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**With most health insurance open enrollments coming up in December, I was wondering if you would be willing to share with me what % of health insurance premiums your organization pays for employees single coverage, family coverage etc.**

**Also, we don't require that a spouse take their employer's insurance if they have it available; do you? One of our employees who was on his spouses' plan said he will be enrolling with us this year as his Spouse's company is charging a fee/penalty of \$140/mo. to carry a spouse that can get insurance.**

**Thanks for any information you have to share**

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Our company pays 70% of the premiums, give or take a few depending on level of plan. We do not charge a premium against our employees if their spouse has other coverage available to them. (Neither does my spouse's company; and I'm enrolled on his benefit plan.)

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With wellness credits that employees can earn, we pay 80% for employee coverage, 50% for dependents. There is a \$50 per month working spouse charge if a spouse is on our plan, has access to other coverage and declines it.

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The Company covers 70% of the health care costs for employees if they elect to have no other family members covered as well.

Any other coverage including Employee/Spouse, Employee/Children, or Employee/Spouse/Children the company covers 50% of the health care costs.

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We pay 74% of the employee's insurance and 60% of the dependent's insurance. We've had to make sure our plan is not too rich so we do not attract spouses who have access to insurance.

We have not done this yet, but many companies are requiring a spouse to get insurance from their company if it is offered. Whoever's birth month is earliest in the year would insure any children.

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Currently the company covers 90% of the premium for all coverages. We do not have a fee/penalties on the insurance for spousal coverage. We are looking at changing the employer amount and looking at spousal coverage changes also.

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We do not assess a spousal surcharge if an employee's spouse is on our plan instead of taking insurance through their own employer.

We offer four different health insurance plans for our employees to choose from with varying amounts of copays and deductibles. We contribute a flat amount for each tier of coverage (single, employee and spouse, and family). The employee then makes up the difference so they pay a higher percentage if they want the richer plan (lower deductibles.) Our contribution is about 95% of the cheapest plan and about 65% of the most expensive plan.

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We pay 70% EE and 40% of dependent coverage on our base plan. We do not charge a penalty.

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we pay 75 % of the Total premium IF Employee is enrolled  
we pay 50 % of the Total premium for all other coverage

it is up the employee to take a coverage with us.  
few of our employees are covered with their spouses.  
they did not coverage with us because they did not want to pay for coverage here

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We pay 70% of the entire premium regardless of coverage. Last year we changed our plan so that no longer allow working spouses who have access to coverage thru their jobs to join our health plan.

I will be very interested to see what others are doing as we are constantly talking about this issue and what we can do to bring that cost down.

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Most employers in the printing industry struggle with providing benefits. It's very common to carve out the spouses from the plan or to charge an extra amount if they already have a plan being offered to them.

Our strategy is to look at a "defined contribution" that allows you to incentivize those to join their spouse's plan. It's a unique strategy not many employers are doing.

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Our average shared percent of premium for each level of coverage is as follows:

Employee Only	55%
EE & Spouse	55%
EE & Child	51%
Family	51%

We do not tack on an additional premium for spouses with access to other coverage.

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Generally 55% paid by Co, single and family. A penalty depends on % paid for ee. But if spouse is ill your ee will be so preoccupied with costs that ee will not perform productively and probably will incur a slip and fall and get on WC so ee can care for spouse and himself at Company expense.

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On average, we pay around 80% of the health insurance premium for our employees. I say average because we do not designate the 20% employee premium portions based on age. So, for example, a 39 year old employee with family coverage will make the same biweekly contribution as a 63 year old employee with family coverage, even though the premium amounts are different.

We do not require that a spouse take their employers insurance if they have it available.

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We don't pay a percentage. We have a Cafeteria Plan for vision, dental and health. We pay the first \$700 per month in total premiums for the employee's coverage. On average, the company pays 72.16% of the total monthly premiums. In no instance is the company paying any of the dependent coverage on the health-the employee only pricing is over \$700 for any of the options we offer (PPO, HMO or HSA).. (An employee could select family coverage for vision and dental only and we would pay 100% of total premiums because the total premium is under the \$700/month contribution level).

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We pay 75% of premium for any coverage. We also charge to carry spouses that have insurance offered by their spouses employer.

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Our company offers three different PPO plans, one being a high deductible plan. On the high deductible plan the company pays 85% of the cost, employee's pick up the other 15%. The other two plans the share goes down, middle plan we pay 65% and the richest plan we share 50/50%. That is employee only costs. The rates are similar for family and employee and children or employee and spouse for each plan.

We do not have a spousal carve-out and we have also picked up employees who were on their spouse's plan and had to move to ours because of the increase/penalty to carry a spouse that has other employer insurance available. At this time we are not considering adding that to our plan.

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We pay 75% for employee coverage and all other levels is 70%.

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The trend towards “spousal carve out” from coverage is becoming more and more common. Regarding cost sharing trends I would refer you to the Kaiser Family Foundation healthcare website. There you will find detailed reports on all sorts of health insurance trends including cost sharing.

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We no longer have group health insurance, so we are not providing a portion of the premiums.

We are under 50 employees. Due to the rising costs of health care premiums, we stopped offering group health insurance in 2015. We brought in a broker who specializes in the health care exchange and he and his team met with each employee individually to help them sign up for the exchange. They come back out each year prior to the exchange renewal date to meet with anyone who wants to discuss their health insurance options – we pay a small annual fee for this concierge service. The broker also educates the employees on where to obtain their prescriptions for a better price and provides other guidance related to their health care (such as where to get labs and other tests done for a better price).

I did have the broker do a “mock” enrollment before we committed so that we could see exactly how each covered employee would be affected – we weren’t comfortable with the “your group as a whole will save “x” dollars or “x” percent – we needed to know the impact on a person by person basis. Then I did the calculations in more ways that I want to remember. We still had funds in our annual budgets for health insurance, but couldn’t sustain the large premium increases, so since we weren’t offering group insurance any longer, we gave a one-time raise in lieu of group health insurance to some covered employees. Some covered employees actually saw a decrease in their premiums due to subsidies, so not all covered employees received a one-time raise.

Prior to dropping group health insurance we were on an age-rated plan for a few years beforehand. We went to that option when traditional rates got out of control based upon the age of our employee base.

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We do not require a spouse to be on their employer’s plan. We do pay a dividend of \$150 per month if employee does not elect our plan.

Type of Plan	HMO/HDHP	HMO	POS
Single	100%	92%	80%
Employee + Children	100%	88%	78%
Employee + Spouse	100%	88%	78%
Employee + Family	100%	88%	78%

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Employees have an option to take our benefits or decline them. There's no penalty for not using our insurance or a spouses insurance. However we won't pay a bonus for not being on our plan unless they can show proof of insurance on another plan. We do have a few employees who have spouses, but only take single coverage. Not sure why this is their choice? But we assume it's financially beneficial to do this.

We pay approximately 65% of the health care premium costs for employee benefits, they cover the rest.

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The Company pays approximately 75% of the health care coverage. We do not have any requirement regarding spouses insurance.

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Our health insurance renewal just came in with an increase at 20.9%.  
Causing us to now shop around and reevaluate the present health insurance plan offered and what else is available.

Present health insurance plan is a high deductible HSA Plan.

Family Plan ER 73% EE 27% and employer contribute \$750 to the employee's HSA account.

Single Plan ER 66% EE 34% and employer contribute \$300 to the employee's HSA account.

We don't require that a spouse take their employer's insurance if they have it available.

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We pay for 70% of the employees health coverage should they select coverage. If the employee wants to cover their spouse or family, they need to pay 100% of the cost for the additional coverage.

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- Company pays 67% of health & dental across the board e.g. single -> family and everything in between.
  - Employee pays 33%
  - We do not require a spouse to take their employers coverage
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The employees pay 32% of the total health care cost.

Single employees pay \$77.00 per biweekly check

Add Spouse \$150.00 per biweekly check

Add children \$77.00 per child per biweekly check

We used to charge a fee/penalty for spouses who worked and had coverage available to them, but decided to increase the premium for all spouses after ACA went into effect in order to keep the ee premium in compliance.

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For employee coverage, they pay \$1.00/pay period (\$26.00 per year) and we pay the balance. For Spouse/Dependent coverage, we pay -0- and they pay 100%. We've had employees chose to be on the spouse's plan before. (We'd never require it.) In those cases we gave them addl. \$/hour – don't remember the amounts, but it worked out to 40, 45, to 50% of the cost of the insurance based on a 40-hr week figured for a year time frame (meaning based on 26 payroll periods and 12 month premiums). We haven't had this situation for several years.

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We pay 70% of the health care costs for employees and their families who do not smoke. We pay 50% for those who do smoke.

At this time we do not have any rules regarding a spouse who has insurance options through their own employer.

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We have an 80/20 split with the company paying 80% of the premiums.

Last year, we instituted a spousal carve out. Spouses that had their own insurance were required to take their own insurance instead of being covered under our company. We did this hoping to save funds and also as it was a general trend with benefits in our area. We did realize some cost savings from this change.

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We don't require a spouse take their employer offered coverage. As for a % we pay on premium, we don't have a firm % since we offer multiple plans with various prices. We basically just offer a % on one plan and match that price on other plans elected and employees pay the difference through a payroll deduction.

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