Small Business and Nonprofit Health Insurance Subsidy Program Workgroup

Session 2 – July 26, 2022

MARYLAND HEALTHBENEFIT EXCHANGE

Agenda

1:00 - 1:15 | Welcome
Johanna Fabian-Marks, MHBE Director of Policy and Plan Management

1:15 - 1:30 | Follow-ups from Session 1
Johanna Fabian-Marks

1:30 - 1:45 | Individual and Small Group Enrollment and Premium Data
Johanna Fabian-Marks

1:45 - 2:15 | Program Goals; Design Questions and Considerations
Johanna Fabian-Marks

2:15 - 2:45 | Discussion
All

2:45 - 3:00 | Public Comment

3:00 | Adjournment

Welcome

Members

Member	Affiliation
Glenn Arrington	Group Benefit Strategies
Neil Bergsman	MD Nonprofits
David Brock	Aetna
Dana Davenport	Association of Community Services of Howard County
Janet Ennis	Maryland Health Care Commission
Jon Frank	Insurance Advisor
Bruce Fulton	Neighbor Ride
Amber Hyde	All About Benefits, LLC
Stephanie Klapper	Maryland Citizens' Health Initiative
Mark Kleinschmidt	Anne Arundel County Chamber of Commerce
Jamal Lee	Breasia Productions

Member	Affiliation
Lane Levine	A Friendly Bread
Allison Mangiaracino	Kaiser Permanente
Robert Morrow	UnitedHealthcare
Henry Nwokoma	Maryland Health Care Commission
Trina Palmore	Solomon's Financial Group
Deb Rivkin	CareFirst
Sandy Walters	Kelly Benefits
Rick Weldon	Frederick County Chamber of Commerce

Follow-up items from Session 1

Follow-Up Items

Administrative

- Charter approved
- Co-chairs:
  - Jon Frank
  - Rick Weldon

Data

- Available data sources do not allow us to estimate the characteristics of uninsured individuals who work for small businesses.
- However, we do separately have data on the uninsured, and on small businesses.
- Maryland Nonprofits' data dashboard provides information on nonprofits.

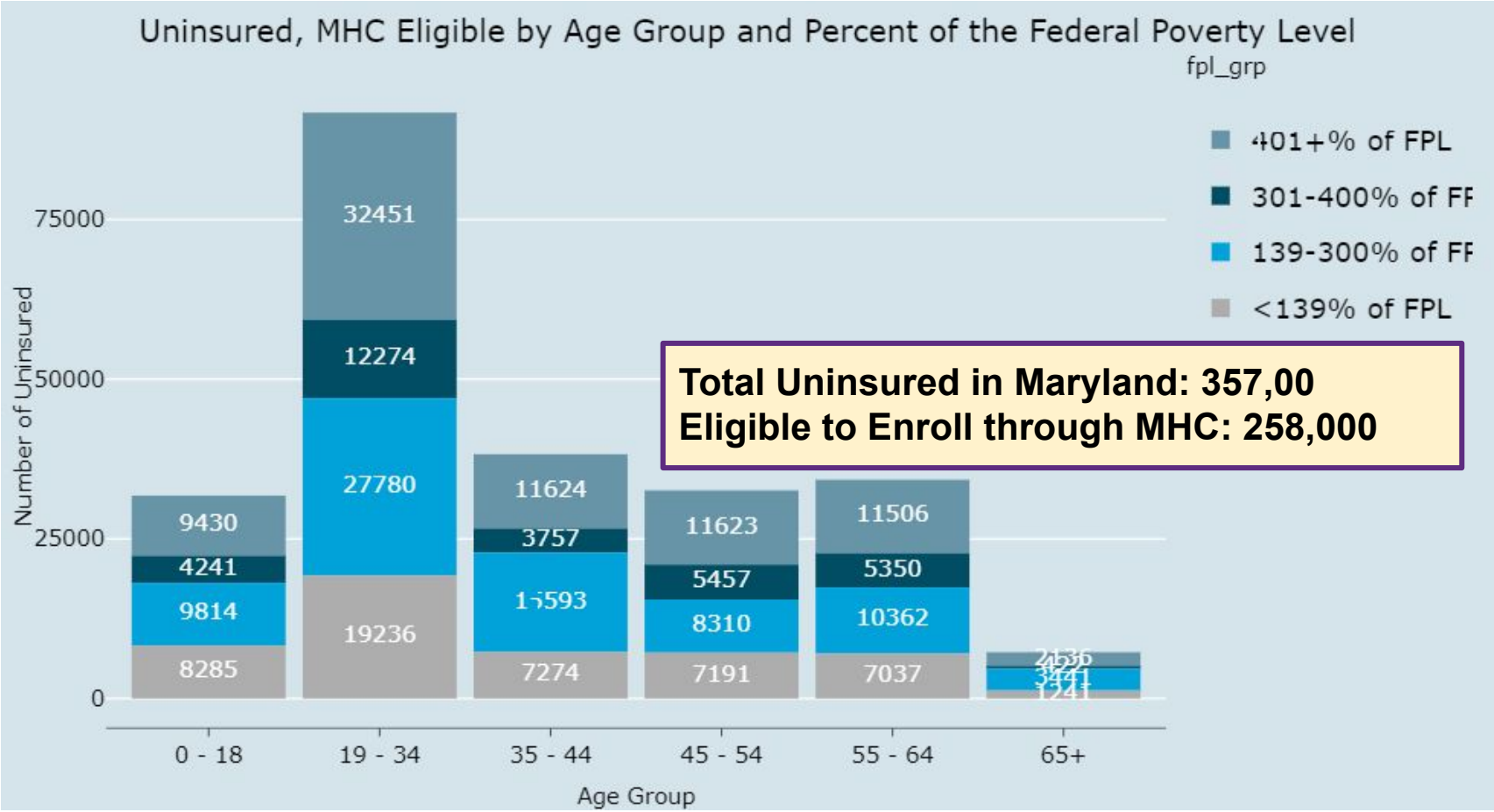
Maryland Businesses with 1-49 Employees by Industry Type[16]

Industry Type	Percent of Businesses
Professional, Scientific, and Technical Services	16.94%
Construction	13.22%
Other Services (except Public Administration)	12.25%
Health Care and Social Assistance	11.40%
Retail Trade	9.82%
Accommodation and Food Services	8.57%
Administrative and Support and Waste Management and Remediation Services	6.43%
Real Estate and Rental and Leasing	4.47%
Finance and Insurance	3.45%
Wholesale Trade	3.43%
Transportation and Warehousing	2.62%
Manufacturing	2.25%
Arts, Entertainment, and Recreation	1.79%
Educational Services	1.76%
Information	1.07%
Agriculture, Forestry, Fishing and Hunting	0.18%
Industries not classified	0.18%
Management of Companies and Enterprises	0.11%
Utilities	0.04%
Mining, Quarrying, and Oil and Gas Extraction	0.02%
Total	**100%**

The Census Bureau categorizes nonprofit organizations within “Other Services”

[16] US Census Bureau. (2019). Statistics of US Businesses (SUSB) U.S. & States Data by NAICS with Detailed Employment Sizes

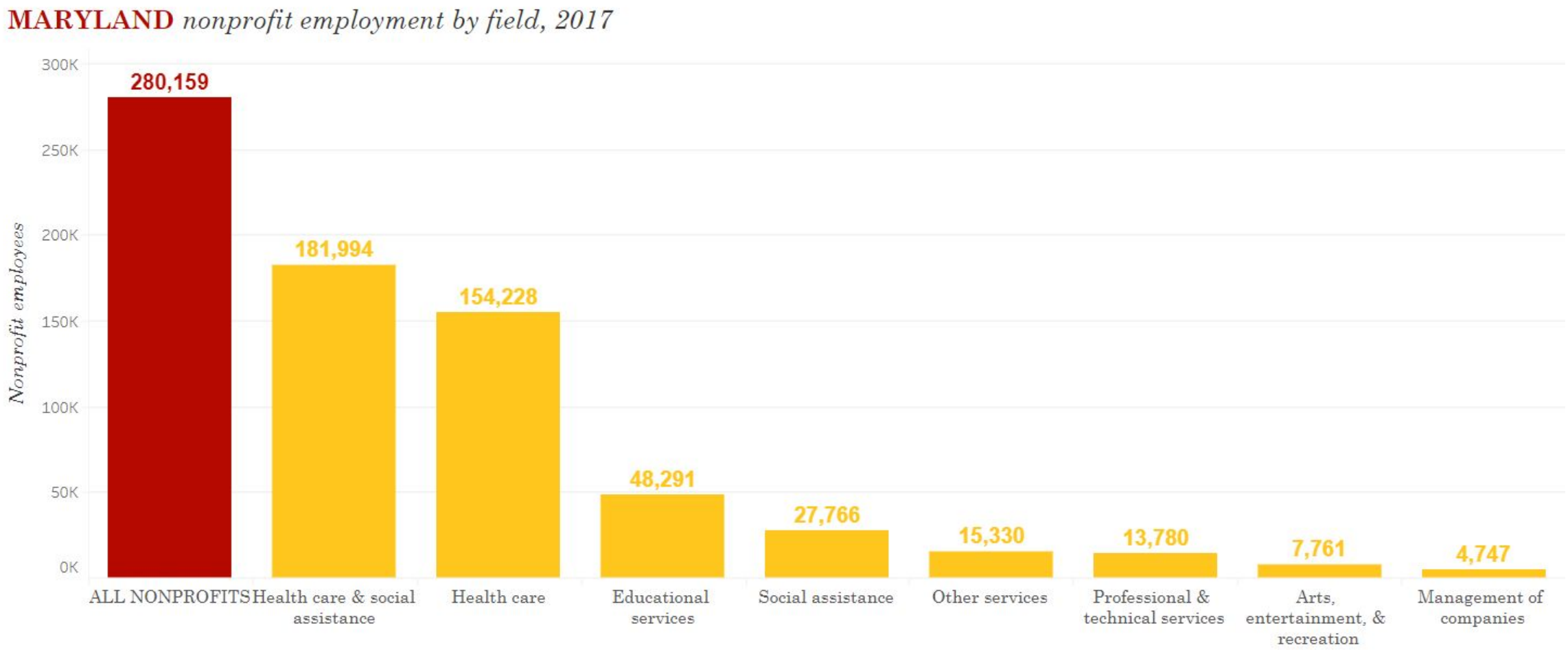
MHBE Uninsured Dashboard



https://www.marylandhbe.com/wp-content/docs/COVID_Uninsured_Analysis_Dashboard_April2021.html

MARYLAND HEALTHBENEFIT EXCHANGE

MD Nonprofit Employment by Field, 2017



MARYLAND HEALTHBENEFIT EXCHANGE

https://www.marylandnonprofits.org/nonprofits-by-the-numbers-2021/

Sample Quote: Gold HMO in Annapolis

In this scenario, the employer covers 50% of employee-only coverage and 0% of dependent coverage.

Plan Type: HMO; Co-Insurance: 100%; Co-Pay: $10 Copay After Ded.; Deductible: $1,500; Out of Pocket: $3,200 ($6,400); In Patient Hospital: $200 Copay Per Adm. After Ded.; RX Card: PlanDed-10G/45PB/65NPB/50%to100PS/50%to150NPS

#	EE Name	Age	EE Zip Code	Coverage	Employer Cost			Employee Cost			Plan Cost
					EE	Dep	Total	EE	Dep	Total	Total
1	Emp 1	49	21401	EF	$323.94	$0.00	$323.94	$323.94	$1,167.76	$1,491.70	$1,815.63
2	Emp 2	59	21401	EE	$494.26	$0.00	$494.26	$494.26	$0.00	$494.26	$988.52
3	Emp 3	45	21401	EE	$274.19	$0.00	$274.19	$274.19	$0.00	$274.19	$548.37
4	Emp 4	22	21401	EE	$189.88	$0.00	$189.88	$189.88	$0.00	$189.88	$379.76
5	Emp 5	35	21401	EC	$232.04	$0.00	$232.04	$232.04	$581.04	$813.08	$1,045.11
6	Emp 6	37	21401	EE	$235.07	$0.00	$235.07	$235.07	$0.00	$235.07	$470.14
7	Emp 7	40	21401	EE	$242.67	$0.00	$242.67	$242.67	$0.00	$242.67	$485.33
							$1,992.03			**$3,740.83**	**$5,732.86**

MARYLAND HEALTHBENEFIT EXCHANGE

Individual and Small Group Enrollment and Premium Data

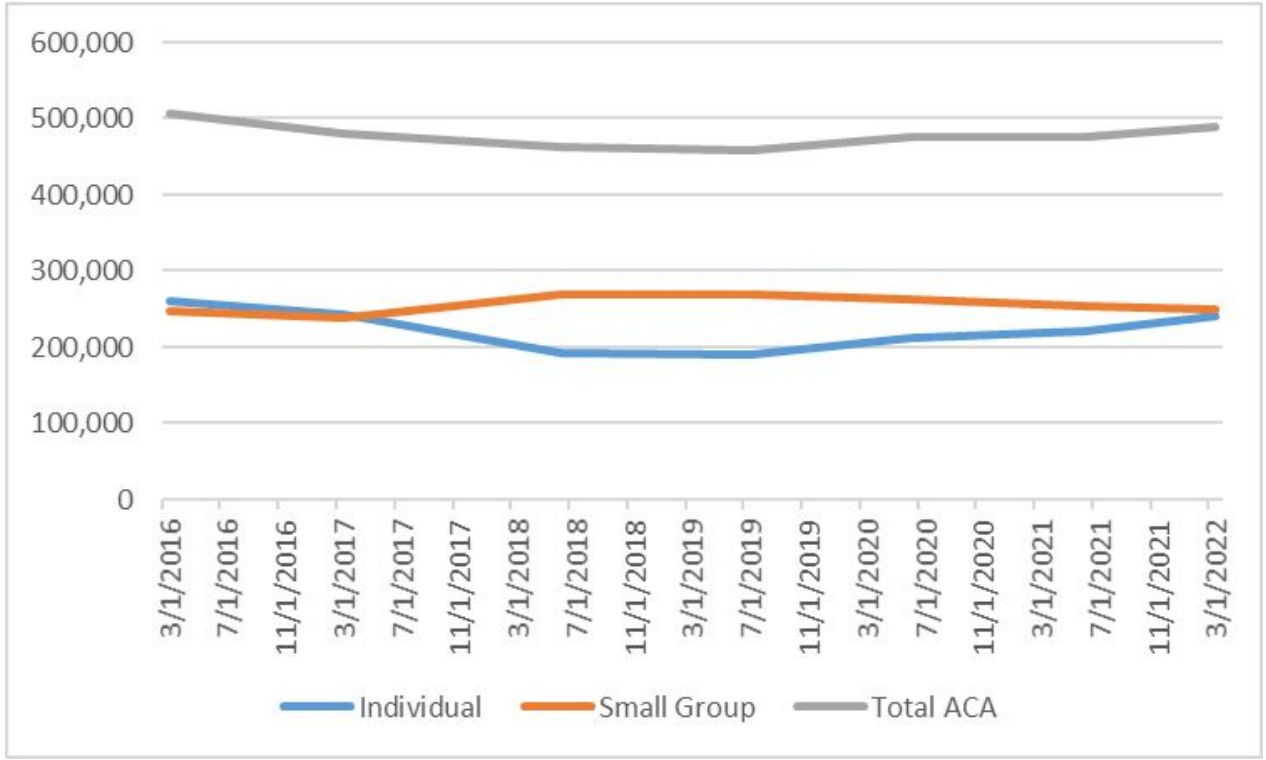
Individual and Small Group Enrollment

Between July 2019 and March 2022:

- Individual enrollment grew 27% (+51k lives)
- Small group enrollment fell 8% (-20k lives)
- Total ACA enrollment grew 7% (+30k lives)

Date	Enrollment					
	Individual		Small Group		Total ACA	
3/31/2016	260,573		246,814		507,387	
3/31/2017	242,767	-6.8%	237,364	-3.8%	480,131	-5.4%
6/30/2018	192,279	-20.8%	270,267	13.9%	462,546	-3.7%
7/31/2019	190,480	-0.9%	268,816	-0.5%	459,296	-0.7%
6/30/2020	212,583	11.6%	263,023	-2.2%	475,606	3.6%
6/30/2021	221,797	4.3%	254,654	-3.2%	476,451	0.2%
3/31/2022	241,273	8.8%	248,328	-2.5%	489,601	2.8%

Data provided by MIA



MARYLAND HEALTHBENEFIT EXCHANGE

Individual and Small Group Rate Changes

- Individual rates increased significantly until 2018, declined significantly from 2019-2021 due to the reinsurance program, then grew modestly in 2022.
- Small group rates increased modestly each year between 2016 and 2022

Year	Average Rate Change	
	Individual	Small Group
2016	20.5%	-1.8%
2017	25.2%	3.3%
2018*	33.1%	1.9%
2019	-13.2%	5.0%
2020	-10.3%	3.0%
2021	-11.9%	2.3%
2022	2.1%	5.0%
2023**	11.0%	10.0%

* Prior to CSR loading, representative of average unsubsidized increase

**Proposed rates

MARYLAND HEALTHBENEFIT EXCHANGE

Individual and Small Group Average Premium Comparison

- Individual market average premiums have fluctuated over time, starting out lower than small group in 2016, then substantially exceeding the small group average by 2019, and by 2021 were about 18% below the small group average.
- This comparison does not control for differences in average age, location, or actuarial value.

Average Marketwide Premium

Average Marketwide Premium

	Ind	SG	SG vs Ind
2016	$325.33	$417.81	28.4%
2017	$400.46	$416.36	4.0%
2018	$592.62	$444.75	-25.0%
2019	$529.41	$456.90	-13.7%
2020	$470.99	$472.87	0.4%
2021	$417.75	$492.72	17.9%

Individual and Small Group Premium Comparison - Cheapest Gold Premium for a 40-year-old in Baltimore

- In 2022, individual market premiums in this example were about 14% to 26% lower ($40-$96 less) than comparable small group premiums
- This does not account for APTC in the individual market or employer contributions in the SG market

CareFirst HMO

	Ind	SG	SG vs Ind
2016	$393	$406	3.3%
2017	$416	$397	-4.5%
2018	$516	$390	-24.4%
2019	$437	$410	-6.2%
2020	$373	$417	11.8%
2021	$328	$421	28.4%
2022	$348	$440	26.2%

CareFirst PPO

	Ind	SG	SG vs Ind
2016	$510	$470	-7.8%
2017	$550	$512	-6.9%
2018	$761	$508	-33.2%
2019	$663	$509	-23.2%
2020	$651	$547	-16.0%
2021	$542	$555	2.4%
2022	$473	$569	20.3%

Kaiser

	Ind	SG	SG vs Ind
2016	$311	$311	0.1%
2017	$401	$285	-29.0%
2018	$449	$304	-32.3%
2019	$408	$316	-22.5%
2020	$375	$352	-6.0%
2021	$332	$347	4.5%
2022	$291	$331	13.7%

OCI (United)

	Ind	SG	SG vs Ind
2016			
2017			
2018			
2019			
2020			
2021	$326	$353	8.0%
2022	$328	$374	13.9%

MARYLAND HEALTHBENEFIT EXCHANGE

Federal Premium Subsidies in the Individual Market

- The American Rescue Plan Act increased federal premium subsidies and eliminated the income cap on subsidy eligibility

Income Range (FPL)	Max Expected Contribution Towards 2nd Lowest Cost Silver Plan	Household of 1		Household of 4	
		Income at FPL Range	Expected Contribution	Income at FPL Range	Expected Contribution
100-150	0%	$13,000-$19,000	$0	$26,000-$39,000	$0
150-200	0%-2%	$19,000-$25,500	$43	$39,000-$52,000	$87
200-250	2%-4%	$25,500-$32,000	$107	$52,000-$66,000	$220
205-300	4%-6%	$32,000-$38,000	$190	$66,000-$79,000	$395
300-400	6%-8.5%	$38,000-$51,000	$361	$79,000-$105,000	$744
400% and higher	8.50%	>$51,000		>$105,000	

Program Goals

Workgroup Objectives

SB 632 - Small Business and Nonprofit Health Insurance Subsidies Program - Workgroup

1. "...**study and make recommendations** relating to the establishment of a Small Business and Nonprofit Health Insurance Subsidies Program to provide subsidies to small businesses and nonprofit employers and their employees for the purchase of health benefit plans."
2. **Submit report** on findings & recommendations to the Governor, Senate Finance Committee, House Health & Government Operations Committee by **October 1, 2022**

Future Topics

Session #	Date	Topic
2	July 26	Small employers' and employees' health insurance coverage needs; Program goals and design
3	August 9	Program design
4	August 23	Program design; costs and financing
5	Sept 6	Buffer: time for additional discussion, follow-up items

Possible goals of a subsidy program

By identifying program goal(s), the workgroup can narrow down decisions about program design recommendations, including eligibility parameters, subsidy design, and metrics for success.

A. Reduce cost of offering insurance for interested businesses (even if they are already offering insurance)?
B. Reduce the number of uninsured individuals…
    i. by increasing the number of small businesses that offer small group plans?
    ii. by increasing the number of small businesses that connect their employees to individual market coverage?

Program Design Questions and Considerations

Subsidy Design Considerations

- Program **goals**
- **Target** population
- Total **subsidy cost** and availability of funds
  - No state funding currently designated for a small business subsidy program
  - SB 632 of 2022 initially proposed $45M, $3M of which could be used for outreach
- **Duration** of program
- **Implementation cost and burden** for state, carriers, and producers
- Ease of **access** for employers

Subsidy Design Questions

- **What should the goals of the program be?**
- **Who should be eligible?** All small businesses? Or should other criteria be applied (e.g., cap on average wages or revenues, employer size, minority and women-owned, hasn't offered insurance in the last 12 months)?
- **Should subsidy be available to small business plans on and off exchange?**
- **How should the subsidy be designed?**
  - Fixed **percentage reduction** for eligible businesses (NM model), or sliding scale percentage reduction based on certain criteria?
  - **Specified credit** according to subscriber type (ME, MD partnership model)?
  - Other - pre-funded **ICHRA or QSEHRA** accounts?
  - Other - directly administered **individual market state subsidy** (similar to young adult subsidy)
- **Should an employer contribution be required?**
- **Should savings be required to be passed on to employees?**
- **Should minimum employee participation be required?**

Possible model: Maine Small Business Health Insurance Premium Relief Program

- $50 credit per adult + $30 credit for plans that include coverage for a child
- For small businesses enrolled in a fully-insured, community-rated small group comprehensive insurance plan (covers 50 or fewer employees)
- $39 million total cost, funded by ARPA (November 1, 2021 to April 30, 2023)
- Employers must pass along credit amount in the same proportion as the premium contributions made by employer and employee; employer can choose to pass a larger share of the credit on to their employees
- Credit automatically applied to employer invoices; no action required

Possible model: New Mexico Small Business Health Insurance Premium Relief Initiative

- 10% premium reduction. Total cost not available.
- Not limited to SHOP plans
- July – December 2022; 2023 TBD by Oct 2022
- Resources refer to future premium and out-of-pocket cost supports in individual and family coverage coming 2023, but no details.
- Credit automatically applied to invoiced; no action needed.

Possible model: MD Health Insurance Partnership

- Eligible small businesses have:
  - At least 2, no more than 9 eligible* employees
  - Low to moderate wages
    - Average wage of enrolled businesses
      - 2008-2013: $27,500 - $28,500
      - 2014: $28,500 - $29,500
      - 2015: $23,775
- Subsidy per employee depends on the health insurance coverage chosen and the average annual wage of the business. The premium subsidy can be up to 50% of the premium for each participating employee, not to exceed a maximum amount set by the Commission (see table to right)

Average Wage	Employee only	Family
< $30,000	$2,500	$6,250
$35,001	$1,786	$4,464
$40,001	$1,190	$2,976
$45,001	$595	$1,488
$50,001	$0	$0

Abbreviated Maximum Subsidy Amounts, 2014

*an individual who is not a temporary, seasonal, or substitute employee and works 30 hours or more per week. Owners and partners working at least 30 hours per week count as eligible employees, as do independent contractors who work at least 30 hours per week if the employer chooses to insure them.

Source: http://dlslibrary.state.md.us/publications/Exec/DHMH/MHCC/IN15-12A-05%281%29_2016.pdf

MARYLAND HEALTHBENEFIT EXCHANGE

Possible model: Leverage Qualified Small Employer HRAs (QSEHRAs) or Individual Coverage HRAs (ICHRAs)

- ICHRAs and QSEHRAs allow employers to reimburse employees' qualifying medical expenses, including premiums for individual coverage, on a tax-free basis.
- MD could consider subsidizing small employers' QSEHRAs or ICHRAs, which employees could then use to purchase individual market coverage.

	QSEHRA	ICHRA
Employer contributions	Employers select how much money to contribute to employees, up to the allowed annual 2021 limit of $5,300 for individuals and $10,700 for households (increases annually for inflation).	Employers select how much money to contribute to employees and, if the employer chooses, to employees' dependents.
Eligible businesses	Generally, small employers with fewer than 50 employees (other than certain owners or their spouses) who don't offer other group health plan coverage.	Employers of any size with at least one employee (other than certain owners or their spouses).

https://www.healthcare.gov/small-businesses/learn-more/hra-guide/

ICHRA/QSEHRA Tax Considerations

	QSEHRA	ICHRA
Tax treatment	Reimbursements aren't taxed to the employee.	Reimbursements aren't taxed to the employee.
APTC impact if HRA is affordable to employee*	Employee and any covered dependents aren't eligible for a premium tax credit for Marketplace coverage.	Employee and any dependent(s) the HRA offer extends to aren't eligible for a premium tax credit for their Marketplace coverage.
APTC impact if HRA is not affordable to employee*	Employee must reduce the amount of the advance payment of the premium tax credit (APTC) by the QSEHRA amount.	If unaffordable and the employee declines it, employees may qualify for a premium tax credit, if they are otherwise eligible.

*An ICHRA is considered unaffordable if, after the HRA contribution, the premium for the lowest-cost Silver plan for self-only coverage in the employee's area is more than 9.61% of the employee's household income.

Possible model: State subsidy for small business employees purchasing individual market coverage

- MD could establish a direct state premium subsidy (not through an HRA) that would only be available to small employers' employees who purchase coverage on the individual market
- This could be similar to the young adult state premium subsidy that MHBE administers to reduce premiums for individuals age 18-34 who purchase coverage through Maryland Health Connection, but with a differently defined target population.

https://www.healthcare.gov/small-businesses/learn-more/hra-guide/

Program comparison

	Maine	New Mexico	Maryland Partnership Program	Recommended Maryland Program
Program design	$50 credit per adult + $30 credit for plans that include coverage for a child	10% of all small group premiums	Up to 50% of premium for each participating employee, up to certain maximums	
Cost	$39 million	Not available	~$3 million	
Funding source	ARPA	Not specified	General funds	
Implementation	*Requires conversation*	*Requires conversation*		
Accessibility	No effort required of employer	No effort required of employer	Ideally no effort required of employer	
On/Off Exchange?	Both	Both	N/A	
Target population	Small businesses (≤50)	Small businesses (≤50)	2-9 employees, low to moderate wages	

Discussion

Discussion - Subsidy Design Questions

- **What should the goals of the program be?**
- **Who should be eligible?** All small businesses? Or should other criteria be applied (e.g., cap on average wages or revenues, employer size, minority and women-owned, hasn't offered insurance in the last 12 months)?
- **Should subsidy be available to small business plans on and off exchange?**
- **How should the subsidy be designed?**
  - Fixed **percentage reduction** for eligible businesses (NM model), or sliding scale percentage reduction based on certain criteria?
  - **Specified credit** according to subscriber type (ME, MD partnership model)?
  - Other - pre-funded **ICHRA or QSEHRA** accounts?
  - Other - directly administered **individual market state subsidy** (similar to young adult subsidy)
- **Should an employer contribution be required?**
- **Should savings be required to be passed on to employees?**
- **Should minimum employee participation be required?**

Discussion - Questions from Last Session

- What are the pros and cons of connecting small business employees to the individual market versus the small business market?
- What data would be helpful for you to have to inform future discussions?
- What are some reasons small employers forgo offering health insurance coverage to employees?
- What would make small employers more likely to offer coverage to employees?

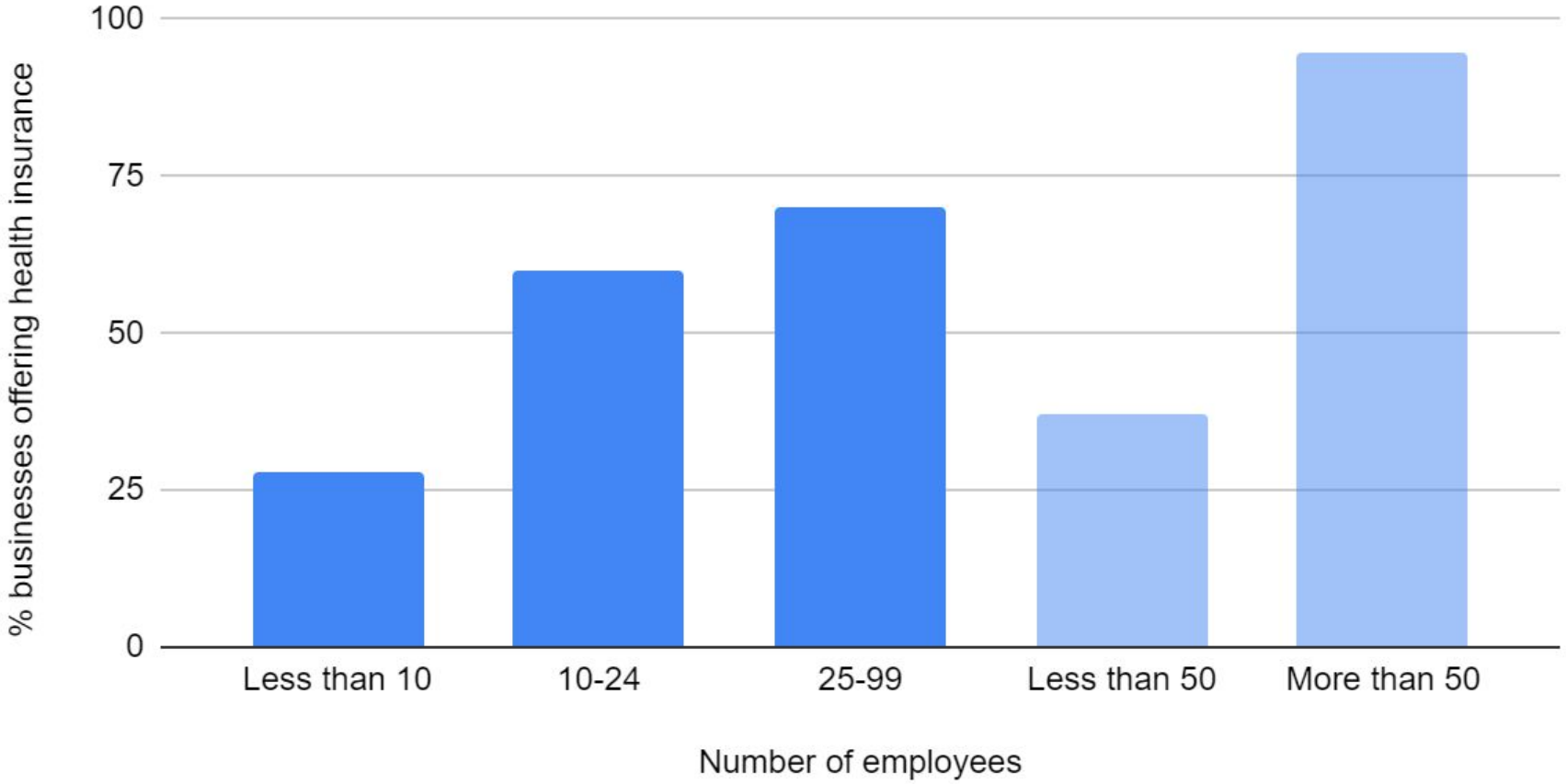
Public Comment

Next Steps

Next meeting: August 9, 2022

Appendix

Percent of Businesses Offering Health Insurance by Number of Employees



Agency for Healthcare Research and Quality. (2020). Center for Financing, Access and Cost Trends: 2020 Medical Expenditure Panel Survey - Insurance Component tiia2.pdf (ahrq.gov)

MARYLAND HEALTHBENEFIT EXCHANGE

Note: This dataset does not offer a breakdown for 26-50 employees or 51-99 employees. It only specifies the categories illustrated above.

MHBE 101 – Overview

- **MHBE is a state-based health insurance marketplace/exchange launched in 2014**
  - Operates the **Maryland Health Connection** enrollment platform (website, app, call center)
  - Serves most **Medicaid** enrollees (1.23M) and legally present people in the **individual market** (175,000 - no affordable employer coverage, ineligible for Medicaid/Medicare)
  - Only source of **financial assistance** for people in the individual market: federal subsidies to cap premiums at 0%-8.5% of income and reduce cost-sharing for low-income individuals, state premium assistance for young adults
- **MHBE authority/scope includes**:
  - Conducting **outreach and enrollment** activities, overseeing the Navigator program
  - **Enhancing MHC** to improve the enrollment experience
  - **Setting plan certification standards** for individual market plans sold through MHC. Plan certification standards encompass features such as plan design and information provided to consumers
  - Administering affordability programs (**reinsurance** and **young adult subsidy)**

MHBE 101 - Purposes of the Exchange

(c) Purpose. The purposes of the Exchange are to:

(1) reduce the number of uninsured in the State;

(2) facilitate the purchase and sale of qualified health plans in the individual market in the State by providing a transparent marketplace;

(3) **assist qualified employers in the State in facilitating the enrollment of their employees in qualified health plans in the small group market in the State and in accessing small business tax credits;**

(4) **assist individuals in accessing public programs, premium tax credits, and cost-sharing reductions; and**

(5) **supplement the individual and small group insurance markets outside of the Exchange**.

Insurance Article 31-102 Annotated Code of Maryland, *Maryland Health Benefit Exchange*

Employer Eligibility Criteria for SHOP Exchange

COMAR 14.35.18.03

(1) An employer is eligible to purchase insurance on the SHOP Exchange if it meets the following requirements as established by Insurance Article, §31-101(aa), Annotated Code of Maryland:

(a) Has, on average, 50 or fewer employees during the preceding calendar year;

(b) Has at least one full-time employee who is not the spouse or other dependent of the owner;

(c) Has its principal place of business in Maryland;

(d) Elects to offer, at a minimum, all full-time employees coverage in a qualified health plan through the SHOP Exchange; and

(e) Either:

(i) Elects to provide coverage through the SHOP to all eligible employees, wherever employed; or

(ii) Elects to provide coverage through the SHOP to all of its eligible employees who are principally employed in Maryland.

SHOP Exchange enrollees are rated as part of the total small group risk pool.

Affordable Care Act (ACA) Small Business Health Options Program (SHOP) Tax Credit

- No ACA requirement for small businesses to offer health insurance coverage
  - Instead, SHOP tax credit created to incentivize offering coverage
- Requirements to qualify:[1]
  - < 25 full-time equivalent employees (FTEs) for the taxable year
  - Pay average annual wages of < $56,000 per FTE
  - Must maintain a “qualifying arrangement” where the employer contributes at least 50% of the premium cost for each enrollee who enrolls in a qualified health plan through the exchange

[1] ACA §1421; 26 USC § 45R(d)(1); https://www.healthcare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits/

SHOP Tax Credit (Continued)

- SHOP tax credit parameters:[2]
  - The maximum credit is 50% of employer's premium payments (35% for tax-exempt organizations)
  - Available for 2 consecutive years
  - Tax credit reduced if:
    - FTEs >10
    - Average wage >$25,000
- Low SHOP enrollment in Maryland and nationwide
  - 232,698 covered lives nationwide as of January 2017 compared to 4 million estimated[3,4]
  - In Maryland, 121 active groups with 651 covered lives as of April 30, 2022[5]

[2] ACA §1421; 26 USC § 45R(b)
[3] Congressional Research Service. (2021, February 16). Overview of Health Insurance Exchanges
[4] CMS. (May 15, 2017). *The Future of SHOP*.
[5] Source: MHBE

SHOP Tax Credit (Continued)

- Factors related to low SHOP enrollment nationally:
  - Non-ACA compliant small group market plans were allowed to continue until October 2016[5]
  - Many states prioritized staff time and resources for the individual market over SHOP[6]
  - Many businesses were unaware of the tax credit or were deterred by:
    - The upper limit on salaries[7]
    - The limited (two year) availability of the tax credit
    - The paperwork burden[8]

[5, 6] Haase, L., Chase, D., and Gaudette, T. (2015). Lessons from the Small Business Health Options Program: The SHOP Experience in California and Colorado. *The Commonwealth Fund*
[7] Haase, L., Chase, D., and Gaudette, T. (2017, July). Talking SHOP: Revisiting the Small-business Marketplaces in California and Colorado. *The Commonwealth Fund*
[8] Blumberg, L. and Rifkin, S. (2014, August). Early 2014 Stakeholder Experiences with Small-Business Marketplaces in Eight States. The Urban Institute

SHOP Tax Credit (Continued)

(continued)

- In the 2019 Benefit and Payment Parameter rule, CMS effectively ended the federal SHOP exchange.[9]
  - Now, firms can browse and compare plan options on HealthCare.gov, but they must enroll through either a SHOP-registered agent or broker or directly with an insurer[10]
  - Insurer participation (and, consequently, plan availability) has been limited
    - In over half of states, no insurers were offering SHOP plans as of plan year 2020[11]

[9] HHS Notice of Benefit and Payment Parameters for 2019, 83 Fed. Reg. 16930 (April 17, 2018) (to be codified at 45 CFR parts 147, 153, 154, 155, 156,157, 158)
[10] CMS. (2021, October 25). Marketplace 2022 Open Enrollment Fact Sheet
[11] Congressional Research Service. (2021, February 16). Overview of Health Insurance Exchanges

MHBE's Small Business Responsibilities

- As a state-based marketplace, MHBE must assist qualified employers **in facilitating*** the enrollment of their employees in qualified health plans 45 CFR 155.700(a)(2)
- Program required functions:
  - QHP Certification 45 CFR 155.705(b)(5)
  - Determination and notice of Employer Eligibility to Purchase MHC for Small Business QHPs and QDPs 45 CFR 155.716 (a)(e)

* Changed from 'and facilitate' (1/1/2018)

What have we tried?

- **2014** “Direct enrollment” process • Employer choice model only • Exchange determined employer eligibility to participate in SHOP program • Exchange reported enrollment information to CMS and IRS • **Brokers** worked directly with carriers and/or third-party administrator to sell SHOP certified plans.
- **2015** “Direct enrollment” for Employer Choice model • Employee choice model available through **three** contracted third-party administrators
- **2016** Contracted with **one** third party administrator for Employer & Employee choice models
- **2019** Returned to direct enrollment process
- **2020** MHC for small business portal envisioned

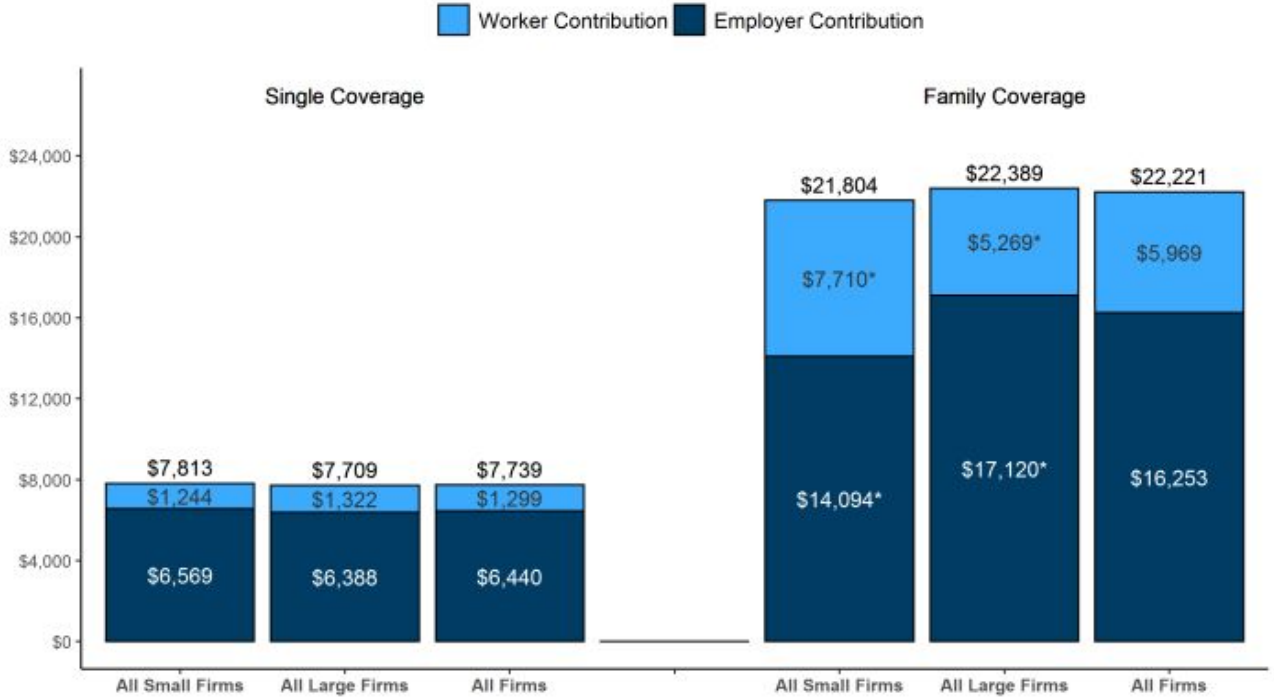
	2014	2015	2016	2017	2018	2019	2020	2021
Employers	43	88	113	107	148	152	156	121
Covered Lives	263	604	735	588	853	821	878	649

Average National Premiums and Employer Contributions for Firms of 3-199 Workers

- In 2021, the average annual premium for employer-sponsored health insurance in firms of 3-24 workers was about $8,000 for single coverage and $21,500 for family coverage.

- On average, employees in firms with 3-199 workers paid 17% ($1,200) of the premium for single coverage and 37% ($7,700) for family coverage. Employers paid an average of $6,600 and $14,000, respectively.

Figure 6.7
Average Annual Worker and Employer Premium Contributions and Total Premiums for Single and Family Coverage, by Firm Size, 2021



* Estimate is statistically different between All Small Firms and All Large Firms estimate ($p < .05$).
NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers.
SOURCE: KFF Employer Health Benefits Survey, 2021

https://www.kff.org/report-section/ehbs-2021-section-6-worker-and-employer-contributions-for-premiums/