

**DECLINES IN EMPLOYER SPONSORED COVERAGE BETWEEN 2000 AND 2008:
OFFERS, TAKE-UP , PREMIUM CONTRIBUTIONS, AND DEPENDENT OPTIONS**

by

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Abstract

Even before the current economic downturn, rates of employer-sponsored insurance (ESI) declined substantially, falling six percentage points between 2000 and 2008 for non-elderly Americans. During a previously documented decline in ESI, from 1987 to 1996, the fall was found to be the result of a reduction in enrollment or ‘take-up’ of offered coverage and not a decline in employer offer/eligibility rates. In this paper, we investigate the components of the more recent decline in ESI coverage by firm size, using data from the MEPS-IC, a large nationally representative survey of employers. We examine changes in offer rates, eligibility rates and take-up rates for coverage, and include a new dimension, the availability of and enrollment in dependent coverage. We investigate how these components changed for employers of different sizes and find that declining coverage rates for small firms were due to declines in both offer and take-up rates while declining rates for large firms were due to declining enrollment in offered coverage. We also find a decrease in the availability of dependent coverage at small employers and a shift towards single coverage across employers of all sizes. Understanding the components of the decline in coverage for small and large firms is important for establishing the baseline for observing the effects of the current economic downturn and the implementation of health insurance reform.

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1. Introduction

Even before the current economic downturn, rates of enrollment in employer-sponsored insurance (ESI) declined substantially, falling six percentage points between 2000 and 2008 for non-elderly Americans. The decline in ESI occurred for policyholder coverage (from 34% of the non-elderly U.S. population to 31%) as well as dependent coverage (from 31% to 28%).¹ This decline reversed a previous increase in employer-sponsored coverage that occurred between 1997 and 2000.

Person-level ESI rates reflect a number of factors related to employer and employee decisions. The first factor is employment, since the loss of a job can lead to the loss of insurance coverage for policyholders and dependents. Since employment to population ratios were stable between 2000 and 2008, however, declining employment rates do not appear to be an important factor in the decline in ESI rates over this period.² The second factor is whether employers offer coverage, and if so, whether such offers include coverage for dependents, decisions which reflect workers' preferences for coverage.³ Employers' rules regarding eligibility for coverage and eligible employees' decisions about whether to enroll in any coverage and in single or family coverage are the final components determining person-level ESI coverage rates.⁴

During the last documented period of ESI decline, 1987 to 1996, Cooper and Schone (1997) analyzed household survey data and demonstrated that the drop in ESI was the result of a reduction in enrollment or "take-up" of offered coverage and not a decline in employer offer/eligibility rates. Cutler (2003) performed a similar analysis for changes in coverage from 1987

¹ The estimates of employer-sponsored coverage in this paragraph are from the Current Population Survey.

² Source: U.S. Bureau of Labor Statistics, "Employment and Earnings Online," January 2009; <http://www.bls.gov/opub/ee/home.htm> and <http://www.bls/cps/home.htm>.

³ See Bundorf (2002), Hadley and Reschovsky (2002), Marquis and Long (2001) and Moran et al. (2001) for examples of analyses of employer decisions with respect to health insurance.

⁴ For examples of the large literature on household demand for ESI and the demand for dependent coverage see Abraham and Feldman (2010), Okeke et al. (2010), Monheit and Vistnes (2005), Polsky et al. (2005), Cooper and Vistnes (2003) and Blumberg et al. (2001).

through 2001, using both household and employer level data, and found that increased employee premium contributions were responsible for the decline in take-up rates.⁵ To the best of our knowledge, no published work has examined the declines in ESI from the peak in 2000 to more recent years.

Both household and employer data can be useful for examining changes in insurance rates. Household data provide information on the number of people in the family, their health conditions, family income and other relevant factors, as well as information on how many people in the family have offers of coverage. However, one crucial missing piece of information in household data is the availability of dependent coverage and the cost of single and dependent premium contributions. In the Cooper and Schone (1997) analysis, which used household data exclusively, and the Cutler (2003) analysis, which used both employer and household data, the authors did not examine whether offers of coverage included the availability of family coverage from employers. Over the period of our analysis, however, this may be a particularly important factor to consider since our time frame coincides with a period of rapid growth in the Children's Health Insurance Program (CHIP). Since CHIP expanded eligibility to families with higher incomes, eligible children may have had greater access to ESI than those in the previous Medicaid expansions and workers and employers may have responded to the availability of CHIP coverage and rapidly increasing enrollment in public coverage by changing their behavior.⁶ In order to investigate this issue, we examine changes in offers of dependent coverage and shifts in enrollment between single and dependent coverage.

⁵ Other papers that have examined changes in insurance coverage over time include Chernew et al. (2005), Farber and Levy (2000), Glied and Stabile (2000), Kronick and Gilmer (1999), and Fronstin and Snider (1996/97).

⁶ See Gruber and Simon (2008) for a review of the literature on the impact of public coverage availability on employees and employers' decisions.

We use data from private sector establishments in the 2000, 2001 and 2008 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) to separate changes in employee coverage rates into the following components: changes in overall offer rates, eligibility rates, overall enrollment (“take-up”) rates, and offers of and enrollment in single, employee-plus-one, and family coverage. We also examine the relationship between enrollment rates and trends in employee premium contributions and whether the observed trends differ by firm size.

We find that employee coverage rates decreased for employers of all sizes; however, the components of the decline differed for small and large employers. Unlike the previous period of decline reported in Cooper and Schone (1997), we found no evidence that offer rates rose for employers of any size. Declining coverage rates for small firms in this period stemmed from declines in both offer and take-up rates. Large firms’ declining coverage rates were due to declining enrollment in offered coverage—in fact a larger drop in take-up was experienced by large firms compared to small firms. We also observe a decline in offers of dependent coverage at smaller employers and a shift in enrollment from dependent coverage to single coverage in our data, with differences by firm size.

As we move into the implementation phase of health insurance reform, it is important to be able to draw lessons from the most recent period of decline in employer coverage and to establish the baseline against which to evaluate the effects of reform provisions.⁷ The differences we observe by firm size are informative since certain provisions in the health reform bill target small employers, most notably, exempting small firms from employer mandate fines that start in 2014, and providing subsidies to them starting in 2010. More immediately, our results provide a baseline for observing the effects of the current economic downturn.

⁷ For further discussion of federal health care reform see Harrington, S. (2010) and Simon, K. (2010).

2. Data

The data used in this study are from the private sector establishments in the 2000, 2001 and 2008 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC), a large nationally representative survey of private sector establishments and state and local governments in the U.S. The MEPS-IC is an annual survey, sponsored by the Agency for Healthcare Research and Quality (AHRQ) and conducted by the U.S. Census Bureau. Each year the MEPS-IC obtains information on whether an establishment offers health insurance, the number and types of plans it offers, and the characteristics of each plan. Information collected on the plan includes the total annual premiums for single and family coverage, the required annual employee contributions toward premiums, as well as the specific benefit provisions under the plan. These detailed data are collected for up to four offered plans per establishment. In addition, the MEPS-IC data provide information on establishment⁸ and workforce characteristics.

3. Method

Our descriptive tables present trends in the components of employee coverage rates for establishments in five firm size categories. Because we want our estimates to help explain the decline observed in household data, we weight our estimates by the number of employees relevant for each statistic.^{9,10}

⁸ An establishment refers to the physical location where business activity takes place. Our discussion of employers by firm size refers to establishments that belong to firms of specific sizes.

⁹ Coverage, offers, and eligibility figures in Table 1 are weighted by the number of employees at establishments and take-up is weighted by the number of eligible employees at establishments offering health insurance. Figures in Tables 3 and 4 are also weighted by the number of eligible employees at the establishment. The figures in Tables 5 and 6 are weighted by the total number of enrollees at the establishment. All standard errors are adjusted for the survey design of the MEPS-IC.

¹⁰ We do not show the standard errors, but have computed the statistical tests of differences in means between 2000/2001 and 2008, and indicate statistical significance with asterisks. All differences are statistically significant at the .05 level unless noted.

We begin our analysis by examining employer-level coverage rates (the percent of all employees at an establishment that are enrolled in health insurance) and the following components: offer rates (the percent of employees at employers that offer coverage), eligibility rates (the percent of employees that are eligible for coverage if offered) and take-up/enrollment rates (the percent of eligible employees that enroll in offered coverage). We then examine the availability of coverage for dependents, such as employee-plus-one and family plans, and the relationship between employee contributions and enrollment rates (overall and for single and dependent coverage).

When employers offer multiple plans, we select the plan with the lowest employee contribution at each establishment for single, employee-plus-one and family coverage to represent the premiums for the establishment. We present means of the lowest priced single plans when presenting data on take-up of *any* coverage and means of the lowest priced single, employee-plus-one and family coverage when examining enrollment shares among these coverage types (all premiums are in 2008 dollars).¹¹ Since not all establishments offer all three types of coverage, we examine enrollment shares and contribution levels for employers that only offer single and family coverage separately from those employers that offer all three types of coverage.¹² In addition, while we focus on trends between 2000 and 2008, information on premiums and contributions for employee-plus-one coverage was collected beginning in 2001. Therefore, for tables and analyses that include information on employee-plus-one enrollment and premium contributions, we present additional data for 2001.

¹¹ To calculate enrollment in family coverage, we subtract enrollment in single and employee-plus-one coverage from overall enrollment figures for active employees. We identify the remainder as family coverage, but recognize that other forms of coverage may be included in these estimates.

¹² Note that while employers may offer employees more choices than single, employee-plus-one and family coverage (e.g. they may offer employee-plus-two coverage), the MEPS-IC questionnaire only collects information on these three options.

4. Results

Table 1 presents estimates of employee coverage rates and its components: offer, eligibility, and take-up rates by firm size. We have indicated when differences between 2000 and 2008 are statistically significant with asterisks placed in the 2008 cells. As can be observed by comparing the “All” size category over time in Table 1, overall employee coverage rates declined from 57.1% to 53.6% between 2000 and 2008. While this decline was consistent across all firm size categories, we observe different trends in the underlying components by firm size. Falling offer and take-up rates contributed to the decline for smaller employers, but only declining take-up rates contributed to the decrease for the largest employers. For example, offer rates declined in the smallest firms from 46.6% in 2000 to 43.7% in 2008 and from 88.4% to 83.7% for those with 25-99 employees, but held steady in firms with 100 or more employees. In contrast, eligibility rates were stable throughout this period across employers in all firm size categories. Take-up rates declined across all firm sizes, except those with 100-999 employees, and the magnitude of the decline was somewhat greater for large firms than small firms (less than 2 percentage points for the smallest firms and 2.9 percentage points for the largest firms).

Next, we consider trends in the type of coverage that workers receive, an important factor in understanding trends in household ESI rates. If more workers shift away from covering their whole family and increasingly enroll in single coverage, estimates of ESI coverage from household surveys could decline even if employer data indicated that overall coverage rates were stable. Table 2 shows the distribution of active enrollees in the following coverage types: single, employee-plus-one and family coverage. As noted earlier, we chose 2001 as the “base” year for this table because of limitations in data availability with respect to employee-plus-one plans.

Table 2 indicates that enrollment shifted towards single coverage over this time period, with the percent of covered workers selecting single coverage increasing from 46.3% in 2001 to 50.2% in 2008. This pattern is observed for enrollees in all firm size categories and is further illustrated in Figure 1, which shows single enrollment shares for each year in our analysis period. This shift towards single coverage has been accompanied by a corresponding decrease in the proportion of enrollees in family coverage. Enrollment rates in employee-plus-one coverage show a more complicated pattern, however, declining in firms with less than 25 employees, remaining stable for those with 25-999 employees and increasing for the largest employers. The data in Tables 1 and 2 therefore suggest that declining household ESI rates reflect two forces: the reduction in overall take-up and an increase in single coverage among enrollees.

In Table 3 we examine the relationship between the lowest priced *single* plan faced by eligible employees and enrollment rates. We chose to present the lowest single premium contribution since it represents the lowest priced option available to employees when they are considering whether to take *any* coverage from their employers. As these estimates clearly demonstrate, employers increasingly required employees to contribute towards the cost of single coverage over this period. Table 3 shows that in 2000, only 68.4% of eligible workers faced a positive employee premium contribution for the lowest price single plan, with the remaining 31.6% facing no contribution. By 2008, however, 76.7% of eligible workers were required to make positive contributions for such plans. This shift away from zero contribution single plans is observed in all firm size categories and is substantial (at least a 7 percentage point decrease for all firm sizes). In both years, eligible workers at small employers remained more likely than those at large employers to be offered zero contribution plans, most likely to ensure that enrollment rates reached minimum participation requirements (see Zawacki and Taylor 2005 for

a discussion of employer offers of zero premium contribution plans). In addition, the dollar value of required employee contributions increased across all employer size categories over this period.

The next two columns of Table 3 show the mean take-up rates for eligible employees at employers with either positive (column 5) or zero (column 6) contributions for single coverage. As expected, we observe higher take-up rates when employees are not required to contribute towards the premium cost of single coverage compared to those that must make a positive contribution. This pattern is apparent in each firm size category in both 2000 and 2008.

Examining enrollment trends by whether or not plans require employee contributions (Table 3) and comparing these trends to overall enrollment rates (Table 1) is somewhat difficult, since splitting the sample by type of contribution policy makes it harder to detect statistically significant declines. For example, in Table 1 we saw that take-up rates declined across all firm size categories. However, in Table 3 the only estimates to show a statistically significant decline were for eligible employees facing zero contributions in firms with 10-24 and 1000 or more employees. All other take-up estimates for 2008 appeared lower than those in 2000, but the declines were not statistically significant.

Next, we examine access to dependent coverage for eligible workers and identify a number of important trends in the percent of eligible workers offered combinations of family and employee-plus-one coverage (Table 4).¹³ As observed in the last column, coverage for at least some dependents (either an employee-plus-one or family plan) is almost always available to eligible workers -- 98% of eligible workers had such access in 2008. However, there are important differences by firm size. In particular, we find that access to dependent coverage was

¹³ In this case, the asterisks are placed next to the 2000 or 2001 cells to indicate differences between 2000 and 2008, and 2001 and 2008 respectively.

not universal at small employers, even at the beginning of our analysis period. Only 89.4% of workers at the smallest employers were offered some type of dependent coverage in 2000 and by 2008 that figure had fallen to 82.6%. Eligible workers in the next largest firm size category (10-24 employees) also experienced a decline in offers of dependent coverage, from 97.1% in 2000 to 93.3% in 2008. In contrast, almost 100 percent of eligible workers at the largest firms were offered some type of dependent coverage throughout this time period.

The observed declines in offers of dependent coverage reflect decreases in the availability of family coverage for eligible workers at all but the largest employers. Employee-plus-one plans became more widely available, with offers rising from 70.8% to 87.4% between 2000 and 2008. The rise of employee-plus-one coverage, however, did not displace family coverage in most cases. Employers usually offered this coverage in combination with an offer of family coverage, not in lieu of such coverage. However, 6% of eligible employees at the smallest firms and 3.9% at firms with 10-24 workers were offered employee-plus-one coverage as the only dependent option in 2008.¹⁴ Despite recent increases in the availability of employee-plus-one plans at smaller employers, this type of dependent coverage is still much more likely to be offered at larger firms. Only half (54.7%) of the eligible workers at the smallest employers were offered employee-plus-one coverage in 2008 compared to 95.3% at the largest employers.

While the trends in Table 4 indicate the increasing availability of employee-plus-one plans between 2000/2001 and 2008 and stable rates for eligible workers at small employers between 2001 and 2008, earlier we saw that enrollment shares in such plans decreased for enrollees at smaller employers (Table 2). The discrepancy in these trends must therefore reflect declining enrollment in employee-plus-one plans at smaller employers. We examine enrollment

¹⁴ These figures were calculated by subtracting the percent offering both types of coverage (column 6) from the percent offering employee-plus-one coverage (column 4).

rates by type of coverage in the next table, along with the premium increases associated with different plan types. Since not all employers offer all three types of coverage, we examine changes in the distribution of enrollees across coverage types separately for employers offering all three coverage options (Table 5) versus those offering only single and family coverage (Table 6). We focus our discussion on changes in enrollment in employee-plus-one coverage for the period 2001 to 2008 so that we can incorporate available information on employee premium contributions.

Consistent with our earlier findings (Table 2), we see that when employers offer all three types of coverage, the percent of enrollees in single plans increased across all firm size categories ($p < 0.10$ for firm size 100-999). In contrast, shares of family enrollment were stable and shares of employee-plus-one coverage decreased between 2001 and 2008 for all but the largest firms. For the largest firms, enrollment rates in employee-plus-one coverage were steady and family coverage rates declined from 37.8% to 33.8%. We observe more movement in family enrollment rates for the smaller firms when we take into account changes between 2000 and 2001. At the smallest firms, family enrollment shares actually increased between 2000 and 2001 (from 24.6% to 27.5%) while family enrollment shares in firms with 25-99 and 100-999 employees declined and then remained at the lower levels in 2008.

Next, we examine the correlation between enrollment rates and employee premium contributions. As shown in Table 5, mean contributions (in 2008 dollars) increased across the board for single, employee-plus-one and family plans for enrollees in all firm size categories. However, the absolute dollar increase was substantially greater for coverage for dependents, particularly employee-plus-one coverage. While contributions for single coverage increased from \$459 to \$640 between 2001 and 2008, contributions for employee-plus-one coverage almost

doubled, increasing from \$981 to \$1858. In addition, family coverage contributions increased from \$2211 to \$3069. Despite these large increases, it is difficult to draw strong conclusions about the relationship between increasing contributions and declining enrollment rates. For example, the largest employers increased employee-plus-one contributions dramatically, but experienced no change in enrollment shares for that coverage type. Family contributions at these employers also increased, and by roughly the same absolute dollar amount, yet family coverage rates dropped by four percentage points.

Table 6 presents estimates for the subset of employers who offered only single and family coverage. As in Table 5, we again see an overall increase in the percent of enrollees with single coverage, rising from 46.9% in 2000 to 50.8% in 2008. This shift from family to single coverage may reflect the rising difference between family and single employee contributions (a difference of \$1620 in 2000 and \$2276 in 2008) (column 5). While overall estimates of enrollees taking up single coverage increased, only enrollees at employers with 10-24 employees experienced a statistically significant increase in the share of enrollees with single coverage. This firm size category was also the only one to show a decrease in the percent of enrollees facing equal family and single contributions (from 31.6% in 2000 to 22% in 2008). In addition, when enrollees in this size category did have to pay more for family than for single coverage, the difference was substantial (\$4842 in 2008).

In addition to analyzing time trends in premium contributions, our estimates also provide some insight into differences across other dimensions. For example, by separating our estimates in Tables 5 and 6 by employers offering two versus three types of coverage, we are able to compare family coverage contributions across these settings. We would expect that when families are able to sort between employee-plus-one and family coverage, family coverage will

be selected by larger families. This would lead us to expect higher total premiums for family coverage at such employers than at those who only offer single and family coverage. The differences in contributions between Tables 5 and 6 are consistent with this explanation. When all three plans are available (Table 5), employee premium contributions for family coverage are higher than when only family and single coverage are offered (Table 6). For example, enrolled employees in the smallest firms in Table 5 pay \$611 more for family coverage than those in Table 6. The difference is even greater in firms with 25-99 employees (\$1152).

Earlier we showed that small employers were less likely to offer family coverage in 2008 than in 2000. It is interesting that when we examine contribution strategies for those that do offer such coverage (Table 6) we see that family coverage is offered at more attractive terms at many small employers than at larger employers. In both 2000 and 2008, almost half of enrolled workers in the smallest establishments did not have to pay anything extra when taking up family rather than single coverage. This apparent generosity by the smallest firms (among the select ones who offer insurance) may again be due to insurers' minimum participation requirements, since in order to maintain high take-up ("participation") rates, small firms may keep employee contributions low. However, while half the enrollees at the smallest employers faced no additional costs for family coverage, the other half faced a substantial difference, \$5011 extra for family coverage. At large firms, the vast majority of enrollees had to pay more for family coverage, however, the mean difference between family and single contributions was substantially lower than at smaller employers (\$1566 in 2008).

5. Conclusion

Household data indicates that rates of employer-sponsored coverage declined six percentage points between 2000 and 2008 for non-elderly Americans. Studies that examined earlier periods of ESI decline found that although more employers offered coverage over time, employees were less likely to enroll and that increasing employee contributions played a role in declining take-up rates (Cooper and Schone, 1997; Cutler 2003). In this paper, we investigate the components of the most recent decline in employer coverage by firm size, using employer data from the 2000, 2001 and 2008 MEPS-IC. We examine changes in offer rates, eligibility rates and take-up rates, and include a new dimension, the availability of and enrollment in different types of dependent coverage. Examining dependent coverage is particularly important since the time frame of our analysis coincides with a period of rapidly increasing enrollment in public coverage for children after the implementation of CHIP, which may have affected decisions by employers and employees regarding offers and enrollment in dependent coverage.

Unlike the previous period of ESI decline, we find that declining coverage rates for employees in small firms were due to declines in both offer and take-up rates. In contrast, declining rates for large firms were due only to declining enrollment in offered coverage, offer rates remained stable. We also observe a decline in offers of dependent coverage at smaller employers. While virtually all of the largest employers continued to offer dependent coverage to eligible workers, by 2008 only 82.6% of eligible workers at the smallest employers had access to some form of dependent coverage and only three-quarters had access to full family coverage.

In addition, we observe a shift in enrollment from dependent coverage to single coverage, with differences by firm size. Despite the fact that the availability of employee-plus-one coverage increased, take-up of such plans declined at all but the largest employers. It is possible

that the shifting patterns of enrollment were due to changes in family composition, information which is not available in employer data. However, between 2000 and 2008 household data do not indicate a decline in the average family size of workers, suggesting that the shift towards single coverage was not a result of changing family structure, but changing employee decisions. In an earlier period of decline, Cutler (2003) found that increasing employee premium costs contributed to the decline in take-up rates. This may be the case in our analysis since employee premium contributions increased over this time period, sometimes dramatically. However, it is difficult to draw strong conclusions from descriptive data in general, and in our analysis the largest declines in ESI rates did not always coincide with large increases in employee contributions. We plan to investigate this relationship in future work with multivariate analysis.

Finally, our findings provide a baseline from which to examine the impact of the current economic downturn as well as the recent implementation of health reform on employer decisions. Since our study describes employer behavior during a time of public program expansions, it will be interesting to compare these findings to those after the implementation of the recently enacted Affordable Care Act, which includes expansions in public coverage, but also greater opportunities for coverage outside of employer arrangements (through exchanges) and incentives to increase offers of coverage from employers.

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Table 1. Changes in coverage: offers, eligibility, and take-up by firm size: 2000-2008

Year	Firm Size	Coverage Rate	Offer Rate	Eligibility Rate	Take-up Rate
2000	All	57.11%	88.97%	78.98%	81.27%
	<10	31.91%	46.58%	83.77%	81.77%
	10-24	44.43%	71.51%	78.57%	79.06%
	25-99	51.68%	88.40%	75.11%	77.83%
	100-999	60.33%	96.84%	77.93%	79.94%
	1000+	65.95%	99.38%	80.00%	82.95%
2008	All	53.63%***	87.10%***	78.22%	78.73%***
	<10	29.04%***	43.66%***	83.25%	79.89%**
	10-24	40.42%***	68.79%*	78.56%	74.80%***
	25-99	47.05%***	83.68%***	74.91%	75.07%***
	100-999	57.63%**	95.84%	76.38%	78.73%
	1000+	62.79%***	98.94%	79.23%	80.10%***

Source: Agency for Healthcare Research and Quality, 2000 and 2008 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC).

* Significant at the 0.10 level

** Significant at the 0.05 level

*** Significant at the 0.01 level

Notes: Coverage, offers, and eligibility estimates are weighted by the number of employees at establishments and take-up is weighted by the number of eligible employees at establishments offering health insurance. ‘Coverage’ is defined as the percent of all workers at the establishment who are enrolled in health insurance. ‘Offered’ is the percent of employees in establishments that offer health insurance. ‘Eligible’ is the percent of all workers that are eligible for coverage. The sample for this column is subset to establishments that offer coverage. ‘Take-up’ is the percent of eligible workers who enroll in coverage (family, single or other). This column is subset to establishments that offer insurance and have at least one eligible worker. Asterisks on statistics for 2008 indicate significant differences from 2000.

Table 2: Distribution of enrollment by single, employee-plus-one and family by firm size: 2001 -2008

Year	Firm Size	Percent in Single Coverage	Percent in Employee-plus-one Coverage	Percent in Family Coverage	Total
2001	All	46.3%	17.3%	36.4%	100%
	<10	56.5%	14.3%	29.2%	100%
	10-24	54.9%	15.4%	29.7%	100%
	25-99	55.1%	16.2%	28.8%	100%
	100-999	50.3%	15.9%	33.9%	100%
	1000+	40.5%	18.7%	40.8%	100%
2008	All	50.2% ***	18% *	31.8% ***	100%
	<10	61.7% ***	12.7% **	25.6% ***	100%
	10-24	62.1% ***	12.5% ***	25.4% ***	100%
	25-99	58.2% ***	15.3%	26.5% ***	100%
	100-999	52.8% **	16.7%	30.5% ***	100%
	1000+	44.8% ***	20.4% ***	34.9% ***	100%

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component. Tables I.C.4, I.D.4, and I.E.4,

http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/national/series_1/2008/tic4.pdf
http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/national/series_1/2001/tic4.pdf
http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/national/series_1/2008/tid4.pdf
http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/national/series_1/2001/tid4.pdf
http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/national/series_1/2008/tie4.pdf
http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/national/series_1/2001/tie4.pdf

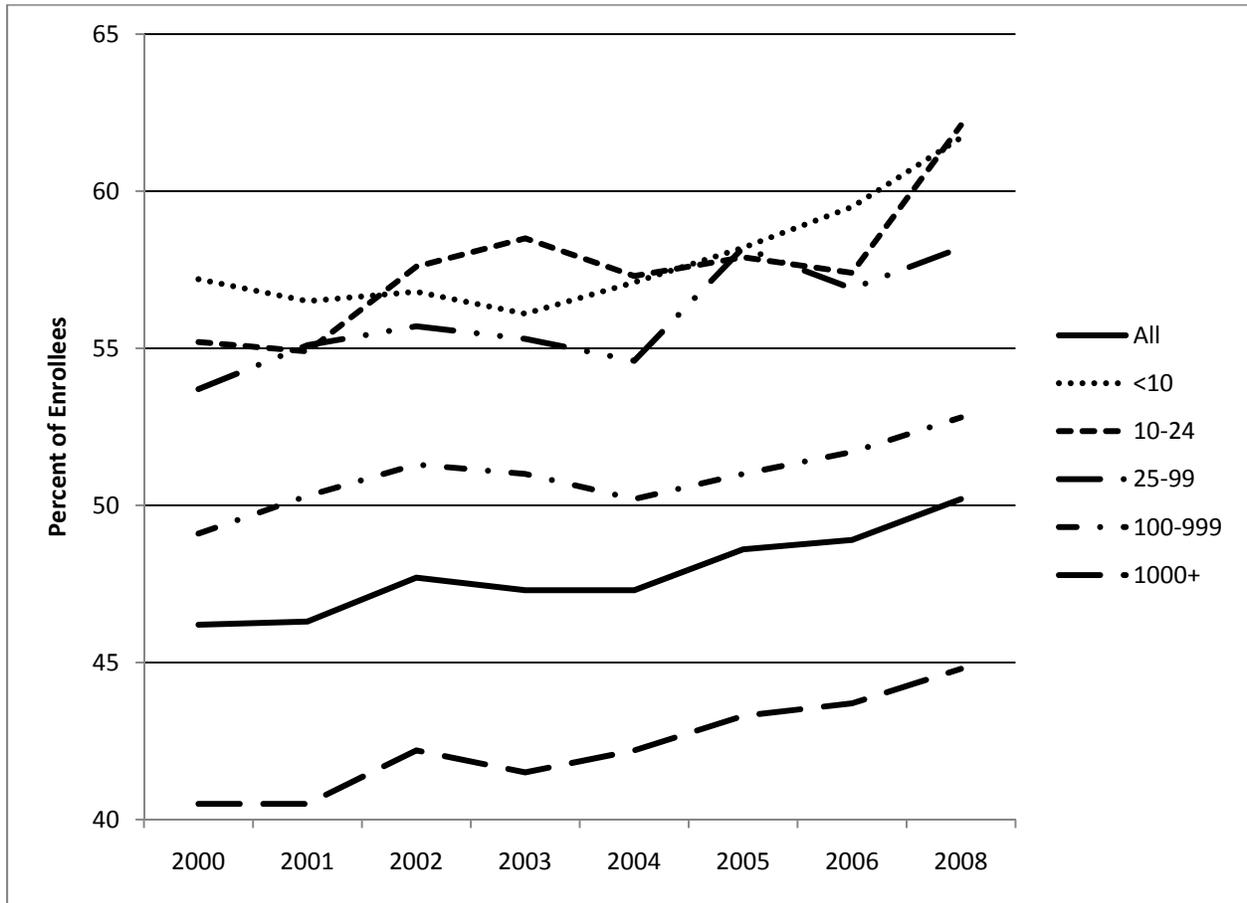
* Significant at the 0.10 level

** Significant at the 0.05 level

*** Significant at the 0.01 level

Notes: These data show the percent of employees who are enrolled in health insurance who have chosen single coverage, employee-plus-one coverage, and family coverage. Asterisks on statistics for 2008 indicate significant differences from 2001. The estimates in this table may differ from those in Tables 5 and 6 since they were obtained from published estimates on the Internet rather than from our analysis sample. Our analysis sample differs from that used for estimates on the Internet because it omits plans that do not cover both physician and hospital care. MEPS-IC data not collected in 2007.

Figure 1. Percent of private-sector employees enrolled in a health insurance plan who take single coverage by firm size: 2000-2008



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component. Table I.C.4. for 2000-2008

http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/national/series_1.

Note: The estimates in this figure may differ from those in Tables 5 and 6 since they were obtained from published estimates on the Internet rather than from our analysis sample. Our analysis sample differs from that used for estimates on the Internet because it omits plans that do not cover both physician and hospital care. MEPS-IC data not collected in 2007.

Table 3. Single contributions and overall enrollment rates by firm size: 2000-2008

Year	Firm Size	Percent with Positive Single Contribution	Mean of Single Contributions If Positive (2008\$)	Mean Enrollment Rate in Establishments with Positive Single Contribution	Mean Enrollment Rate in Establishments with Zero Single Contribution	Mean of All Single Contributions (2008\$)
2000	All	68.44%	740	78.46%	87.38%	507
	<10	29.49%	1662	76.70%	83.89%	490
	10-24	42.99%	1262	72.05%	84.35%	543
	25-99	57.35%	1030	72.36%	85.18%	591
	100-999	70.29%	800	77.08%	86.68%	562
	1000+	78.68%	584	80.67%	91.38%	459
2008	All	76.68%***	914***	77.36%*	83.23%***	701***
	<10	37.24%***	1793*	74.92%	82.84%	668***
	10-24	53.55%***	1482***	69.90%	80.43%***	794***
	25-99	67.93%***	1291***	71.21%	83.22%	877***
	100-999	78.43%***	975***	76.88%	85.44%	765***
	1000+	85.99%***	724***	79.55%	83.51%***	623***

Source: Agency for Healthcare Research and Quality, 2000 and 2008 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC).

* Significant at the 0.10 level

** Significant at the 0.05 level

*** Significant at the 0.01 level

Note: Enrollment is the percent of eligible workers who enroll in coverage. Estimates are weighted by the number of eligible employees at establishments offering health insurance. All \$ values are in real 2008 dollars here and elsewhere in later tables. Asterisks on statistics for 2008 indicate significant differences from 2000.

Table 4. Percent of establishments that offer family coverage and employee-plus-one coverage among establishments that offer coverage: 2000/2001-2008

Year	Firm Size	Percent Offer Family Coverage	Percent Offer Employee-plus-one Coverage	Percent Offer Family Coverage Only	Percent Offer both Family and Employee-plus-one Coverage	Percent Offer either Family or Employee-plus-one Coverage
2000	All	98.82%***	70.78%***	28.17%***	70.65%***	98.95%***
	<10	88.05%***	45.70%***	43.73%***	44.32%***	89.43%***
	10-24	96.82%***	56.98%***	40.13%***	56.69%***	97.11%***
	25-99	98.62%***	65.89%***	32.91%***	65.70%***	98.80%*
	100-999	99.93%***	65.65%***	34.29%***	65.64%***	99.94%***
	1000+	99.97%	78.97%***	21.00%***	78.97%***	99.97%
2001	All	98.03%***	77.98%***	20.73%***	77.31%***	98.71%***
	<10	81.34%***	55.98%	31.63%***	49.71%	87.61%***
	10-24	93.05%***	70.13%**	25.25%***	67.80%	95.38%**
	25-99	97.54%	75.60%***	22.81%***	74.73%***	98.41%
	100-999	99.86%***	72.28%***	27.67%***	72.19%***	99.95%***
	1000+	99.97%	84.18%***	15.79%***	84.18%***	99.97%
2008	All	97.21%	87.43%	10.66%	86.55%	98.09%
	<10	76.55%	54.68%	27.89%	48.66%	82.57%
	10-24	89.38%	73.76%	19.49%	69.89%	93.25%
	25-99	96.75%	83.37%	14.58%	82.16%	97.95%
	100-999	99.38%	84.27%	15.33%	84.05%	99.60%
	1000+	99.94%	95.25%	4.74%	95.20%	99.99%

Source: Agency for Healthcare Research and Quality, 2000, 2001, and 2008 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC).

* Significant at the 0.10 level

** Significant at the 0.05 level

*** Significant at the 0.01 level

Note: Estimates are weighted by the number of eligible employees at establishments offering health insurance. Asterisks placed next to the 2001 and 2000 cells show whether each is statistically different from the corresponding estimate for 2008.

Table 5. Enrollment rates and premium contributions, among establishments that offer single, employee-plus-one and family by firm size: 2000/2001-2008

Year	Firm Size	Percent of Enrollees in Single Coverage	Percent of Enrollees in Employee-plus-one Coverage	Percent of Enrollees in Family Coverage	Mean Single Contribution (2008\$)	Mean Employee-plus-one Contribution (2008\$)	Mean Family Contribution (2008\$)
2000	All	44.88%***	21.16%**	33.96%***	459***	No data	2002***
	<10	50.19%***	25.25%***	24.56%	402***		1939***
	10-24	53.71%*	21.39%***	24.90%	514***		2849***
	25-99	54.16%***	18.50%	27.34%***	500***		2966***
	100-999	49.42%***	19.71%	30.87%***	511***		2671***
	1000+	40.38%***	21.87%	37.75%***	433***		1519***
2001	All	44.96%***	22.05%***	32.99%***	459***	981***	2211***
	<10	49.10%***	23.40%***	27.50%	417***	683***	2092***
	10-24	53.63%**	21.19%***	25.18%	450***	1374***	3057***
	25-99	54.61%***	21.39%***	24.00%	506***	1628***	3443***
	100-999	50.41%*	22.37%***	27.22%	528***	1383***	2942***
	1000+	40.10%***	22.08%	37.83%***	432***	701***	1647***
2008	All	48.91%	20.42%	30.67%	640	1858	3069
	<10	54.45%	20.08%	25.46%	614	1843	3225
	10-24	56.36%	17.61%	26.04%	685	2371	4146
	25-99	58.22%	18.09%	23.69%	764	2813	4720
	100-999	52.48%	19.83%	27.70%	669	2328	3845
	1000+	44.76%	21.40%	33.84%	603	1458	2359

Source: Agency for Healthcare Research and Quality, 2000, 2001, and 2008 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC).

* Significant at the 0.10 level

** Significant at the 0.05 level

*** Significant at the 0.01 level

Note: Estimates are weighted by the total number of enrollees at the establishment. Asterisks placed next to the 2001 and 2000 cells show whether each is statistically different from the corresponding estimate for 2008.

Table 6. Enrollment rates and premium contributions, among establishments that offer only single and family coverage by firm size: 2000-2008

Year	Firm Size	Percent of Enrollees in Single Coverage - Overall	Mean Family Contribution (2008\$)	Mean Difference Between Single and Family Contributions (2008\$)	Percent with Family Contribution = Single Contribution	Percent with Family Contribution > Single Contribution	Mean Difference Between Single and Family Contributions if Family Contribution > Single Contribution
2000	All	46.91%	2088	1620	19.16%	77.04%	2158
	<10	53.31%	1968	1459	47.77%	42.22%	3947
	10-24	56.32%	2908	2514	31.64%	63.07%	4092
	25-99	52.01%	2816	2300	21.31%	73.72%	3171
	100-999	47.49%	2279	1780	15.15%	80.93%	2239
	1000+	40.63%	1504	1067	10.80%	87.83%	1222
2008	All	50.77%***	3034***	2276***	18.29%	77.04%	3043***
	<10	51.49%	2614***	1975***	48.10%	42.87%	5011***
	10-24	62.15%**	4243***	3426***	22.03%***	72.44%**	4842***
	25-99	55.75%	3568***	2822**	17.63%	78.06%	3657**
	100-999	49.58%	3161***	2300**	9.87%	84.49%	2816**
	1000+	42.06%	2114***	1430***	7.95%	91.50%	1566***

Source: Agency for Healthcare Research and Quality, 2000 and 2008 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC).

* Significant at the 0.10 level

** Significant at the 0.05 level

*** Significant at the 0.01 level

Note: Estimates are weighted by the total number of enrollees at the establishment. Asterisks on statistics for 2008 indicate significant differences from 2000.