

State Employment Relations Board

HEALTH INSURANCE 2018

THE COST OF HEALTH INSURANCE
IN OHIO'S PUBLIC SECTOR



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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 (2018 Report). In its 26th 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 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 2017 survey are minimal, but a few questions were updated to reflect the ever-changing arena of healthcare plan design and cost-management strategies.

The 2018 Health Insurance Survey was created and dispersed using Novi Survey, an online survey tool. SERB emailed or mailed links of the 2018 Health Insurance Survey to 1,320 governmental jurisdictions via email or postal mailⁱ on or around January 4, 2018, requesting completion of the survey by March 1, 2018. 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

The survey was completed by 1,226 public employers. This represents a response rate of 92.9%. Thirteen employers responded that they did not offer insurance. Statistics in this report represent about 402,647 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 92.9%, 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 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, 2018.

SUMMARY OF KEY FINDINGS

- ▶ Statewide, the average monthly premium for medical and prescription coverage, when prescription is included in the medical premium^{iv}, is \$633 for single coverage and \$1,663 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, 2017 and January 1, 2018 is 4.6% for single coverage and 4.3% for family coverage (Table 3.2).
- ▶ Average monthly employee contributions to bundled medical premiums, including prescription drug coverage, are \$80 for single coverage and \$228 for family coverage. Employee premium contributions for single coverage rose 6.7% from last year and employee contributions for family coverage rose 6.0% 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 \$553 for single coverage and \$1,435 for family coverage. Employer premium contributions for single coverage increased 4.3% from last year and employer contributions for family premiums increased 4.0% (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 \$15,385. This is a 5.1% increase from the average total cost in 2017¹ (Table 6).
- ▶ For medical plans where prescription drug is purchased separately from medical coverage, the average monthly medical and prescription premiums increased to \$698 for single and \$1,668 for family coverage. This is a 3.7% increase for single and a 6.0% 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 \$13,260, which is a 5.0% increase from 2017² (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 2018, only 10.6% of single medical plans and 9.0% 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 \$87 for single and \$243 for family coverage. This represents an increase in premium cost to employees of 6.1% for single coverage and 6.6% for employees with family coverage from 2017. Calculations exclude employees who contribute \$0 towards the medical premium (Table 16.1 found in the appendix).
- ▶ The vast majority of medical premiums (93.2%) include prescription benefits. In 5.3% of plans, prescription benefits are carved-out (Table 10).
- ▶ Only 4.3% (n=87) of plans do not require employees to pay a deductible or co-insurance for medical coverage.
- ▶ Most jurisdictions (95.4%) offer an option for dental benefits. The majority of jurisdictions that offer dental coverage (85.0%) do so via a carve-out plan separate from the medical premium (Table 10).

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.

- ▶ Dental maximums range widely - from \$200 to \$6,000. The majority (68.2%) 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 (10.6%) benefits are included in the medical premium package (Table 10).
- ▶ Most jurisdictions (83.9%) offer some level of vision coverage. Of the jurisdictions offering vision coverage, most jurisdictions (73.3%) 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 2018 by jurisdiction. The response rate of the number of surveys completed and returned to SERB for 2017 are also included for comparison.

Table 1

Survey Response Rates by Jurisdiction						
	2017			2018		
	Surveys Sent	Surveys Completed	Response Rate	Surveys Sent	Surveys Completed	Response Rate
Counties	88	85	96.6%	88	83	94.3%
Cities	251	233	92.8%	251	232	92.4%
Townships	154	125 (6)	81.2%	154	119 (5)	77.3%
School Districts & Ed Svc Centers	710	688 (3)	96.9%	710	693 (3)	97.6%
Colleges & Universities	37	31	83.8%	37	32	86.5%
Fire Districts	20	17 (4)	85.0%	20	16 (4)	80.0%
Metropolitan Housing Authorities	40	37	92.5%	40	35	87.5%
Port Authorities	5	3	60.0%	5	3	60.0%
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	1,320	1,233 (14)	93.4%	1,320	1,226 (13)	92.9%

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 2018 included 92.9% of all public jurisdictions who received the health insurance survey.

This year SERB received 1,226 completed surveys. The surveys collected data on 2,030 insurance plans. Thirteen 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		
	2017	2018
Traditional	10	3
Preferred Provider Organization (PPO)	1,178	1,207
Point of Service (POS)	17	16
Health Maintenance Organization (HMO)	40	33
High Deductible Health Plan (HDHP)	745	749
Exclusive Provider Organization (EPO)	18	22
Total Plans	2,008	2,030
No Insurance Offered	14	13
Survey Responses Received	1,233	1,226

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	0.1%	59.5%	0.8%	1.6%	1.1%	16.9%	20.0%	79.2%	2,030
State of Ohio		100.0%						100.0%	1
Counties	0.0%	63.1%	1.4%	3.5%	2.2%	14.2%	15.6%	78.7%	141
Cities	0.3%	52.5%	1.7%	1.7%	2.5%	13.1%	28.2%	63.6%	354
Townships	0.0%	42.0%	2.3%	2.3%	0.0%	32.8%	20.6%	32.1%	131
School Districts & ESCs	0.0%	63.8%	0.3%	1.4%	0.4%	16.0%	18.1%	91.3%	1,249
Colleges & Universities	1.4%	60.6%	1.4%	0.0%	2.8%	4.2%	29.6%	74.6%	71
Special Districts	1.2%	43.4%	0.0%	2.4%	3.6%	38.6%	10.8%	41.0%	83
% Self-funded	0.0%	85.6%	87.5%	48.5%	77.3%	65.1%	74.8%		
n	3	1,207	16	33	22	344	405		

† 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 59.5% of all medical plans statewide.
- ▶ In jurisdictions that offer only one plan to employees 63.8% (384 out of 602 employers) have PPOs.
- ▶ The frequency of high deductible health plans (HDHPs) have decreased slightly since the 2017 survey. HDHPs make up 36.9% of plans statewide, compared to 37.1% in 2017. Counties have the lowest percentage of HDHPs.
- ▶ Self-funded plans have increased 3.5 percentage points since last year statewide. Cities had the largest increase in self-funded plans, with a 4.6 percentage point increase since last year.

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; 10.6% 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

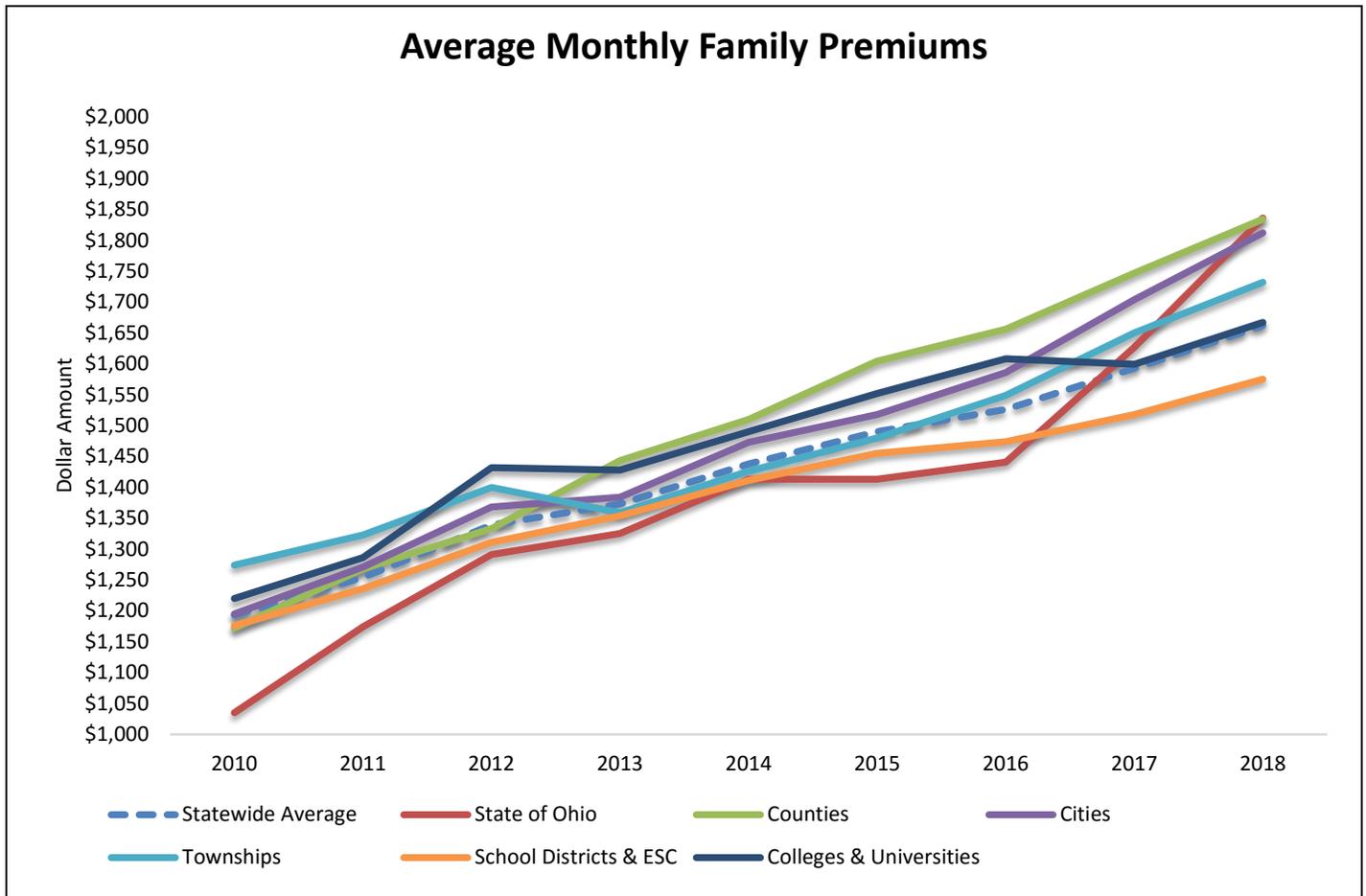
Average Monthly Medical and Prescription Premiums and Employer PEPM Costs [†]						
Comparison Group	Average Medical & Prescription Drug Premiums including separate drug plans				Total Employer Cost Per Month for Bundled Medical and Prescription	
	Single	# of plans	Family	# of plans	Cost	# of plans
STATEWIDE	\$636	1,982	\$1,662	1,985	\$1,105	1,768
State of Ohio	\$665	1	\$1,836	1	\$1,216	1
Counties	\$676	141	\$1,834	140	\$1,011	140
Less than 50,000	\$689	50	\$1,876	50	\$1,028	50
50,000 - 149,999	\$668	56	\$1,846	55	\$998	55
150,000 or more	\$671	35	\$1,757	35	\$1,009	35
Cities	\$666	349	\$1,812	350	\$1,208	345
Less than 25,000	\$658	246	\$1,802	247	\$1,196	243
25,000 - 99,999	\$682	94	\$1,825	94	\$1,230	93
100,000 or more	\$727	9	\$1,931	9	\$1,321	9
Townships	\$602	122	\$1,732	125	\$1,251	124
Less than 10,000	\$572	62	\$1,782	64	\$1,261	65
10,000 - 29,999	\$645	47	\$1,677	48	\$1,270	46
30,000 or more	\$590	13	\$1,692	13	\$1,130	13
School Districts ^{††}	\$622	1,219	\$1,575	1,220	\$1,077	1,014
Less than 1,000	\$608	305	\$1,544	308	\$1,091	248
1,000 - 2,499	\$638	495	\$1,616	494	\$1,117	415
2,500 - 9,999	\$604	293	\$1,517	292	\$1,036	241
10,000 or more	\$659	40	\$1,711	40	\$988	38
Colleges & Universities	\$619	69	\$1,667	69	\$945	63
Fire Districts	\$566	12	\$1,720	12	\$1,078	13
Metro Districts	\$717	49	\$1,955	48	\$1,034	49
Port Authorities	\$547	4	\$1,676	4	\$955	4
Regional Transit Authority	\$791	16	\$1,974	16	\$1,220	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.

- ▶ Port Authorities reported the lowest average single premiums. The single premium is 14.0% below the statewide average. School Districts reported the lowest family premiums. The family premium is 5.2% below the statewide average.
- ▶ Regional Transit Authorities reported the highest average single premiums. The single premium is 24.4% above the statewide average. Regional Transit Authorities reported the highest family premiums. The family premium is 18.8% above the statewide average.

Chart 1 displays the monthly family premiums found in Table 3.1 over the past nine years. In 2018 the monthly premiums have increased for all jurisdictions. The State of Ohio 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	\$633	1,861	\$1,663	1,863	\$80	1,861	\$228	1,863	12.6%	13.5%
State of Ohio	\$665	1	\$1,836	1	\$100	1	\$286	1	15.1%	15.6%
Counties	\$674	123	\$1,833	122	\$92	123	\$268	122	13.7%	14.3%
Less than 50,000	\$692	48	\$1,889	48	\$99	48	\$295	48	14.5%	15.5%
50,000 - 149,999	\$649	48	\$1,808	47	\$92	48	\$269	47	13.7%	14.4%
150,000 or more	\$688	27	\$1,779	27	\$81	27	\$219	27	12.0%	11.9%
Cities	\$664	336	\$1,811	336	\$76	336	\$216	336	11.8%	12.1%
Less than 25,000	\$658	240	\$1,805	240	\$72	240	\$211	240	11.3%	11.9%
25,000 - 99,999	\$676	90	\$1,823	90	\$88	90	\$232	90	13.4%	12.9%
100,000 or more	\$720	6	\$1,883	6	\$68	6	\$178	6	9.6%	9.6%
Townships	\$606	118	\$1,744	121	\$46	118	\$152	121	8.0%	8.7%
Less than 10,000	\$576	60	\$1,799	62	\$40	60	\$156	62	7.6%	8.8%
10,000 - 29,999	\$651	45	\$1,685	46	\$49	45	\$134	46	7.8%	7.9%
30,000 or more	\$590	13	\$1,692	13	\$64	13	\$200	13	10.3%	11.0%
School Districts††	\$618	1,141	\$1,574	1,142	\$83	1,141	\$233	1,142	13.3%	14.4%
Less than 1,000	\$601	295	\$1,534	298	\$77	295	\$209	298	12.6%	13.3%
1,000 - 2,499	\$637	458	\$1,623	457	\$85	458	\$238	457	13.0%	14.2%
2,500 - 9,999	\$595	267	\$1,511	266	\$82	267	\$226	266	13.6%	14.5%
10,000 or more	\$657	37	\$1,722	37	\$92	37	\$330	37	14.4%	18.5%
Colleges & Universities	\$617	64	\$1,659	64	\$84	64	\$252	64	13.3%	14.9%
Fire Districts	\$584	11	\$1,748	11	\$124	11	\$334	11	16.1%	15.0%
Metro Housing Authorities	\$720	48	\$1,968	47	\$69	48	\$235	47	9.6%	11.7%
Port Authorities	\$547	4	\$1,676	4	\$68	4	\$208	4	12.5%	12.5%
Regional Transit Authorities	\$796	15	\$1,987	15	\$80	15	\$206	15	10.0%	10.0%

† Average employee contribution in this table includes all plans reporting, thus does include plans where employees contribute \$0 to the medical premium.

†† 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

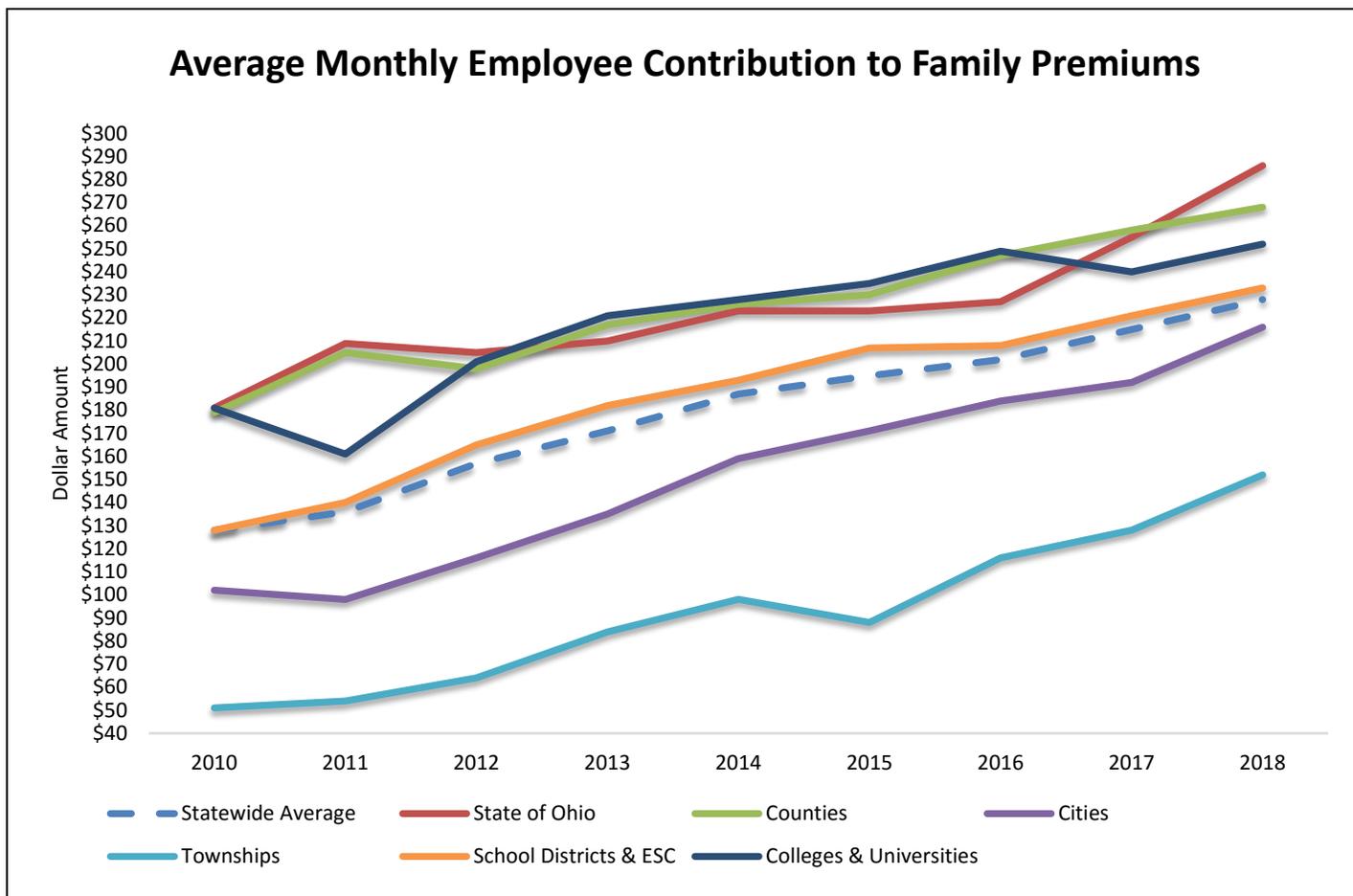
Note: Excluded plans that have one rate

► Bundled medical/prescription premiums for the Fire Districts are 7.7% lower for single coverage and 5.1% higher for family coverage compared to the statewide average.

- ▶ Regional Transit Authorities have the highest average single premiums. Single premiums are 25.8% higher than the statewide average. Regional Transit Authorities have the highest average family premium. Family premiums are 19.5% higher than the statewide average.
- ▶ School Districts average lower family medical premiums at 5.4% below the statewide average.
- ▶ The average Township employee contribution to the single premium is 42.5% less for single and 33.3% less for family medical premiums than the statewide average.
- ▶ The average employee contribution to family premiums, excluding population size, is between 8.7% and 15.6% across all jurisdictions.
- ▶ State of Ohio employees contribute 15.6% towards the family medical premium. College/University employees contribute 14.9% towards the family medical premium. The statewide average employee contribution for family medical coverage is 13.5%.

Chart 2 displays the monthly employee contribution to family premiums found in Table 3.2 over the past nine 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 \$13.00 from last year.

Chart 2



Regions

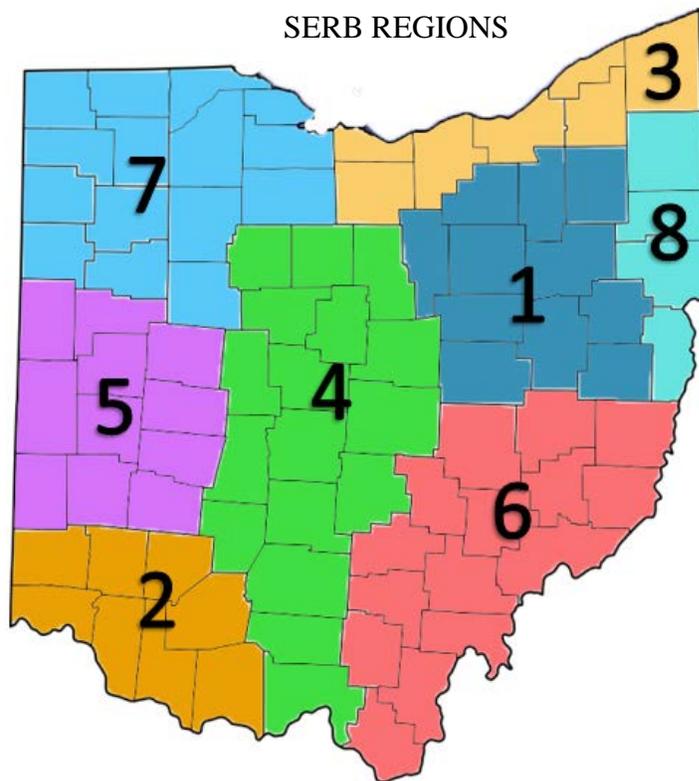
SERB divides the State into eight major regions. Insurance premiums may vary by region based on healthcare availability, proximity to larger metropolitan areas, economics, and other factors.

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	\$632.67	1,861	\$1,662.57	1,863	\$80.05	\$227.85	12.6%	13.5%
1 - Akron/Canton	\$591.70	237	\$1,489.00	236	\$70.43	\$175.10	12.4%	12.5%
2 - Cincinnati	\$575.30	204	\$1,555.38	205	\$77.50	\$228.85	13.6%	14.8%
3 - Cleveland	\$651.79	279	\$1,713.19	279	\$75.01	\$200.83	11.2%	11.0%
4 - Columbus	\$695.81	328	\$1,787.93	328	\$94.66	\$277.09	13.9%	15.6%
5 - Dayton	\$600.74	260	\$1,628.21	262	\$93.07	\$264.59	15.0%	15.8%
6 - Southeast Ohio	\$753.35	144	\$1,927.63	143	\$90.41	\$289.30	11.8%	14.1%
7 - Toledo	\$591.03	281	\$1,586.90	281	\$72.48	\$216.34	11.8%	13.1%
8 - Warren/Youngstown	\$616.95	128	\$1,662.73	129	\$53.99	\$138.30	8.5%	8.3%

† 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 the Southeast Ohio region (6) average 19.1% higher for single coverage and 15.9% higher for family coverage.
- ▶ Average single medical premiums in the Cincinnati region (2) are 9.1% lower than the statewide average.
- ▶ Average family premiums in the Akron/Canton region (1) are 10.4% lower for family coverage.
- ▶ Employees in the Columbus region (4) contribute 18.3% more than the statewide average for single medical premiums.
- ▶ Employees in the Southeast Ohio region (6) contribute 27.0% more than the statewide average for family medical premiums.
- ▶ Compared to the statewide averages, employees in the Warren/Youngstown region (8) contribute 32.6% less for single medical coverage and 39.3% less for family medical coverage.
- ▶ Employees in the Warren/Youngstown region (8) 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	\$632.66	1,861	\$1,662.57	1,863	\$80.05	\$227.85	12.6%	13.5%
1 - 49	\$652.56	280	\$1,796.37	280	\$71.55	\$222.76	10.9%	12.2%
50 - 99	\$603.87	356	\$1,593.18	360	\$74.37	\$205.89	12.4%	13.1%
100 - 149	\$635.52	377	\$1,677.75	377	\$80.48	\$228.72	12.3%	13.2%
150 - 249	\$653.06	373	\$1,661.05	372	\$85.52	\$235.24	13.0%	14.0%
250 - 499	\$622.59	286	\$1,619.87	286	\$82.41	\$232.46	13.2%	13.9%
500 - 999	\$616.83	112	\$1,554.36	111	\$88.90	\$232.56	14.3%	14.8%
1,000 or more	\$641.10	77	\$1,748.05	77	\$87.02	\$285.12	13.7%	15.9%

† 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							
	PPO	POS	HMO	EPO	HDHP (no HSA)	HDHP (with HSA)	All Plans†
Single	\$672	\$736	\$597	\$695	\$573	\$664	\$633
Family	\$1,716	\$2,112	\$1,688	\$1,885	\$1,565	\$1,757	\$1,663
Total cost per person	\$16,536	\$18,827	\$15,032	\$14,752	\$13,484	\$15,521	\$15,422
Number of plans	1,093	15	29	20	313	393	1,863

† 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.

- ▶ Point of Service (POS) plans are the most expensive family plan type reported this year. POS family plans average 27.0% 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 22.1% 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	\$648	\$629
Family	\$1,811	\$1,623
Annual cost per person (PEPY)	\$15,643	\$15,347
Number of plans	393	1,470

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 78.9% of all plans reported this year.
- ▶ Fully-insured plans increased 5.5% for single and 7.0% for family from last year. Annual cost per person increased 4.6%.
- ▶ Self-insured plans increased 4.5% for single and 3.8% for family from last year. Annual cost per person increased 5.9%.

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 eight years. The chart illustrates that on average self-insured plans cost less per employee. Fully-insured medical plans cost per employee increased 4.6% while self-insured medical plans cost per employee increased 5.9%.

Chart 3

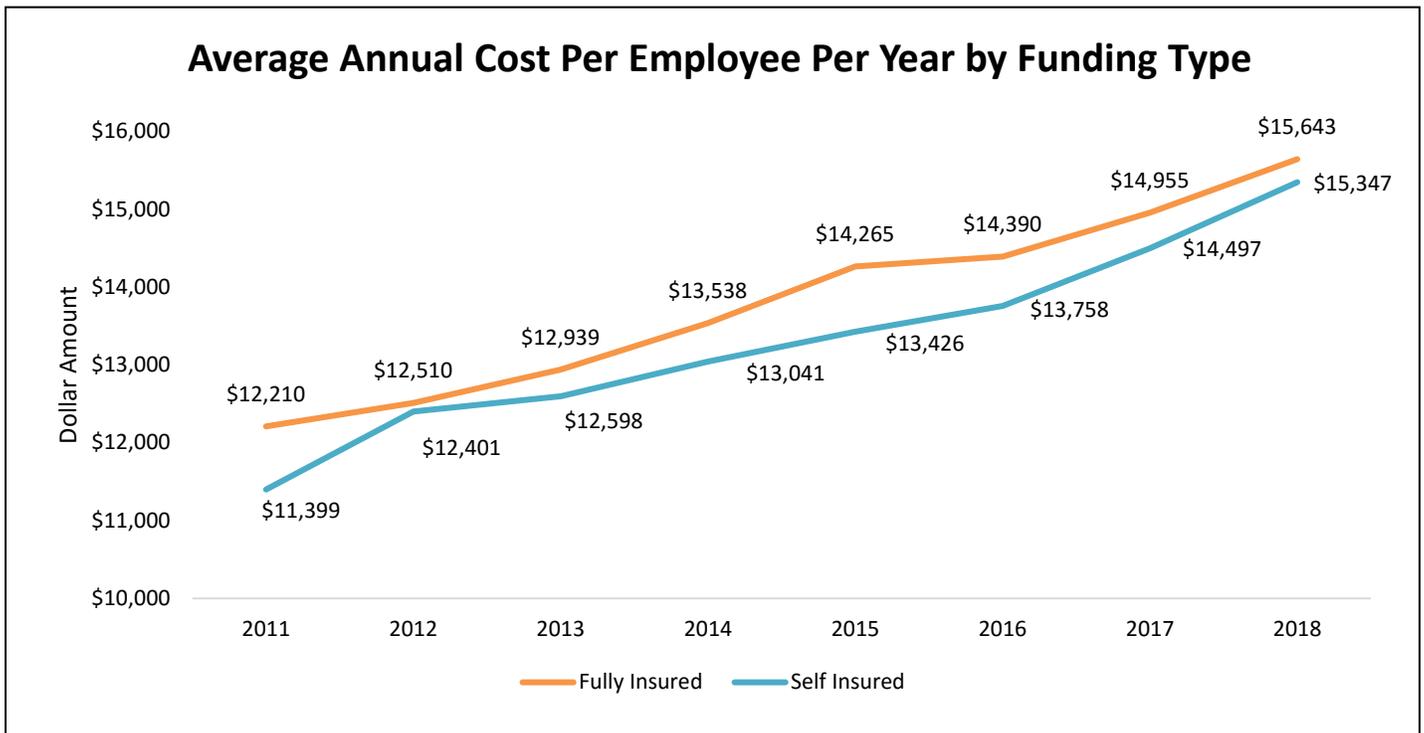


Table 4.3

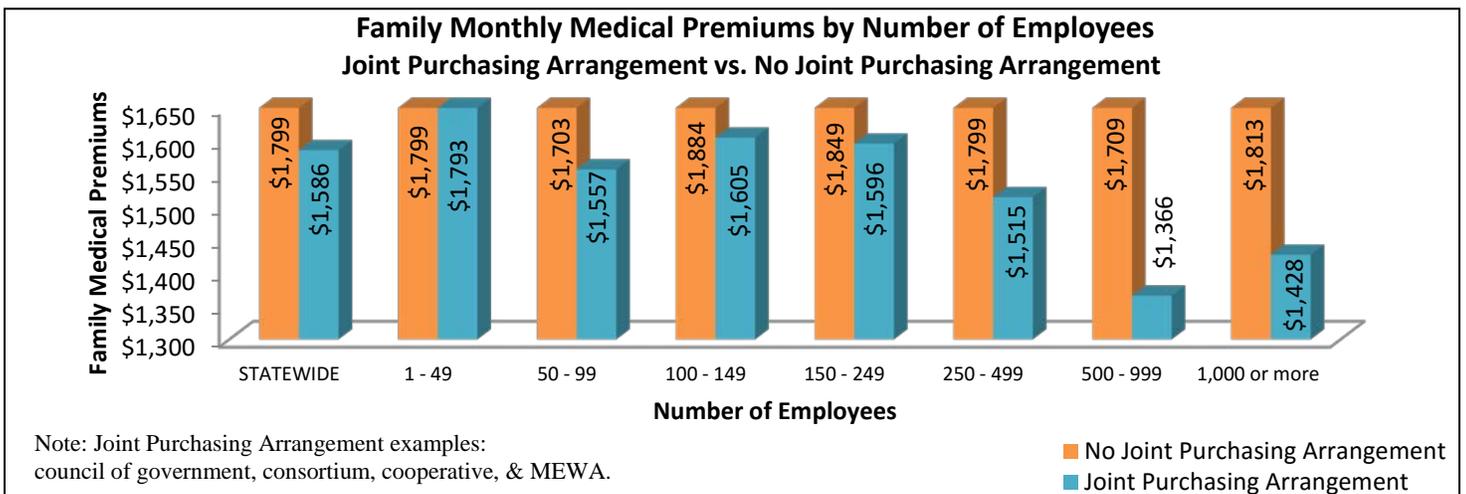
Average Premium Cost by Joint Purchasing Arrangement		
	Joint Purchasing Arrangement	No Joint Purchasing Arrangement
Single	\$616	\$662
Family	\$1,586	\$1,799
Annual cost per person (PEPY)	\$15,218	\$15,721
Number of plans	1,189	674

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 63.8% of all plan types reported this year.
- ▶ Joint purchasing participant plans increased 3.9% for single and increased 3.2% for family from last year. Annual cost per person increased 5.6%.
- ▶ Independently procured plans increased 5.8% for single and 5.9% for family from last year. Annual cost per person increased 5.2%.

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 11.8% 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 21.2% 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 twenty-one survey years, all ranging between 0.7% and 3.8%. Comparatively, medical insurance premiums have risen at a much faster rate.

Chart 5

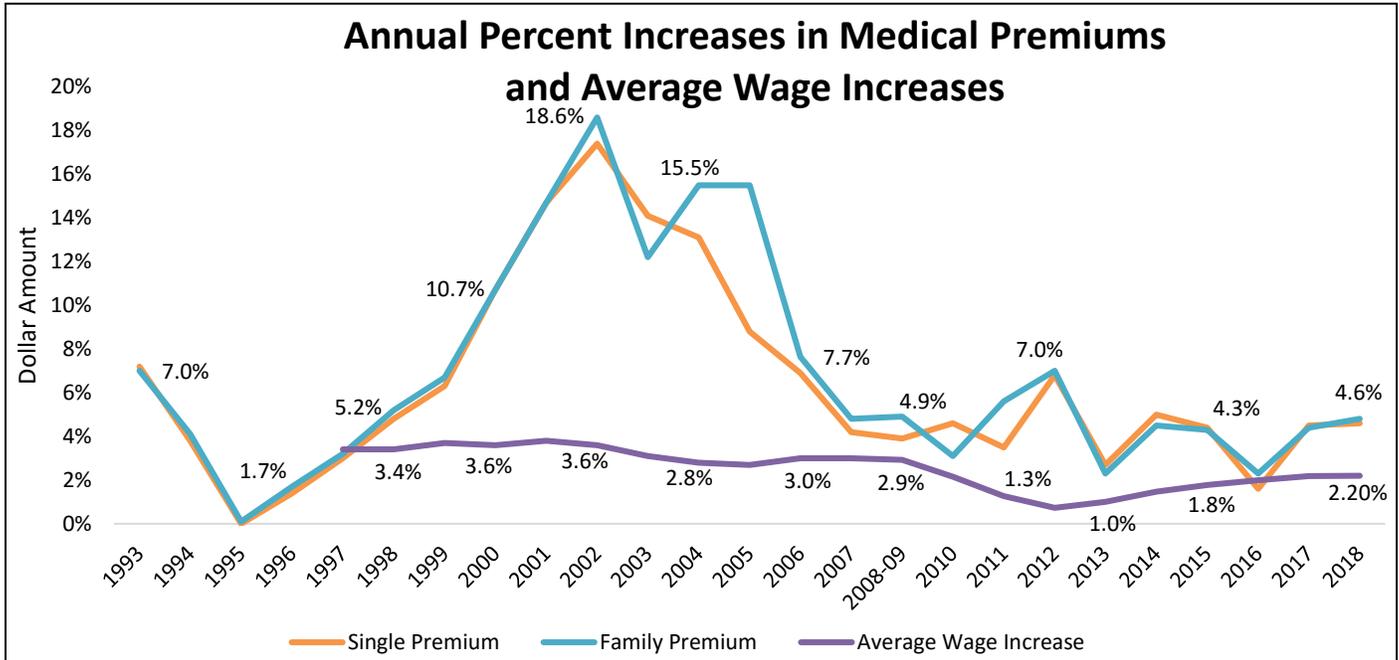


Chart 6 illustrates the diverging path of medical premium and worker salary increases since 1997. Over the twenty-one year period presented, medical premiums rose more than three times faster than the average worker salary.

Chart 6

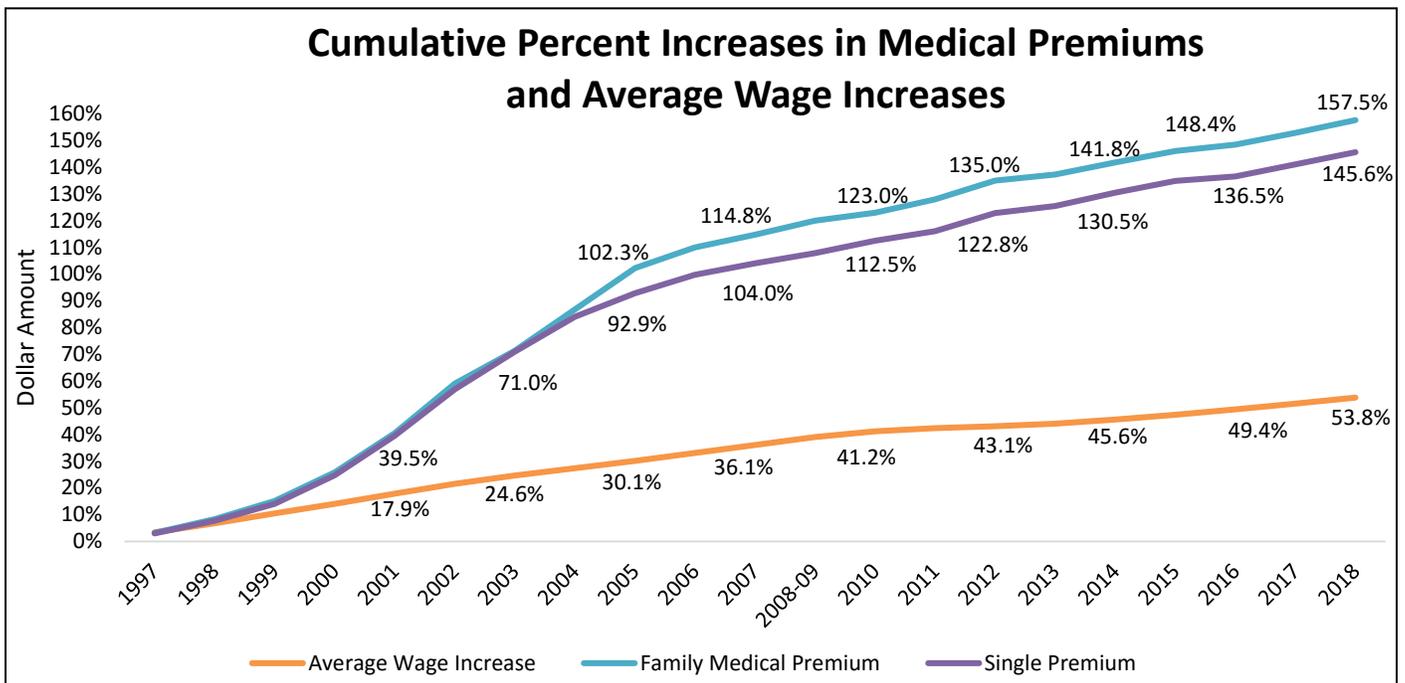


Table 5 compares percent change in insurance premiums over the past 24 years to the national overall inflation and medical care inflation rates. Premium rates for public employees in the State of Ohio rose slightly more than the overall inflation and medical care inflation rates for 2017.

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 †	
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%	
2017	4.7%	1,814	4.6%	1,809	2.1%	4.1%	
2018	4.6%	1,861	4.2%	1,863	2.1%	1.8%	

† Bureau of Labor Statistics, Consumer Price Index, December 2017
(http://www.bls.gov/news.releases/archives/cpi_01122018.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 2018 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	\$15,385	1,650	\$3,346	100	\$903	1,017	\$198	827
State of Ohio	\$17,250	1			\$984	1	\$276	1
Counties	\$14,403	122	\$2,872	17	\$666	62	\$167	49
Cities	\$16,404	329	\$3,891	9	\$805	149	\$180	116
Townships	\$16,435	120			\$1,015	88	\$246	68
School Districts & ESCs	\$15,191	942	\$3,379	67	\$948	647	\$203	530
Colleges & Universities	\$13,531	58	\$3,985	5	\$827	29	\$172	25
Special Districts [‡]	\$14,709	78	\$2,222	2	\$727	41	\$170	38
REGION								
1 - Akron/Canton	\$15,184	144	\$3,757	29	\$1,082	139	\$228	89
2 - Cincinnati	\$13,881	194			\$873	131	\$180	111
3 - Cleveland	\$15,510	266	\$3,263	34	\$849	137	\$178	123
4 - Columbus	\$16,799	299	\$2,849	6	\$893	180	\$213	164
5 - Dayton	\$14,968	243	\$2,032	1	\$890	137	\$216	108
6 - Southeast Ohio	\$17,748	134	\$2,889	12	\$836	84	\$213	73
7 - Toledo	\$13,900	259	\$3,103	6	\$877	135	\$198	106
8 - Warren/Youngstown	\$15,692	111	\$3,525	12	\$893	74	\$143	53
EMPLOYEES COVERED								
1 - 49	\$15,191	281	\$2,713	12	\$854	169	\$224	137
50 - 99	\$15,299	300	\$3,922	8	\$876	188	\$188	142
100 - 149	\$15,712	327	\$3,002	10	\$897	196	\$215	163
150 - 249	\$15,803	328	\$3,701	25	\$962	200	\$203	169
250 - 499	\$15,406	245	\$3,140	27	\$913	164	\$182	134
500 - 999	\$14,407	95	\$3,275	7	\$986	61	\$167	47
1,000 or more	\$14,363	74	\$3,676	11	\$805	39	\$157	35
[†] 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 93.2% of plans, dental in 10.4% and vision in 10.6%. (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	=	Total monthly single rate for all health benefits
	NUMS	=	Number of employees with single medical coverage
	S1PREM	=	Total monthly single + 1 rate for all health benefits
	NUMS1	=	Number of employees with single + 1 medical coverage
	SCPREM	=	Total monthly single & child rate for all health benefits
	NUMSC	=	Number of employees with single & child medical coverage
	SSPREM	=	Total monthly single & spouse rate for all health benefits
	NUMSS	=	Number of employees with single & spouse medical coverage
	FPREM	=	Total monthly family rate for all health benefits
	NUMF	=	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 \$1,350 for single and \$2,700 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-\$124	# of plans	\$125-\$499	# of plans	\$500-\$1,349	# of plans	\$1,350 or more	# of plans
STATEWIDE	5.9%	119	6.1%	124	25.8%	525	24.5%	497	37.7%	765
State of Ohio					100.0%	1				
Counties	6.4%	9	0.7%	1	19.9%	28	41.8%	59	31.2%	44
Cities	9.1%	32	5.6%	20	27.1%	96	17.5%	62	40.7%	144
Townships	11.5%	15	1.5%	2	10.7%	14	17.6%	23	58.7%	77
Colleges & Universities	4.2%	3	2.8%	2	32.4%	23	28.2%	20	32.4%	23
School Districts & ESCs	4.7%	59	7.8%	98	28.2%	351	25.0%	312	34.3%	429
Special Districts	1.2%	1	1.2%	1	14.5%	12	25.3%	21	57.8%	48

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-\$249	# of plans	\$250-\$899	# of plans	\$900-\$2,699	# of plans	\$2,700 or more	# of plans
STATEWIDE	5.8%	117	5.7%	116	25.9%	525	24.8%	504	37.8%	768
State of Ohio					100.0%	1				
Counties	6.4%	9	1.4%	2	18.4%	26	40.4%	57	33.4%	47
Cities	8.8%	31	5.4%	19	27.4%	97	17.8%	63	40.6%	144
Townships	11.5%	15	1.5%	2	9.9%	13	19.1%	25	58.0%	76
Colleges & Universities	4.2%	3	2.8%	2	28.2%	20	31.0%	22	33.8%	24
School Districts & ESCs	4.6%	58	7.2%	90	28.6%	357	25.3%	315	34.3%	429
Special Districts	1.2%	1	1.2%	1	13.3%	11	26.5%	22	57.8%	48

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

- ▶ Townships have a comparatively higher percentage of single and family plans with no deductible.
- ▶ Townships have slightly less than 60% of their plans in the high deductible category.
- ▶ Over 62% of family plans have deductibles above \$900.00 and 61% of single plans have deductibles above \$500.00
- ▶ The portion of family plans statewide with no deductible only decreased point two percentage points since the 2017 survey. Over 37% 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 most 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	32.0%	649	27.6%	560	2.4%	48	33.7%	685	4.3%	88
State of Ohio							100.0%	1		
Counties	17.0%	24	15.6%	22	3.5%	5	45.5%	64	18.4%	26
Cities	43.5%	154	18.9%	67	1.7%	6	33.3%	118	2.6%	9
Townships	52.3%	69	6.8%	9	0.0%	0	38.6%	51	2.3%	3
Colleges & Universities	18.5%	13	34.3%	24	8.6%	6	35.7%	25	2.9%	2
School Districts & ESCs	28.5%	356	34.3%	428	2.4%	30	31.2%	389	3.6%	46
Special Districts	39.8%	33	12.0%	10	1.2%	1	44.6%	37	2.4%	2

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

- ▶ Since the 2017 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.
- ▶ Townships have the highest percentage of medical plans that pay 100%.

Table 8.2

Co-Insurance Categories for Out-of-Network Medical Coverage										
Comparison Group	Plan pays 85-100%	# of plans	80/20 Split	# of plans	70/30 Split	# of plans	Plan pays 60-69%	# of plans	Plan pays <60%	# of plans
STATEWIDE	2.5%	48	21.4%	404	30.7%	581	34.5%	654	10.9%	206
State of Ohio							100.0%	1		
Counties	0.8%	1	7.5%	10	18.0%	24	48.9%	65	24.8%	33
Cities	5.6%	18	17.3%	56	38.3%	124	34.0%	110	4.8%	16
Townships	1.7%	2	22.4%	26	22.4%	26	31.9%	37	21.6%	25
Colleges & Universities	5.0%	3	13.3%	8	40.0%	24	30.0%	18	11.7%	7
School Districts & ESCs	1.9%	23	25.0%	296	30.7%	363	33.4%	395	9.0%	107
Special Districts	1.3%	1	10.7%	8	26.7%	20	37.3%	28	24.0%	18

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

⁶ Managed care plans (PPO, HMO, POS, EPO, HDHP) cover most 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	\$2,500	\$0	\$10,000	\$5,000	\$0	\$20,000	2,019
State of Ohio	\$1,500	\$1,500	\$1,500	\$3,000	\$3,000	\$3,000	1
Counties	\$3,000	\$0	\$7,350	\$5,600	\$0	\$14,700	141
Cities	\$2,500	\$0	\$8,000	\$5,000	\$0	\$16,000	350
Townships	\$3,300	\$0	\$7,350	\$6,850	\$0	\$14,700	128
Colleges & Universities	\$3,000	\$80	\$7,350	\$6,000	\$1,000	\$14,700	70
School Districts & ESCs	\$2,000	\$0	\$10,000	\$4,000	\$0	\$20,000	1,247
Special Districts	\$3,000	\$0	\$7,350	\$6,200	\$0	\$14,700	82

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	\$4,350	\$0	\$32,400	\$8,700	\$0	\$90,000	1,821
State of Ohio	\$3,000	\$3,000	\$3,000	\$6,000	\$6,000	\$6,000	1
Counties	\$5,000	\$800	\$20,000	\$10,900	\$2,200	\$40,000	130
Cities	\$5,000	\$0	\$32,400	\$10,000	\$0	\$64,800	313
Townships	\$7,000	\$750	\$30,000	\$14,000	\$1,000	\$90,000	112
Colleges & Universities	\$6,000	\$1,000	\$28,000	\$12,000	\$2,000	\$36,000	60
School Districts & ESCs	\$4,000	\$0	\$22,050	\$8,000	\$0	\$44,100	1,134
Special Districts	\$7,000	\$400	\$21,000	\$14,000	\$800	\$42,000	71

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 most 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	93.2%	5.3%	1.5%
Dental	10.4%	85.0%	4.6%
Vision	10.6%	73.3%	16.1%

- ▶ Prescription coverage is provided by 98.5% of all jurisdictions. In 93.2% of jurisdictions reporting, the cost for prescription coverage is included as part of the medical premium.
- ▶ Dental coverage is provided by 95.4% of jurisdictions.
- ▶ Vision coverage is offered by 83.9% 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%	194
Two Tiers				
Generic	\$10	89	20.0%	142
Brand	\$25	89	20.0%	142
Three Tiers				
Generic	\$10	934	20.0%	91
Brand (formulary)	\$25	920	25.0%	110
Brand (non-formulary)	\$40	912	30.0%	114
Four Tiers				
Generic	\$10	408	20.0%	35
Brand (formulary)	\$35	407	30.0%	37
Brand (non-formulary)	\$55	403	30.0%	40
Cosmetic/biologic	\$150	301	25.0%	136

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

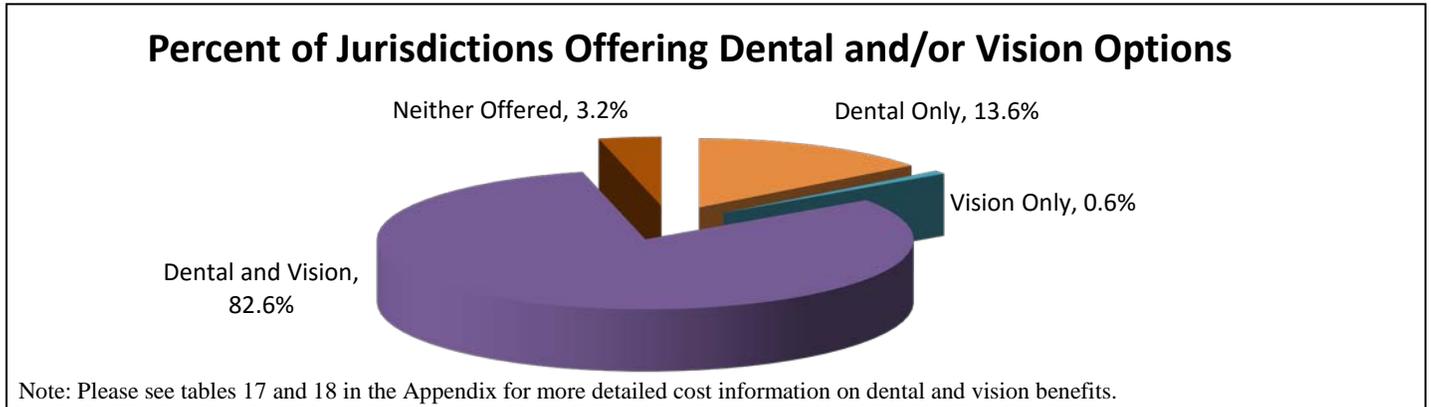
Table 11.2

Statewide Mail Order Prescription Copayments				
Prescription Plan	Dollars	# of plans	Percent	# of plans
No Tiers	\$5	15	20.0%	189
Two Tiers				
Generic	\$10	93	20.0%	134
Brand	\$40	93	20.0%	133
Three Tiers				
Generic	\$20	925	20.0%	83
Brand (formulary)	\$50	914	25.0%	95
Brand (non-formulary)	\$80	908	25.0%	96
Four Tiers				
Generic	\$20	408	10.0%	31
Brand (formulary)	\$70	408	25.0%	31
Brand (non-formulary)	\$120	403	30.0%	34
Cosmetic/biologic	\$150	250	25.0%	114

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

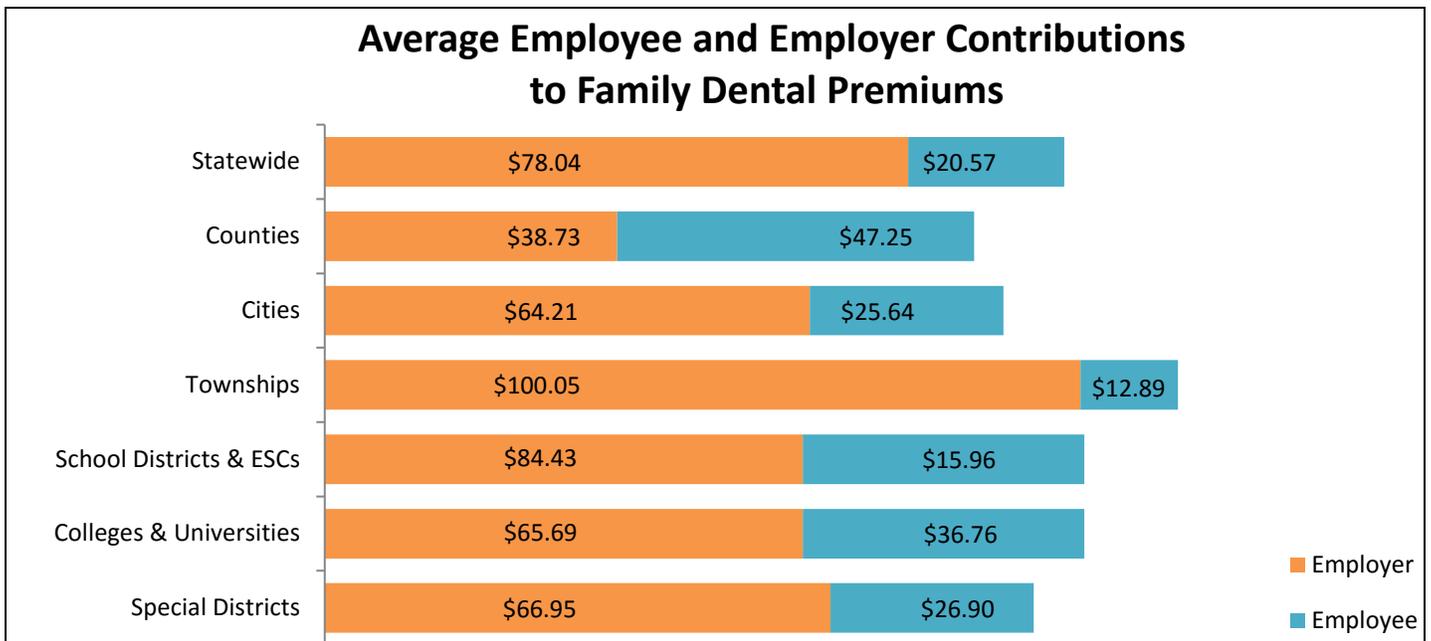
Chart 7 provides another view of dental and vision coverage.

Chart 7



Dental⁸

Chart 8



For 2018, 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 55.0% of the premium on average.
- ▶ Township employees contribute the least to family dental premiums, contributing 11.4% 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.

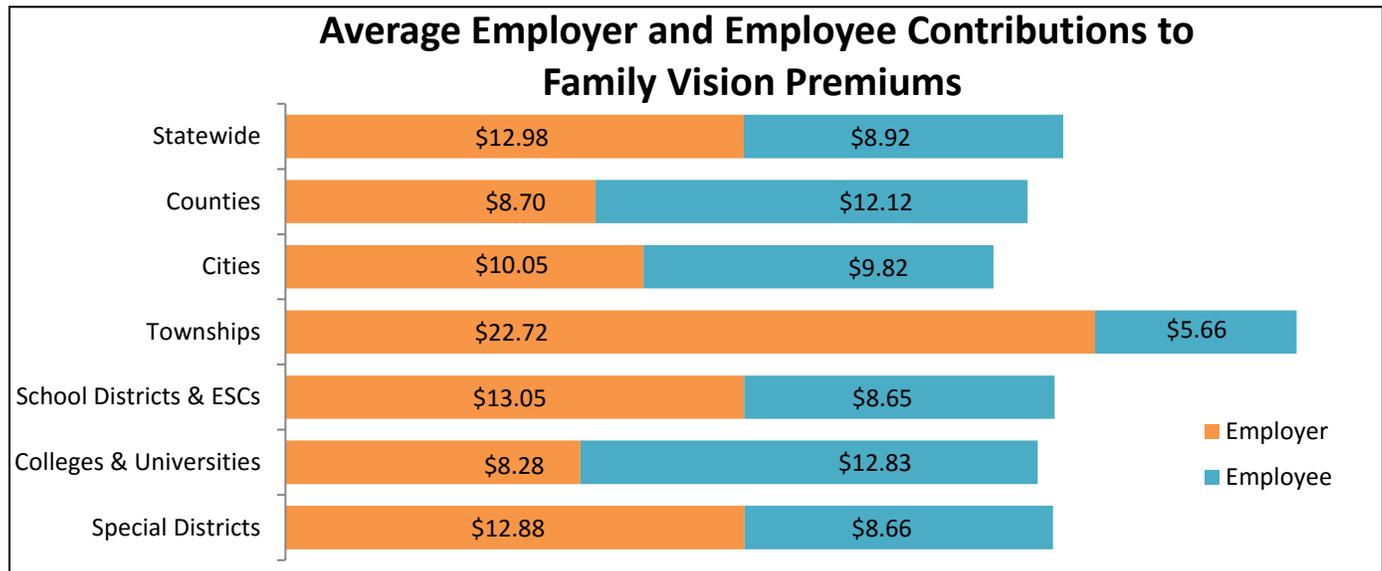
Table 12

Annual Dental Maximums					
Comparison Group	\$200-750	\$1,000	\$1,100-1,400	\$1,500	\$1,600-6,000
STATEWIDE	2.0%	31.9%	5.9%	30.4%	29.8%
State of Ohio				100.0%	
Counties	1.4%	59.2%	4.2%	28.2%	7.0%
Cities	1.5%	46.1%	7.9%	26.7%	17.8%
Townships	0.0%	44.9%	10.2%	29.6%	15.3%
School Districts & ESCs	2.6%	21.5%	4.1%	31.2%	40.6%
Colleges & Universities	0.0%	29.0%	19.4%	29.0%	22.6%
Special Districts	1.9%	48.1%	3.9%	28.8%	17.3%

- ▶ Most dental plans statewide have annual maximums of \$1,000.
- ▶ School Districts & Educational Service Centers have a larger percentage of dental plans that have maximums in the highest category (\$1,600-\$6,000).

Vision⁹

Chart 9



For 2018, 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.

- ▶ College & University employees pay the largest portion of family vision insurance, contributing 60.8% of the premium on average.
- ▶ Township employees pay the lowest portion of family vision insurance, contributing 19.9% 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.

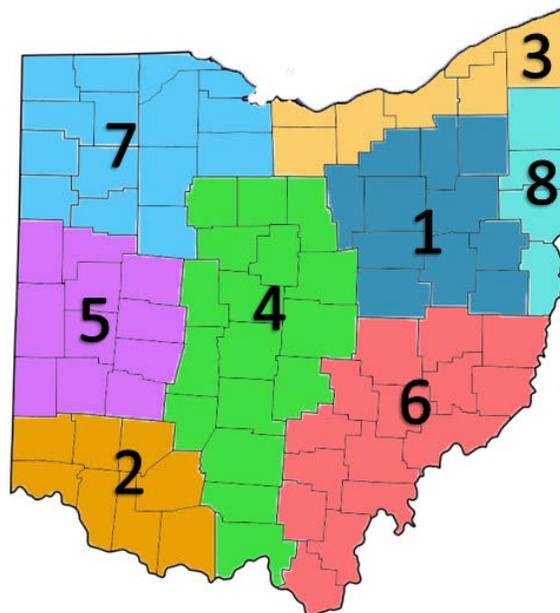
Table 13

Median Dental and Vision Composite Rates by Region		
Region	Dental	Vision
1 - Akron/Canton	\$56.00	\$16.25
2 - Cincinnati	\$80.91	\$14.26
3 - Cleveland	\$72.35	\$20.70
4 - Columbus	\$75.60	\$20.67
5 - Dayton	\$88.45	\$15.21
6 - Southeast Ohio	\$59.56	\$18.00
7 - Toledo	\$90.00	\$15.37
8 - Warren/Youngstown	\$75.34	\$28.15

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

- ▶ A sizable number of jurisdictions have composite rates for dental (n = 120) and vision (n=63) 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



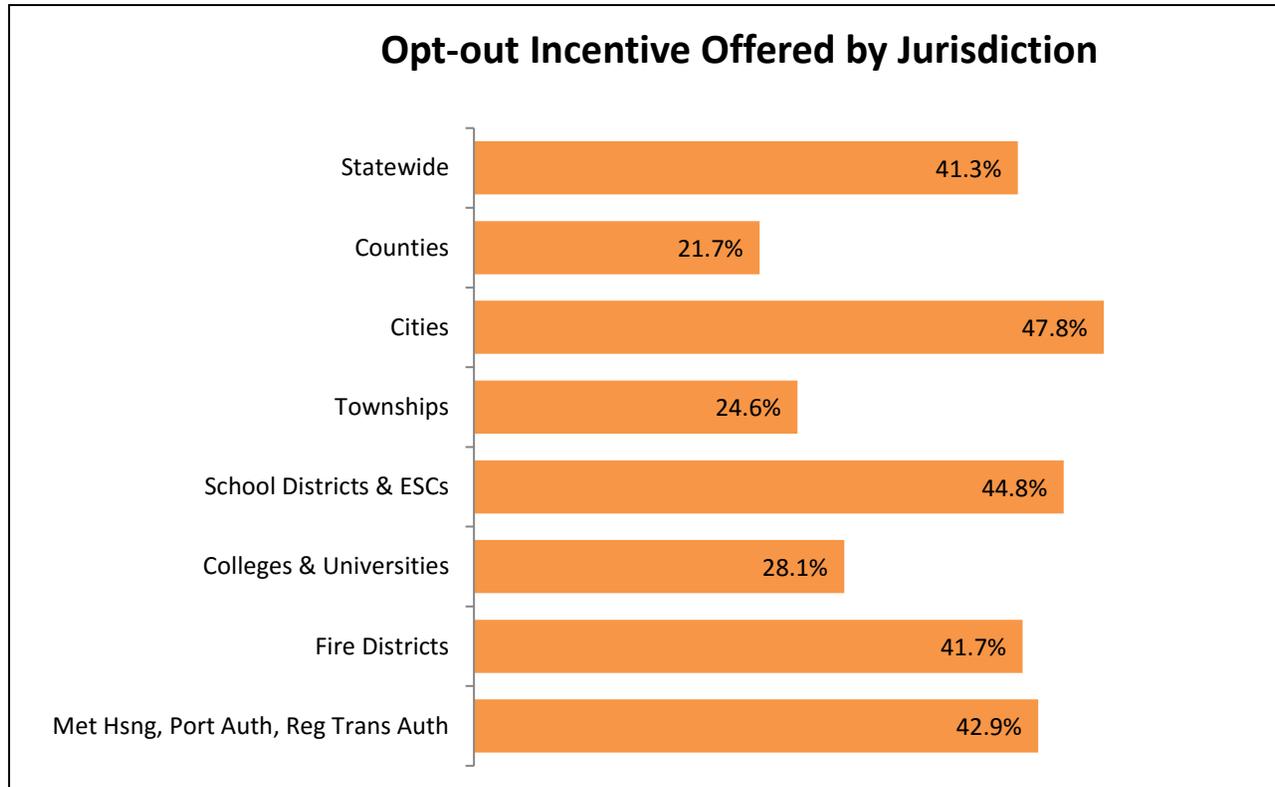
Methods to Lower Healthcare Costs

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 increased slightly 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	\$1,656	\$1,500	\$7,550	461
Single + 1	\$2,033	\$1,800	\$10,000	157
Single & child	\$2,073	\$1,775	\$10,000	210
Single & spouse	\$2,221	\$1,900	\$10,000	211
Family	\$2,415	\$2,000	\$14,500	465

Spousal Restrictions

Over forty-five 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

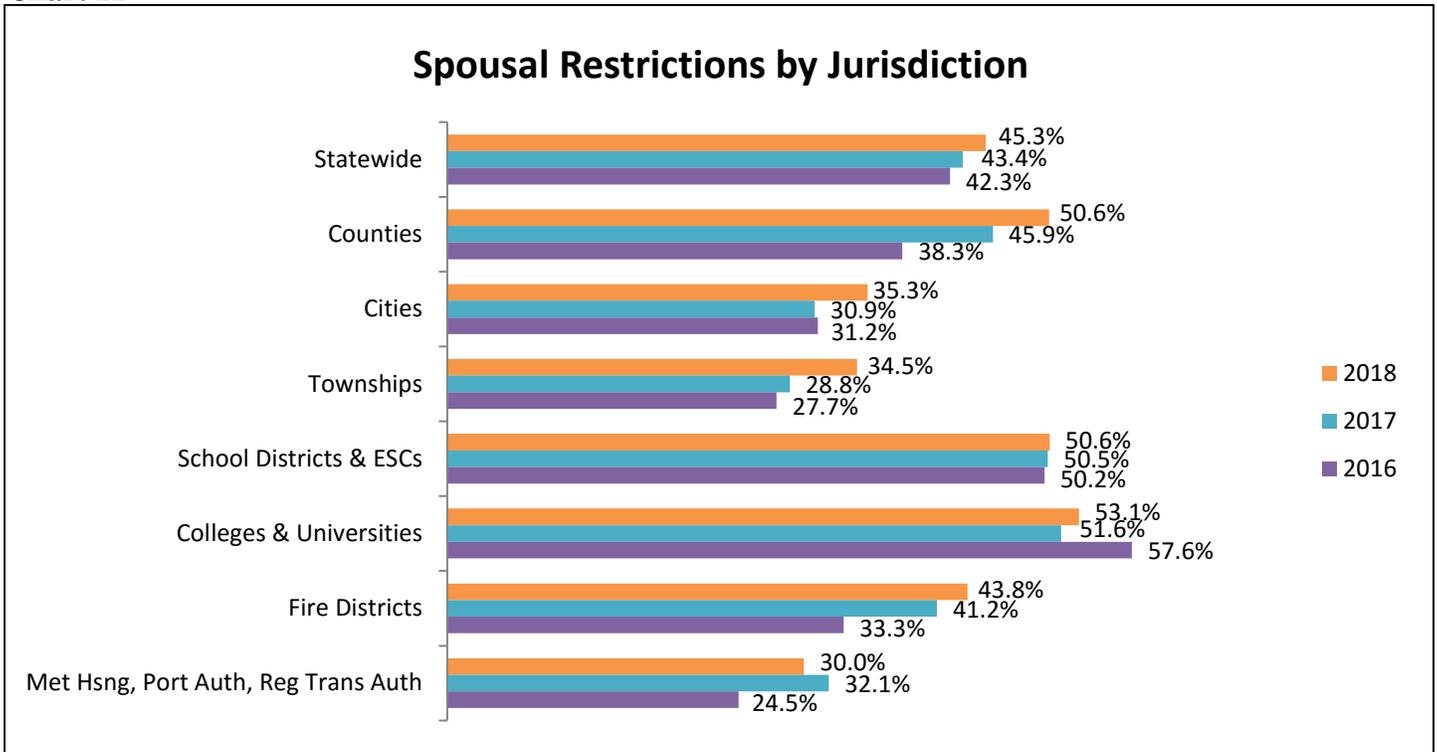
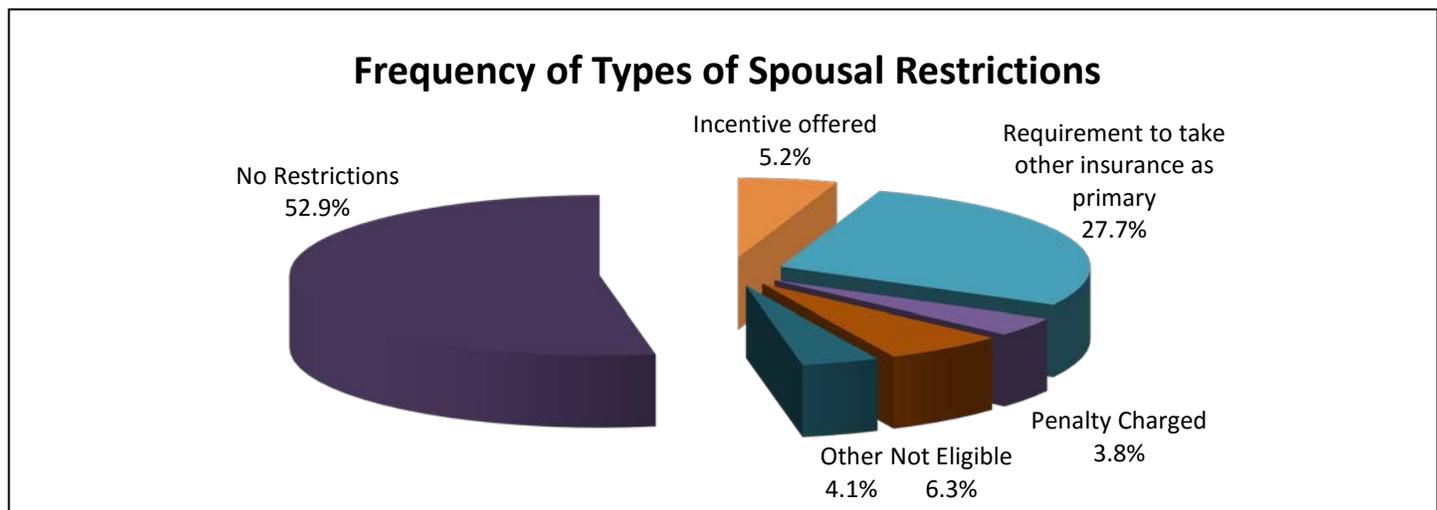


Chart 12 illustrates the frequency of the type of spousal restriction for those jurisdictions that have spousal restrictions.

Chart 12



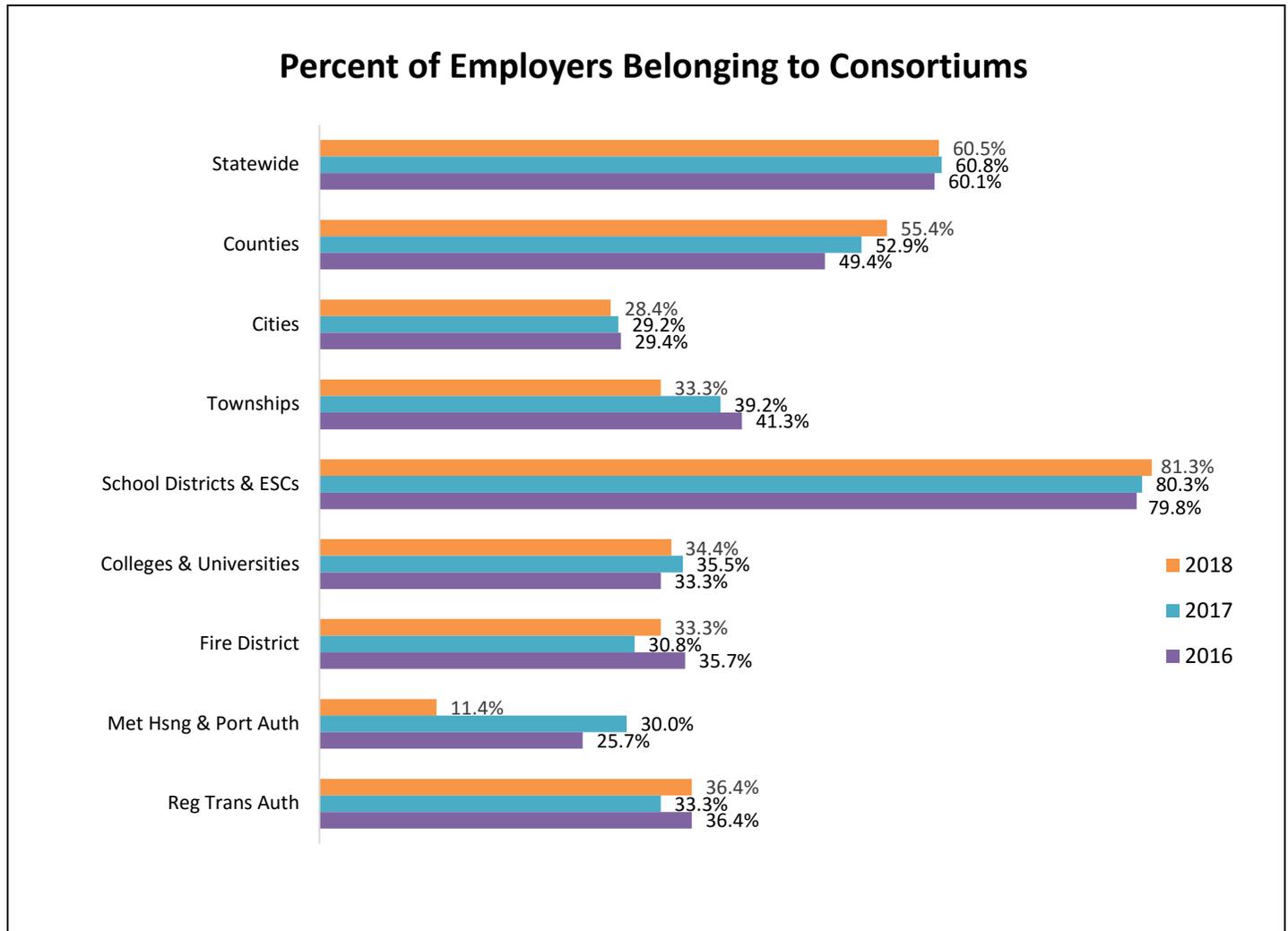
- ▶ Most jurisdictions that report having spousal restrictions stipulate that if an employee's spouse has medical coverage through their own employer, the spouse must use their employer's insurance as their primary form of coverage.

¹⁰ 555 out of 1,226 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 decreased by 0.3 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 (36.9% 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

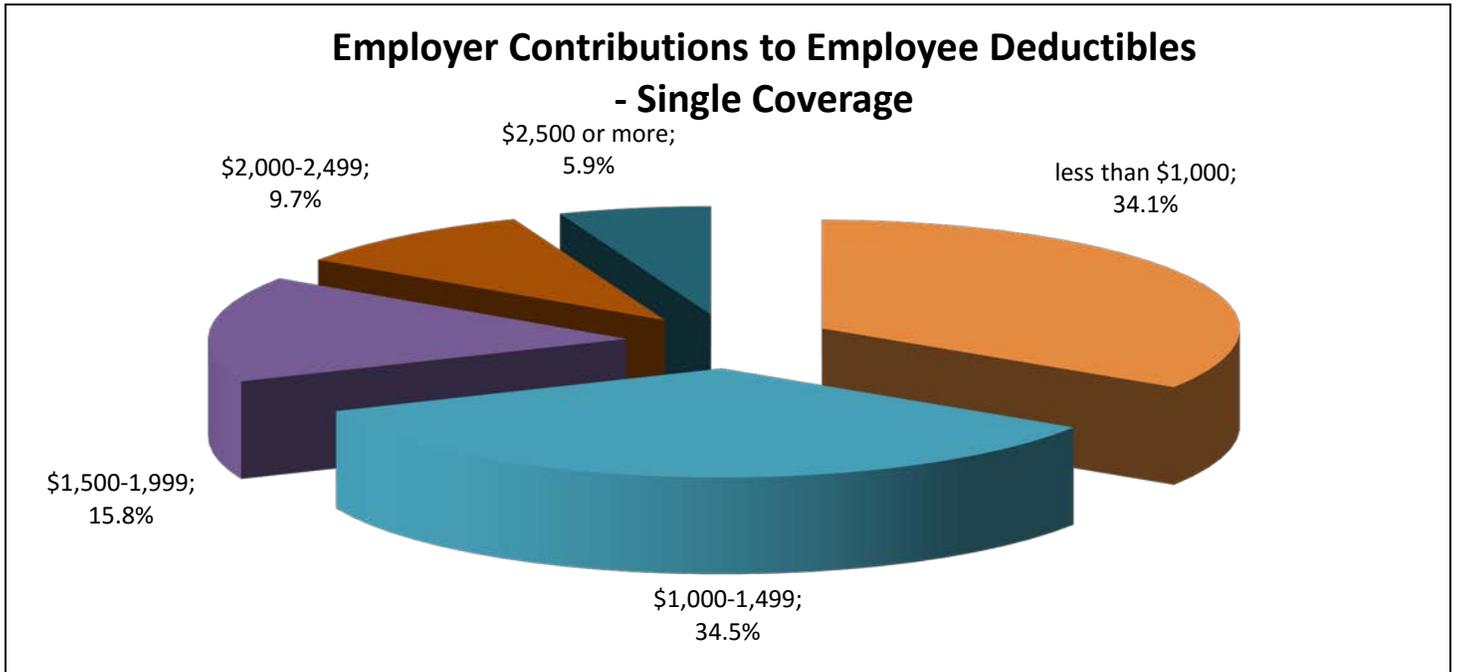
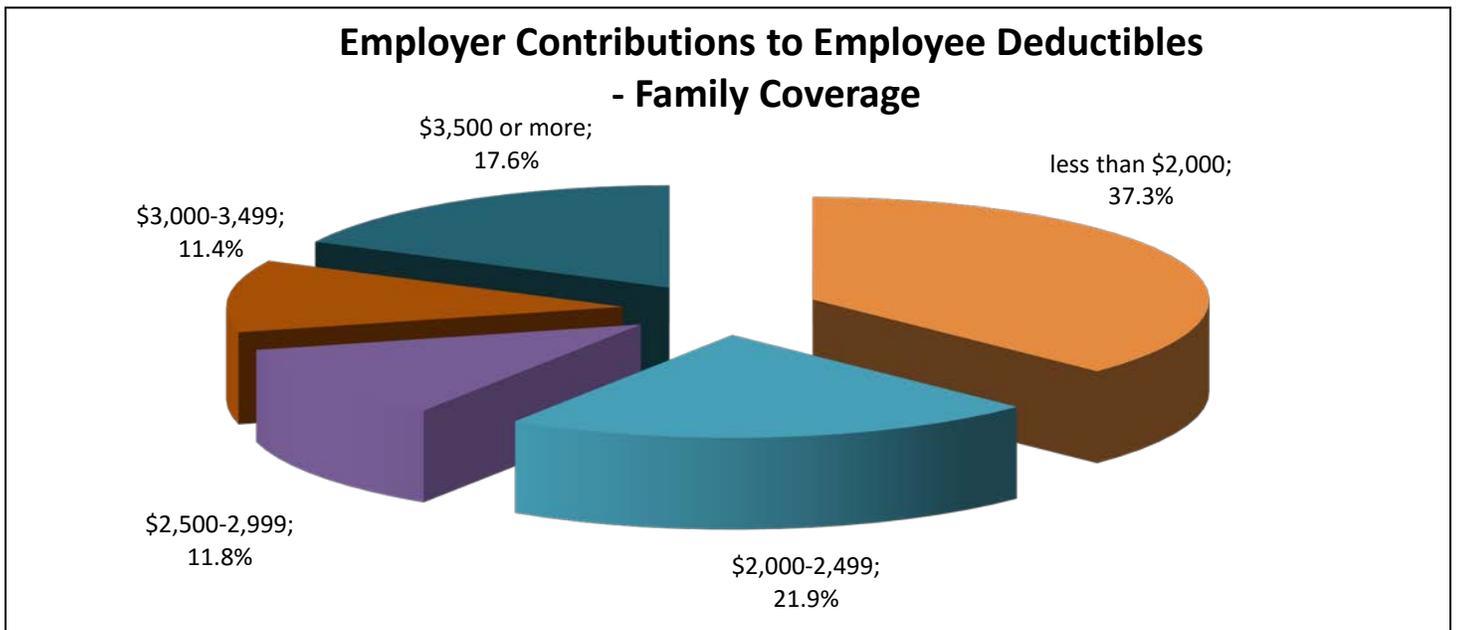


Chart 15

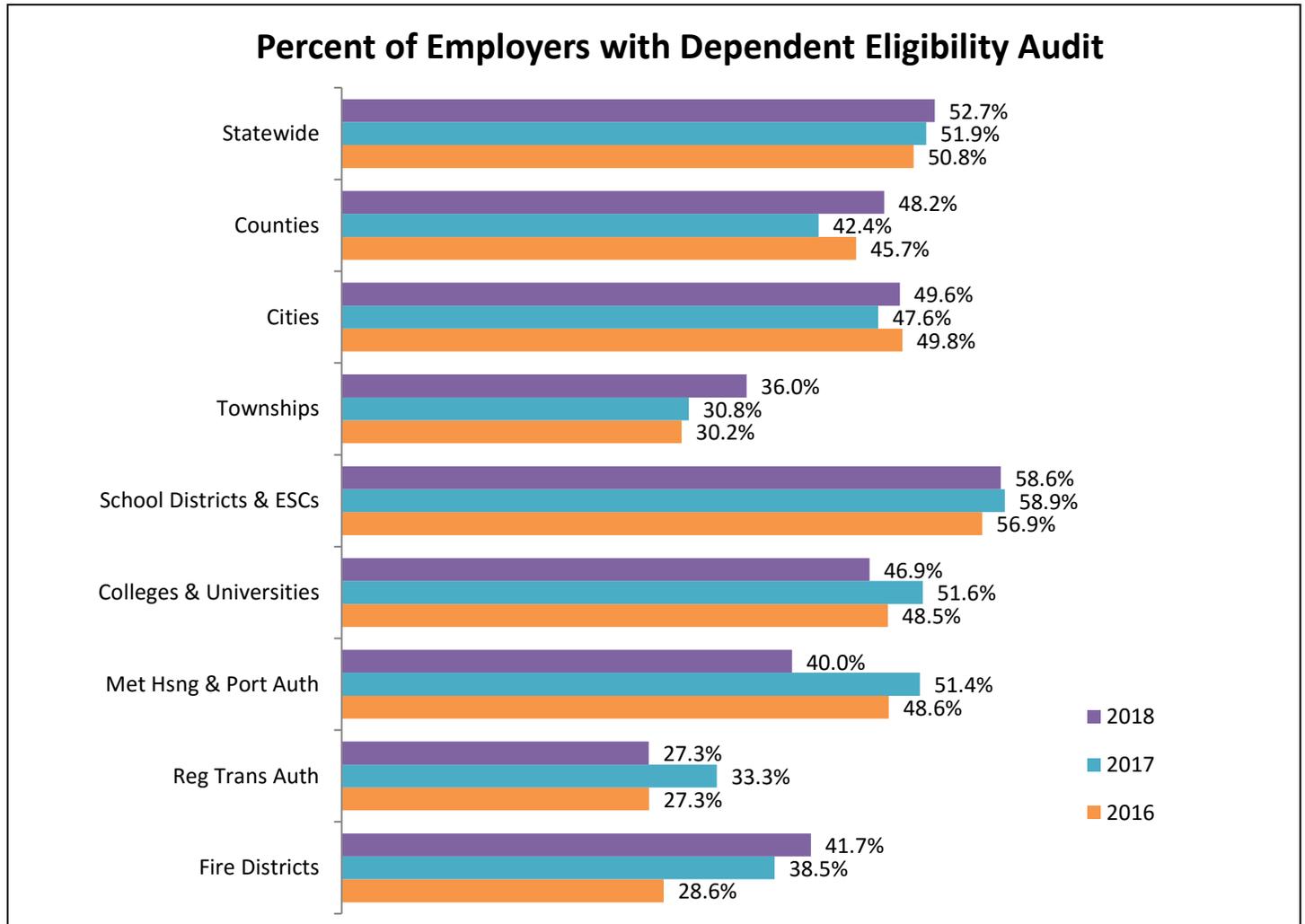


Dependent Eligibility Audits

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

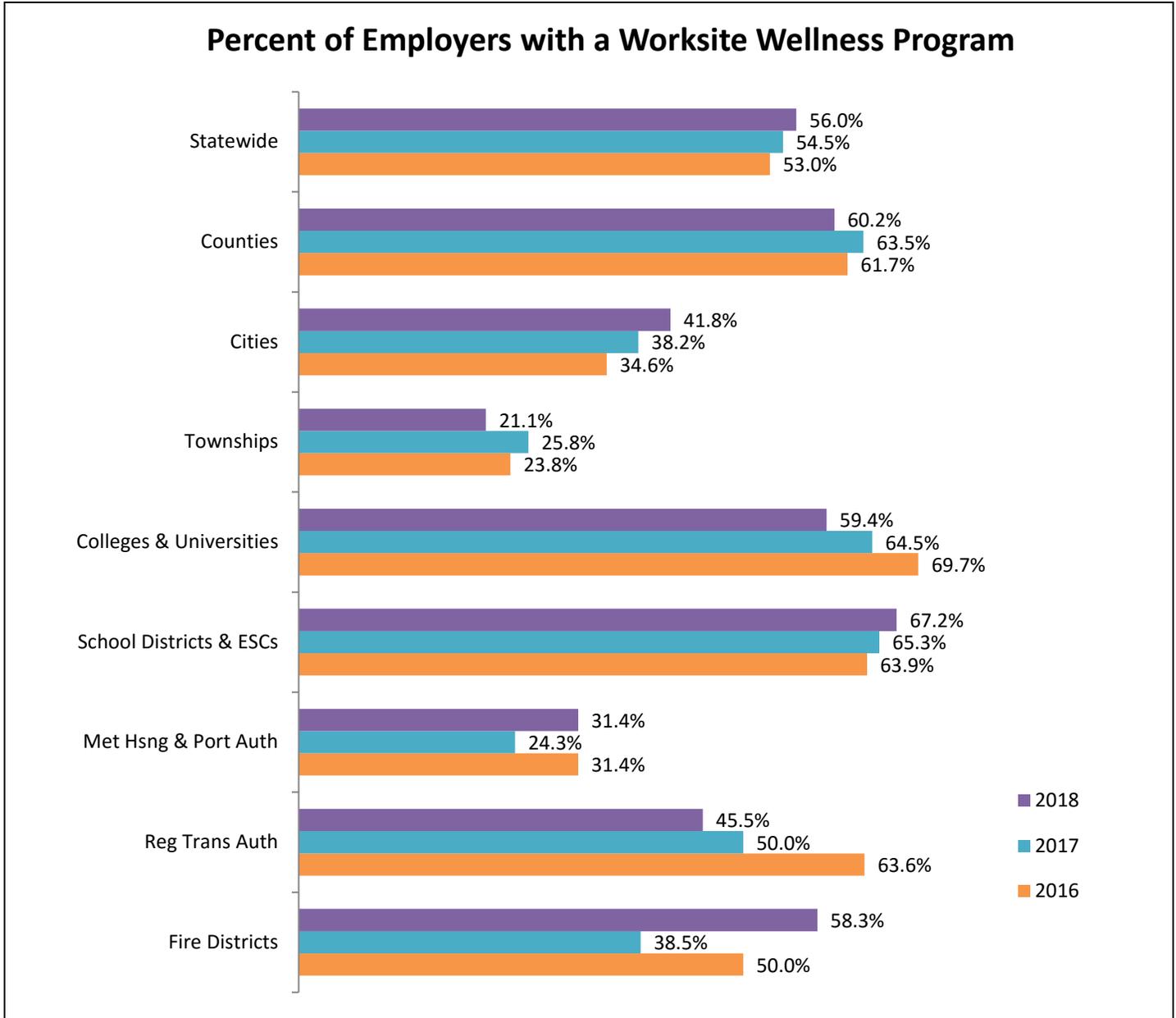


- Statewide, between 2017 and 2018, the percent of employers reporting that their organization conducted a dependent eligibility audit sometime over the past three years increased 0.8%.

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



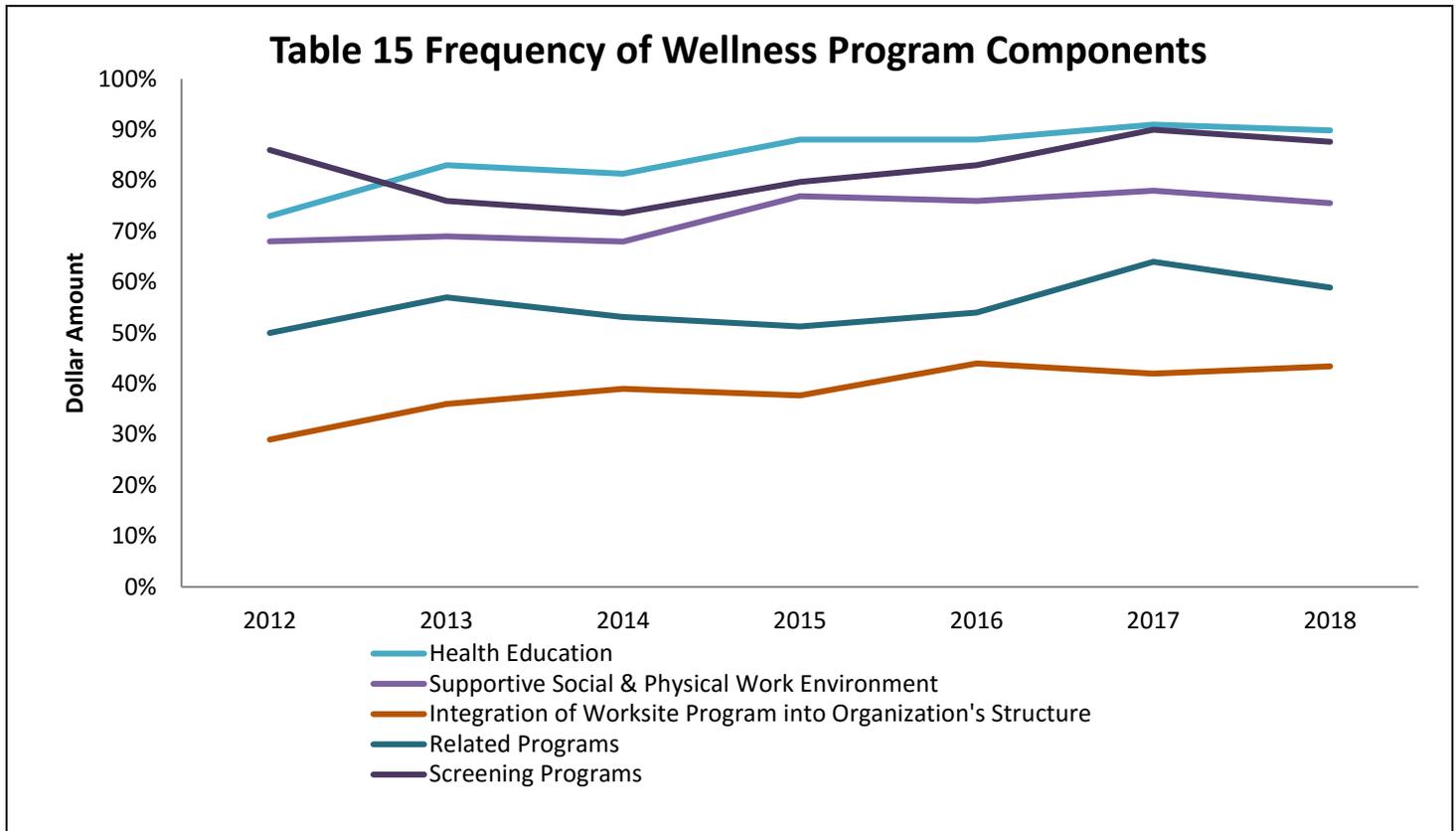
- ▶ More than half (56.0%) of employers responding to the survey report having some type of worksite wellness program, which is a 1.5 percentage point increase since the 2017 report.
- ▶ Counties and School Districts reported 60% or more plans that include access to worksite wellness programs.
- ▶ Townships are 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		
		2016	2017	2018
Health Education	Education or counseling opportunities relative to physical activity, workplace injury prevention	88%	91%	90%
Supportive Social & Physical Work Environment	Policies against tobacco use, classes or counseling on nutrition or fitness	76%	78%	76%
Integration of Worksite Program into Organization's Structure	Dedicated staff, office, or budget	44%	42%	43%
Related Programs	Employee assistance, work/family, occupational safety and health programs, etc.	54%	64%	59%
Screening Programs	Blood pressure, blood cholesterol screening programs	83%	90%	88%

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	\$87	13.7%	1,807	\$243	14.5%	1,824	
State of Ohio	\$100	15.1%	1	\$286	15.6%	1	
Counties	\$94	14.1%	134	\$273	14.7%	132	
Less than 50,000	\$98	14.4%	50	\$294	15.5%	49	
50,000 - 149,999	\$98	14.7%	53	\$284	15.4%	52	
150,000 or more	\$82	12.4%	31	\$221	12.2%	31	
Cities	\$85	13.3%	311	\$236	13.3%	317	
Less than 25,000	\$83	13.0%	214	\$235	13.2%	220	
25,000 - 99,999	\$94	14.2%	88	\$244	13.6%	88	
100,000 or more	\$74	11.1%	9	\$185	10.8%	9	
Townships	\$64	11.2%	87	\$202	11.6%	94	
Less than 10,000	\$61	11.7%	40	\$216	12.2%	46	
10,000 - 29,999	\$60	9.7%	38	\$166	9.8%	39	
30,000 or more	\$93	14.9%	9	\$289	15.9%	9	
School Districts†	\$87	14.0%	1,139	\$241	15.0%	1,144	
Less than 1,000	\$83	13.5%	283	\$222	14.2%	286	
1,000 - 2,499	\$90	13.8%	460	\$247	14.9%	458	
2,500 - 9,999	\$85	14.3%	272	\$230	14.9%	277	
10,000 or more	\$89	14.1%	40	\$315	17.9%	40	
Colleges & Universities	\$95	15.3%	64	\$273	16.5%	64	
Fire Districts	\$114	15.6%	13	\$326	15.2%	12	
Metro Housing & Port Auth. & Regional Transit Authorities	\$85	11.8%	58	\$256	13.0%	60	
REGION							
1 - Akron/Canton	\$73	12.9%	253	\$184	13.2%	250	
2 - Cincinnati	\$83	14.6%	195	\$241	15.6%	198	
3 - Cleveland	\$83	12.7%	284	\$217	12.5%	282	
4 - Columbus	\$99	14.6%	320	\$291	16.4%	317	
5 - Dayton	\$99	16.0%	245	\$274	16.4%	254	
6 - Southeast Ohio	\$99	13.2%	143	\$302	15.0%	146	
7 - Toledo	\$83	13.6%	250	\$240	14.6%	258	
8 - Warren/Youngstown	\$66	10.4%	117	\$165	10.0%	119	
EMPLOYEES COVERED							
1 - 49	\$86	13.2%	251	\$254	14.0%	260	
50 - 99	\$81	13.5%	336	\$221	14.1%	342	
100 - 149	\$87	13.4%	359	\$246	14.2%	357	
150 - 249	\$90	13.8%	373	\$245	14.8%	371	
250 - 499	\$88	14.2%	288	\$241	14.6%	294	
500 - 999	\$92	14.9%	112	\$239	15.3%	112	
1,000 or more	\$87	14.0%	88	\$276	15.9%	88	

† 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	\$553	1,861	\$1,435	1,863	87.4%	86.5%
State of Ohio	\$565	1	\$1,550	1	84.9%	84.4%
Counties	\$582	123	\$1,565	122	86.3%	85.7%
Less than 50,000	\$592	48	\$1,594	48	85.5%	84.5%
50,000 - 149,999	\$557	48	\$1,539	47	86.3%	85.6%
150,000 or more	\$607	27	\$1,560	27	88.0%	88.1%
Cities	\$588	336	\$1,595	336	88.2%	87.9%
Less than 25,000	\$586	240	\$1,594	240	88.7%	88.1%
25,000 - 99,999	\$587	90	\$1,591	90	86.6%	87.1%
100,000 or more	\$652	6	\$1,704	6	90.4%	90.4%
Townships	\$560	118	\$1,592	121	92.0%	91.3%
Less than 10,000	\$538	60	\$1,643	62	92.5%	91.2%
10,000 - 29,999	\$603	45	\$1,550	46	92.2%	92.1%
30,000 or more	\$526	13	\$1,492	13	89.7%	89.0%
School Districts†	\$535	1,141	\$1,342	1,142	86.8%	85.7%
Less than 1,000	\$522	299	\$1,324	299	87.5%	86.7%
1,000 - 2,499	\$552	463	\$1,385	457	87.0%	85.8%
2,500 - 9,999	\$513	267	\$1,286	267	86.4%	85.5%
10,000 or more	\$565	37	\$1,392	37	85.6%	81.5%
Colleges & Universities	\$533	64	\$1,408	64	86.7%	85.1%
Fire Districts	\$460	11	\$1,414	11	83.9%	85.0%
Metro Housing Authorities	\$651	48	\$1,732	47	90.4%	88.3%
Port Authorities	\$479	4	\$1,468	4	87.5%	87.5%
Regional Transit Authorities	\$717	15	\$1,781	15	90.0%	90.0%

† 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	# of plans
	Total Single Premium	Employee Share	Employer Share	# of plans	Total Premium	Employee Share	Employer Share	# of plans		
STATEWIDE	\$33.73	\$5.77	\$30.70	879	\$91.46	\$15.34	\$81.62	879	\$80.91	129
State of Ohio	\$34.23	\$0.00	\$34.23	1	\$99.19	\$0.00	\$99.19	1		
Counties	\$27.69	\$15.00	\$20.98	62	\$81.81	\$51.74	\$59.71	62		
Cities	\$29.17	\$5.15	\$27.20	139	\$89.74	\$16.56	\$78.88	142	\$61.50	8
Townships	\$29.44	\$4.00	\$27.59	82	\$102.49	\$14.88	\$97.19	82	\$74.30	2
School Districts & ESCs	\$37.15	\$5.42	\$34.00	526	\$91.80	\$13.87	\$81.62	525	\$80.91	118
Colleges & Universities	\$32.48	\$6.89	\$27.48	29	\$97.63	\$23.03	\$77.22	28		
Special Districts	\$28.88	\$8.59	\$24.95	40	\$93.06	\$25.95	\$73.41	39	\$3.84	1
REGION										
1 - Akron/Canton	\$40.24	\$6.23	\$38.95	133	\$107.17	\$15.32	\$101.70	128	\$56.00	5
2 - Cincinnati	\$33.36	\$6.09	\$30.50	105	\$93.34	\$15.29	\$84.52	106	\$80.91	25
3 - Cleveland	\$31.56	\$4.40	\$28.92	131	\$88.00	\$12.73	\$80.79	135	\$72.35	3
4 - Columbus	\$35.14	\$7.11	\$30.76	148	\$94.50	\$20.00	\$79.75	148	\$75.60	31
5 - Dayton	\$29.73	\$5.40	\$27.49	128	\$85.03	\$15.38	\$74.56	128	\$88.45	10
6 - Southeast Ohio	\$32.00	\$5.04	\$28.70	69	\$79.65	\$16.20	\$65.98	68	\$59.56	14
7 - Toledo	\$38.69	\$8.47	\$35.00	95	\$99.98	\$19.68	\$90.00	96	\$90.00	38
8 - Warren/Youngstown	\$33.99	\$3.79	\$30.98	70	\$86.92	\$9.85	\$78.23	70	\$75.34	3
EMPLOYEES COVERED										
1 - 49	\$29.64	\$10.37	\$26.90	157	\$92.83	\$33.06	\$85.28	156	\$82.67	8
50 - 99	\$32.24	\$5.49	\$30.79	156	\$91.00	\$13.50	\$81.55	159	\$79.88	30
100 - 149	\$34.71	\$5.36	\$31.10	164	\$89.85	\$14.84	\$80.00	164	\$82.85	30
150 - 249	\$36.64	\$5.66	\$32.02	165	\$91.13	\$15.76	\$80.16	165	\$80.91	32
250 - 499	\$36.08	\$6.08	\$33.22	147	\$90.13	\$14.59	\$79.84	145	\$73.45	17
500 - 999	\$36.66	\$5.38	\$33.42	54	\$99.31	\$13.93	\$84.27	54	\$85.90	7
1,000 or more	\$34.03	\$4.84	\$29.63	36	\$98.45	\$17.41	\$81.86	36	\$77.21	5
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.										

Table 18

Vision Premiums - Median Total Premium and Employee and Employer Share										
Comparison Group	Single				Family				Vision	
	Total Premium	Employee Share	Employer Share	# of plans	Total Premium	Employee Share	Employer Share	# of plans	Composite Rate	# of plans
STATEWIDE	\$8.14	\$3.90	\$7.37	769	\$19.88	\$10.22	\$16.93	767	\$18.33	63
State of Ohio	\$10.04	\$0.00	\$10.04	1	\$27.61	\$0.00	\$27.61	1		
Counties	\$7.65	\$5.53	\$6.66	49	\$20.01	\$13.60	\$17.30	48		
Cities	\$6.71	\$5.82	\$6.10	105	\$18.94	\$16.74	\$15.73	105	\$21.99	11
Townships	\$9.21	\$1.70	\$9.21	59	\$24.29	\$13.22	\$24.50	60	\$21.26	8
School Districts & ESCs	\$8.50	\$2.95	\$7.59	494	\$20.05	\$6.33	\$16.90	494	\$17.37	41
Colleges & Universities	\$7.85	\$4.67	\$5.28	26	\$19.50	\$12.04	\$13.54	25		
Special Districts	\$6.88	\$5.45	\$5.24	35	\$17.84	\$13.75	\$13.28	34	\$24.69	3
REGION										
1 - Akron/Canton	\$10.00	\$1.54	\$9.06	87	\$24.65	\$4.33	\$19.85	84	\$16.25	7
2 - Cincinnati	\$7.25	\$6.93	\$6.32	103	\$18.80	\$17.19	\$16.18	103	\$14.26	7
3 - Cleveland	\$6.91	\$1.12	\$6.09	114	\$17.94	\$3.25	\$13.82	115	\$20.70	8
4 - Columbus	\$9.12	\$5.97	\$8.11	140	\$22.51	\$14.81	\$18.94	142	\$20.67	24
5 - Dayton	\$7.25	\$5.97	\$7.25	105	\$18.99	\$16.47	\$16.90	103	\$15.21	5
6 - Southeast Ohio	\$9.04	\$2.00	\$7.75	64	\$19.62	\$5.20	\$15.68	63	\$18.00	9
7 - Toledo	\$9.11	\$5.21	\$9.22	104	\$19.88	\$9.46	\$19.35	105	\$15.37	1
8 - Warren/Youngstown	\$5.46	\$0.70	\$5.35	52	\$14.44	\$1.81	\$13.00	52	\$28.15	2
EMPLOYEES COVERED										
1 - 49	\$9.17	\$5.81	\$8.57	123	\$22.90	\$16.21	\$19.99	122	\$21.72	12
50 - 99	\$8.03	\$2.19	\$7.64	125	\$19.98	\$4.52	\$17.93	129	\$18.20	16
100 - 149	\$8.50	\$4.01	\$8.14	149	\$19.70	\$9.47	\$17.07	149	\$20.79	16
150 - 249	\$8.43	\$2.96	\$7.52	162	\$19.40	\$6.99	\$16.76	161	\$18.33	9
250 - 499	\$7.64	\$4.00	\$7.06	129	\$18.95	\$11.95	\$14.64	126	\$15.00	7
500 - 999	\$6.93	\$5.95	\$5.39	47	\$17.52	\$16.86	\$12.07	46	\$7.04	1
1,000 or more	\$6.95	\$3.35	\$5.01	34	\$18.62	\$8.58	\$12.07	34	\$12.66	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 2018.)
- **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 2018.)
- **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 2018.)

- **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 2018.)
- **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 2018.)
- **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/index.html>. Retrieved 7 July 2018.)
- **High Deductible Health Plan (HDHP):** A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (your deductible). A high deductible plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes. The IRS defines a high deductible health plan as any plan with a deductible of at least \$1,350 for an individual or \$2,700 for a family. An HDHP's total yearly out-of-pocket expenses (including deductibles, copayments, and coinsurance) can't be more than \$6,550 for an individual or \$1,330 for a family. (This limit doesn't apply to out-of-network services.)” (Health Insurance Marketplace. <https://www.healthcare.gov/glossary/high-deductible-health-plan/>. Retrieved 7 July 2018.)
- **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/pub/irs-drop/n-13-54.pdf>. Retrieved 7 July 2018.)

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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).

$$n = \frac{Npq}{(N-1)D + pq} \quad N=1,320, p=.5, B=.05$$

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

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 93.2% of medical plans reported, prescription drug coverage is included in the medical premium cost (Table 10).

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