

Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2013 Current Population Survey

By Paul Fronstin, Ph.D., Employee Benefit Research Institute

This *Issue Brief* provides historical data through 2012 on the number and percentage of nonelderly individuals with and without health insurance. Based on EBRI estimates from the U.S. Census Bureau's March 2013 Current Population Survey (CPS), it reflects 2012 data and also discusses trends in coverage for the 1994–2012 period as well as characteristics that typically indicate whether an individual is insured.

AT A GLANCE

- **Health Coverage Rate Increases:** The percentage of the nonelderly population (under age 65) with health insurance coverage increased to 82.3 percent in 2012, notable because increases in health insurance coverage have been recorded in only six years since 1994. The percentage of nonelderly individuals with health insurance coverage was 81.5 percent in 2010, the lowest level of that population with such coverage during the 1994–2012 period.
- **Uninsured Down:** The uninsured rate for the nonelderly population was 17.7 percent last year, down from 18 percent in 2011.
- **Employment-Based Coverage Remains Dominant Source of Health Coverage, and Erosion Ends:** Employment-based health benefits remain the most common form of health coverage in the United States. In 2012, 58.5 percent of the nonelderly population had employment-based health benefits, down from the peak of 69.3 percent in 2000, during the 1994–2012 period. However, the 2012 level was essentially the same as in 2011 (58.4 percent), meaning that the decline in the percentage of the nonelderly population with employment-based coverage that has occurred each year since 2000 ceased in 2012.
- **Public-Program Coverage Is Growing:** The percentage of the population with public-program health coverage was unchanged in 2012, accounting for 22.6 percent of the nonelderly population. Enrollment in Medicaid and the State Children's Health Insurance Program also increased to a combined 47.3 million in 2012, covering 17.7 percent of the nonelderly population, significantly above the 10.2 percent level of 1999.
- **Individual Coverage Stable:** The percentage with individually purchased health coverage was slightly higher in 2012 but has basically hovered around 7 percent since 1994.

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Introduction

The percentage of nonelderly individuals in the United States with health insurance *increased* between 2011 and 2012, continuing the trend that occurred between 2010 and 2011. In 2012, 82.3 percent of individuals were covered, up from 82 percent in 2011 and 81.5 percent in 2010 (calculated from Figure 1). The increase between 2010 and 2012 is in contrast to a downward trend that has occurred during most years since 1994. Nearly 220 million nonelderly individuals had insurance coverage in 2012, up from 216.9 million in 2010. While 17.7 percent of individuals under age 65 did not have health insurance at any point in 2012, this was down from 18 percent in 2011 and 18.5 percent in 2010, its highest level during the 1994–2010 period. Just over 47 million were uninsured in 2012, down from 47.9 million in 2011 and 49.1 million in 2010.

For the first time since 2000, the *number* of individuals with employment-based health coverage rose, increasing from 155.5 million to 156 million between 2011 and 2012. The percentage of individuals under age 65 with employment-based coverage did not fall for the first time since 2000; rather, it increased slightly from 58.4 percent to 58.5 percent. Employment-based health coverage remains the dominant source of health coverage in the United States.

Enrollment in public programs continued to increase. In 2012, 60.2 million (or 22.6 percent of the nonelderly population), were covered by public programs, and an additional 19.4 million (or 7.3 percent) were covered by policies purchased directly from insurers. More than 47 million nonelderly individuals participated in Medicaid (the federal-state health care program for poor and disabled) or the State Children’s Health Insurance Program (S-CHIP),¹ and 9 million received their health insurance through Tricare and Civilian Health and Medical Program of the Veterans Administration (CHAMPVA)² and other government programs for retired military and their families.

While the population age 65 and older is not the focus of this report, when considering the *entire U.S. population*, 54.9 percent are covered through employment-based programs, 32.6 percent are covered through government programs, and 15.4 percent are uninsured (DeNavas-Walt, Proctor, and Smith, 2013).³

This *Issue Brief* examines the status of health insurance coverage in the United States. The data are based primarily on the March 2013 Current Population Survey (CPS) conducted by the U.S. Census Bureau, with some analysis based on other Census Bureau surveys.⁴ The report focuses on the nonelderly population (under age 65) because this group can receive health insurance coverage from a number of different sources, and because Medicare (the federal health care insurance program for the elderly and disabled) covers nearly all individuals age 65 and older. As a result of this difference between estimates from the Employee Benefit Research Institute (EBRI) and the U.S. Census Bureau, this report shows a higher percentage of uninsured in the United States.⁵

The next section of the report discusses recent trends in health insurance coverage and some of their causes. The section after that discusses the determinants of having employment-based health coverage as well as other types of coverage. The third section analyzes the uninsured population and the factors associated with being uninsured. The final section presents conclusions. Data sources are discussed in more detail in the appendix.

Trends

While the overall percentage of individuals in the United States without health insurance coverage has increased in most years since 1994, the periods before and after 1999 should be examined separately for two reasons. First, prior to

Figure 1
Nonelderly Population With Selected Sources of Health Insurance Coverage, 1994–2012^a

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	(millions)																		
Total	229.9	231.9	234.1	236.2	238.6	242.6	244.8	247.5	250.8	252.7	255.1	257.4	260.0	261.4	262.8	264.7	266.0	266.4	266.9
Employment-based Coverage	148.1	149.7	151.7	156.9	160.4	165.6	169.7	167.8	167.2	164.4	164.6	164.9	165.3	165.9	163.9	157.3	156.1	155.5	156.0
Own name	76.3	76.9	78.0	78.5	80.2	80.1	82.3	81.8	80.2	78.8	81.4	82.1	82.7	83.8	82.3	78.9	77.5	77.1	76.9
Dependent coverage	71.9	72.8	73.7	78.4	80.2	85.5	87.4	86.0	87.0	85.6	83.2	82.8	82.6	82.1	81.6	78.4	78.6	78.4	79.1
Individually Purchased	17.3	16.8	16.8	17.1	16.5	17.6	17.8	18.0	18.8	18.7	19.0	19.0	18.9	18.8	18.2	18.4	18.9	18.9	19.4
Public	39.4	38.8	37.8	35.3	34.6	34.3	35.0	37.0	39.3	41.9	45.1	45.5	45.6	47.8	51.2	56.1	57.5	59.9	60.2
Medicaid	29.1	29.4	28.6	26.4	25.2	24.7	25.0	27.2	29.0	31.4	34.7	34.8	35.0	36.4	39.4	44.2	45.0	46.9	47.3
Medicare	3.7	4.1	4.6	4.7	4.8	5.0	5.5	5.5	5.8	6.1	6.4	6.4	6.5	7.1	7.7	7.3	7.9	8.4	8.8
Tricare/CHAMPVA ^b	8.7	7.5	6.9	6.6	6.9	6.5	6.6	6.6	6.8	6.9	7.2	7.7	7.1	7.5	7.8	8.3	8.7	9.0	9.0
No Health Insurance	36.5	37.3	38.3	38.9	39.4	37.3	36.3	37.7	39.4	41.5	41.3	42.6	44.7	43.4	44.2	48.3	49.1	47.9	47.3
	(percentage)																		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Employment-based Coverage	64.4	64.6	64.8	66.4	67.2	68.2	69.3	67.8	66.6	65.1	64.5	64.1	63.6	63.5	62.4	59.4	58.7	58.4	58.5
Own name	33.2	33.2	33.3	33.2	33.6	33.0	33.6	33.1	32.0	31.2	31.9	31.9	31.8	32.0	31.3	29.8	29.1	28.9	28.8
Dependent coverage	31.3	31.4	31.5	33.2	33.6	35.2	35.7	34.7	34.7	33.9	32.6	32.2	31.8	31.4	31.0	29.6	29.6	29.4	29.6
Individually Purchased	7.5	7.2	7.2	7.2	6.9	7.3	7.3	7.3	7.5	7.4	7.5	7.4	7.3	7.2	6.9	7.0	7.1	7.1	7.3
Public	17.1	16.7	16.2	15.0	14.5	14.1	14.3	15.0	15.6	16.6	17.7	17.7	17.5	18.3	19.5	21.2	21.6	22.5	22.6
Medicaid	12.7	12.7	12.2	11.2	10.6	10.2	10.2	11.0	11.6	12.4	13.6	13.5	13.5	13.9	15.0	16.7	16.9	17.6	17.7
Medicare	1.6	1.8	2.0	2.0	2.0	2.1	2.3	2.2	2.3	2.4	2.5	2.5	2.5	2.7	2.9	2.8	3.0	3.2	3.3
Tricare/CHAMPVA ^b	3.8	3.2	2.9	2.8	2.9	2.7	2.7	2.7	2.7	2.7	2.8	3.0	2.7	2.9	3.0	3.1	3.3	3.4	3.4
No Health Insurance	15.9	16.1	16.4	16.5	16.5	15.4	14.8	15.2	15.7	16.4	16.2	16.6	17.2	16.6	16.8	18.3	18.5	18.0	17.7

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 1995–2013 Supplements.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a 1994–1998 is not directly comparable with 1999–2012 data because of a methodological change in the way individuals with coverage were counted. See Appendix Figure A4 for more details. Also, 2011–2012 data based on 2010 Census weights.

^b TRICARE is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program of the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

1999, the United States experienced an erosion of public coverage, in large part because of former welfare recipients entering the work force during the then-thriving economy.⁶ Since 2000, the percentage of individuals with public coverage has been expanding. Second, CPS data back to 1999 were revised because of a change in methodology, making comparisons in the *level* of coverage (as opposed to the *trend* in coverage) complicated when examining pre-1999 and 1999–present. The methodological change mostly resulted in higher estimates for people with employment-based, dependent coverage and coverage purchased directly from insurers, reducing previously released uninsured estimates for 2009 by 1.7 million (see appendix for more detail).

The percentage of the nonelderly population covered by Medicaid declined from 12.7 percent in 1994 to 10.2 percent in 1999. Similarly, the percentage of nonelderly individuals covered by Tricare or CHAMPVA declined from 3.8 percent to 2.7 percent between 1994 and 1999, in large part due to military downsizing. During this same period, the percentage of nonelderly individuals covered by employment-based health benefits increased: In 1994, 64.4 percent of the nonelderly population had employment-based health benefits, and by 1999, 68.2 percent were covered. Overall, the decline in public coverage was greater than the expansion in employment-based health benefits during 1994–1998, and, as a result, the percentage of individuals without health insurance coverage increased. During 1997–2000, the expansion in employment-based health benefits was large enough to offset the continued decline in public coverage and, consequently, between 1997 and 1998 the percentage of individuals without health insurance coverage was unchanged, though between 1998 and 1999 it declined.

These overall trends mask other important differences among various groups in the U.S. population. For example, the increase in employment-based health benefits was limited to children between 1994 and 1997; during that period, the percentage of children covered by an employment-based health plan increased from 58.9 percent to 63.7 percent (Figure 2), while for adults it increased only slightly, from 66.9 percent to 67.6 percent (Figure 3). However, between 1997 and 1999, the increase in the percentage of adults with employment-based health benefits accelerated, growing from 67.6 percent to 69.5 percent (Figure 3).

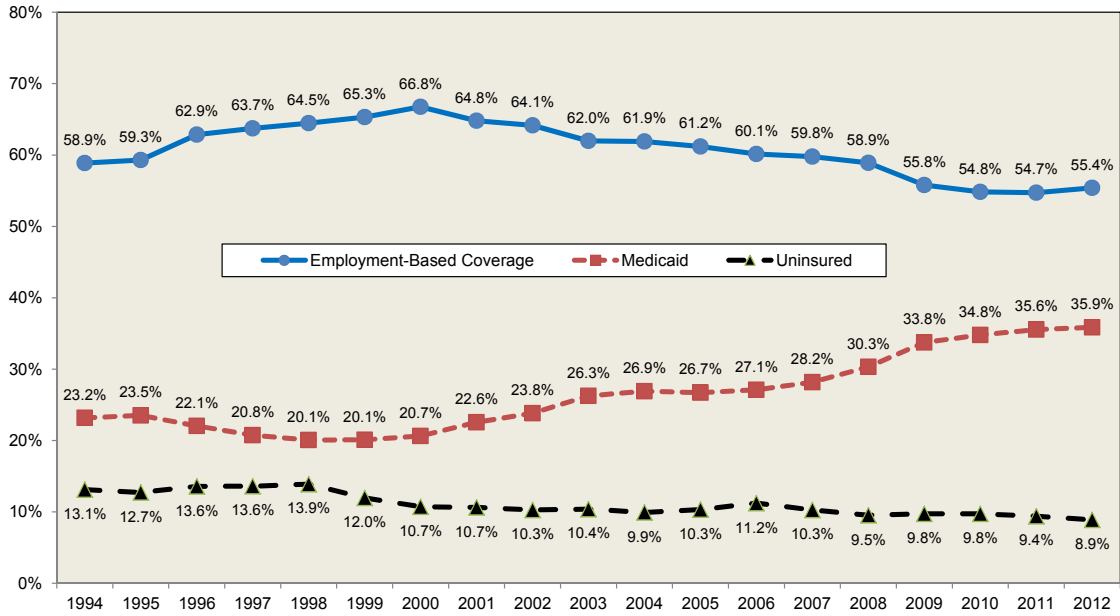
Fronstin (1999) showed why the likelihood of a child being covered by employment-based health benefits increased. The study found that the percentage of children with a working parent increased, the percentage of children in families with incomes below the poverty level decreased, and more children had a working parent employed in a large firm. The increase in employment-based coverage among children during the 1994–1997 period can, at least in part, be attributed to an increase in the number of adult women working. Figure 4 shows how the percentage of women ages 18–45 in families receiving public assistance or welfare income declined, while employment increased.

Between 1994 and 1997, the percentage of working adults with employment-based health benefits held steady at roughly 73.5 percent (Figure 5), and the percentage of workers with coverage in their own name remained at roughly 56 percent (Figure 6). During this period, the cost of providing health benefits to employees was in large part unchanged.

Between 1997 and 1999, the percentage of working adults with employment-based health insurance increased from 73.6 percent to 75 percent, and continued growing into 2000. This occurred in part because the percentage of small firms offering health benefits increased (Gabel et al., 2001), despite the rising cost of health benefits (especially among small firms) during this period (Figure 7). It is also possible that the changing composition of the labor force accounted for some of the increase in the percentage of workers covered by employment-based health benefits. For example, the percentage of workers who were self-employed declined between 1997 and 2000, as did the percentage of workers employed on a part-time basis (Figure 8).

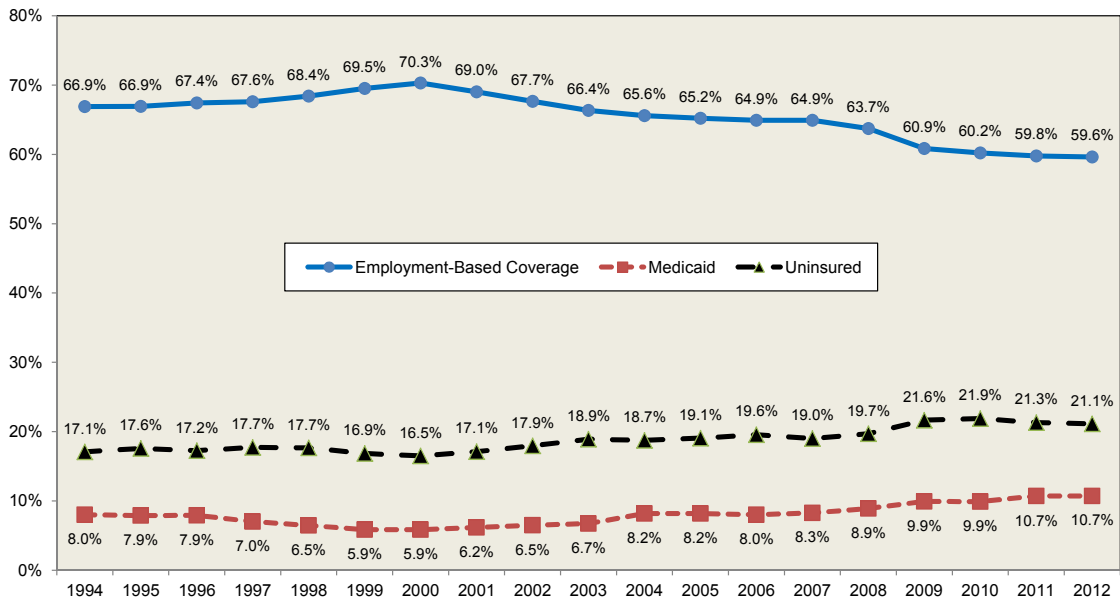
The increase in the percentage of individuals with employment-based health benefits between 1997 and 1999 had several explanations. A strong economy and low unemployment led more employers to provide health benefits in order to attract and retain workers and also may have resulted in more workers being able to afford health insurance. The expansion in employment-based coverage occurred despite the fact that the cost of providing health benefits to workers was increasing faster than inflation, a trend that accelerated in 1999 and 2000.

Figure 2
Percentage of Children Under Age 18 With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1994–2012



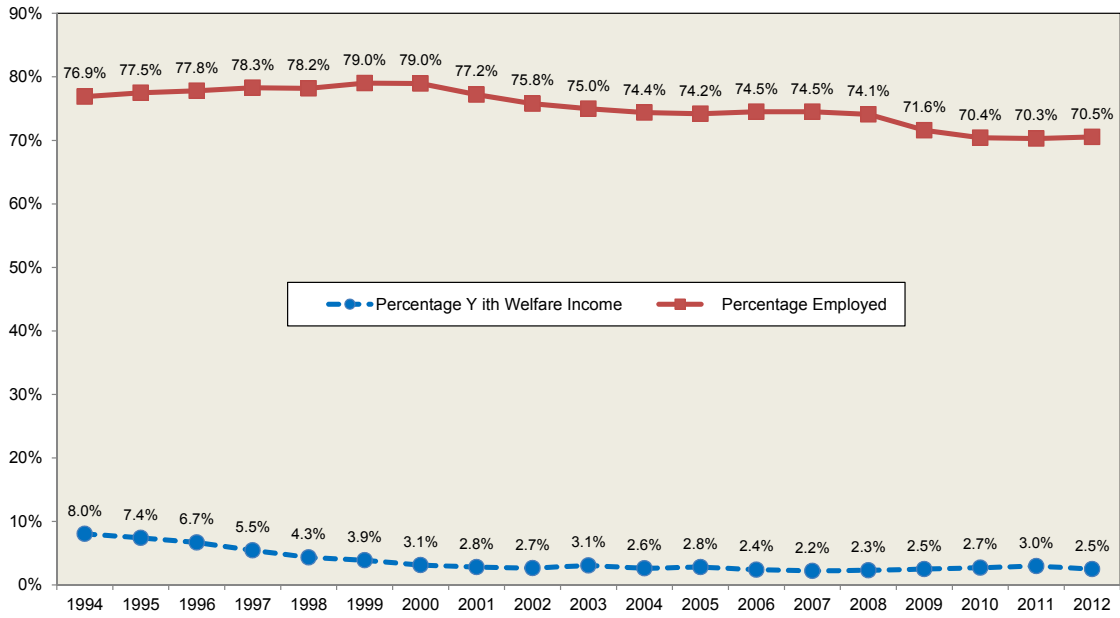
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2013 Supplements.
 Note: 1994–1998 is not directly comparable with 1999–2012 data because of a methodological change in the way individuals with coverage were counted.
 See Appendix Figure A4 for more details. Also, 2011–2012 data based on 2010 Census weights.

Figure 3
Percentage of Adults, Ages 18–64, With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1994–2012



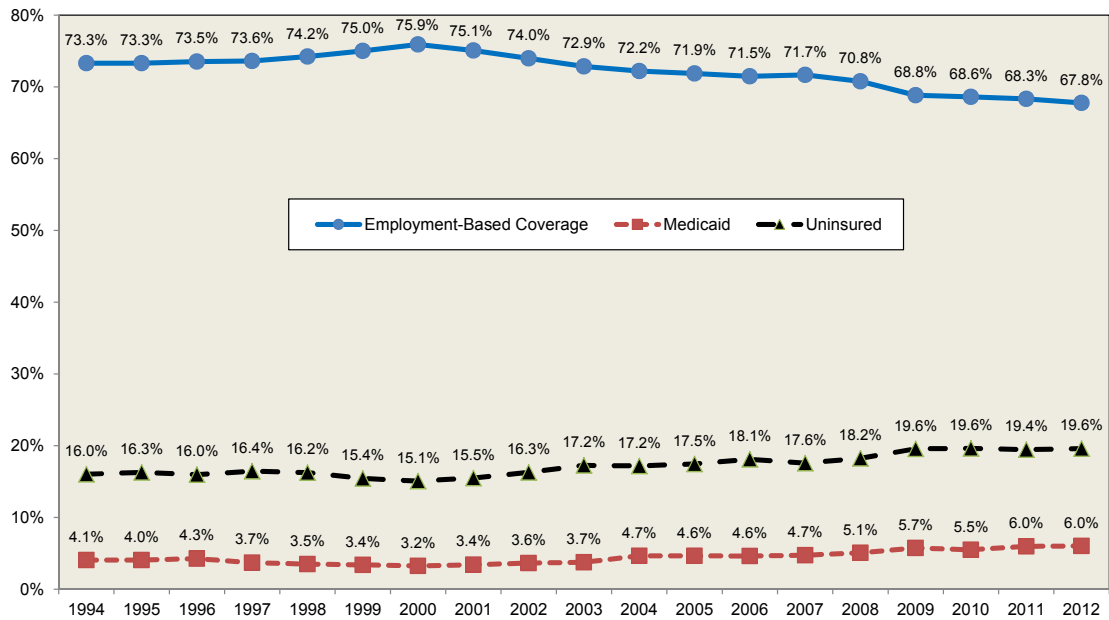
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2013 Supplements.
 Note: 1994–1998 is not directly comparable with 1999–2012 data because of a methodological change in the way individuals with coverage were counted.
 See Appendix Figure A4 for more details. Also, 2011–2012 data based on 2010 Census weights.

Figure 4
Percentage of Women Ages 18–45 Who Were in Families With Welfare Income or Who Were Employed, 1994–2012



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2013 Supplements.

Figure 5
Percentage of Workers, Ages 18–64, With Employment-Based Health Benefits, Medicaid, and Without Health Insurance, 1994–2012



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2013 Supplements.
 Note: 1994–1998 is not directly comparable with 1999–2012 data because of a methodological change in the way individuals with coverage were counted.
 See Appendix Figure A4 for more details. Also, 2011–2012 data based on 2010 Census weights.

Economic Effects

The post-2000 period has seen a significantly less stable economy. The unemployment rate increased from 4 percent in 2000 to 6 percent in 2003, fell to 4.4 percent in late 2006 and early 2007, but then started to increase, reaching 7.2 percent by the end of 2008, 10.1 percent in October 2009, averaging 9.6 percent in 2010, 8.9 percent in 2011, and 8.1 percent in 2012.⁷ In addition, increases in the cost of providing health coverage continued to outpace increases in worker earnings, in some years by a factor of four or five. As a result, the post-2000 period brought an erosion of employment-based health coverage, a trend that accelerated in 2009 as a result of growing and sustained high unemployment. The percentage of nonelderly individuals with employment-based health benefits decreased from 69.3 percent in 2000 to 58.4 percent in 2011.

Expansions in the percentage of the population covered by public programs, particularly Medicaid and S-CHIP, to some degree offset the erosion in employment-based health benefits until 2004. Between 1999 and 2005, the percentage of nonelderly individuals with some form of public coverage increased from 14.1 percent to 17.7 percent. However, the expansion in public coverage was not large enough to fully offset the decline in employment-based health benefits. As a result, the percentage of nonelderly individuals without health insurance coverage increased from 14.8 percent in 2000 to 16.6 percent in 2005. Furthermore, between 2005 and 2006, while there was some erosion in *employment-based* coverage, *public* coverage also declined—suggesting the beginning of a new trend where the uninsured population was increasing faster if public programs had been offsetting the erosion in employment-based coverage.

The decline in the percentage and number of uninsured among the nonelderly population between 2006 and 2007 should come as no surprise. First, the percentage of employers offering health benefits was essentially unchanged between 2006 and 2007 (in 2006, 61 percent of employers offered coverage while in 2007 60 percent offered it).⁸ Second, premiums increased 6.1 percent while worker earnings increased 3.7 percent, a record-low gap going back all the way to the mid-1990s. Third, in a more competitive labor environment, unemployment averaged 4.6 percent in 2007, down from 6 percent in 2003.⁹ When employers increasingly compete for workers and more individuals are at work, the percentage of individuals with employment-based health benefits tends to expand.

As was reported in the past, the decrease in the uninsured rate that occurred between 2006 and 2007 was not expected to continue. Unemployment increased and remained high, and with fewer individuals working, fewer had access to health benefits in the work place. Furthermore, even among those who were working, an increasing number likely declined coverage even when it was available because of affordability issues, and fewer workers may have been eligible for coverage. As a result, the percentage of individuals under age 65 with employment-based health benefits fell from 62.4 percent in 2008 to 58.4 percent in 2011, and the percentage of workers with coverage in their own name fell from 54.2 percent in 2007 to 51 percent in 2011, the lowest level during the 1994–2011 period.

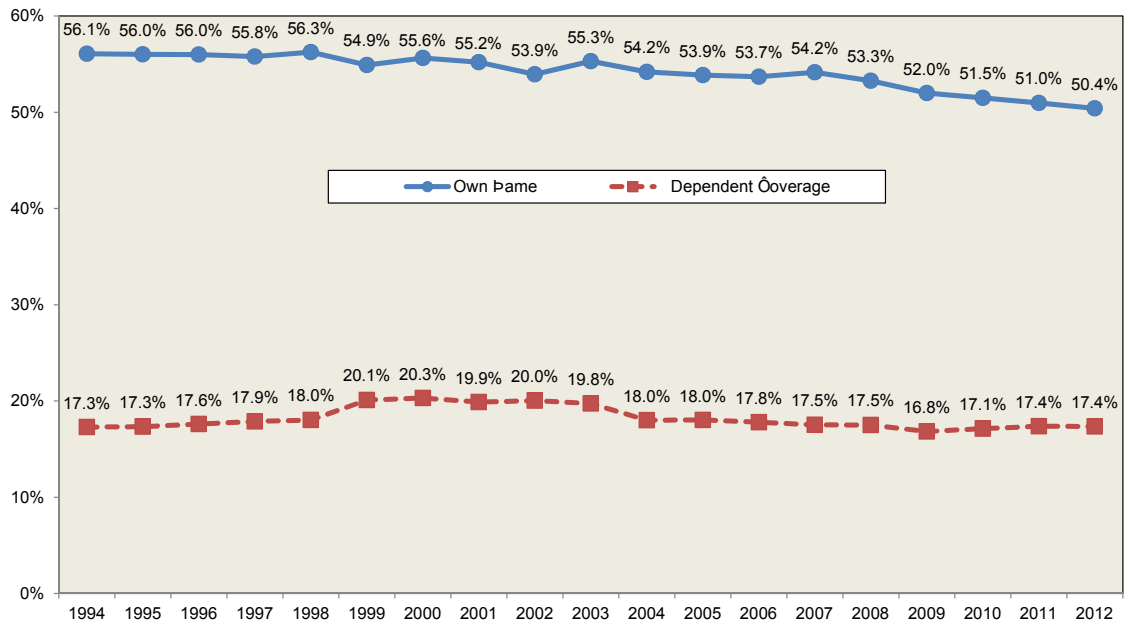
Determinants of Coverage

Full-time, full-year workers; public-sector workers; workers employed in manufacturing; managerial and professional workers; and individuals living in high-income families are most likely to have employment-based health benefits. Poor families are most likely to be covered by public coverage programs, such as Medicaid or S-CHIP.

Employment status remains the most important determinant of health insurance coverage. More than 58 percent of the nonelderly population had employment-based health benefits in 2012, either directly through their employers, unions, or previous employers, or indirectly through an employed person in one's family.¹⁰

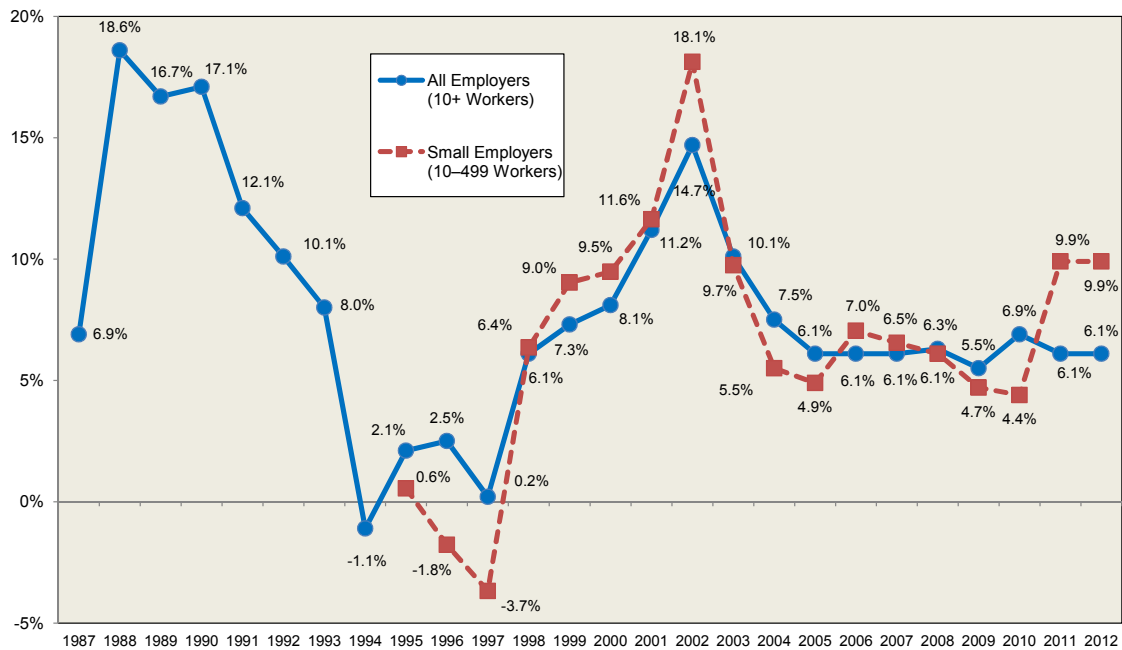
Large employers that provide access to group health coverage often are able to provide health benefits at lower cost than small employers, because larger plans are subject to less adverse selection and their administrative and marketing costs are lower. But larger firms often also provide broader coverage and thus ultimately may pay more per worker covered. Workers in large firms are more likely to be covered than those in small firms.

Figure 6
Percentage of Workers, Ages 18–64, With Employment-Based Health Benefits in their Own Name and as a Dependent, 1994–2012



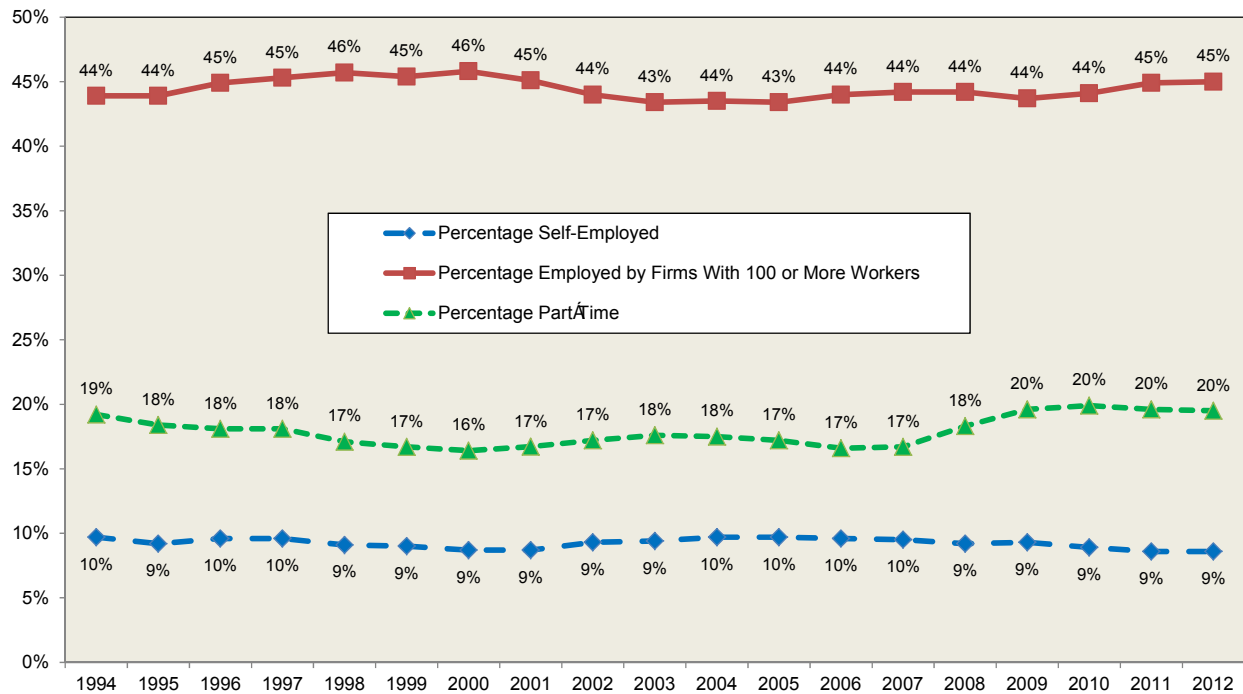
Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2013 Supplements.
 Note: 1994–1998 is not directly comparable with 1999–2012 data because of a methodological change in the way individuals with coverage were counted. See Appendix Figure A4 for more details. Also, 2011–2012 data based on 2010 Census weights.

Figure 7
Premium Increases, by Firm Size, 1987–2012



Source: Mercer National Survey of Employer-Sponsored Health Plans.

Figure 8
Percentage of Workers Who Were Self-Employed,
Employed in Large Firms, or Employed Part-Time, 1994–2012



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1995–2013 Supplements.

In 2012, workers were much more likely to have employment-based health benefits than nonworkers, who typically receive such coverage through spouses or parents (Figure 9). More than 67 percent of workers had employment-based health benefits, compared with 35 percent of nonworkers. In addition, 71.7 percent of individuals in families headed by full-year, full-time workers had employment-based health benefits, compared with 35.5 percent among those in families headed by part-time, part-year workers, and 17.8 percent of individuals in families headed by a nonworker (Figure 10).

Furthermore, the nature of the employment, the individual industry, and firm size often determine the cost and extent of coverage. Workers employed in the public sector and in manufacturing were more likely than other workers to have employment-based health benefits in their own name in 2012 (Figure 11). Nearly 20 percent of self-employed workers and 23.5 percent of private-sector workers in firms with fewer than 10 employees had employment-based health benefits in their own name in 2012, compared with 62.1 percent of private-sector workers in firms with 1,000 or more employees (Figure 12). The gap by firm size shrinks when considering the fact that many workers get health coverage through someone else in their family. Overall, in 2012, 44.6 percent of self-employed workers and 44 percent of private-sector workers in firms with fewer than 10 employees had some form of employment-based health benefits, compared with 77.1 percent of private-sector workers in firms with 1,000 or more employees.

Occupation also has an impact. Slightly more than 63 percent of workers in managerial and professional occupations had employment-based health benefits in their own name in 2012, compared with 30.7 percent among workers in service occupations (Figure 13). In addition, hours worked and weeks worked have a strong impact on the likelihood that a worker has employment-based health benefits. In 2012, 63.3 percent of workers employed full time and full year had employment-based health benefits in their own name, compared with 20.2 percent among part-time, full-year employees; 35.2 percent among full-time, part-year employees; and 10.7 percent among part-time, part-year employees (Figure 14).

Figure 9
Nonelderly Population With Selected Sources of Health Insurance, by Own Work Status, 2012

Own Work Status	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	266.9	156.0	76.9	79.1	19.4	60.2	47.3	47.3
Child	74.2	41.1	0.2	40.9	4.3	29.1	26.6	6.6
Family head worker	95.1	62.6	56.3	6.4	7.4	9.1	6.3	19.6
Other worker	49.8	35.6	16.8	18.8	3.9	4.0	2.4	8.8
Nonworker	47.8	16.7	3.6	13.1	3.8	18.1	11.9	12.3
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Child	27.8	26.3	0.3	51.7	22.3	48.2	56.3	13.9
Family head worker	35.6	40.1	73.2	8.1	38.2	15.1	13.3	41.3
Other worker	18.7	22.8	21.8	23.8	20.1	6.7	5.2	18.6
Nonworker	17.9	10.7	4.7	16.5	19.4	30.0	25.3	26.1
(percentage within work-status categories)								
Total	100.0%	58.5%	28.8%	29.6%	7.3%	22.6%	17.7%	17.7%
Child	100.0	55.4	0.3	55.1	5.8	39.2	35.9	8.9
Family head worker	100.0	65.8	59.2	6.7	7.8	9.6	6.6	20.6
Other worker	100.0	71.4	33.7	37.7	7.8	8.1	4.9	17.7
Nonworker	100.0	35.0	7.6	27.3	7.9	37.8	25.0	25.9

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 10
Nonelderly Population With Selected Sources of Health Insurance, by Work Status of Family Head, 2012

Work Status of Family Head	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	266.9	156.0	76.9	79.1	19.4	60.2	47.3	47.3
Full time	205.7	140.8	68.7	72.1	14.8	32.9	25.3	31.2
full-year, full-time worker	187.5	134.5	65.5	69.0	13.5	26.8	19.9	25.7
full-time, part-year worker	18.1	6.4	3.2	3.2	1.3	6.0	5.3	5.5
Part time	25.2	8.8	4.6	4.2	2.3	8.1	6.9	6.7
part-time, full-year worker	16.9	5.8	3.0	2.8	1.6	5.2	4.5	4.6
part-time, part-year worker	8.3	2.9	1.6	1.3	0.7	2.9	2.4	2.1
Nonworker	36.0	6.4	3.6	2.8	2.4	19.3	15.1	9.4
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Full time	77.1	90.3	89.3	91.2	76.2	54.5	53.4	65.9
full-year, full-time worker	70.3	86.2	85.2	87.2	69.5	44.5	42.1	54.4
full-time, part-year worker	6.8	4.1	4.2	4.0	6.7	10.0	11.3	11.5
Part time	9.5	5.6	6.0	5.3	11.6	13.4	14.6	14.2
part-time, full-year worker	6.3	3.7	3.9	3.6	8.1	8.7	9.6	9.8
part-time, part-year worker	3.1	1.9	2.1	1.7	3.6	4.8	5.1	4.4
Nonworker	13.5	4.1	4.7	3.5	12.2	32.0	31.9	19.9
(percentage within work-status categories)								
Total	100.0%	58.5%	28.8%	29.6%	7.3%	22.6%	17.7%	17.7%
Full time	100.0	68.5	33.4	35.1	7.2	16.0	12.3	15.2
full-year, full-time worker	100.0	71.7	34.9	36.8	7.2	14.3	10.6	13.7
full-time, part-year worker	100.0	35.1	17.6	17.5	7.2	33.3	29.5	30.1
Part time	100.0	34.7	18.2	16.6	9.0	32.1	27.4	26.6
part-time, full-year worker	100.0	34.4	17.6	16.8	9.3	30.9	26.7	27.4
part-time, part-year worker	100.0	35.5	19.4	16.1	8.3	34.5	28.7	24.8
Nonworker	100.0	17.8	10.0	7.8	6.6	53.6	41.9	26.2

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

**Figure 11
Workers Ages 18–64 With Selected Sources of Health Insurance, by Industry, 2012**

Industry	Total	Employment-Based Coverage			Individually Purchased	Public		
		Total	Own name	Dependent		Total	Medicaid	Uninsured
(millions)								
Total	145.0	98.2	73.1	25.2	11.3	13.1	8.7	28.4
Agriculture, forestry, fishing, mining & construction	12.2	6.3	4.5	1.9	1.2	0.9	0.7	4.2
Manufacturing	23.6	18.0	15.1	2.9	1.4	1.6	1.1	3.7
Wholesale & retail trade	45.4	30.2	21.7	8.5	4.0	4.0	2.7	8.9
Personal services	43.1	25.9	16.7	9.2	3.5	4.8	3.5	10.0
Public sector	20.8	17.9	15.1	2.8	1.1	1.8	0.7	1.5
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Agriculture, forestry, fishing, mining & construction	8.4	6.4	6.1	7.4	10.4	6.8	7.7	14.9
Manufacturing	16.3	18.3	20.7	11.4	12.5	12.3	13.1	13.0
Wholesale & retail trade	31.3	30.7	29.7	33.6	35.8	30.7	31.1	31.5
Personal services	29.7	26.4	22.9	36.5	31.3	36.6	40.0	35.4
Public sector	14.4	18.2	20.6	11.2	10.1	13.6	8.1	5.2
(percentage within industry category)								
Total	100.0%	67.8%	50.4%	17.4%	7.8%	9.1%	6.0%	19.6%
Agriculture, forestry, fishing, mining & construction	100.0	52.0	36.6	15.3	9.6	7.3	5.5	34.8
Manufacturing	100.0	76.4	64.2	12.1	6.0	6.9	4.8	15.6
Wholesale & retail trade	100.0	66.5	47.8	18.6	8.9	8.9	6.0	19.7
Personal services	100.0	60.1	38.8	21.3	8.2	11.2	8.1	23.3
Public sector	100.0	85.8	72.3	13.5	5.5	8.6	3.4	7.1

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

In general, individuals with high levels of income are more likely to be covered by employment-based health benefits. In 2012, 4.5 percent of individuals in families with annual incomes below \$10,000 had employment-based health benefits in their own name, compared with 37.5 percent of those in families with annual incomes of \$75,000 or more (Figure 15).

Whether an individual has employment-based coverage also varies by race and ethnicity. Two-thirds (66.7 percent) of whites had employment-based coverage in 2012 (Figure 16), compared with 47 percent of blacks and 39.3 percent of Hispanics. Even after controlling for poverty status, whites were nearly across the board more likely to have employment-based coverage than other races/ethnicities. For example, 83.6 percent of whites in families with incomes of at least 300 percent of poverty had employment-based coverage, compared with 78.5 percent among blacks and 72.2 percent among Hispanics (Figure 17).

Public programs cover many individuals in poor families. In 2012, 53 percent of the nonelderly with family incomes below the poverty line were covered by a public plan—49.2 percent by Medicaid or S-CHIP (Figure 18)—although many more low-income individuals may be eligible for Medicaid coverage.¹¹ Other sources of public health coverage include Medicare (which covers many disabled people as well as the elderly), Tricare, CHAMPVA, and Veterans Administration (VA) health insurance, but eligibility for these programs is unrelated to the federal poverty level.

There is also variation in the percentage of individuals with employment-based coverage and public coverage, and the percentage uninsured by self-reported health status. In 2012, individuals who said they were in excellent and very good health were more than twice as likely as those in poor health to have employment-based coverage. Nearly two-thirds of those in excellent (64.3 percent) or very good (63 percent) health had employment-based coverage, compared with 24.3 percent among those in poor health (Figure 19). In contrast, those in poor health were more likely to have public coverage.

**Figure 12
Workers Ages 18–64 With Selected Sources of Health Insurance, by Firm Size, 2012**

Firm Size	Employment-Based Coverage					Public		
	Total	Total	Own name	Dependent	Individually Purchased	Total	Medicaid	Uninsured
	(millions)							
Total	145.0	98.2	73.1	25.2	11.3	13.1	8.7	28.4
Self-Employed	12.5	5.6	2.5	3.1	2.7	1.2	0.8	3.7
Wage and Salary Workers	132.5	92.7	70.6	22.1	8.6	12.0	8.0	24.7
Public sector	20.8	17.9	15.1	2.8	1.1	1.8	0.7	1.5
Private sector	111.6	74.8	55.6	19.3	7.4	10.2	7.3	23.2
fewer than 10	16.6	7.3	3.9	3.4	1.8	1.9	1.4	6.0
10–49	20.3	11.8	7.3	4.4	1.6	2.1	1.6	5.4
50–99	9.6	6.4	4.8	1.6	0.6	0.9	0.6	2.1
100–499	15.3	11.1	8.8	2.4	0.9	1.3	0.9	2.7
500–999	6.1	4.5	3.6	0.9	0.3	0.4	0.3	1.0
1,000 or more	43.7	33.7	27.2	6.5	2.3	3.5	2.4	6.0
	(percentage within coverage category)							
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Self-Employed	8.6	5.7	3.4	12.4	24.1	8.9	8.7	12.9
Wage and Salary Workers	91.4	94.3	96.6	87.6	75.9	91.1	91.3	87.1
Public sector	14.4	18.2	20.6	11.2	10.1	13.6	8.1	5.2
Private sector	77.0	76.1	76.0	76.5	65.8	77.5	83.2	81.9
fewer than 10	11.4	7.5	5.3	13.6	15.6	14.6	16.6	21.1
10–49	14.0	12.0	10.0	17.5	14.4	16.3	17.9	19.2
50–99	6.6	6.5	6.5	6.4	5.2	6.5	7.1	7.6
100–499	10.6	11.3	12.0	9.4	7.8	9.7	10.2	9.5
500–999	4.2	4.6	4.9	3.5	2.7	3.4	3.5	3.5
1,000 or more	30.2	34.3	37.2	26.0	20.1	27.0	28.0	21.1
	(percentage within firm-size categories)							
Total	100.0%	67.8%	50.4%	17.4%	7.8%	9.1%	6.0%	19.6%
Self-Employed	100.0	44.6	19.7	24.9	21.8	9.4	6.1	29.3
Wage and Salary Workers	100.0	70.0	53.3	16.7	6.5	9.0	6.0	18.7
Public sector	100.0	85.8	72.3	13.5	5.5	8.6	3.4	7.1
Private sector	100.0	67.0	49.8	17.2	6.7	9.1	6.5	20.8
fewer than 10	100.0	44.2	23.5	20.7	10.7	11.6	8.7	36.1
10–49	100.0	57.9	36.1	21.7	8.0	10.6	7.7	26.8
50–99	100.0	66.4	49.6	16.8	6.1	8.9	6.4	22.3
100–499	100.0	72.6	57.1	15.5	5.7	8.3	5.8	17.6
500–999	100.0	73.9	59.4	14.5	5.1	7.4	5.0	16.3
1,000 or more	100.0	77.1	62.1	14.9	5.2	8.1	5.6	13.7

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

The Uninsured

Many factors influence whether an individual has any insurance coverage. This section presents data on the characteristics of the uninsured population.

Location

The proportion of the nonelderly population with and without health insurance varies by location.¹² In 14 states, the uninsured accounted for 20 percent or more of the population during 2010–2012 (Figure 20). These states were Alaska, Arizona, Arkansas, California, Florida, Georgia, Idaho, Louisiana, Mississippi, Montana, Nevada, New Mexico, South Carolina, and Texas.

The states with 20 percent or higher uninsured rates are mostly in the South, South-Central, and Western half of the United States. In many of these states, a smaller proportion of the population was eligible for employment-based health coverage and/or a larger proportion was eligible for publicly funded programs than the national average. Both

lower average income and higher unemployment rates may have contributed to this difference. In addition, many of these states had a higher concentration of racial and ethnic groups that are less likely to be covered by health insurance.¹³

In 2010–2012, the states with less than 10 percent uninsured included Massachusetts (5 percent), Hawaii (9.1 percent), and Vermont (9.8 percent).

Figure 13
Workers Ages 18–64 With Selected Sources of Health Insurance, by Occupation, 2012

Occupation	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	145.0	98.2	73.1	25.2	11.3	13.1	8.7	28.4
Managerial and professional specialty	53.3	43.2	33.8	9.4	4.7	3.1	1.5	5.0
Service occupations	26.9	13.3	8.3	5.1	2.0	3.9	2.9	8.3
Sales and office occupations	33.8	23.0	16.2	6.8	2.7	3.3	2.2	6.1
Farming, fishing, and forestry	1.0	0.3	0.2	0.1	0.1	0.1	0.1	0.5
Construction, extraction, and maintenance	12.7	7.4	5.8	1.6	0.9	1.0	0.7	4.0
Production, transportation, and material moving	17.3	11.0	8.8	2.2	1.0	1.7	1.3	4.4
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Managerial and professional specialty	36.8	43.9	46.2	37.3	41.1	23.6	17.8	17.6
Service occupations	18.6	13.6	11.3	20.2	18.0	30.0	33.2	29.2
Sales and office occupations	23.3	23.4	22.1	27.1	23.8	24.8	25.3	21.6
Farming, fishing, and forestry	0.7	0.3	0.3	0.5	0.7	1.0	1.3	1.8
Construction, extraction, and maintenance	8.8	7.5	8.0	6.2	7.7	7.4	7.5	14.3
Production, transportation, and material moving	11.9	11.2	12.1	8.7	8.7	13.2	15.0	15.5
(percentage within occupation category)								
Total	100.0%	67.8%	50.4%	17.4%	7.8%	9.1%	6.0%	19.6%
Managerial and professional specialty	100.0	81.0	63.4	17.6	8.7	5.8	2.9	9.4
Service occupations	100.0	49.6	30.7	18.9	7.6	14.7	10.8	30.9
Sales and office occupations	100.0	68.1	47.9	20.2	8.0	9.6	6.5	18.2
Farming, fishing, and forestry	100.0	32.5	19.6	12.9	7.3	13.1	11.2	49.0
Construction, extraction, and maintenance	100.0	58.2	46.0	12.2	6.9	7.7	5.1	31.9
Production, transportation, and material moving	100.0	63.6	50.9	12.7	5.7	10.0	7.5	25.4

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

Citizenship

The proportion of the nonelderly population without health insurance varies by citizenship. In 2012, 15 percent of native-born citizens were uninsured (Figure 21). In contrast, 22.6 percent of citizens who were naturalized were uninsured, and 45.2 percent of individuals who were not U.S. citizens were uninsured.

Figure 14
Workers Ages 18–64 With Selected Sources of Health Insurance, by Hours and Weeks Worked, 2012

Hours and Weeks Worked	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	145.0	98.2	73.1	25.2	11.3	13.1	8.7	28.4
Full-time	116.7	84.5	68.6	15.9	8.6	8.6	5.3	20.7
full-time, full-year	97.9	74.4	62.0	12.4	7.1	6.0	3.5	15.3
full-time, part-year	18.8	10.1	6.6	3.5	1.5	2.6	1.8	5.4
Part-time	28.3	13.7	4.5	9.2	2.7	4.6	3.4	7.6
part-time, full-year	15.0	7.6	3.0	4.5	1.5	2.1	1.5	4.1
part-time, part-year	13.3	6.1	1.4	4.7	1.2	2.5	1.9	3.6
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Full-time	80.5	86.1	93.9	63.3	76.3	65.3	60.8	73.1
full-time, full-year	67.6	75.7	84.9	49.3	62.8	45.7	40.1	53.9
full-time, part-year	12.9	10.3	9.0	14.0	13.5	19.6	20.7	19.1
Part-time	19.5	13.9	6.1	36.7	23.7	34.7	39.2	26.9
part-time, full-year	10.3	7.7	4.1	18.1	12.9	15.8	17.7	14.3
part-time, part-year	9.2	6.2	2.0	18.7	10.8	19.0	21.5	12.6
(percentage within hours and weeks category)								
Total	100.0%	67.8%	50.4%	17.4%	7.8%	9.1%	6.0%	19.6%
Full-time	100.0	72.4	58.8	13.6	7.4	7.3	4.5	17.8
full-time, full-year	100.0	76.0	63.3	12.7	7.3	6.1	3.6	15.6
full-time, part-year	100.0	53.9	35.2	18.7	8.2	13.7	9.6	28.9
Part-time	100.0	48.5	15.8	32.7	9.5	16.2	12.1	27.1
part-time, full-year	100.0	50.6	20.2	30.3	9.7	13.8	10.3	27.1
part-time, part-year	100.0	46.2	10.7	35.4	9.2	18.8	14.1	27.0

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 15
Nonelderly Population With Selected Sources of Health Insurance, by Family Income, 2012

Family Income	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	266.9	156.0	76.9	79.1	19.4	60.2	47.3	47.3
Under \$10,000	23.9	2.8	1.1	1.8	1.2	11.9	11.0	8.0
\$10,000–\$19,999	24.4	4.0	2.3	1.7	1.3	11.8	10.3	7.7
\$20,000–\$29,999	25.5	7.7	5.0	2.8	1.6	9.4	8.0	7.7
\$30,000–\$39,999	24.1	11.2	6.7	4.5	1.6	6.8	5.5	6.1
\$40,000–\$49,999	21.3	12.2	7.1	5.0	1.6	4.5	3.3	4.4
\$50,000–\$74,000	45.1	31.3	16.2	15.1	3.7	6.9	4.6	6.7
\$75,000 and over	102.7	86.8	38.6	48.3	8.4	9.0	4.6	6.9
(percentage within coverage category)								
Total	184.1%	158.8%	105.3%	314.3%	171.6%	458.5%	542.2%	166.7%
Under \$10,000	16.5	2.9	1.5	7.1	11.0	90.8	125.7	28.1
\$10,000–\$19,999	16.8	4.1	3.2	6.7	11.6	89.5	118.1	27.0
\$20,000–\$29,999	17.6	7.9	6.8	11.0	14.0	71.8	91.3	27.1
\$30,000–\$39,999	16.6	11.4	9.2	17.8	14.1	51.4	62.7	21.3
\$40,000–\$49,999	14.7	12.4	9.7	20.0	14.5	33.9	38.3	15.4
\$50,000–\$74,000	31.1	31.8	22.1	60.0	32.4	52.6	53.0	23.5
\$75,000 and over	70.8	88.4	52.8	191.7	73.9	68.5	53.1	24.3
(percentage within family-income category)								
Total	100.0%	58.5%	28.8%	29.6%	7.3%	22.6%	17.7%	17.7%
Under \$10,000	100.0	11.9	4.5	7.4	5.2	49.9	45.9	33.3
\$10,000–\$19,999	100.0	16.4	9.4	6.9	5.4	48.2	42.2	31.5
\$20,000–\$29,999	100.0	30.4	19.4	10.9	6.2	37.0	31.3	30.2
\$30,000–\$39,999	100.0	46.6	28.0	18.6	6.6	28.1	22.7	25.1
\$40,000–\$49,999	100.0	57.1	33.4	23.7	7.7	20.9	15.7	20.6
\$50,000–\$74,000	100.0	69.3	35.9	33.5	8.1	15.3	10.2	14.8
\$75,000 and over	100.0	84.5	37.5	47.0	8.1	8.8	4.5	6.7

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 16
Nonelderly Population With Selected Sources of Health Insurance, by Race, 2012

Race	Employment-Based Coverage					Public		
	Total	Total	Own name	Dependent	Individually Purchased	Total	Medicaid	Uninsured
	(millions)							
Total	266.9	156.0	76.9	79.1	19.4	60.2	47.3	47.3
White	160.5	107.1	53.8	53.3	14.0	28.4	19.7	21.3
Black	33.7	15.9	8.4	7.4	1.6	11.7	9.7	6.9
Hispanic	49.9	19.6	8.8	10.9	2.1	15.2	13.8	15.3
Other	22.7	13.4	6.0	7.5	1.8	5.0	4.0	3.7
	(percentage within coverage category)							
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
White	60.2	68.6	69.9	67.4	72.0	47.1	41.7	45.0
Black	12.6	10.2	10.9	9.4	8.1	19.4	20.5	14.7
Hispanic	18.7	12.6	11.4	13.7	10.6	25.2	29.3	32.4
Other	8.5	8.6	7.8	9.4	9.4	8.3	8.6	7.9
	(percentage within race category)							
Total	100.0%	58.5%	28.8%	29.6%	7.3%	22.6%	17.7%	17.7%
White	100.0	66.7	33.5	33.2	8.7	17.7	12.3	13.3
Black	100.0	47.0	24.9	22.1	4.7	34.7	28.7	20.6
Hispanic	100.0	39.3	17.6	21.8	4.1	30.4	27.7	30.7
Other	100.0	59.1	26.3	32.9	8.0	22.0	17.8	16.5

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

Employment

Just over 80 percent of the uninsured lived in families headed by workers in 2012 (calculated from Figure 10). Most people (86.5 percent) lived in families headed by workers, including one-person families.

Industry

Workers employed in agriculture, forestry, fishing, mining, and construction in 2012 were disproportionately more likely to be uninsured: 34.8 percent. This compared with 15.6 percent uninsured among workers in the manufacturing sector, 19.7 percent in wholesale and retail trade, and 23.3 percent in the service sector. Uninsured workers were most likely to be employed in the wholesale and retail trade or service industries, which collectively accounted for 61 percent of employment (Figure 11).

Firm Size

About 61 percent of all uninsured workers were either self-employed or working in private-sector firms with fewer than 100 employees in 2012 (Figure 12). More than 29 percent of self-employed workers were uninsured, compared with 19.6 percent of all workers. Thirty-six percent of workers in private-sector firms with fewer than 10 employees were uninsured, compared with 13.7 percent of workers in private-sector firms with 1,000 or more employees.

Occupation

The uninsured are concentrated disproportionately in service-sector occupations or blue-collar jobs. In 2012, about 21 percent of workers were employed in blue-collar-type jobs, i.e., jobs in farming, fishing, forestry, construction, extraction, maintenance, production, transportation, and material moving, yet 32 percent of uninsured workers were in these types of jobs (calculated from Figure 13).

Hours of Work

Not surprisingly, part-time and part-year (usually seasonal) workers are less likely to have employment-based health benefits than full-time and full-year workers. In 2012, part-time or part-year workers accounted for 32 percent of the employed population, but 46 percent of uninsured workers (Figure 14). Nearly 29 percent of full-time, part-year

workers were uninsured, while about 27 percent of part-time, part-year workers and part-time, full-year workers were uninsured. Nearly 16 percent of full-time, full-year workers were uninsured. Full-time workers employed for only part of the year were more likely to be uninsured than part-time, part-year workers because the latter were more likely to be covered by Medicaid.

Income

The uninsured tend to be members of low-income families. In 2012, one-third (33 percent) of the uninsured were in families with annual incomes of less than \$20,000 (calculated from Figure 15). About 33 percent of individuals in families with incomes less than \$10,000 were uninsured, compared with 6.7 percent of those in families with annual incomes of \$75,000 or more. Generally, as income increases, the percentage of the population without health insurance decreases as the percentage covered by employment-based benefits increases more than the percentage covered by publicly financed health insurance programs decreases.

Workers with low earnings are much more likely to be uninsured than those with high earnings. In 2012, nearly one-third (31.7 percent) of workers with earnings of less than \$10,000 and 36.9 percent of workers with earnings between \$10,000 and \$20,000 were uninsured, compared with 5.3 percent of workers with earnings of \$70,000 or more (Figure 22). Low-income workers are employed generally in industries that are less likely to offer health benefits, and may have a weaker (or temporary) attachment to the work force and less disposable income to allocate to the purchase of health benefits.

Race and Ethnic Origin

While 60.2 percent of the nonelderly population is white, whites constituted 45 percent of the uninsured. Individuals of Hispanic origin were more likely to be uninsured than other groups (30.7 percent) (Figure 16). This may be due in part to the fact that 55 percent of the Hispanic population reported incomes of less than 200 percent of the federal poverty level. Also, a higher proportion of Hispanics than the general population are immigrants and may work for small firms, or be employed on a part-time or part-year basis. However, in 2012, even at high-income levels, Hispanics generally were more likely to be uninsured than other racial groups and were less likely to have employment-based health benefits.

Gender and Age

Men are generally more likely than women to be uninsured. One-quarter (23.1 percent) of men were uninsured in 2012, compared with 19.2 percent of women (Figure 23). This difference between men and women was observed at all age groups under age 55, especially below age 35.

Younger adults are more likely than older adults to be uninsured. Nearly 31 percent of men ages 21–24 and 26.7 percent of women ages 21–24 were uninsured in 2012. This compares with 19.4 percent of men ages 45–54 and 17 percent of women ages 45–54 uninsured. Young adults are often more likely to be uninsured because they are no longer covered by a family policy and may not have established themselves as permanent members of the work force, although some young adults may have had expanded access to their parents' employment-based coverage because of a provision in PPACA.¹⁴ Some young adults may also have lost access to Medicaid, which covered them through age 18. Many in this age group may think that they do not need health insurance because the likelihood of encountering a high-cost medical event is very low.¹⁵ In addition, young workers may be ineligible for employment-based health benefits because of waiting periods imposed prior to eligibility.

Children

Nearly 9 percent of children—or 6.6 million children—were uninsured in 2012 (Figure 24). More than 64 percent of all uninsured children were in families with incomes below 200 percent of the federal poverty level. Nearly 13 percent of children whose family heads did not work were uninsured (Figure 25), though most uninsured children were in families with heads who were employed full-time and full-year (63.1 percent) (Figure 26). In families where the heads worked part time or experienced some unemployment, the probability of being uninsured was higher than average (Figure 25).

Figure 17
Nonelderly Population With Selected Sources of Health Insurance,
by Race and Family Poverty Status, 2012

Race and Family Poverty Status	Total	Employment-Based Coverage			Individually Purchased	Public		
		Total	Own name	Dependent		Total	Medicaid	Uninsured
(millions)								
White	160.5	107.1	53.8	53.3	14.0	28.4	19.7	21.3
0–99% of poverty	16.8	2.6	1.1	1.5	1.1	8.2	7.3	5.0
100%–149% of poverty	11.1	3.4	1.4	1.9	0.9	4.5	3.5	3.0
150%–199% of poverty	12.3	5.4	2.5	2.9	1.0	3.5	2.5	3.0
200%–299% of poverty	24.8	15.8	7.6	8.2	2.3	4.4	2.9	3.9
300% of poverty or more	95.6	79.9	41.1	38.8	8.7	7.8	3.5	6.4
Black	33.7	15.9	8.4	7.4	1.6	11.7	9.7	6.9
0–99% of poverty	9.5	1.0	0.4	0.6	0.3	5.9	5.4	2.7
100%–149% of poverty	4.0	1.1	0.6	0.6	0.2	1.9	1.6	1.1
150%–199% of poverty	3.5	1.6	0.8	0.8	0.1	1.1	0.9	0.8
200%–299% of poverty	5.8	3.5	1.9	1.6	0.3	1.3	1.0	1.2
300% of poverty or more	10.9	8.5	4.7	3.8	0.6	1.6	0.8	1.3
Hispanic	49.9	19.6	8.8	10.9	2.1	15.2	13.8	15.3
0–99% of poverty	13.1	1.2	0.4	0.8	0.4	6.9	6.6	4.8
100%–149% of poverty	7.8	1.8	0.6	1.2	0.2	3.0	2.8	3.1
150%–199% of poverty	6.6	2.3	0.9	1.4	0.2	1.9	1.8	2.4
200%–299% of poverty	9.0	4.5	2.0	2.5	0.5	1.7	1.5	2.8
300% of poverty or more	13.5	9.8	4.8	5.0	0.8	1.5	1.1	2.2
Other	22.7	13.4	6.0	7.5	1.8	5.0	4.0	3.7
0–99% of poverty	3.6	0.5	0.2	0.4	0.3	1.8	1.7	1.0
100%–149% of poverty	2.0	0.5	0.2	0.3	0.2	0.8	0.7	0.6
150%–199% of poverty	1.9	0.7	0.3	0.4	0.2	0.6	0.5	0.5
200%–299% of poverty	3.3	2.0	0.8	1.1	0.3	0.7	0.5	0.6
300% of poverty or more	11.9	9.7	4.5	5.2	0.9	1.1	0.6	1.1
(percentage within race and poverty category)								
White	100.0%	67.5%	34.4%	33.0%	7.7%	16.3%	11.4%	14.1%
0–99% of poverty	100.0	15.2	6.5	8.7	6.7	48.7	43.7	29.8
100%–149% of poverty	100.0	30.3	12.9	17.4	7.8	40.3	31.8	26.7
150%–199% of poverty	100.0	44.3	20.5	23.8	8.1	28.4	20.5	24.7
200%–299% of poverty	100.0	63.8	30.8	33.1	9.3	17.8	11.5	15.7
300% of poverty or more	100.0	83.6	43.0	40.6	9.1	8.2	3.6	6.7
Black	100.0	47.0	24.9	22.1	4.7	34.7	28.7	20.6
0–99% of poverty	100.0	10.4	4.6	5.9	2.8	61.3	57.0	27.8
100%–149% of poverty	100.0	28.5	13.9	14.6	4.7	46.8	40.6	26.3
150%–199% of poverty	100.0	47.5	23.4	24.0	3.7	32.4	25.2	23.5
200%–299% of poverty	100.0	60.4	32.4	28.0	5.9	22.4	16.3	20.0
300% of poverty or more	100.0	78.5	43.4	35.2	5.8	14.3	7.4	11.5
Hispanic	100.0	39.3	17.6	21.8	4.1	30.4	27.7	30.7
0–99% of poverty	100.0	9.2	3.3	5.9	3.1	53.1	50.8	36.9
100%–149% of poverty	100.0	23.7	8.2	15.5	2.3	39.1	36.6	39.4
150%–199% of poverty	100.0	34.7	14.2	20.6	3.8	29.7	27.1	36.6
200%–299% of poverty	100.0	50.6	22.3	28.3	5.1	19.0	16.2	31.0
300% of poverty or more	100.0	72.2	35.3	36.9	5.7	11.3	8.3	16.6
Other	100.0	59.1	26.3	32.9	8.0	22.0	17.8	16.5
0–99% of poverty	100.0	15.1	4.9	10.2	8.0	50.7	48.1	28.7
100%–149% of poverty	100.0	27.4	10.8	16.6	7.7	41.1	37.4	28.5
150%–199% of poverty	100.0	37.9	15.4	22.6	9.6	30.4	24.8	25.6
200%–299% of poverty	100.0	58.3	24.6	33.8	8.7	21.2	15.5	18.1
300% of poverty or more	100.0	81.3	37.5	43.8	7.6	9.0	5.0	8.9

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 18
Nonelderly Population With Selected Sources of Health Insurance,
by Family Income as a Percentage of Poverty, 2012

Family Poverty Status	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	266.9	156.0	76.9	79.1	19.4	60.2	47.3	47.3
0–99% of poverty	43.0	5.3	2.1	3.2	2.1	22.8	21.1	13.5
100%–149% of poverty	24.8	6.9	2.8	4.0	1.4	10.2	8.7	7.6
150%–199% of poverty	24.2	10.1	4.6	5.5	1.6	7.1	5.6	6.7
200%–299% of poverty	43.0	25.9	12.3	13.5	3.4	8.1	5.8	8.4
300% of poverty or more	131.9	107.9	55.1	52.9	11.0	12.0	6.0	11.0
(percentage within poverty category)								
Total	100.0%	58.5%	28.8%	29.6%	7.3%	22.6%	17.7%	17.7%
0–99% of poverty	100.0	12.3	5.0	7.4	4.9	53.0	49.2	31.4
100%–149% of poverty	100.0	27.7	11.4	16.3	5.6	41.0	35.2	30.7
150%–199% of poverty	100.0	41.7	18.8	22.9	6.4	29.5	23.3	27.8
200%–299% of poverty	100.0	60.2	28.7	31.4	7.9	18.9	13.5	19.7
300% of poverty or more	100.0	81.8	41.7	40.1	8.3	9.1	4.5	8.3

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 19
Nonelderly Population With Selected Sources of Health Insurance,
by Self-Reported Health Status, 2012

Self-Reported Health Status	Total	Employment-Based Coverage			Individually Purchased	Public		Uninsured
		Total	Own name	Dependent		Total	Medicaid	
(millions)								
Total	266.9	156.0	76.9	79.1	19.4	60.2	47.3	47.3
Excellent	96.5	62.1	24.6	37.5	7.4	18.6	15.3	13.3
Very Good	86.5	54.5	28.9	25.6	6.5	15.7	12.8	14.8
Good	60.2	31.2	18.5	12.7	4.0	14.8	11.7	14.2
Fair	17.0	6.6	4.1	2.5	1.1	7.2	4.9	3.8
Poor	6.6	1.6	0.8	0.8	0.4	4.1	2.6	1.3
(percentage within coverage category)								
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Excellent	36.2	39.8	32.0	47.4	38.1	30.8	32.3	28.2
Very Good	32.4	34.9	37.6	32.3	33.5	26.0	27.0	31.2
Good	22.5	20.0	24.1	16.0	20.7	24.5	24.8	29.9
Fair	6.4	4.2	5.3	3.2	5.8	12.0	10.3	8.0
Poor	2.5	1.0	1.0	1.0	2.0	6.8	5.6	2.7

(percentage within work-status categories)

Total	100.0%	58.5%	28.8%	29.6%	7.3%	22.6%	17.7%	17.7%
Excellent	100.0	64.3	25.5	38.9	7.7	19.2	15.8	13.8
Very Good	100.0	63.0	33.5	29.6	7.5	18.1	14.8	17.1
Good	100.0	51.8	30.8	21.1	6.7	24.5	19.5	23.5
Fair	100.0	38.8	23.9	14.9	6.6	42.3	28.5	22.2
Poor	100.0	24.3	12.1	12.2	5.9	61.5	40.0	19.1

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 20
Nonelderly Population With Selected Sources of Health Insurance,
by Region and State, Three-Year Average 2010–2012

Region and State	Total	Employment-Based Coverage			Individually	Public		Uninsured
		Total	Own name	Dependent	Purchased	Total	Medicaid	
		(millions)						
Total	266.4	155.9	77.2	78.7	19.1	59.2	46.4	48.1
New England	12.3	8.4	3.9	4.5	0.8	2.7	2.4	1.0
Maine	1.1	0.7	0.4	0.3	0.1	0.3	0.3	0.1
New Hampshire	1.1	0.8	0.4	0.4	0.1	0.1	0.1	0.2
Vermont	0.5	0.3	0.2	0.2	0.0	0.2	0.1	0.1
Massachusetts	5.6	3.9	1.8	2.1	0.3	1.4	1.3	0.3
Rhode Island	0.9	0.6	0.3	0.3	0.1	0.2	0.2	0.1
Connecticut	3.0	2.1	1.0	1.1	0.3	0.5	0.5	0.3
Middle Atlantic	34.8	21.8	10.6	11.1	2.5	7.6	6.6	5.1
New York	16.6	9.9	4.9	5.0	1.1	4.3	3.9	2.4
New Jersey	7.5	4.9	2.2	2.7	0.4	1.2	1.0	1.3
Pennsylvania	10.7	6.9	3.5	3.5	1.0	2.1	1.8	1.4
East North Central	39.4	24.6	11.7	12.9	2.5	8.7	7.2	5.8
Ohio	9.7	6.0	2.9	3.1	0.5	2.1	1.7	1.5
Indiana	5.4	3.4	1.6	1.8	0.3	1.3	1.0	0.8
Illinois	11.1	6.7	3.3	3.4	0.7	2.4	2.0	1.8
Michigan	8.3	5.2	2.3	2.9	0.6	1.9	1.6	1.2
Wisconsin	4.8	3.2	1.5	1.7	0.3	1.0	0.9	0.6
West North Central	17.5	11.2	5.6	5.6	1.7	3.4	2.6	2.4
Minnesota	4.6	3.1	1.5	1.6	0.4	0.8	0.7	0.5
Iowa	2.6	1.7	0.8	0.9	0.2	0.5	0.4	0.3
Missouri	5.1	3.1	1.6	1.5	0.5	1.0	0.8	0.8
North Dakota	0.6	0.4	0.2	0.2	0.1	0.1	0.1	0.1
South Dakota	0.7	0.4	0.2	0.2	0.1	0.1	0.1	0.1
Nebraska	1.6	1.0	0.5	0.5	0.2	0.3	0.2	0.2
Kansas	2.4	1.5	0.7	0.7	0.2	0.5	0.3	0.4
South Atlantic	50.9	29.0	14.9	14.2	3.7	11.3	7.7	10.3
Delaware	0.8	0.5	0.2	0.2	0.0	0.2	0.1	0.1
Maryland	5.1	3.4	1.7	1.7	0.4	0.9	0.6	0.7
District of Columbia	0.5	0.3	0.2	0.1	0.0	0.2	0.1	0.1
Virginia	6.8	4.4	2.1	2.3	0.5	1.4	0.7	1.0
West Virginia	1.5	0.9	0.5	0.5	0.1	0.4	0.3	0.3
North Carolina	8.1	4.5	2.4	2.1	0.6	2.0	1.4	1.6
South Carolina	3.9	2.2	1.1	1.1	0.3	0.9	0.7	0.8
Georgia	8.6	4.7	2.3	2.4	0.5	2.0	1.3	1.9
Florida	15.5	8.1	4.4	3.7	1.2	3.4	2.3	3.8
East South Central	15.8	8.9	4.6	4.4	1.1	4.2	3.0	2.7
Kentucky	3.7	2.2	1.1	1.0	0.2	1.0	0.7	0.6
Tennessee	5.4	3.1	1.5	1.5	0.4	1.5	1.1	0.9
Alabama	4.1	2.4	1.2	1.2	0.4	1.1	0.7	0.7
Mississippi	2.5	1.3	0.7	0.6	0.2	0.7	0.5	0.5
West South Central	32.4	16.9	8.6	8.3	1.8	7.1	5.6	8.2
Arkansas	2.4	1.2	0.7	0.6	0.1	0.7	0.5	0.5
Louisiana	3.9	2.0	1.0	1.0	0.2	1.0	0.8	0.9
Oklahoma	3.2	1.8	0.9	0.9	0.2	0.8	0.6	0.6
Texas	22.9	11.8	6.0	5.8	1.2	4.6	3.6	6.1
Mountain	19.5	11.2	5.3	5.9	1.6	4.0	3.0	3.9
Montana	0.8	0.4	0.2	0.2	0.1	0.2	0.1	0.2
Idaho	1.3	0.7	0.4	0.4	0.2	0.2	0.2	0.3
Wyoming	0.5	0.3	0.1	0.2	0.0	0.1	0.1	0.1
Colorado	4.5	2.8	1.3	1.4	0.5	0.8	0.6	0.7
New Mexico	1.7	0.8	0.4	0.4	0.1	0.5	0.4	0.4
Arizona	5.7	3.1	1.5	1.6	0.4	1.5	1.1	1.2
Utah	2.5	1.7	0.7	1.0	0.2	0.4	0.3	0.4
Nevada	2.3	1.3	0.7	0.6	0.2	0.4	0.2	0.6
Pacific	44.0	24.0	12.0	11.9	3.5	10.2	8.4	8.8
Washington	5.9	3.5	1.8	1.6	0.5	1.5	1.0	0.9
Oregon	3.3	1.9	1.0	0.9	0.3	0.7	0.6	0.6
California	33.1	17.5	8.6	8.9	2.6	7.6	6.5	7.0
Alaska	0.6	0.4	0.2	0.2	0.0	0.2	0.1	0.1
Hawaii	1.1	0.7	0.4	0.3	0.1	0.3	0.2	0.1

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Region and State	Total	Employment-Based Coverage			Individually	Public		Uninsured
		Total	Own name	Dependent	Purchased	Total	Medicaid	
(percentage)								
Total	100.0%	58.5%	29.0%	29.5%	7.2%	22.2%	17.4%	18.1%
New England	100.0	68.5	32.0	36.5	6.9	22.2	19.5	8.5
Maine	100.0	61.2	31.8	29.5	6.3	29.7	23.8	11.4
New Hampshire	100.0	71.2	33.2	37.9	6.8	12.7	8.4	13.4
Vermont	100.0	61.6	30.8	30.8	7.3	29.9	26.4	9.8
Massachusetts	100.0	70.3	32.4	37.9	5.8	24.3	22.8	5.0
Rhode Island	100.0	63.1	29.4	33.6	6.7	22.9	18.5	13.9
Connecticut	100.0	69.7	32.0	37.7	9.4	17.8	15.1	10.4
Middle Atlantic	100.0	62.6	30.5	32.1	7.2	21.9	19.0	14.6
New York	100.0	59.6	29.6	29.9	6.5	26.1	23.1	14.5
New Jersey	100.0	65.9	29.8	36.1	6.0	16.1	13.4	17.0
Pennsylvania	100.0	65.0	32.4	32.6	9.0	19.5	16.5	13.2
East North Central	100.0	62.4	29.7	32.7	6.2	22.0	18.2	14.8
Ohio	100.0	62.0	30.3	31.7	5.5	21.4	17.2	15.3
Indiana	100.0	63.1	29.7	33.4	5.8	23.5	18.3	15.0
Illinois	100.0	60.8	30.0	30.8	6.5	21.5	18.4	16.3
Michigan	100.0	62.5	28.0	34.4	6.7	22.9	19.0	14.0
Wisconsin	100.0	65.8	30.8	34.9	6.7	21.3	18.4	11.4
West North Central	100.0	63.9	31.8	32.1	9.6	19.2	14.7	13.8
Minnesota	100.0	68.6	33.3	35.2	9.3	18.6	15.3	10.4
Iowa	100.0	65.4	32.7	32.7	9.4	19.6	16.1	12.3
Missouri	100.0	60.8	31.1	29.6	9.2	19.4	14.9	16.4
North Dakota	100.0	65.9	33.2	32.8	13.3	15.8	10.0	12.8
South Dakota	100.0	60.0	30.1	29.9	11.9	20.9	14.7	15.6
Nebraska	100.0	63.2	31.1	32.1	11.6	17.4	11.6	14.8
Kansas	100.0	61.3	30.3	31.0	8.1	21.2	14.6	15.2
South Atlantic	100.0	57.0	29.2	27.8	7.2	22.1	15.1	20.2
Delaware	100.0	64.4	32.4	32.0	6.2	25.2	19.7	12.4
Maryland	100.0	67.5	33.1	34.4	7.8	17.2	12.7	14.8
District of Columbia	100.0	57.3	39.2	18.1	8.7	28.3	26.0	10.6
Virginia	100.0	64.5	31.0	33.5	7.8	20.3	10.1	15.2
West Virginia	100.0	59.6	29.8	29.7	3.8	27.4	19.2	16.7
North Carolina	100.0	55.6	29.5	26.1	6.8	24.4	17.8	19.6
South Carolina	100.0	55.9	29.0	27.0	7.4	22.9	16.6	20.7
Georgia	100.0	54.7	26.5	28.2	6.1	22.8	15.2	21.6
Florida	100.0	52.1	28.0	24.1	7.9	22.0	15.1	24.7
East South Central	100.0	56.6	28.8	27.8	6.9	26.5	19.1	17.1
Kentucky	100.0	58.1	30.0	28.1	4.2	25.5	19.3	17.2
Tennessee	100.0	56.4	28.2	28.1	7.5	27.1	19.5	16.1
Alabama	100.0	58.6	29.4	29.2	8.6	26.0	16.9	16.4
Mississippi	100.0	51.8	27.3	24.4	6.7	27.3	21.2	20.2
West South Central	100.0	52.1	26.6	25.5	5.4	22.0	17.2	25.2
Arkansas	100.0	51.0	28.0	23.1	6.0	28.3	21.1	21.0
Louisiana	100.0	51.6	25.1	26.5	5.7	26.0	21.4	22.4
Oklahoma	100.0	55.5	28.1	27.4	5.9	25.0	18.4	19.8
Texas	100.0	51.8	26.5	25.4	5.3	20.2	15.9	26.9
Mountain	100.0	57.5	27.3	30.2	8.1	20.8	15.6	19.8
Montana	100.0	52.0	26.3	25.6	10.4	22.1	14.6	21.8
Idaho	100.0	55.7	26.6	29.1	11.2	18.5	14.7	20.0
Wyoming	100.0	61.3	30.2	31.2	7.4	17.5	12.6	19.1
Colorado	100.0	61.7	29.8	31.9	10.3	18.2	13.4	15.9
New Mexico	100.0	47.6	23.2	24.4	6.4	29.4	23.1	24.4
Arizona	100.0	53.9	26.3	27.6	6.5	25.3	20.0	20.5
Utah	100.0	67.3	26.1	41.2	8.1	14.7	10.7	15.7
Nevada	100.0	56.8	29.2	27.6	6.6	16.1	10.6	25.7
Pacific	100.0	54.4	27.3	27.1	7.9	23.2	19.0	19.9
Washington	100.0	59.4	31.4	27.9	7.8	24.9	16.8	16.0
Oregon	100.0	58.0	30.7	27.4	9.0	21.1	17.1	17.5
California	100.0	52.7	26.0	26.8	8.0	22.8	19.7	21.2
Alaska	100.0	58.1	28.9	29.2	4.4	27.6	14.9	20.2
Hawaii	100.0	66.5	35.9	30.6	6.8	27.8	19.3	9.1

Source: Employee Benefit Research Institute estimates of the 2011–2013 Current Population Survey, March Supplement.
Note: Details may not add to totals because individuals may receive coverage from more than one source.

Conclusion

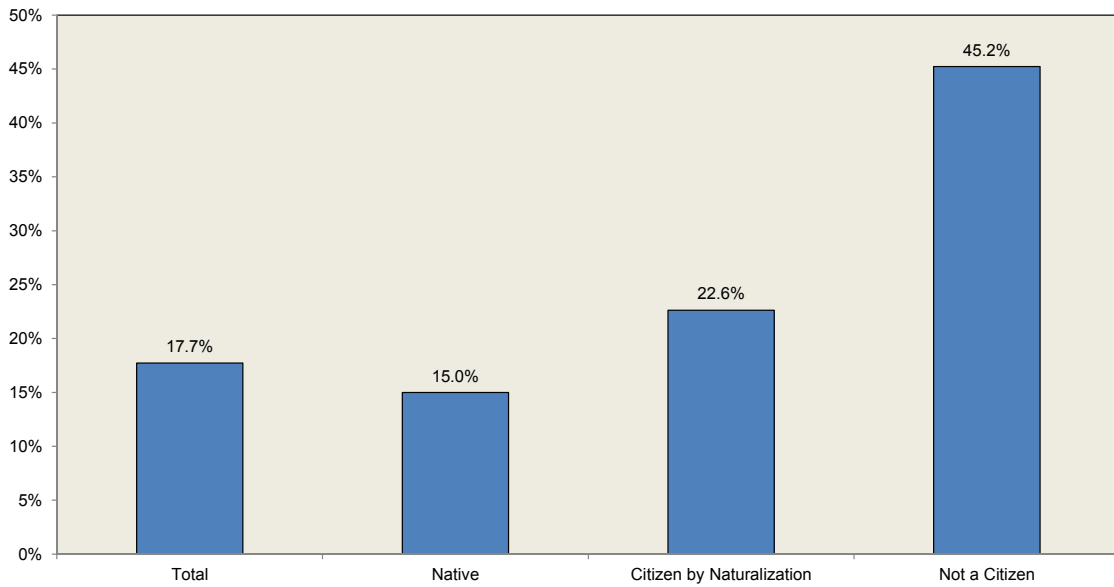
This *Issue Brief* finds that many factors affect the likelihood of an individual having health insurance and the source of that coverage, factors that include the strength of the economy, demographics, and employment characteristics, all of which often vary by location. For example, work status and income play a dominant role in determining an individual's likelihood of having health insurance. In addition, age, gender, firm size, hours of work, occupation, and industry are all important determinants of an individual's likelihood of having coverage; however, these variables are also closely linked to employment status and income. Variations by race and ethnicity also are closely linked to employment status and income.

Research illustrates the advantages to individuals of having health insurance and the benefits to employers of offering it. In general, the availability of health insurance allows individuals to avoid unnecessary pain and suffering and improves the quality of life, and employers report that offering benefits has a positive impact on worker recruitment, retention, health status, and productivity (Fronstin and Helman, 2003; Fronstin, 2007).

In addition to key provisions of PPACA scheduled to take effect in October 2013, some large employers have recently decided to provide employee health coverage through private insurance exchanges; while it is too early to tell if this is the start of a trend, it could have a significant impact on how workers and their families obtain their health insurance coverage.

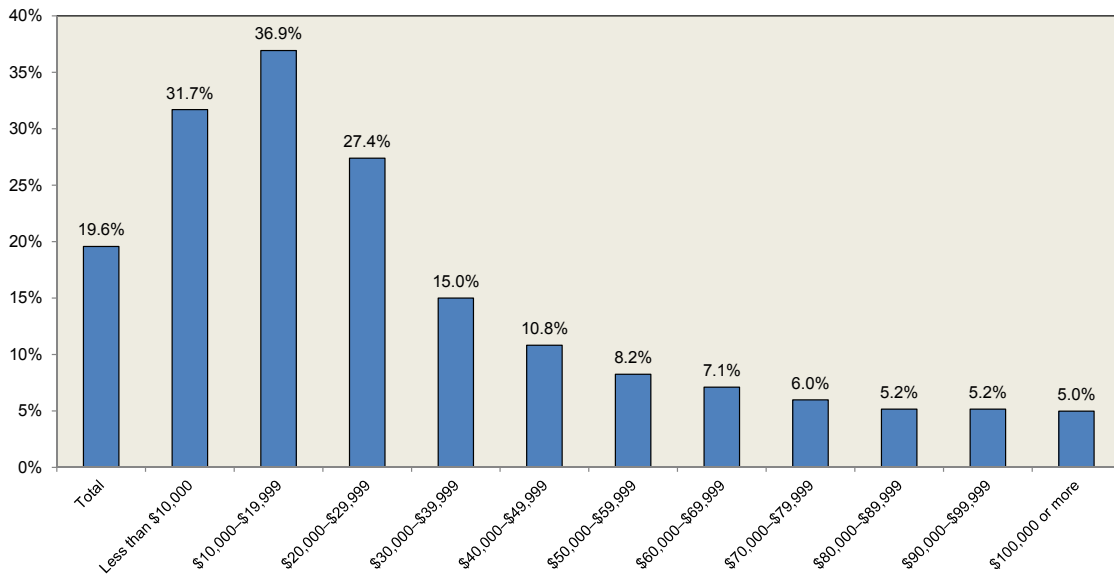
Employers may believe in the business case for providing health benefits now, but in the future they may rethink the value that offering coverage provides—they may determine that the health reform legislation enacted in March 2010 alters the value proposition significantly.

Figure 21
Percentage Uninsured Among Individuals
Under Age 65, by Citizenship, 2012



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2013 Supplement.

Figure 22
Percentage Uninsured Among Workers Ages 18–64,
by Total Earnings, 2012



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2013 Supplement.

Figure 23
**Percentage Uninsured Among Individuals Ages 18–64,
 by Gender and Age, 2012**

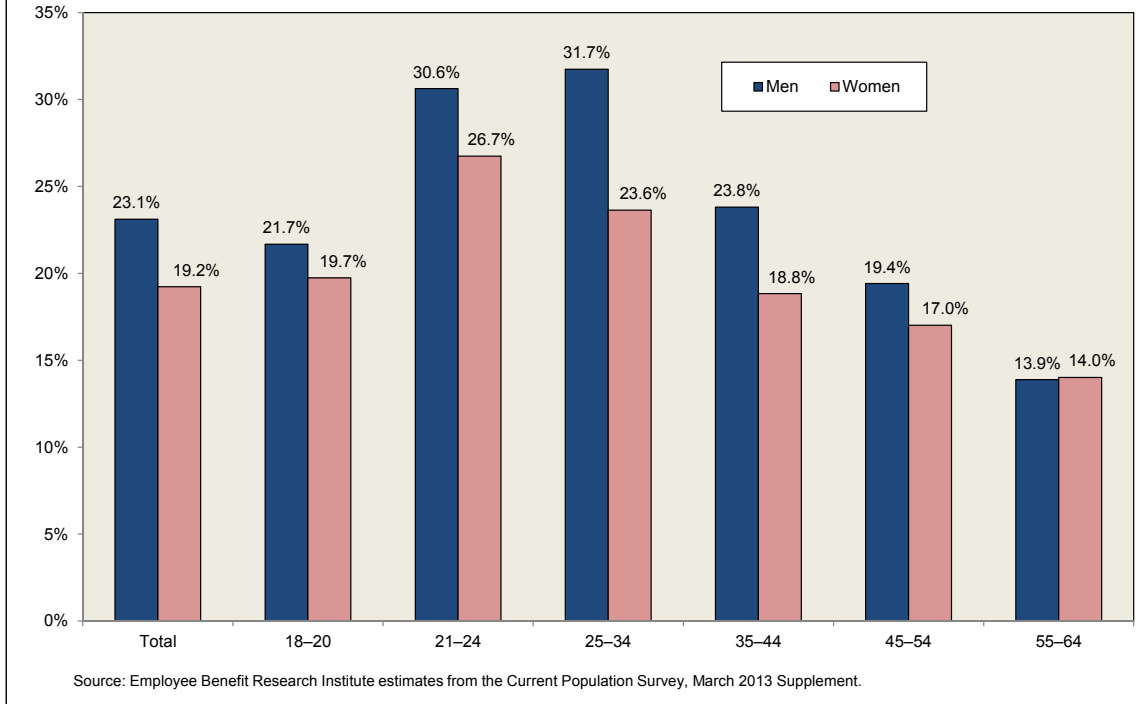
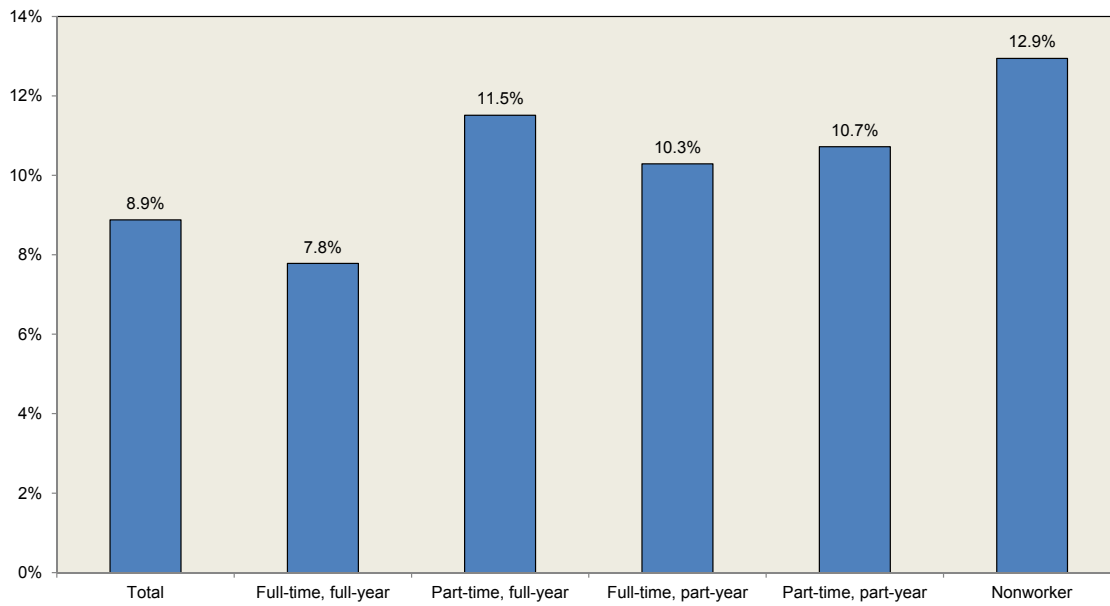


Figure 24
**Children With Selected Sources of Health Insurance,
 by Poverty Level, 2012**

Poverty Level	Total	Employment- Based Coverage	Individually Purchased	Public		Uninsured
				Total	Medicaid	
(millions)						
Total	74.2	41.1	4.3	29.1	26.6	6.6
0–99% of poverty	16.5	2.1	0.5	12.7	12.4	2.1
100%–149% of poverty	8.5	2.7	0.3	5.3	5.1	1.1
150%–199% of poverty	7.7	3.5	0.5	3.6	3.3	1.0
200%–299% of poverty	12.2	8.0	0.8	3.7	3.2	1.1
300% of poverty or more	29.2	24.8	2.2	3.8	2.7	1.2
(percentage within coverage category)						
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
0–99% of poverty	22.3	5.2	11.6	43.7	46.5	32.6
100%–149% of poverty	11.5	6.5	7.5	18.1	19.0	17.3
150%–199% of poverty	10.4	8.5	10.6	12.4	12.3	14.4
200%–299% of poverty	16.5	19.4	18.7	12.7	12.0	16.7
300% of poverty or more	39.4	60.4	51.6	13.1	10.1	18.9
(percentage within poverty category)						
Total	100.0%	55.4%	5.8%	39.2%	35.9%	8.9%
0–99% of poverty	100.0	13.0	3.0	76.8	74.9	13.0
100%–149% of poverty	100.0	31.3	3.8	61.9	59.5	13.4
150%–199% of poverty	100.0	45.2	6.0	46.7	42.7	12.4
200%–299% of poverty	100.0	65.2	6.6	30.3	26.2	9.0
300% of poverty or more	100.0	85.0	7.6	13.0	9.2	4.3

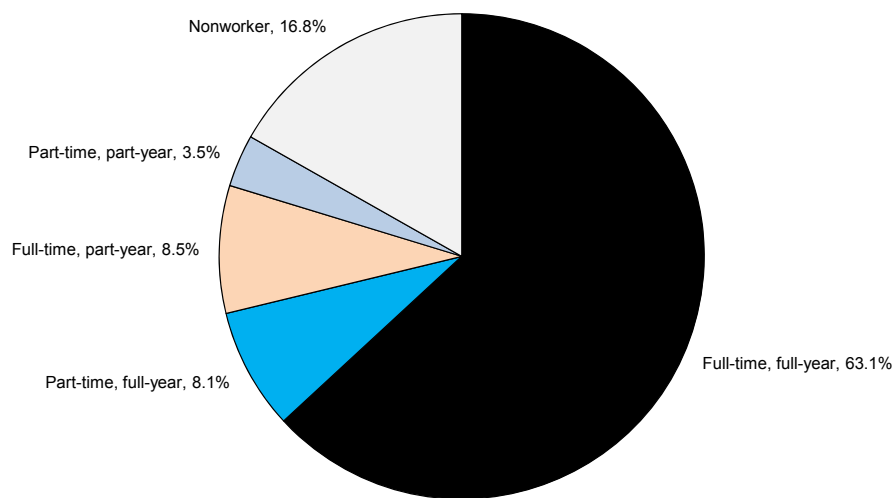
Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2013 Supplement.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

Figure 25
**Percentage Uninsured Among Children Under Age 18,
 by Work Status of the Family Head, 2012**



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2013 Supplement.

Figure 26
**Children Under Age 18 Without Health Insurance,
 by Work Status of the Family Head, 2012**



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2013 Supplement.

Appendix—Current Population Survey

The data presented in this *Issue Brief* come from the March Supplement to the Current Population Survey (CPS), conducted by the U.S. Census Bureau (part of the Commerce Department) for the Bureau of Labor Statistics (BLS, part of the Labor Department) every month for more than 50 years. It is the primary source of data on labor force characteristics of the U.S. civilian, noninstitutionalized population. It is also the official source of data on unemployment rates, poverty, and income in the United States. Approximately 98,000 households, representing nearly 203,000 individuals, were interviewed in March 2013.

Households are scientifically selected on the basis of geographic region of residence to collect data representative of the nation, individual states, and other specified areas. Eight panels are used to rotate the sample each month. This improves the reliability of estimates of month-to-month and year-to-year changes. A sample unit is interviewed for four consecutive months and then is interviewed again for the same four months a year later. The unit is not interviewed during the eight months in between.

Theoretically, individuals can be followed over time. For example, approximately 50 percent of the sample interviewed in March of 2005 was re-interviewed in March 2006. But in practice, the survey does not re-interview individuals: Instead, the survey re-interviews the occupants of the households that were selected for inclusion in the sample. If the occupants of a household change over the course of the eight interviews, the new occupants in the household take the place of the former occupants for the remaining interviews.

The first- and the fifth-month interviews are almost always conducted in person by an interviewer. More than 90 percent of the interviews conducted in months two through four and six through eight are conducted by telephone. Interviewers continue to visit households without telephones, with poor English-language skills, or that decline a telephone interview. Interviewers usually obtain responses from more than 93 percent of their eligible cases. The response rate varies by type of area and the mix of telephone vs. personal-visit interviews.

Since 1980, the supplement to the March CPS has included questions on health insurance coverage. Separate questions are asked about employment-based health insurance, health insurance purchased directly from an insurer, insurance from a source outside of the household, Medicare, Medicaid, Tricare, CHAMPVA, Indian Health Service, or other state-specific health programs for low-income, uninsured individuals. These questions are asked of the household respondent and potentially could miss nonrespondents, but the CPS also follows each question with a question about who else in the household is covered by the health plan.

Until recently, a question about being uninsured was not asked. Estimates of the uninsured were calculated as a residual; that is, people were counted as being uninsured if they did not report having any type of health insurance coverage.

The questions on health insurance refer to the previous calendar year. For example, in March 2009, interviewers asked about health insurance coverage during 2008. Assuming that respondents answer the questions correctly, the uninsured estimate should represent the number of people who were uninsured for the entire previous calendar year. One measurement issue that arises in this structure is that individuals potentially are asked to recall the type of health insurance they had 14 months prior to being interviewed. A second issue is that some individuals do not understand the question and report the type of health insurance they have as of the interview date. Third, the CPS may not be picking up all Medicaid recipients because some states do not call the program Medicaid. In fact, there is strong evidence that the CPS under-reports Medicaid coverage, based on comparisons of these data with enrollment and participation data provided by the Centers for Medicare & Medicaid Services (CMS), the federal agency primarily responsible for administering Medicaid.

Because respondents are asked to provide information about all sources of health insurance coverage during the previous calendar year, some individuals reported having health insurance coverage from more than one source. It is not possible to determine when during the calendar year an individual was covered by multiple sources of health

insurance. While these plans may have been held simultaneously, they were more likely held at different points during the year, except among Medicare beneficiaries.

The CPS has undergone a number of changes over the years that affect the comparability of data in the time series. The remainder of this section discusses those changes.

In March 1988, the CPS questionnaire was substantially changed. Among the changes that were made, questions were added that inevitably picked up more people with health insurance coverage and reduced the number of uninsured in the survey (Moyer, 1989; and Swartz and Purcell, 1989). Prior to the March 1988 CPS, only employed people were asked about employment-based health insurance. Starting with the March 1988 CPS, all people age 15 and older were asked about employment-based coverage. This change resulted in the identification of coverage for people (and their families) covered by former employers through either retiree health benefits or the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Another major change in March 1988 affected the health insurance coverage of children. Questions were added about coverage from sources outside the household. Imputation methods for children's coverage were also revised to collect more accurate information about coverage type and policyholders. An additional set of questions was added to get more accurate information about children on Medicaid and those covered by a plan purchased directly from an insurer. Finally, weighting, programming, and processing improvements were made to the survey (Levit, Olin, and Letsch, 1992).

In March 1995, the CPS questionnaire was revised again. The U.S. Census Bureau utilized a more detailed set of health insurance questions designed to take advantage of computer-assisted survey interviewing collection (CASIC) technology. The order of the questions was changed, and the wording in some of the questions was changed. In addition, the sampling frame was changed, potentially complicating comparability of the estimates prior to March 1995 with those starting in or after March 1995. The new questions appeared to have affected responses regarding the total number of respondents covered by employment-based health insurance coverage, individually purchased coverage, Tricare, and CHAMPVA. Questions on Medicare and Medicaid were also revised, but because estimates of Medicare and Medicaid from the CPS do not vary much from year to year even when the survey is unchanged, it is difficult to know how much of the estimates were affected by changes to the survey and how much of the estimates represent true changes. The longer-term trends in coverage are likely to be representative of the true change, because the estimates do not change much from year to year. Swartz (1997) documents these data issues in greater detail.

In March 1998, the Census Bureau made another change in the CPS by modifying its definition of the population with Medicaid coverage. Previously, an individual reporting coverage from the Indian Health Service (IHS) only was counted as part of the Medicaid population. Beginning with the March 1998 CPS, individuals covered solely by IHS were counted as uninsured. This methodological change affected roughly 300,000 individuals. If this change had not taken place, the Medicaid population would have fallen by 0.9 percentage points between 1996 and 1997 instead of by 1.1 percentage points. Overall, this was a minor change to the uninsured estimates in the CPS.

In March 2000, the Census Bureau added a question to the CPS to verify whether or not a person was uninsured. In essence, anyone who did not report any health insurance coverage during 2000 was asked an additional question about whether they were uninsured. Those who reported that they had coverage were then asked about the type of coverage. The verification questions resulted in the Census Bureau providing a "corrected" estimate for the uninsured in 1999. As shown in Figure A1, prior to the correction, 17.5 percent of the nonelderly population, representing 42.1 million individuals, was estimated to be uninsured in 1999. The verification questions resulted in a 7.4 percent decline in the number and percentage of nonelderly individuals without health insurance coverage in 1999. Most of the people who would have been counted as uninsured under the old methodology are now counted as having either employment-based health insurance or having purchased health insurance directly from insurers. Hence, the corrected estimate for the uninsured in 1999 is 16.2 percent, or 39 million, down from 17.5 percent, or 42.1 million.¹⁶

The verification questions were not asked prior to the March 2000 CPS. As a result, data prior to 1999 are not directly comparable with data from 1999 and later. In order to provide roughly comparable estimates over time, the estimates of health insurance coverage for 1994–1998 in this report have been recalculated using the one-time percentage change in the 1999 health insurance coverage estimates shown in Figure A1.

In 2001, two changes were made to the CPS. First, the sample was expanded to improve state estimates of S-CHIP enrollees. Overall, this change increased the uninsured estimate from 14 percent of the population to 14.1 percent, which accounted for an increase of nearly 200,000 uninsured people (Mills, 2002). However, the change in the uninsured percentage varied significantly from state to state, ranging from a 1.8-percentage-point increase in Connecticut to a 2-percentage-point decline in Vermont. The Census Bureau also introduced Census 2000-based weights starting with the March 2002 CPS and provided new estimates for the March 2000 and March 2001 CPS that were based on the new weights. When using the Census 1990-based weights for the March 2001 CPS, 15.8 percent of the nonelderly population, or 38.4 million people, were uninsured (Figure A2). However, when using the Census 2000-based weights, 16.1 percent of the nonelderly population was estimated to be uninsured, representing 39.4 million people. The S-CHIP sample expansion combined with an Hispanic sample expansion each March results in 99,000 households interviewed for the survey, representing 211,000 individuals.

In August 2006, the Census Bureau released a revised March 2005 CPS dataset. Its 2004 data were revised to reflect a correction to the weights and the estimates based on improvements to the methodology that assigns health insurance coverage to dependents. As a result, the 2004 data published in previous EBRI reports have been updated in this report.

In March 2007, the Census Bureau announced that it had revised the March 2005 and March 2006 datasets. The Census Bureau revised its estimates after discovering a coding error that affected a small number of individuals. These individuals were coded as not having health insurance coverage when in fact they did have coverage. Based on the new Census data, the number of individuals under age 65 with health insurance increased by 1.8 million in both 2004 and 2005 (Figure A3). The reported increase in coverage was mainly due to an increase in the reported number of people with employment-based health benefits as a dependent. The 1.8 million additional people reported with health insurance coverage represented 0.7 percent additional individuals with coverage and 0.7 percent fewer individuals counted as uninsured.

In September 2011, the Census Bureau announced another revision to the CPS that affects the historical time series. The Census Bureau revised calendar-year coverage estimates for 1999 to 2009 as a result of enhancements to the editing process, such as the assignment of a family health plan to all individuals in the household and the addition of a new variable. As a result of the change, the number of people with employment-based coverage as dependents increased by 1.4 million, and the likelihood of having employment-based coverage increased by 0.5 percent (Figure A4). There was a corresponding decline in the uninsured estimates.

The U.S. Census Bureau has released corrected historical data that addresses the coding error. The data in this report from 2000 to 2010 are based on the corrected historical data and may not match previous EBRI publications that contain data on health insurance coverage. Data from 1994 to 1999 have not been revised.

Finally, in September 2012, the Census Bureau adopted weights based on the 2010 Census. This change had a negligible impact on the health insurance estimates.

Figure A1

Change in the Number and Percentage of Nonelderly Individuals With Selected Sources of Health Insurance Due to Change in CPS Methodology for Counting the Uninsured, 1999

	Millions of Individuals by Coverage Type		Percentage of Individuals by Coverage Type		Change in Estimate Due to New Methodology
	Old Methodology	New Methodology	Old Methodology	New Methodology	
Total Population	240.7	240.7	100.0%	100.0%	0.0%
Employment-Based coverage	158.4	160.3	65.8	66.6	1.2
Own name	80.3	81.4	33.4	33.8	1.4
Dependent coverage	78.1	78.9	32.4	32.8	1.1
Individually Purchased	15.8	16.6	6.6	6.9	5.2
Public	34.1	34.5	14.2	14.3	1.1
Medicare	4.8	4.9	2.0	2.0	0.4
Medicaid	25.0	25.3	10.4	10.5	1.3
Tricare/CHAMPVA ^a	6.5	6.6	2.7	2.7	0.5
No Health Insurance	42.1	39.0	17.5	16.2	(7.4)

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2000 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program of the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

Figure A2

Change in the Number and Percentage of Nonelderly Individuals With Selected Sources of Health Insurance Due to Introduction of Census 2000-Based Weights, 2000

	Millions of Individuals by Coverage Type		Change in Population Estimate Due to New Weights	Percentage of Individuals by Coverage Type		Change in Insurance Status Estimate Due to New Weights
	Census 1990-Based Weights	Census 2000-Based Weights		Census 1990-Based Weights	Census 2000-Based Weights	
Total Population	242.8	244.8	0.9%	100.0%	100.0%	0.0%
Employment-Based coverage	163.4	164.4	0.6	67.3	67.1	-0.3
Own name	83.7	84.8	1.3	34.5	34.6	0.4
Dependent coverage	79.7	79.6	-0.2	32.8	32.5	-1.0
Individually Purchased	16.1	16.1	-0.1	6.6	6.6	-0.9
Public	34.3	34.6	0.8	14.1	14.1	-0.1
Medicare	5.3	5.3	0.7	2.2	2.2	-0.2
Medicaid	25.3	25.5	0.8	10.4	10.4	0.0
Tricare/CHAMPVA ^a	6.2	6.2	-0.8	2.6	2.5	-1.6
No Health Insurance	38.4	39.4	2.5	15.8	16.1	1.6

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2001 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program of the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

Figure A3

Change in the Number and Percentage of Nonelderly Individuals With Selected Sources of Health Insurance Due to March 2007 Census Bureau Coding Error Correction, 2004 and 2005

	2004 ^b	2004 ^c	2004 Change	2005 ^b	2005 ^c	2005 Change
	(millions)					
Total	255.1	255.1	—	257.4	257.4	0.0
Employment-Based coverage	159.2	161.0	1.8	159.5	161.3	1.8
Own name	81.7	81.6	-0.1	82.4	82.3	0.0
Dependent coverage	77.5	79.4	1.8	77.2	79.0	1.9
Individually Purchased	17.9	18.0	0.2	17.8	17.9	0.1
Public	45.0	45.1	0.1	45.5	45.5	0.0
Medicare	6.3	6.3	0.0	6.5	6.4	0.0
Medicaid	34.6	34.6	0.0	34.7	34.7	0.0
Tricare/CHAMPVA ^a	7.3	7.4	0.1	7.7	7.7	0.0
No Health Insurance	44.8	43.0	-1.8	46.1	44.4	-1.8
	(percentage)					
Total	100.0%	100.0%	—	100.0%	100.0%	0.0
Employment-Based coverage	62.4	63.1	0.7	62.0	62.7	0.7
Own name	32.0	32.0	0.0	32.0	32.0	0.0
Dependent coverage	30.4	31.1	0.7	30.0	30.7	0.7
Individually Purchased	7.0	7.1	0.1	6.9	7.0	0.0
Public	17.6	17.7	0.0	17.7	17.7	0.0
Medicare	2.5	2.5	0.0	2.5	2.5	0.0
Medicaid	13.6	13.6	0.0	13.5	13.5	0.0
Tricare/CHAMPVA ^a	2.9	2.9	0.1	3.0	3.0	0.0
No Health Insurance	17.6	16.9	-0.7	17.9	17.2	-0.7

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2005 and 2006 Supplements.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program of the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

^b Estimates based on uncorrected Census data

^c Estimates based on corrected Census data.

Figure A4

Change in the Number and Percentage of Nonelderly Individuals With Selected Sources of Health Insurance Due to March 2011 Census Bureau Coding Update, 2009

	2009 Before Correction	2009 After Correction	Change	2009 Before Correction	2009 After Correction	Change
	(millions)			(percentage)		
Total	264.7	264.7	—	103.8%	103.8%	0.0%
Employment-Based coverage	156.1	157.3	1.2	61.2	61.7	0.5
Own name	79.1	78.9	-0.2	31.0	30.9	-0.1
Dependent coverage	77.0	78.4	1.4	30.2	30.7	0.6
Individually Purchased	16.7	18.4	1.7	6.6	7.2	0.7
Public	56.0	56.1	0.1	21.9	22.0	0.0
Medicaid	44.1	44.2	0.1	17.3	17.3	0.0
Medicare	7.3	7.3	0.0	2.9	2.9	0.0
Tricare/CHAMPVA ^a	8.3	8.3	0.0	3.2	3.2	0.0
No Health Insurance	50.0	48.3	-1.7	19.6	19.0	-0.6

Source: Employee Benefit Research Institute estimates of the Current Population Survey, March 2010 Supplement.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^a TRICARE (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program of the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

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Endnotes

- ¹ The estimate for Medicaid also included children enrolled in the State Children's Health Insurance Program (S-CHIP). Medicaid and S-CHIP (and Medicare) estimates are under-reported in the CPS, according to comparisons of these data with enrollment and participation data provided by the Centers for Medicare & Medicaid Services (CMS) (DeNavas-Walt, Proctor, and Lee, 2006). According to Hoffman and Holahan (2005), the CPS may be overestimating the number of uninsured individuals by between 3.6 million and 9.1 million because of the undercount in Medicaid enrollment.
- ² Tricare (formerly known as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)) is a program administered by the Department of Defense for military retirees as well as families of active-duty, retired, and deceased service members. CHAMPVA is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.
- ³ These estimates sum to more than 100 percent because individuals can have multiple sources of coverage throughout the year as well as during a point in time. For instance, Medicare beneficiaries often have private coverage as a supplement to Medicare.
- ⁴ The uninsured estimates from the March CPS are supposed to represent the percentage of individuals without health insurance coverage during an entire calendar year. However, based on comparisons with other surveys, many researchers concur that the uninsured estimate from the CPS is closer to a point-in-time estimate than to a calendar-year estimate. If the CPS represents a point-in-time estimate and not a calendar year, it would mean that the data from the March 2012 CPS represent the number of uninsured during March 2012 instead of during the previous calendar year. More information about the CPS and other surveys that collect data on the uninsured can be found in Fronstin (2000). See also Bhandari (2004) and U.S. Congressional Budget Office (2003).
- ⁵ The census reports 48 million uninsured, or 15.4 percent of the entire U.S. population. Because this report examines only the population under age 65, it reports 47.3 million uninsured, or 17.7 percent of the *nonelderly* population.
- ⁶ Expansion in S-CHIP during the late 1990s may have offset the decline in Medicaid coverage.
- ⁷ Calculated from <http://data.bls.gov/timeseries/LNS14000000>.

⁸ See Exhibit A in <http://kaiserfamilyfoundation.files.wordpress.com/2013/04/76723.pdf>

⁹ Calculated from <http://data.bls.gov/timeseries/LNS14000000>.

¹⁰ In this report, individuals who receive coverage directly through their employers, unions, or previous employers are categorized as having coverage in their *own name*. Individuals who receive employment-based coverage indirectly are categorized as having *dependent* coverage.

¹¹ It has been estimated that 95 percent of low-income children are eligible for either Medicaid or S-CHIP. See www.cbpp.org/12-6-00schip.htm (last reviewed September 2013).

¹² The region and state data in this section are not based on the most recent 2012 data but are instead based on a three-year average of 2010–2012 data. The U.S. Census Bureau recommends using three-year averages to compare estimates across states. State estimates are considerably less reliable than national estimates and fluctuate more widely year to year than national estimates.

¹³ See Fronstin (2008).

¹⁴ Patient Protection and Affordable Care Act of 2010.

¹⁵ Both Fronstin (2005) and Cooper and Schone (1997) found that young workers are less likely than older workers to be covered by employment-based health benefits even when a plan is offered to them.

¹⁶ See Nelson and Mills (2001) for additional information about the verification questions.

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EBRI's 35th Anniversary Celebration

The nonpartisan Employee Benefit Research Institute (EBRI) will celebrate 35 years of providing "Just the Facts" on benefit issues at a reception to be held Wednesday, Dec. 11, 2013, from 6:00–8:00 pm, at The Shriners' Building, 1315 K St. NW, Washington, DC, 20005.

For more information, contact Nevin Adams, nadams@ebri.org, 202/775-6329.

You can reserve your place for both events at <http://tinyurl.com/ott6f98>

December 12, 2013

Employee Benefits: Hindsight, Foresight, and Insight

Join us on December 12, 2013, from 8:30 am–1:15 pm for EBRI's 73rd policy forum: "*Employee Benefits: Tomorrow, Today, Yesterday*," where we'll examine the current benefits landscape, the path(s) that led here over the past 35 years, and what the next generation of benefit plan designs will entail, tapping into the perspectives and insights of an array of leading workforce experts, futurists, and "trend trackers," including:

- **Arnold Brown**, Chairman of Weiner, Edrich, Brown, Inc.
- **Mike Davis**, Senior Vice President of General Mills.
- **Howard Fluhr**, Chairman of the Segal Company.
- **Don Ezra**, past Co-chair, global consulting at Russell Investments.
- **Ellen Galinsky**, President, Families and Work Institute.
- **Mathew Greenwald**, President, Greenwald & Associates.
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- **Larry Zimpleman**, Chairman of Principal Financial Group.

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