

2021 Vermont Household Health Insurance Survey

Vermont Department of Health

March 2022



Market Decisions Research
75 Washington Ave, Suite 2C
Portland, ME 04101
www.marketdecisions.com
(207) 767-6440

Prepared by:
Brian Robertson, Ph.D.
Mark Noyes, MPH
Anna Driscoll, BS

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Survey Methodology



Methodology

Background

The Vermont Household Health Insurance Survey (VHHIS) has been completed periodically since the early 2000's and is used to monitor the health insurance coverage status of Vermont residents. Through this survey data are collected and analyzed on health insurance coverage sources, demographics, income, employment, health status, affordability of insurance and financial barriers to care. These data are used to measure the impacts of options for health insurance coverage expansion in Vermont. They inform the design and outreach for state-sponsored health insurance programs for the uninsured. The results help monitor impacts of employer-sponsored insurance, premium cost, cost sharing and benefit design, and access to insurance and care.

Survey Instrument

The Vermont Household Health Insurance Survey was updated in 2021 to include questions to examine the impact of the COVID-19 pandemic, gather additional information on health saving and health reimbursement accounts, obtain detailed information about disproportionately affected populations, and the financial impact of health care. Market Decisions Research worked with the Vermont Department of Health to modify the survey for 2021. The survey was finalized in August 2021.

Sample Design

Between August 23, 2021, and December 12, 2021, Market Decisions Research interviewed 3,037 Vermont households, totaling 7,040 individual Vermont residents, using a dual-frame, stratified sampling methodology. Interviews were conducted using a random digit dial (RDD) system that included both landlines and cellphones. To ensure accurate statewide representation the sample design was based on four geographic regions.

Sample Regions

Region	Counties
Burlington Area	Chittenden County, Franklin County, Grand Isle County
Northeast VT	Caledonia County, Essex County, Lamoille County, Orleans County
Southwest Vermont	Addison County, Bennington County, Rutland County
Southeast VT	Orange County, Washington County, Windham County, Windsor County

Survey Weighting

Survey data have been weighted to the population of Vermont based on area of the state, age, gender, race, ethnicity, income, and Medicaid enrollment. Weighting allows statements to be made about the state, as well as for various sub-populations with a known standard error and confidence. The population size reflected in the final data is the total noninstitutionalized population of Vermont, or 618,720 residents.

How to Read This Report

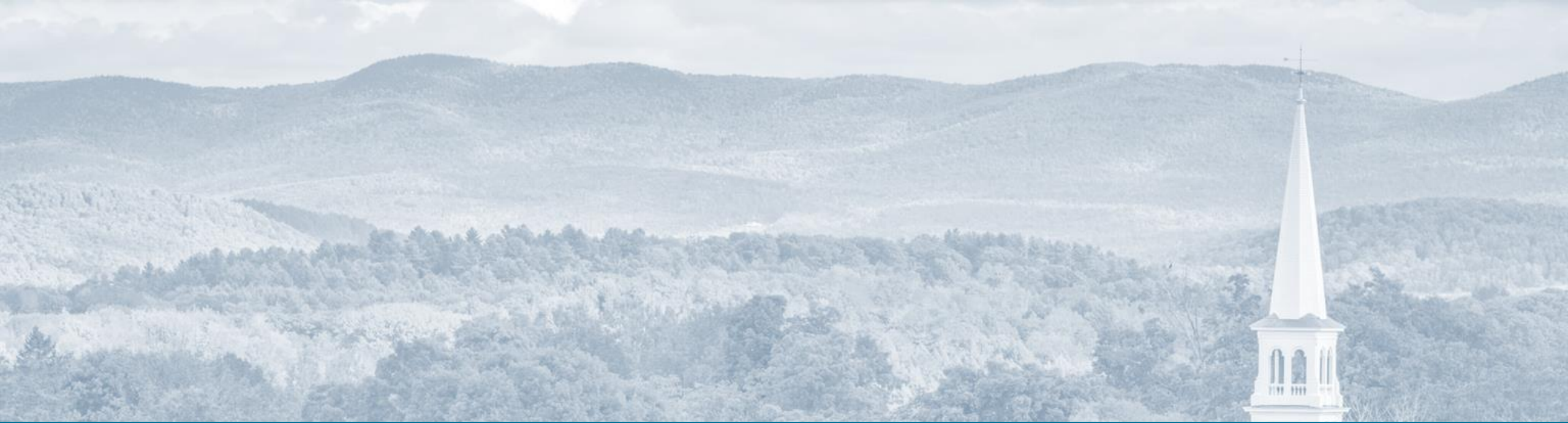
Key Terms and Acronyms

Abbreviation	Meaning
DK-REF	Respondent says, “I don’t know” or similar or refuses to answer
ESI	Employer Sponsored Insurance
FPL	Federal Poverty Level
MDR	Market Decisions Research, the company that gathered data for this project and wrote this report.
N/A	The question was not asked in the year noted
Other	Infrequent responses to a question combined

Testing for Significant Differences

Analysis was conducted to determine if there were differences in the responses to questions among sub-populations (such as different age group, different incomes, or differences by insurance status). Tests were conducted using 95% confidence intervals. Differences are noted in the text using the term “significant”.

In addition, changes over time are noted when the two years being compared are statistically different from one another.



Executive Summary



Executive Summary

Primary Type of Health Insurance

Ninety-seven percent or 599,000 Vermonters are covered by health insurance, comparable to 2018. Almost half of Vermonters (49%) are primarily covered by private health insurance in 2021 (approximately 304,600 persons) while 24% are enrolled in Medicaid and 21% Medicare.

The Uninsured

Just three percent of Vermonters report no health care coverage (approximately 19,400 persons). This continues to be the lowest level of uninsured Vermonters in the survey since 2000.

The age group most likely to be uninsured continues to be 25 to 34 years old - 8% of Vermonters in this age range are uninsured. Those who identify as American Indians or Alaska Natives are significantly more likely than Vermonters overall to be uninsured (9% vs. 3%). The income groups most likely to be uninsured are between 201% and 400% of the Federal Poverty Level (FPL).

The number of uninsured among young adults and Vermonters with moderately low income declined; however, the number increased among older Vermonters. The estimated number of Vermonters without insurance age 25-34 fell 10%, from 7,100 in 2018 to 6,400 in 2021, while the number of uninsured Vermonters ages 35-44 fell 30%, from 3,700 in 2018 to 2,600 in 2021. For those age 45-64, the estimated number of uninsured increased over 50% from 4,900 in 2018 to 7,400 in 2021.

The uninsured rate for Vermonters with incomes just above Medicaid levels (139%-200% of FPL) fell from 6% in 2018 to 2% in 2021. Note that, unlike in 2018, many Vermonters in this income cohort can still be on Medicaid due to the public health emergency's continuous coverage requirement. In fact, the report shows that a majority (56%) of Vermonters with income 139-200% FPL are on Medicaid in 2021.

The rate of uninsured Vermonters increased among employees of small businesses. Of Vermonters who work for businesses with 2-9 employees, 11% are uninsured in 2021, up from 7% in 2018.

One out of three uninsured Vermonters (33%) have access to employer-sponsored insurance (ESI) in 2021, up from 23% in 2014 and 28% in 2018. Three-quarters of the uninsured that had access to ESI (76%) cited the cost of the insurance plan as the reason for declining coverage.

Previous VTHHS reports can be found here: <https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey>

Executive Summary

The Uninsured, continued

Of the nearly 70,000 Vermonters who lost their job or were furloughed due to the COVID-19 pandemic, the vast majority reported they were able to maintain health insurance coverage (84%). Of those who maintained coverage, more than one in three (36%) enrolled in Medicaid while 30% were covered by a spouse or parent, 12% utilized COBRA, and 9% signed up through the state's health insurance marketplace, Vermont Health Connect.

In 2021, uninsured Vermonters are significantly more likely than in prior years to have been uninsured for between one and five years 39% in 2021, compared to only 18% in 2018. While most Vermonters impacted by the COVID-19 pandemic maintained their health insurance, the onset of the pandemic stands out as an uninsurance-triggering event, with over one-fifth (22%) of uninsured Vermonters reporting that they've been without insurance between 13 and 24 months - the period that would include the early months of the pandemic - compared to 9% in 2018. The proportion of the uninsured who lacked insurance for no more than a year fell from 52% in 2018 to 29% in 2021 after rising from 2012 to 2018.

More than three-quarters of uninsured Vermonters are either very interested (48%) or somewhat interested (31%) in enrolling in state health insurance programs. The most common reason given for not enrolling in state health insurance programs is concern that they cost too much (48% a major reason, 18% a minor reason).

Among uninsured adults 19 to 64 years old, 20% (3,700) are potentially eligible for Medicaid, based on their income. Another 52% (9,200) have income levels that make them potentially eligible for Affordable Care Act subsidies to buy private insurance through Vermont Health Connect, while the remaining 28% (5,100) are potentially eligible for expanded subsidies under the American Rescue Plan Act of 2021. It's important to note that the one out of three uninsured Vermonters who have an offer of employer-sponsored insurance typically would not qualify for these subsidies.

Executive Summary

The Commonwealth Fund Definition of the Underinsured

In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. (For example, respondents could include out-of-pocket costs related to dental, vision, hearing needs, or over-the-counter medications which are not necessarily traditionally covered under a health plan.) There are other models that can be used to determine whether a person is considered underinsured.

In 2021, 36% (187,800) of all Vermonters met one of the Commonwealth Fund's definitions of being underinsured. This represents 37% of insured Vermonters. Forty-four percent (131,100) of privately insured met one of the Commonwealth Fund's definitions of underinsured.

Health Care Utilization

Insured Vermonters are significantly more likely than uninsured Vermonters to see a doctor. Almost nine-in-ten (88%) insured Vermonters had visited a doctor in 2021, compared to just 48% of uninsured Vermonters. Uninsured residents are significantly less likely to have visited a doctor or health care provider during the past 12 months.

Overall, Vermonters are less likely to delay care due to cost in 2021 than in 2012, however this is not a statistical difference. Insured Vermonters are less likely than uninsured Vermonters to delay care due to cost. There was no difference in the proportion of insured Vermonters who delayed care due to cost in 2021 compared to 2012, 2018, or 2021.

Some populations are more likely to forgo care due to cost. Gender identity minorities are most likely not to receive care from a doctor or surgery because they could not afford it (12%); as are those with a disability under age 65 (8%), Black or African American Vermonters (8%) and LGBTQ Vermonters (8%). People with a disability under age 65 and LGBTQ Vermonters are more likely not to receive many types of care because of cost than Vermonters overall. Persons of colors are more likely not to receive routine medical care or dental care; black and African American Vermonters are more likely not to receive mental health care. Vermonters who identify as American Indian or Alaskan Native are more likely not to received routine medical care, mental health care or dental care due to cost.

Executive Summary

Health Care Utilization, continued

Insured and uninsured Vermonters visited the Emergency Department (ED) at roughly equal rates (37%). Insured Vermonters are significantly more likely to seek mental health care (34% vs 21%) and use telehealth services (58% vs 43%).

Health Care Cost Burden

Insured Vermonters have fewer cost burdens in 2021 than in past years. Insured Vermonters are less likely to have problems paying medical bills in 2021 than in 2012 (13% in 2021 vs. 21% in 2012). Uninsured Vermonters are significantly more likely to report difficulty paying their medical bills (30%) than insured Vermonters. American Indian or Alaska Native Vermonters (28%) and Vermonters with a disability under the age of 65 (25%) are more likely to live in a household where someone has had problems paying medical bills in the last year.

Insured Vermonters are less likely in 2021 than in 2018 to have needed to use their savings to pay a bill (5% vs. 9%), incur large credit card debt or a loan (3% vs. 6%), or be unable to pay for basic necessities due to medical bills (1% vs. 3%). Insured Vermonters have a similar likelihood of paying a bill >\$500 in 2021 as in 2012 (13% both years). Uninsured Vermonters are also significantly more likely to have to use savings (15% vs 5%), take on debt (10% vs 3%) or be unable to pay for basic necessities due to medical bills (6% vs 1%). American Indian or Alaska Native Vermonters and Vermonters with a disability under the age of 65 are also significantly more likely to have to use savings (14%, 10% respectively), take on debt (16%, 6%) or be unable to pay for basic necessities due to medical bills (8%, 4%).

Uninsured Vermonters spent, on average, more on out-of-pocket medical expenses than their insured counterparts. On average, uninsured Vermont residents spent almost \$3,700 in the prior 12 months compared to less than \$3,100 spent by insured Vermonters. In comparing these costs, it's important to note the typical uninsured Vermonter tends to be younger – and presumably healthier – than the typical insured Vermonter.

Executive Summary

Health Care Cost Burden, continued

Vermonters ages 18 to 64 years old who met the Commonwealth Fund’s definitions of underinsured had a similar distribution of premium costs as those not deemed underinsured. Underinsured and not underinsured were similarly likely to have monthly premiums under \$100 (14%, 14% respectively) and over \$750 (23%, 20%). Those deemed underinsured spent, on average, about two and a half times more on out-of-pocket costs than those not deemed underinsured. In the prior 12 months residents 18 to 64 years old deemed underinsured spent an average of \$4,655 out-of-pocket on healthcare compared to less than \$1,900 among those that did not meet one of the definitions.

Private Health Insurance

In 2021, 52% of residents (318,800) report having private health insurance coverage either alone or combined with other types of coverage. This is a significant decrease from both 2012 and 2014.

Over one third of Vermonters 18 to 64 years old report having a health savings account (HSA). Vermonters in 2021 are significantly more likely to have an HSA than in 2014 or 2012. On average residents contribute approximately \$2,600 to their health savings account. Thirteen percent of Vermont residents with private insurance have a health reimbursement account as part of their policy in 2021 with employers contributing approximately \$2,600.

How Vermonters pay for health care varies. Specifically, monthly premiums, or the amount people pay to maintain their health insurance, vary widely. One in seven (14%) households with private insurance pay \$100 or less toward the cost of their monthly premium, while one in five (21%) pay more than \$750. The average household with private insurance pays \$505 toward their monthly premium.

Deductibles also vary widely -- one in four (26%) households with private insurance have an annual deductible of no more than \$1,000, while two in five (41%) have a deductible over \$4,000.

Nearly two-fifths (38%) of Vermonters with private insurance have a deductible equal to at least 5% of household income, up from 32% in 2018.

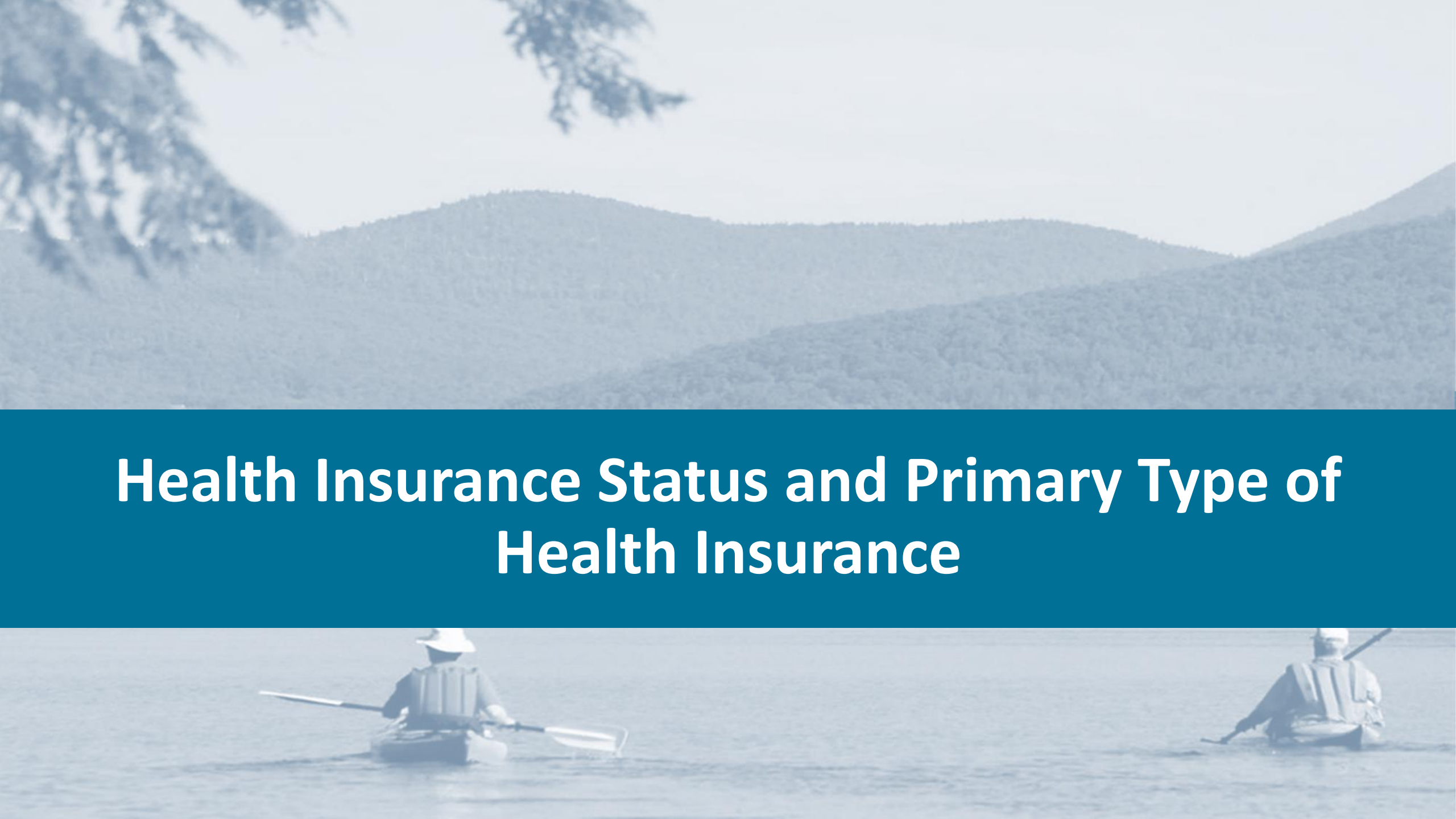
Executive Summary

Private Health Insurance, continued

Over one-third (34%) of Vermonters 18 to 64 years old with private insurance report having a health savings account (HSA) in 2021, significantly more likely than in 2014 or 2012. On average residents contribute approximately \$2,600 to their health savings account. Thirteen percent of Vermont residents with private insurance have a health reimbursement account as part of their policy in 2021 with employers contributing approximately \$2,600.

Medicaid

In 2021, 30% of Vermonters (182,800) report being enrolled in Medicaid or Dr. Dynasaur either alone or combined with other types of coverage).

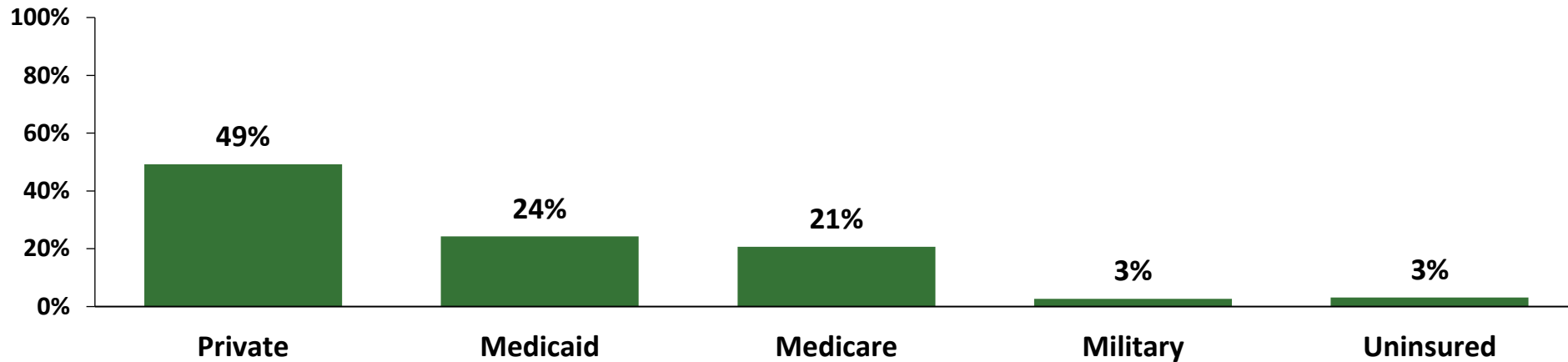
The image features a scenic landscape with rolling hills and a lake. In the foreground, two people are kayaking on the water. The background consists of several layers of forested hills under a clear sky. A teal banner is overlaid across the middle of the image, containing the title text.

Health Insurance Status and Primary Type of Health Insurance

Primary Type of Coverage

In 2021, 97% (599,400) of Vermonters report having a primary source of health insurance. The remaining 3% (19,400) of people are uninsured. Almost half (49%), of Vermonters (304,600) have private health insurance as their primary source. About one-quarter (24% or 150,000) are enrolled in Medicaid, while 21% (128,200) are enrolled in Medicare as a primary source. Three percent report their primary insurance as being via the military, representing 16,600 of those insured.

Primary Type of Insurance

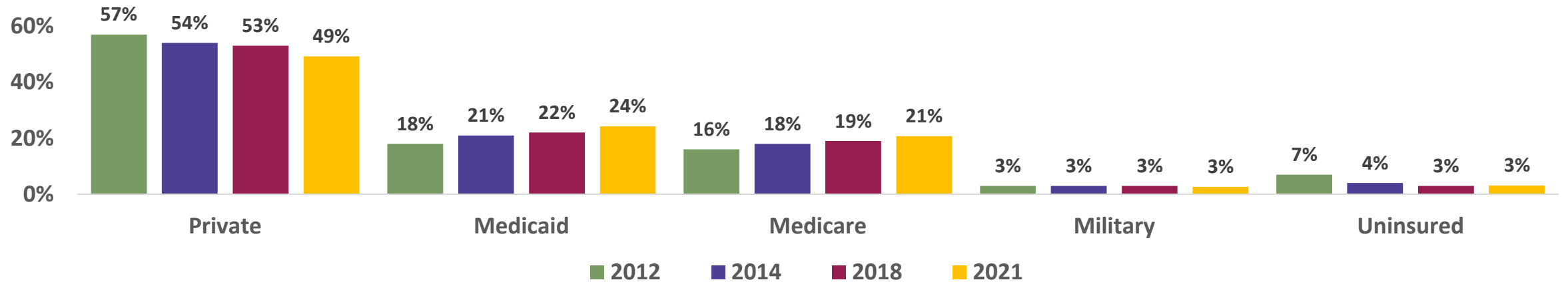


Insurance Type	Estimated Population
Private	304,600
Medicaid	150,000
Medicare	128,200
Military	16,600
Uninsured	19,400

Primary Type of Coverage Over Time

In 2021, the percentage of Vermonters reporting their primary source of health insurance as private insurance (49%) has significantly decreased since 2012 (57%). The percentage reporting Medicaid has significantly increased since 2012 (24% in 2021 compared to 18% in 2012) as has the percentage reporting Medicare (21% in 2021 compared to 16% in 2012).

Primary Type of Coverage Over Time

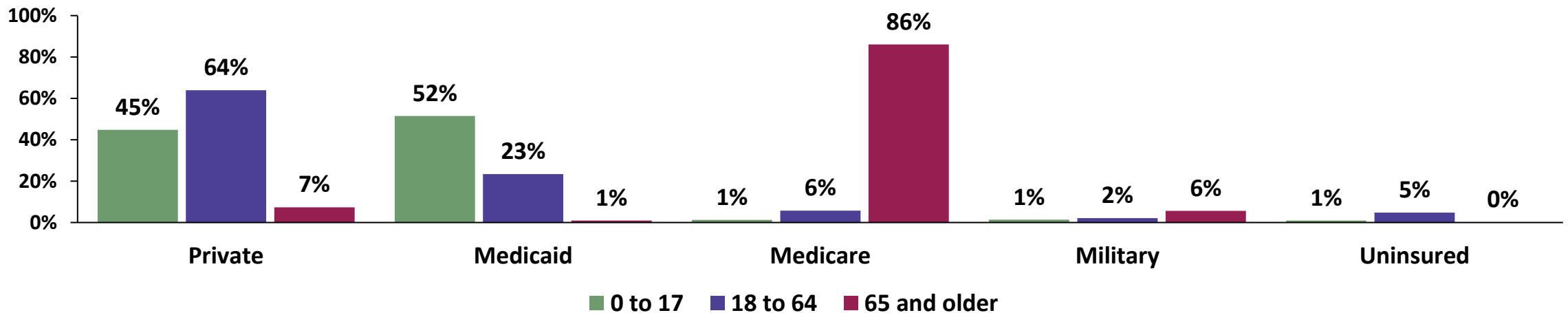


Estimated Population Over Time				
Insurance Type	2012	2014	2018	2021
Private	355,900	341,100	329,800	304,600
Medicaid	111,800	132,800	136,900	150,000
Medicare	100,500	110,900	121,100	128,200
Military	15,500	18,600	16,900	16,600
Uninsured	42,800	23,200	19,800	19,400

Primary Type of Coverage by Age

Over half (52%) of Vermonters 0 to 17 years old (60,000) are enrolled in Medicaid as their primary source of insurance. Sixty-four percent of adults aged 18 to 64 (243,400) report having a private source as their primary coverage, while 86% of adult residents ages 65 and older (104,800) are enrolled in Medicare.

Primary Type of Insurance by Age

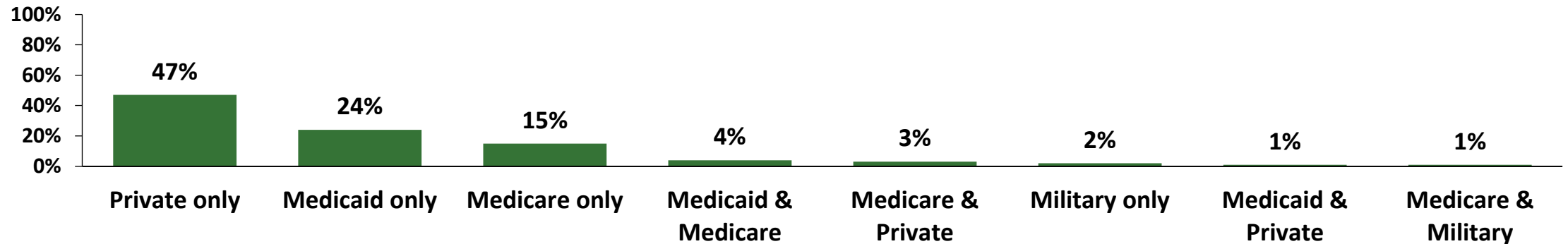


Estimated Population by Age					
Age	Private	Medicaid	Medicare	Military	Uninsured
0 to 17	52,200	60,000	1,500	1,600	1,200
18 to 64	243,400	89,000	21,800	8,200	18,100
65 and older	9,000	1,000	104,800	6,900	100

Primary Type of Coverage Detail

Eighty-seven percent of Vermont residents (540,900) have only one type of insurance, while 9% (58,400) have two or more types of insurance. Almost half (47%) of Vermont residents (291,400) have only private health insurance, while 24% (148,400) are enrolled only in Medicaid, 15% (90,700) were only enrolled in Medicare, and 2% (10,400) use Military as a primary source. Four percent report having both Medicaid and Medicare (23,700), 3% use Medicare and private insurance (15,900). Lastly, 1% of the Vermont population use both Medicaid and Private (7,300), or Medicaid and Military (5,000).

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



Insurance Type	Estimated Population
Private only	291,400
Medicaid only	148,400
Medicare only	90,700
Medicaid & Medicare	23,700
Medicare & Private	15,900
Military only	10,400
Medicaid & Private	7,300
Medicare & Military	5,000

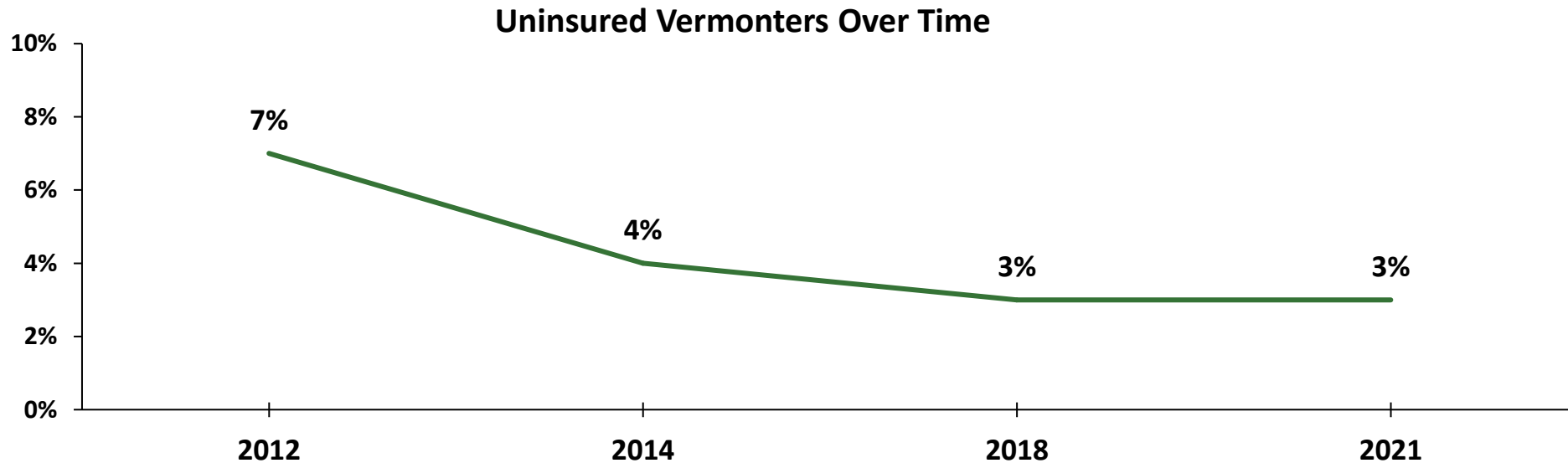


Uninsured Vermonters



Uninsured Vermonters Over Time

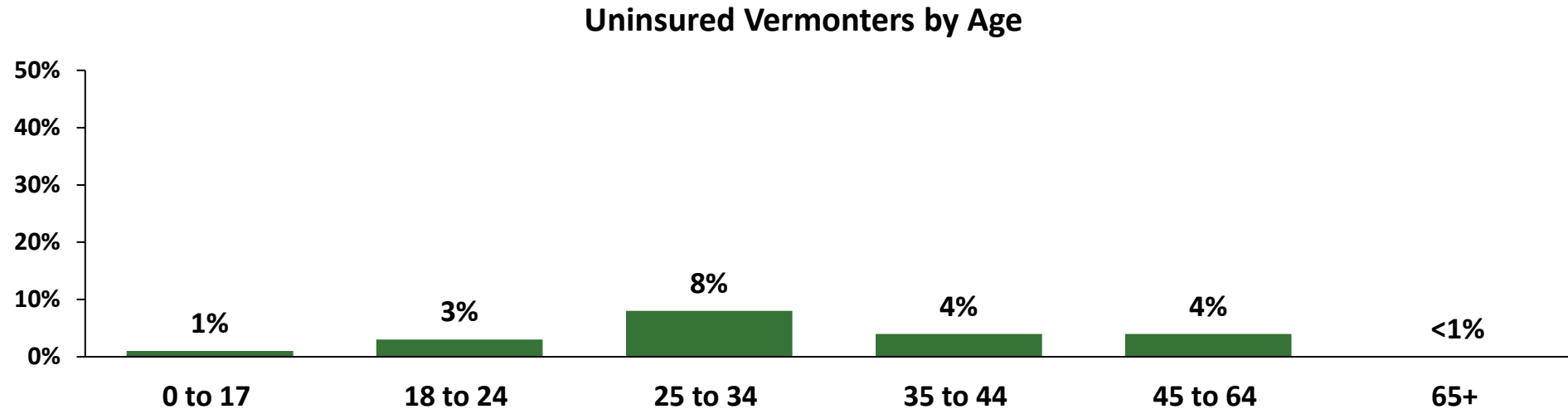
Just three percent of Vermonters report no health care coverage (approximately 19,400 persons). This continues to be the lowest level of uninsured Vermonters in the survey since 2000. As of 2021, 3% of Vermont residents were uninsured (19,400). The overall percentage of uninsured Vermonters has not changed since 2018.



Year	Estimated Population
2012	42,800
2014	23,200
2018	19,800
2021	19,400

Uninsured Vermonters by Age

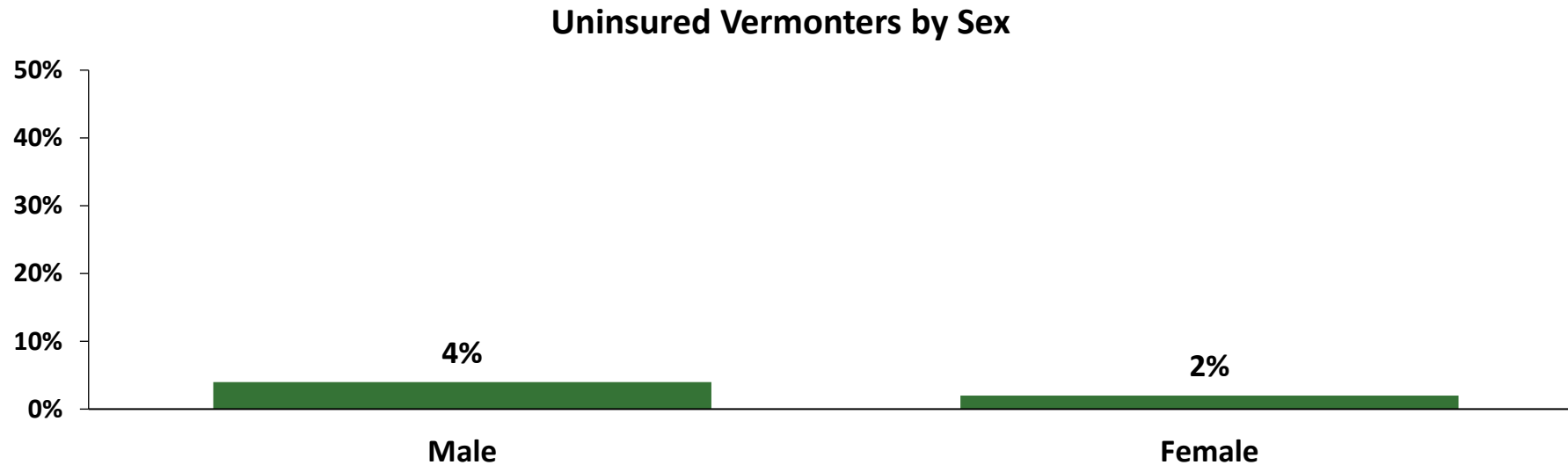
In 2021, 8% of Vermonters’ 25 to 34 years old (6,400) were uninsured, significantly higher rate than other age groups. Four percent of 35 to 44 (2,600) and 45- to 64-year-olds (7,400) were uninsured. This compares to 1% of Vermont youth, 0 to 17 years old (1,200), and less than 1% of Vermont’s seniors aged 65 and older (100) who were uninsured.



Age	Estimated Population
0 to 17	1,200
18 to 24	1,700
25 to 34	6,400
35 to 44	2,600
45 to 64	7,400
65+	100

Uninsured Vermonters by Sex

In 2021, 4% of Vermont men (12,900) and 2% of Vermont-women (6,500) were uninsured.

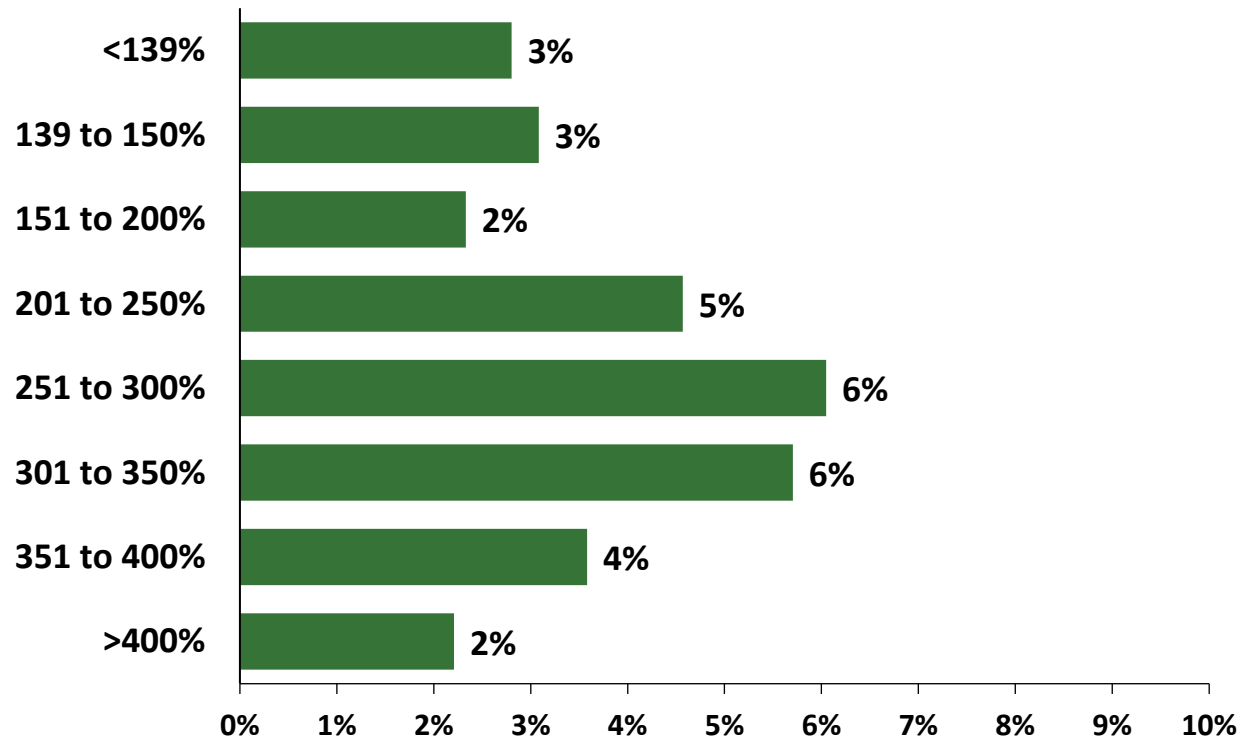


Gender	Estimated Population
Male	12,900
Female	6,500

Uninsured Vermonters by Federal Poverty Level

The rate of uninsured Vermonters in 2021 was highest among those with an annual income between 251% to 350% of the FPL with 6% (2,800) uninsured. This is significantly higher than the overall state rate (3%).

Uninsured by Federal Poverty Level

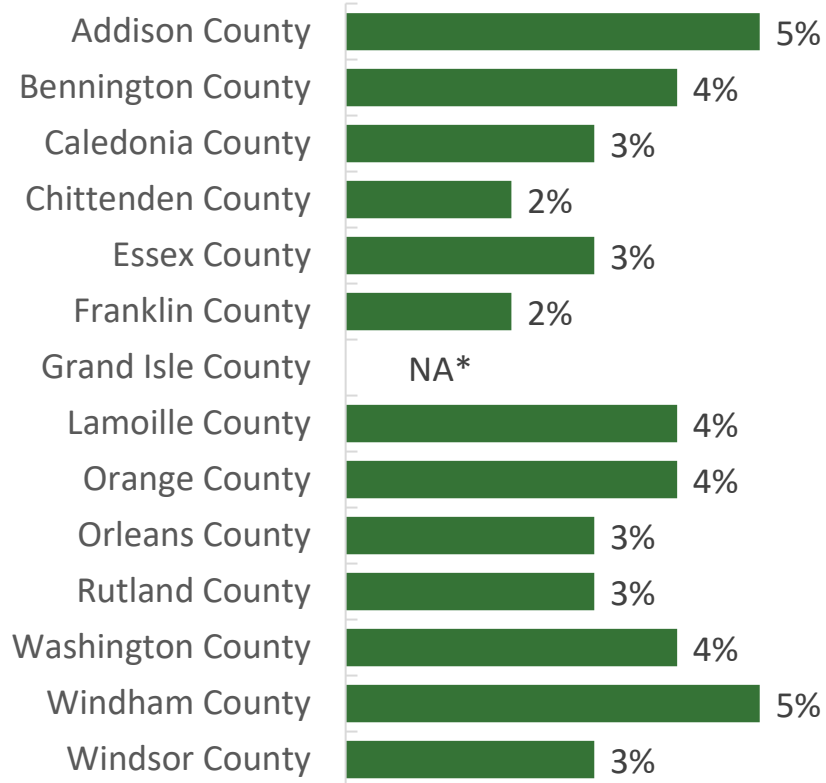


Percent of FPL	Estimated Population
<139%	3,700
139 to 150%	300
151 to 200%	1,200
201 to 250%	2,000
251 to 300%	2,800
301 to 350%	2,400
351 to 400%	1,300
>400%	5,700

Uninsured Vermonters by County

Windham County had the highest rate of uninsured at 5% (2,200) followed by Addison County with slightly less than 5% (1,700) and Bennington County with 4% (1,400) of residents uninsured.

Uninsured Vermonters by County

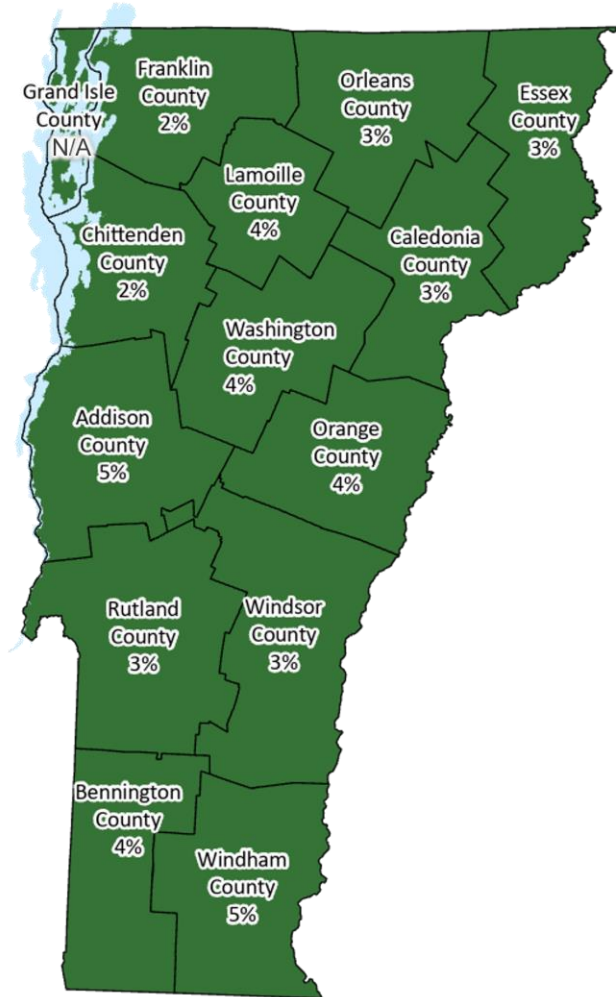


County	Estimated Population
Addison County	1,700
Bennington County	1,400
Caledonia County	900
Chittenden County	3,400
Essex County	200
Franklin County	1,100
Grand Isle County	NA*
Lamoille County	1,000
Orange County	1,000
Orleans County	800
Rutland County	1,900
Washington County	2,200
Windham County	2,200
Windsor County	1,600

*Too few survey respondents to report

Uninsured Vermonters by County

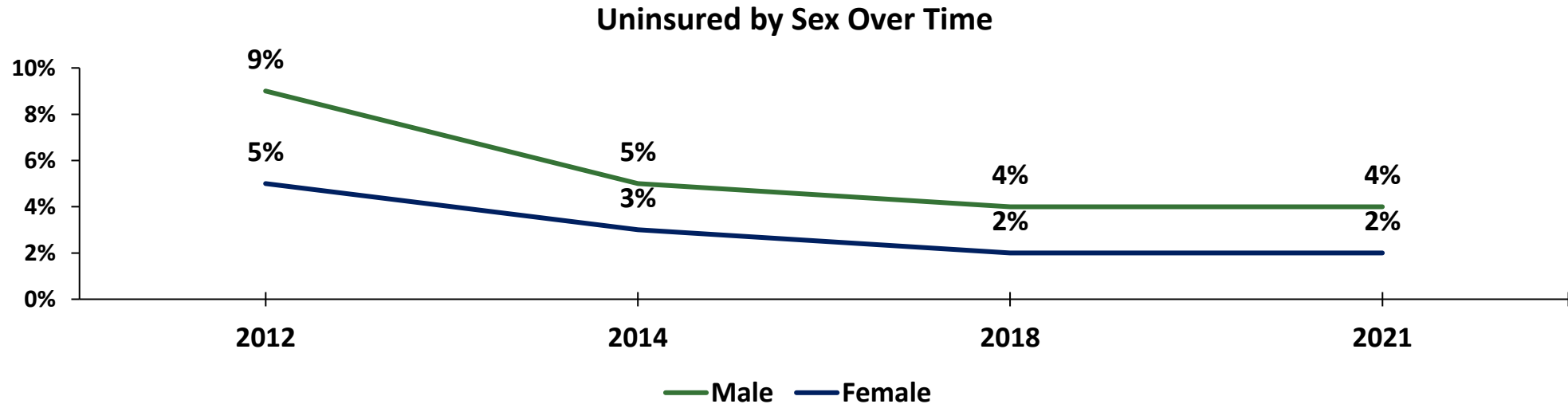
Windham County had the highest rate of uninsured at 5% (2,200) followed by Addison County with slightly less than 5% (1,700) and Bennington County with 4% (1,400) of residents uninsured.



County	Estimated Population
Addison County	1,700
Bennington County	1,400
Caledonia County	900
Chittenden County	3,400
Essex County	200
Franklin County	1,100
Grand Isle County	N/A
Lamoille County	1,000
Orange County	1,000
Orleans County	800
Rutland County	1,900
Washington County	2,200
Windham County	2,200
Windsor County	1,600

Uninsured Vermonters by Sex

The percentage of uninsured male Vermonters decreased from 2012 (27,600) to 2021 but has not changed significantly since 2018, remaining at 4%. The rate of uninsured females has decreased since 2012. Compared to 2018, the overall female rate (2% or 6,500) has not changed.

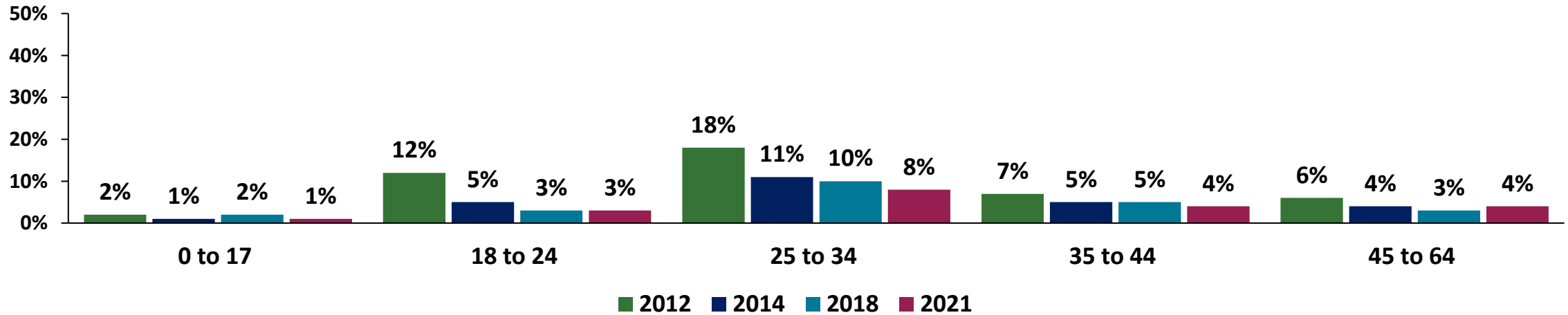


Estimated Population Over Time				
Sex	2012	2014	2018	2021
Male	27,600	15,200	13,200	12,900
Female	152,000	8,000	6,700	6,500

Uninsured Vermonters by Age

Since 2012, Vermonters aged 25 to 34 (6,400) had the largest decrease in the rate of uninsured, descending by 10 percentage points. Rates among those 18 to 24 years old have declined by 9 percentage points since 2012.

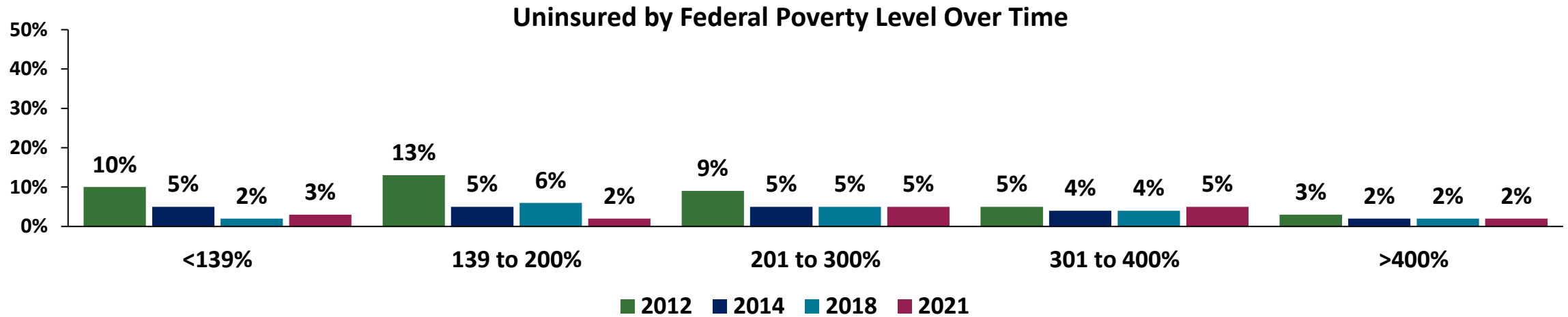
Uninsured by Age Over Time



Age	Estimated Population Over Time			
	2012	2014	2018	2021
0 to 17	2,800	1,300	1,800	1,200
18 to 24	9,300	2,900	1,900	1,700
25 to 34	12,800	7,900	7,100	6,400
35 to 44	5,400	3,700	3,700	2,600
45 to 64	12,100	7,100	4,900	7,400

Uninsured Vermonters by Federal Poverty Level

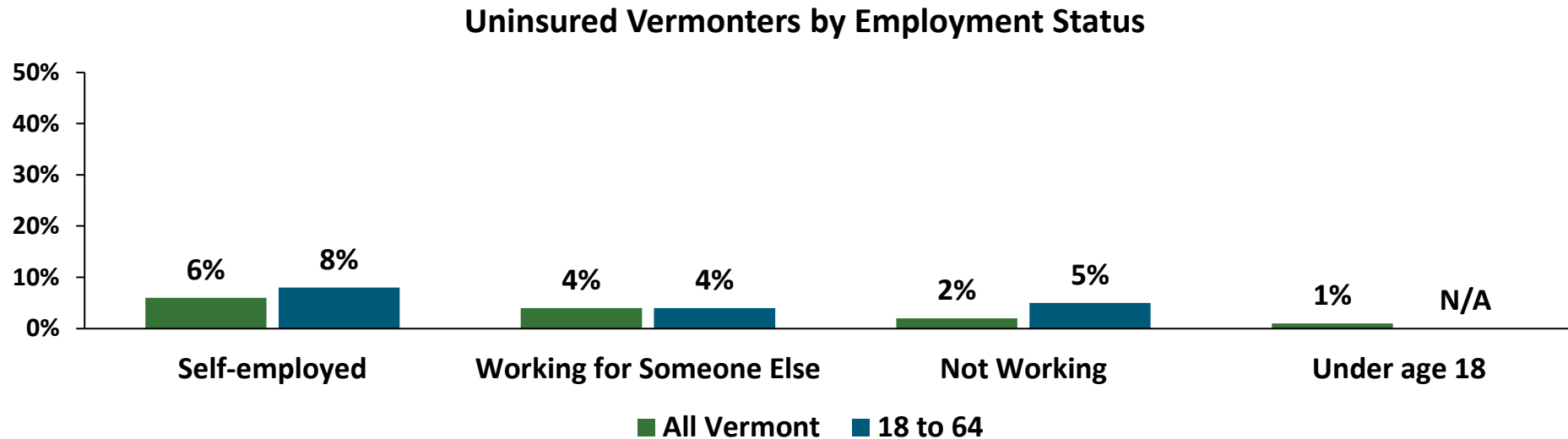
Among those with annual incomes between 139% and 200% of the FPL, the rate of uninsured has decreased 11 percentage points between 2012 (a rate of 13%) and 2021 (2%).



Federal Poverty Level	Estimated Population Over Time			
	2012	2014	2018	2021
<139%	14,100	6,900	3,200	3,700
139 to 150%	1,200	400	700	300
151 to 200%	5,900	3,100	3,000	1,200
201 to 250%	4,000	2,500	3,100	2,000
251 to 300%	5,600	2,200	1,500	2,800
301 to 350%	2,800	2,200	2,200	2,400
351 to 400%	1,900	900	1,200	1,300
>400%	7,200	4,900	4,900	5,700

Uninsured Vermonters by Employment Status

Uninsured rates are highest among Vermonters who are self-employed (6%), significantly higher than those working for someone else. Those employed by someone else have an uninsured rate of 4%. The rate among self-employed Vermonters aged 18 to 64 is 8%, while 5% of non-working adults aged 18 to 64 are uninsured.

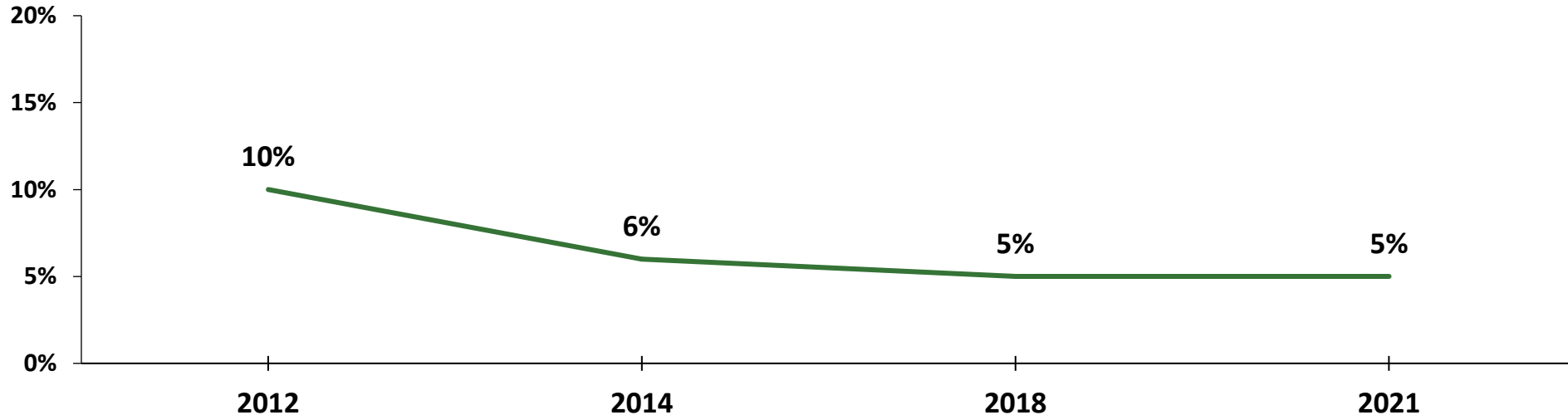


Employment Status	Estimated Population	
	All Vermonters	18 to 64
Self-employed	4,500	4,400
Working for Someone Else	9,700	9,700
Not Working	4,000	4,000
Under age 18	1,200	N/A

Uninsured Rate Among Employed Vermont Residents Aged 18 to 64 Over Time

The uninsured rate among working Vermonters 18 to 64 years old has decreased five percentage points from 10% in 2012 (30,000) to 5% in 2021 (14,100).

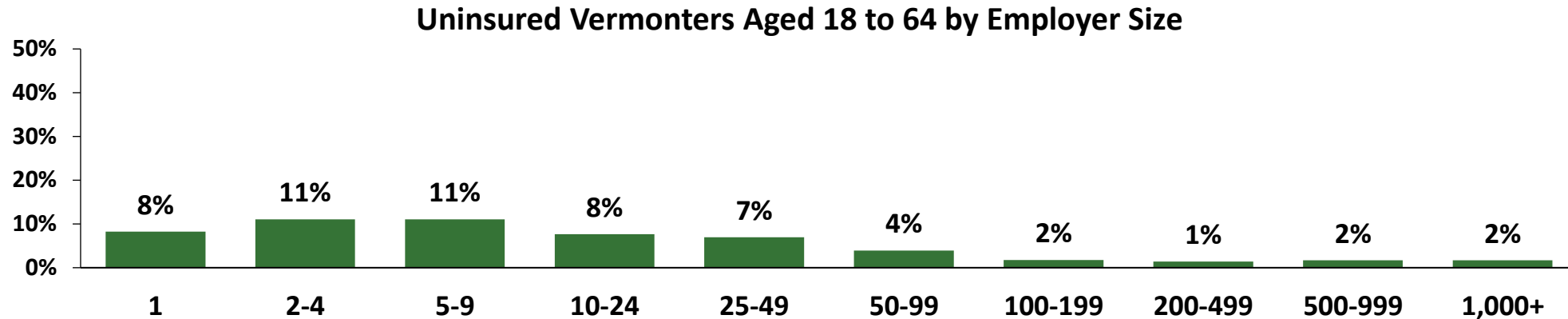
Uninsured Rate Among Employed Vermont Residents Age 18 to 64 Over Time



Year	Estimated Population
2012	30,000
2014	17,200
2018	15,200
2021	14,100

Uninsured Vermonters Aged 18 to 64 by Employer Size

The highest rate of uninsured among working Vermonters 18 to 64 years old is at smaller companies (fewer than 50 employees). Among the self-employed with no other employees, 8% are uninsured. In companies with 2-9 employees 11% are uninsured, 8% among companies with 10 to 24 employees, and 7% among companies with 25 to 49 employees.

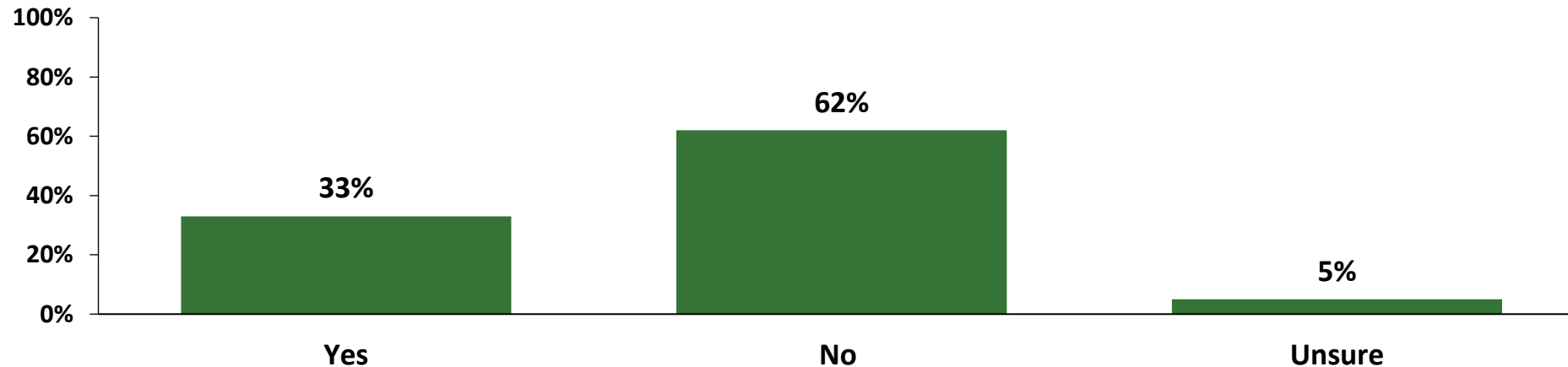


Employer Size	Estimated Population
1	2,700
2-4	2,300
5-9	2,200
10-24	2,400
25-49	1,200
50-99	800
100-199	400
200-499	400
500-999	300
1,000+	1,400

Access to Employer Sponsored Insurance Available Among Uninsured Working Vermonters Aged 18 to 64

Among uninsured working Vermonters aged 18 to 64, 33% have access to Employer Sponsored Insurance (ESI). Only 11% of the uninsured working for an organization with fewer than 25 employees have access to ESI compared to 88% of the uninsured working for companies with 200 or more employees. Seventy-six percent of those with access to ESI have not enrolled in their employer’s plan due to cost.

Access to Employer Sponsored Insurance Available Among Uninsured Working Vermonters Aged 18 to 64

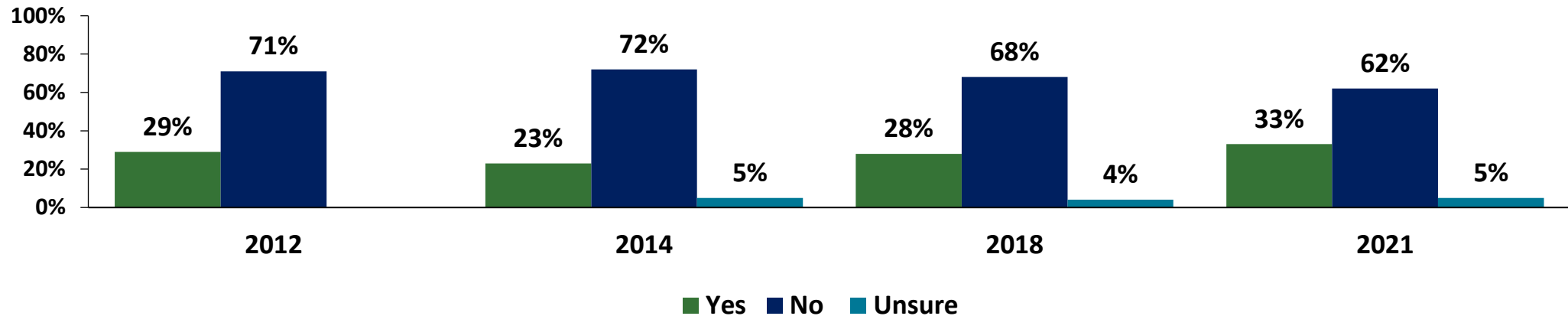


Response	Estimated Population
Yes	3,700
No	7,100
Unsure	600

Access to Employer Sponsored Insurance Available Among Uninsured Working Vermonters Aged 18 to 64 Over Time

The percentage of uninsured working Vermonters aged 18 to 64 with access to ESI has not changed significantly since 2012.

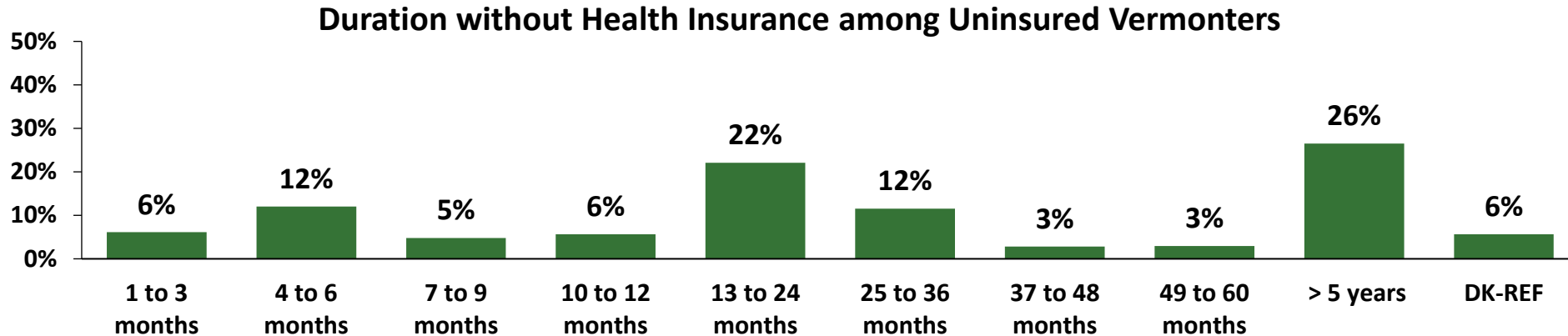
Access to Employer Sponsored Insurance Available Among Uninsured Working Vermonters Aged 18 to 64 Over Time



	Estimated Population Over Time			
Response	2012	2014	2018	2021
Yes	8,800	3,900	4,200	3,700
No	21,000	3,900	4,200	7,100
Unsure	0	800	600	600

Duration without Health Insurance, Uninsured Vermonters

In 2021, 29% of uninsured Vermonters have been without health insurance for a year or less, while 26% have been without coverage for five or more years. When asked about prior coverage, 43% report prior coverage through private health insurance through an employer while 23% had prior coverage through Medicaid or Green Mountain Care.

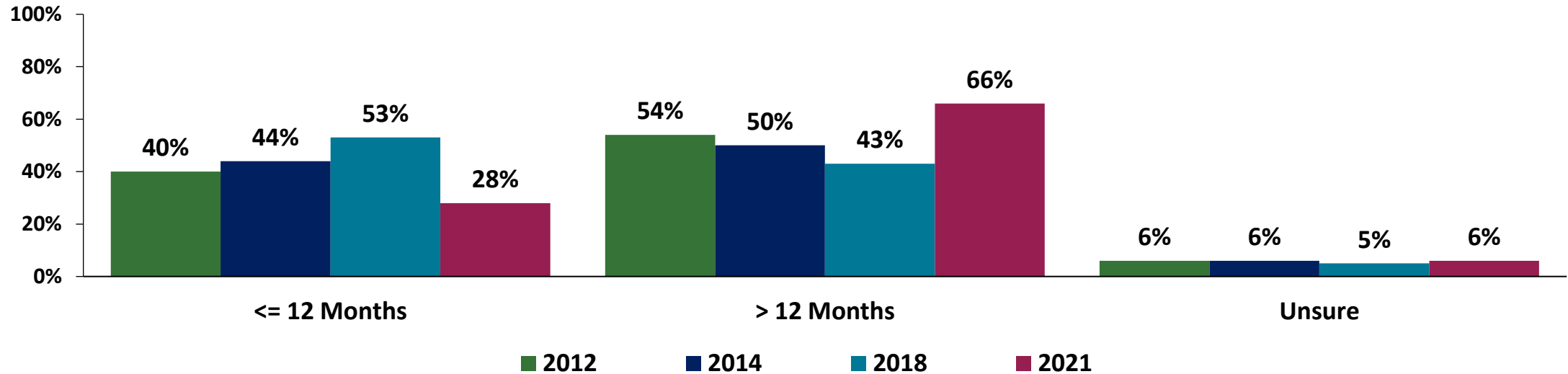


Duration of Time	Estimated Population
1 to 3 months	1,200
4 to 6 months	2,300
7 to 9 months	900
10 to 12 months	1,100
13 to 24 months	4,300
25 to 36 months	2,200
37 to 48 months	500
49 to 60 months	600
> 5 years	5,100
DK-REF	1,100

Duration without Health Insurance, Uninsured Vermonters Over Time

When comparing the percentage of uninsured Vermonters over time, the percentage of the uninsured without coverage for a year or more has increased since 2018. In 2018, 43% of the uninsured reported a lack of health insurance coverage for more than 12 months. This percentage increased to 66% in 2021.

Duration without Health Insurance, Uninsured Vermonters Over Time

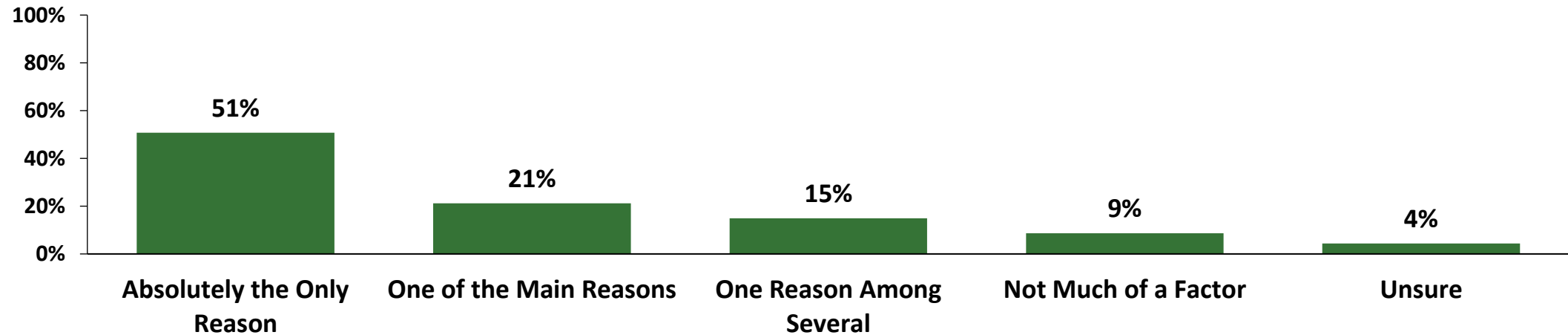


Estimated Population Over Time			
Year	≤ 12 Months	> 12 Months	Unsure
2012	17,300	23,000	2,500
2014	10,100	11,700	1,400
2018	10,400	9,400	1,000
2021	5,518	12,753	1,096

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

Cost is still the primary barrier to health insurance coverage for uninsured Vermonters. More than half (51%) of the uninsured identify cost as the only reason they do not have insurance, while 21% indicate cost is one of the main reasons, and 15% say it is one reason among many for being uninsured. Only 9% indicate that cost is not much of a factor in their not having health insurance coverage.

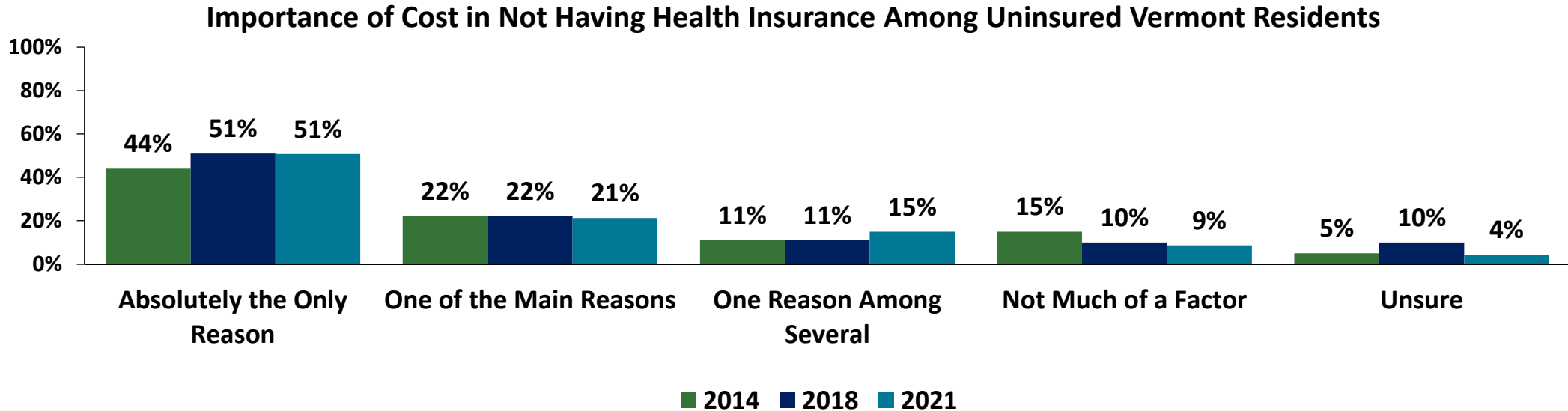
Importance of Cost in Not Having Health Insurance Among Uninsured Vermont Residents



Response	Estimated Population
Only Reason	9,800
One Main Reason	4,100
One Reason of Several	2,900
Not Much of a Factor	1,700
Unsure	800

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

The percentage of uninsured Vermonters reporting cost as the only or main reason they lack health insurance coverage in 2021 is comparable to 2018.

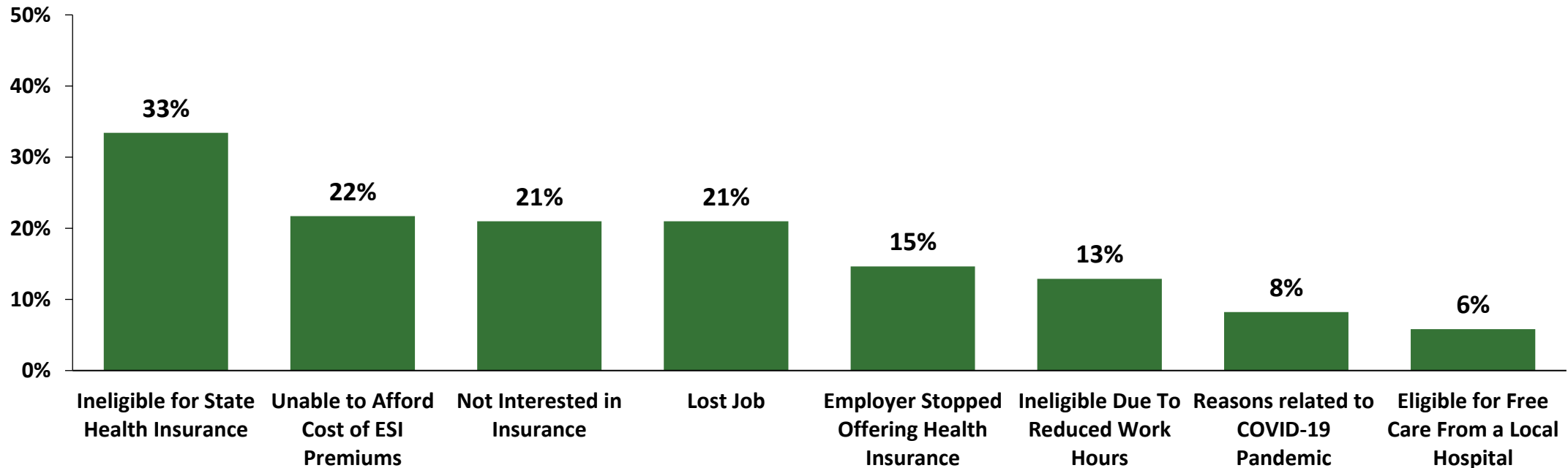


Response	Estimated Population Over Time		
	2014	2018	2021
Only Reason	10,000	10,100	9,800
One Main Reason	5,000	4,400	4,100
One Reason of Several	2,500	2,100	2,900
Not Much of a Factor	3,500	2,000	1,700
Unsure	1,200	600	800

Main Reasons for Not Having Health Insurance Among Uninsured

Thirty-three percent of uninsured Vermonters indicate they lack health insurance because they are ineligible for state health insurance coverage, 22% cannot afford to pay ESI premiums, 21% are not interested in insurance, and 21% lost their insurance due to job loss. These percentages are comparable to the percentages in 2018. Eight percent of uninsured Vermonters report COVID-19 as a reason for the loss of health insurance coverage.

Main Reasons for Not Having Health Insurance Among Uninsured Vermont Residents



Main Reasons for Not Having Health Insurance Among Uninsured Vermont Residents

The percentage of uninsured Vermonters in 2021 indicating they were not eligible for state health insurance or that they were no longer able to afford the cost of premiums is comparable to 2018.

Reasons*	Rates Over Time			Estimated Population Over Time		
	2014	2018	2021	2014	2018	2021
Not Eligible for State Health Insurance	21%	34%	33%	4,900	6,700	6,500
No Longer Able to Afford Cost of Premiums for ESI	25%	26%	22%	5,800	5,100	4,200
Person in Family Lost Job	21%	20%	21%	4,800	3,900	4,000
No Longer Eligible for Insurance Because of Reduced Hours	10%	11%	13%	2,400	2,200	2,500
Employer Stopped Offering Health Insurance	15%	10%	15%	3,500	2,000	2,800

*Only survey questions asked in each year are included in this table.

Reasons Lost Coverage or Became Ineligible for Medicaid, Green Mountain Care or Dr. Dynasaur

Among the uninsured Vermonters that indicate they lost health insurance coverage through Medicaid or Green Mountain care, 25% report they lost coverage because they were not sure what information they needed to provide and 21% indicate that they could not provide the information that was requested.

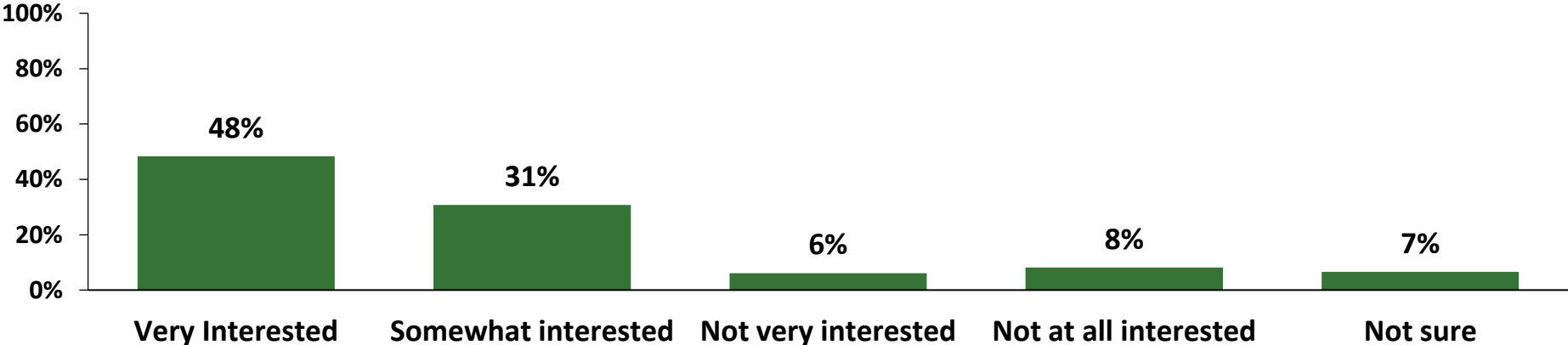
Reason Person lost coverage or became ineligible for Medicaid, Green Mountain Care or Dr. Dynasaur.

Reasons	Rates	Estimated Population
Our family didn't know what information they needed to provide	25%	1,700
Information was requested and our family could not provide it	21%	1,400
Our family didn't know how to submit the information or who to send it to	20%	1,400
There was too much documentation required	18%	1,200
The right documentation was not submitted	18%	1,200
Our family didn't know how to get the information that was requested	13%	900
None of these	62%	4,300

Interest in Enrolling in State Health Insurance Programs

Among uninsured Vermonters, 48% are very interested in enrolling in a state health insurance program and another 31% are somewhat interested in enrolling in state health insurance programs.

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

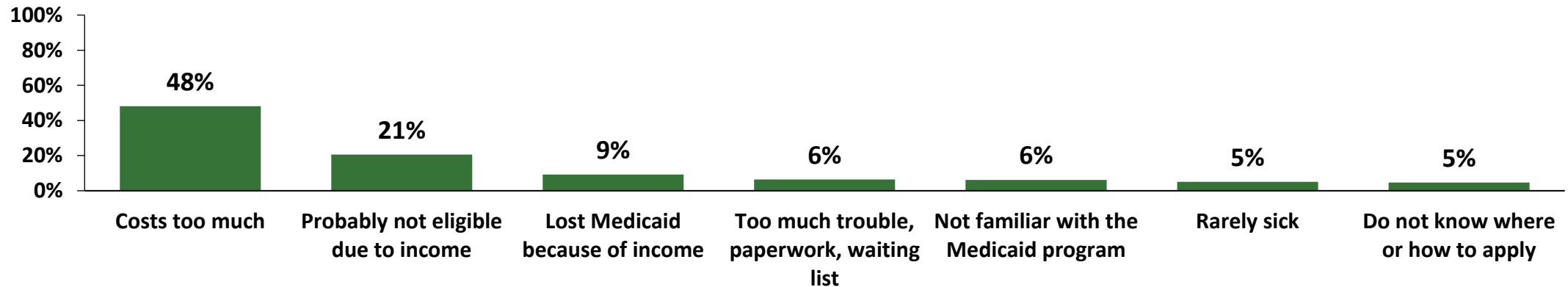


Response	Estimated Population
Very Interested	9,400
Somewhat interested	6,000
Not very interested	1,200
Not at all interested	1,600
Not sure	1,300

Main Reasons for Not Enrolling in State Health Insurance Programs

Nearly half (48%) of those that have not enrolled in a state health insurance program indicate that its cost is a major reason for not enrolling and another 21% indicate that they believe that they are probably not eligible due to income.

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



Reasons	Estimated Population
Costs too much	9,300
Probably not eligible due to income	4,000
Lost Medicaid because of income	1,800
Too much trouble, paperwork, waiting list	1,200
Not familiar with the Medicaid program	1,200
Rarely sick	1,000
Do not know where or how to apply	900



Underinsured Vermonters

Underinsured Vermonters

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

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

OR

- Have a deductible equal to or greater than 5% of household income.

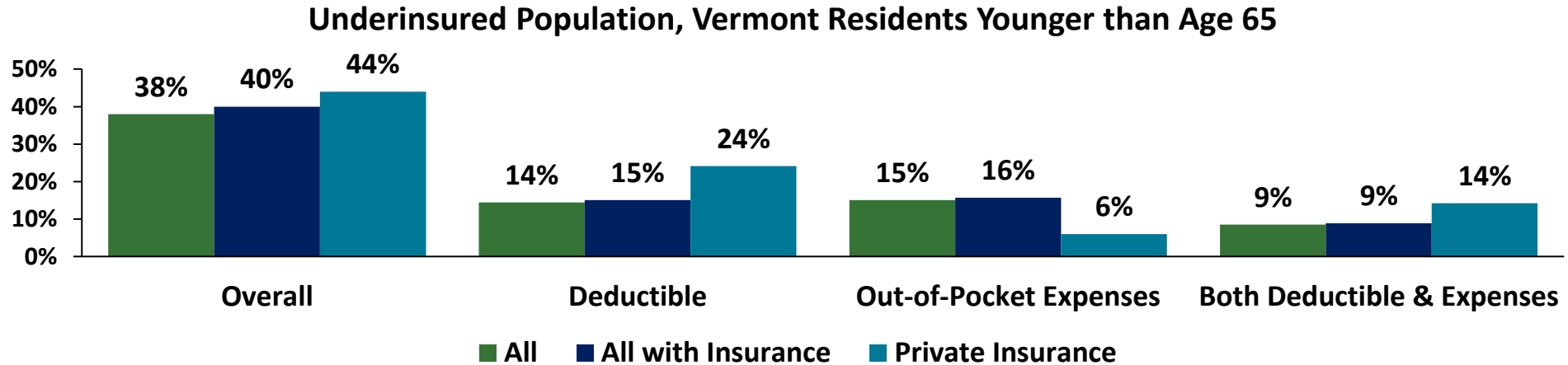
That is, either their current or their potential future medical expenses are more than what their income could bear.

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

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. For example, respondents could include out-of-pocket costs related to dental, vision, hearing needs, or over-the-counter medications which are not necessarily traditionally covered under a health plan. There are other models that can be used to determine whether a person is considered underinsured.

Underinsured* Vermonters Younger than Age 65

In 2021, 38% (187,800) of all Vermonters ages 64 or younger with any type of insurance were underinsured. This represents 40% of insured Vermonters. Forty-four percent (131,100) of privately insured residents were underinsured. Among those with private insurance who are underinsured, 24% are classified as underinsured due to their plan’s deductible, 6% due to out-of-pocket expenses during the prior 12 months and 14% due to both.

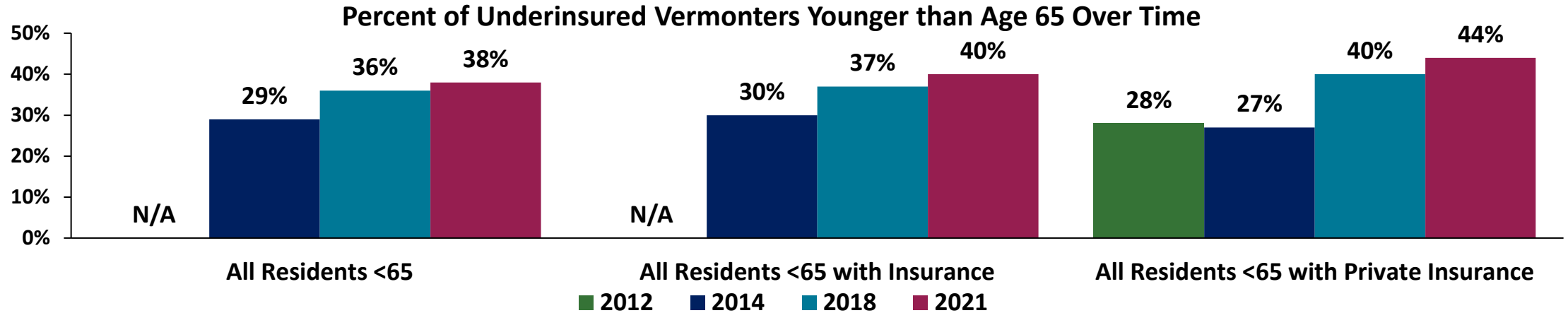


Type	Estimated Population by Insurance Status		
	All	All with Insurance	Private Insurance
Overall	187,800	187,800	131,100
Deductible	71,300	71,300	71,300
Out-of-Pocket Expenses	74,400	74,400	17,700
Both Deductible & Expenses	42,100	42,100	42,100

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Underinsured* Vermonters Younger than 65 Years Old Over Time

The percentage of underinsured Vermonters has increased from 29% in 2014 and is up slightly from 2018, when 36% of Vermonters were underinsured.



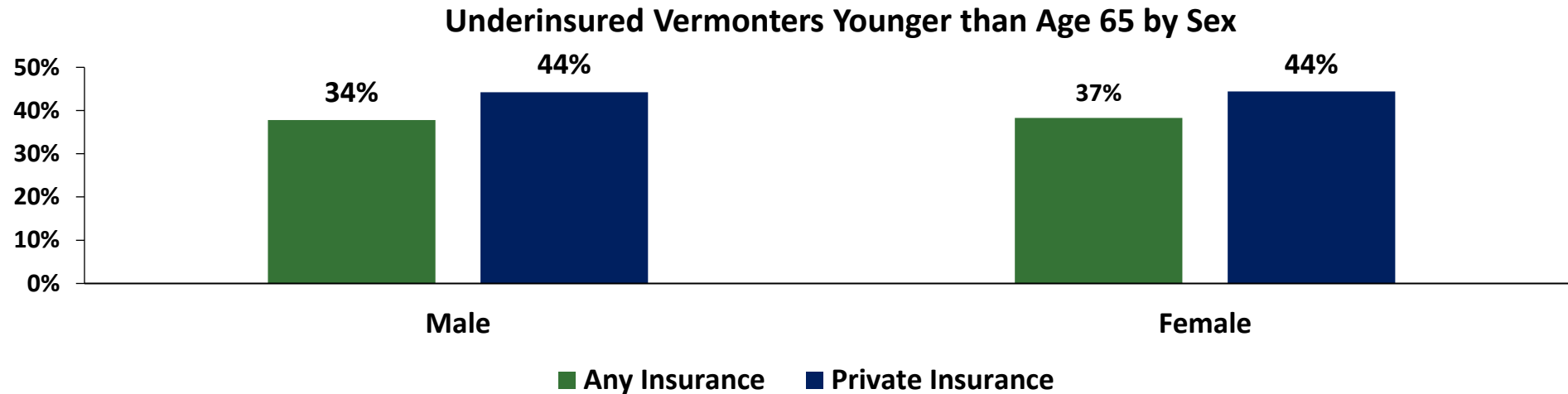
Estimated Population Over Time			
Year	All Residents <65	All Residents <65 with Insurance	All Residents <65 with Private Insurance
2012	N/A*	N/A*	101,300
2014	151,200	151,200	92,300
2018	182,200	182,200	131,200
2021	187,800	187,800	131,100

In 2012 only the rate of underinsured among those with private insurance was calculated.

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Underinsured* Vermonters Younger than Age 65 by Sex

Among those under 65 years old with any type of insurance, 37% (94,000) of female Vermonters are underinsured compared to 34% (93,800) of male Vermonters. Among those with private health insurance 44% of males and females are underinsured.

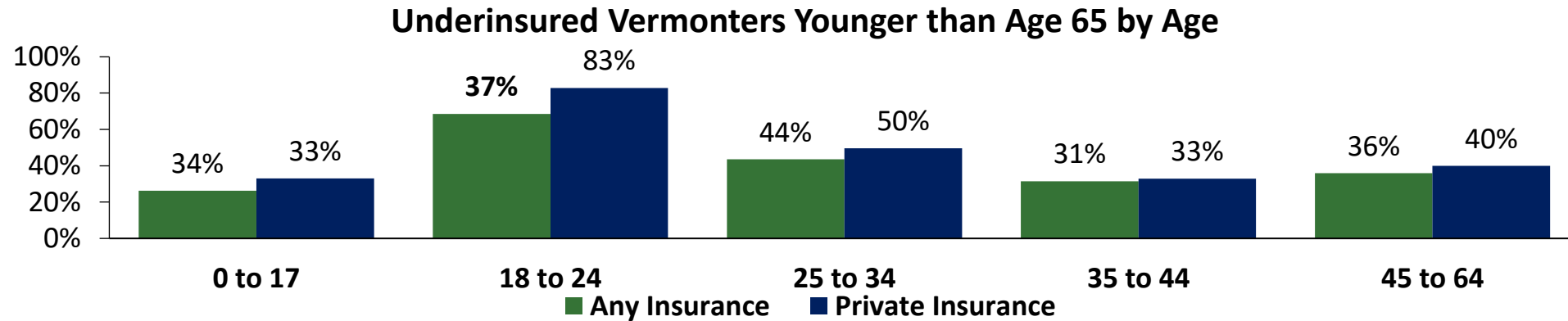


Sex	Estimated Population by Sex	
	Any Insurance	Private Insurance
Male	93,800	65,800
Female	94,000	65,400

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Underinsured* Vermonters Younger than Age 65 by Age

Vermonters 18 to 24 years old are the most likely to be underinsured among those under the age of 65 (37% or 38,700). Those 35 to 44 years old are the least likely to be underinsured (31% or 22,200). Eighty-three percent (29,900) of residents 18 to 24 years old with private insurance are underinsured, a significantly higher percentage than other age groups under 65.



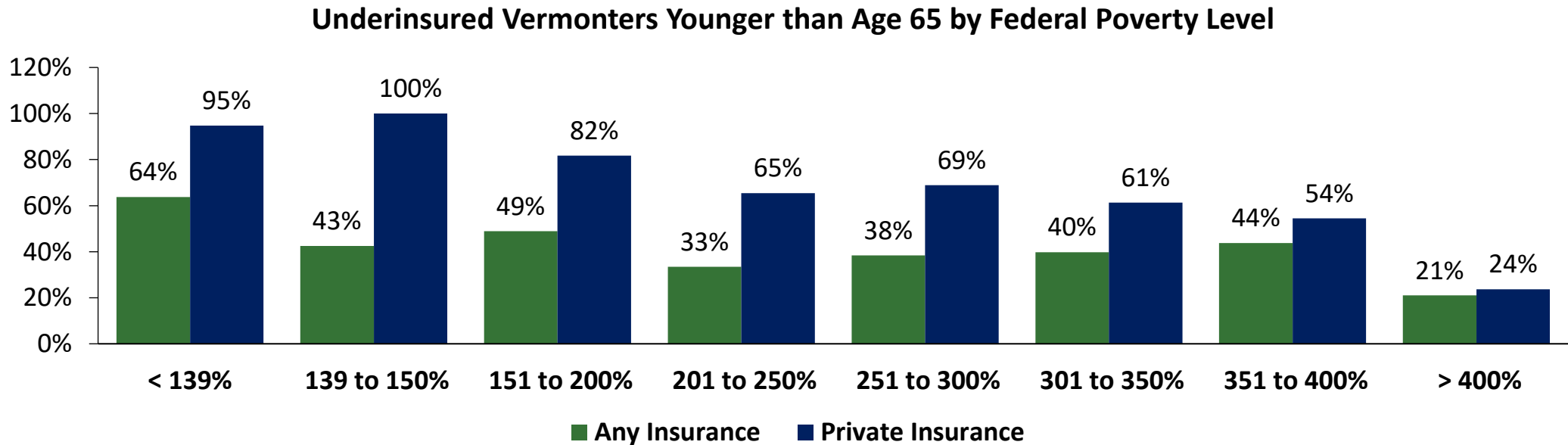
Age	Estimated Population by Age	
	Any Insurance	Private Insurance
0 to 17	29,700	16,600
18 to 24	38,700	29,900
25 to 34	35,400	21,700
35 to 44	22,200	15,000
45 to 64	61,900	47,900

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Underinsured* Vermonters Younger than Age 65 by Federal Poverty Level

The highest rates of underinsurance are among those with the lowest incomes. Among those younger than 65 years old, 64% (72,900) of those earning less than 139% of FPL are underinsured, 43% (3,900) of those earning between 139% and 150% and 49% (19,100) of those with annual incomes between 151% and 200% are underinsured.

Among the privately insured, the percentage classified as underinsured are 95%, 100%, and 82% respectively for these income ranges.

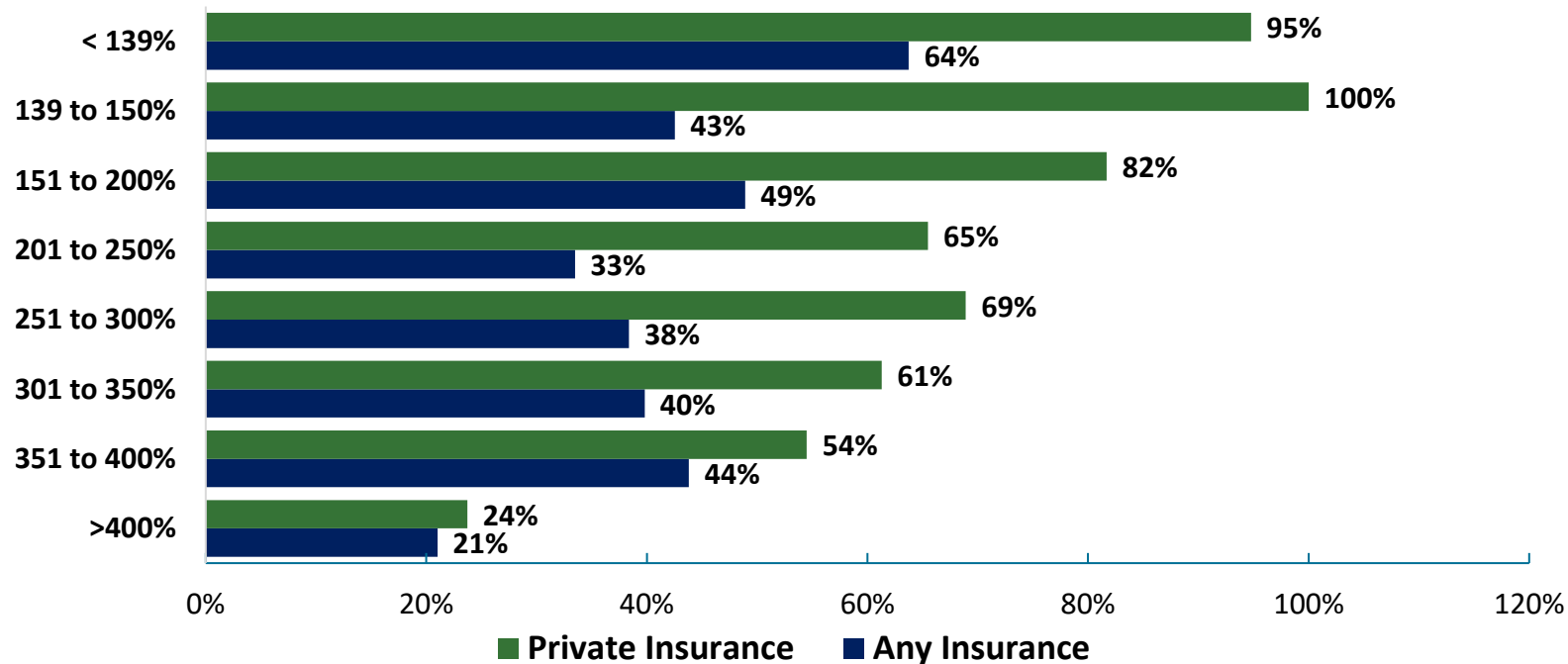


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Underinsured Vermonters Younger than Age 65 by Federal Poverty Level



Percent of FPL	Estimated Population by Income	
	Any Insurance	Private Insurance
< 139%	72,900	33,900
139 to 150%	3,900	1,800
151 to 200%	19,100	10,600
201 to 250%	10,800	8,200
251 to 300%	13,600	12,400
301 to 350%	12,000	10,800
351 to 400%	12,600	11,800
> 400%	43,000	41,600

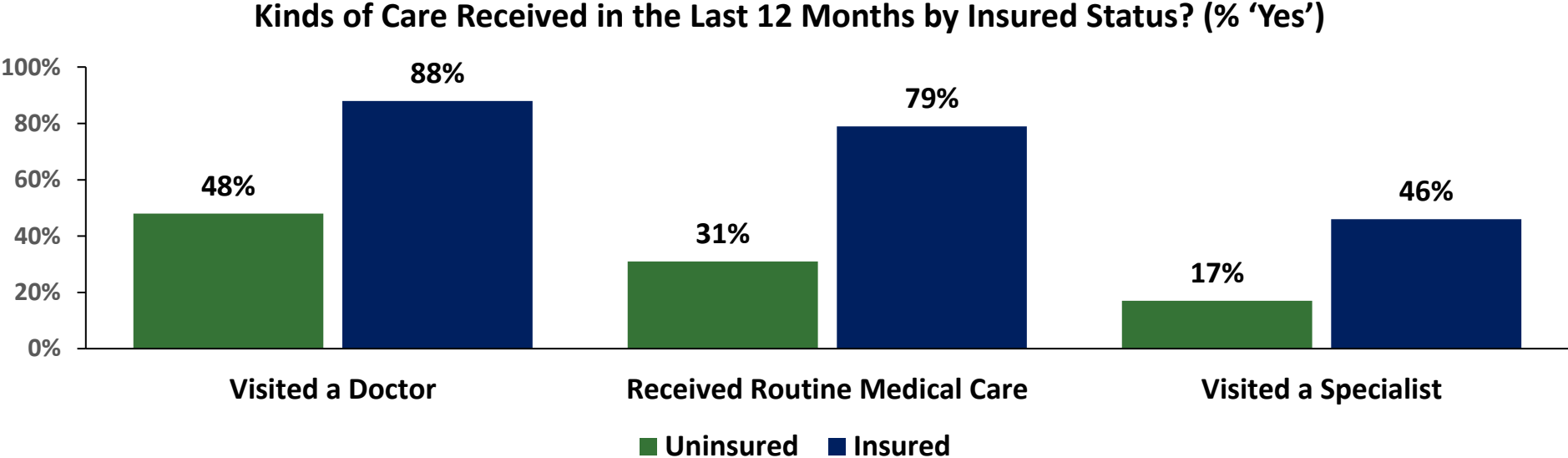
*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.



Health Care Utilization

Health Care Utilization in Last 12 Months by Insured Status

Almost nine-in-ten (88%) insured Vermonters had visited a doctor in 2021, compared to just 48% of uninsured Vermonters. Uninsured residents are significantly less likely to have visited a doctor or health care provider during the past 12 months.

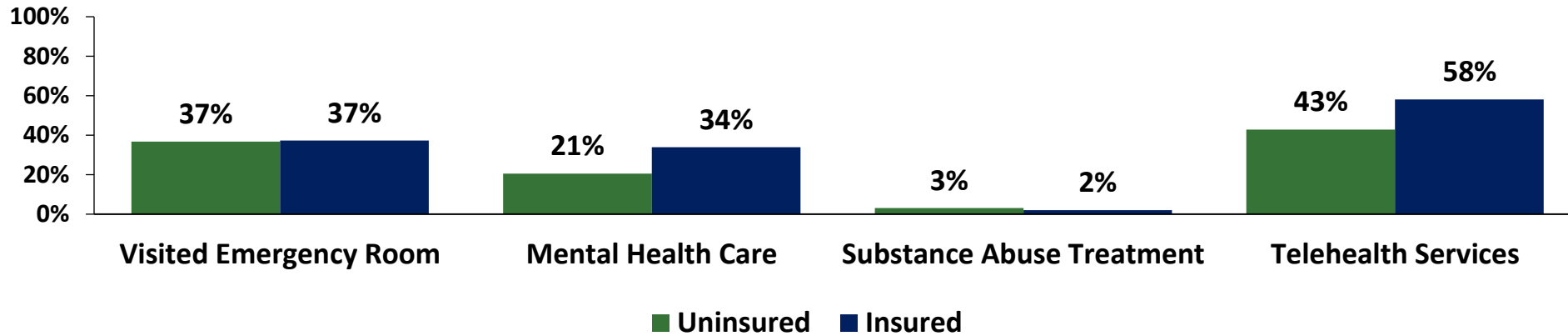


Type of Care	Estimated Population by Insurance Status	
	Uninsured	Insured
Visited a Doctor	9,300	529,300
Received Routine Medical Care	6,000	474,100
Visited a Specialist	3,300	273,200

Health Care Utilization in Last 12 Months by Insured Status

Insured and uninsured Vermonters visited the ER at roughly equal rates (37%). Insured Vermonters were more likely to seek mental health care (34% vs 21%) and telehealth services (58% vs 43%). Insured Vermonters were significantly less likely to have received mental health services and significantly more likely to have used Telehealth than uninsured residents.

Family Member Received Following Kinds of Care in the Last 12 Months by Insured Status



Type of Care	Estimated Population by Insurance Status	
	Uninsured	Insured
Visited Emergency Room	7,100	223,400
Mental Health Care	4,000	203,300
Substance Abuse Treatment	600	12,400
Telehealth Services	8,300	348,600

Health Care Utilization in Last 12 Months by Insured Status Over Time

The rate at which insured Vermonters accessed care is similar to what it has been in the past. Uninsured Vermonters in 2021 were slightly less likely to visit a doctor than they were in 2018.

Type of Care	2012		2014		2018		2021	
	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Visited a Doctor	55%	88%	58%	86%	51%	88%	48%	88%
Received Routine Medical Care	34%	77%	34%	76%	29%	76%	31%	79%
Visited a Specialist*	N/A	N/A	23%	39%	19%	43%	17%	46%

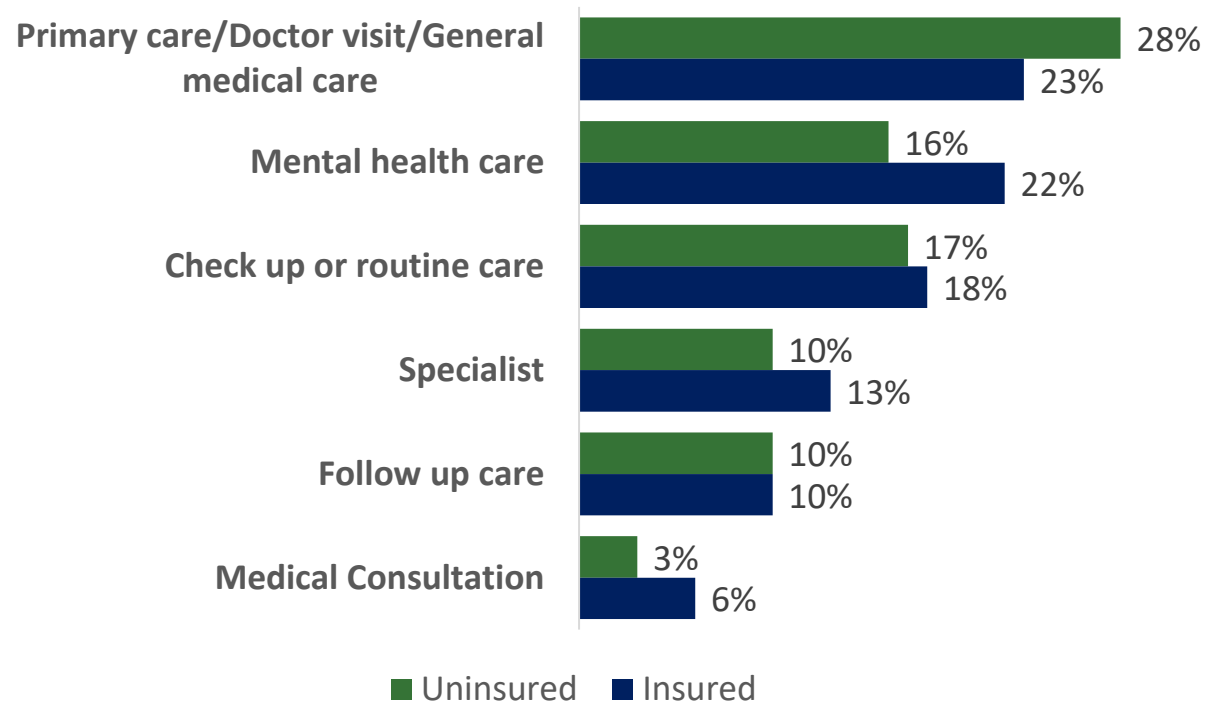
Type of Care	2012		2014		2018		2021	
	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Visited a Doctor	23,700	513,500	13,500	519,800	10,100	534,300	9,300	529,300
Received Routine Medical Care	14,400	449,700	7,900	460,600	5,800	461,600	6,000	474,100
Visited a Specialist*	N/A	N/A	5,200	232,300	3,700	257,800	3,300	273,200

*This question was not asked in 2012

Types of Care Family Received Through Telehealth

Among Vermonters reporting the use of Telehealth during the prior 12 months, they were most likely to report the type of care they received as primary care (23% insured; 28% uninsured), mental health care (22% insured; 16% uninsured), and check-up or routine care (18% insured; 17% uninsured).

Types of Care Family Received Through Telehealth by Insurance Status*



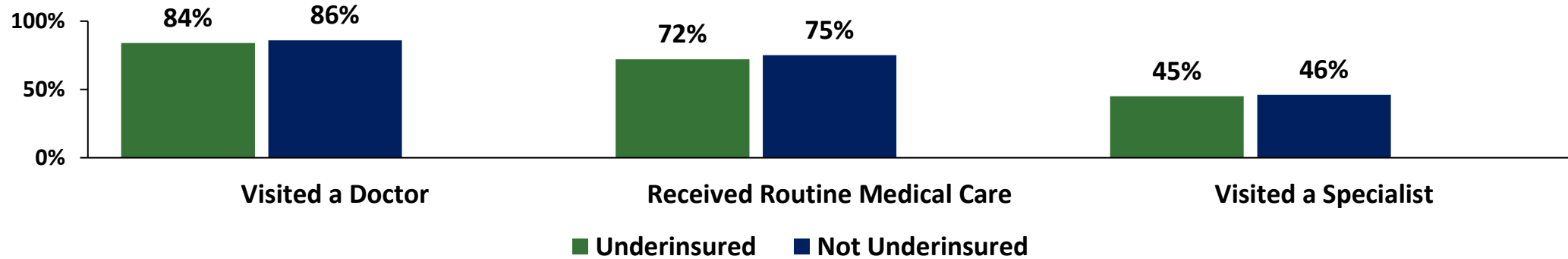
Type of Care	Estimated Population by Insurance Status	
	Uninsured	Insured
Primary care/Doctor visit/General medical care	2,200	79,200
Mental health care	1,300	76,600
Check up or routine care	1,400	64,000
Specialist	800	43,600
Follow up care	800	33,800
Medical Consultation	300	21,600

*Multiple responses accepted so total exceeds 100%

Health Care Utilization in Last 12 Months by Underinsured* Status

Among Vermonters aged 18 to 64 with health insurance, utilization of different types of care was similar regardless of whether individuals were underinsured.

**Health Care Utilization in Last 12 Months by Insurance Status by Underinsured Status,
Vermonters Aged 18 to 64 with Insurance
(% with One or More Visits)**



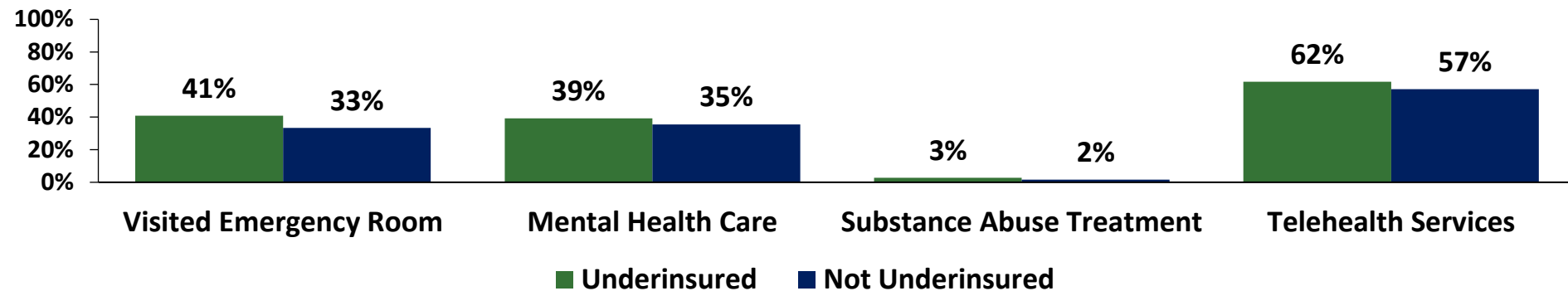
Type of Care	Estimated Population by Underinsured Status	
	Underinsured	Not Underinsured
Visited a Doctor	132,600	175,000
Received Routine Medical Care	113,300	152,700
Visited a Specialist	71,800	93,800

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Health Care Utilization in Last 12 Months by Underinsured* Status

Underinsured Vermonters 18 to 64 years old were more likely to use telehealth services (62% vs 57%) or visit the emergency department (41% vs 33%), though differences are not statistically significant. This may be linked to deferring care or not seeking out needed care until it becomes an emergency.

Family Member Received Following Kinds of Care in the Last 12 Months by Underinsured Status, Vermonters Aged 18 to 64 with Insurance



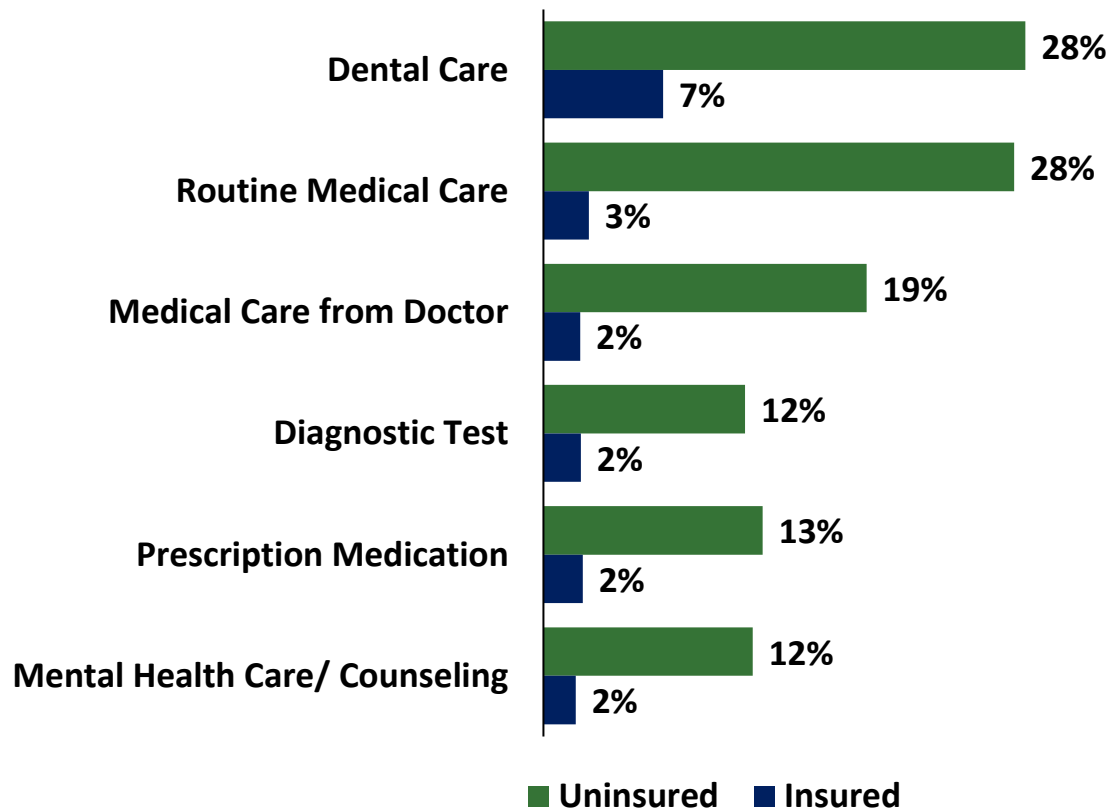
Type of Care	Estimated Population by Underinsured Status	
	Underinsured	Not Underinsured
Visited Emergency Room	64,500	68,100
Mental Health Care	62,100	72,400
Substance Abuse Treatment	4,500	3,600
Telehealth Services	97,700	116,700

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

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

Uninsured Vermonters 18 to 64 years old were 3 to 7 times more likely to defer care due to cost than insured Vermonters, depending on the type of care delayed. Dental care was most often delayed (Uninsured: 28%; Insured: 7%) but the largest difference was seen in routine medical care (28% vs 3%). For all types of care delayed, uninsured residents were significantly more likely to have deferred care due to cost.

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



Type of Care	Estimated Population by Insurance Status	
	Uninsured	Insured
Dental Care	5,500	42,300
Routine Medical Care	5,400	16,100
Medical Care from Doctor	3,700	13,000
Diagnostic Test	2,300	13,300
Prescription Medication	2,500	13,900
Mental Health Care/ Counseling	2,400	11,400

Care Delayed in Last 12 Months Due to Cost by Insured Status Over Time

Type of Care	2012		2014		2018		2021	
	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Dental Care	31%	9%	32%	8%	29%	8%	28%	7%
Routine Medical Care*	N/A	N/A	N/A	N/A	22%	2%	28%	3%
Medical Care from Doctor	17%	3%	17%	2%	11%	2%	19%	2%
Diagnostic Test	8%	2%	7%	2%	7%	2%	12%	2%
Prescription Medication	10%	3%	8%	2%	6%	3%	13%	2%
Mental Health Care/ Counseling	7%	1%	5%	2%	3%	1%	12%	2%

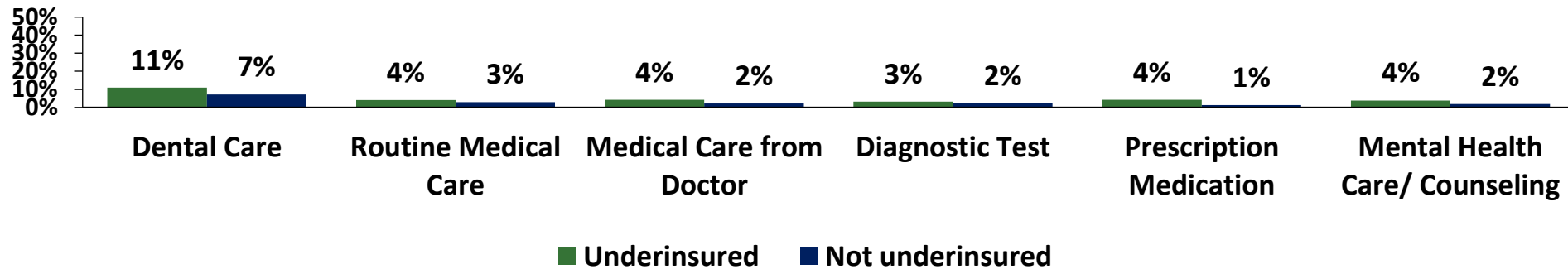
Type of Care	2012		2014		2018		2021	
	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Dental Care	13,200	54,000	7,400	47,900	5,700	50,000	5,500	42,300
Routine Medical Care*	N/A	N/A	N/A	N/A	4,300	14,300	5,400	16,100
Medical Care from Doctor	7,200	15,900	3,900	12,000	2,200	9,600	3,700	13,000
Diagnostic Test	3,300	11,100	1,600	9,800	1,400	13,300	2,300	13,300
Prescription Medication	4,400	15,400	1,900	15,000	1,200	17,200	2,500	13,900
Mental Health Care/ Counseling	3,100	8,200	1,200	7,600	600	8,300	2,400	11,400

*Question was not asked in 2012 or 2014

Care Delayed in Last 12 Months Due to Cost by Underinsured* Status

Underinsured Vermonters 18 to 64 years old were more likely to delay medical care due to cost than those who were not underinsured. Underinsured Vermonters were significantly more likely than not underinsured Vermonters to defer getting needed prescription medications or dental care due to their cost.

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



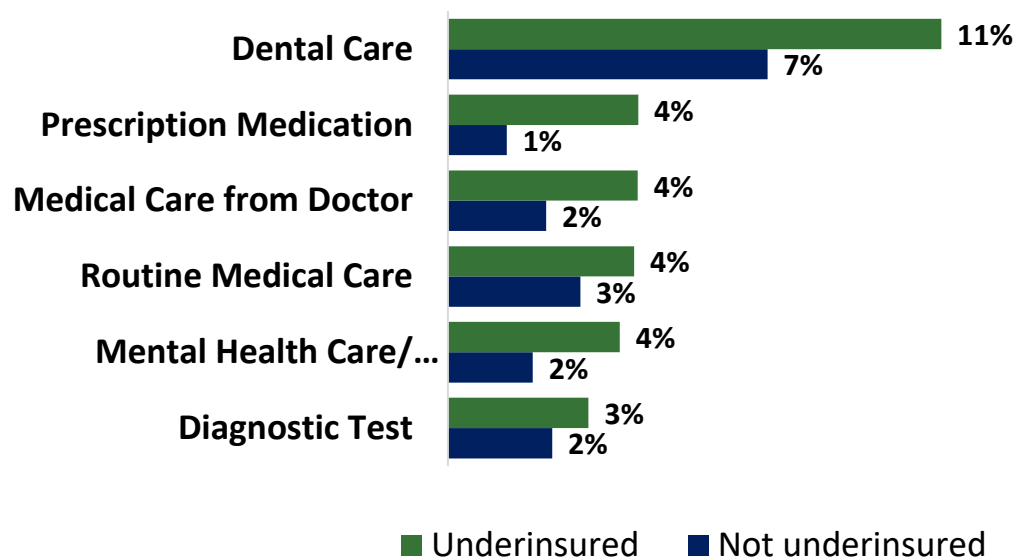
Type of Care	Estimated Population by Underinsured Status	
	Underinsured	Not underinsured
Dental Care	17,300	14,500
Routine Medical Care	6,500	6,000
Medical Care from Doctor	6,700	4,500
Diagnostic Test	4,900	4,700
Prescription Medication	6,700	2,700
Mental Health Care/ Counseling	6,000	3,900

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

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

Underinsured Vermonters 18 to 64 years old were more likely to delay medical care due to cost than those who were not underinsured. Underinsured Vermonters were significantly more likely than not underinsured Vermonters to defer getting needed prescription medications or dental care due to their cost.

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



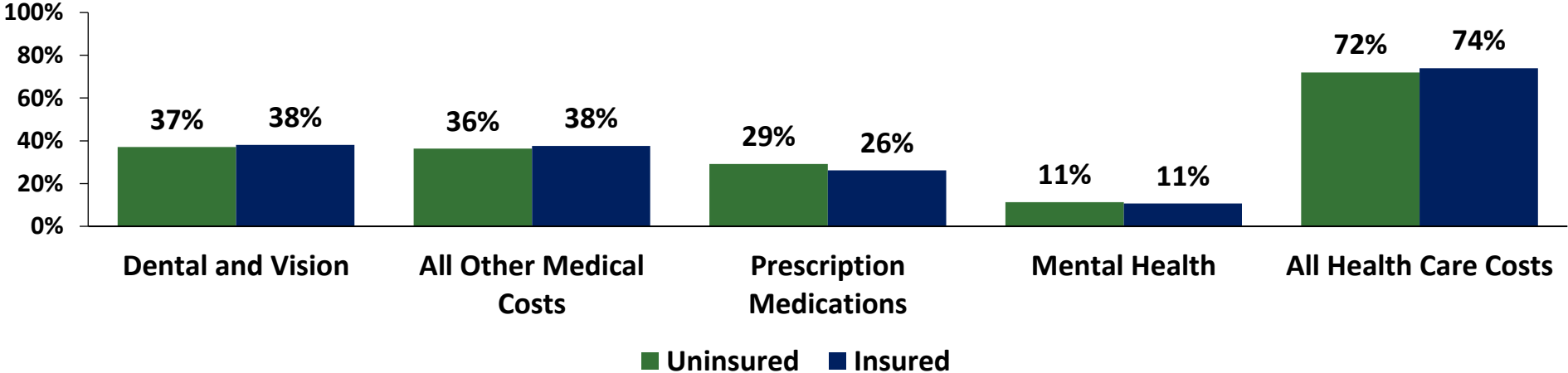
Type of Care	Estimated Population by Underinsured Status	
	Underinsured	Not underinsured
Dental Care	17,300	14,500
Prescription Medication	6,700	2,700
Medical Care from Doctor	6,700	4,500
Routine Medical Care	6,500	6,000
Mental Health Care/Counseling	6,000	3,900
Diagnostic Test	4,900	4,700

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Out-of-Pocket Health Care Costs Greater than \$500 in Last 12 Months by Insured Status

Uninsured and insured Vermonters were similarly likely to have medical bills over \$500, regardless of the type of care. However, it should be noted that uninsured Vermonters were more likely to defer care (see page 55).

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

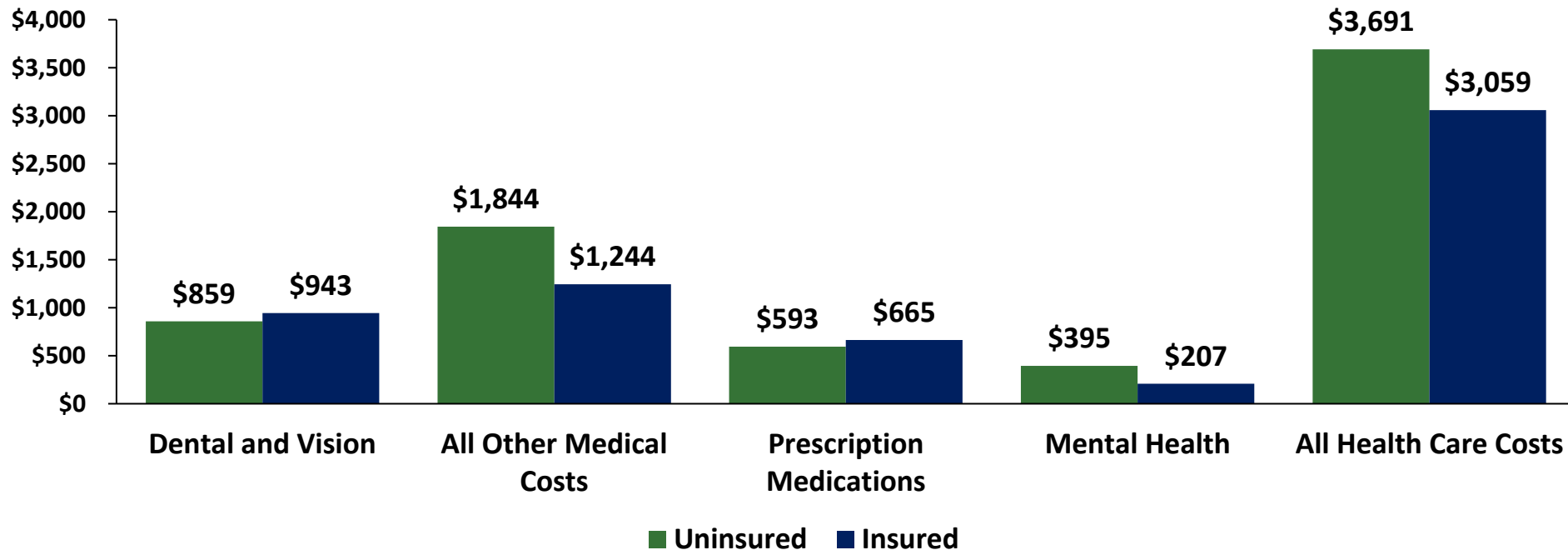


Type of Care	Estimated Population by Insurance Status	
	Uninsured	Insured
Dental and Vision	7,200	228,300
All Other Medical Costs	7,000	225,400
Prescription Medications	5,600	156,700
Mental Health	2,200	63,700
All Health Care Costs	14,000	444,600

Average Amount Spent Out-of-Pocket In the Last 12 Months by Insured Status

Uninsured Vermonters spent, on average, more on medical expenses out-of-pocket than their insured counterparts. On average, uninsured Vermont residents spent almost \$3,700 in the prior 12 months compared to less than \$3,100 spent by insured Vermonters.

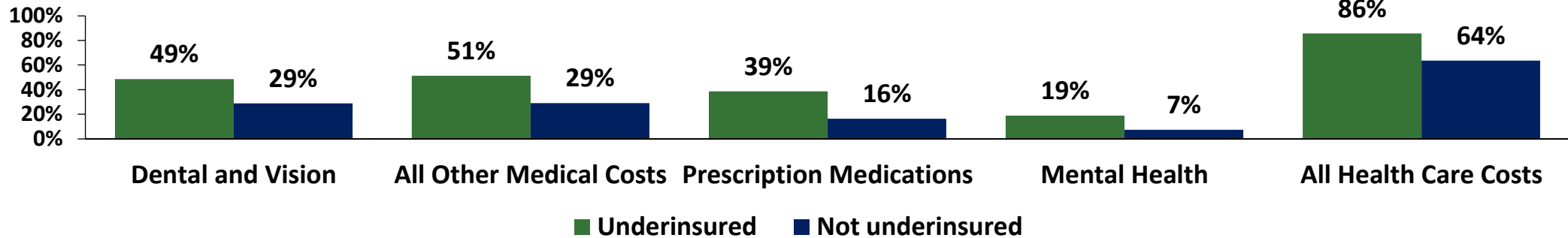
Average Amount of Money Spent Out of Pocket In the Last 12 Months by Insurance Status



Out-of-Pocket Health Care Costs Greater than \$500 for the Underinsured* with Insurance in Last 12 Months 18 to 64 Years Old

Underinsured Vermonters 18 to 64 years old are more likely to have large medical bills that have to be paid out-of-pocket than Vermonters who are not underinsured. This is true regardless of the type of expense but is most likely to happen for dental and vision care (49% vs 29%) and other medical costs (51% vs 29%).

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

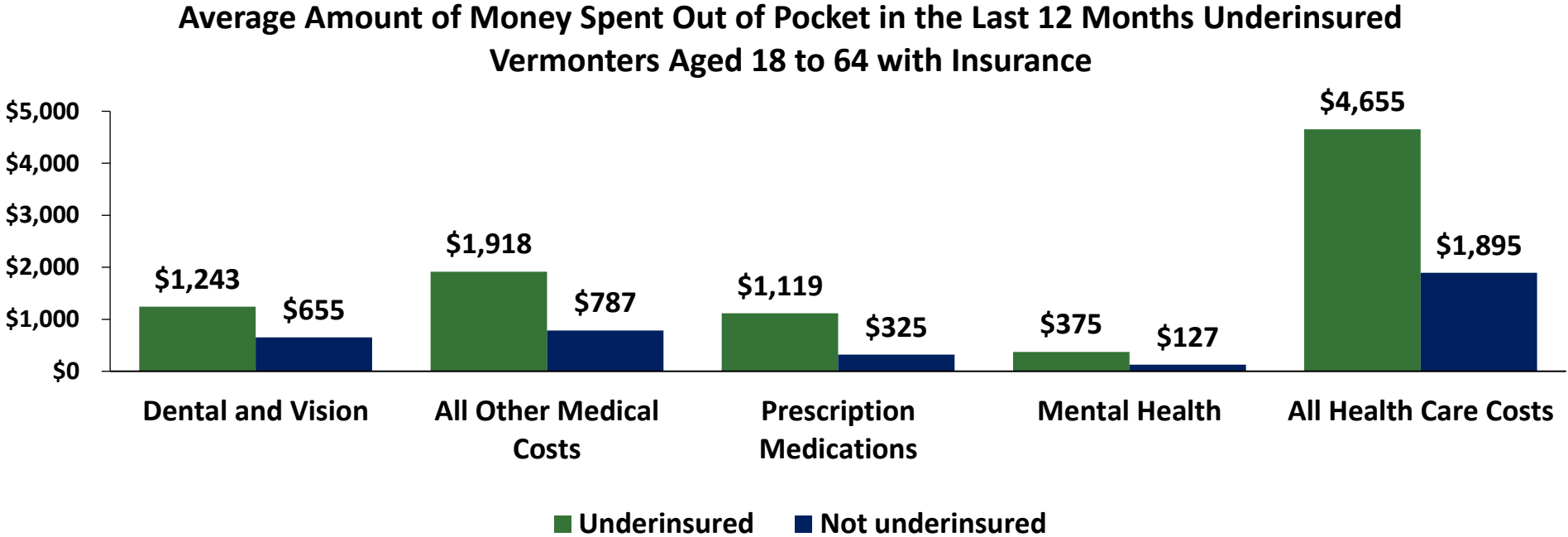


Type of Care	Estimated Population by Underinsured Status	
	Underinsured	Not Underinsured
Dental and Vision	76,700	59,000
All Other Medical Costs	81,200	59,300
Prescription Medications	61,100	33,200
Mental Health	30,000	14,800
All Health Care Costs	135,400	129,800

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Average Amount Spent Out-of-Pocket among the Underinsured* 18-64 Years Old with Insurance in the Last 12 Months

Underinsured Vermonters 18 to 64 years old spent, on average, about two and a half times more out-of-pocket on care than those who are not underinsured. In 2021, underinsured residents 18 to 64 years old spent an average of \$4,655 out-of-pocket on healthcare compared to less than \$1,900 among those that are not underinsured.

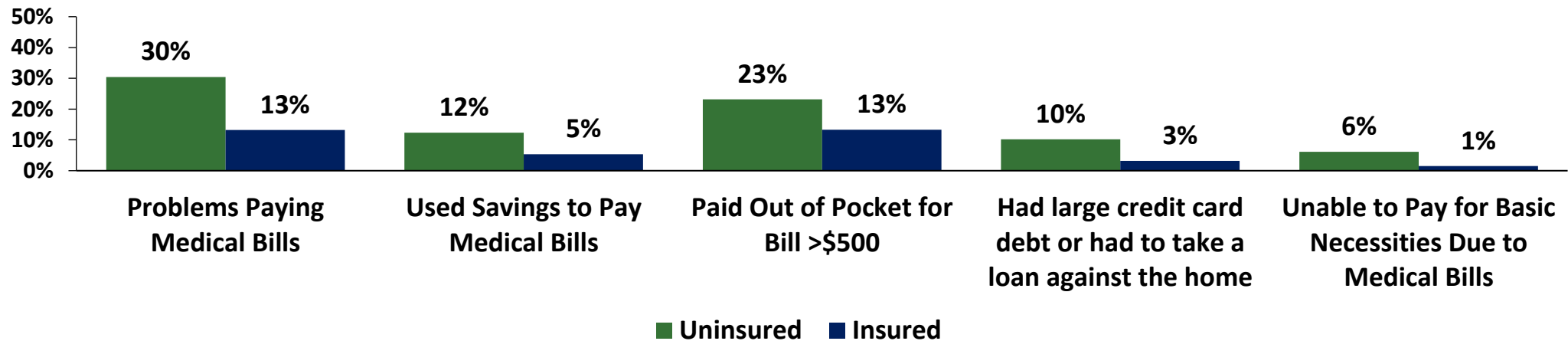


*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Medical Bills in Last 12 Months by Insured Status

Uninsured Vermonters are significantly more likely to report difficulty paying their medical bills than insured Vermonters. Uninsured Vermonters are also significantly more likely to have to use savings (15% vs 5%), take on debt (10% vs 3%) or more frequently unable to pay for basic necessities due to medical bills (6% vs 1%) than insured Vermonters.

Medical Bills in Last 12 Months by Insurance Status Vermont Residents



Issue	Estimated Population by Insurance Status	
	Uninsured	Insured
Problems Paying Medical Bills	5,900	79,200
Used Savings to Pay Medical Bills	2,400	32,200
Paid Out of Pocket for Bill >\$500	4,500	79,800
Had large credit card debt or had to take a loan against the home	2,000	19,000
Unable to Pay for Basic Necessities Due to Medical Bills	1,200	8,900

Medical Bills in Last 12 Months by Insured Status Over Time

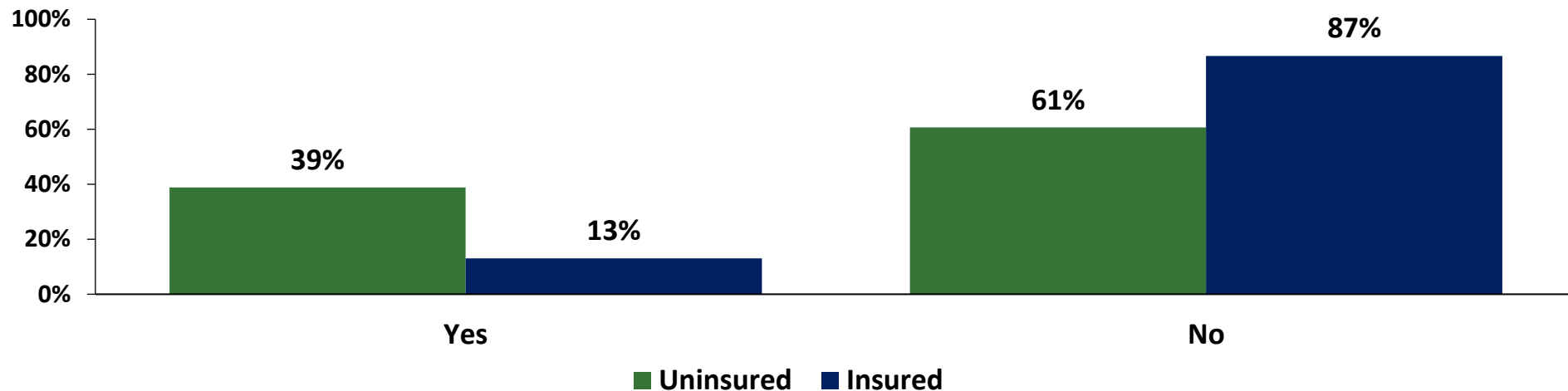
Issue	2012		2014		2018		2021	
	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Problems Paying Medical Bills	40%	21%	37%	19%	30%	17%	30%	13%
Used Savings to Pay Medical Bills	N/A	N/A	N/A	N/A	16%	9%	12%	5%
Paid Out of Pocket for Bill >\$500	22%	13%	22%	11%	12%	13%	23%	13%
Had large credit card debt or had to take a loan against the home	N/A	N/A	N/A	N/A	8%	6%	10%	3%
Unable to Pay for Basic Necessities Due to Medical Bills	N/A	N/A	N/A	N/A	4%	3%	6%	1%

Issue	2012		2014		2018		2021	
	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Problems Paying Medical Bills	17,200	122,900	8,600	115,500	5,900	101,100	5,900	79,200
Used Savings to Pay Medical Bills	N/A	N/A	N/A	N/A	3,200	53,400	2,400	32,200
Paid Out of Pocket for Bill >\$500	9,200	76,500	5,000	69,300	2,500	77,900	4,500	79,800
Had large credit card debt or had to take a loan against the home	N/A	N/A	N/A	N/A	1,700	34,400	2,000	19,000
Unable to Pay for Basic Necessities Due to Medical Bills	N/A	N/A	N/A	N/A	800	15,600	1,200	8,900

Fear of Medical Debt in Decision Making by Insured Status

Medical debt is significantly more likely to impact the decision making of uninsured Vermonters than it is insured Vermonters. Thirty-nine percent of uninsured Vermonters indicate that fear of medical debt impacted decisions to seek medical care. Sixty-five percent of the uninsured with fear of debt did not get primary care and 46% did not get dental care (as shown on the following slide).

During the past 12 months, has fear of medical debt impacted household when making decisions about whether to seek medical care? By Insurance Status



Estimated Population by Insurance Status		
Response	Uninsured	Insured
Yes	7,500	78,400
No	11,700	519,700

Health Care Not Sought due to Fear of Debt by Insured Status

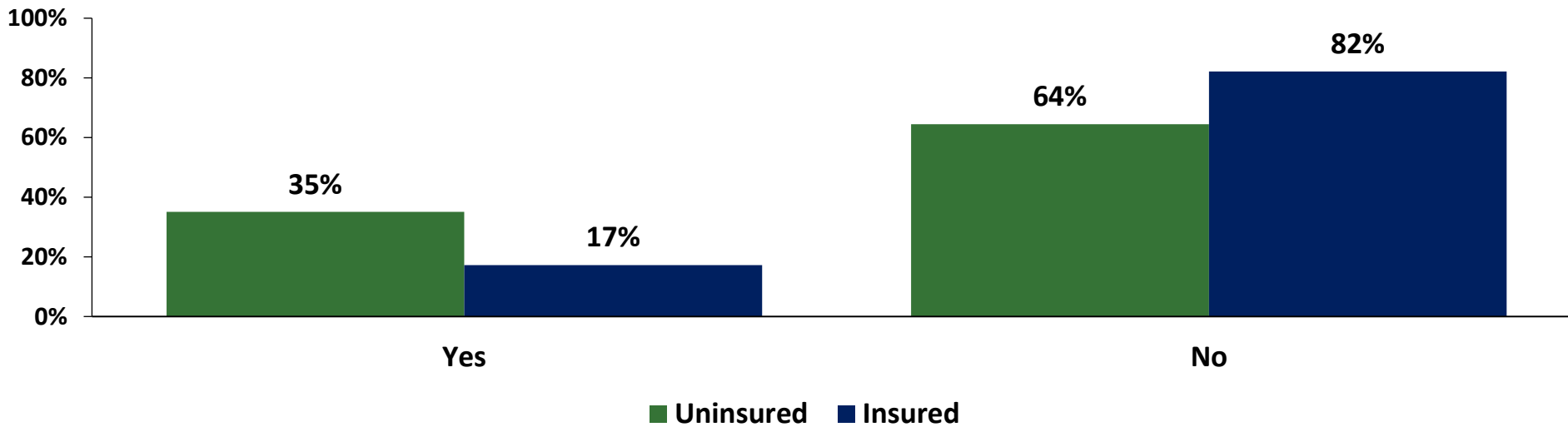
Fear of medical debt has impacted household decisions about whether to seek medical care by Insurance Status

Type of Care	Rates of Those With Fear of Medical Debt by Insured Status		Estimated Population of Those With Fear of Medical Debt by Insured Status	
	Uninsured	Insured	Uninsured	Insured
Primary care	65%	25%	4,900	19,700
Dental care	46%	32%	3,400	25,200
Other outpatient or ongoing medical care	31%	35%	2,400	27,600
Vision related care	30%	9%	2,200	7,300
Emergency or urgent care	28%	13%	2,100	10,200
OB or GYN related care	18%	4%	1,400	2,800
Mental health related care	14%	11%	1,100	8,700
Diagnostic procedure	2%	4%	300	2,900
Other	2%	6%	200	4,400
Surgery	1%	3%	100	3,100
DK-REF	4%	4%	100	2,200

Past Due Health Care Expenses, by Insured Status

Uninsured Vermonters were about twice as likely as insured Vermonters to report owing money for medical related debt that is past due (35% vs 17%), a statistically significant difference.

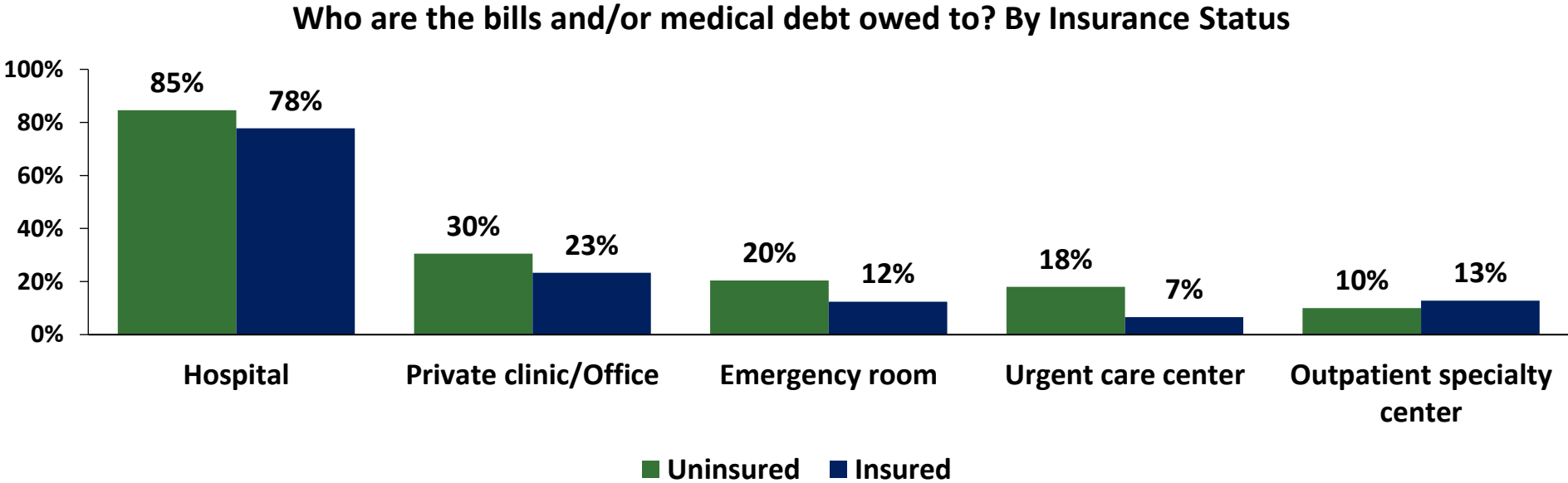
In the past 12 months, has family owed money for medical-related expenses that is now past due? By Insurance Status



Estimated Population by Insurance Status		
Response	Uninsured	Insured
Yes	6,800	103,400
No	12,500	492,000

Source of Past Due Health Care Expenses, by Insured Status

Medical debt was most often owed to a hospital for both uninsured (85%) and insured (78%) Vermonters.

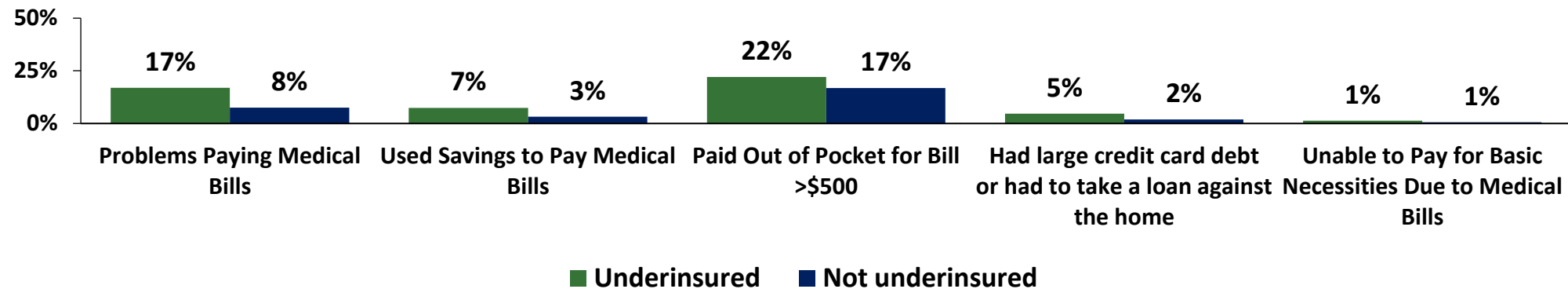


Response	Estimated Population by Insured Status	
	Uninsured	Insured
A hospital	5,700	80,400
A private clinic or doctor's office	2,100	24,200
An emergency room	1,400	12,900
An outpatient specialty center	700	13,300
An urgent care center	1,200	6,800

Medical Bills in Last 12 Months by Underinsured* 18 to 64 Years Old

Underinsured Vermonters 18 to 64 years old were significantly more likely than other insured Vermonters aged 18 to 64 to report difficulty paying medical bills (17% vs 8%) and statistically more likely to report having to pay a bill out-of-pocket of more than \$500.

Medical Bills in Last 12 Months by Underinsured Status Vermont Residents Aged 18 to 64 with Insurance



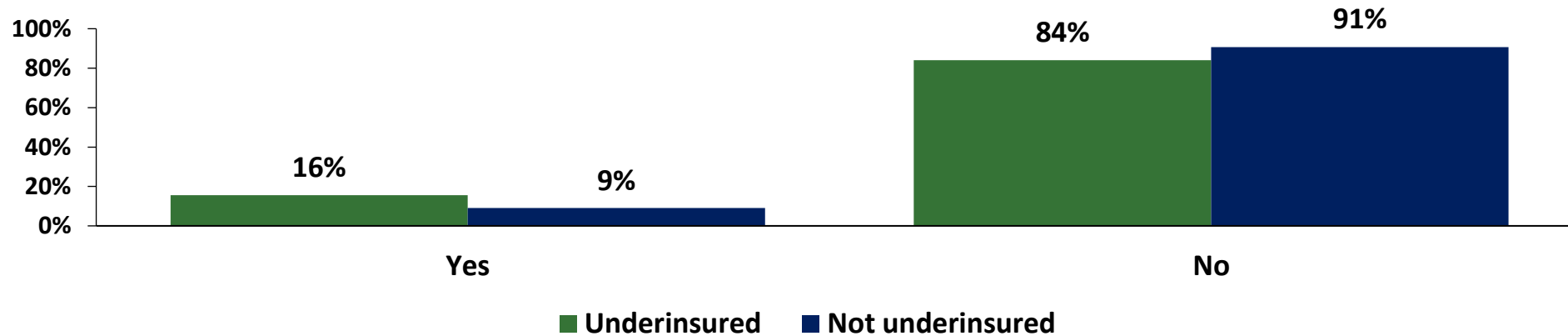
Bills	Estimated Population by Underinsured Status	
	Underinsured	Not underinsured
Problems Paying Medical Bills	19,400	9,900
Used Savings to Pay Medical Bills	8,500	4,200
Paid Out of Pocket for Bill >\$500	25,300	22,000
Had large credit card debt or had to take a loan against the home	5,300	2,400
Unable to Pay for Basic Necessities Due to Medical Bills	1,400	700

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Health Care not Sought due to Fear of Debt by Underinsured* Status

Underinsured Vermonters 18 to 64 years old were significantly more likely than those who are not underinsured to have had their medical decision making impacted by fear of medical debt (16% vs 9%).

Health Care not Sought due to Fear of Medical Debt by Underinsured Status, Vermonters Aged 18 to 64 with Insurance



Estimated Population by Underinsured Status		
Response	Underinsured	Not underinsured
Yes	17,900	11,800
No	96,300	118,900

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Health Care not Sought due to Fear of Debt by Underinsured* Status

Among those with health insurance, the most common types of care not sought due to fear of medical debt were outpatient or ongoing medical care (40% among the underinsured and 35% among those not underinsured), primary care (27% among the underinsured and 22% among those not underinsured), and dental care (19% among the underinsured and 24% among those not underinsured).

Health Care not Sought due to Fear of Debt

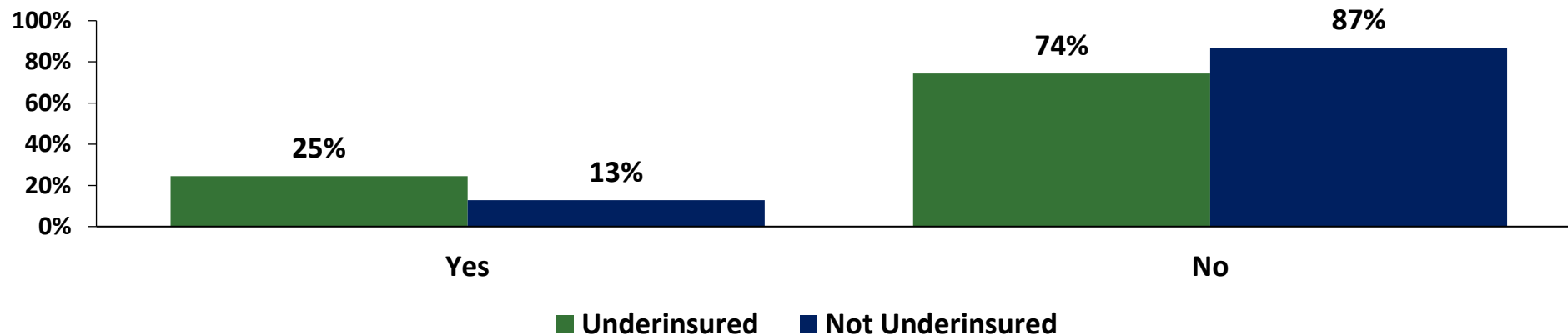
Type of Care Not Sought	Rates Among Those with Fear of Medical Debt by Underinsured Status		Estimated Population Among Those with Fear of Medical Debt by Underinsured Status	
	Underinsured	Not Underinsured	Underinsured	Not Underinsured
Other outpatient or ongoing medical care	40%	35%	7,200	4,100
Dental care	19%	24%	3,500	2,800
Primary care	27%	22%	4,800	2,600
Emergency or urgent care	14%	14%	2,600	1,700
Mental health related care	12%	3%	2,100	400
Vision related care	12%	3%	2,100	400
OB or GYN related care	4%	3%	700	400
Diagnostic procedure	5%	5%	900	600
Surgery	3%	4%	500	500
Other	5%	8%	1,000	900
DK-REF	5%	4%	1,000	500

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Past Due Health Care Expenses, by Underinsured* Status

A quarter (25%) of underinsured Vermonters aged 18 to 64 owed past due medical expenses in 2021, compared to just 13% of those who were insured but not underinsured.

In the past 12 months, has family owed money for medical-related expenses that is now past due? By Underinsured Status, Vermonters Aged 18 to 64 with Insurance

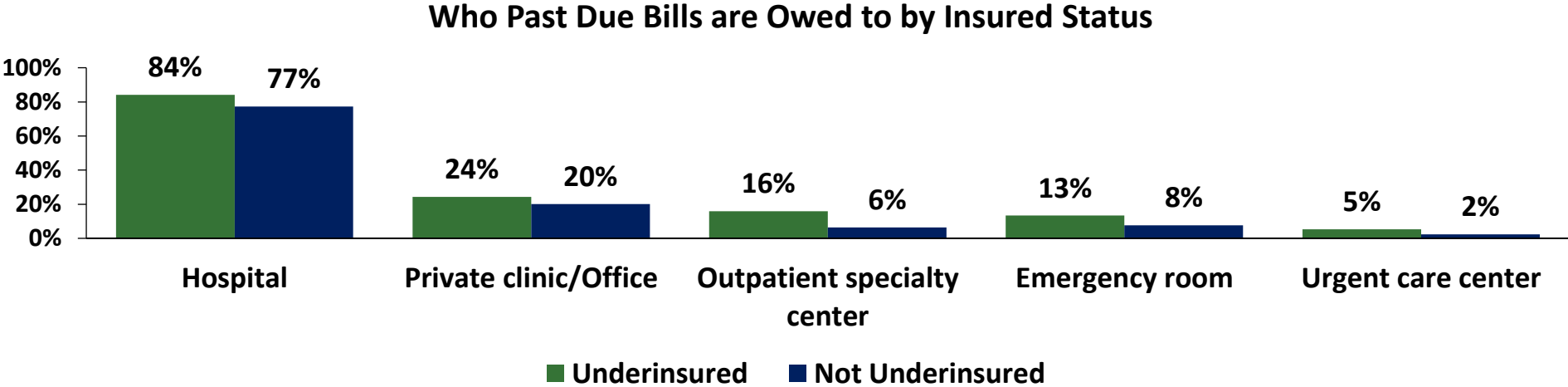


Estimated Population by Underinsured Status		
Response	Underinsured	Not Underinsured
Yes	28,100	16,800
No	85,100	113,800

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Source of Past Due Health Care Expenses, by Underinsured* Status

Most medical debt was owed to hospitals, whether an underinsured (84%) or not underinsured (77%) Vermonter.



Response	Estimated Population by Underinsured Status	
	Underinsured	Not Underinsured
A hospital	23,600	13,000
A private clinic or doctor's office	6,800	3,400
An outpatient specialty center	4,500	1,100
An emergency room	3,800	1,300
An urgent care center	1,500	400

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.



Health Savings and Health Reimbursement Accounts

Health Savings and Health Reimbursement Accounts

A **Health Savings Account (HSA)** is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. HSAs are available to taxpayers who are enrolled in a High Deductible Health Plan. The money in the account can only be spent for health care and can grow from year to year.

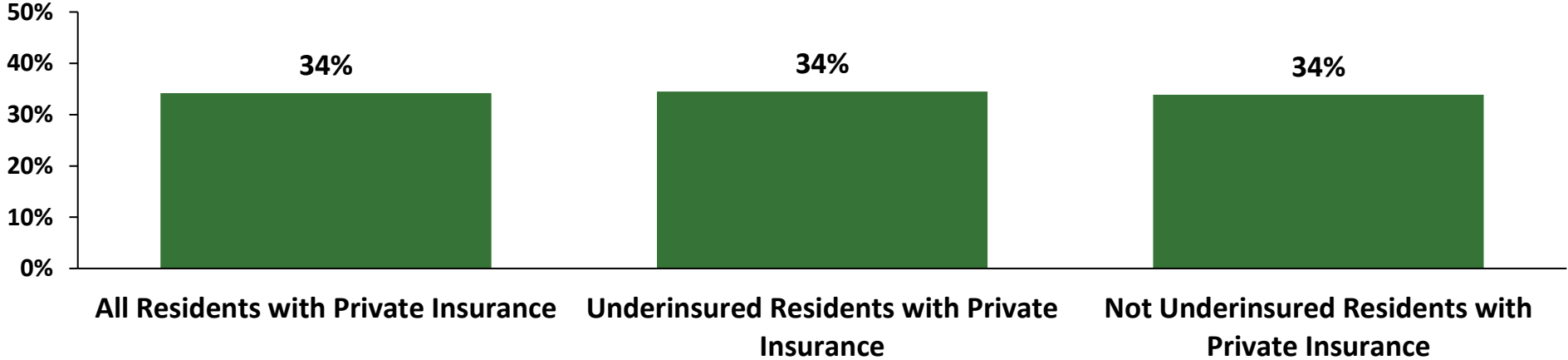
A **Health Reimbursement Account (HRA)** is an employer funded account from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the account.

Overall, 34% of residents 18 to 64 years old with private insurance have an HSA, 13% have an HRA, and 9% have both.

Vermont Residents 18 to 64 Years Old with Health Savings Accounts

Over a third of Vermonters 18 to 64 years of age with private insurance reported having a health savings account (HSA), regardless of whether they were underinsured* (34%) or not (34%). Vermonters in 2021 were significantly more likely to have an HSA than in 2014 or 2012.

Have a Health Savings Account Vermont Residents Aged 18 to 64



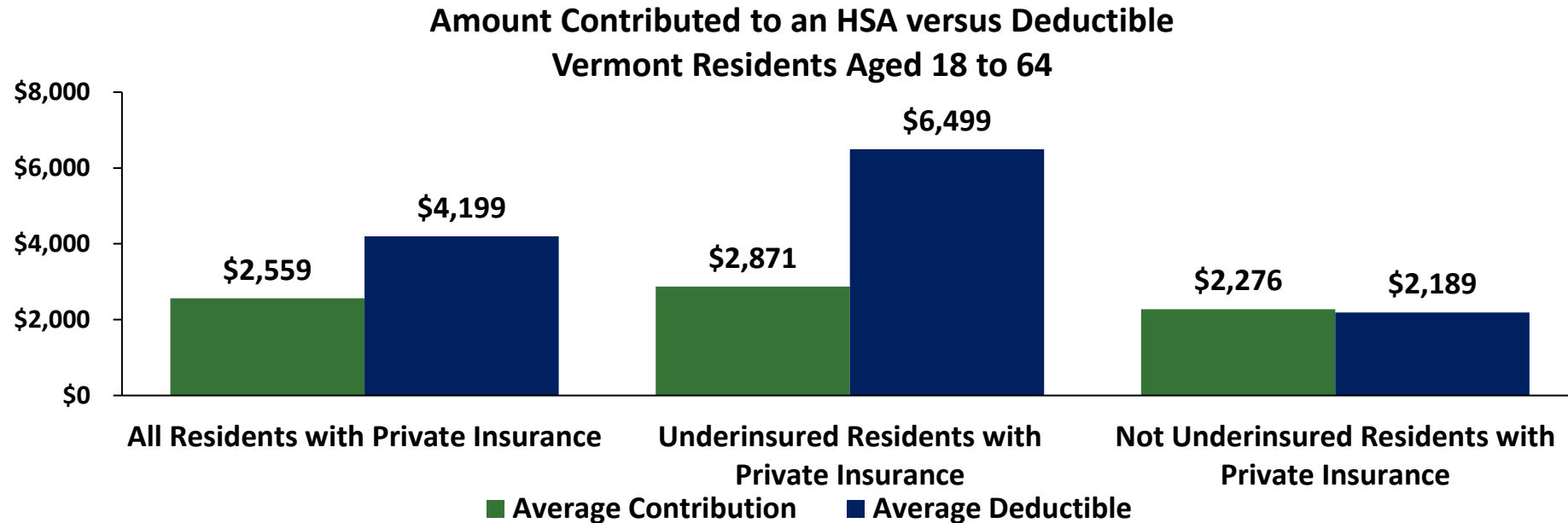
Health Savings Account Status	Estimated Population
All Residents with Private Insurance	83,900
Underinsured Residents with Private Insurance	39,500
Not Underinsured Residents with Private Insurance	44,400

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Amount Contributed to an HSA versus Deductible

All Vermonters with private health insurance saved an average of \$2,559. Given they have an average deductible of \$4,199; they did not save enough to cover 60% of their deductible. Those who are not underinsured* have a lower average deductible (\$2,189); so, although they saved, on average, slightly less (\$2,276), that was enough to cover their deductible.

While underinsured Vermonters contributed slightly more to an HSA (\$2,871) than those who were not underinsured, their contributions were, on average, enough to cover only 44% of their much larger deductible (\$6,499).

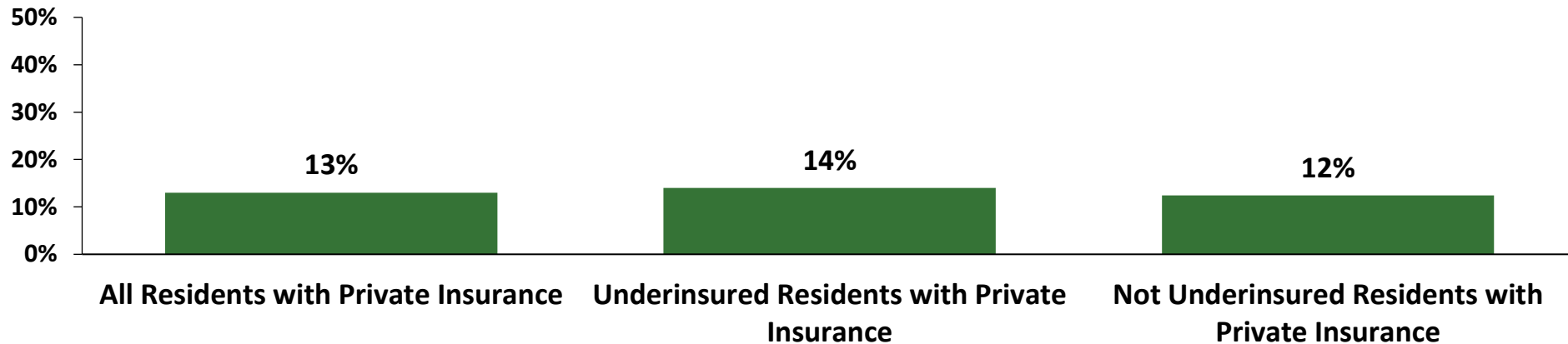


*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Vermont Residents 18 to 64 Years Old with a Health Reimbursement Account (HRA)

One in eight (13%) Vermont residents 18 to 64 years of age with private insurance had a health reimbursement account (HRA) as part of their health insurance policy in 2021. Residents of Windham County were significantly more likely to have an HRA.

**Have a Health Reimbursement Account
Vermont Residents Aged 18 to 64 (% who said 'Yes')**



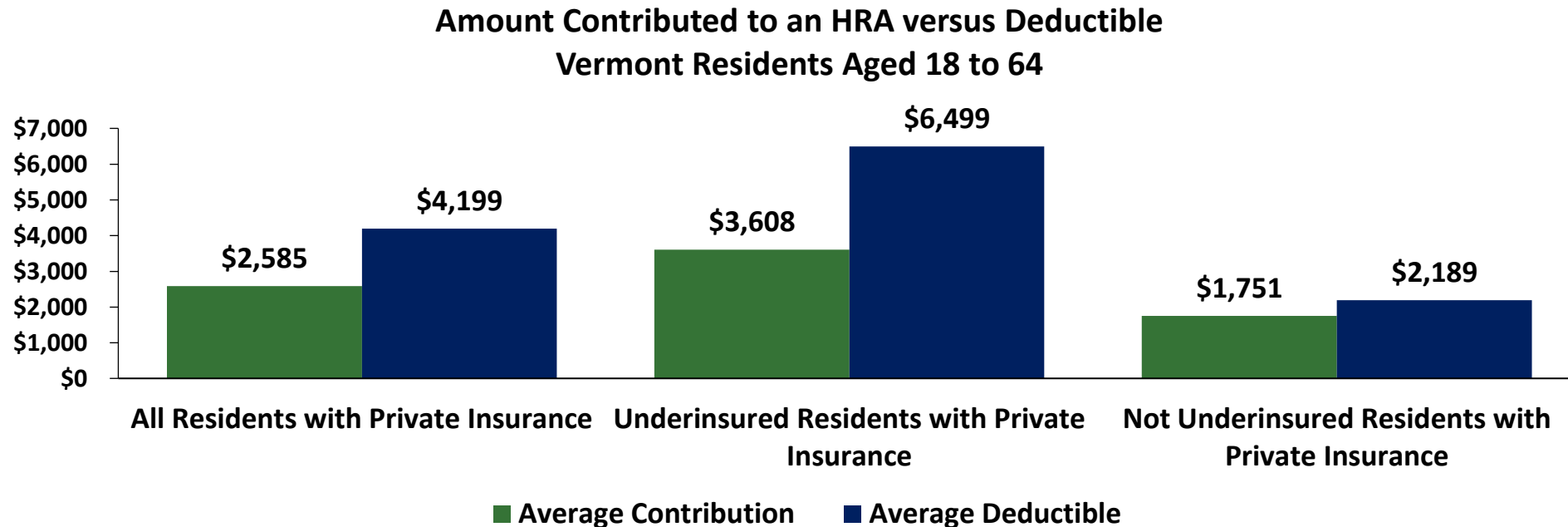
Health Reimbursement Account Status	Estimated Population
All Residents with Private Insurance	27,600
Underinsured* Residents with Private Insurance	12,900
Not Underinsured Residents with Private Insurance	14,700

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Amount Contributed to an HRA versus Deductible

Among all Vermonters with private health insurance including an HRA, employers contributed an average of \$2,585 to the account. Given they have an average deductible of \$4,199; employers contributed enough to cover 62% of the deductible. Those who are not underinsured* have a lower average deductible (\$2,189); so, although their employers, on average, contributed slightly less (\$1,751), that is enough to cover 80% of the deductible.

While employers of underinsured Vermonters contributed slightly more to an HRA (\$3,608) than those who were not underinsured, their contributions were, on average, enough to cover only 56% of their much larger deductible (\$6,499).

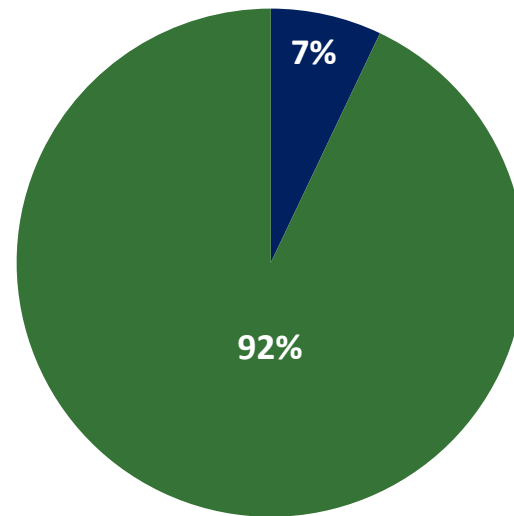


*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Health Care Bills not Covered by an HSA or HRA Vermont Residents Aged 18 to 64

Among those with an HSA or HRA about 7% had a medical bill that was not covered by their account.

Health Care Bills not Covered by an HSA or HRA, among Vermont Residents with Private Insurance, Aged 18 to 64

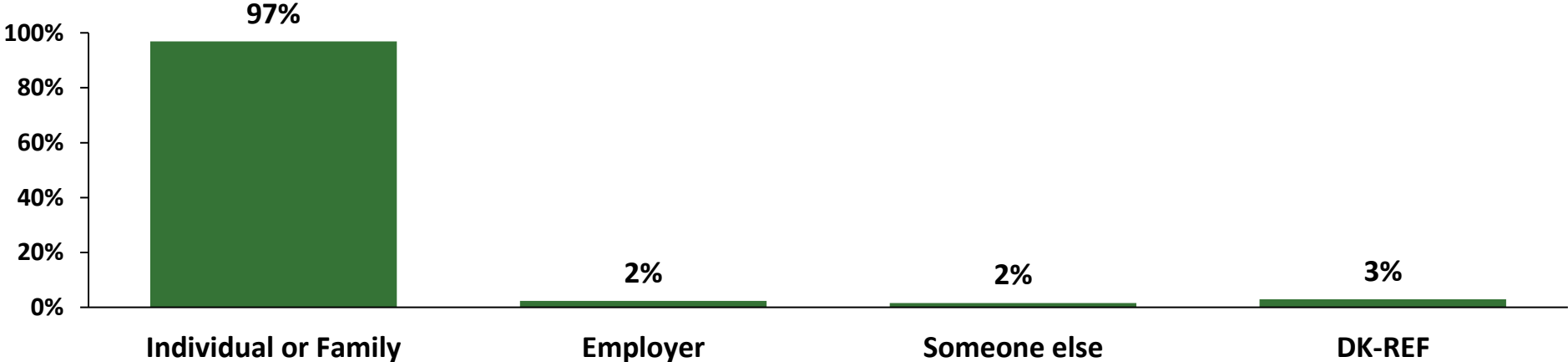


Response	Estimated Population
Yes	7,700
No	96,200

Payment of Health Care Expenses not Covered by HSA or HRA Vermont Residents 18 to 64 Years Old

Among those with a medical bill not covered by their HSA or HRA, almost all (97%) were covered by the individual or their family.

Payment of Health Care Bills not Covered by HSA or HRA Vermont Residents with Private Insurance Aged 18 to 64

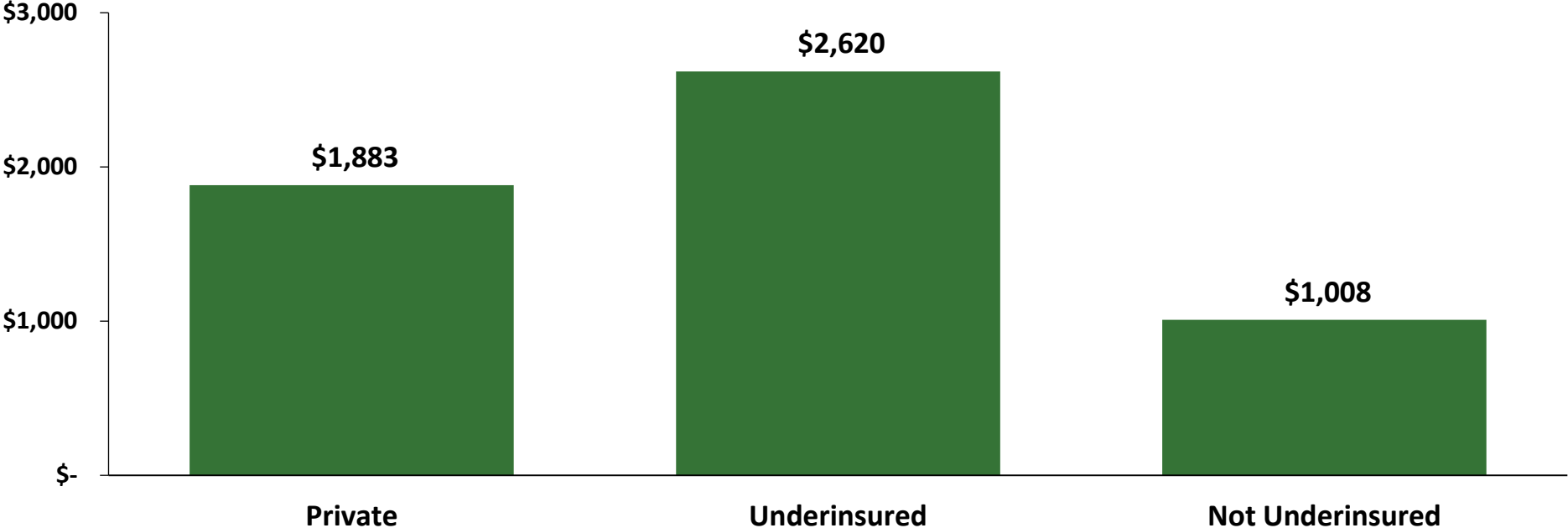


Payment Source	Estimated Population
You or your family	7,500
Your employer	200
Someone else	100
DK-REF	200

Health care Expenses not Covered by HSA or HRA

Privately insured Vermonters with an HSA or HRA had an average of \$1,883 in health care costs not covered by the HSA or HRA. The underinsured* paid a greater amount for health care costs not covered by the HSA or HRA (\$2,620) than privately insurance Vermonters that were not underinsured (\$1,008).

Amount of the health care bills not covered by HSA or HRA Vermont Residents Aged 18 to 64



*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

The image features a scenic landscape with rolling hills and a lake. The hills are covered in dense green trees and are set against a clear, light blue sky. In the foreground, two people are kayaking on the calm water of the lake. The kayakers are wearing life jackets and hats. The entire scene is overlaid with a semi-transparent teal banner that contains the title text.

Eligibility for State Health Insurance Programs

Eligibility for Subsidies for Private Insurance Purchased through Vermont Health Connect

- Under the Patient Protection and Affordable Care Act (PPACA) guidelines, those who are uninsured are eligible for coverage under the expanded Medicaid program. They also have the option to receive a level of financial assistance (e.g., tax credits, cost-sharing reductions), to purchase private health insurance through a health insurance marketplace, known in this state as Vermont Health Connect.
- In Vermont, an adult with an income under 139% of Federal Poverty Level can gain access to Medicaid. Children living in a household with an income that is 318% or less of the Federal Poverty Level would also be eligible for coverage through Dr. Dynasaur (Medicaid).
- For those residents that do not meet the income requirements for Medicaid, the PPACA potentially provides tax credits that reduce premium costs for private insurance. Under the initial guidelines, this includes those in families with incomes up to 400% of Federal Poverty Level.
- Under the American Rescue Plan Act of 2021, this eligibility was extended to potentially include those in families with incomes over 400% of Federal Poverty Level. The law caps out-of-pocket expenses for premiums at 8.5% of a family's income, though the duration of this extended coverage is uncertain.
- Factors other than income are also used to make final determinations of eligibility for tax credits such as an offer of employer sponsored health insurance. The results presented in this section report the counts and percentage of uninsured residents that are potentially eligible based on their income and do not factor in these other determinants of eligibility. The one out of three uninsured Vermonters who have an offer of employer-sponsored insurance typically would not qualify for these subsidies.

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

Among uninsured adults 19 to 64 years old in 2021, 20% (3,700) are eligible for Medicaid. Another 52% (9,200) are potentially eligible to apply for subsidies to purchase private health insurance through Vermont Health Connect while 28% (5,100) are potentially eligible for subsidies under the American Rescue Plan Act of 2021. There has been a general decline in the percentage of uninsured that are eligible for Medicaid and an increase eligible for subsidies to purchase health insurance through Vermont Health Connect.

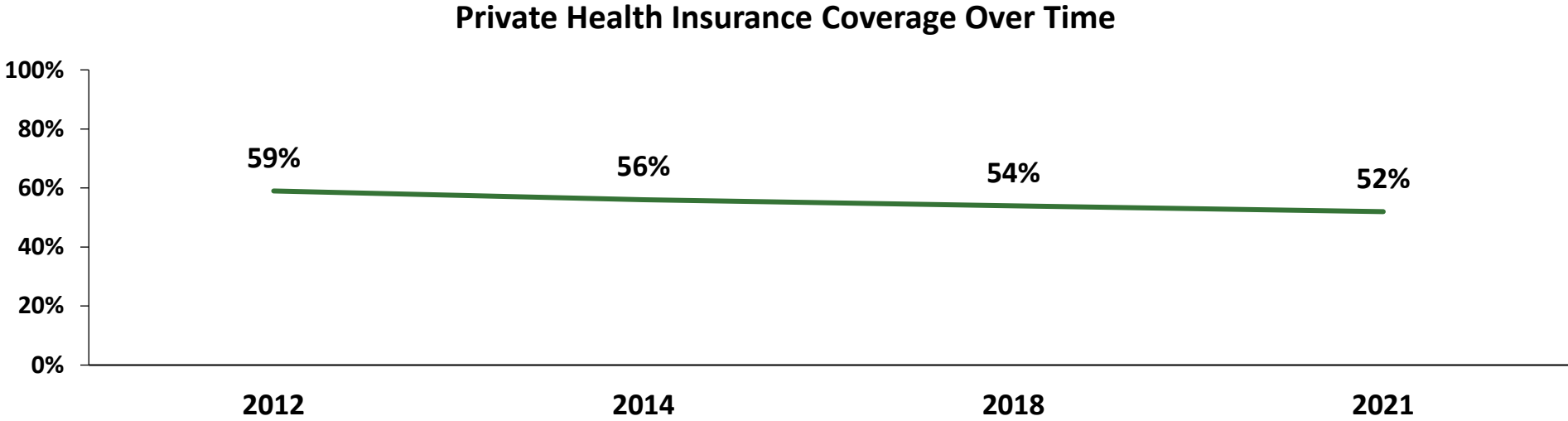
% FPL	Eligibility	Rates				Estimated Population			
		2012	2014	2018	2021	2012	2014	2018	2021
<139%	Eligible for Medicaid	35%	30%	17%	20%	13,600	6,500	3,000	3,700
139 to 150%	Potentially Eligible for Subsidies to Purchase Health Insurance Through VT Health Connect	3%	2%	3%	2%	1,100	400	500	300
151 to 200%		13%	14%	16%	7%	5,100	3,100	2,800	1,200
201 to 250%		9%	10%	17%	10%	3,500	2,300	3,000	1,800
251 to 300%		12%	10%	7%	16%	4,800	2,200	1,200	2,800
301 to 400%		11%	13%	17%	17%	4,300	2,900	2,900	3,100
>400%	Not eligible for subsidies prior to 2021 but now Potentially Eligible for Subsidies under American Rescue Plan	17%	20%	23%	28%	6,700	4,400	3,900	5,100

The image features a serene landscape with rolling hills covered in dense green trees, viewed from a distance. In the foreground, a calm body of water reflects the light. Two people are seen from behind, wearing life jackets and hats, paddling kayaks on the water. A solid teal horizontal banner is positioned across the middle of the image, containing the text 'Private Health Insurance' in a white, bold, sans-serif font.

Private Health Insurance

Private Health Insurance Coverage* Over Time

In 2012, 59% of Vermonter’s (371,100), reported having private health insurance. As of 2021, 52% of resident’s (318,800) reported having private health insurance coverage. This is a significant decrease from both 2012 and 2014.

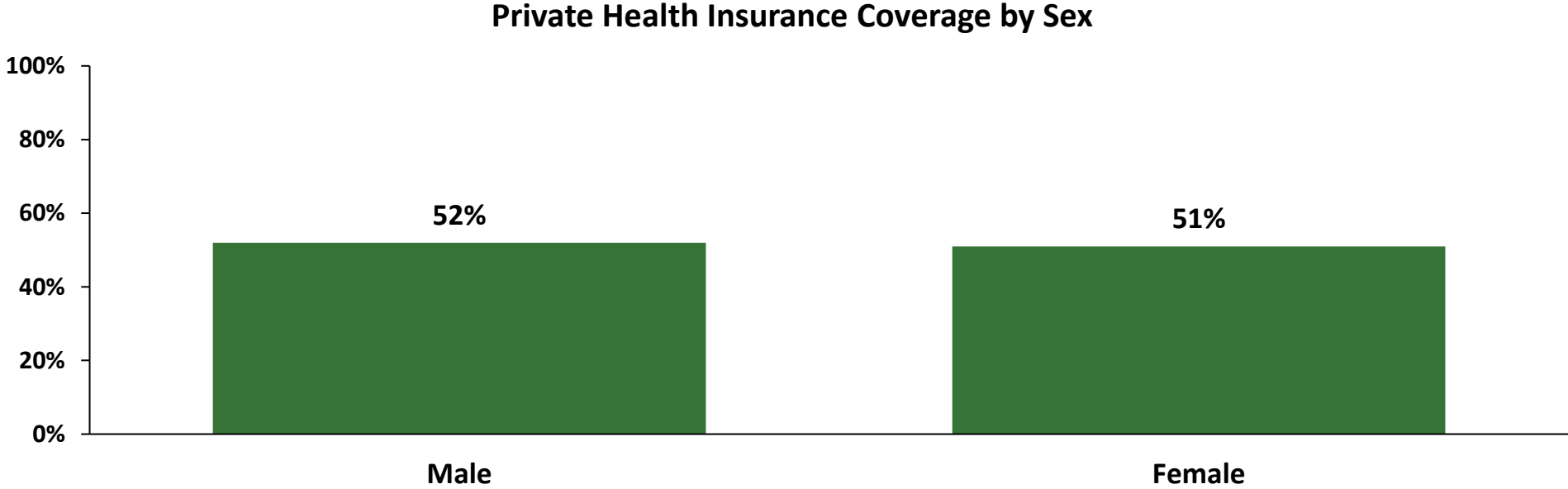


Year	Estimated Population
2012	371,100
2014	351,200
2018	335,100
2021	318,800

*The data reported in this section includes all Vermonters with private health insurance including residents with more than one type of health insurance coverage such as Medicare, Medicaid, or military insurance.

Private Health Insurance Coverage by Sex

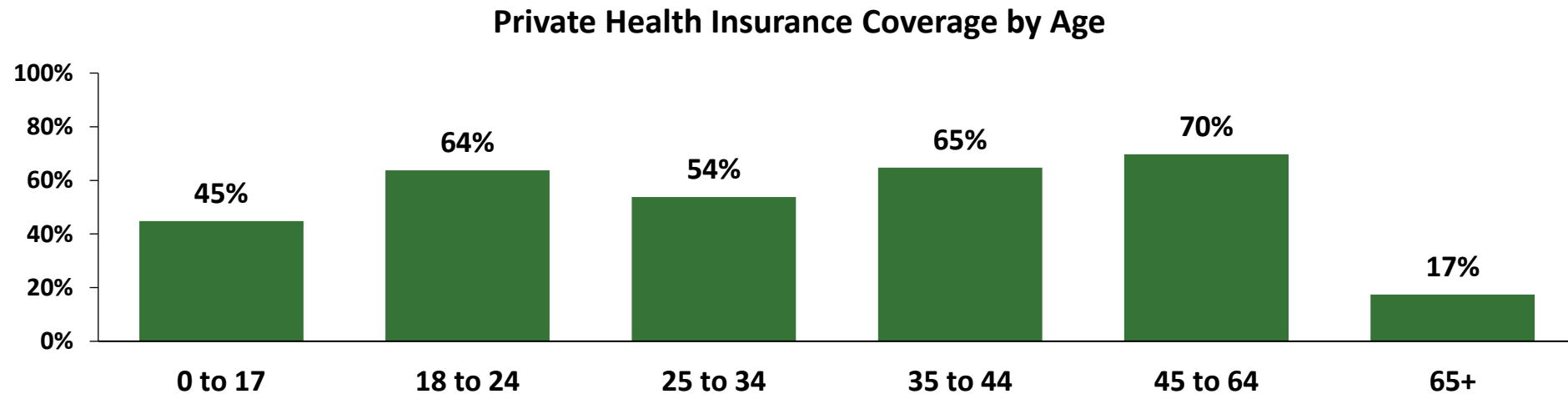
Over half of male (52% or 159,500) and female (51% or 159,200) Vermonters had private health insurance in 2021.



Sex	Estimated Population
Male	159,500
Female	159,200

Private Health Insurance Coverage by Age

Seventy percent of those aged 45 to 64 (120,100) in 2021 have private health insurance compared to 65% of those 35 to 44 years old (45,600) and 64% of those 18 to 24 years old (36,000). Just over half (54%) of Vermont residents 25 to 34 years old (43,700) and 45% of 0- to 17-year-olds have private insurance. Vermonters between the ages of 18 and 64 were significantly more likely to have private insurance than younger and older Vermonters.

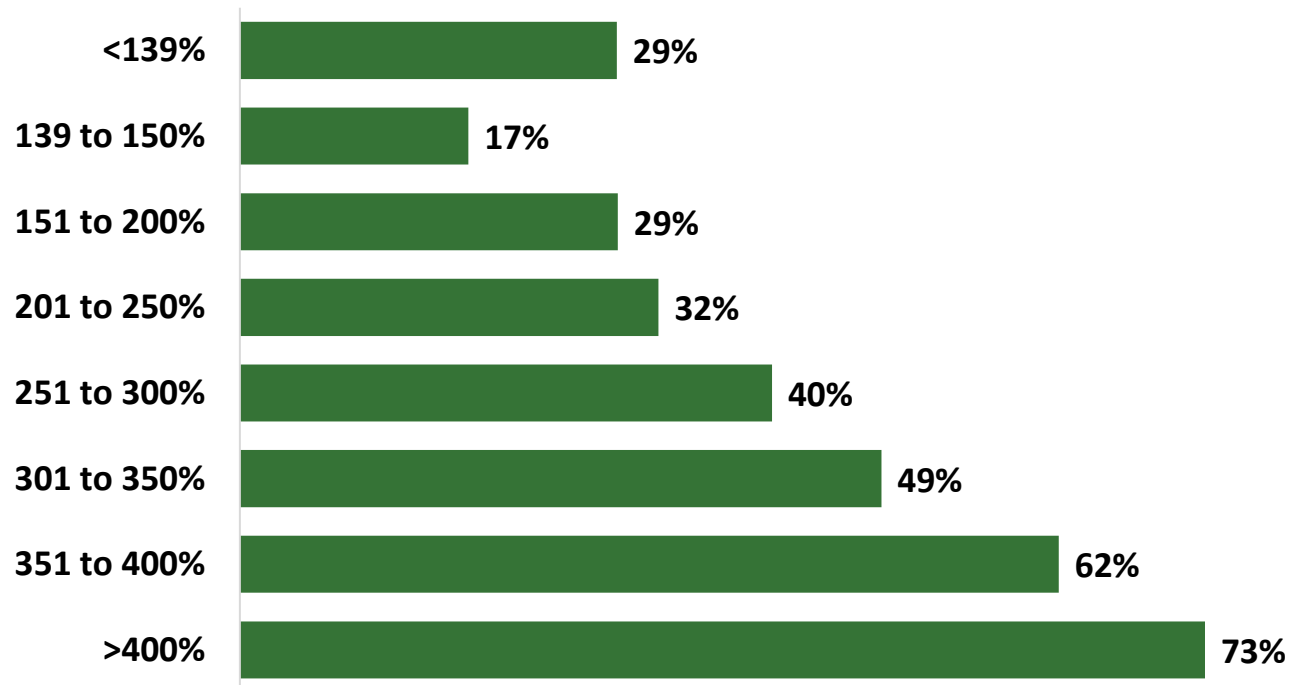


Age	Estimated Population
0 to 17	52,200
18 to 24	36,000
25 to 34	43,700
35 to 44	45,600
45 to 64	120,100
65+	21,100

Private Health Insurance Coverage by Federal Poverty Level

In general, the percentage of residents with private health insurances increases with income. Almost three-quarters (73%) of Vermont residents with an income of 400% of the FPL or greater (189,600 residents) have private health insurance while three in five (62%) of those with incomes between 351% to 400% of the FPL (22,400) have private insurance. Those with an annual income of more than 350% of the FPL are significantly more likely to have private health insurance coverage while those earning 300% or less of the FPL are significantly less likely to have private insurance.

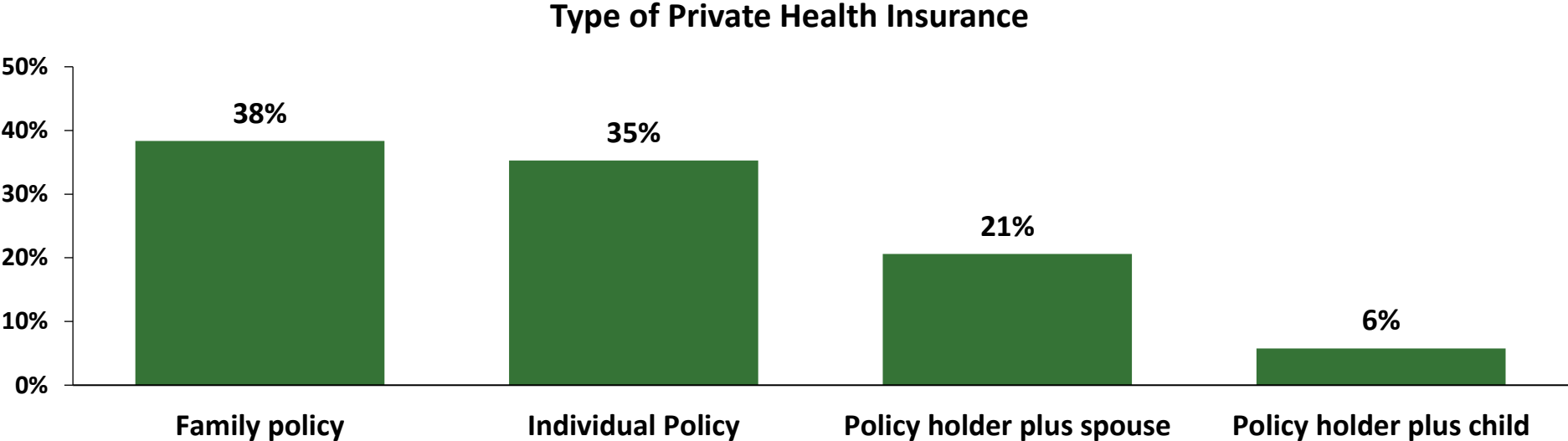
Private Health Insurance Coverage by Federal Poverty Level



Private Health Insurance Coverage by Federal Poverty Level	
Percent of FPL	Estimated Population
<139%	37,500
139 to 150%	1,800
151 to 200%	14,500
201 to 250%	13,700
251 to 300%	18,900
301 to 350%	20,300
351 to 400%	22,400
>400%	189,600

Number of Beneficiaries Covered by Private Health Insurance Policy

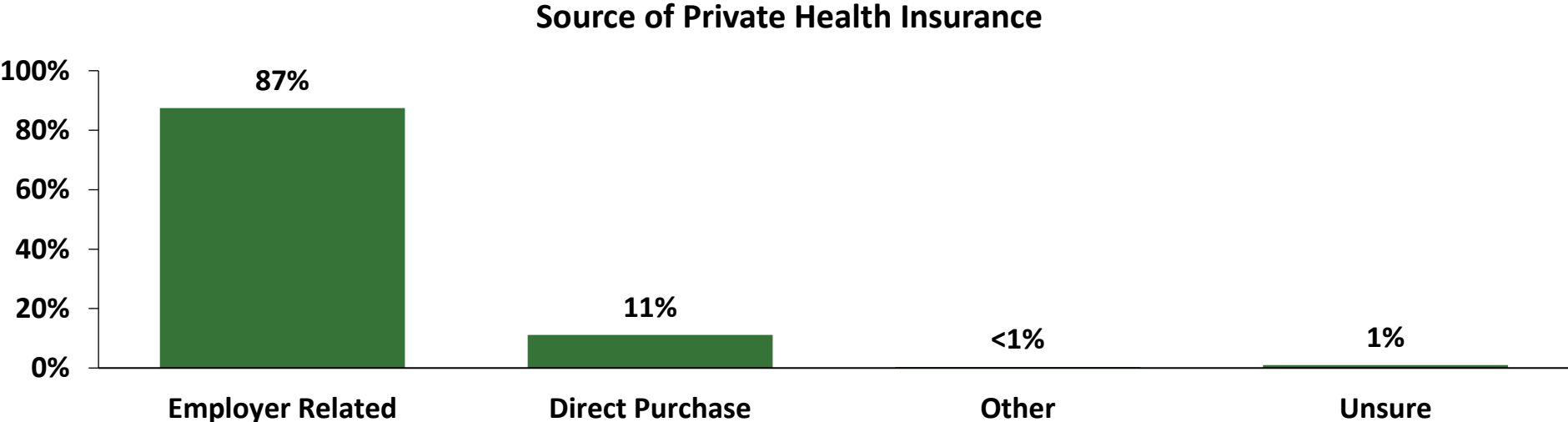
Most of privately insured Vermonters have either a family policy (38%; 122,200) covering themselves, a spouse and one or more children, or an individual policy (35%; 112,500).



Policy Type	Estimated Population
Family policy	122,200
Individual Policy	112,500
Policy holder plus spouse	65,600
Policy holder plus child	18,400

Source of Private Health Insurance

In 2021, most Vermont residents (87%; 278,700) received their health insurance through an employer related source (including employer sponsored insurance, COBRA or retirement plan) while 11% (35,500) purchased health insurance directly. Among those directly purchasing insurance, 23,700 purchased private health insurance through Vermont Health Connect or 7% of all Vermonters with private insurance (data not shown).

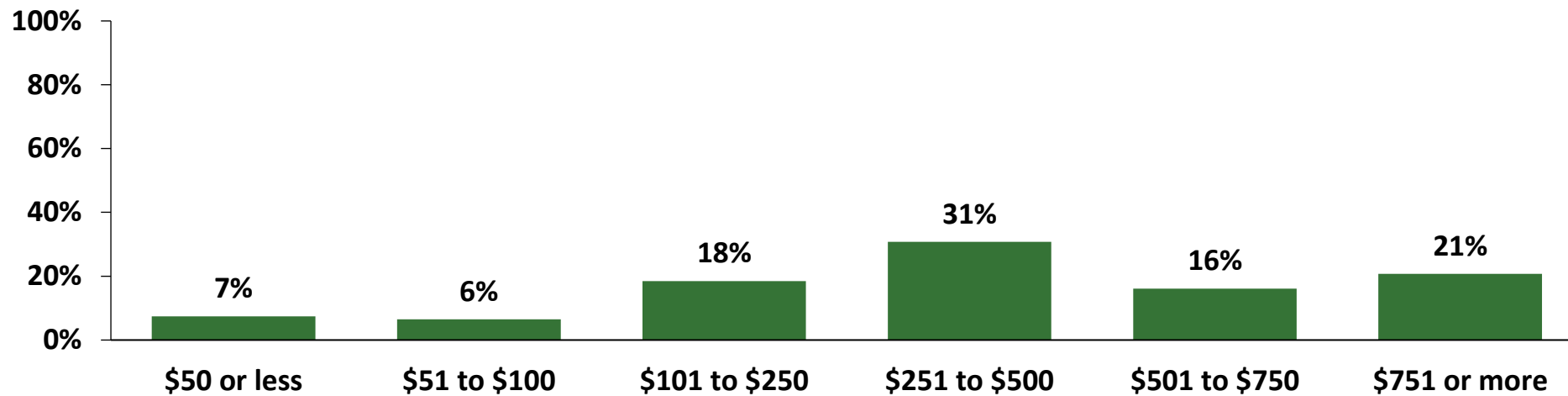


Source	Estimated Population
Employer Related	278,700
Direct Purchase	35,500
Other	1,300
Unsure	3,200

Private Health Insurance Monthly Premium

A third (31%) of those with private insurance (98,100) pay a premium of \$251 to \$500 per month. Nearly a fifth (21%; 66,100) pay \$751 or more a month. The average monthly premium paid out-of-pocket is \$505 in 2021 compared to \$538 in 2018, \$403 in 2014, and \$388 in 2012 (data not shown).

Monthly Premium Paid for Private Health Insurance

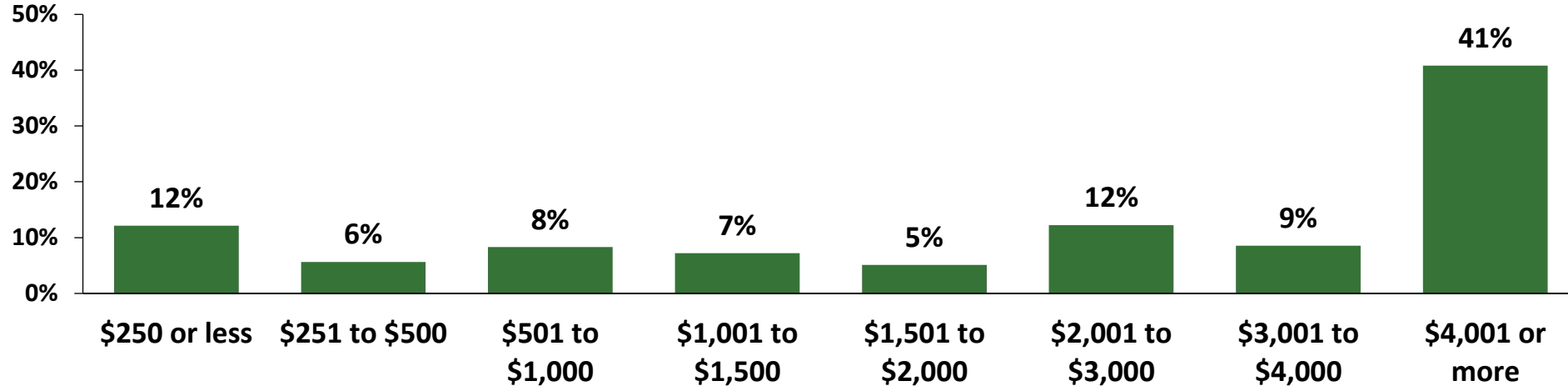


Amount	Estimated Population
\$50 or less	23,700
\$51 to \$100	20,700
\$101 to \$250	58,900
\$251 to \$500	98,100
\$501 to \$750	51,300
\$751 or more	66,100

Annual Deductible of Private Health Insurance

Forty-one percent of Vermonter’s (130,000) with private health insurance have an annual deductible greater than \$4,000.

Annual Deductible of Private Health Insurance



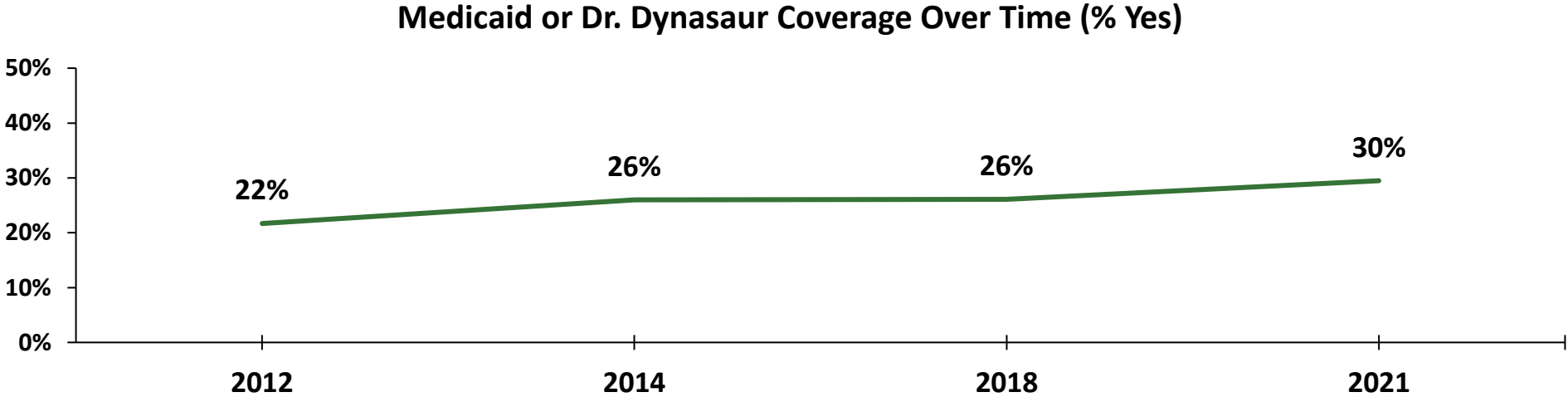
Amount	Estimated Population
\$250 or less	38,700
\$251 to \$500	18,000
\$501 to \$1,000	26,400
\$1,001 to \$1,500	23,100
\$1,501 to \$2,000	16,400
\$2,001 to \$3,000	38,900
\$3,001 to \$4,000	27,200
\$4,001 or more	130,000



Medicaid or Dr. Dynasaur Coverage

Medicaid or Dr. Dynasaur Coverage* Over Time

In 2021, 30% of Vermonter’s (182,800) report being enrolled in Medicaid or Dr. Dynasaur. This has increased significantly from 22% in 2012.

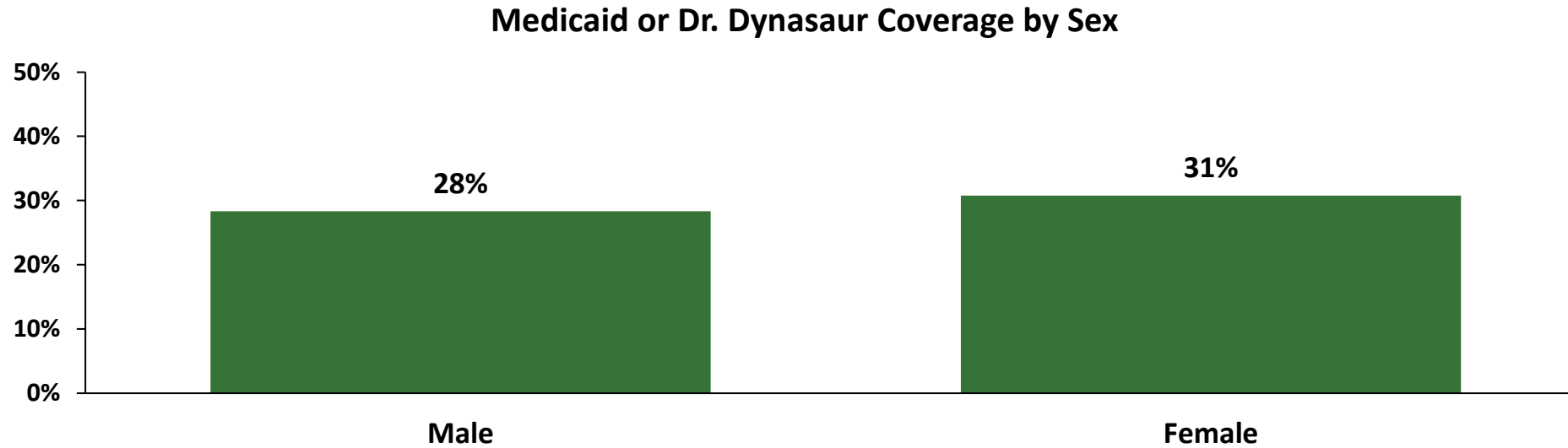


Year	Estimated Population
2012	135,800
2014	162,700
2018	163,000
2021	182,800

*The data reported in this section includes all Vermonters with Medicaid or Dr. Dynasaur including residents with more than one type of health insurance coverage such as private insurance, Medicare, or military insurance.

Medicaid or Dr. Dynasaur Coverage by Sex

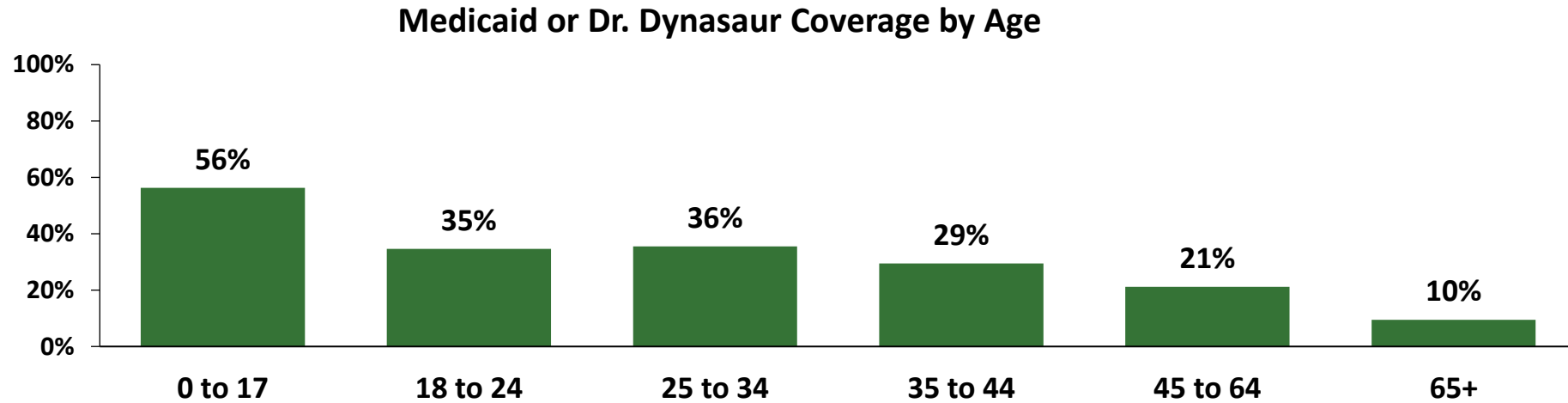
Thirty-one percent of female Vermont residents (95,900) report being enrolled in Medicaid or Dr. Dynasaur. This compares to 28% of male residents (86,900) who report being enrolled in the program.



Sex	Estimated Population
Male	86,900
Female	95,900

Medicaid or Dr. Dynasaur Coverage by Age

Over half (56%) of Vermont residents 0 to 17 years old (65,500) are enrolled in Medicaid or Dr. Dynasaur, significantly higher than other age groups. Thirty-six percent of adults between the age of 25 and 34 (28,900) and 35% of young adults aged 18 to 24 (19,600) are enrolled in Medicaid or Dr. Dynasaur. Only 10% of those 65 and older (11,600) are enrolled in Medicaid or Dr. Dynasaur, which is the smallest enrollee age group.

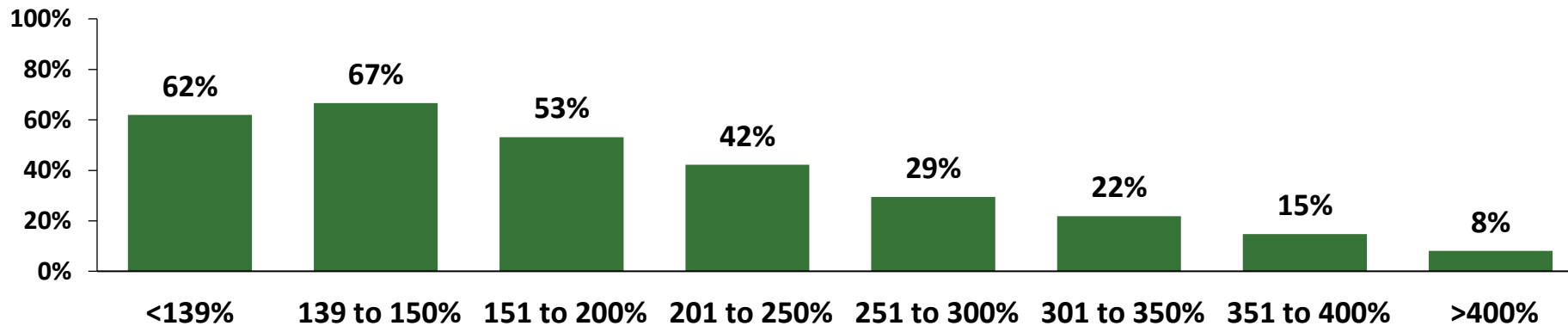


Age	Estimated Population
0 to 17	65,500
18 to 24	19,600
25 to 34	28,900
35 to 44	20,700
45 to 64	36,400
65+	11,600

Medicaid or Dr. Dynasaur Coverage by Federal Poverty Level

Sixty-seven percent (7,100) of Vermonters with an income between 139% and 150% of the FPL are enrolled in Medicaid or Dr. Dynasaur coverage, as are 62% (81,300) of residents with annual incomes of 139% of FPL or less. Over half (53%) of Vermonters with an income between 151 to 200% of the FPL (26,900) are enrolled in Medicaid or Dr. Dynasaur. Residents earning 250% of the FPL or less are significantly more likely to be enrolled in Medicaid.

Medicaid or Dr. Dynasaur Coverage by Federal Poverty Level

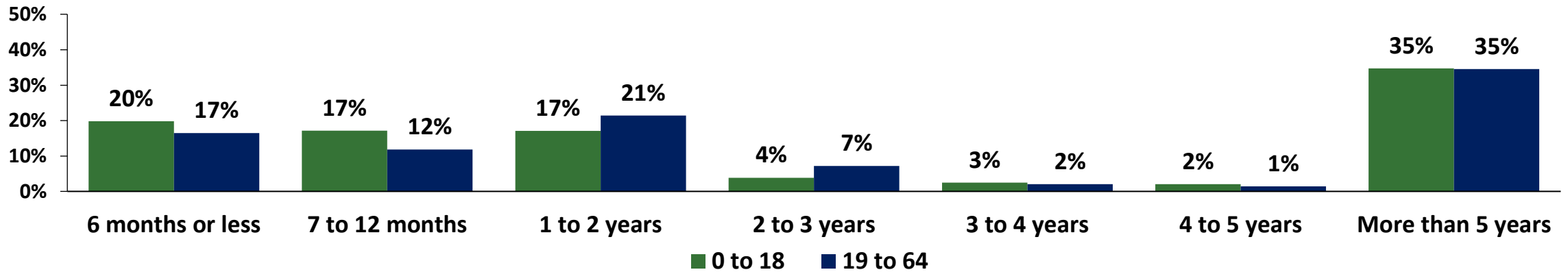


Percent of FPL	Estimated Population
<139%	81,300
139 to 150%	7,100
151 to 200%	26,900
201 to 250%	18,200
251 to 300%	13,800
301 to 350%	9,100
351 to 400%	5,300
>400%	21,100

Length of Time Covered Through Medicaid

Among those enrolled in Medicaid, over a third (35%) of Vermonters 0 to 18 years old (23,900) and 19 to 64 years old (35,300) have had Medicaid coverage for 5 years or more. Thirty-seven percent of children 0 to 18 years old enrolled in Medicaid have been enrolled for a year or less compared to 29% of enrollees 19 to 64 years old.

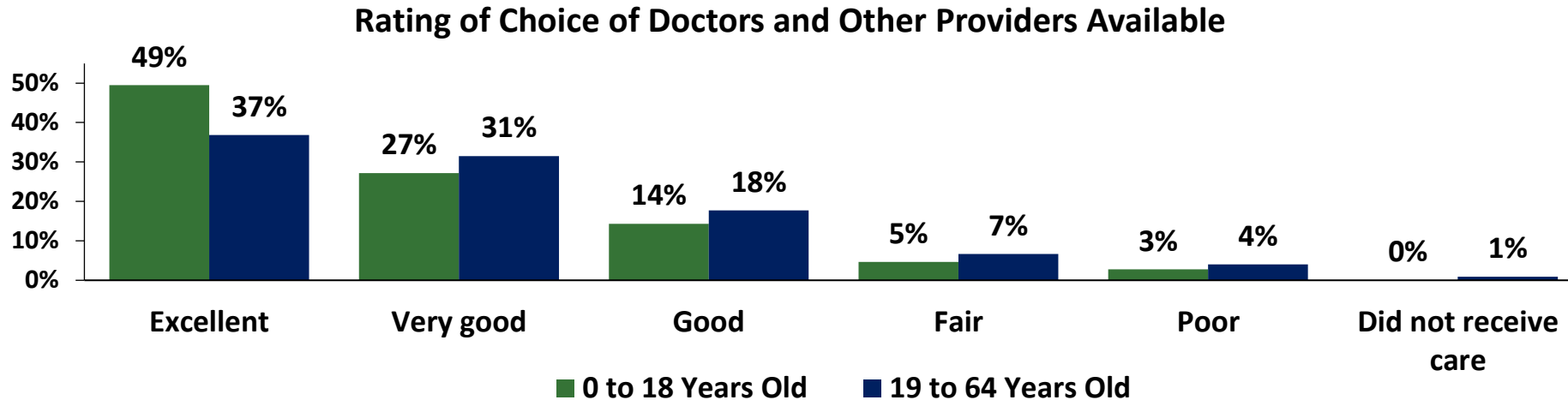
Length of Time Covered Through the Medicaid Program



Length of Time	Estimated Population by Age	
	0 to 18	19 to 64
6 months or less	13,700	16,900
7 to 12 months	11,800	12,100
1 to 2 years	11,800	21,900
2 to 3 years	2,700	7,400
3 to 4 years	1,700	2,100
4 to 5 years	1,400	1,500
More than 5 years	23,900	35,300

Doctor and Provider Choice

Almost half (49%) of Medicaid insured between the ages of 0 and 18 years old (34,100) and 37% of adults between 19 and 64 years old (37,700) rated their options for choice of doctors and providers as “Excellent”. This is compared to 3% of 0 to 18-year-olds, and 4% of 19 to 64-year-olds that rated the choice of providers as “Poor”.

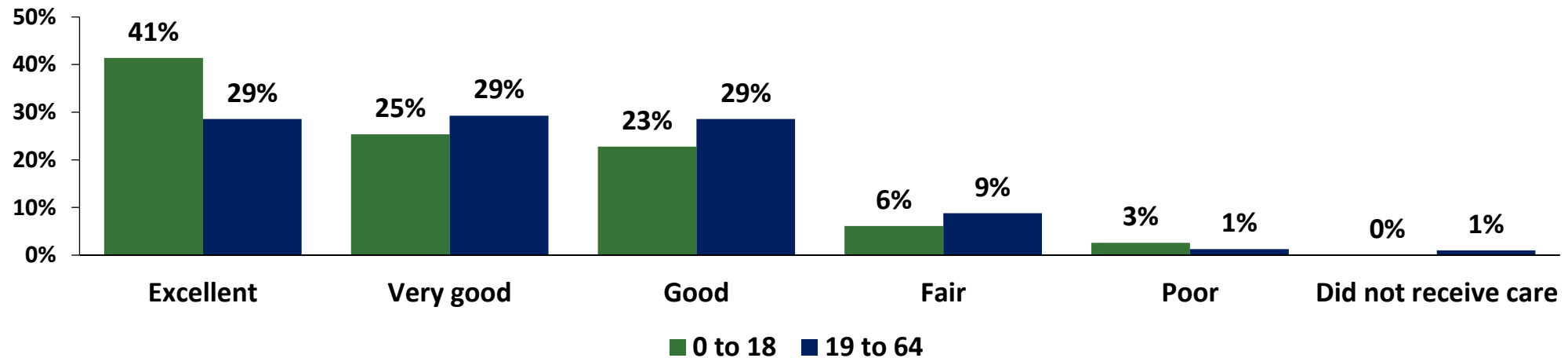


Rating	Estimated Population by Age	
	0 to 18	19 to 64
Excellent	34,100	37,700
Very good	18,700	32,200
Good	9,900	18,100
Fair	3,200	6,800
Poor	1,900	4,100
Did not receive care	0	900

Range of Services Covered by Medicaid, Green Mountain Care or Dr. Dynasaur

Forty-one percent of Medicaid insured ages 0 to 18 years old (28,500) and nearly three in ten (29%) ages 19 to 64 years old (29,200) indicate the range of services covered is “excellent.” A quarter (25%) of children and almost one-third (29%) of adults (29,900) said the range of services covered was “very good.” Three percent of children (1,800) and 1% of adults (1,300) rated the range of services covered as “poor.”

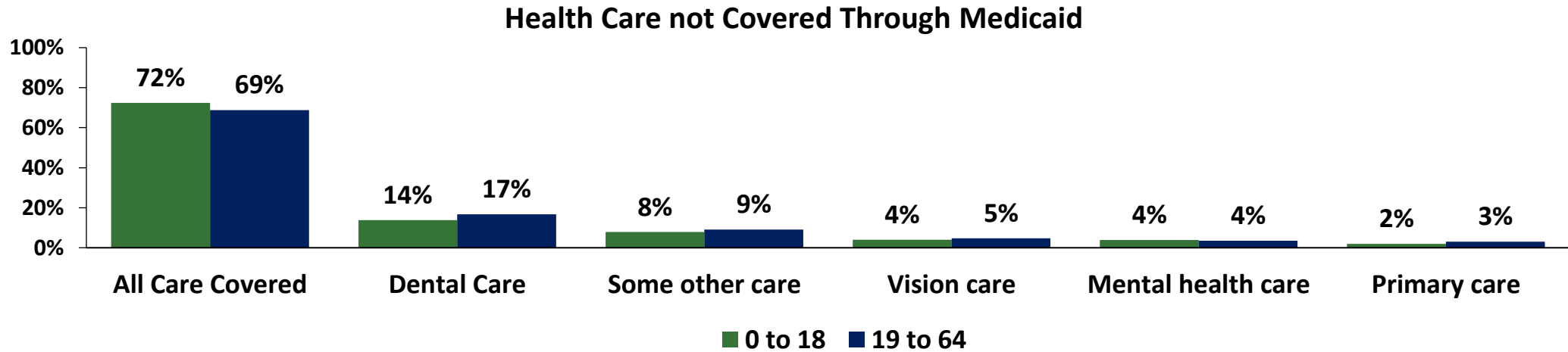
Rating of Range of Services Covered by Medicaid, Green Mountain Care or Dr. Dynasaur



Rating	Estimated Population by Age	
	0 to 18	19 to 64
Excellent	28,500	29,200
Very good	17,500	29,900
Good	15,700	29,200
Fair	4,200	9,000
Poor	1,800	1,300
Did not receive care	0	1,000

Health Care not Covered Through Medicaid

When asked if there were health care services they needed but did not receive because Medicaid would not cover the costs, 72% of Medicaid enrollees 0 to 18 years old (49,800) and 69% of enrollees 19 to 64 years old (70,300) indicated there were no such instances. Fourteen percent of children (9,500) and 17% of adults (17,100) reported instances where they could not receive needed dental care because Medicaid did not cover the costs.



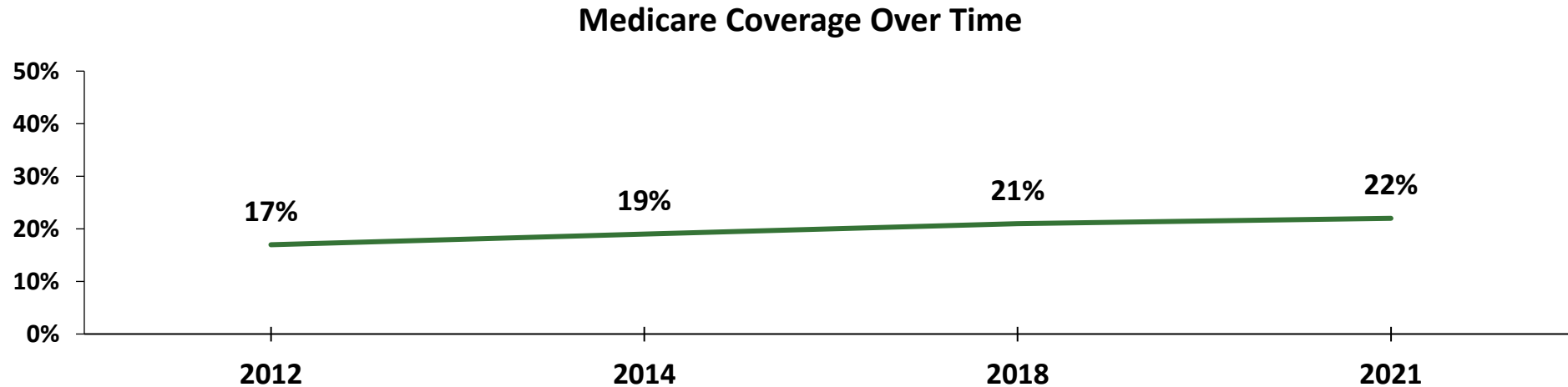
Healthcare Type	Estimated Population by Age	
	0 to 18	19 to 64
All Care Covered	49,800	70,300
Dental Care	9,500	17,100
Some other type of care	5,400	9,300
Mental health care	2,700	3,600
Vision care	2,700	4,800
Primary care	1,300	3,100
Substance use treatment	100	400



Medicare Coverage

Medicare Coverage* Over Time

Twenty-two percent (137,500) of Vermonters were covered under Medicare in 2021. This has increased significantly since 2012 and 2014 when 17% and 19% of Vermonters respectively were covered under Medicare.

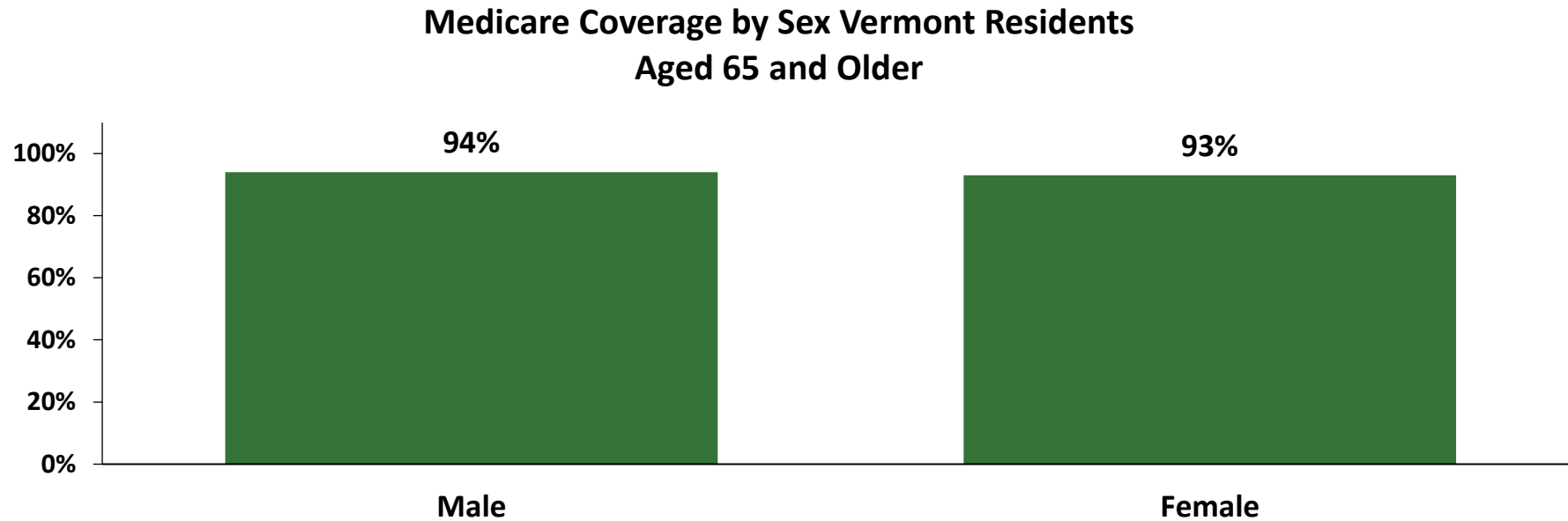


Year	Estimated Population
2012	107,400
2014	121,600
2018	128,800
2021	137,500

*The data reported in this section includes all Vermonters with Medicare including residents with more than one type of health insurance coverage such as private insurance, Medicaid, or military insurance.

Medicare Coverage by Sex

Ninety-four percent of male (53,300) and 93% of female (60,500) Vermonter's aged 65 and older are enrolled in Medicare.

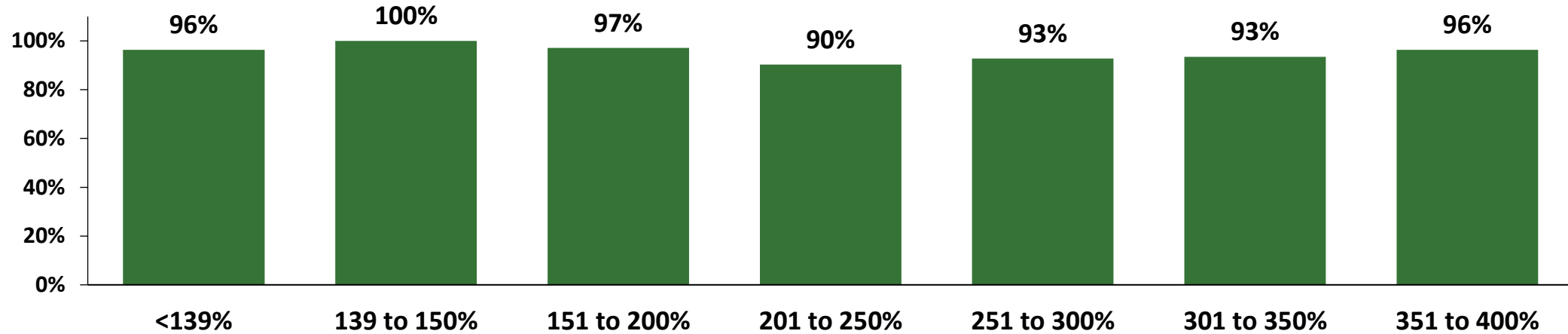


Sex	Estimated Population
Male	53,300
Female	60,500

Medicare Coverage by Federal Poverty Level

All resident's who are 65 and older with income between 139% and 150% of the FPL (1,500) are enrolled in Medicare, as are 97% (11,000) with an income between 151% and 200% of the FPL.

Medicare Coverage by Federal Poverty Level Vermont Residents Aged 65 and Older

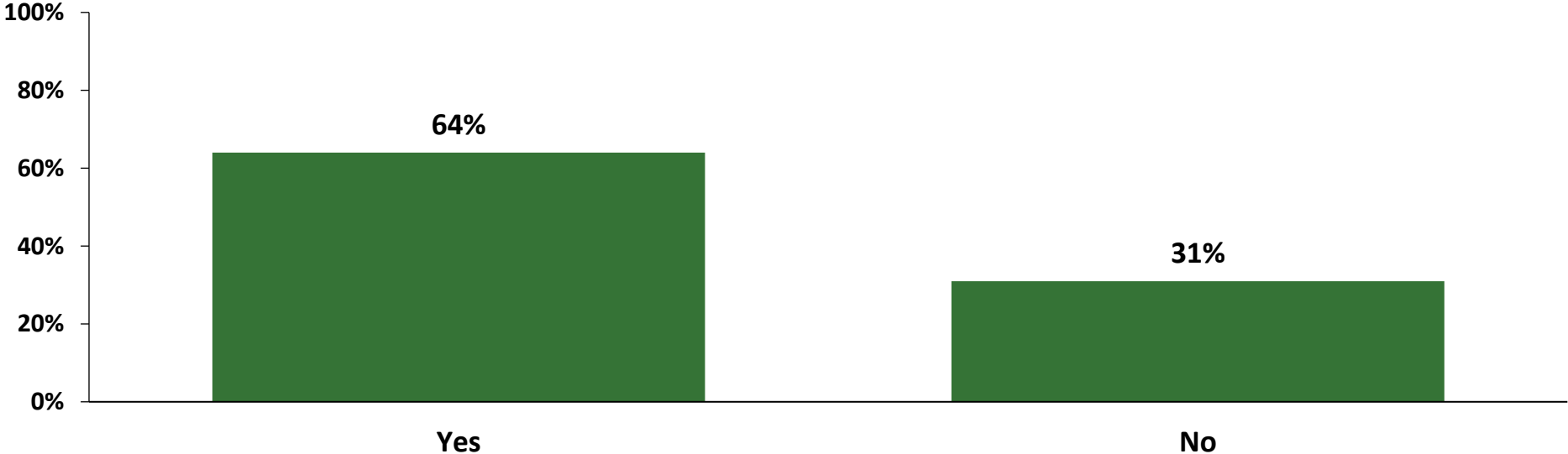


Percent of Federal Poverty Level	Estimated Population
<139%	15,400
139 to 150%	1,500
151 to 200%	11,000
201 to 250%	9,600
251 to 300%	10,400
301 to 350%	10,200
351 to 400%	7,000
>400%	48,800

Medicare Supplemental Coverage

In 2021, 64% of Vermonters aged 65 and older (73,000) who were enrolled in Medicare report that they also have Medicare supplemental insurance or are enrolled in a Medicare Advantage Plan.

Medicare Supplement Coverage Vermont Residents Aged 65 and Older



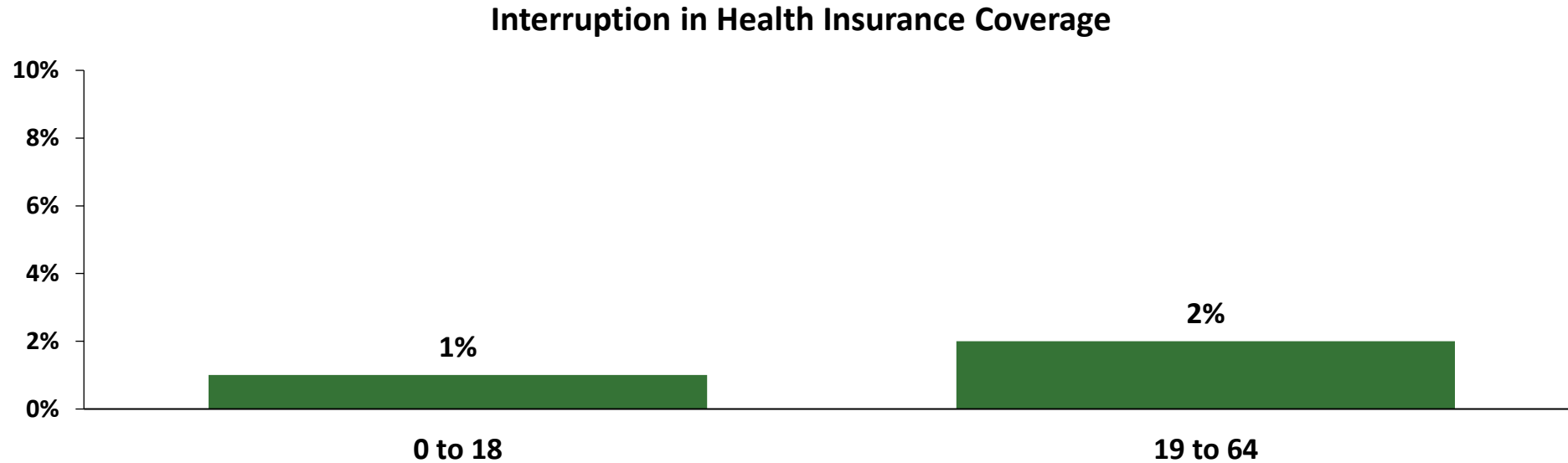
Response	Estimated Population
Yes	73,000
No	34,900

The image features a scenic landscape with rolling hills and a lake. The hills are covered in dense green forest and are set against a clear, light sky. In the foreground, two people are kayaking on the calm water of a lake. The kayakers are wearing life jackets and hats. The entire scene is overlaid with a semi-transparent teal banner that contains the title text.

Interruptions in Health Insurance Coverage

Interruption in Health Insurance Coverage Over Time

About two percent (8,800) of adult Vermonters aged 19 to 64 had an interruption in their health insurance coverage in 2021.

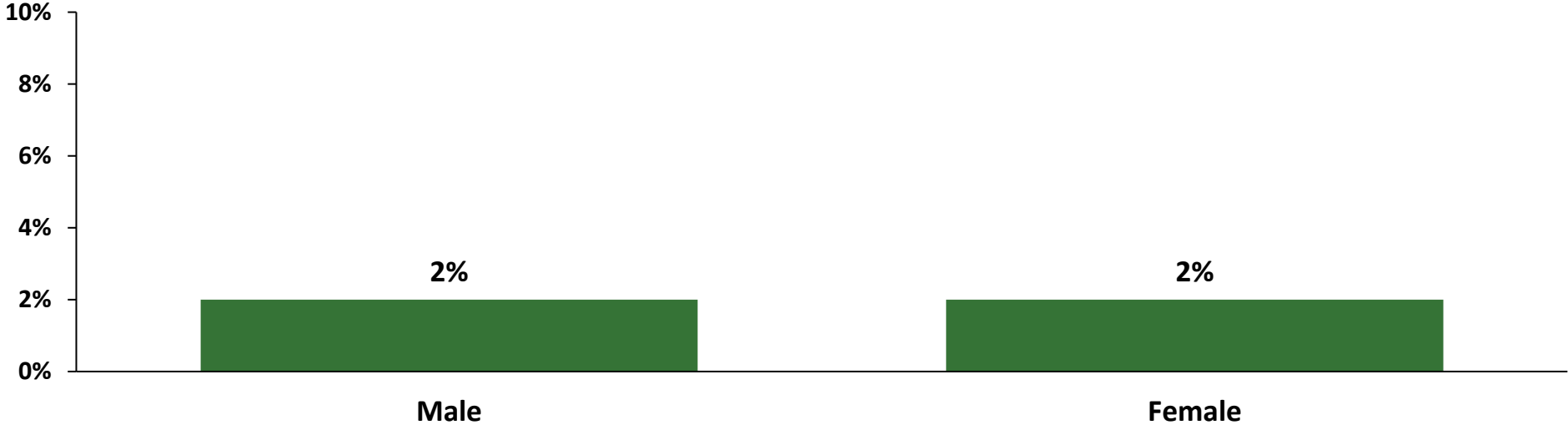


Age	Estimated Population
0 to 18	1,100
19 to 64	8,800

Interruption in Health Insurance Coverage by Sex

Male and female Vermonters under the age of 65 were equally likely to have had an interruption in their health insurance coverage in 2021.

Interruption in Health Insurance Coverage by Sex Vermont Residents Aged 0 to 64

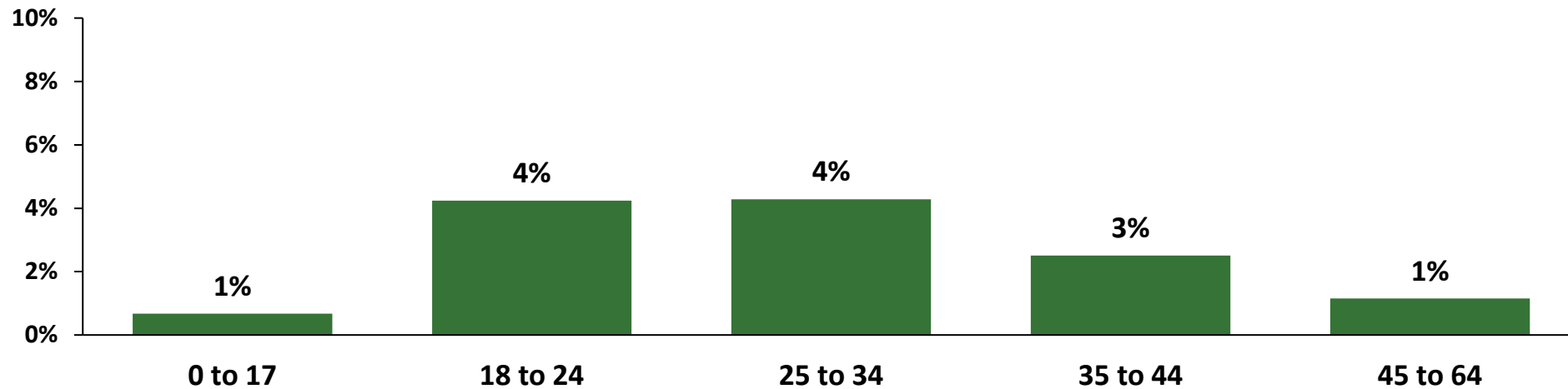


Sex	Estimated Population
Male	5,600
Female	4,300

Interruption in Health Insurance Coverage by Age

Four percent of Vermonters 18 to 24 years old and 25 to 34 years old experienced an interruption in their health insurance coverage in 2021. Vermonters 18 to 34 years old were significantly more likely than other age groups to have had an interruption in their insurance coverage in 2021.

Interruption in Health Insurance Coverage by Age Vermont Residents Aged 0 to 64

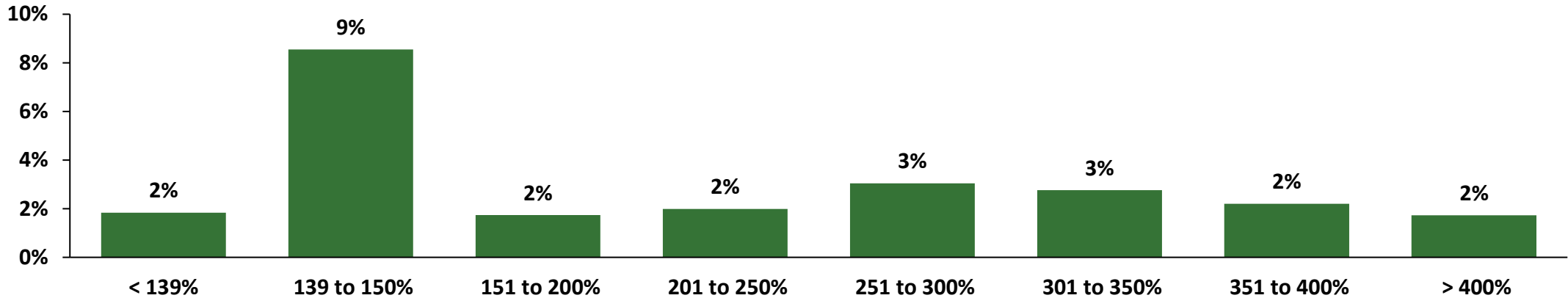


Age	Estimated Population
0 to 17	800
18 to 24	2,300
25 to 34	3,200
35 to 44	1,700
45 to 64	1,900

Interruption in Health Insurance Coverage by Federal Poverty Level

Nine percent (800) of Vermonters making 139% to 150% of the FPL experienced an interruption in health insurance coverage in 2021.

Interruption in Health Insurance Coverage by Federal Poverty Level Vermont Residents Aged 0 to 64

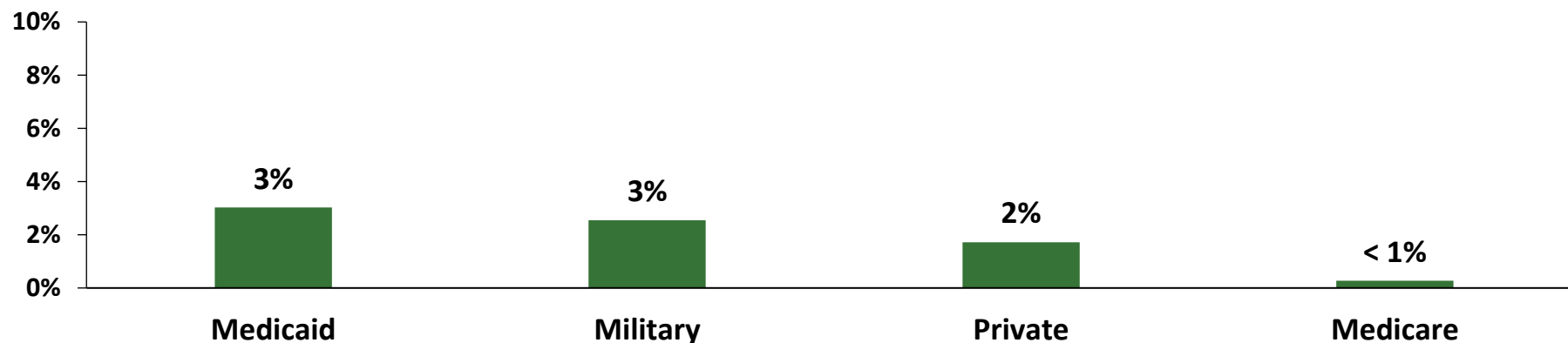


Percent of FPL	Counts
< 139%	2,000
139 to 150%	800
151 to 200%	700
201 to 250%	600
251 to 300%	1,000
301 to 350%	800
351 to 400%	600
> 400%	3,400

Interruption in Health Insurance Coverage by Primary Type

In 2021, 3% of Vermont residents 0 to 64 years old primarily insured through Medicaid or military insurance experienced an interruption in coverage compared to 2% of those primarily insured through private insurance.

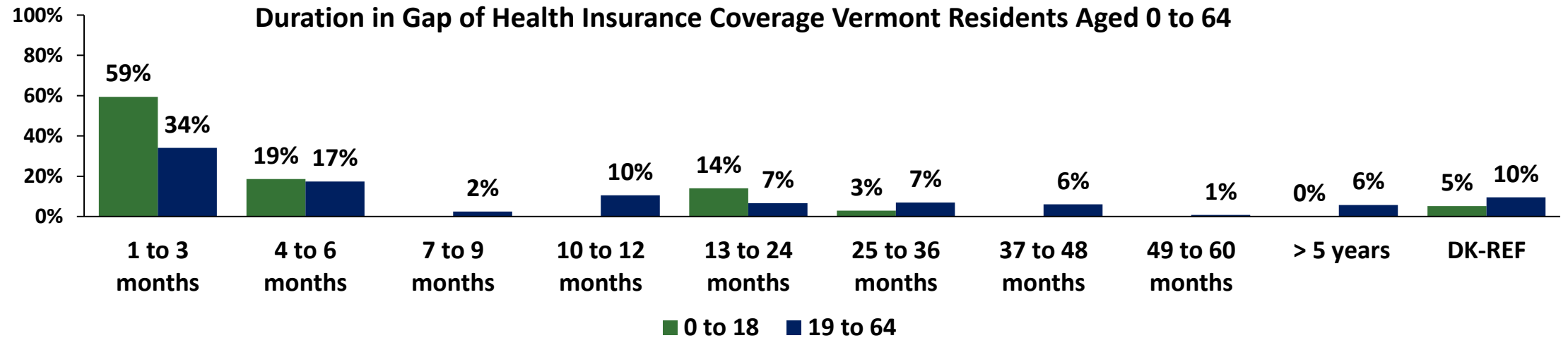
**Interruption in Health Insurance Coverage by Primary Type of Insurance
Vermont Residents Aged 0 to 64**



Primary Insurance	Estimated Population
Private	5,100
Medicaid	4,500
Medicare	100
Military	200

Duration of Gap in Health Insurance Coverage

More than half (59%) of children 0 to 18 years old (700), and a third (34%) of those adults 19 to 64 years old (3,000) experienced a gap of one to three months.

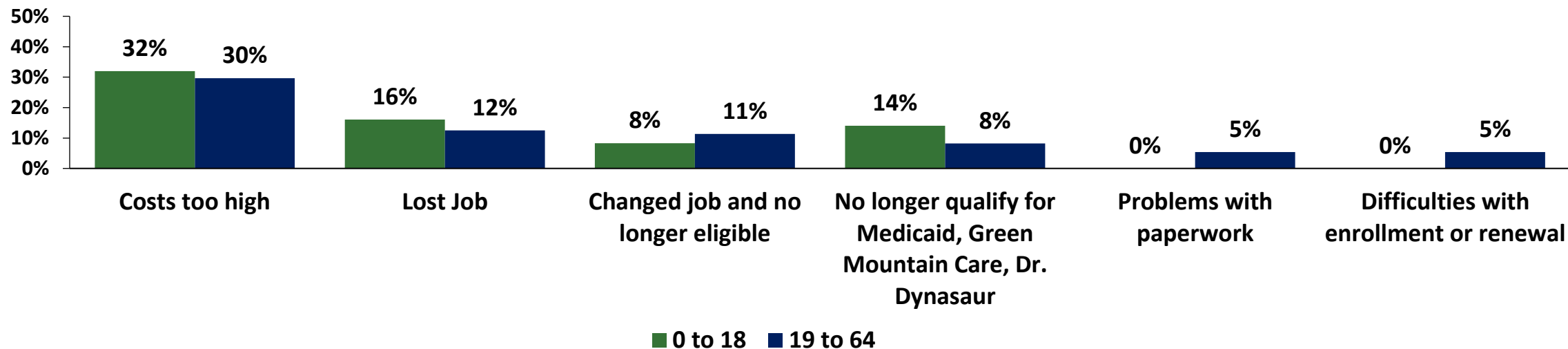


Duration of Gap	Estimated Population by Age	
	0 to 18	19 to 64
1 to 3 months	700	3,000
4 to 6 months	200	1,500
7 to 9 months	0	200
10 to 12 months	0	900
13 to 24 months	200	600
25 to 36 months	0	600
37 to 48 months	0	500
49 to 60 months	0	100
> 5 years	0	500

Reason for Gap in Health Insurance Coverage

In 2021, cost of health insurance coverage was the most common reason for a gap in coverage, accounting for a third (32%) of health insurance gaps among 0 to 18-year-olds and three in ten adults 19 to 64 years old.

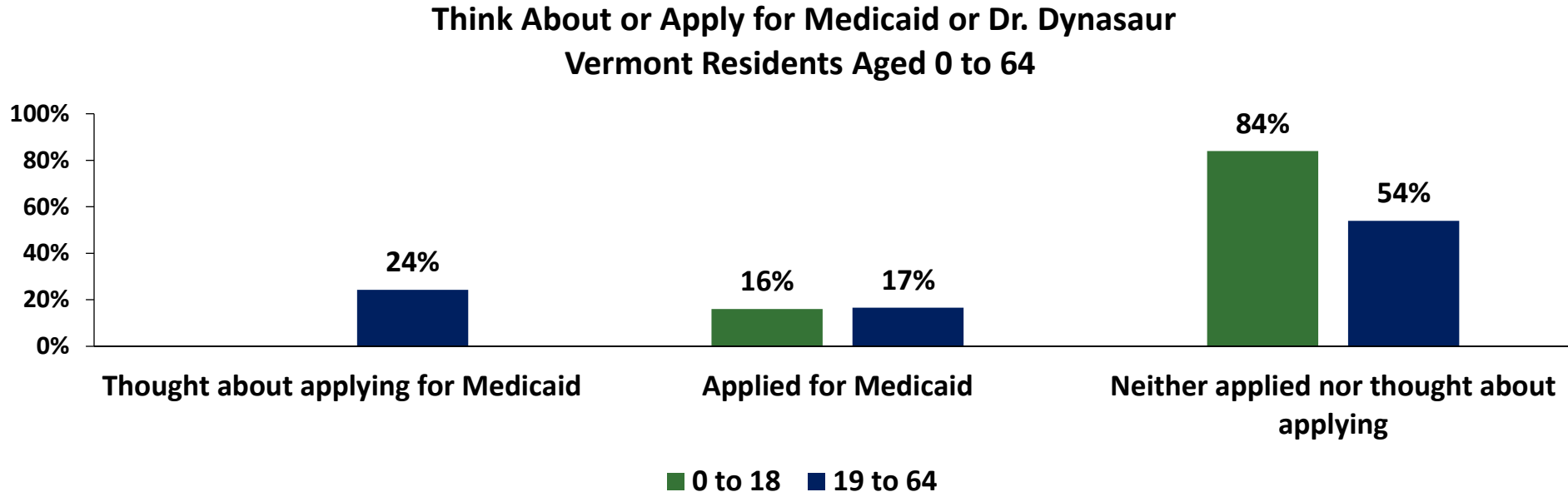
**Reason for Gap in Health Insurance Coverage
Vermont Residents Aged 0 to 64**



Reasons	Estimated Population by Age	
	0 to 18	19 to 64
Cost is too high, increased, cost of premium, cannot afford	400	2,600
Person with health insurance lost job	200	1,100
Person changed employers and not eligible for insurance	100	1,000
Not eligible, no longer qualify for Medicaid, Green Mountain Care, Dr. Dynasaur	200	700
Failed to send in paperwork, problems with paperwork	0	500
Difficulties with enrollment or renewal through VT Health Connect or Green Mountain Care	0	500

Think About or Apply for Medicaid or Dr. Dynasaur

The majority of those that experienced a gap in health insurance coverage in 2021 did not apply for Medicaid/Dr. Dynasaur or think about applying for these programs. Among those 0 to 18 years old with an interruption in coverage, none thought of applying, while only 24% (2,100) of 19 to 64 years old thought about applying for Medicaid.



Response	Estimated Population by Age	
	0 to 18	19 to 64
Think about applying for Medicaid	0	2,100
Apply for Medicaid	200	1,500
Neither	900	4,700



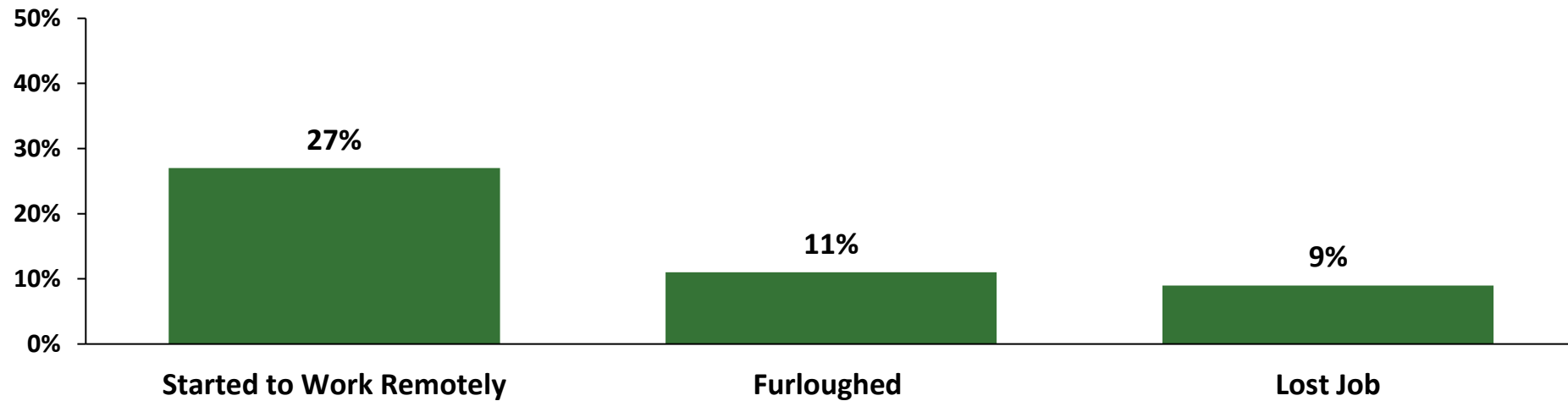
Impact of COVID-19



Working Remotely Due to COVID-19

Just over one-quarter (27%) of Vermont residents (102,200) indicate they started working remotely due to COVID-19. In terms of employment impacts, 11% (42,100) were furloughed, and 9% (34,600) lost their job due to COVID-19.

**Changes in Employment Status Due to COVID-19
Vermont Residents Aged 18 to 64**

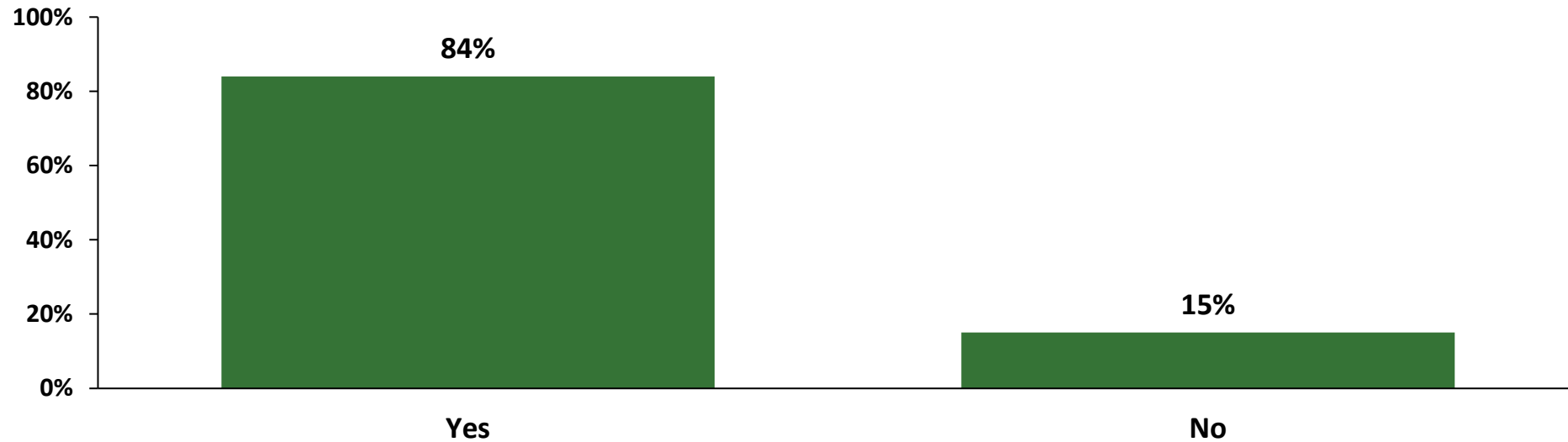


Post COVID-19 Work Status	Estimated Population
Started to Work Remotely	102,200
Furloughed	42,100
Lost Job	34,600

Maintained Coverage While Unemployed or Furloughed Due to COVID-19

Among those that were either furloughed or lost their job due to COVID-19, 84% (59,200) were able to maintain their health insurance.

**Did Person Maintain Health Insurance Coverage while Unemployed?
Vermont Residents Aged 18 to 64**

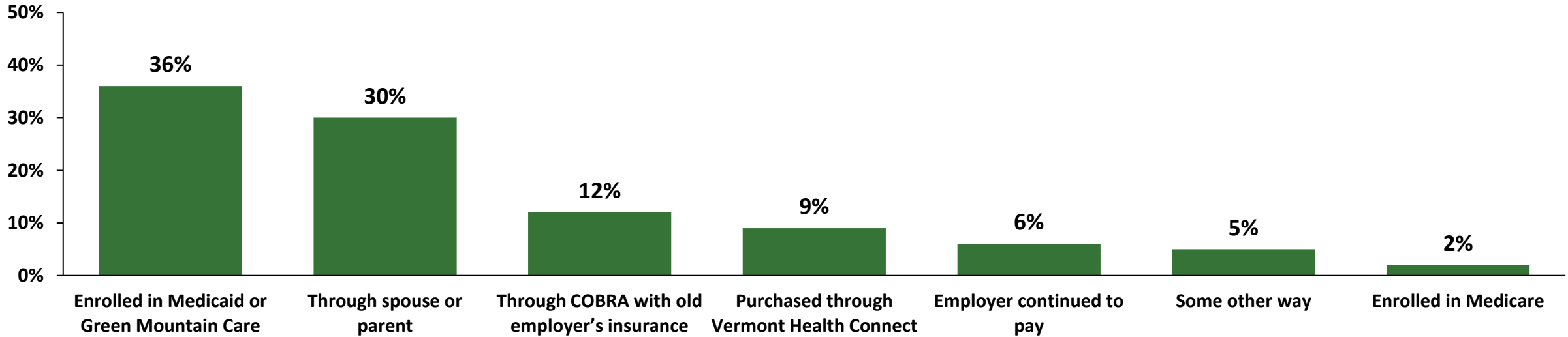


Response	Estimated Population
Yes	59,200
No	10,700

How Coverage was Maintained While Unemployed or Furloughed Due to COVID-19

Thirty-six percent (21,400) of Vermont adults 18 to 64 years old who lost their job due to COVID-19 and were able to maintain health insurance coverage did so by enrolling in Medicaid. An additional 30% (17,700) were able to obtain private health insurance coverage through a spouse or a parent, 12% (7,100) continued coverage through COBRA, and 9% (5,300) purchased private health insurance through Vermont Health Connect.

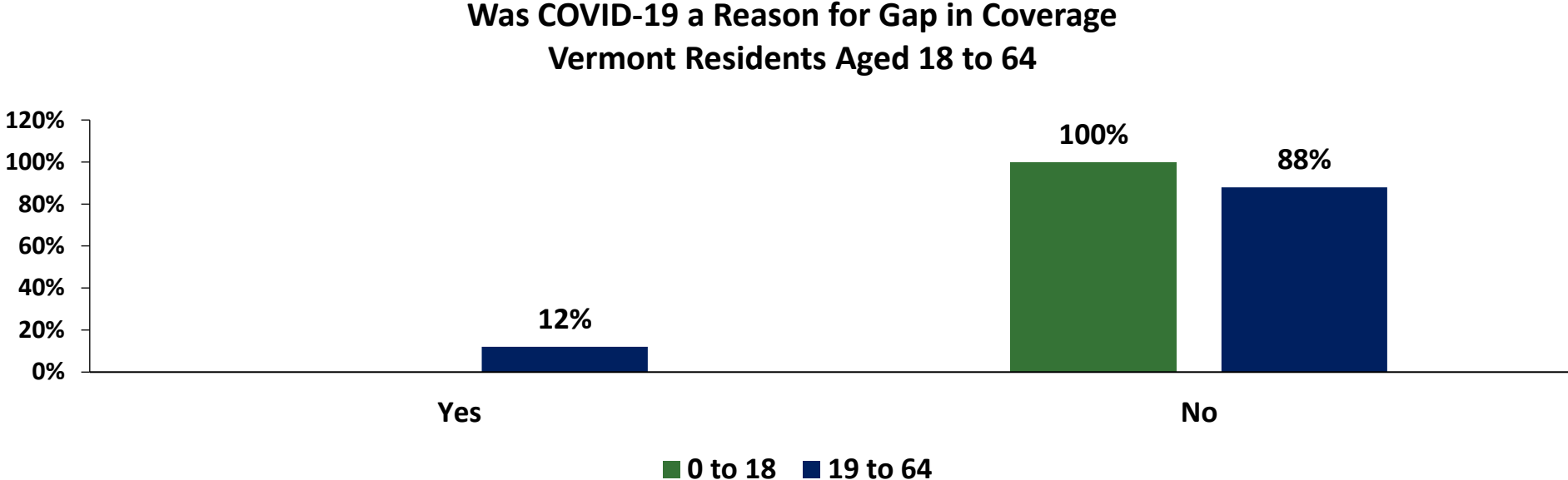
Maintain Coverage While Unemployed Due to COVID-19 Vermont Residents Aged 18 to 64



Method of Maintaining Coverage	Estimated Population
Enrolled in Medicaid or Green Mountain Care	21,400
Through spouse or parent	17,700
Through COBRA with old employer's insurance	7,100
Purchased through Vermont Health Connect	5,300
Employer continued to pay	3,400
Some other way	2,800
Enrolled in Medicare	1,100

Was COVID-19 a Reason for Gap in Health Insurance Coverage

Among the 2% of Vermonters 19 to 64 years old that experienced a gap in their health insurance coverage, only 12% (1,100) indicated this gap was due to COVID-19.



Estimated Population by Age		
Response	0 to 18	19 to 64
Yes	0	1,100
No	1,100	7,700



Health Equity



Defining Populations at Risk

This section explores differences in access to care among several populations in Vermont that are sometimes missed when providing general population statistics due to their relatively small size. These populations frequently have less ability to access the care they need and more frequently experience barriers which can make it more difficult to remain healthy. This, in turn, makes it more difficult to maintain an income or health insurance, making care more difficult to access.

The following groups were explored:

- **Persons of Color:** Individuals who were reported as primarily Black/African American, Asian American, or Native/Indigenous Americans. There were not enough Hawaiian Native/Pacific Islander to report the population separately.
- **Ethnicity:** Individuals who were reported as belonging to any of the Hispanic or Latino/a groups, regardless of race.
- **Sexual Minorities:** Individuals over the age of 18 who were reported as being lesbian, gay, bisexual, or of any sexual identity other than straight, regardless of reported gender.
- **Gender Minorities:** Individuals who were reported as being transgender, non-binary, genderqueer, or any other gender identity other than cis, or whose reported gender and sex did not align, regardless of sexuality.
- **People Living with a Disability:** Individuals who were reported as having serious difficulty with any of a number of daily living tasks or functions.

Drawing Distinction – SOGI Minorities

Throughout this section we consistently separate individuals who are members of sexual orientation minority groups from those who are members of gender identity minority groups. While these groups are often presented as singular in political and media spaces, they are separate, non-exclusive and non-mutual groups. For example, an individual can be a member of a gender identity minority group and consider themselves straight, or an individual can have a sexual orientation besides heterosexual and be cis-gendered (that is, with a gender identity that aligns with their assigned sex).

It is particularly important to understand these groups independently within the subject of health care. These groups are likely to have different health care needs and experiences. An umbrella understanding of 'LGBTQIA+' individuals serves both sexual orientation and gender identity minorities poorly by failing to grasp important distinctions. Gender minority individuals, being a notably smaller population, are likely to have their needs missed if only this umbrella lens is used.

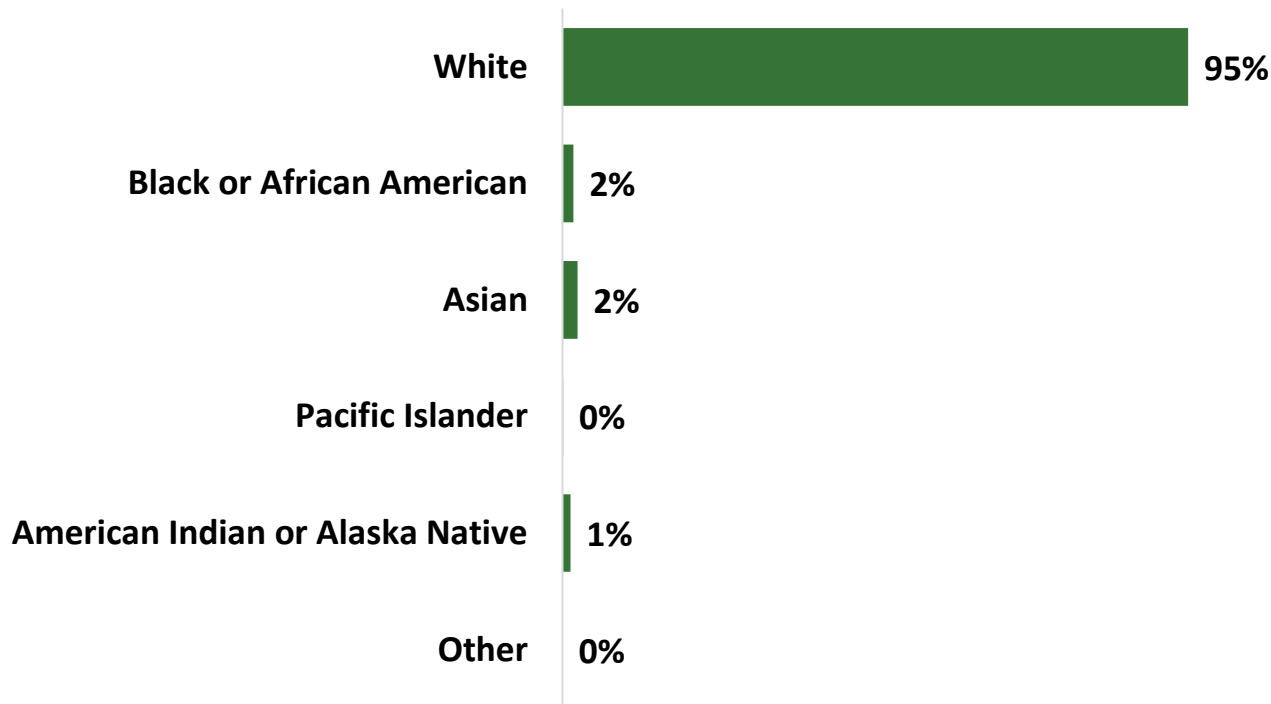
The Vermont Health Insurance Study is a rare instance of a random, representative sample survey which gathers information on enough individuals to provide meaningful insight into the experience of gender identity minority and sexual identity minorities understood as distinct groups.

Black, Indigenous and People of Color

Most Vermonters (95%) primarily identify as White. Vermonters who primarily identify as Black or Asian each make up about 2% of the population, while Vermonters who primarily identify as Indigenous Americans make up about 1%.

Based on the data collected, too few individuals who consider themselves Pacific Islanders or individuals who consider themselves members of an 'Other' race group are present in the data set to conduct health equity analysis for these racial groups.

Racial Groups



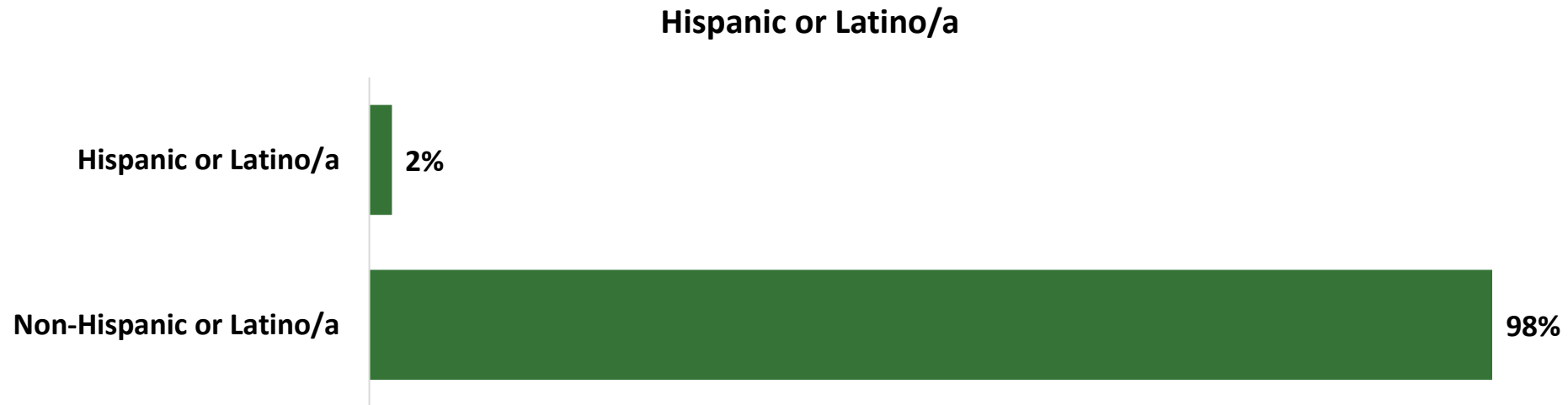
Race*	Estimated Population
White	586,500
Asian	14,000
Black or African American	10,100
American Indian or Alaska Native	7,500
Pacific Islander	600
Other	100

*Individuals were identified as BIPOC according to their primary race - that is, the first racial group mentioned when the respondent described the individual in the survey.

Ethnicity

About 2% of Vermonters are of Hispanic or Latin ethnicity.

Based on the data collected, there were not enough individuals to report on Hispanic or Latino/a minorities in more detail than as a single group. This is a limitation of the data.



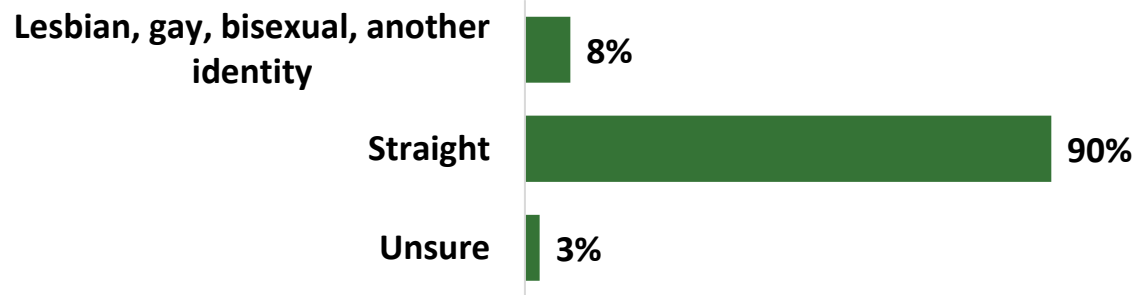
Hispanic or Latino/a Ethnicity*	Estimated Population
Hispanic or Latino/a	12,300
Non-Hispanic or Latino/a	606,500

*Individuals were identified as Hispanic or Latino/a if they responded they identified as any of a number of ethnic backgrounds. These are detailed further in the survey instrument.

Sexual Orientation and Gender Identity

Individuals who identify as lesbian, gay, bisexual, or another sexual minority identity make up about 8% of Vermonters. Individuals who identify as trans, genderqueer, non-binary, or otherwise not cis-gendered make up about 2% of Vermonters.

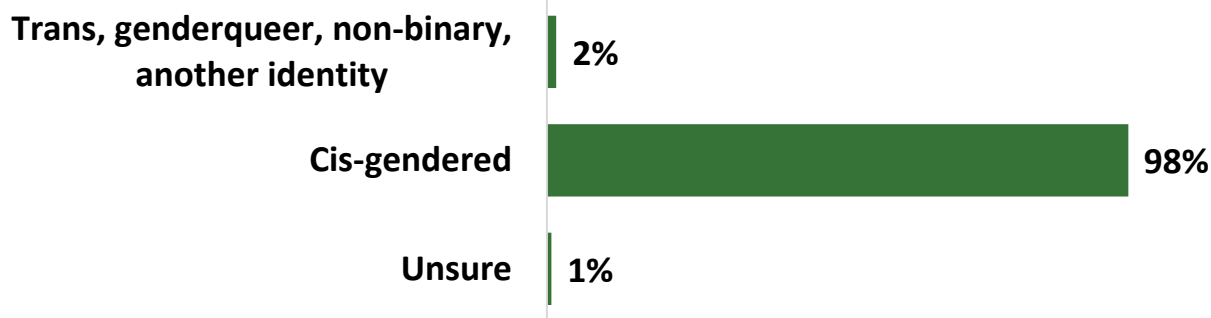
Sexual Orientation



Sexual Orientation	Estimated Population
Lesbian, gay, bisexual, another identity	38,900
Straight	450,700
Unsure	12,600

Individuals were identified as sexual orientation minorities if they answered anything but 'straight' or 'heterosexual' when asked how they describe their sexual orientation.

Gender Identity



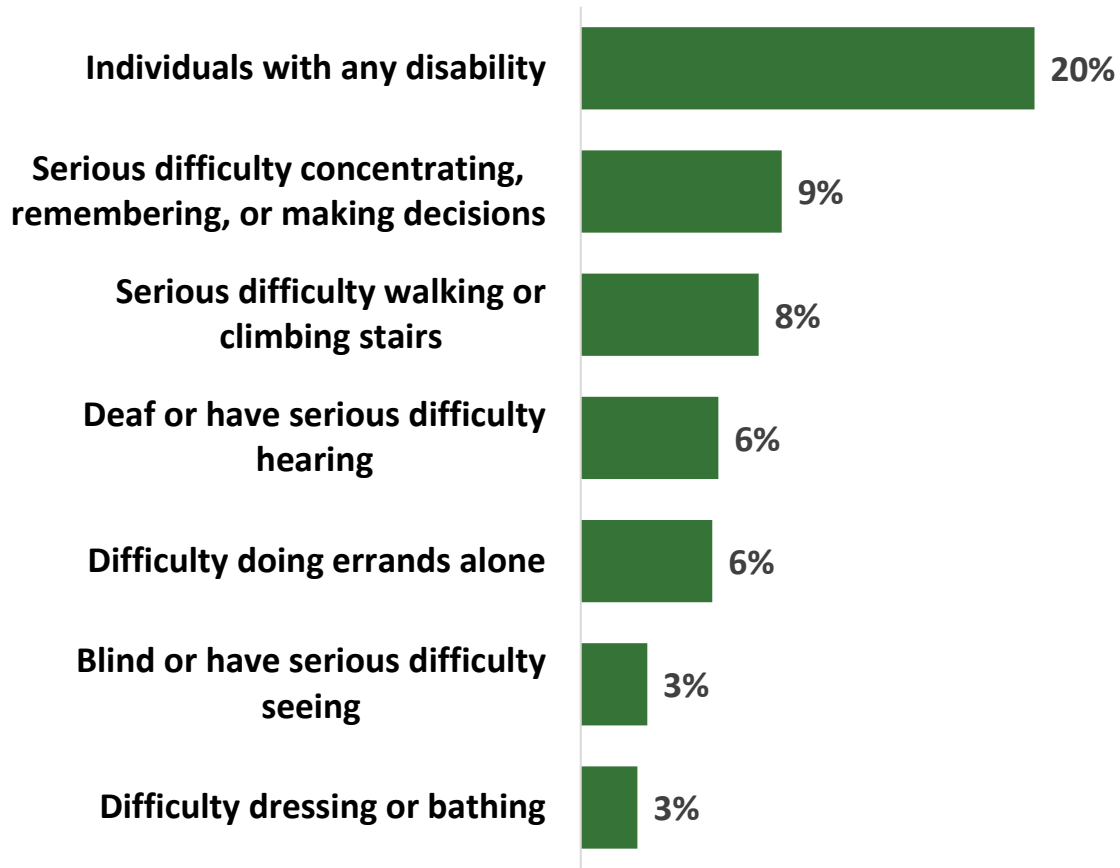
Gender Identity	Estimated Population
Trans, genderqueer, non-binary, another identity	9,900
Cis-gendered	604,100
Unsure	4,700

Individuals were identified as members of a gender identity minority when they either explicitly stated they were non-cis-gendered or when their stated gender identity and their sex assigned at birth did not align.

Vermonters with a Disability

About 20% of Vermonters have a disability. These are most frequently difficulty concentrating, remembering, or making decisions, or difficulty walking or climbing up stairs.

Specific Disabilities



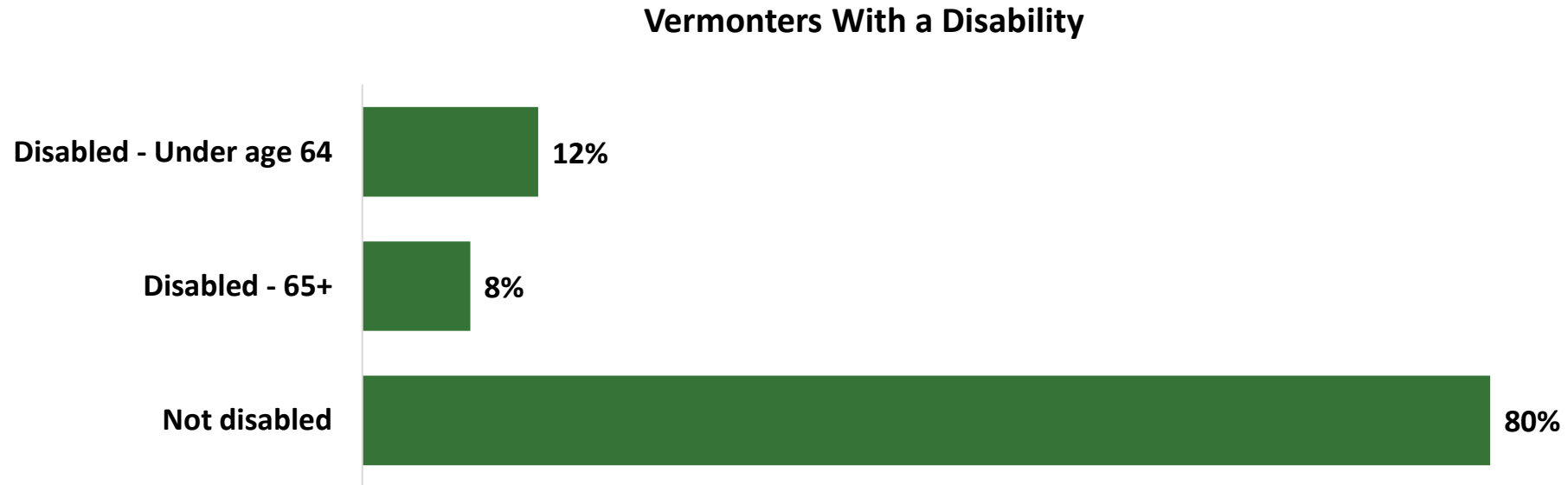
Disability*	Estimated Population
Disabled	124,300
Serious difficulty concentrating, remembering, or making decisions	55,000
Serious difficulty walking or climbing stairs	48,700
Deaf or have serious difficulty hearing	37,700
Difficulty doing errands alone	36,100
Blind or have serious difficulty seeing	18,200
Difficulty dressing or bathing	15,500

*Individuals were identified as having a disability if they answered 'yes' to any of the six disability questions used. These questions were identical to the series used by the American Community Survey; see the complete survey instrument.

*Multiple responses accepted

Vermonters with a Disability by Age

Among all Vermonters, 12% are under the age of 65 and have a disability. Eight percent are 65 years or older and have a disability. Four out of five Vermonters (80%) have no disability, regardless of age.



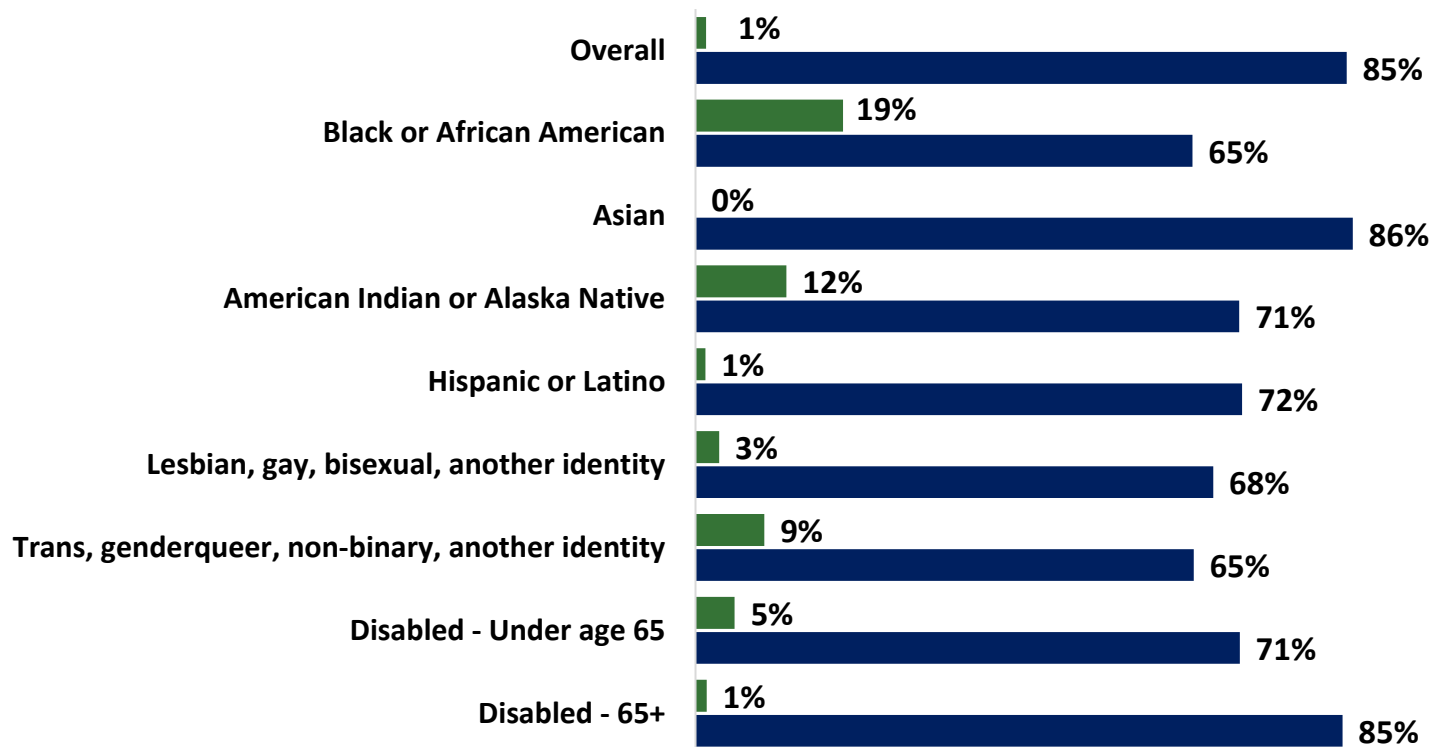
Disability	Estimated Population
Disabled - Under age 64	77,000
Disabled - 65+	47,300
Not disabled	494,400

Experienced Discrimination or Prejudice during Health Care Encounters

Respondents in households with Black or African American individuals in 2021 were 14 times more likely to report experiencing discrimination or prejudice often during health care encounters than Vermonters overall. Respondents in households with a person of American Indian or Alaska Native descent or LGBT were also much more likely to report experiencing discrimination or prejudice during health care encounters. Black or African American, American Indian, Hispanic or Latino/a, sexual orientation and gender minority, disabled under age 65 are all significantly less likely to report never experiencing prejudice or discrimination.

Percent who experienced discrimination or prejudice in health care

■ Often ■ Never

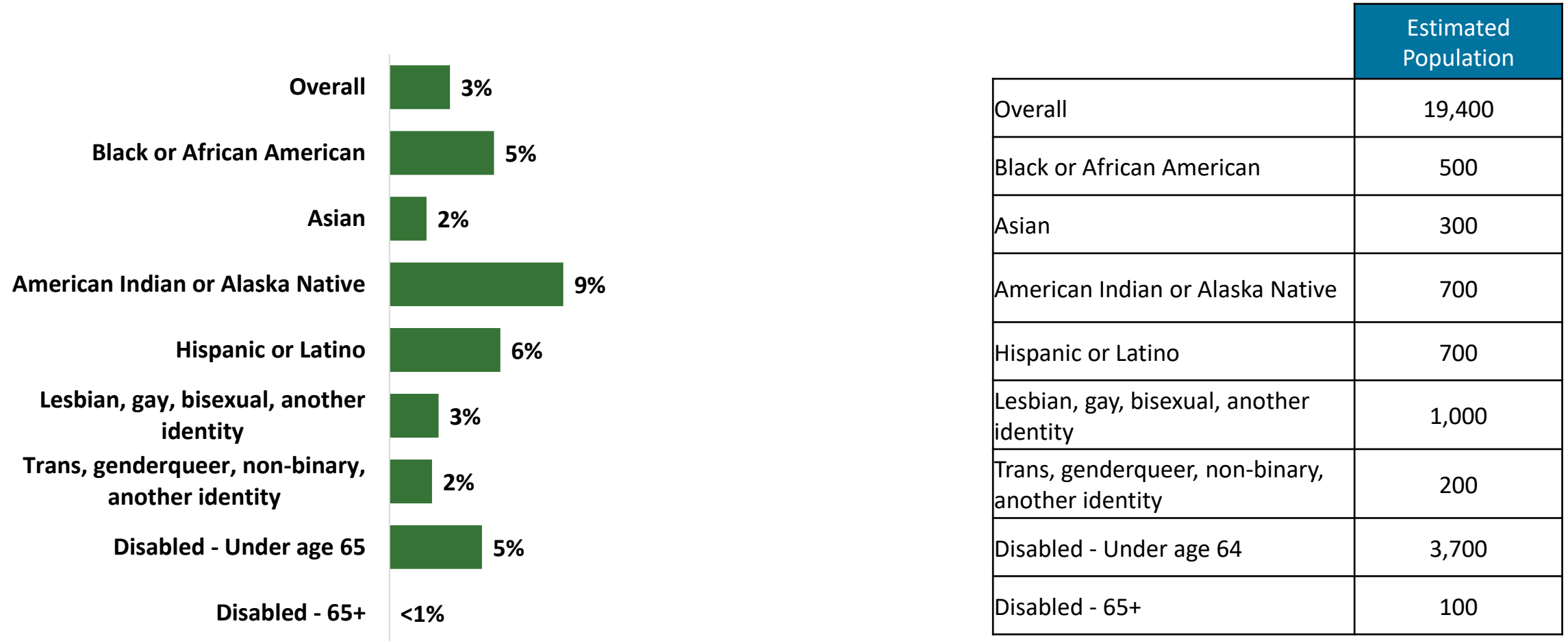


	Estimated Population "Often"	Estimated Population "Never"
Overall	8,500	528,000
Black or African American	2,000	6,600
Asian	0	12,000
American Indian or Alaska Native	900	5,300
Hispanic or Latino	200	8,800
Lesbian, gay, bisexual, another identity	1,200	26,400
Trans, genderqueer, non-binary, another identity	900	6,500
Disabled - Under age 64	3,900	55,000
Disabled - 65+	700	40,100

Uninsured Populations

American Indian or Alaska Natives are significantly more likely than Vermonters overall to be uninsured.

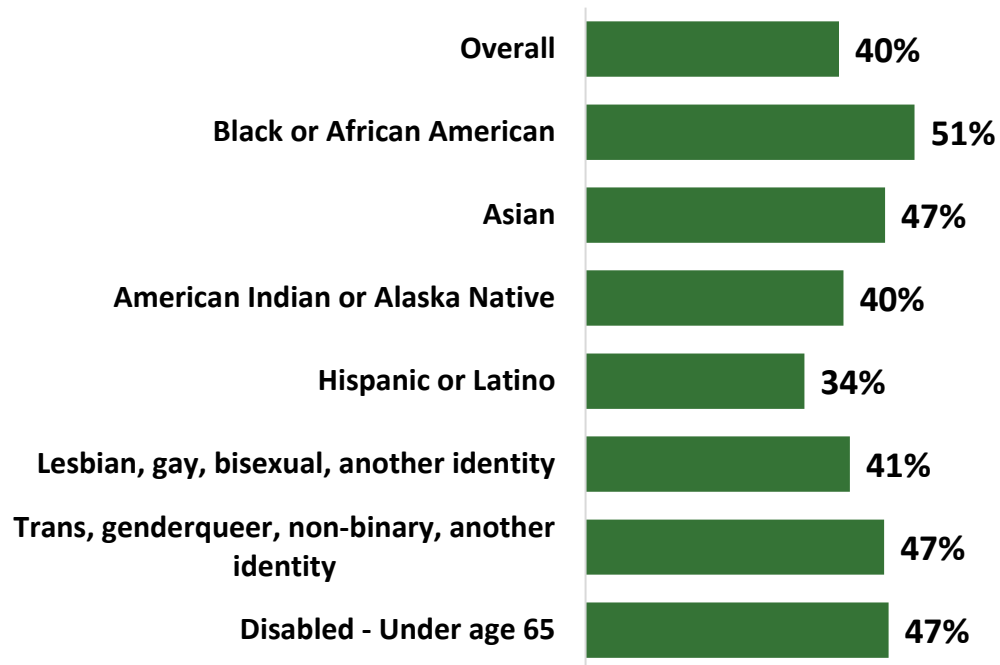
Percent Uninsured



Underinsurance* among those Under Age 65

Black or African Americans, gender identity minority (those identifying as Trans, genderqueer, non-binary, or another identity), and those disabled under the age of 65 in 2021 were more likely to be underinsured compared to other groups of Vermonters.

Percent Underinsured under Age 65



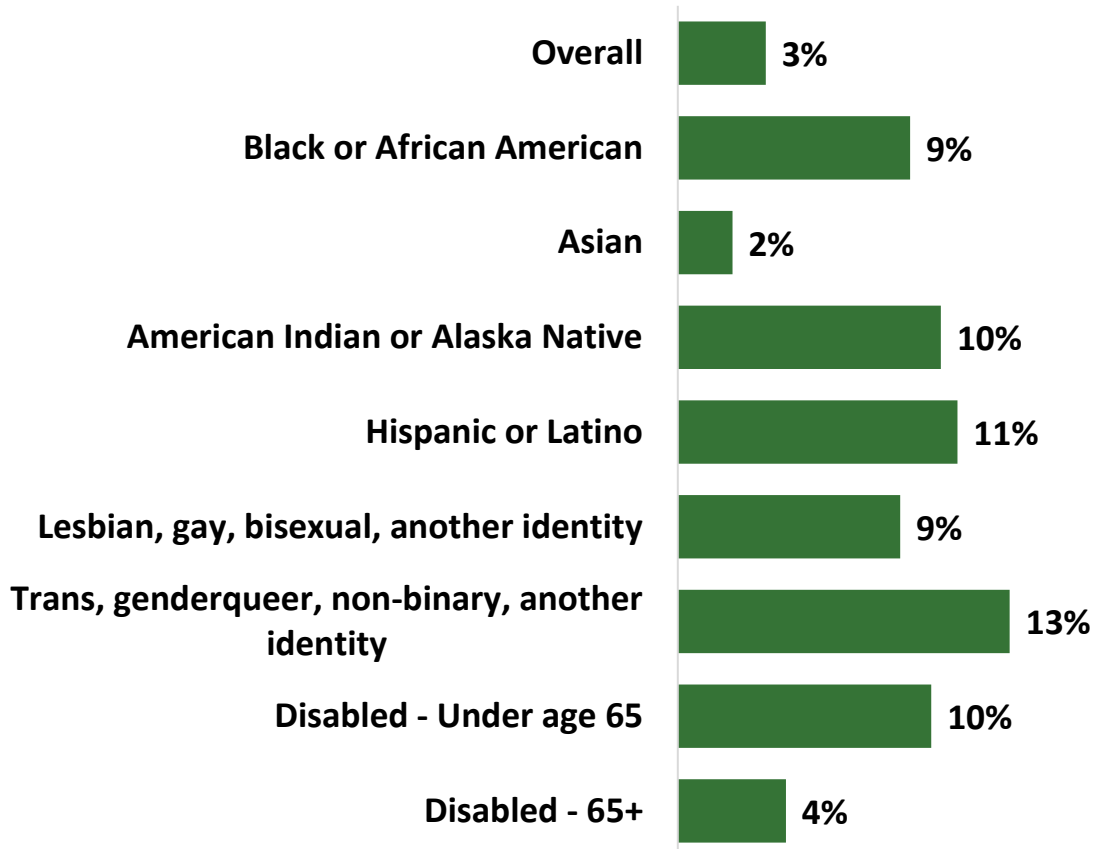
	Estimated Population
Overall	187,837
Black or African American	4,625
Asian	5,798
American Indian or Alaska Native	2,213
Hispanic or Latino	3,577
Lesbian, gay, bisexual, something else	13,514
Trans, genderqueer, non-binary, something else	4,292
Disabled - Under age 65	34,660

*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

Care Delayed due to Cost – Routine Care

Gender minority individuals were most likely to report missing routine medical care because they could not afford it. American Indian or Alaska Native, Hispanic or Latino/a, LGBT and people with a disability under the age of 65 all report significantly higher rates of missing medical care because they could not afford it.

Delayed Care Due to Cost

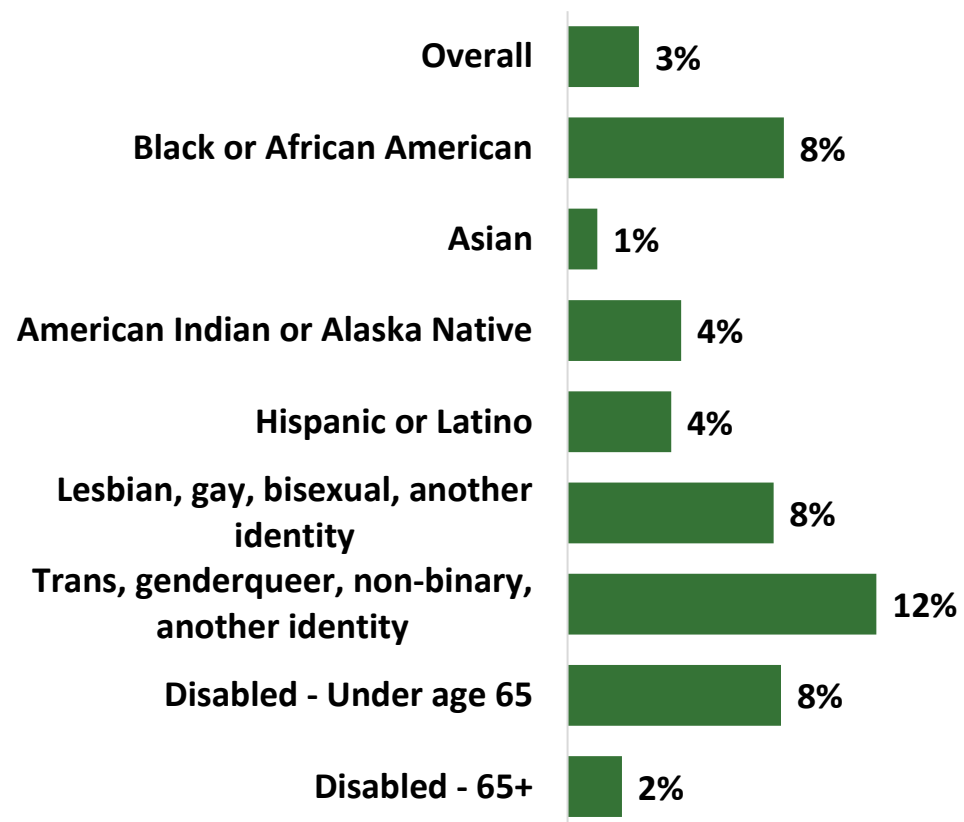


	Estimated Population
Overall	21,500
Black or African American	900
Asian	300
American Indian or Alaska Native	800
Hispanic or Latino	1,400
Lesbian, gay, bisexual, another identity	3,400
Trans, genderqueer, non-binary, another identity	1,300
Disabled - Under age 64	7,700
Disabled - 65+	2,000

Care Delayed due to Cost – Medical Care

Gender identity minorities were most likely not to receive care from a doctor or surgery because they could not afford it (12%). People with a disability under age 65, Black or African American, and LGBT were also more likely to not receive care because of cost than Vermonters overall.

Medical Care Delayed Due to Cost

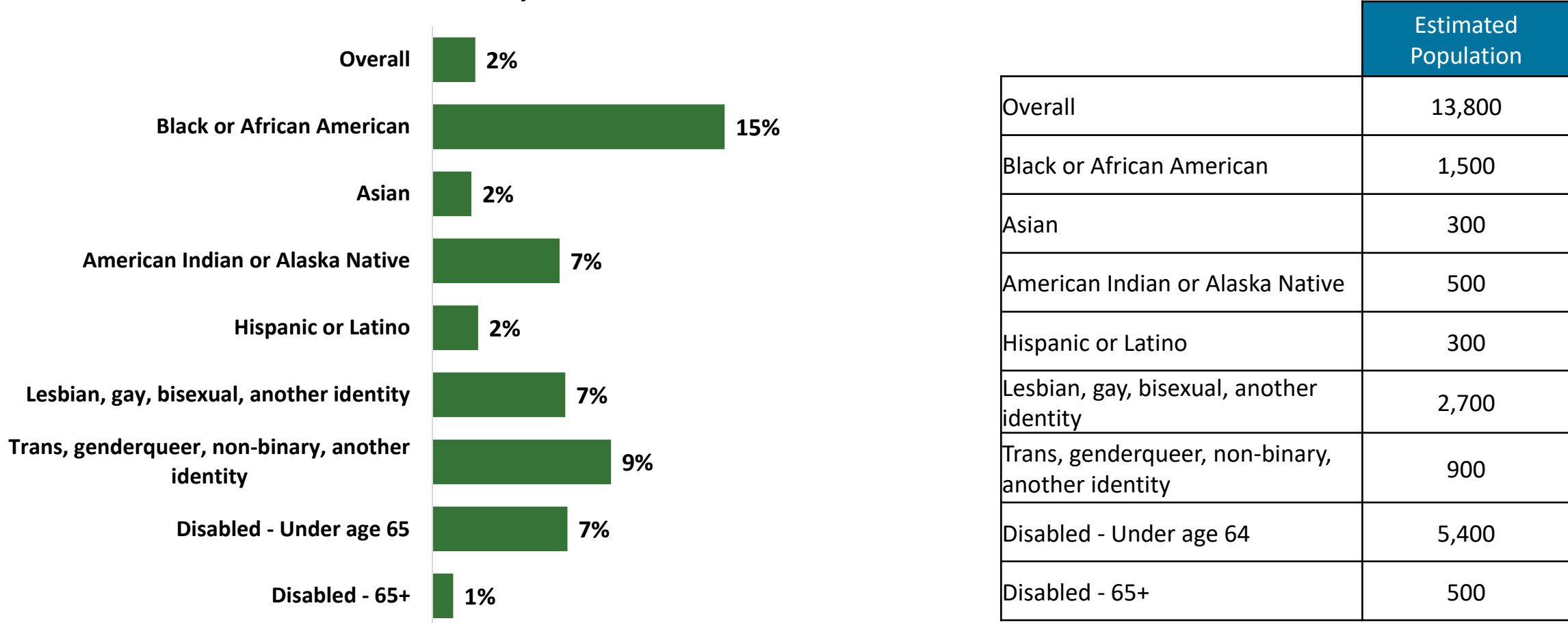


	Estimated Population
Overall	16,700
Black or African American	800
Asian	200
American Indian or Alaska Native	300
Hispanic or Latino	500
Lesbian, gay, bisexual, another identity	3,000
Trans, genderqueer, non-binary, another identity	1,200
Disabled - Under age 64	6,200
Disabled - 65+	1,000

Care Delayed due to Cost – Mental Health Care

Black or African American Vermonters were the most likely to delay needed mental health care because of affordability issues (15%).

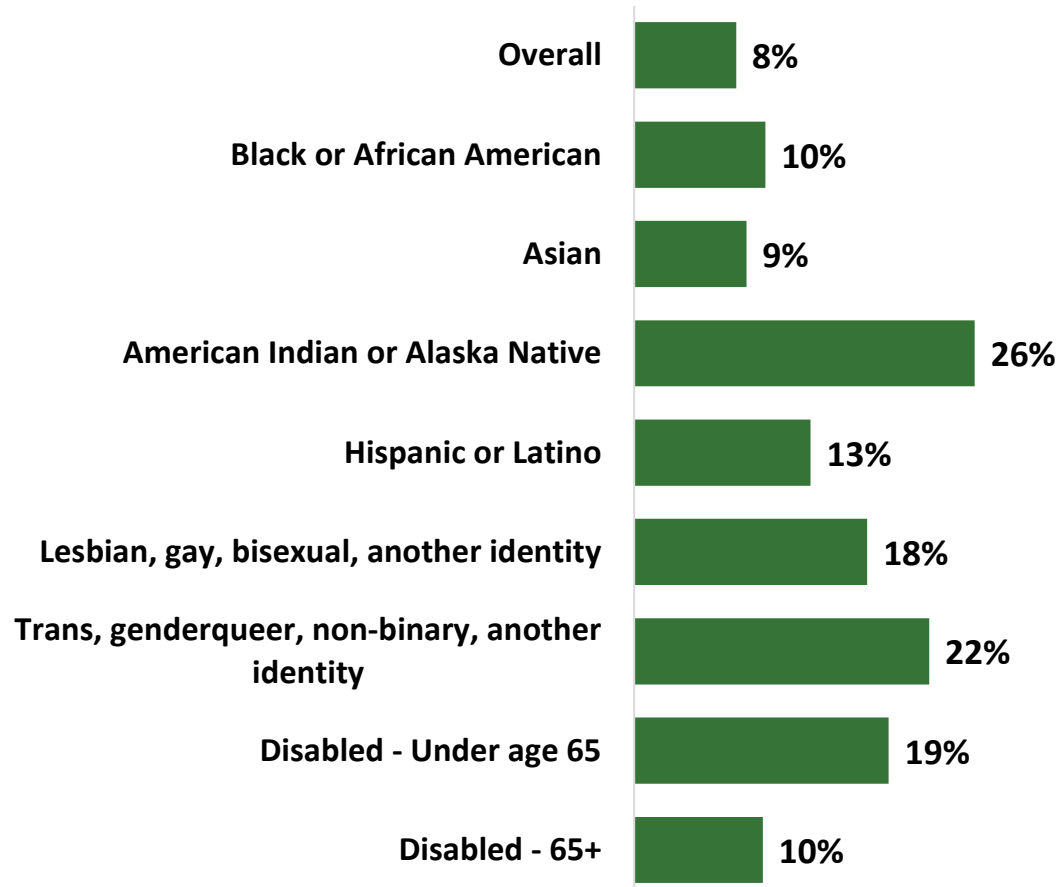
Mental Health Care Delayed due to Cost



Care Delayed due to Cost – Dental Care

American Indians in Vermont were most likely to delay needed dental care because of affordability issues (26%).

Dental Care Delayed due to Cost

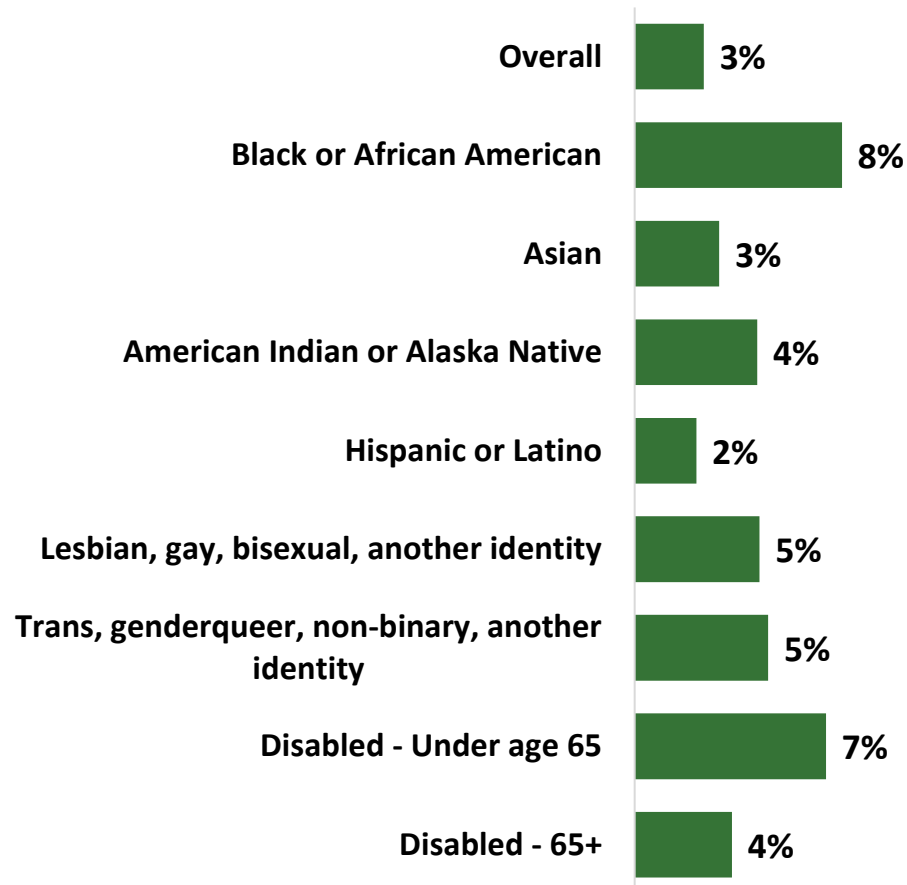


	Estimated Population
Overall	47,800
Black or African American	1,000
Asian	1,200
American Indian or Alaska Native	1,900
Hispanic or Latino	1,600
Lesbian, gay, bisexual, another identity	6,900
Trans, genderqueer, non-binary, another identity	2,200
Disabled - Under age 64	14,800
Disabled - 65+	4,600

Care Delayed due to Cost – Diagnostic Tests

Black or African American (8%) and Vermonters under age 65 with a disability (7%) were most likely to delay a diagnostic test because they could not afford it.

Diagnostic Tests Delayed due to Costs

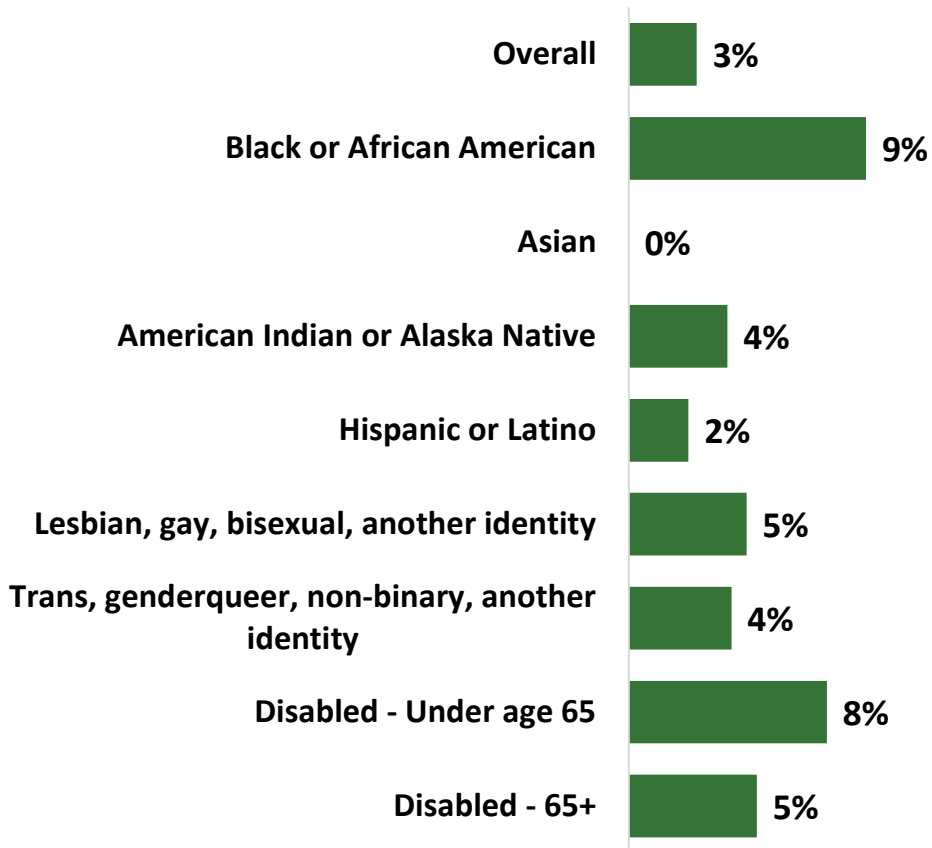


	Estimated Population
Overall	15,600
Black or African American	800
Asian	400
American Indian or Alaska Native	300
Hispanic or Latino	300
Lesbian, gay, bisexual, another identity	1,800
Trans, genderqueer, non-binary, another identity	500
Disabled - Under age 64	5,400
Disabled - 65+	1,700

Care Delayed due to Cost – Prescription Medications

Black or African American (9%) and the disabled under age 65 (8%) were most likely not get needed prescription medication because they could not afford it.

Prescription Medication Not Received due to Cost

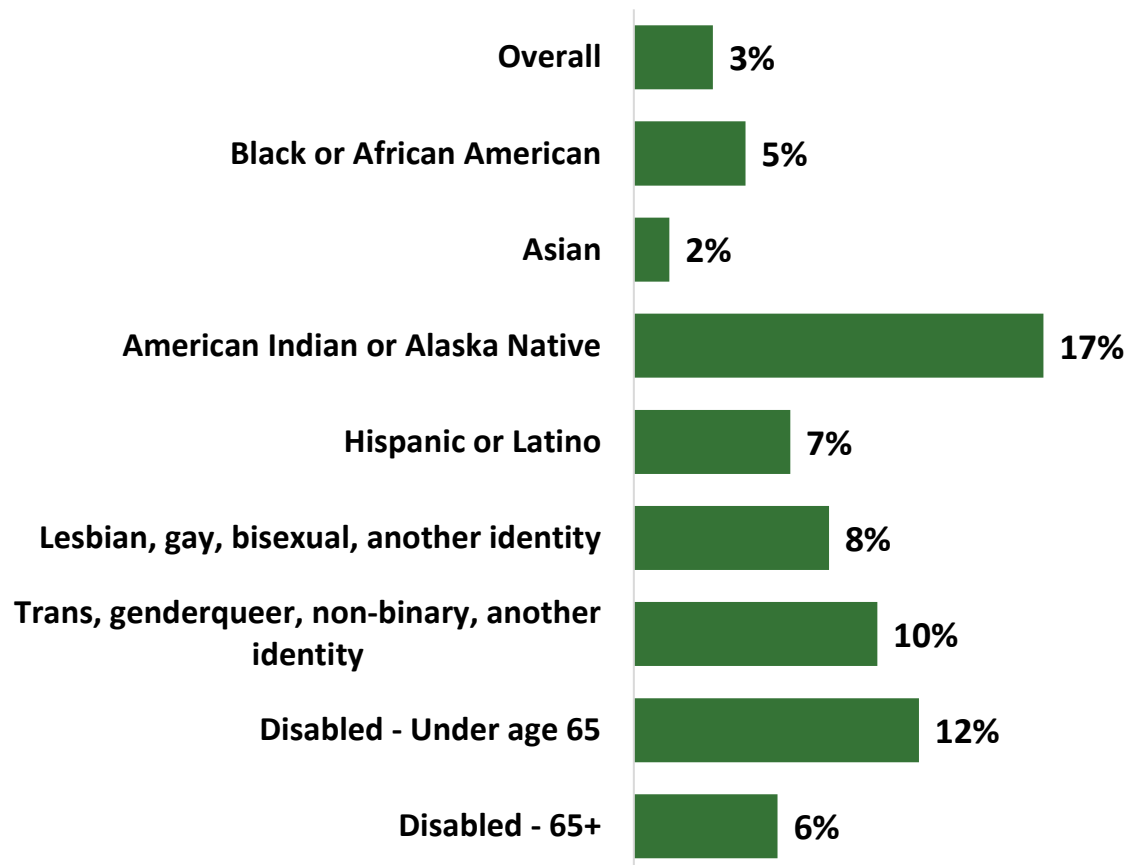


	Estimated Population
Overall	16,400
Black or African American	900
Asian	0
American Indian or Alaska Native	300
Hispanic or Latino	300
Lesbian, gay, bisexual, another identity	1,800
Trans, genderqueer, non-binary, another identity	400
Disabled - Under age 64	6,000
Disabled - 65+	2,400

Care Delayed due to Cost – Medication Doses

American Indian or Alaska Natives in Vermont were notably more likely to indicate they skipped medication or took smaller doses to make medication last longer (17%) than Vermonters overall (3%).

Skipped or Took Smaller Doses of Rx Medication

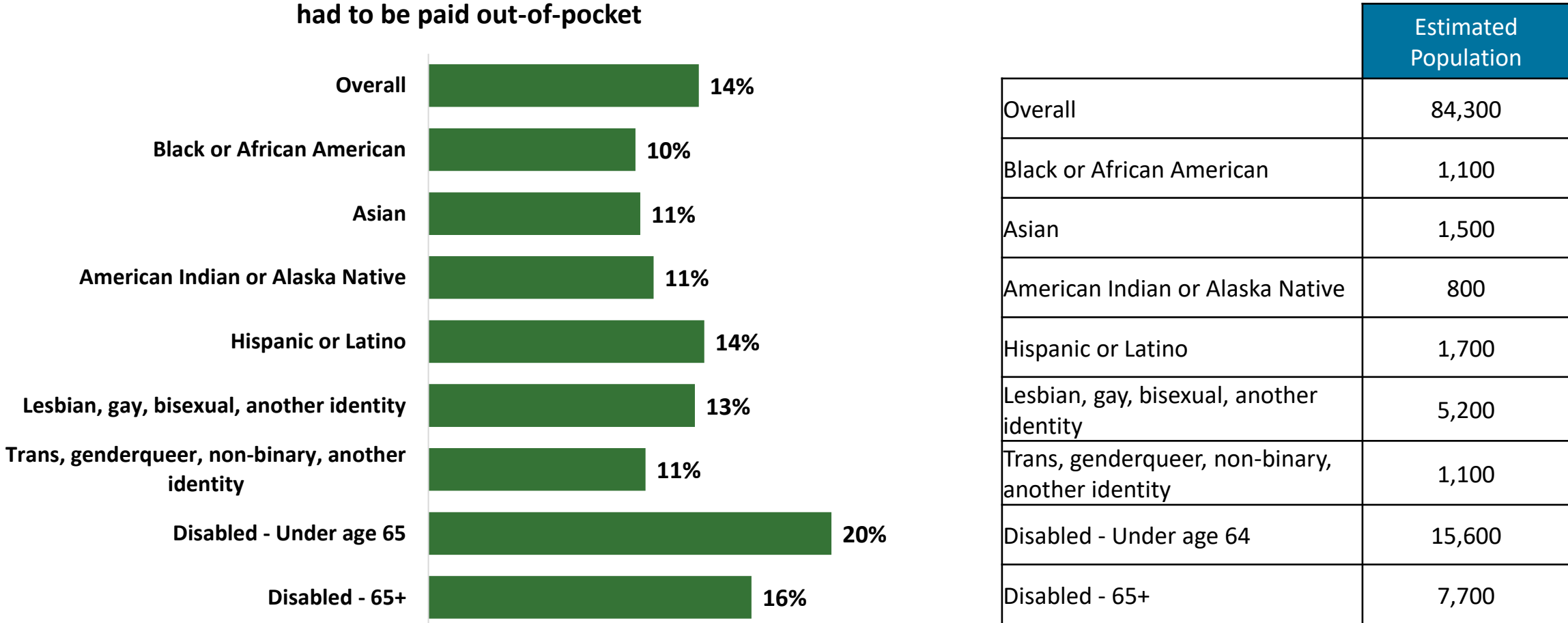


	Estimated Population
Overall	20,600
Black or African American	500
Asian	200
American Indian or Alaska Native	1,300
Hispanic or Latino	800
Lesbian, gay, bisexual, another identity	3,200
Trans, genderqueer, non-binary, another identity	1,000
Disabled - Under age 64	9,200
Disabled - 65+	2,900

Problems with Medical Expenses – Large Bills

Vermonters with a disability under the age of 65 were more likely (20%) to have received a medical bill of more than \$500 that had to be paid out-of-pocket in the last year compared to other populations.

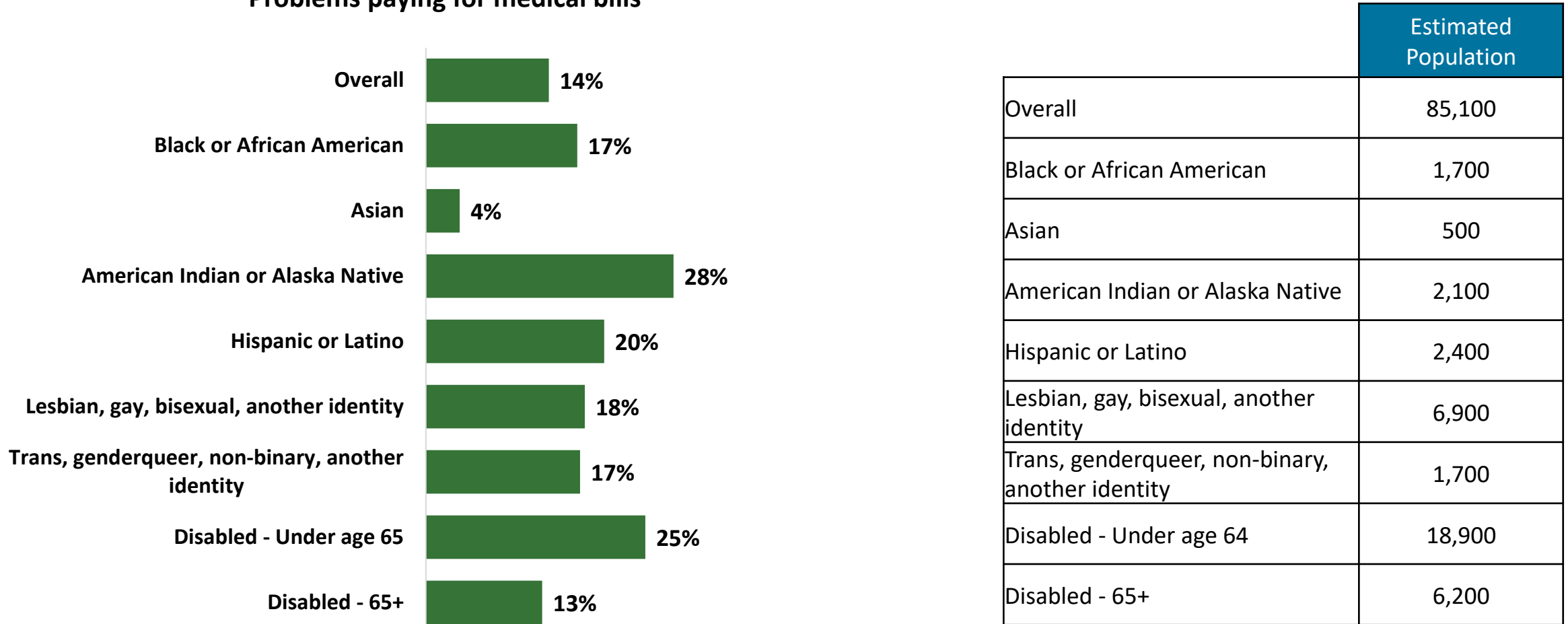
Household receive single medical bill for more than \$500 that had to be paid out-of-pocket



Problems with Medical Expenses – Problems Paying Bills

American Indian or Alaska Native Vermonters (28%) and Vermonters with a disability under the age of 65 (25%) were more likely to live in a household where someone has had problems paying medical bills in the last year.

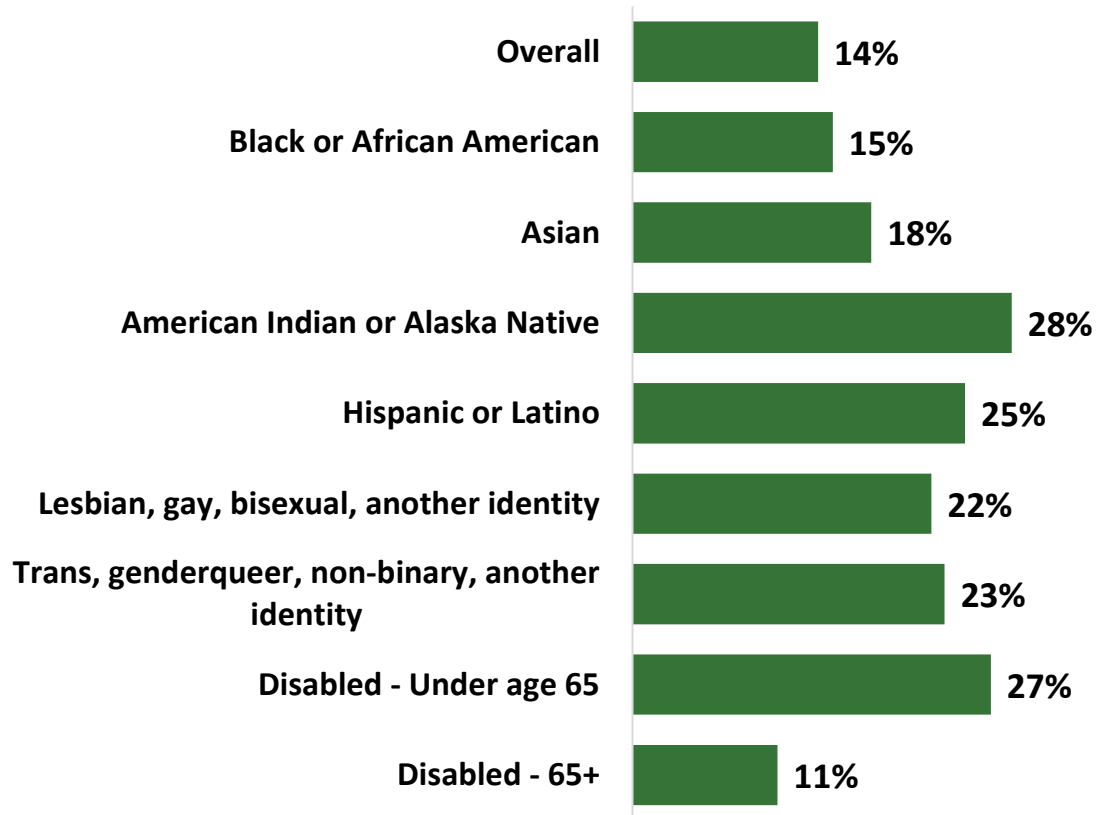
Problems paying for medical bills



Problems with Medical Expenses – Concern about Medical Debt

American Indian or Alaska Native Vermonters (28%) and Vermonters with a disability under the age of 65 (27%) were most likely to live in a household where fear of medical debt has impacted medical care decision-making.

Fear of medical debt impacted household when making decisions to seek medical care

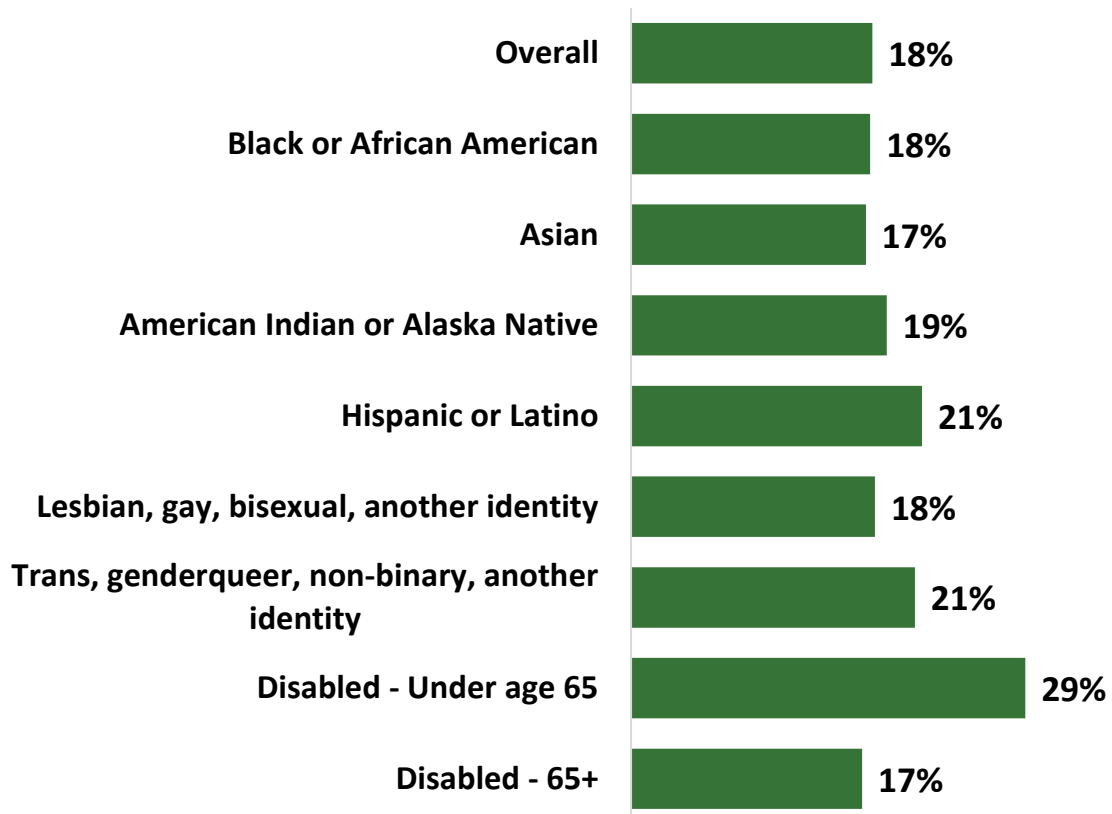


	Estimated Population
Overall	86,000
Black or African American	1,500
Asian	2,500
American Indian or Alaska Native	2,100
Hispanic or Latino	3,100
Lesbian, gay, bisexual, another identity	8,700
Trans, genderqueer, non-binary, another identity	2,300
Disabled - Under age 64	20,700
Disabled - 65+	5,100

Problems with Medical Expenses – Past-Due Expenses

Vermonters with a disability under the age of 65 (29%) were more likely than other Vermonters to live in a household that had medical debt that was past due, likely to become past due, or will be paid through a payment plan or financial assistance.

Household owed money for medical-related expenses that is now past due, likely to become past due, or will be paid through a payment plan or other financial assistance

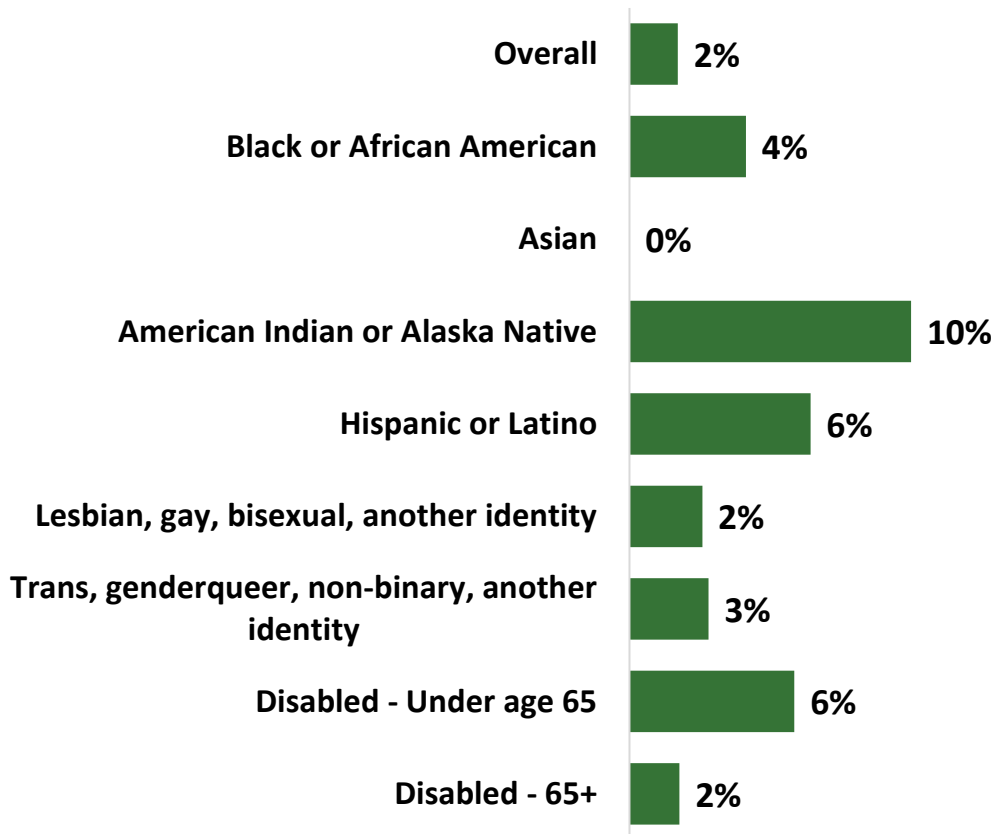


	Estimated Population
Overall	110,200
Black or African American	1,800
Asian	2,400
American Indian or Alaska Native	1,400
Hispanic or Latino	2,600
Lesbian, gay, bisexual, another identity	7,000
Trans, genderqueer, non-binary, another identity	2,100
Disabled - Under age 64	22,400
Disabled - 65+	8,100

Problems with Medical Expenses – Unable to Pay for Basic Needs

Vermonters who are American Indian or Alaskan Native (10%) are most likely to be part of families that have been unable to pay for basic necessities because of medical bills.

Family has been unable to pay for basic necessities like food, heat or rent because of medical bills

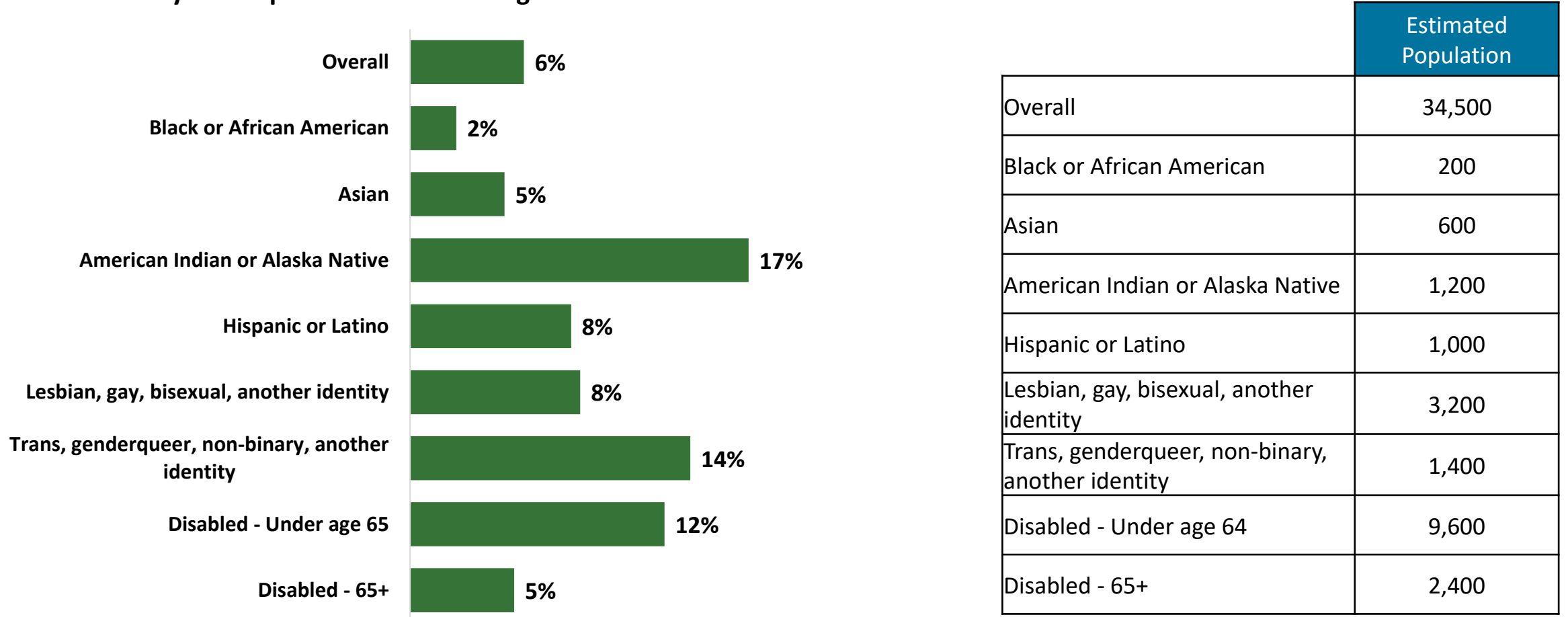


	Estimated Population
Overall	10,100
Black or African American	400
Asian	0
American Indian or Alaska Native	700
Hispanic or Latino	800
Lesbian, gay, bisexual, another identity	1,000
Trans, genderqueer, non-binary, another identity	300
Disabled - Under age 64	4,300
Disabled - 65+	800

Problems with Medical Expenses – Used Savings

American Indian or Alaskan Native (17%), gender identity minority (14%), and the disabled under the age of 65 (12%) were more likely than Vermonters overall to be part of families that have used up all or more of their savings because of medical bills.

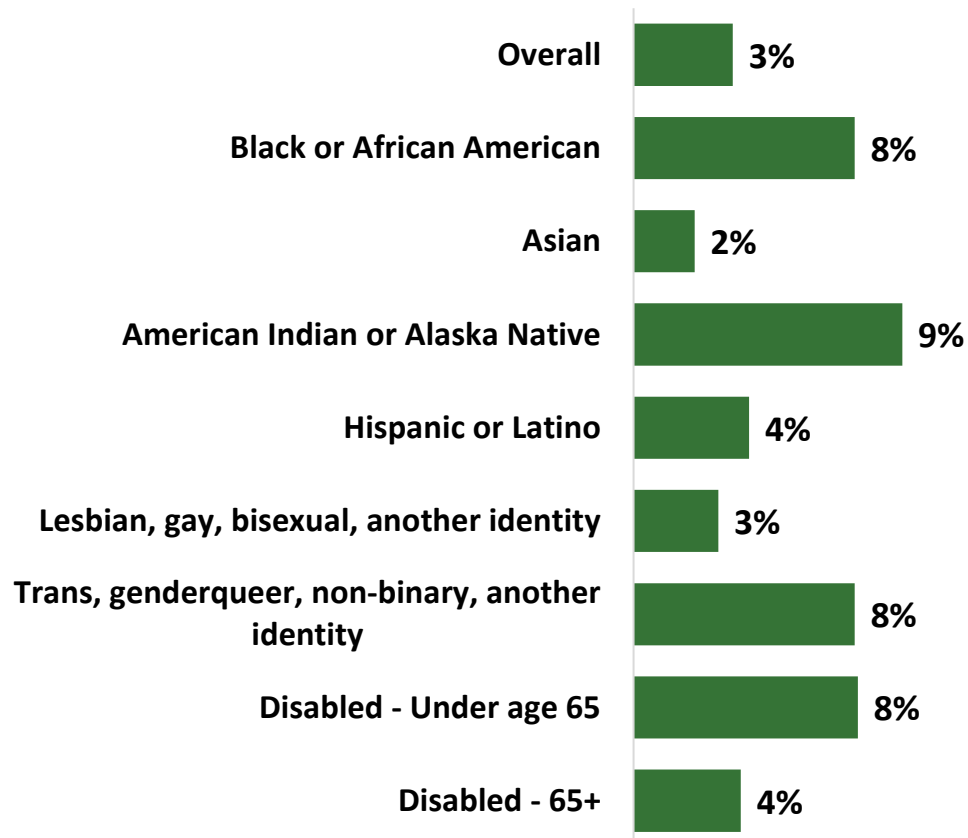
Family used up all or most of savings because of medical bills



Problems with Medical Expenses – New Medical Debt

Vermonters who are American Indian or Alaska Native were more likely (9%) than other Vermonters to be part of families that have taken on new debt because of medical bills in the last 10 years.

Family had large credit card debt or had to take a loan or debt against the home because of medical bills

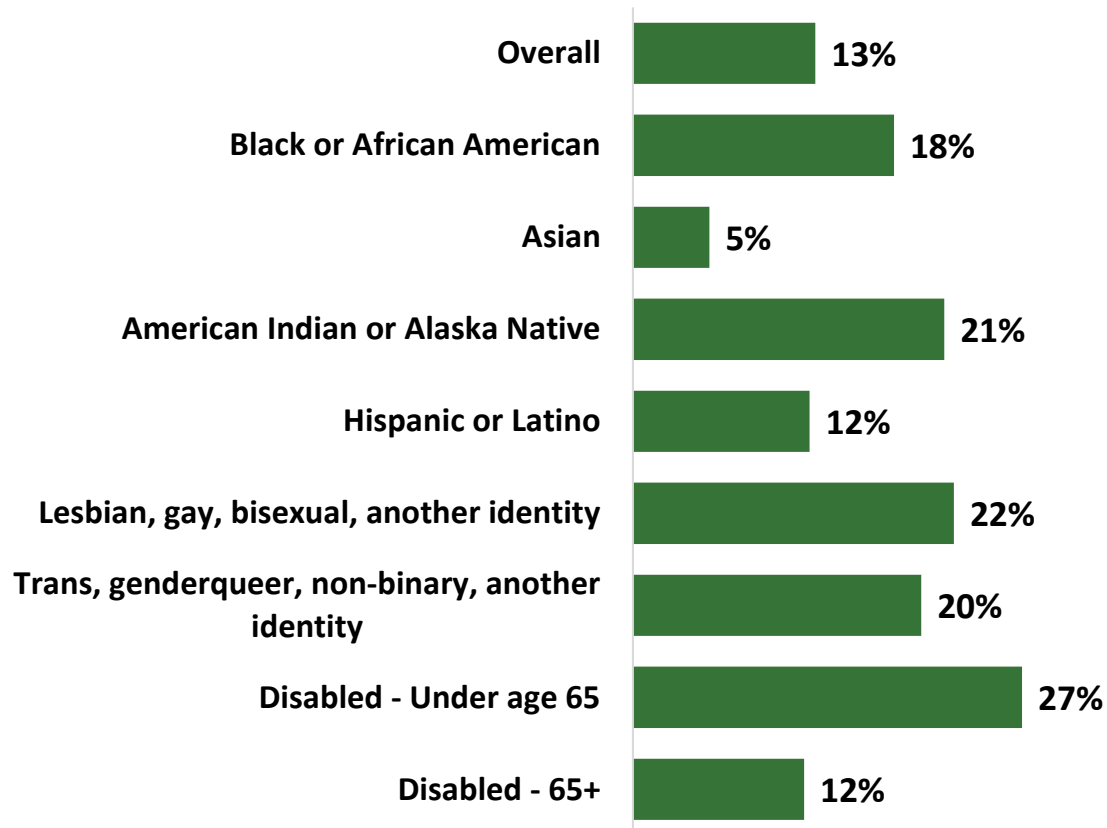


	Estimated Population
Overall	21,000
Black or African American	800
Asian	300
American Indian or Alaska Native	700
Hispanic or Latino	500
Lesbian, gay, bisexual, another identity	1,100
Trans, genderqueer, non-binary, another identity	800
Disabled - Under age 64	5,900
Disabled - 65+	1,700

Problems Accessing Care – Could Not Find a Provider

Vermonters with a disability under age 65 were most likely to have delayed care because they could not find a provider (27%).

During the past 12 months, has person ever delayed or not gotten physical or mental health care because they could not find a doctor or other health care provider

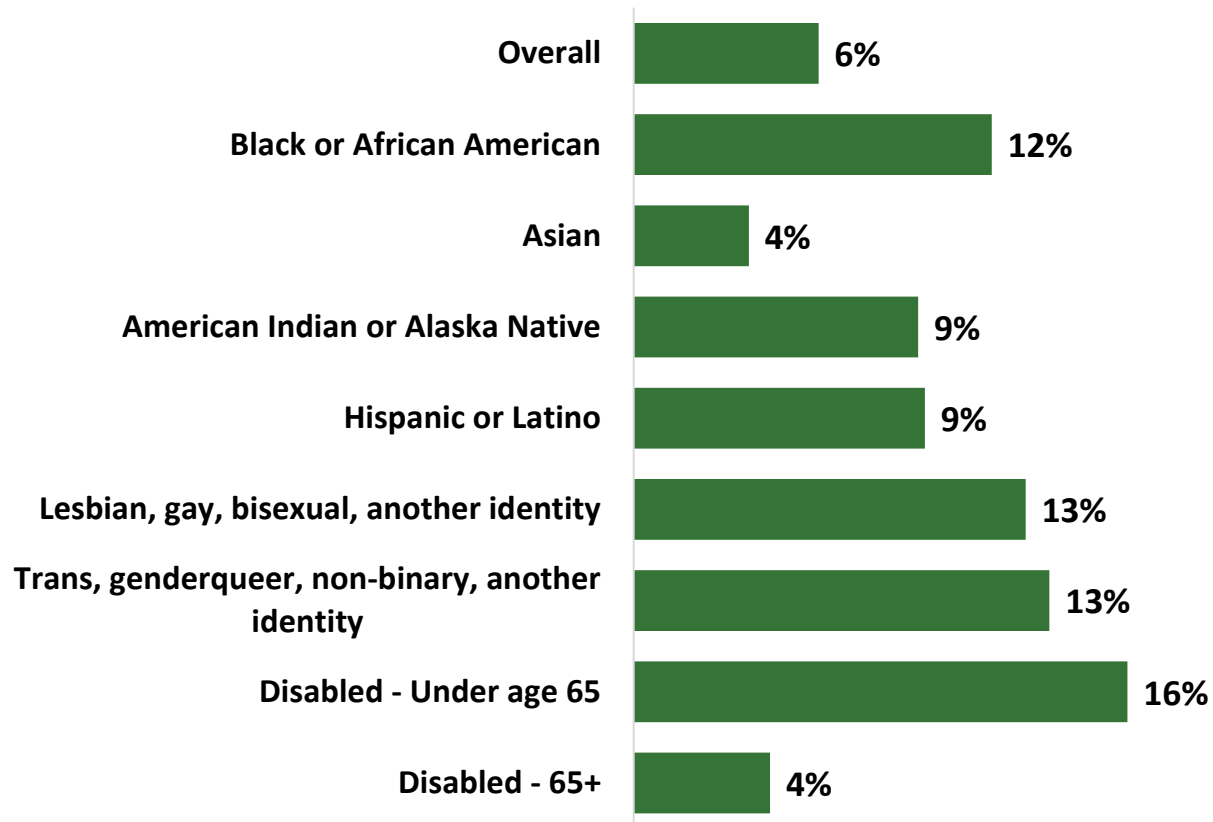


	Estimated Population
Overall	77,500
Black or African American	1,800
Asian	700
American Indian or Alaska Native	1,600
Hispanic or Latino	1,500
Lesbian, gay, bisexual, another identity	8,600
Trans, genderqueer, non-binary, another identity	2,000
Disabled - Under age 64	20,600
Disabled - 65+	5,600

Problems Accessing Care – Insurance Acceptance

Those disabled under age 65 were most likely to say they could not find a provider who accepts their insurance (16%).

Person delayed or not gotten physical or mental health care because they could not find a doctor or other health care provider who accepts their insurance

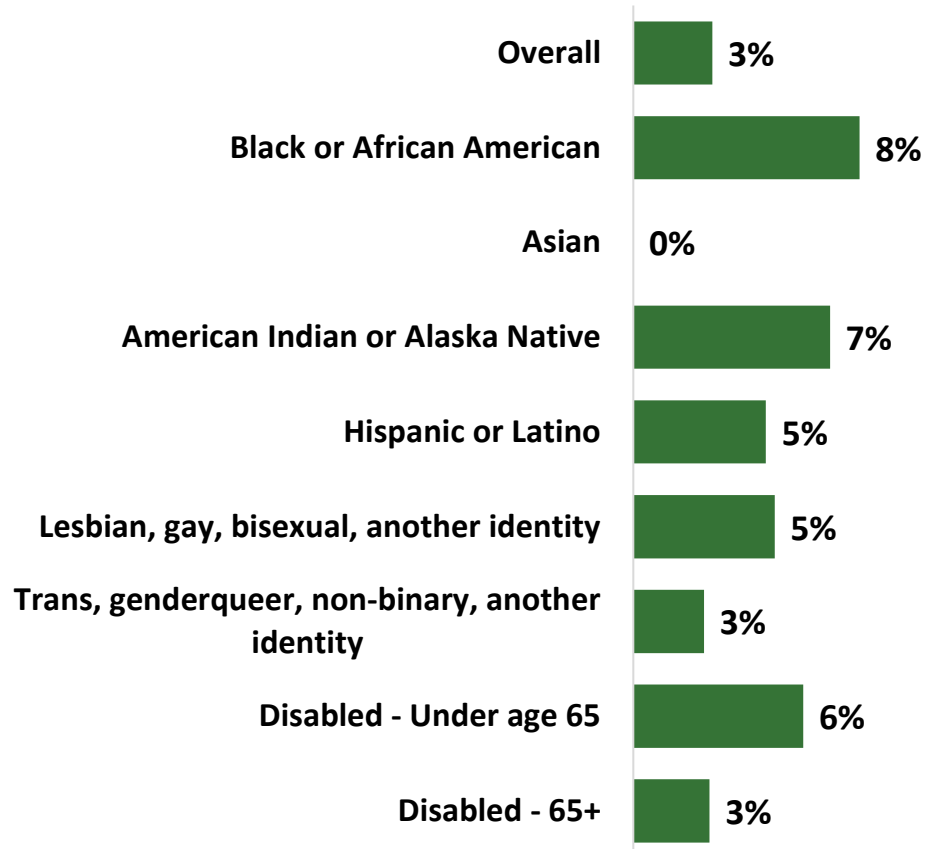


	Estimated Population
Overall	37,000
Black or African American	1,200
Asian	500
American Indian or Alaska Native	700
Hispanic or Latino	1,200
Lesbian, gay, bisexual, another identity	4,900
Trans, genderqueer, non-binary, another identity	1,300
Disabled - Under age 64	12,300
Disabled - 65+	2,100

Problems Accessing Care – Changes in Health Insurance

Black or African American Vermonters are the most likely to have had difficulty getting care because of changes in their insurance (8%).

Delayed or not gotten physical or mental health care because changes in their health insurance resulted in their health care provider no longer accepting their insurance

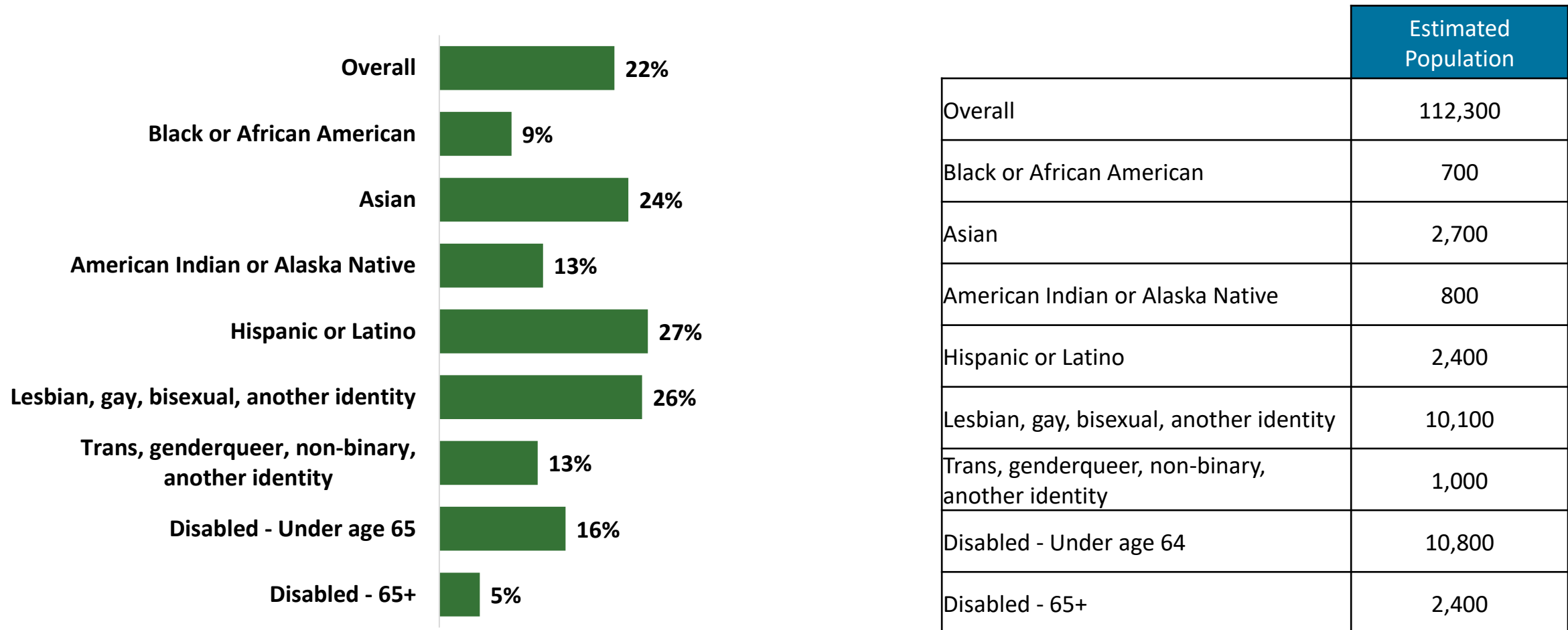


	Estimated Population
Overall	18,000
Black or African American	800
Asian	100
American Indian or Alaska Native	500
Hispanic or Latino	600
Lesbian, gay, bisexual, another identity	2,000
Trans, genderqueer, non-binary, another identity	300
Disabled - Under age 64	4,800
Disabled - 65+	1,300

COVID-19 Equity – Working Remotely

Vermonters who are Black or African American were less likely to be working remotely due to COVID-19 (9%), compared to other Vermonters.

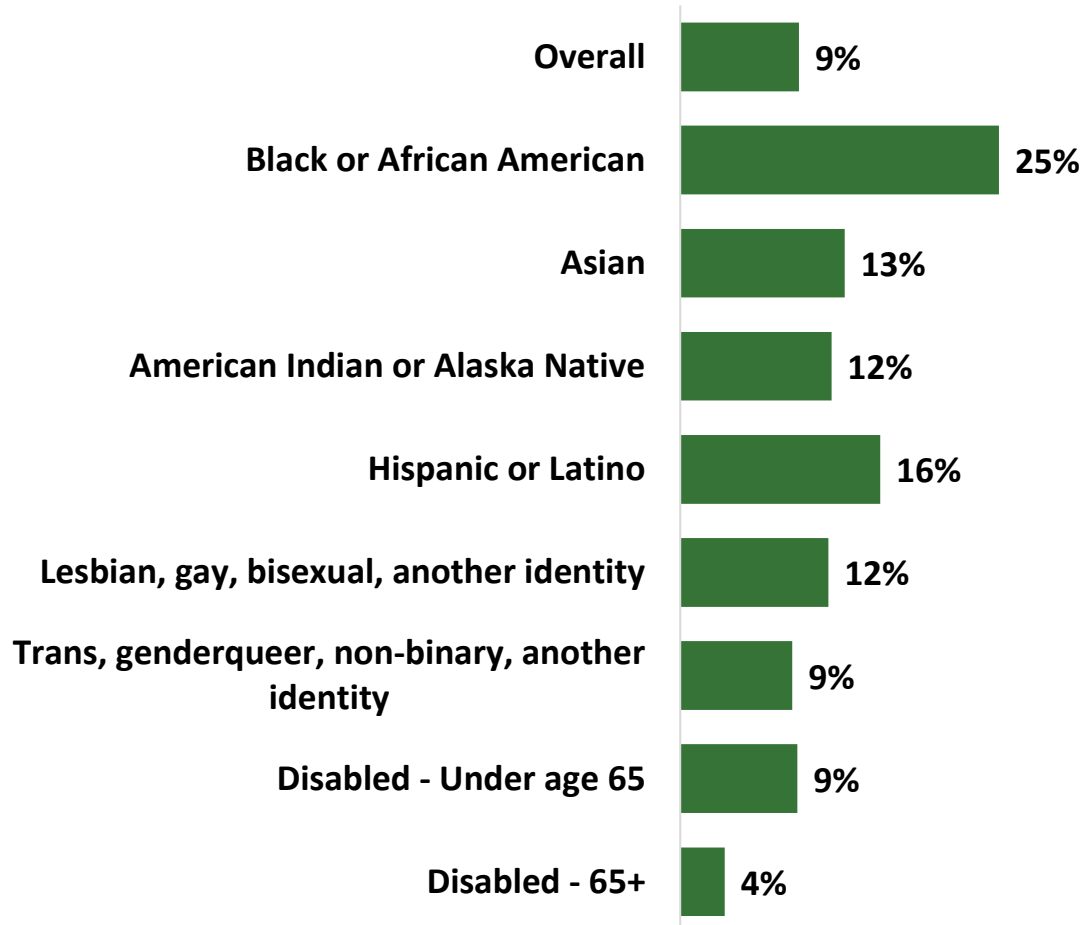
Working remotely due to COVID-19



COVID-19 Equity – Furlough due to COVID-19

Black Vermonters were more likely than Vermonters overall to have been furloughed due to COVID-19 (25%).

Furloughed all or part of the time during COVID-19

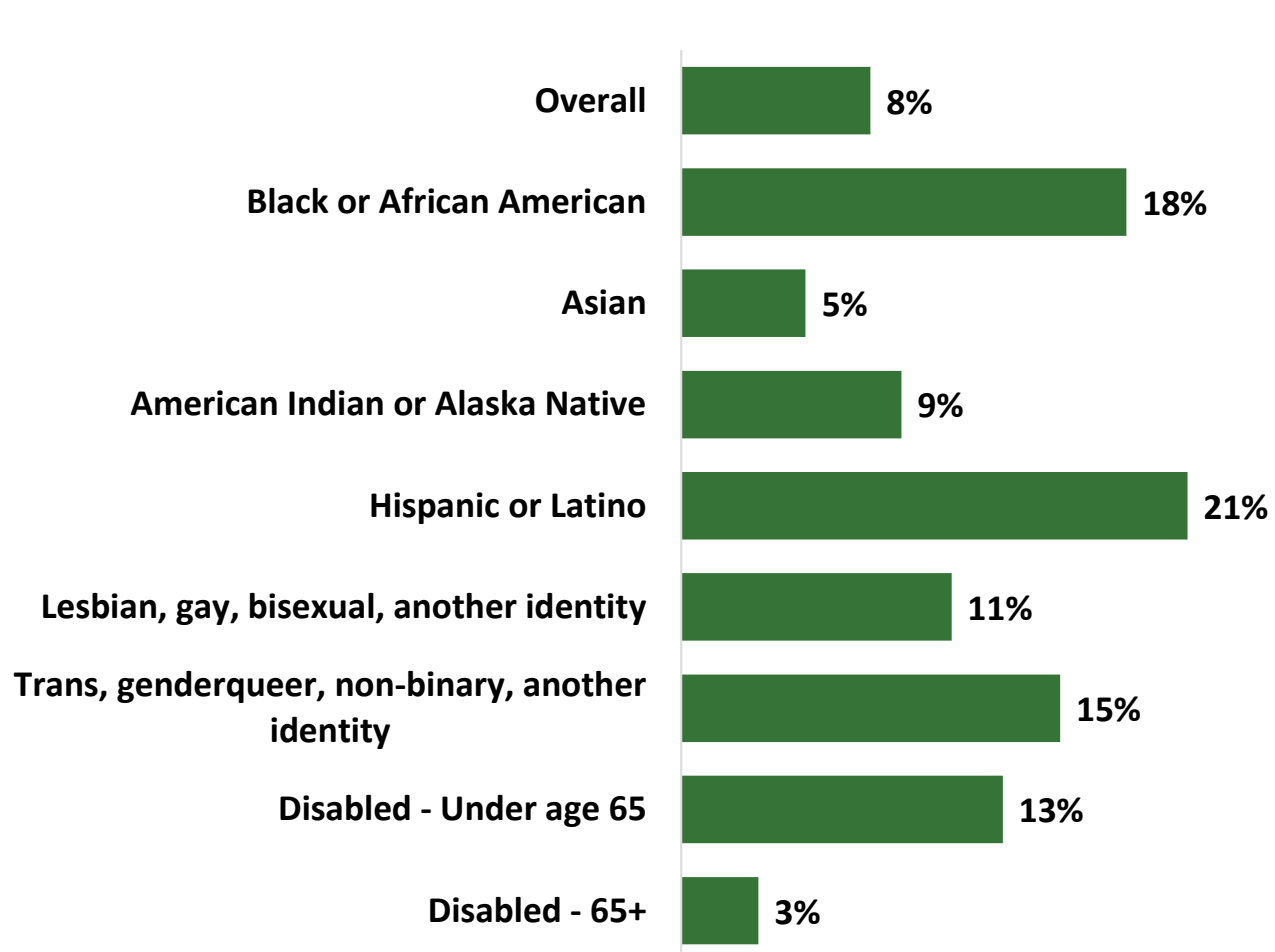


	Estimated Population
Overall	47,600
Black or African American	2,000
Asian	1,500
American Indian or Alaska Native	700
Hispanic or Latino	1,400
Lesbian, gay, bisexual, another identity	4,600
Trans, genderqueer, non-binary, another identity	700
Disabled - Under age 64	6,300
Disabled - 65+	1,700

COVID-19 Equity – Job Loss

Hispanic and Latino Vermonters (21%) and Black Vermonters (18%) were most likely to have lost their job due to COVID-19.

Lost a job due to COVID-19

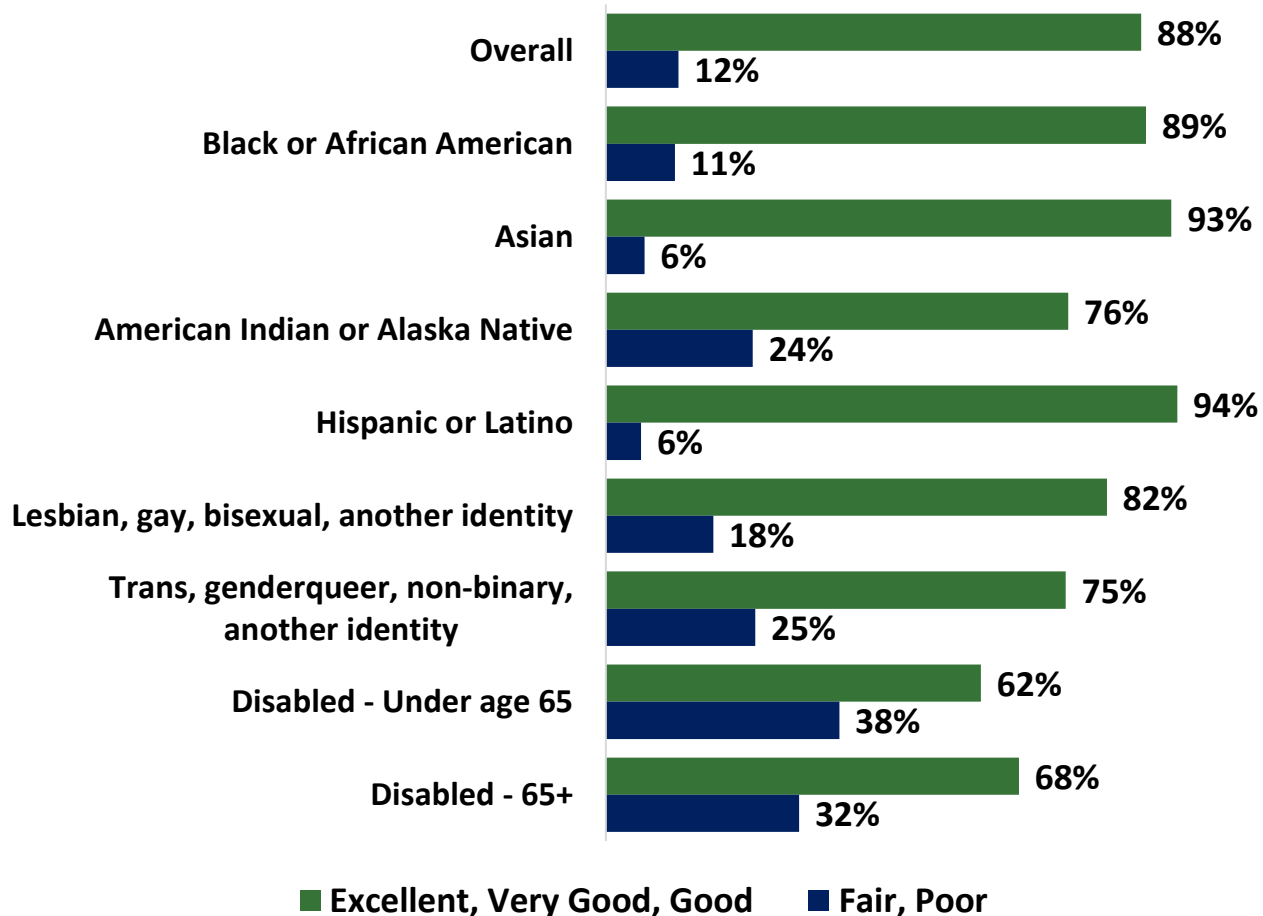


	Estimated Population
Overall	38,500
Black or African American	1,400
Asian	600
American Indian or Alaska Native	500
Hispanic or Latino	1,800
Lesbian, gay, bisexual, another identity	4,300
Trans, genderqueer, non-binary, another identity	1,200
Disabled - Under age 64	8,800
Disabled - 65+	1,500

General Equity – General Health Status

Vermonters with disabilities, gender identity minority Vermonters, and American Indian Vermonters were all less likely than others to consider their health excellent, very good or good.

General State of Health

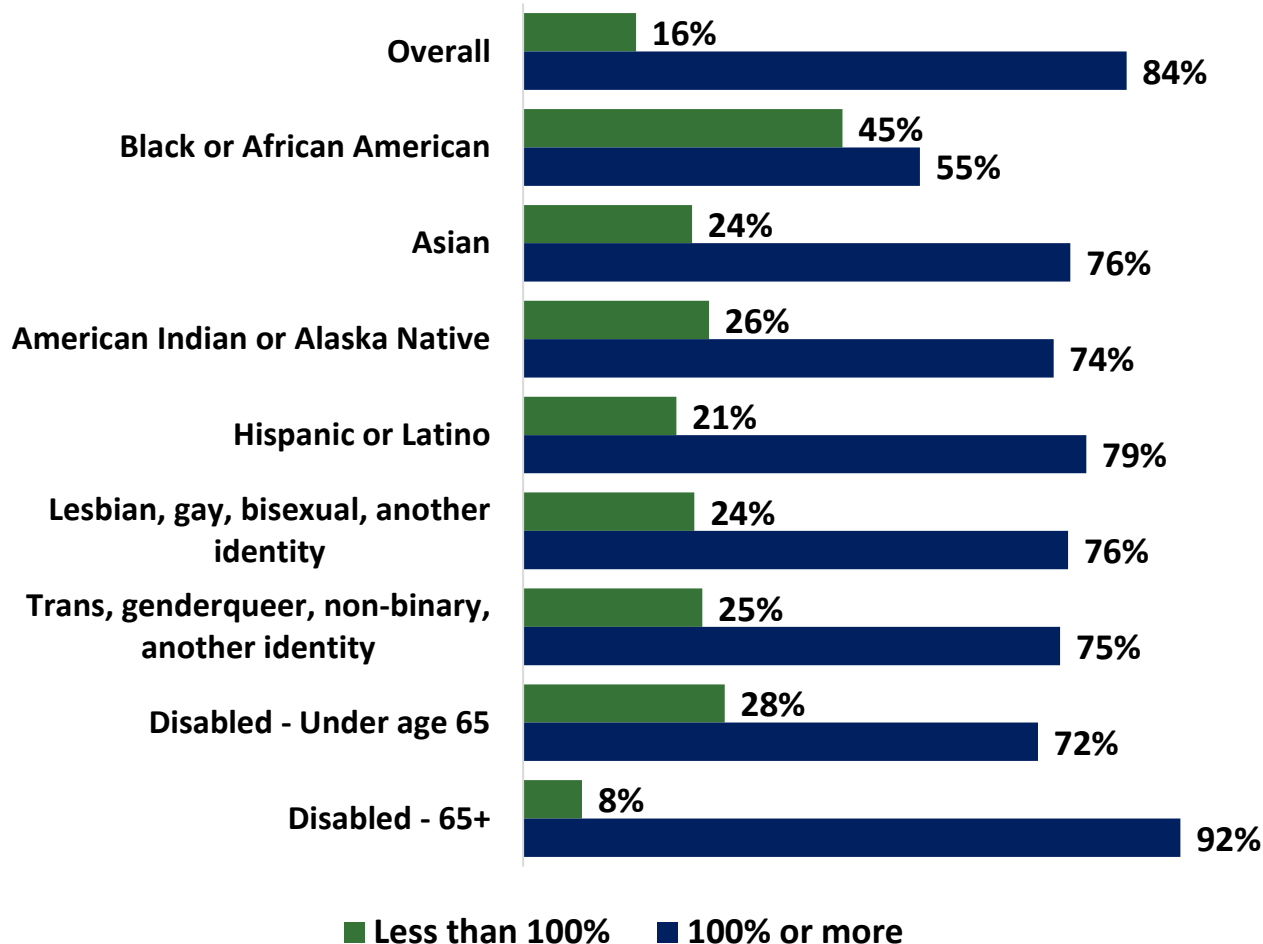


	Estimated Population Excellent, Very Good, Good	Estimated Population Fair, Poor
Overall	543,500	73,900
Black or African American	8,900	1,100
Asian	13,000	1,000
American Indian or Alaska Native	5,700	1,800
Hispanic or Latino	11,500	700
Lesbian, gay, bisexual, another identity	32,000	6,900
Trans, genderqueer, non-binary, another identity	7,500	2,400
Disabled - Under age 64	47,400	29,500
Disabled - 65+	32,100	15,000

General Equity – Households in Poverty

Black or African American Vermont families were more likely than other Vermonters have incomes beneath 100% of the federal poverty level (45%).

Annual income as a percentage of Federal Poverty Level



	Estimated Population Less than 100%	Estimated Population More than 100%
Overall	97,500	521,200
Black or African American	4,500	5,600
Asian	3,300	10,700
American Indian or Alaska Native	1,900	5,500
Hispanic or Latino	2,600	9,600
Lesbian, gay, bisexual, another identity	9,300	29,600
Trans, genderqueer, non-binary, another identity	2,500	7,500
Disabled - Under age 64	21,700	55,400
Disabled - 65+	3,900	43,400



Trends



Trends and Outliers

Trends

The Vermont Household Health Insurance Survey (VHHIS) has been completed periodically since the early 2000's. In comparing responses to questions that are asked in multiple iterations of the survey, trends emerge. This section highlights some of those trends. Additional comparisons over time will be published in an addendum to this report. In addition, readers are welcome to review previous survey results online at:

<https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey>

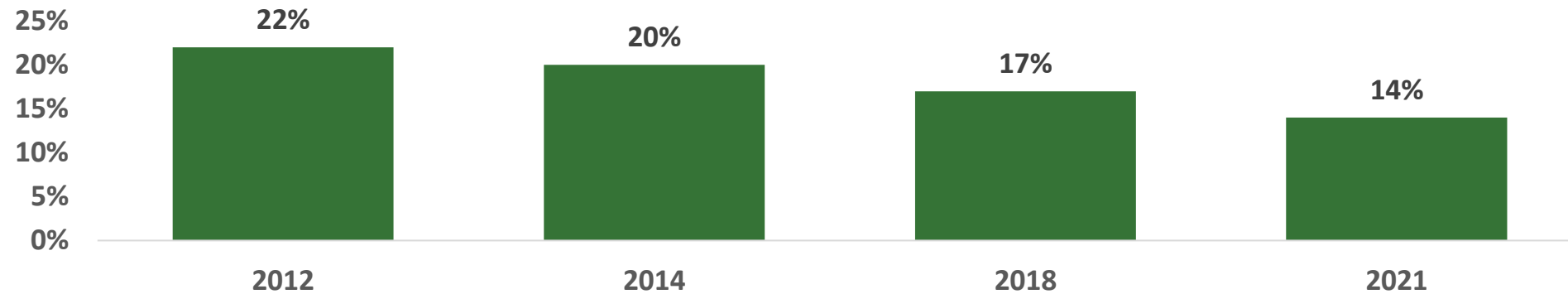
Pandemic-related Outliers

The Vermont Household Health Insurance Survey was updated in 2021 to include questions to examine the impact of the COVID-19 pandemic. In addition, some data that might not seem to be overtly related to the pandemic will often turn out to be related to the pandemic or the public health emergency response, rather than to long-term trends.

Problems Paying Medical Bills

Vermonters were significantly less likely to have problems paying medical bills in 2021 than in 2012, 2014, or 2018.

During the past 12 months, were there times that there were problems paying for medical bills for anyone in your household? All Vermonters, by Year



	Estimated Population by Year
Response	All Vermonters (Insured and Uninsured)
2012	140,050
2014	124,023
2018	107,009
2021	85,141

Medical Bills and Savings

Vermonters were significantly less likely to use up all or most of their family’s savings in 2021 than in 2018, the first year this question was asked in the survey).

During the past 12 months, has your family used up all or most of your savings because of medical bills? All Vermonters, by Year

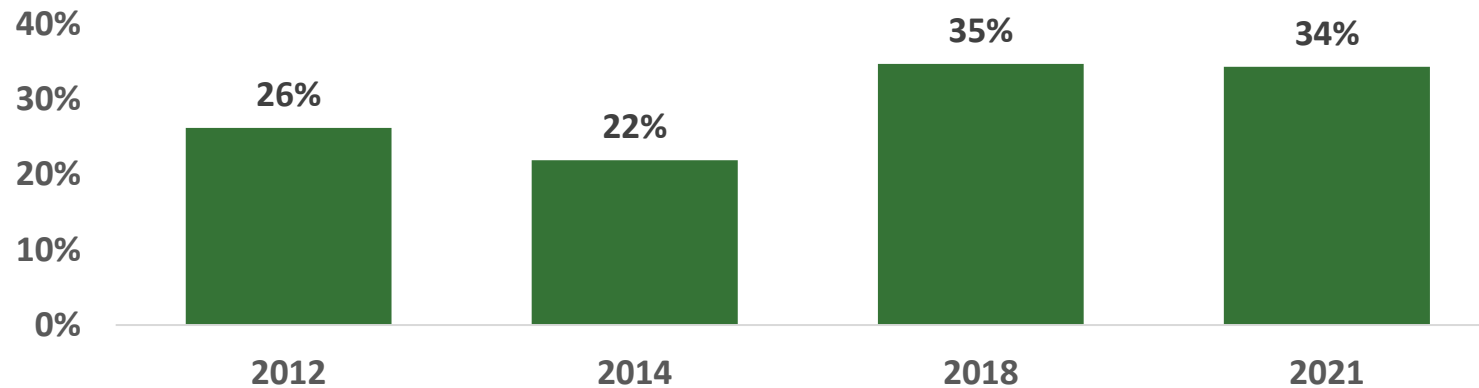


Estimated Population by Year	
Response	All Vermonters (Insured and Uninsured)
2018	56,579
2021	34,547

Health Savings Accounts

Vermonters were significantly more likely to have a health savings account (HSA) in 2018 and 2021 than in 2012 or 2014. Over one-third (34%) of Vermonters 18 to 64 years old with private insurance report having an HSA in 2021.

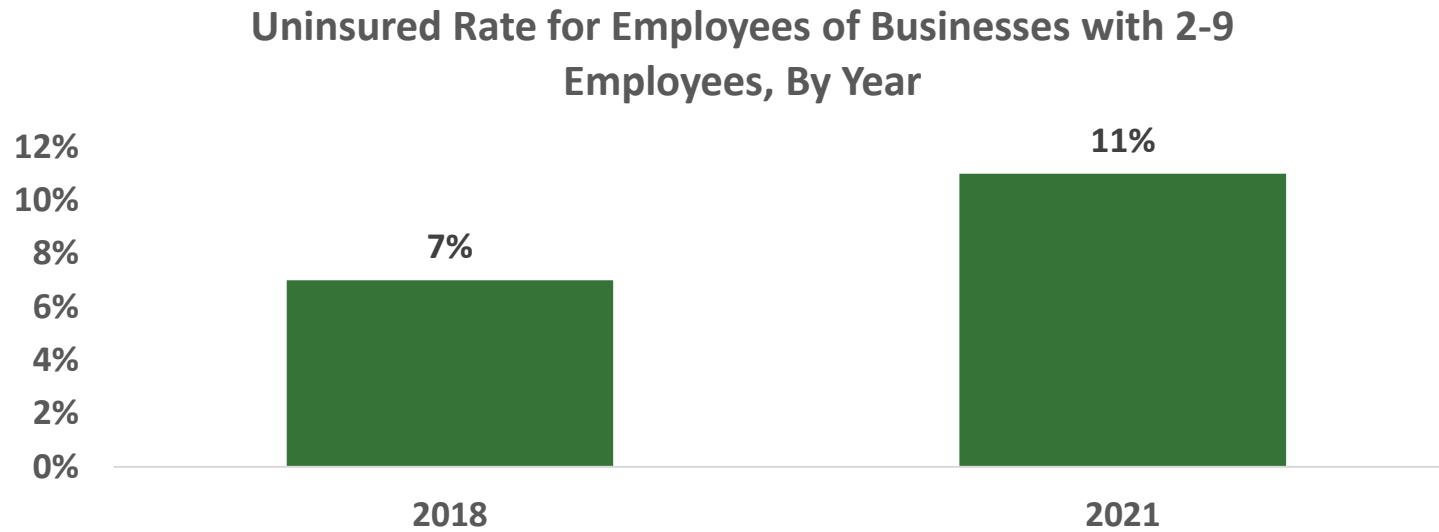
**Does person have a Health Savings Account of HSA?
All Vermonters, by Year**



	Estimated Population by Year
Response	All Vermonters
2012	97,180
2014	76,775
2018	116,297
2021	109,193

Uninsured Rate by Employer Size

In 2021, 11% of employees of businesses with 2-9 employees lacked health insurance, compared to 7% in 2018.



	Estimated Population by Year
Response	Uninsured Vermonters
2018	3,500
2021	4,500

The 2021 Vermont Household Health Insurance Survey is sponsored by the Vermont Department of Health.



<https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey>



The report was prepared by the research team at Market Decisions Research of Portland, Maine.