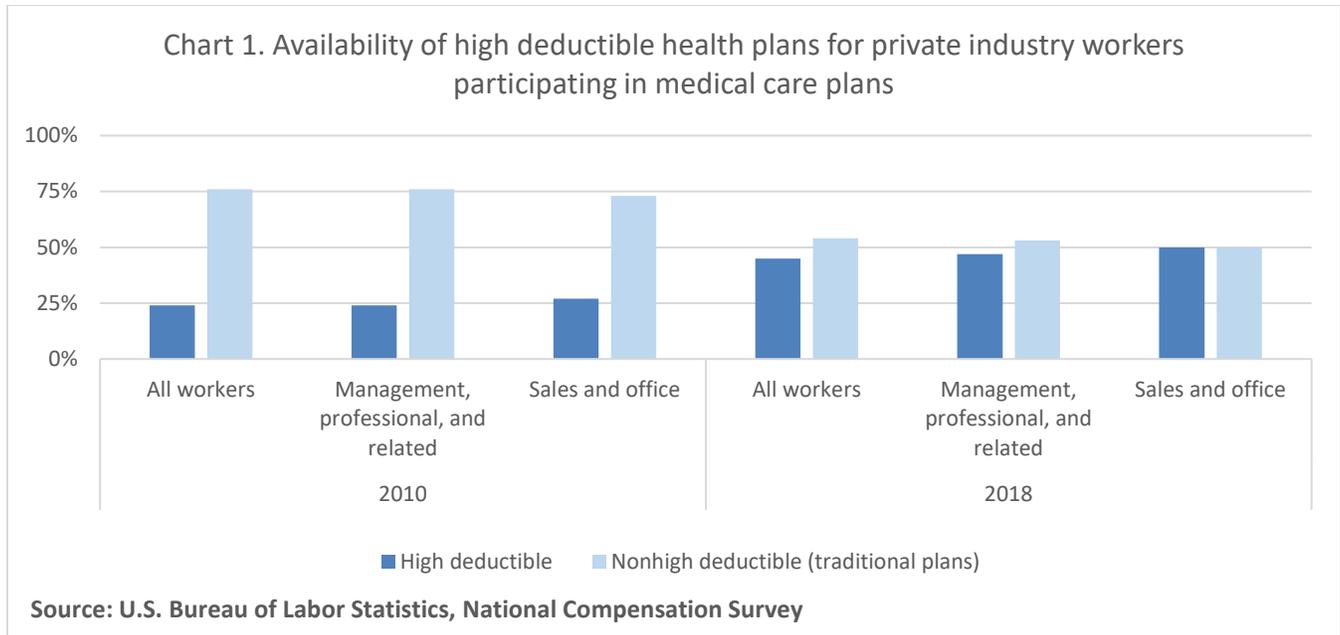


High deductible health plans and health savings accounts

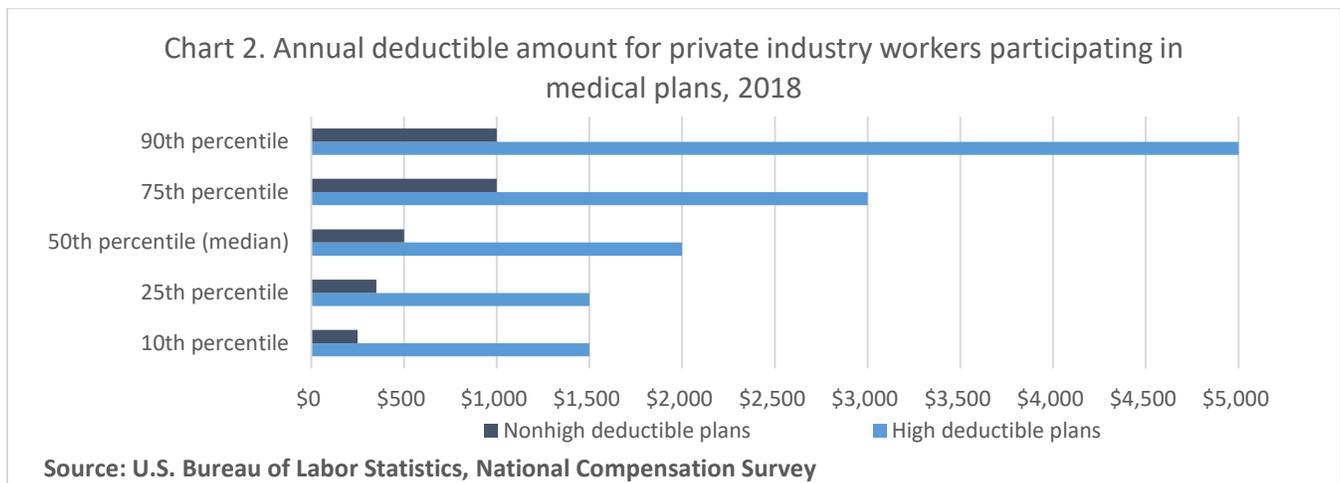
Healthcare expenditures are a large component of the average household budget in The United States¹. While household healthcare insurance expenditures nearly doubled between 2010 (\$1,831) and 2018 (\$3,405), employer healthcare costs increased by 22.3 percent².

This factsheet highlights High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA) estimates for private industry workers from the National Compensation Survey (NCS).

The availability of HDHPs for private industry workers participating in medical care plans increased from 24 percent in 2010 to 45 percent in 2018. (See chart 1.)

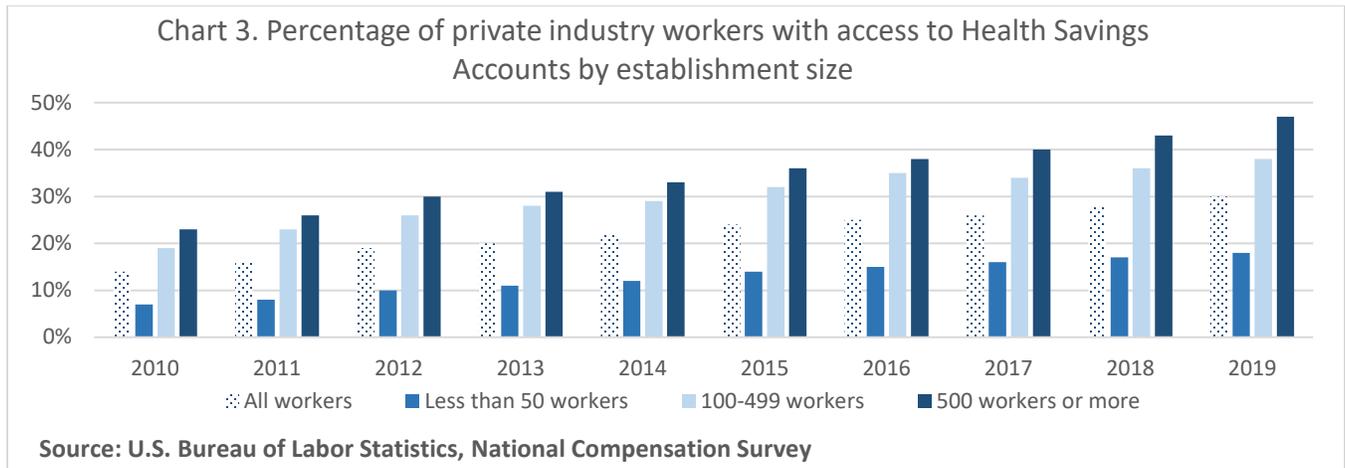


HDHPs typically have higher deductibles and lower premiums than traditional (nonhigh deductible) health plans. In 2018, the median annual deductible for private industry workers participating in HDHP plans was \$2,000.00. For private industry workers participating in non-HDHP plans, 16 percent did not have a deductible. For the 84 percent with a deductible the median annual deductible was \$500.00. (See chart 2.)

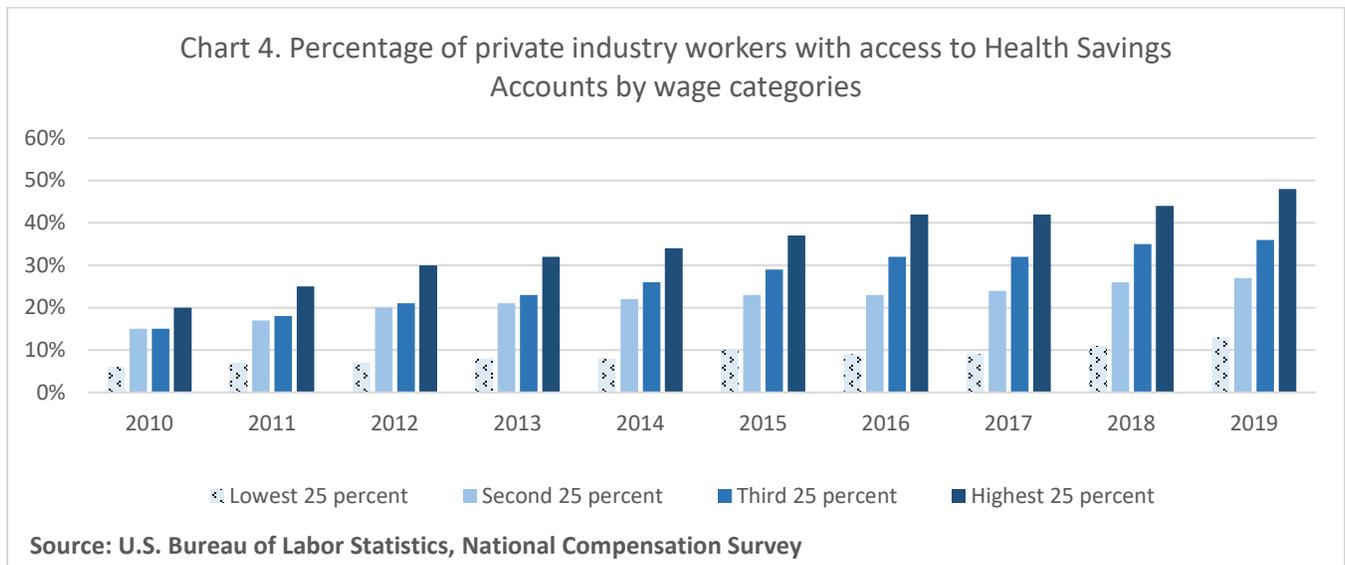


HDHPs allow workers to establish Health Savings Accounts (HSA), which are employee-owned and used to pay for medical expenses with pretax contributions. Additionally, HSAs may earn tax-free interest and unused contributions roll over from year to year.

Access to HSAs increased from 14 percent in 2010 to 30 percent in 2019 for private industry workers. In 2010, 7 percent of workers in small establishments (fewer than 50 workers) had access to HSAs, increasing to 18 percent in 2019. In 2019, 47 percent of workers in the largest establishments (more than 500 workers) had access to HSAs. (See chart 3.)



Access to HSAs also increased by wage category. Six percent of workers in the lowest 25 percent wage category had access to HSAs in 2010 and 13 percent had access to HSAs in 2019. For workers in the highest 25 percent wage category HSA access increased from 20 percent in 2010 to 48 percent in 2019. (See chart 4.)



Access to HSAs varied by certain worker characteristics. For example, 14 percent of nonunion workers had access to health savings plan, compared with 12 percent of union workers in 2010. In 2019, 30 percent of nonunion workers had access while 27 percent of union workers had access to HSAs. More full-time workers had access to HSAs than their part-time counterparts (16 percent compared with 6 percent) in 2010 and (36 percent compared with 11 percent) in 2019. Access to HSAs varied by other worker and establishment characteristics published by the NCS.

Whether an HDHP will save participants money depends on a variety of factors. The increased availability of HDHPs and HSAs provides employers and employees with additional flexibility to manage the cost of health care.

Additional resources:

- [Latest news release](#)
- [Archived benefits news releases](#)
- [Glossary of benefit terms](#)

Factsheets

- [Who receives paid vacation leave? \(PDF\)](#)
- [What statistics does the BLS provide on frozen defined benefit plans? \(PDF\)](#)
- [Paid sick leave: What is available to workers? \(PDF\)](#)
- [Flexible benefits in the workplace \(PDF\)](#)
- [Flexible work schedule and student loan repayment](#)
- [Medical care premiums in the United States, March 2019](#)
- [What data does the BLS publish on family leave?](#)
- [Holiday profiles](#)
- [Access to paid personal leave](#)
- [Unmarried domestic partner benefits, March 2013 \(PDF\)](#)

Articles

- [Union workers more likely than nonunion workers to have retirement benefits in 2019](#)
- [77 percent of private industry workers offered retirement benefits participated in them in 2019](#)
- [51 percent of private industry workers had access to only defined contribution retirement plans](#)
- [The last private industry pension plans: a visual essay, 2012 \(PDF\)](#)
- [Changing landscape of employment-based retirement benefits, 2011 \(PDF\)](#)
- [Alternatives to frozen defined benefit pension plans, 2009 \(PDF\)](#)

The [glossary of employee benefit terms](#) provides definitions for plans, provisions, coverage, and related terms. The [National Compensation Measures Handbook of Methods](#) provides information on the survey design, calculations, weighting, and imputation methods used to produce compensation estimates. The [calculation section](#) includes information on the measures of reliability available for each estimate.

Historical data

Estimates on the cost, coverage, and provisions of employer–sponsored benefit plans from 2010 to 2019 are available through the [Excel dataset](#), and [public database](#). Historical data are available on the [publications page](#). Benefit estimates are not a time series and users are advised to consider changes in survey design, survey scope, estimation methods, weighting, and sample rotation when analyzing the data.

¹ Based on the 2018 Consumer Expenditures Survey total average annual expenditures (CXUTOTALEXPLB0101M) and health insurance (CXUHLTHINSRLB0101M) series.

² The Employment Cost Index provides measures of change in the cost of employer paid benefits. See the [health benefits chart](#) for additional explanation of the health insurance series. The percent change was calculated from March 2010 to March 2018 using rounded index estimates.

