



Vermont Household Health Insurance Survey 2018 Report



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Executive Summary

In 2018, 97% of Vermont residents indicated they have a primary source of health insurance. This accounts for approximately 604,800 persons. A majority of those persons have private health insurance (53%). Around one in five have Medicare (19%) or Medicaid (22%). Three percent indicate they are uninsured.

The proportions of Vermonters with each type of insurance has not changed statistically since the last survey in 2014. Since 2000, the proportion of Vermonters with private insurance has decreased from 60% to 53%. The proportion of those who are uninsured has also decreased (from 8% to 3%). The proportion of Vermonters with Medicare (14% to 19%) or Medicaid (16% to 22%) has increased.

There are approximately 19,800 uninsured Vermonters. Men are uninsured at a higher rate than women (4% versus 2%). Ten percent of Vermonters ages 25 to 34 are uninsured. Those in the mid-range of the Federal Poverty Level (140% - 350%) have higher levels of being uninsured than those at the top or the bottom. Six percent of those between 151% and 250% FPL are uninsured. Lamoille County is the only county with a rate of uninsured residents that is statistically different than the State rate (11% versus 3%).

More than a quarter (28%) of those who are uninsured work for an employer who offers health insurance. A large proportion indicate cost is either the only reason (51%) or one of the main reasons (22%) they do not have health insurance. Over three-quarters of the uninsured are very (51%) or somewhat (25%) interested in a state health insurance program.

Overall, more than a third of Vermonters under age 65 are underinsured (36%). Among those who have private health insurance, 40% can be considered underinsured. The proportion of Vermonters younger than 65 who have private health insurance and are underinsured has increased since 2014 when 27% were underinsured.

Those who have health insurance are more likely to receive medical care and much less likely to delay medical care.

Methodology Summary

The 2018 Vermont Household Health Insurance Survey (VHHIS) was conducted from February through June, 2018. On average the survey took 26 minutes to complete. The telephone survey was conducted on both cell phones and land lines via random digit dial samples. Data was gathered from 3,002 Vermont households. The final data set includes data on 7,193 Vermont residents. The data are weighted to be representative of all Vermont residents.

This report presents data from the 2018 VHHIS survey as well as data from previous VHHIS surveys going back to 2000.

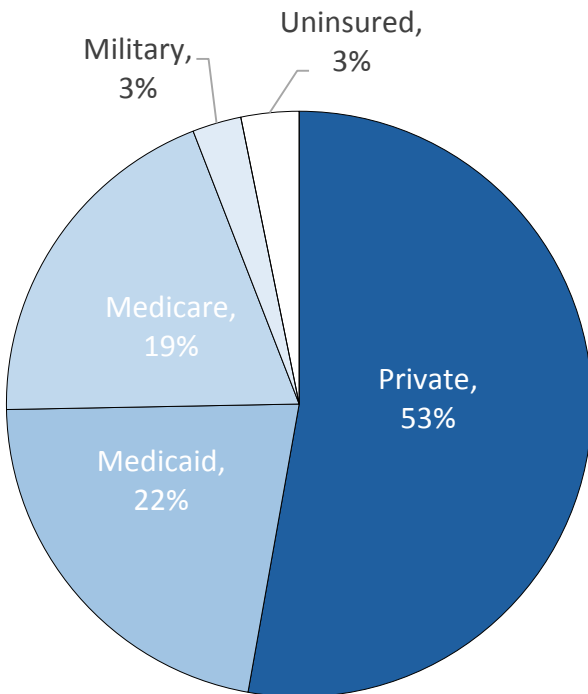
Chapter 1: Health Insurance Status and Primary Type of Health Insurance

Primary Health Insurance Source

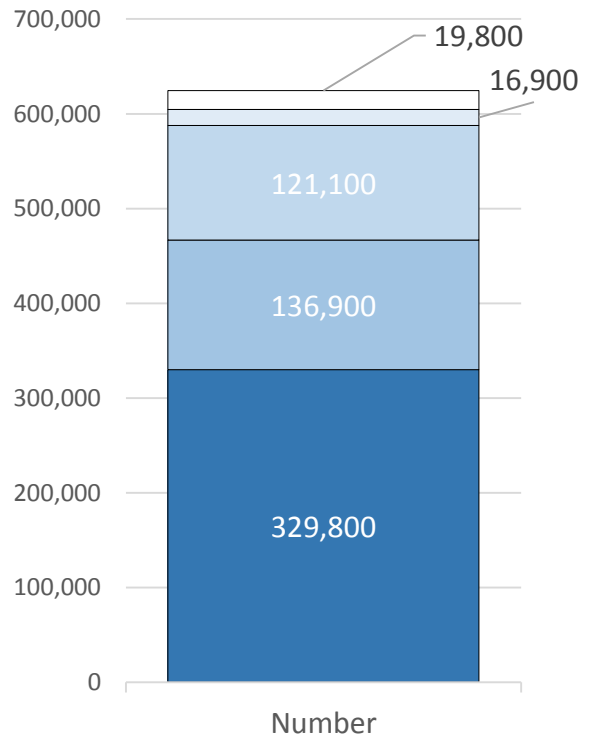
In 2018, 97% of Vermonters, or 604,800 people, report having a primary source of health insurance. The remaining three percent or 19,800 people are uninsured.

- More than half (53%) of Vermonters have private insurance as their primary source, representing about 329,800 people.
- About one in five Vermonters primary insurance type is Medicaid (22% or 136,900 people) or Medicare (19% or 121,100 people).
- Three percent report their primary insurance as being via the military, representing about 16,900 people.

**Primary Type of Insurance,
% of Vermonters**



**Primary Type of Insurance
Number of Vermonters**



Note: Estimated number of Vermonters figures are rounded to the nearest 100.

Primary Health Insurance Source Over Time

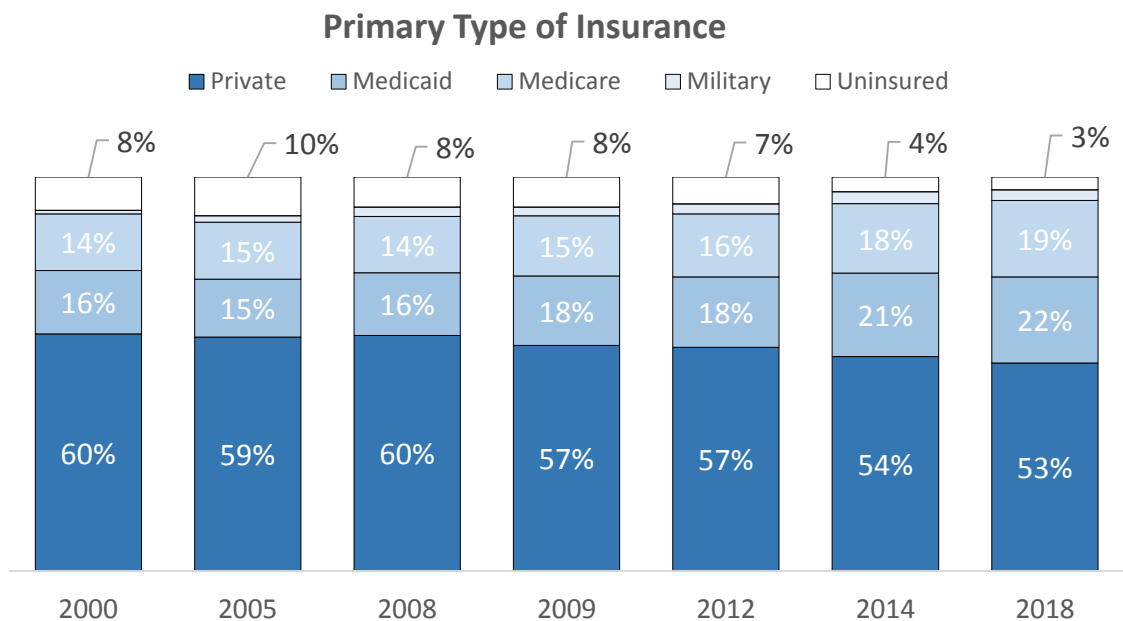
From 2014 to 2018, the proportions who report each type of primary insurance source did not change statistically. However, the trend toward smaller proportions of Vermonters with private insurance or uninsured and larger proportions with government insurances like Medicaid and Medicare continues.

Fifty-three percent of Vermonters utilize private insurance as their primary insurance source in 2018, similar to the 54% in 2014, but statistically lower than the proportion in 2000-2012. Likewise, the proportion of Vermonters with no insurance decreased slightly from 3.7% in 2014 to 3.2% in 2018, however this difference is not statistically significant. The proportion of uninsured Vermonters in 2018 is statistically lower than that in all years prior to 2014 (7%-10% in years 2000 through 2012).

More than two in ten (22%) Vermonters have Medicaid insurance, a slight increase from the 21% in 2014 and a statistical increase over the proportions in each of the years prior to 2014. Medicare as the primary insurance source is similar in 2014 and 2018 (18% vs. 19%), but statistically higher than that reported in other years.

A consistent 2-3% of Vermonters has had military insurance since 2000.

Information on the number of Vermonters with each primary insurance type by year are included in Appendix A.



Primary Health Insurance Source by Age

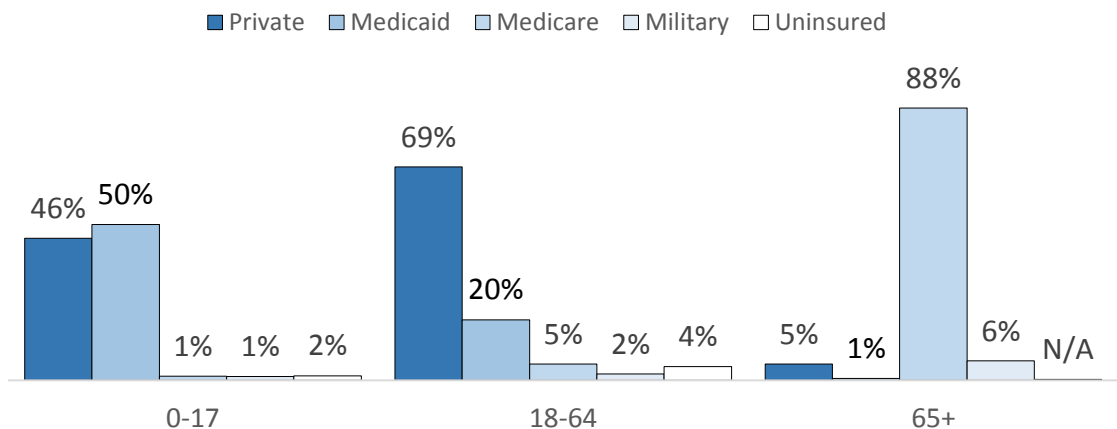
Primary source of insurance differs by age. Nearly all Vermont children* have private insurance (46%) or Medicaid (50%). Two percent of children are uninsured (approximately 1,800 children).

Seven in ten (69%) Vermont adults ages 18-64 have private insurance as their primary insurance source. Two in ten (20%) have Medicaid, while five percent or fewer report Medicare (5%), military insurance (2%), or are uninsured (4%).

Not surprisingly, Medicare is almost universally the primary source of insurance for Vermont adults 65 and older. Nearly nine in ten (88%) of adults in this age group have Medicare. Six percent have insurance provided through the military, while five percent have insurance from a private source, and one percent have Medicaid.

The estimated number of individuals with each type of insurance by age group can be found in Appendix A.

Primary Type of Insurance by Age



*Defined as 0-17 years of age.

Note: Estimated number of Vermonters figures are rounded to the nearest 100.

Types of Health Insurance Held by Vermonters

While most Vermonters with insurance only have one source of insurance, some have multiple types. In 2018, 94% of Vermonters with insurance only have one source of insurance. The remaining six percent have at least two types of health insurance.

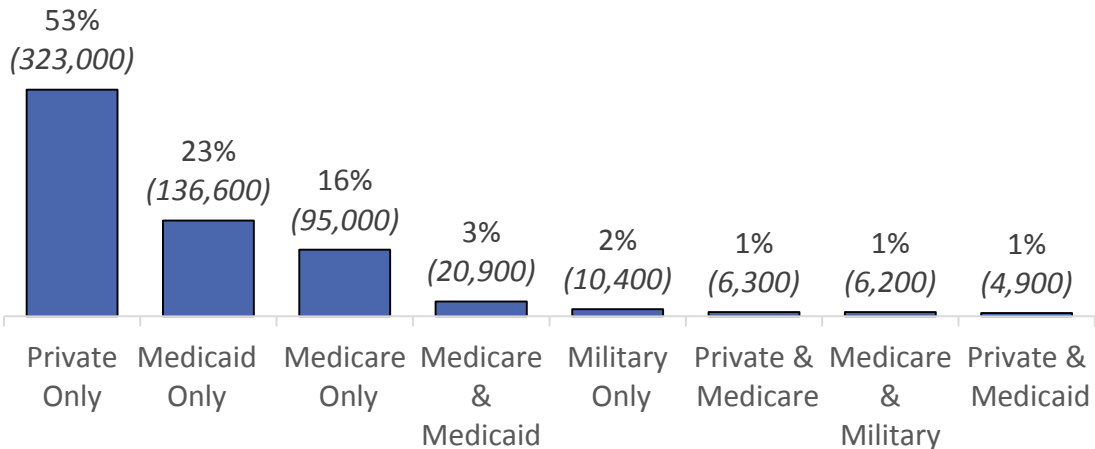
- More than half (53%) of Vermonters with insurance have only private insurance.
- A quarter (23%) have Medicaid only, while 16% have only Medicare insurance.
- Two percent have only insurance provided by the military.

The six percent with multiple sources of health insurance are distributed as follows:

- Three percent with Medicare and Medicaid;
- One percent each with private insurance and Medicare, private insurance and Medicaid, and Medicare and military provided insurance; and
- Less than one percent have private or military insurance or more than two types of insurance.

Information about the numbers of individuals by type of insurance are noted as part of the figure labels below and are included in Appendix A.

Percent of Vermonters With Each Insurance Type, Including Combinations of Vermonters with Insurance



Chapter 2: Uninsured Vermonters

Uninsured Vermonters

In 2018, three percent of Vermont’s population are uninsured, representing about 19,800 people.

Males are twice as likely as females to be uninsured, a statistically significant difference (4% vs. 2%).

The uninsured rate among Vermonters 25-34 years of age is twice that of those 35-44 (10% vs. 5%); however, the difference is not statistically significant.

- Vermonters 25-34 are statistically more likely than those in all other age groups to be uninsured.

The uninsured rate is highest among Vermonters whose Federal Poverty Level, or FPL, is either 151-200% or 201-250% (6% each).

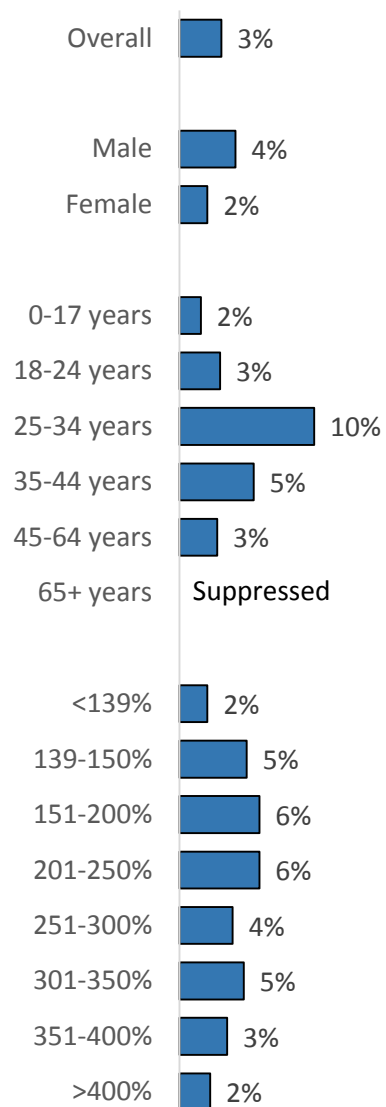
Lamoille county reported the highest uninsured rate (11%), while all other counties ranged from two percent (Washington County) to four percent (Orange County). (See map, next page.)

- Rates for Essex and Grand Isle County cannot be reported due to small sample size.

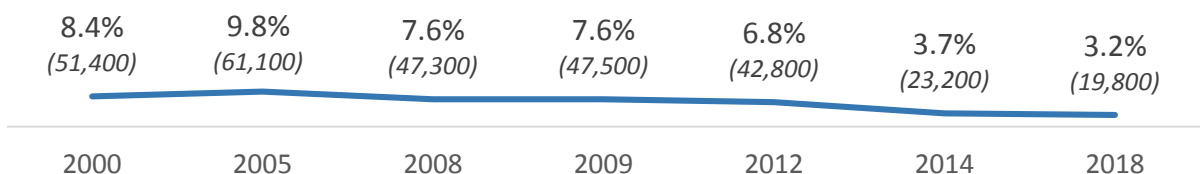
The 2018 uninsured rate is statistically similar to that in 2014 (3.2% vs. 3.7%), but lower than that in all previous years.

The estimated number of uninsured individuals by sex, age, and FPL can be found in Appendix B.

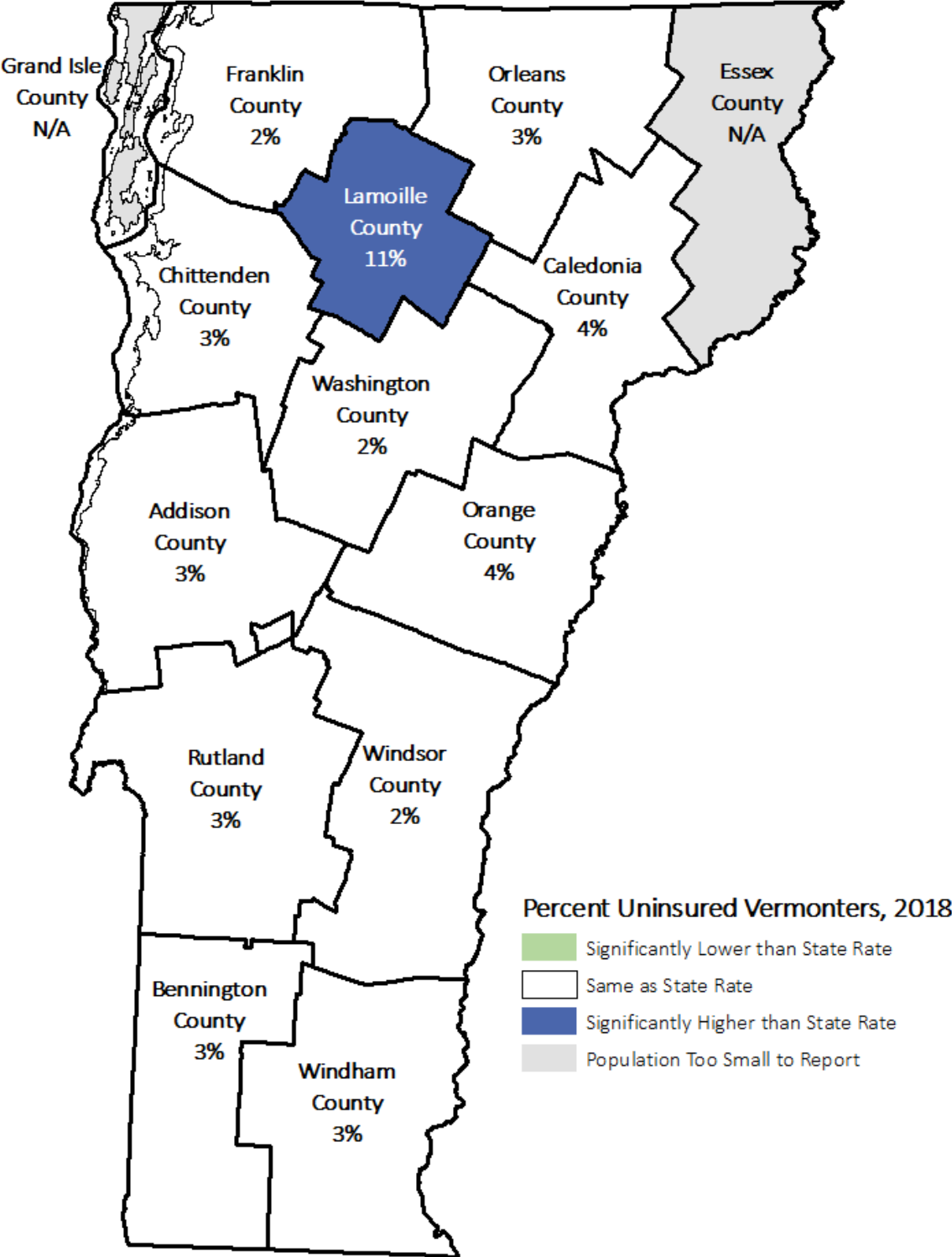
Uninsured Vermonters



Uninsured Vermonters Over Time

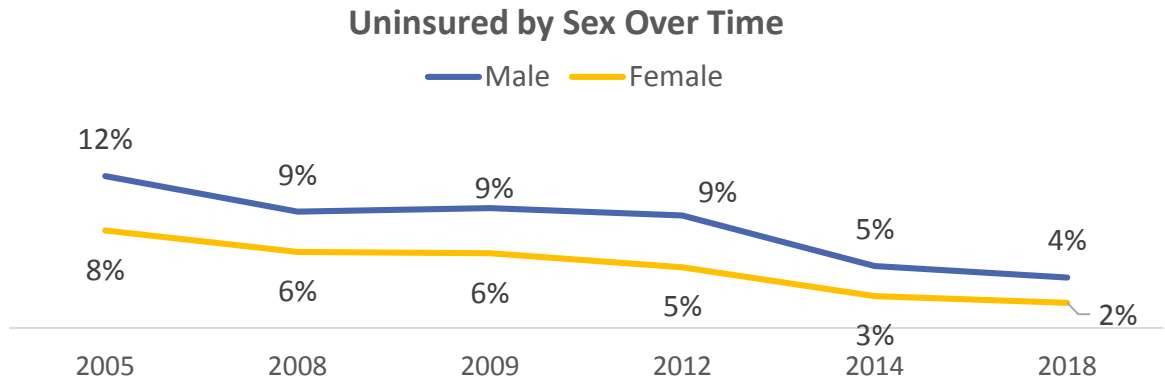


Uninsured Population by County



Uninsured Population Trend Over Time

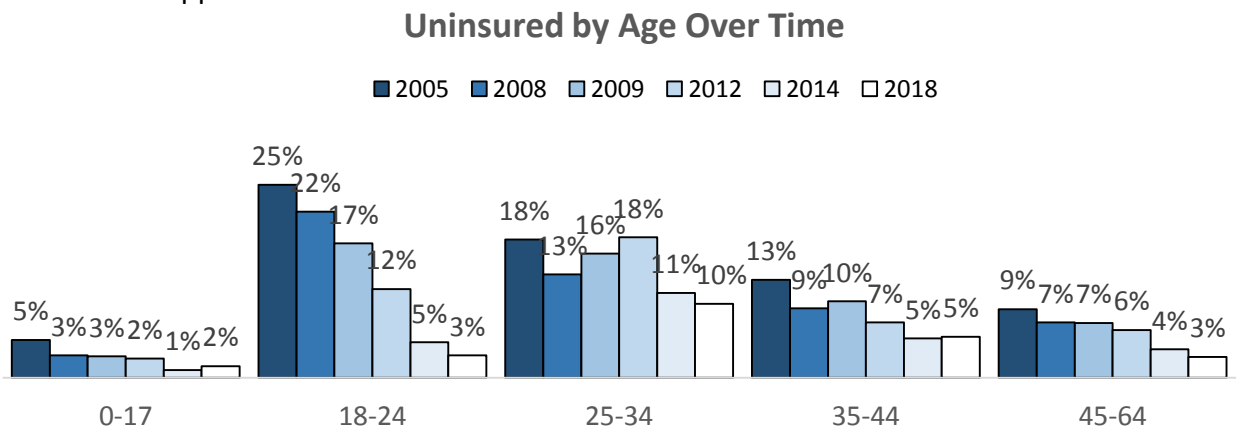
The proportion of Vermonters who are uninsured has declined steadily over time, regardless of sex. For both males and females, the proportion of uninsured in 2018 is similar to that in 2014, but statistically lower than that in all earlier years. Males are consistently and statistically more likely than women to be uninsured. The estimated number of individuals without insurance is included in Appendix B.



The proportion of Vermonters who are uninsured has declined over time for all age groups. Regardless of age, the proportion of uninsured in 2018 is similar to that in 2014, but statistically lower than in 2005.

- The uninsured rate among those 18-24 is statistically similar to 2014 but lower than 2012 and earlier. The rate among those 45-64 is statistically lower in 2018 than in all earlier years, while the rate among 0-17 is only lower in 2018 compared with 2005. Vermonters ages 25-34 were statistically less likely to be uninsured in 2018 compared with 2005, 2009, and 2012.

The proportion without insurance among those 65 and older is less than one percent and has been excluded from the figure below. The estimated number of individuals without insurance is included in Appendix B.



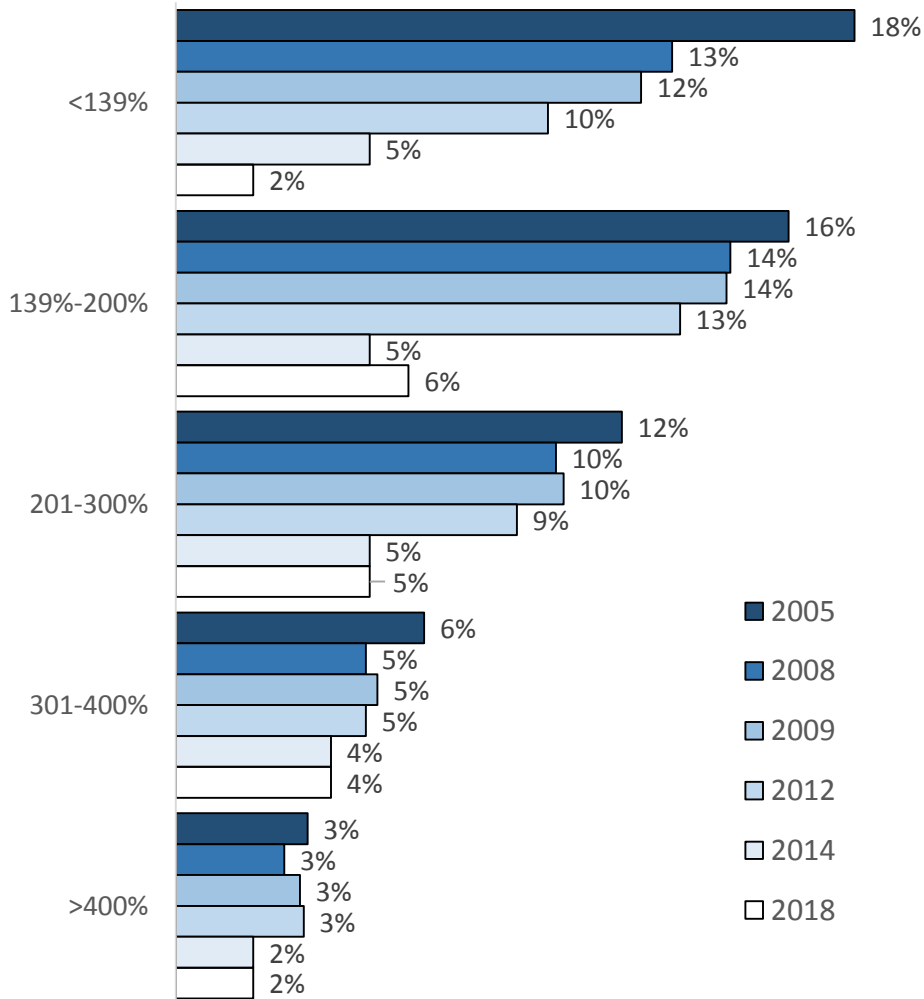
Uninsured Population by FPL Over Time

The uninsured rates among Vermonters living at less than 139% of the federal poverty level (FPL) has declined steadily over time. For this population, the rate in 2018 (2%) is statistically lower than all years except 2014.

For those living at 139%-300% FPL, the uninsured rate declined slowly from 2005 to 2012, and then dropped sharply in 2014. The rate in 2018 for those with an FPL of 139%-200% is statistically lower compared with all years except 2014; for those at 201%-300% it is statistically lower compared with 2005-2009.

While there has been some decline in the uninsured rate for Vermonters with an FPL of more than 300% over time, it is not statistically significant.

Uninsured by Federal Poverty Level



Uninsured Population & Employment Status

Uninsured rates are highest among Vermonters who are self-employed (6%). Those employed by someone else or active in the military have a slightly lower rate at four percent. Those who are not working or are under the age of 18 are the least likely to be uninsured at two percent.

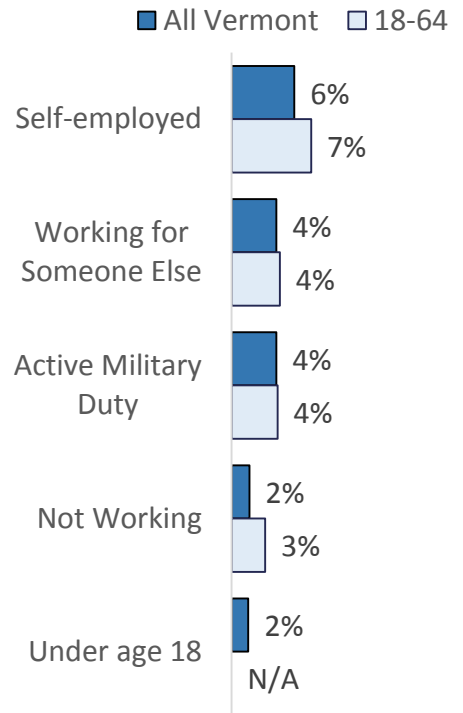
- Rates are similar when limited to those ages 18-64.

Among employed Vermonters 18-64, five percent lack health insurance. This is similar to the 6% in 2014, but statistically lower than earlier years.

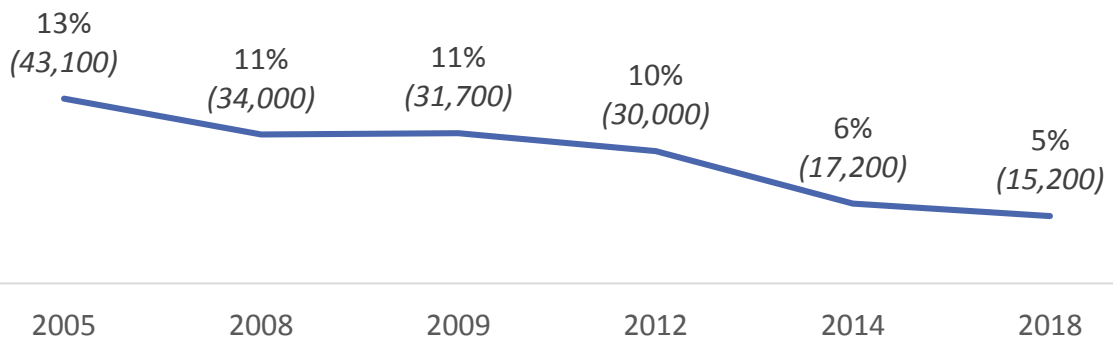
Three-quarters of employed Vermonters ages 18-64 work full-time. About a quarter work part-time.

- In 2018, five percent of full-time employed Vermonters lack health insurance, while four percent of part-time workers report the same. This difference is not statistically significant.

Vermonters Uninsured by Employment Status



Uninsured Rate Among Employed Vermont Residents 18-64

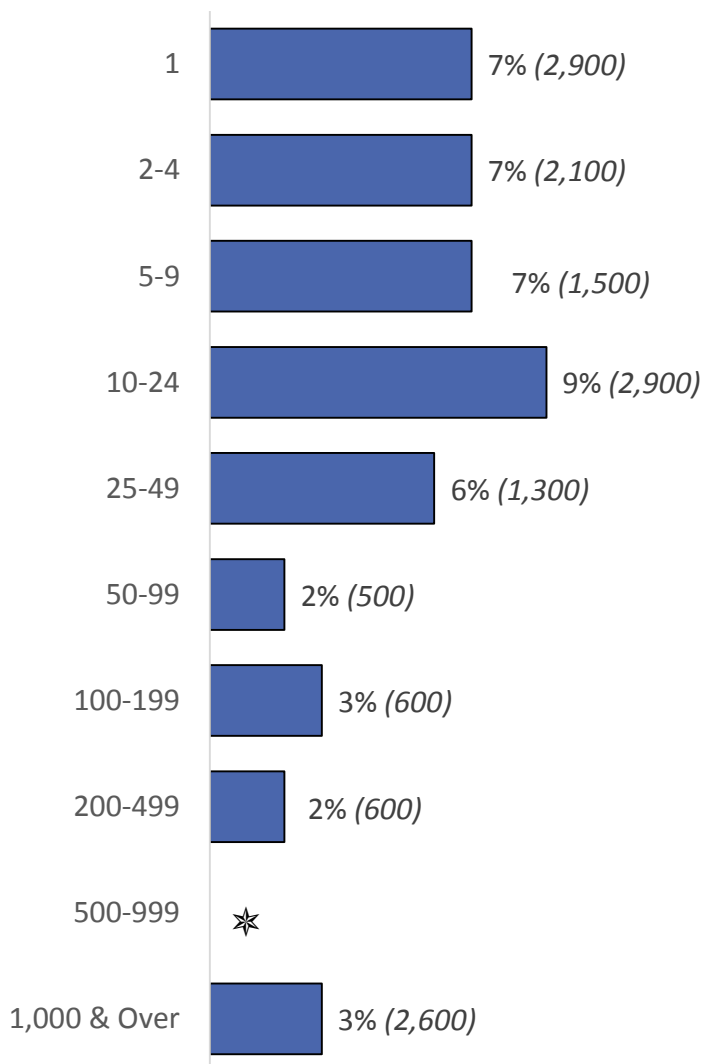


Uninsured Population & Employer Size

Vermonters 18-64 who work at smaller companies are more likely to be without health insurance coverage, compared with those at larger companies.

- Eight percent of Vermonters who work at companies with less than 50 people are uninsured. Three percent of those working at companies with 50 or more employees are uninsured, a statistically significant difference.

**Percent Uninsured by Size of Employer
Employed Vermont Residents 18-64**



* = Data Suppressed.

Uninsured Population & Employer Sponsored Health Insurance

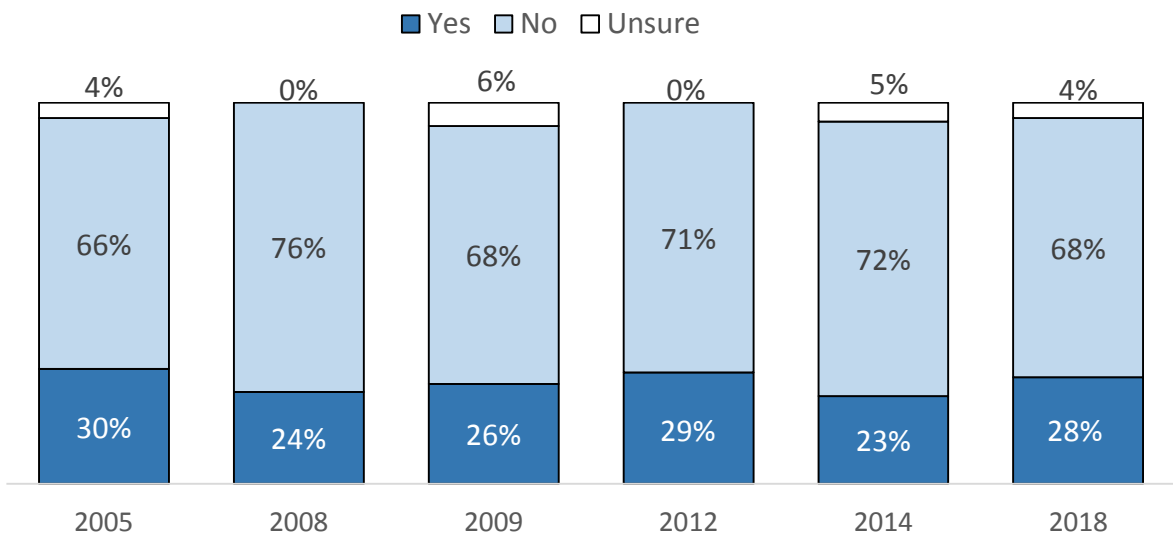
In 2018, more than a quarter (28%) of uninsured full- and part-time working Vermonters 18-64 say their employer offers insurance. Employers do not offer insurance for about two-thirds of working uninsured Vermonters 18-64 and four percent are unsure whether insurance is offered by their employer. The estimated number of working uninsured individuals offered insurance by their employer can be found in Appendix B.

Since 2005, for the working uninsured ages 18-64, there has been no statistical change in the proportions of employers offering insurance coverage.

Twenty-six percent of full-time workers that lack health insurance coverage have access to insurance through their employer. The proportion of part-time workers who are offered Employer-Sponsored Insurance (ESI) is suppressed due to small numbers.

Less than one in ten (8%) of the uninsured whose employer has less than 25 employees were offered ESI. Among Vermonters who are employed in a company with at least 25 workers, six in ten employees (59%) are offered ESI. This difference is statistically significant.

Employer Sponsored Insurance Available Among Uninsured Working Vermonters 18-64

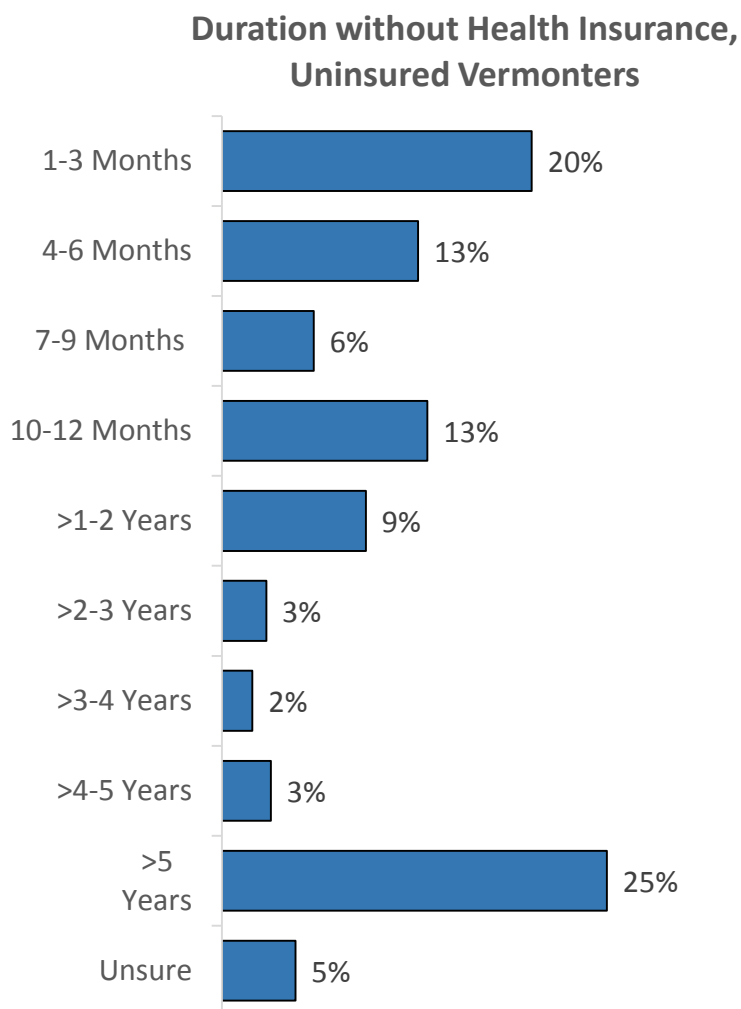


Length of Time Without Health Insurance

In 2018, about half (53%) of the uninsured population has been without health insurance for a year or less. A quarter have been uninsured for more than five years.

Of the uninsured with some type of coverage in the last year (53%), more than a third (36%) report they had private insurance provided through an employer or union. The same proportion say they were enrolled in a state health insurance program, while two in ten (21%) report they had private insurance that was bought out of pocket or through VT Health Connect.

The estimated number of uninsured individuals by duration can be found in Appendix B.



Reasons for Not Having Health Insurance

Cost is the primary barrier to health insurance coverage for Vermonters without insurance. More than half (51%) of the uninsured rate costs as the only reason they do not have insurance. An additional quarter say cost is one of the main reasons and 11% say it is one reason among many for being uninsured.

Relatively few, one in ten, say cost is not much of a factor in their not having health insurance coverage.

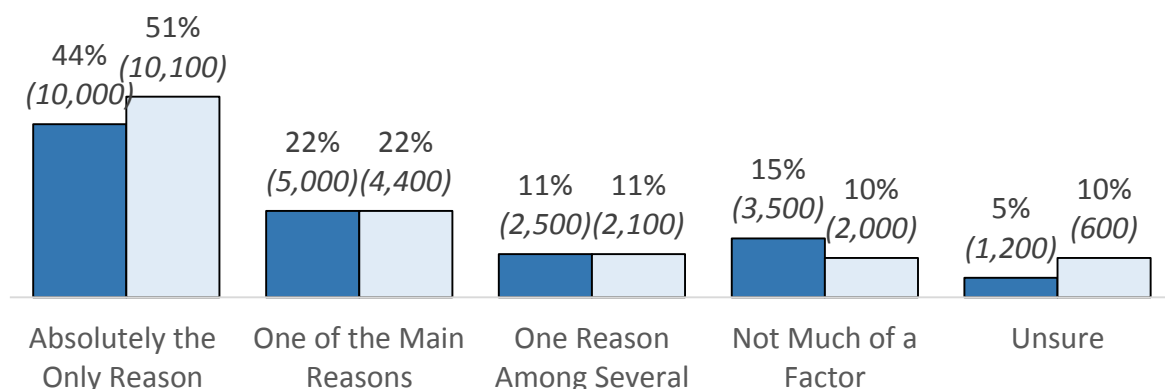
When asked about other reasons for not having health insurance coverage:

- A third (34%) say they became ineligible for Medicaid or Dr. Dynasaur.
- About a quarter (23%) are not interested in insurance.
- One in five (20%) report a family member losing their job.
- One in ten say their family is no longer eligible for insurance through an employer because of a reduction in hours worked (11%) or that an employer stopped offering health insurance coverage (10%).

There are no statistical differences in the data from 2014 to 2018.

Importance of Cost in Not Having Health Insurance Among Uninsured Vermont Residents

■ 2014 □ 2018



Reasons for Not Having Health Insurance

The Household Health Insurance Survey also asks uninsured persons the main reasons they lack health insurance coverage.

A third (34%) say one of the main reasons they are without health insurance coverage is because they either lost eligibility or are not eligible for a State Health Insurance Program.

A quarter (26%) can no longer afford the premium costs for private health insurance provided through employer sponsored health insurance.

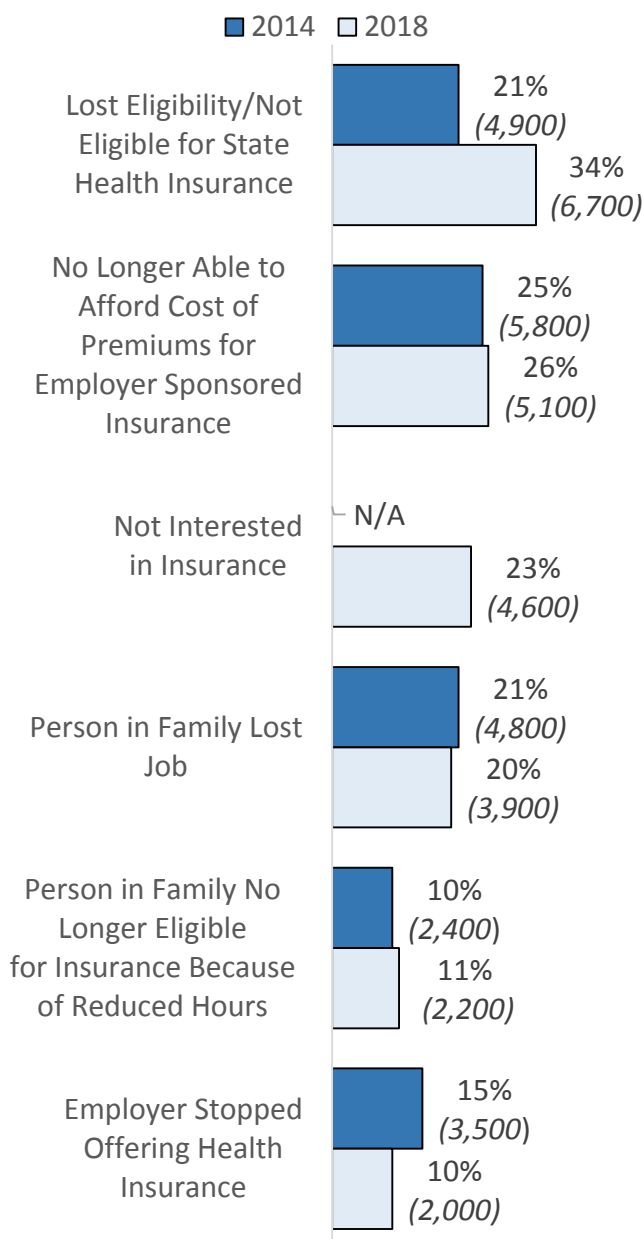
- A similar proportion (23%) are not interested in having health insurance.

One in five uninsured Vermonters are without health insurance coverage because they or a family member lost their job.

One in ten lack health insurance because a reduction in work hours means a family member is no longer eligible for health insurance coverage (11%) or their employer stopped offering health insurance (10%).

The responses to this question have not changed statistically since 2014.

Main Reasons* for Not Having Health Insurance Among Uninsured Vermont Residents



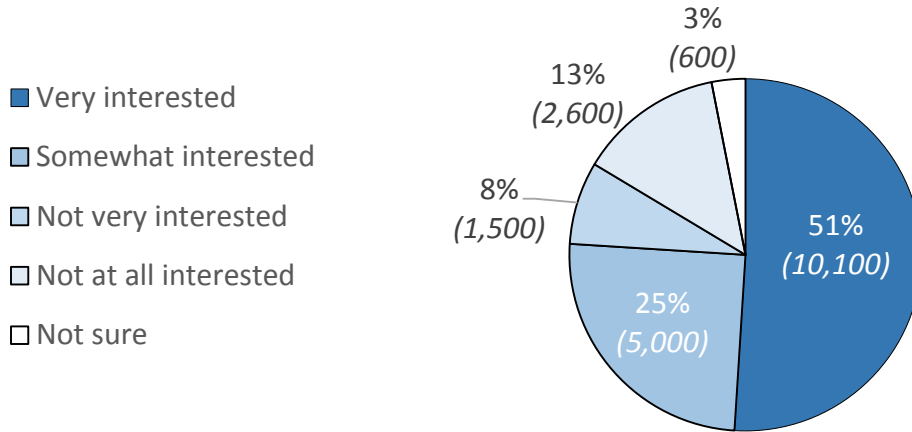
N/A = Question not asked in this year's survey.

**Note: percentages do not sum to 100% because respondents were allowed to provide more than one response.*

Interest in State Health Insurance Programs

Three-quarters of Vermonters that lack health insurance coverage are at least somewhat interested in enrolling in a state health insurance program (15,100 people). This includes 51% who are very interested and a quarter who are somewhat interested. One in eight (13%) or 2,600 of those who are uninsured are not at all interested in enrolling a state health insurance program.

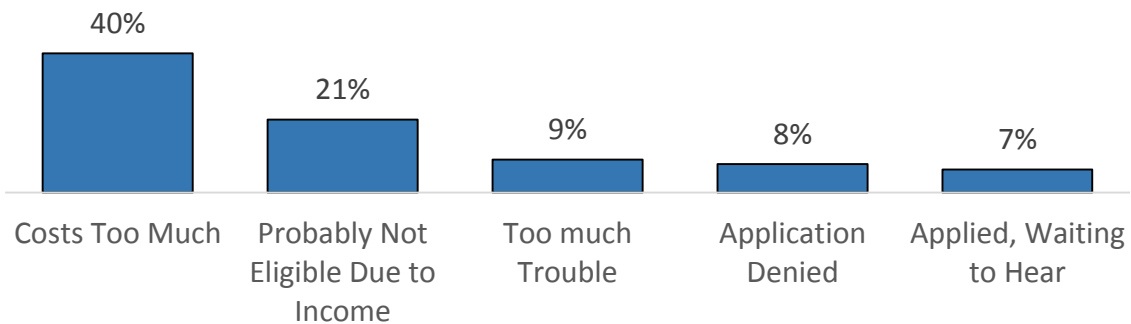
Interest in Enrolling in State Health Insurance Programs Among Uninsured Vermont Residents



Two in five (40%) Vermonters who lack health insurance coverage say cost is a reason they have not enrolled in a state health insurance program. Half as many (21%) say they are probably not eligible due to their income. About one in ten have not enrolled because it's too much trouble (9%), their application was denied (8%), or they have applied and are waiting to hear (7%).

Five percent or fewer gave reasons such as they don't want to be on public assistance, they don't know how to apply, they are waiting for coverage through an employer, or they don't have a need for health insurance.

Main Reasons for Not Enrolling in State Health Insurance Programs Among Uninsured Vermont Residents 2018



**Note: percentages do not sum to 100% because respondents were allowed to provide more than one response.*

Reasons Not Enrolled in Green Mountain Care

Uninsured Vermonters were specifically asked about reasons for not enrolling in state health insurance programs associated with Green Mountain Care. Three quarters stated they worry the cost would be too high.

- Two-thirds say fear over high costs was a major reason, while 10% say it is a minor reason.

Half (51%) of those lacking insurance say they do not enroll because they think their income is too high to be eligible.

- Two in five (39%) say this was a major reason for not enrolling.

About three in ten uninsured Vermonters have not enrolled due to concerns about the quality of care (31%) or because they feel they don't really need health insurance coverage (30%).

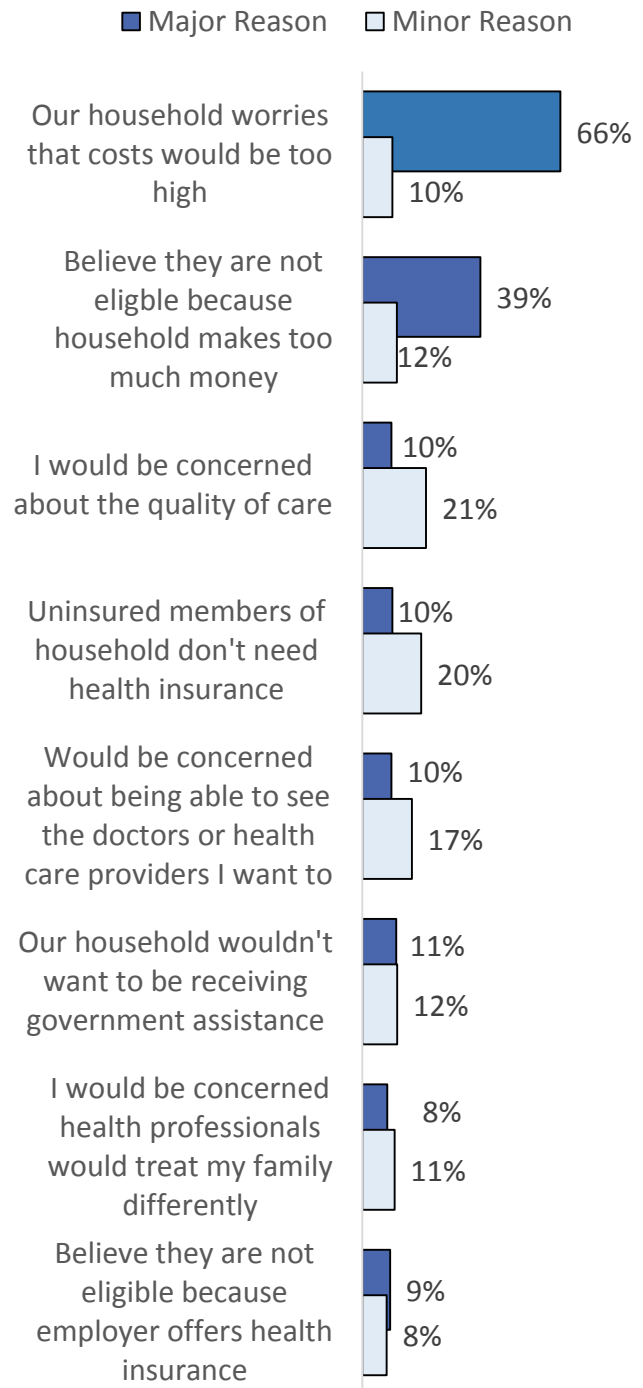
A quarter are concerned about being able to see doctors of their choice (27%) or not wanting to receive government assistance (23%).

- About one in ten list each of the above as a major reason for not enrolling in Green Mountain Care.

Around one in five uninsured Vermonters have not enrolled in Green Mountain Care because of concern about how health professionals would treat their family (19%) or because they don't think there are eligible because their employer offers health insurance (17%).

- Less than 10% list each of these reasons as a major contributor for their not enrolling in Green Mountain Care.

Reasons For Not Enrolling in Green Mountain Care Among Uninsured Vermont Residents



Chapter 3: Underinsured Vermonters

Underinsured Vermonters

The proportion of persons with insurance but whose policy does not sufficiently cover current medical costs or their potential future medical expenses should a serious condition or illness develop, is generally referred to as the “underinsured” population. For this report, VDH estimated the proportion of the Vermont population that is underinsured using a formula developed by the [Commonwealth Fund](#). Using this method an individual is considered underinsured if either of the following two conditions are met:

- Current medical expenses, excluding the cost of insurance premiums, is equal to or greater than:
 - 10% of household income if 200% or higher of FPL
 - 5% of household income if below 200% of FPL

OR

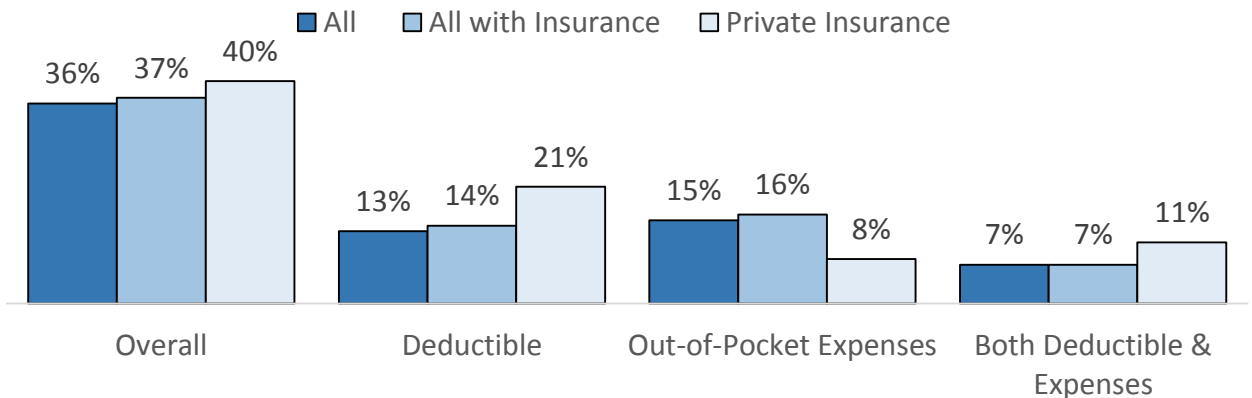
- Have a deductible equal to or greater than 5% of household income. That is, either their current or their potential future medical expenses are more than what their income could bear.

Using the Commonwealth Fund method, 36% of Vermont residents under age 65 are underinsured. Thirteen percent are underinsured due to deductibles, 15% because of out-of-pocket expenses, and less than one in ten (7%) are underinsured as the result of both deductible and expenses.

Note that uninsured Vermonters are not included as underinsured, but are included as part of the overall population. When analyses are limited to those with insurance, results are similar to the overall population.

If analysis is limited to Vermont residents under age 65 with private insurance coverage, four in ten (40%) are underinsured. More than two in ten are underinsured due to deductibles (21%), while about one in ten are underinsured due to out-of-pocket expenses (8%) and are underinsured due to both (11%).

Underinsured Population Vermont Residents Ages 64 and Under

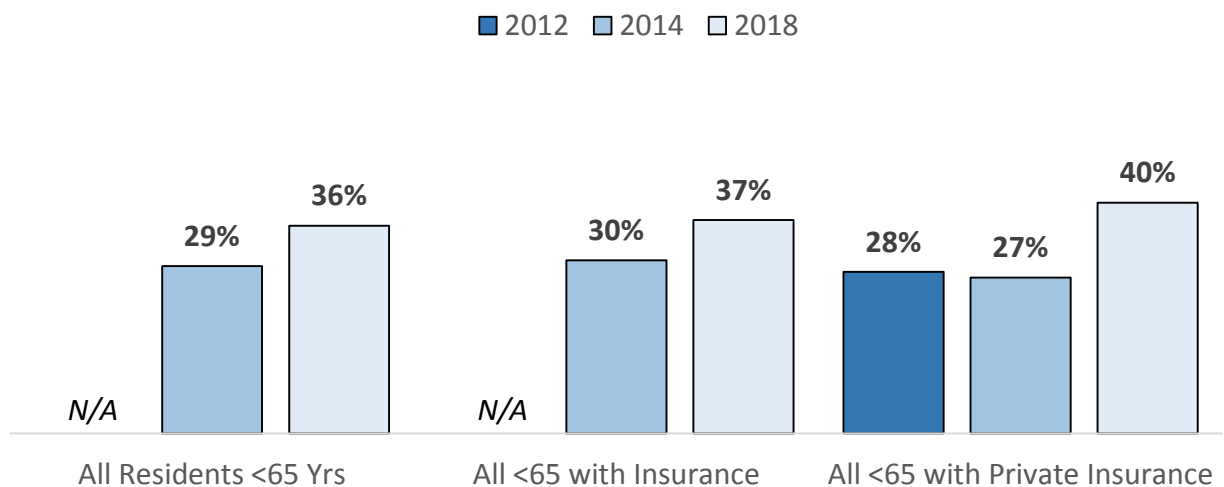


Underinsured Vermonters Over Time

The proportion of Vermonters under the age of 65 who are underinsured increased between 2014 and 2018 – from 29% to 36%. The increase was also statistically significant among those with insurance (30% vs. 37%) and those with private insurance (27% vs. 40%).

The estimated number of underinsured individuals is included in Appendix C.

Percent of Underinsured Vermonters Over Time



N/A = Question not asked in that year's survey.

Underinsured Vermonters

More than a third (36%) of Vermonters younger than 65 are underinsured. This increases to two in five when limited to residents with private health insurance.

Because underinsured proportions for all residents under age 65 are so similar to those for residents with insurance, only data for all residents is presented here.

Likewise, while there are some differences in the proportion of Vermont residents younger than age 65 who are underinsured compared with just those with private insurance coverage, the patterns are similar across sub-groups, as a result differences between groups will only be discussed for all Vermont residents.

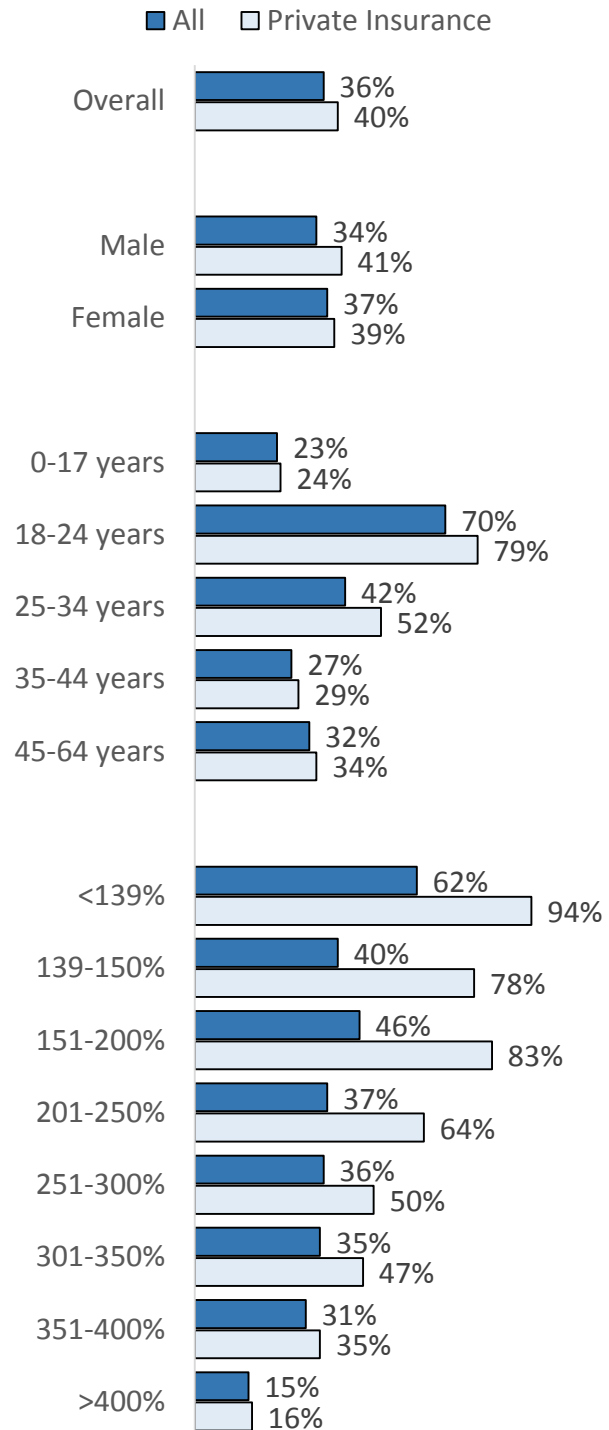
Vermont men and women, younger than 65 have similar rates of being underinsured, both overall and when limited to those with private health insurance.

Younger adults, those 18-24, are statistically more likely than other older age groups to be underinsured. Those 25-34 are also statistically more likely than those 0-17 and 35-64 to be underinsured, while those 45-64 are more likely to be underinsured than those 0-17.

Underinsurance is highest among those living at the lowest federal poverty levels (FPL) and decreases as FPL increases, for all residents under age 65.

- Those living at less than 139% FPL are statistically more likely to be underinsured than those in homes with higher FPL.
- In contrast, those in homes with an FPL of at least 400% are statistically less likely to be underinsured than those at lower FPL levels. However, about 15% are underinsured.

Underinsured Vermonters Younger than 65



Chapter 4: Health Care Utilization Among Vermonters

Health Care Utilization

In 2018, nearly nine in ten (87%) Vermont residents have seen a doctor or other health care practitioner in the last 12 months. Vermonters with health insurance coverage are much more likely (88%) to see a doctor, than those without health insurance (51%).

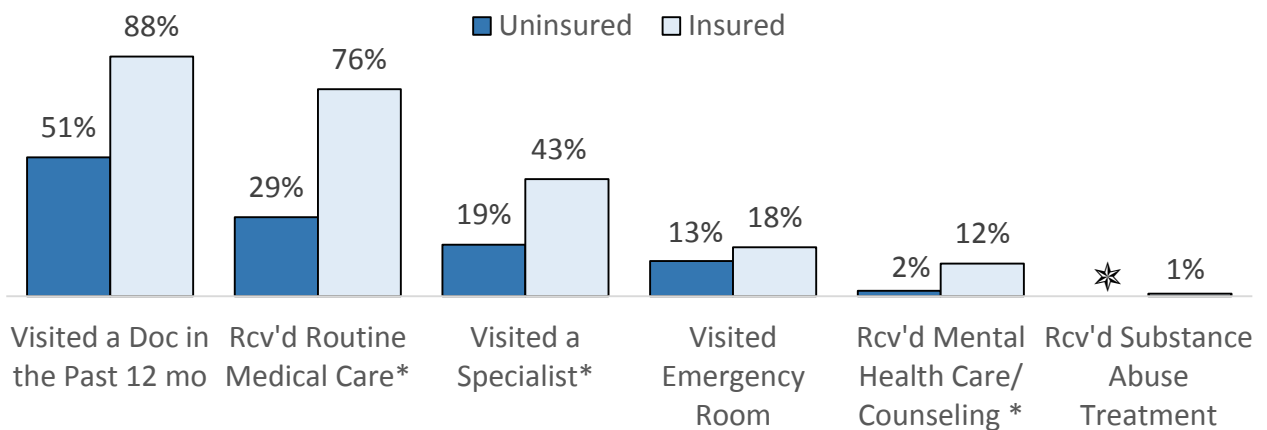
Generally, uninsured Vermonters receive care less often. All differences in seeking health care by insurance status during the last year are statistically significant except that for use of the emergency department.

- Three in ten (29%) uninsured Vermont residents received routine medical care in the last year, compared with three-quarters of (76%) of insured residents.
- One fifth (19%) of uninsured residents saw a specialist in the last year while more than two fifths (43%) of insured Vermonters said the same.
- Thirteen percent of uninsured and 18% of insured Vermont residents went to the emergency room in the last 12 months.
- Few (2%) uninsured Vermonters received mental health care or counseling; 12% of those with insurance received this type of care.

It should also be noted that the data reflected here indicates only use of the health care system, it does not reflect needed care. Those who lack health insurance are receiving routine care at sharply lower rates than those with insurance, indicating that other health care needs may be neglected among the uninsured population.

There are no statistical changes in this data from 2014 to 2017. Estimated numbers of uninsured and insured individuals overall and ages 18-64 are included in Appendix D. Results for those 0-17 years of age are suppressed due to the small number of respondents in this age group who are uninsured.

Health Care Utilization in Last 12 Months by Insurance Status



* = Data Suppressed.

*Difference between insured and uninsured populations is statistically significant.

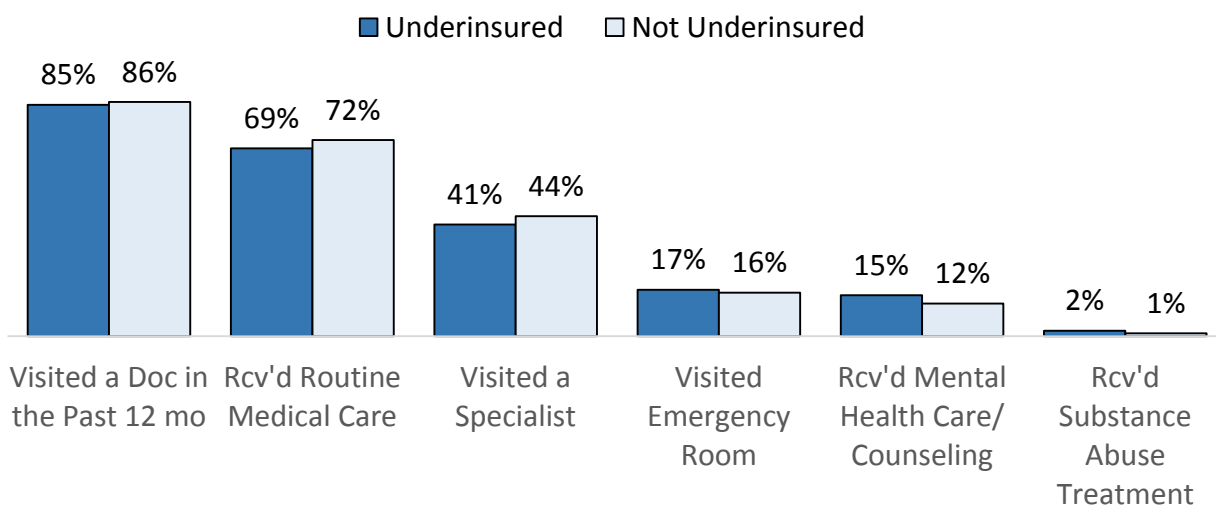
Health Care Utilization Among Underinsured

In 2018, underinsured Vermont residents ages 18-64 received care at similar rates to those with insurance who are not underinsured.

- Around eighty-five percent of Vermont residents 18-64 with health insurance saw a doctor in the last year; seven in ten received routine medical care.
- Less than half of Vermonters 18-64 with health insurance saw a specialist. Fewer than one in five went to the emergency room or received mental health counseling in the last 12 months.
- Few sought substance abuse treatment.

It should also be noted that the data reflected here indicates only use of the health care system, it does not reflect needed care. The estimated number of underinsured individuals 18-64 with insurance and with private insurance who sought care are included in Appendix D.

**Health Care Utilization in Last 12 Months
by Underinsured Status, Vermonters 18-64 with Insurance**



Delayed Care Due to Cost

Vermont residents without health insurance are more likely than those with insurance coverage to delay health care due to cost, regardless of the type of health care. All differences by insurance status are statistically significant except for mental health care or counseling and purchasing prescription medications.

- Those lacking health insurance are more than three times as likely as those with insurance to have delayed seeking dental care in the last year due to cost (29% vs. 8%).
- The difference in seeking routine care by insurance status is even more striking. More than one in five (22%) of the uninsured population have delayed this type of care due to cost, compared with two percent of those with insurance.
- One in ten (11%) uninsured Vermonters delayed getting medical care from a doctor or surgery, while two percent of the insured population reported the same.
- Delayed receipt of a diagnostic test was three times as likely among the uninsured vs. insured population (7% vs. 2%); a similar difference was seen for seeking mental health care or counseling (3% vs. 1%).
- Twice as many uninsured Vermonters delayed getting a prescription medication (6% vs. 3%).

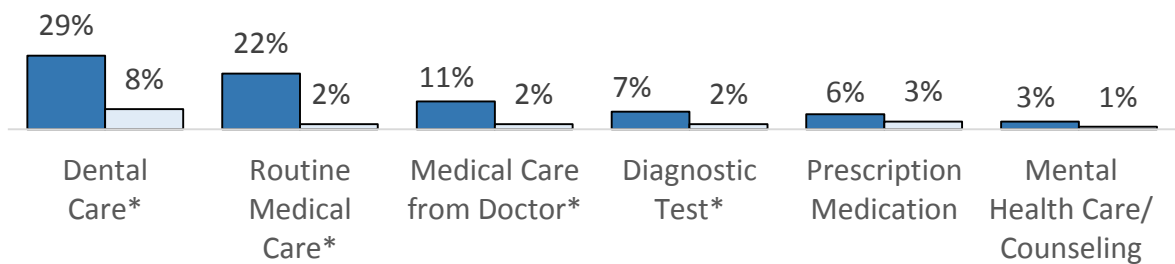
Four percent of the uninsured and insured populations skipped doses or took smaller amounts of medications to make them last longer during the last year (data not shown).

There have been no statistically significant changes in these numbers between 2014 to 2018.

Estimated numbers of individuals are included in Appendix D, along with results for Vermont residents 18-64. Results for those 0-17 years of age are suppressed due to the small number of respondents in this age group who are uninsured.

Care Delayed in Last 12 Months Due to Cost by Insurance Status

■ Uninsured □ Insured



*Difference between insured and uninsured populations is statistically significant.

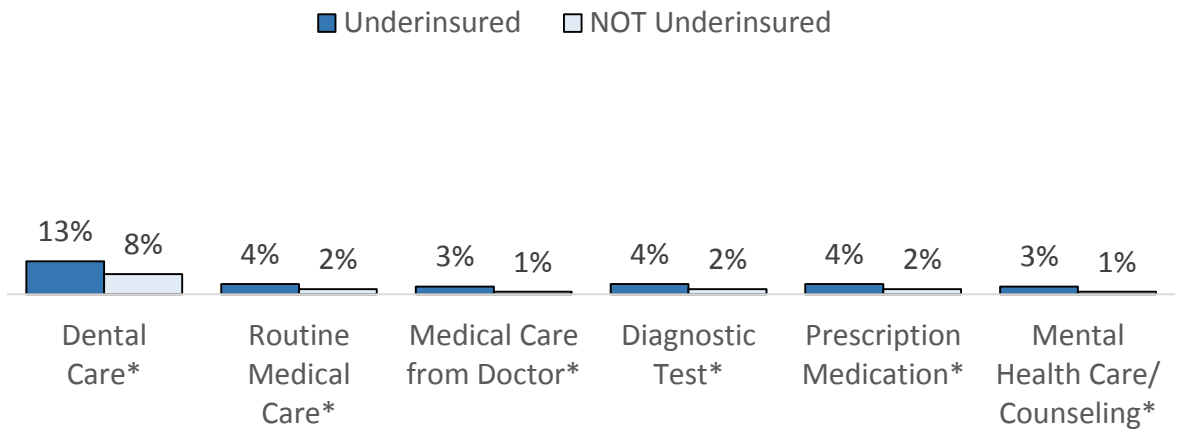
Delayed Care Due to Cost Among Underinsured

Generally, underinsured Vermonters ages 18-64 delay care at higher rates than those with adequate insurance.

- Thirteen percent of Vermont residents 18-64 who are underinsured delayed dental care in the past 12 months, compared with eight percent among those not underinsured.
- Less than five percent of underinsured Vermonters 18-64 delayed care for routine or other medical visits, diagnostics tests, prescription medications, or mental health care. However, those who are underinsured are statistically more likely than those who are not underinsured to delay these types of care.

Estimated numbers of underinsured individuals are included in Appendix D.

Care Delayed in Last 12 Months Due to Cost by Underinsured Status, Vermonters 18-64 with Insurance



*Difference between underinsured and not underinsured populations is statistically significant.

Out of Pocket Health Care Costs >\$500

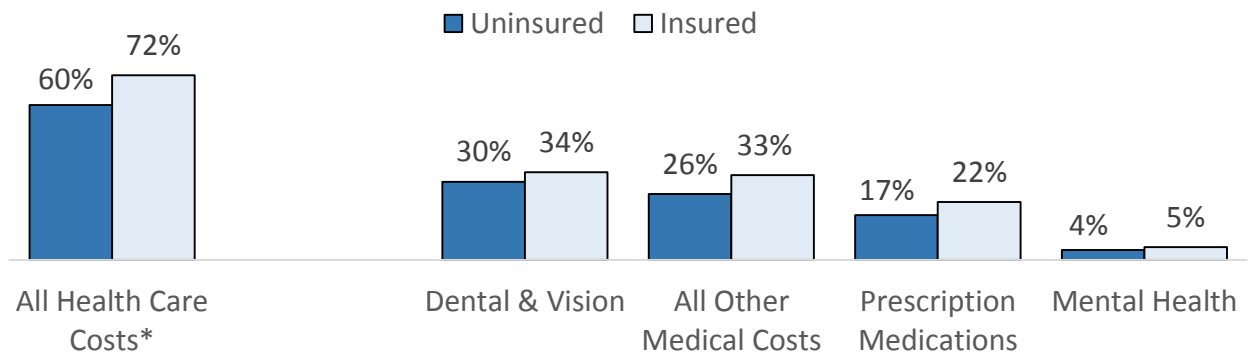
Insured Vermonters are statistically more likely than those without insurance to have spent more than \$500 on all of their health care in the last 12 months. Spending on specific types of health care (i.e., dental or vision care, prescriptions, etc.) is higher for those with insurance, however the difference is not statistically significant.

- Out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance. It does not include the premium paid for insurance coverage. In some cases, out of pocket expenses may be reimbursed to the individual via Health Savings Accounts.

Nearly six in ten (60%) uninsured Vermonters paid more than \$500 for health care in the last year. Nearly three-quarters of those with insurance paid more than \$500 (72%).

- For dental and vision, 30% of the uninsured versus 34% of the insured paid more than \$500 in out of pocket expenses.
- Those with and without insurance have similar proportions that paid more than \$500 for prescription medications (22% versus 17% of the uninsured).
- Forty-four percent of those lacking insurance coverage are very or somewhat concerned about their ability to pay for prescription drugs, compared with a third (32%) of those with insurance.
- Twenty-two percent of those with insurance and 12% of the uninsured are very concerned about their ability to pay for prescription medications.
- Few of those without (4%) and with (5%) insurance paid more than \$500 for mental health care.
- A quarter (26%) of uninsured Vermonters 18-64 paid more than \$500 out of pocket in the last year for all other medical costs, lower than the 33% among those with insurance.

Greater than \$500 in Out of Pocket Costs in Last 12 Months by Insurance Status



**Difference between insured and uninsured populations is statistically significant.*

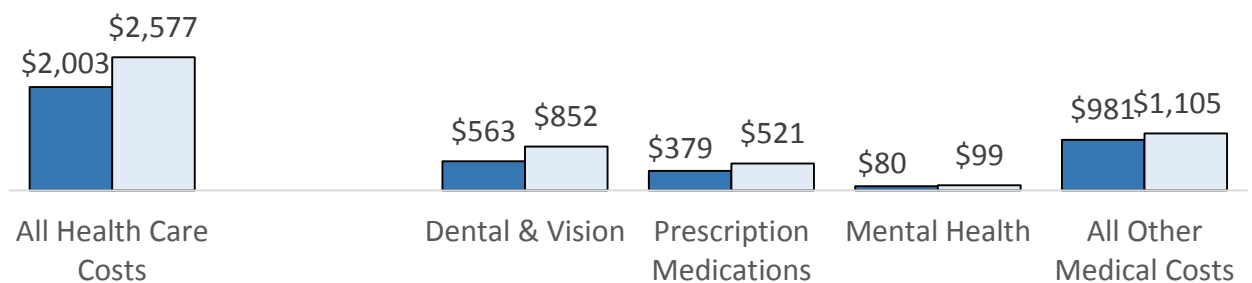
Out of Pocket Health Care Costs > \$500

The average amount of money Vermonters spent out of pocket during the last year, by health insurance status is:

- Prescription Medications: \$379 uninsured; \$521 insured
- Dental & Vision: \$563 uninsured; \$852 insured
- Mental Health: \$80 uninsured; \$99 insured
- All other* medical costs: \$981 uninsured; \$1,105 insured
- All health care costs: \$2,003 uninsured; \$2,577 insured

Average Amount of Money Spent Out of Pocket In the Last 12 Months by Insurance Status

■ Uninsured □ Insured



* OTHER medical costs include expenses for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

Out of Pocket Health Care Costs >\$500 Among Underinsured

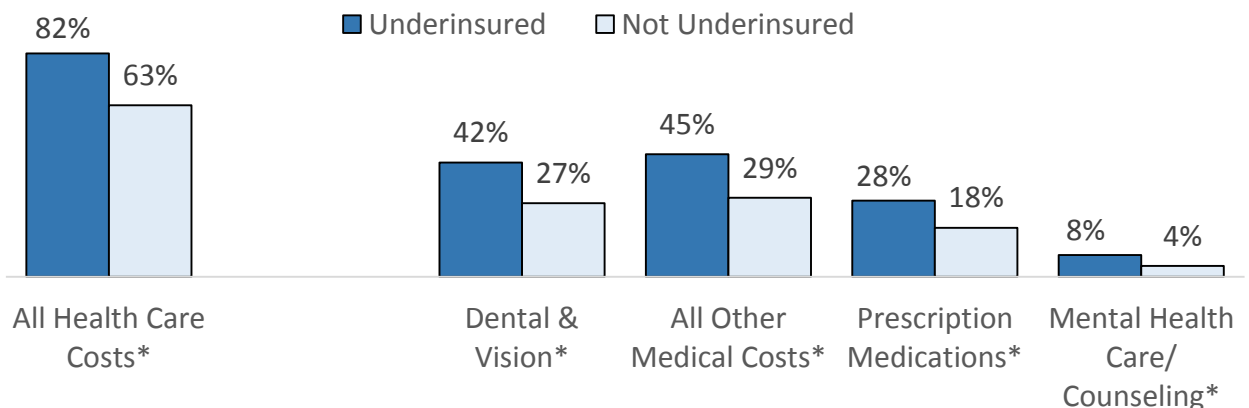
Eight in ten (82%) underinsured Vermonters ages 18-64 paid more than \$500 out of pocket for health care related costs in the last 12 months. This is statistically higher than the 63% among Vermonters 18-64 who are not underinsured.

- As also described on page 31, out of pocket expenses are the amount of money paid that is not covered by any insurance or special assistance. It does not include the premium paid for insurance coverage. In some cases, out of pocket expenses may be reimbursed to the individual via Health Savings Accounts.

Likewise, those who are underinsured are more likely than those who are not underinsured to have spent more than \$500 out of pocket in the last year on dental and vision, prescription medications, mental health care, and all other medical costs.

- Four in ten (42%) underinsured Vermont residents 18-64 paid more than \$500 out of pocket for dental and vision care, nearly twice that of those with insurance that are not underinsured (27%).
- A quarter of the underinsured paid more than \$500 out of pocket for prescription medications in the last year, compared with 18% among those who are not underinsured.
- Less than one in ten (8%) of the underinsured paid more than \$500 out of pocket for mental health care, twice that among those who are not underinsured.

Greater than \$500 in Out of Pocket Costs in Last 12 Months Underinsured Vermonters 18-64 with Insurance



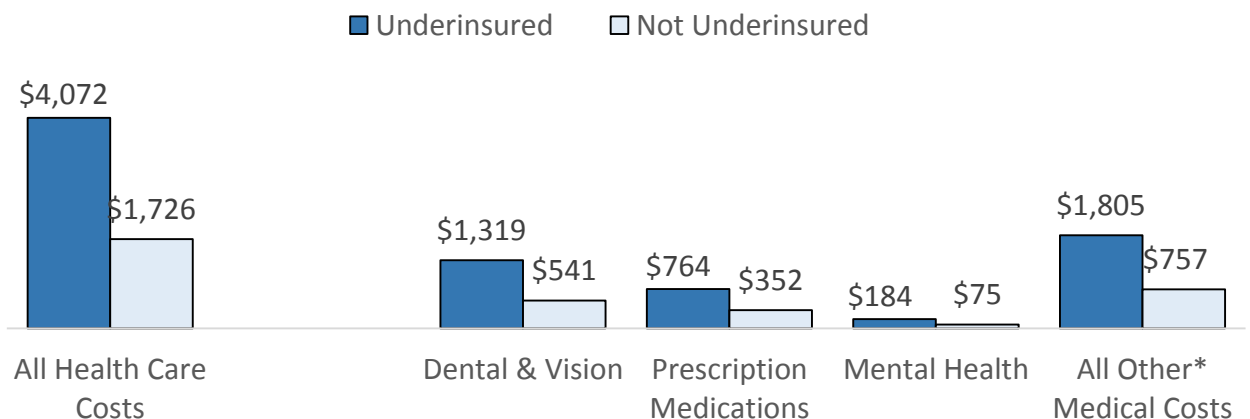
*Difference between underinsured and not underinsured populations is statistically significant.

Out of Pocket Health Care Costs > \$500 Among Underinsured

The average amount of money underinsured Vermonters 18-64 spent out of pocket during the last year is:

- Prescription Medications: \$764 underinsured; \$352 not underinsured
- Dental & Vision: \$1,319 underinsured; \$541 not underinsured
- Mental Health: \$184 underinsured; \$75 not underinsured
- All other* medical costs: \$1,805 underinsured; \$757 not underinsured
- All health care costs: \$4,072 underinsured; \$1,726 not underinsured

**Average Amount of Money Spent
Out of Pocket in the Last 12 Months
Underinsured Vermonters 18-64 with Insurance**



* OTHER medical costs include expenses for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

Medical Bills

Vermont residents lacking health insurance coverage are twice as likely as those with insurance (30% vs. 17%) to have had problems paying medical bills in the last 12 months, a statistically significant difference.

Two in ten uninsured Vermont residents have been contacted by a collection agency in the last year about unpaid medical bills, higher but statistically similar to the 13% among insured Vermonters.

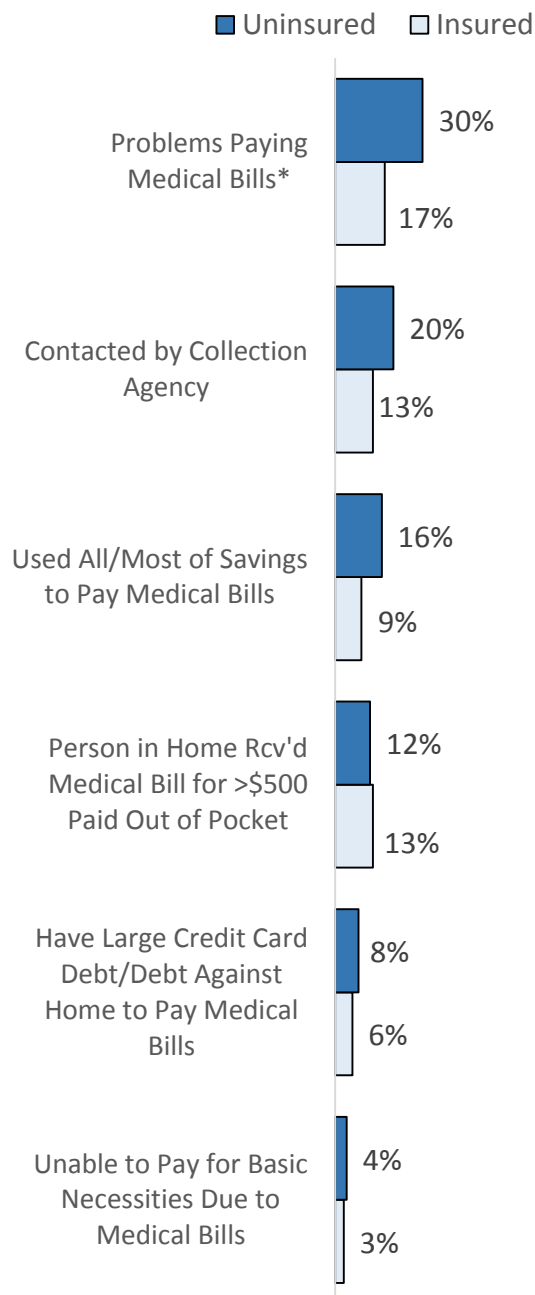
Sixteen percent of Vermonters without health insurance used all or some of their savings in the last year to pay medical bills. This is statistically similar to the nine percent among those with insurance.

Similar proportions of uninsured and insured Vermonters say someone in their home received a medical bill for more than \$500 in out of pocket expenses during the last year, 12% and 13% respectively.

Likewise, similar proportions have large credit card debt or debt against their home to pay medical bills (8% vs. 6%) and were unable to pay for basic necessities due to medical bills (4% vs. 3%).

The estimated numbers of individuals are included in Appendix D, along with results for Vermont residents 18-64. Results for those 0-17 years of age are suppressed due to the small number of respondents in this age group who are uninsured.

**Medical Bills in Last 12 Months
by Insurance Status
Vermont Residents, 2018**



*Difference between insured and uninsured populations is statistically significant.

Medical Bills Among Underinsured

A quarter of underinsured Vermont residents 18-64 have had problems paying medical bills in the last 12 months (24%), statistically higher than among those with insurance that are not underinsured.

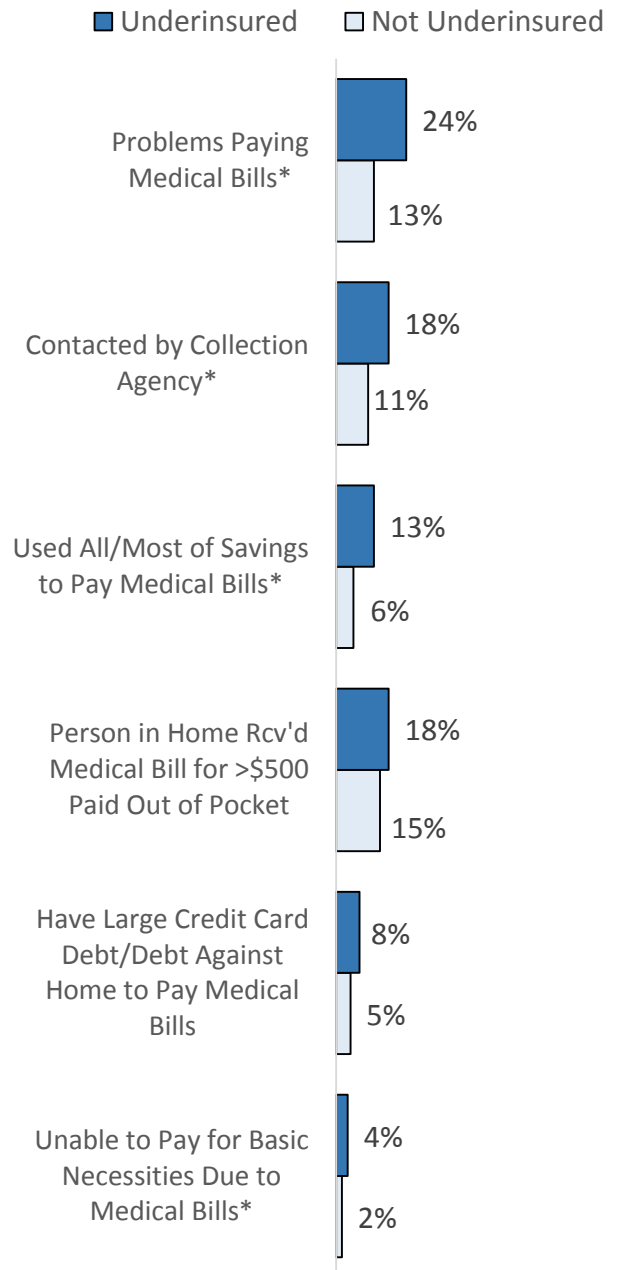
Eighteen percent of the underinsured have been contacted by a collection agency, this is also higher than among those who are not underinsured (18% vs. 11%).

Underinsured Vermont residents 18-64 are twice as likely as those who are not underinsured to have used all or most of their savings to pay medical bills (13% vs. 6%) or to have been unable to pay for basic necessities due to medical bills (4% vs. 2%).

Similar proportions of both underinsured and not underinsured residents said a person in their home received a single medical bill for at least \$500 and have large credit card or other debt to pay medical bills.

The estimated number of underinsured individuals are included in Appendix D.

Medical Bills in Last 12 Months by Underinsured Status Vermont Residents 18-64 with Insurance, 2018



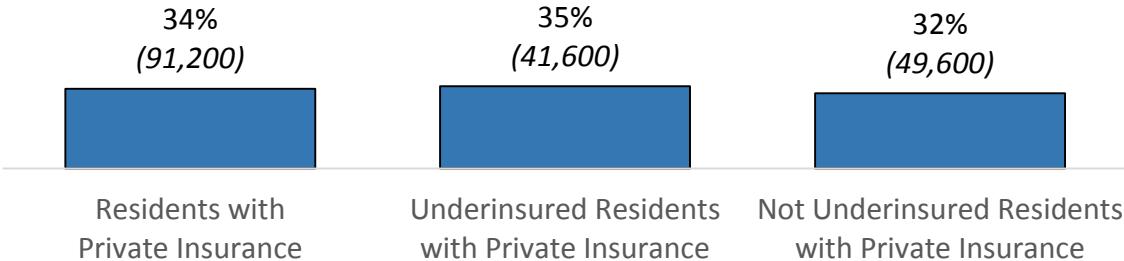
*Difference between underinsured and not underinsured populations is statistically significant.

Chapter 5: Health Savings Accounts

Vermonters With Health Savings Accounts

One-third of Vermonters ages 18-64 with private health insurance have a Health Savings Account* (HSA) (34%). Underinsured Vermonters are slightly more likely than those who are not underinsured to have an HSA (35% versus 32%). An HSA is a tax-advantaged medical savings account available to taxpayers who are enrolled in a High Deductible Health Plan.

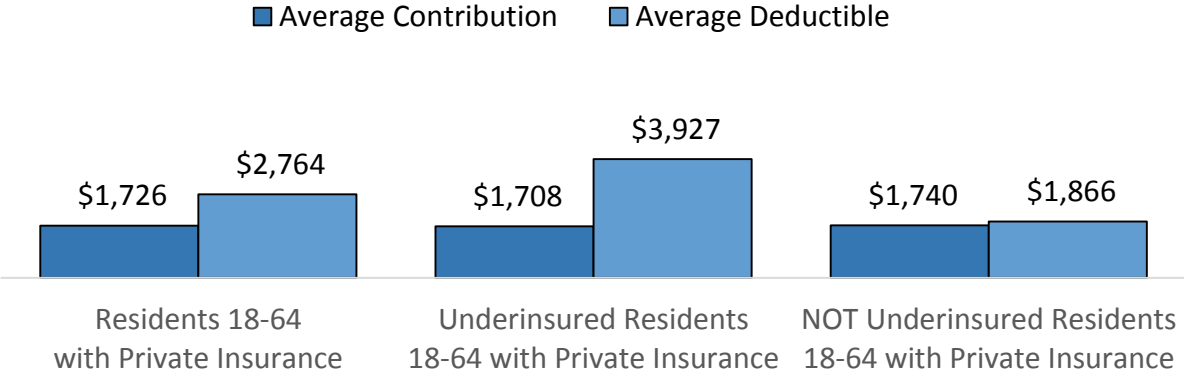
Have a Health Savings Account Vermont Residents 18-64



On average, Vermonters ages 18-64 who have private insurance and a HSA contribute approximately \$1,725 to their HSA, an amount that, if unused, can accumulate for future use.

The average deductible for Vermont residents 18-64 with private insurance is \$2,764. Underinsured residents have an average deductible that is more than twice that of those with private insurance who are not underinsured.

Amount Contributed to an HSA versus Deductible



Chapter 6: Eligibility for State Health Insurance Programs

State Health Insurance - Eligibility

The Patient Protection and Affordable Care Act (PPACA) provides individuals with access to health insurance if they don't have another affordable offer of adequate coverage. Such individuals may qualify for coverage under expanded Medicaid programs or for financial assistance to purchase coverage through a health insurance marketplace, known in this state as Vermont Health Connect. This assistance can take the form of premium tax credits or cost-sharing reductions. State-based assistance is available to further reduce premiums and cost-sharing for qualifying Vermonters. Appendix E includes details about the expanded eligibility guidelines, including maximum allowable premiums, out-of-pocket expenses, and cost sharing reduction tiers under PPACA.

Using the PPACA and Vermont guidelines, Vermont Household Health Insurance Survey data are used to estimate eligibility for uninsured Vermonters to enroll in Medicaid or to purchase health insurance through Vermont Health Connect.

- Note, these estimates are based upon self-reported family income and do not account for other factors that could impact eligibility for state health insurance programs (e.g., access to other health insurance) or other state-based income offsets that could impact the level of financial assistance or Medicaid eligibility.

The table below summarizes state health insurance program eligibility for uninsured Vermonters 19-64. Due to small sample size figures for uninsured Vermonters 0-18 are not presented.

In 2018, seventeen percent, or an estimated 3,000, of uninsured adults 19-64 are eligible for Medicaid under the expanded Medicaid program. Six in ten (60% or 10,400) are eligible for some level of premium assistance for the purchase of insurance through Vermont Health Connect. Less than a quarter (23%) are not eligible for expanded Medicaid or subsidies.

Eligibility for State Health Insurance or to Purchase Health Insurance Through VT Health Connect, Uninsured Vermonters 19-64, 2012-2018

Federal Poverty Level (FPL)		2012		2014		2018	
		%	N	%	N	%	N
<139%	Eligible for Medicaid	35%	13,600	30%	6,500	17%	3,000
139%-150%	Eligible for Subsidies to Purchase Health Insurance Through VT Health Connect	3%	1,100	2%	400	3%	500
151%-200%		13%	5,100	14%	3,100	16%	2,800
201%-250% FPL		9%	3,500	10%	2,300	17%	3,000
251%-300% FPL		12%	4,800	10%	2,200	7%	1,200
301%-400% FPL		11%	4,300	13%	2,900	17%	2,900
>401% FPL	Not Eligible for Subsidies or Medicaid	17%	6,700	20%	4,400	23%	3,900
Total		100%	39,100	100%	21,600	100%	17,300

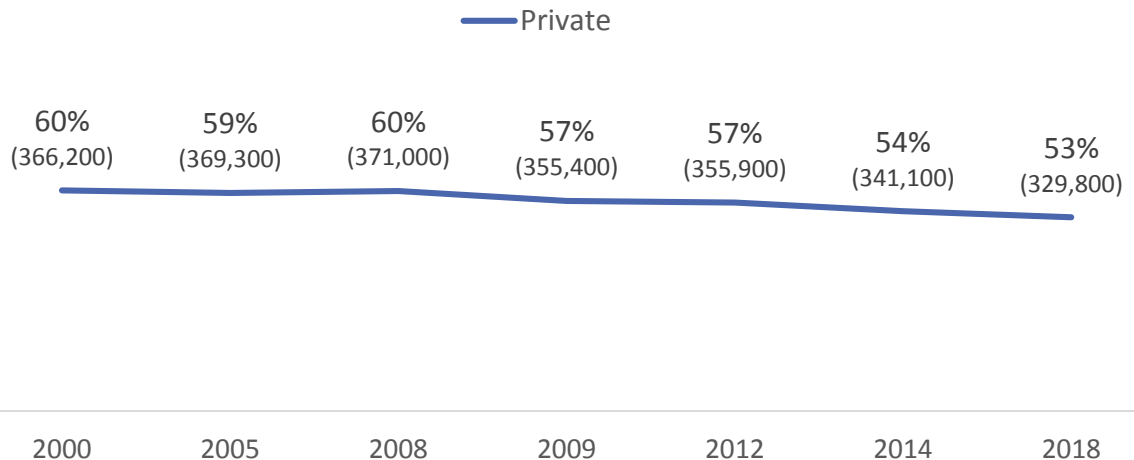
Appendix A: Health Insurance Status and Primary Type of Health Insurance

Appendix A

Primary Health Insurance Source, All Vermonters

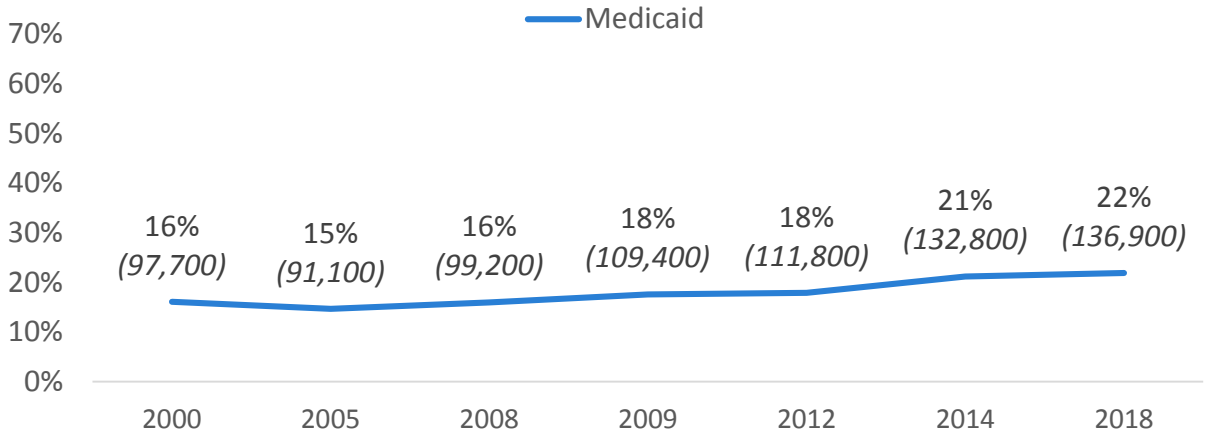
	Private		Medicaid		Medicare		Military		Uninsured	
	%	N	%	N	%	N	%	N	%	N
2000	60%	366,200	16%	97,700	14%	87,900	0.9%	5,600	8.4%	51,400
2005	59%	369,300	15%	91,100	15%	90,100	1.6%	9,800	9.8%	61,100
2008	60%	371,000	16%	99,200	14%	88,900	2.4%	14,900	7.6%	47,300
2009	57%	355,400	18%	109,400	15%	95,200	2.2%	13,900	7.6%	47,500
2012	57%	355,900	18%	111,800	16%	100,500	2.5%	15,500	6.8%	42,800
2014	54%	341,100	21%	132,800	18%	110,900	3.0%	18,600	3.7%	23,200
2018	53%	329,800	22%	136,900	19%	121,100	2.7%	16,900	3.2%	19,800

Private Insurance as Primary Insurance Type Vermonters, 2000-2018

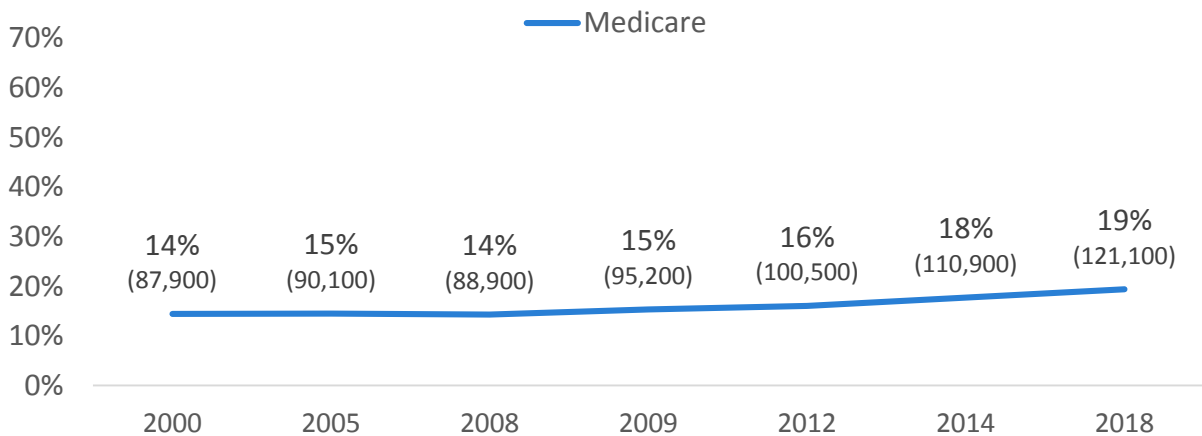


Appendix A

Medicaid as Primary Insurance Type Vermonters, 2000-2018

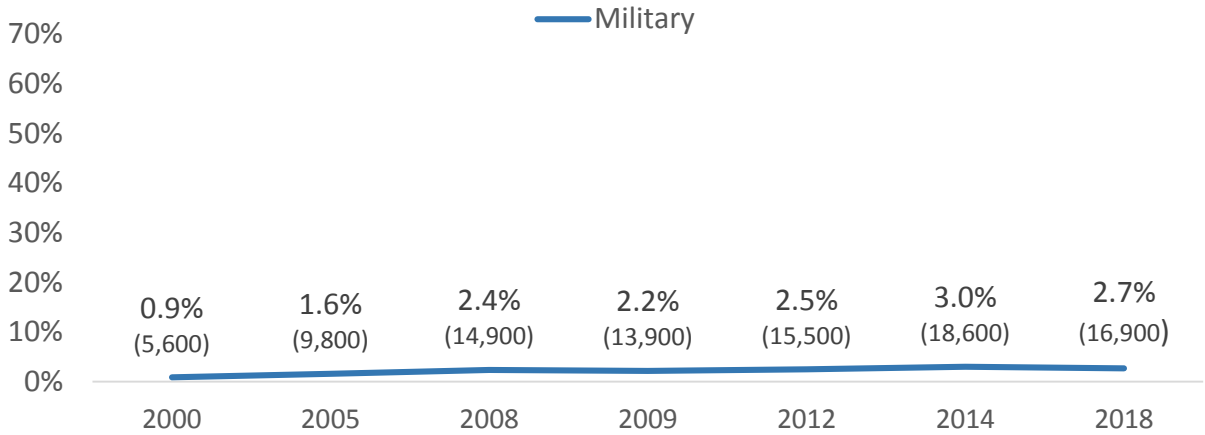


Medicare as Primary Insurance Type Vermonters, 2000-2018

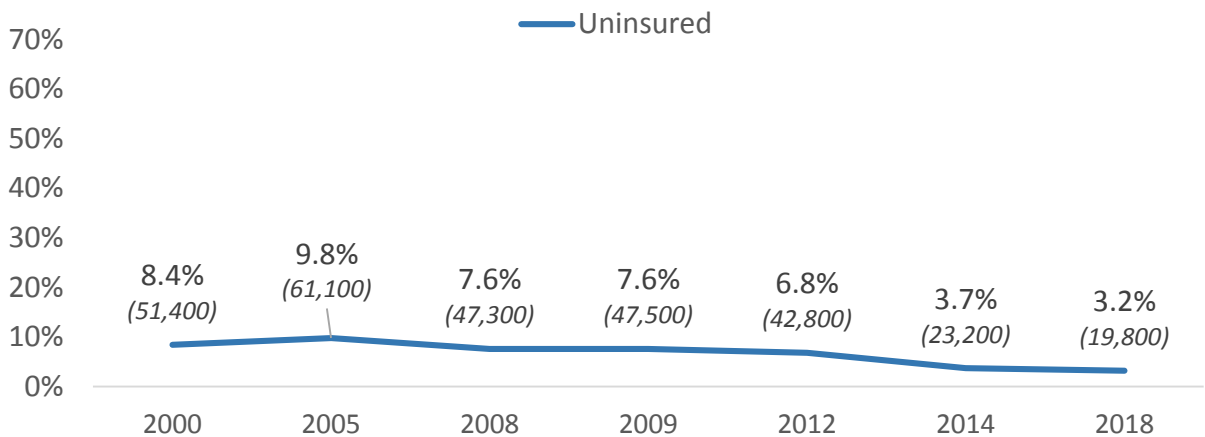


Appendix A

Military as Primary Insurance Type Vermonters, 2000-2018



Uninsured as Primary Insurance Type Vermonters, 2000-2018



Appendix A

Primary Insurance Source by Age Group, All Vermonters, 2018

	Private		Medicaid		Medicare		Military		Uninsured	
	%	N	%	N	%	N	%	N	%	N
0-17	46%	54,200	50%	59,300	1%	1,700	1%	1,500	2%	1,800
18-64	69%	269,700	20%	76,900	5%	20,700	2%	8,400	4%	17,600
65+	5%	6,000	1%	1,000	88%	98,700	6%	7,100	*	*
Total	53%	329,800	22%	136,900	19%	121,100	3%	16,900	3%	19,800

Insurance Source, Insured Vermonters, 2018

	%	N
Private Only	53%	323,000
Medicaid Only	23%	136,600
Medicare Only	16%	95,000
Military Only	2%	10,400
Medicare & Medicaid	3%	20,900
Medicare & Military	1%	6,200
Private & Medicare	1%	6,300
Private & Medicaid	1%	4,900
Private & Military	<1%	<1,000
>2 Sources of Insurance	<1%	<1,000

* = Data Suppressed.

Appendix A

Private Insurance as Source, Vermonters with Insurance, 2018

	0-17		18-64		65+		Total	
	%	N	%	N	%	N	%	N
Private Only	44%	51,600	71%	266,600	4%	4,800	53%	323,000
Private and:								
Medicaid	2%	2,500	1%	2,300	0		1%	4,900
Medicare	*		<1%	1,500	4%	4,700	1%	6,300
Military	*		<1%	800	0		<1%	800
2+ Other Insur.	0		0		*		*	
Total Private Enrollees	46%	54,200	72%	271,200	9%	9,700	55%	335,100
Total Private as Primary Type	46%	54,200	72%	269,700	5%	6,000	55%	329,800

Medicare Insurance as Source, Vermonters with Insurance, 2018

	0-17		18-64		65+		Total	
	%	N	%	N	%	N	%	N
Medicare Only	*		2%	7,000	78%	87,700	16%	95,000
Medicare and:								
Medicaid	1%	1,500	3%	12,100	7%	7,300	3%	20,900
Private	*		<1%	1,500	4%	4,700	1%	6,300
Military	0		*		5%	5,900	1%	6,200
2+ Other Insur.	0		0		<1%	300	<1%	300
Total Medicare Enrollees	1%	1,700	6%	21,000	94%	106,000	21%	128,700
Total Medicare as Primary Type	1%	1,700	6%	20,700	88%	98,700	20%	121,100

* = Data Suppressed.

Appendix A

Medicaid Insurance as Source, Vermonters with Insurance, 2018

	0-17		18-64		65+		Total	
	%	N	%	N	%	N	%	N
Medicaid Only	51%	59,200	20%	76,700	1%	700	23%	136,600
Medicaid and:								
Medicare	1%	1,500	3%	12,100	7%	7,300	3%	20,900
Private	2%	2,500	1%	2,300	0		1%	4,900
Military	*		*		0		*	
2+ Other Insur.	*		*		*		*	
Total Medicaid Enrollees	54%	63,300	24%	91,300	7%	8,400	27%	163,000
Total Medicaid as Primary Type	51%	59,300	20%	76,900	1%	700	23%	136,900

Military Insurance as Source, Vermonters with Insurance, 2018

	0-17		18-64		65+		Total	
	%	N	%	N	%	N	%	N
Military Only	1%	1,500	2%	8,000	1%	900	2%	10,400
Military and:								
Medicare	0		<1%	300	5%	5,900	1%	6,200
Private	*		<1%	800	0		<1%	800
Medicaid	*		*		0		*	
2+ Other Insur.	0		0		*		*	
Total Military Enrollees	1%	1,700	2%	9,400	6%	7,100	3%	18,100
Total Military as Primary Type	1%	1,500	2%	8,400	6%	7,100	3%	16,900

* = Data Suppressed.

Appendix B: Uninsured Vermonters

Appendix B

Uninsured by Sex, Uninsured Vermonters				
	Male		Female	
	%	N	%	N
2005	12%	36,600	8%	24,400
2008	9%	28,200	6%	19,100
2009	9%	29,000	6%	18,500
2012	9%	27,600	5%	15,200
2014	5%	15,200	3%	8,000
2018	4%	13,100	2%	6,700

Appendix B

Uninsured by Age Group, Uninsured Vermonters, 2000-2018

	0-17		18-24		25-34		35-44		45-64	
	%	N	%	N	%	N	%	N	%	N
2005	5%	6,900	25%	11,900	18%	14,000	13%	11,300	9%	16,500
2008	3%	3,900	22%	12,100	13%	9,700	9%	7,900	7%	13,600
2009	3%	3,600	17%	10,800	16%	11,100	10%	8,400	7%	13,400
2012	2%	2,800	12%	9,300	18%	12,800	7%	5,400	6%	12,100
2014	1%	1,300	5%	2,900	11%	7,900	5%	3,700	4%	7,100
2018	2%	1,800	3%	1,900	10%	7,100	5%	3,700	3%	4,900
	65+									
	%	N								
2005	1%	400								
2008	<1%	100								
2009	<1%	100								
2012	<1%	300								
2014	<1%	300								
2018	*	*								

* = Data Suppressed.

Appendix B

Uninsured by Federal Poverty Level, Uninsured Vermonters, 2005-2018

	<139%		139-150%		151-200%		201-250%		251-300%	
	%	N	%	N	%	N	%	N	%	N
2005	18%	23,000	20%	3,000	15%	9,700	13%	7,500	10%	5,600
2008	13%	16,400	23%	3,900	11%	5,400	12%	6,200	8%	4,200
2009	14%	17,500	12%	800	14%	6,700	10%	6,000	10%	4,600
2012	10%	14,100	15%	1,200	13%	5,900	8%	4,000	10%	5,600
2014	5%	6,900	3%	400	6%	3,100	6%	2,500	4%	2,200
2018	2%	3,200	5%	700	6%	3,000	6%	3,100	4%	1,500
	301-350%		351-400%		>400%					
	%	N	%	N	%	N				
2005	6%	3,000	6%	2,700	3%	6,700				
2008	5%	2,900	4%	1,900	3%	6,300				
2009	6%	3,700	3%	1,000	3%	7,200				
2012	6%	2,800	4%	1,900	3%	7,200				
2014	5%	2,200	2%	900	2%	4,900				
2018	5%	2,200	3%	1,200	2%	4,900				

Appendix B

Employer Offers Insurance, Uninsured Working Vermonters 18-64, 2005-2018

	Offers		Does Not Offer		Unsure	
	%	N	%	N	%	N
2005	30%	13,200	66%	28,800	4%	1,800
2008	24%	8,200	76%	25,800	0	0
2009	26%	8,300	68%	21,400	6%	4,200
2012	29%	8,800	71%	21,200	0	0
2014	23%	3,900	72%	12,400	5%	800
2018	28%	4,200	68%	10,400	4%	600

Duration Without Insurance, Uninsured Vermonters, 2005-2018

	<= 12 Months		> 12 Months		Unsure	
	%	N	%	N	%	N
2005	31%	19,200	65%	39,600	4%	2,300
2008	52%	24,400	46%	21,500	3%	1,400
2009	50%	23,600	45%	21,500	5%	2,300
2012	40%	17,300	54%	23,000	6%	2,500
2014	44%	10,100	50%	11,700	6%	1,400
2018	53%	10,400	43%	9,400	5%	1,000

Appendix C: Underinsured Vermonters

Appendix C

Underinsured* (Commonwealth Fund Model), Vermonters Under Age 65*, 2012-2018

	Vermont Residents Under Age 65		Vermont Residents Under Age 65 with Insurance		Vermont Residents Under Age 65 with Private Insurance	
	%	N	%	N	%	N
2012	N/C	N/C	N/C	N/C	28%	101,300
2014	29%	151,200	30%	151,200	27%	92,300
2018	36%	182,200	37%	182,200	40%	131,200

**Vermont residents under age 65 estimates the underinsured population among all Vermont residents. Note that while uninsured residents are included in the denominator they are not included as a separate category and are not a part of the underinsured population. Underinsured includes only those who currently have insurance but coverage that is not adequate for their needs.*

N/C: Data point Not Calculated in this survey year (2012). Only provided for those with private insurance.

Appendix D: Health Care Utilization Among Vermonters

Appendix D

Type of Care Received During Last 12 Months by Insurance Status, Uninsured Vermonters, 2005-2018

	Saw a Doctor	Routine Medical Care	Saw a Specialist	Emergency Room	Substance Abuse Treatment	Mental Health Care/ Counseling
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
2005	59% (36,200)	30% (18,300)	N/A	8% (5,000)	N/A	N/A
2008	60% (28,100)	30% (14,300)	N/A	19% (8,800)	N/A	N/A
2009	N/A	N/A	N/A	N/A	N/A	N/A
2012	55% (23,700)	34% (14,400)	N/A	8% (3,200)	N/A	N/A
2014	58% (13,500)	34% (7,900)	23% (5,200)	19% (4,500)	*	5% (1,100)
2018	51% (10,100)	29% (5,800)	19% (3,700)	13% (2,600)	*	2% (500)

* = Data Suppressed. N/A = Question not asked in that year's survey.

Appendix D

Type of Care Received During Last 12 Months by Insurance Status, Uninsured Vermonters 18-64, 2005-2018

	Saw a Doctor	Routine Medical Care	Saw Specialist	Emergency Room	Substance Abuse Treatment	Mental Health Care/ Counseling
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
2005	59% (31,655)	28% (15,000)	N/A	9% (4,800)	N/A	N/A
2008	59% (25,500)	29% (12,700)	N/A	18% (7,900)	N/A	N/A
2009	N/A	N/A	N/A	N/A	N/A	N/A
2012	55% (21,700)	33% (12,900)	N/A	8% (3,200)	N/A	N/A
2014	57% (12,200)	31% (6,800)	23% (5,000)	20% (4,400)	*	5% (1,100)
2018	48% (8,400)	27% (4,800)	19% (3,300)	14% (2,400)	*	3% (500)

* = Data Suppressed. N/A = Question not asked in that year's survey.

Appendix D

Type of Care Received During Last 12 Months by Insurance Status, Insured Vermonters, 2005-2018

	Saw a Doctor	Routine Medical Care	Saw a Specialist	Emergency Room	Substance Abuse Treatment	Mental Health Care/ Counseling
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
2005	88% (494,100)	71% (399,200)	N/A	9% (51,400)	N/A	N/A
2008	84% (483,800)	74% (426,500)	N/A	19% (110,200)	N/A	N/A
2009	N/A	N/A	N/A	N/A	N/A	N/A
2012	88% (513,500)	77% (449,700)	N/A	5% (31,300)	N/A	N/A
2014	86% (519,800)	76% (460,600)	39% (232,300)	18% (111,100)	1% (6,200)	10% (61,700)
2018	88% (534,300)	76% (461,600)	43% (257,800)	18% (108,900)	1% (6,000)	12% (70,900)

* = Data Suppressed. N/A = Question not asked in that year's survey.

Appendix D

Type of Care Received During Last 12 Months by Insurance Status, Insured Vermonters 18-64, 2005-2018

	Saw a Doctor	Routine Medical Care	Saw Specialist	Emergency Room	Substance Abuse Treatment	Mental Health Care/ Counseling
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
2005	86% (297,400)	66% (226,900)	N/A	11% (37,600)	N/A	N/A
2008	81% (292,600)	68% (246,900)	N/A	19% (67,400)	N/A	N/A
2009	N/A	N/A	N/A	N/A	N/A	N/A
2012	86% (329,600)	73% (278,600)	N/A	5% (20,100)	N/A	N/A
2014	83% (312,500)	71% (266,400)	40% (149,100)	18% (68,000)	2% (5,600)	12% (44,000)
2018	86% (321,500)	71% (265,000)	43% (161,600)	17% (62,000)	1% (4,900)	13% (50,400)

* = Data Suppressed. N/A = Question not asked in that year's survey.

Appendix D

Delays in Care Due to Cost During Last 12 Months by Insurance Status, Uninsured Vermonters, 2005-2018

	Dental Care		Routine Medical Care		Medical Care from Doctor		Diagnostic Test		Prescription Medications	
	%	N	%	N	%	N	%	N	%	N
2005	34%	20,700	N/A		21%	12,800	9%	5,300	11%	6,500
2008	34%	16,000	N/A		17%	7,900	9%	4,500	13%	6,300
2009	33%	15,900	N/A		19%	9,000	6%	3,100	12%	5,700
2012	31%	13,200	N/A		17%	7,200	8%	3,300	10%	4,400
2014	32%	7,400	N/A		17%	3,900	7%	1,600	8%	1,900
2018	29%	5,700	22%	4,300	11%	2,200	7%	1,400	6%	1,200
	Mental Health Care/Counseling									
	%	N								
2005	5%	3,300								
2008	5%	2,400								
2009	5%	2,200								
2012	7%	3,100								
2014	5%	1,200								
2018	3%	600								

N/A = Question not asked in that year's survey.

Appendix D

Delays in Care Due to Cost During Last 12 Months by Insurance Status, Uninsured Vermonters 18-64, 2005-2018

	Dental Care		Routine Medical Care		Medical Care Doctor/ Surgery		Diagnostic Test		Prescription Medications	
	%	N	%	N	%	N	%	N	%	N
2005	39%	20,800	N/A	N/A	25%	13,600	10%	5,700	14%	7,600
2008	34%	14,900	N/A	N/A	18%	7,800	10%	5,200	14%	6,000
2009	35%	15,100	N/A	N/A	19%	8,500	7%	3,100	13%	5,700
2012	32%	12,700	N/A	N/A	18%	7,100	8%	3,300	11%	4,200
2014	30%	6,600	N/A	N/A	18%	3,800	7%	1,500	8%	1,800
2018	23%	5,500	23%	4,100	11%	1,900	7%	1,300	5%	900
	Mental Health Care/Counseling									
	%	N								
2005	7%	3,600								
2008	5%	2,300								
2009	5%	2,000								
2012	8%	3,000								
2014	5%	1,100								
2018	3%	500								

N/A = Question not asked in that year's survey.

Appendix D

Delays in Care Due to Cost During Last 12 Months by Insurance Status, Insured Vermonters, 2005-2018

	Dental Care		Routine Medical Care		Medical Care from Doctor		Diagnostic Test		Prescription Medications	
	%	N	%	N	%	N	%	N	%	N
2005	8%	44,800	N/A		2%	11,400	1%	6,500	2%	12,300
2008	10%	56,200	N/A		2%	13,100	2%	10,100	2%	13,400
2009	10%	55,800	N/A		2%	12,200	1%	8,400	3%	14,500
2012	9%	54,000	N/A		3%	15,900	2%	11,100	3%	15,400
2014	8%	47,900	N/A		2%	12,000	2%	9,800	2%	15,000
2018	8%	50,000	2%	14,300	2%	9,600	2%	13,300	3%	17,200
	Mental Health Care/Counseling									
	%	N								
2005	1%	5,600								
2008	2%	9,600								
2009	1%	8,100								
2012	1%	8,200								
2014	1%	7,600								
2018	1%	8,300								

N/A = Question not asked in that year's survey.

Appendix D

Delays in Care Due to Cost During Last 12 Months by Insurance Status, Insured Vermonters 18-64, 2005-2018

	Dental Care		Routine Medical Care		Medical Care Doctor/ Surgery		Diagnostic Test		Prescription Medications	
	%	N	%	N	%	N	%	N	%	N
2005	11%	37,400	N/A	N/A	3%	10,300	2%	6,100	3%	10,200
2008	13%	48,500	N/A	N/A	3%	11,600	3%	9,400	3%	11,600
2009	13%	47,300	N/A	N/A	3%	10,800	2%	7,100	3%	11,800
2012	12%	45,100	N/A	N/A	4%	14,100	3%	9,900	3%	13,000
2014	10%	37,600	N/A	N/A	3%	9,600	2%	8,000	3%	11,900
2018	10%	39,100	3%	10,400	2%	6,400	3%	10,700	3%	11,600
	Mental Health Care/Counseling									
	%	N								
2005	1%	4,800								
2008	2%	8,400								
2009	2%	7,000								
2012	2%	7,300								
2014	2%	6,600								
2018	2%	6,300								

N/A = Question not asked in that year's survey.

Appendix D

Medical Bills in Last 12 Months by Insurance Status, Uninsured Vermonters, 2005-2018

	Problems Paying Medical Bills		Contacted by Collection Agency		Used All/Some Savings to Pay Medical Bills		Person in Home Rcv'd Medical Bill >\$500 OOP		Large Credit Card Debt/Debt Against Home to Pay		
	%	N	%	N	%	N	%	N	%	N	
2005	40%	24,300	23%	14,200	18%	11,200	N/A		9%	5,600	
2008	49%	23,300	33%	15,700	28%	13,300	20%	9,500	16%	7,800	
2009	44%	20,900	35%	16,500	N/A		N/A		N/A		
2012	40%	17,200	28%	12,100	N/A		22%	9,200	N/A		
2014	37%	8,600	26%	6,100	N/A		22%	5,000	N/A		
2018	30%	5,900	20%	3,900	16%	3,200	12%	2,500	8%	1,700	
	Unable to Pay for Basic Necessities Due to Med. Bills										
	%	N									
2005	9%	5,300									
2008	16%	7,500									
2009	N/A										
2012	N/A										
2014	N/A										
2018	4%	800									

Note: Questions about using all or some savings, having large credit card debt, or being unable to pay for basic necessities due to medical bills were asked as part of a multiple response question in 2005 and 2008, rather than individual questions as in 2018.

OOP = Out of Pocket Expense.

N/A = Question not asked in that year's survey.

Appendix D

Medical Bills in Last 12 Months by Insurance Status, Uninsured Vermonters 18-64, 2005-2018

	Problems Paying Medical Bills		Contacted by Collection Agency		Used All/Some Savings to Pay Medical Bills		Person in Home Rcv'd Medical Bill >\$500 OOP		Large Credit Card Debt/Debt Against Home to Pay		
	%	N	%	N	%	N	%	N	%	N	
2005	39%	21,100	22%	11,800	18%	9,600	N/A		9%	5,000	
2008	48%	20,800	33%	14,300	28%	11,900	22%	9,400	16%	6,800	
2009	43%	19,000	35%	15,400	N/A		N/A		N/A		
2012	40%	16,000	28%	11,200	N/A		22%	8,800	N/A		
2014	36%	7,700	27%	5,800	N/A		21%	4,500	N/A		
2018	30%	5,300	19%	3,300	15%	2,700	14%	2,400	9%	1,700	
	Unable to Pay for Basic Necessities Due to Med. Bills										
	%	N									
2005	8%	4,600									
2008	16%	6,700									
2009	N/A										
2012	N/A										
2014	N/A										
2018	5%	800									

Note: Questions about using all or some savings, having large credit card debt, or being unable to pay for basic necessities due to medical bills were asked as part of a multiple response question in 2005 and 2008, rather than individual questions as in 2018.

N/A = Question not asked in that year's survey.

Appendix D

Medical Bills in Last 12 Months by Insurance Status, Insured Vermonters, 2005-2018

	Problems Paying Medical Bills		Contacted by Collection Agency		Used All/Most Savings to Pay Medical Bills		Person in Home Rcv'd Medical Bill >\$500 OOP		Large Credit Card Debt/Debt Against Home to Pay	
	%	N	%	N	%	N	%	N	%	N
2005	20%	110,500	13%	72,800	9%	47,800	N/A		5%	30,100
2008	24%	137,500	15%	84,800	13%	75,800	12%	69,500	8%	46,300
2009	23%	133,300	15%	88,900	N/A		N/A		N/A	
2012	21%	122,900	14%	82,500	N/A		13%	76,500	N/A	
2014	19%	115,500	14%	82,300	N/A		11%	69,300	N/A	
2018	17%	101,100	13%	78,000	9%	53,400	13%	77,900	6%	34,400
	Unable to Pay for Basic Necessities Due to Med. Bills									
	%	N								
2005	4%	19,700								
2008	5%	27,900								
2009	N/A									
2012	N/A									
2014	N/A									
2018	3%	15,600								

Note: Questions about using all or some savings, having large credit card debt, or being unable to pay for basic necessities due to medical bills were asked as part of a multiple response question in 2005 and 2008, rather than individual questions as in 2018.

OOP = Out of Pocket Expense.

N/A = Question not asked in that year's survey.

Appendix D

Medical Bills in Last 12 Months by Insurance Status, Insured Vermonters 18-64, 2005-2018

	Problems Paying Medical Bills		Contacted by Collection Agency		Used All/Most Savings to Pay Medical Bills		Person in Home Rcv'd Medical Bill >\$500 OOP		Large Credit Card Debt/Debt Against Home to Pay	
	%	N	%	N	%	N	%	N	%	N
2005	20%	69,800	13%	44,900	8%	29,300	N/A		5%	18,900
2008	26%	92,600	15%	55,200	14%	49,600	15%	54,800	9%	32,200
2009	24%	86,000	16%	57,600	N/A		N/A		N/A	
2012	22%	84,000	15%	57,700	N/A		16%	59,700	N/A	
2014	21%	77,600	15%	55,600	N/A		14%	53,900	N/A	
2018	18%	66,300	14%	51,900	9%	33,700	16%	60,000	6%	22,000
	Unable to Pay for Basic Necessities Due to Med. Bills									
	%	N								
2005	3%	12,000								
2008	5%	17,800								
2009		N/A								
2012		N/A								
2014		N/A								
2018	3%	10,800								

Note: Questions about using all or some savings, having large credit card debt, or being unable to pay for basic necessities due to medical bills were asked as part of a multiple response question in 2005 and 2008, rather than individual questions as in 2018.

N/A = Question not asked in that year's survey.

Appendix D

Type of Care Received During Last 12 Months by Insurance Status, Underinsured Vermonters 18-64 with Insurance, 2012-2018

	Saw a Doctor	Routine Medical Care	Saw a Specialist	Emergency Room	Substance Abuse Treatment	Mental Health Care/ Counseling
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
2012	N/A	N/A	N/A	N/A	N/A	N/A
2014	82% (101,600)	69% (84,500)	41% (50,000)	23% (28,200)	2% (2,800)	14% (17,300)
2018	85% (131,800)	69% (106,700)	41% (64,500)	17% (25,700)	2% (3,100)	15% (23,600)

Type of Care Received During Last 12 Months by Insurance Status, Underinsured Vermonters with Private Insurance 18-64, 2012-2018

	Saw a Doctor	Routine Medical Care	Saw a Specialist	Emergency Room	Substance Abuse Treatment	Mental Health Care/ Counseling
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
2012	85% (73,300)	70% (60,800)	N/A	5% (4,000)	N/A	N/A
2014	83% (65,500)	71% (55,500)	39% (30,700)	18% (14,100)	1% (1,100)	11% (8,300)
2018	84% (99,000)	68% (80,200)	38% (45,400)	13% (15,500)	1% (1,100)	12% (14,300)

* = Data Suppressed. N/A = Question not asked in that year's survey.

Appendix D

Delays in Care Due to Cost During Last 12 Months by Insurance Status, Underinsured Vermonters 18-64 with Insurance, 2012-2018

	Dental Care		Routine Medical Care		Medical Care from Doctor		Diagnostic Test		Prescription Medications	
	%	N	%	N	%	N	%	N	%	N
2012	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2014	14%	17,300	N/A	N/A	4%	4,700	2%	3,000	5%	6,100
2018	13%	20,400	4%	6,700	3%	4,200	4%	6,200	4%	6,400
	Mental Health Care/Counseling									
	%	N								
2012	N/A	N/A								
2014	3%	3,300								
2018	3%	4,000								

N/A = Question not asked in that year's survey.

Appendix D

Delays in Care Due to Cost During Last 12 Months by Insurance Status, Underinsured Vermonters 18-64 with Private Insurance, 2012-2018

	Dental Care		Routine Medical Care		Medical Care Doctor/ Surgery		Diagnostic Test		Prescription Medications	
	%	N	%	N	%	N	%	N	%	N
2012	13%	11,000	N/A	N/A	4%	3,400	3%	2,800	4%	3,100
2014	9%	7,200	N/A	N/A	3%	2,500	2%	1,700	2%	1,900
2018	10%	11,900	4%	4,300	3%	3,100	4%	4,900	3%	3,700
	Mental Health Care/Counseling									
	%	N								
2012	2%	2,000								
2014	2%	1,700								
2018	2%	2,600								

N/A = Question not asked in that year's survey.

Appendix D

Medical Bills in Last 12 Months by Insurance Status, Underinsured Vermonters 18-64 with Insurance, 2012-2018

	Problems Paying Medical Bills		Contacted by Collection Agency		Used All/Most Savings to Pay Medical Bills		Person in Home Rcv'd Medical Bill >\$500 OOP		Large Credit Card Debt/Debt Against Home to Pay	
	%	N	%	N	%	N	%	N	%	N
2012	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2014	33%	40,600	22%	27,400	N/A	N/A	19%	23,800	N/A	N/A
2018	24%	37,500	18%	27,500	13%	20,100	18%	27,800	8%	11,800
	Unable to Pay for Basic Necessities Due to Med. Bills									
	%	N								
2012	N/A	N/A								
2014	N/A	N/A								
2018	4%	6,700								

Note: Questions about using all or some savings, having large credit card debt, or being unable to pay for basic necessities due to medical bills were asked as part of a multiple response question in 2005 and 2008, rather than individual questions as in 2018.

OOP = Out of Pocket Expense.

N/A = Question not asked in that year's survey.

Appendix D

Medical Bills in Last 12 Months by Insurance Status, Underinsured Vermonters 18-64 with Private Insurance, 2012-2018

	Problems Paying Medical Bills		Contacted by Collection Agency		Used All/Most Savings to Pay Medical Bills		Person in Home Rcv'd Medical Bill >\$500 OOP		Large Credit Card Debt/Debt Against Home to Pay	
	%	N	%	N	%	N	%	N	%	N
2012	30%	26,200	19%	16,700	N/A	N/A	19%	16,600	N/A	N/A
2014	30%	23,700	19%	14,800	N/A	N/A	22%	17,700	N/A	N/A
2018	21%	25,200	15%	18,300	11%	12,800	20%	23,100	6%	7,500
	Unable to Pay for Basic Necessities Due to Med. Bills									
	%	N								
2012	N/A	N/A								
2014	N/A	N/A								
2018	2%	2,400								

Note: Questions about using all or some savings, having large credit card debt, or being unable to pay for basic necessities due to medical bills were asked as part of a multiple response question in 2005 and 2008, rather than individual questions as in 2018.

N/A = Question not asked in that year's survey.

Appendix E: Eligibility for State Health Insurance Programs

Appendix E

Defining Eligibility for the Uninsured

Under the guidelines in the Patient Protection and Affordable Care Act (PPACA), individuals who do not have another offer of health insurance – as well as some residents whose offer of coverage (typically from an employer) is deemed unaffordable or inadequate – may qualify for financial help to purchase qualified health plans through a health insurance marketplace. Financial help from the federal government comes in the form of premium tax credits (PTC) that reduce the cost of monthly premiums and cost-sharing reductions (CSR) that can lower a member's out-of-pocket costs, such as their deductible and maximum out-of-pocket. Members can elect to receive their PTC at the end of the year when they file their federal taxes or in advance as a credit on their monthly invoice. For cash flow reasons, most members choose the latter, which is referred to as advanced premium tax credits (APTC). If the members take APTC and turn out to have a higher annual income than anticipated, they could owe money back to the federal government when they file their taxes. If they have a lower income than projected then they could receive an additional credit when they file.

In Vermont, additional financial help is available in the form of Vermont Premium Assistance (VPA) and Vermont Cost-Sharing Reductions (VCSR) to enable income-eligible Vermonters to afford coverage through the state's health insurance marketplace, Vermont Health Connect.

The new eligibility rules enacted under PPACA extend coverage in Medicaid to most adults with incomes up to 138% of Federal Poverty Level (FPL) (including the 5% income offset), regardless of whether they have another offer of coverage. In Vermont, children in families with incomes of less than 317% of FPL (including income offsets) would also potentially be eligible for coverage through Medicaid or Dr. Dynasaur. For those residents that do not meet the income requirements for Medicaid or Dr. Dynasaur coverage, the PPACA enables families with incomes up to 400% of FPL to access financial help. The Vermont-specific financial help, VPA and VCSR, provides additional assistance to Vermonters with incomes up to 300% of FPL.

The amount of PTC that a resident can receive will be based on the premium for the second lowest cost silver plan in the state's health insurance marketplace. A silver plan is a plan that provides the essential benefits and has an actuarial value of 70%, that is, the plan pays 70% of the cost of covered benefits on average. Further, the amount of PTC will vary by income; those with a lower family income that purchase insurance through Vermont Health Connect will receive a larger tax credit to offset the cost of the health insurance. The tax credits are designed such that an individual or family will not spend more than a specific percentage of their income on the premium of the second lowest cost silver plan. VPA, on the other hand, is a straight 1.5% of income. Therefore, relatively higher income Vermonters receive more VPA (up until the benefit threshold of 300% of FPL). When PTC and VPA are combined, however, Vermonters with lower income Vermonters still receive more financial help.

Appendix E

The amount of CSR from the state and/or federal government also varies by income. Four income tiers correlate to four levels of CSR, serving to enhance the silver plan’s actuarial value from 70% to either 73%, 77%, 87%, or 94%. This effectively means that the member is paying for a silver plan but getting a plan that is more akin to gold or platinum. Unlike PTC and VPA, families cannot get CSR with any metal level plan; they must enroll in a silver plan to get the benefit.

Under the guidelines, people offered coverage through an employer are not eligible for financial help unless the employer’s plan does not have an actuarial value of at least 60% or unless the person’s share of an individual premium for employer-sponsored insurance exceeds 9.56% of household income (for 2018).

The PPACA also limits the total amount that people could pay out-of-pocket for cost sharing for essential benefits in a worst case scenario. Currently, the limits are based on the maximum out-of-pocket limits for Health Savings Account-qualified health plans (currently \$6,350 for single coverage and \$12,700 for family coverage).

The table below provides a summary of these guidelines by family income categories. The table identifies the maximum percentage of a family’s income that can be spent on health insurance premiums for the second lowest cost silver plan. If the cost exceeds that percentage, they would receive a subsidy to help pay for health insurance. Once this subsidy’s dollar value is calculated it can be applied to any metal level plan – bronze through platinum – meaning that the actual premium paid could be more or less than this percentage depending on which plan they choose. Table 15 provides the maximum out-of-pocket limits allowed by federal rules and Table 15a presents the cost-sharing reduction tiers offered based on the income of the family.

**Maximum Allowed Premium Payments for
Second Lowest Cost Silver Plan under PPACA and VPA
(2018 guidelines - premium subsidy is calculated as difference between gross
premium and maximum allowed)**

Federal Poverty Level	Maximum Premium in Vermont under PPACA and VPA as a % of Income (PPACA alone)
Under 139%	Typically Eligible for Medicaid
150%	2.53% (4.03%)
200%	4.84% (6.34%)
250%	6.60% (8.10%)
300%	8.06% (9.56%)
400%	9.56% (9.56%)
401% or more	No Premium Subsidy

Appendix E

Maximum Out-of-Pocket Health Care Expenses under PPACA (2018 guidelines)

Maximum Out-of-Pocket Expenses (not including premium)		
	Individual Plan	Family Plan
Maximum Allowed Under PPACA for 2018	\$7,350	\$14,700
Maximum Allowed by IRS for HSA-compatible high-deductible health plans (HDHP) for 2018	\$6,650	\$13,300

Cost Sharing Reduction Tiers

Income (% of FPL)	Cost Sharing Reduction Tier	State or Federal
133% to 150%	Tier I (Silver 94)	Federal
151% to 200%	Tier II (Silver 87)	Federal
201% to 250%	Tier III (Silver 77)	State and Federal
251% to 300%	Tier IV (Silver 73)	State