



**ANALYSIS OF  
FORM 5500 SCHEDULE A DATA  
FORM YEARS 2012–2016  
*FINAL VERSION***

**PREPARED FOR THE  
U.S. DEPARTMENT OF LABOR  
CHIEF EVALUATION OFFICE**

Contract Number: DOLQ129633250  
September 2018

**SUBMITTED BY:**  
Heather Brotsos  
Rowan Langford  
Bethany Moore  
Oswaldo Urdapilleta

Summit Consulting, LLC  
601 New Jersey Ave NW  
Suite 400  
Washington, DC 20001  
[www.summitllc.us](http://www.summitllc.us)



**complexity simplified.**



## DISCLAIMER

This report was prepared for the U.S. Department of Labor (DOL), Chief Evaluation Office, under Contract Number DOLQ129633250. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.



## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	<b>I</b>
<b>TERMINOLOGY</b> .....	<b>III</b>
<b>1 INTRODUCTION</b> .....	<b>1</b>
<b>2 BACKGROUND</b> .....	<b>2</b>
2.1 Contents of Schedule A.....	2
2.2 Form 5500 Schedule A Filers.....	3
<b>3 DATA SOURCES</b> .....	<b>5</b>
<b>4 ANALYSIS OF SCHEDULE A FILINGS: DESCRIPTIVE RESULTS</b> .....	<b>6</b>
4.1 Overview of the Schedule A Filing Population.....	6
4.2 Financial Attributes of Schedule A Contracts Covering Welfare Benefits .....	12
4.3 Insurers Identified on the Schedule A Offering Welfare Benefit Contracts.....	20
<b>5 CONCLUSION</b> .....	<b>25</b>
<b>APPENDIX A FORM YEAR 2016 SCHEDULE A</b> .....	<b>A-1</b>
<b>APPENDIX B EXPERIENCE-RATED WELFARE CONTRACTS</b> .....	<b>B-1</b>
<b>APPENDIX C TRANSFORMING THE UNIT OF ANALYSIS TO AN INSURER</b> .....	<b>C-1</b>
<b>APPENDIX D LARGEST INSURERS IDENTIFIED BY NAIC AND NUMBER OF COVERED PERSONS</b> .....	<b>D-1</b>



## LIST OF TABLES

Table 1: Data Cleaning Waterfall .....	5
Table 2: Summary of Schedule A Premiums for Welfare Contracts .....	17
Table 3: Top Insurers by Number of Health Contracts, Form Year 2015 .....	22
Table 4: Top Insurers by Number of Prescription Drug Contracts, Form Year 2015 .....	22
Table 5: Top Insurers by Number of Life Contracts, Form Year 2015 .....	23
Table 6: Top Insurers by Number of Dental Contracts, Form Year 2015 .....	23
Table 7: Top Insurers by Number of Vision Contracts, Form Year 2015 .....	23
Table 8: Top Insurers by Number of Long-Term Disability Contracts, Form Year 2015 .....	24
Table 9: Top Insurers by Number of Short-Term Disability Contracts, Form Year 2015 .....	24
Table D-1: Top Insurers by Number of Health Covered Persons, Form Year 2015 .....	D-1
Table D-2: Top Insurers by Number of Prescription Drug Covered Persons, Form Year 2015 .....	D-1
Table D-3: Top Insurers by Number of Life Insurance Covered Persons, Form Year 2015 .....	D-2
Table D-4: Top Insurers by Number of Dental Covered Persons, Form Year 2015 .....	D-2
Table D-5: Top Insurers by Number of Vision Covered Persons, Form Year 2015 .....	D-2
Table D-6: Top Insurers by Number of Long-Term Disability Covered Persons, Form Year 2015 .....	D-3
Table D-7: Top Insurers by Number of Short-Term Disability Covered Persons, Form Year 2015 .....	D-3

## LIST OF FIGURES

Figure 1: Illustration of Schedule A Contents and Distribution of Filings .....	3
Figure 2: Relationship between a Plan's Form 5500 Filing and Its Schedule A Filings .....	4
Figure 3: Number of Schedule As Filed per Year .....	7
Figure 4: Number of Plans That Filed the Schedule A per Year .....	7
Figure 5: Number of Schedule A Filings per Plan .....	8
Figure 6: Schedule As by Benefits Reported .....	9
Figure 7: Median Number of Persons Covered per Schedule A .....	9
Figure 8: Benefit Types for Welfare Contracts .....	10
Figure 9: Benefit Types for Welfare Contracts with One Benefit Type .....	11
Figure 10: Contract Types for Welfare and Health Contracts .....	12
Figure 11: Distribution of Agent or Broker Commissions for Welfare Contracts .....	13
Figure 12: Distribution of Agent or Broker Fees for Welfare Contracts .....	14
Figure 13: Distribution of Agent or Broker Compensation for Welfare Contracts .....	15



Figure 14: Median Agent or Broker Compensation by Welfare Benefit Type (Form Year 2015) ..... 15

Figure 15: Median Agent or Broker Compensation for Welfare Contracts by Covered Person Size  
(Form Year 2015) ..... 16

Figure 16: Distribution of Per-Person Premiums for Nonexperience-Rated Welfare Contracts ..... 17

Figure 17: Median Per-Person Premiums for Nonexperience-Rated Welfare Contracts by  
Covered Person Size (Form Year 2015)..... 18

Figure 18: Median Per-Person Premiums for Nonexperience-Rated Welfare Contracts by Benefit  
Type (Form Year 2015)..... 18

Figure 19: Median Per-Person Premiums for Nonexperience-Rated Contracts by Common  
Benefit Type Combinations Including Disability (Form Year 2015) ..... 19

Figure 20: Median Per-Person Premiums for Nonexperience-Rated Contracts by Common  
Benefit Type Combinations Including Health (Form Year 2015) ..... 20

Figure 21: Number of Unique Insurer EINs and NAIC Codes ..... 21

Figure B-1: Median Per-Person Premiums for Experience-Rated Welfare Contracts by Benefit  
Type (Form Year 2015).....B-1

Figure B-2: Distribution of Per-Person Premiums for Experience-Rated Welfare Contracts .....B-2

Figure B-3: Median Per-Person Premiums for Experience-Rated Welfare Contracts by Covered  
Person Size (Form Year 2015) .....B-2



[This page intentionally left blank]



## EXECUTIVE SUMMARY

The U. S. Department of Labor’s (DOL) Employee Benefits Security Administration (EBSA), in conjunction with the Internal Revenue Service (IRS) and the Pension Benefit Guaranty Corporation (PBGC), publishes the Form 5500 Annual Return/Report of Employee Benefit Plan (Form 5500) and the Short Form Annual Return/Report of Small Employee Benefit Plan (Form 5500-SF). To satisfy annual reporting obligations under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (Code), employee benefit plan administrators complete either the Form 5500 (for plans with 100 or more participants) or the Form 5500-SF (for plans with fewer than 100 participants). These annual reports contain information on the general characteristics, financial condition, and operations of a plan.<sup>1</sup> Plan administrators that file the Form 5500 and certain Direct Filing Entities (DFEs) must include Schedule A (Insurance Information) as an attachment to their Form 5500 to report information on insurance contracts used to provide benefits.

The insurance contract benefits that plan administrators report on Schedule A include those associated with pension plans, such as investments and annuities, and those associated with welfare plans, such as those providing health and life benefits.<sup>2</sup> *Around 80% of Schedule A filings are associated with welfare contracts, and those filings are the focus of this report.* Schedule A collects information on these insurance contracts, including the insurance carrier and characteristics of the contract, such as number of persons covered, benefits offered, and premiums paid to the carrier. A plan may have a contract for each type of benefit or a single contract for multiple benefits. If plans have multiple insurance contracts, administrators generally must submit multiple Schedule As—one for each contract.

Information reported on the Schedule A offers an opportunity to examine the population of insurance contracts over time and how it has changed. Schedule As also identify insurance carriers delivering benefits to plan participants, providing insight into the most common plan insurers. This report examines Schedule A filings for Form Years 2012–2016 through descriptive analysis. Our key findings include:

- **Population of Schedule A Filers:** The number of plans filing Schedule A declined over our period of study from 121,758 in 2012 to 115,580 in 2015. However, the number of Schedule A reports each plan filed increased from an average of 2.3 in 2012 to 2.5 in 2015.
- **Agent and Broker Commissions and Fees:** Welfare plans report insurance companies paying brokers via commissions more often than via fees (75% versus 30% of filings). Per covered person, smaller plans (plans with fewer than 100 covered persons), which report fees paid on

---

<sup>1</sup> Copies of Form 5500, Form 5500-SF, and related instructions can be found at <https://www.dol.gov/sites/default/files/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500>.

<sup>2</sup> Small plans filing Form 5500-SF are not required to attach a Schedule A, and most small welfare plans are entirely exempt from filing the Form 5500. Small plans, defined in the Form 5500 and Form 5500-SF instructions, are generally those with fewer than 100 participants. Therefore, the insurance contract information collected on Schedule A mainly reflects the population of participants covered by plans with 100 or more participants.



Line 10e of the Form 5500-SF, pay more in broker compensation (commissions + fees) than larger plans.<sup>3</sup>

- **Premiums:** Contracts covering health and prescription drug benefits have substantially higher premiums per covered person than any other type of contract (e.g., life insurance contracts). The median per-person premium for contracts that provide health benefits across all years is \$4,614.<sup>4</sup> The median per-person premium for prescription drug contracts across all years is \$1,963. But the median per-person premium for all other contract types across all years is \$227.
- **Largest Health Insurers:** The five largest health insurers, as determined by the number of Schedule As on which they appear, cover 43% of Schedule As filed in 2015. These same insurers are also the largest health insurers in terms of the number of persons they cover for health contracts.

Overall, the population of Schedule A filers—and the financial characteristics they report—has remained stable from 2012 to 2016. We see some increases in the number of filings (from 281,167 filings in 2012 to 292,381 filings in 2015) and the amount of compensation paid to brokers (from a median of \$6,203 in 2012 to a median of \$6,335 in 2015), but these changes are modest.

---

<sup>3</sup> Schedule A requires filers to report fees and commissions paid to “agents, brokers, and other persons.” This report uses *agent* and *broker* for ease of reference. Form 5500-SF, line 10e requires filers to report the total fees and commissions paid to agents, brokers, and other persons in connection with insurance benefits under the plan. Although the total fee and commission information reported by Form 5500-SF filers on line 10e is supposed to parallel the total fee and commission information reported on line 2 of the Schedule A, we did not include line 10e information in this report because this report focuses on welfare plans and small pension plans that file the Form 5500-SF.

<sup>4</sup> If contracts indicated they provided health benefits, they were categorized as health; if they indicated prescription drug but not health, they were considered a prescription drug contract. All other welfare benefit types were grouped together.





## TERMINOLOGY

The following are intended to be easy-to-understand definitions of terms we use throughout this report. This basic glossary is not intended to be treated as technical or legal definitions.

- **Allocated contracts**—Contracts issued by insurance companies that guarantee to pay a specific retirement benefit to individual participants, for example, a traditional immediate or deferred annuity contract that pays a monthly pension benefit.
- **Covered person**—Filers report, on Line 1(e) of Schedule A, the approximate number of “persons covered” under the contract at the end of policy or contract year.<sup>5</sup>
- **Experience-rated contracts**—Welfare benefit contracts, where premiums are set based on the insured group’s expected risk based on past claims.
- **Filing year**—The year a form was filed. This term is capitalized when referring to a specific year, and lowercase otherwise.
- **Form year**—The year designated on the Form 5500 (e.g., 2016 Form 5500). The form year corresponds to the year that the first day of the plan year is in. This term is capitalized when referring to a specific year and lowercase otherwise.
- **Long-term disability (LTD)**—Type of welfare benefit that provides insurance for extended periods of disability.
- **Nonexperience-rated contracts**—Welfare benefit contracts where premiums are set based on the general characteristics of the insured group rather than the history of claims made by the insured group.
- **Plan year**—The period beginning on the day the plan year begins. The plan year generally will be the same as the form year for plans that use the calendar year as their plan year (January 1 through December 31). This term is capitalized when referring to a specific year and lowercase otherwise.
- **Short-term disability (STD)**—Type of welfare benefit that provides insurance for short-term periods of disability.
- **Unallocated contracts**—Most investment contracts issued by insurance companies, such as guaranteed interest contracts (GICs), separate accounts, variable annuities, and similar insurance investment contracts.

---

<sup>5</sup> Form 5500 Part II Question 6 asks specifically for the number of participants. Schedule A, in contrast, asks for the number of persons covered under the insurance contract being reported on the Schedule, which may include dependents or other beneficiaries. For plans that provide multiple types of benefits through a single contract reported on one Schedule A, not all covered persons may be covered for all types of benefits.



## ANALYSIS OF FORM 5500 SCHEDULE A DATA

### 1 INTRODUCTION

The U. S. Department of Labor’s (DOL) Employee Benefits Security Administration (EBSA), in conjunction with the Internal Revenue Service (IRS) and the Pension Benefit Guaranty Corporation (PBGC), publishes the Form 5500 Annual Return/Report of Employee Benefit Plan (Form 5500) and the Short Form Annual Return/Report of Small Employee Benefit Plan (Form 5500-SF). To satisfy annual reporting obligations under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (Code), employee benefit plan administrators complete either the Form 5500 (for plans with 100 or more participants) or the Form 5500-SF (for plans with fewer than 100 participants). These annual reports contain information on the general characteristics, financial condition, and operations of a plan.<sup>6</sup>

Plan administrators that file the Form 5500 and certain Direct Filing Entities (DFEs)<sup>7</sup> must include Schedule A (Insurance Information) as an attachment to their Form 5500. Schedule A filings report information on the insurance contracts covering participant benefits. Benefits include those associated with pension plans, such as investments and annuities, and those associated with welfare plans, such as health and life insurance.

In this report, we analyze the most recent Form 5500 Schedule A filings, Form Years 2012–2016,<sup>8</sup> and look for changes in the population over the 5-year timeframe. Our analysis provides a descriptive study of Schedule A reports and covers three topics: (1) population characteristics of the plans that file Schedule A and report on insurance contracts related to pension and welfare benefits, (2) key financial attributes of the welfare contracts reported on Schedule A, and (3) the population of insurance carriers associated with ERISA plans that file Schedule A for welfare contracts.

<sup>6</sup> If a Form 5500 filing is deemed incomplete, deficient, or delinquent the EBSA Office of the Chief Accountant (OCA) employs several procedures. OCA ensures compliance with ERISA’s reporting and disclosure requirements. Form 5500 instructions state that fines, currently up to \$2,140 per day, can be levied for plans that fail to file a timely, complete, and accurate Form 5500, including its required schedules. More information on enforcement can be found in the Reporting Compliance Enforcement Manual: <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/enforcement/oca-manual>.

<sup>7</sup> Many employee benefit plans participate in certain investment and insurance arrangements that file a separate Form 5500 electronically with EFAST2 for the investment or insurance arrangement itself. These direct filing investment and insurance arrangements are called DFEs, and include master trust investment accounts (MTIAs), common/collective trusts (CCTs), pooled separate accounts (PSAs), 103-12 investment entities (103-12 IEs), and group insurance arrangements (GIAs). To the extent GIA Schedule A data is included in the report, the “per plan” measures set forth in the report may treat each GIA as one plan versus an arrangement involving multiple underlying plans. Find more information on DFEs in the Form 5500 instructions at <https://www.dol.gov/sites/default/files/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500/2018-instructions.pdf>.

<sup>8</sup> Information entered on Schedule A generally is based on the insurance contract or policy year ending with or within the plan year. For example, if an insurance contract year begins on July 1 and ends on June 30, and the plan year begins on January 1 and ends on December 31, the information on the Schedule A attached to the 2017 Form 5500 should be for the insurance contract year ending on June 30, 2017. If the insurance company maintains records based on a plan year rather than a policy or contract year, the information entered on Schedule A may be based on the plan year instead of the policy or contract year.



Section 2 gives background information on Schedule A and describes how plans complete the form. Section 3 describes the analysis population. Section 4 presents the results of our descriptive analysis. Section 5 offers a summary of key findings.

## 2 BACKGROUND

In this section, we describe the population of employee benefit plans that file the Form 5500 Schedule A as well as the structure and elements of Schedule A. The focus of this study is the Form 5500 Schedule A, which plan administrators file as an attachment to Form 5500. On Form 5500, filers report information on employee benefit plans not exempt from filing and DFEs. EBSA maintains the Form 5500 database, a collection of all Form 5500 filings submitted electronically to the ERISA Filing Acceptance System (EFAST2) by benefit plan administrators. Researchers and other end users can use a database created from the information populated by Form 5500, its required schedules, and Form 5500-SF filings.

### 2.1 CONTENTS OF SCHEDULE A

The Form 5500 Schedule A (see **Appendix A** for a complete copy of Schedule A for Form Year 2016) collects identifying information on insurers as well as the financial characteristics of each insurance contract. The schedule includes four parts:

- Part I: Information Concerning Insurance Contract Coverage, Fees, and Commissions
- Part II: Investment and Annuity Contract Information
- Part III: Welfare Benefit Contract Information
- Part IV: Provision of Information

**Figure 1** illustrates the relationship among the four parts of Schedule A. Parts I and IV apply to all plans filing Schedule A. Part I collects information on the insurance carrier, insurance contract, number of persons covered, and brokers. Part IV asks whether the plan's insurance company failed to provide the information needed to complete Schedule A.

Part II and Part III of Schedule A collects information that is specific to certain types of contracts. Plans complete Part II or Part III only if that section of Schedule A applies to their contract. Part II collects information on insurance contracts associated with pension plans while Part III pertains to welfare contracts. Each part is further divided by contract type. Filers report separate information, depending on whether the contract is "allocated" or "unallocated." Part III has questions for both experience and nonexperience-rated contracts.

While some filers complete multiple parts of Schedule A (for example, reporting on both allocated and unallocated contracts), approximately 98% of plans that report benefit information complete only Part II for pension plans or Part III for welfare plans, depending on the type of contract:

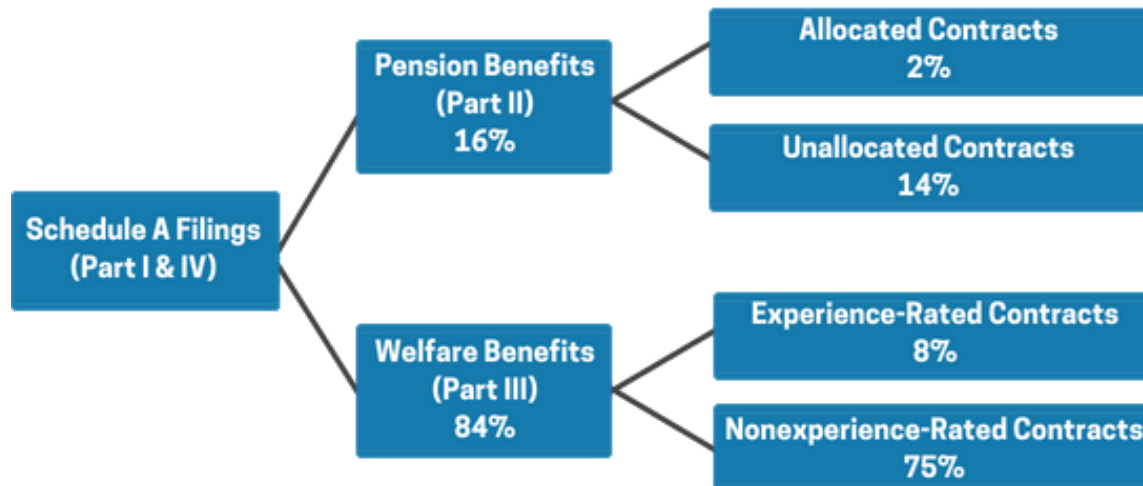
#### Pension Contract Terminology

For purposes of the annual return/report, a contract is considered to be "allocated" if it's issued by insurance companies that guarantee to pay a specific retirement benefit to individual participants, for example, a traditional immediate or deferred annuity contract that pays a monthly pension benefit. "Unallocated" contracts are those that do not meet the criteria for allocated fund contracts.



allocated, unallocated, experience-rated, or nonexperience-rated.

Figure 1: Illustration of Schedule A Contents and Distribution of Filings



Note: Plans or Schedule As that do not report contract or benefit type information on Schedule A are excluded. This amounts to 77,749 Schedule A filings across all years in our period of study, or approximately 6% of all filings. Percentages are calculated based on Schedule As that reported benefit information from 2012 to 2016. Approximately 1% of filings reported welfare benefit type but did not report financial information and could not be classified as experience-rated or nonexperience-rated. Percentages do not sum to 100% due to rounding.

This report first describes the population of all Schedule A filers, including the number of covered persons and types of benefits covered by contracts. We then narrow our focus to the premium information reported by welfare benefit plans in Part III and the insurers associated with those welfare contracts.

#### Welfare Contract Terminology

**Experience-rated** contracts are a type of welfare benefit contract where premiums are set based on the insured group's expected risk based on past claims.

**Nonexperience-rated** contracts are welfare benefit contracts where premiums are set based on the general characteristics of the insured group rather than the history of claims made by the insured group.

## 2.2 FORM 5500 SCHEDULE A FILERS

Plans and DFEs that file the Form 5500 must include Schedule A to report information on insurance contracts used to provide benefits (this includes, for example, group health insurance, disability insurance, life insurance, and investment contracts with insurance companies, such as guaranteed investment contracts and pooled separate accounts). Small plans filing Form 5500-SF are not required to

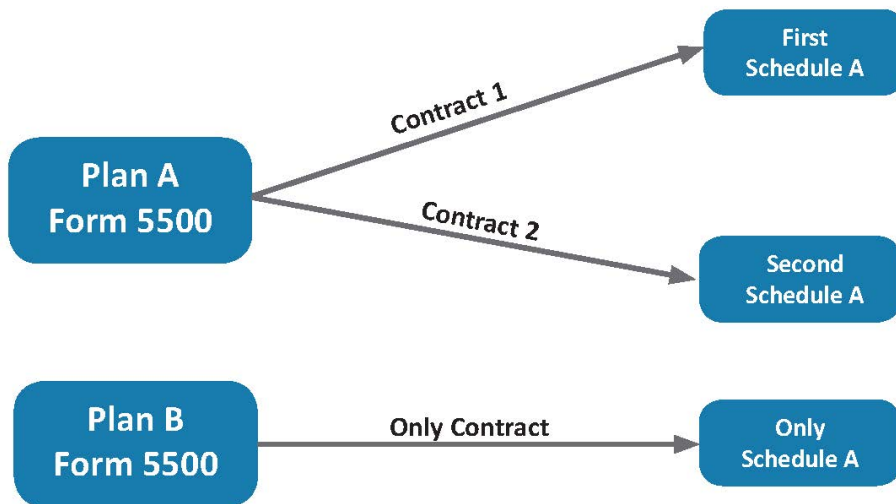


attach a Schedule A, and most small welfare plans are entirely exempt from filing the Form 5500.<sup>9</sup> Small plans generally are defined in the Form 5500 and Form 5500-SF instructions as those with fewer than 100 participants. Therefore, the insurance contract information collected on Schedule A mainly reflects the population of participants covered by plans with 100 or more participants.

The majority (84%) of plans file Schedule A to report welfare benefits, such as health, vision, disability, or life insurance. The pension plans that file Schedule A report insurance contracts associated with investments or annuities.

The Schedule A instructions require a separate Schedule A for each insurance contract.<sup>10</sup> A single plan may have more than one insurance contract, and the plan may attach more than one Schedule A to a single Form 5500 filing (see **Figure 2**). For example, a plan with two health insurance contracts, such as a Health Maintenance Organization (HMO) and a Preferred Provider Organization (PPO), will file two Schedule As with their Form 5500, one for each contract. These two contracts may have different insurance providers.

Figure 2: Relationship between a Plan’s Form 5500 Filing and Its Schedule A Filings



<sup>9</sup> Small pension plans, and small welfare plans if they have assets in trust, generally file the Form 5500-SF. Small welfare plans that are insured or unfunded are generally exempt under DOL regulations from filing a Form 5500 or Form 5500-SF. Detailed Instructions for the Form 5500 and Form 5500-SF may be found on the DOL website: <https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500>.

<sup>10</sup> In some instances, plans may group multiple contracts on the same Schedule A. This is most common in situations where contracts are made at the individual participant level.



### 3 DATA SOURCES

Data comes from Form 5500/Form 5500-SF filings made through the ERISA Filing Acceptance System or EFAST2.<sup>11</sup> Data used to produce this report includes filings submitted as of February 2, 2018. This study is based on Schedule A filings from Form Years 2012 through 2016. We present our results by form year, the year containing the day when the plan year begins. At the time we extracted data from EFAST2, plans were continuing to submit filings for Form Year 2016. Based on earlier filing patterns, approximately 80% of Form Year 2016 filings were present by the date we extracted data from EFAST2.

As plans may submit multiple Form 5500s in a year to correct earlier filings or account for short plan years, we chose the most complete filing for each plan. When a plan had multiple complete Form 5500s for a form year, we retained the most recent plan filing. In addition, although the instructions tell filers not to file a Schedule A for Administrative Services Only (ASO) contracts, which do not cover benefits, some filers still do so.<sup>12</sup> These contracts amount to approximately 0.3% of Schedule As filed across our 5-year analysis period and are removed from our analysis.<sup>13</sup>

**Table 1** outlines our two data cleaning steps and the number of observations removed by each. Our final population from Form Years 2012 to 2016 is nearly 1.4 million Schedule A filings.

**Table 1: Data Cleaning Waterfall**

Data Cleaning Step	Schedule A Filings Removed	Schedule A Filings Remaining
Data Extracted from EFAST2 for Form Years 2012 to 2016	-	1,406,215
Retain Most Recent Filing	8,835	1,397,380
Remove Administrative Services Only Contracts	3,769	1,393,611

We present population-level statistics (Section 4.1) for this entire population of Schedule A filings. All other sections of this report analyze the population of Schedule As that show at least one welfare benefit in Schedule A, Part III, Line 8.

<sup>11</sup> EFAST2 is an all-electronic system designed by the DOL, Internal Revenue Service, and Pension Benefit Guaranty Corporation for the submission, receipt, and processing of the Form 5500 and Form 5500-SF. We worked with data sets created from Form 5500 and Form 5500-SF filings through EFAST2. Information on the Form 5500 electronic filing system, EFAST2, can be found on the DOL website: <https://www.efast.dol.gov/welcome.html>.

<sup>12</sup> ASOs are identified by the following criteria: The benefit code on Schedule A, Part III is checked as Health, HMO, PPO, or indemnity and (1) the organization code for an agent or broker entered in Part I, 3 is for a third party administrator or (2) the benefit code on Schedule A, Part III is checked as other and the associated text is any of the following: Admin, Contract Administration, Self-Insurance, ASC, or ASO.

<sup>13</sup> The number of ASOs filed annually has remained consistent throughout our period of study, at around 800 per year, with a decline in 2016 that is consistent with the lower number of filings received at the time of data extraction. There were 800 ASOs in 2012, 770 in 2013, 801 in 2014, 806 in 2015, and 592 in 2016.



## 4 ANALYSIS OF SCHEDULE A FILINGS: DESCRIPTIVE RESULTS

This section includes descriptive results of the Schedule A filing population for Form Years 2012 to 2016. When illustrating specific details of our analysis, we use the Form Year 2015 population as it is the most recent, complete year of filings.<sup>14</sup>

We organize our analysis results in three parts. First, in Section 4.1, we describe the population of Schedule A filers, which includes Schedule As filed for contracts covering both pension and welfare benefits. Second, in Section 4.2, we focus our analysis on Schedule A filings associated with welfare contracts and report on the financial characteristics of these filings. Specifically, we describe the compensation paid to agents or brokers and the premiums paid for welfare benefits. Finally, in Section 4.3, we analyze the Schedule A welfare benefit population at an insurer level, describing the number of insurers identified on Schedule A filings and identifying the largest insurers by the type of welfare benefits provided.

---

### 4.1 OVERVIEW OF THE SCHEDULE A FILING POPULATION

In this section, we describe the population of plans filing Schedule A and the types of contracts they report. This includes the number of plans filing, the number of Schedule As filed, and the types of benefits reported.

#### 4.1.1 Number of Schedule A Filings

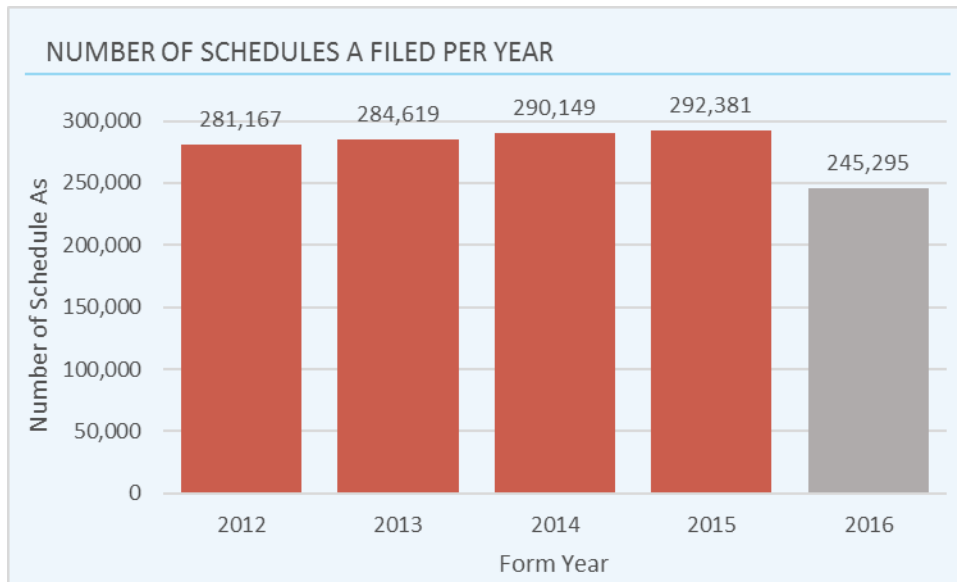
**Figure 3** presents the number of unique Schedule As filed in each form year. The population increased slightly between 2012 and 2015. The 2016 population has fewer Schedule A filings than the 4 previous years, but the number of filings is expected to increase as plans continue to submit Form Year 2016 filings.

---

<sup>14</sup> Approximately 20% of the Form 5500 filings for 2016 were outstanding at the time data was collected for this report. The deadline for Form 5500 filings is up to 9½ months after the end of the plan year, which means the deadline for the 2016 Form 5500 extends well into 2018 for plans with non-calendar year plan years (e.g., a plan with an October 1 through September 30 plan year). Therefore, our analysis population is incomplete for this year.



Figure 3

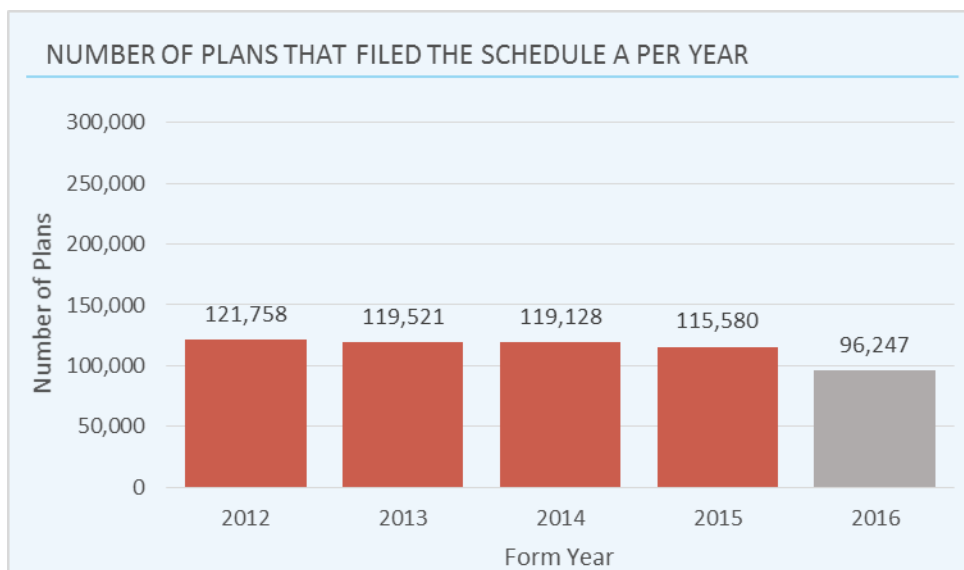


Source: Schedule A filings for Form Years 2012–2016 received as of February 2, 2018  
N = 1,393,611 Schedule As

Note: We shade the 2016 results (far right bar) in gray to visually signal that these numbers are incomplete. For all other figures and results, we see similar patterns between 2016 and other years.

**Figure 4** shows the number of unique plans that filed at least one Schedule A in each form year. Each year, approximately 115,000 to 120,000 plans filed a Schedule A with their Form 5500 filing. As filers must complete a Schedule A for each insurance contract for the plan, some filers attach multiple Schedule As with a single Form 5500. Thus, the number of plans that file a Schedule A is less than half the number of Schedule As filed.

Figure 4



Source: Schedule A, Line B & Line D  
N = 572,234 Plans

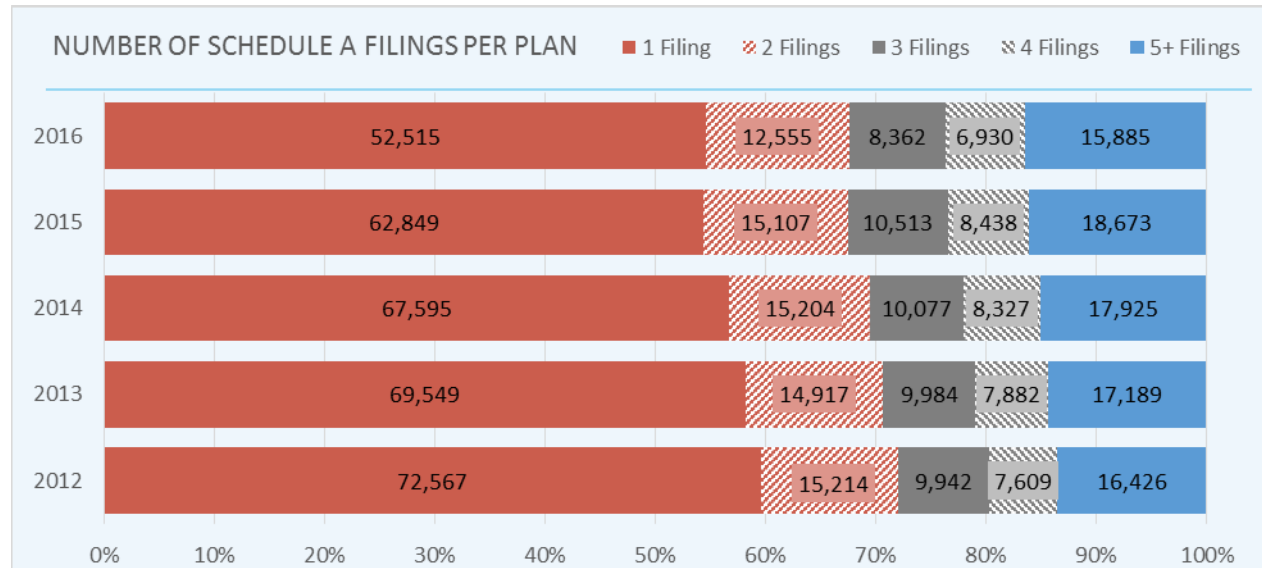
Note: We shade 2016 results (far right column) in gray to visually signal that these numbers are incomplete. For all other figures and results, we see similar patterns between 2016 and other years.





**Figure 5** illustrates that most plans file one Schedule A in each year (55% in Form Year 2016). However, the proportion of plans filing one Schedule A has decreased over time, and the proportion of plans filing five or more Schedule As has increased over time (13.5% in Form Year 2012 to 16.5% in Form Year 2016). This trend aligns with the results shown in **Figure 3** and **Figure 4**: over time, *the number of Schedule As has increased, while the number of plans filing Schedule A has decreased*. In 2012, the average plan submitted 2.3 Schedule As; whereas, in 2015, the average plan submitted 2.5 Schedule As, a slight increase. For plans filing five or more times in 1 year, 90% have at least one life contract and 80% have at least one health contract.

**Figure 5**



Source: Schedule A filings for Form Years 2012–2016 received as of February 2, 2018  
 N = 572,234 Plans

#### 4.1.2 Characteristics of Contracts Associated with Schedule A Filings

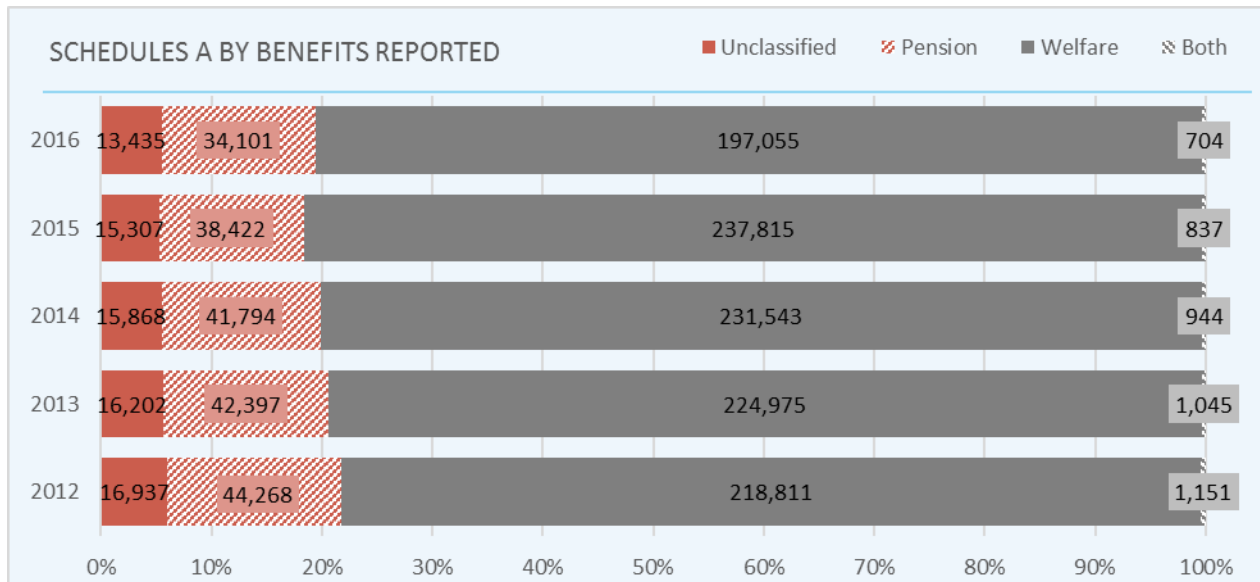
Schedule A filings are classified as pension or welfare based on the type of contract and benefits reported. Pension plans report contract type in Lines 6e and 7a, while welfare plans report contract and benefit information in Lines 8a–8m.

**Figure 6** shows the distribution of pension and welfare benefits reported. About 15% of Schedule A filings report pension information, and about 80% of Schedule A filings report welfare information. Just under 6% of filings did not report any contract or benefit types and therefore could not be classified.<sup>15</sup> A small number reported contract or benefit information in both Part II (pension) and Part III (welfare) and are therefore classified as both. Schedule As reporting both types of benefits are less than 0.5% of the entire Schedule A filings per year.

<sup>15</sup> For those Schedule As that did not provide benefit information, 2% indicated that their insurer did not provide them with the necessary information. Over two-thirds of filers filled out Part I but did not fill out any financial information in Part II or Part III. Approximately 20% filled out financial information in Part II, and an additional 6% filled out financial information in Part III.



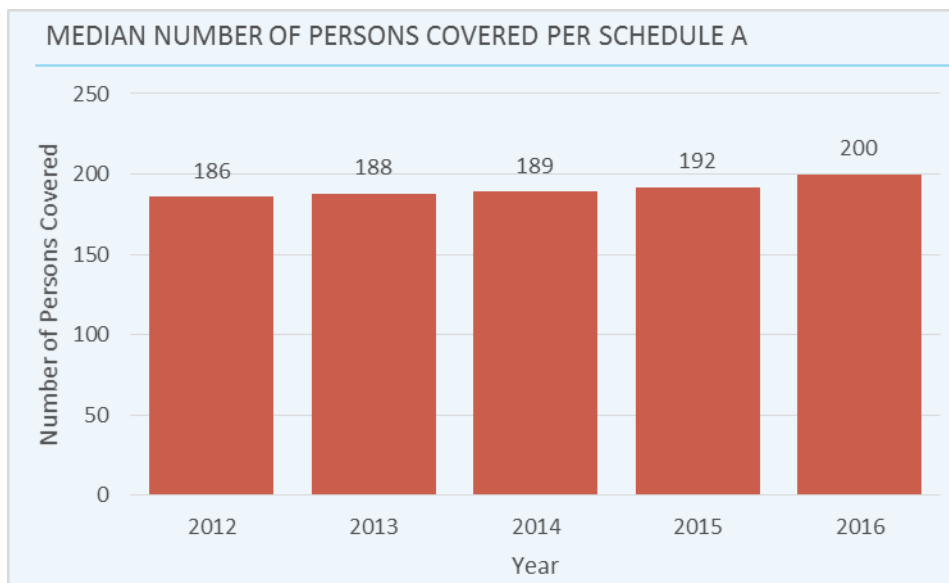
Figure 6



Source: Schedule A, Part II, Line 6.e & 7.a and Part II, Line 8  
 N = 1,393,611 Schedule As

The median Schedule A in the period of study covers 192 people. **Figure 7** shows that this median has remained consistent across the years in our analysis population, ranging from 186 to 200.

Figure 7



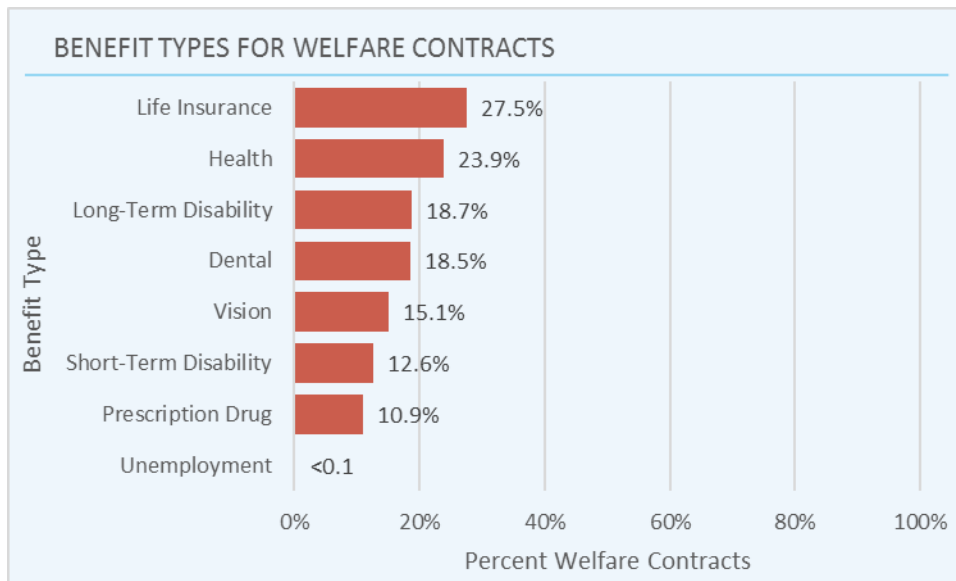
Source: Schedule A, Part I, Line 1.e  
 N = 1,334,330 (excludes Schedule As that report 0 people covered or that do not report people covered)

In Part III, information on welfare benefits and contract type are collected in a group of check boxes (Line items 8a–8m). **Figure 8** shows the distribution of welfare benefit types (Line items 8a–8h) reported across all years. Because Schedule A filers can select multiple benefit types, this list is not mutually exclusive. For example, long-term disability and short-term disability often occur together. However, over half of welfare contracts (58%) select only one benefit type. Life insurance is the most common



benefit, and unemployment insurance is the least common benefit (offered in less than 0.1% of welfare contracts).

Figure 8



Source: Schedule A, Part III, Line 8.a – 8.h

N = 1,114,880

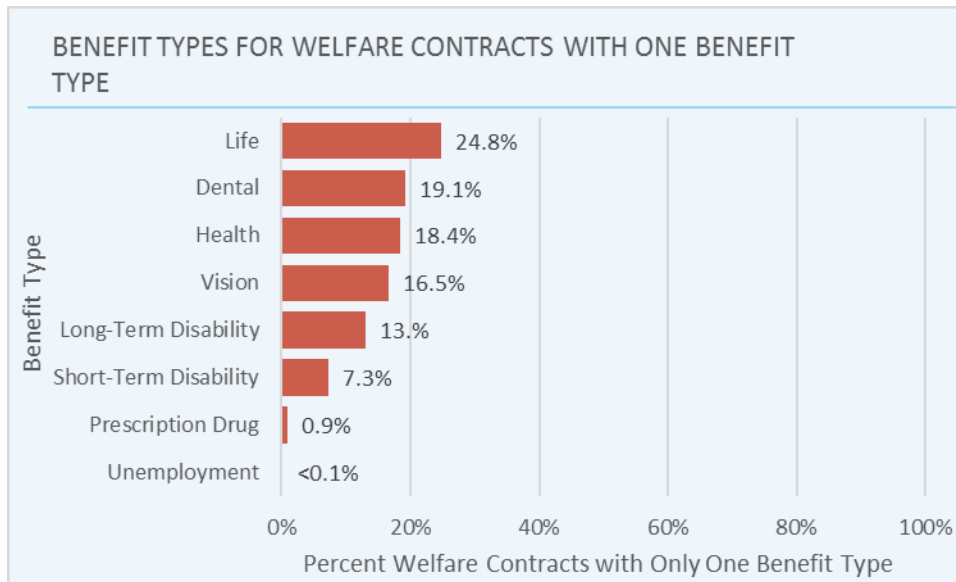
Note: Benefit types are not mutually exclusive, and filers can select more than one type within a filing.

A filer may identify up to eight defined benefit types for a single contract by checking boxes on the face of the Schedule A.<sup>16</sup> As stated earlier, approximately 58% of Schedule As with welfare contracts report only one benefit type. **Figure 9** shows the benefit types for the subset of welfare contracts that report only one benefit type on Schedule A. Life insurance remains the most common benefit type, but dental insurance is now the second most common. Because health contracts are often bundled with other benefit types, among contracts with only one benefit type, health becomes the third most common benefit type.

<sup>16</sup> The Schedule A also has an “other” field. Filers checking “other” are required to describe the benefit type. “Other” plans are included as welfare plans for the purposes of our analysis, but graphs are not broken out by this benefit type.



Figure 9



Source: Schedule A, Part III, Lines 8.a–8.h  
N = 647,746

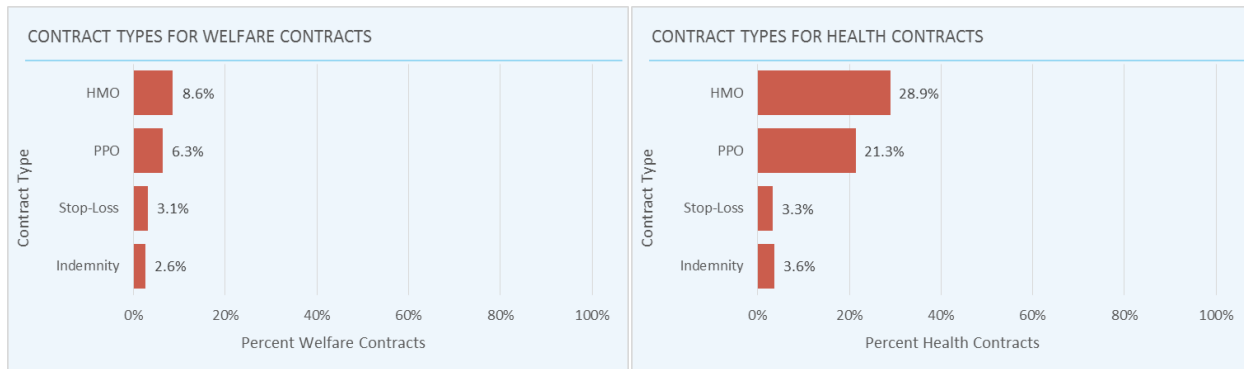
**Figure 10** shows the distribution of welfare contract types (Line items 8i–8l): PPO, HMO, indemnity,<sup>17</sup> or stop-loss<sup>18</sup> for all welfare contracts on the left and for health contracts on the right. Not all welfare contracts are expected to report a contract type, as these labels do not apply to all welfare contracts. Among welfare contracts, 18% mark one or more of these contract types. HMO is the most common contract type reported, followed by PPO. While HMOs and PPOs make up a larger percentage of contracts covering health benefits, stop-loss and indemnity continue to appear in similar percentages among the welfare population as a whole.

<sup>17</sup> The Department of Health and Human Services provides the following definitions for these welfare contract types. A PPO is “a type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers.” An HMO is “a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO” and “generally won’t cover out-of-network care except in an emergency.” An indemnity, or fee for service plan, is “a plan in which insurers are paid for each service performed.” See <https://www.healthcare.gov/glossary/>.

<sup>18</sup> Stop-loss is defined in the Form 5500 Schedule A instructions as follows: “a stop-loss insurance policy . . . is an asset of the plan [that employers] sponsoring welfare plans may purchase . . . to help the employer manage its risk associated with its liabilities under than plan. These employer contracts with premiums paid exclusively out of the employer’s general assets without any employee contributions generally are not plan assets and are not reportable on Schedule A.” See <https://www.dol.gov/sites/default/files/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500/2017-instructions.pdf>.



Figure 10



Source: Schedule A, Part III, Line 8.i–8.l  
Note: Contract types are not mutually exclusive, and some filers select more than one.  
N = 1,114,880

Source: Schedule A, Part III, Line 8.i–8.l  
Note: Contract types are not mutually exclusive, and some filers select more than one.  
N = 266,161

## 4.2 FINANCIAL ATTRIBUTES OF SCHEDULE A CONTRACTS COVERING WELFARE BENEFITS

In this section, we describe the financial characteristics of the welfare contracts reported on Schedule A. These characteristics include the fees and commissions that agents and brokers receive on plan contracts, as well as the premiums paid to the insurer for welfare benefits. Both agent and broker compensation and premiums vary with the number of persons covered and the types of benefits provided. Throughout this section, we describe these characteristics by year and offer specific illustrations on Form Year 2015, the most recent year of complete filings (with 238,652 welfare contracts reported).

### 4.2.1 Agent or Broker Fees and Commissions

Filers required to complete Schedule A report fees, commissions, or both, paid to all agents and brokers to whom commissions or fees were paid.<sup>19</sup> Approximately 30% of filings report agent or broker fees (Line 2.a) greater than zero, while approximately 75% report agent or broker commissions (Line 2.b) greater than zero. Together, fees and commissions make up total agent or broker compensation; overall, 83% of filings report fees, commissions, or both. Both fees and commissions are stable at the median from 2012 to 2016. Larger contracts pay more in agent or broker compensation than smaller contracts, although the per-person cost is lower. Similarly, health and prescription drug contracts are associated with the largest amounts of agent or broker compensation, as compared with other benefit types, such as life insurance. Graphs are broken out by health, drug, and other benefit types. If contracts indicated they provided health benefits, they were categorized as health; if they indicated prescription drug but not health, they were considered a prescription drug contract. All other welfare benefit types were grouped together.

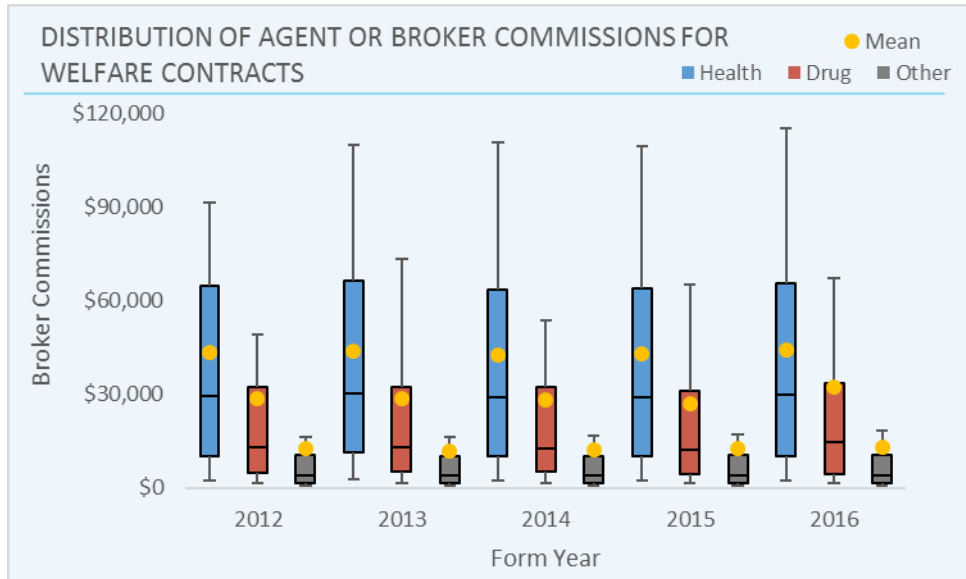
The following three charts show agent or broker commissions and agent or broker fees, followed by total agent or broker compensation (fees plus commission). As distributions are wide and heavily skewed by outliers, all box plots display only values between the 10<sup>th</sup> percentile and the 90<sup>th</sup> percentile.

<sup>19</sup>The Schedule A requires filers to report fees and commissions to “agents, brokers, or other persons,” but this report generally uses agents or brokers for ease of reference.



**Figure 11** shows the distribution of agent or broker commissions. Agent or broker commissions are stable across our period of study, with the median for health contracts (blue bars) around \$29,430, the median for drug contracts at \$13,199 (red bars), and the median for all other<sup>20</sup> contract types (gray bars) much lower, at \$4,131.

**Figure 11**



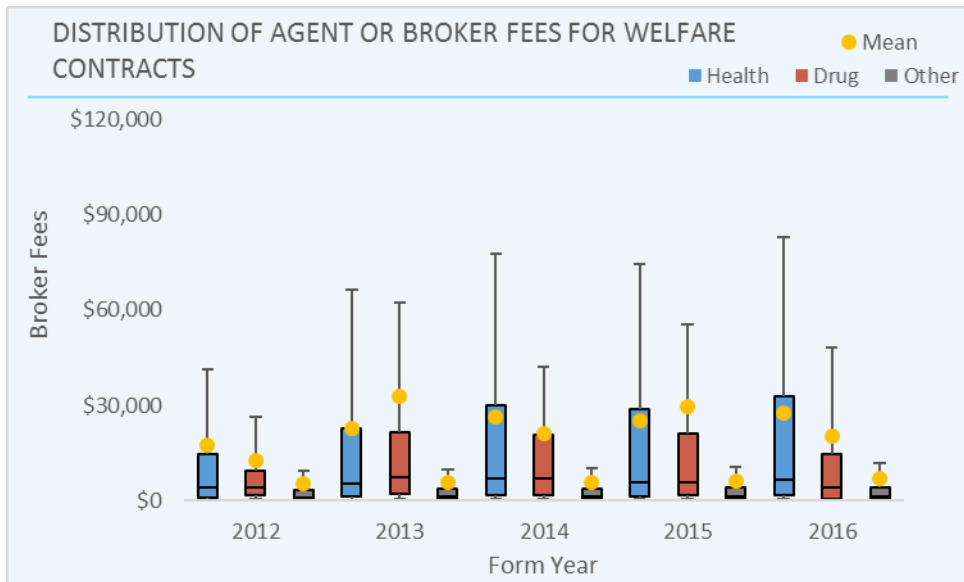
Source: Schedule A, Part I, Line 2.a  
 N = 838,329 (excludes outliers with commissions above \$1,000,000)  
 Note: Median broker commissions are \$5,695 across all years.

**Figure 12** shows the distribution of agent or broker fees associated with welfare contracts from 2012 to 2016. Across all contract types, the median broker fee is \$1,464. The median agent or broker fees for health contracts (blue bars) is \$5,558, while the median for prescription drug contracts (red bars) is slightly higher than the median for health contracts at \$5,666. The median for all other contract types is much lower at \$1,112 (gray bars).

<sup>20</sup> The other contract type category includes all non-health and non-prescription drug contracts such as life, disability, dental, vision, and unemployment insurance, which have lower variation in financial characteristics such as agent or broker fees, commissions, and premiums.



Figure 12

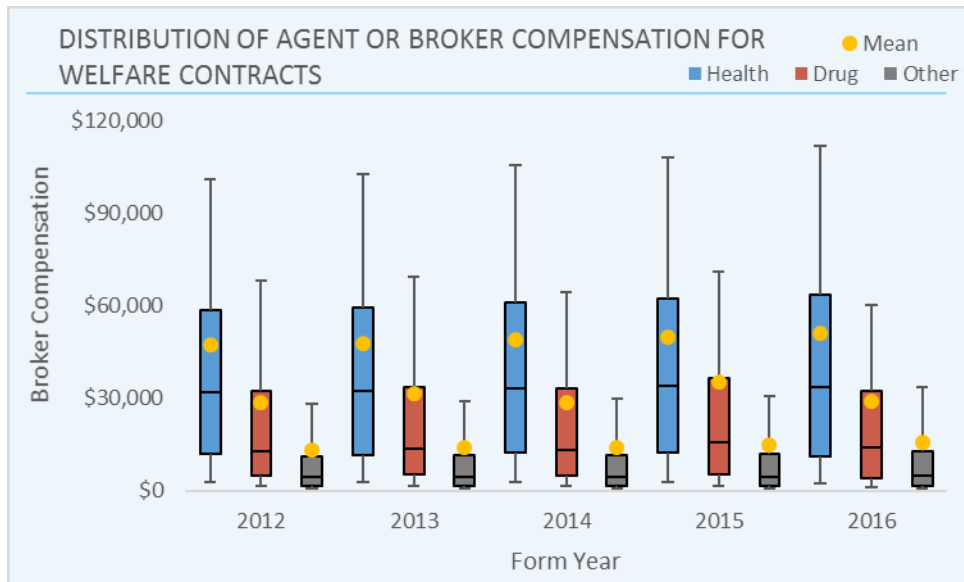


Source: Schedule A, Part I, Line 2.b  
 N = 331,631 (excludes outliers with fees above \$1,000,000)  
 Note: Median broker fees are \$1,464 across all years.

We define reported agent or broker Schedule A compensation as the sum of agent or broker fees and commissions, where applicable. Most Schedule As report either fees or commissions. Because reported agent or broker commissions are much higher overall than reported agent or broker fees, the distribution in **Figure 13** looks very similar to the distribution of agent or broker commissions. The median agent or broker compensation for health contracts is \$32,897, the median for prescription drug contracts is \$13,795, and the median for all other contract types is \$4,453. These medians remain stable across all years in our study.



Figure 13

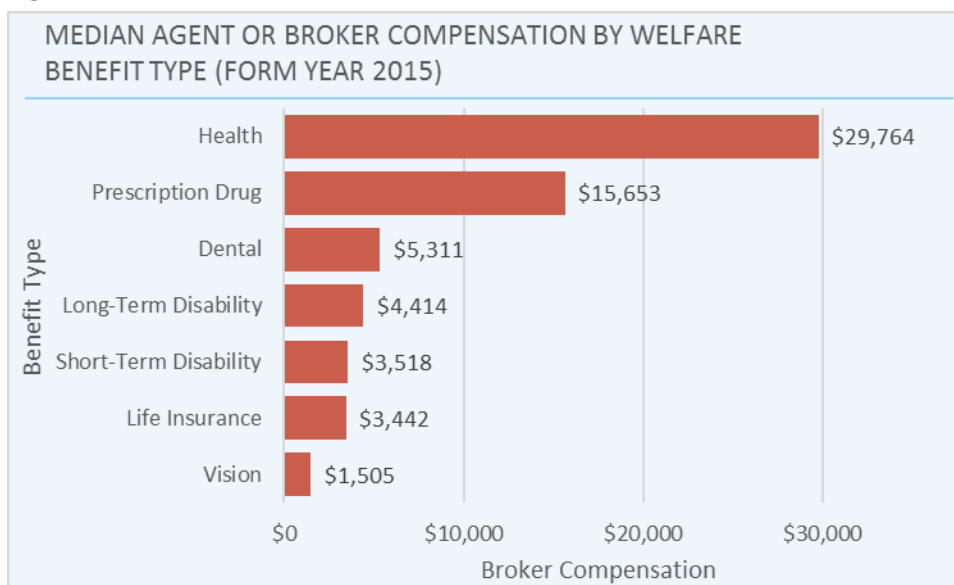


Source: Schedule A, Part I, Line 2.a & Line 2.b  
 N = 877,903 (excludes outliers with fees above \$1,000,000)  
 Note: Median agent or broker compensation is \$6,296 across all years.

The following two figures show agent or broker Schedule A compensation by the welfare benefit types and number of persons covered for Form Year 2015 filings, the most recent, complete year of filings.

**Figure 14** shows the median agent or broker Schedule A compensation by benefit type for welfare contracts reporting a single benefit type, 57% of Form Year 2015 Schedule A filings. Reporting on this 57% highlights differences in agent or broker Schedule A compensation connected to specific benefit types and avoids confounding factors related to contracts that offer multiple benefit types.

Figure 14



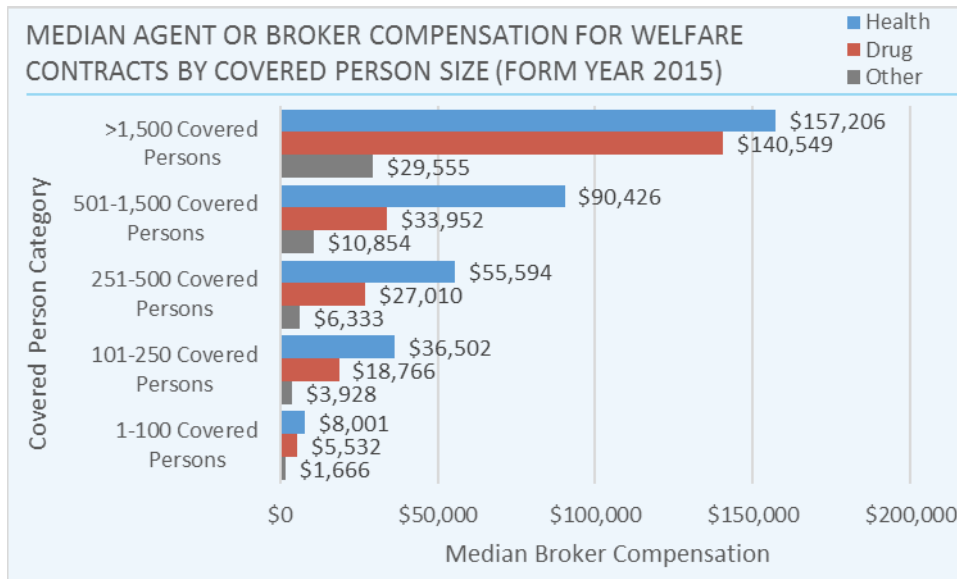
Source: Schedule A, Part I, Line 2.a, Line 2.b and Part II, Line 8  
 N = 109,000 (excludes those that report multiple benefit types or benefit types not listed and those that do not report agent or broker compensation)





**Figure 15** shows the median agent or broker Schedule A compensation by number of covered persons. For Form Year 2015, as the number of covered persons increases, so does median agent or broker Schedule A compensation. Per person, larger plans pay lower agent or broker compensation than smaller plans.

**Figure 15**



Source: Schedule A, Part I, Line 1.e, Line 2.a, and Line 2.b

N = 186,577 (excludes those that do not report agent or broker compensation or covered persons and outliers)

Note: Median agent or broker compensation is \$6,348 for Form Year 2015 across all covered-person categories.

#### 4.2.2 Welfare Contract Premiums

This section describes premiums reported on Schedule A for welfare contracts.<sup>21</sup> The distribution of premiums per person is wide across benefit types and contract size. The highest median premiums are those for health contracts and contracts with fewer than 100 covered persons.

**Table 2** shows the number of Schedule As that report premium information for experience and nonexperience-rated contracts.<sup>22</sup> Approximately 2.7% of welfare Schedule As do not report any premium information and are not categorized as experience-rated or nonexperience-rated. Some filings included information on both experience-rated and nonexperience-rated contracts. Throughout the rest of this section, we focus on premiums for *nonexperience-rated contracts, which are 89% of all welfare Schedule As*. **Appendix B** provides premium information for experience-rated contracts.

<sup>21</sup> The 2016 Form 5500 Schedule A filing instructions do not require filers to break out premiums paid by employers from those paid by employees. The instructions can be found here: <https://www.dol.gov/sites/default/files/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500/2016-instructions.pdf>.

<sup>22</sup> Experience-rated welfare benefit contracts have premiums that are set on the basis of expected risk, based on the insured group's past claims. Nonexperience-rated welfare benefit contracts have premiums that are set based on the general characteristics of the insured group, rather than the history of claims made by the insured group.

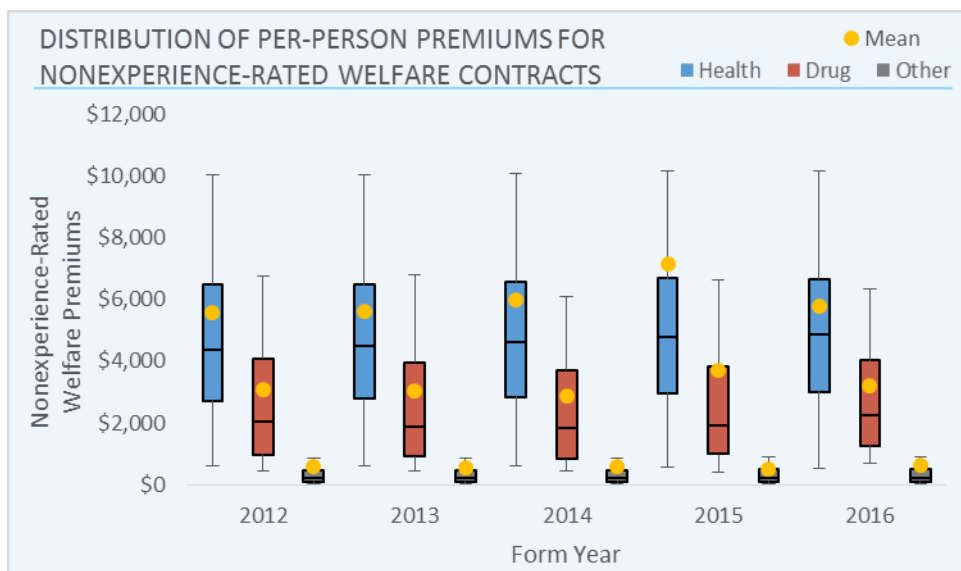


Table 2: Summary of Schedule A Premiums for Welfare Contracts

	Experience-Rated Contracts	Nonexperience-Rated Contracts
Number of Schedule As for Welfare Contracts	109,879	990,643
Percentage of Welfare Schedule As	9.9%	88.9%
Median Per-Person Premiums per Contract	\$536	\$336

Figure 16 shows the distribution of per-person premiums for nonexperience-rated welfare contracts for health, prescription drug, and all other benefit types. If a contract was identified as a health contract, it was categorized as health; if it was identified as a prescription drug but not health contract, a prescription drug contract. All other welfare benefit types were grouped together. The median per-person premiums for health contracts is \$4,614, the median per-person premiums for prescription drug contracts is \$1,963, and median per-person premiums for all other contract types is \$227.

Figure 16



Source: Schedule A, Part I, Line 1.e and Part III, Line 10.a

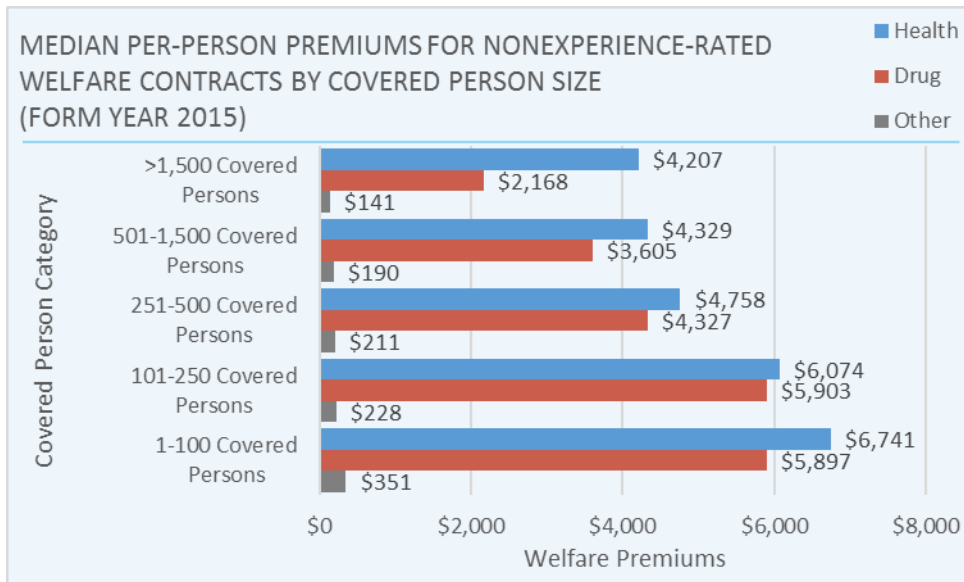
N = 970,824 (excludes those that do not report premiums or covered persons)

Note: Median per-person nonexperience-rated welfare premium across all years is \$336.

Figure 17 shows median per-person welfare premiums for nonexperience-rated contracts by covered person size. As the number of covered persons increases, median welfare premiums decrease. We see that nonexperience-rated contracts with 250 or fewer covered persons have higher premiums than contracts of other sizes, as shown by the two lowest sets of bars on the chart (i.e., 1–100 and 101–250 covered persons).



Figure 17



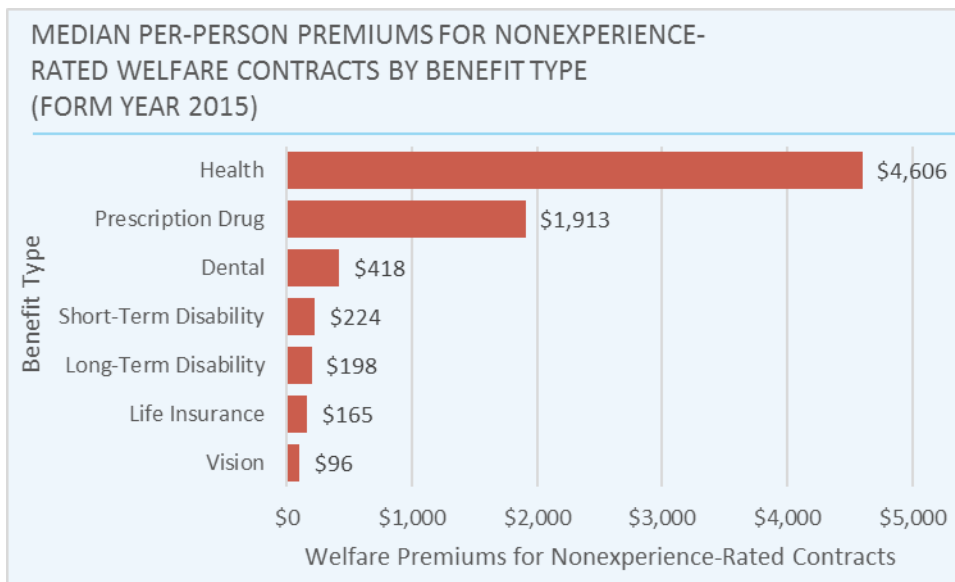
Source: Schedule A, Part I, Line 1e and Part III, Line 10a

N = 208,108 (excludes those that do not report covered persons or premiums)

Note: Median per-person nonexperience-rated welfare premium for Form Year 2015 across all covered-person categories is \$338.

Figure 18 shows median per-person premiums for nonexperience-rated contracts associated with only one benefit type. Unlike in the figures above, these premiums are only related to a single type of benefit, simplifying interpretation of premium amounts. Our analysis reveals a great deal of variation in premium amounts across benefit types, with health and prescription drug reporting the highest premiums.

Figure 18



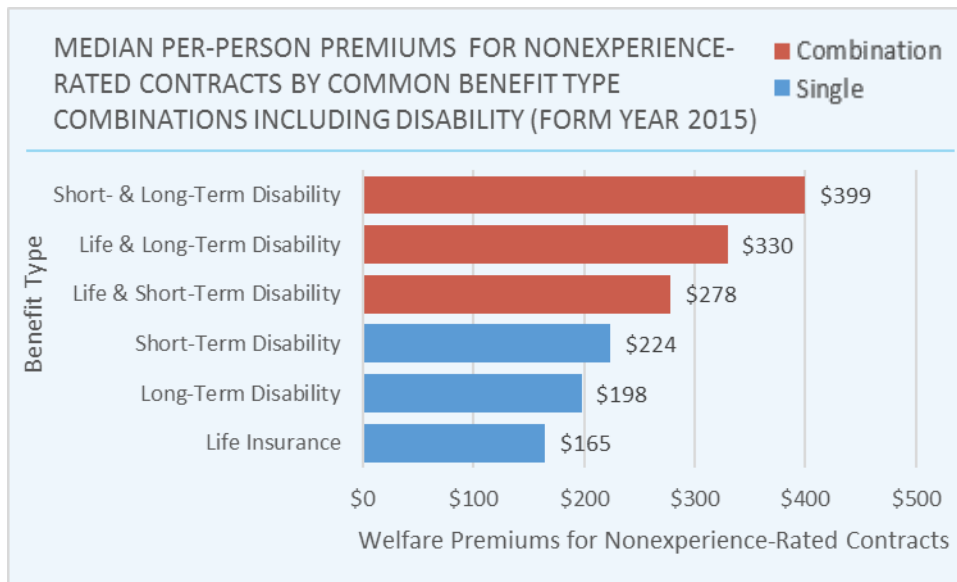
Source: Schedule A, Part I, Line 1.e and Part III, Lines 8 and 10.a

N = 116,212 (excludes those that report multiple benefit types or those not listed and those that do not report premiums)



As noted above, a filer can select more than one benefit type, and 58% report only one. Because about 42% of Schedule As associated with welfare benefits report more than one benefit type, we also consider Schedule As with more than one benefit type, which generally have higher per-person premiums than single benefit type contracts. Disability and life insurance are often offered together. **Figure 19** shows premium amounts for common combinations of disability and life insurance (red bars represent benefit combination and blue bars represent a single benefit). For the purposes of our analysis, a combination occurs when two benefit types are reported on the same Schedule A. Contracts that offer both short-term disability and long-term disability insurance have the highest median per-person premiums of these combination types, but these premiums are lower than the sum of median premium amounts for separate short- and long-term disability contracts: \$399 versus \$422 (\$224 for short-term disability + \$198 for long-term disability).

**Figure 19**

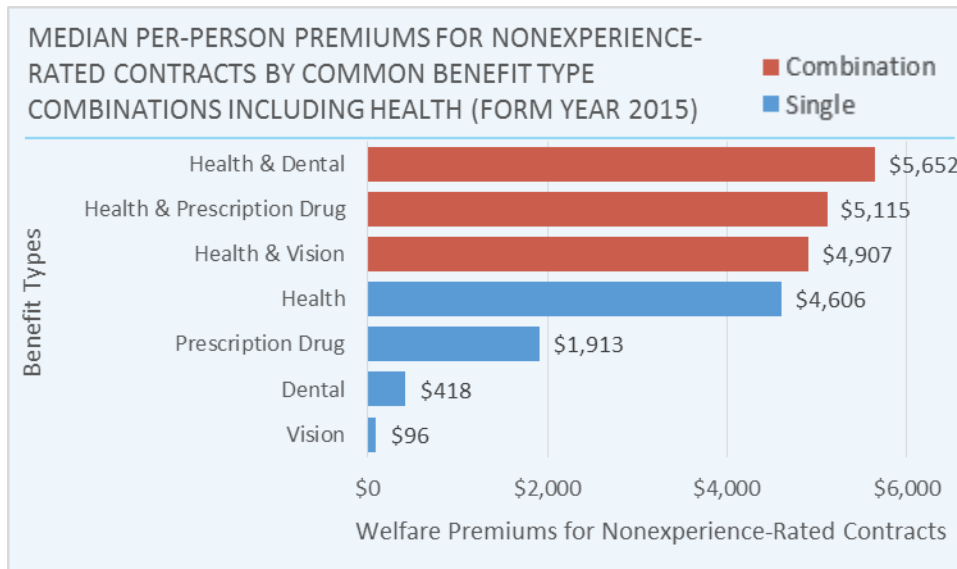


Source: Schedule A, Part I, Line 1.e and Part III, Lines 8 and 10.a  
 N = 66,153 (excludes those that report benefit types not listed and those that do not report premiums)

**Figure 20** shows median per-person welfare premiums for common health benefit combinations (red bars represent benefit combination and blue bars represent single benefit). The combination with the lowest per-person premium is health and vision (\$4,907). However, this combination costs more than the sum of the median premiums for health and vision contracts independently: \$4,702 (\$4,606 for health + \$96 for vision).



Figure 20



Source: Schedule A, Part I, Line 1.e and Part III, Lines 8 and 10.a  
 N = 78,875 (excludes those that report benefit types not listed and those that do not report premiums)

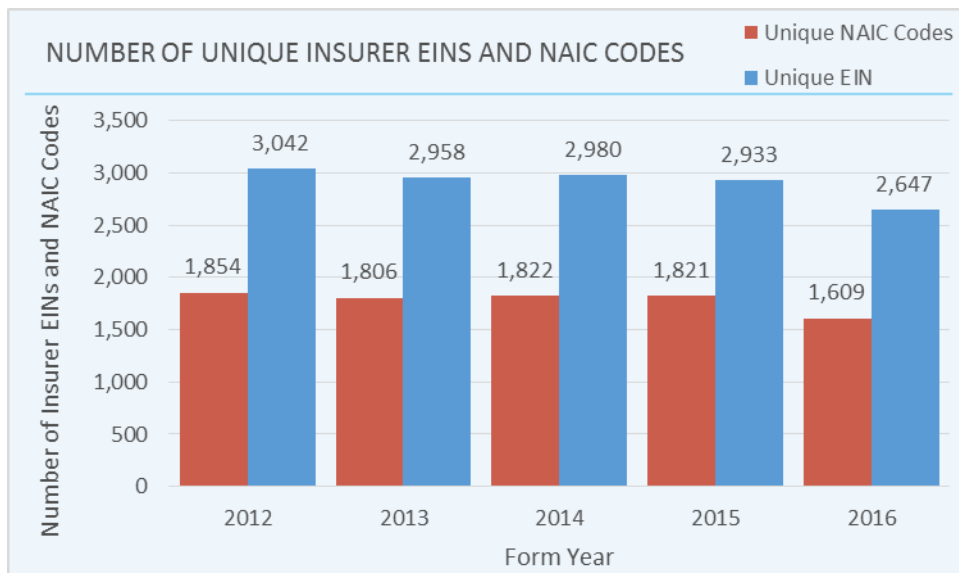
### 4.3 INSURERS IDENTIFIED ON THE SCHEDULE A OFFERING WELFARE BENEFIT CONTRACTS

In this section, we transform our unit of analysis from a Schedule A to an insurance carrier (see Appendix C for a description of the transformation process). We link Schedule As filed for contracts offered by the same insurer and identify the universe of insurers that serve the welfare benefit population.

Plans identify their insurers on Part I of Schedule A where they report insurance carrier names, employer identification numbers (EINs), and National Association of Insurance Commissioners (NAIC) codes. Both EIN and NAIC codes are unique identifiers, the former obtained from the Internal Revenue Service and the latter assigned by the NAIC. Generally, distinct legal entities each apply for their own EIN, which can be a very granular definition of a company. For example, a company with its own governing structure will get its own EIN, even if it is a wholly owned subsidiary of another entity (i.e., the parent company) and does not file an independent tax return. In contrast, entities that apply for NAIC codes may do so at a higher organizational level within a group of corporations, and we observe that the Schedule A data contain fewer unique NAIC codes than unique insurance carrier EINs. For example, Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan have different EINs, but both have the same NAIC code: 95610. The number of unique EINs is more than 1.6 times the number of unique NAIC codes (see **Figure 21**).



Figure 21



Source: Schedule A, Part I, 1.b

N = 1,112,927 Schedule As (excludes filings with invalid EINs or that do not report EINs<sup>23</sup>)

Furthermore, even though NAIC codes often define an insurance carrier at a higher organizational level within a corporate family than do EINs, further aggregation is possible because many insurers share the same parent company. The NAIC maps NAIC codes, which are assigned at the company level, to NAIC group numbers (i.e., parent company identifiers). The Anthem Group, for example, has 25 NAIC codes, many of which correspond to state-level Anthem companies, such as Anthem Health Plans of Kentucky, and some of which are associated with subsidiaries, such as Empire Health Choice. However, the NAIC acknowledges the relationship between them via group number, which NAIC assigns based on the company’s organizational chart.

In this report, we primarily use NAIC codes to describe the population of insurers because they better correspond to the industry understanding of an insurer than EINs. The additional granularity provided by EIN does not contribute to an understanding of the population of insurers serving ERISA-covered plans, and NAIC group numbers obscure some potentially important distinctions among the entities providing insurance coverage.

Throughout the remainder of this section, we show insurers that appear most often on Schedule A filings for welfare contracts. We analyze Form Year 2015, the most recent complete year of filings available. We find the number of contracts associated with each insurer by its NAIC code. In **Appendix D**, we show the results for a similar analysis where top insurers are identified by the number of persons covered rather than the number of contracts. For most benefits, such as health insurance, the list of top insurers is the same whether identifying the largest insurers by number of contracts or number of covered persons.

Each of the following tables reports the number of contracts and number of covered persons as a share of the total number of contracts and covered persons associated with each benefit type. These statistics

<sup>23</sup> An invalid EIN is “00-0000000” or “99-9999999” or an EIN that is all letters. No Schedule A filings reported a valid EIN and an invalid NAIC code, so for the number of filings for this graph we excluded only those without a valid EIN.



give a sense of the market share captured by each company. However, due to data quality issues, we likely underestimate these shares by failing to connect some Schedule As associated with the same insurer.<sup>24</sup> For purposes of this analysis, we also assume that the number of persons reported on Schedule A is the number of persons receiving each of the benefits associated with the contract. For example, when a contract covers both health and vision benefits, we assume that the number of covered persons reported is the number receiving both health and vision benefits.

For each of the tables in this section, a contract is considered a specific benefit type if it offers at least that benefit. For example, a contract that offers both health and dental benefits would appear in two tables. The number of health contracts and the number of dental contracts—and the people covered under those contracts—would be included in both the health and dental tables. **Table 3** shows the top five insurers by the number of contracts associated with health benefits. Together, these insurers cover 43% of the health contracts reported on Schedule A.

**Table 3: Top Insurers by Number of Health Contracts, Form Year 2015**

NAIC Code	NAIC Name	% of Health Contracts	% of Health Covered Persons
79413	UNITED HEALTHCARE INSURANCE COMPANY	12.7%	10.4%
60054	AETNA LIFE INSURANCE COMPANY	12.1%	8.1%
67369	CIGNA HEALTH AND LIFE INSURANCE COMPANY	10.2%	7.1%
70670	BLUECROSS BLUESHIELD OF ILLINOIS	4.8%	7.4%
60534	AMERICAN HERITAGE LIFE INSURANCE COMPANY	2.9%	3.9%
<b>Total Health Contract Population</b>		55,930	29.6M

**Table 4** shows the top five insurers by the number of contracts associated with prescription drug benefits. Together, these insurers cover 22% of the prescription drug contracts reported on Schedule A.

**Table 4: Top Insurers by Number of Prescription Drug Contracts, Form Year 2015**

NAIC Code	NAIC Name	% of Drug Contracts	% of Drug Covered Persons
79413	UNITED HEALTHCARE INSURANCE COMPANY	6.1%	8.0%
67369	CIGNA HEALTH AND LIFE INSURANCE COMPANY	5.0%	7.1%
60054	AETNA LIFE INSURANCE COMPANY	4.5%	4.1%
70670	BLUECROSS BLUESHIELD OF ILLINOIS	3.3%	4.1%
47732	CALIFORNIA PHYSICIANS SERVICE	2.9%	3.8%
<b>Total Prescription Drug Contract Population</b>		25,718	12.3M

**Table 5** shows the top five insurers by the number of contracts associated with life insurance. Together, these insurers cover 44% of the life insurance contracts reported on Schedule A. Metropolitan Life Insurance Company captures the highest percentage of total covered persons.

<sup>24</sup> These data quality issues are further outlined in Appendix C.



**Table 5: Top Insurers by Number of Life Contracts, Form Year 2015**

NAIC Code	NAIC Name	% of Life Contracts	% of Life Covered Persons
62235	UNUM LIFE INSURANCE COMPANY OF AMERICA	10.8%	5.3%
65676	THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	10.2%	6.0%
65498	LIFE INSURANCE COMPANY OF NORTH AMERICA	8.0%	6.6%
64246	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	7.5%	1.9%
65978	METROPOLITAN LIFE INSURANCE COMPANY	7.0%	20.5%
<b>Total Life Contract Population</b>		65,478	87.7M

**Table 6** shows the top five insurers by the number of contracts associated with dental benefits. Together, these insurers cover 39% of the contracts offering dental benefits.

**Table 6: Top Insurers by Number of Dental Contracts, Form Year 2015**

NAIC Code	NAIC Name	% of Dental Contracts	% of Dental Covered Persons
64246	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	13.0%	4.1%
65978	METROPOLITAN LIFE INSURANCE COMPANY	10.3%	14.1%
67369	CIGNA HEALTH AND LIFE INSURANCE COMPANY	7.6%	5.8%
60054	AETNA LIFE INSURANCE COMPANY	5.3%	8.1%
61271	PRINCIPAL LIFE INSURANCE COMPANY	2.8%	0.9%
<b>Total Dental Contract Population</b>		44,819	43.7M

**Table 7** shows the top five insurers by the number of contracts associated with vision benefits. Together, these insurers cover 40% of the contracts offering vision benefits. Vision Service Plan appears twice in the table under two different NAIC codes. Combining the contracts associated with each NAIC code would make Vision Service Plan the largest insurance carrier for vision contracts.

**Table 7: Top Insurers by Number of Vision Contracts, Form Year 2015**

NAIC Code	NAIC Name	% of Vision Contracts	% of Vision Covered Persons
71870	EYEMED VISION CARE	12.4%	15.5%
39616	VISION SERVICE PLAN	9.7%	12.6%
64246	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	9.5%	2.7%
79413	UNITED HEALTHCARE INSURANCE COMPANY	5.3%	5.9%
53031	VISION SERVICE PLAN	3.2%	2.3%
<b>Total Vision Contract Population</b>		38,192	38.8M

**Table 8** shows the top five insurers by the number of contracts associated with long-term disability benefits. Together, these insurers cover 48% of the contracts offering long-term disability benefits. The top three insurers cover a similar share of contracts and covered persons.





**Table 8: Top Insurers by Number of Long-Term Disability Contracts, Form Year 2015**

NAIC Code	NAIC Name	% of LTD Contracts	% of LTD Covered Persons
62235	UNUM LIFE INSURANCE COMPANY OF AMERICA	11.8%	9.0%
65676	THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	10.8%	7.8%
65498	LIFE INSURANCE COMPANY OF NORTH AMERICA	10.4%	10.2%
64246	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	8.3%	2.5%
69868	UNITED OF OMAHA LIFE INSURANCE COMPANY	6.2%	1.5%
<b>Total Long-Term Disability Contract Population</b>		44,586	51.5M

**Table 9** shows the top five insurers by the number of contracts associated with short-term disability benefits. Together, these insurers cover 44% of the contracts offering short-term disability benefits. Unum Life Insurance Company of America is the largest insurer by number of contracts, but Lincoln National Life Insurance Company insures a greater number of covered persons.

**Table 9: Top Insurers by Number of Short-Term Disability Contracts, Form Year 2015**

NAIC Code	NAIC Name	% of STD Contracts	% of STD Covered Persons
62235	UNUM LIFE INSURANCE COMPANY OF AMERICA	10.3%	7.8%
65676	THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	9.7%	10.3%
64246	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	9.2%	3.4%
65498	LIFE INSURANCE COMPANY OF NORTH AMERICA	8.2%	6.8%
69868	UNITED OF OMAHA LIFE INSURANCE COMPANY	6.6%	1.9%
<b>Total Short-Term Disability Contract Population</b>		31,093	30.6M



## 5 CONCLUSION

For this analysis, we look at the population of Form 5500 Schedule A filings over the 5 most recent complete filing years, Form Years 2012–2016, and identify the population of insurance carriers that serves these employee benefit plans. We examine the benefit types reported and the insurers associated with different benefit types. Further, we describe the population of Schedule A filers, including the number of plans filing Schedule A and the types of benefits provided by the insurance contracts each plan reports on Schedule A. We also summarize the compensation paid to insurance agents or brokers and the premiums paid annually to insurance carriers. Finally, we describe the population of insurance carriers that appear on Schedule As for welfare contracts and break down the share of total contracts and covered persons held by the largest insurers.

Our analysis highlights differences among premiums due to differences in the types of benefits provided. Certain types of benefits, notably health (\$4,614) and prescription drug (\$1,963), have substantially higher premiums than others (\$227). The number of persons covered by a contract also contributes to differences in premiums—plans with fewer than 100 covered persons pay higher per-person premiums than plans with 100 or more covered persons. In general, the market for each type of welfare benefit is highly concentrated among a few insurers. Five insurers cover 43% of the health benefit contracts reported on Schedule A:

- United Healthcare Insurance Company
- Aetna Life Insurance Company
- Cigna Health and Life Insurance Company
- BlueCross BlueShield of Illinois
- American Heritage Life Insurance Company

These five insurers are also the largest when measured by the number of persons they cover. For all other benefit types, the five largest insurers (by benefit type) are associated with around 40% of Schedule A filings of that type.



## Appendix A FORM YEAR 2016 SCHEDULE A

This appendix provides the full Schedule A for Form Year 2016. Additional information on the Form 5500 series, including the instructions for completing Schedule A, can be found on the EBSA website.<sup>25</sup>

---

<sup>25</sup> Form 5500 Series information from DOL: <https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500>.



<p><b>SCHEDULE A (Form 5500)</b>                  Department of the Treasury                  Internal Revenue Service  <hr/>                 Department of Labor                  Employee Benefits Security Administration  <hr/>                 Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2016</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
--	--	--

For calendar plan year 2016 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a) Total amount of commissions paid</b>	<b>(b) Total amount of fees paid</b>
---	--------------------------------------

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	



(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	



<b>Part II</b>	<b>Investment and Annuity Contract Information</b>																						
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.																							
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>																					
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>																					
<b>6</b>	<b>Contracts With Allocated Funds:</b>																						
<b>a</b>	State the basis of premium rates ▶																						
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>																					
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>																					
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>																					
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶																						
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>																						
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>																						
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶																						
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>																					
<b>c</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">(1) Contributions deposited during the year .....</td> <td style="width: 10%; text-align: center;"><b>7c(1)</b></td> <td style="width: 10%;"></td> </tr> <tr> <td>(2) Dividends and credits .....</td> <td style="text-align: center;"><b>7c(2)</b></td> <td></td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td style="text-align: center;"><b>7c(3)</b></td> <td></td> </tr> <tr> <td>(4) Transferred from separate account .....</td> <td style="text-align: center;"><b>7c(4)</b></td> <td></td> </tr> <tr> <td>(5) Other (specify below) .....</td> <td style="text-align: center;"><b>7c(5)</b></td> <td></td> </tr> <tr> <td colspan="3" style="height: 20px;">▶</td> </tr> <tr> <td>(6) Total additions .....</td> <td style="text-align: center;"><b>7c(6)</b></td> <td></td> </tr> </table>	(1) Contributions deposited during the year .....	<b>7c(1)</b>		(2) Dividends and credits .....	<b>7c(2)</b>		(3) Interest credited during the year.....	<b>7c(3)</b>		(4) Transferred from separate account .....	<b>7c(4)</b>		(5) Other (specify below) .....	<b>7c(5)</b>		▶			(6) Total additions .....	<b>7c(6)</b>		
(1) Contributions deposited during the year .....	<b>7c(1)</b>																						
(2) Dividends and credits .....	<b>7c(2)</b>																						
(3) Interest credited during the year.....	<b>7c(3)</b>																						
(4) Transferred from separate account .....	<b>7c(4)</b>																						
(5) Other (specify below) .....	<b>7c(5)</b>																						
▶																							
(6) Total additions .....	<b>7c(6)</b>																						
<b>d</b>	Total of balance and additions (add lines 7b and 7c(6)) .....	<b>7d</b>																					
<b>e</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>Deductions:</b></td> </tr> <tr> <td style="width: 80%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width: 10%; text-align: center;"><b>7e(1)</b></td> <td style="width: 10%;"></td> </tr> <tr> <td>(2) Administration charge made by carrier .....</td> <td style="text-align: center;"><b>7e(2)</b></td> <td></td> </tr> <tr> <td>(3) Transferred to separate account .....</td> <td style="text-align: center;"><b>7e(3)</b></td> <td></td> </tr> <tr> <td>(4) Other (specify below) .....</td> <td style="text-align: center;"><b>7e(4)</b></td> <td></td> </tr> <tr> <td colspan="3" style="height: 20px;">▶</td> </tr> <tr> <td>(5) Total deductions .....</td> <td style="text-align: center;"><b>7e(5)</b></td> <td></td> </tr> </table>	<b>Deductions:</b>			(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		(2) Administration charge made by carrier .....	<b>7e(2)</b>		(3) Transferred to separate account .....	<b>7e(3)</b>		(4) Other (specify below) .....	<b>7e(4)</b>		▶			(5) Total deductions .....	<b>7e(5)</b>		
<b>Deductions:</b>																							
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>																						
(2) Administration charge made by carrier .....	<b>7e(2)</b>																						
(3) Transferred to separate account .....	<b>7e(3)</b>																						
(4) Other (specify below) .....	<b>7e(4)</b>																						
▶																							
(5) Total deductions .....	<b>7e(5)</b>																						
<b>f</b>	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	<b>7f</b>																					



**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)     
  **b** Dental     
  **c** Vision     
  **d** Life insurance  
 **e** Temporary disability (accident and sickness)     
  **f** Long-term disability     
  **g** Supplemental unemployment     
  **h** Prescription drug  
 **i** Stop loss (large deductible)     
  **j** HMO contract     
  **k** PPO contract     
  **l** Indemnity contract  
 **m** Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	9a(1)		
(2) Increase (decrease) in amount due but unpaid .....	9a(2)		
(3) Increase (decrease) in unearned premium reserve .....	9a(3)		
(4) Earned ((1) + (2) - (3)) .....		9a(4)	
<b>b</b> Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	9c(1)(A)		
(B) Administrative service or other fees .....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses .....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies .....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		9d(1)	
(2) Claim reserves .....		9d(2)	
(3) Other reserves .....		9d(3)	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	10a	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	10b	

Specify nature of costs.

**Part IV Provision of Information**

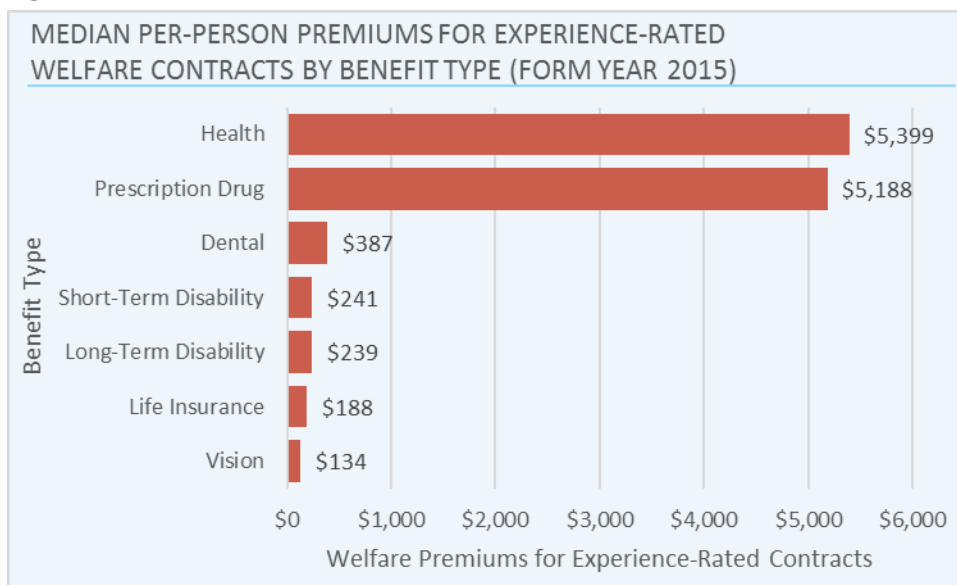
- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶



## Appendix B EXPERIENCE-RATED WELFARE CONTRACTS

Less than 10% of all Schedule As filed for contracts with welfare benefits are for experience-rated contracts. **Figure B-1** shows median per-person premiums for experience-rated contracts that are only associated with one benefit type. Our analysis reveals a large difference between contracts for health and prescription drug benefits and contracts for all other benefit types.

**Figure B-1**



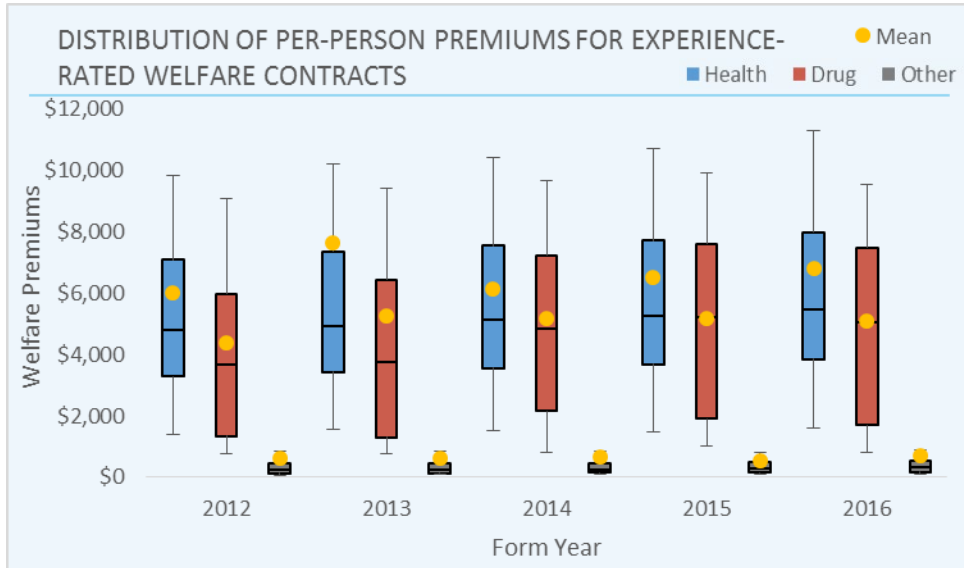
Source: Schedule A Part III, Line 8 and Line 9.a.4  
 N = 15,252 Schedule As

**Figure B-2** shows the distribution of per-person experience-rated welfare premiums, broken down by health, prescription drug, and other benefit types. Contracts offering health benefits are categorized as health, regardless of other benefits offered. Contracts offering prescription drug benefits are categorized as prescription drug, if they do not also cover health benefits. Within each type of benefit, there is little variation in the median across years. Across all years, the median for health is \$5,133, the median for prescription drug is \$4,370, and the median for other benefits types is \$266.





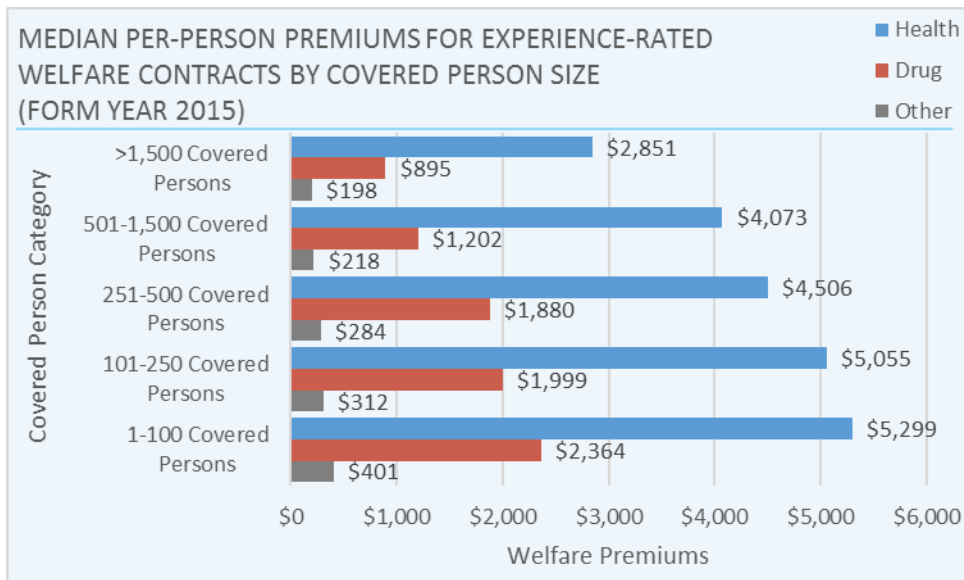
Figure B-2



Source: Schedule A, Part I, Line 1.e and Part III, Line 9.a.4  
 N = 107,948 (excludes Schedule As that do not report premiums or persons covered)  
 Note: Median per-person experience-rated welfare premium across all years is \$536.

Figure B-3 shows median per-person welfare premiums for experience-rated contracts by number of covered persons. As the number of covered persons increases, median premiums decrease. Small contracts with fewer than 100 covered persons have substantially higher premiums than those with more 100 or more covered persons.

Figure B-3



Source: Schedule A, Part I, Line 2.a, Line 2.b and Part II, Line 10.a  
 N = 22,821 Schedule As



## Appendix C TRANSFORMING THE UNIT OF ANALYSIS TO AN INSURER

Section 4.3 describes the population of insurers associated with FY 2015 Schedule A filings. This appendix describes the business rules we apply to transform the unit of analysis from a Schedule A to an insurer. For this report, we use NAIC codes to identify unique insurers; this is consistent with how the industry defines an insurance company.

Our FY 2015 Schedule A population contains 238,618 Schedule A filings for contracts that cover welfare benefits. We use NAIC codes to identify when the same insurer is reported on multiple Schedule As and to aggregate records with this identifier to summarize the number of insurance contracts that each insurance carrier has. After aggregating to an insurer NAIC code, our data contain 1,821 records.

Plans provide identifying information (insurance carrier names, EINs, and NAIC codes) for their insurers on Part I of Schedule A. As with any free-entry form, these fields are subject to manual entry error.

Our review of Schedule A data indicates that 7% of filings (77,749 filings) have invalid identifiers, which we define as NAIC codes with least one of the following problems:

- Missing numbers
- All zeros
- Reported as characters and symbols rather than numbers

For this report, we removed these Schedule As before transforming the unit of analysis to an insurer. In addition to these clearly erroneous NAIC codes, we assume that additional filings have NAIC codes that are facially valid but are typed incorrectly. We do not remove filings with this second type of entry error, and, therefore, we assume that our final dataset overcounts the total number of insurers associated with Schedule A filings.



## Appendix D LARGEST INSURERS IDENTIFIED BY NAIC AND NUMBER OF COVERED PERSONS

In this section, we offer a complement to our analysis in Section 4.3.2. Rather than finding insurers that are associated with the largest number of contracts, we find insurers that cover the largest number of persons. As in Section 4.3.2, we present the top five insurers by benefit type. As in Section 4.3.2, we assume that the number of persons reported on Schedule A is the number of persons receiving each of the benefits associated with the contract. For example, when a contract covers both health and vision benefit, we assume that the number of covered persons reported is the number receiving both health and vision benefits.

When looking at the top insurers by number of covered persons, we often see a very similar distribution of insurers as compared to the top insurers identified by number of contracts. **Table D-1** shows the same insurers as **Table 3**, in a slightly different order.

**Table D-1: Top Insurers by Number of Health Covered Persons, Form Year 2015**

NAIC Code	NAIC Name	% of Health Covered Persons	% of Health Contracts
79413	UNITED HEALTHCARE INSURANCE COMPANY	10.4%	12.7%
60054	AETNA LIFE INSURANCE COMPANY	8.1%	12.1%
70670	BLUECROSS BLUESHIELD OF ILLINOIS	7.4%	4.8%
67369	CIGNA HEALTH AND LIFE INSURANCE COMPANY	7.1%	10.2%
60534	AMERICAN HERITAGE LIFE INSURANCE COMPANY	3.9%	2.9%
<b>Total Health Contract Population</b>		29.6M	55,930

As with health contracts, we see many similarities between the providers of prescription drug contracts identified by number of persons and those identified by number of contracts. California Physicians Service falls out of the table when we analyze the data by prescription drug covered persons rather than number of contracts, as they only cover 3.8% of persons, just under the number covered by BlueCross BlueShield of Illinois. Regence BlueCross BlueShield of Oregon covers more persons than contracts.

**Table D-2: Top Insurers by Number of Prescription Drug Covered Persons, Form Year 2015**

NAIC Code	NAIC Name	% of Drug Covered Persons	% of Drug Contracts
79413	UNITED HEALTHCARE INSURANCE COMPANY	8.0%	6.1%
67369	CIGNA HEALTH AND LIFE INSURANCE COMPANY	7.1%	5.0%
54933	REGENCE BLUECROSS BLUESHIELD OF OREGON	6.7%	0.3%
60054	AETNA LIFE INSURANCE COMPANY	4.1%	4.5%
70670	BLUECROSS BLUESHIELD OF ILLINOIS	4.1%	3.3%
<b>Total Prescription Drug Contract Population</b>		12.3M	25,718



The list of top life insurance carriers differs when ranked by covered persons rather than by number of contracts. **Table D-3**, Metropolitan Life Insurance Company, Life Insurance Company of North America, and Lincoln National Life Insurance Company all remain in the top five, but the other two insurers are different from those reported in **Table 5**.

**Table D-3: Top Insurers by Number of Life Insurance Covered Persons, Form Year 2015**

NAIC Code	NAIC Name	% of Life Covered Persons	% of Life Contracts
65978	METROPOLITAN LIFE INSURANCE COMPANY	20.5%	7.0%
68241	PRUDENTIAL INSURANCE COMPANY OF AMERICA	14.9%	3.4%
65498	LIFE INSURANCE COMPANY OF NORTH AMERICA	6.6%	8.0%
66168	MINNESOTA LIFE INSURANCE COMPANY	6.2%	0.9%
65676	THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	6.0%	10.2%
<b>Total Life Contract Population</b>		87.7M	65,478

As with life insurance, insurers for dental contracts differ when ranked by number of covered persons rather than number of contracts. Delta Dental, an insurance company that specializes in dental insurance, shows up under two NAIC codes among the top-five insurers when ranking by number of dental-covered persons (**Table D-4**).

**Table D-4: Top Insurers by Number of Dental Covered Persons, Form Year 2015**

NAIC Code	NAIC Name	% of Dental Covered Persons	% of Dental Contracts
55263	DELTA DENTAL OF NEW YORK	14.2%	0.7%
65978	METROPOLITAN LIFE INSURANCE COMPANY	14.1%	10.3%
60054	AETNA LIFE INSURANCE COMPANY	8.1%	5.3%
62294	UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY	8.1%	1.1%
81396	DELTA DENTAL INSURANCE COMPANY	6.1%	1.0%
<b>Total Dental Contract Population</b>		43.7M	44,819

The top two vision insurers are the same based on number of vision contracts or number of vision-covered persons. However, while the first NAIC code associated with Vision Service Plan (39616) is in the top five, the second NAIC code (53031) falls out of the top five in **Table D-5**.

**Table D-5: Top Insurers by Number of Vision Covered Persons, Form Year 2015**

NAIC Code	NAIC Name	% of Vision Covered Persons	% of Vision Contracts
71870	EYEMED VISION CARE	15.5%	12.4%
39616	VISION SERVICE PLAN	12.6%	9.7%
62146	COMBINED INSURANCE COMPANY OF AMERICA	9.4%	1.7%
79413	UNITED HEALTHCARE INSURANCE COMPANY	5.9%	5.3%
93440	HM LIFE INSURANCE COMPANY	3.9%	1.4%
<b>Total Vision Contract Population</b>		38.8M	38,192



**Table D-6** shows the largest long-term disability insurers by number of covered persons. Usable Life has a significantly larger share of covered persons than contracts. While it does not appear among the top five when identifying the largest insurers by number of contracts, it is among the top five when insurers are ranked by number of covered persons.

**Table D-6: Top Insurers by Number of Long-Term Disability Covered Persons, Form Year 2015**

NAIC Code	NAIC Name	% of LTD Covered Persons	% of LTD Contracts
65978	METROPOLITAN LIFE INSURANCE COMPANY	11.1%	5.8%
65498	LIFE INSURANCE COMPANY OF NORTH AMERICA	10.2%	10.4%
94358	USABLE LIFE	9.9%	0.7%
62235	UNUM LIFE INSURANCE COMPANY OF AMERICA	9.0%	11.8%
60054	AETNA LIFE INSURANCE COMPANY	7.9%	3.2%
<b>Total Long-Term Disability Contract Population</b>		51.5M	44,586

In **Table D-7**, Lincoln National Life Insurance Company and the Unum Life Insurance Company of America are the only short-term disability insurers that rank among the top-five insurers in both number of covered persons and number of contracts.

**Table D-7: Top Insurers by Number of Short-Term Disability Covered Persons, Form Year 2015**

NAIC Code	NAIC Name	% of STD Covered Persons	% of STD Contracts
94358	SUN LIFE ASSURANCE COMPANY OF CANADA	13.9%	5.8%
80802	METROPOLITAN LIFE INSURANCE COMPANY	12.1%	5.6%
65978	THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	10.3%	9.7%
65676	FIRST UNUM LIFE INSURANCE COMPANY	7.8%	1.1%
64297	UNUM LIFE INSURANCE COMPANY OF AMERICA	7.8%	10.3%
<b>Total Short-Term Disability Contract Population</b>		30.6M	31,093