To: The ERISA Industry Committee (ERIC)

From: Avalere Health

Date: November 25, 2025

Re: Cost Savings Associated with Default E-Delivery for ERISA Health & Welfare Plan Disclosures

Executive Summary

Avalere Health conducted an independent 10-year cost-savings analysis on behalf of The ERISA Industry Committee and the E-Delivery Working Group to evaluate the impact of adopting electronic delivery (e-delivery) as the default method for distributing ERISA health and welfare plan information. This analysis extends the methodology of the Department of Labor (DoL) 2020 analysis[1] of ERISA-covered pension plans to ERISA-covered health and welfare plans. Avalere Health estimates that extending the safe harbor to ERISA health and welfare plans would generate an estimated $19.5 billion in net savings for ERISA health and welfare plans between 2025 and 2034.

Background

2020 Final Rule – Default E-Delivery for ERISA Pension Plans

The Employee Retirement Income Security Act of 1974 (ERISA) requires private retirement plans to provide beneficiaries with plan information, including details on benefits and funding. Those who furnish these plan documents must ensure that participants receive the information. Since ERISA's enactment, disclosures have been furnished through workplace delivery or first-class mail; however, the DoL established a safe harbor policy in 2002, allowing disclosures to be furnished electronically for plan participants who affirmatively consent to e-delivery instead of paper.[2]

In 2019, the DoL published a proposed rule and Request for Information (RFI) to expand the methods by which required ERISA disclosures are furnished electronically as a default option by pension plans. This was followed by a final rule in 2020 that created an "Alternative Method for Disclosure Through Electronic Media," establishing e-delivery as the default method of furnishing ERISA pension plan disclosures through a "notice and access framework," while preserving participants' right to opt out and continue receiving paper disclosures. Under the final

[1] EBSA DoL, Default Electronic Disclosure by Employee Pension Benefit Plans Under ERISA (2020). Available here.

[2] PWBA DoL. Final Rules Relating to Use of Electronic Communication and Recordkeeping Technologies by Employee Pension and Welfare Benefit Plans (2002). Available here.

rule, pension plan administrators may notify plan participants about online disclosures, provide information on how to access the disclosures, and inform participants of their rights to request paper or opt out of e-delivery completely. The safe harbor rule does not mandate, but rather provides plans the ability to move toward default e-delivery. The plans that choose to do so make a voluntary investment in the capability and participant experience.

In the final rule, the DoL stated that it would continue exploring whether, and under what circumstances, to extend default e-delivery to welfare benefit plans, and that it may undertake rulemaking in the future. This rule may require Tri-Agency involvement, necessitating additional collaboration with the Department of the Treasury and the Department of Health & Human Services.

Department of Labor Analysis on Financial Impacts of the Final Rule

Included in its 2020 rule, the DoL conducted an analysis of the financial impact of switching to default e-delivery for ERISA pension plans. To estimate the financial impacts of the rule over a 10-year period, DoL made assumptions about pension plans and their beneficiaries, such as the growth rate of plan enrollment, the rate of opt-out from e-delivery, and access to the internet.

To comply with the final rule, pension plans are required to notify beneficiaries of the change through an initial notification as well as a notice of internet availability (NOIA). DoL accounted for the costs that would be incurred by developing and distributing these notices. DoL also assessed costs of addressing inoperable or invalid electronic addresses (i.e., an email is undeliverable or “bounces back”).

In its analysis[1], DoL modeled the production and delivery of only seven disclosures associated with pension plans. The analysis found that the 2020 final rule would generate $187 million in net savings to pension plans in the first year and $3.2 billion over a 10-year period. DoL acknowledged that additional cost savings could be realized if the safe harbor were extended to welfare plan disclosures (i.e., group health plans).

Methodology

Avalere Health’s analysis quantifies the 10-year (2025-2034) financial impact of extending default e-delivery to ERISA-covered health and welfare plan disclosures. This analysis mirrors DoL’s methodology for the 2020 final rule analysis of ERISA-covered pension plans with adaptations to reflect health and welfare plan populations and disclosure requirements.

Adapting DoL Methodology to ERISA Health and Welfare Plans

Adjustments to the DoL methodology primarily consist of updating the assumptions, which are summarized in Table 1. For example, the health and welfare plan analysis focuses on the national total of employer-sponsored insurance (ESI) covered individuals. To ensure accurate population figures throughout the model, Avalere Health utilizes an annual growth rate of 0.43% for covered individuals. This is in addition to retrieving updated labor population values, such as

the Annual Average Turnover Separations Rate from the Bureau of Labor Statistics,[3] to accompany this ESI population when estimating disclosure amounts. Assumptions regarding computer and internet access per household, specifically among 65+ households, are also updated to the American Community Survey's (ACS) most recent 2023 5-year estimates.[4]

The DoL's analysis estimated that 30% of pension plans lacked the website necessary to satisfy the requirements for this final rule. To estimate the number of ESI plans that lack or have limited website or e-delivery capabilities, Avalere Health looked at the largest insurers from the latest KFF Health Benefits survey.[5] Based on those findings, Avalere Health conservatively estimates 15% of health and welfare plans will need to invest in IT infrastructure enhancement to satisfy the requirements of this final rule.

The DoL analysis of the pension rule included seven disclosures – the Summary Plan Description, Summary of Material Modifications, Summary Annual Report, annual funding notice, 404(a)(5)/404(c) disclosure, annual Qualified Default Investment Alternative Notice, and pension benefit statement. These were selected because they hold the highest cost burden as most pension plans must provide these disclosures to participants regularly. Similarly, Avalere Health developed detailed estimates for 18 of the most common and standard disclosures that are regularly sent to participants (e.g., explanations of benefits), including those required under ERISA, Consolidated Omnibus Budget Reconciliation Act (COBRA), Health Insurance Portability and Accountability Act (HIPAA), and the Affordable Care Act (ACA). Avalere Health uses publicly available data on disclosure content and intended recipients to estimate the number of pages and frequency of distribution for each. For all other disclosures, Avalere applies conservative assumptions regarding average length and frequency, assuming annual distribution to the full covered population. A detailed list of all disclosures included in the analysis can be found in Appendix A.

Updating Cost Inputs to Most Recent Figures

Additionally, Avalere Health's analysis updates each cost input in the DoL analysis with the most recently available figures. Updated paper, printing, and envelope costs are conservatively estimated based on record-kept data of actual printing costs for approximately 30 million ERISA-insured individuals and supplemented with data from large-scale enterprise paper providers.[6,7,8] Updated postage costs are drawn directly from the United States Postal Service.[9]

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[3] BLS, Table 20: Annual Average Total Separations Rate by Industry and Region (2024). Available here.
[4] United States Census Bureau ACS, 2023: ACS 5-Year Estimates Data Profiles (2023). Available here.
[5] KFF, 2024 Employer Health Benefits Survey (2024). Available here.
[6] Automated Business Machines, Inc., Paper Chase: Finding the Best Legal Size Copy Paper Deals. Available here.
[7] Toner Buzz, Printing Costs: How To Accurately Calculate Your Printing Cost Per Page (2024). Available here.
[8] Quill, #9 Envelopes. Available here.
[9] USPS, U.S. Postal Service Recommends New Prices for July (2025). Available here.

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The DoL analysis included labor costs for attorneys and mailing clerks, who were assumed to compose and distribute, respectively, the Initial Notification & Right to Opt Out. Avalere Health retains the same attorney-hour assumptions but updates hourly wages using Glassdoor data.[10] Avalere Health also updates mailing clerks' work hours to reflect the greater disclosure volume in health and welfare plans (154 million notices versus 60 million for pension plans), and updates hourly wages using figures from the Bureau of Labor Statistics.[11]

The DoL analysis assumed the percentage of participants opting out of default electronic delivery would gradually decline from 18.5% to 7.5% over the 10-year period. This opt-out rate projection was consistent with an exponential decay function and historical broadband adoption. The DoL analysis also stated that 82% of households had a broadband internet subscription based on 2016 ACS data. Avalere Health updates and scales this assumption using the most recent ACS estimates to reflect the most recent numbers, finding that nearly 90% of households now have broadband, with employed populations even more likely to have access. Based on health plan survey data and the Office of Management and Budget's standard 5% non-compliance assumption, Avalere Health projects that opt-out rates will decrease from 9% in the first year of implementation to 6% by Year 10.

Table 1: Key assumptions and adaptations from the DoL analysis

Assumption	Pension Plans (DoL Analysis)	Health and Welfare Plans (Avalere Health Analysis)
Participant Growth Rate	0.5% annually	0.43%
Opt-Out Rate	18% in Year 1, 16.2% in Year 2, and falling to 7% in Year 10	9% in Year 1, 8% in Year 2, and falling to 6% in Year 10
Number of Disclosures	7	46
Broadband Access	81.5%	89.7%
Invalid Emails	0.5% annually	Included in the Opt-Out rate

[10] Glassdoor, Lawyer Salaries. Available here.

[11] BLS, Occupational Employment and Wage Statistics Query System. Available here.

Performing State-Level Breakdown

Avalere Health utilized state-level data for health insurance coverage to break down ESI enrollment numbers for each year of the study period.[12] To get the total savings, the state enrollment numbers were multiplied by the savings per enrollee for each year, respectively, and summed.

Results

Under current policy, as paper remains the default delivery method, no additional costs are associated with infrastructure related to e-delivery or staffing (i.e., attorney and mail clerk hours) that would be required under the extended rule. Plans with existing web and email infrastructure can continue furnishing plan information electronically without incurring new platform costs. By contrast, costs accrue for paper delivery — including printing, postage, and materials — at an average of $2.8 billion per year. Based on Avalere Health's review of disclosures regularly distributed to enrollees, Avalere Health estimates that plans print an average of 130 pages per enrollee in a year. If all enrollees in 2025 were furnished paper disclosures, this would amount to over 20.4 billion sheets of printed and mailed paper.

Under a default e-delivery safe harbor, ERISA health and welfare plans that do not already have electronic platforms will have to frontload development costs, as well as any costs associated with notifying beneficiaries of the change in delivery method. These costs average approximately $54 million per year, following an initial setup cost of $192 million in the first year, totaled across all health and welfare plans. Associated labor costs (e.g., attorneys) average $6.7 million per year, following an initial cost of $78 million. Additionally, because individuals can opt out of e-delivery in favor of paper notifications, the average annual paper delivery costs are $789 million, with the costs decreasing each year as fewer enrollees opt out. The substantial reductions in paper delivery costs, particularly printing, envelope, and postage costs, significantly offset the upfront development and notification expenses.

To assess the total cost impact of default e-delivery for ERISA health and welfare plans, Avalere Health compares the costs for each distribution component under the current paper delivery default against projected costs under default e-delivery, using the same "notice and access" framework and requirements from the 2020 pension plan rule. On average, adopting default e-delivery would yield $1.9 billion in annual savings — totaling $19.5 billion over 10 years. Tables 2-5 provide a detailed breakdown of cost differences across each component of notice distribution under the current plan distribution rules and an e-delivery distribution rule.

Additionally, Avalere Health summarized the state-level cost difference for delivering ERISA health and welfare plan disclosures under the two policies. Under a default e-delivery safe harbor, California health and welfare plans would experience the greatest level of savings at

[12] KFF, Health Insurance Coverage of the Total Population (2023). Available here.

over $2 billion, with Florida, New York, and Texas also seeing over $1 billion of potential savings. The state-level summary can be found in Appendix B.

Table 2: Cost difference for delivering ERISA health and welfare plan disclosures via paper mail under current policy vs. policy change

Paper: Cost Difference ($M)											
Costs	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**Total**
Printing	-$1,297	-$1,210	-$1,255	-$1,215	-$1,183	-$1,144	-$1,113	-$1,088	-$1,050	-$1,024	-$11,578
Paper	-$116	-$108	-$112	-$108	-$106	-$102	-$99	-$97	-$94	-$91	-$1,034
Envelope	-$417	-$389	-$403	-$390	-$380	-$368	-$358	-$350	-$337	-$329	-$3,721
Postage	-$442	-$412	-$427	-$414	-$403	-$390	-$379	-$371	-$357	-$349	-$3,943
Total	-$2,272	-$2,118	-$2,197	-$2,127	-$2,072	-$2,004	-$1,948	-$1,905	-$1,838	-$1,794	-$20,276

Table 3: Cost difference for delivering ERISA health and welfare plan disclosures via e-delivery under current policy vs. policy change

E-Delivery: Cost Difference ($M)											
Costs	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**Total**
Website Development	$7	$0	$0	$0	$0	$0	$0	$0	$0	$0	$7
Website Maintenance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Initial Notification	$154	$33	$35	$34	$34	$33	$33	$35	$34	$35	$460
NOIA	$28	$18	$18	$18	$18	$18	$18	$18	$18	$18	$187
E-mail Software	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$23

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Total	$192	$52	$55	$54	$54	$53	$53	$55	$54	$55	$677

Table 4: Cost difference for additional staffing for delivering ERISA health and welfare plan disclosures under current policy vs. policy change

Labor: Cost Difference ($M)											
Costs	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**Total**
Mail Clerk	$28	$2	$2	$2	$2	$2	$2	$2	$2	$2	$50
Attorney	$49	$4	$4	$4	$4	$4	$4	$4	$4	$4	$88
Total	$78	$7	$7	$7	$7	$7	$7	$7	$7	$7	$138

Table 5: Total cost difference for delivering ERISA health and welfare plan disclosures under current policy vs. policy change

Total Cost Difference ($M)											
Costs	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**Total**
Total	-$2,003	-$2,059	-$2,136	-$2,067	-$2,011	-$1,943	-$1,888	-$1,844	-$1,778	-$1,733	-$19,461

Additional Considerations

In the DoL analysis in the 2020 pension plan rule, distribution costs included mailing materials, printing, and labor hours associated with preparing and providing disclosures to participants and beneficiaries. The labor hours used in the analysis reflected the Department's assumptions on the resources required to mail out approximately 60 million disclosures. However, the Department's analysis did not examine how the final rule change may affect distribution costs, specifically staffing reductions, over time. Based on Avalere Health's analysis, as opt-out rates decline alongside the decrease in the volume of paper disclosures, it is reasonable to assume that a reduction in mail clerk staffing would likely occur — further increasing net cost savings.

Additionally, the DoL determined that electronic storage costs do not represent a significant cost burden. While a policy change requiring additional online storage capacity would increase the number of documents retained electronically, declining storage costs — driven by the broader availability of cloud services — suggest that any added expense would remain minimal.

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This analysis included 46 different disclosures that are commonly distributed by insurers nationwide at a frequency that can be estimated or predicted. Plans may send other notices or disclosures that were not included in this analysis, resulting in an underestimation of overall cost savings.

Conclusion

The 2020 DoL default e-delivery safe harbor for ERISA pension plans was projected to achieve $3.2 billion in 10-year savings, driven by substantial reductions in paper delivery costs that outweighed implementation expenses. Avalere Health estimates that extending this safe harbor to ERISA health and welfare plan disclosures would generate $19.5 billion in savings between 2025 and 2034, an average annual savings of $12.38 per enrollee. These results demonstrate that default e-delivery has the ability to generate significant, recurring efficiencies for employers and plan administrators while maintaining participant access to required disclosures.

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Appendix A: Notices and Disclosures

Avalere Health developed detailed estimates for the top 18 most common/standard disclosures and applied conservative estimates for the remaining 28, totaling 46 disclosures for this analysis.

ERISA Notices and Disclosures

Notice or Disclosure	Summary
Summary Plan Description (SPD)	Primary vehicle for informing participants and beneficiaries about their plan and how it operates.
Summary of Material Modifications (SMMs)	Describes material modifications to a plan and changes in the information required to be in the SPD.
Summary Annual Report (SAR)	Narrative summary of the Form 5500.
Notification of Benefit Determination (Claims Notices or "Explanation of Benefits")	Information regarding benefit claim determinations. Adverse benefit determinations must include required disclosures (e.g., the specific reason(s) for the denial of a claim, reference to the specific plan provisions on which the benefit determination is based, and a description of the plan's appeal procedures).

COBRA Notices

Notice or Disclosure	Summary
COBRA Initial Notice	Notice describing general COBRA rights and information about how COBRA coverage works provided to a covered employee from a group health plan
COBRA Election Notice	Notice to "qualified beneficiaries" of their right to elect COBRA coverage upon occurrence of qualifying event as well as information about other coverage options available, such as through the Marketplace.

HIPAA Notices and Disclosures

Notice or Disclosure	Summary
HIPAA Notice of Privacy Practices	Health plans and covered health care providers are required to develop and distribute a notice that provides a clear, user friendly explanation of individuals rights with respect to their personal health information and the privacy practices of health plans and health care providers.
Notice of Availability of HIPAA Privacy Practices Notice	Notice describing how the Privacy Rule allows providers to use and disclose protected health information. It must also explain that a covered individual's permission (authorization) is

	necessary before their health records are shared for any other reason.

Other Group Health Plan Notices and Disclosures

Notice or Disclosure	Summary
Surprise Medical Billing Notice (Under the No Surprises Act (NSA), which is part of the CAA-21)	Notice informing individuals about their protections against surprise medical bills from out-of-network care. This notice requires providers and health plans to post and provide a one-page summary of the NSA's protections to patients, ensuring they understand how to avoid unexpected balance bills and know their rights to appeal incorrect charges.
Women's Health and Cancer Rights Act (WHCRA) Notice	Notice describing required benefits for mastectomy-related reconstructive surgery, prostheses, and treatment of physical complications of mastectomy.
Children's Health Insurance Program Reauthorization Act (CHIPRA) Employer Notice	Employer (rather than plan) must inform employees of possible premium assistance opportunities available in the state they reside.

Affordable Care Act Notices and Disclosures

Notice or Disclosure	Summary
ACA Health Exchange Notices	A Fair Labor Standards Act (FLSA)-mandated notice employers must give new hires informing them of the existence of the Exchange, with a description of the services provided and how to request existence.
Notice of Availability of Separate Payments for Contraceptive Services	Notice informing plan participants and beneficiaries of the availability of separate payments for contraceptive services under the Affordable Care Act (ACA).
Section 1557 Notice of Nondiscrimination[13]	A notice that informs individuals that health programs receiving federal funding are prohibited from discriminating based on race, color, national origin, sex, age, disability, sexual orientation, or gender identity.
Summary of Benefits and Coverage (SBC) and Uniform Glossary	A template that describes the benefits and coverage under the plan, and a uniform glossary defining statutorily and NAIC recommended terms. The SBC must include an Internet address where an individual can review the Uniform Glossary as well as contact information for obtaining a paper copy.
Summary of Benefits and Coverage: Notice of Modification	If a plan makes a material modification in any of the plan terms that would affect the content of the SBC that is not reflected in the most recently provided SBC, the plan must provide notice of

[13] Section 1557 mandates that the Notice of Availability (associated with the Notice of Nondiscrimination) must be distributed in English as well as the top 15 most common non-English languages. Avalere Health is including the Notice of Availability documents in the calculation for this disclosure. Read more here.

	such change. This does not apply to changes that occur in connection with a renewal or reissuance

Other Notice and Disclosure Requirements

Notice or Disclosure	Summary
Wellness Program Disclosures	Notice given by any group health plan offering a health contingent wellness program in order to obtain a reward. The notice must disclose the availability of a reasonable alternative standard (or possibility of waiver of the otherwise applicable standard).
Employer Notice to Employees of Coverage Options	Employers subject to the Fair Labor Standards Act must provide a written notice informing the employee of the existence of the Marketplace, the potential availability of a tax credit and that an employee may lose the employer contribution if the employee purchases a qualified health plan

Avalere Health applied general assumptions for the remaining disclosures that are less commonly received by plan participants.

ERISA Notices and Disclosures

Notice or Disclosure
Documents in Response to Participant and Beneficiary Requests

COBRA Notices

Notice or Disclosure
COBRA Qualifying Event Notice
Notice of Termination of COBRA Coverage
Notice of Unavailability of COBRA Coverage

HIPAA Notices and Disclosures

Notice or Disclosure
HIPAA Breach Notification Letter
HIPAA Special Enrollment Rights

Other Group Health Plan Notices and Disclosures

Notice or Disclosure
Medicare Part D Notices of Creditable (or Non-Creditable) Coverage
MHPAEA (Mental Health Parity): Criteria for Medical Necessity Determinations and Reasons for Denials of Mental Health Benefits
MHPAEA-Related Disclosures Under the CAA-21
Other Disclosures Under the CAA-21
Michelle's Law
Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) Disclosure
Qualified Medical Child Support Orders (QMCSOs)
Coverage and Cost Transparency Disclosures Under the ACA and Regulations (Nov. 2020) (PHSA § 2715A)

Affordable Care Act Notices and Disclosures

Notice or Disclosure
Grandfathered Health Plan Disclosure
Notice of Coverage Rescission
Notice Regarding Coverage for Obstetric or Gynecological Care
Notice Regarding Designation of a Primary Care Provider

Other Notice and Disclosure Requirements

Notice or Disclosure
Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) Written Notice
Individual Coverage Health Reimbursement Arrangement (ICHRA) Written Notice
Notice of Research Exception Under the **Genetic Information and Nondiscrimination Act of 2008** (GINA)
Notice of Rights, Benefits, and Obligations Under the **Uniformed Services Employment and Reemployment Rights Act of 1994** (USERRA)
MHPAEA Claims Denial Notice
MHPAEA Increased Cost Exemption
Internal Claims and Appeals and External Review Notices
External Review Process Disclosure
National Medical Support (NMS) Notice

Appendix B: State Breakdown

Avalere Health, using state health insurance coverage data, broke down the 2025 and 10-year total cost differentials that ERISA health and welfare plans in each state would experience if a default e-delivery safe harbor were extended to these plans. Cost differences are represented in millions of dollars.

State Breakdown of Total Cost Differences			
State	**2025 Enrollment**	**2025 Cost Difference ($M)**	**10-Year Cost Difference ($M)**
United States	154,000,000	-$2,000	-$19,460
Alabama	2,228,000	-$29.0	-$281.5
Alaska	298,000	-$3.9	-$37.7
Arizona	3,286,000	-$42.7	-$415.2
Arkansas	1,226,000	-$15.9	-$154.9
California	17,435,000	-$226.8	-$2,203.3
Colorado	2,905,000	-$37.8	-$367.1
Connecticut	1,754,000	-$22.8	-$221.7
Delaware	467,000	-$6.1	-$59.0
District of Columbia	370,000	-$4.8	-$46.7
Florida	8,698,000	-$113.1	-$1,099.2
Georgia	4,943,000	-$64.3	-$624.6
Hawaii	664,000	-$8.6	-$83.9
Idaho	900,000	-$11.7	-$113.7
Illinois	6,427,000	-$83.6	-$812.1
Indiana	3,360,000	-$43.7	-$424.6
Iowa	1,595,000	-$20.8	-$201.6
Kansas	1,474,000	-$19.2	-$186.3
Kentucky	1,969,000	-$25.6	-$248.9
Louisiana	1,762,000	-$22.9	-$222.6
Maine	611,000	-$8.0	-$77.2
Maryland	3,152,000	-$41.0	-$398.3
Massachusetts	3,598,000	-$46.8	-$454.7
Michigan	4,757,000	-$61.9	-$601.1
Minnesota	3,082,000	-$40.1	-$389.5
Mississippi	1,178,000	-$15.3	-$148.8
Missouri	3,000,000	-$39.0	-$379.1
Montana	450,000	-$5.9	-$56.9
Nebraska	992,000	-$12.9	-$125.3
Nevada	1,426,000	-$18.6	-$180.2
New Hampshire	733,000	-$9.5	-$92.6
New Jersey	4,793,000	-$62.3	-$605.7
New Mexico	694,000	-$9.0	-$87.8
New York	8,697,000	-$113.1	-$1,099.0
North Carolina	4,739,000	-$61.6	-$598.8
North Dakota	417,000	-$5.4	-$52.7
Ohio	5,685,000	-$73.9	-$718.4

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Oklahoma	1,647,000	-$21.4	-$208.1
Oregon	1,946,000	-$25.3	-$245.9
Pennsylvania	6,122,000	-$79.6	-$773.6
Rhode Island	520,000	-$6.8	-$65.7
South Carolina	2,245,000	-$29.2	-$283.7
South Dakota	444,000	-$5.8	-$56.1
Tennessee	3,180,000	-$41.4	-$401.9
Texas	13,721,000	-$178.5	-$1,733.9
Utah	1,971,000	-$25.6	-$249.1
Vermont	296,000	-$3.8	-$37.4
Virginia	4,231,000	-$55.0	-$534.7
Washington	3,881,000	-$50.5	-$490.4
West Virginia	738,000	-$9.6	-$93.3
Wisconsin	3,034,000	-$39.5	-$383.5
Wyoming	264,000	-$3.4	-$33.4
Puerto Rico	717,000	-$9.3	-$90.6

State numbers may not sum to United States total due to rounding.

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