

STATISTICAL BRIEF #416

July 2013

Employer-Sponsored Single, Employee-Plus-One, and Family Health Insurance Coverage in the Private Sector: Selection and Cost, 2012

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Introduction

Health insurance provided by employers is a key source of coverage for both employees and their families. In 2012, slightly more than half of private sector employees who enrolled in employer-sponsored health insurance took single, self-only coverage and the remainder took non-single coverage (a plan covering the employee and at least one other family member). According to the Insurance Component of the Medical Expenditure Panel Survey (MEPS-IC), those employees with non-single coverage contributed both a larger dollar amount and a larger percentage of the total premium for their coverage than did employees with single coverage.

Non-single health insurance plans encompass two types of coverage: family coverage and employee-plus-one coverage. When available for the same level of benefits, employee-plus-one plan premiums are less expensive than family plans (see "Definitions" section).

This Statistical Brief presents information on the selection and cost of single, employee-plus-one, and family health insurance coverage for current employees in the private sector in 2012. Data are analyzed for small (fewer than 50 employees) and large (50 or more employees) employers. Only differences that are statistically significant at the 0.05 significance level are discussed in the text.

Findings

Among employees obtaining health insurance through their private sector employers in 2012, slightly more than half were enrolled in single coverage and the remainder were enrolled in non-single coverage (a plan covering one or more family members or dependents in addition to the employee) (figure 1). Of the 55.4 million employees enrolled in health insurance plans, 28.5 million employees had single coverage, 10.0 million employees had employee-plus-one coverage, and 16.9 million employees had family coverage (data not shown).

Employees in large private sector firms, those with 50 or more employees, enrolled in non-single coverage (50.8 percent) at a rate similar to single coverage (49.3 percent) (figure 1). However, for small firms, those with fewer than 50 employees, the portion of enrollees in single coverage (61.4 percent) was much larger than in non-single coverage (38.6 percent).

Highlights

- In 2012, 51.3 percent of private sector employees with health insurance through their employer were enrolled in single coverage plans and 48.7 percent were enrolled in non-single coverage plans. About 37 percent of employees with non-single coverage were in employee-plus-one plans.
- In 2012, the average annual family coverage premiums (\$15,473) were much higher than those for employee-plus-one coverage (\$10,621), which in turn were much higher than single coverage premiums (\$5,384) in the private sector. Compared with those with single coverage, employees with non-single coverage also contributed a larger amount toward their premium both in terms of dollars and percentage of total premium cost.
- For both large and small employers, employees with single coverage were much more likely to not have to contribute toward their plan's premium than employees with non-single coverage. Overall, 17.1 percent of those enrolled in single plans did not contribute toward the premium cost compared with 8.1 percent of those with family coverage, and 7.7 percent of those with employee-plus-one coverage.

There were large differences in 2012 between the average total premium costs for single, employee-plus-one, and family plans in the private sector. Single coverage premiums averaged \$5,384 per year compared with \$10,621 for employee-plus-one premiums and \$15,473 for family premiums (figure 2). The average premium for single coverage in small firms was no different than the average premium for comparable coverage in large firms. The same held true for employee-plus-one coverage. However, the average premium for family coverage in small firms was 7.2 percent lower than for family coverage in large firms.

Premium costs for employer-based coverage may be paid completely by the employee, paid in part by the employer and in part by the employee, or paid completely by the employer. While 17.1 percent of private sector employees with single coverage were enrolled in a plan that did not require them to contribute toward the premium cost, only 8.1 percent of employees with family coverage and 7.7 percent of those with employee-plus-one coverage were in such a plan (figure 3). For both large and small employers, employees with single coverage were much more likely to contribute nothing toward their plan premium than those with non-single coverage.

In 2012, employees of small firms were much less likely to contribute to their premium than those in large firms for all types of coverage. In small firms, 44.9 percent of those with single coverage did not contribute to their premium. For large firms, that was true for only 10.1 percent of employees. The comparable figures for employee-plus-one coverage were 29.7 percent (small firms) versus 4.4 percent (large firms). For family coverage, they were 31.9 percent (small firms) versus 4.4 percent (large firms).

As with total premiums, the average annual contribution by an employee toward the premium was much larger for family coverage (\$4,236) than for employee-plus-one coverage (\$2,824) or single coverage (\$1,118) in 2012 (figure 4). These averages include all employees who enrolled in private sector employer-sponsored plans, whether they contributed to their premium or not. Employee contributions toward single coverage were 15.1 percent lower in small firms than large firms (\$979 versus \$1,153). Employee contributions toward employee-plus-one coverage were 7.4 percent higher for employees in small firms (\$3,004) compared with large firms (\$2,797). For family coverage, average employee contributions did not differ between small and large firms.

On average, private-sector employees with non-single coverage not only contribute a larger dollar amount toward their health insurance premium than employees with single coverage, they also pay a greater percentage of the total premium cost. In 2012, those with family and employee-plus-one coverage contributed 27.4 and 26.6 percent relative to the total cost of their premium, respectively, while employees with single coverage contributed 20.8 percent (figure 5). Employees of large firms paid 21.5 percent of the single premium, higher than the 17.9 percent that employees of small firms paid. For employee-plus-one and family coverage, the reverse was true. For employee-plus-one coverage, employees of large firms paid 26.3 percent of the premium, while employees of small firms paid 28.5 percent. For family coverage, large firms' employees paid 27.0 percent of the premium, while small firms' employees paid 30.1 percent.

Data Source

The statistics in this Brief are estimates from the 2012 MEPS-IC. All information comes from tables that are available on the MEPS Web site at http://www.meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp. This Brief is limited to a discussion of private sector statistics; tables containing information on employer-sponsored health insurance for State and local government employees will be published in November 2013.

Definitions

Health insurance plan

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

Employee

A person on the actual payroll. Excludes temporary and contract workers but includes the owner or manager if that person works at the firm.

Firm

A business entity consisting of one or more business establishments under common ownership or control. A firm represents the entire organization, including the company headquarters and all divisions, subsidiaries, and branches. A firm may consist of a single-location establishment, in which case the establishment and firm are identical.

Premium

Agreed-upon fee paid for coverage of medical benefits for a defined benefit period, usually a calendar year. Premiums can vary based on a variety of factors, such as services covered, amounts of deductibles and co-pays, location of firm, and demographics of the workforce.

Single coverage

Health insurance that covers the employee only.

Employee-plus-one coverage

Health insurance that covers the employee plus one family member at a lower premium level than family coverage. This family member could be a spouse or child. If premiums differed for employee-plus-spouse and employee-plus-child coverage, information for employee-plus-child was reported.

Family coverage

Health insurance that covers the employee and the employee's family. If a plan offered more than one pricing level for family coverage, information for a family of four was reported.

Non-single coverage

Health insurance that covers at least one person in addition to the employee. Both employee-plus-one coverage and family coverage are included in this category.

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 2012 survey, with 7.0 percent of the sample determined to be out-of-scope during the data collection process. The response rate for the private-sector was 79.9 percent of the remaining in-scope sample units.

For more information on this survey, see MEPS *Methodology Reports 6, 8, 10, 14, 17, 18, and 27* on the MEPS Web site at http://www.meps.ahrq.gov/mepsweb/data_stats/Pub_prodLookup_results.jsp?Product Type=Methodology%20report&Comp=Insurance and Insurance Component Survey Basics at http://www.meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp.

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http://www.meps.ahrq.gov/mepsweb/data_files/publications/st416/stat416.pdf

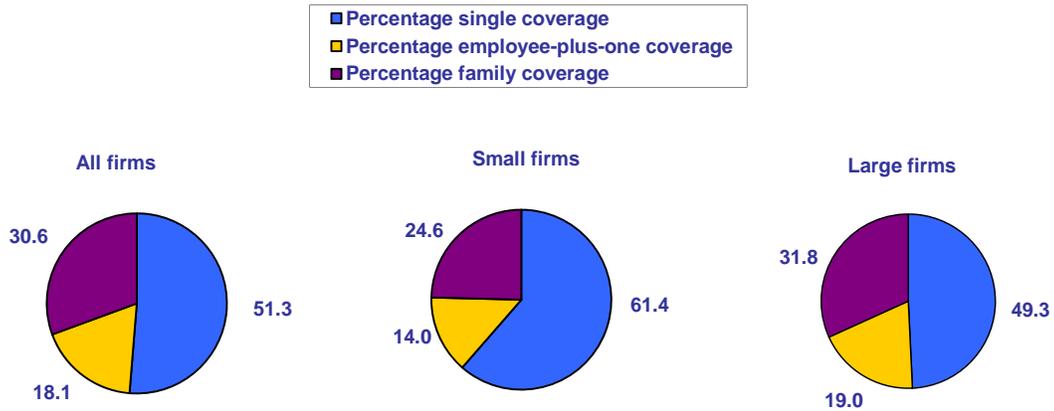
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using 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 email us at MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

Steven B. Cohen, PhD, Director
Center for Financing, Access, and Cost Trends
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Figure 1. Percentage of enrolled employees with single, employee-plus-one, and family health insurance coverage, by firm size, private sector, 2012

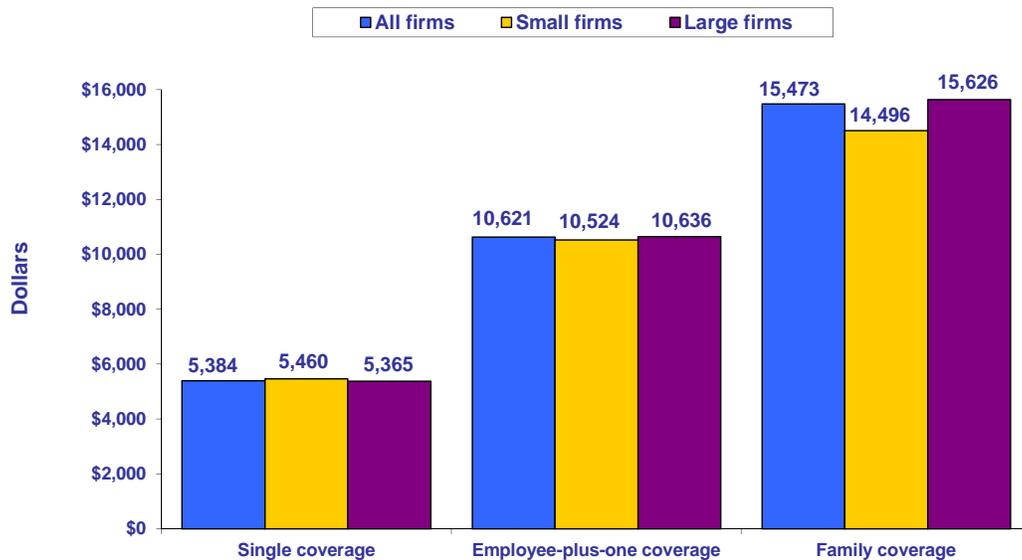


Note: Small firms have fewer than 50 employees; large firms have 50 or more employees.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2012



Figure 2. Average total premium per enrolled employee, by firm size, private sector, 2012

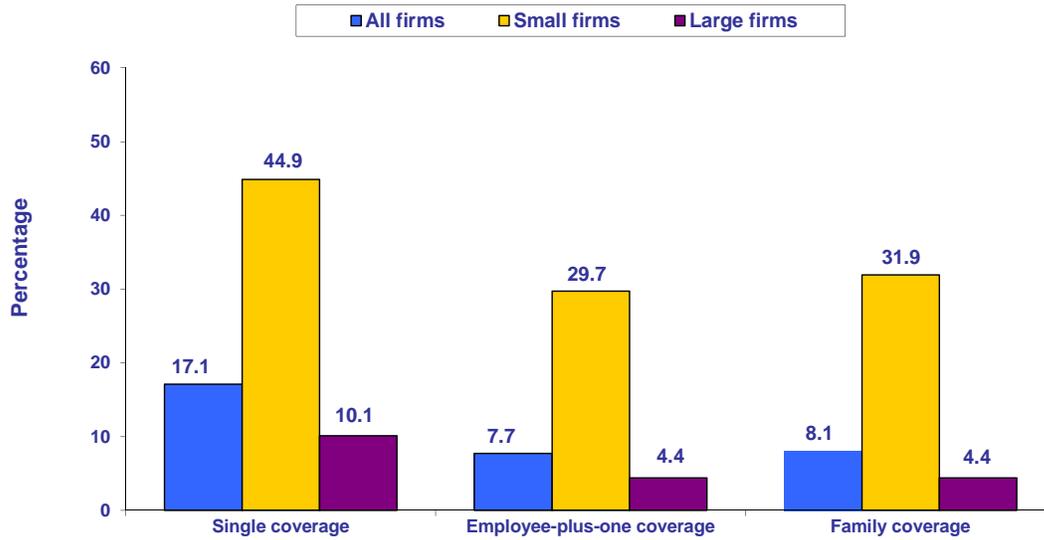


Note: Small firms have fewer than 50 employees; large firms have 50 or more employees.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2012



Figure 3. Percentage of enrolled employees making no contribution toward health insurance premium, by firm size, private sector, 2012

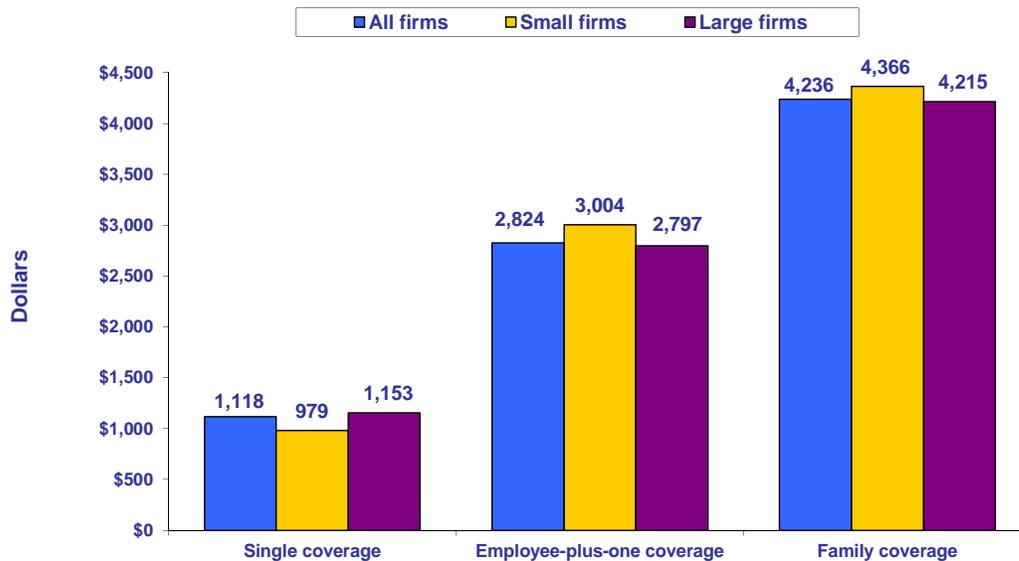


Note: Small firms have fewer than 50 employees; large firms have 50 or more employees.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2012



Figure 4. Average employee contribution per enrolled employee, by firm size, private sector, 2012

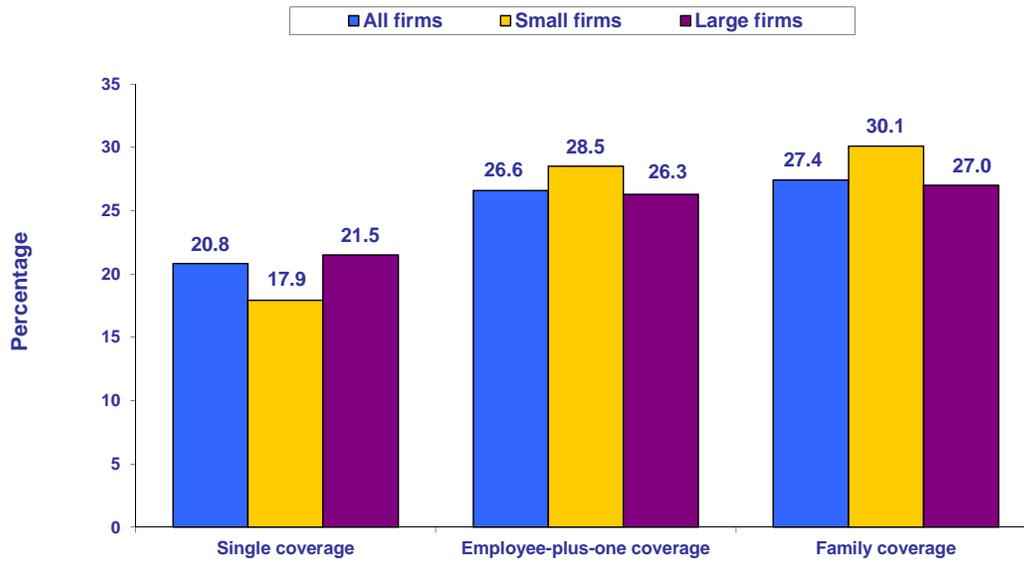


Note: Small firms have fewer than 50 employees; large firms have 50 or more employees.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2012



Figure 5. Average percentage of total premium paid by enrolled employees, by firm size, private sector, 2012



Note: Small firms have fewer than 50 employees; large firms have 50 or more employees.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2012