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75 Washington Ave. Suite 206
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(207) 767-6440
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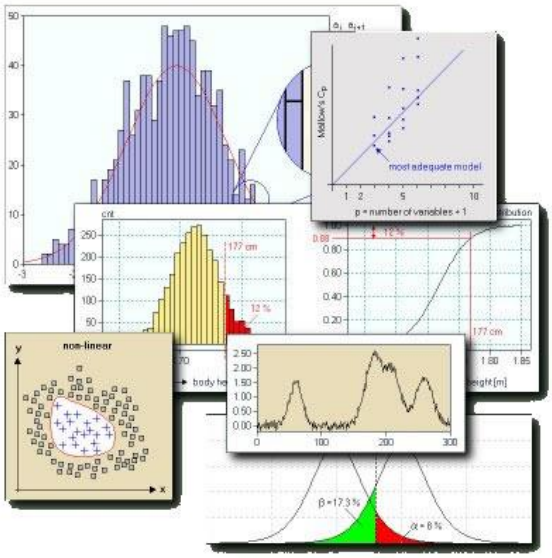

Comprehensive Report
2014 Vermont Household Health Insurance Survey
Vermont Department of Regulation, Insurance Division
89 Main St, Montpelier, VT 05620
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Prepared by:
Brain Robertson, Ph.D. Director of Research
brianr@marketdecisions.com
Mark Noyes, Research Analyst
mnoyes@marketdecisions.com

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I. Executive Summary

The State of Vermont has monitored the health insurance coverage status, affordability of insurance and health care services of the Vermont population for over a decade through a series of periodic Vermont Household Health Insurance Surveys (VTHHIS) conducted in 2000, 2005, 2008, 2009, 2012 and 2014.

VTHHIS data have been used to model and measure the impacts of options for expansion of health insurance coverage in Vermont; to inform, design and conduct outreach for state-sponsored insurance programs for the uninsured; and to monitor the impacts of employer-sponsored insurance, premium costs, cost sharing, and start insurance benefit design and access to care.

The 2014 VTHHIS continued to collect and analyze core information on health insurance coverage and demographic, economic, health status, and employment-related characteristics to support the State's analytical needs for measuring change in the population, insurance coverage, affordability of, and financial access to health insurance and care over time. In addition, the 2014 VTHHIS provided the State with crucial information about the Vermont population to support understanding, evaluating, and improving the performance of its Health Insurance Exchange, Vermont Health Connect, and other health care reforms. Finally, the 2014 VTHHIS took a broader look at the issues of health care access in Vermont.

The 2014 Vermont Household Health Insurance Survey (VTHHIS) was based on telephone interviews conducted between August 8th and December 4th, 2014 among 4,052 randomly selected households gathered data from nearly 9,000 Vermonters. The overall margin of error associated with the survey was plus or minus 0.9%. The sampling approach included cell phones with more than 40% of surveys completed with a resident using a cell phone.

The Uninsured

In late 2014, 3.7% of Vermont residents were uninsured. This was a significant decrease from the percentage without coverage observed in 2012, when 6.8% of residents were uninsured. As of late 2014, 23,231 Vermont residents lacked health insurance coverage compared to 47,460 in 2009 and 42,760 in 2012.

Vermont residents aged 25 to 34 had the highest uninsured rate at 11.0% (7,936), though a significant decrease from the 18.2% (12,848) observed in 2012. The next highest uninsured rate occurred among those aged 35 to 44 at 5.1% (3,693). Following this were those aged 18 to 24 at 4.6% (2,920); this represents a decrease to less than half of the 2012 rate of 11.5% (9,341) among this age group. Among those aged 18 to 24, the uninsured rate has decreased steadily since 2009, when 17.4% of residents in this age cohort were uninsured. Only 1.0% (approximately 1,300) of children aged 0 to 17 lacked health insurance coverage in 2014 compared to 2.5% in 2012. Forty-three percent (43.5%) of the uninsured residents of Vermont had been without health insurance coverage for a year or less, while 25.0% had lacked coverage for five or more years.

Uninsured Eligible for State Health Insurance Programs and State Health Insurance Exchange

Under guidelines in Vermont, as well as the Patient Protection and Affordable Care Act (PPACA), residents with an annual income of less than 139% of Federal Poverty Level (FPL) were eligible for coverage through Medicaid beginning in 2014. Children under age 19 living in a family with an annual income of less than 317% of FPL were eligible for coverage through Vermont's Dr. Dynasaur program. For those not eligible for state sponsored health insurance, the PPACA does provide for the payment of subsidies to help purchase health insurance through Vermont's Health Insurance Exchange- Vermont Health Connect- beginning in 2014. Residents not eligible for coverage through Medicaid or Dr. Dynasaur and with an income of less than 400% of FPL were eligible for these subsidies to help offset the cost of purchasing private insurance through the Exchange.

At the end of 2014, 52% or 695 uninsured children aged 0 to 18 met eligibility requirements for Dr. Dynasaur. Another 15% (205) lived in families that meet the requirements for subsidies to purchase health insurance through Vermont Health Connect.

Of uninsured adults aged 19 to 64, 30% (6,484) met eligibility requirements for coverage through Medicaid under PPACA guidelines and another 49% (10,685) met eligibility requirements to receive subsidies to help purchase insurance through the Vermont Health Connect.

Access to Employer-Sponsored Health Insurance among the Working Uninsured

More than three-quarters (79.4%) of uninsured adults were employed. More than seven in ten (76.1%) uninsured working adults worked 35 or more hours per week. In 2014, more than half (58.6%) of uninsured working adults worked for an employer with fewer than 25 employees.

In late 2014, approximately 23.0% of working uninsured Vermonters aged 18 to 64 potentially had access to Employer Sponsored Insurance (ESI). The percentage of the working uninsured with access to ESI was lower than that observed in late 2012, with 29.2% reporting potential access, reversing a previous upward trend. The uninsured working for larger employers were more likely to have access to ESI than those working for smaller employers.

Among those with access to ESI, cost represented the most significant barrier to obtaining insurance with 59.1% indicating that their employer's health insurance plan was too expensive.

Primary Type of Insurance Coverage

As of late 2014, 54.4% (341,077) of Vermont residents had private insurance as their *primary type* of health insurance coverage.[1] This represented a slight decline since 2012 when 56.8% had private insurance as the primary type.

Another 21.2% (132,829) of Vermont residents had *primary health insurance coverage* through the state Medicaid program, comparable to the 17.9% observed in 2012.

In 2014, 17.7% (110,916) of Vermont residents were covered by Medicare as the *primary type* of health insurance compared to 16.0% in 2012.

In 2014, 3.0% (18,578) of Vermonters were covered *primarily* by military insurance[2] compared to 2.5% in 2012.

The Underinsured

In order to find how many Vermont residents would be burdened by high medical costs, information was gathered in 2014 to measure the underinsured rate for Vermont. More than one quarter (27.3%) of Vermont residents with private health insurance were underinsured in late 2014. These individuals were more likely to be young (63.5% of Vermont residents aged 18 to 24 with private insurance were underinsured) and low income (85.3% of those making less than 139% FPL on private insurance were underinsured).

Health Literacy

In 2014 more than three-quarters of Vermont residents felt very or somewhat confident in their understanding of important health care terms such as 'premium,' 'deductible' and 'co-insurance.' More than half of Vermont residents (55.4%) were very or somewhat confident that they understood what a health exchange or insurance exchange was.

However, less than one-third of Vermont residents (30.2%) were very or somewhat confident that they understood what the term 'advanced premium tax credit' meant while 45.8% were not at all confident they understood the term.

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[1] Primary type of health insurance coverage classifies residents with more than one type of insurance into a single category based on a trumping hierarchy wherein one type of coverage is given precedence over another.

[2] The definition used in defining primary type of health insurance coverage in regards to military insurance differed between the 2005 and others surveys. For the 2008 and 2009 surveys, military insurance was classified as the primary type of insurance in cases when Medicare and military insurance dually covered a person. For 2005, Medicare was considered the primary type of insurance. The change in definition is based on information contained in the *CRS Report for Congress, Medicare as Secondary Payer: Coordination of Benefits*, which was updated in March 2008.

Private Health Insurance Coverage

At the end of 2014, 56.0% of Vermont residents (351,209) were covered by private insurance, including those who had private insurance in addition to other sources of comprehensive health coverage. This was slightly less than in 2012 when 59.2% of Vermont residents were covered by private insurance.

Nearly all (87.5%) Vermont residents with private health insurance had coverage provided through employer related sources. Most private health insurance coverage (92.3%) included a prescription drug benefit.

Half of those with private health insurance coverage (50.1%) had seen premiums increase during the past year while 19.8% saw an increase in the amount of their deductible.

Access to Employer Sponsored Insurance

In late 2014, 64.9% (191,766) of working adults aged 18 to 64 had access to Employer Sponsored Insurance (ESI) through their employers while 35.1% lacked access. This was similar to the 66.0% with access to ESI in 2012 and is significantly lower than the 72.2% with access in 2005. Less than half (44.7% or 132,054) of the working population aged 18 to 64 were enrolled in their employer's health insurance, comparable to 45.2% in 2012 but down from 50.2% in 2005. Among those with access to ESI, the uptake rate[3] in 2014 was 64.9%, comparable to 2012 (66.0%), and lower than the uptake rate of 72.3% in 2008.

State Health Insurance Programs

At the end of 2014, 26.0% (162,682) of Vermont residents had coverage through Medicaid, or Dr. Dynasaur including those with multiple sources of coverage with approximately 20,017 dually enrolled Medicaid and Medicare. This represents an increase from 21.7% in 2012.

Among children aged 0 to 17, 48.7% (61,626) had health insurance coverage through Medicaid or Dr. Dynasaur in late 2014, unchanged from the 48.9% in 2012. Among adults, 23.0% (91,306) of those aged 18 to 64 had coverage through Medicaid, an increase from 18.5% in 2012.

Medicare Coverage

As of late 2014, 19.4% (121,615) of Vermont residents were enrolled in Medicare, including those with additional sources of comprehensive major medical coverage.

There were approximately 20,018 Medicare enrollees dually enrolled in Medicaid, comparable to 17,550 in 2012. Among those over 65 with Medicare coverage, 7.3% or approximately 8,881 had Medicare as a secondary payer due to having private coverage available through ESI or through military insurance.

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[3] The uptake rate represents the percentage of employees enrolling in their employer's health insurance of the total offered (those enrolling and those who are offered ESI but do not enroll).

Interruptions in Insurance Coverage

Some 4.8% (28,730) of insured Vermont residents were without coverage at some time during the 12 months prior to the survey, comparable to the percentage observed in late 2012. The most frequently cited reasons for these past interruptions in coverage were job loss and affordability.

Among those who had experienced an interruption in health insurance coverage at some time during the past 12 months, more than half (57.7%) were without coverage for 1 to 3 months while 23.1% were without coverage for 4 to 6 months. During their time without coverage, 25.5% reported that they applied for health insurance coverage through the state.

Concerns about Loss of Insurance Coverage

In late 2014, 8.7% (52,775) of insured Vermont residents were concerned they might lose health insurance coverage during the next 12 months. This included private and government-sponsored insurance, as well as any others. This represented a slight decrease from the 10.3% who were concerned they might lose coverage in 2012.

The insured groups with the greatest concern about potential loss of coverage over the next 12 months included those currently covered by state health insurance (15.7%) and was lowest among those with military insurance (4.6%).

In 2014, among residents concerned about losing their health insurance coverage, the most commonly cited reason was fear that the health insurance policy-holder would lose his or her job (15.5%). Another 13.5% were worried about changing eligibility rules for state health insurance programs and 11.2% were concerned about premium increases.

Health Care Barriers

More than three in five residents (61.9%) lived in families whose out-of-pocket health care costs were over $1,000 in 2014 (including prescription drugs, dental, vision, mental health, and other medical expenses). This is up slightly from the 58.6% who paid more than $1,000 in out-of-pocket costs in 2012.

Less than one in five (19.8%) Vermont families had problems paying for medical bills in 2014, down slightly from 22.5% in 2012. One in five (14.1%) had been contacted by a collection agency about unpaid medical bills in 2014, down slightly from 15.1% in 2012. About one in eight (11.9%) reported that their household received a medical bill for more than $500 that had to be paid out-of-pocket.

The percentage of residents forgoing needed medical care due to cost in 2014 was 13.8%. The most common care not received due to cost was dental care, which was not sought by 8.8% of Vermonters due to cost, while less than five percent did not seek needed medical care, recommended diagnostic tests, and mental health care due to cost.

A small percentage (5.3%) reported they did not get needed medical care because a health care provider was not available in their area.

II. Comprehensive Findings

A. Primary Health Insurance Coverage

Vermont Residents, 2014

Private Insurance – 54.4% or 341,077
(Including 31,444 that purchased insurance directly through Vermont Health Connect)

Medicaid – 21.2% or 132,829
(Excluding 20,018 Vermonters dually covered by Medicare and Medicaid who are counted under Medicare as the primary insurer)

Medicare – 17.7% or 110,916
(Including 20,018 Vermonters dually covered by Medicare and Medicaid)

Uninsured – 3.7% or 23,231

Military – 3.0% or 18,578

Key Findings

- In late 2014, the majority (54.4%) of Vermont residents were covered *primarily* by private insurance. This was a decrease compared to the 56.8% in 2012, 57.2% in 2009 and 59.9% in 2008.

- In late 2014, 21.2% of Vermont residents were covered *primarily* by Medicaid. This was an increase compared to the rate of 19.3% observed in 2012 and an increase from the 17.9% covered *primarily* by Medicaid in 2009.

- In late 2014, 3.7% of Vermont residents were uninsured. This was a decrease compared to 2009 and 2008 when 7.6% of residents were uninsured, and from 2012 when 6.8% of Vermont residents were uninsured.

- Medicare covered 17.7% of Vermont residents in 2014 as their *primary* type of insurance, an increase from the 16.0% observed in 2012.

- A small percentage (3.0%) of Vermont residents reported military insurance as their *primary* type of insurance. This is comparable to the 2.5% found in 2012 and 2.2% in 2009.

Table 1
Primary Type of Insurance Coverage

	Rate					
	2000	**2005**	**2008**	**2009**	**2012**	**2014**
Private Insurance	60.1%	59.4%	59.9%	57.2%	56.8%	54.4%
Medicaid	16.1%	14.7%	16.0%	17.6%	17.9%	21.2%
Medicare	14.4%	14.5%	14.3%	15.3%	16.0%	17.7%
Military	0.9%	1.6%	2.4%	2.2%	2.5%	3.0%
Uninsured	8.4%	9.8%	7.6%	7.6%	6.8%	3.7%

	Count					
	2000	**2005**	**2008**	**2009**	**2012**	**2014**
Private Insurance	366,213	369,348	370,981	355,358	355,857	341,077
Medicaid	97,664	91,126	99,159	109,353	111,833	132,829
Medicare	87,937	90,110	88,915	95,182	100,506	110,916
Military	5,626	9,754	14,910	13,917	15,478	18,578
Uninsured	51,390	61,057	47,286	47,460	42,760	23,231

Data Source: 2014 Vermont Household Health Insurance Survey

To assess the relative proportion of Vermont residents who were covered under mutually exclusive categories of insurance, *primary* type of insurance coverage was assigned. Since many residents were covered by more than one type of insurance, each respondent's primary type of insurance was determined using a hierarchical analysis. For example, for those reporting Medicaid and private, private took precedence as the primary type of insurance. Medicare took precedence over other types of insurance coverage with the exception of residents over age 64 covered by a private policy through an employer with 25 or more employees. Private insurance took precedence over Medicaid. Military insurance took precedence over Medicare. In sections of this report addressing specific types of coverage, the percentages and numbers may not match those reported as the primary type. For example, an individual who reported having both Medicare and Medicaid would be counted under each type in those sections, as opposed to being counted only once under Medicare in this section on primary type of insurance.

In late 2014, 54.4% of residents were primarily covered by private health insurance compared to 2012 (56.8%).

In 2014, 21.2% of Vermonters had Medicaid as their primary coverage compared to 17.9% observed in 2012 and 17.6% in 2009.

There has been an increase in the number of residents primarily covered by Medicare since 2009 (15.3%) and 2012 (16.0%) with 17.7% covered by Medicare in late 2014.

The percentage of residents covered primarily by Military insurance had remained relatively steady since 2009 from 2.2% to 2.5% in 2012 and 3.0% in 2014.

Tables 2-5 differentiate between primary type of insurance and multiple coverage sources for Vermont residents. The total columns in each table provide a cumulative count for each type of insurance that includes persons with multiple coverage sources. The primary type columns in each table provide a count for each mutually exclusive coverage source. The grand total of primary type across all coverage sources provides an unduplicated count of the insured population in Vermont.

Table 2
Medicare Included as Coverage Source

Age	Medicare Only	Medicare Plus Medicaid	Medicare Plus Private	Medicare Plus Military	Medicare Plus Medicaid Plus Private	Medicare Plus Medicaid Plus Military	Medicare Plus Private Plus Military	Medicare Plus Medicaid Plus Private Plus Military	Total Medicare Enrollees	Total Medicare as Primary Type
0-17	97	0	0	0	0	0	0	0	97	97
18-64	8,031	11,909	1,367	290	0	273	135	0	22,005	21,307
65 & older	73,269	8,109	10,577	6,381	442	240	495	0	99,513	89,513
Grand Total	81,397	20,018	11,944	6,671	442	513	630	0	121,615	110,916

Data Source: 2014 Vermont Household Health Insurance Survey

Table 3
Private Insurance Included as Coverage Source

Age	Private Only	Private Plus Medicaid	Private Plus Medicare	Private Plus Military	Private Plus Medicare Plus Medicaid	Private Plus Medicaid Plus Military	Private Plus Medicare Plus Military	Medicare Plus Medicaid Plus Private Plus Military	Total Private Enrollees	Total Private as Primary Type
0-17	61,158	5,453	0	347	0	0	0	0	66,958	66,958
18-64	265,680	3,322	1,367	853	0	135	0	0	271,357	269,856
65 & older	1,273	105	10,577	0	442	495	0	0	12,892	4,263
Grand Total	328,111	8,880	11,944	1,200	442	630	0	0	351,207	341,077

Data Source: 2014 Vermont Household Health Insurance Survey

Table 4
Medicaid Included as Coverage Source

Age	Medicaid Only	Medicaid Plus Medicare	Medicaid Plus Private	Medicaid Plus Military	Medicaid Plus Medicare Plus Private	Medicaid Plus Medicare Plus Military	Medicaid Plus Private Plus Military	Medicaid Plus Medicare Plus Private Plus Military	Total Medicaid Enrollees	Total Medicaid as Primary Type
0-17	56,172	0	5,453	0	0	0	0	0	61,625	56,172
18-64	75,652	11,909	3,322	150	0	273	0	0	91,306	75,803
65 & older	815	8,109	105	39	442	240	0	0	9,750	854
Grand Total	132,639	20,018	8,880	189	442	513	0	0	162,681	132,829

Data Source: 2014 Vermont Household Health Insurance Survey

Table 5
Military Insurance Included as Coverage Source

Age	Military Only	Military Plus Medicaid	Military Plus Medicare	Military Plus Private	Military Plus Medicare Plus Medicaid	Military Plus Medicaid Plus Private	Military Plus Medicare Plus Private	Military Plus Medicaid Plus Private Plus Medicare	Total Military Enrollees	Total Military as Primary Type
0-17	1,995	0	0	347	0	0	0	0	2,342	1,995
18-64	8,349	150	290	853	273	135	0	0	10,050	9,047
65 & older	420	39	6,381	0	240	495	0	0	7,575	7,536
Grand Total	10,764	189	6,671	1,200	513	630	0	0	19,967	18,578

Data Source: 2014 Vermont Household Health Insurance Survey

B. The Uninsured

Key Findings

- In late 2014, 3.7% of Vermont residents (23,231) were uninsured. This was down significantly since 2012, when 6.8% of Vermont residents were uninsured, and also represents a significant decline from the rate observed in 2005 when 9.8% (61,057) were uninsured.

- Among Vermonters under the age of 65, those aged 25 to 34 had the highest percentage (11.0%) of uninsurance while the lowest percentage (1.0%) occurred among children under the age of 18.

- The percentage of residents without health insurance had decreased significantly among most age cohorts since 2005. The sharpest declines were among those aged 18 to 24, dropping from 25.0% in 2005 to 4.6% in 2014. The percentage among those aged 25 to 34 (11.0%) was also lower than the 17.9% found in 2005.

- One in twenty (5.0%) residents in families whose income was less than 139% of Federal Poverty Level (FPL) was uninsured. Only 2.5% of residents in families earning 300% of FPL or greater were uninsured.

- Just over one in twenty (5.8%) working Vermonters aged 18 to 64 lacked health insurance coverage in late 2014. Among all residents aged 18 to 64, 5.4% lacked health insurance.

- Nearly one out of every four (23.0%) uninsured adults worked for employers that offered health insurance. This represents a decline from 29.2% uninsured adults offered ESI in 2012.

- The percentage of uninsured children lacking coverage for more than a year was 58.8% in 2014 compared to 39.7% in 2012.

- The percentage of adults aged 18 to 64 lacking coverage for more than a year was 49.6% in 2014 compared to 54.7% in 2012.

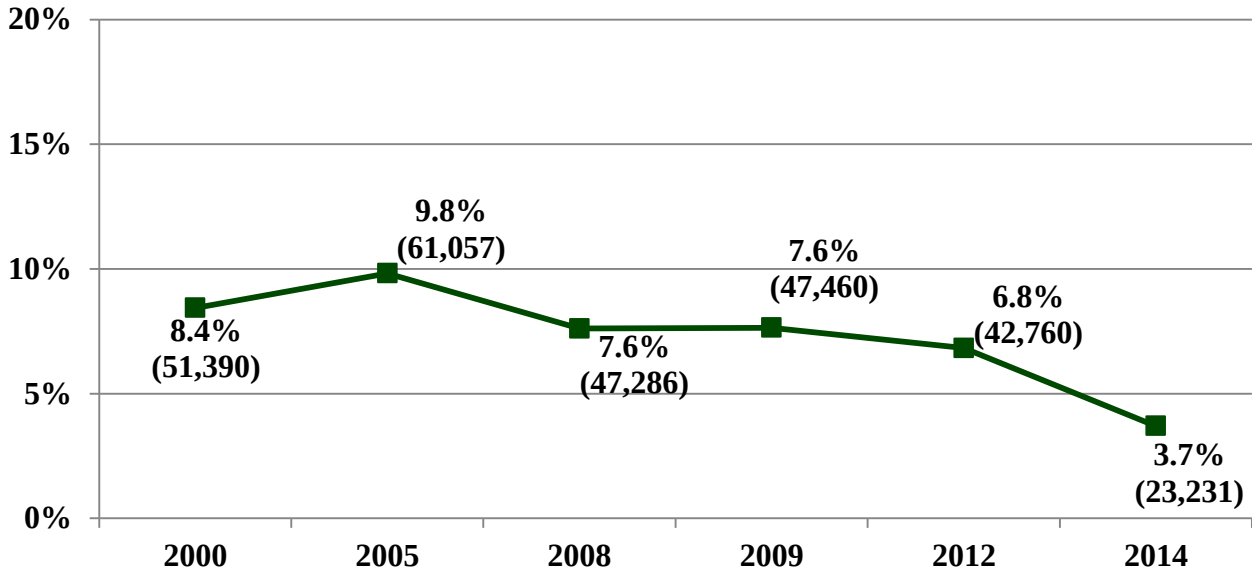
- Among uninsured residents who had some type of health insurance coverage during the prior 12 months (10,240), over half (51.5% or 5,271) had been covered by private health insurance through employment.

- When residents were asked about the main reasons for being uninsured, 43.9% indicated that cost was the <u>only</u> reason they lacked coverage.

- More than half of uninsured residents (52.7%) indicated they were very interested in enrolling in a state health insurance program.

In late 2014, 3.7% or 23,231 Vermont residents lacked health insurance coverage (Figure 1). This was down from the percentage of residents lacking health insurance coverage in 2012 when 6.8% were uninsured. There was also a significant decline from the 9.8% of Vermont residents who reported they were uninsured in 2005.

Figure 1
Is person uninsured?
(2000-2014)



Data Source: 2000, 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Survey

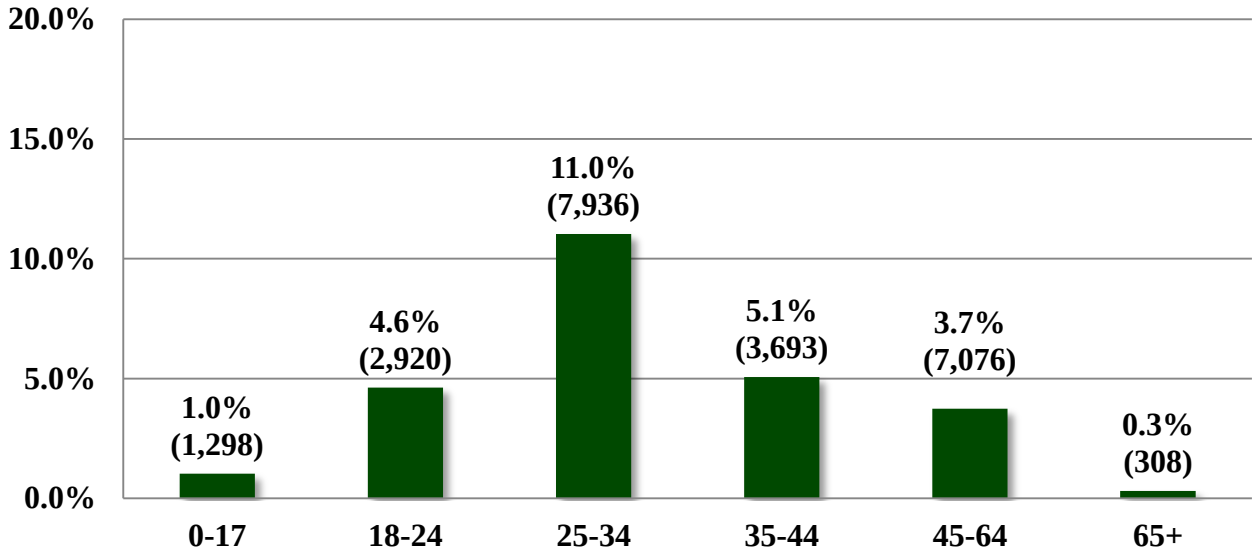
Demographic Characteristics

Male residents were more likely than female residents to lack current health insurance coverage (4.9% among male residents compared to only 2.5% among female residents).

The lowest uninsured rates occurred among the youngest and oldest age groups (Figure 2). Among those under 18 years of age, only 1.0% lacked health insurance coverage in late 2014. Vermonters aged 25 to 34 had the highest uninsured rate of 11.0%, a decrease since 2012 when Vermonters aged 18 to 24 had an uninsured rate of 18.2%. Among those aged 18 to 24, only 4.6% were uninsured in late 2014 down from 11.5% in 2012 and 17.4% in 2009. The uninsured rate was 5.1% among those aged 35 to 44 and 3.7% among Vermont residents aged 45 to 64.

Since 2005, there had been a significant decrease in the percentage of uninsured residents among almost all age cohorts (Table 6). The most significant decrease was among residents aged 18 to 24 (a 20.4 percentage point decrease since 2005). Other declines by age group included residents aged 35 to 44 (a 7.6 percentage point decrease) and residents aged 45 to 64 (a 5.2 percentage point decrease since 2005).

Figure 2
Is person uninsured - Age
(% Yes)



Data Source: 2014 Vermont Household Health Insurance Survey

Table 6
Percent Uninsured by Age Cohort, 2005-2014
Rates and Changes

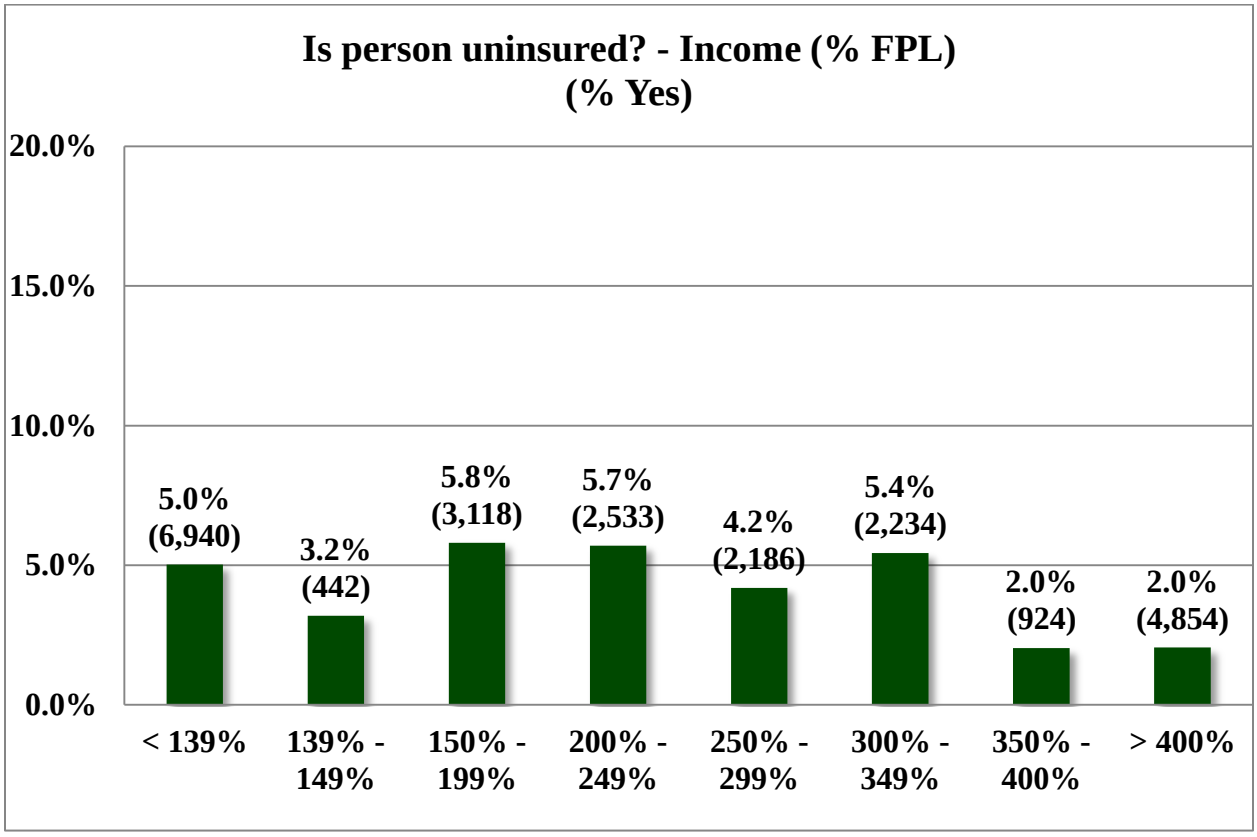
	Rate					Change	
Age Group	**2005**	**2008**	**2009**	**2012**	**2014**	**2005 to 2014**	**2012 to 2014**
0-17	4.9%	2.9%	2.8%	2.5%	1.0%	-3.9%	-1.5%
18-24	25.0%	21.5%	17.4%	11.5%	4.6%	-20.4%	-6.9%
25-34	17.9%	13.4%	16.1%	18.2%	11.0%	-6.9%	-7.2%
35-44	12.7%	9.0%	9.9%	7.2%	5.1%	-7.6%	-2.1%
45-64	8.9%	7.2%	7.1%	6.2%	3.7%	-5.2%	-2.5%
65+	0.5%	0.1%	0.1%	0.3%	0.3%	-0.2%	0.0%
Total	9.8%	7.6%	7.6%	6.8%	3.7%	-6.1%	-3.1%

	Count					Change	
Age Group	**2005**	**2008**	**2009**	**2012**	**2014**	**2005 to 2014**	**2012 to 2014**
0-17	6,943	3,869	3,626	2,770	1,298	-5,645	-1,472
18-24	11,923	12,096	10,839	9,341	2,920	-9,003	-6,421
25-34	14,044	9,712	11,133	12,848	7,936	-6,108	-4,912
35-44	11,312	7,851	8,364	5,408	3,693	-7,619	-1,715
45-64	16,417	13,636	13,438	12,121	7,076	-9,341	-5,045
65+	408	123	60	272	308	-100	36
Total	61,047	47,287	47,460	42,760	23,231	-37,816	-19,529

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

There were no counties in which one in ten residents or more was uninsured. The highest uninsured rates occurred among residents of Essex County (9.9%), followed by Caledonia County (6.6%) and Orleans County (6.3%). The counties with the lowest percentage of uninsured residents were Washington County (2.7% uninsured), Chittenden County (2.4%), and Grand Isle County where only 0.9% of residents were uninsured.

By income (Figure 3), the highest percentage of residents without health insurance were among those in families earning less than 139% of FPL (5.0%), earning between 150% and 199% of FPL (5.8%), and those in families earning between 200% and 249% of FPL (5.7%) as seen in Table 7. Among these income groups, there had been a decline in the percentage without health insurance since 2012.



Data Source: 2014 Vermont Household Health Insurance Surveys

Employment Characteristics

Among employed Vermonters aged 18 to 64, 5.8% lacked health insurance at the end of 2014, compared to 9.6% at the end of 2012. Only 6.2% of part-time workers aged 18 to 64 were uninsured while only 5.7% of full-time workers lacked health insurance coverage. Among self-employed Vermonters, 9.1% lacked health insurance coverage in late 2014, a decline from 13.6% in 2012.

Table 7
Percent Uninsured by Annual Family Income as % of FPL, 2005 to 2014
Rates and Changes

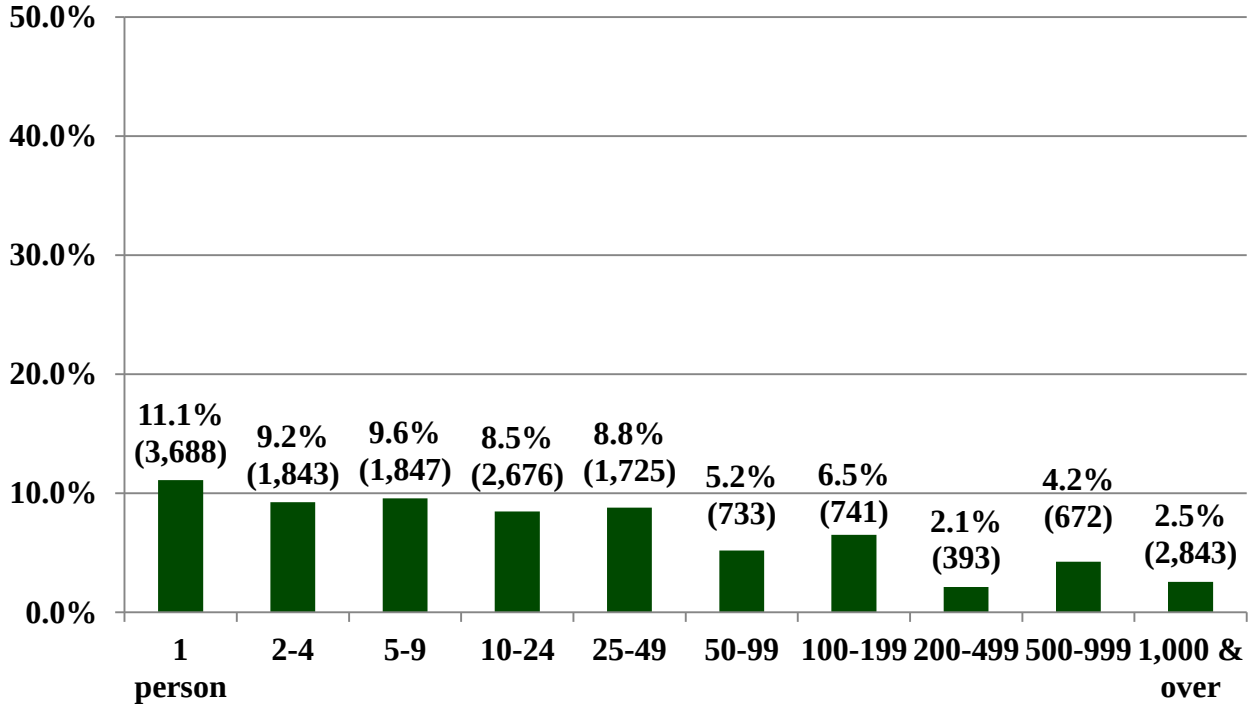
	Rate					Change	
Income (% FPL)	**2005**	**2008**	**2009**	**2012**	**2014**	**2005 to 2014**	**2012 to 2014**
<139%	17.6%	13.1%	13.9%	9.6%	5.0%	-12.6%	-4.6%
139-150%	19.8%	22.8%	12.4%	14.6%	3.2%	-16.6%	-11.4%
151-200%	14.7%	11.0%	13.5%	13.2%	5.8%	-8.9%	-7.4%
201-250%	12.9%	11.9%	10.2%	8.0%	5.7%	-7.2%	-2.3%
251-300%	9.9%	7.8%	9.9%	9.6%	4.2%	-5.8%	-5.4%
301-350%	6.3%	5.4%	6.4%	6.5%	5.4%	-0.8%	-1.1%
351-400%	6.2%	4.5%	2.6%	3.7%	2.0%	-4.2%	-1.7%
>400%	3.5%	2.8%	3.2%	3.3%	2.0%	-1.5%	-1.3%
Total	9.8%	7.6%	7.6%	6.8%	3.7%	-6.1%	-3.1%

	Count					Change	
Income (% FPL)	**2005**	**2008**	**2009**	**2012**	**2014**	**2005 to 2014**	**2012 to 2014**
<139%	22,988	16,449	17,476	14,123	6,940	-16,048	-7,183
139-150%	2,960	3,894	762	1,166	442	-2,518	-724
151-200%	9,659	5,424	6,689	5,915	3,118	-6,541	-2,797
201-250%	7,482	6,192	6,011	4,036	2,533	-4,949	-1,503
251-300%	5,560	4,192	4,564	5,565	2,186	-3,374	-3,379
301-350%	3,041	2,916	3,747	2,807	2,234	-807	-573
351-400%	2,733	1,943	1,045	1,919	924	-1,809	-995
>400%	6,738	6,276	7,165	7,228	4,854	-1,884	-2,374
Total	61,161	47,286	47,459	42,759	23,231	-37,930	-19,528

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

Those working in smaller companies were more likely to lack health insurance coverage (Figure 4), specifically those with fewer than 25 employees. Among sole proprietorships, 11.1% of working adults aged 18 to 64 were uninsured in late 2014. The rates for uninsured working adults were 9.2% working for companies with 2 to 4 employees, 9.6% in companies with 5 to 9 employees and 8.5% of adults aged 18 to 64 working for a company with 10 to 24 employees. The uninsured rate declined significantly for those employed by companies with 25 or more employees. The uninsured rate was 8.8% for workers employed by companies with 25 to 49 employees, 5.2% for 50-99 employees, 6.5% for 100-199 employees, 2.1% for 200-499 employees, and 4.2% for 500-999 employees. Only 2.5% of adults aged 18 to 64 employed by companies with 1,000 or more employees were uninsured in late 2014.

Figure 4
Is person uninsured?
(% by employer size based on number of employees among residents aged 18 to 64)



Data Source: 2014 Vermont Household Health Insurance Surveys

The percentage of uninsured working adults with access to Employer Sponsored Insurance has decreased from 2012 (Table 8). At the end of 2014, 23.0% of uninsured working adults had access to insurance through an employer compared to 29.2% in 2012, 26.2% in 2009, 24.1% in 2008, and 30.1% in 2005.

Table 8
Does your employer offer health insurance?
(% among uninsured working Vermont residents aged 18 to 64, 2005 - 2014)

	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Yes	30.1%	24.1%	26.2%	29.2%	23.0%
No	65.8%	75.9%	67.7%	70.8%	72.5%
Unsure	4.0%	0.0%	6.1%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Yes	13,188	8,207	8,287	8,761	3,942
No	28,811	25,839	21,446	21,223	12,441
Unsure	1,773	0	4,229	0	0
Total	43,772	34,046	31,675	29,984	17,161

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

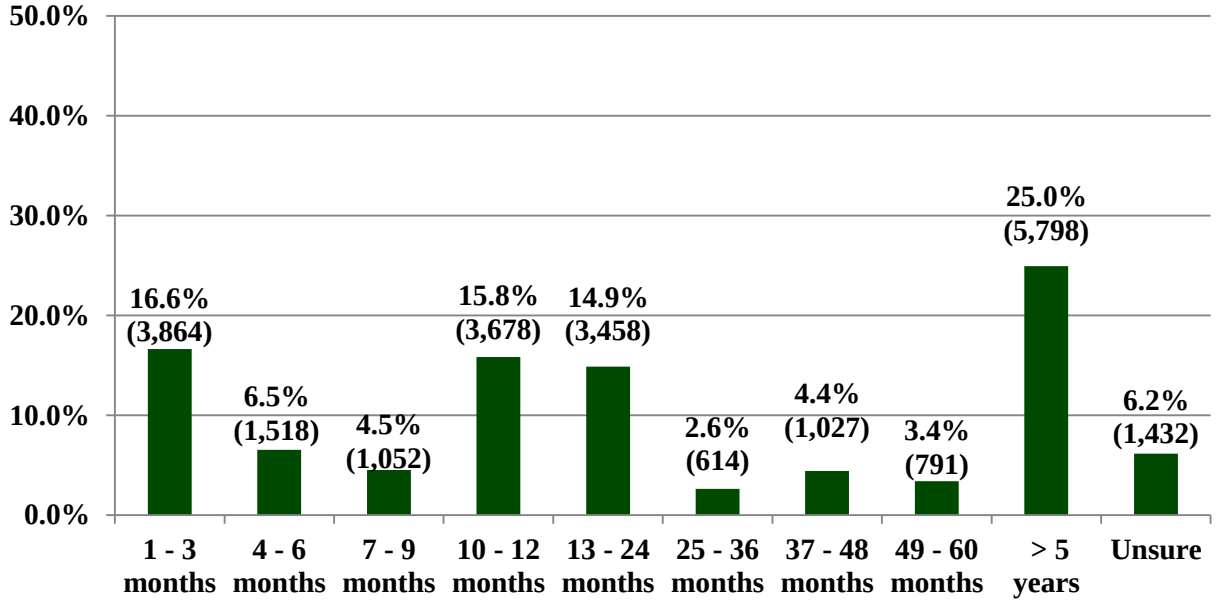
Duration

Just over than half of those uninsured (50.3% or 11,688) lacked health insurance for more than one year with about half of these (5,798 or 25.0% of total uninsured) indicating they had lacked coverage for more than five years (Figure 5). Less than one-fifth of the uninsured (16.6%) reported that they had been without insurance coverage for one to three months followed by another 6.5% who lacked coverage for four to six months.

The percentage of those uninsured for more than a year decreased with age (Table 9). Among children, 58.8% had been without insurance for more than one year, an increase from 39.7% in 2012. Among uninsured adults aged 18 to 64, 49.6% had been without insurance coverage for more than a year, a decrease from 54.7% in 2012.

Among the 40.4% (10,240) of the uninsured with some type of coverage during the past year, over half (51.5%) had prior coverage through employer-sponsored private health insurance, while 22.1% were enrolled in some state health insurance program.

Figure 5
How long has person been without health insurance coverage?
(% among uninsured Vermont residents)



Data Source: 2014 Vermont Household Health Insurance Surveys

Table 9
How long has person been without health insurance coverage?
(Uninsured Residents, 2005 to 2014)

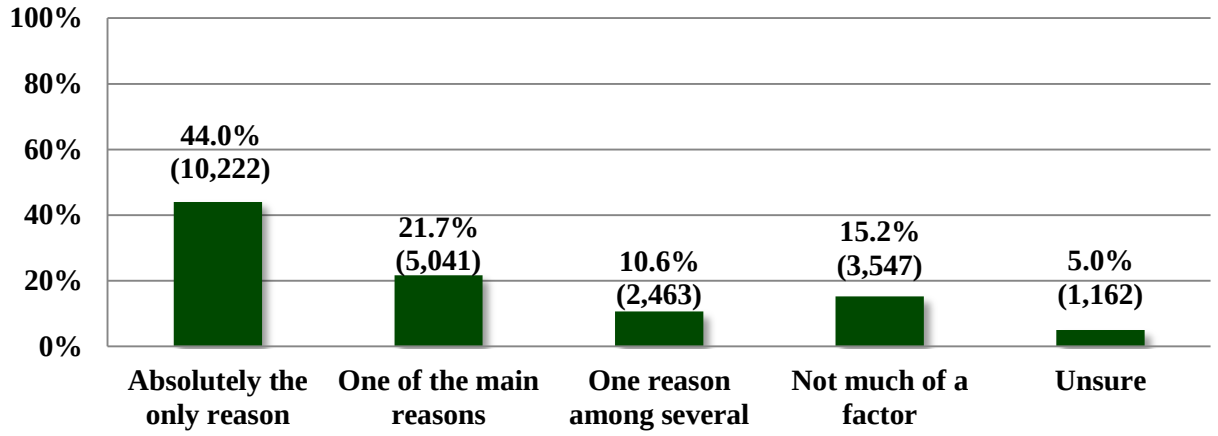
	Age 0 to 17					Age 18 to 64				
	2005	2008	2009	2012	2014	2005	2008	2009	2012	2014
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
12 months or less	41.6%	59.7%	76.1%	53.4%	41.2%	30.5%	48.7%	47.7%	39.5%	44.0%
More than 12 months	55.3%	37.3%	19.6%	39.7%	58.8%	66.0%	48.4%	47.4%	54.7%	49.6%
Unsure	3.1%	3.0%	4.4%	6.9%	0.0%	3.6%	2.8%	4.9%	5.8%	6.4%

Data Source: 2005, 2008, 2009, 2012 and 2014Vermont Household Health Insurance Surveys

Reason for Lack of Health Insurance

Cost remained the primary barrier to health insurance coverage among the uninsured (Figure 6). Nearly half (44.0%) indicated that the cost of health insurance was the **only** reason they currently lacked coverage. Another 21.7% indicated cost was one of the main reasons and 10.6% indicated that cost was one reason among many. Other reasons cited included that the resident could no longer afford the premium for employer sponsored insurance (25.2%), a family member losing a job (20.8%) or a loss of eligibility for state health insurance (21.0%).

Figure 6
How does cost rate as the reason why person is not currently covered by insurance?
(% among uninsured Vermont residents)



Data Source: 2014 Vermont Household Health Insurance Surveys

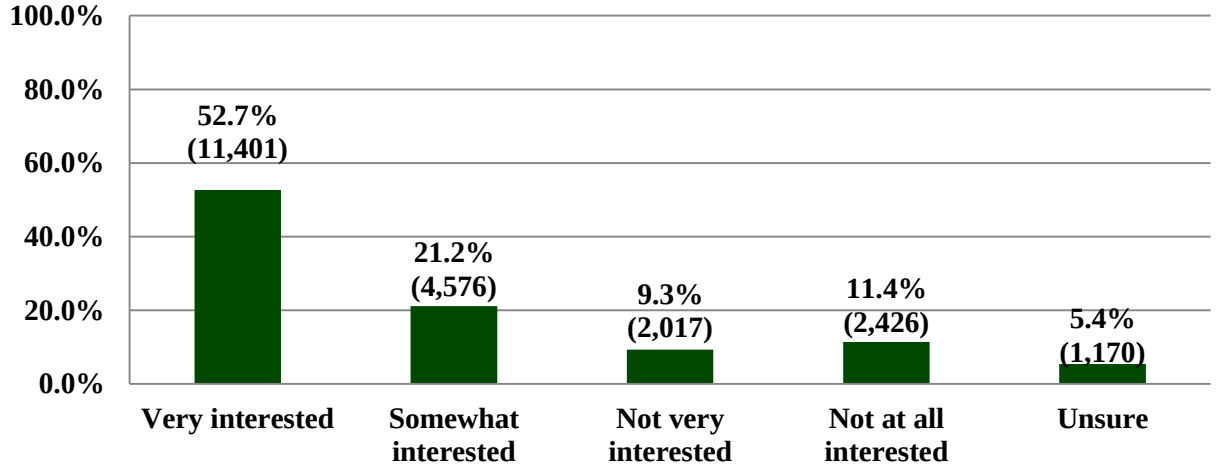
Knowledge of and Interest in State Health Insurance Programs

Knowledge of the state of Vermont's health insurance programs was high among the uninsured population. Nearly three-quarters (71.3%) indicated they had heard of Green Mountain Care, while 87.8% had heard of Vermont Health Connect.

There remained a high level of interest among the uninsured to either enroll in a state health insurance program (Figure 7). More than half of uninsured residents (52.7% or 11,401) indicated they were very interested in enrolling in a state health insurance program while 21.2% were somewhat interested.

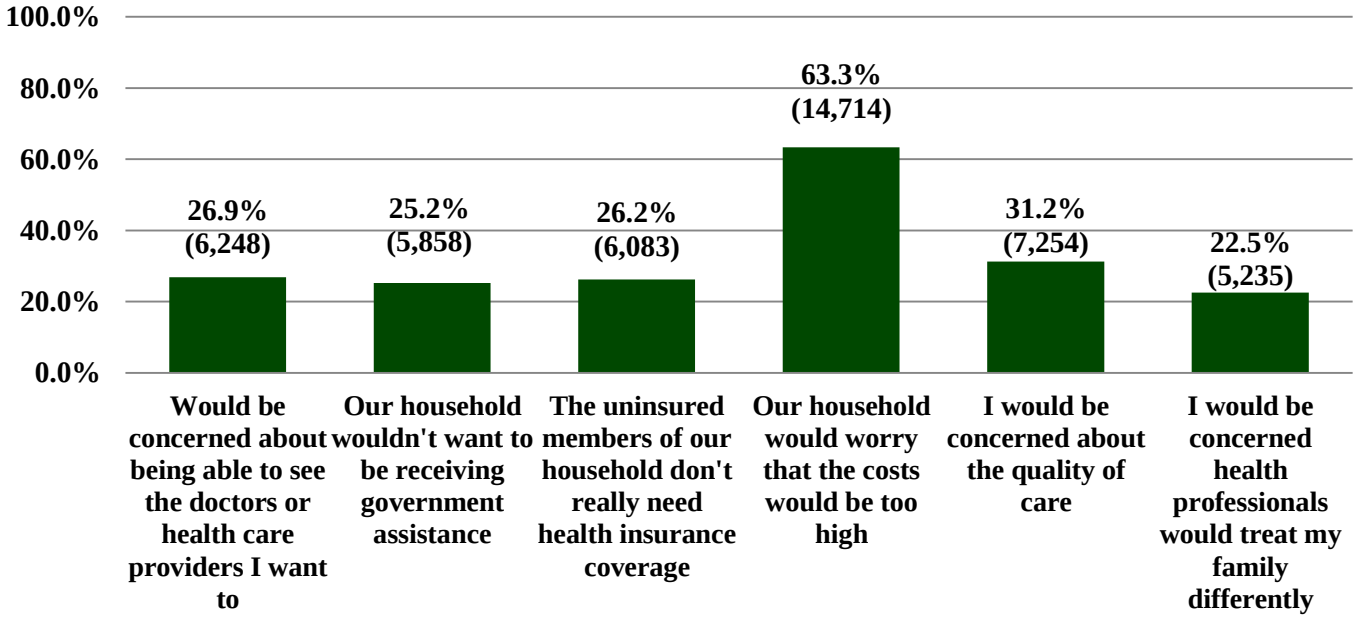
Uninsured residents were asked why they had chosen not to enroll in Green Mountain Care (Figure 8). By far the most common reason given was a concern that the costs associated with the program would be too high (63.3% of uninsured Vermont residents indicated this was a major or minor reason for not enrolling). Other concerns included the quality of care (31.2%), concern about not being able to see the doctors and provides they prefer (26.9%) and not really needing health insurance (26.2%).

Figure 7
How interested would you or others in your household be in enrolling in state health insurance programs?
(% among uninsured Vermont residents)



Data Source: 2014 Vermont Household Health Insurance Surveys

Figure 8
Reasons Given for Not Enrolling in Green Mountain Care
(% indicating major or minor reason among uninsured Vermont residents)



Data Source: 2014 Vermont Household Health Insurance Surveys

C. Segment Analysis: The Uninsured Population

Key Findings

Uninsured Children Ages 0 to 17

Demographic Characteristics

- Over half (62.8%) of total uninsured children (815) aged 0 to 17 were female.
- Nearly half (49.3%) of uninsured children were between the ages of 11 and 17.
- About one quarter (26.7%) of uninsured Vermont children resided in families whose annual incomes were less than 139% of FPL.

Employment Characteristics of Parents

- Almost four in five (77.9%) uninsured children lived in families with one or more employed parent. Four in five (80.3%) of these employed adults worked full time.
- More than half (52.7%) of working adults in families with uninsured children worked for companies with fewer than 25 employees.
- Slightly more than one-quarter quarter of working adults (25.1%) with uninsured children had an employer that offered some type of health insurance coverage.

Use of Medical Services and Cost

- Uninsured children were more likely than insured children to have not received needed medical care, mental health care, or dental care due to cost.
- Three in five families (61.2%) with uninsured children had difficulty paying medical bills during the prior 12 months.
- Nearly one-fourth (21.0%) of families with uninsured children had been contacted by a collection agency for unpaid medical bills.
- One in three (34.6%) uninsured children received a medical bill for more than $500 that had to be paid out-of-pocket.

Uninsured Adults Ages 18-64

Demographic Characteristics

- Two-thirds (67.0%, 14,490) of uninsured adults aged 18 to 64 were male.
- More than one-third (36.7%, 7,693) of uninsured adults were age 25 to 34.
- More than two in five (45.9%) uninsured adults resided in families with incomes below 200% of FPL.

Employment Characteristics

- More than three-quarters (79.4%) of uninsured adults were employed. More than seven in ten (76.1%) uninsured working adults worked 35 or more hours per week.
- More than half (58.6%) of uninsured working adults worked for an employer with fewer than 25 employees.
- Nearly two in five (23.0%) uninsured working adults worked for employers that offered some type of health insurance.

Use of Medical Services and Cost

- Uninsured adults were more likely than insured adults to have not received needed medical care, dental care, mental health care, or diagnostics tests. About one in five (17.6%) uninsured adults aged 18 to 64, or 3,814 Vermonters, delayed getting needed medical care due to cost, 4.9% did not get needed mental health care, 6.9% did not get a needed diagnostic test, while 30.5% did not get needed dental care.
- Uninsured adults were more likely than insured adults to have not received needed prescription medication or to have skipped doses or taken a smaller amount than prescribed. About one in ten uninsured adults aged 18 to 64 did not get a needed prescription (8.5%) or skipped doses or took a smaller amount than prescribed (9.8%).
- More than one-third (35.6%) of uninsured adults lived in families that experienced problems paying medical bills.
- More than one in four (26.6%) uninsured adults lived in families that had been contacted by a collection agency about unpaid medical bills.
- More than one in five (20.9%) uninsured adults received a medical bill for more than $500 that had to be paid out-of-pocket.

1. Uninsured Children Ages 0 to 17

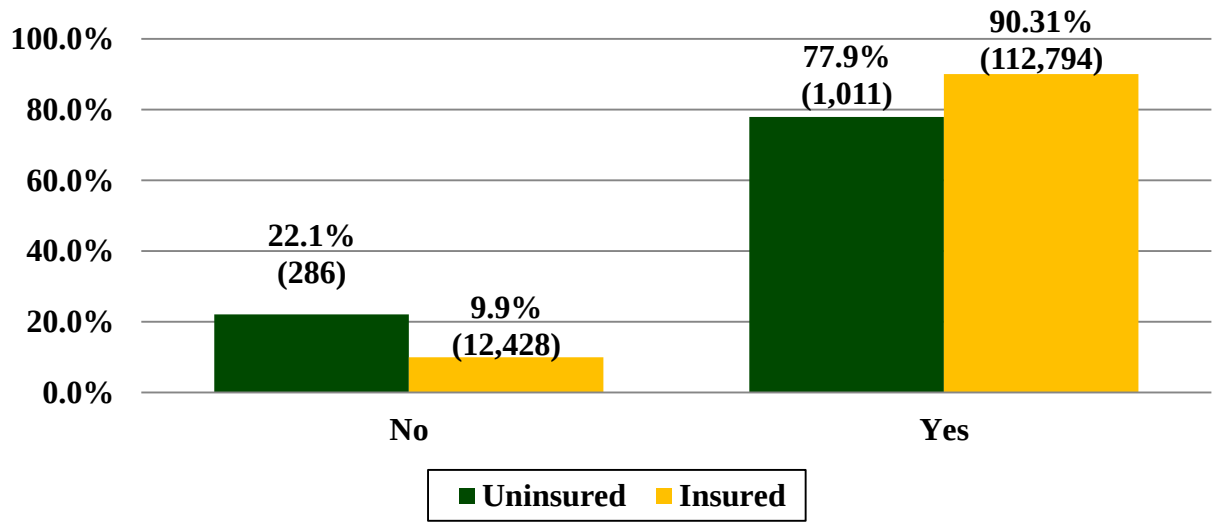
Demographic Characteristics

A higher percentage of uninsured children were female (62.8%) and resided in Addison (15.8%), Caledonia (17.2%), and Franklin (22.5%) counties. About one quarter of uninsured children in Vermont (26.7%) resided in families with annual incomes less than 139% of FPL. Uninsured children tended to live in families where most members lacked health insurance and 83.2% of the adults were also uninsured.

Employment Characteristics of Parents of Uninsured Children

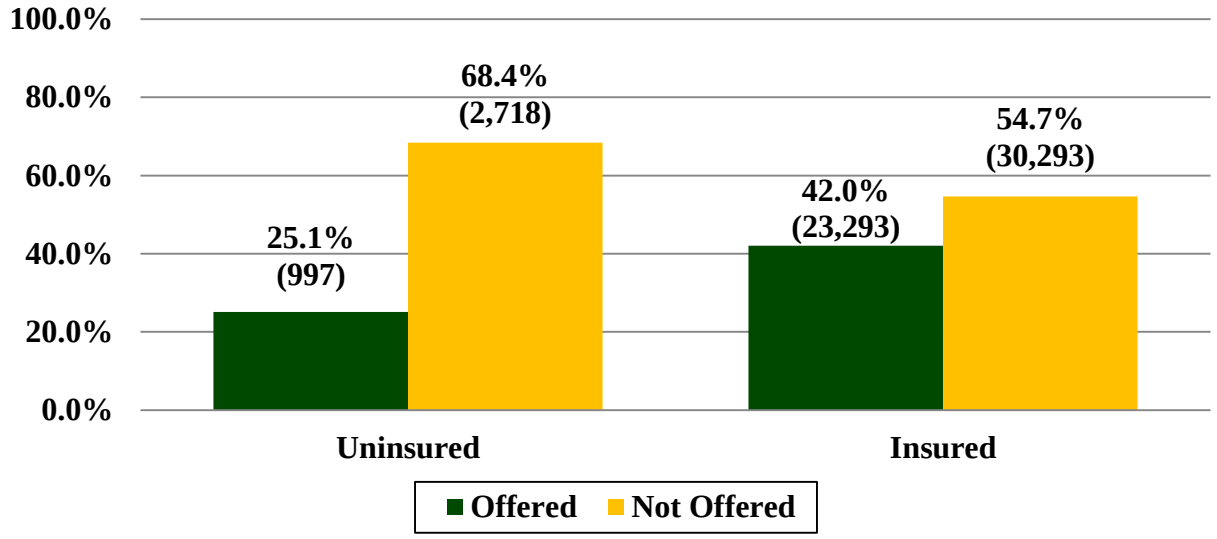
More than three-quarters (77.9%) of uninsured children lived in families with one or more employed parents or guardians (Figure 9). Most uninsured children in Vermont did not have access to employer-based health insurance coverage through their parents. Among employed parents with uninsured children in their families, only 25.1% indicated that their employers offered health insurance coverage (Figure 10).

Figure 9
Presence of an employed adult in the household by insurance status of child.
(% among insured and uninsured children aged 0 to 17)



Data Source: 2014 Vermont Household Health Insurance Survey

Figure 10
Does the employer of child's parent(s) offer health insurance coverage to employees?
(% among insured and uninsured children aged 0 to 17)



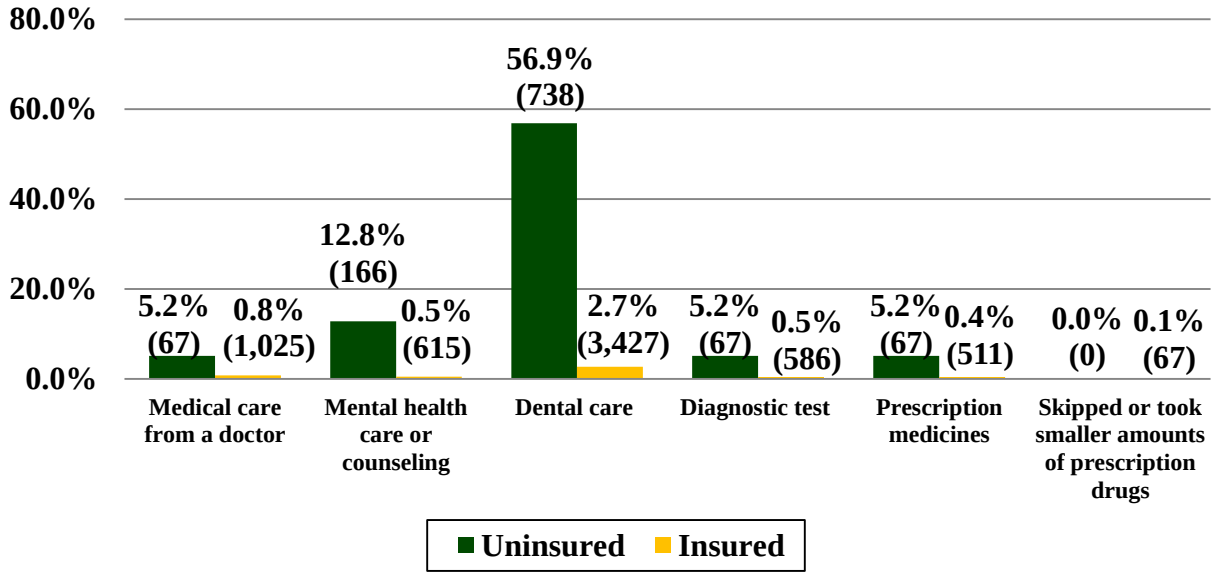
Data Source: 2014 Vermont Household Health Insurance Survey

Use of Medical Services and Cost

Nearly nine in ten (86.5%) uninsured children had seen a health care provider during the past 12 months compared to 91.8% of insured children. Only 76.7% of uninsured children had seen a doctor for a check-up or routine care during the past 12 months compared to 85.1% of insured children.

Without health insurance to cover the cost of care, uninsured children were more likely than insured children to have not received mental health care or counseling (12.8%) or did not get needed prescription medications (5.2%) as seen in Figure 11. Uninsured children were significantly more likely to have needed dental care deferred during the prior 12 months (56.9%). Compared to 2012, there has been an increase in the percentage of uninsured children that had deferred medical care from a doctor; 1.1% in 2012 compared to 5.2% in 2014 (Table 10).

Figure 11
Was there any time person needed __ but did not get it because they could not afford it?
(% yes among insured and uninsured children aged 0 to 17)



Data Source: 2014 Vermont Household Health Insurance Surveys

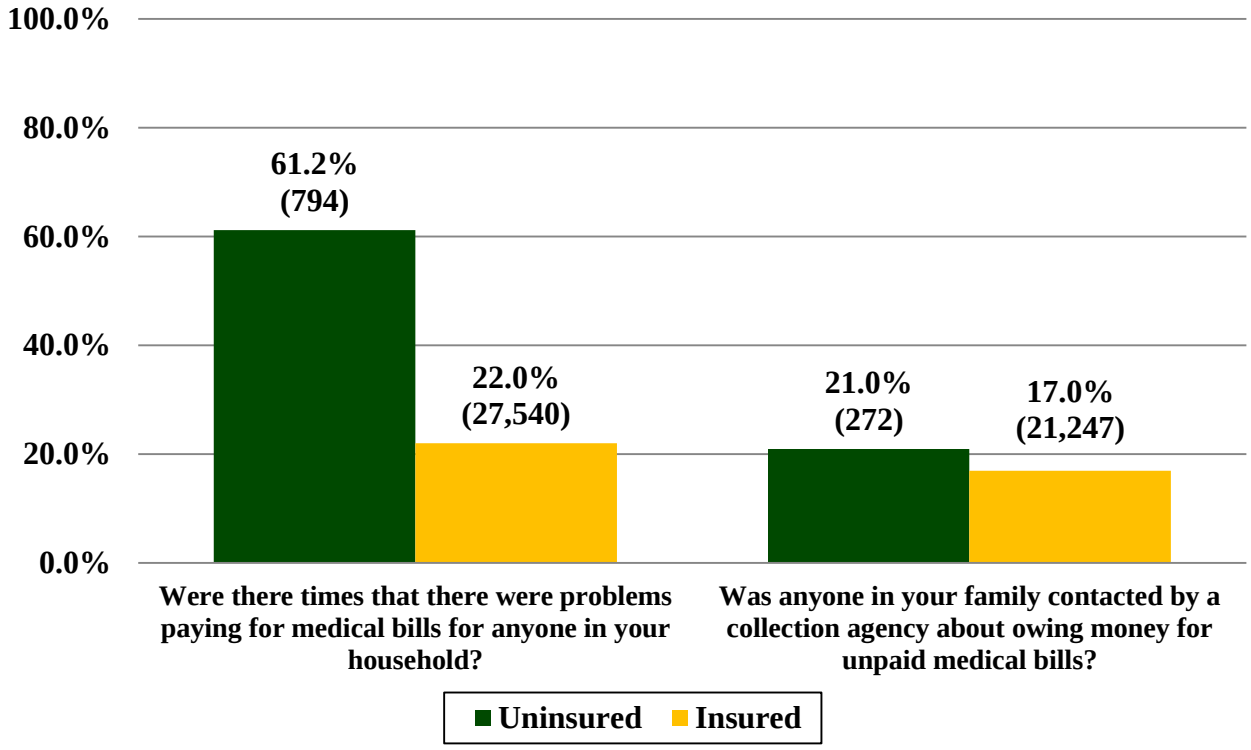
Table 10
Was there any time person needed __ but did not get it because they could not afford it?
(% among uninsured children aged 0 to 17, 2005 to 2014)

	Rate					Count				
	2005	2008	2009	2012	2014	2005	2008	2009	2012	2014
Medical care from a doctor	4.0%	1.9%	14.0%	1.1%	5.2%	261	72	506	31	67
Mental health care or counseling	2.6%	2.4%	4.7%	2.5%	12.8%	168	92	170	69	166
Dental care including checkups	24.7%	18.1%	20.2%	18.1%	56.9%	1,626	700	733	501	738
Diagnostic test	1.4%	1.2%	0.0%	0.5%	5.2%	92	48	0	14	67
Prescription medicines	5.5%	3.8%	0.0%	4.6%	5.2%	363	145	0	127	67
Skipped, took smaller amounts of Rx	2.4%	0.6%	4.4%	0.0%	0.0%	160	24	158	0	0

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

Families with uninsured children were also more likely than families with insured children to have had problems paying medical bills or to have been contacted by a collection agency about unpaid medical bills (Figure 12). Among uninsured children aged 0 to 17, 61.2% of families indicated there were times when they had difficulty paying for medical bills and 21.0% indicated someone in the family was contacted by a collection agency about owing money for unpaid medical bills. The percentage reporting problems in paying medical bills reversed its trend of declining from 2008 to 2012 (Table 11). One in three (34.6%) uninsured children received a medical bill for more than $500 that had to be paid out-of-pocket compared to only 3.6% of families without uninsured children.

Figure 12
During the past 12 months…
(% yes among insured and uninsured children aged 0 to 17)



Data Source: 2014 Vermont Household Health Insurance Surveys

Table 11
During the past 12 months…
(Uninsured children aged 0 to 17, 2005 to 2014)

	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Were there times that there were problems paying for medical bills?	58.3%	63.0%	49.2%	40.3%	61.2%
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	43.2%	38.5%	31.3%	32.1%	21.0%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Were there times that there were problems paying for medical bills?	3,835	2,438	1,785	1,116	794
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	2,844	1,491	1,134	890	272

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

2. Uninsured Adults Age 18-64

Demographic Characteristics

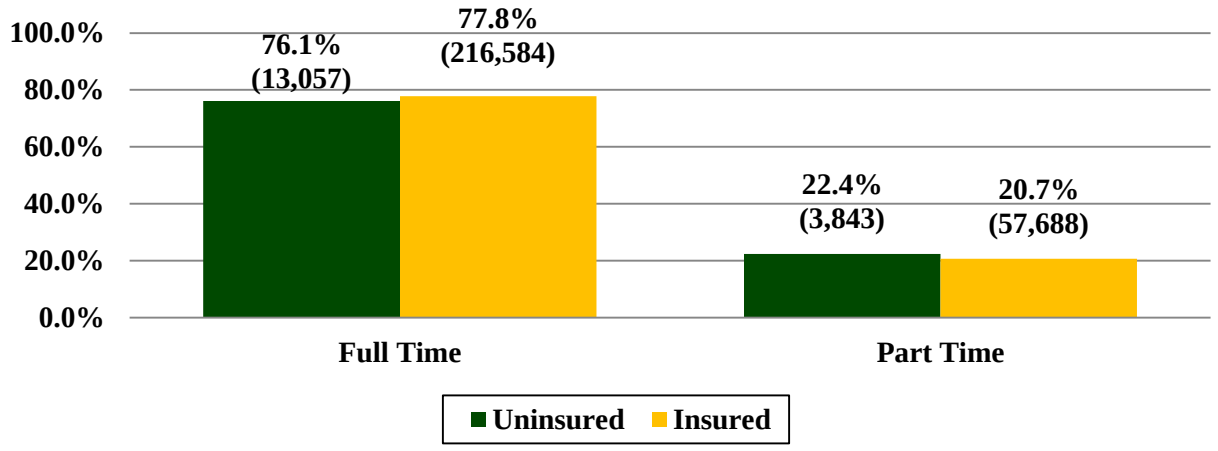
The majority of the 21,625 uninsured adults under the age of 65 (67.0%) were male. The largest percentage of uninsured by age cohort were among those aged 25 to 34 (36.7%) and those aged 45 to 64 (32.7%). Among uninsured adults under 65, 45.9% resided in families with annual incomes of less than 200% of FPL and nearly one-fifth (17.1%) lived in Chittenden County while 10.9% lived in Windham County.

Employment Characteristics

More than three-quarters of uninsured adults (79.4% or 29,984) were employed and 76.1% of these working adults were employed full-time (35+ hours per week) as shown in Figure 13. More than three in five (64.4%) worked for a private company while 23.2% were self-employed or worked for a family business. More than three in five (62.1%) worked in the service sector, 12.9% in retail and 14.2% worked in construction. More than half (58.6%) worked for an employer with fewer than 25 employees.

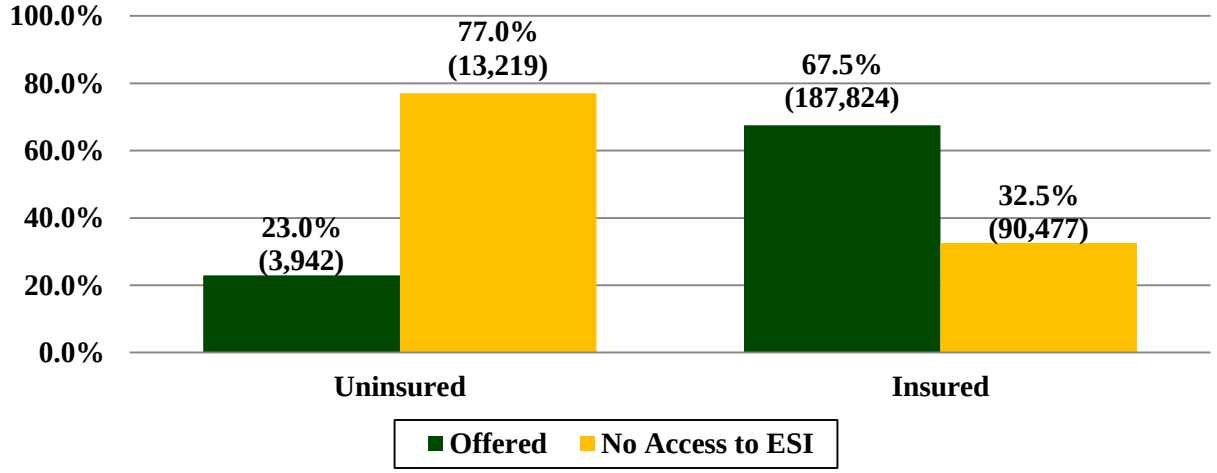
Only 23.0% (3,942) of uninsured employed adults worked for employers offering health insurance (Figure 14), a slight decrease from 2012 (29.2%). Among insured adults, 67.5% have access to employer sponsored insurance.

Figure 13
Full or Part Time Working Status
(% among working adults aged 18 to 64)



Data Source: 2014 Vermont Household Health Insurance Surveys

Figure 14
Does person's employer offer health insurance?
(% Working Adults 18-64)



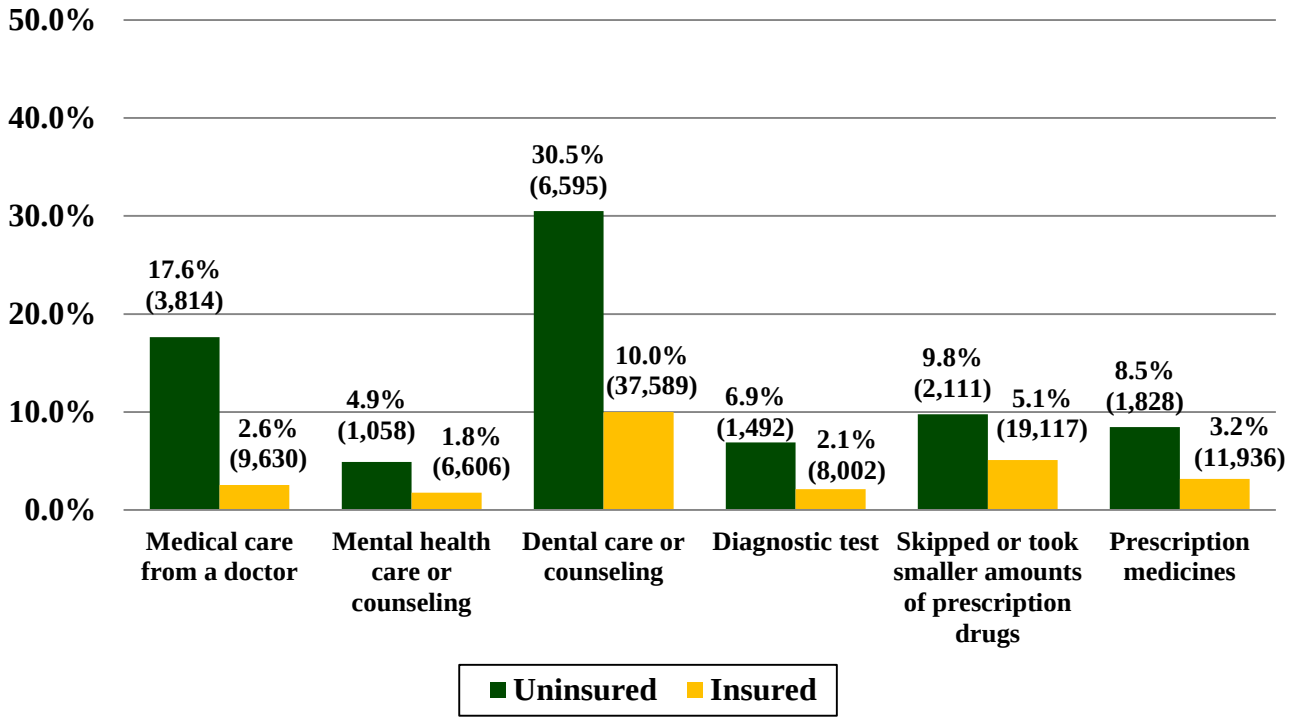
Data Source: 2014 Vermont Household Health Insurance Surveys

Use of Medical Services and Cost

About three in five (59.6%) uninsured adults aged 18 to 64 had seen a health care provider during the past 12 months compared to 86.0% of insured adults. Only one-third (31.2%) of uninsured adults had seen a doctor for a check-up or routine care during the past 12 months compared to 72.3% of insured adults.

Uninsured adults were more likely than insured adults to not have sought needed medical care (17.6%), mental health care or counseling (4.9%), dental care (30.5%), a diagnostic test (6.9%), or prescription drugs (8.5%) due to cost. In addition, 9.8% skipped doses or took smaller amounts of prescribed medications to make them last longer (Figure 15 and Table 12).

Figure 15
Was there any time person needed __ but did not get it because they could not afford it?
(% yes among adults aged 18 to 64)



Data Source: 2014 Vermont Household Health Insurance Surveys

Table 12
Was there any time person needed __ but did not get it because they could not afford it?
(% Yes among uninsured adults aged 18 to 64, 2005 to 2014)

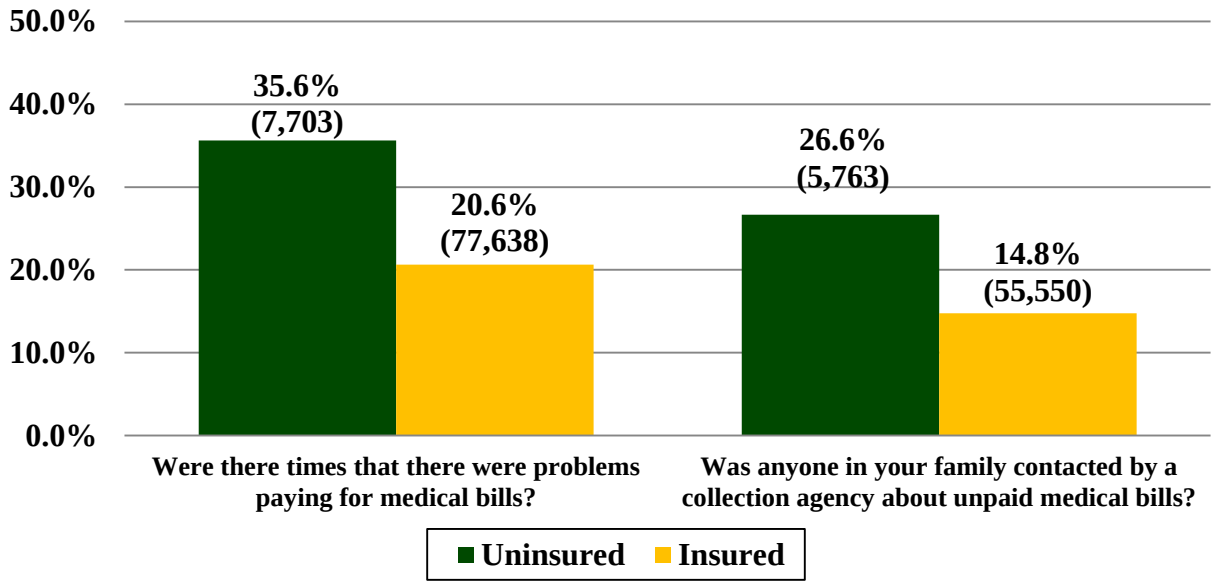
	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Medical care from a doctor	25.2%	10.2%	19.4%	18.0%	17.6%
Mental health care or counseling	6.7%	2.9%	4.6%	7.5%	4.9%
Dental care including checkups	38.6%	19.7%	34.5%	31.9%	30.5%
Diagnostic test	9.7%	5.2%	7.0%	8.4%	6.9%
Prescription medicines	14.2%	7.6%	13.0%	10.6%	8.5%
Skipped, took smaller amounts of Rx	10.5%	6.0%	9.0%	11.0%	9.8%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Medical care from a doctor	13,574	4,422	8,489	7,142	3,814
Mental health care or counseling	3,619	1,265	1,993	2,988	1,058
Dental care including checkups	20,821	8,516	15,123	12,680	6,595
Diagnostic test	5,231	2,260	3,064	3,327	1,492
Prescription medicines	7,633	3,303	5,675	4,221	1,828
Skipped, took smaller amounts of Rx	5,652	2,595	3,931	4,379	2,111

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

Uninsured adults were more likely than insured adults to have problems paying medical bills or to have been contacted by a collection agency about unpaid medical bills (Figure 16 and Table 13). More than one-third (35.6%) indicated that they experienced problems paying medical bills and 26.6% indicated that someone in the family was contacted by a collection agency about unpaid medical bills. However, both of these percentages were down slightly since 2012 when 40.3% had problems paying medical bills and 28.2% were contacted by a collections agency about unpaid medical bills. More than two in ten (20.9%) uninsured adults received a medical bill for more than $500 that had to be paid out-of-pocket compared to only 14.3% of families without uninsured adults.

Figure 16
During the past 12 months…
(% Yes among Adults aged 18 to 64)



Data Source: 2014 Vermont Household Health Insurance Survey

Table 13
During the past 12 months…
(% Yes among uninsured adults aged 18 to 64, 2005 to 2014)

	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Were there times that there were problems paying for medical bills?	45.2%	46.1%	43.5%	40.3%	35.6%
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	31.5%	30.6%	35.1%	28.2%	26.6%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Were there times that there were problems paying for medical bills?	24,369	19,974	19,037	16,000	7,703
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	16,978	13,265	15,369	11,185	5,763

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

D. Eligibility for State Health Insurance and Subsidies to Purchase Insurance through Vermont Health Connect

An analysis was conducted to simulate the eligibility of uninsured individuals (as of late 2014) for enrollment in state health insurance programs or their eligibility to receive assistance in purchasing health insurance through the Vermont Health Connect.

The requirements used in making a determination were based on the income guidelines established under the Patient Protection and Affordable Care Act as well as Vermont state guidelines for expanded Medicaid coverage and/or tax subsidies.

Key Findings

Under the guidelines in the Patient Protection and Affordable Care Act (PPACA) and state of Vermont programs:

- More than half (52%, 695) of uninsured children under age 19 are eligible for either Medicaid or the Dr. Dynasaur program.

- 15% (205) of uninsured children under age 19 were income eligible for some level of premium assistance (tax credits) to assist their family in purchasing health insurance through Vermont Health Connect.

- One-third (30% or 6,484) of uninsured adults aged 19 to 64 were income eligible for coverage under the expanded Medicaid program under current Vermont and PPACA guidelines.

- Nearly half (49% or 10,685) of uninsured adults aged 19 to 64 were income eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through Vermont Health Connect.

Defining Eligibility for the Uninsured

Under the guidelines in the Patient Protection and Affordable Care Act (PPACA), uninsured as well as some privately insured residents may be eligible for coverage under the expanded Medicaid program or eligible for some level of premium assistance, either in the form of tax credits provided by the PPACA or cost-sharing reductions (CSRs) provided by the State of Vermont, to aide in the purchase of health insurance through Vermont Health Connect.

The new eligibility rules enacted under PPACA extend coverage in Medicaid to most adults with incomes under 139% of FPL (including the 5% income offset). 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 provides tax credits that reduce premium costs and the State of Vermont provides cost-share reductions. These include those in families with incomes up to 400% of FPL. Adults in families with incomes between 139% and 400% of FPL and children in families with incomes between 317% and 400% of FPL (including income offsets) who purchase coverage through Vermont Health Connect will be eligible for a tax credit or CSR to reduce the cost of coverage.

The amount of the tax credit that a resident can receive will be based on the premium for the second lowest cost silver plan in the Exchange (Vermont Health Connect). 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. Further, the amount of the tax credit through the PPACA and CSR from the state will vary by income. Those with a lower family income that purchase insurance through Vermont Health Connect will receive a larger tax credit/CSR 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 health insurance premiums.

Under the guidelines, people eligible for public coverage and people offered coverage through an employer are not eligible for premium tax credits unless the employer's plan does not have an actuarial value of at least 60% or unless the person's share of the premium for Employer Sponsored Insurance exceeds 9.5% of income. People that meet the thresholds for unaffordable Employer Sponsored Insurance are eligible to enroll in a health plan through Vermont Health Connect and may also receive tax credits or CSR (based on their family income) to reduce the cost of coverage purchased through Vermont Health Connect.

The PPACA also limits the total amount that people must pay out-of-pocket for cost sharing for essential benefits. 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).

Tables 14 to 15a below provide a summary of these guidelines by family income categories. Table 14 identifies the maximum percentage of a family's income that can be spent on health insurance premiums above which they would receive a subsidy to help pay for health insurance. This is based on the values assigned to the second lowest cost silver plan. Table 15 provides the

maximum out-of-pocket limits for cost sharing based on the income of the family and Table 15a presents the cost-sharing reduction tiers offered based on the income of the family.

Table 14
Maximum Out-of-Pocket Premium Payments under PPACA

Federal Poverty Level	Maximum Premium under PPACA as a % of Income
Under 139%	Eligible for Medicaid
139% - 149%	3%
150% - 199%	4%
200% - 249%	6.3%
250% - 299%	8.05%
300% - 400%	9.5%
401% or more	No Premium Subsidy

Table 15
Maximum Out-of-Pocket Health Care Expenses under PPACA
(2014 guidelines)

Income (% of Federal Poverty Level)	Maximum Health Care Expenses Allowed Under PPACA	
	Individual Plan	**Family Plan**
100% - 200%	$2,096	$4,191
200% - 300%	$3,175	$6,350
300% - 400%	$4,255	$8,509
> 400% FPL	$6,350	$12,700

Table 15a
Cost Sharing Reduction Tiers

Income (% of FPL)	Cost Sharing Reduction Tier
133% to 150%	Tier I
151% to 200%	Tier II
201% to 250%	Tier III
251% to 300%	Tier IV

The Uninsured

Using these general monthly premium guidelines, survey data were used to model eligibility for Medicaid or purchasing health insurance through Vermont Health Connect among the uninsured. The analyses were based solely on income determinations of eligibility based on self-reported family income. They did not factor in other factors that may impact actual eligibility (such as potential access to other health insurance) or impact income which would affect either eligibility for Medicaid or the level of subsidy through purchase through Vermont Health Connect (such as additional state based income offsets that would reduce income in making determinations of eligibility).

Uninsured Children under Age 19

A summary of the program eligibility for uninsured children is provided in Table 16. Based on their income, 52% of currently uninsured children (695) would be eligible either under Medicaid or Dr. Dynasaur. Another 15% (205) of uninsured children under age 19 were income eligible for some level of premium assistance (tax credits) to assist their family in purchasing health insurance through Vermont Health Connect. The final 33% of uninsured children fell outside the guidelines for eligibility for Medicaid, Dr. Dynasuar, or to receive subsidies to help purchase health insurance through Vermont Health Connect.

Table 16
Eligibility for State Health Insurance or to Purchase Health Insurance through Vermont Health Connect
(% among uninsured children 0 – 18)

			Count		
ACA Income Guidelines	**2012**	**2014**	**2012**	**2014**	**ACA Guidelines**
Income Eligible for Medicaid, Dr. Dynasaur (< 317% FPL with income offset)	73%	52%	2,445	695	**Eligible for Medicaid, Dr. Dynasaur**
Income 317% - 400% FPL (with income offset)	13%	15%	434	205	**Family eligible for subsidies to purchase through Vermont Health Connect**
Income > 400% FPL	15%	33%	487	442	
Total	100%	100%	3,366	1,342	

Data Source: 2012 and 2014 Vermont Household Health Insurance Survey

Uninsured Adults Aged 19 to 64

A summary of the program eligibility for uninsured adults aged 19 to 64 is provided in Table 17. Three in ten (30% or 6,484) of uninsured adults aged 19 to 64 were income eligible for coverage under the expanded Medicaid program. Nearly half (49% or 10,685) of uninsured adults aged 19 to 64 were income eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through Vermont Health Connect. Only one-fifth (20%, or 4,412) of uninsured adults aged 19 to 64 fell outside the guidelines for eligibility for expanded Medicaid or to receive subsidies to help purchase health insurance through Vermont Health Connect.

Table 17
Eligibility for State Health Insurance or to Purchase Health Insurance through Vermont Health Connect
(% among Uninsured Adults Aged 19 to 64)

	Rate		Count		
ACA Income Guidelines	**2012**	**2014**	**2012**	**2014**	**ACA Guidelines**
Income Eligible for Medicaid (<139% FPL with income offset)	35%	30%	13,628	6,484	**Eligible for Medicaid**
Income 139% - 150% FPL	3%	2%	1,101	365	**Eligible for subsidies to purchase through exchange**
Income 151% - 200% FPL	13%	14%	5,131	3,050	**Eligible for subsidies to purchase through exchange**
Income 201% - 250% FPL	9%	10%	3,518	2,252	**Eligible for subsidies to purchase through exchange**
Income 251% - 300% FPL	12%	10%	4,798	2,153	**Eligible for subsidies to purchase through exchange**
Income 301% - 400% FPL	11%	13%	4,275	2,865	**Eligible for subsidies to purchase through exchange**
Income > 400% FPL	17%	20%	6,672	4,412	
Total	100%	100%	39,123	21,582	

Data Source: 2012 and 2014 Vermont Household Health Insurance Survey

E. The Underinsured

Key Findings

- In late 2014, more than one quarter (27.3%, or 92,332 individuals) of Vermont residents with private health insurance and under the age of 65 were considered underinsured either due to deductibles, expenses, or both.

- 18 to 24 year olds show by far the highest rate of underinsurance with more than three in five of those with private health insurance (63.5%, 26,799 individuals) being underinsured.

- The privately insured in families with low incomes were more likely to be underinsured. This ranged from 65.0% of those with incomes between 151% and 200% of FPL to more than four in five (85.3%, 33,102) individuals on private insurance with family incomes of less than 139% of FPL.

Underinsured residents in Vermont were determined based on a formula developed by the Commonwealth Fund. This formula was applied to individuals with private health insurance under the age of 65 in an attempt to determine individuals who would be financially burdened by medical expenses.

Financial burden, and thus underinsurance, under the Commonwealth Fund formula is determined in two ways; the annual insurance deductible and out-of-pocket medical expenses.

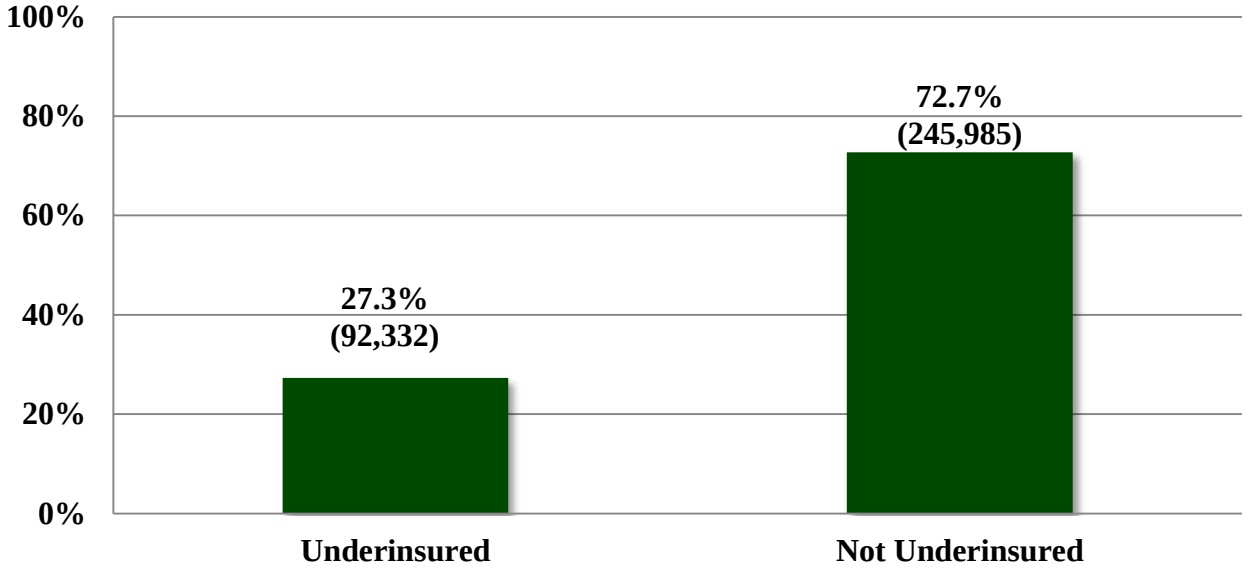
Families are determined to be underinsured if the deductible for their private health insurance exceeds five percent of the family's income; thus a family of 4 making the Federal Poverty Level (2014) amount of $23,850 annually could not pay more than $1,192.50 in annual deductible without being considered underinsured. A family of 1 making $23,850 annually with a deductible of more than $1,192.50 would also be considered underinsured despite being over 200% of FPL.

The second method by which an individual can be determined to be underinsured by the Commonwealth Fund method is via out-of-pocket expenses. To determine the level, the Commonwealth Fund formula first splits families into two groups; those earning 200% of FPL or less and those earning more than 200% of FPL. Families at or beneath 200% of FPL are considered underinsured if their reported out-of-pocket medical expenses exceed 5% of family income. Families making more than 200% of FPL are considered underinsured if their reported out-of-pocket medical expenses exceed 10% of family income. Using the examples above, a family of 4 making $23,850 would be considered underinsured if their medical expenses exceeded $1,192.50. However, a family of 1 making $23,850 would require out-of-pocket medical expenses greater than $2,385 in order to be considered underinsured.

An individual may be considered underinsured based on deductible, based on medical expenses, or based on both criteria.

In late 2014, more than one quarter (27.3%, or 92,332 individuals) of Vermont residents on private health insurance and under the age of 65 were considered underinsured either due to deductible, expenses, or both (Figure 17).

Figure 17
Is person underinsured?
(% among residents on private insurance under age 65)

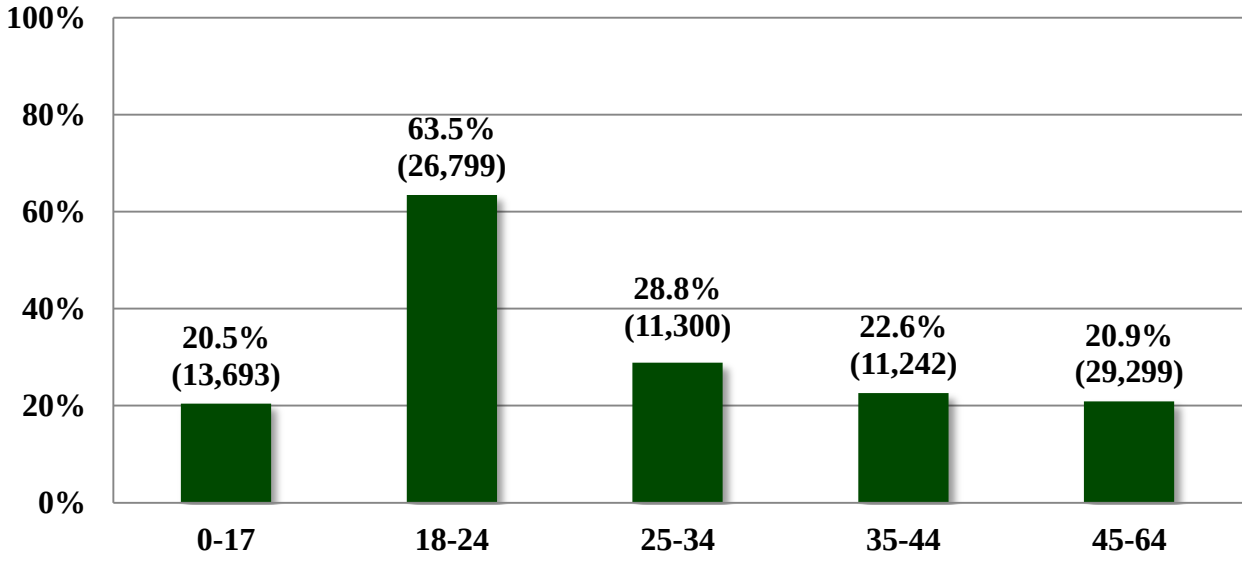


Data Source: 2014 Vermont Household Health Insurance Surveys

Examining the data further, it is clear there are significant differences by group. Among all age groups with private insurance, 18 to 24 year olds show by far the highest rate of underinsurance, with more than three in five (63.5% or 26,799 individuals) underinsured (Figure 18). This is two to three times the rate observed among any other age group.

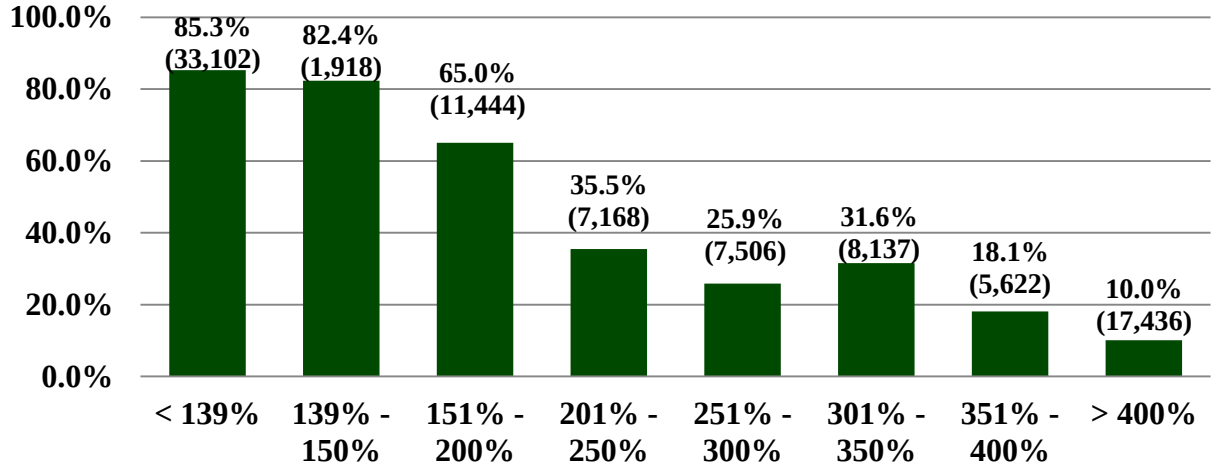
Likewise, when examined by income, underinsurance is far more prevalent among the privately insured with lower incomes groups (Figure 19). Nearly eighty percent of privately insured individuals with family incomes beneath 200% of FPL were underinsured in late 2014. This ranged from 65.0% of those with incomes between 151% and 200% of FPL to more than four in five (85.3%, 33,102) individuals on private insurance with family incomes of less than 139% of FPL.

Figure 18
Is person underinsured?
(% Yes among those under age 65 on private health insurance by Age)



Source: 2014 Vermont Household Health Insurance Survey

Figure 19
Is person underinsured?
(% Yes among those under age 65 on private health insurance by income - FPL)



Data Source: 2014 Vermont Household Health Insurance Survey

F. Access to Employer Sponsored Health Insurance among the Working Uninsured under Age 65

Key Findings

- In late 2014, approximately 3,942 (23.0%) of working uninsured residents aged 18 to 64 had access to ESI through their employer, down from 29.2% in 2012.

- 59.1% of working uninsured residents indicated they did not enroll in their employer's health plan because it was too expensive.

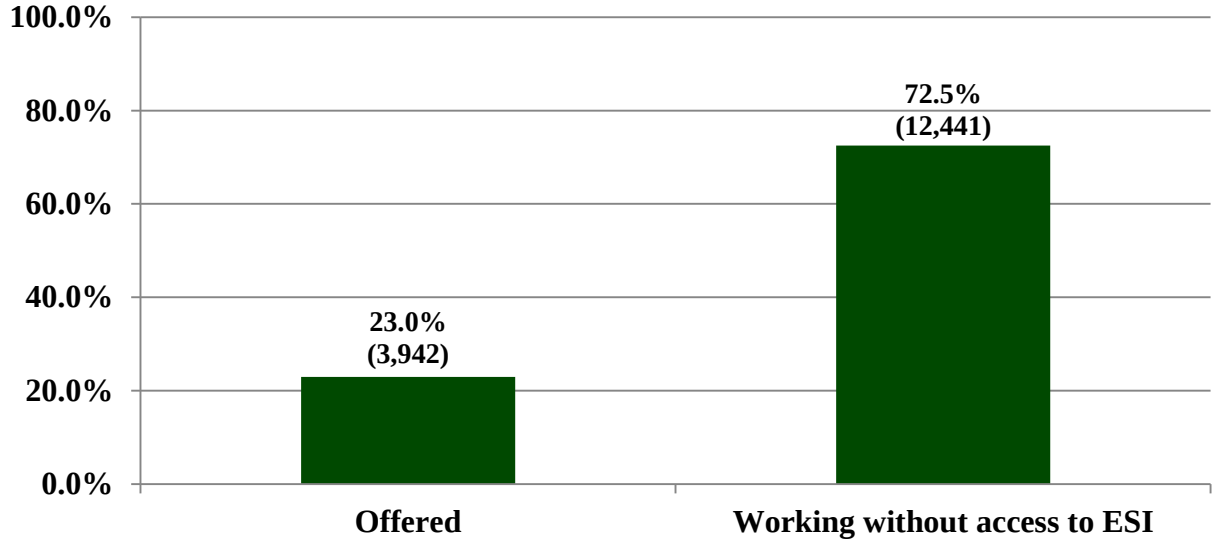
- 19.9% of working uninsured residents indicated they were ineligible because they had not worked long enough for their current employer.

- 15.8% of working uninsured residents indicated they were ineligible because they did not work enough hours per week.

In late 2014, 23.0% (3,942) of working uninsured adults aged 18 to 64 had access to ESI through their employer and the remaining 72.5% lacked access to ESI (Figure 20). This was a decrease since 2012 when 29.2% of working uninsured adults had access to insurance through their employer. Among uninsured employees aged 18 to 64, 78.5% of those working full time and 21.5% of those working part time worked for employers offering employer sponsored insurance in late 2014.

Among the uninsured who worked for companies with 10 or fewer employees, only 4.2% indicated their employer offered ESI. This compared to 12.3% for companies with 10 to 24 employees, 21.0% for 25 to 49 employees, and 54.2% in companies with 50 or more employees.

Figure 20
Is person offered ESI?
(Uninsured working residents ages 18 to 64)



Data Source: 2014 Vermont Household Health Insurance Survey

Table 18
Does person's employer or labor union offer health insurance coverage?
(% among uninsured working residents aged 18 to 64)

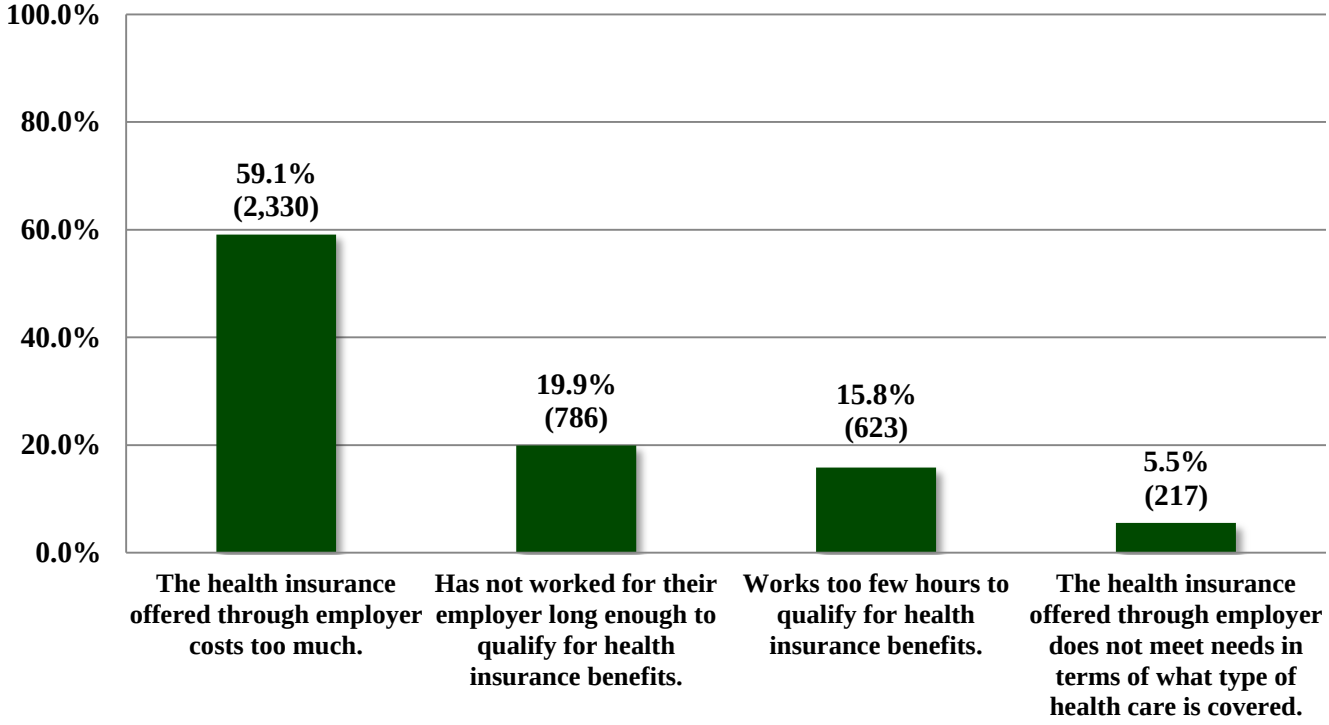
	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Yes	30.1%	24.1%	26.2%	29.2%	23.0%
No	65.8%	75.9%	67.7%	70.8%	72.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Yes	13,188	8,207	8,287	8,761	3,942
No	28,811	25,839	21,446	21,223	12,441
Total	43,772	34,046	31,675	29,984	16,383

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

When asked why they chose not to enroll in the health insurance offered by their employer, 59.1% of working uninsured adults with access to ESI indicated that their employer's health insurance plan was too expensive, 19.9% indicated they were ineligible because they had not worked for that employer long enough and 15.8% indicated they were ineligible because they worked too few hours. Another 5.5% indicated the benefits provided through their employer's health insurance plan did not meet their health care needs. All four percentages were lower than those found in 2012.

Figure 21
Is ____ a reason why person did not enroll in their employer's health insurance plan?
(% among working uninsured aged 18 to 64 with access to ESI)



Data Source: 2014 Vermont Household Health Insurance Survey

G. Health Literacy

Key Findings

- In 2014 more than three-quarters of Vermont residents felt very or somewhat confident in their understanding of important health care terms such as ‘premium,’ ‘deductible’ and ‘co-insurance.’

- More than half of Vermont residents (55.4%) were very or somewhat confident that they understood what a health exchange or insurance exchange was.

- Less than one-third of Vermont residents (30.2%) were very or somewhat confident that they understood what the term ‘advanced premium tax credit’ meant while 45.8% were not at all confident they understood the term.

In 2014 a section was added to the Vermont Household Health Insurance Survey in order to assess the level of knowledge that Vermonters feel they possess when making important health insurance and medical decisions. Respondents were asked about their confidence in their understanding of the meaning of several health insurance related terms. It is important to note that these questions were not an assessment of Vermont residents' actual understanding of these terms or concepts, only their confidence that they understood the terms.

The confidence which residents expressed can be seen in Table 19. Vermont residents were generally quite confident in their understanding of terms relating to individual insurance policies, with more than three-quarters feeling very or somewhat confident about these terms. Vermont residents were less sure about their understanding of new aspects of health insurance put into place by the Patient Protection and Affordable Care Act. Just over half (55.4%) were very or somewhat confident about their understanding of the meaning of 'health exchange.' Only three in ten (30.2%) Vermont residents were very or somewhat confident in their understanding of the meaning of the term 'advanced premium tax credit.'

Table 19
How confident are you that you understand what the term '____' means?

	Very Confident	Somewhat Confident	Not too Confident	Not at All Confident	Unsure
Premium	77.3%	17.7%	3.0%	1.8%	0.2%
Deductible	83.1%	13.2%	2.0%	1.7%	0.1%
Co-payments	85.6%	11.7%	1.6%	1.0%	0.1%
Co-Insurance	49.7%	26.8%	14.1%	8.8%	0.6%
Maximum annual out-of-pocket spending	68.5%	20.7%	5.6%	4.9%	0.4%
Annual Limits on Services	61.8%	24.7%	8.1%	5.1%	0.3%
Health Exchange or Insurance Exchange	30.5%	24.9%	20.7%	22.9%	0.9%
Advanced Premium Tax Credit	13.0%	17.2%	22.6%	45.8%	1.4%

Data Source: 2014 Vermont Household Health Insurance Survey

H. Private Health Insurance

Key Findings

- In 2014, more than half (56.0%) Vermont residents were covered by private health insurance, including those with other insurance sources in addition to private coverage. This represents 351,209 Vermont residents.

- The percentage of Vermont residents with private health insurance has decreased slightly since 2012 when 59.2% were covered by private health insurance and overall has shown a decrease since 2000 when 65.5% were covered by private insurance.

- For adult Vermont residents, those aged 45 to 64 were the most likely to be covered by private insurance (73.9%) while those aged 25 to 34 were the least likely (54.5%). Among Vermont's children, 52.9% were covered by private health insurance.

- Income is a strong indicator of private health insurance coverage. Among those whose annual income is 400% of FPL or greater, 76.4% had private health insurance coverage. Conversely, only about a quarter (28.7%) of those living in families whose annual incomes are less than 139% of FPL had private health insurance coverage.

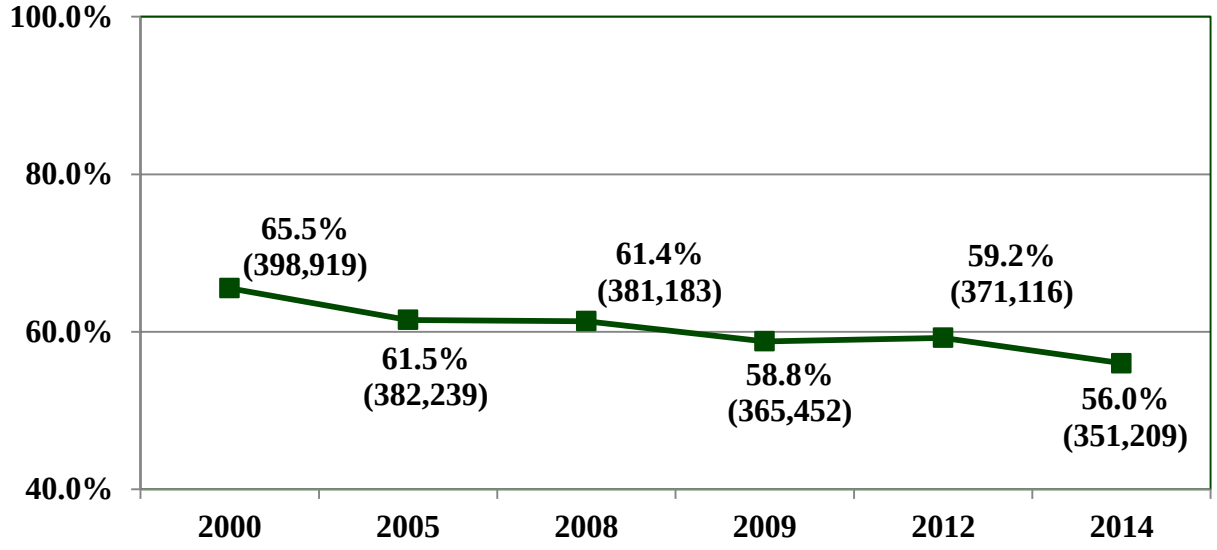
- About nine in ten (87.5%) privately insured residents obtained private health insurance coverage through an employer-related source.

- A majority of residents with private health insurance coverage were satisfied with the choice of health care providers, the range of services covered, and the quality of care received.

- The percentage of privately insured residents forgoing medical care due to cost (1.7%) in 2014 was slightly lower than that found in 2012 (2.0%) and 2009 (2.1%).

In 2014, 56.0%, or 351,209 of Vermont's 626,631 residents, had private health insurance coverage (Figure 22). The percentage of residents covered by private health insurance in 2014 decrease from 2012 and has generally been trending downward since 2000.

Figure 22
Is person covered by private insurance?
(2000-2014)

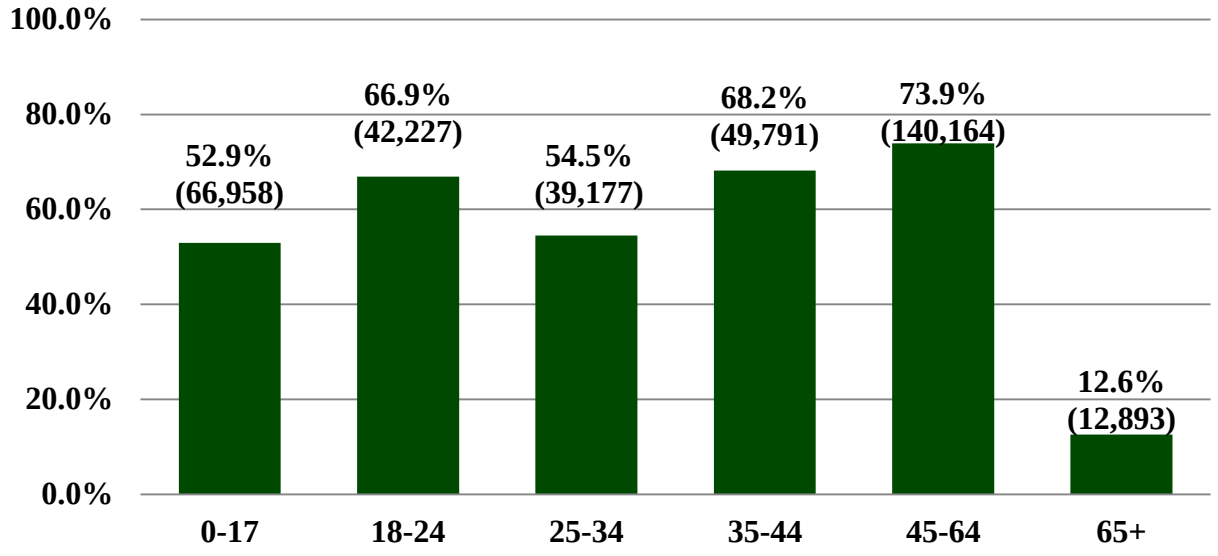


Data Source: 2000, 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

While 66.9% of the adult population aged 18 to 24 in Vermont had private health insurance in 2014, this decreased to 54.5% for those aged 25 to 34. Among Vermont residents 35 to 44, 68.2% had private insurance, while 73.9% of those ages 45 to 64 did (Figure 23).

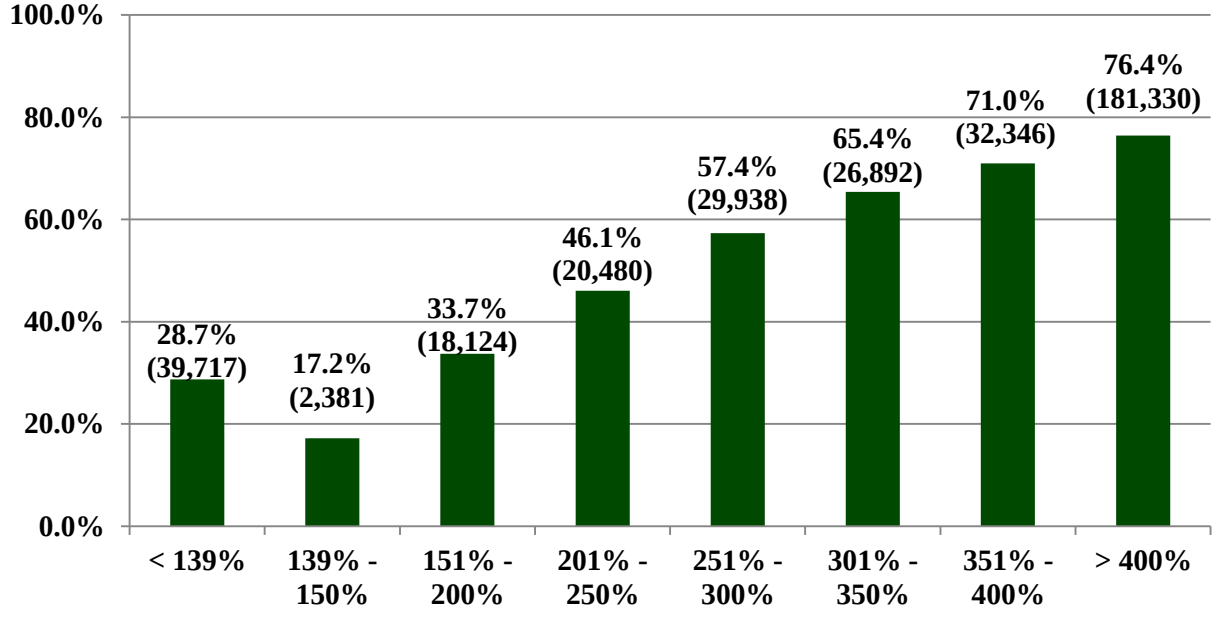
As observed in prior surveys, there was a clear correlation between private health insurance coverage and family income. More than three-quarters (76.4%) of those with family incomes over 400% of FPL have private health insurance, compared to only one-third (33.7%) of those with incomes between 151% and 200% of FPL (Figure 24).

Figure 23
Is person covered by private health insurance?
(% by age)



Data Source: 2014 Vermont Household Health Insurance Surveys

Figure 24
Is person covered by private health insurance?
(% Yes by income - FPL)



Data Source: 2014 Vermont Household Health Insurance Survey

Private Insurance Coverage through an Employer

Among privately insured Vermont residents, 87.5% had coverage through employer-related sources (Table 20) compared to 89.6% in 2012, 91.5% in 2009 and 91.3% in 2008. In 2014, 10.4% directly paid for health insurance, compared to only 7.0% in 2012 who directly paid for health insurance, representing those purchasing directly through Vermont Health Connect.

Among those who worked for small companies with 2 to 4 employees, 65.0% had coverage through employer-related sources while 33.0% reported that they purchased their health insurance directly. Among those who worked for companies with 5 to 9 employees, 77.8% purchased insurance through employer-related sources and more than 90% of those working for employers with 25 or more employees reported that their health insurance was obtained through employment-related sources.

Table 20
Source of Private Health Insurance, Direct Purchase vs. Employer
(% among those with private health insurance)

	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Employer Related	91.8%	91.3%	91.5%	89.6%	87.5%
Direct Purchase	5.7%	5.3%	6.2%	7.0%	10.4%
Other	0.1%	2.0%	1.2%	1.2%	30.0%
Unsure/Refused	2.3%	1.4%	1.0%	2.2%	1.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

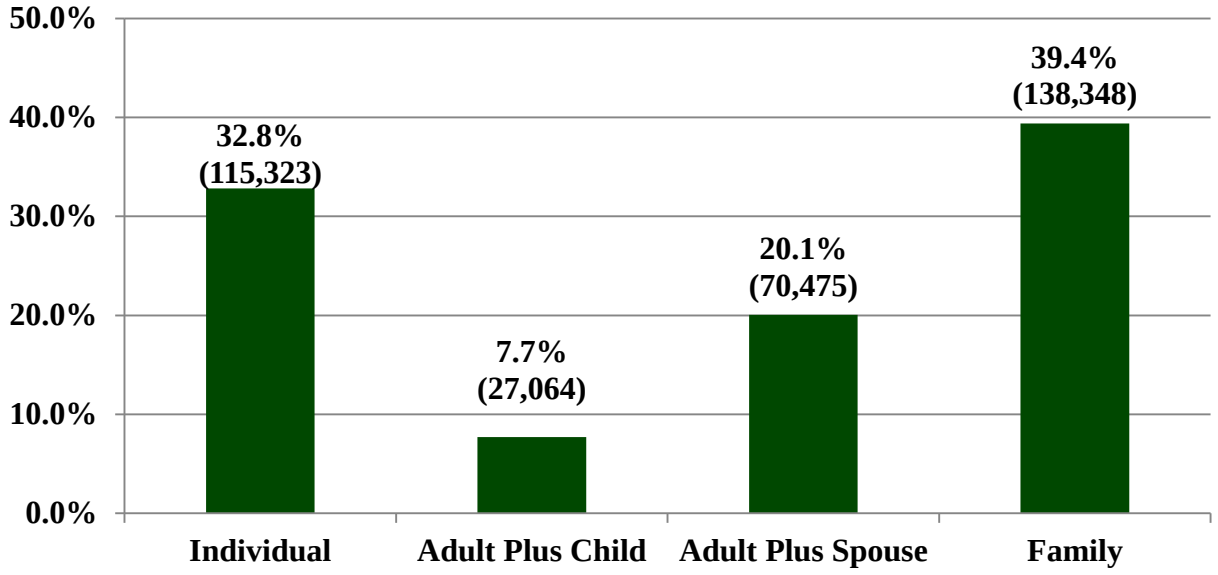
	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Employer Related	351,023	348,129	334,545	332,507	307,200
Direct Purchase	21,814	20,095	22,728	25,979	36,592
Other	445	7,467	4,518	4,391	1,212
Unsure/Refused	8,958	5,494	3,697	8,238	6,206
Total	382,240	381,183	365,489	371,116	351,209

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Survey

Private Insurance Plan Types

More than one third (39.4%) of residents with private health insurance were covered under a family plan. Almost a third of the privately insured (32.8%) were covered under single plans and one in five (20.1%) had a one-plus-one health insurance plan including the policyholder and a spouse, civil union or domestic partner. Another 7.7% of the privately insured were covered under plans that included policyholders and child dependents.

Figure 25
Type of Private Health Insurance Policy
(% among those with private health insurance)



Data Source: 2014 Vermont Household Health Insurance Surveys

Private Insurance Policy Characteristics

Among those covered by private health insurance, the premium amounts paid per month varied considerably. Those with a family plans paid the most, on average, for their monthly premium (Table 21). Monthly premium amounts were significantly higher for those purchasing insurance directly without employer contributions towards the monthly premium, in contrast to those with employer sponsored insurance who may only pay a percentage of the monthly premium. The mean average monthly premium for those individuals with employer sponsored plans was about $396 per month, with a median cost of $200, whereas those with direct purchase plans spent about $445.50 per month, with a median cost of $220. However those on employer sponsored plans were more likely to report an increase in premiums in the last year. More than half (52.8%) said their premiums increased in the past year, compared to only 34.8% of those with direct purchase health insurance plans.

More than one in ten (12.3%) or 76,775 residents with private insurance reported having a health savings account (HSA). Almost half (49.7%) of residents with HSAs contributed less than $2,000 into their account during the previous 12 months with 17.9% contributing nothing to their account. Only 15.3% contributed $4,000 or more to their own HSA. More than one-third of those with employer based HSA plans reported their employer contributed nothing (39.1%) to their account while 13.8% said their employer contributed $2,000 or more to their account.

Table 21
Monthly Insurance Premium Amounts by Type of Policy
(% among those with private health insurance)

	Type of Policy				
	Individual	**Spouse**	**Child**	**Family**	**Total**
$50 or less	14.9%	8.0%	8.8%	3.2%	14.9%
$51 to $100	23.4%	5.1%	5.5%	3.4%	23.4%
$101 to $250	21.1%	53.0%	42.9%	42.0%	21.1%
$251 to $500	20.7%	20.6%	19.0%	16.9%	20.7%
$501 to $750	8.5%	2.7%	9.3%	4.4%	8.5%
$751 or more	11.4%	10.7%	14.4%	30.2%	11.4%
Mean	$341.00	$291.00	$347.00	$504.00	$341.00
Median	$186.00	$148.00	$200.00	$280.00	$186.00
Count	115,322	27,064	70,475	138,349	115,322

Data Source: 2014 Vermont Household Health Insurance Survey

Satisfaction with Health Insurance

A majority of residents with coverage through a private health insurance program were satisfied with their health insurance (Table 22). More than seven in ten (74.2%) rated their choice of health care providers as excellent or very good (among those that received care during the past 12 months). More than three in five (66.6%) rated the range of services covered by private health insurance as very good or excellent and two thirds (70.0%) rated the quality of care as very good or excellent. Among those that pay a monthly premium, more than half (59.9%) strongly agreed or agreed that the premium amount was reasonable.

Table 22
Satisfaction with Private Insurance Coverage
(% among those enrolled in a private health insurance program)

	Rate		Count	
	Excellent or Very Good	**Fair or Poor**	**Excellent or Very Good**	**Fair or Poor**
How would you rate the choice of health care providers available under this private health insurance coverage?*	74.2%	5.6%	260,471	19,670
How would you rate the range of services covered under this private health insurance coverage?*	66.6%	8.9%	233,923	31,400
How would you rate the quality of care available under this private health insurance coverage?*	70.0%	5.7%	245,968	19,900
	Agree	**Disagree**	**Agree**	**Disagree**
The monthly premium paid for this coverage is reasonable.**	59.9%	30.2%	125,271	63,276

Data Source: 2014 Vermont Household Health Insurance Surveys
****Rated as excellent, very good, good, fair, or poor. Rates and counts among those indicating they received care.***
*****Rated as strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. Rates and counts among those indicating they paid a monthly premium.***

Medical Expenses of the Privately Insured and Barriers to Care

Despite having private health insurance coverage, a small percentage of privately insured residents did not get needed medical care in 2012 due to cost. Less than ten percent of privately insured Vermonters (5.4%) had forgone dental care due to cost and 2.8% had skipped doses or taken smaller amounts of prescription medicines to make them last longer. Additionally, 1.7% had forgone medical care from a doctor, 1.5% skipped a needed diagnostic test, 1.5% did not get needed prescription medications and 1.1% did not seek needed mental health care (Table 23).

Compared to 2012, the financial burden of out-of-pocket medical expenses among the privately insured has decreased slightly. In late 2014, about one in five of the privately insured (18.4%) indicated their families had problems paying medical bills in the last 12 months compared to 19.8% in 2012 and 21.0% in 2009. In 2014, 12.3% of families were contacted by collection agencies about unpaid medical bills. This is a decrease from the 13.1% contacted about unpaid medical bills in 2012, but remains up from 11.9% in 2009.

Less than one in fifty (1.5%) indicated they did not get needed medical care because they could not find a doctor who accepted their private health insurance. Among those who could not find a doctor who accepted their private health insurance, 27.0% did not get needed mental health care or counseling, 16.5% did not receive needed dental care, and 12.8% did not receive needed medical care for an illness or condition.

In 2014, less than one in ten (7.9% or 27,860) privately insured individuals were concerned that they may lose health insurance coverage within the next 12 months, a decrease compared to 2012 when 8.9% were concerned about a loss in coverage, and 2009 when 11.9% were concerned about losing coverage. Among those who were concerned about losing health insurance within the next 12 months, more than one in four (27.9%) were worried that the policyholder would lose his or her job, 11.7% were concerned that their employer would stop offering health insurance coverage and 10.4% were worried about premium increases.

Table 23
During the last 12 months, someone in the family skipped or did not receive…
(% Yes among those with private health insurance)

	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Medical care from a doctor	1.6%	2.0%	2.1%	2.6%	1.7%
Mental health care or counseling	0.8%	1.5%	1.1%	1.3%	1.1%
Dental care including checkups	6.3%	8.5%	7.5%	6.7%	5.4%
A diagnostic test	1.0%	1.7%	1.5%	2.2%	1.5%
Prescription medicines	1.4%	1.9%	2.0%	1.8%	1.5%
Skipped, took smaller amounts of Rx	3.2%	4.3%	4.1%	3.3%	2.8%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Medical care from a doctor	6,043	7,783	7,593	9,761	5,916
Mental health care or counseling	2,804	5,875	3,918	4,689	3,763
Dental care including checkups	23,414	32,522	27,544	24,786	18,835
A diagnostic test	3,809	6,544	5,651	8,059	5,136
Prescription medicines	5,208	7,275	7,225	6,555	5,220
Skipped, took smaller amounts of Rx	11,834	16,252	14,969	12,063	9,739

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

I. Segment Analysis: Trends in Employer-Sponsored Health Insurance

Key Findings

- Among working Vermonters aged 18 to 64, 64.9% (191,766) had access to employer sponsored insurance (ESI) through their current employer. This was down slightly from 66.0% in 2012 and significantly lower than 72.2% in 2005.

- Less than half (44.7% or 132,054) of working Vermonters aged 18 to 64 were enrolled in an employer sponsored health insurance plan, comparable to 2012 (45.2%) but significantly less than the 50.2% in 2005.

- Among those with access to ESI, the uptake rate was 64.9%, slightly lower than the rate in 2012 (66.0%).

- 54.9% (35,026) of working residents that did not enroll in their employer's health plan indicated that they had coverage through another health insurance plan which either offered better benefits or was less expensive.

- 42.5% (25,328) of working residents not enrolled in their employer's health plan indicated that it was too expensive.

- 18.0% (10,747) of working residents not enrolled in insurance offered by their employer indicated they were ineligible because they did not work enough hours per week.

- 14.5% (8,665) of working residents not enrolled in insurance offered by their employers indicated that the insurance did not meet their needs in terms of the health care services covered.

- 12.6% (7,534) of working residents not enrolled in insurance offered by their employer indicated they were ineligible because they had not worked long enough for their current employer.

Table 24 summarizes employer sponsored insurance (ESI) offer and uptake. In late 2014, 64.9% (191,766) of working adults aged 18 to 64 had access to ESI through their employers while 35.1% lacked access. This was down slightly from the 66.0% with access to ESI in 2012 and 68.5% with access to ESI in 2009, and significantly less than 72.2% with ESI in 2005. Less than half (44.7% or 132,054) of the working population aged 18 to 64 were enrolled in an employer sponsored health insurance plan, a decrease from 50.2% in 2005. Among those with access to ESI, the uptake rate[4] in 2014 was 68.9%, comparable to the rate in 2012, 2009 and 2005.

Among employees aged 18 to 64, 63.1% of those working full time and 37.2% of those working part time were employed by companies offering ESI (Figure 26). More than half (51.3% or 123,570) of full time employees were enrolled in an employer sponsored health insurance plan compared to only 14.2% (10,671) of part time employees. The uptake rates for full time and part time employees in 2014 were 72.9% and 38.1% respectively.

Those working in the manufacturing sector were most likely to have access to ESI through their employer (Figure 27). More than eight in ten (83.0%) had access to ESI and 63.0% were enrolled in employer sponsored insurance (an uptake rate of 75.5%). Slightly fewer than three in five (59.3%) of those working in the service sector had access to ESI with 39.7% actually having coverage through their employer (an uptake rate of 66.9%). More than three in five (63.5%) of those in retail worked for an employer that offered ESI and 31.4% had insurance provided through their employer (an uptake rate of 49.4%). Only 35.2% of employees in construction and only 22.1% of those in farming or agriculture had access to ESI.

Both the percentage of employees offered ESI but declining to enroll, as well as the percentage of employees enrolling in their employer's health insurance increased with company size (Figure 28).

Only 12.5% (10.5% enrolled) of employees working for companies with one employee and 24.7% (17.2% enrolled) of employees working for companies with two to four employees were offered ESI. The percentage of employers offering insurance to their employees increased to 41.5% for companies with five to nine employees with 24.0% of those enrolled in their employer's health insurance (an uptake rate of 57.8%). Just less than half (47.0%) of employees working for companies employing 10 to 24, and just less than seven in ten (65.8%) working for companies employing 25 to 49 were offered ESI. Among these groups, the uptake rates were 56.5% and 69.1% respectively. Among workers employed by companies with 50 or more employees, 85.5% were offered ESI and 60.3% of those were enrolled (an uptake rate of 70.4%).

[4] The uptake rate represents the percentage of employees enrolling in their employer's health insurance of the total offered (those enrolling and those who are offered ESI but do not enroll).

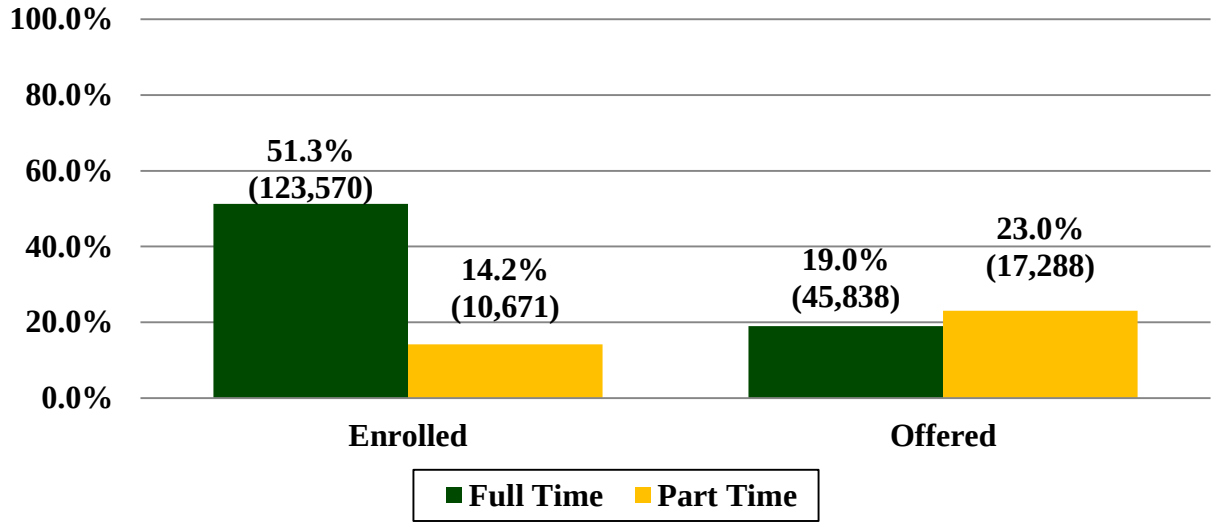
Table 24
Employer-Sponsored Health Insurance Offer and Uptake
(% among working Vermonters age 18 to 64)

	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Total Offered	72.2%	67.8%	68.5%	66.0%	64.9%
Enrolled	50.2%	49.0%	46.5%	45.2%	44.7%
Offered but Not Enrolled	22.0%	18.8%	22.1%	20.8%	20.2%
Not Offered	27.8%	32.2%	31.5%	34.0%	35.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%
% of Employees with Access to ESI	72.2%	67.8%	68.5%	66.0%	64.9%
Uptake Rate of ESI	69.5%	72.3%	67.8%	68.5%	68.9%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Total Offered	238,461	212,650	198,794	206,474	191,766
Enrolled	165,659	153,729	134,780	141,365	132,054
Offered but Not Enrolled	72,802	58,921	64,014	65,109	59,712
Not Offered	91,747	100,912	91,236	106,259	103,696
Total	330,208	313,562	290,030	312,733	295,462
# of Employees with Access to ESI	238,461	212,650	198,794	206,474	191,766
Uptake Rate of ESI	NA	NA	NA	NA	NA

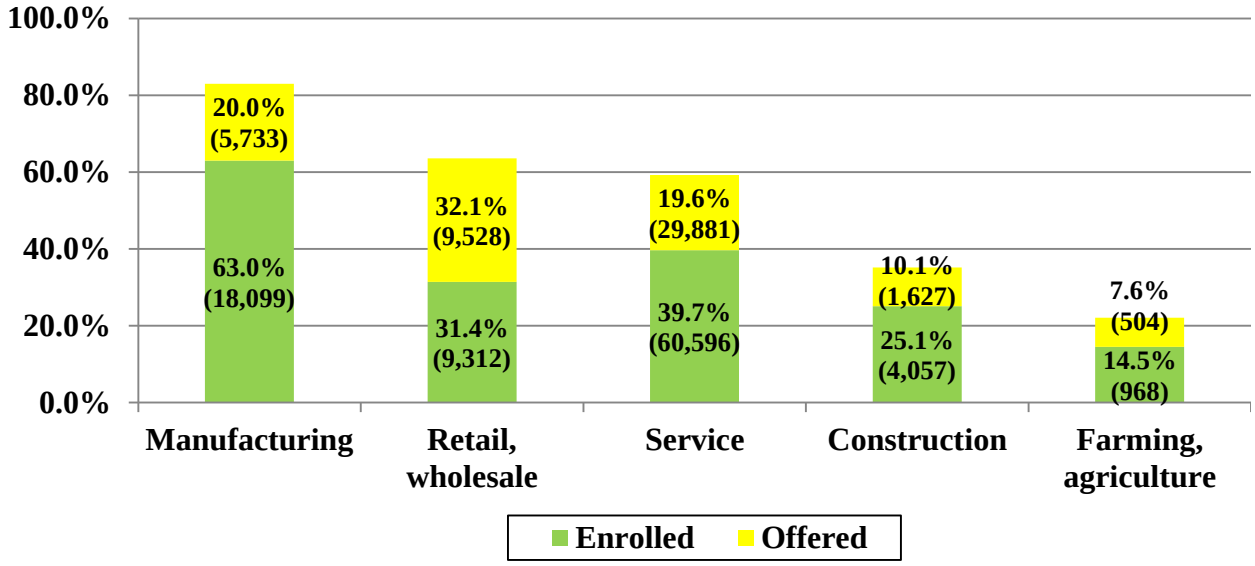
Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys
****In 2014, this includes approximately 50,000 self-employed Vermonters, of which 30,110 have no other employees.***

Figure 26
Employer Sponsored Health Insurance Offer and Uptake by Full or Part Time Employee
(% among working Vermonters aged 18 to 64)



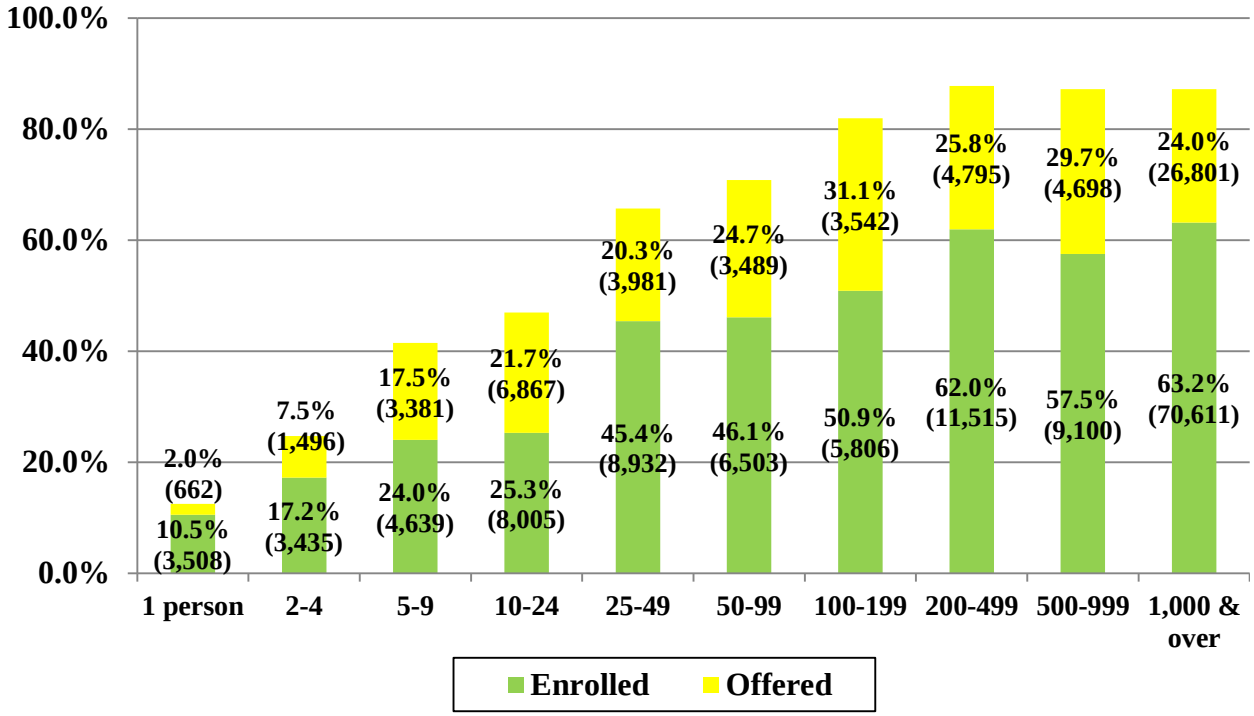
Data Source: 2014 Vermont Household Health Insurance Survey

Figure 27
Employer Sponsored Health Insurance Offer and Uptake by a Full or Part Time Employee
(% among Vermont residents working in sector aged 18 to 64)



Data Source: 2014 Vermont Household Health Insurance Survey

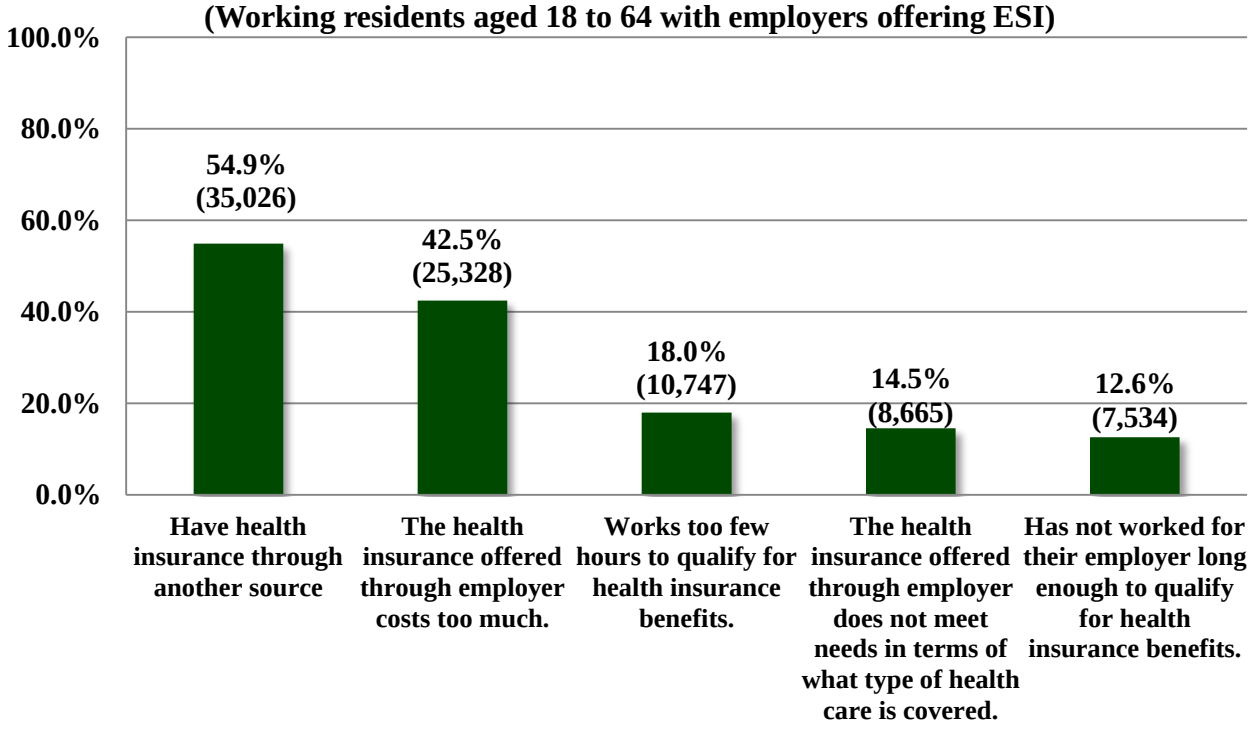
Figure 28
Employer Sponsored Health Insurance Offer and Uptake by Full or Part Time Employee
(% among working Vermonters aged 18 to 64)



Source: 2014 Vermont Household Health Insurance Survey

More than half (54.9%) of working residents aged 18 to 64 who were offered ESI (and did not enroll) indicated they did not enroll because they had coverage through a health insurance plan through another source which either offered better benefits or was less expensive (Figure 29). Nearly half (42.5%) indicated that their employer's health insurance plan was too expensive, 18.0% were ineligible because they did not work enough hours per week, 14.5% indicated the insurance offered by their employer did not meet their needs in terms of the health care services covered, and 12.6% indicated they were ineligible because they had not worked long enough for their current employer.

Figure 29
Is ____ a reason why person did not enroll in their employer's health insurance plan?
(Working residents aged 18 to 64 with employers offering ESI)



Source: 2014 Vermont Household Health Insurance Survey

J. State Health Insurance

Key Findings

- In late 2014, 26.0% of Vermont residents had health insurance provided by the state through Dr. Dynasaur and traditional Medicaid, a rate higher than in 2012.

- About 21.2% (or 132,639) of Vermont residents had health insurance provided exclusively by the state Medicaid program without any other source of health insurance.

- The percentage of residents under age 18 with coverage through a state health insurance program in 2014 (48.7%) is comparable to that in 2012 (48.9%).

- The percentage of residents aged 18 to 64 with coverage through a state health insurance program increased slightly from 18.5% in 2012 to 23.0% in 2014.

- The percentage of residents aged 18 to 24 with coverage through a state health insurance program increased slightly from 21.0% in 2012 to 27.0% in 2014, while the percentage for residents age 25 to 34 increased from 30.0% in 2012 to 32.5% in 2014.

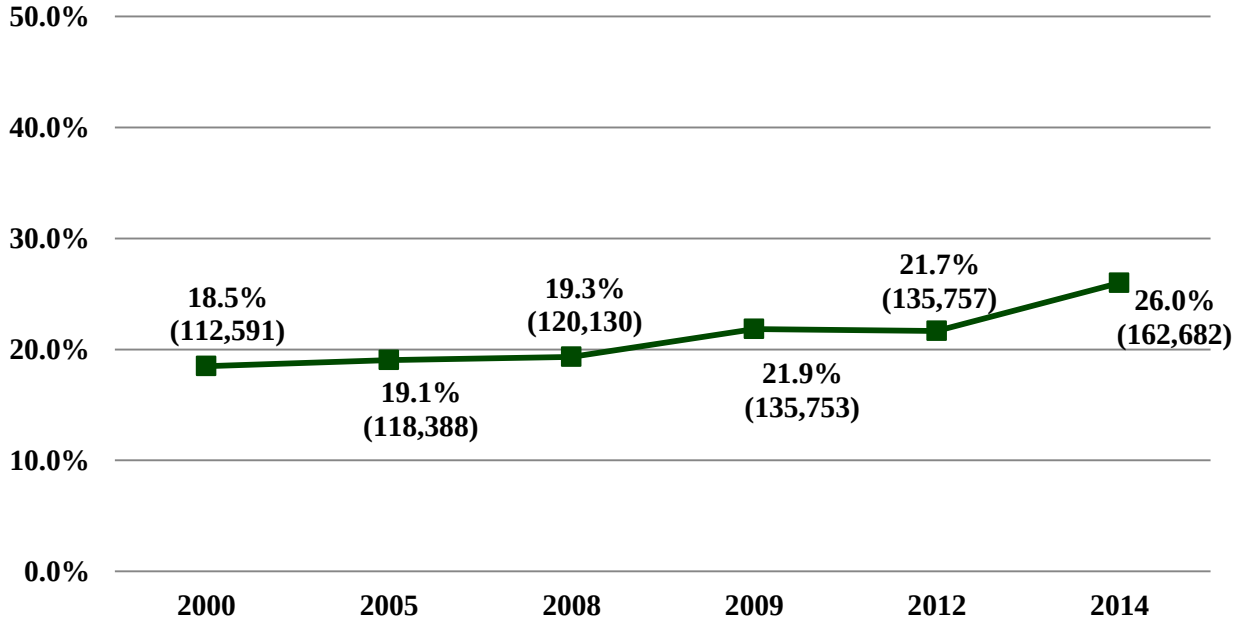
- The percentage of residents with an annual family income of less than 139% of FPL with state health insurance was 56.8%.

- A majority of residents with coverage through a state health insurance program were satisfied with the choice of health care providers, the range of services covered, and the quality of care received.

In late 2014, about one in four Vermont residents (26.0%) were covered through state health insurance programs (Figure 30). This compares to 21.7% in 2012, 21.9% in 2009, 19.3% in 2008, 19.1% in 2005 and 18.5% in 2000.

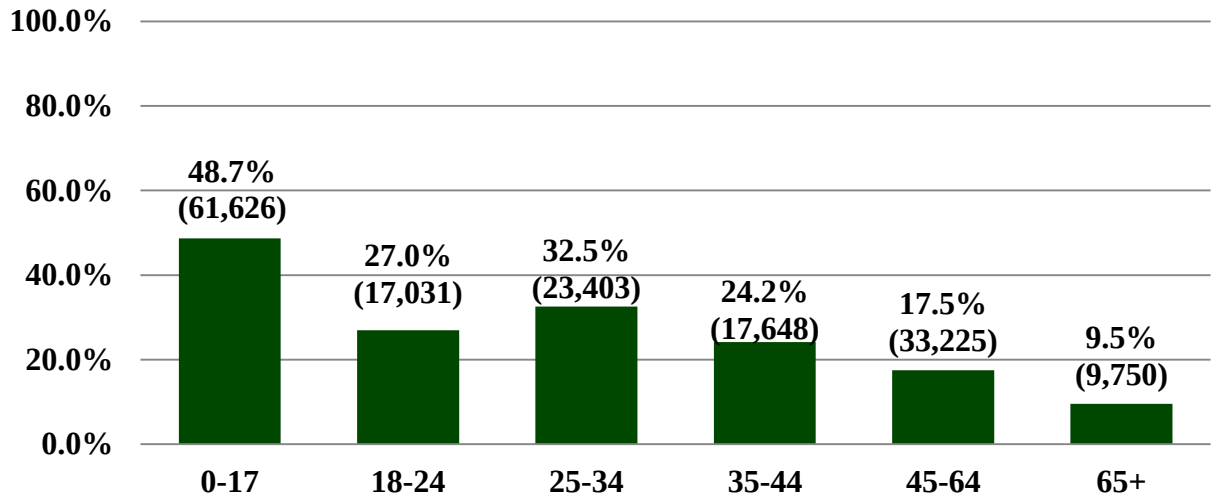
Overall, 23.0% (91,306) of adults aged 18 to 64 were covered by state health insurance (Figure 31). Among those aged 25 to 34, the percentage with state health insurance increased to 32.5% in 2014, from 24.2% in 2009 to 30.0% in 2012. The percentage of residents aged 18 to 24 with coverage through a state health insurance program increased from 24.2% in 2009 to 21.0% in 2012 and now 27.0% in 2014.

Figure 30
Is person covered by any state health insurance program?
(2000-2014)



Source: 2014 Vermont Household Health Insurance Survey

Figure 31
Is person covered by any state health insurance program?
(% by age)

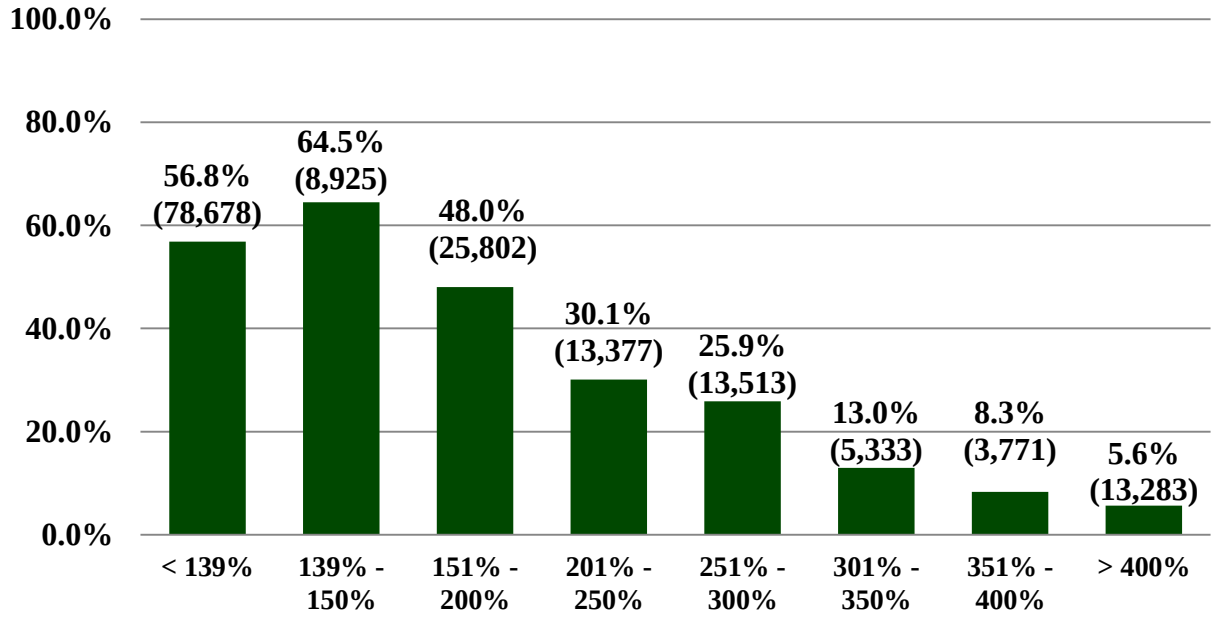


Source: 2014 Vermont Household Health Insurance Survey

Vermont has a relatively high eligibility threshold (up to 317% of FPL, $75,605 for a family of 4 in 2014) for providing children access to state sponsored insurance through the Dr. Dynasaur program. In 2014, nearly half of children (48.7% or 61,626) under the age of 18 were enrolled in a state health insurance program, comparable to 48.9% in 2012.

The percentage of residents with an annual family income of less than 139% of FPL with coverage through a state health insurance program was 56.8%, and the rate was closely tied with income (Figure 32). Those in families making 201% to 250% of FPL were covered by state insurance at a rate of 30.1%, compared to 5.6% for those in families making more than 400% of FPL.

Figure 32
Is person covered by any type of state insurance?
(% by family income as percent of FPL)

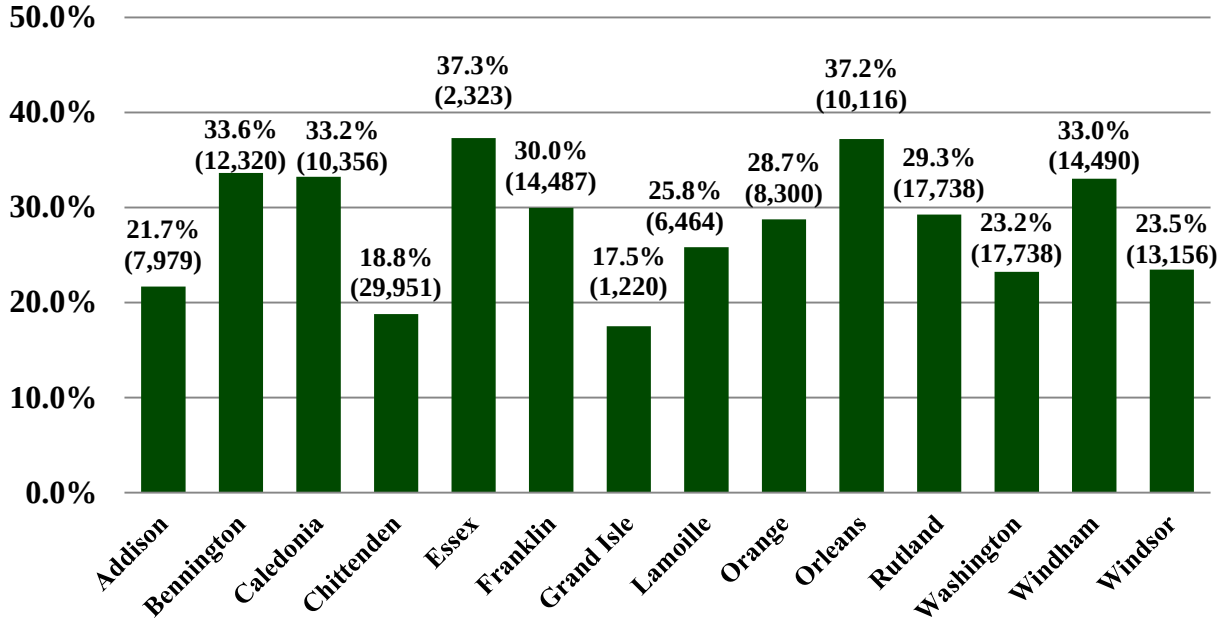


Data Source: 2014 Vermont Household Health Insurance Survey

The highest percentage of residents with state health insurance coverage resided in Essex (37.3%), Orleans (37.2%) and Bennington (33.6%) counties (Figure 33). The counties with the lowest enrollment included Chittenden (18.8%) and Grand Isle (17.5%) counties.

Among working adults aged 18 to 64, 16.3% (48,177 of the estimated 295,462 adults in the labor force) were covered by state sponsored health insurance compared to 42.4% of non-working adults. The number of adults aged 18 to 64 with coverage through a state health insurance program increased slightly among working adults (from 11.9% in 2012) and rose significantly among non-working adults (from 37.3% in 2012).

Figure 33
Is person covered by any type of state insurance?
(% by county of residence)



Data Source: 2014 Vermont Household Health Insurance Survey

Satisfaction with Health Insurance

A majority of residents with coverage through a state health insurance program were satisfied with their health insurance (Table 25). More than three in five (64.6%) rated their choice of health care providers as excellent or very good (among those that received care during the past 12 months). More than half (58.4%) rated the range of services covered by state health insurance as very good or excellent and 60.2% rated the quality of care as very good or excellent. All of these have increased since 2012.

Table 25
Satisfaction with State Health Insurance Coverage
(% among those enrolled in a state health insurance program)

	Rate		Count	
	Excellent or Very Good	Fair or Poor	Excellent or Very Good	Fair or Poor
How would you rate the choice of health care providers available under this state health insurance coverage?*	64.6%	9.9%	105,137	16,038
How would you rate the range of services covered under this state health insurance coverage?*	58.4%	10.0%	95,048	16,195
How would you rate the quality of care available under this state health insurance coverage?*	60.2%	9.2%	97,995	15,007

Data Source: 2014 Vermont Household Health Insurance Surveys
****Rated as excellent, very good, good, fair, or poor. Rates and counts among those indicating they received care.***

Concerns about Loss of Coverage and Barriers to Care

More than one in ten (13.5%) residents with coverage through state health insurance programs were concerned about losing their health insurance during the next 12 months, comparable to 2008, 2009 and 2012, but significantly less than the nearly one-quarter (24.6%) with such concerns in 2005 (Table 26).

The main reasons for concern about loss of coverage included that they may lose coverage due to the birth of a child (23.5%), that eligibility rules will change in the program (19.0%), that the premium costs will increase (11.4%) or that federal health reform will alter healthcare (10.8%).

Nearly one in ten (9.6%) of Vermonters currently covered by Medicaid or Dr. Dynasaur were without coverage at some time during the past 12 months with nearly more than three in five (61.1%) of those experiencing a gap one to three months.

Slightly more than one in twenty (6.1%) indicated they did not get needed medical care because they could not find a doctor that accepted state health insurance, about the same percentage indicating they did not receive care because a provider was not available (7.3%). Among those who could not find a doctor who accepted state health insurance, 34.8% did not get needed dental care and 21.3% did not receive needed mental health counseling. In addition, nearly one in five residents (10.5%) did not receive needed preventative or routine medical care.

More than one in ten residents (13.1%) with coverage through a state health insurance program indicated they did not get needed dental care because they could not afford it, a decrease from the 18.3% unable to afford dental care in 2012.

About one in four (25.7%) with coverage through a state health insurance program indicated there were times that there were problems paying for medical bills and more than two in ten (21.0%) indicated their family was contacted by a collection agency about owing money for unpaid medical bills.

Table 26
Are you concerned that person may lose state health insurance coverage within the next 12 months?
(% among those enrolled in a state health insurance program, 2005 to 2014)

	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Yes	24.6%	15.8%	15.3%	15.6%	13.5%
No	74.2%	82.4%	84.0%	82.9%	85.2%
Unsure	1.1%	1.8%	0.7%	1.6%	1.3%
Total	100%	100%	100%	100%	100%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Yes	29,114	18,995	20,832	21,155	21,886
No	87,681	98,935	114,034	112,492	138,557
Unsure	1,325	2,200	887	2,110	2,239
Total	118,120	120,130	135,753	137,757	162,682

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

K. Medicare

Key Findings

- In late 2014, 19.4% (121,615) of Vermont residents were covered by the federal Medicare program, including those with other sources of coverage. This rate was up slightly from that observed in 2012 and 2009.

- There were approximately 20,018 (16.4%) Medicare enrollees dually enrolled in Medicaid, up slightly from 17,550 in 2012.

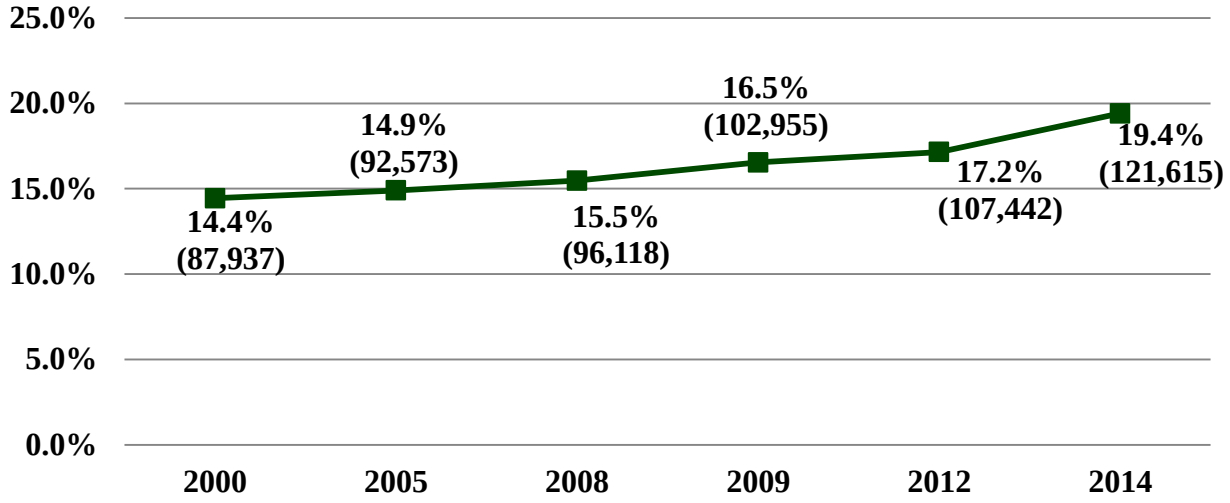
- Nearly 9,000 (7.3%, 8881) of those covered had Medicare as a secondary payer due to coverage through employer related sources or military insurance, up slightly from 7,000 (6.5%) in 2012.

- A majority of residents with Medicare coverage were satisfied with the choice of health care providers, the range of services covered, and the quality of care received.

In 2014, 19.4% of Vermonters had Medicare coverage (Figure 34), including those dually enrolled in Medicare and Medicaid (20,018), those who had employer-sponsored private insurance in addition to Medicare (11,944), and those who had coverage through the military (6,671). This percentage has increased steadily each year since 2000 when 14.4% of residents had Medicare coverage.

In 2014, 97.1% of Vermont residents over the age of 65 were covered by Medicare, whether as a primary or secondary source of insurance. Among those aged 65 and older with Medicare coverage, nearly two-thirds (63.5%) also had a Medicare supplement to help pay for expenses not covered under Medicare or were covered through the Medicare Advantage Program.

Figure 34
Is person covered by Medicare?
(2000-2014)



Data Source: 2014 Vermont Household Health Insurance Survey

Satisfaction with Health Insurance

A majority of residents with Medicare coverage were satisfied with their health insurance (Table 27). More than three in five (66.5%) rated their choice of health care providers as excellent or very good (among those that received care during the past 12 months). Nearly three in five (57.7%) rated the range of services covered by Medicare as very good or excellent and 63.9% rated the quality of care as very good or excellent. Nearly two-thirds (64.1%) strongly agreed or agreed that the premium amount was reasonable.

Table 27
Satisfaction with Medicare
(% among those enrolled in Medicare)

	Rate		Count	
	Excellent or Very Good	Fair or Poor	Excellent or Very Good	Fair or Poor
How would you rate the choice of health care providers available under this Medicare coverage?*	66.5%	4.8%	80,904	5,827
How would you rate the range of services covered under this Medicare coverage?*	57.7%	8.3%	70,226	10,115
How would you rate the quality of care available under this Medicare coverage?*	63.9%	4.9%	77,770	5,961

	Agree	Disagree	Agree	Disagree
The monthly premium paid for this coverage is reasonable.**	64.1%	11.0%	78,012	13,417

Data Source: 2014 Vermont Household Health Insurance Survey
****Rated as excellent, very good, good, fair, or poor. Rates and counts among those indicating they received care.***
*****Rated as strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. Rates and counts among those indicating they paid a monthly premium***

Financial Barriers to Care

Residents with Medicare as the sole source of coverage reported experiencing fewer financial barriers to health care than beneficiaries who were dually covered by Medicare and Medicaid. The percentage of dually enrolled beneficiaries who reported financial barriers or did not receive needed medical care was higher than the percentages reported for those solely enrolled in Medicare, often by as much as two or three times.

One-fourth (24.9%) of those dually enrolled in Medicare and Medicaid indicated their families had problems paying medical bills in the last 12 months compared to 13.1% of those solely enrolled in Medicare. The percentage among the dually enrolled decreased from 32.0% having problems paying medical bills in 2012.

Less than one in five (18.0%) of the dually enrolled were contacted by collection agencies about unpaid medical bills, compared to 7.5% of those solely enrolled in Medicare. This percentage also decreased among the dually enrolled from 2012, when 21.1% reported they were contacted by a collection agency about unpaid medical bills.

A significant percentage of the dually enrolled (19.2%) indicated they did not receive needed dental care, needed prescription medications (10.0%), or needed care from a doctor (3.2%) because of cost and 10.8% took smaller doses of medications or skipped doses to make their medications last longer.

Table 28
Financial Barriers to Care
(% among residents with Medicare coverage)

	% Covered by…*					
	Medicare Only	Medicare & Medicaid	Medicare (Total)	Medicare Only	Medicare & Medicaid	Medicare (Total)
	Rate	Rate	Rate	Count	Count	Count
Needed care from a Dr. but could not afford it	2.1%	3.2%	2.1%	1,694	639	2,565
Needed mental health care or counseling but could not afford it	0.6%	3.3%	1.0%	448	652	1,215
Needed dental care but could not afford it	8.7%	19.2%	10.1%	7,114	3,837	12,321
Needed a diagnostic test but could not afford it	1.9%	1.2%	1.6%	1,550	249	1,916
Needed prescription medicines but could not afford it	3.1%	10.0%	4.2%	2,510	2,003	5,098
Took smaller doses of a prescription	6.5%	10.8%	6.6%	5,302	2,152	8,058
Had problems paying for medical bills	13.1%	24.9%	14.6%	10,659	4,988	17,803
Received a medical bill for more than $500 that had to be paid out-of-pocket	11.4%	12.2%	11.5%	9,275	2,444	13,976
Contacted by a collection agency about unpaid medical bills	7.5%	18.0%	9.0%	6,117	3,598	10,973

Data Source: 2014 Vermont Household Health Insurance Survey
**** Medicare only includes 101,597 residents; Medicare & Medicaid includes 20,018 residents, and Medicare total includes 121,615 residents***

L. Interruptions in Insurance Coverage

Key Findings

- In late 2014, 4.8% of insured Vermont residents (28,730) were without health insurance coverage at some time during the past 12 months. This was comparable to 2009 and 2012.

- The most commonly cited reasons for a person being without health insurance during the past year were that the cost was too high or they could not afford health insurance (18.5%), followed by the person was waiting for coverage (17.1%), problems with renewals and Green Mountain Care (16.4%), and the loss of a job (12.2%).

- More than one in ten (11.1%) of insured residents aged 25 to 34 were without coverage sometime during the past 12 months while 5.3% of those aged 18 to 24 experienced interruptions in their health insurance coverage sometime during the past 12 months.

- One in ten (10.0%) residents currently covered by state health insurance experienced an interruption in coverage during the past 12 months.

- Of those who were without health insurance coverage at some time during the past 12 months, nearly three in five (57.7%) were without coverage for 1 to 3 months while another 23.1% were without coverage for 4 to 6 months.

- Prior to their current coverage, 34.7% had private health insurance while 29.8% had coverage through a state health insurance program including Medicaid, Dr. Dynasaur or VHAP.

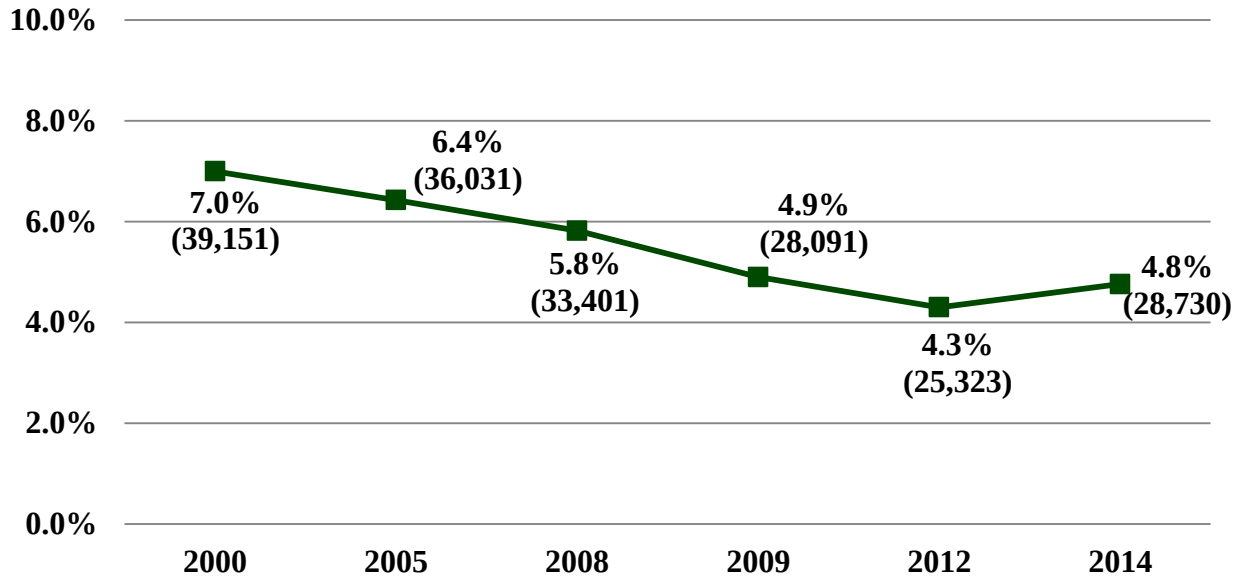
- More than one-fourth of the residents with a gap in coverage (25.5%) applied for state health insurance during the period of their interruption in coverage. Another 11.6% thought about applying for state health insurance.

In late 2014, 4.8% of insured Vermont residents were without health insurance coverage at some time during the previous 12 months (Figure 35). This is comparable to the percentage observed in late 2009 and late 2012.

The highest percentage of residents (11.1%) who reported coverage interruptions during the prior 12 months in 2014 were aged 25 to 34 (Figure 36). This age group was followed by those aged 35 to 44, with 6.2% who experienced an interruption in their health insurance coverage during the prior 12 months. Among insured residents aged 0 to 17, only 5.3% experienced an interruption in health care coverage, while less than one percent (0.8%) of residents aged 65 or older were without health insurance coverage sometime during 2014.

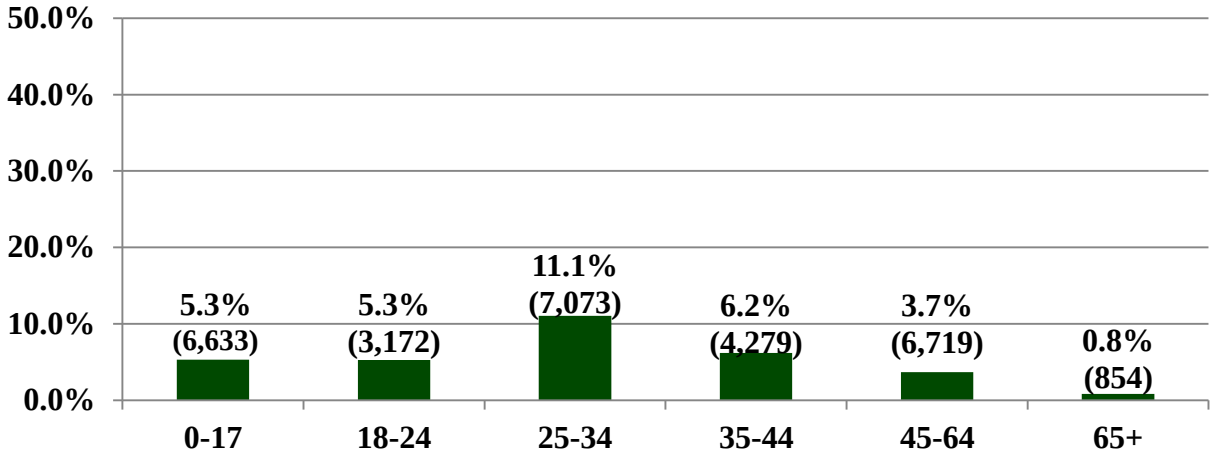
An examination of the working and non-working populations in Vermont revealed that 3.5% of non-working residents had experienced a loss of health insurance coverage in the previous 12 months compared to 5.2% of those working full time (defined as working 35 hours per week or more) and 5.7% of those working part time (less than 35 hours a week).

Figure 35
Has person been without coverage anytime in the last 12 months?
(% among insured 2000-2014)



Data Source: 2000, 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Survey

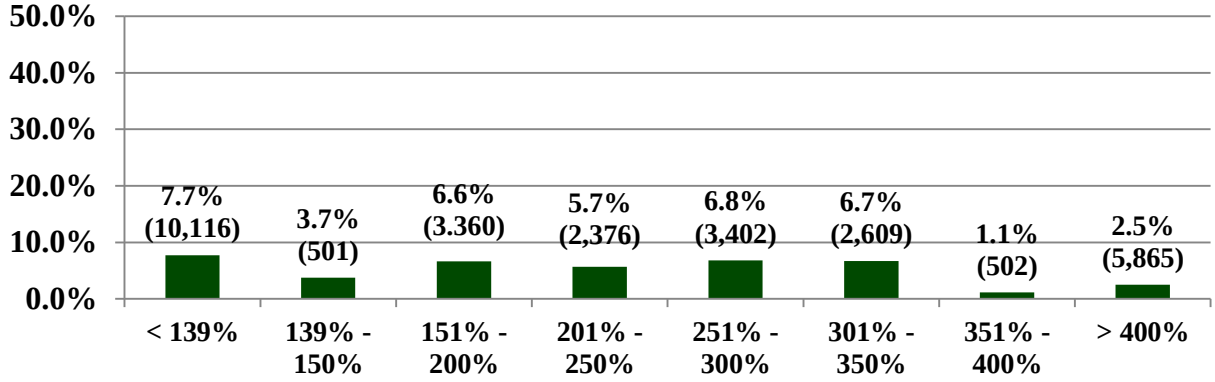
Figure 36
Has person been without health insurance coverage anytime in the last 12 months?
(% among insured by age)



Data Source: 2014 Vermont Household Health Insurance Survey

Lower income Vermont residents (those earning less than 350% of FPL) were generally more likely to experience interruptions in their health insurance than those with higher incomes (Figure 37). Among insured residents who had family incomes of less than 139% of FPL, 7.7% had been without health insurance coverage sometime in the last 12 months during 2014. This percentage decreases to 6.6% among residents with family incomes between 151% and 200% of FPL. Only 1.1% of insured residents with a family income between 351% and 400% of FPL were without coverage at some time during the past 12 months. The percentage without health insurance at some point in the last 12 months dropped to 2.5% among those with a family income greater than 400% of FPL.

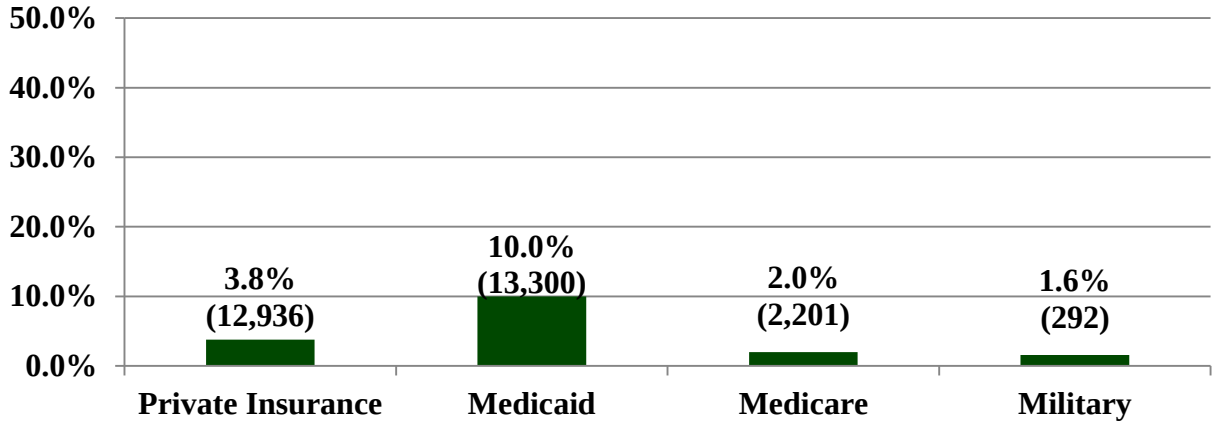
Figure 37
Has person been without health insurance coverage anytime in the last 12 months?
(% among insured by Income - FPL)



Data Source: 2014 Vermont Household Health Insurance Survey

Those with current coverage through state health insurance programs were significantly more likely to experience an interruption in their health insurance coverage (Figure 38). Among those with Medicaid, 10.0% experienced an interruption at some time during the past 12 months. This compared to only 3.8% of those with private health insurance and 2.0% of those with Medicare coverage.

Figure 38
Has person been without health insurance coverage anytime in the last 12 months?
(% among insured by type of insurance coverage)



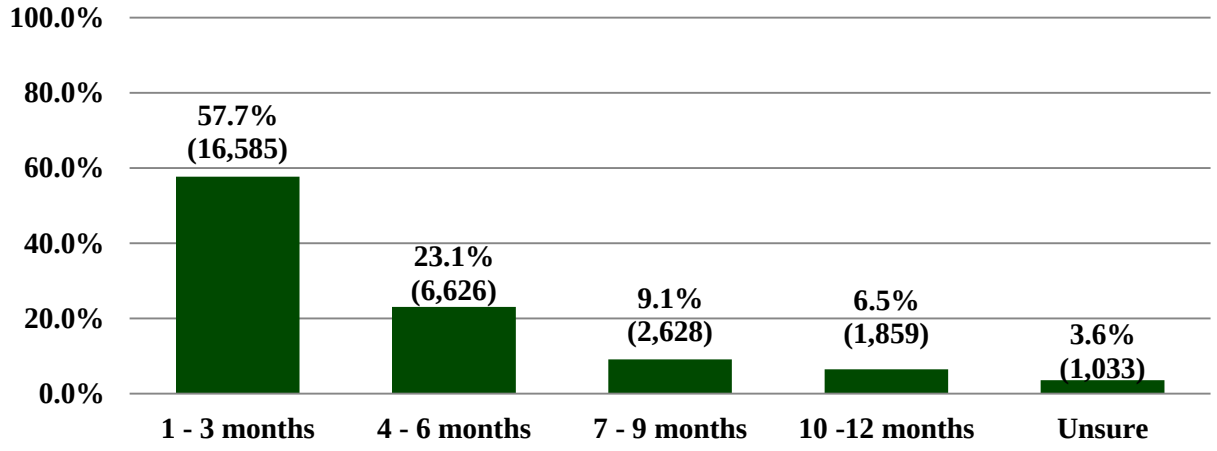
Data Source: 2014 Vermont Household Health Insurance Survey

Of those who were without health insurance coverage at some time during the past 12 months, more than half (57.7%) were without coverage for 1 to 3 months while another 23.1% were without coverage for 4 to 6 months (Figure 39).

The most commonly cited reasons for a person being without health insurance sometime in the past year was that the cost was too high or they could not afford health insurance (18.5%), followed by the person was waiting for coverage (17.1%). Another 16.4% indicated problems with renewals and Green Mountain Care while 12.2% responded that the reason a person was without insurance was the loss of a job.

Prior to their current coverage, 34.7% had been covered by private insurance and 29.8% were covered by state health insurance. More than one-fourth of the residents with a gap in coverage (25.5%) applied for state health insurance during the period of their interruption in coverage. Another 11.6% thought about applying for state health insurance.

Figure 39
Approximately how many of the past 12 months was person without health insurance coverage?
(% among those with an interruption in coverage)



Data Source: 2014 Vermont Household Health Insurance Survey

M. Concerns about Loss of Health Insurance

Key Findings

- As of late 2014, 8.7% (52,775) of insured Vermont residents were concerned they might lose health insurance coverage sometime during the next 12 months. This was a decrease from the 10.3% who were concerned they might lose coverage in 2012.

- Among residents concerned about losing their health insurance coverage in 2014, the most commonly cited reason was fear that the health insurance policy-holder would lose his or her job (15.5%). Another 13.5% were worried about changing eligibility rules and 11.2% were concerned about premium increases.

- The age cohort most concerned they would lose coverage within the next 12 months were 35 to 44 year olds (10.7%), followed by 18 to 24 year olds (10.1%).

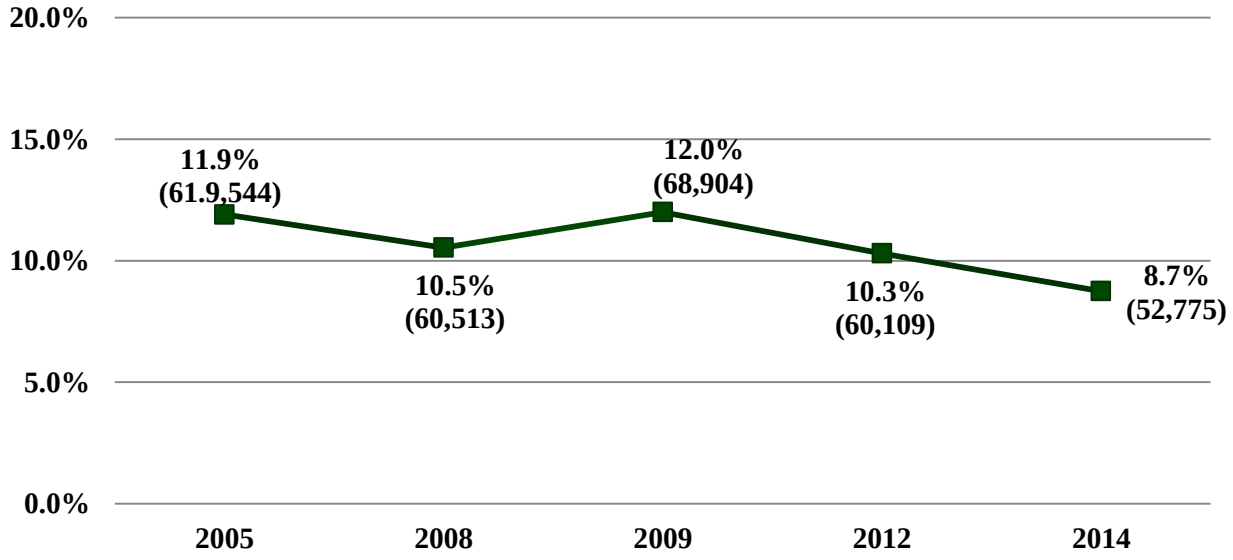
- Concern about loss of coverage was highest among lower income residents with 10.6% of insured residents who make less than 139% of FPL concerned while 15.9% of those making between 151% and 200% of FPL were concerned about loss of coverage in the next 12 months.

- Among insured residents, 7.4% of non-working residents were concerned about losing their health insurance coverage in the next 12 months compared to 9.2% of full time workers and 11.8% of part time workers.

- Concern about loss of coverage was highest among those with coverage through a state health insurance program (15.7%) and lowest among those with military insurance (4.6%).

In late 2014, fewer than one in ten (8.7%) residents expressed concern that they might lose their health insurance in the next 12 months (Figure 40). This was a decrease from 2012, when 10.3% of residents expressed a similar concern and was the lowest rate of concern about insurance loss since the question was introduced in 2005.

Figure 40
Are you concerned that person may lose health insurance coverage within the next 12 months?
(% among those with health insurance)

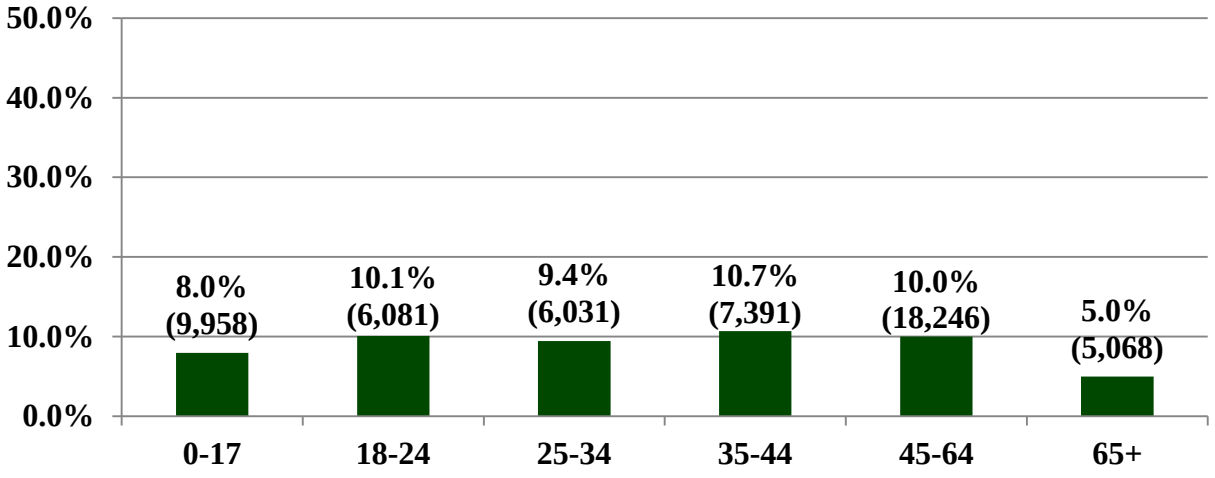


Data Source: 2014 Vermont Household Health Insurance Survey

By age group, the highest percentage of residents concerned about losing health insurance coverage over the next year occurred among those aged 35 to 44 with 10.7% expressing concern (Figure 41). About one in ten residents aged 18 to 24 (10.1%) and residents aged 45 to 64 (10.0%) were also concerned about losing their health insurance. All age groups saw a decline in concern about insurance loss since 2012.

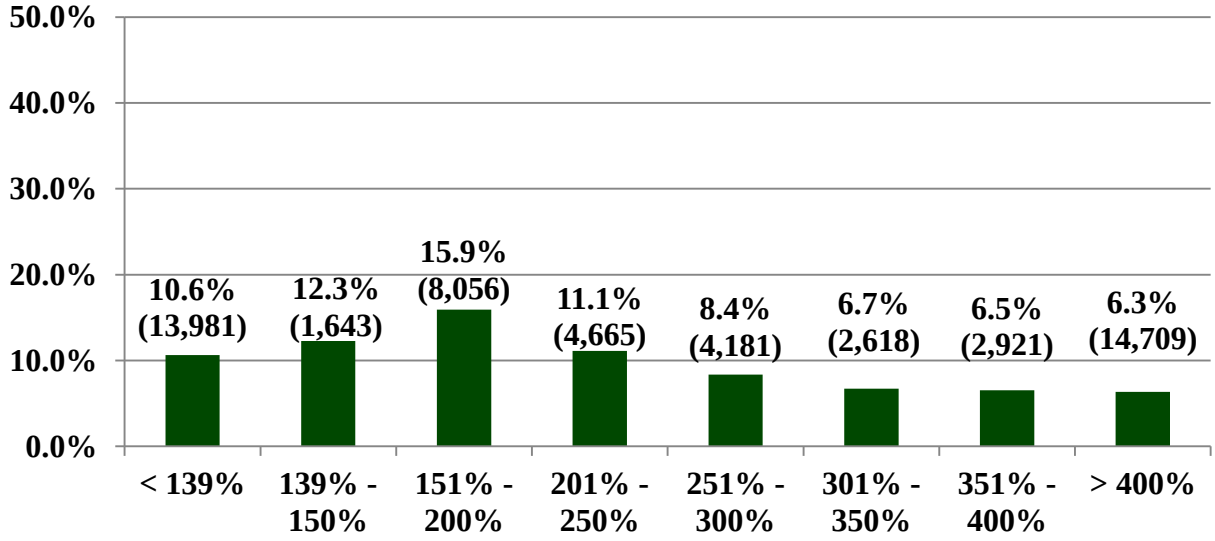
Concern about loss of coverage was highest among those with the lowest incomes (Figure 42). Among those with a family income less than 139% FPL, 10.6% of insured residents were concerned while 15.9% of those making between 151% and 200% of FPL were also concerned about loss of coverage in the next 12 months.

Figure 41
Are you concerned that person may lose health insurance coverage within the next 12 months?
(% by age)



Data Source: 2014 Vermont Household Health Insurance Survey

Figure 42
Are you concerned that person may lose health insurance coverage within the next 12 months?
(% by income as percent of FPL)

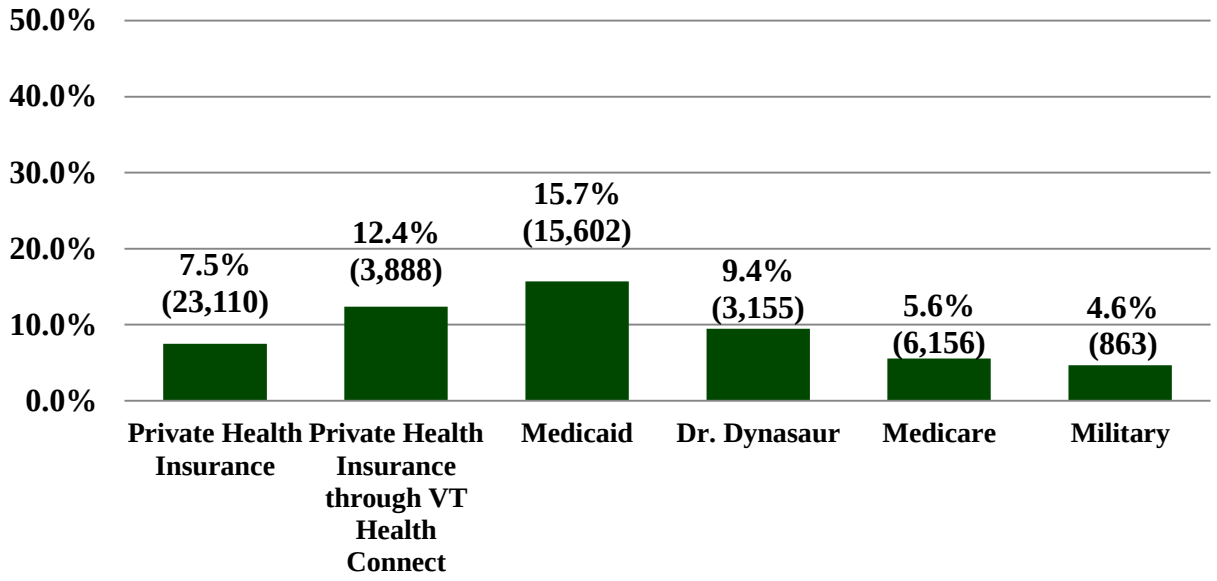


Data Source: 2014 Vermont Household Health Insurance Survey

When looking at concern about loss of coverage by type of insurance, residents with coverage through Medicaid were most likely to be concerned about losing their health insurance (Figure 43). Among residents in all state health insurance programs, 15.7% were concerned they would lose their coverage during the next 12 months. This was followed by individuals purchasing directly through Vermont Health Connect, of which 12.4% were concerned about losing their insurance in the next 12 months.

Among residents concerned about losing their health insurance coverage in 2014, the most commonly cited reason was fear that the health insurance policy-holder would lose their job (15.5%). Another 13.5% were worried about changing eligibility rules and 11.2% were concerned about premium increases.

Figure 43
Are you concerned that person may lose health insurance coverage within the next 12 months?
(% Yes by primary type of insurance)



Data Source: 2014 Vermont Household Health Insurance Survey

N. Health Care Barriers and Expenses

Key Findings

- More than three in five residents (61.9%) lived in families whose out-of-pocket health care costs were over $1,000 in 2014 (including prescription drugs, dental, vision, mental health, and other medical expenses).

- In 2014, a small percentage Vermonters did not receive needed health care due to cost, with the most significant category being dental care (8.8%). The percentages of residents foregoing care was comparable to or lower than the percentages in 2012.

- Less than one in five (19.8%) Vermont families had problems paying for medical bills in 2014, down slightly from 22.5% in 2012.

- One in five (14.1%) had been contacted by a collection agency about unpaid medical bills in 2014, down slightly from 15.1% in 2012. About one in eight (11.9%) reported that their household received a medical bill for more than $500 that had to be paid out-of-pocket.

- More than one-third (35.9%) of Vermont residents in 2014 were concerned about being able to afford prescription drugs, down from 45.5% in 2012.

- 13.8% of Vermont residents report not receiving care because they could not afford it.

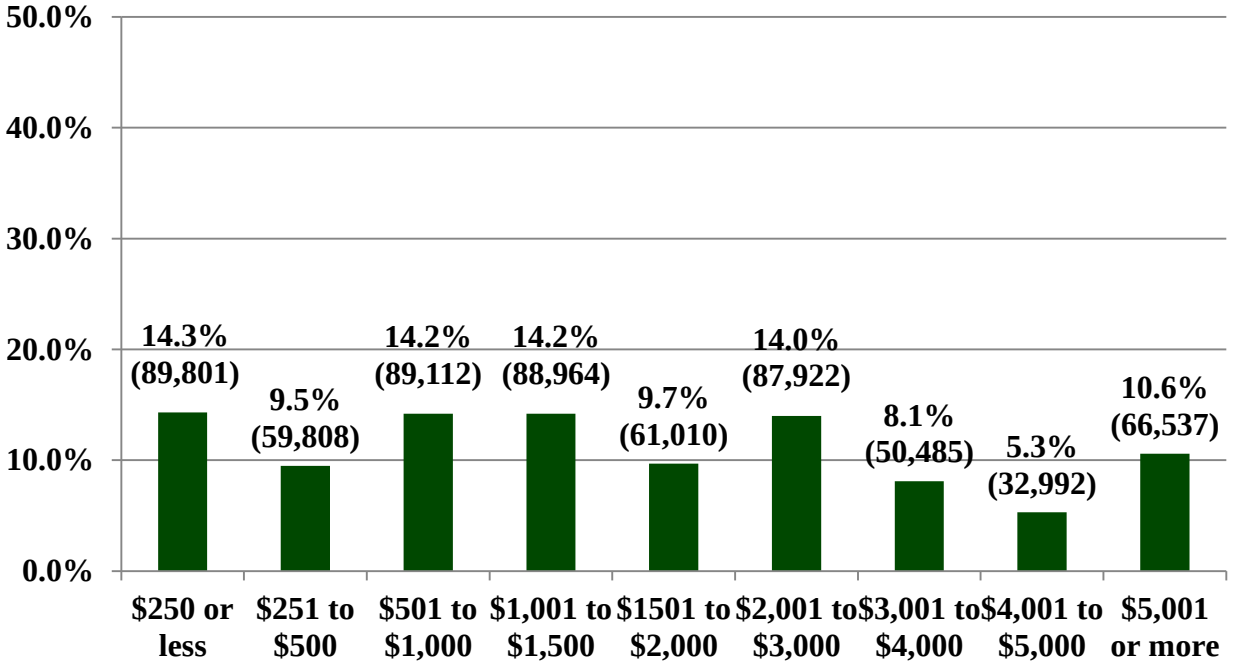
- Only about one out of every twenty (5.3%) Vermont residents delayed or did not get care because it was unavailable. The most common type of care Vermonters did not receive was mental health care and counseling (24.7%).

- Most Vermont residents (51.3%) take at least one prescription drug regularly.

- Only about one in four Vermont residents (23.5%) spend more than $50 per month on prescription medications out of pocket.

Cost can represent a barrier to health care for many Vermonters, especially those lacking health insurance. Respondents were asked how much their family actually paid for medical care out of their own pocket in the last 12 months, including prescription drugs, dental and vision care, as well as any other medical costs. In late 2014, six in ten (61.9%) residents lived in families whose out-of-pocket health care costs were over $1,000, with more than one in ten (10.6%) living in households paying over $5,000 out-of-pocket (Figure 44). Vermont families paid an average of more than $2,500 and a median of $1,450 out of pocket for medical expenses during the prior 12 months (Table 29).

Figure 44
How much has your household paid out-of-pocket for all medical expenses?
(Excludes health insurance premiums)



Data Source: 2014 Vermont Household Health Insurance Survey

Table 29
Average Amount Spent Per Year by Vermont Families by Primary Insurance

Primary Type of Insurance Coverage	Statistic	Prescription medications	Dental and vision care	Mental health care	Other medical expenses	Total Out-of-Pocket Costs
All Residents	**Average**	$527.44	$831.80	$103.75	$1,066.96	$2,529.95
	Median	$200.00	$370.00	$0.00	$372.00	$1,450.00
Private Insurance	**Average**	$563.34	$891.62	$138.14	$1,278.53	$2,871.63
	Median	$200.00	$400.00	$0.00	$500.00	$1,700.00
Medicaid	**Average**	$356.73	$544.67	$87.46	$721.93	$1,710.79
	Median	$147.00	$200.00	$0.00	$200.00	$1,000.00
Medicare	**Average**	$669.57	$920.47	$38.45	$904.91	$2,533.39
	Median	$300.00	$350.00	$0.00	$250.00	$1,300.00
Military	**Average**	$313.16	$934.62	$47.39	$388.36	$1,683.53
	Median	$100.00	$200.00	$0.00	$100.00	$601.37
Uninsured	**Average**	$469.28	$1,089.59	$48.70	$1,249.95	$2,857.52
	Median	$150.00	$322.00	$0.00	$500.00	$1,500.00

Data Source: 2014 Vermont Household Health Insurance Survey

When asked if they ever delayed needed care due to cost, 8.8% of all respondents said that they delayed dental care (including checkups) while 4.2% took smaller amounts of their prescription medicines to make them last longer (Table 30). Less than three percent of residents forwent other types of medical care due to cost. The percentage forgoing needed medical care was comparable to or smaller than that observed in 2012.

Table 30
Was there any time person needed any of the following but did not get it because they could not afford it?

	Rate				
	2005	**2008**	**2009**	**2012**	**2014**
Medical care from a doctor	3.9%	3.4%	3.4%	3.7%	2.5%
Mental health care or counseling	1.4%	1.9%	1.6%	1.8%	1.4%
Dental care including checkups	10.5%	11.6%	11.5%	10.7%	8.8%
A diagnostic test	1.9%	2.3%	1.8%	2.3%	1.8%
Prescription medicines	3.0%	3.2%	3.2%	3.2%	2.7%
Skipped, took smaller amounts of Rx	4.9%	5.3%	5.4%	4.6%	4.2%

	Count				
	2005	**2008**	**2009**	**2012**	**2014**
Medical care from a doctor	24,206	20,951	21,214	23,072	15,923
Mental health care or counseling	8,989	11,977	10,243	11,270	8,786
Dental care including checkups	65,525	72,274	71,704	67,217	55,299
A diagnostic test	11,775	14,578	11,439	14,428	11,466
Prescription medicines	18,838	19,675	20,159	19,748	16,860
Skipped, took smaller amounts of Rx	30,335	32,731	33,444	28,696	26,551

Data Source: 2005, 2008, 2009, 2012 and 2014 Vermont Household Health Insurance Surveys

An examination of forgoing medical care due to cost by age revealed that in late 2014, Vermont residents at the ends of the age spectrum were the least likely to have forgone medical care due to cost. With the exception of dental care, less than one percent of children under the age of 18 had forgone medical care due to cost. Residents aged 65 and over were generally less likely to forego needed medical care due to cost. The age groups most likely to have forgone care in 2014 were residents aged 35 to 44 and those aged 25 to 34. One in six (16.5%) Vermonters aged 25 to 34 did not get needed dental care due to cost while 13.1% of those aged 35 to 44 did not get needed dental care. While 4.6% of those 25 to 34 did not get needed care from a doctor, the rate was 3.5% among those aged 35 to 44. A small percentage (3.4%) of those aged 25 to 34 did not get needed prescriptions and 5.0% skipped doses or took smaller amounts to make them last longer. These rates were 4.7% and 5.9% for Vermont residents aged 35 to 44, respectively.

Many Vermonters reported problems paying out-of-pocket costs for health services in late 2014, though a smaller percentage than observed in any previous year (Table 31). Less than one in five Vermont residents (19.8%) lived in families where someone had problems paying medical bills in the last 12 months. Another 14.1% of residents lived in families that had been contacted by a collection agency about unpaid medical bills. About one in eight (11.9%) reported that their household received a medical bill for more than $500 that had to be paid out-of-pocket. More than a third of Vermont residents (35.9%) were very or somewhat concerned about being able to afford prescription medications.

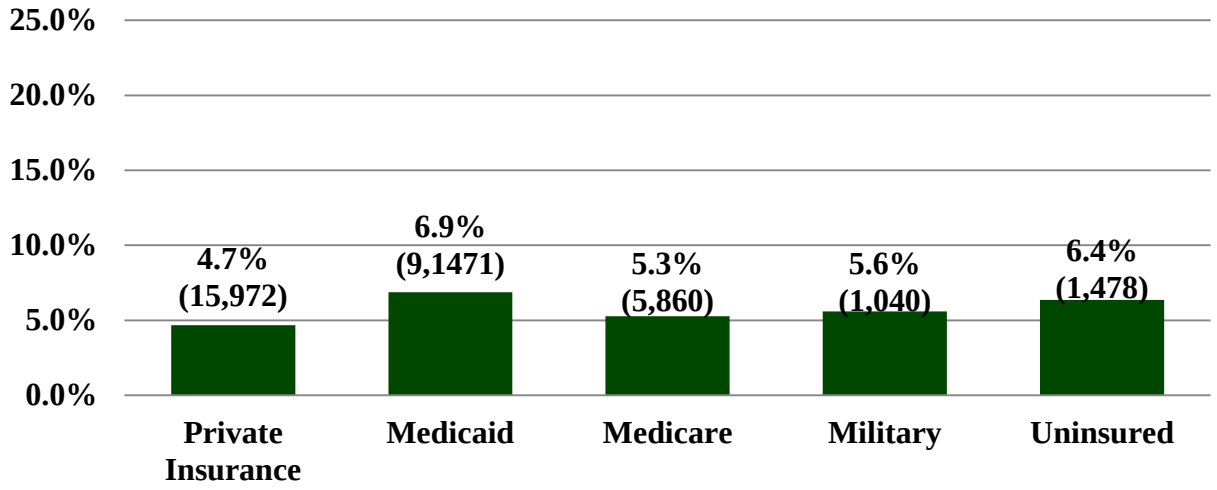
Table 31
During the last 12 months, were there times that…
(% among Vermont Residents)

	Rate	Count
There were problems paying for medical bills for anyone in your household.	19.8%	124,023
Anyone in your family contacted by a collection agency about owing money for unpaid medical bills.	14.1%	88,428
Person received a medical bill for more than $500 that had to be paid out of pocket?	11.9%	74,348

Data Source: 2014 Vermont Household Health Insurance Survey

A small percentage of residents (5.3%) reported that they delayed or did not get needed care because a health care provider was not available (Figure 45). The rates were highest among uninsured residents (6.4%) and residents whose primary insurance was Medicaid (6.9%). The most common types of care that were deferred due to a lack of a provider included mental health care or counseling (24.7%), medical care for an illness or condition (21.4%), and routine or preventative medical care (20.6%).

Figure 45
Was there any time person delayed or did not get care because a health care provider was not available?
(% Yes by primary type of health insurance)



Data Source: 2014 Vermont Household Health Insurance Survey

Some Vermont residents experienced other problems while trying to access care in 2014. Nearly one-in-five (17.6%) were unable to get a doctor's appointment as soon as one was needed and a similar number (17.3%) had been unable to get an appointment at a convenient time. While one-in-seven (13.3%) had been told by a doctor's office they weren't accepting new patients, more than one-in-twenty (6.8%) had been told that the office wasn't accepting new patients with the resident's type of insurance (Table 32).

Table 32
What type(s) of problems did you experience when trying to access health care?
(% among Vermont Residents)

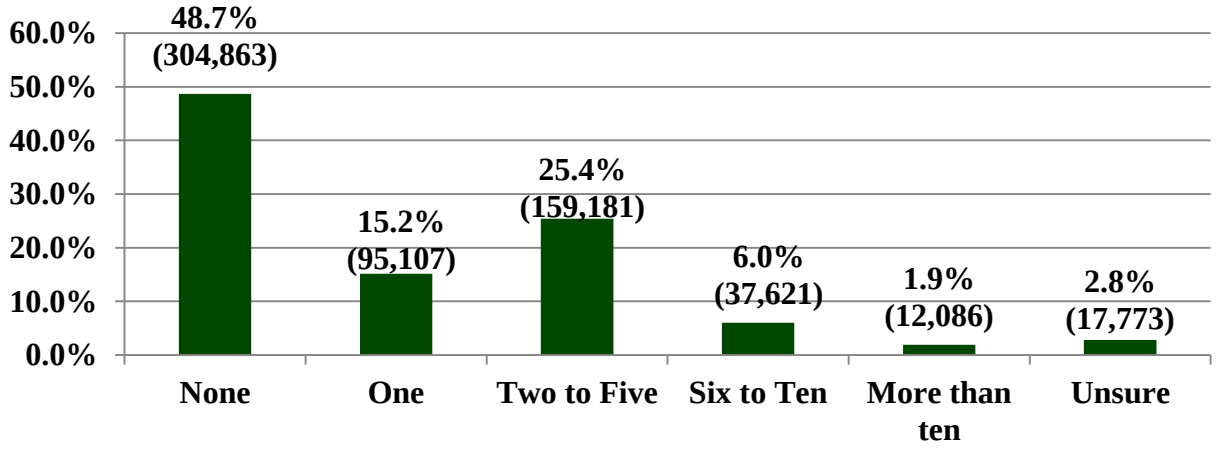
Type of Problem	Rate	Count
Unable to get an appointment at the doctor's office as soon as one was needed.	17.6%	110,553
Unable to get an appointment at the doctor's office at a convenient time.	17.3	108,561
Told by a doctor's office or clinic that they weren't accepting new patients.	13.3%	83,333
Told by a doctor's office, clinic they weren't accepting patients with your type of insurance.	6.8%	42,481
Had to change to a new doctor's office or clinic because of a change in your insurance plan.	3.6%	22,260

Data Source: 2014 Vermont Household Health Insurance Survey

Prescription Drug Expenses

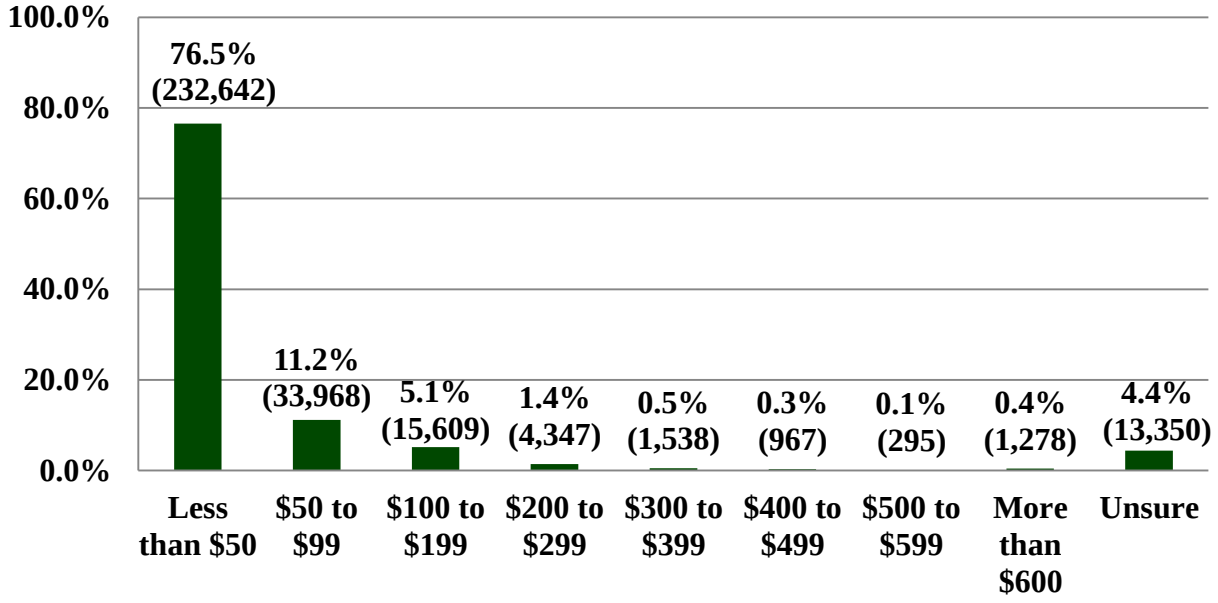
Most Vermont residents (48.7%) do not take a prescription drug regularly (Figure 46). When Vermonters do take a prescription medication regularly, they're most likely (25.4% of Vermont residents) to take between two and five medications. Only about one-in-four Vermont residents (23.5%) spend more than $50 per month on prescription medications out of pocket (Figure 47).

Figure 46
Number of Prescription Drugs Regularly Taken
(% Vermont Residents)



Data Source: 2014 Vermont Household Health Insurance Survey

Figre 47
Monthly Out-of-Pocket Cost of Prescription Drugs
(% Vermont Residents taking at least 1 Rx medication)



Data Source: 2014 Vermont Household Health Insurance Survey

O. Dental and Visual Insurance

Key Findings

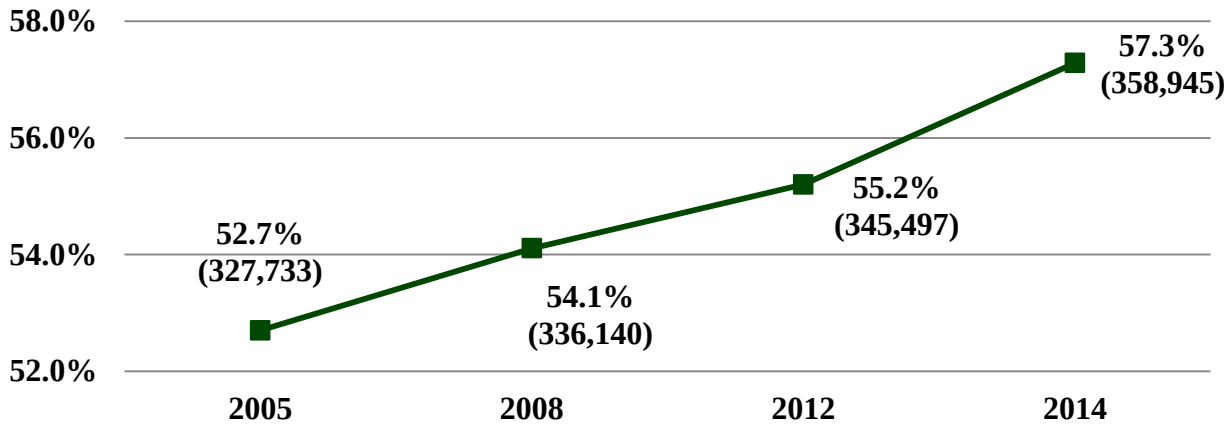
- 57.3% of Vermont residents had dental insurance that covered routine care, up from 55.2% in 2012.
- More than two-thirds (68.1%) of dental insurance was obtained through an ESI plan.
- More than four out of every five (84.7%) Vermont residents with dental insurance report being satisfied with their dental coverage.
- More than half (50.9%) of Vermont residents had basic vision insurance in 2014.
- About half (48.2%) of those with vision insurance obtained it through an ESI plan.
- More than four out of every five (84.4%) Vermont residents with vision insurance report being satisfied with their vision coverage.

In late 2014, nearly six-out-of-ten (57.3%) Vermont residents had some form of dental coverage which paid for routine dental care such as cleanings and fillings (Figure 48). This is a slight increase from the 55.2% observed in 2012.

Among those with dental insurance, 68.1% of residents obtained it through private insurance from their employer while another 1.5% purchased it directly through VT Health Connect. More than one in five (21.5%) received their dental insurance coverage either through Medicaid or Dr. Dynasaur.

More than four in five (84.7%) Vermont residents with dental insurance report being satisfied with their dental coverage with 46.9% indicating they are very satisfied. Of Vermont residents who currently have dental insurance, only 5.5% lacked dental insurance at any time during the past 12 months.

Figure 48
Is person now covered by an insurance plan that pays for routine dental care?
(% insured Vermont residents)



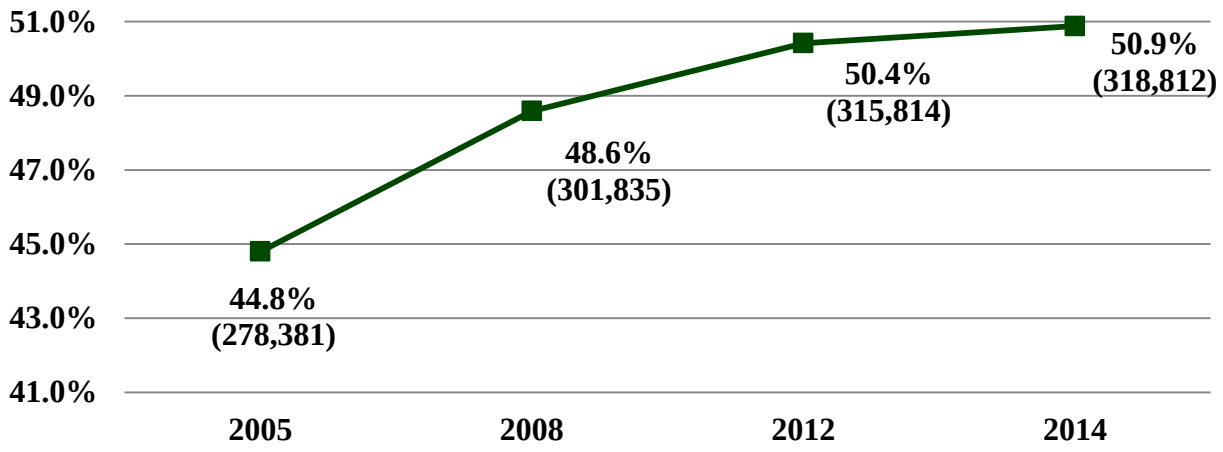
Data Source: 2005, 2008, 2012 and 2014 Vermont Home Health Insurance Surveys

In late 2014, about half (50.9%) Vermont residents had some form of insurance coverage which paid for routine vision care. This is comparable to the 50.4% with such insurance in 2012.

Among those with routine vision insurance, 48.2% of residents obtained it through private insurance from their employer while another 18.2% purchased it directly through VT Health Connect. More than one in five (22.4%) received their vision insurance coverage either through Medicaid or Dr. Dynasaur.

More than four in five (84.4%) Vermont residents with vision insurance report being satisfied with their vision coverage with 50.8% indicating they are very satisfied. Of Vermont residents who currently have vision insurance, only 4.9% lacked vision insurance at any time during the past 12 months.

Figure 49
Is person now covered by an insurance plan that pays for routine vision care?
(% insured Vermont residents)



Data Source: 2005, 2008, 2012 and 2014 Vermont Home Health Insurance Surveys

Appendix I: Survey Methodology

The Sample

The 2014 Vermont Household Health Insurance Survey is based on telephone interviews conducted between August 8th and December 4th, 2014 among 4,052 randomly selected households in Vermont.

The sampling methodology relied on a complex stratified sampling methodology that included four geographic strata. In order to obtain better precision estimates in the more rural areas of Vermont, the state was stratified into four regions. The regions were based on geographically continuous counties. The counties included in each sampling strata are presented below. The goal set for the study was to gather data from a minimum of 1,000 Vermont households in each of these four sampling strata or a total of 4,000 households. The geographic strata were further sub-divided based upon calls to be completed by landline or by cell phone.

Within each sampling stratum, sample was drawn in proportion to the population distribution within the geographic area. The sample of the telephone numbers called was based on a complete updated list of telephone prefixes (the first three digits in a seven-digit number) used throughout the state of Vermont and then divided into the four sampling strata. The sample was generated using software provided by GENESYS Sampling Systems. This software ensures that every residential telephone number has an equal probability of selection.

A separate landline and cell phone sample was generated for each of the four regions.

When a working residential number was called, the person most knowledgeable about health insurance coverage and the health care needs of the household was identified and interviewed. The respondent was asked to provide information about all household members.

Geographic Sampling Strata Used During 2014 VT HHIS

Stratum 1	Stratum 2	Stratum 3	Stratum 4
Chittenden County	Caledonia County	Addison County	Orange County
Franklin County	Essex County	Bennington County	Washington County
Grand Isle County	Lamoille County	Rutland County	Windham County
	Orleans County		Windsor County

Up to twenty attempts were made to contact and interview each selected household and identified respondent. The survey was administered in full to each respondent.

Among the 4,052 interviews completed during the survey, data were obtained on 8,823 Vermont residents. Data were obtained on a total of 322 uninsured Vermont residents. Forty-one percent of surveys were completed by cell phone.

Sampling Error

The percentages reported for the general population survey are within plus or minus 0.9% of what would be found if all households and residents in Vermont participated. For example, if our survey showed that 50% of the sample was very concerned about the cost of health care, then the comparable figure for the population would be somewhere between 49.1% and 50.9%, with a confidence level of 95%.

Response Rate

The response rate is the ratio of the number of completed interviews divided by the number of eligible plus undetermined units in the sample. This represents the American Association for Public Opinion Research (AAPOR) Response Rate 3, or AAPOR RR3. The table below provides a summary of the response rates, respondent cooperation rates, and respondent refusal rates for the 2014 VT HHIS

The response rate to the 2014 Vermont Household Health Insurance Survey was 44.9% for calls completed on landline telephones and 33.1% for calls completed by cell phone.

Summary of Response, Cooperation, and Refusal Rates by Survey Component

	Response Rate (AAPOR RR3)	Respondent Cooperation Rate (AAPOR COOP3)	Respondent Refusal Rate (AAPOR REF3)
Landline Sample	44.9%	92.1%	1.2%
Cell Phone Sample	33.1%%	85.7%	0.7%

Data Weighting

The weighting procedure involved two primary phases: Non-response weighting to adjust for the probability that a household is selected for participation and post stratification weighting to adjust the data to match the demographic profile of Vermont residents. During the non-response weighting phase, several adjustments were made, including an adjustment for the probability of a household being selected as well as adjustments for being selected in a landline strata, a cell phone strata, or both. The raking weighting phase matched the data to the state profile based upon sex, age, race, ethnicity, and area of residence using 2014 US Census Bureau population estimates for Vermont. In addition, weighting made adjustments for the percentage of household within each county that had only a cell phone.

Data Imputation

Given that survey data always contain missing values, certain variables require imputation, particularly key variables as well as those used in the weighting process. Imputation is a procedure that determines the likely value of a missing value based on a respondent's answers to other questions in the survey. Market Decisions used data imputation on several of the variables in this research. The research staff used three primary methods of data imputation: Logical Imputation, Hot Deck Imputation, and Regression Based Imputation (these techniques are described in detail in the 2014 VHHIS Technical Documentation). The variables imputed and the specific techniques used are provided in the table below.

Variables for which Missing Values were Imputed and the Imputation Technique Used

Variable Imputed	Imputation Technique
Gender	Logical Imputation
Age	Logical Imputation
Ethnicity	Logical and Hot Deck Imputation
Race	Logical and Hot Deck Imputation
Income	Regression Based Imputation
Company size (# of employees)	Regression Based Imputation
Medical Expenditures	Regression Based Imputation
Monthly Premium (private health insurance)	Regression Based Imputation
Annual deductible (private health insurance)	Regression Based Imputation

Additionally, there were a set of variables which required imputation due to inconsistency during data checks. These include:

Changes in which healthcare providers can be seen (PSAT05)	Logical and Hot Deck Imputation
Concern over premium increases (PSAT06)	Logical and Hot Deck Imputation
Concerns employer would stop offering insurance (PSAT07)	Logical and Hot Deck Imputation
Concerns employer would reduce hours to avoid offering insurance (PSAT08)	Logical and Hot Deck Imputation
Changes in deductible amounts (INSP26)	Logical and Hot Deck Imputation

Data Cleaning and Verification

Any survey process can result in erroneous reporting or recording of data. To insure the accuracy of the data, Market Decisions conducted data consistency checks on the data files. As a part of the data file preparation and analysis, the first stage of this process involved checking all data to insure that responses were consistent. The process also involved insuring that respondents were asked appropriate questions based upon earlier responses to variables, skip patterns were followed based upon appropriate responses to earlier items, and that respondents provided consistent answers to questions on related concepts.