

The Cost of Employer Insurance Is a Growing Burden for Middle- Income Families

Sara R. Collins

Vice President
The Commonwealth Fund

David C. Radley

Senior Scientist
The Commonwealth Fund

Recent national surveys show health care costs are a top concern in U.S. households.¹ While the Affordable Care Act's marketplaces receive a lot of media and political attention, the truth is that far more Americans get their coverage through employers. In 2017, more than half (56%) of people under age 65 — about 152 million people — had insurance through an employer, either their own or a family member's.² In contrast, only 9 percent had a plan purchased on the individual market, including the marketplaces.

In this brief, we use the latest data from the federal Medical Expenditure Panel Survey–Insurance Component (MEPS–IC) to examine trends in employer premiums at the state level to see how much workers and their families are paying for their employer coverage in terms of premium contributions and deductibles. We examine the size of these costs relative to income for those at the midrange of income distribution. The MEPS–IC is the most comprehensive national survey of U.S. employer health plans. It surveyed more than 40,000 business establishments in 2017, with an overall response rate of 65.8 percent.

HIGHLIGHTS

- ▶ After climbing modestly between 2011 and 2016, average premiums for employer health plans rose sharply in 2017. Annual single-person premiums climbed above \$7,000 in eight states; family premiums were \$20,000 or higher in seven states and D.C.
- ▶ Rising overall employer premiums increased the amount that workers and their families contribute. Average annual premium contributions for single-person plans ranged from \$675 in Hawaii to \$1,747 in Massachusetts; family plans ranged from \$3,646 in Michigan to \$6,533 in Delaware.
- ▶ Average employee premium contributions across single and family plans amounted to 6.9 percent of U.S. median income in 2017, up from 5.1 percent in 2008. In 11 states, premium contributions were 8 percent of median income or more, with a high of 10.2 percent in Louisiana.
- ▶ The average annual deductible for single-person policies rose to \$1,808 in 2017, ranging from a low of \$863 in Hawaii to a high of about \$2,300 in Maine and New Hampshire. Average deductibles across single and family plans amounted to 4.8 percent of median income in 2017, up from 2.7 percent in 2008. In three states (Florida, Mississippi, and Tennessee), average deductibles comprised more than 6 percent of median income.
- ▶ Combined, average employee premium contributions and potential out-of-pocket spending to meet deductibles across single and family policies rose to \$7,240 in 2017 and was \$8,000 or more in eight states. Nationally, this potential spending amounted to 11.7 percent of median income in 2017, up from 7.8 percent a decade earlier. In Louisiana and Mississippi, these combined costs rose to 15 percent or more of median income.

Premiums for employer health plans rose sharply in 2017.

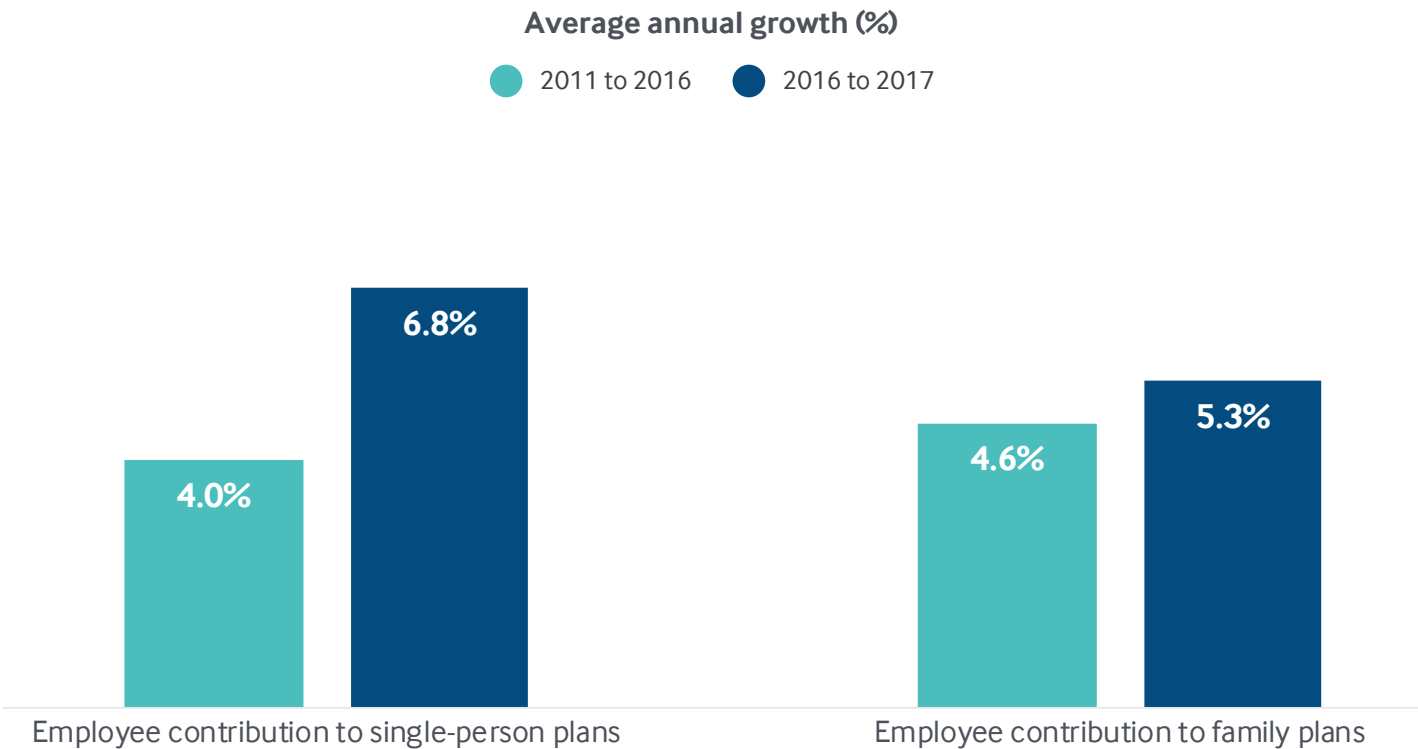
Average growth from previous year



After modest annual growth for the five years between 2011 and 2016, premiums for employer health plans ticked up sharply in 2017, by 4.4 percent for single plans and 5.5 percent for family plans. Average single-person premiums increased in 45 states and D.C. and climbed above \$7,000 in eight states (Alaska, Connecticut, Delaware, Massachusetts, New Jersey, New York, Rhode Island, Wyoming) (Table 1a). Family premiums increased in 44 states and D.C. and were \$20,000 or higher in seven states (Alaska, Connecticut, Massachusetts, New Jersey, New York, West Virginia, Wyoming) and D.C. (Table 1b).

Data: Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017.

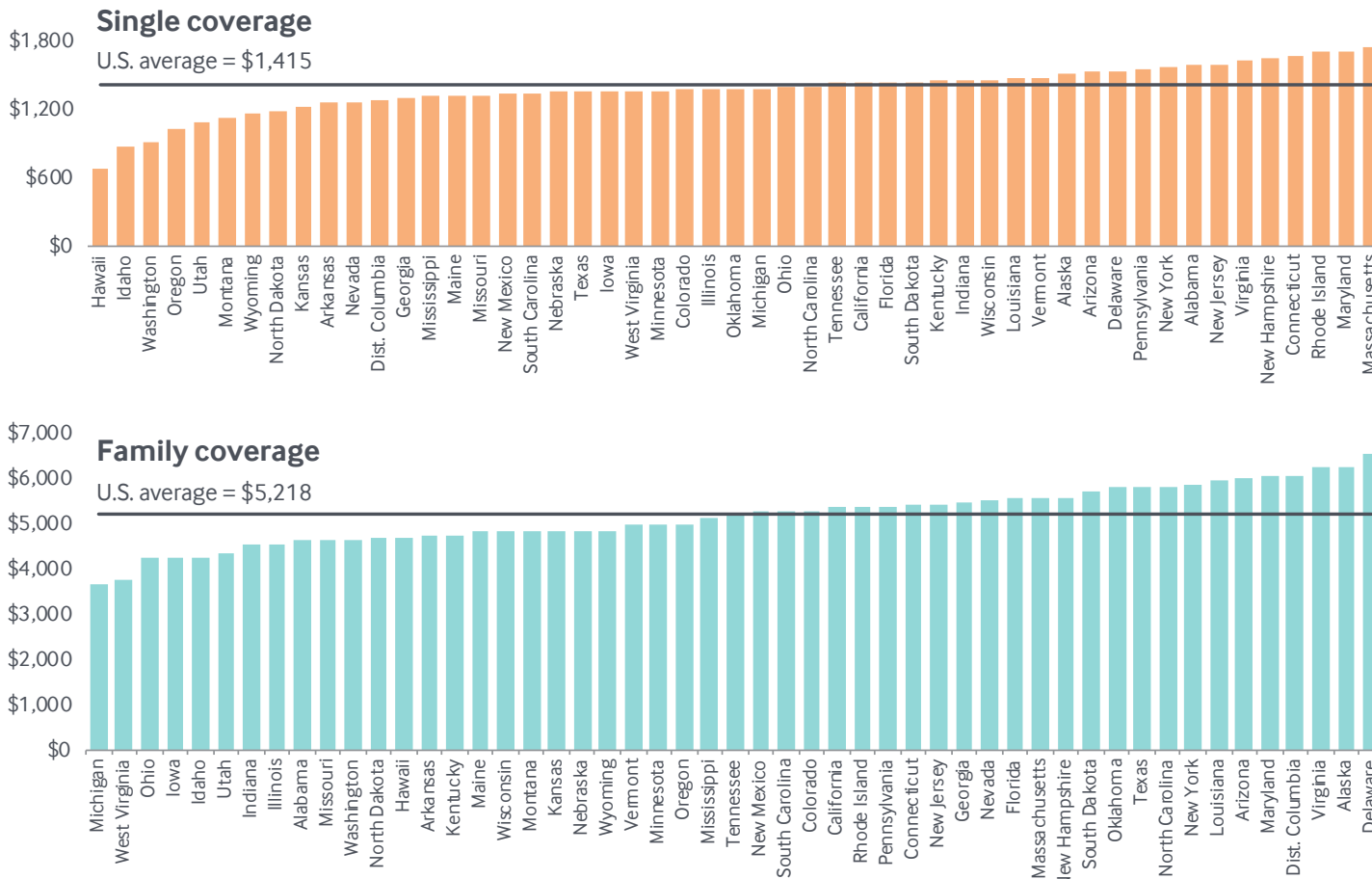
Employer premiums have risen, so have employee contributions.



People with job-based insurance pay about one-quarter of their overall premium cost, on average. This has changed little in recent years (Table 2). But in some states employees and their families pay a larger share. In 14 states, people with family plans paid for 30 percent or more of the cost of their insurance; in Delaware, Louisiana and Virginia, they paid 34 percent. Even though the share of premiums paid by employees has remained stable, their payments are increasing. In 2017, because the rate of growth in employer premiums jumped overall, the amount employees paid climbed too. Between 2016 and 2017, average employee premium contributions nationally rose by 6.8 percent to \$1,415 for single-person plans and by 5.3 percent to \$5,218 for family plans (Tables 3a and 3b).

Data: Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2011, 2016, 2017.

Employee premium contributions vary widely by state.

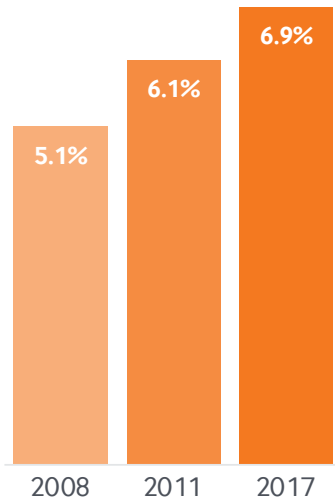


Contributions to single plans increased in 32 states and ranged from a low of \$675 in Hawaii to a high of \$1,747 in Massachusetts. Contributions to family plans rose in 35 states and the District of Columbia, with the lowest in Michigan (\$3,646) and the highest in Delaware (\$6,533) (Tables 3a and 3b).

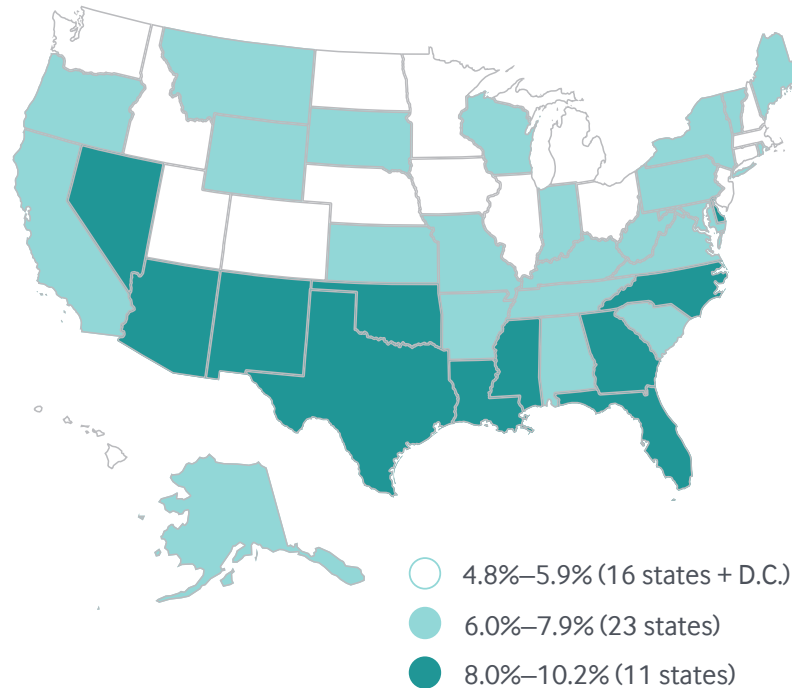
Data: Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2017.

Worker payments for employer coverage are growing faster than median income.

Employee premium contribution as share of median income



Average employee premium contribution as percent of median state income in 2017



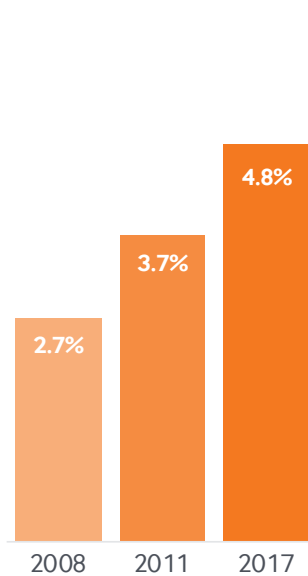
To see what these costs mean for people with incomes in the middle range of the U.S. income distribution (about \$62,000 a year), we looked at the ratio of employee premium contributions to median income in the 50 states and D.C. The average employee premium cost across single and family plans amounted to 6.9 percent of median income in 2017, up from 5.1 percent in 2008 (Table 6). In 11 states (Arizona, Delaware, Florida, Georgia, Louisiana, Mississippi, Nevada, New Mexico, North Carolina, Oklahoma, Texas), premium contributions were 8 percent of median income or more, with a high of 10.2 percent in Louisiana.

Note: Estimates of median household income used in the denominator for this ratio come from the Current Population Survey (CPS), which revised its income questions in 2013. The denominator in our ratio estimates prior to 2014 is derived from the traditional CPS income questions, while ratio estimates from 2017 are estimated from the revised income questions. Household incomes have been adjusted for the likelihood that people in the same residence purchase health insurance together.

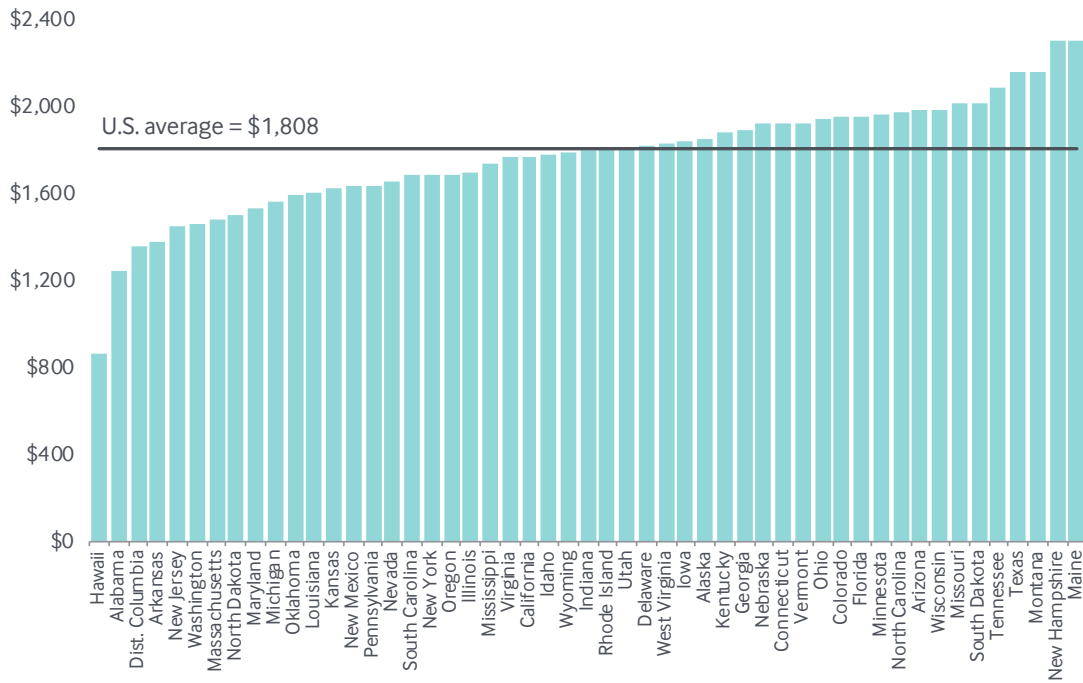
Data: Employee premium contribution: Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008, 2011, 2017; Median household income: Current Population Survey, 2008–09, 2011–12, 2017–18.

Average deductibles are also outpacing growth in median income.

Deductible as share of median income



Average single-person deductibles for employer coverage, by state, 2017



In many states, even though costs are rising, people are not getting insurance that protects them more because deductibles are also increasing. Deductibles are the amount of health care services people must pay for out-of-pocket before their insurance coverage kicks in. In 2017, the average deductible for single-person policies rose by 6.6 percent to \$1,808 (Table 4). Average deductibles increased in 35 states and the District of Columbia, ranging from a low of \$863 in Hawaii to a high of about \$2,300 in Maine and New Hampshire.

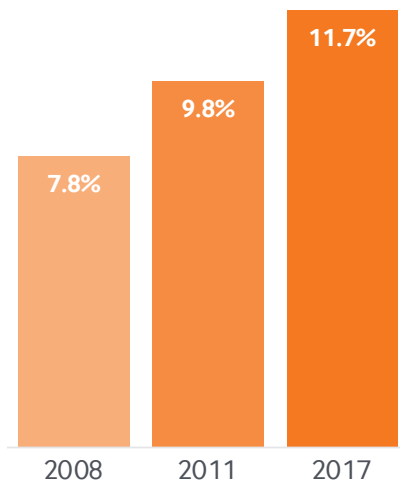
Not everyone has enough medical expenses in a given year to meet deductibles. In fact, some services, like flu shots and other preventive care, are covered by plans before members meet their deductible. These are known as deductible exclusions. Among families that do spend enough to meet their deductibles, those at the midrange of the income distribution would spend 4.8 percent of their income on average before their coverage kicked in. In 2008, families at this income range spent 2.7 percent of income (Table 6).

Note: Estimates of median household income used in the denominator for this ratio come from the Current Population Survey (CPS), which revised its income questions in 2013. The denominator in our ratio estimates prior to 2014 is derived from the traditional CPS income questions, while ratio estimates from 2017 are estimated from the revised income questions. Household incomes have been adjusted for the likelihood that people in the same residence purchase health insurance together.

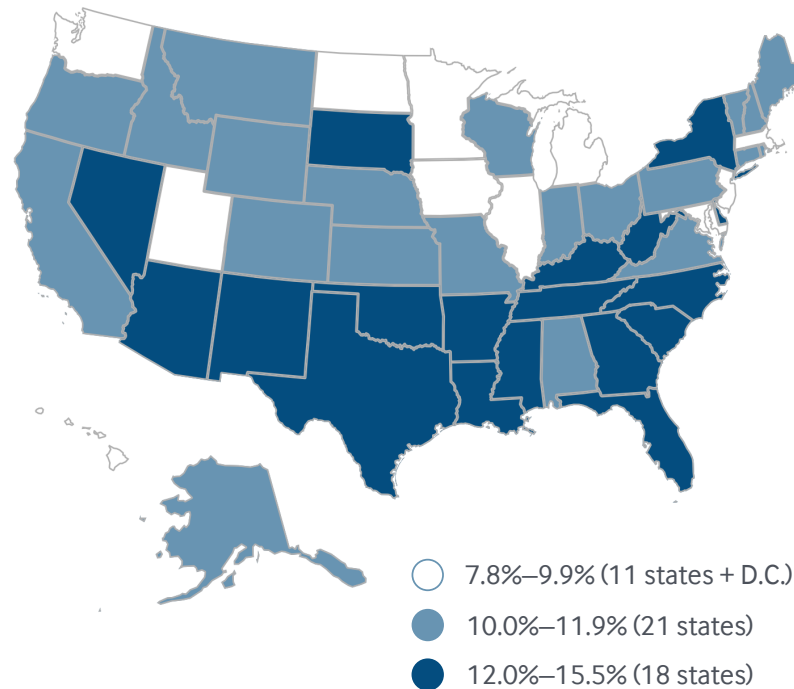
Data: Deductible: Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2008, 2011, 2017; Median household income: Current Population Survey, 2008–09, 2011–12, 2017–18.

Premium and deductible costs amounted to nearly 12 percent of median income in 2017.

Combined employee premium contribution and deductible as share of median income



Average employee premium contribution plus average deductible as percent of median state income in 2017



Added together, the total cost of premiums and potential spending on deductibles averaged across single and family policies climbed to \$7,240 in 2017 (Table 5). This combined cost ranged from a low of \$4,664 in Hawaii to a high of more than \$8,000 in eight states (Alaska, Arizona, Delaware, New Hampshire, North Carolina, South Dakota, Texas, Virginia).

For people with midrange incomes, total spending on premiums and potential out-of-pocket costs amounted to 11.7 percent of their income in 2017 (Table 6). This is up from 7.8 percent a decade earlier. In Louisiana and Mississippi, these combined costs rose to 15 percent or more of median income.

Note: Estimates of median household income used in the denominator for this ratio come from the Current Population Survey (CPS), which revised its income questions in 2013. The denominator in our ratio estimates prior to 2014 is derived from the traditional CPS income questions, while ratio estimates from 2017 are estimated from the revised income questions. Household incomes have been adjusted for the likelihood that people in the same residence purchase health insurance together.

Data: Employee premium share and deductible: Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2008, 2011, 2017; Median household income: Current Population Survey, 2008–09, 2011–12, 2017–18.

CONCLUSIONS AND POLICY IMPLICATIONS

Families' costs for employer health insurance are rising faster than median income. Moreover, even as costs climb, many families aren't receiving higher-quality insurance. The amount they have to spend out of pocket before their insurance coverage kicks in also continues to climb. While this study only considered families with middle incomes, lower-income families with employer coverage will use an even larger share of their income for health insurance costs.

People across the United States are not experiencing health care costs equally. There is variation across states in the size of employer premiums, the amount of employee contributions, deductibles, and median incomes.

In this study, families who could potentially spend the greatest amount of their incomes on insurance costs and deductibles are concentrated in the South. In Mississippi, for example, people on average spend 15 percent of their incomes on premiums and meeting deductibles. The overall premium for a family policy is below the national average, but families are asked to contribute 30 percent of the cost, which is higher than the national average. Further, Mississippi has one of the lowest median incomes in the country (\$42,500) (Table 7). In contrast, people in New Hampshire pay more per year for their insurance and deductibles, but median income is among the highest in the country (\$75,000).

Higher costs for insurance and health care have implications. People with low and moderate incomes may simply decide to go without insurance if it competes with other critical living expenses like housing, food, and education. In 2017, average per-person expenditures on food in the U.S. amounted to 13 percent of median income and housing costs were 32 percent.³ People with coverage but deductibles that are high relative to income are nearly as likely as those uninsured to skip needed health care, like filling prescriptions or going to the doctor when they are sick.⁴

The Affordable Care Act provides some protection to people with employer coverage. People with employer premium expenses that exceed 9.5 percent of their income are eligible for marketplace subsidies, which trigger a federal tax penalty for their employers. There's a catch: this provision only applies

to single-person policies, leaving many middle-income families caught in the so-called "family coverage glitch." The data in this report show that the average employee contribution to a family plan exceeds 9.5 percent of state median income in 22 states and the District of Columbia (data not shown).

Policymakers have several options to reduce health insurance cost burdens for middle-income families and narrow the wide regional differences identified in this study. First, Congress could lower many families' premiums by repairing the family coverage glitch by pegging unaffordable coverage in employer plans to family policies instead of single policies.⁵ Second, Congress could improve the cost protection of plans. Currently, under the ACA, people in employer plans may become eligible for marketplace tax credits if the actuarial value of their plan is less than 60 percent (i.e., covers less than 60 percent of their costs on average). Congress could increase this to 70 percent (the level of silver plans sold in the individual market) or higher. Third, Congress could require employers to increase the number of services that are covered before someone meets their deductible. Most employer plans currently exclude at least some services from their deductibles.⁶ Congress could set a minimum set of exclusions for employer plans that might resemble the simple choice options that the Obama administration created for ACA marketplace plans.⁷ Fourth, refundable tax credits could be made available to help insured Americans pay for qualifying out-of-pocket costs that exceed a certain percentage of their income.

Health care cost growth is the primary driver of premium growth across all health insurance markets. This means that income-related cost protections like these will need to be paired with systemwide efforts to slow medical spending. These efforts could include: innovation in care organization and provider payment to achieve greater value and better health outcomes, addressing the increasing concentration of insurer and provider markets through antitrust policy,⁸ and slowing the growth rate of prescription drug costs.⁹ Policymakers will need to recognize that the increasing economic strain of health care costs facing middle-income and poor Americans is driven by multiple interrelated factors and will require a comprehensive solution.

HOW WE CONDUCTED THIS STUDY

This issue brief analyzes state-by-state trends in private-sector health insurance premiums and deductibles for the under-65 population from 2008 to 2017.

The data on total insurance costs, employee premium contributions, and deductibles come from the federal government's annual survey of employers, conducted for the insurance component of the Agency for Healthcare Research and Quality's Medical Expenditure Panel Survey (MEPS-IC). The MEPS-IC is administered to workplace establishments. Establishments represent a work location, not necessarily a firm, which can employ people in many locations. Workplace establishments are selected each year from the U.S. Census Bureau's Business Register — a confidential list of establishments in the United States. Once selected, establishments are contacted via mail and telephone to establish a point-of-contact at the establishment who is knowledgeable about the health insurance benefits offered to employees. Survey respondents (generally workplace administrators) are asked about each of the health plans, up to four plans, offered to employees that work at the establishment location. If the establishment offers more than four plans, details are collected about the four plans with the largest enrollment. In 2017, MEPS-IC surveyed 40,044 establishments and had a

response rate of 65.8 percent. The number of surveyed establishments and response rates were similar to prior years.

Total premium and other insurances costs are compared with median household incomes for the under-65 population in each state. Income data come from the U.S. Census Bureau's Current Population Survey (CPS) of households, and are adjusted slightly to account for the likelihood that individuals residing in the same household are likely to purchase health insurance together (referred to as a health insurance unit). Note that the CPS revised its income questions in 2013, affecting the denominator in our ratio estimates: prior to 2014, this is derived from the traditional CPS income questions, while ratio estimates from 2014 are derived from the revised income questions. Two years of CPS data ending in the stated year are combined to generate reliable state-level income estimates (e.g., 2017 median income estimates are combined 2017 and 2018 CPS data).

The premiums presented represent the average total annual cost of private group health insurance premiums for employer-sponsored coverage, including both the employer and employee shares. We also examine trends in the share of premiums that employees pay and average deductibles. We compared average

out-of-pocket costs for premiums and average deductibles to median income in states to illustrate the potential cost burden of each and the total if the worker/family incurred these average costs. The Agency for Healthcare Research and Quality reports MEPS-IC premium, employee contribution, and deductible data separately for single (employee only) and family plans; we include these data in Tables 1 through 4. However, average employee out-of-pocket costs (Tables 5 and 6) are combined estimates, weighted for the distribution of single-person and family households in the state. For example, the average total employee premium contribution reported in Table 5 is equal to (MEPS-IC single-plan contribution for state i * share of single person households in state i) + (MEPS-IC family plan contribution for state i * share of multiple person households in state i). The same approach is used to calculate average total deductibles. Average combined employee premium contribution and deductible — also referred to as total potential out-of-pocket spending — is the sum of the household distribution weighted premium contribution and deductible estimates.

The tables provide state-specific data. This analysis updates previous Commonwealth Fund analyses of state health insurance premium and deductible trends.

Table 1a. Average Premiums for Employer-Sponsored Single-Person Health Insurance Plans, by State, 2008–2017

	Annual premium				Average annual growth		
	2008	2011	2016	2017	2008–11	2011–16	2016–17
United States	\$4,386	\$5,222	\$6,101	\$6,368	6.0%	3.2%	4.4%
Alabama	4,139 *	4,828 *	5,536 *	6,075	5.3%	2.8%	9.7%
Alaska	5,293 *	6,477 *	7,886 *	7,964*	7.0%	4.0%	1.0%
Arizona	4,214	4,880 *	6,046	6,217	5.0%	4.4%	2.8%
Arkansas	3,923 *	4,392 *	5,341 *	5,722*	3.8%	4.0%	7.1%
California	4,280	5,255	6,054	6,295	7.1%	2.9%	4.0%
Colorado	4,303	5,212	5,972	6,456	6.6%	2.8%	8.1%
Connecticut	4,740 *	5,592 *	6,545 *	7,012*	5.7%	3.2%	7.1%
Delaware	4,733	5,603	6,522	7,046*	5.8%	3.1%	8.0%
District of Columbia	4,890 *	5,783 *	6,504 *	6,704	5.8%	2.4%	3.1%
Florida	4,517	5,216	6,260	6,068*	4.9%	3.7%	-3.1%
Georgia	4,160	5,109	6,055	5,849*	7.1%	3.5%	-3.4%
Hawaii	3,831 *	4,868 *	5,863	6,039*	8.3%	3.8%	3.0%
Idaho	4,104 *	4,553 *	5,594 *	5,858*	3.5%	4.2%	4.7%
Illinois	4,643 *	5,375	6,268	6,493	5.0%	3.1%	3.6%
Indiana	4,495	5,132	6,130	6,162	4.5%	3.6%	0.5%
Iowa	4,146	4,742 *	5,893	6,128	4.6%	4.4%	4.0%
Kansas	4,197	5,004	5,844	6,107	6.0%	3.2%	4.5%
Kentucky	4,009	5,059	5,758	6,101	8.1%	2.6%	6.0%
Louisiana	4,055 *	4,681 *	5,735	6,026	4.9%	4.1%	5.1%
Maine	4,910 *	5,477 *	6,212	6,132	3.7%	2.6%	-1.3%
Maryland	4,360	5,225	6,158	6,577	6.2%	3.3%	6.8%
Massachusetts	4,836 *	5,823 *	6,621 *	7,031*	6.4%	2.6%	6.2%
Michigan	4,388	5,061	5,906	6,388	4.9%	3.1%	8.2%
Minnesota	4,432	5,426	6,030	6,268	7.0%	2.1%	3.9%
Mississippi	4,124 *	4,846 *	5,642 *	5,878	5.5%	3.1%	4.2%
Missouri	4,124 *	5,019	5,881	6,354	6.8%	3.2%	8.0%
Montana	4,355	5,591 *	6,442	6,763	8.7%	2.9%	5.0%
Nebraska	4,392	4,965	6,088	6,305	4.2%	4.2%	3.6%
Nevada	3,927 *	4,528 *	5,490 *	5,756*	4.9%	3.9%	4.8%
New Hampshire	5,247 *	5,818 *	6,637 *	6,670	3.5%	2.7%	0.5%
New Jersey	4,798 *	5,673 *	6,492 *	7,074*	5.7%	2.7%	9.0%
New Mexico	4,074 *	5,205	6,240	6,275	8.5%	3.7%	0.6%
New York	4,638 *	5,717 *	6,614 *	7,309*	7.2%	3.0%	10.5%
North Carolina	4,460	5,230	5,717 *	6,348	5.5%	1.8%	11.0%
North Dakota	3,830 *	5,179	6,155	6,341	10.6%	3.5%	3.0%
Ohio	4,089 *	5,025	6,291	6,247	7.1%	4.6%	-0.7%
Oklahoma	4,072 *	4,807 *	5,784	6,236	5.7%	3.8%	7.8%
Oregon	4,384	5,055	5,974	6,081*	4.9%	3.4%	1.8%
Pennsylvania	4,499	5,244	6,201	6,522	5.2%	3.4%	5.2%
Rhode Island	4,930 *	5,924 *	6,665 *	7,048*	6.3%	2.4%	5.7%
South Carolina	4,477	5,281	5,797	6,079	5.7%	1.9%	4.9%
South Dakota	4,233	5,364	5,881	6,533	8.2%	1.9%	11.1%
Tennessee	4,276	4,799 *	5,543 *	6,006*	3.9%	2.9%	8.4%
Texas	4,205 *	5,198	5,869	6,202	7.3%	2.5%	5.7%
Utah	4,197	4,597 *	6,117	5,568*	3.1%	5.9%	-9.0%
Vermont	4,900 *	5,582	6,338	6,551	4.4%	2.6%	3.4%
Virginia	4,202 *	4,962 *	6,180	6,299	5.7%	4.5%	1.9%
Washington	4,404	5,144	6,433	6,495	5.3%	4.6%	1.0%
West Virginia	4,892 *	5,720 *	6,340	6,574	5.4%	2.1%	3.7%
Wisconsin	4,777 *	5,444	6,386	6,437	4.5%	3.2%	0.8%
Wyoming	4,622	5,337	6,509	7,257*	4.9%	4.1%	11.5%

NOTES

Premiums are for insurance policies offered by private-sector employers in the U.S. (*) indicates the estimate is statistically different from the national average at $p < 0.05$.

DATA

Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017.

Table 1b. Average Premiums for Employer-Sponsored Family Health Insurance Plans, by State, 2008–2017

	Annual premium				Average annual growth		
	2008	2011	2016	2017	2008–11	2011–16	2016–17
United States	\$12,298	\$15,022	\$17,710	\$18,687	6.9%	3.3%	5.5%
Alabama	11,119 *	12,940 *	16,098 *	16,902*	5.2%	4.5%	5.0%
Alaska	13,383	16,074	22,490 *	22,417*	6.3%	6.9%	-0.3%
Arizona	12,292	14,854	17,484	18,432	6.5%	3.3%	5.4%
Arkansas	11,220 *	12,474 *	14,929 *	16,663*	3.6%	3.7%	11.6%
California	12,254	15,837	17,458	18,730	8.9%	2.0%	7.3%
Colorado	11,952	14,850	17,459	19,339	7.5%	3.3%	10.8%
Connecticut	13,436 *	16,265	18,637	20,020*	6.6%	2.8%	7.4%
Delaware	13,386 *	16,015	18,648	19,407	6.2%	3.1%	4.1%
District of Columbia	13,427 *	16,606 *	18,864 *	20,960*	7.3%	2.6%	11.1%
Florida	12,697	14,732	17,989	17,189*	5.1%	4.1%	-4.4%
Georgia	11,659	13,963	18,252	17,703	6.2%	5.5%	-3.0%
Hawaii	11,044 *	13,738 *	16,362 *	18,512	7.5%	3.6%	13.1%
Idaho	10,837 *	13,211 *	17,499	17,168*	6.8%	5.8%	-1.9%
Illinois	12,603	15,167	18,510	19,656	6.4%	4.1%	6.2%
Indiana	13,504	14,713	17,996	18,253	2.9%	4.1%	1.4%
Iowa	10,947 *	13,030 *	16,123 *	17,086*	6.0%	4.4%	6.0%
Kansas	11,662	14,459	16,784	18,229	7.4%	3.0%	8.6%
Kentucky	11,506 *	15,417	16,678	16,948*	10.2%	1.6%	1.6%
Louisiana	11,207 *	13,572 *	17,330	17,400	6.6%	5.0%	0.4%
Maine	13,102	15,585	17,987	17,422	6.0%	2.9%	-3.1%
Maryland	12,541	15,315	18,519	18,915	6.9%	3.9%	2.1%
Massachusetts	13,788 *	16,953 *	18,955	21,053*	7.1%	2.3%	11.1%
Michigan	11,321 *	14,458	17,113	18,929	8.5%	3.4%	10.6%
Minnesota	13,639	15,539	17,545	18,507	4.4%	2.5%	5.5%
Mississippi	11,363 *	13,420 *	15,765 *	17,343	5.7%	3.3%	10.0%
Missouri	11,557 *	13,888	16,638 *	18,763	6.3%	3.7%	12.8%
Montana	11,438	14,514	17,835	17,932	8.3%	4.2%	0.5%
Nebraska	11,648	13,776 *	16,617 *	18,199	5.8%	3.8%	9.5%
Nevada	11,487 *	13,633 *	16,133 *	17,221*	5.9%	3.4%	6.7%
New Hampshire	13,592 *	16,902 *	19,066 *	19,230	7.5%	2.4%	0.9%
New Jersey	12,789	15,589	18,242	20,669*	6.8%	3.2%	13.3%
New Mexico	12,071	15,326	16,954	18,738	8.3%	2.0%	10.5%
New York	12,824	16,572 *	19,375 *	21,317*	8.9%	3.2%	10.0%
North Carolina	12,308	14,304	16,986	18,101	5.1%	3.5%	6.6%
North Dakota	11,178 *	13,461 *	16,804	17,886	6.4%	4.5%	6.4%
Ohio	11,425 *	14,327	17,523	18,185	7.8%	4.1%	3.8%
Oklahoma	11,053 *	13,906 *	16,646	18,252	8.0%	3.7%	9.6%
Oregon	12,585	14,283	17,127	17,953	4.3%	3.7%	4.8%
Pennsylvania	12,339	15,096	17,900	18,589	7.0%	3.5%	3.8%
Rhode Island	13,363 *	15,273	18,010	18,387	4.6%	3.4%	2.1%
South Carolina	12,068	15,252	17,673	18,241	8.1%	3.0%	3.2%
South Dakota	11,382 *	14,510	17,117	17,695	8.4%	3.4%	3.4%
Tennessee	12,302	13,189 *	16,721	17,349*	2.3%	4.9%	3.8%
Texas	11,967	14,903	17,529	18,252	7.6%	3.3%	4.1%
Utah	11,783	13,455 *	17,025	16,350*	4.5%	4.8%	-4.0%
Vermont	13,091	16,273 *	17,795	18,552	7.5%	1.8%	4.3%
Virginia	11,935	14,822	17,945	18,264	7.5%	3.9%	1.8%
Washington	13,036	14,559	18,301	19,472	3.8%	4.7%	6.4%
West Virginia	12,887	15,694	17,260	20,252*	6.8%	1.9%	17.3%
Wisconsin	12,956	15,505	17,477	18,785	6.2%	2.4%	7.5%
Wyoming	12,734	14,779	19,617 *	21,355*	5.1%	5.8%	8.9%

NOTES

Premiums are for insurance policies offered by private-sector employers in the U.S. (*) indicates the estimate is statistically different from the national average at $p < 0.05$.

DATA

Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017.

Table 2. Total Employee Contribution (Percent) to Employer-Sponsored Health Insurance Premiums, by State, 2008–2017

	2008		2011		2016		2017	
	Single	Family	Single	Family	Single	Family	Single	Family
United States	20%	28%	21%	26%	22%	28%	22%	28%
Alabama	27%	28%	25%	30%	27%	29%	26%	27%
Alaska	15%	23%	18%	22%	17%	22%	19%	28%
Arizona	20%	31%	21%	31%	21%	30%	25%	33%
Arkansas	21%	29%	20%	26%	23%	33%	22%	29%
California	20%	27%	19%	28%	19%	28%	23%	29%
Colorado	21%	26%	21%	28%	23%	28%	21%	27%
Connecticut	25%	33%	21%	22%	23%	28%	24%	27%
Delaware	24%	31%	20%	24%	22%	29%	22%	34%
District of Columbia	20%	30%	20%	25%	23%	29%	19%	29%
Florida	26%	35%	24%	33%	25%	35%	24%	32%
Georgia	23%	30%	22%	27%	23%	30%	22%	31%
Hawaii	8%	22%	9%	22%	12%	27%	11%	26%
Idaho	19%	26%	21%	30%	16%	30%	15%	25%
Illinois	22%	27%	21%	28%	24%	28%	21%	23%
Indiana	19%	27%	22%	26%	21%	23%	24%	25%
Iowa	23%	28%	24%	27%	21%	27%	22%	25%
Kansas	20%	27%	20%	26%	22%	28%	20%	27%
Kentucky	23%	25%	22%	26%	22%	28%	24%	28%
Louisiana	23%	30%	23%	32%	22%	34%	24%	34%
Maine	19%	29%	20%	25%	22%	26%	21%	28%
Maryland	23%	29%	24%	30%	24%	30%	26%	32%
Massachusetts	26%	26%	25%	27%	25%	27%	25%	27%
Michigan	22%	26%	23%	25%	21%	20%	22%	19%
Minnesota	23%	28%	21%	26%	23%	27%	22%	27%
Mississippi	22%	31%	21%	31%	25%	34%	22%	30%
Missouri	19%	29%	23%	25%	22%	36%	21%	25%
Montana	16%	23%	17%	29%	21%	31%	17%	27%
Nebraska	22%	31%	24%	27%	24%	29%	21%	27%
Nevada	25%	31%	22%	26%	23%	32%	22%	32%
New Hampshire	23%	27%	23%	27%	25%	27%	25%	29%
New Jersey	20%	26%	20%	23%	27%	32%	23%	26%
New Mexico	21%	26%	24%	29%	21%	32%	21%	28%
New York	21%	24%	19%	24%	21%	24%	22%	28%
North Carolina	20%	31%	21%	29%	21%	28%	22%	32%
North Dakota	18%	26%	21%	26%	19%	27%	19%	26%
Ohio	19%	23%	21%	22%	22%	23%	22%	23%
Oklahoma	21%	33%	20%	28%	21%	30%	22%	32%
Oregon	15%	27%	16%	28%	17%	25%	17%	28%
Pennsylvania	19%	25%	19%	22%	22%	26%	24%	29%
Rhode Island	24%	26%	24%	29%	24%	28%	24%	29%
South Carolina	21%	29%	23%	26%	24%	28%	22%	29%
South Dakota	23%	31%	21%	29%	20%	32%	22%	32%
Tennessee	23%	29%	27%	33%	22%	28%	24%	30%
Texas	21%	31%	21%	32%	20%	32%	22%	32%
Utah	21%	24%	23%	29%	19%	23%	20%	27%
Vermont	20%	27%	21%	25%	22%	27%	23%	27%
Virginia	23%	31%	24%	32%	24%	33%	26%	34%
Washington	12%	25%	16%	26%	15%	28%	14%	24%
West Virginia	18%	17%	21%	24%	19%	24%	21%	19%
Wisconsin	21%	23%	21%	22%	22%	22%	23%	26%
Wyoming	17%	22%	20%	26%	18%	25%	16%	23%

NOTES

Premiums are for insurance policies offered by private-sector employers in the U.S. (*) indicates the estimate is statistically different from the national average at $p < 0.05$.

DATA

Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017.

Table 3a. Total Employee Contribution (Dollars) to Employer-Sponsored Single-Person Health Insurance Premiums, by State, 2008–2017

	Annual employee contribution				Average annual growth		
	2008	2011	2016	2017	2008–11	2011–16	2016–17
United States	\$882	\$1,090	\$1,325	\$1,415	7.3%	4.0%	6.8%
Alabama	959	1,128	1,510	1,593	5.6%	6.0%	5.5%
Alaska	814	1,082	1,319	1,514	10.0%	4.0%	14.8%
Arizona	811	1,141	1,283	1,523	12.1%	2.4%	18.7%
Arkansas	781	971	1,235	1,253	7.5%	4.9%	1.5%
California	741 *	974 *	1,146 *	1,433	9.5%	3.3%	25.0%
Colorado	998	1,059	1,385	1,375	2.0%	5.5%	-0.7%
Connecticut	992	1,202	1,498	1,670*	6.6%	4.5%	11.5%
Delaware	885	1,117	1,407	1,535	8.1%	4.7%	9.1%
District of Columbia	991	1,166	1,493	1,271	5.6%	5.1%	-14.9%
Florida	1,065 *	1,135	1,568 *	1,442	2.1%	6.7%	-8.0%
Georgia	972	1,241 *	1,409	1,299	8.5%	2.6%	-7.8%
Hawaii	451 *	546 *	703 *	675*	6.6%	5.2%	-4.0%
Idaho	476 *	884 *	872 *	877*	22.9%	-0.3%	0.6%
Illinois	954	1,207	1,488 *	1,382	8.2%	4.3%	-7.1%
Indiana	950	1,037	1,289	1,460	3.0%	4.4%	13.3%
Iowa	756	1,078	1,259	1,357	12.6%	3.2%	7.8%
Kansas	807	989	1,265	1,219*	7.0%	5.0%	-3.6%
Kentucky	806	1,108	1,290	1,453	11.2%	3.1%	12.6%
Louisiana	868	1,217	1,282	1,465	11.9%	1.0%	14.3%
Maine	1,054 *	1,113	1,357	1,311	1.8%	4.0%	-3.4%
Maryland	964	1,237	1,494	1,711*	8.7%	3.8%	14.5%
Massachusetts	1,110 *	1,438 *	1,670 *	1,747*	9.0%	3.0%	4.6%
Michigan	735 *	1,101	1,236	1,385	14.4%	2.3%	12.1%
Minnesota	891	1,087	1,380	1,362	6.9%	4.9%	-1.3%
Mississippi	749	987	1,400	1,309	9.6%	7.2%	-6.5%
Missouri	956	1,155	1,288	1,318	6.5%	2.2%	2.3%
Montana	583 *	823 *	1,367	1,122*	12.2%	10.7%	-17.9%
Nebraska	1,010 *	1,049	1,456	1,351	1.3%	6.8%	-7.2%
Nevada	863	1,032	1,235	1,255	6.1%	3.7%	1.6%
New Hampshire	1,264 *	1,237 *	1,678 *	1,649*	-0.7%	6.3%	-1.7%
New Jersey	1,033 *	1,209	1,745 *	1,595*	5.4%	7.6%	-8.6%
New Mexico	950	1,271	1,299	1,335	10.2%	0.4%	2.8%
New York	947	1,150	1,357	1,568	6.7%	3.4%	15.5%
North Carolina	827	1,061	1,189 *	1,391	8.7%	2.3%	17.0%
North Dakota	754 *	987	1,155 *	1,182*	9.4%	3.2%	2.3%
Ohio	885	1,126	1,351	1,388	8.4%	3.7%	2.7%
Oklahoma	787	1,035	1,189	1,383	9.6%	2.8%	16.3%
Oregon	612 *	873 *	1,028 *	1,023*	12.6%	3.3%	-0.5%
Pennsylvania	852	1,064	1,340	1,543	7.7%	4.7%	15.1%
Rhode Island	1,050 *	1,388 *	1,614 *	1,707*	9.7%	3.1%	5.8%
South Carolina	849	1,226	1,361	1,339	13.0%	2.1%	-1.6%
South Dakota	887	1,124	1,200	1,442	8.2%	1.3%	20.2%
Tennessee	914	1,031	1,230	1,431	4.1%	3.6%	16.3%
Texas	844	999	1,197	1,355	5.8%	3.7%	13.2%
Utah	752 *	956	1,162	1,094*	8.3%	4.0%	-5.9%
Vermont	986	1,221	1,395	1,483	7.4%	2.7%	6.3%
Virginia	988 *	1,081	1,487	1,625*	3.0%	6.6%	9.3%
Washington	569 *	866	984 *	903*	15.0%	2.6%	-8.2%
West Virginia	1,049	990	1,208	1,357	-1.9%	4.1%	12.3%
Wisconsin	1,069 *	1,096	1,401	1,463	0.8%	5.0%	4.4%
Wyoming	717	876 *	1,195	1,155*	6.9%	6.4%	-3.3%

NOTES

Premiums are for insurance policies offered by private-sector employers in the U.S. (*) indicates the estimate is statistically different from the national average at $p < 0.05$.

DATA

Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017.

Table 3b. Total Employee Contribution (Dollars) to Employer-Sponsored Family Health Insurance Premiums, by State, 2008–2017

	Annual employee contribution				Average annual growth		
	2008	2011	2016	2017	2008–11	2011–16	2016–17
United States	\$3,394	\$3,962	\$4,956	\$5,218	5.3%	4.6%	5.3%
Alabama	3,265	3,560	4,686	4,640	2.9%	5.7%	-1.0%
Alaska	3,248	4,244	4,843	6,264*	9.3%	2.7%	29.3%
Arizona	4,136	4,767	5,305	6,006*	4.8%	2.2%	13.2%
Arkansas	3,085	3,623	4,917	4,748	5.5%	6.3%	-3.4%
California	3,398	3,970	4,829	5,359	5.3%	4.0%	11.0%
Colorado	4,151 *	4,646	4,822	5,267	3.8%	0.7%	9.2%
Connecticut	3,075	3,801	5,296	5,429	7.3%	6.9%	2.5%
Delaware	3,373	4,378	5,393	6,533*	9.1%	4.3%	21.1%
District of Columbia	3,834	4,328	5,476	6,054	4.1%	4.8%	10.6%
Florida	4,412 *	4,562 *	6,297 *	5,568	1.1%	6.7%	-11.6%
Georgia	3,814	4,239	5,506	5,466	3.6%	5.4%	-0.7%
Hawaii	2,597 *	3,273	4,354	4,713	8.0%	5.9%	8.2%
Idaho	2,562 *	3,996	5,171	4,275*	16.0%	5.3%	-17.3%
Illinois	3,366	3,809	5,085	4,557	4.2%	5.9%	-10.4%
Indiana	2,472 *	3,257 *	4,175	4,547	9.6%	5.1%	8.9%
Iowa	2,524 *	3,597	4,306 *	4,262*	12.5%	3.7%	-1.0%
Kansas	2,954 *	3,526	4,669	4,848	6.1%	5.8%	3.8%
Kentucky	2,918	3,610	4,737	4,764	7.4%	5.6%	0.6%
Louisiana	3,607	4,416	5,817 *	5,977	7.0%	5.7%	2.8%
Maine	4,017 *	4,534	4,699	4,825	4.1%	0.7%	2.7%
Maryland	3,920	4,364	5,478	6,048	3.6%	4.7%	10.4%
Massachusetts	3,363	4,340	5,052	5,571	8.9%	3.1%	10.3%
Michigan	2,522 *	3,470 *	3,439 *	3,646*	11.2%	-0.2%	6.0%
Minnesota	3,279	4,077	4,803	4,998	7.5%	3.3%	4.1%
Mississippi	3,458	4,646	5,408	5,137	10.3%	3.1%	-5.0%
Missouri	2,994 *	4,054	6,003 *	4,654	10.6%	8.2%	-22.5%
Montana	3,823	3,710	5,570	4,845	-1.0%	8.5%	-13.0%
Nebraska	3,173	3,947	4,808	4,854	7.5%	4.0%	1.0%
Nevada	3,575	4,216	5,089	5,529	5.7%	3.8%	8.6%
New Hampshire	3,922	4,205	5,148	5,578	2.3%	4.1%	8.4%
New Jersey	3,286	3,417	5,785 *	5,431	1.3%	11.1%	-6.1%
New Mexico	4,021	4,724	5,460	5,255	5.5%	2.9%	-3.8%
New York	3,376	3,824	4,679	5,878	4.2%	4.1%	25.6%
North Carolina	4,115 *	4,584	4,832	5,833	3.7%	1.1%	20.7%
North Dakota	3,388	3,858	4,536	4,684	4.4%	3.3%	3.3%
Ohio	2,642 *	3,296 *	3,969 *	4,243*	7.7%	3.8%	6.9%
Oklahoma	3,619	4,446	5,061	5,808	7.1%	2.6%	14.8%
Oregon	3,297	3,685	4,200	5,009	3.8%	2.7%	19.3%
Pennsylvania	2,971 *	3,709	4,560	5,377	7.7%	4.2%	17.9%
Rhode Island	2,960	3,492	5,035	5,374	5.7%	7.6%	6.7%
South Carolina	3,377	4,736 *	5,007	5,261	11.9%	1.1%	5.1%
South Dakota	3,503	4,130	5,386	5,702	5.6%	5.5%	5.9%
Tennessee	3,366	3,981	4,689	5,223	5.8%	3.3%	11.4%
Texas	3,872	4,318	5,660 *	5,809	3.7%	5.6%	2.6%
Utah	2,760 *	3,549	3,966 *	4,374*	8.7%	2.2%	10.3%
Vermont	3,435	4,255	4,751	4,996	7.4%	2.2%	5.2%
Virginia	3,854	4,533	5,857 *	6,233*	5.6%	5.3%	6.4%
Washington	3,258	3,451 *	5,028	4,657	1.9%	7.8%	-7.4%
West Virginia	3,056	3,296 *	4,092 *	3,758*	2.6%	4.4%	-8.2%
Wisconsin	3,301	3,308 *	3,817 *	4,842	0.1%	2.9%	26.9%
Wyoming	3,052	3,833	4,948	4,863	7.9%	5.2%	-1.7%

NOTES

Premiums are for insurance policies offered by private-sector employers in the U.S. (*) indicates the estimate is statistically different from the national average at p <0.05.

DATA

Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017.

Table 4. Average Deductible for Employer-Sponsored Single-Person Health Insurance Plans, by State, 2008–2017

	Annual deductible				Average annual growth		
	2008	2011	2016	2017	2008–11	2011–16	2016–17
United States	\$869	\$1,123	\$1,696	\$1,808	8.9%	8.6%	6.6%
Alabama	541 *	788 *	1,205 *	1,243 *	13.4%	8.9%	3.2%
Alaska	819	946 *	1,707	1,856	4.9%	12.5%	8.7%
Arizona	952	1,373 *	1,958 *	1,985	13.0%	7.4%	1.4%
Arkansas	880	1,130	1,418 *	1,384 *	8.7%	4.6%	-2.4%
California	882	960 *	1,476 *	1,772	2.9%	9.0%	20.1%
Colorado	998 *	1,268	1,880	1,951	8.3%	8.2%	3.8%
Connecticut	1,025	1,331 *	1,959 *	1,924	9.1%	8.0%	-1.8%
Delaware	670 *	1,140	1,567	1,821	19.4%	6.6%	16.2%
District of Columbia	477 *	748 *	1,181 *	1,360 *	16.2%	9.6%	15.2%
Florida	963	1,159	1,694	1,954	6.4%	7.9%	15.3%
Georgia	912	1,017	1,738	1,889	3.7%	11.3%	8.7%
Hawaii	525 *	577 *	988 *	863 *	3.2%	11.4%	-12.7%
Idaho	829	1,107	1,732	1,778	10.1%	9.4%	2.7%
Illinois	763	1,039	1,474 *	1,693	10.8%	7.2%	14.9%
Indiana	929	1,187	1,866	1,797	8.5%	9.5%	-3.7%
Iowa	993	1,314	1,659	1,842	9.8%	4.8%	11.0%
Kansas	906	1,147	1,715	1,623	8.2%	8.4%	-5.4%
Kentucky	950	1,241	1,905	1,878	9.3%	8.9%	-1.4%
Louisiana	875	1,219	1,494 *	1,607 *	11.7%	4.2%	7.6%
Maine	939	1,408	2,103 *	2,305 *	14.5%	8.4%	9.6%
Maryland	718	787 *	1,727	1,536 *	3.1%	17.0%	-11.1%
Massachusetts	627 *	1,000	1,391 *	1,479 *	16.8%	6.8%	6.3%
Michigan	657 *	914	1,379 *	1,567 *	11.6%	8.6%	13.6%
Minnesota	830	1,296	1,782	1,966	16.0%	6.6%	10.3%
Mississippi	994	1,012	1,709	1,739	0.6%	11.0%	1.8%
Missouri	1,022	1,173	2,009 *	2,016	4.7%	11.4%	0.3%
Montana	959	1,508 *	2,039 *	2,162 *	16.3%	6.2%	6.0%
Nebraska	902	1,315 *	1,710	1,922	13.4%	5.4%	12.4%
Nevada	764	1,125	1,634	1,654	13.8%	7.8%	1.2%
New Hampshire	776 *	1,393 *	2,434 *	2,303 *	21.5%	11.8%	-5.4%
New Jersey	907	1,133	1,515 *	1,456 *	7.7%	6.0%	-3.9%
New Mexico	796	942 *	1,301 *	1,635	5.8%	6.7%	25.7%
New York	732 *	908 *	1,789	1,687	7.4%	14.5%	-5.7%
North Carolina	1,026 *	1,390 *	1,963 *	1,975	10.7%	7.1%	0.6%
North Dakota	608 *	780 *	1,695	1,499 *	8.7%	16.8%	-11.6%
Ohio	857	1,228	1,781	1,946	12.7%	7.7%	9.3%
Oklahoma	862	1,171	1,787	1,596	10.8%	8.8%	-10.7%
Oregon	751 *	1,031	1,950 *	1,688	11.1%	13.6%	-13.4%
Pennsylvania	649 *	879 *	1,603	1,639 *	10.6%	12.8%	2.2%
Rhode Island	754 *	943 *	1,583	1,808	7.7%	10.9%	14.2%
South Carolina	899	1,222	1,719	1,684	10.8%	7.1%	-2.0%
South Dakota	1,043 *	1,348 *	1,889	2,019 *	8.9%	7.0%	6.9%
Tennessee	833	1,622 *	2,142 *	2,086 *	24.9%	5.7%	-2.6%
Texas	1,058 *	1,374 *	1,872 *	2,158 *	9.1%	6.4%	15.3%
Utah	702 *	1,078	1,438 *	1,815	15.4%	5.9%	26.2%
Vermont	1,084	1,570 *	1,819	1,926	13.1%	3.0%	5.9%
Virginia	786	873 *	1,523	1,771	3.6%	11.8%	16.3%
Washington	703 *	956	1,379 *	1,463 *	10.8%	7.6%	6.1%
West Virginia	683 *	827 *	1,758	1,829	6.6%	16.3%	4.0%
Wisconsin	1,033 *	1,271	1,828	1,990	7.2%	7.5%	8.9%
Wyoming	1,037 *	1,192	1,746	1,789	4.8%	7.9%	2.5%

NOTES

Premiums are for insurance policies offered by private-sector employers in the U.S. (*) indicates the estimate is statistically different from the national average at p <0.05.

DATA

Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017.

Table 5. Average Employee Cost: Premium Contribution + Deductible, by State, 2008–2017

	Average employee premium contribution*				Average employee deductible*				Average combined employee premium contribution and deductible*			
	2008	2011	2016	2017	2008	2011	2016	2017	2008	2011	2016	2017
United States	\$2,715	\$3,170	\$4,050	\$4,249	\$1,445	\$1,918	\$2,726	\$2,991	\$4,160	\$5,088	\$6,776	\$7,240
Alabama	2,683	2,934	3,910	3,885	990	1,311	1,951	1,991	3,674	4,245	5,861	5,876
Alaska	2,606	3,377	4,047	5,137	1,401	1,704	2,588	2,921	4,006	5,081	6,635	8,058
Arizona	3,237	3,860	4,280	4,935	1,634	2,222	3,220	3,125	4,871	6,082	7,501	8,060
Arkansas	2,533	2,920	4,067	3,951	1,341	1,866	2,352	2,791	3,874	4,786	6,418	6,742
California	2,629	3,074	3,845	4,236	1,451	1,700	2,439	2,780	4,080	4,774	6,284	7,016
Colorado	3,275	3,678	3,891	4,172	1,780	2,251	3,047	3,223	5,055	5,929	6,938	7,395
Connecticut	2,498	3,114	4,403	4,420	1,621	2,276	3,551	3,448	4,118	5,390	7,954	7,868
Delaware	2,680	3,480	4,231	5,125	1,225	1,809	2,662	3,154	3,904	5,289	6,893	8,279
District of Columbia	2,440	2,759	3,526	3,716	732	1,195	1,719	1,979	3,172	3,953	5,245	5,695
Florida	3,438	3,527	4,984	4,383	1,605	1,998	2,723	3,444	5,043	5,525	7,707	7,827
Georgia	3,056	3,445	4,581	4,503	1,600	2,018	2,676	3,309	4,656	5,462	7,257	7,812
Hawaii	1,805	2,321	3,036	3,203	1,286	1,444	1,864	1,461	3,091	3,765	4,900	4,664
Idaho	2,118	3,343	4,307	3,584	1,586	1,897	3,073	2,612	3,704	5,240	7,380	6,197
Illinois	2,691	3,068	4,189	3,793	1,403	1,809	2,340	2,722	4,094	4,877	6,529	6,516
Indiana	2,106	2,728	3,526	3,905	1,318	1,901	3,048	3,558	3,423	4,629	6,574	7,462
Iowa	2,095	2,951	3,658	3,587	1,518	2,193	2,652	3,059	3,614	5,145	6,310	6,646
Kansas	2,444	2,882	3,902	3,985	1,393	2,057	2,754	3,016	3,837	4,939	6,655	7,001
Kentucky	2,403	2,944	3,896	3,998	1,482	1,900	3,126	3,138	3,886	4,844	7,022	7,136
Louisiana	2,907	3,613	4,574	4,793	1,531	2,181	2,397	2,457	4,438	5,794	6,971	7,251
Maine	3,266	3,592	3,911	4,008	1,404	2,311	3,334	3,631	4,670	5,903	7,245	7,639
Maryland	3,067	3,447	4,430	4,986	1,261	1,383	2,739	2,496	4,328	4,830	7,169	7,481
Massachusetts	2,702	3,528	4,058	4,428	1,090	1,848	2,348	2,368	3,792	5,376	6,405	6,796
Michigan	2,068	2,876	2,879	3,072	1,213	1,710	2,464	2,382	3,281	4,586	5,342	5,453
Minnesota	2,647	3,272	4,022	4,142	1,362	2,129	2,950	3,321	4,009	5,402	6,972	7,463
Mississippi	2,828	3,754	4,523	4,236	1,695	1,789	2,801	3,091	4,522	5,543	7,324	7,327
Missouri	2,458	3,286	4,962	3,881	1,591	1,916	3,384	3,247	4,050	5,202	8,346	7,127
Montana	2,879	2,914	4,559	3,957	1,579	2,524	3,217	3,048	4,458	5,438	7,776	7,005
Nebraska	2,662	3,227	4,075	4,105	1,583	2,263	3,049	3,791	4,245	5,490	7,124	7,897
Nevada	2,745	3,247	4,036	4,347	1,316	1,790	2,417	2,769	4,061	5,037	6,453	7,116
New Hampshire	3,234	3,434	4,221	4,486	1,440	2,499	4,309	3,803	4,674	5,932	8,530	8,289
New Jersey	2,661	2,792	4,865	4,506	1,481	1,750	2,422	2,496	4,142	4,542	7,287	7,002
New Mexico	3,171	3,801	4,415	4,178	1,332	1,588	2,366	2,474	4,503	5,389	6,781	6,652
New York	2,648	2,975	3,723	4,617	1,287	1,597	2,722	2,776	3,935	4,572	6,445	7,393
North Carolina	3,216	3,691	3,988	4,755	1,679	2,410	2,925	3,260	4,896	6,101	6,913	8,015
North Dakota	2,740	3,112	3,671	3,837	1,175	1,381	2,575	2,675	3,915	4,493	6,246	6,511
Ohio	2,192	2,722	3,347	3,542	1,456	2,208	2,801	3,021	3,648	4,930	6,147	6,563
Oklahoma	2,952	3,602	4,188	4,913	1,522	2,102	2,766	2,912	4,474	5,704	6,954	7,826
Oregon	2,513	2,864	3,326	3,864	1,303	1,813	3,426	2,905	3,816	4,677	6,752	6,769
Pennsylvania	2,387	2,928	3,793	4,414	1,156	1,459	2,690	2,720	3,543	4,387	6,483	7,134
Rhode Island	2,450	2,880	4,127	4,434	1,165	1,613	2,559	3,052	3,615	4,492	6,686	7,486
South Carolina	2,689	3,769	4,080	4,255	1,382	2,055	2,773	2,882	4,071	5,824	6,853	7,137
South Dakota	2,858	3,365	4,382	4,793	1,729	2,263	3,317	3,492	4,586	5,628	7,698	8,286
Tennessee	2,734	3,188	3,841	4,347	1,356	2,436	3,290	3,553	4,090	5,624	7,131	7,900
Texas	3,140	3,474	4,693	4,787	1,745	2,226	2,900	3,452	4,885	5,701	7,593	8,239
Utah	2,330	3,007	3,450	3,745	1,418	2,215	2,391	3,575	3,749	5,222	5,841	7,320
Vermont	2,766	3,391	3,870	4,078	1,783	2,519	2,797	3,186	4,549	5,911	6,667	7,264
Virginia	3,128	3,623	4,718	5,070	1,238	1,468	2,381	3,034	4,366	5,092	7,098	8,104
Washington	2,503	2,725	4,031	3,707	1,098	1,722	2,410	2,551	3,601	4,446	6,441	6,258
West Virginia	2,589	2,738	3,390	3,176	1,113	1,312	2,816	2,878	3,702	4,050	6,205	6,053
Wisconsin	2,715	2,720	3,244	4,047	1,616	2,253	3,130	3,332	4,332	4,973	6,374	7,379
Wyoming	2,469	3,056	4,160	4,048	1,577	1,847	2,756	2,756	4,046	4,904	6,915	6,804

NOTE

(*) Single and family premium contributions, deductibles, and combined estimates are weighted for the distribution of single-person and family households in the state.

DATA

Insurance cost-sharing: Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017; Household type distribution: Current Population Survey (CPS), 2009, 2012, 2017, 2018.

Table 6. Average Employee Premium Contribution and Deductible as Percent of Median Household Income, by State, 2008–2017

	Average employee premium contribution*				Average employee deductible*				Average combined employee premium contribution and deductible*			
	2008	2011	2016	2017	2008	2011	2016	2017	2008	2011	2016	2017
United States	5.1%	6.1%	6.7%	6.9%	2.7%	3.7%	4.5%	4.8%	7.8%	9.8%	11.3%	11.7%
Alabama	5.8%	6.3%	7.5%	6.9%	2.1%	2.8%	3.8%	3.5%	7.9%	9.1%	11.3%	10.4%
Alaska	4.2%	5.5%	5.6%	7.2%	2.2%	2.8%	3.6%	4.1%	6.4%	8.3%	9.2%	11.3%
Arizona	6.7%	7.7%	8.3%	8.8%	3.4%	4.4%	6.2%	5.6%	10.1%	12.2%	14.5%	14.3%
Arkansas	5.6%	7.0%	7.8%	7.5%	3.0%	4.4%	4.5%	5.3%	8.6%	11.4%	12.4%	12.8%
California	5.1%	6.4%	6.8%	7.2%	2.8%	3.6%	4.3%	4.7%	7.9%	10.0%	11.2%	11.9%
Colorado	5.2%	5.7%	5.5%	5.6%	2.9%	3.5%	4.3%	4.4%	8.1%	9.2%	9.8%	10.0%
Connecticut	3.6%	4.1%	5.8%	5.9%	2.4%	3.0%	4.7%	4.6%	6.0%	7.2%	10.5%	10.5%
Delaware	4.8%	6.6%	7.7%	8.5%	2.2%	3.4%	4.9%	5.2%	7.0%	10.0%	12.6%	13.7%
District of Columbia	5.6%	5.5%	5.9%	5.6%	1.7%	2.4%	2.9%	3.0%	7.2%	7.9%	8.7%	8.5%
Florida	6.9%	7.5%	9.9%	8.0%	3.2%	4.3%	5.4%	6.3%	10.1%	11.8%	15.3%	14.3%
Georgia	5.8%	6.9%	8.2%	8.0%	3.0%	4.1%	4.8%	5.8%	8.8%	11.0%	13.0%	13.8%
Hawaii	3.6%	4.8%	5.5%	5.3%	2.6%	3.0%	3.4%	2.4%	6.1%	7.8%	8.9%	7.8%
Idaho	3.9%	6.6%	7.3%	5.9%	2.9%	3.7%	5.2%	4.3%	6.8%	10.3%	12.6%	10.2%
Illinois	4.8%	5.8%	6.2%	5.5%	2.5%	3.4%	3.5%	4.0%	7.3%	9.2%	9.7%	9.5%
Indiana	3.8%	5.3%	5.6%	6.0%	2.3%	3.7%	4.9%	5.5%	6.1%	9.0%	10.5%	11.5%
Iowa	3.7%	5.1%	5.4%	5.1%	2.7%	3.8%	3.9%	4.3%	6.4%	8.9%	9.3%	9.4%
Kansas	4.4%	5.7%	6.5%	6.0%	2.5%	4.1%	4.6%	4.5%	7.0%	9.8%	11.1%	10.5%
Kentucky	5.2%	6.3%	7.2%	7.3%	3.2%	4.0%	5.8%	5.7%	8.4%	10.3%	12.9%	12.9%
Louisiana	6.6%	7.7%	9.4%	10.2%	3.5%	4.6%	4.9%	5.3%	10.0%	12.3%	14.4%	15.5%
Maine	5.9%	6.6%	6.7%	6.2%	2.5%	4.3%	5.7%	5.6%	8.4%	10.9%	12.4%	11.8%
Maryland	4.5%	5.2%	6.0%	6.2%	1.9%	2.1%	3.7%	3.1%	6.4%	7.3%	9.7%	9.4%
Massachusetts	4.1%	5.0%	5.1%	5.4%	1.7%	2.6%	3.0%	2.9%	5.8%	7.6%	8.1%	8.3%
Michigan	3.5%	5.2%	4.8%	4.8%	2.1%	3.1%	4.1%	3.7%	5.6%	8.3%	8.9%	8.5%
Minnesota	4.0%	4.9%	5.1%	5.4%	2.1%	3.2%	3.8%	4.3%	6.1%	8.1%	8.9%	9.7%
Mississippi	6.7%	8.5%	10.1%	8.6%	4.0%	4.0%	6.2%	6.3%	10.8%	12.5%	16.3%	15.0%
Missouri	4.9%	6.5%	8.0%	6.3%	3.2%	3.8%	5.4%	5.2%	8.1%	10.4%	13.4%	11.5%
Montana	6.2%	6.1%	7.6%	6.1%	3.4%	5.3%	5.4%	4.7%	9.6%	11.5%	13.0%	10.8%
Nebraska	4.6%	5.2%	5.9%	5.9%	2.8%	3.7%	4.4%	5.4%	7.4%	8.9%	10.3%	11.3%
Nevada	5.5%	7.1%	7.7%	8.2%	2.6%	3.9%	4.6%	5.2%	8.1%	10.9%	12.4%	13.4%
New Hampshire	4.4%	4.4%	5.1%	5.6%	2.0%	3.2%	5.3%	4.7%	6.4%	7.6%	10.4%	10.3%
New Jersey	3.7%	4.2%	6.1%	5.9%	2.1%	2.6%	3.0%	3.3%	5.8%	6.8%	9.2%	9.2%
New Mexico	7.0%	9.1%	9.6%	9.3%	3.0%	3.8%	5.1%	5.5%	10.0%	12.9%	14.7%	14.8%
New York	5.2%	5.8%	6.2%	7.6%	2.5%	3.1%	4.5%	4.6%	7.7%	9.0%	10.7%	12.2%
North Carolina	7.2%	7.4%	7.0%	8.2%	3.8%	4.8%	5.1%	5.6%	11.0%	12.3%	12.1%	13.8%
North Dakota	5.0%	4.8%	5.4%	5.5%	2.1%	2.1%	3.8%	3.8%	7.1%	6.9%	9.1%	9.3%
Ohio	4.1%	5.3%	5.6%	5.7%	2.7%	4.3%	4.7%	4.9%	6.9%	9.6%	10.2%	10.6%
Oklahoma	6.4%	7.4%	7.5%	8.1%	3.3%	4.3%	5.0%	4.8%	9.7%	11.8%	12.5%	12.9%
Oregon	4.8%	5.6%	5.6%	6.4%	2.5%	3.6%	5.8%	4.8%	7.3%	9.2%	11.3%	11.3%
Pennsylvania	4.2%	5.1%	5.9%	6.6%	2.1%	2.6%	4.2%	4.1%	6.3%	7.7%	10.0%	10.7%
Rhode Island	4.1%	5.0%	6.3%	6.9%	1.9%	2.8%	3.9%	4.8%	6.0%	7.8%	10.3%	11.7%
South Carolina	5.8%	8.5%	7.4%	7.7%	3.0%	4.6%	5.0%	5.2%	8.8%	13.1%	12.4%	12.8%
South Dakota	5.2%	6.3%	6.7%	6.9%	3.1%	4.3%	5.1%	5.0%	8.3%	10.6%	11.8%	12.0%
Tennessee	6.1%	6.9%	7.2%	7.6%	3.0%	5.3%	6.2%	6.2%	9.1%	12.1%	13.4%	13.9%
Texas	6.9%	7.5%	8.0%	8.0%	3.9%	4.8%	5.0%	5.8%	10.8%	12.4%	13.0%	13.7%
Utah	3.9%	4.7%	5.0%	5.0%	2.4%	3.5%	3.4%	4.8%	6.2%	8.2%	8.4%	9.8%
Vermont	4.8%	5.7%	5.7%	6.1%	3.1%	4.3%	4.1%	4.8%	8.0%	10.0%	9.9%	10.9%
Virginia	5.0%	5.4%	7.0%	6.9%	2.0%	2.2%	3.5%	4.1%	6.9%	7.6%	10.5%	11.0%
Washington	4.2%	4.8%	6.5%	5.1%	1.8%	3.0%	3.9%	3.5%	6.0%	7.9%	10.3%	8.7%
West Virginia	5.8%	5.8%	7.1%	6.4%	2.5%	2.8%	5.9%	5.8%	8.3%	8.6%	12.9%	12.2%
Wisconsin	4.5%	4.7%	5.4%	6.0%	2.7%	3.9%	5.2%	4.9%	7.2%	8.6%	10.6%	10.9%
Wyoming	4.1%	5.3%	5.9%	6.4%	2.6%	3.2%	3.9%	4.3%	6.8%	8.5%	9.8%	10.7%

NOTE

(*) Single and family premium contributions, deductibles, and combined estimates are weighted for the distribution of single-person and family households in the state.

DATA

Insurance cost-sharing: Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2008–2017; Median household income and household type distribution: Current Population Survey (CPS), 2008, 2009, 2011, 2012, 2016, 2017, 2018.

Table 7. Median Household Income, by State, 2008–2017

	Median income for all households (all under age 65)*			
	2007–08	2010–11	2015–16	2016–17
United States	\$53,000	\$52,000	\$60,004	\$62,006
Alabama	\$46,222	\$43,350	\$46,500	\$49,500
Alaska	\$62,350	\$66,538	\$60,948	\$63,408
Arizona	\$48,000	\$46,000	\$50,000	\$49,300
Arkansas	\$45,000	\$43,004	\$42,000	\$44,000
California	\$51,728	\$50,000	\$47,852	\$49,856
Colorado	\$62,400	\$62,290	\$64,363	\$65,000
Connecticut	\$68,485	\$75,789	\$75,215	\$75,000
Delaware	\$56,000	\$55,000	\$53,082	\$52,940
District of Columbia	\$43,800	\$48,072	\$50,000	\$52,115
Florida	\$50,000	\$50,000	\$47,000	\$48,000
Georgia	\$52,854	\$51,200	\$49,657	\$50,000
Hawaii	\$50,362	\$50,000	\$48,169	\$46,001
Idaho	\$54,600	\$54,420	\$50,706	\$52,003
Illinois	\$56,000	\$55,000	\$53,000	\$54,000
Indiana	\$56,092	\$50,000	\$51,476	\$50,545
Iowa	\$56,580	\$57,183	\$58,080	\$59,552
Kansas	\$55,000	\$55,000	\$50,155	\$52,314
Kentucky	\$45,999	\$45,300	\$47,000	\$46,269
Louisiana	\$44,240	\$50,000	\$47,000	\$43,284
Maine	\$55,393	\$54,925	\$54,300	\$55,650
Maryland	\$68,000	\$65,537	\$66,000	\$70,000
Massachusetts	\$65,400	\$69,000	\$70,485	\$72,500
Michigan	\$58,421	\$55,005	\$55,000	\$58,002
Minnesota	\$66,000	\$60,389	\$66,512	\$71,400
Mississippi	\$42,000	\$40,000	\$44,400	\$42,509
Missouri	\$50,000	\$52,747	\$50,196	\$52,883
Montana	\$46,569	\$51,301	\$47,400	\$48,400
Nebraska	\$57,564	\$57,002	\$61,715	\$63,051
Nevada	\$50,300	\$50,000	\$46,000	\$46,003
New Hampshire	\$73,042	\$76,000	\$78,310	\$75,000
New Jersey	\$71,000	\$70,000	\$67,000	\$68,529
New Mexico	\$45,000	\$46,376	\$41,661	\$42,545
New York	\$50,853	\$50,000	\$51,000	\$50,001
North Carolina	\$44,600	\$48,000	\$49,700	\$49,000
North Dakota	\$55,024	\$56,457	\$65,471	\$67,276
Ohio	\$53,200	\$53,000	\$51,250	\$51,200
Oklahoma	\$46,000	\$50,700	\$48,518	\$50,585
Oregon	\$52,002	\$51,101	\$51,013	\$51,432
Pennsylvania	\$56,221	\$58,600	\$57,010	\$60,000
Rhode Island	\$59,852	\$58,000	\$57,800	\$59,202
South Carolina	\$46,500	\$47,598	\$44,460	\$46,470
South Dakota	\$55,000	\$55,500	\$53,050	\$53,919
Tennessee	\$45,000	\$45,000	\$46,362	\$48,000
Texas	\$45,200	\$45,000	\$46,049	\$49,000
Utah	\$60,300	\$64,000	\$64,000	\$64,000
Vermont	\$57,210	\$58,364	\$59,000	\$59,356
Virginia	\$62,884	\$65,440	\$67,157	\$67,240
Washington	\$60,033	\$60,502	\$56,585	\$58,818
West Virginia	\$44,522	\$48,683	\$46,955	\$47,920
Wisconsin	\$60,070	\$58,350	\$57,600	\$62,000
Wyoming	\$59,534	\$62,000	\$57,954	\$60,144

NOTES

(*) Estimates of median household income come from the Current Population Survey (CPS), which revised its income questions in 2013. Estimates prior to 2014 come from the traditional CPS income questions, while estimates in 2014 and later come from the revised income questions. Household incomes have been adjusted for the likelihood that people in the same residence purchase health insurance together.

DATA

Current Population Survey (CPS), 2008, 2009, 2011, 2012, 2016, 2017, 2018.

NOTES

1. Eric C. Schneider et al., *Health Care in America: The Experience of People with Serious Illness* (Commonwealth Fund, Oct. 2018).
2. Authors' analysis of U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, accessed via [American Fact Finder](#), Table #B27010.
3. Bureau of Labor Statistics, "[Consumer Expenditures — 2017](#)," news release (U.S. Department of Labor, Sept. 11, 2018).
4. Sara R. Collins, Munira Z. Gunja, and Michelle M. Doty, *How Well Does Insurance Coverage Protect Consumers from Health Care Costs?: Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2016* (Commonwealth Fund, Oct. 2017).
5. Christine Eibner, Sarah Nowak, and Jodi Liu, *Hillary Clinton's Health Care Reform Proposals: Anticipated Effects on Insurance Coverage, Out-of-Pocket Costs, and the Federal Deficit* (Commonwealth Fund, Sept. 2016).
6. Jon R. Gabel et al., *Consumer Cost-Sharing in Marketplace vs. Employer Health Insurance Plans, 2015* (Commonwealth Fund, Dec. 2015).
7. The Trump administration ended simple choice plans in 2018. See Sara R. Collins, "[The Trump Administration's New Marketplace Rules: Regulatory Simplification or More Complexity for Consumers?](#)" *To the Point* (blog), Commonwealth Fund, Apr. 13, 2018.
8. Richard M. Scheffler, Daniel R. Arnold, and Christopher M. Whaley, "[Consolidation Trends in California's Health Care System: Impacts on ACA Premiums and Outpatient Visit Prices](#)," *Health Affairs* 37, no. 9 (Sept. 2018): 1409–16.
9. Henry Waxman et al., *Getting to the Root of High Prescription Drug Prices* (Commonwealth Fund, July 2017).

ACKNOWLEDGMENTS

The authors thank Sherry Glied and Ougni Chakraborty of New York University for providing income data; and at the Commonwealth Fund David Blumenthal, Don Moulds, Eric Schneider, and Barry Scholl for helpful comments; Deborah Lorber, Chris Hollander, Paul Frame, and Jen Wilson for editing and design; and Susan Hayes and Herman Bhupal for research support.

ABOUT THE AUTHORS

Sara R. Collins, Ph.D., is vice president for Health Care Coverage and Access at the Commonwealth Fund. An economist, Dr. Collins joined the Fund in 2002 and has led the Fund's national program on health insurance since 2005. Since joining the Fund, she has led several national surveys on health insurance and authored numerous reports, issue briefs, and journal articles on health insurance coverage and policy. She has provided invited testimony before several Congressional committees and subcommittees. Prior to joining the Fund, Dr. Collins was associate director/senior research associate at the New York Academy of Medicine. Earlier in her career, she was an associate editor at *U.S. News & World Report*, a senior economist at Health Economics Research, and a senior health policy analyst in the New York City Office of the Public Advocate. Dr. Collins holds a Ph.D. in economics from George Washington University.

David C. Radley, Ph.D., M.P.H., is senior scientist for the Commonwealth Fund's Tracking Health System Performance initiative, working on the Scorecard project. Dr. Radley and his team develop national, state, and substate regional analyses on health care system performance and related insurance and care system market structure analyses. He is also a senior study director at Westat, a research firm that supports the Scorecard project. Previously, he was associate in domestic health policy for Abt Associates, with responsibility for a number of projects related to measuring long-term care quality and evaluating health information technology initiatives. Dr. Radley received his Ph.D. in health policy from the Dartmouth Institute for Health Policy and Clinical Practice, and holds a B.A. from Syracuse University and an M.P.H. from Yale University.

Editorial support was provided by Deborah Lorber.

For more information about this brief, please contact:

Sara R. Collins, Ph.D.
Vice President, Health Care Coverage and Access
The Commonwealth Fund
src@cmwf.org

About the Commonwealth Fund

The mission of the Commonwealth Fund is to promote a high-performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, and people of color. Support for this research was provided by the Commonwealth Fund. The views presented here are those of the authors and not necessarily those of the Commonwealth Fund or its directors, officers, or staff.

