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State-Level Trends in Employer-Sponsored Health Insurance

A State-by-State Analysis

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State Fact Sheets

Executive Summary

The Affordable Care Act (ACA) includes provisions to improve access to affordable health insurance, including access to employer sponsored insurance (ESI). However, concerns have been raised that the ACA could have unintended consequences that would cause declines in ESI. To provide a baseline for understanding the impacts of the ACA on ESI, this report examines and compares trends during two time periods: a period before and including the recession (2004/2005 to 2008/2009), and a period including and since the recession (2008/2009 to 2012/2013).[1] While the majority of non-elderly Americans with health insurance are covered by employer-sponsored insurance (ESI), the percentage of the U.S. population with ESI has been declining for more than a decade — a trend that accelerated during the time of the Great Recession (December 2007 to June 2009).[2]

Changes in Offer, Eligibility, and Take-up of ESI Among Workers

There are three factors that determine whether a worker is covered by ESI: 1) whether the worker's employer offers coverage; 2) whether the worker is eligible for that coverage; and 3) whether the worker chooses to enroll in that coverage (known as "take-up"). During the pre-recession period of our analysis (2004/2005 to 2008/2009), the percentage of workers employed in firms offering insurance increased significantly while take-up declined significantly. During this period, eligibility for ESI remained stable. During the post-recession period (2008/2009 to 2012/2013), we found that all three components were in decline; fewer workers were employed in firms that offered ESI, fewer employees were eligible for coverage, and fewer employees took up coverage when eligible (Figure ES1).

Part-time workers and those in small firms experienced the greatest declines in ESI coverage in the post-recession period, which occurred on top of existing lower rates of ESI coverage for those workers. In the pre-recession period, part-time workers already were less likely to be employed in firms offering coverage, less likely to be eligible for coverage, and less likely to take up coverage; workers in small firms also were less likely to be employed in firms offering coverage and less likely to take up coverage.

Our analysis found that declining take-up was the most important factor driving ESI coverage rates in the pre-recession period, although this was offset by an increase in workers whose employers offered coverage. During the post-recession period, the decline in offer became the most important factor, as workers in firms offering coverage declined, driving down the ESI coverage rate.

Changes in the Workforce and Effects on ESI

We found a significant shift in the distribution of the U.S. workforce from full-time to part-time jobs during the post-recession period. This likely played a role in declining ESI coverage because part-time workers are less likely to be covered by ESI.

Changes in ESI Premiums and Deductibles

Premiums increased significantly during both the pre-recession and post-recession time periods for single and family ESI coverage. Workers' contributions as a percentage of premiums increased during both the pre-recession and post-recession periods, with the exception of family coverage contributions in the post-recession period. Deductibles also increased

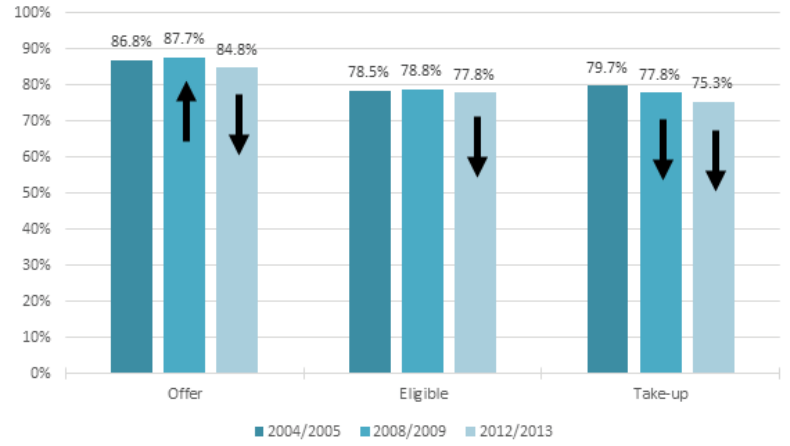
Data Sources

The data for this analysis come from the Medical Expenditure Panel Survey-Insurance Component (MEPS-IC). The MEPS-IC is an annual survey of private and public employers designed to produce state-level estimates of ESI offer, eligibility, enrollment, cost, and health plan characteristics, and it is sponsored by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality. Our analysis focused on ESI data from private-sector employers.

Why the Two-year Estimates?

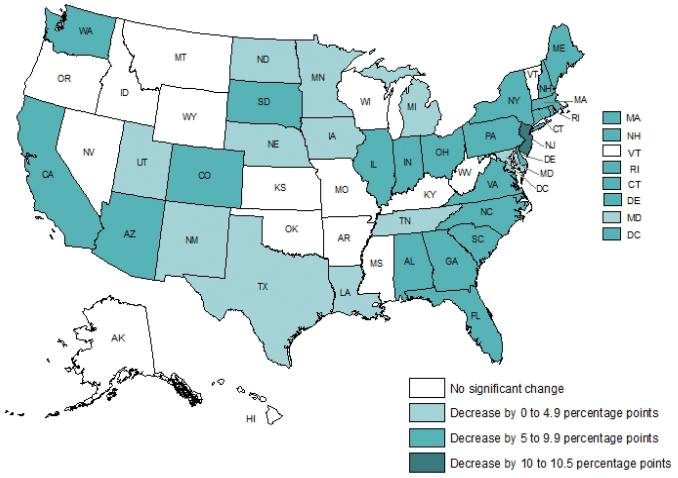
Because of a limited number of employers in the sample at the state level, this analysis is based on 2-year averages to improve the precision of estimates, especially those that rely on smaller subsets of survey respondents (e.g., firms that have fewer than 50 workers).

Figure ES1. Trends in ESI Offer, Eligibility, and Take-Up Among Workers



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure ES2. Change in Employer Offers of ESI, Post-Recession (2008/2009 to 2012/2013)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

significantly during both time periods for single and family coverage.

Implications for Measuring the Impacts of the ACA

As researchers and policymakers begin to measure the impacts of the ACA, it will be important to interpret them in light of long-term trends in ESI, such as the more than decade-long decline in ESI.[3] Additionally, there are multiple components that factor into the decline of ESIcoverage, and the effects of these components vary over time. For example, while a decline in take-up of ESI had the largest effect on ESI coverage during the pre-recession period, a decline in the availability of ESI offers had the largest effect during the post-recession period. Considering historical trends in ESI will provide important context for understanding changes in ESI with the implementation of the ACA.

Monitoring ESI at the State Level

While compiling data at the national level illustrates trends in ESI across the country, examining ESI trends at the state level provides important context and additional details on trends in the workforce, the local economy and the role of ESI in health coverage.

Although the United States as a whole did not experience a significant change in the percentage of employers offering ESI in the pre-recession period, we found variation at the state level. Eight states experienced significant changes in employer offers of ESI ranging from an increase of 5.0 percentage points in Arkansas to a decrease of 4.9 percentage points in Maryland.

During the post-recession period, we found significant decreases in employer offers of ESI at the national level (a decline of 5.7 percentage points) and significant declines in employers offering ESI across 34 states and the District of Columbia (Figure ES2). These declines ranged from 4.0 percentage points in Iowa to 10.5 percentage points in New Jersey.

We also found significant variation in premium levels across the states. For example, in 2012/2013, the most expensive premium for single coverage was $7,395 in Alaska, which was 64 percent higher than the least expensive premium, $4,498 in Arkansas. The growth of premiums also varied greatly across states; during the post-recession period, growth in premiums for family coverage ranged from 10.1 percent in Vermont to 40.1 percent in Alaska.

1. Introduction

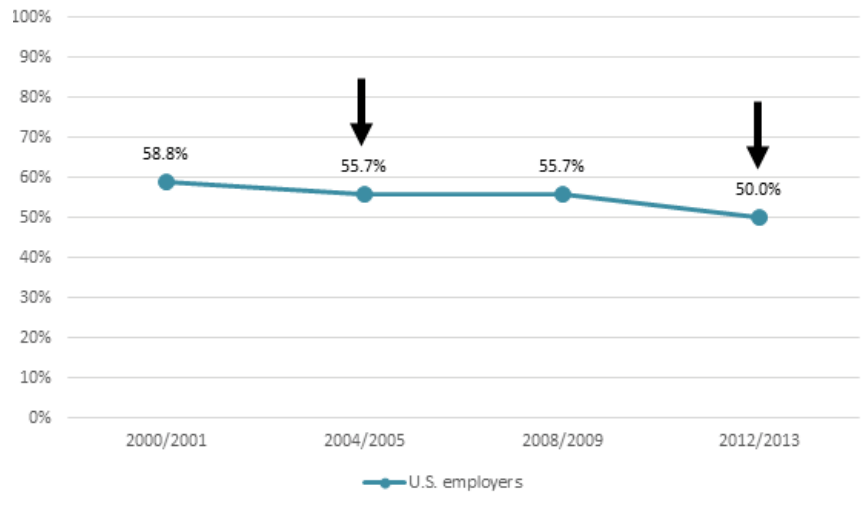
The majority of non-elderly Americans get their health insurance coverage from an employer, either from their own or from the employer of a family member such as a spouse or parent. Yet, for more than a decade the prevalence of employer-sponsored insurance (ESI) in the U.S. has been declining.[3] The Affordable Care Act (ACA) includes several provisions to improve access to affordable health coverage, including ESI. For example, the ACA included tax credits for certain employers with fewer than 25 employees who purchase ESI through newly established health insurance marketplaces; and, although delayed, it established penalties for businesses with 50 or more full-time employees that do not offer health insurance.

Despite ACA provisions to support ESI, concerns have been raised by analysts and policymakers that the ACA could have unintended impacts on ESI. For example, employers could choose to pay penalties rather than offer ESI. Some employers that currently offer coverage, particularly those with low-wage workforces that could be eligible for federal premium tax credits, may drop coverage and have their employees purchase nongroup coverage though the health insurance marketplaces. However, projections have varied on their estimates of whether the ACA may increase or decrease ESI coverage.[4]

To fully understand the effects of the ACA on ESI coverage, a baseline measure of long-term trends in ESI must be considered along with the more recent impact of the Great Recession, which altered the role of employers in providing ESI. For example, the dramatic increase in unemployment that accompanied the recession created a sharp drop in ESI coverage compared to its earlier steady decline.

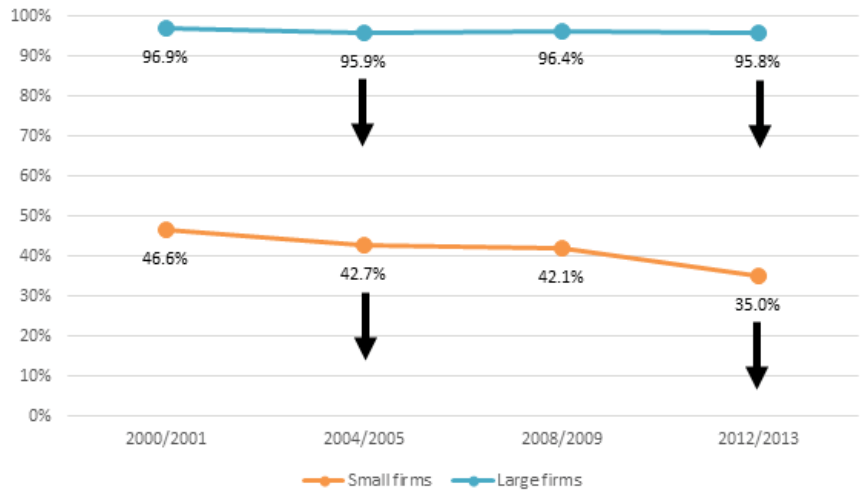
To determine how trends in ESI coverage have changed since the time of the recession, this report examines trends during two time periods: a period leading up to and including the recession, from 2004/2005 to 2008/2009, and a period including and since

Figure 1. Long-term Trends in Employer Offers of ESI



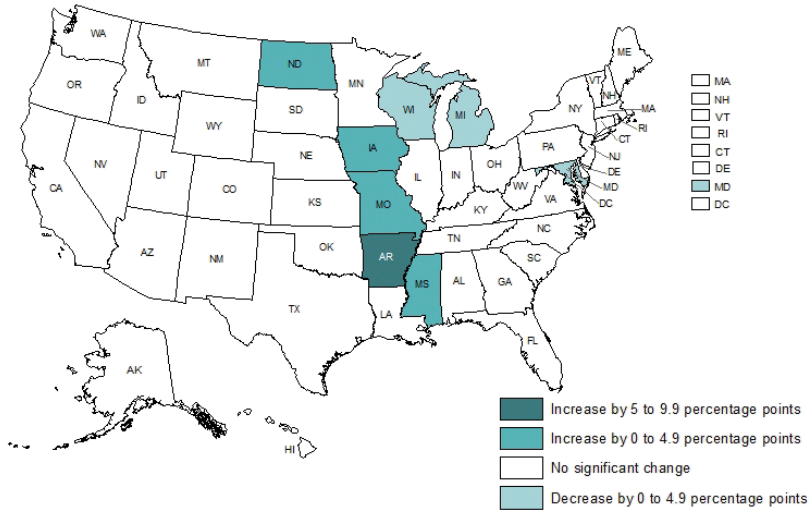
Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 2. Long-term Trends in Employer Offers of ESI, by Firm Size



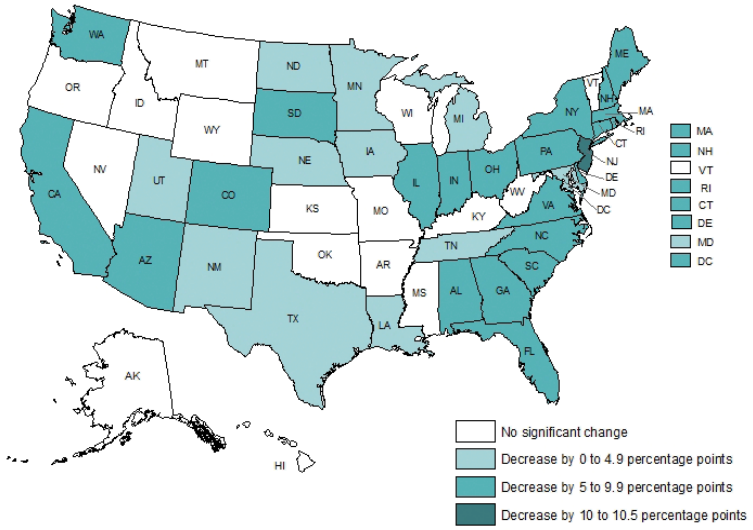
Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 3. Change in Employer Offers of ESI, Pre-Recession (2004/2005 to 2008/2009)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

Figure 4. Change in Employer Offers of ESI, Post-Recession (2008/2009 to 2012/2013)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

the recession, from 2008/2009 to 2012/2013. For ease of presentation, we refer to these two time periods as the pre-recession and post-recession periods.

The report is divided into three main components: 1) an overview of the changes in ESI in the U.S. during the pre-recession period (2004/2005 to 2008/2009) compared to the post-recession period (2008/2009 to 2012/2013), with sections on ESI first from the perspective of employers and second from the perspective of workers; 2) detailed 50-state tables on trends in ESI for the same time periods (Tables 1 to 9); and 3) State Fact Sheets providing detailed information on ESI trends for individual states. An online appendix with year-by-year data for individual states is available at **www.shadac.org/ESIReport2015**.

Detecting Significant Changes

When using survey data, larger sample sizes provide more precise estimates (i.e., smaller standard errors). Because the margin of error asociated with state estimates is larger, detecting significant changes for individual states is more difficult than detecting significant changes for the entire United States.

2. Employers: Trends in ESI Offers

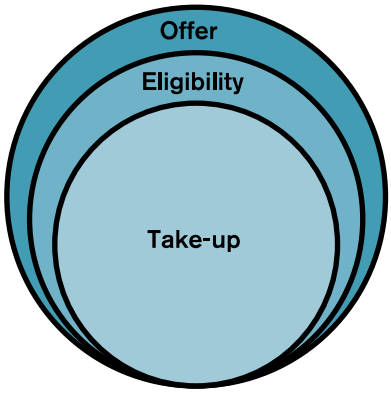
For more than a decade, the percentage of private sector U.S. employers offering ESI has been decreasing, from 58.8 percent in 2000/2001 to 50.0 percent in 2012/2013, a decline of 8.8 percentage points (Figure 1).

The long-term decline in ESI occurred in both large and small firms, though the decrease for small employers was more than 11 times larger. Over the past 12 years, the percentage of large employers (defined as firms with 50 or more workers) offering ESI dropped significantly from 96.9 to 95.8 percent, a decline of 1.1 percentage points (Figure 2). The percentage of small employers (firms with fewer than 50 workers) offering ESI dropped from 46.6 to 35.0 percent, a decline of 11.6 percentage points. When considering changes in the percentage of employers offering ESI from

Figure 5. Trends in Employers Offering ESI

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 6. Three Components to Worker ESI Coverage



Source: Proportions of figure derived from 2012/2013 Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

2000/2001 to 2012/2013, there is an overall declining trend. Although there was a period of stability in the percentage of employers offering ESI, this was both preceded and followed by significant decreases among private employers as a whole, as well as among small and large employers.

2.1. Offers of ESI Among Private Employers

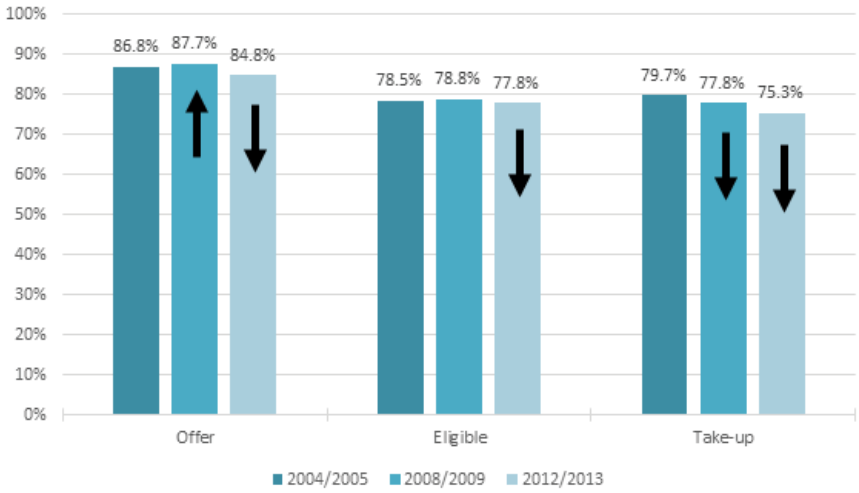
We compared changes in ESI between the pre-recession and post-recession time periods. During the pre-recession period, the percentage of U.S. employers offering coverage remained statistically stable. During the post-recession period, there was a significant decline in the percentage of employers offering coverage, from 55.7 to 50.0 percent.

At the state level, we found a relatively stable ESI offer environment in the pre-recession period with only eight states experiencing significant changes in ESI offers (five states experienced increases—Arkansas, Iowa, Mississippi, Missouri, and North Dakota—and three experienced decreases—Maryland, Michigan, and Wisconsin) (Figure 3). During the post-recession period, 34 states and the District of Columbia experienced significant declines in ESI similar to the national trend, ranging from 4.0 percentage points in Iowa to 10.5 percentage points in New Jersey. No states saw offers of ESI increase (Figure 4).

2.2. Offers of ESI, by Firm Size

Large employers are significantly more likely than small employers to offer ESI. In 2012/2013, the

Figure 7. Trends in ESI Offer, Eligibility and Take-Up Among Workers



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

percentage of small employers offering ESI was 35.0 percent, while the percentage of large employers offering ESI was nearly three times as large, at 95.8 percent (Figure 5).

Among both small and large employers, the percentage of employers offering coverage remained statistically steady during the pre-recession period and decreased significantly during the post-recession period.

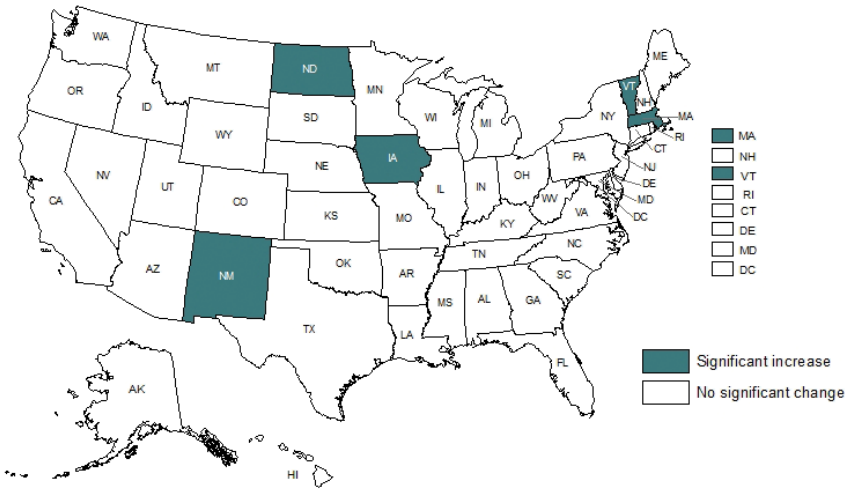
Most of the overall decline in the share of firms offering ESI in the post-recession period was driven by small firms. The decrease in the post-recession period was nearly 12 times larger among small employers than large employers (from 42.1 to 35.0 percent for small employers, and from 96.4 to 95.8 percent for large employers) (Figure 5).

During the pre-recession period, five states experienced significant changes among small employers (three states experienced increases—Iowa, Nevada, and North Dakota—and two experienced decreases—Michigan and Wisconsin). Post-recession, 34 states experienced decreases, while none saw increases (Table 1).

There was limited change in large employer offers of ESI at the state level during the pre-recession period; two states, Maine and New Jersey, experienced statistically significant increases of ESI offers and one state, Nevada, experienced a statistically significant decrease.

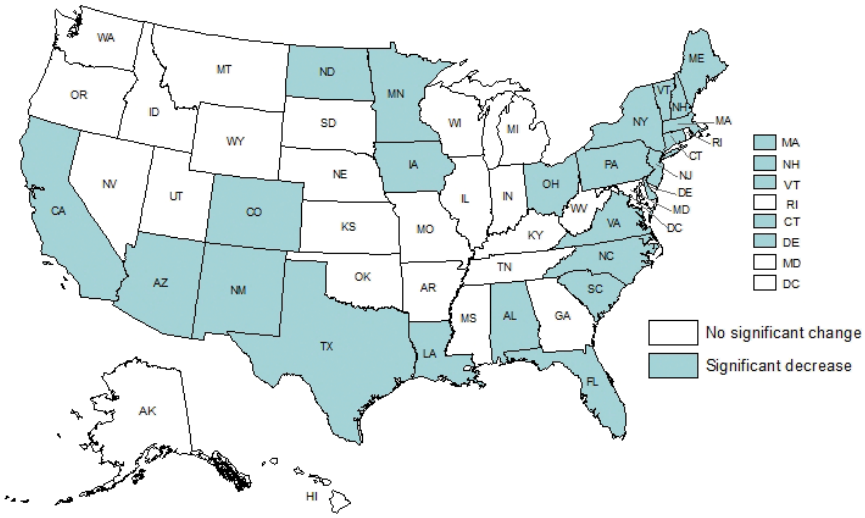
During the post-recession period there was a bit more change in large employer trends at the state level. Two states, Arkansas and the District of Columbia, had significant increases in employer offers of ESI and three states had significant decreases—Colorado, New Jersey, and North Carolina.

Figure 8. Change in Percent of Workers Employed in Firms Offering ESI, Pre-Recession (2004/2005 to 2008/2009)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

Figure 9. Change in Percent of Workers Employed in Firms Offering ESI, Post-Recession (2008/2009 to 2012/2013)

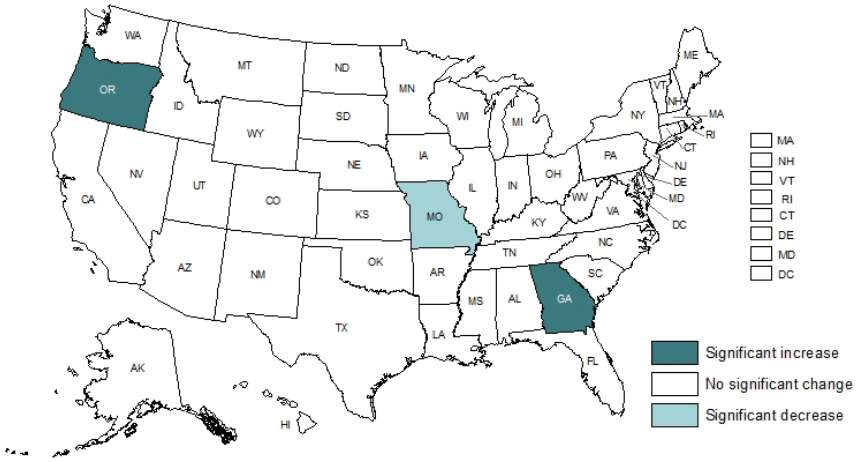


Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

3. Employees: Trends in ESI Offer, Eligibility and Take-Up

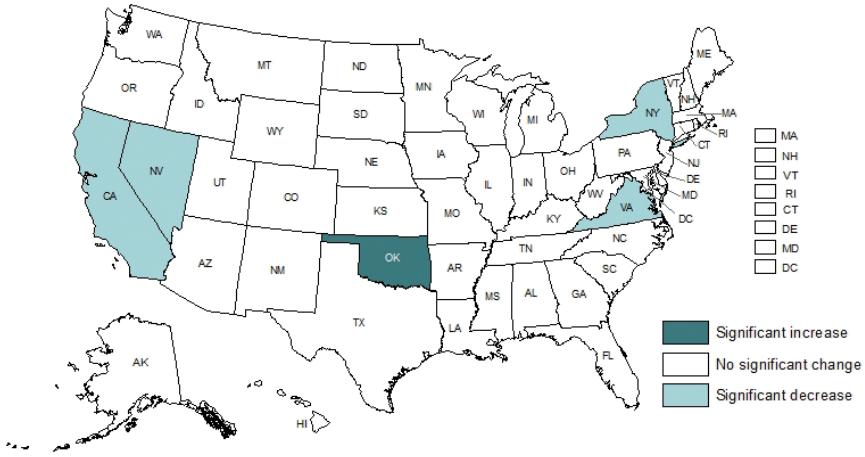
This section examines ESI from the perspective of employees. There are three main components to determining whether a worker is covered by ESI: (1) a worker must be employed in a firm that offers coverage; (2) the worker must meet the criteria established by the employer to be eligible for coverage (e.g. work a minimum

Figure 10. Change in Percent of Workers Eligible for ESI, Pre-Recession (2004/2005 to 2008/2009)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

Figure 11. Change in Percent of Workers Eligible for ESI, Post-Recession (2008/2009 to 2012/2013)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

of 32 hours a week); and (3) the worker must decide to accept the offer of coverage, or "take up" the offer of ESI (Figure 6).

To determine how patterns related to these three factors have shifted over time, we examined trends of offer, eligibility and take-up during the pre-recession period compared to trends from the post-recession period. We present our findings first for the U.S. and then highlight key trends observed at the state level.

3.1. Workers in Firms Offering ESI

During the pre-recession period, the percentage of workers in firms offering coverage increased significantly, from 86.8 to 87.7 percent (Figure 7). In the post-recession period, the prior trend of increasing ESI offers reversed direction and dropped to an offer level lower than the pre-recession rate, from 87.7 to 84.8 percent of employees in firms with an ESI offer.

At the state level, we found very little change in the percentage of employees in firms offering ESI during the pre-recession period, with only five states showing significant increases (Iowa, Massachusetts, New Mexico, North Dakota, and Vermont) (Figure 8).

Similar to the national trend, during the post-recession period we found more decline at the state level in the percentage of employees working at firms with an ESI offer; we found significant declines in the percentage of workers in firms offering ESI in 24 states (Figure 9).

3.2. Workers' Eligibility for ESI

Trends also changed in the percentage of U.S. workers eligible for ESI (among those in firms offering coverage) between the two periods but to a lesser degree than changes in the percentage of workers employed in firms offering coverage. During the pre-recession period, the percentage of workers eligible for ESI remained statistically stable (Figure 7). During the post-recession period, the percentage eligible fell from 78.8 to 77.8 percent.

At the state level we found relative stability during the pre-recession period, with only two states, Georgia and Oregon, experiencing significant increases and one state, Missouri, experiencing a significant decline in the percentage of workers

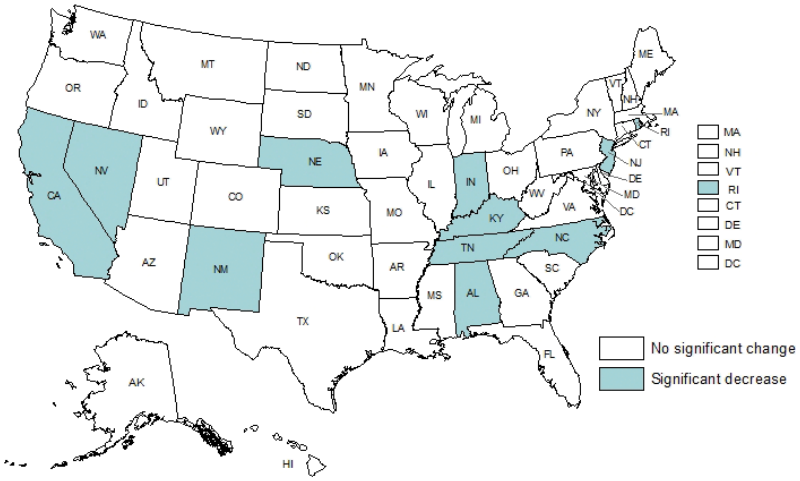
eligible for ESI (Figure 10).

During the post-recession period we found a bit more variability, with four states—California, Nevada, New York and Virginia—experiencing significant decreases in ESI-eligible workers, while one state—Oklahoma—saw a significant increase in ESI-eligible workers (Figure 11).

3.3. Workers' Take-Up of ESI

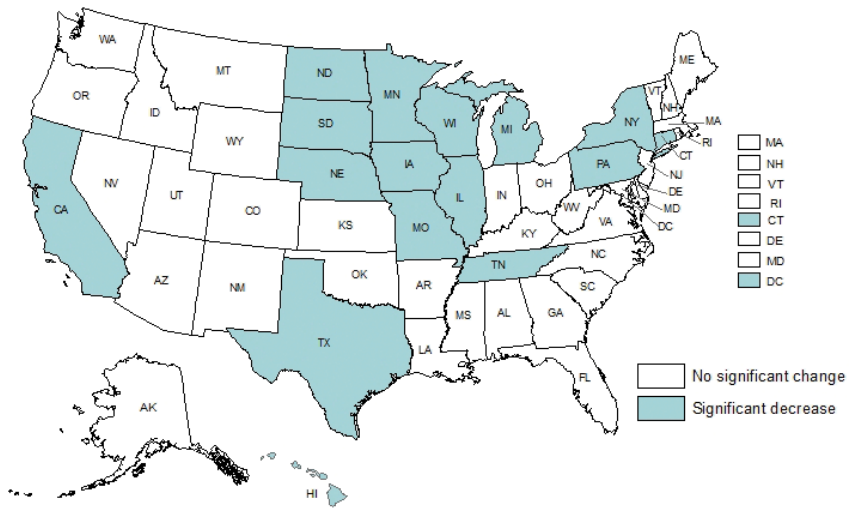
We found declines in the percentage of U.S. workers who took up ESI coverage when offered during both time periods. During the pre-recession period, the percentage of workers taking up ESI decreased from 79.7 to 77.8 percent (Figure 7). This decrease continued in the post-recession period, with worker take-up of ESI offers further declining to 75.3 percent.

Figure 12. Change in Percent of Workers Taking Up ESI, Pre-Recession (2004/2005 to 2008/2009)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

Figure 13. Change in Percent of Workers Taking Up ESI, Post-Recession (2008/2009 to 2012/2013)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

At the state level we found significant declines in the percentage of U.S. workers taking up ESI in 11 states during the pre-recession period (Figure 12) and 16 states and the District of Columbia in post-recession period (Figure 13).

4. ESI Offer, Eligibility and Take-up by Job Type and Firm Size

ESI coverage varies depending on firm size and characteristics of workers' jobs. For example, part-time workers are less likely to be eligible for ESI coverage than full-time workers, and small firms are less likely to offer coverage than large firms. Below is our analysis of trends in offer, eligibility and take-up across these different categories.

4.1. Part-time and Full-time Workers

During the pre-recession period, the percentage of part-time workers remained stable,[5] but by the post-recession period the proportion of part-time workers increased significantly, from 20.4 to 22.8 percent (Figure 14). This significant shift in the workforce to part-time jobs carries implications for ESI coverage because part-time workers are significantly less likely to be employed in firms with an ESI offer, to be eligible for the coverage, and to "take up" the ESI offer.

As described in more detail below, our analysis found significant differences between part-time and full-time workers in the degree to which they have access to and enroll in ESI. For

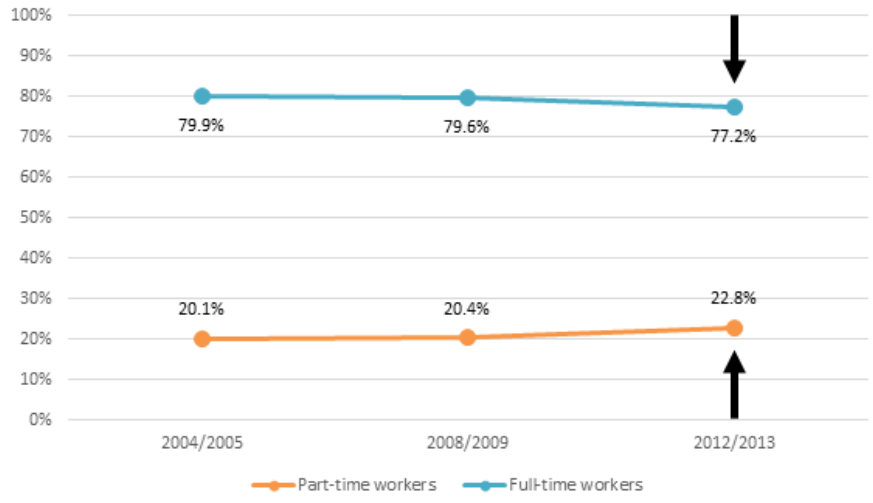
both groups, the share working in firms that offer coverage and the share that enroll in coverage when they are eligible has declined in recent years, but the declines were greater for part-time workers.

4.1.1. Workers in Firms Offering ESI

Part-time workers are less likely to work for firms that offer ESI compared to full-time workers. In 2012/2013, 71.2 percent of part-time workers were employed in firms offering ESI, compared to 88.8 percent of full-time workers, a 17.6 percentage point difference (Figures 15 and 16).

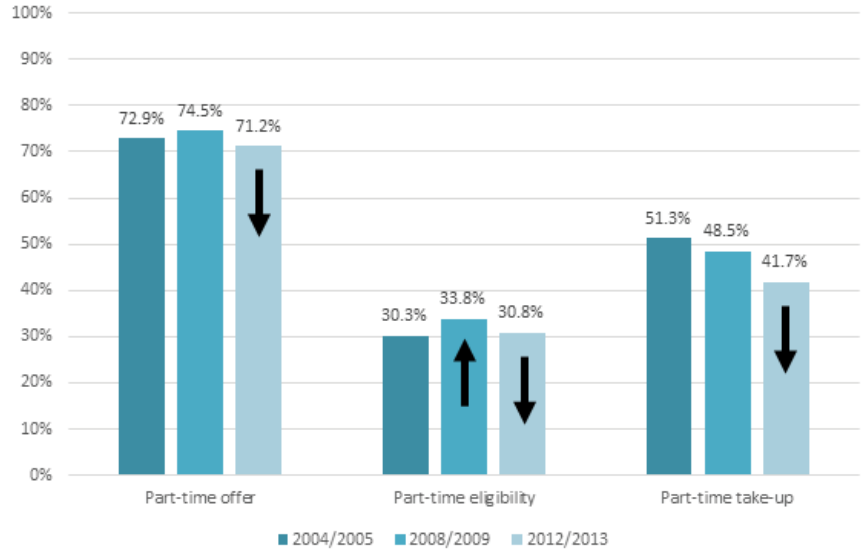
The trends for part-time versus full-time workers were a bit different in the pre-recession period. The percentage of part-time workers in firms offering ESI did not change, while the percentage of full-time workers in firms offering coverage increased (Figures 15 and 16). During the post-recession period however, we found declines in the percentage of workers in firms offering ESI for both part-time and full-time workers, with the decline greater for part-time workers: a 74.5 to 71.2 percent decline for part-time workers compared to 91.0 to 88.8 percent for full-time workers.

Figure 14. Composition of Workforce, by Part-time or Full-time Employment



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 15. Trends in ESI Offer, Eligibility and Take-Up Among Part-Time Workers



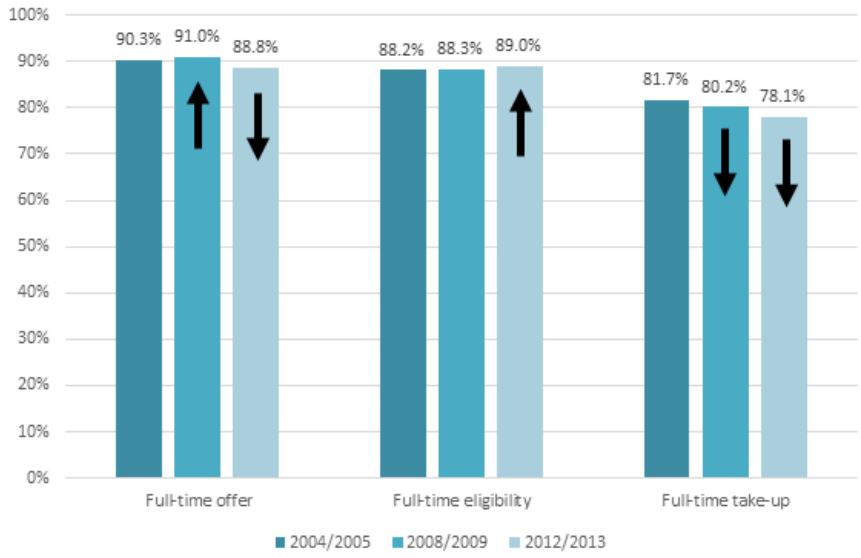
Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

4.1.2. Workers Eligible for ESI

Part-time workers are less likely to be eligible for ESI than full-time workers. In 2012/2013, 89.0 percent of full time workers were eligible for ESI, almost three times the eligibility rate for part-time workers (30.8 percent) (Figures 15 and 16).

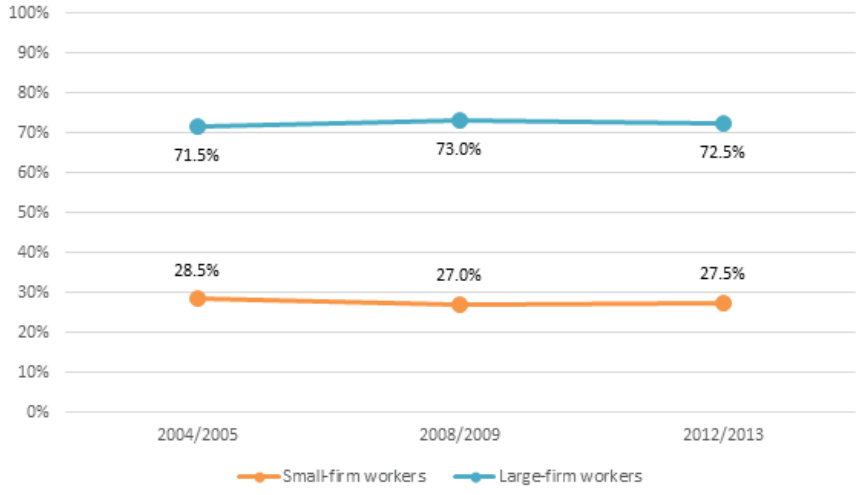
Our analysis found distinctly different trends in eligibility when comparing part-time and full-time workers. During the pre-recession period, the percentage of part-time workers eligible for ESI increased significantly, from 30.3 to 33.8 percent, with relatively no change in ESI eligibility for full-time workers (Figures 15 and 16). During the post-recession period, however, eligibility for ESI decreased significantly among part-time workers, from

Figure 16. Trends in ESI Offer, Eligibility and Take-Up Among Full-time Workers



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 17. Composition of Workforce, by Firm Size



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.

33.8 to 30.8 percent, while it increased significantly among full-time workers, from 88.3 to 89.0 percent.

4.1.3. Worker Take-Up of ESI

Part-time workers who are eligible for coverage are significantly less likely to take up coverage than their full-time counterparts. In 2012/2013, 78.1 percent of full-time workers took up coverage, almost twice the take-up rate for part-time workers, at 41.7 percent (Figures 15 and 16).

The decline in take up for full-time workers started in the pre-recession period, decreasing significantly from 81.7 to 80.2 percent (Figures 15 and 16). For part-time workers, take-up was statistically stable during the pre-recession period.

During the post-recession period we found a significant decline in take up for both full and part-time workers. However, the decrease for part-time workers was more than three times as large as the decrease for full-time workers (a 6.8 percentage point and 2.1 percentage point decline respectively).

State variation: While most states did not experience significant changes in the offer, eligibility and take-up for part-time and full time workers, those states that did demonstrate significant changes mostly reflected national trends. Detailed state-by-state data are provided in Tables 3 and 4.

4.2. Workers in Small and Large Firms

Although the size of employers has implications for ESI coverage because workers in large firms are more likely to be employed by firms that offer coverage, there was relatively little change in the proportion of workers in small and large firms between the pre-recession and post-recession periods (Figure 17).

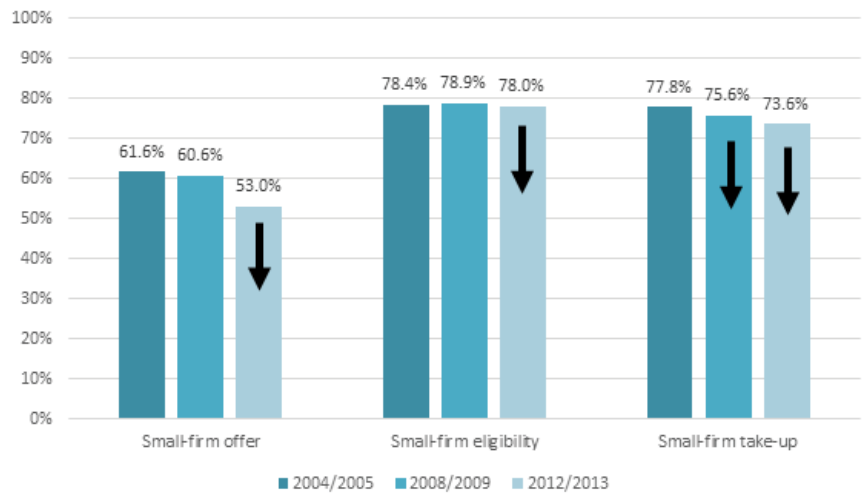
As described in more detail below, we found that most trends in worker offer, eligibility, and take-up were similar by firm size across the time periods of our analysis. The largest difference between workers in small and large firms, though, is that workers in small firms are much less likely to be employed

by a firm that offers ESI.

4.2.1. Workers in Firms Offering ESI

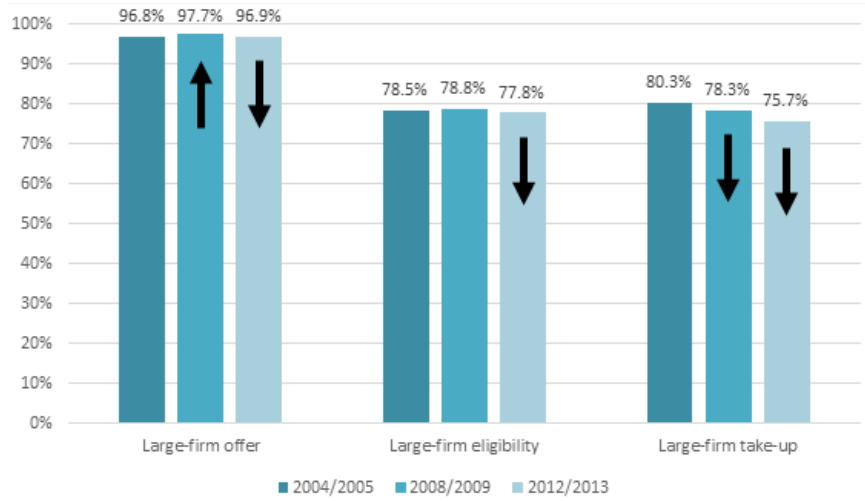
Workers in small firms are significantly less likely than those in large firms to be employed in firms that offer coverage. In 2012/2013, 96.9 percent of workers in large firms were employed in firms offering coverage, almost twice the 53.0 percent share among workers in small firms (Figures 18 and 19).

Figure 18. Trends in ESI Offer, Eligibility and Take-Up Among Workers in Small Firms



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 19. Trends in ESI Offer, Eligibility and Take-Up Among Workers in Large Firms



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

During the pre-recession period, the percentage of workers in small firms offering ESI remained statistically stable, while it increased for workers in large firms (from 96.8 to 97.7 percent) (Figures 18 and 19). During the post-recession period, offers decreased for both small firm and large firm workers. However, the decrease during the post-recession period among workers in small firms was more than nine times as large as the decrease among workers in large firms—7.6 percentage points in small firms compared to 0.8 percentage points in large firms.

4.2.2. Workers Eligible for ESI

Despite small firm workers' lower likelihood of being employed in firms offering coverage, the percentage of workers eligible for ESI if their employer offers coverage is similar across firm sizes. In 2012/2013, 78.0 percent of workers in small firms that offered ESI were eligible for the coverage, which was not statistically different from the 77.8 percent of workers in large firms (Figures 18 and 19).

During the pre-recession period, the percentage of workers eligible for ESI remained statistically stable for workers in both small firms and large firms (Figures 18 and 19). In the post-recession period, eligibility decreased significantly among workers in both small and large firms. The size of the decrease was similar for both groups, dropping between 2008/2009 to 2012/2013 from 78.9 to 78.0 percent for workers in small firms and from 78.8 to 77.8 percent for workers in large firms.

4.2.3. Worker Take-Up of ESI

Although there is a significant difference in take-up of ESI among workers in small compared to large firms, it is relatively small. In 2012/2013, 73.6 percent of workers in small firms and 75.7 percent of workers in large firms took up ESI coverage for which they were eligible (Figures 18 and 19).

During the pre-recession period, the percentage of workers taking up coverage declined for workers in both small and large firms (Figures 18 and 19). This trend of decreasing take-up continued in the post-recession period.

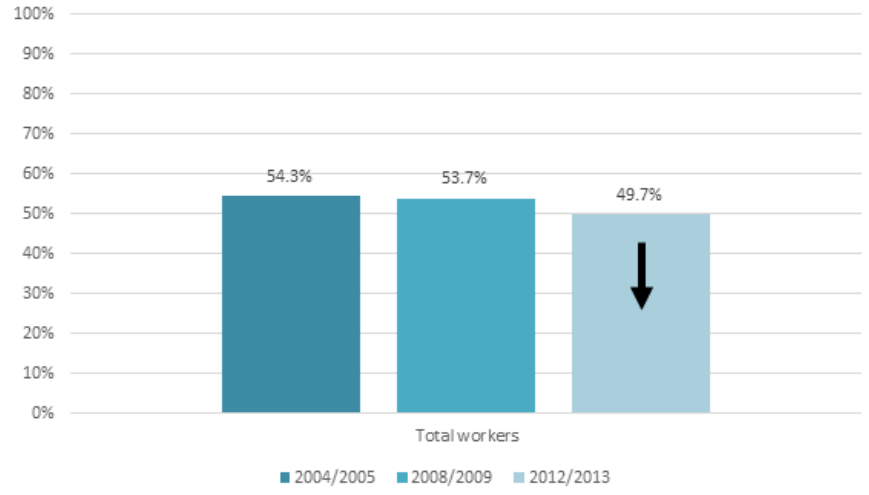
State variation: Not all states experienced statistically significant changes in ESI offer, eligibility and take-up by firm size, but those states that did demonstrate significant changes mostly reflected national trends. Detailed state-by-state data are provided in Tables 5 and 6.

5. Drivers of Change in ESI Coverage

Together, the percentage of workers employed in firms offering coverage, the percentage of those workers eligible for coverage, and the percentage of those workers who take up coverage determine the percentage of workers who are covered by ESI. We analyzed the impact that each individual component—offer, eligibility, and take-up—had on the total change in the ESI coverage.

For private sector employees overall, there was no significant change in the percentage of workers covered by ESI during the pre-recession period (Figure 20). Although the change in worker ESI coverage rates was not significant, our analysis found that the decrease in ESI take-up had the greatest effect on coverage rates (Figure 21). In the post-recession period,

Figure 20. Trends in ESI Coverage Rates for Workers (Percent of Workers With Coverage Through Their Own Jobs)



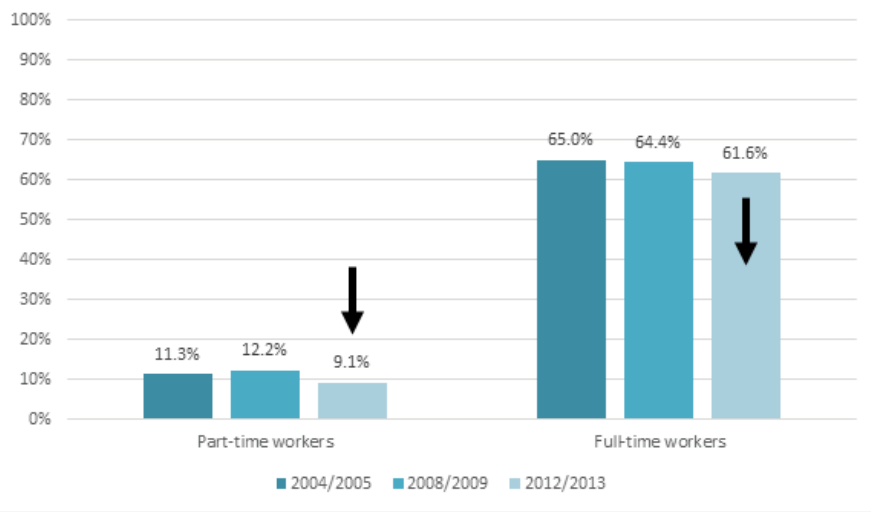
Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 21. Relative Effects of Changes in ESI Offer, Eligibility and Take-Up

	Pre-recession period (2004/2005 to 2008/2009)			Post-recession period (2008/2009 to 2012/2013)		
	Offer	Eligibility	Take-up	Offer	Eligibility	Take-up
Total	🟢🟢	🟢	🔴🔴🔴	🔴🔴🔴	🔴	🔴🔴
Part-time	🟢	🟢🟢🟢	🔴🔴	🔴🔴	🔴	🔴🔴🔴
Full-time	🟢🟢	🟢	🔴🔴🔴	🔴🔴🔴	🔴	🔴🔴
Small firms	🔴🔴	🟢	🔴🔴🔴	🔴🔴🔴	🔴	🔴🔴
Large firms	🟢🟢	🟢	🔴🔴🔴	🔴	🔴🔴	🔴🔴🔴

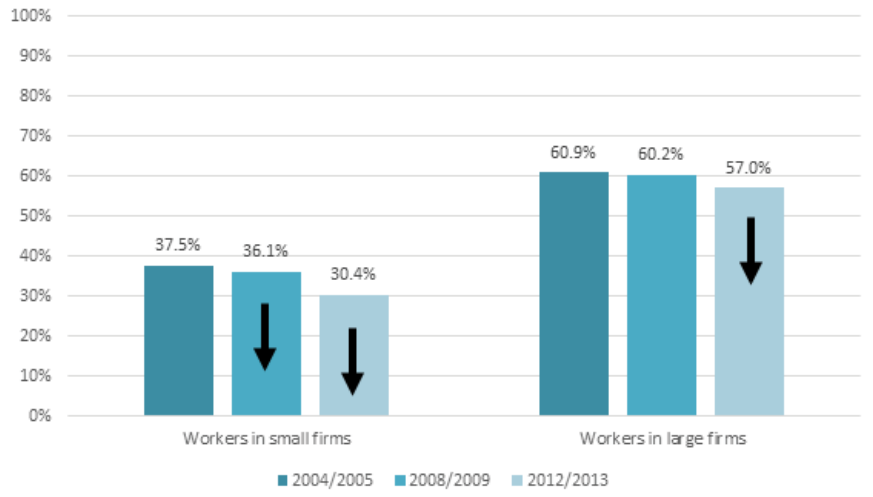
Source: Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. The number of dots represents the relative effect of the component on ESI worker coverage rates (e.g., one dot represents the smallest effect, and three dots represents the largest effect). The color represents the direction of the impact (e.g., green represents an effect that would increase ESI coverage, and red represents an effect that would decrease ESI coverage). For example, total workers in the pre-recession time period shows "🔴🔴🔴" under Take-up, "🟢🟢" under Offer, and "🟢" under Eligibility. This means that take-up decreased, having the largest effect on ESI coverage; offer increased, having the second-largest effect on ESI coverage; and eligibility increased, having the smallest effect on ESI coverage.

Figure 22. Trends in ESI Coverage Rates for Workers, by Job Type (Percent of Workers With Coverage Through Their Own Jobs)



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 23. Trends in ESI Coverage Rates for Workers, by Firm Size (Percent of Workers With Coverage Through Their Own Jobs



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

worker ESI coverage declined significantly, from 53.7 to 49.7 percent. During this period, although declining take-up continued to play a role, the decrease in the percentage of workers whose employers offer ESI had a larger impact.

Figure 21 shows the results of this analysis. For each row, the number of dots represents the relative effect of the component on ESI worker coverage rates (e.g., one dot represents the smallest effect, and three dots represents the largest effect). The color represents the direction of the impact (e.g., green represents an effect that would increase ESI coverage, and red represents an effect that would decrease ESI coverage). For example, total workers in the pre-recession period shows ●●● under "take-up", ●● under "offer", and ● under "eligibility". This means that take-up decreased (red), having the largest effect on ESI coverage (three dots); offer increased (green), having the second-largest effect (two dots) on ESI coverage; and eligibility increased (green), having the smallest effect on ESI coverage (one dot).

For both part-time and full-time workers, coverage rates remained statistically stable during the pre-recession period and declined during the post-recession period (Figure 22). For part-time

Relationship Between Premiums and Deductibles

A premium is the amount of money paid for health insurance coverage. These premiums are used by insurers to pay health care bills. Often, a worker's employer pays a portion of ESI premiums and the worker pays a portion.

A deductible is the amount of money an individual or family must pay before their health insurance begins paying toward health care bills. Because deductibles reduce the costs paid by health insurance, larger deductibles can be used to reduce premium costs.

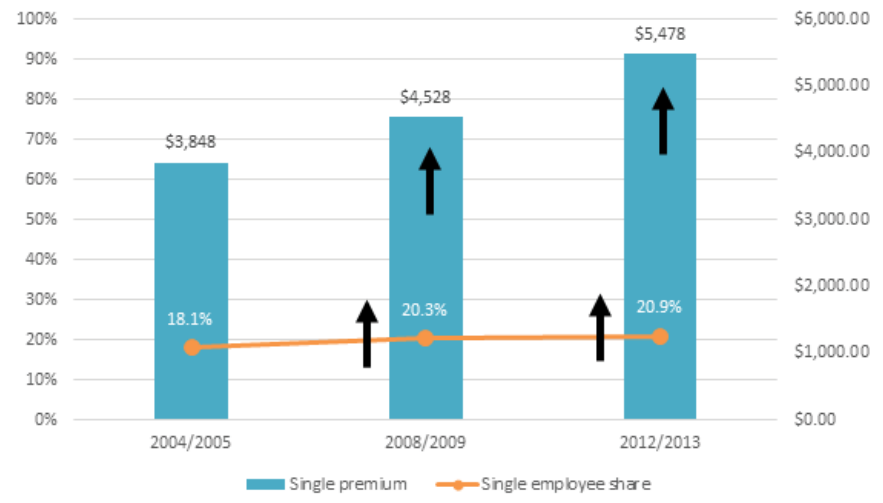
workers during the pre-recession period, when coverage rates were stable, the increase in eligibility had the greatest effect (Figure 21). In the post-recession period, when coverage rates for part-time workers declined significantly from 12.2 to 9.1 percent, the decrease in take-up had the greatest effect. For full-time workers during the pre-recession period, when coverage rates were stable, the decrease in take-up had the greatest effect. During the post-recession period, when coverage rates declined significantly from 64.4 to 61.1 percent, offer had the greatest effect.

For workers in small firms during the pre-recession period, coverage rates declined significantly from 37.5 to 36.1 percent (Figure 23). In this period, declining take-up had greatest effect on coverage rates (Figure 21). During the post-recession period, coverage rates for workers in small firms declined significantly again to 30.4 percent. In this period, the decrease in offer had the greatest effect. Workers in large firms did not experience a significant change in coverage rates in the pre-recession period. During this time, declining take-up had greatest effect on coverage rates. During the post-recession period, workers in large firms did experience a significant decline in coverage rates, from 60.2 to 57.0 percent. In this period, the decrease in take-up continued to have the greatest effect for workers in large firms.

6. Trends in ESI Premiums and Deductibles

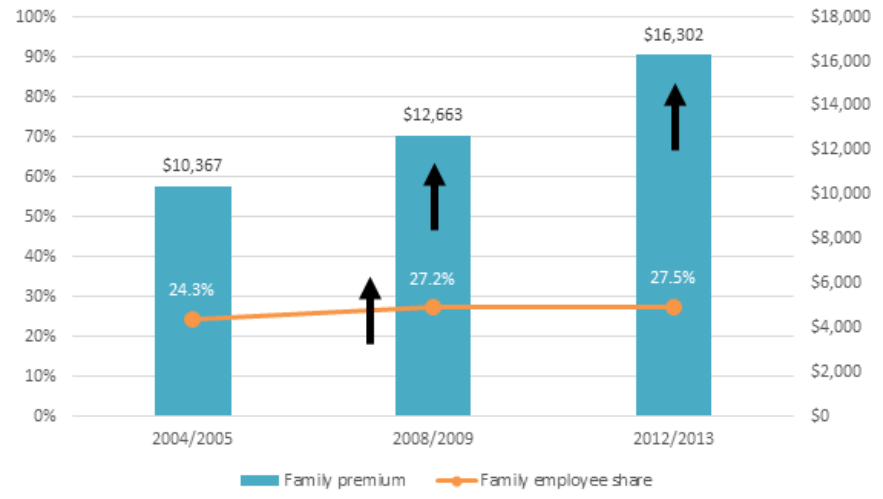
As described earlier, ESI coverage has declined over the years in part due to a shift in the distribution of employment, with more workers employed in part-time jobs, and also due to declines in offer, eligibility and take-up of coverage. The costs of health insurance play a key role in employer decisions to offer coverage and in workers' consideration of whether to take up offers of ESI. This section analyzes trends in those costs, focusing on trends in health insurance premiums offered by private employers. We found a steady increase in premiums and more of the costs being borne by workers through increases in the share of the premium that they pay and the increase in deductibles.

Figure 24. Premiums and Employee Contribution for ESI Single Coverage



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

Figure 25. Premiums and Employee Contribution for ESI Family Coverage



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

6.1. Premiums and Employee Contributions

Health insurance premiums rose throughout the time period covered by our analysis. During the pre-recession period, average premiums for single coverage rose significantly from $3,848 to $4,528, a 17.7 percent increase; in the post-recession period, premiums rose significantly to $5,478, a 21.0 percent increase (Figure 24). Family premiums rose significantly during the pre-recession period from $10,367 to $12,663, a 22.1 percent increase, and they rose significantly again to $16,302 in the post-recession period, a 28.7 percent increase (Figure 25).

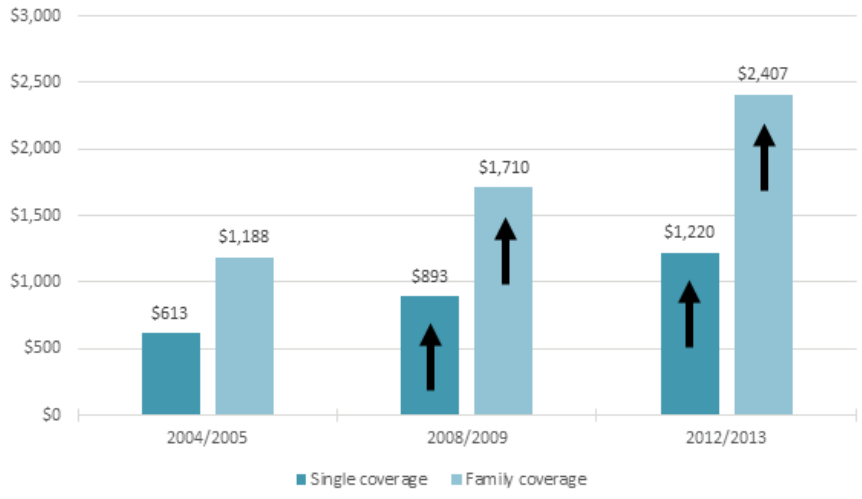
While all or nearly all states experienced significant premium increases during both the pre-recession and post-recession periods, the levels of the premiums and the growth rates varied. In 2004/2005, the lowest single coverage premium was $3,229 in Hawaii, and the highest was $4,734 in Alaska. By 2012/2013, the lowest single coverage premium was $4,498 in Arkansas, and the highest was $7,395 in Alaska. In 2004/2005, the lowest premium for family coverage was $8,067 in North Dakota, and the highest premium was $11,683 in the District of Columbia. In 2012/2013, the lowest premium was $13,121 in Alabama, and the highest premium was $19,309 in Alaska (Table 7).

During the pre-recession period, the size of the increases in single coverage premiums ranged from 7.5 percent in Oklahoma to 28.6 percent in Alabama. During the post-recession period, the size of the increases was slightly higher, ranging from 12.6 percent in Mississippi to 34.6 percent in North Dakota. The size of increases in family coverage premiums were similar across the two periods; during the pre-recession period, they ranged from 10.0 percent in Oklahoma to 41.1 percent in North Dakota, and from 10.1 percent in Vermont to 40.1 percent in Alaska in the post-recession period.

Employers still pay a large share of ESI premiums, although the share paid by employers has been declining over time while workers' contributions have increased. During the pre-recession period, average U.S. worker contributions for single coverage rose significantly from 18.1 to 20.3 percent, an increase of 2.2 percentage points (Figure 24). During the post-recession period, worker contributions for single coverage rose significantly to 20.9 percent, an increase of 0.6 percentage points. During the pre-recession period, worker contributions for family coverage increased significantly from 24.3 to 27.2 percent, a 2.9 percentage point increase (Figure 25). During the post-recession period, however, worker contributions for family coverage remained stable.

Looking across the states, we identified 15 with significant increases in workers' contributions to single coverage premiums, and two states, Idaho and Utah, with decreases in employee contributions to premiums in the pre-recession period. During the post-recession period, six states experienced significant increases, and none experienced significant decreases. For family coverage, 13 states experienced significant increases in worker contributions during the pre-recession period. In the post-recession period, four states experienced significant increases—Connecticut, Indiana, Kansas, and Michigan—and two experienced significant decreases, Alaska and Montana (Table 8).

Figure 26. ESI Single and Family Coverage Deductibles



Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC. An up arrow (⬆) indicates a statistically significant increase and a down arrow (⬇) indicates a statistically significant decrease from the prior observation, at the 95% confidence level.

6.2. Deductibles

We also found a steady increase in the size of deductibles faced by employees over the time period of our study. During the pre-recession period, average deductibles for single coverage rose significantly from $613 to $893, an increase of 45.8 percent (Figure 26). During the post-recession period, deductibles rose significantly from $893 to $1,220, an increase of 36.6 percent. We found a similar trend for family deductibles. Average deductibles for family coverage rose significantly from $1,188 to $1,710 in the pre-recession period (a 44.0 percent increase), and rose significantly to $2,407 in the post-recession period (a 40.8 percent increase).

While nearly all states experienced significant increases in deductibles over the period of our study, we found variation across the states in the amount of the deductible and the growth rates. During the pre-recession period, 49 states and the District of Columbia experienced significant increases in deductibles for single coverage, though the size of these increases varied substantially, ranging from an increase of 23.2 percent in Oklahoma to increase of 75.2 percent in Kentucky (Table 9). Workers from one state, Hawaii, did not experience a significant change in the average deductible during the pre-recession time period. During the post-recession time period, the District of Columbia and all but three states —Arkansas, Hawaii, and Mississippi—experienced significant increases in their deductibles, with increases ranging from 18.1 percent in Wyoming to 82.7 percent in New Hampshire.

7. Discussion

Employer-sponsored insurance continues to be the main source of health insurance coverage in this country, but the share of population covered by ESI has been on the decline since the early 2000s. In addition, the Great Recession, which began in in December 2007 and ended in June 2009, added additional stress to the economy and US productivity.[2] In 2004/2005, 54.3 percent of U.S. private sector workers were covered by ESI, and by 2012/2013 worker ESI coverage had declined to 49.7 percent. For many of the measures included in our study, we found significant declines in offer and take-up of ESI, particularly for part-time workers and those working in small firms. Our findings that employees in these categories have experienced greater declines in ESI coverage since 2008/2009 are consistent with a similar analysis conducted using different data collected from surveyed workers rather than employers.[6]

We also examined ESI from the perspective of workers and found a shift in the trends between the pre-recession and post-recession time periods. During the pre-recession period the trends were somewhat positive; the percentage of workers employed in firms offering coverage increased significantly, the percentage of workers eligible for coverage remained statistically stable, although the percentage of workers taking up coverage decreased significantly. During the post-recession period all indicators were in decline: the percentage of workers in firms offering coverage declined, the percentage of workers eligible for coverage declined, and the percentage of workers taking up coverage continued its previous decline.

During the pre-recession period, it was the decline in the percentage of workers taking up coverage that had the largest impact on the decline in ESI coverage, while in the post-recession period, the largest component of the decline in ESI was due to a drop in the percentage of workers employed in firms offering coverage.

Premiums and deductibles of ESI continued to rise throughout the time periods of our study. Total premium costs, workers' contributions to premiums, and deductible costs each increased significantly during both the pre-recession and post-recession periods of our analysis.

Studying the impact of the ACA on trends in ESI will need to take into account these secular trends in both ESI and in the U.S. economy, as well as their long-term impact on the future of ESI over time. Some declines during the years post-implementation of the ACA may be part of the longer-term trends of declining ESI, and others may be the lingering effects of the Great Recession.

Because of the changes over time in the factors driving ESI trends, it will be important to carefully consider these issues in assessing the impacts of the ACA. In addition, it will also be important to consider the unique circumstances of

individual states. While the states mostly have followed national trends, they often demonstrate substantial variation.

8. Data and Methods

This report uses national and state-level data from the Medical Expenditure Panel Survey-Insurance Component (MEPS-IC). The MEPS-IC is an annual survey of private and public employers designed to produce state-level estimates of ESI offer, eligibility, enrollment, cost, and health plan characteristics, and it is sponsored by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality. Our analysis focused on ESI data from private-sector employers.

Because of a limited number of employers in the sample at the state level, this analysis is based on two-year averages to improve the precision of estimates, especially those that rely on smaller subsets of survey respondents (e.g., firms that have fewer than 50 workers).

Our analysis of the relative impacts of offer, eligibility, and take-up (Figure 21) was performed by calculating the effects on worker ESI coverage of holding constant those three components at their values from the prior time period.

REFERENCES

[1] Although the two time periods we examine overlap with the recession (December 2007 to June 2009),[2] for the ease of reporting our analysis we describe them as pre-recession (2004/2005 to 2008/2009) and post-recession (2008/2009 to 2012/2013).

[2] Bureau of Labor Statistics. 2012. BLS Spotlight on Labor Statistics: The Recession of 2007-2009. Available at http://www.bls.gov/spotlight/2012/recession/pdf/recession_bls_spotlight.pdf

[3] State Health Access Data Assistance State Health Access Data Assistance Center. 2013. State-Level Trends in Employer-Sponsored Health Insurance: A State-by-State Analysis: A State-by-State Analysis. Minneapolis, MN: University of Minnesota. Available at http://www.shadac.org/files/shadac/publications/ESI_Report_2013.pdf

[4] Blavin, F., Garrett, B., Blumberg, L., Buettgens, M., Gadsden, S., Rifkin, S. 2014. Monitoring the Impact of the Affordable Care Act on Employers. Urban Institute. Available at http://www.urban.org/UploadedPDF/413273-Monitoring-the-Impact-of-the-Affordable-Care-Act-on-Employers.pdf

[5] The Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) does not specify a defined number of hours to determine whether an employee is part-time or full-time. The definition of full-time is made by individual respondents to the survey, and other workers whom the employer does not classify as full-time are considered part-time.

[6] Frostin, P. 2014. Trends in Health Coverage for Part-Time Workers, 1999-2012. Employee Benefit Research Institute. Available at http://www.ebri.org/pdf/notespdf/EBRI_Notes_05_May-14_PrtTime.pdf

Table 1: Trends in Employers Offering ESI (%), by Firm Size

	All Firms			Small Firms			Large Firms		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	60.4	60.9	51.1*	46.6	45.3	31.9*	96.8	96.4	97.0
Alaska	43.3	43.3	40.0	28.9	28.7	22.2*	96.5	96.2	96.1
Arizona	55.6	52.8	44.7*	38.5	34.7	24.9*	95.0	97.2	96.4
Arkansas	41.6	46.6*	46.3	25.7	28.3	27.4	91.6	95.0	97.9*
California	57.1	56.8	51.4*	45.7	45.2	39.3*	95.5	95.1	94.3
Colorado	53.4	53.7	44.8*	40.3	40.6	31.8*	97.9	97.8	94.3*
Connecticut	66.3	63.8	55.0*	56.5	52.4	39.4*	97.9	98.0	98.0
Delaware	60.8	60.7	53.6*	46.7	46.8	37.5*	93.4	91.9	94.0
District of Columbia	74.3	73.3	66.9*	61.9	60.7	49.4*	97.3	97.0	99.2*
Florida	51.3	52.3	43.7*	37.7	38.3	28.5*	94.6	96.7	97.2
Georgia	52.1	53.1	47.9*	35.3	37.1	28.3*	96.4	97.0	97.3
Hawaii	86.1	87.0	83.9	81.2	83.0	78.3	99.4	98.2	99.3
Idaho	44.8	44.5	41.9	32.4	32.3	28.2	95.3	94.1	94.6
Illinois	54.4	54.2	47.0*	41.3	40.0	31.9*	96.7	96.7	95.3
Indiana	53.3	51.5	45.0*	37.2	33.8	25.5*	96.0	96.6	94.8
Iowa	48.3	53.0*	49.0*	34.0	39.1*	33.6*	97.4	97.6	96.2
Kansas	51.7	55.6	54.1	39.0	41.0	40.3	95.6	96.4	94.5
Kentucky	57.7	56.6	53.3	44.1	39.9	35.6	93.9	96.7	96.9
Louisiana	49.0	50.5	46.5*	32.1	34.1	28.9*	94.3	96.3	94.2
Maine	52.7	55.5	47.7*	41.9	43.7	33.4*	95.8	99.0*	97.3
Maryland	64.5	59.6*	55.3*	51.7	46.5	39.7*	98.3	97.5	97.2
Massachusetts	63.3	65.2	59.9*	52.6	53.9	46.7*	98.2	99.3	98.5
Michigan	60.3	55.5*	51.1*	49.1	42.0*	36.5	96.0	95.6	96.1
Minnesota	54.0	54.5	49.6*	41.8	41.3	36.2	97.9	95.0	95.4
Mississippi	43.8	48.2*	48.1	26.1	30.7	28.6	93.0	95.7	96.4
Missouri	52.6	57.0*	54.0	39.3	41.9	37.3	95.8	96.0	98.4
Montana	38.8	39.9	38.6	27.7	28.7	28.5	92.8	97.4	96.1
Nebraska	44.6	45.1	40.3*	32.0	29.7	24.3*	94.5	96.4	96.3
Nevada	53.8	58.9	54.4	36.9	43.7*	38.8	97.0	93.3*	96.1
New Hampshire	62.1	62.3	53.3*	50.8	51.2	37.2*	98.5	99.0	97.8
New Jersey	66.2	66.4	55.9*	58.3	57.9	46.6*	95.4	99.1*	95.4*
New Mexico	49.6	51.1	46.4*	34.9	35.3	28.8*	92.2	94.0	92.7
New York	59.6	58.9	53.4*	50.4	49.7	43.8*	98.2	97.8	96.5
North Carolina	54.3	53.0	47.2*	40.6	36.0	29.3*	94.2	97.6	94.0*
North Dakota	46.2	50.7*	46.1*	34.4	39.5*	33.6*	96.1	96.3	97.0
Ohio	62.7	62.8	55.1*	48.5	47.5	38.1*	97.0	97.2	96.2
Oklahoma	46.2	49.1	49.1	31.0	34.2	32.1	92.6	93.7	94.8
Oregon	54.7	52.7	50.4	43.5	40.8	36.8	95.2	95.2	95.7
Pennsylvania	63.3	62.2	56.1*	50.9	49.1	40.6*	96.9	97.4	96.8
Rhode Island	59.2	61.6	55.9*	50.0	51.5	45.1*	97.3	98.3	98.9
South Carolina	51.3	54.1	47.3*	35.6	37.0	27.6*	94.9	96.6	96.5
South Dakota	47.9	48.1	41.8*	36.6	36.3	29.1*	96.2	95.2	96.5
Tennessee	54.7	55.9	51.0*	35.0	37.8	30.4*	98.5	96.7	96.6
Texas	48.0	49.9	45.6*	30.7	33.4	26.7*	93.0	92.8	93.3
Utah	46.1	48.8	44.2*	32.7	34.8	30.0*	91.8	93.6	95.5
Vermont	55.3	56.2	52.3	46.2	46.3	42.7	96.8	99.0	98.3
Virginia	59.8	56.6	51.2*	45.7	40.8	34.5*	97.7	98.6	96.6
Washington	55.0	56.1	48.2*	43.3	44.6	35.0*	95.6	97.3	96.0
West Virginia	49.8	52.0	52.4	33.6	34.7	34.9	92.8	95.6	94.0
Wisconsin	56.5	51.8*	49.4	44.5	37.2*	32.4	96.8	97.1	96.5
Wyoming	40.0	43.3	40.7	27.2	31.2	28.2	94.1	92.9	91.7
United States	**55.7**	**55.7**	**50.0***	**42.7**	**42.1**	**35.0***	**95.9**	**96.4**	**95.8***

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

Table 2: Trends in ESI Offer, Eligibility and Take-up (%) Among Workers

	Offer			Eligibility			Take-up		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	88.7	89.4	84.8*	80.2	79.7	81.2	76.0	72.8*	71.9
Alaska	77.6	78.9	76.4	69.2	76.2	75.8	83.1	79.9	76.1
Arizona	84.9	87.6	84.4*	69.7	75.4	76.5	78.3	76.2	73.0
Arkansas	81.8	83.3	84.2	76.8	81.1	79.7	80.9	77.7	79.2
California	86.1	87.0	83.7*	78.2	79.4	77.0*	82.1	80.4*	78.4*
Colorado	87.2	86.1	81.1*	78.5	78.1	74.4	77.7	76.4	76.7
Connecticut	92.1	91.7	86.5*	78.4	80.3	77.2	81.7	81.4	72.3*
Delaware	90.1	90.1	86.8*	75.2	78.9	77.5	81.0	77.4	73.9
District of Columbia	93.5	94.6	93.1	85.0	80.5	79.6	84.7	83.0	77.7*
Florida	86.4	88.1	83.8*	78.8	78.4	78.7	77.9	76.4	73.7
Georgia	86.2	86.5	85.2	76.0	82.8*	80.3	78.5	76.8	74.8
Hawaii	97.8	97.9	96.7	81.2	79.3	78.1	85.0	86.7	82.9*
Idaho	76.7	79.4	76.9	76.7	76.2	77.0	80.2	78.6	76.9
Illinois	87.6	87.3	86.2	78.4	79.9	80.0	81.0	79.6	74.5*
Indiana	87.4	86.4	84.2	79.3	81.8	78.0	78.5	73.5*	74.6
Iowa	84.8	87.9*	84.1*	77.6	80.4	79.1	80.4	78.7	72.3*
Kansas	85.6	85.1	85.5	76.5	78.2	76.4	73.3	76.6	74.9
Kentucky	88.2	88.7	86.8	80.7	80.3	78.1	81.6	77.0*	75.9
Louisiana	81.7	84.3	79.5*	79.1	76.9	77.3	75.2	76.3	74.2
Maine	83.7	86.0	82.2*	78.6	78.1	73.9	77.5	75.7	74.8
Maryland	88.7	88.5	86.0	82.1	82.0	78.7	79.0	75.8	74.5
Massachusetts	91.4	93.9*	90.1*	79.1	76.7	76.4	76.3	75.4	73.0
Michigan	87.9	86.4	84.9	79.7	77.8	78.7	79.6	79.2	75.3*
Minnesota	88.7	87.7	84.9*	76.8	78.6	75.4	79.3	78.1	73.6*
Mississippi	80.8	83.8	83.3	76.8	80.3	78.7	79.9	77.1	77.3
Missouri	87.8	89.1	87.1	82.6	78.2*	78.7	80.7	80.4	75.6*
Montana	69.7	72.6	71.6	70.9	74.8	73.3	78.7	78.1	78.2
Nebraska	82.5	84.1	82.7	78.5	79.2	80.0	79.9	75.7*	69.8*
Nevada	89.0	89.5	87.8	76.4	79.0	73.9*	80.6	72.9*	74.1
New Hampshire	89.6	90.3	85.9*	73.4	76.3	75.9	76.4	74.5	71.9
New Jersey	90.1	92.2	87.3*	77.5	78.7	77.2	81.2	75.5*	74.9
New Mexico	79.2	84.0*	79.0*	73.9	71.7	71.6	77.2	71.5*	69.7
New York	87.8	90.5	87.5*	79.2	78.9	75.9*	78.2	77.9	73.6*
North Carolina	86.0	86.4	82.8*	81.4	79.7	82.2	80.5	75.8*	75.1
North Dakota	78.2	84.6*	80.8*	76.3	75.9	77.1	81.5	79.8	76.1*
Ohio	90.1	90.1	86.8*	79.3	79.3	78.2	79.9	77.6	76.9
Oklahoma	81.0	83.1	82.8	78.5	74.0	80.5*	78.5	75.3	74.2
Oregon	82.7	85.0	83.1	75.5	81.2*	78.1	85.0	83.5	82.1
Pennsylvania	91.3	90.2	87.6*	79.9	77.4	78.6	82.9	80.9	78.5*
Rhode Island	89.1	89.7	89.7	73.9	76.2	73.1	79.7	75.4*	72.4
South Carolina	84.9	86.3	82.1*	79.9	80.2	79.7	78.4	75.8	74.6
South Dakota	81.6	80.7	79.0	73.9	72.9	75.5	79.4	75.9	70.6*
Tennessee	86.9	88.3	87.5	77.8	76.8	78.6	80.5	77.2*	72.5*
Texas	82.9	84.7	81.7*	78.6	79.2	78.1	78.6	78.2	74.6*
Utah	83.4	83.9	83.3	72.9	75.3	74.3	79.1	75.9	75.9
Vermont	83.3	87.3*	84.1*	79.1	76.6	73.3	74.1	74.2	73.1
Virginia	89.3	89.3	84.8*	80.3	81.1	77.0*	78.2	75.0	74.0
Washington	83.5	86.4	83.8	77.3	76.8	78.0	84.9	85.2	82.9
West Virginia	82.6	84.2	83.7	75.8	78.7	76.8	78.2	74.6	75.4
Wisconsin	88.0	87.0	84.7	77.1	76.0	76.5	78.4	75.5	72.7*
Wyoming	72.1	75.2	70.9	77.9	77.3	77.1	82.5	80.5	78.4
United States	**86.8**	**87.7***	**84.8***	**78.5**	**78.8**	**77.8***	**79.7**	**77.8***	**75.3***

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

Table 3: Trends in ESI Offer, Eligibility and Take-up (%) Among Part-time Workers

	Offer			Eligibility			Take-up		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	74.1	79.5	69.1*	31.3	34.4	27.9	49.3	35.6	22.4*
Alaska	58.4	55.1	52.9	31.0	35.8	32.1	65.0	57.5	44.7
Arizona	72.7	78.7	69.9*	22.8	30.0	26.0	55.7	45.6	29.9*
Arkansas	61.9	67.1	70.3	23.0	32.2	24.1	43.3	38.3	40.3
California	69.1	70.7	69.3	32.4	38.0*	31.5*	63.8	59.1	55.2
Colorado	73.1	70.1	62.4	28.2	27.7	27.8	55.1	48.9	51.5
Connecticut	80.6	80.7	72.6*	26.0	34.6	29.4	58.7	53.3	42.6
Delaware	80.8	78.3	73.6	25.3	29.0	30.0	42.1	48.5	35.4
District of Columbia	80.5	86.6	81.6	30.2	24.4	23.5	61.0	54.0	49.5
Florida	74.4	78.9	77.5	31.5	38.2	32.5	39.3	49.3	45.8
Georgia	72.4	73.7	71.7	23.4	43.6*	32.4*	57.2	35.8*	35.9
Hawaii	94.0	94.5	90.3	40.1	41.6	39.1	75.9	68.7	66.3
Idaho	62.3	69.7	60.0	28.1	46.5*	33.5*	43.7	65.8*	36.8*
Illinois	70.9	69.2	72.6	25.4	33.3	33.1	51.8	54.6	39.4*
Indiana	71.4	70.5	69.3	34.8	36.6	34.2	43.6	42.1	32.6
Iowa	69.5	72.6	68.7	23.4	30.5	34.9	51.9	52.5	25.6*
Kansas	73.2	68.4	69.0	25.2	29.7	21.8	36.0	38.9	34.1
Kentucky	74.0	77.6	71.9	32.4	35.6	31.4	41.8	41.5	40.3
Louisiana	66.5	73.2	61.9*	34.3	30.5	28.2	46.0	44.4	23.0*
Maine	70.2	71.3	68.2	32.2	35.9	30.1	54.8	42.8*	48.8
Maryland	74.9	77.3	71.6	41.1	42.4	28.6*	50.2	40.2	38.2
Massachusetts	77.1	87.4*	80.9*	33.8	36.6	30.3	54.6	45.8	50.4
Michigan	73.1	71.2	69.3	29.4	29.7	33.1	59.1	50.9	39.0*
Minnesota	76.4	74.9	70.3	33.9	35.0	23.4*	55.6	58.5	39.0*
Mississippi	56.4	67.3*	69.3	15.1	31.0*	23.3	29.2	30.9	29.4
Missouri	73.2	76.6	76.0	40.7	32.9	27.7	58.4	57.9	36.8*
Montana	58.3	56.4	53.1	27.9	33.7	25.7	62.1	55.0	58.0
Nebraska	67.9	69.3	66.6	32.3	25.8	33.1	58.5	49.0	22.7*
Nevada	79.7	74.5	77.3	28.6	33.9	32.8	55.0	41.8	40.9
New Hampshire	77.4	77.4	71.1	25.1	25.8	27.2	52.0	48.8	41.3
New Jersey	81.7	81.8	76.3	34.8	38.5	30.1	68.3	49.1*	44.4
New Mexico	61.2	75.4*	66.3*	30.8	32.3	29.9	53.2	45.5	28.2*
New York	74.0	79.5	77.8	37.8	33.9	32.9	45.2	42.4	45.9
North Carolina	76.7	72.5	70.1	30.4	38.3	28.4*	41.5	35.0	29.6
North Dakota	59.2	70.7*	60.0*	25.2	31.4	28.8	55.7	58.3	39.8*
Ohio	76.3	75.1	69.1	24.2	26.1	33.4*	44.8	47.3	46.4
Oklahoma	65.3	73.1	67.2	23.2	23.6	27.9	45.0	46.2	48.4
Oregon	68.5	70.9	62.8*	37.1	43.5	31.5*	69.6	69.9	52.8*
Pennsylvania	78.4	75.6	72.5	30.7	29.0	27.8	44.1	51.4	49.9
Rhode Island	80.4	80.7	78.2	23.5	37.0*	27.7*	64.2	49.5*	38.8
South Carolina	70.6	77.0	65.7*	26.2	35.1*	22.9*	33.4	28.0	28.7
South Dakota	69.3	64.5	66.8	25.2	20.8	34.7*	48.6	47.3	44.4
Tennessee	72.8	80.1	77.5	23.6	34.8	38.1	51.1	38.8	29.8
Texas	73.2	73.7	67.2*	25.6	31.2	30.0	35.4	40.1	24.8*
Utah	68.8	68.9	66.5	16.1	31.7*	29.9	46.8	49.5	39.8
Vermont	68.7	74.2	73.2	31.1	36.4	23.9*	40.5	53.3	48.1
Virginia	72.2	75.2	69.5	34.6	31.4	31.5	35.5	45.8	33.1
Washington	67.1	68.0	67.4	28.1	27.8	37.7*	69.5	67.5	58.7
West Virginia	64.6	68.5	71.4	28.0	37.8	26.8*	54.0	34.6*	33.6
Wisconsin	73.9	72.3	72.1	27.9	24.3	28.9	58.6	48.6	43.4
Wyoming	53.3	52.7	44.4*	28.3	24.6	20.9	57.4	56.0	48.9
United States	**72.9**	**74.5**	**71.2***	**30.3**	**33.8***	**30.8***	**51.3**	**48.5**	**41.7***

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

Table 4: Trends in ESI Offer, Eligibility and Take-up (%) Among Full-time Workers

	Offer			Eligibility			Take-up		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	91.5	91.4	88.4*	88.2	87.8	90.9*	77.4	75.4*	74.7
Alaska	82.8	84.7	82.4	76.3	82.5	82.9	84.4	81.4*	78.2
Arizona	87.9	90.0	87.8*	79.5	86.0*	86.6	79.5	78.6	75.7
Arkansas	86.2	86.9	87.5	86.2	89.5	90.3	82.4	80.1	81.2
California	90.0	91.0	87.8*	86.2	87.4	86.8	83.3	82.1	80.2
Colorado	90.2	89.7	86.8*	87.1	87.0	84.6	79.0	77.9	78.6
Connecticut	94.8	94.4	90.5*	89.3	90.2	88.2	83.1	83.8	74.5*
Delaware	92.4	93.0	91.4	86.9	89.2	90.7	83.6	79.4*	77.4
District of Columbia	95.2	96.1	95.2	91.2	90.5	88.2	85.6	84.3	78.75*
Florida	88.9	90.2	85.7*	86.9	86.4	90.9*	80.3	78.8	76.3
Georgia	89.1	89.1	88.4	84.8	89.5*	89.4	79.7	80.2	77.4*
Hawaii	98.7	98.8	98.7	90.7	88.9	89.2	85.8	88.9*	85.0*
Idaho	81.8	82.9	83.1	89.6	85.1*	88.6*	83.3	80.0	81.1
Illinois	91.5	92.3	90.4*	88.2	89.3	91.7*	82.6	81.3	77.6*
Indiana	91.9	91.1	89.0*	89.0	91.9	89.1	81.2	76.2*	78.6
Iowa	89.3	92.1*	89.8*	90.4	91.0	92.4	82.2	80.7	77.5*
Kansas	89.3	90.3	90.7	89.0	89.5	89.3	76.1	79.5	77.2
Kentucky	91.3	91.6	91.2	89.4	90.0	88.8	84.1	80.1*	78.6
Louisiana	85.0	86.9	84.1*	86.6	85.8	86.8	77.1	78.5	77.5
Maine	88.5	91.2	87.1*	91.5	89.8	86.2	79.7	79.3	77.3
Maryland	92.0	91.2	90.0	90.1	90.1	90.0	81.6	79.2	77.0
Massachusetts	95.3	96.2	93.3*	89.1	88.9	90.5	78.0	79.0	75.2*
Michigan	91.9	90.6	90.1	90.5	88.3	90.4	81.0	81.3	78.6
Minnesota	93.0	92.3	90.5	89.1	91.2	91.0	81.9	80.3	76.3*
Mississippi	85.7	87.1	86.7	85.0	87.7	89.5	81.1	79.7	79.7
Missouri	91.7	92.6	90.3	91.2	88.8	91.4	83.0	82.4	78.6*
Montana	74.4	79.3	81.1	84.9	86.8	89.3	80.5	81.0	80.2
Nebraska	87.1	88.1	87.9	89.9	90.4	91.3	81.9	77.4*	73.9
Nevada	90.8	92.8	91.0	84.8	87.1	84.6	82.2	75.1*	77.4
New Hampshire	93.0	94.5	91.6*	84.4	89.9*	90.3	78.1	76.4	74.5
New Jersey	92.5	94.8*	90.4*	89.1	87.4	88.8	82.7	78.2*	77.4
New Mexico	83.9	86.3	83.7	82.1	81.6	83.5	78.9	74.0*	74.0
New York	91.6	93.2*	90.5*	88.2	87.9	87.2	81.2	80.6	76.5*
North Carolina	88.4	89.8	86.2*	92.5	87.9*	94.0*	83.4	79.4*	78.1
North Dakota	85.2	89.9*	87.7	89.5	89.2	88.0	83.7	82.1	78.8*
Ohio	93.7	94.0	92.0	90.9	90.6	88.3	81.7	79.5	79.5
Oklahoma	84.9	85.7	86.7	89.2	85.6*	90.6*	80.1	77.3	75.8
Oregon	87.6	89.3	89.2	85.8	90.2	88.0	86.8	85.1	84.4
Pennsylvania	94.6	94.2	92.4*	90.2	87.8	91.0*	85.7	83.0*	80.7*
Rhode Island	91.8	92.8	93.7	89.8	88.3	86.4	80.9	78.8	75.5*
South Carolina	88.5	88.5	86.2	90.5	89.5	90.7	81.0	79.6	76.8
South Dakota	86.4	86.5	84.4	89.3	86.7	89.7	82.1	77.7*	74.1
Tennessee	90.3	90.2	90.3	88.0	86.1	88.3	82.0	80.4	76.9*
Texas	85.1	87.0	85.4	88.5	87.4	87.5	80.9	80.4	77.9*
Utah	87.7	87.7	88.4	86.3	84.2	84.5	80.5	78.4	78.8
Vermont	87.9	91.7*	87.9*	91.0	87.7	87.9	76.9	76.5	75.1
Virginia	93.1	92.5	89.6*	88.5	90.5	88.3	81.1	76.9*	77.6
Washington	89.0	91.9*	89.1*	89.2	88.6	87.8	86.1	86.4	85.4
West Virginia	87.5	88.1	87.7	85.5	86.9	90.2	79.7	78.3	78.7
Wisconsin	92.4	91.5	89.4	89.2	88.3	90.7	79.9	77.3	75.5
Wyoming	77.3	81.0	79.3	87.7	86.2	87.0	84.3	82.0	79.7
United States	**90.3**	**91.0***	**88.8***	**88.2**	**88.3**	**89.0***	**81.7**	**80.2***	**78.1***

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

Table 5: Trends in ESI Offer, Eligibility and Take-up (%) Among Workers in Small Firms (less than 50 workers)

	Offer			Eligibility			Take-up		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	64.7	65.4	49.4*	83.7	81.5	83.4	74.7	69.1*	66.3
Alaska	46.4	44.5	38.0	73.9	77.4	76.0	79.0	80.4	73.1*
Arizona	50.9	50.5	42.4*	72.9	83.4*	76.0*	78.8	74.3	70.2
Arkansas	42.8	45.9	47.0	81.7	73.6*	75.1	74.1	76.1	76.4
California	64.8	62.3	55.2*	79.2	80.9	79.7	81.2	77.9*	77.5
Colorado	61.2	58.2	50.2	75.5	80.9*	74.7*	72.8	74.1	74.2
Connecticut	75.6	71.9	59.8*	78.0	76.8	74.7	74.1	73.1	69.8
Delaware	66.3	66.6	58.6*	75.9	75.6	71.8	70.1	74.8	70.9
District of Columbia	76.8	75.5	72.2	90.2	87.7	87.1	84.2	83.9	79.6
Florida	56.5	56.9	47.0*	85.2	85.4	83.4	76.7	78.2	77.5
Georgia	51.2	52.0	49.7	81.7	83.8	78.4	75.7	72.2	71.6
Hawaii	93.0	93.4	90.2	83.8	79.4*	74.9*	88.3	87.4	84.9
Idaho	46.4	51.5	46.6	74.5	74.6	72.7	83.8	83.0	75.7*
Illinois	64.3	59.8	52.5*	77.4	79.2	78.4	79.8	76.3	74.1
Indiana	59.0	50.9*	43.3*	76.6	79.3	78.9	76.7	73.0	74.9
Iowa	55.0	59.9	51.0*	74.6	76.0	77.3	75.4	76.7	69.3*
Kansas	57.6	58.0	59.2	72.8	78.8	76.5	75.6	77.5	74.7
Kentucky	61.4	60.4	53.7	81.8	80.5	75.9	77.1	74.6	74.7
Louisiana	51.4	52.6	43.9*	77.0	81.5	76.9	77.8	72.5	71.9
Maine	60.9	63.4	53.9*	74.6	76.3	71.8	75.6	75.3	70.0
Maryland	71.2	63.8*	57.3*	79.9	78.3	83.9	71.4	74.3	70.1
Massachusetts	72.0	76.6	66.7*	75.1	75.7	73.5	72.7	72.7	69.0
Michigan	65.8	62.5	54.6*	71.7	71.8	77.0*	79.0	76.2	69.6*
Minnesota	64.4	61.1	52.2*	71.0	75.5	73.8	78.1	79.9	68.6*
Mississippi	40.9	50.3*	48.4	81.0	78.9	80.2	77.7	72.9	77.1
Missouri	60.5	62.4	54.9	79.6	76.9	78.9	83.4	79.6	74.8
Montana	44.1	42.4	44.1	68.6	76.9	73.3	78.8	82.8	79.7
Nebraska	49.5	51.4	41.9*	75.8	70.9	71.1	77.1	72.0	70.2
Nevada	61.1	59.5	52.7	80.0	81.7	74.8	82.1	75.0*	78.5
New Hampshire	69.3	71.0	58.5*	74.7	72.7	76.2	72.2	65.3*	68.8
New Jersey	74.0	75.4	65.6*	78.3	81.2	75.3*	77.7	72.1*	69.3
New Mexico	49.1	54.0	47.5*	71.7	73.0	75.0	73.2	65.5*	65.6
New York	69.9	69.9	62.0*	79.8	76.8	79.0	71.8	71.9	68.5
North Carolina	56.2	55.5	46.2*	78.4	77.3	78.6	81.6	72.5*	72.9
North Dakota	48.7	60.1*	51.0*	71.5	70.2	77.9*	79.0	76.9	76.3
Ohio	68.3	65.3	57.0*	76.7	79.2	76.2	73.5	74.7	75.1
Oklahoma	49.7	53.8	49.2	76.0	76.8	82.4*	78.7	78.1	76.7
Oregon	57.3	57.4	53.9	75.4	80.7*	79.9	85.9	83.8	80.1
Pennsylvania	71.0	66.8	58.3*	77.6	75.2	75.3	83.9	79.4*	79.0
Rhode Island	67.0	71.0	68.7	74.8	75.6	73.1	74.7	72.2	66.4*
South Carolina	52.5	58.2	43.7*	75.9	81.1	79.1	76.0	72.2	73.8
South Dakota	59.2	56.2	46.1*	70.8	65.9	71.1	77.7	75.6	69.9*
Tennessee	53.6	55.2	50.5	80.5	80.2	82.1	77.3	75.2	67.4*
Texas	48.9	50.0	41.6*	86.7	84.3	81.8	80.1	79.4	75.8
Utah	49.6	51.8	48.5	69.0	77.9*	75.0	77.9	77.2	75.3
Vermont	60.2	67.6*	59.5*	72.8	75.8	70.5	70.0	66.4	65.1
Virginia	68.2	61.9	52.8*	80.8	79.3	79.9	75.8	73.0	73.1
Washington	61.8	61.2	54.1*	83.8	77.0*	77.0	86.4	83.7	82.2
West Virginia	54.9	52.7	49.1	76.3	79.3	74.4	76.5	71.5	73.8
Wisconsin	63.1	59.1	55.0	74.4	74.2	71.5	70.1	65.7	69.0
Wyoming	45.8	47.2	40.9*	73.2	79.3	75.2	79.4	78.4	75.4
United States	**61.6**	**60.6**	**53.0***	**78.4**	**78.9**	**78.0***	**77.8**	**75.6***	**73.6***

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

Table 6: Trends in ESI Offer, Eligibility and Take-up (%) Among Workers in Large Firms (50 or more workers)

	Offer			Eligibility			Take-up		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	97.7	98.4	97.9	79.3	79.3	80.7	76.3	73.7	73.0
Alaska	98.5	97.7	96.1	67.7	76.0	75.8	84.4	79.8	76.7
Arizona	95.9	98.5	97.5	69.3	74.1	76.6	78.3	76.5	73.4
Arkansas	96.0	97.0	98.5	76.1	82.4	80.5	82.1	77.9*	79.7
California	94.9	96.2	95.1	77.9	79.1	76.4	82.3	81.0	78.6*
Colorado	98.8	98.1	95.1*	79.4	77.4	74.3	79.0	77.0	77.2
Connecticut	99.1	99.1	97.5	78.6	81.2	77.9	84.2	83.6	72.9*
Delaware	98.4	98.2	97.3	74.9	79.6	78.8	83.5	78.0*	74.5
District of Columbia	98.3	99.3	98.7	83.7	79.1	78.1	84.8	82.8	77.3*
Florida	96.5	98.1	96.8	77.6	77.1	77.9	78.2	76.0	73.1
Georgia	98.3	97.4	96.6	75.0	82.6*	80.6	78.9	77.5	75.3
Hawaii	99.7	99.7	99.3	80.2	79.2	79.3	83.7	86.5	82.3*
Idaho	94.8	95.7	94.3	77.5	76.7	78.2	79.1	77.2	77.2
Illinois	96.8	96.2	98.5	78.7	80.0	80.4	81.2	80.2	74.6*
Indiana	97.6	98.9	97.5*	79.9	82.3	77.9	78.9	73.6*	74.5
Iowa	98.1	99.0	96.7*	78.4	81.4	79.5	81.6	79.2	72.9*
Kansas	97.5	96.8	96.2	77.5	78.1	76.4	72.8	76.3	75.0
Kentucky	98.4	98.4	98.3	80.5	80.2	78.5	82.6	77.6*	76.1
Louisiana	95.9	97.5	94.3*	79.8	75.9	77.5	74.6	77.2	74.6
Maine	97.9	98.1	97.1	80.1	78.8	74.6	78.2	75.8	76.1
Maryland	95.5	98.0	97.4	82.7	82.9	77.5*	81.2	76.2*	75.5
Massachusetts	98.7	100.0	98.2*	80.2	77.0	77.1	77.1	76.1	74.0
Michigan	97.1	96.3	97.1	81.9	79.4	79.1	79.8	79.9	76.5
Minnesota	99.0	97.3	97.1	78.3	79.3	75.8	79.6	77.7	74.6
Mississippi	97.2	96.7	96.9	76.1	80.5	78.4	80.3	78.0	77.4
Missouri	98.0	98.3	99.1	83.2	78.5*	78.7	80.0	80.5	75.8*
Montana	94.3	97.5	94.4	72.0	74.2	73.3	78.8	76.3	77.6
Nebraska	97.8	98.1	98.1	79.1	81.0	81.4	80.7	76.5*	69.7*
Nevada	97.6	97.5	98.1	75.5	78.6	73.8*	80.2	72.6*	73.4
New Hampshire	99.8	99.2	98.7	72.9	77.5	75.8	77.9	77.4	72.7*
New Jersey	97.0	99.3*	96.4*	77.3	77.8	77.8	82.4	76.7*	76.5
New Mexico	95.1	96.9	94.0*	74.6	71.3	70.9	78.2	72.9	70.8
New York	95.5	99.0	98.1	79.0	79.5	75.0*	80.2	79.5	75.1*
North Carolina	97.6	98.0	96.1	82.0	80.2	82.8	80.3	76.3	75.4
North Dakota	97.2	98.2	98.4	77.8	77.8	76.8	82.3	80.7	76.0*
Ohio	98.1	98.0	97.0	80.0	79.3	78.7	81.4	78.2	77.2
Oklahoma	95.6	96.0	97.0	79.2	73.4*	80.0*	78.4	74.6	73.6
Oregon	96.2	97.9	98.0	75.5	81.3*	77.5	84.8	83.4	82.7
Pennsylvania	98.8	98.8	97.6	80.4	77.9	79.2	82.7	81.2	78.4*
Rhode Island	99.4	98.0	99.7	73.6	76.4	73.2	81.3	76.4*	74.3
South Carolina	96.9	97.2	97.0	80.6	80.0	79.9	78.8	76.6	74.7
South Dakota	98.2	95.4	98.0	75.3	75.3	76.7	80.0	75.9	70.7
Tennessee	97.7	98.2	98.6	77.3	76.3	78.0	81.1	77.5	73.3*
Texas	94.9	96.0	95.0	77.1	78.3	77.5	78.3	78.0	74.3*
Utah	97.2	96.0	97.7	73.7	74.7	74.2	79.3	75.7	76.0
Vermont	98.8	99.7	99.0	81.7	76.9	74.3	75.6	77.4	75.9
Virginia	98.1	98.9	96.3*	80.3	81.5	76.5*	78.9	75.5	74.2
Washington	94.0	98.5	97.8	75.2	76.8	78.3	84.4	85.5	83.1
West Virginia	95.6	97.0	97.3	75.7	78.6	77.2	78.6	75.3	75.7
Wisconsin	98.5	98.4	96.5	77.8	76.5	77.7	80.5	77.9	73.4*
Wyoming	96.0	95.9	95.0	80.7	76.7	77.7	83.7	81.3	79.5
United States	**96.8**	**97.7***	**96.9***	**78.5**	**78.8**	**77.8***	**80.3**	**78.3***	**75.7***

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

Table 7: Total ESI Premiums ($) for Single and Family Coverage

	Single Coverage			Family Coverage		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	3,417	4,393*	5,083*	9,371	11,549*	13,121*
Alaska	4,734	5,670*	7,395*	10,952	13,783*	19,309*
Arizona	3,866	4,286	5,270*	9,624	12,553*	15,217*
Arkansas	3,420	3,820*	4,498*	8,787	11,095*	13,406*
California	3,679	4,456*	5,502*	10,054	12,443*	16,295*
Colorado	3,788	4,437*	5,472*	10,539	12,656*	16,337*
Connecticut	4,127	4,825*	5,968*	11,376	13,750*	16,883*
Delaware	4,227	4,844*	5,759*	10,777	13,034*	15,851*
District of Columbia	4,219	4,986*	5,800*	11,683	13,825*	17,234*
Florida	3,905	4,503*	5,281*	10,648	12,805*	15,771*
Georgia	3,598	4,426*	5,267*	9,790	12,226*	14,704*
Hawaii	3,229	3,974*	5,090*	8,986	11,435*	14,552*
Idaho	3,754	4,176*	4,729*	9,653	11,362*	14,047*
Illinois	3,909	4,684*	5,614*	10,466	13,156*	16,341*
Indiana	3,814	4,672*	5,802*	10,274	13,188*	15,593*
Iowa	3,624	4,300*	5,174*	9,391	11,492*	14,363*
Kansas	3,733	4,217*	5,200*	9,608	11,746*	14,704*
Kentucky	3,683	4,173*	5,327*	10,252	11,957*	15,599*
Louisiana	3,708	4,458*	5,341*	10,407	12,527*	15,320*
Maine	4,203	5,015*	5,779*	11,056	13,312*	16,268*
Maryland	3,778	4,615*	5,516*	10,192	13,187*	15,530*
Massachusetts	4,188	5,052*	6,206*	10,997	14,256*	17,277*
Michigan	4,103	4,652*	5,342*	10,384	12,241*	14,820*
Minnesota	3,871	4,516*	5,306*	10,577	13,421*	15,114*
Mississippi	3,505	4,297*	4,837*	9,588	11,977*	14,113*
Missouri	3,650	4,259*	5,296*	9,580	11,955*	15,073*
Montana	3,789	4,451*	5,620*	9,546	11,402*	14,928*
Nebraska	3,751	4,354*	5,185*	9,706	11,938*	14,544*
Nevada	3,813	4,277*	5,059*	9,991	12,094*	13,793*
New Hampshire	4,130	5,237*	5,969*	11,496	13,707*	16,698*
New Jersey	4,107	4,850*	6,019*	11,414	13,270*	17,172*
New Mexico	3,607	4,305*	5,143*	10,130	12,460*	15,544*
New York	4,049	4,880*	6,095*	10,839	13,291*	17,227*
North Carolina	3,677	4,568*	5,425*	9,949	12,698*	15,315*
North Dakota	3,390	3,979*	5,354*	8,067	11,384*	14,672*
Ohio	3,855	4,175*	5,380*	10,126	11,648*	15,705*
Oklahoma	3,866	4,158*	4,990*	10,212	11,235*	14,330*
Oregon	3,879	4,532*	5,455*	10,402	12,684*	15,672*
Pennsylvania	3,933	4,624*	5,484*	10,548	12,784*	15,694*
Rhode Island	4,393	4,995*	5,919*	11,072	13,486*	15,970*
South Carolina	3,858	4,490*	5,262*	10,207	12,206*	14,896*
South Dakota	3,623	4,248*	5,643*	10,168	11,489*	15,390*
Tennessee	3,728	4,413*	5,107*	10,451	12,218*	15,051*
Texas	3,945	4,352*	5,255*	10,822	12,594*	15,333*
Utah	3,334	4,227*	5,236*	9,468	11,826*	15,294*
Vermont	4,233	4,951*	5,672*	11,055	13,825*	15,217*
Virginia	3,800	4,396*	5,359*	10,261	12,279*	15,844*
Washington	3,792	4,664*	5,529*	10,618	12,897*	16,104*
West Virginia	3,910	4,796*	5,912*	10,246	12,721*	15,681*
Wisconsin	4,075	4,955*	5,734*	10,565	13,806*	16,677*
Wyoming	4,075	4,663*	6,081*	10,577	13,527*	16,132*
United States	**3,848**	**4,528***	**5,478***	**10,367**	**12,663***	**16,302***

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

Table 8: Worker Share of ESI Premiums (%) for Single and Family Coverage

	Single Coverage			Family Coverage		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	22.9	22.7	25.7*	29.0	28.6	30.5
Alaska	14.9	14.7	15.2	23.4	26.8	22.7*
Arizona	18.4	19.4	21.2	26.6	30.9*	30.8
Arkansas	20.6	20.1	21.6	28.2	27.1	29.5
California	15.6	17.3*	19.0*	24.1	27.7*	26.8
Colorado	18.7	22.2*	20.8	26.7	30.0	26.5
Connecticut	18.6	21.5*	23.6	20.9	24.0*	28.5*
Delaware	18.9	20.5	23.9*	21.8	26.1	28.4
District of Columbia	16.6	19.1	19.6	27.2	27.1	27.9
Florida	20.7	22.6	24.4	30.4	34.0	35.4
Georgia	19.9	22.0	22.2	27.8	30.4	30.3
Hawaii	9.5	11.5	9.3	25.5	23.9	23.2
Idaho	19.0	14.8*	20.2*	26.2	25.4	28.3
Illinois	19.7	20.9	21.8	22.1	25.8*	25.3
Indiana	17.7	21.6*	19.8	20.9	21.8	25.1*
Iowa	19.5	18.7	23.1*	25.5	24.8	27.8
Kansas	21.6	21.1	23.0	25.1	25.9	29.4*
Kentucky	19.5	21.6*	21.8	21.8	26.5*	24.7
Louisiana	20.7	20.6	21.5	28.5	31.0	30.0
Maine	20.1	20.4	19.1	27.5	29.6	28.7
Maryland	22.5	22.4	21.9	29.5	28.9	28.3
Massachusetts	21.6	24.1*	25.5	26.5	26.1	26.4
Michigan	15.3	18.0	20.7	17.7	21.9*	25.2*
Minnesota	20.3	20.9	23.1	23.6	26.1	27.9
Mississippi	18.4	20.2	22.5	30.5	30.7	32.2
Missouri	17.9	23.0*	20.5	25.5	27.7	29.4
Montana	15.0	15.2	14.9	23.0	33.9*	24.4*
Nebraska	20.1	21.6	22.2	28.4	28.1	27.7
Nevada	17.2	20.1	23.0	27.5	26.9	29.7
New Hampshire	23.1	22.5	22.4	26.1	27.2	27.3
New Jersey	17.7	21.4*	20.6	20.3	24.3	25.3
New Mexico	19.4	22.0	22.8	22.9	30.6*	27.1
New York	18.5	20.7	20.9	21.6	24.2	24.7
North Carolina	18.5	20.0	19.1	28.3	31.8	30.1
North Dakota	20.1	20.3	18.2	30.4	29.0	26.0
Ohio	17.7	23.3*	21.4	21.9	27.0*	24.0
Oklahoma	16.2	19.3*	21.7	26.8	29.9	31.7
Oregon	12.0	13.7	15.1	25.0	24.0	26.1
Pennsylvania	16.9	19.1*	19.5	19.8	22.6*	24.3
Rhode Island	18.6	22.6*	23.1	22.1	24.6	28.4
South Carolina	19.6	19.5	21.8	23.9	27.9*	29.4
South Dakota	21.1	21.0	22.7	28.2	30.0	30.8
Tennessee	22.2	21.8	21.7	27.9	29.3	28.9
Texas	16.3	21.1*	20.5	26.1	31.4*	30.8
Utah	21.1	18.0*	21.3*	26.5	24.4	26.2
Vermont	17.6	20.2	21.3	23.6	26.2	26.9
Virginia	19.6	23.3*	23.4	26.5	31.2*	31.4
Washington	10.8	13.0	14.2	25.4	26.1	26.4
West Virginia	16.1	22.3*	18.3	19.8	23.0	21.4
Wisconsin	20.3	21.1	21.8	21.1	22.7	23.8
Wyoming	16.3	15.5	17.6	21.8	23.6	23.8
United States	**18.1**	**20.3***	**20.9***	**24.3**	**27.2***	**27.5**

Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

Table 9: Total ESI Deductibles ($) for Single and Family Coverage

	Single Coverage			Family Coverage		
State	2004/ 2005	2008/ 2009	2012/ 2013	2004/ 2005	2008/ 2009	2012/ 2013
Alabama	381	505*	697*	935	1,119*	1,575*
Alaska	534	881*	1,096*	1,183	1,685*	2,071*
Arizona	530	907*	1,374*	1,157	1,737*	2,681*
Arkansas	599	903*	966	1,288	1,551*	1,952*
California	613	849*	1,173*	1,121	1,694*	2,344*
Colorado	805	1,008*	1,261*	1,593	1,976*	2,579*
Connecticut	678	1,082*	1,483*	1,421	1,844	2,884*
Delaware	564	728*	1,057*	1,237	1,413	2,208*
District of Columbia	428	561*	747*	912	1,091*	1,632*
Florida	612	973*	1,285*	1,204	1,909*	2,540*
Georgia	576	913*	1,168*	1,117	1,814*	2,672*
Hawaii	491	527	632	1,098	1,566	1,489
Idaho	733	971*	1,328*	1,373	1,836*	2,378*
Illinois	639	807*	1,214*	1,400	1,597	2,403*
Indiana	618	1,038*	1,305*	1,245	1,728*	2,602*
Iowa	620	1,069*	1,323*	1,188	1,979*	2,496*
Kansas	635	869*	1,308*	1,254	1,612*	2,462*
Kentucky	564	987*	1,358*	1,066	1,837*	2,447*
Louisiana	692	886*	1,107*	1,439	1,787*	2,386*
Maine	765	1,060*	1,778*	1,435	1,760*	3,048*
Maryland	446	745*	1,026*	947	1,460*	1,971*
Massachusetts	510	673*	1,110*	1,140	1,395	2,250*
Michigan	492	726*	1,053*	944	1,481*	1,971*
Minnesota	637	945*	1,298*	1,105	1,771*	2,506*
Mississippi	719	1,023*	1,054	1,356	1,827*	2,373*
Missouri	669	1,008*	1,373*	1,293	1,739*	2,653*
Montana	728	1,071*	1,526*	1,532	1,870*	2,543*
Nebraska	632	938*	1,274*	1,246	1,799*	2,554*
Nevada	583	784*	980*	1,252	1,657*	2,079*
New Hampshire	521	855*	1,562*	1,073	1,802*	3,262*
New Jersey	710	914*	1,237*	1,156	1,809*	2,505*
New Mexico	635	819*	1,073*	1,207	1,725*	2,102*
New York	554	752*	1,031*	1,102	1,482*	2,167*
North Carolina	692	1,031*	1,298*	1,199	1,831*	2,476*
North Dakota	415	664*	951*	779	1,350*	1,902*
Ohio	514	902*	1,266*	1,047	1,788*	2,270*
Oklahoma	680	837*	1,173*	1,392	1,723*	2,639*
Oregon	600	787*	1,228*	1,161	1,646*	2,578*
Pennsylvania	450	695*	1,119*	992	1,449*	2,027*
Rhode Island	484	805*	1,124*	1,013	1,472*	2,317*
South Carolina	675	982*	1,295*	1,252	1,839*	2,454*
South Dakota	825	1,068*	1,472*	1,548	1,928*	2,734*
Tennessee	649	904*	1,346*	1,167	1,696*	2,567*
Texas	770	1,087*	1,436*	1,409	2,003*	2,770*
Utah	559	778*	1,129*	1,224	1,671*	2,417*
Vermont	757	1,239*	1,634*	1,554	2,277*	2,862*
Virginia	572	811*	1,155*	1,061	1,439*	2,252*
Washington	501	735*	1,085*	1,068	1,493*	2,369*
West Virginia	602	755*	1,156*	949	1,303*	1,805*
Wisconsin	621	990*	1,299*	1,270	1,859*	2,641*
Wyoming	710	1,031*	1,217*	1,245	1,753*	2,112*
United States	**613**	**893***	**1,220***	**1,188**	**1,710***	**2,407***

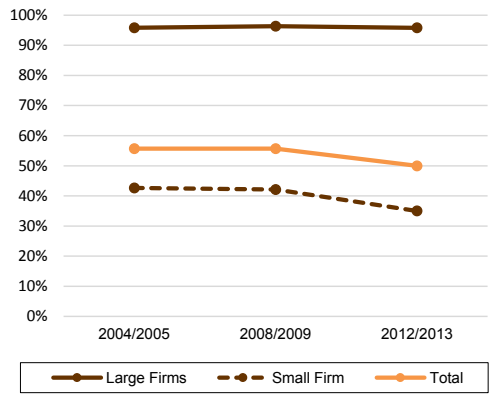
Source: Medical Expenditure Panel Survey-Insurance Component as analyzed by SHADAC.
Note: Significant difference from the prior period at the 95 confidence level is indicated by "*".

State-Level Trends in Employer-Sponsored Health Insurance
United States

EMPLOYER OFFERS

Small vs. Large Firm

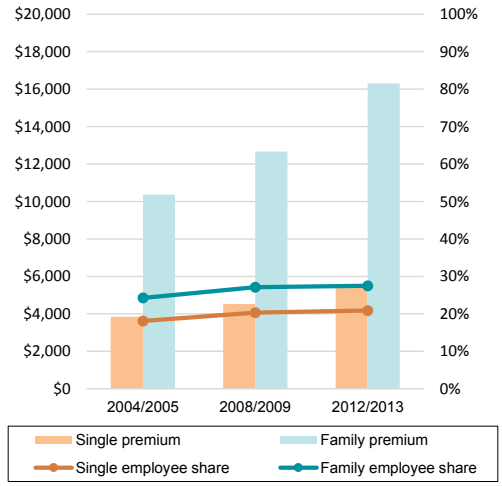
Firms Offering ESI (%)



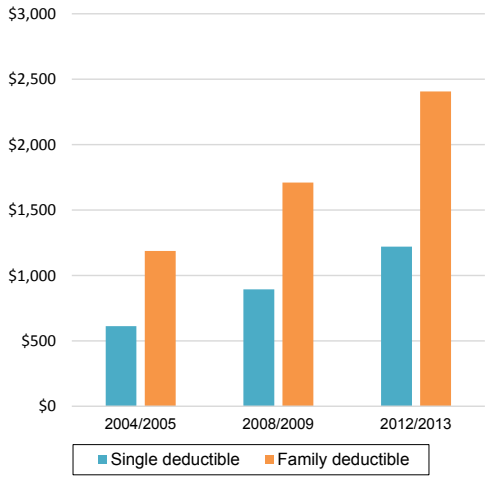
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



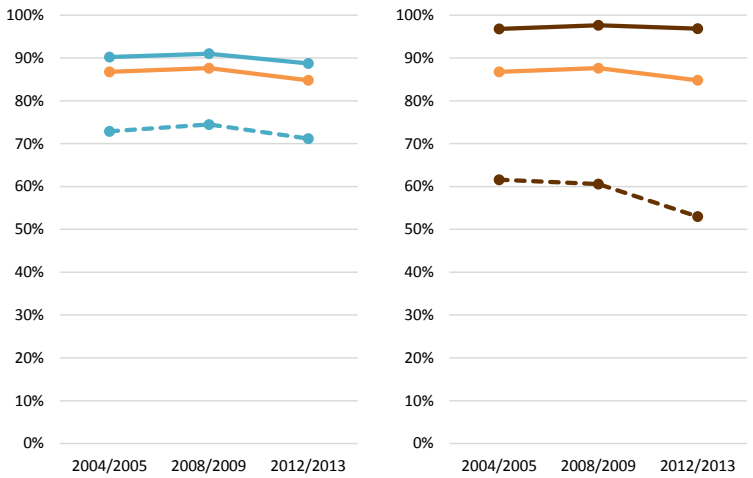
Average Deductibles ($)



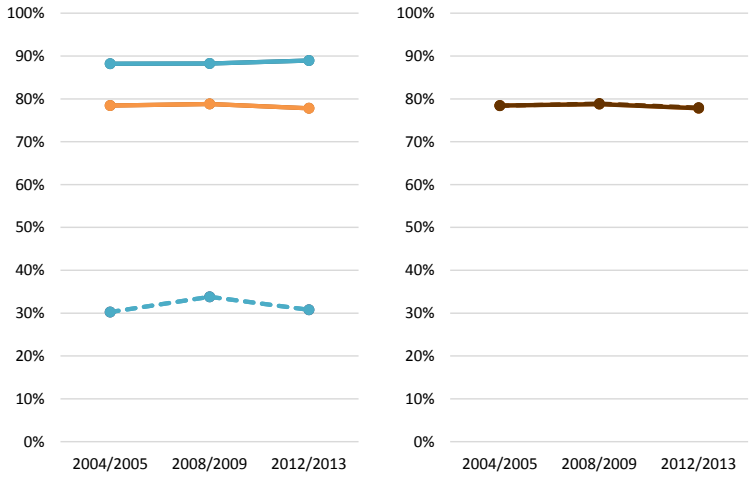
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

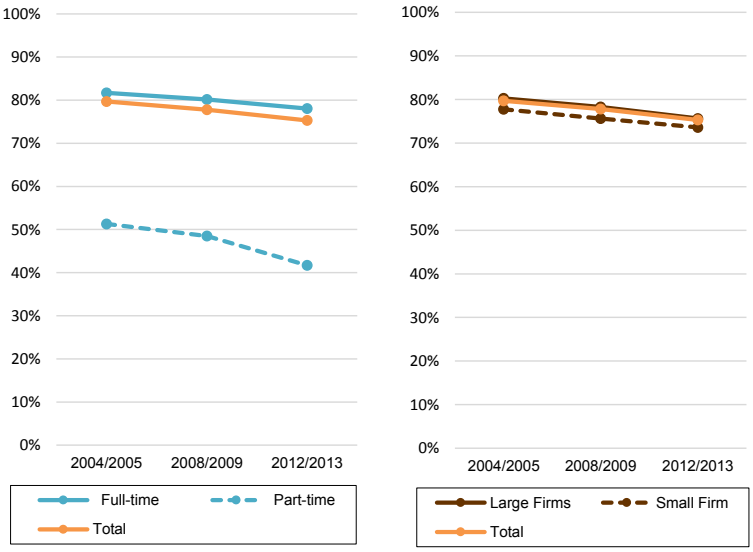
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Alabama

EMPLOYER OFFERS

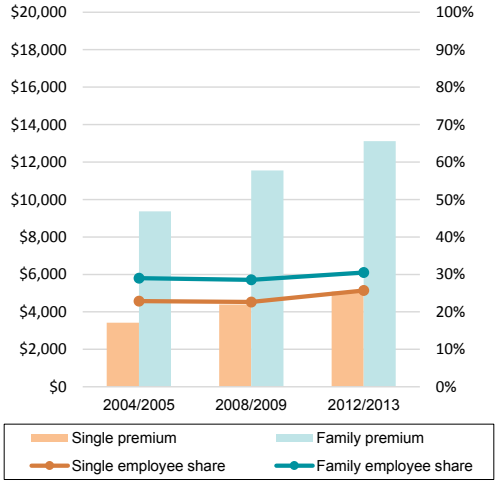
Small vs. Large Firm

Firms Offering ESI (%)

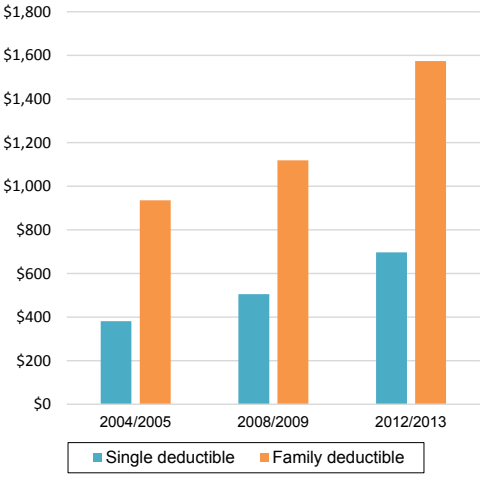
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



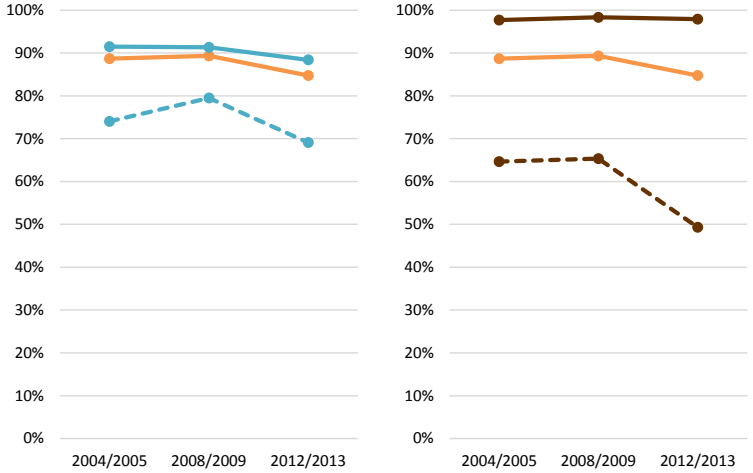
Average Deductibles ($)



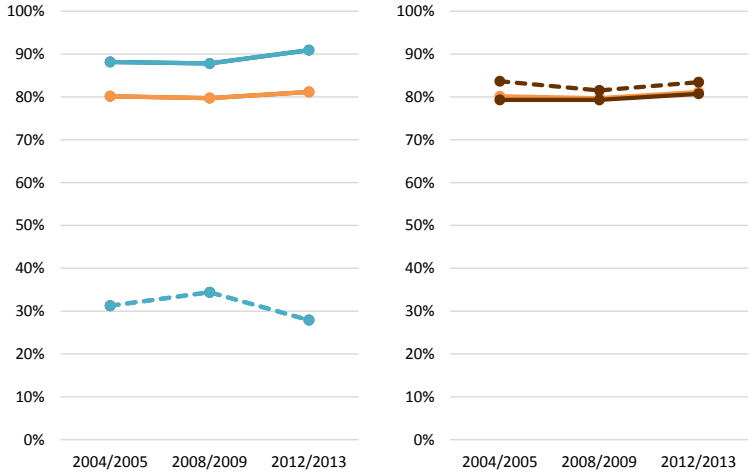
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

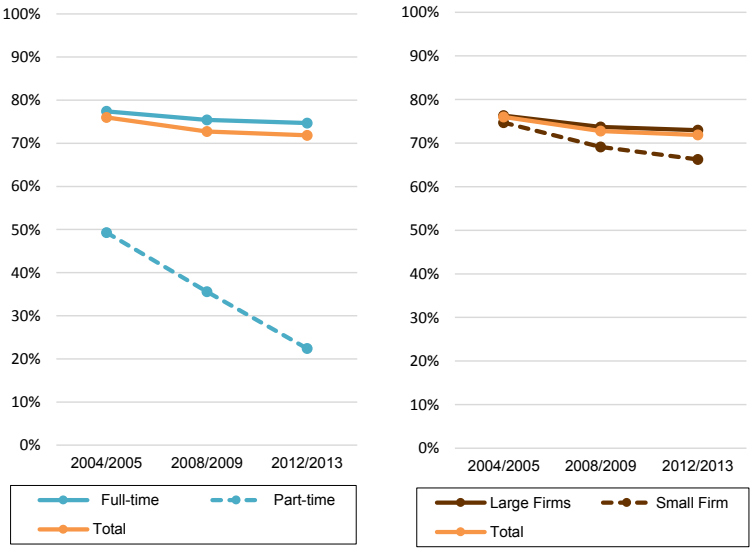
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



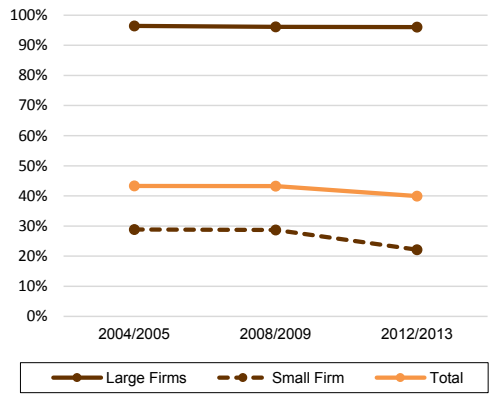
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Alaska

EMPLOYER OFFERS

Small vs. Large Firm

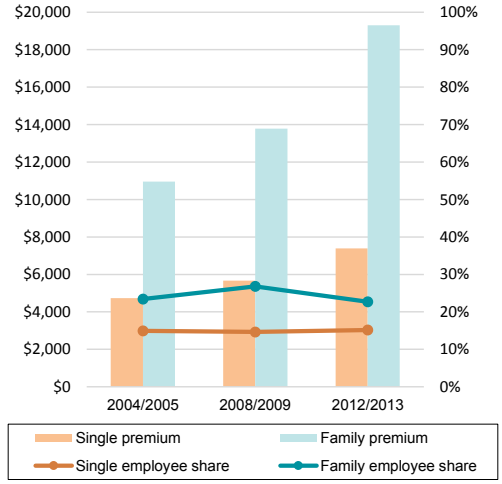
Firms Offering ESI (%)



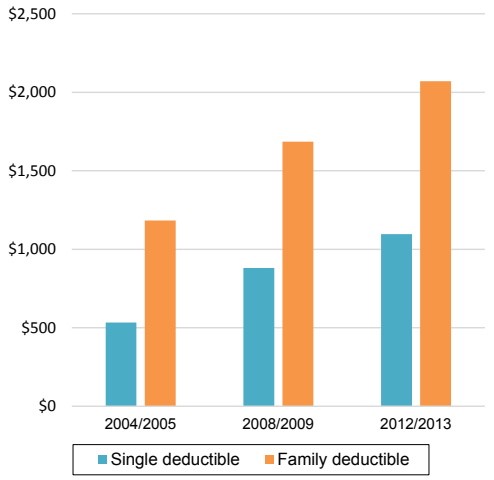
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



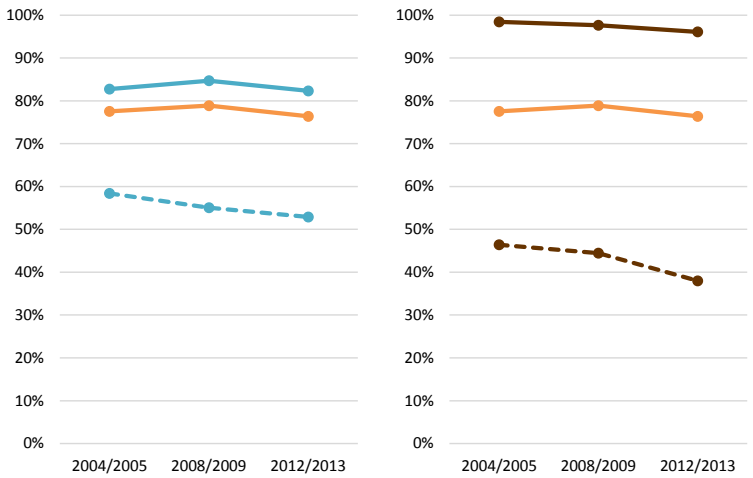
Average Deductibles ($)



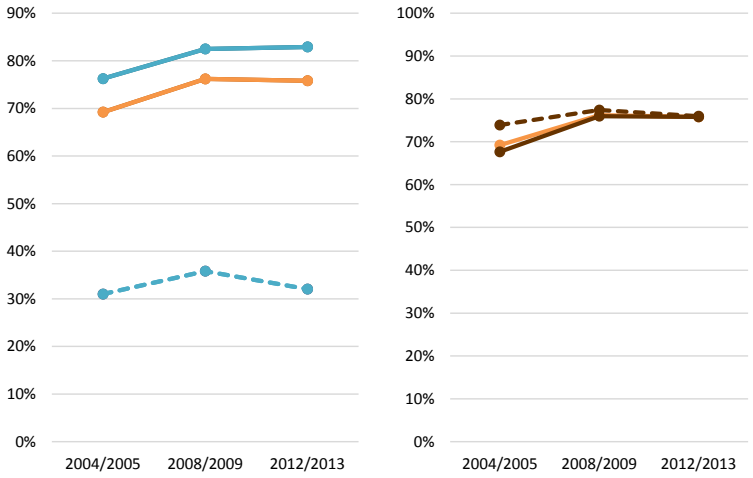
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

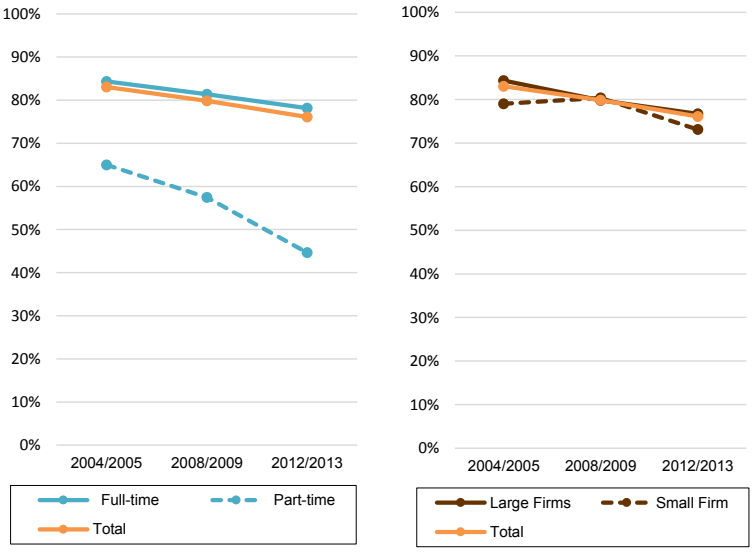
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



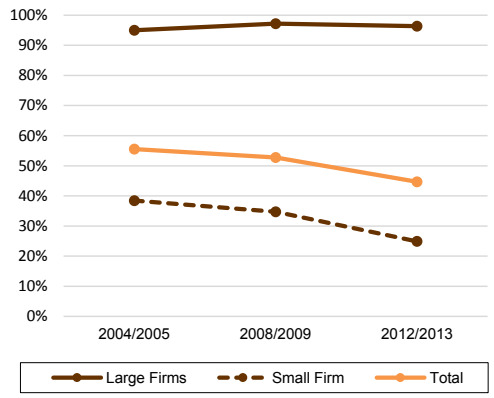
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Arizona

EMPLOYER OFFERS

Small vs. Large Firm

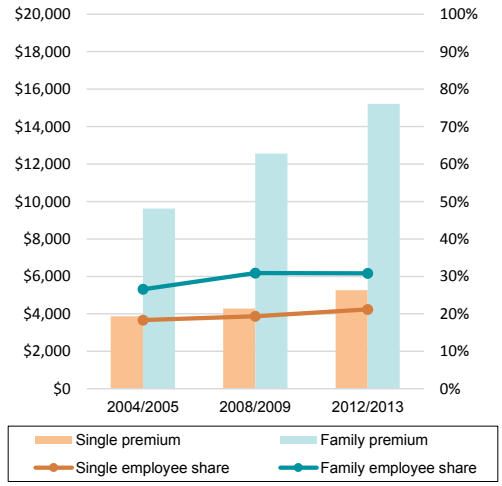
Firms Offering ESI (%)



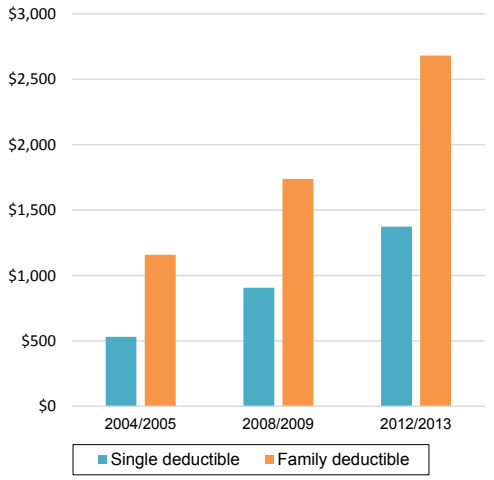
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



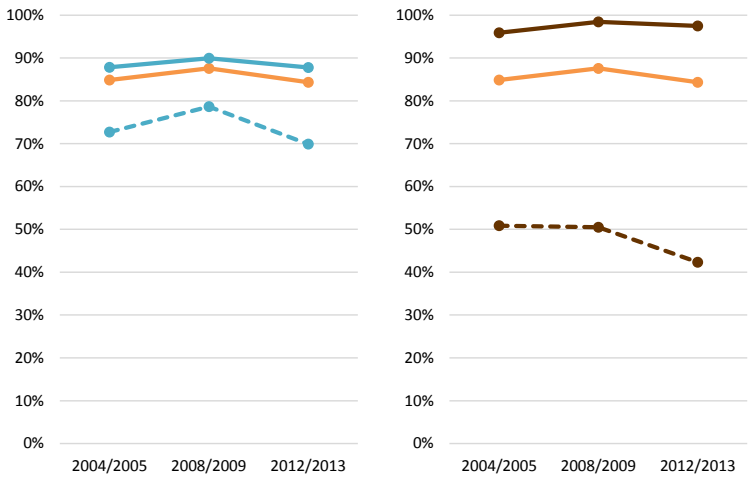
Average Deductibles ($)



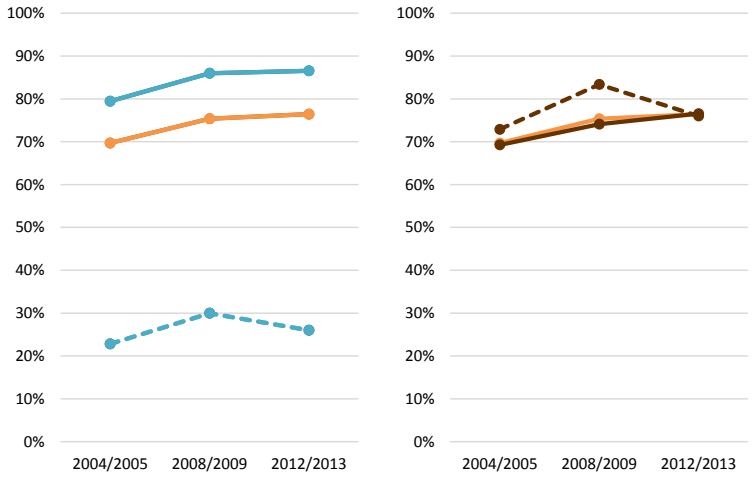
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

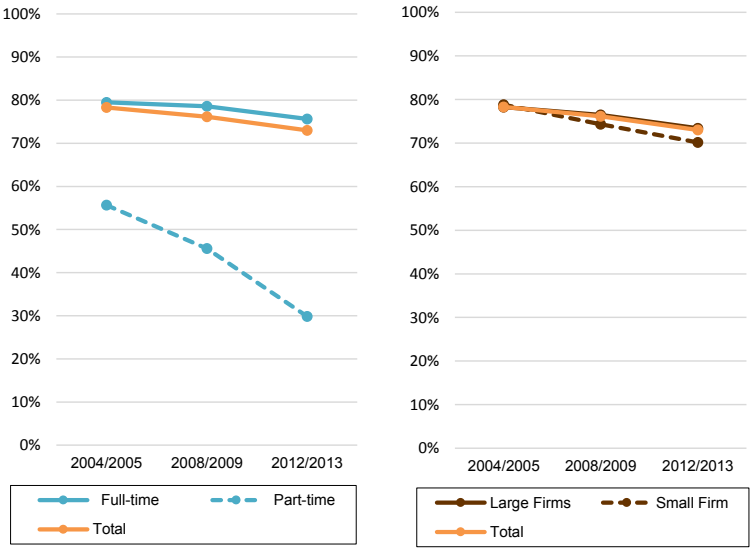
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



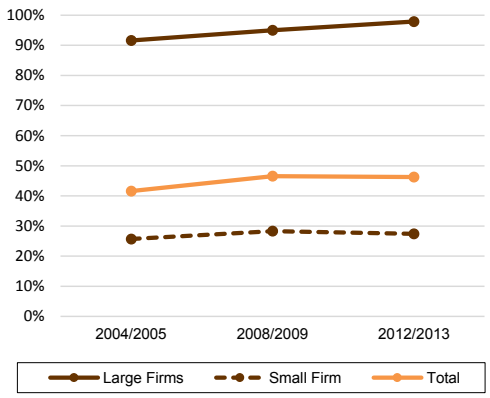
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Arkansas

EMPLOYER OFFERS

Small vs. Large Firm

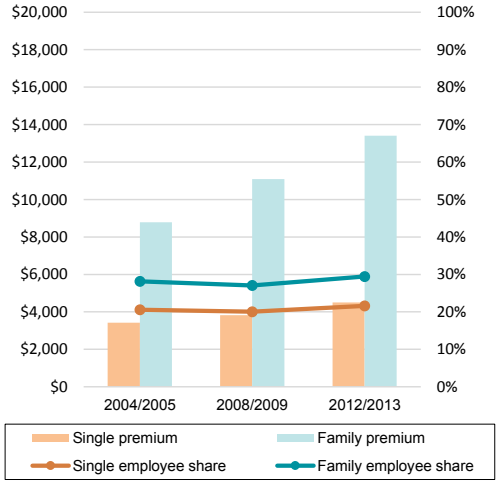
Firms Offering ESI (%)



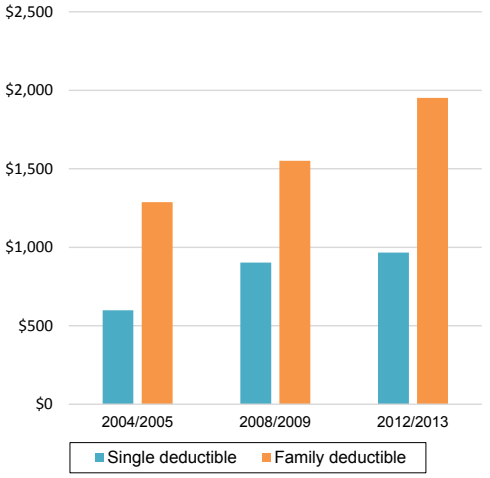
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



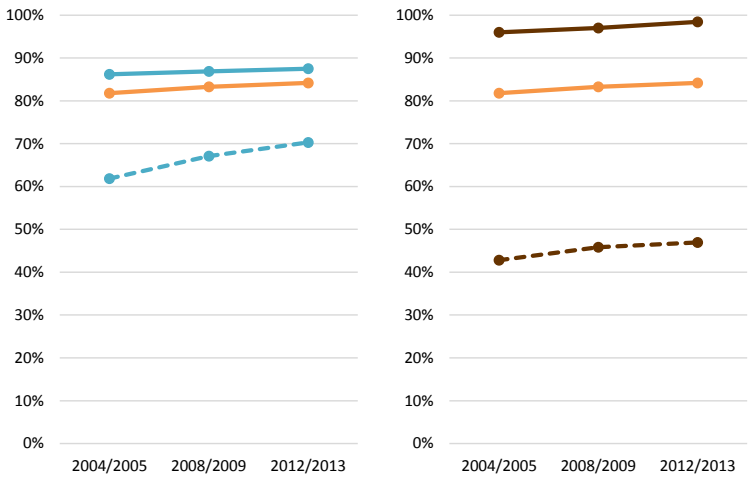
Average Deductibles ($)



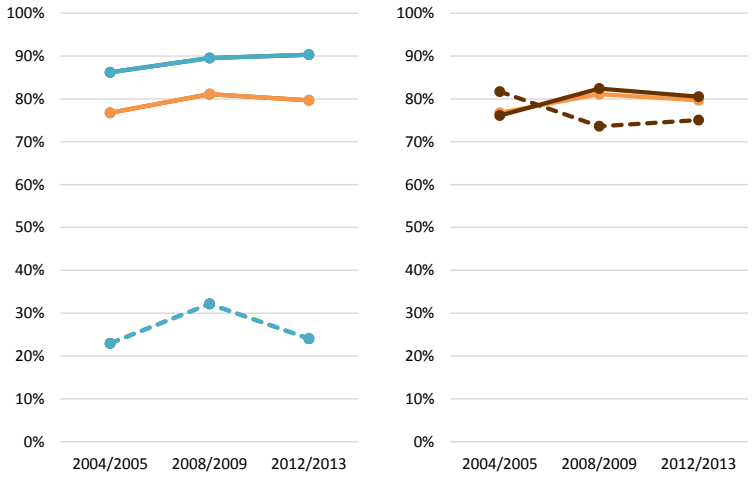
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

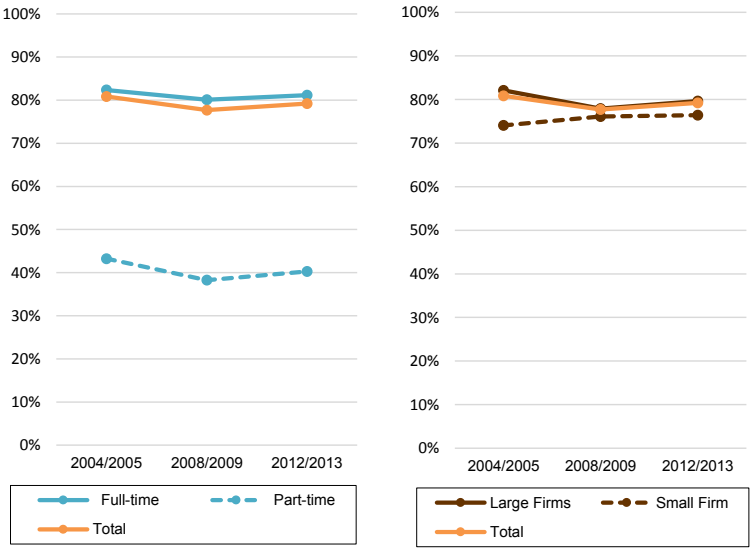
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



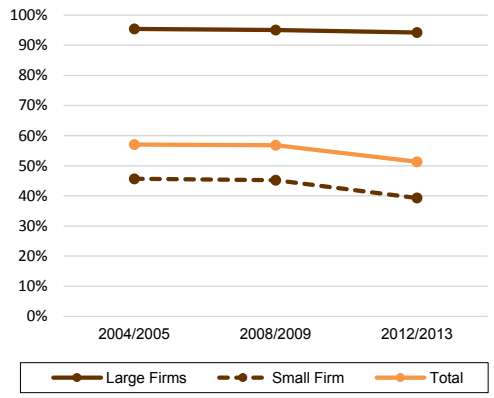
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
California

EMPLOYER OFFERS

Small vs. Large Firm

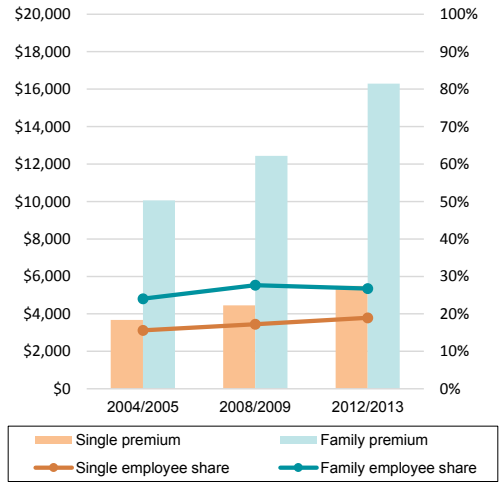
Firms Offering ESI (%)



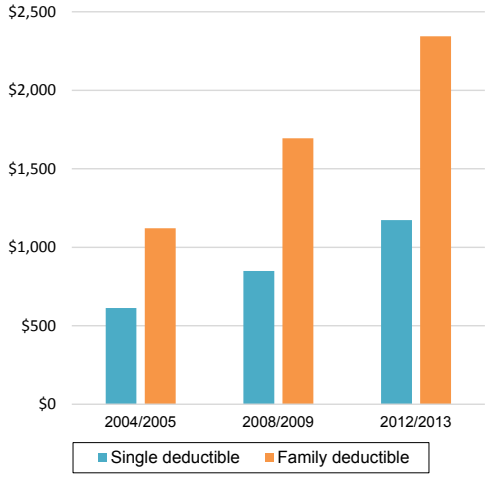
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



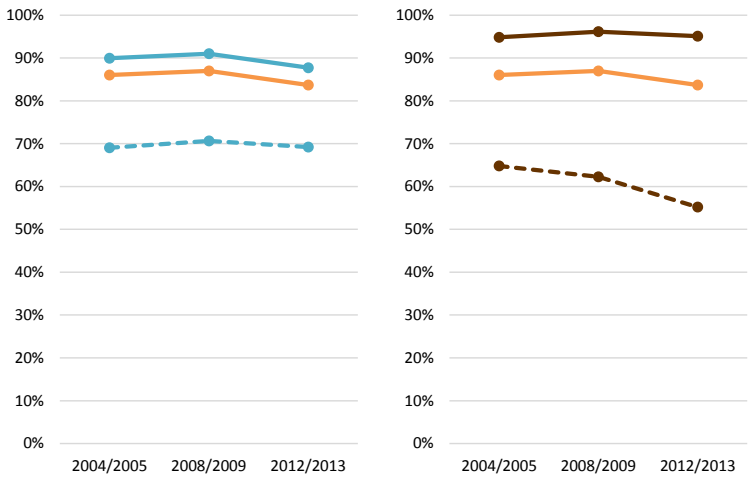
Average Deductibles ($)



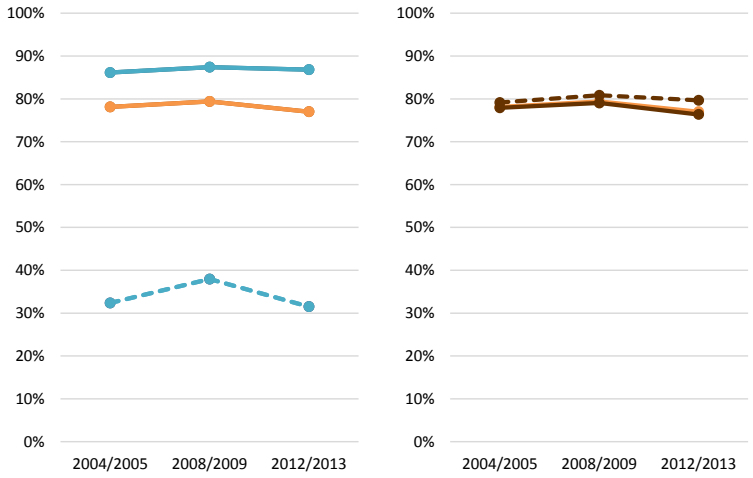
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

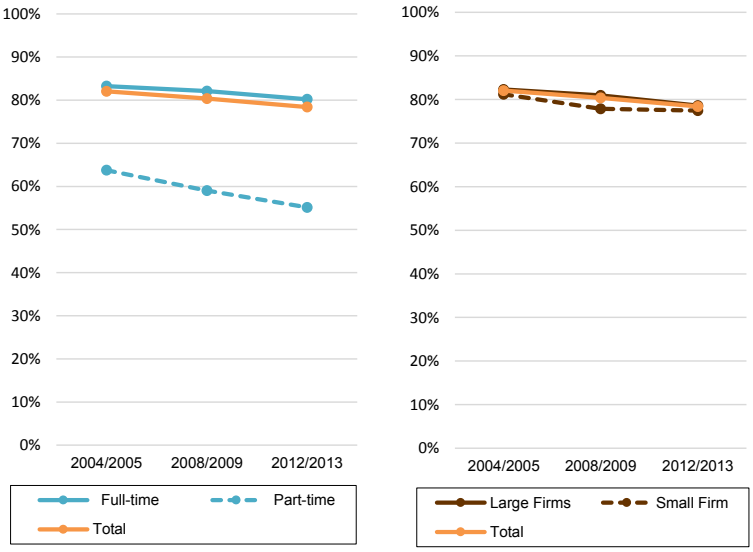
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



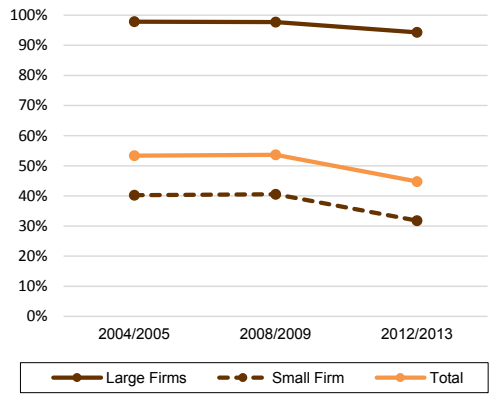
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Colorado

EMPLOYER OFFERS

Small vs. Large Firm

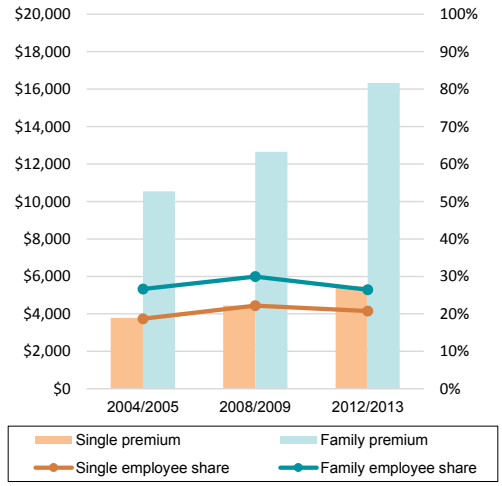
Firms Offering ESI (%)



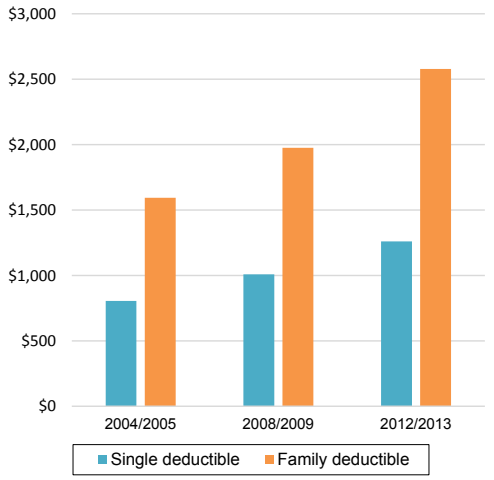
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



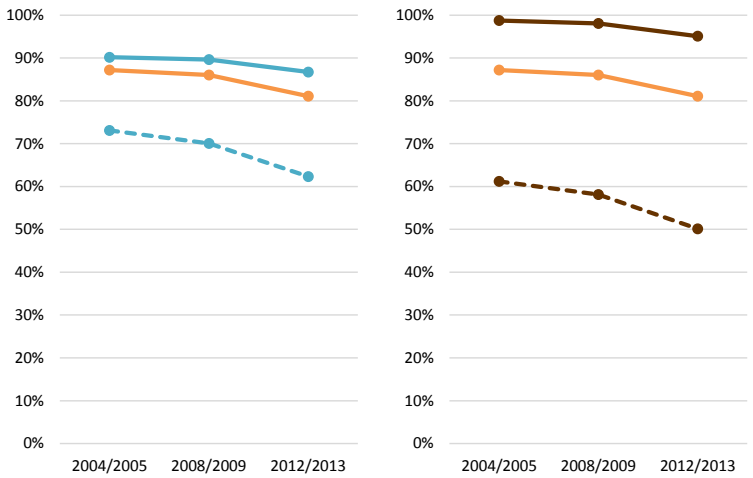
Average Deductibles ($)



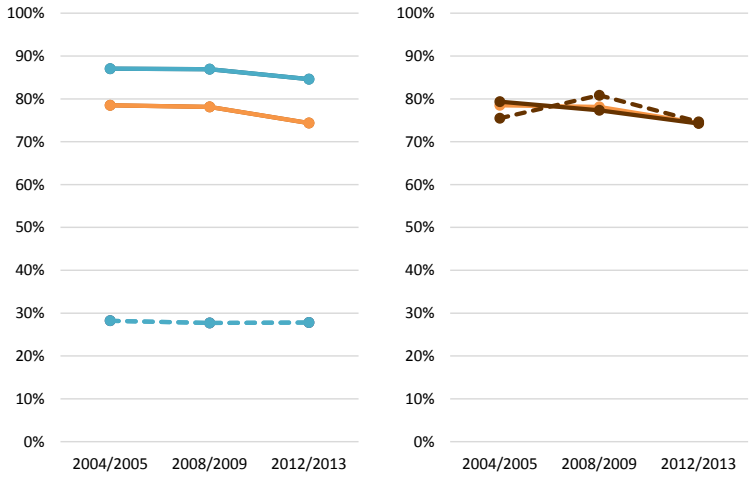
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

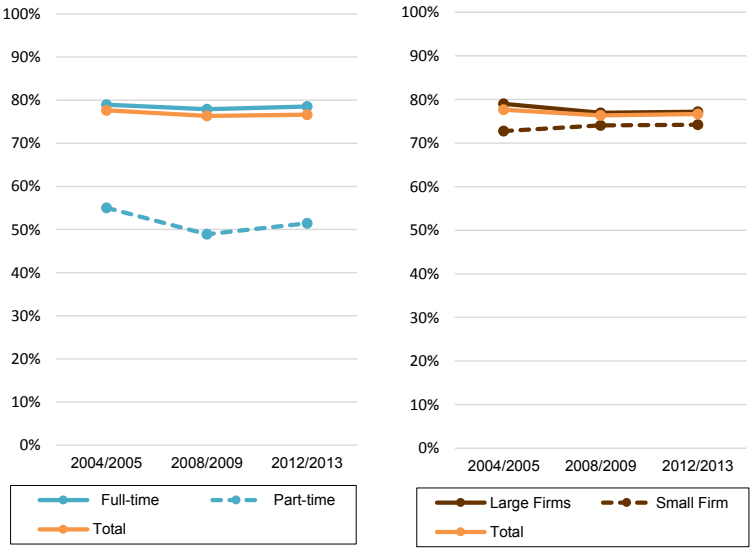
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Connecticut

EMPLOYER OFFERS

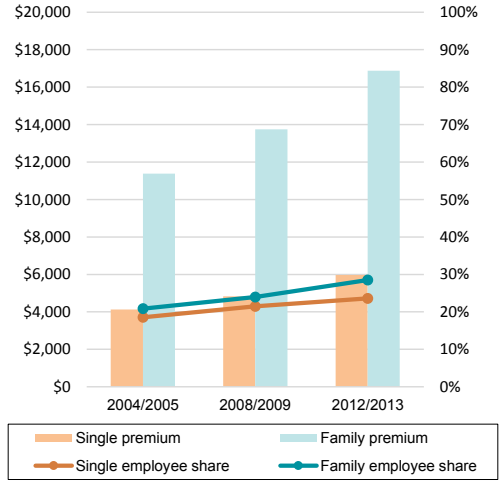
Small vs. Large Firm

Firms Offering ESI (%)

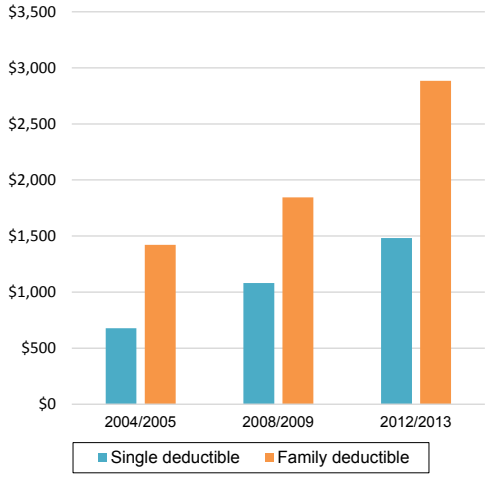
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



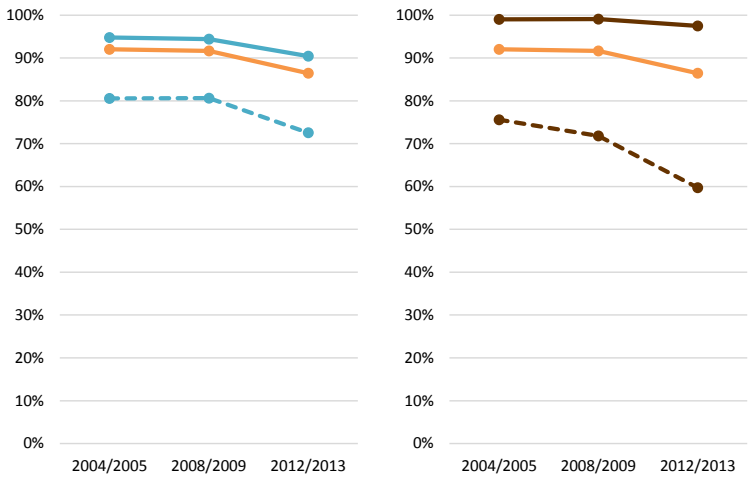
Average Deductibles ($)



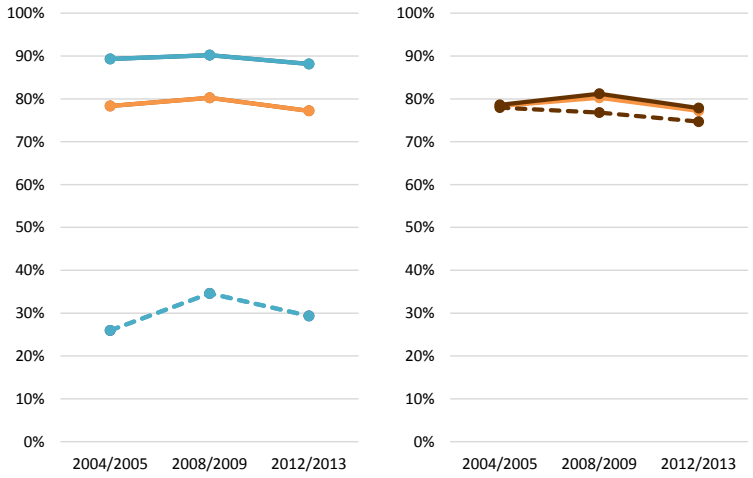
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

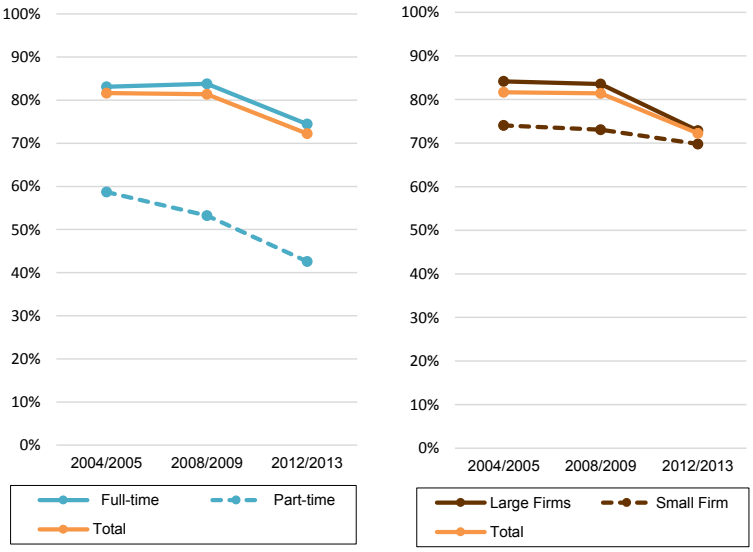
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Delaware

EMPLOYER OFFERS

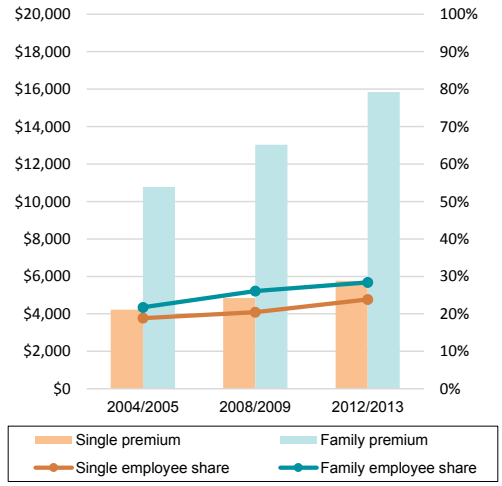
Small vs. Large Firm

Firms Offering ESI (%)

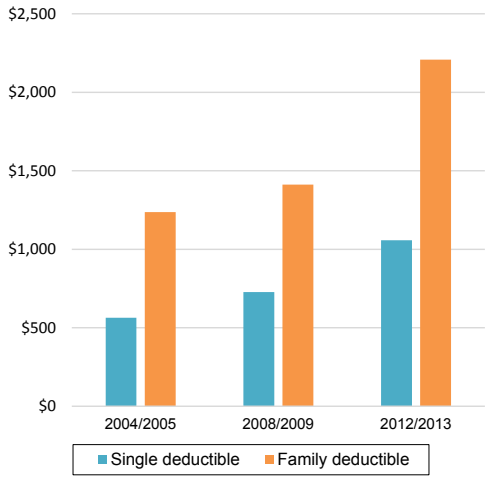
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



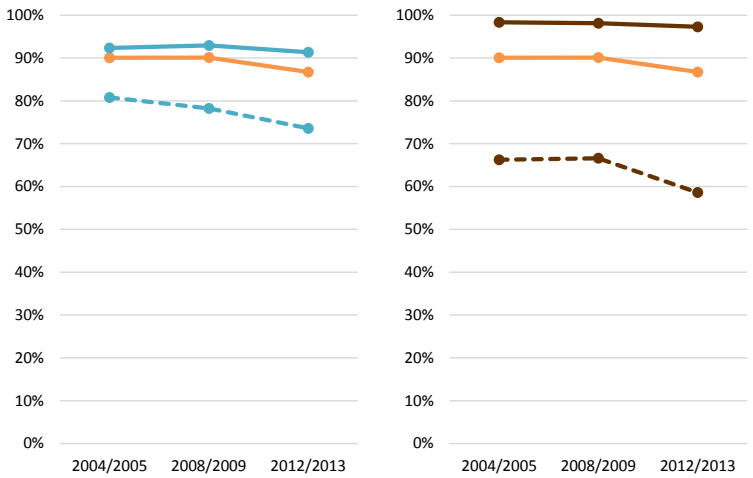
Average Deductibles ($)



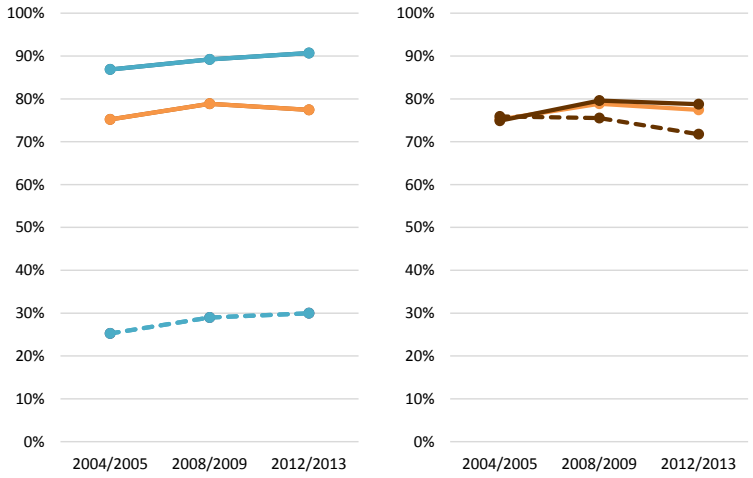
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

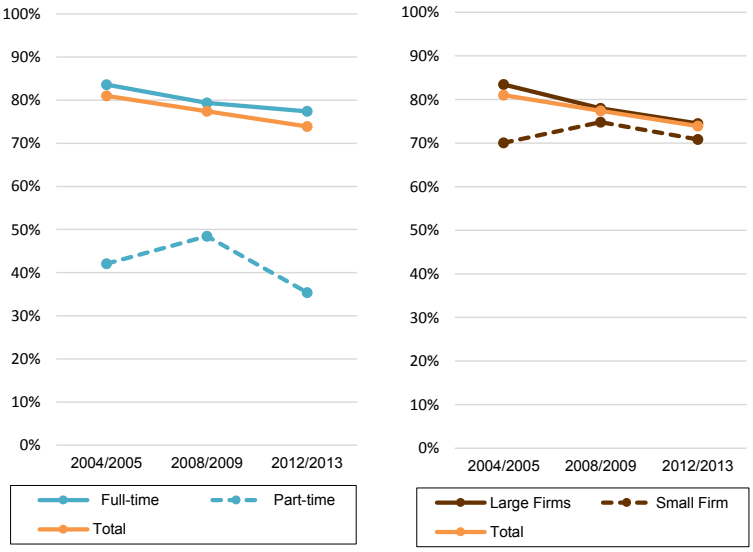
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



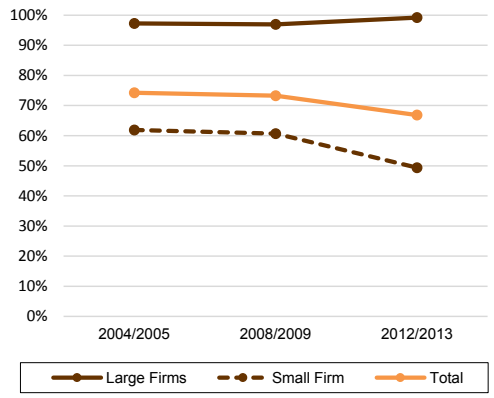
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
District of Columbia

EMPLOYER OFFERS

Small vs. Large Firm

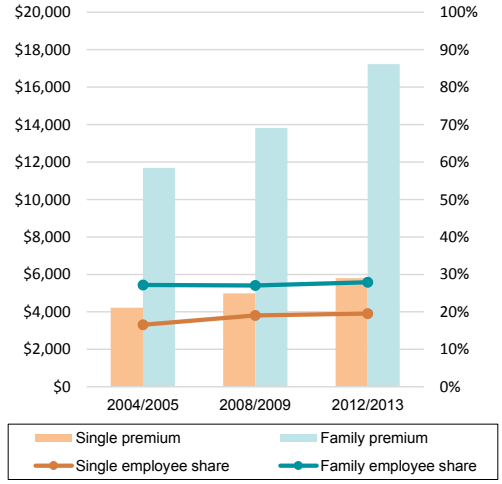
Firms Offering ESI (%)



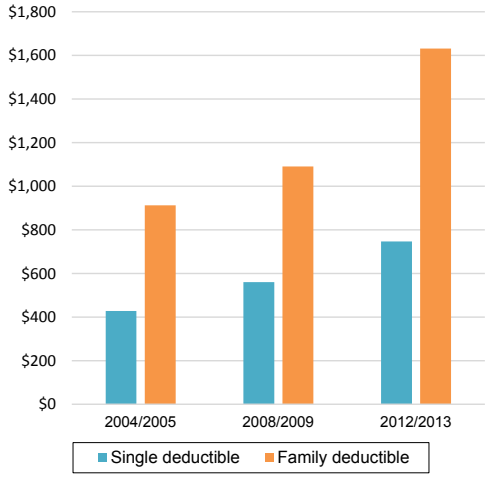
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



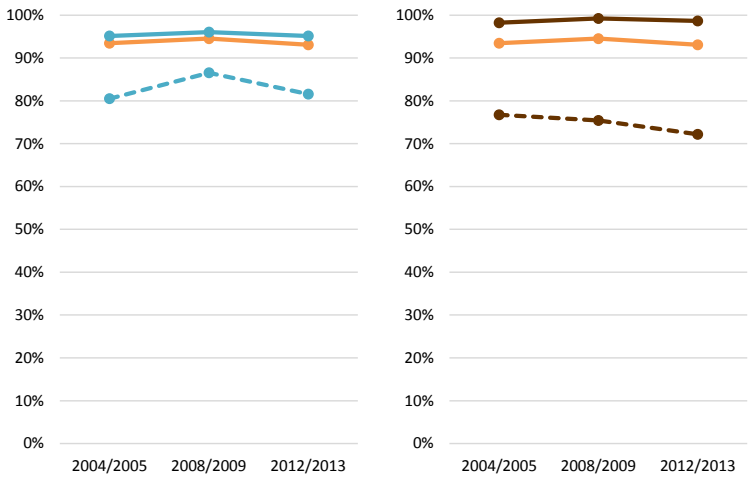
Average Deductibles ($)



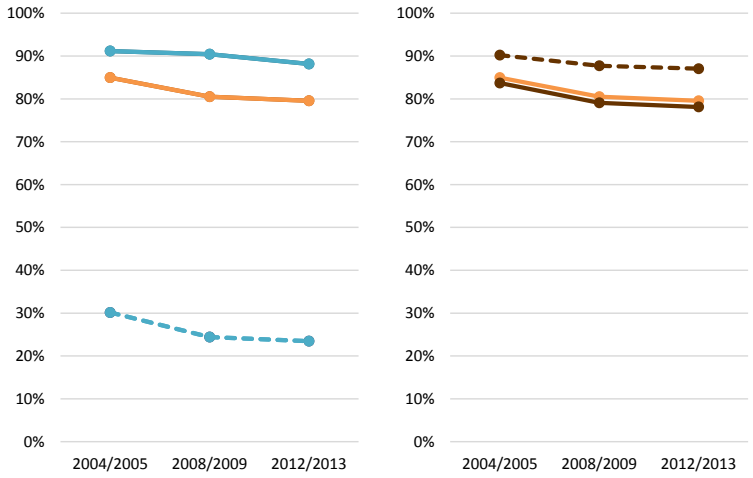
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

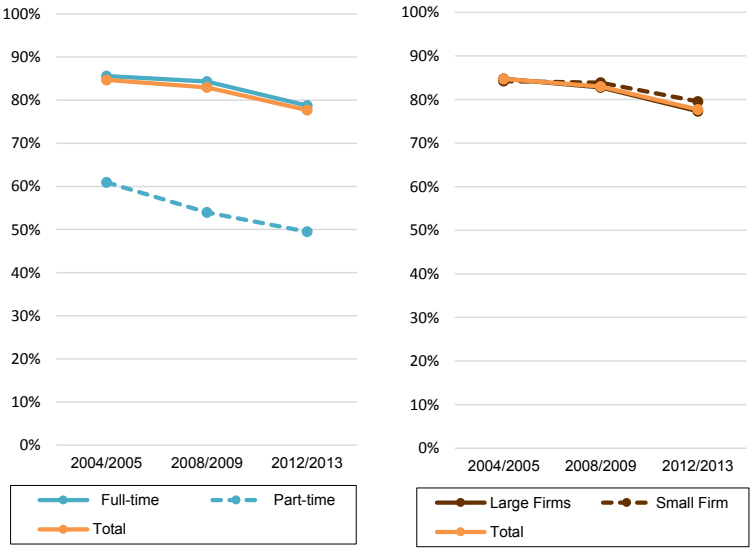
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



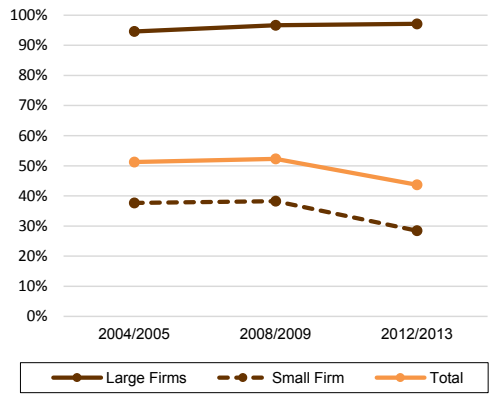
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Florida

EMPLOYER OFFERS

Small vs. Large Firm

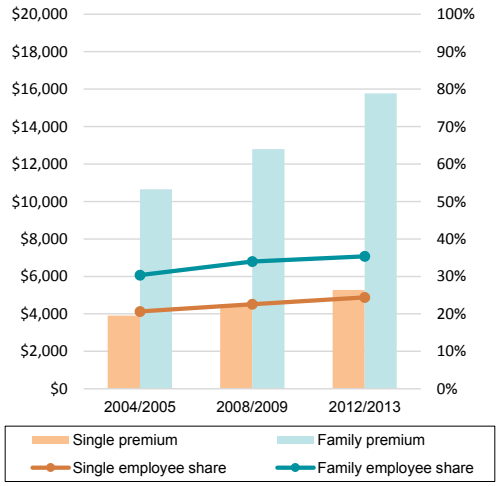
Firms Offering ESI (%)



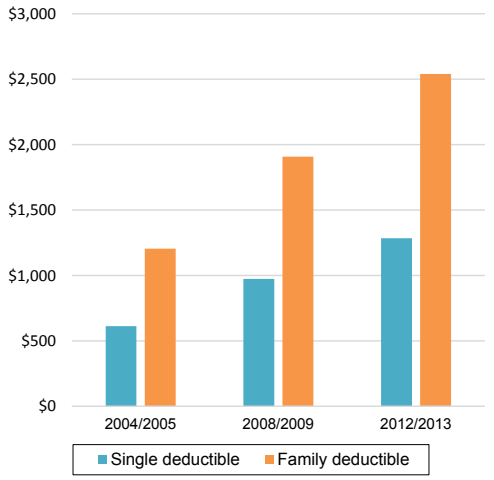
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



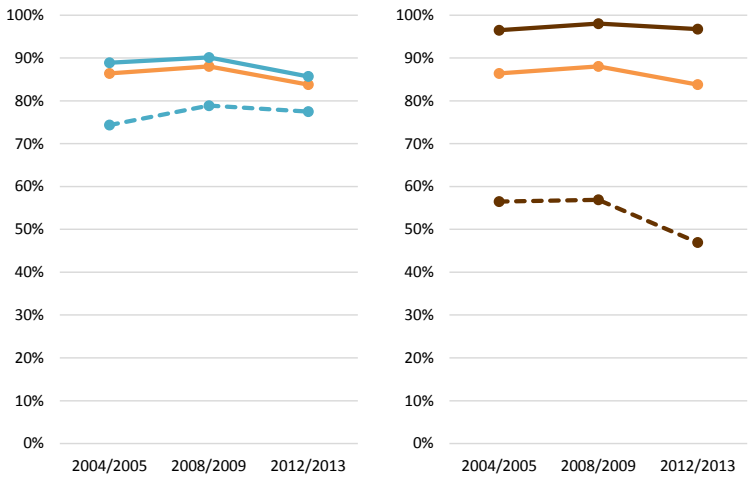
Average Deductibles ($)



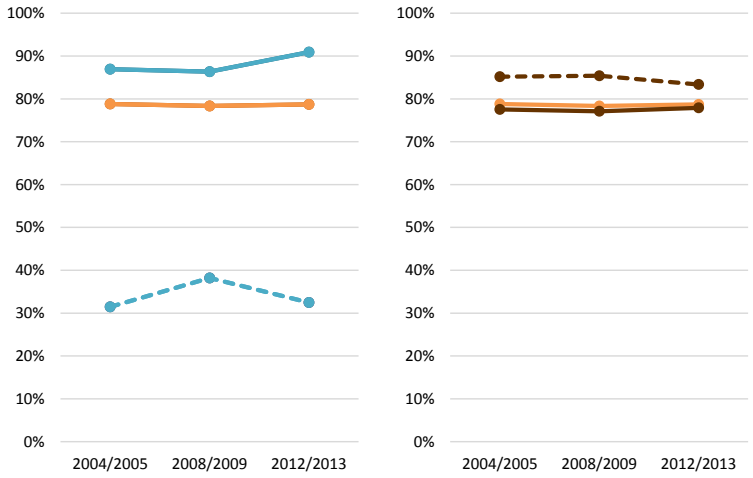
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

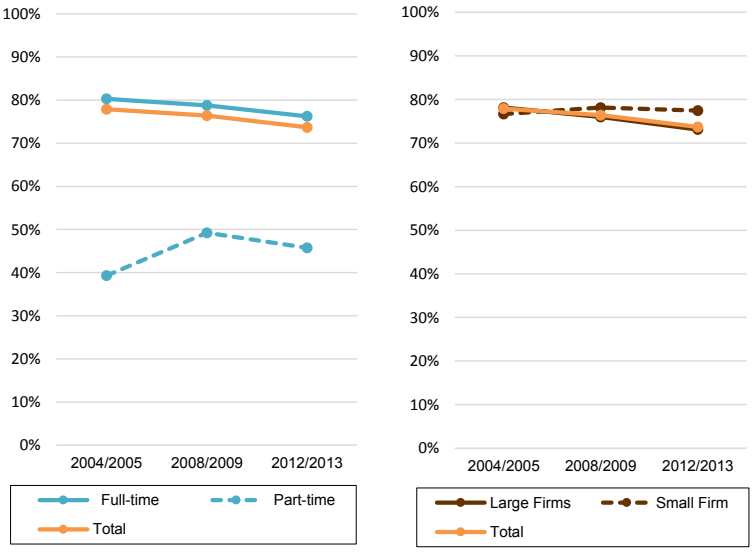
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Georgia

EMPLOYER OFFERS

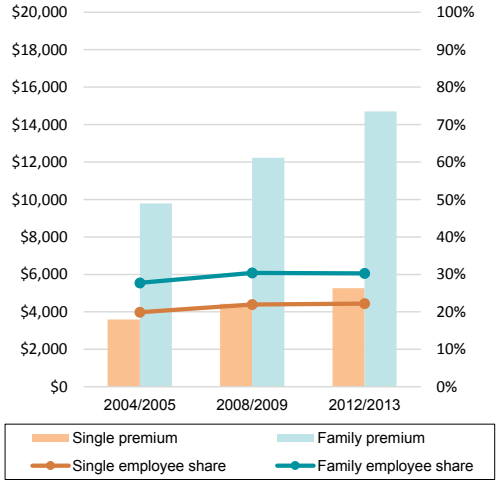
Small vs. Large Firm

Firms Offering ESI (%)

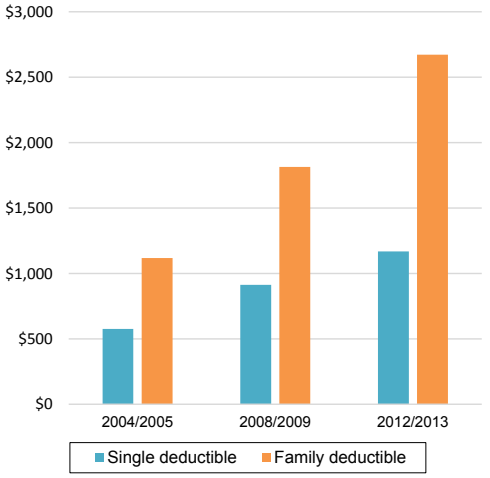
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



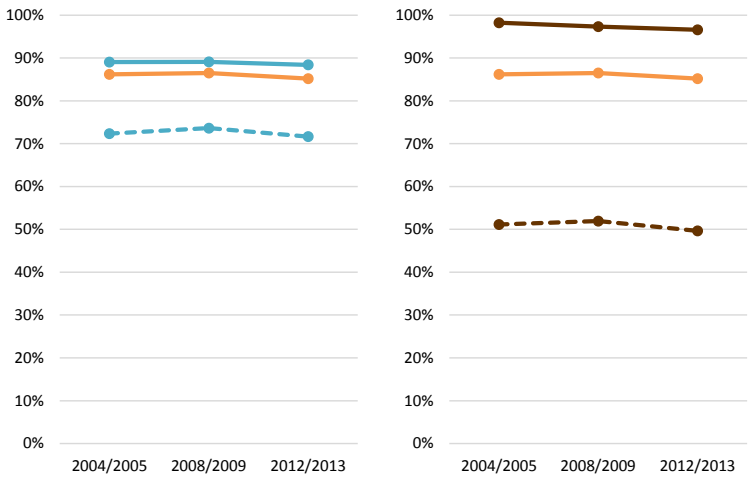
Average Deductibles ($)



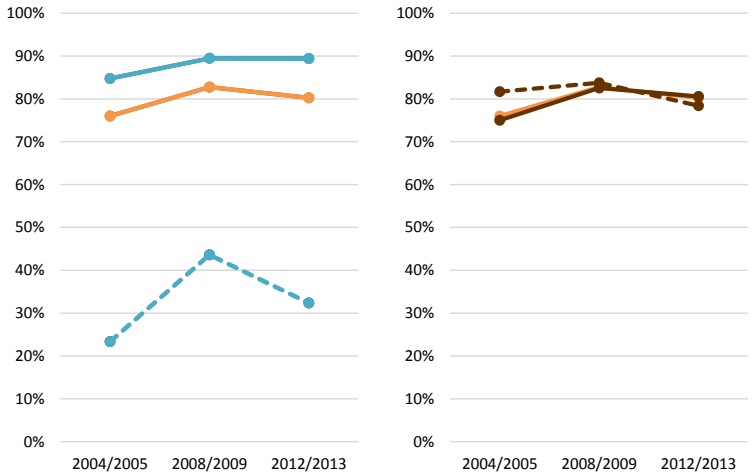
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

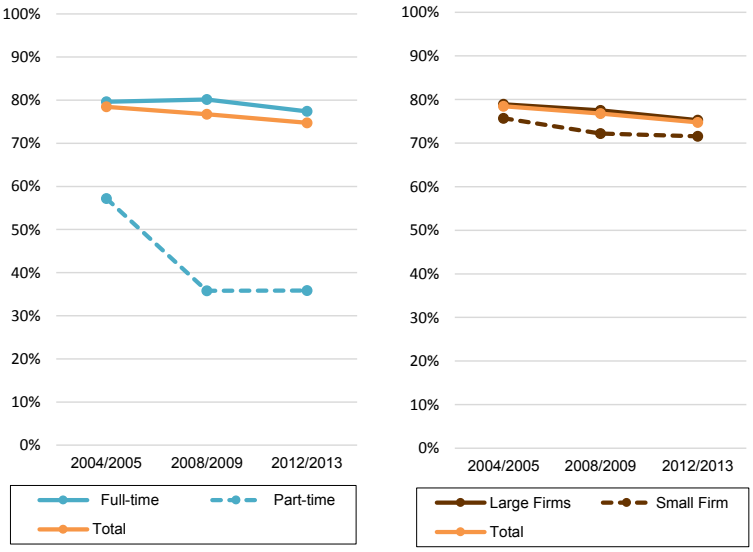
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



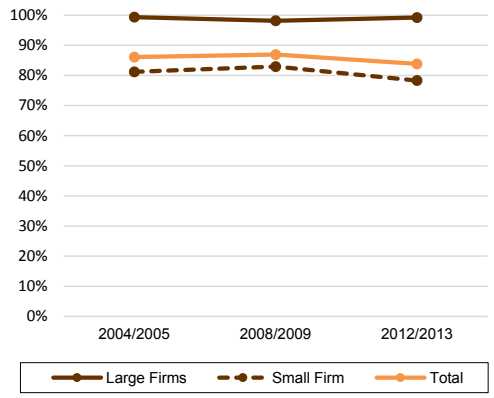
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Hawaii

EMPLOYER OFFERS

Small vs. Large Firm

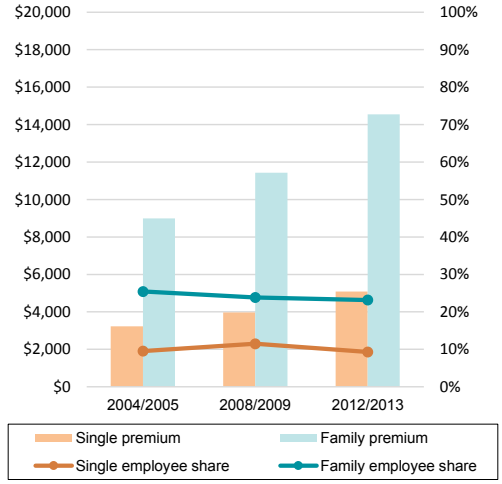
Firms Offering ESI (%)



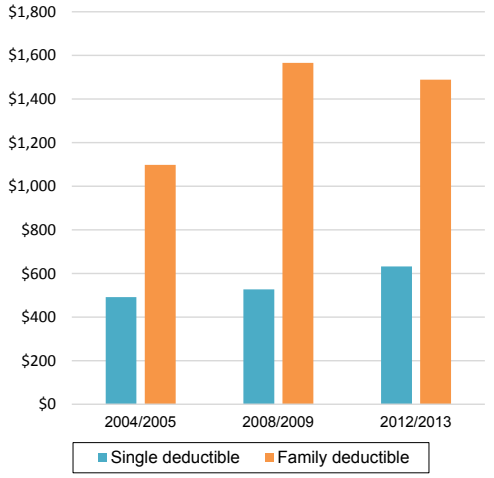
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



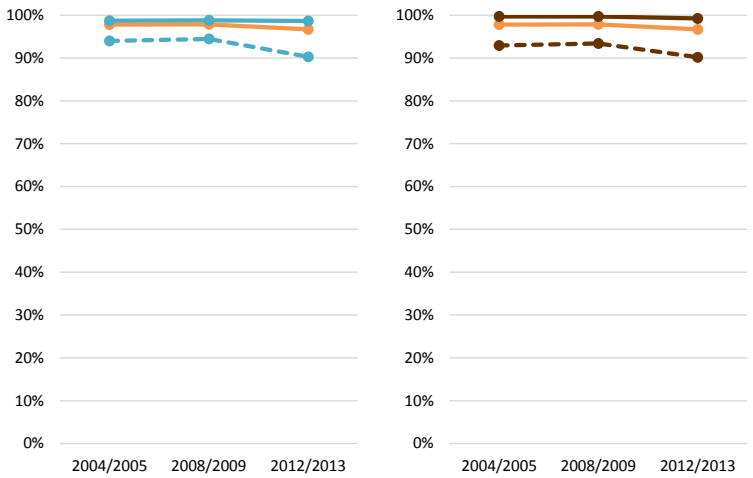
Average Deductibles ($)



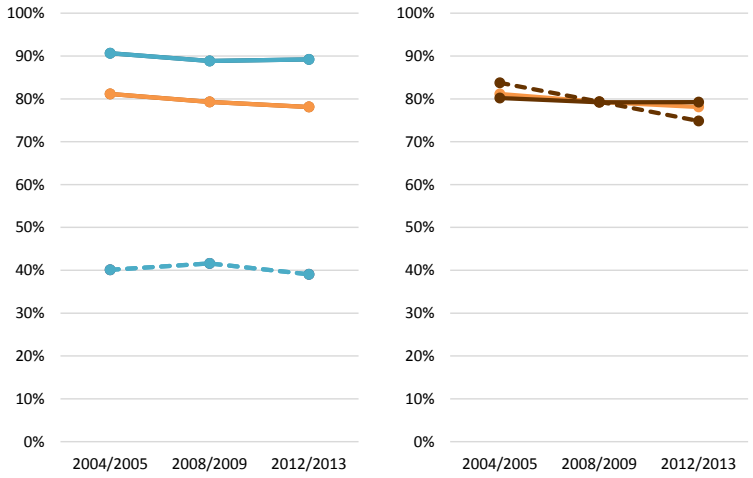
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

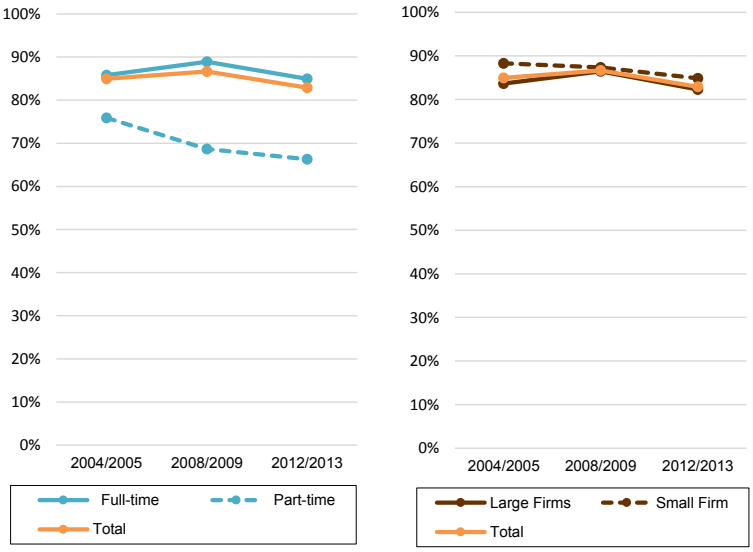
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



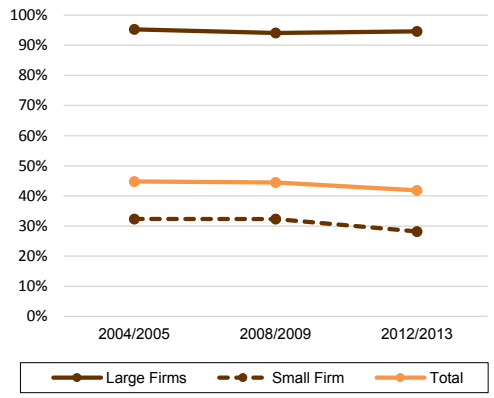
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Idaho

EMPLOYER OFFERS

Small vs. Large Firm

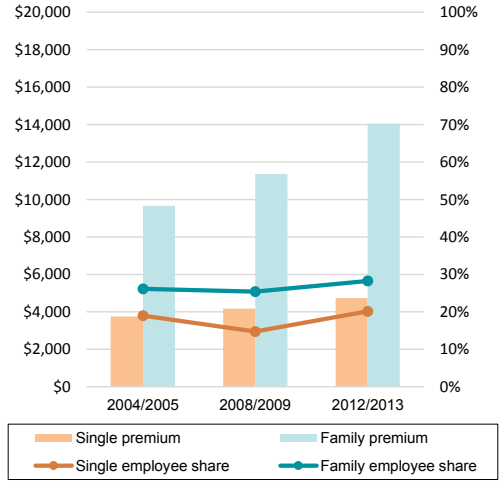
Firms Offering ESI (%)



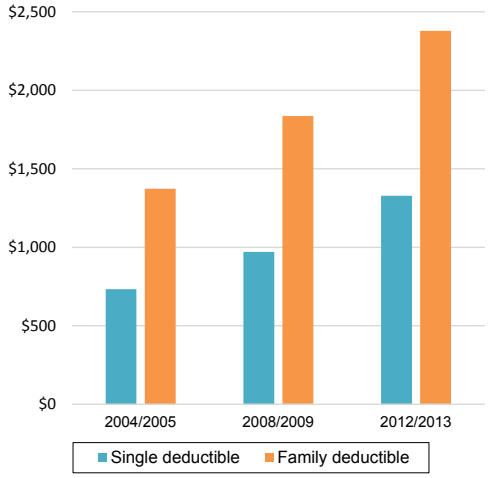
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



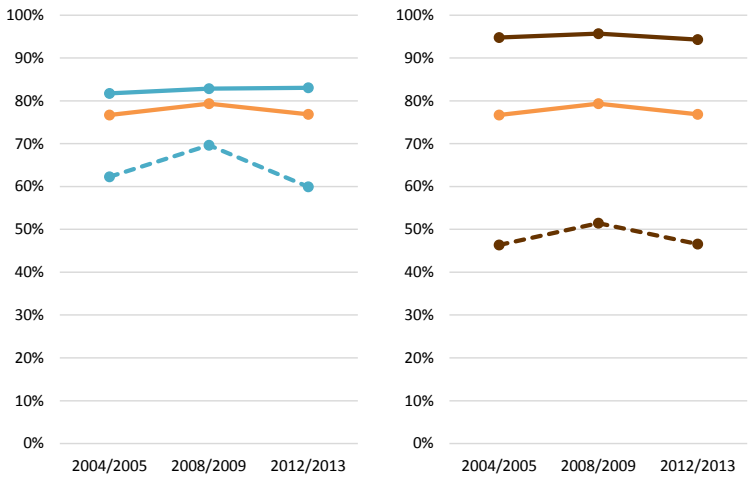
Average Deductibles ($)



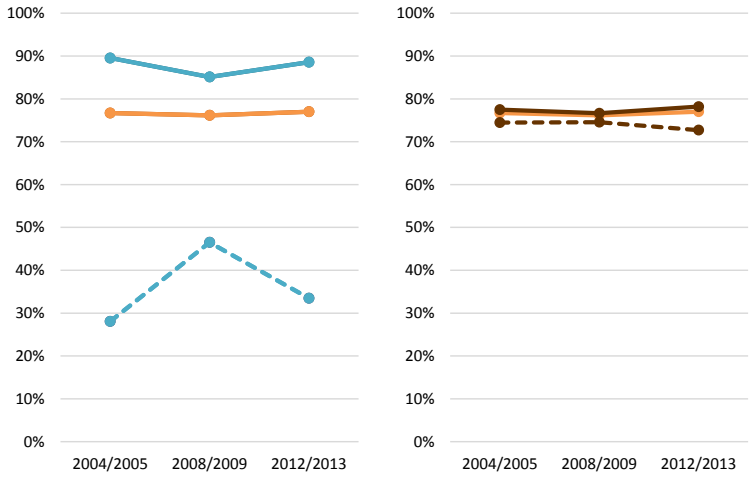
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

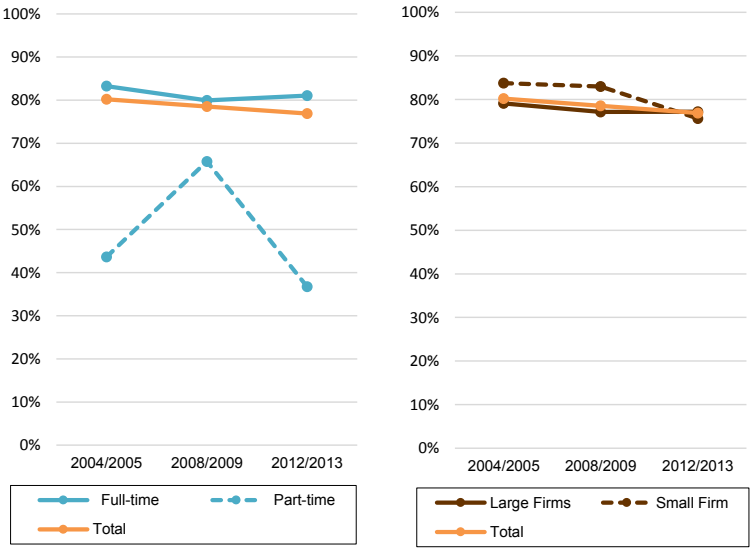
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



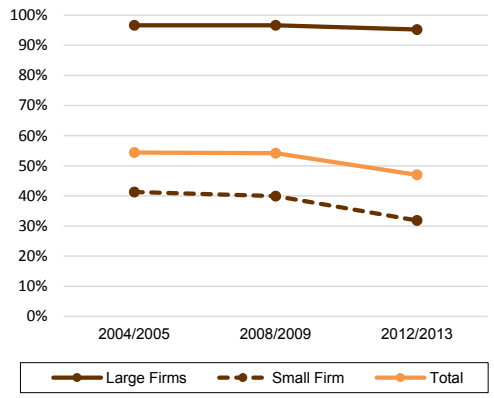
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Illinois

EMPLOYER OFFERS

Small vs. Large Firm

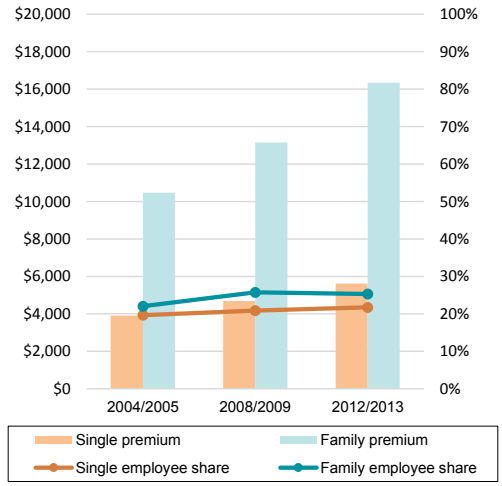
Firms Offering ESI (%)



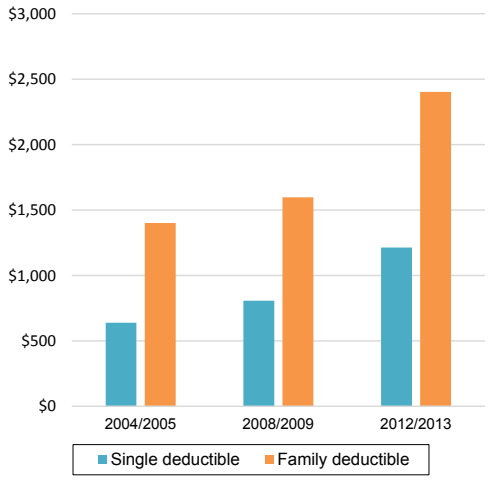
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



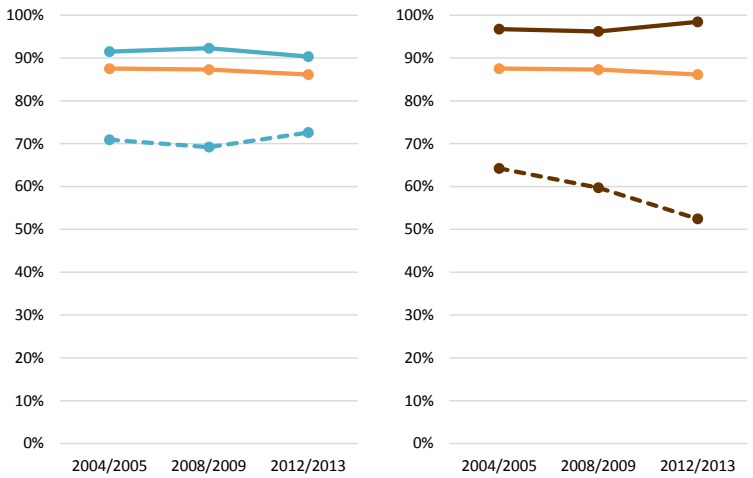
Average Deductibles ($)



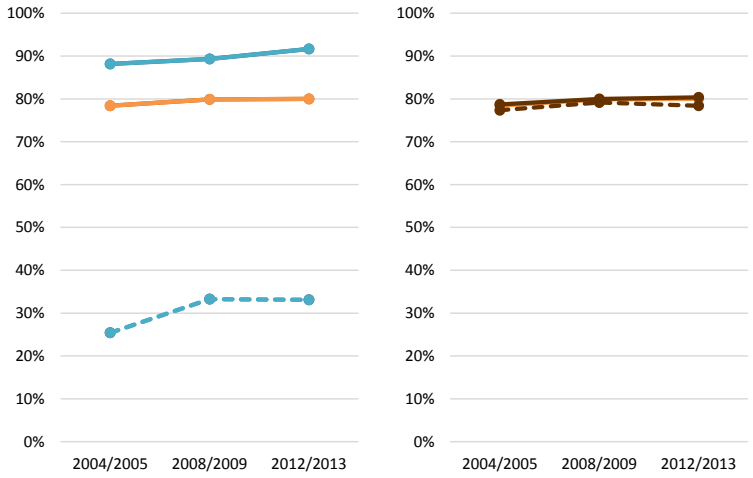
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

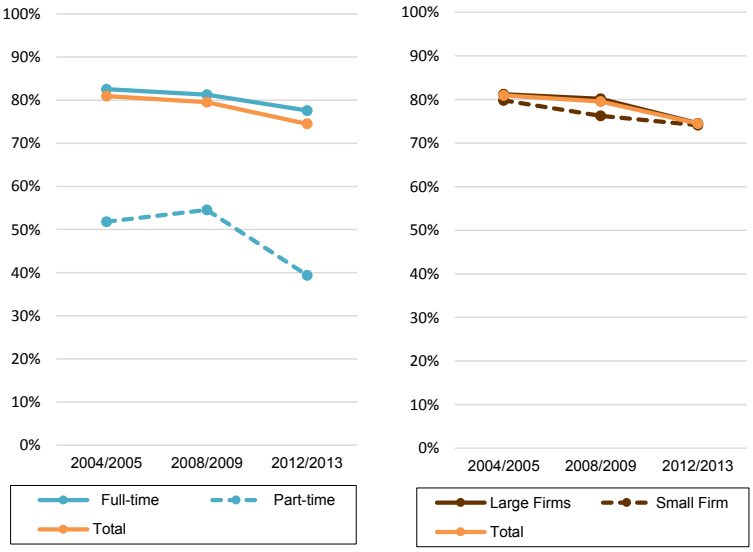
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



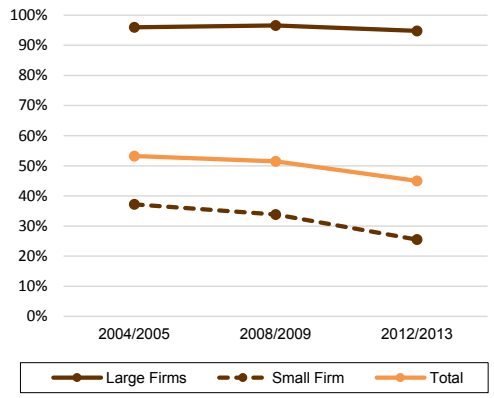
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Indiana

EMPLOYER OFFERS

Small vs. Large Firm

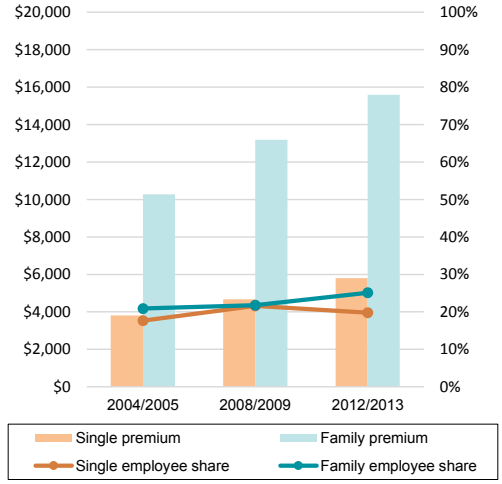
Firms Offering ESI (%)



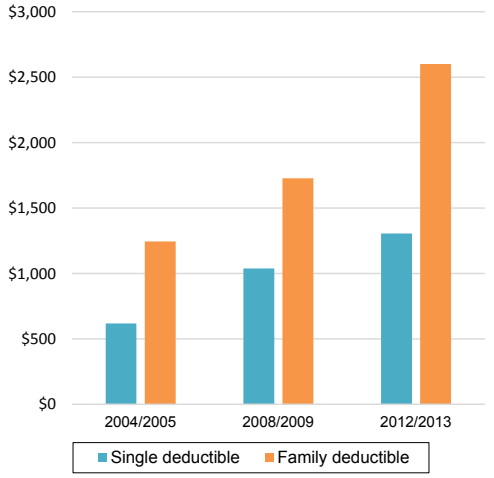
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



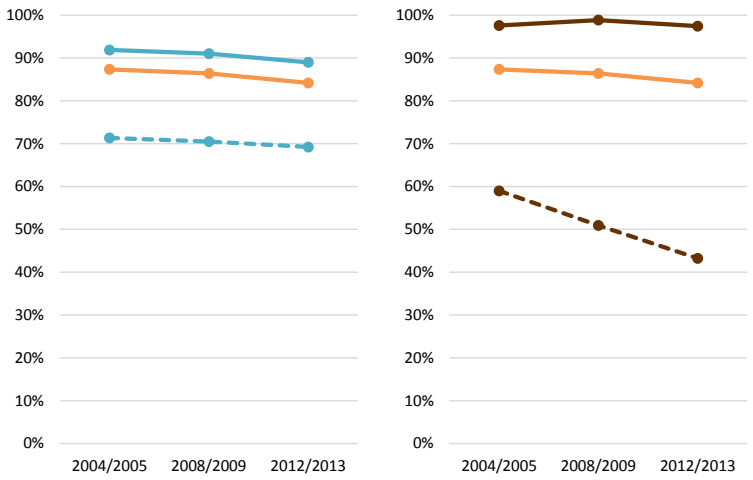
Average Deductibles ($)



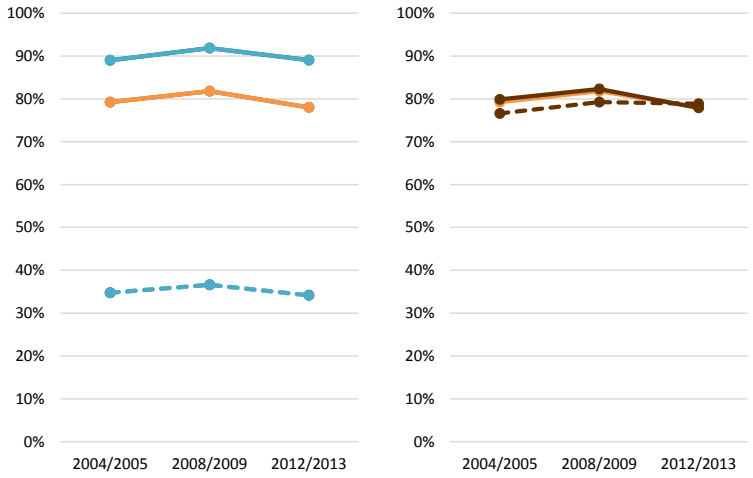
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

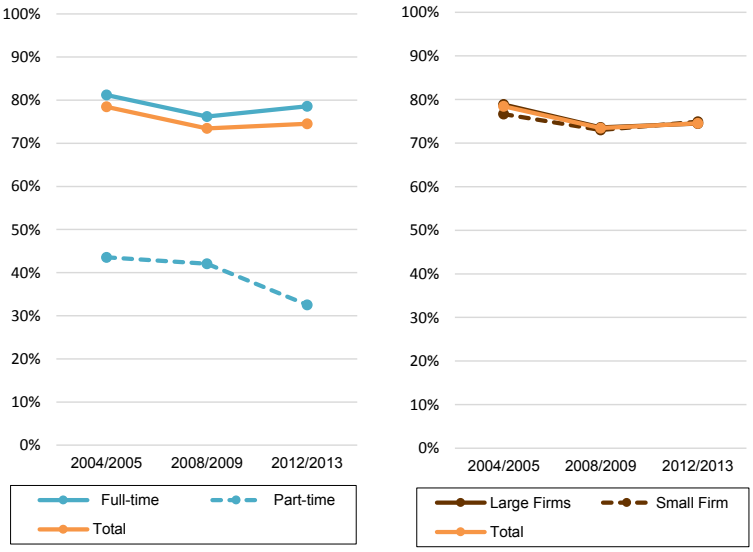
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



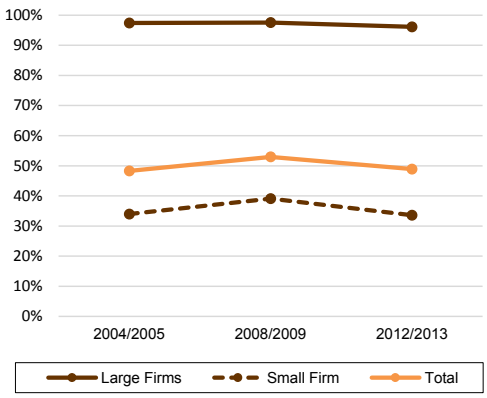
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Iowa

EMPLOYER OFFERS

Small vs. Large Firm

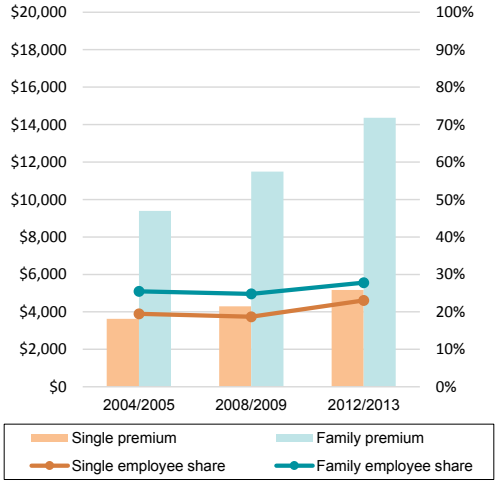
Firms Offering ESI (%)



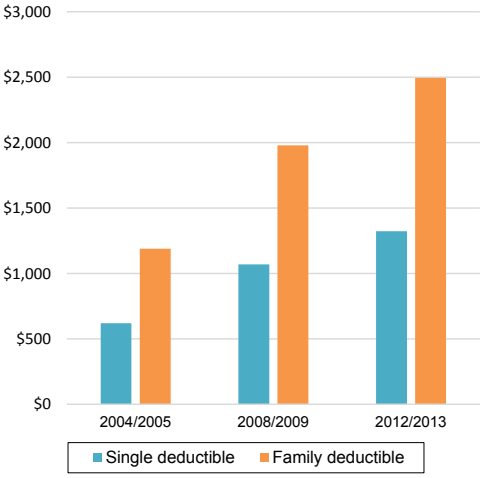
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



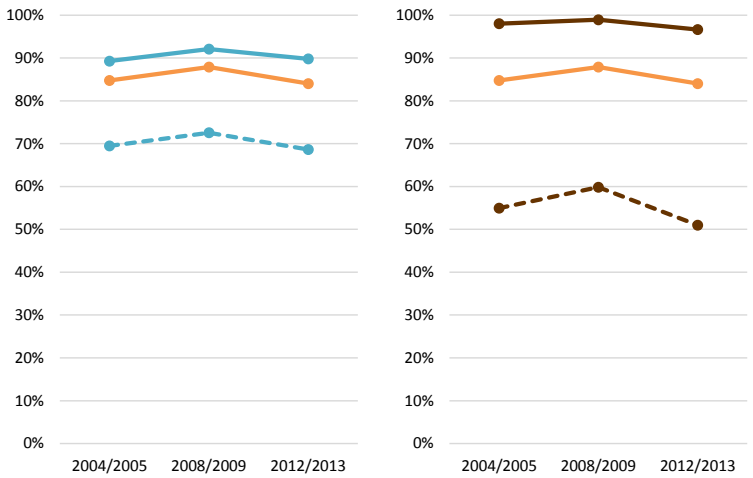
Average Deductibles ($)



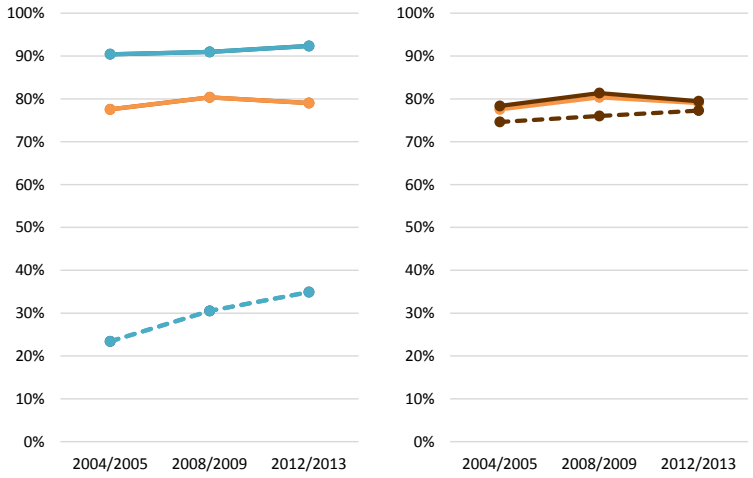
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

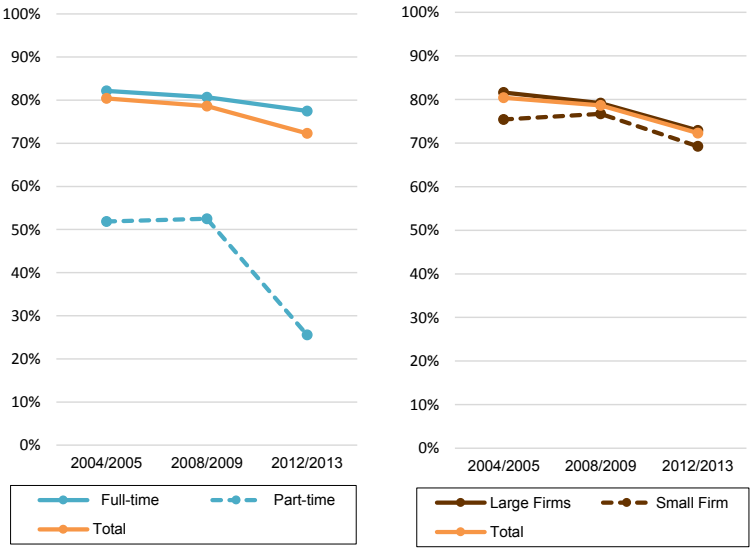
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



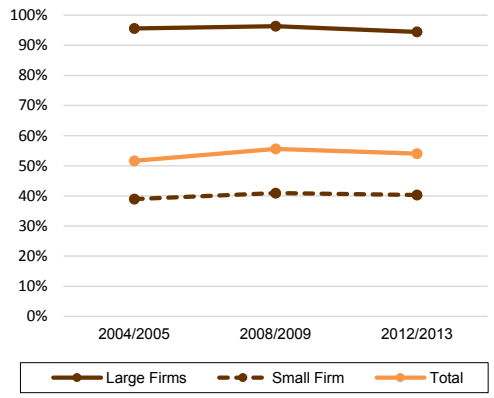
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Kansas

EMPLOYER OFFERS

Small vs. Large Firm

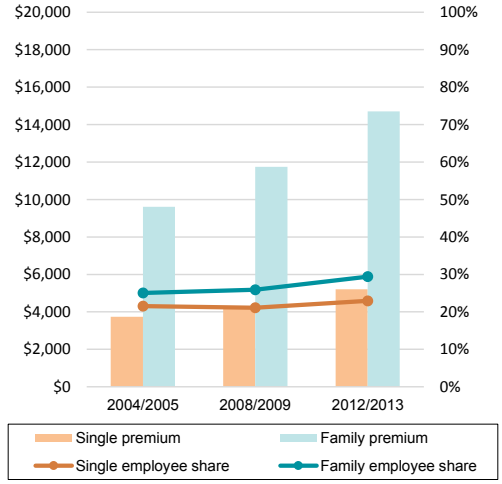
Firms Offering ESI (%)



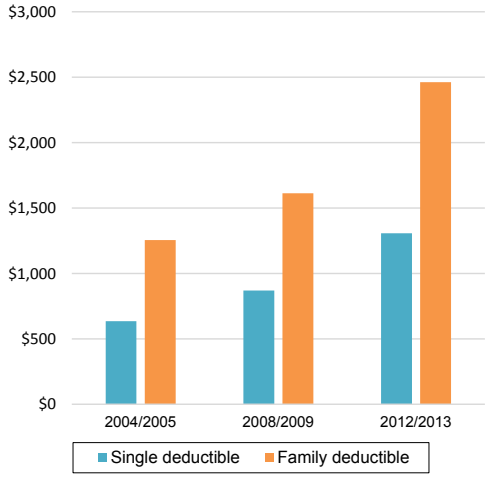
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



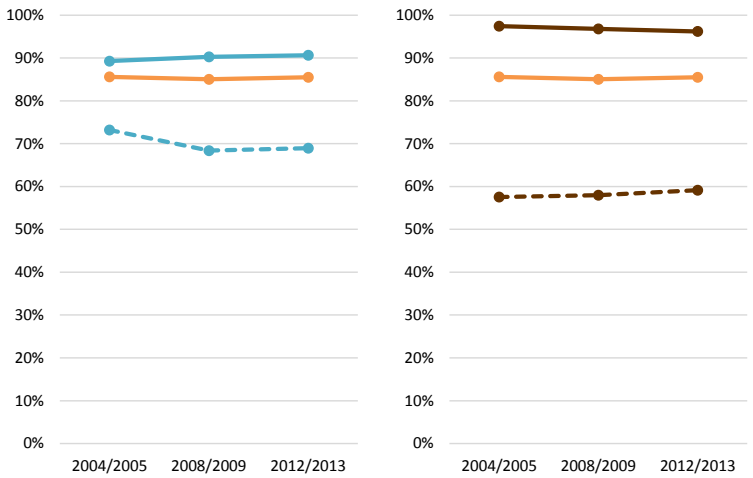
Average Deductibles ($)



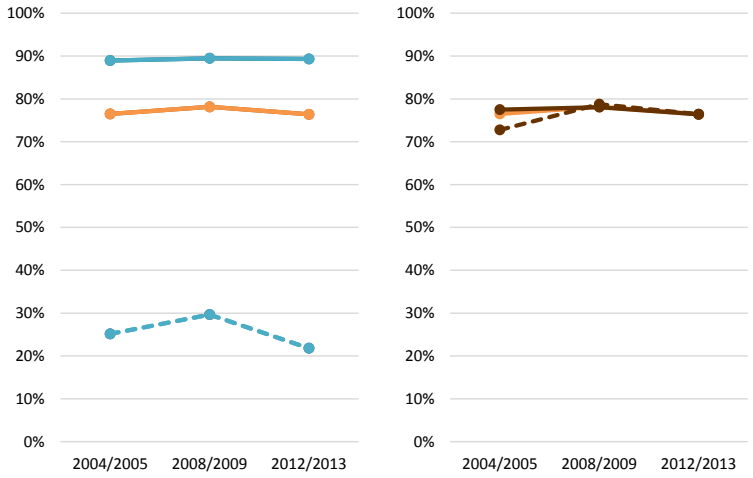
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

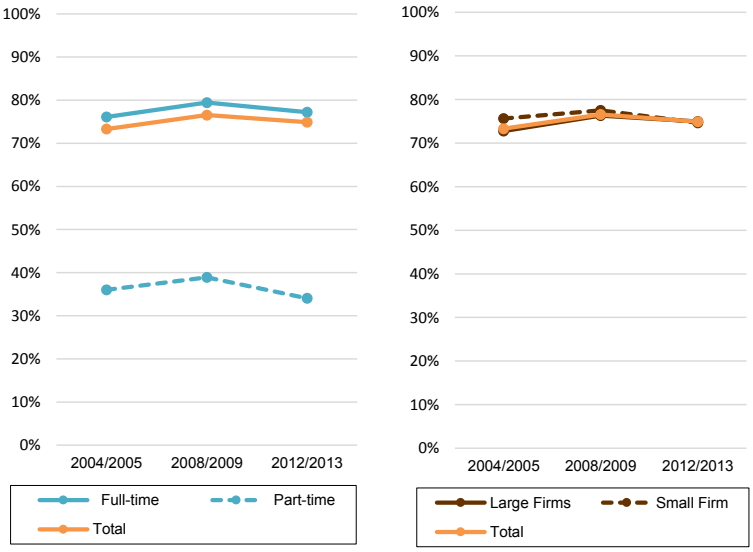
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



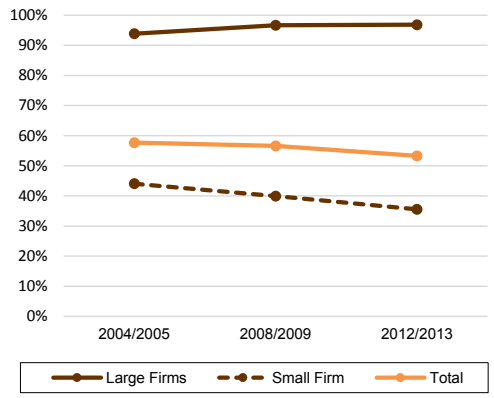
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Kentucky

EMPLOYER OFFERS

Small vs. Large Firm

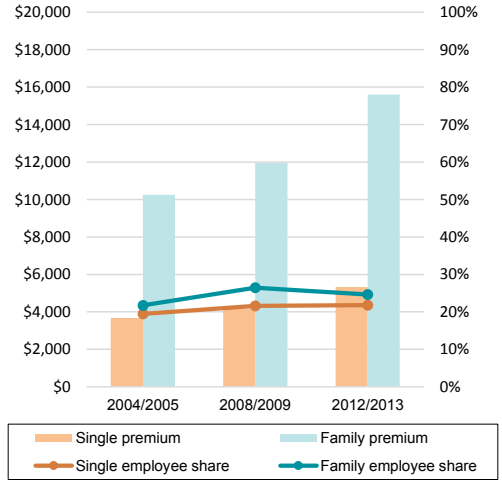
Firms Offering ESI (%)



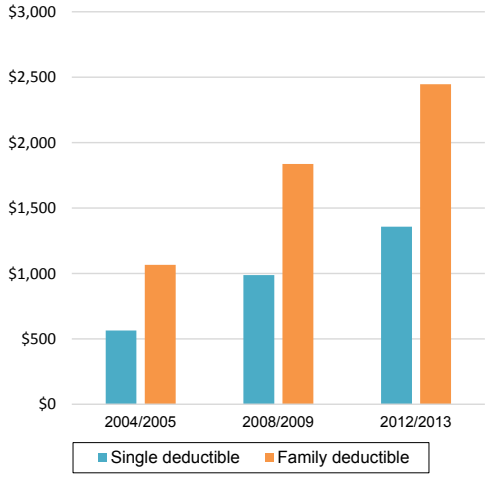
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



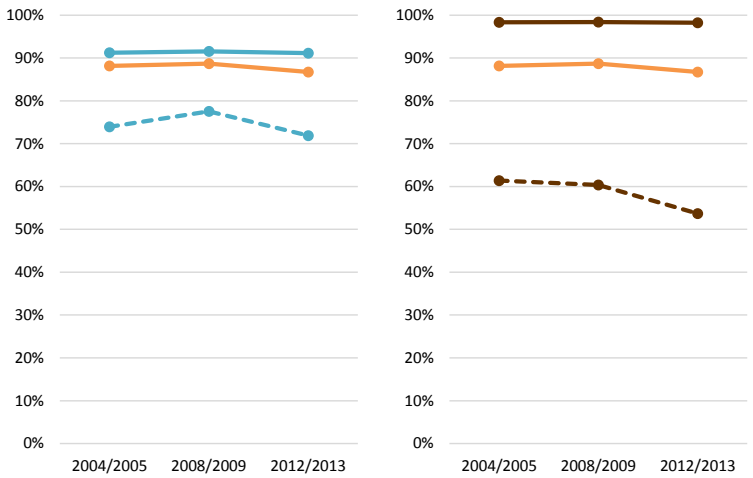
Average Deductibles ($)



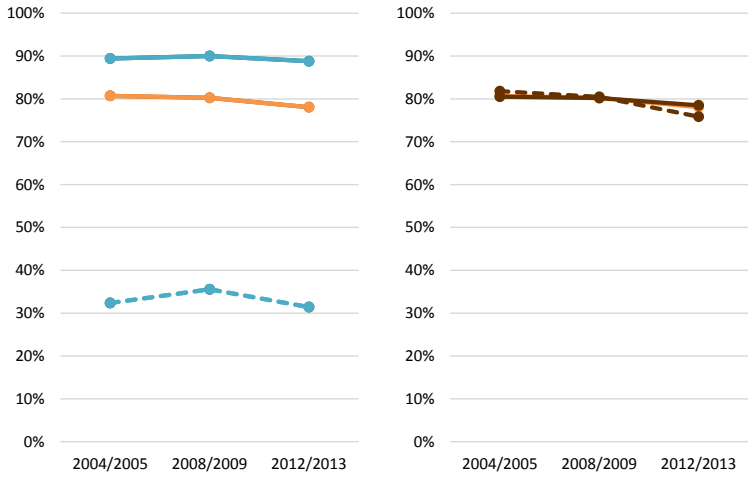
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

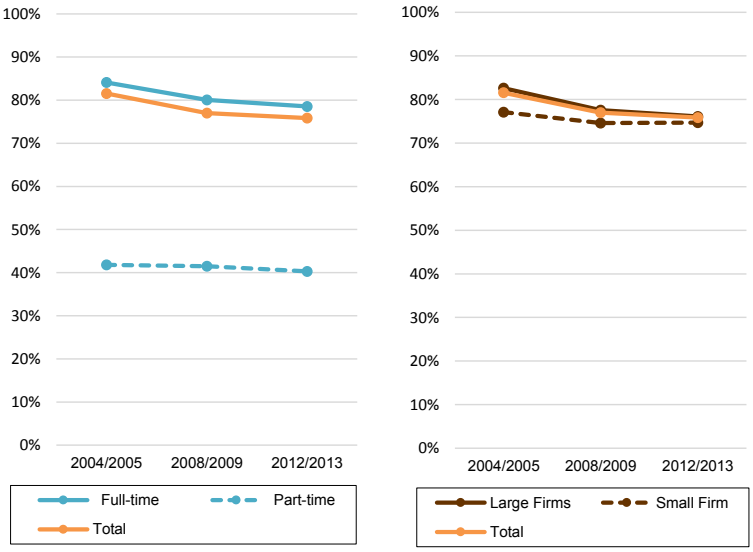
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



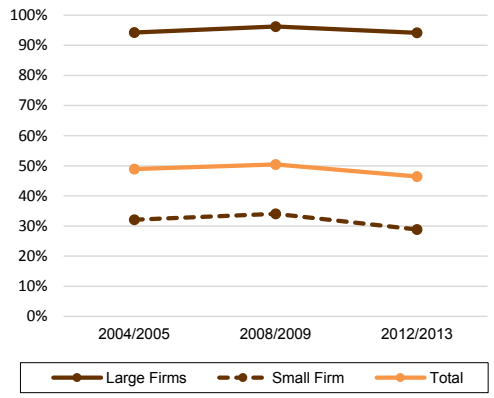
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Louisiana

EMPLOYER OFFERS

Small vs. Large Firm

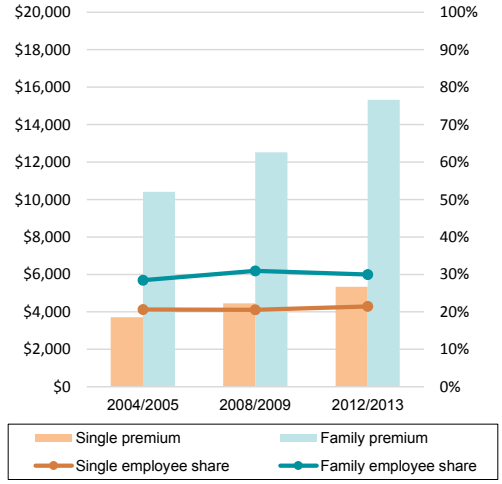
Firms Offering ESI (%)



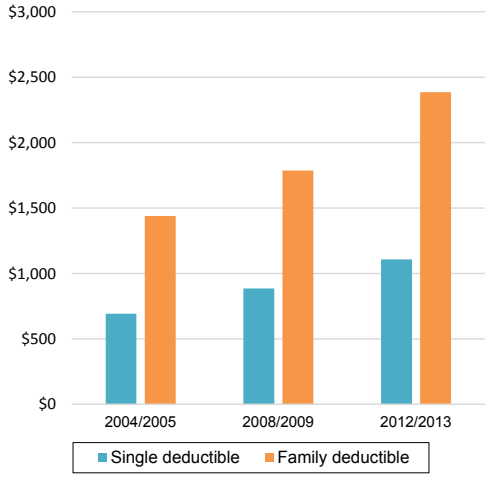
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



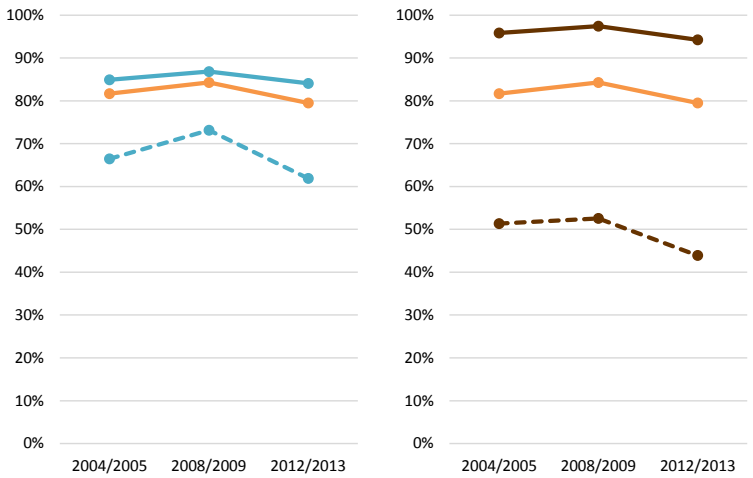
Average Deductibles ($)



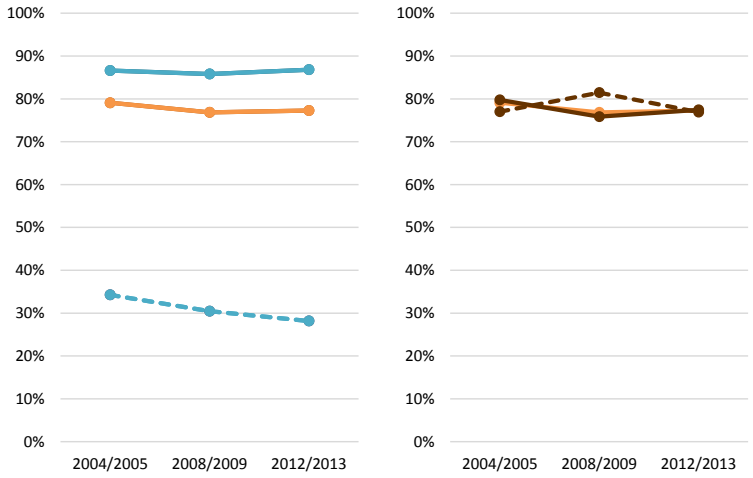
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

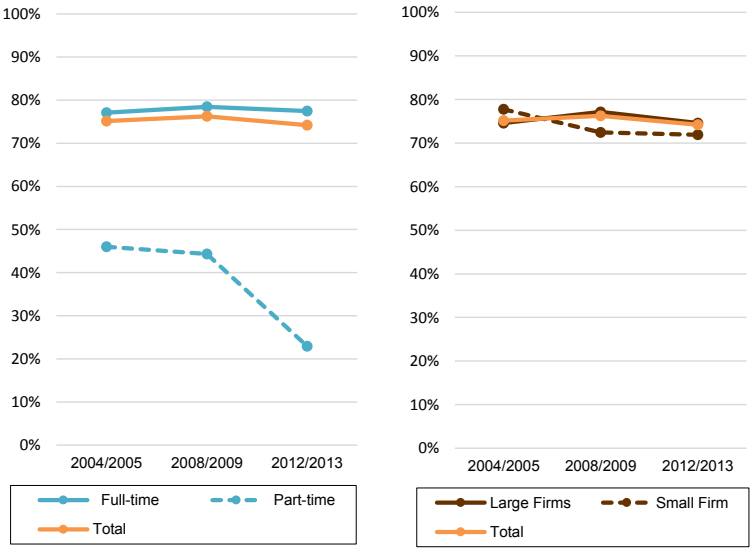
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



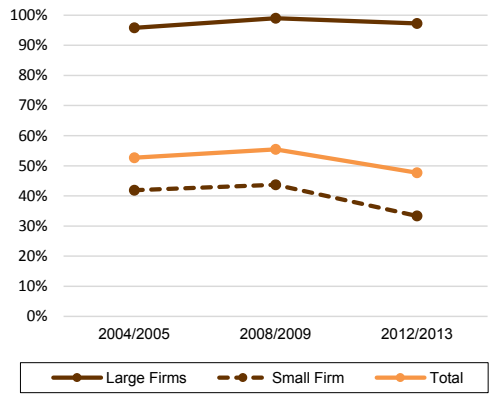
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Maine

EMPLOYER OFFERS

Small vs. Large Firm

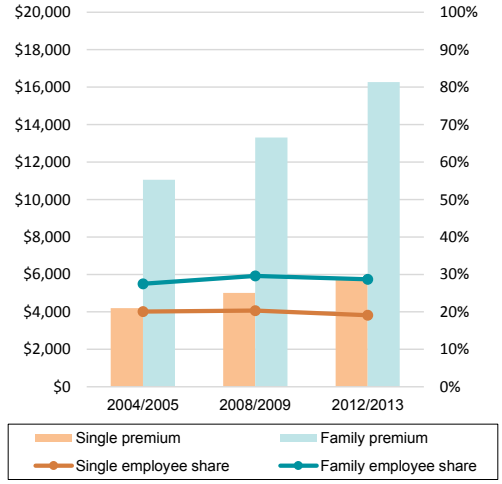
Firms Offering ESI (%)



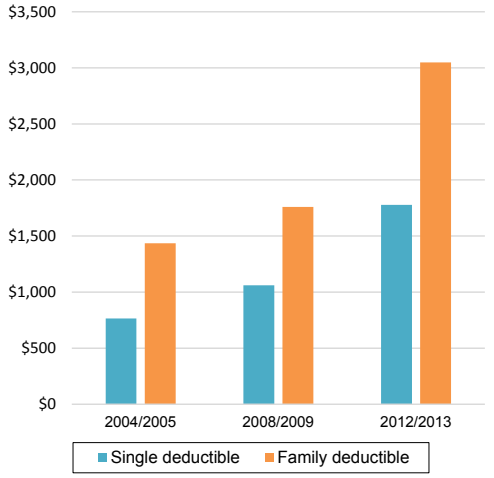
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



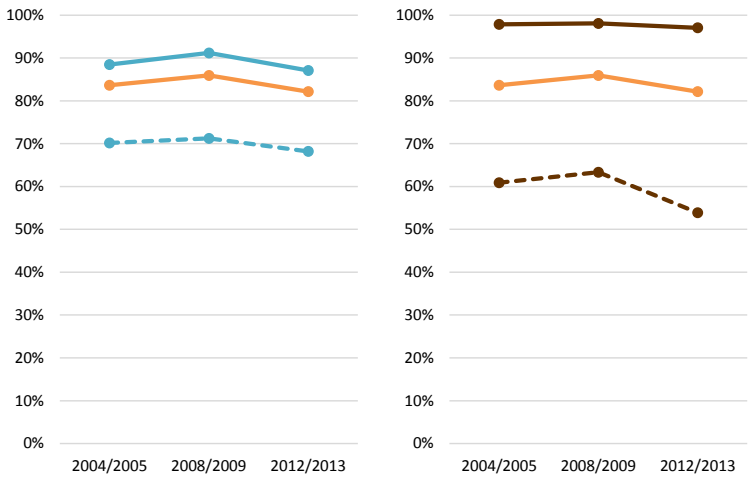
Average Deductibles ($)



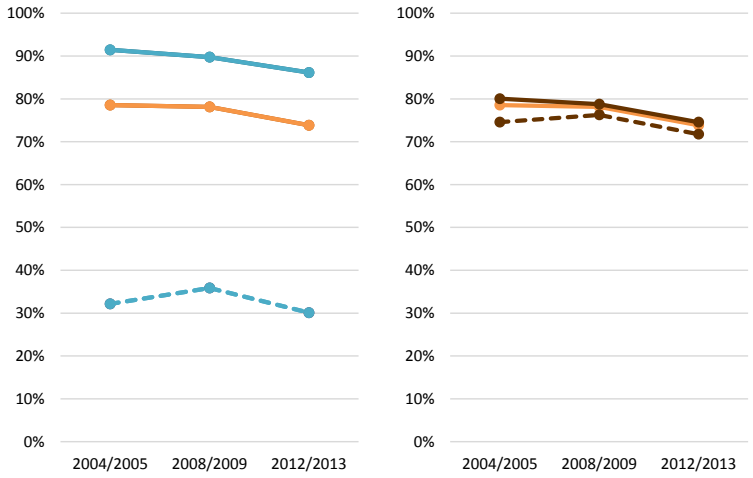
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

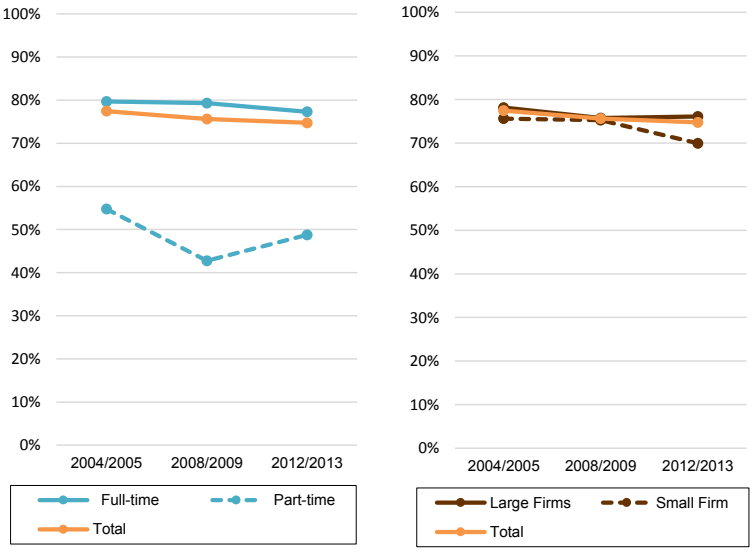
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



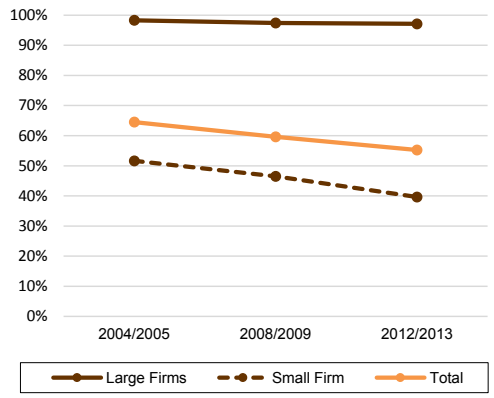
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Maryland

EMPLOYER OFFERS

Small vs. Large Firm

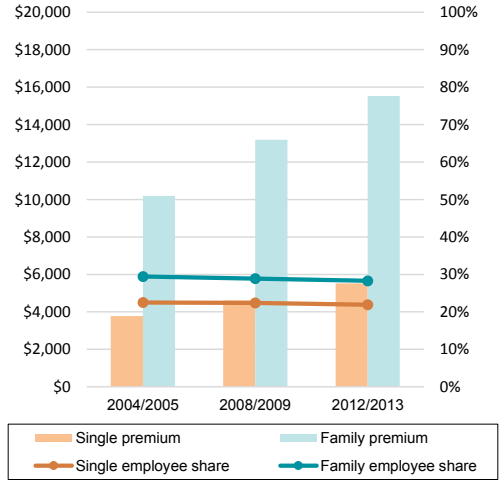
Firms Offering ESI (%)



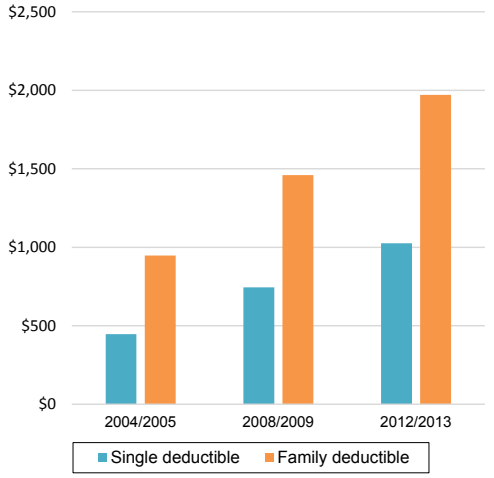
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



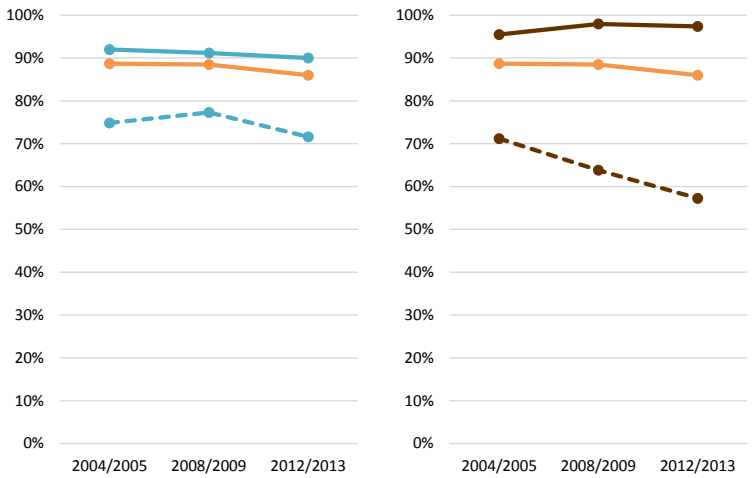
Average Deductibles ($)



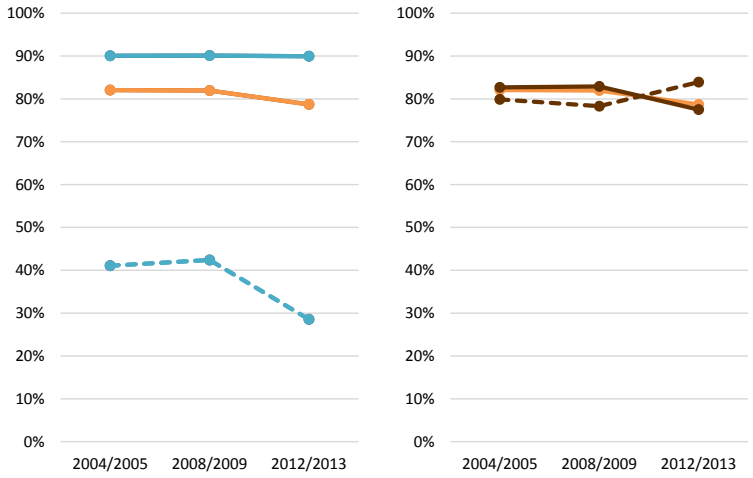
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

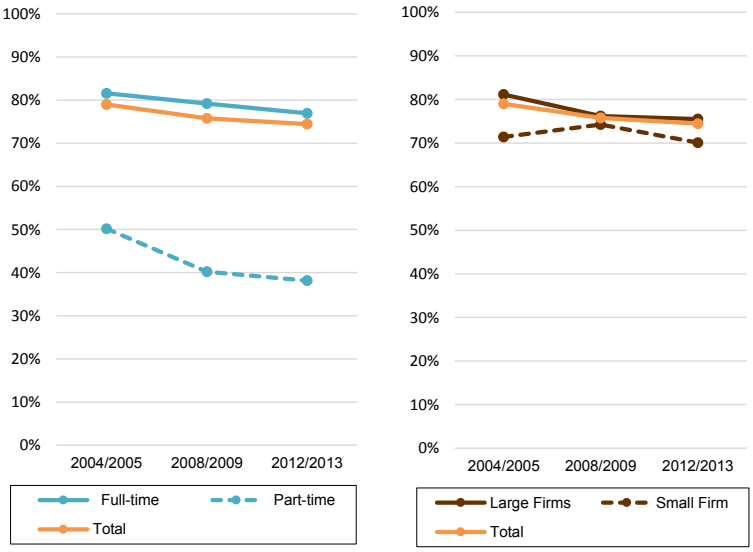
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



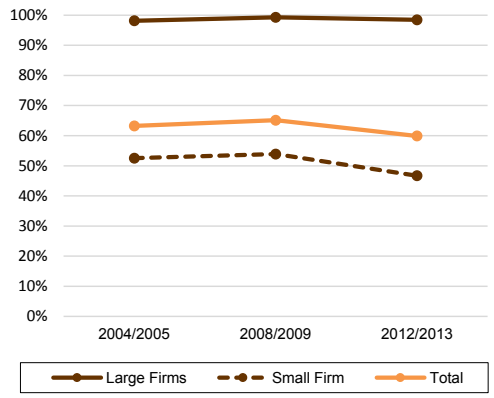
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Massachusetts

EMPLOYER OFFERS

Small vs. Large Firm

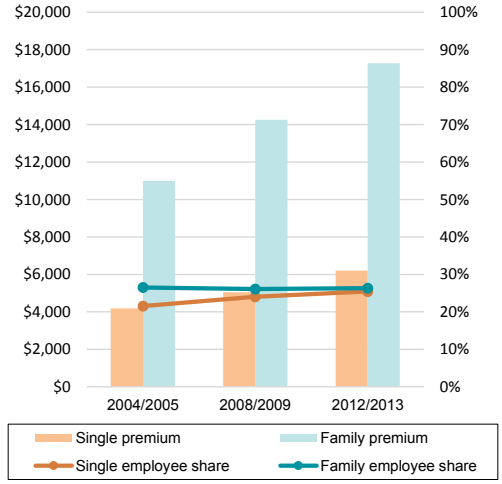
Firms Offering ESI (%)



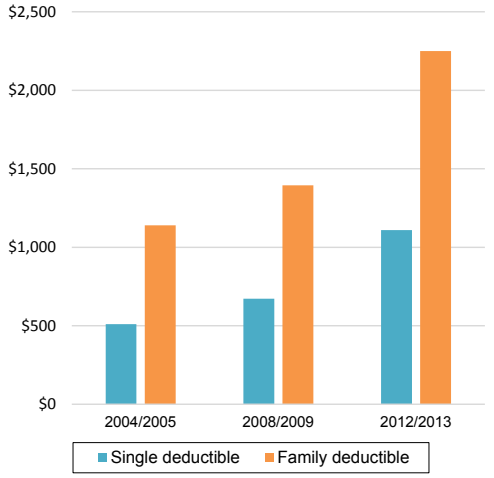
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



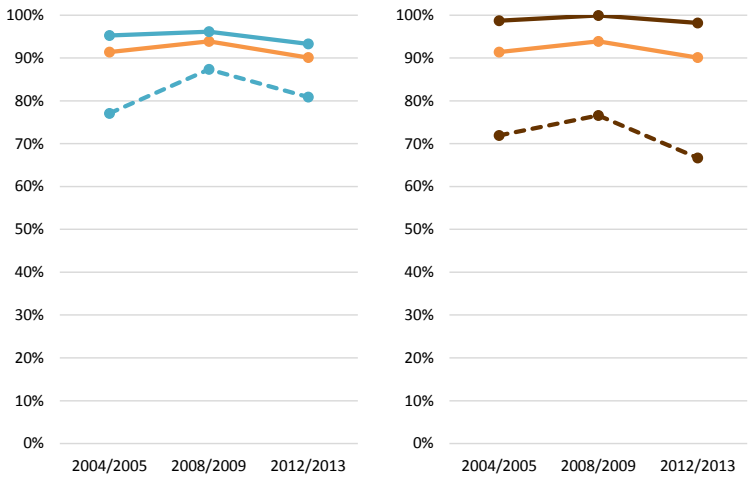
Average Deductibles ($)



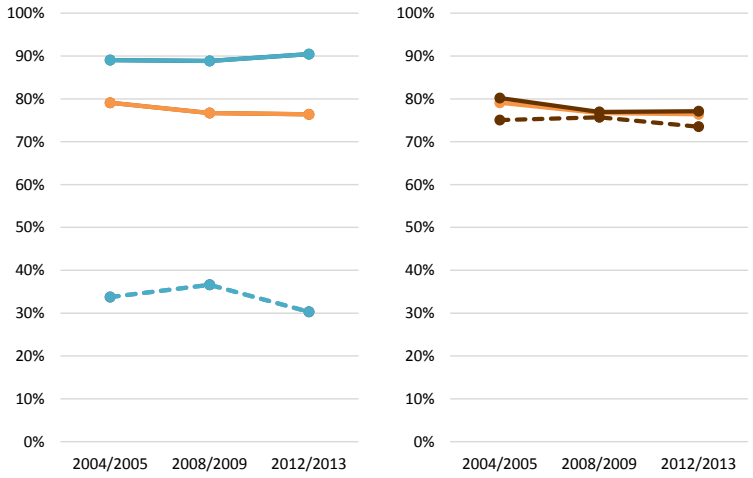
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

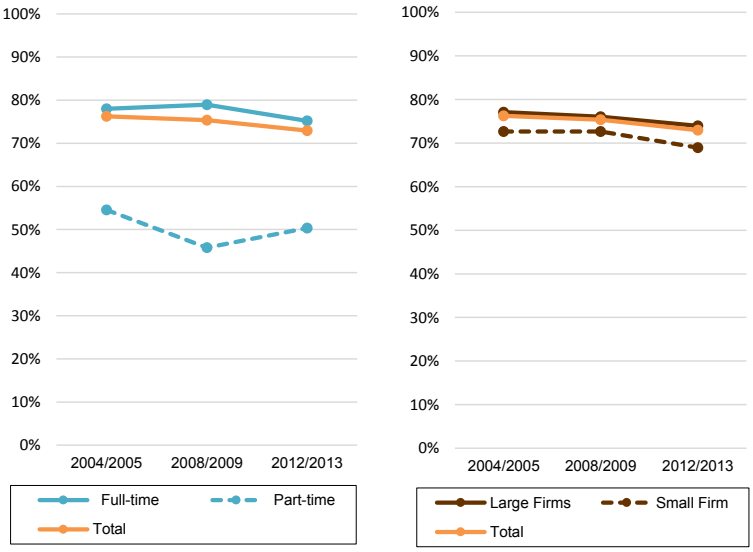
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



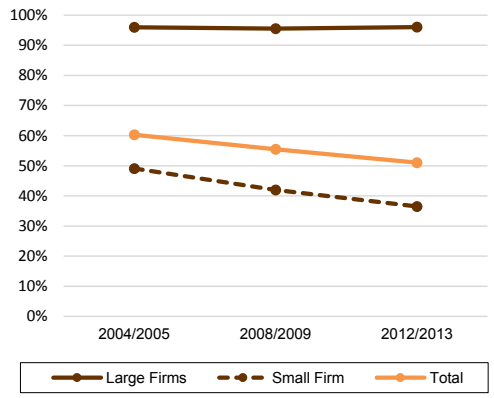
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Michigan

EMPLOYER OFFERS

Small vs. Large Firm

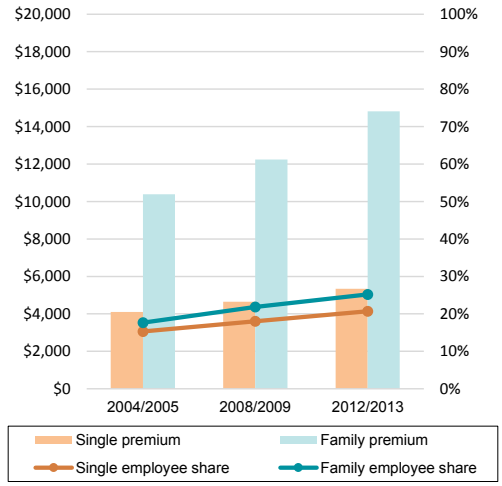
Firms Offering ESI (%)



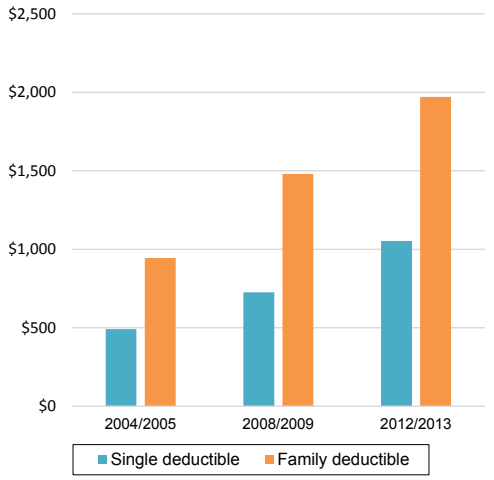
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



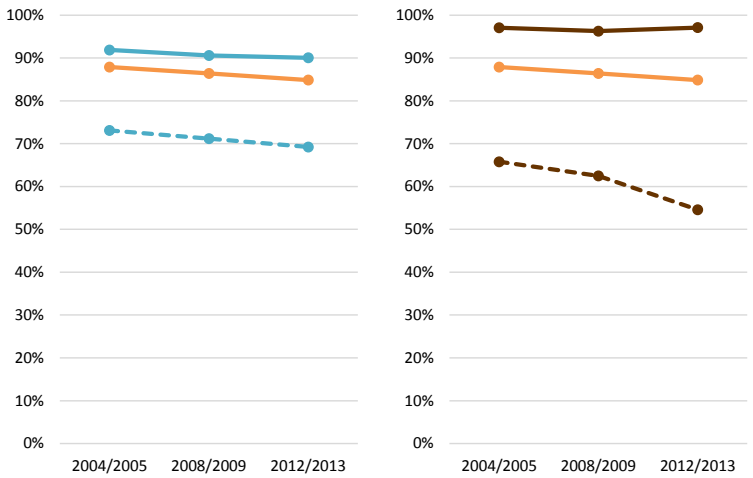
Average Deductibles ($)



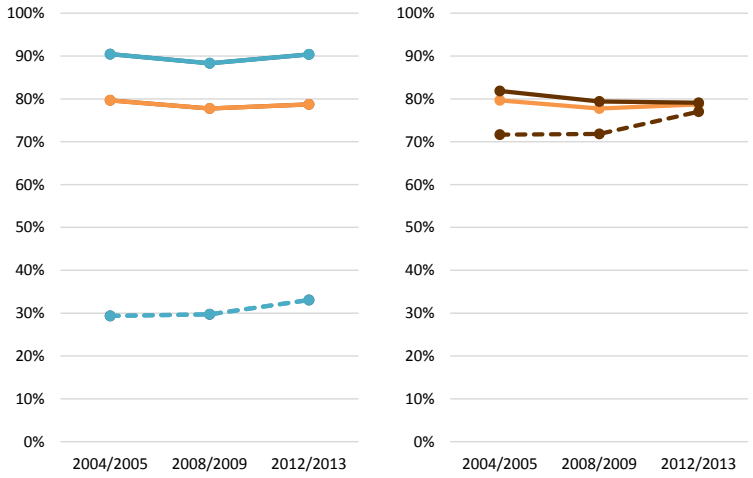
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

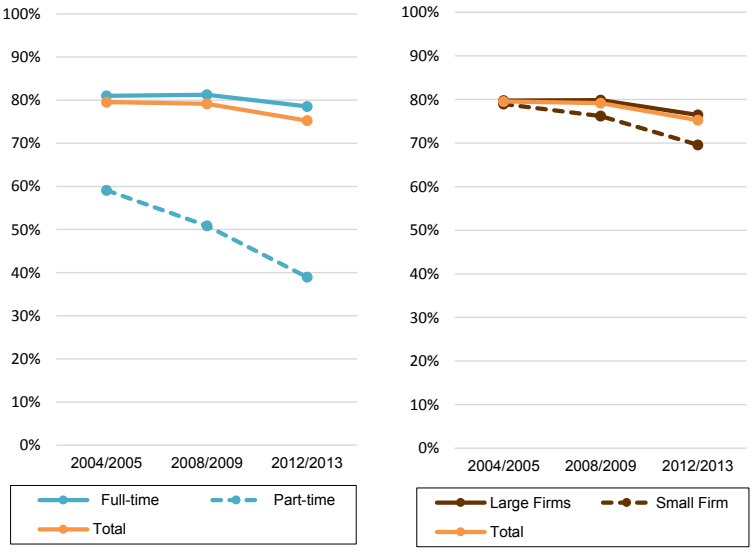
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



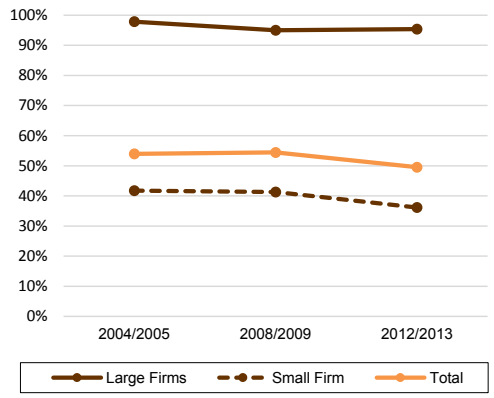
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Minnesota

EMPLOYER OFFERS

Small vs. Large Firm

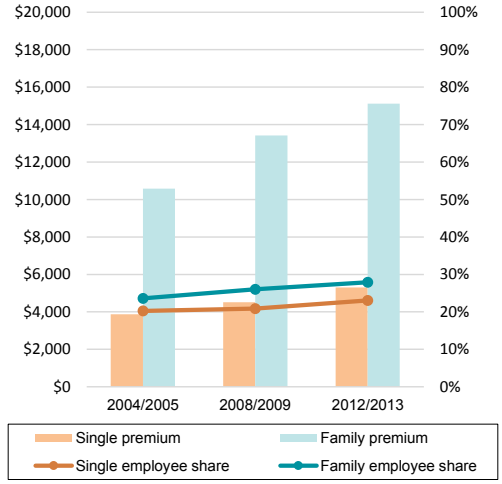
Firms Offering ESI (%)



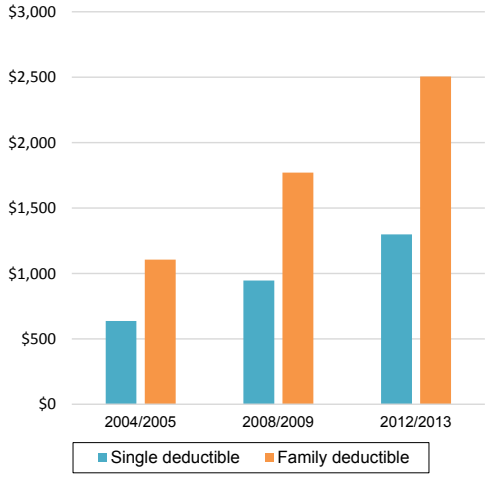
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



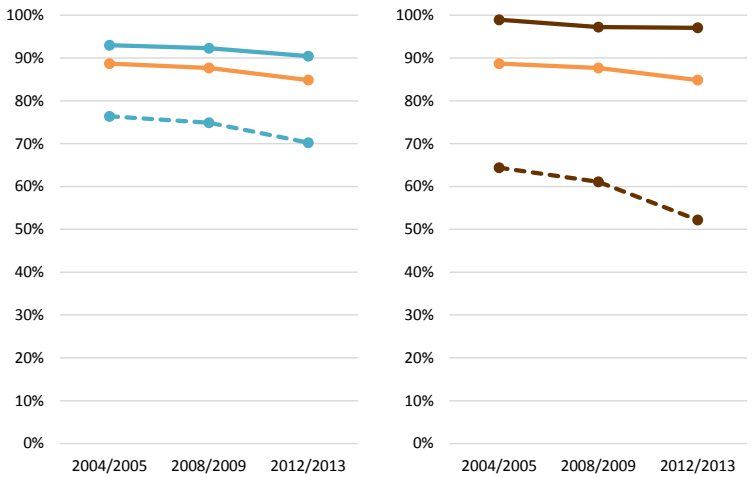
Average Deductibles ($)



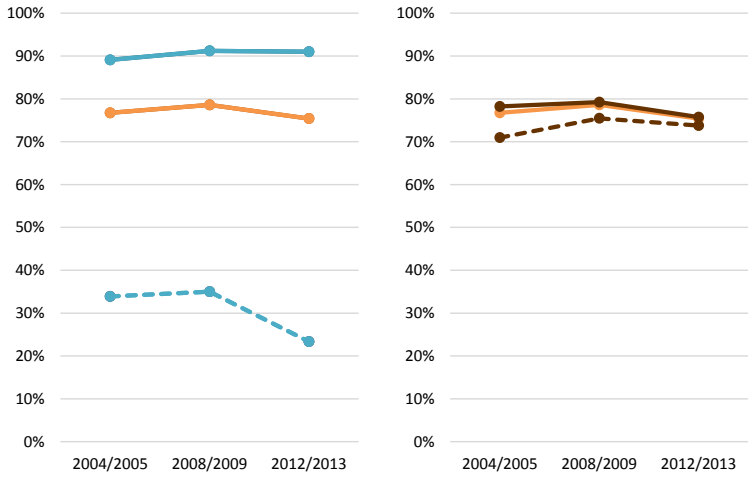
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

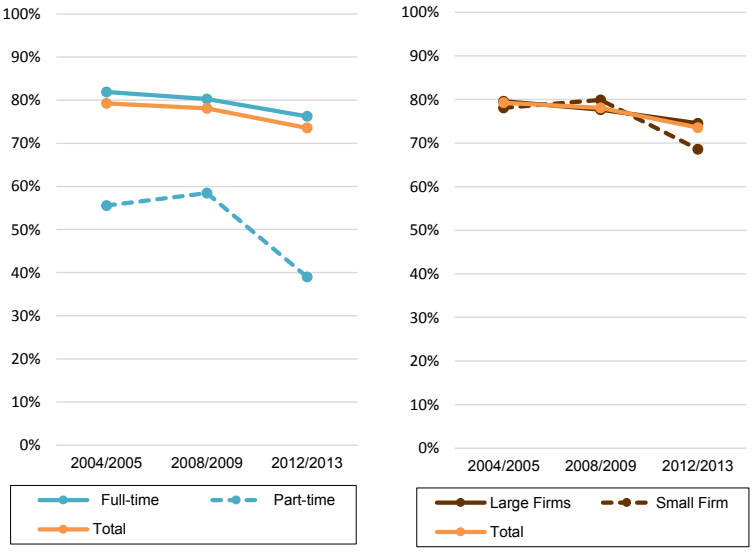
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



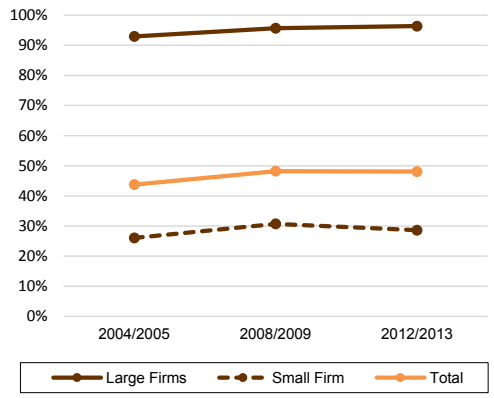
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Mississippi

EMPLOYER OFFERS

Small vs. Large Firm

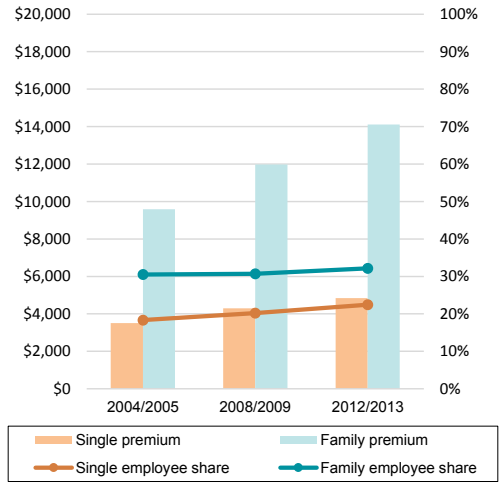
Firms Offering ESI (%)



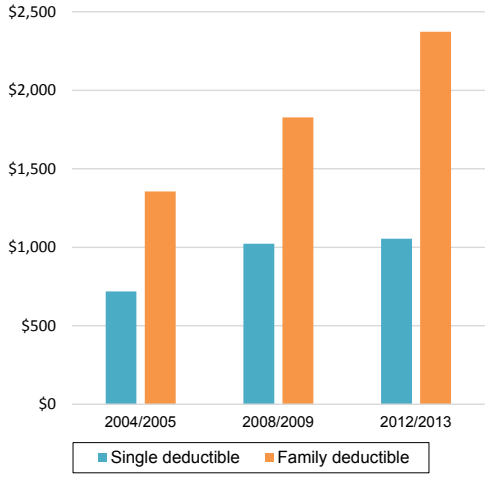
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



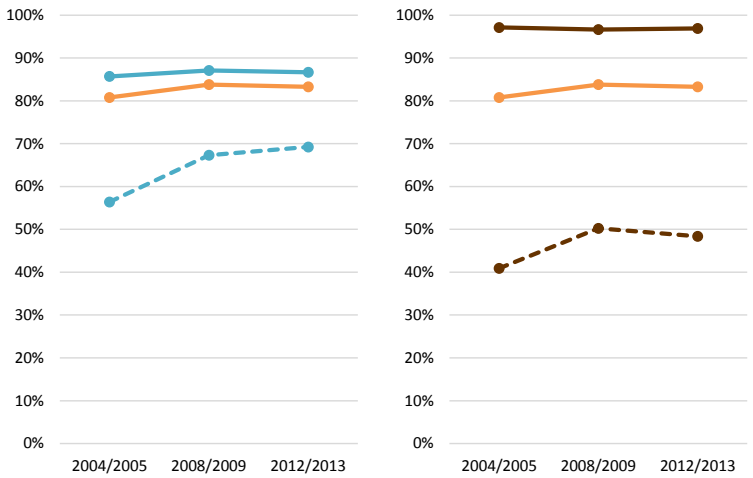
Average Deductibles ($)



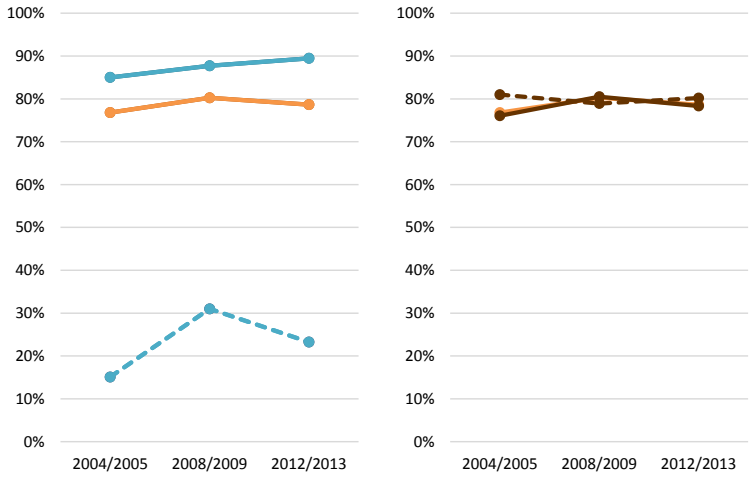
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

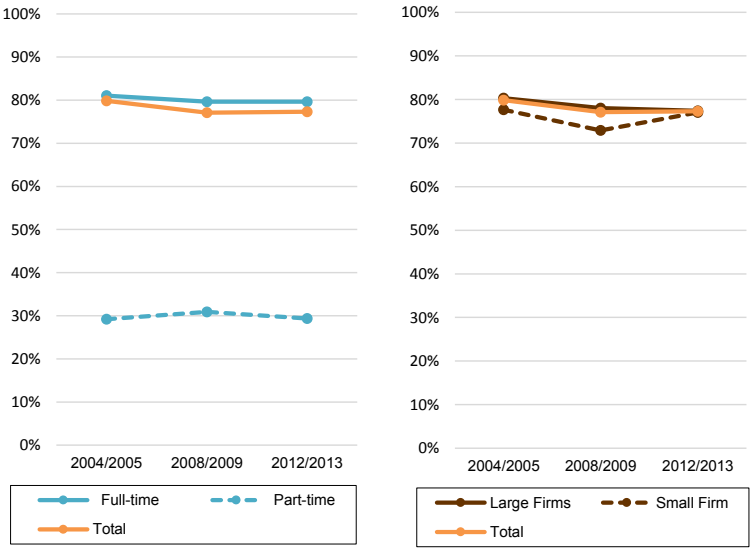
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



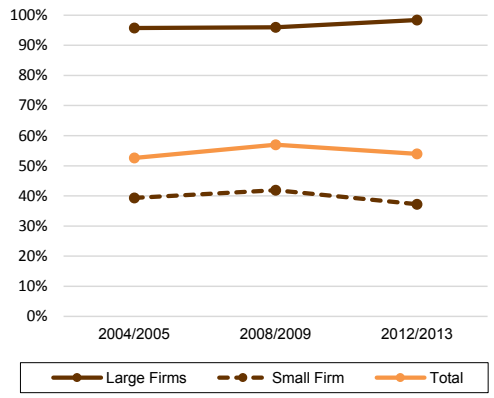
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Missouri

EMPLOYER OFFERS

Small vs. Large Firm

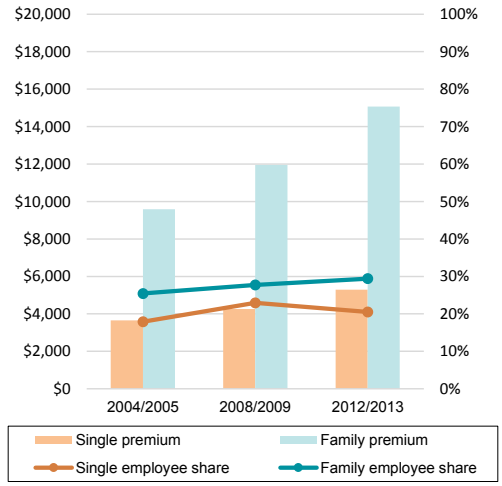
Firms Offering ESI (%)



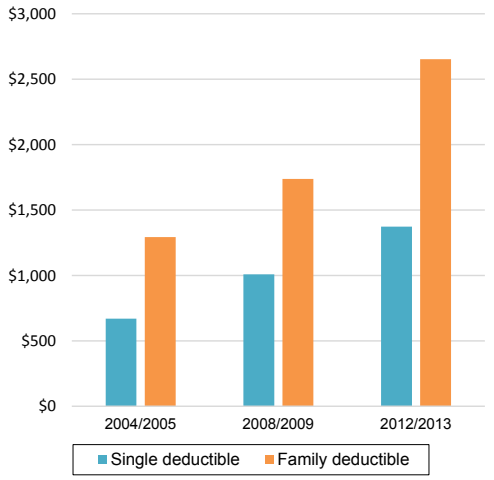
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



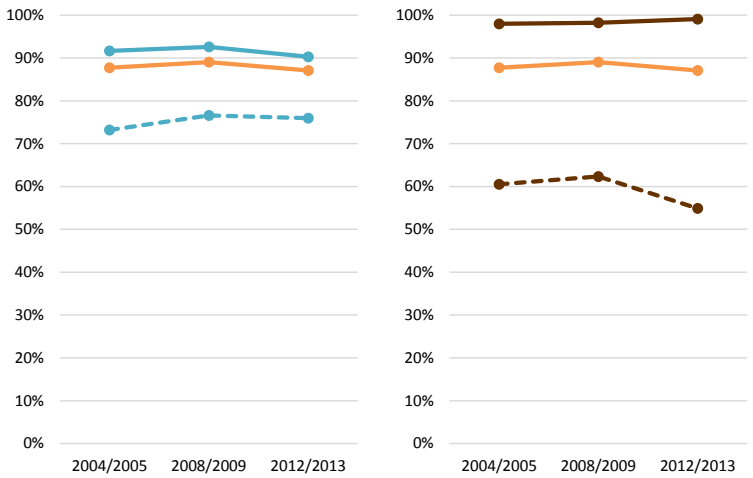
Average Deductibles ($)



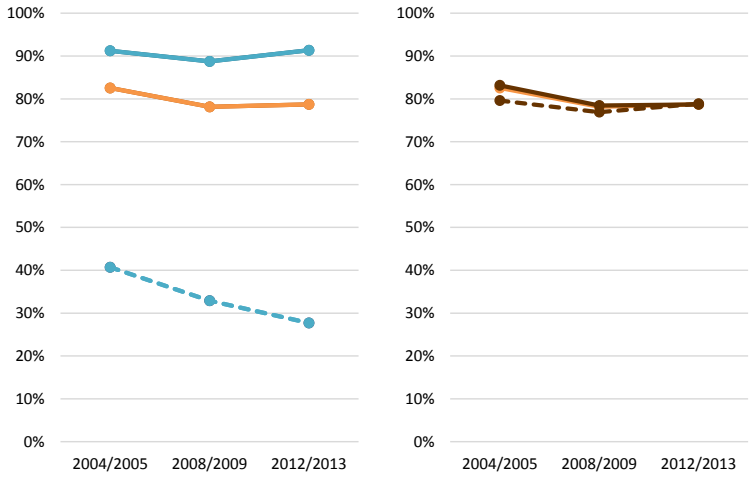
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

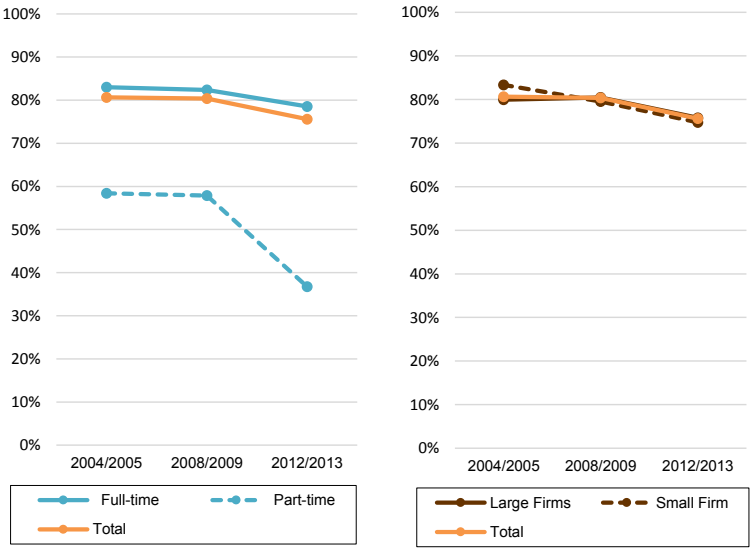
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



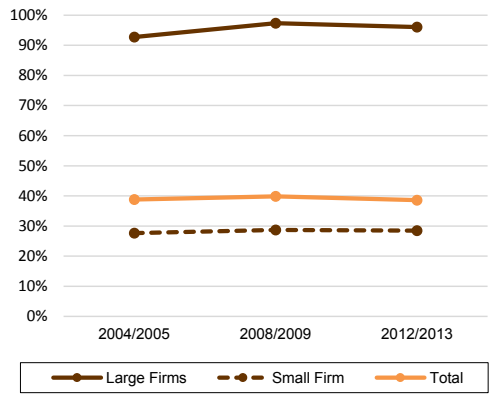
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Montana

EMPLOYER OFFERS

Small vs. Large Firm

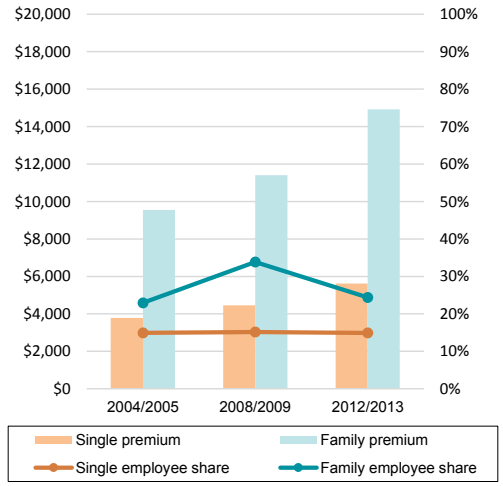
Firms Offering ESI (%)



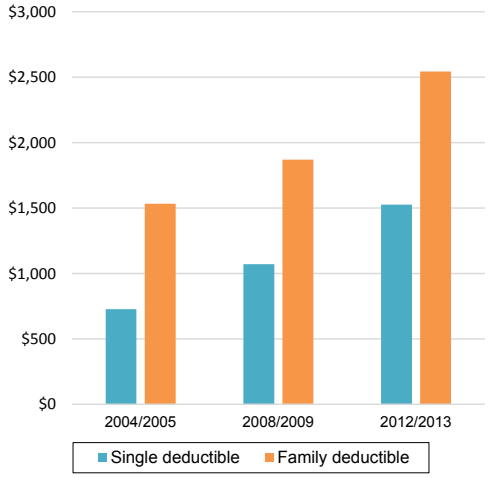
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



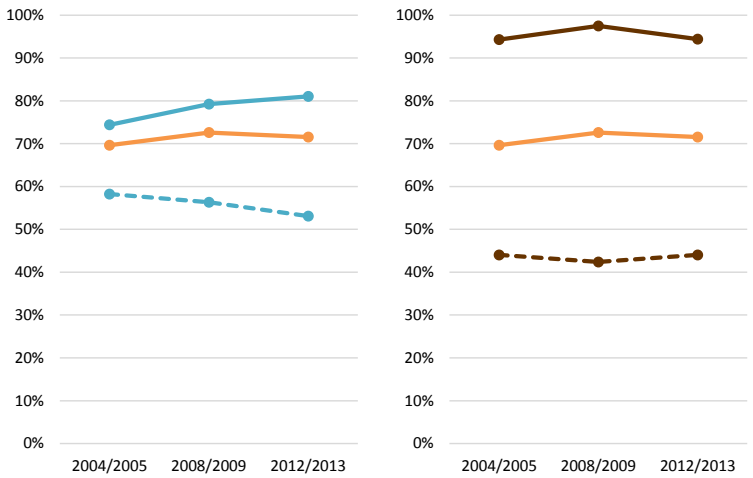
Average Deductibles ($)



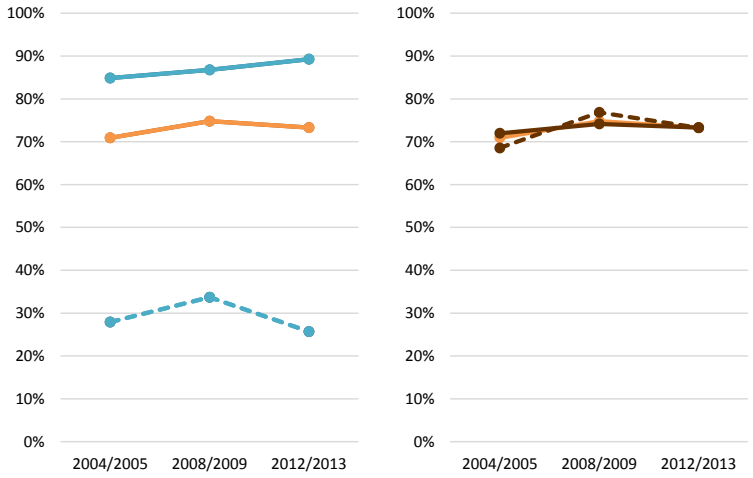
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

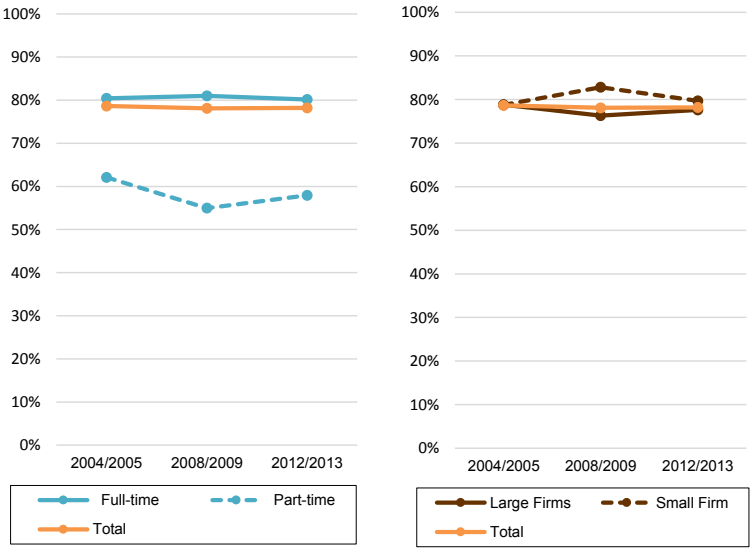
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



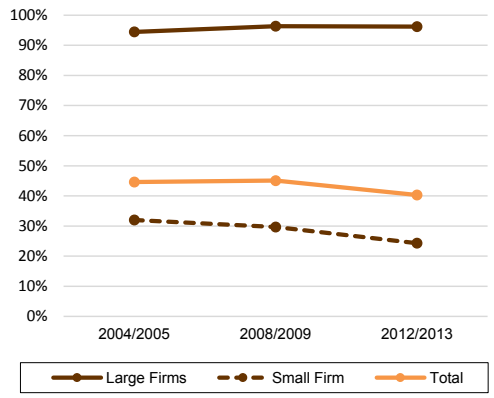
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Nebraska

EMPLOYER OFFERS

Small vs. Large Firm

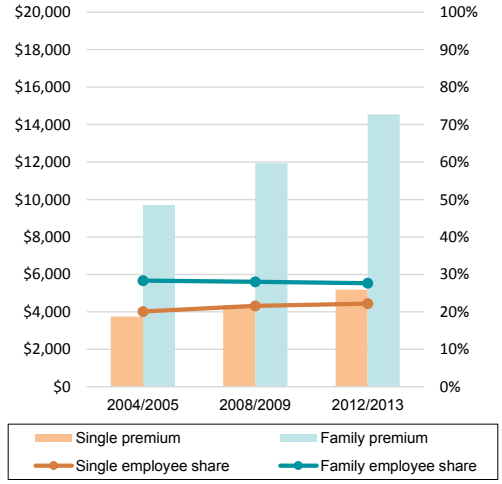
Firms Offering ESI (%)



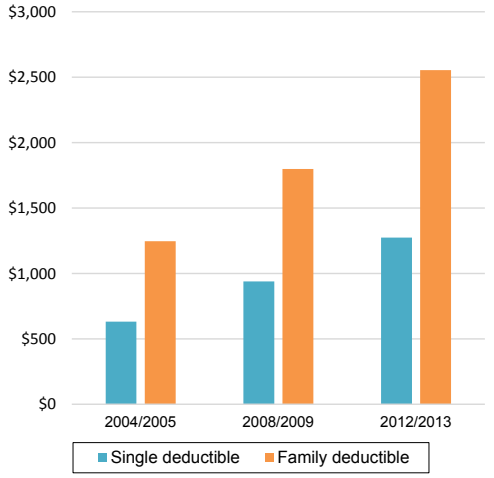
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



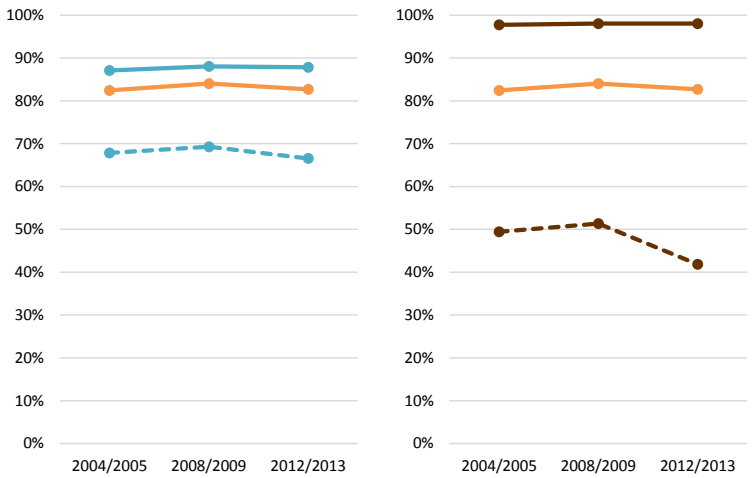
Average Deductibles ($)



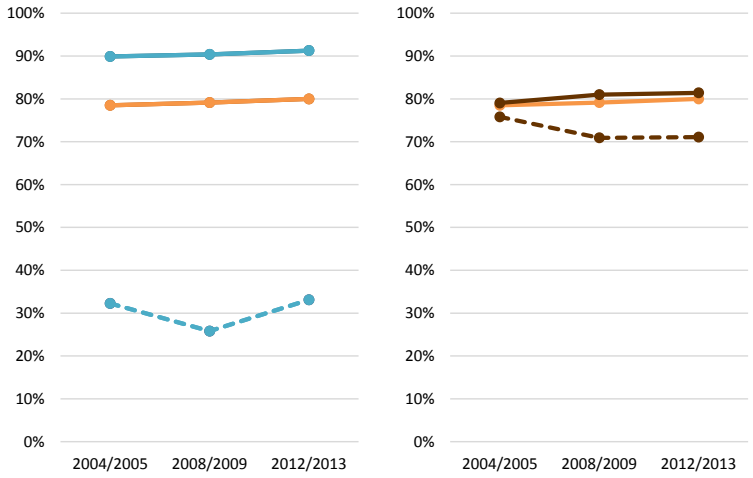
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

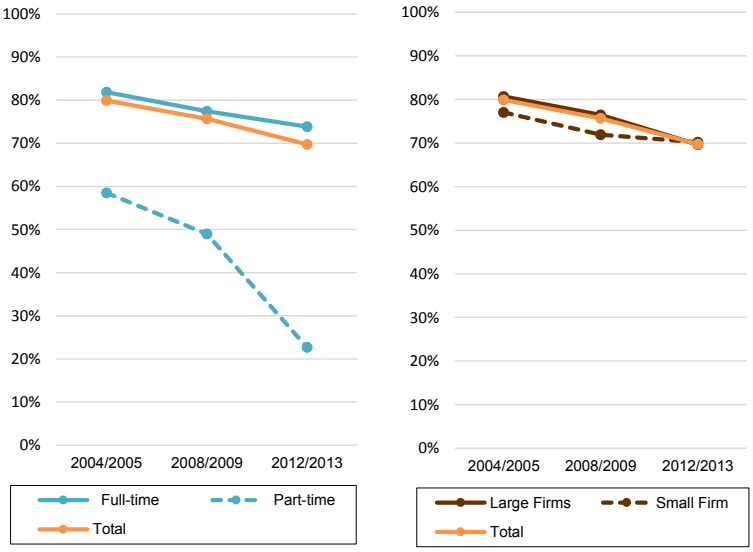
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



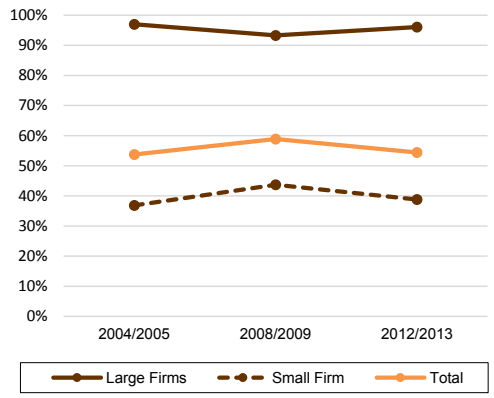
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Nevada

EMPLOYER OFFERS

Small vs. Large Firm

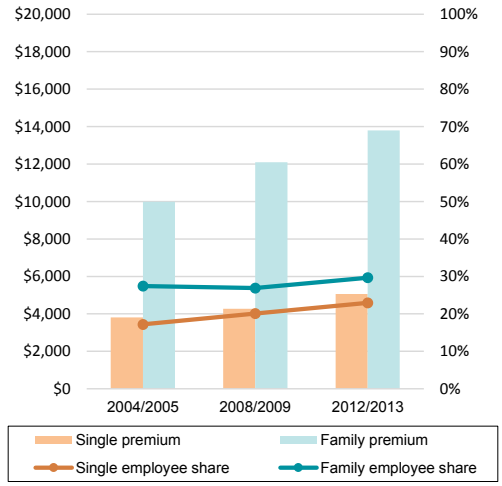
Firms Offering ESI (%)



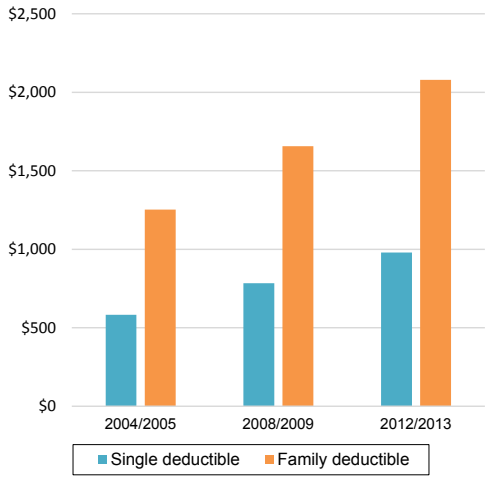
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



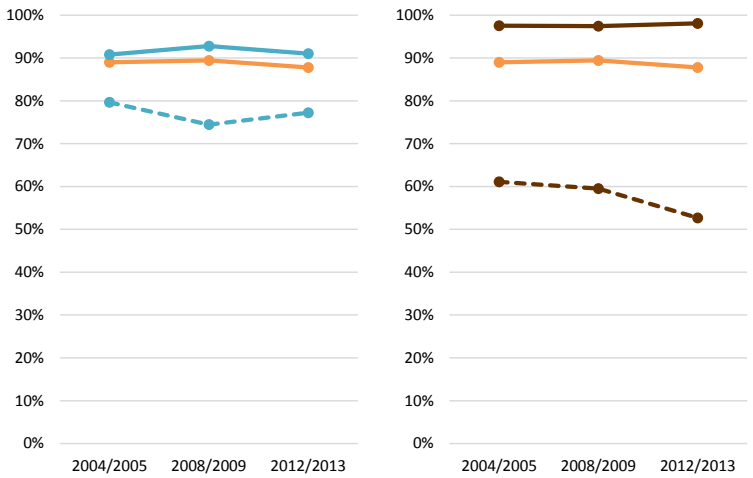
Average Deductibles ($)



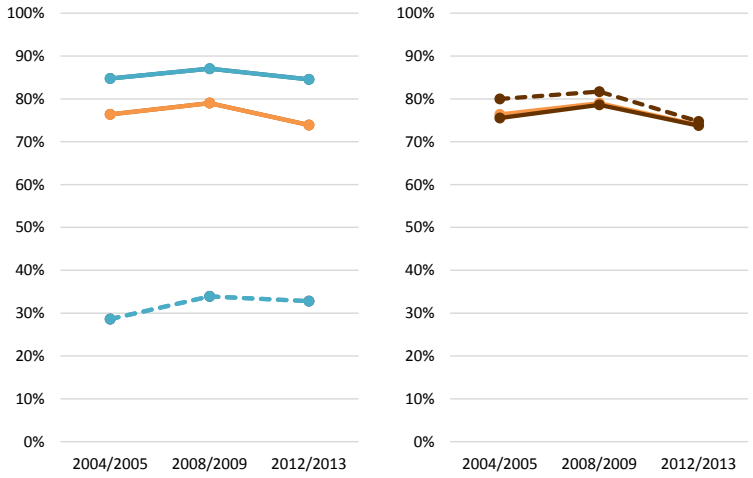
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

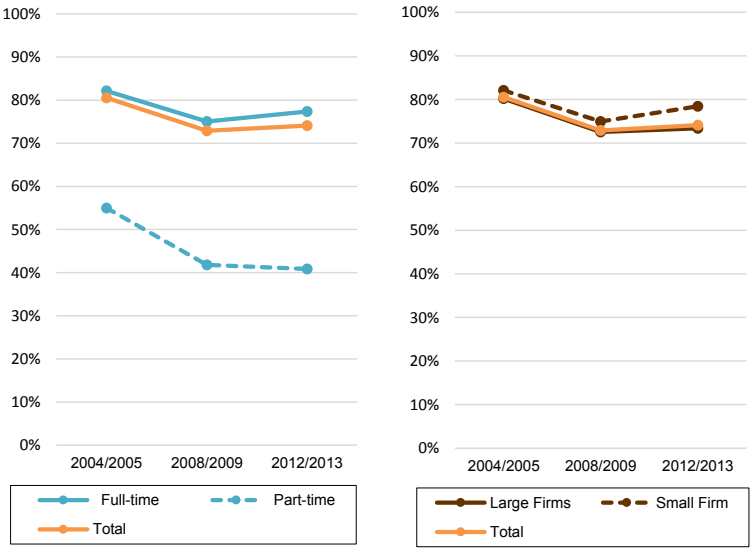
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
New Hampshire

EMPLOYER OFFERS

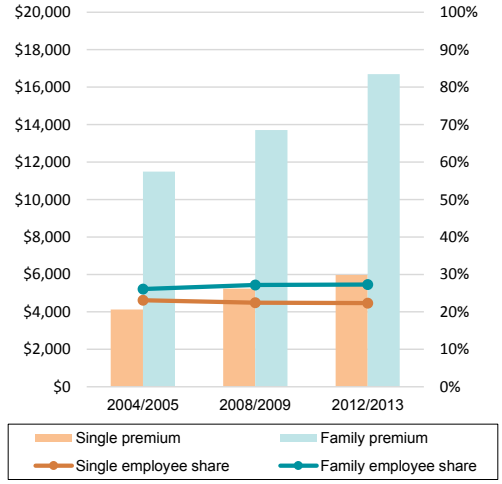
Small vs. Large Firm

Firms Offering ESI (%)

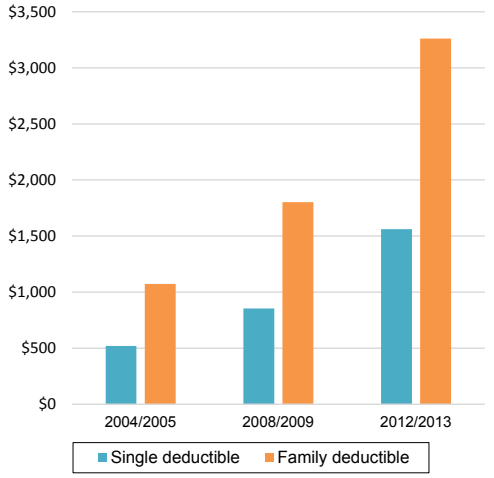
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



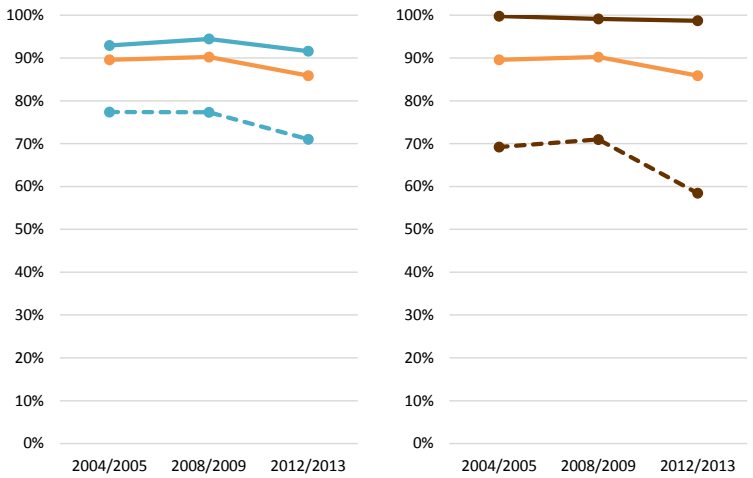
Average Deductibles ($)



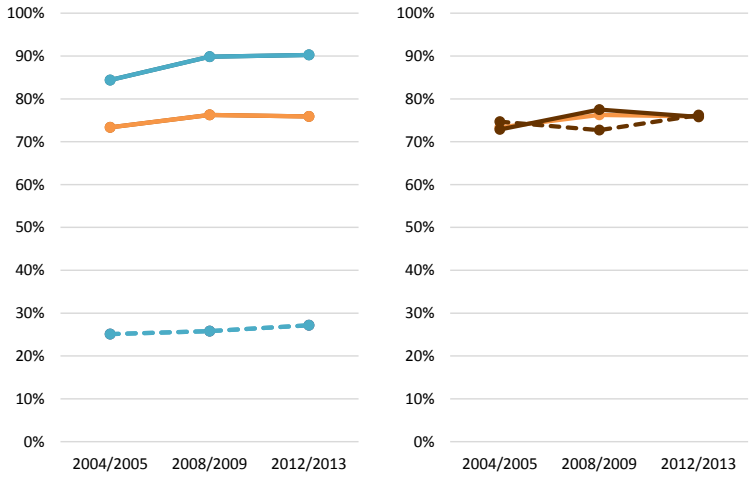
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

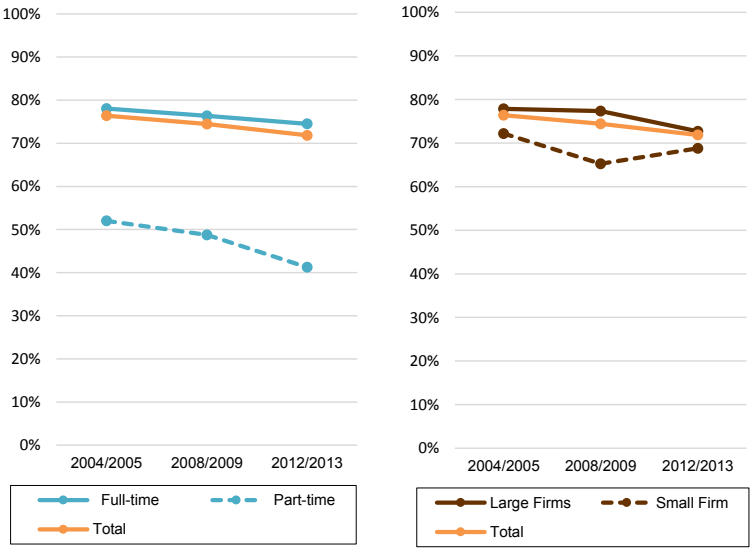
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



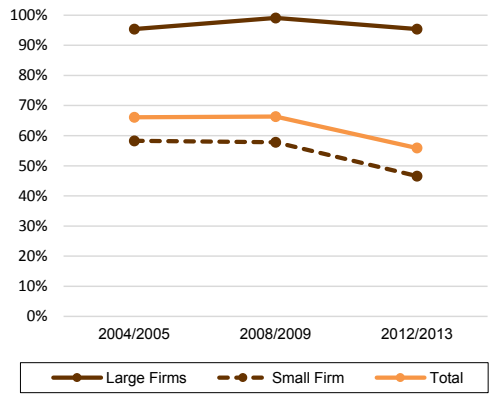
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
New Jersey

EMPLOYER OFFERS

Small vs. Large Firm

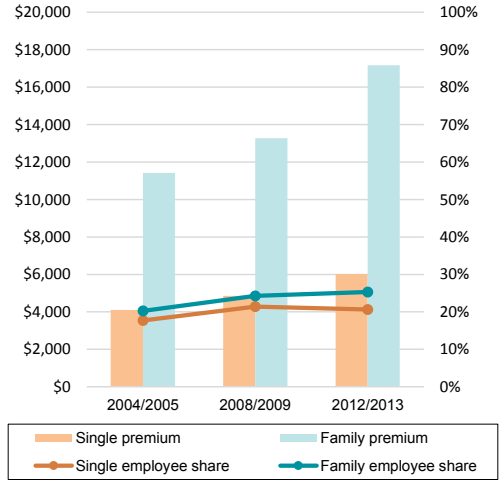
Firms Offering ESI (%)



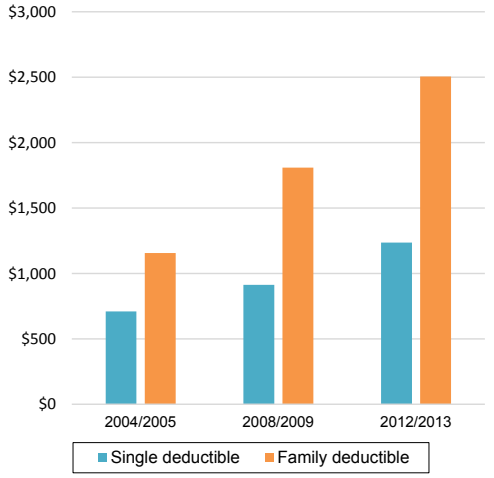
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



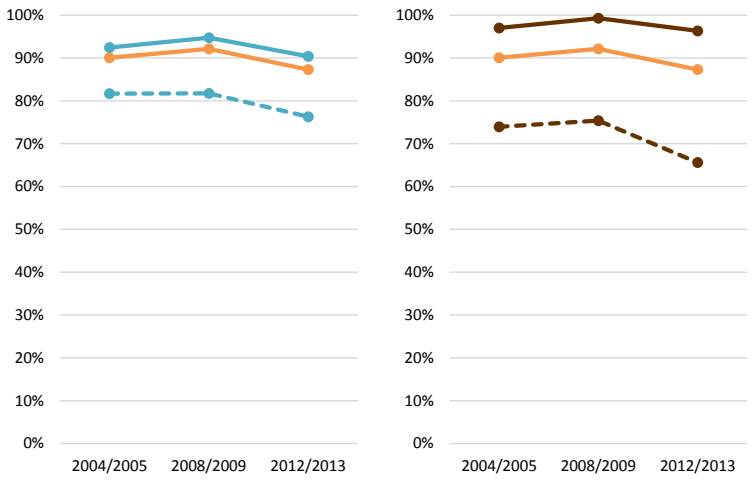
Average Deductibles ($)



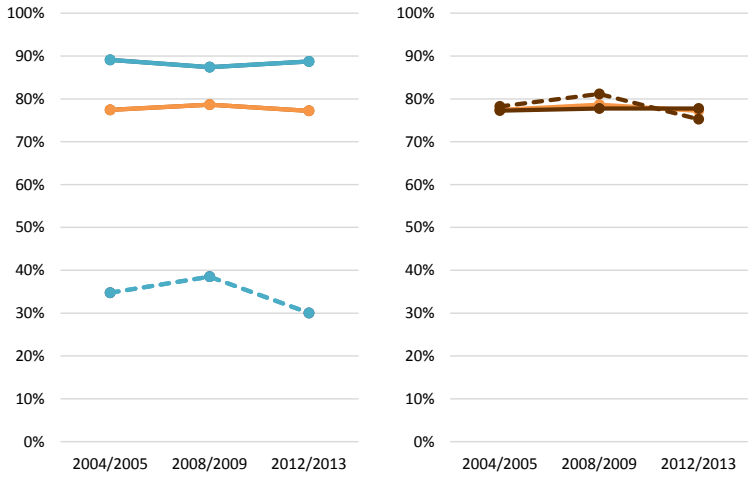
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

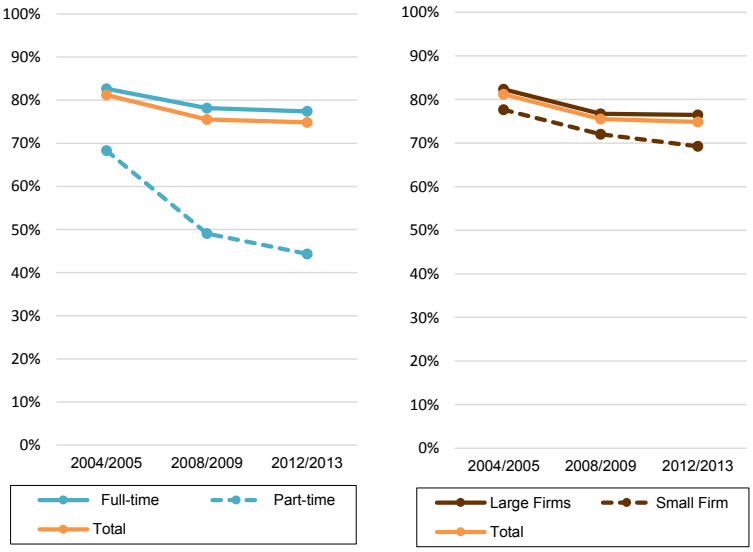
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



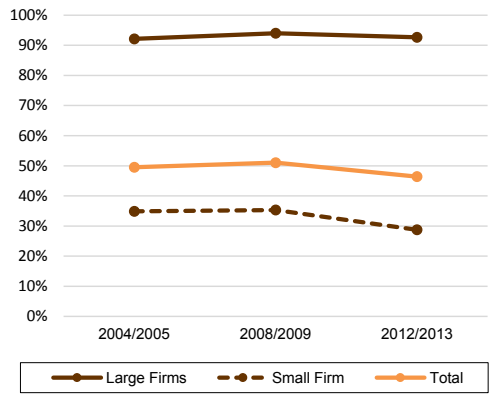
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
New Mexico

EMPLOYER OFFERS

Small vs. Large Firm

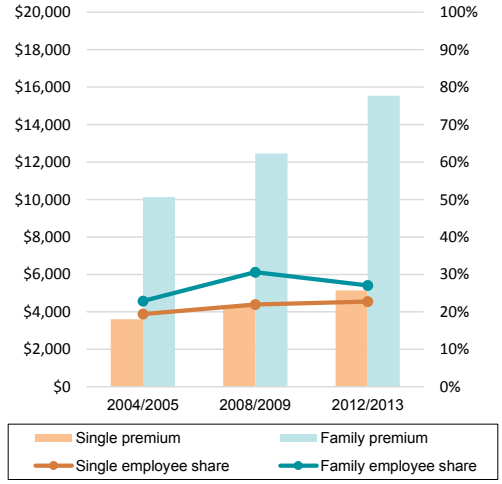
Firms Offering ESI (%)



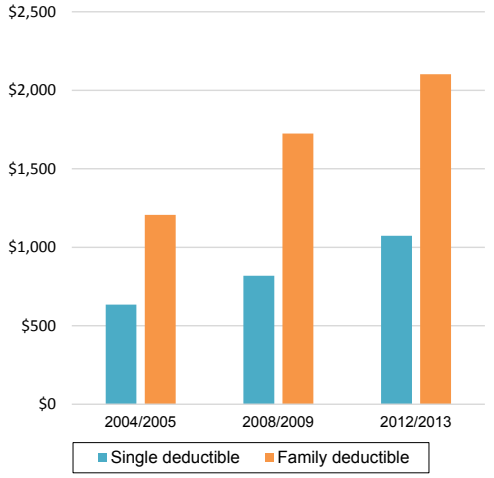
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



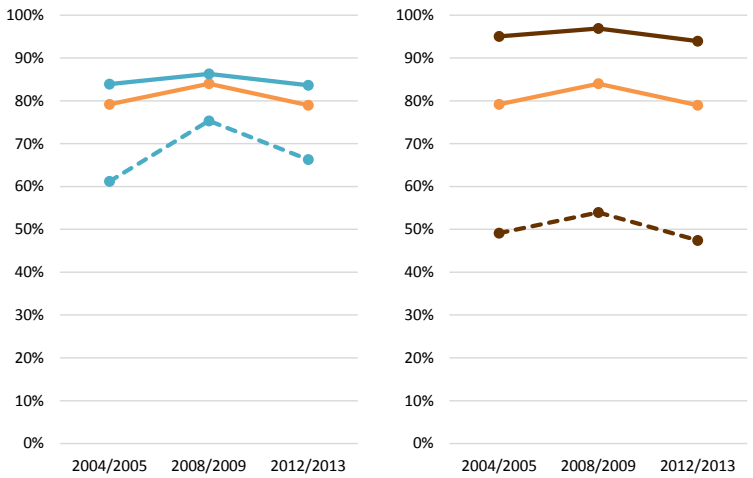
Average Deductibles ($)



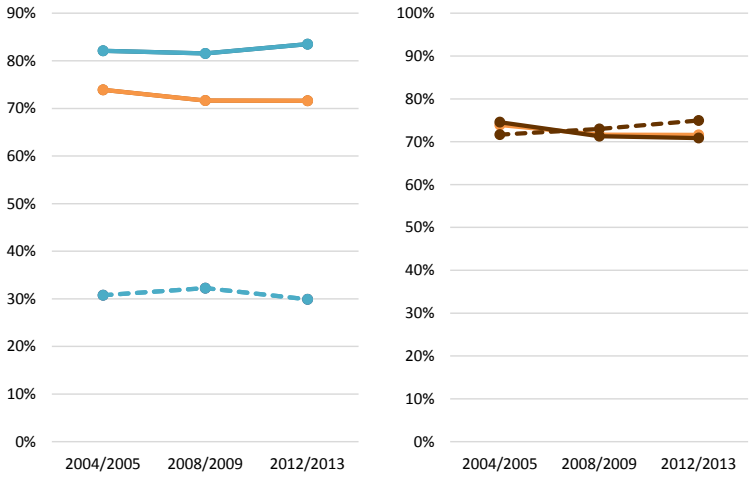
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

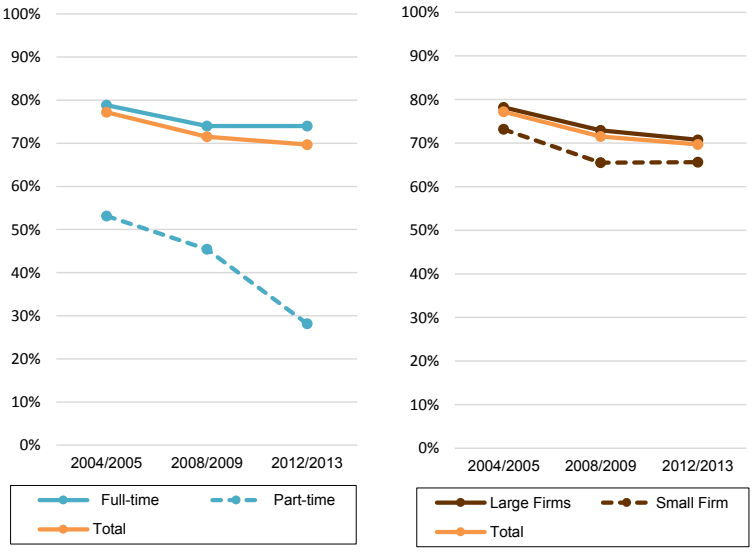
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
New York

EMPLOYER OFFERS

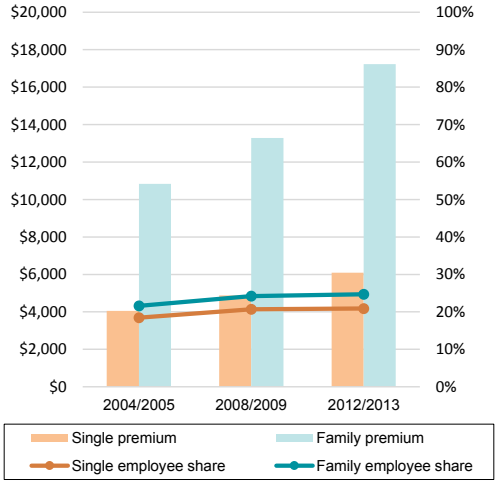
Small vs. Large Firm

Firms Offering ESI (%)

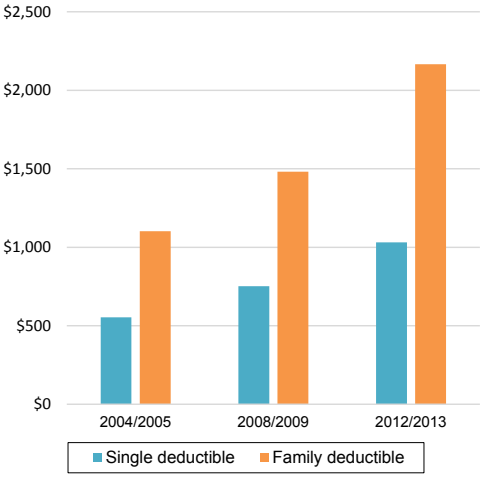
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



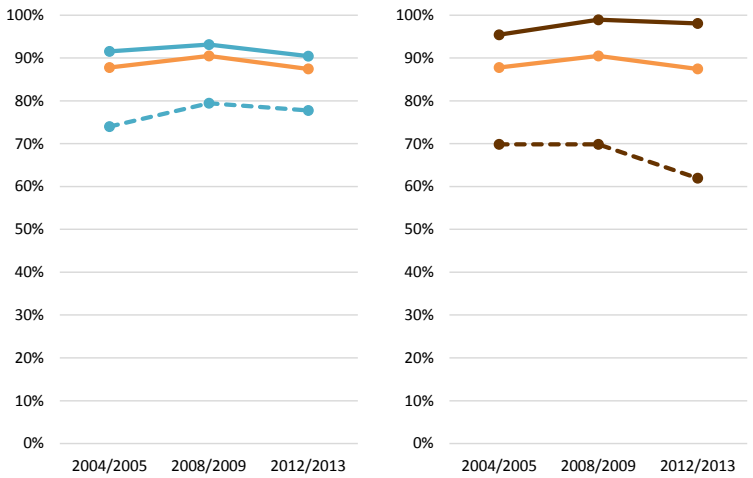
Average Deductibles ($)



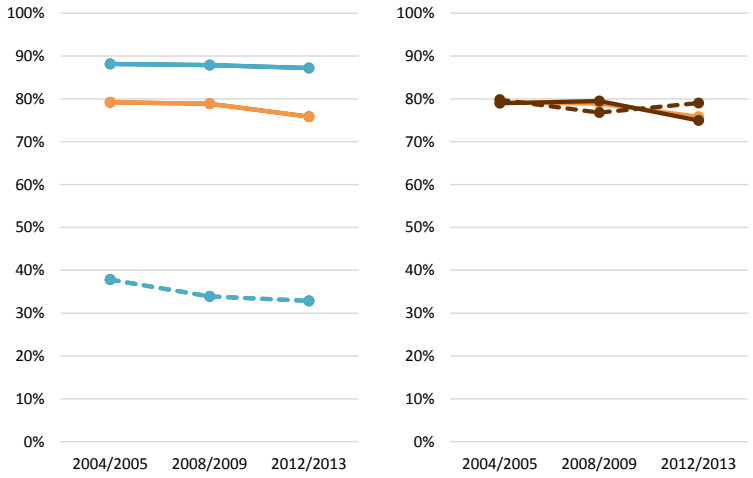
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

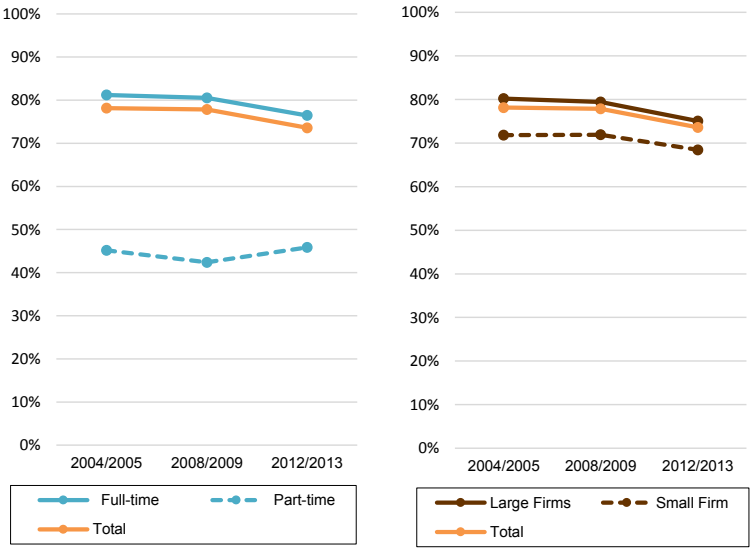
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



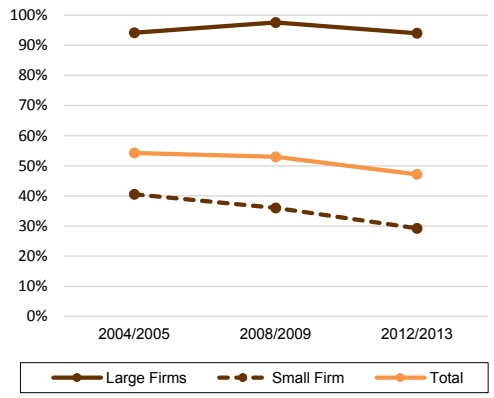
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
North Carolina

EMPLOYER OFFERS

Small vs. Large Firm

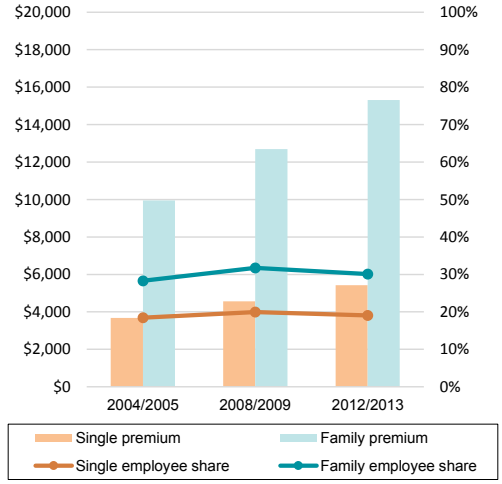
Firms Offering ESI (%)



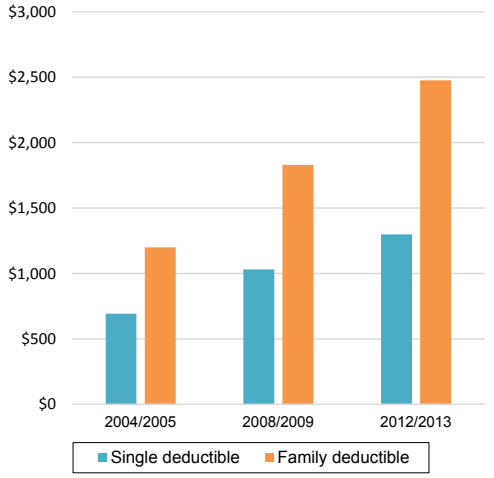
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



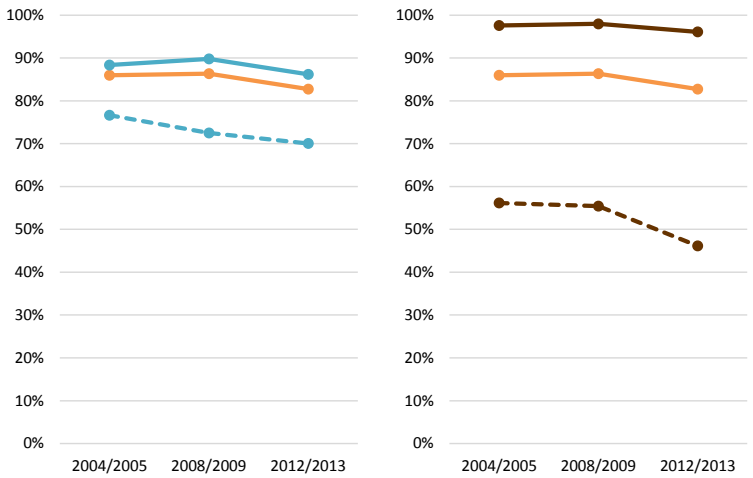
Average Deductibles ($)



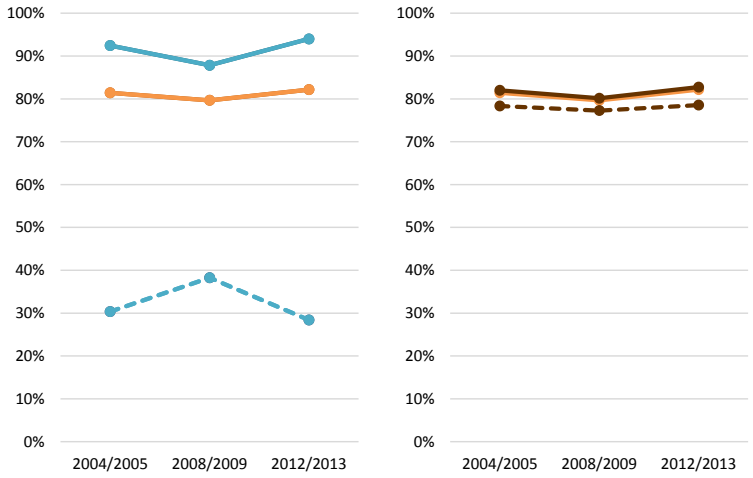
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

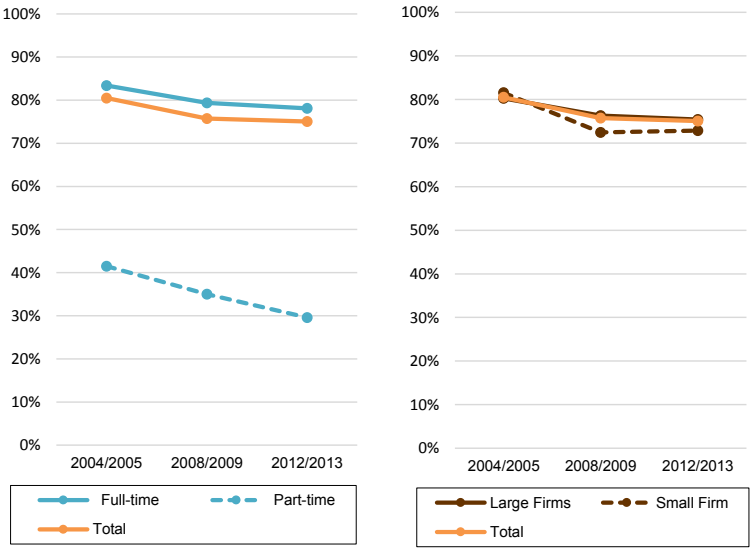
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



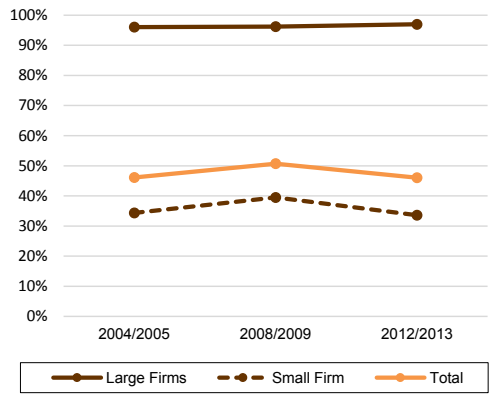
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
North Dakota

EMPLOYER OFFERS

Small vs. Large Firm

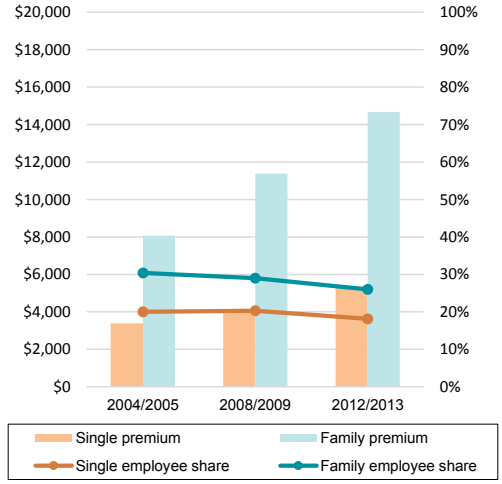
Firms Offering ESI (%)



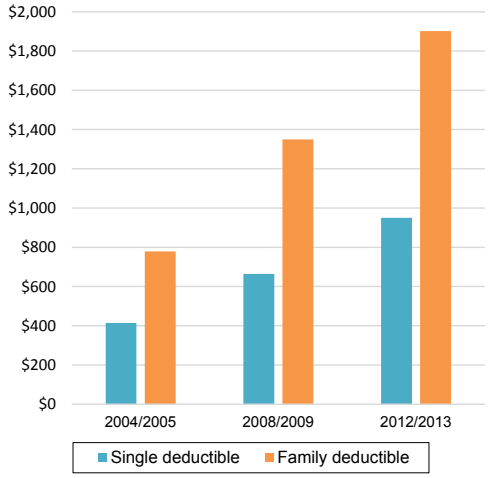
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



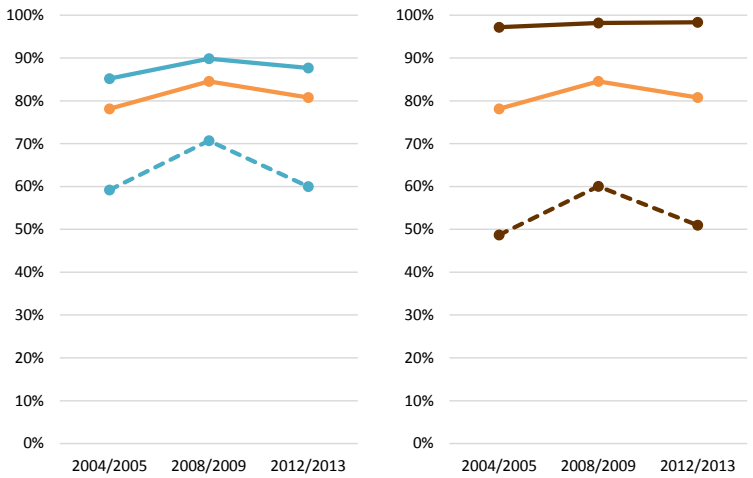
Average Deductibles ($)



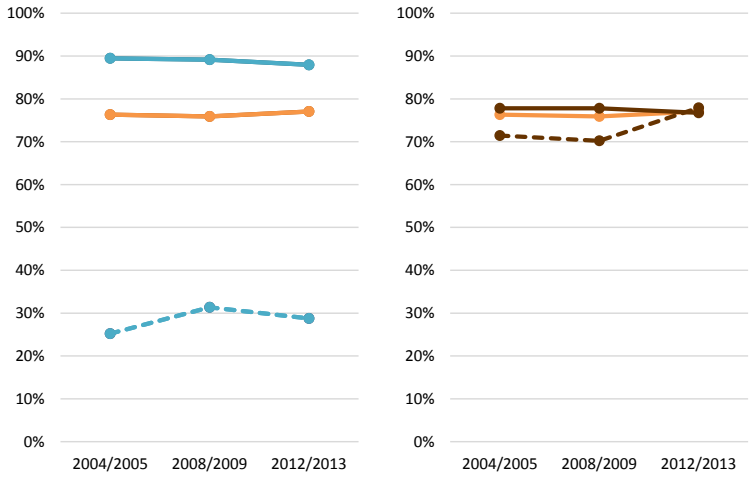
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

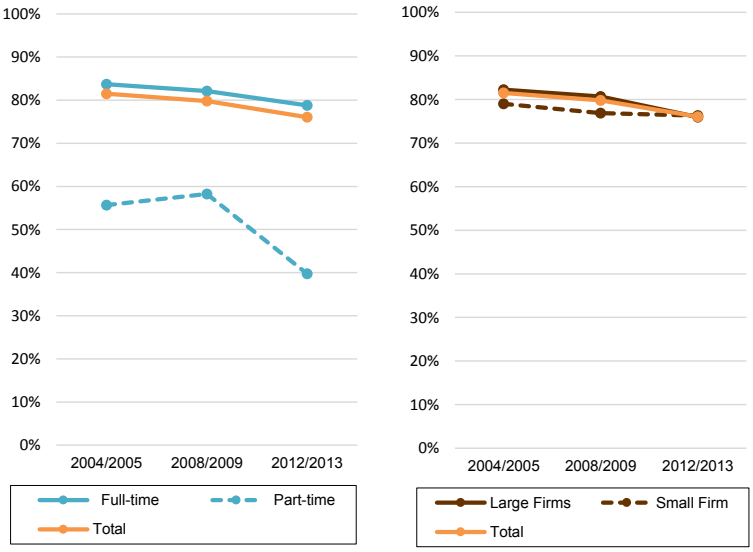
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



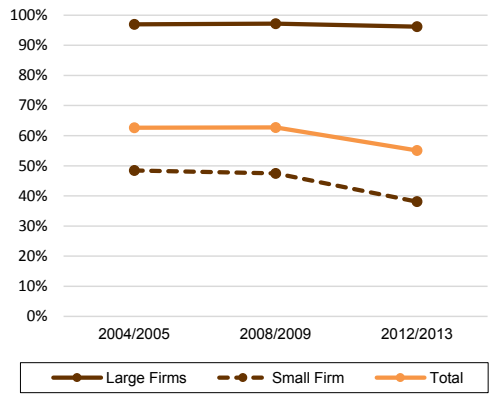
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Ohio

EMPLOYER OFFERS

Small vs. Large Firm

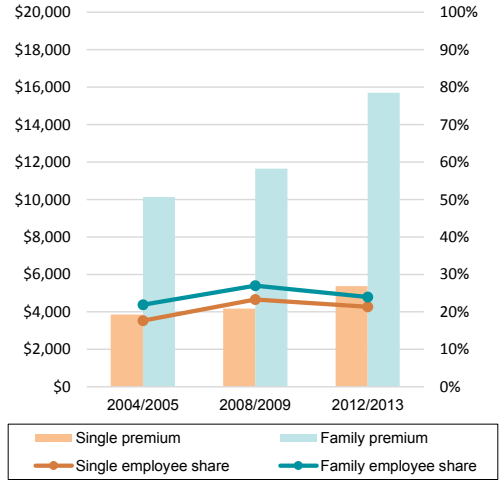
Firms Offering ESI (%)



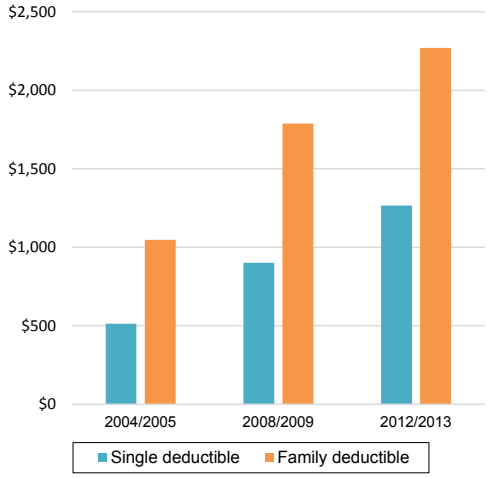
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



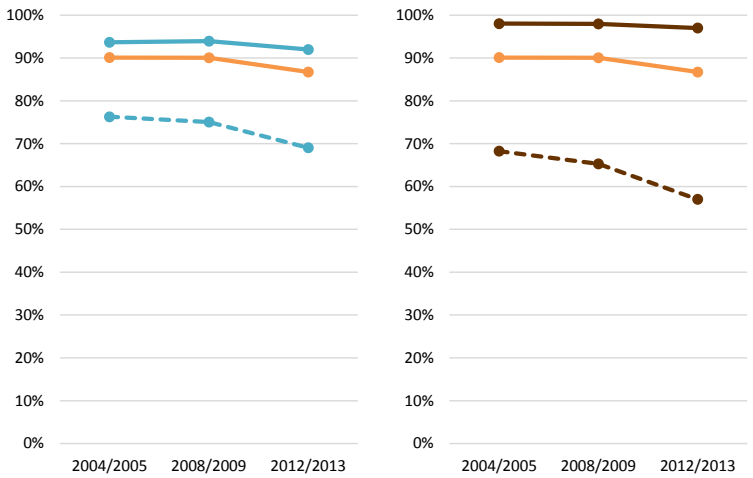
Average Deductibles ($)



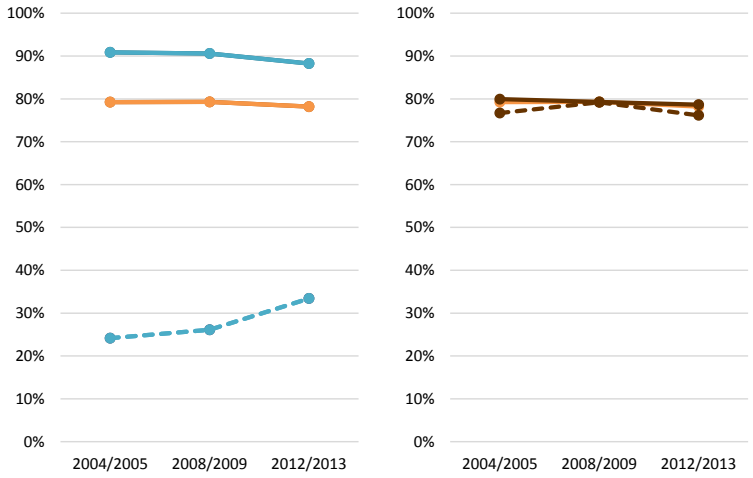
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

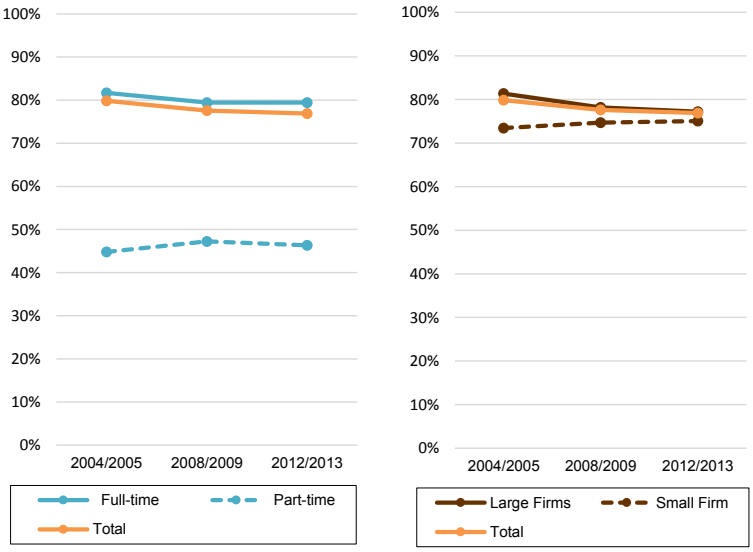
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



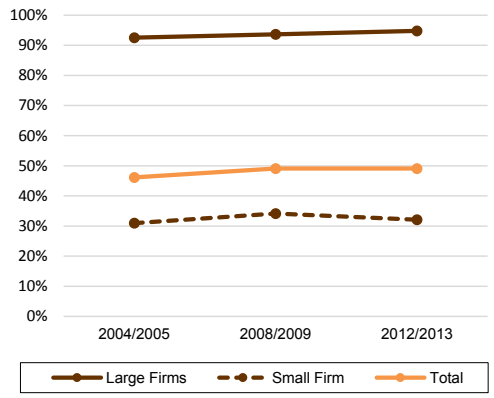
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Oklahoma

EMPLOYER OFFERS

Small vs. Large Firm

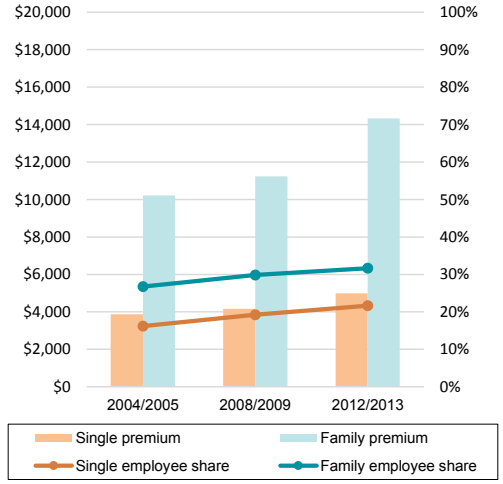
Firms Offering ESI (%)



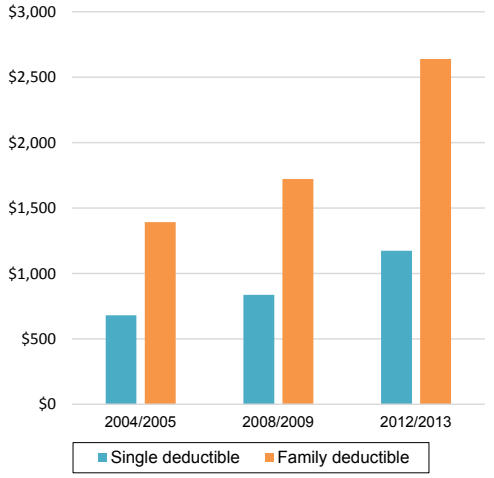
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



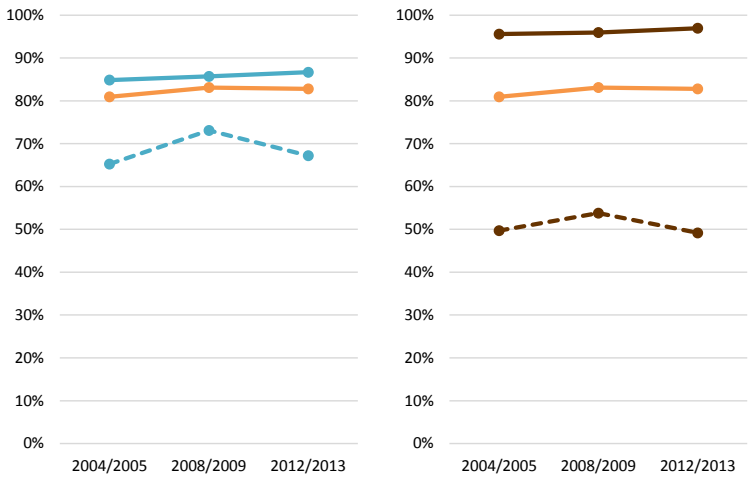
Average Deductibles ($)



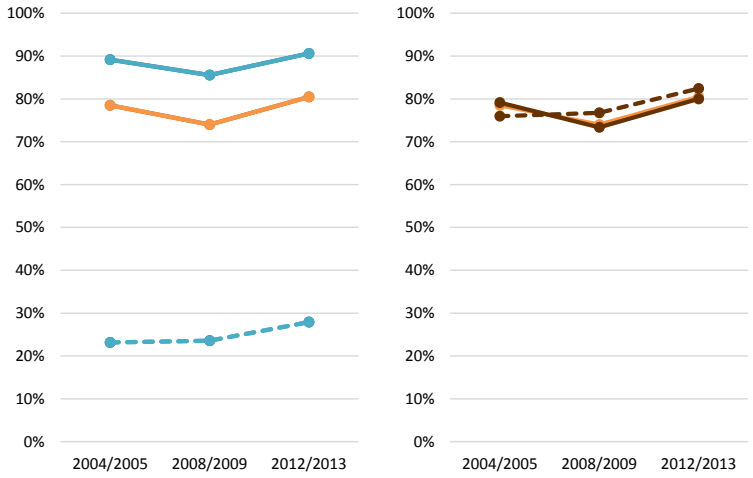
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

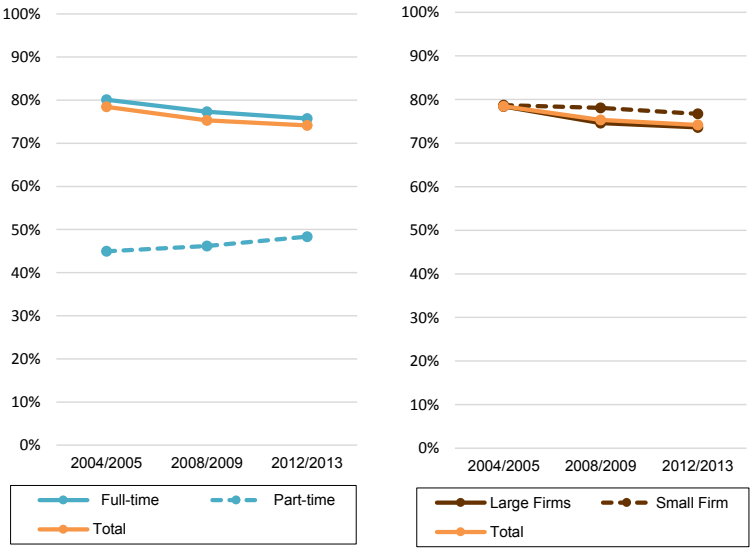
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



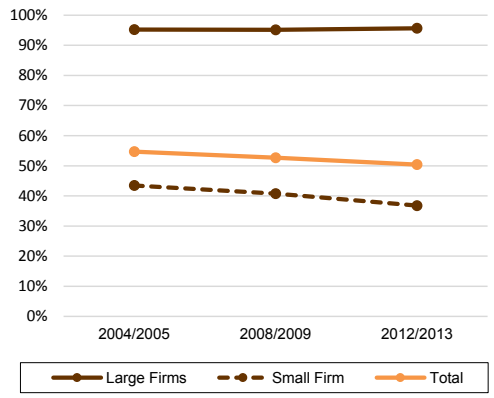
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Oregon

EMPLOYER OFFERS

Small vs. Large Firm

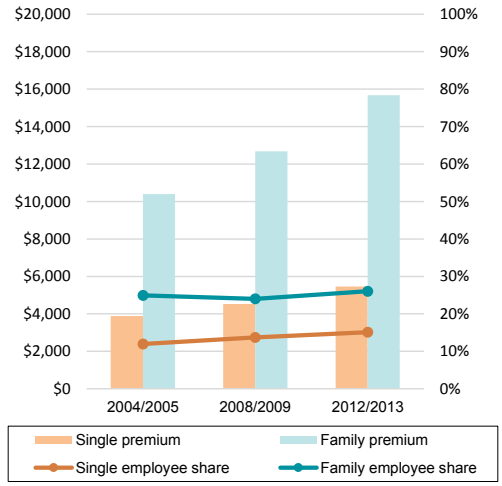
Firms Offering ESI (%)



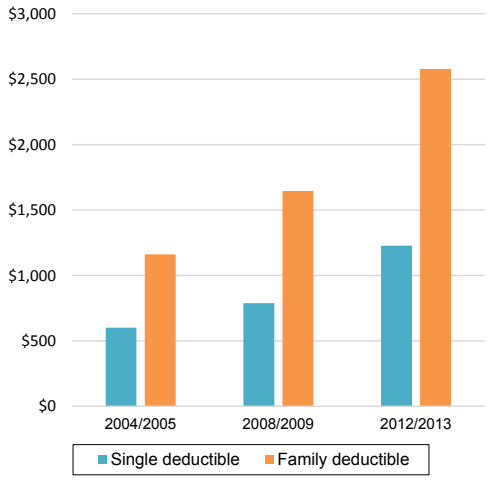
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



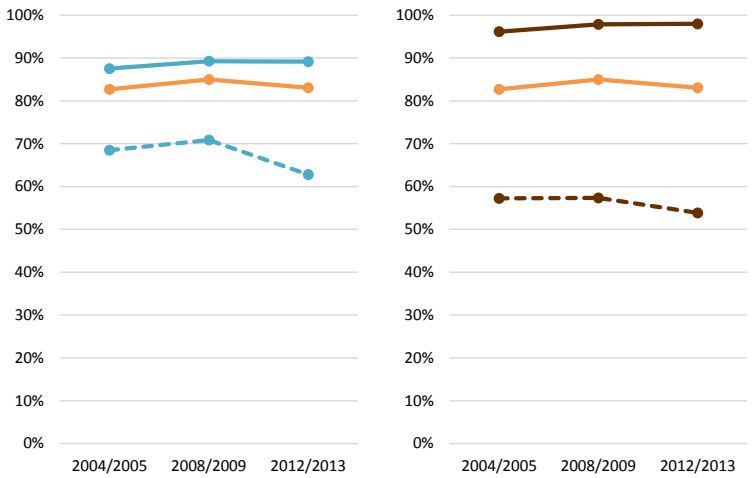
Average Deductibles ($)



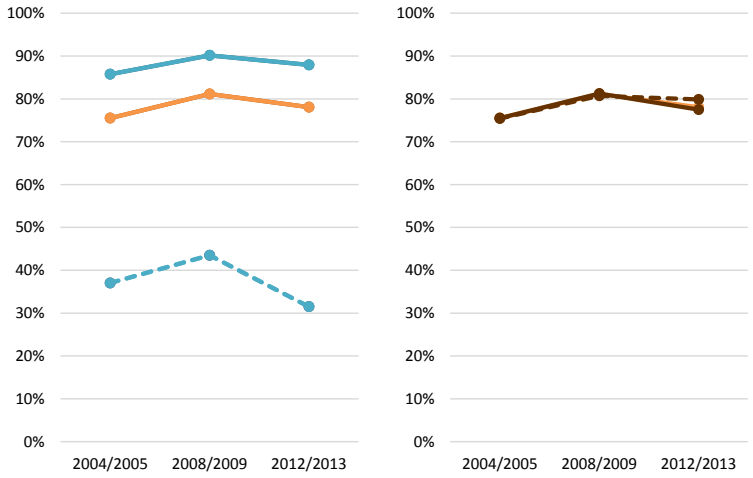
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

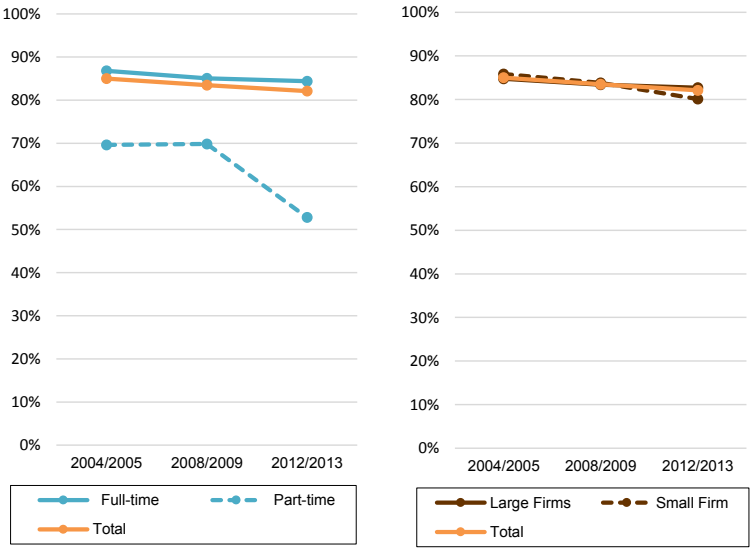
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



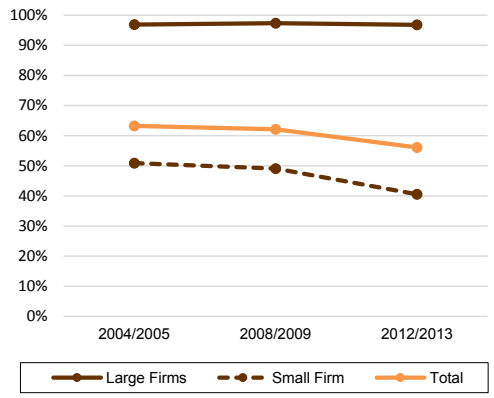
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Pennsylvania

EMPLOYER OFFERS

Small vs. Large Firm

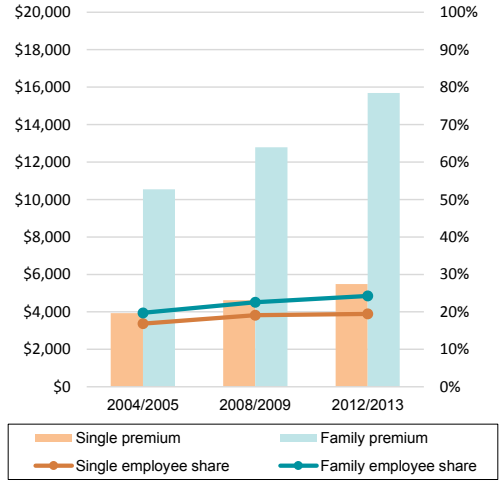
Firms Offering ESI (%)



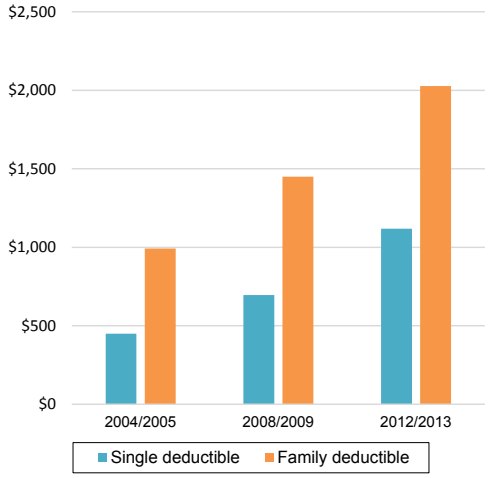
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



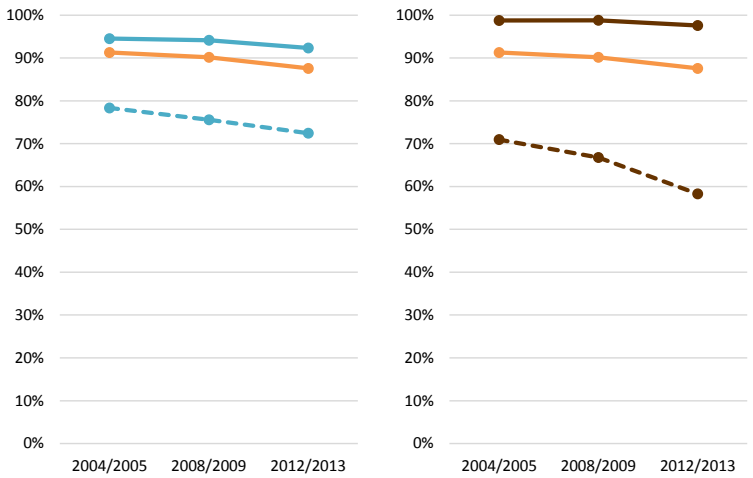
Average Deductibles ($)



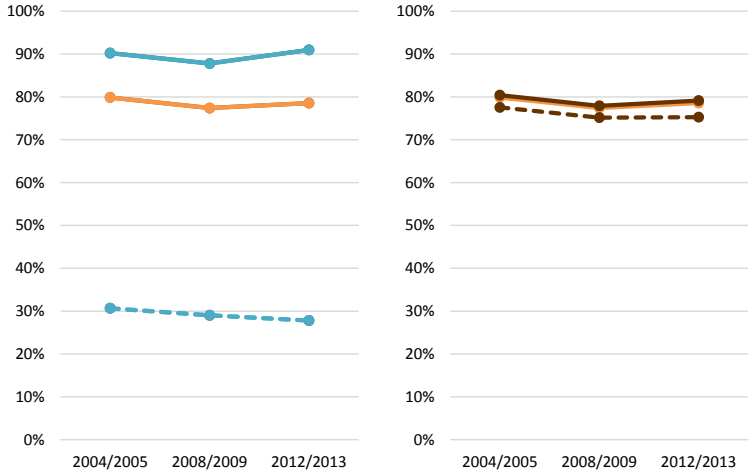
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

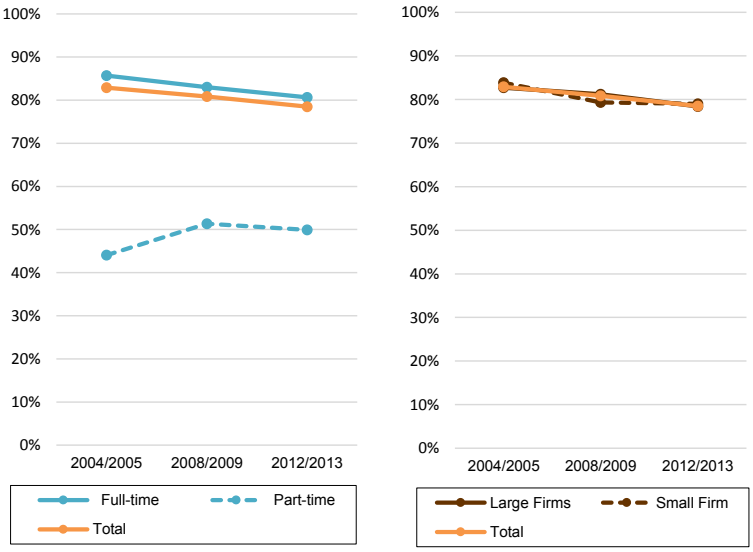
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



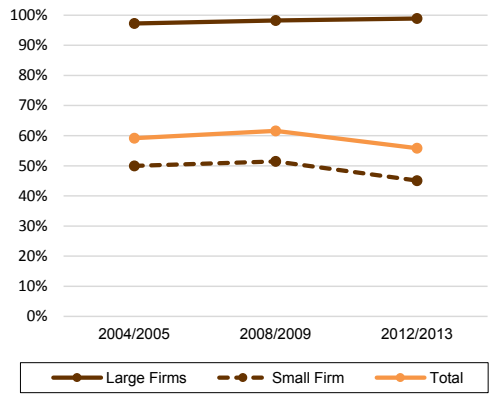
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Rhode Island

EMPLOYER OFFERS

Small vs. Large Firm

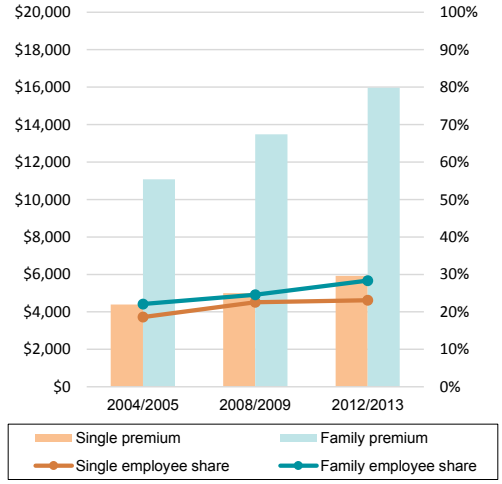
Firms Offering ESI (%)



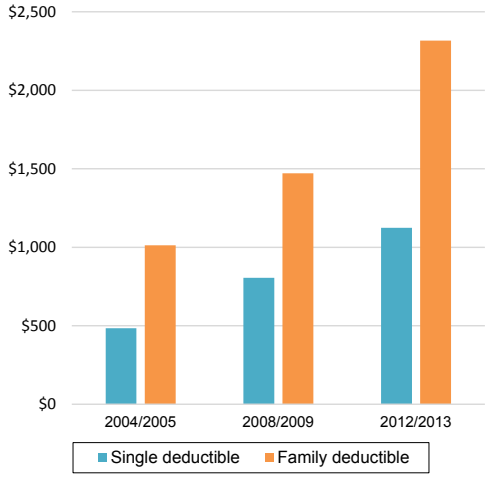
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



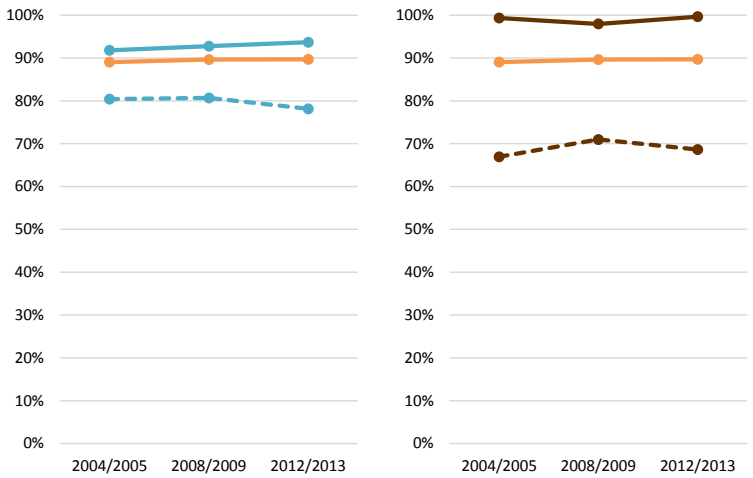
Average Deductibles ($)



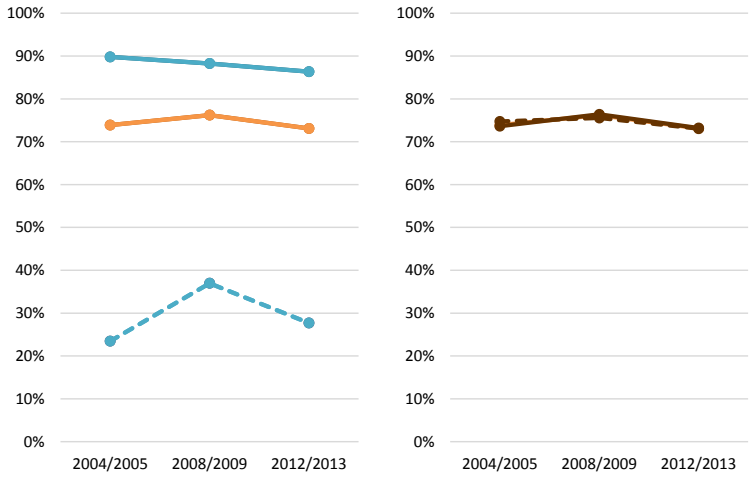
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

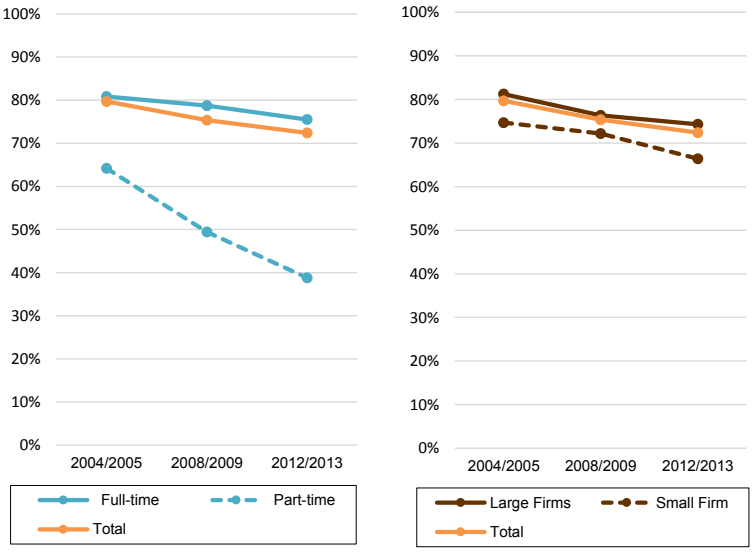
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



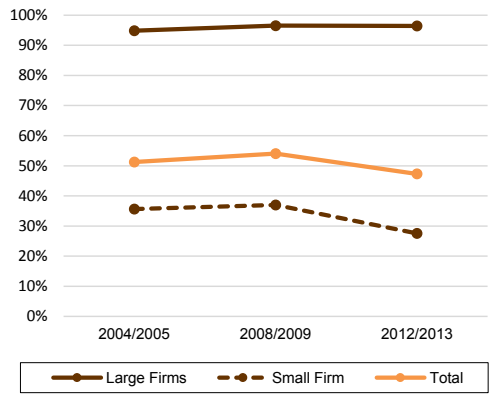
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
South Carolina

EMPLOYER OFFERS

Small vs. Large Firm

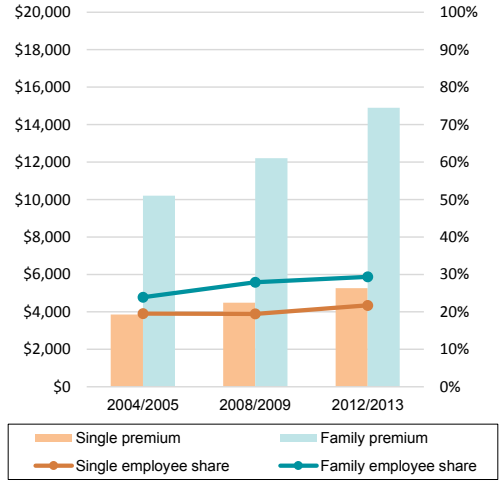
Firms Offering ESI (%)



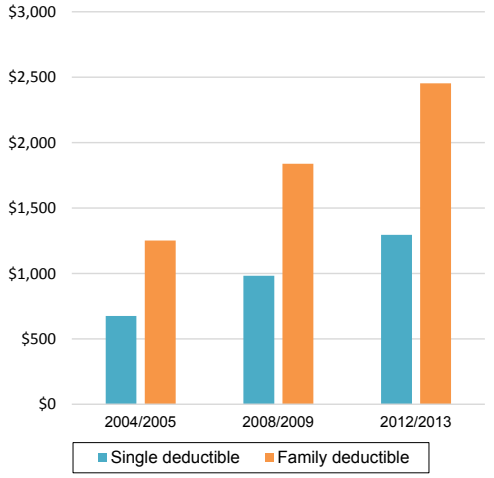
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



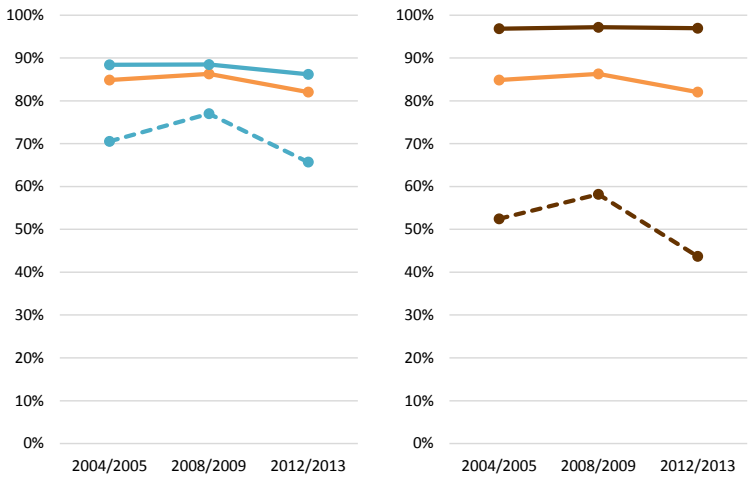
Average Deductibles ($)



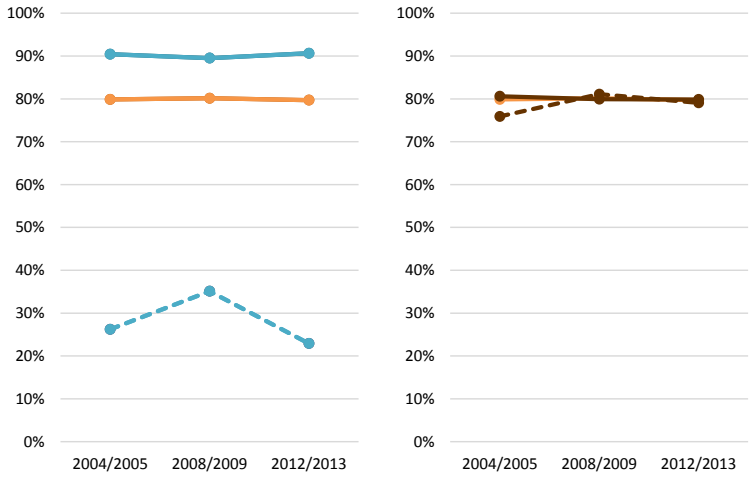
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

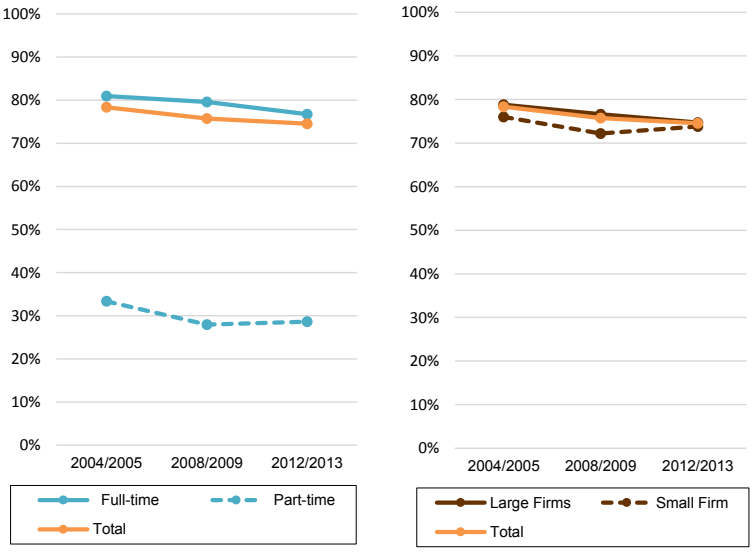
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



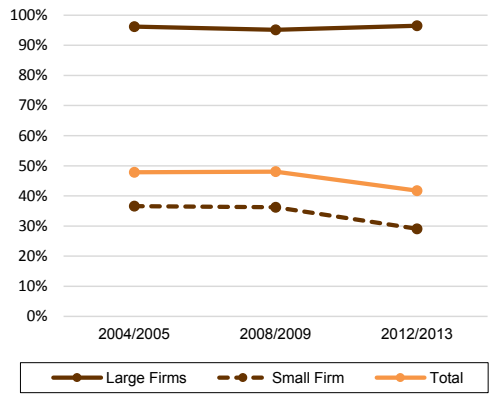
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
South Dakota

EMPLOYER OFFERS

Small vs. Large Firm

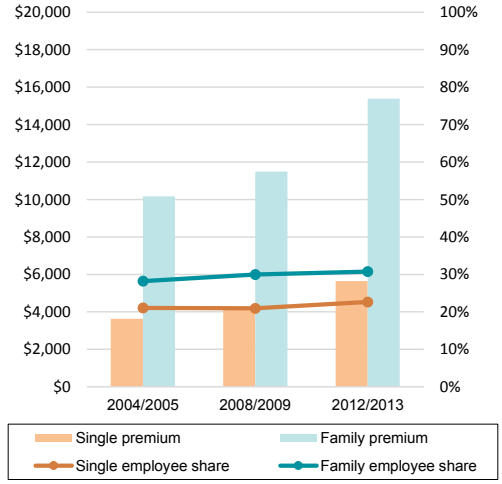
Firms Offering ESI (%)



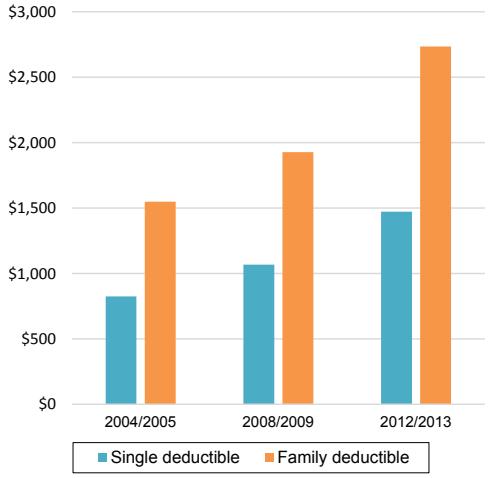
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



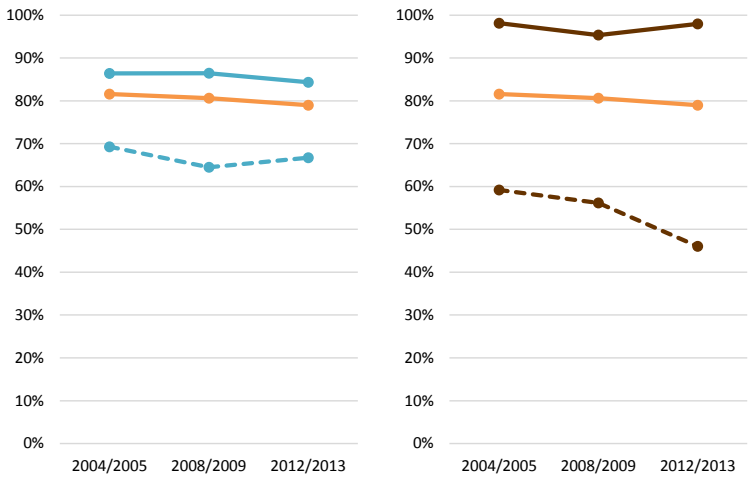
Average Deductibles ($)



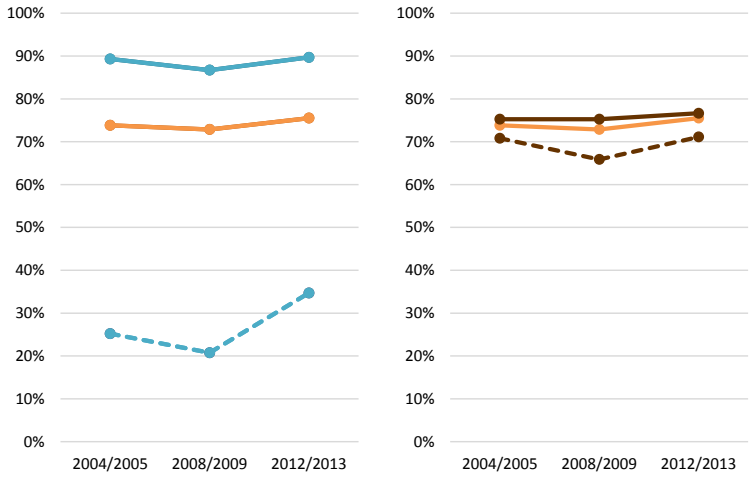
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

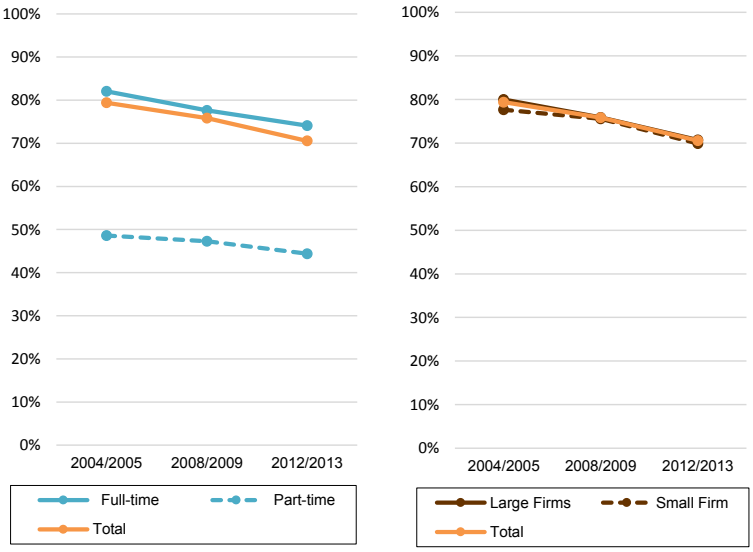
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Tennessee

EMPLOYER OFFERS

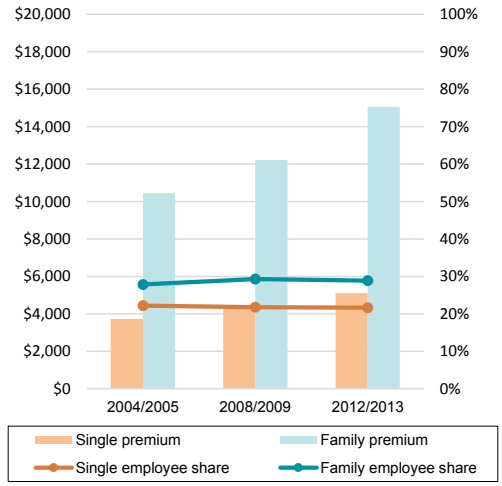
Small vs. Large Firm

Firms Offering ESI (%)

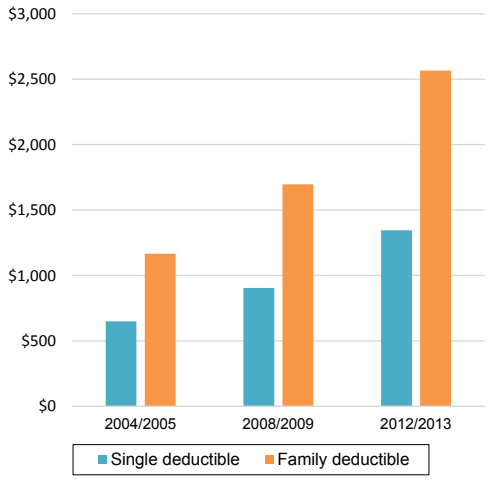
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



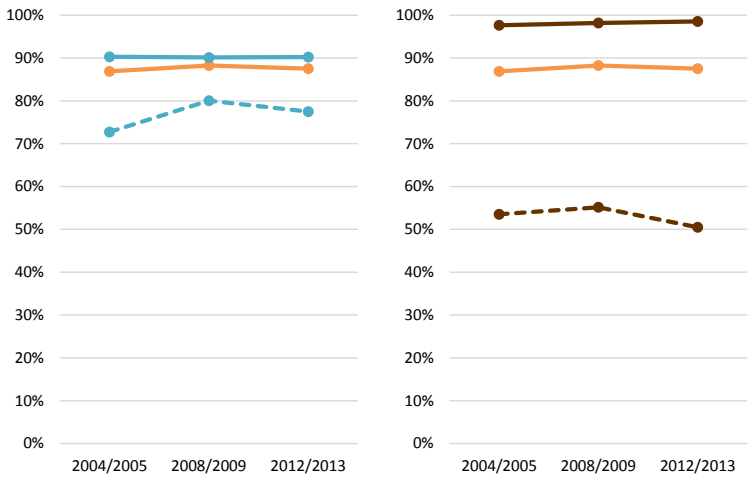
Average Deductibles ($)



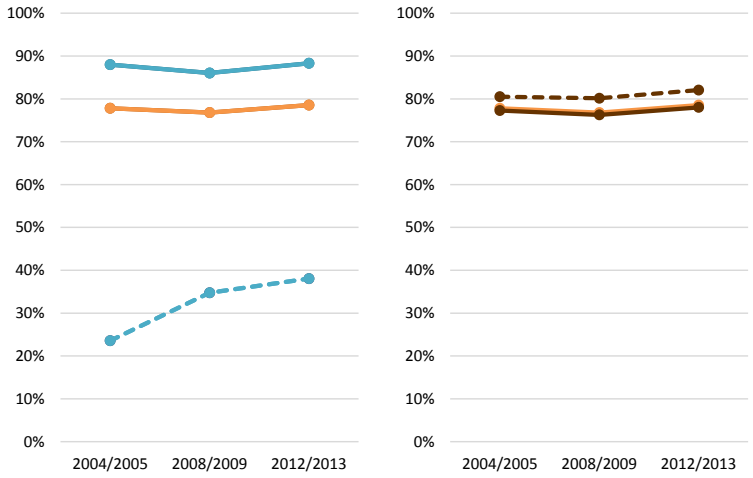
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

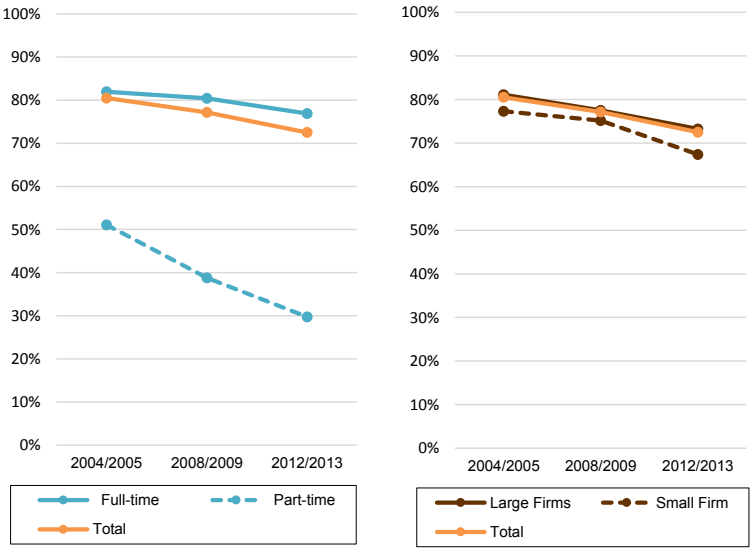
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Texas

EMPLOYER OFFERS

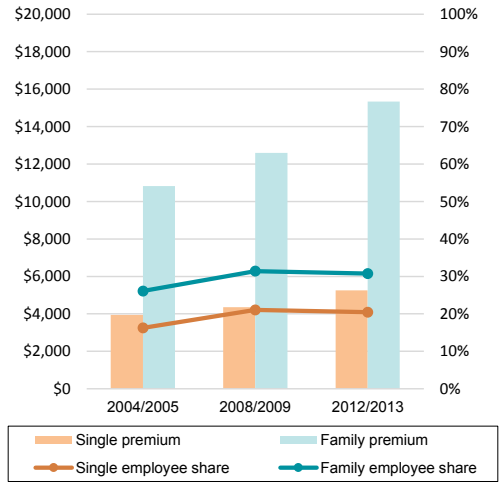
Small vs. Large Firm

Firms Offering ESI (%)

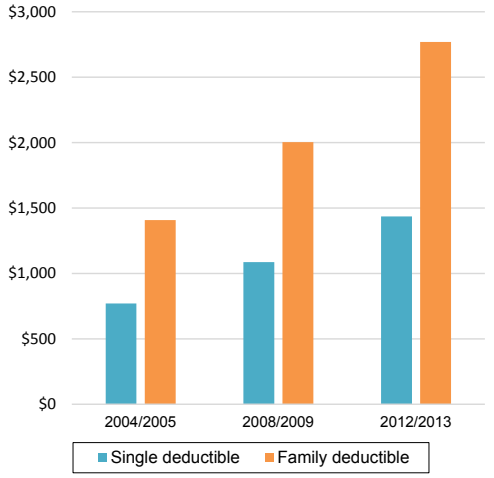
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



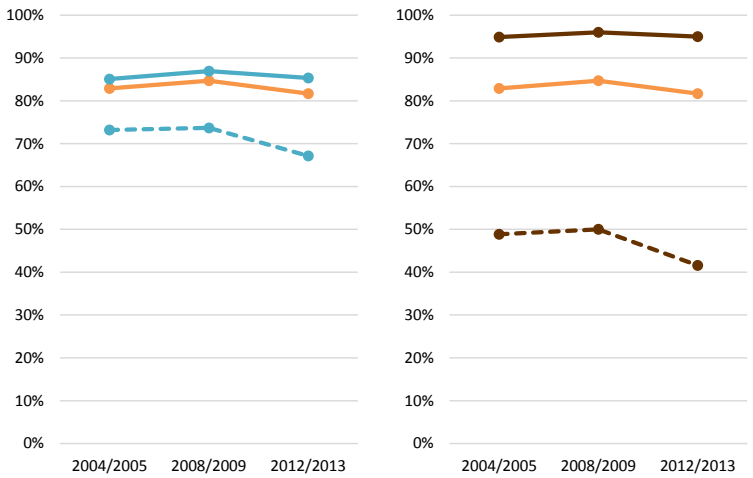
Average Deductibles ($)



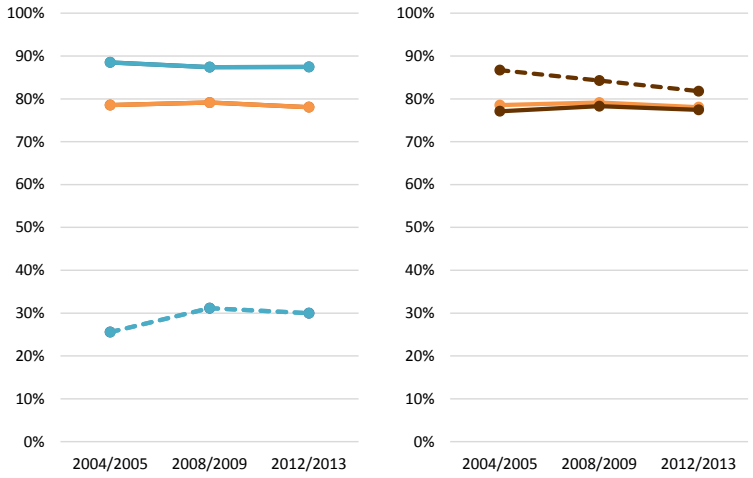
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

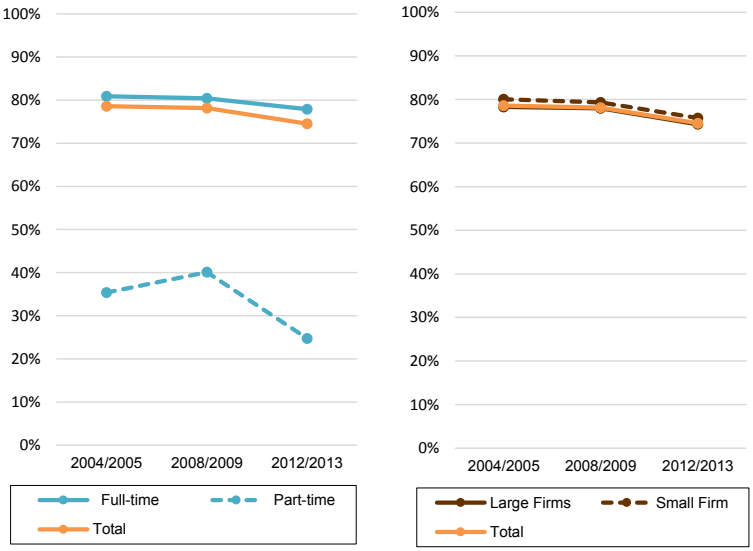
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



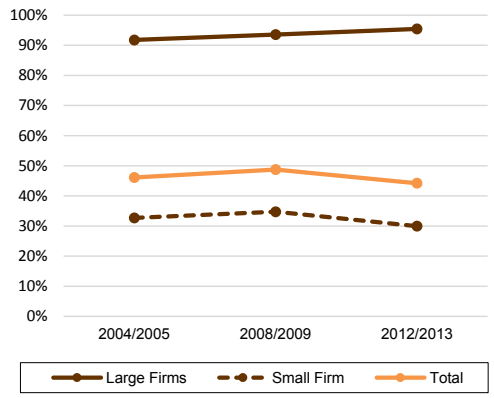
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Utah

EMPLOYER OFFERS

Small vs. Large Firm

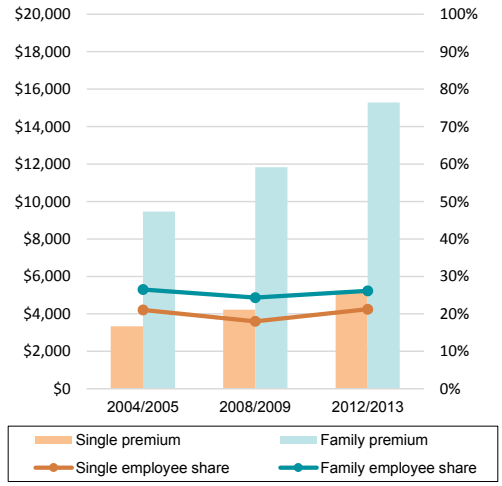
Firms Offering ESI (%)



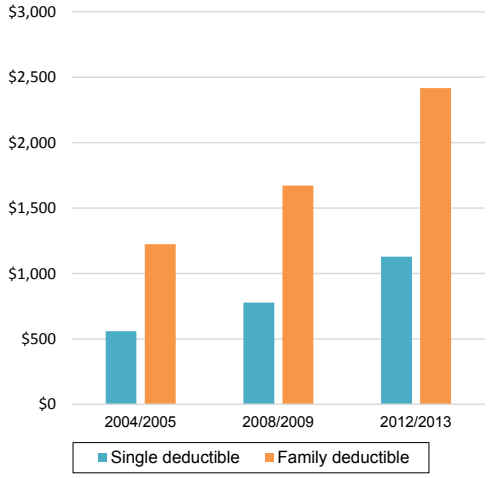
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



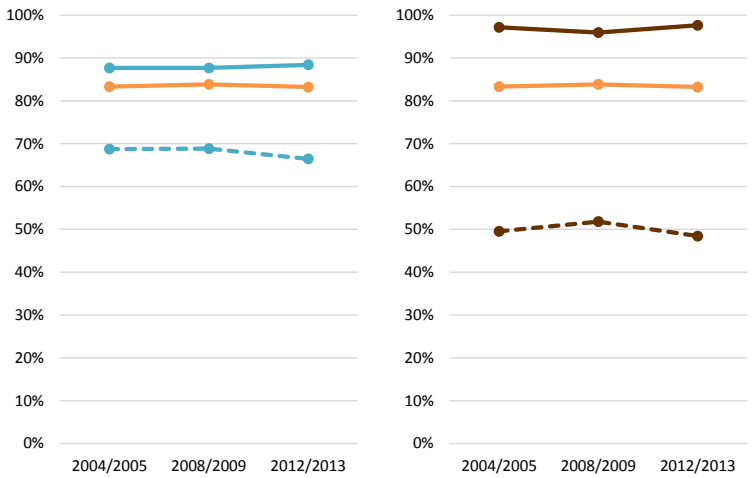
Average Deductibles ($)



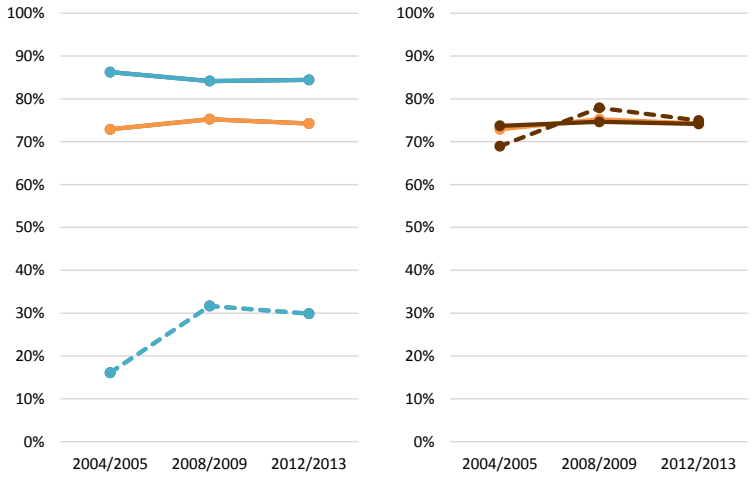
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

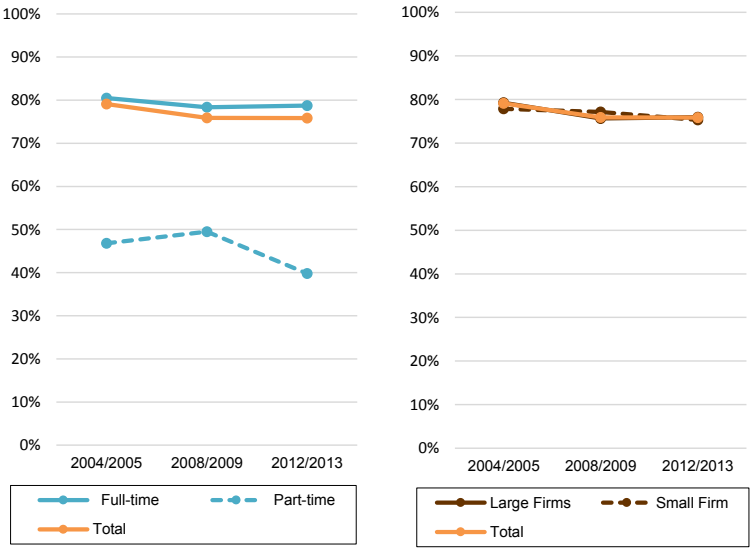
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



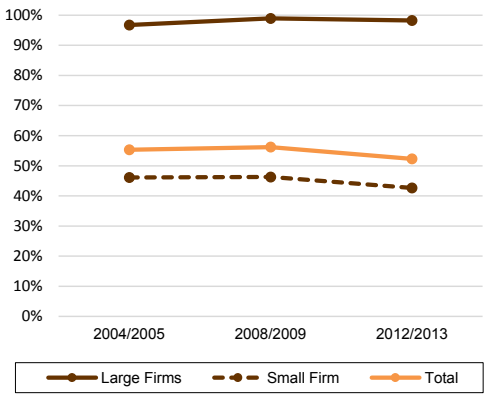
Tables of estimates are available in the online appendix at ***www.shadac.org***

State-Level Trends in Employer-Sponsored Health Insurance
Vermont

EMPLOYER OFFERS

Small vs. Large Firm

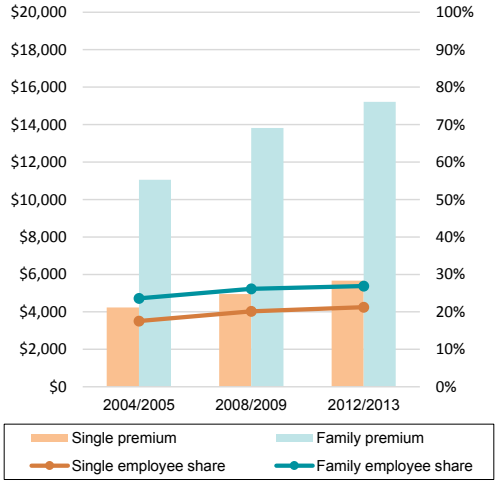
Firms Offering ESI (%)



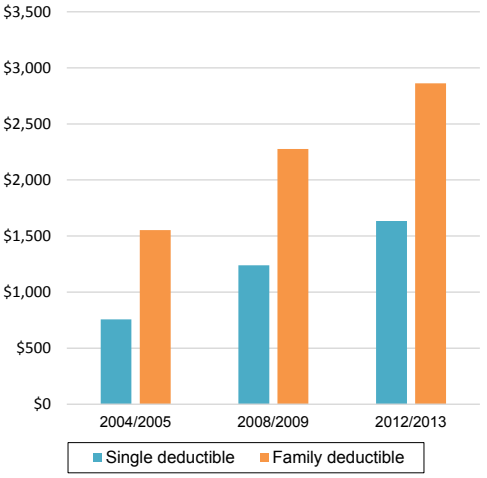
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



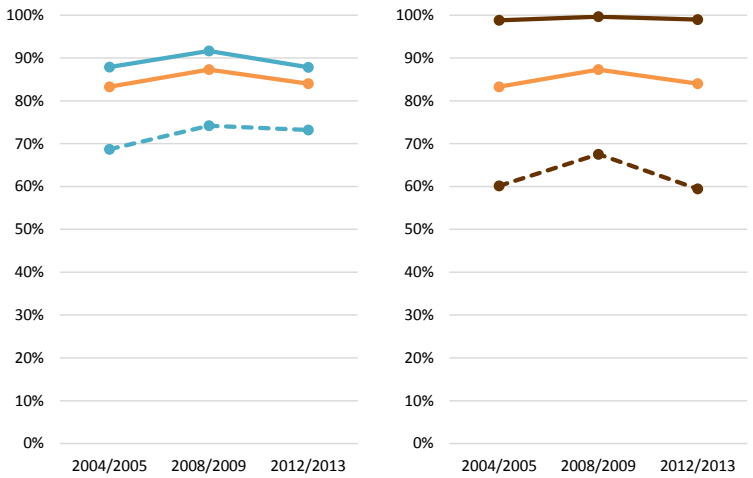
Average Deductibles ($)



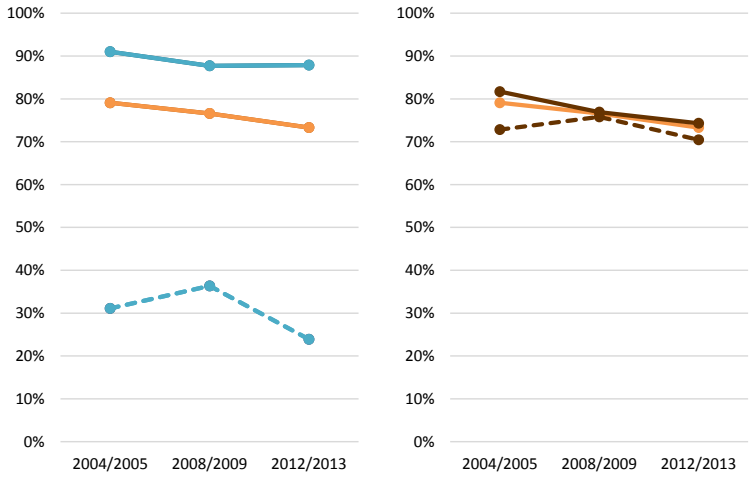
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

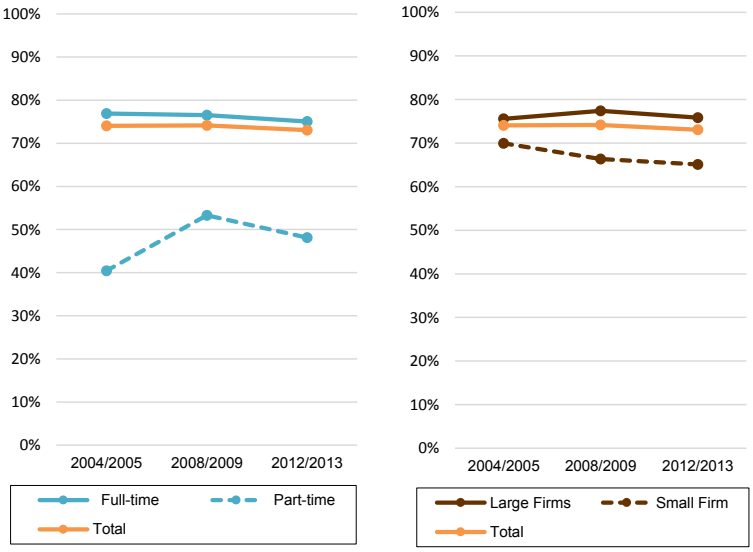
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



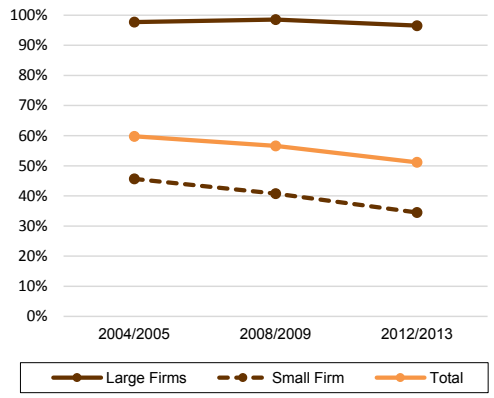
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Virginia

EMPLOYER OFFERS

Small vs. Large Firm

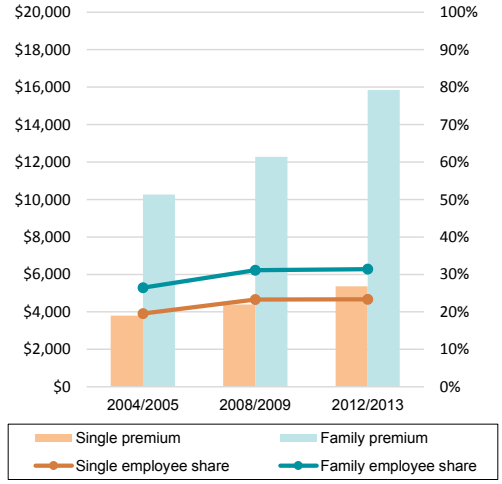
Firms Offering ESI (%)



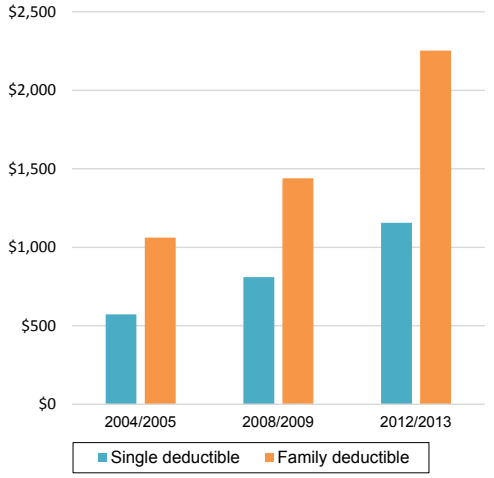
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



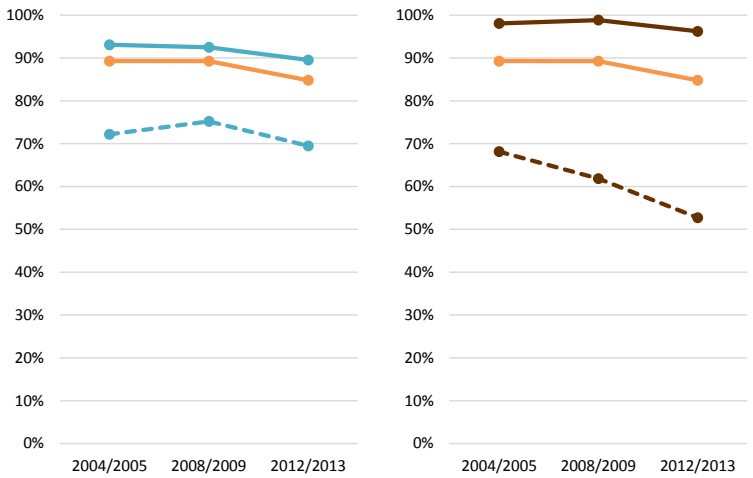
Average Deductibles ($)



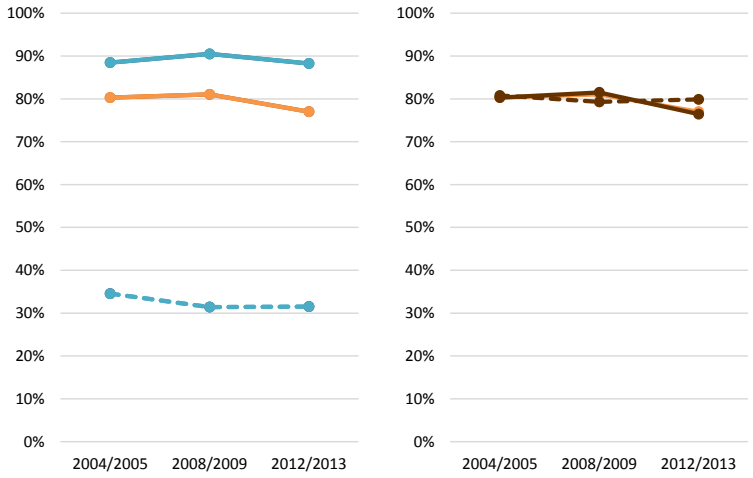
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

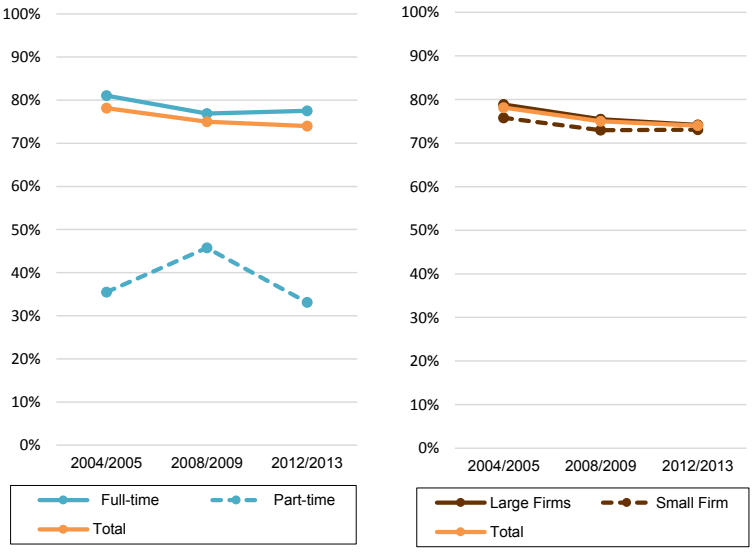
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



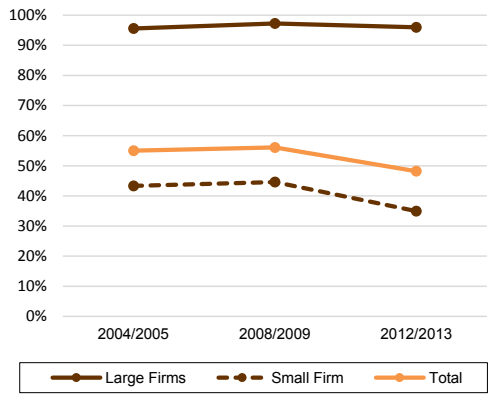
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Washington

EMPLOYER OFFERS

Small vs. Large Firm

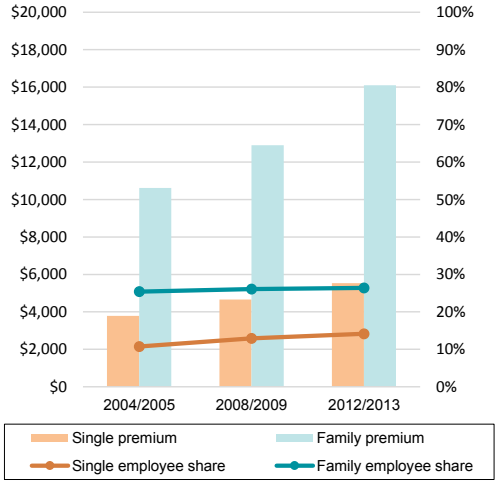
Firms Offering ESI (%)



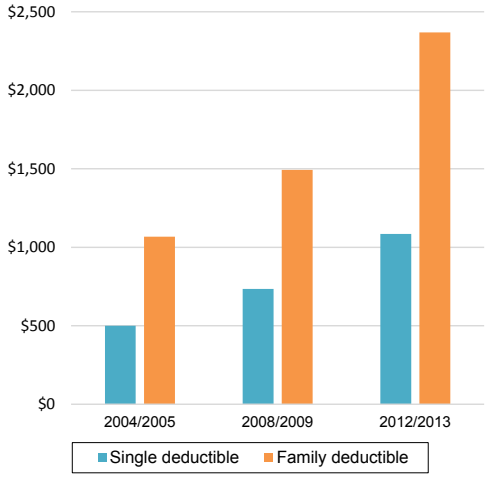
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



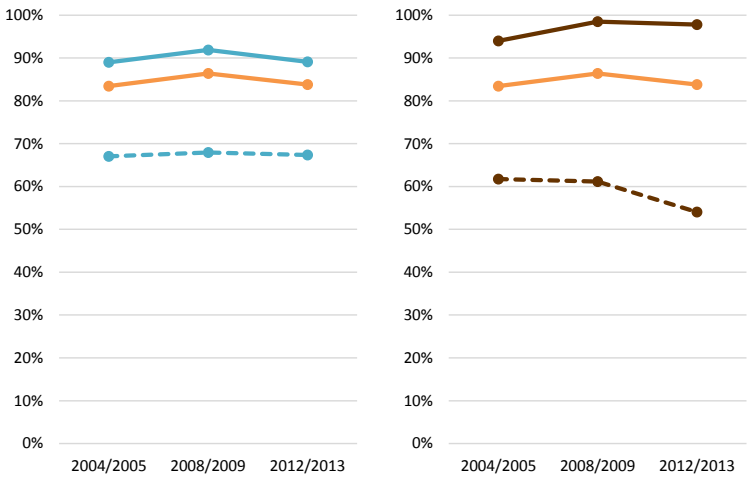
Average Deductibles ($)



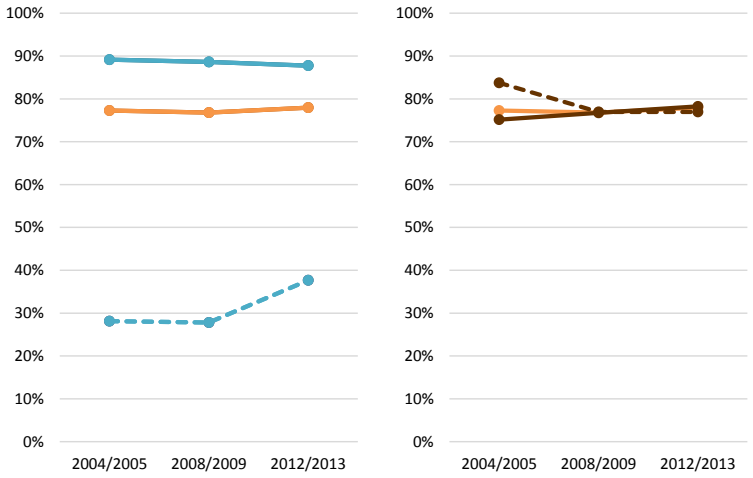
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

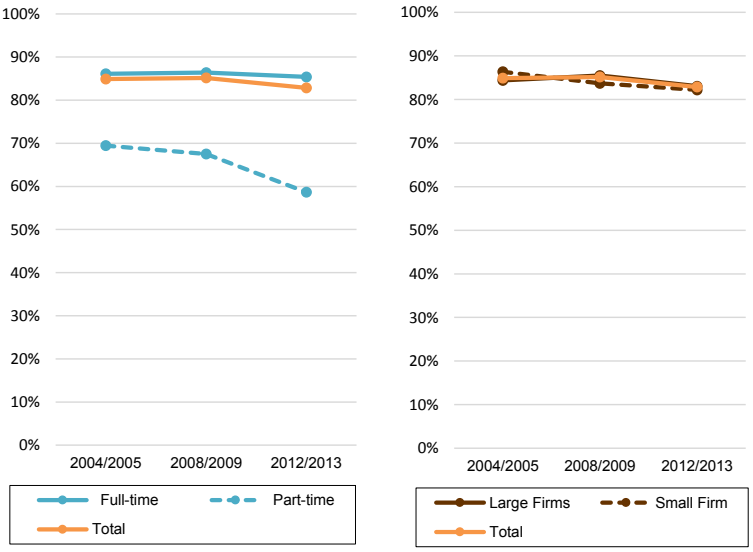
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



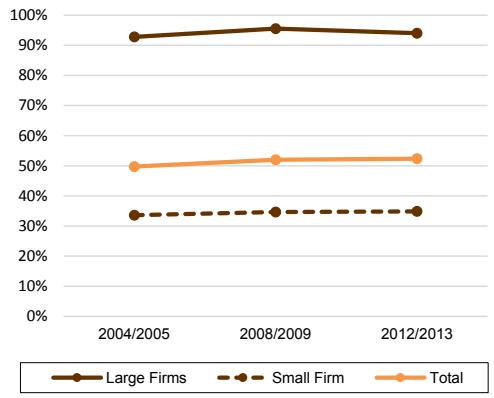
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
West Virginia

EMPLOYER OFFERS

Small vs. Large Firm

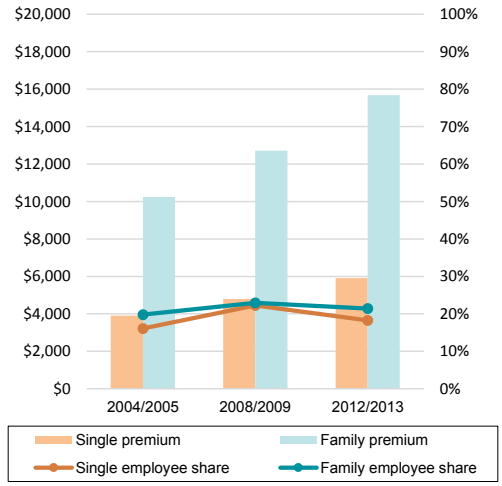
Firms Offering ESI (%)



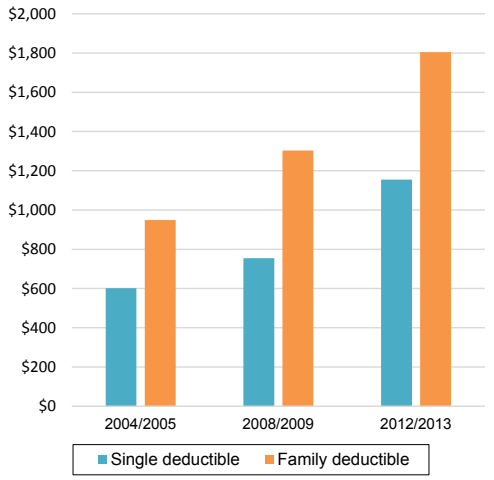
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



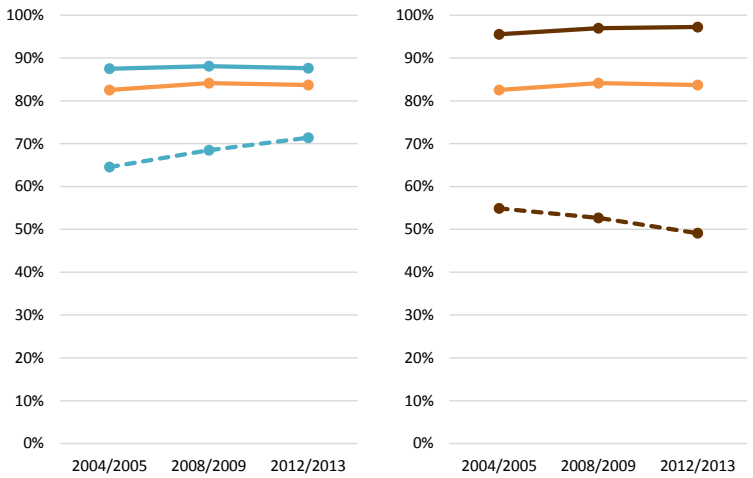
Average Deductibles ($)



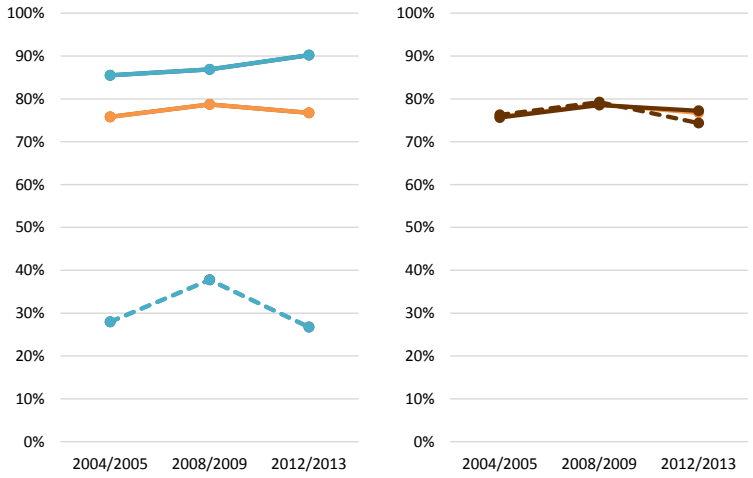
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

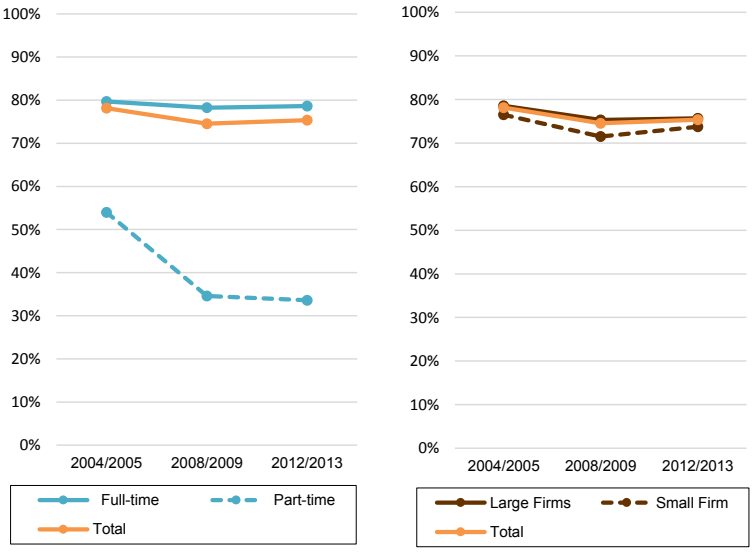
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



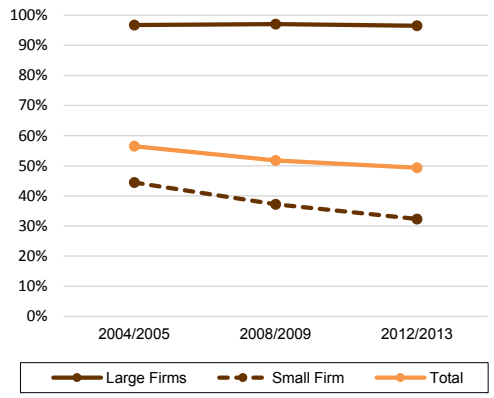
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Wisconsin

EMPLOYER OFFERS

Small vs. Large Firm

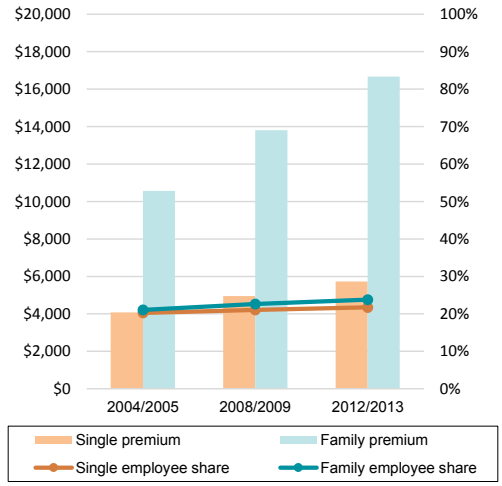
Firms Offering ESI (%)



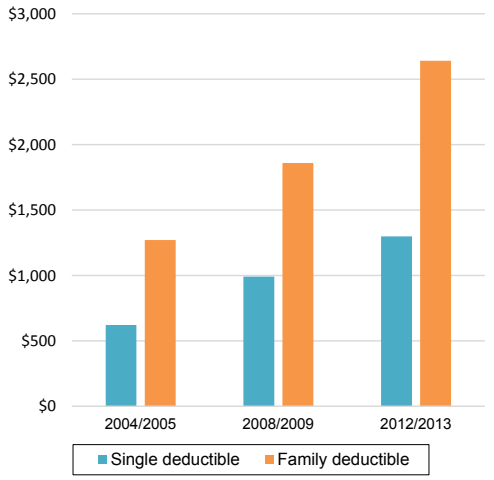
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



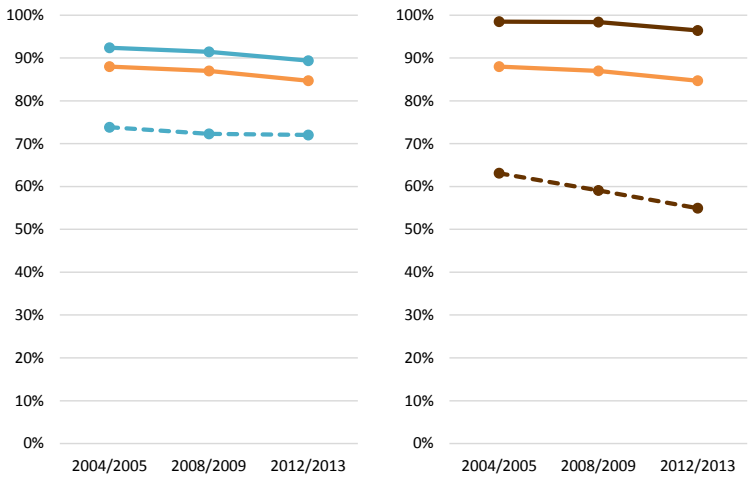
Average Deductibles ($)



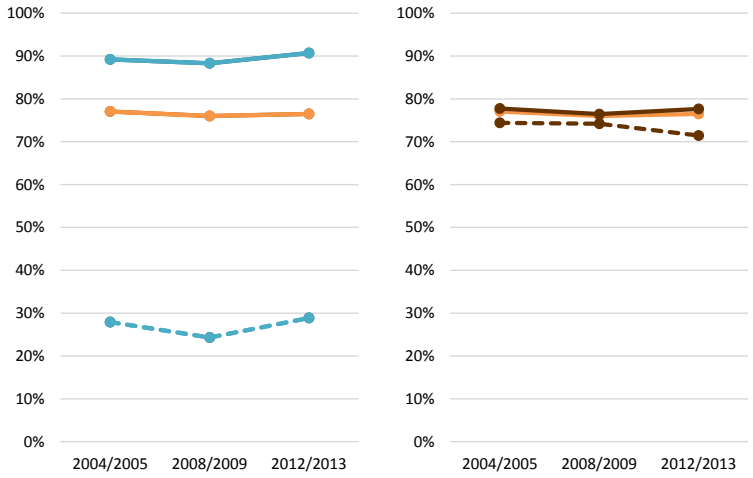
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

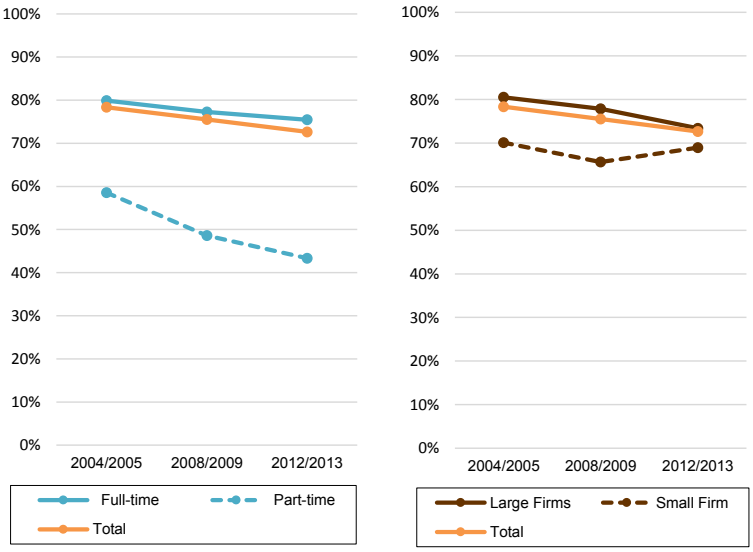
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



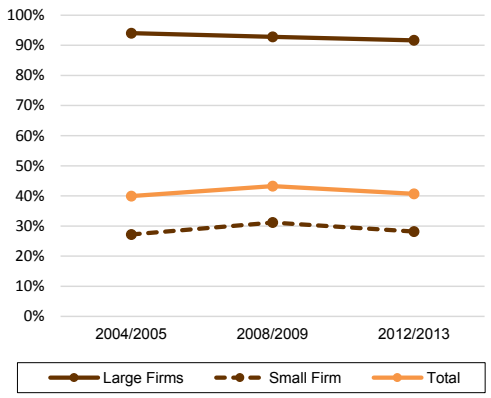
Tables of estimates are available in the online appendix at *www.shadac.org*

State-Level Trends in Employer-Sponsored Health Insurance
Wyoming

EMPLOYER OFFERS

Small vs. Large Firm

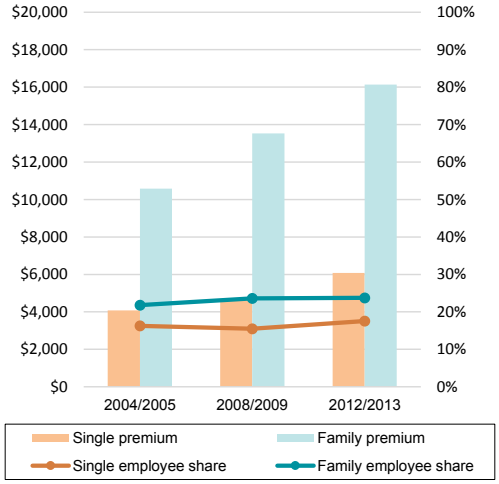
Firms Offering ESI (%)



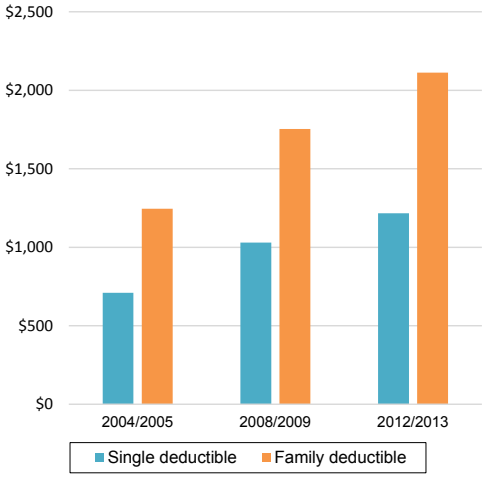
COSTS

Single and Family Coverage

Average Total Premiums ($) and Employee Share of Premiums (%)



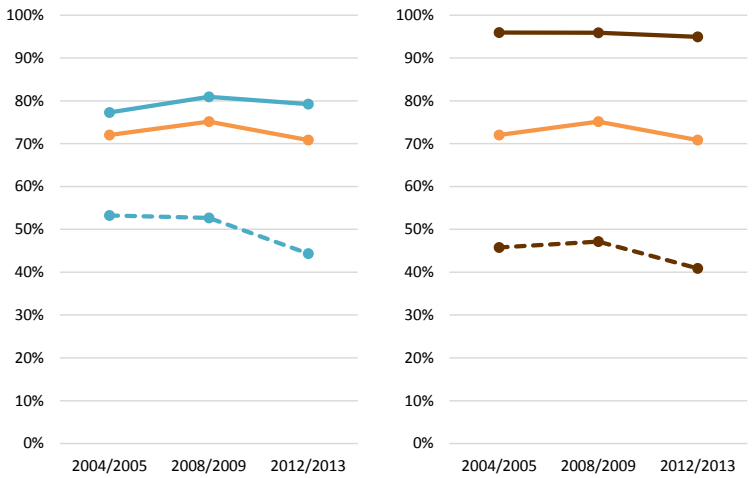
Average Deductibles ($)



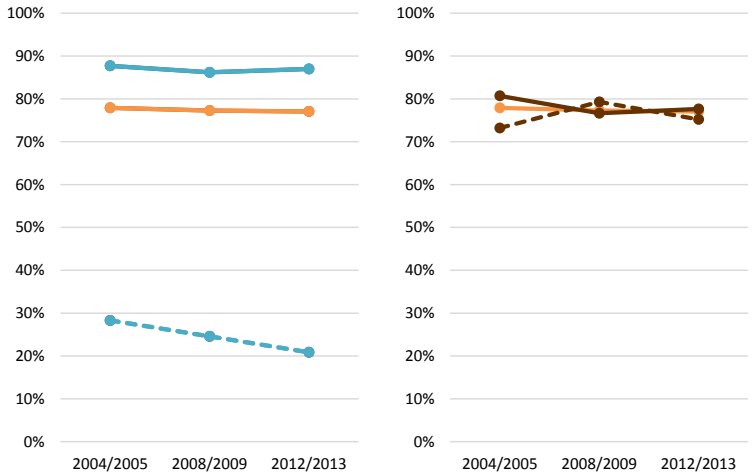
AVAILABILITY AND TAKE-UP AMONG WORKERS

Part- vs. Full-time | Small vs. Large Firm

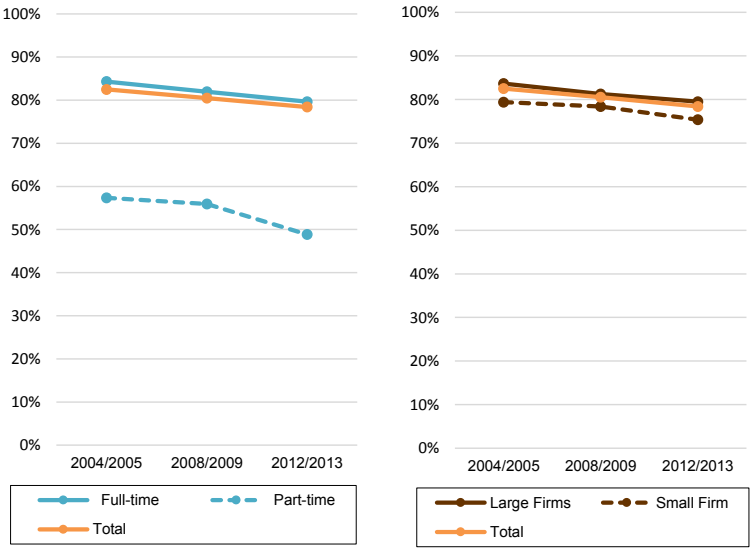
Workers Employed in Firms Offering ESI (%)



Workers Eligible for ESI (%)



Workers Taking Up ESI (%)



Tables of estimates are available in the online appendix at *www.shadac.org*

About SHADAC

The State Health Access Data Assistance Center (SHADAC) is an independent health policy research center located at the University of Minnesota, School of Public Health. SHADAC is a resource for helping states collect and use data for health policy, with a particular focus on monitoring rates of health insurance coverage and understanding factors associated with uninsurance. Funding for this report was provided by a grant from the Robert Wood Johnson Foundation. For more information, visit **www.shadac.org**.

Contact us by email at **shadac@umn.edu**, or call us at 612-624-4802.

About the Robert Wood Johnson Foundation

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