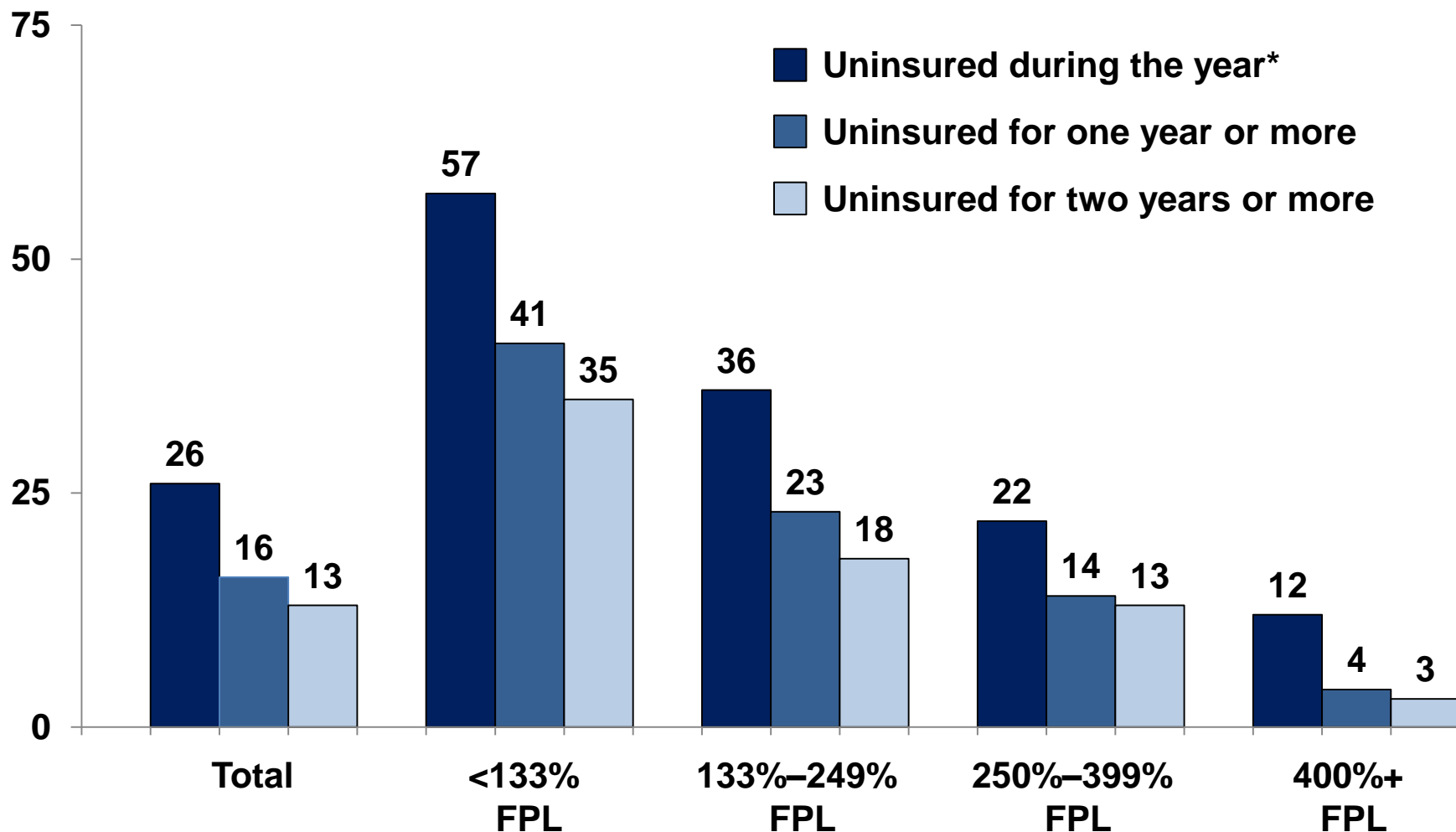


Exhibit 1. Low-Income Adults Have Higher Rates of Being Uninsured for Long Periods of Time

Percent of adults ages 19–64



* Combines “Insured now, time uninsured in past year” and “Uninsured now.”

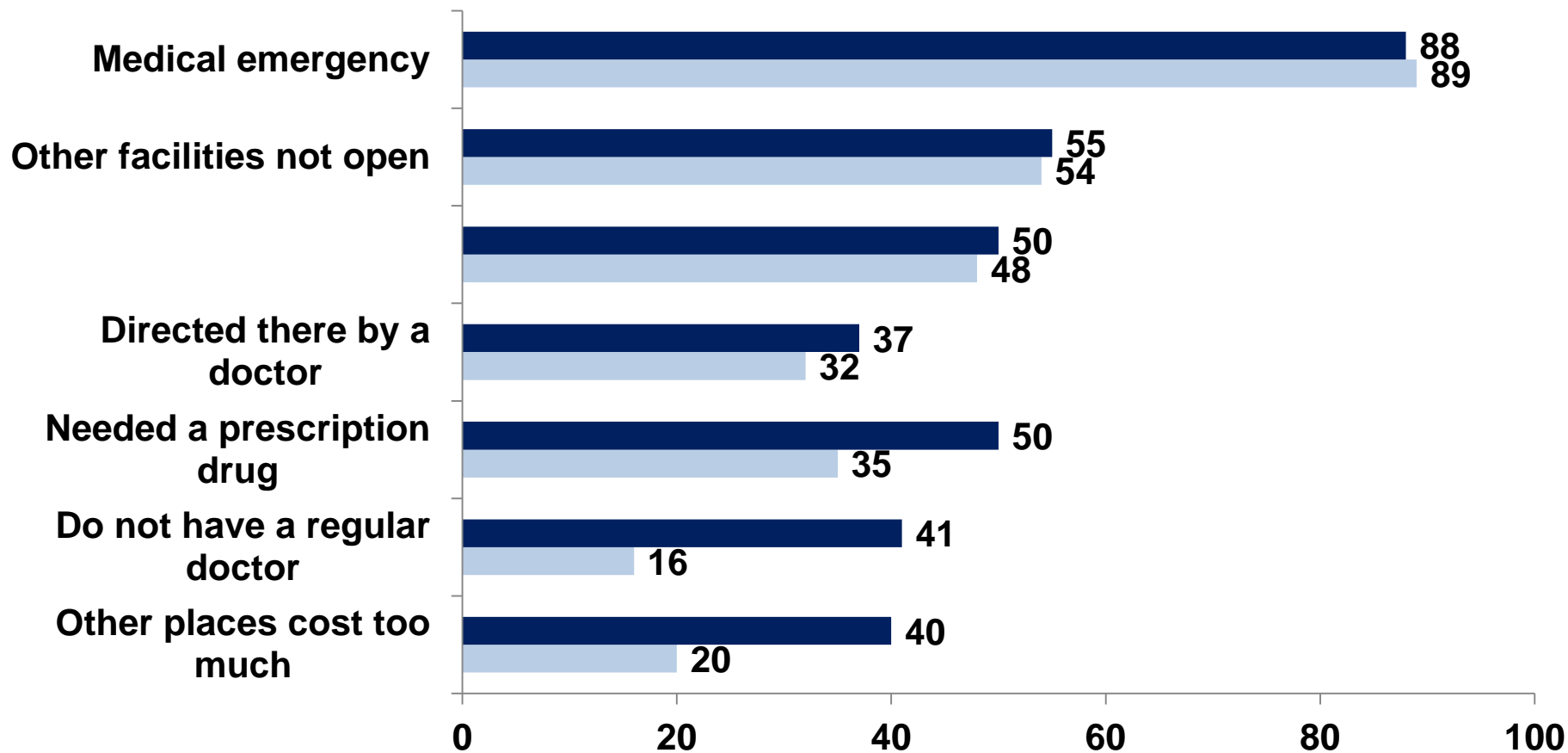
Note: FPL refers to federal poverty level.

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 2. Factors in Decision to Visit an Emergency Room, Adults with Low and Moderate Incomes

Percent of adults ages 19–64 who used ER in past year,* income less than 250% FPL

■ Uninsured during the year**
 ■ Insured all year



* Respondent used ER at least once in past 12 months to get care for themselves or family member in evenings or on weekends.

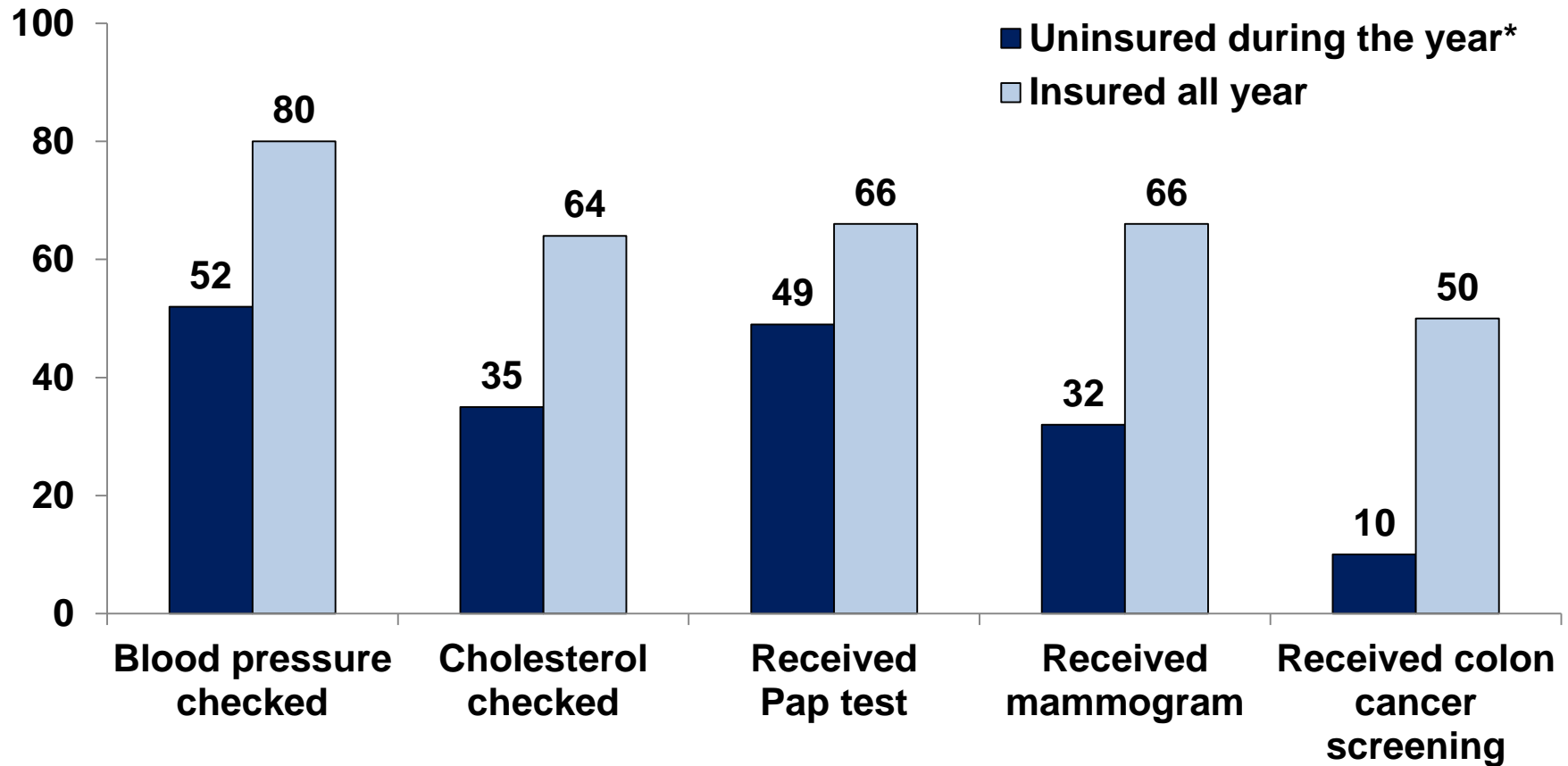
** Combines “Insured now, time uninsured in past year” and “Uninsured now.”

Note: FPL refers to federal poverty level.

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 3. Uninsured Adults with Low and Moderate Incomes Are Less Likely to Be Up to Date with Recommended Preventive Tests

Percent of adults ages 19–64, income less than 250% FPL



Notes: FPL refers to federal poverty level. Preventive tests: blood pressure checked in past year; cholesterol checked in past five years (in past year if has hypertension or heart disease); Pap test in past year for females ages 19–29, in past three years for ages 30–64; mammogram in past two years for females ages 40–64; and colon cancer screening in past five years for adults ages 50–64.

* Combines “Insured now, time uninsured in past year” and “Uninsured now.”

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 4. Reasons for Skipping Cancer Screening Tests

Percent of adults ages 19–64 who skipped recommended preventive care

	Pap test*			Colon cancer screening**			Mammogram*** ^	
	Total	Insured all year	Uninsured during the year	Total	Insured all year	Uninsured during the year	Total	Insured all year
Reasons for skipping cancer screenings:								
Did not think I needed it	30%	33%	26%	38%	38%	37%	26%	27%
Did not get around to making an appointment	23	28	13	22	27	8	29	40
Too expensive	21	10	40	13	5	33	25	9
No doctor or appointment available	4	3	6	3	2	5	1	0
Could not take time off work	2	3	1	2	1	3	3	4
Other	20	24	13	21	25	12	16	20

* Did not have Pap test in past year for females ages 19–29, in past three years for ages 30–64.

** Did not have colon cancer screening in past five years for adults ages 50–64.

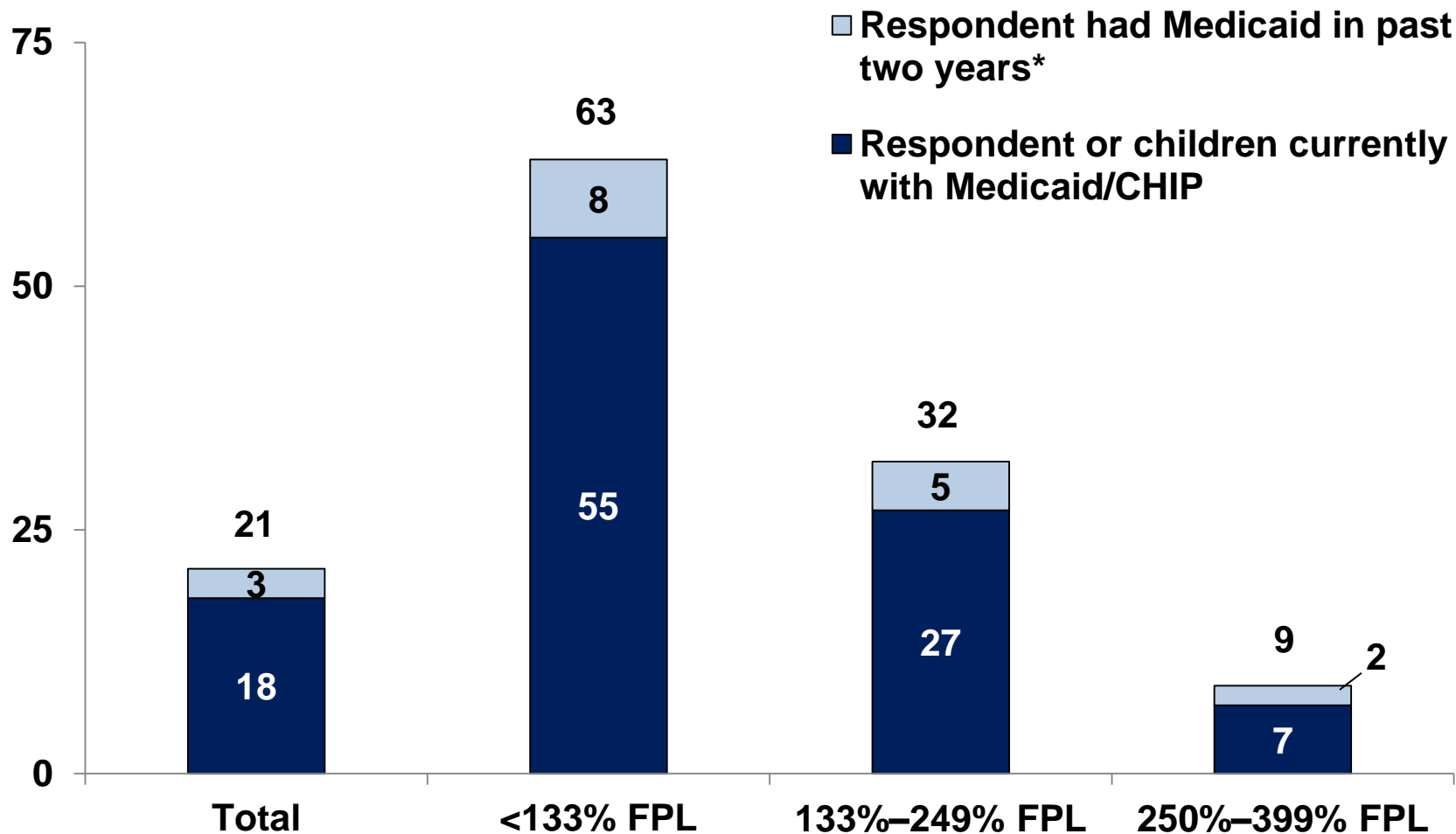
*** Did not have mammogram in past two years for females ages 40–64.

^ Sample size too small to report mammogram results for “uninsured during the year.”

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 5. Medicaid Is an Important Source of Coverage for Families and Children with Low and Moderate Incomes

Percent of adults ages 19–64



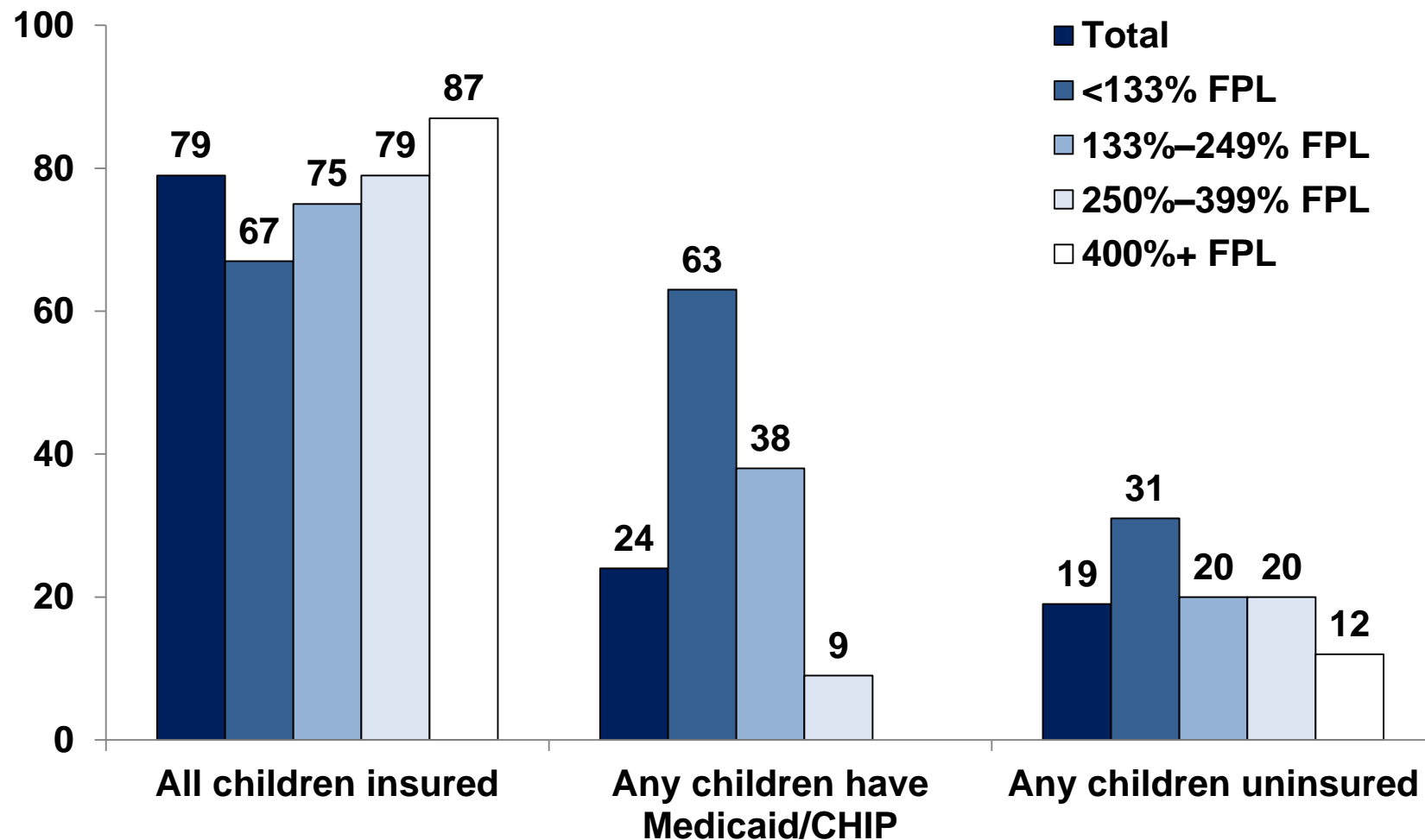
Notes: FPL refers to federal poverty level.

* Had Medicaid in past two years, but does not currently receive Medicaid and does not have children who receive Medicaid/CHIP.

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 6. Medicaid Is Particularly Important for Low- and Moderate-Income Families with Children

Percent of adults ages 19–64 with children*



* Children under age 26.

Note: FPL refers to federal poverty level.

Source: The Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011.

Exhibit 7. Premium Tax Credits and Cost-Sharing Protections Under the Affordable Care Act

Federal poverty level	Income	Premium contribution as a share of income	Out-of-pocket limits	Actuarial value: silver plan
<133%	S: <\$14,484 F: <\$29,726	2% (or Medicaid)	S: \$1,983 F: \$3,967	94%
133%–149%	S: \$14,484 – <\$16,335 F: \$29,726 – <\$33,525	3.0%–4.0%		94%
150%–199%	S: \$16,335 – <\$21,780 F: \$33,525 – <\$44,700	4.0%–6.3%		87%
200%–249%	S: \$21,780 – <\$27,225 F: \$44,700 – <\$55,875	6.3%–8.05%	S: \$2,975 F: \$5,950	73%
250%–299%	S: \$27,225 – <\$32,670 F: \$55,875 – <\$67,050	8.05%–9.5%		70%
300%–399%	S: \$32,670 – <\$43,560 F: \$67,050 – <\$89,400	9.5%	S: \$3,967 F: \$7,933	70%
400%+	S: \$43,560+ F: \$89,400+	—	S: \$5,950 F: \$11,900	—

Four levels of cost-sharing: 1st tier (Bronze) actuarial value: 60%
 2nd tier (Silver) actuarial value: 70%
 3rd tier (Gold) actuarial value: 80%
 4th tier (Platinum) actuarial value: 90%

Catastrophic policy with essential benefits package available to young adults and people whose premiums are 8%+ of income

Notes: Actuarial values are the average percent of medical costs covered by a health plan. Premium and cost-sharing credits are for the silver plan.

Source: Federal poverty levels are for 2011; Commonwealth Fund Health Reform Resource Center: What's in the Affordable Care Act? (PL 111-148 and 111-152), <http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx>.