

## STATISTICAL BRIEF #210

July 2008

# Offer Rates, Take-Up Rates, Premiums, and Employee Contributions for Employer-Sponsored Health Insurance in the Private Sector for the 10 Largest Metropolitan Areas, 2006

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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 2006 Medical Expenditure Panel Survey (MEPS-IC), approximately 99.7 million of the 114.7 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 60.6 million were enrolled.

In recent years, premiums and employee contributions for employer-sponsored health insurance have risen significantly, while offer and enrollment rates have dropped modestly. These values for employer-sponsored health insurance vary considerably by geographic area and other factors, such as size of firm and industry.

This Statistical Brief presents average offer and take-up rates, single and family premiums, and single and family employee contributions for private sector employers in the 10 largest metropolitan areas and compares these values to national averages for the private sector. 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 114.7 million private sector employees in the United States, 86.9 percent worked where employer-sponsored health insurance was offered in 2006 (figure 1). Among the 10 largest metropolitan areas, Washington and Atlanta had rates higher than the national average, 92.6 and 90.6 percent, respectively.

Among private sector employees who worked where health insurance was offered, 60.7 percent enrolled (figure 2). The enrollment rates for nine of the 10 largest metropolitan areas did not

### Highlights

- In 2006, 86.9 percent of private sector employees worked where health insurance was offered. This value varied across the 10 largest metropolitan areas, and in two (Washington, D.C. and Atlanta) of the 10 areas, the rates were higher than the national average.
- In 2006, 60.7 percent of private employees who worked where health insurance was offered enrolled. Of the 10 largest metropolitan areas, only one (Los Angeles) had a higher than average rate of enrollment among those who worked where insurance was offered.
- The average premium for single coverage among private sector employers who offered health insurance was \$4,118. Among the 10 largest metropolitan areas, the average ranged from \$3,781 to \$4,730.
- The average private sector employee contribution for single coverage was \$788.
- The average premium for family coverage in 2006 among private sector employers who offered health insurance was \$11,381. Among the 10 largest metropolitan areas, one (New York City) had an average higher than the national average.
- The average private sector employee contribution for single coverage was \$2,890.

differ significantly from the U.S. average. Only Los Angeles, which had a higher enrollment rate of 66.2 percent, differed from the national average.

In 2006, the average single premium in the private sector for employer-sponsored health insurance was \$4,118 (figure 3) while the average premium for family coverage was \$11,381 (figure 5). New York City had significantly higher than average premiums—\$4,730 for single coverage and \$12,744 for family coverage.

In 2006, among private sector employers, the average employee contribution for single coverage was \$788 (figure 4) and the average employee contribution for family coverage was \$2,890. No area's average contributions differed significantly from the U.S. costs.

## Data Source

This Statistical Brief summarizes data from the 2006 MEPS-IC. The data are available on the MEPS Web site at [http://www.meps.ahrq.gov/mepsweb/survey\\_comp/Insurance.jsp](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

### *Employer*

In this Statistical Brief, an employer is defined as a private sector firm. A firm is defined as a business entity that controls one or more business establishments or locations. Consequently, an employer can have multiple work locations.

### *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>).

Size and ranking of metropolitan areas was determined using the most recent U.S. Census Bureau ranking: ([http://www.census.gov/population/www/estimates/Estimates%20pages\\_final.html](http://www.census.gov/population/www/estimates/Estimates%20pages_final.html)).

Note that 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

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). The yearly response rate has averaged 78 percent for in-scope sample units. Approximately 4 percent of the original sample has been out-of-scope in a typical year. A total sample of 42,000 establishments was selected for the 2006 survey, prior to accounting for losses due to nonresponse and out-of-scope cases.

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/publications.jsp](http://www.meps.ahrq.gov/mepsweb/data_stats/publications.jsp) and *Insurance Component Survey Basics* at [http://www.meps.ahrq.gov/mepsweb/survey\\_comp/Insurance.jsp](http://www.meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp).

### Suggested Citation

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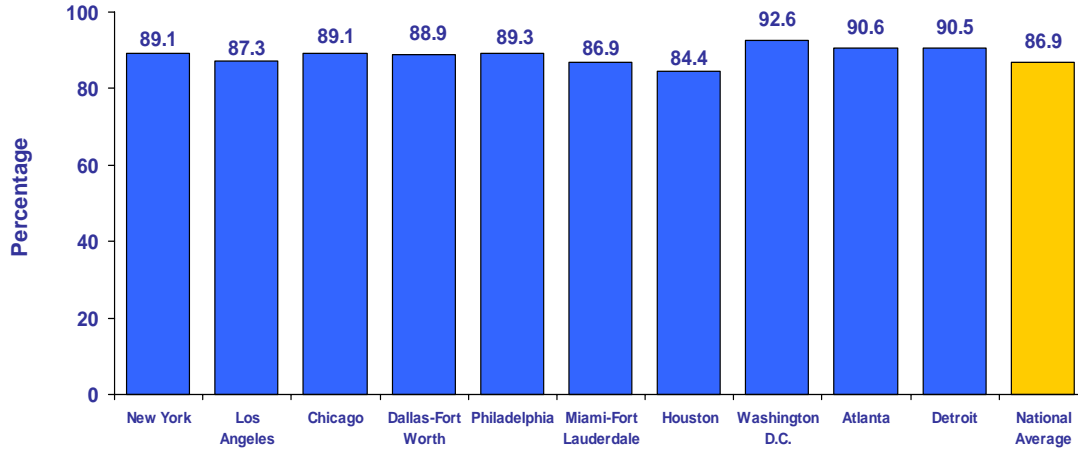
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using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

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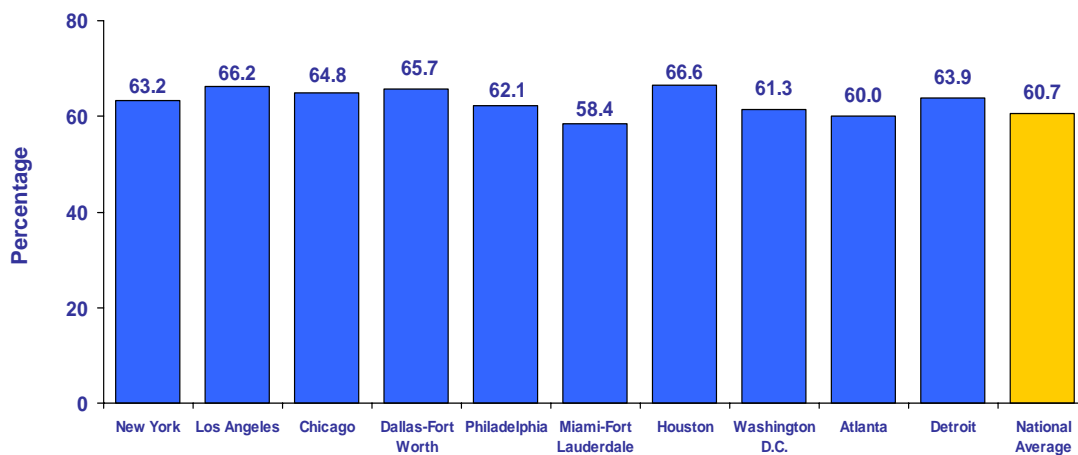
**Figure 1. Percentage of private sector employees who worked where health insurance was offered, United States and 10 largest metropolitan areas, 2006**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2006



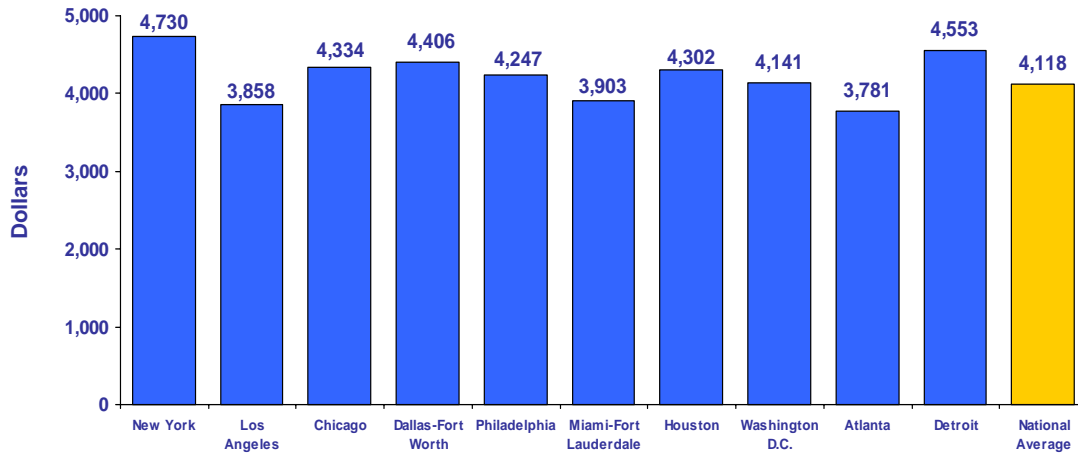
**Figure 2. Percentage of private sector employees enrolled in health insurance in establishments that offered health insurance, United States and 10 largest metropolitan areas, 2006**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2006



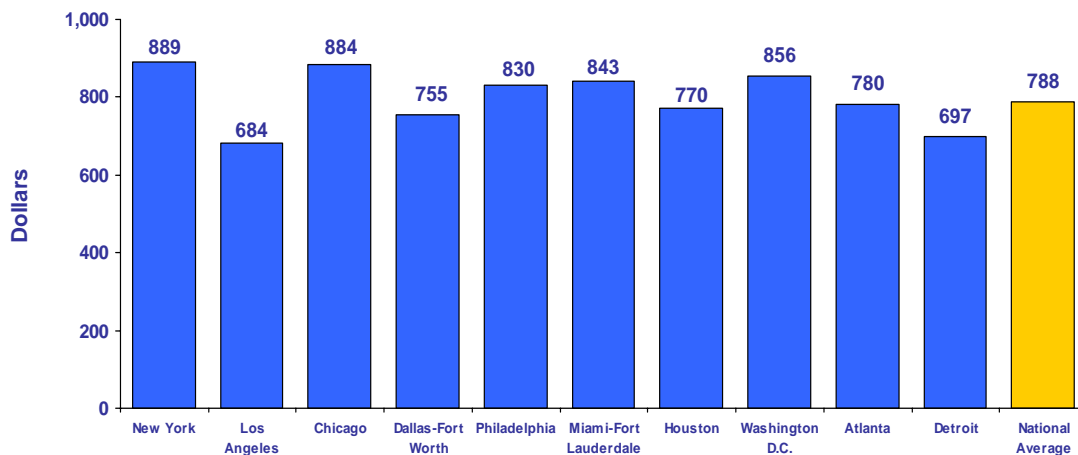
**Figure 3. Average single premium per enrolled employee at private sector establishments offering health insurance, United States and 10 largest metropolitan areas, 2006**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2006



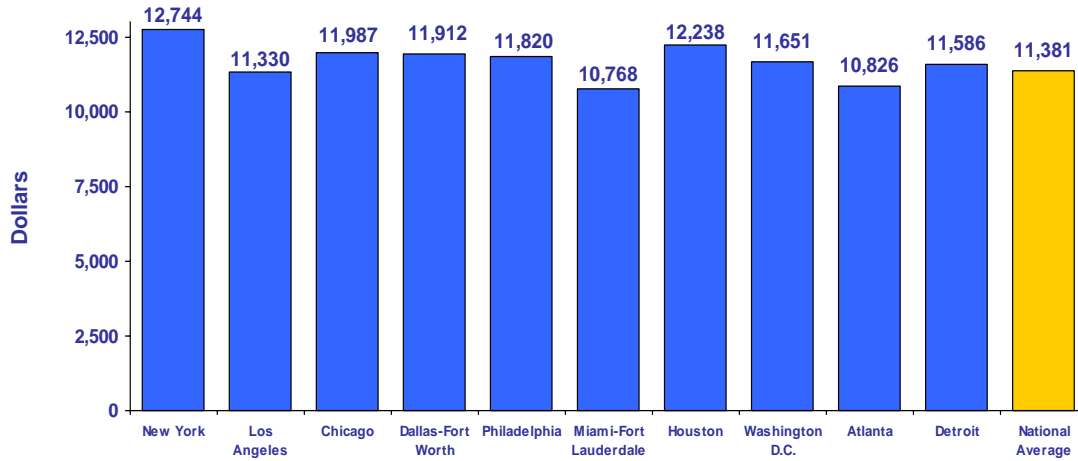
**Figure 4. Average employee contribution per enrolled employee for single coverage at private sector establishments offering health insurance, United States and 10 largest metropolitan areas, 2006**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2006



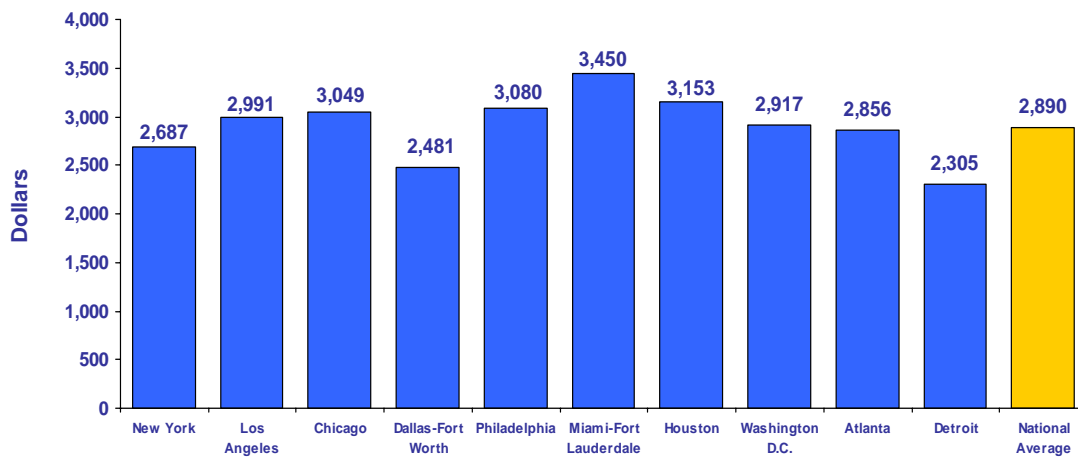
**Figure 5. Average family premium per enrolled employee at private sector establishments offering health insurance, United States and 10 largest metropolitan areas, 2006**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2006



**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, 2006**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2006