The following tables are part of a Commonwealth Fund issue brief, Lauren A. Haynes and Sara R. Collins, *Can Older Adults with Employer Coverage Afford Their Health Care? Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2022* (Commonwealth Fund, Aug. 2023), https://www.commonwealthfund.org/publications/issue-briefs/2023/aug/can-older-adults-employer-coverage-afford-health-care-biennial.

TABLE 1
Demographic Distribution of Older Adults by Income (Base: adults ages 50-64)

	All adults		All adults 50-64	All adults 50-64	
	50-64	<200% FPL	200%-399% FPL	400%+ FPL	
Percent distribution	100%	40%	28%	32%	
Unweighted n	1,978	701	576	701	
Insurance continuity and adequacy					
Insured all year*	90%	82%	92%	97%	
Insured all year, not underinsured	62%	48%	59%	82%	
Insured all year, underinsured†	27%	34%	32%	15%	
Uninsured anytime in the past year	10%	18%	8%	3%	
Insured with a gap	6%	10%	4%	2%	
Uninsured now	5%	9%	5%	1%	
Gender**					
Male	46%	45%	43%	50%	
Female	54%	55%	57%	50%	
Race/Ethnicity‡					
White	67%	52%	75%	78%	
Black	12%	18%	8%	7%	
Hispanic	13%	19%	12%	7%	
Hispanic, U.Sborn	8%	11%	8%	6%	
Hispanic, foreign-born	5%	9%	4%	2%	
Asian or Pacific Islander	5%	5%	3%	6%	
Other/Mixed	3%	4%	2%	2%	
Don't know	1%	1%	0%	1%	
Health status					
Not sicker	24%	18%	27%	28%	
Sicker***	76%	82%	73%	72%	
Adult work status					
Not working	41%	62%	33%	23%	
Full time	49%	26%	55%	72%	
Part time	10%	12%	12%	5%	
Insurance type					
Uninsured	5%	9%	5%	1%	
Employer	55%	23%	71%	82%	
Medicare	12%	27%	4%	2%	
Medicaid	12%	25%	5%	0%	
Individual§	11%	10%	13%	10%	
Other	5%	6%	3%	5%	

NOTES

FPL = federal poverty level.

- * Refers to respondents who indicated they had coverage for the 12 months preceding the survey, but they may not have had the same coverage for the full year.
- ** Some percentages may not sum to 100% because of rounding.
- † Refers to adults who were insured all year but experienced one of following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, for those with low income (<200% of poverty) equaled 5% or more of income; or deductibles equaled 5% or more of income.
- ‡ White, Black, Asian or Pacific Islander, and Other/Mixed exclude respondents who indicated they were of Hispanic origin.
- *** At least one of the following health problems: hypertension or high blood pressure; heart failure or heart attack; diabetes; asthma, emphysema, or lung disease; or high cholesterol.
- § "Individual" refers to respondents who indicated they had an individual-market plan or marketplace plan.

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TABLE 2
Cost-Related Access and Medical Bill Problems by Income, 2022
(Base: adults ages 50-64 with employer coverage who were insured all year in the same plan)

	Employer coverage 50-64	Employer coverage 50-64		
		<200% FPL	200%-399% FPL	400%+ FPL
Access problems in past year				
Unweighted n	1,031	147	352	532
Went without needed care in past year because of costs:				
Did not fill prescription	17%	31%	19%	12%
Skipped recommended test, treatment, or follow-up	20%	32%	19%	16%
Had a medical problem, did not visit doctor or clinic	19%	33%	23%	11%
Did not get needed specialist care	17%	27%	20%	12%
At least one of four access problems because of cost	32%	48%	37%	24%
Dental care	30%	48%	34%	22%
Reason for skipped or delayed medical care because of cost**				
Unweighted n	351	76	145	130
New health condition	27%	_	25%	36%
Ongoing health condition	48%	_	49%	42%
New and ongoing health conditions	25%	_	25%	22%
Access problems for people with health problems				
Unweighted n	774	117	270	387
Skipped doses or not filled prescription for medications for the health problem(s)^ because of the cost of the medicines?	13%	25%	17%	7%
Medical bill problems in past year				
Unweighted n	1,031	147	352	532
Had problems paying or unable to pay medical bills	21%	33%	27%	13%
Contacted by collection agency for unpaid medical bills	14%	24%	16%	9%
Had to change way of life to pay bills	10%	22%	14%	5%
Any of above three bill problems	26%	40%	33%	16%
Medical bills/debt being paid off over time	21%	32%	26%	14%
Any bill problem or medical debt	30%	44%	39%	20%

NOTES

FPL = federal poverty level.

** Base: respondents with employer coverage who were insured all year in the same plan and had any cost-related access problem, defined as: did not fill a prescription for medicine because of cost; skipped a medical test, treatment, or follow-up recommended by a doctor because of cost; had a medical problem but did not go to a doctor or clinic because of cost; or did not see a specialist when they or their doctor thought they needed one, because of cost.

A Base: Respondents with at least one of the following health problems: hypertension or high blood pressure; heart failure or heart attack; diabetes; asthma, emphysema, or lung disease; high cholesterol; or depression, anxiety, or other mental health problem.

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TABLE 3
Implications of Medical Bills and Debt, 2022
(Base: adults ages 50-64 with employer coverage who were insured all year in the same plan and had any medical bill or debt problems)

	Employer coverage 50-64	Employer coverage 50-64		
		<250% FPL	250%-399% FPL	400%+ FPL
Base: Any bill problem or medical debt				
Unweighted n	352	128	107	117
Was this for a new or ongoing health condition?				
New condition	33%	32%	31%	36%
Ongoing condition	41%	41%	46%	37%
Both new and ongoing conditions	25%	25%	24%	25%
Were some or all medical bills the result of a surprise bill?				
Yes	41%	38%	43%	42%
No	58%	61%	57%	58%
Percent reporting that the following happened in the past two years because of medical bills:				
Unable to pay for basic necessities (food, heat, or rent)	14%	22%	12%	6%
Used up all savings	28%	35%	30%	20%
Took out a mortgage against your home or took out a loan	5%	8%	5%	2%
Took on credit card debt	46%	41%	44%	55%
Had to declare bankruptcy	4%	8%	1%	1%
Delayed education or career plans	12%	18%	9%	8%
Received a lower credit rating	33%	41%	29%	29%

NOTES

Base: Respondents with employer coverage who were insured all year in the same plan and had at least one of four medical bill or debt problems includes the following: had problems paying or unable to pay medical bills; contacted by collection agency for unpaid medical bills; had to change way of life to pay bills; or currently paying medical bills/debt over time.

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DATA

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