



Health Insurance and Health Care Affordability Perceptions Among Individual Insurance Market Enrollees in California in 2017

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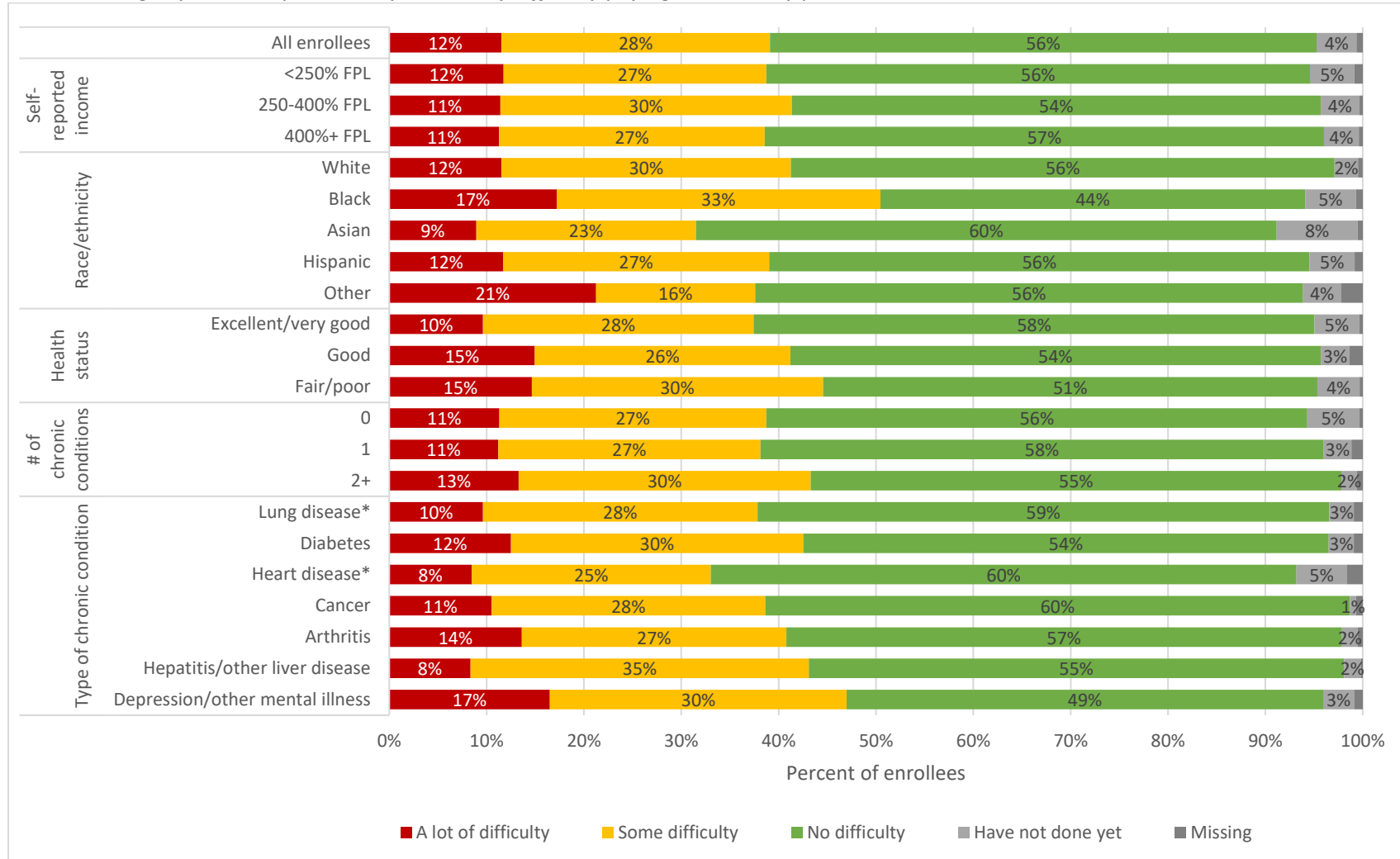
Summary: These figures address the following questions: How affordable do Californians perceive their individual market health insurance to be? How affordable do enrollees perceive their out-of-pocket costs for medical care to be? How frequently do enrollees report delaying or avoiding medical care because of costs? How frequently do enrollees report cutting back on other necessities (like food, rent, or other basics) or borrowing money to pay for care?

Methods: The data for these figures are from a survey conducted among adult (age 18 or older) individual market enrollees in 2017 who selected qualified health plans through Covered California or outside of the marketplace (N=2,912). The survey was conducted in English and Spanish, and respondents could complete the survey by telephone, web, or on paper. The survey was fielded between May and October 2017 with a response rate of 42%. The figures present unadjusted proportions that are weighted for survey weights overall and by selected enrollee traits. All enrollee traits are based on self-reports in the survey; missing values for sociodemographic and health traits of respondents were imputed using multiple imputation with chained equations. We exclude groups with fewer than 50 respondents, including enrollees that reported having heart failure or HIV.

Self-reported income as a percentage of the federal poverty level (FPL) was calculated using reported household income and household size in 2017. We classified income into three groups based on potential eligibility for the premium tax credits (PTC) or reduced out-of-pocket costs through cost-sharing reductions (CSR): i.e., <250% FPL (eligible for both CSR and PTC), 250-400% FPL (eligible for PTC only), >400% FPL (eligible for neither subsidy). These income groups represent a combination of both on- and off-marketplace enrollees; off-marketplace enrollees are not eligible for either subsidy. PTC and CSR amounts are calculated based income and household size.

1. Premium affordability: On average, 40% of enrollees reported having some difficulty paying their monthly insurance premiums. Sicker enrollees and black enrollees were more likely to report having difficulty.

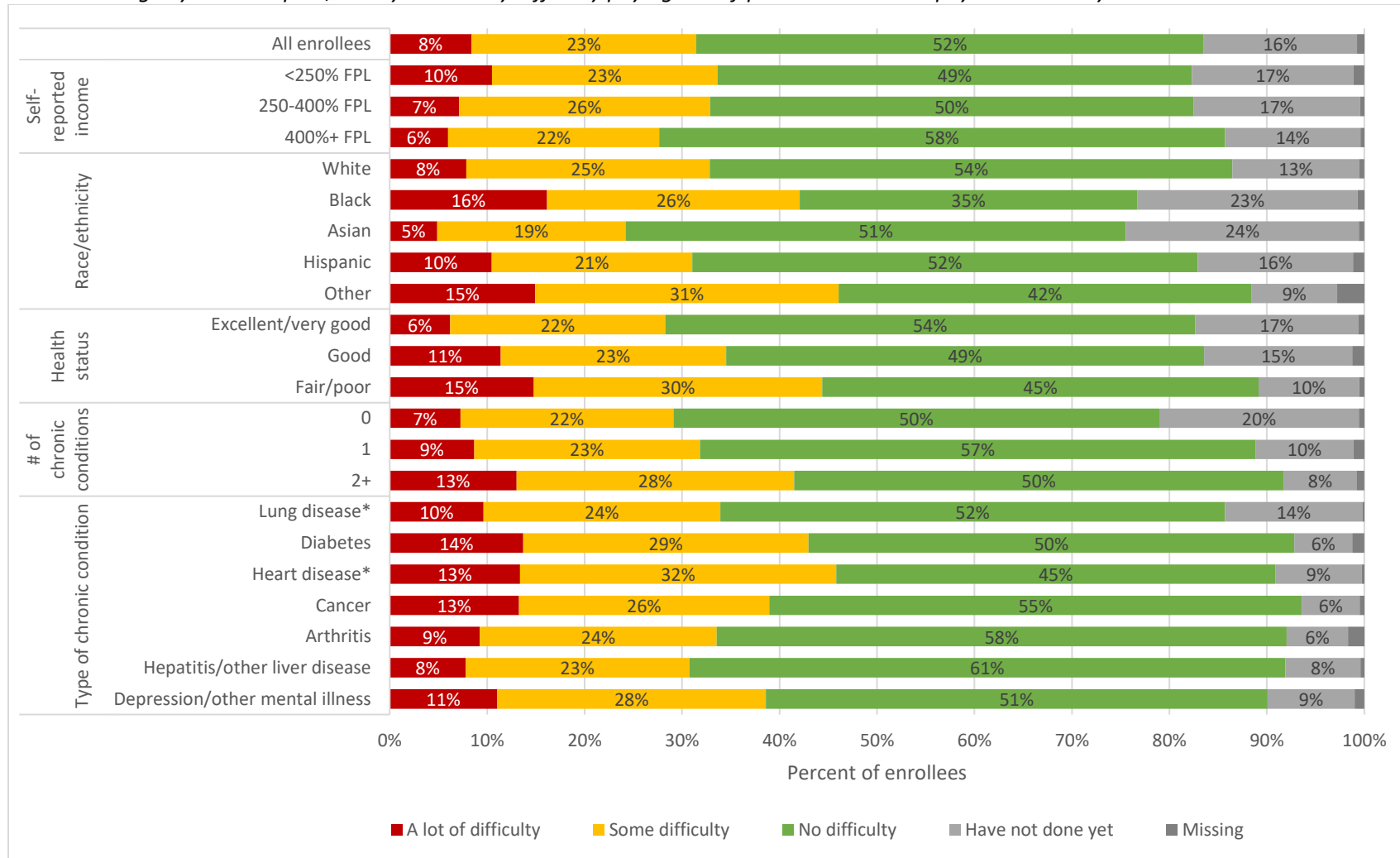
Since enrolling in your 2017 plan, have you had any difficulty paying the monthly premium?



*Lung disease includes asthma, emphysema, or chronic bronchitis; heart disease includes coronary heart disease, angina, heart attack, other heart conditions, or a stroke or transient ischemic attack.

2. Out-of-pocket (OOP) cost affordability: On average, 31% of enrollees reported difficulty paying OOP costs when using health care. Similar to premium affordability, sicker enrollees and black enrollees were more likely to report having difficulty.

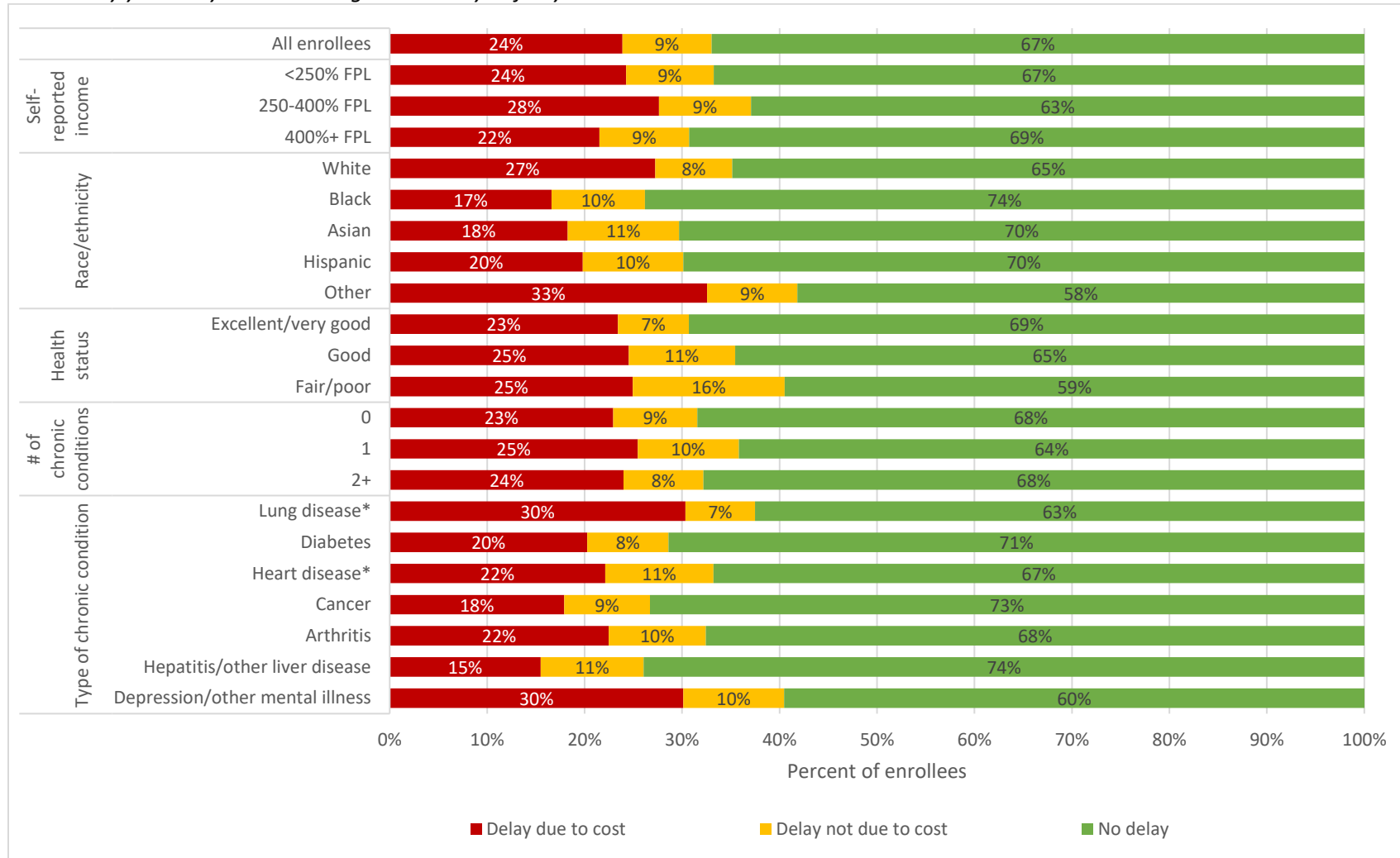
Since enrolling in your 2017 plan, have you had any difficulty paying out-of-pocket costs like copayments when you use health care?



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3. Delayed/avoided care due to cost among those reporting a need for care: 24% of enrollees who reported needing care delayed/avoided care due to costs.

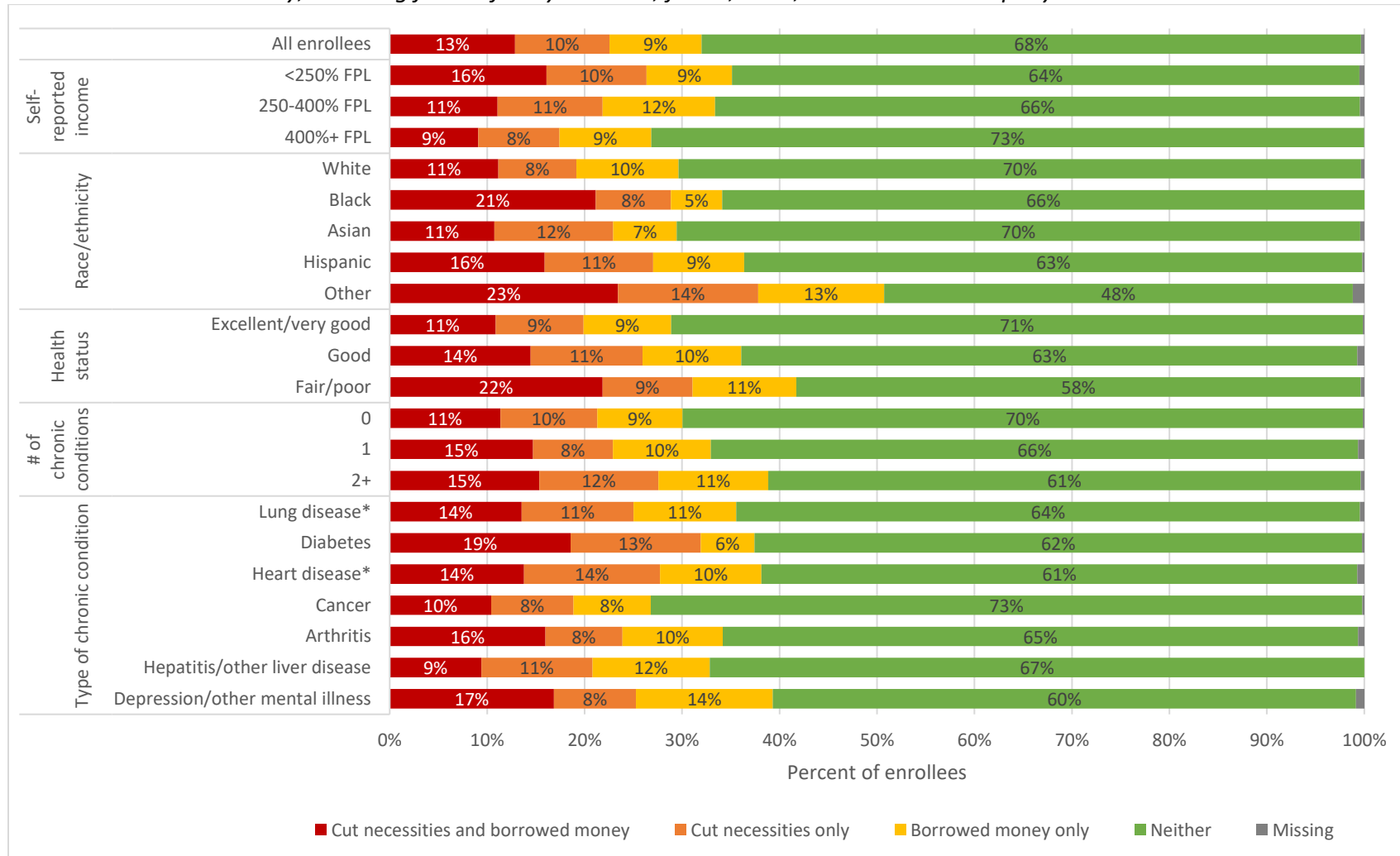
So far in 2017, did you delay or not get any medical care you felt you needed, such as seeing a doctor, a specialist, or health professional? If yes, was cost a reason why you delayed or did not get the care you felt you needed?



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4. Financial stress due to health care costs: 32% of enrollees reported both or either measure of financial stress. This was more common among lower income enrollees, black enrollees, and sicker enrollees.

So far in 2017, because of the amount you had to pay for care, have you... cut back or done without some necessity, such as food, rent, or other basics? ... Borrowed money, including from a family member, friend, bank, or credit card company?



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