

2010 OHIO FAMILY HEALTH SURVEY SERIES
SPONSORED RESEARCH

The 2011 Employer Health Benefits Survey:
Descriptive Report to the State of Ohio

Presented by:
The Ohio Family Health Survey Research Team





A document from
The Ohio Family Health Survey Series

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Presented by
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What is the Ohio Family Health Survey?

The Ohio Family Health Survey (OFHS) is a phone survey that gathers information on health-related issues impacting Ohioans. It is considered one of the largest and most comprehensive state-level health and insurance surveys conducted in the nation. Four iterations of the survey (1998, 2004, 2008 and 2010) have been conducted and current survey sponsors include the Ohio Departments of Insurance, Job and Family Services, Health, and Mental Health, the Health Foundation of Greater Cincinnati, the Health Policy Institute of Ohio, and Wright State University.

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Table of Contents

I. Abstract.....	5
II. Introduction	6
III. Background	7
IV. Methods	8
V. Results (Tables plus small description)	9
A. Definitions	9
B. Offer Rates	10
C. Eligibility and Take-up	11
D. Plans Offered.....	13
Premiums.....	15
E. Out-of-pocket expenses	16
F. Which firms insure Ohio workers and their dependents?.....	19
G. Health Insurance Costs as a share of firms' resources.....	20
VI. Summary of Findings	23
VII. Focus Group Interviews Summary.....	25
VIII. Policy Considerations.....	28
IX. Future Needs	30
X. Conclusion.....	31
XI. Appendices	32
A. Methods	32
a. Introduction	32
b. Sample Design and Eligibility Requirements.....	32
c. Survey Sample	33
d. Questionnaire Design.....	34
e. Mail Survey	35
f. Data Entry Quality Assurance	35
g. Response Rates	36
h. Data Editing and Weighting	37
i. Limitation of the Survey Method	38
B. Tables.....	38

I. Abstract

The 2011 Ohio Employer Health Benefits Survey (OEHS) is the business complement to the 2008 and 2010 Ohio Family Health Surveys (OFHS). The purpose of the 2011 Ohio Employer Benefits Health Survey (OEHS) is to examine the characteristics of employing firms who offer and do not offer health insurance benefits. These data will be used to determine the overall and regional burdens health care benefits place upon Ohio businesses. Particular attention focuses on variations of health benefit offerings between micro firms (2-10 employees), small firms (11-49 employees), medium-sized firms (50-249 employees), and larger firms (≥ 250 employees). The 2011 Ohio Employer Health Benefits Survey sample design is a list-assisted stratified random sample of 2,289 Ohio businesses. Businesses were randomly selected from a list of businesses maintained by the Ohio Department of Job and Family Services within strata defined by business size (2-10, 11-49, 50-249, and ≥ 250 employees) and county type (Appalachian, rural non-Appalachian, metropolitan, and suburban counties). Businesses were initially contacted by phone. Once recruited, 9,593 firms received surveys by mail. The mailed survey resulted in 2,289 usable (e.g., 10% or more of the instrument completed) surveys, yielding a 31% response rate.

Several key statistics emerge from the OEHS findings:

- 60% of Ohio businesses offer an employer-sponsored group health insurance plan to their workers;
- 81% of workers are eligible to participate in the group health insurance plan at the average Ohio firm;
- The total health insurance premium costs \$5,052 at the median firm in Ohio;
- The average firm requires its workers to pay 20% of the total insurance premium for employee-only coverage; 28% for family coverage;
- PPOs are the largest plan at 59% of Ohio firms, with High Deductible Health Plans second at 26% (High Deductible Health Plans were self-attributed by the responding firms);
- Health insurance requires 13% of all compensation expenses at the average Ohio firm; and
- 54% of firms not offering insurance responded they did not offer because it was too expensive and 46% did not offer because their employees already had coverage.

II. Introduction

In 2011 the Ohio Family Health Survey Team placed the inaugural Ohio Employer Health Benefits Survey into the field. The purpose of the 2011 Ohio Employer Health Benefits Survey (OEHS) is to examine the characteristics of employing firms who offer and do not offer health insurance benefits and wellness plans to workers. A secondary purpose of the OEHS is to compare employer feedback concerning employer-sponsored health benefits to household responses from similar questions contained in the 2008 and 2010 versions of the Ohio Family Health Survey.

The four primary benefits of the 2011 OEHS are: (1) to provide data that will address the health care reform needs of Ohio's business community; (2) to provide firm-oriented data as a match to the findings of the 2008 and 2010 Ohio Family Health Survey – enabling comparisons of health system dynamics experienced by businesses to the dynamics experienced by workers; (3) providing data that uniquely informs how varying types and sizes of firms are addressing pressures related to employer-sponsored health care; and (4) to provide data that can be compared to other data sources that track Ohio's economic and job trends (e.g., the Medical Expenditures Panel Survey, ES-202 quarterly job data for Ohio), as well as employer-sponsored health information contained in the iterations of the Ohio Family Health Survey. Accordingly, the main topics for the OEHS include employee-sponsored health insurance status, benefit package characteristics, employee health assistance offerings, employer's financial burdens related to health benefits, and firm demographics (e.g., size of firms, annual revenues, and geographic location).

These data will be used to determine the overall and regional burdens health care benefits place upon Ohio businesses. Particular attention will focus on variations of health benefit offerings between micro firms (2-10 employees), small firms (11-49 employees), medium-sized firms (50-249 employees), and larger firms (\geq 250 employees). Additionally, as a companion survey to the 2008 and 2010 versions of the Ohio Family Health Survey, these data will be matched against information provided by households concerning employer-sponsored insurance and health benefits.

The participating State of Ohio agencies and institutions for the OEHS include the Ohio Department of Job and Family Services, the Ohio Department of Insurance, the Ohio Department of Health, the Ohio Department of Mental Health, The Ohio State University, the Ohio Colleges of Medicine Government Resource Center, the Health Policy Institute of Ohio, and various academic and professional reviewers. Initial results from the OEHS are available in this report and through data fact sheets and analyses located at the Ohio Colleges of Medicine Government Resource Center website at <http://grc.osu.edu>. Additional analyses and the OEHS data will be available starting in August 2011 through the Government Resource Center website. Questions and assistance relating to this report and posted materials should be directed to the Government Resource Center in the care of Timothy R. Sahr (timothy.sahr@osumc.edu) or Barry Jamieson (barry.jamieson@osumc.edu).

III. Background

The 2011 Ohio Employer Health Benefits Survey (OEHS) is the business complement to the 2008 and 2010 Ohio Family Health Surveys (OFHS). The purpose of the OFHS is to measure health system access and insurance status at the household level. The main goal of the OEHS is to examine the characteristics of employing firms who offer and do not offer health insurance benefits and wellness plans to workers.

Part of the Ohio Family Health Survey Series, the OEHS was structured to examine issues and topics pressing upon businesses relating to employer-sponsored health insurance (ESI). Findings from the 2004 through 2010 OFHS have marked a significant drop in the number of Ohioans receiving employer-sponsored insurance (ESI) (-490,355). Additionally, through focus group feedback individuals have reported less rich benefit plans, higher out-of-pocket costs, and higher annual deductibles.

Noticing the ESI trends in Ohio, the Ohio Family Health Survey Research Team proposed to the OFHS stakeholder community that a complement survey of employers be performed. Five thoughts were dominant in the discussions concerning how to proceed with an employer survey: (1) concentrate on collecting data that brings to light the burdens faced by firms who offer ESI to employees (e.g., premium inflation, administrative burdens); (2) examine self-reported reasons for why some firms decide not to offer employees ESI; (3) examine variations of health insurance offerings and the employee acceptance of offerings by firm size, annual revenues, and geographical location in Ohio; (4) examine, given health exchange options and Medicaid expansion, whether firms, particularly smaller firms, will seek to participate in federal health care reform programs; and (5) examine variations between ESI and health utilization data from the OFHS as compared to the OEHS.

Upon OEHS approval by Ohio's health-related agencies (The Ohio Department of Job and Family Services, the Ohio Department of Insurance, the Ohio Department of Health, and the Ohio Department of Mental Health), the OFHS Research Team developed the survey instrument and sample frame in consultation with Ohio's universities, business stakeholders, and program development stakeholders.

The main products to be developed from the OEHS data are: (1) the 2011 Employer Health Benefits Survey: Descriptive Report to the State of Ohio; (2) a data brief on insurance substitution from ESI to government-sponsored insurance; (3) data briefs targeting Ohio's health care reform initiatives; (4) data briefs targeting the sustainability of ESI by Ohio firms; and (5) technical assistance analysis for Ohio's state agencies, boards and health services stakeholders.

IV. Methods

The 2011 Ohio Employer Health Benefits Survey sample design is a list-assisted stratified random sample of 2,289 Ohio businesses. This sample size enables reliable analyses within Ohio's categorical county types (Appalachian, metropolitan, rural non-Appalachian, and suburban counties).

The OEHS used a methodology similar to the national Medical Expenditure Panel Survey – Insurance Component collected by the Agency for Health Care Quality Research. Firms were randomly selected from a list of businesses maintained by the Ohio Department of Job and Family Services within strata defined by business size (2-10, 11-49, 50-249, and ≥ 250 employees) and county type (Appalachian, metropolitan, rural non-Appalachian, and suburban counties). Businesses were initially contacted by phone and the most informed individual was recruited to complete two screening questions to assess the basic characteristics of the business and whether it offers insurance coverage to employees. Once recruited, the firm was sent a mail questionnaire in a self-addressed postage-provided envelope.

All firms participating in the survey were sent an individual report comparing responses to firms of similar size to overall statewide results, inclusive of all firm sizes. Qualitative interviews were conducted for a representative sampling of the responding firms, as well as firms that were not sampled, to gain nuance and context to main themes and problems detected from the survey data. These qualitative interviews are outside the scope of this methodology section and are addressed below. The OEHS secured Internal Review Board (IRB) approval from The Ohio State University.

The OEHS sample was selected at random from an inclusive list of Ohio businesses maintained by the Ohio Department of Job and Family Services. This list was from the 2010 unemployment compensation file. The sample for the survey was drawn from nine strata consisting of a statewide grouping, four business size categories (2-10, 11-49, 50-249, and 250 or more employees), and four county type categories (Appalachian, metropolitan, rural non-Appalachian, and suburban counties). Eligibility into the sample was limited to firms/parent corporations. Establishments or satellite businesses held by a parent company (e.g., a McDonald's restaurant in Athens, Ohio) were assigned to the parent firm. Once in the field, the initial sample resulted in 6,219 confirmed businesses, and a number of unconfirmed, which resulted in 2,289 usable (e.g., 10% or more of the instrument completed) surveys, yielding a 31% response rate (see Appendix methods section for additional survey characteristic details).

V. Results (Tables plus small description)

A. Definitions

In the Results Section of this report:

- (1) the term “firm” refers to employers;
- (2) “firm type” refers to the demographic characteristic of the business in terms of whether the firm is chartered as a non-profit, for profit, or public firm (e.g., sponsored by taxes or public-based fees or licenses), the county-type location of the firm (e.g., located in an Appalachian, rural non-Appalachian, metropolitan, or suburban county), and firm size in terms of the number of employees set into the category sizes of 1-10 employees (very small firms), 11-49 employees (small firms), 50-249 employees (medium sized firms), and 250 or more employees (large firms);
- (3) “eligibility” refers to one’s eligibility for employer-sponsored health insurance;
- (4) “take-up” refers to an employee participating in a health insurance benefit plan conditional upon eligibility;
- (5) “plans” refers to the type of group-based insurance coverage offered to employees;
- (6) “PPO” refers to preferred provider organization – where a network of providers is approved to supply health and medical services;
- (7) “HDHP” refers to high deductible health plans – where high deductibles are instated to a financial threshold for enrollees before insurance payments are instated (High Deductible Health Plans were self-attributed by the responding firms);
- (8) “HMO” refers to health maintenance organizations;
- (9) “Other” refers to other types of insurance plans besides PPO, HDHP, or HMO;
- (10) “premiums” refers to the median amount of annual payment per firm for enrollment into a health insurance benefits plan;
- (11) “out-of-pocket expenses” refers to the employee’s share of health costs related to deductibles, co-payments, and co-insurance;
- (12) “firm resources” refers to the total annual financial resources of a firm;

(13) “health savings account” (HSA) refers to a tax-advantaged medical savings account that is available to individuals who enroll in high deductible health plans – the HSA is an account that is used to pay health expenses to a threshold where insurance plans activate; and

(14) “coinsurance” is defined as a percentage that an insured individual pays after an insurance policy’s deductible obligation is met, up to a policy’s expense maximum out-of-pocket.

Caveat: In the following tables it is important to remember that the OEHS is representative of **firms**. These statistics represent health insurance offerings at the average Ohio firm. Each firm receives an equal weight in the data independent of size, therefore Walmart receives an equal weight as a local landscaping company and the Ohio State University counts the same as a small township. Since the data are representative of firms, they do not represent the benefits offered to the average **employee** in Ohio.

B. Offer Rates

Table 1 presents the distribution of firms offering health insurance by firm type, region, and firm size. Table 1 indicates that 60% of responding Ohio firms offer some form of employer-sponsored group health insurance plan. As shown in subsequent tables, the extent of this coverage varies widely in the employee’s share of the premium, size of the deductible before the plan covers medical expenses, and the employee’s out-of-pocket contribution for each physician or hospital visit. Table 1 also shows that rural areas have lower offer rates while public entities have higher rates, and large firms of 250 or more employees have the highest average offer rates.

Table 1. Percent of firms offering health insurance		
	Percent	S.E.
Ohio	60.2%	1.3%
Firm type		
For profit	58.8%	1.5%
Not-for-profit	61.9%	4.4%
Public	75.0%	4.1%
Region		
Appalachian	50.6%	2.1%
Metropolitan	62.9%	2.6%
Rural	53.1%	2.0%
Suburban	63.7%	2.1%
Firm size (number of employees)		
2-10	48.5%	1.9%
11-49	74.4%	2.2%
50-249	93.9%	1.6%
250+	99.7%	0.3%

C. Eligibility and Take-up

Tables 2 - 5 detail the percent of eligible employees at firms that offer insurance and those who take-up an insurance offer. These statistics are tracked to examine characteristics of firms offering insurance.

While 60% of firms in Ohio offer some form of group health insurance plan, Tables 2 - 5 show that not all employees are eligible to participate in these plans and that a portion of eligibles also choose not to participate when offered a group plan. The 2010 Ohio Family Health Survey finds that the major reasons for not accepting employer-sponsored health insurance are costs (premiums are too expensive), employees having health insurance coverage through a spouse or family member's health plan, and the perception that health insurance is not needed (particularly for younger adults).

Table 2 indicates that for firms that offer health insurance, an average of 81% of employees are eligible to participate. The higher median of 93% indicates that a few have very restricted eligibility, with very low percentages of eligible workers. In contrast to offer rates, public firms have fewer eligible workers than for-profit firms.

Table 2. Percent of all eligible workers at firms that offer health insurance and only operate in Ohio.			
	Mean	50th (Median)	S.E.
Ohio	81.2%	92.9%	1.03%
Firm type			
For profit	83.0%	95.8%	1.18%
Not-for-profit	74.4%	80.7%	2.75%
Public	75.6%	80.0%	2.39%
Region			
Appalachian	83.4%	93.6%	1.53%
Metropolitan	84.0%	94.3%	1.45%
Rural	77.0%	85.7%	1.64%
Suburban	81.2%	93.3%	1.58%
Firm size (number of employees)			
2-10	80.7%	100.0%	1.74%
11-49	81.9%	92.9%	1.48%
50-249	81.1%	88.8%	1.53%
250+	81.9%	84.9%	2.02%

Firms typically restrict eligibility for part-time and seasonal workers. Table 3 shows that only 23% of part-time workers are eligible to participate in the employer's group plan.

Table 3. Percent of part time workers who are eligible for health insurance, at firms that offer health insurance		
	Mean	S.E.
Ohio	23.5%	2.1%
Firm type		
For profit	21.5%	2.6%
Not-for-profit	35.5%	5.9%
Public	25.5%	4.1%
Region		
Appalachian	21.1%	3.4%
Metropolitan	26.7%	3.9%
Rural	16.4%	2.5%
Suburban	24.9%	3.3%

Similarly, in Table 4, only 4.4% of all Ohio firms allow temporary or seasonal workers to participate in their group plan. As with eligibility, more for-profit firms allow temporary workers to participate than do public organizations.

Table 4. Percent of firms offering health insurance to temporary or seasonal employees		
	Percent	S.E.
Ohio	4.4%	1.0%
Firm type		
For profit	4.8%	1.22%
Not-for-profit	5.2%	2.20%
Public	1.9%	1.05%
Firm size (number of employees)		
2-10	4.7%	1.6%
11-49	4.5%	1.6%
50-249	2.0%	1.1%
250+	7.1%	3.4%

Lastly, take-up or participation among eligible workers is relatively constant across all firm types; with 77% of workers who are eligible to participate in their employer-sponsored plan elect to take-up that coverage (Table 5). The take-up percentage is higher for public firms (83%), metropolitan firms (77%), and large firms (81%).

Table 5. Percent of employees eligible for health insurance that are enrolled			
	Mean	S.E.	50th (Median)
Ohio	76.5%	0.9%	80.0%
Firm type			
For profit	76.1%	1.0%	77.8%
Not-for-profit	76.8%	2.7%	80.0%
Public	82.6%	2.1%	85.8%
Region			
Appalachian	76.0%	1.6%	78.6%
Metropolitan	77.4%	1.7%	81.8%
Rural	76.8%	1.4%	80.0%
Suburban	76.3%	1.3%	80.0%
Firm size (number of employees)			
2-10	78.3%	1.5%	80.0%
11-49	72.2%	1.4%	73.3%
50-249	79.4%	1.2%	81.3%
250+	81.1%	1.3%	82.5%

D. Plans Offered

Table 6 examines the types of insurance plan participation by employees. Preferred Provider Organization and high deductible plans constitute the majority of employer-sponsored insurance plan offerings.

Few Ohio firms offer more than one group insurance plan. Statewide, 72% offer one plan, and 20% offer two plans. Only 8% offer more than two plans. The largest firms with over 250 employees do break this pattern, with 33% offering two plans and 23% offering three or more group plans.

Most Ohio workers are enrolled in Preferred Provider Organizations (PPOs) or High Deductible Health Plans (HDHPs). In the OEHS, firms were asked about the health plan chosen by the largest number of employees. Table 6 indicates that the most chosen plan was a PPO at 59% of firms, and 26% reported a high deductible plan as their preferred option. HMOs and Conventional/Traditional Indemnity insurance have become uncommon, with those plans being the largest at only 7% of firms.

Table 6 shows the distribution of firms' responses about their largest plan type across region, firm size, and ownership type. With few firms reporting an HMO or Conventional Plan as their largest options, these options had to be combined with Other Plans for the sub-state analysis. PPOs remain the dominant choice across all firm types, with only the smallest firms relying more heavily (28%) on High Deductible plans.

Table 6. The percent of firms for which the plan type elected by the largest percent of employees is one of the three categories						
	PPO		High Deductible		Other*	
	Percent	S.E.	Percent	S.E.	Percent	S.E.
Ohio	58.6%	1.9%	25.8%	1.7%	15.6%	1.4%
Business type						
For profit	57.5%	2.3%	26.4%	2.0%	16.1%	1.6%
Not-for-profit	61.5%	5.7%	19.2%	4.6%	19.3%	4.6%
Public	68.0%	5.1%	25.1%	4.9%	7.0%	2.0%
Region						
Appalachian	59.3%	3.3%	22.9%	2.9%	17.8%	2.6%
Metropolitan	51.5%	3.6%	23.1%	2.9%	25.4%	3.2%
Rural	54.0%	3.0%	29.6%	2.8%	16.4%	2.3%
Suburban	60.9%	2.8%	26.1%	2.6%	13.0%	1.9%
Firm size (number of employees)						
2-10	55.9%	3.2%	27.8%	3.0%	16.3%	2.2%
11-49	55.3%	3.0%	27.2%	2.7%	17.5%	2.3%
50-249	71.0%	3.3%	19.0%	2.8%	10.0%	2.1%
250+	76.4%	4.7%	14.3%	3.7%	--	*
*Includes HMO, Conventional/Traditional Indemnity, and Other plans						
-- cell count too small						

Premiums

Table 7 examines the median, 25th percentile, and 75th percentile of annual premiums to exhibit the range of premiums for firms by firm type and size.

The typical or median firm in Ohio offering an employer-sponsored health plan pays \$5,040 per year for employee-only coverage and \$12,960 for family coverage. In the OEHS, firms reported the monthly employee and employer premium contribution for their largest plan. Table 7 reports the total annual premiums (employer + employee contribution) for the median firm in Ohio. As a data note, several firms reported extreme monthly premiums (likely an annual value), requiring the use of medians instead of averages to determine a reliable estimate for annualized premiums. The use of medians prevents the inclusion of standard errors.

	Single Coverage			Family Coverage		
	Percentile			Percentile		
	Median	25th	75th	Median	25th	75th
Ohio	\$5,052	\$3,720	\$6,720	\$13,140	\$10,932	\$16,404
Firm type						
For profit	\$4,800	\$3,504	\$6,720	\$12,552	\$10,344	\$15,768
Not-for-profit	\$5,844	\$4,800	\$8,040	\$14,796	\$12,552	\$17,352
Public	\$5,484	\$4,908	\$6,528	\$15,276	\$12,300	\$17,544
Firm size (number of employees)						
2-10	\$5,496	\$3,648	\$9,696	\$12,588	\$10,560	\$19,200
11-49	\$4,620	\$3,600	\$6,204	\$12,636	\$10,308	\$15,852
50-249	\$4,944	\$4,020	\$6,012	\$14,016	\$11,964	\$16,272
250+	\$5,496	\$4,944	\$6,024	\$14,712	\$13,236	\$16,608

Similar to Table 7, Table 8 indicates that the typical firm requires employees to pay 20% of the premium for employee only plans and 28% for family plans. Both large firms with over 250 workers and public firms require lower cost sharing at 12% and 10%, respectively.

Table 8. Percent of total premium paid by the employee						
	Single Coverage			Family Coverage		
	Median	Percentile		Median	Percentile	
		25th	75th		25th	75th
Ohio	19.8%	5.5%	36.9%	27.6%	12.4%	50.0%
Firm type						
For profit	20.3%	2.6%	40.0%	30.1%	17.4%	50.0%
Not-for-profit	13.5%	7.6%	22.1%	25.0%	10.1%	50.0%
Public	10.0%	7.1%	19.6%	12.3%	9.6%	21.9%
Firm size (number of employees)						
2-10	16.3%	0.0%	45.5%	30.0%	11.6%	50.0%
11-49	20.5%	10.0%	40.0%	32.3%	19.3%	50.0%
50-249	18.5%	9.9%	27.8%	20.7%	10.8%	35.0%
250+	12.0%	9.0%	19.9%	15.0%	10.0%	21.8%

E. Out-of-pocket expenses

Table 9 summarizes deductibles for High Deductible Plans with and without a Health Savings Account (HSA) and Traditional Indemnity plans by firm type and size.

While 60% of Ohio firms offer a group health insurance plan, the extent of out-of-pocket cost sharing related to deductibles, co-pays, and co-insurance differs greatly across these plans. However, not all health plan types have deductibles, co-insurance and co-pays – some plan types have co-insurance and deductibles while others require fixed co-pays for each visit to a provider, but no deductible.

For firms that offer a high deductible health plan, the average HDHP with an HSA requires a \$3,076 annual deductible per person while those without an HSA requires a \$2,801 annual deductible. Similarly, the average indemnity plan requires a \$1,627 per person annual deductible. Across all firm types, large firms report the lowest deductibles per person for indemnity plans, but only modestly lower than for their high deductible health plans.

Table 9. Average annual deductible per person (in dollars)

	Conventional/Traditional Indemnity Plan		High Deductible Plan with HSA		High Deductible Plan without HSA	
	Mean	S.E.	Mean	S.E.	Mean	S.E.
Ohio	\$1,627	168.6	\$2,801	85.9	\$3,076	254.2
Firm type						
For profit	\$1,607	154.6	\$2,920	97.4	\$2,939	287.9
Not-for-profit	\$1,808	878.5	\$2,112	303.9	\$3,430	788.7
Public	*	*	\$2,320	164.3	*	*
Region						
Appalachian	\$1,576	219.7	\$2,813	207.5	*	*
Metropolitan	\$1,160	209.5	\$2,811	177.2	\$2,122	270.9
Rural	\$1,238	245.3	\$2,831	118.3	\$3,455	572.9
Suburban	\$1,848	270.1	\$2,791	122.2	\$3,243	366.0
Firm size (number of employees)						
2-10	\$1,723	230.7	\$2,812	145.7	\$3,139	369.5
11-49	\$1,654	319.4	\$2,834	118.3	\$2,951	338.6
50-249	\$1,333	353.2	\$2,642	129.3	\$3,074	443.9
250+	\$827	297.7	\$2,697	296.5	*	*

Table 10 examines required copayments for employer-sponsored health plans by firm type and size.

Co-pays and co-insurance vary little across firms' health plans. Table 10 indicates that the average Ohio firm's HMO plan require a \$20 co-payment for a physician's office visit, while PPO plans require \$22 for an in-network office visit and \$33 for an out-of-network office visit.

Table 10. Average copayment (in dollars) for an office visit

	HMO Office Visit		PPO In-Network Office Visit		PPO Out-of-Network Office Visit	
	Mean	S.E.	Mean	S.E.	Mean	S.E.
Ohio	\$19.64	0.81	\$22.08	0.44	\$33.42	1.49
Firm type						
For profit	\$20.27	0.98	\$22.71	0.51	\$33.94	1.60
Not-for-profit	\$16.88	1.88	\$21.20	1.12	\$29.28	2.67
Public	*	*	\$18.88	1.32	\$32.94	7.20
Firm size (number of employees)						
2-10	\$20.62	1.09	\$22.92	0.81	\$35.38	2.69
11-49	\$19.06	1.18	\$22.75	0.60	\$35.46	2.04
50-249	\$17.96	3.49	\$20.17	0.69	\$24.80	2.22
250+	*	*	\$17.86	1.34	\$19.50	2.67

Table 11 examines the mean coinsurance associated with PPOs offered through Ohio employer-sponsored insurance plans. In Ohio, the average employer-sponsored PPO requires the worker to pay 17.5% of each bill paid by the insurance plan (the insurance plan pays the other 82.5%). This co-insurance rate varies little across types of firms and size of firm.

Table 11. Average coinsurance (percent), PPO

	Mean	S.E.
Ohio	17.5	0.8
Firm type		
For profit	17.6	1.0
Not-for-profit	18.3	2.1
Public	17.5	1.1
Firm size (number of employees)		
2-10	17.3	1.5
11-49	17.5	1.3
50-249	17.1	1.1
250+	18.8	1.4

F. Which firms insure Ohio workers and their dependents?

Table 12 presents the average number of lives covered by firms offering health insurance divided by their number of employees – average number of lives covered per employee (e.g., only individual worker covered or individual worker and family covered).

While 60% of firms in Ohio offer an employer-sponsored group plan, workers and their dependents are not uniformly spread across offering firms. Especially in two worker families, workers tend to choose coverage for themselves and their dependents that best suit their circumstances. Tables 12 & 13 examine where Ohio workers and their dependents obtain their health insurance coverage.

Statewide, the average firm insures a total of 1.2 workers and dependents per employee. Public firms insure more Ohioans than for-profit and not-for-profit firms. Similarly, businesses with over 250 employees insure the most workers and dependents, covering 1.6 lives per employee. In other words, for most workers at large firms, a dependent is also covered through the worker's ESI.

Table 12. Lives covered as a share of total workers (ratio) at Ohio firms		
	Mean	Percentile 50th (Median)
Ohio	1.2	1.0
Firm type		
For profit	1.2	1.0
Not-for-profit	1.1	0.8
Public	1.4	1.3
Firm size (number of employees)		
2-10	1.1	1.0
11-49	1.1	1.0
50-249	1.3	1.2
250+	1.6	1.6

Table 13 presents the percent of micro firms (2-10 employees) who have at least one uninsured worker, at least one worker on public insurance, and any workers on other coverage types. Statewide, few micro firms reported having an uninsured worker, even if they do not offer health insurance. Specifically, only 9.4% of micro firms offering health insurance report having any uninsured workers. Only 32% of micro firms not offering health insurance reported having any uninsured workers.

Table 13. Among firms with 2-10 employees, estimated percent of employers with at least one employee receiving insurance or uninsured

	Firms Offer Insurance			Firms do not Offer Insurance		
	Percent	90% CI		Percent	90% CI	
		Lower	Upper		Lower	Upper
≥ 1 Employee uninsured	9.3%	7%	12%	31.9%	28%	36%
≥ 1 Employee with public insurance	15.3%	12%	19%	28.1%	24%	32%
≥ 1 Employee with Insurance from dependent	39.5%	35%	44%	67.5%	64%	72%
≥ 1 Employee with private insurance, including firm's plan	62.3%	58%	67%	47.8%	43%	52%
≥ 1 Employee with unknown insurance status	11.8%	9%	15%	27.2%	23%	31%

The most important alternative source of coverage for workers at these micro firms is coverage through a spouse at another firm. At these micro firms, 40% report at least one worker covered through a spouse at a firm offering insurance, and 68% have an employee on dependent coverage with another firm, if they do not offer a group plan.

A minority of firms report an employee covered through a public plan (either Medicaid or Medicare). At micro firms offering insurance, only 16% report any workers on a public plan while 28% of micro firms not offering insurance report workers on a public plan.

G. Health Insurance Costs as a share of firms' resources

A key goal of the OEHS was to determine the financial and administrative burden of providing employer-sponsored health insurance. To examine this burden, firms participating in the OEHS reported their total expenditures in the last 12 months spent on health insurance. Firms were also asked their total number of employees, their total wage payroll, and the total annual revenues. These responses provide valuable contexts on health insurance's share of a firm's total resources.

Table 14 indicates that the average firm in Ohio offering health insurance spends \$4,683 on health insurance for every employee they hire. Health insurance expenditures per employee are lower than premiums since not all employees are eligible for a firm's group plan and because some employees obtain their coverage through other sources (see Table 13). Health insurance expenditures per worker were highest for public firms (\$6,466 per employee) and for large firms with over 250 employees (\$7,081 per employee).

Table 14. Health insurance expenditures (in dollars) per employee at Ohio firms

	Percentile			
	Mean	25th	50th (Median)	75th
Ohio	\$4,683	\$2,044	\$3,900	\$6,000
Firm type				
For profit	\$4,490	\$2,057	\$3,783	\$5,800
Not-for-profit	\$4,799	\$1,466	\$3,872	\$6,307
Public	\$6,466	\$3,564	\$6,479	\$8,777
Firm size (number of employees)				
2-10	\$4,711	\$2,000	\$3,933	\$6,000
11-49	\$3,981	\$1,773	\$3,429	\$4,941
50-249	\$5,771	\$2,452	\$4,897	\$7,212
250+	\$7,081	\$4,830	\$7,143	\$9,104

Health insurance requires 13% of the average Ohio firm’s total compensation expenses. Table 15 compares health insurance expenditures as a share of a firm’s total compensation expenses (wages + health insurance expenses). Health insurance as a share of total compensation was highest for public firms (15.8%) and very large firms with over 250 employees (14.5%). Smaller firms reported lower insurance expenses with the exception of the smallest firms with 2-10 employees (12.7%).

Table 15. Health insurance expenditures as a share of total compensation

	Mean	S.E.
Ohio	11.8%	0.5%
Firm type		
For profit	11.3%	0.5%
Not-for-profit	12.2%	1.0%
Public	15.8%	1.2%
Firm size (number of employees)		
2-10	12.7%	0.8%
11-49	10.0%	0.6%
50-249	12.5%	0.8%
250+	14.5%	0.6%

*total compensation=(total payroll + health care expenditures)

Table 16 shows that the average firm offering health insurance spends 4.6% of total revenues (not profits) on health insurance for its employees. Similar to payroll, public firms and large firms with over 250 workers dedicate higher proportions of their revenue to health insurance costs (7.0% and 6.9%, respectively).

Table 16. Health insurance expenditures as a share of total revenue (percent)		
	Mean	S.E.
Ohio	4.6%	0.3%
Firm type		
For profit	4.2%	0.3%
Not-for-profit	5.6%	0.5%
Public	7.0%	0.6%
Firm size (number of employees)		
2-10	5.0%	0.5%
11-49	3.7%	0.3%
50-249	5.2%	0.4%
250+	6.9%	0.6%

VI. Summary of Findings

To restate the aforementioned caveat, in the previous tables, it is important to remember that the OEHS is representative of *firms*. These statistics represent health insurance offerings at the average Ohio firm. Each firm receives an equal weight in the data independent of size, therefore Walmart receives an equal weight as a local landscaping company and the Ohio State University counts the same as a small township. Since the data are representative of firms, they do not represent the benefits offered to the average *employee* in Ohio.

Several key statistics emerge from the OEHS findings:

- 60% of Ohio businesses offer an employer-sponsored group health insurance plan to their workers;
- 81% of workers are eligible to participate in the group health insurance plan at the average Ohio firm;
- The total health insurance premium costs \$5,052 at the median firm in Ohio;
- The average firm requires its workers to pay 20% of the total insurance premium for employee-only coverage; 28% for family coverage;
- PPOs are the largest plan at 59% of Ohio firms, with High Deductible Health Plans second at 26% (High Deductible Health Plans were self-attributed by the responding firms);
- Health insurance requires 13% of all compensation expenses at the average Ohio firm; and
- 54% of firms not offering insurance responded they did not offer because it was too expensive and 46% did not offer because their employees already had coverage.

Firms not offering an employer-sponsored group plan were asked to indicate the reasons they did not offer health insurance. Table 17 summarizes reasons for not offering health insurance. The percentages in Table 17 sum to more than 100% since firms were able to mark more than one reason. Over half of firms not offering a group plan indicated that insurance was too expensive (26% tried to purchase and 28% indicated that they knew it was too expensive) and 46% responded that their employees already had coverage. No other reason exceeded 12% of responses.

Table 17. Reasons for stopping or not offering health insurance

	Percent †	S.E.
Not tried to purchase/know it is too expensive	28.12%	2.09%
Tried to purchase/was too expensive	25.71%	2.04%
Employees have other coverage	46.39%	2.35%
Not necessary	3.05%	0.84%
Employees prefer higher wages	11.29%	1.53%
Employees are not able to afford premiums	10.31%	1.40%
Too much administrative burden	10.92%	1.51%
Other reason	11.75%	1.58%

† Percents sum to more than 100% because respondents could select multiple reasons.

VII. Focus Group Interviews Summary

In addition to the survey responses, we conducted focus groups with employers in Ohio to collect their feedback on employer-sponsored health insurance and their perceptions on national health care reform. The objectives of the focus groups were the following:

1. Determine how employers are covering employees and how they manage the costs of health insurance;
2. Collect employers' feedback on the role of public health insurance related to their employer-sponsored group plans; and
3. Determine how employers anticipate responding to the insurance exchange programs that will be part of health care reform in 2014.

A. Methods

Employers had the choice of four focus groups: one morning, noon, and evening group in Columbus and a morning group in Athens. The groups consisted of one with small business employers who do not offer insurance, one with small business employers who do offer insurance, one with large business employers, and one with a mix of employers (small and large).

A standard script was used to guide the discussion. The focus group discussions were taped and transcribed. In addition, a research assistant was an on-site observer, taking notes that included topics of discussion. Basic information was collected on each participant including gender, size of company he/she represents, and role he/she plays in the company.

B. Results

A total of 16 individuals participated in the four focus groups (10 women and 6 men). The firm sizes ranged from less than 10 to over 20,000 and 3 small business employers did not offer insurance to their employees.

Each focus group started with a brief presentation of preliminary findings from the Ohio Employer Health Benefits Survey. Following a brief discussion of the findings, the facilitator started with the questions. What follows is the question in italics, then the summary of the discussion.

How are employers asking employees to shift to other forms of insurance, from what the firm offers?

This question generated a great deal of discussion. Many employers were aware of practices that either their firm or other firms were engaging in to encourage employees to not take their insurance. The types of practices discussed included charging a penalty if a spouse was on the

firm's plan, providing a cash credit if a spouse was not on the firm's plan, and simply refusing to cover a spouse if he/she had access to other insurance through an employer. For the latter practice to be enforced, employers often ask employees to provide information in writing about the spouse's options.

Do you think employers will ask workers to move on to Medicaid in 2014?

The majority of respondents who offer insurance to their employees did not think this would be an option for them; however, they also thought that it could be an option for some employers. Among employers that did not offer insurance, there was agreement that workers should be encouraged to be on Medicaid if they are eligible.

Why do some employees not take insurance offered by the firm?

Most of the participants stated that the employees who do not take insurance that is offered to them are younger employees who do not think they need to have coverage. Additionally, some employers mentioned that employees would rather have the money they would have paid towards a premium to do other things.

How are employers changing plan designs?

Many of the participants stated that firms were offering "less" in their plans in order to keep premiums down. Other employers were asking for a greater contribution from employees. Additionally, deductibles and co-payments have been increasing in order to control premium costs. Finally, some mentioned that firms were dropping spousal and family coverage to control costs.

What are firms doing around wellness?

There was a clear divide between the small firms and large firms. Most of the small firms indicated that they did not have wellness benefits, although one firm's representative mentioned that the company will help smokers quit. For small companies, getting a wellness program into an insurance coverage plan is tough because of its limited impact on the premium. Many of the large firms offered gym membership discounts, weight control programs, and smoking cessation programs.

How the insurance exchange will influence offering or not offering insurance?

In general, few focus group participants understood the exchanges and what they will offer individuals. Many explicitly stated that they did not understand what they would be. The smaller firms generally thought that the exchange might be a better option than what they are currently doing for insurance and there was agreement that small business owners would take a close look at the exchanges to determine the best option from an economic standpoint. If premiums are lower on the exchange, small firms will be interested.

What will employers need from the exchange to make the exchange meaningful to the firm?

Again, there were not many participants who fully understood the exchanges and how they would influence the insurance market. Of those who had some background knowledge, there was agreement that to be meaningful, they should help employers without penalizing them. Multiple participants also expressed a concern that the exchanges do not seem to address the underlying problem that insurance premiums will still be high.

VIII. Policy Considerations

Several points emerged from the survey results and the focus groups that merit consideration during the policy formulation processes:

- A. Health insurance is expensive for firms, and firms only expect it to become more expensive. For the average firm in Ohio, health insurance premiums cost \$4,713 per worker they hire. This cost in premiums composes 13% of employee compensation expenses. With medical loss ratios (health care expenses) set at 85% under federal health reform, the high cost of health care will remain the key driver of increasing insurance premiums.
- B. Despite the expense, a key group of firms, particularly large firms, are committed to offering employer-sponsored insurance and still plan to offer a health plan in the future. These firms view health insurance as a responsibility to their workforce.
- C. An important dynamic observed in the survey data and the focus groups is the “shifting” of dependents and workers to other firms’ insurance plans. As premiums have increased, some firms maintain their contribution to employee premiums, but raise the contribution requirement for family plans. Others have explicit policies with a penalty if a spouse enrolls in the group plan when they could enroll in a different employer’s plan. Also, some firms will pay a bonus to their workers if they enroll in another firm’s plan. This dynamic will increase pressure on the firms that are committed to maintaining a group insurance plan.
- D. With the exception of the largest firms with their own insurance specialists on staff, businesses simply do not understand either insurance exchanges or health reform. Few firms in the small group market (less than 50 employees) realize that they are exempt from the new federal health care reform regulations, nor do they see how the exchanges may or may not apply or work for them.
- E. While many firms would prefer to drop their insurance plans, they remain constrained by demand for insurance by their workers. Firms indicated that insurance is the most valuable benefit they use in recruiting the best employees. Employers’ decisions to offer or not offer a group plan will still be influenced by a competitive labor market as the economy recovers.
- F. Large firms report an emphasis upon wellness as an issue of better employee health and as a potential avenue of premium savings. Small and micro firms were less able to incorporate wellness in their benefits package.
- G. Lastly, firms remain very interested in finding an insurance option that both (1) has lower premiums and (2) provides coverage acceptable to their workers. If these two

conditions are met, it is expected that firms' participation in the exchanges and the Medicaid expansion will be high.

IX. Future Needs

1. While most firms will continue to offer employer-sponsored plans, careful tracking will be needed to identify which firms actually insure Ohio workers. As employers increase cost-sharing and implement policies with incentives/penalties to enroll in another firm's plan, firms committed to offering robust plans will come under increasing pressure. Rather than assuming that the cost of insuring the workforce is spread equally across firms, it will be important to identify and track the health of plans that disproportionately cover the Ohio workforce.
2. Consideration should be given to the timing of future rounds of the OEHS. With the main elements of federal health reform implementing in 2014, the optimal timing of subsequent OEHS would be mid-2013 and mid-2015. This calendar would allow a clear baseline for how firms are preparing for implementation and then reveal how they have adapted to implementation.
3. To maximize the value of the data, future efforts should focus on re-sampling the same firms responding to the 2012 OEHS, supplemented with responses from new firms. While response rates would be higher for a completely new sample of firms, trends over time will be biased due to changes in the composition (firm type, industry type, etc.) of the sample.
4. The rapid growth in High Deductible Health Plans and Health Savings Accounts merits additional focus on these types of plans.
5. Based on the open-ended responses and focus group feedback, an expanded question on policies and incentives for workers/dependents to enroll in other employer's plans should be added in future rounds.

X. Conclusion

The 2011 Ohio Employer Health Benefits Survey (OEHS) is the business complement to the 2008 and 2010 Ohio Family Health Surveys (OFHS), examining the characteristics of employing firms who offer and do not offer health insurance benefits. These data will be used to determine the overall and regional burdens health care benefits place upon Ohio businesses.

The 2011 OEHS randomly selected 9,593 Ohio businesses from a list of businesses maintained by the Ohio Department of Job and Family Services within strata defined by business size (2-10, 11-49, 50-249, and ≥ 250 employees) and county type (Appalachian, rural non-Appalachian, metropolitan, and suburban counties). The mailed survey resulted in 2,289 usable (e.g., 10% or more of the instrument completed) surveys, yielding a 31% response rate.

The OEHS found that 60% of Ohio businesses offer an employer sponsored group health insurance plan to their workers. However, health insurance remains expensive, with the total health insurance premium costing \$5,052 at the median firm in Ohio. Workers pay 20% of the premium for employee only coverage and 28% for family coverage at the average firm. The burden of health insurance on firms continues to increase, with premiums now consuming 13% of all compensation expenses at the average Ohio firm. This high cost of health insurance is widely cited by firms not offering insurance, with 54% of firms not offering insurance, indicating that they did not offer a group plan because it was too expensive. Finally, firms not offering insurance rely on other firms to cover many of their workers, with 46% of firms not offering because their employees already had coverage.

XI. Appendices

A. Methods

a. Introduction

The 2011 Ohio Employer Health Benefits Survey sample design is a list-assisted stratified random sample of 2,289 Ohio businesses. This sample size enables reliable analyses within Ohio's categorical county types (Appalachian, metropolitan, rural non-Appalachian and suburban counties).

The OEHS used methodology similar to the national Medical Expenditure Panel Survey – Insurance Component collected by the Agency for Health Care Quality Research. Firms were randomly selected from a list of businesses maintained by the Ohio Department of Job and Family Services within strata defined by business size (2-10, 11-49, 50-249, and > 250 employees) and county type (Appalachian, metropolitan, rural non-Appalachian, and suburban counties). Firms were initially contacted by phone and the most informed individual was recruited to complete two screening questions to assess the basic characteristics of the business and whether it offers insurance coverage to employees. Once recruited, the firm was sent a mail questionnaire in a self-address postage-provided envelope.

All firms participating in the survey were sent an individual report comparing responses to firms of similar size to overall statewide results, inclusive of all firm sizes. Qualitative interviews were conducted for a representative sampling of the responding firms to gain nuance and context to main themes and problems detected from the survey data. Method description of these qualitative interviews is outside the scope of this methodology section and is addressed above. The OEHS secured Internal Review Board (IRB) approval from The Ohio State University.

b. Sample Design and Eligibility Requirements

The OEHS sample was selected at random from an inclusive list of Ohio businesses maintained by the Ohio Department of Job and Family Services. This list was from the 2010 unemployment compensation file. The sample for the survey was drawn from nine strata consisting of a statewide grouping, four business size categories (2-10, 11-49, 50-249, and \geq 250 employees), and four county type categories (Appalachian, rural non-Appalachian, metropolitan, and suburban counties). Eligibility into the sample was limited to firms/parent corporations. Establishments or satellite businesses held by a parent company (e.g., a McDonald's restaurant in Athens, Ohio) were assigned to the parent firm. The goal of sampling firms/parent corporations was to compare business policies relating to employer-sponsored health insurance and health benefit structures. Interstate firms were included in the sample due to difficulties filtering in-state to out-of-state locations, but once collected only intrastate firms were included

in the analyses. This was determined by a question within the survey that determined home location of the firm.

The number of completes for each group is as follows:

TABLE 1: EXPECTED NUMBER OF COMPLETES BY STRATA

	Appalachian	Rural	Suburban	Metropolitan	
<10	250	250	250	250	1,000
10-49	217	217	217	217	868
50-249	94	94	94	94	376
250+	39	39	39	39	156
	633	633	633	633	2,400

c. Survey Sample

The sample sizes loaded into the initial pre-qualification survey were as follows:

TABLE 2: INITIAL PRE-QUALIFICATION SAMPLE SIZES

	Appalachian	Rural	Suburban	Metropolitan	
<10	2,941	2,941	2,940	2,940	11,762
11-49	1,594	1,594	1,593	1,593	6,374
50-249	737	737	737	737	2,948
250+	271	271	271	271	1,084
	5,543	5,543	5,541	5,541	22,168

These sample sizes were selected based on estimates developed by ICF Macro and the OEHS Research Team. These estimates adapted sampling procedures from MEPS, Georgia Healthcare Coverage, and Massachusetts Employer Survey. Since the OEHS did not offer a cash incentive used by other surveys, ICF Macro then applied an adjustment factor of +100% to each of the strata. The following table shows the expected returns at each stage of the survey process.

TABLE 3: EXPECTED RETURNS BY SURVEY STAGE

	Initial Sample	Estimated eligible with contact info	Total to mailing	Estimated returns
<10	11,762	5,932	5,932	1,000
11-49	6,374	4,800	4,800	868
50-249	2,948	2,214	2,214	376
250+	1,084	842	842	156
	22,168	13,788	13,788	2,400

Once in the field, the initial sample resulted in 6,219 confirmed businesses. With this sample size, 2,400 completes would have required a 38.6% response rate. To ease the burden, ICF

Macro and the OEHS Research Team developed a dual instrument mailing to go to businesses that were unconfirmed, but likely to still exist based on some level of contact in the pre-qualification effort that was not deemed a refusal. This strategy included mailing to addresses with an answering machine that confirmed a business, scheduled callbacks, and other pre-qualification dispositions. The end result of this effort was to mail an additional 3,374 dual-instrument surveys. This yielded initial mailing sample sizes as follows:

TABLE 4: INITIAL MAILING SAMPLE SIZES

	Appalachian	Rural	Suburban	Metropolitan	
<10	1,205	1,131	1,255	1,171	4,762
11-49	683	685	731	698	2,797
50-249	355	349	381	347	1,432
250+	147	142	161	152	602
	2,390	2,307	2,528	2,368	9,593

Reminder postcards were sent to all 9,593 businesses mailed in the initial sample.

The sample for mailing a second replacement survey was selected on May, 6, 2011. This sample consisted of the initial mailing sample less firms that had completed, refused, or been deemed ineligible for the survey. This second mailing had the following strata sizes:

TABLE 5: SECOND MAILING SAMPLE SIZES

	Appalachian	Rural	Suburban	Metropolitan	
<10	1,001	965	1,012	985	3,963
11-49	560	570	572	574	2,276
50-249	284	296	300	282	1,162
250+	120	130	124	118	492
	1,965	1,961	2,008	1,959	7,893

d. Questionnaire Design

The main questionnaire for the OEHS was developed using a multistep process. First, two focus groups of representative business owners and human resources representatives were held to determine pressing needs and concerns relating to employer-sponsored insurance and health benefits. Second, the OEHS Research Team performed a literature review and examined prior employer health benefits surveys from the Medical Expenditure Panel Survey (MEPS) and various state-oriented health benefits surveys from Massachusetts, Michigan, Georgia, Minnesota, and other states. Third, domains were set for the survey instrument addressing whether a firm offers insurance, they offer benefits, what benefits are included in the health insurance plan, the cost and resource needs to provide employer-sponsored insurance and benefits, whether wellness and ancillary health benefits are available to employees, and firm demographics such as employee composition, wages, etc. Fourth, surveys were customized into

six sub-instruments, depending upon telephone screening results to determine whether the firm offered employer-sponsored health insurance and firm size. Fifth, once the sub-instruments were drafted, the OEHS Research team reviewed the survey items and domains, implemented edits, and the sub-instruments were field-tested for clarity, flow, and response integrity. After final edits, ICF Macro used Adobe In-Design to create a final, printable product. This process allowed final instruments, including booklets, cover letters, and envelopes to be transmitted for printing, binding, and assembly.

e. Mail Survey

As noted, for the mail survey there were six different survey instrument versions (sub-instruments) based on the insurance offering status (offer/not offer) matched to size of the firm (2-10, 11-49, and 50 or more). The survey packets were the same for all six instruments. Each copy of the survey was mailed with a:

- cover letter
- copy of the survey
- glossary of key health terms
- business reply envelope

Copies of each of these items can be found at the Government Resource Centers website at www.grc.osu.edu. In addition to these materials, two different versions of the survey packet were mailed. For firms confirmed in the pre-qualification, we mailed only the survey instrument that matched their firm (size and offering status). For firms that we believed to exist, but we had not confirmed, we mailed a flat containing both the offering and not-offering survey instruments for the size of the firm contained in the sample.

All surveys were printed, assembled, and mailed by Alpina Digital. The business reply envelope then directed completed surveys to ICF-Macro's Springfield, Ohio phone facility. This was done to increase response rate over the returns coming to New York City where the ICF-Macro research team is based. To track completed surveys, all returns were checked in at Springfield, then boxed and shipped to ICF-Macro's New York City offices for a recheck – surveys were opened, checked for completeness, and registered into survey tracking software. They were then given sequential identifications (SEQNO) so that returned surveys could be batched for keypunching and later searched for verification.

f. Data Entry Quality Assurance

The primary mechanism for quality assurance on the paper survey was the use of double data entry. Each survey received was keypunched twice. For every survey, different staff members entered the data each time. After the second punch, project staff were alerted to any values

that did not match the initial punch. Project staff then pulled the original survey to verify the value and enter the correct data. This final value was the one accepted into the data set.

g. Response Rates

The response rate (RR3) for the pre-qualification activities for the telephone portion of the OEHS is approximately 31%. The response for the mail survey portion of the OEHS is also approximately 31 %. A total of 22,168 businesses in Ohio were attempted during pre-qualification fielding. Interviews for the pre-qualification survey took place in February and March of 2011. In order to affirm the representation of the target population in a study, researchers examined response rates as an indicator of performance. There is no one agreed upon standard response rate formula since each project lends itself to different measures of performance. Several of these performance measures are discussed below.

All response rates will be affected by the procedure of assigning final status dispositions. The results of each call attempt were assigned a disposition according to guidelines published by The American Association for Public Opinion Research. These final dispositions can be summarized as:

Eligible

- Completes and partial interviews (if applicable)
- Refusals and non-contacts

Ineligible

- Survey Ineligible - Business has no Ohio presence, business is a sole proprietorship (1 employee)

Unknown

- Unknown Eligible (known business) = Confirmed business but did not establish survey eligibility
- Unknown Business = Cannot confirm whether the number is a business or not

Each telephone record's history of attempts is analyzed to determine the record's final status. Priority is given to outcomes that gather the most information.

Response rates provided are for the phone and mail components. Because the survey involved two phases, each response rate is presented in different ways. The first is the response rate of phone pre-qualification. The second is the response rate to the mail survey.

In order to accurately compute response rates, each record's history of attempts were analyzed, with the most significant indicator representing the record's final status. The following table shows major groups of general level outcomes, along with their priority and frequency of occurrence.

Pre-qualification Calling

Rank	AAPOR Group	Label
1	1.1	Completes (full interviews only)
2	1.2	Partial Complete
3	2.1	Refusals and Break-offs
4	2.2	Non Contact (incl. Answering Machines)
5	2.3	Other
6	4.4	Tech Circumstance (incl. Changed Number, Cellular Phones, Pagers)
7	4.5	Non-Residence (incl. Businesses, Dorms)
8	4.7	No Eligible Respondent (incl. No Adults, Not Qualified for Oversample)
9	4.2	Fax/Data Line
10	4.3	Non-Working, Disconnected Number
11	3.2	Housing Unit, Unknown if Eligible Respondent (Screener Not Completed)
12	3.9	Unknown Eligibility, Other (incl. Language Barrier, Physical Impairment Preventing Interview)

Mailing

Rank	AAPOR Group	Label
1	1.1	Completes (full interviews only)
2	2.1	Refusals
3	2.2	Non Contact
4	4.7	Not an Eligible Respondent
5	4.3	Returned Undeliverable

h. Data Editing and Weighting

Data editing (data cleaning and variable recoding), was jointly performed by the OEHS Research Team and ICF-Macro. These processes incorporated the differences in instrument items contained in the six sub-instruments and then merged the prepared data sets into a single data set, naming and labeling variables that were specific to instruments sent to those who offered employer-sponsored insurance and those who did not offer employer-sponsored insurance. Data weighting used the inverse probability of selection from the list of firms from the Ohio Department of Job and Family Services, after verification of the eligibility of inclusion into the survey.

i. Limitation of the Survey Method

As with any survey, there are distinct limitations introduced by the methodology used for the survey. For this survey, the primary limitation was with the mail survey timeline. Because of the long turnaround time of a mail survey, many respondents who wanted to respond to the survey may have been cut off from the arbitrary end of data collection on June 10th. This same limitation exists to a much lesser extent in the pre-qualification study. While it was kept open as long as possible, at the end of fielding, approximately 125 firms had given a referral to the most knowledgeable person there, but never completed the pre-qualification.

B. Tables

	Percent	S.E.	90% CI		Number of Firms
			Lower	Upper	
Ohio	60.16%	1.38%	57.90%	62.43%	2289
Firm type					
For profit	58.81%	1.57%	56.23%	61.38%	1722
Not-for-profit	61.86%	4.45%	54.54%	69.19%	245
Public	75.04%	4.16%	68.20%	81.89%	256
Region					
Appalachian	50.57%	2.19%	46.97%	54.17%	594
Metropolitan	62.87%	2.65%	58.52%	67.22%	436
Rural	53.14%	2.01%	49.83%	56.45%	694
Suburban	63.67%	2.14%	60.15%	67.19%	565
Firm size (number of employees)					
2-10	48.55%	1.95%	45.35%	51.75%	1050
11-49	74.38%	2.24%	70.69%	78.06%	700
50-249	93.90%	1.69%	91.12%	96.68%	380
250+	99.70%	0.30%	99.22%	100.19%	159

Table 2. At firms that offer health insurance and only operate in Ohio, percent of all workers who are eligible for health insurance

	Mean	S.E.	90% CI		Percentile			Number of Firms
			Lower	Upper	25th	50th (Median)	75th	
Ohio	81.21%	1.03%	79.53%	82.90%	66.87%	92.86%	100.00%	1398
Firm type								
For profit	82.95%	1.18%	81.01%	84.88%	75.00%	95.83%	100.00%	996
Not-for-profit	74.41%	2.75%	69.87%	78.94%	60.00%	80.72%	97.14%	168
Public	75.62%	2.39%	71.69%	79.56%	58.62%	80.00%	93.33%	205
Region								
Appalachian	83.42%	1.53%	80.91%	85.93%	70.00%	93.57%	100.00%	336
Metropolitan	83.99%	1.45%	81.60%	86.38%	75.00%	94.29%	100.00%	285
Rural	77.00%	1.64%	74.31%	79.69%	64.29%	85.71%	100.00%	412
Suburban	81.19%	1.58%	78.60%	83.78%	66.87%	93.33%	100.00%	365
Firm size (number of employees)								
2-10	80.71%	1.74%	77.86%	83.56%	66.67%	100.00%	100.00%	432
11-49	81.89%	1.48%	79.45%	84.33%	68.00%	92.86%	100.00%	491
50-249	81.13%	1.53%	78.62%	83.64%	67.27%	88.79%	98.00%	327
250+	81.91%	2.02%	78.59%	85.23%	73.08%	84.92%	98.40%	148

Table 3. At firms that offer health insurance, percent of part time workers who are eligible for health insurance

	Mean	S.E.	90% CI		Percentile			Number of Firms
			Lower	Upper	25th	50th (Median)	75th	
Ohio	23.49%	2.12%	20.00%	26.98%	0.00%	0.00%	10.00%	784
Firm type								
For profit	21.51%	2.62%	17.20%	25.82%	0.00%	0.00%	0.00%	488
Not-for-profit	35.47%	5.93%	25.72%	45.22%	0.00%	0.00%	80.00%	125
Public	25.46%	4.06%	18.78%	32.14%	0.00%	0.00%	37.50%	159
Region								
Appalachian	21.09%	3.36%	15.56%	26.61%	0.00%	0.00%	0.00%	188
Metropolitan	26.71%	3.90%	20.29%	33.12%	0.00%	0.00%	50.00%	158
Rural	16.38%	2.52%	12.24%	20.52%	0.00%	0.00%	0.00%	239
Suburban	24.91%	3.27%	19.53%	30.28%	0.00%	0.00%	21.11%	199
Firm size (number of employees)								
2-10	25.92%	3.69%	19.85%	31.98%	0.00%	0.00%	10.00%	227
11-49	19.35%	3.13%	14.20%	24.49%	0.00%	0.00%	0.00%	190
50-249	16.37%	2.91%	11.58%	21.17%	0.00%	0.00%	0.00%	241
250+	34.92%	4.99%	26.72%	43.12%	0.00%	4.22%	66.67%	126

Table 4. Percent of firms offering health insurance to temporary or seasonal employees					
	Percent	S.E.	90% CI		Number of Firms
			Lower	Upper	
Ohio	4.43%	0.95%	2.86%	6.00%	1068
Firm type					
For profit	4.79%	1.22%	2.79%	6.79%	710
Not-for-profit	5.20%	2.20%	1.58%	8.83%	149
Public	1.89%	1.05%	0.17%	3.61%	184
Region					
Appalachian	5.08%	1.62%	2.42%	7.74%	262
Metropolitan	3.38%	1.61%	0.74%	6.03%	212
Rural	2.28%	0.85%	0.88%	3.69%	313
Suburban	4.99%	1.45%	2.60%	7.38%	281
Firm size (number of employees)					
2-10	4.66%	1.59%	2.05%	7.26%	288
11-49	4.54%	1.57%	1.95%	7.13%	346
50-249	2.00%	1.13%	0.14%	3.86%	292
250+	7.09%	3.35%	1.58%	12.61%	142

Table 5. Percent of employees eligible for health insurance that are enrolled								
	Mean	S.E.	90% CI		Percentile			Number of Firms
			Lower	Upper	25th	50th (Median)	75th	
Ohio	76.46%	0.90%	74.98%	77.93%	60.98%	80.00%	100.00%	1430
Firm type								
For profit	76.06%	1.04%	74.34%	77.78%	60.61%	77.78%	100.00%	1018
Not-for-profit	76.78%	2.70%	72.34%	81.23%	60.94%	80.00%	100.00%	170
Public	82.61%	2.06%	79.22%	86.00%	73.33%	85.81%	95.56%	209
Region								
Appalachian	75.98%	1.60%	73.35%	78.61%	60.00%	78.57%	100.00%	345
Metropolitan	77.38%	1.71%	74.57%	80.20%	65.85%	81.82%	100.00%	293
Rural	76.81%	1.39%	74.51%	79.10%	60.00%	80.00%	100.00%	409
Suburban	76.27%	1.33%	74.09%	78.46%	60.00%	80.00%	100.00%	383
Firm size (number of employees)								
2-10	78.28%	1.48%	75.84%	80.72%	60.00%	80.00%	100.00%	438
11-49	72.17%	1.37%	69.92%	74.43%	55.56%	73.33%	89.66%	500
50-249	79.38%	1.19%	77.42%	81.34%	68.06%	81.25%	92.00%	340
250+	81.11%	1.33%	78.92%	83.30%	74.17%	82.52%	90.55%	152

Table 6. Plan type elected by the largest percent of employees

	PPO		High Deductible		Other†	
	Percent	S.E.	Percent	S.E.	Percent	S.E.
Ohio	58.57%	1.93%	25.83%	1.75%	15.60%	1.36%
Business type						
For profit	57.51%	2.26%	26.37%	2.03%	16.12%	1.62%
Not-for-profit	61.49%	5.65%	19.23%	4.57%	19.27%	4.65%
Public	67.98%	5.08%	25.06%	4.93%	6.96%	1.98%
Region						
Appalachian	59.33%	3.29%	22.91%	2.88%	17.76%	2.56%
Metropolitan	51.51%	3.55%	23.05%	2.89%	25.43%	3.20%
Rural	54.03%	2.98%	29.59%	2.76%	16.37%	2.32%
Suburban	60.85%	2.85%	26.14%	2.60%	13.01%	1.94%
Firm size (number of employees)						
2-10	55.88%	3.23%	27.81%	2.98%	16.31%	2.17%
11-49	55.29%	3.00%	27.20%	2.65%	17.51%	2.34%
50-249	70.99%	3.26%	19.02%	2.78%	9.99%	2.12%
250+	76.42%	4.69%	14.33%	3.65%	*	*

†Includes HMO, Conventional/Traditional Indemnity, and Other plans

*Cell count too small

Table 7. Total annual premium (in dollars)

	Single Coverage				Family Coverage			
	Median	Percentile		Number of Firms	Median	Percentile		Number of Firms
		25th	75th			25th	75th	
Ohio	5052	3720	6720	996	13140	10932	16404	888
Firm type								
For profit	4800	3504	6720	673	12552	10344	15768	587
Not-for-profit	5844	4800	8040	128	14796	12552	17352	112
Public	5,484	4908	6528	180	15276	12300	17544	178
Region								
Appalachian	5,256	3888	7476	232	14016	10560	17352	203
Metropolitan	4,848	3840	6576	198	13260	10440	16896	180
Rural	5100	3852	6804	293	12696	10596	15264	261
Suburban	5052	3660	6672	273	12984	11040	16404	244
Firm size (number of employees)								
2-10	5496	3648	9696	203	12588	10560	19200	134
11-49	4620	3600	6204	361	12636	10308	15852	323
50-249	4944	4020	6012	291	14016	11964	16272	288
250+	5496	4944	6024	141	14712	13236	16608	143

Table 8. Percent of total premium paid by the employee

	Single Coverage				Family Coverage			
	Median	Percentile		Number of Firms	Median	Percentile		Number of Firms
		25th	75th			25th	75th	
Ohio	19.83%	5.50%	36.93%	996	27.62%	12.42%	50.00%	888
Firm type								
For profit	20.28%	2.57%	40.03%	673	30.11%	17.37%	50.00%	587
Not-for-profit	13.49%	7.62%	22.08%	128	24.97%	10.06%	50.00%	112
Public	10.04%	7.08%	19.59%	180	12.29%	9.65%	21.92%	178
Region								
Appalachian	18.32%	0.00%	30.00%	232	20.02%	9.97%	35.01%	203
Metropolitan	17.35%	0.99%	30.04%	198	28.01%	12.42%	50.00%	180
Rural	19.22%	9.66%	29.88%	293	24.53%	11.97%	48.00%	261
Suburban	19.97%	6.61%	40.00%	273	30.00%	14.75%	50.00%	244
Firm size (number of employees)								
2-10	16.27%	0.00%	45.45%	203	30.01%	11.56%	50.00%	134
11-49	20.46%	10.02%	40.00%	361	32.30%	19.26%	50.00%	323
50-249	18.52%	9.94%	27.78%	291	20.69%	10.81%	35.02%	288
250+	12.00%	9.05%	19.92%	141	15.00%	9.97%	21.82%	143

Table 9a. Average annual deductible per person (in dollars)

	Conventional/Traditional Indemnity Plan					
	Mean	S.E.	90% CI		Number of Firms	
			Lower	Upper		
Ohio	1627.26	168.60	1349.92	1904.61	121	
Firm type						
For profit	1606.51	154.58	1352.22	1860.79	95	
Not-for-profit	1808.18	878.52	363.02	3253.34	13	
Public	*	*	*	*	11	
Region						
Appalachian	1575.51	219.67	1214.15	1936.86	36	
Metropolitan	1160.25	209.50	815.63	1504.87	20	
Rural	1238.38	245.34	834.79	1641.97	36	
Suburban	1848.13	270.07	1403.87	2292.40	29	
Firm size (number of employees)						
2-10	1723.18	230.74	1343.61	2102.75	47	
11-49	1654.42	319.42	1128.97	2179.88	41	
50-249	1333.45	353.15	752.51	1914.38	20	
250+	826.69	297.69	337.00	1316.39	13	
* Cell count too small						

Table 9b. Average annual deductible per person (in dollars)					
	High Deductible Plan with HSA				Number of Firms
	Mean	S.E.	90% CI		
			Lower	Upper	
Ohio	2801.07	85.93	2659.71	2942.43	353
Firm type					
For profit	2919.90	97.41	2759.67	3080.14	265
Not-for-profit	2112.21	303.94	1612.24	2612.19	37
Public	2319.89	164.32	2049.58	2590.20	44
Region					
Appalachian	2813.07	207.53	2471.69	3154.46	66
Metropolitan	2811.06	177.15	2519.65	3102.47	73
Rural	2830.94	118.26	2636.40	3025.47	115
Suburban	2790.91	122.24	2589.83	2991.99	99
Firm size (number of employees)					
2-10	2812.27	145.75	2572.51	3052.02	97
11-49	2833.92	118.31	2639.30	3028.55	140
50-249	2642.20	129.30	2429.49	2854.90	82
250+	2697.41	296.49	2209.68	3185.14	34

Table 9c . Average annual deductible per person (in dollars)					
	High Deductible Plan without HSA				Number of Firms
	Mean	S.E.	90% CI		
			Lower	Upper	
Ohio	3076.20	254.19	2658.06	3494.34	75
Firm type					
For profit	2939.30	287.91	2465.70	3412.91	55
Not-for-profit	3429.99	788.74	2132.51	4727.48	10
Public	*	*	*	*	6
Region					
Appalachian	*	*	*	*	12
Metropolitan	2122.25	270.90	1676.62	2567.88	18
Rural	3454.80	572.86	2512.46	4397.15	27
Suburban	3242.94	366.02	2640.84	3845.04	18
Firm size (number of employees)					
2-10	3139.29	369.48	2531.49	3747.08	29
11-49	2951.47	338.61	2394.45	3508.48	19
50-249	3073.66	443.91	2343.43	3803.89	23
250+	*	*	*	*	4

* Cell count too small

Table 10a. Average copayment (in dollars) for an office visit					
	HMO Office Visit				Number of Firms
	Mean	S.E.	90% CI		
			Lower	Upper	
Ohio	19.64	0.81	18.30	20.97	87
Firm type					
For profit	20.27	0.98	18.66	21.88	56
Not-for-profit	16.88	1.88	13.80	19.97	18
Public	*	*	*	*	8
Region					
Appalachian	19.30	1.57	16.72	21.89	23
Metropolitan	20.24	1.52	17.73	22.74	26
Rural	17.57	3.31	12.13	23.01	15
Suburban	19.83	1.13	17.97	21.68	23
Firm size (number of employees)					
2-10	20.62	1.09	18.83	22.41	35
11-49	19.06	1.18	17.11	21.01	27
50-249	17.96	3.49	12.22	23.70	17
250+	*	*	*	*	8

Table 10b. Average copayment (in dollars) for an office visit					
	PPO In-Network Office Visit				Number of Firms
	Mean	S.E.	90% CI		
			Lower	Upper	
Ohio	22.08	0.44	21.36	22.80	704
Firm type					
For profit	22.71	0.51	21.87	23.55	478
Not-for-profit	21.20	1.12	19.35	23.05	90
Public	18.88	1.32	16.71	21.06	125
Region					
Appalachian	20.90	0.76	19.66	22.14	167
Metropolitan	21.37	0.83	20.00	22.73	140
Rural	22.31	0.79	21.00	23.61	204
Suburban	22.36	0.63	21.33	23.39	193
Firm size (number of employees)					
2-10	22.92	0.81	21.58	24.25	161
11-49	22.75	0.60	21.76	23.74	231
50-249	20.17	0.69	19.03	21.32	203
250+	17.86	1.34	15.65	20.07	109

Table 10c . Average copayment (in dollars) for an office visit					
	PPO Out-of-Network Office Visit				
	Mean	S.E.	90% CI		Number of Firms
			Lower	Upper	
Ohio	33.42	1.49	30.97	35.87	366
Firm type					
For profit	33.94	1.60	31.30	36.58	261
Not-for-profit	29.28	2.67	24.89	33.68	41
Public	32.94	7.20	21.09	44.78	59
Region					
Appalachian	32.32	2.36	28.44	36.21	85
Metropolitan	32.22	2.34	28.37	36.06	73
Rural	36.33	1.72	33.51	39.16	113
Suburban	33.15	2.29	29.38	36.92	95
Firm size (number of employees)					
2-10	35.38	2.69	30.96	39.80	93
11-49	35.46	2.04	32.11	38.81	141
50-249	24.80	2.22	21.15	28.45	96
250+	19.50	2.67	15.11	23.88	36

Table 11. Average coinsurance (percent)					
	PPO				
	Mean	S.E.	90% CI		Number of Firms
			Lower	Upper	
Ohio	17.50	0.80	16.19	18.82	519
Firm type					
For profit	17.57	0.99	15.94	19.20	345
Not-for-profit	18.25	2.05	14.87	21.62	63
Public	17.52	1.05	15.79	19.24	105
Region					
Appalachian	17.20	1.35	14.98	19.42	126
Metropolitan	15.71	1.61	13.06	18.36	102
Rural	19.81	1.18	17.86	21.75	154
Suburban	17.42	1.16	15.51	19.33	137
Firm size (number of employees)					
2-10	17.34	1.53	14.83	19.85	100
11-49	17.54	1.34	15.34	19.74	155
50-249	17.05	1.10	15.24	18.86	167
250+	18.82	1.38	16.56	21.08	97

Table 12. Lives covered as a share of total workers (ratio) at Ohio firms

	Mean	S.E.	90% CI		Percentile			Number of Firms
			Lower	Upper	25th	50th (Median)	75th	
Ohio	1.17	0.03	1.12	1.22	0.60	1.00	1.50	1373
Firm type								
For profit	1.17	0.04	1.12	1.23	0.61	1.00	1.50	1015
Not-for-profit	1.05	0.08	0.92	1.18	0.46	0.83	1.38	150
Public	1.37	0.09	1.23	1.52	0.67	1.33	2.00	178
Region								
Appalachian	1.09	0.04	1.02	1.15	0.62	1.00	1.33	326
Metropolitan	1.21	0.06	1.12	1.30	0.67	1.00	1.50	280
Rural	1.15	0.04	1.08	1.22	0.50	1.00	1.53	408
Suburban	1.18	0.05	1.11	1.26	0.60	1.00	1.50	359
Firm size (number of employees)								
2-10	1.15	0.05	1.07	1.23	0.60	1.00	1.43	463
11-49	1.11	0.04	1.05	1.18	0.59	0.97	1.47	492
50-249	1.30	0.06	1.21	1.40	0.70	1.17	1.69	288
250+	1.58	0.09	1.42	1.73	0.83	1.56	2.01	130

Table 13. Among firms with 2-10 employees, estimated percent of employers with at least one employee receiving the various sources of insurance

	Firms Offer Insurance			Firms do not Offer Insurance		
	Percent	90% CI		Percent	90% CI	
		Lower	Upper		Lower	Upper
≥1 Employee Uninsured	9.3%	7%	12%	31.9%	28%	36%
Appalachian	11.2%	6%	16%	37.2%	31%	43%
Metropolitan	14.1%	9%	20%	31.0%	23%	39%
Rural	11.5%	7%	16%	33.6%	28%	39%
Suburban	7.4%	4%	11%	29.8%	23%	37%
≥1 Employee with Public Insurance	15.3%	12%	19%	28.1%	24%	32%
Appalachian	14.7%	9%	20%	31.7%	26%	38%
Metropolitan	16.3%	10%	23%	28.1%	20%	36%
Rural	16.9%	11%	22%	25.5%	20%	31%
Suburban	14.9%	10%	20%	27.9%	21%	35%
≥1 Employee with Insurance from Dependent	39.5%	35%	44%	67.5%	64%	72%
Appalachian	47.4%	39%	56%	58.1%	52%	64%
Metropolitan	38.7%	31%	47%	68.7%	60%	77%
Rural	48.2%	41%	56%	67.0%	61%	73%
Suburban	36.5%	30%	43%	70.5%	64%	77%
≥1 Employee with Private Insurance, including firm's plan	62.3%	58%	67%	47.8%	43%	52%
Appalachian	61.6%	54%	70%	40.5%	34%	48%
Metropolitan	65.0%	57%	73%	49.1%	40%	58%
Rural	60.9%	54%	68%	47.8%	42%	54%
Suburban	62.0%	55%	69%	49.9%	42%	57%
≥1 Employee with Unknown Insurance Status	11.8%	9%	15%	27.2%	23%	31%
Appalachian	16.4%	11%	22%	29.4%	24%	35%
Metropolitan	14.0%	8%	20%	16.2%	9%	23%
Rural	11.9%	7%	17%	28.9%	23%	34%
Suburban	10.5%	6%	15%	28.3%	22%	35%

Table 14. Health insurance expenditures (in dollars) per employee at Ohio firms

	Mean	S.E.	90% CI		Percentile			Number of Firms
			Lower	Upper	25th	50th (Median)	75th	
Ohio	4683	134	4462	4903	2044	3900	6000	1279
Firm type								
For profit	4490	153	4237	4742	2057	3783	5800	912
Not-for-profit	4799	449	4061	5537	1466	3872	6307	150
Public	6466	373	5852	7080	3564	6479	8777	192
Region								
Appalachian	4850	243	4451	5249	1970	3753	6071	310
Metropolitan	4918	289	4443	5394	2547	4000	5867	254
Rural	4458	207	4118	4798	1849	3623	5769	377
Suburban	4655	198	4329	4981	2000	3900	6087	338
Firm size (number of employees)								
2-10	4711	216	4356	5067	2000	3933	6000	398
11-49	3981	176	3692	4270	1773	3429	4941	450
50-249	5771	418	5083	6458	2452	4897	7212	299
250+	7081	359	6491	7671	4830	7143	9104	132

Table 15. Health insurance expenditures as a share of total compensation

	Mean	S.E.	90% CI		Percentile			Number of Firms
			Lower	Upper	25th	50th (Median)	75th	
Ohio	11.80%	0.45%	11.05%	12.54%	5.77%	9.40%	13.33%	1131
Firm type								
For profit	11.35%	0.54%	10.47%	12.23%	5.37%	8.51%	12.64%	793
Not-for-profit	12.17%	1.00%	10.52%	13.81%	7.71%	11.03%	14.20%	139
Public	15.80%	1.22%	13.79%	17.81%	10.05%	14.29%	17.74%	181
Region								
Appalachian	12.52%	0.70%	11.36%	13.68%	5.43%	10.17%	15.15%	279
Metropolitan	11.03%	0.89%	9.57%	12.50%	5.56%	8.54%	12.51%	221
Rural	11.64%	0.66%	10.55%	12.73%	5.66%	9.07%	14.21%	334
Suburban	11.85%	0.68%	10.73%	12.98%	6.10%	9.40%	13.27%	297
Firm size (number of employees)								
2-10	12.73%	0.80%	11.42%	14.04%	5.77%	9.92%	14.20%	334
11-49	10.00%	0.60%	9.02%	10.98%	5.08%	7.97%	11.54%	413
50-249	12.50%	0.80%	11.18%	13.82%	6.62%	10.28%	14.88%	266
250+	14.53%	0.65%	13.47%	15.60%	10.67%	13.78%	16.67%	118

Table 16. Health insurance expenditures as a share of total revenue (percent)

	Mean	S.E.	90% CI		Percentile			Number of Firms
			Lower	Upper	25th	50th (Median)	75th	
Ohio	4.59%	0.27%	4.15%	5.04%	1.46%	3.01%	5.00%	1001
Firm type								
For profit	4.23%	0.33%	3.69%	4.76%	1.37%	2.63%	4.36%	704
Not-for-profit	5.57%	0.54%	4.68%	6.47%	2.46%	4.33%	7.10%	123
Public	7.01%	0.55%	6.10%	7.92%	3.35%	6.01%	9.24%	158
Region								
Appalachian	4.82%	0.33%	4.28%	5.36%	1.50%	3.13%	5.46%	240
Metropolitan	3.92%	0.30%	3.44%	4.41%	1.38%	3.20%	5.15%	203
Rural	4.97%	0.58%	4.01%	5.93%	1.40%	3.20%	5.14%	293
Suburban	4.60%	0.41%	3.93%	5.27%	1.49%	2.96%	4.80%	265
Firm size (number of employees)								
2-10	4.99%	0.49%	4.18%	5.79%	1.46%	3.11%	5.14%	297
11-49	3.67%	0.32%	3.15%	4.20%	1.34%	2.52%	4.04%	374
50-249	5.24%	0.40%	4.58%	5.90%	1.71%	3.85%	6.50%	237
250+	6.92%	0.62%	5.91%	7.94%	2.66%	6.50%	9.32%	93

Table 17a. Among Ohio firms not offering health insurance, reasons for stopping or not offering health insurance.

	All of Ohio, N=765 firms			
	Percent†	S.E.	90% CI	
			Lower	Upper
Not tried to purchase/know it is too expensive	28.12%	2.09%	24.68%	31.57%
Tried to purchase/was too expensive	25.71%	2.04%	22.35%	29.07%
Employees have other coverage	46.39%	2.35%	42.53%	50.25%
Not necessary	3.05%	0.84%	1.66%	4.44%
Employees prefer higher wages	11.29%	1.53%	8.77%	13.81%
Employees are not able to afford premiums	10.31%	1.40%	8.01%	12.61%
Too much administrative burden	10.92%	1.51%	8.43%	13.41%
Other reason	11.75%	1.58%	9.14%	14.35%

† Percents will sum to more than 100% because respondents could select multiple reasons

Table 17b. Among Ohio firms not offering health insurance, reasons for stopping or not offering health insurance.

	2-10 Employees, N= 573 firms			
	Percent†	S.E.	90% CI	
			Lower	Upper
Not tried to purchase/know it is too expensive	27.41%	2.33%	23.58%	31.24%
Tried to purchase/was too expensive	23.63%	2.26%	19.92%	27.35%
Employees have other coverage	47.11%	2.64%	42.76%	51.45%
Not necessary	2.19%	0.83%	0.82%	3.55%
Employees prefer higher wages	9.66%	1.63%	6.97%	12.35%
Employees are not able to afford premiums	7.74%	1.43%	5.39%	10.09%
Too much administrative burden	10.60%	1.67%	7.86%	13.34%
Other reason	11.32%	1.75%	8.44%	14.20%

† Percents will sum to more than 100% because respondents could select multiple reasons

Table 17c. Among Ohio firms not offering health insurance, reasons for stopping or not offering health insurance.

	11-49 Employees, N= 173 firms			
	Percent†	S.E.	90% CI	
			Lower	Upper
Not tried to purchase/know it is too expensive	32.40%	5.07%	24.06%	40.74%
Tried to purchase/was too expensive	33.06%	5.01%	24.82%	41.30%
Employees have other coverage	45.38%	5.31%	36.65%	54.10%
Not necessary	7.34%	2.92%	2.54%	12.14%
Employees prefer higher wages	19.58%	4.37%	12.39%	26.77%
Employees are not able to afford premiums	22.50%	4.41%	15.24%	29.76%
Too much administrative burden	12.75%	3.82%	6.46%	19.03%
Other reason	13.20%	3.83%	6.90%	19.50%

† Percents will sum to more than 100% because respondents could select multiple reasons

Table 17d. Among Ohio firms not offering health insurance, reasons for stopping or not offering health insurance.

	50+ Employees, N= 19 firms			
	Percent†	S.E.	90% CI	
			Lower	Upper
Not tried to purchase/know it is too expensive	12.74%	4.87%	4.73%	20.74%
Tried to purchase/was too expensive	68.86%	14.71%	44.67%	93.05%
Employees have other coverage	5.40%	3.90%	-1.01%	11.81%
Not necessary	0.00%	0.00%	0.00%	0.00%
Employees prefer higher wages	2.19%	2.19%	-1.41%	5.79%
Employees are not able to afford premiums	10.83%	4.66%	3.17%	18.49%
Too much administrative burden	5.40%	3.90%	-1.01%	11.81%
Other reason	21.62%	14.62%	-2.43%	45.66%
† Percents will sum to more than 100% because respondents could select multiple reasons				