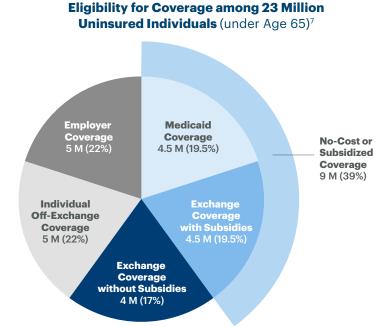
All 23 Million Uninsured Individuals Are Eligible for an Existing Source of Health Coverage

Increasing health insurance coverage remains a priority because coverage connects people to medical services while protecting them financially. Compared to uninsured individuals, people with coverage have better access to care,¹ better health outcomes,² and less trouble paying their medical bills.³ All 23 million uninsured individuals under age 65⁴ in the U.S. are eligible to enroll in an existing source of coverage,⁵ including 9 million (39 percent) who are eligible for no-cost or subsidized coverage.⁶

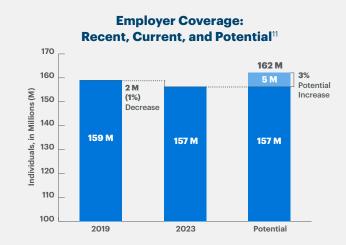


Making existing sources of coverage more affordable and accessible can reduce the number of uninsured people in the U.S.

Employer Coverage

Employer coverage, which emerged in the 1940s, remains the largest source of coverage, enrolling 157 million people, over half those under age 65.8

- Employer coverage has been relatively stable during economic instability, with enrollment declining by 2 million people (1 percent) between 2019 and 2023.⁹
- Covering the 5 million uninsured individuals eligible for employer coverage would represent a 3 percent increase on current enrollment.¹⁰



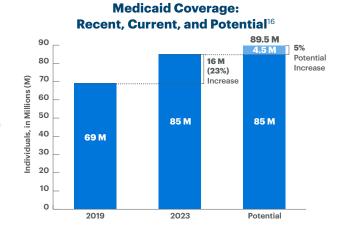
Solutions to increase employer coverage among eligible individuals include:

- Eliminating barriers that prevent employers and health plans from offering innovative and affordable coverage options, including value-based copay plans with no deductibles
- Removing restrictions on pre-deductible coverage of high-value services such as primary care and select prescription drugs
- · Allowing use of health savings accounts with all coverage options

Medicaid Coverage

Medicaid, established in 1965 as a joint state-federal program, enrolls 85 million low-income individuals in no-cost or low-cost coverage, 12 including 18 million through eligibility expansions implemented in 40 states since 2014.13

- Medicaid enrollment increased by 16 million people (23 percent) between 2019 and 2023,¹⁴ following simplified enrollment rules and automatic renewals implemented during COVID to facilitate continuous coverage.
- Covering the 4.5 million uninsured individuals eligible for Medicaid would represent a 5 percent increase on current enrollment.¹⁵



Without adequate enrollment protections, Medicaid enrollees are vulnerable to losing coverage even when they remain eligible. As states continue to redetermine Medicaid eligibility for individuals who were enrolled under simplified enrollment rules, many of those losing coverage are disenrolled for administrative reasons such as incomplete data and paperwork.¹⁷

Solutions to increase Medicaid coverage among eligible individuals include:

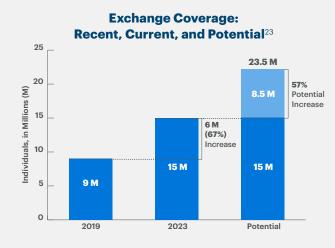
- · Modernizing consumer engagement and outreach
- · Investing in eligibility and enrollment systems
- · Streamlining enrollment applications and expanding presumptive eligibility authority
- · Passively enrolling eligible individuals
- Permanently authorizing and enabling Medicaid health plans to access and use accurate, timely, and complete data to conduct targeted outreach, including via text, to help beneficiaries renew coverage

Flexibility under federal law, including waiver authority, gives states opportunities to design tailored programs to increase coverage. In addition, Medicaid could cover an additional 2 million uninsured individuals if an additional 10 states implemented Medicaid eligibility expansions and utilized matching funds available under federal law.¹⁸

Exchange Coverage

The federal and state-based Exchanges, implemented in 2014 to increase access to affordable coverage, enroll 15 million individuals, including 14 million (93 percent) who receive federal subsidies.²⁰

- Exchange enrollment increased by 6 million people (67 percent) between 2019 and 2023,²¹ following increased subsidies and extended enrollment periods implemented during COVID to increase eligibility and facilitate continuous coverage.
- Covering the 8.5 million uninsured people eligible for Exchange coverage, including 4.5 million eligible for subsidies (and 2 million in the Medicaid coverage gap), would represent a 57 percent increase on current enrollment.²²



Solutions to increase Exchange coverage among eligible individuals include:

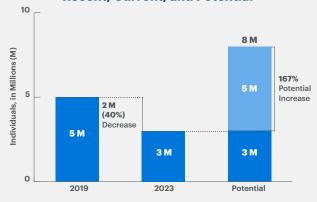
- · Permanently authorizing increased subsidies, and expanding eligibility for subsidies
- · Passively enrolling subsidy-eligible individuals, with a consumer opt-out
- · Increasing funding for enrollment outreach and assistance
- Allowing Exchange plans greater flexibility to help identify, inform, and enroll eligible individuals

Individual Off-Exchange Coverage

Individual off-Exchange coverage, which enrolls 3 million people,²⁴ is an option for those ineligible for employer coverage, Exchange subsidies, or Medicaid.

- Individual off-Exchange coverage has declined since implementation of the Exchanges in 2014, including a decrease of 2 million people (40 percent) between 2019 and 2023.²⁵
- Covering the 5 million uninsured individuals eligible for individual off-Exchange coverage would represent a 167 percent increase on current enrollment.²⁶

Individual Off-Exchange Coverage: Recent, Current, and Potential²⁷



Solutions to increase individual off-Exchange coverage among eligible individuals are consistent with the solutions to increase employer coverage.

Citations and Notes

- ¹ KFF, "Key Facts about the Uninsured Population," December 2022.
 - $\frac{\text{https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/\#:-:text=People%20without%20insurance%20coverage%20have,medical%20care%20due%20to%20cost}{\text{due}\%20to\%20cost}$
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- ³ KFF, "Health Care Debt in the U.S.: The Broad Consequences of Medical and Dental Bills," June 2022.
 - https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/
 - KFF, "The Uninsured and the Difference Health Insurance Makes," September 2012.
 - $\label{lem:https://www.kff.org/health-reform/fact-sheet/the-uninsured-and-the-difference-health-insurance/\#:~:text=Almost%20half%20of%20uninsured%20individuals,because%20of%20their%20medical%20bills$
 - Institute of Medicine (U.S.) Committee on the Consequences of Uninsurance, "Hidden Costs, Values Lost: Uninsurance in America," National Academies Press, 2003. https://www.ncbi.nlm.nih.gov/books/NBK221653/
- 4 In this brief, estimates of, and references to, people who are uninsured or enrolled in coverage refer to individuals under age 65. These are point-in-time estimates that are subject to change.
- 5 Congressional Budget Office (CBO), "Federal Subsidies for Health Insurance: 2023 to 2033, Data Underlying Figures," September 2023. Accessed September 29, 2023. https://www.cbo.gov/publication/59273#data
- ⁶ UnitedHealth Group (UHG) 2023 analysis of CBO estimates released September 2023.
- ⁷ UHG 2023 analysis of CBO estimates released September 2023.
 - CBO's estimates were grouped to create the following hierarchical, unduplicated categories of eligibility for coverage, with totals and rounded to the nearest one million individuals, or in the case of those eligible for Medicaid or subsidized Exchange coverage to the nearest half-million individuals, to ensure categories summed to the total.
 - The UHG category "Eligible for Employer Coverage" (5 M) is composed of the following CBO category:
 - "Eligible for Subsidized Employment-Based Coverage" (5.3 M)
 - These individuals are also eligible for Exchange coverage but would not be eligible for Exchange subsidies.
 - The UHG category "Eligible for Medicaid" (4.5 M) is composed of the following CBO categories:
 - "Made Eligible for Medicaid by the ACA" (1.7 M)
 - "Otherwise Eligible for Medicaid or CHIP" (2.6 M)
 - The UHG category "Eligible for Exchange Coverage with Subsidies" (4.5 M) is composed of the following CBO category:
 - "Eligible for Premium Tax Credit with Dollar Value Greater than Zero" (4.4 M)
 - The UHG category "Eligible for Exchange Coverage without Subsidies" (4 M) is composed of the following CBO categories:
 - "Income Below the FPL and Living in a State That Has Not Expanded Medicaid" (1.9 M)
 - "Not Eligible for Premium Tax Credit with Dollar Value Greater than Zero" (2.0 M)
 - The UHG category "Eligible for Individual Off-Exchange Coverage" (5 M) is composed of the following CBO category:
 - \bullet "Without Legal Status, Not Eligible for Employment-Based Coverage" (5.1 M)

- ⁸ UHG 2023 analysis of CBO estimates released September 2023.
- ⁹ UHG 2023 analysis of the sources listed below based on the June 2023 AHIP brief titled, "The Value of Employer-Provided Coverage." CBO estimates released September 2023.
 - CBO, "Federal Subsidies for Health Insurance Coverage for People Under Age 65: Tables From CBO's May 2019 Projections," May 2019.
 - https://www.cbo.gov/system/files/2019-05/51298-2019-05-healthinsurance.pdf
 - AHIP, "The Value of Employer-Provided Coverage," June 2023.
 - https://www.ahip.org/documents/CaW_ValueEPC.pdf
- UHG 2023 analysis of CBO estimates released September 2023.
- ¹¹ UHG 2023 analysis of CBO estimates released September 2023 and May 2019.
- ¹² CBO estimates released September 2023.
 - In this analysis, Medicaid enrollment includes CHIP enrollment.

Medicaid enrollment changes monthly. The Centers for Medicaire & Medicaid Services (CMS) reported 91.5 million individuals were enrolled in Medicaid or CHIP in July 2023. The CMS-reported enrollment total includes all ages, whereas this UHG analysis focuses on individuals under age 65.

CMS, "July 2023 Medicaid and CHIP Enrollment Trends Snapshot."

https://www.medicaid.gov/sites/default/files/2023-10/july-2023-medicaid-chip-enrollment-trend-snapshot.pdf

¹³ UHG 2023 analysis of the sources listed below.

CBO estimates released September 2023.

CBO, "Federal Subsidies for Health Insurance Coverage for People Under Age 65: CBO and JCT's May 2023 Baseline Projections," May 2023.

 $\underline{\text{https://www.cbo.gov/system/files/2023-05/51298-2023-05-healthinsurance.pdf}}$

KFF, "Status of State Medicaid Expansion Decisions: Interactive Map," July 2023. Accessed September 22, 2023.

https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

The 18 million individuals enrolled through eligibility expansions include enrollees in 40 states and D.C.

- ¹⁴ UHG 2023 analysis of CBO estimates released September 2023 and May 2023.
- UHG 2023 analysis of CBO estimates released September 2023.
- ¹⁶ UHG 2023 analysis of CBO estimates released September 2023 and May 2019.
- ¹⁷ KFF, "Medicaid Enrollment and Unwinding Tracker," September 2023. Accessed September 19, 2023.

https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/

KFF, "Understanding Medicaid Procedural Disenrollment Rates," September 2023. Accessed October 13, 2023.

https://www.kff.org/policy-watch/understanding-medicaid-procedural-disenrollment-rates/#:~:text=Procedural%20disenrollments%20occur%20when%20there,steps%20 need%20to%20be%20taken

- ¹⁸ UHG 2023 analysis of the sources listed below.
 - CBO estimates released September 2023 and May 2023.
 - KFF, "Status of State Medicaid Expansion Decisions: Interactive Map," July 2023. Accessed September 22, 2023.
 - https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

The 2 million individuals in the Medicaid coverage gap are currently eligible for Exchange coverage without subsidies or individual off-Exchange coverage. For the purposes of this analysis, these individuals are solely grouped into the UHG category, "Eligible for Exchange Coverage without Subsidies."

- ¹⁹ UHG 2023 analysis of CBO estimates released September 2023 and May 2023.
 - Exchange enrollment changes monthly. CMS reported 16.4 million individuals selected or were automatically re-enrolled in Exchange coverage during 2023 open enrollment. The CMS-reported enrollment total includes all ages, whereas this UHG analysis focuses on individuals under age 65.
 - CMS, "Health Insurance Marketplaces 2023 Open Enrollment Report."
 - https://www.cms.gov/files/document/health-insurance-exchanges-2023-open-enrollment-report-final.pdf
- ²⁰ UHG 2023 analysis of CBO estimates released September 2023 and May 2023.
- UHG 2023 analysis of CBO estimates released September 2023, May 2023, and May 2019.
- $^{\rm 22}$ $\,$ UHG 2023 analysis of CBO estimates released September 2023 and May 2023.
- ²³ UHG 2023 analysis of CBO estimates released September 2023, May 2023, and May 2019.
- $^{24}\,$ UHG 2023 analysis of CBO estimates released September 2023 and May 2023.
- UHG 2023 analysis of the sources listed below.
 - KFF, "As ACA Marketplace Enrollment Reaches Record High, Fewer Are Buying Individual Market Coverage Elsewhere," September 2023. Accessed September 19, 2023. <a href="https://www.kff.org/policy-watch/as-aca-marketplace-enrollment-reaches-record-high-fewer-are-buying-individual-market-coverage-elsewhere/#:~:text=Individual%20 market%20enrollment%20is%20growing%20again%2C%20driven%20by,coverage%2C%20the%20highest%20enrollment%20since%202016%20%28Figure%201%29 CBO estimates released September 2023, May 2023, and May 2019.
 - CBO, "Federal Subsidies for Health Insurance Coverage for People Under Age 65: Tables From CBO's March 2016 Baseline," March 2016.
 - https://www.cbo.gov/sites/default/files/recurringdata/51298-2016-03-healthinsurance.pdf
- UHG 2023 analysis of CBO estimates released September 2023 and May 2023.
- UHG 2023 analysis of CBO estimates released September 2023, May 2023, and May 2019.