

2024 Massachusetts Employer Survey

Summary of Results

December 2024



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Executive Summary

As part of the Center for Health Information and Analysis's (CHIA) Continuing Program of Study on Insurance Coverage, Underinsurance, and Uninsurance, the Massachusetts Employer Survey (MES) provides a valuable lens into the employer health insurance landscape in Massachusetts.

Employer-sponsored insurance (ESI) shapes the health insurance market in the state and impacts the demand for the state's public insurance programs, including MassHealth. The MES, a biennial survey of Massachusetts employers, tracks and monitors employer health insurance offerings, employee take-up rates, health insurance premiums, employer contribution amounts, plan characteristics, and employer decision-making.

In the wake of the pandemic, information about changes and trends in the employer health insurance market in

the Commonwealth is even more important. The 2024 MES, fielded from April-July 2024, provides key insights on how the landscape of workplace health benefits has shifted during a period of challenge and recovery for many businesses. Prior to this year's survey, the MES was most recently fielded in 2021.

This report highlights key findings from the 2024 MES. These include new analyses of firm contributions to health reimbursement arrangements (HRAs) and health savings accounts (HSAs) offered in conjunction with high deductible health plans (HDHPs); telemedicine coverage and modality; and the types of services provided by an agent, broker, or consultant during employer benefits decision-making. It is accompanied by a [databook](#), a [survey methods report](#) with technical details, and the [survey questionnaire](#).

Employer Insurance Market: Offer, Take-Up, and Coverage Rates

- In 2024, 67 percent of firms offered health insurance, higher than the national rate of 54 percent. About two-thirds (66 percent) of small firms (those with three to 199 full- and part-time employees) offered health insurance to their employees, compared with 94 percent among large firms (those with 200 or more full- or part-time employees).
- Among firms offering health insurance coverage, 83 percent of employees were eligible for their employer's health insurance and 68 percent of eligible employees chose to enroll in a plan, covering 56 percent of all Massachusetts employees.

Plan Offerings and Enrollment¹

- Most firms in Massachusetts (58 percent) offered only one health plan in 2024, more commonly at small firms than large firms (60 percent vs. 17 percent).
- Among firms offering insurance, 71 percent offered at least one HDHP. Most small firms (56 percent) and nearly one-third of large firms (31 percent) offered HDHPs exclusively.
- Of firms offering insurance, about a third (34 percent) offered an HDHP with a savings option (HRA or HSA), more commonly at large firms than small firms (55 percent vs. 33 percent).

Cost-Sharing Among Employers and Employees²

- Compared with their national counterparts for single coverage, Massachusetts firms and their employees faced a higher average monthly premium (\$789 vs. \$746) and employees contributed a larger share of the premium (24 percent vs. 15 percent).
- Among firms offering HDHPs with savings options, firms contributed an average of \$1,916 annually to HRAs and \$630 to HSAs for single coverage, and approximately twice that amount (\$3,480 and \$1,255, respectively) for family coverage.
- Among firms offering plans with deductibles, the average annual deductible for single coverage was \$1,354, lower than the national average of \$1,787.

Decision-Making Among Employers on Health Insurance

- The top reasons reported for not offering insurance were that the firm was not required to because of size (58 percent), that most employees were covered by another plan (37 percent), and that the cost was too high (32 percent).
- Nearly a quarter of firms (23 percent) reported having increased member cost-sharing in the past 12 months to control health insurance costs.

Firms with Fewer Than 50 Employees

- Firms with fewer than 50 employees offered health insurance less often than larger firms (64 percent vs. 98 percent) but more often than their national counterparts (51 percent).
- Among firms with three to 24 employees, the most common reason reported for not offering insurance

was that they were “not required due to small firm size”; among firms with 25 to 49 employees, the most common reason was that “most employees were part-time or temporary.”

- About a quarter (24 percent) of firms with fewer than 50 employees were aware of the federal Small Business Tax Credit program. ■

Employer Insurance Market: Offer, Take-Up, and Coverage Rates

Most Massachusetts residents receive health insurance through their own or a family member's employer. With the implementation of Massachusetts health care reforms such as Chapter 58 in 2006 as well as federal reforms under the Affordable Care Act, continuous changes have occurred in the state's health insurance marketplace, which have impacted both the offering and take-up of employer-sponsored health insurance.

To provide a better understanding of the current market landscape, this section examines offer, take-up, and coverage rates by firm size and employee type. Take-up and coverage rates are for Massachusetts employees at firms that reported offering health insurance to employees in 2024. In this report, small firms refer to employers with three to 199 employees, and large firms refer to employers with 200 or more employees. In 2024, while large firms made

up only 2 percent of firms, they employed more than 60 percent of the workforce and provided insurance coverage to 66 percent of covered employees in Massachusetts.

Employee types analyzed in this chapter include part-time employees and employees at lower-wage firms. Following the approach developed by the KFF Employer Health Benefits survey, lower-wage firms are defined as firms with at least 35 percent of their full-time employees earning less than \$17/hour (\$34,820/year).

Key Findings

- In 2024, 67 percent of firms offered health insurance, higher than the national rate of 54 percent.
- About two-thirds (66 percent) of small firms offered health insurance to their employees, compared with 94 percent among large firms.

- Among firms offering health insurance coverage, 83 percent of employees were eligible for their employer's health insurance and 68 percent of eligible employees chose to enroll in a plan, covering 56 percent of all Massachusetts employees.
- Since 2016, the share of Massachusetts firms that offer insurance has remained higher than national rates; however, the overall share of employees in Massachusetts covered by their firm's plans has been lower than or comparable to the national rate.
- A smaller share of eligible Massachusetts employees at small firms enrolled in their firm's insurance (65 percent) compared with employees in small firms nationally (72 percent).

- Lower-wage firms were less likely than other firms to offer insurance (58 percent vs. 68 percent) and had a lower share of employees eligible for insurance (54 percent vs. 85 percent).
- Fewer than half (45 percent) of part-time employees were eligible for their employer's health insurance. Among those eligible, about a third (36 percent) chose to enroll in a plan. ■

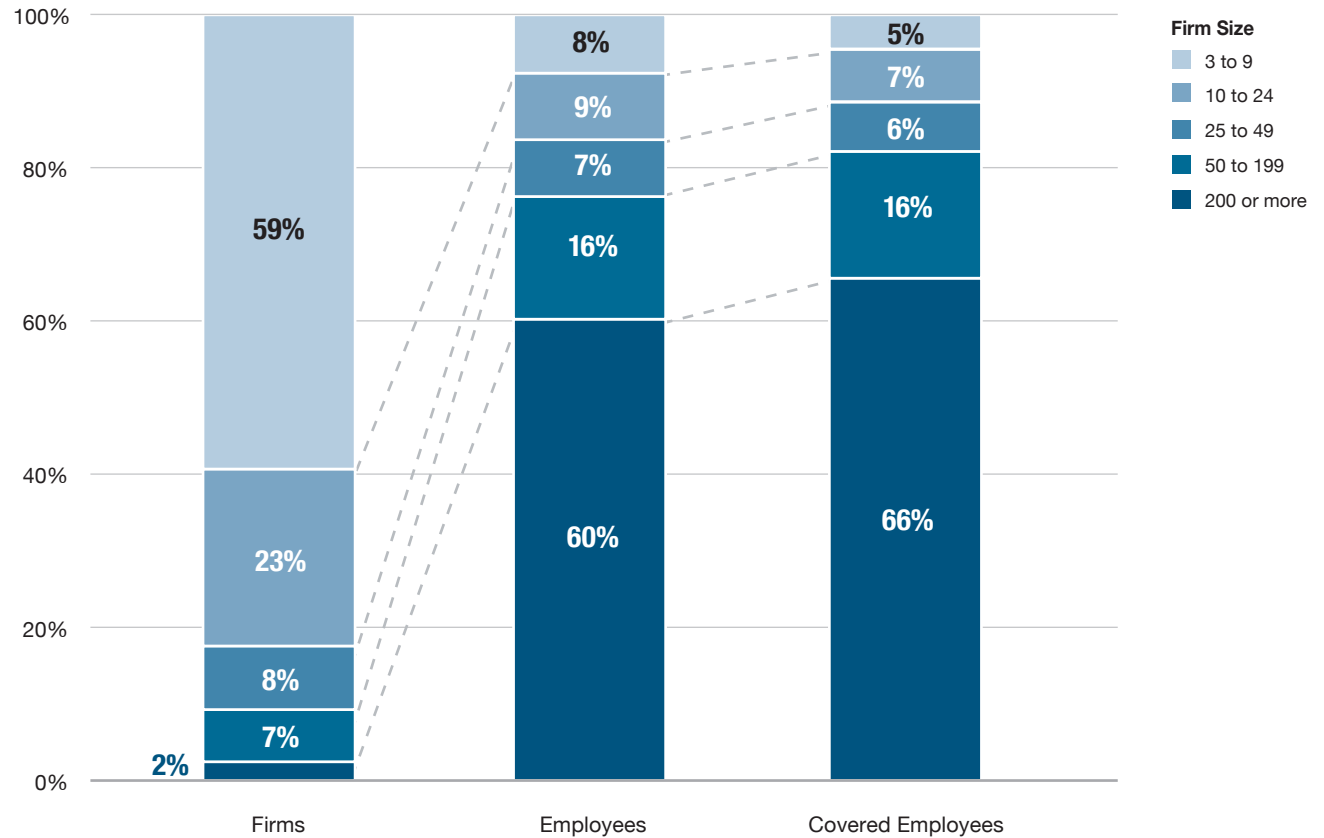
Distribution of Firms, Employees, and Covered Employees by Firm Size

2024

In 2024, 91% of firms in Massachusetts had fewer than 50 employees. While these small firms made up the largest proportion of employers in the state, they accounted for only 24% of all employees in Massachusetts. Furthermore, firms with fewer than 50 employees accounted for only 18% of all covered employees in the state.

Firms with 50 to 199 employees accounted for 7% of all firms in Massachusetts; they accounted for 16% of both all employees and covered employees in the state.

Firms with 200 or more employees made up 2% of firms but accounted for 60% of all employees and 66% of all covered employees in Massachusetts.



Note: The sampling frame was drawn from Dun's Market Identifiers (DMI) business database available from Survey Sampling International (SSI). The U.S. Census Bureau's County Business Patterns (2021) and Dun and Bradstreet's Database of US firms (2024) were used as external benchmarks for post-stratification. Additional details on sampling and weighting methodology are available in the [survey methods report](#). Public employees and firms with fewer than three employees were not included in this data. Percentages may not add to 100% due to rounding.

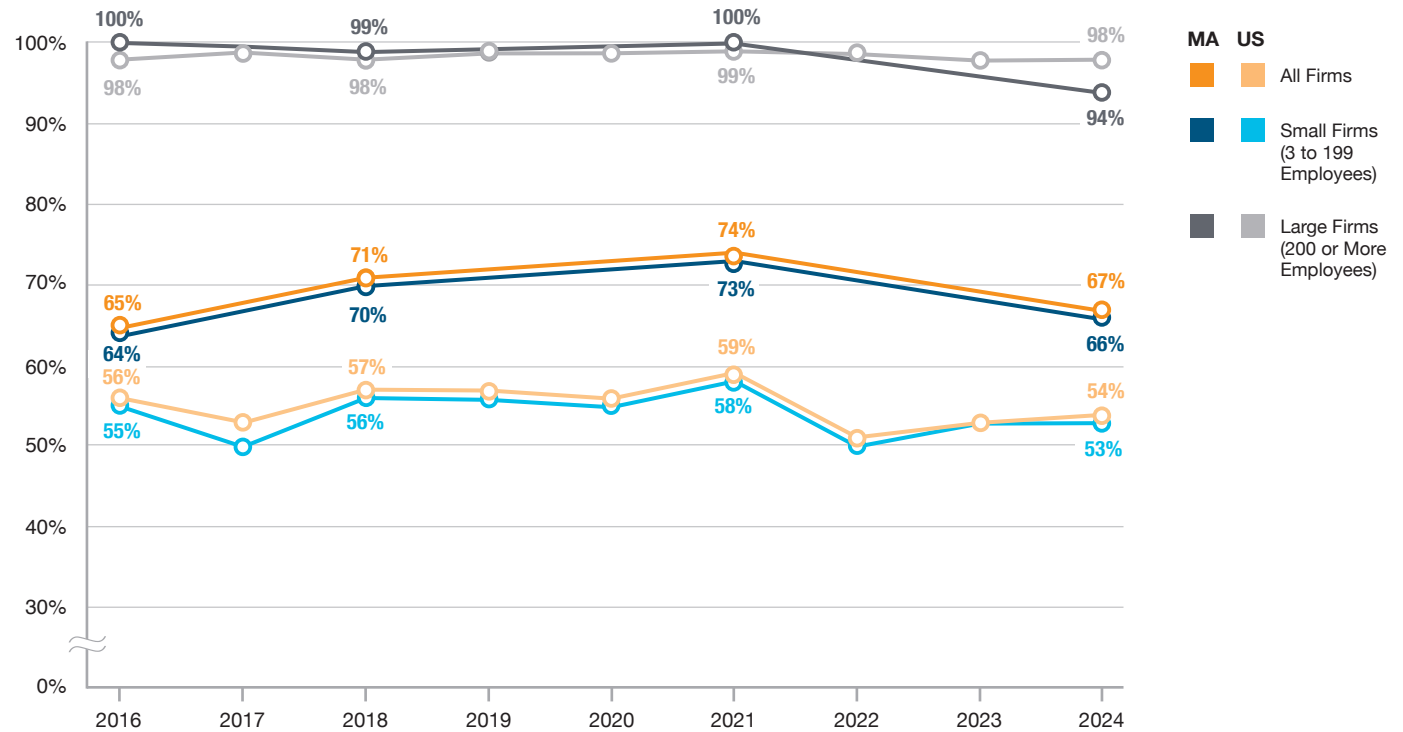
Employer Insurance Market: Offer, Take-Up, and Coverage Rates

In 2024, 67% of all Massachusetts firms offered health insurance. The offer rate among small firms was 66%, compared with 94% for large firms.

Since 2016, Massachusetts's overall offer rate and offer rate among small firms were notably higher than U.S. rates. Offer rates for large firms in Massachusetts were similar to those nationally.

The offer rate declined seven percentage points between 2021 and 2024, matching the national decline over the same period.

Trends in Employer Offer Rates: Massachusetts vs. United States 2016-2024



	All Firms		Small Firms		Large Firms	
	MA	US	MA	US	MA	US
2016	65%	56%	64%	55%	100%	98%
2018	71%	57%	70%	56%	99%	98%
2021	74%	59%	73%	58%	100%	99%
2024	67%	54%	66%	53%	94%	98%

Note: Offer rate is the percentage of firms that offer their eligible employees some form of health insurance. Public employees and firms with fewer than three employees were not included in this data. U.S. data was drawn from the [2024 KFF Employer Health Benefits Survey](#). Offer rates were adjusted by firm weights.

Employer Insurance Market: Offer, Take-Up, and Coverage Rates

While the offer rate is determined by decisions made by firms, the take-up rate is decided by the share of eligible employees who enroll in insurance. Ineligible employees tend to be part-time or in a waiting period for health benefit eligibility.

In 2024, 83% of Massachusetts employees were eligible for their firms' health insurance (eligibility rate), and 68% of eligible employees enrolled in their employer's health plans (take-up rate). A smaller share of eligible Massachusetts employees at small firms enrolled in their firm's insurance (65%) compared with employees in small firms nationally (72%).

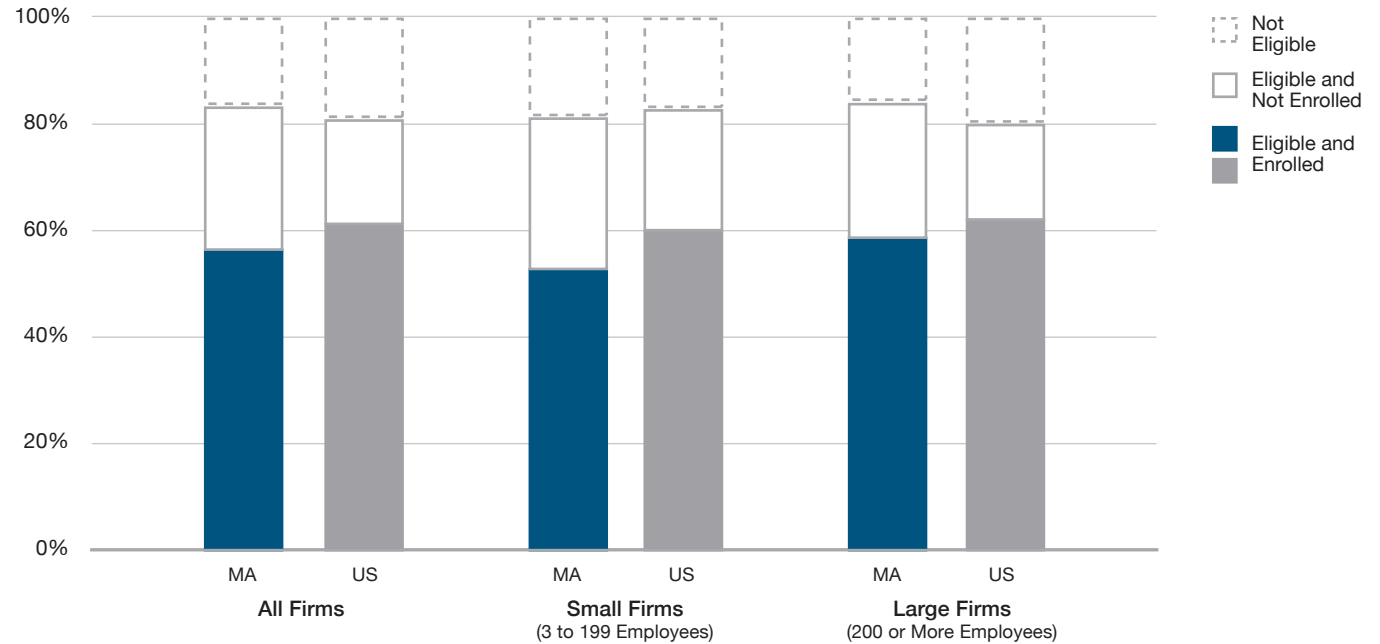
Among Massachusetts firms that offered health insurance, more than half of all employees (56%) received health insurance coverage from their employer (coverage rate).

Both in Massachusetts and nationally, a smaller share of eligible employees enrolled in health insurance at small firms than large firms.

Employees who do not enroll in their employer's health plan may receive coverage through a family member's employer, unsubsidized non-group coverage, or MassHealth, or they may be uninsured.

Employee Eligibility, Take-Up, and Coverage Rates: Massachusetts vs. United States

2024



	All Firms		Small Firms		Large Firms	
	MA	US	MA	US	MA	US
Eligibility Rate	83%	81%	81%	83%	84%	80%
Take-Up Rate	68%	75%	65%	72%	69%	77%
Coverage Rate	56%	61%	53%	60%	58%	62%

Eligibility rate is the percentage of employees eligible for health benefits offered by their employer.

Take-up rate is the percentage of **eligible** employees enrolled in their employer's offered health insurance plans.

Coverage rate is the percentage of **all** employees covered by their employer's offered health insurance plans.

Note: Public employees and firms with fewer than three employees were not included in this data. Eligibility rates are average rates for surveyed employers offering health insurance, weighted by all employees. Take-up rates are average rates for surveyed employers offering health insurance, weighted by eligible employees. Coverage rates are average rates for surveyed employers offering health insurance, weighted by all employees. U.S. data was drawn from the [2024 KFF Employer Health Benefits Survey](#).

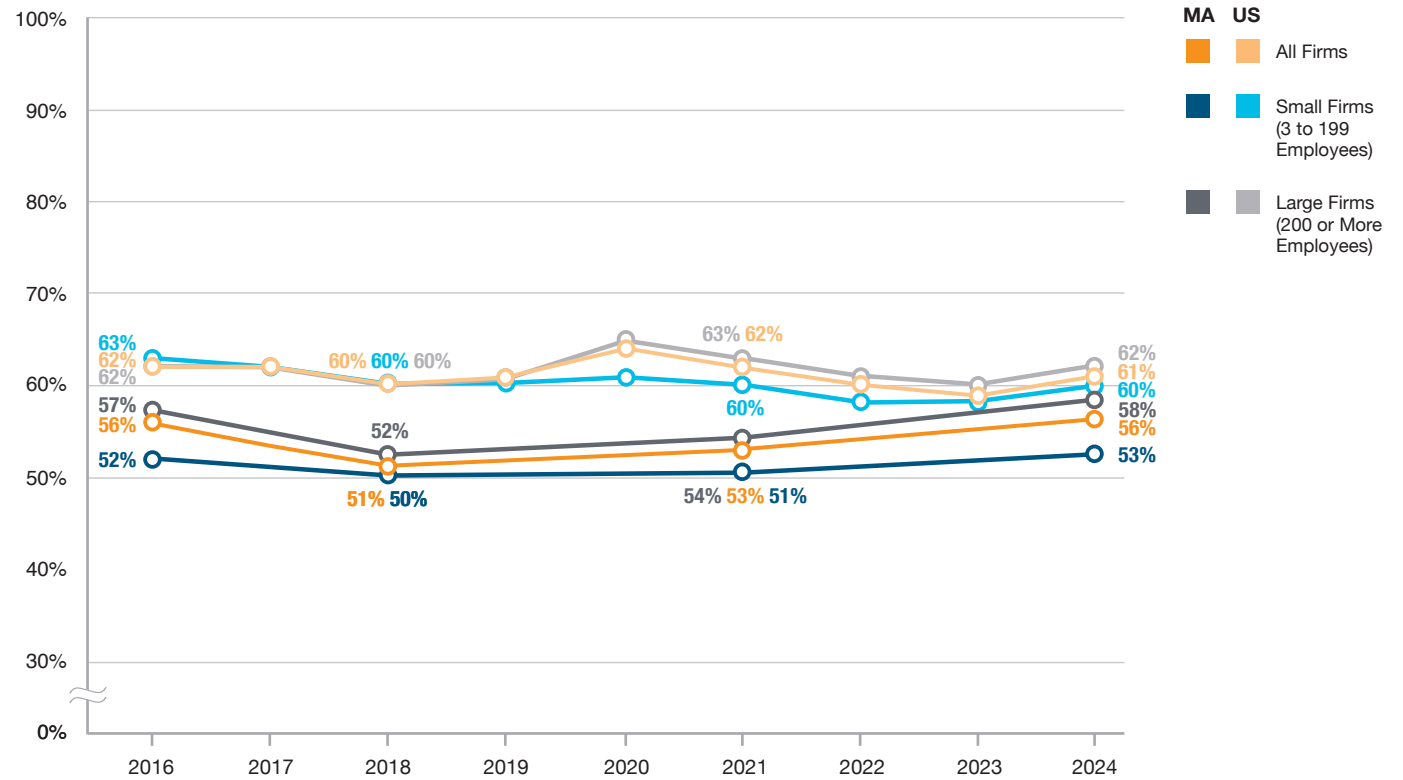
Employer Insurance Market: Offer, Take-Up, and Coverage Rates

More than half of all Massachusetts employees (56%) were covered by their employer's offered health insurance plans in 2024. This coverage rate was lower than the national rate (61%).

Coverage rates in Massachusetts have remained lower than or comparable to national rates since 2016, with lower coverage rates at small firms than large ones.

Trends in Employee Coverage Rates: Massachusetts vs. United States

2016-2024



	All Firms		Small Firms		Large Firms	
	MA	US	MA	US	MA	US
2016	56%	62%	52%	63%	57%	62%
2018	51%	60%	50%	60%	52%	60%
2021	53%	62%	51%	60%	54%	63%
2024	56%	61%	53%	60%	58%	62%

Note: Public employees and firms with fewer than three employees were not included in this data. Coverage rates are average rates for surveyed employers offering health insurance, weighted by all employees. U.S. data was drawn from the [2024 KFF Employer Health Benefits Survey](#).

Employer Insurance Market: Offer, Take-Up, and Coverage Rates

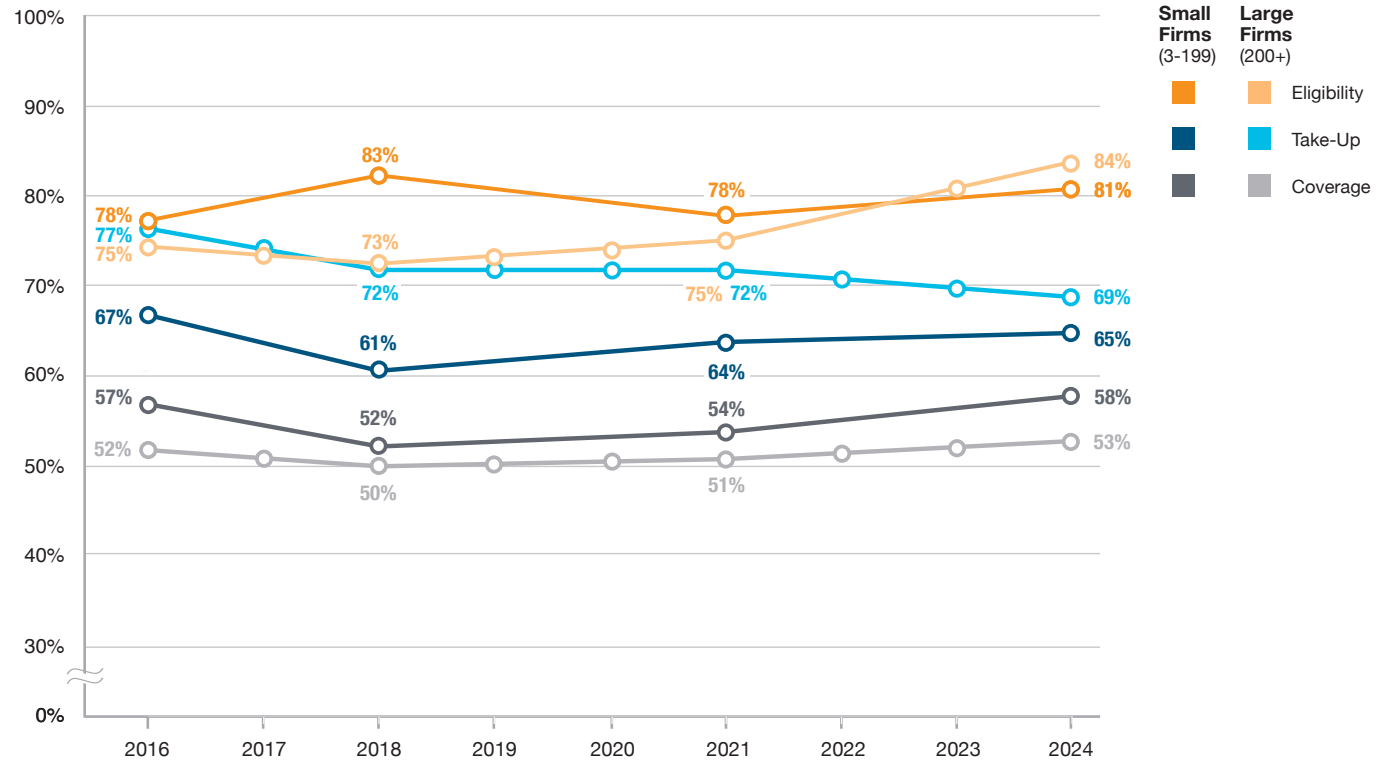
Trends in Massachusetts Employee Eligibility, Take-Up, and Coverage Rates by Firm Size

2016-2024

In 2024, more than four in five employees were eligible for their employer's health insurance plan (83%, data shown on page 10).

At small firms, 81% of employees were eligible in 2024, compared with 78% in 2021. At large firms, 84% of employees were eligible in 2024, compared with 75% in 2021.

In 2024, 65% of eligible employees in small firms and 69% of large firms took up insurance, compared with 64% and 72%, respectively, in 2021.



	Eligibility Rate		Take-Up Rate		Coverage Rate	
	Small Firms	Large Firms	Small Firms	Large Firms	Small Firms	Large Firms
2016	78%	75%	67%	77%	52%	57%
2018	83%	73%	61%	72%	50%	52%
2021	78%	75%	64%	72%	51%	54%
2024	81%	84%	65%	69%	53%	58%

Note: Public employees and firms with fewer than three employees were not included in this data. Eligibility rates are average rates for surveyed employers offering health insurance, weighted by all employees. Take-up rates are average rates for surveyed employers offering health insurance, weighted by eligible employees. Coverage rates are average rates for surveyed employers offering health insurance, weighted by all employees. U.S. data was drawn from the [2024 KFF Employer Health Benefits Survey](#).

Employer Insurance Market: Offer, Take-Up, and Coverage Rates

Offer, Eligibility, Take-Up, and Coverage Rates at Lower-Wage Firms in Massachusetts

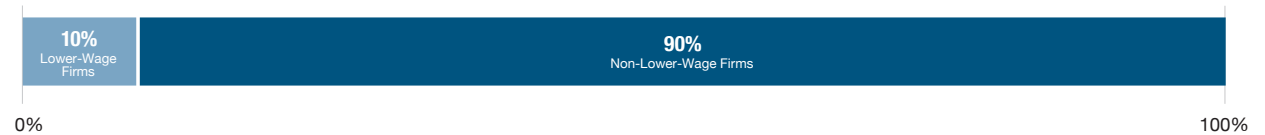
2024

Lower-wage firms, defined as firms with at least 35% of their full-time employees earning less than \$17/hour (\$34,820/year),* were less likely than non-lower-wage firms to offer health insurance to their employees (58% vs. 68%).

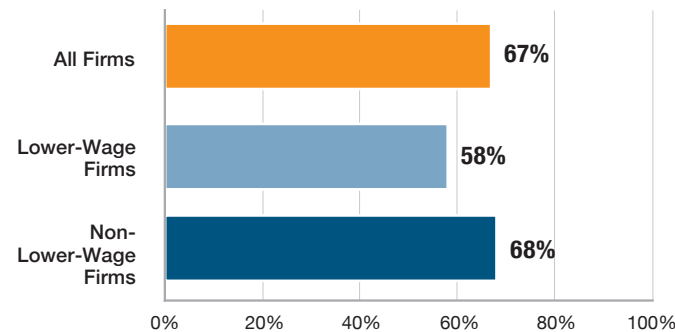
In 2024, 54% of employees at lower-wage firms were eligible for their firm's health insurance, and 43% of these eligible employees took up insurance with their employer's health plans. Among these lower-wage firms, 23% of all employees received health insurance coverage from their employers.

In contrast, 85% of employees at non-lower-wage firms were eligible for their firm's health insurance, and 69% of these eligible employees took up insurance with their employer's health plans. Among these non-lower-wage firms, 58% of all employees received health insurance coverage from their employers.

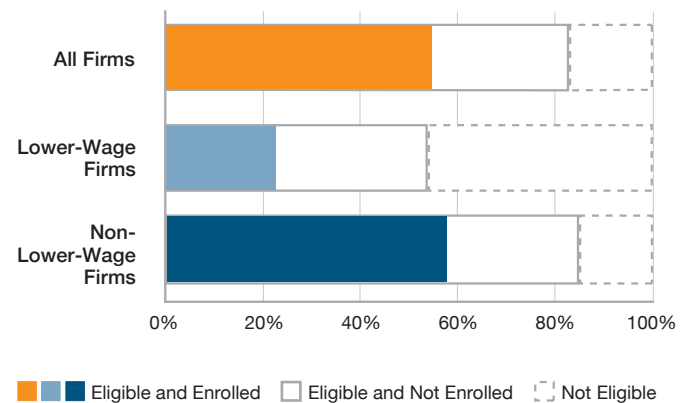
Distribution of Firms by Lower-Wage Status



Offer Rates by Lower-Wage Status



Employee Eligibility, Take-Up, and Coverage Rates by Lower-Wage Status



	All Firms	Lower-Wage Firms	Non-Lower-Wage Firms
Eligibility Rate	83%	54%	85%
Take-Up Rate	68%	43%	69%
Coverage Rate	56%	23%	58%

*Following the approach developed by the KFF Employer Health Benefits Survey, this threshold is based on the 25th percentile of workers' earnings (\$17/hour or \$34,820/year in 2024). Seasonally adjusted data from the Current Employment Statistics Survey. Bureau of Labor Statistics. Current Employment Statistics—CES (national) [Internet]. Washington (DC): BLS. Available from <https://www.bls.gov/ces/publications/highlights/highlights-archive.htm>.

Note: Public employees and firms with fewer than three employees were not included in this data. The employer offer rate is the percentage of firms that offered their employees some form of health insurance, weighted by firms. Eligibility rates are average rates for surveyed employers offering health insurance, weighted by all employees. Take-up rates are average rates for surveyed employers offering health insurance, weighted by eligible employees. Coverage rates are average rates for surveyed employers offering health insurance, weighted by all employees.

Employer Insurance Market: Offer, Take-Up, and Coverage Rates

Offer, Eligibility, Take-Up, and Coverage Rates Among Part-Time Employees: Massachusetts vs. United States

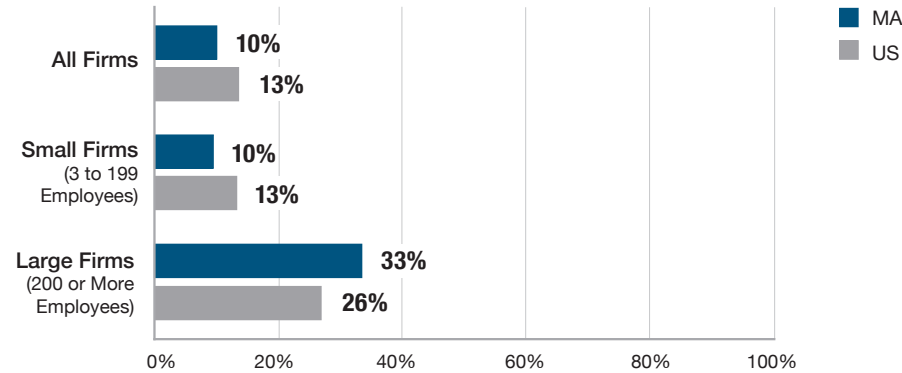
2024

In 2024, about 20% of Massachusetts employees were employed part time.* One in 10 Massachusetts firms offered health insurance to their part-time employees, compared with 13% of firms nationally. Forty-five percent of part-time employees were eligible** for their firms' health insurance, and 36% of those eligible employees enrolled in their firm's health plan. Overall, 16% of part-time employees received health insurance coverage from their employers.

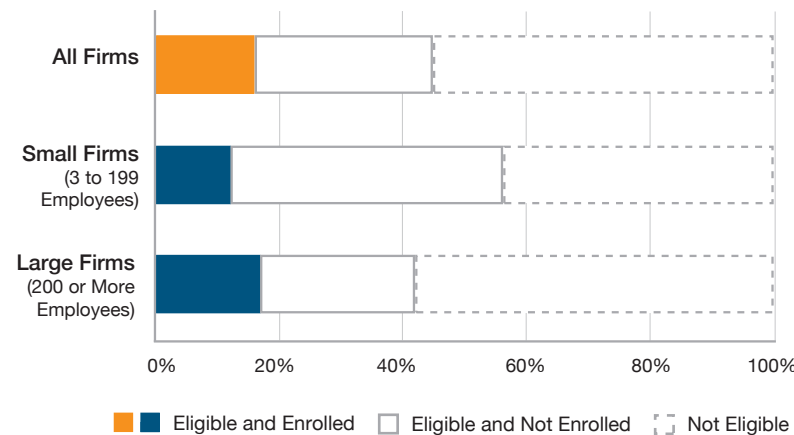
While one-third (33%) of large firms in Massachusetts offered health insurance to part-time employees, fewer than half of part-time employees at large firms were eligible for insurance (42%), and 41% enrolled in their employer's health plans. Among large firms, 17% of part-time employees were covered by their firm's health plans.

In contrast, 10% of small firms offered health insurance to part-time employees, and 56% of their part-time employees were eligible for insurance. However, only 22% of these eligible employees enrolled in their employer's health plan; overall, 12% were covered by their firm's health plans.

Offer Rate to Part-Time Employees by Firm Size



Eligibility, Take-Up, and Coverage Rates Among Part-Time Employees by Firm Size



	Eligibility Rate	Take-Up Rate	Coverage Rate
All Firms	45%	36%	16%
Small Firms	56%	22%	12%
Large Firms	42%	41%	17%

*A part-time employee is classified as someone who works on average fewer than 30 hours per week.

**Ineligibility may be due to not meeting a minimum hourly work requirement set by the employer or being in a waiting period for health benefits.

Note: Public employees and firms with fewer than three employees were not included in this data. The employer offer rate is the percentage of firms that offered their employees some form of health insurance, weighted by firms. Eligibility rates are average rates for surveyed employers offering health insurance, weighted by all employees. Take-up rates are average rates for surveyed employers offering health insurance, weighted by eligible employees. Coverage rates are average rates for surveyed employers offering health insurance, weighted by all employees. The U.S. data was drawn from the [2024 KFF Employer Health Benefits Survey](#).

Plan Offerings and Enrollment

This section provides information on the characteristics of insurance plans that are available to and adopted by employees at firms that offer insurance. In addition, the 2024 MES provides new measures on the coverage and modality of telemedicine benefits by Massachusetts firms and their health plans.

Note that all enrollment estimates presented in this report are based on covered employees and do not include spouses or dependents; estimates are not directly comparable to enrollment estimates that are based on administrative data and include all covered lives.^{3,4,5} More information is available in the [survey methods report](#).

Key Findings

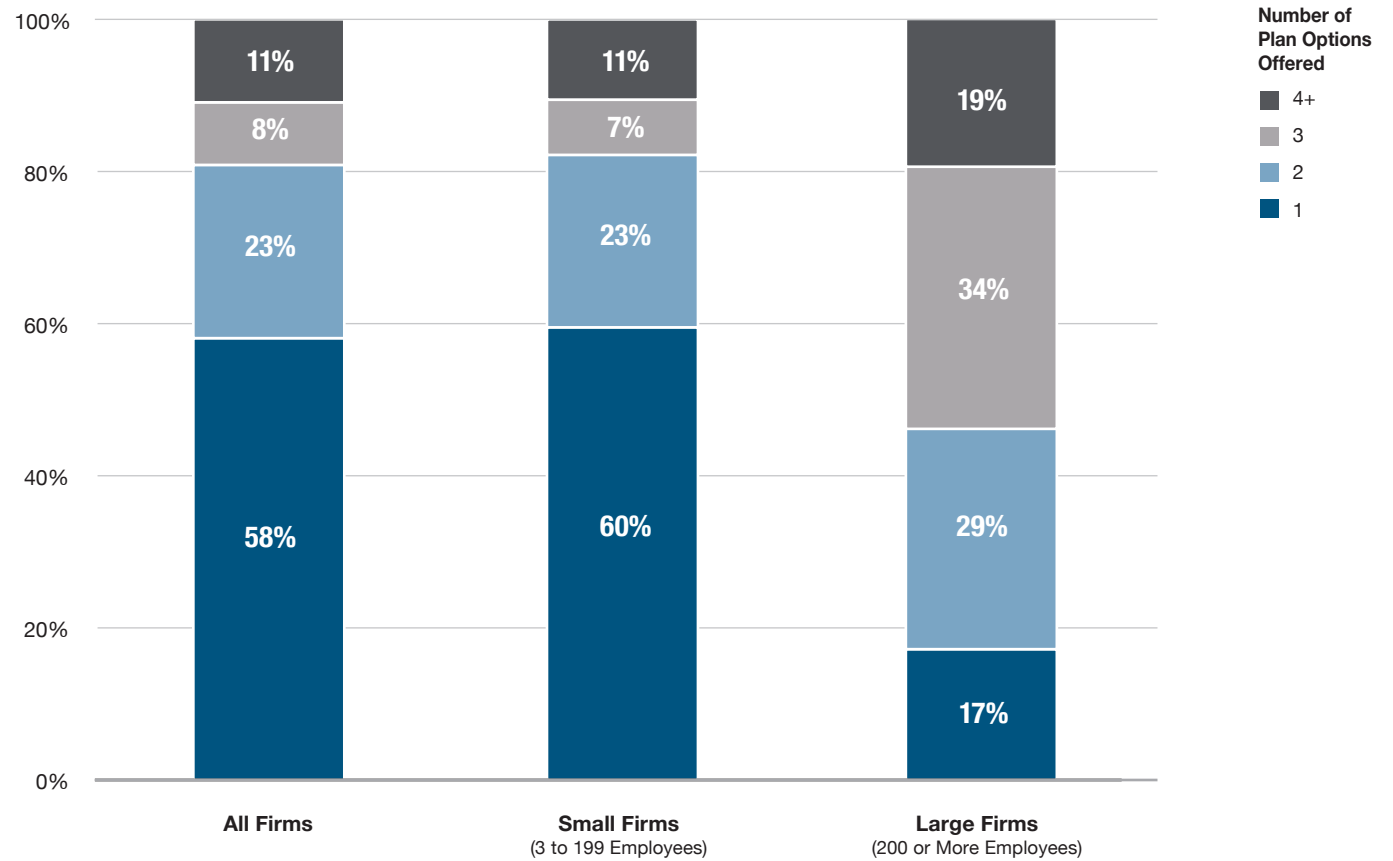
- Most firms in Massachusetts (58 percent) offered only one health plan in 2024, more commonly among small firms than large firms (60 percent vs. 17 percent).
- Together, HMO and PPO plans covered 96 percent of enrolled employees.
- Among firms offering insurance, 71 percent offered at least one high deductible health plan (HDHP). Most small firms (56 percent) and nearly one-third of large firms (31 percent) offered HDHPs exclusively.
- Of firms offering insurance, about a third (34 percent) offered an HDHP with a savings option (HRA or HSA), more commonly at large firms than small firms (55 percent vs. 33 percent).
- Nearly nine in 10 firms offering insurance (88 percent) indicated that they covered telemedicine services, with these benefits most commonly provided through the firm's health plans or a plan administrator (69 percent).
- Compared with firms offering only fully-insured plans, firms with at least one self-insured plan were more likely to cover telemedicine services through specialized providers (7% vs. 27%) and less likely to provide them through health plans or plan administrators (57% vs. 47%). ■

Number of Health Plans Offered

2024

In 2024, more than half of firms in Massachusetts (58%) offered only one health plan to their employees.

Large firms were more likely to offer two or more plans than small firms (83% vs. 40%).

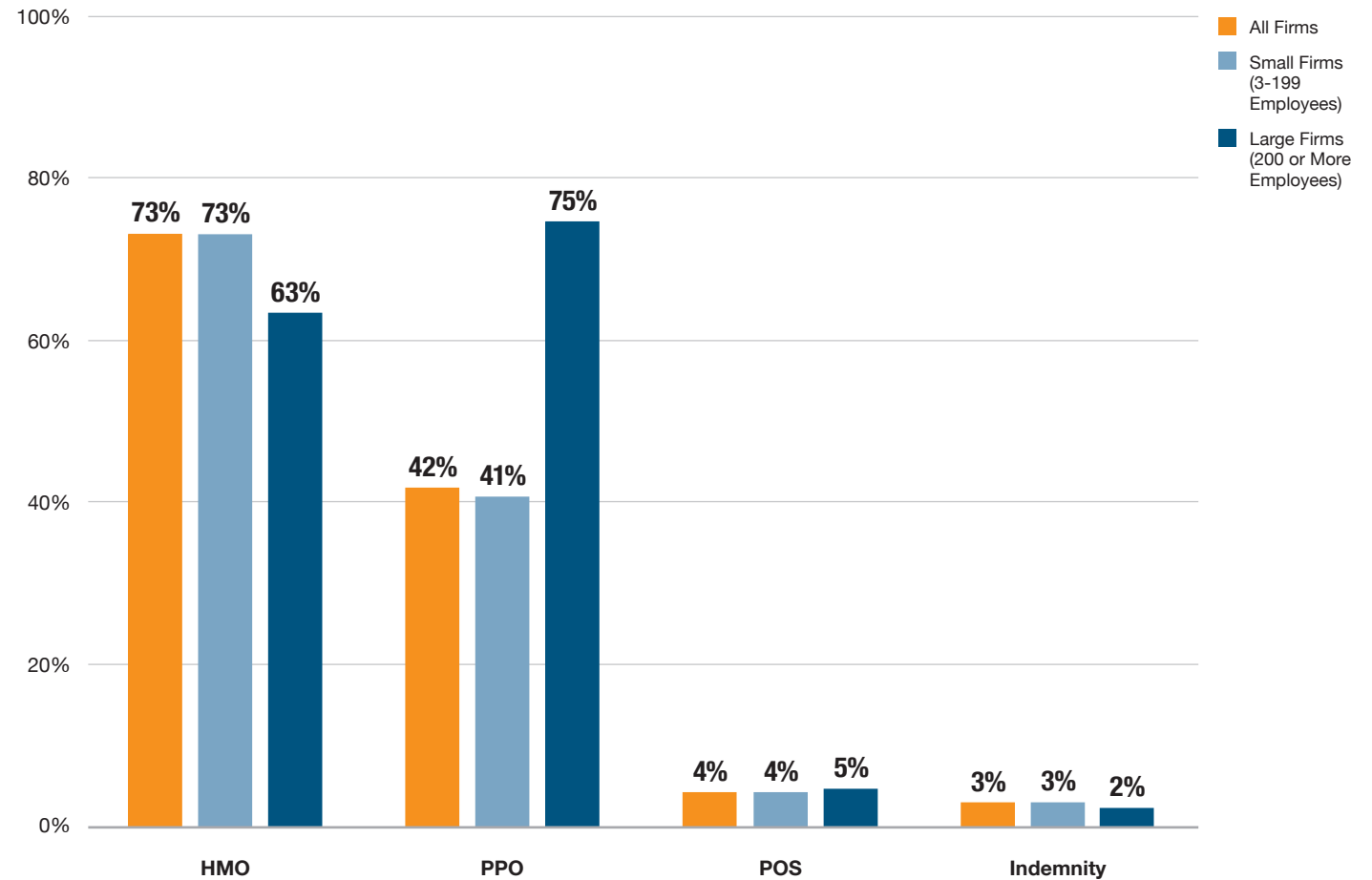


Note: Rates were adjusted by firm weights. Public employees and firms with fewer than three employees were not included in this data. Percentages may not add to 100% due to rounding.

Plan Offerings by Type 2024

Close to three-quarters of Massachusetts firms offering health insurance offered an HMO plan (73%). More than two in five offered a PPO (42%).

Health plan offerings differed by firm size. Large firms were slightly less likely to offer HMOs (63% vs. 73%) but much more likely to offer PPOs (75% vs. 41%) than small firms.



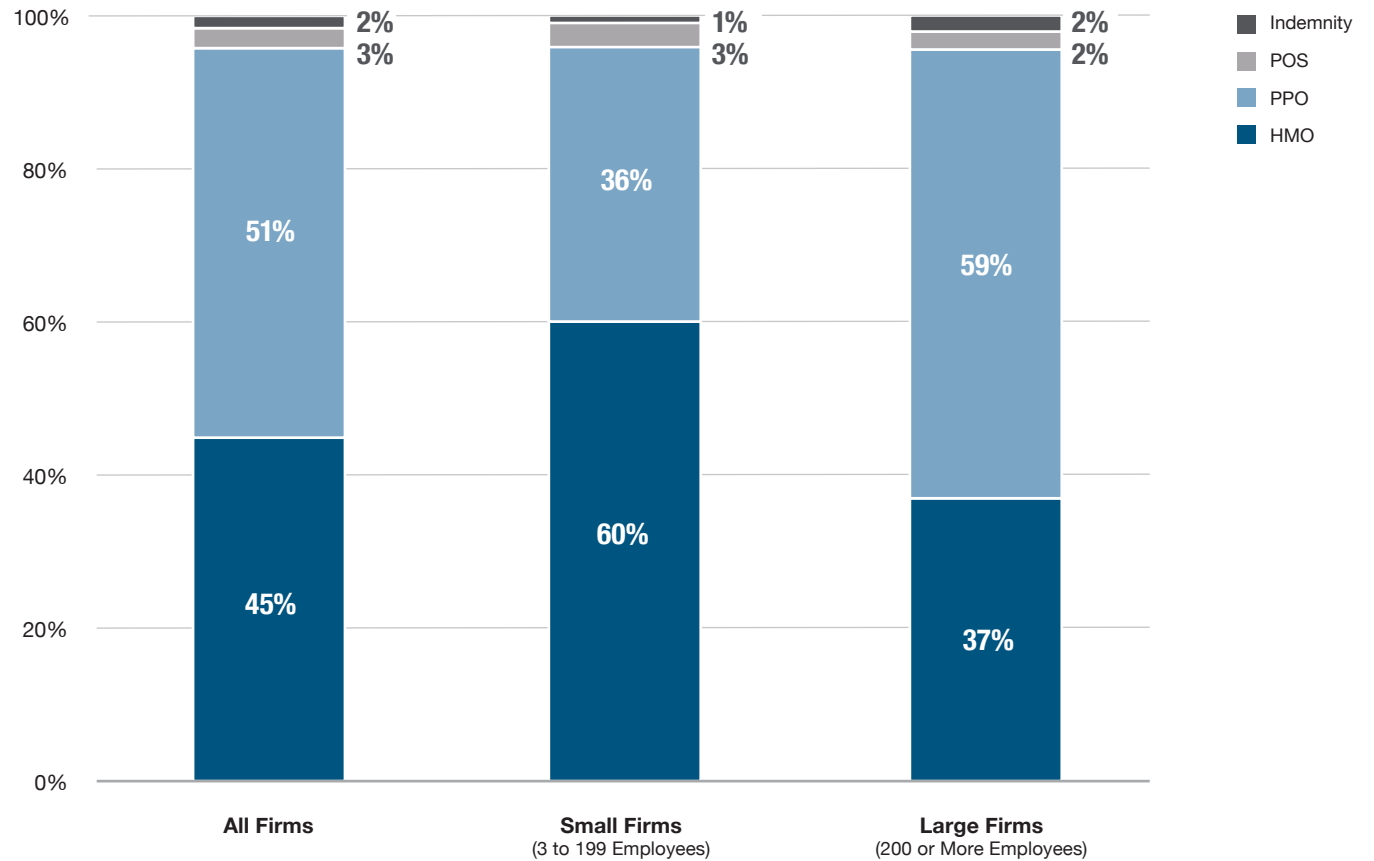
Note: The 2024 MES collected plan type information on up to five plans offered by the firm. Rates were adjusted by firm weights. Public employees and firms with fewer than three employees were not included in this data.

Enrollment by Health Plan Type

2024

More than half of covered employees (51%) were enrolled in PPO plans, and most others (45%) were enrolled in HMO plans. Just 5% of covered employees were enrolled in POS or indemnity plan types.

Enrollment in health plan types differed by firm size. Most covered employees in small firms had HMOs (60%), with PPOs the second most common plan type (36%). The opposite was true for large firms, where PPOs were the dominant source of enrollment for covered employees (59%) and HMOs were the second most common (37%).



Note: HMO = Health Maintenance Organization; PPO = Preferred Provider Organization; POS = Point-of-Service. The 2024 MES collected data on enrollment for up to five plans offered at firms across Massachusetts. Enrollment rates are weighted by covered employees and do not include dependents, and therefore data presented in this report is not directly comparable with enrollment data from other CHIA reports. Percentages may not add to 100% due to rounding. Public employees and firms with fewer than three employees were not included in this data.

High Deductible Health Plan (HDHP) Offerings

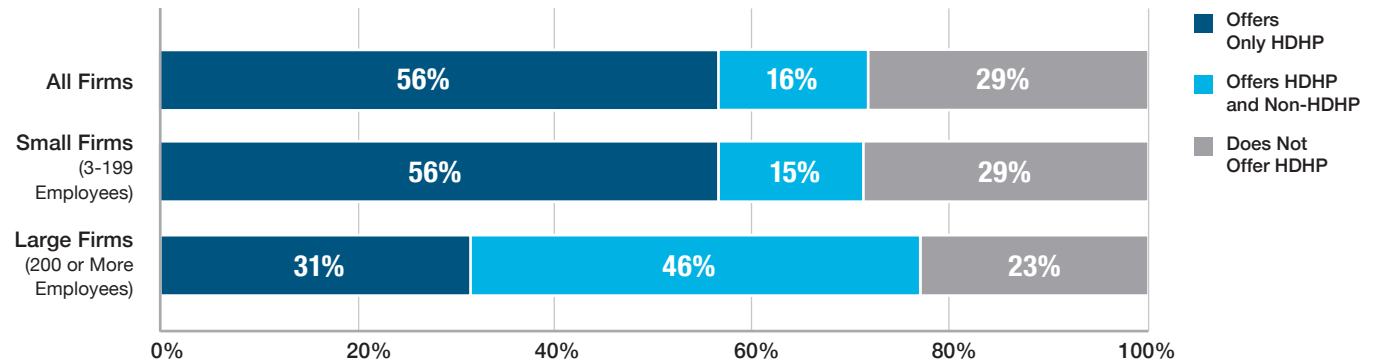
2024

In 2024, 71% of firms offering health insurance offered an HDHP. More than half (56%) only offered HDHPs, and a smaller share (16%) offered both HDHPs and non-HDHPs.

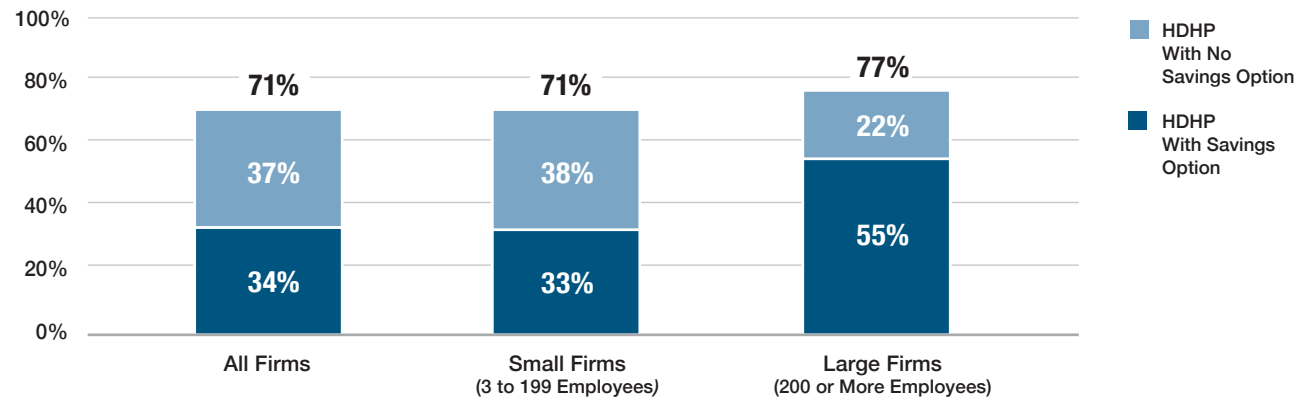
Small firms exclusively offered HDHPs more often than large firms (56% and 31%, respectively). Large firms were much more likely than small firms to offer both an HDHP and a non-HDHP option (46% vs. 15%).

Among firms offering insurance, more than a third (34%) offered HDHPs with an accompanying savings option—Health Reimbursement Account (HRA) or Health Savings Account (HSA). Large firms were more likely to offer an HDHP with a savings option than small firms (55% and 33%, respectively).

Percent of Firms Offering HDHP and non-HDHP Options Among Firms Offering Insurance



Percent of Firms Offering HDHP Options by Firm Size Among Firms Offering Insurance

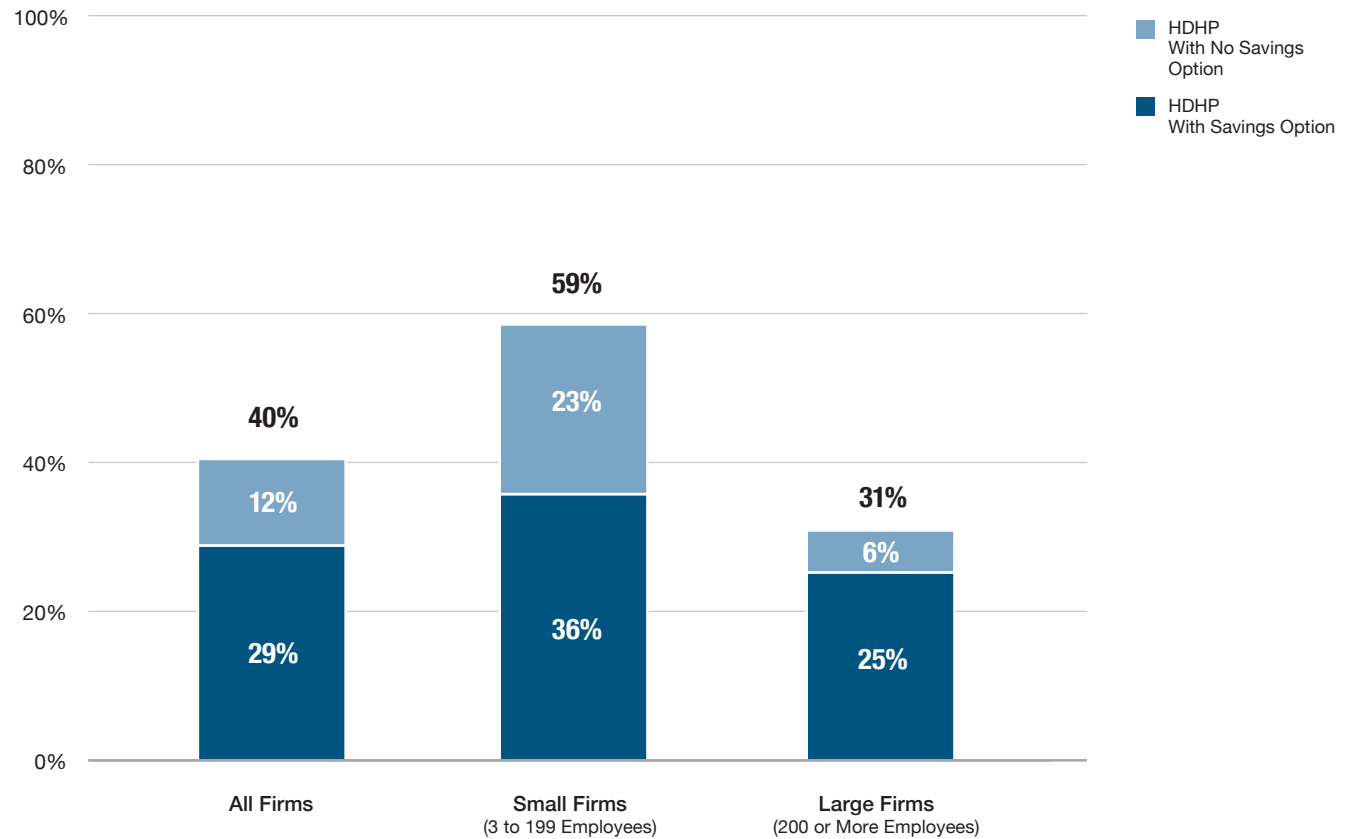


Note: The 2024 IRS deductible thresholds for HDHPs were \$1,600 for single coverage and \$3,200 for family coverage. Offer rates are weighted by firm weights. Percentages may not add to 100% due to rounding. Public employees and firms with fewer than three employees were not included in this data.

High Deductible Health Plan (HDHP) Enrollment 2024

About 40% of covered employees in Massachusetts were enrolled in an HDHP. This was more common at small firms, where HDHPs covered more than half of all enrolled employees (59%), compared with about one-third of covered employees at large firms (31%).

Most employees enrolled in HDHPs were also enrolled in a plan that offered a savings option. A higher share of HDHP enrollees at large firms had savings options than at small firms.



Notes: The 2024 IRS deductible thresholds for HDHPs were \$1,600 for single coverage and \$3,200 for family coverage. Enrollment rates are weighted by covered employees and do not include dependents. Public employees and firms with fewer than three employees were not included in this data.

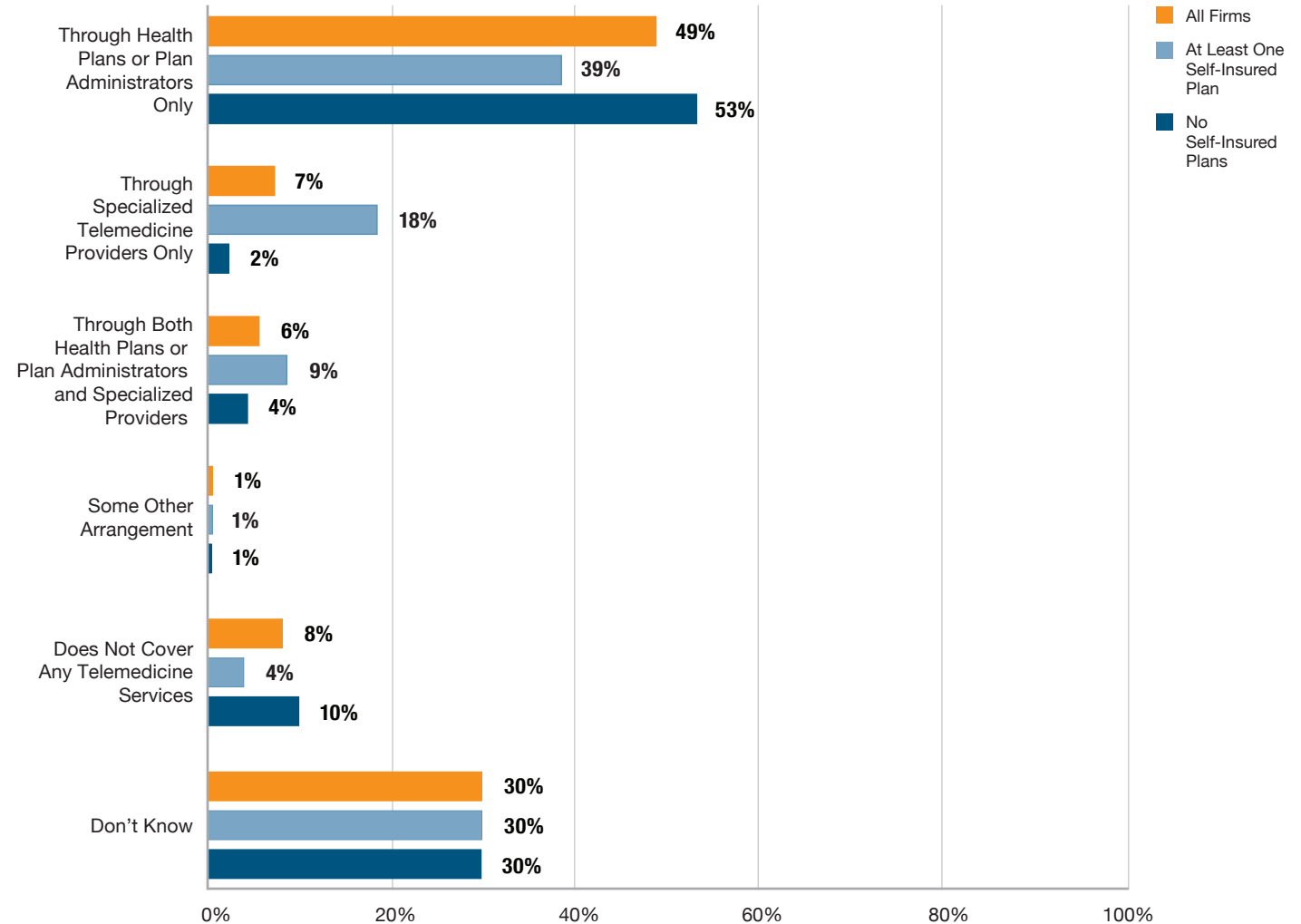
Telemedicine Coverage and Modality Among Firms Offering Health Insurance

2024

New for this report, in 2024 firms offering health insurance were asked whether they covered telemedicine services for their employees and how those services were provided. Most firms (62%) reported covering telemedicine services, 8% reported they did not, and 30% indicated not knowing if these services were covered.

Among firms reporting covering telemedicine services, the most common modality was through the firm's health plans or a plan administrator. A smaller share of firms used specialized telemedicine service providers such as Teladoc, Doctor on Demand, or MDLIVE, or offered both arrangements.

Self-insured commercial health plans are exempt from a Massachusetts state law requiring that telemedicine services be covered at parity with in-person services. Compared with firms with no self-insured plans (i.e., offering only fully-insured plans), firms with at least one self-insured plan were more likely to cover telemedicine services through specialized providers (7% vs. 27%) and less likely to provide them through health plans or plan administrators (57% vs. 47%).



Note: Telemedicine services were defined as health care services provided to a patient from a provider who is at a different location, including video chat and remote monitoring. Self-insured plans were defined as those plans for which the firm takes the financial risk and is either billed directly for claims, or claims are handled through a third-party administrator. Self-insured plans reported on this page include partially self-insured plans that are self-insured up to a certain dollar amount and paired with reinsurance or stop loss coverage. For specialized telemedicine providers, respondents were asked if they covered telemedicine services "through a specialized telemedicine service provider, such as Teladoc, Doctor on Demand, or MDLIVE." Rates were adjusted by firm weights. Public employees and firms with fewer than three employees were not included in this data.

Cost-Sharing Among Employers and Employees

In this section, information is reported on average monthly premium amounts, employer and employee contributions toward premiums, average annual deductibles, out-of-pocket limits, and copayment amounts for single coverage. Family coverage premium and contribution data was collected for three distinct categories of coverage: employee and spouse, employee and dependent(s), and employee and spouse and dependent(s). New in 2024 is data on savings option (HRA/HSA) contributions by employers.

To enable comparisons with national data, the MES reports cost-sharing information based on the largest enrolled plan at each firm; therefore, it is not directly comparable with cost-sharing data from other CHIA reports.⁶

Key Findings

- Compared with their national counterparts for single coverage, Massachusetts firms and their employees faced a higher average monthly premium (\$789 vs. \$746) and employees contributed a larger share of the premium (24 percent vs. 15 percent).
- Average monthly premiums for family coverage ranged from \$1,645 for coverage of the employee and spouse to \$2,244 for coverage of the employee, spouse, and dependent(s) in Massachusetts, compared with \$2,131 nationally for any family coverage covering more than one person.
- On average, employees contributed 27 percent to family premiums, compared with 25 percent nationally.
- Among firms offering HDHPs with savings options, firms contributed an average of \$1,916 annually to

HRAs and \$630 to HSAs for single coverage, and approximately twice that amount (\$3,480 and \$1,255, respectively) for family coverage.

- Among firms offering plans with deductibles, the average annual deductible for single coverage was \$1,354, lower than the national average of \$1,787.

- Massachusetts employees faced lower out-of-pocket limits than their national counterparts for single coverage (\$3,993 vs. \$4,409). ■

Cost-Sharing Among Employers and Employees

In 2024, the average monthly premium for single coverage in Massachusetts was \$789, 6% higher than the national average of \$746.

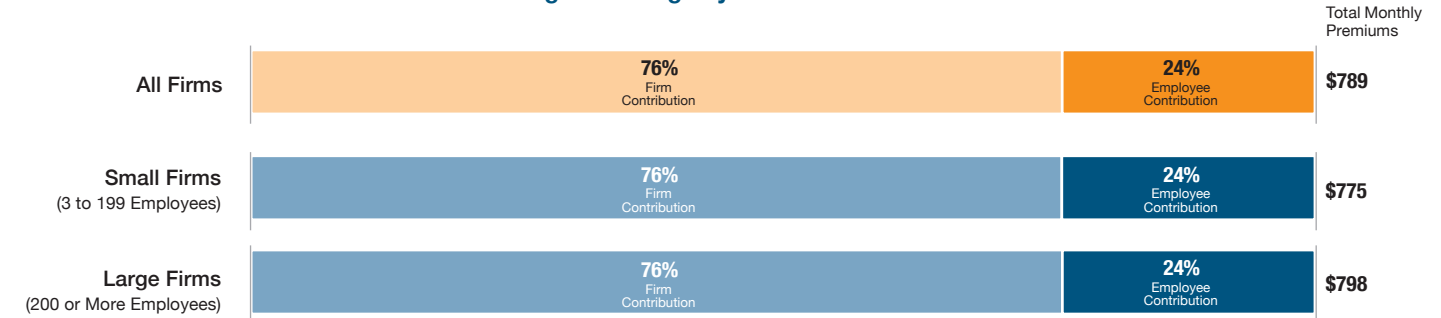
The average percentage contributed by employees for single coverage was 24% in Massachusetts (\$188 per month) compared with 15% nationally (\$114 per month).

Among firms that offered single coverage, the average employee contribution was similar regardless of firm size (24% at both small and large firms in Massachusetts; nationally, 13% at small firms and 16% at large firms).

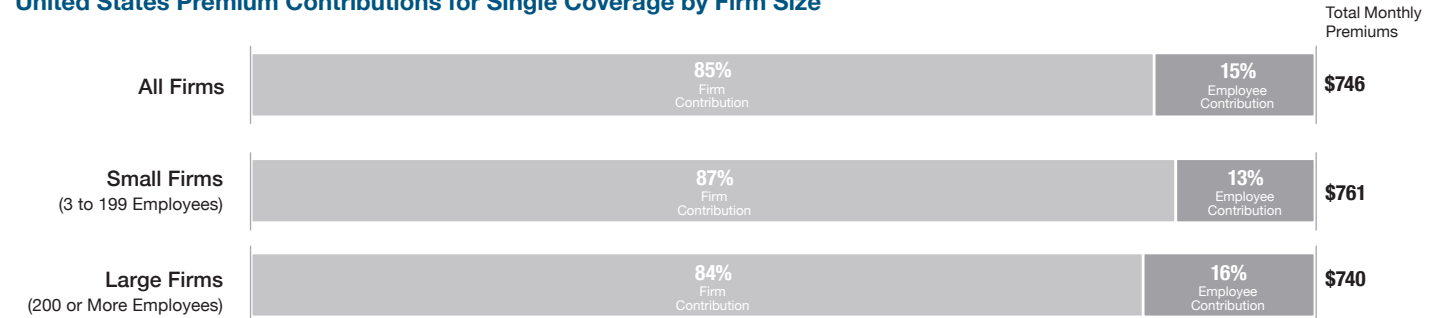
Health Insurance Premiums for Single Coverage

2024

Massachusetts Premium Contributions for Single Coverage by Firm Size



United States Premium Contributions for Single Coverage by Firm Size



Note: Massachusetts average premium costs are based on weighted average of the largest enrolled plan at each firm. Premiums are weighted by covered employees. More information on premium contributions is available in the [survey methods report](#). U.S. data was drawn from the 2024 KFF Employer Health Benefits Survey. Public employees and firms with fewer than three employees were not included in this data.

Cost-Sharing Among Employers and Employees

Family coverage premium data was collected for three distinct categories: employee and spouse, employee and dependent(s), and employee and spouse and dependent(s).

The 2024 average monthly premium was \$1,645 for employee and spouse coverage, \$1,667 for employee and dependent(s) coverage, and \$2,244 for employee and spouse and dependent(s).

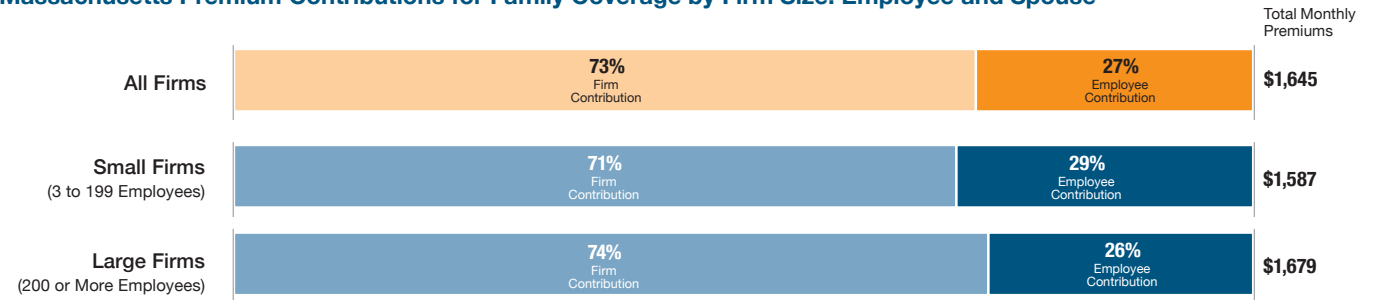
The average percentage contributed by employees for each of these coverage options was 27% for all firms.

The average percentage contributed by employees for each of these coverage options was greater at small firms than large firms.

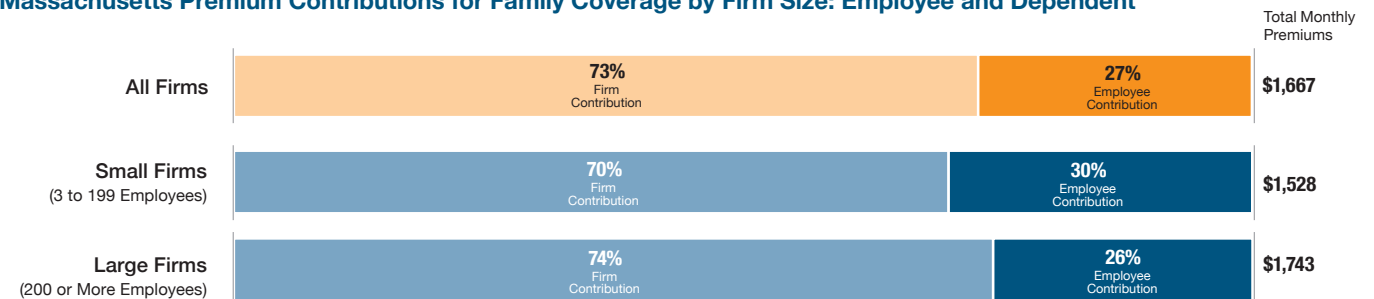
Health Insurance Premiums for Family Coverage

2024

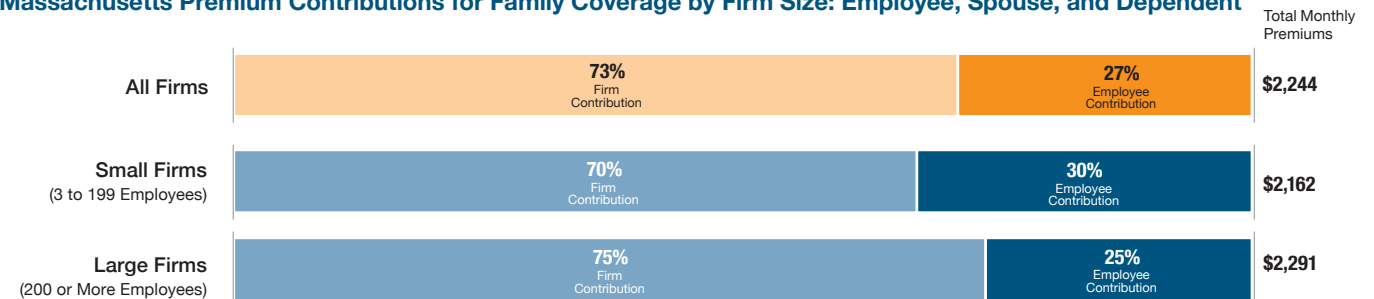
Massachusetts Premium Contributions for Family Coverage by Firm Size: Employee and Spouse



Massachusetts Premium Contributions for Family Coverage by Firm Size: Employee and Dependent



Massachusetts Premium Contributions for Family Coverage by Firm Size: Employee, Spouse, and Dependent



Note: Massachusetts average premium costs are based on weighted average of the largest enrolled plan at each firm. Premiums are weighted by covered employees. More information on premium contributions is available in the [survey methods report](#). Public employees and firms with fewer than three employees were not included in this data.

Cost-Sharing Among Employers and Employees

New for this report, in 2024 the MES asked firms offering HDHPs with savings options about the average annual contributions by firms to these accounts, including HRAs and HSAs. About three in 10 covered employees (29%) in Massachusetts are enrolled in one of these plans (see page 20).

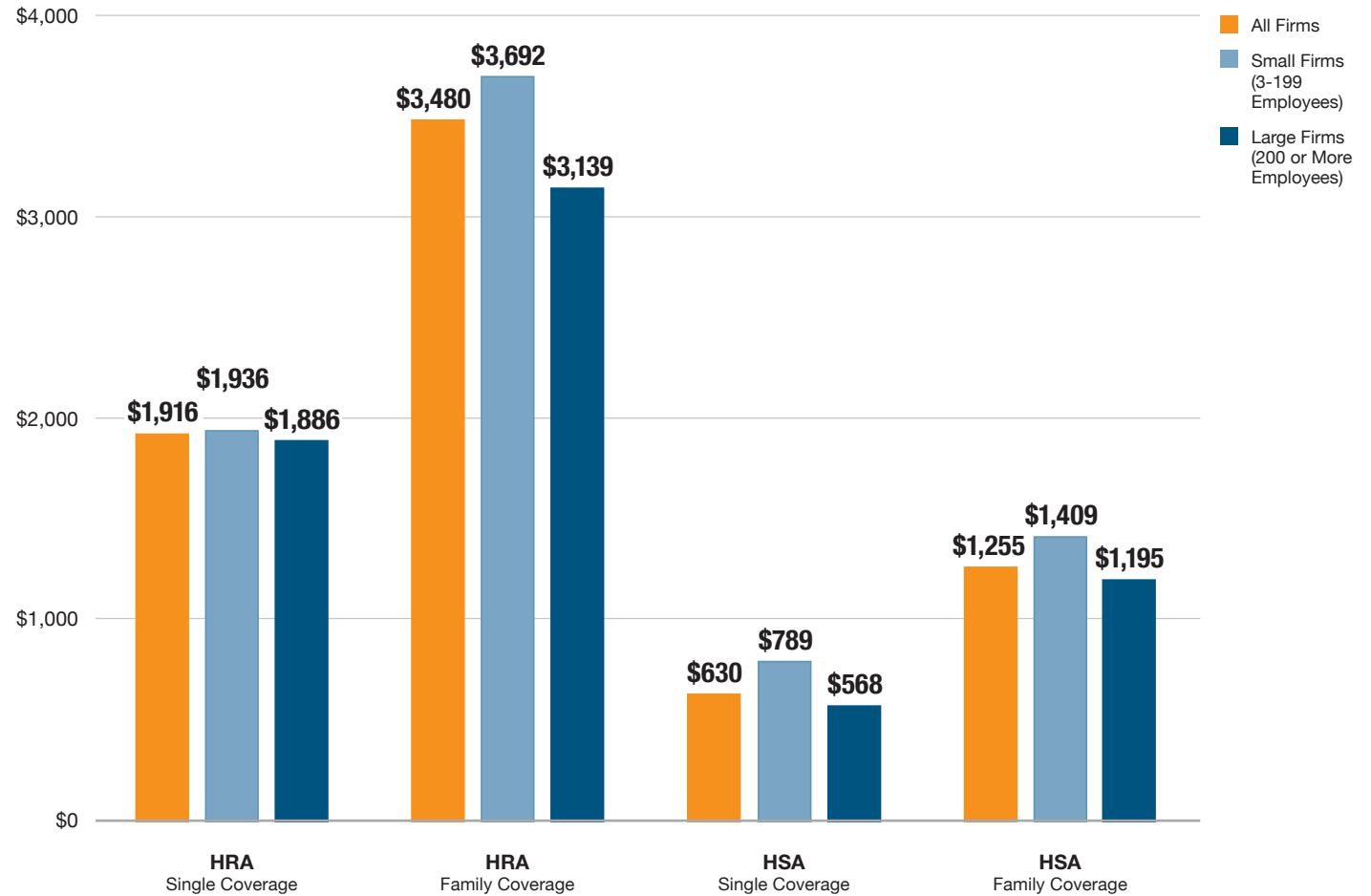
Among HDHP plans with savings options, for single coverage the average annual contribution to an HRA was \$1,916 and to an HSA was \$630.

For family coverage, the average annual contribution was \$3,480 to an HRA and \$1,255 to an HSA.

There was some variation based on firm size, with small firms contributing larger amounts than large firms to these savings accounts.

Firm Contributions to High Deductible Health Plan (HDHP) Savings Options

2024



Notes: The 2024 IRS deductible thresholds for HDHPs were \$1,600 for single coverage and \$3,200 for family coverage. Average contributions to savings options are based on the average of firm contributions to up to five plans, weighted by covered employees. Public employees and firms with fewer than three employees were not included in this data.

Cost-Sharing Among Employers and Employees

In 2024, the average annual deductible for single coverage was \$1,354, lower than the annual deductible nationally (\$1,787). Massachusetts annual deductibles were more than twice as high at small firms relative to large firms (\$2,129 vs. \$900), a greater difference than was seen nationally (\$2,575 vs. \$1,538).

Overall, Massachusetts employees faced lower out-of-pocket limits than their national counterparts. The average out-of-pocket limit for single coverage in Massachusetts was \$3,993, compared with \$4,409 nationally.

Copayments for medical services were generally higher among plans offered by small firms than those at large firms, particularly for inpatient and emergency department (ED) visits.

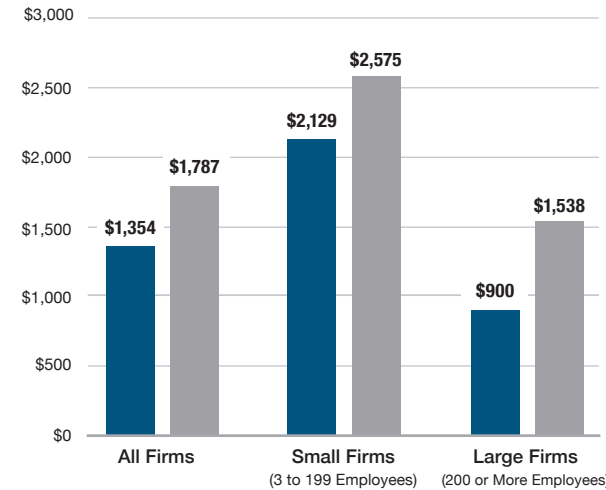
Under state law, most Massachusetts residents over 18 who can afford health insurance must maintain health insurance that meets Minimum Creditable Coverage (MCC) standards, which include caps on deductibles and out-of-pocket limits, to avoid tax penalties in Massachusetts.⁷

While employers are not required to offer plans meeting these standards, many choose to offer these options voluntarily.

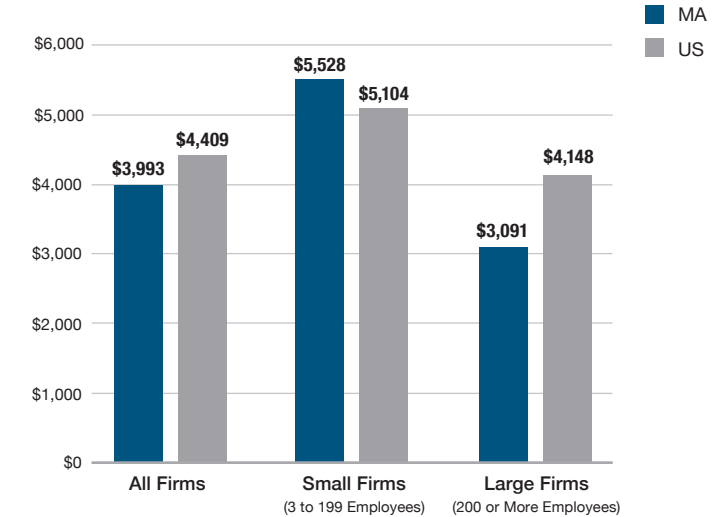
Annual Deductibles, Out-of-Pocket Limits, and Copayments for Single Coverage: Massachusetts vs. United States

2024

Average Annual Deductibles for Single Coverage by Firm Size



Average Annual OOP Limits for Single Coverage by Firm Size



Copayments by Firm Size

	All Firms	Small Firms	Large Firms
PCP Office Visit	\$24	\$26	\$23
Mental Health Office Visit	\$31	\$31	\$31
ED Visit	\$219	\$282	\$188
Inpatient Visit	\$330	\$473	\$263
Generic Drug	\$12	\$13	\$12
Non-Preferred Brand Drug	\$63	\$78	\$56
Preferred Brand Drug	\$36	\$42	\$33
Specialty Drug	\$97	\$114	\$87

Note: The cost-sharing amounts shown are based on in-network providers of single coverage health plans. Deductibles are reported for plans that have covered workers enrolled in a single coverage plan that includes a deductible. Average deductibles, out-of-pocket (OOP) limits, and copayment amounts are based on a weighted average of covered employees in all plans offered at a firm (up to five plans). OOP limit is the maximum that an enrollee pays for covered services in a plan year. After the enrollee spends this amount on deductibles, copayments, and coinsurance, the health plan pays 100% of the costs of covered benefits. Copayment amounts are based on the amount for in-network providers. \$0 copays for inpatient visits were excluded from the average. U.S. data was drawn from the 2024 KFF Employer Health Survey. Public employees and firms with fewer than three employees were not included in this data.

Health Insurance Decision-Making Among Employers

The decisions made by Massachusetts employers about whether to offer health insurance and which carriers and health plans to select have important implications for the health care marketplace. The MES highlights some of the primary factors influencing employers' decisions. The 2024 MES asked employers about the most important reasons for offering or not offering insurance, primary methods for purchasing health insurance, reasons for selecting health insurance carriers/plans, and cost-control strategies that were enacted within the past year. New for this report, the 2024 MES asked firms that used an agent, broker, or consultant as their primary way to purchase health insurance about the types of services they obtained from them to better understand the role of these entities in the health insurance landscape.

Key Findings

- The top reasons reported for not offering insurance were that the firm was not required to because of size

(58 percent), that most employees were covered by another plan (37 percent), and that the cost was too high (32 percent).

- The vast majority (90 percent) of firms reported cost as the top reason for selecting an insurance carrier or plan.
- Three-quarters (76 percent) of small firms and 88 percent of large firms obtained health insurance through an agent, broker, or consultant.
- The types of services for which firms used agents, brokers, or consultants varied by firm size, with small firms most commonly reporting comparing prices (93 percent) and large firms reporting negotiating with insurers (92 percent).
- Nearly a quarter (23 percent) of firms reported increasing member cost-sharing in the past 12 months to manage health insurance costs. ■

Employer Reasons for Not Offering Insurance

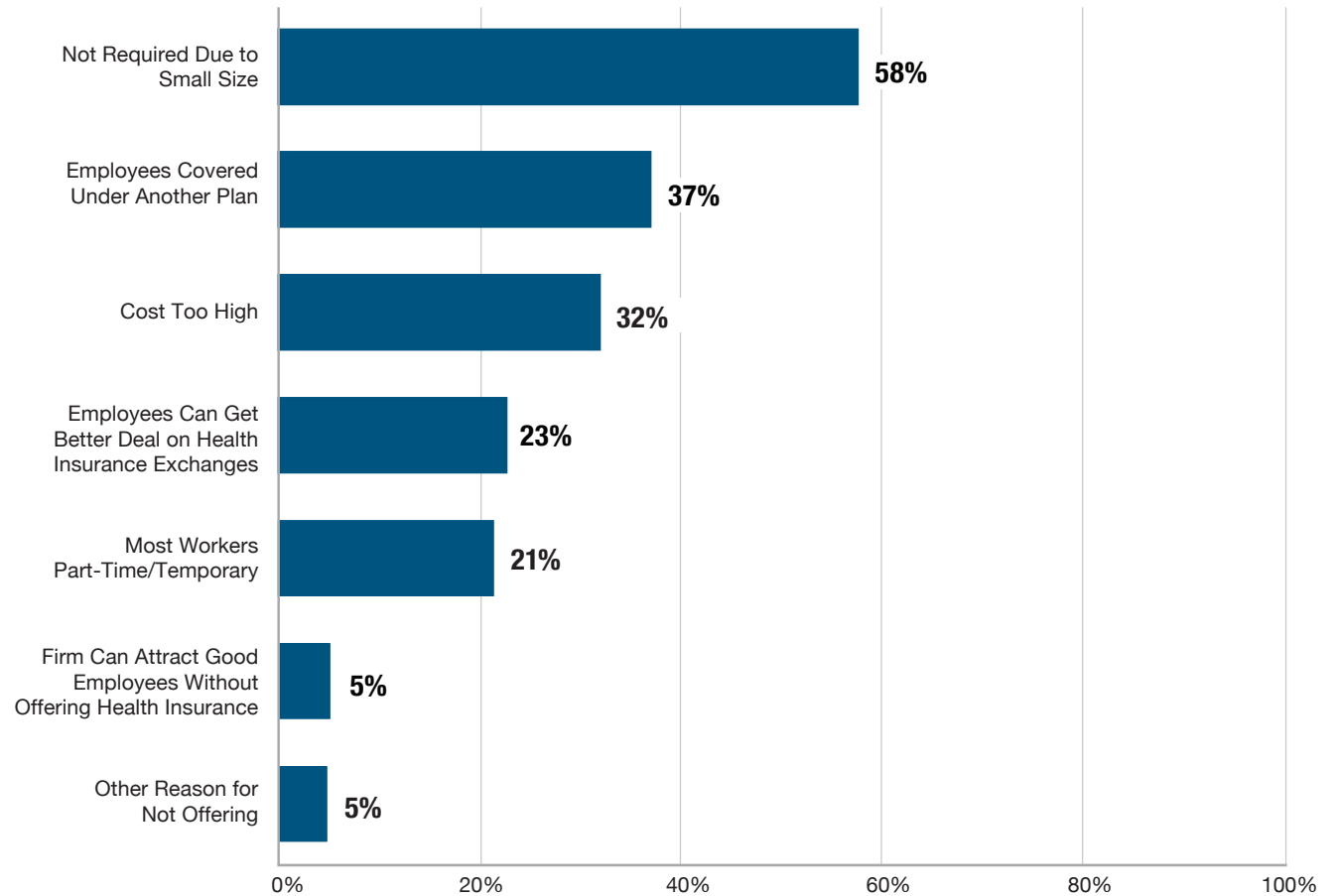
2024

Among firms not offering insurance in 2024, the most commonly reported reason was that the firm is not required to offer insurance because of size (58%).

The second most common reason, at 37%, was because employees are covered under another plan. This could include other employer-sponsored coverage through a spouse's plan, insurance from a private or public exchange, or public insurance such as Medicaid/Medicare.

The third most common reason for not offering health insurance is that the cost of insurance coverage was too high (32%). This corresponds to approximately 8,400 firms that do not offer insurance in Massachusetts due to cost.

Although the vast majority of firms not offering insurance are smaller firms, larger firms subject to state and federal employer health insurance mandates may choose either to pay penalties for not offering insurance or to offer an Individual Coverage Health Reimbursement Arrangement (ICHRA) instead of traditional group health insurance.



Note: Rates were adjusted by firm weights. Because survey respondents were allowed to select up to three responses to this question, percentages do not add up to 100%. Public employees and firms with fewer than three employees were not included in this data.

Health Insurance Decision-Making Among Employers

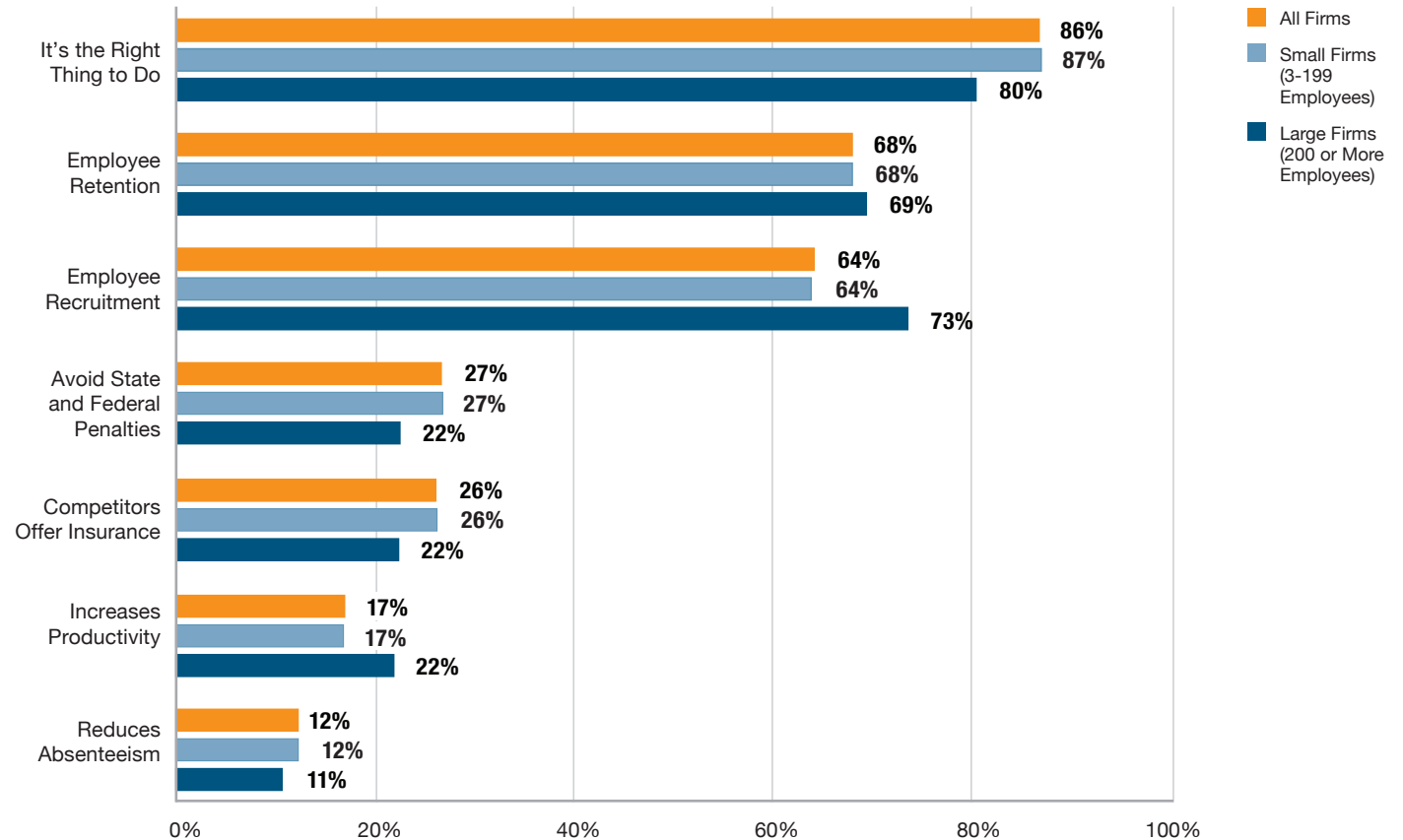
Employer Reasons for Offering Insurance

2024

In 2024, Massachusetts employers overall most commonly cited “it’s the right thing to do” (86%) and “employee retention” (68%) as reasons for offering health insurance.

Among small firms, employee recruitment was the third most common reason for offering insurance.

For large firms, employee recruitment was a more popular reason (73%) for offering insurance to their employees than employee retention (69%).



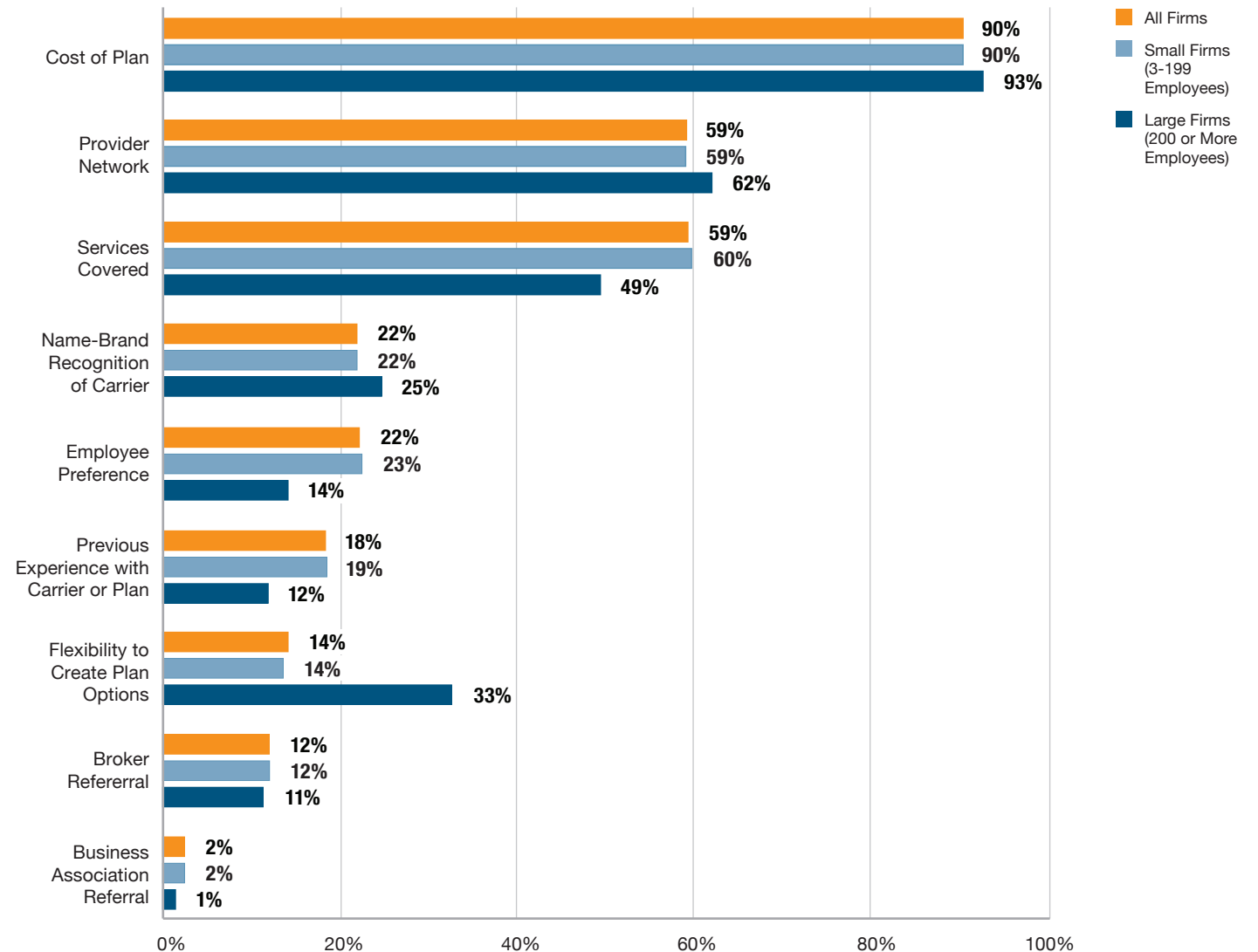
Note: Rates were adjusted by firm weights. Because survey respondents were allowed to select up to three responses to this question, percentages do not add up to 100%. Public employees and firms with fewer than three employees were not included in this data.

Employer Reasons for Selecting a Health Insurance Carrier or Plan

2024

In 2024, Massachusetts employers most commonly reported the cost of the plan (90%), the provider network (59%), and the services covered (59%) as the most important reasons for selecting a health insurance carrier or plan.

Large firms were more than twice as likely as small firms to mention the flexibility to create plan options as a factor in carrier/plan selection (33% vs. 14%).



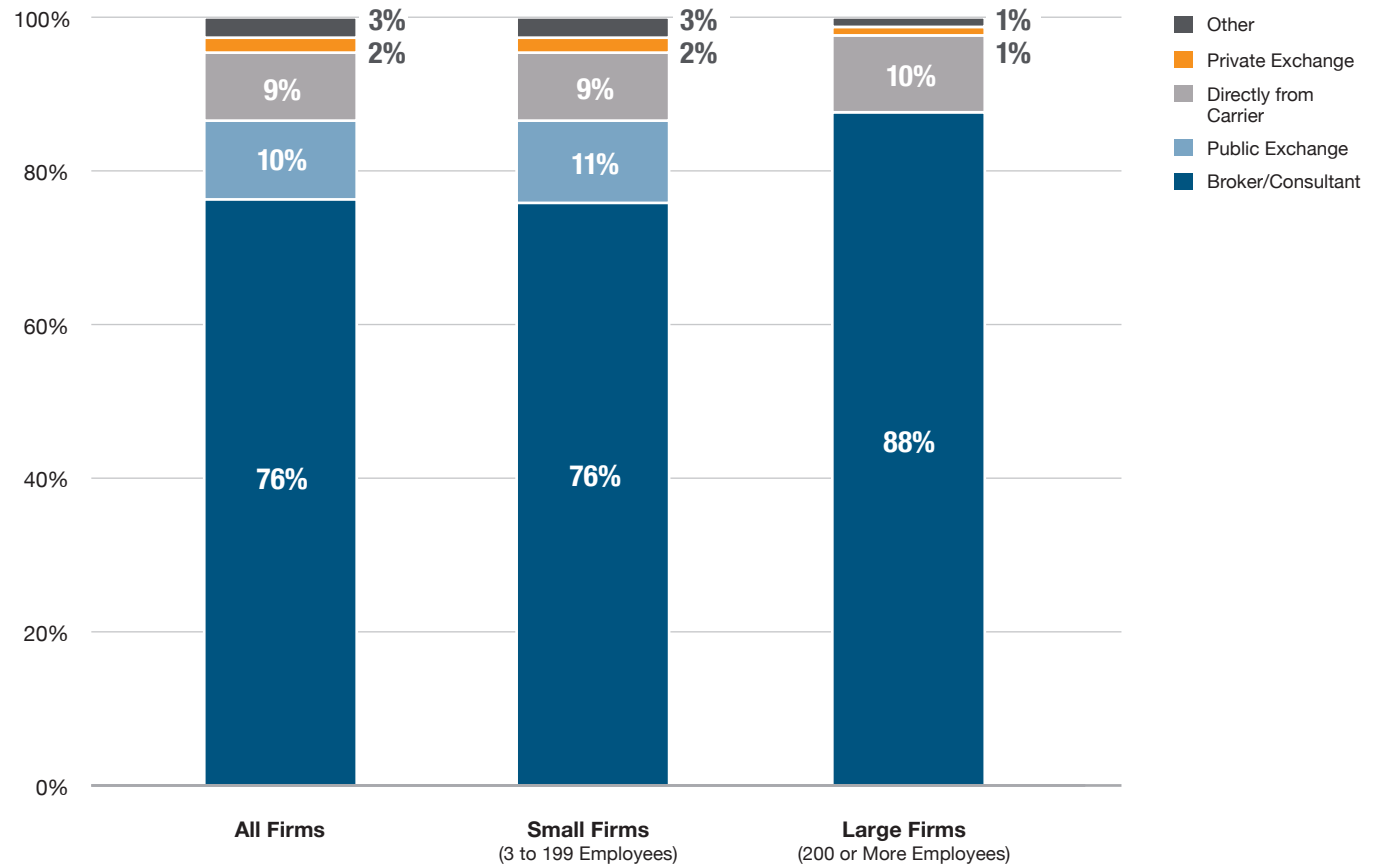
Note: Rates were adjusted by firm weights. Because survey respondents were allowed to select up to three responses to this question, percentages do not add up to 100%. Public employees and firms with fewer than three employees were not included in this data.

Employer Primary Ways to Purchase Health Insurance

2024

In 2024, the most common way for Massachusetts employers to purchase health insurance was through an agent, broker, or consultant (76%). Public exchanges* were used by another 10% of firms, representing 2.5% of covered employees in the Commonwealth (data not shown).

Firms with 50 or fewer employees may purchase small group insurance through the Massachusetts Health Connector. Larger firms, which do not have access to the public exchanges, were more likely to use agents, brokers, or consultants.



*Health insurance exchanges are virtual marketplaces where employers can choose health plans and products to offer their employees. Private exchanges are generally created by insurers or brokers whereas public exchanges are run by state or federal governments, though both provide insurance benefits through private carriers.

Note: Estimates based on self-reported survey data. Please see <https://www.mahealthconnector.org/about/board-meetings> for actual Health Connector enrollment numbers and participation. Rates were adjusted by firm weights. Percentages may not add to 100% due to rounding. Public employees and firms with fewer than three employees were not included in this data.

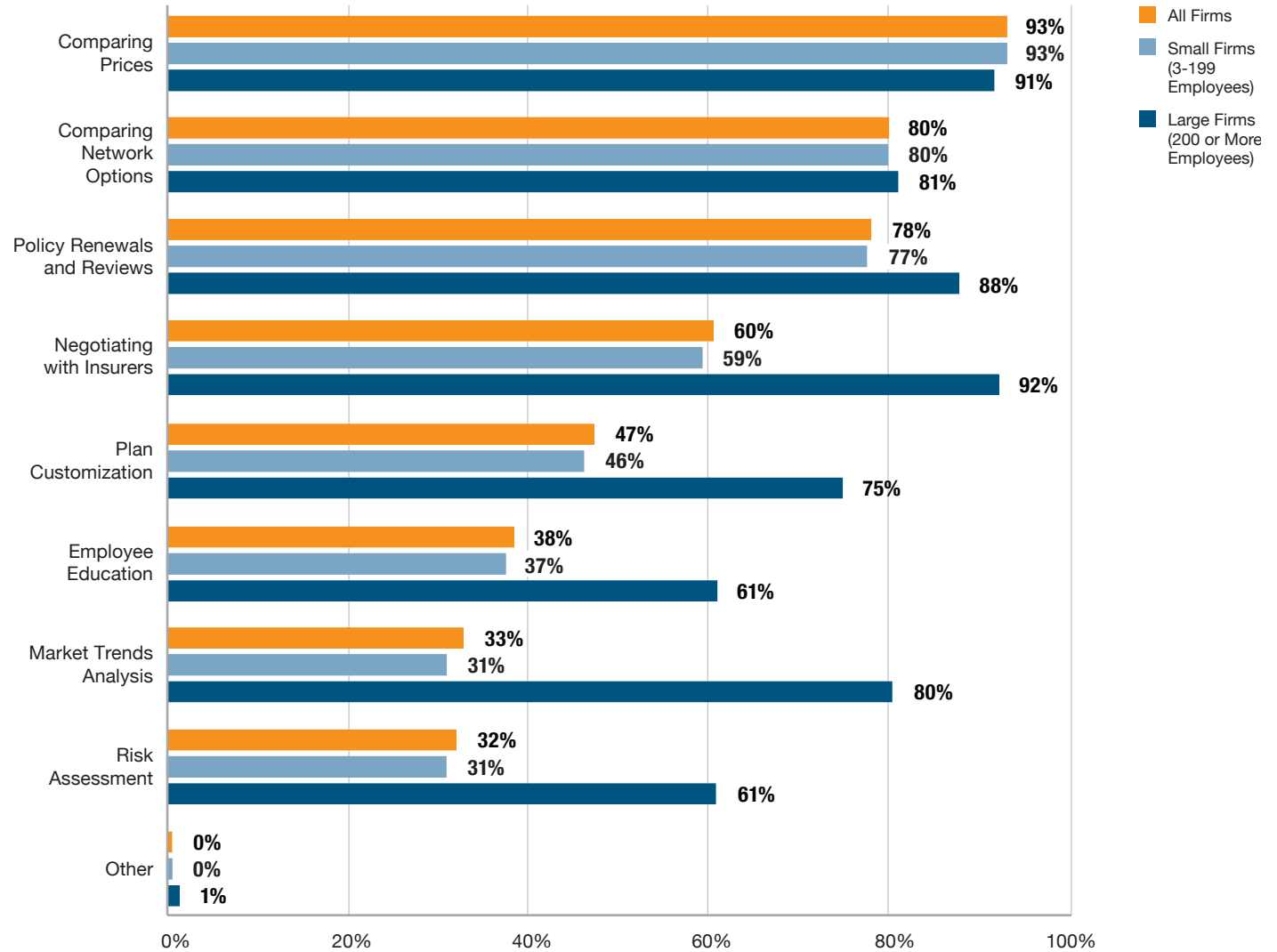
Employer Use of Brokers in Insurance and Benefits Decisions

2024

New for this report, the 2024 MES asked firms that utilized an agent, broker, or consultant about the types of services they obtained from these entities.

Overall and among small firms, the top uses of these entities were comparing prices (93%) and network options (80%).

Larger firms tended to report using an agent, broker, or consultant for a wider variety of services than small firms. The top services reported by large firms were negotiating with insurers (92%) and comparing prices (91%).



Note: Because survey respondents were allowed to select more than one reason for these questions, percentages do not add up to 100%. Rates were weighted by number of firms. Public employees and firms with fewer than three employees were not included in this data.

Cost-Control Strategies Enacted by Employers

2024

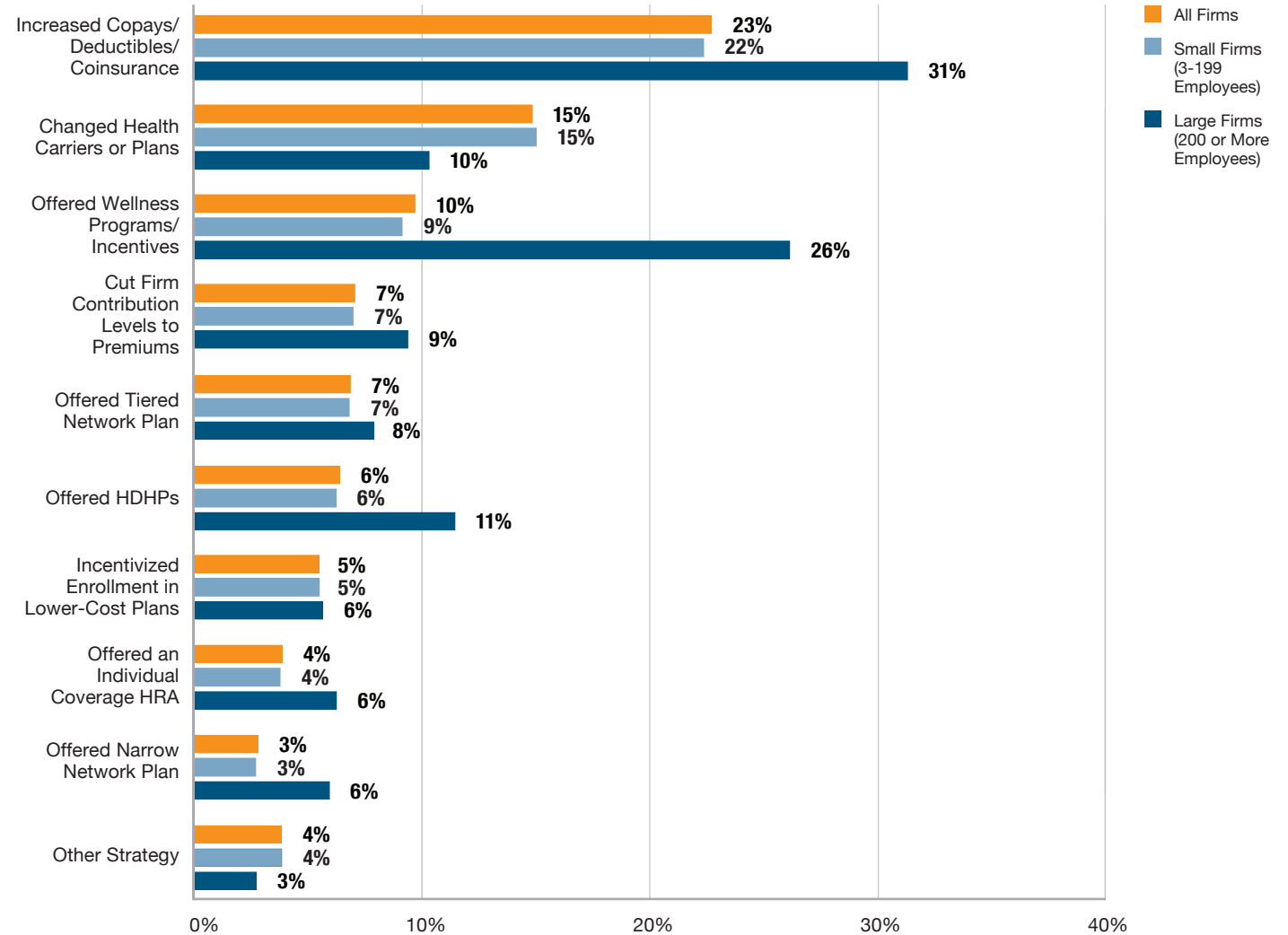
With the rising cost of health insurance in recent years, employers continue to seek ways of controlling health insurance costs for themselves and their employees.

In 2024, nearly one-quarter of all Massachusetts employers (23%) reported increasing member cost-sharing (deductibles, copays, and coinsurance) in the past 12 months to control health insurance costs.

Changing health carriers or plans was enacted by 15% of employers, and 10% of employers offered wellness programs or incentives.

Among small firms, the most commonly enacted cost-control strategies were increasing member cost-sharing (22%), changing health carriers or plans (15%), and offering wellness programs or incentives (9%).

Among large firms, the most commonly enacted cost-control strategies were increasing member cost-sharing (31%), offering wellness programs (26%), and offering HDHPs (11%).



Note: HDHP = High deductible health plan. The MES asked employers about what cost-control strategies they had enacted within the past year. Because survey respondents were allowed to select more than one reason for these questions, percentages do not add up to 100%. Rates were weighted by number of firms. Public employees and firms with fewer than three employees were not included in this data.

Firms With Fewer Than 50 Employees

Firms with fewer than 50 employees make up an important subset of the Massachusetts workforce as they represent 90 percent of all firms in the Commonwealth and nearly one-quarter (25 percent) of all employees. While these firms are largely exempt from employer health insurance mandates under state and federal laws, which require firms with 50 or more full-time equivalent (FTE) employees to offer health insurance to their employees, most still choose to offer these benefits for a variety of reasons. These firms also face different market conditions for purchasing health insurance, including access to small group health insurance plans for their employees through the Massachusetts Health Connector.

Nevertheless, there are important differences among these smaller firms. This section provides more detailed information on firms with three to 49 employees, including

health insurance offerings, eligibility, take-up, coverage, and decision-making.

Key Findings

- Firms with fewer than 50 employees offered health insurance less often than larger firms (64 percent vs. 98 percent) but more often than their national counterparts (51 percent).
- The most common reason reported for not offering insurance among firms with three to 24 employees was that they were “not required due to small firm size,” and among firms with 25 to 49 employees it was that “most employees were part-time or temporary.”
- Nearly one-third (32 percent) of firms with fewer than 50 employees reported “cost too high” as a reason for not offering insurance.

- Roughly three-quarters (74 percent) of firms with fewer than 50 employees purchased health insurance through a broker or consultant.

- About a quarter (24 percent) of firms with fewer than 50 employees were aware of the federal Small Business Tax Credit program. ■

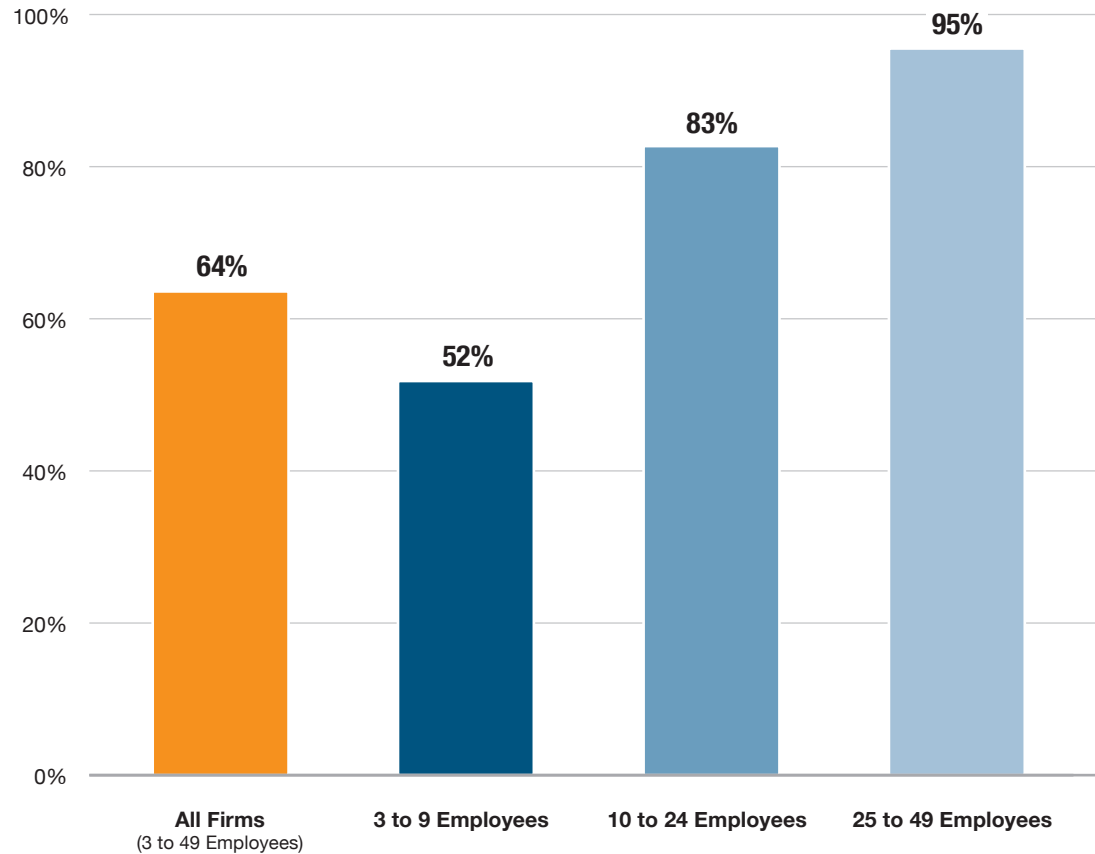
Firms With Fewer Than 50 Employees

In 2024, firms with fewer than 50 employees offered health insurance less often than larger firms (64% vs 98%), but more often than their national counterparts (51%).*

Offer rates for firms with three to nine, 10 to 24, and 25 to 49 employees were 52%, 83%, and 95%, respectively.

Firms With Fewer Than 50 Employees: Employer Offer Rates

2024



*Data for firms with 50 or more employees and national data not shown.

Note: Public employees and firms with fewer than three employees were not included in this data. Offer rates were adjusted by firm weights. U.S. data was drawn from the [2024 KFF Employer Health Benefits Survey](#).

Firms With Fewer Than 50 Employees

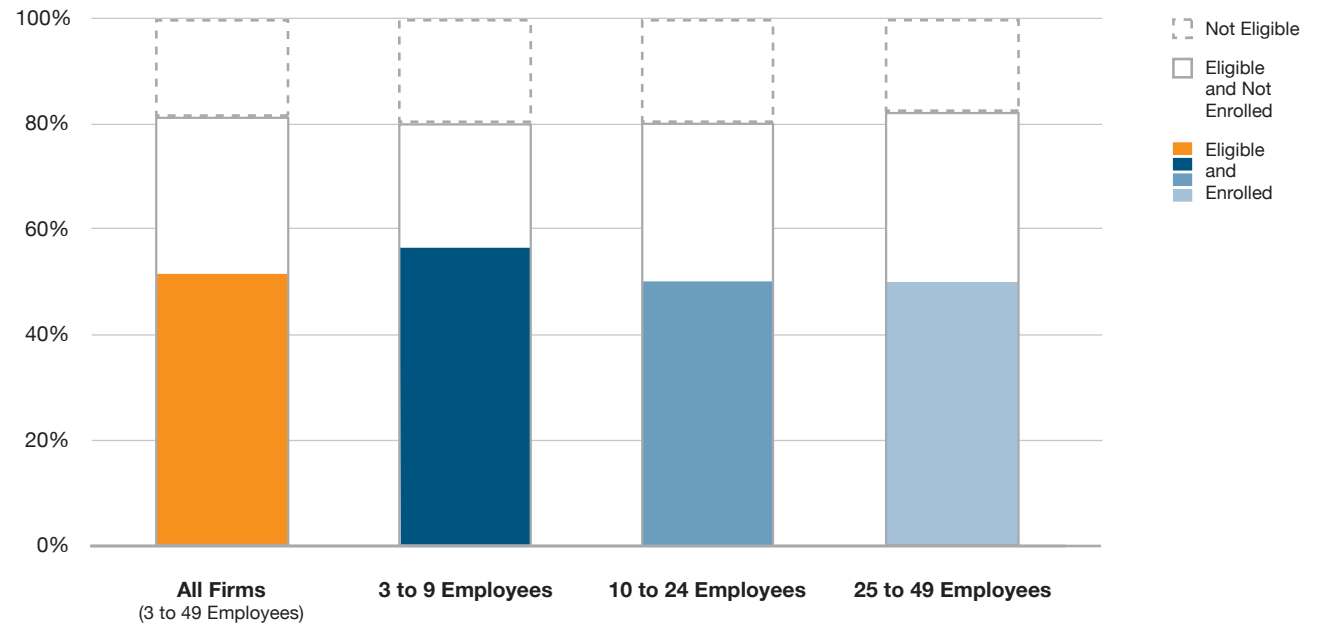
Firms With Fewer Than 50 Employees: Employee Eligibility, Take-Up, and Coverage Rates

2024

In 2024, among firms with fewer than 50 employees that offered insurance, 81% of employees were eligible for their employer's health insurance.

Among eligible employees at these firms, 61% enrolled in the firm's health insurance plans, covering 52% of all employees at these firms.

Eligible employees at firms with three to nine employees were more likely to enroll in coverage (71%) than eligible employees at firms with 10 to 24 employees (63%) or 25 to 49 employees (61%). However, a similar share of employees were eligible for coverage across all three groups, resulting in a higher share of all employees covered at the smallest firms (57%), vs. 50% at firms with at least 10 and up to 49 employees.



	All Firms (3-49 Employees)	3-9 Employees	10-24 Employees	25-49 Employees
Eligibility Rate	81%	80%	80%	82%
Take-Up Rate	61%	71%	63%	61%
Coverage Rate	52%	57%	50%	50%

Note: Eligibility rates are average rates for surveyed employers offering health insurance, weighted by all employees. Take-up rates are average rates for surveyed employers offering health insurance, weighted by eligible employees. Coverage rates are average rates for surveyed employers offering health insurance, weighted by all employees. Public employees and firms with fewer than three employees were not included in this data.

Firms With Fewer Than 50 Employees

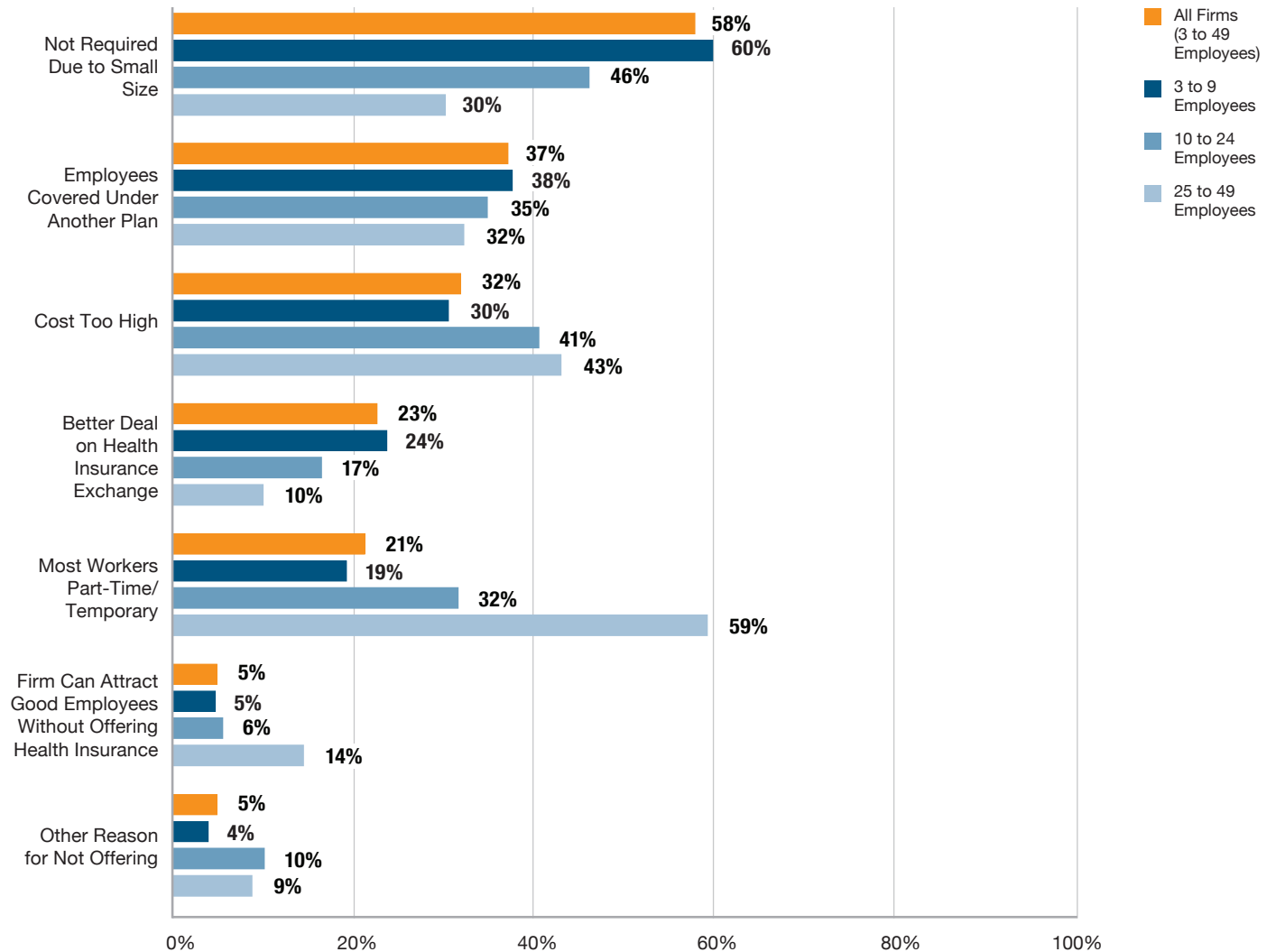
Among Massachusetts firms with fewer than 50 employees that did not offer health insurance to their employees, the most commonly reported reason for not offering insurance was small firm size (58%). This reason was more common among the smallest firms with three to nine employees.

Other commonly reported reasons were that their employees were covered under another health plan (37%) and that the cost was too high (32%).

Uniquely, of firms with 25 to 49 employees who did not offer insurance, the top reason reported for not offering insurance was that most of their employees were part-time or temporary employees (59%).

Firms With Fewer Than 50 Employees: Employer Reasons for Not Offering Insurance

2024



Note: Rates were adjusted by firm weights. Because survey respondents were allowed to select up to three responses for this question, percentages do not add up to 100%. Public employees and firms with fewer than three employees were not included in this data.

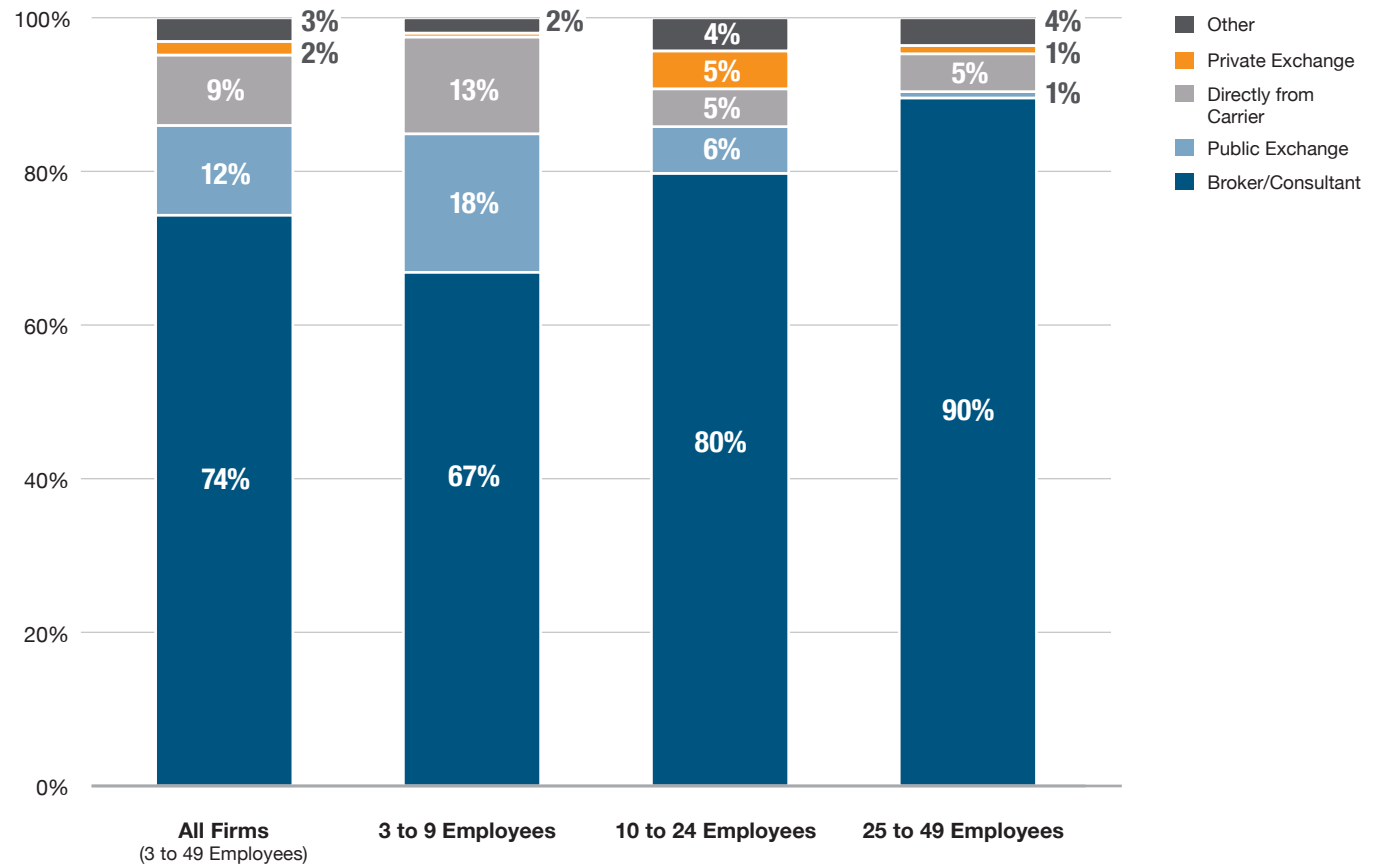
Firms With Fewer Than 50 Employees

Firms With Fewer Than 50 Employees: Primary Ways to Purchase Health Insurance

2024

In 2024, roughly three-quarters (74%) of firms with fewer than 50 employees purchased health insurance through an agent, broker, or consultant; 12% of firms purchased insurance through a public exchange*; and 9% purchased it directly from a carrier.

The use of public exchanges like the Massachusetts Health Connector was far more common among the smallest firms with three to nine employees compared with firms with 10 to 24 employees or 25 to 49 employees (18%, 6%, and 1%, respectively), as was direct purchase from carriers (13%, 5%, and 5%, respectively). Firms with 25 to 49 employees had the highest share of employers purchasing health insurance through an agent, broker, or consultant (90%).



*Health insurance exchanges are virtual marketplaces where employers can choose health plans and products to offer their employees. Private exchanges are generally created by insurers or brokers whereas public exchanges are run by state or federal governments, though both provide insurance benefits through private carriers.

Note: Estimates based on self-reported survey data. Please see <https://www.mahealthconnector.org/about/board-meetings> for actual Health Connector enrollment numbers and participation. Rates were adjusted by firm weights. Percentages may not add up to 100% because of rounding. Public employees and firms with fewer than three employees were not included in this data.

Firms With Fewer Than 50 Employees

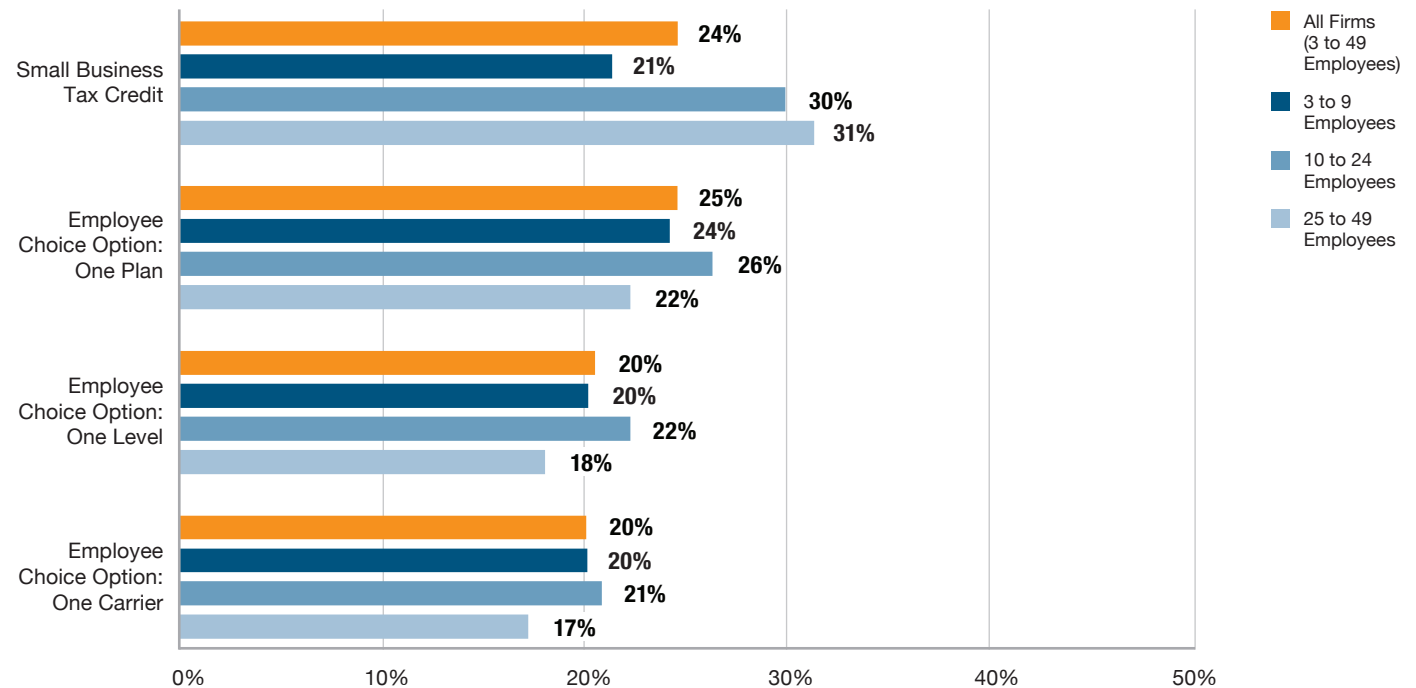
Firms With Fewer Than 50 Employees: Awareness of Health Connector Opportunities for Small Employers

2024

The Massachusetts Health Connector is a state-based marketplace (or “exchange”) designed to make shopping for health insurance more understandable and affordable. Small groups enrolled through the Health Connector have access to federal Small Business Tax Credits and a unique shopping option that allows employees to choose from a variety of plans with no additional administrative burden on employers.

In 2024, about a quarter (24%) of firms with fewer than 50 employees were aware of the Small Business Tax Credit.

Approximately one-fifth to one-quarter of firms with fewer than 50 employees were aware of the Employee Choice Options available through the Health Connector: One Plan, One Level, and One Carrier (25%, 20%, and 20%, respectively).



Note: All firms were asked to report on awareness of Health Connector options regardless of whether they offered health insurance. Rates were adjusted by firm weights. Public employees and firms with fewer than three employees were not included in this data.

Methodology

The Massachusetts Employer Survey (MES) has been conducted 13 times since its inception (2001, 2003, 2005, 2007, 2009, 2010, 2011, 2012, 2014, 2016, 2018, 2021, and 2024). Data collection for the 2024 MES took place from April to July 2024.

The 2024 [questionnaire](#) was based on previous CHIA survey instruments, with some modifications since 2021. Key changes included new questions on firm contributions to health reimbursement arrangements (HRAs) and health savings accounts (HSAs) for high deductible health plans (HDHPs); telemedicine coverage and modalities; and the types of services provided by agents, brokers, or consultants during employer benefits decision-making. Updates were also made to employee demographics questions, while questions related to COVID-19 added in 2021 were removed. Many other components of the

survey have remained consistent over time; changes to the [questionnaire](#) have been documented in methods reports from each of the survey years and can be found on the [Massachusetts Employer Survey webpage](#).

Like other MES instruments as of 2016, the 2024 MES uses firms (e.g., CVS as an organization) rather than establishments (e.g., an individual CVS worksite) as the sampling unit. Because of this difference, estimates from MES reports published prior to 2016 are not directly comparable to 2016, 2018, 2021, or 2024 estimates. The target population for the survey contained firms, standalone and headquarters only, with establishments located in the Commonwealth of Massachusetts. This includes firms fully located in the state as well as firms headquartered outside but with establishments inside the state. The firm size categories for analyses presented

in this report were based on the self-reported number of employees in Massachusetts, including remote or hybrid workers based at Massachusetts worksites. We excluded federal, state, and other public employers as well as employers with fewer than three employees in the state.

The sample of employers was drawn from Dun's Market Identifiers (DMI) business database available from Survey Sampling International (SSI). The sample was stratified by six employer size categories (3-9, 10-24, 25-49, 50-199, 200-999, and 1,000-plus) and 10 NAICS sector groups (either individual NAICS sectors or combinations of two or more sectors), resulting in 60 sampling strata. The 2024 sample also drew 5 percent of records from 2021 MES respondents, the so-called panel sample. The

purpose of retaining the panel sample is to improve survey completion rate and longitudinal data analysis. The final data included 1,066 total firms. The response rate for the 2024 MES was 8 percent.

Weighting adjustments were applied to address differences in sample selection and response rates. Post-stratification by firm size and industry was also implemented.

Sampling, data collection, and weighting were conducted by Market Decisions Research (MDR) in collaboration and under contract with CHIA. Analysis was conducted with support from MDR. Additional information on the survey methodology can be found in the [survey methods report](#). ■

Glossary of Terms

Coinsurance: The portion of costs the member pays for a covered health care service.

Copayment: A fixed dollar amount defined in an insurance policy and paid by a member each time an eligible medical service is accessed.

Cost-sharing: The amount of an allowed claim the member is responsible for paying. This includes any deductibles, copayments, and coinsurance payments for the services rendered.

Deductible: A fixed dollar amount a member must pay each year before the health plan begins paying benefits for the member. Some services may be exempt from a deductible. Payments made toward a deductible are separate from any copayments or coinsurance.

Family coverage: A health plan that covers the employee and family members (e.g., spouse/domestic partner and/or children or other dependents).

Health Connector: The Commonwealth's state-based health insurance marketplace through which individuals, families, and small businesses can purchase health plans from insurers.

Health maintenance organizations (HMOs): Insurance plans that have a closed network of providers, outside of which coverage is not provided except in emergencies. These plans generally require members to coordinate care through a primary care physician.

Health reimbursement account (HRA): A savings account funded on a pre-tax basis by an employer with no

contribution from the employee; the funds are not portable from job to job. Employees may use the funds for medical care or services.

Health savings account (HSA): Medical savings accounts available to employees enrolled in a high deductible health plan. Pre-tax contributions can be made by both employees and employers and can be used to pay for qualified medical expenses. Unspent funds roll over year to year and job to job.

High deductible health plans (HDHPs): As defined by the Internal Revenue Service, health plans with an annual single deductible of at least \$1,600 and a family deductible of at least \$3,200 for in-network or preferred providers in 2024.

Indemnity plans: Insurance plans which have no preferred provider networks and members incur the same cost-sharing regardless of where they seek care. Indemnity plans generally do not require enrollees to select a primary care physician and referrals are not required to see a doctor or specialist. Indemnity plans are also sometimes referred to as fee-for-service plans.

Limited or narrow network health plans: A health insurance plan that offers members access to a reduced

or selective provider network, which is smaller than the payer's most comprehensive provider network within a defined geographic area and from which the payer may choose to exclude from participation other providers who participate in the payer's general or regional provider network. This definition, like that contained within Massachusetts Division of Insurance regulation 211 CMR 152.00, does not require a plan to offer a specific level of cost (premium) savings to qualify as a limited network plan.

Out-of-pocket limit: The maximum amount that an enrollee pays for covered services in a plan year. After the enrollee spends this amount on deductibles, copayments, and coinsurance, the health plan pays 100 percent of the costs of covered benefits.

Point of service (POS): Insurance plans that generally require members to coordinate care through a primary care physician and offer both in-network and out-of-network coverage options.

Preferred provider organizations (PPOs): Insurance plans that identify a network of "preferred providers" while allowing members to obtain coverage outside of the network, though at typically higher levels of cost-sharing. PPO plans generally do not require enrollees to select a primary care physician.

Premium: The full amount the policyholder and/or their sponsor (e.g., employer) pays to the health plan to purchase health coverage.

Private exchange: A virtual marketplace where employers choose and at least partially fund the health benefit plans and products they wish to offer their employees. Private exchanges generally are created by insurers or brokers and are different from the public exchanges run by state or federal governments.

Public exchange: Public exchanges are similar to private exchanges in that they are online marketplaces

where employers and employees can shop for health insurance coverage, though public exchanges are run by state or federal government. While public exchanges are government-led, the health plans offered in public exchanges are run by private health insurance companies.

Single coverage: A health plan that covers the employee only.

Telemedicine: Health care services provided to a patient from a provider who is at a different location, including video chat and remote monitoring. ■

Notes

- 1 Enrollment data presented in this report is based on covered employees and does not include dependents and therefore is not directly comparable to enrollment data from other CHIA reports.
- 2 Except where noted in the text, the MES reports cost-sharing information as averages among the largest enrolled plans at each firm and therefore is not directly comparable to cost sharing data from other CHIA reports.
- 3 Enrollment data in 2024 is based on a weighted average of all plans with enrolled employees at a firm (up to five plans) and therefore is not directly comparable to MES figures for 2018 and earlier, which report enrollment information based on the plans with the highest enrollment within each plan type of HMO, PPO, POS, and Indemnity.
- 4 Center for Health Information and Analysis, *2024 Annual Report on the Performance of the Massachusetts Health Care System* (Boston, March 2024), <https://www.chiamass.gov/assets/2024-annual-report/2024-Annual-Report.pdf>.
- 5 Center for Health Information and Analysis, *Enrollment Trends* (Boston, September 2024), <https://www.chiamass.gov/enrollment-in-health-insurance>.
- 6 Center for Health Information and Analysis, *2024 Annual Report on the Performance of the Massachusetts Health Care System* (Boston, March 2024), <https://www.chiamass.gov/assets/2024-annual-report/2024-Annual-Report.pdf>.
- 7 Commonwealth of Massachusetts, *Health Care Reform for Individuals* (Boston, November 2023), <https://www.mass.gov/info-details/health-care-reform-for-individuals>.



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