

North Dakota

HEALTH INSURANCE BY THE NUMBERS

ACCESS TO INSURANCE

Large Group^{1A}



Small Group^{1A}



Individual^{1A}



HSA/HDHP^{2B}



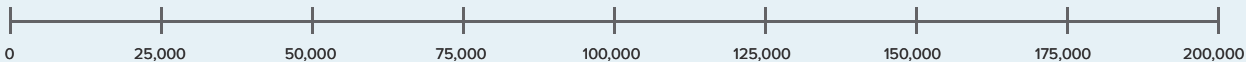
Medigap^{3C}



Medicare Advantage⁴



Medicaid^{5D}



COVERED LIVES

149,111

60,381

47,190

19,350

52,163

3,659

20,334

Health Insurance Employment in North Dakota

EMPLOYEES

Health Plan Employees⁶ **3,759**

Insurance-Related Employees⁷ **2,156**

PAYROLL

Health Plan Employees^{6E} **Not Reported**

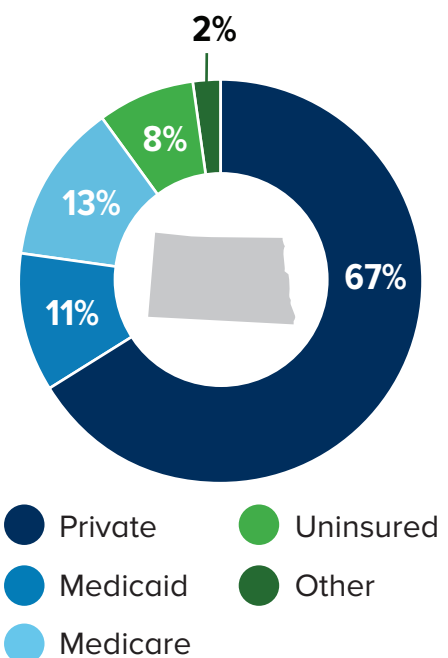
Insurance-Related Employees^{7F} **\$114,720,000**

AVERAGE WAGE

Health Plan Employees^{6E} **Not Reported**

Insurance-Related Employees^{7F} **\$53,210**

Health Insurance Coverage of North Dakota Residents^{8G}



Largest Health Plans by Number of Covered Lives^H

Commercial ⁹	Aetna	Blue Cross and Blue Shield of North Dakota	Medica	Sanford Health Plan	US Life
Medigap ¹⁰	Aetna	American Republic	Blue Cross and Blue Shield of North Dakota	Mutual Of Omaha	UnitedHealthcare
Medicare Advantage ¹¹	Aetna	Great Plains Medicare Advantage	Health Care Service Corporation (HCSC)	Humana	UnitedHealthcare
Medicaid ¹²	Sanford Health Plan				

State Premium Tax Collected^{13J}

\$63,558,000

Sources

All data sources, labeled 1 - 13, are referenced in detail on the “Sources” page at the end of the full report, or at this link: <http://www.ahip.org/2019-State-Data>

Notes

A. Access to Insurance – Large Group, Small Group and Individual Covered Lives

Large group covered lives were calculated as domestic comprehensive health coverage policies issued to large group employers as of 12/31/17. This includes Federal Employees Health Benefit Plan, TRICARE, and similar insured state and local fully insured programs, but does not include the self-funded coverage.

Small group covered lives were calculated as domestic comprehensive health coverage policies that were issued to small groups as of 12/31/17. AHIP used NAIC’s definition of a “small group plan,” which is defined as a health plan offered in the small group market as such term is defined in the state law. Small group definitions may vary across states.

Individual covered lives were calculated as comprehensive health coverage policies that were issued to an individual covering the individual and/or their dependents in the United States’ individual market as of 12/31/17. Group conversion policies are also included, as defined in NAIC Group Insurance Mandatory Conversion Privilege Model Act #105. Available at: <http://www.naic.org/store/free/MDL-105.pdf> (accessed on April 24, 2019).

CALIFORNIA

Most of the California health insurance plans report their enrollment statistics not to NAIC, but to state agencies. We report California statistics for large group, small group, and individual covered lives using combined data from the NAIC and the California Department of Managed Health Care. For large groups, the reported statistic represents the number of enrollees receiving health insurance from an employer with 51 or more workers. For small groups, the reported statistic represents the number of enrollees receiving health insurance from an employer with 50 or fewer workers.

B. Access to Insurance – HSA/HDHP

The HSA/HDHP enrollment statistics are based on a survey of health plans as of January 2017 and may understate the HSA/HDHP enrollment due to the survey non-response or inability of some plans to provide a state-specific enrollment breakdown.

C. Access to Insurance – Medigap Covered Lives

Medigap covered lives included the sum of enrollment numbers reported to NAIC and in the case of California, the enrollment numbers reported to the California Department of Managed Health Care.

D. Access to Insurance – Medicaid Covered Lives

Medicaid Managed Care Enrollment, only, including the Medicaid expansion enrollment. The Medicaid enrollment in Puerto Rico and other U.S. territories is not included. All the data is as of December 2017 except for New Mexico, New York, South Carolina, and Utah (January 2018); Arizona, Georgia (February 2018); Illinois (November 2017); Virginia (Quarter III, 2017); Hawaii (September 2017); Nevada (June 2017); Texas (February 2017); District of Columbia, Delaware, and West Virginia (2016).

E. Number of Direct Jobs, Payroll, and Average Wages

The U.S. Census Bureau did NOT supply data on direct jobs in health insurance for NAIC code 524114 (Direct Health and Medical Insurance Carriers) for the following states: North Dakota. The U.S. Census Bureau could only provide direct jobs data for NAIC 621491 (HMO medical centers) for the following states: California, Florida, Georgia, Louisiana, Michigan, Minnesota, Nebraska, New Mexico, New York, and Ohio.

The U.S. Census Bureau does not report data for those states having a limited number of employers in order to maintain anonymity. These states were listed as “Not Reported” and therefore, their data were not included in the calculation of national statistics on payroll and average wages.

F. Number of Other Insurance-Related Jobs, Payroll, and Average Wages

The U.S. Census Bureau was NOT able to supply data on NAIC code 524292 (Third Party Administration of Insurance and Pension Funds), for the following states: North Dakota.

The U.S. Census Bureau was NOT able to supply data on NAIC 524130 (Reinsurance Carriers) for the following states: Arkansas, Delaware, District of Columbia, Hawaii, Idaho, Indiana, Iowa, Kentucky, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, Oklahoma, Oregon, South Carolina, Utah, and Vermont.

The U.S. Census Bureau was NOT able to supply data on NAIC code 524291 (Claims Adjusting) for the following states: District of Columbia.

The U.S. Census Bureau does not report data for those states having a limited number of employers in order to maintain anonymity. These states were listed as “Not Reported” and therefore, their data were not included in the calculation of national statistics on payroll and average wages.

G. Health Insurance Coverage-Private

These estimates are based on the Kaiser Family Foundation’s definitions. The sum may not add up to 100% due to exclusion of a small number of people with private coverage of an unknown source and rounding. Private health insurance coverage is defined as those either covered by employer-sponsored coverage through their own job or as a dependent in the same household, or as individuals/families that purchased or are covered as a dependent by non-group insurance. Private health insurance coverage also includes individuals covered by private insurance from outside the household for which the origin (employer-sponsored insurance or non-group plans) is unknown.

H. Top 5 Largest Health Plans by Number of Covered Lives

Health plan listings are alphabetical among the set of plans with the highest enrollment in the nation in the year noted.

I. Top 5 Largest Health Plans by Number of Covered Lives

For Medicaid health plan enrollment, all data is as of December 2017, except for New Mexico, New York, South Carolina, and Utah (January 2018); Arizona, Georgia (February 2018); Illinois (November 2017); Virginia (Quarter III, 2017); Hawaii (September 2017); Nevada (June 2017); Texas (February 2017); District of Columbia, Delaware, and West Virginia (2016).

J. State Premium Tax Collected

Includes state premium taxes collected from all types of insurance companies, including health insurance. This reflects existing state tax laws, not the federal ACA health insurance tax.

Illustrations are for graphical representation only and may not be exact.