



**Vermont Department of Banking, Insurance, Securities
and Health Care Administration**

**2008 Vermont Household Health
Insurance Survey:
Comprehensive Report**



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I. Executive Summary

Under Section 47 of Act 191 enacted during the 2005-2006 legislative session, the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) was charged to conduct a survey to determine the percentage of uninsured Vermonters and the number of insured Vermonters by coverage type. As part of a broader approach to care reform, Vermont has implemented several strategies and programs to expand coverage to uninsured Vermonters. The uninsured rate for the general population and by specified demographic, income and employment groups is a key measure for monitoring the impact of programs and changing economic conditions on the health insurance coverage of Vermonters.

The 2008 Vermont Household Health Insurance Survey (VHHIS) was based on telephone interviews conducted between September 2 and December 4, 2008 among 4,592 randomly selected households in Vermont representing over 10,000 Vermonters. A total of 4,005 surveys were completed during the general population survey component and an additional 587 interviews were completed for the uninsured over-sample component with a target sample of 1,500 uninsured individuals. The margin of error for the general population survey was plus or minus 0.8% and plus or minus 2.4% for the uninsured over-sample component.

The Uninsured

In late 2008, 7.6% of Vermont residents were uninsured. This was a significant decrease from the percentage of residents without coverage observed in 2005 when 9.8% of residents were uninsured. As of late 2008, 47,286 Vermont residents lacked health insurance coverage or a reduction of 13,771 uninsured individuals since 2005.

Vermont residents between the ages of 18 and 24 had the highest uninsured rate of 21.5% (12,096). The next highest uninsured rate occurred among those aged 25 to 34 at 13.4% (9,712). Only 2.9% (3,869) of children between the ages of 0 and 17 lacked health insurance coverage.

Nearly half (49.5%) of the uninsured residents of Vermont had been without health insurance coverage for a year or less, while 25.2% have lacked coverage for five or more years.

Primary Type of Insurance Coverage

As of late 2008, 59.9% (371,870) of Vermont residents had private insurance as their *primary type* of health insurance coverage.¹ This had not changed significantly since 2005 when 59.4% had private insurance as the primary type. In 2007, as part of its health care reform program, the State of Vermont started offering Catamount Health, a comprehensive health insurance plan offered in cooperation with Blue Cross Blue Shield of Vermont and MVP Health Care. As of December 2008, over 7,000 Vermonters were enrolled in Catamount Health and 87% were receiving premium assistance based on income eligibility.²

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 Green Mountain Care Programs Enrollment Report, November 2008. <http://ovha.vermont.gov/budget-legislative>.

Another 16.0% (99,159) of Vermont residents had *primary health insurance coverage* through the state Medicaid program compared to 14.7% in 2005 indicating an increase of 1.3%.

In 2008, 14.2% (88,027) of Vermont residents were covered by Medicare as the *primary type* of health insurance compared to 14.5% in 2005.

In 2008, 2.4% (14,910) of Vermonters were covered *primarily* by military insurance³ compared to 1.6% in 2005.

Private Health Insurance Coverage

At the end of 2008, 61.4% of Vermont residents (381,184) were covered by private insurance, including those who have private insurance in addition to other sources of comprehensive health coverage. This is comparable to the proportion of Vermont residents covered by private insurance found during the 2005 VHHIS.

Nearly all (89.8%) Vermont residents with private health insurance had coverage provided through an employer. Most private health insurance coverage (90.9%) included a prescription drug benefit.

Over half of those with private health insurance coverage (51.9%) had seen premiums increase during the past year. More than four in ten Vermonters (43.2%) were insured through plans that they perceive to lack benefits to cover all needs.

Over half of the privately insured respondents (56%) reported that out-of-pocket medical costs for their families exceeded \$1,000 over the previous twelve months. Additionally, almost a quarter (23.5%) of the privately insured respondents lived in families where someone experienced problems paying medical bills compared to 18.1% in 2005. Among the privately insured, forgoing medical care due to costs had also increased since 2005.

State Health Insurance Programs

At the end of 2008, 19.3% (120,130) of Vermont residents had coverage through health insurance programs such as Medicaid, VHAP, or Dr. Dynasaur including those with multiple sources of coverage. While comparable to the percentage of Vermont residents covered by a state health insurance program in 2005, this percentage has been trending upward since 2000. More than half of those currently enrolled in state health insurance programs (56.6%) had enrolled more than two years ago.

³ The definition used in defining primary type of health insurance coverage in regards to military insurance differed between the 2005 and 2008 surveys. For the 2008 survey, 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.

Among children aged 0 to 17, 41.1% had health insurance coverage through Medicaid or Dr. Dynasaur in late 2008. Among adults, 14.2% of those ages 18 to 64 had coverage through Medicaid or VHAP. Another 9.7% of adults 65 and older had Medicaid coverage in addition to Medicare due to chronic disabling conditions and/or poverty.

More than three quarters (76.7%) of Vermont residents with coverage through Green Mountain Care programs such as Medicaid, Dr. Dynasaur, and VHAP reported that they probably or definitely could not afford or get private health insurance if these state health insurance programs were not available.

Medicare Coverage

As of late 2008, Medicare covered 15.3 percent (95,231) of Vermont residents including those with additional sources of comprehensive major medical coverage.

There were approximately 16,000 Medicare enrollees dually enrolled in Medicaid. Among those over 65 with Medicare coverage, 8.4% or approximately 6,800 had Medicare as a secondary payer due to having private coverage available through employment as the primary payer.

Two-thirds (65.6%) of Medicare beneficiaries aged 65 and older reported having non-comprehensive supplemental policies and insurance products for coverage of out-of-pocket medical expenses not covered by Medicare. Seventy-three percent of Medicare beneficiaries had prescription drug coverage through Medicare Part D prescription drug plans or supplemental policies.

Uninsured Eligible for State Health Insurance Programs

At the end of 2008, about 78% or 3,000 uninsured children between the ages of 0 and 17 met eligibility requirements for Medicaid or Dr Dynasaur. About 850 or 22.0% uninsured children were not eligible for any state health insurance program.

Of uninsured adults between the ages of 18 and 64, 53.6% or more than 23,000 met eligibility requirements for coverage through Green Mountain Care programs including Medicaid, the Vermont Health Access Plan (VHAP), and the Catamount Health program. About 20,000 or 46.4% of uninsured adults between the ages of 18 and 64 were not currently eligible for any state health insurance program or premium assistance.

Access to Employer-Sponsored Health Insurance Among the Working Uninsured

In late 2008, approximately 8,200 (24.1%) of working uninsured Vermonters aged 18 to 64 potentially had access to employer-sponsored insurance (ESI).

The uninsured working for larger employers were more likely to have access to ESI than those working for smaller employers. The employer offer rate for the uninsured working for companies with 100 or more employees was 52.1% compared to 39.4% for a company size of 50-99 employees, 29.0% for 25-49 employees, 26.3% for 10 to 24 employees, 13.3% for 5 to 9 employees, and only 4.0% in companies with 2 to 4 employees.

Among those with access to ESI, cost represented the most significant barrier to obtaining insurance with 64.3% indicating that their employer's health insurance plan was too expensive.

If eligible, only one-third (33.9%) of the uninsured with potential access to ESI reported they were definitely or very likely to enroll in their employer's health insurance plan compared. However, access to financial assistance increased interest with 51.6% indicating that they would definitely or very likely enroll in employer's health insurance plan if they received premium assistance from the state.

Awareness and Interest in State Health Insurance Programs Among the Uninsured

As of late 2008, many uninsured residents were familiar with Medicaid, VHAP and Dr. Dynasaur programs but significantly fewer were familiar with the newer Green Mountain Care programs. Specifically, 45.2% were very or somewhat familiar with the State Medicaid Program, 45.2% were familiar with VHAP, and 70.6% were familiar with Dr. Dynasaur. In regard to other Green Mountain Care programs, 27.3% were somewhat or very familiar with the Catamount Health Program, 14.9% were familiar with Catamount Health Premium Assistance, and 14.6% were familiar with Employer-Sponsored Insurance premium assistance (ESIA).

While there was overwhelming interest among the uninsured in enrolling in one of the state's health insurance programs, there was also significant sensitivity to price. Overall, 87.3% of uninsured adults indicated they were very or somewhat interested in enrolling in a state health insurance program. However, only 4.9% of uninsured adults would definitely or very likely enroll in a state health insurance program if the monthly premium were \$400. This rises to 18.1% for a monthly premium of \$200, 46.8% for \$100, and 71.4% for \$60.

Interruptions in Insurance Coverage

Some 5.8% (33,401) insured Vermont residents were without coverage at some time during the 12 months prior to the survey. The most frequently cited reasons for these past interruptions in coverage were related to cost. Other reasons cited were that the person lost coverage because they no longer met the eligibility requirements for state health insurance or that the person with health insurance lost their job.

Among those who had experienced an interruption in health insurance coverage at some time during the past 12 months, almost half (47.2%) were without coverage for 1 to 3 months while 27.9% were without coverage for 4 to 6 months.

Concerns about Loss of Insurance Coverage

In late 2008 over 60,000 or 10.5% of insured Vermont residents were concerned that they might lose health insurance coverage during the next 12 months or during 2009. This includes all types of insurance including private and government-sponsored. This is a slight decrease from the 11.9% who were concerned they might lose coverage in 2005 and the 11.3% that expressed concern in 2000.

The largest percentage concerned about potential loss of coverage over the next 12 months was among those currently covered by state health insurance programs (15.3%) compared to 10.2% of those with private health insurance.

The most commonly cited reasons for concern about a future loss of insurance coverage was that they the health insurance policy holder could lose his or her job (31.2%), that the premium cost could become unaffordable (13.8%), and that they would become ineligible for state-sponsored insurance (13.3%).

Health Care Utilization

In 2008, 86.1% Vermonters reported they visited a health care provider at least once during the previous 12 months and 71.7% visited a health care professional for a checkup or routine care. Those aged 18 to 34 were less likely to have seen a health care provider during the past 12 months with 80.9% reporting one or more visits.

In 2008, about eight percent (8.3%) of Vermont residents reported staying overnight in a hospital during the past 12 months compared to 4.7% in 2005.

In 2008, 19.1% of Vermont residents sought care in an emergency room during the past 12 months. This is a significant increase over 2005 when only 9.1% of residents had sought care in an emergency room. The increased usage occurred across all age cohorts, all income cohorts, as well as all types of health insurance coverage.

Medical Expenses and Underinsured Vermonters

In late 2008, more than a third of residents (37.3% or 231,083 individuals) lived in families that paid more than \$2,000 out of pocket for health care. In 2008, over a quarter (25.9%) of residents lived in families with someone who had problems paying medical bills and 16.2% of families reported being contacted by a collection agency about unpaid medical bills.

Compared to 2005, there has been a slight increase in the proportion of Vermont residents forgoing care due to cost with the exception of seeking medical care from a doctor. Dental care was not sought by 11.6% of Vermonters due to cost while less than five percent did not seek medical care, recommended diagnostic tests, and mental health care due to cost.

Based on health insurance deductible amounts and out-of-pocket medical expenses as percent of family income, it was estimated that 24.7% (90,897) of privately insured residents under the age

of 65 were underinsured when dental and vision costs were included in medical expenses. This estimate decreased to 21.1% (77,653) of privately insured residents when dental and vision care costs were excluded from medical expenses. Dental and comprehensive vision care are generally not included in private major medical insurance policies and are paid for out-of-pocket by those without additional dental and vision insurance. Overall, those who purchased health insurance policies directly or through college plans were more likely to be underinsured compared to those who were covered by employer-sponsored insurance.

A. Primary Health Insurance Coverage Vermont Residents, 2008

Private Insurance- 59.9% or 371,870 (Including 9,326 enrolled in Catamount Health)

Medicaid- 16.0% or 99,159 (Excluding 15,424 Vermonters dually eligible for Medicare and Medicaid)

Medicare- 14.2% or 88,027 (Including 15,424 Vermonters dually eligible for Medicare and Medicaid)

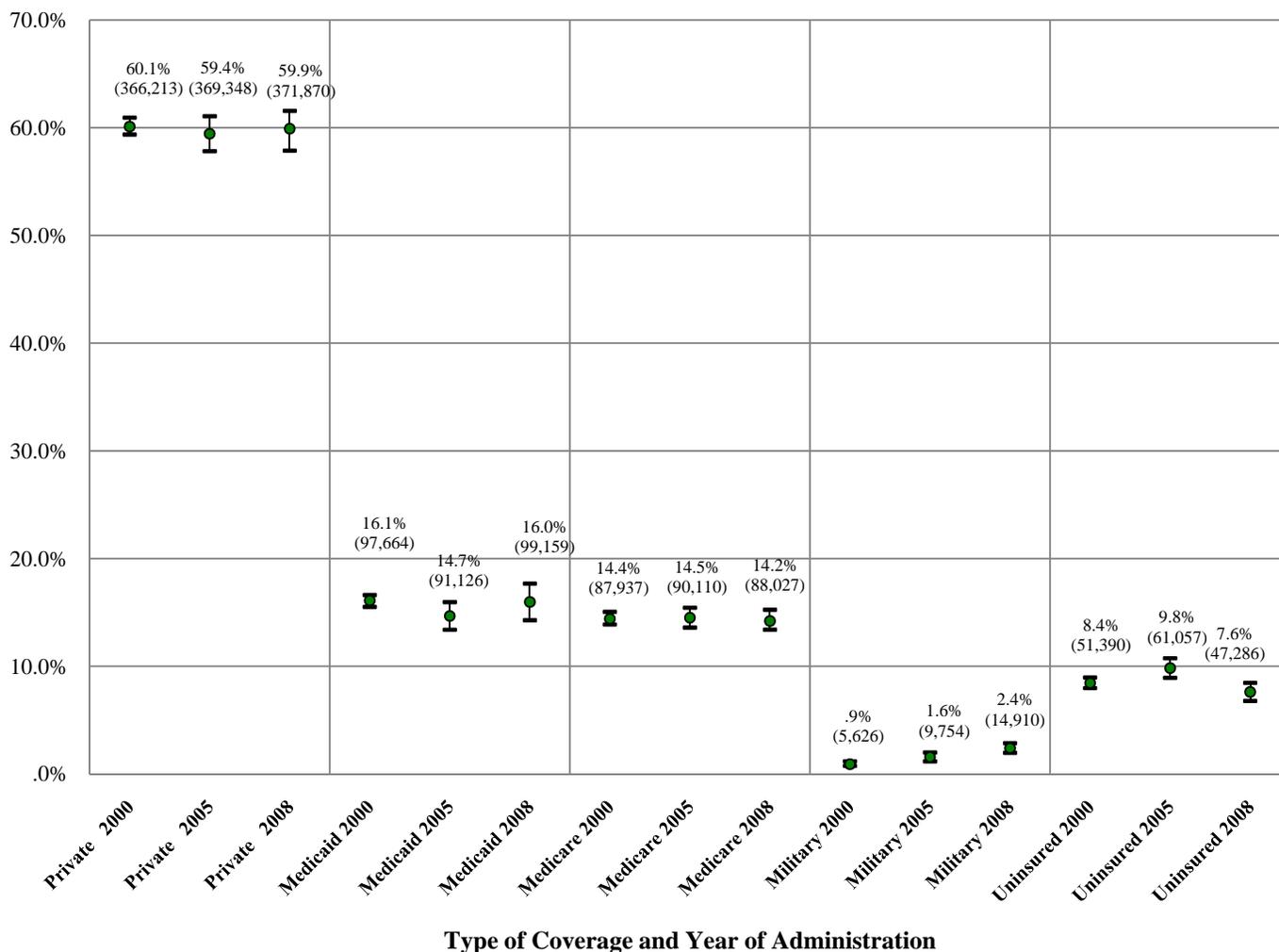
Uninsured- 7.6% or 47,286

Military- 2.4% or 14,910

- In late 2008, the majority (59.9%) of Vermont residents were covered *primarily* by private insurance⁴. This proportion is comparable to the 60.1% primarily covered by private insurance in 2000 and 59.4 in 2005.
- Between 2005 and 2008, the proportion of Vermont residents covered *primarily* by Medicaid increased slightly from 14.7% to 16.0%.
- In late 2008, 7.6% of Vermont residents were uninsured. Compared to the uninsured rates found in the 2000 and 2005 surveys, there has been a decrease in the proportion of uninsured Vermonters from 8.4% in 2000 and 9.8% in 2005.
- Medicare covered 14.2% of Vermont residents in 2008.
- A small percentage (2.4%) of Vermont residents reported military insurance as their *primary* type of insurance, which is an increase over 2005 when 1.6% of residents were primarily covered by military insurance.

⁴ Included in the category of private health insurance coverage are those covered through the Catamount Health Program. 9,326 Vermonters reported coverage through Catamount Health including 5,872 residents receiving premium assistance. Actual enrollment counts for all Green Mountain Care programs can be found on the Office of Vermont Health Access website at <http://ovha.vermont.gov/budget-legislative>.

Figure 1
Primary Type of Health Insurance Coverage



Data Source: 2000, 2005, 2008 Vermont Household Health Insurance Surveys

To assess the relative proportion of Vermont residents who are covered under mutually exclusive categories of insurance, *primary* type of insurance coverage was assigned based on an algorithm. 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 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 reports having

both Medicare and Medicaid will 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 2008, 59.9% of residents were primarily covered by private health insurance. This is similar to the proportion primarily covered by private insurance found in 2000 (60.1%) and 2005 (59.4%). In 2008, 16.0% of Vermonters had Medicaid as primary coverage compared to 14.7% in 2005. There has been relatively little change in the number of residents primarily covered by Medicare since 2000 with 14.2% covered by Medicare in late 2008. The percentage of residents covered primarily by Military insurance has steadily increased since 2000 from less than one percent to 2.4% in 2008.

Tables 1-4 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 in Vermont.

**Table 1
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	115	25	108	62	0	0	0	0	310	247
18-64	3,690	8,112	1,151	302	315	0	0	0	13,570	13,269
65 & older	59,797	7,287	8,517	5,169	108	161	312	0	81,351	74,511
Grand Total	63,602	15,424	9,776	5,533	423	161	312	0	95,231	88,027

Data Source: 2008 Vermont Household Health Insurance Survey

Table 2
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	72,398	3,604	108	131	0	0	0	0	76,240	76,132
18-64	290,010	1,281	1,151	1,127	315	78	0	0	293,963	292,496
65 & older	2,044	0	8,517	0	108	0	312	0	10,981	3,242
Grand Total	364,452	4,885	9,776	1,258	423	78	312	0	381,184	371,870

Data Source: 2008 Vermont Household Health Insurance Survey

Table 3
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	50,404	25	3,604	299	0	0	0	0	54,332	50,704
18-64	47,824	8,112	1,281	0	315	0	78	0	57,610	47,824
65 & older	632	7,287	0	0	108	161	0	0	8,188	631
Grand Total	98,860	15,424	4,885	299	423	161	78	0	120,130	99,159

Data Source: 2008 Vermont Household Health Insurance Survey

Table 4
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	1,102	299	62	131	0	0	0	0	1,594	1,163
18-64	7,529	0	302	1,127	0	78	0	0	9,036	7,831
65 & older	274	0	5,169	0	161	0	312	0	5,916	5,916
Grand Total	8,905	299	5,533	1,258	161	78	312	0	16,546	14,910

Data Source: 2005 Vermont Household Health Insurance Survey

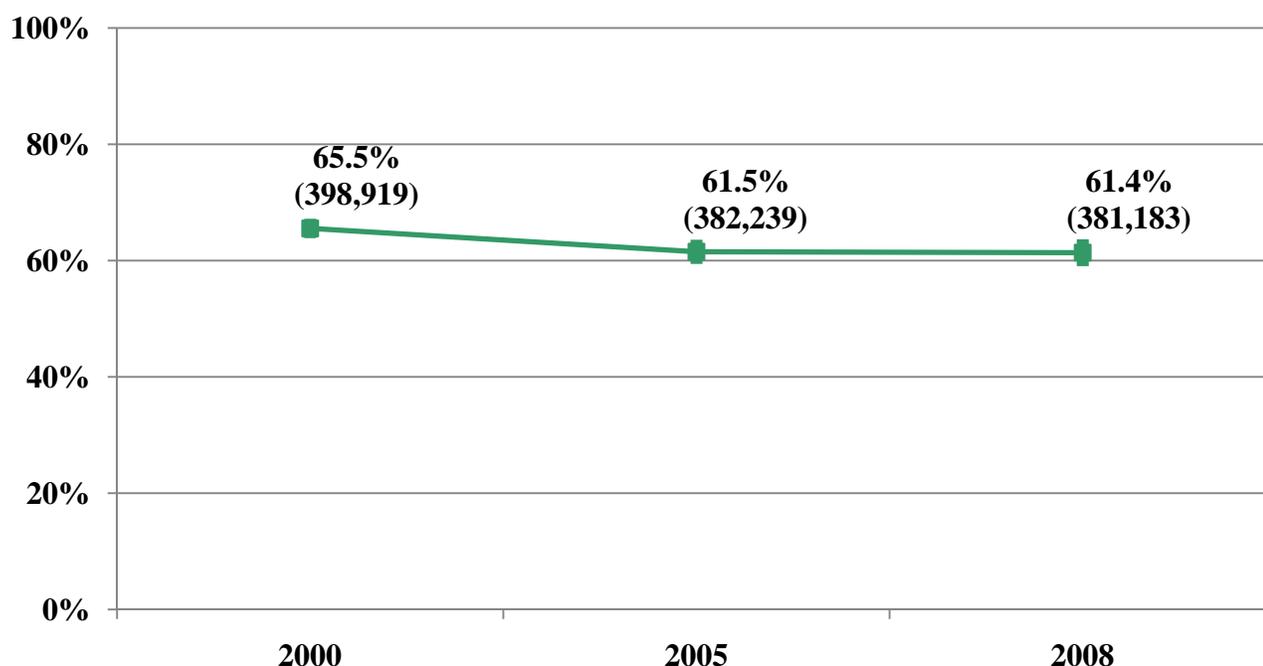
B. Private Health Insurance

Key Findings

- In 2008, more than six in ten (61.4%) Vermont residents were covered by private health insurance⁵, including those with other insurance sources in addition to private coverage. This represents 381,183 Vermont residents.
- The percentage of Vermont residents with private health insurance in 2008 was comparable to those covered by private health insurance in 2005.
- For adult Vermont residents, those aged 45 to 64 were the most likely to be covered by private insurance (78.1%) while those aged 18 to 24 were the least likely (60.3%). Among Vermont's children, 57.7% are covered by private health insurance.
- Income is a strong indicator of private health insurance coverage. Among those whose annual income is 400% of Federal Poverty Level or greater, 83.7% have private health insurance coverage. Conversely, only 19.6% of those living in families whose annual incomes are less than 100% of Federal Poverty Level have private health insurance coverage.
- Nearly nine in ten (89.8%) privately insured residents obtain private health insurance coverage through an employer.
- Among residents with private insurance coverage, over half (55.8%) reported out-of-pocket medical costs of \$1,000 or more in 2008.
- Almost a quarter (23.5%) of privately insured residents lived in families where someone experienced problems paying for medical bills, compared to 18.1% in 2005.
- Forgoing medical care due to cost among the privately insured has increased compared to 2005.

⁵ Included in the category of private health insurance coverage are those covered through the Catamount Health Program. 9,326 Vermonters reported coverage through Catamount Health including 5,872 residents receiving premium assistance. Actual enrollment counts for all Green Mountain Care programs can be found on the Office of Vermont Health Access website at <http://ovha.vermont.gov/budget-legislative>.

Figure 2
Is person covered by private insurance?
(2000-2008)



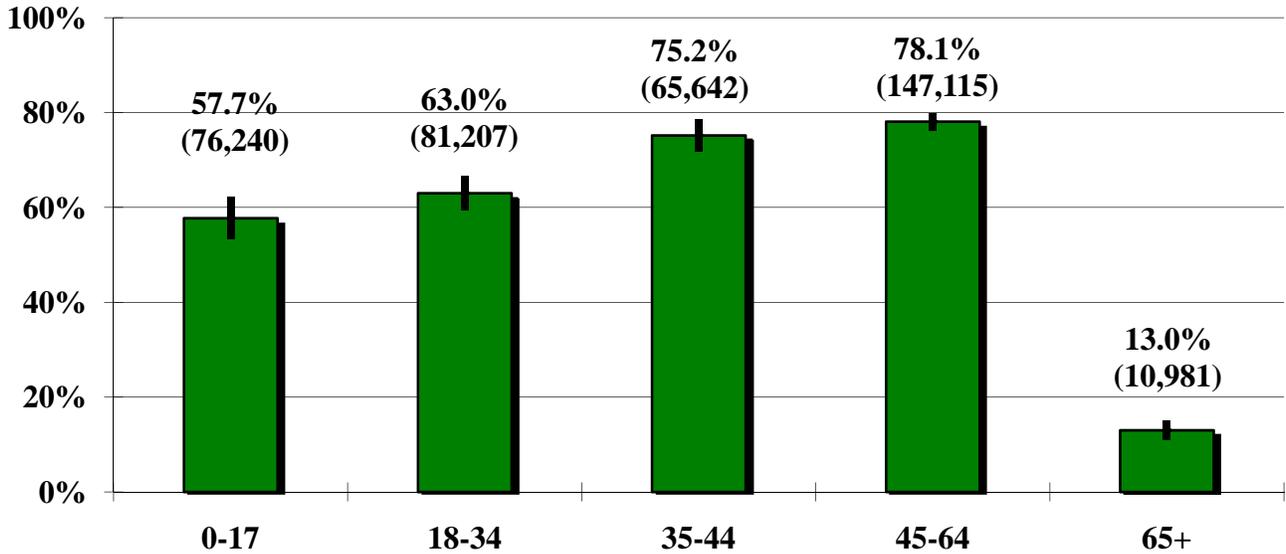
Data Source: 2000, 2005, 2008 Vermont Household Health Insurance Surveys

In 2008, 61.4%, or 381,183 of the Vermont's population of 621,252 residents, had private health insurance coverage. The percentage of residents covered by private health insurance coverage in 2008 was comparable to that observed in 2005, but it has decreased slightly from the 65.5% of residents who reported private health insurance coverage in 2000.

Adults age 18 to 64 were more likely to be covered by private health insurance as they age. While only 63.0% of the adult population aged 18 to 24 in Vermont had private health insurance in 2008, this increased to 75.2% for those aged 35 to 44 and 78.1% for those aged 45 to 64.

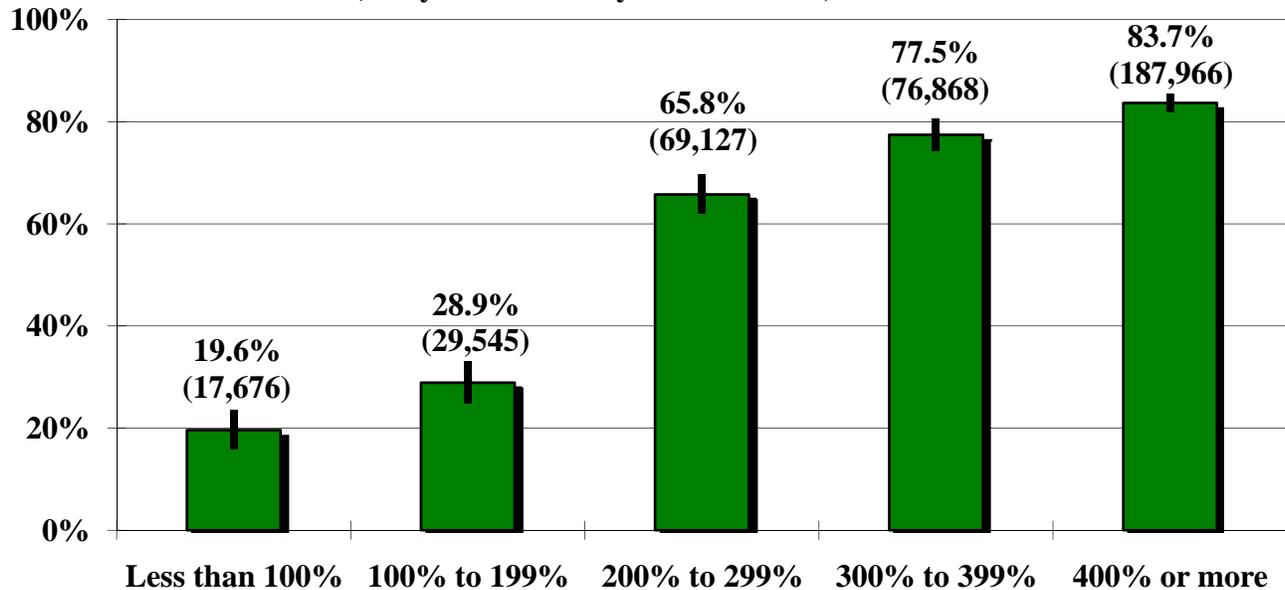
As in 2005, there is a clear correlation between private health insurance coverage and family income. More than six in ten (65.8%) Vermont residents with family incomes between 200% and 299% of the Federal Poverty Level (FPL) reported coverage by private health insurance in 2008. This increased to 77.5% for residents with family incomes between 300% and 399% of FPL and 83.7% with family incomes more than 400% of FPL. In contrast, less than one in five (19.6%) with family incomes less than 100% of FPL had private health insurance coverage and 28.9% of those whose family income ranges between 100% and 199% of FPL reported private health insurance coverage.

Figure 3
Is person covered by private health insurance?
 (% by age)



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 4
Is person covered by private health insurance?
 (% by annual family income - FPL)



Data Source: 2008 Vermont Household Health Insurance Survey

Private Insurance Coverage through an Employer

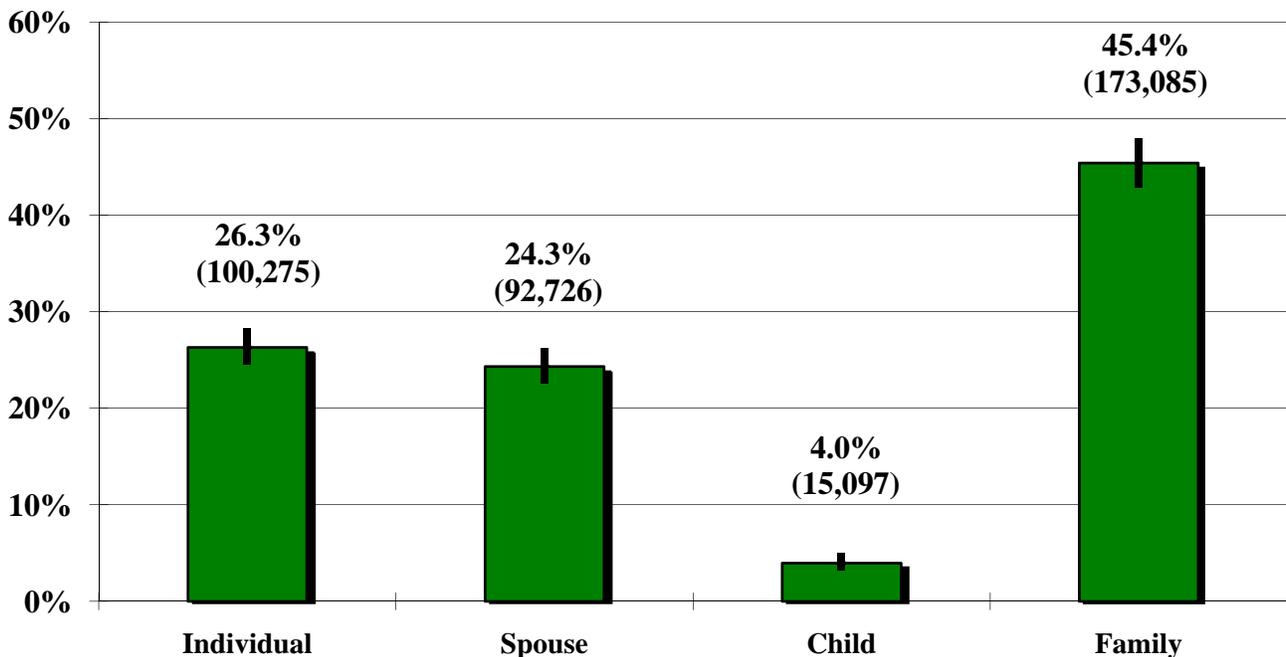
Among the privately insured Vermont residents, 93.1% had coverage through employer-related sources while 5.3% directly paid for health insurance out-of-pocket.

Among those who worked for small companies with 2 to 4 employees, 79.0% had coverage through employment-related sources while 18.1% reported they purchased their health insurance directly. Among those who worked for companies with 5 or more employees, more than ninety percent reported that their health insurance was obtained through employment-related sources.

Private Insurance Plan Tiers

Almost half (45.4%) of residents with private health insurance were covered under a family plan. A quarter of the privately insured (26.3%) were covered under single plans and another quarter had a One-plus-one health insurance plan including the policyholder and a spouse, civil union or domestic partner. Another 4.0% of the privately insured were covered under plans that included policyholders and child dependents.

Figure 5
Type of Private Health Insurance Policy
(% among those with private health insurance)



Data Source: 2008 Vermont Household Health Insurance Survey

Private Insurance Policy Characteristics

Among those covered by private health insurance, the premium amounts paid per month varied considerably. Approximately a quarter of the privately insured (22.4%) reported a premium cost of \$100 or less per month and another quarter (25.6%) reported a premium cost of more than \$500 per month. Among all the privately insured, 51.9% reported premiums increases during the prior year.

The majority of the privately insured reported having policies with an annual deductible of \$1,000 or less. Three in ten (30.3%) reported annual deductibles of \$250 or less; 13.0% reported deductibles of \$251 to \$500; and 12.5% reported annual deductibles of \$501 to \$1,000.

Nearly one in five (19.9%) residents with private insurance reported having a health savings account (HSA). The majority of residents with HSAs contributed less than \$2,000 into their account during the previous 12 months. About one in ten (11.5%) contributed nothing to their account while 10.4% contributed more than \$4,000.

Table 5
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	20.2%	11.3%	10.9%	9.3%	12.7%
\$51 to \$100	18.2%	7.9%	12.9%	5.5%	9.7%
\$101 to \$250	22.3%	32.2%	22.7%	28.1%	27.4%
\$251 to \$500	19.6%	20.5%	22.5%	29.8%	24.6%
\$501 to \$750	10.3%	14.4%	12.3%	10.3%	11.4%
\$751 or more	9.5%	13.7%	18.7%	16.9%	14.2%
Counts	100,275	92,726	15,097	173,085	381,183

Data Source: 2008 Vermont Household Health Insurance Survey

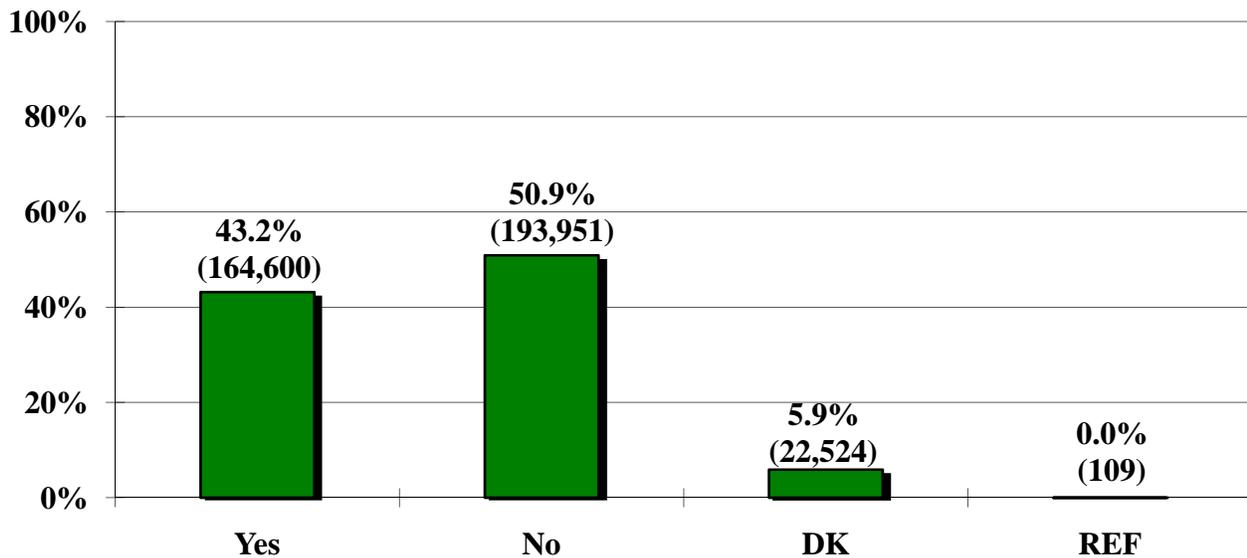
Table 6
Annual Deductible Amounts by Type of Policy
 (% among those with private health insurance)

	Type of Policy				
	Individual	Spouse	Child	Family	Total
\$250 or less	28.9%	26.6%	34.5%	32.8%	30.3%
\$251 to \$500	15.3%	14.7%	9.5%	11.0%	13.0%
\$501 to \$1000	12.4%	15.3%	12.7%	10.9%	12.5%
\$1001 to \$1500	11.4%	6.5%	6.4%	7.1%	8.0%
\$1501 to \$2000	8.3%	6.1%	5.2%	4.8%	6.0%
\$2001 to \$3000	13.1%	17.1%	12.8%	18.3%	16.4%
\$3001 to \$4000	4.6%	4.4%	8.9%	7.0%	5.8%
\$4001 or more	6.0%	9.2%	9.9%	8.2%	8.0%
Counts	100,275	92,726	15,097	173,085	381,183

Data Source: 2008 Vermont Household Health Insurance Survey

A sizeable percentage of privately insured residents (43.2%) opined that their health insurance plans lacked certain benefits. The most commonly mentioned were the lack of dental coverage (25.3%); out-of-pocket expenses such as co-pays, premiums or other costs were too high (23.0%); no or limited benefits for eye care (19.0%); and limitations in prescription drug benefits (11.6%).

Figure 6
Are there any benefits you feel are lacking from this health insurance?
 (% among those with private health insurance)



Data Source: 2008 Vermont Household Health Insurance Survey

Medical Expenses of the Privately Insured and Barriers to Care

Compared to 2005, the financial burden of out-of-pocket medical expenses among the privately insured increased in 2008. Almost a quarter of the privately insured (23.5%) indicated their families had problems paying medical bills in the last 12 months. In 2008, 13.9% of the privately insured paid over \$500 for medical bills while 13.3% of families were contacted by collection agencies about unpaid medical bills. About twelve percent (11.5%) of families with private insurance included someone who had used up all or most of their savings to pay medical bills and 8.0% of families reporting having significant medical debt.

Despite having private health insurance coverage, many privately insured residents did not get needed medical care in 2008 due to cost. Further, the percentage that deferred needed care increased since 2005.

One in twelve of privately insured Vermonters (8.5%) had forgone dental care due to cost and another 4.3% had skipped doses or taken smaller amounts of prescription medicines to make them last longer. Additionally, 2.0% had forgone medical care from a doctor, 1.7% skipped a needed diagnostic test, and 1.5% did not seek needed mental health care.

Table 7
During the last 12 months, someone in the family experienced the following
(% among those with private health insurance)

	Rate		Count	
	2005	2008	2005	2008
Problems paying for medical bills	18.1%	23.5%	67,197	89,670
Paid a medical bill for \$500 or more out-of-pocket	NA	13.9%	NA	53,086
Contacted by a collection agency about owing money for unpaid medical bills	11.4%	13.3%	42,432	50,674
A time someone in your family used up all or most of savings due to medical bills?	6.9%	11.5%	25,688	43,699
A time someone in your family had large credit card debt, had to take a loan due to medical bills?	4.6%	8.0%	17,053	30,455
Changed their life significantly in order to pay medical bills	4.3%	6.7%	16,075	25,554
A time someone in your family was unable to pay for basic necessities like food, heat or rent due to medical bills?	2.1%	3.2%	7,825	12,131

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Table 8
During the last 12 months was there any time person needed the following care
but did not get it due to cost?
(% among those with private health insurance, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Dental care	6.3%	8.5%	23,414	32,522
Skipped doses, took smaller amounts of their prescription to make them last longer	3.2%	4.3%	11,834	16,252
Medical care from a doctor	1.6%	2.0%	6,043	7,783
Prescription medicines	1.4%	1.9%	5,208	7,275
Diagnostic test	1.0%	1.7%	3,809	6,544
Mental health care or counseling	0.8%	1.5%	2,804	5,875

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

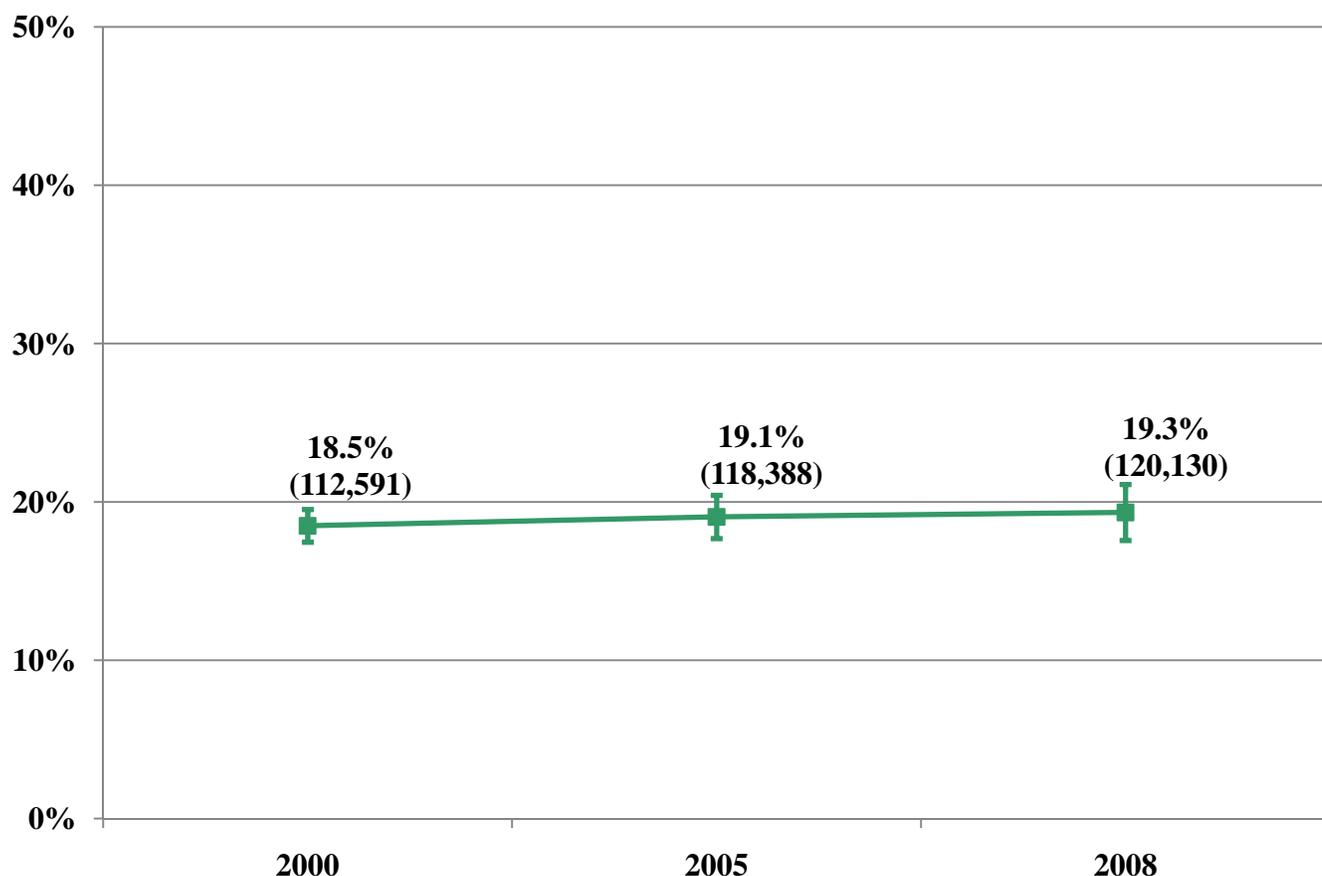
In 2008, one in ten (10.0%) privately insured individuals were concerned that they may lose health insurance coverage within the next 12 months, which was a slight increase over 2005 when 8.8% were concerned. Among those who were concerned they will lose health insurance in the next 12 months, nearly one in three (31.2%) were worried that the policyholder would lose his or her job, 13.7% are worried about premium increases, and about one in ten (11.7%) reported they would become ineligible due to age.

C. State Health Insurance

Key Findings

- In late 2008, about 19% of Vermont residents had health insurance provided by the state through Dr. Dynasaur, VHAP, and traditional Medicaid. This includes about 16,000 persons who were also covered by the federal Medicare program and others who had private coverage in addition to Medicaid.
- About 15% or 90,000 of Vermont residents had health insurance provided exclusively by the state Medicaid program without any other source of health insurance.
- The percentage of Vermont residents with health insurance coverage through Medicaid, Dr. Dynasaur, or VHAP had increased from 18.5% in 2000 to 19.3% in 2008. The change was not statistically significant.
- In late 2008, two in five (41.1%) children under the age of 18 had health insurance coverage through a state health insurance program. About 19% of adults aged 18 to 34 obtained health insurance coverage through Medicaid or VHAP.
- In late 2008, six in ten (60.4%) Vermont residents with family incomes less than 100% of FPL had health insurance coverage through the Medicaid program. State-sponsored health insurance also covered 41.4% of Vermonters with family incomes between 100% and 199% of FPL.
- Almost 80% of Vermont residents with state-sponsored health insurance coverage reported that they probably could not get private health insurance for a variety of reasons. This increased significantly from 66.3% in 2005 to 76.7% in 2008.
- In late 2008, 15.8% of residents covered by state health insurance expressed concerns that they could lose their coverage, down significantly from 24.6% in 2005.
- A small percentage of residents with state health insurance (13.2%) indicated they had experienced problems with initial enrollment and another 15.9% reported experiencing problems while enrolled.

Figure 7
Is person covered by any state health insurance program?
(2000-2008)

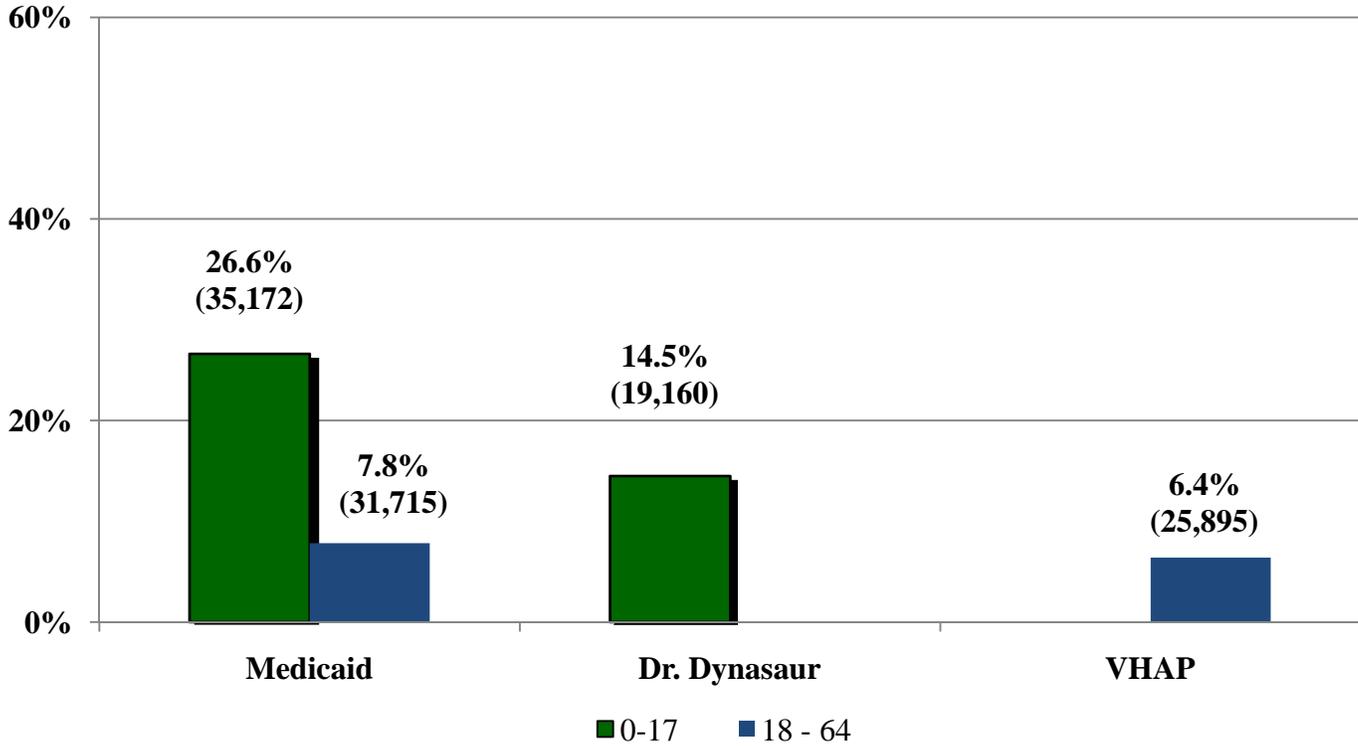


Data Source: 2000, 2005, 2008 Vermont Household Health Insurance Survey

In late 2008, about 1 in 5 Vermont residents (19.3%) were covered through state health insurance programs. This compares to 19.1% in 2005 and 18.5% in 2000, indicating there has been a slight but non-significant increase in the percentage enrolled.

Out of approximately 120,000 total enrollees in state-sponsored programs (excluding Catamount Health that is included under private insurance), 74,000 relied on the Medicaid program for coverage and another 27,000 were covered by VHAP. About 19,000 were enrolled in Dr. Dynasaur. The majority of Vermont residents enrolled in a state sponsored health insurance program (56.6%) had been enrolled for two years or longer.

Figure 8
Is person covered by state health insurance?
 (% covered by program by age)



Data Source: 2008 Vermont Household Health Insurance Survey

Vermont has a relatively high eligibility threshold (up to 300% of FPL, \$63,600 for a family of 4 in 2008) for providing children with access to state sponsored insurance through the Dr. Dynasaur program. In 2008, 2 out of every 5 children (41.1%) under the age of 18 were enrolled in a state health insurance program.

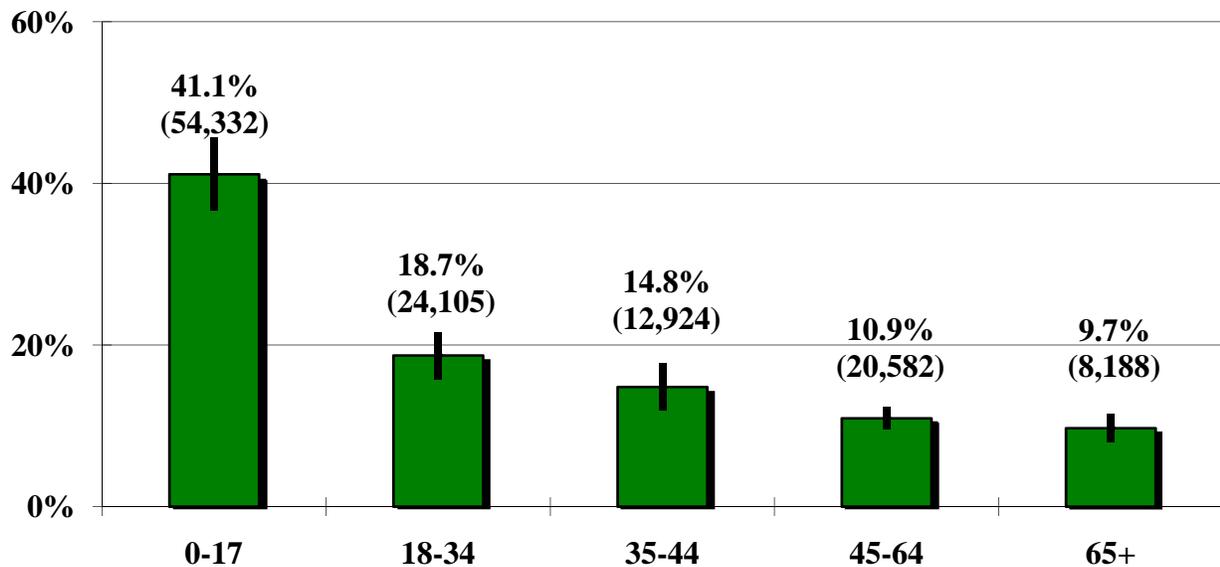
Overall, there has been a significant increase in the number of adults age 18 to 64 covered by state health insurance; up 1.3 percentage points from 12.9% in 2005 to 14.2% in 2008. In late 2008, 18.7% of those aged 18 to 34 had state health insurance compared to 10.9% of adults aged 45 to 64.

Six in ten (60.4%) Vermont residents whose reported annual family income was less than 100% of FPL reported state health insurance coverage. This is an increase of almost six percentage points compared to 2005 when 54.7% of residents with incomes less than 100% FPL reported state health insurance coverage. In 2008, the percentage with state health insurance was 41.4% for a family income between 100% and 199% FPL compared to 12.3% for 200% to 299% FPL.

By county, the highest percentage of residents with state health insurance coverage resided in Bennington (26.4%), Orleans (26.4%), and Caledonia/Essex (26.0%) and counties. The counties with the lowest enrollment included Chittenden and Grand Isle (13.2%), Orange (16.1%) and Washington (17.2%) counties. This is similar to the breakdown by county in 2005.

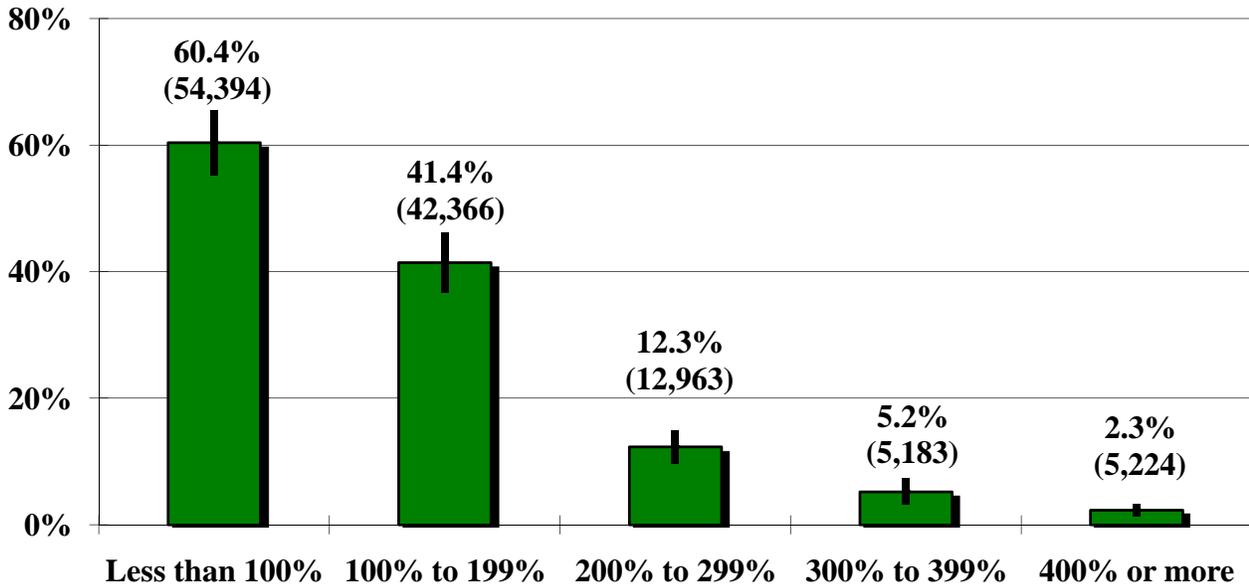
About 8.0% of working adults (26,442 of the estimated 330,000 adults in the labor force) were covered by some type of state sponsored health insurance compared to 25.0% of non-working adults.

Figure 9
Is person covered by any state health insurance program?
(% by age)



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 10
Is person covered by any state health insurance program?
(% by annual family income - FPL)



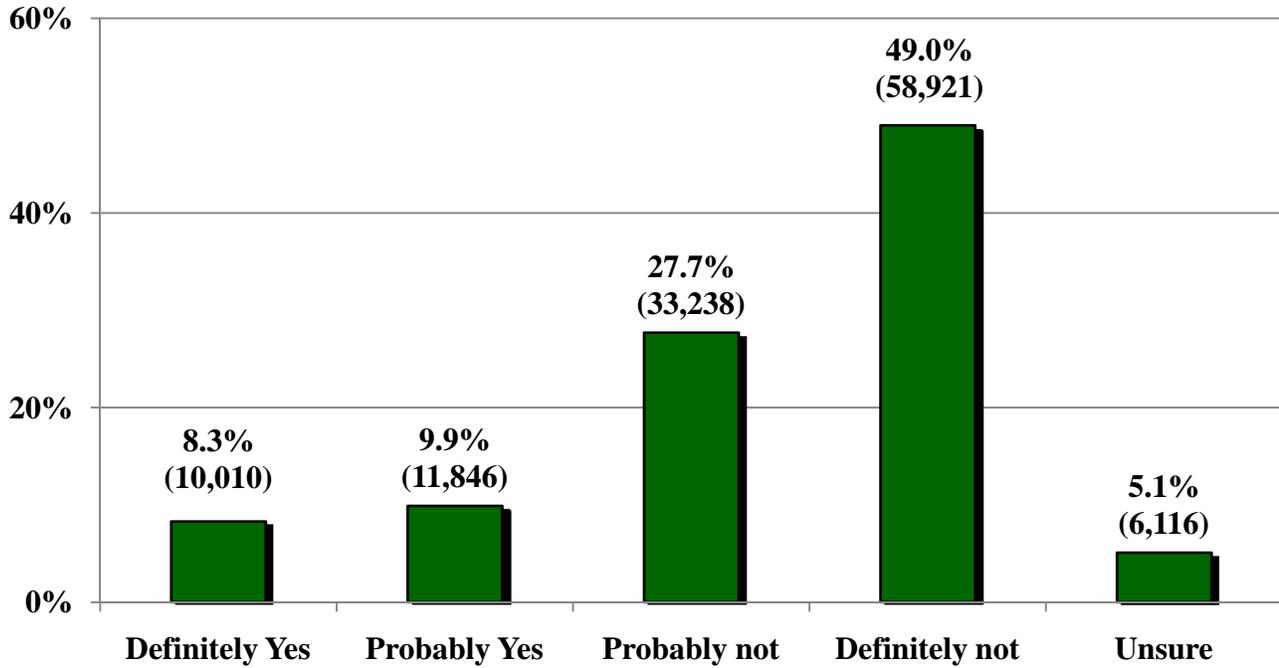
Data Source: 2008 Vermont Household Health Insurance Survey

Access to Private Insurance and Concerns about Loss of Coverage

Among families with members enrolled in state health insurance, 49.0% indicated they would definitely not be able to get private health insurance if their state health insurance program were no longer available and another 27.7% indicated they probably could not get private health insurance. The percentage that felt they definitely or probably could not get private health insurance increased sharply from 66.3% in 2005 to 76.7% in 2008.

The percentage concerned about potentially losing state health insurance coverage declined significantly from 24.6% in 2005 to 15.8% in 2008. Main reasons for concerns included that they may no longer qualify for state health insurance (36.9%) lose eligibility due to age (14.4%), and general concerns about the economy (12.7%).

Figure 11
If the state health insurance was no longer available, would your family be able to get private health insurance?



Data Source: 2008 Vermont Household Health Insurance Survey

Table 9
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 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Yes	24.6%	15.8%	29,114	18,995
No	74.2%	82.4%	87,681	98,935
Unsure	1.1%	1.8%	1,325	2,200
Total	100.0%	100.0%	118,120	120,130

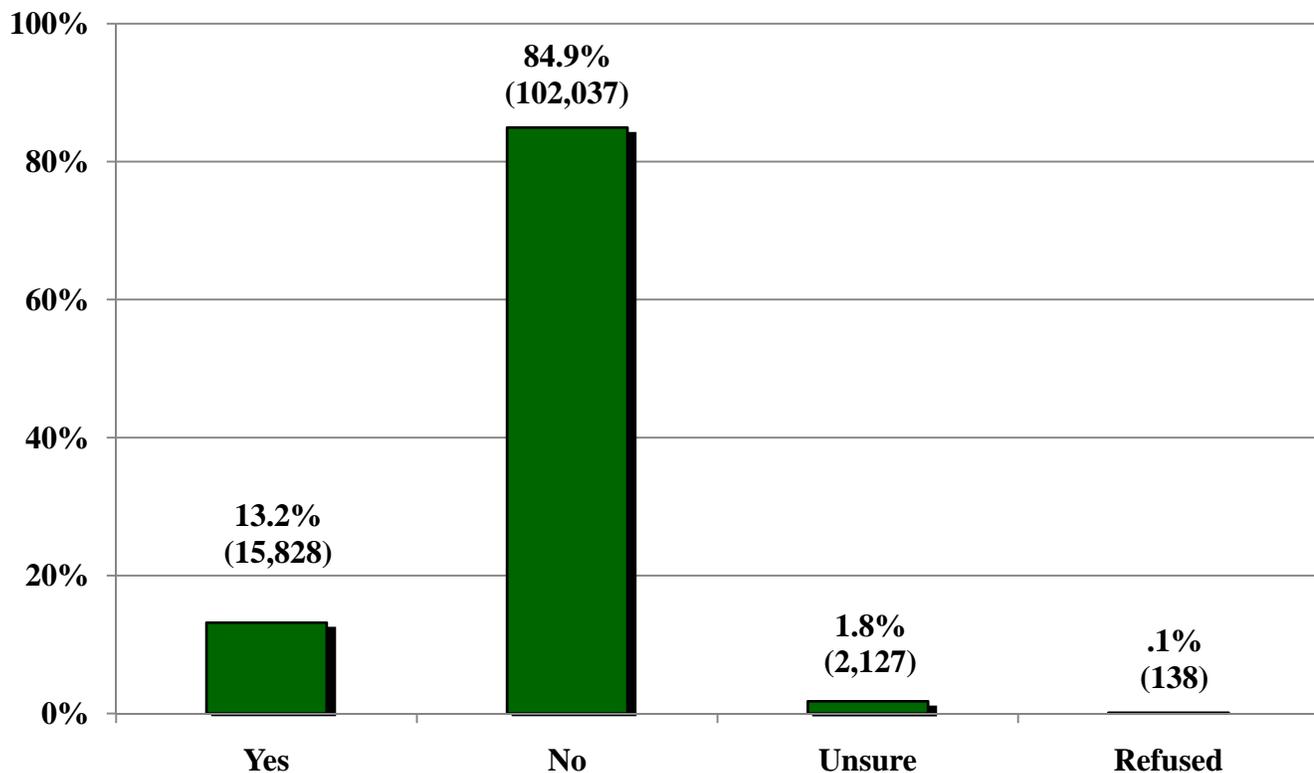
Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Experience With Enrollment Problems

A small percentage of residents with state health insurance (13.2%) experienced problems while enrolling. Problems cited during initial enrollment include burden of required paperwork (29.0%); staff made it difficult to apply (12.4%); the application process took too long (10.6%); and that the initial application was denied (9.6%).

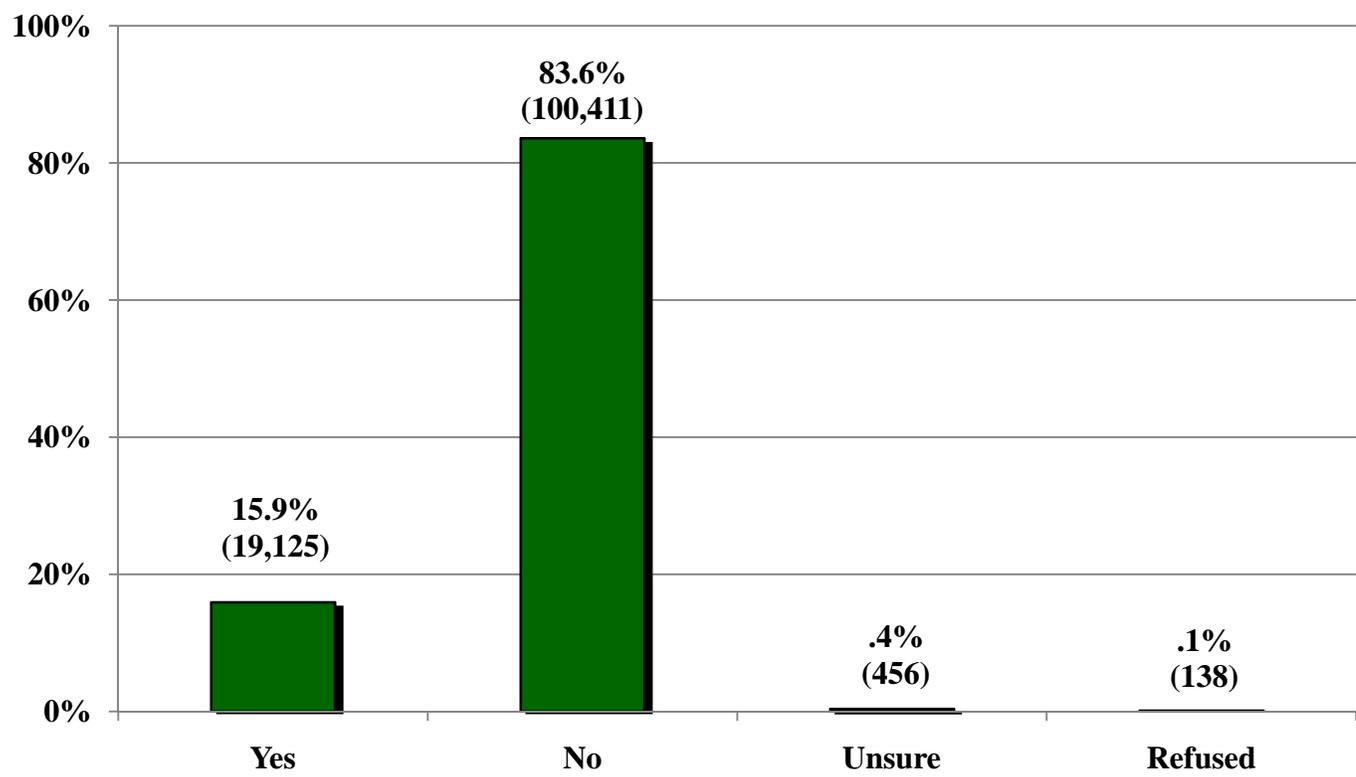
Since enrolling, 15.9% of residents with state health insurance experienced problems. Among the problems cited are the burden of required paperwork (23.9%); non-coverage of some medical expenses (21.8%); and receipt of bills for expenses covered by Medicaid, VHAP, and Dr. Dynasaur (11.3%).

Figure 12
Did your household experience any problems when enrolling in any state health insurance program?



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 13
Has your household experienced any problems since they have been enrolled in state health insurance?



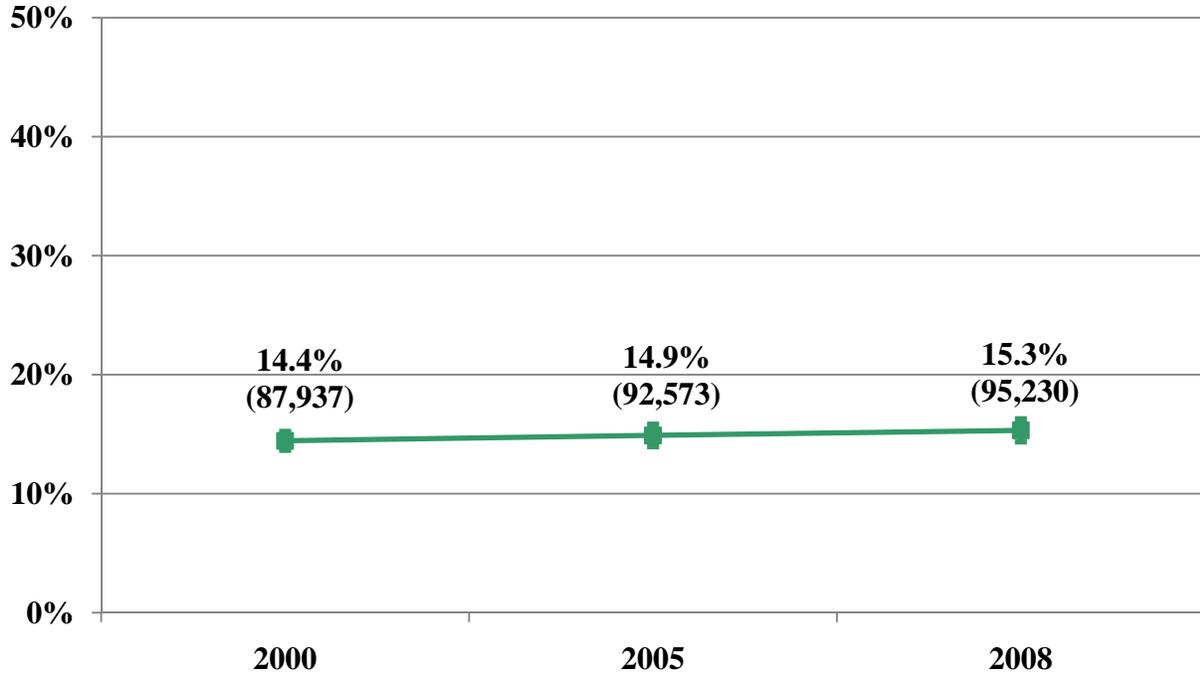
Data Source: 2008 Vermont Household Health Insurance Survey

D. Medicare

Key Findings

- In late 2008, 15.3% (95,230) of Vermont residents were covered by the federal Medicare program, including those with other sources of coverage. This rate was similar to that reported in 2000 and 2005.
- Among Medicare recipients over age 65, 65.6% or approximately 53,400 residents reported being enrolled in insurance plans that supplement.
- Among Medicare recipients over age 65, 72.9% or approximately 64,400 have prescription drug coverage through Medicare supplement insurance or Medicare part D.
- For Vermont Medicare beneficiaries, high concern about prescription drug costs has decreased significantly from 24.6% in 2005 to 17.0% in 2008 most likely due to the availability of Medicare Part D plans starting in 2006.

Figure 14
Is person covered by Medicare?
(2000-2008)



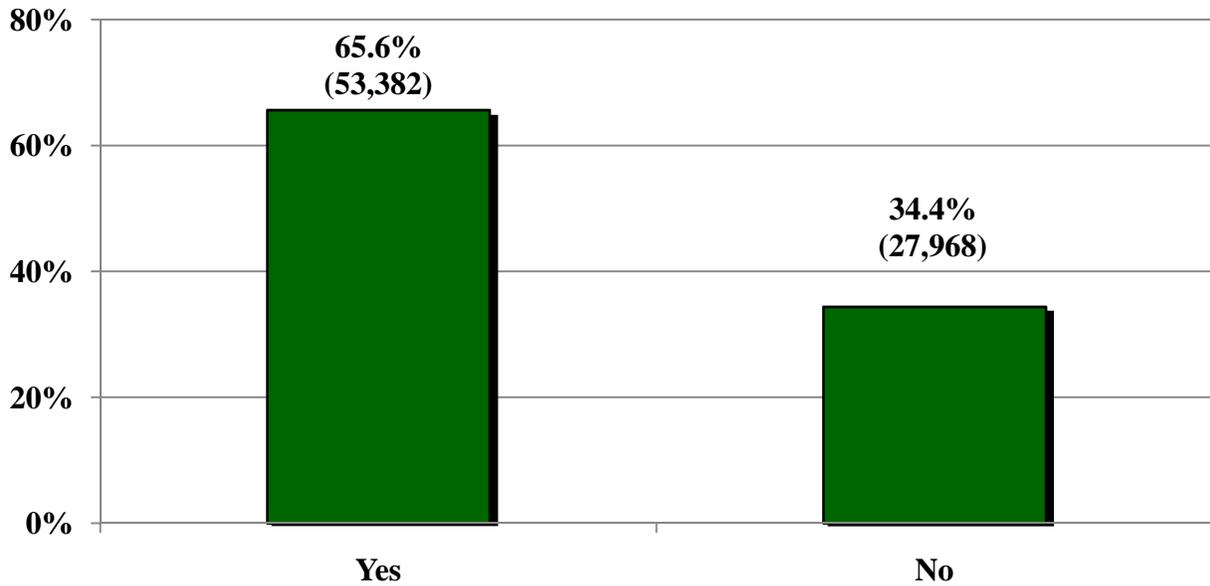
Data Source: 2000, 2005, 2008 Vermont Household Health Insurance Surveys

In 2008, 15.3% of Vermonters had Medicare coverage, including those dually eligible for Medicare and Medicaid and those who had employer-sponsored private insurance in addition to Medicare. This percentage has increased slightly since 2000 but is not statistically significant. Since age is the major determinant of Medicare eligibility, Medicare was the primary coverage source for 96.4% of Vermont residents aged 65 and older in 2008.

Medicare Supplement insurance, also called Medigap insurance, is health insurance sold by private insurance companies to fill gaps in coverage found under the federal Medicare program. In 2008, approximately 53,000 Vermont Medicare beneficiaries reported being enrollment in Medicare Supplement plans which represented 65.6% of the total 95,230 Medicare beneficiaries.

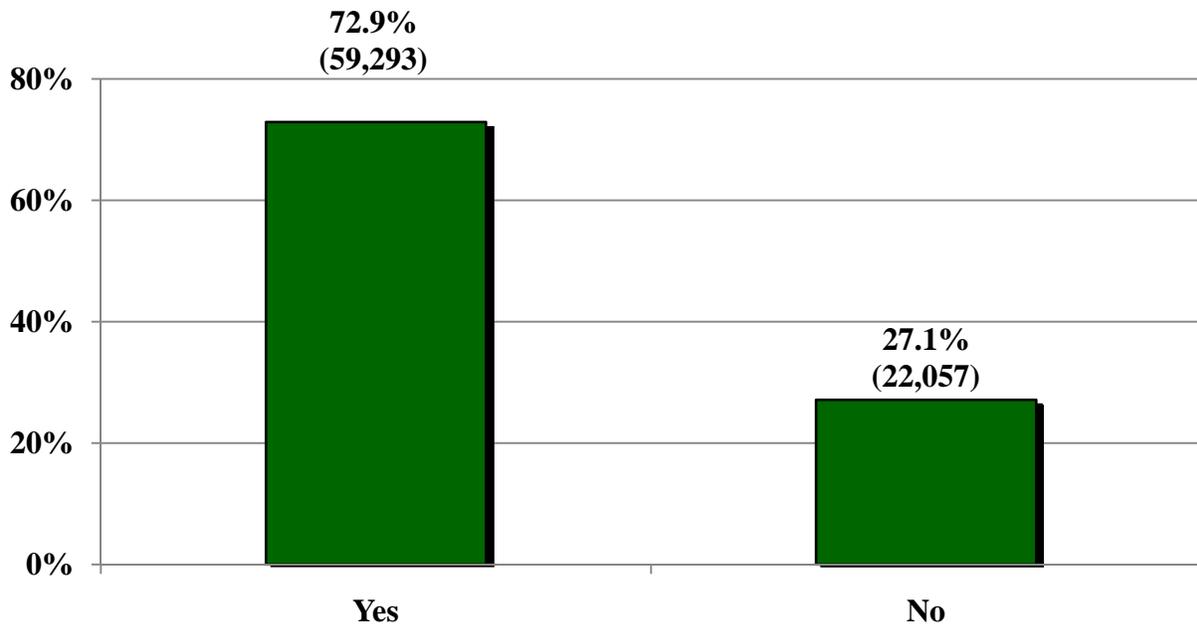
Among Medicare beneficiaries, nearly three-quarters (72.9%) had prescription drug coverage through a Medicare supplement plan or Medicare Part D.

Figure 15
Does senior 65 and older have a Medicare supplement?
(% among residents age 65 and older with Medicare)



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 16
Does Senior 65 and Older Have a Prescription Drug Coverage?
(% among residents age 65 and older with Medicare)



Data Source: 2008 Vermont Household Health Insurance Survey

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 was two to four times higher than the percentages reported for those solely enrolled in Medicare.

Among those solely covered by Medicare, the percentage of residents who experienced financial barriers to health care in 2008 was comparable to 2005 with the exception of prescription medications where there was a decline in barriers. For residents dually enrolled in Medicare and Medicaid, there was an increase in financial barriers from 2005 to 2008.

Table 10
Percent Reporting Financial Barriers To Care
(% among residents with Medicare coverage)

	% Covered by...*			
	Medicare Only	Medicare & Medicaid	Medicare Only	Medicare & Medicaid
	Rate	Rate	Count	Count
Needed care from a Dr. but could not afford it	1.6%	5.7%	1,264	910
Needed mental health care or counseling but could not afford it	1.0%	2.2%	758	358
Needed dental care but could not afford it	5.7%	22.2%	4,490	3,552
Needed a diagnostic test but could not afford it	1.2%	4.9%	915	790
Needed prescription medicines but could not afford it	2.1%	9.3%	1,662	1,485
Took smaller doses of a prescription to make it last longer	4.9%	17.4%	3,868	2,789
Had problems paying for medical bills	12.9%	30.3%	10,214	4,850
Contacted by a collection agency about unpaid medical bills	6.5%	23.9%	5,167	3,819
Changed life significantly in order to pay medical bills	4.2%	10.0%	3,347	1,600

Data Source: 2008 Vermont Household Health Insurance Survey

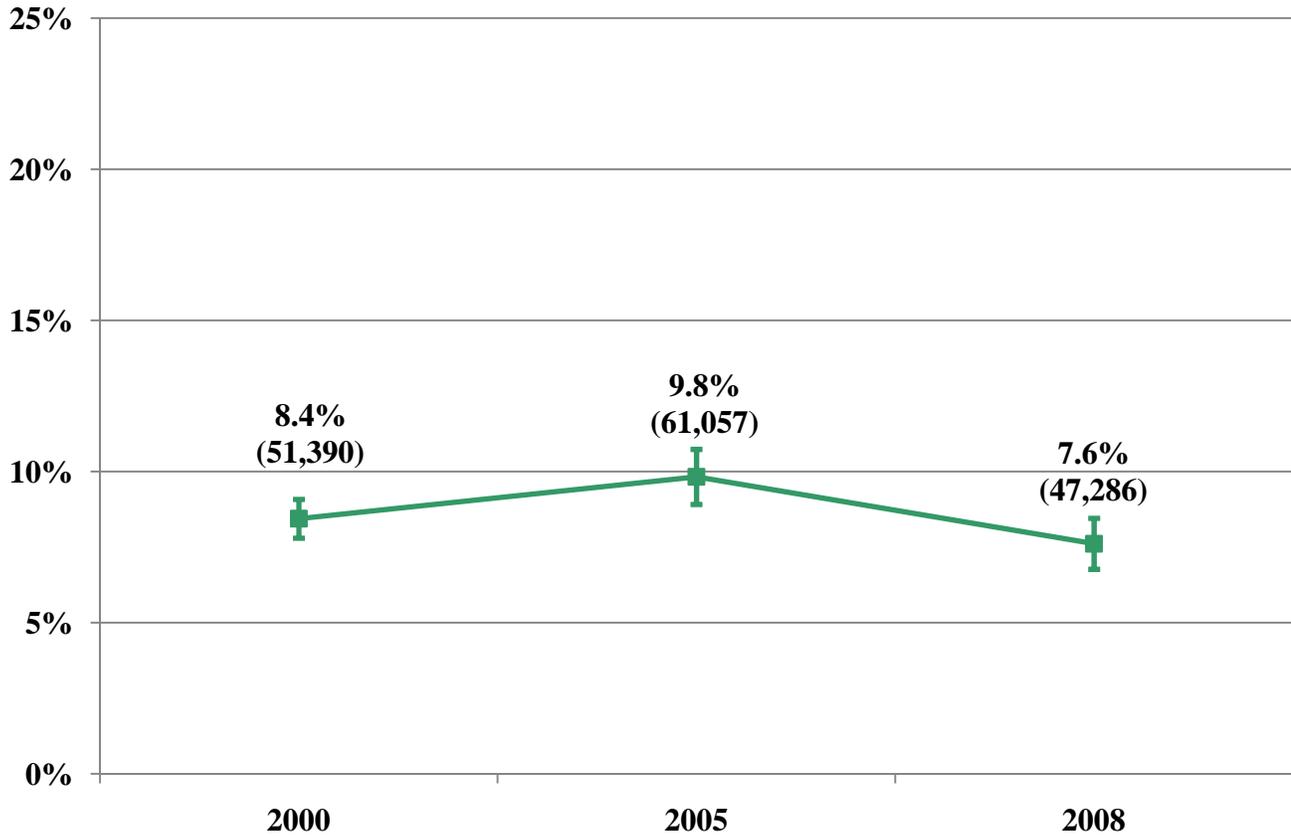
** Total Medicare Only includes 79,222 residents; Total Medicare & Medicaid includes 16,008 residents*

E. The Uninsured

Key Findings

- In late 2008, 7.6% of Vermont residents (47,286) were uninsured. There was a significant decline from the rate for 2005 when 9.8% (61,057) were uninsured.
- Among Vermonters under the age of 65, those aged 18 to 24 had the highest percentage (21.5%) of uninsured while the lowest percentage (2.9%) occurred among children under the age of 18.
- The percentage of residents without health insurance has decreased significantly among most age cohorts since 2005.
- More than 13% of residents in families whose income was less than 200% of FPL are uninsured. Only 2.8% of residents in families earning 400% of FPL or greater were uninsured.
- About one in ten (10.3%) working Vermonters lacked health insurance coverage in late 2008. Among those aged 18 to 64, 10.8% lacked health insurance.
- Nearly one quarter (24.1%) of uninsured adults worked for employers that offered health insurance. This is a significant decrease from 30.1% in 2005.
- Since 2005, the percentage of the uninsured lacking coverage for more than one year has decreased significantly for children age 0 to 17 (dropping from 55.3% to 37.3% in 2008) and adults age 18 to 64 (dropping from 66.0% to 48.4% in 2008)
- Among uninsured residents who had some type of health insurance coverage during the prior 12 months, the majority (56.4%) had been covered by private health insurance through an employer or union.
- When residents were asked what the main reasons were for being uninsured, nearly two-thirds (63.8%) indicate that cost is the only reason they lack coverage.

Figure 17
Is person uninsured?
(2000-2008)



Data Source: 2008 Vermont Household Health Insurance Survey

In late 2008, 7.6% or 47,286 Vermont residents lacked health insurance coverage. This was a significant decrease from the percentage of Vermont residents who reported they were uninsured during the 2005 administration of the Vermont Household Health Insurance Survey, a drop of more than two percentage points. Male residents were more likely than female residents to lack current health insurance coverage (9.2% among male residents compared to only 6.0% among female residents).

Demographic Characteristics

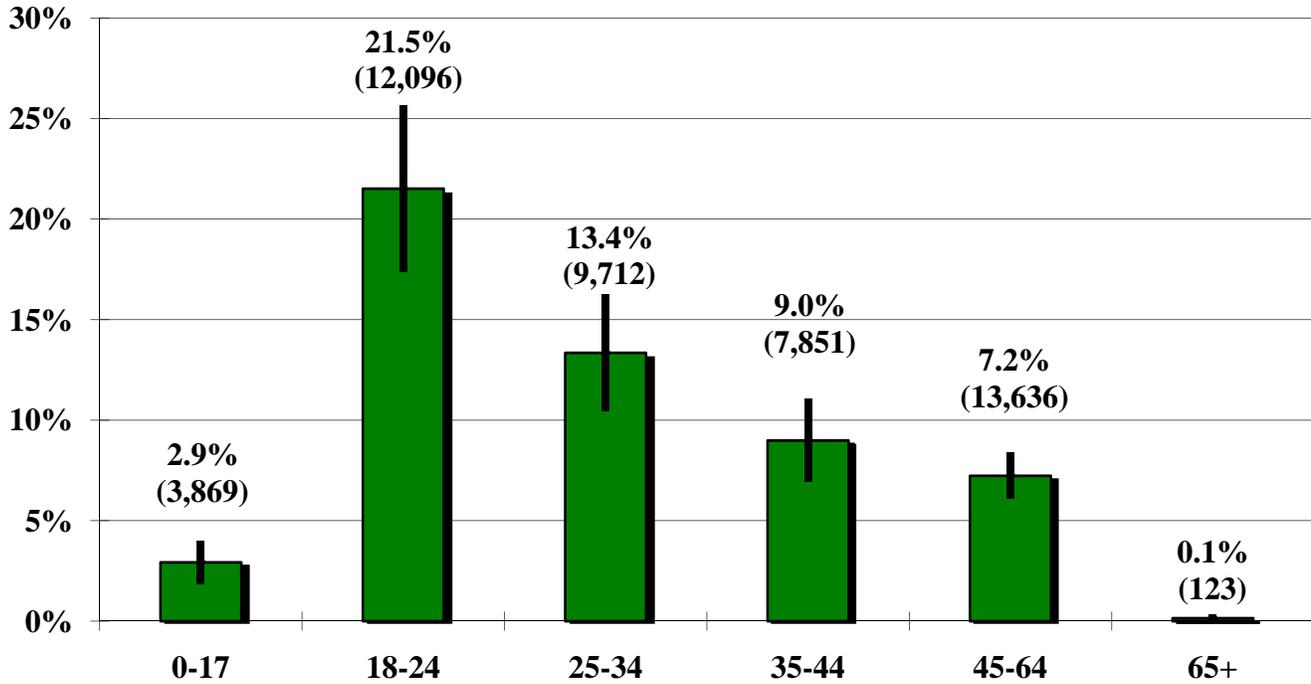
The lowest uninsured rates occurred among the youngest and oldest age groups. Among those under 18, only 2.9% lacked health insurance coverage in late 2008. Among adults, the uninsured rate decreased with age (See Figure 18). Vermonters aged 18 to 24 had the highest uninsured rate of 21.5% compared to 7.2% for those aged 45 to 64.

Since 2005, there has been a significant decrease in the percentage of uninsured residents among almost all age cohorts. The most significant decrease was among residents aged 18 to 24 (a 3.4 percentage point decrease since 2005), residents aged 25 to 34 (a 4.6 percentage point decrease), and residents aged 35 to 44 (a 3.7 percentage point decrease since 2005).

There were only three counties in which more than one in ten residents was uninsured. The highest uninsured rates occurred among residents of Caledonia and Essex counties (11.0%), followed by Lamoille County (10.4%). The counties with the lowest percentage of uninsured residents were Chittenden and Grand Isle counties where 5.2% of residents lacked health insurance and Orange County where 6.0% of residents reported being uninsured.

Being uninsured is most strongly correlated with family income (See Figure 19). In late 2008, the uninsured rate for those with family incomes under 100% FPL was 13.7% compared to 2.8% for those with family incomes over 400% FPL. The percentage of residents without health insurance has decreased since 2005 in all income groups with the most notable statistically significant declines observed among those who had family incomes under 200% of FPL (See Table 12). For the uninsured with family incomes under 100% FPL, the uninsured rate decreased 4.3% followed by 3.0% for those with family incomes between 100 and 199% FPL.

Figure 18
Is person uninsured?
 (% by age)



Data Source: 2008 Vermont Household Health Insurance Survey

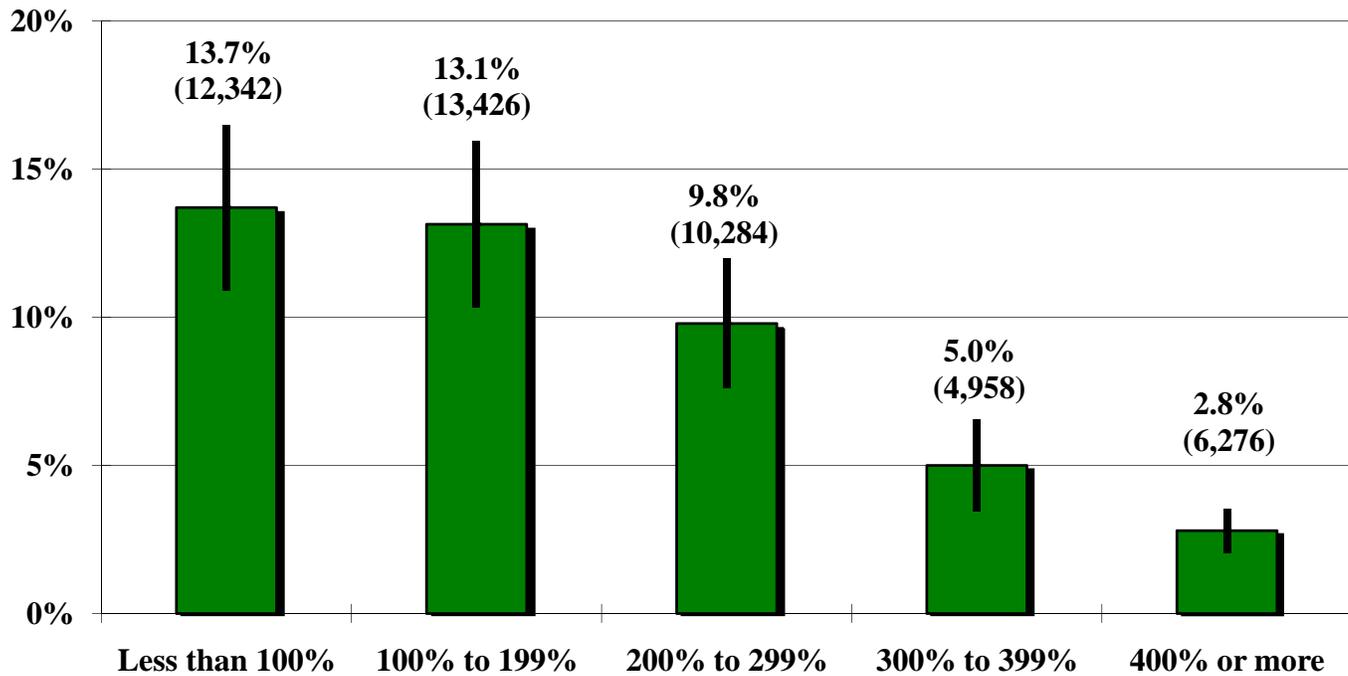
Table 11
Percent Uninsured by Age Cohort, 2005 and 2008

% Uninsured	Rate			Count		
	2005	2008	Change	2005	2008	Change
0-17	4.9%	2.9%	-2.0%*	6,943	3,869	-3,074
18-24	25.0%	21.5%	-3.4%*	11,923	12,096	173
25-34	17.9%	13.4%	-4.6%*	14,044	9,712	-4,332
35-44	12.7%	9.0%	-3.7%*	11,312	7,851	-3,461
45-64	8.9%	7.2%	-1.7%*	16,417	13,636	-2,781
65+	.5%	.1%	-0.4%	408	123	-285
Total	9.8%	7.6%	-2.2%	61,047	47,287	-13,760

*=Statistically significant change

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Figure 19
Is person uninsured?
 (% by annual family income - FPL)



Data Source: 2008 Vermont Household Health Insurance Survey

Table 12
Percent Uninsured by Annual Family Income – FPL, 2005 and 2008

% Uninsured	Rate			Count		
	2005	2008	Change	2005	2008	Change
Less than 100%	18.0%	13.7%	-4.3%*	16,396	12,342	-4,054
100% to 199%	16.1%	13.1%	-3.0%*	18,674	13,426	-5,248
200% to 299%	11.5%	9.8%	-1.7%*	12,676	10,284	-2,392
300%+	4.5%	3.5%	-1.0%	13,311	11,234	-2,077
Total	9.8%	7.6%	-2.2%	61,057	47,286	

*=Statistically significant change

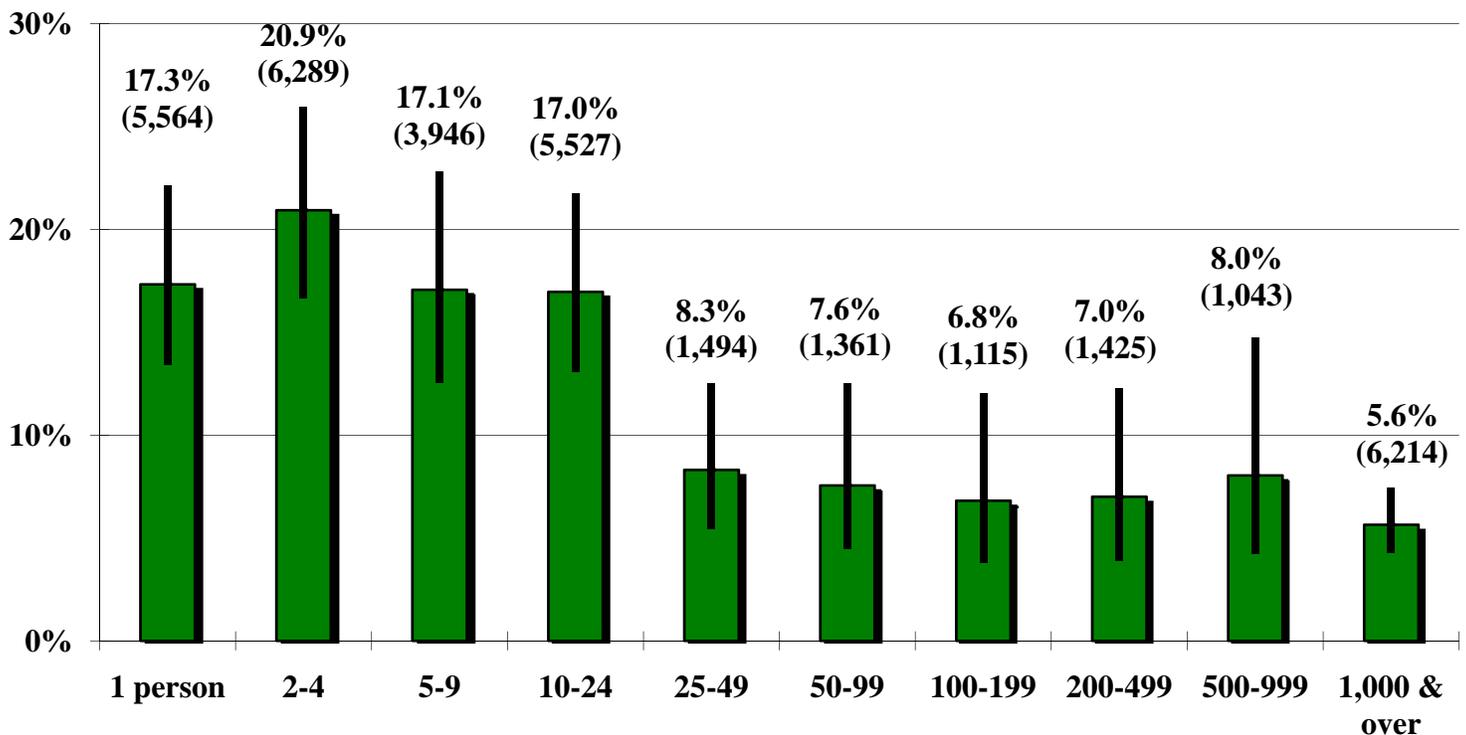
Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Employment Characteristics

Among employed Vermonters aged 18 to 64, 10.8% lacked health insurance coverage at the end of 2008. Among uninsured workers aged 18 to 64, 15.1% of part time workers were uninsured compared to 9.6% of full time workers. Among self-employed Vermonters, 17.3% lacked health insurance coverage.

Those working in smaller companies were more likely to lack health insurance coverage. More than two in ten employees (20.9%) working in firms with 2 to 4 employees were uninsured compared to 5.6% of employees in companies with 1000 or more workers. For those working for companies with 5 to 9 employees, the uninsured rate was 17.1%, similar to the rate of 17.0% for workers in companies with 10 to 24 employees. The uninsured rate starts to drop significantly for those employed by companies with 25 or more employees. The uninsured rate dropped to 8.3% for workers employed by companies with 25 to 49 employees; 7.6% for 50-99 employees; 6.8% for 100-199 employees, 7.0% for 200-499 employees; and 8.0% for 500-999 employees.

Figure 20
Is person uninsured?
 (% by employer size based on number of employees
 among residents aged 18 to 64)



Data Source: 2008 Vermont Household Health Insurance Survey

Employees with hourly wages under \$15.00 were much more likely to be uninsured than employees with hourly wages over \$15.00. Among those with hourly wages of \$7.68 or less, 18.2% were uninsured while 24.7% of those with hourly wages between \$7.69 and \$9.00 per hour were uninsured. More than two in ten employees (22.2%) with hourly wages between \$9.01 and \$12.00 were uninsured. The uninsured rate dropped to 10.3% at an hourly wage range of \$12.01 to \$15.00. At \$15.01 to \$18.00 per hour, 6.3% of workers were uninsured and less than 6.0% for those with hourly wages over \$18.00.

The percentage of uninsured working adults with access to employer-sponsored insurance decreased significantly since 2005. At the end of 2008, 24.1% of uninsured working adults were offered health insurance by their employers compared to 30.1% in 2005.

Table 13
Does your employer offer health insurance?
 (% among uninsured working Vermont residents age 18 and older, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Yes	30.1%	24.1%	13,188	8,207
No	65.8%	75.9%	28,811	25,839
Unsure	3.9%	3.2%	1,727	
Refused	0.1%	0.1%	46	
Total	100.0%	100.0%	43,772	34,046

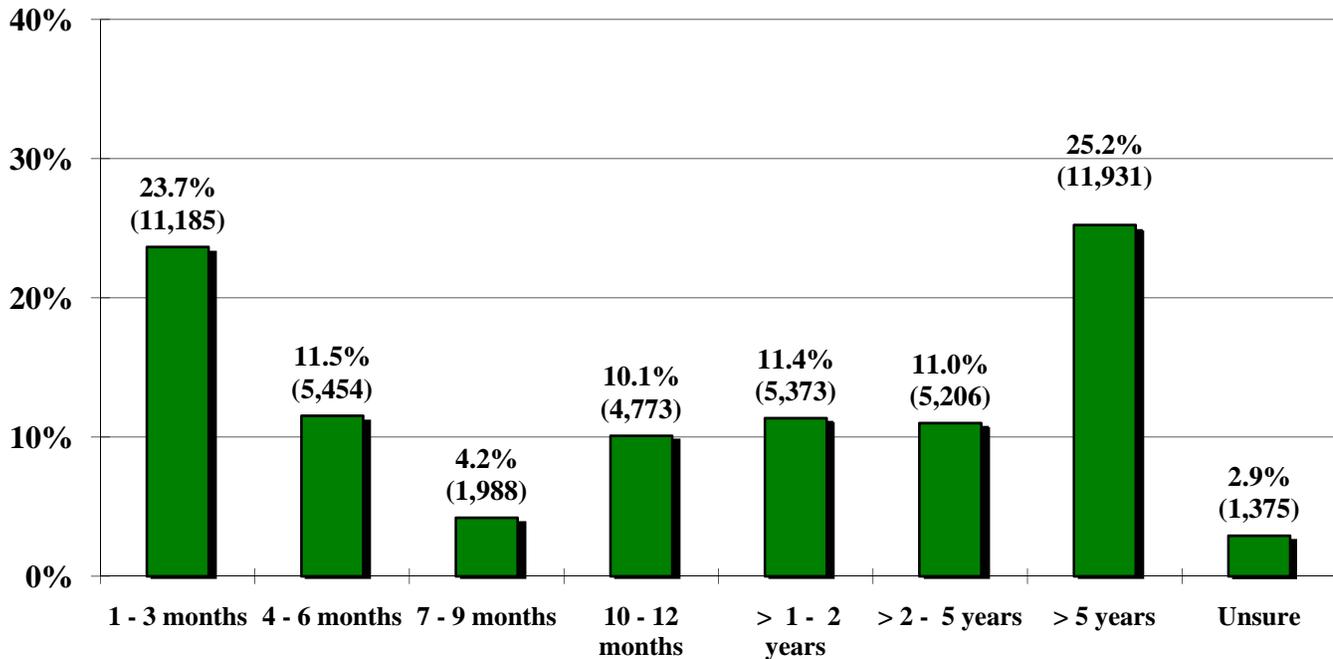
Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Duration

Nearly half of the insured (47.6% or 22,510) lacked health insurance for more than one year with over half of these (11,931 or 25.2% of the total uninsured) indicating they had lacked coverage for more than five years (See Figure 21). Nearly one quarter of the uninsured (23.7%) reported that they had been without insurance coverage for one to three months followed by another 11.5% who lacked coverage for four to six months.

The percentage of those uninsured for more than a year increased with age. Among children, one third had been without insurance for more than one year. The percentage increased to 37.1% for the uninsured aged 18 to 24, 45.2% for the uninsured aged 25 to 34, 49.0% for the uninsured aged 35 to 44, and 51.8% for the uninsured aged 45 to 64. However, the percentage of long term uninsured has decreased significantly since 2005. Among uninsured children age 0 to 17, the percentage without insurance for more than 12 months decreased from 55.3% in 2005 to 37.3% in 2008. And among adults age 18 to 64, the percentage decreased from 66.0% in 2005 to 48.4% in 2008.

Figure 21
How long has person been without health insurance coverage?
(% among uninsured Vermont residents)



Data Source: 2008 Vermont Household Health Insurance Survey

Table 14
How long has person been without health insurance coverage?
(Uninsured Residents, 2005 and 2008)

	Age 0 to 17		Age 18 to 64	
	2005	2008	2005	2008
Length of Time Without Coverage	Rate	Rate	Rate	Rate
12 months or less	41.6%	59.7%	30.5%	48.7%
More than 12 months	55.3%	37.3%	66.0%	48.4%
Don't know	3.1%	3.0%	3.6%	2.8%

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

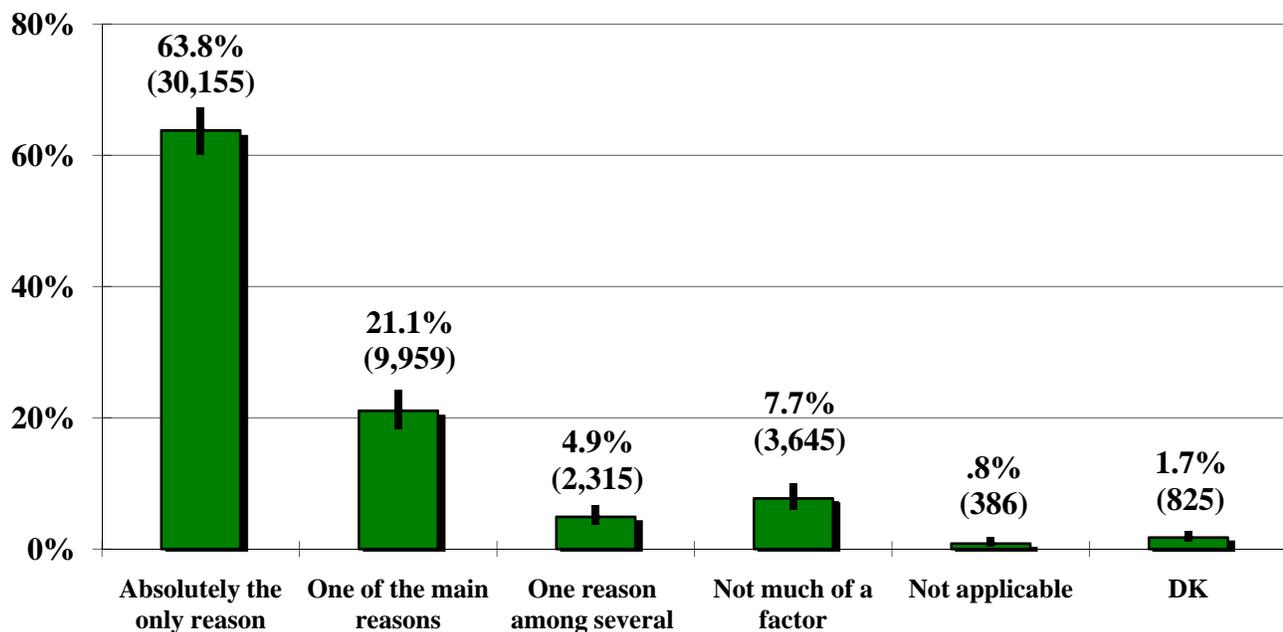
Among the 49.5% (23,400) of the uninsured with some type of coverage during the past year, most had prior coverage through employer-sponsored private health insurance (56.4%).

Reason for Lack of Health Insurance

Cost remains the primary barrier to health insurance coverage among the uninsured. Nearly two-thirds (63.8%) indicated that the cost of health insurance was the **only** reason they currently lack coverage. Another 21.1% indicated cost was one of the main reasons.

In addition to cost, other reasons identified by the uninsured include no longer being eligible for coverage through state health insurance (6.8% of uninsured); the person in the family with health insurance coverage lost his or her job (3.9%); and that a current employer did not offer health insurance (2.8%).

Figure 22
How does cost rate as the reason why person is not currently covered by insurance?



Data Source: 2008 Vermont Household Health Insurance Survey

F. Segment Analysis: The Uninsured Population

Key Findings

Uninsured Children Ages 0 to 17

Demographic Characteristics

- Over half (55.4%) of uninsured children aged 0 to 17 were male.
- Fifty-three percent of uninsured children were between the ages of 11 and 17.
- Over one-half (51.2%) of uninsured Vermont children resided in families whose annual incomes were less than 200% of FPL.

Employment Characteristics of Parents

- More than nine in ten (90.6%) uninsured children lived in families with one or more employed parents. Nearly three quarters (73.7%) of the employed adults worked full time.
- Seven in ten (70.2%) of the working adults in families with uninsured children worked for companies with fewer than 25 employees.
- A large percentage (40.3%) of employed parents with uninsured children earned \$12.00 or less per hour.
- One quarter of families with uninsured children have at least one parent whose employer 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, dental care, diagnostic tests, or prescription drugs due to cost.
- Sixty-three percent of families with uninsured children had difficulty paying medical bills during the prior 12 months.
- Nearly four in ten (38.5%) of families with uninsured children had been contacted by a collection agency for unpaid medical bills.

- Nearly one-quarter (23.4%) of uninsured children had not seen a health care professional during the past year. This compares to 6.6% of insured children.

Uninsured Adults Ages 18-64

Demographic Characteristics

- Sixty percent of uninsured adults aged 18 to 64 were male.
- More than half (50.3%) of the uninsured adult population was between the ages of 18 and 34.
- More than half (54.8%) of uninsured adults resided in families with incomes below 200% of FPL.

Employment Characteristics

- About four out of every five (78.5%) uninsured adults were employed. Seven in ten (70.5%) of uninsured working adults worked 35 or more hours per week.
- Nearly two-thirds (63.0%) uninsured working adults worked for an employer with fewer than 25 employees.
- Three in ten uninsured 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, or prescription drugs due to cost. About one in ten (10.2%) of uninsured adults ages 18 to 64 delayed getting needed medical care due to cost and 7.6% did not get prescription drugs.
- Forty-six percent of uninsured adults lived in families that experienced problems paying medical bills.
- Three in ten uninsured adults (30.6%) lived in families that had been contacted by a collection agency about unpaid medical bills.
- Nearly forty percent of uninsured adults (39.6%) had not seen a health care professional during the previous year.

1. Uninsured Children Ages 0 to 17

Demographic Characteristics

A higher percentage of uninsured children were male (55.4%) and resided in Rutland, Caledonia, Essex, and Chittenden counties. Half of uninsured children in Vermont resided in families with annual incomes less than 200% of FPL.

There was some concentration of uninsured children in northeastern Vermont (Caledonia and Essex counties) where the economy was less robust with higher unemployment above the state average.

Uninsured children tended to live in families where most members lacked health insurance and 78.3% of the adults were also uninsured.

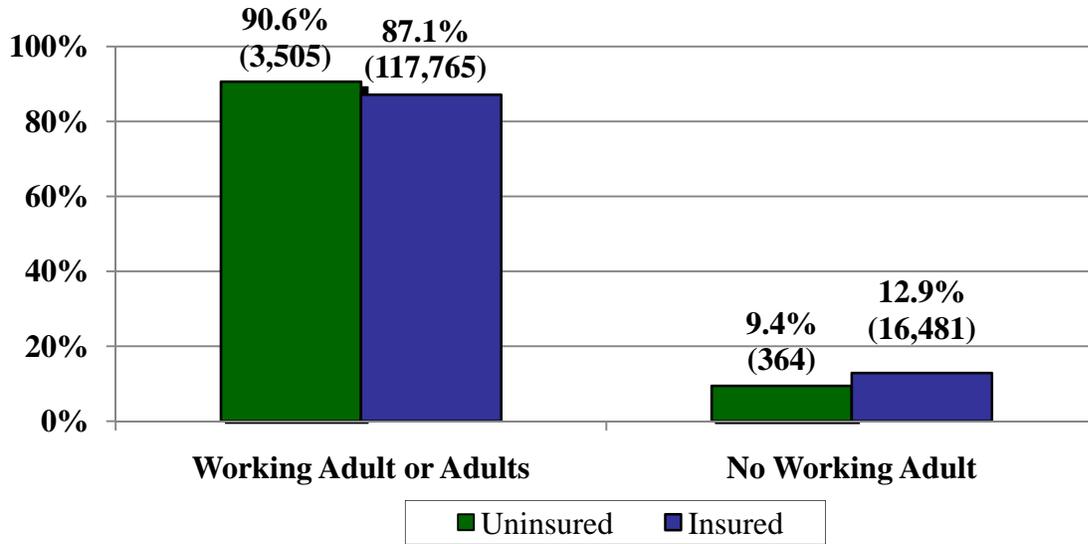
Employment Characteristics of Parents of Uninsured Children

More than nine in ten (90.6%) uninsured children lived in families with one or more employed parent or guardians, 73.7% of whom were employed full time. While 52.1% of these adults worked for private companies, 31.1% were self-employed. 70.2% of employed adults worked for companies that employ fewer than 25 employees and a large percentage (40.3%) earned \$12.00 or less per hour.

Uninsured children in Vermont often did not have access to employer-based health insurance coverage through their parents. Among employed parents with uninsured children in their families, only 25.0% indicated that their employers offered health insurance coverage, significantly less than the 71.0% among employed parents of insured children.

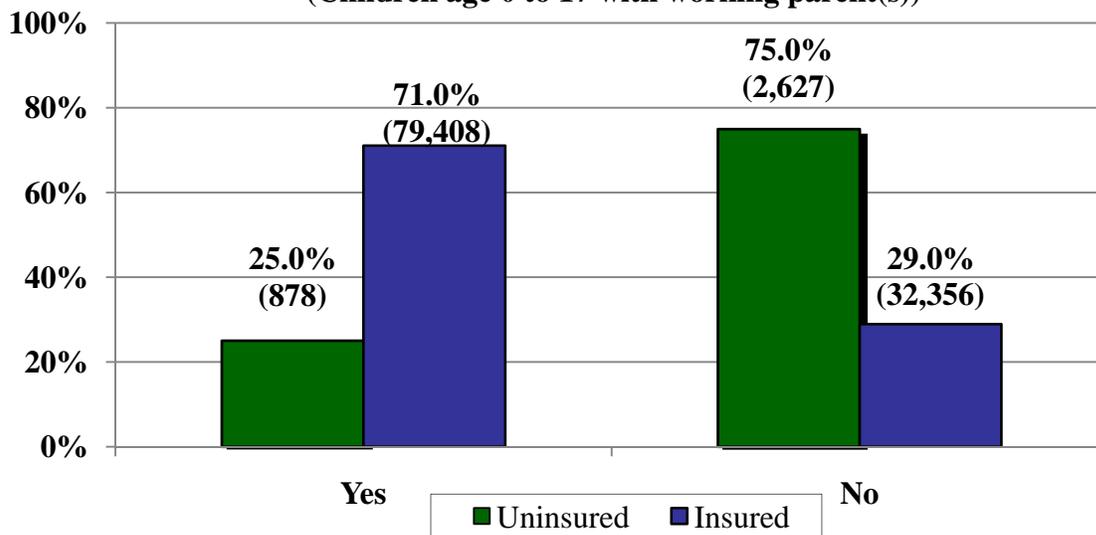
Among parents who were offered coverage through their employer, nearly eight in ten (77.1%) indicated it would cost too much for them to enroll while 22.9% had not worked with an employer long enough to qualify for benefits. Only 76.9% of these employers offered health insurance benefits for children.

Figure 23
Is there an employed adult in the household by insurance status of child



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 24
Does the employer of child's parent offer health insurance coverage to employees?
(Children age 0 to 17 with working parent(s))

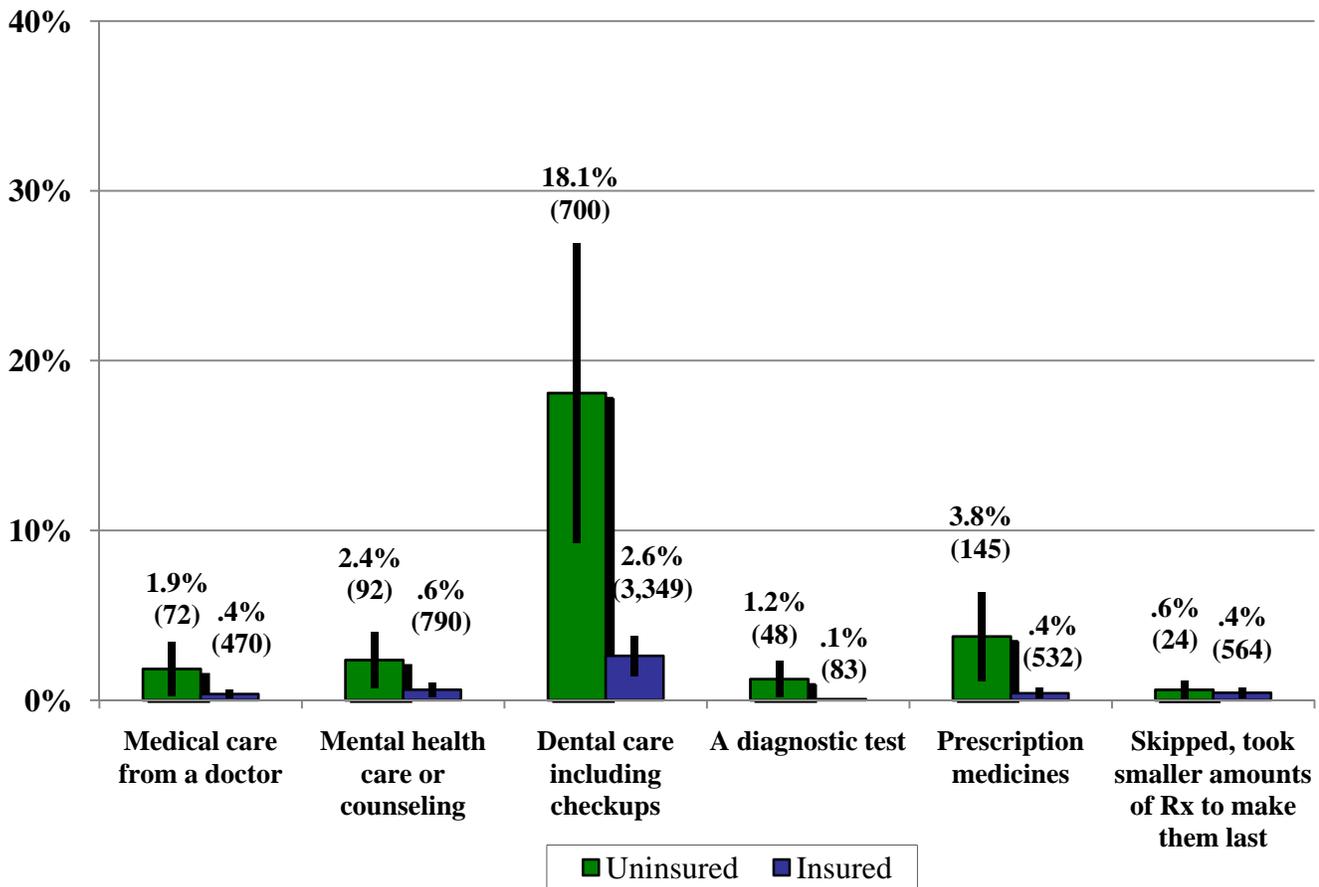


Data Source: 2008 Vermont Household Health Insurance Survey

Use of Medical Services and Cost

Without health insurance to cover the cost of care, uninsured children were more likely than insured children to have not received needed medical care (1.9%), mental health care or counseling (2.4%), dental care (18.1%), diagnostic tests (1.2%), or prescription drugs (3.8%). However, compared to 2005, the number and percentage of uninsured children not getting needed care due to cost in 2008 had decreased in all categories.

Figure 25
Was there any time person needed __ but did not get it because they could not afford it?
(Children ages 0 to 17)



Data Source: 2008 Vermont Household Health Insurance Survey

Table 15
Was there any time person needed __ but did not get it because they could not afford it?
(Uninsured children ages 0 to 17, 2005 and 2008)

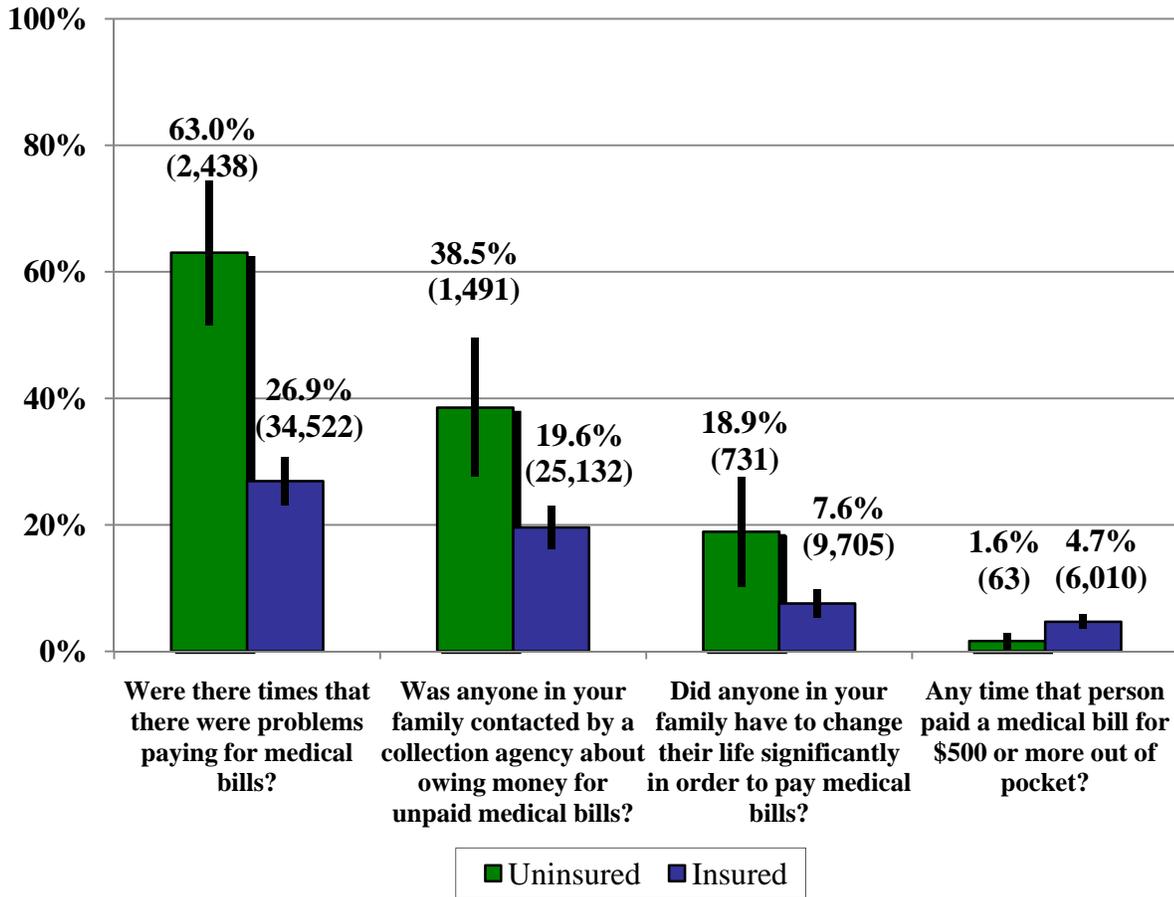
	Rate		Count	
	2005	2008	2005	2008
Medical care from a doctor	4.0%	1.9%	261	72
Mental health care or counseling	2.6%	2.4%	168	92
Dental care including checkups	24.7%	18.1%	1,626	700
A diagnostic test	1.4%	1.2%	92	48
Prescription medicines	5.5%	3.8%	363	145
Skipped, took smaller amounts of Rx to make them last	2.4%	.6%	160	24

Data Source: 2005, 2008 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, to have been contacted by a collection agency about unpaid medical bills, and to have altered their lives significantly to pay medical bills.

Sixty-three percent indicated there were times that there were problems paying for medical bills (an increase from 58.3% in 2005) and 38.5% indicated someone in the family was contacted by a collection agency about owing money for unpaid medical bills. Nearly one in five (18.9%) indicated that someone in the family had to change their life significantly in order to pay medical bills, an increase from 15.1% in 2005.

Figure 26
During the past 12 months...
(Children aged 0 to 17)



Data Source: 2008 Vermont Household Health Insurance Survey

Table 16
During the past 12 months...
(Uninsured Children ages 0 to 17, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Were there times that there were problems paying for medical bills?	58.3%	63.0%	3,835	2,438
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	43.2%	38.5%	2,844	1,491
Did anyone in your family have to change their life significantly in order to pay medical bills?	15.1%	18.9%	992	731
Any time that person paid a medical bill for \$500 or more out of pocket?	N/A	1.6%	N/A	63

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

The lack of health insurance had an impact on use of medical care. Uninsured children were less likely to have visited a health care professional, with 23.4% of uninsured children who had not seen a doctor during the past 12 months (compared to only 6.6% of insured children). However, the percentage of uninsured children that had not seen a medical provider during the prior 12 months decreased since 2005 when the rate was 30.0%. Nearly four in ten (38.0%) had not seen a doctor for a routine check-up compared to 14.2% insured children.

2. Uninsured Adults Age 18-64

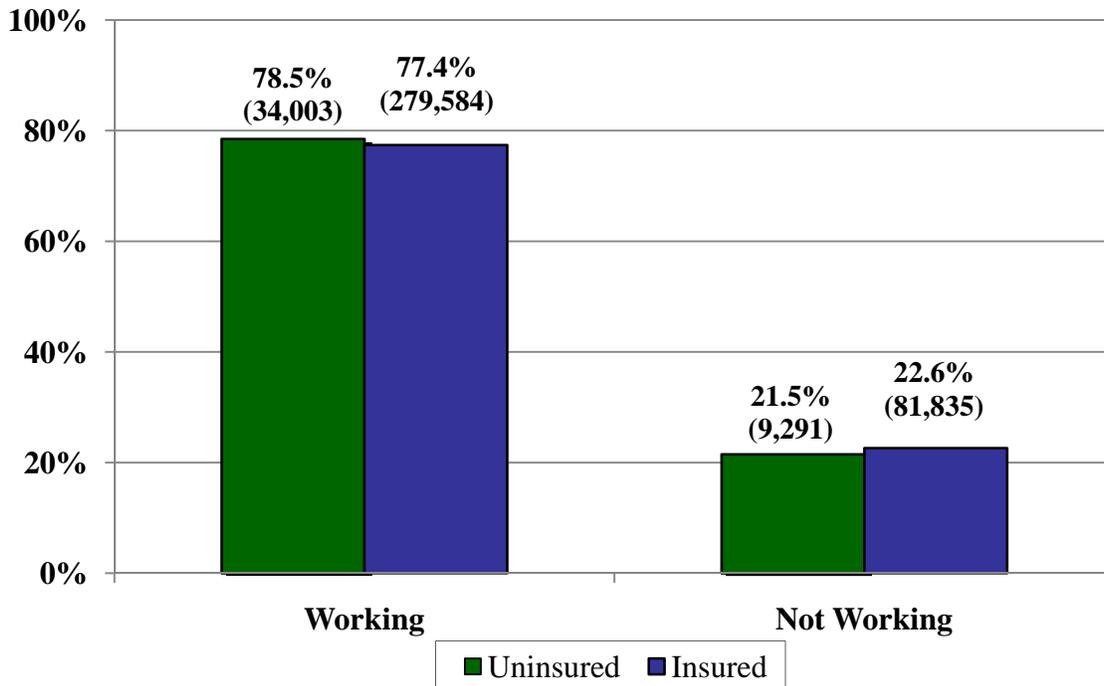
Demographic Characteristics

The majority of the 43,294 uninsured adults under the age of 65 (60.2%) were male. While adults aged 18-24 were 13.9% of the adult population under 65, the uninsured rate for this age group was 27.9%. Among uninsured adults under 64, 54.8% resided in families with annual incomes less than 200% of FPL.

Employment Characteristics

Most uninsured adults (78.5% or 34,003) were employed and 70.5% of these working adults were employed full-time (35+ hours per week). More than six in ten (62.1%) worked for a private company while 26.1% were self-employed. Nearly half (49.9%) worked in the service sector, 19.6% worked in retail and 17.1% worked in construction. Over half (53.0%) earned \$12.00 or less an hour. Nearly two-thirds (63.0%) worked for an employer with fewer than 25 employees.

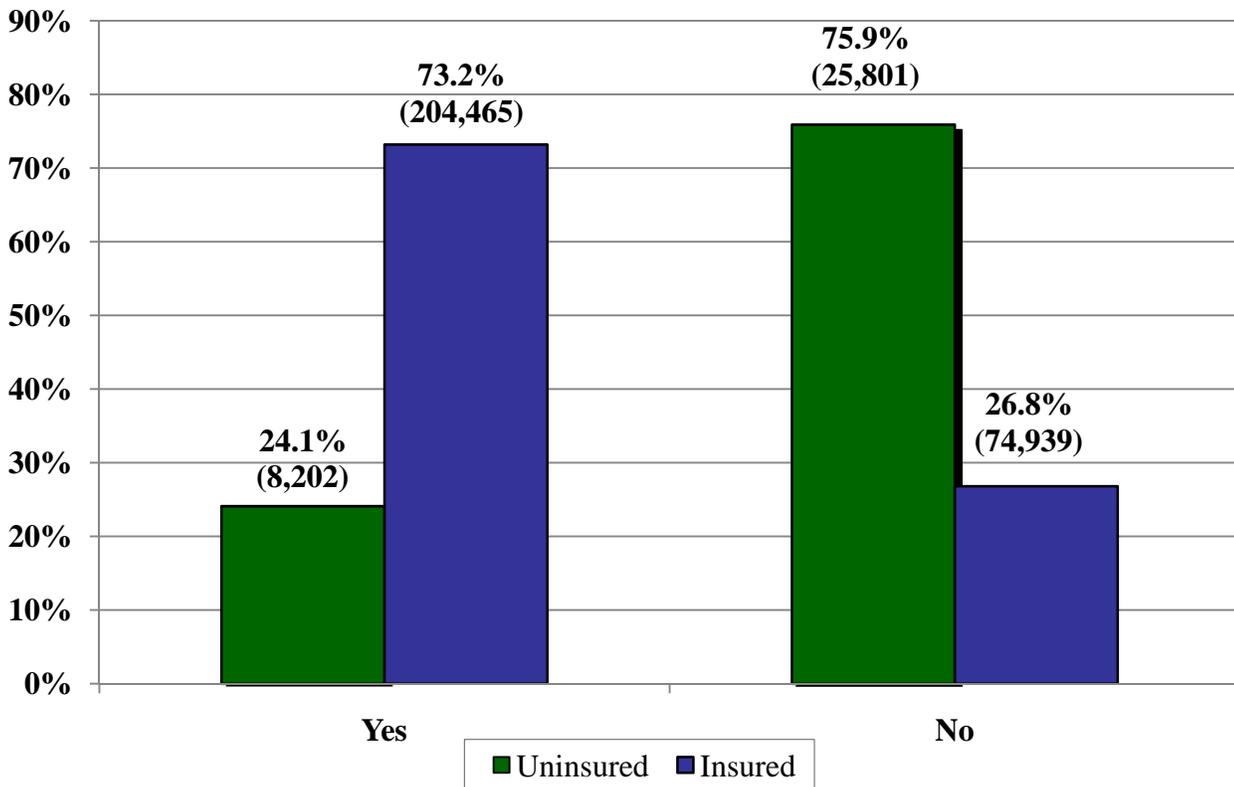
Figure 27
Employment status
(Adults aged 18 to 64)



Data Source: 2008 Vermont Household Health Insurance Survey

Only 24.1% (8,202) of uninsured employed adults worked for employers offering health insurance. **The percentage working for employers offering health insurance coverage decreased significantly from 30.1% in 2005.** Among the 8,202 adults who reported that their employers offered coverage, 22.1% had not worked for their employer long enough to qualify for benefits and 21.9% worked too few hours to qualify. Nearly two-thirds (64.3% or 5,274) indicated that the health insurance offered by their employer cost too much and coverage was declined.

Figure 28
Does employer offer health insurance coverage to employees?
(Working residents Aged 18 to 64)



Data Source: 2008 Vermont Household Health Insurance Survey

Use of Medical Services and Cost

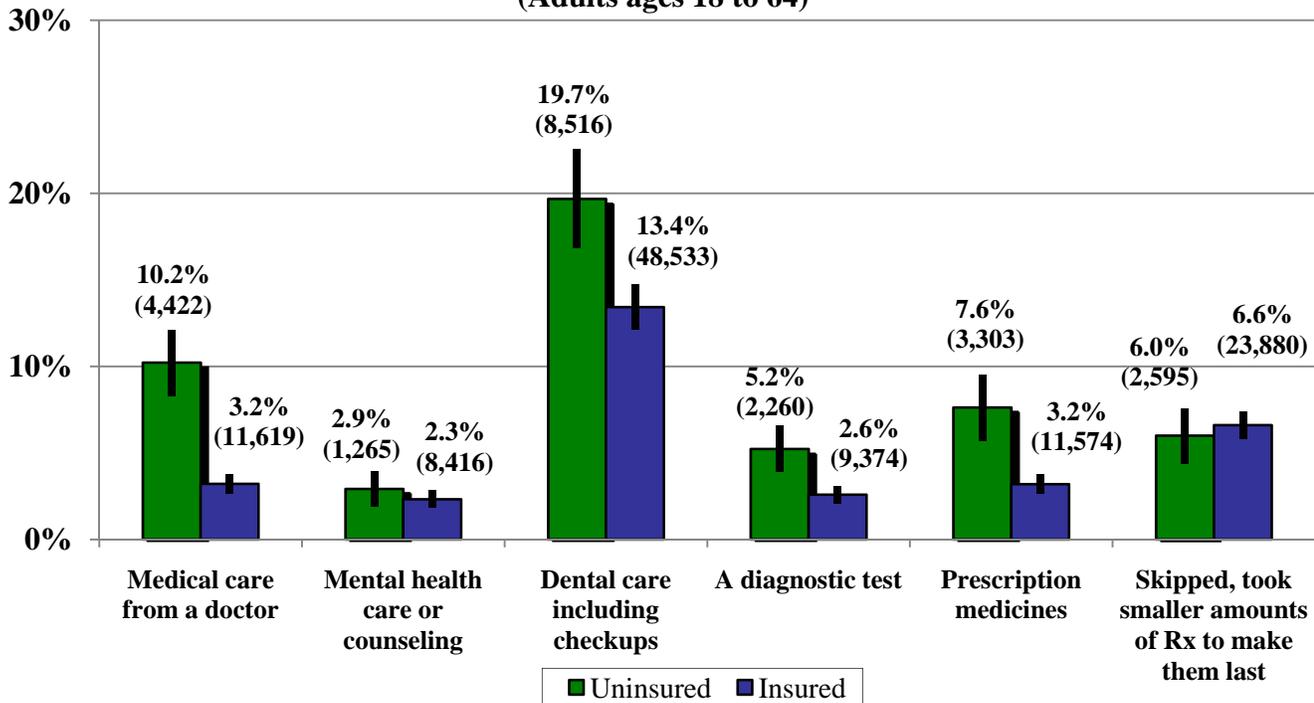
Uninsured adults were more likely than insured adults to not have sought needed medical care (10.2%), mental health care or counseling (2.9%), diagnostic test (5.2%), or prescription drugs (7.6%) due to cost. However, the percentage of uninsured adults not getting needed care due to cost decreased since 2005 (See Table 17).

Uninsured adults were more likely than insured adults to have problems paying medical bills, to have been contacted by a collection agency about unpaid medical bills, or have altered their lives significantly to pay medical bills. Forty-six percent indicated that they experienced problems paying medical bills and 30.6% indicated that someone in the family was contacted by a collection agency about unpaid medical bills. Compared to 2005, these percentages had either remained the same or decreased slightly.

Uninsured adults were less likely to visit a health care professional than those with insurance. Nearly four in ten (39.6) uninsured adults had not visited a doctor during the past 12 months compared to 11.9% of insured adults. Seven in ten (70.4%) had not seen a doctor for a routine check-up compared to 36.3% among insured adults. Uninsured adults may have postponed care that could have health consequences. It is interesting to note that uninsured adults were significantly less likely to report that they have diabetes, high blood pressure, high cholesterol, and heart disease than insured adults ages 18 to 64. Only 33.5% of uninsured adults in this age cohort reported one or more chronic conditions and only 4.7% reported three or more chronic conditions. Among insured adults age 18 to 64, these percentages were 46.8% and 8.9% respectively. Whereas 50.4% of uninsured adults under 64 were between the ages of 18 and 34, only 29.7% of insured adults under the age of 64 were in this younger age cohort. In addition to potentially seeking less care and having undiagnosed conditions, the uninsured population included a higher proportion of young adults who would be less likely to have chronic conditions that are correlated with aging.

Figure 29
Was there any time person needed __ but did not get it because they could not afford it?

(Adults ages 18 to 64)



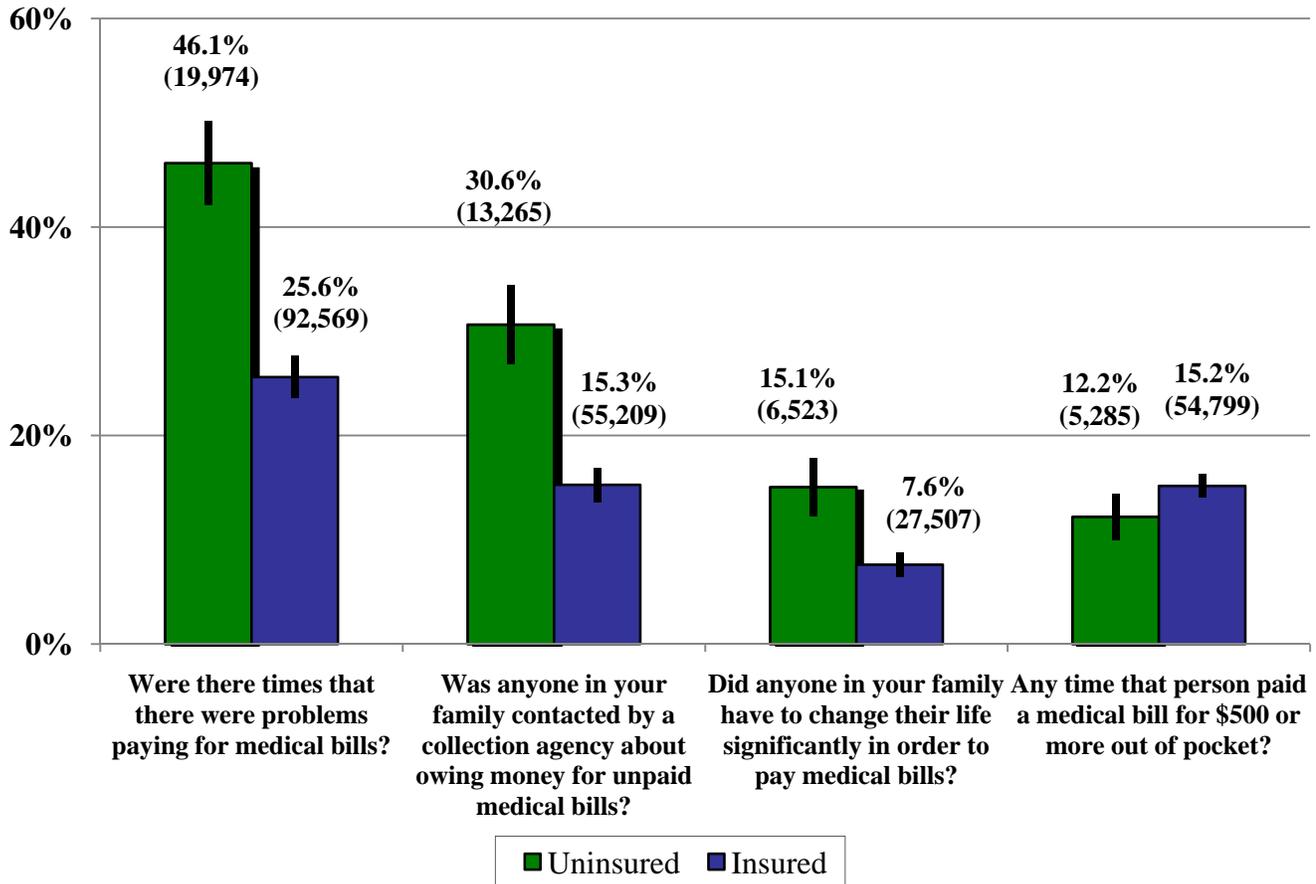
Data Source: 2008 Vermont Household Health Insurance Survey

Table 17
Was there any time person needed __ but did not get it because they could not afford it?
(Uninsured residents Ages 18 to 64, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Medical care from a doctor	25.2%	10.2%	13,574	4,422
Mental health care or counseling	6.7%	2.9%	3,619	1,265
Dental care including checkups	38.6%	19.7%	20,821	8,516
A diagnostic test	9.7%	5.2%	5,231	2,260
Prescription medicines	14.2%	7.6%	7,633	3,303
Skipped, took smaller amounts of Rx	10.5%	6.0%	5,652	2,595

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Figure 30
During the past 12 months...
(Adults ages 18 to 64)



Data Source: 2008 Vermont Household Health Insurance Survey

Table 18
During the past 12 months...
(Uninsured residents ages 18 to 64, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Were there times that there were problems paying for medical bills?	45.2%	46.1%	24,369	19,974
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	31.5%	30.6%	16,978	13,265
Did anyone in your family have to change their life significantly in order to pay medical bills?	12.1%	15.1%	6,541	6,523
Any time that person paid a medical bill for \$500 or more out of pocket?	N/A	12.2%	N/A	5,285

Data Source: 2005, 2008 Vermont Household Health Insurance Survey

G. Segment Analysis: The Uninsured Population Eligible for State Health Insurance

An analysis was conducted to evaluate the characteristics of the uninsured population that met current eligibility requirements (As of late 2008) for enrollment in state health insurance programs such as Medicaid, Dr. Dynasaur, VHAP, or premium assistance for Catamount Health or ESIA. A stepped approach was used to determine the percentage of uninsured residents who met requirements based upon age, family income, disability status, and prior insurance coverage. The Green Mountain Care Program at the Agency of Human Services provided the eligibility criteria for the various state programs.

Key Findings

1. Eligible Children Ages 0 to 17

- In late 2008, more than 3,000 or 78.0% of uninsured children under the age of 18 met eligibility requirements for coverage through Medicaid or Dr. Dynasaur.

Demographic Characteristics

- Over half (54.1%) of uninsured children eligible for state health insurance were male.
- Fifty-two percent of uninsured children eligible for state health insurance were between the ages of 11 and 17.
- Nearly two-thirds (65.6%) of uninsured Vermont children eligible for state health insurance resided in families with annual incomes less than 200% of FPL.

Employment Characteristics of Parents

- Eight in ten (80.0%) uninsured children eligible for state health insurance lived with adults who were employed. Seven in ten (70.9%) of these employed adults worked full time.
- Nearly two-thirds (65.1%) of the working adults in families with uninsured children eligible for state health insurance worked for companies with fewer than 25 employees.
- About three in ten (28.0%) of working adults in families with uninsured children eligible for state health insurance indicated their employer offered health insurance coverage.

Use of Medical Services and Cost

- A small percentage of uninsured children eligible for state health insurance deferred or did not get needed medical care, mental health care, dental care, diagnostic tests, or prescription drugs because of cost.
- More than seven in ten (71.6%) of families with uninsured children eligible for state health insurance had difficulty paying medical bills during the prior 12 months.
- More than four in ten (40.8%) of families with uninsured children eligible for state health insurance had been contacted by a collection agency about unpaid medical bills.
- Nearly one-quarter (24.2%) of uninsured children eligible for state health insurance did not see a health care professional during the past year.

2. Eligible Adults Ages 18 to 64

- In late 2008, more than 23,000 or 53.6% of uninsured adults between the ages of 18 and 64 met eligibility requirements for coverage through Medicaid, VHAP, or premium assistance (Catamount Health Premium Assistance or ESIA).

Demographic Characteristics

- Nearly two-thirds (65.3% or 15,019) of uninsured adults ages 18 to 64 eligible for state health insurance were male.
- More than one-third (37.9%) of the uninsured adult population eligible for state health insurance was aged 18-24 while 20.9% was aged 25-34.
- More than three quarters (77.1%) of the uninsured adults eligible for state health insurance lived in households that are below 200% of FPL.

Employment Characteristics

- Nearly three-quarters (74.4% or 17,112) of uninsured adults eligible for state health insurance were employed and nearly two-thirds (65.0%) worked full time.
- More than six in ten (61.2%) uninsured working adults eligible for state health insurance worked for an employer with fewer than 25 employees.
- Only 22.5% of uninsured working adults eligible for state health insurance worked for employers that offered health insurance.

Use of Medical Services and Cost

- Nearly one in five (19.3%) of uninsured adults eligible for state health insurance delayed getting needed dental care due to cost while 9.5% did not get needed medical care, and 6.8% did not get needed prescription drugs.
- Forty-seven percent of uninsured adults eligible for state health insurance resided in families with problems paying medical bills.
- Three in ten uninsured adults eligible for state health insurance resided in a family that had been contacted by a collection agency about unpaid medical bills.
- More than four in ten (44.3%) of uninsured adults eligible for state health insurance had not seen a health care professional during the prior year.

1. Uninsured Children Under 18

In late 2008, more than 3,000 or 78.0% of uninsured children between the ages of 0 and 17 met eligibility requirements for coverage through Medicaid or Dr Dynasaur; 15.6% were eligible for Medicaid while 62.4% were eligible for Dr. Dynasaur. About 850 (22.0%) uninsured children were not eligible for any state health insurance program. Comparing to the rate of 71.1% in 2005, a higher percentage of uninsured children were eligible for state health insurance programs in 2008.

Demographic Characteristics

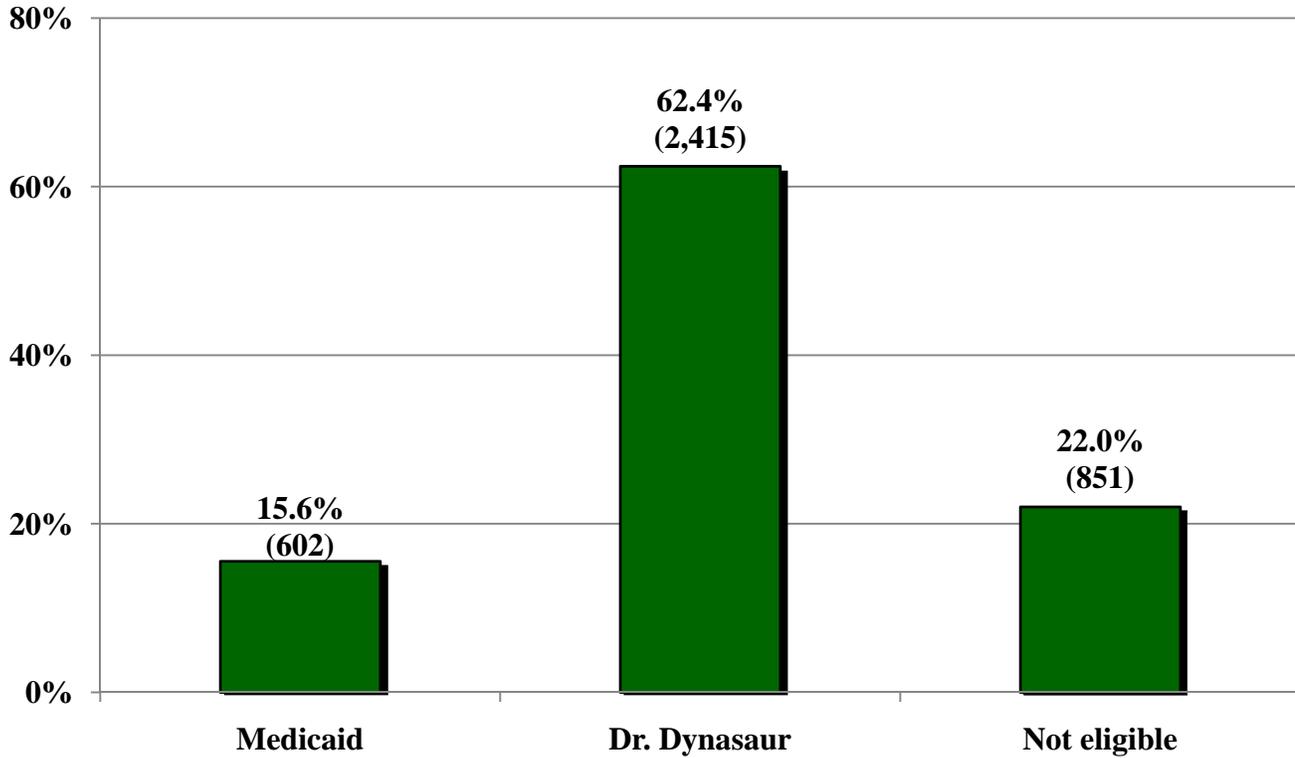
Most uninsured children eligible for state health insurance were male (54.1%) and 51.7% were between the ages of 11 and 17. While uninsured eligible children were found in every Vermont County, the largest percentages of the total occurred in Caledonia and Essex (17.1%), Rutland (14.7%), Washington (13.0%), and Chittenden (11.5%) counties. About one in six (16.3%) lived in families with incomes below 100% FPL. Another 49.3% of uninsured children eligible for state health insurance resided in families with incomes between 100% and 199% of FPL.

Employment Characteristics of Parents of Uninsured Children

Eight in ten (80.0%) of Vermont's uninsured children that are eligible for state health insurance lived in a household with at least one working adult with seven in ten (70.9%) of these adults working full time. More than half (56.6%) were employed by private companies while 26.6% were self-employed. Nearly two-thirds (65.1%) of these working adults were employed by companies with 25 or fewer employees. Another 21.4% were employed by companies with 100 or more employees.

Most of the uninsured children eligible for state health insurance did not have access to employer- based health insurance coverage through their parents. Among the working adults in families with uninsured children eligible for state health insurance, only 45.2% indicated that their employer offered any type of health insurance coverage to their employees. Even among these parents who are offered insurance through their employer, more than eight in ten (86.5%) indicated it would cost too much for them to enroll. Further, 13.5% had not worked with an employer long enough to qualify for benefits, 5.7% worked too few hours to qualify for coverage. Out of the 45.2% of working adults with uninsured children with employers offering health insurance benefits, 74.1% reported that coverage was available for children.

Figure 31
Is uninsured person eligible for state health insurance?
(Uninsured children ages 0 to 17)



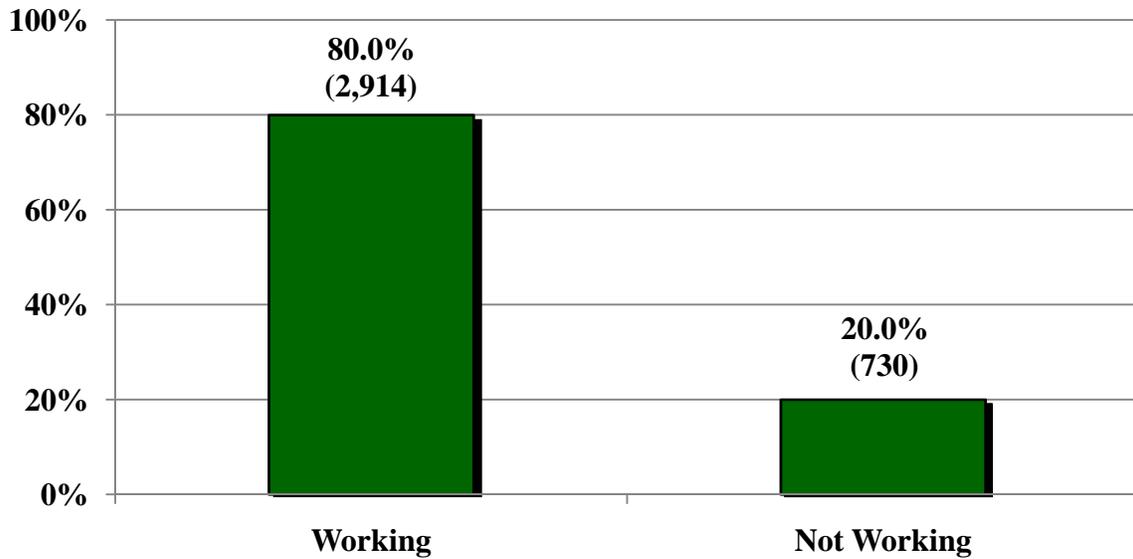
Data Source: 2008 Vermont Household Health Insurance Survey

Table 19
Is uninsured person eligible for state health insurance?
(among uninsured children under age 18, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Medicaid	13.2%	15.6%	869	602
Dr. Dynasaur	65.9%	62.4%	4,333	2,415
None	20.9%	22.0%	1,378	851
Total	100.0%	100.0%	6,580	3,868

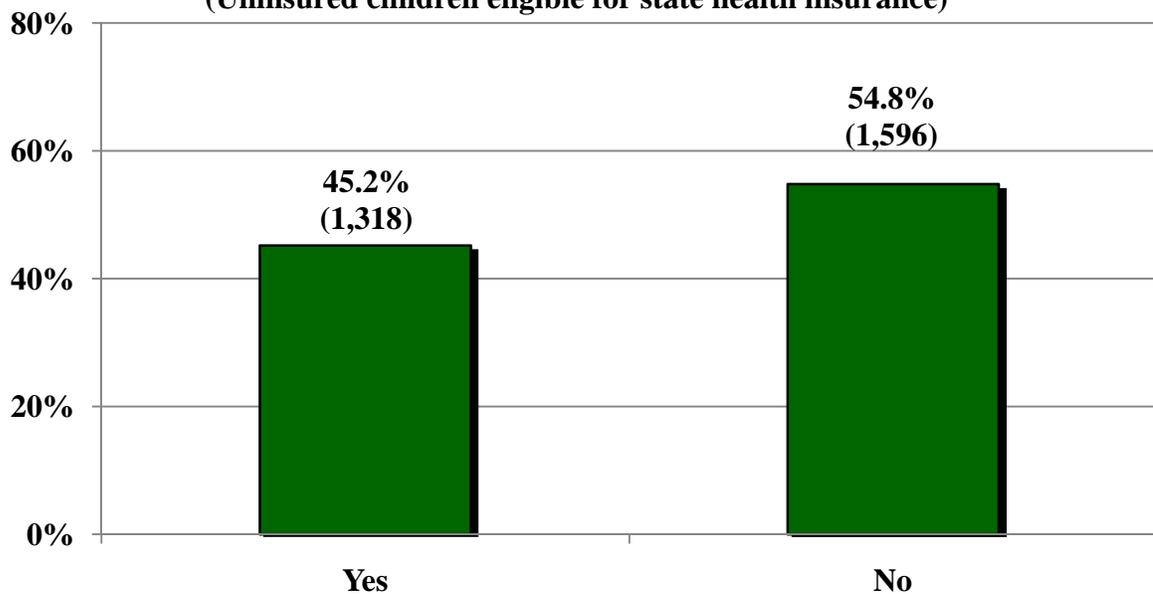
Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Figure 32
Employment Status of Adults in the Household
(Uninsured children eligible for state health insurance)



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 33
Does the employer of child's parent offer health insurance coverage
to employees?
(Uninsured children eligible for state health insurance)



Data Source: 2008 Vermont Household Health Insurance Survey

Use of Medical Services and Cost

As with uninsured children in general, the cost of medical care deterred families from seeking medical care for uninsured children who were potentially eligible for state health insurance. While a relatively small percentage did not get needed medical care (2.4%), mental health care or counseling (2.4%), or a diagnostic test (1.6%), comparatively higher percentages did not get dental care (22.4%) or prescription drugs (4.8%). Compared to 2005, the percentage deferring care in 2008 was either comparable or slightly lower.

Seven in ten (71.6%) families with uninsured children eligible for state health insurance reported problems paying medical bills compared to 58.0% in 2005. Nearly half (46.1%) reported that the family had been contacted by a collection agency about unpaid medical bills and 23.0% indicated that someone in the family had to change their life significantly to pay medical bills.

Almost one-quarter of these children (24.2%) had not seen a doctor or other health care professional during the past 12 months compared to 32.8% in 2005.

Table 20
Was there any time person needed __ but did not get it because they could not afford it?
(Uninsured children ages 0 to 17 eligible for state health insurance, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Medical care from a doctor	3.5%	2.4%	185	72
Mental health care or counseling	3.2%	2.4%	168	71
Dental care including checkups	26.7%	22.4%	1,390	676
A diagnostic test	1.8%	1.6%	92	48
Prescription medicines	7.0%	4.8%	363	145
Skipped, took smaller amounts of Rx	3.1%	.8%	160	24

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Table 21
During the past 12 months...
(Uninsured children ages 0 to 17 eligible for state health insurance, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Were there times that there were problems paying for medical bills?	58.0%	71.6%	3,020	2,159
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	46.1%	40.8%	2,396	1,232
Did anyone in your family have to change their life significantly in order to pay medical bills?	15.2%	23.0%	792	692
Any time that person paid a medical bill for \$500 or more out of pocket?	N/A	2.1%	N/A	63

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

2. Uninsured Adults Aged 18 to 64

In Late 2008, more than 23,000 or 53.6% of uninsured adults between the ages of 18 and 64 met eligibility requirements for coverage through Medicaid, VHAP, or to receive premium assistance through Catamount Health Premium Assistance or ESIA. Out of these 23,000 uninsured adults under the age of 64, 8.9% were eligible for Medicaid, 28.4% were eligible for VHAP, and 16.4% were eligible for Catamount Health Premium Assistance or potentially ESIA. About 20,000 (46.4%) of uninsured adults aged 18 to 64 were not eligible for any state health insurance program or premium assistance.

Demographic Characteristics

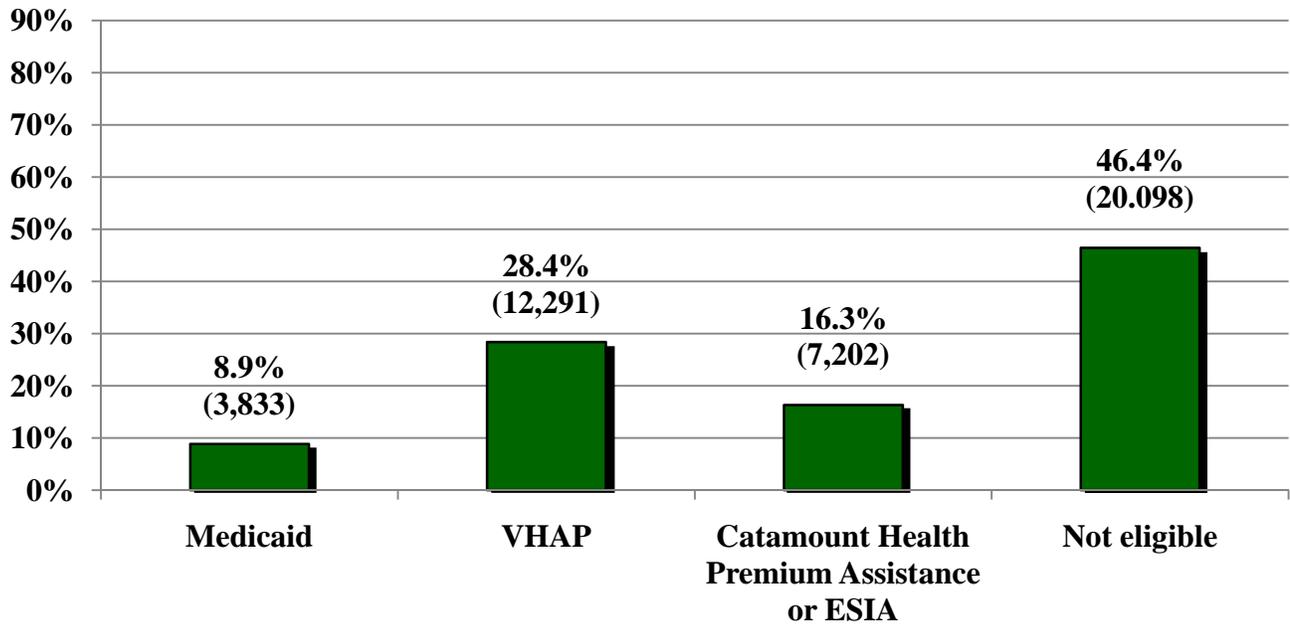
Nearly two-thirds (65.3%) of uninsured adults eligible for state health insurance were male. The highest proportion of potentially eligible uninsured adults was aged 18 to 24 (37.9%). Over three-quarters (77.1%) resided in a family with an annual income of less than 200% FPL. Uninsured adults eligible for state health insurance lived in all 14 Vermont counties, but the highest percentages occurred in Chittenden/Grand Isle (16.4%) and Rutland (13.2%) counties.

Employment Characteristics

Nearly three quarters (74.4%) of Vermont's uninsured adults eligible for state health insurance worked for pay and nearly two-thirds of these adults (65.0%) worked full time. Two-thirds (67.2%) worked for a private company while 20.6% were self-employed. More than six in ten (62.7%) earned \$12.00 or less an hour and 61.2% worked for an employer with fewer than 25 employees.

In most cases, these uninsured working adults eligible for state health insurance did not have access to health insurance through their employer. Only 22.5% or 3,885 worked for employers that offered health insurance benefits. However, 23.1% had not worked for their employer long enough to qualify for benefits and 20.6% worked too few hours to qualify. More than two-thirds (68.4%) indicated the health insurance offered by their employer cost too much.

Figure 34
Is person eligible for state health insurance?
(Uninsured adults ages 18 to 64)



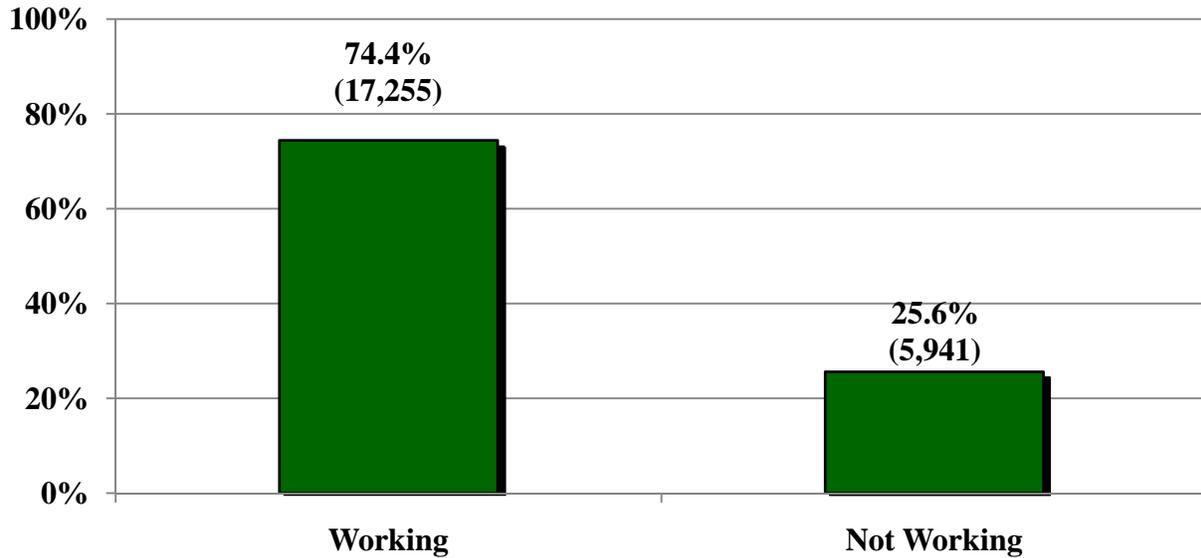
Data Source: 2008 Vermont Household Health Insurance Survey

Table 22
Is uninsured person eligible for state health insurance?
(Uninsured adults ages 18 to 64, 2005 and 2008, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Medicaid	8.0%	8.9%	4,255	3,833
VHAP	39.6%	28.4%	21,368	12,291
Catamount Health Premium Assistance or ESIA	N/A	16.3%	N/A	7,072
None	52.5%	46.4%	28,291	20,098
Total	100.0%	100.0%	53,914	43,294

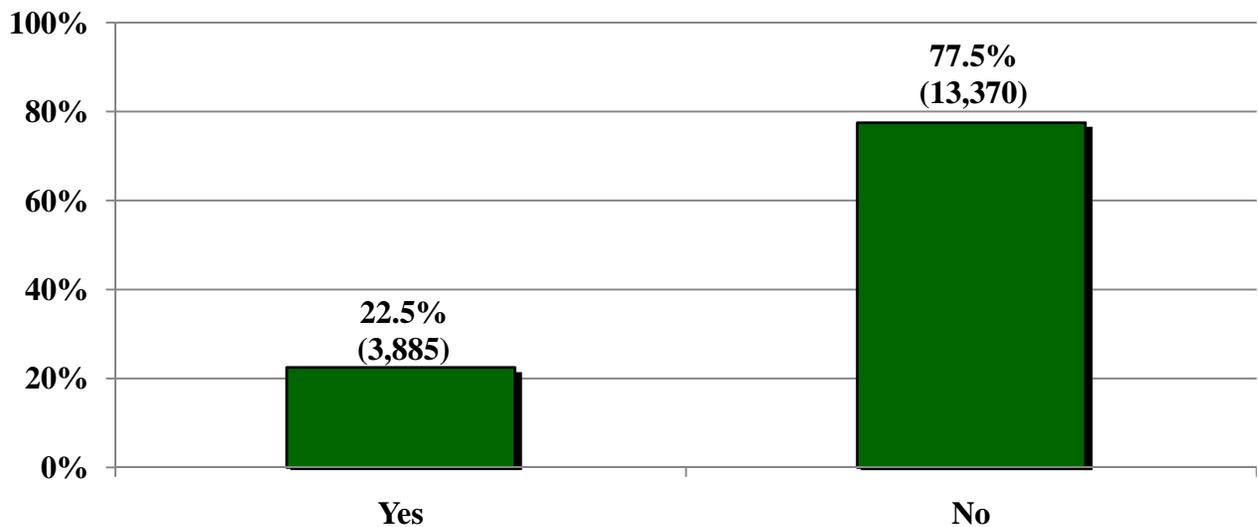
Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Figure 35
Employment status
(Uninsured adults ages 18 to 64 eligible for state health insurance)



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 36
Does employer offer health insurance coverage to employees?
(Uninsured adults ages 18 to 64 eligible for state health insurance)



Data Source: 2008 Vermont Household Health Insurance Survey

Use of Medical Services and Cost

As with the broader population of uninsured, the cost of medical care deterred uninsured adults eligible for state health insurance from seeking medical care. Without health insurance to cover the cost of care, many of these adults did not get needed medical care (9.5%), mental health care or counseling (3.0%), dental care (19.3%), a diagnostic test (5.2%), or prescription drugs (6.8%).

Nearly half of these families (47.2%) reported difficulties paying medical bills during the past 12 months, 30.8% reported having been contacted by a collection agency, and 13.6% reported that someone in the family had to change their life significantly to pay medical bills.

Among uninsured adults eligible for state health insurance, 44.3% did not visit a doctor during the past 12 months and 75.0% did not see a doctor for a routine check-up.

Table 23
Was there any time person needed __ but did not get it because they could not afford it?
(Uninsured adults ages 18 to 64 eligible for state health insurance, 2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Medical care from a doctor	26.9%	9.5%	6,882	2,204
Mental health care or counseling	6.4%	3.0%	1,648	686
Dental care including checkups	40.9%	19.3%	10,484	4,484
A diagnostic test	9.0%	5.2%	2,302	1,215
Prescription medicines	17.0%	6.8%	4,361	1,573
Skipped, took smaller amounts of Rx	9.8%	4.1%	2,509	952

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

Table 24
During the past 12 months...
(Uninsured adults ages 18 to 64 eligible for state health insurance, 2005 and 2008)

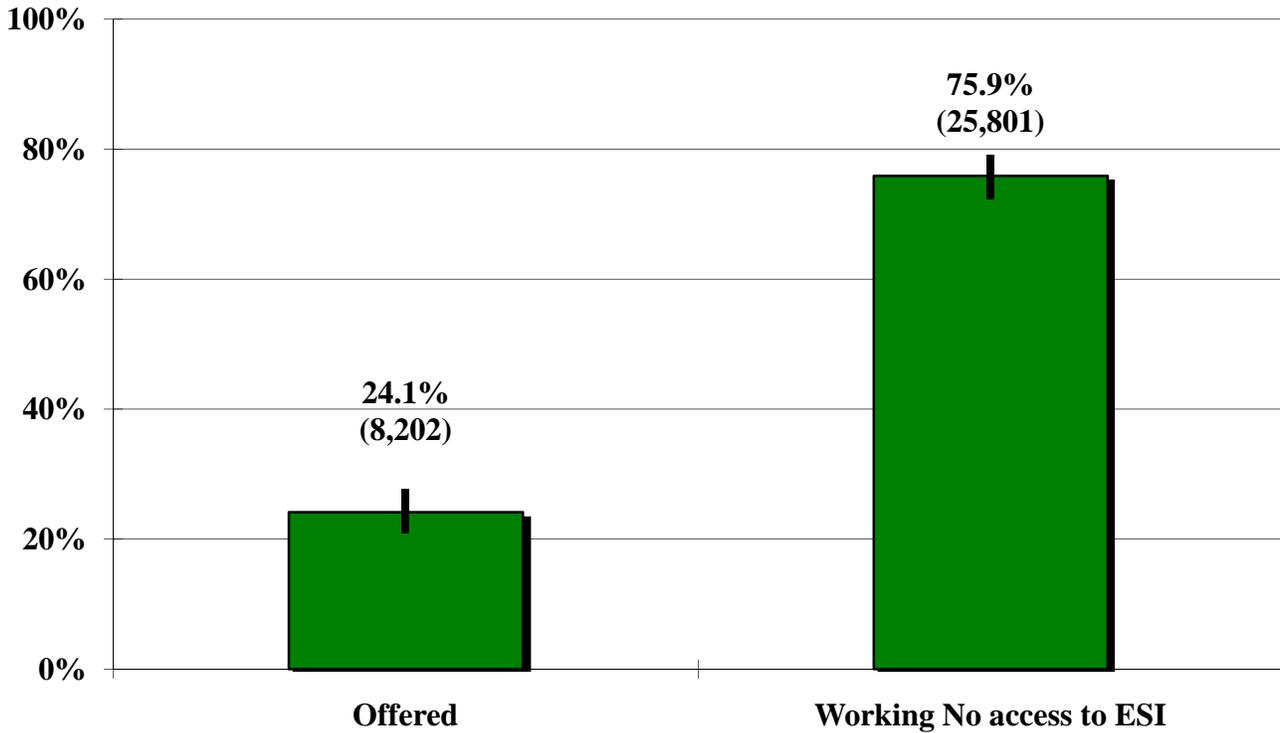
	Rate		Count	
	2005	2008	2005	2008
Were there times that there were problems paying for medical bills?	49.7%	47.2%	12,739	10,951
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	36.2%	30.8%	9,270	7,133
Did anyone in your family have to change their life significantly in order to pay medical bills?	14.6%	13.6%	3,751	3,165
Any time that person paid a medical bill for \$500 or more out of pocket?	N/A	10.1%	N/A	2,339

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

H. Access to Employer Sponsored Health Insurance Among the Working Uninsured Under Age 65

- In late 2008, approximately 8,200 (24.1%) of working uninsured residents aged 18 to 64 had access to employer-sponsored health insurance (ESI) through their employer.
- 64.3% of working uninsured residents indicated they did not enroll in their employer's health plan because it is too expensive.
- 22.1% of working uninsured residents indicated they were ineligible because they had not worked long enough for their current employer.
- 21.9% of working uninsured residents indicated they were ineligible because they did not work enough hours per week.
- Only 33.9% of working uninsured residents between the ages of 18 and 64 were definitely or very likely to enroll in their employer's health insurance.
- Among the working uninsured, 51.6% were definitely or very likely to enroll in their employer's health insurance if they received state premium assistance.

Figure 37
Is person enrolled in ESI or Offered ESI?
(Uninsured working residents ages 18 to 64)



Data Source: 2008 Vermont Household Health Insurance Survey

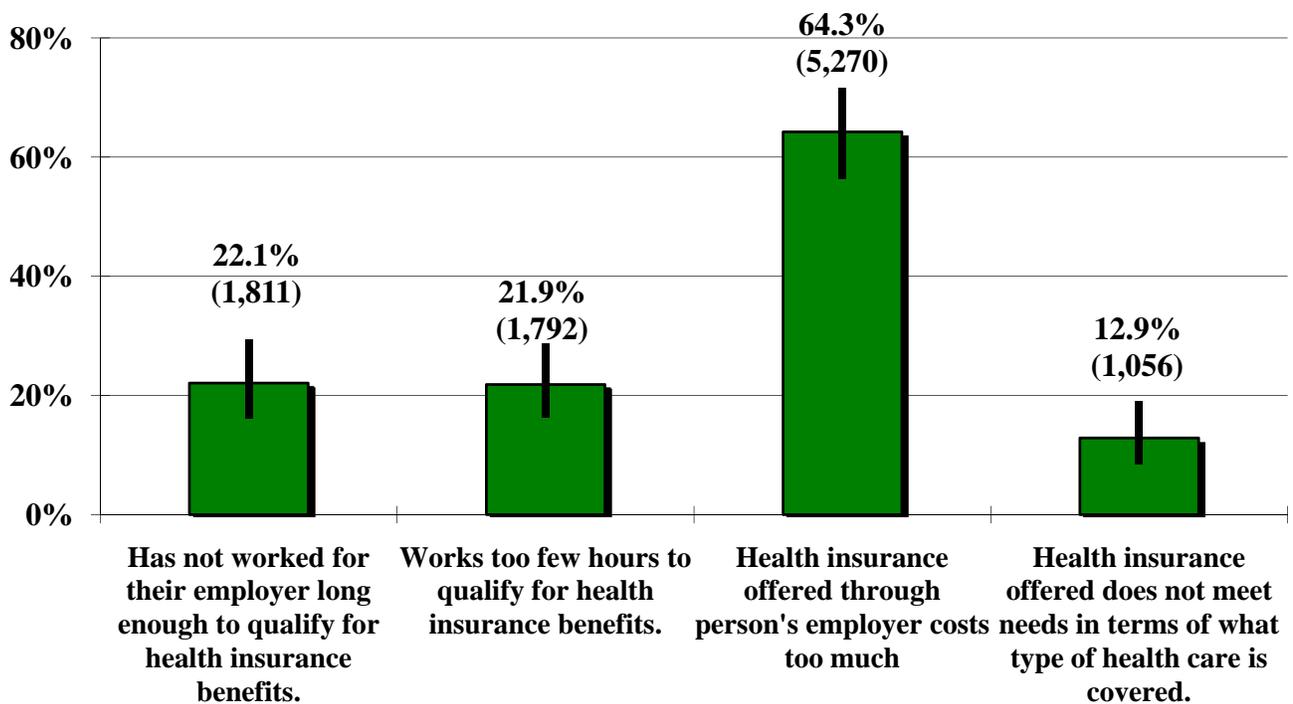
In late 2008, only 24.1% of working uninsured adults aged 18 to 64 had access to ESI through their employer and the remaining 75.9% lacked access to ESI. Among uninsured employees between 18 and 64, 24.7% of those working full time and 22.8% of those working part time worked for employers offering employer sponsored insurance.

Among those who worked for companies with 100 or more employees, 52.1% indicated their employer offered ESI compared to 39.4% for 50-99 employees, 29.0% for 25-49 employees, 26.3% for 10 to 24 employees, 13.3% for 5 to 9 employees, and only 4.0% for 2 to 4 employees. The self-employed were significantly less likely to have access to ESI with 2.8% with access to ESI.

Only 10.8% of uninsured workers with hourly wages of \$7.68 or less worked for an employers offering ESI compared to 33.5% for hourly wages between \$7.69 and \$12.00, 19.5% for hourly wages between \$12.01 to \$15.00, and 16.1% among for hourly wages over \$15.00.

When asked why they chose not enroll in the health insurance offered by their employer, 64.3% of working uninsured adults indicated that their employer’s health insurance plan was too expensive, 22.1% indicated they were ineligible because they had not worked for that employer long enough, 21.9% indicated they were ineligible because they worked too few hours and 12.9% indicated the plan benefits do not meet their health care needs.

Figure 38
Is ____ a reason why person did not enroll in their employer's health insurance plan?
(Working uninsured ages 18 to 64 with employers offering ESI)



Data Source: 2008 Vermont Household Health Insurance Survey

Among the 5,270 uninsured residents who did not enroll in their employer’s plan due to the cost, about a third (34.0%) were unsure how much they would have to pay in monthly premiums for coverage. Among those who provided an estimate of the monthly premium they would have to pay, about half (48.0%) indicated the premium would be \$300 or more per month for individual coverage. When asked about premiums costs for covering a spouse or dependent child, most were unsure.

Of the approximately 1,800 uninsured residents who were ineligible due to the length of their employment, 29.3% indicated that employees had to work three months to qualify for benefits and 20.9% indicated employees had to work for between four and six months to qualify. More than one-third (35.3%) could not quantify the waiting period.

Among uninsured employees ineligible due to the number of hours worked, 55.3% indicated that employees had to work at least 35 hours to qualify for health insurance benefits while 27.0% were unsure of the minimum number of hours required to qualify for benefits.

Many uninsured working residents with access to ESI indicated they were not likely to enroll in their employer health insurance plan if eligible. Only one-third (33.9%) or 2,780 uninsured employed adults reported they were definitely or very likely to enroll in their employer’s health insurance plan compared to 43.3% who were not very or not at all likely to enroll. Only 30.0% were definitely or very likely to enroll their spouse in their employer’s plan and only 18.7% were definitely or very likely to enroll their child in their employer’s plan.

Access to a premium assistance program increased the likelihood of enrolling in ESI. The prospect of premium assistance increased the proportion of uninsured employed adult who would definitely or very likely enroll in employer’s health insurance plan from 33.9% to 51.6%.

Table 25
If person had the option, how likely would person be to enroll in their employer's health insurance plan?
(Uninsured working residents ages 18 to 64 with employers offering ESI)

	Rate			Count		
	Yourself	Your Spouse	Your Child	Yourself	Your Spouse	Your Child
Definitely likely	22.5%	11.1%	6.8%	1,845	300	180
Very likely	11.4%	18.9%	11.9%	933	511	314
Somewhat likely	9.5%	14.1%	11.4%	776	382	302
Not very likely	13.1%	2.5%	3.5%	1,078	69	93
Not at all likely	30.2%	12.0%	15.7%	2,477	325	415
DK	13.3%	41.3%	50.7%	1,092	1,116	1,344
Total	100.0%	100.0%	100.0%	8,202	2,703	2,649

Data Source: 2008 Vermont Household Health Insurance Survey

Table 26
If person had the option to enroll in the premium assistance program, how likely would person be to enroll in their employer's health insurance plan?
(Uninsured working residents ages 18 to 64 with employers offering ESI)

	Rate	Count
Definitely likely	21.7%	1,779
Very likely	29.9%	2,454
Somewhat likely	18.8%	1,543
Not very likely	7.4%	611
Not at all likely	7.2%	593
DK	14.9%	1,221
Total	100.0%	8,202

Data Source: 2008 Vermont Household Health Insurance Survey

I. Awareness and Knowledge of and Interest in State Health Insurance Programs Among the Uninsured

Key Findings

- In late 2008, only a small percentage of uninsured residents were “very knowledgeable” about state health insurance programs. Only 4.0% indicated they were very knowledgeable about Green Mountain Care or the Catamount Health program followed by 9.5% for Medicaid, 11.7% for VHAP, and 19.4% for Dr. Dynasaur.
- In late 2008, two-thirds of uninsured residents had not applied for state health insurance coverage during the past 12 months. Among those that had applied, 37.3% indicated that the application was denied, 21.8% indicated that the application was accepted, and 24.6% were still waiting to hear.
- There was a high level of interest in enrolling in one of the state’s health insurance programs among the uninsured. Overall, 66.2% of uninsured residents were very interested and another 21.1% somewhat interested in enrolling in one of the state’s health insurance programs.
- Among uninsured adults, 25.9% indicated they would definitely enroll in Green Mountain Care and another 32.0% were very likely to enroll. However, uninsured adults were very sensitive to cost. At a monthly premium of \$400, only 1.7% would definitely enroll and another 3.2% would very likely enroll in Green Mountain Care. If the monthly premium were only \$60, 48.7% would definitely enroll while another 22.6% were very likely to enroll.
- Among uninsured adults, 72.3% indicated that a major reason for not applying for state health insurance was concern about the cost, 38.1% indicated a belief that they were ineligible due to making too much money, and 20.4% indicated concern about being able to see their preferred health care providers.

In late 2008, only a small percentage of uninsured residents were “very knowledgeable” about state health insurance programs. Among parents with uninsured children, 19.4% were very knowledgeable with the Dr. Dynasaur program. Only 11.7% of uninsured adults were very knowledgeable about the VHAP program and only 9.5% of families with uninsured members were very knowledgeable about the Medicaid program. Only a small percentage of residents indicated they were very knowledgeable about Green Mountain Care (3.8%), Catamount Health (4.3%), Catamount Health premium assistance (3.6%), or employer sponsored insurance premium assistance (4.4%).

Table 27
How knowledgeable are you about...

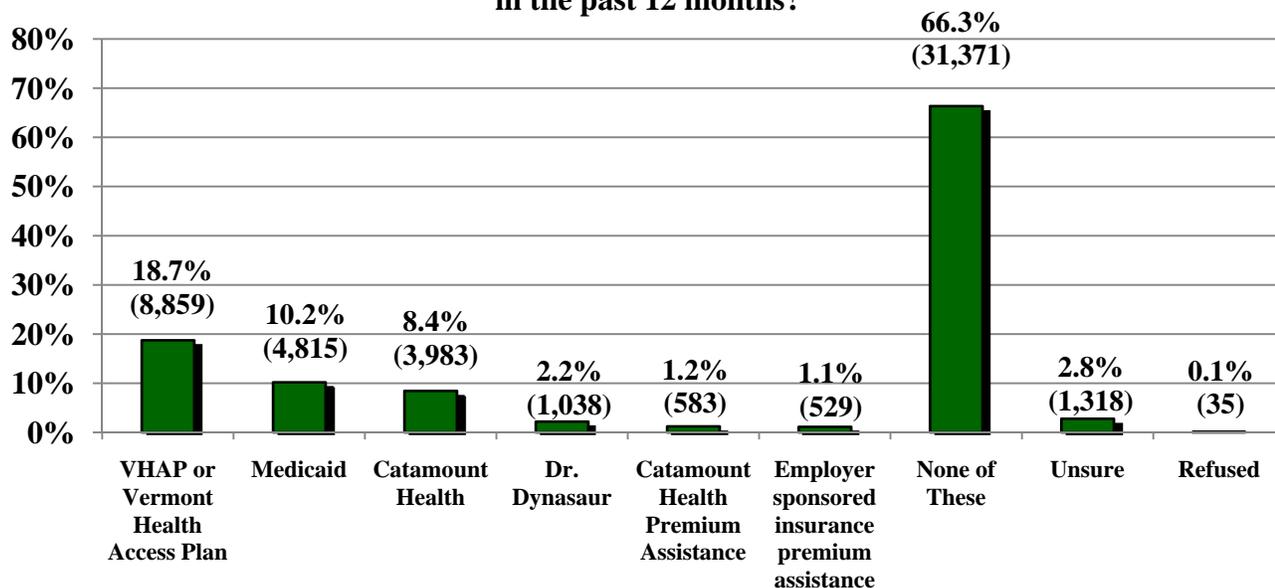
	Very knowledgeable	Somewhat knowledgeable	Not very knowledgeable	Not at all knowledgeable	Counts
The State Medicaid Program	9.5%	35.7%	32.1%	22.6%	47,286
VHAP	11.7%	33.5%	24.2%	30.4%	47,286
Dr. Dynasaur	19.4%	51.2%	15.1%	14.3%	3,869
Green Mountain Care	3.8%	16.3%	23.8%	56.7%	47,286
Catamount Health	4.3%	23.0%	23.3%	47.9%	47,286
Catamount Health Premium Assistance	3.6%	11.3%	18.5%	65.0%	47,286
Employer Sponsored Insurance Premium Assistance	4.4%	10.2%	14.6%	68.5%	47,286

Data Source: 2008 Vermont Household Health Insurance Survey

Two-thirds of uninsured residents (66.3%) had not applied for any of the state health insurance programs during the past 12 months. About 8,900 (19.0%) had applied for VHAP, 4,800 (10.2%) for Medicaid, and nearly 4,000 (8.4%) had applied for Catamount Health. Among those who had applied for state health insurance coverage at some time during the last 12 months, 37.3% indicated their application was denied. About 22% indicated that their application was accepted while 24.6% were still waiting to hear.

The cost of health insurance through these programs was the major reason uninsured adults (72.0%) had not applied for state health insurance. About 38% of residents indicated that they believed they were ineligible because their families make too much money. Two in ten (20.4%) uninsured adults indicated a major reason for not applying for state health insurance is concern about being able to see their chosen health care providers.

Figure 39
Have any household members applied for Medicaid, VHAP, Dr. Dynasaur, Catamount or premium assistance in the past 12 months?



Data Source: 2008 Vermont Household Health Insurance Survey

Table 28
What happened with the application(s)?
 (% among those applying for state health insurance coverage during the past 12 months)

What happened to the application	What program did person apply for?						
	Rate						
	Total	Medicaid	VHAP	Dr. Dynasaur	Catamount Health	CHAP	ESIA
Still waiting to hear	24.6%	20.3%	23.7%	33.6%	25.3%		4.6%
The application was accepted	21.8%	26.5%	26.1%	7.7%	19.0%	27.8%	8.2%
The application was denied	37.3%	40.3%	37.8%	54.3%	38.7%	31.1%	25.0%
Just need to send in application	4.5%	2.1%	4.9%	3.0%	6.1%	3.9%	
On waiting list	0.7%	0.4%	0.3%	5.1%			
Costs too much	11.9%	12.0%	11.1%	3.4%	20.6%	13.4%	38.0%
Other	2.3%	3.5%	3.2%	1.9%	1.2%	3.1%	
UNSURE/REFUSE	4.7%	4.5%	0.3%	1.9%	2.7%	23.8%	36.6%
Counts	14,561	4,815	8,859	1,038	3,983	583	529

Data Source: 2008 Vermont Household Health Insurance Survey

Note: Multiple responses allowed, person may have applied for more than one program

Table 29

Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

(% among uninsured adults age 18 to 64)

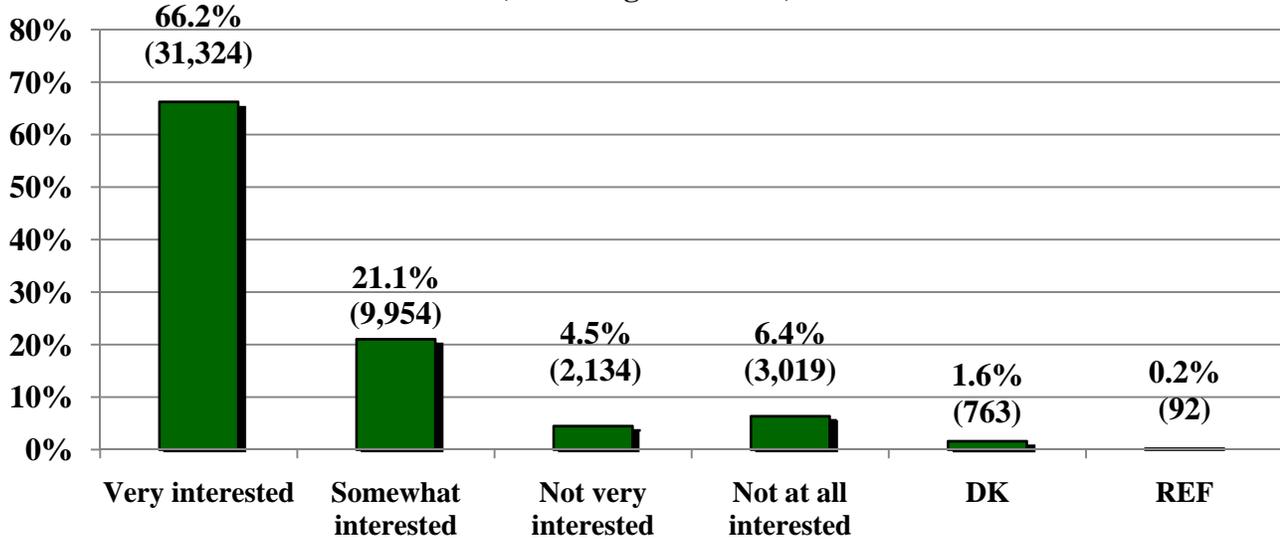
	Rate			Count		
	Major Reason	Minor Reason	Not a Reason at All	Major Reason	Minor Reason	Not a Reason at All
Worried costs would be too high	72.3%	14.3%	9.6%	31,402	6,224	4,168
Not eligible because household makes too much money	38.1%	18.6%	39.3%	16,559	8,055	17,047
Concerned you would not be able to go to the doctor you want	20.4%	21.0%	54.3%	8,847	9,129	23,578
Not eligible because employer offers insurance	9.8%	12.0%	73.7%	4,254	5,200	31,981
Don't want to be on public assistance	9.7%	21.6%	64.1%	4,208	9,399	27,812
Don't need insurance	6.9%	15.6%	73.4%	2,975	6,789	31,882

Data Source: 2008 Vermont Household Health Insurance Survey

In late 2008, there was a high level of interest in enrolling in one of the state's health insurance programs. However, this interest was tempered by the potential cost of these programs. Overall, 66.2% of uninsured residents were very interested and another 21.1% somewhat interested in enrolling in state health insurance programs.

Among uninsured adults, 25.9% indicated they would definitely enroll in Green Mountain Care and another 32.0% were very likely to enroll when not given a pricing point. These proportions were very similar to those found in 2005. However, potential premium costs were correlated with likeliness to enroll. Likelihood to enroll dropped dramatically at a cost of \$400 per month (only 1.7% definitely and 3.2% very likely to enroll). At a monthly premium of \$200, 5.8% would definitely enroll in Green Mountain Care and another 12.3% were very likely to enroll. At a monthly premium of \$100 per month, 22.9% would definitely enroll and another 23.7% were very likely to enroll. With a monthly premium of \$60, a majority indicated a strong likelihood of enrolling in Green Mountain Care with 48.7% who would definitely enroll while another 22.6% were very likely to enroll.

Figure 40
How interested would you or others in your household be in enrolling in state health insurance programs?
 (% among uninsured)



Data Source: 2008 Vermont Household Health Insurance Survey

Table 30
If eligible, how likely are the adult household members to enroll in Green Mountain Care?

	Rate	Count	How likely if monthly premium were...			
	2008	2008	\$400	\$200	\$100	\$60
Definitely	26.0%	11,251	1.7%	5.8%	23.0%	48.7%
Very likely	32.1%	13,883	3.2%	12.3%	23.8%	22.7%
Somewhat likely	19.4%	8,387	8.2%	27.9%	26.0%	13.6%
Not very likely,	4.1%	1,763	21.1%	15.6%	6.4%	3.9%
Not at all likely	3.0%	1,313	61.4%	33.8%	15.7%	7.2%
Need to know more	11.7%	5,058	2.0%	2.0%	2.4%	1.2%
DK/REFUSE	3.8%	1,640	2.3%	2.6%	2.8%	2.7%
Total	100.0%	43,295	100.0%	100.0%	100.0%	100.0%

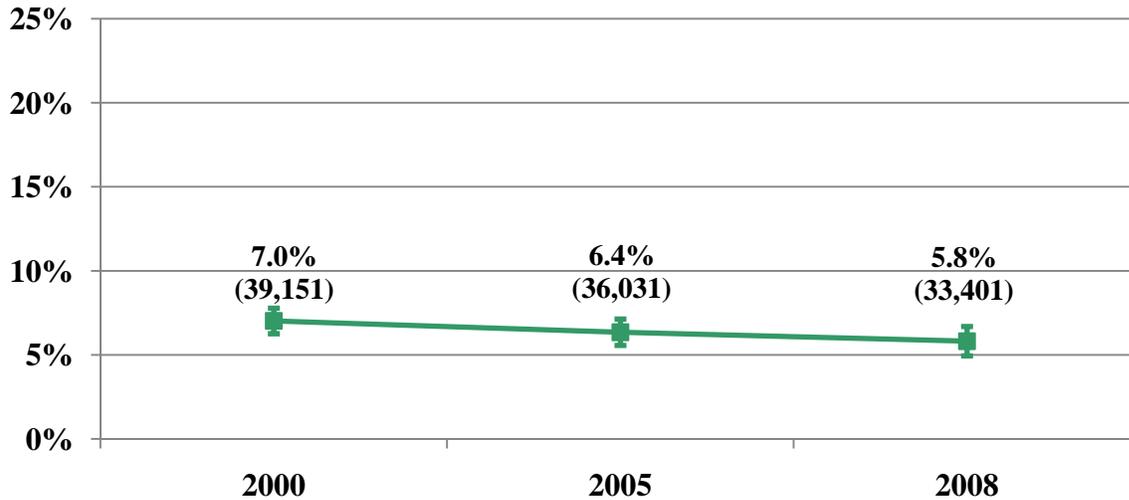
Data Source: 2008 Vermont Household Health Insurance Survey

J. Interruptions in Insurance Coverage

Key Findings

- Overall, 5.8% of insured Vermont residents (approximately 33,000) were without health insurance coverage at some time during the past 12 months. This is comparable to the 6.4% with an interruption in coverage in 2005 and 7% from 2000.
- The most commonly cited reasons for a person being without health insurance sometime in the past year is that the cost was too high or they could not afford health insurance (18.5%).
- Of those who were without health insurance coverage at some time during the past 12 months, almost half (47.2%) were without coverage for 1 to 3 months while another quarter (27.9%) were without coverage for 4 to 6 months.
- 15.6% of insured residents age 18 to 24 were without coverage sometime during the past 12 months, followed by those ages 25 to 34 in which 11.0% experienced interruptions in their health insurance coverage sometime during the past 12 months.
- Prior to their current coverage, 43.0% of insured Vermonters who experienced interruptions in coverage were covered by private insurance, 9.6% were covered under Medicaid, 8.8% were covered under Dr. Dynasaur, and another 5.7% were covered under VHAP.

Figure 41
Has person been without coverage anytime in the
last 12 months?
(% among insured 2000-2008)



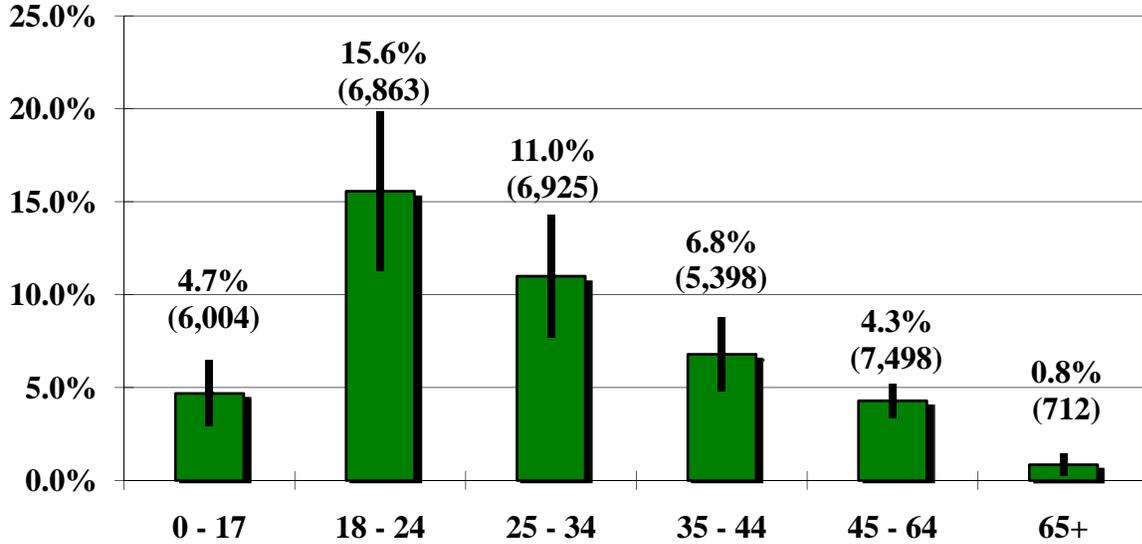
Data Source: 2000, 2005, 2008 Vermont Household Health Insurance Survey

In 2008, 5.8% of insured Vermont residents were without health insurance coverage at some time during the previous 12 months. This was comparable to the 6.4% of residents who experience an interruption in coverage in 2005 and 7% from 2000.

The highest percentage of residents (15.6%) who reported coverage interruptions during the prior 12 months in 2008 were aged 18 to 24. This age group was followed by those aged 25 to 34, with 11.0% who had experienced an interruption in their health insurance coverage during the prior 12 months. Among insured residents between the ages of 0 and 17, 4.7% experienced an interruption in health care coverage, while only 0.8% of residents aged 65 or older were without health insurance coverage sometime during 2008.

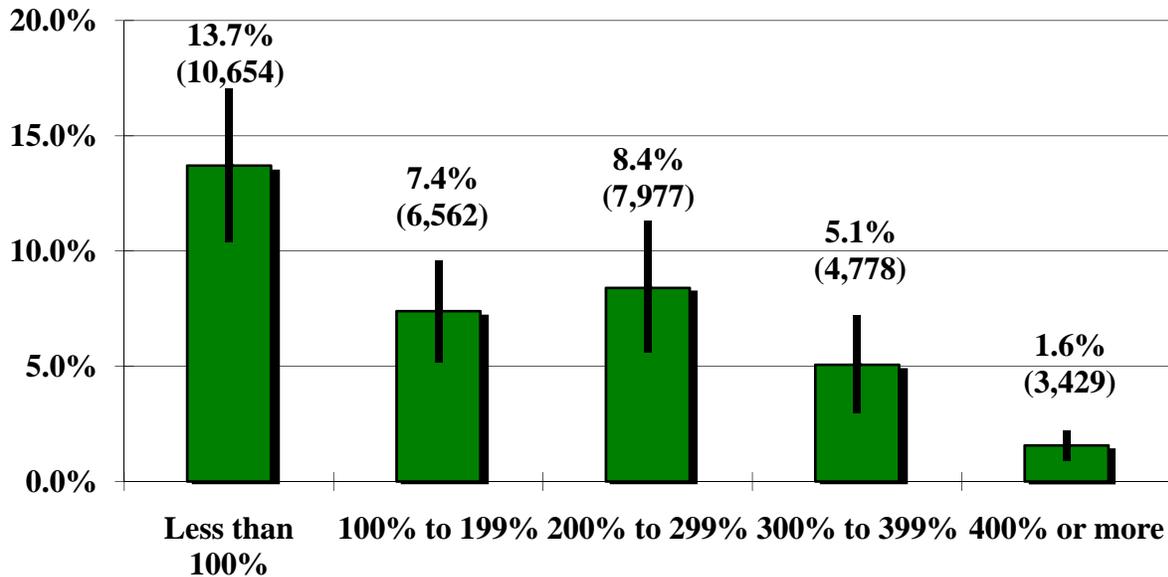
An examination of the working and non-working populations in Vermont revealed that 5.5% of non-working residents had experienced a loss of health insurance coverage in the previous 12 months compared to 5.7% of those working full time (defined as working 35 hours per week or more) and 9.0% of those working part time (less than 35 hours a week).

Figure 42
Has person been without health insurance coverage anytime in the last 12 months?
 (% by age)



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 43
Has person been without health insurance coverage anytime in the last 12 months?
 (% by annual family income - FPL)

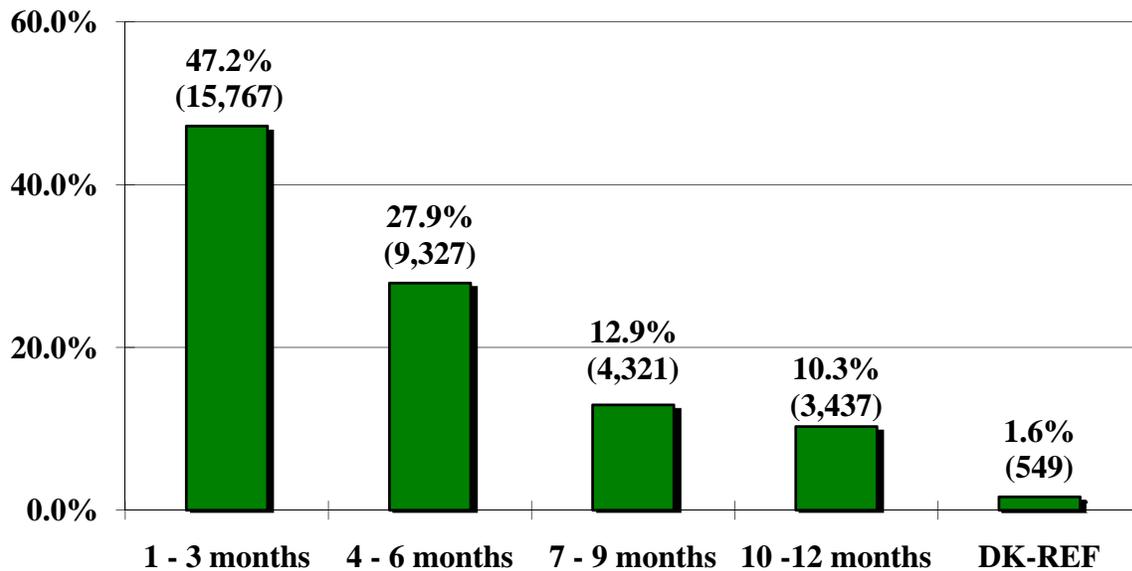


Data Source: 2008 Vermont Household Health Insurance Survey

Lower income Vermont residents are more likely to experience interruptions in their health insurance than those with higher incomes. Among insured residents who had family incomes of less than 100% of FPL, 13.7% had been without health insurance coverage sometime in the last 12 months during 2008. This percentage decreased to 7.0% among residents with family incomes between 100% and 399% of FPL and to only 1.6% among those with incomes 400% of FPL or more.

Of those who were without health insurance coverage at some time during the past 12 months, almost half (47.2%) were without coverage for 1 to 3 months while another quarter (27.9%) were without coverage for 4 to 6 months.

Figure 44
Approximately how many of the past 12 months was person
WITHOUT health insurance coverage?



Data Source: 2008 Vermont Household Health Insurance Survey

The most commonly cited reason for a person being without health insurance sometime in the prior 12 months is that the cost was too high or they could not afford health insurance (18.5%). Another 17.5% said they were no longer eligible or did not qualify for Medicaid, VHAP, or Dr. Dynasaur, and 13.3% lost their insurance because of unemployment or a job loss.

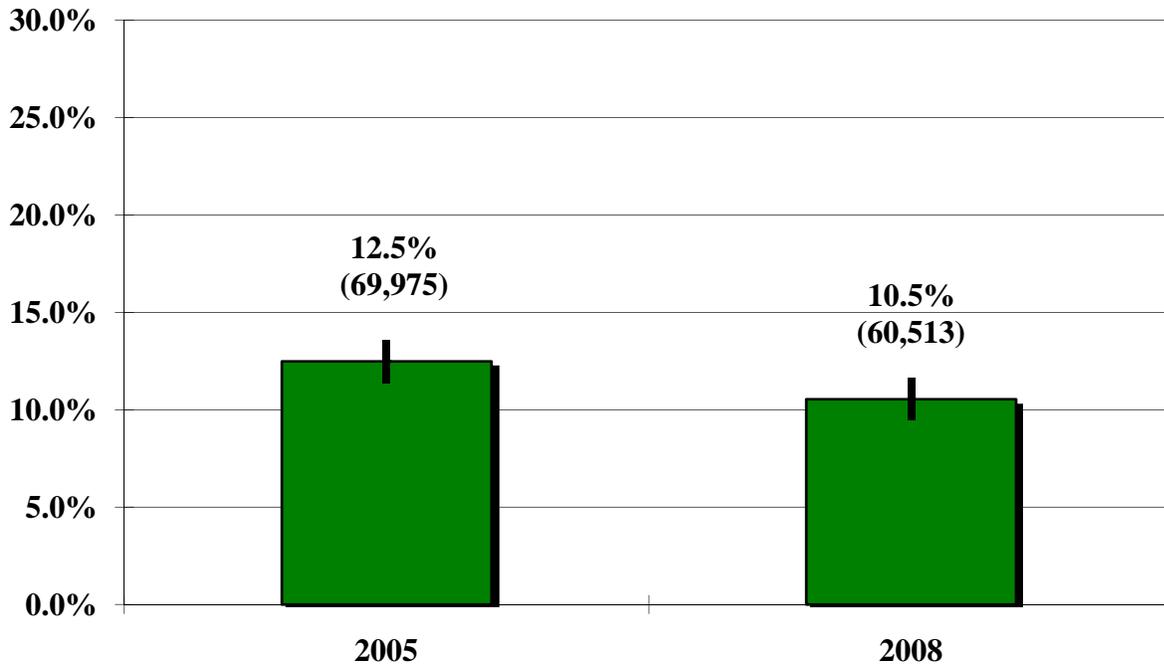
Prior to the coverage they currently had at the time of the survey, 43.0% were covered by private insurance, while 28.5% reported they were without coverage. About one in ten were covered under Medicaid (9.6%) or Dr. Dynasaur (8.8%) and another 5.7% were covered under VHAP.

K. Concerns about Loss of Health Insurance

Key Findings

- As of 2008, 10.5% (60,513) of Vermont residents were concerned they might lose health insurance coverage that included both private insurance and public programs sometime in the next 12 months. This is a slight decrease from the 12.5% who were concerned they might lose coverage in 2005 and the 11.3% that expressed concern in 2000.
- The most commonly cited reason for concern about loss of coverage was fear that the health insurance policyholders could lose their jobs (31.2%).
- One in five (20.1%) of those ages 18 to 24 are concerned they would lose coverage within the next 12 months.
- About 16% of insured residents who make less than 100% of FPL were concerned they might lose health insurance during the next 12 months.
- Among insured residents, 11.1% of non-working residents were concerned about losing their health insurance coverage in the next 12 months compared to 10.6% of full time workers and 15.8% of part time workers.

Figure 45
Are you concerned that Person may lose health insurance coverage
within the next 12 months
(% among those with health insurance)



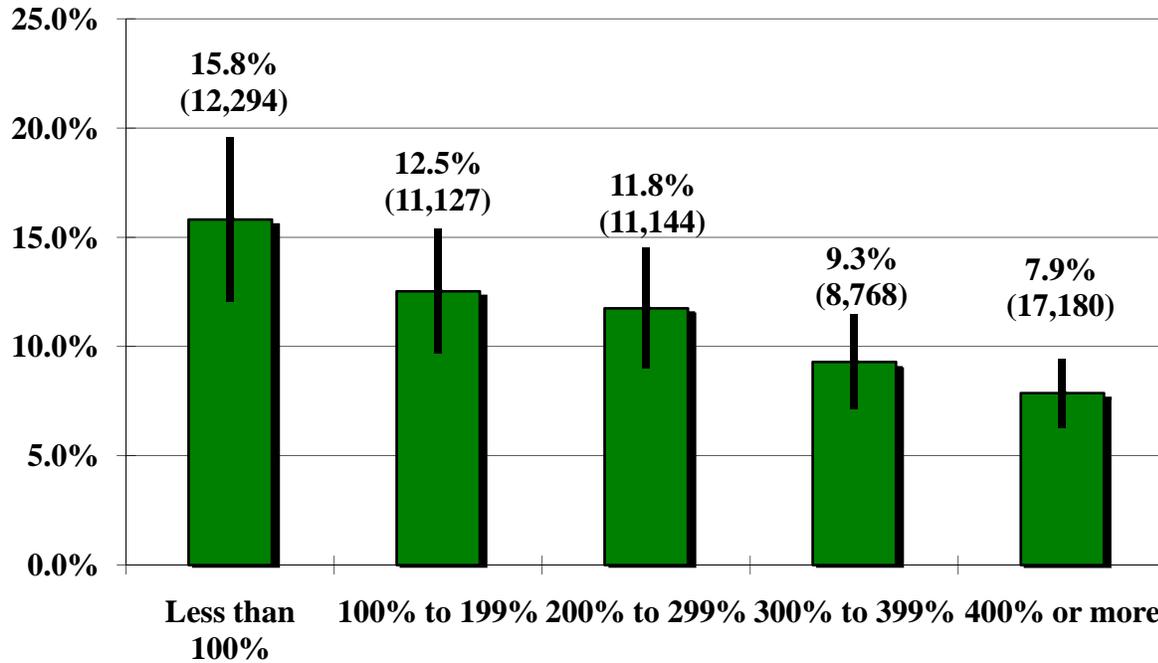
Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

The percentage of insured Vermont residents concerned about losing their coverage remained relatively constant from 2000 to 2008. In 2008, one in ten residents expressed concern that they might lose their health insurance in the next 12 months. This was a non-significant decrease from 2005, when 12.5% of residents expressed a similar concern.

The highest percentage of residents concerned about losing health insurance coverage over the next year occurred among those aged 18 to 24. Specifically, 20.1% of those aged 18 to 24 were concerned they might lose coverage within 12 months.

From the perspective of family income, the highest percentage (15.8%) of residents who were concerned about losing coverage were those with family incomes below 100% of the Federal Poverty Level. This was a significant decrease from 2005 when 24.4% in this income group were concerned about losing coverage. In contrast, 7.9% of residents with family incomes 400% or higher than the Federal Poverty Level expressed concern about losing coverage.

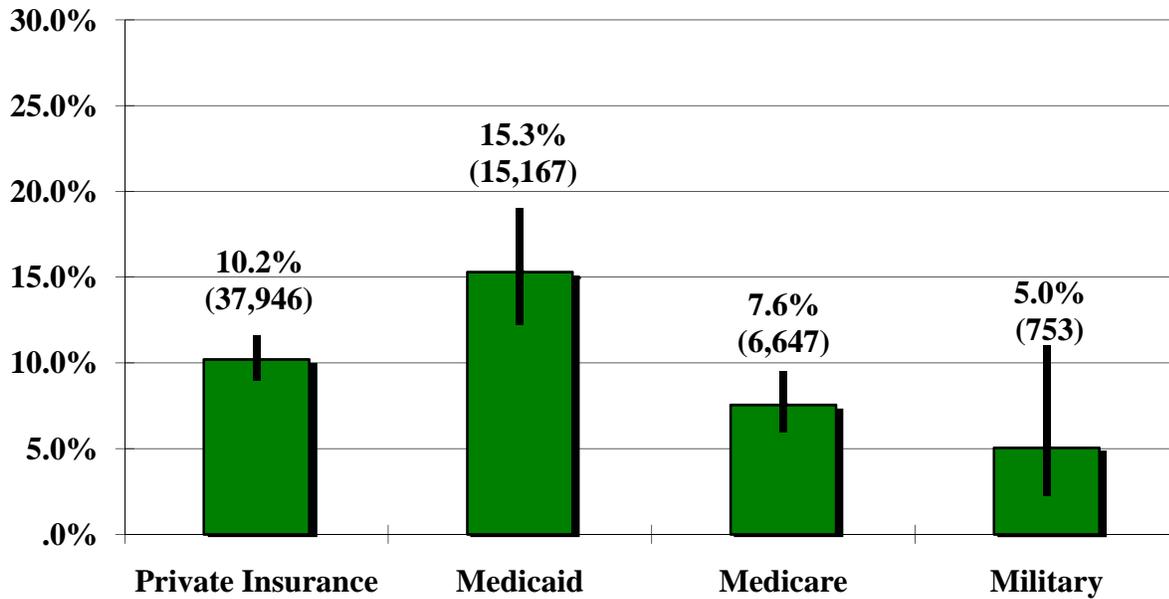
Figure 46
Are you concerned that Person may lose health insurance coverage
within the next 12 months?
(% by annual family income - FPL)



Data Source: 2008 Vermont Household Health Insurance Survey

When looking at concern about loss of coverage by primary type of insurance coverage, residents covered under Medicaid programs expressed the most concern at a rate of 15.3%. One in ten privately insured Vermont residents were similarly concerned.

Figure 47
Are you concerned that person may lose health insurance coverage
within the next 12 months
(% by primary type of insurance coverage)



Data Source: 2008 Vermont Household Health Insurance Survey

Among residents concerned about losing their health insurance coverage in 2008, the most commonly cited reason for concern was fear that the health insurance policyholder would lose their job (31.2%). Other reasons given by at least 10% of those concerned about loss of coverage was that their premium cost would increase (13.8%), that they would no longer be eligible or qualify for state sponsored insurance (13.3%) and that they would become ineligible because of age or that they are leaving school (11.7%).

L. Health Care Utilization

Key Findings

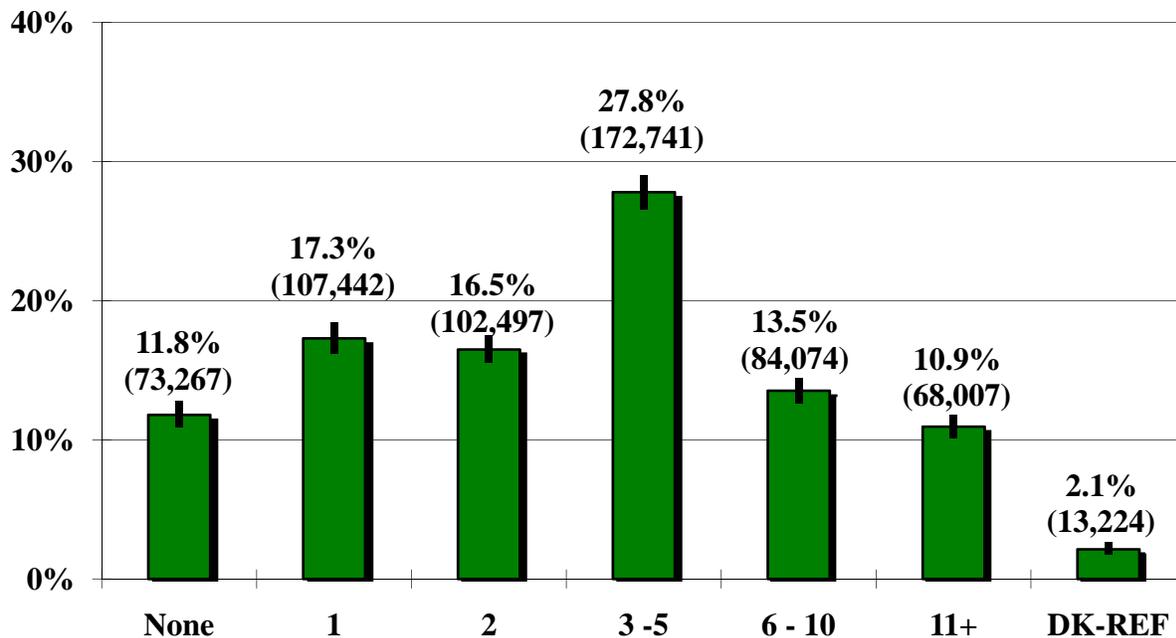
- During the previous twelve months, 86.1% of respondents visited a health care professional at least once while only 11.8% did not see a health professional in the last year. Among those who saw a health care professional at least once, over two-thirds (71.7%) reported that at least one visit was for a routine check-up.
- Less than one in ten (8.3%) of Vermont residents stayed overnight in a hospital during the past 12 months.
- Almost one in five (19.1%) Vermont residents sought medical care in an emergency room during the past 12 months, a dramatic increase since 2005 when only 9.1% indicated they sought care in a hospital emergency room. This increase occurred across a broad spectrum of the population.
- Almost half (46.9%) of Vermont residents take at least one prescription drug on a regular basis with about one in ten (10.1%) who take five or more prescription drugs on a regular basis.

In 2008, 86.1% Vermonters reported they visited a health care provider at least once during the previous 12 months with over half (52.2%) indicating they saw a provider three or more times. About one in ten residents (11.8%) did not visit a health care provider during the previous year. More than seven in ten residents (71.7%) reported at least one visit to a health care provider for a routine check-up.

Residents aged 18 and 34 were less likely to have seen a health care provider during the past 12 months than other age cohorts. Among those aged 18 to 34, 19.1% had not seen a health care provider in the last 12 months. This compares to 7.4% of children under the age of 18, 16.0% of residents aged 35 to 44, 11.0% of residents aged 45 and 64, and 4.8% of residents over the age of 65. More than four in ten (42.7%) of those aged 18 to 34 had not visited health care provider for a routine check-up.

When asked where they go when they needed medical attention, most Vermont residents (80.4%) reported they went to a private doctor’s office, while 12.4% indicated they went to neighborhood health centers, another 4.1% of respondents went to a hospital outpatient department for care, and less than one percent indicated their primary point of service for medical care was a hospital emergency room

Figure 48
How many times did person visit a health care professional in the last 12 months?



Data Source: 2008 Vermont Household Health Insurance Survey

Table 31
How Many Times Did Resident See a Health Care Professional (% by primary type of insurance coverage)

	Primary Type of Insurance Coverage				
	Private Insurance	Medicaid	Medicare	Military	Uninsured
<i>Overall</i>					
None	10.8%	10.5%	4.8%	6.0%	37.4%
1	19.6%	16.8%	8.3%	10.3%	19.0%
2	18.5%	14.4%	12.6%	20.8%	11.2%
3-5	27.6%	28.5%	31.4%	28.1%	21.0%
6-10	12.5%	15.0%	20.7%	15.9%	4.3%
11+	9.6%	11.2%	19.2%	15.7%	4.0%
Unsure	1.4%	3.6%	3.0%	3.2%	3.0%
Counts	371,870	99,159	88,027	14,910	47,286

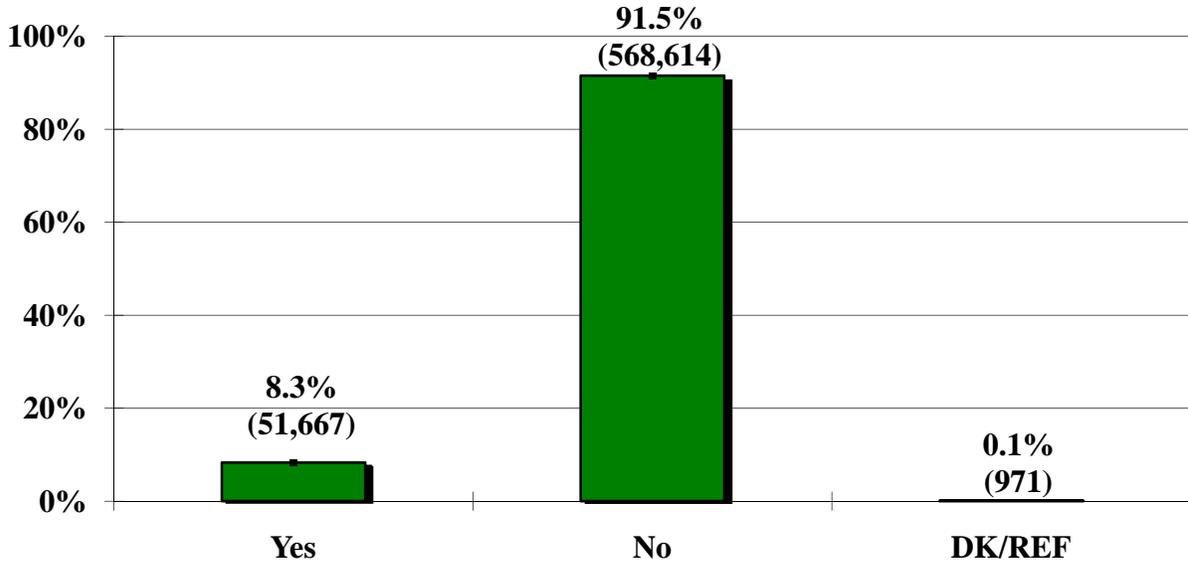
Data Source: 2008 Vermont Household Health Insurance Survey

In 2008, about eight percent (8.3%) of Vermont residents reported an overnight stay in a hospital during the past 12 months. In 2005, 4.7% of residents reported staying overnight in a hospital.

In 2008, 19.1% of Vermont residents sought care in an emergency room (ER) during the past 12 months. This is a dramatic increase over 2005 when only 9.1% of residents had sought care in an emergency room. While increased usage occurred across the general population, the largest percentage point increase occurred among those under the age of 25 and those earning less than 100% of FPL. The percentage seeking care in an ER also increased for all types of insurance coverage with the largest increases among those with military and state health insurance.

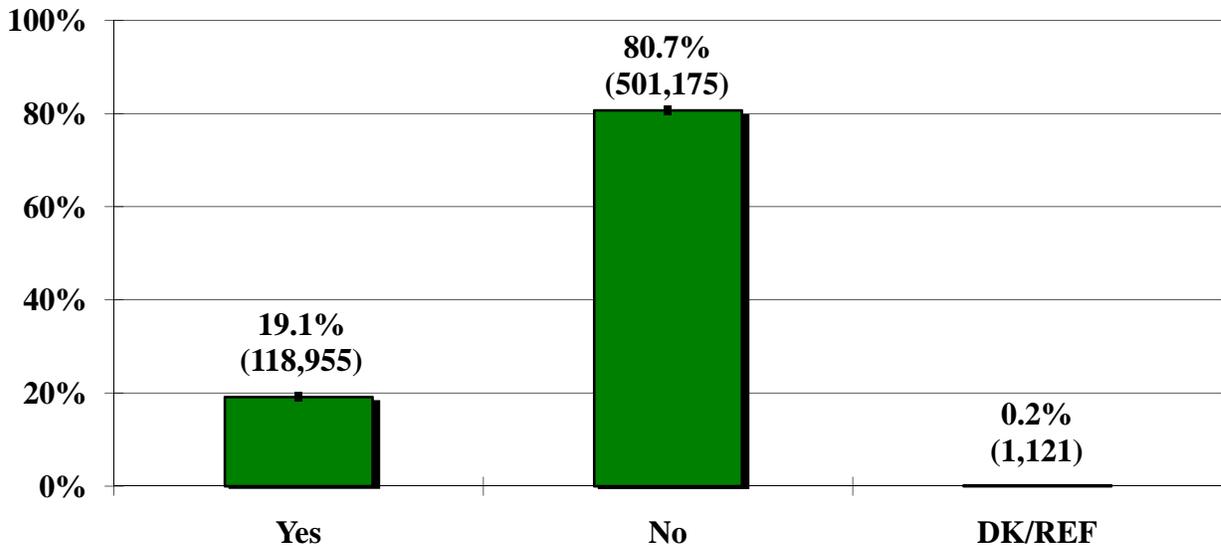
In 2008, 51.8% of Vermont residents stated that they did not take any prescription drugs on a regular basis. Slightly less than half (46.9%) took one or more prescription drugs, with about one in ten (10.1%) residents taking five or more medicines on a regular basis. Not surprisingly, older Vermont residents were more likely to indicate that they took five or more prescription drugs on a regular basis. About a third (32.2%) of residents 65 or older said they took five or more prescription medicines on a regular basis, compared to less than 15% of those younger than 65.

Figure 49
Has person stayed overnight at the hospital in the previous 12 months?



Data Source: 2008 Vermont Household Health Insurance Survey

Figure 50
Has person sought medical care in the ER in the previous 12 months ?



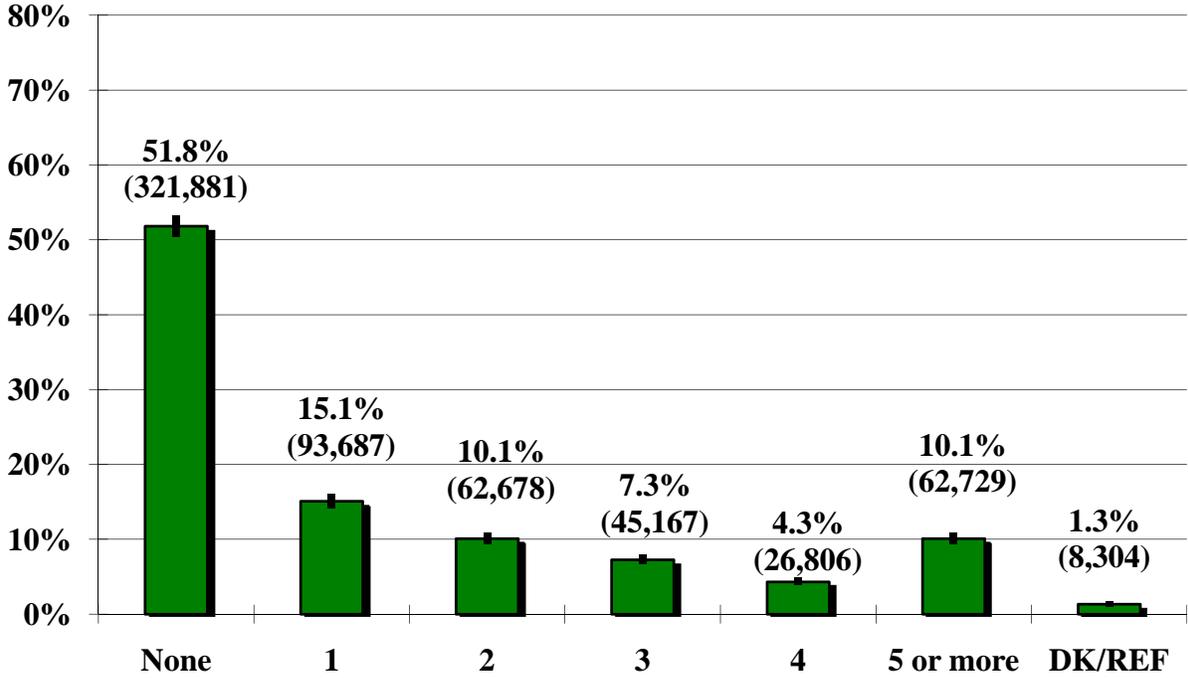
Data Source: 2008 Vermont Household Health Insurance Survey

Table 32
Has person sought medical care in the ER in the previous 12 months?
(% Indicating Yes)

	Rate		Count	
	2005	2008	2005	2008
Total	9.1%	19.1%	56,398	118,956
Age				
0-17	1.1%	18.0%	1,585	23,746
18-24	8.9%	22.2%	4,245	12,476
25-34	13.0%	18.8%	10,173	13,666
35-44	9.4%	19.5%	8,369	16,997
45-64	10.6%	17.1%	19,669	32,162
65+	15.3%	23.6%	12,357	19,909
Income (% FPL)				
Less than 100%	12.9%	28.6%	10,751	25,788
100% to 199%	12.3%	20.1%	14,763	20,523
200% to 299%	8.6%	20.2%	9,954	21,271
300% to 399%	7.3%	17.2%	7,666	17,099
400% or more	6.7%	15.3%	13,262	34,274
Primary Insurance				
Private Insurance	6.8%	16.1%	24,999	59,803
State health Insurance	10.1%	23.4%	9,206	23,205
Medicare	18.2%	26.5%	16,430	23,368
Military	8.2%	25.4%	796	3,782
Uninsured	8.1%	18.6%	4,967	8,796

Data Source: 2005, 2008 Vermont Household Health Insurance Survey

Figure 51
How many different types of prescription medications
does person take on a regular basis?



Data Source: 2008 Vermont Household Health Insurance Survey

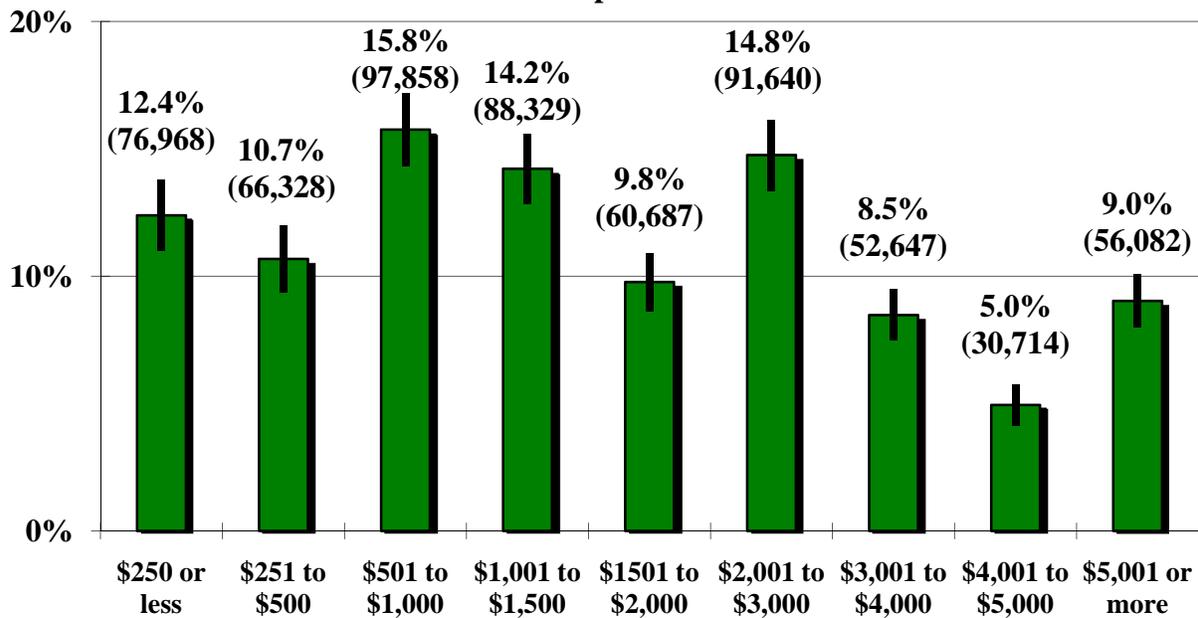
M. Health Care Barriers

Key Findings

- Three in every five (61.3%) residents lived in families whose out of pocket health care costs were over \$1,000 in 2008 (including, prescription drugs, dental, vision and other medical expenses).
- In 2008, many Vermonters forwent needed health care due to cost with the most significant category being dental care as reported for over 72,000 Vermonters. However, the percent of residents forgoing care across categories of services was similar to the findings in 2005.
- About a quarter (25.9%) of Vermont families had problems paying for medical bills in 2008 while 16.2% had been contacted by a collection agency about unpaid medical bills. About eight percent of Vermont households said they have altered their lives significantly in order to pay medical bills.
- More than one in ten (14.3%) residents lived in families where they had to use up most or all of their savings to pay for medical bills. Another 8.7% lived in families that assumed credit card debt or loans to pay for medical bills. About one in twenty (5.7%) residents lived in families that were unable to pay for basic necessities in order to pay medical bills.
- One in ten (10.0%) residents enrolled in a state health insurance program delayed or forwent care because they could not find a provider willing to accept state health insurance.

Cost is 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 2008, 3 in 5 (61.3%) residents lived in families whose out of pocket health care costs were over \$1,000 with over a third (37.3%) living in households paying over \$2,000 out of pocket.

Figure 52
How much has your household paid out of pocket for all medical expenses?



Data Source: 2008 Vermont Household Health Insurance Survey

Table 33
Average Amount Spent Per Year by Vermont Families by Primary Insurance

	Private	Medicaid	Medicare	Military	Uninsured	Total
Prescription Drugs	\$520	\$247	\$703	\$407	\$374	\$489
Dental and Vision Care	\$850	\$444	\$665	\$759	\$670	\$743
All other medical expenses	\$1,011	\$602	\$784	\$641	\$1,085	\$911

Data Source: 2008 Vermont Household Health Insurance Survey

When asked if they ever delayed needed care due to cost, 11.6% of all respondents said that they have delayed dental care (including checkups) while 5.3% took smaller amounts of their prescription medicines to make them last longer. Less than five percent of residents forwent other types of medical care due to cost. Compared to 2005, there has been a slight but non-significant increase in the proportion of Vermont residents forgoing care due to cost with the exception of forgoing medical care from a doctor where the rate decreased slightly.

Table 34
Was there any time person needed any of the following but did not get it because they could not afford it?
(2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Medical care from a doctor?	3.9%	3.4%	24,206	20,951
Mental health care or counseling?	1.4%	1.9%	8,989	11,977
Dental care including checkups?	10.5%	11.6%	65,525	72,274
A diagnostic test?	1.9%	2.3%	11,775	14,578
Prescription medicines?	3.0%	3.2%	18,838	19,675
Skipped doses, took smaller amounts of their prescription to make them last longer?	4.9%	5.3%	30,335	32,731

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

An examination of forgoing medical care due to cost by age reveals that in late 2008 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 over the age of 65 were about half as likely to have forgone medical care due to cost compared to other adults.

In general, cost as a barrier to health care declined with increasing income. However, the income (as a percentage of the Federal Poverty Level, or FPL) threshold at which there was a significant decline in those who have forgone care due to cost varied for some of the types of health care addressed in this survey. Specifically, regarding medical care from a doctor and prescription medicines, there were significantly lower percentages of residents who forwent care due to cost for those making 400% FPL or more. For dental care, there was a statistically

significant decline in residents who forwent this care due to cost among those making 300% FPL or more.

Many Vermonters reported problems paying out-of-pocket costs for health services in late 2008. A quarter of Vermont residents (25.9%) lived in families where someone had problems paying medical bills in the last 12 months. Another 16.2% of residents lived in families that had been contacted by a collection agency about unpaid medical bills. Eight percent of residents lived in families where someone had altered their life significantly in order to pay medical bills. Compared to 2005, there was an increase in the number and percent of residents living in families where someone had experienced problems paying for medical bills.

Table 35
During the last 12 months...
(2005 and 2008)

	Rate		Count	
	2005	2008	2005	2008
Were there times that there were problems paying for medical bills for anyone in your household?	21.7%	25.9%	134,836	160,803
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	14.0%	16.2%	86,982	100,538
Did anyone in your family have to change their life significantly in order to pay medical bills?	5.7%	7.9%	35,669	48,924
Was there any time that person paid a medical bill for \$500 or more out of pocket?	N/A	12.7%	N/A	79,013

Data Source: 2005, 2008 Vermont Household Health Insurance Surveys

In the 2008 survey, several new questions were asked regarding the impact of medical bills on personal finances. More than one in every ten residents lived in families that had used up most or all of savings to pay for medical bills. Additionally, 8.7% lived in families that has assumed credit card debt or had taken out loans to pay for medical bills. About one in every twenty lived in families that were unable to pay for basic necessities in order to pay medical bills.

Although residents may have forgone medical care due to cost of an insurance deductible, this was reported infrequently. Less than two percent of insured residents reported having forgone medical care (1.9%) or a diagnostic test (1.7%) due to the cost of the deductible.

Another reason residents may not receive needed care was due to a lack of available health care providers. Overall, about 6% or approximately 37,000 residents report that they had forgone or

delayed medical care because a health care provider was not available. Among residents enrolled in a state sponsored health insurance program, 10% or 12,058 residents had delayed or forgone medical care because they could not find a health care professional who would accept state sponsored health insurance. Another 6.7% reported that they sought medical care in an emergency room because they did not have access to a health care provider when they needed medical attention.

Table 36
Did resident...

	Rate	Count
Forgo medical care due to the amount of the deductible? (Asked of insured residents)	1.9%	11,145
Forgo a diagnostic test due to the amount of the deductible? (Asked of insured residents)	1.7%	10,015
Delay or not get care because a health care provider was not available?	6.0%	37,413
Forgo medical care because no doctors accept state health insurance? (Asked of those enrolled in a state sponsored health insurance program)	10.0%	12,058
Get care in an ER because a health care provider was not available?	6.7%	41,553

Data Source: 2008 Vermont Household Health Insurance Survey

Appendix A

Survey Methodology

*For additional technical information and reporting related to the 2008 Vermont Household Health Insurance Survey, go to the BISHCA website at:
http://www.bishca.state.vt.us/HcaDiv/Data_Reports/a_data_reports_index.htm
for the 2008 VHHIS Technical Documentation*

The Sample

The 2008 Vermont Household Health Insurance Survey is based on telephone interviews conducted between September 2, 2008 and December 4, 2008 among 4,592 randomly selected households in Vermont.

The sampling methodology relied on a complex stratified sampling methodology that included two separate phases: a statewide general population sample (general population survey or GPS) as well as an over sample of households with at least one uninsured resident (uninsured over sample). The sample was thus divided into two main components with a set target for the number of completed household interviews in the general population survey (GPS) as well as an over sample of the uninsured with the goal of gathering data from additional households with at least one uninsured household member. The goal for the GPS was to gather data from a minimum of 4,000 Vermont households. Between the GPS and the uninsured over sample, the goal was to gather data on a minimum of 1,500 uninsured residents.

A total of 4,005 surveys were completed during the general population component and an additional 587 interviews were completed for the uninsured over sample component.

Both the general population survey and the uninsured over sample relied on a stratified sampling design. 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 same strata were used during the GPS and the uninsured over sample. The goal set for the study was to gather data from a minimum of 1,000 Vermont residents in each of these four sampling strata during the GPS.

Within each sampling stratum, sample was drawn in proportion to the population distribution within the geographic area. The sample of the telephone numbers called during both the GPS and uninsured over sample 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.

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 2008 VT HHIS
(GPS and Uninsured Over Sample)**

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 4,005 interviews completed during the general population survey, data were obtained on 9,237 Vermont residents. Data were obtained on 1,555 residents during the uninsured over sample (this included residents that were insured as well as uninsured). Combining the general population survey and the uninsured over sample, data were obtained on a total of 1,508 uninsured Vermont residents.

Sampling Error

The percentages reported for the general population survey are within plus or minus 0.8% 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 49.2% and 50.8%, with a confidence level of 95%.

The percentages reported in the analysis of the uninsured population of Vermont are within plus or minus 2.4%.

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 2008 VT HHIS

The response rate to the general population component of the 2008 Vermont Household Health Insurance Survey was 52.8%

The response rate to the uninsured over sample component of the 2008 Vermont Household Health Insurance Survey was 45.6%.

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

	Response Rate	Respondent Cooperation Rate	Respondent Refusal Rate
GPS Total	52.8%	92.5%	3.6%
Stratum 1	50.9%	92.5%	3.3%
Stratum 2	53.4%	91.5%	4.4%
Stratum 3	51.6%	92.3%	3.6%
Stratum 4	55.2%	93.6%	3.0%
Uninsured Over Sample Total			
	45.6%	88.1%	1.8%
Stratum 1	35.9%	83.3%	2.1%
Stratum 2	51.1%	89.7%	2.1%
Stratum 3	49.2%	89.6%	1.6%
Stratum 4	45.0%	88.5%	1.6%

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, an adjustment for households with more than one telephone, and an adjustment for households experiencing an interruption in phone service. The post stratification weighting phase matched the data to the state profile based upon sex, age, race, ethnicity, and area of residence using 2007 US Census Bureau population estimates for Vermont.

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, Serpentine-Hot Deck Imputation, and Regression Based Imputation (these techniques are described in detail in the 2008 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
Hourly Wage	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
Maximum Annual Out of Pocket Expenditures (private health insurance)	Regression Based 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.