

Marketplace Enrollees

Results From a Survey of Individuals Who Purchased Health Plans Through the Health Insurance Marketplace.

October 2015

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INTRODUCTION

The Robert Wood Johnson Foundation commissioned PerryUndem Research and Communication to conduct a national survey of individuals who purchased a qualified health plan (QHP) through HealthCare.gov or their state marketplace. PerryUndem worked closely with GMMB to develop the questionnaire and analyze the results. The survey explored:

- The attitudes and experiences of those currently enrolled in marketplace plans;
- The reasons why some individuals who initially enrolled have since dropped their marketplace plans; and
- The differences and similarities between individuals enrolled in a marketplace plan and individuals who are uninsured.

Findings from this study can be found on the following pages.

METHODS

The survey fielded August 11-21, 2015. It is a national survey of N =1,012 adults 18 to 64 years old who enrolled in a QHP through HealthCare.gov or their state marketplace. There are two key subgroups:

1. N=831 adults who are currently enrolled in a marketplace QHP (margin of error \pm 4.8 percentage points).
2. N=181 adults who were formerly enrolled in a marketplace QHP but now have other coverage or are uninsured (margin of error \pm 7.7 percentage points).

The survey was conducted online, and fielded in both English and Spanish.

GfK's KnowledgePanel and Calibration

The primary sample source for this survey was GfK's KnowledgePanel, a probability-based web panel designed to be representative of the United States. Because the target population is low-incidence, sample from the KnowledgePanel was supplemented by sample from an opt-in web panel. The two samples were integrated to create a blended sample with reduced sampling error through GfK's KnowledgePanel Calibration process.

To make comparisons between current enrollees and the uninsured, we draw on the May 2015 Robert Wood Johnson Foundation survey, *Understanding the Uninsured Now*. We compare currently enrolled individuals with the uninsured in that survey who appear eligible for QHP plans—i.e., have incomes of 139% of the federal poverty level or above. Here is a link to that survey: <http://www.rwjf.org/en/library/research/2015/06/understanding-the-uninsured-now.html>.

SUMMARY



CURRENTLY ENROLLED



- **For those currently enrolled in a marketplace QHP, having insurance is just a part of their mindset.** For example, 83% consider insurance a “must-have” that they will find a way to pay for; 80% say most or all of the people close to them have insurance; 96% say having insurance is important (73% say *very* important). This is a group that *has* to have insurance.
- **Protection from medical bills is the top reason for wanting insurance.** But, importantly, the next reason they give is to avoid the fine/follow the law. Also, 4 in 10 have an ongoing medical problem—which may be why some enrolled.
- **Many received help when they enrolled (54%).** The majority also say there were “just the right amount” of plans available to choose from, but one-third thought they were too many plans. In fact, some found comparing and choosing plans on the marketplace to be challenging. However, 8 in 10 (79%) feel confident they chose the right plan for them.
- **Two-thirds (64%) received a tax credit.** They appreciate the tax credit and say it is a main reason they will stay with their marketplace coverage for at least the next year.

CURRENTLY ENROLLED



- **Most are using their insurance and are satisfied with their plans.** About 3 in 4 say they are satisfied with their marketplace plan; 8 in 10 have used their insurance for at least one of several types of health care services (prescriptions, check-ups, etc.); and about 3 in 4 have not had any problems accessing services.
- **Many are knowledgeable about their plans.** Overall, a majority says they understand most aspects of their plan and more than 4 in 5 say they understood how to use their insurance after signing up. However, some enrollees may have gaps in knowledge—e.g., 33% feel they know how their plan works “more or less” while another 16% say they do not understand their plans.
- **They want to learn more about insurance from the marketplace.** Importantly, 43% say they want to understand more about how insurance works. The top messenger for health insurance information is the marketplace itself (73%) followed by insurance companies (48%), non-profits that advocate on health issues (39%), and their doctor/health provider (22%).

CURRENTLY ENROLLED



- **About 4 in 10 of those who went through a renewal process say they were automatically renewed.** Almost as many (37%) say their renewal was not automatic. About half said they kept the same plan while 43% changed plans. Their main reason for changing plans: to lower their monthly premium. In addition, 80% say they intend to compare plans next open enrollment period.
- **Premium amounts are key.** This is the most important consideration when they were deciding whether to purchase insurance or not. And, as mentioned, it is also the number one reason people changed plans. Many (44%) say paying their premium is difficult, and a majority (56%) says they would or might consider dropping insurance if their premium amount increases during the next open enrollment period.
- **The vast majority plan to remain insured and go back to the marketplace.** Asked about the next 12 months, 9 in 10 current QHP enrollees say they will likely be insured in a year and more than 8 in 10 say they are likely to continue to get insurance through the marketplace.

FORMERLY ENROLLED



- **Those formerly enrolled in marketplace plans are similar in many respects to those currently enrolled.** Where they differ: they seem to have been a little less satisfied with their plans and place less importance on health insurance generally. Also, they have slightly less understanding of how their QHP plans worked.
- **Most of those formerly enrolled now have insurance through another source.** Mostly they have employer coverage. However, about one-quarter are uninsured and 10% went to Medicaid.
- **The main reason they dropped their marketplace coverage was because they obtained insurance through another source.** Almost half of the formerly enrolled say this was the reason they no longer have a marketplace plan. However, about 1 in 5 say they dropped the coverage because they could not afford the premium.

ENROLLED VS. UNINSURED

- **Those enrolled in QHPs say they are doing better than the uninsured.** As a group, those currently enrolled in a marketplace QHP feel like life and finances are going better than the uninsured do. Interestingly, however, the two groups have similar levels of optimism about the future.
- **Both groups are dealing with debt.** Both have similar levels of debt, including medical debt.
- **They consider the same factors when deciding whether or not to enroll.** The premium amount is the number one consideration; deductible and how much out-of-pocket they would have to pay if they get sick are also important. The currently enrolled are more likely to say which benefits were covered was an important consideration.
- **The key difference: QHP enrollees value insurance much more and know more about the tax credit than the uninsured.** The currently enrolled are much more likely to say having insurance is *very* important and to have heard about and understand tax credits.

CURRENTLY ENROLLED



THEY HAVE AN “INSURANCE MINDSET.”

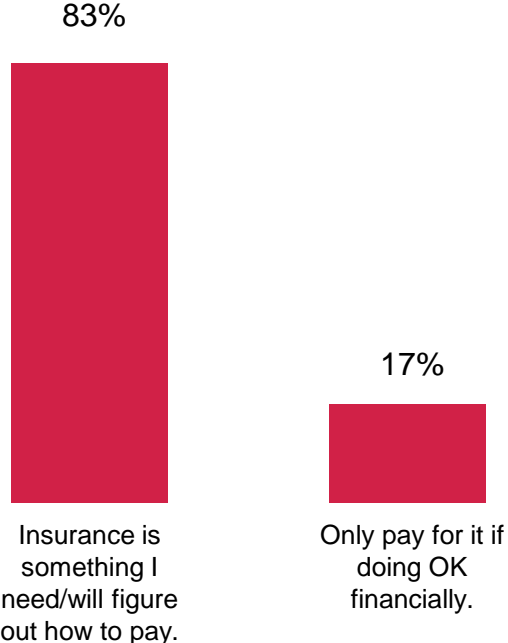
Having insurance is very important to the currently enrolled. It is just part of their mindset. Specifically, 96% say having health insurance is either very important (73%) or somewhat important (23%)—only 3% say having health insurance is not important.

While there is little variation among subgroups, there is a difference by age—older enrollees feel health insurance is more important than younger enrollees. Specifically, those 50-64 years old are more likely than those 18-29 years old to say having insurance is *very* important (79% vs. 60%).

In addition, more than 8 in 10 say insurance is a “must have” that they will figure out how to pay for. (FIGURE 1)

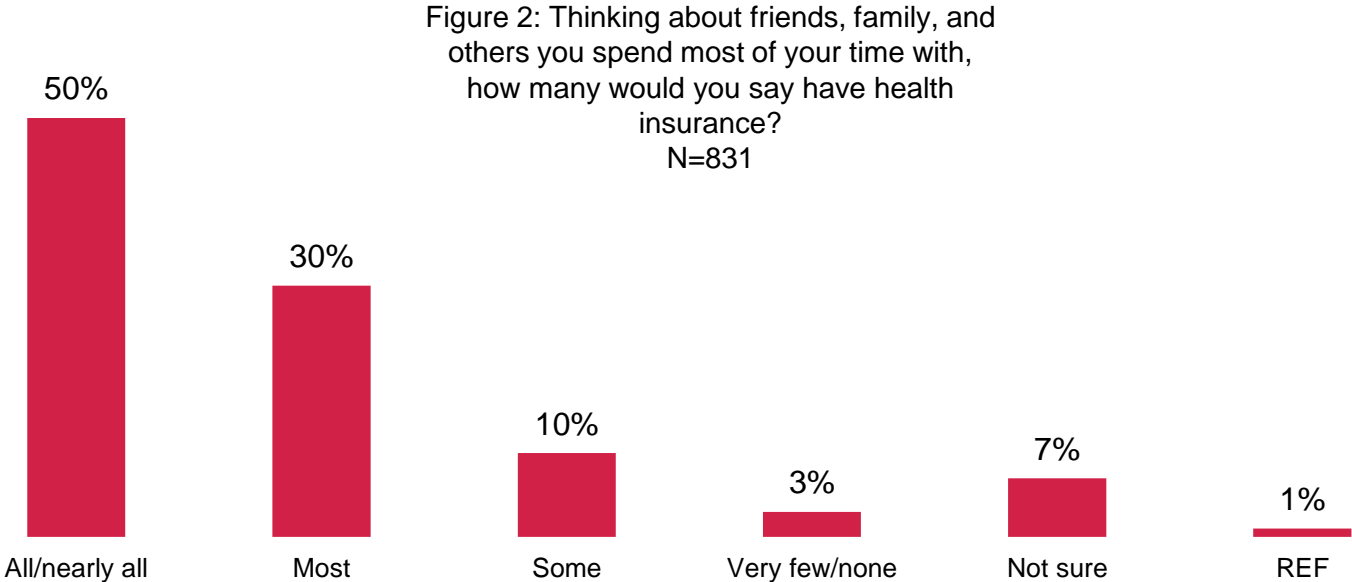
Figure 1: For some people, health insurance is something they feel they just need to have and they will figure out a way to pay for it. For others, health insurance is something they will only pay for if they feel like they are doing okay financially. Which is closer to the way you think about insurance?

N=831



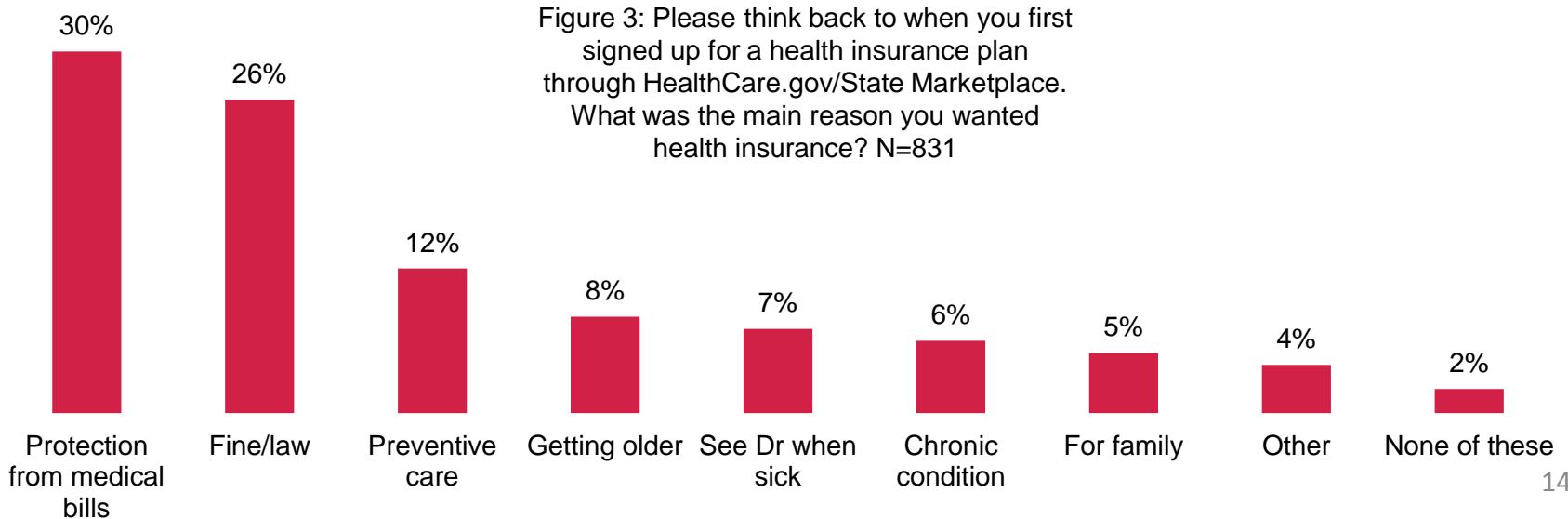
HEALTH INSURANCE IS PART OF THEIR WORLD.

They are used to having—and being around—health insurance. Eight in 10 of the currently enrolled say that all, nearly all, or most of the people close to them have health insurance (FIGURE 2). In addition, more than half (55%) have only ever gone without insurance for 12 months or less, including 33% who have never gone without insurance. Finally, 42% had insurance right up to enrolling in a marketplace plan, and 28% of those who had insurance at some point before say their most recent plan was one they bought on their own on the private market.



MEDICAL BILLS AND THE FINE/LAW ARE TOP MOTIVATORS.

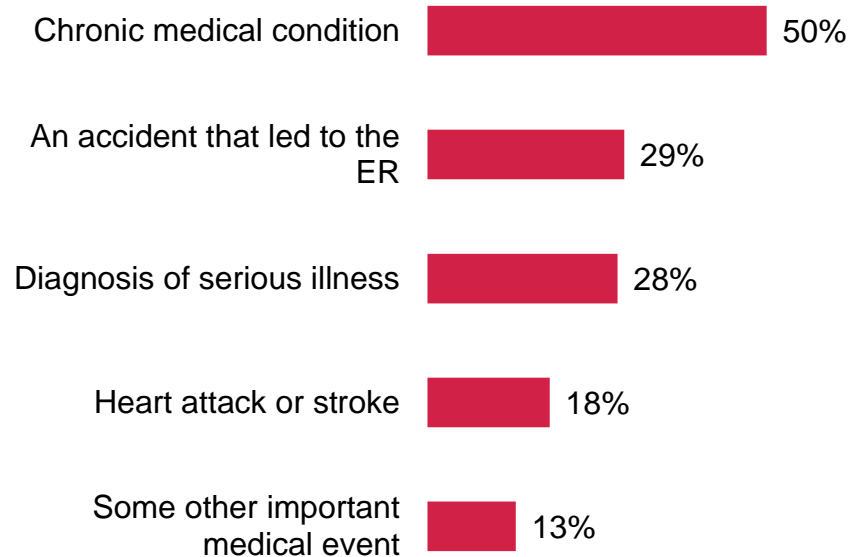
Protection from medical bills and avoiding the fine/complying with the law are the top reasons they enrolled. More than half of marketplace enrollees give these two reasons (FIGURE 3). There are notable demographic differences in motivations: “Protection from medical bills” was the top motivation for White enrollees (35%); “Avoiding the fine/complying with the law” was the top motivator for Latino enrollees (35%); and “Getting preventive care” was the top motivator for African American enrollees (22%). Some gender differences also exist, as men were more motivated by “Avoiding the fine/complying with the law” (29% men vs. 22% women), while women were more motivated by “Getting preventive care” (15% women vs. 8% men).



MANY EXPERIENCED A HEALTH CARE NEED BEFORE ENROLLING.

Their decision to enroll may have been influenced by a personal experience. In trying to understand why the currently enrolled value health insurance so much, this survey question may provide some insight. Half of the currently enrolled say that before they enrolled, they or someone close to them was dealing with a chronic health condition. In addition, almost 3 in 10 had dealt with an accident that led to an ER visit or the diagnosis of a serious illness (FIGURE 4).

Figure 4: Thinking back to the time before you signed up for a health insurance plan through HealthCare.gov/State Marketplace...As far as you can remember, had you or anyone close to you experienced any of the following?
N=831



MOST ENROLLED ONLINE AND MANY RECEIVED HELP.

Here is how they signed up for marketplace coverage the first time:

The main way they enrolled: (n=831)

Online	69%
Phone	16%
In-person	9%
Paper	2%

When they enrolled for the first time: (n=831)

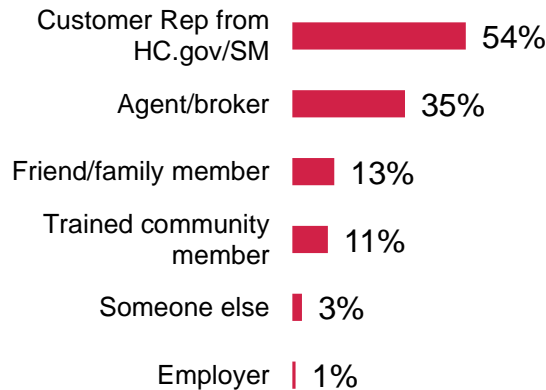
Oct 2013 – Mar 2014	38%
Nov 2014 – Feb 2015	28%
Apr 2014 – Oct 2014	12%
After Feb 2015	15%

Getting help:

More than half had enrollment help the first time they applied (54%). Those most likely to get help:

- 50-64 years old (66%);
- Latinos (66%);
- those with high school or less (63%); and
- women (62%).

Who gave them help: (N=457)

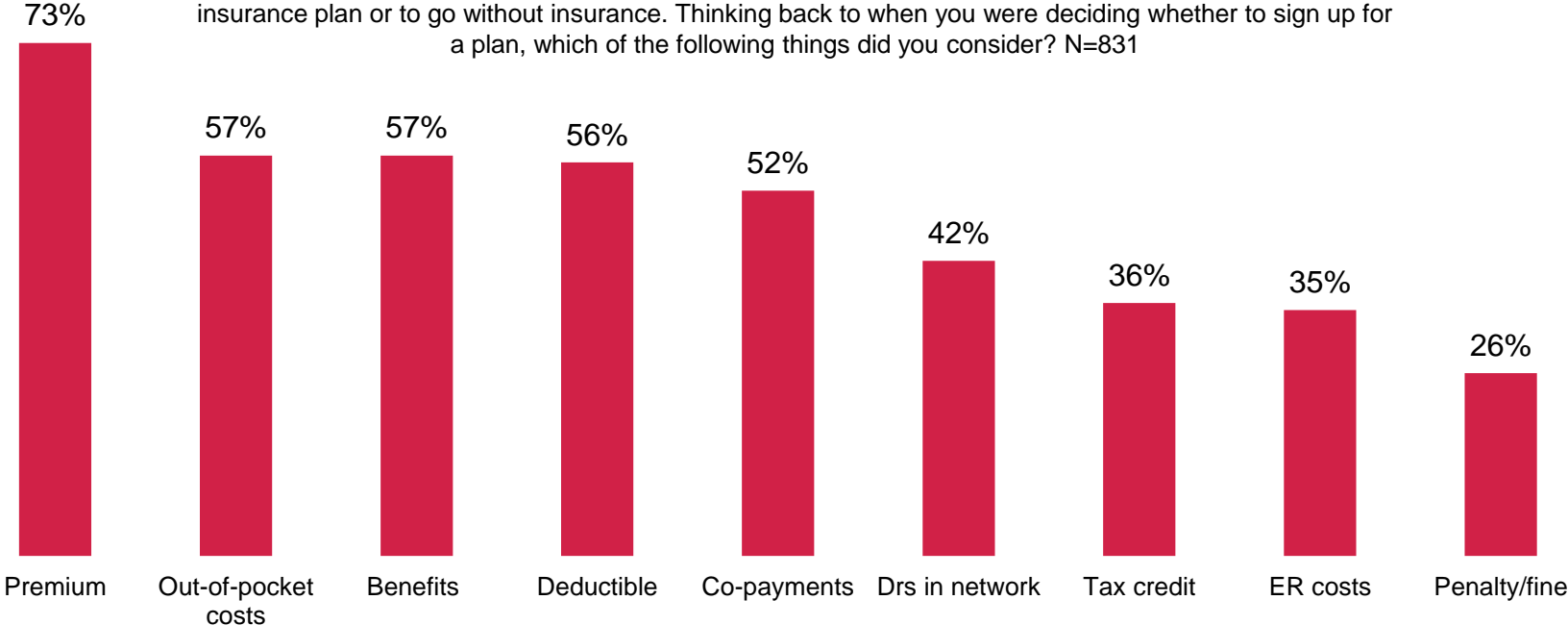


Four in 10 (40%) used a tool/calculator online to help them figure out what their premium would be before enrolling. Of those who used a tool/calculator, 87% say it was helpful (43% very; 44% somewhat).

THEY WEIGHED MANY FACTORS WHEN DECIDING TO PURCHASE A PLAN.

But the premium is the most important factor. Next comes out-of-pocket expenses, the benefits covered, the deductible, and copays (FIGURE 5). When asked to just choose the two most important factors in their decision, most choose the premium (62%) followed far behind by the deductible (21%). Latinos are less likely than others to say the premium was a top consideration (43% vs. 62%) and are more likely to say it was the fine (30% vs. 12%).

FIGURE 5: Here is a list of things someone might consider when deciding whether to purchase a health insurance plan or to go without insurance. Thinking back to when you were deciding whether to sign up for a plan, which of the following things did you consider? N=831



SOME FOUND CHOOSING A PLAN CHALLENGING.

Finding an affordable plan was most difficult. In fact, almost half (49%) did not feel they could afford many of the plans they looked at on the marketplace (TABLE 1).

Those with incomes above 400% of FPL are the most likely to agree that they could afford many of the plans (45%).

When asked about the number of plans offered on the marketplace, 50% feel there was the “right amount” of plans available but 32% say there “too few” plans and 18% say there were “too many” plans to choose from.

TABLE 1: CHOOSING A PLAN

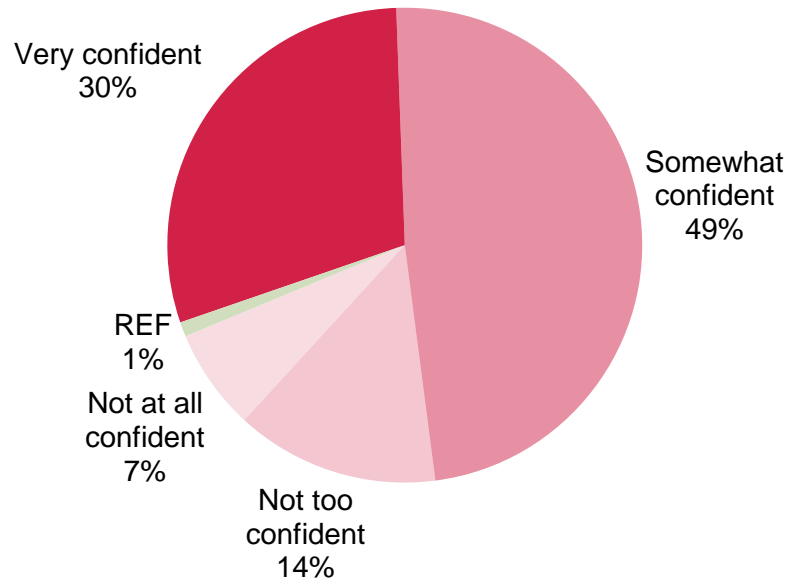
Q. Think back to when you were comparing the health insurance plans available from HealthCare.gov/State Marketplace and you chose your plan. Please indicate whether you agree or disagree with each statement. Use a 1-10 scale. N=831

	<i>Agree</i> 6-10	<i>Neutral</i> 5	<i>Disagree</i> 0-4
All of the plans' costs were presented clearly and were easy to understand.	53%	15%	32%
It was easy to find a plan that had a provider network that worked for me.	51%	17%	31%
It was easy to choose which plan to sign up for.	46%	17%	37%
I could afford many of the plans.	36%	15%	49%

MOST FEEL THEY CHOSE THE BEST PLAN FOR THEM.

Despite feeling challenged when choosing a plan, most feel they chose the right one. Seventy-one percent say they were very or somewhat confident in their choice (FIGURE 4). Latino enrollees are the least confident they chose the right plan (34% are not too/not at all confident vs. 21% for current enrollees).

FIGURE 6: How confident were you that you chose the best plan for you at the time? N=831



MOST RECEIVED A TAX CREDIT.

Almost two-thirds say they received financial help (64%) when they first enrolled (FIGURE 8). Three in 10 say their tax credit was \$10-\$200 a month and 1 in 5 say it was between \$210-\$400 a month (TABLE 4).

FIGURE 8: Did you get any financial help or a tax credit towards purchasing a plan when you first signed up for a health insurance plan through HealthCare.gov/State Marketplace? N=831



TABLE 4: TAX CREDIT AMOUNT

Q. [If received a tax credit] How much did you get in financial help or tax credit to help pay for the insurance plan each month? N=555

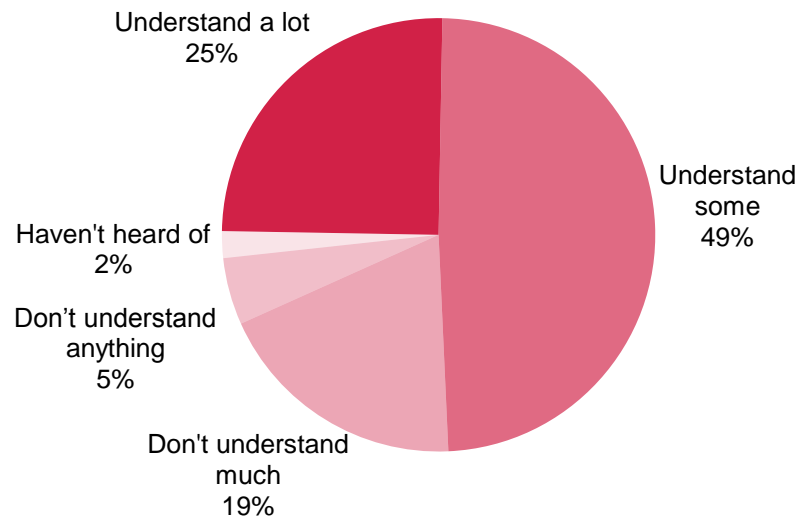
\$10-\$200	29%
\$201-\$400	21%
\$401-\$600	9%
\$601-\$1,000	8%
\$1,000>	2%
Don't remember	29%

THEY MOSTLY UNDERSTAND THE TAX CREDIT.

While there is room for them to learn more, three-quarters of enrollees (74%) know *a lot* or *some* about how the tax credit works (FIGURE 9). Of note, only 2% of enrollees have never heard about the tax credit.

In addition, among those who received a tax credit and enrolled before November 2014 (n=320), a third (33%) say that their tax credit was correct and they did not owe money at tax time; 27% say they owed money; 16% got money back; and 17% aren't sure/don't remember.

FIGURE 9: As you may know, many people are able to get a tax credit to help purchase an insurance plan through HealthCare.gov/State Marketplace. How much do you understand about how these tax credits work? Or have you not heard about these tax credits before?
N=831



MANY ARE KNOWLEDGEABLE ABOUT THEIR PLANS.

Most feel they understand how their plan works. After signing up, 82% say they understood for the most part (51%) or completely (31%) how to use their insurance to get the services they needed. However, some enrollees may have gaps in knowledge—e.g., 33% feel they know how their plan works “more or less” (a “5” on a 0-10 scale) while another 16% say they do not understand their plans (TABLE 2).

Latino enrollees are least likely to say they understand how their plan works (only 38% 6-10 score vs. 51% total). Those who seem to know the most about their plan are individuals who had no gap or only a short gap in insurance (0-2 years) before enrolling (58% 6-10 score).

TABLE 2: UNDERSTANDING THEIR INSURANCE

Q. How well do you understand the following things about your current health insurance? N=831

	<i>Understand 6-10</i>	<i>More or less 5</i>	<i>Don't understand 0-4</i>
How to choose a Dr in network	62%	23%	15%
How the co-pay works	60%	24%	16%
How the deductible works	57%	24%	18%
What services are covered	54%	24%	22%
What costs are out of pocket	53%	23%	22%
What you pay after insurance pays	52%	24%	24%
How the plan works in general	51%	33%	16%

MANY WANT TO LEARN MORE.

More than 4 in 10 (43%) say they would like to know more about how insurance works (FIGURE 7). Latino enrollees are most likely to say they want to know more (56%). People who enrolled through their state marketplace as opposed to HealthCare.gov are more likely to say they want to know more (50% vs. 39%). The preferred source of this information is the marketplace itself, followed far behind by insurance companies (TABLE 3).

FIGURE 7: Overall, would you like to know more about how health insurance plans work? N=831

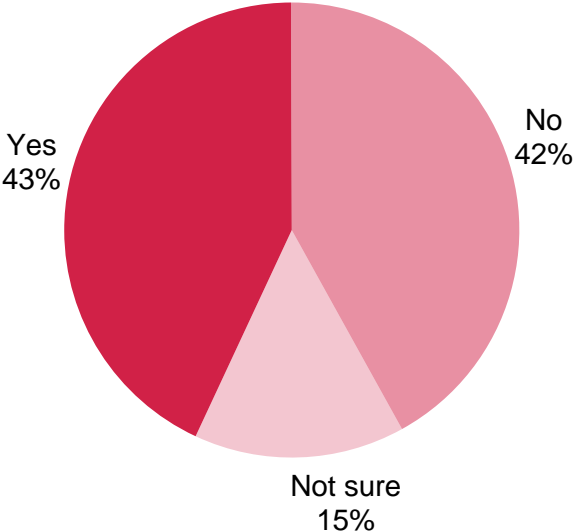


TABLE 3: BEST SOURCES OF INFORMATION

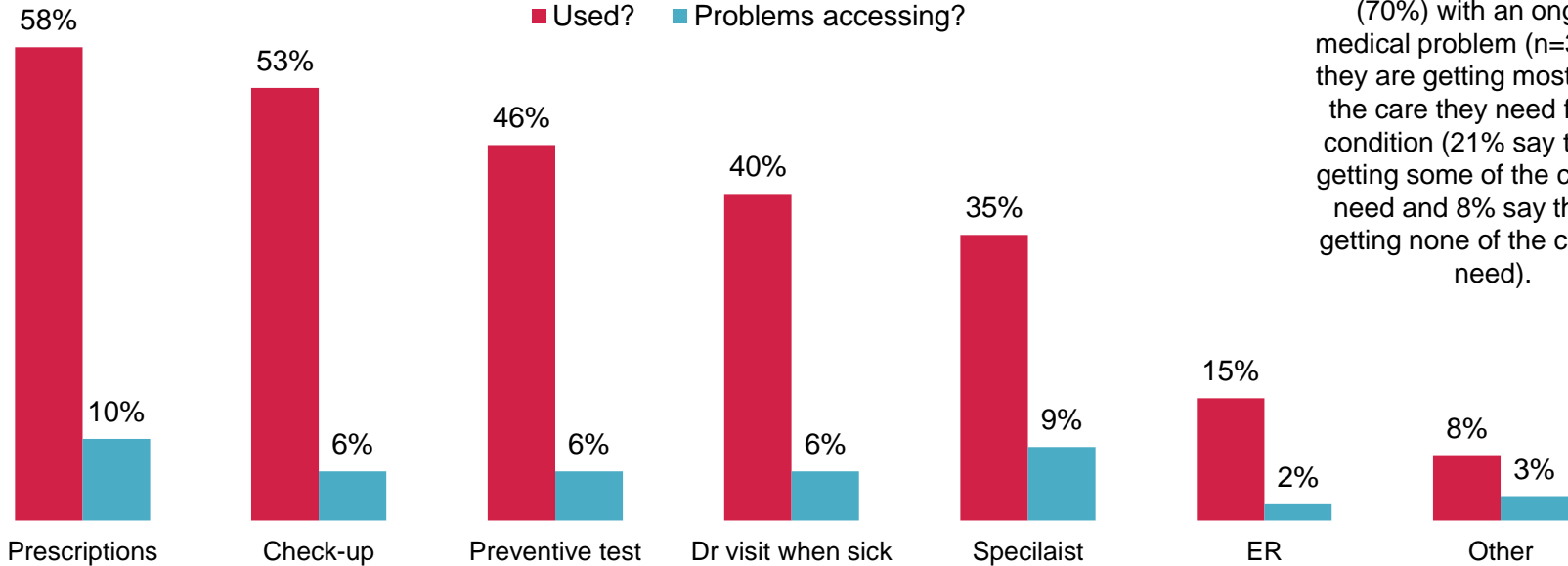
Q. [If want to know more about insurance) Who would you want to get this information from? N=370

HealthCare.gov/State Marketplace	73%
Insurance companies	48%
Non-profits that advocate for healthcare issues	39%
Your doctor/provider	22%
Insurance agent/broker	17%
State/local health department	15%
Patient organization like ACS and AHA	14%
Doctors association	6%

THEY ARE USING THEIR COVERAGE.

Eight in 10 have used a health service since they signed up. Prescriptions and checkups are the most utilized services. Of note, only small percentages of enrollees report problems accessing these services (TABLE 10).

FIGURE 10: Have you had any of the following services since you signed up for health insurance through HealthCare.gov/State Marketplace? Have you had any problems getting any of the following services? N=831



Seventy percent of enrollees (70%) with an ongoing medical problem (n=361) say they are getting most or all of the care they need for their condition (21% say they are getting some of the care they need and 8% say they are getting none of the care they need).

THEY ARE SATISFIED WITH THEIR MARKETPLACE PLANS.

Three-quarters say they are very or somewhat satisfied with their health plan. About one-quarter are not satisfied (FIGURE 11). More than 8 in 10 are satisfied with the doctors and services included in their plans (FIGURE 12). While most subgroups show similar levels of satisfaction, those paying \$201-\$400 in monthly premiums are less likely to say they are very satisfied with their plans (16% very satisfied vs. 29% overall).

FIGURE 11: Overall, how satisfied are you with your current plan through HealthCare.gov/State Marketplace? N=831

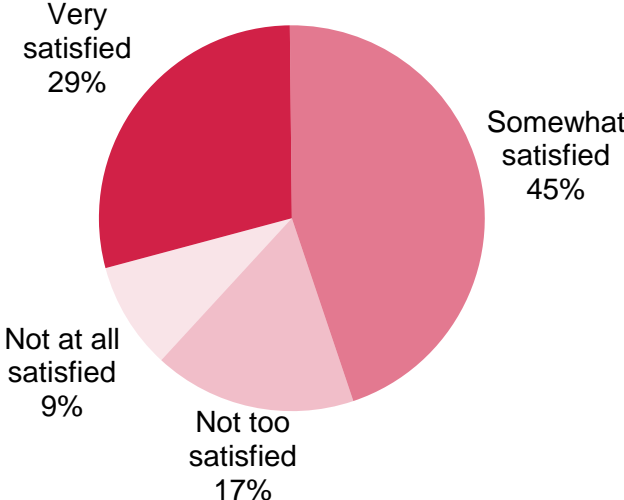
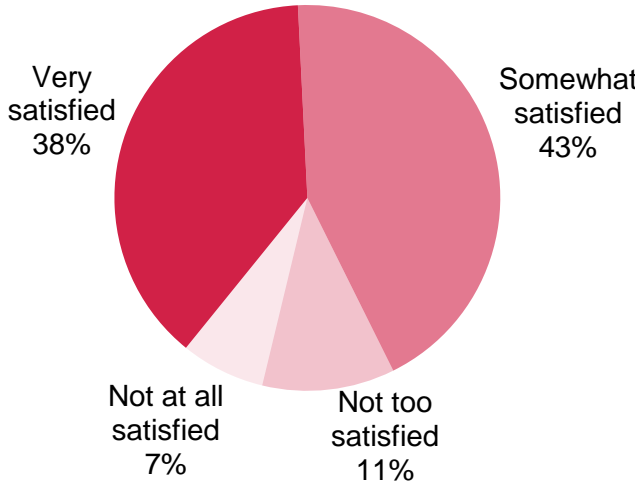


FIGURE 12: How satisfied are you with the doctors and services your current plan covers? N=831



AFFORDING THEIR PREMIUM IS HARD FOR MANY.

More than 4 in 10 say paying their monthly premium is difficult. However, more than half (56%) say it is not difficult (FIGURE 13). When asked about their specific premium amount, half (50%) say they pay \$200 or less each month and 1 in 5 (22%) pay more than \$400 each month (TABLE 5).

FIGURE 13: Given your budget, how easy or difficult is it for you to pay the monthly premium for your current health insurance plan N=831

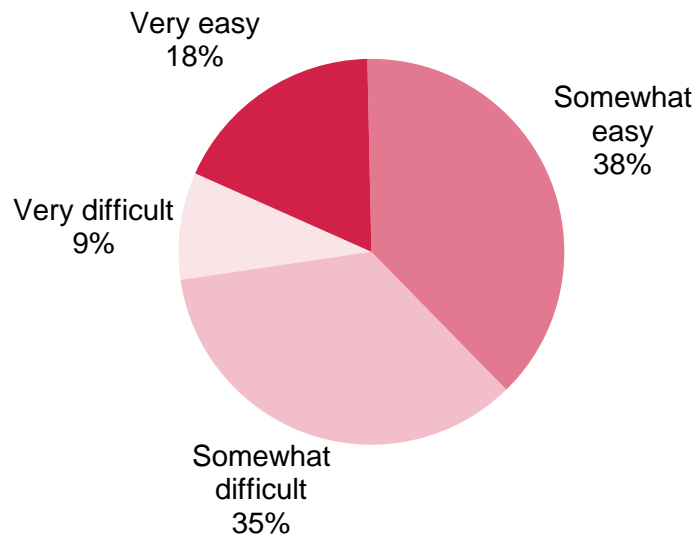


TABLE 5: PREMIUM AMOUNT

Q. How much is the monthly premium you pay for the plan you have through HealthCare.gov/State Marketplace? Your best guess is fine. N=831

\$0-\$50	14%
\$51-\$100	15%
\$101-\$200	21%
\$201-\$400	27%
>\$400	22%
REF	2%

THEY ARE SENSITIVE TO PREMIUM INCREASES.

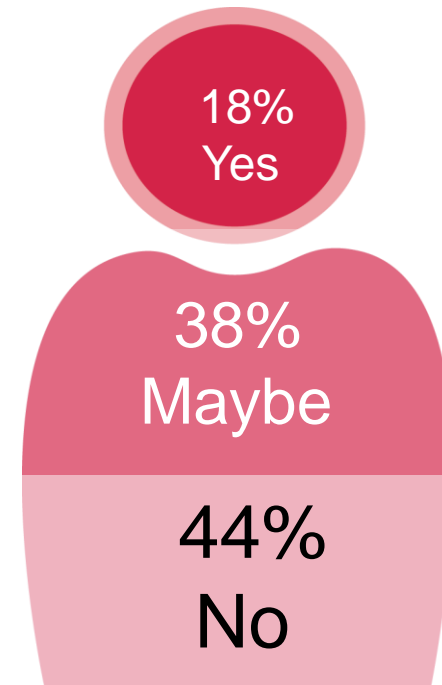
Many say they might drop coverage if their premium increases. In fact, more than half of enrollees (56%) say they might consider dropping their marketplace plan and going without coverage if their premium increases (FIGURE 11). Those most likely to say they would consider dropping (“yes” response) include:

- 18-29 year olds (29%);
- Those viewing insurance as only “somewhat” important (29%);
- Those who are not too/not at all satisfied with their plans (29%)

Enrollees who might consider dropping coverage (N=432) were asked about specific dollar amount increases. The results indicate that 20% might consider dropping coverage if there is a \$10 increase per month and 61% might consider dropping if the increase goes up to \$50 more per month.

FIGURE 14: As you may know, the monthly premium amount for insurance plans can change from one year to the next. If your monthly premium increased during the next open enrollment period, would you consider dropping your plan and living without insurance instead of paying the increased premium?

N=831

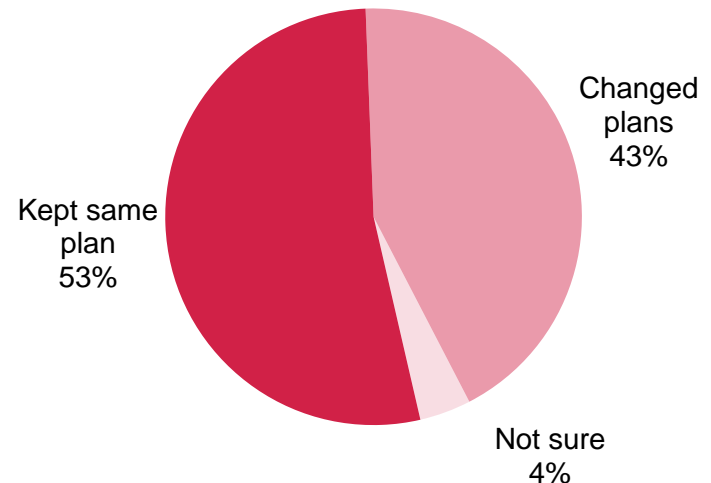


MANY CHANGED PLANS DURING RENEWAL.

Many renewed automatically but a significant number did not. The current enrollees who signed up for a marketplace plan before November 2014 (N=445) were asked about their renewal experience. Of this group, 43% say their plan renewed automatically (i.e., they did not have to do anything to renew), while 37% say their plan did not renew automatically and 20% are unsure.

Slightly more than half kept their original plan when they renewed, but more than 4 in 10 said they changed plans (FIGURE 15).

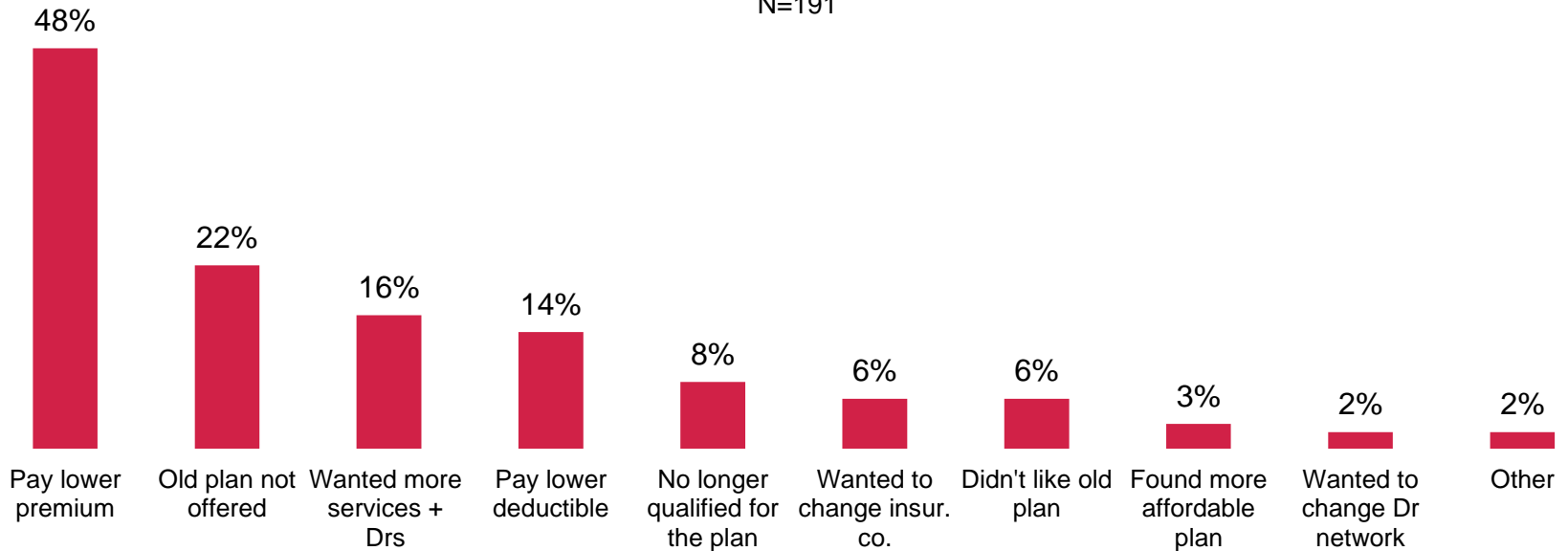
FIGURE 15: [If renewed] Is your current plan the same as the one you had when you first signed up through HealthCare.gov/State Marketplace or did you change plans? N=455



MANY CHANGED PLANS TO PAY A LOWER PREMIUM.

Those who changed plans say they did so because they wanted to pay a lower premium, their old plan was no longer offered, they wanted a plan that covered more services and providers, or because they wanted a lower deductible (FIGURE 16).

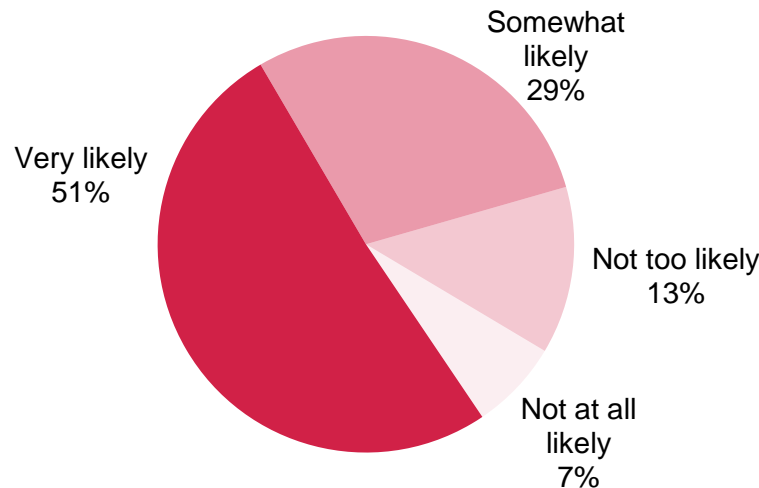
FIGURE 16: [If changed plans] Why did you change plans? Choose all that apply.
N=191



MOST WILL COMPARE PLANS NEXT OPEN ENROLLMENT.

Eight in 10 say they are likely to compare plans next open enrollment period to make sure they are getting the best plan available to them. Only 20% say they are unlikely to compare plans (FIGURE 17). Those most likely to compare all their options include women (57% very likely), those who view insurance as “very” important (57%), and those who are not too/not at all satisfied with their plans (61%).

FIGURE 17: Some people use open enrollment to compare all of their insurance options and make sure they are getting the best plan available for them. They could decide to change plans or renew their current plan depending on what they learn. Other people renew their current plan without looking into all their options again because they do not have time, they are satisfied with their current plan and want to keep it, or for all kinds of other reasons. During next the open enrollment period, how likely are you to compare all of your insurance options before making a decision about whether to renew your plan? N=831



LOOKING AHEAD, THEY PLAN TO STAY INSURED THROUGH THE MARKETPLACE.

Nine in 10 say they expect to have health insurance 12 months from now (FIGURE 18). Of this group, more than 8 in 10 say they are likely to continue getting their insurance through the marketplace (FIGURE 19).

FIGURE 18: Thinking about 12 months from now, do you expect to continue having health insurance?
N=831

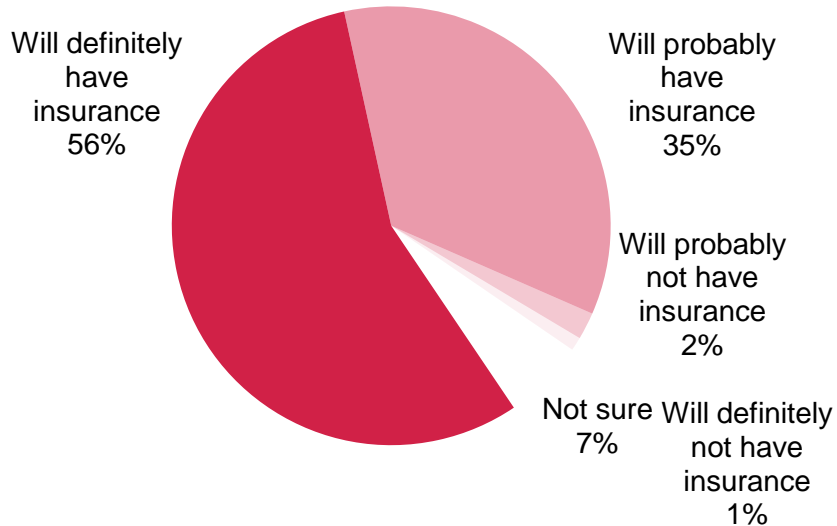
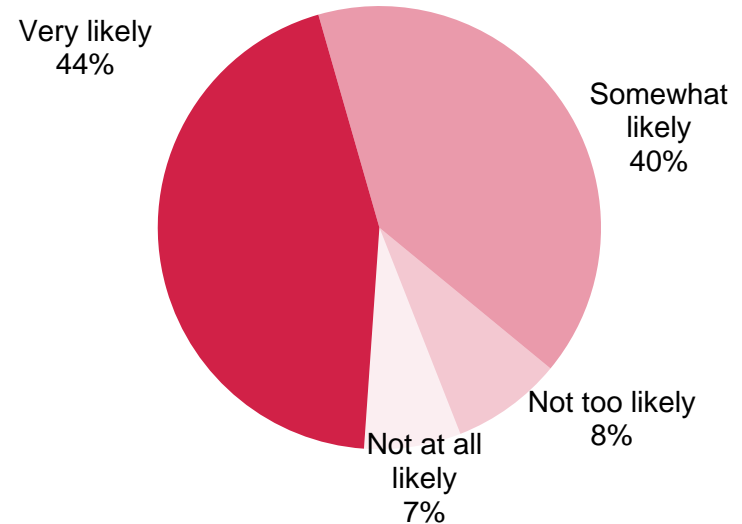
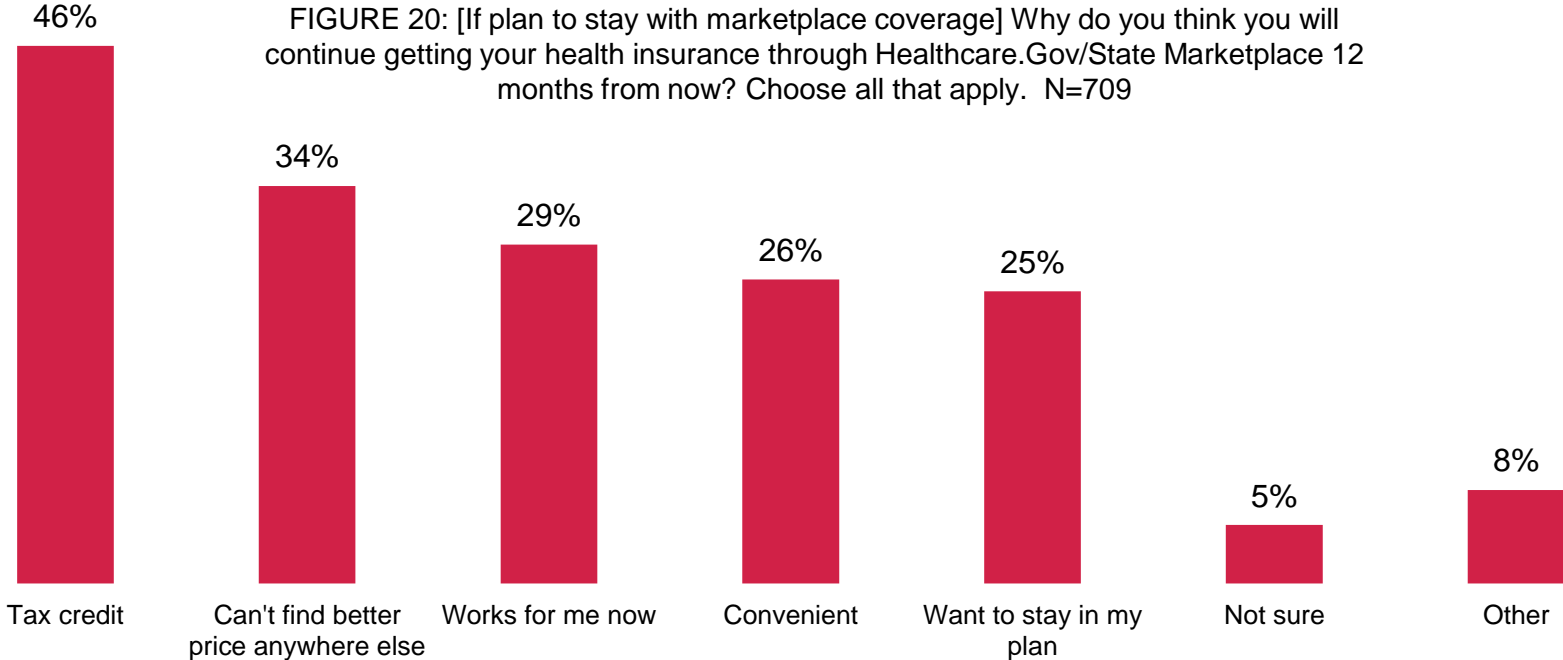


FIGURE 19: Still thinking about 12 months from now, how likely are you to continue getting your health insurance through HealthCare.gov/State Marketplace?
N=824



THE TAX CREDIT IS THE MAIN DRIVER TO STAY WITH THE MARKETPLACE.

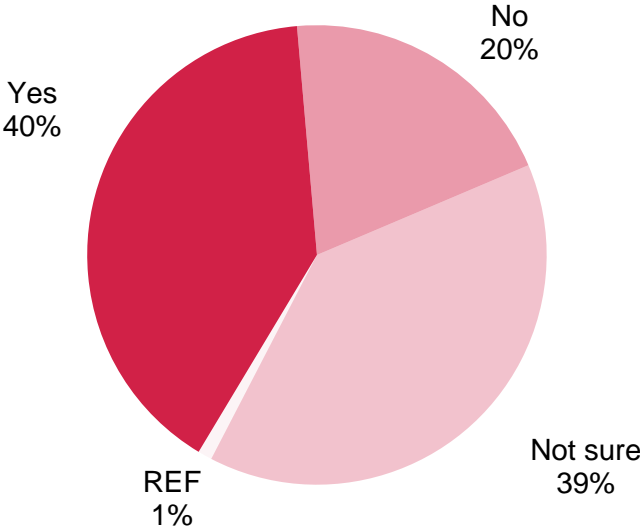
The tax credit is the main reason why they are likely to stay with marketplace coverage for the next year (FIGURE 20). Those NOT likely to continue using the marketplace (n=112) say it is because they expect to have insurance through an employer (30%), they plan to enroll in Medicaid (26%), they do not like the marketplace (25%), or they don't think they can afford the premium (22%).



THEY DO NOT KNOW THE NEXT OPEN ENROLLMENT DATES.

While the vast majority plan to renew, most are unfamiliar with the open enrollment dates. Almost 6 in 10 are unaware of when the open enrollment period is for their plan (FIGURE 21).

FIGURE 21: Open enrollment is a time of year when you can look into all of your health insurance options and either renew your current plan or choose a new one. It is generally difficult to sign up for a new plan or change your plan outside of the open enrollment period. Do you know when open enrollment is for your current health insurance plan? N=831



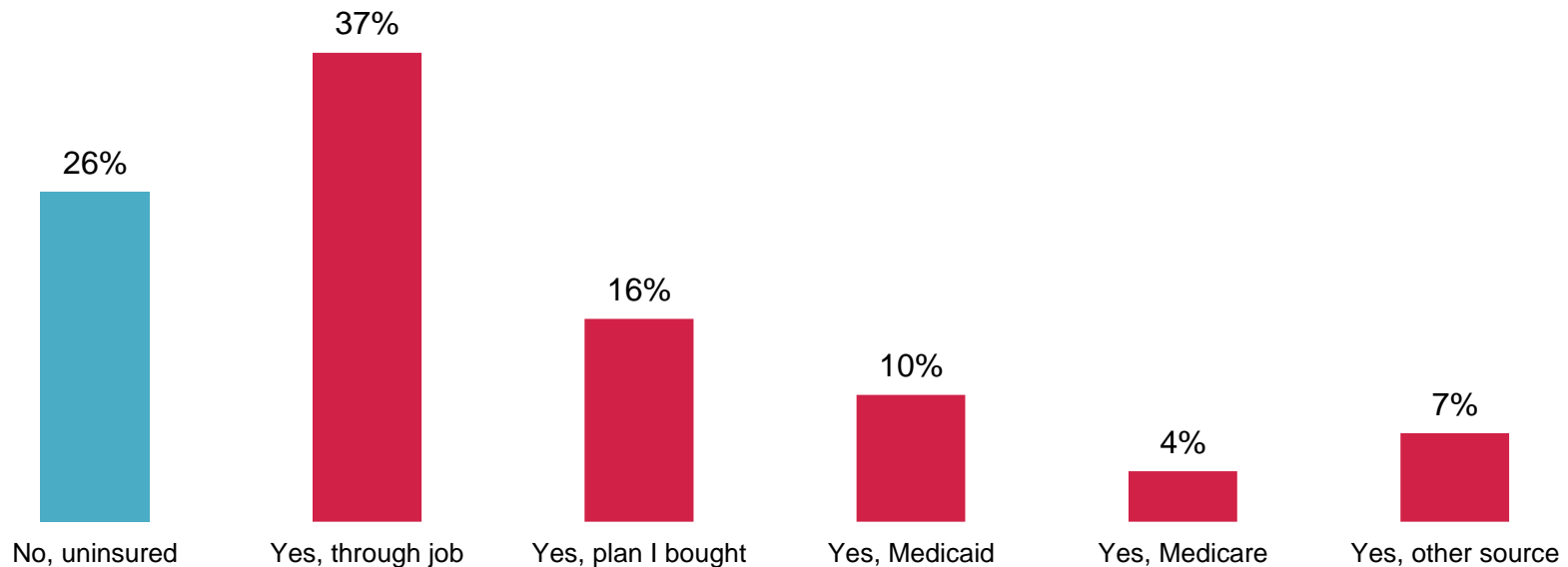
FORMERLY ENROLLED



MOST HAVE INSURANCE CURRENTLY.

Three-quarters of those formerly enrolled in a marketplace plan now have health insurance through another source. One-quarter are uninsured. Most of those with insurance have it through their employer or their spouse's/partner's employer (FIGURE 22).

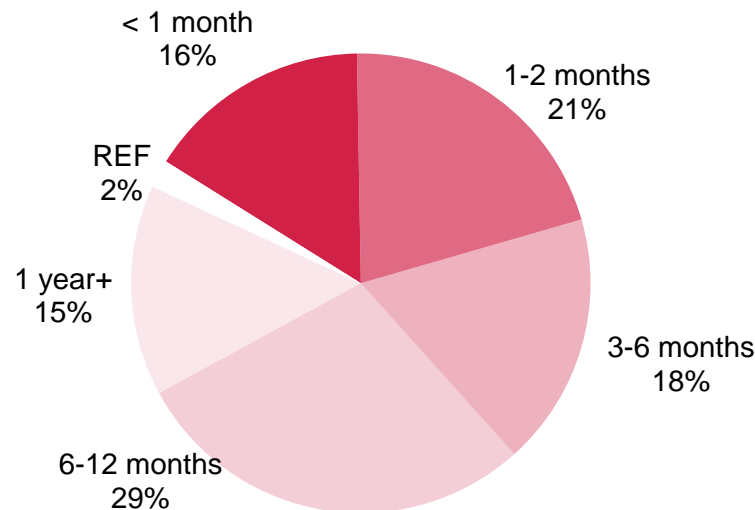
FIGURE 22: Do you currently have health insurance through another source?
N=181



MANY WERE ENROLLED ONLY A FEW MONTHS.

More than one-third were enrolled in a marketplace plan for less than two months. Another 18% were enrolled three to six months (FIGURE 23).

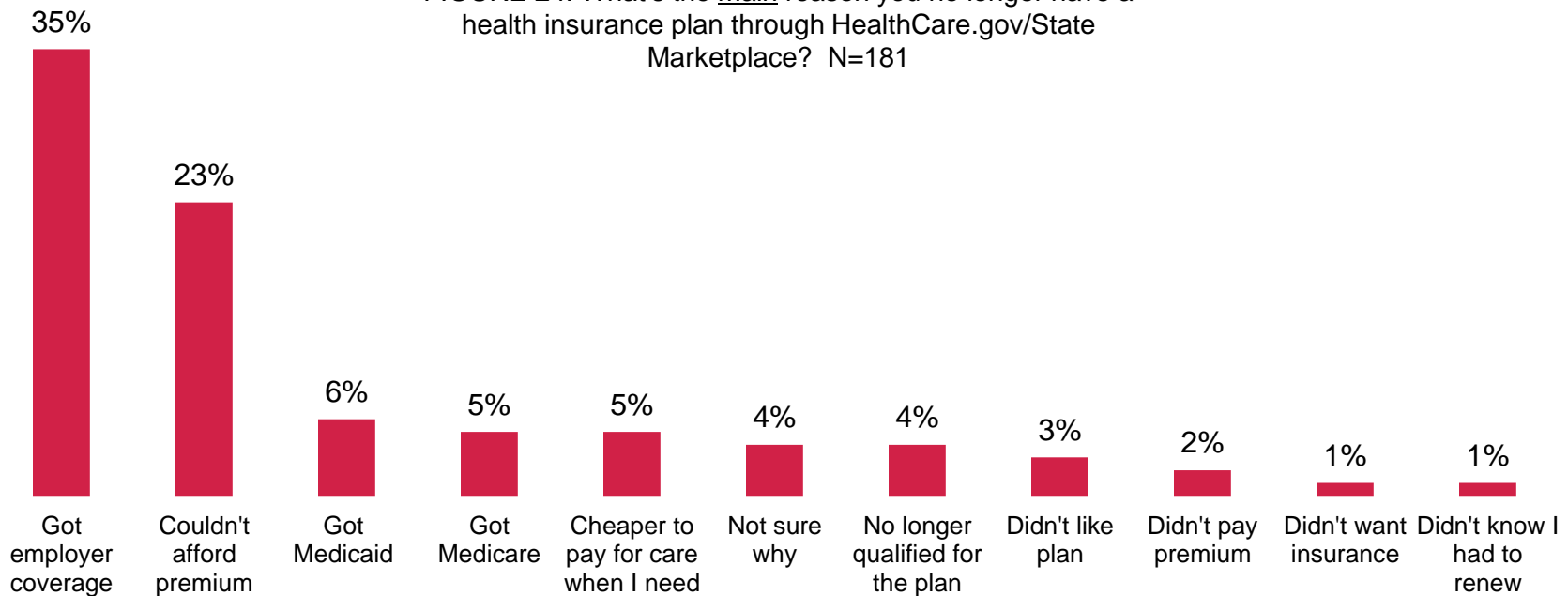
FIGURE 23: How long did you have a health insurance plan through HealthCare.gov/State Marketplace? Your best guess is fine. N=181



MAIN REASON NO LONGER ENROLLED: GOT COVERAGE THROUGH ANOTHER SOURCE.

More than 4 in 10 (46%) no longer have a marketplace plan because they were able to get employer coverage, Medicaid, or Medicare. However, 1 in 5 say it is because they could not afford their monthly premium (FIGURE 24).

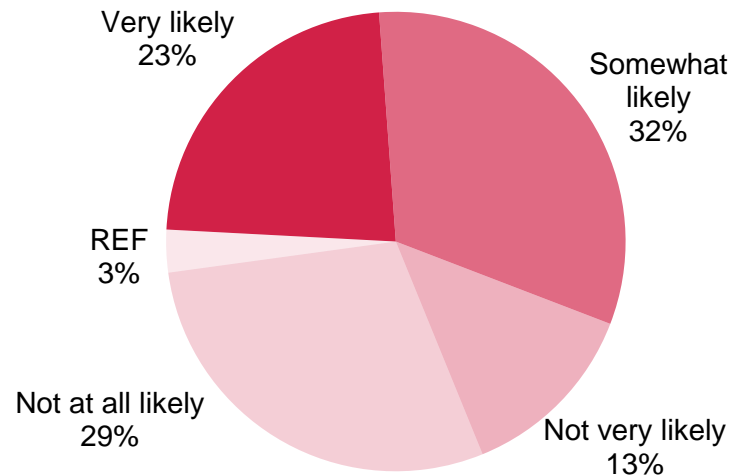
FIGURE 24: What's the main reason you no longer have a health insurance plan through HealthCare.gov/State Marketplace? N=181



MAJORITY WOULD GO BACK TO THE MARKETPLACE.

More than half (55%) say they are likely to look into the marketplace if they need insurance in the future. However, 42% say they are not likely to look to the marketplace again (FIGURE 25).

FIGURE 25: How likely would you be to look into the health care plans through Healthcare.Gov/State Marketplace in the future if you needed insurance? N=181



THEY PAID SIMILAR PREMIUM AMOUNTS.

Those formerly enrolled in marketplace plans paid premium amounts similar to those paid by the currently enrolled. There is not a significant difference between the two groups when it comes to premium amounts except that former enrollees were less likely to be paying over \$400 a month in premium than current enrollees (13% vs. 22%) (TABLE 6).

On the issue of affordability, both groups also give similar responses: 50% of former enrollees say it was “easy” to pay their premium vs. 56% of current enrollees. However, former enrollees are more likely to say that paying their premium was *very* difficult than current enrollees (21% former enrollees vs. 9% current enrollees).

TABLE 6: PREMIUM AMOUNT

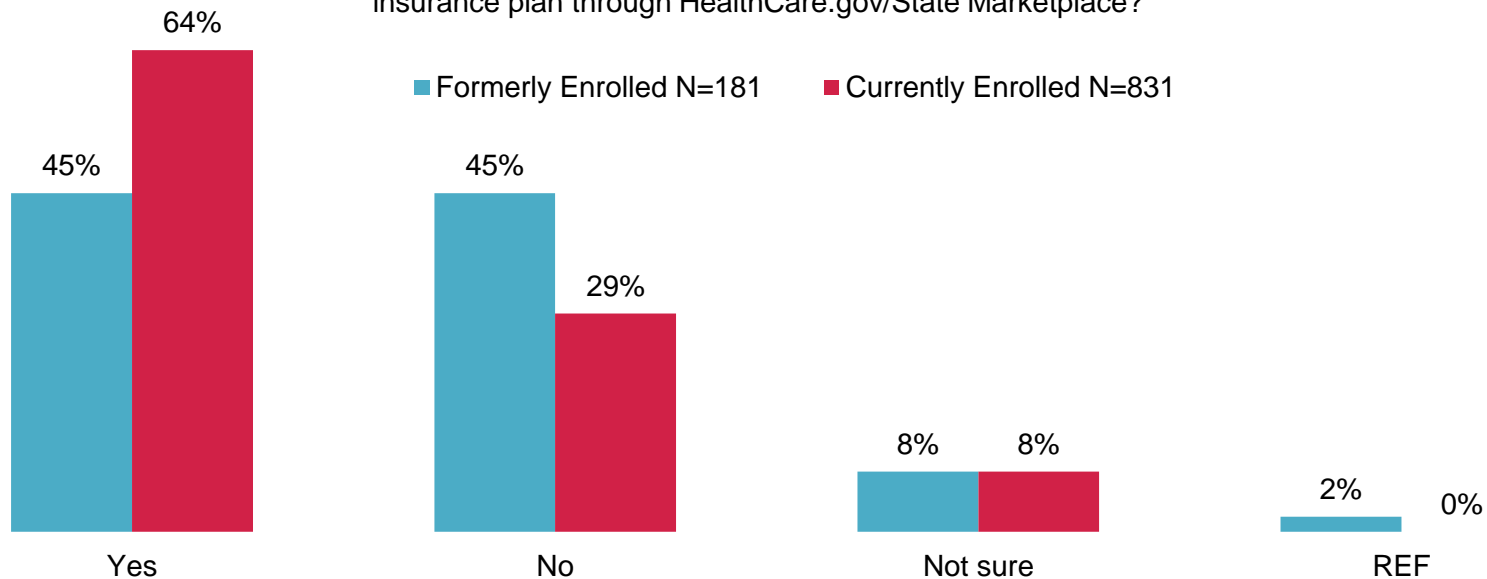
Q. From what you can remember, how much was the monthly premium you paid for the plan you had through HealthCare.gov/State Marketplace?

	<i>Formerly Enrolled N=181</i>	<i>Currently Enrolled N=831</i>
\$0-\$50	14%	14%
\$51-\$100	14%	15%
\$101-\$200	25%	21%
\$201-\$400	27%	27%
\$400>	13%	22%
REF	7%	2%

THEY ARE LESS LIKELY TO HAVE RECEIVED A TAX CREDIT.

Former enrollees are less likely than current enrollees to say they received financial help to purchase a plan when they enrolled (FIGURE 26). They are also slightly less likely to say they understood a lot/some about the tax credit (66% formerly enrolled vs. 74% currently enrolled).

FIGURE 26: Did you get any financial help or a tax credit towards purchasing a plan when you first signed up for a health insurance plan through HealthCare.gov/State Marketplace?



THEIR TAX CREDIT AMOUNTS WERE LOWER.

Former enrollees report they received lower tax credit amounts. Specifically, they were more likely to say they received \$10-\$200 in tax credit each month than the currently enrolled (TABLE 7).

TABLE 7: TAX CREDIT AMOUNT

Q. [If received a tax credit] How much did you get in financial help or tax credit to help pay for the insurance plan each month?

	<i>Formerly Enrolled N=86*</i>	<i>Currently Enrolled N=555</i>
\$10-\$200	42%	29%
\$201-\$400	13%	21%
\$401-\$600	5%	9%
\$601-\$1,000	1%	8%
\$1,000>	3%	2%
Don't remember	35%	29%

* Please note the small sample size.

THEY STRUGGLED MORE IN CHOOSING A PLAN.

Former enrollees had a harder time choosing a plan. In particular, it was harder to find an affordable plan. They were also less likely to believe plans' costs were presented clearly or that they could find a plan with a doctor network that worked for them (TABLE 8).

TABLE 8: CHOOSING A PLAN

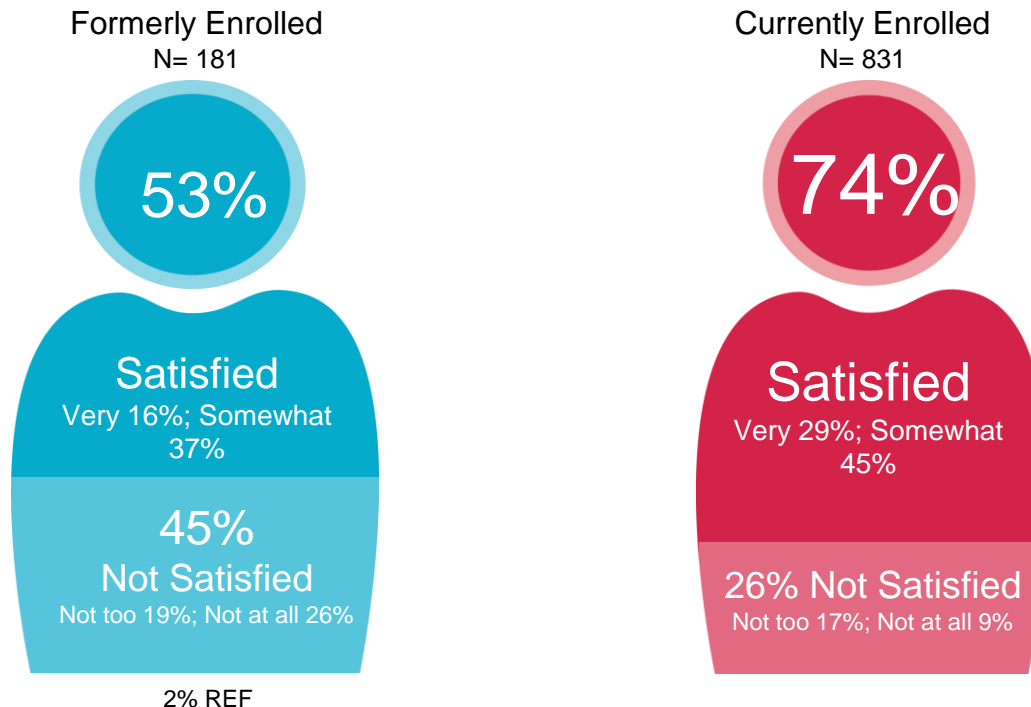
Q. Think back to when you were comparing the health insurance plans available from HealthCare.gov/State Marketplace and you chose your plan. Please indicate whether you agree or disagree with each statement. Use a 1-10 scale.

	<i>Formerly Enrolled N=181 "Agree" 10-6</i>	<i>Currently Enrolled N=831 "Agree" 10-6</i>
All of the plans' costs were presented clearly and were easy to understand.	42%	53%
It was easy to find a plan that had a provider network that worked for me.	41%	51%
It was easy to choose which plan to sign up for.	33%	46%
I could afford many of the plans.	24%	36%

THEY WERE LESS SATISFIED WITH THEIR MARKETPLACE PLAN.

Former enrollees are less likely than current enrollees to report that they were satisfied with their marketplace plan overall (FIGURE 27).

FIGURE 27: Overall, how satisfied are/were you with your plan through HealthCare.gov/State Marketplace?



THEY ARE LESS LIKELY TO MAKE ROOM IN THEIR BUDGET FOR INSURANCE.

The formerly enrolled and the currently enrolled equally consider health insurance to be very important. Specifically, 70% of former enrollees say having health insurance is *very* important compared to 73% of current enrollees. However, they are less likely than current enrollees to agree that insurance is a “must-have” that they will figure out a way to pay for (FIGURE 28).



FIGURE 28: For some people, health insurance is something they feel they just need to have and they will figure out a way to pay for it. For others, health insurance is something they will only pay for if they feel like they are doing okay financially. Which is closer to the way you think about insurance?



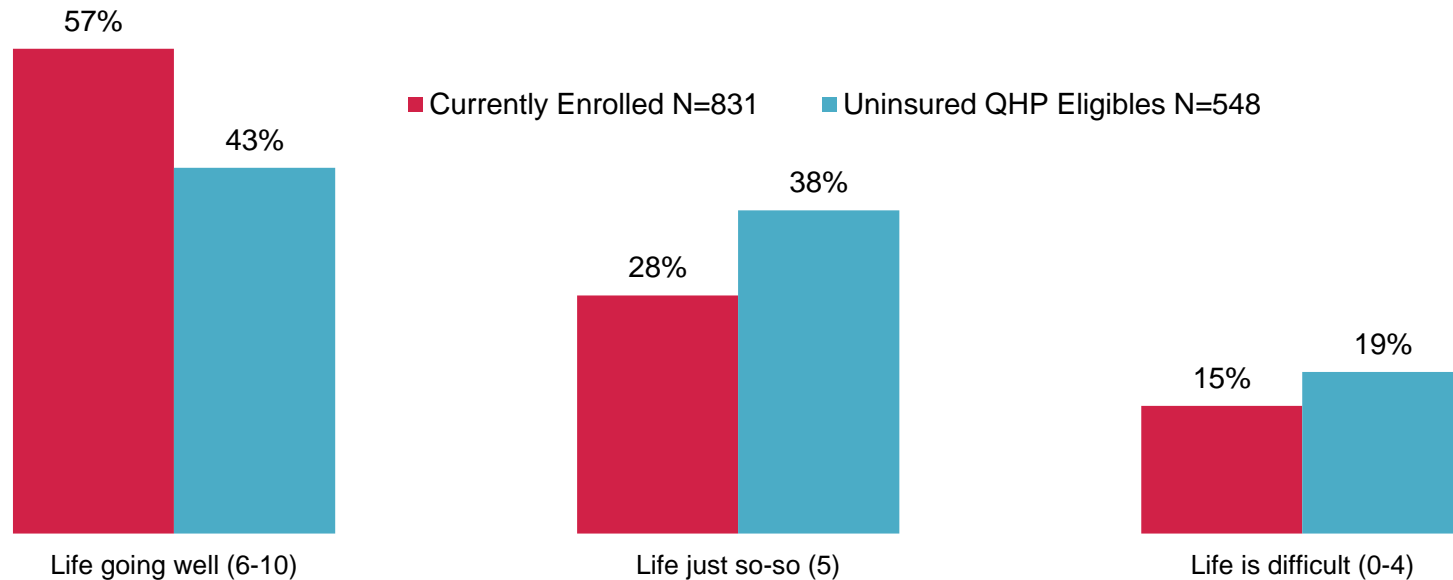
ENROLLED VS. UNINSURED

A thick, red, brushstroke-style underline is positioned directly beneath the text "ENROLLED VS. UNINSURED".

LIFE IS GOING BETTER FOR CURRENT ENROLLEES.

Current enrollees are more likely to say “life is going well” than uninsured individuals (FIGURE 29).

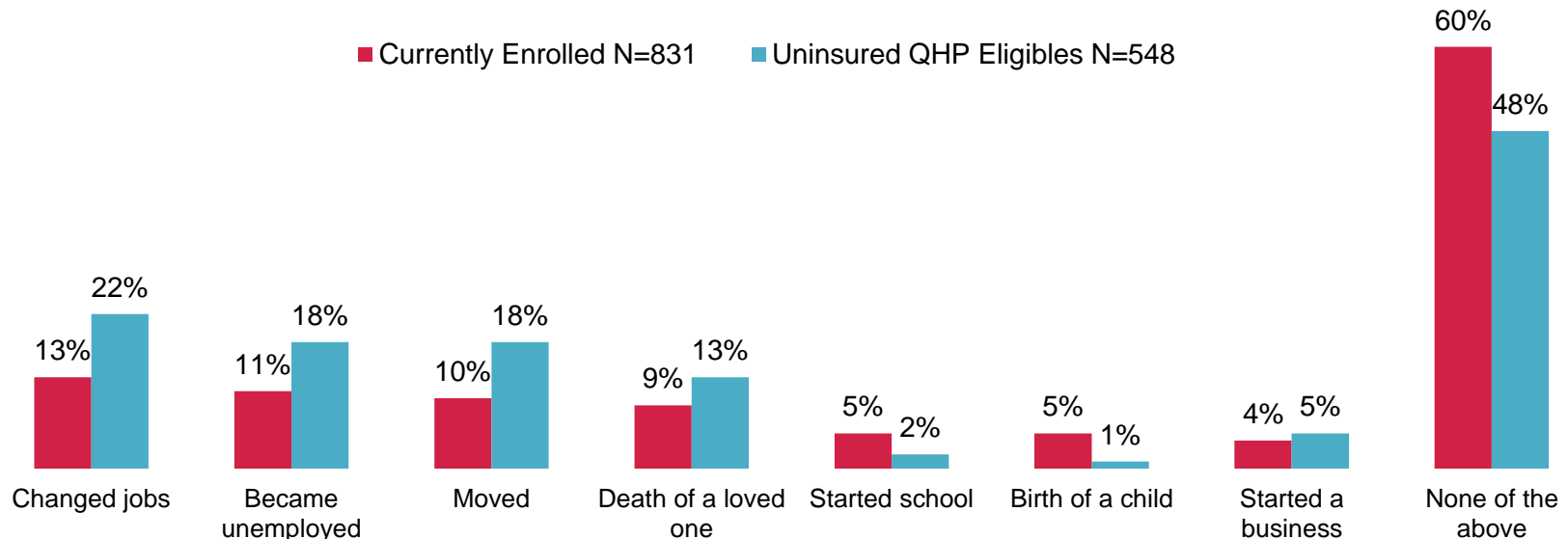
FIGURE 29: Thinking about your life in general, how would you say things are going? Scale: 0 (life is really difficult) to 10 (life is going really well)



CURRENT ENROLLEES HAVE LESS INSTABILITY IN THEIR LIVES.

The uninsured are more likely to say they have had some recent changes in their life. For example, the uninsured who are eligible for a marketplace plan are more likely to have changed jobs in the last 12 months (FIGURE 30).

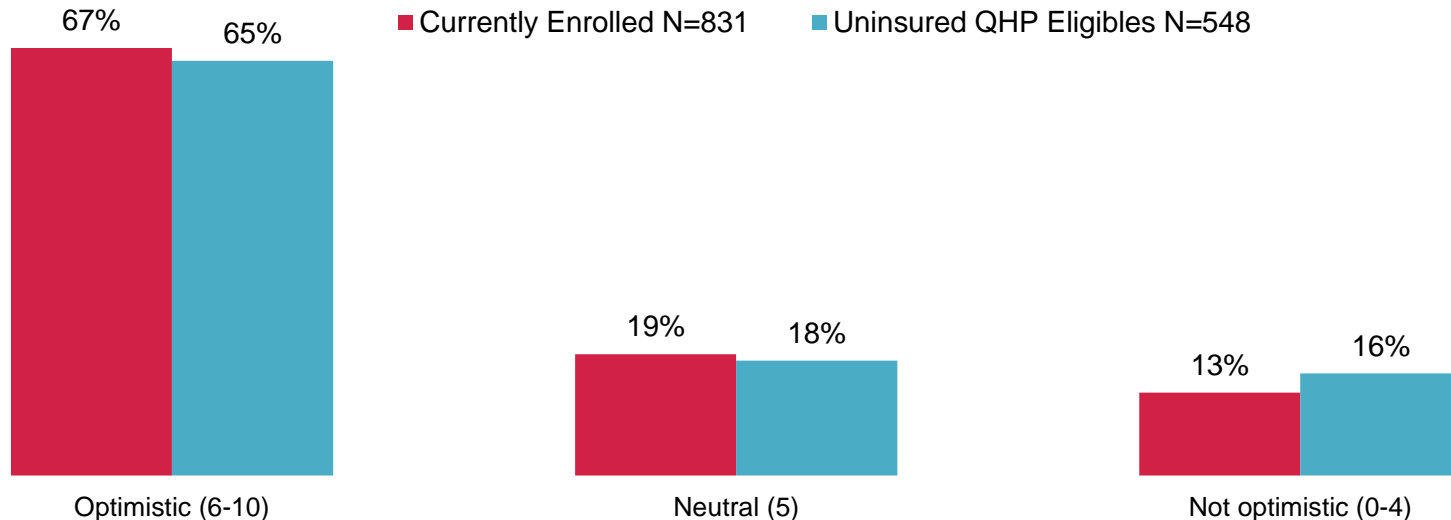
FIGURE 30: Have you experienced any of the following in the past 12 months?



BOTH ARE OPTIMISTIC ABOUT THE FUTURE.

Both groups are optimistic that life will get better in the next 12 months. There is less of a gap between current enrollees and the uninsured when it comes to optimism about the next year (FIGURE 31).

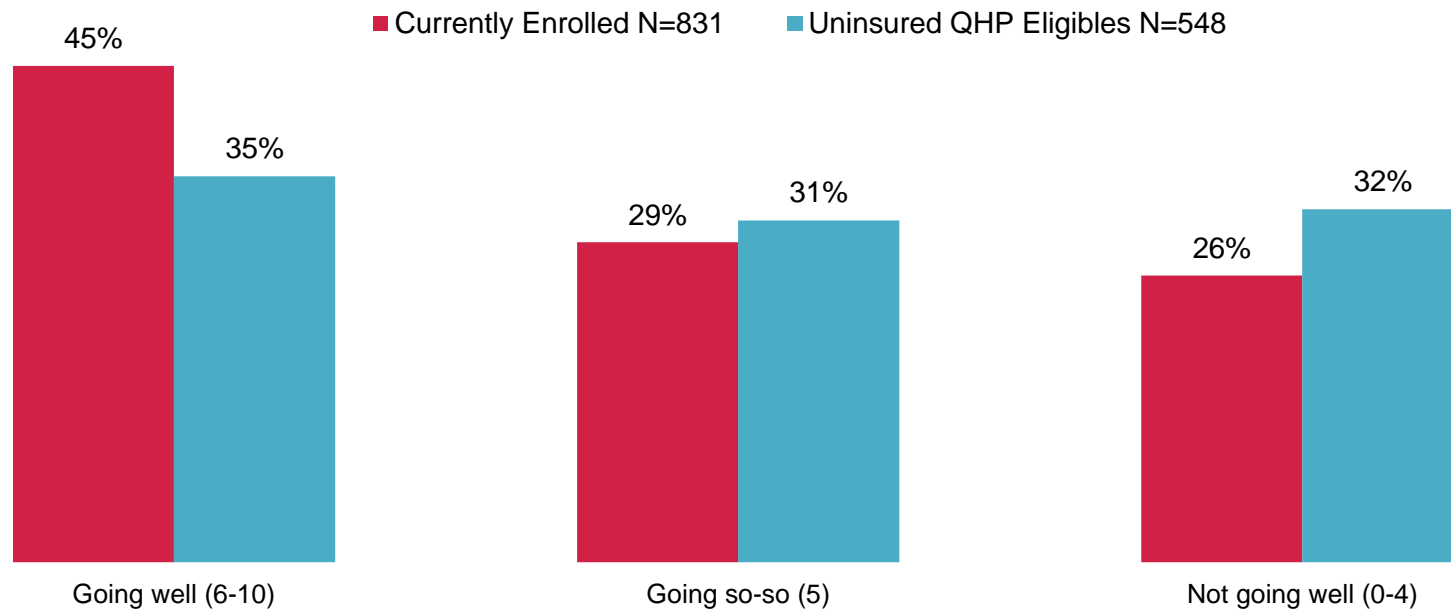
FIGURE 31: Thinking about the next year, how optimistic are you that life is going to get better and easier? Scale: 0 (not at all optimistic) to 10 (very optimistic)



CURRENT ENROLLEES ARE DOING BETTER FINANCIALLY.

The uninsured appear to be struggling more. They are less likely to say things are going well financially than current enrollees (FIGURE 32).

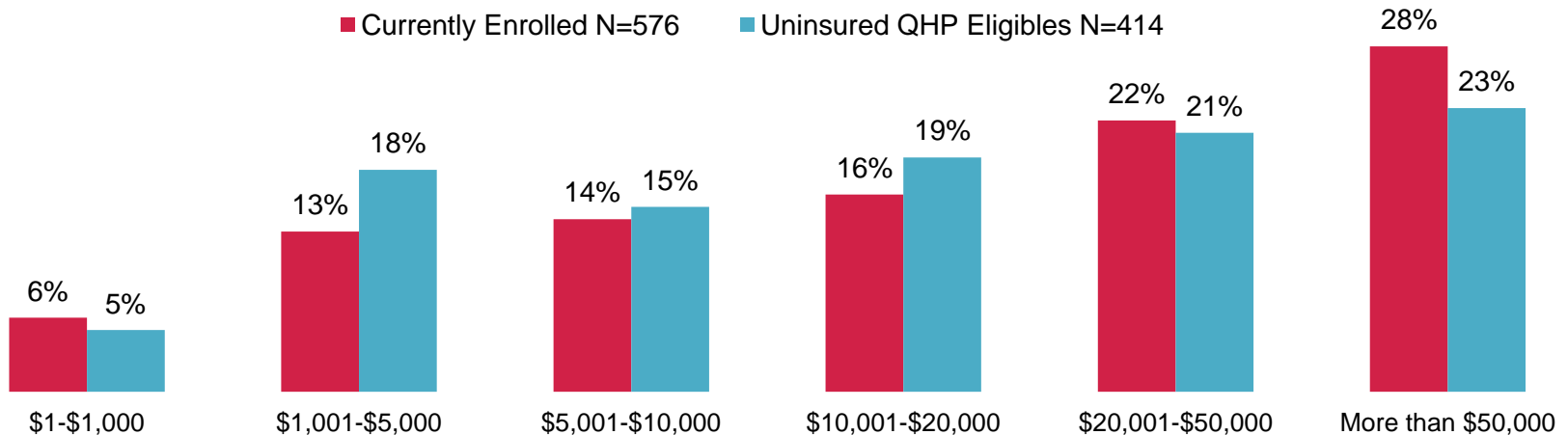
FIGURE 32: Thinking about your finances, how would you say things are going for you these days? Scale: 0-10



THEY HAVE SIMILAR LEVELS OF DEBT.

The currently enrolled and the uninsured have similar levels of debt. Majorities in both groups report they have debt (74% currently enrolled vs. 73% uninsured QHP eligible). Many in both groups have debt of \$20,000 or more (FIGURE 33). Finally, half of those with debt in each group report having medical debt (49% enrolled vs. 48% uninsured).

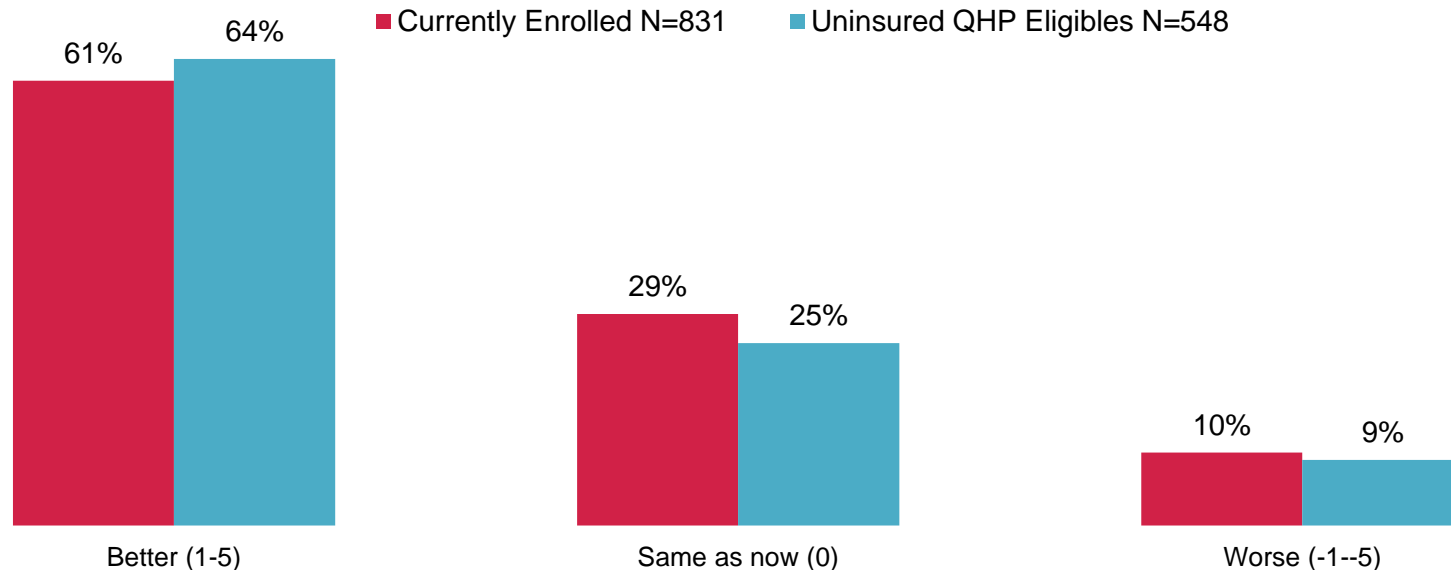
FIGURE 33: [If have debt] How much financial debt do you have in total?



BOTH THINK THEIR FINANCES WILL IMPROVE.

The currently enrolled and the uninsured both believe they will be financially better off a year from now (Figure 34).

FIGURE 34: When you think about your finances a year from now, do you expect to be doing about the same, better, or worse than you are now? Use a -5 to +5 scale.



CURRENT ENROLLEES KNOW MUCH MORE ABOUT THE TAX CREDIT.

There is a big awareness gap on the tax credit. Seventy-four percent of current enrollees know a lot/some about the tax credit compared with just 43% of the uninsured. This awareness gap is particularly evident when looking at those who have not heard of the tax credit before (2% enrolled vs. 21% of the uninsured) (TABLE 9).

CAUTION: We cannot know if the currently enrolled had this awareness *before* they enrolled or if it is a product of them having gone through the enrollment process. It is difficult to say (based on this result) whether this is a factor in enrollment or not.

TABLE 9: TAX CREDIT AWARENESS

Q. As you may know, many people are able to get a tax credit to help purchase an insurance plan through HealthCare.gov/STATE MARKETPLACE. How much do you understand about how these tax credits work? Or, have you not heard about these tax credits before?

	Current Enrollees N=831	Uninsured QHP Eligible N=548
I understand a lot	25%	17%
I understand some	49%	26%
I do not understand much	19%	21%
I do not understand anything	5%	11%
I haven't heard about this before	2%	21%
REF	1%	3%

THEY WEIGH THE SAME FACTORS WHEN DECIDING TO PURCHASE A PLAN.

Both weigh the premium first and foremost. This is the key factor for both when deciding to enroll in a health plan or not. But the main difference between the enrolled and the uninsured is the degree to which they consider the benefits covered by the plan (22% enrolled vs. 10% uninsured) and doctors in the plan's network (15% enrolled vs. 5% uninsured) (TABLE 10).

TABLE 10: FACTORS CONSIDERED IN ENROLLING

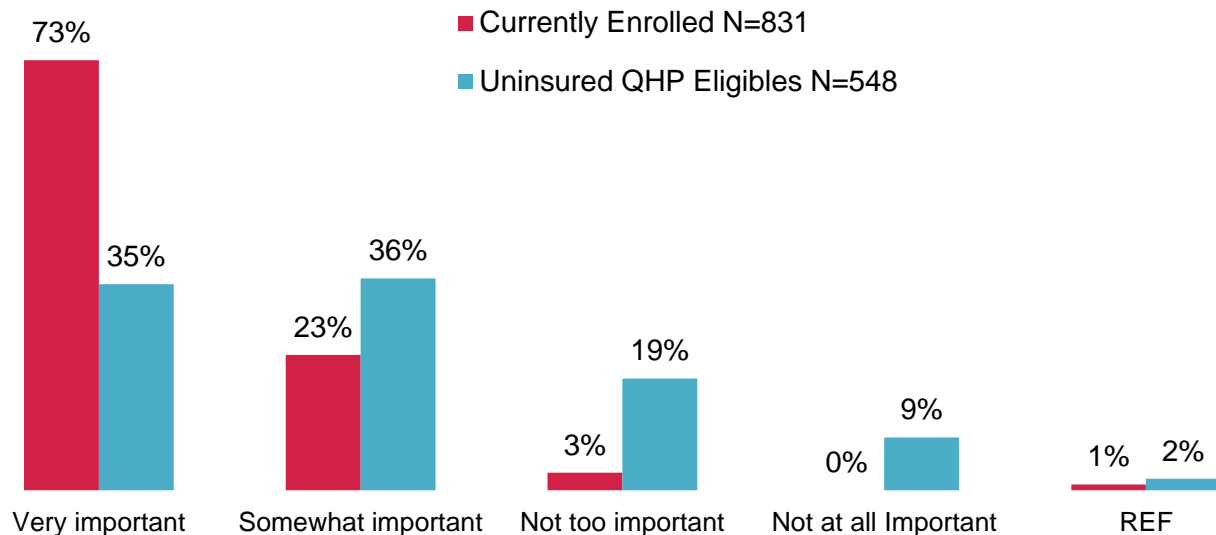
Q: Here is a list of things someone might consider when deciding whether to purchase a health insurance plan or to go without insurance. Thinking back to when you were deciding whether to sign up for a plan, which of the following things did you consider? Pick the two most important factors.

	<i>Current QHP Enrollees N=831</i>	<i>Uninsured QHP Eligible Who Looked for Insurance N=388</i>
Premium	62%	61%
Benefits covered	22%	10%
Out of pocket if sick	21%	19%
Deductible	21%	32%
Co-payment	13%	12%
Doctors in network	15%	5%
Tax credit	13%	6%
Penalty/fine	12%	13%
ER costs	6%	6%
None of the above	3%	9%

CURRENT ENROLLEES VALUE INSURANCE MUCH MORE.

The biggest difference between the enrolled and the uninsured is how much value they attach to insurance. The enrolled are twice as likely to say that having health insurance is *very important* than the uninsured are (FIGURE 35).

FIGURE 35: Given everything in your life these days, how important is it to you to have health insurance?

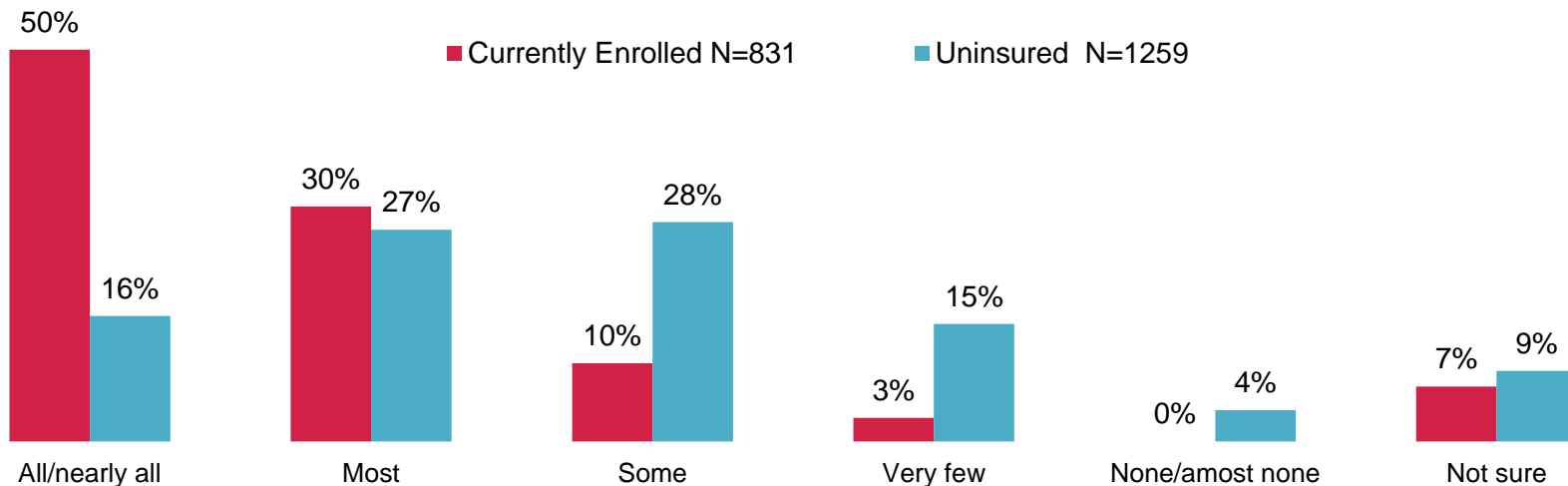


The currently enrolled are more likely to report ongoing medical problems. This may be a reason they enrolled in health coverage. Specifically, 40% of those currently say they have ongoing medical problems compared to 31% of uninsured individuals.

CURRENT ENROLLEES ARE MORE LIKELY TO BE SURROUNDED BY INSURANCE.

Uninsured individuals are less likely to say the people close to them have health insurance.¹ Specifically, 50% of the currently enrolled say that all or nearly all of the people close to them have insurance compared to just 16% of the uninsured (FIGURE 36).

FIGURE 36: Thinking about the friends, family, and others you spend most of your time with, how many would you say have health insurance?



¹ For this question, we draw on a 2014 RWJF/PerryUndem survey of the uninsured. The report can be found here: <http://www.rwjf.org/en/library/research/2014/10/open-enrollment--round-2.html>. It should be noted that unlike the rest of the uninsured comparisons in this section, this comparison includes lower-income (<139% FPL), Medicaid-eligible individuals.

IMPLICATIONS



1

The premium is key to enrollment and retention.

Those who enrolled in the marketplace and those who remained uninsured say that the monthly premium amount was the main factor in their decision to sign up/not sign up.

In addition, 44% of the currently enrolled say that paying their premium is “difficult” and 56% say they might consider dropping their insurance and going without it if their premium increases. This is a significant finding given how much the currently enrolled value health insurance and are willing to stretch to afford it.

Eight in 10 of the currently enrolled say they are likely to compare plans during the next open enrollment period to make sure they are getting the best plan available to them. Prepare for enrollees to check out their options to ensure they find the best plan for them at the premium they can afford.



2

Three message themes—protection from big medical bills, financial help, and avoiding the fine/complying with the law—resonate with both enrollees and the uninsured.

Protection from medical bills underscores the value of health insurance for both current enrollees and the uninsured. It is the top reason individuals signed up, and it ranks among the strongest motivators for the uninsured to look into coverage options.

The tax credit is the main reason why current enrollees say they are likely to stay with marketplace coverage for the next year. This combined with the findings that former enrollees are less likely to say they understood the tax credit—and the awareness gap around the tax credit that exists between those currently enrolled and the uninsured—points to the need for continued education on the tax credit among all groups.

The increasing fine is a powerful motivator for both the enrolled and uninsured. It's important to state this in a matter of fact, straightforward way so it informs the consumer's cost calculation.

**3**

Feelings about and experiences with the Health Insurance Marketplace are positive.

Most of the currently enrolled are satisfied with their marketplace health plans, will remain insured for the near future, and are likely to continue to get their insurance through the marketplace.

In addition, most enrollees are confident they chose the right plan for them. Continue to provide decision support assistance and education to maintain high satisfaction, especially as a majority want to compare plans during the open enrollment season to make sure they're making the best choice for them.



4

People are looking to Marketplaces for information about how to use their health insurance.

While most enrollees feel they understand how their plan works, some may have gaps in knowledge (33% feel they know how their plan works “more or less” and 16% do not understand their plans).

The survey also shows that many of the currently enrolled (more than 4 in 10) want more information about how health insurance works. Latinos enrollees are most likely to say they want to learn more (56%).

The Marketplace is the top source they want to hear from (73%), followed by insurance companies (48%) and nonprofits (39%).

For more information about this study, contact
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