

Health benefits in the workplace: A closer look

Employers are going beyond providing traditional health benefits to address employees' well-being, finds a survey from the Robert Half staffing firm. In research conducted for the Robert Half 2020 Salary Guides, most employers said they offer physical (63%), financial (65%) and mental (74%) wellness programs. Employers also cover at least some of the cost for these physical and financial (51% each) and mental (64%) wellness resources.

In addition, the research found that 71% of companies plan to provide incentives such as bonuses, profit-sharing and spot awards in the year ahead.

2020 incentive plans

Increase \$ amount: 43%

Increase frequency: 41%

Add new incentives: 33%

Decrease frequency: 11%

Decrease \$ amount: 9%

Other survey findings:

- According to workers, the most valued wellness offerings include access to fitness facilities or programs (24%), ergonomic evaluations and equipment (22%) and incentives for engaging in healthy behavior (18%).
- Flexible work schedules or telecommuting options (50%), paid parental leave (47%) and employee discounts (42%) are the most common perks offered at companies.
- Firms with 250 or more employees are more likely to have mental and financial wellness benefits and cover at least some of the costs of these programs than organizations with 20 to 249 employees.

Average family health premiums now top \$20,000

Annual family premiums for employer-sponsored health insurance rose 5% to average \$20,576 this year, according to the Kaiser Family Foundation's just-released 2019 Employer Health Benefits Survey.

Workers' wages rose 3.4% and inflation rose 2% over the same period.

Despite the nation's strong economy and low unemployment, what employers and workers pay toward premiums continues to rise more quickly than workers' wages and inflation over time. Since 2009, average family premiums have increased 54% and workers' contributions have increased 71%, several times more quickly than wages (26%) and inflation (20%).

Currently 82% of covered workers have a deductible in their plan, similar to last year and up from 63% a decade ago. The average single deductible now stands at \$1,655 for workers who have one, similar to last year's

\$1,573 average but up sharply from the \$826 average of a decade ago. These two trends result in a 162% total increase in the burden of deductibles across all covered workers over the past decade.

More than a quarter (28%) of all covered workers, including nearly half (45%) of those at small employers with fewer than 200 employees, are now in plans with a deductible of at least \$2,000, almost four times the share who faced such deductibles in 2009.

27% of adults have a pre-existing condition

Also according to the Kaiser Family Foundation, almost 54 million people—or 27% of all adults under age 65—have pre-existing health conditions that would likely have made them uninsurable in the individual markets that existed in most states before the Affordable Care Act.

The share of adults under 65 with such declinable pre-existing conditions varies significantly across states, from at least a third in West Virginia (37%), Arkansas (34%), Kentucky (34%) and Mississippi (34%) to a little more than one in five in Colorado (22%).

Older working-age Americans (ages 55-64) are the most likely age group to have declinable pre-existing conditions (44%), more than twice the share (18%) among the youngest age group (18-34).

Women are more likely than men to have declinable conditions (30% compared to 24%).

The analysis comes as the 5th Circuit Court of Appeals weighs a decision in the *Texas v. Azar* case, which seeks to overturn the entire ACA, including the provisions that prohibit insurers from denying coverage or charging more to people with pre-existing conditions. The Trump administration has joined conservative state attorneys general in arguing that the ACA should be invalidated. (See [“If court scraps ACA, administration wants to delay law’s demise”](#) for more information on this case.)

While most people with pre-existing conditions are covered now through employers or public programs such as Medicaid, people may look to the individual market for coverage during periods of transition, such as losing or changing a job or leaving a job due to illness.