

STATISTICAL BRIEF #330

July 2011

Offer Rates, Enrollment Rates, Premiums, and Employee Contributions for Employer-Sponsored Health Insurance in the Private Sector for the 10 Largest Metropolitan Areas, 2010

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Introduction

Employer-sponsored health insurance for current workers is one of the primary sources of health insurance coverage in the United States. According to data from the Insurance Component of the 2010 Medical Expenditure Panel Survey (MEPS-IC), approximately 93.8 million of the 108.4 million employees from the private sector worked in firms where the employer offered health insurance. Of those employees who worked where health insurance was offered, approximately 56.1 million were enrolled.

This Statistical Brief presents average offer and enrollment rates, single and family premiums, and single and family employee contributions for private sector employers in the 10 largest metropolitan areas. It compares these values to national averages for the private sector. These values for employer-sponsored health insurance vary considerably by geographic area and other factors, such as size of firm and industry.

Only those estimates with a statistically significant difference from the national average at the 0.05 percent significance level are noted in the text.

Findings

Among the 108.4 million private sector employees in the United States in 2010, 86.5 percent worked where employer-sponsored health insurance was offered (figure 1). Among the 10 largest metropolitan areas, New York (88.3 percent), Philadelphia (91.2 percent), Washington, D.C. (91.1 percent), and Boston (95.0 percent) all had higher percentages of employees working where health insurance was offered than the national average. None of the six remaining areas had rates that differed from the national average.

Of all private sector employees in the U.S. who worked where health insurance was offered, 59.8 percent enrolled (figure 2). None of the 10 largest metropolitan areas' rates differed from the 2010 U.S. average.

In 2010, the U.S. average premium for those enrolled in employer-sponsored single coverage was \$4,940 (figure 3). New York (\$5,302), Philadelphia (\$5,275), and Boston (\$5,349) had average single premiums above the national average; Atlanta had an average single premium (\$4,615) below the national average.

As with single premiums, the Boston area had average employee contributions for single coverage (\$1,180) that were above the U.S. average of \$1,021 (figure 4). Los Angeles (\$1,222) and Chicago (\$1,200) also had above-average single coverage contributions. None of the other 10 largest metropolitan areas had employee contributions for single coverage that differed from the U.S. average in 2010.

The 2010 U.S. private sector average premium for employer-sponsored family coverage was \$13,871 (figure 5). As was the case for single premiums, only Atlanta had a below average family premium (\$12,222), while both New York (\$14,963) and Boston (\$14,469) had family premiums that were above average. Miami-Fort Lauderdale (\$16,050) and Washington, D.C. (\$14,478) also had above-average family premiums among the 10 largest metropolitan areas.

In 2010, the national average employee contribution toward the family premium was \$3,721 (figure 6). In contrast to its higher-than-average family premium, Boston's employee contribution (\$3,252) for family coverage was below the national average. As with family premiums, Miami-Fort Lauderdale (\$4,801) had an above-average family contribution. Both Los Angeles (\$5,019) and Dallas-Fort Worth (\$4,872) also had employee contributions higher than the U.S. average. The remainder of the 10 largest areas' employee contributions did not differ from the family coverage national average.

Highlights

- Of the 10 largest metropolitan areas, New York (88.3 percent), Philadelphia (91.2 percent), Washington, D.C. (91.1 percent), and Boston (95.0 percent) showed higher percentages of employees working where health insurance was offered than the 86.5 percent national average.
- Only Boston had premiums (\$5,349) and employee contributions (\$1,180) for single coverage that were both larger than the national averages.
- Atlanta had both average single premiums (\$4,615) and family premiums (\$12,222) that were below their respective national averages for employer-sponsored health insurance.
- Unlike family coverage in any other of the 10 largest metropolitan areas, Miami-Fort Lauderdale had a premium (\$16,050) and an employee contribution (\$4,801) that were higher than the national average.

Data Source

This Statistical Brief summarizes data from the 2010 MEPS-IC. The data are available on the MEPS Web site at http://www.meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp or have been produced using special computation runs on the confidential MEPS-IC data available at the U.S. Census Bureau.

Definitions

Single coverage

Single coverage is health insurance that covers the employee only. This is also known as employee-only coverage.

Family coverage

Family coverage is health insurance that covers the employee and one or more members of his/her immediate family (spouse and/or children as defined by the plan). For the MEPS-IC survey, family coverage is 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, survey respondents are asked to report costs for a family of four.

Metropolitan areas

Metropolitan areas are Metropolitan Statistical Areas (MSAs) defined and published by the Office of Management and Budget (OMB) as of June 6, 2003. Counties included in each area can be found in the Appendix of OMB Bulletin No. 04-03: (<http://www.whitehouse.gov/omb/bulletins/fy04/b04-03.html>).

The name of the central city of each MSA has been used in the text and tables for convenience and brevity. The areas consist of more than the central cities. For instance, Washington, D.C., consists of the central city plus counties in Maryland, Virginia, and West Virginia.

About MEPS-IC

The MEPS-IC is a survey of business establishments and 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). A total sample of approximately 42,000 private-sector establishments was selected for the 2010 survey, with 8.3 percent of the sample determined to be out-of-scope during the data collection process. The response rate for the private-sector was 82.7 percent of the remaining in-scope sample units.

For more information on this survey, see *MEPS Methodology Reports 6, 8, 10, 14, 17, and 18* on the MEPS Web site at http://www.meps.ahrq.gov/mepsweb/data_stats/Pub_ProdLookup_Results.jsp?ProductType=Methodology%20Report&Comp=Insurance and Insurance Component Survey Basics at http://www.meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp

Suggested Citation

Crimmel, B.L. *Offer Rates, Enrollment Rates, Premiums, and Employee Contributions for Employer-Sponsored Health Insurance in the Private Sector for the 10 Largest Metropolitan Areas, 2010*. Statistical Brief #330. July 2011. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/data_files/publications/st330/stat330.pdf

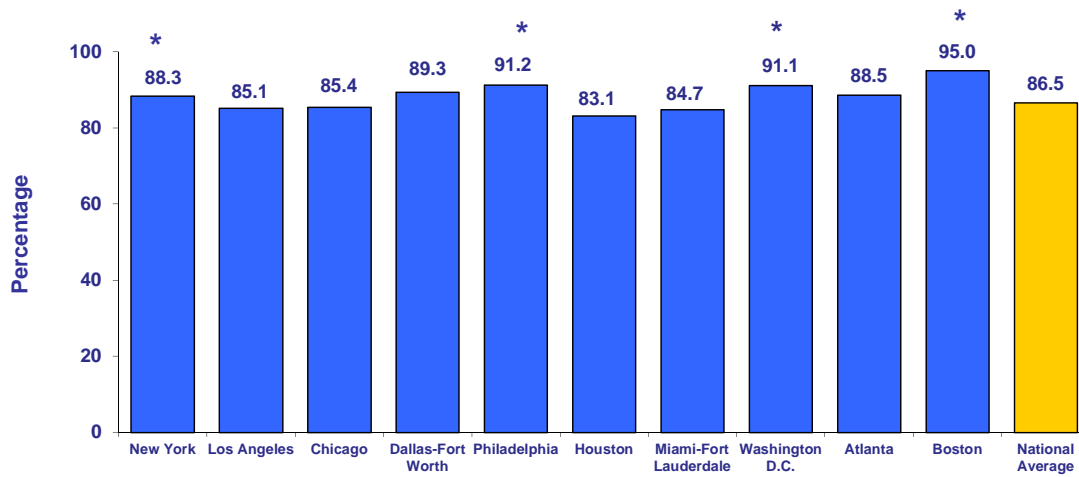
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

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Figure 1. Percentage of private sector employees who worked where health insurance was offered, United States and 10 largest metropolitan areas, 2010

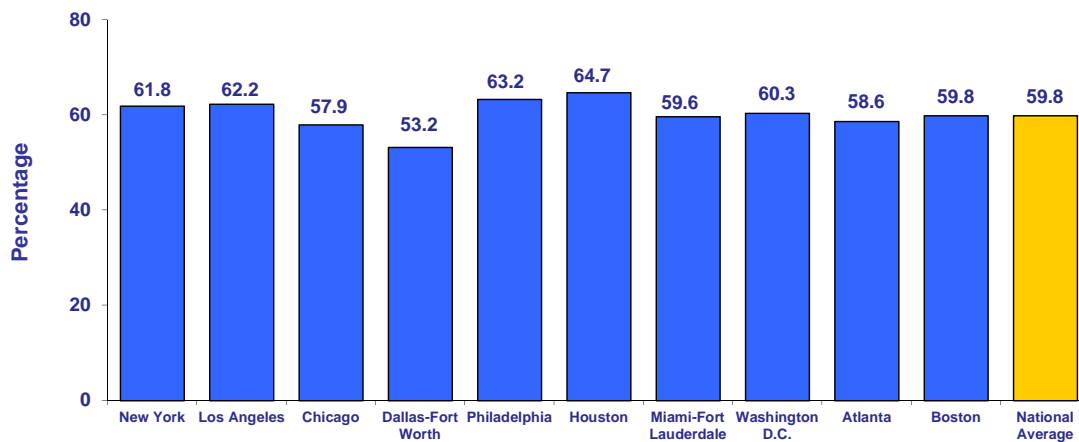


* Statistically different than the National Average at the 0.05 level

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2010



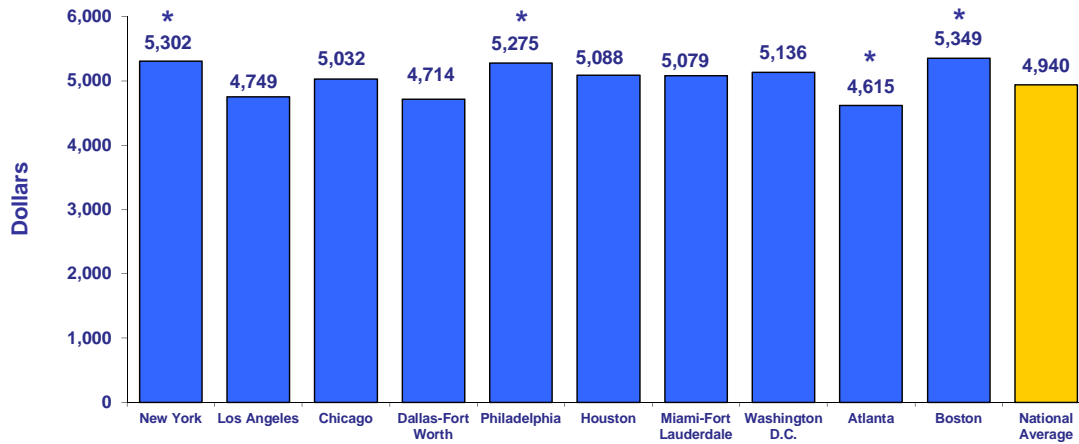
Figure 2. Percentage of private sector employees enrolled in health insurance in establishments that offered health insurance, United States and 10 largest metropolitan areas, 2010



Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2010



Figure 3. Average single premium per enrolled employee at private sector establishments offering health insurance, United States and 10 largest metropolitan areas, 2010

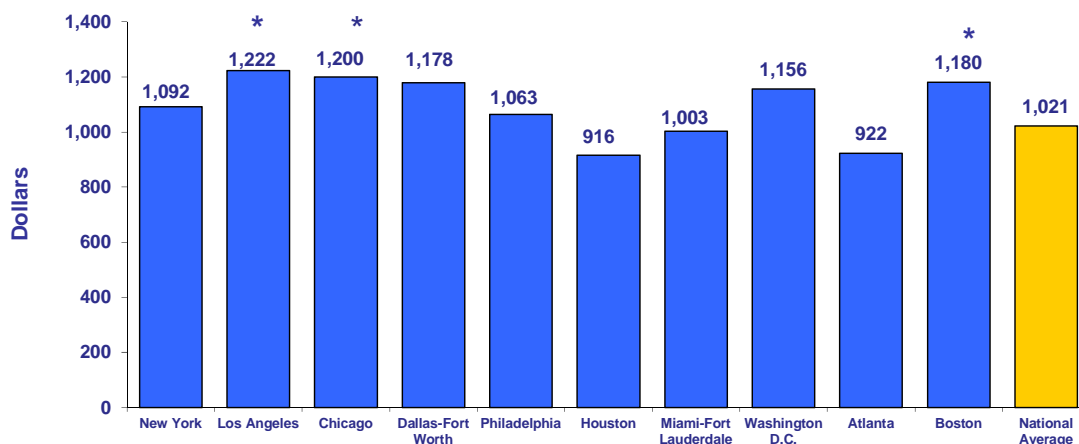


* Statistically different than the National Average at the 0.05 level

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2010



Figure 4. Average employee contribution per enrolled employee for single coverage at private sector establishments offering health insurance, United States and 10 largest metropolitan areas, 2010

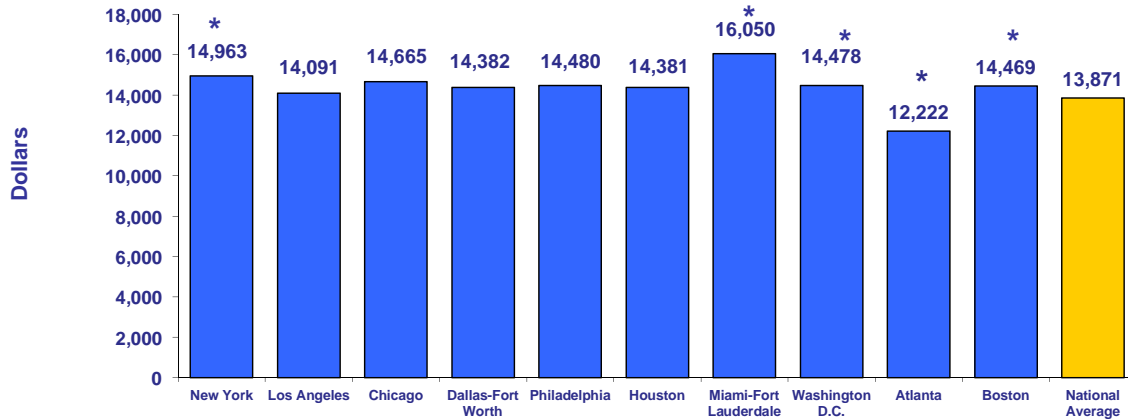


* Statistically different than the National Average at the 0.05 level

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2010



Figure 5. Average family premium per enrolled employee at private sector establishments offering health insurance, United States and 10 largest metropolitan areas, 2010

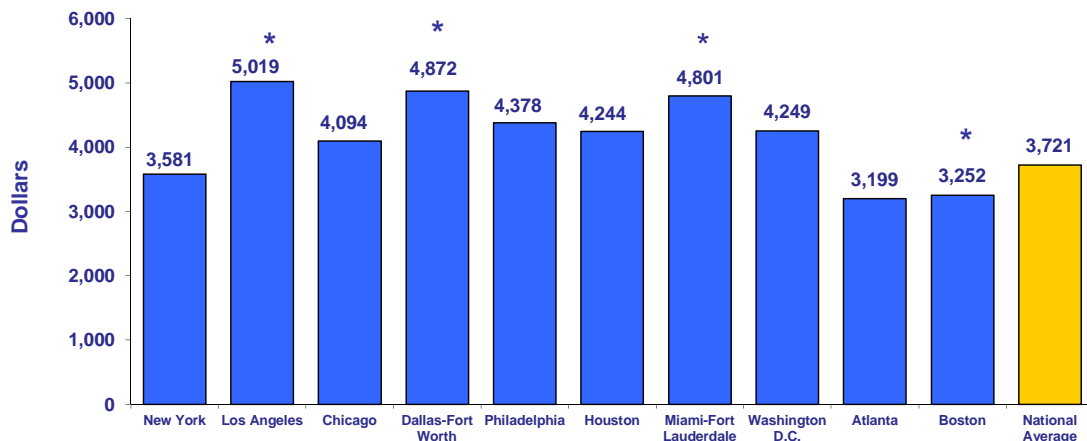


* Statistically different than the National Average at the 0.05 level

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2010



Figure 6. Average employee contribution per enrolled employee for family coverage at private sector establishments offering health insurance, United States and 10 largest metropolitan areas, 2010



* Statistically different than the National Average at the 0.05 level

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2010