**HIGHLIGHTS FROM THE 2012 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 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 plans with plan year ending dates in 2012 are included.

Other findings from private sector employer-sponsored group health plans filing Form 5500 series welfare reports for plan year 2012 are summarized below.

* In 2012, 21,000, or 41 percent, of the approximately 50,000 private sector employer-sponsored group health plans that filed a Form 5500 can be categorized as self-insured. Of the remaining 30,000 group health plans, approximately 4,000, or 8 percent, can be categorized as mixed-insured, and 26,000, or 51 percent, can be categorized as fully-insured. (See Table A1.)
* Of the 50,000 group health plans mentioned above, 83 percent offered other welfare benefits in addition to health benefits (such as dental, vision, life, disability, etc.). Of these 42,000 plans, 38 percent can be described as having self-insured health benefits while 9 percent can be described as having both self-insured and fully-insured characteristics (mixed-insured) for their health benefits. Fifty-three percent of these plans can be described as having fully-insured health benefits. (See Table A1.)
* Fifty-three percent of all private sector single employer group health plans that filed a 2012 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 4 percent of those plans did so in 2012. (See Table A2.)
* More than 19,000 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 26,000 group health plans categorized as fully-insured are single employer with fewer than 100 being multiemployer plans. (See Table A2.)
* More than three-quarters of the group health plans categorized as self-insured covered more than 100 participants and did not operate a trust. Approximately 61 percent of all mixed-insured group health plans and nearly all of the fully-insured group health plans covered more than 100 participants and did not operate a trust. (See Table A2.)[[1]](#footnote-1)
* In total, group health plans that filed a Form 5500 held about $205 billion in assets as of the end of 2012. Self-insured group health plans held approximately $73 billion; mixed-insured group health plans held less than $132 billion; and just $49 million was held by fully-insured group health plans. (See Table A2.)
* Self-insured group health plans covering 100 or more participants held approximately 23 percent of their assets in cash and U.S. Government Securities, 22 percent in direct filing entities, 18 percent in mutual fund companies (registered investment companies), 10 percent in debt instruments, and 9 percent in stock. Mixed-insured group health plans covering 100 or more participants held approximately 17 percent of their assets in cash and U.S. Government Securities, 15 percent in direct filing entities, 11 percent in mutual fund companies, 11 percent in debt instruments, and 29 percent in stock. Fully-insured group health plans covering 100 or more participants held approximately 21 percent of their assets in cash and U.S. Government Securities, 0 percent in direct filing entities, 37 percent in mutual fund companies, 8 percent in debt instruments, and 29 percent in stock. (See Table A6.)
* Form 5500 group health plan filers reported more than $25 billion in liabilities as of the end of 2012: more than $11 billion was reported by self-insured group health plans, $14 billion by mixed-insured group health plans, and $5 million by fully-insured group health plans. (See Table A2.)
* Forty six percent, or 32 million, of the approximately 70 million participants in group health plans filing a 2012 Form 5500 were covered under self-insured group health plans. (See Table A2.)
* Of the 50,000 group health plans that filed a 2012 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 19,000 indicated a funding arrangement of general assets of the sponsor and insurance. The remaining 11,000 group health plan filers indicated some other combination of funding arrangements or did not report any arrangement. (See Table A7.)
* Overall, group health plans reported on their 2012 Form 5500 receiving approximately $140 billion in contributions in 2012, more than $112 billion contributed by the employers and $25 billion contributed by the plan participants. All but $1 billion was contributed to plans with more than 100 participants. (See Table A4.)
* In 2012, group health plans filing a Form 5500 that used trusts posted investment income gains of over $17 billion, of which approximately $5 billion was gained by self-insured group health plans, $13 billion gained by mixed-insured group health plans, and $5 million gained by fully-insured group health plans. (See Table A4.)
* Self-insured group health plans that filed a 2012 Form 5500 and used trusts made benefit payments of about $42 billion directly to participants and more than $6 billion to insurance carriers for the provision of other insured benefits. Mixed-insured group health plans made benefit payments to participants totaling about $57 billion and made payments to insurance carriers of $27 billion. (See Table A5.)
* In total, group health plans filing a 2012 Form 5500 reported nearly $8 billion in administrative expenses.[[2]](#footnote-2) Self-insured group health plans reported more than $3 billion; mixed-insured group health plans reported approximately $4 billion; and fully-insured group health plans reported approximately $1 million. (See Table A5.)

1. 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. [↑](#footnote-ref-1)
2. Administrative expenses are reported on the Form 5500 Schedule H – Financial Information, Part II – Income and Expense Statement, line number 2(i) – Administrative expenses. Administrative expenses are reported on the Form 5500 Schedule I – Financial Information, Part I – Income, Expenses, and Transfers for this Plan Year, line number 2(h). Administrative expenses are reported on the Form 5500-SF, Part III – Financial Information, line number 8(f). [↑](#footnote-ref-2)