

LISTENING TO WORKERS

Findings from *The Commonwealth Fund 1999 National Survey
of Workers' Health Insurance*

Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An

January 2000

Copies of this report are available from The Commonwealth Fund by calling our toll-free publications line at 1-888-777-2744 and ordering publication number 362. The report can also be found on the Fund's website at www.cmwf.org.

CONTENTS

Task Force Mission and Activities.....	v
Task Force Membership	vii
Overview	1
I. Views of Employers as Sponsors of Health Insurance	5
II. Availability of Employer-Sponsored Coverage	9
III. Insurance Affordability.....	13
IV. Lack of Employer-Based Coverage a Key Factor in Being Uninsured	17
V. Instability of Health Insurance Coverage	23
VI. Disparities in Quality of Employer-Based Coverage.....	27
VII. Choice of Health Plans.....	31
VIII. Support for Reforms to Expand Health Insurance Coverage for Working Families ..	33
Methodology.....	37
Appendix: Tables.....	39

THE COMMONWEALTH FUND TASK FORCE ON THE FUTURE OF HEALTH INSURANCE FOR WORKING AMERICANS

Mission and Activities

Employer-sponsored health insurance emerged as the nation's predominant source of insurance coverage based on a workforce and economy of the 1950s. While employers are still the dominant source of private health insurance coverage, 43 million Americans—most of whom work or are part of a working family—are currently uninsured. In response to renewed public interest in finding ways to expand health insurance to uncovered workers, The Commonwealth Fund has created the Task Force on the Future of Health Insurance for Working Americans.

The Task Force is a five-year effort approved by The Commonwealth Fund Board of Directors to provide a national, independent forum for debate and exploration of ways to expand coverage and build a health insurance system that meets the needs of a 21st-century workforce.

The mission of the Task Force is to:

- examine the changing workforce and economy and implications for availability, affordability, and stability of health insurance into the 21st century;
- improve the continuity, quality, and affordability of health insurance for working families; and
- put the debate on expanding health insurance coverage back on the national agenda and make significant progress toward reducing the number of uninsured workers.

In its first year, the Task Force will fund research by leading experts in health care economics and finance, tax policy, business management, government programs and other disciplines. The goal of this research will be to provide constructive analyses on a wide range of incremental “workable solutions” that offer a potential base to build on for the future.

The Task Force is non-partisan and aims to assist public policymakers and private sector leaders through the dissemination of thoughtful analyses; it will not advocate one specific solution over another.

James J. Mongan, M.D., president of Massachusetts General Hospital, is chair of the Task Force. Janet Shikles, vice president at Abt Associates, a national health care consulting firm, is the executive director.

THE COMMONWEALTH FUND TASK FORCE ON THE FUTURE OF
HEALTH INSURANCE FOR WORKING AMERICANS

Membership

James J. Mongan, M.D.
Chair
President
Massachusetts General Hospital

Janet Shikles
Executive Director
Vice President
Health Services Research and
Consulting
Abt Associates

Charles A. Bowsher
Former Comptroller General
U.S. General Accounting Office

Dennis Braddock
CEO
Community Health Network
State of Washington

Benjamin K. Chu, M.D.
Vice President and Associate Dean
Clinical Affairs
New York University Medical Center

Charlotte Collins
Senior Vice President
Powell Goldstein Frazer and Murphy

Judith Feder
Dean of Policy Studies
Institute for Health Care Research and
Policy
Georgetown University

Sandra Feldman
President
American Federation of Teachers

Lawrence Gibbs
Former Commissioner
Internal Revenue Service

Fernando Guerra, M.D.
Director of Health
San Antonio Metropolitan Health District

George Halvorson
President and CEO
HealthPartners, Minneapolis

Roger Scott Joslin
Chairman of the Board
State Farm Fire and Casualty Company

Charles Kolb
President and CEO
Committee for Economic Development

George D. Lundberg, M.D.
Editor In Chief
Medscape

Diane Rowland
Executive Vice President
Henry J. Kaiser Family Foundation

Kathleen Sebelius
Commissioner of Insurance
State of Kansas

Sandra Shewry
Executive Director
California Managed Risk Medical
Insurance Board

Russ Toal
Commissioner for the Department of
Community Health
State of Georgia

LISTENING TO WORKERS

Findings from *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance*

Lisa Duchon, Cathy Schoen, Elisabeth Simantov, Karen Davis, and Christina An

OVERVIEW

Employer-sponsored and -financed health insurance provides the foundation for coverage of working-age Americans and their dependents. Today, 155 million Americans under age 65—two of three (65%) in this age group—have job-based health coverage.¹ Yet despite tight labor markets, this foundation fails to cover a sizable portion of the workforce: 44 million were uninsured in 1998, the vast majority of whom were working or were dependents of workers.

The steady rise in the numbers of uninsured Americans, despite strong economic growth, has revived national interest in health insurance system reforms that could improve coverage for working men and women. Key to the development of reforms that match the needs and preferences of workers is a better understanding of who is and is not well-served by the current employer-based system, how people perceive the performance of this system, and how they feel about various proposals to expand coverage for workers and their families.

To inform national debate on the current state of employer-based coverage and public confidence in its future, The Commonwealth Fund commissioned Princeton Survey Research Associates, to conduct the *1999 National Survey of Workers' Health Insurance*. The study included telephone interviews with a national sample of 5,002 adults ages 18 to 64 conducted from January through May 1999. An array of questions explored views of employers as health plan sponsors and preferences for the future and probed personal experiences with coverage and health care. The survey findings provide an up-to-date picture of working-age adults' health insurance circumstances on the eve of the 21st century.

Looking forward, the survey finds half of all adults in favor of employers continuing to serve as the main source of coverage for the working population. Employers emerged as the leading choice for the future even among the uninsured. Survey respondents' personal experiences reveal, however, that challenges lie ahead if this

¹ Paul Fronstin, *Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1999 Current Population Survey*, EBRI Issue Brief, forthcoming.

foundation is to work for all working families. Sharp disparities in the availability of job-based health coverage are reflected in the one-third of middle- and low-income adults who are uninsured, even when working full-time. Millions more may be at risk for dropping job-based coverage because of inability to pay their share of insurance premiums. Moreover, insurance is often insecure and of uneven quality, and frequent changes in health plans are a shared concern nationwide.

Other important survey findings include:

- Adults strongly prefer group insurance—whether employer or public—over purchasing insurance on their own. Two-thirds (67%) want either employers or the government to sponsor insurance plans, while only one of four (23%) would prefer workers purchasing coverage individually.
- Excluding the self-employed, one-fifth of employees, or 20 million workers, have not been offered a plan or are ineligible for coverage through their job. Low-wage and Hispanic workers are the most likely to be without access to job-based coverage.
- Even when working for larger employers, low-wage employees often remain outside employer coverage. One-third of workers earning less than \$20,000 who are employed by larger, private firms reported that no plan was available to them.
- The costs of participating can be prohibitive. One of seven workers declined coverage, usually because of the cost. Another 16 percent were finding it difficult to pay their share of premiums for employer coverage. In all, nearly one-third of low-wage workers are stretching their budgets to pay their share.
- Forty-two percent of full-time workers with incomes below \$20,000 were uninsured, as were one-third of all full-time Hispanic workers.
- Nearly seven of 10 uninsured adults went without needed health care due to costs or were unable to pay their medical bills.
- Insurance quality varies widely. Less than one-third of those with employer plans rated their coverage as “excellent,” with negative ratings reaching 30 percent among low-income adults.
- Coverage is unstable. Less than half of all adults have been in their current health plan for at least three years.

- Strong, widespread support exists for public initiatives to insure low-wage workers. Eighty-five percent of all adults would favor proposals to help workers pay their share of employer plan premiums, and 79 percent would support a new public program for low-wage workers.

The apparent confidence in employers as health plan sponsors contrasts with respondents' experiences related to coverage and access to health care. Survey responses portray a system that is frayed at the edges yet still valued by those fortunate enough to have secure coverage.

Overall, a consensus emerges on ways to mend or complement the present employer-based system. When asked about options for reform, survey participants were nearly unanimously in favor of policies that would open doors to employer-based coverage. There was also strong support for new public initiatives designed to fit the needs of working adults and their families.

I. VIEWS OF EMPLOYERS AS SPONSORS OF HEALTH INSURANCE

Employers today play a major role in offering, structuring, and financing health insurance for employees and their dependents. The majority of those with job-based coverage indicated that they would like employers to continue as a main source of insurance for working families into the future and expressed relatively high levels of confidence in employers in their role as plan sponsors.

VIEWS OF THE FUTURE: WHAT SHOULD BE THE SOURCE OF INSURANCE FOR THE WORKFORCE?

The Survey asked all adults whether they thought employers should remain the main sponsor for health coverage among working families, or whether government or individuals, through direct purchasing, should become the primary sources of coverage. Notably, employers were the leading choice for the future, even among those currently uninsured. Maintaining employer-sponsored coverage was the dominant choice among men and women across income, work status, and other characteristics. Nevertheless, views concerning the future were mixed, with no single source receiving a strong majority endorsement.

Working-age adults favored employers maintaining their role as the main source of health insurance coverage for workers, over other sources. Asked to choose among employers, “the government,” or the direct purchase of insurance as the primary source of coverage in the future, half (49%) of all men and women ages 18 to 64 preferred employers. Although the level of support for employer-sponsored coverage varied markedly across different demographic groups, this option generally dominated the others.

Support for public or individual purchasers becoming the main source of coverage never received support from more than one-third of adults in any given demographic group. (Chart 1 and Table 1)

Adults insured by job-based coverage were the most likely to support the continued role of employers as sponsors. Among those with employer-based coverage, 56 percent said it was best for employers to continue to be the main source of coverage for workers. Those left out of the current employer-based system were less clear that employers should be the source in the future. Less than one-third (29%) of adults with publicly sponsored health insurance thought it would be best for employers to maintain their sponsorship role, while just over one-third (35%) of uninsured adults—the majority of whom were working—thought so.

Limited support exists for relying on the individual insurance market and direct purchase of insurance. Only a minority of adults would prefer to be on their own when purchasing health insurance. Less than one-quarter (23%) of all adults thought it would be best for workers to purchase coverage directly. Only 20 percent of those with employer-based coverage would like to rely on the individual health insurance market as the main source of health insurance coverage.

The vote for employers, rather than direct purchase, appears at least in part to be a vote for group coverage and the value of having a group sponsor when selecting health plans. These findings speak against a move by some employers to convert plan sponsorship to a defined “contribution” in which employees would be on their own when arranging coverage.² A significant majority—67 percent—wanted some form of group coverage, either through employers or the government.

Similarly, there is little support for a shift to current government programs. Less than one of five (18%) working-age adults thought that the government should become the main source of health insurance coverage. Support for public program sponsorship was highest among uninsured adults (24%).

CONFIDENCE IN EMPLOYERS TO SELECT HIGH-QUALITY HEALTH PLANS

Among those with job-based coverage, the vote for employers to continue as sponsors of health insurance in the future may reflect their current confidence in employers to select quality health plans. A significant majority of those insured through employer plans—73 percent—believed that employers generally do a “good job” of selecting quality health plans. Only 12 percent said employers do a “bad job” of choosing quality health plans, and 8 percent gave employers a mixed review. (Chart 2)

Views of employers’ performance in plan selection varied little by income or other demographic characteristics. Two-thirds (65%) of adults with incomes below \$20,000 thought employers do a “good job” in their selection. This endorsement rate neared 72 to 74 percent among adults with higher incomes. Part time workers, who are much less likely than full-time workers to be offered employer-based coverage, were the least likely to give employers high marks on plan selection. Only 58 percent of these respondents thought employers did a good job in plan selection.

Workers whose employers provide a choice of plans gave employers the highest ratings as plan sponsors. Although slightly less than half (47%) of adults

² “KPMG Research on Employer-Based Health Insurance” (fact sheet), KPMG, November 22, 1999.

working for an employer reported having a choice of plans through their jobs, having a choice appears to influence general perceptions of how well employers select quality plans. Four of five (82%) of those with a choice of plans said employers do a “good job” of selecting quality health plans, compared with only 69 percent of those offered only one plan. (Table 2)

Chart 1

Half of working-age adults think that employers should continue as a main source of health coverage in the future.

Which would be best: For employers to continue to be the main source of health coverage for workers, for the government to become a main source of coverage, or for workers to buy insurance directly from insurance companies?

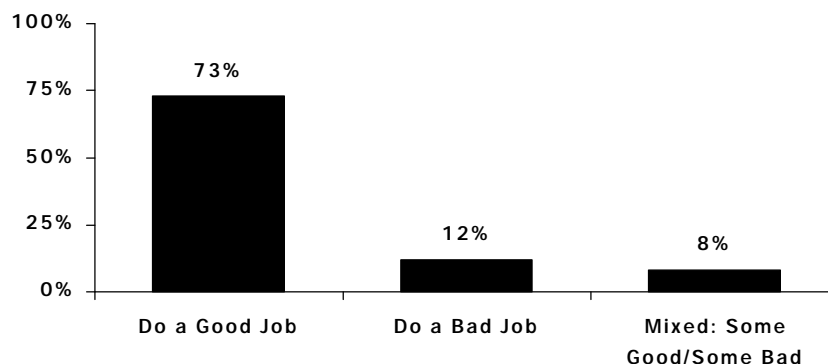
Source Viewed as "Best"	Current Insurance Source			
	All Adults	Job-Based	Public	Uninsured
Employers	49%	56%	29%	35%
Government	18	15	22	24
Direct Purchase	23	20	31	27

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 2

Adults with employer-sponsored plans think employers generally do a good job of selecting quality health plans.

Percent of adults with employer coverage who said employers...



Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

II. AVAILABILITY OF EMPLOYER-SPONSORED COVERAGE

Despite support for employers continuing their role in insuring workers, wide disparities exist in the availability of insurance through the workplace. Not counting those who are self-employed, adults working for low or modest wages—and Hispanic workers in general—often work for employers that do not offer a plan or have jobs with eligibility restrictions on plan participation. As a result, two of five low-wage and a third of all Hispanic employees report having no access to a health plan through their job.

Health insurance is a highly valued job benefit. Nearly three-quarters (73%) of men and women said the option of having employers offer insurance was a “very” important factor in their decision to take or keep a job. Yet despite the value men and women place on health benefits, millions of low- and middle-income working men and women are finding that coverage is either unavailable or unaffordable.

Excluding the self-employed, nearly one-fifth (19%) of employed adults did not have the opportunity to participate in a health plan sponsored by their employer. This lack of access arises either because no plan was offered (11%) or because workers were ineligible for coverage through their job (8%). Eligibility restrictions typically included limits on hours or job tenure. Thus, among those working for an employer that offered coverage, part-time employees, and those in their job for less than a year, were the most likely to say they were ineligible to participate. (Chart 3 and Table 3)

The lower the wage, the less likely employer-sponsored coverage was available. When surveyed in 1999, two of five (42%) low-income workers (earning less than \$20,000) had no opportunity to participate in an employer-based plan. One-quarter worked for an employer that did not offer coverage and another 17 percent were ineligible to participate in their employer's health insurance plan. In sharp contrast, only 9 percent of high-income employees lacked access to employer coverage through their jobs.

Hispanic workers are especially at high risk. One-third (34%) of Hispanic workers are employed in jobs that do not provide access to health plans, twice the rate found among white (17%) or black (16%) employees. Nearly one-quarter (23%) of Hispanic workers said their firm did not offer coverage, and 11 percent said that their job status made them ineligible for coverage.

Hispanic workers tend to be concentrated in jobs that do not provide health insurance. Only 72 percent of Hispanic workers were employed at firms that offered insurance, compared with 89 percent of white workers and 87 percent of black workers. While eight of 10 (81%) white and black workers were eligible for insurance at their place

of work, the same was true for only six of 10 (61%) Hispanic workers. The overall effect is that only half of Hispanic workers have job-based health insurance, compared with more than two-thirds of white (67%) and black (69%) workers. (Chart 4)

Even when employed full time, low-wage and Hispanic workers often have no access to employer plans. Adjusting for full-time work status only marginally improves the chance that low-wage or Hispanic workers will be able to participate. Among full-time workers with incomes under \$20,000, more than one-third (36%) were either not offered (22%) a plan or were not eligible (14%) for coverage. In contrast, only 3 percent of high-income, full-time workers lacked the opportunity to participate in an employer-based plan. Among Hispanic adults working full-time, one of three (29%) had no opportunity to participate in employer-based coverage, compared with 14 percent of blacks and 12 percent of whites. (Chart 5)

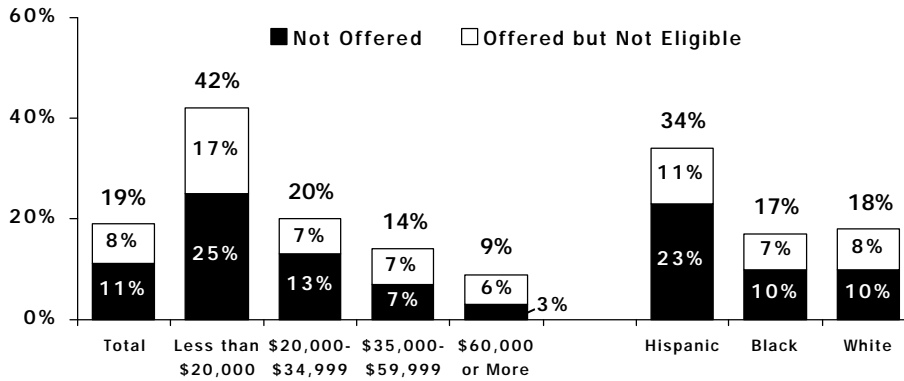
Firm size matters for employer-sponsored coverage, but low-wage workers remain at risk. Employees of private firms with fewer than 100 workers were three times more likely than those in firms with 100 or more employees to be without employer-sponsored health insurance. One-third (34%) of workers in small firms, compared with just 10 percent of workers in firms employing 100 or more, reported they were not offered coverage or were subject to eligibility restrictions.

Working for small, private companies compounds barriers to coverage for low-wage employees. Half (52%) of low-wage workers in private firms with fewer than 100 employees were without job-based benefits. Yet rates remain high for those working for larger firms as well. One-third of low-wage workers employed by mid-size or large firms said that they were ineligible to participate or that their employer did not offer coverage. (Chart 6)

Chart 3

Employer-sponsored health insurance is often not available for low-wage or Hispanic workers.

Percent of workers* not offered or not eligible for employer-sponsored health plans



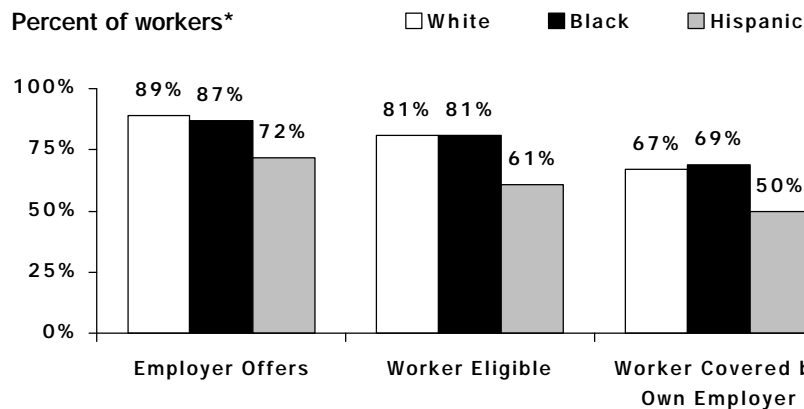
* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 4

Low rates of employer-sponsored coverage among Hispanic workers reflect restricted access to insurance where they work.

Percent of workers*



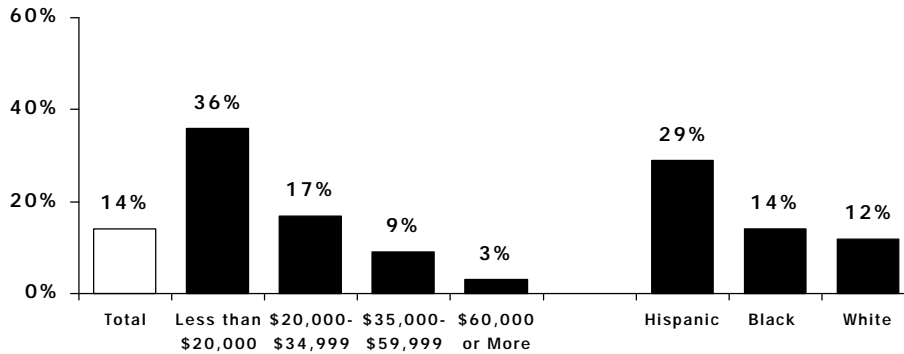
* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 5

Even if working full time, low-wage and Hispanic workers often lack an opportunity to participate in employer-sponsored plans.

Percent of full-time workers* not offered or not eligible for employer-sponsored health plans



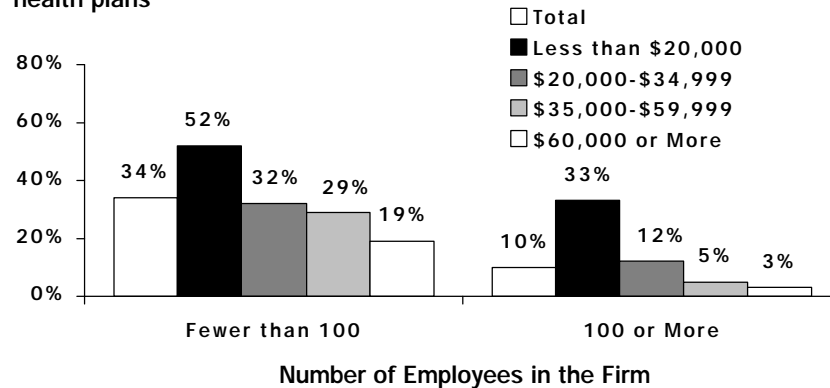
* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 6

Low-wage workers often lack employer-sponsored coverage, whether working for large or small employers.

Percent of workers* not offered or not eligible for employer-sponsored health plans



* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

III. INSURANCE AFFORDABILITY

Health insurance today is expensive. As of 1998, the average annual group premium amounted to \$2,000 per single employee and \$5,000 per family.³ When offered, job-based insurance can help make insurance more affordable to the extent that employers pay a substantial share of premium costs. Support for employers' continued role in providing health insurance reflects in part the value working men and women place on affordable coverage.

Recent studies suggest that rising premium costs and the share of premiums employees pay directly are contributing to the increase in uninsured working adults.⁴ In the past, employer sponsorship of health plans often meant that employers paid, in full, the premiums of at least one of the health plans offered to employees. As of 1988, more than half of those working for firms with 100 employees or more had fully paid employer coverage, according to the U.S. Department of Labor.⁵

The survey finds, however, that shared premium costs are now the norm. Only 25 percent of adults with employer coverage said their employer pays for the full cost of plan premiums. On an annual basis, the employee share of premium costs today can be substantial: 22 percent of adults estimated that they pay more than \$1,500 per year to participate in their employer plans. (Chart 7)

High and rising premium shares, especially for low-or middle-income families, are putting lower-income working adults at risk for finding coverage unaffordable. Primarily because of cost, one of seven low-wage workers declined coverage even though they were eligible to participate in their employer plan. At the same time, 16 percent of those participating in their employer plans—including nearly a third of low-income adults—said they are finding it difficult to pay their premium shares.

Overall, 14 percent of adults who were eligible for employer coverage chose not to participate in their employer's health insurance plan. Similar proportions of workers across income groups were found not to be participating. Their reasons, however, varied significantly by income: low-wage workers eligible but not participating were nearly four times as likely as high-income workers (39% vs. 10%) to

³ Jon Gabel, Kelly Hunt, and Jean Kim, *The Financial Burden of Self-Paid Health Insurance on the Poor and Near-Poor*, The Commonwealth Fund, April 1998.

⁴ Jon Gabel, "Job-Based Health Insurance, 1977–1998: The Accidental Health System Under Scrutiny," *Health Affairs* 18 (November/December 1999):62–74.

⁵ In 1980, 74 percent of employees in firms with 100 or more employees had fully paid coverage for themselves; by 1988, the proportion had dropped to 56 percent. U.S. Department of Labor, *Survey of Medium and Large Private Employers*, various years.

decline coverage because the plan was too expensive. Typically, high-income workers opted out in favor of obtaining coverage through another family member (54%). In contrast, only a minority (18%) of low-wage workers turned down their employer's insurance for coverage through a family member. (Table 3)

Among those declining coverage, two of five (43%) were uninsured.

Employers play a significant role in financing the cost of their employees' health insurance premiums. When sponsoring plans, employers paid the full cost of coverage for one of four (25%) workers surveyed. Only 6 percent of employees with access to an employer plan said their employer offered a plan but paid nothing toward the premium. (Chart 7 and Table 4)

Despite employer financing, employee shares of premium costs can be substantial. One of five workers reported (22%) paying \$1,500 or more annually in premium costs. One-third of employees said their share of premiums exceeds \$1,000 per year. Half of adults with employer-based coverage pay more than \$500 per year.

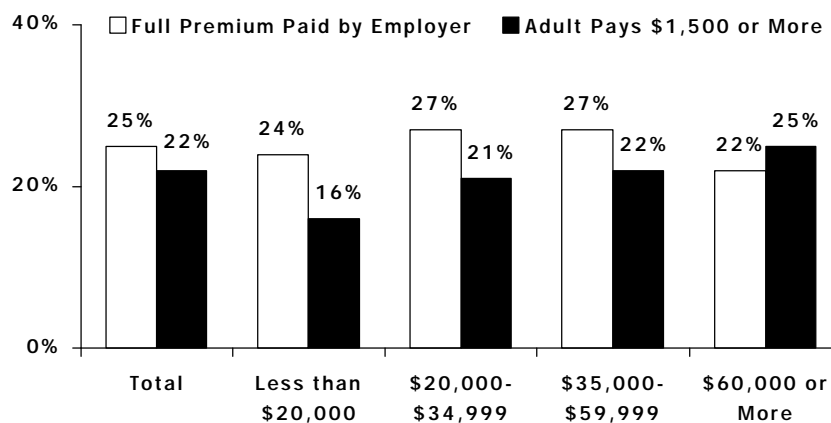
For low- and middle-wage employees, premiums in this range amount to a sizable share of income. One of four employees with incomes below \$20,000 reported paying more than \$1,000 per year—or more than 5 percent of their total annual income.

Premium costs can stretch family budgets. One-sixth of all adults (16%) with employer-based coverage and 30 percent of low-income employees said they find it difficult to pay their premium shares. The financial stress of paying health insurance premiums is also relatively high among middle-income adults. One-fourth (24%) of insured adults with incomes from \$20,000 to \$34,999 and 15 percent of adults with incomes from \$35,000 to \$59,999 find it difficult to pay their share of premium costs. Reflecting the high cost of premiums relative to income, those with incomes below \$20,000 were nearly four times as likely as adults with incomes above \$60,000 to say that paying their health insurance premiums is "very" or "somewhat" difficult. (Chart 8)

Those having a hard time paying premiums now are likely to be at risk of becoming uninsured in the future if the share of premium costs they must pay increases substantially relative to their income.

Chart 7

Employee Share of Annual Premium Cost Adults with Employer-Based Coverage

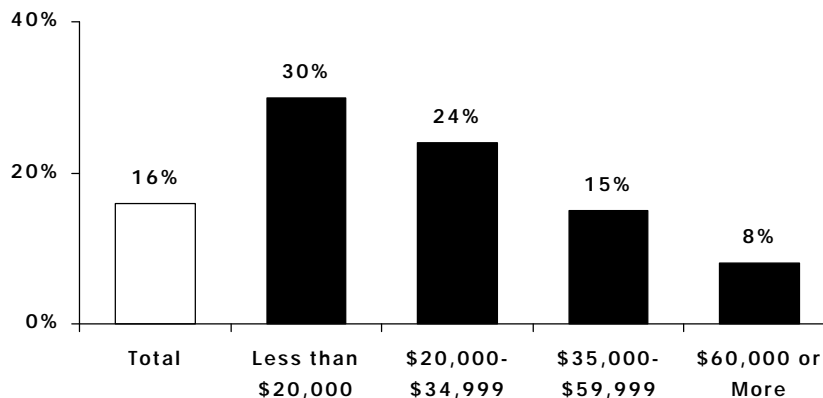


Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 8

Difficulty Paying Premium Shares Adults with Employer-Based Coverage

Percent of insured adults who say it is difficult to pay their premium



Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

IV. LACK OF EMPLOYER-BASED COVERAGE A KEY FACTOR IN BEING UNINSURED

Lack of access to employer coverage is a major factor driving up rates of uninsured adults. Among all uninsured workers surveyed, only 12 percent had the opportunity to participate in a plan sponsored by their employer and turned it down.

Uninsured workers typically work for employers that do not offer coverage, are ineligible for coverage, or work on a self-employed basis. Nearly six of 10 (58%) uninsured workers were employees of firms that did not offer insurance (33%) or worked in job categories for which they were ineligible for the coverage offered by their firm (25%). Another quarter of uninsured workers were self-employed.

Family income is one of the strongest predictors of being uninsured. The lower the income, the higher the uninsured rate. More than two-fifths (41%) of adults with annual incomes below \$20,000 were uninsured when surveyed or at some other point during the past year. Risks remain high among adults approaching the middle-income range: nearly one-quarter (23%) of those with annual incomes from \$20,000 to \$34,999 were without insurance in the past year. One-tenth (11%) of those with middle to upper-middle incomes (\$35,000–\$59,999) were also without health insurance in the past year. (Chart 10 and Table 5)

Hispanic adults are generally at high risk of being uninsured; nearly two of five (39%) were uninsured in the past year. Although Hispanic adults' work efforts are similar to their white, non-Hispanic counterparts, the jobs they hold are much less likely to come with employer-sponsored health benefits. Black adults were also at high risk: one of five (20%) were uninsured, compared with just over one of seven (15%) white adults.

For low-income and Hispanic workers, full-time jobs do little to secure health insurance. Two of five working adults (42%) earning less than \$20,000 per year were uninsured in the past year, despite working full-time. This is the same proportion found among all adults with family incomes under \$20,000. Lacking access to employer plans, full-time Hispanic workers are also at high risk: one-third were uninsured, despite their full-time status. (Chart 11)

Working on one's own or part-time also comes with high risks of being uninsured. One-quarter of adults working on a part-time or self-employed basis were uninsured. (Chart 12)

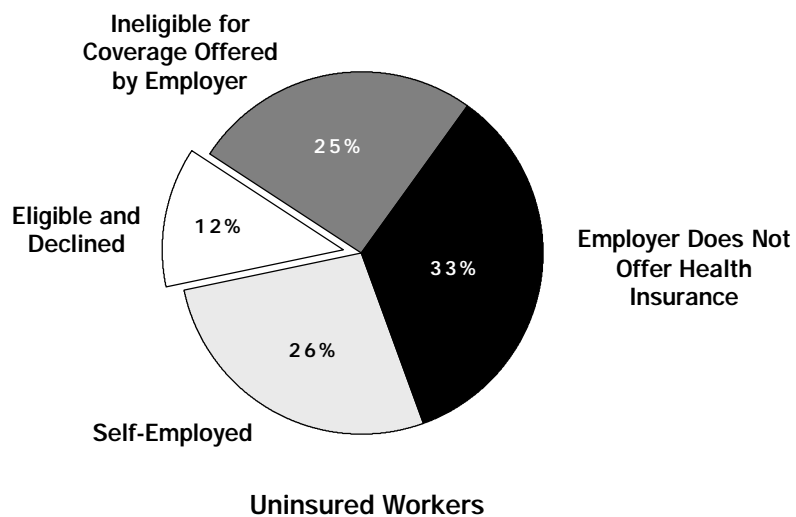
CARE AND COST CONSEQUENCES OF BEING UNINSURED

Uninsured adults are at high risk of not getting health care when needed or of struggling to pay medical bills when they can no longer postpone care. Nearly seven of 10 (68%) uninsured adults reported a time in the past year when they went without needed health care because of costs or could not pay medical bills. Half of the uninsured skipped a doctor visit when sick, did not follow up on a recommended test or treatment, or did not fill a prescription for medication in the past year because of an inability to pay for care.

The uninsured suffer a loss of economic security as well. In the past year, 60 percent of uninsured adults were unable to pay their medical bills or faced collection agencies for unpaid medical bills. (Chart 13 and Table 6)

Chart 9

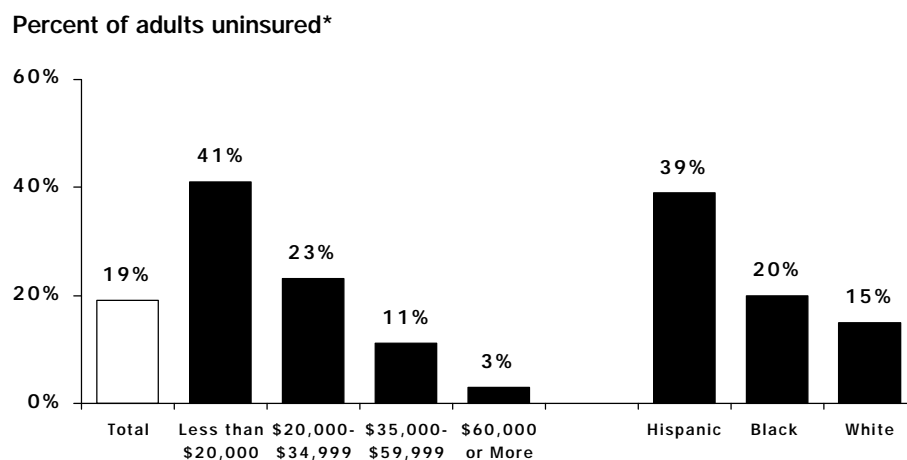
Only 12 percent of uninsured workers had an opportunity to get employer-based coverage.



Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 10

Two of five low-income and Hispanic adults are uninsured.



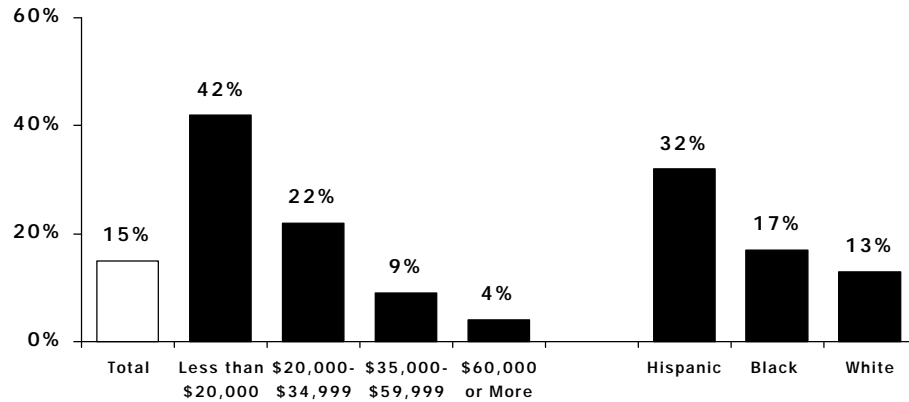
* Uninsured when surveyed or had a time uninsured during the year.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 11

Full-time jobs provide little protection for low-wage and Hispanic workers.

Percent of adults working full time who are uninsured*

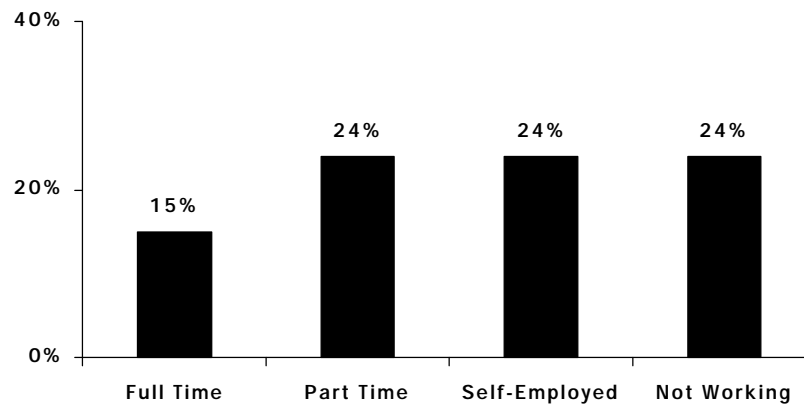


* Uninsured when surveyed or had a time uninsured during the year.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 12

Percent of Adults Uninsured,* by Work Status

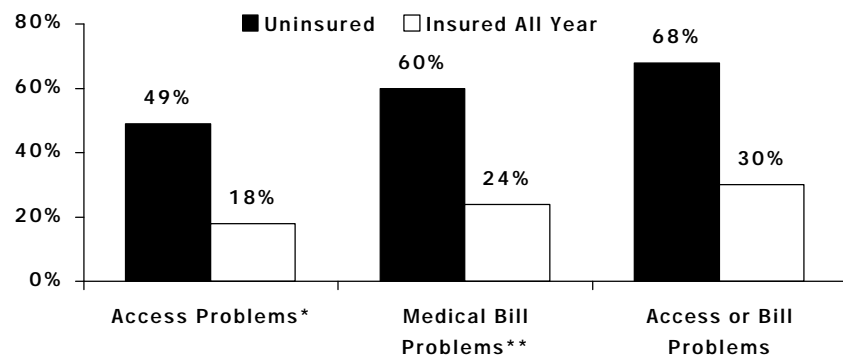


* Uninsured when surveyed or had a time uninsured during the year.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Two-thirds of the uninsured went without needed care or had medical bill problems.

Percent of adults who had an access or bill problem in the past year



* Did not see a doctor when sick, fill a prescription, or get recommended test or treatment due to costs.

** Time unable to pay medical bills or contacted by collection agency for medical bills.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

V. INSTABILITY OF HEALTH INSURANCE COVERAGE

Even when employer-based coverage is available, the ability to keep it, of course, depends on remaining in the same job. In today's economy, working adults frequently change jobs as they move through their careers or graduate from school, or as family circumstances change. At the same time, the advent of managed care has led to more frequent switching of health plans as employers change the plans they are willing or able to offer.

The survey finds that in 1999, men and women reported high levels of insurance instability linked to job-based coverage. Frequent switches in plans may be undermining the continuity of care and access.

More than two of five insured adults have changed health plans in less than three years. Most often, changes in plans are driven by job changes and employer decisions rather than employee preferences.

Switching health plans is most frequent among lower-income adults but persists across all income classes. Half of low-income insured adults (51%) have changed their plans in the past three years and 40 percent have changed within the past two years. (Chart 14 and Table 7)

Only 15 percent of insured adults said they switched plans because they preferred a different health plan. Typically, a job change or employer change of plan was behind the switch. Changing jobs was the most frequent reason given for a change of plan; 38 percent of insured adults who switched plans in the past two years cited this reason. Another 20 percent of those changing plans in the past two years did so because their employer changed plans. (Chart 15)

Divorce, marriage, graduation, and a change in work hours can also affect eligibility for coverage through jobs or public insurance programs. Fifteen percent of adults who were in their current plan for less than two years switched plans because of such changes in eligibility.

Insurance instability can result in spells of being uninsured. A change of job or insurance eligibility can also result in gaps in coverage. Five percent of currently insured men and women—an estimated 8 million Americans—have spent a time without insurance during the past year. Gaps in coverage occur most frequently among adults with annual incomes below \$35,000. (Table 7)

Spells without insurance reflect a lack of coordination between public and private plans and adults' inability to continue coverage when unemployed, leaving school, or between jobs. With continuation of benefits through COBRA available only to those who are insured through work and able to afford premiums during a transition, few mechanisms exist to ensure continuity of coverage for people living on restricted incomes.

Frequent plan changes are associated with higher rates of problems in obtaining access to care and paying medical bills. Insured adults who have been in their current health plan for *less* than two years were almost twice as likely as those who have been in their plan for two years or more to report a time in the past year when they did not get needed care because of the cost (26% vs. 15%). They were also more likely to not have the money to pay for medical expenses or to have been contacted by a collection agency in the past year (35% vs. 21%). (Chart 16)

Overall, 42 percent of those in a plan for less than two years experienced access or medical bill problems in the past year, compared with only 26 percent of those in a plan for two years or more. These findings suggest that instability related to switching health plans may disrupt continuity of care. In an era of managed care, it may take time for people to navigate a new network of providers and learn what services are covered.

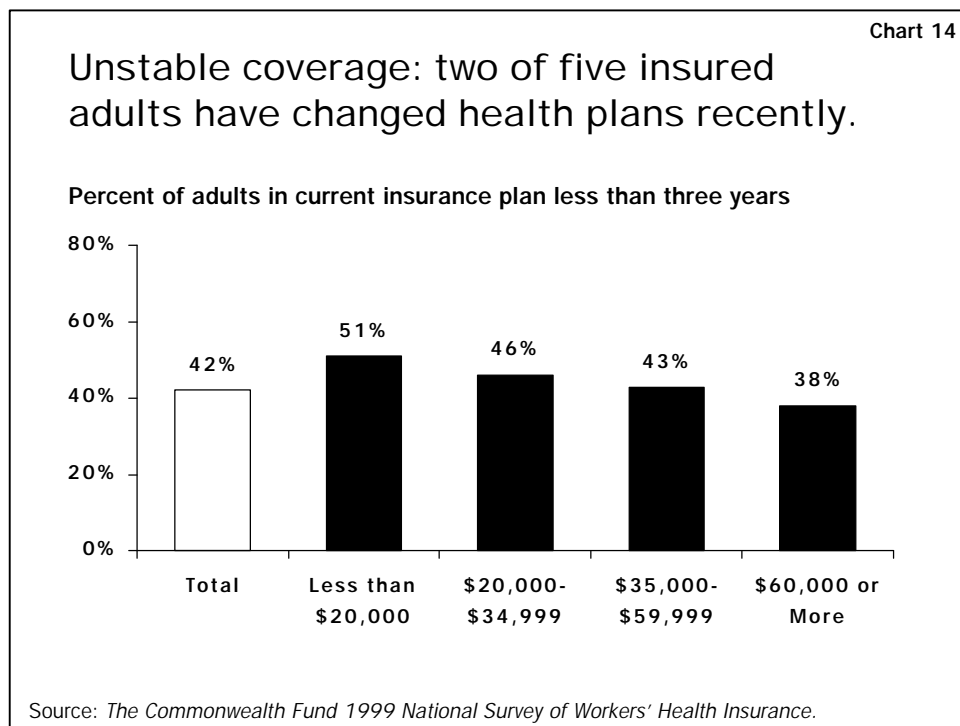
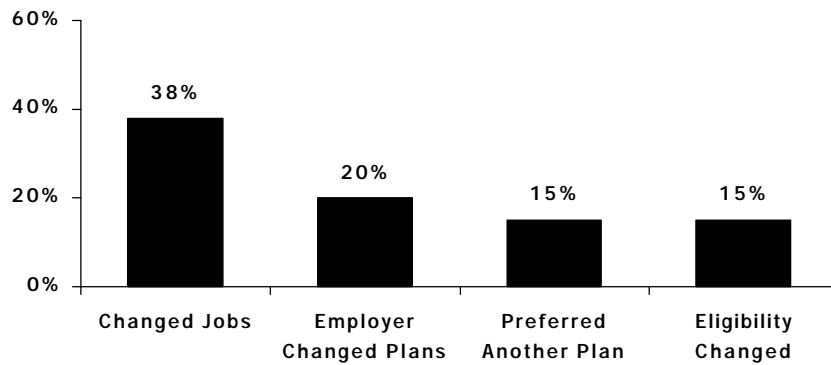


Chart 15

Changes in jobs or plans offered by employers are the main reasons for switching health plans.

Percent of insured adults who changed health plans in past two years because ...

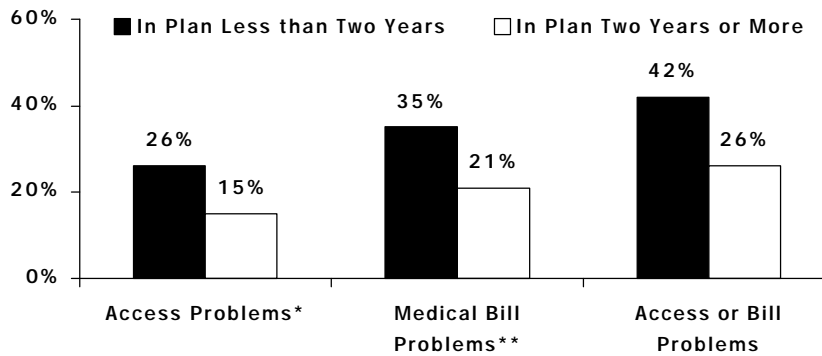


Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 16

Less stable insurance coverage may increase rates of access or medical bill problems.

Percent of insured adults who had an access or bill problem in past year



* Did not see a doctor when sick, fill a prescription, or get recommended test or treatment due to costs.

** Time unable to pay medical bills or contacted by collection agency for medical bills.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

VI. DISPARITIES IN QUALITY OF EMPLOYER-BASED COVERAGE

Based on insurance ratings, covered benefits, and adults' experiences while insured, the quality of employer-based coverage varies widely—and is often linked to income. Low- and middle-income adults with employer plans were less likely to report having prescription drug or preventive care coverage and more likely to give a negative rating to their insurance than were adults with above-average incomes.

Some adults who were insured all year—with no time uninsured—also reported problems with health care access and medical bills, indicating that insurance can be inadequate to meet health care needs and provide financial protection. More than one of four adults insured through employer plans who had no time uninsured reported that they went without care because of costs or were unable to pay their medical bills.

One-fifth of adults insured through employer plans gave their insurance a fair or poor rating. Low-income adults were the most likely to rate their coverage negatively. Overall, one of three (30%) adults with employer-based insurance rated their insurance coverage as “excellent,” and one of five (20%) rated their insurance coverage as “fair or poor.” In contrast, only a quarter (24%) of low-income adults rated their coverage as excellent. Adults with incomes below \$20,000 were twice as likely as those earning more than \$60,000 (30% vs. 13%) to rate their insurance fair or poor. (Table 8)

Employer-sponsored insurance generally received higher ratings than either public insurance or plans purchased individually. Respondents enrolled in employer-sponsored plans were more likely to rate their coverage as excellent (30%) than those with either privately purchased insurance (24%) or public (mainly Medicaid) coverage (17%). Conversely, only one-fifth (20%) of those with job-based coverage rated their coverage as fair or poor, compared with more than one-quarter (26%) of adults insured through the individual market and one-third (33%) of those with public health insurance.

The low ratings for public coverage probably reflect dissatisfaction with Medicaid programs rather than any broader dissatisfaction with public health insurance programs. Only a small proportion of adults under age 65—those who are permanently disabled—have Medicare as their primary source of insurance. In contrast to the experience of Medicaid beneficiaries under 65, other studies have found that Medicare beneficiaries in general are more satisfied with their coverage than those covered by employer-based insurance.⁶

⁶ C. Schoen, C. Hoffman, D. Rowland, K. Davis, and D. Altman, *Working Families at Risk: Coverage, Access, Costs, and Worries—The Kaiser/Commonwealth 1997 National Survey of Health Insurance*, The Commonwealth Fund, April 1998.

Although most employer-sponsored health plans cover preventive care and prescription drug benefits, benefit coverage varies by income. Among all surveyed adults with job-based coverage, seven of 10 (73%) said their plans include preventive care, while 85 percent reported having prescription drug coverage. Coverage rates appear to vary by income, with higher-income employees more likely to report having both benefits. Only six of 10 (59%) adults with incomes under \$20,000 have preventive care coverage and only 75 percent have prescription drug coverage. These are well below the 80 and 88 percent rates for preventive care and prescription drug coverage, respectively, reported by upper-income respondents. (Chart 17)

Less than half of adults with employer-sponsored insurance (44%) said they were “very satisfied” with the quality of the medical care they received. As was the case with insurance satisfaction ratings, those living on low or middle incomes were less likely than upper-income adults to be “very satisfied” with the quality of their care and more likely to rate their care negatively. Although care ratings were generally more positive than insurance ratings, only one-third (32%) of those with incomes under \$20,000 were very satisfied with the quality of their medical care, compared with nearly half (48%) of those with incomes of \$60,000 or more. Among those in the two middle-income categories, rates of being very satisfied with the quality of care hovered around the average. These care ratings may reflect either access to a different array of physicians and health care services or more limited coverage for needed care, or more limited choice of plans. (Table 8)

ACCESS AND COST DIFFICULTIES AMONG ADULTS WITH EMPLOYER-SPONSORED COVERAGE

No national standard currently exists for a “minimum” level of health plan benefits. Thus, patient cost-sharing as well as gaps in, or limits placed on, benefits can potentially result in inadequate coverage for those with employer-sponsored insurance. Surveying individuals’ experiences in getting access to care and paying health care costs can help indicate whether insurance is adequate to cover their health needs.

Based on respondents’ reports, as many as one of four adults with job-based coverage, or 34 million Americans, may be “underinsured”—that is, lacking the coverage necessary to meet medical needs and protect family budgets.

One of four (27%) adults who have employer-based coverage and were insured all year reported going without needed care because of costs or having problems paying for medical care. One of six (16%) adults insured all year said they had a time when they did not go to the doctor when sick, did not fill a prescription, or did not follow up on recommended medical tests or treatment because of costs. One of

four (22%) could not pay a medical bill or was contacted by a collection agency during the year. In total, more than one of four adults with employer coverage had a time when they could not afford needed care, despite being insured all year. (Chart 18 and Table 9)

Adults with lower incomes were most likely to indicate that insurance provided inadequate protection. Over half (53%) of adults with low incomes and 39 percent of those with modest incomes reported either an access or medical bill problem in the past year.

Even families with above-average incomes were often at risk for costs that stretched family budgets. One of four of those with incomes from \$35,000 to \$59,999 and one-sixth of those with an income of \$60,000 or more went without needed care due to costs or could not pay medical bills, despite being insured all year. (Chart 19)

Chart 17

Insurance Ratings, Benefits, and Quality of Care
Adults with Employer-Sponsored Health Insurance

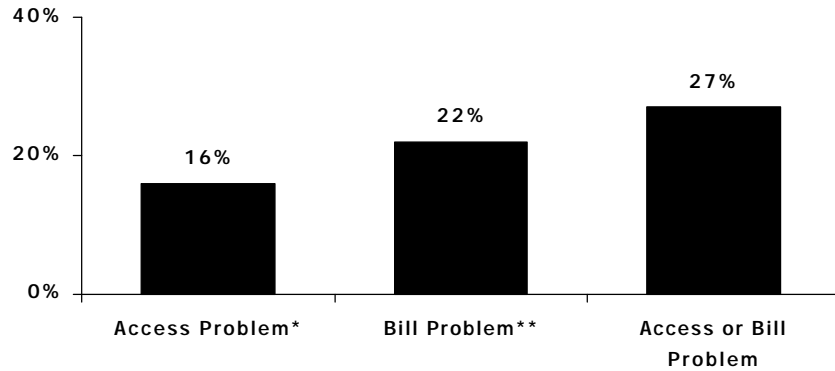
	Total	Less than \$20,000	\$20,000-\$34,999	\$35,000-\$59,999	\$60,000 or More
Insurance rating:					
Excellent	30%	24%	27%	31%	35%
Good	47	41	45	50	49
Fair/Poor	20	30	27	19	13
Benefits include:					
Preventive care	73	59	66	76	80
Prescription drugs	85	75	81	87	88
Satisfaction with quality of care:					
Very satisfied	44	32	40	45	48
Somewhat satisfied	40	44	40	40	39
Very/Somewhat dissatisfied	13	16	16	12	10

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 18

One of four adults had access or bill problems even though insured all year.

Adults with Employer-Based Coverage



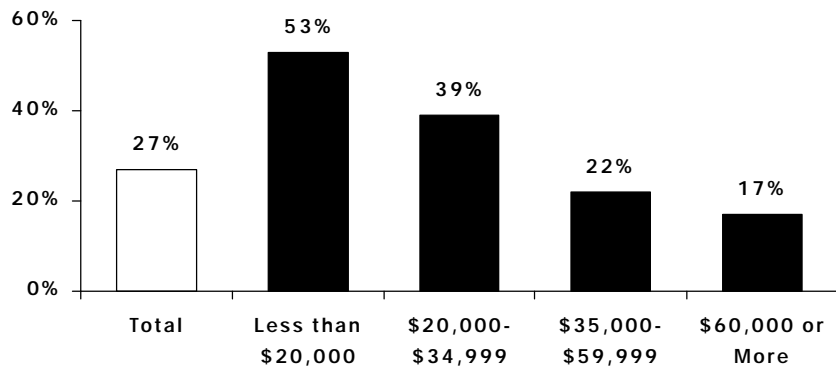
* Did not see a doctor when sick, fill a prescription, or get recommended test or treatment due to costs.

** Time unable to pay medical bills or contacted by collection agency for medical bills.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 19

Percent of Continuously Insured Adults with Access* or Bill Problems**
Adults with Employer-Based Coverage



* Did not see a doctor when sick, fill a prescription, or get recommended test or treatment due to costs.

** Time unable to pay medical bills or contacted by collection agency for medical bills.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

VII. CHOICE OF HEALTH PLANS

In the current employer-based system, employers typically decide which health plans will be available to their workers. One advantage of this system is that employers are able to pool health risks and purchase benefits at group rates. Employers must also evaluate the costs and benefits of health plans. As plan sponsors and group purchasers, employers may have resources not otherwise available to individuals in making plan choices. A result of this system, however, is that employees depend on employers for a choice of plans.

The survey finds that less than half of employees (47%) were offered a choice of plans by their employer. Most adults reported that their employer offered only one plan (35%) or no plans (11%). (Chart 20)

Having a choice of health plans varies substantially by income and ethnicity. Although nearly half of all employees were offered a choice of plans, only 27 percent of workers earning less than \$20,000 worked for employers that offered a choice of health plans. In contrast, 60 percent of employees with family incomes of \$60,000 or more had a choice of plans through their jobs.

Hispanic workers were also less likely to have a choice. Only one-third of Hispanic workers (34%) reported having a choice of health plans, compared with 57 percent of black and 46 percent of white employees. (Table 10)

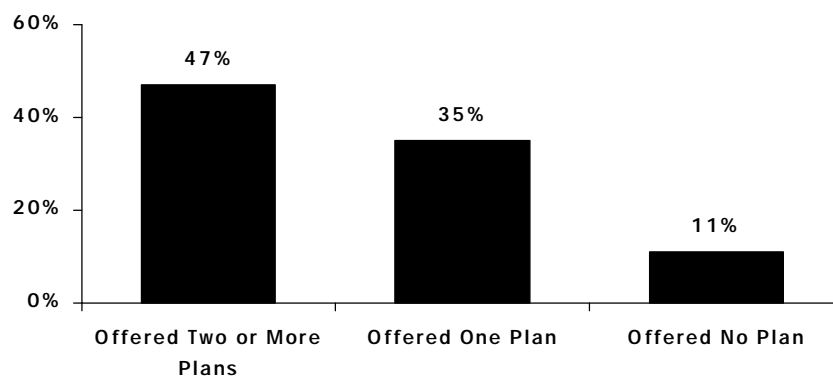
Those working for public sector employers and large private firms were most likely to have plan choices. Public employees were 50 percent more likely than employees working in the private sector to have a choice of health plans (64% vs. 42%).

Employees of small, private sector firms rarely have a choice of plans. Only 14 percent of workers in private firms with fewer than 25 employees reported being offered a choice of plans. By contrast, 64 percent of workers in private firms with 500 or more employees had a choice of plans.

Employees offered one plan (without choice) were more likely to rate their insurance coverage negatively. Having a choice of plans appears to improve employee ratings of coverage. Among workers who were offered only one plan, 27 percent rated their insurance as "fair or poor," compared with only 15 percent of those with a choice of plans. The strong association of choice with ratings of insurance may reflect the quality of plans offered by employers providing plan choice as well as families' enhanced ability to select a plan that meets their needs. (Chart 21)

Chart 20

Less than half of all workers* have a choice of health plans through their job.



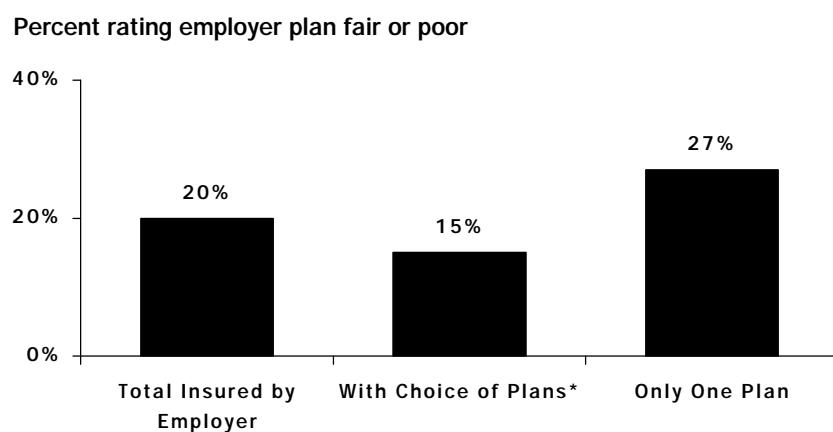
* Excludes the self-employed.

Note: Total does not add to 100 percent because 7 percent did not know if had a choice of plans.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 21

Insurance ratings are lower for adults without a choice of plans.



* Choice of plans through own or, if married, spouse's employer.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

VIII. SUPPORT FOR REFORMS TO EXPAND HEALTH INSURANCE COVERAGE FOR WORKING FAMILIES

With one million more Americans joining the ranks of the uninsured each year, public attention has again turned to the search for reform options to expand health insurance coverage and mend gaps in the current employer-based system.

In exploring the public's views of initiatives to help low-wage workers gain access to health insurance, the survey finds broad support for government action. Support was most widespread for efforts that would help workers afford health insurance offered by their employers and for efforts that would require firms employing low-wage workers to help finance benefits.

Widespread support exists for public initiatives to insure uninsured workers. Support is strongest for helping workers pay their share of employer-plan premium costs. Nearly nine of 10 adults (85%) favored the government helping low-income workers pay for health insurance when offered by their employers. The survey also found strong support for setting up new public programs aimed at workers and their families; in fact, 79 percent of adults indicated support for such reform. (Chart 22)

A majority would also support expansion of existing government programs, including "free" coverage offered to uninsured workers. Although this approach ranks third in popularity, two-thirds (67%) of adults would support expansions of existing public programs to cover working adults and their families. Adults with lower incomes have stronger preferences for new government programs. Support for providing free coverage through existing programs is higher among those with incomes less than \$35,000 than among those with incomes of \$35,000 or more (79% vs. 59%). (Table 11)

When asked about specific ways to raise funds to pay for expanded health insurance, support was greatest for options that require employers or insurance companies to pay. Two-thirds of adults (65%) would support a requirement that businesses employing minimum-wage workers pay 75 cents per worker per hour into a special fund. This option carries broad-based support, with little variation by income, race or ethnicity, insurance status, or other characteristics. A majority of respondents—nearly three of five (58%)—would also support requiring health insurance companies to pay additional taxes to fund expansions of insurance coverage for workers. On both proposals, there was little variation across demographic groups. (Chart 23)

Support was weakest for financing expansions through payroll or income taxes. Only about two of five respondents (39%) favored raising the taxes that companies

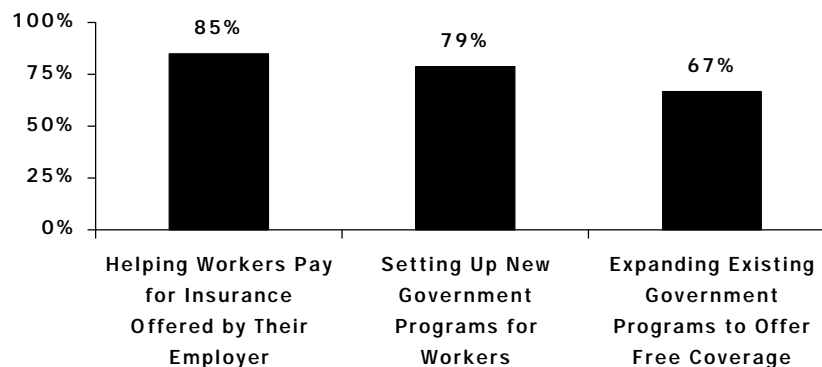
pay on their payroll expenses, and only one-fifth (21%) favored raising individual income taxes to help pay for health insurance coverage for workers. Support for either option varied little by income or ethnicity. (Table 12)

Given the support that exists for insuring those left out of the current system, strategies that succeed in addressing gaps and inequities without unraveling the current employer-based foundation are likely to appeal to the broadest array of working Americans. Survey findings clearly indicate that working men and women's visions of the future include a continuing role for employers as plan sponsors. The challenge for policymakers is to respond creatively through reforms that would reach the millions who lack access to affordable coverage.

Chart 22

Support for Proposals to Expand Health Insurance Coverage for Working Families

Percent of adults in favor of having the government help low-income workers and their families afford health insurance by ...



Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Chart 23

Support for Ways the Government Might Finance Expanded Health Insurance

Percent of adults in favor of:	Total
Requiring businesses that employ minimum-wage workers to pay \$0.75 per worker per hour into a special fund	65%
Requiring health insurance companies to pay additional taxes	58%
Raising payroll taxes paid by employers	39%
Raising income taxes	21%

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

METHODOLOGY

The Commonwealth Fund 1999 National Survey of Workers' Health Insurance, conducted by Princeton Research Survey Associates from January through May 1999, consisted of 20- to 25-minute telephone interviews with a random, national sample of 5,002 adults ages 18 to 64 living in telephone households in the continental United States.

The study over-sampled adults living in low- and moderate-income telephone areas to yield a final sample that contains a disproportionately large number of respondents in low- and moderate-income households. In the analysis, the final sample is weighted to the United States population of adults ages 18 to 64 by age, sex, race/ethnicity, education, geographic region, marital status, employment status, and telephone service interruption using the U.S. Census Bureau's *1998 Current Population Survey*. Some numbers may not add to 100 percent due to rounding.

The report divides the sample into four income groups: less than \$20,000 (21%); \$20,000–\$34,999 (21%); \$35,000–\$59,999 (26%); and \$60,000 or more (22%). Ten percent of respondents did not report sufficient detail for income classification. The “uninsured” includes adults without insurance when surveyed plus those who had been uninsured at some time during the year. The latter category accounts for less than 5 percent of the sample.

Seventy-one percent of those contacted for interviews agreed to participate. Counting eligible adults who interviewers were unable to reach by phone, despite numerous attempts, the overall survey response rate was 58 percent. The survey has an overall margin of error of +/- 2 percent.

APPENDIX: TABLES

Table 1
Best Source of Health Insurance

Question: In your view, which would be best—for EMPLOYERS to continue to be the main source of health insurance coverage for workers, for the GOVERNMENT to become the main source of coverage, or for WORKERS to select and buy their own health insurance directly from insurance companies?

Characteristics	BEST SOURCE OF HEALTH INSURANCE			
	Employers	Government	Direct Purchase	Don't Know
All Adults	49%	18%	23%	9%
Age				
18–29	44	20	28	6
30–39	51	16	22	9
40–49	53	19	20	6
50–64	49	15	21	13
Gender				
Men	48	18	26	7
Women	51	18	20	11
Race/Ethnicity				
White	52	16	22	9
Black	44	20	28	8
Hispanic	41	22	25	10
Income				
Less than \$20,000	40	21	26	12
\$20,000–\$34,999	46	19	24	10
\$35,000–\$59,999	53	19	21	6
\$60,000 or more	58	15	22	5
Family Status				
Single	45	20	25	9
Single with children	42	21	25	11
Married	53	14	22	9
Married with children	54	17	20	7
Family Work Status				
At least one full-time worker	53	17	22	7
Only part-time worker	42	19	29	10
No worker	35	22	25	17
Current Insurance Source				
Employer	56	15	20	7
Public	29	22	31	15
Other	37	23	28	11
Uninsured	35	24	27	13
Type of Employer*				
Public sector	58	16	20	5
Private sector	54	17	21	7
Private Firm Size				
Fewer than 25 employees	48	18	25	7
25–99	54	16	26	5
100–499	52	19	24	5
500 or more	62	15	15	7

* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 2
Views of Employers as Sponsors of Health Insurance
Base: Covered by Employer Insurance (Own or Spouse)

Question: In your experience, do employers generally do a good job or bad job in selecting quality health insurance plans to offer to their workers?

Characteristics	KIND OF JOB EMPLOYERS DO SELECTING QUALITY HEALTH INSURANCE			
	Good Job	Bad Job	Some Good, Some Bad	Don't Know
All Adults	73%	12%	8%	7%
Age				
18-29	75	14	5	6
30-39	76	11	10	3
40-49	69	14	10	7
50-64	70	9	9	12
Gender				
Men	74	13	8	6
Women	72	11	9	8
Race/Ethnicity				
White	72	12	9	7
Black	75	11	8	7
Hispanic	74	14	4	7
Income				
Less than \$20,000	65	18	8	10
\$20,000-\$34,999	72	13	9	6
\$35,000-\$59,999	73	13	9	5
\$60,000 or more	74	10	10	6
Family Work Status				
At least one full-time worker	74	12	8	6
Only part-time worker	58	13	14	16
No worker	76	8	5	11
Type of Employer				
Public sector	78	9	8	5
Private sector	75	11	9	5
Private Firm Size				
Fewer than 25 employees	72	13	8	7
25-99	79	11	5	5
100-499	81	13	3	3
500 or more	74	10	12	4
Plan Choice*				
Own employer does not offer plan	73	14	8	5
Employer offers only one plan	69	16	10	5
Employer offers two or more plans	82	7	8	4

* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 3
 Availability of Employer-Sponsored Coverage from Own Employer*
 Base: Employed Adults Ages 18–64

Adults Working for an Employer*	Total	ANNUAL INCOME				RACE/ETHNICITY		
		Less than \$20,000	\$20,000– \$34,999	\$35,000– \$59,999	\$60,000 or More	White	Black	Hispanic
How important is health insurance in your decision to take a job or to stay in a job?								
Very important	73%	69%	78%	74%	71%	71%	82%	76%
Somewhat important	16	15	15	15	17	16	11	14
Not too or at all important	11	14	7	11	12	13	7	10
Does your employer offer health insurance to any employees? If so, are you eligible to participate?								
Employer offers plan to at least some employees	87	70	86	92	96	89	87	72
Adult eligible for coverage	79	53	80	85	91	81	81	61
Adult not eligible for coverage	8	17	7	7	6	8	7	11
Employer does not offer a plan	11	25	13	7	3	10	10	23
Not offered or not eligible	19	42	19	14	9	17	16	34
Eligible, but declined coverage:	14	15	11	15	15	14	11	11
Reasons for declining:								
Too expensive	19	39	29	14	10	17	32	24
Benefits not good	7	9	9	4	3	6	7	11
Had other family plan	39	18	19	52	54	42	17	39
Other	22	26	31	19	16	21	34	13

* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 4
 Premiums and Affordability
 Base: Employed Adults Ages 18–64

	Total	ANNUAL INCOME				RACE/ETHNICITY		
		Less than \$20,000	\$20,000– \$34,999	\$35,000– \$59,999	\$60,000 or More	White	Black	Hispanic
Employer-Paid Premiums								
Employer will pay all premium for at least one plan for employee	25%	14%	29%	28%	29%	26%	21%	20%
Employer will pay some	45	30	42	49	54	47	48	31
Employer offers but pays none	6	7	7	5	6	6	8	6
Employer does not offer plan	11	25	13	7	3	10	10	23
Don't know	13	23	9	11	8	11	14	21
Annual Share of Premium Costs (Base: Currently Insured with Employer-Based Coverage)								
Employer pays all of premium	25	24	27	27	22	25	31	26
Employee pays a share of premium costs:	72	73	70	71	76	65	62	62
\$1–\$499	13	17	15	15	10	13	14	16
\$500–\$999	17	24	16	17	16	16	25	19
\$1,000–\$1,499	12	9	13	11	15	12	11	10
\$1,500 or more	22	16	21	22	25	24	12	17
Don't know	11	11	9	8	12	10	8	12
Has difficulty paying premium costs	16	30	24	15	8	16	15	23

* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 5
Uninsured Rates Among Adults Ages 18–64, 1999

	All Adults	ANNUAL INCOME*			
		Less than \$20,000	\$20,000– \$34,999	\$35,000– \$59,999	\$60,000 or More
Population in Millions	166.8	34.5	34.7	42.5	36.8
		Percent Uninsured**			
Total	19%	41%	23%	11%	3%
Age					
18–29	28	43	27	18	10
30–39	20	48	31	11	4
40–49	13	47	17	7	2
50–64	12	29	10	7	1
Gender					
Male	20	49	27	12	4
Female	17	36	19	10	2
Race/Ethnicity					
White	15	39	21	10	3
Black	20	31	25	4	6
Hispanic	39	55	32	23	2
Education					
Less than high school	37	49	29	22	18
High school	20	42	24	9	3
Some college or tech	16	38	20	13	2
College or more	8	21	17	8	3
Family Status					
Single	24	37	23	15	9
Single with children	32	46	34	12	4
Married	12	40	15	8	2
Married with children	13	46	21	10	2
Family Work Status					
At least one full-time worker	15	40	22	9	3
Only part-time worker	31	46	31	21	5
No worker	31	39	29	23	1
Own Work Status					
Work for employer	16	44	21	7	3
Self-employed	24	44	36	27	8
Not working	24	38	21	16	1
Full-time	15	42	22	9	4
Part-time	24	47	31	12	4

* Ten percent of the sample did not report income or sufficient detail to be grouped by income.

** Uninsured when surveyed or had a time uninsured during the year.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance*.

Table 6
Access and Medical Bills Experiences by Uninsured and Insured Adults
Adults Ages 18–64

Access and Cost Indicators	All Adults	Uninsured*	Insured All Year	Ratio of Uninsured to Insured All Year
Usual Source of Care				
Private doctor/private clinic	68%	45%	73%	0.6
Public clinic	14	26	11	2.4
Use ER or hospital as usual source	15	22	14	1.6
Access Experiences in Past Year				
No visit to doctor	20	35	17	2.1
Time did not get needed medical care	12	28	8	3.5
Time did not get needed dental care	27	54	21	2.6
Went without needed care due to costs:				
Had a medical problem, did not visit doctor due to costs	15	37	10	3.7
Did not fill prescription due to costs	14	29	10	2.9
Skipped recommended test or follow up due to costs	16	34	11	3.1
<i>At least one of three access problems due to inability to pay**</i>	24	49	18	2.7
Medical Bill Problem in Past Year				
Not able to pay medical bills	23	53	17	3.1
Contacted by a collection agency for medical bills	19	32	16	2.0
<i>Either medical bill problem</i>	31	60	24	2.5
Medical Bill or Access Problem in Past Year Due to Costs**				
Difficult to Get Care When Needed***	18	43	13	3.3
Satisfaction with Quality of Medical Care				
Very satisfied	39	19	44	0.4
Somewhat satisfied	39	40	39	1.0
Somewhat or very dissatisfied	16	25	13	1.9
No care received	4	13	2	6.5

* Currently uninsured or had a time uninsured in the past year.

** Adult said he or she did not go to the doctor when needed, did not fill a prescription, did not follow up on recommended tests or treatment due to costs or had problems paying medical bills or with bill collectors.

*** Adult reports that it is extremely, very or somewhat difficult to get medical care when needed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 7
 Insurance Stability
 Base: Currently Insured Adults Ages 18-64

Currently Insured Adults	Total	ANNUAL INCOME				RACE/ETHNICITY		
		Less than \$20,000	\$20,000-\$34,999	\$35,000-\$59,999	\$60,000 or More	White	Black	Hispanic
Insurance Stability								
Time uninsured in past year	5%	12%	7%	5%	2%	5%	7%	7%
Length of time in plan:								
Less than 1 year	17	26	17	16	15	17	16	18
1 year to less than 2 years	13	14	17	14	10	13	13	19
2 years to less than 3 years	12	11	11	14	13	12	9	14
3 years or more	51	34	48	53	59	52	50	38
Reason for Change (Base: In Plan Less than 2 Years)								
Employer changed plans	20	12	24	19	28	22	15	15
Changed jobs	38	32	43	39	39	37	44	32
No longer eligible	3	8	1	3	1	3	4	1
Newly eligible, uninsured before	8	12	8	5	5	6	9	18
Married, divorced, graduated	4	6	5	4	4	5	1	7
Preferred different plan	15	12	8	18	19	16	11	9

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 8
Insurance Benefits, Ratings, and Quality of Care
Base: Adults with Employer-Based Coverage

	Total	ANNUAL INCOME				RACE/ETHNICITY		
		Less than \$20,000	\$20,000–\$34,999	\$35,000–\$59,999	\$60,000 or More	White	Black	Hispanic
Insurance Rating								
Excellent	30%	24%	27%	31%	35%	31%	31%	27%
Good	47	41	45	50	49	49	43	41
Fair/poor	20	30	27	19	13	18	25	27
Benefits Covered								
Prescription drugs	85	75	81	87	88	86	81	81
Preventive care	73	59	66	76	80	73	71	68
Satisfaction with Quality of Care								
Very satisfied	44	32	40	45	48	44	43	39
Somewhat satisfied	40	44	40	40	39	40	42	39
Very/somewhat dissatisfied	13	16	16	12	10	13	13	16
No care received	2	5	2	2	1	2	1	4

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 9
 Health Care and Medical Bills Experiences of Continuously Insured Adults
 with Employer-Based Coverage, by Income
 Adults Ages 18–64 Insured by Employer

	Total	ANNUAL INCOME			
		Less than \$20,000	\$20,000– \$34,999	\$35,000– \$59,999	\$60,000 or More
Usual Source of Care					
Private doctor/private clinic	77%	54%	70%	77%	87%
Public clinic	9	21	10	8	7
ER or hospital	11	20	17	13	6
Access Experiences in Past Year					
No visit to doctor	17	19	22	17	15
Time did not get needed medical care	7	15	11	6	5
Time did not get needed dental care	19	34	27	18	12
Went without needed care due to costs:					
Had a problem, did not visit doctor due to costs	9	20	13	7	6
Did not fill prescription due to costs	8	21	11	7	4
Skipped recommended test or follow up due to costs	10	18	13	10	7
<i>At least one of three access problems due to inability to pay</i>	16	31	21	14	10
Medical Bill Problem in Past Year					
Not able to pay medical bills	14	36	24	11	3
Contacted by a collection agency for medical bills	15	26	23	13	9
<i>Either medical bill problem</i>	22	46	32	19	11
Medical Bill or Access Problem in Past Year Due to Costs*	27	53	39	22	17
Difficult to get care when needed**	11	16	13	8	10

* Adult said he or she did not go to the doctor when needed, did not fill a prescription, did not follow up on recommended tests or treatment due to costs or had problems paying medical bills or with bill collectors.

** Adult reports that it is extremely, very, or somewhat difficult to get medical care when needed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 10
Plan Choice Among Adults Working for Employers*

	Two or More	Only One	None Offered
All Workers Employed for Pay*			
N=106,667,000	47%	35%	11%
Age			
18–29	42	34	12
30–39	50	36	11
40–49	50	34	9
50–64	45	37	11
Gender			
Men	49	36	10
Women	46	34	12
Race/Ethnicity			
White	46	38	10
Black	57	27	10
Hispanic	34	31	23
Income			
Less than \$20,000	27	33	25
\$20,000–\$34,999	46	38	13
\$35,000–\$59,999	49	40	7
\$60,000 or more	60	32	3
Type of Employer			
Public sector	64	26	5
Private sector	42	38	13
Private Sector Firm Size			
Fewer than 25 employees	14	43	33
25–99	32	49	12
100–499	45	42	6
500 or more	64	30	1

* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 11
Support for Proposals to Expand Health Insurance Coverage for Working Families

Characteristics	Percent of adults in favor of having the government help low-income workers and their families afford health insurance by:		
	Helping workers pay for insurance offered by their employer	Setting up new government programs for workers	Expanding existing government programs to offer free coverage
All Adults	85%	79%	67%
Age			
18–29	88	87	75
30–39	87	84	71
40–49	83	73	61
50–64	81	73	62
Gender			
Men	82	76	65
Women	88	83	70
Race/Ethnicity			
White	84	76	63
Black	90	92	86
Hispanic	86	92	85
Income			
Less than \$20,000	87	90	83
\$20,000–\$34,999	87	83	75
\$35,000–\$59,999	86	77	64
\$60,000 or more	84	73	54
Family Status			
Single	85	83	71
Single with children	89	89	80
Married	82	76	62
Married with children	85	75	63
Family Work Status			
At least one full-time worker	86	78	65
Only part-time worker	84	84	71
No worker	82	86	76
Current Insurance Source			
Employer	85	78	64
Public	84	86	87
Other	82	76	59
Uninsured	84	86	78
Type of Employer*			
Public sector	85	78	60
Private sector	86	80	68
Private Firm Size			
Fewer than 25 employees	83	82	70
25–99	86	83	69
100–499	88	81	67
500 or more	87	78	65

* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 12
Support for Ways Government Might Finance Health Insurance Coverage

Characteristics	Percent of adults in favor of ways the government might finance expanded health insurance by:			
	Requiring businesses that employ minimum-wage workers to pay \$0.75 per worker per hour into a special fund	Requiring health insurance companies to pay additional taxes	Raising payroll taxes paid by employers	Raising income taxes
All Adults	65%	58%	39%	21%
Age				
18–29	65	63	44	24
30–39	67	64	38	21
40–49	68	55	37	19
50–64	60	50	38	20
Gender				
Men	62	56	40	23
Women	68	60	39	19
Race/Ethnicity				
White	64	57	38	20
Black	72	58	44	23
Hispanic	69	63	43	27
Income				
Less than \$20,000	66	58	43	25
\$20,000–\$34,999	66	61	40	21
\$35,000–\$59,999	69	61	39	20
\$60,000 or more	65	57	40	22
Family Status				
Single	63	59	41	23
Single with children	72	63	42	25
Married	63	53	40	18
Married with children	65	59	36	19
Family Work Status				
At least one full-time worker	65	59	38	20
Only part-time worker	65	51	36	22
No worker	65	55	44	23
Current Insurance Source				
Employer	67	58	38	19
Public	62	53	43	28
Other	52	55	35	20
Uninsured	67	62	44	24
Type of Employer*				
Public sector	70	57	43	21
Private sector	67	60	39	20
Private Firm Size				
Fewer than 25 employees	60	57	33	20
25–99	70	59	43	26
100–499	72	62	43	19
500 or more	69	61	39	20

* Excludes the self-employed.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 13
Demographics of Uninsured Compared to Insured Adults, 1999
Adults Ages 18-64

	All Adults	Uninsured*	Insured All Year
Sample Distribution	100%	19%	81%
		Percent Distribution	
	100%	100%	100%
Age			
18-29	26	39	23
30-39	25	28	25
40-49	25	17	26
50-64	23	15	25
Gender			
Male	48	53	47
Female	52	47	53
Race/Ethnicity			
White	73	61	76
Black	11	12	11
Hispanic	11	22	8
Annual Income			
Less than \$20,000	21	46	15
\$20,000-\$34,999	21	25	20
\$35,000-\$60,000	26	15	28
\$60,000 or more	22	4	26
Poverty Status			
Less than 100%	11	28	7
100%-200%	17	30	15
More than 200%	63	33	69
Education			
Less than high school	14	27	11
High school	34	38	33
Some college or tech	27	23	28
College or more	25	11	28
Family Status			
Single	28	37	27
Single with children	13	23	11
Married	22	14	23
Married with children	36	26	38
Own Work Status			
Work for employer	63	53	66
Self-employed	12	15	11
Not working	24	31	23
Full-time	63	51	65
Part-time	11	15	11
Family Work Status			
At least one full-time worker	76	60	80
Only part-time worker	7	12	6
No worker	14	24	12

* Uninsured when surveyed or had a time uninsured during the year.

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 14
Basic Demographics by Income

	Total Sample	INCOME			
		Less than \$20,000	\$20,000– \$34,999	\$35,000– \$59,999	\$60,000 or More
Age					
18–29	26%	39%	31%	26%	12%
30–39	25	21	28	28	29
40–49	25	18	21	26	34
50–64	23	22	19	20	25
Gender					
Male	48	43	49	51	54
Female	52	57	51	49	46
Race/Ethnicity					
White	73	57	69	80	86
Black	11	17	14	8	6
Hispanic	11	22	12	8	3
Education					
Less than high school	14	30	16	7	2
High school graduate	34	40	43	36	20
Some college/technical	27	22	26	31	29
College graduate or more	25	8	15	27	49
Family Status					
Single	28	42	29	25	18
Single with children	13	26	18	10	5
Married	22	12	20	24	26
Married with children	36	19	32	41	51
Health Status					
Excellent	22	12	22	22	31
Very good or good	62	53	61	71	62
Fair or poor	16	34	17	7	7
Family Budget Stress					
Live comfortably	37	12	28	40	62
Meet expenses with some left	29	18	32	40	28
Just meet basics	23	37	32	16	9
Not enough for basics	10	31	8	3	1
Basic Bills Stress					
Problems paying for:					
Rent or mortgage	16	36	23	9	3
Utilities	18	40	22	10	3
Food	14	35	17	6	2
Medical bills	23	51	30	14	4
Number of Jobs (Base: Working)					
One	87	86	86	87	88
Two or more	12	13	14	12	12

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*

Table 15
Basic Demographics by Race/Ethnicity

	Total Sample	RACE/ETHNICITY		
		White	Black	Hispanic
Age				
18–29	26%	23%	32%	40%
30–39	25	25	26	30
40–49	25	26	22	16
50–64	23	25	18	13
Poverty				
Less than 100%	11	8	19	30
100%–200%	17	15	25	30
More than 200%	63	70	47	32
Education				
Less than high school	14	10	18	37
High school graduate	34	35	39	32
Some college/technical	27	28	24	20
College graduate or more	25	27	18	10
Family Status				
Single	28	26	39	32
Single with children	13	11	27	20
Married	22	24	13	13
Married with children	36	38	21	35
Health Status				
Excellent	22	24	17	15
Very good or good	62	63	60	53
Fair or poor	16	13	23	31
Family Budget Stress				
Live comfortably	37	39	30	23
Meet expenses with some left	29	32	23	19
Just meet basics	23	20	26	35
Not enough for basics	10	7	20	23
Basic Bills Stress				
Problems paying for:				
Rent or mortgage	16	12	30	31
Utilities	18	13	33	36
Food	14	10	25	29
Medical bills	23	20	31	40
Number of Jobs (Base: Working)				
One	87	87	87	88
Two or more	12	12	12	12

Source: *The Commonwealth Fund 1999 National Survey of Workers' Health Insurance.*