

Medical Expenditure Panel Survey

MEPS-IC

Insurance Component

MARYLAND SAMPLE through 2010

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January 2012



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The Maryland Health Care Commission (MHCC) is an independent state agency located within the Department of Health and Mental Hygiene. Our fifteen commissioners are appointed by the Governor with the advice and consent of the Senate, come from communities across the state, and represent both the state's citizens and a broad range of other stakeholders.

Our mission is simply stated:

To plan for health system needs, promote informed decisionmaking, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policymakers, purchasers, providers and the public.

*This report, **Medical Expenditure Panel Survey – Insurance Component, Maryland Sample through 2010** provides information on employer-sponsored health insurance in private-sector establishments in Maryland in 2010. The report provides data on the establishments in Maryland that offer health insurance and the employees in these establishments who are eligible and enrolled by selected employer (e.g., firm size, industry grouping) and workforce (e.g., full-time) characteristics. The report also provides information on premiums and employee contributions and details the volume and types of employees who lack access to health insurance through private-sector employers in Maryland. Information provided in this report is based on an analysis of the Maryland Sample from the MEPS-IC survey, an annual, national survey of business establishments (locations) conducted by the United States Census Bureau for the Agency for Healthcare Research and Quality.*

Medical Expenditure Panel Survey

MEPS-IC

I n s u r a n c e C o m p o n e n t

MARYLAND SAMPLE through 2010

ACKNOWLEDGEMENTS

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ABOUT THE MEDICAL EXPENDITURE PANEL SURVEY – INSURANCE COMPONENT

THE DATA IN THIS REPORT ARE DERIVED MAINLY FROM THE MEDICAL EXPENDITURE PANEL SURVEY (MEPS), INSURANCE COMPONENT (IC). The MEPS-IC is an annual, national survey of business establishments (locations) and governments conducted by the United States Census Bureau for the Agency for Healthcare Quality and Research (AHRQ). The purpose of the survey is to produce national and state-level estimates of information on employer-sponsored health insurance, such as whether insurance is offered and if so, the enrollments, premiums, employee contributions and plan characteristics for a variety of categories, such as firm size, industry, and average payroll per employee. The MEPS-IC data included in this report derives mainly from the 2010 Maryland sample. Additionally, this report includes selected data from the Census Bureau's Current Population Survey (CPS), Annual Social and Economic (ASEC) Supplements 2010-2011 (data for 2009-2010), analyzed by the MHCC staff.

Because the Maryland MEPS-IC data comes from a sample of private-sector establishments in the state, specific percentage and premium estimates contain some imprecision. (Imprecision is greater in categories where the establishments are more diverse, such as in small firms with fewer than 50 employees, which includes both high-earning professional establishments and low-earning businesses.) Therefore, apparent differences across categories—such as firm sizes or industry types—may not be statistically significant. Given the large volume of data included in this report, statistical testing was restricted to information presented in the figures section; tests of statistical significance in this section were conducted using 90% confidence intervals. Information in the supplemental tables section did not undergo testing and small differences should not be assumed to be statistically significant.¹ Due to rounding, the percentages in some figures and tables may not sum to 100%. Additionally, industry types—determined by the establishments' North American Industry Classification System (NAICS) codes—must be combined into five groups at the state level due to sample sizes. AHRQ chose groupings that would combine industries with similar employer-sponsored health insurance patterns. The Retail and Other Services category includes: Accommodation and Food Services; Arts, Entertainment, and Recreation; and

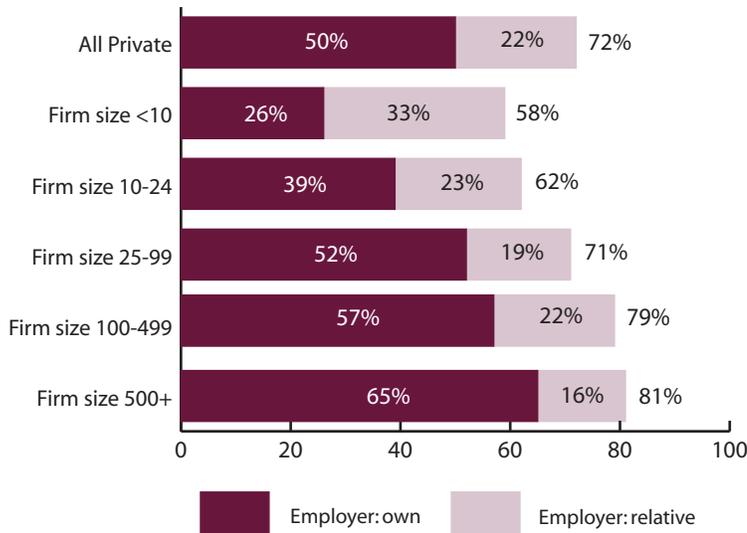
Other Services (e.g., personal care services, automotive repair and maintenance). The Professional Services industry group includes: Information Services; Professional, Scientific, and Technical Services; Educational Services; and Health Care and Social Assistance (individual and family services, emergency relief services, vocational rehabilitation, etc.). The All Others industry category consists of such industries as Utilities, Wholesale Trade, Transportation and Warehousing, Finance and Insurance, Real Estate and Rental and Leasing, and Management of Companies.

Beginning with the 2008 survey reference year, the MEPS-IC survey's collection year is the same as the calendar year (current collection). Prior to 2008, collection for a survey reference year was done in the following calendar year (retrospective collection). Due to the transition from retrospective to current data collection, 2007 estimates are not available. The MEPS-IC List Sample consists of a random sample of private-sector business establishments with at least one employee and a sample of state and local government employers. (Self-employed persons with no employees are no longer included in the List.) The private-sector List relies on the Business Register maintained by the Bureau of the Census, with sample allocated across employment sizes and NAICS codes. Maryland's private-sector sample size for 2010 was 726. Data on employer-sponsored health plans are collected from the selected establishments through a pre-screening telephone interview, a mailed questionnaire, and a telephone follow-up for non-respondents. Data for large private-sector firms, reporting for multiple establishments, are collected using specialized staff and forms. The response rate for Maryland in 2010 was approximately 80%. Important survey items not completed by respondents are imputed. Most of the data used in this report, and additional data, is available on the MEPS web site at http://meps.ahrq.gov/mepsweb/data_stats/state_tables.jsp. More information about the MEPS-IC can be found at http://meps.ahrq.gov/mepsweb/about_meps/faq_results.jsp.

¹ In some instances, even apparently large differences might not be statistically significant due to small sample size and/or a wide variability in the responses. The standard errors needed to construct confidence intervals or to test whether differences are statistically significant are available for most of the data presented in this report at http://meps.ahrq.gov/mepsweb/data_stats/state_tables.jsp.

FIGURE 1

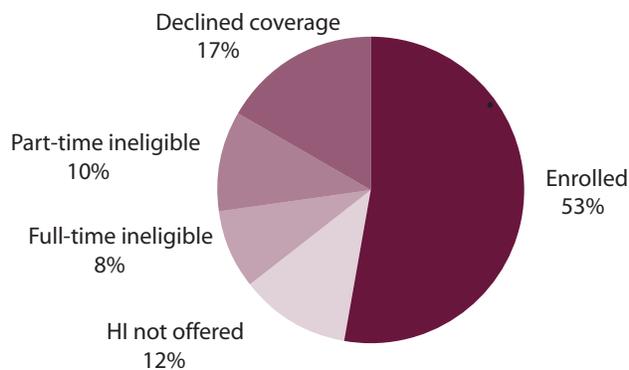
Employer-based Coverage Among Workers Ages 19-64 in the Private Sector by Firm Size, Maryland, 2009-2010



Source: MHCC analysis of the Current Population Survey (CPS). Rounding error may be present.

FIGURE 2

Distribution of Private-Sector Employees by Access to Employment-based Coverage through Own Employer and Enrollment Status, Maryland, 2010



* The percentages in this figure do not have associated standard errors, so tests of statistical significance could not be conducted.

THE 2009-2010 UNINSURED RATE

AMONG Maryland's private-sector workers ages 19-64 (17%) is below the national rate (22%) due to a higher rate of employment-based coverage among the state's private-sector workers (72% versus 66%), especially among workers in private firms with fewer than 100 employees (63% versus 54%). Among Maryland workers with private sector employment-based coverage, 50% have coverage through their own employer, and 22% get coverage through a relative's employer (as part of a family or 1+1 plan). An additional 11% of private-sector workers have coverage through direct purchase plans and public plans, such as Medicaid. Employment-based coverage tends to increase with firm size, but the differences between adjacent firm sizes are generally not statistically significant. Employment-based coverage through a relative's employer is most common among private-sector workers in smaller firms.

AMONG WORKERS IN MARYLAND'S

PRIVATE-SECTOR establishments, 53% are enrolled in health insurance offered by their own employers. About 30% are unable to obtain coverage through their employers: 18% because they are ineligible for coverage (e.g., full-time contractual and part-time workers) and 12% because they work for employers who do not offer coverage. Another 17% are eligible for their employers' health plans but decline the coverage. The 53% enrolled share is the same share in 2008, as are the percentages of eligible workers who declined coverage (17%) and ineligible employees (18%). The MEPS-IC has no information on insurance coverage in not-enrolled workers, but analysis of the CPS (Figure 1) indicates that only 17% of private-sector (nonelderly adult) employees residing in Maryland are uninsured, so the majority of workers who do not have coverage through their employers obtain insurance through another source. Compared to the U.S. in 2010 (data not shown), Maryland workers appear* to have a slightly higher rate of declining coverage (17% versus 16%) and a slightly lower ineligible rate (18% versus 19%), resulting in relatively similar enrolled shares (53% versus 52%).

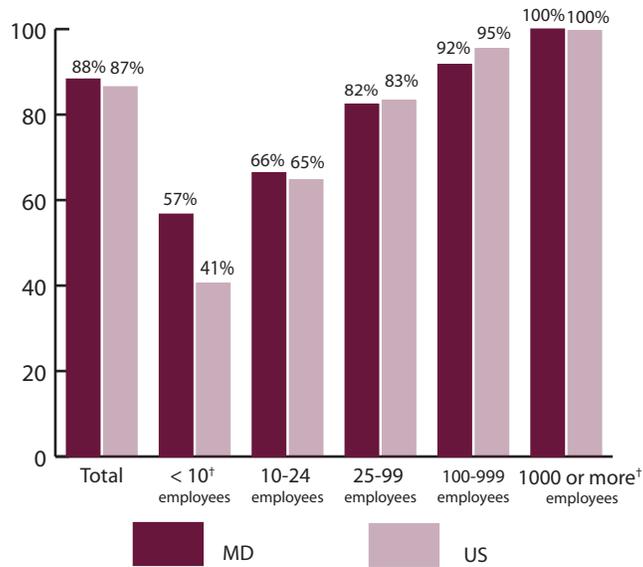
IN MARYLAND PRIVATE-SECTOR ESTABLISHMENTS, the vast majority of employees, 88%, work for employers that offer health insurance. This percentage—known as the *offer rate*—is essentially unchanged since 1996 and statistically equivalent to the national rate in 2010, 87%. The Maryland offer rates for most firm sizes in Figure 3—excluding employers with 25-99 workers or 100-999 employees—are statistically different from the state average (88%). In Maryland-to-U.S. comparisons by firm size, Maryland has a statistically higher offer rate in firms with fewer than 10 employees (57% versus 41%) or 1,000+ workers (100% versus 99.6%); the offer rates for the other firm sizes do not differ.

(The offer rate is the percent of employees who work where insurance is offered.)

ALTHOUGH 88% OF THOSE EMPLOYED IN MARYLAND'S PRIVATE SECTOR work in establishments that offer health insurance (Figure 3), just 61% of the employers offer health insurance. The discrepancy reflects the fact that most (67%) of the employees are at firms with 100+ employees (data not shown). Among firms with fewer than 10 workers, the share of workers with an employer that offers health insurance (57%) is also above the share of employers offering health insurance (42%), so even among the smallest firms, those that offer health insurance tend to have more workers than those that do not. Compared to national averages, Maryland's employers with fewer than 10 workers or 1,000+ employees are more likely to offer health insurance, which results in the state having a higher overall percentage of establishments that offer health insurance (61% versus 54%). With regard to firm size, Maryland's distribution of workers are relatively more concentrated in firms with 100-999 employees (20% versus 18%) and less concentrated in firms with 25-99 workers (13% versus 14%) compared to the U.S.

FIGURE 3

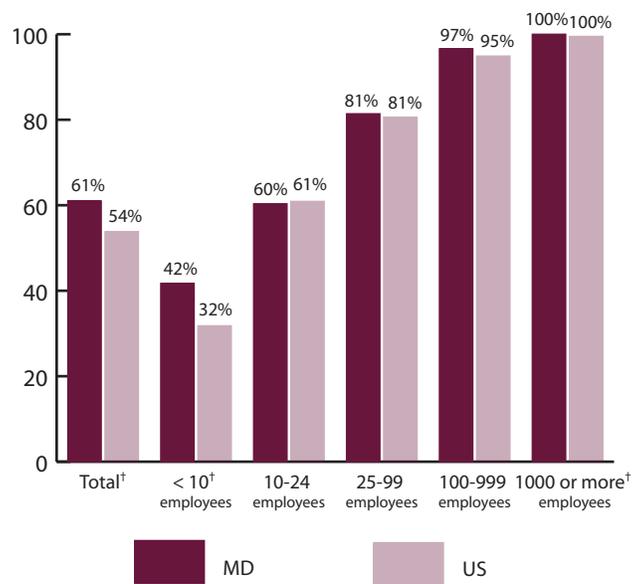
Percent of Private-Sector Employees in Establishments that Offer Health Insurance by Firm Size, Maryland and United States, 2010



† Statistical difference between MD and US at 90% confidence level for <10 employees and 100-999 employees.

FIGURE 4

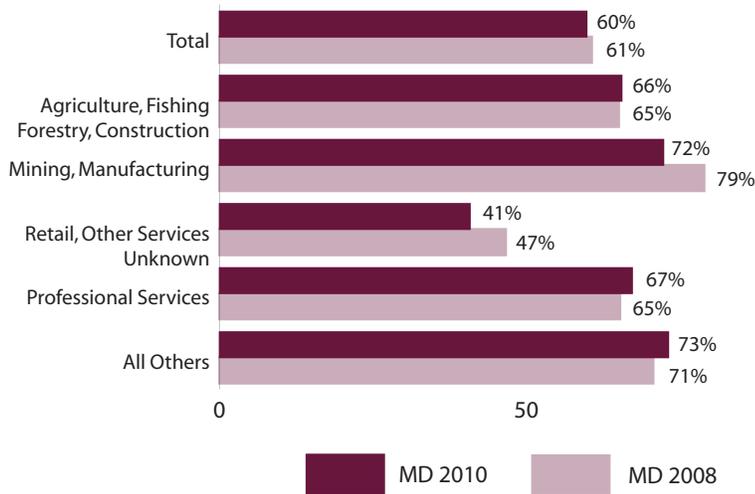
Percent of Private-Sector Establishments Offering Health Insurance by Firm Size, Maryland and United States, 2010



† Statistical difference between MD and US at 90% confidence level for Total, <10 employees, and 1000+ employees.

FIGURE 5

Percent of Private-Sector Employees that are Enrolled in Health Insurance at Establishments that Offer Health Insurance by Industry Grouping, Maryland, 2008 and 2010



(Refer to ABOUT the MEPS-IC on page 6 for examples of industries included in the All Others industry category.)

FIGURE 6

Distribution of Employees Who Lack Access to Health Insurance (HI) by Industry Grouping, Maryland Private Sector, 2010

Industry Grouping	Percent Who Lack Access to HI	Percent in Establishments without HI	Percent not Eligible
Total Employees	100%	38%	62%
Agriculture, Fishing, Forestry, Construction	7%	3%	4%
Mining, Manufacturing	3%	1%	2%
Retail, Other Services, Unknown	60%	26%	35%
Professional Services	23%	6%	18%
All Others	7%	3%	4%

Rounding error may be present.

THE PERCENT OF EMPLOYEES AT ESTABLISHMENTS THAT OFFER HEALTH INSURANCE

who are enrolled—known as the *enrollment rate*—in 2010 is statistically equivalent to the enrollment rate in 2008, overall and within each industry category. The 2010 industry-specific enrollment rates differ from the state average (60%) for most industry types, except for agriculture, fishing, forestry & construction, and mining & manufacturing. The enrollment rate is lowest and significantly below the state average for those working in retail & other services (41%); professional services and all others have enrollment rates above the state average. Although some portion of those not enrolled has coverage from other sources (Figure 1 and Figure 2), lower enrollment rates are indicative of higher rates of uninsured employees. Compared to national averages (data not shown), Maryland's enrollment rates are statistically similar overall and in each industry category.

(The enrollment rate is the percent of all who work where insurance is offered who enroll.)

OF THE 30% OF PRIVATE-SECTOR

WORKERS in Maryland who lack access to health insurance through their employers (Figure 2), the majority (62%) work where health insurance is offered but they are ineligible for the benefit. The remaining 38% work for employers who do not offer health insurance. Workers in retail & other services are disproportionately represented among those who lack access: they are 37% of the state's private-sector employees (data not shown) but account for the majority (60%) of those lacking access. As with the state average, across all industry types most workers who lack access work for an employer who offers health insurance but are ineligible. About 52% of all who lack access are classified as part-time workers (Table 6).

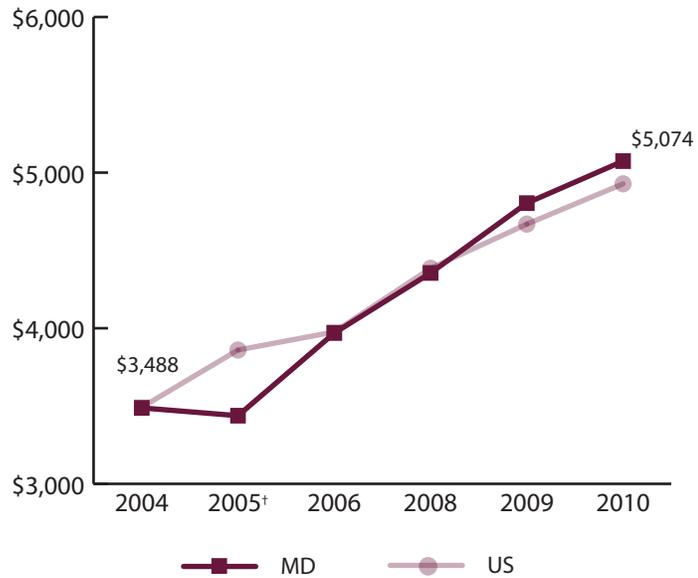
FIGURES 7-10 SHOW THAT MARYLAND PREMIUMS GENERALLY TRACK WITH THE NATIONAL AVERAGE.

THE AVERAGE SINGLE PREMIUM FOR HMO-TYPE PRODUCTS (i.e., exclusive-provider plans) offered by/through private employers in Maryland rose from \$3,488 (nominal dollars) in 2004 to \$5,074 in 2010. Over these six years (no data available for 2007), the state's average single premium for HMO-type products has tended to be—both practically and statistically—similar to the national average. The exception is 2005, when Maryland's premium was significantly below the national average by about \$425.

FROM 2004 TO 2010, THE AVERAGE PREMIUM for single coverage in PPO-type products (i.e., mixed-provider plans) offered by/through private employers in Maryland rose from \$3,843 (nominal dollars) to \$4,726. This premium was significantly higher than the state's average single premium for HMO-type products (Figure 7) in 2004 (\$3,843 versus \$3,488), and 2005 (\$4,128 versus \$3,438). Throughout this period, the state's single premium for PPO-type products did not differ significantly from the national average except in 2006 (\$300 below the national average) and 2009 (\$265 above the national average).

FIGURE 7

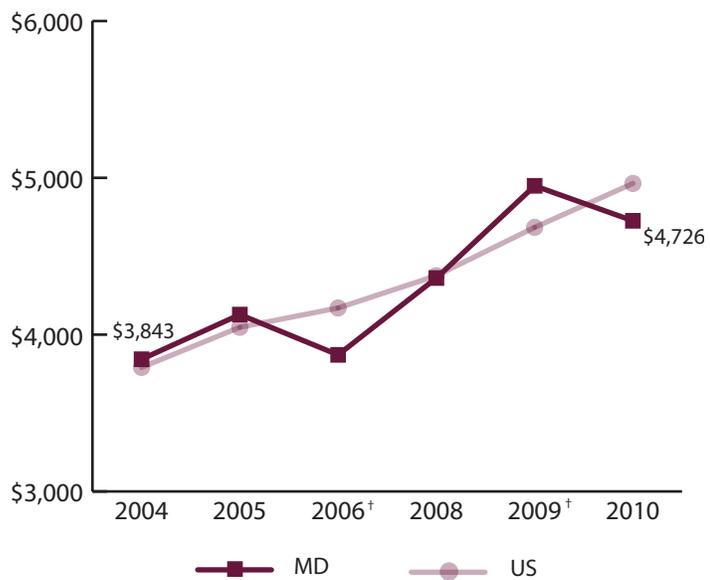
Average Total Single Premium* for Private-Sector HMO Plans Per Enrolled Employee, Maryland and United States, 2004-2010



* All monetary values are presented in nominal dollars. No data available for 2007.
 † Statistical difference between MD and US at 90% confidence level in 2005.

FIGURE 8

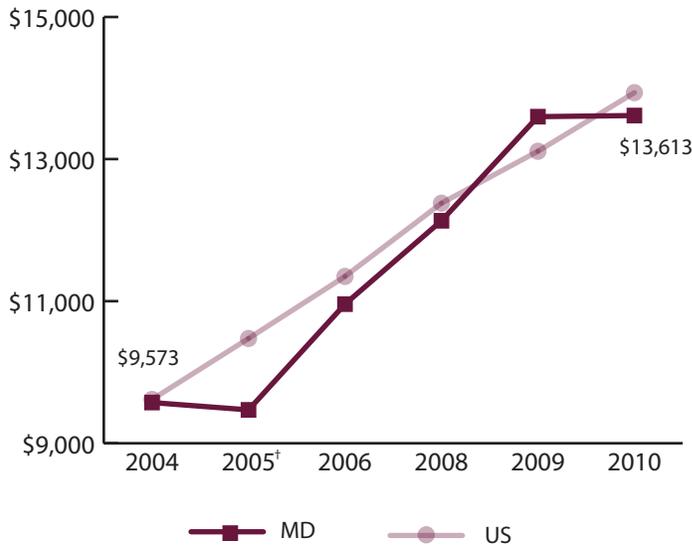
Average Total Single Premium* for Private-Sector PPO Plans Per Enrolled Employee, Maryland and United States, 2004-2010



* All monetary values are presented in nominal dollars. No data available for 2007.
 † Statistical difference between MD and US at 90% confidence level in 2006 and 2009.

FIGURE 9

Average Total Family Premium* for Private-Sector HMO Plans Per Enrolled Employee, Maryland and United States, 2004-2010



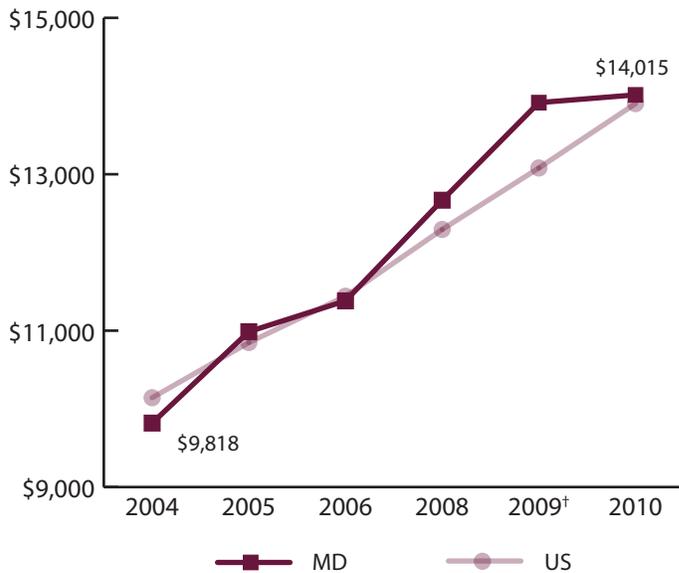
* All monetary values are presented in nominal dollars. No data available for 2007.
 † Statistical difference between MD and US at 90% confidence level in 2005.

THE AVERAGE PREMIUM FOR FAMILY COVERAGE IN HMO-TYPE

products (i.e., exclusive-provider plans) offered by/through private employers in Maryland rose from \$9,573 (nominal dollars) in 2004 to \$13,613 in 2010. As with the average single premium for HMO-type products (Figure 7), the state's average family premium for these products has been relatively similar to the national average throughout 2004-2010, with a statistically significant difference in 2005 when Maryland's premium was below the national average by \$1,005.

FIGURE 10

Average Total Family Premium* for Private-Sector PPO Plans Per Enrolled Employee, Maryland and United States, 2004-2010



* All monetary values are presented in nominal dollars. No data available for 2007.
 † Statistical difference between MD and US at 90% confidence level in 2009.

FROM 2004 TO 2010, THE AVERAGE PREMIUM

for family coverage in PPO-type products (i.e., mixed-provider plans) offered by/through private employers in Maryland rose from \$9,818 (nominal dollars) to \$14,015. As with the single premium comparison, the state's average family premiums for PPO-type products was higher than the average for HMO-type products in 2005 (\$10,987 versus \$9,470). The average family premium for PPO-type products differed from the national average in 2009, with the state average being higher by more than \$800.

EMPLOYEES IN SMALL FIRMS (FEWER THAN 50 EMPLOYEES) are less likely

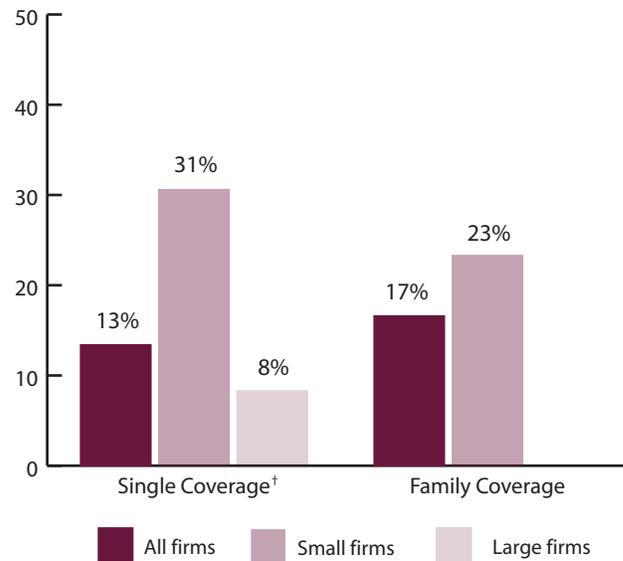
to contribute to their health insurance premiums than are those in large firms (50 or more employees). For single coverage, 31% of small-firm employees did not make a premium contribution in 2010, compared to about 8% of large-firm employees. Among enrollees with family coverage, no contribution was required from 23% of small-firm employees; although data for large-firm employees is not available, the overall average with no contribution for family coverage (17%) indicates the large-firm percentage must be below the small-firm percentage. Compared to national averages in 2010, Maryland's no-contribution percentage for single coverage was significantly lower among workers in small firms (31% versus 45%), but did not differ for large-firm enrollees or all enrollees combined. Among those with family coverage, Maryland's no-contribution percentage did not differ from the national average overall or in small-firm enrollees.

THE PERCENTAGES OF TOTAL PREMIUMS CONTRIBUTED BY EMPLOYEES working

in Maryland's private sector have been stable over the recent past: the 2010 percentages are statistically similar to the state averages in 2002 for both single (23% versus 21%) and family (27% versus 29%) coverage. Compared to the U.S. average, Maryland's employee contribution percent for single coverage was statistically similar in 2009 and 2010, which differs from the previous years in Figure 12 (excluding 2005) in which the state's percentage was higher. The state's employee percent contribution for family coverage was higher than the U.S. average in just two of the years displayed, 2004 and 2008. Employees with family coverage typically pay a greater percentage of the premium cost than employees with single coverage: nationwide in 2010 this difference was 27% versus 21%. However, in Maryland in 2009 and 2010 the single and family employee contribution percents were statistically similar.

FIGURE 11

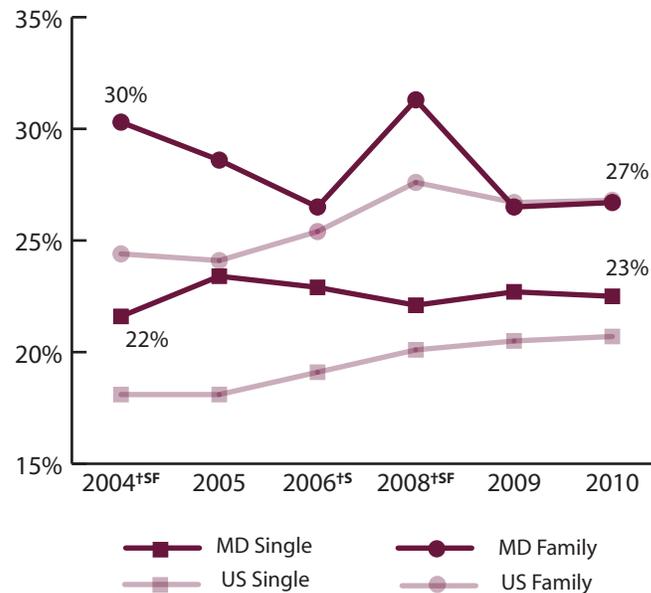
Percent of Enrolled Employees Making No Contribution Towards Health Insurance Premium by Firm Size, Maryland Private Sector, 2010



† Statistical difference between Small firms (<50 employees) and Large firms (50+ employees) in MD for Single coverage at 90% confidence level. No reported values for Family coverage in Large firms. Data for employee-plus-one coverage is not shown due to lack of reliability.

FIGURE 12

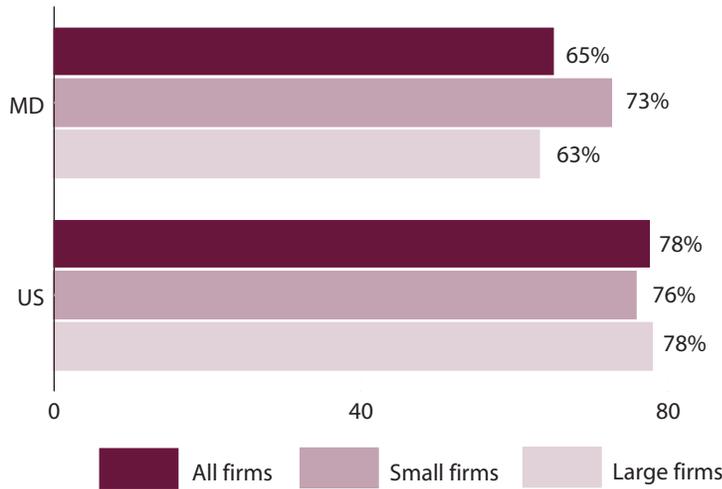
Employee Contribution as a Percent of the Single and Family Health Insurance Premium Per Enrolled Employee, Maryland and United States, 2004-2010



† Statistical difference between MD Single coverage and US Single coverage at 90% confidence level in 2004, 2006, and 2008. Statistical difference between MD Family coverage and US Family coverage at 90% confidence level in 2004 and 2008. No data available for 2007.

FIGURE 13

Percent of Private-Sector Employees in a Health Plan that had a Deductible by Firm Size, Maryland and United States, 2010



† Statistical difference between MD and US for All firms and Large firms (50+ employees) at 90% confidence level.

IN 2010, THE MAJORITY OF ENROLLED EMPLOYEES at Maryland establishments had a plan with a deductible*; the difference in the percents for small- and large-firm workers is not statistically significant. Compared with 2008, the proportion with a deductible did not change significantly overall or for large-firm employees. But for small-firm workers, the percent with a deductible rose from 57% to 73%, making this percentage comparable to the national average in 2010. The overall percent of enrollees with a deductible in Maryland in 2010, however, remained below the national average, as did the percent with a deductible in large-firm (50+ workers) employees.

* Deductible is defined on page 24.

FIGURE 14

Average Individual Deductible Per Employee Enrolled with Single Coverage in a Health Plan that had a Deductible by Firm Size, Maryland and United States, 2005, 2008, and 2010



ALTHOUGH THE PERCENT OF ENROLLEES WITH A DEDUCTIBLE does not differ by firm size (Figure 13), the size of the deductible—whether for single or family coverage—does. In Maryland in 2010, the average deductible for a single coverage plan with a deductible was significantly higher at small firms than at large firms (Figure 14). Compared to the national averages in 2010, Maryland's single coverage deductible is statistically similar overall and for small- and large-firm workers. The size of the deductible in Maryland increased significantly from 2005 to 2008, but was statistically similar in 2008 and 2010. The average family deductible in Maryland (data not shown) exhibits a pattern similar to the single deductible with regard to being higher for small-firm workers than large-firm workers in 2010, being similar to the 2010 national averages, and its size trend.

* All monetary values are presented in nominal dollars.
 † Statistical difference between MD Small firms and US Small firms at 90% confidence level in 2005(S).
 † Statistical difference between MD Large firms and US Large firms at 90% confidence level in 2005(L) and 2008(L).

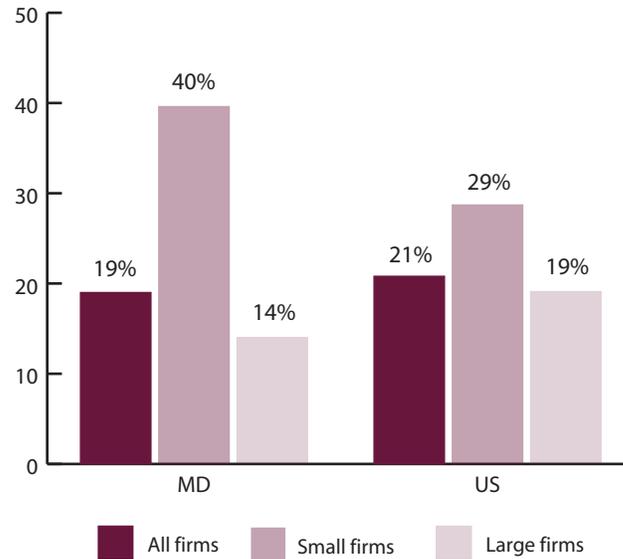
HEALTH SAVING ACCOUNTS (HSA) WERE A POPULAR COMPONENT of employer health plans in small firms in 2010. The percent with HSA-qualified deductibles was higher among Maryland's small-firm (less than 50 workers) enrollees than large-firm enrollees (Figure 13). Among small-firm enrollees, 40% had HSA-qualified deductibles (55% of small-firm enrollees with a deductible), compared to just 14% of large-firm enrollees (22% of large-firm enrollees with a deductible). Overall, 19% of enrolled workers at Maryland establishments had an HSA-qualified deductible in 2010, accounting for 29% of enrollees with a plan deductible. Maryland's percentages for HSA-qualified deductibles are statistically comparable to the national averages overall and for large-firm employees, but exceed the national average among small-firm enrollees (40% versus 29%).

OFFER RATES DIFFER, BUT ENROLLMENT AND TAKE-UP RATES OF COVERAGE

are similar in the small (<50 employees) and medium-sized (50-99 employees) firm markets. Workers in small and medium firms were similar in many characteristics regarding enrollment for insurance coverage. The largest difference between these firm sizes was in the percent of employers that offer insurance. Medium-firm enrollees were also more likely than enrollees in small or large firms (100+ workers) to be enrolled in single versus family coverage. The Patient Protection and Affordable Care Act (ACA) requires states to establish Health Benefit Exchanges for persons in the individual and small-firm markets; employers can purchase coverage beginning in 2014. Medium firms must be able to purchase in the Exchanges beginning in 2016, although states can elect to merge the small- and medium-firm markets to allow the medium firms to purchase in the Exchange earlier. The Maryland Exchange recommended keeping these markets separate until 2016 because of the unique characteristics of the current small firm market and the higher offer rates among medium-sized firms.

FIGURE 15

Percent of Private-Sector Employees Enrolled in a Health Plan that had an Individual Deductible of \$1,200 or more and a Family Deductible of \$2,400 or more (minimum plan deductibles for HSA-eligibility for 2010) by Firm Size, Maryland and United States, 2010



† Statistical difference between MD Small firms and US Small firms at 90% confidence level.

FIGURE 16

Percent of Private-Sector Employees in Establishments that Offer Health Insurance by Selected Firm Sizes, Maryland, 2010

Category	All Firms	Firms <50 employees	Firms 50-99 employees	Firms ≥100 employees
Share of Establishments Offering HI*	61%	47%	89%	99%
Employees in Firms Offering HI†	88%	66%	86%	98%
Employees Enrolled in HI at Firms Offering HI	60%	56%	51%	62%
Take-up Rate Among Eligibles at Firms Offering HI	76%	72%	68%	78%
Enrolled Employees with Single Coverage†	54%	63%	72%	51%

* The percentages in this row do not have associated standard errors, so tests of statistical significance could not be conducted.

† Statistical difference between MD Firms <50 employees and MD Firms 50-99 employees at 90% confidence level. In addition, statistical difference between MD Firms 50-99 employees and MD Firms ≥100 employees at 90% confidence level.

FIGURE 17

Percent of Enrolled Employees with Single, Employee-Plus-One, and Family Health Insurance Coverage by Firm Size, Maryland Private Sector, 2010

Coverage Type	All Firms	Small Firms	Large Firms
Single Coverage [†]	54%	63%	52%
Employee-Plus-One Coverage [†]	17%	12%	18%
Family Coverage [†]	29%	25%	30%

[†] Statistical difference between Small firms (<50 employees) and Large firms (50+ employees) in MD for all coverage types at 90% confidence level.

FIGURE 18

Distribution of Employees in Private-Sector Establishments by Firm Size, Maryland, 2010

Category	Total	Small Firms	Large Firms
All Employees	100%	28%	72%
Employees in Firms Offering HI	100%	21%	79%
Employees Enrolled in HI at Firms Offering HI	100%	26%	74%
Employees Enrolled in Single Coverage	100%	30%	70%
Employees Enrolled in Employee-Plus-One Coverage	100%	19%	81%
Employees Enrolled in Family Coverage	100%	22%	78%

* Number of employees in each row can be calculated from information provided in Table 1A. (Note: Because employee-plus-one coverage is not offered by all employers, the family coverage category includes policies in which there may be two beneficiaries.)

EMPLOYEES IN SMALL (FEWER THAN 50 EMPLOYEES), private-sector firms in Maryland who enroll in their employers' health plans are more likely to obtain single coverage (63%) than non-single coverage (a plan covering one or more family members in addition to the employee) compared to employees at large firms. The pattern differs in Maryland's large private firms (50+ employees), where almost half of enrollees have non-single coverage: 30% with a family plan and 18% with an employee-plus-one plan. The higher rate of enrollment in single plans at small firms is associated with demographic and economic differences in the workforces, including the greater likelihood of getting single coverage with no premium contribution at small firms compared to large firms (Figure 11). Because 74% of all enrolled private-sector employees work in large firms (Figure 18), their enrollment pattern heavily influences the state average, resulting in 54% of enrolled employees with single coverage and 46% with non-single coverage. Compared to national averages (data not shown), the enrollment pattern in Maryland has a significantly higher overall share of enrollees with single coverage (54% versus 51%).

AMONG PRIVATE-SECTOR EMPLOYEES IN MARYLAND, MOST (72%) are employed by large firms (50+ employees). Because large firms are more likely to offer health insurance than small firms, workers for large firms comprise an even larger share of employees who work where health insurance is offered (79%). Among all private-sector employees enrolled in insurance with their own employer, 74% work for large firms. Since almost half of large firm enrollees choose non-single coverage (Figure 17), disproportionately larger shares of those enrolled in non-single coverage come from large firms: 78% of those with family coverage and 81% of those with employee-plus-one coverage. But among workers with single coverage, the share at small firms (30%) is disproportionately large—compared to the small-firm share of those who work where insurance is offered (21%)—due to the higher probability of single coverage among enrollees from small firms (63%, Figure 17).

AT MARYLAND ESTABLISHMENTS WHERE THE MAJORITY

of workers are low-wage or part-time, all the employees are less likely to have access to employer-sponsored health insurance. Compared to state averages in 2010 (Figure 2 and Figure 3), these workers were less likely to either work where insurance was offered or to be eligible for coverage where it was offered (Figure 19). The enrollment rates for these employees were far below the statewide rate (60%), in part because their take-up rates were also below the state average (Table 7; majority part-time rate, 45%). Compared to 2010 state averages, these employees contributed a higher percentage for family coverage—but not for single coverage—and were more likely to be enrolled in a single coverage plan.

MARYLAND'S SELF-INSURED RATE IS SIGNIFICANTLY HIGHER

than the U.S. average. In a fully insured plan, the employer contracts with another organization (health insurance company, HMO) to assume financial responsibility for the enrollees' medical claims and for all incurred administrative costs. In a self-insured plan, the financial risk for the enrollees' medical claims is assumed partially or entirely by the employer offering the plan. Self-insured, private-sector health plans operating under the Employee Retirement Income Security Act (ERISA) are exempt from state insurance laws, including mandated benefits. Although Maryland's self-insured rate is above the national average, it is statistically similar to the rates for all of the states listed in Figure 20, in part due to sample sizes.

FIGURE 19

Percent of Private-Sector Employees in Establishments that Offer Health Insurance Where the Majority of Employees are Low-Wage or the Majority of Employees are Part-Time, Maryland, 2010

Category	Majority of Employees are Low-Wage	Majority of Employees are Part-Time
Percent of All Private-Sector Employees	28%	16%
Employees in Firms Offering HI	74%	66%
Employees Eligible for HI at Firms Offering HI	59%	50%
Employees Enrolled in HI at Firms Offering HI	39%	23%
Single Premium Contributed by Employee	24%	26%
Family Premium Contributed by Employee	42% ^(a)	43% ^(b)
Employees Enrolled in Single Coverage	62%	68% ^(c)

* Above the national average of: (a) 32%; (b) 32%; (c) 58%.

In 2010, a low-wage employee was defined as someone who makes \$11.50 per hour or less.

FIGURE 20

Percent of Enrollees that are Enrolled in Self-insured Plans at Establishments that Offer Health Insurance, Maryland, Selected States, and United States, 2010

State	Percent Enrolled in Self-insured Plans
Virginia	55%
Oregon	56%
United States †	58%
Wisconsin	58%
New Jersey	58%
Pennsylvania	61%
Colorado	61%
Massachusetts	61%
West Virginia	62%
Minnesota	63%
Maryland †	63%
Delaware	64%
North Carolina	67%

† Statistical difference between MD and US at 90% confidence level.

Table 1A
Distribution of Employees by Availability and Acceptance of Health Insurance (HI) in Private-Sector Establishments in Maryland, 2010

			In Establishments with HI		
Category	Number of Employees	Percent in establishments without HI	Percent Not Eligible	Percent Eligible, Not Enrolled	Percent Eligible, Enrolled
Total - Employees	1,970,245	12	19	17	53
Work Status					
Full-time	1,563,723	8	11	17	64
Part-time	406,522	27	51	14	8
Firm Size					
<10 employees	211,176	43	10	13	35
10-24 employees	187,573	34	18	15	34
25-99 employees	253,069	18	20	19	44
100-999 employees	388,426	8	17	15	60
1000+ employees	930,001	na	22	18	60
<50 employees	548,271	34	15	15	37
50+ employees	1,421,974	3	21	17	59
Industry Grouping					
Agriculture, Fishing, Forestry, Construction	139,765	15	15	15	56
Mining, Manufacturing	118,601	3	12	15	70
Retail, Other Services, Unknown	722,872	22	29	17	32
Professional Services	689,773	5	15	16	64
All Others	299,234	5	8	18	69
Proportion of Employees Low-wage					
50% or more, Low-wage	549,452	26	30	15	28
Less than 50%, Low-wage	1,420,793	6	15	17	62

Rounding error may be present.

Table 1B
Distribution of Employees within Availability and Acceptance of Health Insurance (HI) Categories in Private-Sector Establishments in Maryland, 2010

			In Establishments with HI		
Category	Percent of Employees	Percent in establishments without HI	Percent Not Eligible	Percent Eligible, Not Enrolled	Percent Eligible, Enrolled
Total - Employees	100	100	100	100	100
Work Status					
Full-time	79	53	45	82	97
Part-time	21	47	55	18	3
Firm Size					
<10 employees	11	40	5	8	7
10-24 employees	10	27	9	9	6
25-99 employees	13	19	14	15	11
100-999 employees	20	14	18	18	22
1000+ employees	47	na	54	51	54
<50 employees	28	80	22	25	19
50+ employees	72	20	78	75	81
Industry Grouping					
Agriculture, Fishing, Forestry, Construction	7	9	6	6	8
Mining, Manufacturing	6	1	4	5	8
Retail, Other Services, Unknown	37	67	56	39	22
Professional Services	35	15	28	33	42
All Others	15	7	6	16	20
Proportion of Employees Low-wage					
50% or more, Low-wage	28	63	44	25	15
Less than 50%, Low-wage	72	37	56	75	85

Rounding error may be present.

Table 2A
Distribution of Employees by Availability and Acceptance of Health Insurance (HI) in Private-Sector Establishments in Maryland by Firm Size and Work Status, 2010

			In Establishments with HI		
Firm Size and Work Status	Number of Employees	Percent in establishments without HI	Percent Not Eligible	Percent Eligible, Not Enrolled	Percent Eligible, Enrolled
Total - Employees					
Full-time	1,970,245	12	19	17	53
Part-time	1,563,723	8	11	17	64
	406,522	27	51	14	8
FIRM SIZE					
<10 employees					
Full-time	211,176	43	10	13	35
Part-time	159,044	38	6	15	42
	52,132	59	-	-	-
10-24 employees					
Full-time	187,573	34	18	15	34
Part-time	130,713	30	7	17	46
	56,860	43	-	-	-
25-99 employees					
Full-time	253,069	18	20	19	44
Part-time	181,377	7	8	25	60
	71,692	43	-	-	-
100-999 employees					
Full-time	388,426	8	17	15	60
Part-time	318,698	3	10	15	72
	69,728	31	-	-	-
1000+ employees					
Full-time	930,001	na	22	18	60
Part-time	773,891	na	13	17	70
	156,110	na	64	23	12
<50 employees					
Full-time	548,271	34	15	15	37
Part-time	392,001	27	7	18	48
	156,270	50	36	7	8
50+ employees					
Full-time	1,421,974	3	21	17	59
Part-time	1,171,722	1	12	17	70
	250,252	12	60	19	9

Note: - = Data suppressed due to high standard errors or no reported values in cell. Rounding error may be present.

Table 2B
Distribution of Employees within Availability and Acceptance of Health Insurance (HI) Categories in Private-Sector Establishments in Maryland by Firm Size and Work Status, 2010

			In Establishments with HI		
Firm Size and Work Status	Percent of Employees	Percent in establishments without HI	Percent Not Eligible	Percent Eligible, Not Enrolled	Percent Eligible, Enrolled
Total - Employees					
Full-time	100	100	100	100	100
Part-time	79	53	45	82	97
	21	47	55	18	3
FIRM SIZE					
<10 employees					
Full-time	11	40	5	8	7
Part-time	8	26	2	7	6
	3	13	-	-	-
10-24 employees					
Full-time	10	27	9	9	6
Part-time	7	17	2	7	6
	3	11	-	-	-
25-99 employees					
Full-time	13	19	14	15	11
Part-time	9	6	4	14	10
	4	13	-	-	-
100-999 employees					
Full-time	20	14	18	18	22
Part-time	16	5	8	14	22
	4	9	-	-	-
1000+ employees					
Full-time	47	na	54	51	54
Part-time	39	na	28	40	52
	8	na	27	11	2
<50 employees					
Full-time	28	80	22	25	19
Part-time	20	46	7	21	18
	8	33	15	3	1
50+ employees					
Full-time	72	20	78	75	81
Part-time	59	7	38	61	78
	13	13	40	14	2

Note: - = Data suppressed due to high standard errors or no reported values in cell. Rounding error may be present.

Table 3A
 Distribution of Employees by Availability and Acceptance of Health Insurance (HI) in
 Private-Sector Establishments in Maryland by Industry Grouping and Work Status, 2010

			In Establishments with HI			
Industry Grouping and Work Status	Number of Employees	Percent in establishments without HI	Percent Not Eligible	Percent Eligible, Not Enrolled	Percent Eligible, Enrolled	
Total - Employees		12	19	17	53	
Full-time	1,970,245	8	11	17	64	
Part-time	406,522	27	51	14	8	
INDUSTRY GROUPING						
Agriculture, Fishing, Forestry, Construction	139,765	15	15	15	56	
Full-time	132,832	13	14	15	58	
Part-time	6,933	45	27	5	23	
Mining, Manufacturing	118,601	3	12	15	70	
Full-time	112,121	2	10	14	74	
Part-time	6,480	13	54	30	3	
Retail, Other Services, Unknown	722,872	22	29	17	32	
Full-time	452,871	15	18	18	49	
Part-time	270,000	33	48	16	4	
Professional Services	689,773	5	15	16	64	
Full-time	590,638	4	7	16	72	
Part-time	99,135	12	62	12	15	
All Others	299,234	5	8	18	69	
Full-time	275,261	4	5	19	72	
Part-time	23,973	20	39	6	35	

Rounding error may be present.

Table 3B
 Distribution of Employees within Availability and Acceptance of Health Insurance (HI) Categories in
 Private-Sector Establishments in Maryland by Industry Grouping and Work Status, 2010

			In Establishments with HI			
Industry Grouping and Work Status	Percent of Employees	Percent in establishments without HI	Percent Not Eligible	Percent Eligible, Not Enrolled	Percent Eligible, Enrolled	
Total - Employees	100	100	100	100	100	
Full-time	79	53	45	82	97	
Part-time	21	47	55	18	3	
INDUSTRY GROUPING						
Agriculture, Fishing, Forestry, Construction	7	9	6	6	8	
Full-time	7	7	5	6	7	
Part-time	0	1	0	0	0	
Mining, Manufacturing	6	1	4	5	8	
Full-time	6	1	3	5	8	
Part-time	0	0	1	1	0	
Retail, Other Services, Unknown	37	67	56	39	22	
Full-time	23	29	21	26	21	
Part-time	14	38	35	13	1	
Professional Services	35	15	28	33	42	
Full-time	30	10	12	30	41	
Part-time	5	5	16	4	1	
All Others	15	7	6	16	20	
Full-time	14	5	4	16	19	
Part-time	1	2	3	0	1	

Note: 0 = Less than or equal to 0.5%. Rounding error may be present.

Table 4A
 Distribution of Employees by Availability and Acceptance of Health Insurance (HI) in
 Private-Sector Establishments in Maryland by Proportion of Employees Low-wage and Work Status, 2010

Proportion of Employees Low-wage and Work Status	Number of Employees	Percent in establishments without HI	In Establishments with HI		
			Percent Not Eligible	Percent Eligible, Not Enrolled	Percent Eligible, Enrolled
Total - Employees	1,970,245	12	19	17	53
Full-time	1,563,723	8	11	17	64
Part-time	406,522	27	51	14	8
PROPORTION OF EMPLOYEES LOW-WAGE					
50% or more, Low-wage	549,452	26	30	15	28
Full-time	311,889	18	18	17	47
Part-time	237,563	38	45	12	5
Less than 50%, Low-wage	1,420,793	6	15	17	62
Full-time	1,251,834	5	9	17	69
Part-time	168,959	11	58	17	14

Rounding error may be present.

Table 4B
 Distribution of Employees within Availability and Acceptance of Health Insurance (HI) Categories in
 Private-Sector Establishments in Maryland by Proportion of Employees Low-wage and Work Status, 2010

Proportion of Employees Full-time and Work Status	Percent of Employees	Percent in establishments without HI	In Establishments with HI		
			Percent Not Eligible	Percent Eligible, Not Enrolled	Percent Eligible, Enrolled
Total - Employees	100	100	100	100	100
Full-time	79	53	45	82	97
Part-time	21	47	55	18	3
PROPORTION OF EMPLOYEES LOW-WAGE					
50% or more, Low-wage	28	63	44	25	15
Full-time	16	24	15	17	14
Part-time	12	39	29	9	1
Less than 50%, Low-wage	72	37	56	75	85
Full-time	64	29	29	66	83
Part-time	9	8	26	9	2

Rounding error may be present.

Table 5
 Distribution of Employees Who Lack Access to Health Insurance (HI) and Take-up Rate Among Eligibles in
 Private-Sector Establishments in Maryland by Firm Size and Work Status, 2010

Distribution of No Access				Take-up Rate Among Eligibles
Firm Size and Work Status	Percent of Employees	Percent in establishments without HI	Percent Not Eligible	
Total - Employees		100	38	62
Full-time	48	20	28	79
Part-time	52	18	34	37
FIRM SIZE				
<10 employees		19	15	3
Full-time	12	10	1	73
Part-time	-	-	-	-
10-24 employees		16	10	5
Full-time	8	6	1	69
Part-time	-	-	-	73
25-99 employees		16	7	8
Full-time	5	2	2	70
Part-time	-	-	-	71
100-999 employees		16	5	11
Full-time	7	2	5	80
Part-time	-	-	-	83
1000+ employees		34	na	34
Full-time	17	na	17	77
Part-time	17	na	17	81
<50 employees		44	31	14
Full-time	22	18	4	72
Part-time	22	13	9	73
50+ employees		56	8	48
Full-time	26	3	23	77
Part-time	30	5	25	80
				33

Note: - = Data suppressed due to high standard errors or no reported values in cell. Rounding error may be present.

Table 6
Distribution of Employees Who Lack Access to Health Insurance (HI) and Take-up Rate Among Eligibles in Private-Sector Establishments in Maryland by Industry Grouping and Work Status, 2010

Distribution of No Access				Take-up Rate Among Eligibles
Industry Grouping and Work Status	Percent of Employees	Percent in establishments without HI	Percent Not Eligible	
Total - Employees	100	38	62	76
Full-time	48	20	28	79
Part-time	52	18	34	37
INDUSTRY GROUPING				
Agriculture, Fishing, Forestry, Construction	7	3	3	79
Full-time	6	3	3	79
Part-time	1	1	0	82
Mining, Manufacturing	3	1	2	82
Full-time	2	0	2	84
Part-time	1	0	1	9
Retail, Other Services, Unknown	60	26	35	65
Full-time	24	11	13	73
Part-time	36	15	21	19
Professional Services	23	6	18	80
Full-time	11	4	7	81
Part-time	12	2	10	55
All Others	7	3	4	80
Full-time	4	2	2	80
Part-time	2	1	2	86

Note: 0 = Less than or equal to 0.5%. Rounding error may be present.

Table 7
Distribution of Employees Who Lack Access to Health Insurance (HI) and Take-up Rate Among Eligibles in Private-Sector Establishments in Maryland by Proportion of Employees Low-wage and Work Status, 2010

Distribution of No Access				Take-up Rate Among Eligibles
Proportion of Employees Low-wage and Work Status	Percent of Employees	Percent in establishments without HI	Percent Not Eligible	
Total - Employees	100	38	62	76
Full-time	48	20	28	79
Part-time	52	18	34	37
PROPORTION OF EMPLOYEES LOW-WAGE				
50% or more, Low-wage	51	24	27	65
Full-time	19	9	9	73
Part-time	33	15	18	28
Less than 50%, Low-wage	49	14	34	78
Full-time	29	11	18	80
Part-time	19	3	16	45

Rounding error may be present.

DEFINITION OF TERMS

DEFINITION OF TERMS –

Deductible – A fixed dollar amount during the benefit period that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles.

Employee – A person who is employed full- or part-time regardless of whether the employee is considered permanent, temporary, or seasonal. Excludes contract laborers but includes the owner or manager if that person works at the firm.

Employee-plus-one coverage – Health insurance that covers the employee and one other family member at a lower premium level than family coverage. This family member could be a spouse or a child.

Enrollee – An employee that is enrolled in a health insurance plan offered by the employer. Enrollees DO NOT include any dependents covered by the plan.

Establishment – A particular workplace or physical location where business is conducted or services or industrial operations are performed.

Family coverage – Health insurance that covers the employee and one or more members of the employee's immediate family, as defined by the plan. If a plan offers more than one arrangement for family coverage, the costs for a family of four are collected.

Firm – A business entity consisting of one or more establishments under common ownership or control. A firm represents the entire organization, including the company headquarters and all divisions, subsidiaries and branches. A firm may consist of a single-location establishment or multiple establishments. In the case of a single-location firm, the firm and establishment are identical.

Firm size – The total number of employees for the entire firm as reported on the sample frame.

Full-time employee – A term defined by the survey respondent. Generally, a full-time employee works 35 to 40 hours per week.

Fully-insured plan – A plan where the employer contracts with another organization (health insurance company, carrier, HMO) to assume financial responsibility for the enrollees' medical claims and for all incurred administrative costs.

Health Insurance Plan – An insurance contract that provides hospital and/or physician coverage to an employee or retiree for an agreed-upon fee (premium) for a defined benefit period, usually a year.

Industry categories – The primary business activity as reported by the survey respondent. The industries are based on the North American Industry Classification System (NAICS).

Industry grouping – A set of one or more industry categories combined for data estimation and reporting purposes.

Low-wage Employee – An employee earning at or below the 25th percentile for all hourly wages in the United States based on data from the Bureau of Labor Statistics. In 2010, a low-wage employee was defined as someone who makes \$11.50 per hour or less.

Non-single coverage – Health insurance that covers the employee and one or more family members or dependents.

Offer health insurance – To make available or contribute to the cost of any health insurance plan for active employees.

Part-time employee – An employee not defined by the survey respondent as being full-time.

Premium – Agreed-upon fee paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, employees, or split between the insured individual and the plan sponsor.

Self-insured plan – A plan offered by employers where the financial risk for the enrollee's medical claims is assumed partially or entirely by the employer offering the plan.

Single coverage – Health insurance that covers the employee only. Also known as employee-only coverage.

Take-up rate – Percent of employees eligible for health insurance that are enrolled in health insurance at establishments that offer health insurance.

HEALTH INSURANCE PUBLICATIONS AVAILABLE ON THE MHCC WEBSITE –

HEALTHCARE SPENDING IN MARYLAND'S INDIVIDUAL AND SMALL GROUP MARKETS

http://mhcc.maryland.gov/spotlight/health_care_spending_20111027.pdf

HEALTH INSURANCE COVERAGE IN MARYLAND THROUGH 2009

http://mhcc.maryland.gov/health_insurance/insurance_coverage/insurance_report_thru_2009_20110120.pdf

MEDICAL EXPENDITURE PANEL SURVEY – INSURANCE COMPONENT: MARYLAND SAMPLE THROUGH 2008

http://mhcc.maryland.gov/health_insurance/insurance_coverage/mepsic2008.pdf

MARYLAND HEALTH INSURANCE COVERAGE IN 2007-2008

http://mhcc.maryland.gov/health_insurance/insurance_coverage/insurance_report_2008.pdf

HEALTH INSURANCE COVERAGE IN MARYLAND THROUGH 2007

http://mhcc.maryland.gov/health_insurance/insurance_coverage/insurance_report_thru_2007.pdf

2010 COMPREHENSIVE PERFORMANCE REPORT – COMMERCIAL HMO, POS, AND PPO PLANS IN MARYLAND

http://mhcc.maryland.gov/hmo/compreport_20101216.pdf

2010 HEALTH PLAN PERFORMANCE REPORT – MEASURING THE QUALITY OF MARYLAND COMMERCIAL MANAGED CARE PLANS

http://mhcc.maryland.gov/hmo/healthplanreports/performance2010_20101022.pdf

A CONSUMER'S GUIDE TO GETTING AND KEEPING HEALTH INSURANCE IN MARYLAND

<http://mhcc.maryland.gov/smallgroup/consumerguide.pdf>

MARYLAND'S COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN FOR SMALL BUSINESSES

http://mhcc.maryland.gov/smallgroup/cshbp_brochure.pdf



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