	New Mexico	\$7,826	West Virginia	\$8,273*
Iowa	\$7,449	New York	\$8,850*	Wisconsin	\$7,620
Kansas	\$7,082*	North Carolina	\$7,494	Wyoming	\$8,178*

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of \$7,683 at  $p < 0.05$ .

**Figure 5. Average total employee-plus-one (in dollars) premium per enrolled employee, by state, 3-year average, 2021–2023**

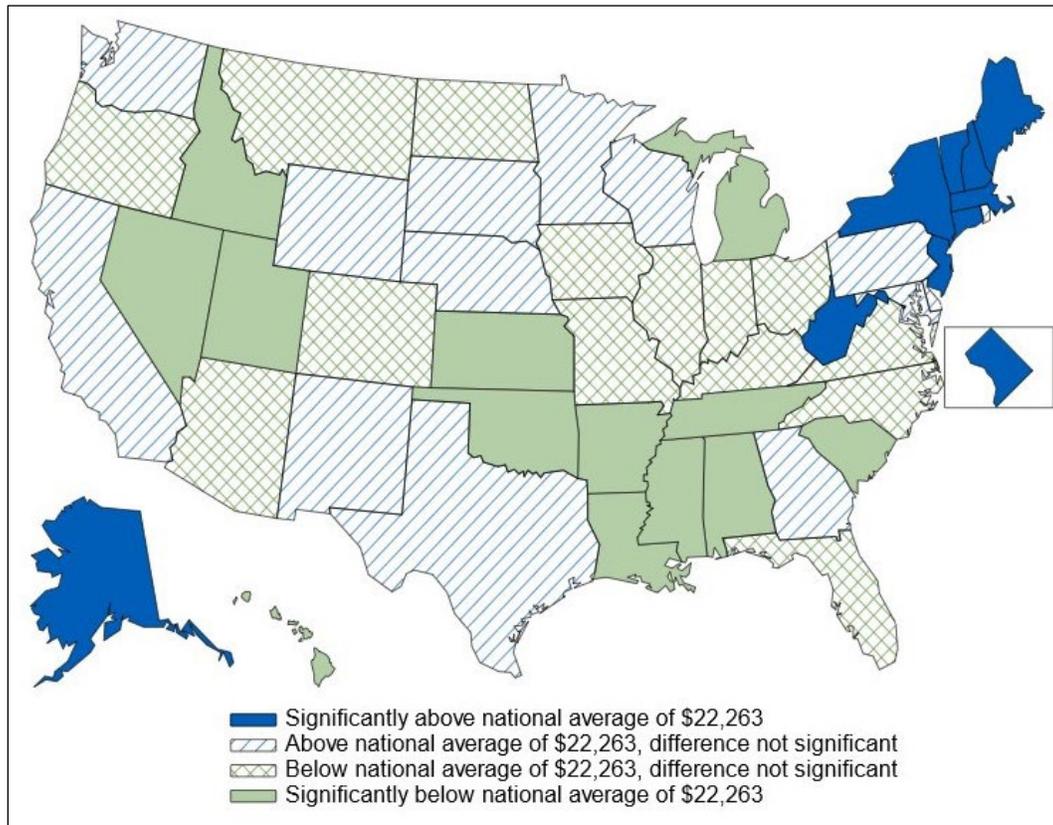


State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$13,734*	Kentucky	\$15,499	North Dakota	\$14,845
Alaska	\$17,518*	Louisiana	\$14,207*	Ohio	\$15,113
Arizona	\$15,022	Maine	\$15,530	Oklahoma	\$13,941*
Arkansas	\$13,526*	Maryland	\$15,417	Oregon	\$14,564
California	\$15,094	Massachusetts	\$16,405*	Pennsylvania	\$16,047*
Colorado	\$14,940	Michigan	\$14,909	Rhode Island	\$15,970*
Connecticut	\$16,503*	Minnesota	\$15,592	South Carolina	\$14,320*
Delaware	\$15,171	Mississippi	\$13,778*	South Dakota	\$16,129*
District of Columbia	\$16,856*	Missouri	\$15,006	Tennessee	\$13,993*
Florida	\$14,826	Montana	\$15,303	Texas	\$14,512*
Georgia	\$15,057	Nebraska	\$15,301	Utah	\$14,450
Hawaii	\$14,058*	Nevada	\$14,004*	Vermont	\$16,623*
Idaho	\$13,714*	New Hampshire	\$16,645*	Virginia	\$14,412*
Illinois	\$15,062	New Jersey	\$16,742*	Washington	\$15,020
Indiana	\$15,422	New Mexico	\$14,883	West Virginia	\$16,222*
Iowa	\$14,583*	New York	\$16,640*	Wisconsin	\$15,551
Kansas	\$13,972*	North Carolina	\$15,445	Wyoming	\$15,915*

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of \$15,145 at  $p < 0.05$ .

Figure 6. Average total family premium (in dollars) per enrolled employee, by state, 3-year average, 2021–2023

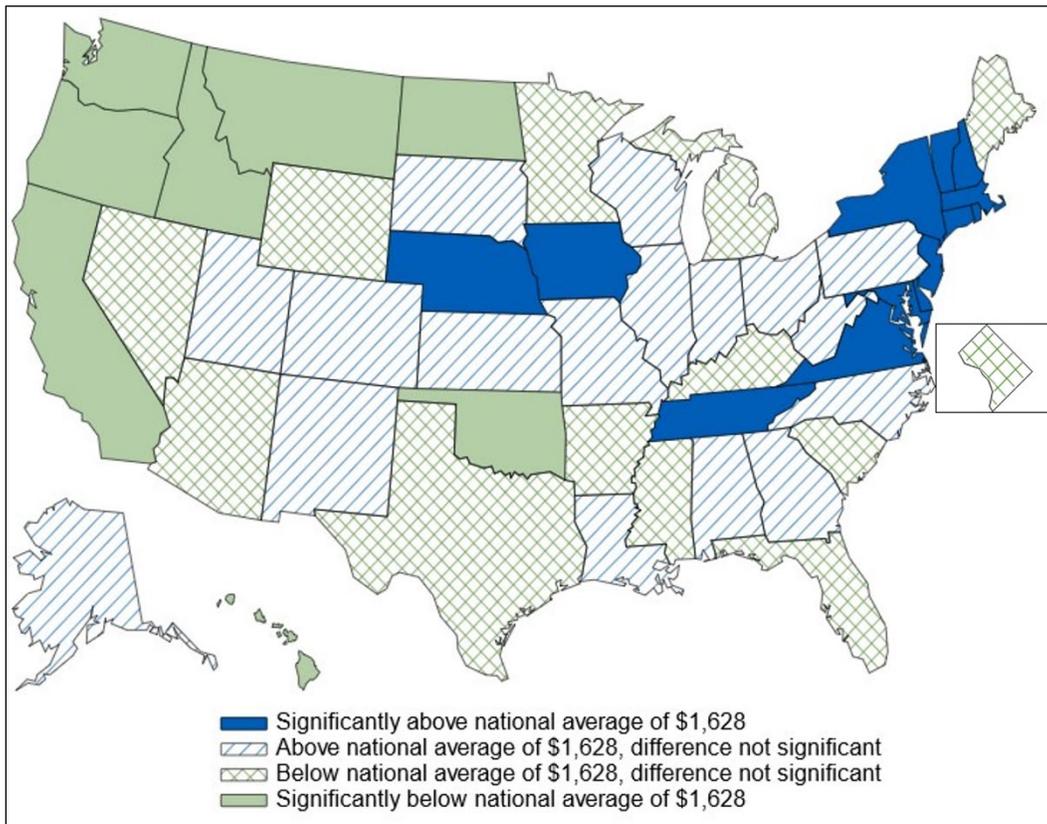


State	Average (\$s)	State	Average (\$s)	State	Average (\$s)
Alabama	\$19,858*	Kentucky	\$22,160	North Dakota	\$21,808
Alaska	\$24,706*	Louisiana	\$20,766*	Ohio	\$22,032
Arizona	\$22,009	Maine	\$23,142*	Oklahoma	\$20,191*
Arkansas	\$19,534*	Maryland	\$22,662	Oregon	\$21,413
California	\$22,460	Massachusetts	\$23,804*	Pennsylvania	\$22,731
Colorado	\$21,768	Michigan	\$20,790*	Rhode Island	\$22,749
Connecticut	\$24,448*	Minnesota	\$22,664	South Carolina	\$20,619*
Delaware	\$22,394	Mississippi	\$20,686*	South Dakota	\$22,949
District of Columbia	\$24,705*	Missouri	\$22,114	Tennessee	\$20,986*
Florida	\$22,009	Montana	\$21,549	Texas	\$22,405
Georgia	\$22,808	Nebraska	\$22,324	Utah	\$20,673*
Hawaii	\$19,749*	Nevada	\$20,900*	Vermont	\$23,990*
Idaho	\$20,983*	New Hampshire	\$24,618*	Virginia	\$21,862
Illinois	\$21,859	New Jersey	\$24,407*	Washington	\$22,383
Indiana	\$21,774	New Mexico	\$22,272	West Virginia	\$23,951*
Iowa	\$21,650	New York	\$24,416*	Wisconsin	\$22,541
Kansas	\$20,325*	North Carolina	\$21,631	Wyoming	\$22,950

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

Note: \* Indicates the estimate is statistically different from the national average of \$22,263 at  $p < 0.05$ .

**Figure 7. Average annual employee contribution (in dollars) for single coverage, by state, 3-year average, 2021–2023**

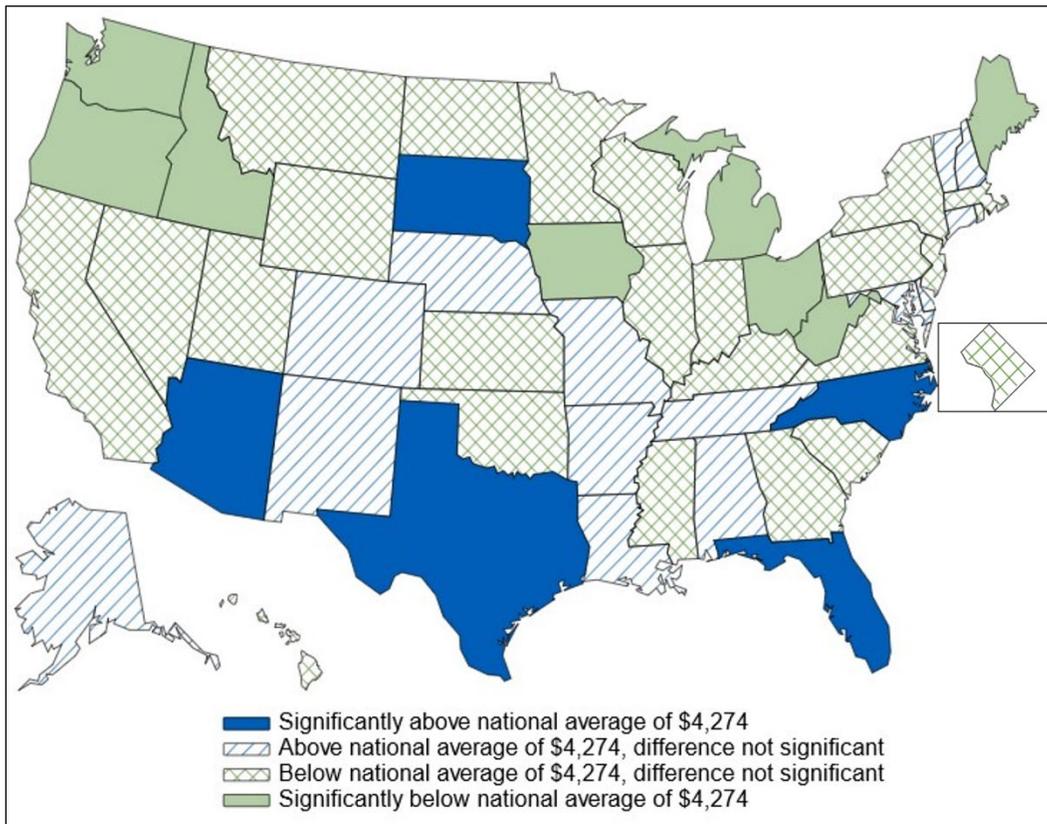


State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$1,665	Kentucky	\$1,575	North Dakota	\$1,369*
Alaska	\$1,673	Louisiana	\$1,721	Ohio	\$1,649
Arizona	\$1,524	Maine	\$1,614	Oklahoma	\$1,492*
Arkansas	\$1,593	Maryland	\$1,833*	Oregon	\$1,048*
California	\$1,462*	Massachusetts	\$1,919*	Pennsylvania	\$1,667
Colorado	\$1,650	Michigan	\$1,615	Rhode Island	\$1,862*
Connecticut	\$1,895*	Minnesota	\$1,549	South Carolina	\$1,592
Delaware	\$1,805*	Mississippi	\$1,571	South Dakota	\$1,663
District of Columbia	\$1,521	Missouri	\$1,712	Tennessee	\$1,770*
Florida	\$1,566	Montana	\$1,235*	Texas	\$1,620
Georgia	\$1,739	Nebraska	\$1,796*	Utah	\$1,642
Hawaii	\$990*	Nevada	\$1,505	Vermont	\$1,987*
Idaho	\$1,231*	New Hampshire	\$1,866*	Virginia	\$1,810*
Illinois	\$1,723	New Jersey	\$1,811*	Washington	\$1,251*
Indiana	\$1,674	New Mexico	\$1,713	West Virginia	\$1,759
Iowa	\$1,905*	New York	\$1,809*	Wisconsin	\$1,690
Kansas	\$1,637	North Carolina	\$1,727	Wyoming	\$1,507

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of \$1,628 at  $p < 0.05$ .

**Figure 8. Average annual employee contribution (in dollars) for employee-plus-one coverage, by state, 3-year average, 2021–2023**

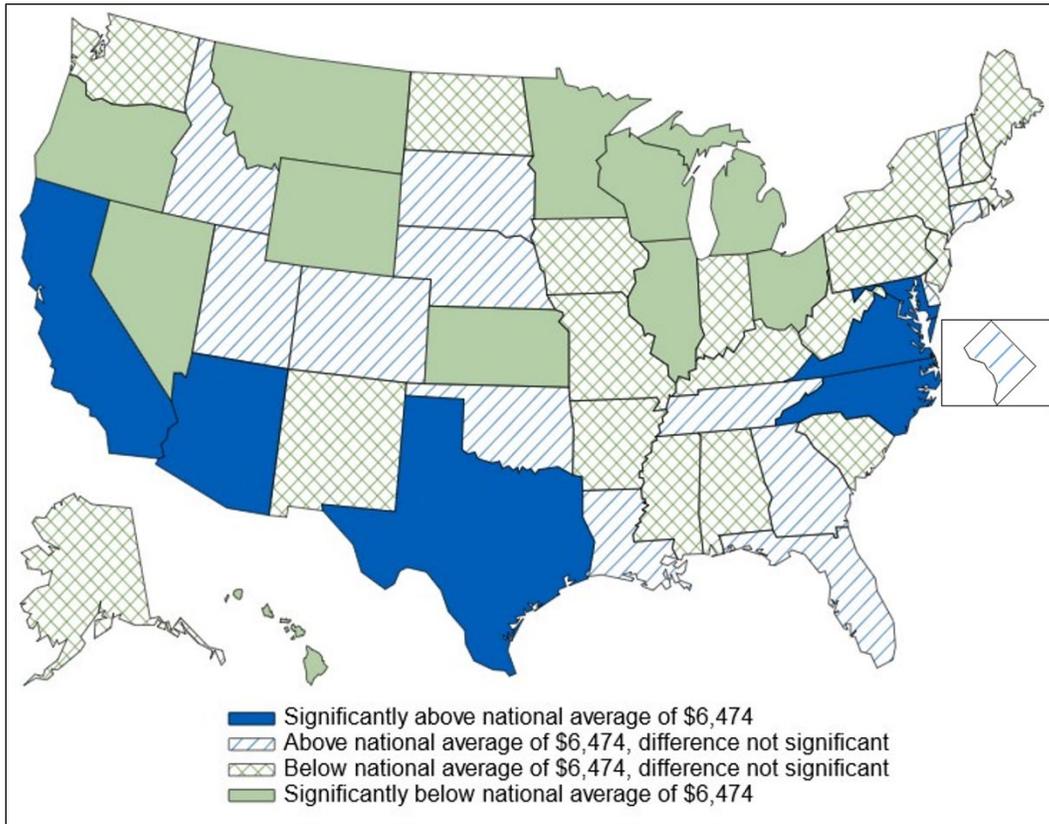


State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$4,320	Kentucky	\$3,983	North Dakota	\$4,151
Alaska	\$4,339	Louisiana	\$4,948	Ohio	\$3,965*
Arizona	\$4,716*	Maine	\$3,972*	Oklahoma	\$4,258
Arkansas	\$4,348	Maryland	\$4,598	Oregon	\$3,427*
California	\$4,261	Massachusetts	\$4,056	Pennsylvania	\$4,042
Colorado	\$4,310	Michigan	\$3,764*	Rhode Island	\$4,076
Connecticut	\$4,293	Minnesota	\$4,062	South Carolina	\$3,948
Delaware	\$4,445	Mississippi	\$4,140	South Dakota	\$4,937*
District of Columbia	\$4,179	Missouri	\$4,445	Tennessee	\$4,472
Florida	\$4,689*	Montana	\$3,995	Texas	\$4,779*
Georgia	\$4,216	Nebraska	\$4,479	Utah	\$3,873
Hawaii	\$3,925	Nevada	\$3,970	Vermont	\$4,506
Idaho	\$3,907*	New Hampshire	\$4,503	Virginia	\$4,262
Illinois	\$4,183	New Jersey	\$4,141	Washington	\$3,889*
Indiana	\$4,126	New Mexico	\$4,475	West Virginia	\$3,860*
Iowa	\$3,932*	New York	\$3,955	Wisconsin	\$4,003
Kansas	\$4,049	North Carolina	\$5,045*	Wyoming	\$4,129

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of \$4,274 at  $p < 0.05$ .

**Figure 9. Average annual employee contribution (in dollars) for family coverage, by state, 3-year average, 2021–2023**

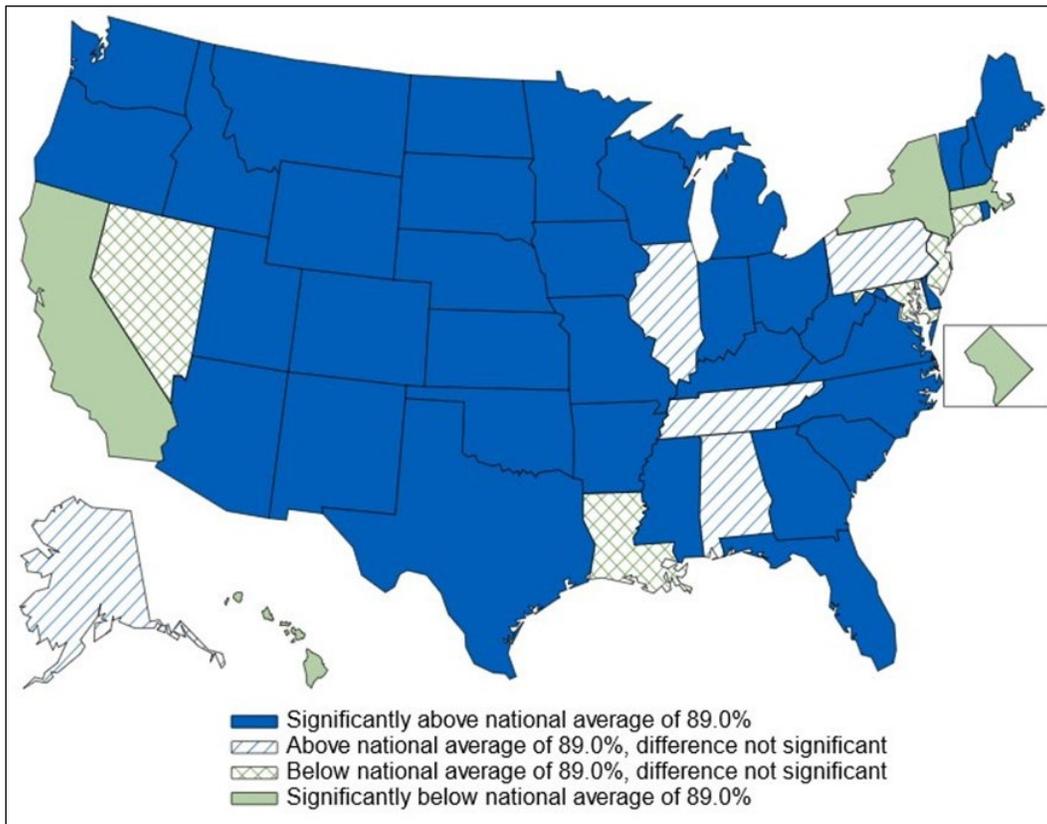


State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$6,379	Kentucky	\$5,930	North Dakota	\$6,296
Alaska	\$6,118	Louisiana	\$6,977	Ohio	\$5,703*
Arizona	\$7,416*	Maine	\$6,444	Oklahoma	\$6,493
Arkansas	\$6,129	Maryland	\$7,301*	Oregon	\$5,262*
California	\$6,970*	Massachusetts	\$6,439	Pennsylvania	\$6,469
Colorado	\$6,587	Michigan	\$5,030*	Rhode Island	\$6,144
Connecticut	\$6,540	Minnesota	\$5,792*	South Carolina	\$6,062
Delaware	\$6,948	Mississippi	\$6,445	South Dakota	\$6,791
District of Columbia	\$6,537	Missouri	\$6,451	Tennessee	\$6,940
Florida	\$7,052	Montana	\$5,693*	Texas	\$7,141*
Georgia	\$6,597	Nebraska	\$6,713	Utah	\$6,483
Hawaii	\$5,280*	Nevada	\$5,830*	Vermont	\$6,721
Idaho	\$6,513	New Hampshire	\$6,251	Virginia	\$7,312*
Illinois	\$5,804*	New Jersey	\$6,186	Washington	\$6,214
Indiana	\$6,029	New Mexico	\$6,299	West Virginia	\$6,384
Iowa	\$6,161	New York	\$6,144	Wisconsin	\$5,494*
Kansas	\$5,795*	North Carolina	\$7,403*	Wyoming	\$5,750*

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of \$6,474 at  $p < 0.05$ .

**Figure 10. Percentage of private-sector enrolled employees in a health insurance plan with a deductible, by state, 3-year average, 2021–2023**

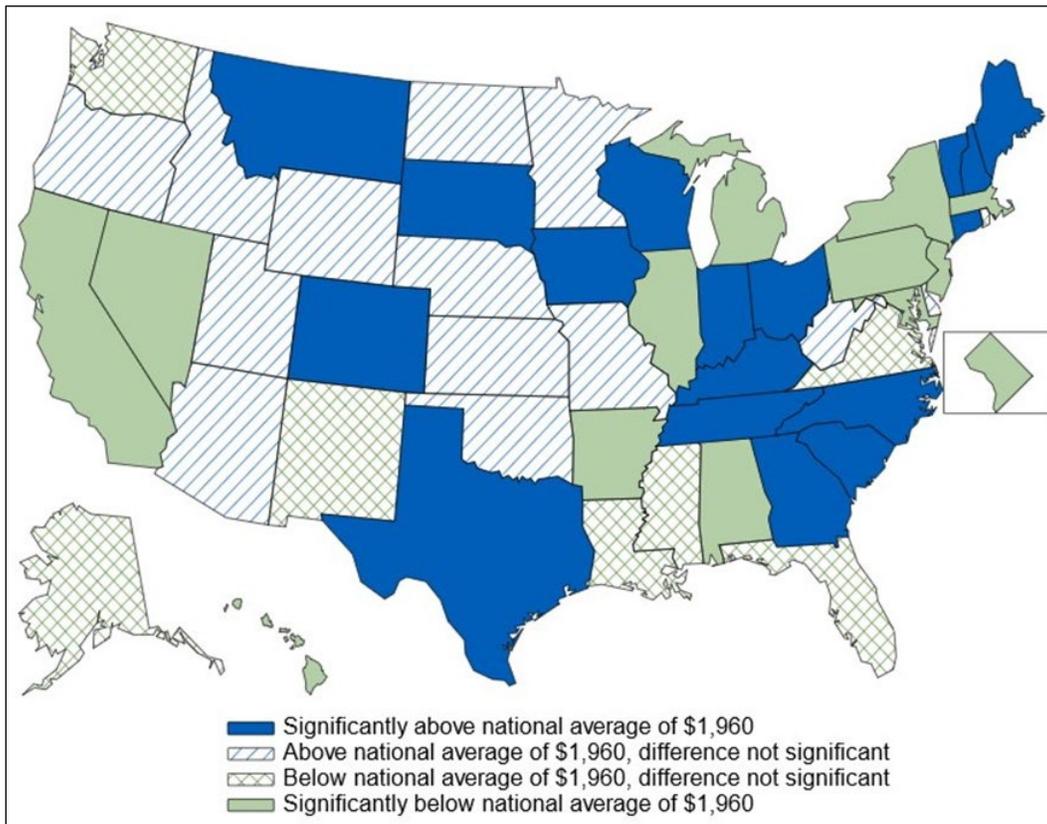


State	Percentage	State	Percentage	State	Percentage
Alabama	91.2%	Kentucky	94.8%*	North Dakota	96.5%*
Alaska	91.4%	Louisiana	89.0%	Ohio	93.2%*
Arizona	94.6%*	Maine	96.7%*	Oklahoma	94.3%*
Arkansas	93.9%*	Maryland	88.5%	Oregon	94.6%*
California	75.4%*	Massachusetts	83.8%*	Pennsylvania	89.7%
Colorado	94.3%*	Michigan	92.2%*	Rhode Island	92.1%*
Connecticut	86.6%	Minnesota	95.2%*	South Carolina	94.2%*
Delaware	92.1%*	Mississippi	95.0%*	South Dakota	96.0%*
District of Columbia	78.1%*	Missouri	93.4%*	Tennessee	91.9%
Florida	92.1%*	Montana	98.4%*	Texas	93.2%*
Georgia	92.1%*	Nebraska	96.6%*	Utah	95.1%*
Hawaii	43.0%*	Nevada	86.3%	Vermont	94.1%*
Idaho	95.5%*	New Hampshire	93.1%*	Virginia	92.9%*
Illinois	89.1%	New Jersey	87.5%	Washington	94.4%*
Indiana	94.3%*	New Mexico	91.8%*	West Virginia	95.0%*
Iowa	93.7%*	New York	78.6%*	Wisconsin	92.3%*
Kansas	93.9%*	North Carolina	93.2%*	Wyoming	97.6%*

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of 89.0% at  $p < 0.05$ .

**Figure 11. Average individual deductible (in dollars) per employee enrolled with single coverage in a health insurance plan with a deductible, by state, 3-year average, 2021–2023**

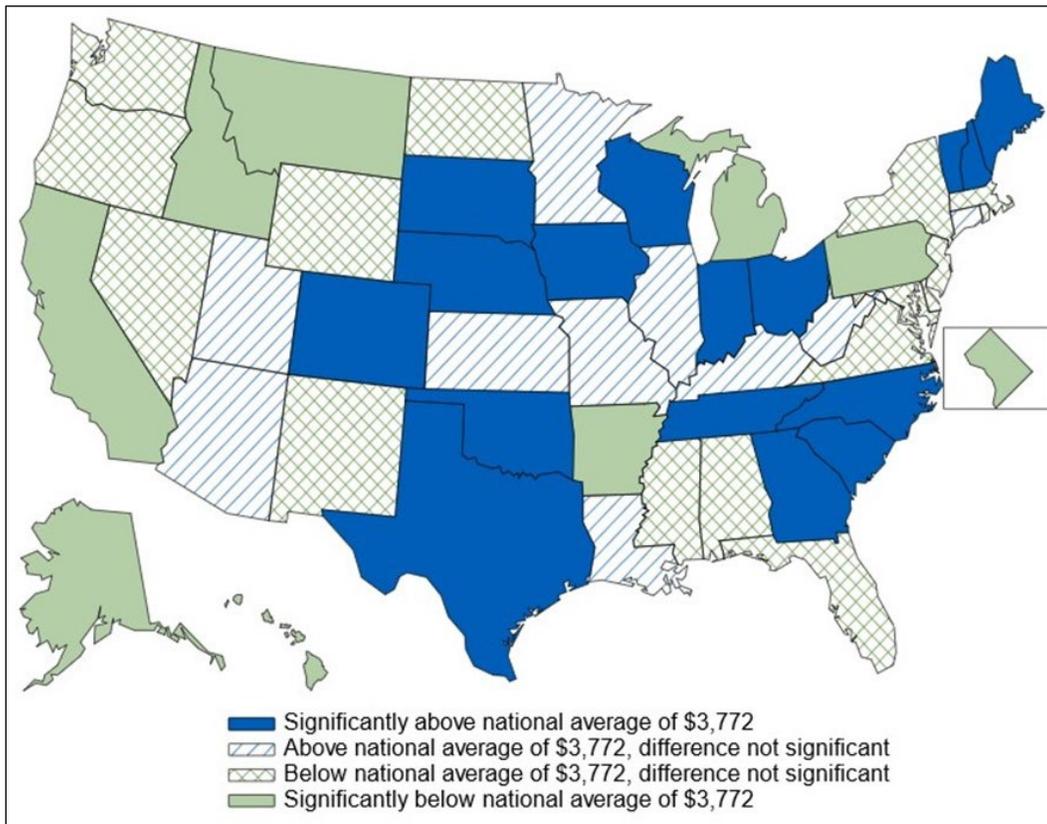


State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$1,674*	Kentucky	\$2,129*	North Dakota	\$2,056
Alaska	\$1,925	Louisiana	\$1,900	Ohio	\$2,120*
Arizona	\$2,058	Maine	\$2,543*	Oklahoma	\$2,061
Arkansas	\$1,817*	Maryland	\$1,741*	Oregon	\$2,064
California	\$1,651*	Massachusetts	\$1,756*	Pennsylvania	\$1,745*
Colorado	\$2,119*	Michigan	\$1,569*	Rhode Island	\$1,902
Connecticut	\$2,248*	Minnesota	\$2,120	South Carolina	\$2,193*
Delaware	\$1,968	Mississippi	\$1,938	South Dakota	\$2,508*
District of Columbia	\$1,329*	Missouri	\$2,082	Tennessee	\$2,300*
Florida	\$1,923	Montana	\$2,377*	Texas	\$2,208*
Georgia	\$2,199*	Nebraska	\$2,072	Utah	\$2,049
Hawaii	\$1,203*	Nevada	\$1,767*	Vermont	\$2,282*
Idaho	\$1,967	New Hampshire	\$2,502*	Virginia	\$1,953
Illinois	\$1,809*	New Jersey	\$1,741*	Washington	\$1,936
Indiana	\$2,189*	New Mexico	\$1,913	West Virginia	\$1,991
Iowa	\$2,265*	New York	\$1,764*	Wisconsin	\$2,189*
Kansas	\$2,008	North Carolina	\$2,250*	Wyoming	\$1,967

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of \$1,960 at  $p < 0.05$ .

**Figure 12. Average family deductible (in dollars) per employee enrolled with family coverage in a health insurance plan with a deductible, by state, 3-year average, 2021–2023**

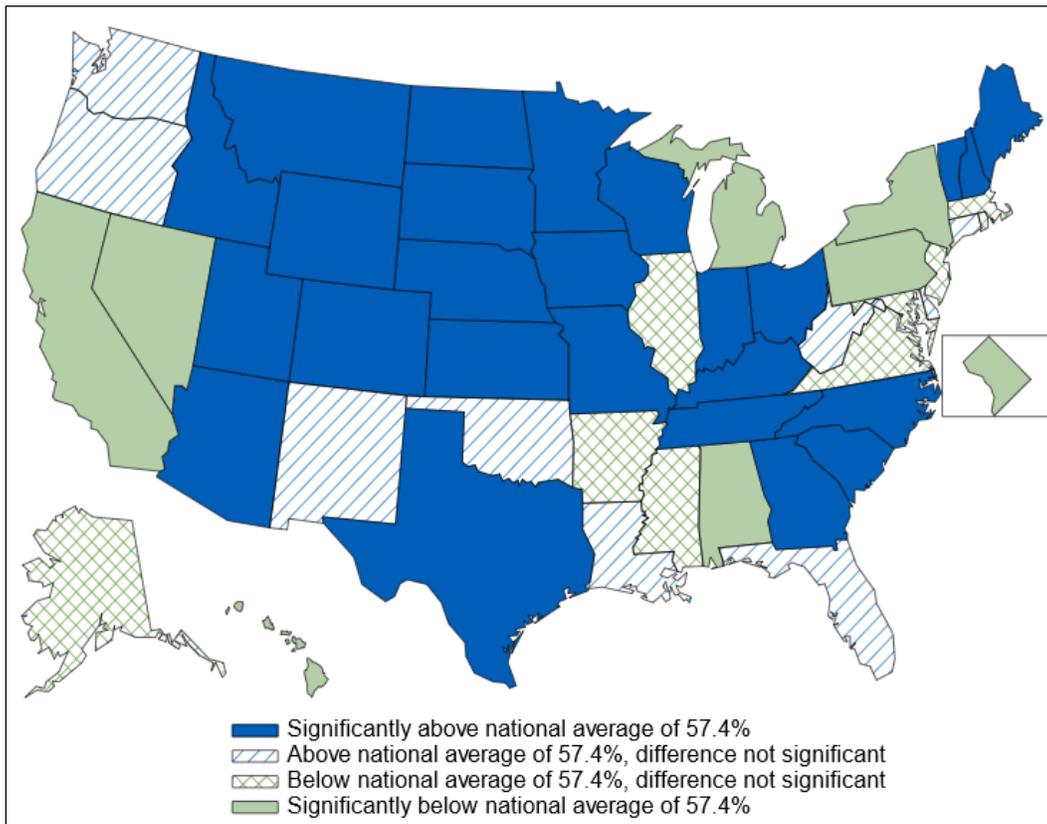


State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$3,456	Kentucky	\$3,829	North Dakota	\$3,608
Alaska	\$3,387*	Louisiana	\$3,787	Ohio	\$4,063*
Arizona	\$4,134	Maine	\$4,176*	Oklahoma	\$4,435*
Arkansas	\$3,270*	Maryland	\$3,543	Oregon	\$3,578
California	\$3,471*	Massachusetts	\$3,498	Pennsylvania	\$3,103*
Colorado	\$4,140*	Michigan	\$3,291*	Rhode Island	\$3,722
Connecticut	\$4,152	Minnesota	\$3,967	South Carolina	\$4,193*
Delaware	\$3,597	Mississippi	\$3,665	South Dakota	\$4,549*
District of Columbia	\$2,927*	Missouri	\$3,827	Tennessee	\$4,153*
Florida	\$3,665	Montana	\$3,276*	Texas	\$4,096*
Georgia	\$4,315*	Nebraska	\$4,096*	Utah	\$3,970
Hawaii	\$2,959*	Nevada	\$3,640	Vermont	\$4,147*
Idaho	\$3,366*	New Hampshire	\$4,477*	Virginia	\$3,670
Illinois	\$3,826	New Jersey	\$3,506	Washington	\$3,600
Indiana	\$4,105*	New Mexico	\$3,695	West Virginia	\$4,049
Iowa	\$4,027*	New York	\$3,584	Wisconsin	\$4,138*
Kansas	\$3,864	North Carolina	\$4,118*	Wyoming	\$3,569

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of \$3,772 at  $p < 0.05$ .

**Figure 13. Among private-sector enrolled employees with single coverage, percentage in a high-deductible health insurance plan, by state, 3-year average, 2021–2023**

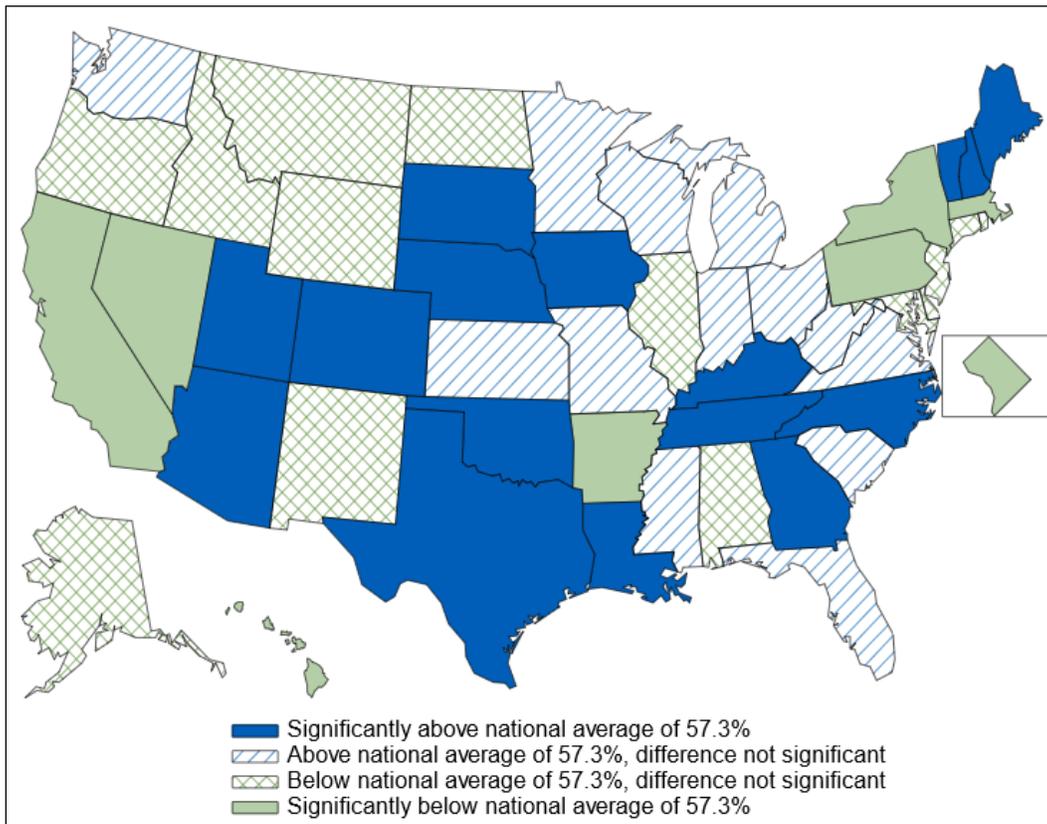


State	Percentage	State	Percentage	State	Percentage
Alabama	44.5%*	Kentucky	69.1%*	North Dakota	67.7%*
Alaska	55.6%	Louisiana	57.8%	Ohio	64.3%*
Arizona	64.3%*	Maine	75.4%*	Oklahoma	58.6%
Arkansas	55.9%	Maryland	53.7%	Oregon	61.2%
California	42.6%*	Massachusetts	54.4%	Pennsylvania	51.0%*
Colorado	67.7%*	Michigan	50.1%*	Rhode Island	55.8%
Connecticut	62.8%	Minnesota	64.0%*	South Carolina	67.9%*
Delaware	59.3%	Mississippi	55.9%	South Dakota	78.7%*
District of Columbia	32.6%*	Missouri	62.6%*	Tennessee	68.3%*
Florida	57.7%	Montana	65.6%*	Texas	64.1%*
Georgia	66.0%*	Nebraska	69.7%*	Utah	69.8%*
Hawaii	17.1%*	Nevada	47.4%*	Vermont	67.7%*
Idaho	63.8%*	New Hampshire	75.2%*	Virginia	56.9%
Illinois	54.2%	New Jersey	55.0%	Washington	61.7%
Indiana	65.5%*	New Mexico	59.1%	West Virginia	57.8%
Iowa	69.8%*	New York	49.9%*	Wisconsin	65.7%*
Kansas	64.1%*	North Carolina	65.7%*	Wyoming	64.0%*

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of 57.4% at  $p < 0.05$ .

**Figure 14. Among private-sector enrolled employees with family coverage, percentage in a high-deductible health insurance plan, by state, 3-year average, 2021–2023**

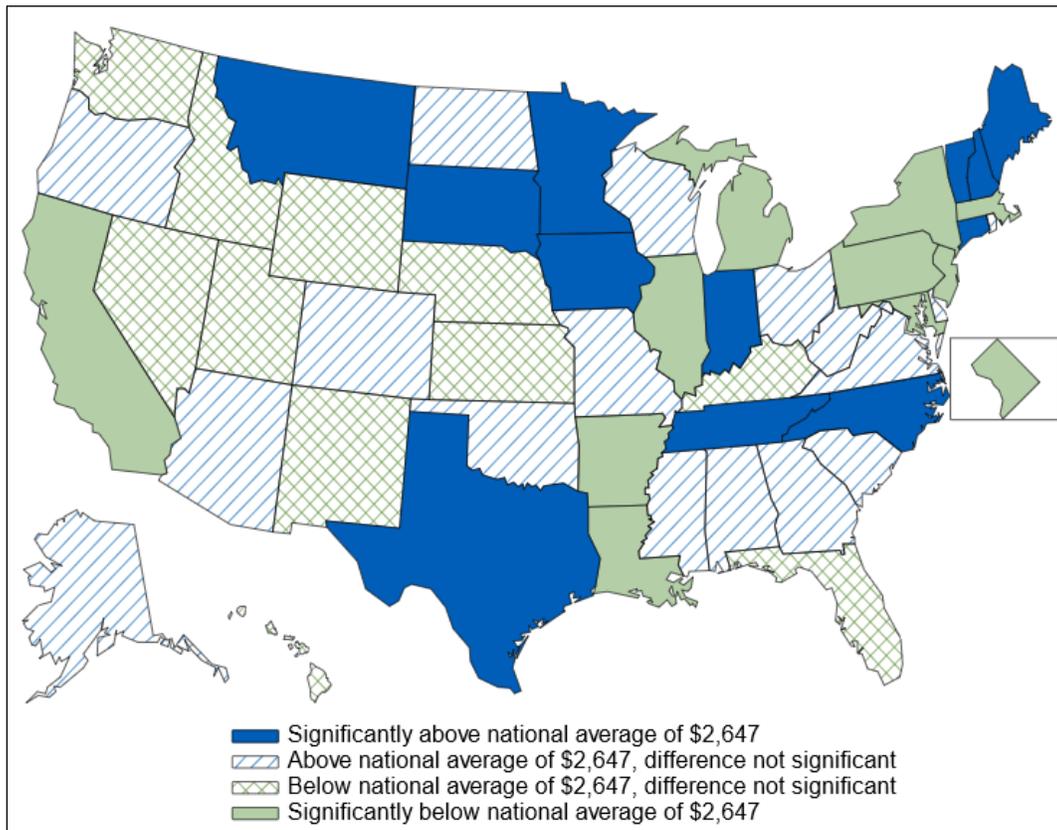


State	Percentage	State	Percentage	State	Percentage
Alabama	50.2%	Kentucky	66.1%*	North Dakota	57.2%
Alaska	51.3%	Louisiana	64.0%*	Ohio	60.9%
Arizona	65.8%*	Maine	68.4%*	Oklahoma	64.9%*
Arkansas	48.1%*	Maryland	55.6%	Oregon	56.0%
California	46.3%*	Massachusetts	50.0%*	Pennsylvania	45.9%*
Colorado	69.1%*	Michigan	57.7%	Rhode Island	54.1%
Connecticut	53.7%	Minnesota	62.1%	South Carolina	63.1%
Delaware	51.7%	Mississippi	57.6%	South Dakota	69.7%*
District of Columbia	40.8%*	Missouri	60.1%	Tennessee	63.6%*
Florida	61.3%	Montana	48.3%	Texas	63.7%*
Georgia	65.2%*	Nebraska	68.0%*	Utah	66.5%*
Hawaii	20.5%*	Nevada	49.3%*	Vermont	67.5%*
Idaho	54.9%	New Hampshire	64.5%*	Virginia	58.8%
Illinois	56.4%	New Jersey	53.8%	Washington	60.0%
Indiana	62.5%	New Mexico	57.2%	West Virginia	61.8%
Iowa	63.8%*	New York	52.4%*	Wisconsin	61.7%
Kansas	59.0%	North Carolina	64.7%*	Wyoming	56.9%

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of 57.3% at  $p < 0.05$ .

**Figure 15. Average individual deductible (in dollars) per employee enrolled with single coverage in a high-deductible health insurance plan, by state, 3-year average, 2021–2023**

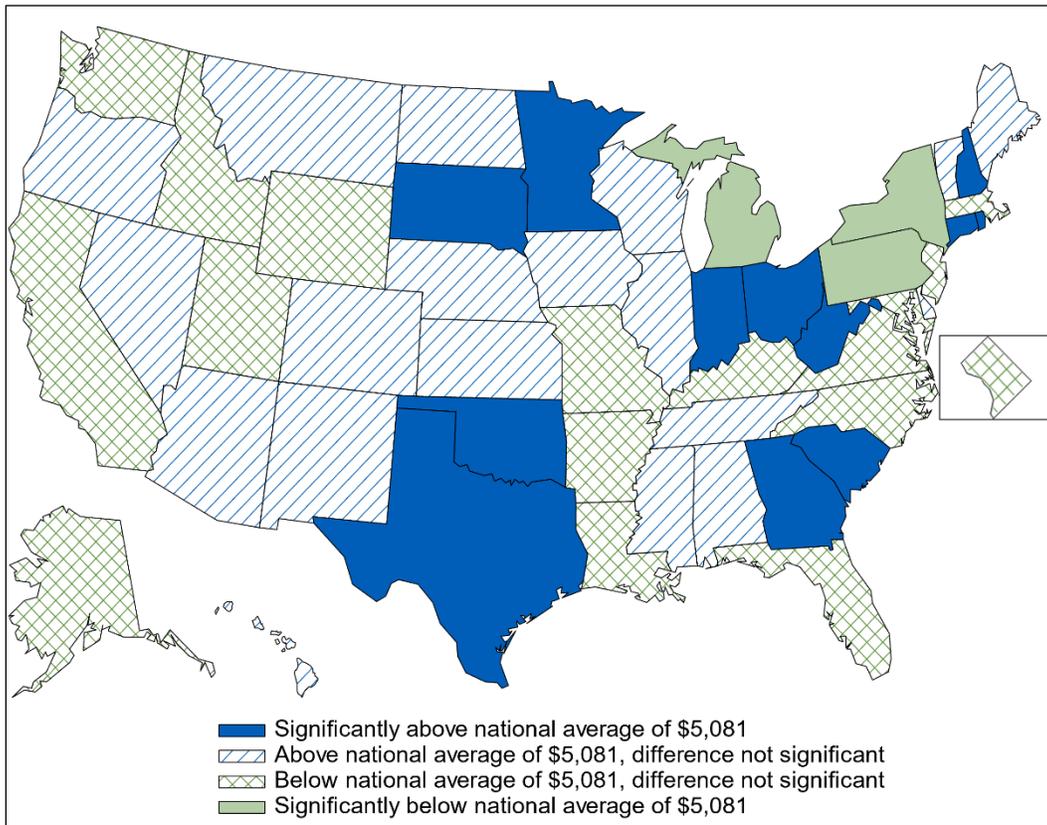


State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$2,755	Kentucky	\$2,638	North Dakota	\$2,647
Alaska	\$2,659	Louisiana	\$2,455*	Ohio	\$2,757
Arizona	\$2,695	Maine	\$3,052*	Oklahoma	\$2,804
Arkansas	\$2,516*	Maryland	\$2,414*	Oregon	\$2,839
California	\$2,436*	Massachusetts	\$2,388*	Pennsylvania	\$2,519*
Colorado	\$2,648	Michigan	\$2,302*	Rhode Island	\$2,651
Connecticut	\$2,892*	Minnesota	\$2,821*	South Carolina	\$2,733
Delaware	\$2,652	Mississippi	\$2,773	South Dakota	\$2,883*
District of Columbia	\$2,334*	Missouri	\$2,741	Tennessee	\$2,849*
Florida	\$2,638	Montana	\$3,165*	Texas	\$2,862*
Georgia	\$2,770	Nebraska	\$2,590	Utah	\$2,531
Hawaii	\$2,436	Nevada	\$2,606	Vermont	\$2,881*
Idaho	\$2,567	New Hampshire	\$2,934*	Virginia	\$2,711
Illinois	\$2,519*	New Jersey	\$2,355*	Washington	\$2,590
Indiana	\$2,823*	New Mexico	\$2,586	West Virginia	\$2,809
Iowa	\$2,775*	New York	\$2,375*	Wisconsin	\$2,755
Kansas	\$2,594	North Carolina	\$2,864*	Wyoming	\$2,588

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023.

**Note:** \* Indicates the estimate is statistically different from the national average of \$2,647 at  $p < 0.05$ .

**Figure 16. Average family deductible (in dollars) per employee enrolled with family coverage in a high-deductible health insurance plan, by state, 3-year average, 2021–2023**



State	Average (\$)	State	Average (\$)	State	Average (\$)
Alabama	\$5,347	Kentucky	\$4,888	North Dakota	\$5,125
Alaska	\$4,877	Louisiana	\$4,825	Ohio	\$5,384*
Arizona	\$5,271	Maine	\$5,355	Oklahoma	\$5,725*
Arkansas	\$4,888	Maryland	\$4,844	Oregon	\$5,277
California	\$4,883	Massachusetts	\$4,847	Pennsylvania	\$4,790*
Colorado	\$5,122	Michigan	\$4,445*	Rhode Island	\$5,447*
Connecticut	\$5,679*	Minnesota	\$5,326*	South Carolina	\$5,527*
Delaware	\$5,360	Mississippi	\$5,142	South Dakota	\$5,578*
District of Columbia	\$4,737	Missouri	\$5,072	Tennessee	\$5,217
Florida	\$4,796	Montana	\$5,135	Texas	\$5,351*
Georgia	\$5,558*	Nebraska	\$5,107	Utah	\$5,011
Hawaii	\$5,209	Nevada	\$5,396	Vermont	\$5,202
Idaho	\$4,768	New Hampshire	\$5,694*	Virginia	\$4,976
Illinois	\$5,208	New Jersey	\$4,852	Washington	\$4,884
Indiana	\$5,445*	New Mexico	\$5,124	West Virginia	\$5,519*
Iowa	\$5,168	New York	\$4,663*	Wisconsin	\$5,337
Kansas	\$5,284	North Carolina	\$5,077	Wyoming	\$4,956

**Source:** Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Insurance Component, private-sector establishments, 2021–2023. **Note:** \* Indicates the estimate is statistically different from the national average of \$5,081 at  $p < 0.05$ .