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# NOTES

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*Executive Summary:*

## Uninsured Unchanged in 2004, But Employment-Based Health Coverage Declined

- ***Continuing decline in employment-based health coverage:*** Among all individuals residing in the United States, just under 60 percent were covered by employment-based health benefits during 2004, down from almost 64 percent in 2000. This continues a downward trend that started between 2000 and 2001, following a period of increasing coverage dating from 1994.

- ***Employment-based coverage is crucial:*** The level of employment-based health coverage is a critical factor, since the vast majority of Americans who have health insurance coverage obtain it through work (either their own jobs or a family member's job).

- ***Total uninsured rate stable in 2004***: The total rate of the uninsured in America remained statistically unchanged in 2004 at just under 16 percent, since the decline in employment-based health coverage was largely offset by an increase in government-based public programs (primarily for the elderly, disabled, and children).

- ***Children accounted for bulk of Medicaid growth***: Most of the expansion in public coverage occurred in Medicaid and the State Children's Health Insurance Program (S-CHIP).

- ***Employment-based coverage decline spanned all groups:*** The percentage of workers, nonworking adults, and children with employment-based health benefits all dropped between 2003 and 2004. These trends are the result of a relatively weak labor market and rising health benefit costs. In response to these factors, small employers either continued to drop health benefits or required workers to pay more for health benefits when they were offered.

- ***Erosion of employment-based coverage likely to continue:*** The erosion in employment-based health benefits is expected to continue at least until the unemployment rate drops below 5 percent and as long as the cost of providing health benefits continues to increase.

# Uninsured Unchanged in 2004, But Employment-Based Health Coverage Declined

*by Paul Fronstin, EBRI*

## Introduction

Among all individuals residing in the United States, 59.8 percent—or 174.2 million—were covered by employment-based health benefits during 2004 (Figure 1), according to Employee Benefit Research Institute (EBRI) estimates of recently released government data.[1] This is down from 2000, when 63.6 percent of the population was covered by employment-based health benefits. The 2004 numbers continue a downward trend that started between 2000 and 2001, following a period of increasing coverage dating from 1994.

The level of employment-based health coverage is a critical factor, since the vast majority of Americans who have health insurance coverage obtain it through work (either their own jobs or a family member's job). However, in 2004, the total rate of the uninsured in America remained statistically unchanged at just under 16 percent, since the decline in employment-based health coverage was largely offset by an increase in government-based public programs (primary for the elderly, disabled, and children).

While the majority of individuals with health insurance in 2004 received it through an employment-based health plan, 79.1 million individuals received health insurance from public programs. Among these individuals, 37.5 million participated in Medicaid (the federal-state health care program for poor),[2] while 39.7 million received health benefits under Medicare (the federal health care insurance program for the elderly and disabled), and 10.7 million through the Tricare/CHAMPVA[3] programs and other government programs designed to provide coverage for retired military members and their families. Most of the expansion in public coverage occurred in Medicaid and the State Children's Health Insurance Program (S-CHIP).

The percentage of workers, nonworking adults, and children with employment-based health benefits all dropped between 2003 and 2004. This decline in employment-based health benefits was coupled with

Figure 1

**Americans With Selected Sources of Health Insurance Coverage, 1994–2004**

| | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | (millions) | | | | | |
| Total Population | 262.1 | 264.3 | 266.8 | 269.1 | 271.7 | 276.8 | 279.5 | 282.1 | 285.9 | 288.3 | 291.2 |
| Employment-Based Coverage | 159.5 | 161.1 | 163.0 | 164.9 | 168.2 | 175.1 | 177.8 | 176.6 | 175.3 | 174.0 | 174.2 |
| Public | 70.6 | 70.2 | 69.4 | 67.1 | 66.5 | 67.7 | 69.0 | 71.3 | 73.6 | 76.8 | 79.1 |
| Medicare | 33.9 | 34.7 | 35.2 | 35.6 | 35.9 | 36.9 | 37.7 | 38.0 | 38.4 | 39.5 | 39.7 |
| Medicaid | 32.0 | 32.3 | 31.8 | 29.3 | 28.2 | 28.5 | 29.5 | 31.6 | 33.2 | 35.6 | 37.5 |
| Military health care | 11.2 | 9.4 | 8.8 | 8.6 | 8.8 | 8.6 | 9.1 | 9.6 | 10.1 | 10.0 | 10.7 |
| No Health Insurance | 36.8 | 37.6 | 38.6 | 40.2 | 41.0 | 40.2 | 39.8 | 41.2 | 43.6 | 45.0 | 45.8 |
| | | | | | | (percentage) | | | | | |
| Total Population | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Employment-Based Coverage | 60.8 | 61.0 | 61.1 | 61.3 | 61.9 | 63.3 | 63.6 | 62.6 | 61.3 | 60.4 | 59.8 |
| Public | 26.9 | 26.6 | 26.0 | 24.9 | 24.5 | 24.5 | 24.7 | 25.3 | 25.7 | 26.6 | 27.2 |
| Medicare | 12.9 | 13.1 | 13.2 | 13.2 | 13.2 | 13.3 | 13.5 | 13.5 | 13.4 | 13.7 | 13.7 |
| Medicaid | 12.2 | 12.2 | 11.9 | 10.9 | 10.4 | 10.3 | 10.6 | 11.2 | 11.6 | 12.4 | 12.9 |
| Military health care | 4.3 | 3.6 | 3.3 | 3.2 | 3.2 | 3.1 | 3.3 | 3.4 | 3.5 | 3.5 | 3.7 |
| No Health Insurance | 14.0 | 14.2 | 14.5 | 15.0 | 15.1 | 14.5 | 14.2 | 14.6 | 15.2 | 15.6 | 15.7 |

Source: Carmen DeNavas-Walt, Bernadette D. Proctor, and Cheryl Hill Lee, "Income, Poverty, and Health Insurance Coverage in the United States: 2004," *Current Population Reports* P60-229 (Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, August 2005); and Employee Benefit Research Institute estimates for 1991–1998.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

an increase in the number and percentage of individuals covered by the Medicaid program. Between 2003 and 2004, the number of individuals with Medicaid increased from 35.6 million to 37.5 million, while the percentage increased from 12.4 percent to 12.9 percent. These trends are the result of a relatively weak labor market and rising health benefit costs. As a result of the increase in the percentage of individuals covered by the Medicaid program, the overall number and percentage of uninsured individuals remained the same between 2003 and 2004.

## Health Insurance Coverage Among the Nonelderly

Employment-based health benefits are the most common source of health insurance coverage in the United States. Among nonelderly Americans (those under age 65), 159.1 million—or 62.4 percent—had employment-based coverage in 2004. Children, working family-heads,[4] other workers, and nonworkers were all more likely to have employment-based health coverage than any other type of coverage, either public or private (Figure 2). Those individuals whose family head did not work were more likely to be covered by Medicaid or S-CHIP (37.3 percent), or to be uninsured (27.0 percent), than to have employment-based health insurance (20.8 percent).

*Firm Size*—Individuals without health insurance coverage were more likely to be from families whose family head worked for a small firm rather than for a large one. Persons with a family head working in a firm with fewer than 10 workers had a 30.9 percent probability of being uninsured (Figure 3). This

Figure 2
**Nonelderly Population With Selected Sources of Health Insurance, by Own Work Status and Work Status of Family Head, 2004**

| Own Work Status and Work Status of Family Head | Total | Employment-Based Coverage | | | Individually Purchased | Public | | Uninsured |
|---|---|---|---|---|---|---|---|---|
| | | Total | Own name | Dependent | | Total | Medicaid | |
| | | | | (millions) | | | | |
| Total | 255.1 | 159.1 | 81.5 | 77.6 | 17.4 | 44.6 | 34.2 | 45.5 |
| Own Work Status | | | | | | | | |
| Child | 73.8 | 42.8 | 0.2 | 42.5 | 5.7 | 21.9 | 19.8 | 8.3 |
| Family head worker | 91.8 | 64.1 | 58.3 | 5.8 | 5.8 | 6.8 | 4.5 | 17.7 |
| Other worker | 51.2 | 37.0 | 18.9 | 18.1 | 2.7 | 3.3 | 1.8 | 9.7 |
| Nonworker | 38.2 | 15.2 | 4.1 | 11.1 | 3.1 | 12.6 | 8.1 | 9.9 |
| Work Status of Family Head | | | | | | | | |
| Full-year, full-time worker | 191.7 | 139.4 | 69.3 | 70.1 | 10.6 | 21.2 | 15.3 | 28.3 |
| Other worker | 35.3 | 13.8 | 8.0 | 5.8 | 3.9 | 9.9 | 8.4 | 9.7 |
| Nonworker | 28.1 | 5.8 | 4.2 | 1.6 | 2.8 | 13.5 | 10.5 | 7.6 |
| | | | | (percentage within coverage category) | | | | |
| Total | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Own Work Status | | | | | | | | |
| Child | 28.9 | 26.9 | 0.3 | 54.8 | 32.8 | 49.1 | 58.0 | 18.2 |
| Family head worker | 36.0 | 40.3 | 71.6 | 7.5 | 33.6 | 15.2 | 13.3 | 38.9 |
| Other worker | 20.1 | 23.2 | 23.1 | 23.4 | 15.6 | 7.4 | 5.2 | 21.2 |
| Nonworker | 15.0 | 9.6 | 5.0 | 14.4 | 18.0 | 28.2 | 23.6 | 21.8 |
| Work Status of Family Head | | | | | | | | |
| Full-year, full-time worker | 75.2 | 87.6 | 85.0 | 90.4 | 61.3 | 47.6 | 44.8 | 62.1 |
| Other worker | 13.8 | 8.7 | 9.8 | 7.5 | 22.6 | 22.1 | 24.6 | 21.3 |
| Nonworker | 11.0 | 3.7 | 5.2 | 2.1 | 16.1 | 30.3 | 30.6 | 16.7 |
| | | | | (percentage within work status categories) | | | | |
| Total | 100.0% | 62.4% | 32.0% | 30.4% | 6.8% | 17.5% | 13.4% | 17.8% |
| Own Work Status | | | | | | | | |
| Child | 100.0 | 57.9 | 0.3 | 57.6 | 7.7 | 29.7 | 26.9 | 11.2 |
| Family head worker | 100.0 | 69.8 | 63.5 | 6.3 | 6.4 | 7.4 | 4.9 | 19.3 |
| Other worker | 100.0 | 72.3 | 36.8 | 35.4 | 5.3 | 6.5 | 3.4 | 18.9 |
| Nonworker | 100.0 | 39.8 | 10.7 | 29.1 | 8.2 | 33.0 | 21.1 | 25.9 |
| Work Status of Family Head | | | | | | | | |
| Full-year, full-time worker | 100.0 | 72.7 | 36.2 | 36.6 | 5.6 | 11.1 | 8.0 | 14.7 |
| Other worker | 100.0 | 39.2 | 22.6 | 16.5 | 11.1 | 27.9 | 23.8 | 27.4 |
| Nonworker | 100.0 | 20.8 | 15.0 | 5.8 | 10.0 | 48.2 | 37.3 | 27.0 |

Source: Employee Benefit Research Institute estimates of the 2005 Current Population Survey, March Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

compares with a 26.4 percent probability of being uninsured for persons with a family head working in a firm with 10–24 workers, 19.5 percent for 25–99 workers, 14.4 percent for 100–499 workers, 11.8 percent for 500–999 workers, and 11.3 percent for 1,000 or more workers.

*Publicly Provided Coverage and Children*—The percentage of the population covered by public programs has been increasing since the mid-1990s. Between 1999 and 2004, the percentage of individuals covered by Medicaid increased from 10.3 percent to 12.9 percent, while the percentage covered by Medicare increased from 13.3 percent to 13.7 percent, and the percentage covered by Tricare/CHAMPVA increased from 3.1 percent to 3.7 percent (Figure 1). As a result, it appears as though the expansion in public coverage was due mainly to expansions of Medicaid and S-CHIP among the nonelderly population.

Nearly 43 million children (under age 18) were covered by employment-based health benefits in 2004, while 8.3 million (or 11.2 percent of all children) were uninsured (Figure 2). Various factors influence the likelihood of a child having insurance and the source of that coverage. For example,

Figure 3

**Nonelderly Population With Selected Sources of Health Insurance, by Firm Size of Family Head's Employer, 2004**

| Firm Size of Family Head's Employer | Total | Employment-Based Coverage | | | Individually Purchased | Public | | Uninsured |
|---|---|---|---|---|---|---|---|---|
| | | Total | Own name | Dependent | | Total | Medicaid | |
| | | | | (millions) | | | | |
| Total | 255.1 | 159.1 | 81.5 | 77.6 | 17.4 | 44.6 | 34.2 | 45.5 |
| Self-Employed | 23.6 | 11.0 | 4.8 | 6.2 | 4.9 | 2.5 | 2.0 | 5.8 |
| Wage and Salary Workers | 203.4 | 142.3 | 72.5 | 69.8 | 9.7 | 28.6 | 21.8 | 32.2 |
| Public sector | 33.7 | 27.5 | 14.5 | 13.1 | 1.2 | 4.9 | 2.2 | 2.6 |
| Private sector | 169.7 | 114.7 | 58.0 | 56.7 | 8.5 | 23.7 | 19.6 | 29.6 |
| fewer than 10 | 23.5 | 10.0 | 5.2 | 4.8 | 2.3 | 4.8 | 4.2 | 7.3 |
| 10–24 | 18.7 | 10.0 | 5.1 | 4.9 | 1.4 | 3.0 | 2.5 | 4.9 |
| 25–99 | 25.7 | 16.8 | 8.7 | 8.1 | 1.3 | 3.5 | 3.0 | 5.0 |
| 100–499 | 26.8 | 19.3 | 10.0 | 9.3 | 1.1 | 3.8 | 3.2 | 3.8 |
| 500–999 | 9.8 | 7.6 | 3.8 | 3.8 | 0.3 | 1.1 | 0.9 | 1.1 |
| 1,000 or more | 65.3 | 51.0 | 25.3 | 25.7 | 2.2 | 7.6 | 5.9 | 7.4 |
| Nonworker | 28.1 | 5.8 | 4.2 | 1.6 | 2.8 | 13.5 | 10.5 | 7.6 |
| | | | | (percentage within coverage categories) | | | | |
| Total | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Self-Employed | 9.3 | 6.9 | 5.9 | 8.0 | 28.1 | 5.6 | 5.8 | 12.7 |
| Wage and Salary Workers | 79.7 | 89.4 | 89.0 | 89.9 | 55.8 | 64.1 | 63.6 | 70.6 |
| Public sector | 13.2 | 17.3 | 17.7 | 16.8 | 6.8 | 11.1 | 6.3 | 5.6 |
| Private sector | 66.5 | 72.1 | 71.2 | 73.1 | 48.9 | 53.1 | 57.3 | 65.0 |
| fewer than 10 | 9.2 | 6.3 | 6.4 | 6.2 | 13.0 | 10.7 | 12.2 | 16.0 |
| 10–24 | 7.3 | 6.3 | 6.3 | 6.3 | 7.8 | 6.6 | 7.4 | 10.8 |
| 25–99 | 10.1 | 10.6 | 10.6 | 10.5 | 7.2 | 7.9 | 8.7 | 11.0 |
| 100–499 | 10.5 | 12.1 | 12.3 | 12.0 | 6.5 | 8.5 | 9.2 | 8.5 |
| 500–999 | 3.8 | 4.8 | 4.7 | 4.9 | 1.7 | 2.4 | 2.6 | 2.5 |
| 1,000 or more | 25.6 | 32.1 | 31.0 | 33.2 | 12.8 | 16.9 | 17.1 | 16.3 |
| Nonworker | 11.0 | 3.7 | 5.2 | 2.1 | 16.1 | 30.3 | 30.6 | 16.7 |
| | | | | (percentage within firm size categories) | | | | |
| Total | 100.0% | 62.4% | 32.0% | 30.4% | 6.8% | 17.5% | 13.4% | 17.8% |
| Self-Employed | 100.0 | 46.5 | 20.3 | 26.2 | 20.7 | 10.5 | 8.3 | 24.5 |
| Wage and Salary Workers | 100.0 | 70.0 | 35.6 | 34.3 | 4.8 | 14.1 | 10.7 | 15.8 |
| Public sector | 100.0 | 81.6 | 42.9 | 38.7 | 3.5 | 14.7 | 6.4 | 7.6 |
| Private sector | 100.0 | 67.6 | 34.2 | 33.4 | 5.0 | 14.0 | 11.5 | 17.4 |
| fewer than 10 | 100.0 | 42.7 | 22.0 | 20.6 | 9.6 | 20.3 | 17.7 | 30.9 |
| 10–24 | 100.0 | 53.7 | 27.5 | 26.2 | 7.3 | 15.9 | 13.6 | 26.4 |
| 25–99 | 100.0 | 65.4 | 33.8 | 31.7 | 4.9 | 13.7 | 11.6 | 19.5 |
| 100–499 | 100.0 | 72.1 | 37.3 | 34.7 | 4.2 | 14.1 | 11.8 | 14.4 |
| 500–999 | 100.0 | 78.0 | 39.1 | 38.9 | 3.0 | 11.1 | 9.1 | 11.8 |
| 1,000 or more | 100.0 | 78.1 | 38.7 | 39.4 | 3.4 | 11.6 | 9.0 | 11.3 |
| Nonworker | 100.0 | 20.8 | 15.0 | 5.8 | 10.0 | 48.2 | 37.3 | 27.0 |

Source: Employee Benefit Research Institute estimates of the 2005 Current Population Survey, March supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 4

**Nonelderly Population With Selected Sources of Health Insurance, by Region and State, Three-Year Average 2002–2004**

| Region and State | Total | Employment-Based Coverage | | | Individually Purchased | Public | | Uninsured |
|---|---|---|---|---|---|---|---|---|
| | | Total | Own name | Dependent | | Total | Medicaid | |
| | (millions) | (percentage within state and region categories) | | | | | | |
| Total | 252.9 | 63.2% | 32.4% | 30.8% | 6.7% | 16.8% | 12.7% | 17.6% |
| New England | 12.2 | 69.8 | 34.5 | 35.2 | 6.0 | 15.9 | 13.1 | 12.3 |
| Maine | 1.1 | 63.2 | 33.8 | 29.4 | 6.6 | 24.4 | 19.7 | 12.5 |
| New Hampshire | 1.1 | 77.0 | 36.9 | 40.1 | 4.7 | 9.7 | 6.3 | 12.0 |
| Vermont | 0.5 | 64.7 | 33.4 | 31.4 | 6.9 | 22.9 | 19.2 | 12.0 |
| Massachusetts | 5.6 | 69.5 | 34.2 | 35.3 | 6.3 | 15.1 | 13.1 | 12.3 |
| Rhode Island | 0.9 | 67.9 | 34.1 | 33.8 | 6.1 | 19.1 | 16.6 | 12.0 |
| Connecticut | 3.0 | 71.4 | 34.9 | 36.6 | 5.4 | 14.2 | 10.9 | 12.6 |
| Middle Atlantic | 34.5 | 66.6 | 33.6 | 33.1 | 5.4 | 15.7 | 13.4 | 15.8 |
| New York | 16.6 | 62.4 | 32.1 | 30.3 | 5.1 | 19.1 | 17.0 | 17.1 |
| New Jersey | 7.5 | 71.5 | 34.5 | 37.0 | 4.1 | 10.7 | 8.7 | 16.3 |
| Pennsylvania | 10.3 | 69.9 | 35.3 | 34.6 | 6.8 | 13.8 | 11.0 | 13.6 |
| East North Central | 39.9 | 69.3 | 33.9 | 35.4 | 6.2 | 14.2 | 11.3 | 14.1 |
| Ohio | 9.9 | 70.9 | 34.7 | 36.2 | 5.4 | 14.3 | 11.3 | 13.4 |
| Indiana | 5.4 | 68.8 | 34.0 | 34.8 | 5.7 | 13.6 | 10.3 | 15.5 |
| Illinois | 11.0 | 67.5 | 33.5 | 34.0 | 6.5 | 12.8 | 10.0 | 16.0 |
| Michigan | 8.8 | 69.8 | 33.4 | 36.5 | 6.1 | 16.0 | 13.3 | 12.9 |
| Wisconsin | 4.8 | 69.8 | 34.1 | 35.8 | 7.5 | 14.5 | 11.9 | 11.8 |
| West North Central | 17.0 | 69.2 | 35.4 | 33.9 | 8.9 | 14.5 | 10.7 | 11.9 |
| Minnesota | 4.5 | 73.5 | 37.8 | 35.7 | 8.9 | 11.9 | 9.5 | 9.5 |
| Iowa | 2.5 | 70.1 | 35.6 | 34.5 | 9.8 | 13.2 | 10.1 | 11.7 |
| Missouri | 4.9 | 67.4 | 35.3 | 32.1 | 7.2 | 16.4 | 12.9 | 13.5 |
| North Dakota | 0.5 | 64.7 | 32.2 | 32.6 | 12.1 | 15.0 | 9.3 | 12.8 |
| South Dakota | 0.6 | 63.8 | 33.0 | 30.8 | 11.6 | 16.3 | 11.7 | 13.6 |
| Nebraska | 1.5 | 65.9 | 32.3 | 33.6 | 10.8 | 15.1 | 10.5 | 12.5 |
| Kansas | 2.3 | 68.4 | 33.9 | 34.6 | 8.8 | 16.1 | 9.4 | 12.4 |
| South Atlantic | 46.5 | 62.5 | 33.1 | 29.4 | 6.7 | 17.2 | 11.4 | 18.6 |
| Delaware | 0.7 | 70.5 | 37.1 | 33.4 | 4.9 | 15.9 | 11.3 | 13.5 |
| Maryland | 4.8 | 70.4 | 35.5 | 34.9 | 5.7 | 11.8 | 7.6 | 15.7 |
| District of Columbia | 0.5 | 59.7 | 41.1 | 18.7 | 6.3 | 22.3 | 20.1 | 15.2 |
| Virginia | 6.4 | 67.8 | 34.8 | 33.1 | 6.5 | 16.6 | 7.3 | 15.5 |
| West Virginia | 1.5 | 57.9 | 28.9 | 29.0 | 4.9 | 23.9 | 16.8 | 18.7 |
| North Carolina | 7.3 | 60.3 | 33.4 | 26.9 | 6.6 | 19.1 | 12.5 | 18.8 |
| South Carolina | 3.5 | 62.2 | 32.4 | 29.8 | 6.3 | 22.3 | 15.5 | 16.0 |
| Georgia | 7.8 | 64.4 | 34.4 | 29.9 | 5.6 | 16.4 | 12.4 | 18.3 |
| Florida | 14.1 | 57.8 | 30.9 | 26.9 | 8.0 | 16.8 | 11.5 | 22.0 |
| East South Central | 15.0 | 61.2 | 32.2 | 29.0 | 6.4 | 22.2 | 16.0 | 15.9 |
| Kentucky | 3.5 | 62.3 | 33.5 | 28.7 | 6.6 | 21.4 | 13.9 | 16.1 |
| Tennessee | 5.1 | 60.1 | 31.9 | 28.3 | 7.6 | 23.6 | 17.8 | 14.4 |
| Alabama | 3.9 | 64.8 | 32.1 | 32.8 | 5.0 | 19.3 | 13.1 | 15.4 |
| Mississippi | 2.5 | 56.0 | 31.2 | 24.8 | 5.5 | 25.0 | 19.5 | 19.5 |
| West South Central | 28.9 | 54.7 | 28.7 | 26.1 | 6.1 | 17.5 | 13.2 | 25.6 |
| Arkansas | 2.3 | 54.8 | 28.8 | 26.0 | 7.4 | 23.6 | 16.7 | 19.5 |
| Louisiana | 3.9 | 55.1 | 28.0 | 27.1 | 6.9 | 20.9 | 16.2 | 21.3 |
| Oklahoma | 2.9 | 57.3 | 30.2 | 27.1 | 6.3 | 18.4 | 12.1 | 22.5 |
| Texas | 19.7 | 54.2 | 28.5 | 25.7 | 5.8 | 16.0 | 12.4 | 27.7 |
| Mountain | 17.1 | 60.6 | 30.5 | 30.2 | 8.0 | 16.5 | 11.5 | 19.4 |
| Montana | 0.8 | 53.4 | 28.2 | 25.3 | 11.6 | 19.1 | 12.9 | 20.9 |
| Idaho | 1.2 | 60.7 | 31.1 | 29.6 | 8.9 | 15.8 | 12.3 | 19.2 |
| Wyoming | 0.4 | 61.8 | 31.8 | 30.1 | 8.8 | 16.1 | 10.5 | 18.1 |
| Colorado | 4.0 | 64.2 | 33.3 | 30.9 | 8.3 | 12.6 | 7.2 | 18.5 |
| New Mexico | 1.6 | 51.3 | 26.2 | 25.1 | 5.1 | 24.8 | 19.0 | 24.4 |
| Arizona | 4.8 | 56.7 | 28.9 | 27.8 | 8.2 | 20.5 | 15.0 | 19.6 |
| Utah | 2.2 | 67.8 | 27.4 | 40.4 | 9.2 | 12.7 | 9.5 | 14.4 |
| Nevada | 2.0 | 65.2 | 35.6 | 29.7 | 5.8 | 11.2 | 6.9 | 21.4 |
| Pacific | 41.8 | 58.5 | 30.5 | 27.9 | 7.9 | 18.3 | 14.8 | 19.5 |
| Washington | 5.4 | 63.0 | 34.3 | 28.7 | 7.7 | 19.1 | 14.1 | 16.0 |
| Oregon | 3.1 | 62.1 | 32.9 | 29.2 | 8.6 | 15.7 | 12.2 | 18.4 |
| California | 31.7 | 56.9 | 29.4 | 27.5 | 8.1 | 18.3 | 15.3 | 20.5 |
| Alaska | 0.6 | 58.9 | 29.9 | 29.0 | 4.9 | 26.2 | 15.3 | 19.8 |
| Hawaii | 1.0 | 70.9 | 39.2 | 31.6 | 4.9 | 19.6 | 10.9 | 11.6 |

Source: Employee Benefit Research Institute estimates of the 2003–2005 Current Population Survey, March Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 5

**Nonelderly Population Living in Consolidated Statistical Areas (CSAs) With Selected Sources of Health Insurance, by CSA, 2004**

| CMSA | Total | Employment-Based Coverage | | | Individually Purchased | Public | | Uninsured |
|---|---|---|---|---|---|---|---|---|
| | | Total | Own name | Dependent | | Total | Medicaid | |
| | (millions) | (percentage within CSA category) | | | | | | |
| Total | 94.4 | 64.0% | 32.3% | 31.7% | 6.5% | 15.5% | 12.5% | 17.8% |
| Appleton-Oshkosh-Neenah, WI | 0.1 | 56.1 | 23.7 | 32.4 | 17.5 | 18.8 | 16.5 | 12.7 |
| Boston-Worcester-Manchester, MS-NH-CT-ME | 5.1 | 69.9 | 32.9 | 37.0 | 5.8 | 14.0 | 12.3 | 13.9 |
| Bridgeport-New Haven-Stamford, CT | 0.7 | 70.5 | 33.0 | 37.5 | 6.4 | 11.9 | 9.5 | 13.8 |
| Chicago-Naperville-Michigan City, IL-IN-WI | 8.2 | 68.3 | 33.2 | 35.1 | 6.7 | 11.8 | 8.7 | 16.3 |
| Cincinnati-Middletown-Wilmington, OH-KY-IN | 0.9 | 72.1 | 32.8 | 39.3 | 7.3 | 12.1 | 9.2 | 12.8 |
| Cleveland-Akron-Elyria, OH | 2.5 | 72.0 | 35.8 | 36.3 | 4.0 | 16.1 | 13.2 | 10.8 |
| Dallas-Fort Worth, TX | 2.6 | 62.6 | 33.7 | 28.9 | 4.6 | 14.5 | 10.9 | 22.8 |
| Dayton-Springfield-Greenville, OH | 0.4 | 68.2 | 37.9 | 30.3 | 10.9 | 8.9 | 5.9 | 12.9 |
| Denver-Aurora-Boulder, CO | 2.4 | 67.6 | 36.5 | 31.1 | 7.8 | 8.6 | 5.8 | 18.5 |
| Detroit-Warren-Flint, MI | 4.8 | 67.2 | 32.7 | 34.5 | 7.4 | 16.9 | 13.5 | 12.8 |
| Fresno-Madera, CA | 0.5 | 40.3 | 19.3 | 21.0 | 5.8 | 36.1 | 35.4 | 21.6 |
| Grand Rapids-Muskegon-Holland, MI | 0.6 | 74.1 | 33.8 | 40.3 | 7.0 | 10.6 | 9.1 | 10.9 |
| Greensboro-Winston-Salem-High Point, NC | 0.6 | 62.2 | 36.8 | 25.4 | 5.2 | 13.0 | 11.1 | 23.3 |
| Greenville-Anderson-Seneca, SC | 0.3 | 60.4 | 32.3 | 28.1 | 3.0 | 23.7 | 13.2 | 21.9 |
| Houston-Baytown-Huntsville, TX | 2.2 | 60.0 | 28.8 | 31.3 | 3.1 | 12.0 | 10.4 | 27.3 |
| Huntsville-Decatur, AL | 0.3 | 60.7 | 27.6 | 33.2 | 0.5 | 22.3 | 17.0 | 22.3 |
| Indianapolis-Anderson-Columbus, IN | 1.0 | 64.3 | 31.0 | 33.2 | 4.8 | 14.7 | 10.9 | 19.1 |
| Johnson City-Kingsport-Bristol, VA | 0.1 | 59.4 | 35.6 | 23.9 | 5.5 | 29.5 | 24.9 | 13.4 |
| Los Angeles-Long Beach-Riverside, CA | 15.8 | 49.9 | 25.6 | 24.3 | 7.5 | 20.1 | 18.0 | 25.6 |
| Macon-Warner-Robins-Fort Valley, GA | 0.1 | 57.6 | 32.2 | 25.4 | 8.5 | 18.8 | 16.5 | 19.2 |
| Milwaukee-Racine-Waukesha, WI | 1.5 | 64.6 | 33.8 | 30.7 | 6.6 | 18.1 | 14.4 | 14.3 |
| Minneapolis-St. Paul-St. Cloud, MN-WI | 1.3 | 74.1 | 38.2 | 35.9 | 8.9 | 10.6 | 9.2 | 9.7 |
| New York-Newark-Bridgeport, NY-NJ-CT-PA | 18.3 | 64.3 | 32.1 | 32.2 | 4.6 | 17.0 | 15.0 | 17.6 |
| Philadelphia-Camden-Vineland, PA-NJ-DE-MD | 4.9 | 68.4 | 34.9 | 33.6 | 6.0 | 14.1 | 10.4 | 15.5 |
| Raleigh-Durham-Cary, NC | 0.7 | 69.0 | 32.6 | 36.4 | 6.7 | 10.6 | 6.8 | 17.3 |
| Sacramento-Arden-Arcade-Truckee, CA-NV | 1.0 | 61.2 | 30.9 | 30.3 | 12.0 | 22.5 | 20.5 | 9.5 |
| Salt Lake City-Ogden-Clearfield, UT | 0.6 | 71.7 | 32.3 | 39.4 | 7.5 | 11.3 | 6.9 | 14.4 |
| San Jose-San Francisco-Oakland, CA | 6.5 | 66.5 | 35.9 | 30.6 | 10.8 | 10.7 | 8.8 | 15.5 |
| Seattle-Tacoma-Olympia, WA | 3.1 | 68.4 | 36.8 | 31.7 | 8.4 | 16.8 | 9.9 | 13.3 |
| Washington-Baltimore-Northern Virginia, DC-MD-VA-WV | 7.2 | 70.4 | 35.9 | 34.5 | 5.3 | 13.4 | 7.0 | 16.1 |

Source: Employee Benefit Research Institute estimates of the 2005 Current Population Survey, March Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

children in families in which the family head works for a small employer are more likely to be uninsured than those in families in which the family head works for a large employer. Income is another major determinant of coverage. Children in low-income families are generally more likely to be uninsured than those in higher-income families. As income increases, the percentage of children covered by employment-based health insurance increases and the percentage covered by publicly financed health insurance programs decreases.

*Coverage by Region and State*—The percentage of nonelderly individuals with employment-based health benefits varies among regions and states, ranging from a high of 69.8 percent in New England to a low of 54.7 percent in the West South Central region (Figure 4).[5] States with the lowest percentage of uninsured individuals include Minnesota (9.5 percent), Hawaii (11.6 percent), Iowa (11.7 percent), and Wisconsin (11.8 percent), while those with the highest proportion of uninsured include Texas (27.7 percent), New Mexico (24.4 percent), and Oklahoma (22.5 percent).

The percentage of the population in consolidated statistical areas (CSAs) without any form of health insurance is the same as the national average but varies widely by region.[6] On average, 17.8 percent of the population residing in CSAs was uninsured during 2004 (Figure 5). The Houston-Baytown-Huntsville, TX, CSA had the highest percentage uninsured among consolidated statistical areas, at 27.3 percent, followed by Los Angeles-Long Beach-Riverside, CA, at 25.6 percent. This compares with 9.5 percent in Sacramento-Arden-Arcade-Truckee, CA-NV, and 9.7 percent in Minneapolis-St. Paul-St. Cloud, MN-WI.

## Conclusion

The data provided in this paper provide an early look at the effect of a relatively weak labor market, combined with rising health benefit costs, on the number of individuals residing in the United States who have employment-based health benefits, who are covered by public programs, and who are uninsured in 2004. Initial findings indicate that the decline in the percentage of individuals with employment-based health benefits was due to the erosion of coverage among both workers and nonworkers. In response to the weak labor market and rising health benefit costs, small employers either continued to drop health benefits or required workers to pay more for health benefits when they were offered.[7]

Despite the fact that the average annual unemployment rate declined from 6 percent in 2003 to 5.5 percent in 2004, unemployment remained above the 4 percent level last seen in 2000, the last year in which the percentage of individuals with employment-based health benefits increased. The erosion in employment-based health benefits is expected to continue at least until the unemployment rate drops below 5 percent and as long as the cost of providing health benefits continues to increase. Expected trends in health insurance and technical issues in counting the uninsured will be discussed more fully in EBRI's forthcoming *Issue Brief,* "Sources of Coverage and Characteristics of the Uninsured: Analysis of the March 2005 Current Population Survey."

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U.S. Congressional Budget Office. *How Many People Lack Health Insurance and For How Long?* www.cbo.gov/showdoc.cfm?index=4211&sequence=0 (Last reviewed October 2004).

## Endnotes

[1] EBRI's health insurance coverage figures for 2004 reflect recent statistics available on the insured and uninsured as tabulated from the March 2005 Current Population Survey (CPS), a survey of the noninstitutionalized U.S. population conducted by the U.S. Census Bureau. The uninsured estimates from the March CPS are supposed to represent the percentage of Americans without health insurance coverage during an entire calendar year. However, based on comparisons with other surveys, many researchers concur that the uninsured estimate from the CPS is closer to a point-in-time estimate than a calendar year estimate. If the CPS is a point-in-time estimate and not a calendar year, it would mean that the data from the March 2005 CPS represent the number of uninsured during March 2005 instead of during the previous calendar year. More information about the CPS, and other surveys that collect data on the uninsured, can be found in Fronstin (2000). See also Bhandari (2004), Hoffman and Holahan (2005), and U.S. Congressional Budget Office (2004).

[2] The estimate for Medicaid also includes children enrolled in the State Children's Health Insurance (S-CHIP) program. Medicaid and S-CHIP (and Medicare) estimates are under-reported in the CPS, according to comparisons of these data with enrollment and participation data provided by the Centers for Medicare & Medicaid Services (CMS). See DeNavas-Walt, Proctor, and Lee (2005). Furthermore, there is a debate as to whether the CPS undercounts Medicaid program enrollment. According to Hoffman and Holahan (2005), the CPS may be overestimating the number of uninsured individuals by between 3.6 million and 9.1 million because of the undercount in Medicaid enrollment.

[3] Tricare (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

[4] *Family head* refers to the member of the family with the highest reported personal earnings. In families of nonworkers, the family head is the family member with the highest reported income.

[5] The region and state data in this section are not based on the most recent 2004 data, but instead are based on a three-year average of 2002–2004 data. The Census Bureau recommends using three-year averages to compare estimates across states. State estimates are considerably less reliable than national estimates and fluctuate more widely year-to-year than national estimates.

[6] Estimates on CSAs presented in Figure 5 are for 2004. Unlike the state estimates presented in Figure 4, CSA estimates are only for 2004 are incomparable with previous years because of geographic redefinitions.

[7] Gabel et al., "Health Benefits in 2005: Premium Increases Slow to Single Digit but Coverage Continues to Erode," *Health Affairs* (September/October 2005) found that the percentage of employers offering health benefits dropped from 69 percent to 60 percent between 2000 and 2005, with much of the decline accounted for by small employers. The percentage of employers with between three and nine employees offering health benefits dropped from 58 percent to 47 percent.

# ■ Facts from EBRI:

## Time Line for Continuing Health Coverage Under COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985, commonly referred to as COBRA, allows many workers to continue their employment-based health insurance coverage after they leave a job, and establishes a time line for workers to exercise that option. In some cases, workers may have as many as 149 days to decide whether to enroll in COBRA coverage. This provides workers some time to consider what is in their best interest. Here are the deadlines that apply after a worker with health insurance coverage leaves a job:

***The first 44 days*—**Employers that do not self-administer their health insurance coverage (typically small employers) have **30 days** to notify the third-party administrator of the plan of the worker's COBRA rights after the worker leaves his or her job. The third-party administrator then has **14 additional days** to notify the worker of his or her COBRA rights.

Employers that self-administer their own group health plans (typically large firms) have **44 days** to notify workers of their COBRA rights.

***The next 60 days*—**After receiving notification of his or her rights (as described above), a worker has **60 days** to accept or decline COBRA coverage.

***The final 45 days*—**Premium payments for periods before the election of coverage cannot be required before **45 days** after a worker elects to accept coverage. But if a worker decides not to pay at the time the premium is finally due, nothing is lost except the coverage. Thus, a worker who is entitled to COBRA coverage can wait—sometimes for as many as 149 days—to see if taking coverage is in his or her best interest. The **149-day period could be shortened** if employers or third-party administrators provide notifications in less than the maximum time allowed within the 44-day period described above. For example, if employers or third-party administrators provided a very quick notification, a worker could have **slightly more than 105 days** to act.

**Other points about COBRA**

- The act applies to employers with 20 or more workers.
- Coverage can continue for at least 18 months after a worker with health insurance leaves a job. Disabled workers can qualify for as many as 29 months, and certain dependents of workers can qualify for COBRA for as many as 36 months.
- COBRA coverage must be the same as that provided other similarly situated workers with health insurance at the place of work.
- A worker who qualifies for COBRA coverage can be charged a maximum of 102 percent of the employer's cost for the plan.
- COBRA coverage does not apply to workers taking leave under the Family and Medical Leave Act.
- COBRA coverage may be terminated if an employer discontinues its group health benefits entirely; if the covered individual fails to make timely premium payments; if the covered individual is covered by another group health plan; or if the covered individual becomes entitled to and is covered by Medicare.
- Beneficiaries who exhaust their COBRA coverage must be offered an option to convert to an individual policy if such an insurance policy is generally available.

COBRA has many other provisions. Additional information can be found online at www.dol.gov/dol/topic/health-plans/cobra.htm (last reviewed August 2005).

# ■ New Publications and Internet Sites

### Aging

Society of Actuaries. *Living to 100 and Beyond Monograph*. To view the conference papers, visit the symposium monograph on the SOA Web site at www.soa.org/ccm/content/research-publications/library-publications/monographs/life-monographs/living-to-100-and-beyond-monograph/. If you are interested in purchasing the monograph on CD Rom for $10, please download an order form at www.soa.org/ccm/content/research-publications/bookstore/publications-order-form/ and e-mail to: livingto100@soa.org or fax to: (847) 273-8526.

### Employee Benefits

Society for Human Resource Management. *2005 Benefits Survey Report*. SHRM members, $79.95; nonmembers, $99.95. Society for Human Resource Management, 1800 Duke St., Alexandria, VA 22314-3499, (800) 444-5006, shrmstore.shrm.org/shrm/.

### ERISA

Schneider, Paul J., and Barbara W. Freedman. *ERISA: A Comprehensive Guide*. Second Edition. $239. Aspen Publishers, 7201 McKinney Cir., P.O. Box 990, Frederick, MD 21705-0990, (800) 638-8437, www.aspenpublishers.com

### Health Care

MCOL Staff. *Consumer Driven Care Guidebook, 2005*. Second Edition. $178. MCOL HealthQuest Publishers, 1101 Standiford Ave., Suite C-3, Modesto, CA 95350, (209) 577-4888, fax: (209) 577-3557, e-mail: mcare@mcol.com, www.mcol.com

### Pension Plans/Retirement

Institute of Management and Administration. *Plans in Transition: IOMA's Annual Defined Contribution Survey*. $295 + S&H. IOMA, 3 Park Ave., 30th Floor, New York, NY 10016-5902, (800) 401-5937 (ask for order number 1009AH) or (212) 244-0360, fax: (212) 564-0465, www.ioma.com/research

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