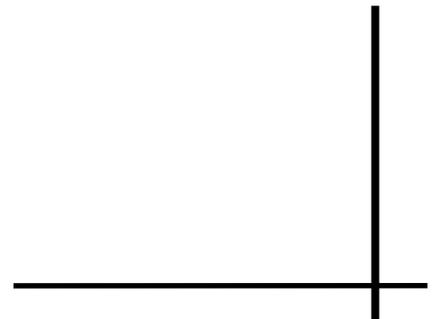


DATABOOK: Working HUSKY Families and Employers

*Results of the Office of Health Care Access
2005 Working HUSKY Family and HUSKY
Employer Surveys*



February 2006



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According to the Office of Health Care Access (OHCA) 2005 *Working HUSKY Family Survey*, the majority of families with some members receiving Medicaid (HUSKY) benefits and headed by a working adult have access to employment-based health coverage. In fact, thirty percent of these types of families are headed by an adult who has coverage through either their own employer or that of a family member. Still, these heads of working HUSKY families are less likely to have employer health benefits than other working adults and are more apt to be uninsured than others in the labor force.

OHCA conducted surveys of families receiving HUSKY benefits that are headed by working adults, as well as their employers, based upon the results of its general 2004 Household Survey. Findings revealed that many adults receiving HUSKY benefits were employed and might have access to their employer’s health benefits. The 2005 *Working HUSKY Family and HUSKY Employer Surveys* yielded additional information and explored these families’ access to employment-based coverage, the particular barriers they face in obtaining coverage, as well as the challenges their employers encounter in providing health benefits. In particular, they highlight how access, eligibility, cost, and affordability each separately and interactively influence the offer of and enrollment in employment-based health coverage.

The *Working HUSKY Family and HUSKY Employer Surveys* were fielded between August and October 2005 by the University of Connecticut’s Center for Survey Research and Analysis (CSRA). The *Family* survey consisted of 1,004 completed telephone interviews, of which 760 were of currently employed adults. The *Employer* survey included 402 businesses with employees whose families use HUSKY insurance.

In addition to the HUSKY Family and Employer Surveys, OHCA sponsored two additional surveys fielded at the same time. These additional surveys were “paired” with each of the HUSKY surveys

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OHCA's 2005 Working HUSKY Family, HUSKY Employer and paired surveys, along with its prior 2001 and 2004 Household and Employer Surveys, were funded by a State Planning Grant (SPG) awarded by the Health Resources and Services Administration of the U.S. Department of Health and Human Services (HRSA).

The HRSA state planning grant program has been an important resource to states looking to develop strategies to improve access to insurance coverage. Grantees receive funding to collect new data and study health insurance trends in order to develop coverage options for their uninsured.

In the Spring of 2006, OHCA will sponsor new Household and Employer Surveys utilizing grant funds.

The first paired survey, the *Non-HUSKY Working Family Control Group Survey*, targeted families that earned below 300 percent of the Federal Poverty Level and were thus eligible for either HUSKY A (below 185 percent) or HUSKY B (186 percent to 300 percent) but were not enrolled. It was difficult to populate this sample with 400 families who were within the appropriate income range yet had no family members enrolled in HUSKY. Of these 400 families, 172 were employed at the time of the survey. This group was used as a comparison group for the working heads of HUSKY families. The difficulty of building a sufficient sample of non-HUSKY lower income working people suggests that the HUSKY program has been fairly successful in enrolling eligible children and families.

The second paired survey, the *HUSKY Employer Control Group Survey*, was a sample of businesses similar to the types of firms that employed the heads of families with some member currently covered by HUSKY insurance. These 401 businesses were predominantly in the service and retail sectors.

In addition to using the paired surveys to make comparisons with the HUSKY results, this study also utilized the findings of OHCA's 2004 Household and Employer Surveys along with results from the Agency for Health Care Research and Quality's 2003 Medical Expenditure Panel Survey (MEPS). These more general studies of insurance coverage in Connecticut were used to place the HUSKY Survey results into a broader context. They also highlight the unique socio-demographic characteristics of working heads of HUSKY families and their employers that influence the availability of and enrollment in employment-based health coverage.

LINKS TO OHCA SURVEY AND COVERAGE PUBLICATIONS

Snapshot: Connecticut's Health Insurance Coverage *Results of the Office of Health Care Access 2004 Household Survey*
<http://www.ct.gov/ohca/lib/ohca/publications/snapshotfinal.pdf>

2004 Small Employer Health Insurance Survey Findings Fact Sheet:
http://www.ct.gov/ohca/lib/ohca/publications/2004_employer_survey_brief11-1_with_banner.pdf

Eroding private-sector employer sponsored health insurance and rising costs: 2003 Medical Expenditures Panel Survey results
http://www.ct.gov/ohca/lib/ohca/publications/newmeps05_letterhead_sp.pdf

An Introduction to OHCA's 2001 Household Survey
<http://www.ct.gov/ohca/lib/ohca/publications/2001Householdbrief.pdf>

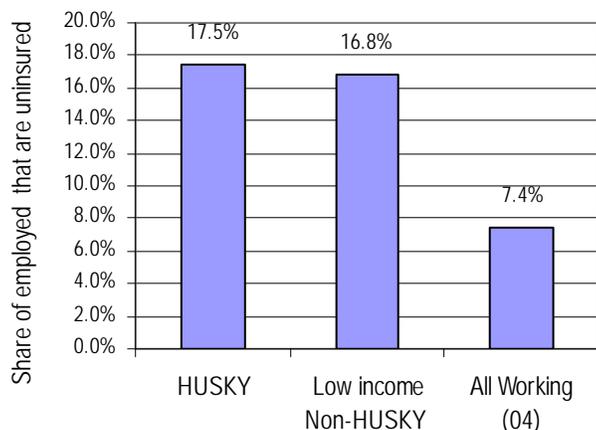
Who are the Uninsured? Examining Insurance Coverage Among Working Age Adults (19–64 years)
<http://www.ct.gov/ohca/lib/ohca/publications/uninsuredcoverage4pdf.pdf>

Utilization of Health Care Services Among Working Age Adults (19–64 years)
<http://www.ct.gov/ohca/lib/ohca/publications/utilizationforweb.pdf>

Databook: Preventable Hospitalizations in Connecticut: Assessing access to community health services in Connecticut FYs 2000–2004
http://www.ct.gov/ohca/lib/ohca/publications/acsc_databook00-04.pdf

Health insurance status of working heads of HUSKY families

Working heads of HUSKY families more likely to be uninsured than other Connecticut workers

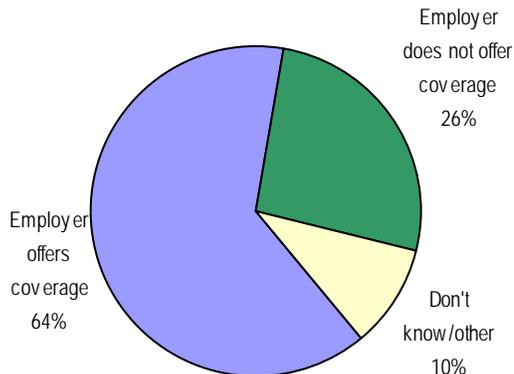


"All working" figures are from OHCA's 2004 Household Survey.

Almost one in five working heads of HUSKY families do not have health insurance coverage¹ for themselves even though some member of the family, typically a child, receives HUSKY benefits.

In comparison with the results of OHCA's 2004 Household survey of all Connecticut residents, working heads of HUSKY families are twice as likely to be uninsured than all Connecticut workers.

Nearly two-thirds of working heads of HUSKY families' indicate their employer offers health benefits

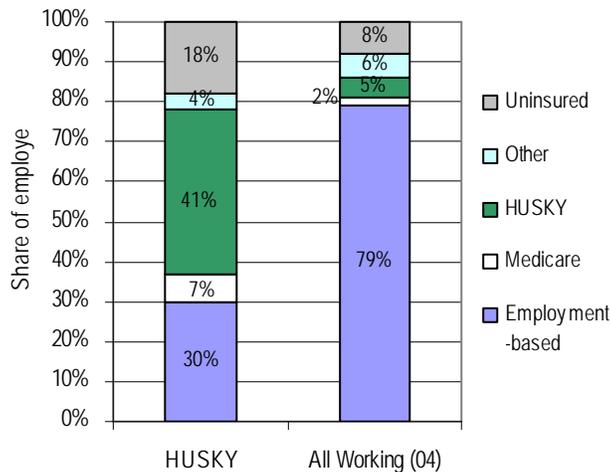


Nearly two-thirds of all working heads of HUSKY families are employed by a firm that offers health benefits to at least some of its employees. Although this is a fairly high rate, it is still lower than the share reported by lower income workers without HUSKY (76 percent) and all Connecticut employees (77 percent).

Although employers may offer coverage, some employees may be ineligible for these benefits, or decline them due to cost.

Most working heads of HUSKY families' report their employers offer coverage, but fewer are enrolled

Fewer working heads of HUSKY families take-up employment-based coverage

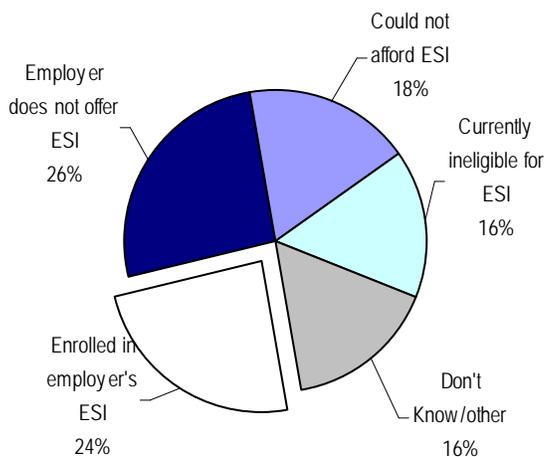


"All working" figures are from OHCA's 2004 Household Survey.

Less than one-third of working heads of HUSKY families have employment-based coverage, through either their employer or the employer of a family member. This contrasts sharply with the nearly 80 percent of all Connecticut workers who had employment-based health insurance coverage in 2004.

Almost one in five working heads of HUSKY families are uninsured. In comparison with the results of OHCA's 2004 household survey of all Connecticut residents, they are more than twice as likely to be uninsured than all other Connecticut workers.

Why working heads of HUSKY families are not enrolled in their employer's coverage



Almost one quarter of heads of HUSKY families are enrolled in their employer's coverage.

More than one quarter report that their employers do not offer health benefits. Nearly one in five cannot afford their employer's health insurance coverage and a slightly smaller share report eligibility issues as the barrier to their employer's coverage. These principally include part-time, temporary, or seasonal job status, as well as tenure.

Estimated* number of HUSKY families with access to employment-based health insurance coverage

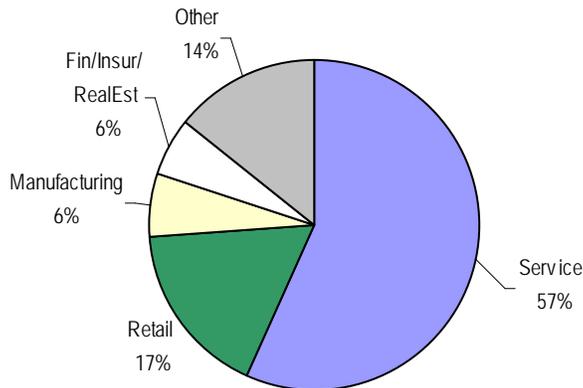
Family Group	Estimated Families	Share
Receiving HUSKY (Medicaid) benefits with at least one working adult in family	77,949	100.0%
Families with working head of household eligible for employment based coverage	40,053	51.4%
Families with working head of household enrolled in employment based coverage	23,005	29.5%
Families with working head of household eligible for but not enrolled in employer coverage due to cost	12,735	16.3%
Families with working head of household holding HUSKY coverage and eligible for employer's coverage	10,167	13.0%

**Total number of HUSKY families with a working head of household from Connecticut Department of Social Services HUSKY Database (77,949). Estimated family numbers derived by multiplying total number of HUSKY families with a working head of household (77,949) by group proportions from OHCA's 2005 Working HUSKY Family Survey. For example, according to the survey, 51.4 percent of working HUSKY families have access to employment coverage, yielding an estimated total number of 40,053 families (77,949*.514).*

- *Of the nearly 78,000 families receiving HUSKY with a head of household who is currently employed, 40,000 are eligible for employment-based insurance coverage, and 23,000 are currently enrolled in this coverage. While these 23,000 adults have employment-based coverage, some member of their family still receives HUSKY insurance benefits.*
- *Almost 13,000 working HUSKY families are eligible for employer coverage but have not enrolled due to cost.*
- *Currently, an estimated 10,000 adults with HUSKY coverage are also eligible for their employer's health benefits.*

Employment characteristics: Factors affecting working HUSKY family enrollment in employer coverage

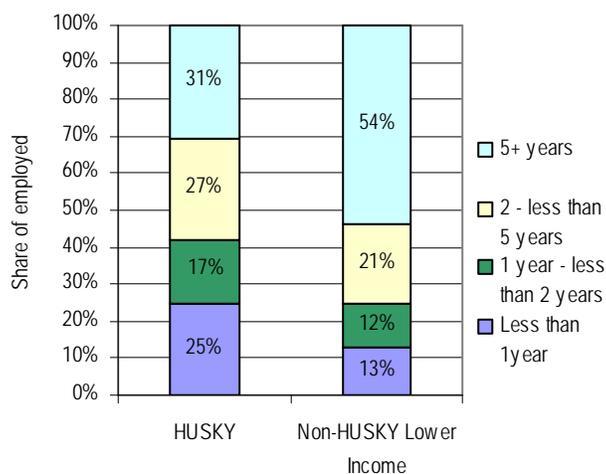
Nearly three quarters work in service or retail firms



Three out of four working heads of HUSKY families are employed in service and retail sectors, which is larger than the share of Connecticut's total labor force employed in those sectors (66 percent).²

Retail firms are less likely to offer health benefits, and their employees are less apt than those in other sectors to have employer health coverage or even to be insured.³

Working heads of HUSKY families have less tenure with their current employer than other lower wage workers

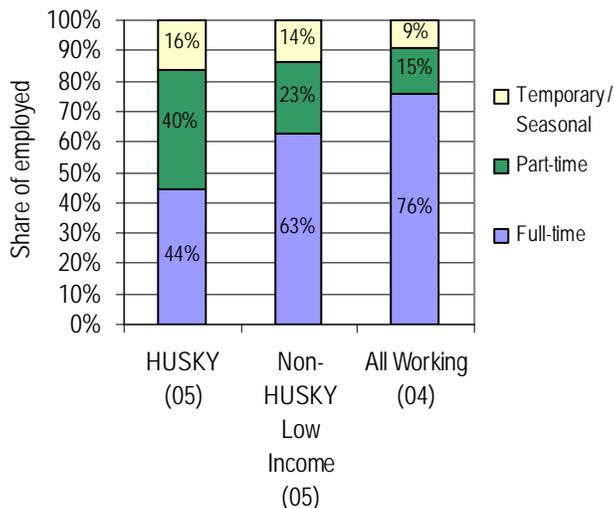


While the majority of non-HUSKY lower income employees have been with their current employer for five or more years, a much smaller share of HUSKY employees have been with their employer for this length of time. In addition, HUSKY employees are twice as likely to have been in their current position for less than one year.

Tenure is significantly related to employer coverage. Among working heads of HUSKY families, one third of those with five or more years of service have their employer's coverage, compared to just 13 percent of those with less than one year of service.⁴

Employment characteristics: Factors affecting working HUSKY family enrollment in employer coverage

Less than half of working heads of HUSKY families are permanent full-time employees

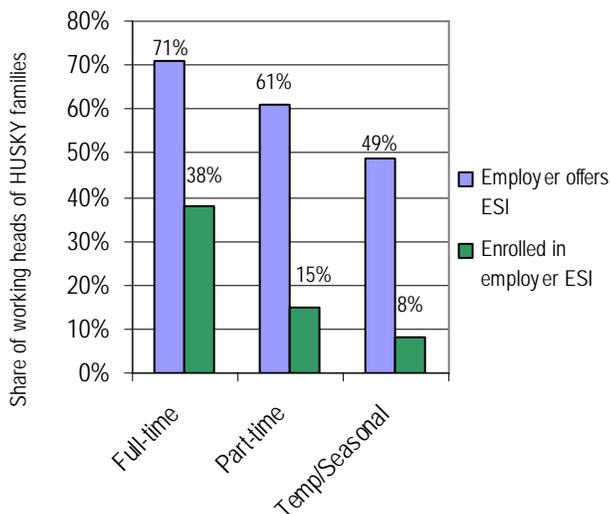


“All working” figures are from OHCA’s 2004 Household Survey.

Forty four percent of all working heads of HUSKY families are permanent full-time workers, compared to sixty-three percent of other lower wage workers, and three quarters of Connecticut’s general work force.⁵

Forty percent of HUSKY families are permanent part-time workers while sixteen percent hold temporary or seasonal positions.

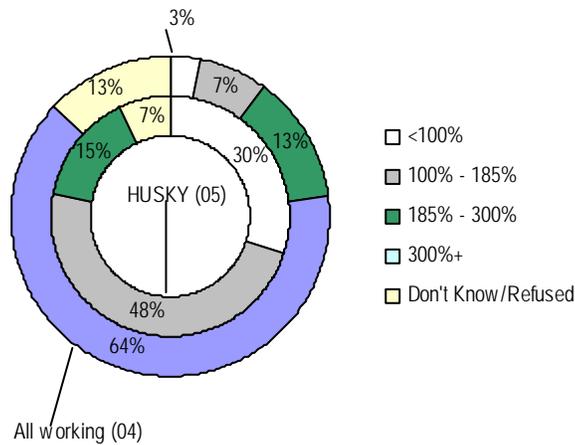
For working HUSKY families, job status related to access and enrollment in employer coverage



Employment status is strongly linked with access to and enrollment in employer health benefits.⁶ Permanent full-time workers are twice as likely to be enrolled in their employers’ coverage as those in part-time positions and four times as likely as temporary or seasonal workers. Many working heads of HUSKY families cited eligibility as the main barrier to their employers’ health benefits.

Federal Poverty Level (FPL) a predictor of Employment-based coverage

FPL of working HUSKY families and all working families

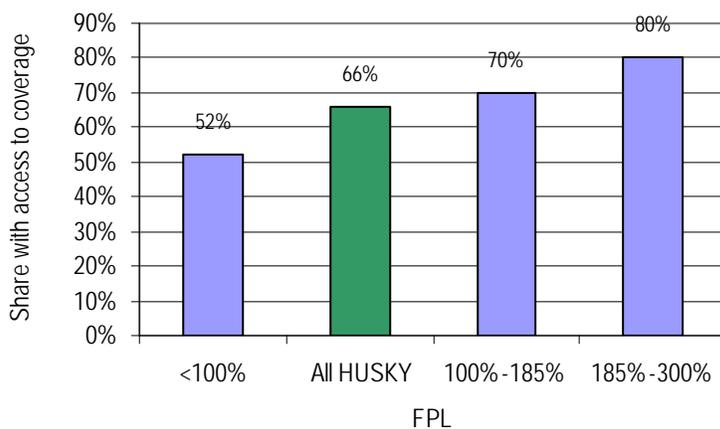


"All working" figures from OHCA's 2004 Household Survey.

Three quarters of all working HUSKY families earn less than 185 percent of FPL, a reflection of the program's eligibility standards.⁷ For a family of four, 185 percent of FPL translates to less than \$36,000 annually.

The distribution of FPL for HUSKY families contrasts sharply with that of Connecticut's general working population, as nearly two-thirds report earning 300 percent of FPL or more. For a family of four this means an annual income of \$58,000 or more.

Among HUSKY families, access to employment-based coverage increases with FPL

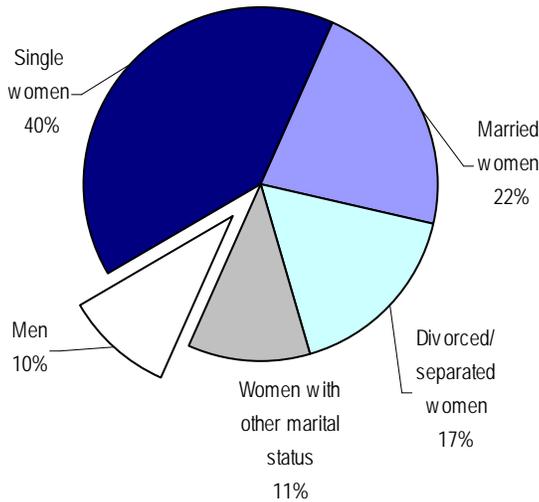


Federal Poverty Level (FPL) calculated by U.S. Department of Health and Human Services based upon family and income size. This report uses 2004 FPL Guidelines.

Access to employer coverage increases with FPL from just over half of those below 100 percent of FPL to 80 percent for those earning between 185 percent and 300 percent of FPL.⁸ Access to employer coverage includes those with health benefits from their own employer or a family member's, or those whose employer offers health benefits to at least some of their employees.

Working heads of HUSKY families are predominantly women

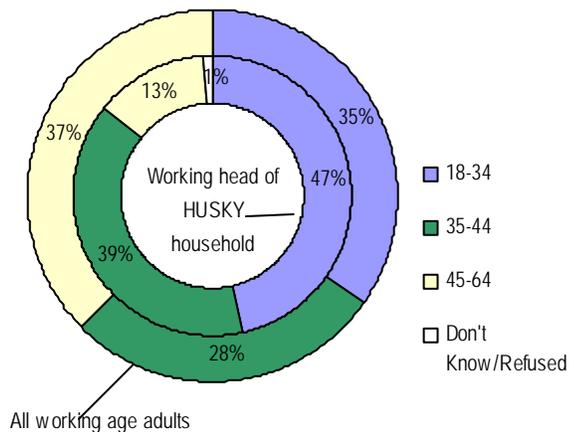
Single women comprise the largest portion of working HUSKY household heads



Nearly all working heads of HUSKY families are women (90 percent), few of whom are currently married. With respect to insurance coverage, marriage sometimes provides the opportunity to access spousal employment-based coverage.

Among all working adults surveyed in 2004, roughly two-thirds reported being married.

Working heads of HUSKY families tend to be younger than other working adults



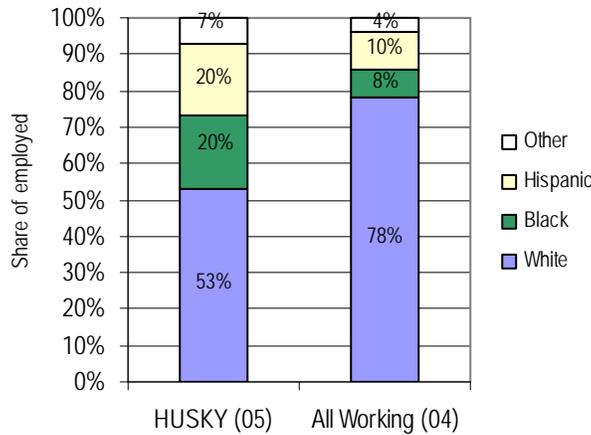
Almost half of all working heads of HUSKY families are younger than 35, a larger share than for all working age Connecticut residents (35 percent).⁹ Heads of HUSKY families average age is also lower than that for all working age adults (35 versus 40).

Among working heads of HUSKY families, those 18 to 34 are most likely to have an employer that offers coverage, but are the least likely to enroll in this type of coverage. This age group's lower enrollment is due, in part, to its higher reported likelihood of being ineligible for employer coverage.

Working age population from Census 2000.

Race and education

Minorities head up nearly half of working HUSKY families

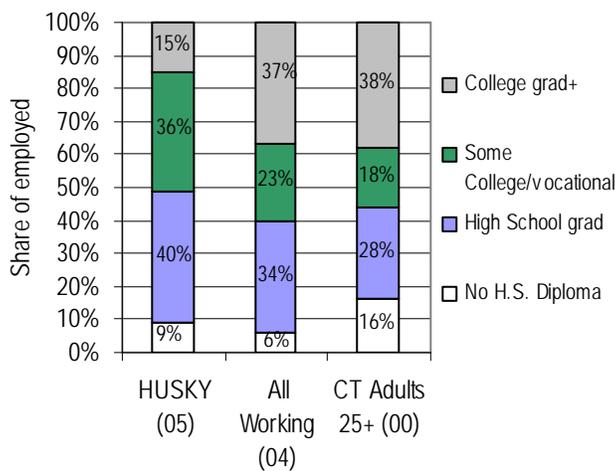


"All working" figures from OHCA's 2004 Household Survey.

Nearly half of working heads of HUSKY families are minorities. This is more than double that of Connecticut's workforce and the general population.¹⁰

Among working heads of HUSKY families, minorities are less likely than Non-Hispanic whites to be uninsured and more apt to have employer-based coverage (15.5 percent versus 19.4 percent and 30.7 percent versus 28.7 percent, respectively).¹¹

High school graduates are the largest share of working heads of HUSKY families



"Adults 25+" figures are from Census 2000.

When compared to the general working population, larger shares of working heads of HUSKY households are high school graduates or had some college or vocational training.

Increased education is linked with greater access to employer health benefits.¹² Among working heads of HUSKY families, those with a college education are more likely than high school graduates to have employment-based coverage (35 percent versus 30 percent).

A demographic profile of working heads of HUSKY families

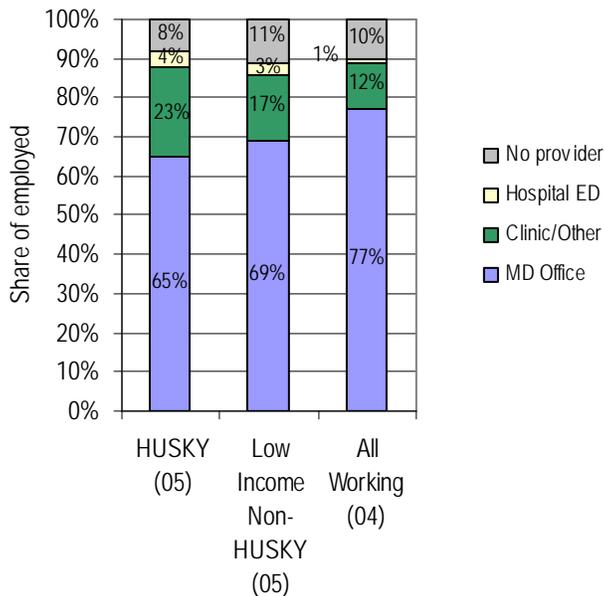
FPL	Gender	Age	Share of Working Heads of HUSKY Households
100% - 150%	Female	30 - 39	11.4%
<100%	Female	18 - 29	10.2%
<100%	Female	30 - 39	9.0%
100% - 150%	Female	18 - 29	8.5%
100% - 150%	Female	40 - 49	8.4%
<100%	Female	40 - 49	6.9%
185% - 300%	Female	30 - 39	6.3%
150% - 185%	Female	30 - 39	5.4%
150% - 185%	Female	18 - 29	3.7%
185% - 300%	Female	18 - 29	3.5%
150% - 185%	Female	40 - 49	3.4%
All Others			23.3%
TOTAL			100.0%

This chart presents a demographic breakdown of the working heads of HUSKY families. The information contained in a row identifies a subgroup. For example, the first row shows that 11.4 percent of the working heads of HUSKY households earn between 100% and 150% of FPL, are women and are between the ages of 30 and 39.

Most of the working heads of HUSKY families are women, under 40 years of age, and they earn below 150% of FPL (e.g. <\$24,000 for a family of three).

HUSKY families utilization of health care services similar to other lower income working families

Regular health care provider

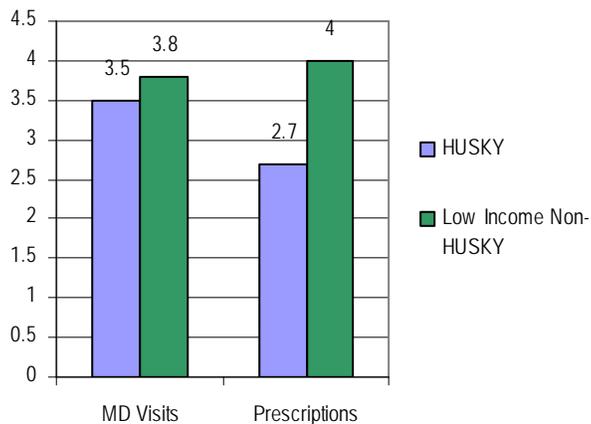


"All working" figures are from OHCA's 2004 Household Survey.

The majority of working HUSKY families receive their health care services in a physician's office.

Almost one quarter of HUSKY families receive their health care services in clinics, a higher proportion than for other working families.

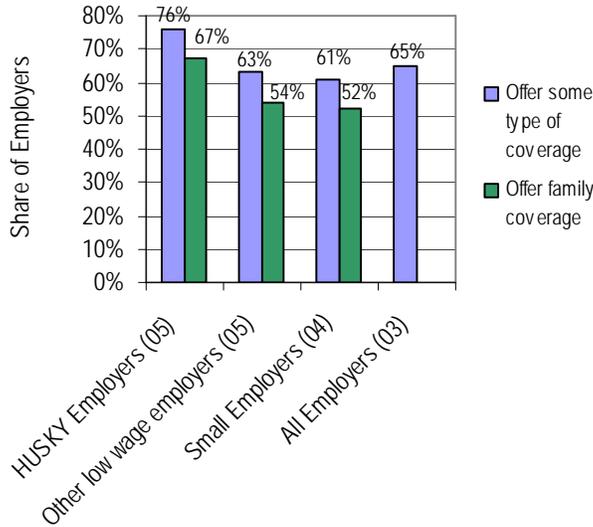
Average annual physician visits and prescriptions per family member



Working HUSKY families access health care services at a rate similar to other lower income families. Average annual physician visits for both groups are close to the national average (3.2).¹³ HUSKY families annually average 2.7 prescriptions per person while other lower income families average 4.0 prescriptions per person.

2005 HUSKY Employer Survey results

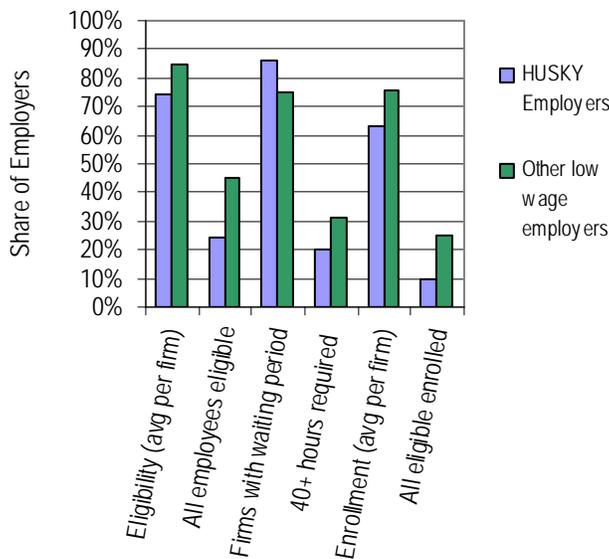
Most HUSKY Employers Offer Health Benefits



“Small Employers” from OHCA’s 2004 Small Employer Survey and “All Employers” is from the Medical Expenditure Panel Survey (MEPS), 2003.

Business establishments with some employees whose families receive HUSKY benefits (“HUSKY Employers”) are more likely to offer health care benefits than other low wage firms and small employers (two to 300 employees). Three quarters of HUSKY employers offer benefits to at least some of their employees and two-thirds also offer family coverage.

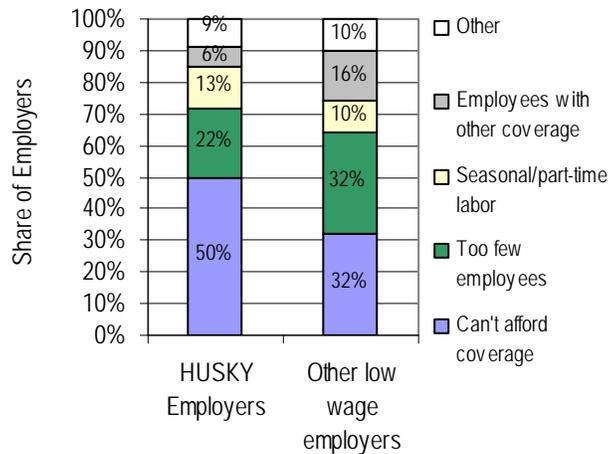
Eligibility and Enrollment



On average, HUSKY employers offering coverage report that nearly three-quarters of their employees are eligible for health benefits, which is lower than for other low wage employers (85 percent). Furthermore, strikingly fewer HUSKY employers report that all of their employees are eligible for coverage (24 percent versus 45 percent). HUSKY employers report lower average employee enrollment (63 percent versus 76 percent). Additionally, fewer of them enroll all of their employees (10 percent versus 25 percent).

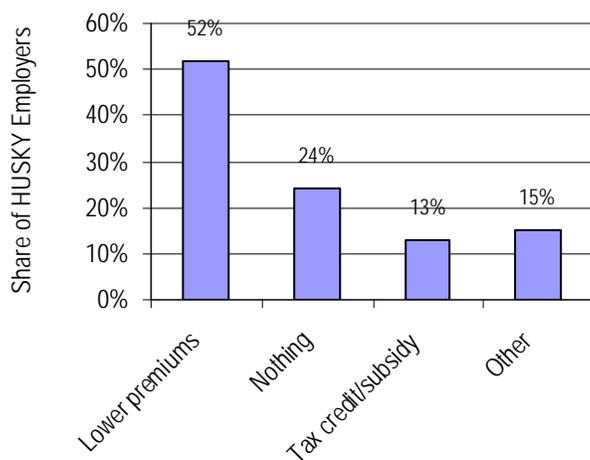
HUSKY employers not currently offering health benefits

HUSKY Employers: Cost main barrier to offering coverage



Half of all HUSKY employers that do not currently offer health benefits cite cost as the main reason. In contrast, only one-third of other lower wage employers cite premium costs as the main reason for not offering health coverage and another third report that they have too few employees. Non-HUSKY lower wage employers are mostly small firms with one third having five or fewer employees and almost 70 percent with fewer than 20 employees (compared with 14 and percent 40 percent, respectively, of HUSKY employers).

Possible factors motivating HUSKY employers to offer coverage

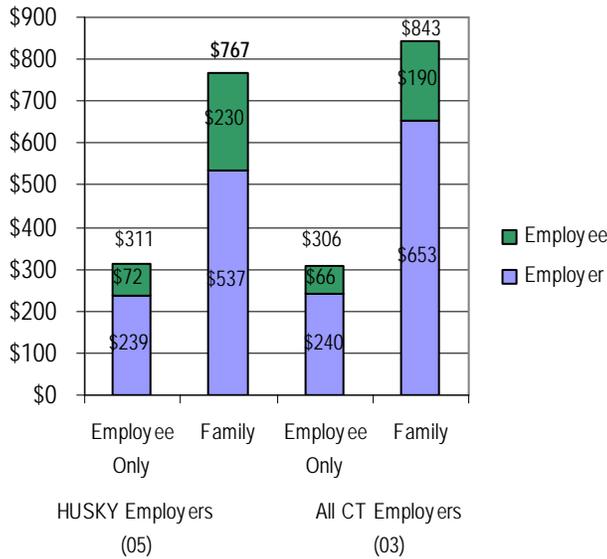


Over half of all HUSKY employers not currently offering health benefits report that lower premiums would motivate them to offer health benefits. One-quarter state there is nothing that could motivate them to offer benefits.

Respondents were allowed to offer more than one motivating factor.

HUSKY employers' health insurance premium information

Average least expensive premiums

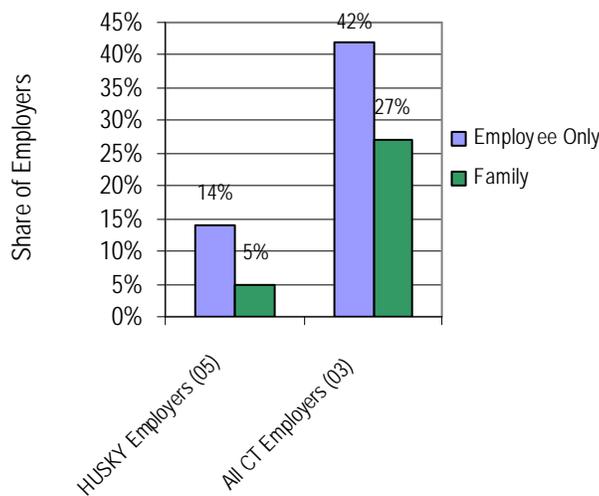


Premium information for all Connecticut employers from Medical Expenditure Panel Survey (MEPS), 2003.

For the average HUSKY employer, the monthly premium for employee only health coverage is \$311, of which they typically pay \$239. The employee's portion is \$72. The average least expensive monthly premium for family coverage is \$767, with the employer paying \$537 and the employee paying \$230.

The premiums reported by HUSKY employers, along with the employer and employee portion of this cost, are quite similar to those for all Connecticut businesses.¹⁴

Employers not requiring an employee contribution toward health insurance premiums



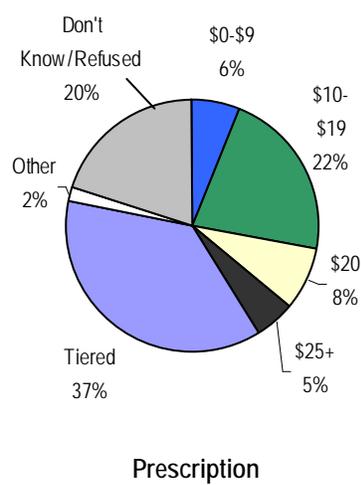
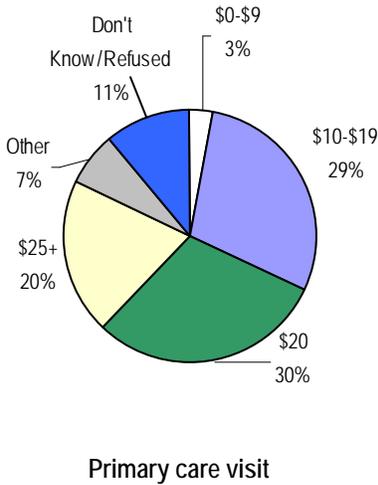
Premium information for all Connecticut employers from Medical Expenditure Panel Survey (MEPS), 2003.

Forty-two percent of Connecticut employers that provide health benefits offer at least one plan that does not require their employees to make a premium contribution to receive employee only health coverage. Twenty-seven percent offer at least one family coverage option with no employee premium.

In sharp contrast, nearly all HUSKY employers offering health benefits require employees to contribute to the cost of their health insurance coverage.

Employee out of pocket health costs in least expensive coverage offered by HUSKY employers

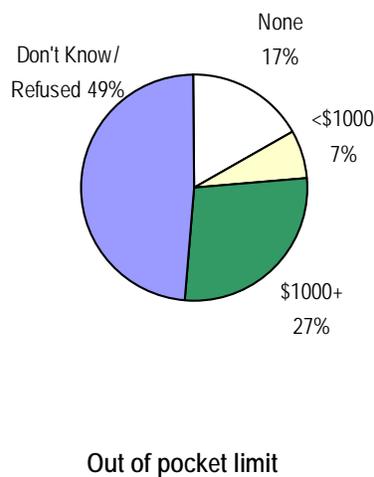
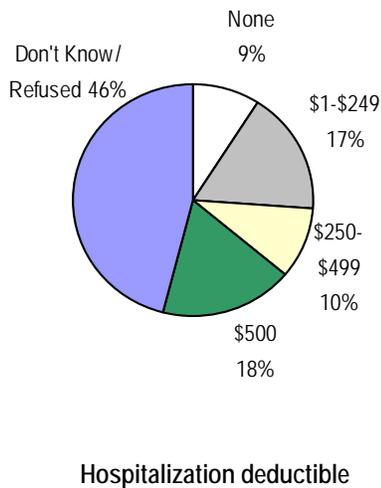
Employee co-payments in least expensive coverage offered by HUSKY employers



Roughly one third of HUSKY employers report that in the least expensive coverage they offer the employee, co-payment for a primary care physician visits is less than \$20, for thirty percent it is \$20, and 20 percent require a higher co-payment.

Thirty-seven percent of all HUSKY employers report tiered prescription coverage, or differing co-payments depending upon whether the prescription is for a generic drug, one that is on the insurance plan's formulary (approved drug list), or is a brand non-formulary drug.

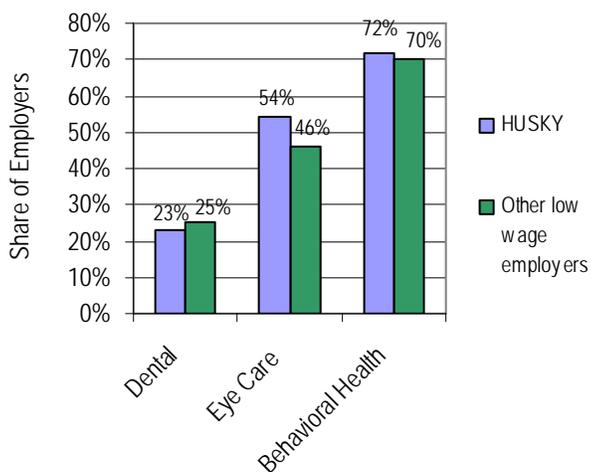
Hospitalization deductible and out of pocket limit



Nearly half of all HUSKY employers that offer health benefits do not know or did not report the hospitalization deductible amount and the employee out of pocket limits for the least expensive coverage they offer. The most commonly reported hospitalization deductible and out of pocket limits are \$500 and \$1,000, respectively.

Characteristics of health insurance coverage

Benefits included in least expensive coverage offered

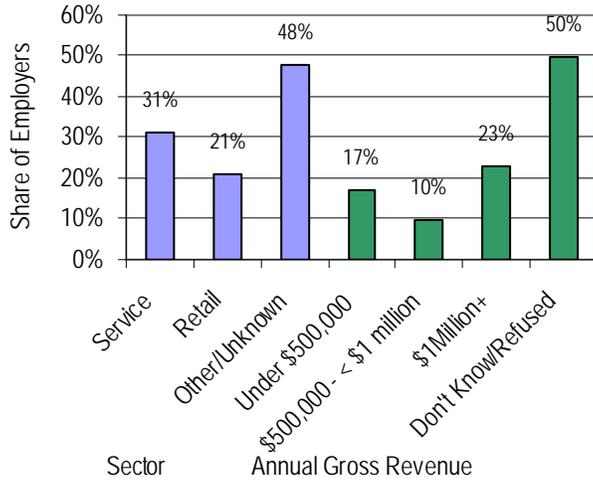


Nearly one-quarter of HUSKY employers offering benefits report that the least expensive coverage they offer includes dental care. For over half it includes eye care. For most employers these plans cover behavioral health (72 percent). These rates compare favorably to those for the non-HUSKY employers.

HUSKY employers are also more likely than other lower income non-HUSKY employers to offer separate dental insurance or eye care coverage.¹⁵

HUSKY Employer Characteristics

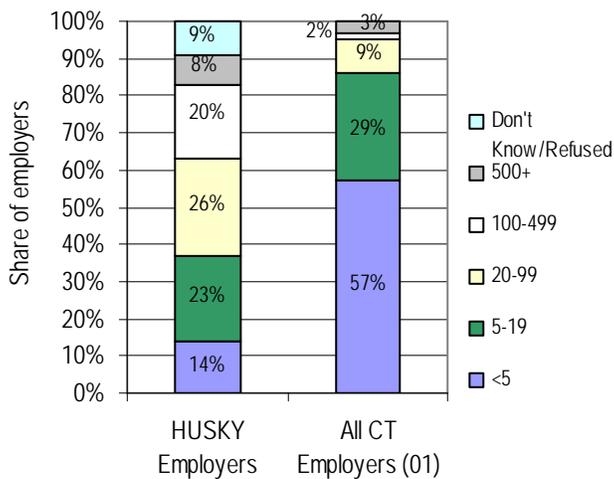
Business sector and annual gross revenue



Most HUSKY employers are in the service or retail sectors. There is a higher proportion of retail firms among HUSKY employers than for all Connecticut businesses (12%).¹⁶ Retail firms are less likely than others to offer health benefits.¹⁷

While 27 percent of employers report revenues less than \$1 million and 23 percent earned more, half of all employers did not provide this information. Among those who did, higher revenue employers are significantly more likely to offer health benefits.¹⁸

Employer size (number of employees)



Connecticut's private sector consists mainly of small employers: 57 percent have fewer than 5 employees and 85 percent have fewer than 20 employees.¹⁹ In striking contrast, the majority of HUSKY employers have at least 20 employees. The share of HUSKY employers with at least 500 employees is twice that for the entire private sector.

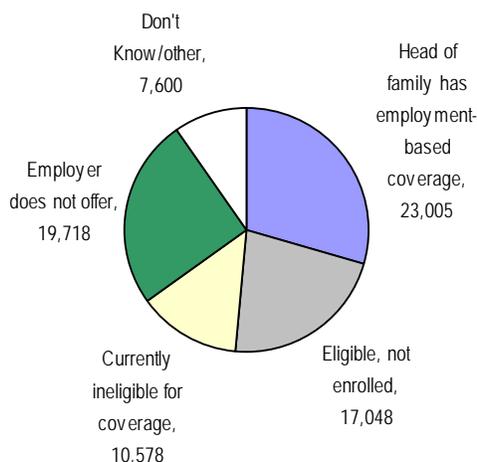
Larger employers are significantly more likely to offer health benefits, and this may be why HUSKY employers are more likely to offer coverage than others.²⁰

¹⁶ "All CT Employers" data from U.S. Census Bureau 2001 Economic Census.

Summary

OHCA's 2005 survey of working HUSKY families found that nearly one in five are headed by someone without health insurance coverage, while almost half are headed by someone with public coverage. As noted below, just over half (51 percent) or an estimated 40,000 are eligible for employer-based health coverage, and over 23,000 heads of these families are currently enrolled. Among the 17,000 who are eligible for coverage but not enrolled, almost 13,000 cited cost as the main reason. For example, a family of three earning between 100 percent and 150 percent of FPL (\$16,000 to \$24,000) would need to spend between 12 and 17 percent of its annual total income to pay its portion of the least expensive family coverage offered by HUSKY employers (employee's annual family premium \$2,760).

Many working HUSKY families are eligible for employment-based coverage



OHCA's 2005 Working HUSKY Family Survey revealed that working heads of HUSKY families:

- Are more likely to be uninsured than others in the work force (18 percent compared to 7 percent),
- Half are full-time employees (35 hours per week), with most in service or retail positions (74 percent),
- Nearly two thirds work for a employer that offers health benefits and 51 percent are eligible for coverage either through their own employer or that of a family member, and
- Are predominantly women (90 percent); and 63 percent earn below 150% of the Federal Poverty Level (e.g., less than \$24,000 for a family of three).

OHCA's 2005 survey of employers with employees who use HUSKY insurance found that:

- More than three quarters of HUSKY employers offer some type of coverage, with 67 percent offering family coverage,
- Among the one quarter of HUSKY employers who do not offer health benefits, cost was cited as the main reason, and
- HUSKY employers offering coverage reported that the average monthly premiums for the least expensive coverage they offer are \$311 for employee-only and \$767 for family coverage. The employee's average contributions are \$72 and \$230, respectively.

For technical questions regarding OHCA's 2001 and 2004 Household or Employer Surveys or 2005 HUSKY surveys, please contact Michael Sabados at (860) 418-7069 or michael.sabados@po.state.ct.us. For other questions, contact Marybeth Bonadies at (860) 418-7014 or marybeth.bonadies@po.state.ct.us.

ENDNOTES

¹The margin of error for the share of uninsured is $\pm 2.7\%$ at the 95% confidence interval. That means that for the 17.5% working heads of HUSKY families found uninsured in this survey, if the survey was repeated 100 times, 95 of 100 times the uninsured share would range between 14.8% and 20.2%.

²CT Department of Labor, *Labor Market Information*, November 2005.

³OHCA 2004 *Small Employer Survey*, and Agency for Healthcare Research and Quality *Medical Expenditure Panel Surveys (MEPS)*, 2001-2003.

⁴Chi Square significant at .001 level.

⁵Connecticut's total labor force figure from OHCA's 2004 Household Survey. MEPS 2003 similarly found 78 percent of Connecticut's labor were full-time employees.

⁶Chi square significant at .001 level. Similar results reported for OHCA's 2004 Household Survey.

⁷Pregnant women and children up to 19 with family incomes up to 185% of FPL and relative caregivers of HUSKY children up to 150% of FPL are eligible for HUSKY A (no premiums or co-payments). Children up to 19 with family incomes between 186% and 300% of FPL may purchase HUSKY B (some cost sharing).

⁸Chi square significant at .001 level.

⁹U.S. Census Bureau, *Census 2000*. "Working age" refers to those age 18 to 64.

¹⁰U.S. Census Bureau, *Census 2000* (22%).

¹¹This varies with general working population. In the 2004 Household Survey: non-Hispanic whites 4.5% uninsured and 86.5% with employment-based coverage. Minorities 18.5% uninsured and 61.9% with employer coverage.

¹²OHCA's 2004 *Household Survey*.

¹³Centers for Disease Control, *Quick Stats: Annual Rate of Visits per Person to Physician Offices, by Patient Group-United States, 2003*.

¹⁴Employer share of single coverage (HUSKY 77% and All CT 79%) and family coverage HUSKY employers 70% and All CT employers 77%.

¹⁵HUSKY employers offering separate dental coverage (58%) and eye care (15%) compared to Non-HUSKY employers (42% and 13%, respectively).

¹⁶CT Department of Labor, *Labor Market Information*, November 2005.

¹⁷OHCA's 2004 *Household Survey* and 2005 *Working HUSKY Family Survey*, and MEPS 2003.

¹⁸Offer rates: HUSKY employers grossing below \$1 million (58%) and those above (89%).

¹⁹U.S. Census Bureau, *2001 Economic Census*.

²⁰OHCA 2001 and 2004 Employer and Household Surveys, and MEPS 2003.

TECHNICAL NOTES

OHCA's 2005 *Working HUSKY Family* telephone survey consists of 1,004 completed interviews with heads of families that include at least one member (typically a child) who has health insurance coverage through the state's Medicaid program (HUSKY). Of these 1,004 interviews, 760 reported being employed at the time of their interview, and it is the results of these 760 interviews that are presented in this report. It is important to note that only 41 percent of these 760 working adults are themselves covered by HUSKY benefits: Most head a family with some other member who has HUSKY coverage. Telephone surveys were conducted from August through October 2005 by the University of Connecticut's Center for Survey Research and Analysis (CSRA).

CSRA drew its survey sample from the Connecticut Department of Social Services' Medicaid (HUSKY) enrollment list. Separate random samples were drawn for HUSKY A (traditional Medicaid) and HUSKY B (State Children's Health Insurance Program—SCHIP) enrollees. There were 842 completed interviews with the heads of families with a member covered by HUSKY A and 162 with heads of families that included someone covered by HUSKY B. These two samples were merged and results were reported for the 760 heads of families who were employed at the time of their interview. The survey samples were designed to be representative of families with telephone contact information and at least one member who receives HUSKY benefits. A data weight was created based upon selection probabilities.

OHCA's 2005 *HUSKY Employer* telephone survey consists of 402 completed interviews with firms that employ people in families that have health insurance coverage through the HUSKY program. CSRA drew its sample of firms from those listed in the Connecticut Department of Social Services Medicaid (HUSKY) enrollment database with a valid phone number. Telephone interviews were conducted between August and September 2005 with those who are responsible for purchasing health benefits for the firm. A data weight was created based upon the type of business.

In addition to the HUSKY Family and Employer Surveys, OHCA sponsored two additional surveys fielded at the same time. These additional surveys were "paired" with each of the HUSKY surveys to be used as comparison groups. The first paired, the *Non-HUSKY Working Family Control Group Survey*, targeted families that earned below 300 percent of FPL and were thus eligible for either HUSKY but had chosen not to enroll. Survey participants were randomly selected from a pool of lower income people who had been participated in other surveys. This yielded a sample of 400 in the appropriate income range, 172 of whom were employed at the time of the survey. The latter were used as a comparison group for the working heads of HUSKY families. The second paired survey, the *HUSKY Employer Control Group Survey*, is a sample of 401 businesses similar to the types of firms in the HUSKY Employer Survey. The sample frame utilized the Dun and Bradstreet business Database, selecting firms with a location in Connecticut and at least three employees. Firms were further selected as similar to the HUSKY employers based upon their Standard Industrial Classification (SIC).

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