

# State Trends in Employer Premiums and Deductibles, 2010–2019

**Sara R. Collins**

Vice President  
The Commonwealth Fund

**David C. Radley**

Senior Scientist  
The Commonwealth Fund

**Jesse C. Baumgartner**

Research Associate  
The Commonwealth Fund

Roughly half the population of the United States — about 160 million people — had insurance through employers just prior to the start of the coronavirus pandemic.<sup>1</sup> The pandemic's massive disruption to the economy resulted in a loss of coverage for an estimated 14.6 million workers and their dependents by June of this year.<sup>2</sup> The crisis will likely lead to additional losses well into 2021. Millions who still have employer benefits have lost wages and income, making their insurance costs an increased burden on household budgets.

The Affordable Care Act provides a safety net for people who lose employer coverage by offering coverage through the individual market and the marketplaces or Medicaid. However, while people with unaffordable employer plans have some options through Medicaid and the marketplaces, these options are limited and eligibility rules are complex.

In this brief we focus on the extent to which people with moderate incomes in employer plans face high premium and deductible costs relative to their income. We examine trends in each state over 2010–2019, just before the pandemic hit, using the most recent data from the federal Medical Expenditure Panel Survey–Insurance Component, to inquire: How much were workers spending on premiums and deductibles? How do those costs compare to median income in each state?<sup>3</sup>

## HIGHLIGHTS

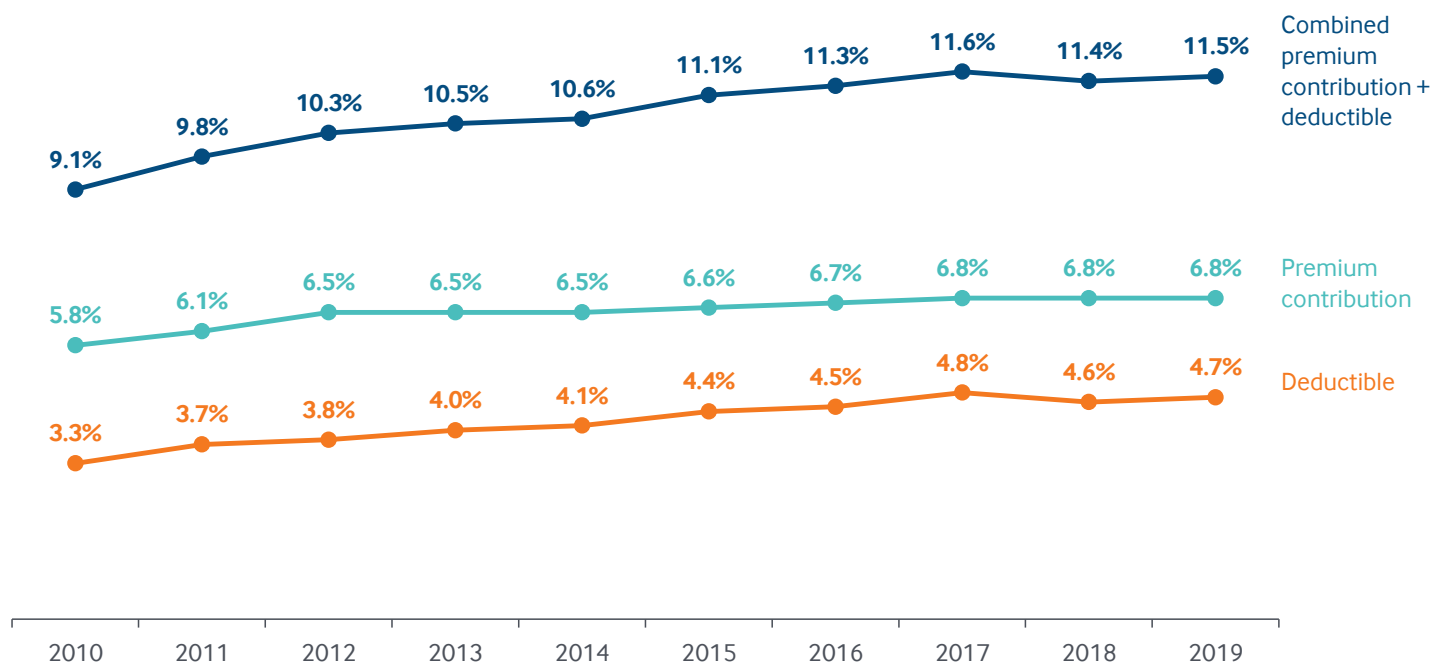
- ▶ Premium contributions and deductibles in employer plans accounted for 11.5 percent of median household income in 2019, up from 9.1 percent a decade earlier.
- ▶ Premium contributions and deductibles were 10 percent or more of median income in 37 states in 2019, up from 10 states in 2010. Nine states have combined costs of 14 percent or more of median income.
- ▶ The total cost of premiums and potential spending on deductibles across single and family policies ranged from a low of \$5,535 in Hawaii to a high of more than \$8,500 in nine states.
- ▶ If premiums and deductibles do not fall this year, household income lost during the current economic crisis will increase cost burdens for middle-income families.



The  
Commonwealth  
Fund

## Premium Contributions and Deductibles Added Up to More Than 11 Percent of Median Income in 2019

Share of median income (%)



Premium contributions and deductibles in employer plans took up a growing share of worker's incomes over the past decade. Those costs together accounted for 11.5 percent of median household income in 2019, up from 9.1 percent a decade earlier ([Table 6](#)).

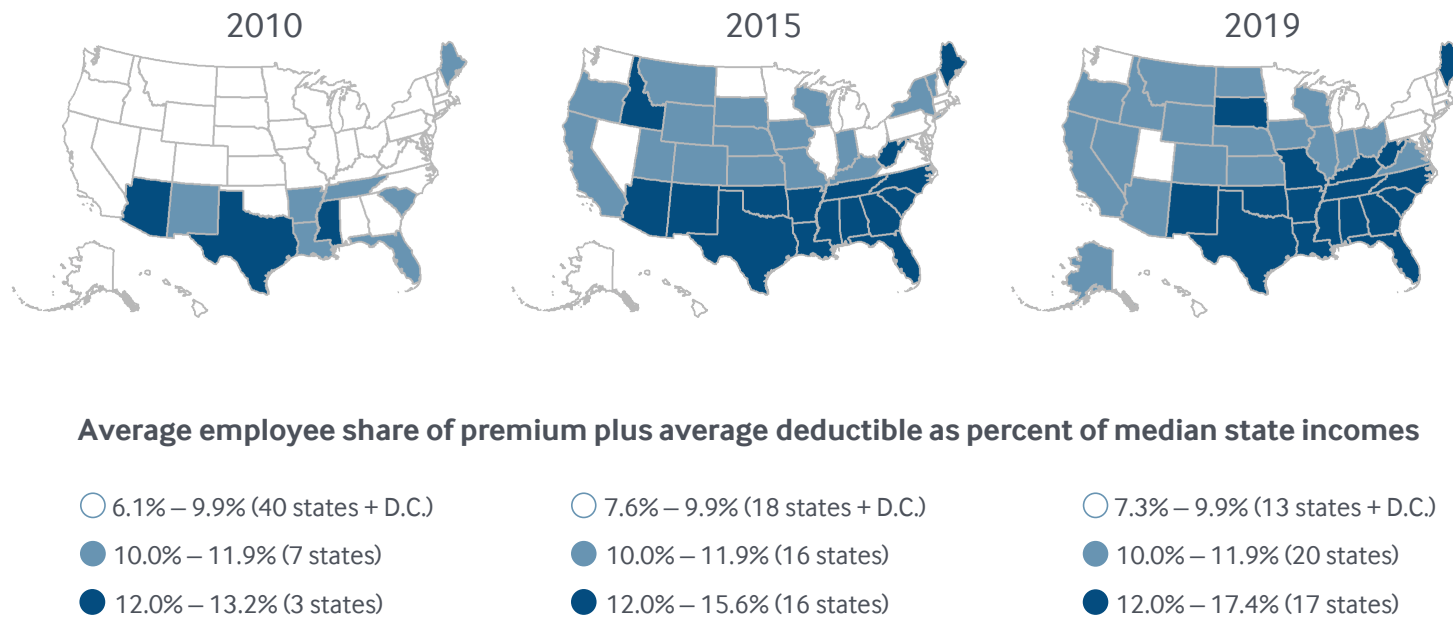
On average, the employee share of premium amounted to 6.8 percent of median income in 2019. This was up from 5.8 percent in 2010 but has remained largely constant since 2015 ([Table 6](#)).

The average deductible for a middle-income household amounted to 4.7 percent of income in 2019 ([Table 6](#)). This was up from 3.3 percent in 2010.

Note: Combined estimates of single and family premium contributions and deductibles are weighted for the distribution of single-person and family households in the state.

Data: Premium contributions and deductibles — Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019; Median household income and household distribution type — U.S. Census Bureau, Current Population Survey (CPS), 2010–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

## The Number of States Where Worker Premium Contributions and Deductibles Were 10 Percent or More of Median Income Grew over the Decade



**Average employee share of premium plus average deductible as percent of median state incomes**

Premium contributions and deductibles were 10 percent or more of median income in 37 states in 2019, up from 10 states in 2010. Nine states (Arkansas, Florida, Louisiana, Mississippi, New Mexico, Oklahoma, South Carolina, Tennessee, and Texas) have combined costs of 14 percent or more of median income ([Table 6](#)). Middle-income workers in New Mexico and Louisiana faced the highest potential costs relative to their income (17.4% and 17.2%, respectively).

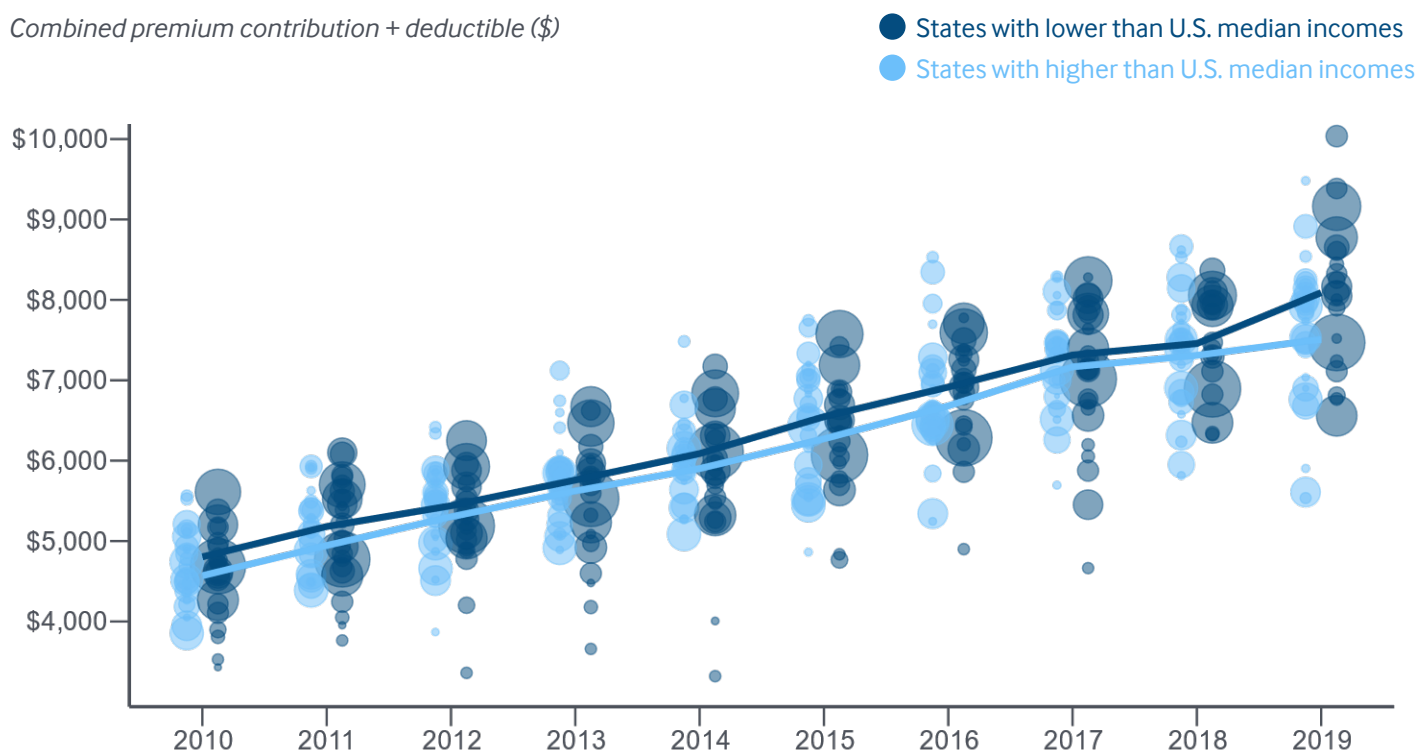
Added together, the total cost of premiums and potential spending on deductibles across single and family policies climbed to \$7,806 in 2019 ([Table 5](#)). This ranged from a low of \$5,535 in Hawaii to a high of more than \$8,500 in nine states (Florida, Louisiana, Missouri, New Hampshire, Oklahoma, South Carolina, South Dakota, Tennessee, and Texas).

Note: Combined estimates of single and family premium contributions and deductibles are weighted for the distribution of single-person and family households in the state.

Data: Premium contributions and deductibles — Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2010–2019; Median household income and household distribution type — U.S. Census Bureau, Current Population Survey (CPS), 2010–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

## Workers in States with Lower Median Incomes Faced Higher Combined Premium Contributions and Deductibles

Combined premium contribution + deductible (\$)



Workers across the income spectrum have experienced steady growth in the combined cost of premiums and deductibles. But people living in states with lower median incomes are doubly burdened. On average, workers in states where the median income is lower than national median income face higher absolute costs compared to people in states with higher median incomes.

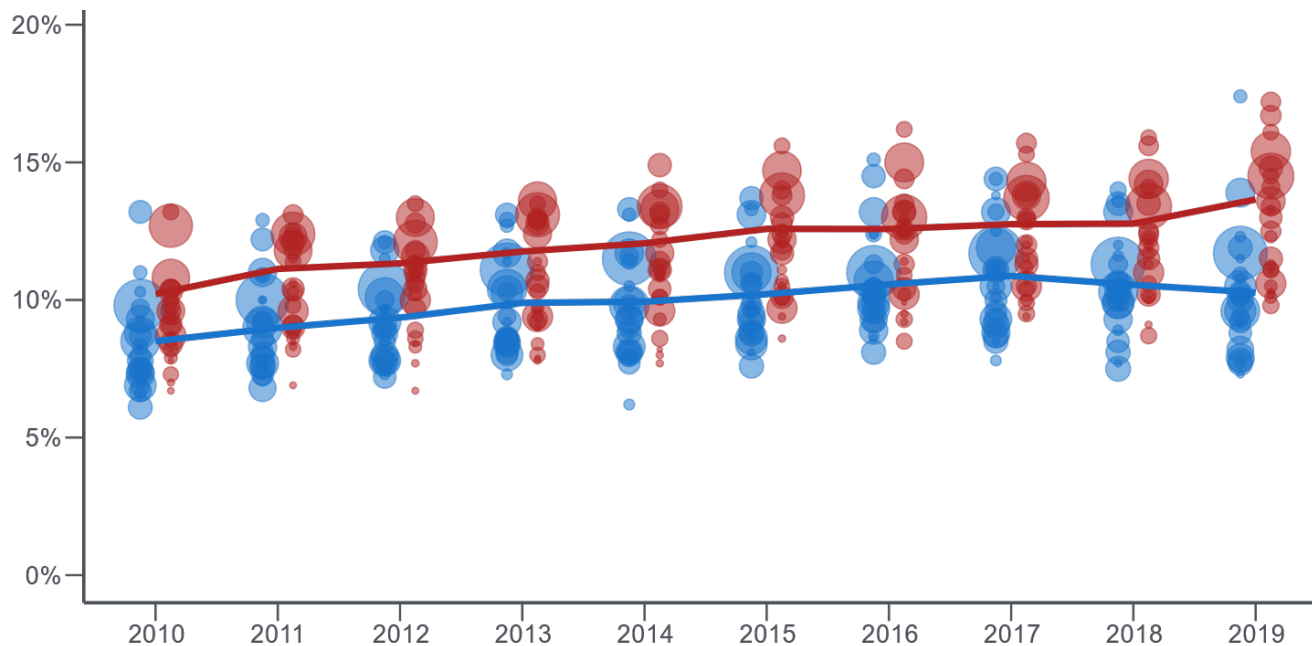
Note: Bubbles are proportionate to the states' populations. Lines represent the average among the associated group of states, weighted by population.

Data: Premium contributions and deductibles — Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019; Median household income and household distribution type — U.S. Census Bureau, Current Population Survey (CPS), 2010–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

## Workers in Republican-Leaning States Faced Higher Insurance Cost Burdens on Average Than Those in Democratic-Leaning States

Combined premium contribution + deductible  
as a share of median state incomes (%)

● States that voted Democratic in 2020 election  
● States that voted Republican 2020 election

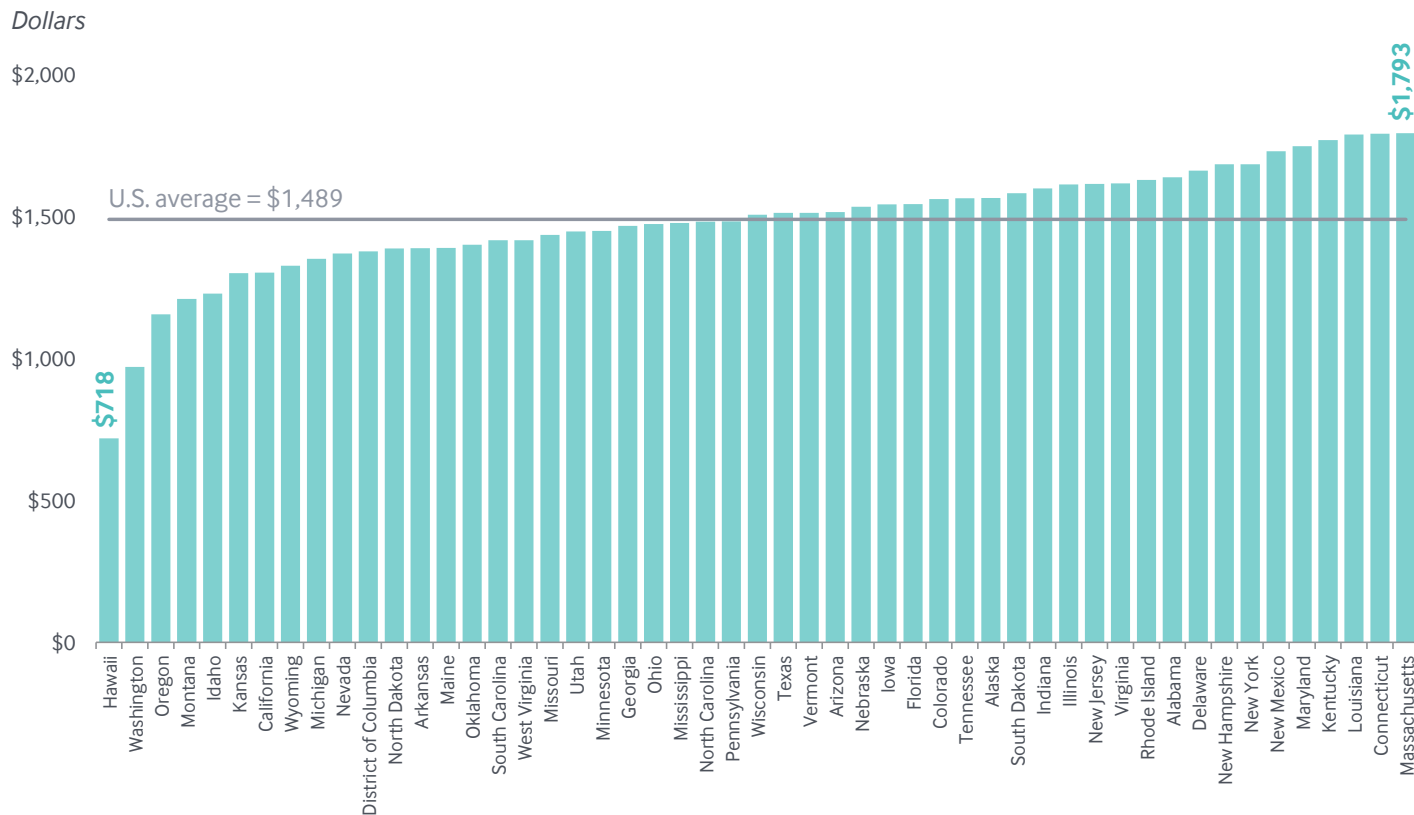


Looking at voting patterns in the 2020 presidential election, on average workers in states that President Trump won have higher premium and deductible burdens relative to median income than those who voted for President-elect Joe Biden.

Note: Bubbles are proportionate to the states' populations. Lines represent the average among the associated group of states, weighted by population. Political affiliation based on 2020 election results as of 11/13/2020 — Nebraska is considered Republican and Maine is considered Democratic despite likely split electoral votes in each state.

Data: Premium contributions and deductibles — Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2010–2019; Median household income and household distribution type — U.S. Census Bureau, Current Population Survey (CPS), 2010–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

## Employee Premium Contributions for Single Coverage Ranged from \$718 in Hawaii to \$1,793 in Massachusetts in 2019



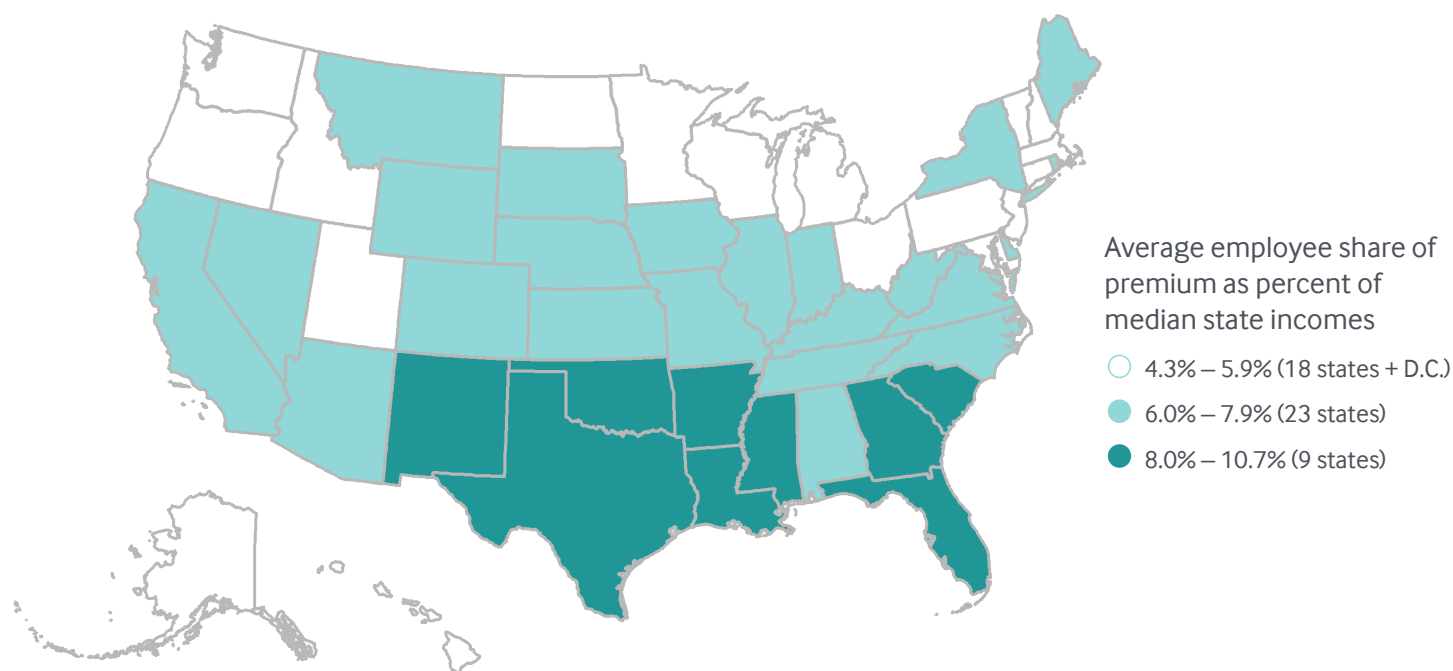
U.S. workers in employer plans contributed about 21 percent of their overall premium for single plans and 28 percent for family plans in 2019. This has not changed over the decade ([Table 2](#)). In some states the share is much higher; workers were responsible for a third or more of their family-plan premium in 10 states (Arkansas, Delaware, Florida, Louisiana, Maryland, Mississippi, Missouri, New Mexico, South Carolina, and South Dakota).

Worker contributions to single-plan premiums averaged \$1,489 in 2019. They ranged from a low of \$718 in Hawaii to a high of \$1,793 in Massachusetts ([Table 3a](#)). Contributions to family plans averaged \$5,726 in 2019 and ranged from a low of \$3,685 in Michigan to a high of \$8,202 in South Carolina ([Table 3b](#)).

Note: Employee premium contributions are for insurance policies offered by private-sector employers in the U.S.

Data: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2019.

## Workers' Premium Contributions Were 8 Percent or More of Median Income in Nine States in 2019

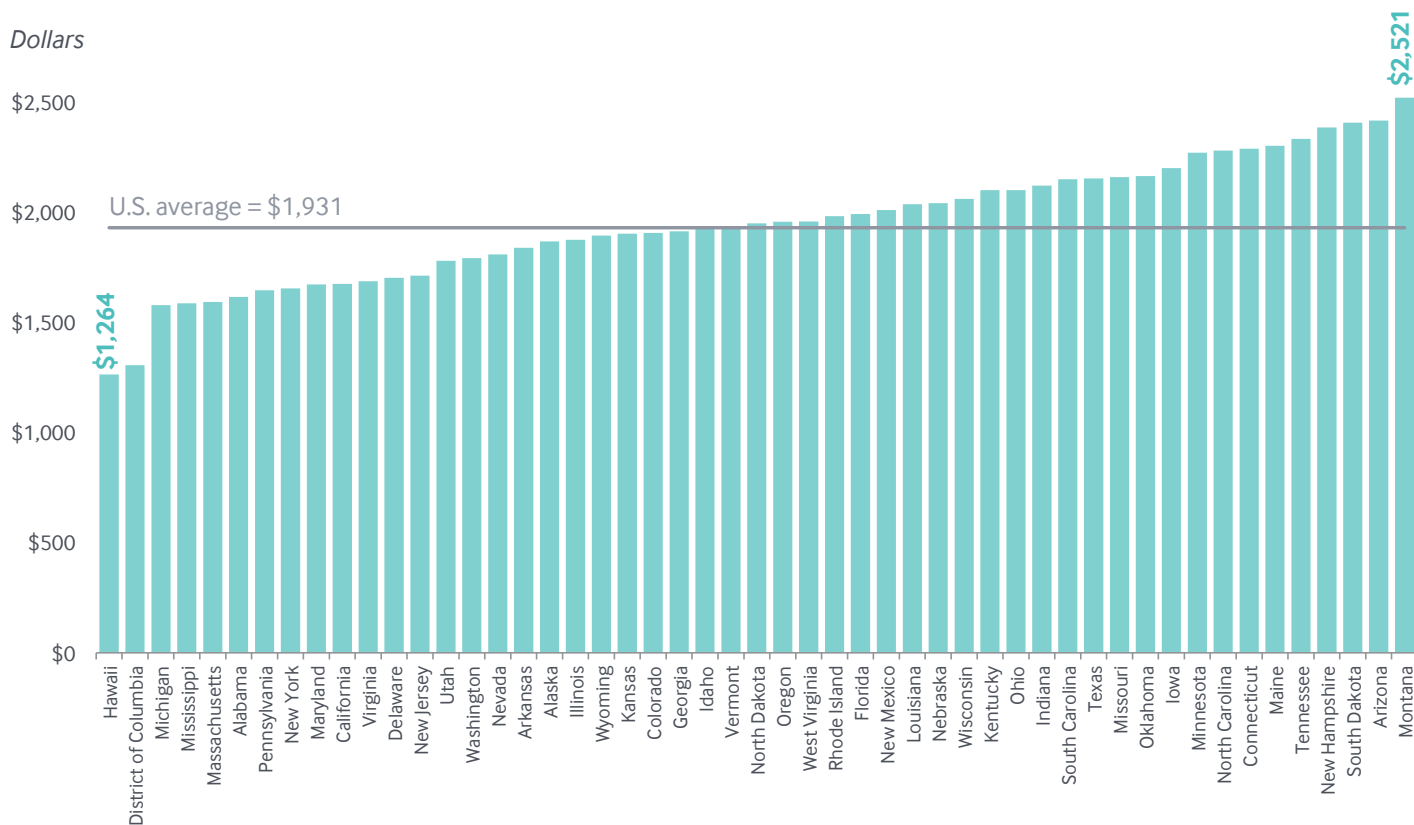


In nine states (Arkansas, Florida, Georgia, Louisiana, Mississippi, New Mexico, Oklahoma, South Carolina, and Texas), premium contributions were 8 percent or more of median income, with a high of 10.7 percent in South Carolina ([Table 6](#)).

Note: Single and family premium contributions are weighted for the distribution of single-person and family households in the state.

Data: Premium contributions and deductibles — Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS–IC), 2019; Median household income and household distribution type — U.S. Census Bureau, Current Population Survey (CPS), 2019–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

## Average Deductibles for Single Coverage Ranged from \$1,264 in Hawaii to \$2,521 in Montana in 2019



In most states, even though people are paying high premiums relative to their income, they are potentially exposed to high out-of-pocket costs because of large deductibles. Research has indicated that high deductibles can act as a financial barrier to care, discouraging people with modest incomes from getting needed services. This a particular problem during the COVID-19 pandemic, when people with symptoms may delay care because of cost concerns.

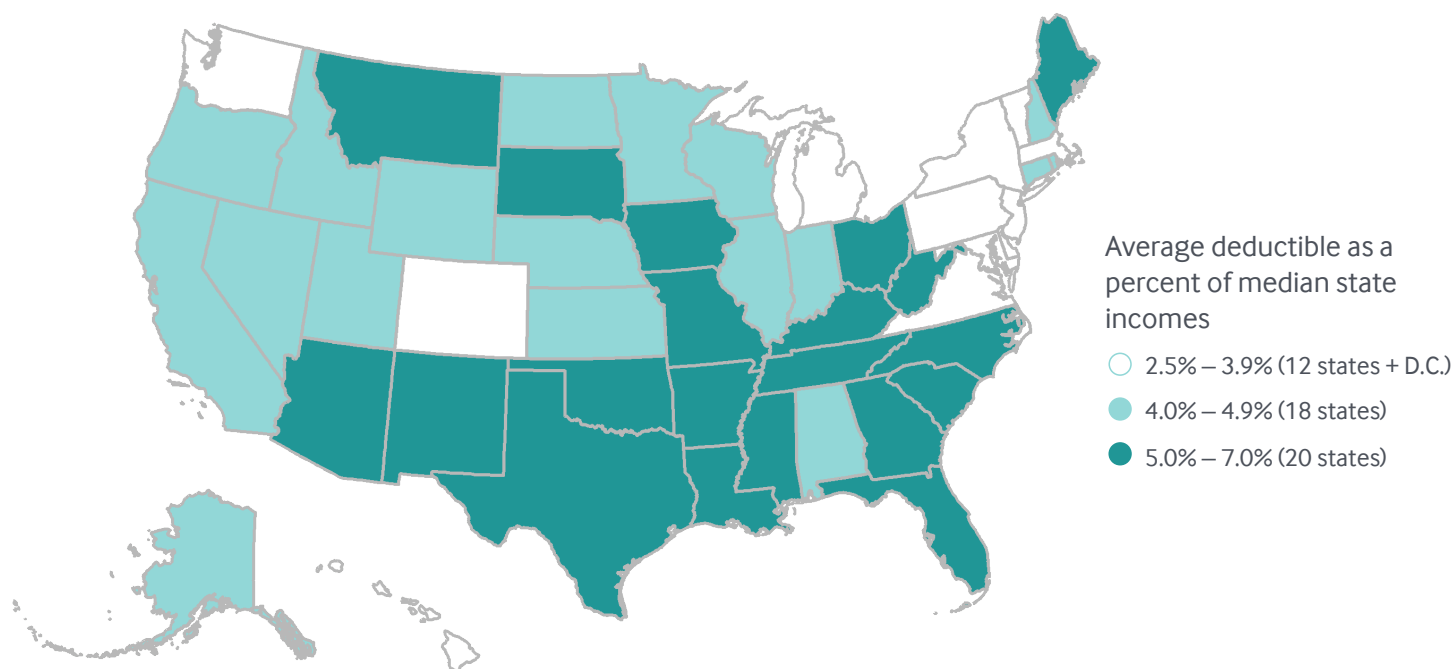
In 2019, the average deductible for single-person policies was \$1,931 (Table 4), with average deductibles ranging from \$1,264 in Hawaii to \$2,521 in Montana.

Note: Deductibles are for insurance policies offered by private-sector employers in the U.S.

Data: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2019.



## Average Deductibles Were 5 Percent or More of Median Income in 20 States in 2019



The Commonwealth Fund has found that insured people who have high out-of-pocket costs and deductibles relative to their income are more likely to face problems accessing care and paying medical bills than those who do not. We have defined someone with insurance as “underinsured” if their plan’s deductible equals 5 percent or more of income or if their out-of-pocket costs reach similar thresholds.<sup>4</sup>

Across the country, many people in employer plans are underinsured by this measure. Average deductibles relative to median income were 5 percent or more in 20 states and ranged as high as 7 percent in New Mexico ([Table 6](#)).

Note: Single and family deductibles are weighted for the distribution of single-person and family households in the state.

Data: Premium contributions and deductibles — Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS–IC), 2019; Median household income and household distribution type — U.S. Census Bureau, Current Population Survey (CPS), 2019–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

## LOOKING FORWARD

In this analysis, the burden of health care costs for U.S. workers with job-based health insurance is determined by three factors: median income, premium contributions, and deductibles. This cost burden has increased over the past decade because cumulative income growth over this period has lagged growth in premium contributions and deductibles. While our research indicates that the burden has not worsened significantly over the past couple years, it has not improved, either. A recent survey of employer benefits in the first half of 2020 reached a similar conclusion.<sup>5</sup>

But what impact will the coronavirus pandemic and the associated recession have on these variables? First, it is likely that the deep and prolonged recession will lower U.S. median income growth. While the recession initially had the greatest impact on industries most affected by the pandemic, those effects are now spilling over into other sectors.<sup>6</sup> This means that even if premium contributions and deductibles do not change, they could take up a larger share of workers' incomes in 2020 and 2021.

The pandemic's effects on premium contributions and deductibles is uncertain. Both variables are driven by trends in health care costs. The past year has seen both spikes in health care spending from COVID-19 hospitalizations and deep declines in spending from drops in elective surgery and other nonurgent care. The net effect appears to be overall lower spending and higher profits for insurance companies. Because the Affordable Care Act (ACA) requires insurers to return excess profits to employers and their workers, this could mean lower premiums in 2021 if insurers anticipate these trends will continue. An analysis of rate filings in the ACA marketplaces for the 2021 plan year found that some insurers increased premiums in anticipation of higher COVID-19-related costs while others decreased premiums because they anticipate ongoing lower health care use.<sup>7</sup> Just under half of plans that cited COVID-19 in their rate filings either viewed the countervailing effects on spending as a wash or noted the effects were too uncertain to have an impact on premiums.

In the employer market, even if premium contributions and deductibles fall, remain unchanged, or grow more slowly, incomes could fall or grow more slowly, leaving household cost burdens unchanged or higher.

Higher health insurance cost burdens will place people in a precarious spot. People with low and moderate incomes may decide to go without insurance if it competes with other expenses — for example, housing and food, which consumed 35 percent of average family income in 2019.<sup>8</sup> People who are uninsured or underinsured may forgo getting tested for COVID-19, delay getting care if they fall ill, or delay getting vaccinated when that becomes possible.<sup>9</sup>

The ACA provides some cost protection to people with employer coverage in high-cost plans. First, people with low incomes — less than 138 percent of the federal poverty level (or \$17,609 for an individual) — are eligible for Medicaid in the 38 states, as well as D.C., that have expanded eligibility under the ACA. This is true regardless of whether they are offered a plan through their job. People enrolled in Medicaid pay no premiums or cost-sharing or very limited costs. Second, people with employer premium expenses that exceed 9.83 percent of income are eligible for marketplace subsidies, which trigger a federal tax penalty for their employers. This penalty is also triggered if the actuarial value of their plan is less than 60 percent (i.e., covers less than 60% of their costs, on average). But there's a catch: these provisions only apply to single-person policies, leaving many middle-income families caught in the so-called family coverage glitch if they have an expensive family plan but do not qualify for marketplace subsidies. The data in this report show that the average employee contribution to a family plan was 10 percent or more of median income in eight states in 2019 (Tables 3b and 7).

President-elect Biden and members of Congress have proposed fixing the family coverage glitch or further easing ACA restrictions to give more people in employer plans a choice of enrolling in a plan offered through the marketplaces. They also would enhance marketplace premium and cost-sharing subsidies and extend them further up the income scale.<sup>10</sup> The 12 states that have not yet expanded Medicaid are among those where workers are experiencing the highest cost burdens. Expanding Medicaid would provide relief. These changes have the potential to help millions of people struggling to afford their health care.

## HOW WE CONDUCTED THIS STUDY

This data brief analyzes state-by-state trends in private sector employer health insurance premiums and deductibles for the under-65 population from 2010 to 2019.

The data on total insurance costs, employee premium contributions, and deductibles come from the federal Agency for Healthcare Research and Quality’s annual survey of employers, conducted for the insurance component of the 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 Census Bureau’s Business Register — a confidential list of such establishments in the United States. Once selected, establishments are contacted via mail and phone to establish a contact person who is knowledgeable about the health insurance benefits offered to employees. This contact (generally a workplace administrator) is asked about each of the health 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 2019, MEPS–IC surveyed 40,451 establishments and had a response rate of 59.2 percent. The total number of surveys sent in 2019 was similar to prior years, but there was a lower response rate.

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. In the CPS, a “household” includes all persons residing at a single address, regardless of their relationship; a “family” includes all related members of a household. Neither of these definitions reflect a “family unit” for purposes of determining health insurance eligibility. The measure of household income reported here is adjusted 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 (HIU). HIUs are defined based on household and family members’ relationships with the intention of grouping health insurance subscribers and their dependents. For example, a HIU would include the head of household insurance subscriber, spouse, dependent children residing in the same address, and dependent children who are full-time students but not residing at the same address. It would exclude nondependent family members (e.g., an elderly grandparent) who reside at the same address, but who would be included in the Census Bureau’s family or household definition.

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 and later are derived from the revised income questions. In 2019, the Census Bureau also updated the way it processes CPS response data; the biggest changes are in the ways missing response data are imputed.<sup>11</sup> The Census Bureau’s new imputation strategies resulted in a less than 1 percent change in the median income estimates. Two years of CPS data are combined to generate reliable state-level income estimates. For example, the 2019 income estimates reported here (Table 7) reflect incomes in 2018 and 2019, as reported in the 2019 and 2020 CPS Annual Social and Economic Supplement (ASEC) data files. The Census Bureau found that income data for 2019, collected in March 2020, potentially overestimates household income as the result of a nonresponse bias, introduced by data collection issues as travel and social distancing restrictions were beginning to be implemented. We have adjusted 2019 incomes downward to account for this bias.<sup>12</sup>

The premiums in this brief 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 (i.e., 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, 2010–2019**

	ANNUAL PREMIUM				CUMMULATIVE GROWTH 2010–2019	AVERAGE ANNUAL GROWTH		
	2010	2015	2018	2019		2010–2019	2015–2019	2018–2019
<b>United States</b>	<b>\$4,940</b>	<b>\$5,963</b>	<b>\$6,715</b>	<b>\$6,972</b>	<b>41.1%</b>	<b>3.9%</b>	<b>4.0%</b>	<b>3.8%</b>
Alabama	4,571 *	5,733	6,089 *	6,519 *	42.6	4.0	3.3	7.1
Alaska	6,085 *	7,807 *	8,432 *	8,933 *	46.8	4.4	3.4	5.9
Arizona	4,958	5,668	6,229 *	6,517 *	31.4	3.1	3.6	4.6
Arkansas	4,178 *	5,119 *	5,974 *	6,054 *	44.9	4.2	4.3	1.3
California	4,811	5,938	6,542	6,939	44.2	4.2	4.0	6.1
Colorado	4,630 *	5,794	6,255 *	6,550	41.5	3.9	3.1	4.7
Connecticut	5,302 *	6,478 *	7,264 *	7,516 *	41.8	4.0	3.8	3.5
Delaware	5,653 *	6,288 *	6,848	8,090 *	43.1	4.1	6.5	18.1
District of Columbia	5,644 *	6,409 *	7,230 *	7,338	30.0	3.0	3.4	1.5
Florida	5,120	5,839	6,674	6,763	32.1	3.1	3.7	1.3
Georgia	4,786	5,565 *	6,799	6,873	43.6	4.1	5.4	1.1
Hawaii	4,294 *	5,522 *	6,475	6,671	55.4	5.0	4.8	3.0
Idaho	4,502	5,820	6,175 *	6,346 *	41.0	3.9	2.2	2.8
Illinois	5,067	6,055	7,123 *	7,157	41.2	3.9	4.3	0.5
Indiana	5,015	5,868	6,778	6,957	38.7	3.7	4.3	2.6
Iowa	4,440 *	5,571 *	6,796	6,657	49.9	4.6	4.6	–2.0
Kansas	4,710	5,558	6,262 *	6,338 *	34.6	3.4	3.3	1.2
Kentucky	4,683 *	5,984	6,690	6,678	42.6	4.0	2.8	–0.2
Louisiana	5,310	5,973	6,537	6,748	27.1	2.7	3.1	3.2
Maine	5,554 *	5,979	6,866	7,424 *	33.7	3.3	5.6	8.1
Maryland	4,799	6,229	6,695	7,104	48.0	4.5	3.3	6.1
Massachusetts	5,413 *	6,519 *	7,443 *	7,540 *	39.3	3.8	3.7	1.3
Michigan	4,713	5,771	6,322 *	6,705	42.3	4.0	3.8	6.1
Minnesota	4,964	5,651 *	6,781	6,904	39.1	3.7	5.1	1.8
Mississippi	4,694	5,420 *	5,993 *	6,199 *	32.1	3.1	3.4	3.4
Missouri	4,603 *	5,726	6,664	6,800	47.7	4.4	4.4	2.0
Montana	4,822	5,932	6,862	6,899	43.1	4.1	3.8	0.5
Nebraska	4,992	5,788	6,851	6,628	32.8	3.2	3.4	–3.3
Nevada	4,771	5,800	6,032 *	6,586	38.0	3.6	3.2	9.2
New Hampshire	5,162	6,573 *	7,405 *	7,255	40.5	3.9	2.5	–2.0
New Jersey	5,153	6,248	7,507 *	7,777 *	50.9	4.7	5.6	3.6
New Mexico	4,787	5,759	6,624	6,696	39.9	3.8	3.8	1.1
New York	5,220 *	6,801 *	7,741 *	7,890 *	51.1	4.7	3.8	1.9
North Carolina	4,980	5,774	6,339 *	6,793	36.4	3.5	4.1	7.2
North Dakota	4,719	5,920	6,643	6,681	41.6	3.9	3.1	0.6
Ohio	4,669 *	5,939	6,804	7,178	53.7	4.9	4.9	5.5
Oklahoma	4,658	5,608 *	6,630	6,711	44.1	4.1	4.6	1.2
Oregon	5,186	5,822	6,441	6,651	28.2	2.8	3.4	3.3
Pennsylvania	4,959	6,286 *	6,769	7,159	44.4	4.2	3.3	5.8
Rhode Island	5,557 *	6,509 *	7,018	7,263	30.7	3.0	2.8	3.5
South Carolina	4,835	5,880	6,708	6,691	38.4	3.7	3.3	–0.3
South Dakota	4,735	5,816	6,931	7,161	51.2	4.7	5.3	3.3
Tennessee	4,753	5,329 *	5,971 *	6,630	39.5	3.8	5.6	11.0
Texas	4,951	5,847	6,589	6,967	40.7	3.9	4.5	5.7
Utah	4,501 *	5,796	6,125 *	6,253 *	38.9	3.7	1.9	2.1
Vermont	5,170	5,861	6,919	7,319 *	41.6	3.9	5.7	5.8
Virginia	4,960	5,978	6,635	6,776	36.6	3.5	3.2	2.1
Washington	4,981	6,053	6,646	6,897	38.5	3.7	3.3	3.8
West Virginia	4,935	6,081	6,898	7,059	43.0	4.1	3.8	2.3
Wisconsin	5,384 *	6,011	6,816	7,001	30.0	3.0	3.9	2.7
Wyoming	5,204	6,420	6,779	7,209	38.5	3.7	2.9	6.3

**NOTE**

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**

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019.

**Table 1b. Average Premiums for Employer-Sponsored Family Health Insurance Plans, by State, 2010–2019**

	ANNUAL PREMIUM				CUMMULATIVE GROWTH 2010–2019	AVERAGE ANNUAL GROWTH		
	2010	2015	2018	2019		2010–2019	2015–2019	2018–2019
<b>United States</b>	<b>\$13,871</b>	<b>\$17,322</b>	<b>\$19,565</b>	<b>\$20,486</b>	<b>47.7%</b>	<b>4.4%</b>	<b>4.3%</b>	<b>4.7%</b>
Alabama	12,409 *	15,953	18,001 *	17,734 *	42.9	4.0	2.7	–1.5
Alaska	14,232	21,089 *	21,648 *	22,969 *	61.4	5.5	2.2	6.1
Arizona	13,871	16,999	18,875	19,966	43.9	4.1	4.1	5.8
Arkansas	11,816 *	14,218 *	17,995 *	17,773 *	50.4	4.6	5.7	–1.2
California	13,819	18,045	19,567	20,788	50.4	4.6	3.6	6.2
Colorado	13,393	16,940	18,314 *	20,171	50.6	4.7	4.5	10.1
Connecticut	14,888 *	18,269	20,735	21,363	43.5	4.1	4.0	3.0
Delaware	14,671 *	18,920 *	20,098	20,628	40.6	3.9	2.2	2.6
District of Columbia	15,206 *	19,104 *	21,810 *	22,311 *	46.7	4.4	4.0	2.3
Florida	15,032 *	16,009 *	18,934	20,714	37.8	3.6	6.7	9.4
Georgia	13,114 *	17,307	18,575	19,720	50.4	4.6	3.3	6.2
Hawaii	12,062 *	15,959 *	17,919 *	19,243 *	59.5	5.3	4.8	7.4
Idaho	11,379 *	16,691	17,579 *	19,258	69.2	6.0	3.6	9.6
Illinois	14,703	17,227	20,407	20,659	40.5	3.9	4.6	1.2
Indiana	13,884	17,121	19,551	21,169	52.5	4.8	5.4	8.3
Iowa	13,240	16,257 *	18,192 *	18,752 *	41.6	3.9	3.6	3.1
Kansas	13,460	16,740	18,825	18,867 *	40.2	3.8	3.0	0.2
Kentucky	13,352	16,622	19,277	20,612	54.4	4.9	5.5	6.9
Louisiana	13,230	17,242	19,294	19,032	43.9	4.1	2.5	–1.4
Maine	14,576	16,117 *	19,555	20,731	42.2	4.0	6.5	6.0
Maryland	13,952	17,961	19,237	20,285	45.4	4.2	3.1	5.4
Massachusetts	14,606 *	18,454 *	21,801	21,424	46.7	4.3	3.8	–1.7
Michigan	13,148	15,628 *	18,242 *	20,425	55.3	5.0	6.9	12.0
Minnesota	13,903	16,925	19,327	20,751	49.3	4.6	5.2	7.4
Mississippi	13,740	16,081	17,384 *	17,860 *	30.0	3.0	2.7	2.7
Missouri	12,754 *	16,849	19,249	19,900	56.0	5.1	4.2	3.4
Montana	12,312 *	17,317	19,610	20,193	64.0	5.7	3.9	3.0
Nebraska	13,221 *	16,201	19,015	19,398	46.7	4.4	4.6	2.0
Nevada	12,496 *	17,434	18,357	18,720 *	49.8	4.6	1.8	2.0
New Hampshire	15,204 *	19,208 *	20,538	20,078	32.1	3.1	1.1	–2.2
New Jersey	14,058	18,280	22,294 *	22,060	56.9	5.1	4.8	–1.0
New Mexico	14,083	17,349	17,861	19,185	36.2	3.5	2.5	7.4
New York	14,730 *	19,630 *	21,904 *	22,874 *	55.3	5.0	3.9	4.4
North Carolina	13,643	17,141	18,211 *	19,996	46.6	4.3	3.9	9.8
North Dakota	12,544 *	16,020 *	17,337 *	18,400 *	46.7	4.3	3.5	6.1
Ohio	13,083 *	16,900	19,640	19,621	50.0	4.6	3.8	–0.1
Oklahoma	12,900	16,811	18,745	19,819	53.6	4.9	4.2	5.7
Oregon	13,756	17,141	18,977	19,405	41.1	3.9	3.2	2.3
Pennsylvania	13,550	17,344	20,255	20,673	52.6	4.8	4.5	2.1
Rhode Island	14,812	17,590	18,623	20,481	38.3	3.7	3.9	10.0
South Carolina	13,234	16,764	19,284	20,973	58.5	5.2	5.8	8.8
South Dakota	12,542 *	16,194	19,730	20,265	61.6	5.5	5.8	2.7
Tennessee	12,729 *	15,635 *	17,663 *	18,748 *	47.3	4.4	4.6	6.1
Texas	14,526	17,216	19,460	20,966	44.3	4.2	5.0	7.7
Utah	12,618 *	15,998 *	18,052 *	18,674 *	48.0	4.5	3.9	3.4
Vermont	13,588	17,835	20,129	21,419 *	57.6	5.2	4.7	6.4
Virginia	13,907	17,566	19,512	19,865	42.8	4.0	3.1	1.8
Washington	14,188	16,627	18,783	20,033	41.2	3.9	4.8	6.7
West Virginia	14,194	18,322	20,709	20,403	43.7	4.1	2.7	–1.5
Wisconsin	14,542	17,662	19,555	20,345	39.9	3.8	3.6	4.0
Wyoming	13,899	17,015	19,374	19,925	43.4	4.1	4.0	2.8

**NOTE**

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**

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019.

**Table 2. Total Employee Contribution (Percent) to Employer-Sponsored Health Insurance Premiums, by State, 2010–2019**

	2010		2015		2018		2019	
	Single	Family	Single	Family	Single	Family	Single	Family
<b>United States</b>	<b>21%</b>	<b>27%</b>	<b>21%</b>	<b>27%</b>	<b>21%</b>	<b>28%</b>	<b>21%</b>	<b>28%</b>
Alabama	24	30	21	35	24	29	25	31
Alaska	14	22	17	21	14	21	18	21
Arizona	18	30	20	30	25	31	23	27
Arkansas	21	34	22	30	23	32	23	36
California	22	28	19	26	18	28	19	30
Colorado	19	27	21	29	21	27	24	31
Connecticut	23	26	26	30	23	26	24	26
Delaware	21	29	20	24	20	28	21	33
District of Columbia	19	25	17	27	19	29	19	27
Florida	21	31	23	34	22	31	23	35
Georgia	20	28	22	28	22	32	21	31
Hawaii	10	26	10	26	12	31	11	25
Idaho	19	33	19	29	19	30	19	22
Illinois	22	27	21	23	22	26	23	27
Indiana	23	25	22	24	20	23	23	27
Iowa	21	29	23	30	23	28	23	28
Kansas	20	24	24	30	20	28	21	30
Kentucky	19	23	19	24	24	28	27	28
Louisiana	23	30	24	33	24	33	27	38
Maine	22	31	21	29	21	28	19	27
Maryland	23	27	24	35	24	32	25	33
Massachusetts	22	24	24	24	26	26	24	24
Michigan	20	22	19	23	23	24	20	18
Minnesota	21	23	24	30	23	32	21	26
Mississippi	22	30	23	33	23	33	24	33
Missouri	21	26	21	25	21	26	21	33
Montana	22	24	15	24	16	27	18	24
Nebraska	22	28	24	33	20	29	23	29
Nevada	16	27	19	23	23	34	21	27
New Hampshire	21	25	24	25	22	27	23	28
New Jersey	21	29	25	27	21	28	21	25
New Mexico	25	28	20	26	24	26	26	34
New York	21	25	22	26	20	23	21	23
North Carolina	19	26	22	26	20	33	22	28
North Dakota	19	28	22	33	19	29	21	29
Ohio	20	25	21	22	24	26	21	24
Oklahoma	22	29	23	34	20	28	21	30
Oregon	16	28	15	28	17	31	17	28
Pennsylvania	19	22	19	22	20	25	21	24
Rhode Island	21	22	23	26	26	30	22	27
South Carolina	21	28	21	29	21	28	21	39
South Dakota	20	30	24	31	22	29	22	33
Tennessee	20	27	24	28	24	31	24	31
Texas	21	31	22	31	21	31	22	32
Utah	24	28	21	27	19	25	23	28
Vermont	21	22	23	28	21	27	21	23
Virginia	23	32	23	28	26	34	24	32
Washington	15	26	12	26	14	21	14	23
West Virginia	19	22	20	25	20	21	20	24
Wisconsin	22	23	22	25	23	25	22	23
Wyoming	15	23	19	29	20	27	18	28

**NOTE**

Employee premium contributions are for insurance policies offered by private-sector employers in the U.S.

**DATA**

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019.

**Table 3a. Total Employee Contribution (Dollars) to Employer-Sponsored Single-Person Health Insurance Premiums, by State, 2010–2019**

	ANNUAL EMPLOYEE CONTRIBUTION				CUMMULATIVE GROWTH 2010–2019	AVERAGE ANNUAL GROWTH		
	2010	2015	2018	2019		2010–2019	2015–2019	2018–2019
<b>United States</b>	<b>\$1,021</b>	<b>\$1,255</b>	<b>\$1,427</b>	<b>\$1,489</b>	<b>45.8%</b>	<b>4.3%</b>	<b>4.4%</b>	<b>4.3%</b>
Alabama	1,092	1,228	1,453	1,638	50.0	4.6	7.5	12.7
Alaska	832 *	1,351	1,154 *	1,565	88.1	7.3	3.7	35.6
Arizona	891	1,113	1,554	1,515	70.0	6.1	8.0	–2.5
Arkansas	885 *	1,121	1,375	1,388	56.8	5.1	5.5	0.9
California	1,048	1,116 *	1,202 *	1,302	24.2	2.4	3.9	8.3
Colorado	883	1,235	1,289	1,561	76.8	6.5	6.0	21.1
Connecticut	1,234 *	1,652 *	1,672 *	1,791 *	45.1	4.2	2.0	7.1
Delaware	1,180	1,232	1,340	1,661	40.8	3.9	7.8	24.0
District of Columbia	1,080	1,057 *	1,369	1,377	27.5	2.7	6.8	0.6
Florida	1,073	1,348	1,472	1,543	43.8	4.1	3.4	4.8
Georgia	965	1,194	1,476	1,466	51.9	4.8	5.3	–0.7
Hawaii	436 *	544 *	755 *	718 *	64.7	5.7	7.2	–4.9
Idaho	832 *	1,117	1,199 *	1,228 *	47.6	4.4	2.4	2.4
Illinois	1,120	1,241	1,548	1,612	43.9	4.1	6.8	4.1
Indiana	1,127	1,289	1,383	1,598	41.8	4.0	5.5	15.5
Iowa	930	1,252	1,592	1,542	65.8	5.8	5.3	–3.1
Kansas	925	1,353	1,255 *	1,300	40.5	3.9	–1.0	3.6
Kentucky	886 *	1,116	1,633	1,768 *	99.5	8.0	12.2	8.3
Louisiana	1,241	1,437	1,584	1,788 *	44.1	4.1	5.6	12.9
Maine	1,207 *	1,279	1,461	1,389	15.1	1.6	2.1	–4.9
Maryland	1,080	1,515 *	1,588	1,747 *	61.8	5.5	3.6	10.0
Massachusetts	1,200 *	1,590 *	1,903 *	1,793 *	49.4	4.6	3.0	–5.8
Michigan	951	1,091 *	1,433	1,350	42.0	4.0	5.5	–5.8
Minnesota	1,023	1,331	1,575	1,449	41.6	3.9	2.1	–8.0
Mississippi	1,030	1,261	1,365	1,477	43.4	4.1	4.0	8.2
Missouri	965	1,207	1,403	1,435	48.7	4.5	4.4	2.3
Montana	1,043	863 *	1,115 *	1,209 *	15.9	1.7	8.8	8.4
Nebraska	1,084	1,365	1,388	1,534	41.5	3.9	3.0	10.5
Nevada	767 *	1,098	1,355	1,369	78.5	6.6	5.7	1.0
New Hampshire	1,086	1,575 *	1,618	1,683	55.0	5.0	1.7	4.0
New Jersey	1,098	1,569 *	1,598	1,614	47.0	4.4	0.7	1.0
New Mexico	1,179	1,174	1,558	1,729	46.6	4.3	10.2	11.0
New York	1,086	1,503 *	1,578	1,683 *	55.0	5.0	2.9	6.7
North Carolina	926	1,243	1,295	1,481	59.9	5.4	4.5	14.4
North Dakota	891	1,280	1,246 *	1,387	55.7	5.0	2.0	11.3
Ohio	952	1,221	1,632 *	1,473	54.7	5.0	4.8	–9.7
Oklahoma	1,043	1,294	1,293	1,400	34.2	3.3	2.0	8.3
Oregon	848 *	898 *	1,061 *	1,155 *	36.2	3.5	6.5	8.9
Pennsylvania	954	1,174	1,351	1,482	55.3	5.0	6.0	9.7
Rhode Island	1,147	1,499 *	1,807 *	1,628	41.9	4.0	2.1	–9.9
South Carolina	1,006	1,220	1,427	1,416	40.8	3.9	3.8	–0.8
South Dakota	948	1,380	1,541	1,581	66.8	5.8	3.5	2.6
Tennessee	970	1,300	1,410	1,564	61.2	5.5	4.7	10.9
Texas	1,036	1,273	1,413	1,512	45.9	4.3	4.4	7.0
Utah	1,086	1,200	1,183 *	1,447	33.2	3.2	4.8	22.3
Vermont	1,099	1,361	1,456	1,512	37.6	3.6	2.7	3.8
Virginia	1,114	1,354	1,746 *	1,616	45.1	4.2	4.5	–7.4
Washington	746 *	739 *	955 *	970 *	30.0	3.0	7.0	1.6
West Virginia	933	1,199	1,353	1,416	51.8	4.7	4.2	4.7
Wisconsin	1,174	1,345	1,596	1,506	28.3	2.8	2.9	–5.6
Wyoming	802 *	1,187	1,385	1,326	65.3	5.7	2.8	–4.3

**NOTE**

Employee premium contributions 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**

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019.



**Table 3b. Total Employee Contribution (Dollars) to Employer-Sponsored Family Health Insurance Premiums, by State, 2010–2019**

	ANNUAL EMPLOYEE CONTRIBUTION				CUMMULATIVE GROWTH 2010–2019	AVERAGE ANNUAL GROWTH		
	2010	2015	2018	2019		2010–2019	2015–2019	2018–2019
<b>United States</b>	<b>\$3,721</b>	<b>\$4,710</b>	<b>\$5,431</b>	<b>\$5,726</b>	<b>53.9%</b>	<b>4.9%</b>	<b>5.0%</b>	<b>5.4%</b>
Alabama	3,758	5,606	5,278	5,507	46.5	4.3	−0.4	4.3
Alaska	3,079 *	4,409	4,501 *	4,718 *	53.2	4.9	1.7	4.8
Arizona	4,133	5,008	5,786	5,444	31.7	3.1	2.1	−5.9
Arkansas	3,967	4,269	5,728	6,365	60.4	5.4	10.5	11.1
California	3,845	4,646	5,376	6,124	59.3	5.3	7.1	13.9
Colorado	3,618	4,848	4,963	6,246	72.6	6.3	6.5	25.9
Connecticut	3,824	5,484 *	5,352	5,463	42.9	4.0	−0.1	2.1
Delaware	4,267	4,478	5,715	6,832	60.1	5.4	11.1	19.5
District of Columbia	3,822	5,120	6,358 *	6,014	57.4	5.2	4.1	−5.4
Florida	4,685 *	5,474 *	5,908	7,198 *	53.6	4.9	7.1	21.8
Georgia	3,702	4,859	5,846	6,168	66.6	5.8	6.1	5.5
Hawaii	3,155	4,150	5,475	4,841	53.4	4.9	3.9	−11.6
Idaho	3,701	4,856	5,211	4,290 *	15.9	1.7	−3.1	−17.7
Illinois	3,928	3,890 *	5,378	5,586	42.2	4.0	9.5	3.9
Indiana	3,462	4,108	4,551 *	5,624	62.4	5.5	8.2	23.6
Iowa	3,781	4,804	5,143	5,259	39.1	3.7	2.3	2.3
Kansas	3,257	5,079	5,248	5,654	73.6	6.3	2.7	7.7
Kentucky	3,060 *	3,980 *	5,382	5,753	88.0	7.3	9.6	6.9
Louisiana	3,962	5,696 *	6,288 *	7,164 *	80.8	6.8	5.9	13.9
Maine	4,465 *	4,657	5,375	5,623	25.9	2.6	4.8	4.6
Maryland	3,728	6,365 *	6,177	6,723 *	80.3	6.8	1.4	8.8
Massachusetts	3,444	4,487	5,693	5,187	50.6	4.7	3.7	−8.9
Michigan	2,879 *	3,646 *	4,280 *	3,685 *	28.0	2.8	0.3	−13.9
Minnesota	3,233	5,083	6,190	5,410	67.3	5.9	1.6	−12.6
Mississippi	4,105	5,307	5,680	5,929	44.4	4.2	2.8	4.4
Missouri	3,280	4,186	5,003	6,476	97.4	7.9	11.5	29.4
Montana	2,992	4,212	5,208	4,860	62.4	5.5	3.6	−6.7
Nebraska	3,703	5,257	5,414	5,627	52.0	4.8	1.7	3.9
Nevada	3,379	3,991	6,252	5,087	50.5	4.7	6.3	−18.6
New Hampshire	3,849	4,878	5,535	5,685	47.7	4.4	3.9	2.7
New Jersey	4,010	4,916	6,253	5,435	35.5	3.4	2.5	−13.1
New Mexico	3,952	4,567	4,723	6,484	64.1	5.7	9.2	37.3
New York	3,630	5,190	5,006	5,149 *	41.8	4.0	−0.2	2.9
North Carolina	3,492	4,493	5,948	5,672	62.4	5.5	6.0	−4.6
North Dakota	3,492	5,249	4,982	5,385	54.2	4.9	0.6	8.1
Ohio	3,286 *	3,725 *	5,016	4,657 *	41.7	4.0	5.7	−7.2
Oklahoma	3,715	5,730 *	5,306	5,997	61.4	5.5	1.1	13.0
Oregon	3,888	4,729	5,913	5,404	39.0	3.7	3.4	−8.6
Pennsylvania	3,013 *	3,803 *	5,111	5,007 *	66.2	5.8	7.1	−2.0
Rhode Island	3,308	4,495	5,493	5,445	64.6	5.7	4.9	−0.9
South Carolina	3,641	4,771	5,301	8,202	125.3	9.4	14.5	54.7
South Dakota	3,793	4,940	5,810	6,631 *	74.8	6.4	7.6	14.1
Tennessee	3,461	4,299	5,514	5,733	65.6	5.8	7.5	4.0
Texas	4,500 *	5,409 *	5,964	6,655 *	47.9	4.4	5.3	11.6
Utah	3,545	4,286	4,594 *	5,182	46.2	4.3	4.9	12.8
Vermont	2,997 *	4,900	5,334	4,862 *	62.2	5.5	−0.2	−8.8
Virginia	4,477 *	4,949	6,597 *	6,362	42.1	4.0	6.5	−3.6
Washington	3,685	4,265	3,862 *	4,530	22.9	2.3	1.5	17.3
West Virginia	3,139	4,580	4,371 *	4,820 *	53.6	4.9	1.3	10.3
Wisconsin	3,359	4,475	4,952	4,738 *	41.1	3.9	1.4	−4.3
Wyoming	3,178	4,960	5,205	5,638	77.4	6.6	3.3	8.3

**NOTE**

Employee premium contributions 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**

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019.



**Table 4. Average Deductible for Employer-Sponsored Single-Person Health Insurance Plans, by State, 2010–2019**

	ANNUAL EMPLOYEE DEDUCTIBLE				CUMMULATIVE GROWTH 2010–2019	AVERAGE ANNUAL GROWTH		
	2010	2015	2018	2019		2010–2019	2015–2019	2018–2019
<b>United States</b>	<b>\$1,025</b>	<b>\$1,541</b>	<b>\$1,846</b>	<b>\$1,931</b>	<b>88.4%</b>	<b>7.3%</b>	<b>5.8%</b>	<b>4.6%</b>
Alabama	544 *	1,026 *	1,569 *	1,616 *	197.1	12.9	12.0	3.0
Alaska	1,122	1,616	1,797	1,869	66.6	5.8	3.7	4.0
Arizona	1,259 *	1,819	2,166 *	2,418 *	92.1	7.5	7.4	11.6
Arkansas	846 *	1,313 *	1,501 *	1,839	117.4	9.0	8.8	22.5
California	1,051	1,428	1,680 *	1,675 *	59.4	5.3	4.1	–0.3
Colorado	1,232	1,680	2,005	1,907	54.8	5.0	3.2	–4.9
Connecticut	1,201	1,733	2,322 *	2,289 *	90.6	7.4	7.2	–1.4
Delaware	860	1,202 *	1,710	1,703 *	98.0	7.9	9.1	–0.4
District of Columbia	648 *	1,108 *	1,308 *	1,306 *	101.5	8.1	4.2	–0.2
Florida	961	1,691	1,963	1,993	107.4	8.4	4.2	1.5
Georgia	998	1,776 *	1,917	1,914	91.8	7.5	1.9	–0.2
Hawaii	519 *	986 *	1,308	1,264 *	143.5	10.4	6.4	–3.4
Idaho	1,171	1,558	1,894	1,933	65.1	5.7	5.5	2.1
Illinois	885	1,323 *	1,752	1,876	112.0	8.7	9.1	7.1
Indiana	920	1,834 *	1,873	2,122	130.7	9.7	3.7	13.3
Iowa	967	1,614	2,130 *	2,202 *	127.7	9.6	8.1	3.4
Kansas	1,007	1,369	1,715	1,904	89.1	7.3	8.6	11.0
Kentucky	1,054	1,543	1,833	2,101	99.3	8.0	8.0	14.6
Louisiana	1,131	1,320 *	1,656	2,037	80.1	6.8	11.5	23.0
Maine	1,327 *	2,067 *	2,447 *	2,303 *	73.5	6.3	2.7	–5.9
Maryland	929	1,128 *	1,511 *	1,673 *	80.1	6.8	10.4	10.7
Massachusetts	793 *	1,202 *	1,454 *	1,593 *	100.9	8.1	7.3	9.6
Michigan	983	1,431	1,732	1,579 *	60.6	5.4	2.5	–8.8
Minnesota	1,155	1,819 *	2,045 *	2,272 *	96.7	7.8	5.7	11.1
Mississippi	1,054	1,470	1,695	1,587 *	50.6	4.7	1.9	–6.4
Missouri	1,005	1,762	1,931	2,160	114.9	8.9	5.2	11.9
Montana	1,309 *	2,104 *	2,116 *	2,521 *	92.6	7.6	4.6	19.1
Nebraska	1,042	1,760 *	1,842	2,042	96.0	7.8	3.8	10.9
Nevada	849	1,087 *	2,001	1,810	113.2	8.8	13.6	–9.5
New Hampshire	1,184	1,988 *	2,337 *	2,386 *	101.5	8.1	4.7	2.1
New Jersey	1,161	1,608	1,770	1,713 *	47.5	4.4	1.6	–3.2
New Mexico	864 *	1,461	1,615	2,011	132.8	9.8	8.3	24.5
New York	891 *	1,317 *	1,554 *	1,655 *	85.7	7.1	5.9	6.5
North Carolina	1,181	1,794 *	2,070 *	2,281 *	93.1	7.6	6.2	10.2
North Dakota	737 *	1,354 *	1,742	1,950	164.6	11.4	9.5	11.9
Ohio	1,008	1,461	1,932	2,101	108.4	8.5	9.5	8.7
Oklahoma	890 *	1,639	1,683	2,165	143.3	10.4	7.2	28.6
Oregon	1,065	1,496	1,954	1,958	83.8	7.0	7.0	0.2
Pennsylvania	849 *	1,289 *	1,831	1,646 *	93.9	7.6	6.3	–10.1
Rhode Island	1,024	1,400	1,849	1,983	93.7	7.6	9.1	7.2
South Carolina	1,139	1,767	1,721	2,151	88.8	7.3	5.0	25.0
South Dakota	1,172	1,725	2,241 *	2,408 *	105.5	8.3	8.7	7.5
Tennessee	1,066	1,836 *	2,235 *	2,334 *	118.9	9.1	6.2	4.4
Texas	1,247 *	1,802 *	1,982	2,155 *	72.8	6.3	4.6	8.7
Utah	965	1,549	1,451 *	1,781	84.6	7.0	3.6	22.7
Vermont	1,463 *	1,583	2,192 *	1,935	32.3	3.2	5.1	–11.7
Virginia	1,004	1,162 *	1,886	1,688 *	68.1	5.9	9.8	–10.5
Washington	975	1,426	1,706	1,793	83.9	7.0	5.9	5.1
West Virginia	838	1,423	1,885	1,959	133.8	9.9	8.3	3.9
Wisconsin	1,145	1,617	1,914	2,061	80.0	6.7	6.3	7.7
Wyoming	1,479	1,689	1,999	1,895	28.1	2.8	2.9	–5.2

**NOTE**

Deductibles 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**

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019.

**Table 5. Average Employee Cost: Premium Contribution and Deductible, by State, 2010–2019**

	Average employee premium contribution*				Average employee deductible*				Average combined employee premium contribution and deductible*			
	2010	2015	2018	2019	2010	2015	2018	2019	2010	2015	2018	2019
<b>United States</b>	<b>\$2,975</b>	<b>\$3,849</b>	<b>\$4,396</b>	<b>\$4,606</b>	<b>\$1,713</b>	<b>\$2,573</b>	<b>\$2,992</b>	<b>\$3,199</b>	<b>\$4,688</b>	<b>\$6,422</b>	<b>\$7,388</b>	<b>\$7,806</b>
Alabama	3,033	4,506	4,260	4,464	1,075	1,736	2,563	2,648	4,108	6,242	6,824	7,112
Alaska	2,474	3,725	3,695	3,878	1,790	2,464	2,881	3,158	4,263	6,189	6,576	7,036
Arizona	3,292	4,074	4,834	4,463	2,082	2,779	3,530	3,618	5,374	6,853	8,364	8,080
Arkansas	3,163	3,519	4,661	5,103	1,571	2,253	2,741	3,143	4,734	5,772	7,403	8,245
California	3,011	3,714	4,127	4,648	1,676	2,358	2,767	2,823	4,687	6,072	6,894	7,470
Colorado	2,862	3,879	4,007	5,016	1,977	2,691	3,489	3,059	4,839	6,570	7,495	8,075
Connecticut	3,135	4,623	4,407	4,525	2,013	3,031	3,409	3,711	5,148	7,654	7,816	8,236
Delaware	3,425	3,597	4,564	5,461	1,687	1,952	2,871	2,658	5,112	5,548	7,435	8,119
District of Columbia	2,427	3,229	3,960	3,862	1,003	1,634	1,855	2,042	3,430	4,863	5,815	5,904
Florida	3,611	4,378	4,712	5,605	1,594	2,811	3,213	3,170	5,205	7,188	7,925	8,776
Georgia	2,975	3,969	4,721	4,871	1,653	2,727	3,212	3,178	4,628	6,696	7,934	8,049
Hawaii	2,226	2,941	3,716	3,392	1,302	1,894	2,520	2,143	3,528	4,836	6,236	5,535
Idaho	3,103	4,076	4,349	3,614	2,421	2,805	2,958	3,153	5,525	6,881	7,306	6,767
Illinois	3,109	3,217	4,452	4,572	1,635	2,300	2,944	3,346	4,744	5,517	7,395	7,918
Indiana	2,873	3,465	3,831	4,648	1,623	3,024	2,898	3,497	4,495	6,490	6,728	8,145
Iowa	3,081	4,089	4,326	4,288	1,640	2,947	3,306	3,578	4,721	7,036	7,632	7,865
Kansas	2,657	4,208	4,350	4,629	1,559	2,105	3,019	3,206	4,215	6,313	7,369	7,835
Kentucky	2,485	3,248	4,540	4,893	1,735	2,445	2,930	3,432	4,220	5,693	7,471	8,325
Louisiana	3,315	4,449	5,030	5,701	1,857	2,318	2,921	3,684	5,172	6,767	7,952	9,385
Maine	3,551	3,809	4,360	4,472	2,014	3,253	3,519	3,534	5,565	7,062	7,879	8,006
Maryland	2,929	5,175	4,947	5,321	1,451	1,873	2,559	2,633	4,381	7,048	7,507	7,954
Massachusetts	2,792	3,622	4,518	4,200	1,393	2,054	2,334	2,698	4,185	5,677	6,852	6,899
Michigan	2,384	2,979	3,582	3,083	1,563	2,528	2,736	2,527	3,947	5,507	6,318	5,609
Minnesota	2,632	4,197	5,102	4,513	1,903	3,136	3,564	3,732	4,534	7,333	8,666	8,245
Mississippi	3,391	4,340	4,641	4,878	1,789	2,546	3,223	3,024	5,180	6,887	7,863	7,902
Missouri	2,680	3,514	4,142	5,210	1,850	3,004	3,154	3,704	4,530	6,518	7,296	8,914
Montana	2,454	3,375	4,189	3,991	2,023	3,006	3,154	3,528	4,477	6,381	7,343	7,519
Nebraska	3,060	4,359	4,585	4,757	1,718	2,777	2,978	3,425	4,778	7,137	7,563	8,182
Nevada	2,595	3,161	4,896	4,066	1,303	1,606	3,237	2,746	3,898	4,767	8,132	6,812
New Hampshire	3,130	4,042	4,498	4,668	2,011	3,703	4,033	3,872	5,141	7,745	8,530	8,540
New Jersey	3,197	4,087	5,117	4,493	1,858	2,683	3,164	3,026	5,056	6,771	8,281	7,519
New Mexico	3,225	3,705	3,752	5,052	1,604	2,434	2,590	3,395	4,829	6,139	6,342	8,447
New York	2,811	4,164	3,981	4,053	1,458	2,261	2,489	2,506	4,269	6,425	6,471	6,558
North Carolina	2,850	3,751	4,766	4,602	1,744	2,753	3,325	3,565	4,594	6,504	8,091	8,166
North Dakota	2,801	4,124	4,069	4,305	1,249	2,365	3,126	3,432	4,050	6,489	7,196	7,737
Ohio	2,683	3,150	4,204	3,887	1,834	2,486	3,305	3,641	4,517	5,636	7,509	7,528
Oklahoma	3,054	4,701	4,439	4,975	1,708	2,725	2,873	3,633	4,762	7,425	7,311	8,609
Oregon	3,017	3,716	4,505	4,234	1,911	2,336	2,944	3,173	4,928	6,052	7,449	7,407
Pennsylvania	2,433	3,172	4,195	4,118	1,422	2,271	2,711	2,644	3,855	5,444	6,906	6,762
Rhode Island	2,659	3,659	4,511	4,418	1,706	2,507	3,276	3,480	4,365	6,165	7,787	7,899
South Carolina	2,924	3,883	4,336	6,410	2,054	2,616	2,775	3,626	4,978	6,499	7,111	10,036
South Dakota	3,088	4,118	4,967	5,622	1,820	2,764	3,654	3,860	4,908	6,881	8,621	9,482
Tennessee	2,827	3,564	4,495	4,638	1,791	2,913	3,471	4,016	4,618	6,477	7,966	8,654
Texas	3,598	4,526	4,882	5,459	2,013	3,049	3,175	3,704	5,612	7,575	8,057	9,163
Utah	3,029	3,746	3,941	4,493	1,661	2,960	2,836	3,462	4,690	6,705	6,777	7,955
Vermont	2,477	3,964	4,311	3,949	2,408	2,864	3,292	2,950	4,885	6,828	7,604	6,899
Virginia	3,576	4,019	5,389	5,121	1,635	1,929	2,755	2,888	5,211	5,948	8,143	8,010
Washington	2,867	3,329	3,159	3,651	1,634	2,424	2,792	3,030	4,501	5,754	5,951	6,681
West Virginia	2,578	3,732	3,651	3,998	1,231	2,246	2,675	3,238	3,809	5,978	6,326	7,236
Wisconsin	2,754	3,774	4,079	3,987	2,177	3,225	3,175	3,475	4,931	6,999	7,255	7,462
Wyoming	2,581	4,127	4,287	4,711	1,997	3,077	3,445	3,217	4,578	7,204	7,731	7,929

**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**

Premium contributions and deductibles — Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019; Household distribution type — U.S. Census Bureau, Current Population Survey (CPS), 2010–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

**Table 6. Average Employee Premium Contribution and Deductible as Percent of Median Household Income, by State, 2010–2019**

	Average employee premium contribution*				Average employee deductible*				Average combined employee premium contribution and deductible*			
	2010	2015	2018	2019	2010	2015	2018	2019	2010	2015	2018	2019
<b>United States</b>	<b>5.8%</b>	<b>6.6%</b>	<b>6.8%</b>	<b>6.8%</b>	<b>3.3%</b>	<b>4.4%</b>	<b>4.6%</b>	<b>4.7%</b>	<b>9.1%</b>	<b>11.1%</b>	<b>11.4%</b>	<b>11.5%</b>
Alabama	7.1	9.0	7.7	7.8	2.5	3.5	4.7	4.6	9.6	12.4	12.4	12.5
Alaska	4.0	5.2	5.1	5.7	2.9	3.4	4.0	4.6	7.0	8.6	9.1	10.3
Arizona	8.1	8.1	7.8	6.6	5.1	5.6	5.7	5.3	13.2	13.7	13.5	11.9
Arkansas	6.6	7.4	8.9	9.0	3.3	4.8	5.2	5.5	10.0	12.2	14.1	14.5
California	6.3	6.8	6.8	7.3	3.5	4.3	4.5	4.4	9.8	11.0	11.3	11.7
Colorado	4.6	6.3	5.3	6.4	3.2	4.3	4.7	3.9	7.9	10.6	10.0	10.2
Connecticut	4.2	6.0	5.7	5.1	2.7	3.9	4.4	4.2	6.8	9.9	10.1	9.4
Delaware	6.2	6.1	6.3	7.7	3.1	3.3	4.0	3.8	9.3	9.5	10.3	11.5
District of Columbia	5.3	5.4	5.3	4.8	2.2	2.7	2.5	2.5	7.5	8.1	7.7	7.3
Florida	7.5	8.9	8.6	9.8	3.3	5.7	5.8	5.6	10.8	14.7	14.4	15.4
Georgia	6.0	7.8	7.9	8.4	3.3	5.3	5.4	5.5	9.3	13.1	13.2	13.9
Hawaii	4.6	5.3	5.3	4.7	2.7	3.4	3.6	3.0	7.3	8.7	8.9	7.7
Idaho	5.4	7.2	7.0	5.4	4.2	4.9	4.8	4.7	9.7	12.1	11.7	10.1
Illinois	5.8	5.0	6.0	6.1	3.0	3.6	3.9	4.4	8.8	8.6	9.9	10.5
Indiana	5.4	6.3	5.8	6.5	3.0	5.5	4.4	4.9	8.4	11.7	10.2	11.5
Iowa	6.2	5.9	5.8	6.1	3.3	4.2	4.4	5.1	9.4	10.1	10.2	11.1
Kansas	5.2	7.0	6.3	6.5	3.0	3.5	4.4	4.5	8.2	10.5	10.6	11.1
Kentucky	5.4	6.8	7.6	7.9	3.8	5.1	4.9	5.5	9.1	11.8	12.5	13.4
Louisiana	6.7	9.1	9.9	10.4	3.7	4.7	5.7	6.7	10.4	13.8	15.6	17.2
Maine	6.5	6.5	6.4	6.8	3.7	5.6	5.2	5.4	10.3	12.1	11.6	12.3
Maryland	4.5	6.5	5.6	5.9	2.2	2.3	2.9	2.9	6.7	8.8	8.5	8.8
Massachusetts	4.0	4.9	5.3	4.7	2.0	2.8	2.7	3.0	6.1	7.6	8.1	7.7
Michigan	4.4	5.0	5.3	4.4	2.9	4.3	4.0	3.6	7.3	9.3	9.3	7.9
Minnesota	4.3	5.6	6.1	5.0	3.1	4.2	4.3	4.1	7.4	9.8	10.3	9.2
Mississippi	8.6	9.8	9.4	9.9	4.6	5.8	6.5	6.2	13.2	15.6	15.9	16.1
Missouri	5.4	5.5	6.5	7.6	3.7	4.7	5.0	5.4	9.1	10.1	11.5	13.0
Montana	4.8	5.8	6.4	6.0	3.9	5.2	4.9	5.3	8.7	11.1	11.3	11.3
Nebraska	5.4	6.5	6.1	6.1	3.0	4.2	4.0	4.4	8.5	10.7	10.1	10.5
Nevada	5.5	6.4	8.4	6.5	2.8	3.2	5.6	4.4	8.3	9.6	14.0	10.9
New Hampshire	4.0	5.1	5.2	5.1	2.6	4.7	4.7	4.2	6.6	9.7	9.9	9.3
New Jersey	4.7	5.8	6.4	4.9	2.7	3.8	4.0	3.3	7.4	9.5	10.3	8.2
New Mexico	7.3	8.1	8.0	10.4	3.6	5.3	5.6	7.0	11.0	13.3	13.6	17.4
New York	5.6	7.1	6.3	6.0	2.9	3.9	4.0	3.7	8.5	11.0	10.3	9.6
North Carolina	5.9	7.0	8.4	7.7	3.6	5.2	5.8	5.9	9.6	12.2	14.2	13.6
North Dakota	4.6	6.0	5.6	5.7	2.1	3.4	4.3	4.5	6.7	9.4	10.0	10.2
Ohio	5.2	5.4	6.2	5.5	3.5	4.3	4.9	5.1	8.7	9.7	11.0	10.6
Oklahoma	6.3	8.9	7.4	8.1	3.5	5.1	4.8	5.9	9.8	14.0	12.2	14.1
Oregon	5.9	6.5	6.8	5.8	3.7	4.1	4.5	4.3	9.7	10.6	11.3	10.1
Pennsylvania	4.4	4.9	6.0	5.9	2.6	3.5	3.9	3.8	6.9	8.4	9.9	9.6
Rhode Island	4.6	5.8	6.9	6.0	3.0	4.0	5.0	4.7	7.6	9.8	12.0	10.8
South Carolina	6.1	7.6	7.2	10.7	4.3	5.1	4.6	6.0	10.4	12.8	11.9	16.7
South Dakota	6.0	6.3	6.9	7.9	3.5	4.2	5.1	5.4	9.5	10.5	12.0	13.3
Tennessee	6.3	7.1	7.6	7.9	4.0	5.8	5.9	6.9	10.3	13.0	13.5	14.8
Texas	8.2	8.2	8.1	8.6	4.6	5.5	5.3	5.9	12.7	13.8	13.4	14.5
Utah	4.7	5.6	5.1	5.5	2.6	4.4	3.6	4.3	7.3	10.1	8.7	9.8
Vermont	4.2	5.8	5.8	5.2	4.1	4.2	4.4	3.9	8.3	10.0	10.3	9.1
Virginia	5.4	5.9	7.0	6.4	2.5	2.8	3.6	3.6	7.8	8.8	10.6	10.0
Washington	4.8	5.3	4.0	4.3	2.7	3.9	3.5	3.5	7.5	9.2	7.5	7.8
West Virginia	5.4	7.8	7.0	6.8	2.6	4.7	5.1	5.5	7.9	12.5	12.2	12.3
Wisconsin	4.8	5.9	6.0	5.5	3.8	5.1	4.7	4.8	8.7	11.0	10.6	10.3
Wyoming	4.4	5.9	6.5	6.6	3.4	4.4	5.3	4.5	7.8	10.3	11.8	11.0

**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**

Premium contributions and deductibles — Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey—Insurance Component (MEPS—IC), 2010–2019; Median household income and household distribution type — U.S. Census Bureau, Current Population Survey (CPS), 2010–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

**Table 7. Median Household Income, by State, 2010–2019**

	Median income for all households (all under age 65)*			
	2009–10	2014–15	2017–18	2018–19
<b>United States</b>	<b>\$51,410</b>	<b>\$58,000</b>	<b>\$65,001</b>	<b>\$68,057</b>
Alabama	42,756	50,222	55,026	57,000
Alaska	61,250	72,000	72,040	68,533
Arizona	40,787	50,000	62,100	68,047
Arkansas	47,578	47,414	52,665	56,676
California	48,000	55,000	61,130	64,000
Colorado	61,600	62,005	75,000	78,840
Connecticut	75,520	77,000	77,030	88,033
Delaware	55,000	58,651	72,002	70,503
District of Columbia	46,000	60,003	75,250	81,303
Florida	48,000	48,914	55,060	57,109
Georgia	50,000	51,202	60,000	58,004
Hawaii	48,488	55,288	70,000	71,500
Idaho	57,183	56,760	62,227	66,761
Illinois	53,615	64,258	74,719	75,528
Indiana	53,258	55,346	66,250	70,996
Iowa	50,002	69,502	75,000	70,738
Kansas	51,499	60,005	69,200	70,787
Kentucky	46,200	48,097	60,000	62,005
Louisiana	49,699	48,996	51,000	54,712
Maine	54,224	58,285	67,787	65,310
Maryland	65,000	80,000	88,500	90,631
Massachusetts	69,001	74,630	84,940	89,814
Michigan	54,000	59,305	68,187	70,637
Minnesota	61,475	74,794	83,770	90,040
Mississippi	39,243	44,265	49,555	49,150
Missouri	49,865	64,336	63,706	68,733
Montana	51,600	57,735	65,000	66,501
Nebraska	56,517	66,647	75,000	77,791
Nevada	47,050	49,503	58,000	62,400
New Hampshire	78,201	79,479	86,302	92,094
New Jersey	68,355	71,000	80,060	92,055
New Mexico	44,000	46,000	46,644	48,590
New York	50,000	58,291	63,000	68,047
North Carolina	48,001	53,400	57,060	60,000
North Dakota	60,500	69,000	72,036	75,695
Ohio	52,003	57,820	68,003	71,124
Oklahoma	48,570	53,100	60,000	61,242
Oregon	51,008	57,122	66,000	73,000
Pennsylvania	55,471	65,018	70,000	70,276
Rhode Island	57,500	62,632	65,101	73,437
South Carolina	48,000	50,884	60,002	60,034
South Dakota	51,610	65,255	71,653	71,511
Tennessee	45,000	50,000	59,100	58,620
Texas	44,040	55,000	60,001	63,187
Utah	63,900	66,609	78,000	81,000
Vermont	59,135	68,000	74,060	75,557
Virginia	66,600	67,694	77,042	80,076
Washington	59,625	62,529	79,552	85,599
West Virginia	48,077	48,000	52,020	58,620
Wisconsin	56,899	63,622	68,250	72,230
Wyoming	58,700	70,016	65,611	71,770

**NOTE**

(\*) Estimates of median household income use two years of data to ensure adequate sample size at the state level; for example, the estimate for 2010 reflects the average of income reported in 2009 and 2010. Income estimates 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 from 2014 and later come from the revised income questions. Household incomes have been adjusted for the likelihood that people in residence purchase health insurance together.

**DATA**

U.S. Census Bureau, Current Population Survey (CPS), 2010–2020, analysis by Benjamin Zhu and Sherry Glied of New York University for the Commonwealth Fund.

## NOTES

1. Congressional Budget Office, *Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2019 to 2029* (CBO, May 2019).
2. Paul Fronstin and Stephen A. Woodbury, *How Many Americans Have Lost Jobs with Employer Health Coverage During the Pandemic?* (Commonwealth Fund, Oct. 2020).
3. The MEPS–IC is the most comprehensive national survey of U.S. businesses on their health insurance plans. It surveyed more than 40,000 private-sector employers in 2019. The sampling unit used in the MEPS–IC is the “business establishment.” The Agency for Healthcare Research and Quality identifies an “establishment” as “a particular workplace or location” and a firm as “a business entity consisting of one or more business establishments under common ownership or control.” This means that multiple establishments owned by the same firm, but that operate in different locations, would be treated as independent respondents in this survey.
4. In addition to having a high deductible relative to income, people who are insured all year are considered underinsured if their out-of-pocket costs are high relative to income. See Sara R. Collins, Munira Z. Gunja, and Gabriella N. Aboulafia, *U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability — Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2020* (Commonwealth Fund, Aug. 2020).
5. Gary Claxton et al., “[Health Benefits in 2020: Premiums in Employer-Sponsored Plans Grow 4 Percent; Employers Consider Responses to Pandemic](#),” *Health Affairs* 39, no. 11 (Nov. 2020): 2018–28.
6. Neil Irwin, “[The Pandemic Depression Is Over. The Pandemic Recession Has Just Begun.](#),” *New York Times*, Oct. 3, 2020.
7. Daniel McDermott et al., *2021 Premium Changes on ACA Exchanges and the Impact of COVID-19 on Rates* (Henry J. Kaiser Family Foundation, Oct. 2020).
8. Bureau of Labor Statistics, “[Consumer Expenditures — 2019](#),” news release, Sept. 9, 2020.
9. Sara R. Collins et al., *What Are Americans’ Views on the Coronavirus Pandemic?* (NBC News/Commonwealth Fund Health Care Poll, Mar. 2020).
10. Sara R. Collins and Gabriella N. Aboulafia, “[Health Care in the 2020 Presidential Election: Health Insurance Coverage and Affordability](#),” *To the Point* (blog), Commonwealth Fund, Oct. 8, 2020; Sara R. Collins and Roosa Tikkanen, “[The Many Varieties of Universal Coverage](#),” Commonwealth Fund, last updated Apr. 24, 2019; Sherry A. Glied and Jeanne M. Lambrew, “[How Democratic Candidates for the Presidency in 2020 Could Choose Among Public Health Insurance Plans](#),” *Health Affairs* 37, no. 12 (Dec. 2018): 2084–91; and Vice President Joe Biden, “[The Biden Plan to Protect and Build on the Affordable Care Act](#),” n.d.
11. Trudi Renwick, “[CPS ASEC Redesign and Processing Changes](#),” *Census Blogs*, U.S. Census, Sept. 4, 2019.
12. Jonathan Rothbaum and Adam Bee, *Coronavirus Infects Surveys, Too: Nonresponse Bias During the Pandemic in the CPS ASEC*, SEHSD Working Paper No. 2020-10 (U.S. Census Bureau, Sept. 15, 2020).

## 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 directs the Fund's program on insurance coverage and access. She also directs the Fund's research initiative on Tracking Health System Performance. Since joining the Fund in 2002, Dr. Collins 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.

**Jesse C. Baumgartner** is a research associate in the Health Care Coverage, Access, and Tracking program at the Commonwealth Fund. Before joining the Fund, he worked as a technology development/licensing manager at Memorial Sloan Kettering Cancer Center, a life sciences consultant at Stern Investor Relations, and earlier in his career as a reporter for the *Lewiston Tribune* in Idaho. Mr. Baumgartner earned his B.A. in journalism and history from the University of North Carolina at Chapel Hill, where he was elected *Phi Beta Kappa*, and is currently pursuing his M.P.H. at the CUNY Graduate School of Public Health and Health Policy. He is also a CFA® charterholder.

## ACKNOWLEDGMENTS

The authors thank Sherry Glied and Benjamin Zhu of New York University; and David Blumenthal, Barry Scholl, Chris Hollander, Deborah Lorber, Paul Frame, Jen Wilson, Munira Gunja, and Gabriella Aboulafia, all of the Commonwealth Fund.

---

*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, Access, and Tracking  
The Commonwealth Fund

[src@cmwf.org](mailto:src@cmwf.org)



**The  
Commonwealth  
Fund**

*Affordable, quality health care. For everyone.*

**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.