Group Health Plans Report
Abstract of 2015 Form 5500 Annual Reports
Reflecting Statistical Year Filings
Data Extracted on 5/2/2017

EMPLOYEE BENEFITS SECURITY ADMINISTRATION
UNITED STATES DEPARTMENT OF LABOR

October 2017
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HIGHLIGHTS FROM THE 2015 FORM 5500 GROUP HEALTH PLANS REPORT

The universe of group health insurance plans filing a Form 5500 is diverse and complicated. Varying benefit structures, funding arrangements, and relationships to insurance are all major components of the complexity. For purposes of generating this report, EBSA classified private sector employer-sponsored group health employee benefit plans as either self-insured, fully-insured, or having both self-insured and fully-insured characteristics (mixed-insured). Appendix A1 at the end of this report provides more information on the classification methodology. Additionally, the methodology for selecting data underlying this report is based upon Form 5500 plan year end dates, meaning all employer-sponsored group health employee benefit plan filings with plan year ending dates in 2015 are included.

Findings from private sector employer-sponsored group health plans filing Form 5500 series welfare reports for plan year 2015 are summarized below.

This document is Appendix A to the Report to Congress: Annual Report on Self-Insured Group Health Plans for 2018.

Plan Type Characteristics

- In 2015, 23,000, or 42 percent, of the more than 54,000 private sector employer-sponsored group health plans that filed a Form 5500 can be categorized as self-insured. Of the remaining 32,000 group health plans, approximately 4,000, or 7 percent of all plans, can be categorized as mixed-insured, and 28,000, or 51 percent, can be categorized as fully-insured. (See Table A1.)

- Of the 54,000 group health plans mentioned above, 15 percent offered health (other than vision or dental) benefits. Conversely, 85 percent offered other welfare benefits (such as dental, vision, life, disability, etc.) in addition to health benefits. Of these 46,000 plans, 39 percent can be described as having self-insured health benefits while 8 percent can be categorized as mixed-insured. The remaining 53 percent of these plans can be described as having fully-insured health benefits. (See Table A1.)

- Eighty-three percent of the self-insured plans that indicate only providing health benefits do not report any type of insurance on Schedule A. Only 18 percent of self-insured plans providing health and other benefits do the same. This indicates that even for self-insured plans, other benefits are more likely to be insured.²

- Fifty-two percent of all private sector single employer group health plans that filed a 2015 Form 5500 provided fully-insured health benefits to their employees. Multiemployer group health plans were much less likely to provide fully-insured health benefits; only 10 percent of those plans did so in 2015. (See Table A2.)

- Approximately 22,000 of the group health plans categorized as self-insured are single employer plans; the remaining 1,000 are multiemployer plans. Of the 4,000 group health plans categorized as mixed-insured, the majority are single employer with fewer than 1,000 being multiemployer plans. Nearly all of the 28,000 group health

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² The statistics in this note were tabulated using the 2015 Group Health Plans Research File which contains the data underlying the tables presented in this Report. For more information and to access the data, please visit https://www.dol.gov/agencies/ebsa/researchers/statistics/health-and-welfare-bulletins/group-health-plans.
plans categorized as fully-insured are single employer with fewer than 200 being multiemployer plans. (See Table A2.)

- Of the 54,000 group health plans that filed a 2015 Form 5500, approximately 18,000 indicated a funding arrangement of insurance only, more than 2,000 indicated a funding arrangement of a trust only, and 7,000 indicated a funding arrangement of general assets of the sponsor only. The remaining 28,000 group health plan filers indicated some combination of funding arrangements or did not report any arrangement. The most common combination of funding arrangements was general assets of the sponsor and insurance, with 23,000 plans indicating this type of arrangement. (See Table A7.)

### Number of Participants

- Forty-seven percent, or 34 million, of the approximately 73 million participants in group health plans filing a 2015 Form 5500 were covered under self-insured group health plans. (See Table A2.)

- More than three-quarters of the group health plans categorized as self-insured covered 100 or more participants and did not operate a trust. Approximately 69 percent of all mixed-insured group health plans and nearly all of the fully-insured group health plans covered 100 or more participants and did not operate a trust. (See Table A2.)

- The mean number of participants in group health plans was 1,300 in 2015. The means for self-insured, mixed-insured, and fully-insured were 1,500, 6,700 and 400 respectively. The medians were 300, 1,400 and 200 respectively. (See Table A9.)

### Assets and Liabilities

- In total, group health plans that filed a Form 5500 held about $220 billion in assets as of the end of 2015. Self-insured group health plans held approximately $84 billion; mixed-insured group health plans held $135 billion; and fully-insured group health plans held under $2 billion. (See Table A2.)

- Despite comprising only 7 percent of plans, mixed-insured plans covered 36 percent of end of year participants and held nearly 61 percent of all group health plan assets. Therefore, a relatively small number of plans drive many of the aggregate statistics presented in the remainder of this report. (See Table A2.) For instance, of the 20 largest plans by asset size, 15 were mixed-insured and held approximately $85 billion, or nearly two-fifths of total health plan assets.

- Self-insured group health plans with trusts and covering 100 or more participants held approximately 19 percent of their assets in cash and U.S. Government securities, 22 percent in direct filing entities, 21 percent in mutual fund companies (registered investment companies), 9 percent in debt instruments, and 10 percent in stock. Mixed-insured group health plans with trusts and covering 100 or more participants held approximately 19 percent of their assets in cash and U.S. Government securities, 15 percent in

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3 However, this is a data restriction that results from the filing exemption provided to welfare benefit plans covering fewer than 100 participants (small plans) which are unfunded, fully-insured, or a combination of insured and unfunded. For more information on filing requirements and exemptions, please see Appendix A1.

4 The statistics in this note were tabulated using the 2015 Group Health Plans Research File which contains the data underlying the tables presented in this Report. For more information and to access the data, please visit https://www.dol.gov/agencies/ebsa/researchers/statistics/health-and-welfare-bulletins/group-health-plans.
direct filing entities, 11 percent in mutual fund companies, 11 percent in debt instruments, and 24 percent in stock. Fully-insured group health plans with trusts and covering 100 or more participants held approximately 23 percent of their assets in cash and U.S. Government securities, 25 percent in direct filing entities, 37 percent in mutual fund companies, 3 percent in debt instruments, and 2 percent in stock. (See Table A6.)

- Form 5500 group health plan filers reported $25 billion in liabilities as of the end of 2015: approximately $10 billion was reported by self-insured group health plans, $14 billion by mixed-insured group health plans, and $200 million by fully-insured group health plans. (See Table A2.)

- The $10 billion in liabilities reported by self-insured plans represented 18 percent of total benefit payments made by self-insured plans and roughly 18 percent of total contributions to self-insured plans. By definition, plans without trusts report no assets or liabilities. The liabilities that are reported in no way represent all of the future health and welfare benefit obligations of the group health plans presented in this report. (See Tables A2, A4, and A5.)

**Annual Cash Flows**

- Overall, group health plans with trusts reported receiving approximately $146 billion in contributions in 2015, with nearly $118 billion contributed by the employers and approximately $26 billion contributed by the plan participants. Roughly $1 billion was contributed in total to plans with fewer than 100 participants. (See Table A4.)

- In 2015, group health plans filing a Form 5500 that used trusts posted investment income gains of slightly more than $1 billion. Nearly $800 million was gained by self-insured group health plans, about $200 million gained by mixed-insured group health plans, and $20 million gained by fully-insured group health plans. (See Table A4.)

- Self-insured group health plans that filed a 2015 Form 5500, covered 100 or more participants, and used trusts made benefit payments of nearly $45 billion directly to participants and $7 billion to insurance carriers for the provision of other insured benefits. Mixed-insured group health plans of this type made benefit payments to participants totaling about $58 billion and made payments to insurance carriers of $24 billion. Fully-insured group health plans paid about $2 billion to insurance carriers for provision of benefits. These payments were funded through a trust. (See Table A5.)

- In total, group health plans filing a 2015 Form 5500 reported about $9 billion in administrative expenses. Self-insured group health plans reported approximately $4 billion; mixed-insured group health plans reported approximately $5 billion; and fully-insured group health plans reported approximately $90 million. (See Table A5.)

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5 When applicable, Form 5500 filers report administrative expenses on either Schedule H – Financial Information, Part II – Income and Expense Statement, line number 2(i) – Administrative expenses or on Schedule I – Financial Information, Part I – Income, Expenses, and Transfers for this Plan Year, line number 2(h). Form 5500-SF filers report administrative expenses in Part III – Financial Information, line number 2(f).
## Table A1. Number of Group Health Plans, Total Participants, Active Participants, Assets, Contributions, and Benefits
*by type of benefit and type of insurance, 2015*

### All Plans

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Number of Plans</th>
<th>Total Participants End of Year (thousands)</th>
<th>Active Participants End of Year (thousands)</th>
<th>Total Assets (millions)</th>
<th>Total Contributions (millions)</th>
<th>Total Benefits (millions)</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>54,488</td>
<td>72,635</td>
<td>64,378</td>
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<td>Health Benefits Only</td>
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<td>6,294</td>
<td>5,334</td>
<td>14,005</td>
<td>6,906</td>
<td>6,870</td>
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<td>Health and Other Benefits</td>
<td>46,233</td>
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<td>59,043</td>
<td>205,961</td>
<td>138,652</td>
<td>137,031</td>
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<td>Health and Dental</td>
<td>1,995</td>
<td>1,852</td>
<td>1,576</td>
<td>5,678</td>
<td>4,521</td>
<td>4,717</td>
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<td>Health and Vision</td>
<td>730</td>
<td>576</td>
<td>455</td>
<td>2,594</td>
<td>1,185</td>
<td>1,198</td>
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<td>Health and Non-Health ^5</td>
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<td>6,786</td>
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<td>715</td>
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<tr>
<td>Health, Dental, Vision, and Non-Health ^5</td>
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<td>44,401</td>
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### Self-Insured

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<th>Type of Benefit</th>
<th>Number of Plans</th>
<th>Total Participants End of Year (thousands)</th>
<th>Active Participants End of Year (thousands)</th>
<th>Total Assets (millions)</th>
<th>Total Contributions (millions)</th>
<th>Total Benefits (millions)</th>
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<tr>
<td>Total</td>
<td>22,860</td>
<td>34,012</td>
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<td>Health Benefits Only</td>
<td>4,943</td>
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<td>Health and Other Benefits</td>
<td>17,917</td>
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<td>26,775</td>
<td>75,124</td>
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<td>Health and Dental</td>
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<td>1,004</td>
<td>863</td>
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<td>2,143</td>
<td>2,433</td>
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<td>Health and Vision</td>
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<td>249</td>
<td>1,375</td>
<td>720</td>
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<td>Health and Non-Health ^5</td>
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<td>Health, Dental, and Vision</td>
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<td>6,900</td>
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<td>4,412</td>
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<td>Health, Dental, and Non-Health ^5</td>
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<td>2,542</td>
<td>2,251</td>
<td>5,995</td>
<td>5,688</td>
<td>5,371</td>
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<tr>
<td>Health, Vision, and Non-Health ^5</td>
<td>305</td>
<td>423</td>
<td>356</td>
<td>1,177</td>
<td>1,545</td>
<td>1,467</td>
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<tr>
<td>Health, Dental, Vision, and Non-Health ^5</td>
<td>10,357</td>
<td>16,031</td>
<td>14,926</td>
<td>45,953</td>
<td>34,890</td>
<td>33,114</td>
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</table>

(continued...)
Table A1. Number of Group Health Plans, Total Participants, Active Participants, Assets, Contributions, and Benefits by type of benefit and type of insurance, 2015

<table>
<thead>
<tr>
<th>Mixed-Insured</th>
<th>Number of Plans</th>
<th>Total Participants End of Year (thousands)</th>
<th>Active Participants End of Year (thousands)</th>
<th>Total Assets (millions)</th>
<th>Total Contributions (millions)</th>
<th>Total Benefits (millions)</th>
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<tbody>
<tr>
<td>Total</td>
<td>3,705</td>
<td>26,311</td>
<td>22,306</td>
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<td>173</td>
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<td>521</td>
<td>5,393</td>
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<td>Health and Other Benefits</td>
<td>3,732</td>
<td>25,503</td>
<td>21,785</td>
<td>129,114</td>
<td>81,255</td>
<td>81,879</td>
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<td>Health and Dental</td>
<td>87</td>
<td>559</td>
<td>443</td>
<td>3,365</td>
<td>2,340</td>
<td>2,243</td>
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<td>Health and Vision</td>
<td>28</td>
<td>131</td>
<td>82</td>
<td>1,220</td>
<td>464</td>
<td>621</td>
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<tr>
<td>Health and Non-Health</td>
<td>173</td>
<td>408</td>
<td>285</td>
<td>5,022</td>
<td>1,789</td>
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<td>Health, Dental, and Vision</td>
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<td>2,410</td>
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<td>Health, Dental, and Non-Health</td>
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<td>2,481</td>
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<td>Health, Vision, and Non-Health</td>
<td>69</td>
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<td>Health, Dental, Vision, and Non-Health</td>
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<table>
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<th>Fully-Insured</th>
<th>Number of Plans</th>
<th>Total Participants End of Year (thousands)</th>
<th>Active Participants End of Year (thousands)</th>
<th>Total Assets (millions)</th>
<th>Total Contributions (millions)</th>
<th>Total Benefits (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>27,723</td>
<td>12,312</td>
<td>11,768</td>
<td>$1,779</td>
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<tr>
<td>Health Benefits Only</td>
<td>3,139</td>
<td>1,461</td>
<td>1,286</td>
<td>57</td>
<td>62</td>
<td>70</td>
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<tr>
<td>Health and Other Benefits</td>
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<td>10,850</td>
<td>10,483</td>
<td>1,722</td>
<td>2,481</td>
<td>2,396</td>
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<tr>
<td>Health and Dental</td>
<td>895</td>
<td>289</td>
<td>270</td>
<td>78</td>
<td>39</td>
<td>41</td>
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<tr>
<td>Health and Vision</td>
<td>427</td>
<td>126</td>
<td>123</td>
<td>**/</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health and Non-Health</td>
<td>1,220</td>
<td>500</td>
<td>472</td>
<td>693</td>
<td>204</td>
<td>220</td>
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<tr>
<td>Health, Dental, and Vision</td>
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<td>452</td>
<td>427</td>
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<td>83</td>
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<tr>
<td>Health, Dental, and Non-Health</td>
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<td>227</td>
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<tr>
<td>Health, Vision, and Non-Health</td>
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<td>162</td>
<td>154</td>
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<td>10</td>
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<td>Health, Dental, Vision, and Non-Health</td>
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<td>7,400</td>
<td>717</td>
<td>1,909</td>
<td>1,816</td>
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</table>

Note: Total participants, active participants, and total assets are tabulated as of the end of the plan year.
1 Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.
2 For Form 5500-SF filers, all reported participants are assumed to be active.
3 Includes both employer and employee contributions.
4 Amounts shown include both benefits paid directly from trust funds and premium payments made by plans to insurance carriers. Amounts exclude benefits paid directly by insurance carriers. Plans classified as fully-insured do not report benefit payments made directly to participants. Reported benefit payments for these plans are paid to insurance companies for the provision of benefits. According to the plan funding classification algorithm outlined in Appendix A1, plans reporting information on health insurance policies or contracts that also report benefit payments made directly to participants are deemed mixed-insured.

SOURCE: 2015 Form 5500 filings.
### Table A2. Number of Group Health Plans, Participants, Assets, and Liabilities

*by type of insurance and type of plan, 2015*

#### All Plans

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
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</thead>
<tbody>
<tr>
<td>Number of Plans</td>
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<td>52,708</td>
<td>1,780</td>
<td>22,660</td>
<td>21,781</td>
<td>1,079</td>
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<td>27,723</td>
<td>27,546</td>
<td>177</td>
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<td>Health Benefits Only</td>
<td>8,255</td>
<td>8,182</td>
<td>73</td>
<td>4,943</td>
<td>4,888</td>
<td>55</td>
<td>173</td>
<td>166</td>
<td>7</td>
<td>3,139</td>
<td>3,128</td>
<td>11</td>
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<tr>
<td>Health &amp; Other Benefits</td>
<td>46,233</td>
<td>44,526</td>
<td>1,707</td>
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<td>16,893</td>
<td>1,024</td>
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<td>3,215</td>
<td>517</td>
<td>24,584</td>
<td>24,418</td>
<td>166</td>
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<td>Participants End of Year (thousands)</td>
<td>72,635</td>
<td>66,678</td>
<td>5,957</td>
<td>34,012</td>
<td>30,365</td>
<td>3,647</td>
<td>26,311</td>
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<td>Health Benefits Only</td>
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<td>23,474</td>
<td>2,029</td>
<td>10,850</td>
<td>10,681</td>
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<tr>
<td>Assets (millions)</td>
<td>$219,966</td>
<td>$150,255</td>
<td>$69,710</td>
<td>$83,680</td>
<td>$40,206</td>
<td>$43,474</td>
<td>$134,012</td>
<td>$108,887</td>
<td>$25,620</td>
<td>$1,779</td>
<td>$1,162</td>
<td>$617</td>
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<tr>
<td>Health Benefits Only</td>
<td>14,005</td>
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<td>2,347</td>
<td>8,555</td>
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<td>5,393</td>
<td>5,183</td>
<td>209</td>
<td>57</td>
<td>57</td>
<td>**/</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
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<td>67,364</td>
<td>75,124</td>
<td>33,788</td>
<td>41,336</td>
<td>129,114</td>
<td>103,703</td>
<td>25,411</td>
<td>1,722</td>
<td>1,105</td>
<td>617</td>
</tr>
<tr>
<td>Liabilities (millions)</td>
<td>$24,701</td>
<td>$11,347</td>
<td>$13,354</td>
<td>$10,397</td>
<td>$3,625</td>
<td>$7,109</td>
<td>$14,105</td>
<td>$7,976</td>
<td>$6,129</td>
<td>$203</td>
<td>$86</td>
<td>$117</td>
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<tr>
<td>Health Benefits Only</td>
<td>869</td>
<td>693</td>
<td>176</td>
<td>453</td>
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<td>172</td>
<td>413</td>
<td>409</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>**/</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>23,833</td>
<td>10,654</td>
<td>13,179</td>
<td>9,940</td>
<td>3,003</td>
<td>6,937</td>
<td>13,662</td>
<td>7,567</td>
<td>6,125</td>
<td>201</td>
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</table>

#### Plans with 100 or More Participants & Trusts

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Plans</td>
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<td>1,529</td>
<td>2,596</td>
<td>1,629</td>
<td>967</td>
<td>1,096</td>
<td>607</td>
<td>489</td>
<td>195</td>
<td>122</td>
<td>73</td>
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<td>Health Benefits Only</td>
<td>421</td>
<td>378</td>
<td>43</td>
<td>342</td>
<td>305</td>
<td>37</td>
<td>64</td>
<td>59</td>
<td>5</td>
<td>15</td>
<td>14</td>
<td>1</td>
</tr>
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<td>Health &amp; Other Benefits</td>
<td>3,466</td>
<td>1,980</td>
<td>1,486</td>
<td>2,254</td>
<td>1,324</td>
<td>930</td>
<td>1,032</td>
<td>548</td>
<td>484</td>
<td>180</td>
<td>108</td>
<td>72</td>
</tr>
<tr>
<td>Participants End of Year (thousands)</td>
<td>23,261</td>
<td>17,511</td>
<td>5,750</td>
<td>12,513</td>
<td>8,888</td>
<td>3,625</td>
<td>10,397</td>
<td>8,380</td>
<td>2,017</td>
<td>351</td>
<td>244</td>
<td>108</td>
</tr>
<tr>
<td>Health Benefits Only</td>
<td>1,067</td>
<td>894</td>
<td>173</td>
<td>648</td>
<td>479</td>
<td>169</td>
<td>405</td>
<td>401</td>
<td>4</td>
<td>14</td>
<td>14</td>
<td>*</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>22,194</td>
<td>16,617</td>
<td>5,577</td>
<td>11,865</td>
<td>8,409</td>
<td>3,456</td>
<td>9,991</td>
<td>7,978</td>
<td>2,013</td>
<td>337</td>
<td>230</td>
<td>108</td>
</tr>
<tr>
<td>Assets (millions)</td>
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<td>$148,998</td>
<td>$69,577</td>
<td>$82,476</td>
<td>$39,002</td>
<td>$43,474</td>
<td>$134,418</td>
<td>$108,832</td>
<td>$25,586</td>
<td>$1,671</td>
<td>$1,073</td>
<td>$598</td>
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<tr>
<td>Health Benefits Only</td>
<td>13,546</td>
<td>11,211</td>
<td>2,335</td>
<td>8,129</td>
<td>6,001</td>
<td>2,128</td>
<td>5,377</td>
<td>5,170</td>
<td>207</td>
<td>41</td>
<td>41</td>
<td>**/</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>205,019</td>
<td>137,777</td>
<td>67,242</td>
<td>74,347</td>
<td>33,081</td>
<td>41,266</td>
<td>129,041</td>
<td>103,662</td>
<td>25,379</td>
<td>1,630</td>
<td>1,033</td>
<td>597</td>
</tr>
<tr>
<td>Liabilities (millions)</td>
<td>$24,650</td>
<td>$11,303</td>
<td>$13,347</td>
<td>$10,350</td>
<td>$3,244</td>
<td>$7,106</td>
<td>$14,105</td>
<td>$7,974</td>
<td>$6,127</td>
<td>$198</td>
<td>$84</td>
<td>$115</td>
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<tr>
<td>Health Benefits Only</td>
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<td>176</td>
<td>438</td>
<td>266</td>
<td>172</td>
<td>412</td>
<td>408</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>**/</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>23,797</td>
<td>10,625</td>
<td>13,171</td>
<td>9,912</td>
<td>2,978</td>
<td>6,934</td>
<td>13,689</td>
<td>7,566</td>
<td>6,123</td>
<td>196</td>
<td>81</td>
<td>115</td>
</tr>
</tbody>
</table>

(continued...)
## Table A2. Number of Group Health Plans, Participants, Assets, and Liabilities
### by type of insurance and type of plan, 2015

Plans with 100 or More Participants & No Trusts

<table>
<thead>
<tr>
<th>Number of Plans</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 1</td>
<td>Single 2</td>
<td>Multi-employer 3</td>
<td>Total 1</td>
</tr>
<tr>
<td>Health Benefits Only</td>
<td>47,480 5</td>
<td>47,381 6</td>
<td>99 7</td>
<td>17,432 8</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>6,535 17</td>
<td>6,518 18</td>
<td>17 19</td>
<td>3,362 20</td>
</tr>
<tr>
<td>Participants End of Year (thousands) 3</td>
<td>49,095 29</td>
<td>49,007 30</td>
<td>101 31</td>
<td>3,350 32</td>
</tr>
<tr>
<td>Health Benefits Only</td>
<td>18,083 41</td>
<td>18,066 42</td>
<td>17 43</td>
<td>15,090 44</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>44,099 50</td>
<td>44,007 51</td>
<td>92 52</td>
<td>15,493 53</td>
</tr>
<tr>
<td>Assets (millions)</td>
<td>3,121 59</td>
<td>2,969 60</td>
<td>152 61</td>
<td>2,832 62</td>
</tr>
<tr>
<td>Health Benefits Only</td>
<td>1,299 71</td>
<td>1,286 72</td>
<td>13 73</td>
<td>1,239 74</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>1,822 83</td>
<td>1,683 84</td>
<td>130 85</td>
<td>1,593 86</td>
</tr>
<tr>
<td>Liabilities (millions)</td>
<td>- 95</td>
<td>- 96</td>
<td>- 97</td>
<td>- 98</td>
</tr>
</tbody>
</table>

Plans with Fewer Than 100 Participants & Trusts 4

<table>
<thead>
<tr>
<th>Number of Plans</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 1</td>
<td>Single 2</td>
<td>Multi-employer 3</td>
<td>Total 1</td>
</tr>
<tr>
<td>Health Benefits Only</td>
<td>3,121 5</td>
<td>2,969 6</td>
<td>152 7</td>
<td>2,832 8</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>1,299 17</td>
<td>1,286 18</td>
<td>13 19</td>
<td>1,239 20</td>
</tr>
<tr>
<td>Participants End of Year (thousands) 3</td>
<td>77 29</td>
<td>71 30</td>
<td>6 31</td>
<td>65 32</td>
</tr>
<tr>
<td>Health Benefits Only</td>
<td>29 41</td>
<td>29 42</td>
<td>1 43</td>
<td>27 44</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>47 50</td>
<td>42 51</td>
<td>5 52</td>
<td>38 53</td>
</tr>
<tr>
<td>Assets (millions)</td>
<td>$1,401 62</td>
<td>$1,268 63</td>
<td>$132 64</td>
<td>$1,204 65</td>
</tr>
<tr>
<td>Health Benefits Only</td>
<td>459 74</td>
<td>447 75</td>
<td>12 76</td>
<td>427 77</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>942 83</td>
<td>820 84</td>
<td>121 85</td>
<td>777 86</td>
</tr>
<tr>
<td>Liabilities (millions)</td>
<td>$52 95</td>
<td>$44 96</td>
<td>$7 97</td>
<td>$43 98</td>
</tr>
<tr>
<td>Health Benefits Only</td>
<td>16 107</td>
<td>16 108</td>
<td>- 109</td>
<td>15 110</td>
</tr>
<tr>
<td>Health &amp; Other Benefits</td>
<td>36 116</td>
<td>29 117</td>
<td>7 118</td>
<td>26 119</td>
</tr>
</tbody>
</table>

Note: Participants, assets, and liabilities are tabulated as of the end of the plan year.

1 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.
2 Includes multiemployer plans and multiple employer collectively bargained plans.
3 Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.
4 Includes only plans with fewer than 100 participants as of the end of the plan year.

* Fewer than 500 participants.
** Less than $500,000.
- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
Table A3. Number of Participants in Group Health Plans
by type of insurance, type of plan, and type of participant, 2015
(numbers in thousands)

All Plans

<table>
<thead>
<tr>
<th>Type of Participant</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>Active participants</td>
<td>64,378</td>
<td>59,908</td>
<td>4,470</td>
<td>30,304</td>
</tr>
<tr>
<td>Retired or separated participants receiving benefits</td>
<td>7,793</td>
<td>6,359</td>
<td>1,434</td>
<td>3,492</td>
</tr>
<tr>
<td>Other retired or separated participants entitled to future benefits</td>
<td>464</td>
<td>410</td>
<td>53</td>
<td>217</td>
</tr>
<tr>
<td>Total Participants End of Year</td>
<td>72,635</td>
<td>66,678</td>
<td>5,957</td>
<td>34,012</td>
</tr>
</tbody>
</table>

Plans with 100 or More Participants & Trusts

<table>
<thead>
<tr>
<th>Type of Participant</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>Active participants</td>
<td>17,869</td>
<td>13,495</td>
<td>4,375</td>
<td>10,025</td>
</tr>
<tr>
<td>Retired or separated participants receiving benefits</td>
<td>5,168</td>
<td>3,845</td>
<td>1,322</td>
<td>2,363</td>
</tr>
<tr>
<td>Other retired or separated participants entitled to future benefits</td>
<td>224</td>
<td>171</td>
<td>53</td>
<td>124</td>
</tr>
<tr>
<td>Total Participants End of Year</td>
<td>23,261</td>
<td>17,511</td>
<td>5,750</td>
<td>12,513</td>
</tr>
</tbody>
</table>

(continued...)

8
Table A3. Number of Participants in Group Health Plans  
by type of insurance, type of plan, and type of participant, 2015  
(numbers in thousands)

<table>
<thead>
<tr>
<th>Plans with 100 or More Participants &amp; No Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Participant</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Active participants ³</td>
</tr>
<tr>
<td>Retired or separated participants receiving benefits</td>
</tr>
<tr>
<td>Other retired or separated participants entitled to future benefits</td>
</tr>
<tr>
<td><strong>Total Participants End of Year</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plans with Fewer Than 100 Participants &amp; Trusts ⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Participant</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Active participants ²</td>
</tr>
<tr>
<td>Retired or separated participants receiving benefits</td>
</tr>
<tr>
<td>Other retired or separated participants entitled to future benefits</td>
</tr>
<tr>
<td><strong>Total Participants End of Year</strong></td>
</tr>
</tbody>
</table>

Note: Participants are tabulated as of the end of the plan year.  
¹ Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.  
² Includes multiemployer plans and multiple employer collectively bargained plans.  
³ For Form 5500-SF filers, all reported participants are assumed to be active.  
⁴ Includes only plans with fewer than 100 participants as of the end of the plan year.  
*/ Fewer than 500 participants.  
- Missing or not applicable.  
SOURCE: 2015 Form 5500 filings.
Table A4. Selected Income of Group Health Plans  
by type of insurance and type of plan, 2015  
(numbers in millions)

### All Plans with Trusts

<table>
<thead>
<tr>
<th>Selected Income</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>CONTRIBUTIONS</td>
<td>$145,554</td>
<td>$91,393</td>
<td>$54,161</td>
<td>$84,438</td>
</tr>
<tr>
<td>Employer contributions</td>
<td>117,913</td>
<td>67,469</td>
<td>50,445</td>
<td>66,031</td>
</tr>
<tr>
<td>Participant contributions</td>
<td>25,625</td>
<td>22,369</td>
<td>3,257</td>
<td>17,106</td>
</tr>
<tr>
<td>Contributions from others (including rollovers)</td>
<td>1,889</td>
<td>1,433</td>
<td>455</td>
<td>1,184</td>
</tr>
<tr>
<td>Noncash contributions</td>
<td>127</td>
<td>122</td>
<td>4</td>
<td>117</td>
</tr>
</tbody>
</table>

INVESTMENT INCOME 3 $1,023 $410 $613 $794 $360 $434 $209 $39 $170 $20 $11 $9

### Plans with 100 or More Participants & Trusts

<table>
<thead>
<tr>
<th>Selected Income</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>CONTRIBUTIONS</td>
<td>$144,097</td>
<td>$90,093</td>
<td>$54,004</td>
<td>$83,964</td>
</tr>
<tr>
<td>Employer contributions</td>
<td>117,066</td>
<td>66,759</td>
<td>50,307</td>
<td>65,936</td>
</tr>
<tr>
<td>Participant contributions</td>
<td>25,452</td>
<td>22,214</td>
<td>3,238</td>
<td>17,088</td>
</tr>
<tr>
<td>Contributions from others (including rollovers)</td>
<td>1,453</td>
<td>998</td>
<td>455</td>
<td>822</td>
</tr>
<tr>
<td>Noncash contributions</td>
<td>126</td>
<td>122</td>
<td>4</td>
<td>117</td>
</tr>
</tbody>
</table>

INVESTMENT INCOME 3 $995 $384 $615 $779 $343 $436 $200 $30 $170 $19 $11 $8

(continued...)
Table A4. Selected Income of Group Health Plans
by type of insurance and type of plan, 2015
(numbers in millions)

Plans with Fewer Than 100 Participants & Trusts 4

<table>
<thead>
<tr>
<th>Selected Income</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>CONTRIBUTIONS</td>
<td>$1,457</td>
<td>$1,300</td>
<td>$156</td>
<td>$929</td>
</tr>
<tr>
<td>Employer</td>
<td>847</td>
<td>709</td>
<td>137</td>
<td>709</td>
</tr>
<tr>
<td>Participant</td>
<td>174</td>
<td>155</td>
<td>16</td>
<td>145</td>
</tr>
<tr>
<td>Contributions</td>
<td>436</td>
<td>436</td>
<td>**/</td>
<td>75</td>
</tr>
<tr>
<td>Noncash</td>
<td>**/</td>
<td>**/</td>
<td>-</td>
<td>**/</td>
</tr>
</tbody>
</table>

INVESTMENT INCOME 3

|                 | $24       | $26           | -$2          | $14   | $17           | -$3          | $9    | $9            | **/           | $1  | **/           | $1            |

Note: The panel for Plans with 100 or More Participants and No Trusts was not reported as these plans are not required to file a Schedule H; thus, these plans have no financial information to report.

1 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.

2 Includes multiemployer plans and multiple employer collectively bargained plans.

3 For Schedule H filers, Investment Income is equal to the sum of all income items on the Schedule H except for contributions and other income. For Schedule I and Form 5500-SF filers, Investment Income is equal to the Other Income line item of the Schedule I or Form 5500-SF.

4 Includes only plans with fewer than 100 participants as of the end of the plan year.

**/ Less than $500,000.

- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
Table A5. Selected Expenses of Group Health Plans
by type of insurance and type of plan, 2015
(numbers in millions)

### All Plans with Trusts

<table>
<thead>
<tr>
<th>Selected Expenses</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENEFIT PAYMENTS 4</td>
<td>$143,898</td>
<td>$56,332</td>
<td>$85,104</td>
<td>$2,463</td>
</tr>
<tr>
<td>(including rollovers)</td>
<td>$103,105</td>
<td>$44,728</td>
<td>$58,376</td>
<td>-</td>
</tr>
<tr>
<td>To insurance carriers for the provision of benefits</td>
<td>$33,727</td>
<td>$1,484</td>
<td>$2,118</td>
<td>-</td>
</tr>
<tr>
<td>Other 5</td>
<td>$7,066</td>
<td>$1,484</td>
<td>$1,918</td>
<td>-</td>
</tr>
<tr>
<td>ADMINISTRATIVE EXPENSES 6</td>
<td>$8,585</td>
<td>$3,838</td>
<td>$4,653</td>
<td>$94</td>
</tr>
<tr>
<td>Professional fees</td>
<td>$970</td>
<td>$485</td>
<td>$463</td>
<td>21</td>
</tr>
<tr>
<td>Contract administrator fees</td>
<td>$3,829</td>
<td>$1,463</td>
<td>$2,323</td>
<td>43</td>
</tr>
<tr>
<td>Investment advisory and management fees</td>
<td>$451</td>
<td>$153</td>
<td>$295</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>$3,336</td>
<td>$1,737</td>
<td>$1,573</td>
<td>25</td>
</tr>
</tbody>
</table>

### Plans with 100 or More Participants & Trusts

<table>
<thead>
<tr>
<th>Selected Expenses</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENEFIT PAYMENTS 4</td>
<td>$142,479</td>
<td>$55,608</td>
<td>$84,457</td>
<td>$2,414</td>
</tr>
<tr>
<td>(including rollovers)</td>
<td>$102,876</td>
<td>$44,534</td>
<td>$58,342</td>
<td>-</td>
</tr>
<tr>
<td>To insurance carriers for the provision of benefits</td>
<td>$33,237</td>
<td>$1,431</td>
<td>$2,143</td>
<td>-</td>
</tr>
<tr>
<td>Other 5</td>
<td>$6,367</td>
<td>$4,410</td>
<td>$1,702</td>
<td>271</td>
</tr>
<tr>
<td>ADMINISTRATIVE EXPENSES 6</td>
<td>$8,502</td>
<td>$3,838</td>
<td>$4,653</td>
<td>$94</td>
</tr>
<tr>
<td>Professional fees</td>
<td>$970</td>
<td>$485</td>
<td>$463</td>
<td>21</td>
</tr>
<tr>
<td>Contract administrator fees</td>
<td>$3,829</td>
<td>$1,463</td>
<td>$2,323</td>
<td>43</td>
</tr>
<tr>
<td>Investment advisory and management fees</td>
<td>$451</td>
<td>$153</td>
<td>$295</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>$3,336</td>
<td>$1,737</td>
<td>$1,573</td>
<td>25</td>
</tr>
</tbody>
</table>

(continued...)
Table A5. Selected Expenses of Group Health Plans  
*by type of insurance and type of plan, 2015*  
(numbers in millions)

Plans with Fewer Than 100 Participants & Trusts  

<table>
<thead>
<tr>
<th>Selected Expenses</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>BENEFIT PAYMENTS</td>
<td>$1,419</td>
<td>$1,282</td>
<td>$137</td>
<td>$723</td>
</tr>
<tr>
<td>Directly to participants or beneficiaries</td>
<td>$229</td>
<td>157</td>
<td>72</td>
<td>194</td>
</tr>
<tr>
<td>(including rollovers)</td>
<td>491</td>
<td>457</td>
<td>34</td>
<td>83</td>
</tr>
<tr>
<td>To insurance carriers for the provision of benefits</td>
<td>700</td>
<td>668</td>
<td>32</td>
<td>447</td>
</tr>
<tr>
<td>Other *</td>
<td>5 8 5 0</td>
<td>8 5 0 4</td>
<td>5 5 6 2</td>
<td>22</td>
</tr>
</tbody>
</table>

| ADMINISTRATIVE EXPENSES  | $83 | $69 | $14 | $71 | $61 | $10 | $10 | $7 | $3 | $2 | $1 | $1 |
| Professional fees | 11 8 3 | 9 6 3 | 2 2 **| ** | ** | ** |
| Contract administrator fees | 13 11 2 | 11 10 2 | 2 2 1 | 1 | ** | ** | ** | ** |
| Investment advisory and management fees | 1 ** | 1 ** | 1 ** | ** | ** | ** |
| Other | 58 50 8 | 50 45 5 | 6 4 2 | 2 1 | 1 | 1 |

Note: The panel for Plans with 100 or More Participants and No Trusts was not reported as these plans are not required to file a Schedule H; thus, these plans have no financial information to report.

1 Plans classified as fully-insured do not report benefit payments made directly to participants. According to the plan funding classification algorithm outlined in Appendix A1, plans reporting information on health insurance policies or contracts that also report benefit payments made directly to participants are deemed mixed-insured.

2 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.

3 Includes multiprunder plans and multiple employer collectively bargained plans.

4 Amounts shown include both benefits paid directly from trust funds and premium payments made by plans to insurance carriers. Amounts exclude benefits paid directly by insurance carriers. Plans classified as fully-insured do not report benefit payments made directly to participants. Reported benefit payments for these plans are paid to insurance companies for the provision of benefits. According to the plan funding classification algorithm outlined in Appendix A1, plans reporting information on health insurance policies or contracts that also report benefit payments made directly to participants are deemed mixed-insured.

5 For Schedule I and Form 5500-SF filers, Other Benefit Payments is equal to Benefits Paid reported on Schedule I.

6 For Schedule I and Form 5500-SF filers, Administrative Expenses is equal to Administrative Service Providers (salaries, fees, commissions). All of these expenses are classified as Other Administrative Expenses.

7 Includes only plans with fewer than 100 participants as of the end of the plan year.

**/ Less than $500,000.

- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
### Table A6. Balance Sheet of Group Health Plans with 100 or More Participants & Trusts

**by type of insurance and type of plan, 2015**

(numbers in millions)

<table>
<thead>
<tr>
<th>Assets 1</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer 2</td>
<td>Multi-employer 3</td>
<td>Total</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$218,565</td>
<td>$148,988</td>
<td>$69,577</td>
<td>$132,418</td>
</tr>
<tr>
<td>Cash</td>
<td>19,399</td>
<td>11,578</td>
<td>7,821</td>
<td>10,904</td>
</tr>
<tr>
<td>Receivables</td>
<td>12,305</td>
<td>6,148</td>
<td>6,156</td>
<td>6,771</td>
</tr>
<tr>
<td>U.S. Government securities</td>
<td>21,952</td>
<td>12,202</td>
<td>9,750</td>
<td>14,672</td>
</tr>
<tr>
<td>Debt instruments</td>
<td>21,915</td>
<td>12,304</td>
<td>9,611</td>
<td>14,668</td>
</tr>
<tr>
<td>Stock</td>
<td>39,751</td>
<td>34,631</td>
<td>5,120</td>
<td>31,613</td>
</tr>
<tr>
<td>Partnership/joint venture interests</td>
<td>16,905</td>
<td>14,648</td>
<td>2,257</td>
<td>12,293</td>
</tr>
<tr>
<td>Real estate</td>
<td>471</td>
<td>264</td>
<td>207</td>
<td>257</td>
</tr>
<tr>
<td>Loans</td>
<td>660</td>
<td>43</td>
<td>617</td>
<td>59</td>
</tr>
<tr>
<td>Assets in direct filing entities</td>
<td>38,928</td>
<td>29,068</td>
<td>9,861</td>
<td>20,079</td>
</tr>
<tr>
<td>Assets in registered investment companies</td>
<td>32,531</td>
<td>17,751</td>
<td>14,780</td>
<td>14,992</td>
</tr>
<tr>
<td>Assets in insurance co. general accounts</td>
<td>4,089</td>
<td>3,610</td>
<td>479</td>
<td>2,104</td>
</tr>
<tr>
<td>Other</td>
<td>9,659</td>
<td>6,741</td>
<td>2,918</td>
<td>5,467</td>
</tr>
</tbody>
</table>

### Percentage Distribution of Assets 1

<table>
<thead>
<tr>
<th></th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer 2</td>
<td>Multi-employer 3</td>
<td>Total</td>
</tr>
<tr>
<td>Cash</td>
<td>9%</td>
<td>8%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Receivables</td>
<td>6%</td>
<td>4%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>U.S. Government securities</td>
<td>10%</td>
<td>9%</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>Debt instruments</td>
<td>10%</td>
<td>8%</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>Stock</td>
<td>18%</td>
<td>23%</td>
<td>7%</td>
<td>24%</td>
</tr>
<tr>
<td>Partnership/joint venture interests</td>
<td>8%</td>
<td>10%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Real estate</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Loans</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Assets in direct filing entities</td>
<td>18%</td>
<td>20%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Assets in registered investment companies</td>
<td>15%</td>
<td>12%</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>Assets in insurance co. general accounts</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Note: Assets are tabulated as of the end of the plan year.

1 Asset categories in this table represent consolidated categories from the Schedule H. Cash consists of interest- and noninterest-bearing cash. Receivables consists of employer and participant contributions and other receivables. Debt instruments consists of preferred and other debt instruments. Stock consists of common and preferred stock. Loans consists of participant loans and loans (other than to participants). Assets in direct filing entities consists of assets in master trusts, common trusts, pooled separate accounts, and 103-12 investment entities. Other consists of employer securities (Line 1d(1)), employer real property (Line 1d(2)), buildings and other property used in plan operation (Line 1e), and other (Line 1c(15)) of the Schedule H.

2 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.

3 Includes multiemployer plans and multiple employer collectively bargained plans.

**/ Less than $500,000.

- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
## Table A7. Number of Group Health Plans
by type of insurance, type of plan, and method of funding, 2015

| All Plans | Method of Funding | Total | Single Employer | Multi-employer | Total | Single Employer | Multi-employer | Total | Single Employer | Multi-employer | Total | Single Employer | Multi-employer | Total | Single Employer | Multi-employer | Total | Single Employer | Multi-employer |
|-----------|-------------------|-------|----------------|----------------|-------|----------------|----------------|-------|----------------|----------------|-------|----------------|----------------|-------|----------------|----------------|-------|----------------|----------------|-------|----------------|----------------|
|           | Funding Arrangement |       |                |                |       |                |                |       |                |                |       |                |                |       |                |                |       |                |                |
| Total     |                   | 54,488| 52,708         | 1,780          | 22,860| 21,781         | 1,079          | 3,905| 3,381          | 524                  | 27,723| 27,546         | 177                  |
| Insurance |                   | 18,041| 17,958         | 83             | 874   | 865            | 9              | 52   | 48             | 4                  | 17,115| 17,045         | 70                  |
| Trust     |                   | 2,263 | 2,120          | 1,059          | 1,697 | 1,036          | 661            | 456  | 117            | 11                  | 110   | 51            | 59                  |
| Trust and Insurance |       | 2,111| 1,540          | 571            | 1,499 | 1,129          | 370            | 494  | 322            | 172                | 118   | 89            | 29                  |
| General Assets of the Sponsor |       | 6,679| 6,663          | 16             | 5,091 | 5,081          | 10             | 165  | 163            | 2                  | 1,423| 1,419         | 4                   |
| General Assets of the Sponsor and Insurance |       | 23,430| 23,391         | 39             | 11,948| 11,929         | 19             | 2,545| 2,539          | 6                  | 8,937| 8,923         | 14                  |
| Trust and General Assets of the Sponsor |       | 156  | 151            | 5              | 131   | 126            | 5              | 22   | 22             | -                  | 3    | 3            | -                   |
| Trust, General Assets of the Sponsor, and Insurance |       | 449  | 442            | 7              | 267   | 262            | 5              | 171  | 170            | 1                  | 11   | 10           | 1                   |
| Not Reported |       | 1,359| 1,359          |                | 1,353 | 1,353          |                | -    | -              | -                  | 6    | 6            | -                   |
| Benefit Arrangement |       |       |                |                |       |                |                |       |                |                |       |                |                |
| Total     |                   | 54,488| 52,708         | 1,780          | 22,860| 21,781         | 1,079          | 3,905| 3,381          | 524                  | 27,723| 27,546         | 177                  |
| Insurance |                   | 19,416| 19,290         | 126            | 1,084 | 1,069          | 15             | 185  | 168            | 17                  | 18,147| 18,053         | 94                  |
| Trust     |                   | 1,061 | 838            | 223            | 1,046 | 831            | 215            | 13   | 5              | 8                  | 2    | 2            | -                   |
| Trust and Insurance |       | 3,185| 1,819          | 1,366          | 2,117 | 1,306          | 811            | 897  | 408            | 489                | 171   | 105           | 66                  |
| General Assets of the Sponsor |       | 4,733| 4,725          | 8              | 4,655 | 4,648          | 7              | 8    | 8              | -                  | 70    | 69            | 1                   |
| General Assets of the Sponsor and Insurance |       | 24,144| 24,101         | 43             | 12,215| 12,193         | 22             | 2,610| 2,604          | 6                  | 9,319| 9,304         | 15                  |
| Trust and General Assets of the Sponsor |       | 102  | 99             | 3              | 102   | 99             | 3              | -    | -              | -                  | -    | -            | -                   |
| Trust, General Assets of the Sponsor, and Insurance |       | 488  | 477            | 11             | 288   | 282            | 6              | 192  | 188            | 4                  | 8    | 7            | 1                   |
| Not Reported |       | 1,359| 1,359          |                | 1,353 | 1,353          |                | -    | -              | -                  | 6    | 6            | -                   |

(continued...)
### Table A7. Number of Group Health Plans
*by type of insurance, type of plan, and method of funding, 2015*

#### Plans with 100 or More Participants & Trusts

<table>
<thead>
<tr>
<th>Method of Funding</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>Funding Arrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3,887</td>
<td>2,358</td>
<td>1,529</td>
<td>2,596</td>
</tr>
<tr>
<td>Insurance</td>
<td>92</td>
<td>78</td>
<td>14</td>
<td>37</td>
</tr>
<tr>
<td>Trust</td>
<td>1,499</td>
<td>540</td>
<td>959</td>
<td>994</td>
</tr>
<tr>
<td>Trust and Insurance</td>
<td>1,584</td>
<td>1,043</td>
<td>541</td>
<td>1,074</td>
</tr>
<tr>
<td>General Assets of the Sponsor</td>
<td>24</td>
<td>23</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>General Assets of the Sponsor and Insurance</td>
<td>142</td>
<td>136</td>
<td>6</td>
<td>111</td>
</tr>
<tr>
<td>Trust and General Assets of the Sponsor</td>
<td>121</td>
<td>116</td>
<td>5</td>
<td>99</td>
</tr>
<tr>
<td>Trust, General Assets of the Sponsor, and Insurance</td>
<td>405</td>
<td>402</td>
<td>3</td>
<td>241</td>
</tr>
<tr>
<td>Not Reported 3</td>
<td>20</td>
<td>20</td>
<td>-</td>
<td>20</td>
</tr>
<tr>
<td>Benefit Arrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3,887</td>
<td>2,358</td>
<td>1,529</td>
<td>2,596</td>
</tr>
<tr>
<td>Insurance</td>
<td>204</td>
<td>161</td>
<td>43</td>
<td>68</td>
</tr>
<tr>
<td>Trust</td>
<td>440</td>
<td>254</td>
<td>186</td>
<td>430</td>
</tr>
<tr>
<td>Trust and Insurance</td>
<td>2,546</td>
<td>1,262</td>
<td>1,284</td>
<td>1,620</td>
</tr>
<tr>
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<td>3</td>
<td>3</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>General Assets of the Sponsor and Insurance</td>
<td>158</td>
<td>152</td>
<td>6</td>
<td>126</td>
</tr>
<tr>
<td>Trust and General Assets of the Sponsor</td>
<td>71</td>
<td>68</td>
<td>3</td>
<td>71</td>
</tr>
<tr>
<td>Trust, General Assets of the Sponsor, and Insurance</td>
<td>445</td>
<td>438</td>
<td>7</td>
<td>259</td>
</tr>
<tr>
<td>Not Reported 3</td>
<td>20</td>
<td>20</td>
<td>-</td>
<td>20</td>
</tr>
</tbody>
</table>

(continued...)

---

16
### Table A7. Number of Group Health Plans
*by type of insurance, type of plan, and method of funding, 2015*

#### Plans with 100 or More Participants & No Trusts

<table>
<thead>
<tr>
<th>Method of Funding</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Employer 1</td>
<td>Employer 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding Arrangement</td>
<td>47,480</td>
<td>47,381</td>
<td>99</td>
<td>17,407</td>
</tr>
<tr>
<td>Insurance</td>
<td>17,803</td>
<td>17,749</td>
<td>54</td>
<td>777</td>
</tr>
<tr>
<td>Trust</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Trust and Insurance</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>General Assets of the Sponsor</td>
<td>6,637</td>
<td>6,625</td>
<td>12</td>
<td>5,059</td>
</tr>
<tr>
<td>General Assets of the Sponsor and Insurance</td>
<td>23,034</td>
<td>23,001</td>
<td>33</td>
<td>11,596</td>
</tr>
<tr>
<td>Trust and General Assets of the Sponsor</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Trust, General Assets of the Sponsor and Insurance</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Not Reported 3</td>
<td>6</td>
<td>6</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit Arrangement</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Employer 1</td>
<td>Employer 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>47,480</td>
<td>47,381</td>
<td>99</td>
<td>17,407</td>
</tr>
<tr>
<td>Insurance</td>
<td>19,024</td>
<td>18,968</td>
<td>56</td>
<td>941</td>
</tr>
<tr>
<td>Trust</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Trust and Insurance</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>General Assets of the Sponsor</td>
<td>4,725</td>
<td>4,717</td>
<td>8</td>
<td>4,648</td>
</tr>
<tr>
<td>General Assets of the Sponsor and Insurance</td>
<td>23,725</td>
<td>23,690</td>
<td>35</td>
<td>11,843</td>
</tr>
<tr>
<td>Trust and General Assets of the Sponsor</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Trust, General Assets of the Sponsor and Insurance</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Not Reported 3</td>
<td>6</td>
<td>6</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

(continued...)

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### Table A7. Number of Group Health Plans

_by type of insurance, type of plan, and method of funding, 2015_

<table>
<thead>
<tr>
<th>Plans with Fewer Than 100 Participants &amp; Trusts (^4)</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Arrangement</td>
<td>Total</td>
<td>Single Employer (^1)</td>
<td>Multi-employer (^2)</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>3,121</td>
<td>2,969</td>
<td>152</td>
<td>2,832</td>
</tr>
<tr>
<td>Insurance</td>
<td>146</td>
<td>131</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>Trust</td>
<td>764</td>
<td>664</td>
<td>100</td>
<td>703</td>
</tr>
<tr>
<td>Trust and Insurance</td>
<td>527</td>
<td>497</td>
<td>30</td>
<td>425</td>
</tr>
<tr>
<td>General Assets of the Sponsor</td>
<td>18</td>
<td>15</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>General Assets of the Sponsor and Insurance</td>
<td>254</td>
<td>254</td>
<td>-</td>
<td>241</td>
</tr>
<tr>
<td>Trust, General Assets of the Sponsor, and Insurance</td>
<td>35</td>
<td>35</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>Not Reported (^3)</td>
<td>1,333</td>
<td>1,333</td>
<td>-</td>
<td>1,333</td>
</tr>
</tbody>
</table>

| Benefit Arrangement                                   | Total     | Single Employer \(^1\) | Multi-employer \(^2\) | Total     | Single Employer \(^1\) | Multi-employer \(^2\) | Total     | Single Employer \(^1\) | Multi-employer \(^2\) | Total     |
|                                                      | 3,121     | 2,969       | 152           | 2,832      | 2,745       | 87         | 130       | 99         | 31         | 159       | 125       | 34         |
| Insurance                                            | 188       | 161         | 27            | 75         | 69         | 6          | 35        | 29         | 6          | 78        | 63        | 15         |
| Trust                                                | 621       | 584         | 37            | 616        | 579        | 37         | 3         | 3          | -          | 2         | 2         | -          |
| Trust and Insurance                                  | 639       | 557         | 82            | 497        | 457        | 40         | 70        | 46         | 24         | 72        | 54        | 18         |
| General Assets of the Sponsor                        | 5         | 5           | -             | 5          | 5          | -          | -         | -          | -          | -         | -         | -          |
| General Assets of the Sponsor and Insurance           | 261       | 259         | 2             | 246        | 244        | 2          | 12        | 12         | -          | 3         | 3         | -          |
| Trust, General Assets of the Sponsor, and Insurance   | 31        | 31          | -             | 31         | 31         | -          | -         | -          | -          | -         | -         | -          |
| Not Reported \(^3\)                                   | 1,333     | 1,333       | -             | 1,333      | 1,333      | -          | -         | -          | -          | -         | -         | -          |

Note: Values in this table are representative of the indication of funding arrangement (Form 5500 line item 9(a)) and benefit arrangement (Form 5500 line item 9(b)) as originally reported by the plans. Plans were categorized into the three subpanels of (1) Plans with 100 or More Participants & Trusts, (2) Plans with 100 or More Participants & No Trusts, and (3) Plans with Fewer Than 100 Participants & Trusts based on the response to either the funding arrangement indicator, benefit arrangement indicator, or the inclusion of a financial schedule. Thus, this table shows a positive number of plans on the “Insurance” rows in the panels for plans with trusts.

1. Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.
2. Includes multiemployer plans and multiple employer collectively bargained plans.
3. The Form 5500-SF does not require plans to report on the funding nor benefit arrangements.
4. Includes only plans with fewer than 100 participants as of the end of the plan year.

- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
Table A8. Number of Group Health Plans and Total Participants by collective bargaining status, type of insurance, and type of plan, 2015

<table>
<thead>
<tr>
<th>Collective Bargaining Status / Plan Entity</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Plans</td>
<td>Total Participants End of Year (thousands)</td>
<td>Number of Plans</td>
<td>Total Participants End of Year (thousands)</td>
</tr>
<tr>
<td>Total</td>
<td>54,488</td>
<td>72,635</td>
<td>22,860</td>
<td>34,012</td>
</tr>
<tr>
<td>Single Employer 1</td>
<td>52,708</td>
<td>66,678</td>
<td>21,781</td>
<td>30,365</td>
</tr>
<tr>
<td>Multiemployer 1</td>
<td>1,780</td>
<td>5,957</td>
<td>1,079</td>
<td>3,647</td>
</tr>
<tr>
<td>Noncollectively bargained plans Total</td>
<td>51,005</td>
<td>58,590</td>
<td>20,916</td>
<td>27,545</td>
</tr>
<tr>
<td>Single Employer 1</td>
<td>51,005</td>
<td>58,590</td>
<td>20,916</td>
<td>27,545</td>
</tr>
<tr>
<td>Multiemployer 2</td>
<td>1,780</td>
<td>5,957</td>
<td>1,079</td>
<td>3,647</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collective Bargaining Status / Plan Entity</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Plans</td>
<td>Total Participants End of Year (thousands)</td>
<td>Number of Plans</td>
<td>Total Participants End of Year (thousands)</td>
</tr>
<tr>
<td>Total</td>
<td>3,887</td>
<td>23,261</td>
<td>2,596</td>
<td>12,513</td>
</tr>
<tr>
<td>Single Employer 1</td>
<td>2,358</td>
<td>17,511</td>
<td>1,629</td>
<td>8,888</td>
</tr>
<tr>
<td>Multiemployer 2</td>
<td>1,529</td>
<td>5,750</td>
<td>967</td>
<td>3,625</td>
</tr>
<tr>
<td>Noncollectively bargained plans Total</td>
<td>2,032</td>
<td>14,472</td>
<td>1,443</td>
<td>8,031</td>
</tr>
<tr>
<td>Single Employer 1</td>
<td>2,032</td>
<td>14,472</td>
<td>1,443</td>
<td>8,031</td>
</tr>
<tr>
<td>Multiemployer 2</td>
<td>1,529</td>
<td>5,750</td>
<td>967</td>
<td>3,625</td>
</tr>
</tbody>
</table>

(continued...)
### Table A8. Number of Group Health Plans and Total Participants

*by collective bargaining status, type of insurance, and type of plan, 2015*

#### Plans with 100 or More Participants & No Trusts

<table>
<thead>
<tr>
<th>Collective Bargaining Status / Plan Entity</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Plans</td>
<td>Total Participants End of Year (thousands)</td>
<td>Number of Plans</td>
<td>Total Participants End of Year (thousands)</td>
</tr>
<tr>
<td>Total</td>
<td>47,480</td>
<td>49,297</td>
<td>17,432</td>
<td>21,433</td>
</tr>
<tr>
<td>Single Employer</td>
<td>47,381</td>
<td>49,095</td>
<td>17,407</td>
<td>21,414</td>
</tr>
<tr>
<td>Multiemployer</td>
<td>99</td>
<td>201</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Noncollectively bargained plans</td>
<td>46,074</td>
<td>44,050</td>
<td>16,781</td>
<td>19,453</td>
</tr>
<tr>
<td>Single Employer</td>
<td>46,074</td>
<td>44,050</td>
<td>16,781</td>
<td>19,453</td>
</tr>
<tr>
<td>Multiemployer</td>
<td>99</td>
<td>201</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Collective bargaining plans</td>
<td>1,406</td>
<td>5,247</td>
<td>651</td>
<td>1,981</td>
</tr>
<tr>
<td>Single Employer</td>
<td>1,307</td>
<td>5,046</td>
<td>626</td>
<td>1,962</td>
</tr>
<tr>
<td>Multiemployer</td>
<td>99</td>
<td>201</td>
<td>25</td>
<td>19</td>
</tr>
</tbody>
</table>

#### Plans with Fewer Than 100 Participants & Trusts 4

<table>
<thead>
<tr>
<th>Collective Bargaining Status / Plan Entity</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Plans</td>
<td>Total Participants End of Year (thousands)</td>
<td>Number of Plans</td>
<td>Total Participants End of Year (thousands)</td>
</tr>
<tr>
<td>Total</td>
<td>3,121</td>
<td>77</td>
<td>2,832</td>
<td>65</td>
</tr>
<tr>
<td>Single Employer</td>
<td>2,969</td>
<td>71</td>
<td>2,745</td>
<td>63</td>
</tr>
<tr>
<td>Multiemployer</td>
<td>152</td>
<td>6</td>
<td>87</td>
<td>3</td>
</tr>
<tr>
<td>Noncollectively bargained plans</td>
<td>2,899</td>
<td>69</td>
<td>2,692</td>
<td>61</td>
</tr>
<tr>
<td>Single Employer</td>
<td>2,899</td>
<td>69</td>
<td>2,692</td>
<td>61</td>
</tr>
<tr>
<td>Collective bargaining plans</td>
<td>222</td>
<td>8</td>
<td>140</td>
<td>4</td>
</tr>
<tr>
<td>Single Employer</td>
<td>222</td>
<td>8</td>
<td>140</td>
<td>4</td>
</tr>
<tr>
<td>Multiemployer</td>
<td>152</td>
<td>6</td>
<td>87</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: Participants are tabulated as of the end of the plan year.

1. Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.
2. Includes multiemployer plans and multiple employer collectively bargained plans.
3. Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.
4. Includes only plans with fewer than 100 participants as of the end of the plan year.

*SOURCE: 2015 Form 5500 filings.*
Table A9. Distribution of Group Health Plans
by type of insurance, type of plan, and number of participants, 2015

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Year 1</td>
<td>Total</td>
<td>Single</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>54,488</td>
<td>52,708</td>
<td>1,780</td>
<td>22,860</td>
</tr>
<tr>
<td>None or not reported</td>
<td>2,013</td>
<td>1,967</td>
<td>46</td>
<td>1,193</td>
</tr>
<tr>
<td>1-49</td>
<td>2,054</td>
<td>1,999</td>
<td>55</td>
<td>1,827</td>
</tr>
<tr>
<td>50-99</td>
<td>1,513</td>
<td>1,452</td>
<td>61</td>
<td>737</td>
</tr>
<tr>
<td>100-249</td>
<td>22,446</td>
<td>22,245</td>
<td>201</td>
<td>6,524</td>
</tr>
<tr>
<td>250-499</td>
<td>11,528</td>
<td>11,233</td>
<td>295</td>
<td>4,563</td>
</tr>
<tr>
<td>500-999</td>
<td>6,391</td>
<td>6,067</td>
<td>324</td>
<td>3,294</td>
</tr>
<tr>
<td>1,000-4,999</td>
<td>6,400</td>
<td>5,822</td>
<td>578</td>
<td>3,687</td>
</tr>
<tr>
<td>5,000 or more</td>
<td>2,143</td>
<td>1,923</td>
<td>220</td>
<td>1,035</td>
</tr>
</tbody>
</table>

Per Plan Statistics

| Mean number of participants | 1,333 | 1,265 | 3,347 | 1,488 | 1,394 | 3,380 | 6,738 | 7,181 | 3,881 | 444 | 437 | 1,563 |

| Median number of participants | 241 | 235 | 833 | 292 | 280 | 947 | 1,409 | 1,520 | 927 | 198 | 198 | 261 |

Plans with Trusts

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Year 1</td>
<td>Total</td>
<td>Single</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>7,008</td>
<td>5,327</td>
<td>1,681</td>
<td>5,428</td>
</tr>
<tr>
<td>None or not reported</td>
<td>571</td>
<td>533</td>
<td>38</td>
<td>547</td>
</tr>
<tr>
<td>1-49</td>
<td>1,948</td>
<td>1,893</td>
<td>55</td>
<td>1,791</td>
</tr>
<tr>
<td>50-99</td>
<td>602</td>
<td>543</td>
<td>59</td>
<td>494</td>
</tr>
<tr>
<td>100-249</td>
<td>813</td>
<td>643</td>
<td>170</td>
<td>601</td>
</tr>
<tr>
<td>250-499</td>
<td>705</td>
<td>434</td>
<td>271</td>
<td>484</td>
</tr>
<tr>
<td>500-999</td>
<td>671</td>
<td>363</td>
<td>308</td>
<td>456</td>
</tr>
<tr>
<td>1,000-4,999</td>
<td>1,122</td>
<td>554</td>
<td>568</td>
<td>756</td>
</tr>
<tr>
<td>5,000 or more</td>
<td>576</td>
<td>364</td>
<td>212</td>
<td>299</td>
</tr>
</tbody>
</table>

Per Plan Statistics

| Mean number of participants | 3,330 | 3,301 | 3,424 | 2,317 | 2,046 | 3,442 | 8,485 | 11,875 | 3,882 | 1,008 | 1,002 | 1,020 |

| Median number of participants | 157 | 69 | 870 | 84 | 44 | 970 | 922 | 920 | 928 | 128 | 99 | 240 |

(continued...)

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### Table A9. Distribution of Group Health Plans
by type of insurance, type of plan, and number of participants, 2015

<table>
<thead>
<tr>
<th>Number of Participants End of Year</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>47,480</td>
<td>47,381</td>
<td>99</td>
<td>17,432</td>
</tr>
<tr>
<td>None or not reported</td>
<td>1,442</td>
<td>1,434</td>
<td>8</td>
<td>646</td>
</tr>
<tr>
<td>1-49</td>
<td>106</td>
<td>106</td>
<td>-</td>
<td>36</td>
</tr>
<tr>
<td>50-99</td>
<td>911</td>
<td>909</td>
<td>2</td>
<td>243</td>
</tr>
<tr>
<td>100-249</td>
<td>21,633</td>
<td>21,602</td>
<td>31</td>
<td>5,923</td>
</tr>
<tr>
<td>250-499</td>
<td>10,823</td>
<td>10,799</td>
<td>24</td>
<td>4,079</td>
</tr>
<tr>
<td>500-999</td>
<td>5,720</td>
<td>5,704</td>
<td>16</td>
<td>2,838</td>
</tr>
<tr>
<td>1,000-4,999</td>
<td>5,278</td>
<td>5,268</td>
<td>10</td>
<td>2,931</td>
</tr>
<tr>
<td>5,000 or more</td>
<td>1,567</td>
<td>1,559</td>
<td>8</td>
<td>736</td>
</tr>
</tbody>
</table>

**Per Plan Statistics**

- Mean number of participants
  - Single Employer: 1,036
  - Multi-employer: 2,032
  - Total: 1,230
- Median number of participants
  - Single Employer: 337
  - Multi-employer: 337
  - Total: 384

**Note:** Participants are tabulated as of the end of the plan year.

1 Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.
2 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.
3 Includes multiemployer plans and multiple employer collectively bargained plans.

- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
### Table A10. Distribution of Group Health Plans by type of insurance, type of plan, and industry, 2015

**All Plans**

<table>
<thead>
<tr>
<th>Industry</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employer 1</td>
<td>Employer 2</td>
<td></td>
</tr>
<tr>
<td>Agriculture</td>
<td>535</td>
<td>528</td>
<td>7</td>
<td>321</td>
</tr>
<tr>
<td>Mining</td>
<td>744</td>
<td>742</td>
<td>2</td>
<td>413</td>
</tr>
<tr>
<td>Construction</td>
<td>3,164</td>
<td>2,572</td>
<td>592</td>
<td>1,660</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>11,919</td>
<td>11,794</td>
<td>125</td>
<td>5,475</td>
</tr>
<tr>
<td>Transportation</td>
<td>1,845</td>
<td>1,707</td>
<td>138</td>
<td>872</td>
</tr>
<tr>
<td>Communications and information</td>
<td>1,627</td>
<td>1,607</td>
<td>20</td>
<td>612</td>
</tr>
<tr>
<td>Utilities</td>
<td>615</td>
<td>608</td>
<td>7</td>
<td>373</td>
</tr>
<tr>
<td>Wholesale trade</td>
<td>2,918</td>
<td>2,893</td>
<td>25</td>
<td>1,235</td>
</tr>
<tr>
<td>Retail trade</td>
<td>3,434</td>
<td>3,353</td>
<td>81</td>
<td>1,378</td>
</tr>
<tr>
<td>Finance, insurance &amp; real estate</td>
<td>5,791</td>
<td>5,285</td>
<td>506</td>
<td>2,384</td>
</tr>
<tr>
<td>Services</td>
<td>20,629</td>
<td>20,461</td>
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<tr>
<td>Misc. organizations</td>
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<td>109</td>
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<td>Industry not reported</td>
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<td>2</td>
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<tr>
<td><strong>Total</strong></td>
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<td>22,860</td>
</tr>
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</table>

**Plans with 100 or More Participants & Trusts**

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<th>Industry</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employer 1</td>
<td>Employer 2</td>
<td></td>
</tr>
<tr>
<td>Agriculture</td>
<td>28</td>
<td>24</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>Mining</td>
<td>28</td>
<td>27</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Construction</td>
<td>695</td>
<td>138</td>
<td>557</td>
<td>452</td>
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<tr>
<td>Manufacturing</td>
<td>570</td>
<td>483</td>
<td>87</td>
<td>390</td>
</tr>
<tr>
<td>Transportation</td>
<td>179</td>
<td>59</td>
<td>120</td>
<td>113</td>
</tr>
<tr>
<td>Communications and information</td>
<td>84</td>
<td>67</td>
<td>17</td>
<td>49</td>
</tr>
<tr>
<td>Utilities</td>
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<td>89</td>
</tr>
<tr>
<td>Wholesale trade</td>
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<td>94</td>
<td>23</td>
<td>87</td>
</tr>
<tr>
<td>Retail trade</td>
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<td>119</td>
<td>68</td>
<td>140</td>
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<tr>
<td>Finance, insurance &amp; real estate</td>
<td>830</td>
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<td>448</td>
<td>548</td>
</tr>
<tr>
<td>Services</td>
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<td>697</td>
<td>118</td>
<td>540</td>
</tr>
<tr>
<td>Misc. organizations</td>
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<td>116</td>
<td>86</td>
<td>138</td>
</tr>
<tr>
<td>Industry not reported</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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</table>

(continued...)

23
### Table A10. Distribution of Group Health Plans by type of insurance, type of plan, and industry, 2015

#### Plans with 100 or More Participants & No Trusts

<table>
<thead>
<tr>
<th>Industry</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
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<td>47,381</td>
<td>99</td>
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<td>443</td>
<td>440</td>
<td>3</td>
<td>321</td>
</tr>
<tr>
<td>Mining</td>
<td>674</td>
<td>674</td>
<td>-</td>
<td>354</td>
</tr>
<tr>
<td>Construction</td>
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<td>1,892</td>
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</tr>
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<td>Manufacturing</td>
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<td>10,790</td>
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<td>Communications and information</td>
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<tr>
<td>Utilities</td>
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<tr>
<td>Wholesale trade</td>
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<td>2,689</td>
<td>2</td>
<td>1,042</td>
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<tr>
<td>Retail trade</td>
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<td>3,063</td>
<td>10</td>
<td>1,077</td>
</tr>
<tr>
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<td>4,590</td>
<td>14</td>
<td>1,549</td>
</tr>
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<td>Services</td>
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<td>18,907</td>
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<td>6,292</td>
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<tr>
<td>Misc. organizations</td>
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</tr>
<tr>
<td>Industry not reported</td>
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<td>1</td>
<td>-</td>
<td>1</td>
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</table>

#### Plans with Fewer Than 100 Participants & Trusts

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<th>Industry</th>
<th>All Plans</th>
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<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
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<td>2,969</td>
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<td>64</td>
<td>-</td>
<td>63</td>
</tr>
<tr>
<td>Mining</td>
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<td>41</td>
<td>1</td>
<td>36</td>
</tr>
<tr>
<td>Construction</td>
<td>575</td>
<td>542</td>
<td>33</td>
<td>513</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>541</td>
<td>521</td>
<td>20</td>
<td>505</td>
</tr>
<tr>
<td>Transportation</td>
<td>94</td>
<td>78</td>
<td>16</td>
<td>79</td>
</tr>
<tr>
<td>Communications and information</td>
<td>113</td>
<td>111</td>
<td>2</td>
<td>107</td>
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<tr>
<td>Utilities</td>
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<td>93</td>
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<td>82</td>
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<td>Wholesale trade</td>
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<td>110</td>
<td>-</td>
<td>106</td>
</tr>
<tr>
<td>Retail trade</td>
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<td>3</td>
<td>161</td>
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<td>Finance, insurance &amp; real estate</td>
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<td>313</td>
<td>44</td>
<td>287</td>
</tr>
<tr>
<td>Services</td>
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<td>857</td>
<td>15</td>
<td>825</td>
</tr>
<tr>
<td>Misc. organizations</td>
<td>84</td>
<td>67</td>
<td>17</td>
<td>67</td>
</tr>
<tr>
<td>Industry not reported</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.
2. Includes multiemployer plans and multiple employer collectively bargained plans.
3. Religious, grantmaking, civic, professional, labor, and similar organizations. Does not include church plans which are not required to file.
4. Includes only plans with fewer than 100 participants as of the end of the plan year.
- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
Table A11. Distribution of Group Health Plan Participants by type of insurance, type of plan, and number of participants, 2015
(numbers in thousands)

<table>
<thead>
<tr>
<th>All Plans</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants End of Year 1</td>
<td>Total</td>
<td>Single Employer 2</td>
<td>Multi-employer 3</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>72,635</td>
<td>66,678</td>
<td>5,957</td>
<td>34,012</td>
</tr>
<tr>
<td>1-49</td>
<td>36</td>
<td>34</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>50-99</td>
<td>123</td>
<td>119</td>
<td>4</td>
<td>57</td>
</tr>
<tr>
<td>100-249</td>
<td>3,664</td>
<td>3,629</td>
<td>35</td>
<td>1,089</td>
</tr>
<tr>
<td>250-499</td>
<td>4,023</td>
<td>3,916</td>
<td>108</td>
<td>1,619</td>
</tr>
<tr>
<td>500-999</td>
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<td>4,204</td>
<td>239</td>
<td>1,619</td>
</tr>
<tr>
<td>1,000-4,999</td>
<td>13,485</td>
<td>12,241</td>
<td>1,244</td>
<td>7,813</td>
</tr>
<tr>
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<td>46,860</td>
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<td>21,093</td>
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</tbody>
</table>

Note: Participants are tabulated as of the end of the plan year.

1 Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.
2 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.
3 Includes multiemployer plans and multiple employer collectively bargained plans.

Plans with Trusts

<table>
<thead>
<tr>
<th>Plans with Trusts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants End of Year 1</td>
<td>Total</td>
<td>Single Employer 2</td>
<td>Multi-employer 3</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>23,338</td>
<td>17,582</td>
<td>5,756</td>
<td>12,579</td>
</tr>
<tr>
<td>1-49</td>
<td>33</td>
<td>32</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>50-99</td>
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<td>36</td>
</tr>
<tr>
<td>100-249</td>
<td>133</td>
<td>103</td>
<td>30</td>
<td>98</td>
</tr>
<tr>
<td>250-499</td>
<td>256</td>
<td>157</td>
<td>99</td>
<td>174</td>
</tr>
<tr>
<td>500-999</td>
<td>487</td>
<td>260</td>
<td>226</td>
<td>330</td>
</tr>
<tr>
<td>1,000-4,999</td>
<td>2,512</td>
<td>1,284</td>
<td>1,228</td>
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Plans with No Trusts

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<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants End of Year 1</td>
<td>Total</td>
<td>Single Employer 2</td>
<td>Multi-employer 3</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
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<td>201</td>
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<td>1-49</td>
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<td>-</td>
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</tr>
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<td>79</td>
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<td>5</td>
<td>991</td>
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<tr>
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<td>10,861</td>
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</tbody>
</table>

Note: Participants are tabulated as of the end of the plan year.

1 Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.
2 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.
3 Includes multiemployer plans and multiple employer collectively bargained plans.
4 Fewer than 500 participants.

SOURCE: 2015 Form 5500 filings.
# Table A12. Distribution of Group Health Plan Participants

*by type of insurance, type of plan, and industry, 2015*

(numbers in thousands)

## All Plans

<table>
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<tr>
<th>Industry</th>
<th>Total 1</th>
<th>Single Employer 2</th>
<th>Multi-employer 3</th>
<th>Total 1</th>
<th>Single Employer 2</th>
<th>Multi-employer 3</th>
<th>Total 1</th>
<th>Single Employer 2</th>
<th>Multi-employer 3</th>
<th>Total 1</th>
<th>Single Employer 2</th>
<th>Multi-employer 3</th>
<th>Total 1</th>
<th>Single Employer 2</th>
<th>Multi-employer 3</th>
<th>Total 1</th>
<th>Single Employer 2</th>
<th>Multi-employer 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>72,635</td>
<td>66,678</td>
<td>5,957</td>
<td>34,012</td>
<td>30,365</td>
<td>3,647</td>
<td>26,311</td>
<td>24,278</td>
<td>2,033</td>
<td>12,312</td>
<td>12,035</td>
<td>277</td>
<td>12,312</td>
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<td>69</td>
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<td></td>
<td></td>
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<td>625</td>
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<td>358</td>
<td>340</td>
<td>17</td>
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</tr>
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<td>113</td>
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<td>2,266</td>
<td>113</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>1,462</td>
<td>1,041</td>
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<td>19</td>
<td>386</td>
<td>367</td>
<td>19</td>
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<td></td>
<td></td>
</tr>
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<td>1,154</td>
<td>91</td>
<td>1,999</td>
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<td>305</td>
<td>305</td>
<td>4</td>
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<td></td>
</tr>
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<td>-</td>
<td>323</td>
<td>323</td>
<td>-</td>
<td>82</td>
<td>74</td>
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<td></td>
</tr>
<tr>
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<td>51</td>
<td>678</td>
<td>663</td>
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<td>483</td>
<td>5</td>
<td>488</td>
<td>483</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail trade</td>
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<td>8,912</td>
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<td>2,924</td>
<td>2,599</td>
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<td>5,347</td>
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<td>174</td>
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<td>1,141</td>
<td>7</td>
<td>1,148</td>
<td>1,141</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance, insurance &amp; real estate</td>
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<td>6,761</td>
<td>1,333</td>
<td>3,757</td>
<td>2,930</td>
<td>827</td>
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<td>458</td>
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<td>1,417</td>
<td>1,369</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
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<td>706</td>
<td>9,111</td>
<td>8,612</td>
<td>499</td>
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<td>6,384</td>
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<td>5,304</td>
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<td>5,353</td>
<td>5,304</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misc. organizations</td>
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## Plans with 100 or More Participants & Trusts

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(continued...)

26
Table A12. Distribution of Group Health Plan Participants by type of insurance, type of plan, and industry, 2015
(numbers in thousands)

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Note: Participants are tabulated as of the end of the plan year.
1 Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.
2 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.
3 Includes multiemployer plans and multiple employer collectively bargained plans.
4 Religious, grantmaking, civic, professional, labor, and similar organizations. Does not include church plans which are not required to file.
5 Includes only plans with fewer than 100 participants as of the end of the plan year.
*/ Fewer than 500 participants.
- Missing or not applicable.
SOURCE: 2015 Form 5500 filings.
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<th>Mixed-Insured</th>
<th>Fully-Insured</th>
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<td>Total Participants End of Year (thousands) ²</td>
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(continued...)
### Table B1. Number of Group Health Plans and Total Participants by type of insurance and type of insurance contracts, 2015

#### Plans with 100 or More Participants & No Trusts

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<td>Number of Plans</td>
<td>Total Participants End of Year (thousands) 2</td>
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#### Plans with Fewer Than 100 Participants & Trusts 4

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<td>Number of Plans</td>
<td>Total Participants End of Year (thousands) 2</td>
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<td>2,832</td>
<td>65</td>
</tr>
<tr>
<td>No Insurance</td>
<td>2,054</td>
<td>42</td>
<td>2,054</td>
<td>42</td>
</tr>
<tr>
<td>Health Only</td>
<td>65</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Stop-Loss Only</td>
<td>378</td>
<td>7</td>
<td>378</td>
<td>7</td>
</tr>
<tr>
<td>Other 2</td>
<td>177</td>
<td>5</td>
<td>177</td>
<td>5</td>
</tr>
<tr>
<td>Health and Stop-Loss</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health and Other 3</td>
<td>220</td>
<td>9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Stop-Loss and Other 3</td>
<td>223</td>
<td>10</td>
<td>223</td>
<td>10</td>
</tr>
<tr>
<td>Health, Stop-Loss, and Other 3</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Participants are tabulated as of the end of the plan year.

1 Type of Insurance Contracts represents information reported on Schedule A. This information is reported as filed on Schedule A with the following exception. For fully-insured and mixed-insured plans that do not attach a Schedule A for health insurance contracts, Schedule A is assumed to indicate one health insurance contract. The result is that fully-insured and mixed-insured plans that would be listed under the categories of (a) No Insurance, (b) Stop-Loss, (c) Other, or (d) Stop-Loss and Other instead are listed under the categories of (e) Health, (f) Health and Stop-Loss, (g) Health and Other, and (h) Health, Stop-Loss, and Other.

2 Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.

3 Other insurance contracts include dental, vision, life, temporary disability, long-term disability, supplemental unemployment, and prescription drug.

4 Includes only plans with fewer than 100 participants as of the end of the plan year.

5 Fewer than 500 participants.

*Missing or not applicable.

Source: 2015 Form 5500 filings.
### Table B2. Distribution of Group Health Plans
*by type of insurance, type of plan, and number of health insurance contracts, 2015*

#### All Plans

<table>
<thead>
<tr>
<th>Number of Health Insurance Contracts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------</td>
<td>----------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Total</td>
<td>54,488</td>
<td>52,708</td>
<td>1,780</td>
<td>22,860</td>
</tr>
<tr>
<td>None or not reported</td>
<td>22,860</td>
<td>21,781</td>
<td>1,079</td>
<td>22,860</td>
</tr>
<tr>
<td>1</td>
<td>20,756</td>
<td>20,345</td>
<td>411</td>
<td>22,860</td>
</tr>
<tr>
<td>2</td>
<td>6,653</td>
<td>6,478</td>
<td>175</td>
<td>22,860</td>
</tr>
<tr>
<td>3-5</td>
<td>3,553</td>
<td>3,469</td>
<td>84</td>
<td>22,860</td>
</tr>
<tr>
<td>6-10</td>
<td>509</td>
<td>485</td>
<td>24</td>
<td>22,860</td>
</tr>
<tr>
<td>11-25</td>
<td>131</td>
<td>127</td>
<td>4</td>
<td>22,860</td>
</tr>
<tr>
<td>26 or more</td>
<td>26</td>
<td>23</td>
<td>3</td>
<td>22,860</td>
</tr>
</tbody>
</table>

#### Plans with 100 or More Participants & Trusts

<table>
<thead>
<tr>
<th>Number of Health Insurance Contracts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------</td>
<td>----------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Total</td>
<td>3,887</td>
<td>2,358</td>
<td>1,529</td>
<td>2,596</td>
</tr>
<tr>
<td>None or not reported</td>
<td>2,596</td>
<td>1,629</td>
<td>967</td>
<td>2,596</td>
</tr>
<tr>
<td>1</td>
<td>714</td>
<td>396</td>
<td>318</td>
<td>2,596</td>
</tr>
<tr>
<td>2</td>
<td>267</td>
<td>130</td>
<td>137</td>
<td>2,596</td>
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<tr>
<td>3-5</td>
<td>195</td>
<td>116</td>
<td>79</td>
<td>2,596</td>
</tr>
<tr>
<td>6-10</td>
<td>62</td>
<td>40</td>
<td>22</td>
<td>2,596</td>
</tr>
<tr>
<td>11-25</td>
<td>40</td>
<td>36</td>
<td>4</td>
<td>2,596</td>
</tr>
<tr>
<td>26 or more</td>
<td>13</td>
<td>11</td>
<td>2</td>
<td>2,596</td>
</tr>
</tbody>
</table>

(continued...)
### Table B2. Distribution of Group Health Plans by type of insurance, type of plan, and number of health insurance contracts, 2015

**Plans with 100 or More Participants & No Trusts**

<table>
<thead>
<tr>
<th>Number of Health Insurance Contracts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>47,480</td>
<td>47,381</td>
<td>99</td>
<td>17,432</td>
</tr>
<tr>
<td>None or not reported</td>
<td>17,432</td>
<td>17,407</td>
<td>25</td>
<td>17,432</td>
</tr>
<tr>
<td>1</td>
<td>19,809</td>
<td>19,763</td>
<td>46</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>6,341</td>
<td>6,321</td>
<td>20</td>
<td>-</td>
</tr>
<tr>
<td>3-5</td>
<td>3,349</td>
<td>3,344</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>6-10</td>
<td>445</td>
<td>443</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>11-25</td>
<td>91</td>
<td>91</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26 or more</td>
<td>13</td>
<td>12</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

**Plans with Fewer Than 100 Participants & Trusts**

<table>
<thead>
<tr>
<th>Number of Health Insurance Contracts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Single Employer</td>
<td>Multi-employer</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>3,121</td>
<td>2,969</td>
<td>152</td>
<td>2,832</td>
</tr>
<tr>
<td>None or not reported</td>
<td>2,832</td>
<td>2,745</td>
<td>87</td>
<td>2,832</td>
</tr>
<tr>
<td>1</td>
<td>233</td>
<td>186</td>
<td>47</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>45</td>
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<td>3-5</td>
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<td>-</td>
</tr>
<tr>
<td>6-10</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>11-25</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26 or more</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

1 Number of Health Insurance Contracts represents information reported on Schedule A. The instructions provide that a plan should file a Schedule A for each insurance contract held by the plan. A plan may have more than one insurance contract. This information is reported as filed on Schedule A with the following exceptions. For fully-insured and mixed-insured plans which do not attach a Schedule A for health insurance contracts, Schedule A is assumed to indicate one health insurance contract. The result is that for fully-insured and mixed-insured plans for which there is no Schedule A record of a health insurance contract, one is added to the contract count of the given plan.

2 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.

3 Includes multiemployer plans and multiple employer collectively bargained plans.

4 Includes only plans with fewer than 100 participants as of the end of the plan year.

- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
Table B3. Distribution of Group Health Plan Participants by type of insurance, type of plan, and number of health insurance contracts, 2015
(numbers in thousands)

### All Plans

<table>
<thead>
<tr>
<th>Number of Health Insurance Contracts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 2</td>
<td>Single Employer 3</td>
<td>Multi-employer 4</td>
<td>Total 2</td>
</tr>
<tr>
<td>Total</td>
<td>72,635</td>
<td>66,678</td>
<td>5,957</td>
<td>34,012</td>
</tr>
<tr>
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<td>34,012</td>
<td>30,365</td>
<td>3,647</td>
<td>34,012</td>
</tr>
<tr>
<td>1</td>
<td>12,838</td>
<td>12,031</td>
<td>806</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>6,281</td>
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<td>608</td>
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<td>3-5</td>
<td>7,689</td>
<td>7,108</td>
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</tr>
<tr>
<td>6-10</td>
<td>4,596</td>
<td>4,457</td>
<td>140</td>
<td>-</td>
</tr>
<tr>
<td>11-25</td>
<td>5,868</td>
<td>5,856</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>26 or more</td>
<td>1,350</td>
<td>1,188</td>
<td>162</td>
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</tr>
</tbody>
</table>

### Plans with 100 or More Participants & Trusts

<table>
<thead>
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<th>Number of Health Insurance Contracts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 2</td>
<td>Single Employer 3</td>
<td>Multi-employer 4</td>
<td>Total 2</td>
</tr>
<tr>
<td>Total</td>
<td>23,261</td>
<td>17,511</td>
<td>5,750</td>
<td>12,513</td>
</tr>
<tr>
<td>None or not reported</td>
<td>12,513</td>
<td>8,888</td>
<td>3,625</td>
<td>12,513</td>
</tr>
<tr>
<td>1</td>
<td>1,790</td>
<td>1,118</td>
<td>672</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>1,303</td>
<td>721</td>
<td>583</td>
<td>-</td>
</tr>
<tr>
<td>3-5</td>
<td>1,719</td>
<td>1,150</td>
<td>568</td>
<td>-</td>
</tr>
<tr>
<td>6-10</td>
<td>1,032</td>
<td>893</td>
<td>139</td>
<td>-</td>
</tr>
<tr>
<td>11-25</td>
<td>3,905</td>
<td>3,893</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>26 or more</td>
<td>1,000</td>
<td>849</td>
<td>150</td>
<td>-</td>
</tr>
</tbody>
</table>

(continued...)
## Table B3. Distribution of Group Health Plan Participants
by type of insurance, type of plan, and number of health insurance contracts, 2015
(numbers in thousands)

### Plans with 100 or More Participants & No Trusts

<table>
<thead>
<tr>
<th>Number of Health Insurance Contracts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 2</td>
<td>Single Employer 3</td>
<td>Multi-employer 4</td>
<td>Total 2</td>
</tr>
<tr>
<td>Total</td>
<td>49,297</td>
<td>21,433</td>
<td>19</td>
<td>21,414</td>
</tr>
<tr>
<td>None or not reported</td>
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<td>21,414</td>
<td>19</td>
<td>21,433</td>
</tr>
<tr>
<td>1</td>
<td>11,039</td>
<td>10,907</td>
<td>132</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>4,976</td>
<td>4,951</td>
<td>25</td>
<td>-</td>
</tr>
<tr>
<td>3-5</td>
<td>5,970</td>
<td>5,958</td>
<td>13</td>
<td>-</td>
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<tr>
<td>6-10</td>
<td>3,564</td>
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<td>-</td>
</tr>
<tr>
<td>11-25</td>
<td>1,963</td>
<td>1,963</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26 or more</td>
<td>351</td>
<td>339</td>
<td>12</td>
<td>-</td>
</tr>
</tbody>
</table>

### Plans with Fewer Than 100 Participants & Trusts

<table>
<thead>
<tr>
<th>Number of Health Insurance Contracts</th>
<th>All Plans</th>
<th>Self-Insured</th>
<th>Mixed-Insured</th>
<th>Fully-Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 2</td>
<td>Single Employer 3</td>
<td>Multi-employer 4</td>
<td>Total 2</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>71</td>
<td>6</td>
<td>65</td>
</tr>
<tr>
<td>None or not reported</td>
<td>65</td>
<td>63</td>
<td>3</td>
<td>65</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>-</td>
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<tr>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>3-5</td>
<td>*/</td>
<td>*/</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6-10</td>
<td>*/</td>
<td>*/</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>11-25</td>
<td>*/</td>
<td>*/</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26 or more</td>
<td>*/</td>
<td>*/</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Participants are tabulated as of the end of the plan year.

1 Number of Health Insurance Contracts represents information reported on Schedule A. The instructions provide that a plan should file a Schedule A for each insurance contract held by the plan. A plan may have more than one insurance contract. This information is reported as filed on Schedule A with the following exceptions. For fully-insured and mixed-insured plans which do not attach a Schedule A for health insurance contracts, Schedule A is assumed to indicate one health insurance contract. The result is that for fully-insured and mixed-insured plans for which there is no Schedule A record of a health insurance contract, one is added to the contract count of the given plan.

2 Includes active, retired, and separated participants either receiving benefits or entitled to future benefits.

3 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.

4 Includes multiplemember plans and multiple employer collectively bargained plans.

5 Includes only plans with fewer than 100 participants as of the end of the plan year.

*/ Fewer than 500 participants.

- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
### Table B4. Premiums Paid by Group Health Plans

**by type of insurance, type of plan, and type of insurance contracts, 2015**

(numbers in millions)

#### All Plans

<table>
<thead>
<tr>
<th>Type of Insurance Contracts ¹</th>
<th>Total</th>
<th>Single Employer ²</th>
<th>Multi-employer ³</th>
<th>Total</th>
<th>Single Employer ²</th>
<th>Multi-employer ³</th>
<th>Total</th>
<th>Single Employer ²</th>
<th>Multi-employer ³</th>
<th>Total</th>
<th>Single Employer ²</th>
<th>Multi-employer ³</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>$150,357</strong></td>
<td><strong>$141,355</strong></td>
<td><strong>$9,002</strong></td>
<td><strong>$18,426</strong></td>
<td><strong>$17,389</strong></td>
<td><strong>$1,037</strong></td>
<td><strong>$44,665</strong></td>
<td><strong>$37,866</strong></td>
<td><strong>$6,798</strong></td>
<td><strong>$87,266</strong></td>
<td><strong>$86,100</strong></td>
<td><strong>$1,166</strong></td>
</tr>
<tr>
<td>Health Only</td>
<td>49,129</td>
<td>43,649</td>
<td>5,480</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>16,528</td>
<td>11,773</td>
<td>4,754</td>
<td>32,601</td>
<td>31,875</td>
<td>725</td>
</tr>
<tr>
<td>Stop-Loss Only</td>
<td>3,883</td>
<td>3,516</td>
<td>368</td>
<td>3,007</td>
<td>2,755</td>
<td>252</td>
<td>769</td>
<td>658</td>
<td>110</td>
<td>108</td>
<td>102</td>
<td>5</td>
</tr>
<tr>
<td>Other ⁴</td>
<td>35,876</td>
<td>34,337</td>
<td>1,538</td>
<td>13,352</td>
<td>12,652</td>
<td>699</td>
<td>14,600</td>
<td>13,849</td>
<td>751</td>
<td>7,924</td>
<td>7,836</td>
<td>88</td>
</tr>
<tr>
<td>Health and Stop-Loss</td>
<td>92</td>
<td>92</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>92</td>
<td>92</td>
<td>-</td>
</tr>
<tr>
<td>Health and Other ⁴</td>
<td>58,981</td>
<td>57,465</td>
<td>1,516</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12,558</td>
<td>11,386</td>
<td>1,172</td>
<td>46,423</td>
<td>46,079</td>
<td>344</td>
</tr>
<tr>
<td>Stop-Loss and Other ⁴</td>
<td>2,294</td>
<td>2,195</td>
<td>100</td>
<td>2,068</td>
<td>1,982</td>
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<td>199</td>
<td>11</td>
<td>17</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Health, Stop-Loss, and Other ⁴</td>
<td>102</td>
<td>101</td>
<td>**/</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>102</td>
<td>101</td>
<td>**/</td>
</tr>
<tr>
<td></td>
<td><strong>35,876</strong></td>
<td><strong>34,337</strong></td>
<td><strong>1,538</strong></td>
<td><strong>13,352</strong></td>
<td><strong>12,652</strong></td>
<td><strong>699</strong></td>
<td><strong>14,600</strong></td>
<td><strong>13,849</strong></td>
<td><strong>751</strong></td>
<td><strong>7,924</strong></td>
<td><strong>7,836</strong></td>
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#### Plans with 100 or More Participants & Trusts

<table>
<thead>
<tr>
<th>Type of Insurance Contracts ¹</th>
<th>Total</th>
<th>Single Employer ²</th>
<th>Multi-employer ³</th>
<th>Total</th>
<th>Single Employer ²</th>
<th>Multi-employer ³</th>
<th>Total</th>
<th>Single Employer ²</th>
<th>Multi-employer ³</th>
<th>Total</th>
<th>Single Employer ²</th>
<th>Multi-employer ³</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>$31,628</strong></td>
<td><strong>$23,683</strong></td>
<td><strong>$8,545</strong></td>
<td><strong>$3,793</strong></td>
<td><strong>$2,788</strong></td>
<td><strong>$1,005</strong></td>
<td><strong>$25,668</strong></td>
<td><strong>$18,910</strong></td>
<td><strong>$6,758</strong></td>
<td><strong>$2,167</strong></td>
<td><strong>$1,385</strong></td>
<td><strong>$782</strong></td>
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<td>Health Only</td>
<td>12,564</td>
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<td>5,240</td>
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<td>-</td>
<td>11,752</td>
<td>7,020</td>
<td>4,732</td>
<td>812</td>
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<tr>
<td>Stop-Loss Only</td>
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<td>705</td>
<td>364</td>
<td>808</td>
<td>560</td>
<td>248</td>
<td>255</td>
<td>145</td>
<td>110</td>
<td>6</td>
<td>**/</td>
<td>5</td>
</tr>
<tr>
<td>Other ⁴</td>
<td>7,522</td>
<td>6,040</td>
<td>1,482</td>
<td>2,192</td>
<td>1,508</td>
<td>684</td>
<td>5,205</td>
<td>4,464</td>
<td>740</td>
<td>126</td>
<td>68</td>
<td>57</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health and Other ⁴</td>
<td>9,595</td>
<td>8,222</td>
<td>1,373</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8,377</td>
<td>7,213</td>
<td>1,165</td>
<td>1,217</td>
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<tr>
<td>Stop-Loss and Other ⁴</td>
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<td>791</td>
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<td>792</td>
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<td>72</td>
<td>79</td>
<td>68</td>
<td>11</td>
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<td>3</td>
</tr>
<tr>
<td>Health, Stop-Loss, and Other ⁴</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

(continued...)

---

¹ Type of Insurance Contracts

² Single Employer

³ Multi-employer

(continued...)
Table B4. Premiums Paid by Group Health Plans  
by type of insurance, type of plan, and type of insurance contracts, 2015  
(numbers in millions)

<table>
<thead>
<tr>
<th>Plans with 100 or More Participants &amp; No Trusts</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$118,095</td>
<td>$117,690</td>
<td>$406</td>
<td>$14,529</td>
<td>$14,503</td>
<td>$26</td>
<td>$18,524</td>
<td>$18,513</td>
<td>$12</td>
<td>$85,042</td>
<td>$84,675</td>
<td>$368</td>
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<tr>
<td>Health Only</td>
<td>36,491</td>
<td>36,278</td>
<td>213</td>
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<td>-</td>
<td>-</td>
<td>4,728</td>
<td>4,727</td>
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<td>31,763</td>
<td>31,551</td>
<td>212</td>
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<tr>
<td>Stop-Loss Only</td>
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<td>2,771</td>
<td>1</td>
<td>2,157</td>
<td>2,156</td>
<td>1</td>
<td>513</td>
<td>513</td>
<td>-</td>
<td>102</td>
<td>102</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other 4</td>
<td>28,272</td>
<td>28,222</td>
<td>50</td>
<td>11,115</td>
<td>11,104</td>
<td>11</td>
<td>9,362</td>
<td>9,353</td>
<td>10</td>
<td>7,794</td>
<td>7,765</td>
<td>30</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Health and Stop-Loss</td>
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<td>92</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>92</td>
<td>92</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Other 4</td>
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<td>48,841</td>
<td>127</td>
<td>3,790</td>
<td>3,788</td>
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<td>45,053</td>
<td>126</td>
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<tr>
<td>Stop-Loss and Other 4</td>
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<td>131</td>
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<td>10</td>
<td>10</td>
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</tr>
<tr>
<td>Health, Stop-Loss, and Other 4</td>
<td>102</td>
<td>101</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plans with Fewer Than 100 Participants &amp; Trusts</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
<th>Total</th>
<th>Single Employer</th>
<th>Multi-employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$634</td>
<td>$582</td>
<td>$52</td>
<td>$105</td>
<td>$99</td>
<td>$6</td>
<td>$472</td>
<td>$444</td>
<td>$29</td>
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<td>Health Only</td>
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<td>46</td>
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<td>-</td>
<td>48</td>
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<td>26</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Stop-Loss Only</td>
<td>42</td>
<td>40</td>
<td>3</td>
<td>42</td>
<td>39</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>**</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other 4</td>
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<td>4</td>
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<td>32</td>
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<td>1</td>
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<td>Health and Stop-Loss</td>
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</tr>
<tr>
<td>Health and Other 4</td>
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<td>19</td>
<td>-</td>
<td>19</td>
<td>19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Stop-Loss and Other 4</td>
<td>19</td>
<td>19</td>
<td>-</td>
<td>19</td>
<td>19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health, Stop-Loss, and Other 4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: The premium reported for each plan is equal to the maximum of the following Schedule A values: (1) earned premium on line 9a(4) of Part III, (2) the total premiums or subscription charges paid to carrier on line 10a of Part III, (3) the total amount of commissions paid to agents, brokers, and other persons on line 2a of Part I, (4) the total amount of fees paid to agents, brokers, and other persons on line 2b of Part I, (5) the premiums paid to carrier on line 6b of Part II, (6) the incurred claims on line 9b(3) of Part III, (7) or the claims charged on line 9b(4) of Part III. These values are reported as filed with no adjustment.

1 Premiums paid by Type of Insurance Contracts is reported as found on Schedule A without adjustment. The result is that for fully-insured and mixed-insured plans for which there are no Schedule A insurance contracts, no premium information is recorded.

2 Includes single employer plans, plans of controlled groups of corporations and multiple employer noncollectively bargained plans.

3 Includes multiemployer plans and multiple employer collectively bargained plans.

4 Other insurance contracts include dental, vision, life, temporary disability, long-term disability, supplemental unemployment, and prescription drug.

5 Includes only plans with fewer than 100 participants as of the end of the plan year.

** Less than $500,000.

- Missing or not applicable.

SOURCE: 2015 Form 5500 filings.
APPENDIX A1: Plan Funding Classification

The majority of the U.S. population receives their health insurance coverage through their employer. In 2015, employer-sponsored health insurance covered 56 percent of the U.S. population.¹ There are a variety of ways in which plan sponsors (usually employers) may fund the health insurance coverage they offer their workers.²

What Is a Self-Insured Group Health Plan?

Sponsors may purchase a group insurance policy from a state-licensed insurance carrier or similar organization and pay premiums directly to the insurer. Plans may set aside assets in a dedicated trust to fund the health plan, an arrangement known as a “funded” arrangement for Form 5500 reporting purposes. Alternatively plan sponsors may pay the plan’s benefits directly out of their general assets, an arrangement known as “unfunded” for Form 5500 reporting purposes. In addition, these funding arrangements – insured, funded, and unfunded – may be combined in multiple ways. For example, a group insurance policy may cover a subset of the plan’s health benefits but the plan’s remaining health benefits may be paid out of the plan sponsor’s general assets. Plans may use assets held in a dedicated trust to pay insurance premiums or to pay plan benefits directly. Whether a plan is considered to be self-insured, fully-insured, or a mixture of both is a function of how the benefits are provided under the plan.

Fully-insured – A fully-insured plan provides health benefits by purchasing a group health insurance policy or contract from a state-licensed insurance carrier or similar organization, such as Blue Cross Blue Shield or a health maintenance organization. The insurance carrier then assumes financial responsibility for the covered health benefit claims of the plan’s participants and associated administrative costs.³ An employer with a fully-insured health plan chooses how to transfer insurance premiums⁴ to the insurance carrier: The plan either establishes a trust for the express purpose of receiving contributions for the payment of insurance premiums or pays the premiums directly from the plan sponsor’s general assets.

Self-insured – In the case of a self-insured health plan, the sponsor generally assumes the financial risks associated with covering the health benefit expenses of the plan’s participants. Benefits in a self-insured plan may be paid as needed directly from the general assets of the sponsoring employer or paid from a trust⁵ to which employer and/or employee contributions have been made. While some self-insured plans are self-administered, employers usually enter into a contract with a third party administrator (TPA) or use another outside entity to handle enrollment, pay claims, collect premiums, provide customer service, and perform other administrative duties.

The financial risk for self-insured benefit claims may be borne partially or entirely by the employer offering the self-insured plan. To protect against unexpectedly large claims, self-

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² Upon establishment of a welfare plan, the plan sponsor decides how the plan will be structured – including how the plan benefits will be paid.
⁴ The premium payments could be paid entirely by the employer, entirely by employee contributions, or partly from the employer and partly from employee contributions.
⁵ Some employers may invest plan assets in a separate insurance company account instead of holding plan assets and investing through a trust.
insured plans or employers sponsoring such plans may obtain stop-loss insurance coverage. Stop-loss coverage limits the liability (stops the loss) the plan or employer bears for each covered person’s health care costs (in the case of policies with individual or specific attachment points) or for the total expenses of the plan (aggregate attachment points), as the stop-loss carrier will reimburse the plan or employer for losses above the policies’ attachment points.  

**Form 5500 Health Plan Filing Requirements**


In 1975, the Department of Labor (the “Department”), the Internal Revenue Service, and the Pension Benefit Guaranty Corporation (collectively, the “Agencies”) jointly developed the Form 5500 Series to allow employers who sponsor an employee benefit plan for their employees to satisfy the annual reporting requirements under Title I and Title IV of ERISA and under the Code. The Agencies have changed the Form 5500 over time. Today, filing the Form 5500 together with any required Schedules and Attachments (the “Form 5500”) generally satisfies these annual reporting requirements.

The Form 5500 is an important source of information on ERISA-covered, private sector employer-sponsored benefit plans and their operation, funding, assets, and investments. The majority of Form 5500 reports are filed for employee pension benefit plans. Welfare benefit plans (which include plans providing benefits such as medical, dental, life insurance, severance pay, disability, etc.) are required to file a Form 5500, with certain exceptions tied to plans’ size, funding arrangement, and sector. These exceptions are listed below:

- Welfare plans with fewer than 100 participants as of the beginning of the plan year (“small” plans) that are unfunded, fully-insured, or a combination of insured and unfunded;  
- Welfare plans maintained outside the U.S. that serve mostly nonresident aliens;  
- Governmental plans;  
- Unfunded or insured welfare plans maintained for a select group of management or highly compensated employees only;

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6 An employer may also purchase a “minimum premium” arrangement in which the employer pays a fraction of the fully-insured premium to cover non-claim expenses, such as administration and claims processing, and pays claims up to an agreed-upon limit, after which the insurance carrier is responsible. Under a minimum premium arrangement, the insurance carrier usually is also responsible for processing claims and administrative services. See e.g., U.S. Department of Labor, Bureau of Labor Statistics, *Definitions of Health Insurance Terms,* at [http://www.bls.gov/ncs/ebs/sp/healthterms.pdf](http://www.bls.gov/ncs/ebs/sp/healthterms.pdf).

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7 See ERISA Section 101 et seq., 29 U.S.C. 1021 et seq. and accompanying regulations. The data used for this report were taken from the Form 5500 data for plan years 2015 and earlier. For plan years beginning on or after January 1, 2009, certain eligible small plans are able to file the Form 5500-SF “Short Form Annual Return/Report of Small Employee Benefit Plan.” Small plans using the Form 5500-SF include information about total fees and commissions paid with respect to the purchase of insurance.  
8 29 C.F.R. 2520.104-1 et seq.

9 An unfunded welfare benefit plan has its benefits paid as needed directly from the general assets of the employer or employee organization that sponsors the plan. A combination unfunded/insured welfare benefit plan has its benefits partially as an unfunded plan and partially as a fully-insured plan. An example of such a plan is a welfare benefit plan that provides unfunded medical benefits and life insurance benefits.
• Plans maintained only to comply with workers' compensation, unemployment compensation, or disability insurance laws;
• Welfare benefit plans that participate in a group insurance arrangement that files a Form 5500 on behalf of the participating plans;
• Apprenticeship or training plans meeting certain conditions;
• Certain unfunded welfare benefit plans financed by dues;
• Church plans;
• Welfare benefit plans maintained solely for only the owner and/or spouse who wholly own a trade or business or the partners and/or spouses of partners in a partnership.

A small plan that receives employee (or former employee) contributions during the plan year and does not use the contributions to pay insurance premiums or uses a trust or separately maintained fund to hold plan assets or act as a conduit for the transfer of plan assets during the year is required to file; except that a small plan with employee contributions that are used to pay benefits instead of insurance premiums which is associated with a cafeteria plan under Internal Revenue Code section 125 may be treated for annual reporting purposes as an unfunded welfare plan if it meets certain Department requirements.

**Data Used for this Report**

The data included in this report consists of all Form 5500s filed by welfare plans providing health benefits that had plan year ending dates in 2015. Certain filings are excluded in order to reflect the filing requirements described above:

• Plans filing the Form 5500 with fewer than 100 participants as of the beginning of the plan year that filed without a Schedule H or I or with a Schedule H or I that have zero or blank values for each of total assets, liabilities, net assets, income, and expenses;
• Plans that filed the Form 5500-SF with fewer than 100 participants as of the beginning of the plan year that have zero or blank values for each of total assets, liabilities, net assets, income, and expenses;
• Direct Filing Entities; and
• Duplicate filings.

For purposes of this report, Form 5500 health plans are categorized as being self-insured, fully-insured, or a mix of both self-insured and fully-insured (mixed-insured). The Department used information from the 2015 Form 5500 on plans' funding arrangements, together with information from Schedule A "Insurance Information," Schedule H "Financial Information," and Schedule I "Financial Information - Small Plan" to categorize the plans as follows:

1. **Self-insured.** The plan does not include information on a health insurance policy or contract in any Schedule A filed as part of the Form 5500. For classification purposes, Schedule A insurance contracts are not considered health insurance policies or contracts if the per capita premium amount reported is less than $1,900 or the filing also indicates that the policy could be for stop-loss coverage or for payments to a TPA. The filing must also either:
   (a) indicate the plan is funded through a trust or general assets of the sponsor,
   (b) include a Schedule H or Schedule I and report benefit payments,
   (c) be filed on the Form 5500-SF and report non-zero total assets, liabilities, or net assets or

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10 Although Schedule A health insurance contracts reporting a per capita premium of less than $1,900 are not considered as such to determine the plan funding classification, they are ultimately counted as health insurance contracts in the event that the plan is deemed fully insured.
(d) be filed on the Form 5500-SF with fewer than 100 participants as of the beginning of the plan year and report zero total assets, liabilities, and net assets with a non-zero amount for income or expenses.

(2) Mixed-insured. The plan does not meet the requirements in (1) and either
(a) the number of individuals covered under insurance contracts as reported on the Schedule A is less than half of the total number of participants as of the end of the plan year, and the filing indicates that the plan is funded through a trust or general assets of the sponsor, or
(b) the filing has an attached Schedule H that indicates benefit payments directly to participants or beneficiaries, or
(c) the filing has an attached Schedule H that indicates benefit payments but does not indicate benefit payments directly to participants or beneficiaries and both
   i) Premiums paid for all insurance contracts as reported on the Schedule A are not within 10% of total payments to insurance carriers for the provision of benefits as reported on Schedule H, and
   ii) Premiums paid for all health insurance contracts as reported on the Schedule A are not within 10% of total payments to insurance carriers for the provision of benefits as reported on Schedule H, or
(d) the filing has an attached Schedule I that indicates benefit payments and both
   i) Premiums paid for all insurance contracts as reported on the Schedule A are not within 10% of total benefits paid as reported on Schedule I, and
   ii) Premiums paid for all health insurance contracts as reported on the Schedule A are not within 10% of total benefits paid as reported on Schedule I.

(3) Fully-insured. The plan does not meet the criteria in (1) or (2).

For purposes of this report, private sector employer-sponsored health plans were also divided into six distinct categories based on the Form 5500 filing requirements:
- Small plans (covering fewer than 100 participants as of the end of the year) that fully-insure their health plan;
- Small plans that self-insure but do not have a trust;
- Small plans that self-insure their health plan, and use a trust to hold the plan assets;
- Large plans (covering 100 or more participants as of the end of the year) that fully-insure health plans;
- Large plans that self-insure and use a trust to hold the plan assets; and
- Large plans that self-insure but do not operate a trust.

Generally, small group health plans that fully-insure benefits or self-insure benefits but do not have a trust are not required to file a Form 5500. All large welfare plans that fully-insure or self-insure benefits without a trust must file, but are only required to file the main Form 5500 and the Schedule A to report information about insurance contracts.

The tables in this document summarize Form 5500 data for health plans that file. In a limited number of cases, the filed information has been edited to better reflect the universe of Form 5500 filing health plans. For example, certain plans that did not indicate an intention to terminate submitted filings that

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11 Large plans that use a trust to hold the plan assets to self-insure health benefits are required to file a comprehensive Form 5500, including a Schedule H to report financial information about the plan’s operations. Generally, those small plans that use a trust to self-insure their health benefits are not required to file a Schedule H. These filings include more abbreviated financial information about the plan’s operation as filed on Schedule I or the Form 5500-SF.
reported zero participants as of the end of the plan year but a positive number of participants at the beginning of the year. In these cases, the beginning of year participation count has been used for the end of year count and all of these participants have been classified as active participants.

The statistics reported within this document also contain one important imputation. Namely, any plans deemed to be mixed-insured or fully-insured as defined previously are assumed to have at least one health insurance contract even when a Schedule A has not been appropriately filed to provide details on insurance contracts purchased by the plan. Otherwise, all figures reported herein are tabulated without adjustment.