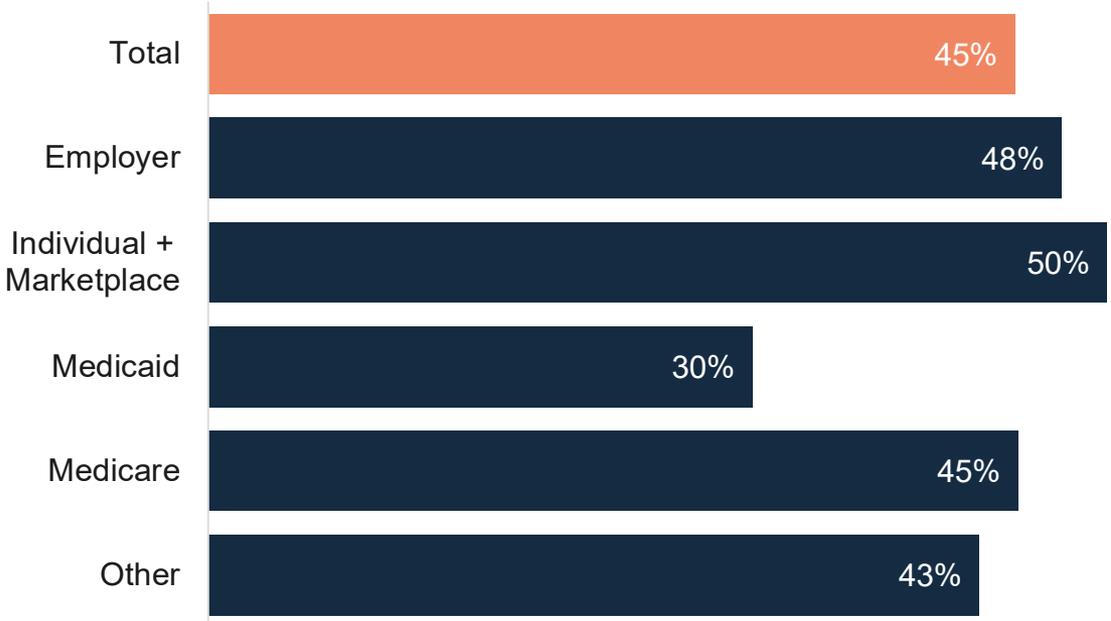


# More than two of five working-age adults report being charged for a health service that they thought was free or covered by insurance.

Percentage of insured adults ages 19–64 who reported receiving a bill or being charged a copayment for a health care service that they thought was free or covered, by type of insurance coverage

 In the past 12 months have you or a family member received a bill or been charged a copayment for a health care service that you thought should have been free or covered by your insurance?



Base: Adults ages 19–64 who were insured for all 12 months in the past year and were also insured at the time of the survey.

Note: Coverage type given at time of survey.

Data: Commonwealth Fund Affordability Survey (2023).

# Fewer than half of adults challenged their unexpected bills by contacting their provider or insurer.

Percentage of insured adults ages 19–64 who attempted to challenge bill(s) by contacting their provider or insurance company, by insurance type, income level, and race/ethnicity

 You said you received a bill or were charged a copayment for a health care service you thought should have been free or covered by your insurance. Did you attempt to challenge the bill by contacting your provider or insurance company?



Base: Adults ages 19–64 who were insured for all 12 months in the past year, were also insured at the time of the survey, and who received a bill for a service they thought should have been covered.

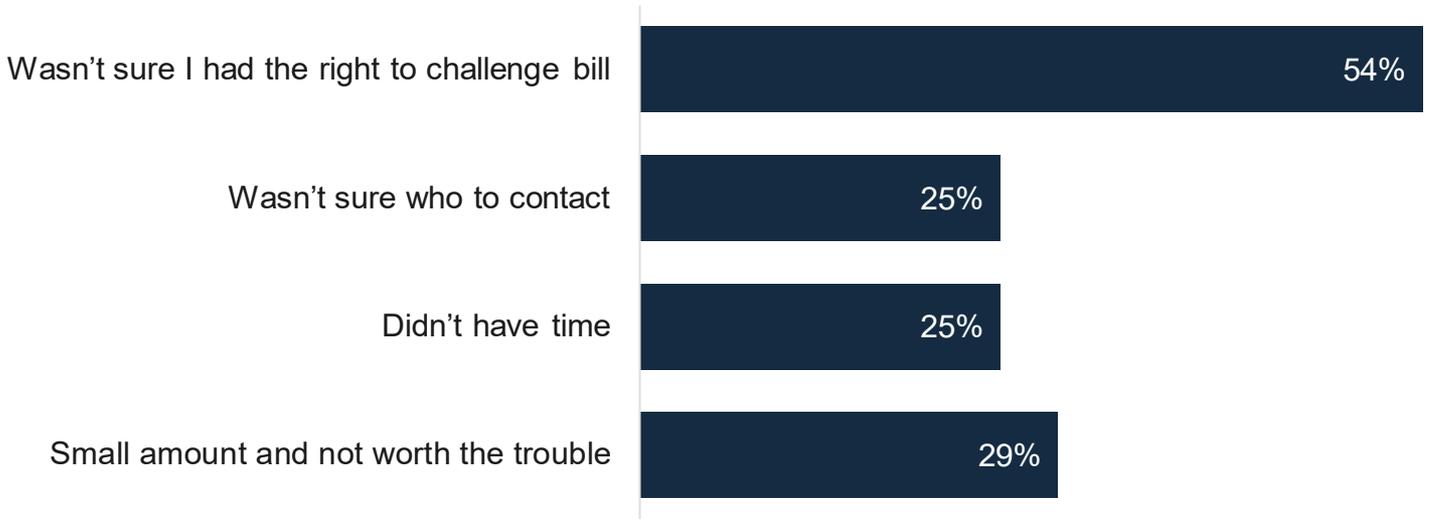
Notes: FPL = federal poverty level. Coverage type given at time of survey.

Data: Commonwealth Fund Affordability Survey (2023).

# Over half of those who did not challenge their bills were not sure they had the right to do so.

Percentage of insured adults ages 19–64 who did not attempt to challenge their bill, by reasons for not challenging

 Why didn't you attempt to challenge the bill? Select all that apply.



Base: Adults ages 19–64 who were insured for all 12 months in the past year, were also insured at the time of the survey, who received a bill for a service they thought should have been free or covered but did not challenge the bill.

Notes: FPL = federal poverty level. Coverage type given at time of survey.

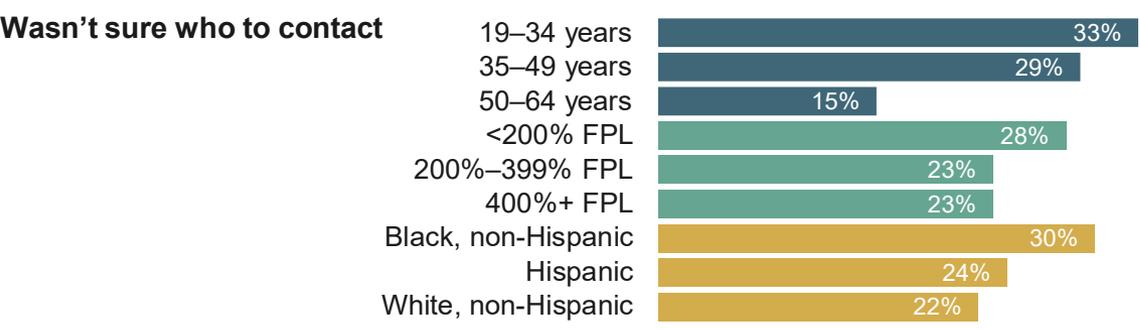
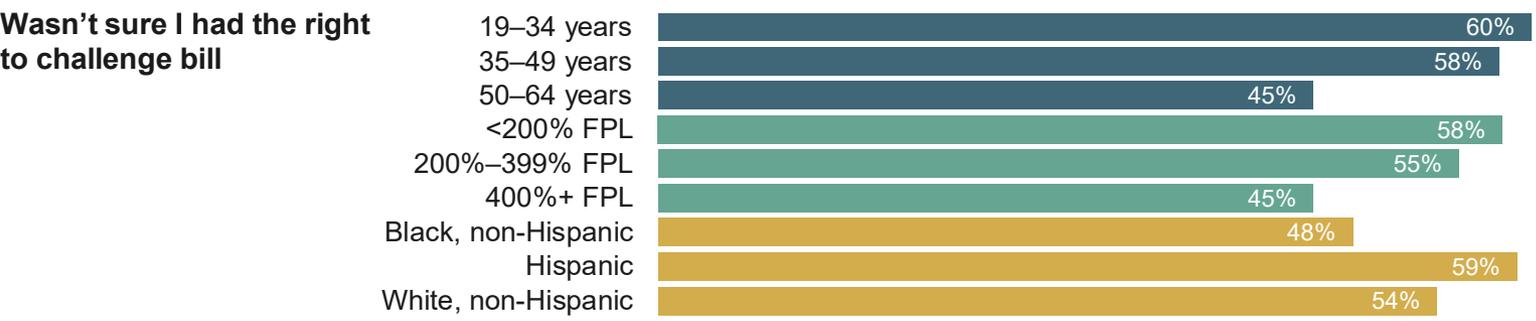
Data: Commonwealth Fund Affordability Survey (2023).



# Over half of adults with low income and over half of younger adults did not challenge their bills because they didn't know their rights or whom to contact.

Percentage of insured adults ages 19–64 who did not attempt to challenge their bill, by reasons for not challenging across age, income level, and race/ethnicity

 Why didn't you attempt to challenge the bill? Select all that apply.



Base: Adults ages 19–64 who were insured for all 12 months in the past year, were also insured at the time of the survey, who received a bill for a service they thought should have been free or covered but did not challenge the bill.

Notes: FPL = federal poverty level. Coverage type given at time of survey.

Data: Commonwealth Fund Affordability Survey (2023).

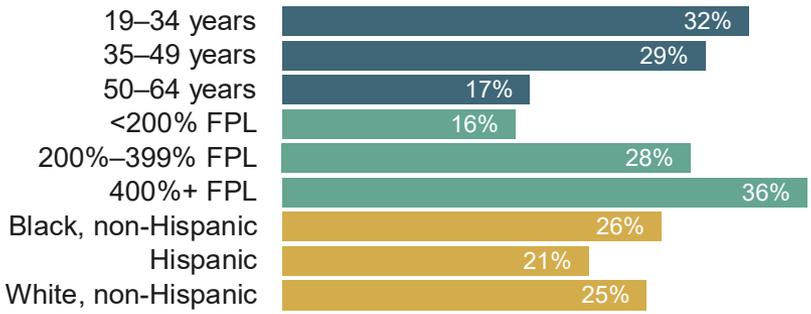


# Adults with higher income reported that they lacked the time to challenge an erroneous bill, or the amount was not worth the trouble, at the highest rate.

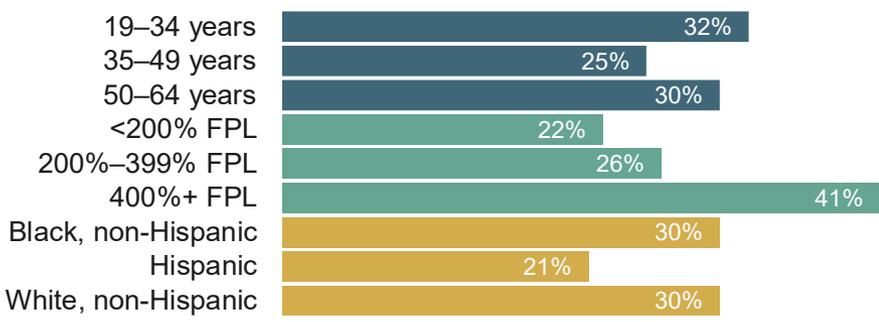
Percentage of insured adults ages 19–64 who did not attempt to challenge their bill, by reasons for not challenging across age, income level, and race/ethnicity

 Why didn't you attempt to challenge the bill? Select all that apply.

### Didn't have time



### Small amount and not worth the trouble



Base: Adults ages 19–64 who were insured for all 12 months in the past year, were also insured at the time of the survey, who received a bill for a service they thought should have been free or covered but did not challenge the bill.

Notes: FPL = federal poverty level. Coverage type given at time of survey.

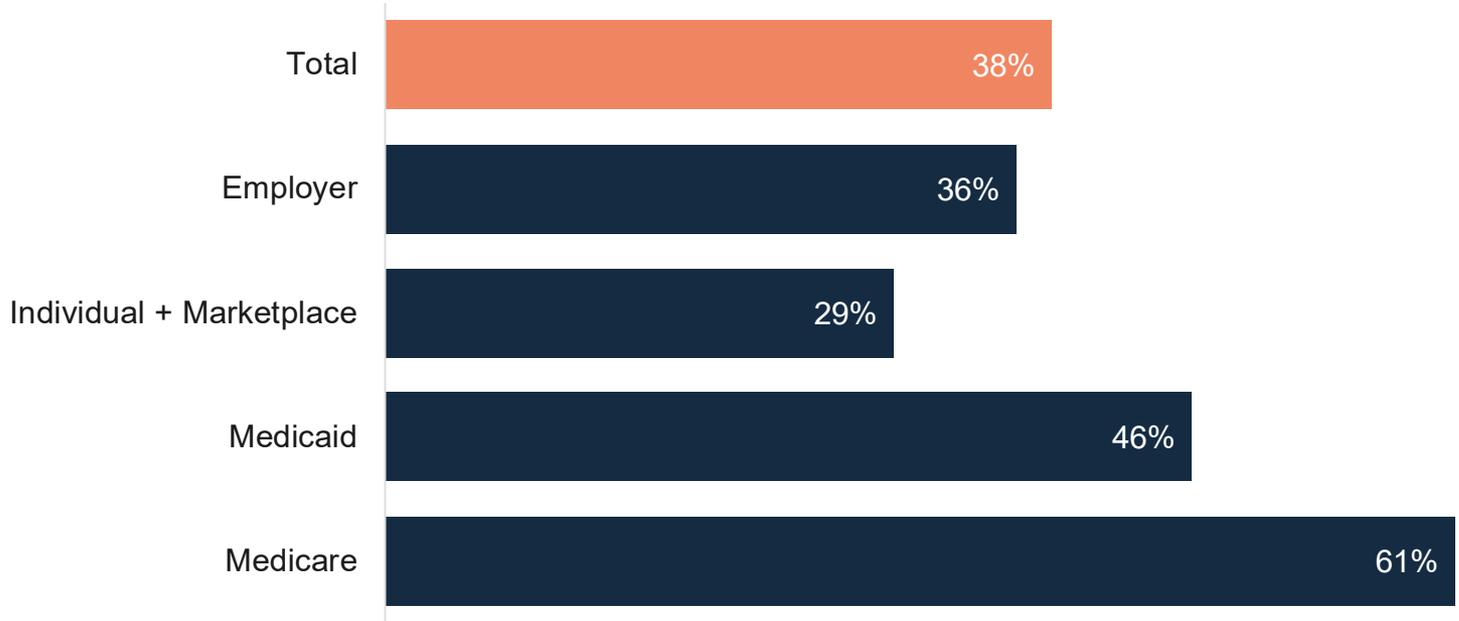
Data: Commonwealth Fund Affordability Survey (2023).



# Of those who challenged their bills, 38 percent said bills were ultimately reduced or eliminated.

Percentage of insured adults ages 19–64 whose bills were ultimately reduced or eliminated, by insurance type

 If you attempted to challenge your bill(s), was the bill or were any of the bills ultimately reduced or eliminated?



Base: Adults ages 19–64 who were insured for all 12 months in the past year, were also insured at the time of the survey, who received a bill for a service they thought should have been covered and attempted to challenge the bill.

Note: Coverage type given at time of survey.

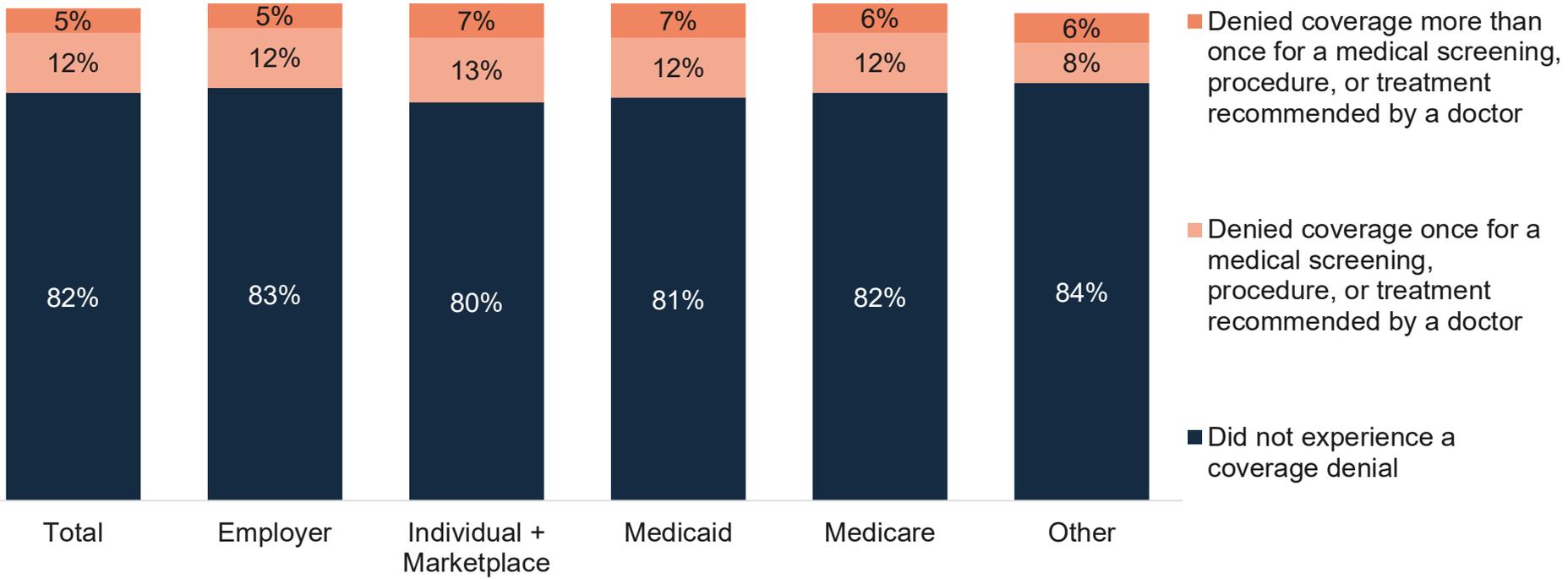
Data: Commonwealth Fund Affordability Survey (2023).



# Seventeen percent of adults were denied coverage for care recommended by a doctor.

Percentage of insured adults ages 19–64 who were denied coverage for recommended care, by insurance type

 In the past 12 months, has your insurance denied coverage for a medical screening, procedure, or treatment recommended by a doctor for you or a family member?



Base: Adults ages 19–64 who were insured at time of survey.

Notes: Coverage type given at time of survey. Column segments may not sum to 100% because of rounding and nonresponse.

Data: Commonwealth Fund Affordability Survey (2023).



# Only 43 percent of adults said they or their doctor challenged an insurer denial of care.

Percentage of insured adults ages 19–64 who appealed insurer denial of service(s)

 Did you or your doctor's office or clinic appeal the decision?



Base: Adults ages 19–64 who were insured at time of survey, were denied coverage for a medical screening, procedure, or treatment recommended by a doctor for them or a family member in the past 12 months.

Note: Coverage type given at time of survey.

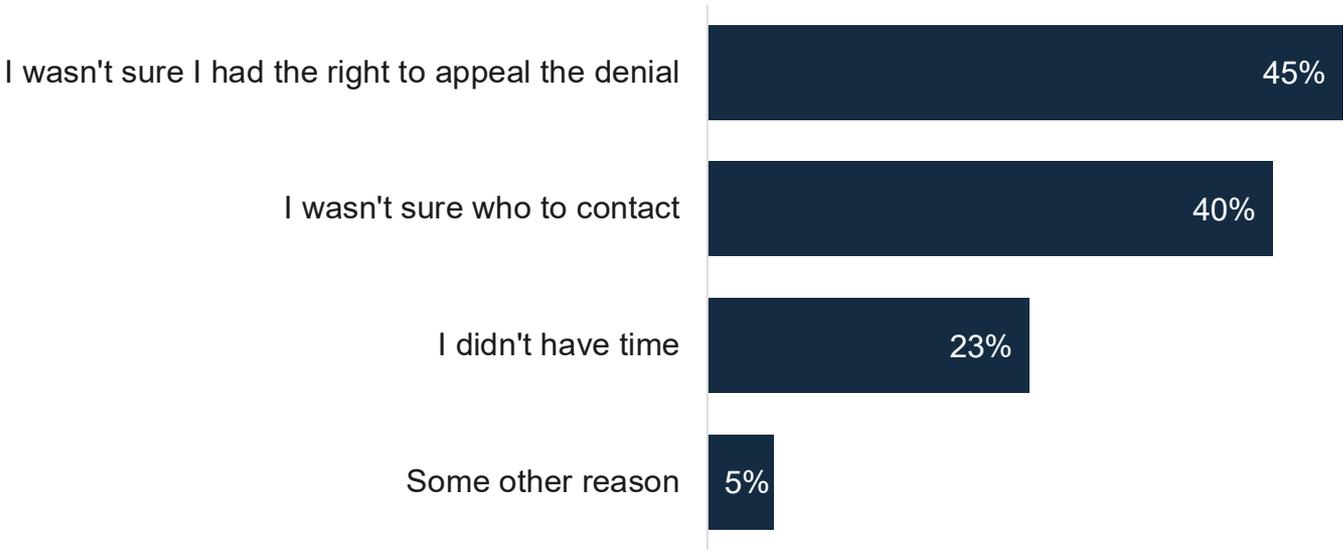
Data: Commonwealth Fund Affordability Survey (2023).



# Among those who didn't challenge their coverage denial, 45 percent said they were not sure they had the right to appeal.

Percentage of insured adults ages 19–64 who did not appeal insurer denial of service(s), by the reason for not appealing

 Why didn't you appeal [the insurance coverage] denials? Select all that apply.



Base: Adults ages 19–64 who were insured at time of survey, were denied coverage for a medical screening, procedure, or treatment recommended by a doctor for them or a family member in the past 12 months, and who did not appeal insurer's decision.

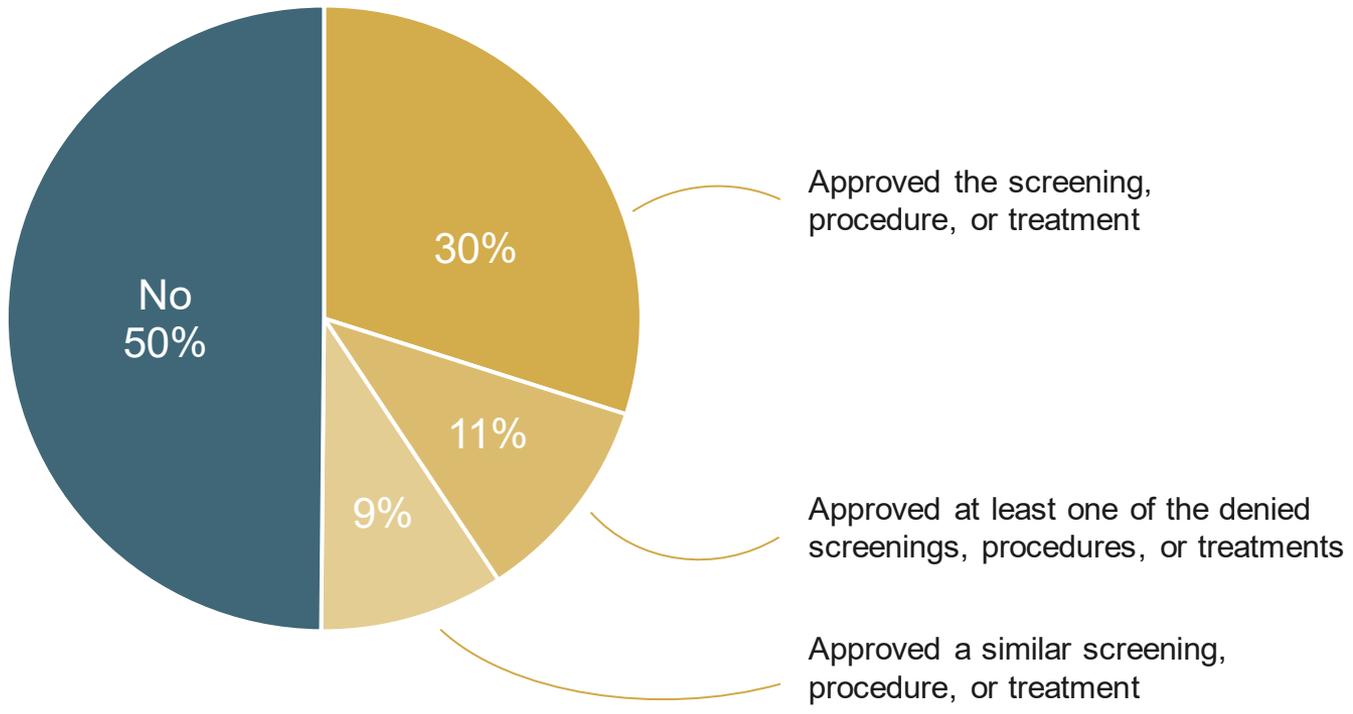
Data: Commonwealth Fund Affordability Survey (2023).



# Half of those who challenged their care denials said their insurer ultimately approved their care.

Percentage of insured adults ages 19–64 who appealed insurer denial of service(s), by the outcome of appeal

Did the insurer ultimately approve the procedure?



Base: Adults ages 19–64 who were insured at time of survey, were denied coverage for a medical screening, procedure, or treatment recommended by a doctor for them or a family member in the past 12 months, and who appealed insurer decision to deny them coverage.

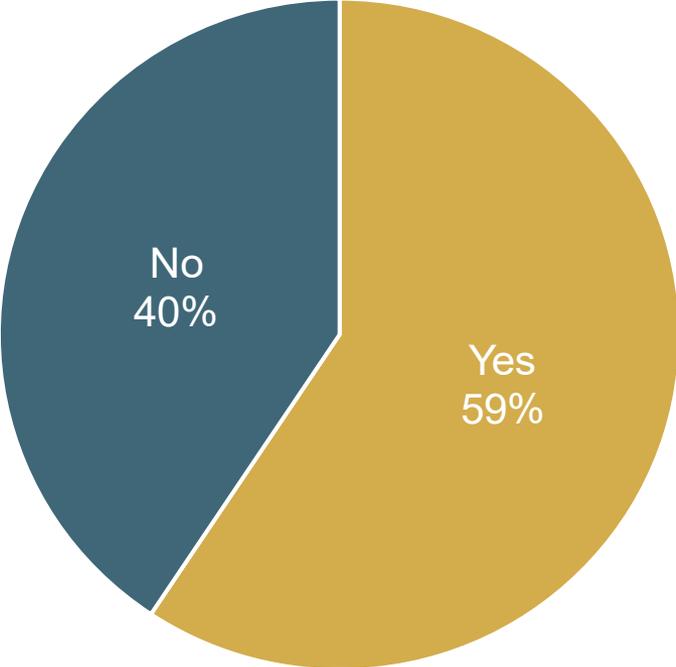
Data: Commonwealth Fund Affordability Survey (2023).



# Almost three of five adults who experienced a coverage denial said their care was delayed as a result.

Percentage of insured adults ages 19–64 whose care was delayed as a result of the coverage denial

 Was your or your family member's care delayed as a result of the denial?



Base: Adults ages 19–64 who were insured at time of survey, who were denied coverage for a medical screening, procedure, or treatment recommended by a doctor for you or a family member in the past 12 months.

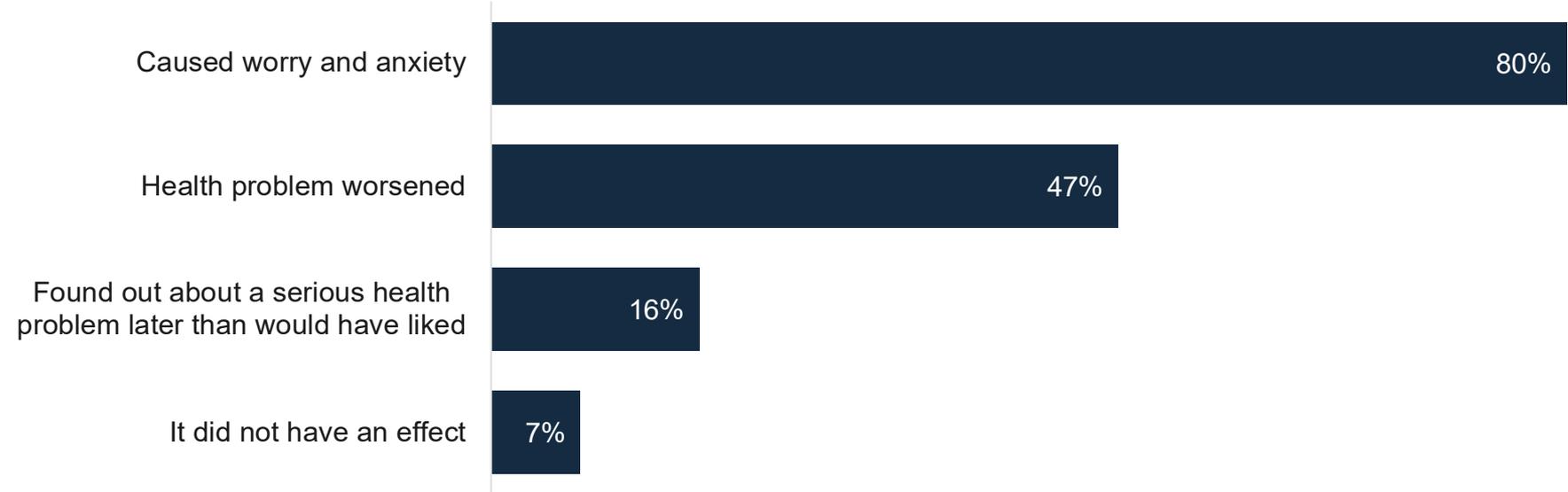
Note: Pie segments may not sum to 100% because of rounding and nonresponse.

Data: Commonwealth Fund Affordability Survey (2023).

# Nearly half of adults who experienced care delays because of a denial of coverage said their health problem worsened as a result.

Percentage of insured adults ages 19–64 by the effect of delayed care as a result of the coverage denial

 What effect, if any, did the delay in your care or your family member’s care have on you or your family member?



Base: Adults ages 19–64 who were insured at the time of survey, whose care was delayed as a result of denied coverage for a medical screening, procedure, or treatment recommended by a doctor for you or a family member in the past 12 months.

Data: Commonwealth Fund Affordability Survey (2023).