

State Employment Relations Board

HEALTH INSURANCE

THE COST OF HEALTH INSURANCE
IN OHIO'S PUBLIC SECTOR

2016



TABLE OF CONTENTS

Contents

PROJECT DESIGN AND RESPONSE RATE	2
SUMMARY OF KEY FINDINGS	3
SUMMARY TABLES	5
Survey Population Response Rates	5
Health Plans by Jurisdiction	6
Medical Premiums	6
Regions	11
Number of Employees	12
Plan & Funding Type	12
Premium Change	15
Cost of Medical and Ancillary Benefits	17
Deductibles for Medical Coverage – Managed Care Plans	18
Co-Insurance for Medical Coverage – Managed Care Plans	19
Out-of-Pocket Maximums for Medical Coverage - Managed Care Plans	20
Fringe Benefits: Prescription, Dental & Vision	21
Prescription Drug.....	21
Dental	23
Vision	24
Methods to Lower Healthcare Costs	26
Incentive for Opting out of the Medical Plan.....	26
Spousal Restrictions	26
Joint Purchasing Arrangements.....	28
High Deductible Health Plans	29
Dependent Eligibility Audits.....	30
Worksite Wellness.....	31
APPENDIX	33
DEFINITIONS AND CLARIFICATIONS.....	37
INDEX OF TABLES AND CHARTS	39
END NOTES	40

PROJECT DESIGN AND RESPONSE RATE

The State Employment Relations Board (SERB), as mandated by section 4117.02 of the Ohio Revised Code, is pleased to present the Annual Report on the Cost of Health Insurance in Ohio’s Public Sector (2016 Report). In its 24th year, the purpose of this project is to provide data on various aspects of health insurance, plan design, and cost for government entities. Our goal is to provide constituents with statistics that may be useful for the employer and employee organizations, and to promote orderly and constructive relationships between public employers and their employees.

The original 2016 health insurance survey was web-based, although 5.3% (n=65) of respondents completed a paper form. The online survey was designed by SERB utilizing Novi Survey on Demand Edition (www.novisurvey.com). Pre-testing was conducted to ensure reliability of the survey instrument with regard to question and response wording and overall format. Survey question content alterations from the 2015 survey are minimal, but a few questions were updated to reflect the ever-changing arena of healthcare plan design and cost-management strategies.

The 2016 Health Insurance Survey was created and dispersed using Novi Survey, an online survey tool. SERB emailed or mailed links of the 2016 Health Insurance Survey to 1,320 governmental jurisdictions via email or postal mailⁱ on or around January 12, 2016, requesting completion of the survey by March 1, 2016. The target survey population included:

Government	Schools	Colleges/Universities	Special Districts
<ul style="list-style-type: none"> • State • Cities • Counties • Townships 	<ul style="list-style-type: none"> • School Districts (City, Local, Exempted Village) • Joint Vocational Schools & Career Centers • Educational Service Centers (ESCs) 	<ul style="list-style-type: none"> • Community Colleges • State Colleges • State Universities 	<ul style="list-style-type: none"> • Metropolitan Housing Authorities • Transit Authorities • Port Authorities • Regional Fire Districts

Sixty-five surveys were completed on a paper form made available to entities that could not access the website. These surveys were entered into the online survey tool by individuals trained specifically for this project by SERB researchers. Completed surveys were downloaded from the survey manager’s website into an Excel database, where data were organized and transferred to SPSS Statistics 17.0 software. The data was cleaned and analyzed in-house using SPSS Statistics 17.0 software.

Just over ninety-two percent (92.1%) of public employers that received a survey submitted a completed response. Fourteen employers responded that they did not offer insurance. Statistics in this report represent about 374,285 public employees in the State of Ohio. The number of employer responses required to make generalizations about the entire population surveyed (the aforementioned public entities) is 307.ⁱⁱ With a response rate of 92.1%, statistics presented in this report are representative of various aspects of public employee medical care in the State of Ohio.

In addition to providing SERB with the costs of medical premiums, employers were also asked a series of questions on plan procurement (e.g. consortium membership, formal bid processes, brokers), plan design (e.g. opt-out stipends, disease management programs), and fringe benefits (e.g., dental, vision, prescription). Collecting all of this information helps SERB provide constituents with a more complete picture of the current medical care environment.

Data are presented in several tables that are found throughout the body of the report. All benefit information is presented for single and family coverage. Data have been collected on other coverage types (single + 1, single & child, and single & spouse). Due to the sparse distribution of these coverage types, these categories will not be presented this year in all tables.ⁱⁱⁱ Please keep in mind that the survey is representative of public sector medical insurance plans in effect on January 1, 2016.

SUMMARY OF KEY FINDINGS

- ▶ Statewide, the average monthly premium for medical and prescription coverage, when prescription is included in the medical premium^{iv}, is \$579 for single coverage and \$1,528 for family coverage. Calculations include employee contributions of \$0 towards the medical premium (Table 3.2).
- ▶ The one-year increase in medical premiums, when prescription is included in the medical premium, between January 1, 2015 and January 1, 2016 is 1.6% for single coverage and 2.3% for family coverage (Table 3.2).
- ▶ Average monthly employee contributions to bundled medical premiums, including prescription drug coverage, are \$72 for single coverage and \$202 for family coverage. Employee premium contributions for single coverage rose 4.3% from last year and employee contributions for family coverage rose 3.6% from last year. Calculations include employee contributions of \$0 towards the medical premium (Table 3.2).
- ▶ Average monthly employer contributions to medical premiums, including prescription drug coverage, are \$507 for single coverage and \$1,326 for family coverage. Employer premium contributions for single coverage increased 1.0% from last year and employer contributions for family premiums increased 1.5% (Table 16.2 found in the appendix).
- ▶ The average annual total cost per employee for medical coverage, when prescription drug is included in the premium, is \$13,928. This is a 1.6% increase from the average total cost in 2015¹ (Table 6).
- ▶ For medical plans where prescription drug is purchased separately from medical coverage, the average monthly medical and prescription premiums increased to \$629 for single and \$1,500 for family coverage. This is a 2.3% increase for single and a 2.3% increase for family over last year.
- ▶ For plans that have prescription coverage included as part or separate from the medical premium, the average annual cost for medical and prescription coverage is \$12,072, which is a 1.0% increase from 2015² (Table 3.1 Statewide PEPM x 12).
- ▶ The vast majority of medical plans require employees to contribute a portion of the medical premium cost. For 2016, only 11.6% of single medical plans and 9.4% of family medical premiums were paid 100% by the employer.
- ▶ When employees pay a portion of the medical premium, the average employee monthly contribution is \$78 for single and \$214 for family coverage. This represents an increase in premium cost to employees of 2.6% for single coverage and 2.4% for employees with family coverage from 2015. Calculations exclude employees who contribute \$0 towards the medical premium (Table 16.1 found in the appendix).
- ▶ The vast majority of medical premiums (91.6%) include prescription benefits. In 6.7% of plans, prescription benefits are carved-out (Table 10).
- ▶ Statewide median co-payments are \$15 for office visits (non-specialist), \$50 for emergency room visits (sometimes waived if admitted), and \$20 for urgent care visits.

¹ The average yearly cost per employee is calculated by multiplying the amount paid by the employer and employee for each single, single + 1, single & child, single & spouse, and family plan by the number of people electing each, then dividing by the total number of people covered. See page 17 (Table 6) for more detail.

² The average yearly cost per employee is calculated by multiplying the amount paid by the employer for each single, single + 1, single & child, single & spouse, and family plan by the number of people electing each, then dividing by the total number of people covered. See page 7 (Table 3.1) for more detail.

- ▶ The vast majority of plans (92.3%) require a deductible before cost-sharing of out-of-pocket medical expenses begins.
- ▶ Only 5.9% (n=115) of plans do not require employees to pay a deductible or co-insurance for medical coverage.
- ▶ Most jurisdictions (93.9%) offer an option for dental benefits. The majority of jurisdictions that offer dental coverage (83.5%) do so via a carve-out plan separate from the medical premium (Table 10).
- ▶ Dental maximums range widely - from \$500 to \$10,000. The majority (68.0%) of jurisdictions with dental coverage have dental maximums between \$1,000 and \$1,500 per person covered (Table 12).
- ▶ In some cases, dental (10.4%) or vision (11.4%) benefits are included in the medical premium package (Table 10).
- ▶ Over three quarters (77.8%) of jurisdictions offer some level of vision coverage. Of the jurisdictions offering vision coverage, most jurisdictions (66.4%) do so via a separate, carve-out plan (Table 10).

SUMMARY TABLES

Survey Population Response Rates

Table 1 shows the percent of entities that completed and returned surveys for 2016 by jurisdiction. The response rate of the number of surveys completed and returned to SERB for 2015 are also included for comparison.

Table 1

Survey Response Rates by Jurisdiction						
	2015			2016		
	Surveys Sent	Surveys Completed	Response Rate	Surveys Sent	Surveys Completed	Response Rate
Counties	88	84	95.5%	88	81	92.0%
Cities	251	241	96.0%	251	231	92.0%
Townships	154	140 (7)	90.9%	154	130 (4)	84.4%
School Districts & Ed Svc Centers	712	695 (2)	97.6%	710	673 (5)	94.8%
Colleges & Universities	37	33	89.2%	37	33	89.2%
Fire Districts	20	20 (5)	100.0%	20	18 (4)	90.0%
Metropolitan Housing Authorities	40	36	90.0%	40	35	87.5%
Port Authorities	5	3	60.0%	5	2	40.0%
Regional Transit Authorities	14	13 (1)	92.9%	14	12 (1)	85.7%
State of Ohio	1	1	100.0%	1	1	100.0%
Overall Response Rate	1,322	1,266 (15)	95.8%	1,320	1,216 (14)	92.1%

Note: Number of surveys that do not offer insurance are in parenthesis. These values are included in the total number of surveys completed.
 Note: Health Districts were not surveyed this year, since past surveys found majority were included in county submitted surveys.

The response rate for 2016 included 92.1% of all public jurisdictions responding to the health insurance survey.

This year SERB received 1,216 completed surveys. The surveys collected data on 1,966 insurance plans. Fourteen employers reported that they do not offer insurance and are also omitted from all tables in this report.

Table 1.1

Total Insurance Plans Offered by Plan Type		
	2015	2016
Traditional	12	6
Preferred Provider Organization (PPO)	1,174	1,195
Point of Service (POS)	32	20
Health Maintenance Organization (HMO)	66	44
High Deductible Health Plan (HDHP)	586	659
Exclusive Provider Organization (EPO)	29	28
No Insurance Offered	15	14
Total Plans	1,914	1,966
Survey Responses Received	1,266	1,216

Note: Plans offered vary depending on survey response rate.

Health Plans by Jurisdiction

Table 2

Percentage of Plan Types by Jurisdiction*									
	TRAD	PPO	POS	HMO	EPO	HDHP (no HSA)	HDHP (w/ HSA)	% Self-funded	n
Statewide	0.3%	61.2%	1.0%	2.4%	1.4%	16.3%	17.4%	75.4%	1,952
State of Ohio		100.0%						100.0%	1
Counties	0.7%	60.0%	3.6%	2.9%	2.1%	13.6%	17.1%	74.3%	140
Cities	0.3%	53.3%	1.2%	3.5%	1.2%	13.9%	26.6%	57.4%	338
Townships	0.7%	35.6%	0.7%	3.4%		38.4%	21.2%	38.4%	146
School Districts & ESCs	0.2%	68.3%	0.6%	1.7%	1.3%	13.8%	14.1%	88.3%	1,167
Colleges & Universities		60.0%	1.3%	2.7%	4.0%	6.7%	25.3%	81.3%	75
Special Districts	1.2%	42.4%	2.4%	1.1%	3.5%	36.5%	12.9%	30.6%	85
% Self-funded	66.7%	82.7%	80.0%	22.7%	92.9%	60.8%	68.8%		
n	6	1,195	20	44	28	319	340		

† Plan types –TRAD: Traditional; PPO: Preferred Provider Organization; POS: Point of Service; HMO: Health Maintenance Organization; EPO: Exclusive Provider Organization; HDHP: High Deductible Health Plan; HSA: Health Savings Account; n: number of plans.
Note: Total number plans excludes plans stating no insurance offered.

- ▶ Preferred Provider Organizations (PPOs) continue the status of most utilized plan type. PPOs represent 61.2% of all medical plans statewide.
- ▶ In jurisdictions that offer only one plan to employees (643 employers); almost three quarters (65.3%) of the employers (420 employers) have PPOs.
- ▶ The frequency of high deductible health plans (HDHPs) has increased since the 2015 survey. HDHPs now make up 33.7% of plans statewide, compared to 30.9% in 2015. School Districts continue to have the lowest percentage of HDHPs.
- ▶ Self-funded plans have increased 4.6 percentage points since last year statewide. Cities had the largest increase in self-funded plans. Cities had a 6.8 percentage point increase over 2015.

Medical Premiums

Please note the following when reading Tables 3.1- 3.4.

- 1) These averages usually include the costs of prescription benefits, but do not typically include other fringe benefits, such as dental and vision coverage.³
- 2) Averages presented in these tables are not weighted, meaning each reporting jurisdiction counts as one, regardless of size.
- 3) Table 16.1 of this report gives the employee dollar amount and percentage contribution to the premium only in plans where a contribution is required.

³ Of all plans statewide, 10.4% include dental benefits in the medical premium; 11.4% include vision (Table 10).

Table 3.1 provides the following for all medical plans, including those plans where prescription drug is provided in a plan separate from the medical premium:

- 1) The average monthly cost for combined single and family medical and prescription drug coverage.
- 2) The number of plans reported in each category.
- 3) The average monthly cost for combined single and family medical and prescription drug coverage.

Table 3.1

Average Monthly Medical and Prescription Premiums and Employer PEPM Costs[†]						
Comparison Group	Average Medical & Prescription Drug Premiums including separate drug plans				Total Employer Cost Per Month for Bundled Medical and Prescription	
	Single	# of plans	Family	# of plans	Cost	# of plans
STATEWIDE	\$582	1,894	\$1,526	1,897	\$1,006	1,740
State of Ohio	\$521	1	\$1,441	1	\$955	1
Counties	\$615	138	\$1,656	138	\$932	139
Less than 50,000	\$627	51	\$1,685	51	\$911	53
50,000 - 149,999	\$627	52	\$1,680	52	\$983	51
150,000 or more	\$581	35	\$1,579	35	\$889	35
Cities	\$577	322	\$1,586	323	\$1,065	319
Less than 25,000	\$570	235	\$1,579	236	\$1,057	235
25,000 - 99,999	\$590	80	\$1,600	80	\$1,073	77
100,000 or more	\$645	7	\$1,680	7	\$1,277	7
Townships	\$546	134	\$1,549	134	\$1,096	134
Less than 10,000	\$544	69	\$1,560	70	\$1,151	71
10,000 - 29,999	\$568	48	\$1,567	48	\$1,060	46
30,000 or more	\$490	17	\$1,448	16	\$963	17
School Districts ^{††}	\$579	1,145	\$1,474	1,147	\$989	998
Less than 1,000	\$550	286	\$1,396	287	\$968	235
1,000 - 2,499	\$597	459	\$1,513	460	\$1,039	405
2,500 - 9,999	\$570	288	\$1,462	288	\$962	258
10,000 or more	\$650	26	\$1,637	26	\$991	25
Colleges & Universities	\$603	73	\$1,608	73	\$933	71
Fire Districts	\$487	13	\$1,524	13	\$1,080	15
Metro Districts	\$689	49	\$1,762	49	\$1,010	45
Port Authorities	\$599	3	\$1,789	3	\$923	3
Regional Transit Authority	\$638	16	\$1,635	16	\$1,020	15

[†] Average employee contribution in this table includes all plans reporting, and does include plans where employees contribute \$0 to the medical premium. PEPM: Per Employee Per Month.

^{††} ESCs are not included in this category because they do not have a population size. They are included in the statewide total.

Note: Statewide total number of plans is different for PEPM category because some plans did not report number of participants in the plan.

Note: Includes plans where prescription is included in medical.

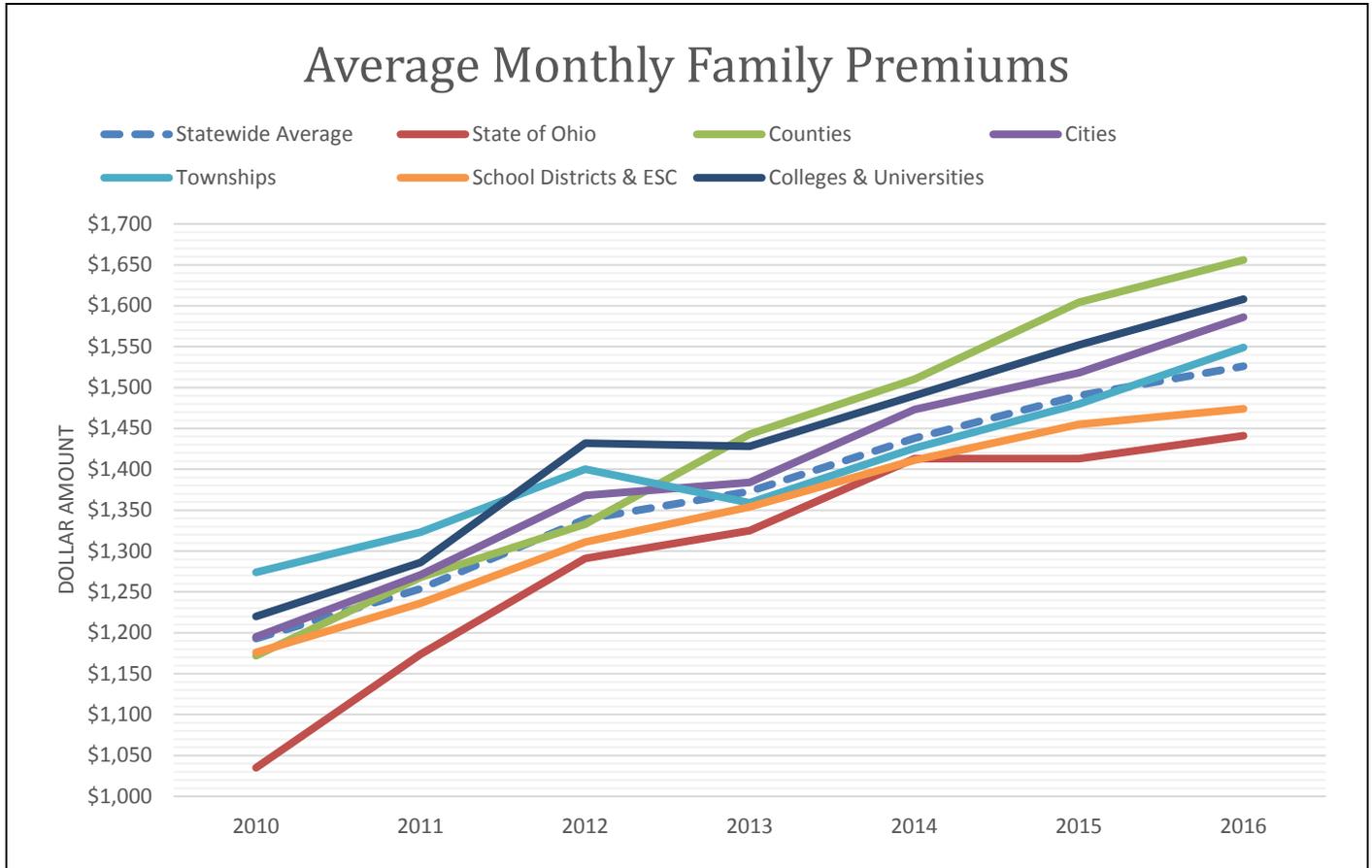
Note: Excluded plans that have one rate.

- Fire Districts reported the lowest average single premiums. The single premium is 19.5% below the statewide average. The State of Ohio reported the lowest family premiums. The family premium is 5.9% below the statewide average.

► Metro Districts reported the highest average single premiums. The single premium is 18.4% above the statewide average. Port Authorities reported the highest family premiums. The family premium is 17.2% above the statewide average.

Chart 1 displays the monthly family premiums found in Table 3.1 over the past seven years. In 2016 the monthly premiums have increased for all jurisdictions. Townships had the largest increase in monthly family premiums.

Chart 1



Tables 3.2, 3.3, and 3.4 provide three facets of medical premiums:

- 1) The average monthly medical premium for single and family coverage (along with the number of plans for which we received surveys in each category).
- 2) The average monthly dollar contribution by employees to the medical premium.
- 3) The percentage of the medical premium paid by employees; the remainder is paid by the employer.

Table 3.2

Average Monthly Medical/Prescription Premiums and Employee Contributions										
Comparison Group	Average Medical Premium				Average Employee Contribution†				Percent of Premium Paid By Employee	
	Single	# of plans	Family	# of plans	Single	# of plans	Family	# of plans	Single	Family
STATEWIDE	\$579	1,751	\$1,528	1,753	\$72	1,748	\$202	1,750	12.3%	13.2%
State of Ohio	\$521	1	\$1,441	1	\$78	1	\$227	1	15.1%	15.8%
Counties	\$613	126	\$1,670	126	\$89	126	\$247	126	14.3%	14.6%
Less than 50,000	\$629	50	\$1,699	50	\$99	50	\$269	50	15.4%	15.9%
50,000 - 149,999	\$610	49	\$1,684	49	\$84	49	\$243	49	13.7%	14.3%
150,000 or more	\$589	27	\$1,589	27	\$79	27	\$214	27	13.5%	13.0%
Cities	\$577	313	\$1,589	313	\$65	313	\$184	312	11.8%	12.2%
Less than 25,000	\$570	229	\$1,577	229	\$60	229	\$175	228	11.0%	11.8%
25,000 - 99,999	\$592	77	\$1,615	77	\$78	77	\$212	77	14.3%	13.9%
100,000 or more	\$645	7	\$1,680	7	\$63	7	\$159	7	9.9%	9.6%
Townships	\$541	130	\$1,545	130	\$37	128	\$116	128	7.1%	7.7%
Less than 10,000	\$544	67	\$1,552	68	\$30	65	\$107	66	5.8%	7.0%
10,000 - 29,999	\$556	46	\$1,568	46	\$40	46	\$112	46	7.3%	7.4%
30,000 or more	\$490	17	\$1,448	16	\$55	17	\$168	16	11.4%	11.4%
School Districts††	\$573	1,033	\$1,472	1,035	\$76	1,032	\$208	1,035	12.9%	13.8%
Less than 1,000	\$539	266	\$1,380	267	\$66	265	\$177	267	11.8%	12.5%
1,000 - 2,499	\$593	410	\$1,519	411	\$79	410	\$213	411	13.1%	13.7%
2,500 - 9,999	\$569	255	\$1,472	255	\$76	255	\$211	255	13.1%	14.1%
10,000 or more	\$631	19	\$1,570	19	\$72	19	\$283	19	11.6%	18.2%
Colleges & Universities	\$604	70	\$1,610	70	\$86	70	\$249	70	14.3%	15.5%
Fire Districts	\$487	13	\$1,524	13	\$53	13	\$165	13	11.5%	11.2%
Metro Housing Authorities	\$694	48	\$1,766	48	\$59	48	\$249	48	8.8%	14.2%
Port Authorities	\$599	3	\$1,789	3	\$71	3	\$217	3	11.6%	12.0%
Regional Transit Authorities	\$636	14	\$1,638	14	\$71	14	\$165	14	10.8%	9.1%

† Average employee contribution in this table includes all plans reporting, thus does include plans where employees contribute \$0 to the medical premium. Table 16.1 in appendix shows average employee contribution excluding plans where employee's contribution is \$0.

†† ESCs are not included in this category because they do not have a population size. They are included in the statewide total.

Note: Includes plans where prescription is included in medical.

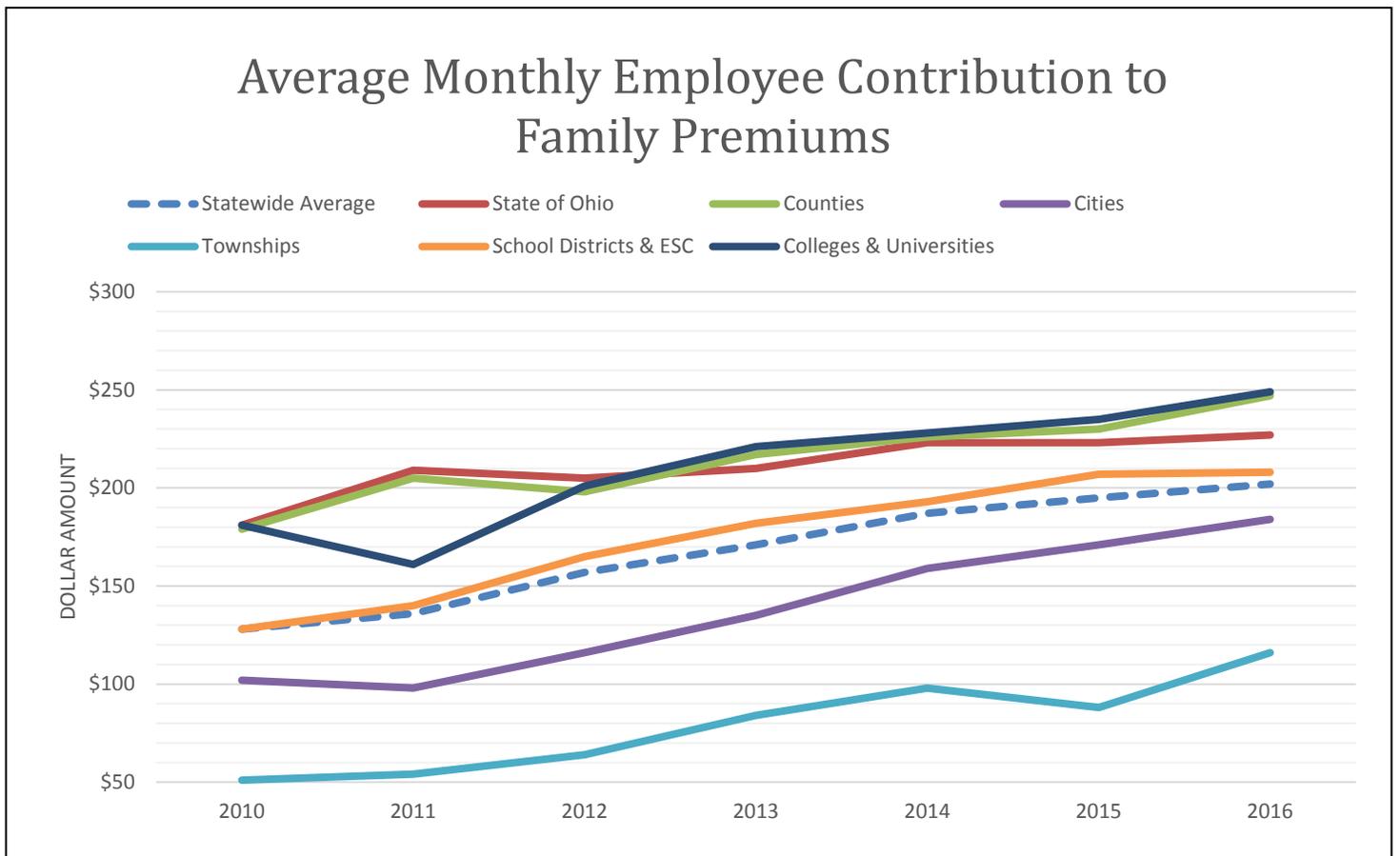
Note: Excluded plans that have one rate.

- ▶ Bundled medical/prescription premiums for the State of Ohio are 11.1% lower for single coverage and 6.0% lower for family coverage compared to the statewide average.
- ▶ Metro Housing Authorities have the highest average single premiums. Single premiums are 19.9% higher than the statewide average. Port Authorities have the highest average family premium. Family premiums are 17.1% higher than the statewide average.

- ▶ Fire Districts average lower medical premiums at 18.9% below the statewide average for single premiums and 0.3% below the statewide average for family premiums.
- ▶ The average Township employee contribution to the single premium is 94.6% less for single and 74.1% less for family medical premiums than the statewide average.
- ▶ The average employee contribution to family premiums, excluding population size, is between 7.7% and 15.8% across all jurisdictions.
- ▶ State of Ohio employees contribute 15.8% towards the family medical premium. College/University employees contribute 15.5% towards the family medical premium. The statewide average employee contribution for family medical coverage is 13.2%.

Chart 2 displays the monthly employee contribution to family premiums found in Table 3.2 over the past seven years. The chart illustrates that monthly family contributions have continued to increase over the last few years. The statewide average increase in family employee contributions increased \$15.00 from last year.

Chart 2



Regions

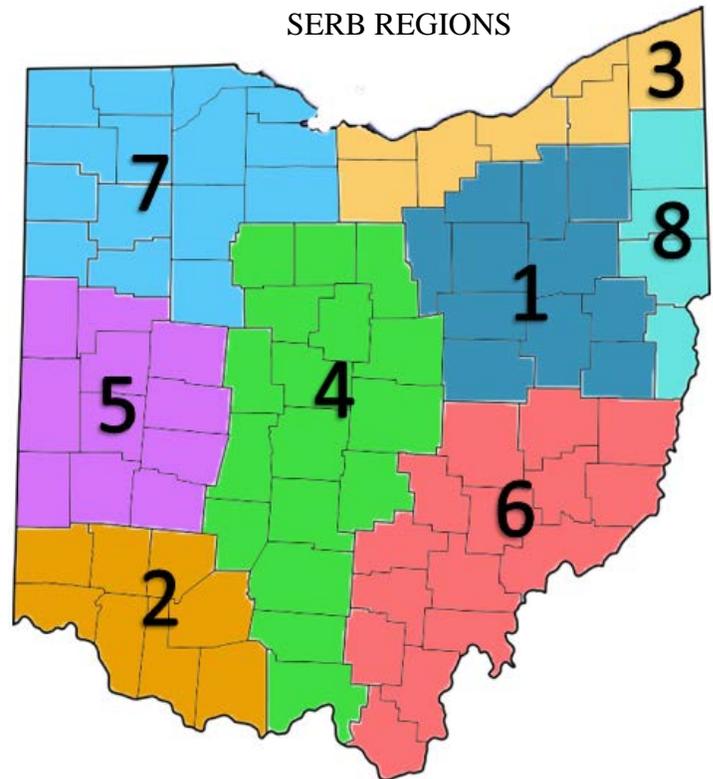
SERB divides the State into eight major regions. Insurance premiums may vary by region based on healthcare availability, proximity to larger metropolitan areas, economics, and other factors.

Table 3.3

Average Monthly Medical/Prescription Premiums by Region								
Comparison Group	Average Medical & Prescription Drug Premium including carve-out prescription plans				Average Employee Contribution [†]		Percent of Premium Paid By Employee	
	Single	# of plans	Family	# of plans	Single	Family	Single	Family
STATEWIDE	\$578.74	1,751	\$1,528.15	1,753	\$71.55	\$202.05	12.3%	13.2%
1 - Akron/Canton	\$557.03	217	\$1,446.38	217	\$62.59	\$158.16	11.3%	11.3%
2 - Cincinnati	\$545.36	209	\$1,466.95	210	\$73.09	\$215.32	13.5%	14.8%
3 - Cleveland	\$601.32	234	\$1,584.60	235	\$63.91	\$173.92	10.5%	10.8%
4 - Columbus	\$626.21	314	\$1,636.49	312	\$85.35	\$244.44	13.6%	14.9%
5 - Dayton	\$541.23	247	\$1,475.46	247	\$78.76	\$224.07	14.1%	15.0%
6 - Southeast Ohio	\$678.90	145	\$1,717.52	144	\$79.59	\$235.53	12.2%	14.1%
7 - Toledo	\$541.25	256	\$1,452.06	258	\$67.71	\$202.28	12.3%	13.7%
8 - Warren/Youngstown	\$546.41	129	\$1,442.86	130	\$48.90	\$123.19	8.7%	8.4%

[†] Average employee contribution in this table includes all plans reporting, thus does include plans where employees contribute \$0 to the medical premium.
 Note: Includes plans where prescription is included in medical.
 Note: Excluded plans that have one rate.

- ▶ Compared to the statewide averages, medical premiums in Southeast Ohio average 17.3% higher for single coverage and 12.4% higher for family coverage.
- ▶ Average single medical premiums in the Dayton region are 6.9% lower than the statewide average.
- ▶ Average family premiums in the Warren/Youngstown region are 5.9% lower for family coverage.
- ▶ Employees in the Southeast Ohio region contribute 11.2% more than the statewide average for single medical premiums.
- ▶ Employees in the Columbus region contribute 21.0% more than the statewide average for family medical premiums.
- ▶ Compared to the statewide averages, employees in the Warren/Youngstown region contribute 46.3% less for single medical coverage and 64.0% less for family medical coverage.
- ▶ Employees in the Warren/Youngstown region contribute the lowest percentage to the medical premium.



Number of Employees

Table 3.4 shows how insurance premiums vary by number of employees covered by the plan. Table 3.4 includes plans where prescription is included in the medical.

Table 3.4

Average Monthly Medical Premiums by Number of Employees Covered								
Comparison Group	Average Medical Premium				Average Employee Contribution†		Percent of Premium Paid By Employee	
	Single	# of plans	Family	# of plans	Single	Family	Single	Family
STATEWIDE	\$578.73	1,751	\$1,528.16	1,753	\$71.55	\$202.05	12.3%	13.2%
1 - 49	\$587.34	309	\$1,607.97	310	\$58.72	\$186.61	9.9%	11.5%
50 - 99	\$542.58	336	\$1,449.03	336	\$66.26	\$182.73	12.0%	12.6%
100 - 149	\$583.63	337	\$1,534.42	337	\$73.01	\$205.15	12.4%	13.2%
150 - 249	\$600.69	328	\$1,514.45	329	\$79.20	\$212.78	13.2%	14.2%
250 - 499	\$585.82	267	\$1,539.17	267	\$74.82	\$208.38	12.9%	13.5%
500 - 999	\$561.61	98	\$1,485.78	98	\$80.10	\$213.82	14.1%	14.3%
1,000 or more	\$584.32	76	\$1,599.94	76	\$84.83	\$252.26	14.7%	15.8%

† Average employee contribution in this table includes all plans reporting, thus does include plans where employees contribute \$0 to the medical premium.
 Note: Includes plans where prescription is included in medical.
 Note: Excluded plans that have one rate.

Plan & Funding Type

Table 4.1 shows how the average rates for different types of coverage vary by plan type. Table 4.1 includes plans where prescription is included in the medical.

Table 4.1

Average Premium Cost by Plan Type								
	TRAD	PPO	POS	HMO	EPO	HDHP (no HSA)	HDHP (with HSA)	All Plans†
Single	\$820	\$616	\$676	\$579	\$529	\$523	\$604	\$579
Family	\$2,019	\$1,591	\$1,889	\$1,576	\$1,438	\$1,436	\$1,579	\$1,528
Total cost per person	\$14,749	\$14,821	\$16,916	\$14,279	\$11,136	\$12,577	\$13,363	\$13,932
Number of plans	5	1,051	18	38	22	288	332	1,754

† Average is for all plans; Plan types – TRAD: Traditional; PPO: Preferred Provider Organization; POS: Point of Service; HMO: Health Maintenance Organization; EPO: Exclusive Provider Organization; HDHP: High Deductible Health Plan; HSA: Health Savings Account.
 Note: Includes plans where prescription is included in medical.
 Note: Excluded plans that have one rate.

- ▶ Traditional (TRAD) plans are the most costly family plan type reported this year. TRAD family plans average 32.1% higher than the average of all family plan types.
- ▶ Point of Service (POS) plans have the highest average cost per person. POS plans average cost per person is 21.4% higher than the average cost per person of all plan types.

Table 4.2

Average Premium Cost by Funding Type		
	Fully-insured	Self-insured
Single	\$587	\$575
Family	\$1,607	\$1,500
Annual cost per person (PEPY)	\$14,390	\$13,758
Number of plans	427	1,314

Note: Excludes plans where prescription is not included in the medical premium.
 Note: Excluded plans that have one rate and Funding Type "other".

- ▶ Self-insured plans are composed of 75.5% of all plans reported this year.
- ▶ Fully-insured plans increased 1.7% for single and 2.0% for family from last year. Annual cost per person increased 0.9%.
- ▶ Self-insured plans increased 1.2% for single and 2.9% for family from last year. Annual cost per person increased 2.5%.
- ▶ Single and family premiums and annual cost per person rates are lower for self-insured benefits. Statistically significant differences in funding/premium rates are only found for family medical rates (t=2.953, df=1,571, p=.000) and annual cost per person, or PEPY (t=5.487, df=1,739, p=.000). The statistical difference for single medical rates are (t= 1.499, df=1,737, p=.000).

Chart 3 displays the average cost per employee per year for fully and self-insured medical plans found in Table 4.2 over the past six years. The chart illustrates that on average self-insured plans cost less per employee. Fully-insured medical plans cost per employee increased 0.9% while self-insured medical plans cost per employee increased 2.5%.

Chart 3

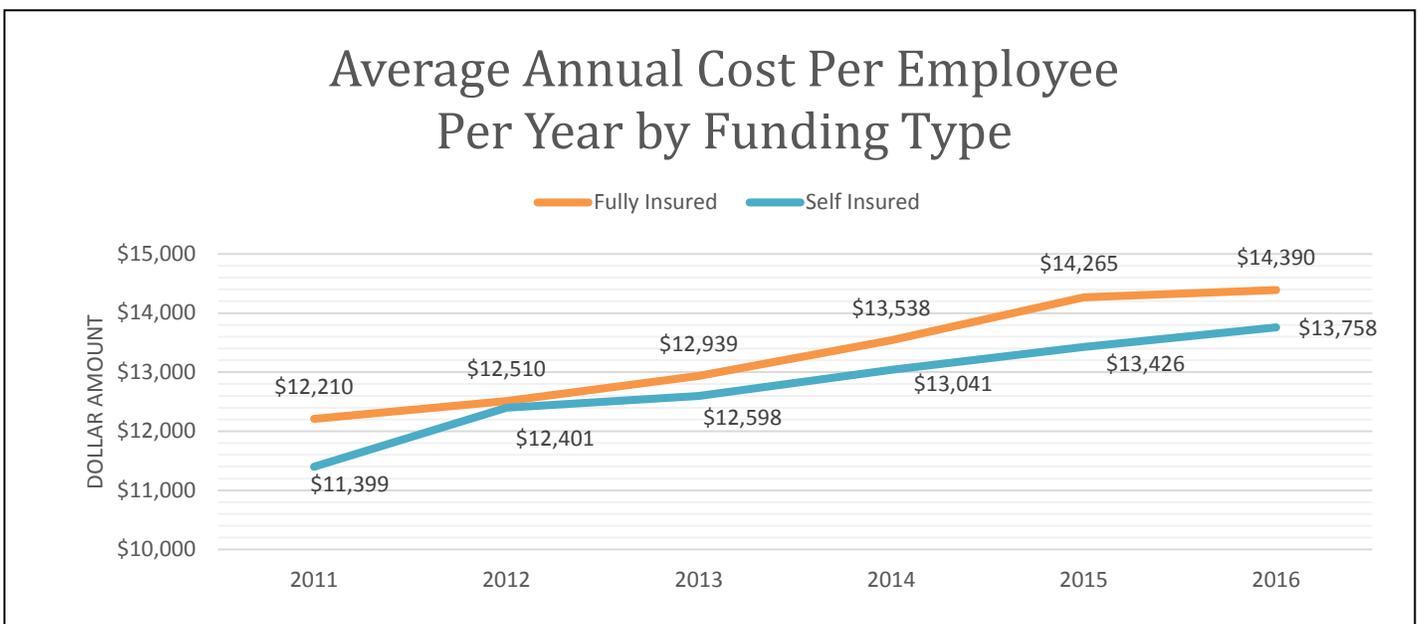


Table 4.3

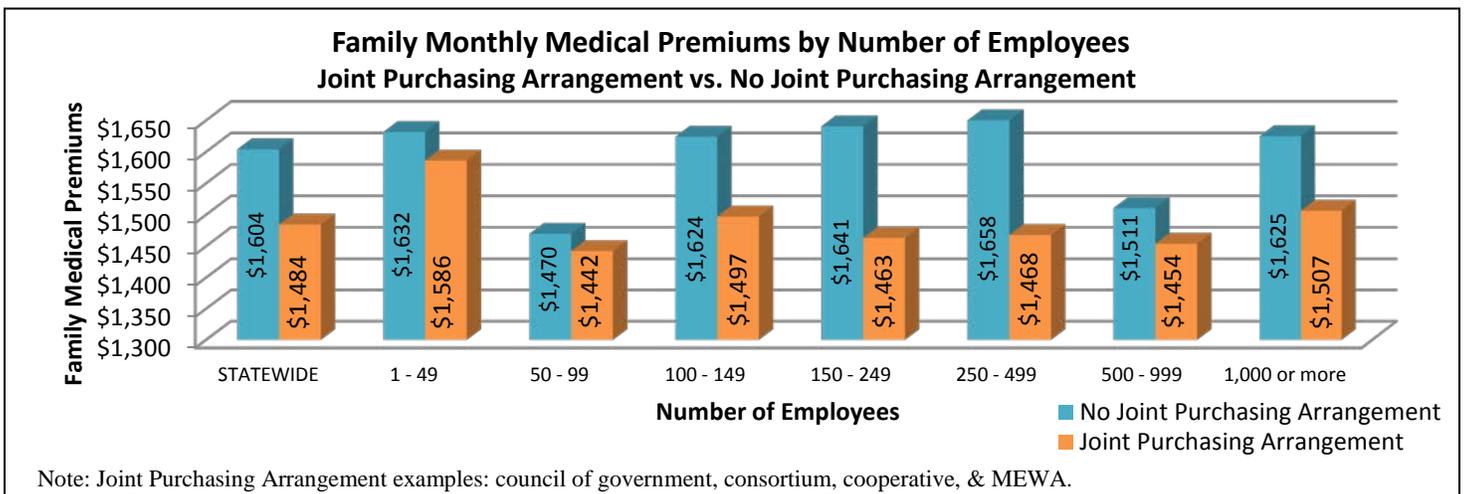
Average Premium Cost by Joint Purchasing Arrangement		
	Joint Purchasing Arrangement	No Joint Purchasing Arrangement
Single	\$567	\$599
Family	\$1,484	\$1,604
Annual cost per person (PEPY)	\$13,656	\$14,349
Number of plans	1,113	640

Note: Joint Purchasing Arrangement examples: council of government, consortium, cooperative, & MEWA.
 Note: Excludes plans where prescription is not included in the medical premium.
 Note: Excluded plans that have one rate.

- ▶ Joint purchasing membership contributes to 63.5% of all plan types reported this year.
- ▶ Joint purchasing participant plans increased 1.3% for single and increased 2.3% for family from last year. Annual cost per person increased 2.8%.
- ▶ Independently procured plans increased 2.2% for single and 3.2% for family from last year. Annual cost per person increased 1.1%.
- ▶ The number of plans where employers purchasing medical benefits via a joint purchasing arrangement increased slightly from 2015.
- ▶ Medical plans purchased through a consortium are significantly lower in cost compared to those plans that are not. This trend holds true for single ($t= 4.387, df=1,749, p=.000$), family ($t= 6.897, df=1,751, p=.000$), and annual cost per person, or PEPY ($t=3.618, df=1,583, p=.000$).

Chart 4 compares family monthly medical premiums, by number of employees, for organizations who participate in a joint purchasing arrangement and organizations that do not participate in a joint purchasing arrangement.

Chart 4



- ▶ Statewide, organizations that participate in a joint purchasing arrangement have family medical premiums that average 8.1% less than organizations that do not participate in a joint purchasing arrangement.
- ▶ Family monthly medical premiums for organizations with 1,000 or more employees who participate in a joint purchasing arrangement are 7.8% less than organizations with 1,000 or more employees who do not participate in a joint purchasing arrangement.

Premium Change

Chart 5 graphs the percent change in single and family medical premiums compared to the average negotiated wage increase for public employees from SERB’s Annual Wage Settlement report. The relatively flat line represents the average wage increases for public sector employees over the past nineteen survey years, all ranging between 0.7% and 3.8%. Comparatively, medical insurance premiums have risen at a much faster rate.

Chart 5

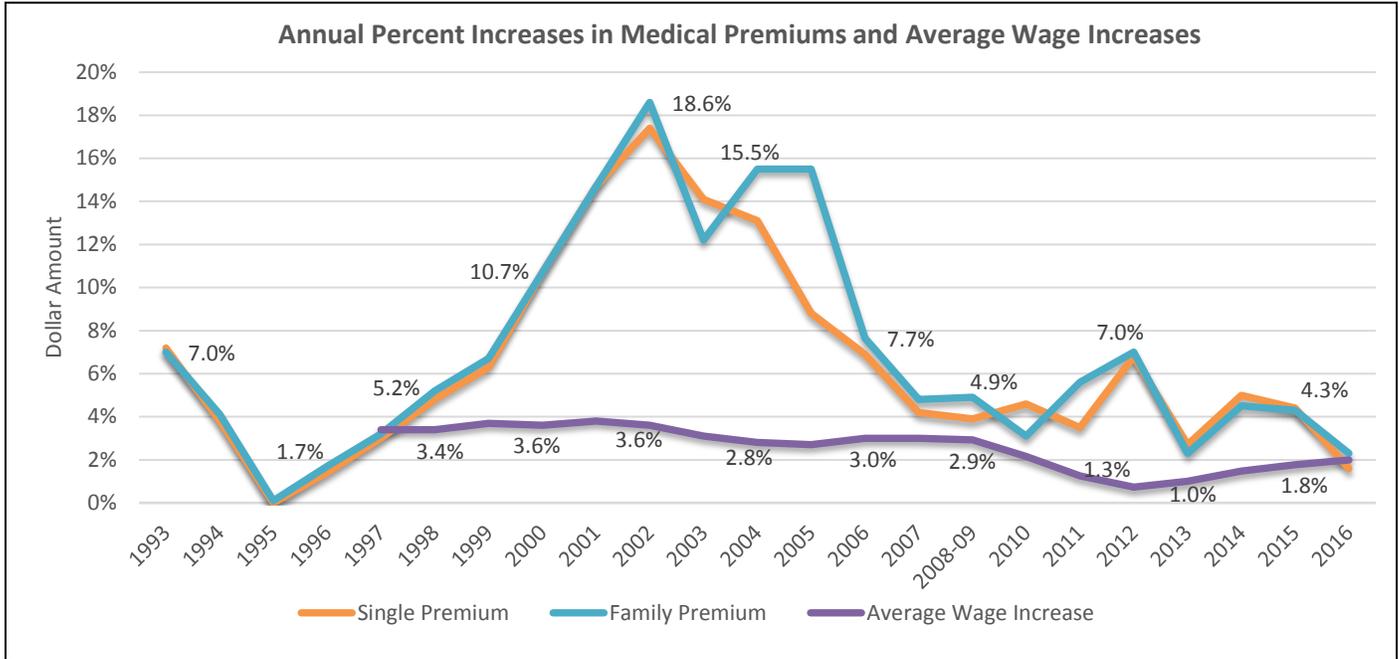


Chart 6 illustrates the diverging path of medical premium and worker salary increases since 1997. Over the nineteen year period presented, medical premiums rose more than three times faster than the average worker salary.

Chart 6

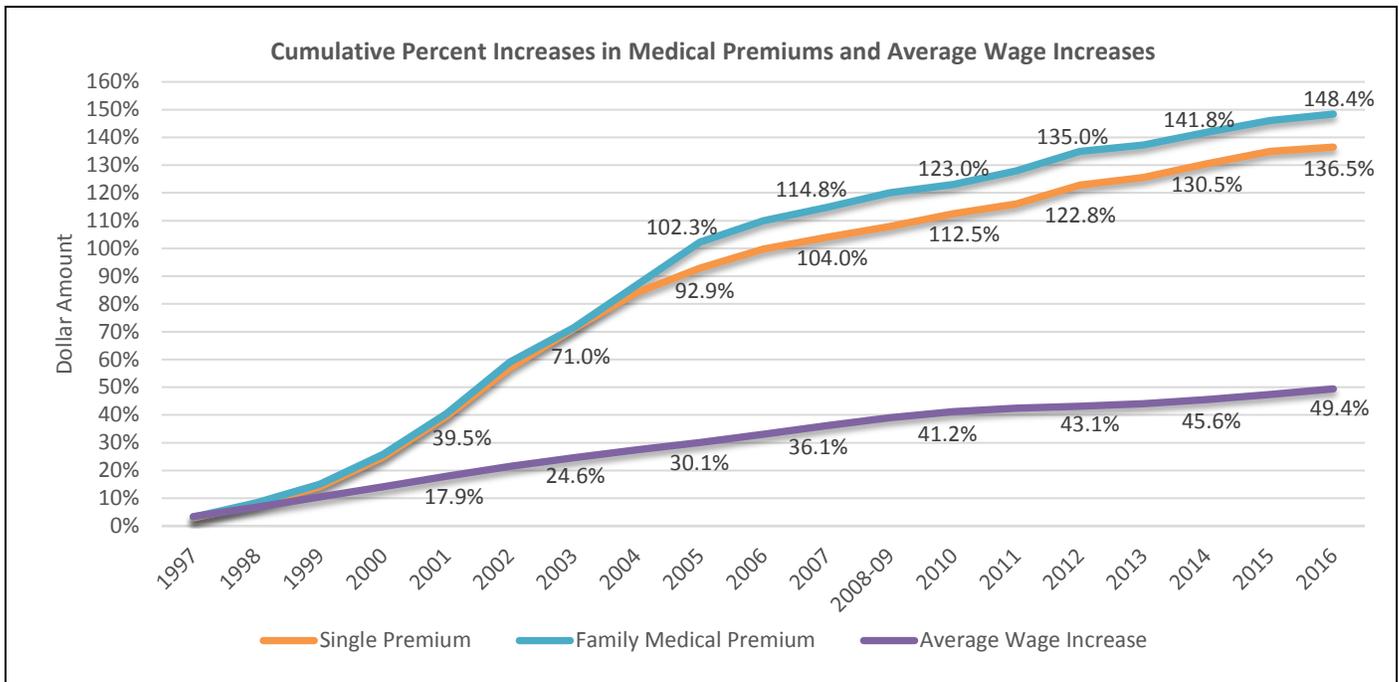


Table 5 compares percent change in insurance premiums over the past 23 years to the national overall inflation and medical care inflation rates. Premium rates for public employees in the State of Ohio rose slightly more than the overall inflation and medical care inflation rates for 2015.

Table 5

Annual Change in Medical Care Costs, Inflation, and Medical Care Inflation Rates							
Report Year	Single Premium	# of Plans	Family Premium	# of Plans	Inflation Rate †	Medical Care †	
1993	7.2%	557	7.0%	536	2.7%	5.4%	
1994	3.8%	437	4.1%	441	2.7%	4.9%	
1995	0.0%	416	0.1%	415	2.5%	3.9%	
1996	1.4%	492	1.7%	497	3.3%	3.0%	
1997	3.0%	625	3.2%	631	1.7%	2.8%	
1998	4.8%	457	5.2%	463	1.6%	3.4%	
1999	6.3%	617	6.7%	622	2.7%	3.7%	
2000	10.7%	596	10.7%	601	3.4%	4.2%	
2001	14.7%	617	14.7%	617	1.6%	4.7%	
2002	17.4%	655	18.6%	655	2.4%	5.0%	
2003	14.1%	895	12.2%	895	1.9%	3.7%	
2004	13.1%	909	15.5%	909	3.3%	4.2%	
2005	8.8%	642	15.5%	642	3.4%	4.3%	
2006	6.9%	1,387	10.1%	1,381	2.5%	3.6%	
2007	4.2%	1,313	4.8%	1,330	4.1%	5.2%	
2008-09	4.9%	1,258	4.9%	1,263	0.1%	2.6%	
2010	4.6%	1,353	3.1%	1,395	2.7%	3.4%	
2011	3.5%	1,135	5.6%	1,109	1.5%	3.3%	
2012	6.8%	1,493	7.0%	1,499	3.0%	3.5%	
2013	2.8%	1,552	2.3%	1,552	1.7%	3.2%	
2014	5.0%	1,595	4.5%	1,598	1.5%	2.0%	
2015	4.4%	1,691	4.3%	1,694	0.8%	3.0%	
2016	1.6%	1,751	2.3%	1,753	0.7%	2.6%	

† Bureau of Labor Statistics, Consumer Price Index, December 2015 (<http://www.bls.gov/cpi/cpid1512.pdf>).
 Note: The single and family premium annual change percentage includes medical plans with prescription only. This figure is the annual change in the statewide total from Table 3.2.
 Note: The number of plans is the total number of single and family plans submitted; therefore this number includes plans that do not include prescription.

Cost of Medical and Ancillary Benefits

Table 6 exhibits the 2016 annual cost per employee for medical, prescription, vision, and dental benefits.⁴

Table 6

Average Annual Cost per Employee for Medical, Prescription, Dental, and Vision Carve-outs [†]								
Comparison Group	Medical & Prescription Drug [†]	# of Plans	Prescription Drug	# of Plans	Dental	# of Plans	Vision	# of Plans
STATEWIDE	\$13,928	1,601	\$2,933	121	\$883	979	\$198	759
State of Ohio	\$13,554	1			\$981	1	\$275	1
Counties	\$13,164	127	\$2,761	11	\$663	52		
Cities	\$14,494	308	\$3,902	5	\$827	148	\$216	112
Townships	\$14,060	130			\$905	93	\$225	68
School Districts & ESCs	\$13,872	892	\$2,883	100	\$924	614	\$199	475
Colleges & Universities	\$13,281	68	\$3,349	3	\$773	29	\$166	25
Special Districts ^{††}	\$13,923	75	\$3,322	2	\$773	42	\$153	37
REGION								
1 - Akron/Canton	\$13,711	172	\$3,012	32	\$1,160	135	\$235	82
2 - Cincinnati	\$12,982	207			\$852	130	\$177	95
3 - Cleveland	\$14,359	226	\$2,617	45	\$854	134	\$186	112
4 - Columbus	\$14,990	279	\$2,955	5	\$877	176	\$216	165
5 - Dayton	\$13,356	227	\$3,424	13	\$807	128	\$194	86
6 - Southeast Ohio	\$16,136	135	\$3,361	4	\$742	79	\$200	67
7 - Toledo	\$12,738	244	\$3,049	7	\$824	122	\$198	98
8 - Warren/Youngstown	\$13,583	111	\$3,110	15	\$874	75	\$159	54
EMPLOYEES COVERED								
1 - 49	\$13,742	304	\$3,003	8	\$826	176	\$205	144
50 - 99	\$13,391	293	\$3,284	13	\$851	175	\$205	127
100 - 149	\$14,247	303	\$2,839	24	\$881	186	\$194	146
150 - 249	\$14,574	298	\$3,118	24	\$903	192	\$211	156
250 - 499	\$14,213	237	\$2,650	32	\$962	155	\$190	116
500 - 999	\$12,831	91	\$2,710	13	\$911	59	\$166	42
1,000 or more	\$13,360	75	\$3,593	7	\$826	36	\$170	28

[†] Monthly and yearly premiums plus ancillary benefit amounts are figured by giving equal weight to each medical plan, regardless of the number of employees receiving coverage. "-" indicates there is not enough data to report an average.
^{††} Includes cost of: prescription in 91.6% of plans, dental in 10.4% and vision in 11.4%. (Table 10)
^{†††} Includes, Fire Districts, Metropolitan Housing Authorities, Port Authorities and Regional Transit Authorities.
 Note: Excluded plans that have one rate.

⁴ Average yearly cost per employee for medical, prescription carve-out, dental, and vision benefits are figured with the following formula:

$$\text{Average Annual Cost} = 12 * (\text{SPREM} * \text{NUMS}) + (\text{S1PREM} * \text{NUMS1}) + (\text{SCPREM} + \text{NUMSC}) + (\text{SSPREM} + \text{NUMSS}) + (\text{FPREM} * \text{NUMF})$$

Where:	SPREM	=	NUMS + NUMS1 + NUMSS + NUMSC + NUMF
	NUMS	=	Total monthly single rate for all health benefits
	S1PREM	=	Number of employees with single medical coverage
	NUMS1	=	Total monthly single + 1 rate for all health benefits
	SCPREM	=	Number of employees with single + 1 medical coverage
	NUMSC	=	Total monthly single & child rate for all health benefits
	SSPREM	=	Number of employees with single & child medical coverage
	NUMSS	=	Total monthly single & spouse rate for all health benefits
	FPREM	=	Number of employees with single & spouse medical coverage
	NUMF	=	Total monthly family rate for all health benefits
		=	Number of employees with family medical coverage

Deductibles for Medical Coverage – Managed Care Plans⁵

The following tables show the percent of plans in each deductible category for single and family coverage for non-traditional plans (i.e. PPO, HMO, POS, EPO, and HDHP). The highest category captures plans that are eligible for a Health Savings Account (HSA). Deductibles must be at least \$1,200 for single and \$2,400 for family to qualify for an HSA. The deductible is the amount of covered expenses that must be incurred and paid by the insured individual before benefits become payable by the insurance provider.

Table 7.1

Deductible Categories for Single In-Network Medical Coverage										
Comparison Group	\$0	# of plans	\$1- \$100	# of plans	\$125- \$400	# of plans	\$500- 1199	# of plans	\$1200 or more	# of plans
STATEWIDE	7.7%	150	7.9%	154	27.0%	526	23.7%	461	33.7%	656
State of Ohio					100.0%	1				
Counties	5.8%	8	1.4%	2	22.3%	31	41.0%	57	29.5%	41
Cities	10.4%	35	7.7%	26	25.5%	86	16.3%	55	40.1%	135
Townships	14.5%	21	2.8%	4	10.3%	15	15.9%	23	56.6%	82
Colleges & Universities	8.0%	6	2.7%	2	30.7%	23	25.3%	19	33.3%	25
School Districts & ESCs	6.4%	75	10.0%	117	30.6%	357	24.6%	287	28.2%	329
Special Districts	5.9%	5	3.5%	3	15.3%	13	23.5%	20	51.8%	44

Note: Excluded plans where single deductible was blank or missing.

Table 7.2

Deductible Categories for Family In-Network Medical Coverage										
Comparison Group	\$0	# of plans	\$1- \$200	# of plans	\$200- 800	# of plans	\$900- 2399	# of plans	\$2400 or more	# of plans
STATEWIDE	8.0%	150	7.0%	131	28.7%	538	25.1%	470	31.3%	661
State of Ohio					100.0%	1				
Counties	5.6%	8	1.4%	2	21.0%	30	40.6%	58	31.5%	42
Cities	10.2%	35	6.7%	23	26.6%	91	15.5%	53	40.9%	135
Townships	14.9%	21	2.1%	3	11.3%	16	15.6%	22	56.0%	83
Colleges & Universities	8.6%	6	2.9%	2	30.0%	21	25.7%	18	32.9%	28
School Districts & ESCs	6.8%	75	9.0%	99	33.4%	366	27.3%	299	23.4%	328
Special Districts	6.0%	5	2.4%	2	15.7%	13	24.1%	20	51.8%	45

Note: Excluded plans where family deductible was blank or missing.

- ▶ Cities and Townships have a comparatively higher percentage of single and family plans with no deductible.
- ▶ Townships have more than 50% of their plans in the high deductible category.
- ▶ Counties and Special Districts have a much lower percentage of plans with no deductible, compared to other jurisdictions.
- ▶ The portion of plans statewide with no deductible decreased about one percentage point since the 2015 survey. Over 30% of all plans have deductibles high enough to make them eligible for an HSA, though not all of these plans have an employer funded (or partially employer funded) savings account (see Table 4.1).

⁵ Managed care plans (PPO, HMO, POS, EPO, HDHP) cover the majority of public employers in the State of Ohio. Data on traditional medical plans is not presented because there are very few of these plans statewide.

Co-Insurance for Medical Coverage – Managed Care Plans⁶

Tables 8.1 and 8.2 show the distribution of co-insurance splits between the plan and employees for family medical coverage. Co-insurance is the arrangement by which the insurance provider and the insured individual share a percentage of covered expenses after the deductible is met.

Table 8.1

Co-Insurance Categories for In-Network Medical Coverage										
Comparison Group	Plan pays 100%	# of plans	Plan pays 90-99%	# of plans	85/15 Split	# of plans	80/20 Split	# of plans	Plan pays <80%	# of plans
STATEWIDE	31.7%	618	28.4%	554	2.0%	40	33.6%	655	4.4%	85
State of Ohio							100.0%	1		
Counties	21.4%	30	13.6%	19	1.4%	2	47.1%	66	16.4%	23
Cities	45.9%	155	18.6%	63	1.2%	4	32.5%	110	1.8%	6
Townships	61.6%	90	8.2%	12	0.7%	1	28.1%	41	1.4%	2
Colleges & Universities	21.3%	16	36.0%	27	2.7%	2	37.3%	28	2.7%	2
School Districts & ESCs	24.7%	288	36.2%	423	2.5%	29	32.2%	376	4.4%	51
Special Districts	45.9%	39	11.8%	10	2.4%	2	38.8%	33	1.2%	1

Note: Excluded plans where in-network co-insurance was blank or missing.

- ▶ Since the 2015 survey, the percent of plans Statewide that pay 100% of deductible decreased slightly.
- ▶ Counties continue to have the highest percentage of medical plans with an 80/20 split.
- ▶ The majority of Townships (61.6%) have plans with no in-network co-insurance requirement.

Table 8.2

Co-Insurance Categories for Out-of-Network Medical Coverage										
Comparison Group	Plan pays 90-100%	# of plans	80/20 Split	# of plans	70/30 Split	# of plans	Plan pays 60-69%	# of plans	Plan pays <60%	# of plans
STATEWIDE	0.9%	17	24.4%	445	32.3%	589	33.7%	614	8.6%	157
State of Ohio							100.0%	1		
Counties			14.4%	19	20.5%	27	50.0%	66	15.2%	20
Cities	0.7%	2	19.7%	59	40.5%	121	33.8%	101	5.4%	16
Townships			27.5%	36	22.9%	30	30.5%	40	19.1%	25
Colleges & Universities	1.5%	1	10.3%	7	50.0%	34	33.8%	23	4.4%	3
School Districts & ESCs	1.2%	13	28.3%	315	31.5%	351	31.4%	350	7.6%	85
Special Districts	1.3%	1	11.7%	9	33.8%	26	42.9%	33	10.4%	8

Note: Excluded plans where out-of-network co-insurance was blank or missing

⁶ Managed care plans (PPO, HMO, POS, EPO, HDHP) cover the majority of public employers in the State of Ohio. Data on traditional medical plans is not presented because there are very few of these plans statewide; data is available upon request from SERB.

Out-of-Pocket Maximums for Medical Coverage - Managed Care Plans⁷

Tables 9.1 and 9.2 give the median, minimum, and maximum out-of-pocket maximums for in and out-of-network family medical coverage by jurisdiction.

Table 9.1

In-Network Out-of-Pocket Maximums for Medical Coverage							
Comparison Group	Single			Family			n
	Median	Minimum	Maximum	Median	Minimum	Maximum	
STATEWIDE	\$2,000	\$0	\$15,500	\$4,000	\$0	\$36,000	1,939
State of Ohio	\$1,500	\$1,500	\$1,500	\$3,000	\$3,000	\$3,000	1
Counties	\$2,500	\$0	\$6,600	\$5,000	\$0	\$13,200	139
Cities	\$2,000	\$0	\$7,500	\$4,000	\$0	\$15,000	333
Townships	\$3,000	\$0	\$12,000	\$6,000	\$0	\$36,000	144
Colleges & Universities	\$3,000	\$500	\$7,000	\$6,000	\$1,000	\$28,000	75
School Districts & ESCs	\$2,000	\$0	\$15,500	\$4,000	\$0	\$20,500	1,163
Special Districts	\$3,000	\$0	\$6,600	\$6,000	\$0	\$13,200	84

Note: Excluded plans where in-network out-of-pocket maximum was blank or missing.
Note: Excludes Traditional Plans.

Table 9.2

Out-of-Network Out-of-Pocket Maximums for Medical Coverage							
Comparison Group	Single			Family			n
	Median	Minimum	Maximum	Median	Minimum	Maximum	
STATEWIDE	\$4,000	\$0	\$45,000	\$8,000	\$0	\$90,000	1,780
State of Ohio	\$3,000	\$3,000	\$3,000	\$6,000	\$6,000	\$6,000	1
Counties	\$5,000	\$500	\$22,000	\$10,000	\$1,000	\$60,000	130
Cities	\$4,450	\$0	\$45,000	\$9,000	\$0	\$90,000	302
Townships	\$7,000	\$0	\$30,000	\$14,000	\$0	\$90,000	134
Colleges & Universities	\$5,000	\$1,000	\$20,000	\$10,000	\$2,000	\$40,000	65
School Districts & ESCs	\$3,500	\$200	\$20,000	\$8,000	\$200	\$60,000	1,071
Special Districts	\$6,000	\$500	\$30,000	\$12,000	\$1,000	\$90,000	77

Note: Excluded plans where in-network out-of-pocket maximum was blank or missing.
Note: Excludes Traditional Plans and plans that have an “unlimited” out-of-network out-of-pocket maximum.

⁷ Managed care plans (PPO, HMO, POS, EPO, HDHP) cover the majority of public employers in the State of Ohio. Data on traditional medical plans is not presented because there are very few of these plans statewide; data is available upon request from SERB.

Fringe Benefits: Prescription, Dental & Vision

Prescription Drug

Table 10 shows the distribution of fringe benefits. Benefits shown as “included in premium” are included in the price of the overall medical premium. “Carved-out” benefits are purchased through a plan separate from the medical premium.

Table 10

Fringe Benefit Provisions			
	Included in Premium	Carved-out	Not Offered
Prescription	91.6%	6.7%	1.7%
Dental	10.4%	83.5%	6.1%
Vision	11.4%	66.4%	22.2%

- ▶ Prescription coverage is provided by 98.3% of all jurisdictions. In 91.6% of jurisdictions reporting, the cost for prescription coverage is included as part of the medical premium.
- ▶ Dental coverage is provided by 93.9% of jurisdictions.
- ▶ Vision coverage is offered by 77.8% of jurisdictions.

Tables 11.1 and 11.2 provide statewide data on retail and mail order prescription plan design and co-payments. The median dollar amount and percentages are given within three tier options. Retail prescriptions are for a 30-day supply; mail order prescriptions are typically for a 90-day supply.

Table 11.1

Statewide Retail Prescription Copayments				
Prescription Plan	Dollars	# of plans	Percent	# of plans
No Tiers	\$10	15	20.0%	197
Two Tiers				
Generic	\$10	119	22.5%	18
Brand	\$20	117	25.0%	22
Three Tiers				
Generic	\$10	907	20.0%	46
Brand (formulary)	\$25	904	25.0%	65
Brand (non-formulary)	\$40	895	35.0%	69
Four Tiers				
Generic	\$10	327	20.0%	17
Brand (formulary)	\$35	329	30.0%	18
Brand (non-formulary)	\$50	324	50.0%	22
Cosmetic/biologic	\$100	275	25.0%	52

Note: Excluded plans where retail prescription co-payments were blank or missing.

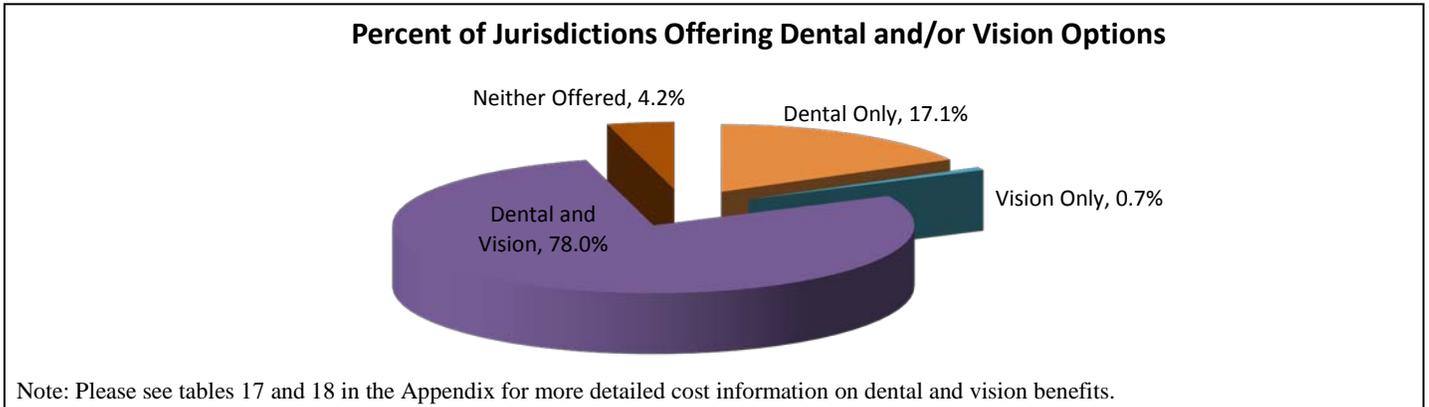
Table 11.2

Statewide Mail Order Prescription Copayments				
Prescription Plan	Dollars	# of plans	Percent	# of plans
No Tiers	\$10	19	20.0%	188
Two Tiers				
Generic	\$10	115	20.0%	17
Brand	\$40	114	25.0%	19
Three Tiers				
Generic	\$20	901	40.0%	36
Brand (formulary)	\$50	900	30.0%	48
Brand (non-formulary)	\$80	891	50.0%	50
Four Tiers				
Generic	\$20	323	20.0%	11
Brand (formulary)	\$63	324	30.0%	11
Brand (non-formulary)	\$110	321	50.0%	15
Cosmetic/biologic	\$150	233	25.0%	35

Note: Excluded plans where retail prescription co-payments were blank or missing.

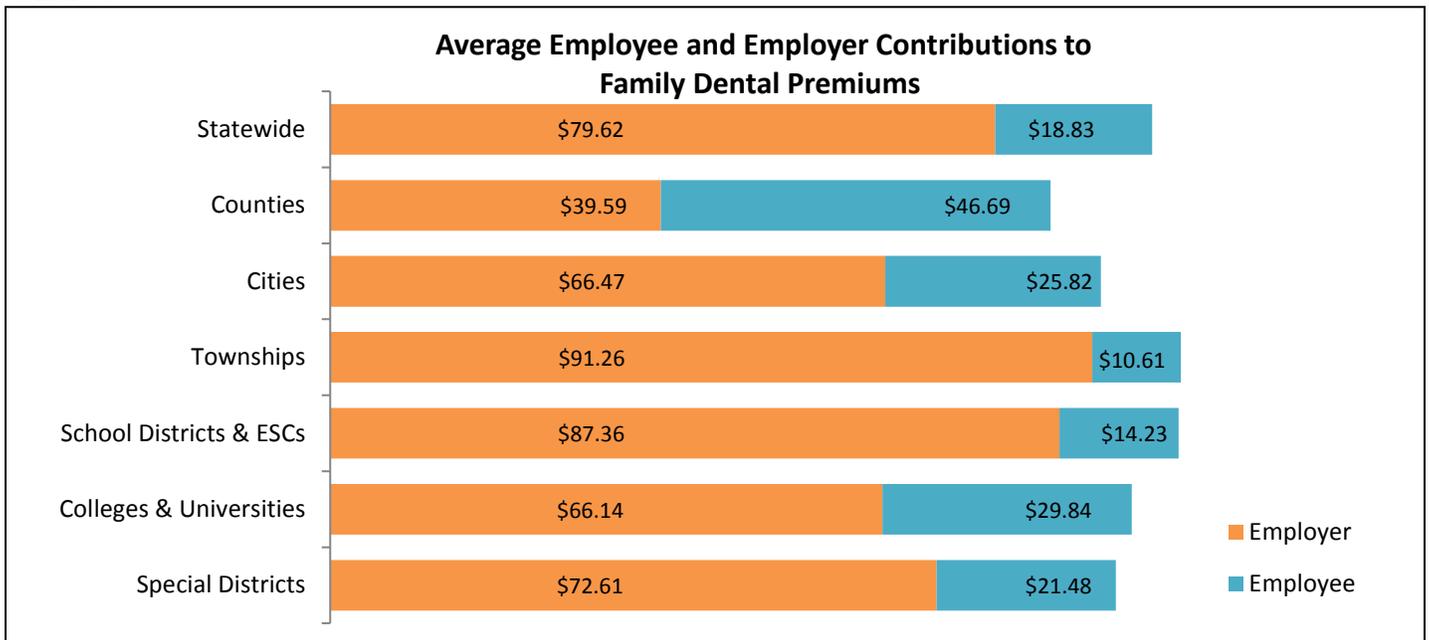
Chart 7 provides another view of dental and vision coverage.

Chart 7



Dental⁸

Chart 8



For 2016, single and family dental premiums in Table 17 are divided into tiered plans and composite rates. Chart 8 includes tiered rates for family dental plans.

- ▶ County employees pay the highest portion of the family dental premium, contributing 54.1% of the premium on average.
- ▶ Township employees contribute the least to family dental premiums, contributing 10.4% of the total premium on average.

⁸ For a detailed breakdown of dental costs, please see Table 17 in the appendix. Dental numbers are for plans that are not included in the medical premium, or carve-outs.

Table 12 summarizes dental maximums by jurisdiction.

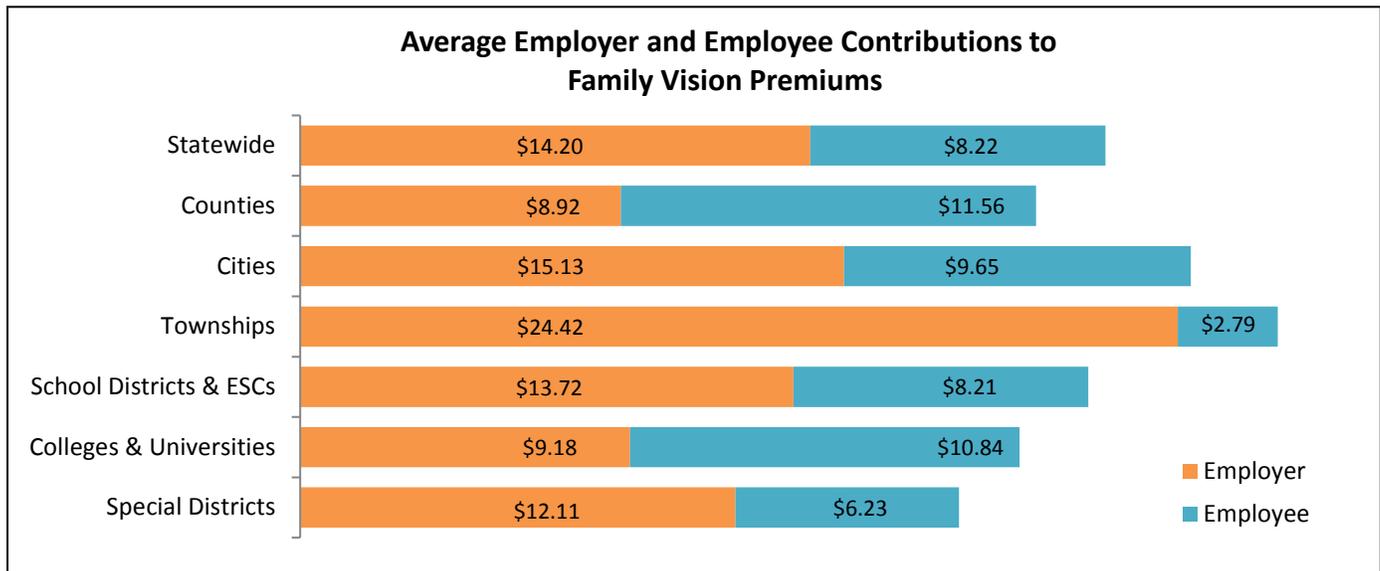
Table 12

Annual Dental Maximums					
Comparison Group	\$500-750	\$1,000	\$1,100-1,400	\$1,500	\$1,600-10,000
STATEWIDE	2.2%	32.2%	5.5%	30.3%	29.8%
State of Ohio				100.0%	
Counties	1.5%	56.1%	7.6%	27.3%	7.6%
Cities	1.0%	48.0%	6.6%	26.0%	18.4%
Townships		52.3%	7.5%	27.1%	13.1%
School Districts & ESCs	2.8%	19.7%	4.2%	33.1%	40.2%
Colleges & Universities	6.3%	37.5%	21.9%	18.8%	15.6%
Special Districts	2.0%	54.0%		28.0%	16.0%

- ▶ The majority of dental plans statewide have annual maximums between \$1,500 and \$10,000.
- ▶ School Districts & Educational Service Centers have a comparatively larger percentage of dental plans that have maximums in the highest category (\$1,600-\$10,000).

Vision⁹

Chart 9



For 2016, single and family vision premiums in Table 18, which is found in the appendix, are divided into tiered plans and composite rates. Chart 9 includes tiered rates for family vision plans.

- ▶ County employees pay the largest portion of family vision insurance, contributing 56.4% of the premium on average.
- ▶ Township employees pay the lowest portion of family vision insurance, contributing 10.3% of the vision premium.

⁹ For a detailed breakdown of vision costs, please see Table 18 in the appendix. Vision numbers are for plans that are not included in the medical premiums.

Table 13 provides regional breakdowns of dental and vision composite rates by region.

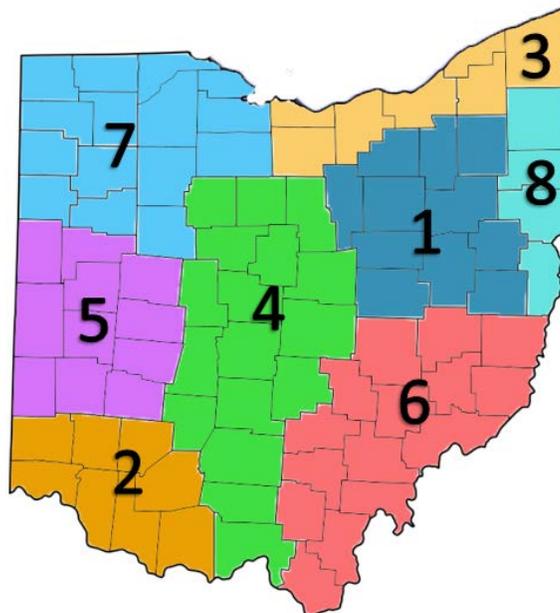
Table 13

Median Dental and Vision Composite Rates by Region		
Region	Dental	Vision
1 - Akron/Canton	\$66.61	\$16.25
2 - Cincinnati	\$80.91	\$14.26
3 - Cleveland	\$72.35	\$18.40
4 - Columbus	\$77.70	\$20.74
5 - Dayton	\$85.45	\$23.82
6 - Southeast Ohio	\$59.66	\$18.75
7 - Toledo	\$86.69	\$15.00
8 - Warren/Youngstown	\$67.00	\$16.25

Note: Amounts extracted from Table 17 and 18 in appendix.

- ▶ A sizable number of jurisdictions have composite rates for dental (n = 202) and vision (n=98) premiums. In these jurisdictions, the premiums for dental or vision coverage are one rate, regardless of whether the employee has single, single + 1, or family coverage.
- ▶ Composite rates typically fall somewhere in between the cost for a single plan and family plan.

SERB REGIONS



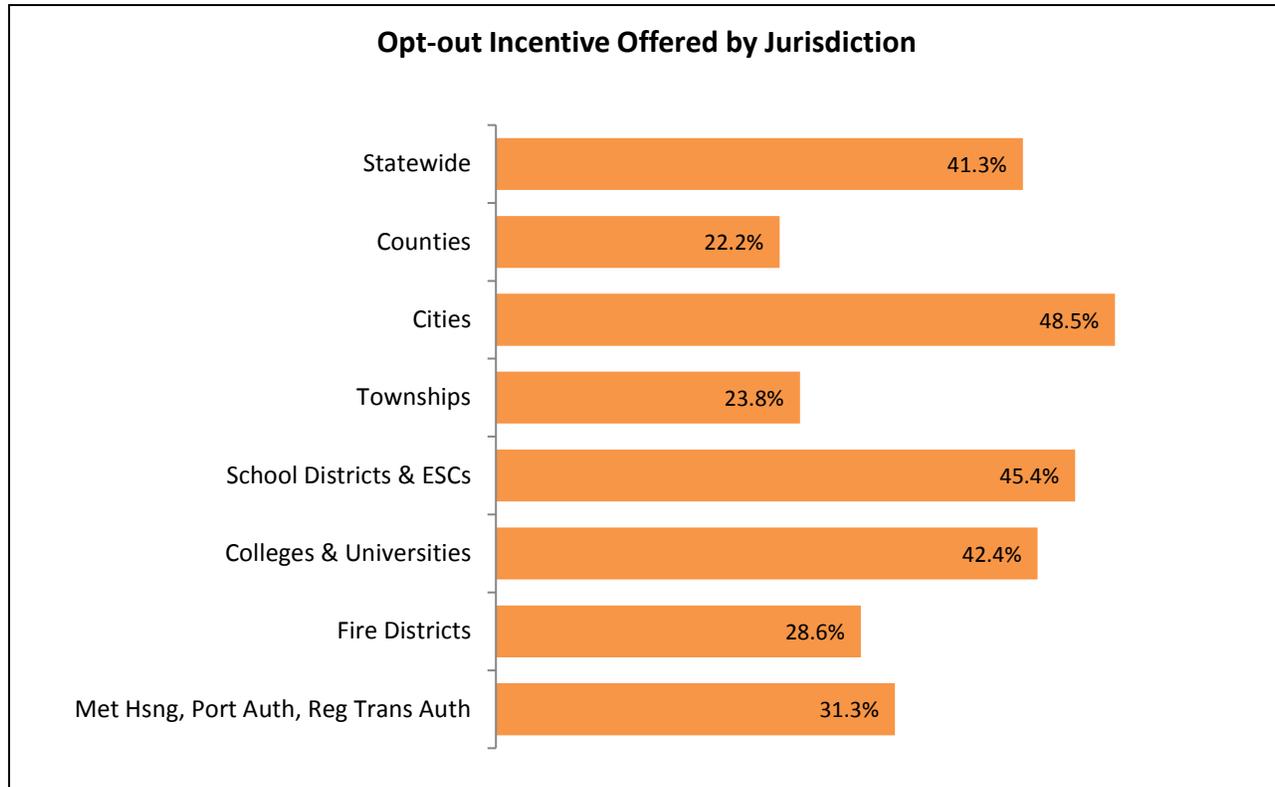
Methods to Lower Healthcare Costs

Public employers and employees continue to look for ways to lower health insurance costs. The following describe some of the ways jurisdictions are trying to counteract ever-increasing medical premiums.

Incentive for Opting out of the Medical Plan

- ▶ The average number of jurisdictions statewide offering monetary incentives to employees that waive medical coverage has remained almost unchanged since last year’s survey.

Chart 10



The amount of the incentive may vary depending on whether the person is eligible for single or family coverage. Table 14 illustrates the distribution of average, median, and maximum incentive categories by coverage type.

Table 14

Incentive Offered to Employees for Opting Out of Medical Coverage				
Opt-out type	Average Incentive	Median Incentive	Maximum Incentive	Number of Employers
Single	\$1,601	\$1,314	\$6,265	454
Single + 1	\$2,164	\$1,900	\$9,000	159
Single & child	\$2,103	\$1,781	\$9,000	207
Single & spouse	\$2,238	\$1,950	\$9,000	208
Family	\$2,243	\$2,000	\$10,837	467

Spousal Restrictions

Over forty-two percent¹⁰ of employers who completed the survey report they have some type of spousal stipulation for employees whose spouses have other means of medical coverage. Spousal Restrictions have increased slightly since last year's report. Jurisdictional breakdown is illustrated below in Chart 11.

Chart 11

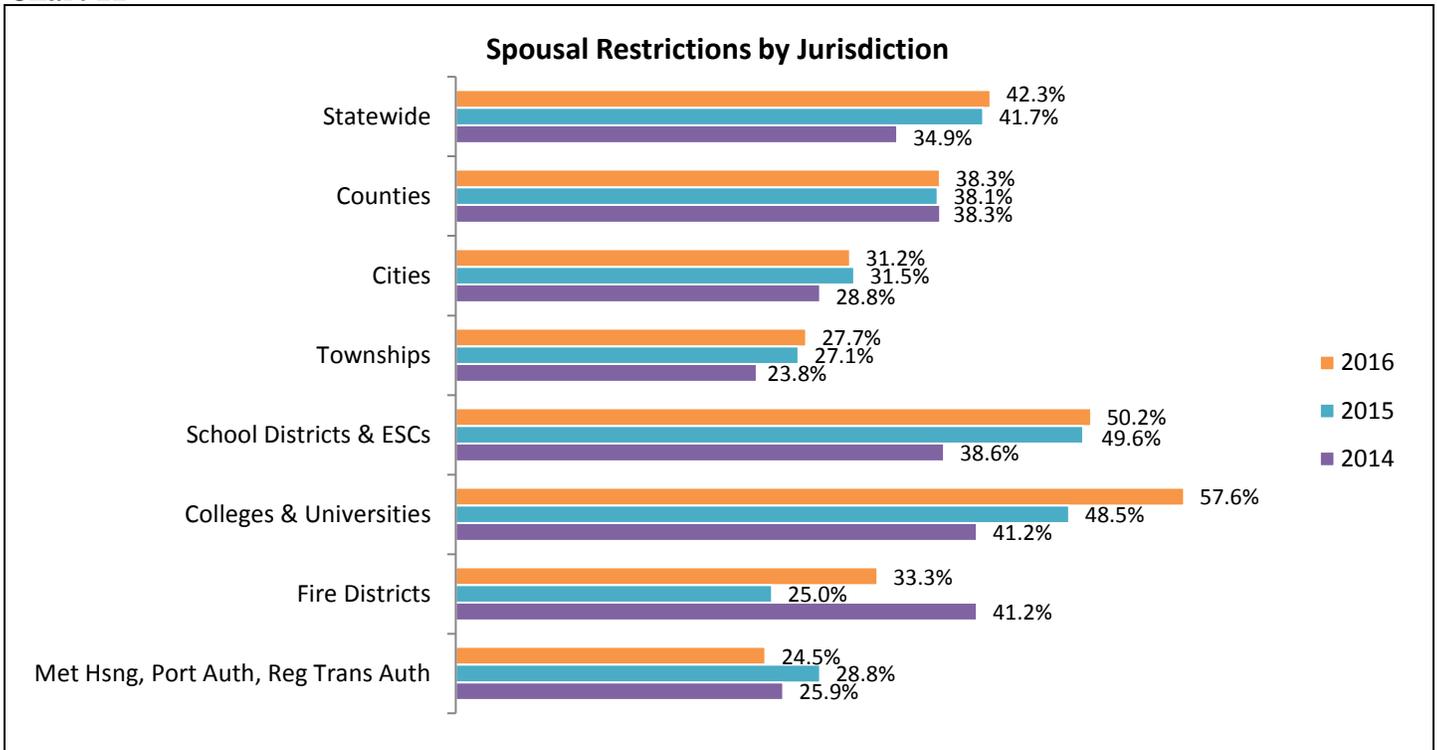
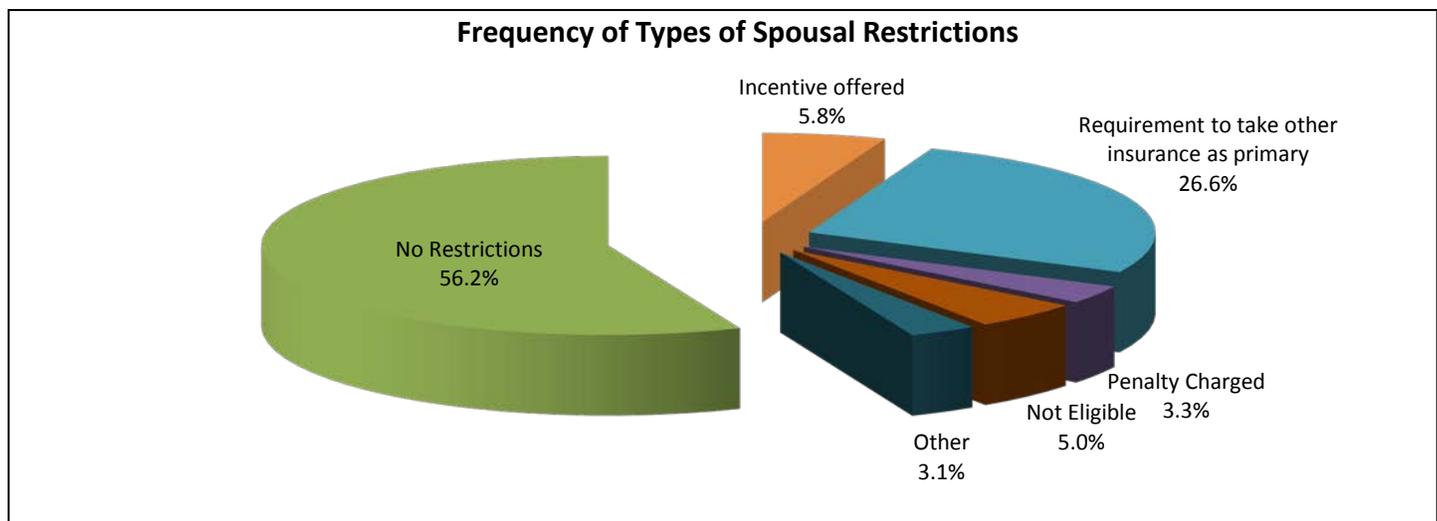


Chart 12 illustrates the frequency of the type of spousal restriction for those jurisdictions that have spousal restrictions.

Chart 12



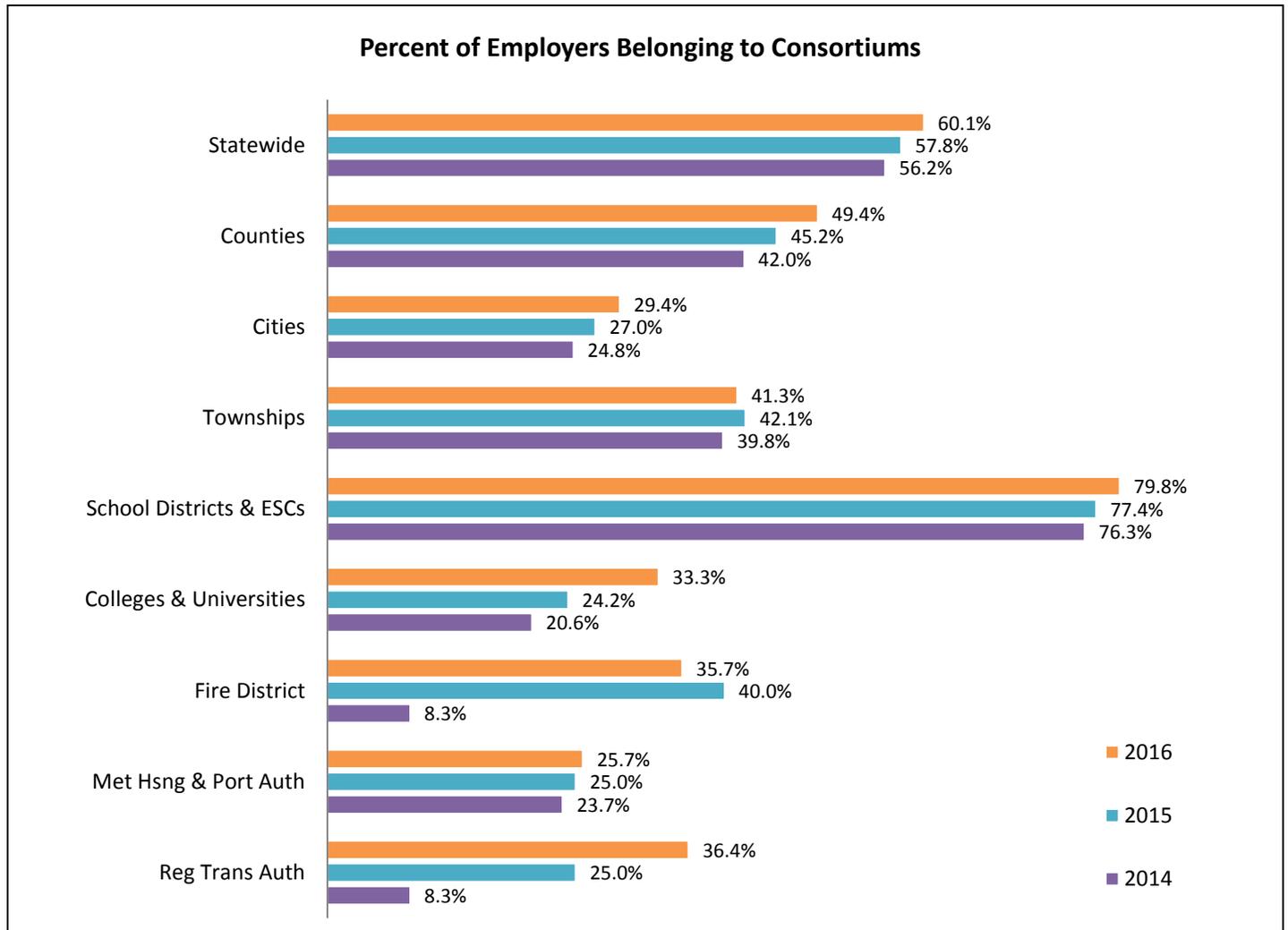
- ▶ The majority of jurisdictions that report having spousal restrictions stipulate that if an employee's spouse has medical coverage through their own employer, the spouse must use their employer's insurance as their primary form of coverage.

¹⁰ 514 out of 1,216 employers reported having spousal restrictions.

Joint Purchasing Arrangements

A joint purchasing arrangement is created when employers join together to purchase health insurance, usually to save money by increasing the risk pool. Chart 13 illustrates the wide jurisdictional variations in joint purchasing membership, comparing the percent of employers indicating they have a joint purchasing arrangement, by jurisdiction.

Chart 13



- ▶ Statewide, consortium membership increased by 2.3 percentage points.
- ▶ School districts continue to have the highest consortia membership. Joint purchasing was part of the School Employees Health Care Board’s “Best Practices,” explaining the much higher frequency of consortium membership for School Districts and Educational Service Centers.

High Deductible Health Plans

As illustrated in Table 2, High Deductible Health Plans (HDHP) are growing in popularity (33.7% of medical plans) as they feature lower premiums compared to other managed care and traditional indemnity plans.

Many HDHPs are coupled with Health Savings Accounts (HSAs) or Health Reimbursement Arrangements (HRAs) that the employer partially or fully funds. Charts 14 and 15 illustrate employer contributions to employee deductibles for HSA eligible medical plans.

Chart 14

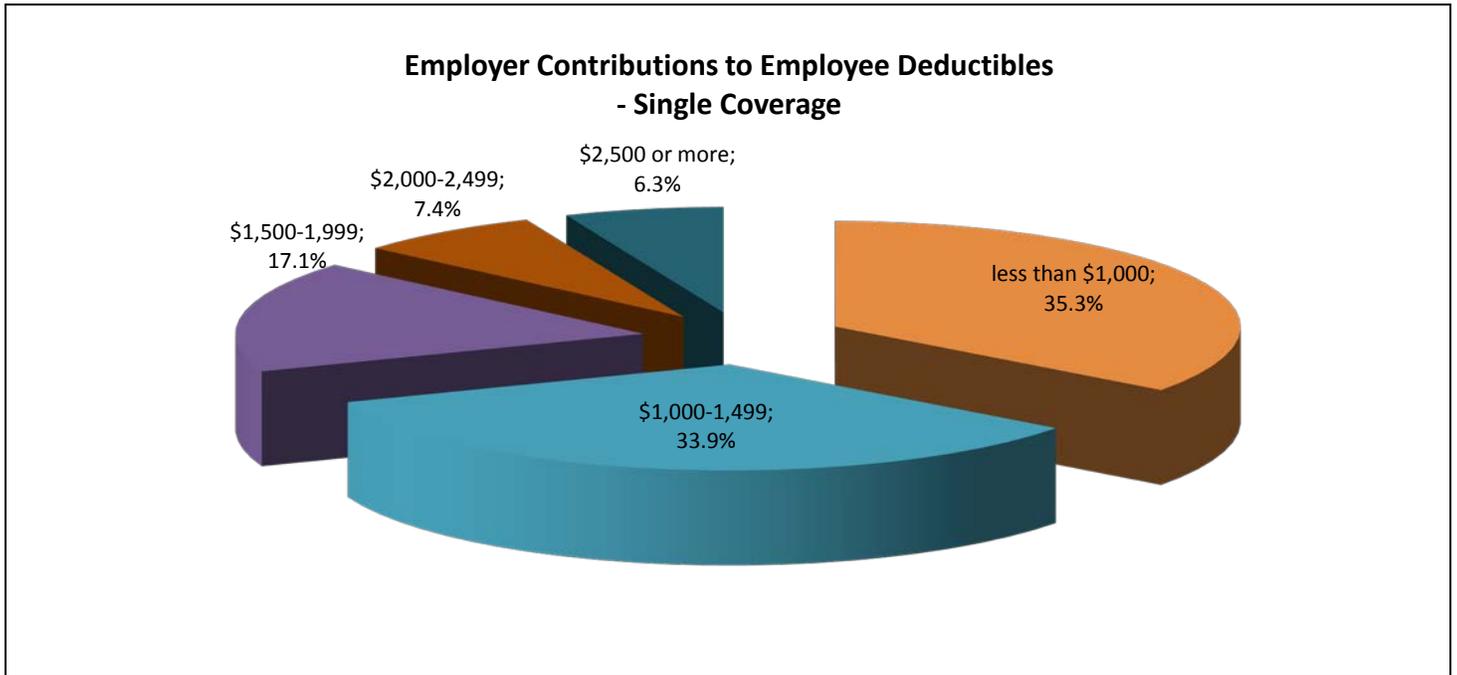
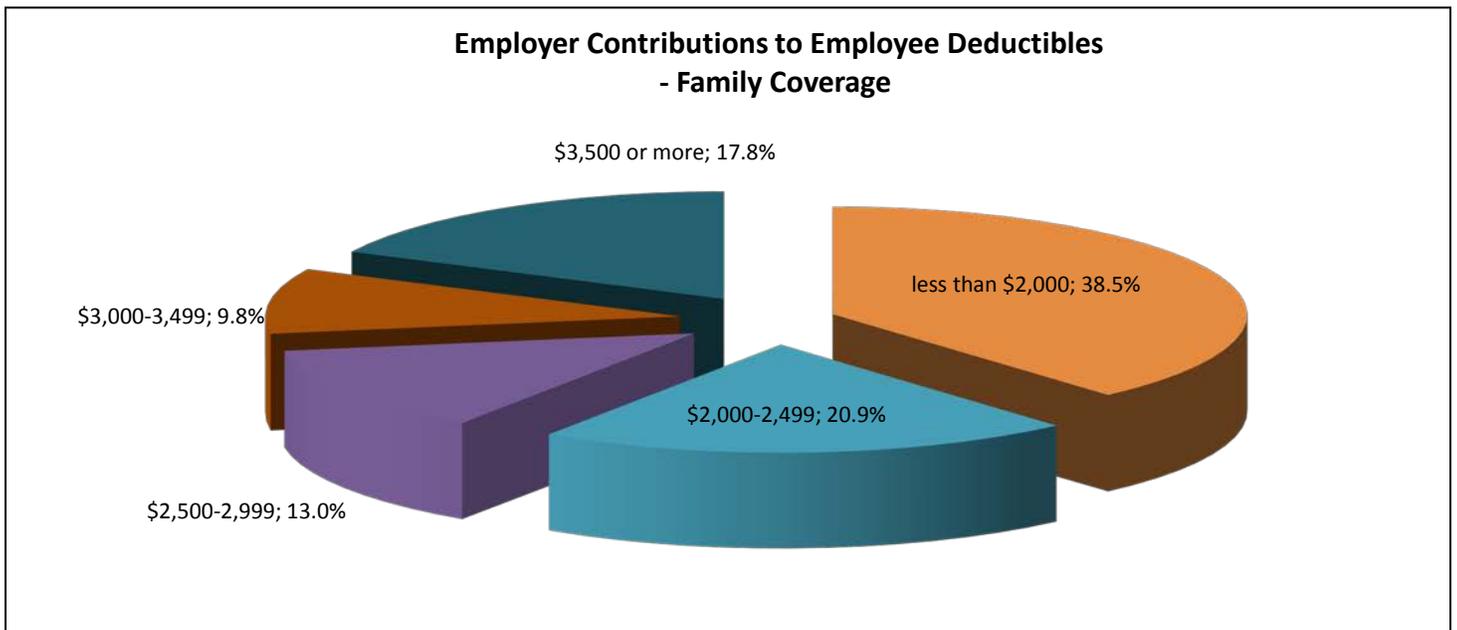


Chart 15

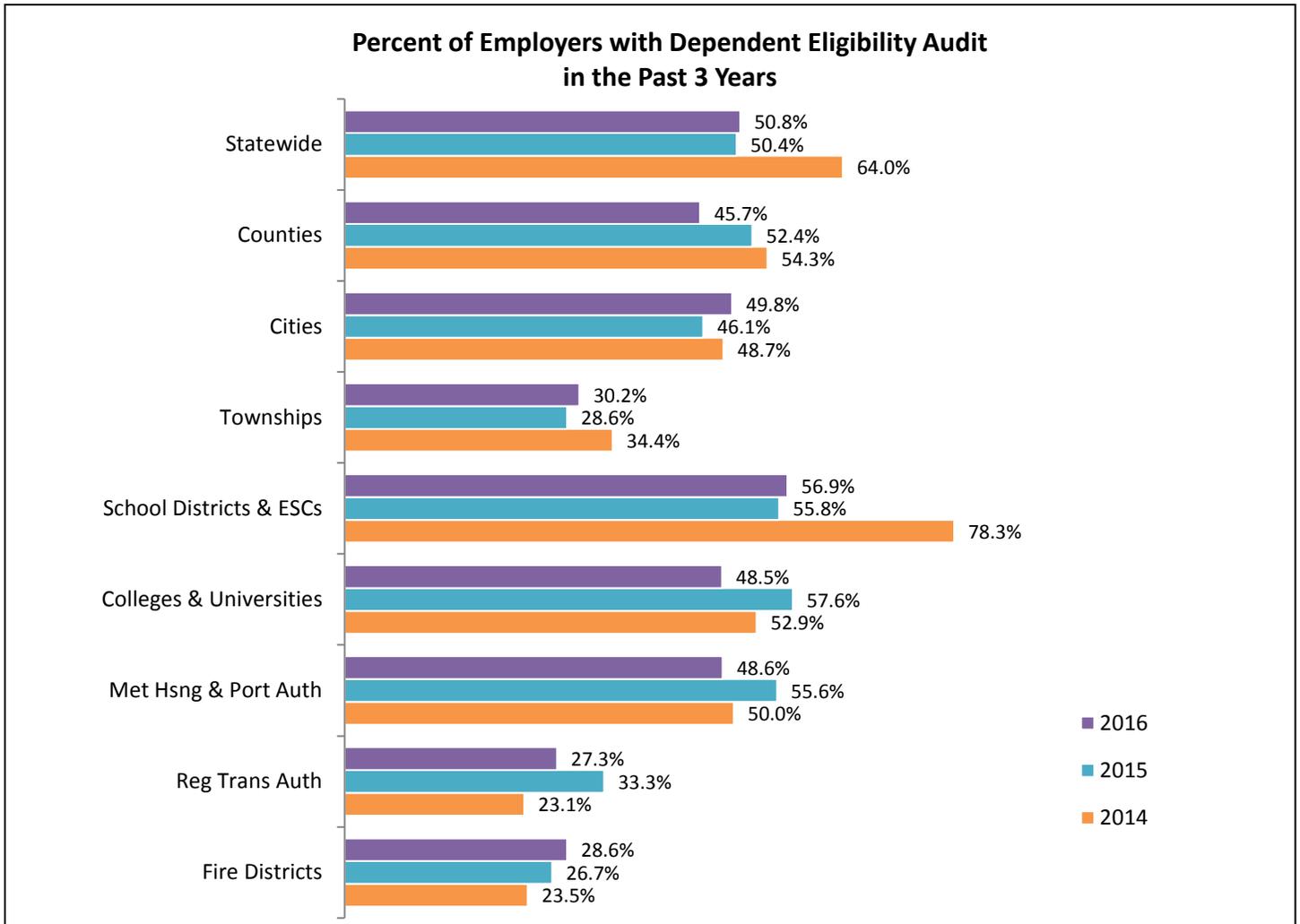


Dependent Eligibility Audits

Dependent eligibility audits (DEAs) identify individuals who do not qualify to be on the employer’s medical plan. The purpose of a DEA is to identify persons enrolled on the employer’s medical plan who are no longer eligible for coverage. Examples include adult children, who are no longer in school, full-time students older than the maximum age allowed by the plan, ex-spouses, and other relatives not eligible for coverage.

Chart 16 illustrates the number of employers, by jurisdiction, indicating that either they or the medical provider conducted a dependent eligibility audit in the past three years. Comparative data from the last two years’ reports are also presented.

Chart 16

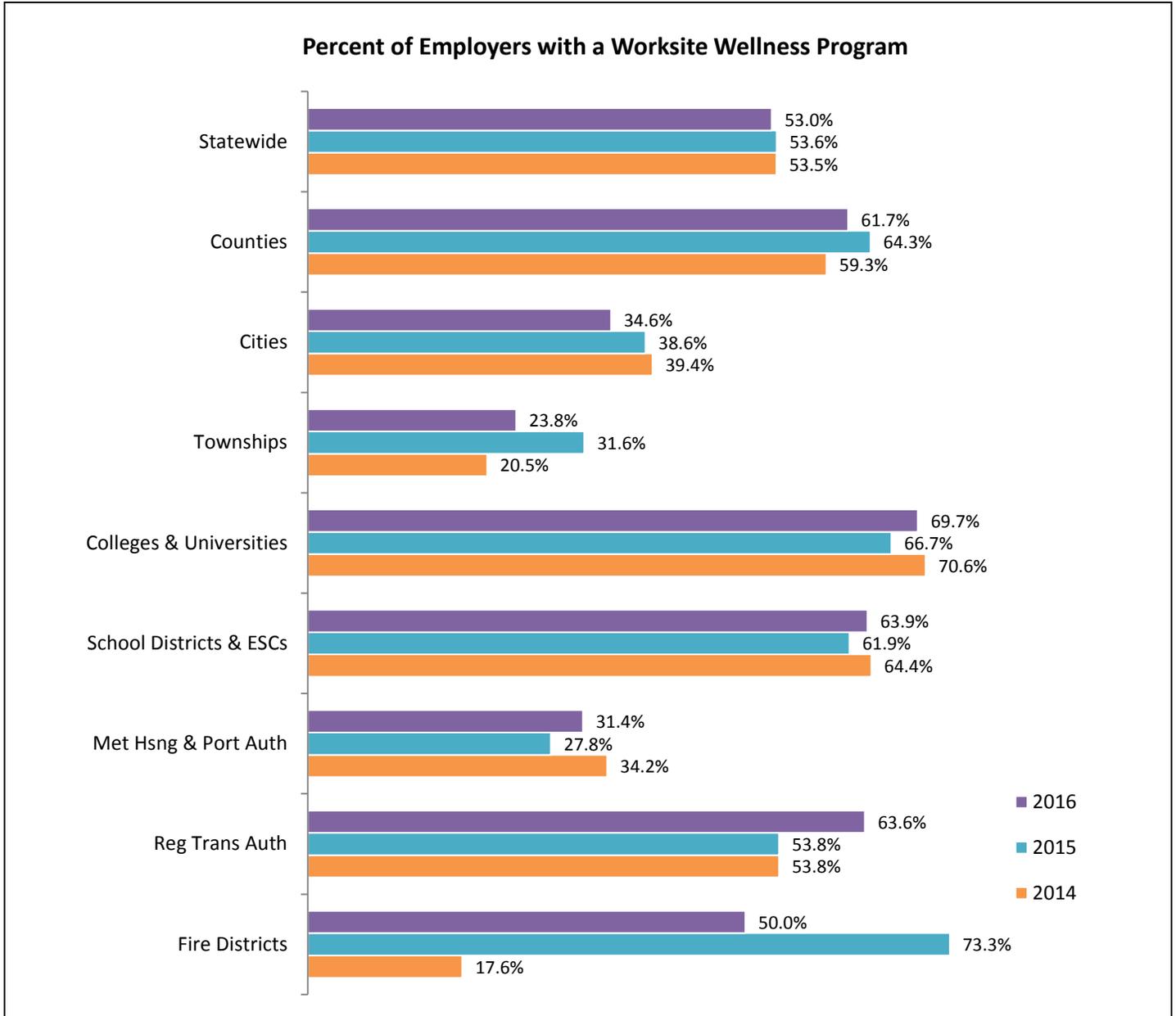


- Statewide, between 2015 and 2016, the percent of employers reporting that their organization conducted a dependent eligibility audit sometime over the past three years increased 0.4%.

Worksite Wellness

Worksite wellness programs are at the employer level (rather than included in the medical plan) and include various types of health maintenance programs, from screening programs, to staff dedicated to employee health programs. Further explanation of the components of worksite wellness programs are found in Table 15. Chart 17 illustrates the variability of these offerings by jurisdiction.

Chart 17



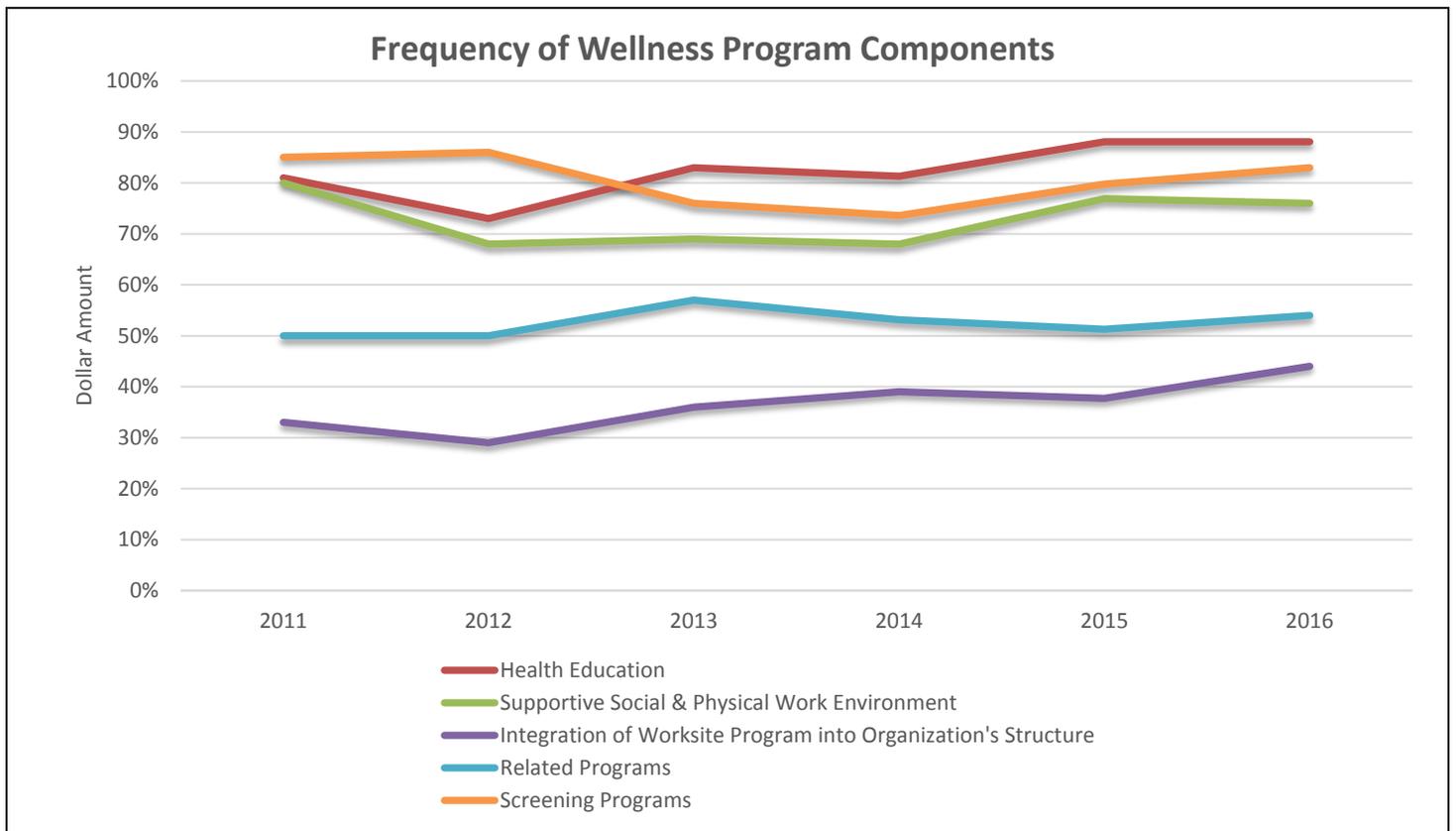
- ▶ More than half (53.0%) of employers responding to the survey report having some type of worksite wellness program, which is a 0.6 percentage point decrease since the 2015 report.
- ▶ Counties, Colleges/Universities, School Districts, and Regional Transit Authorities reported 60% or more plans that include access to worksite wellness programs.
- ▶ Townships remain as the jurisdiction with the lowest incidence of worksite wellness programs, probably due to their small size.

Table 15 breaks down the types of worksite wellness programs utilized when a jurisdiction reports having a worksite wellness program. Employers who answered “yes” to the question of whether they had a worksite wellness program were then presented with a set of questions asking about which components of a wellness plan they have.

Table 15

Frequency of Wellness Program Components				
Program Component	Examples	Percent		
		2014	2015	2016
Health Education	Education or counseling opportunities relative to physical activity, workplace injury prevention	81%	88%	88%
Supportive Social & Physical Work Environment	Policies against tobacco use, classes or counseling on nutrition or fitness	68%	77%	76%
Integration of Worksite Program into Organization's Structure	Dedicated staff, office, or budget	39%	38%	44%
Related Programs	Employee assistance, work/family, occupational safety and health programs, etc.	53%	51%	54%
Screening Programs	Blood pressure, blood cholesterol screening programs	74%	80%	83%

Chart 18



APPENDIX

Table 16.1 contains the average employee contributions to single and family premiums, when such a contribution is required. Plans where employees pay \$0 toward the medical premium are excluded when calculating this average.

Table 16.1

Average Monthly Employee Contributions to Medical Premiums When a Contribution is Required							
Comparison Group	Single			Family			
	Dollar Amount	% of Premium	# of plans	Dollar Amount	% of Premium	# of plans	
STATEWIDE	\$78	13.5%	1,709	\$214	14.1%	1,736	
State of Ohio	\$78	15.1%	1	\$227	15.8%	1	
Counties	\$90	14.6%	132	\$247	14.8%	131	
Less than 50,000	\$99	15.5%	51	\$269	15.9%	50	
50,000 - 149,999	\$86	13.8%	51	\$242	14.4%	51	
150,000 or more	\$81	14.0%	30	\$220	13.6%	30	
Cities	\$74	13.4%	287	\$201	13.5%	294	
Less than 25,000	\$70	12.8%	205	\$196	13.1%	211	
25,000 - 99,999	\$84	15.6%	75	\$220	14.8%	76	
100,000 or more	\$63	9.9%	7	\$159	9.6%	7	
Townships	\$53	10.3%	90	\$164	10.8%	94	
Less than 10,000	\$50	9.9%	39	\$169	10.9%	44	
10,000 - 29,999	\$50	9.1%	38	\$139	9.3%	38	
30,000 or more	\$71	15.0%	13	\$223	15.3%	12	
School Districts†	\$79	13.6%	1,069	\$212	14.3%	1,080	
Less than 1,000	\$71	12.8%	257	\$189	13.3%	262	
1,000 - 2,499	\$80	13.4%	435	\$213	14.0%	435	
2,500 - 9,999	\$79	14.0%	268	\$213	14.6%	274	
10,000 or more	\$68	11.2%	26	\$247	15.6%	26	
Colleges & Universities	\$93	15.7%	69	\$261	16.5%	69	
Fire Districts	\$57	12.2%	13	\$170	11.6%	13	
Metro Housing & Port Auth. & Regional Transit Authorities	\$87	13.2%	48	\$287	16.4%	54	
REGION							
1 - Akron/Canton	\$65	11.9%	234	\$163	11.2%	235	
2 - Cincinnati	\$79	14.7%	194	\$232	15.6%	196	
3 - Cleveland	\$71	12.2%	254	\$185	12.2%	255	
4 - Columbus	\$91	14.5%	303	\$259	15.7%	300	
5 - Dayton	\$87	15.6%	235	\$239	16.0%	241	
6 - Southeast Ohio	\$86	13.2%	138	\$242	14.6%	144	
7 - Toledo	\$76	13.9%	234	\$217	14.7%	247	
8 - Warren/Youngstown	\$60	10.5%	117	\$148	10.1%	118	
EMPLOYEES COVERED							
1 - 49	\$74	12.4%	258	\$219	13.5%	273	
50 - 99	\$75	13.5%	311	\$202	13.9%	314	
100 - 149	\$76	13.0%	337	\$211	13.6%	341	
150 - 249	\$82	13.9%	335	\$218	14.7%	337	
250 - 499	\$79	14.0%	276	\$214	14.2%	278	
500 - 999	\$82	14.6%	107	\$215	14.6%	108	
1,000 or more	\$83	14.5%	85	\$245	15.5%	85	

† ESCs are not included in this category because they do not have a population size. They are included in the statewide total.

Note: Number of plans may vary if employer does not have single or family coverage being utilized or values were not reported for the plan.

Note: Excludes plans where employee contribution is zero.

Table 16.2 contains the average employer contributions to single and family premiums. Plans where the employer pays 100% and the employee pays 0% are included in this average.

Table 16.2

Average Employer Contributions to Medical/Prescription Premiums						
Comparison Group	Average Monthly Employer Contributions to Medical Premiums				Percent of Premium Paid By Employer	
	Single	# of plans	Family	# of plans	Single	Family
STATEWIDE	\$507	1,751	\$1,326	1,753	87.7%	86.8%
State of Ohio	\$442	1	\$1,214	1	84.9%	84.2%
Counties	\$524	126	\$1,422	126	85.7%	85.4%
Less than 50,000	\$530	50	\$1,429	50	84.7%	84.1%
50,000 - 149,999	\$525	49	\$1,441	49	86.3%	85.7%
150,000 or more	\$510	27	\$1,375	27	86.5%	87.0%
Cities	\$512	313	\$1,406	313	88.2%	87.9%
Less than 25,000	\$509	230	\$1,402	230	89.1%	88.2%
25,000 - 99,999	\$514	76	\$1,403	76	85.6%	86.1%
100,000 or more	\$582	7	\$1,521	7	90.1%	90.4%
Townships	\$505	130	\$1,430	130	93.0%	92.4%
Less than 10,000	\$516	67	\$1,462	68	94.4%	93.3%
10,000 - 29,999	\$516	46	\$1,456	46	92.7%	92.6%
30,000 or more	\$435	17	\$1,280	16	88.6%	88.6%
School Districts†	\$498	1,033	\$1,264	1,035	87.1%	86.2%
Less than 1,000	\$477	271	\$1,203	268	88.5%	87.6%
1,000 - 2,499	\$513	412	\$1,307	411	86.9%	86.2%
2,500 - 9,999	\$493	256	\$1,264	256	86.9%	85.9%
10,000 or more	\$559	19	\$1,287	19	88.4%	81.8%
Colleges & Universities	\$517	70	\$1,362	70	85.7%	84.5%
Fire Districts	\$434	13	\$1,359	13	88.5%	88.8%
Metro Housing Authorities	\$634	48	\$1,517	48	91.2%	85.8%
Port Authorities	\$528	3	\$1,572	3	88.4%	88.0%
Regional Transit Authorities	\$565	14	\$1,474	14	89.2%	90.9%
† ESCs are not included in this category because they do not have a population size. They are included in the statewide total. Note: Number of plans may vary if employer does not have single or family coverage being utilized or values were not reported for the plan. Note: Includes plans where prescription is included in medical. Note: Excluded plans that have one rate.						

Tables 17 and 18 give the premium amount as well as employee and employer contributions for dental and vision coverage, respectively. Amounts for single and family coverage are given. Employee and employer contribution calculations only include plans where employees contribute to the premium. The total premium will not be the additive factor of the employee plus employer contributions.

Table 17

Dental Premiums - Median Total Premium and Employee and Employer Share										
Comparison Group	Single				Family				Dental Composite Rate	
	Total Single Premium	Employee Share	Employer Share	# of plans	Total Premium	Employee Share	Employer Share	# of plans	Rate	# of plans
STATEWIDE	\$31.72	\$5.10	\$29.11	772	\$90.49	\$15.34	\$81.26	778	\$80.59	202
State of Ohio	\$34.23		\$34.23	1	99.19		\$99.19	1		
Counties	\$27.43	\$13.39	\$20.32	52	\$83.03	\$47.42	\$56.42	52		
Cities	\$28.84	\$5.22	\$26.56	130	\$91.77	\$16.56	\$77.89	131	\$63.50	18
Townships	\$28.27	\$3.88	\$26.77	86	\$91.99	\$12.60	\$88.41	88	\$88.97	4
School Districts & ESCs	\$34.96	\$5.04	\$31.70	437	\$90.69	\$14.02	\$82.33	440	\$80.91	176
Colleges & Universities	\$29.71	\$5.56	\$25.03	26	\$89.72	\$23.92	\$71.99	26	\$64.28	3
Special Districts	\$28.96	\$6.56	\$25.07	40	\$92.46	\$20.86	\$83.20	40	\$56.00	1
REGION										
1 - Akron/Canton	\$39.59	\$6.75	\$37.01	128	\$105.48	\$16.65	\$98.37	130	\$66.61	6
2 - Cincinnati	\$30.53	\$4.90	\$28.35	92	\$93.99	\$15.34	\$83.12	93	\$80.91	37
3 - Cleveland	\$31.57	\$4.05	\$29.04	117	\$91.68	\$12.30	\$83.78	119	\$72.35	15
4 - Columbus	\$31.76	\$7.08	\$30.00	127	\$94.37	\$20.86	\$75.40	127	\$77.70	48
5 - Dayton	\$29.19	\$5.29	\$25.58	117	\$82.71	\$15.55	\$72.74	116	\$85.45	12
6 - Southeast Ohio	\$27.97	\$4.55	\$26.55	60	\$76.43	\$14.74	\$67.36	59	\$59.66	21
7 - Toledo	\$32.61	\$4.87	\$29.70	66	\$103.03	\$17.99	\$87.93	68	\$86.69	54
8 - Warren/Youngstown	\$32.43	\$3.31	\$29.83	65	\$83.21	\$9.12	\$79.83	66	\$67.00	9
EMPLOYEES COVERED										
1 - 49	\$29.15	\$7.14	\$26.59	162	\$88.13	\$21.52	\$82.66	165	\$75.34	11
50 - 99	\$30.33	\$4.96	\$28.72	125	\$86.08	\$14.71	\$81.06	125	\$77.88	50
100 - 149	\$32.03	\$4.86	\$28.83	140	\$88.44	\$14.20	\$79.89	141	\$80.58	45
150 - 249	\$33.14	\$5.36	\$31.53	139	\$90.84	\$16.62	\$79.80	140	\$80.91	52
250 - 499	\$34.06	\$5.22	\$29.98	128	\$91.22	\$15.59	\$79.85	129	\$80.91	27
500 - 999	\$33.47	\$5.25	\$31.20	48	\$93.77	\$14.31	\$83.58	48	\$80.91	11
1,000 or more	\$31.45	\$4.80	\$29.77	30	\$99.35	\$20.05	\$85.50	30	\$79.97	6
<p>Note: Number of plans may vary if employer does not have single or family coverage being utilized or values were not reported for the plan. Note: Includes all plans where dental is included in medical. Note: Dental plans with composite rate are only shown in last column.</p>										

Table 18

Vision Premiums - Median Total Premium and Employee and Employer Share										
Comparison Group	Single				Family				Vision Composite Rate	
	Total Premium	Employee Share	Employer Share	# of plans	Total Premium	Employee Share	Employer Share	# of plans	Rate	# of plans
STATEWIDE	\$8.13	\$2.62	\$7.25	663	\$19.86	\$7.28	\$17.24	660	\$18.84	96
State of Ohio	\$10.04		\$10.04	1	\$27.61		\$27.61	1		
Counties	\$7.65	\$5.44	\$6.42	41	\$19.88	\$13.21	\$14.31	41		
Cities	\$7.45	\$5.77	\$6.57	94	\$19.21	\$17.12	\$17.37	95	\$19.00	17
Townships	\$8.75	\$1.22	\$8.75	46	\$28.09	\$3.93	\$27.33	48	\$21.44	20
School Districts & ESCs	\$8.44	\$2.15	\$7.30	425	\$19.75	\$5.34	\$16.90	420	\$15.77	53
Colleges & Universities	\$7.38	\$2.37	\$6.17	24	\$19.51	\$13.23	\$12.44	24	\$18.98	1
Special Districts	\$6.40	\$4.01	\$5.51	32	\$18.94	\$7.45	\$16.73	31	\$24.69	5
REGION										
1 - Akron/Canton	\$9.58	\$1.43	\$8.67	73	\$25.64	\$3.54	\$22.70	74	\$16.25	9
2 - Cincinnati	\$7.15	\$6.08	\$6.45	86	\$17.66	\$16.30	\$16.70	85	\$14.26	9
3 - Cleveland	\$7.04	\$0.91	\$6.46	103	\$17.82	\$3.08	\$15.30	101	\$18.40	10
4 - Columbus	\$8.75	\$5.63	\$7.68	131	\$22.28	\$14.68	\$18.00	130	\$20.74	35
5 - Dayton	\$7.25	\$3.62	\$6.89	77	\$17.89	\$9.00	\$16.90	76	\$23.82	8
6 - Southeast Ohio	\$8.79	\$1.90	\$7.42	54	\$19.94	\$5.44	\$15.85	54	\$18.75	13
7 - Toledo	\$8.63	\$3.38	\$8.63	92	\$20.52	\$5.63	\$18.60	93	\$15.00	5
8 - Warren/Youngstown	\$6.16	\$0.99	\$5.81	47	\$15.00	\$2.20	\$15.32	47	\$16.25	7
EMPLOYEES COVERED										
1 - 49	\$8.75	\$2.70	\$8.63	119	\$23.39	\$8.15	\$21.60	120	\$23.15	22
50 - 99	\$7.71	\$1.97	\$7.04	106	\$19.59	\$4.43	\$17.17	105	\$17.71	22
100 - 149	\$8.44	\$2.36	\$7.59	123	\$19.27	\$6.39	\$16.90	123	\$19.64	24
150 - 249	\$8.35	\$2.36	\$7.45	141	\$19.88	\$6.77	\$16.95	141	\$17.80	15
250 - 499	\$7.28	\$2.92	\$6.73	108	\$18.20	\$7.05	\$15.17	106	\$12.56	9
500 - 999	\$6.65	\$6.00	\$5.41	40	\$16.90	\$15.07	\$12.33	39	\$10.62	2
1,000 or more	\$7.41	\$4.19	\$5.27	26	\$20.29	\$13.93	\$12.56	26	\$8.04	2

Note: Number of plans may vary if employer does not have single or family coverage being utilized or values were not reported for the plan.
 Note: Includes all plans where vision is included in medical.
 Note: Vision plans with composite rate are only shown in last column.

DEFINITIONS AND CLARIFICATIONS

- Under Jurisdiction, reporting “Special Districts” include: housing authorities, port authorities, regional transit authorities, and regional fire districts. These jurisdictions are often merged due to the relatively low numbers in each.
- Each Region consists of several geographically proximate counties. The groupings, which were originally developed by SERB’s Bureau of Mediation for the purpose of developing fact-finding and conciliation panels, are as follows:
 - 1 - Akron/Canton: Ashland, Carroll, Coshocton, Harrison, Holmes, Medina, Portage, Stark, Summit, Tuscarawas & Wayne.
 - 2 – Cincinnati: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland & Warren.
 - 3 – Cleveland: Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, & Lorain.
 - 4 – Columbus: Crawford, Delaware, Fairfield, Fayette, Franklin, Knox, Licking, Madison, Marion, Morrow, Pickaway, Pike, Richland, Ross, Scioto, Union, & Wyandot.
 - 5 – Dayton: Auglaize, Champaign, Clark, Darke, Greene, Logan, Mercer, Miami, Montgomery, Preble, & Shelby.
 - 6 - Southeast Ohio: Athens, Belmont, Gallia, Guernsey, Hocking, Jackson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Vinton, & Washington.
 - 7 – Toledo: Allen, Defiance, Fulton, Hancock, Hardin, Henry, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, & Wood.
 - 8 – Warren-Youngstown: Columbiana, Jefferson, Mahoning, & Trumbull.
- **Employees Covered** refers to the total number of employees covered under each employer health plan. For instance, an employer who offers two health plans with one plan covering 600 employees and the other plan covering 1,200 will have the former placed in the population category “500 to 999” covered employees and the latter placed in the population category “1,000 or more” covered employees.
- **Traditional Health Plan:** “Traditional health plans, also known as fee-for-service health insurance, generally allow you to visit any healthcare provider and any hospital. You pay a deductible before coverage begins and a percentage of your medical costs thereafter, which can be more costly than managed care plans.” (Cancer Compass. <https://www.cancercompass.com/learn/health-insurance-information>. Retrieved 7 July 2016.)

Preferred Provider Organization (PPO): “A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network. You can use doctors, hospitals, and providers outside of the network for an additional cost.” (Health Insurance Marketplace. <https://www.healthcare.gov/glossary/preferred-provider-organization-PPO/>. Retrieved on 7 July 2016.)
- **Exclusive Provider Organization (EPO):** “An Exclusive Provider Organization (EPO) Plan is a managed care plan where services are covered only if you go to doctors, specialists, or hospitals in the plan’s network (except in an emergency). (Health Insurance Marketplace. <https://www.healthcare.gov/glossary/exclusive-provider-organization-EPO-plan>. Retrieved on 7 July 2016.)

- **Health Maintenance Organization (HMO):** “A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness. (Health Insurance Marketplace. <https://www.healthcare.gov/glossary/health-maintenance-organization-HMO/>. Retrieved on 7 July 2016.)
- **Point of Service (POS):** “A point-of-service plan (POS) is a type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. When patients venture out of the network, they'll have to pay most of the cost, unless the primary care provider has made a referral to the out-of-network provider. Then the medical plan will pick up the tab.” (Small Business Majority. <http://healthcoverageguide.org/reference-guide/coverage-types/point-of-service-plan-pos/>. Retrieved on 7 July 2016.)
- **Health Savings Account (HSA):** “A health savings account (HSA) is a tax-exempt trust or custodial account you set up with a qualified HSA trustee to pay or reimburse certain medical expenses you incur. You must be an eligible individual to qualify for an HSA.” (Internal Revenue Service. <https://www.irs.gov/publications/p969/ar02.html>. Retrieved 7 July 2016.)
- **Health Reimbursement Account (HRA):** An HRA is an arrangement that is funded solely by an employer and that reimburses an employee for medical care expenses (as defined under Code § 213(d)) incurred by the employee, or his spouse, dependents, and any children who, as of the end of the taxable year, have not attained age 27, up to a maximum dollar amount for a coverage period. IRS Notice 2002-45, 2002-02 C.B. 93; Revenue Ruling 2002-41, 2002-2 C.B. 75. This reimbursement is excludable from the employee's income. Amounts that remain at the end of the year generally can be used to reimburse expenses incurred in later years. (Internal Revenue Service. https://www.irs.gov/irb/2013-40_IRB/ar11.html. Retrieved 7 July 2016.)

INDEX OF TABLES AND CHARTS

TABLE	page
Table 1	Survey Response Rates by Jurisdiction 5
Table 1.1	Total Insurance Plans Offered by Plan Type 5
Table 2	Percentage of Plan Types by Jurisdiction 6
Table 3.1	Average Monthly Medical/Prescription Premiums and Employer PEPM Costs 7
Table 3.2	Average Monthly Medical/Prescription Premiums and Employee Contributions 9
Table 3.3	Average Monthly Medical/Prescription Premiums by Region 11
Table 3.4	Average Monthly Medical/Prescription Premiums by Number of Employees 12
Table 4.1	Average Premium Cost by Plan Type 12
Table 4.2	Average Premium Cost by Funding Type 13
Table 4.3	Average Premium Cost by Joint Purchasing Arrangement..... 14
Table 5	Annual Change in Medical Care Costs, Inflation, and Medical Care Inflation Rates 16
Table 6	Average Annual Cost per Employee for Medical, Prescription, Dental, & Vision Carve-outs..... 17
Table 7.1	Deductible Categories for Single In-Network Medical Coverage..... 18
Table 7.2	Deductible Categories for Family In-Network Medical Coverage 18
Table 8.1	Co-Insurance Categories for In-Network Medical Coverage 19
Table 8.2	Co-Insurance Categories for Out-of-Network Medical Coverage..... 19
Table 9.1	In-Network Out-of-Pocket Maximums for Medical Coverage 20
Table 9.2	Out-of-Network Out-of-Pocket Maximums for Medical Coverage 20
Table 10	Fringe Benefit Provisions 21
Table 11.1	Statewide Retail Prescription Co-payments 22
Table 11.2	Statewide Mail Order Prescription Co-payments 22
Table 12	Annual Dental Maximums 24
Table 13	Median Dental and Vision Composite Rates by Region..... 25
Table 14	Incentive Offered to Employees for Opting Out of Medical Coverage 26
Table 15	Frequency of Wellness Program Components 32
Table 16.1	Average Monthly Employee Contributions to Medical Premiums When Contribution Req..... 33
Table 16.2	Average Employer Contributions to Medical/Prescription Premiums..... 34
Table 17	Dental Premiums – Median Total Premium, Employee and Employer Share..... 35
Table 18	Vision Premiums – Median Total Premium, Employee and Employer Share..... 36
CHARTS	page
Chart 1	Average Monthly Family Premiums 8
Chart 2	Average Monthly Employee Contribution to Family Premiums 10
Chart 3	Average Cost per Employee per Year by Funding Type 13
Chart 4	Family Medical Premiums by Number of Employees 14
Chart 5	Annual Percent Increases in Family Medical Premiums and Average Wage Increases 15
Chart 6	Cumulative Percent Increases in Family Medical Premiums and Average Wage Increases 15
Chart 7	Percent of Jurisdictions Offering Dental and/or Vision Options 23
Chart 8	Average Employee and Employer Contributions to Family Dental Premiums..... 23
Chart 9	Average Employer and Employee Contributions to Family Vision Premiums..... 24
Chart 10	Opt-out Incentives Offered by Jurisdiction 26
Chart 11	Spousal Restrictions by Jurisdiction 27
Chart 12	Frequency of Types of Spousal Restrictions 27
Chart 13	Percent of Employers Belonging to Consortiums 28
Chart 14	Employer Contributions to Employee Deductibles – Single Coverage 29
Chart 15	Employer Contributions to Employee Deductibles – Family Coverage 29
Chart 16	Percent of Employers with Dependent Eligibility Audits in the Past 3 Years 30
Chart 17	Percent of Employers with a Worksite Wellness Program 31
Chart 18	Frequency of Wellness Program Components 32

END NOTES

ⁱ For the two employers that we could not locate email addresses for, letters with links to the survey website were sent via postal mail.

ⁱⁱ The sample size needed to estimate p with a bound on error B was estimated using equation 3: (N = total number of surveys sent).

$$n = \frac{Npq}{(N-1)D + pq} \quad N=1320, p=.5, B=.05$$

$$\text{where } q = 1 - p \text{ and } D = \frac{B^2}{4}$$

The bound (B) utilized was .05, while p was replaced with the most conservative estimate, .5. Solving for n results in a necessary sample size of 307. Sample sizes necessary for individual entities (i.e. cities, school districts) are available upon request.

ⁱⁱⁱ Information on single + one, single & spouse and single & child coverage is available upon request.

^{iv} In 91.6% of medical plans reported, prescription drug coverage is included in the medical premium cost.

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