



**Vermont Department of Financial Regulation
Insurance Division**

**2012 Vermont Household Health
Insurance Survey:**

Comprehensive Report



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Table of Contents

	Page
I. Executive Summary	1
II. Comprehensive Findings.....	6
A. Primary Health Insurance Coverage.....	6
B. The Uninsured	10
C. Segment Analysis: The Uninsured Population.....	22
D. Eligibility for State Health Insurance and the Exchange.....	34
E. Access to Employer-Sponsored Health Insurance Among the Working Uninsured Under Age 65	43
F. Private Health Insurance.....	47
G. Segment Analysis: Trends in Employer-sponsored Health Insurance	56
H. State Health Insurance.....	62
I. Medicare	69
J. Interruptions in Insurance Coverage	73
K. Concerns about Loss of Health Insurance	78
L. Health Care Barriers	82
Appendix A: Survey Methodology	88

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I. Executive Summary

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

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

The 2012 VHHIS continued to collect and analyze core information on health insurance coverage and demographic, economic, health status and employment-related characteristics to support the State's analytical needs for measuring change in the population, insurance coverage, affordability of and financial access to health insurance and care over time. In addition, the 2012 VHHIS provided the State with crucial information about the Vermont population to support planning, implementing, and evaluating the performance of Vermont Health Connect, its Health Insurance Exchange, as well as other health care reforms. Finally, the 2012 VHHIS took a broader look at the issues of health care access in Vermont.

The 2012 Vermont Household Health Insurance Survey (VHHIS) was based on telephone interviews conducted between August 30 and December 2, 2012 among 4,610 randomly selected households in Vermont representing nearly 11,000 Vermonters. This included an over sample of residents currently without health insurance with data obtained on 1,365 uninsured Vermonters. The overall margin of error associated with the survey was plus or minus 1.2%. The sampling approach included cell phones with nearly 30% of surveys completed with a resident using a cell phone.

The Uninsured

In late 2012, 6.8% of Vermont residents were uninsured. This was a slight decrease from the percentage without coverage observed in 2009 when 7.6% of residents were uninsured. As of late 2012, 42,760 Vermont residents lacked health insurance coverage compared to 47,460 in 2009.

Vermont residents aged 25 to 34 had the highest uninsured rate at 18.2% (12,848), an increase from the 16.1% observed in 2009. The next highest uninsured rate occurred among those aged 18 to 24 at 11.5% (9,341), representing the first time this age cohort did not have the highest rate of uninsurance since surveying began in 2000. Among this group, the uninsured rate had decreased since 2009, when 17.4% of residents in this age cohort were uninsured. Only 2.5% (2,770) of children aged 0 to 17 lacked health insurance coverage in 2012 compared to 2.8% in 2009. Forty percent (40.4%) of the uninsured residents of Vermont had been without health insurance coverage for a year or less, while 28.9% had lacked coverage for five or more years.

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

Under guidelines in Vermont as well as the Patient Protection and Affordable Care Act (PPACA), residents with an annual income of less than 139% of Federal Poverty Level (FPL) are eligible for coverage through Medicaid beginning in 2014. Children under age 18 living in a family with an annual income between 139% and 300% of FPL are eligible for coverage through Vermont's Dr. Dynasaur program. For those not eligible for state sponsored health insurance, the PPACA provides subsidies to purchase health insurance through Vermont Health Connect beginning in 2014. Residents aged 0 to 18 with a family income between 300% and 400% of FPL and adults aged 19 to 64 with a family income between 139% and 400% of FPL are eligible for these subsidies to help offset the cost of purchasing private insurance through Vermont Health Connect.

At the end of 2012, 64.9% or 2,184 uninsured children aged 0 to 18 met eligibility requirements for Medicaid or Dr. Dynasaur. Another 20.6% (695) lived in families that meet the requirements for subsidies to purchase health insurance through Vermont Health Connect.

Of uninsured adults aged 19 to 64, 33.1% (12,932) met eligibility requirements for coverage through Medicaid under PPACA guidelines and another 1.8% (696) met eligibility for Medicaid under current Vermont guidelines. Another 48.1% (18,823) were eligible to receive subsidies to help purchase insurance through Vermont Health Connect.

Access to Employer-Sponsored Health Insurance among the Working Uninsured

In late 2012, approximately 8,800 (29.2%) of working uninsured Vermonters aged 18 to 64 potentially had access to employer-sponsored insurance (ESI). The percentage of the working uninsured with access to ESI was comparable to that observed in late 2009, with 26.2% reporting potential access. It has been trending upward since 2008 when only 24.1% reported potential access.

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 50 or more employees was 59.0%, compared to an employer offer rate of 31.1% for companies with 25 to 49 employees, 22.6% for companies with 10 to 24 employees, and only 4.9% in companies with fewer than 10 employees.

Among those with access to ESI, cost represented the most significant barrier to obtaining insurance with 63.0% indicating that their employer's health insurance plan was too expensive.

Primary Type of Insurance Coverage

As of late 2012, 56.8% (355,857) of Vermont residents had private insurance as their *primary type* of health insurance coverage.¹ This represented a slight decline since 2009 when 57.2% had private insurance as the primary type.

Another 17.9% (111,833) of Vermont residents had *primary health insurance coverage* through the state Medicaid program, comparable to the 17.6% observed in 2009.

In 2012, 16.0% (100,505) of Vermont residents were covered by Medicare as the *primary type* of health insurance compared to 15.3% in 2009.

In 2012, 2.5% (15,477) of Vermonters were covered *primarily* by military insurance² compared to 2.2% in 2009.

Private Health Insurance Coverage

At the end of 2012, 59.2% of Vermont residents (371,116³) were covered by private insurance, including those who had private insurance in addition to other sources of comprehensive health coverage. This was comparable to late 2009, when 58.8% of Vermont residents were covered by private insurance.

Nearly all (89.6%) Vermont residents with private health insurance had coverage provided through employer related sources. Most private health insurance coverage (89.8%) included a prescription drug benefit.

Nearly half of those with private health insurance coverage (49.0%) had seen premiums increase during the past year while 17.3% saw an increase in the amount of their deductible.

Nearly two-thirds of the privately insured respondents (64.9%) reported that out-of-pocket medical costs for their families exceeded \$1,000 over the previous twelve months, a decrease from 69.8% observed in 2009. Nearly one-fifth (19.8%) of the privately insured respondents lived in families where someone experienced problems paying medical bills, comparable to 2009 (21.0%) and 13.1% were contacted by a collections agency about an unpaid medical bill. A small percentage (5.2%) reported not receiving care because a provider was not available and 2.1% did not receive needed care because they could not find a provider that accepted their private health insurance.

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

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

³ Included in this total are 14,501 residents with current coverage through the Catamount Health Program.

Access to Employer-sponsored Insurance

In late 2012, 66.0% (206,474) of working adults aged 18 to 64 had access to Employer-sponsored insurance (ESI) through their employers while 34.0% lacked access. This was similar to the 68.5% with access to ESI in 2009 and is significantly lower than the 72.2% with access in 2005. Nearly half (45.2% or 165,659) of the working population aged 18 to 64 were enrolled in their employer's health insurance, comparable to 46.5% in 2009 but down from 50.2% in 2005. Among those with access to ESI, the uptake rate⁴ in 2012 was 68.5%, comparable to 67.8% in 2009 but decreased slightly from the uptake rate of 72.3% in 2008.

State Health Insurance Programs

At the end of 2012, 21.7% (135,753) of Vermont residents had coverage through health insurance programs such as Medicaid, VHAP, or Dr. Dynasaur including those with multiple sources of coverage with approximately 17,550 dually eligible for Medicaid and Medicare. This was comparable to 21.9% in 2009.

Among children aged 0 to 17, 48.9% (54,458) had health insurance coverage through Medicaid or Dr. Dynasaur in late 2012, an increase from 42.7% in late 2009. Among adults, 18.5% (77,818) of those aged 18 to 64 had coverage through Medicaid or VHAP, comparable to 17.5% in 2009.

Thirty percent (30.3%) of residents enrolled in a state health insurance program lived in families where someone experienced problems paying medical bills and 22.1% were contacted by a collections agency about an unpaid medical bill. A small percentage (8.0%) reported not receiving care because a provider was not available and 7.8% did not receive needed care because they could not find a provider that accepted their health insurance.

Medicare Coverage

As of late 2012, Medicare covered 17.2% (104,442) of Vermont residents, including those with additional sources of comprehensive major medical coverage.

There were approximately 17,550 Medicare enrollees dually enrolled in Medicaid, comparable to 19,000 in 2009. Among those over 65 with Medicare coverage, 6.5% or approximately 7,000 had Medicare as a secondary payer due to having private coverage available through ESI or through military insurance.

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

Interruptions in Insurance Coverage

Some 4.3% (25,323) of insured Vermont residents were without coverage at some time during the 12 months prior to the survey, comparable to the percentage observed in late 2009. The most frequently cited reasons for these past interruptions in coverage were job loss and affordability.

Among those who had experienced an interruption in health insurance coverage at some time during the past 12 months, about half (52.6%) were without coverage for 1 to 3 months while 18.7% were without coverage for 4 to 6 months. During their time without coverage, 42.7% reported they applied for health insurance coverage through the state.

Concerns about Loss of Insurance Coverage

In late 2012, 60,109 or 10.3% of insured Vermont residents were concerned that they might lose health insurance coverage during the next 12 months or during 2013. This included private and government-sponsored insurance, as well as any others. This represented a slight decrease from the 12.0% who were concerned they might lose coverage in 2009.

The insured groups with the greatest concern about potential loss of coverage over the next 12 months included those currently covered by Catamount Health (17.6%) and those with coverage through state health insurance (15.6%) specifically residents with coverage through the VHAP program (22.5%).

The most commonly cited reasons for concern about a future loss of insurance coverage were that the health insurance policy holder could lose his or her job (22.9%), that residents would lose coverage due to the impact of federal health care reform (17.7%), or that the premium could become unaffordable (14.1%).

Health Care Barriers

In late 2012, more than half of Vermont residents (58.6% or 240,973) lived in families that paid more than \$1,000 out-of-pocket for health care and 13.5% (84,288) lived in families that paid more than \$5,000 out-of-pocket for health care. In 2012, 22.4% (140,050) of residents lived in families with someone who had problems paying medical bills and 15.1% (94,624) of families reported being contacted by a collection agency about unpaid medical bills. These percentages were both down slightly from 2009 when 24.8% of residents experienced problems paying medical bills and 17.0% were contacted by a collections agency about unpaid medical bills.

The percentage of residents forgoing needed medical care due to cost was unchanged between 2009 and 2012. The most common care not received due to cost was dental care which was not sought by 10.7% of Vermonters due to cost while less than five percent did not seek needed medical care, recommended diagnostic tests, and mental health care due to cost.

A small percentage (5.8% or 36,212) reported they did not get needed medical care because a health care provider was not available.

II. Comprehensive Findings

A. Primary Health Insurance Coverage

Vermont Residents, 2012

Private Insurance – 56.8% or 355,857

(Including 14,501 enrolled in Catamount Health through Blue Cross Blue Shield of Vermont and MVP Health Care)

Medicaid – 17.9% or 111,833

(Excluding 17,544 Vermonters dually covered by Medicare and Medicaid who are counted under Medicare as the primary insurer)

Medicare – 16.0% or 100,505

(Including 17,544 Vermonters dually covered by Medicare and Medicaid)

Uninsured – 6.8% or 42,760

Military – 2.5% or 15,477

- In late 2012, the majority (56.8%) of Vermont residents were covered *primarily* by private insurance⁵. This was a slight decrease compared to the 57.2% in 2009 and 59.9% in 2008.
- In late 2012, 17.9% of Vermont residents were covered *primarily* by Medicaid. This was a slight increase compared to the rate of 17.6% observed in 2009 and an increase from the 16.0% covered *primarily* by Medicaid in 2008.
- In late 2012, 6.8% of Vermont residents were uninsured. This was a decrease compared to 2009 and 2008 when 7.6% of residents were uninsured.
- Medicare covered 16.0% of Vermont residents in 2012 as their primary type of insurance.
- A small percentage (2.5%) of Vermont residents reported military insurance as their *primary* type of insurance. This is comparable to the 2.2% found in 2009 and 2.4% in 2008.

⁵ Included in the category of private health insurance coverage are 14,501 Vermonters covered through the Catamount Health Program. 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>.

**Table 1
Primary Type of Insurance Coverage**

	Rate					Count				
	2000	2005	2008	2009	2012	2000	2005	2008	2009	2012
Private Insurance*	60.1%	59.4%	59.9%	57.2%	56.8%	366,213	369,348	370,981	355,358	355,857
Medicaid	16.1%	14.7%	16.0%	17.6%	17.9%	97,664	91,126	99,159	109,353	111,833
Medicare	14.4%	14.5%	14.3%	15.3%	16.0%	87,937	90,110	88,915	95,182	100,505
Military	0.9%	1.6%	2.4%	2.2%	2.5%	5,626	9,754	14,910	13,917	15,477
Uninsured	8.4%	9.8%	7.6%	7.6%	6.8%	51,390	61,057	47,286	47,460	42,760

*Data Sources: 2000, 2005, 2008, 2009, 2012 Vermont Household Health Insurance Surveys
including 14,501 covered under Catamount Health

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

In late 2012, 56.8% of residents were primarily covered by private health insurance. This was not a statistically significant decrease in the proportion primarily covered by private insurance compared to 2009 (57.2%).

In 2012, 17.9% of Vermonters had Medicaid as their primary coverage compared to 17.6% observed in 2009 and 16.0% in 2008. There had been an increase in the number of residents primarily covered by Medicare since 2009 with 16.0% covered by Medicare in late 2012. The percentage of residents covered primarily by Military insurance had remained relatively steady since 2009 from 2.2% to 2.5% in 2012.

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

**Table 2
Medicare Included as Coverage Source**

Age	Medicare Only	Medicare Plus Medicaid	Medicare Plus Private	Medicare Plus Military	Medicare Plus Medicaid Plus Private	Medicare Plus Medicaid Plus Military	Medicare Plus Private Plus Military	Medicare Plus Medicaid Plus Private Plus Military	Total Medicare Enrollees	Total Medicare as Primary Type
0-17	0	1,312	148	0	606	0	0	0	2,066	2,066
18-64	471	10,145	3,603	0	2,059	342	0	0	16,620	16,279
65 & older	70,443	2,933	9,971	5,202	103	44	59	0	88,755	82,160
Grand Total	70,914	14,390	13,722	5,202	2,768	386	59	0	107,441	100,505

Data Source: 2012 Vermont Household Health Insurance Survey

**Table 3
Private Insurance Included as Coverage Source**

Age	Private Only	Private Plus Medicaid	Private Plus Medicare	Private Plus Military	Private Plus Medicare Plus Medicaid	Private Plus Medicaid Plus Military	Private Plus Medicare Plus Military	Medicare Plus Medicaid Plus Private Plus Military	Total Private Enrollees	Total Private as Primary Type
0-17	52,170	4,217	148	331	606	0	0	0	57,472	56,718
18-64	290,242	2,163	3,603	1,038	2,059	0	0	0	299,105	293,443
65 & older	4,405	0	9,971	0	103	0	59	0	14,538	5,696
Grand Total	346,817	6,380	13,722	1,369	2,768	0	59	0	371,115	355,857

Data Source: 2012 Vermont Household Health Insurance Survey

Table 4
Medicaid Included as Coverage Source

Age	Medicaid Only	Medicaid Plus Medicare	Medicaid Plus Private	Medicaid Plus Military	Medicaid Plus Medicare Plus Private	Medicaid Plus Medicare Plus Military	Medicaid Plus Private Plus Military	Medicaid Plus Medicare Plus Private Plus Military	Total Medicaid Enrollees	Total Medicaid as Primary Type
0-17	48,145	1,312	4,217	178	606	0	0	0	54,458	48,322
18-64	63,048	10,145	2,163	61	2,059	342	0	0	77,818	63,111
65 & older	401	2,933	0	0	103	44	0	0	3,481	400
Grand Total	111,594	14,390	6,380	239	2,768	386	0	0	135,757	111,833

Data Source: 2012 Vermont Household Health Insurance Survey

Table 5
Military Insurance Included as Coverage Source

Age	Military Only	Military Plus Medicaid	Military Plus Medicare	Military Plus Private	Military Plus Medicare Plus Medicaid	Military Plus Medicaid Plus Private	Military Plus Medicare Plus Private	Military Plus Medicaid Plus Medicare Plus Private	Total Military Enrollees	Total Military as Primary Type
0-17	1,380	178	0	331	0	0	0	0	1,889	1,380
18-64	8,158	61	0	1,038	342	0	0	0	9,599	8,501
65 & older	291	0	5,202	0	44	0	59	0	5,596	5,596
Grand Total	9,829	239	5,202	1,369	386	0	59	0	17,084	15,477

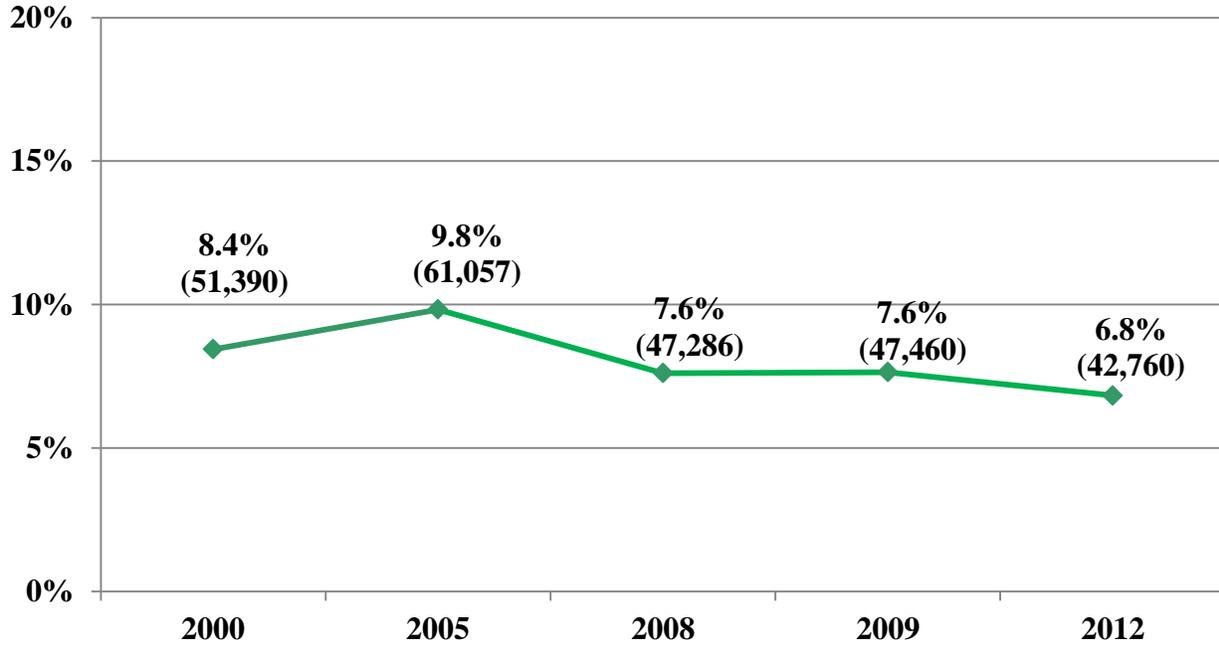
Data Source: 2012 Vermont Household Health Insurance Survey

B. The Uninsured

Key Findings

- In late 2012, 6.8% of Vermont residents (42,760) were uninsured. This was down slightly since 2009, when 7.6% of Vermont residents were uninsured, and represented a significant decline from the rate observed in 2005 when 9.8% (61,057) were uninsured.
- Among Vermonters under the age of 65, those aged 25 to 34 had the highest percentage (18.2%) of uninsurance while the lowest percentage (2.5%) occurred among children under the age of 18.
- The percentage of residents without health insurance had decreased significantly among most age cohorts since 2005. The sharpest declines were among those aged 18 to 24, dropping from 25.0% in 2005. The percentage among those aged 25 to 34 was comparable to 2005.
- One in ten (10.5%) residents in families whose income was less than 200% of Federal Poverty Level (FPL) was uninsured. Only 3.3% of residents in families earning 400% of FPL or greater were uninsured.
- Nearly one in ten (9.6%) working Vermonters aged 18 to 64 lacked health insurance coverage in late 2012. Among all residents aged 18 to 64, 9.4% lacked health insurance.
- Nearly three in ten (29.2%) of uninsured adults worked for employers that offered health insurance. This was a slight increase from the employer offer rate in 2009 (26.2%) and comparable to the employer offer rate of 30.1% in 2005.
- The percentage of the uninsured lacking coverage for more than one year had increased since 2009, ending a downward trend from 2005 to 2009. In late 2012, the percentage of uninsured children lacking coverage for more than a year was 39.7% compared to 19.6% in 2009. The percentage of adults aged 18 to 64 lacking coverage for more than a year was 54.7% in 2012 compared to 47.4% in 2009.
- Among uninsured residents who had some type of health insurance coverage during the prior 12 months (127,261), nearly half (48.3% or 8,336) had been covered by private health insurance through employment.
- When residents were asked about the main reasons for being uninsured, 49.9% indicated that cost was the only reason they lacked coverage.
- More than six in ten uninsured residents (61.2%) indicated they were very interested in enrolling in a state health insurance program while 48.0% indicated they were very likely to enroll in a private health insurance plan if there was a program to help pay the premiums.

Figure 1
Is person uninsured?
(2000-2012)



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

In late 2012, 6.8% or 42,760 Vermont residents lacked health insurance coverage (Figure 1). This was down slightly from the percentage of residents lacking health insurance coverage in 2009 when 7.6% were uninsured. There was a significant decline from the 9.8% of Vermont residents who reported they were uninsured in 2005. Male residents were more likely than female residents to lack current health insurance coverage (8.9% among male residents compared to only 4.8% among female residents).

Demographic Characteristics

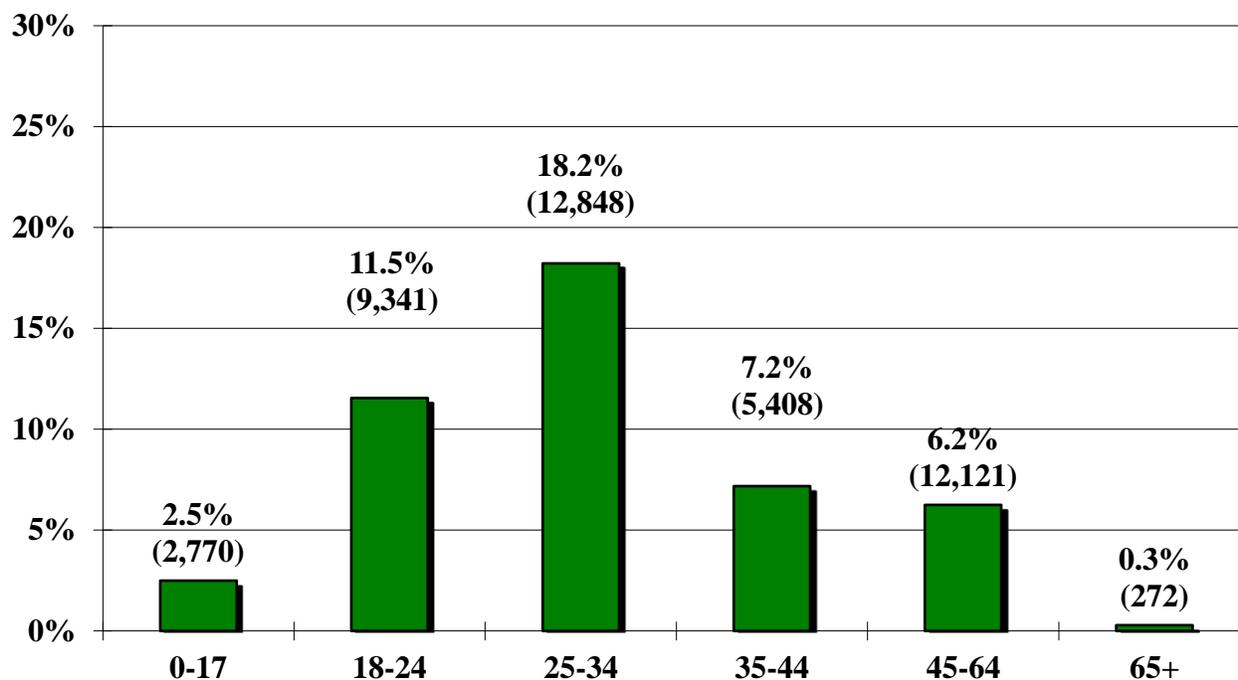
The lowest uninsured rates occurred among the youngest and oldest age groups (Figure 2). Among those under 18, only 2.5% lacked health insurance coverage in late 2012. Vermonters aged 25 to 34 had the highest uninsured rate of 18.2%, a change since 2009 when Vermonters aged 18 to 24 had the highest uninsured rate. Among those aged 18 to 24, only 11.5% were uninsured in late 2012 down from 17.4% in 2009 and 25.0% in 2005. The uninsured rate was 7.2% among those aged 35 to 44 and 6.2% among Vermont residents aged 45 to 64.

Since 2005, there had been a significant decrease in the percentage of uninsured residents among almost all age cohorts (See Table 6). The most significant decrease was among residents aged 18 to 24 (a 13.5 percentage point decrease since 2005). Other declines by age group included residents aged 35 to 44 (a 5.5 percentage point decrease) and residents aged 45 to 64 (a 2.7 percentage point decrease since 2005). The only age cohort that did not see a decline in the percentage uninsured since 2005 was residents age 25 to 34.

There were only three counties in which one in ten residents or more was uninsured. The highest uninsured rates occurred among residents of Essex county (19.8%), followed by Orleans County (10.5%), and Caledonia County (10.0%). The counties with the lowest percentage of uninsured residents were Orange County, where 5.0% of residents lacked health insurance; Washington County (5.6%); and Franklin County, where 5.7% of residents reported being uninsured.

By income the highest percentage of residents without health insurance were among those in families earning less than 100% of FPL (9.0%), earning between 100% and 199% of FPL (12.2%), and those in families earning between 200% and 299% of FPL (8.8%) as seen in Table 7. Among these three income groups, there had been a slight decline in the percentage without health insurance since 2009.

Figure 2
Is person uninsured?
 (% by age)



Data Source: 2012 Vermont Household Health Insurance Survey

Table 6
Percent Uninsured by Age Cohort, 2005-2012
Rates and Changes

% Uninsured by Age	Rate				Change	
	2005	2008	2009	2012	2005 to 2012	2009 to 2012
0-17	4.9%	2.9%	2.8%	2.5%	-2.4%*	-0.3%
18-24	25.0%	21.5%	17.4%	11.5%	-13.5%*	-5.9%*
25-34	17.9%	13.4%	16.1%	18.2%	0.3%	2.1%
35-44	12.7%	9.0%	9.9%	7.2%	-5.5%*	-2.7%*
45-64	8.9%	7.2%	7.1%	6.2%	-2.7%*	-0.9%
65+	.5%	.1%	0.1%	0.3%	-0.2%	0.2%
Total	9.8%	7.6%	7.6%	6.8%	-3.0%*	-0.8%

*=Statistically significant change

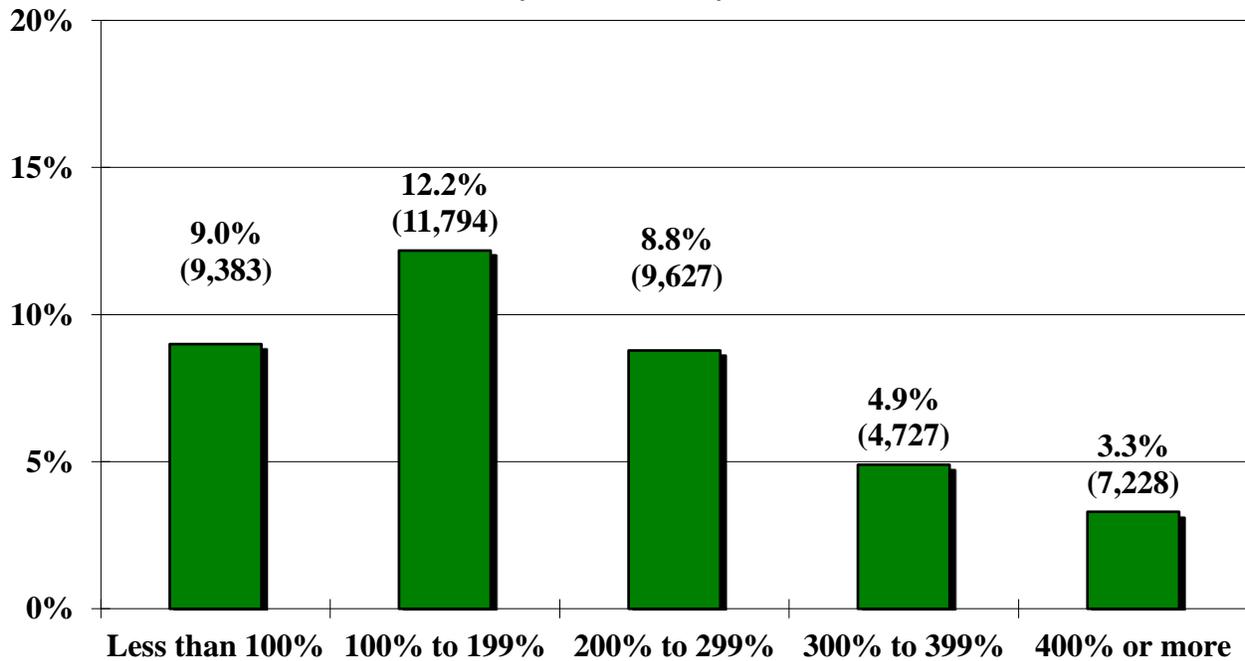
Data Source: 2005, 2008, 2009, 2012 Vermont Household Health Insurance Surveys

Table 6
Percent Uninsured by Age Cohort, 2005-2012
Rates and Changes
(continued)

Count Uninsured	Count				Change	
	2005	2008	2009	2012	2005 to 2012	2009 to 2012
0-17	6,943	3,869	3,626	2,770	-4,173	-856
18-24	11,923	12,096	10,839	9,341	-2,582	-1,498
25-34	14,044	9,712	11,133	12,848	-1,196	1,715
35-44	11,312	7,851	8,364	5,408	-5,904	-2,956
45-64	16,417	13,636	13,438	12,121	-4,296	-1,317
65+	408	123	60	272	-136	212
Total	61,047	47,287	47,460	42,760	-18,287	-4,700

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

Figure 3
Is person uninsured?
(% by annual family income - FPL)



Data Source: 2012 Vermont Household Health Insurance Survey

Table 7
Percent Uninsured by Annual Family Income – FPL, 2005, 2008, and 2009
Rates and Changes

% Uninsured by Income	Rate				Change	
	2005	2008	2009	2012	2005 to 2012	2009 to 2012
Less than 100%	18.0%	13.7%	11.9%	9.0%	-9.0%*	-2.9%*
100% to 199%	16.1%	13.1%	13.3%	12.2%	-3.9%*	-1.1%
200% to 299%	11.5%	9.8%	10.0%	8.8%	-2.7%*	-1.2%
300%+	4.5%	3.5%	3.9%	3.8%	-0.7%	-0.1%
Total	9.8%	7.6%	7.6%	6.8%	-3.0%*	-0.8%

*=*Statistically significant change*

Count Uninsured	Rate				Change	
	2005	2008	2009	2012	2005 to 2012	2009 to 2012
Less than 100%	16,396	12,342	10,601	9,383	-7,013	-1,218
100% to 199%	18,674	13,426	13,767	11,794	-6,880	-1,973
200% to 299%	12,676	10,284	10,575	9,627	-3,049	-948
300%+	13,311	11,234	12,516	11,955	-1,356	-561
Total	61,047	47,287	47,460	42,759	-18,288	-4,701

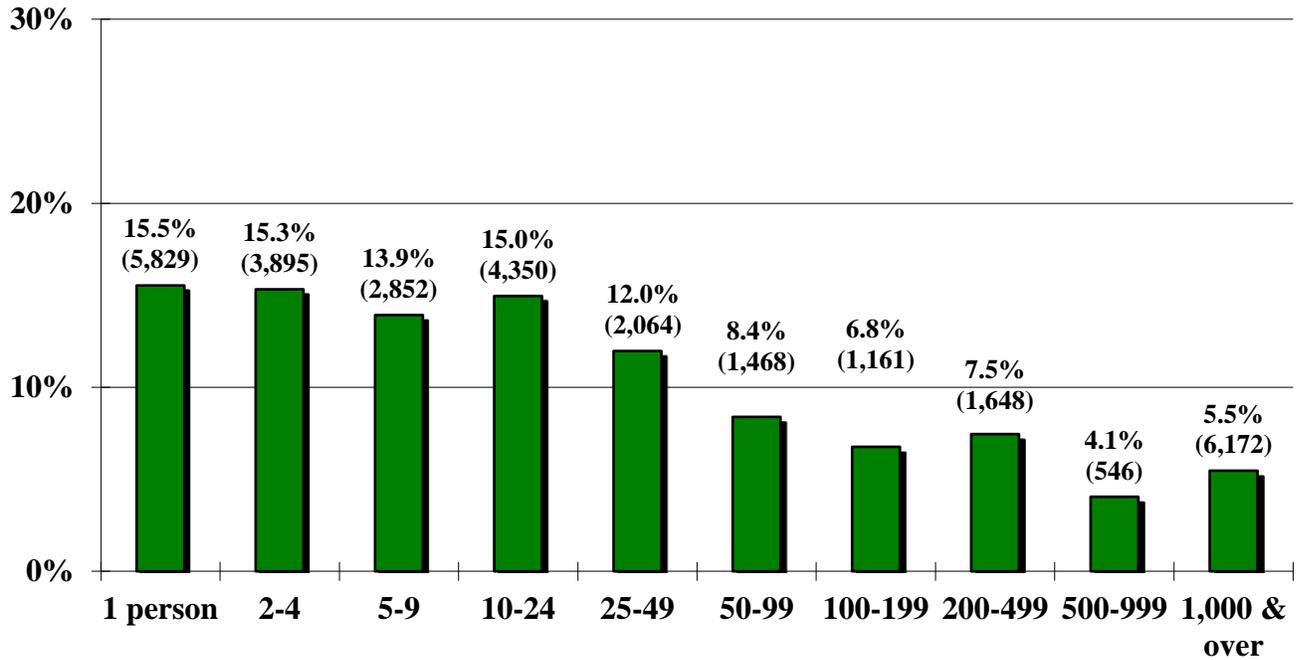
Data Source: 2005, 2008, 2009, 2012 Vermont Household Health Insurance Surveys

Employment Characteristics

Among employed Vermonters aged 18 to 64, 9.6% lacked health insurance at the end of 2012, compared to 10.9% at the end of 2009. Among uninsured workers aged 18 to 64, 9.5% of part time workers were uninsured compared to 9.4% of full time workers. Among self-employed Vermonters, 13.6% lacked health insurance coverage, a decline from 19.3% in 2009.

Those working in smaller companies were more likely to lack health insurance coverage (Figure 4), specifically those with fewer than 25 employees. Among sole proprietorships, 15.5% of working adults aged 18 to 64 were uninsured in late 2012. The rates for uninsured working adults were 15.3% for those in companies with 2 to 4 employees, 13.9% in companies with 5 to 9 employees and 15.0% of adults aged 18 to 64 working for a company with 10 to 24 employees. The uninsured rate declined significantly for those employed by companies with 25 or more employees. The uninsured rate dropped to 12.0% for workers employed by companies with 25 to 49 employees; 8.4% for 50-99 employees, 6.8% for 100-199 employees, 7.5% for 200-499 employees, and 4.1% for 500-999 employees. Only 5.5% of adults aged 18 to 64 employed by companies with 1,000 or more employees were uninsured in late 2012.

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



Data Source: 2012 Vermont Household Health Insurance Survey

The percentage of uninsured working adults with access to employer-sponsored insurance was comparable to the rates in 2005 (Table 8). At the end of 2012, 29.2% of uninsured working adults were offered health insurance by their employers compared to 26.2% in 2009, 24.1% in 2008, and 30.1% in 2005.

Table 8
Does your employer offer health insurance?
 (% among uninsured working Vermont residents aged 18 to 64, 2005 - 2012)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Yes	30.1%	24.1%	26.2%	29.2%	13,188	8,207	8,287	8,761
No	65.8%	75.9%	67.7%	70.8%	28,811	25,839	21,446	21,223
Unsure	3.9%	0.0%	6.0%	0.0%	1,727	0	3,812	0
Refused	0.1%	0.0%	0.1%	0.0%	46	0	417	0
Total	100.0%	100.0%	100.0%	100.0%	43,772	34,046	31,675	29,984

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

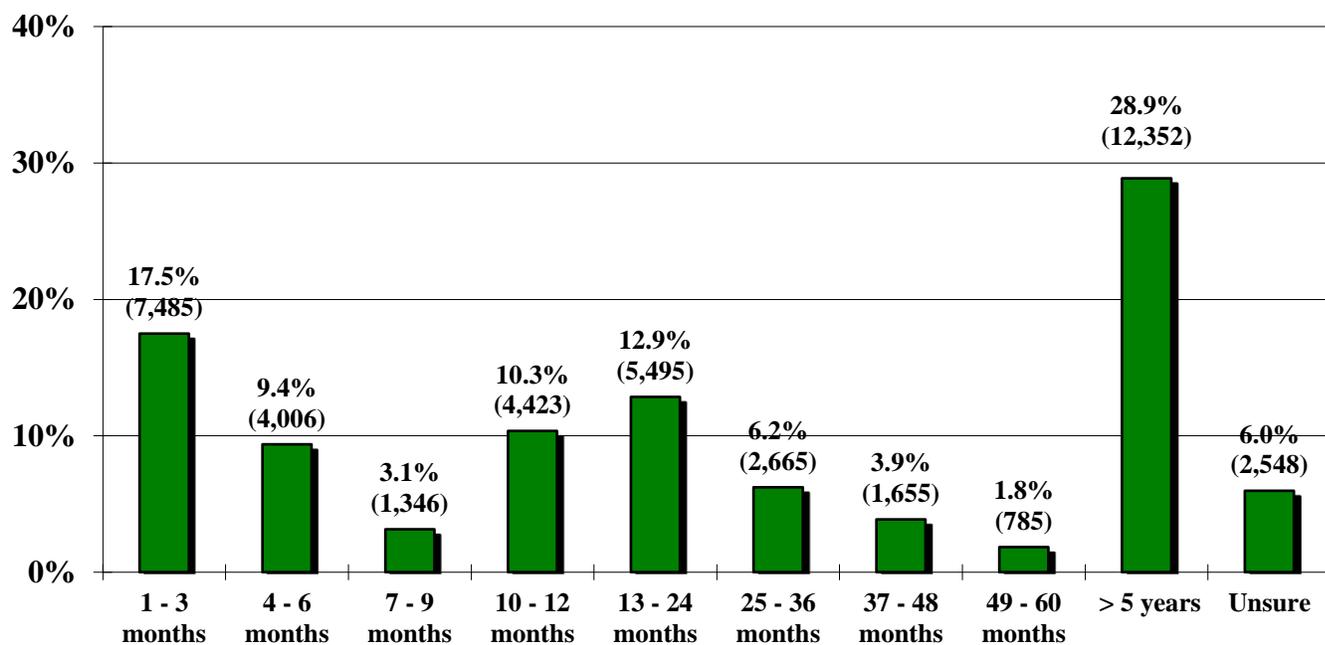
Duration

More than half of those uninsured (53.7% or 22,952) lacked health insurance for more than one year with over half of these (12,352 or 28.9% of total uninsured) indicating they had lacked coverage for more than five years (See Figure 5). Less than one-fifth of the uninsured (17.5%) reported that they had been without insurance coverage for one to three months followed by another 9.4% who lacked coverage for four to six months.

The percentage of those uninsured for more than a year increased with age (Table 9). Among children, 39.7% had been without insurance for more than one year, an increase from only 19.6% in 2009. Among uninsured adults aged 18 to 64, 54.7% had been without insurance coverage for more than a year, an increase from 47.4% in 2009. However, the percentage of long term uninsured had decreased since 2005 among residents; down from 55.3% in 2005 among uninsured children aged 0 to 17 and from 66.0% in 2005 among uninsured adults aged 18 to 64.

Among the 40.4% (17,260) of the uninsured with some type of coverage during the past year, nearly half (48.3%) had prior coverage through employer-sponsored private health insurance, while 13.0% were enrolled in VHAP and 10.8% enrolled in Medicaid.

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



Data Source: 2012 Vermont Household Health Insurance Survey

Table 9
How long has person been without health insurance coverage?
 (Uninsured Residents, 2005, 2008, and 2009)

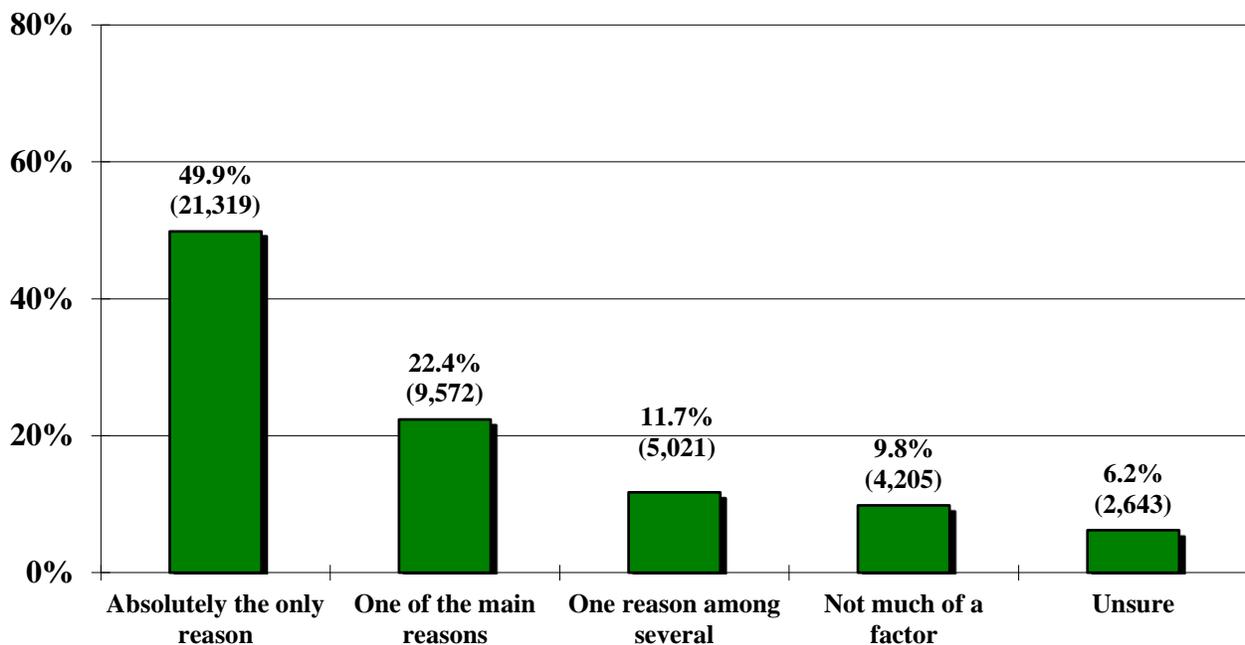
	Age 0 to 17				Age 18 to 64			
	2005	2008	2009	2012	2005	2008	2009	2012
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
12 months or less	41.6%	59.7%	76.1%	53.4%	30.5%	48.7%	47.7%	39.5%
More than 12 months	55.3%	37.3%	19.6%	39.7%	66.0%	48.4%	47.4%	54.7%
Don't know	3.1%	3.0%	4.4%	6.9%	3.6%	2.8%	4.9%	5.8%

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

Reason for Lack of Health Insurance

Cost remained the primary barrier to health insurance coverage among the uninsured. Nearly half (49.9%) indicated that the cost of health insurance was the **only** reason they currently lacked coverage. Another 22.4% indicated cost was one of the main reasons and 11.7% indicated that cost was one reason among many. Other reasons cited by those for which cost was not the only barrier included a family member losing a job (10.8% among those indicating cost was not the sole reason for lack of insurance) or a loss of eligibility for state health insurance (13.0).

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



Data Source: 2012 Vermont Household Health Insurance Survey

Knowledge of and Interest in State Health Insurance Programs

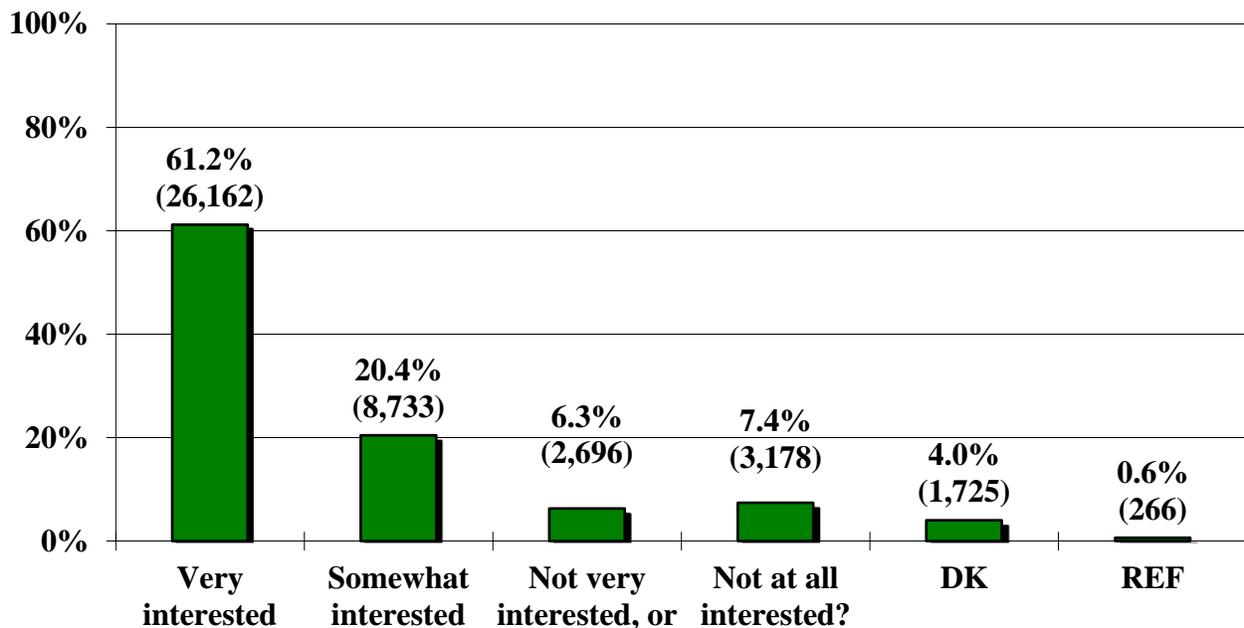
Less than half of uninsured residents were not familiar with Vermont's state health insurance programs. Only 46.2% indicated they were very or somewhat familiar with Medicaid and 47.2% were familiar with VHAP. Fewer than four in ten (36.3%) indicated a familiarity with Green Mountain Care. Among households with uninsured children, however, 69.7% indicated they were very or somewhat familiar with Dr. Dynasuar.

Uninsured residents indicated a number of barriers that had prevented applying for state health insurance. The two most prominent mentioned by respondents were that they worried that the costs would be too high with 53.8% indicating this as a major reason not to apply and 35.3% indicated a major reason they had not applied was that they did not think they would be eligible due to their income.

There remained a high level of interest among the uninsured to either enroll in a state health insurance program (Figure 7) or to receive assistance to help purchase private health insurance (Figure 8). More than six in ten uninsured residents (61.2% or 26,162) indicated they were very interested in enrolling in a state health insurance program while 20.4% were somewhat interested. Nearly half (48.0% or 20,510) indicated they were very likely to enroll in a private insurance plan if there was a program to help pay premiums while 28.7% were somewhat likely to enroll.

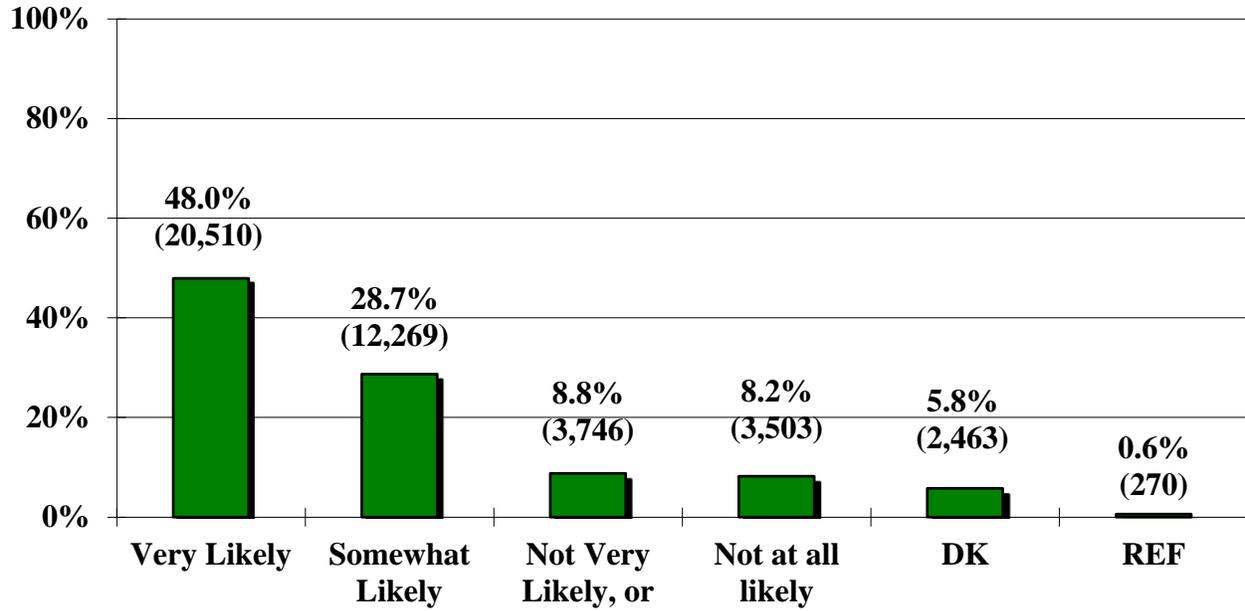
Fewer uninsured respondents (31.4%) indicated they had heard something about the Health Insurance Exchange than insured respondents (50.5%). However, a majority (51.1%) of uninsured respondents indicated they were very likely and another 30.2% were somewhat likely to look for information regarding the Exchange when it was available. Less than half (45.7%), however, would feel confident signing up for a health insurance plan online.

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



Data Source: 2012 Vermont Household Health Insurance Survey

Figure 8
How likely would you or others in your household be in enrolling in private health insurance if a program helped pay premiums?
 (% among uninsured Vermont residents)



Data Source: 2012 Vermont Household Health Insurance Survey

C. Segment Analysis: The Uninsured Population

Key Findings

Uninsured Children Ages 0 to 17

Demographic Characteristics

- Over half (52.9%) of total uninsured children (2,770) aged 0 to 17 were male.
- Nearly half (48.2%) of uninsured children were between the ages of 11 and 17.
- Less than one-half (44.8%) 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 (92.0%) uninsured children lived in families with one or more employed parents. Nearly eight in ten (78.8%) of these employed adults worked full time.
- Nearly two-thirds (64.3%) of working adults in families with uninsured children worked for companies with fewer than 25 employees.
- Slightly more than one-quarter of working adults (25.9%) with uninsured children had an employer that offered some type of health insurance coverage while 36.4% of families with uninsured children had one or more parents with an employer that offered some type of health insurance coverage.

Use of Medical Services and Cost

- Uninsured children were somewhat more likely than insured children to have not received needed medical care, mental health care, or dental care due to cost.
- Four in ten families (40.3%) with uninsured children had difficulty paying medical bills during the prior 12 months.
- Nearly one-third (32.1%) of families with uninsured children had been contacted by a collection agency for unpaid medical bills.
- One in six (15.1%) uninsured children received a medical bill for more than \$500 that had to be paid out-of-pocket.

Uninsured Adults Ages 18-64

Demographic Characteristics

- Nearly two-thirds (65.4%) of total uninsured adults aged 18 to 64 (39,719) were male.
- More than one-half (55.9%) of the uninsured adult population was between the ages of 18 and 34.
- One-half (49.9%) of uninsured adults resided in families with incomes below 200% of FPL.

Employment Characteristics

- Three-quarters (75.5%) of uninsured adults were employed. More than seven in ten (73.2%) uninsured working adults worked 35 or more hours per week.
- More than half (56.4%) of uninsured working adults worked for an employer with fewer than 25 employees.
- Nearly three in ten (29.2%) worked for employers that offered some type of health insurance.

Use of Medical Services and Cost

- Uninsured adults were more likely than insured adults to have not received needed medical care, dental care, mental health care, or diagnostics tests. About two in ten (18.0%) uninsured adults aged 18 to 64, or 8,489 Vermonters, delayed getting needed medical care due to cost, 7.5% did not get needed mental health care, 8.4% did not get a needed diagnostic test, while 31.9% did not get needed dental care.
- Uninsured adults were more likely than insured adults to have not received needed prescription medication or to have skipped doses or taken a smaller amount than prescribed. More than one in ten uninsured adults aged 18 to 64 did not get a needed prescription (10.6%) or skipped doses or took a smaller amount than prescribed (11.0%).
- Forty percent (40.3%) of uninsured adults lived in families that experienced problems paying medical bills.
- Nearly three in ten (28.2%) uninsured adults lived in families that had been contacted by a collection agency about unpaid medical bills.
- More than two in ten (22.1%) uninsured adults received a medical bill for more than \$500 that had to be paid out-of-pocket.

1. Uninsured Children Ages 0 to 17

Demographic Characteristics

A higher percentage of uninsured children were male (52.9%) and resided in Windsor, Franklin, and Chittenden counties. Less than half of uninsured children in Vermont (44.2%) resided in families with annual incomes less than 200% of FPL.

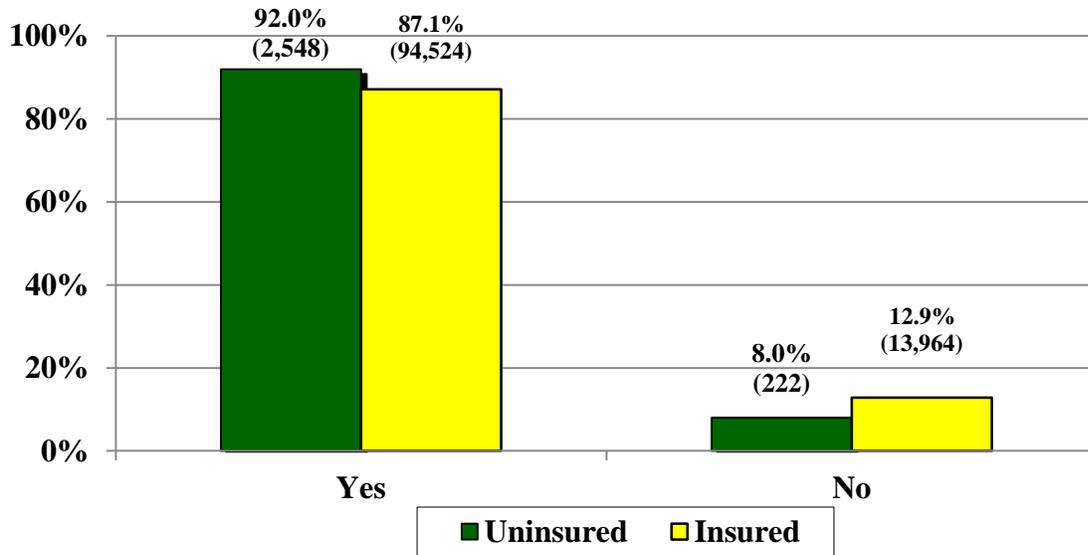
Uninsured children tended to live in families where most members lacked health insurance and 87.0% of the adults were also uninsured.

Employment Characteristics of Parents of Uninsured Children

More than nine in ten (92.0%) uninsured children lived in families with one or more employed parents or guardians, 78.8% of whom were employed full time. While 53.9% of these adults worked for private companies, 36.9% were self-employed or worked for a family business and 64.3% of employed adults worked for companies that employed fewer than 25 employees.

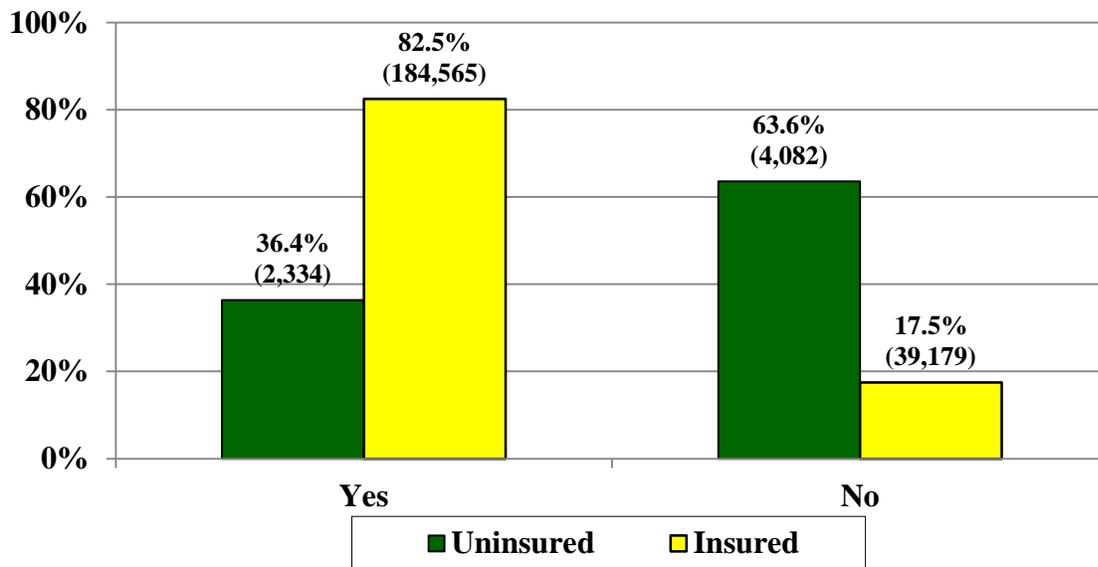
Most uninsured children in Vermont did not have access to employer-based health insurance coverage through their parents. Among employed parents with uninsured children in their families, only 25.9% indicated that their employers offered health insurance coverage. Only 36.4% of families with an uninsured child had any family member with access to employer-based health insurance compared to 82.5% of families without an uninsured child.

Figure 9
Presence of an employed adult in the household by insurance status of child.



Data Source: 2012 Vermont Household Health Insurance Survey

Figure 10
Does the employer of child's parent(s) offer health insurance coverage to employees?
(Among households with children aged 0 to 17)



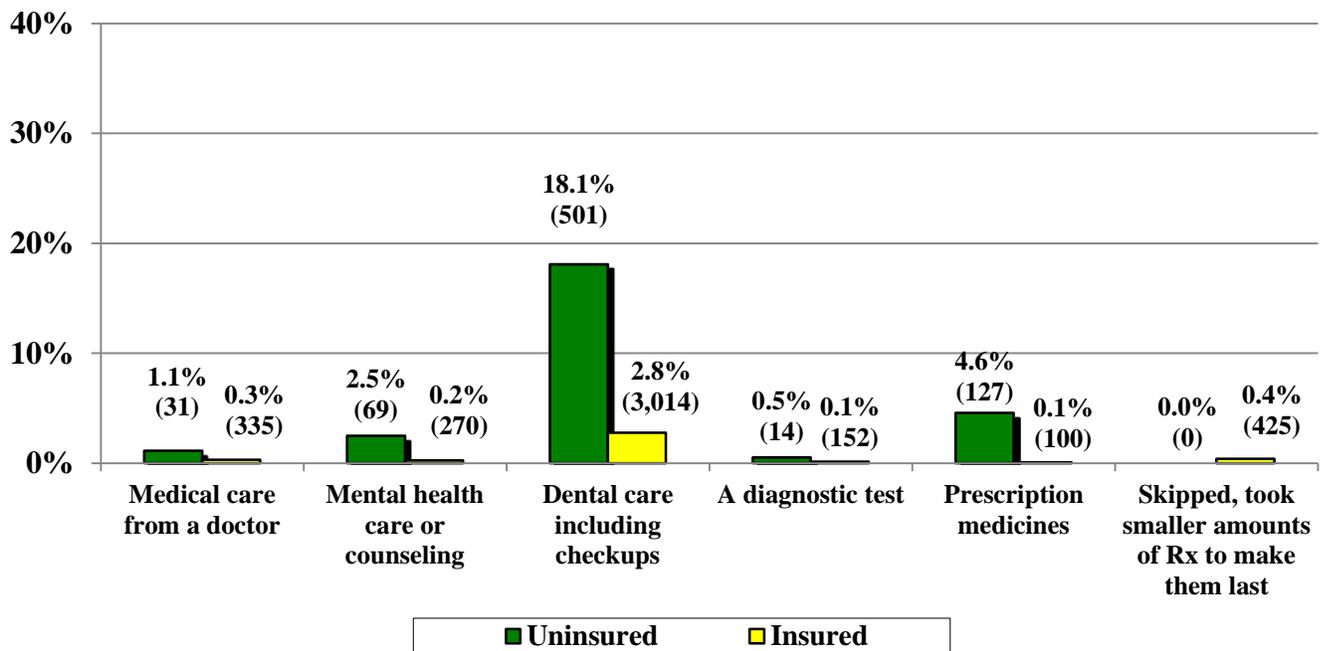
Data Source: 2012 Vermont Household Health Insurance Survey

Use of Medical Services and Cost

Two-thirds of uninsured children had seen a health care provider during the past 12 months compared to 88.4% of insured children. Only 48.1% of uninsured children had seen a doctor for check-up or routine care during the past 12 months compared to 83.8% of insured children.

Without health insurance to cover the cost of care, uninsured children were somewhat more likely than insured children to have not received mental health care or counseling (2.5%) or did not get needed prescription medications (4.6%) as seen in Figure 10. Uninsured children were significantly more likely to have had needed dental care deferred during the prior 12 months. Compared to 2009, there had been a significant decline in the percentage of uninsured children that had had deferred medical care from a doctor; 1.1% in 2012 compared to 14.0% in 2009 (See Table 9).

Figure 11
Was there any time person needed ___ during the past 12 months but did not get it because they could not afford it?
(Children aged 0 to 17)



Data Source: 2012 Vermont Household Health Insurance Survey

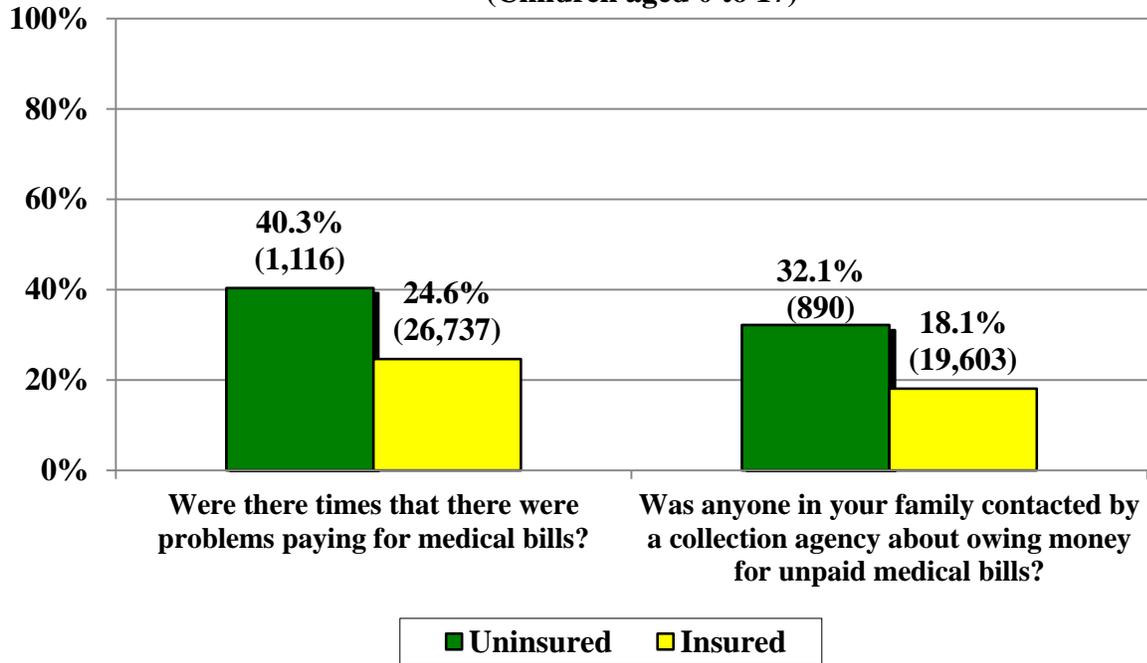
Table 10
Was there any time person needed __ but did not get it because they could not afford it?
(Uninsured children aged 0 to 17, 2005 to 2012)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Medical care from a doctor	4.0%	1.9%	14.0%	1.1%	261	72	506	31
Mental health care or counseling	2.6%	2.4%	4.7%	2.5%	168	92	170	69
Dental care including checkups	24.7%	18.1%	20.2%	18.1%	1,626	700	733	501
A diagnostic test	1.4%	1.2%	0.0%	0.5%	92	48	0	14
Prescription medicines	5.5%	3.8%	0.0%	4.6%	363	145	0	127
Skipped, took smaller amounts of Rx to make them last	2.4%	.6%	4.4%	0.0%	160	24	158	0

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

Families with uninsured children were also more likely than families with insured children to have had problems paying medical bills or to have been contacted by a collection agency about unpaid medical bills. 40.3% indicated there were times that there were problems paying for medical bills and 32.1% indicated someone in the family was contacted by a collection agency about owing money for unpaid medical bills. The percentage reporting problems in paying medical bills continued its decline from 2008; in 2009 49.2% of families with uninsured children reported problems paying medical bills during the prior 12 months. One in six (15.1%) uninsured children received a medical bill for more than \$500 that had to be paid out-of-pocket compared to only 4.6% of families without uninsured children.

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



Data Source: 2012 Vermont Household Health Insurance Survey

Table 11
During the past 12 months...
(Uninsured children aged 0 to 17, 2005 to 2012)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Were there times that there were problems paying for medical bills?	58.3%	63.0%	49.2%	40.3%	3,835	2,438	1,785	1,116
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	43.2%	38.5%	31.3%	32.1%	2,844	1,491	1,134	890

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

2. Uninsured Adults Age 18-64

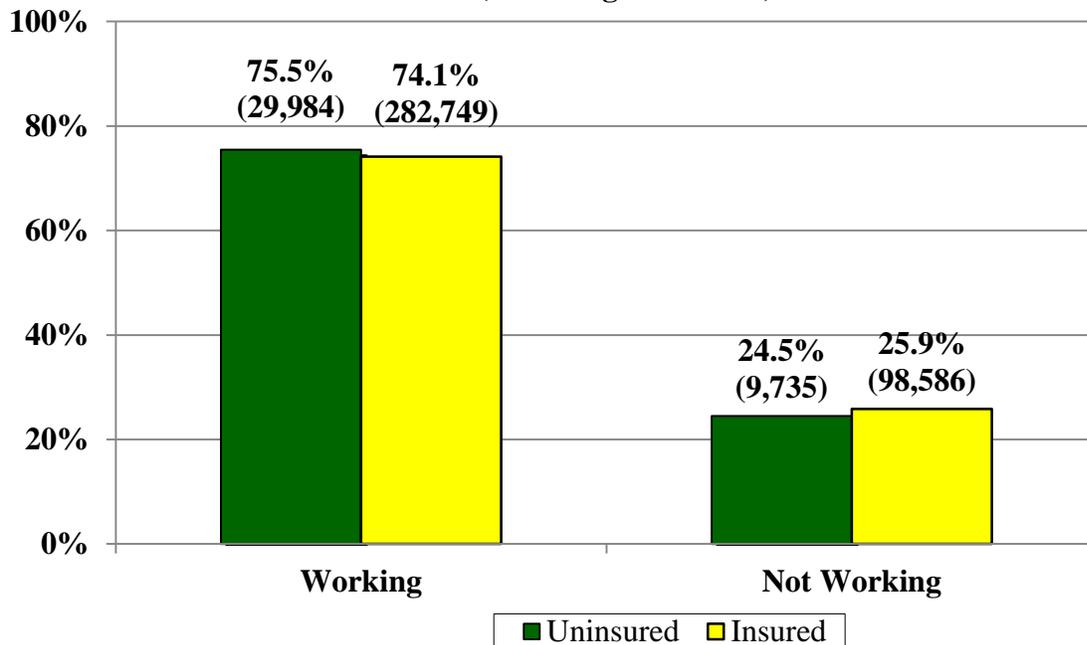
Demographic Characteristics

The majority of the 43,774 uninsured adults under the age of 65 (65.4%) were male. The largest percentage of uninsured by age cohort were among those aged 25 to 34 (32.3%) and those aged 45 to 64 (30.5%). Among uninsured adults under 65, 49.9% resided in families with annual incomes less than 200% of FPL. Nearly one-quarter (23.1%) lived in Chittenden County while 10.5% lived in Rutland County.

Employment Characteristics

More than three-quarters of uninsured adults (75.5% or 29,984) were employed and 73.2% of these working adults were employed full-time (35+ hours per week). More than six in ten (66.4%) worked for a private company while 25.2% were self-employed or worked for a family business. One-half (50.4%) worked in the service sector, 18.0% in retail and 15.6% worked in construction. More than half (56.4%) worked for an employer with fewer than 25 employees.

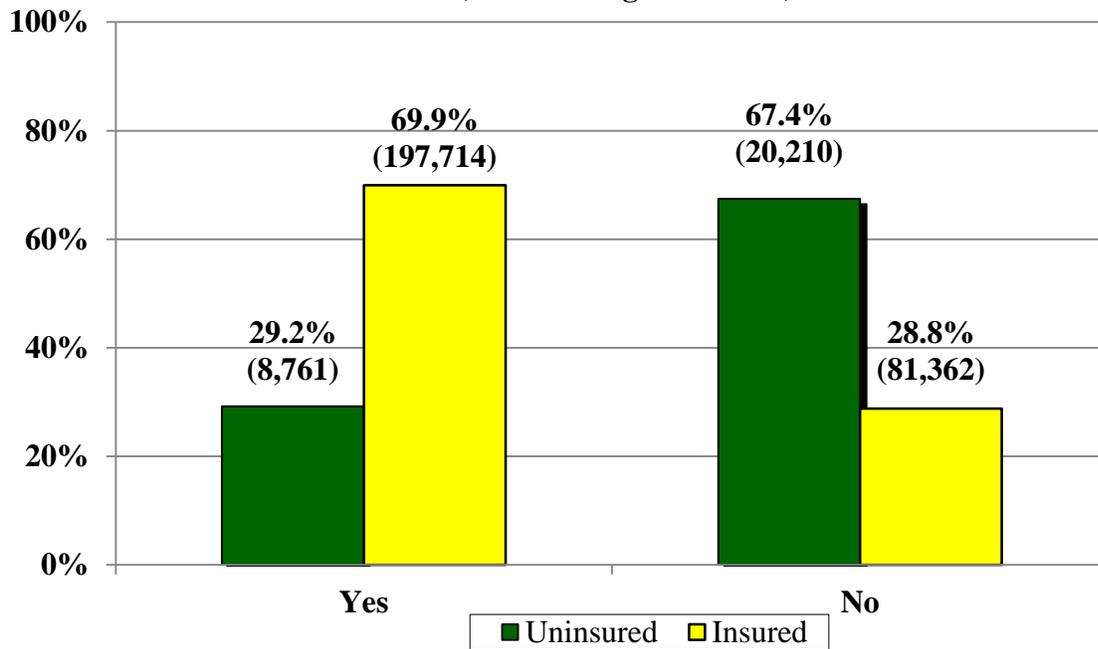
Figure 13
Employment status
(Adults aged 18 to 64)



Data Source: 2012 Vermont Household Health Insurance Survey

Only 29.2% (8,761) of uninsured employed adults worked for employers offering health insurance, though this was a slight increase from 26.2% in 2009. Among the 8,761 adults who reported that their employers offered coverage, 22.2% had not worked for their employer long enough to qualify for benefits and 21.1% worked too few hours to qualify. More than six in ten (63.0% or 5,522) indicated that the health insurance offered by their employer cost too much. A majority (50.7%) were at least somewhat likely to enroll in their employer's health insurance plan if given the option and nearly two-thirds (64.7%) were at least somewhat likely to enroll in a premium assistance program to help purchase health insurance if they were given the option.

Figure 14
Does employer offer health insurance coverage to employees?
(Residents aged 18 to 64)



Data Source: 2012 Vermont Household Health Insurance Survey

Use of Medical Services and Cost

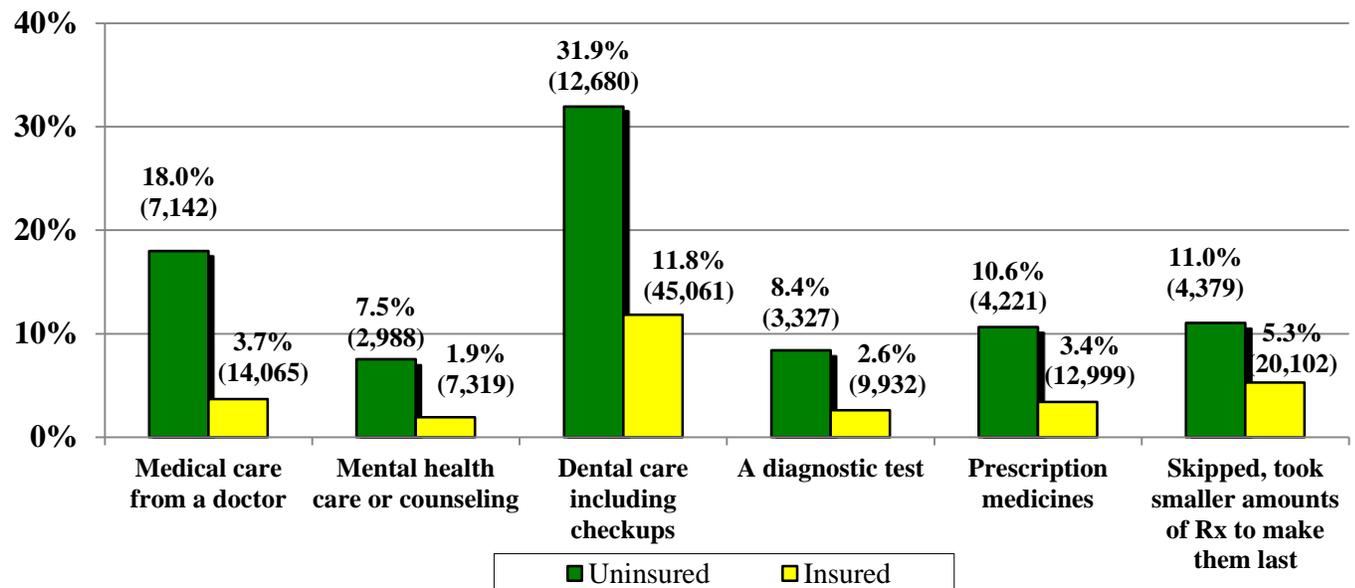
Less than six in ten (57.5%) uninsured adults aged 18 to 64 had seen a health care provider during the past 12 months compared to 89.5% of insured adults. Only one-third (32.6%) of uninsured adults had seen a doctor for a check-up or routine care during the past 12 months compared to 73.0% of insured adults.

Uninsured adults were more likely than insured adults to not have sought needed medical care (18.0%), mental health care or counseling (7.5%), dental care (31.9%), a diagnostic test (8.4%), or prescription drugs (10.6%) due to cost. In addition, 11.0% skipped doses or took smaller amounts of prescribed medications to make them last longer (See Figure 14 and Table 11).

Uninsured adults were more likely than insured adults to have problems paying medical bills or to have been contacted by a collection agency about unpaid medical bills. Forty percent (40.3%) indicated that they experienced problems paying medical bills and 28.2% indicated that someone in the family was contacted by a collection agency about unpaid medical bills. Both of these percentages were down slightly since 2009 when 43.5% had problems paying medical bills and 35.1% were contacted by a collections agency about unpaid medical bills.

More than two in ten (22.1%) uninsured adults received a medical bill for more than \$500 that had to be paid out-of-pocket compared to only 15.6% of families without uninsured adults.

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



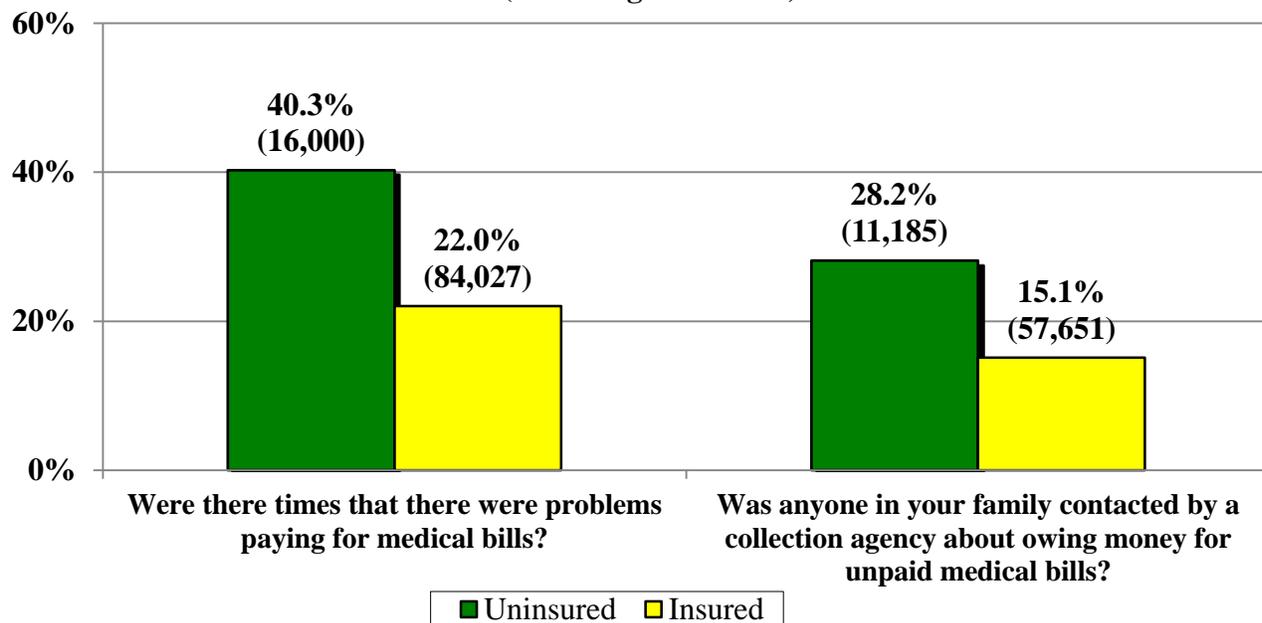
Data Source: 2012 Vermont Household Health Insurance Survey

Table 12
Was there any time person needed __ but did not get it because they could not afford it?
(Uninsured adults aged 18 to 64, 2005 to 2012)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Medical care from a doctor	25.2%	10.2%	19.4%	18.0%	13,574	4,422	8,489	7,142
Mental health care or counseling	6.7%	2.9%	4.6%	7.5%	3,619	1,265	1,993	2,988
Dental care including checkups	38.6%	19.7%	34.5%	31.9%	20,821	8,516	15,123	12,680
A diagnostic test	9.7%	5.2%	7.0%	8.4%	5,231	2,260	3,064	3,327
Prescription medicines	14.2%	7.6%	13.0%	10.6%	7,633	3,303	5,675	4,221
Skipped, took smaller amounts of Rx to make them last	10.5%	6.0%	9.0%	11.0%	5,652	2,595	3,931	4,379

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

Figure 16
During the past 12 months...
(Adults aged 18 to 64)



Data Source: 2012 Vermont Household Health Insurance Survey

Table 13
During the past 12 months...
(Uninsured adults aged 18 to 64, 2005 to 2012)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Were there times that there were problems paying for medical bills?	45.2%	46.1%	43.5%	40.3%	24,369	19,974	19,037	16,000
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	31.5%	30.6%	35.1%	28.2%	16,978	13,265	15,369	11,185

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

D. Eligibility for State Health Insurance and the Exchange

An analysis was conducted to simulate the eligibility of uninsured individuals and the potential eligibility of those with private health insurance (as of late 2012) for enrollment in state health insurance programs or their eligibility to receive assistance in purchasing health insurance through Vermont Health Connect once established.

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

Key Findings

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

- Three in ten (29.6% or 997) of uninsured children under age 19 were income eligible for coverage under the Medicaid program.
- More than one-third (35.3% or 1,187) of uninsured children under age 19 were income eligible for coverage through the Dr. Dynasaur program.
- 12.9% (434) of uninsured children under age 19 were income eligible for some level of premium assistance (tax credits) to assist their family in purchasing health insurance through Vermont Health Connect.
- One-third (33.1% or 12,932) of uninsured adults aged 19 to 64 were income eligible for coverage under the expanded Medicaid program and another 1.8% were eligible for Medicaid under current Vermont guidelines.
- Nearly half (48.1% or 18,823) of uninsured adults aged 19 to 64 were income eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through Vermont Health Connect.
- 14.4% (9,075) of children under age 19 that were currently covered only by private health insurance were income eligible for coverage through state health insurance programs.
- 8.7% (5,505) of children under age 19 that were currently covered only by private health insurance were income eligible for some level of premium assistance (tax credits) to assist their family in purchasing health insurance through Vermont Health Connect.
- One-eighth (12.4% or 34,742) of adults aged 19 to 64 that were currently covered by private health insurance were income eligible for coverage under the expanded Medicaid program.

- 16.3% (45,579) of adults aged 19 to 64 that were currently covered by private health insurance were income eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through Vermont Health Connect.

Defining Eligibility for the Uninsured and Potential Eligibility for those with Private Health Insurance

Under the guidelines in the Patient Protection and Affordable Care Act (PPACA), uninsured as well as some privately insured residents may be eligible for coverage under the expanded Medicaid program or eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through the Health Exchange. The new eligibility rules enacted under PPACA extend coverage in Medicaid to most adults with incomes under 139% of FPL (including the 5% income offset). In Vermont, children in families with incomes of 300% of FPL or less would also potentially be eligible for coverage through the state Medicaid programs (Medicaid or Dr. Dynasaur). For those residents that do not meet the income requirements for Medicaid coverage, the PPACA provides tax credits that reduce premium costs. This includes those in families with incomes up to 400% of FPL. Adults in families with incomes between 139% and 400% of FPL (including a 5% income offset) and children in families with incomes between 300% and 400% of FPL who purchase coverage through Vermont Health Connect will be eligible for a tax credit to reduce the cost of coverage beginning in 2014.

The amount of the tax credit that a resident can receive will be based on the premium for the second lowest cost silver plan offered through Vermont Health Connect. A silver plan is a plan that provides the essential benefits and has an actuarial value of 70%, that is, the plan pays 70% of the cost of covered benefits. Further, the amount of the tax credit will vary by income. Those with a lower family income that purchase insurance through Vermont Health Connect will receive a larger tax credit to offset the cost of the health insurance. The tax credits are designed such that an individual or family will not spend more than a specific percentage of their income on health insurance premiums.

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

The PPACA also limits the total amount that people must pay out-of-pocket for cost sharing for essential benefits. Currently, the limits are based on the maximum out-of-pocket limits for Health Savings Account-qualified health plans (currently \$6,250 for single coverage and \$12,500 for family coverage). These values will be indexed to the Consumer Price Index until 2014 after which out-of-pocket maximums will be indexed to the change in the cost of health insurance.

Tables 12 and 13 below provide a summary of these guidelines by family income categories. Table 12 includes the income thresholds for coverage through the state Medicaid program. The table also provides the guidelines for the percent of income that would not be exceeded in purchasing through Vermont Health Connect (above which tax credits cover the cost) based on the second lowest cost silver plan.

Table 13 provides the maximum out-of-pocket limits for cost sharing based on the income of the family.

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

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

Table 15
Maximum Out-of-Pocket Health Care Expenses Under PPACA

Income (% of Federal Poverty Level)	Maximum Health Care Expenses Allowed Under PPACA	
	<i>Individual Plan</i>	<i>Family Plan</i>
100% - 200%	\$2,017	\$4,167
200% - 300%	\$3,125	\$6,250
300% - 400%	\$4,167	\$8,333
> 400% FPL	\$6,250	\$12,500

The Uninsured

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

Uninsured Children Under Age 19

A summary of the program eligibility for uninsured children is provided in Table 14. Based on their income, 29.6% (997) of uninsured children under age 19 were income eligible for coverage under the Medicaid program while 35.3% (1,187) were eligible for coverage through the Dr. Dynasaur program. 20.6% (695) of uninsured children under age 19 were income eligible for some level of premium assistance (tax credits) to assist their family in purchasing health insurance through Vermont Health Connect. Only 14.5% of uninsured children fell outside the guidelines for eligibility for Medicaid, Dr. Dynasaur, or to receive subsidies to help purchase healthy insurance through Vermont Health Connect.

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

	Count	Rate	ACA Guidelines
Income Eligible for Medicaid < 139% FPL (Minimum ACA Standard)	997	29.6%	Eligible for Medicaid
Eligible for Dr. Dynasaur	1,187	35.3%	
Income 139% - 150% FPL	0	0.0%	Eligible for subsidies to purchase through VHC
Income 151% - 200% FPL	115	3.4%	Eligible for subsidies to purchase through VHC
Income 201% - 250% FPL	35	1.0%	Eligible for subsidies to purchase through VHC
Income 251% - 300% FPL	111	3.3%	Eligible for subsidies to purchase through VHC
Income 301% - 400% FPL	434	12.9%	Eligible for subsidies to purchase through VHC
Income > 400% FPL	487	14.5%	
Total	3,366	100.0%	

Data Source: 2012 Vermont Household Health Insurance Survey

Uninsured Adults Aged 19 to 64

A summary of the program eligibility for uninsured adults aged 19 to 64 is provided in Table 15. One-third (33.1% or 12,932) of uninsured adults aged 19 to 64 were income eligible for coverage under the expanded Medicaid program while another 1.8% were eligible for Medicaid under current Vermont guidelines. Nearly half (48.1% or 18,823) of uninsured adults aged 19 to 64 were income eligible for some level of premium assistance (tax credits) to assist in purchasing health insurance through Vermont Health Connect. Only 17.1% of uninsured adults aged 19 to 64 fell outside the guidelines for eligibility for expanded Medicaid or to receive subsidies to help purchase healthy insurance through Vermont Health Connect.

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

ACA Income Guidelines	Count	Rate	ACA Guidelines
Income Eligible for Medicaid < 139% FPL (ACA Guidelines)	12,932	33.1%	Eligible for Medicaid
Eligible for Medicaid (<u>Current Vermont Guidelines</u>)	696	1.8%	
Income 139% - 150% FPL	1,101	2.8%	Eligible for subsidies to purchase through VHC
Income 151% - 200% FPL	5,131	13.1%	Eligible for subsidies to purchase through VHC
Income 201% - 250% FPL	3,518	9.0%	Eligible for subsidies to purchase through VHC
Income 251% - 300% FPL	4,798	12.3%	Eligible for subsidies to purchase through VHC
Income 301% - 400% FPL	4,275	10.9%	Eligible for subsidies to purchase through VHC
Income > 400% FPL	6,672	17.1%	
Total	39,123	100.0%	

Data Source: 2012 Vermont Household Health Insurance Survey

Those Currently Covered by Private Health Insurance

Survey data were also used to model potential eligibility among those that were currently covered by private health insurance. In order to obtain a better linkage between their current private health insurance coverage and their potential eligibility for Vermont Health Connect, the analysis looked at defining the eligibility in terms of potential economic benefit: would a person or family that was currently covered by private health insurance benefit from purchasing through Vermont Health Connect rather than maintaining their current private health insurance plan (if eligible based on other criteria)? The benefit is expressed in terms of whether an individual or family would potentially spend less money on monthly health insurance premium payments (factoring in tax credits) if they were to purchase health insurance through the Exchange AND/OR whether they would benefit since plans purchased through Vermont Health Connect limit out-of-pocket for cost sharing for essential benefits based on the income of the family. In this analysis, those meeting one or both of these conditions were considered underinsured although in actuality this simply means it would be in their economic benefit to purchase health insurance through Vermont Health Connect (assuming they met all other eligibility requirements) as it would work to either control their health insurance premiums or their out-of-pocket costs. Based on the thresholds outlined in, residents with private health insurance were classified as income eligible or underinsured if:

- Based on their family income, their current monthly premium exceeded the premium threshold, that is, the percent of family income spent on premiums above which they would receive tax credits to offset the cost of purchasing the insurance through Vermont Health Connect.
- Based on their family income and their current health care expenses (aside from premiums), their current level of expenses exceeds the out-of-pocket limits for cost sharing established by the PPACA.

As with the uninsured, the analysis of eligibility for the expanded Medicaid coverage or to purchase insurance through Vermont Health Connect and receive tax credits was based on income eligibility and did not include other factors that might preclude enrollment in Medicaid or the ability to purchase health insurance through Vermont Health Connect.

Those with private insurance were thus grouped into 4 categories:

- Underinsured due to high out-of-pocket expenses
- Underinsured due to high premium costs for their current health insurance
- Underinsured due to both high out-of-pocket expenses and high premium costs for their current health insurance
- Not underinsured based on these two criteria

Income Eligible Children Aged 0 to 18

Five percent of children under age 19 that were currently covered only by private health insurance were income eligible for expanded Medicaid and another 9.4% were income eligible for coverage through Dr. Dynasaur (See Table 17). Another 8.7% of such children were income eligible to receive premium subsidies to help their family purchase health insurance through Vermont Health Connect. Overall, this represents 11.5% of all children aged 0 to 18 that were either income eligible for state health insurance or to receive subsidies to help their family purchase health insurance through Vermont Health Connect.

Table 18
Potential Eligibility for State Health Insurance or to Purchase Health Insurance through Vermont Health Connect (VHC)
(Among children aged 0 – 18 with only Private Insurance)

	Count	Rate Among Children Aged 0 to 18 with <u>only</u> Private Insurance	Rate among <u>all</u> Children Aged 0 to 18
Eligible for Expanded Medicaid (up to 138% FPL)	3,144	5.0%	2.5%
Dr Dynasaur (139% - 300% FPL)	5,931	9.4%	4.7%
Eligible for Subsidies through VHC (300% to 400% FPL)	5,505	8.7%	4.3%
Total Eligible	14,580	23.0%	11.5%
Not Eligible	48,760	77.0%	NA
Total	63,340	100.0%	NA

Data Source: 2012 Vermont Household Health Insurance Survey

Income Eligible Adults Aged 19 to 64

Nearly one in eight (12.4%) adults aged 19 to 64 that were currently covered only by private health insurance were income eligible for expanded Medicaid (see Table 18). Another 16.3% of such adults were income eligible to receive subsidies to help purchase health insurance through Vermont Health Connect. Overall, this represents 19.8% of all adults aged 19 to 64 that were either income eligible for state health insurance or to receive subsidies to help their family purchase health insurance through Vermont Health Connect.

Table 19
Potential Eligibility for State Health Insurance or to Purchase Health Insurance through
Vermont Health Connect (VHC)
(Among adults aged 19 to 64 with only Private Insurance)

	Count	Rate Among Adults Aged 19 to 64 with <u>only</u> Private Insurance	Rate among <u>all</u> Adults Aged 19 to 64
Eligible for Expanded Medicaid (up to 138% FPL)	34,742	12.4%	8.6%
Eligible for Subsidies through VHC (139% to 400% FPL)	45,579	16.3%	11.2%
Total Eligible	80,321	28.8%	19.8%
Not Eligible	198,754	71.2%	NA
Total	279,075	100.0%	NA

Data Source: 2012 Vermont Household Health Insurance Survey

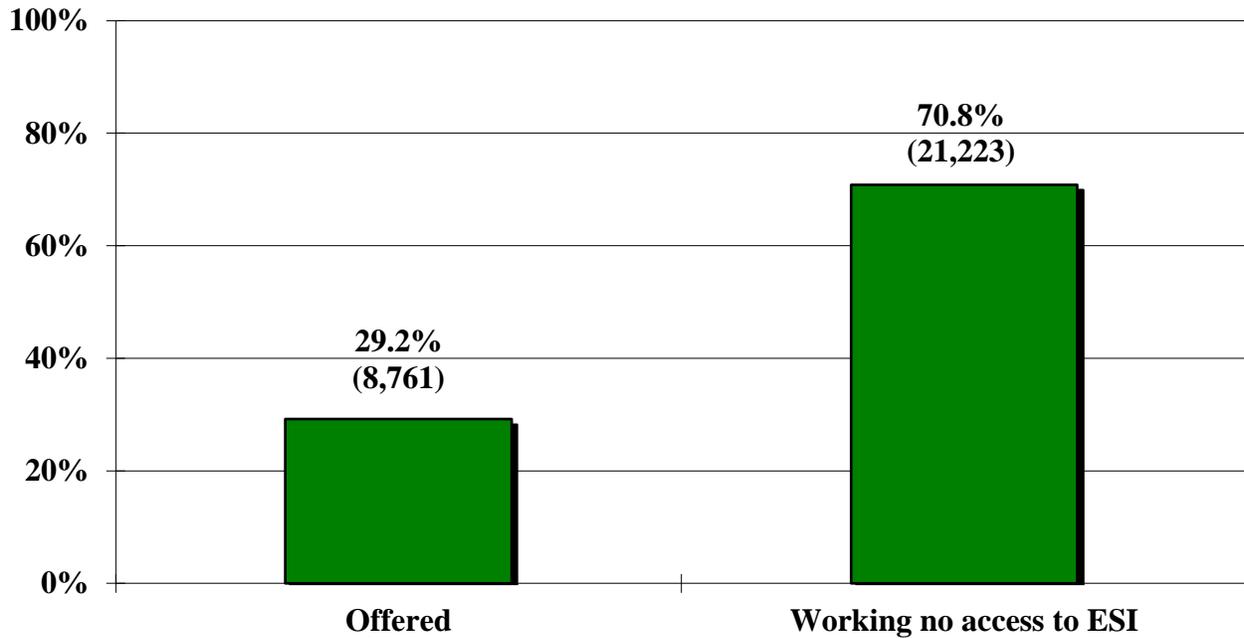
E. Access to Employer Sponsored Health Insurance Among the Working Uninsured Under Age 65

- In late 2012, approximately 8,800 (29.2%) of working uninsured residents aged 18 to 64 had access to ESI through their employer, up slightly from 26.2% in 2009.
- 63.0% of working uninsured residents indicated they did not enroll in their employer's health plan because it was too expensive.
- 22.2% of working uninsured residents indicated they were ineligible because they had not worked long enough for their current employer.
- 21.1% of working uninsured residents indicated they were ineligible because they did not work enough hours per week.

In late 2009, 29.2% (8,761) of working uninsured adults aged 18 to 64 had access to ESI through their employer and the remaining 70.8% lacked access to ESI. This was a slight increase since 2009 and has been trending upward from 24.1% in 2008. Among uninsured employees aged 18 to 64, 29.1% of those working full time and 29.8% of those working part time worked for employers offering employer sponsored insurance in late 2012.

Among those who worked for companies with 10 or fewer employees, only 4.9% indicated their employer offered ESI. This compared to 22.6% for companies with 10 to 24 employees, 30.4% for 25 to 49 employees, and 59.0% in companies with 50 or more employees. The self-employed or those working in a family business or farm were significantly less likely to have access to ESI, with only 1.4% having access to ESI.

Figure 17
Is person enrolled in ESI or offered ESI?
(Uninsured working residents ages 18 to 64)



Data Source: 2012 Vermont Household Health Insurance Survey

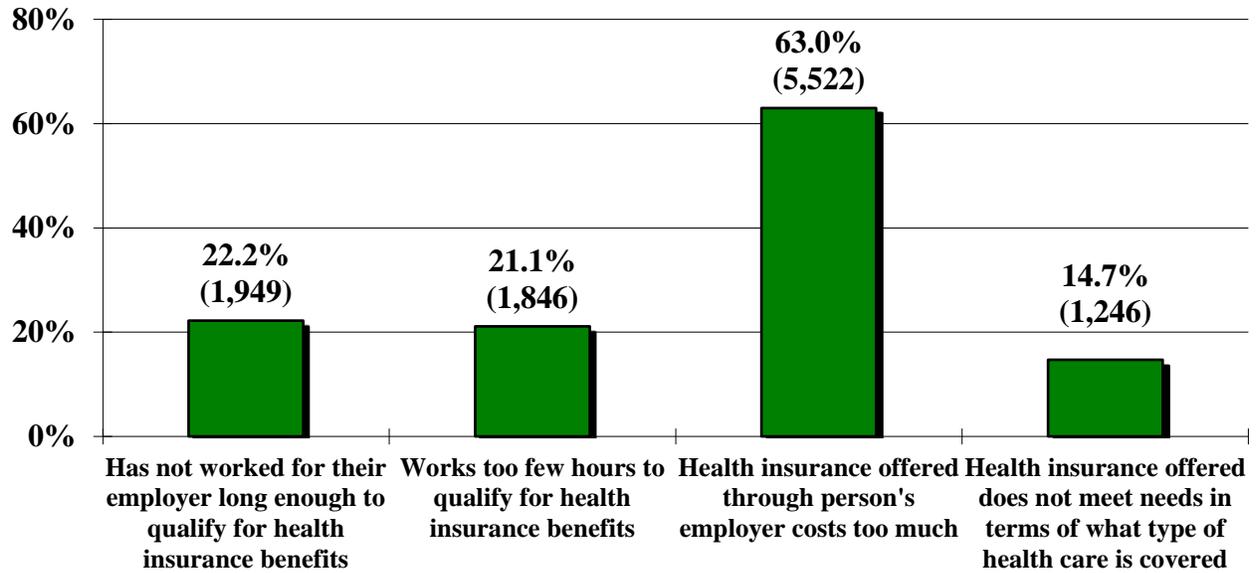
Table 20
Does person's employer or labor union offer health insurance coverage?
(% among uninsured working residents aged 18 to 64)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Yes	30.1%	24.1%	26.2%	29.2%	13,188	8,207	8,287	8,761
No	65.8%	75.9%	67.7%	70.8%	28,811	25,839	21,446	21,223
Unsure	3.9%	0.0%	6.0%	0.0%	1,727	0	3,812	0
Refused	0.1%	0.0%	0.1%	0.0%	46	0	417	0
Total	100.0%	100.0%	100.0%	100.0%	43,772	34,046	31,675	29,984

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

When asked why they chose not to enroll in the health insurance offered by their employer, 63.0% of working uninsured adults indicated that their employer's health insurance plan was too expensive, 22.2% indicated they were ineligible because they had not worked for that employer long enough, 21.1% indicated they were ineligible because they worked too few hours. All three percentages were comparable to 2009. Another 14.7% indicated the benefits provided through their employer's health insurance plan did not meet their health care needs.

Figure 18
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: 2012 Vermont Household Health Insurance Survey

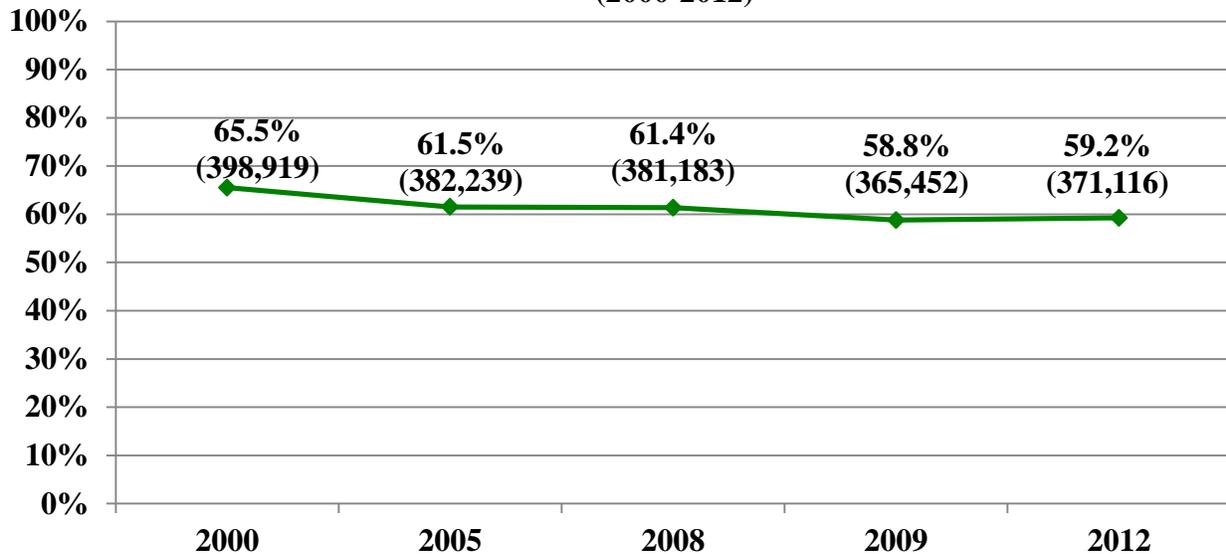
F. Private Health Insurance

Key Findings

- In 2012, nearly six in ten (59.2%) Vermont residents were covered by private health insurance⁶, including those with other insurance sources in addition to private coverage. This represents 371,116 Vermont residents.
- The percentage of Vermont residents with private health insurance has increased slightly since 2009 when 58.8% were covered by private health insurance but overall has shown a decrease since 2008 when 61.4% were covered by private insurance.
- For adult Vermont residents, those aged 50 to 64 were the most likely to be covered by private insurance (80.8%) while those aged 18 to 34 were the least likely (59.3%). Among Vermont's children, 51.7% were covered by private health insurance.
- Income is a strong indicator of private health insurance coverage. Among those whose annual income is 400% of FPL or greater, 77.8% had private health insurance coverage. Conversely, only about a third (31.1%) of those living in families whose annual incomes are less than 100% of FPL had private health insurance coverage.
- About nine in ten (89.6%) privately insured residents obtained private health insurance coverage through an employer-related source.
- A majority of residents with private health insurance coverage were satisfied with the choice of health care providers, the range of services covered, and the quality of care received.
- Among residents with private insurance coverage, about two-thirds (64.9%) reported out-of-pocket medical costs of \$1,000 or more in 2012.
- One in five (19.8%) privately insured residents lived in families where someone experienced problems paying for medical bills, compared to 21.0% in 2009 and 23.5% in 2008.
- The percentage of privately insured residents forgoing medical care due to cost (2.6%) in 2012 was slightly higher than that found in 2009 (2.1%) and 2008 (2.0%).

⁶ Included in the category of private health insurance coverage are 14,501 Vermonters enrolled in the Catamount Health Program. 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 19
Is person covered by private insurance?
(2000-2012)



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

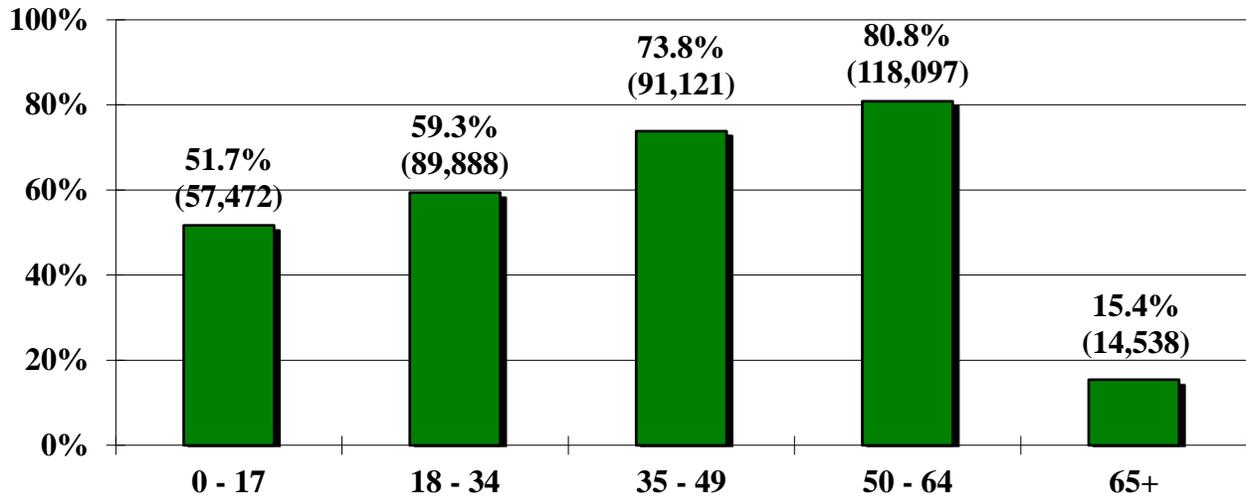
In 2012, 59.2%, or 371,116 of Vermont’s population of 626,435 residents, had private health insurance coverage. The percentage of residents covered by private health insurance in 2012 increased slightly from 2009 but has generally been trending downward since 2000.

Adults aged 18 to 64 were more likely to be covered by private health insurance as they aged. While 59.3% of the adult population aged 18 to 34 in Vermont had private health insurance in 2012, this increased to 73.8% for those aged 35 to 49 and to 80.8% for those aged 50 to 64.

As observed in prior surveys, there was a clear correlation between private health insurance coverage and family income. Nearly six in ten (59.1%) Vermont residents with family incomes between 200% and 299% of FPL reported coverage by private health insurance in 2012. This increased to 74.0% for residents with family incomes between 300% and 399% of FPL and 77.8% with family incomes more than 400% of FPL. In contrast, about a third (31.1%)⁷ with family incomes less than 100% of FPL had private health insurance coverage and 32.9% of those whose family income ranges between 100% and 199% of FPL reported private health insurance coverage.

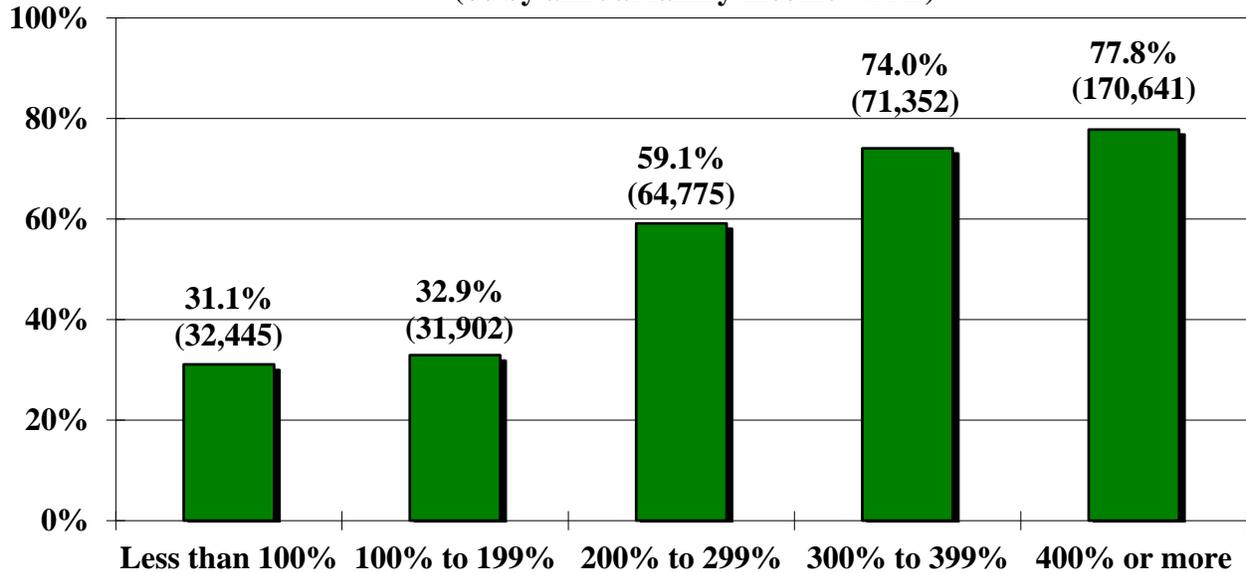
⁷ In 2009, 16% of those earning less than 100% of FPL were covered by private health insurance compared to 31% in 2012. This was in part due to a change in how family incomes were computed. Specifically, in 2009, children aged 19-23 and in school were classified as in the same family as their parents which meant these children had higher incomes since it included their parents income as well. In 2012, these children were now classified as separate families to align income calculations to those used in determining ACA eligibility. The increase in the privately insured poor was also, in part, due to new rules established by the ACA allowing 19-26 year olds to continue coverage on their parent’s private health insurance policy.

Figure 20
Is person covered by private health insurance?
 (% by age)



Data Source: 2012 Vermont Household Health Insurance Survey

Figure 21
Is person covered by private health insurance?
 (% by annual family income - FPL)



Data Source: 2012 Vermont Household Health Insurance Survey

Private Insurance Coverage through an Employer

Among privately insured Vermont residents, 89.6% had coverage through employer-related sources compared to 91.5% in 2009 and 91.3% in 2008. Only 7.0% directly paid for health insurance, representing those who may have been purchasing insurance through the non-group market or the self-employed purchasing insurance through the small group market.

Among those who worked for small companies with 2 to 4 employees, 79.3% had coverage through employment-related sources while 19.0% reported they purchased their health insurance directly. Among those who worked for companies with 5 to 24 employees, 86.6% purchased insurance through employer-related sources, and more than 95.4% of those working for employers with 25 or more employees reported that their health insurance was obtained through employment-related sources.

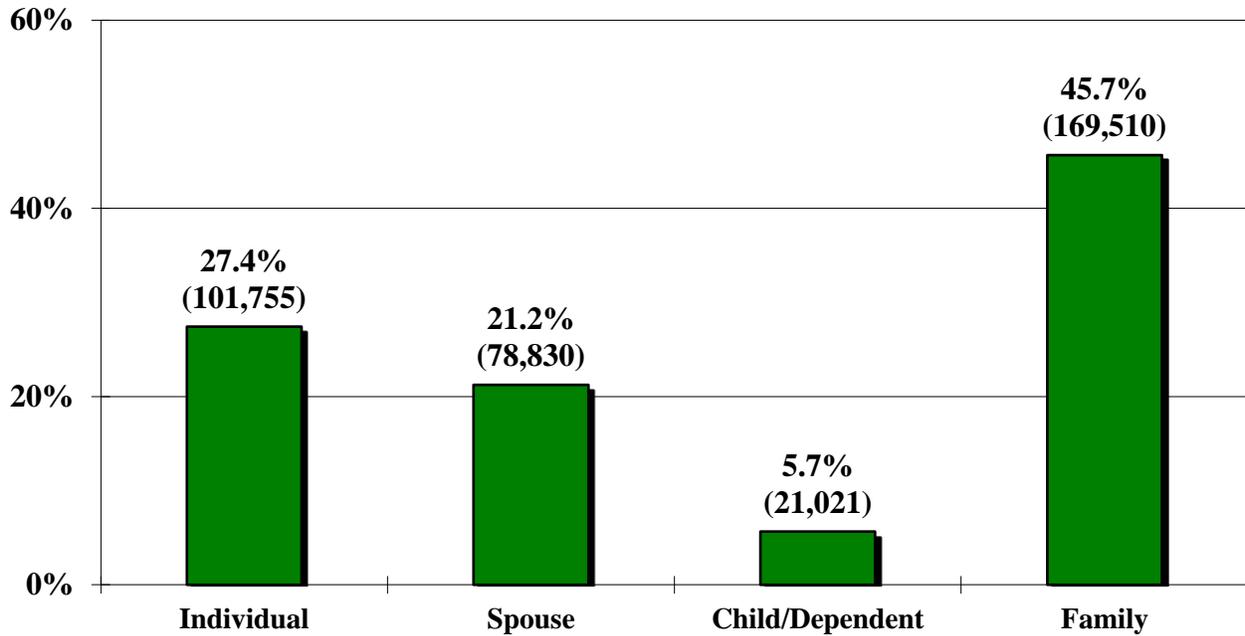
Table 21
Source of Private Health Insurance, Direct Purchase vs. Employer
 (% of those with private health insurance)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Employer Related	91.8%	91.3%	91.5%	89.6%	351,023	348,129	334,545	332,507
Direct Purchase	5.7%	5.3%	6.2%	7.0%	21,814	20,095	22,728	25,979
Other	0.1%	2.0%	1.2%	1.2%	445	7,467	4,518	4,391
Unsure/Refused	2.3%	1.4%	1.0%	2.2%	8,958	5,494	3,697	8,238
Total	100.0%	100.0%	100.0%	100.0%	382,240	381,183	365,489	371,116

Private Insurance Plan Tiers

Almost half (45.7%) of residents with private health insurance were covered under a family plan. Over one-quarter of the privately insured (27.4%) were covered under single plans and one in five (21.2%) had a one-plus-one health insurance plan including the policyholder and a spouse, civil union or domestic partner. Another 5.7% of the privately insured were covered under plans that included policyholders and child dependents.

Figure 22
Type of Private Health Insurance Policy
 (% among those with private health insurance)



Data Source: 2012 Vermont Household Health Insurance Survey

Private Insurance Policy Characteristics

Among those covered by private health insurance, the premium amounts paid per month varied considerably. Monthly premium amounts were significantly higher for those purchasing insurance directly without employer contributions towards the monthly premium, in contrast to those with employer-sponsored insurance who may only pay a percentage of the monthly premium. Approximately one in five of the privately insured (18.5%) reported a premium cost of \$100 or less per month and a quarter (25.1%) reported a premium cost of more than \$500 per month. Among all the privately insured, 49.0% reported premium increases during the prior year.

Over one-quarter (26.2%) or 97,180 residents with private insurance reported having a health savings account (HSA). Almost half (46.3%) of residents with HSAs contributed less than \$1,500 into their account during the previous 12 months with 14.7% contributing nothing to their account. Only 16.4% contributed \$4,000 or more to their own HSA. Almost half of those with HSAs reported their employer (48.5%) contributed nothing to their account while 21.0% said their employer contributed \$1,500 or more to their account.

Table 22
Monthly Insurance Premium Amounts by Type of Policy
 (% of those with private health insurance)

	Type of Policy				
	Individual	Spouse	Child	Family	Total
\$50 or less	17.7%	8.6%	9.8%	8.0%	10.9%
\$51 to \$100	13.5%	5.9%	10.8%	4.5%	7.6%
\$101 to \$250	30.3%	31.7%	34.7%	19.6%	26.0%
\$251 to \$500	23.2%	26.4%	27.5%	36.9%	30.4%
\$501 to \$750	11.2%	12.8%	11.3%	11.6%	11.7%
\$751 or more	4.1%	14.5%	5.9%	19.4%	13.4%
Mean	\$264.92	\$390.88	\$307.68	\$469.64	\$387.60
Median	\$163.80	\$288.00	\$244.00	\$350.00	\$288.00
Count	101,754	78,831	21,022	169,508	371,115

Data Source: 2012 Vermont Household Health Insurance Survey

Satisfaction with Health Insurance

A majority of residents with coverage through a private health insurance program were satisfied with their health insurance (Table 22). More than seven in ten (72.3%) rated their choice of health care providers as excellent or very good (among those that received care during the past 12 months). More than six in ten (62.6%) rated the range of services covered by private health insurance as very good or excellent and two thirds (66.7%) rated the quality of care as very good or excellent. Among those that pay a monthly premium, more than half (54.7%) strongly agreed or agreed that the premium amount was reasonable.

Table 23
Satisfaction with Private Insurance Coverage
 (% among those enrolled in a private health insurance program, 2012)

	Rate		Count	
	Excellent or Very Good	Fair or Poor	Excellent or Very Good	Fair or Poor
How would you rate the choice of health care providers available under this private health insurance coverage?*	72.3%	5.3%	264,240	19,542
How would you rate the range of services covered under this private health insurance coverage?*	62.6%	8.4%	228,376	30,739
How would you rate the quality of care available under this private health insurance coverage?*	66.7%	5.1%	243,278	18,677
	Agree	Disagree	Agree	Disagree
The monthly premium paid for this coverage is reasonable.**	54.7%	35.1%	121,823	78,183

Data Source: 2012 Vermont Household Health Insurance Surveys

**Rated as excellent, very good, good, fair, or poor. Rates and counts among those indicating they received care.*

***Rated as strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. Rates and counts among those indicating they paid a monthly premium*

Medical Expenses of the Privately Insured and Barriers to Care

Less than one in twenty (2.1%) indicated they did not get needed medical care because they could not find a doctor who accepted their private health insurance. Among those who could not find a doctor who accepted their private health insurance, 19.3% did not get needed mental health care or counseling, 17.4% did not receive needed preventative or routine medical care, and 15.2% did not receive needed dental care.

Compared to 2009, the financial burden of out-of-pocket medical expenses among the privately insured showed mixed results in 2012. About one in five of the privately insured (19.8%) indicated their families had problems paying medical bills in the last 12 months compared to 21.0% in 2009. In 2012, 13.1% of families were contacted by collection agencies about unpaid medical bills, up from 11.9% in 2009.

Despite having private health insurance coverage, a small percentage of privately insured residents did not get needed medical care in 2012 due to cost. Less than ten percent of privately insured Vermonters (6.7%) had forgone dental care due to cost and another 3.3% had skipped doses or taken smaller amounts of prescription medicines to make them last longer. Additionally, 2.6% had forgone medical care from a doctor, 2.2% skipped a needed diagnostic test, 1.8% did not get needed prescription medications, and 1.3% did not seek needed mental health care.

In 2012, less than one in ten (8.8% or 32,609) privately insured individuals were concerned that they may lose health insurance coverage within the next 12 months, a decrease compared to 2009 when 11.9% were concerned about losing coverage. Among those who were concerned about losing health insurance within the next 12 months, nearly two in five (38.3%) were worried that the policyholder would lose his or her job, 18.8% were worried about premium increases, and about one in ten (9.7%) reported they worried they would lose their insurance due to the new health care law.

Table 24
During the last 12 months, someone in the family experienced the following...
(%of those with private health insurance)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Were there times that there were problems paying for medical bills?	18.1%	23.5%	21.0%	19.8%	67,197	89,670	76,736	73,664
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	11.4%	13.3%	11.9%	13.1%	42,432	50,674	43,417	48,695

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

Table 25
During the last 12 months was there any time person needed the following care but did not
get it due to cost?
(%of those with private health insurance)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Medical care from a doctor	1.6%	2.0%	2.1%	2.6%	6,043	7,783	7,593	9,761
Mental health care or counseling	0.8%	1.5%	1.1%	1.3%	2,804	5,875	3,918	4,689
Dental care including checkups	6.3%	8.5%	7.5%	6.7%	23,414	32,522	27,544	24,786
A diagnostic test	1.0%	1.7%	1.5%	2.2%	3,809	6,544	5,651	8,059
Prescription medicines	1.4%	1.9%	2.0%	1.8%	5,208	7,275	7,225	6,555
Skipped, took smaller amounts of Rx to make them last	3.2%	4.3%	4.1%	3.3%	11,834	16,252	14,969	12,063

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

G. Segment Analysis: Trends in Employer-sponsored Health Insurance

Key Findings

- Among working Vermonters aged 18 to 64, 66.0% (206,474) had access to employer sponsored insurance (ESI) through their current employer. This was down slightly from 68.5% in 2009 and significantly lower than 72.2% in 2005.
- Less than half (45.2% or 141,365) of working Vermonters aged 18 to 64 were enrolled in their employer's insurance, comparable to 2009 but significantly less than the 50.2% in 2005.
- Among those with access to ESI, the uptake rate was 68.5%, comparable to the rate in 2009.
- 48.6% (31,631) of working residents that did not enroll in their employer's health plan indicated that they had coverage through a spouse's health insurance plan which either offered better benefits or was less expensive.
- 47.1% (30,659) of working residents not enrolled in their employer's health plan indicated that it was too expensive.
- 18.4% (12,000) of working residents not enrolled in insurance offered by their employer indicated they were ineligible because they did not work enough hours per week.
- 15.2% (9,876) of working residents not enrolled in insurance offered by their employers indicated that the insurance did not meet their needs in terms of the health care services covered.
- 11.5% (7,509) of working residents not enrolled in insurance offered by their employer indicated they were ineligible because they had not worked long enough for their current employer.

Table 25 summarizes employer sponsored insurance (ESI) offer and uptake. In late 2012, 66.0% (206,474) of working adults aged 18 to 64 had access to ESI through their employers while 34.0% lacked access. This was down slightly from the 68.5% with access to ESI in 2009 and significantly less than 72.2% with employer-offered insurance in 2005. Less than half (45.2% or 141,365) of the working population aged 18 to 64 were enrolled in their employer's health insurance, a decrease from 50.2% in 2005. Among those with access to ESI, the uptake rate⁸ in 2012 was 68.5% comparable to the rate in 2009 and 2005.

Among employees aged 18 to 64, 74.2% of those working full time and 43.2% of those working part time were employed by companies offering ESI (Figure 22). More than half (55.0% or 128,500) of full time employees were enrolled in their employer's health insurance compared to only 16.6% (12,339) of part time employees. The uptake rates for full time and part time employees in 2012 were 74.1% and 38.4% respectively.

Table 26
Employer-Sponsored Health Insurance Offer and Uptake
(% among working Vermonters age 18 to 64)

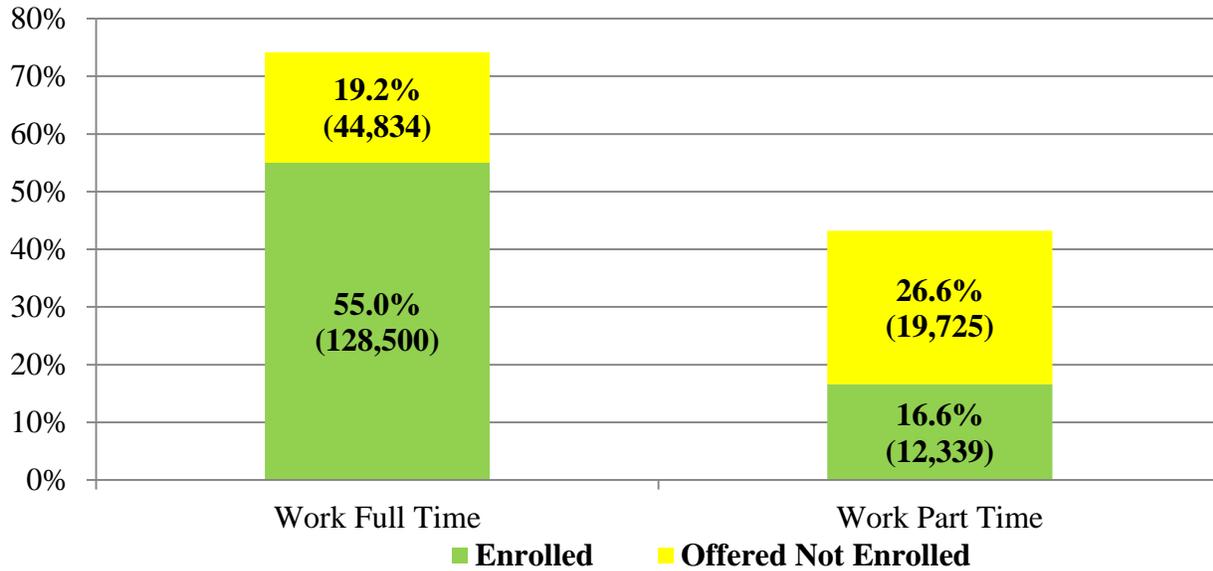
	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Total Offered	72.2%	67.8%	68.5%	66.0%	238,461	212,650	198,794	206,474
Enrolled	50.2%	49.0%	46.5%	45.2%	165,659	153,729	134,780	141,365
Offered but Not Enrolled	22.0%	18.8%	22.1%	20.8%	72,802	58,921	64,014	65,109
Not Offered	27.8%	32.2%	31.5%	34.0%	91,747	100,912	91,236	106,259
Total	100.0%	100.0%	100.0%	100.0%	330,208	313,562	290,030	312,733
% of Employees with Access to ESI	72.2%	67.8%	68.5%	66.0%	238,461	212,650	198,794	206,474
Uptake Rate of ESI	69.5%	72.3%	67.8%	68.5%	NA	NA	NA	NA

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

**In 2012, this includes approximately 56,000 self-employed Vermonters, of which 34,767 have no other employees.*

⁸ The uptake rate represents the percentage of employees enrolling in their employer's health insurance of the total offered (those enrolling and those who are offered ESI but do not enroll).

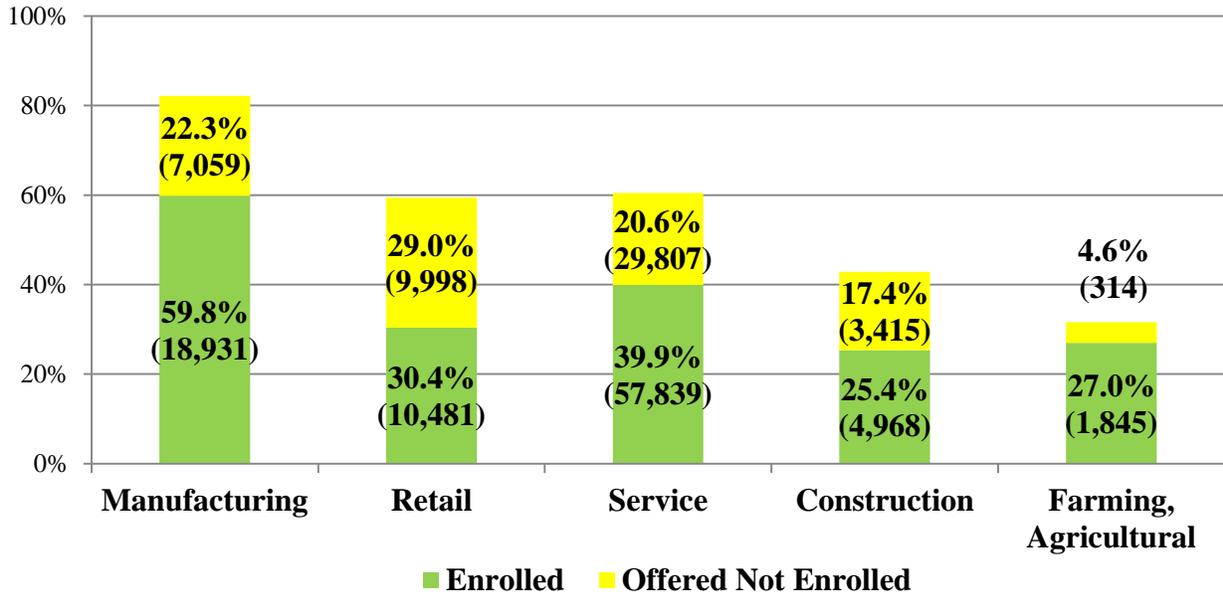
Figure 23
Employer Sponsored Health Insurance Offer and Uptake by Full or Part Time Employee
 (% among working Vermonters aged 18 to 64)



Data Source: 2012 Vermont Household Health Insurance Survey

Those working in the manufacturing sector were most likely to have access to ESI through their employer. More than eight in ten (82.1%) had access to ESI and 59.8% were enrolled in their employer’s health insurance (an uptake rate of 72.8%). Six in ten (60.5%) of those working in the service sector had access to ESI with 39.9% actually having coverage through their employer (an uptake rate of 66.0%). Nearly six in ten (59.4%) of those in retail worked for an employer that offered ESI and 30.4% had insurance provided through their employer (an uptake rate of 51.2%). Only 42.8% of employees in construction and only 31.6% of those in farming or agriculture had access to ESI.

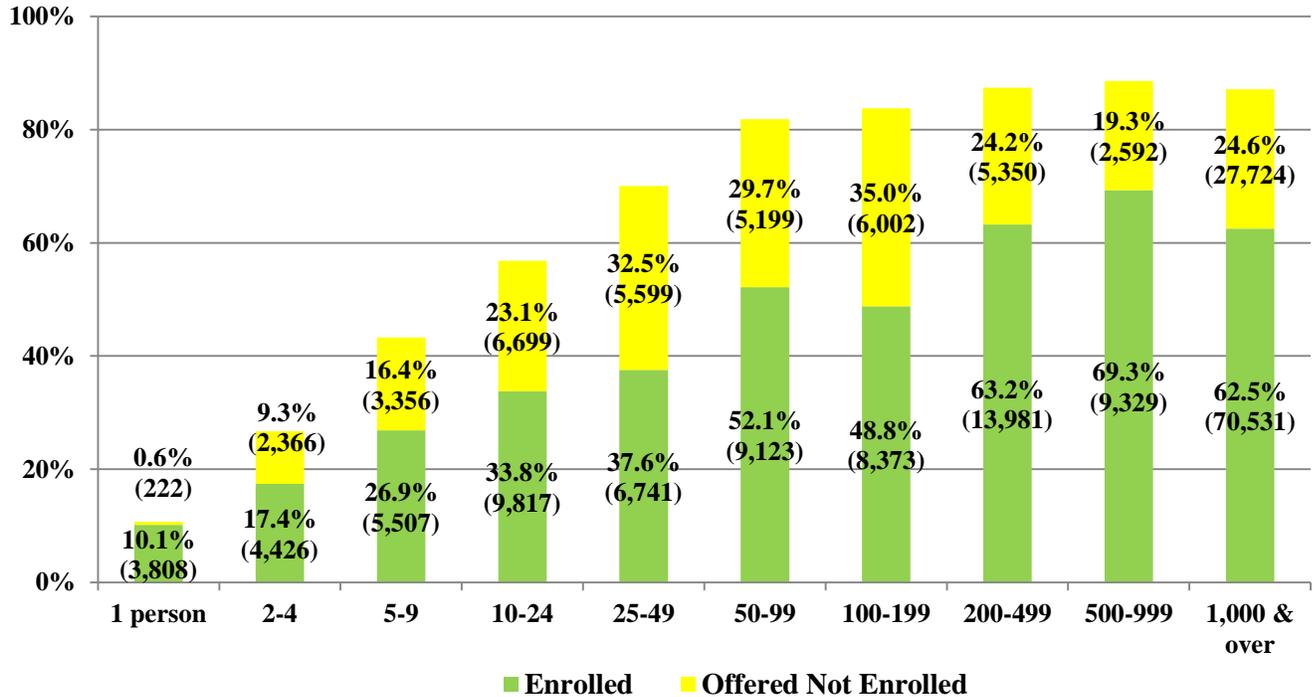
Figure 24
Employer Sponsored Health Insurance Offer and Uptake by Type of Employer
 (% among working Vermonters aged 18 to 64)



Data Source: 2012 Vermont Household Health Insurance Survey

Both the percentage of employees offered ESI as well as the percentage of employees enrolling in their employer's health insurance increased with company size (Figure 24). Only 10.7% of employees working for companies with one employee and 26.7% of employees working for companies with two to four employees were offered ESI. The percentage of employers offering insurance to their employees increased to 43.3% for companies with five to nine employees with 26.9% of those enrolled in their employer's health insurance (an uptake rate of 62.1%). More than half (56.8%) of employees working for companies employing 10 to 24 and seven in ten (70.1%) working for companies employing 25 to 49 were offered ESI. Among these groups the uptake rates were 59.4% and 53.6% respectively. Among workers employed by companies with 50 or more employees, 86.4% were offered ESI and 60.8% of those were enrolled (an uptake rate of 70.4%).

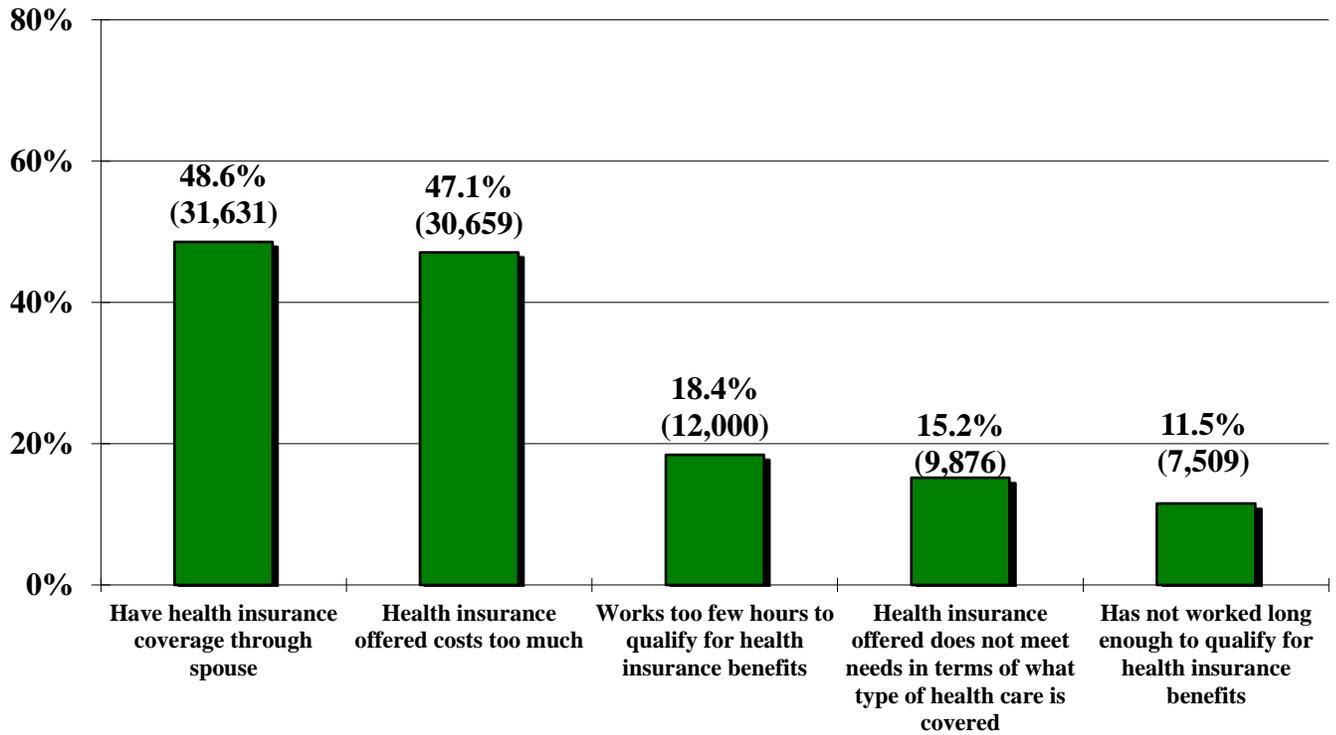
Figure 25
Employer Sponsored Health Insurance Offer and Uptake by Size of Employer
 (% among working Vermonters aged 18 to 64)



Data Source: 2012 Vermont Household Health Insurance Survey

Nearly half or 48.6% of working residents aged 18 to 64 who were offered ESI (and did not enroll) indicated they did not enroll because they had coverage through a spouse’s health insurance plan which either offered better benefits or was less expensive. Nearly half (47.1%) indicated that their employer’s health insurance plan was too expensive, 18.4% were ineligible because they did not work enough hours per week, 15.2% indicated the insurance offered by their employer did not meet their needs in terms of the health care services covered, and 11.5% indicated they were ineligible because they had not worked long enough for their current employer.

Figure 26
Is ____ a reason why person did not enroll in their employer's health insurance plan?
(Working residents aged 18 to 64 with employers offering ESI - respondents could provide more than one response)



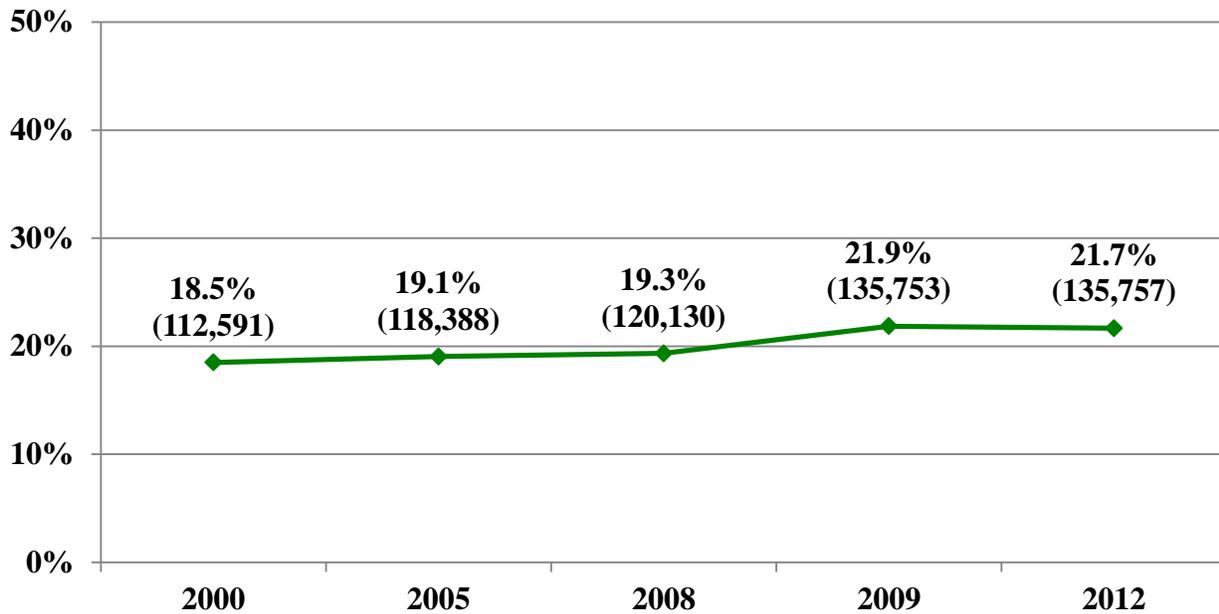
Data Source: 2012 Vermont Household Health Insurance Survey

H. State Health Insurance

Key Findings

- In late 2012, 21.7% of Vermont residents had health insurance provided by the state through Dr. Dynasaur, VHAP, and traditional Medicaid, comparable to 2009. This included 23,924 persons who were also covered by the federal Medicare program and others who had private coverage in addition to state health insurance.
- About 17.9% (or 111,833) of Vermont residents had health insurance provided exclusively by the state Medicaid program without any other source of health insurance.
- The percentage of residents under age 18 with coverage through a state health insurance program increased from 42.7% in 2009 to 48.9% in 2012.
- The percentage of residents aged 18 to 64 with coverage through a state health insurance program increased slightly from 17.5% in 2009 to 18.5% in 2012.
- The percentage of residents aged 18 to 24 with coverage through a state health insurance program decreased slightly from 24.2% in 2009 to 21.0% in 2012 while the percentage of residents age 25 to 34 increased from 24.2% in 2009 to 30.0% in 2012.
- The percentage of residents with an annual family income of less than 100% of FPL with coverage through a state health insurance program decreased from 63.8% in 2009 to 52.9% in 2012, though the decrease in percentage was related to an increase in the number of residents living below the poverty line; from 89,219 residents in 2009 to 104,307 residents in 2012.
- A majority of residents with coverage through a state health insurance program were satisfied with the choice of health care providers, the range of services covered, and the quality of care received.
- One in six residents with coverage through a state health insurance program (15.6%) were concerned they may lose their coverage during the next 12 months while 10.2% were without coverage at some point during the prior 12 months.
- Three in ten residents with state health insurance coverage (30.3%) indicated there were times their family had problems paying for medical bills.
- More than two in ten (22.1%) indicated their family was contacted by a collection agency about owing money for unpaid medical bills.

Figure 27
Is person covered by any state health insurance program?
(2000-2012)



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

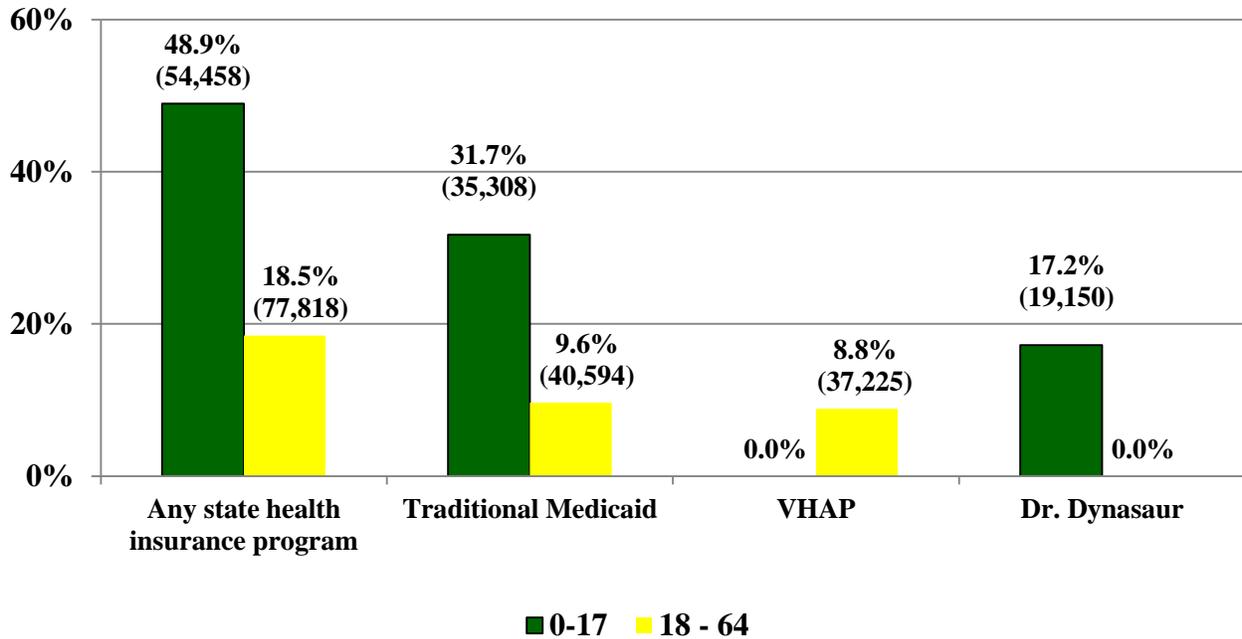
In late 2012, about 1 in 5 Vermont residents (21.7%) were covered through state health insurance programs⁹. This compared to 21.9% in 2009, 19.3% in 2008, 19.1% in 2005 and 18.5% in 2000. The percentage of residents enrolled in a state health insurance program continued to remain steady since 2009.

Out of 135,757 total enrollees in state-sponsored programs (excluding Catamount Health included under private insurance), 79,383 relied on the traditional Medicaid program for coverage and another 37,225 were covered by VHAP. There was a slight decline in enrollment in Medicaid since 2009 with a drop of approximately 4,000 enrollees while there was an increase of approximately 5,000 enrollees in VHAP since 2009. More than 19,000 children were enrolled in Dr. Dinosaur, down slightly from 2009.

⁹ In this report Catamount Health is counted under private health insurance. However, the program is sponsored by the state in cooperation with BCBS VT and MVP. Approximately 85% of enrollees receive state premium subsidies.

Overall, 18.5% (77,818) of adults aged 18 to 64 were covered by state health insurance. Among those aged 25 to 34, the percentage with state health insurance increased from 24.2% in 2009 to 30.0% in 2012. The percentage of residents aged 18 to 24 with coverage through a state health insurance program decreased slightly from 24.2% in 2009 to 21.0% in 2012.

Figure 28
Is person covered by state health insurance?
(% covered by program within age group)



Data Source: 2012 Vermont Household Health Insurance Survey

Vermont has a relatively high eligibility threshold (up to 300% of FPL, \$69,150 for a family of 4 in 2012) for providing children access to state sponsored insurance through the Dr. Dynasaur program. In 2012, nearly half of children (48.9% or 54,458) under the age of 18 were enrolled in a state health insurance program, an increase from 42.7% in 2009.

While the overall rate in 2012 was comparable to that of 2009, there was a decline in the percentage of residents below the poverty line with coverage through state health insurance. The percentage of residents with an annual family income of less than 100% of FPL with coverage through a state health insurance program decreased from 63.8% in 2009 to 52.9% in 2012. This decline in percentage was related to an increase in the number of residents living below the poverty line, many of whom were elderly and receive coverage through Medicare. In 2009, 89,219 residents lived in families earning less than 100% FPL compared to 104,307 residents in 2012.

The highest percentage of residents with state health insurance coverage resided in Orleans (29.8%) and Lamoille (29.1%) counties. The counties with the lowest enrollment included Chittenden (15.2%) and Essex (18.5%) counties.

About 11.2% of working adults (37,832 of the estimated 336,997 adults in the labor force) were covered by state sponsored health insurance compared to 24.4% of non-working adults. The number of working adults with coverage through a state health insurance program increased slightly among working adults (from 9.4% in 2009) and declined among non-working adults (from 34.0% in 2009).

Figure 29
Is person covered by any state health insurance program?
 (% by age)

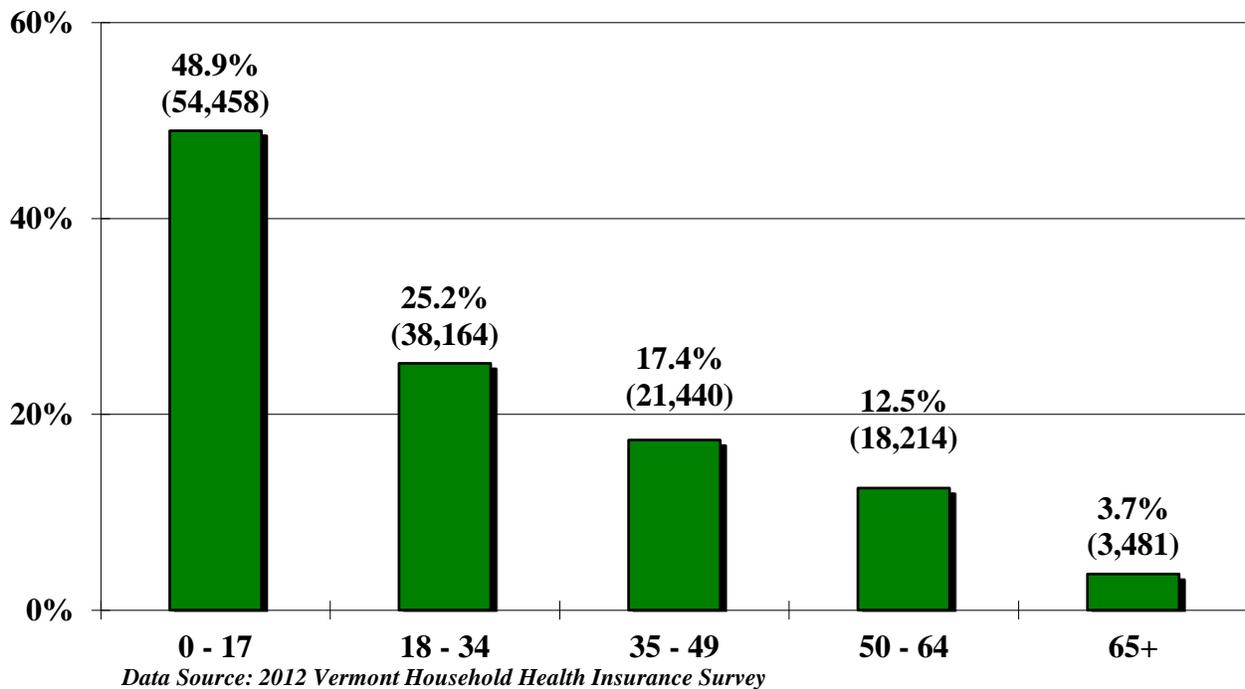
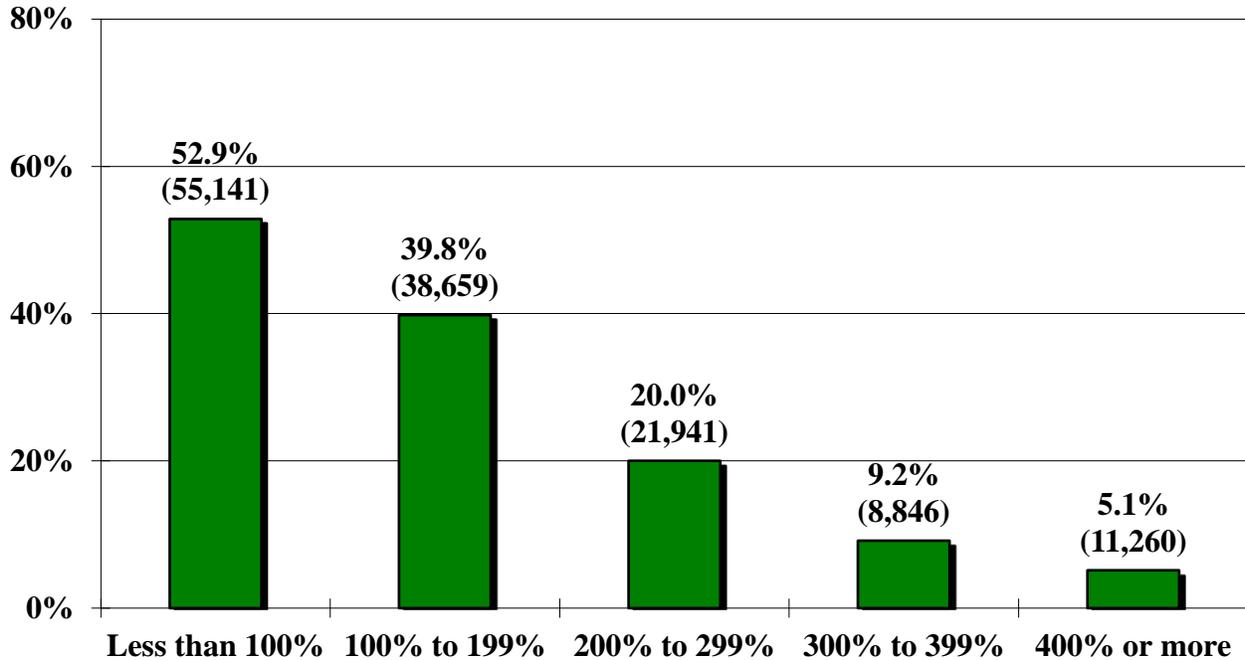


Figure 30
Is person covered by any state health insurance program?
(% by annual family income - FPL)



Data Source: 2012 Vermont Household Health Insurance Survey

Satisfaction with Health Insurance

A majority of residents with coverage through a state health insurance program were satisfied with their health insurance (Table 27). More than six in ten (61.6%) rated their choice of health care providers as excellent or very good (among those that received care during the past 12 months). More than half (54.7%) rated the range of services covered by state health insurance as very good or excellent and 57.0% rated the quality of care as very good or excellent. Among those that pay a monthly premium, 73.8% strongly agreed or agreed that the premium amount was reasonable.

Table 27
Satisfaction with State Health Insurance Coverage
 (% among those enrolled in a state health insurance program, 2012)

	Rate		Count	
	Excellent or Very Good	Fair or Poor	Excellent or Very Good	Fair or Poor
How would you rate the choice of health care providers available under this state health insurance coverage?*	61.6%	9.4%	82,918	12,645
How would you rate the range of services covered under this state health insurance coverage?*	54.7%	14.5%	73,524	19,505
How would you rate the quality of care available under this state health insurance coverage?*	57.0%	9.7%	76,567	12,976
	Agree	Disagree	Agree	Disagree
The monthly premium paid for this coverage is reasonable.**	73.8%	11.2%	78,107	11,893

Data Source: 2012 Vermont Household Health Insurance Surveys

**Rated as excellent, very good, good, fair, or poor. Rates and counts among those indicating they received care.*

***Rated as strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. Rates and counts among those indicating they paid a monthly premium*

Concerns about Loss of Coverage and Barriers to Care

Nearly one in six (15.6%) residents with coverage through state health insurance programs were concerned about losing their health insurance during the next 12 months, comparable to 2009 but significantly less than the nearly one-quarter (24.6%) with such concerns in 2005 (see Table 28).

The main reasons for concern about loss of coverage included that they may lose coverage due to federal healthcare reform efforts (22.9%), that the person with coverage would get a job and no longer qualify because of their income (16.1%), premium cost increases (8.4%), or concerns about cuts to state health insurance programs (8.2%). In addition, 10.2% of residents with current state health insurance coverage were without coverage at some time during the prior 12 months.

Less than one in ten (7.8%) indicated they did not get needed medical care because they could not find a doctor that accepted state health insurance, about the same percentage indicating they

did not receive care because a provider was not available (7.2%). Among those who could not find a doctor who accepted state health insurance, 32.1% did not get needed dental care, 21.1% did not receive needed preventative or routine medical care, and 19.8% did not receive needed mental health counseling. In addition, nearly one in five residents (18.2%) with coverage through a state health insurance program indicated they did not get needed dental care because they could not afford it.

Nearly three in ten (30.1%) indicated there were times that there were problems paying for medical bills and more than two in ten (22.1%) indicated their family was contacted by a collection agency about owing money for unpaid medical bills.

Table 28
Are you concerned that person may lose state health insurance coverage
within the next 12 months?
(% among those enrolled in a state health insurance program, 2005 to 2012)

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Yes	24.6%	15.8%	15.3%	15.6%	29,114	18,995	20,832	21,155
No	74.2%	82.4%	84.0%	82.9%	87,681	98,935	114,034	112,492
Unsure	1.1%	1.8%	0.7%	1.6%	1,325	2,200	887	2,110
Total	100.0%	100.0%	100%	100.0%	118,120	120,130	135,753	137,757

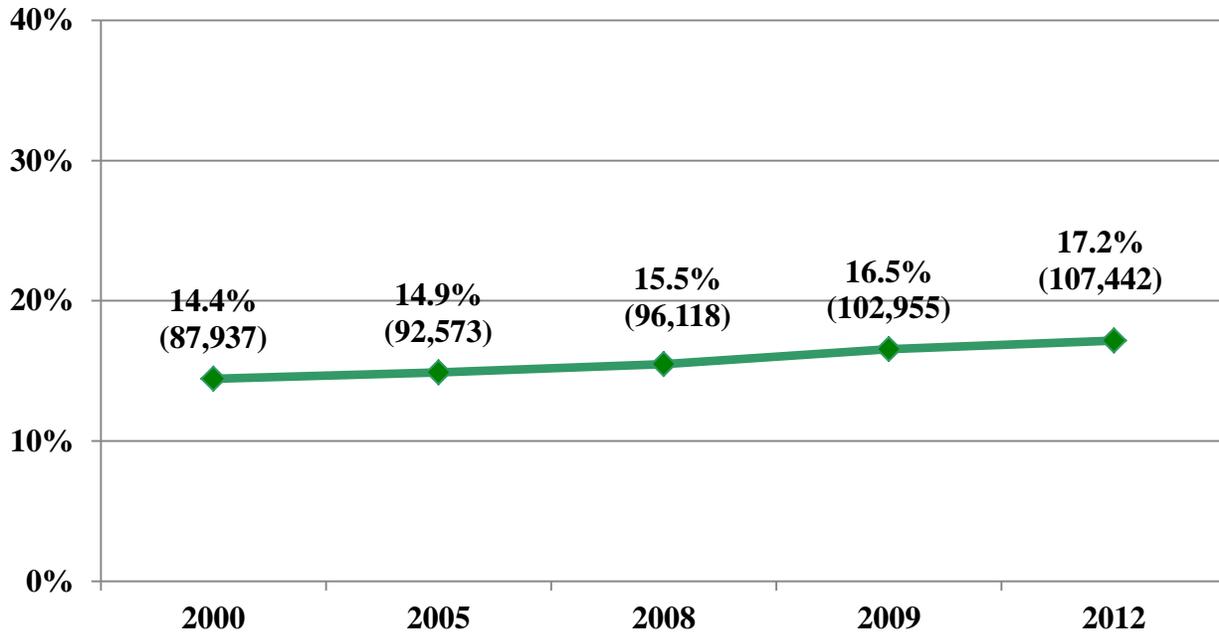
Data Source: 2005, 2008, 2009, 2012 Vermont Household Health Insurance Surveys

I. Medicare

Key Findings

- In late 2012, 17.2% (107,442) of Vermont residents were covered by the federal Medicare program, including those with other sources of coverage. This rate was up slightly from that observed in 2005 and 2009.
- There were approximately 17,500 Medicare enrollees dually enrolled in Medicaid, down slightly from 19,000 in 2009.
- Nearly 7,000 (6.5%) of those covered had Medicare as a secondary payer due to coverage through employer related sources or military insurance compared to approximately 7,600 (7.1%) in 2009.
- A majority of residents with Medicare coverage were satisfied with the choice of health care providers, the range of services covered, and the quality of care received.

Figure 31
Is person covered by Medicare?
(2000-2012)



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

In 2012, 17.2% of Vermonters had Medicare coverage, including those dually enrolled in Medicare and Medicaid (17,544), those who had employer-sponsored private insurance in addition to Medicare (16,549), and those who had coverage through the military (5,654). This percentage has increased slightly each year since 2005 when 14.4% of residents had Medicare coverage.

Medicare was the primary insurance type for 87.3% of Vermont residents aged 65 and older in 2012. Among those aged 65 and older with Medicare coverage, more than two-thirds (69.2%) also had a Medicare supplement to help pay for expenses not covered under Medicare.

Satisfaction with Health Insurance

A majority of residents with Medicare coverage were satisfied with their health insurance (Table 29). More than six in ten (64.9%) rated their choice of health care providers as excellent or very good (among those that received care during the past 12 months). Nearly six in ten (58.2%) rated the range of services covered by Medicare as good or excellent and 60.5% rated the quality of care as good or excellent. Among those that paid a monthly premium, 67.9% strongly agreed or agreed that the premium amount was reasonable.

Table 29
Satisfaction with Medicare
 (% among those enrolled in Medicare, 2012)

	Rate		Count	
	Excellent or Very Good	Fair or Poor	Excellent or Very Good	Fair or Poor
How would you rate the choice of health care providers available under this Medicare coverage?*	64.9%	5.4%	65,837	5,472
How would you rate the range of services covered under this Medicare coverage?*	58.2%	8.7%	59,045	8,817
How would you rate the quality of care available under this Medicare coverage?*	60.5%	5.8%	61,235	5,832
	Agree	Disagree	Agree	Disagree
The monthly premium paid for this coverage is reasonable.**	67.9%	12.8%	64,948	12,223

Data Source: 2012 Vermont Household Health Insurance Surveys

**Rated as excellent, very good, good, fair, or poor. Rates and counts among those indicating they received care.*

***Rated as strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. Rates and counts among those indicating they paid a monthly premium*

Financial Barriers to Care

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

Nearly one-third (32.0%) of those dually enrolled in Medicare and Medicaid indicated their families had problems paying medical bills in the last 12 months compared to 13.1% of those solely enrolled in Medicare. The percentage among the dually enrolled increased slightly from 28.9% having problems paying medical bills in 2009.

More than one in five (21.2%) were contacted by collection agencies about unpaid medical bills, compared to 5.1% of those solely enrolled in Medicare. This percentage also increased among the dually enrolled from 2009, when 18.0% reported they were contacted by a collection agency about unpaid medical bills.

A significant percentage of the dually enrolled (19.5%) indicated they did not receive needed dental care, needed prescription medications (9.0%), or needed care from a doctor (7.0%) because of cost and 17.1% took smaller doses of medications or skipped doses to make their medications last longer.

Table 30
Financial Barriers To Care
 (% among residents with Medicare coverage)

	% Covered by...*					
	Medicare Only	Medicare & Medicaid	Medicare (Total)	Medicare Only	Medicare & Medicaid	Medicare (Total)
	Rate	Rate	Rate	Count	Count	Count
Needed care from a Dr. but could not afford it	1.8%	7.0%	2.6%	1,583	1,231	2,814
Needed mental health care or counseling but could not afford it	0.7%	3.6%	1.2%	636	638	1,274
Needed dental care but could not afford it	7.9%	19.5%	9.8%	7,083	3,416	10,499
Needed a diagnostic test but could not afford it	1.6%	1.3%	1.5%	1,403	226	1,629
Needed prescription medicines but could not afford it	2.8%	9.0%	3.8%	2,520	1,582	4,102
Took smaller doses of a prescription to make it last longer	4.2%	17.1%	6.3%	3,795	3,003	6,798
Had problems paying for medical bills	13.1%	32.0%	16.2%	11,819	5,613	17,432
Received a medical bill for more than \$500 that had to be paid out-of-pocket	12.2%	15.0%	12.7%	10,980	2,628	13,608
Contacted by a collection agency about unpaid medical bills	5.1%	21.2%	7.8%	4,622	3,721	8,343

Data Source: 2012 Vermont Household Health Insurance Survey

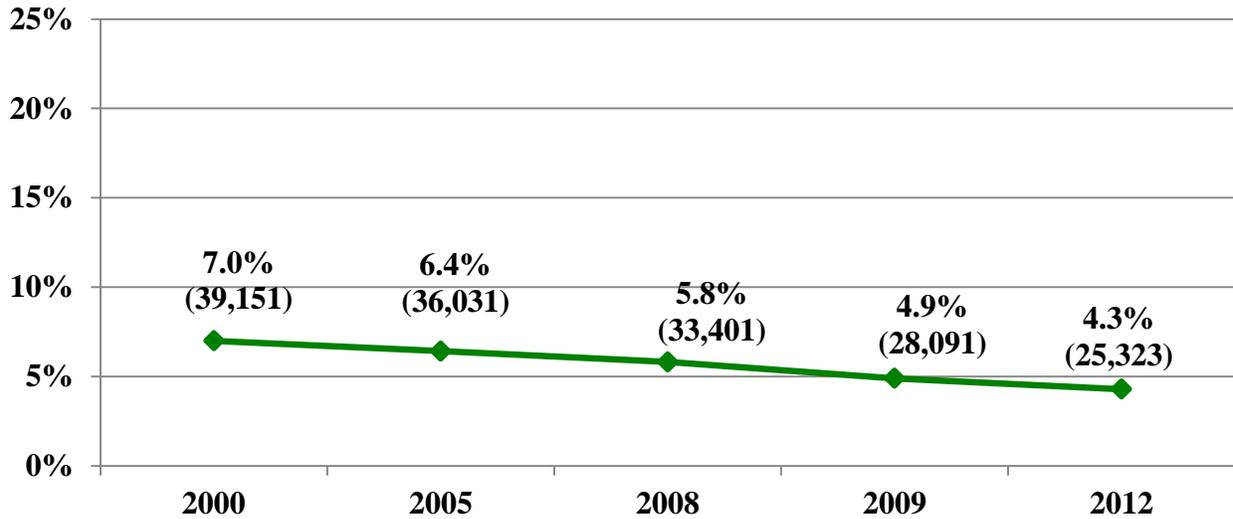
** Medicare Only includes 89,898 residents; Medicare & Medicaid includes 17,544 residents, and Medicare total includes 107,442 residents*

J. Interruptions in Insurance Coverage

Key Findings

- In late 2012, 4.3% of insured Vermont residents (more than 25,000) were without health insurance coverage at some time during the past 12 months. This was comparable to 2009 and slightly lower than the 6.4% with an interruption in coverage in 2005.
- The most commonly cited reasons for a person being without health insurance sometime in the past year was that the person with health insurance lost their job (20.1%) followed by the cost was too high or they could not afford health insurance (19.4%) and the person was waiting for coverage (12.5%).
- 12.8% of insured residents aged 25 to 34 were without coverage sometime during the past 12 months, followed by those aged 18 to 24 in which 8.3% experienced interruptions in their health insurance coverage sometime during the past 12 months.
- Nearly one in eight (11.9%) residents currently covered by state health insurance experienced an interruption in coverage during the past 12 months.
- Of those who were without health insurance coverage at some time during the past 12 months, about half (52.6%) were without coverage for 1 to 3 months while another 18.7% were without coverage for 4 to 6 months.
- Prior to their current coverage, 37.5% of insured Vermonters who experienced interruptions in coverage were covered by private insurance and 20.7% were covered by state health insurance.
- During their gap in coverage, 47.2% applied for coverage through state health insurance and another 21.3% thought about applying.

Figure 32
Has person been without coverage anytime in the
last 12 months?
 (% among insured 2000-2012)



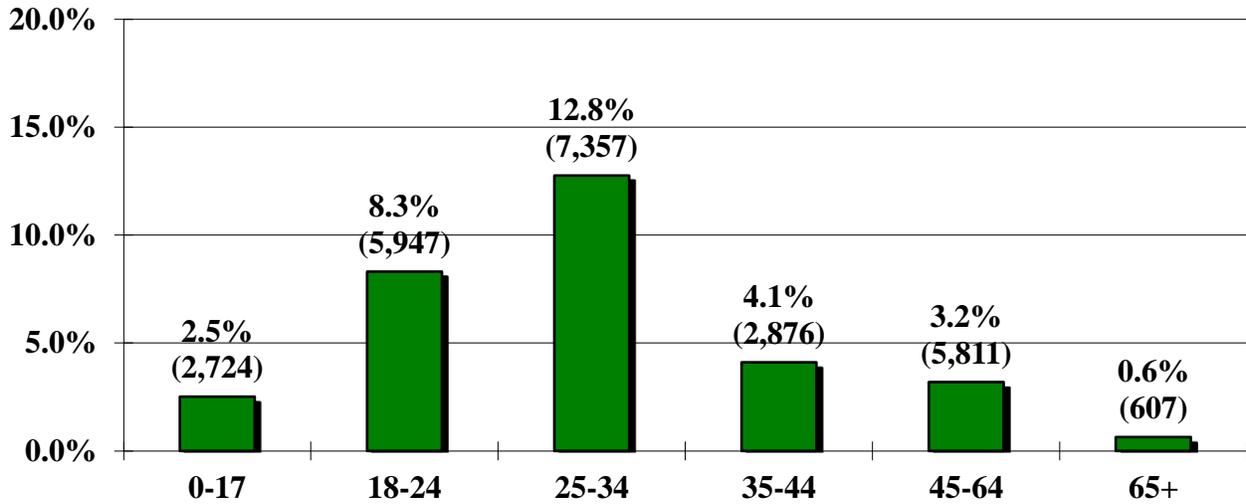
Data Source: 2000, 2005, 2008, 2009, 2012 Vermont Household Health Insurance

In late 2012, 4.3% of insured Vermont residents were without health insurance coverage at some time during the previous 12 months (Figure 32). This is comparable to the percentage observed in late 2009 but was down slightly from 6.4% in 2005.

The highest percentage of residents (12.8%) who reported coverage interruptions during the prior 12 months in 2009 were aged 25 to 34 (see Figure 33). This age group was followed by those aged 18 to 24, with 8.3% who experienced an interruption in their health insurance coverage during the prior 12 months. Among insured residents aged 0 to 17, only 2.5% experienced an interruption in health care coverage, while less than one percent of residents aged 65 or older were without health insurance coverage sometime during 2012.

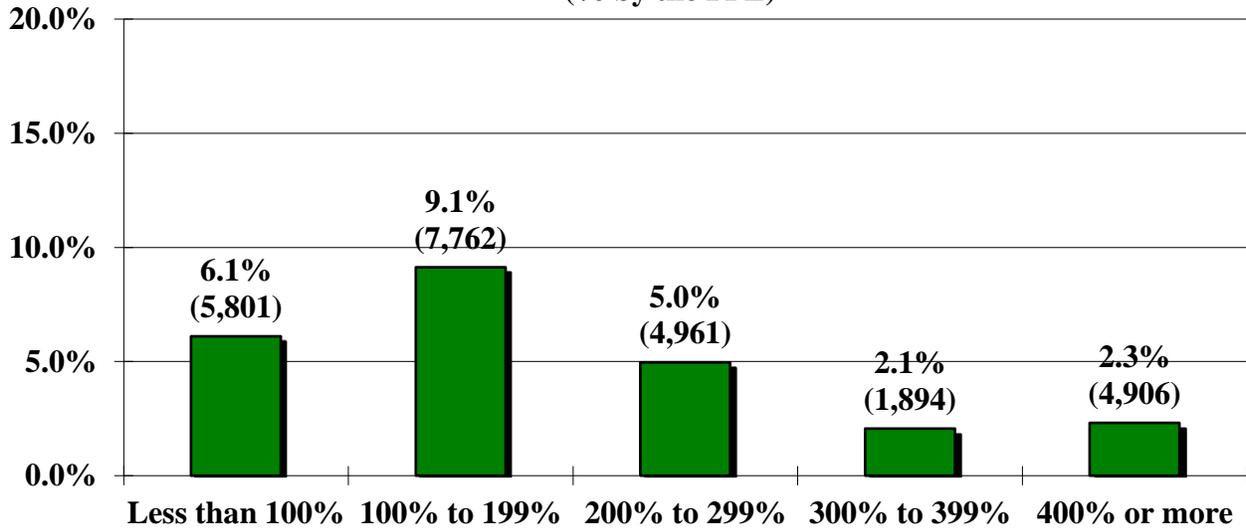
An examination of the working and non-working populations in Vermont revealed that 3.3% of non-working residents had experienced a loss of health insurance coverage in the previous 12 months compared to 5.0% of those working full time (defined as working 35 hours per week or more) and 6.8% of those working part time (less than 35 hours a week).

Figure 33
Has Person been without health insurance coverage anytime
in the last 12 months?
(% by age)



Data Source: 2012 Vermont Household Health Insurance Survey

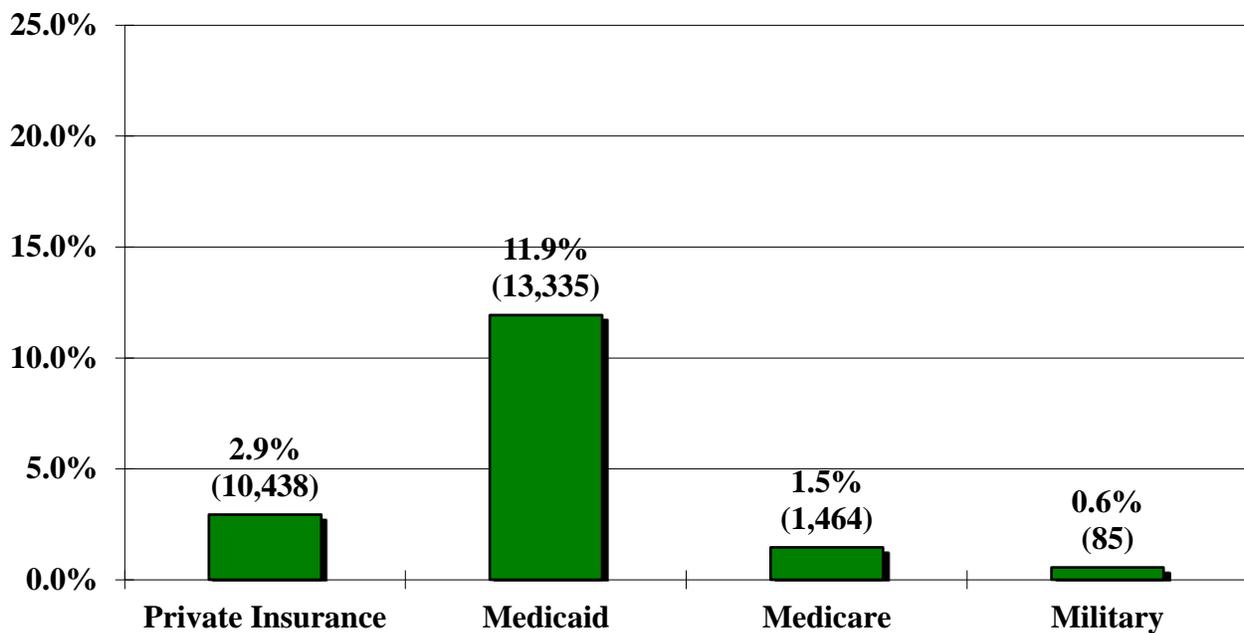
Figure 34
Has Person been without health insurance coverage anytime
in the last 12 months?
(% by the FPL)



Data Source: 2012 Vermont Household Health Insurance Survey

Lower income Vermont residents (those earning less than 200% of FPL) were generally more likely to experience interruptions in their health insurance than those with higher incomes (Figure 34). Among insured residents who had family incomes of less than 100% of FPL, 6.1% had been without health insurance coverage sometime in the last 12 months during 2012. This percentage increased to 9.1% among residents with family incomes between 100% and 199% of FPL. Only 5.0% of insured residents with a family income between 200% and 299% of FPL were without coverage at some time during the past 12 months. The percentage dropped to less than 3% among those with a family income of 300% of FPL or greater.

Figure 35
Has Person been without health insurance coverage anytime
in the last 12 months? (% by type of insurance coverage)

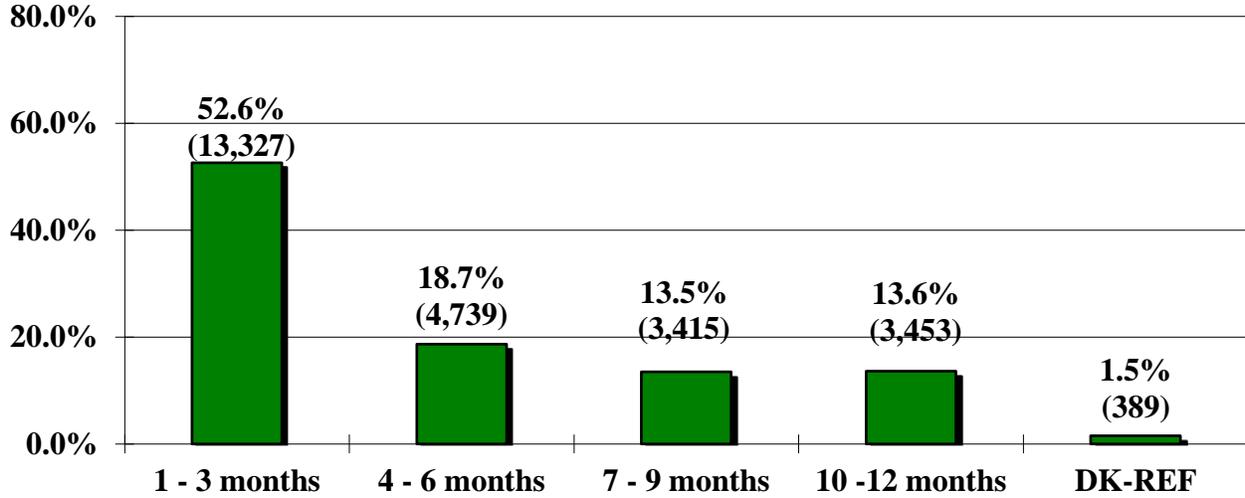


Data Source: 2012 Vermont Household Health Insurance Survey

Those with current coverage through state health insurance programs were significantly more likely to experience an interruption in their health insurance coverage (see Figure 35). Among those with state health insurance, 11.9% experienced an interruption at some time during the past 12 months. This compared to only 2.9% of those with private health insurance and 1.5% of those with Medicare coverage.

Of those who were without health insurance coverage at some time during the past 12 months, about half (52.6%) were without coverage for 1 to 3 months while another 18.7% were without coverage for 4 to 6 months as seen in Figure 36.

Figure 36
Approximately how many of the past 12 months was person WITHOUT
health insurance coverage?
 (% among those with an interruption in coverage)



Data Source: 2012 Vermont Household Health Insurance Survey

The most commonly cited reasons for a person being without health insurance sometime in the past year was that the person with health insurance lost their job (20.1%) followed by the cost was too high or they could not afford health insurance (19.4%) and that the person was waiting for coverage (12.5%). Another 9.9% indicated they were no longer eligible for coverage through a state health insurance program and 9.7% cited problems with paperwork or late payments.

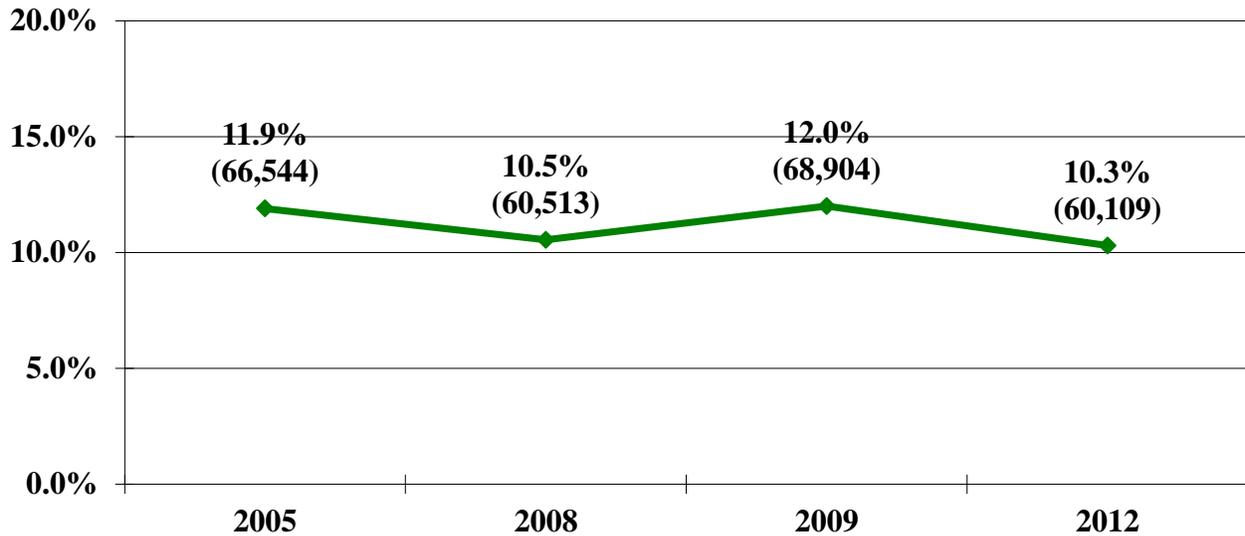
Prior to their current coverage, 37.5% had been covered by private insurance and 20.7% were covered by state health insurance. Nearly half of the residents with a gap in coverage (47.2%) applied for state health insurance during the period of their interruption in coverage. Another 21.3% thought about applying for state health insurance.

K. Concerns about Loss of Health Insurance

Key Findings

- As of late 2012, 10.3% (60,109) of insured Vermont residents were concerned they might lose health insurance coverage sometime during the next 12 months. This was a slight decrease from the 12.0% who were concerned they might lose coverage in 2009 and similar to the 10.5% that expressed concern in 2008.
- The most commonly cited reasons for concern about loss of coverage was fear that the health insurance policy-holder could lose their job (22.9%), concern that they would lose insurance coverage due to federal health care reform (17.7%), and premium cost increases (14.1%).
- Nearly one in six (14.1%) of those aged 25 to 34 were concerned they would lose coverage within the next 12 months.
- Concern about loss of coverage was highest among lower income residents with 12.9% of insured residents who make less than 100% of FPL were concerned while 14.3% of those making between 100% and 199% of FPL were also concerned about loss of coverage in the next 12 months.
- Among insured residents, 12.8% of non-working residents were concerned about losing their health insurance coverage in the next 12 months compared to 8.8% of full time workers and 11.4% of part time workers.
- Concern about loss of coverage was highest among those with coverage through a state health insurance program (15.6%). Nearly one-quarter (22.5%) of those with coverage through VHAP were concerned they will lose coverage during the next 12 months.

Figure 37
Are you concerned that person may lose health insurance coverage
within the next 12 months?
 (% among those with health insurance)



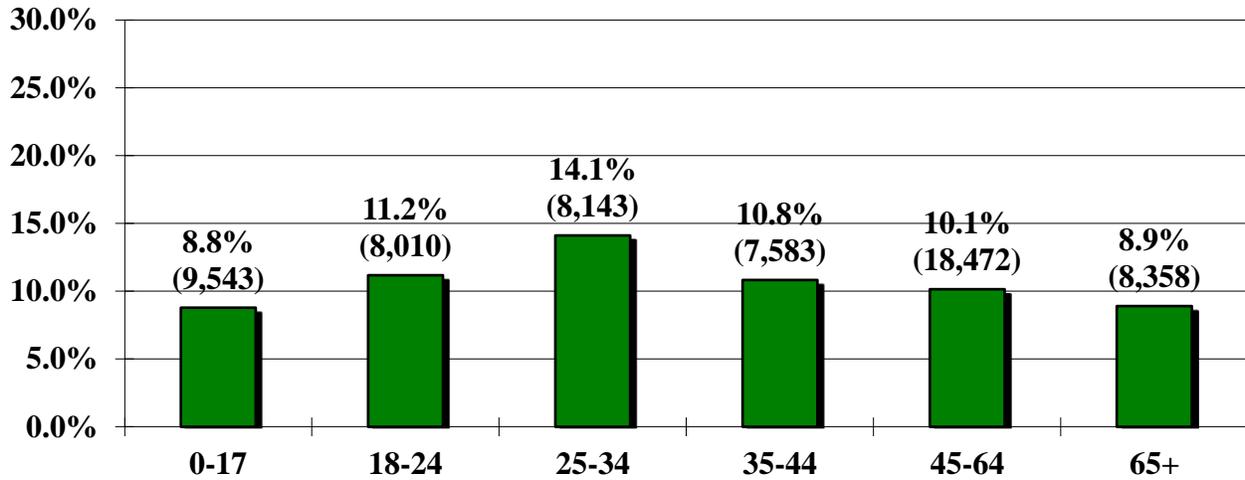
Data Source: 2005, 2008, 2009, 2012 Vermont Household Health Insurance Surveys

In late 2012, about one in ten (10.3%) residents expressed concern that they might lose their health insurance in the next 12 months (Figure 37). This was a slight decrease from 2009, when 12.0% of residents expressed a similar concern and comparable to the percentage observed in 2008.

By age group, the highest percentage of residents concerned about losing health insurance coverage over the next year occurred among those aged 25 to 34 with 14.1% expressing concern (see Figure 38). About one in ten residents aged 18 to 24 (11.2%) and residents aged 35 to 44 (10.8%) were also concerned about losing their health insurance.

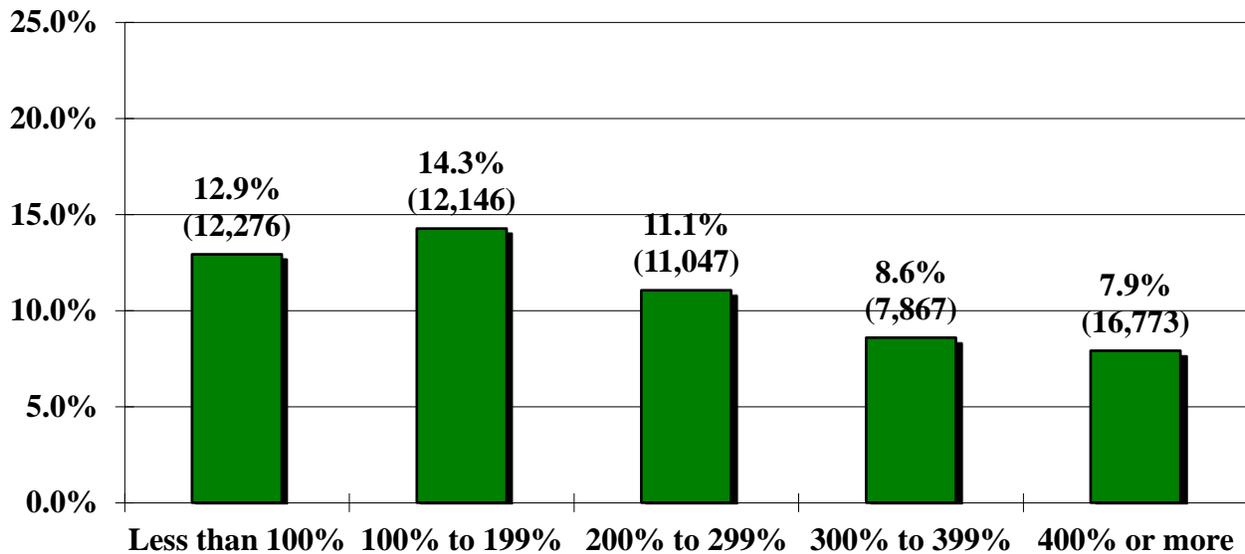
Concern about loss of coverage was highest among those with the lowest incomes (Figure 39). Among those with a family income less than 100% FPL, 12.9% of insured residents were concerned while 14.3% of those making between 100% and 199% of FPL were also concerned about loss of coverage in the next 12 months.

Figure 38
Are you concerned that person may lose health insurance coverage
within the next 12 months?
(% by age)



Data Source: 2012 Vermont Household Health Insurance Survey

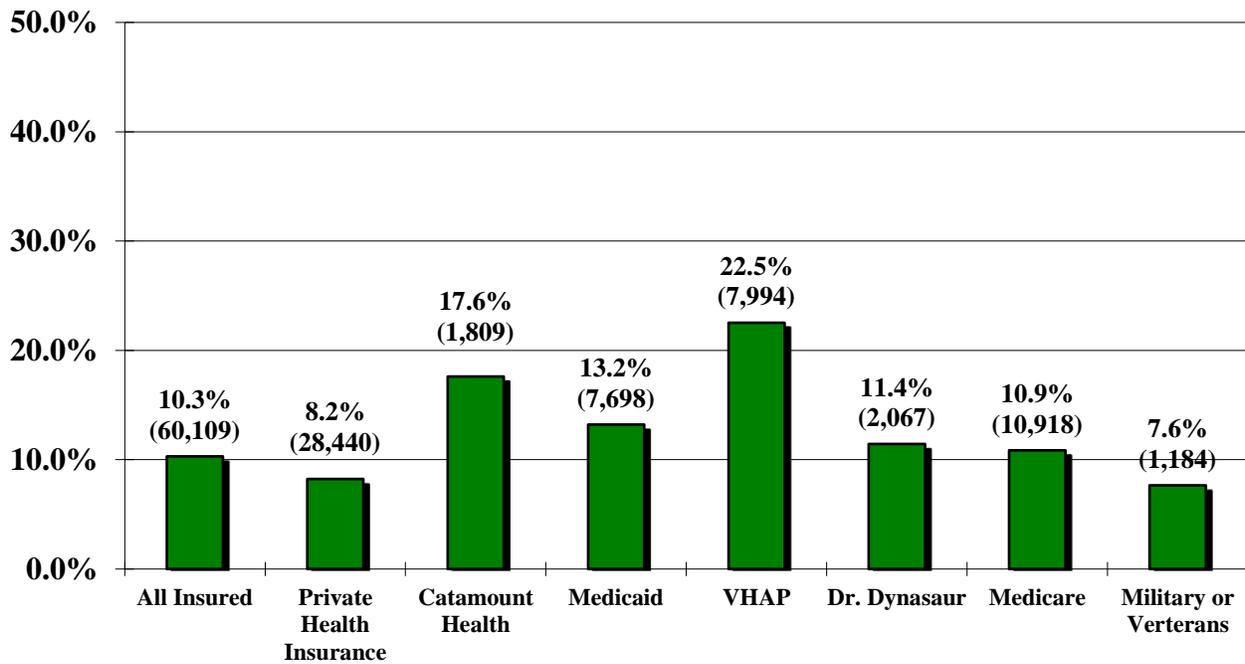
Figure 39
Are you concerned that person may lose health insurance coverage
within the next 12 months?
(% by the FPL)



Data Source: 2012 Vermont Household Health Insurance Survey

When looking at concern about loss of coverage by type of insurance, residents with coverage through state health insurance were most likely to be concerned about losing their health insurance. Among residents in all state health insurance programs, 15.6% were concerned they would lose their coverage during the next 12 months. The highest level of concern occurred among those with coverage through VHAP, with nearly one in four (22.5%) expressing concern about losing their coverage (see Figure 40). Among those with current coverage through Catamount Health, 17.6% expressed concern about losing their coverage during the next 12 months.

Figure 40
Are you concerned that person may lose health insurance coverage
within the next 12 months by primary type of insurance
(As a percentage within primary type of insurance coverage)



Data Source: 2012 Vermont Household Health Insurance Survey

Among residents concerned about losing their health insurance coverage in 2012, the most commonly cited reason was fear that the health insurance policy-holder would lose their job (22.9%). Another 17.7% were worried about the impact of federal healthcare reform and 14.1% were concerned about premium increases.

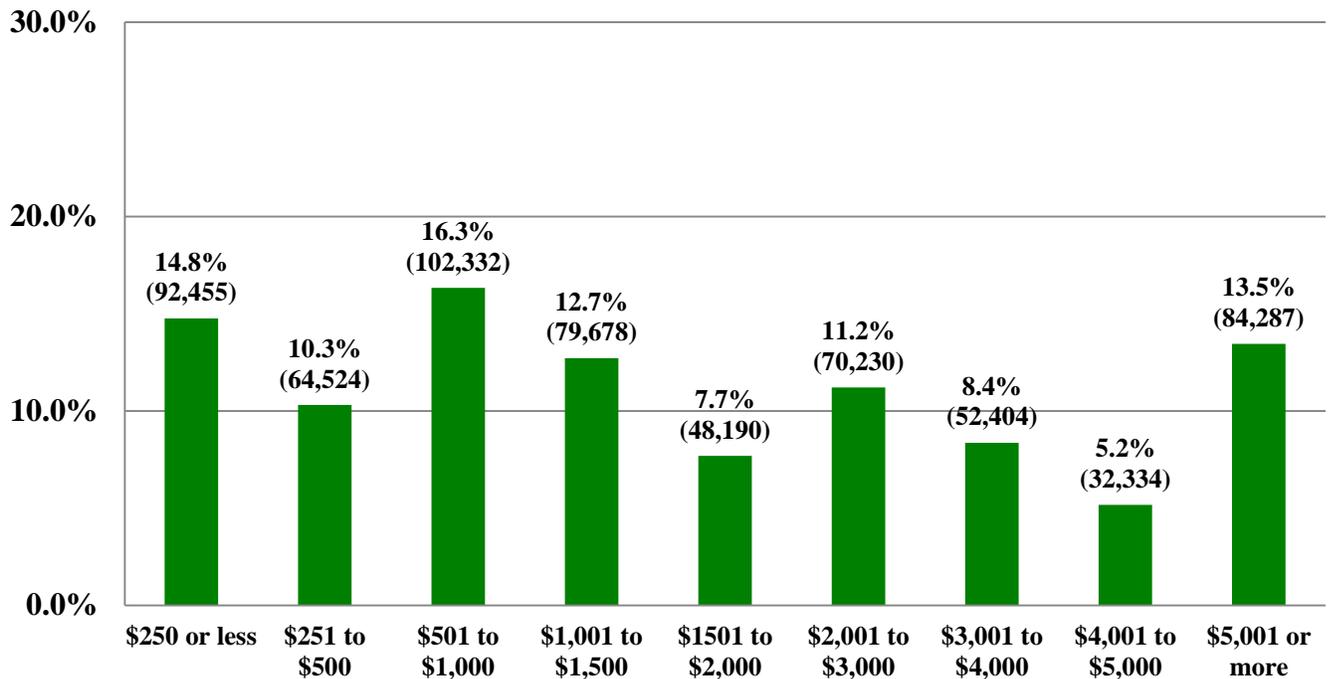
L. Health Care Barriers

Key Findings

- Nearly six in ten residents (58.6%) lived in families whose out-of-pocket health care costs were over \$1,000 in 2012 (including prescription drugs, dental, vision and other medical expenses) a decline from 66.4% in 2009.
- In 2009, many Vermonters forwent needed health care due to cost with the most significant category being dental care as reported by 67,217 (10.7%) Vermonters. The percentage of residents forgoing care across categories of services was comparable to the findings observed in 2008.
- More than one in five (22.4%) Vermont families had problems paying for medical bills in 2012, down slightly from 24.8% in 2009.
- One in six (15.1%) had been contacted by a collection agency about unpaid medical bills in 2012, down slightly from 17.0% in 2009.
- Nearly half (45.4%) of Vermont residents were concerned about being able to afford prescription drugs.

Cost can represent a barrier to health care for many Vermonters, especially those lacking health insurance. Respondents were asked how much their family actually paid for medical care out of their own pocket in the last 12 months, including prescription drugs, dental and vision care, as well as any other medical costs. In late 2012, nearly six in ten (58.6%) residents lived in families whose out-of-pocket health care costs were over \$1,000, with more than one in seven (13.5%) living in households paying over \$5,000 out-of-pocket.

Figure 41
How much has your household paid out-of-pocket for all medical expenses?
 (excludes health insurance premiums)



Data Source: 2012 Vermont Household Health Insurance Surveys

Table 31
Average Amount Spent Per Year by Vermont Families by Primary Insurance

	Private	Medicaid	Medicare	Military	Uninsured	Total
Prescription Drugs	\$537.40	\$383.42	\$741.18	\$705.97	\$497.09	\$544.02
Dental and Vision Care	\$853.56	\$536.25	\$821.92	\$709.46	\$646.21	\$774.12
All other medical expenses	\$1,415.33	\$635.41	\$838.36	\$910.28	\$1,422.88	\$1,171.57
All medical expenses	\$2,806.29	\$1,555.09	\$2,401.46	\$2,325.71	\$2,566.18	\$2,489.71

Data Source: 2012 Vermont Household Health Insurance Survey

When asked if they ever delayed needed care due to cost, 10.7% of all respondents said that they delayed dental care (including checkups) while 4.6% took smaller amounts of their prescription medicines to make them last longer (see Table 32). Less than four percent of residents forwent other types of medical care due to cost. The percentage forgoing needed medical care was comparable to that observed in 2009.

Table 32
Was there any time person needed any of the following but did not get it because they could not afford it?

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Medical care from a doctor	3.9%	3.4%	3.4%	3.7%	24,206	20,951	21,214	23,072
Mental health care or counseling	1.4%	1.9%	1.6%	1.8%	8,989	11,977	10,243	11,270
Dental care including checkups	10.5%	11.6%	11.5%	10.7%	65,525	72,274	71,704	67,217
A diagnostic test	1.9%	2.3%	1.8%	2.3%	11,775	14,578	11,439	14,428
Prescription medicines	3.0%	3.2%	3.2%	3.2%	18,838	19,675	20,159	19,748
Skipped, took smaller amounts of Rx to make them last	4.9%	5.3%	5.4%	4.6%	30,335	32,731	33,444	28,696

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

An examination of forgoing medical care due to cost by age revealed that in late 2012 Vermont residents at the ends of the age spectrum were the least likely to have forgone medical care due to cost. With the exception of dental care, less than one percent of children under the age of 18 had forgone medical care due to cost. Residents aged 65 and over were about half as likely to have forgone medical care due to cost compared to other adults. The age group most likely to have forgone care in 2012 was residents aged 25 to 34. Nearly one in five (19.4%) Vermonters aged 25 to 34 did not get needed dental care due to cost while 7.1% did not get needed care from a doctor, 6.2% did not get needed prescriptions, and 8.0% skipped doses or took smaller amounts to make them last longer.

Many Vermonters reported problems paying out-of-pocket costs for health services in late 2012, though a smaller percentage than observed in 2009 (See Table 33). More than one in five Vermont residents (22.4%) lived in families where someone had problems paying medical bills in the last 12 months. Another 15.1% of residents lived in families that had been contacted by a collection agency about unpaid medical bills. About one in seven (13.7%) reported that their household received a medical bill for more than \$500 that had to be paid out-of-pocket. Nearly half of Vermont residents (45.4%) were very or somewhat concerned about being able to afford prescription medications.

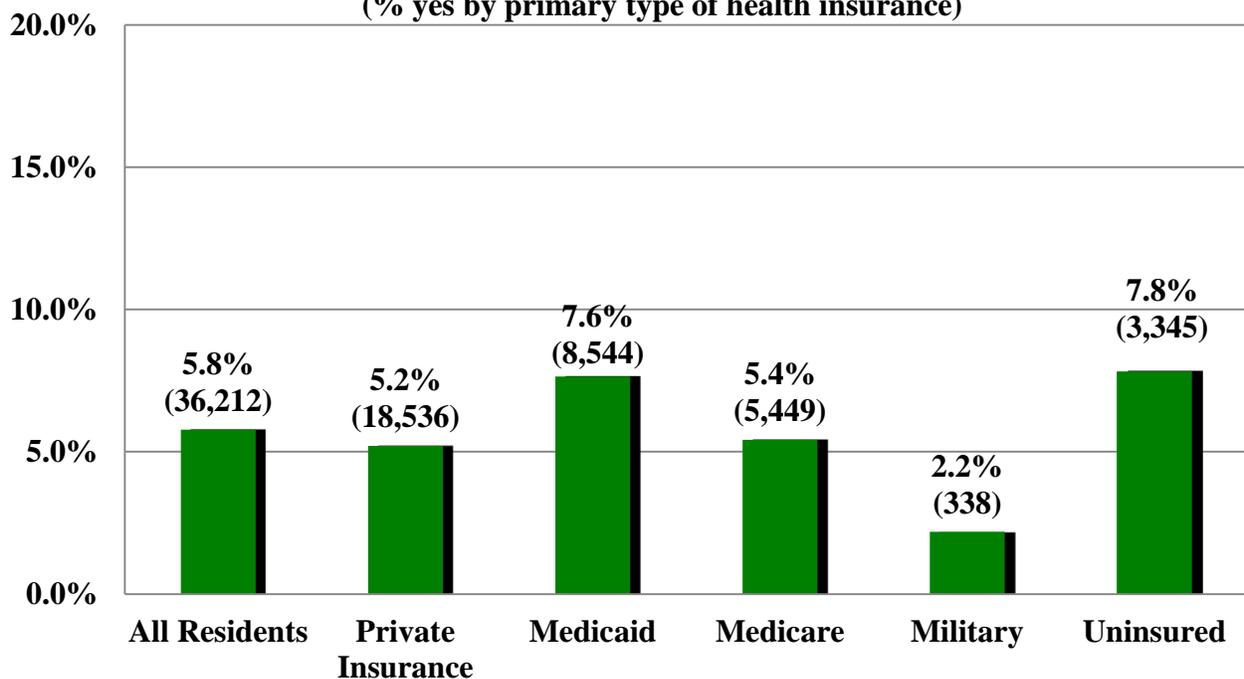
Table 33
During the last 12 months...

	Rate				Count			
	2005	2008	2009	2012	2005	2008	2009	2012
Were there times that there were problems paying for medical bills for anyone in your household?	21.7%	25.9%	24.8%	22.4%	134,836	160,803	154,159	140,050
Was anyone in your family contacted by a collection agency about owing money for unpaid medical bills?	14.0%	16.2%	17.0%	15.1%	86,982	100,538	105,415	94,624
Did anyone in the household receive any medical bill for more than \$500 that had to be paid out-of-pocket?	NA	12.7%	NA	13.7%	NA	79,013	NA	85,740
To what extent are you concerned about being able to afford prescription medicines? (% concerned)	NA	NA	NA	45.4%	NA	NA	NA	284,138

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

A small percentage of residents (5.8%) reported that they delayed or did not get needed care because a health care provider was not available. The rates were highest among uninsured residents (7.8%) and residents whose primary insurance was Medicaid (7.6%). The most common types of care that were deferred due to a lack of a provider included routine or preventive care (25.2%), mental health care (24.3%), care for an illness or condition such as the flu or asthma (17.2%), and dental care (11.5%).

Figure 42
Was there any time person delayed or did not get care because a health care provider was not available?
 (% yes by primary type of health insurance)



Data Source: 2012 Vermont Household Health Insurance Survey

A smaller percentage of residents (2.8%) reported other difficulties when trying to access health care. Among these residents, six in ten (60.0%) were unable to get an appointment at the doctor's office as soon as one was needed while 53.1% were unable to get an appointment at the doctor's office at a convenient time and nearly half (48.9%) were told by a doctor's office or clinic that they weren't accepting new patients.

Table 34
What type(s) of problems did you experience when trying to access health care?
(% among those experiencing problems)

Type of Problem	Rate	Count
Unable to get an appointment at the doctor's office as soon as one was needed.	60.0%	10,629
Unable to get an appointment at the doctor's office at a convenient time.	53.1%	9,404
Told by a doctor's office or clinic that they weren't accepting new patients.	48.9%	8,655
Told by a doctor's office, clinic they weren't accepting patients with your type of insurance.	29.4%	5,204
Had to change to a new doctor's office or clinic because of a change in your insurance plan.	19.9%	3,523
Cost Issues.	2.9%	513
Transportation Issues.	1.2%	216
My doctor left, retired, died.	0.9%	166

Data Source: 2012 Vermont Household Health Insurance Survey

Appendix A

Survey Methodology

The Sample

The 2012 Vermont Household Health Insurance Survey was based on telephone interviews conducted between August 30 and December 2, 2012 among 4,610 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 1,300 to 1,400 uninsured residents.

The basis of all sampling used during the course of this research was a dual frame Random Digit Dial (RDD) sampling protocol. The dual frame design incorporated sample that targeted both land line telephones and cell phones.

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

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 2012 VT HHIS

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

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

Among the 4,610 interviews completed during the survey, data were obtained on 10,982 Vermont residents. Data were obtained on a total of 1,365 uninsured Vermont residents.

Among the 4,610 interviews, 29% were completed with a resident using a cell phone.

Sampling Error

The percentages reported for the general population survey were within plus or minus 1.2% of what would be found if all households and residents in Vermont participated. For example, if the 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 48.8% and 51.2%, with a confidence level of 95%.

The percentage of uninsured population of Vermont was within plus or minus 0.6%

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 2012 VT HHIS

The response rate to the general population component of the 2012 Vermont Household Health Insurance Survey was 48.1%

The response rate to the uninsured over sample component of the 2012 Vermont Household Health Insurance Survey was 36.3%.

The response rate for the cell phone component of the 2012 Vermont Household Health Insurance Survey was 54.6%.

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

	Response Rate (AAPOR RR3)	Respondent Cooperation Rate (AAPOR COOP3)	Respondent Refusal Rate (AAPOR REF3)
GPS Landline Total	48.1%	93.8%	2.4%
Stratum 1	44.6%	92.6%	2.7%
Stratum 2	52.7%	93.6%	2.8%
Stratum 3	52.8%	92.5%	3.1%
Stratum 4	42.4%	96.5%	1.2%

Cell Phone Sample (GPS and Uninsured Oversample)	54.6%	86.0%	6.7%
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Uninsured Over Sample Landline Total	36.3%	61.6%	14.8%
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Data Weighting

The weighting procedure involved two primary phases: non-response weighting to adjust for the probability that a household was 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 2011 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 2012 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

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.