

The Benefits Divide: Workers at Lower-Wage Firms and Employer-Sponsored Insurance in Massachusetts

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Summary

- **Issue:** The low-wage workforce is growing and disparity in health insurance coverage and health care access is widening.
- **Objective:** To examine employer-sponsored insurance (ESI) coverage among workers at lower-wage and non-lower-wage firms.
- **Study Design:** Using CHIA's Massachusetts Employer Survey, we examined and contrasted lower-wage firms with all other firms in the private sector. Findings were based on a representative statewide sample of 905 firms who completed the survey in 2016.
- **Key Findings:** The combination of lower offer, eligibility, and take-up rates at lower-wage firms led to lower ESI coverage rates at lower-wage firms than at their counterpart firms (35% vs. 59%). Moreover, workers at lower-wage firms faced higher purchasing costs and cost-sharing on their employer's health plans.

The low-wage workforce is growing, including in Massachusetts, leading to a greater disparity in health insurance coverage and health care access. This may be due to many low-wage workers not being offered health coverage by their employers and, for those with an offer, not taking up that coverage.^{1,2,3,4,5,6,7,8} While some low-wage workers will be able to obtain coverage under a family member's health plan or through a public insurance program, others will be uninsured. As a result, low-wage workers are more likely than other workers to be uninsured and underinsured if covered. This can create significant economic barriers in affording needed health care. Moreover, in response to rising health benefit costs, firms may not only cut back on those benefits, but also limit wage increases entirely or to levels lower than they would have otherwise, creating additional economic burdens on low-wage workers.⁹

The Affordable Care Act (ACA) and the earlier Massachusetts health reforms were designed to strengthen the employer health insurance system, and in doing so, improve access to coverage for low-wage workers.¹⁰ While substantial research on employer health coverage in the low-wage sector exists,^{11,12,13} there are no recent studies of this issue in the post-ACA environment in Massachusetts or nationally.

This research brief examines health insurance coverage for workers in Massachusetts in the post-ACA environment, with a focus on workers in lower-wage firms compared to other firms. Lower-wage firms are defined as firms with at

least 35% of their full-time employees earning an annual income of \$28,000ⁱ or less.^{14,15} This brief presents the following:

- Characteristics of lower-wage firms by firm size, industry, and share of part-time workers
- Characteristics of workers in lower-wage firms by firm size and industry
- Lower-wage firms' health insurance decisions, including offer and eligibility rates,ⁱⁱ level of premium contributions, and deductibles
- Employee take-up and coverage ratesⁱⁱⁱ at lower-wage firms

The data for this brief are based upon the 2016 Massachusetts Employer Survey (MES), which surveyed a sample of 905 firms with at least three employees in Massachusetts. The MES provides a representative sample of firms as well as workers at firms in Massachusetts.

In this brief, firm size is based on reported number of workers at the firm in Massachusetts and does not include any workers employed by the firm outside of the state. Industry was identified through Dun & Bradstreet Data Universal Numbering System's industry classifications contained in the survey's sampling design.

Data were weighted at the firm-level for measures describing the firms (e.g., firm characteristics, offer rate, and health insurance decisions) and weighted at the worker-level for measures describing workers at the firms (e.g., eligibility, take-up and coverage rates, premiums, and deductibles^{iv}).

Analyses were conducted on all firms and, where feasible, on firms with three to 49 workers. For a fuller description of the 2016 MES methodology, databook, and questionnaire, see <http://www.chiamass.gov/massachusetts-employer-survey>.

i Following the approach developed by the Kaiser Family Foundation Employer Health Benefits Survey, the earning threshold is based on the 25th percentile of Massachusetts full-time workers' earnings as reported by the Bureau of Labor Statistics using data from the Occupational Employment Statistics (OES) in 2015. <https://www.bls.gov/oes/tables.htm>

ii Offer rate is the percentage of firms that offer any of their employees some form of health insurance.

Eligibility rate is the percentage of employees at the firms who are eligible for the health insurance offered by the firm.

iii Take-up rate is the percentage of eligible employees who enrolled in their employer's offered health insurance plans.

Coverage rate is the percentage of all employees covered by their employer's offered health insurance plans.

iv Covered employee weight was used for premiums and deductibles.

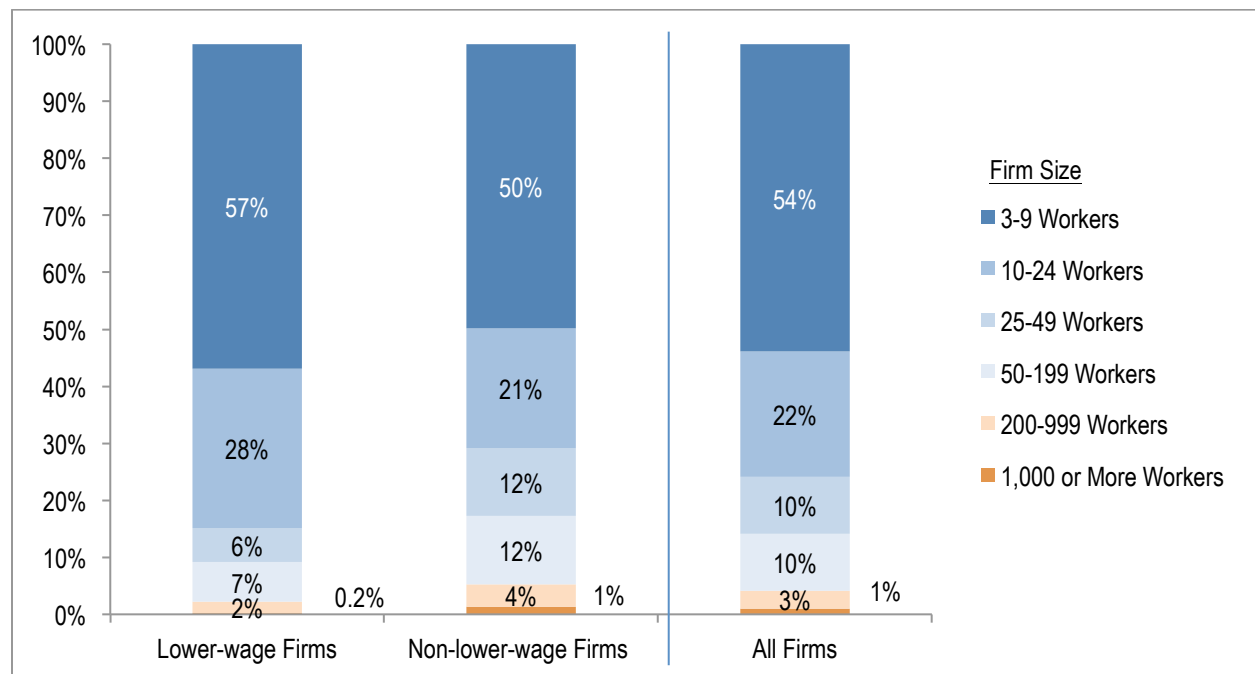
Lower-Wage Firms in Massachusetts

In 2016, lower-wage firms comprised 17% of all firms and seven percent of all employees (including both full-time and part-time employees) in Massachusetts. This represented over 270,000 workers in Massachusetts in 2016.^v

Distribution of Firms

Compared to non-lower-wage firms, nearly all lower-wage firms were small in size, with more than half of the firms employing fewer than 10 workers and 91% employing fewer than 50 workers. In comparison, 50% of non-lower-wage firms employed fewer than 10 workers and 83% of these firms employed fewer than 50 workers (Exhibit 1).

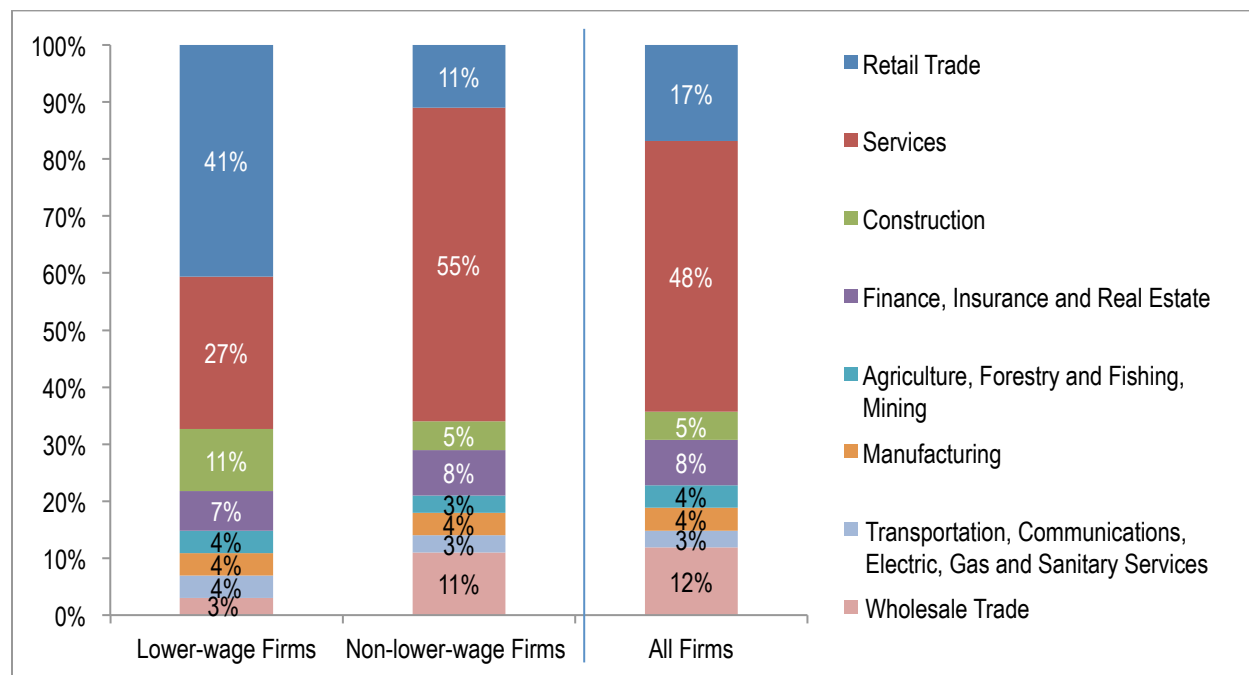
Exhibit 1: Distribution of Firms by Firm Type and Size, 2016



Note: Percentages may not sum to 100% due to rounding. All Firm estimates include firms with unknown lower-wage status.

^v Estimated number of workers based on 2016 MES sample, where post-stratification adjustments were made using Census Bureau's Statistics of US Businesses (2014). Since lower-wage firms are categorized according to the percentage of full-time employees earning \$28,000 per year or less, firms with a large number of part-time workers who earn less than the part-time equivalent of \$28,000 per year may be excluded from this definition.

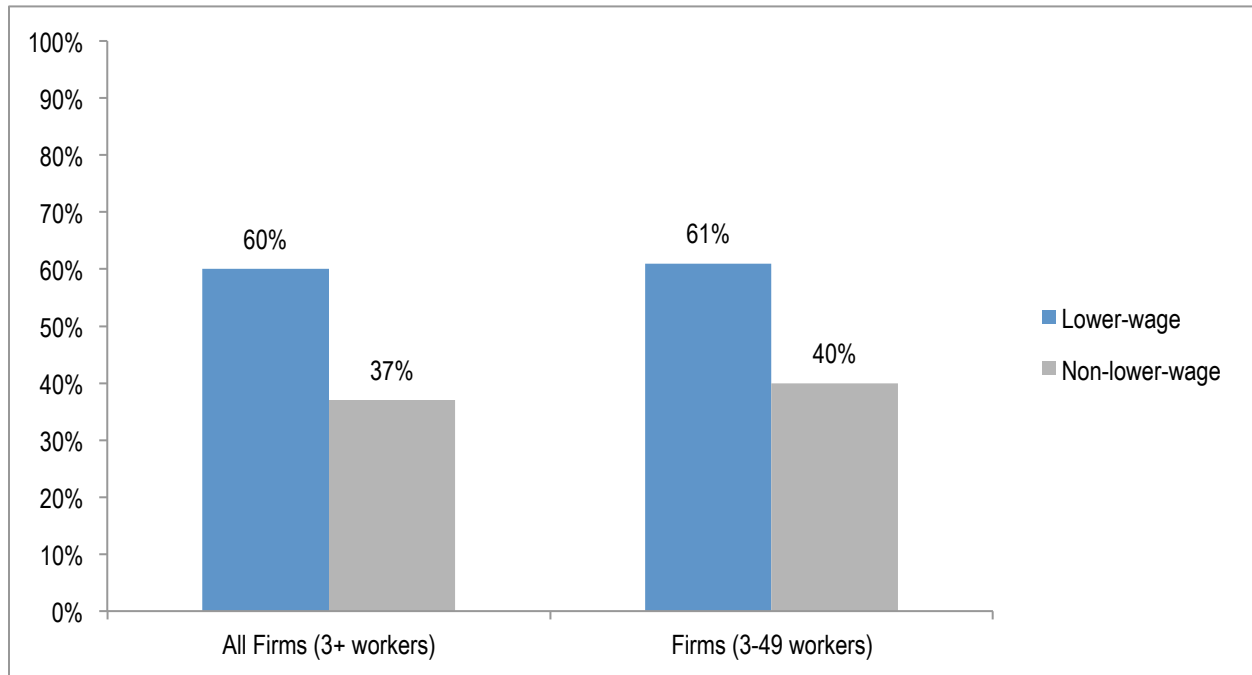
Exhibit 2: Distribution of Firms by Firm Type and Industry, 2016



Note: Percentages may not sum to 100% due to rounding. All Firm estimates include firms with unknown lower-wage status.

Examining the distribution of **firms** by firm type and industry (Exhibit 2), lower-wage firms were mainly concentrated in the retail sector (41%), followed by services (27%), and construction (11%). In contrast, the distribution of non-lower wage firms by industry type resembled the overall distribution of Massachusetts firms; most firms were concentrated in services (55%), followed by retail (11%) and wholesale (11%).

Exhibit 3: Share of Firms with a High Proportion of Part-time Workers by Firm Type and Size, 2016

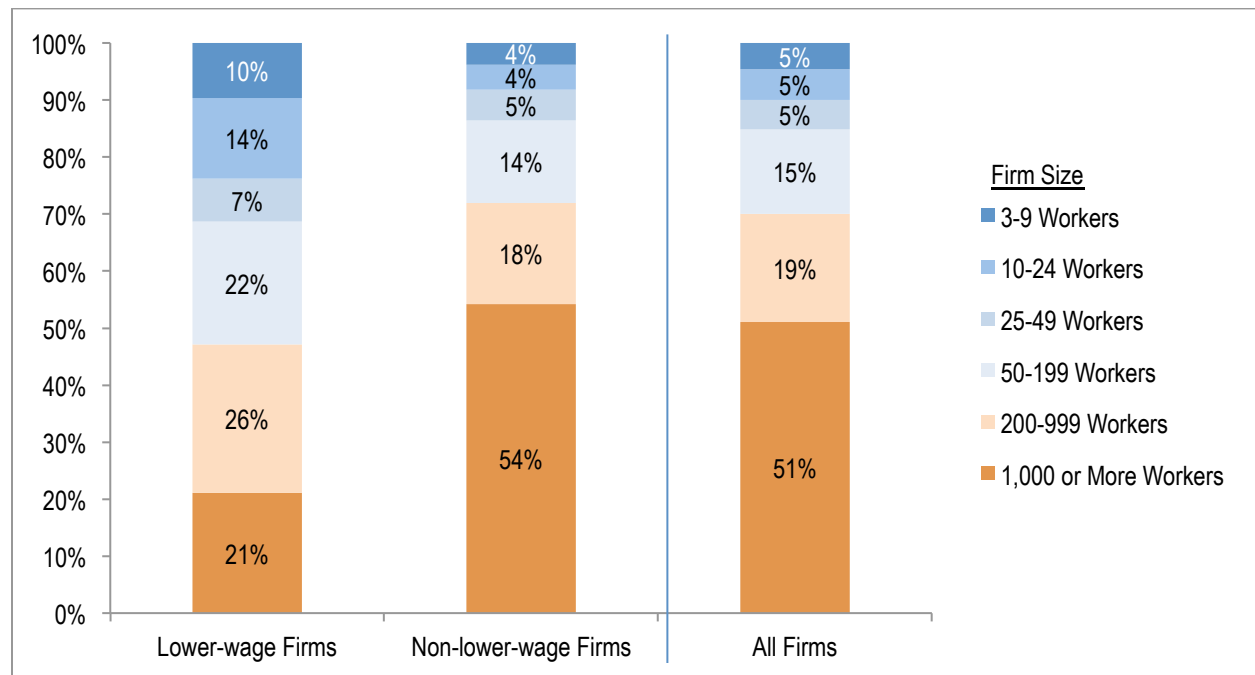


Additionally, lower-wage firms were more likely to have a high proportion of part-time workers (defined as employing at least 35% of their employees on a part-time basis). Over half of lower-wage firms (60%) employed a high proportion of part-time workers, compared to 37% of non-lower-wage firms. This pattern held true for firms with fewer than 50 workers (61% vs. 40%) (Exhibit 3).

Distribution of Employees

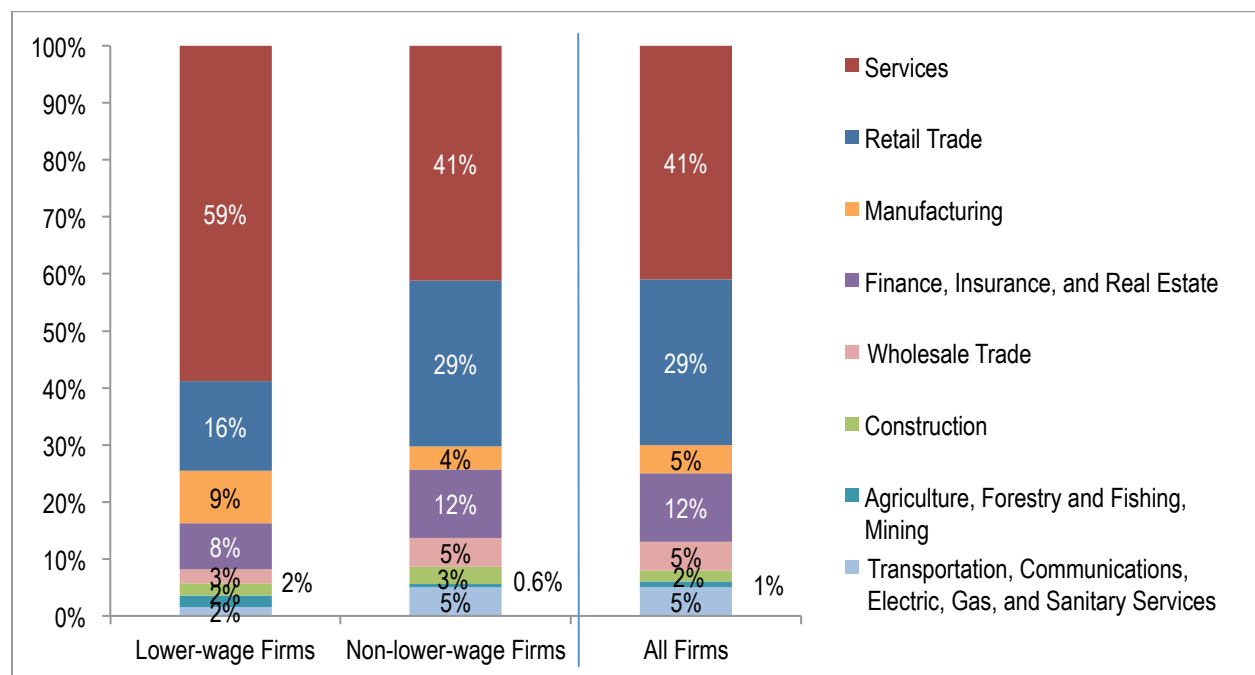
Although nearly all lower-wage firms were small (Exhibit 1), less than one-third of **employees** at lower-wage firms were employed by firms with fewer than 50 employees (31%) (Exhibit 4). Among non-lower-wage firms, 13% of workers were employed by firms with fewer than 50 employees.

Exhibit 4: Distribution of *Employees* by Firm Type and Size, 2016



Note: Percentages may not sum to 100% due to rounding. All Firm estimates include firms with unknown lower-wage status.

Exhibit 5: Distribution of *Employees* by Firm Type and Industry, 2016



Note: Percentages may not sum to 100% due to rounding. All Firm estimates include firms with unknown lower-wage status.

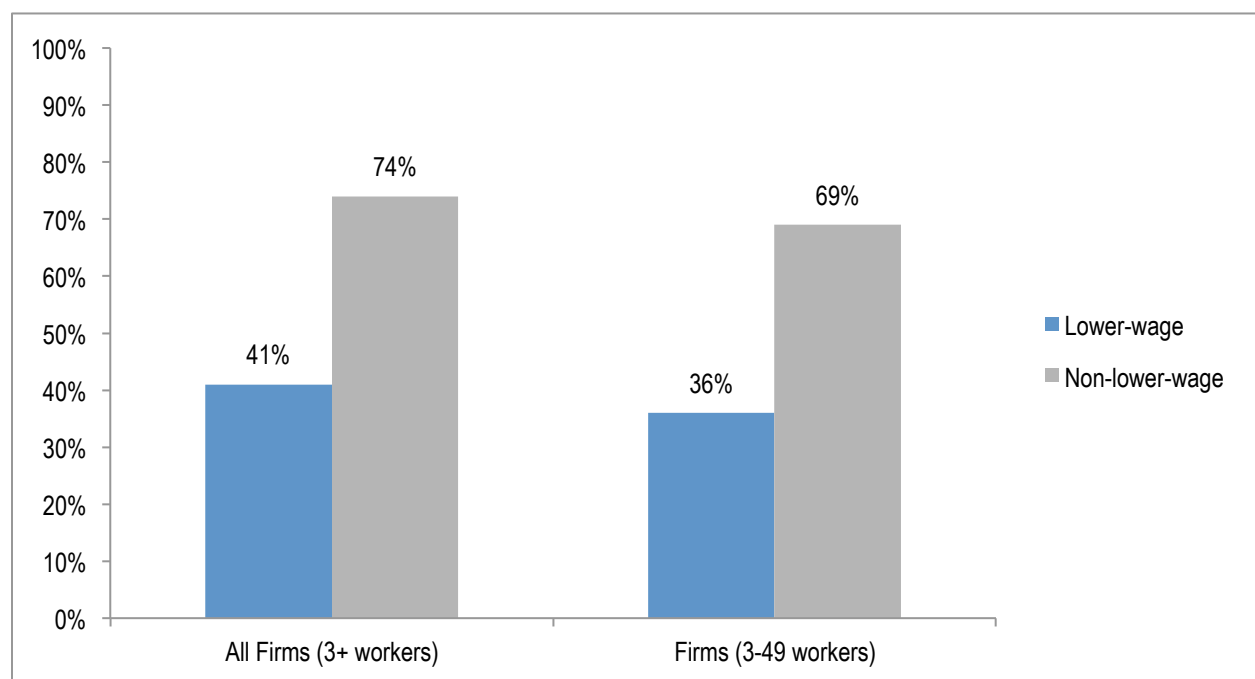
Examining the distribution of **employees** by firm type and industry (Exhibit 5), the majority of employees at lower-wage firms were in firms concentrated in services (59%), followed by retail (16%), and manufacturing (9%). Among employees at non-lower-wage firms, many worked in firms in services (41%), followed by retail (29%) and finance, insurance and real estate (12%).

Firm Decision Making on Health Insurance

Lower-wage firms have lower offer rates and eligibility rates for health insurance.

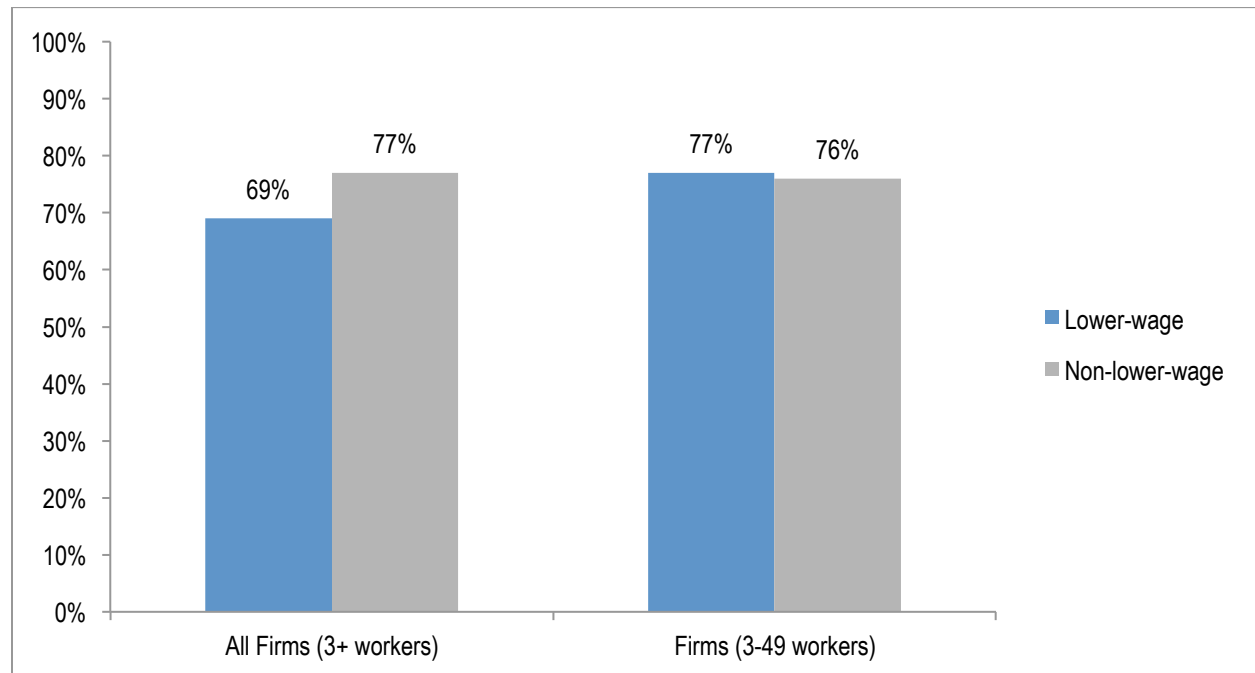
Past research has shown that offer rates among lower-wage firms have historically been less than non-lower-wage firms.^{16,17,18} In 2016, lower-wage firms were less likely to offer health insurance to any of their employees and had lower proportions of their employees eligible for the health insurance that was offered (Exhibit 6 and 7). Compared with 74% of non-lower-wage firms, only 41% of lower-wage firms offered insurance plans to any of their employees (Exhibit 6). This difference was also evident among firms with fewer than 50 workers.

Exhibit 6: Health Insurance Offer Rate by Firm Type and Size, 2016



Among firms that offered health insurance, there was also a difference in eligibility rates between lower-wage and other firms (Exhibit 7). In 2016, an average of 69% of employees in lower-wage firms were eligible for the health insurance coverage offered by the firm, compared to an average of 77% in non-lower-wage firms. Among firms with fewer than 50 workers, the eligibility rates between lower-wage firms and non-lower-wage firms were similar (77% vs. 76%).

Exhibit 7: Health Insurance Eligibility Rate for Workers among Firms that Offered Health Insurance by Firm Type and Size, 2016



The lower eligibility rates between these firm types is likely a reflection of these firms' eligibility policies and workforce characteristics, such as employing a larger share of part-time and temporary workers. Lower-wage firms are also more likely to have restricted eligibility for workers by conditioning eligibility on the number of hours worked and waiting periods and restrictions on family coverage.¹⁹ The Massachusetts health care reform law (Chapter 58) and the ACA were designed to expand offer and eligibility rates among all firms, including among lower-wage firms with 50 or more employees. Findings from the 2016 MES suggest a gap still exists in offer and eligibility rates between lower-wage and other firms.²⁰

When deciding whether to offer health insurance, lower-wage firms are more concerned with employee recruitment and avoiding penalties and less concerned with employee retention.

In addition to the differences in offer and eligibility rates between lower-wage firms and other firms, the reasons for offering health insurance also differ. Among all firms, the top three reasons^{vi} Massachusetts firms cited for why they offered health insurance were employee retention (61%), employee recruitment (58%), and avoiding state and federal penalties (24%). Lower-wage firms were more concerned than other firms about employee recruitment (62% vs. 56%) and less concerned about employee retention (42% vs. 66%). The higher emphasis on recruitment and

vi The full list of reasons are available in the Massachusetts Employer Survey: 2016 Summary of Results, <http://www.chiamass.gov/assets/docs/r/survey/Massachusetts-Employer-Survey-Report-CHIA-2016.pdf>

lower emphasis on retention among lower-wage firms may be related to expectations of high annual rates of turnover and high retention costs.²¹

Exhibit 8. Most Common Reasons to Offer Health Insurance by Firm Type, 2016

	EMPLOYEE RETENTION	EMPLOYEE RECRUITMENT	AVOIDING STATE AND FEDERAL PENALTIES
All Firms	61%	58%	24%
Lower-Wage Firms	42%	62%	27%
Non-Lower-Wage Firms	66%	56%	23%

Note: All Firm estimates include firms with unknown lower-wage status.

Moreover, lower-wage firms were more concerned with avoiding state and federal penalties (27% vs. 23%). State and federal penalties in the form of employer taxes and surcharges place constraints on health benefits offered. These penalties have larger impacts on lower-wage firms, which may explain why more than a quarter of these firms consider this important in their decision-making about health benefits. However, some of these firms may be motivated by factors other than the cost of health benefits, such as the desire to recruit and retain high-quality service workers, and therefore pursue different strategies not examined in the 2016 MES.

Lower-wage firms contribute less towards premiums than do non-lower-wage firms.

Besides the decision to offer insurance, firms also make decisions on premium contributions shared between employers and employees, among other decisions such as plan type and benefit level. On average, lower-wage firms contributed a lower percentage towards the insurance premiums for both single and family coverage in 2006 (73% vs. 78% and 65% vs. 76%, respectively) (Exhibit 9). In dollar amounts, the average employee at a lower-wage firm paid \$24 more per month or \$288 more per year for single coverage than those at non-lower-wage firms (\$143 vs. \$119). For family coverage, the average employee at a lower-wage firm paid \$131 more per month or \$1,572 more per year than those at non-lower-wage firms (\$491 vs. \$360). This cost carries implications for employee decision making with regard to enrolling into health insurance plans offered by their employers.

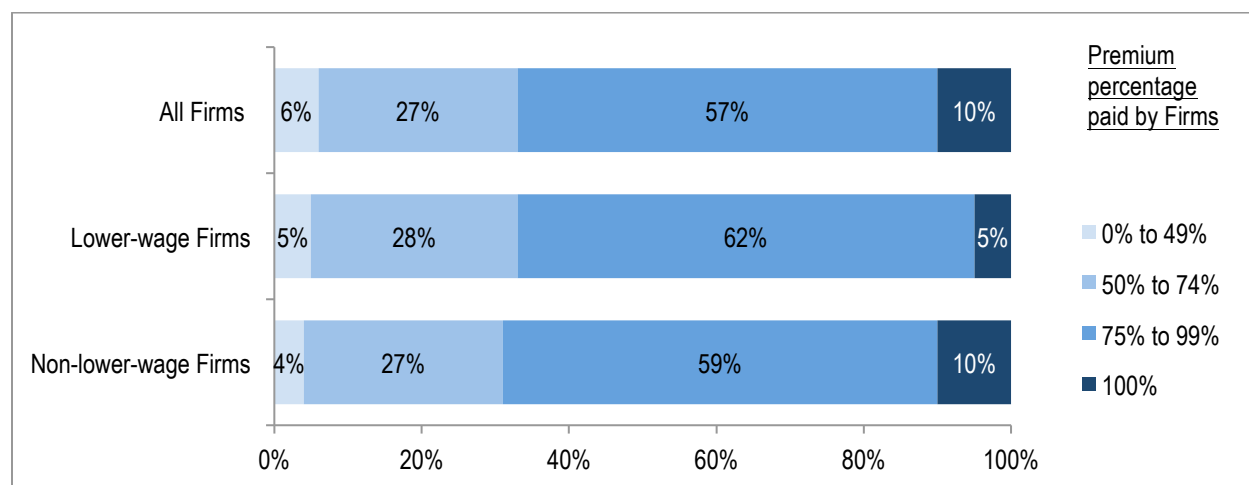
Exhibit 9: Average Monthly Premium and Premium Contributions^{vii} by Firm Type

SINGLE COVERAGE				FAMILY COVERAGE		
FIRM TYPE	EMPLOYEE	FIRM	TOTAL PREMIUM	EMPLOYEE	FIRM	TOTAL PREMIUM
All Firms	\$122 (23%)	\$416 (77%)	\$538	\$374 (25%)	\$1,113 (75%)	\$1,487
Lower-Wage Firm	\$143 (27%)	\$395 (73%)	\$538	\$491 (35%)	\$913 (65%)	\$1,404
Non-Lower-Wage Firm	\$119 (22%)	\$420 (78%)	\$539	\$360 (24%)	\$1,131 (76%)	\$1,491

Note: All Firm estimates include firms with unknown lower-wage status.

Variation also exists in the distribution of percentage of monthly premium paid by employers among lower-wage and non-lower-wage firms. For single coverage, the majority of firms contributed 75-99% of monthly premiums; and this held true for all firms. However, fewer lower-wage firms than non-lower-wage firms paid 100% of premium costs (5% vs. 10%) (Exhibit 10).

Exhibit 10: Distribution of Percentage of Monthly Premium Paid by Employers for Single Coverage, 2016

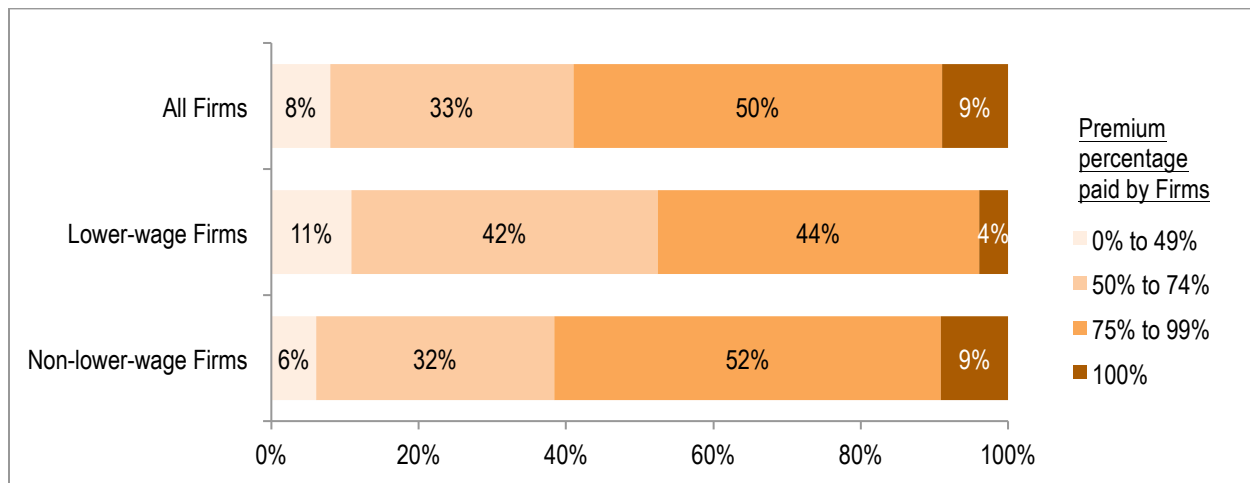


Note: Percentages may not sum to 100% due to rounding. All Firm estimates include firms with unknown lower-wage status.

For family coverage, there is a greater difference between lower-wage and non-lower-wage firms' premium contributions. Compared to non-lower wage firms, fewer lower-wage firms paid 75-100% of premiums (48% vs. 61%). More lower-wage firms than non-lower-wage firms paid 0-49% of premiums (11% vs. 6%) (Exhibit 11).

^{vii} Average premium cost based on plan with the highest enrollment at a firm.

Exhibit 11: Distribution of Percentage of Monthly Premium Paid by Employers for Family Coverage, 2016



Note: Percentages may not sum to 100% due to rounding. All Firm estimates include firms with unknown lower-wage status.

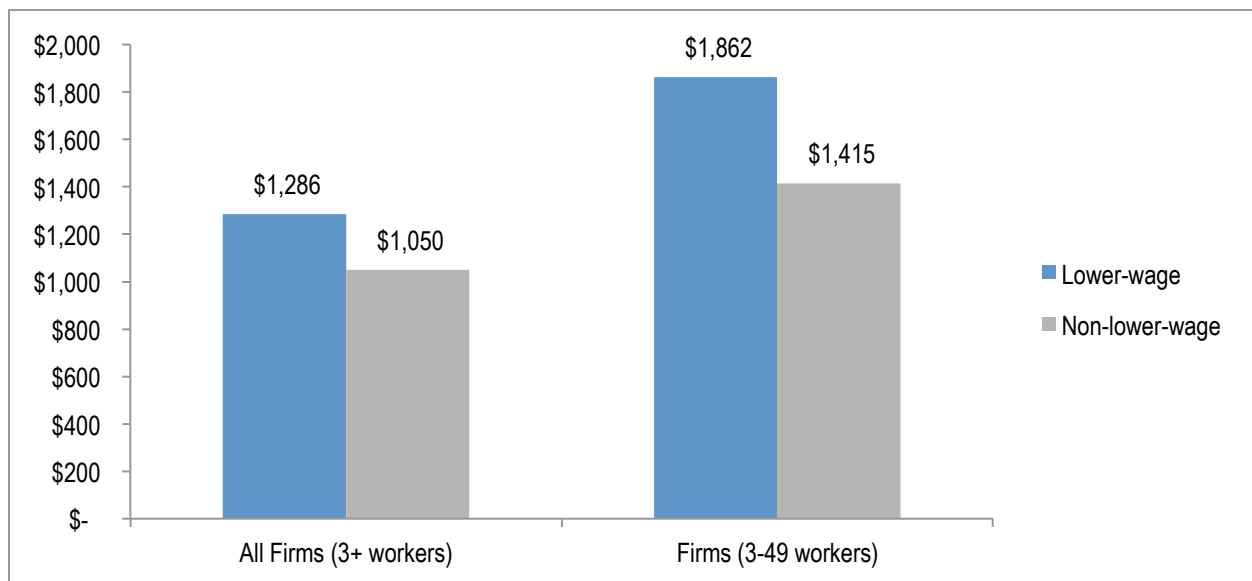
Lower-wage firms are more likely than other firms to have plans with higher deductibles.

In addition to setting contribution levels, firms also make decisions on cost-sharing in the health insurance plans they offer. Generally, increases in deductibles and copays^{viii} are instituted to curtail a rise in premiums while, hopefully, reducing utilization by shifting more of the costs to the employee.²² As a cost control strategy, firms have generally been much more likely to increase copays or deductibles than cut contribution levels to premiums as a way to keep health insurance costs at the firm stable.²³

High deductibles have a disproportionate impact on low-wage workers, as deductibles have risen much faster than wages.²⁴ Lower-wage firms are more likely than other firms to have plans that include high annual deductibles in their offered health plans. In 2016, the average annual deductible for plans with the highest enrollment was \$1,286 among lower-wage firms, compared to \$1,050 among other firms in Massachusetts (Exhibit 12). Employees at lower-wage firms with fewer than 50 employees faced an average annual deductible that was almost one-third (32%) higher than their counterparts (\$1,862 vs. \$1,415).

^{viii} Analyses are not shown for copays by firm type due to insufficient cell sizes.

Exhibit 12: Average Annual Deductibles for Plans with the Highest Enrollment by Firm Type and Firm Size, 2016



Employee Take-Up and Coverage Rates

Workers at lower-wage firms are less likely to enroll in employer-sponsored insurance (ESI) when offered coverage by their employer.

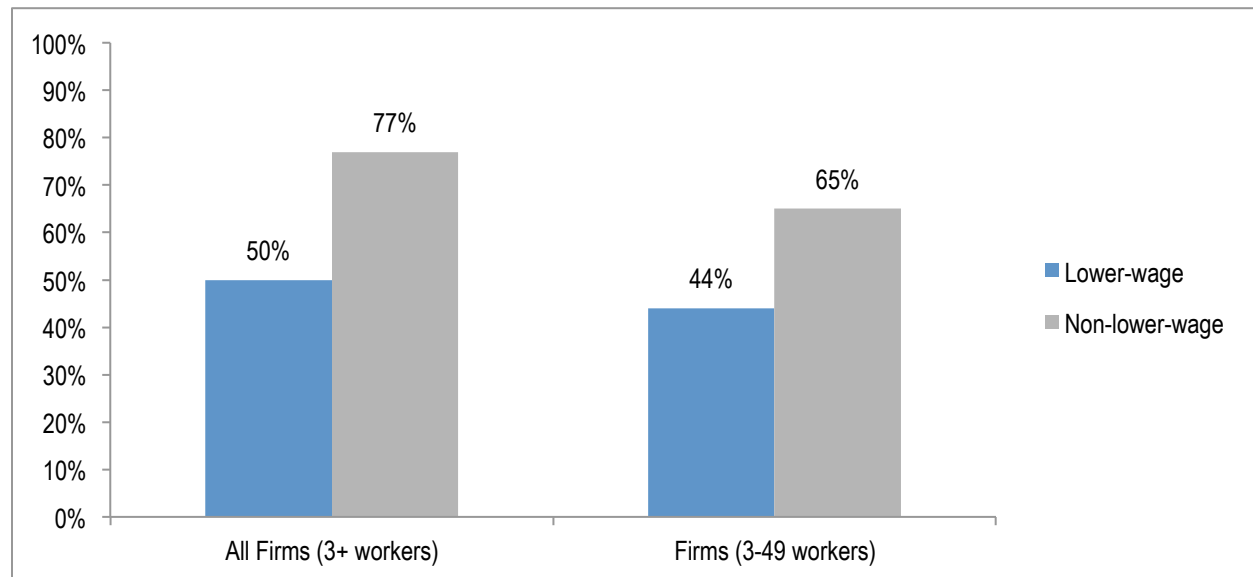
As described earlier, firms make decisions about health plan offerings, employee eligibility, premium contributions, and cost-sharing. Eligible employees must then make a decision on whether or not to enroll in their employer's health plan based on the offered plans and any alternatives that are available to them (e.g., coverage through another family member, public insurance, or remain or become uninsured).

The take-up rate among eligible workers was lower in lower-wage firms than for workers in non-lower-wage firms (Exhibit 13). The take-up rate among workers in lower-wage firms was 50%, compared to 77% among workers in non-lower-wage firms. The take-up rates were slightly lower among workers in firms with fewer than 50 workers: 44% among workers in lower-wage firms and 65% among workers in non-lower-wage firms.

This difference in take-up rates may be because low-wage workers are less able to afford employer-based plans, especially because wages have not risen concomitantly with health insurance costs.²⁵ With wages for those at or near the poverty level remaining stagnant, low-wage workers may find it hard to pay their share of premiums. For example, a full-time worker, making a minimum wage of \$11 per hour or approximately \$1,760 per month before

taxes, may still have difficulty paying the average monthly premium contribution of \$143 for single coverage (Exhibit 9) even when this ESI plan meets the ACA's affordable coverage guidelines.^{ix}

Exhibit 13: Take-Up Rate among Eligible Workers by Firm Type and Size, 2016



ESI coverage rate is lower among lower-wage firms.

The combination of lower offer and eligibility rates at lower-wage firms and lower take-up rates among their workers leads to much lower ESI coverage rates among workers at these firms relative to those workers at non-lower-wage firms. In Massachusetts, the ESI coverage rate was 35% among workers at lower-wage firms, compared to 59% among workers at non-lower-wage firms (Exhibit 14).

ESI coverage rates are typically calculated including only offering firms. Once non-offering firms were included, the overall ESI coverage rate for workers across all lower-wage firms dropped to 29% (Exhibit 15). This represented over 192,000 Massachusetts employees at lower-wage firms who were not covered by their employer's health insurance plans in 2006.^x Additionally, the overall ESI coverage rate for workers across all lower-wage firms with fewer than 50 workers was even lower, at 15% (Exhibit 15). Of course, some of these workers may have been covered by other types of insurance, including coverage through a family member or public coverage.

^{ix} An employer sponsored health plan is considered "affordable" when the employee's premium cost for single coverage is 9.69% or less of the employee's household income. <https://www.healthcare.gov/glossary/affordable-coverage/>

^x Estimated number of workers based on 2016 MES sample, where post-stratification adjustments were made using Census Bureau's Statistics of US Businesses (2014).

Exhibit 14: ESI Coverage Rate among Workers at Offering Firms by Firm Type and Firm Size, 2016

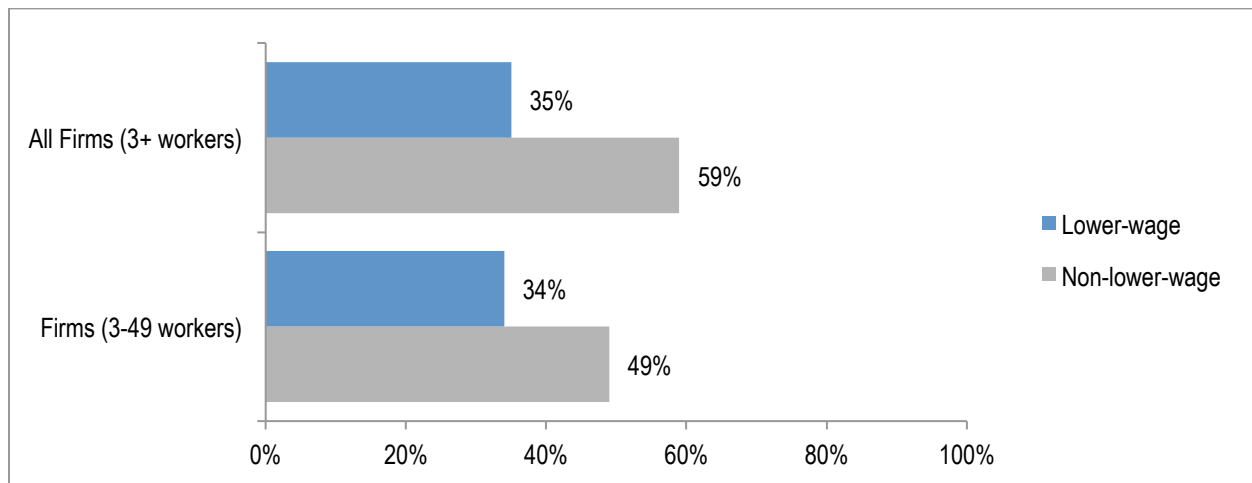
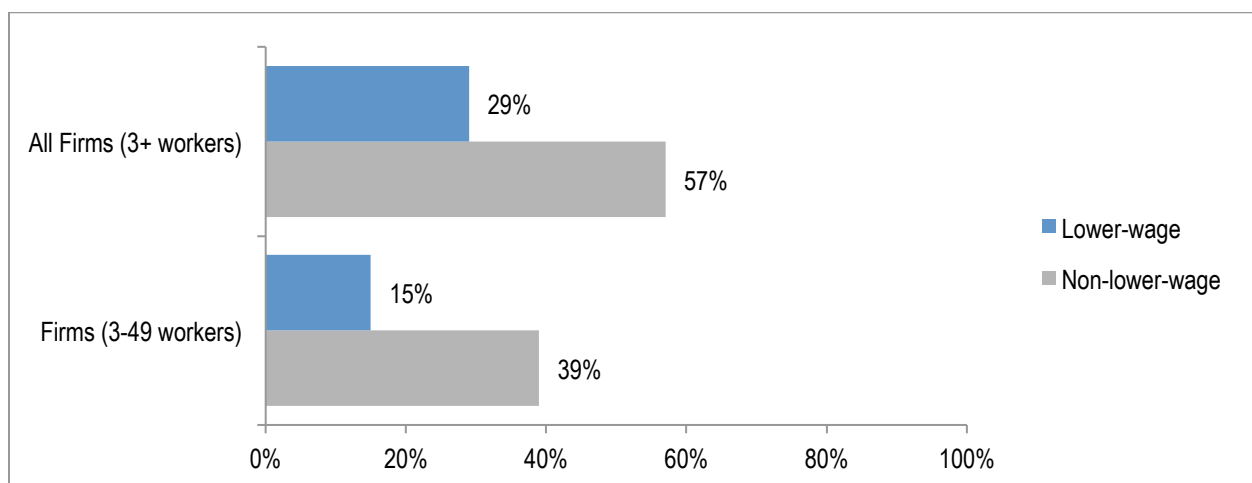


Exhibit 15: ESI Coverage Rate among Workers at All Firms (Offering and Non-Offering) by Firm Type and Firm Size, 2016



Conclusion

The combination of lower offer rates and eligibility rates at lower-wage firms and lower take-up rates by workers at those firms led to lower ESI coverage rates than at their counterpart firms (35% vs. 59%). While 74% of non-lower wage firms offered health insurance, only 41% of lower-wage firms offered health insurance to any of their employees. Lower-wage firms also had lower eligibility rates for insurance than non-lower-wage firms (69% vs. 77%). Among eligible employees, the take-up rate for workers among lower-wage firms was 50% compared to 77% for workers among non-lower wage firms. While some of these low-wage workers may have other coverage opportunities (e.g., family member's employer plan, public programs), poor access to health insurance coverage through their employment limits their coverage options and could have adverse effects on their access to health care and health outcomes.^{26,27}

Besides having lower access to health insurance coverage through their employers, employees at lower-wage firms also faced higher purchasing costs and cost-sharing on their employer's health plans. On average, employees at lower-wage firms paid a higher percentage of total premiums than employees at other firms for both single coverage (27% vs. 22%) and family coverage (35% vs. 24%). The average deductible was 22% higher at lower-wage firms than other firms (\$1,286 vs. \$1,050). When faced with significant out-of-pocket costs, research has shown that people will decrease use of health services, even when needed; this behavior is more pronounced among workers with lower incomes.²⁸ Hence, workers at lower-wage firms may face both lower access to health care and higher levels of unmet need due to higher cost-sharing.

Researchers and policymakers nationally have suggested some focus areas for expanding health coverage among low-wage workers, including, but not limited to, premium assistance programs to help low-wage workers with their premium contributions,^{29,30,31,32,33,34} incentives or mandates for employers to enroll their low-wage workers in health insurance coverage,³⁵ and the encouragement of lower-wage firms to invest in their workers and offer above average benefits in health and other areas.^{36,37,38,39,40}

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