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DRAFT - Task 9: Formal Stakeholder Study

**Vermont Office of Health Access
Planning for Vermont's Health Benefits Exchange**

**Task 9 Underinsured Vermont Residents Focus
Group Report**

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Table of Contents

	Page
Key Findings and Discussion.....	1
Methodology	7
Limits to Qualitative Research	9
Detailed Findings	10
Appendix 1. Moderator's Guide	39
Appendix 2. Sample Screener (Rutland).....	44
Appendix 3. Group Hand Outs.....	51
Appendix 4. Participant Profile Sheets.....	54

Key Findings

Summary

The plight of the underinsured is sobering.

The underinsured are in a financial trap. They recognize that they need insurance to protect themselves in the event of a major illness, but the catastrophic insurance they purchase is very expensive for them. Since it is designed to cover catastrophes, the underinsured also pay out of pocket for most expenses. A family with a high deductible plan can easily pay \$20,000 for insurance and health care, and still forgo necessary diagnostics and treatments.

Since the underinsured see their insurance bills and their health care bills, they are more savvy shoppers than those who have no insurance. They have looked for less costly coverage, they have learned through experience that not all care is covered, and they are keenly aware of healthcare costs. They are frustrated and alarmed by the escalating cost of care. To them, healthcare costs seem unreasonable and increasing at rates that are out of control.

Those with high deductibles manage health care expenses aggressively. They question their physicians about the need for procedures, ask for discounts, review and question bills and ask for payment plans to stretch out payments. Some make decisions to delay or forgo entirely some necessary or recommended preventative care.

The underinsured do not expect the Patient Protection and Affordable Care Act (ACA) to address their needs and problems with the cost of healthcare or the cost of insurance. Outside of the extension of insurance to older children and protection from being denied insurance due to a preexisting condition, they don't see any benefit for them from the ACA.

New health plans offered on the Exchange will attract their interest, and based on their current activism, they are likely to look carefully at details and ask questions. They will look to the Internet first for information, but they want personal assistance from an unbiased expert to decide if a plan meets their needs.

Participants

Most of the participants had high deductible plans and only some worked for employers who made significant contributions to Health Savings Accounts. The strain on family budgets created by the cost of the insurance and the out of pocket expenses was frightening.

We have CIGNA plan, which is a high deductible catastrophic plan, which is \$5,900 a person and \$11,000 for our family, and it's \$785 a month (\$9,420/yr). So it essentially covers only if something horrible happens.

My husband insures all of us through the small business; that's my husband, myself, and our 7-year-old son, and we're with MVP, and the family plan costs about \$1,000 a month. That's just for the medical and then we pay about another \$185 a month for dental, through Delta Dental. That \$1,000 a month just buys us access to the high deductible plan, so the deductible for each individual is \$2,500 or \$5,000 for the whole family, and we utilize a health savings account.

Behaviors and Attitudes

Participants purchased high deductible plans because it was all they or their employer could afford. But the cost of these plans and out-of-pocket costs were very high.

It's called catastrophic insurance, but honestly, I think if a catastrophe happened, it would cover maybe only the first half day of the catastrophe. For that we pay \$632.79 a month, which comes out to be \$7,593.48 a year for the two of us. Presently we have a \$3,500 deductible but that \$3,500 only covers us if we go into a hospital.

My husband and I are self-employed and we have Blue Cross Blue Shield, the "torture plan," that costs \$11,000 a year plus we pay the first \$4,000, so that's \$15,000 that we pay.

Even with the high premiums, many items were not covered.

There's so much that isn't (covered). We've checked on procedures for my daughter and different things that aren't covered, and it's kind of like, why do you have health insurance?

Health Savings Accounts, though an attractive tax-free solution, were difficult for most participants to fund.

I can honestly say that every single employee that we have, not in management, can't afford to fund their health savings account, and if they did, they'd basically have to pick a bill they weren't going to pay.

With high deductibles, out-of-pocket costs affected decisions to seek care, and even preventative care is deferred.

And there are important things that we just don't do because we can't afford them, like colonoscopies for instance. If you're 50 you're supposed to start getting them. I'm 54 and I've never had one. My husband is 56 and he's never had one. And if it's the most preventable cancer there is by early screening, then why isn't it more affordable?

I will say that I have hesitated myself (to get medical care) for things like the dermatologist. I'm supposed to get a skin check every year. My mother had melanoma when she was my age now, and so I put it off for a year because certain wellness visits are covered, but if they find something, then that's not covered.

High deductible plans made patients aware of costs and frustrated by them.

I have to take an allergy pill every day of my life but yet once a year, I have to go to a doctor, get charged \$140 for an office visit, so he can give me a script for another year of medication that everybody has deemed necessary that I need.

My husband, I had to take him to the hospital in the middle of the night in March because he was having chest pains so we hauled. We get there and they gave him an IV with saline. \$300 for a bag of salt water!

Those with high deductible plans aggressively seek ways to reduce costs.

I've taken him (son) in because he's got a cold, and they've billed that out as an extended office visit. I'm sorry, but I'm not paying \$140 for your ten minutes of your time. I called them up and made them reverse those charges to the insurance company and bill me a limited office visit instead.

My husband gets his prescriptions from New Zealand, and they're one tenth of the cost!

Patient Protection and Affordable Care Act

Respondents typically referred to the Act as "ObamaCare."

You mean ObamaCare? Is that what you're talking about?

Some were aware of the mandate for everyone to purchase insurance and this was seen as unfair.

The whole idea of telling somebody who can't afford insurance anyways that you've got to go out and buy insurance now, with insurance that doesn't pay for half of the stuff anyways, it makes no sense.

Aside from insuring children up to age 26, and the end to disqualification due to preexisting conditions, most did not believe the Act would benefit them.

(I know) that preexisting conditions are now covered when you change policies and that your children are covered until they're 26 years old.

I have a lot of distrust in the system, and so that's the framework that I approach the questions. It sounds great and I don't trust it.

New Insurance Plans and the Insurance Exchange

The most important questions participants would ask about any new health insurance plan offered under the Patient Protection and Affordable Care Act included the following:

- 1) What it costs
- 2) What is covered
- 3) Whether there is a choice of physicians or hospitals

Participants were not clear what, if anything, new was to be offered by the Exchange. Plans to be offered on the Exchange did not sound very different than what is already available.

I don't need choices; I need better (health insurance).

Everything is exactly the same, except for the subsidies.

Participants were confused by the levels of plans (Bronze-Platinum) and worried that a bronze plan provided less coverage and access to providers than a platinum plan. They thought that a physician might not accept patients covered by the less costly plans.

If I call up and say, "Hi, my name is X and I'm looking to get an appointment with Dr. So and So," and they say, "Oh, ok, what level plan do you have? Bronze, Silver, Gold or Platinum?" Am I going to be denied care based on which level of care I'm choosing to pay for?

If I need to go see somebody as a specialist, I need him to be able to say, "It's ok," not, "Well, maybe he can't see you because you're only on the Bronze plan."

Participants' perceptions of what coverage was essential in plans depended on their personal circumstances and what care they were currently buying.

Our policy covers preventative care, but our family doesn't need cholesterol screening, we don't need blood pressure screening. The things that we do need to be screened for, they don't cover, like these moles that my children have.

Participants were skeptical that they would qualify for subsidies and tax credits. Those that were self-employed or in short-term jobs pointed out the difficulty in reporting income to qualify.

I feel sometimes that the more jobs you have, the more you're penalized. You have to have that money to make your ends meet on a monthly basis, so you don't qualify for those programs to get the subsidies.

I'm very suspicious about the details of that section. Right now, because the state's helping me with my health coverage, they have me attached to them by a leash basically. I have to call in my income, and my premiums change all the time depending on how much I earn. I can't plan even and it's very complicated. They want me to call in as regularly as you get a paycheck, but in my case, I don't get regular paychecks, and they've had to learn with me that I have a very irregular work schedule.

Benefits and Coverage

Participants saw little new in the mandated coverage in the Act; they thought that the mandated benefits were similar to the benefits in their current plans.

It looks like more of the same. The benefits are pretty much everything that I get now.

Inclusion of preventative care was a key for many.

I would really like to see health insurance get more “pro-health” instead of “fix it when it’s broken.” In other words, more proactive to helping people maintain their health, more preventative.

Many expressed interest in alternative care services provided by caregivers other than traditional doctors.

I’m personally concerned about the lack of coverage for what are called CAMs – complimentary and alternative medical approaches. I think the Western approach is very limited, and people end up paying out of pocket if they can for an approach that may work better for them.

Vision and dental care were seen as routine and necessary expenses. Many wanted to see these covered in any plan.

Most participants were skeptical about the different levels of the plans. Many thought they would only be able to afford the bronze plan with the more limited coverage.

The cost sharing is pretty much is the same. You can shop around and pay for an expensive low-deductible or an inexpensive high-deductible.

We’re all going to be stuck paying for the Bronze plan because that’s all the companies can afford to pay.

Participants thought that picking the right insurance plan was a gamble – one that they were likely to lose.

Every plan is slightly different. Do I want to bet on diabetes? Do I want to bet on a coronary? Do I want to bet on cancer? What do I want to bet on? And right now I’m healthy, but by the time I get home tonight, I could have a very serious problem. Comparing insurance is not quite so clear because you never know what that future may bring. I think all the plans should basically be the same.

Information

The first place participants would look for information on health insurance plans sold under the Exchange would be on the Internet.

First would be internet for me, just so I could get a general gist of the information and then compare information. What can I say, I'm resourceful, that's how I would do it.

Most would also want personal contact, either over the phone or face-to-face.

I think it's good to be able to go into an office or call someone on the phone that you develop a relationship with that explains what's best for you.

Participants liked the idea of a navigator but were concerned that a navigator would be biased.

I like the fact that this navigator, who I assume would come from the state or a private organization, has an objective view of the information they're passing on.

Say I'm a navigator and I get you to sign onto Neighborhood Health Plan. I don't want the sales person to get paid by Neighborhood Health Plan. If they're getting commission from the company that they're selling it for, they are going to want to push that company

Participants were concerned about the competency of the navigators. They thought that extensive training and experience would be necessary to serve as an advocate and think through all the options.

I'd want a navigator who would be my advocate, somebody who would look at things from my perspective, like, "Hearing what you're saying, let's look at the pros and cons of this." And who wouldn't be limited by only what I ask, like the screen readers who sell you credit cards.

As participants thought through the roles of a navigator, they became concerned with the cost of them and wondered who would pay for them.

There is going to have to be a tremendous number of navigators; where is this money coming from? What cost is it going to add? Is it going to come out of the individual citizens somehow?

Methodology

Four focus groups were conducted with underinsured Vermont residents.

- One focus group was conducted at 6:00 pm on Tuesday, April 26th, 2011 at the Rutland Regional Medical Center in Rutland, VT. There were 7 participants in attendance.
- One focus group was conducted at 5:30 pm on Wednesday, April 27th, 2011 at the Fanny Allen Campus of Fletcher Allen Health Care in Colchester, VT. There were 6 participants in attendance.
- One focus group was conducted at 7:30 pm on Wednesday, April 27th, 2011 at the Fanny Allen Campus of Fletcher Allen Health Care in Colchester, VT. There were 9 participants in attendance.
- One focus group was conducted at 6:00 pm on Thursday, April 28th, 2011 at the Northeastern Vermont Regional Hospital in St. Johnsbury, VT. There were 8 participants in attendance.

A total of 30 individuals participated in the four groups.

All recruiting was conducted by Market Decisions at our interviewing facility in Portland, Maine. For sample, we primarily relied upon a list of underinsured participants of the 2009 Vermont Health Insurance Study. Market Decisions also posted ads on CraigList, purchased an additional sample of Vermont residents ages 18-64 and used referrals from recruited participants.

Findings of a focus group are representative of those who participate in the groups, not necessarily of all potential respondents. Group participants can be characterized as:

- Underinsured, that is, based on their family income, their deductible or out-of-pocket expenses were greater than or equal to monetary numbers provided by the state of Vermont (which then classified them as underinsured or not).
- Not employed by an advertising agency or market research firm (no other members of the household were employed by such firms either).
- Between the ages of 18-64.
- Have not participated in a focus group discussion within the past 6 months.

Other Characteristics of Group Participants Included the Following:

- Insurance was provided through an employer or was purchased directly.
- Mix of those covered under the policy was sought (Participant / Spouse / Child / Children)
- Range of income levels.
- Range of the number of adults and children living in the household.
- Very comfortable, somewhat comfortable, or comfortable expressing their thoughts and opinions openly in a group setting.

The discussion guide and screener were developed by Market Decisions in consultation with the client.

All groups were moderated by Curtis Mildner, a Riva Institute trained moderator.

Limits of Qualitative Research

Focus groups are considered qualitative research. They identify issues and types of responses, but they do not result in statistically meaningful allocations of responses by percentages, as would quantitative research. Focus groups can tell us how consumers may act, think, or feel but they cannot tell us how many consumers think or feel a certain way.

Since focus groups allow for probing, in-depth discussion, and the use of special tools and techniques, they are much better than quantitative research in getting beyond the easy-to-get-at surface or top-of-mind responses. This beneath-the-surface information is much more likely to reveal the underlying attitudes, preferences, and beliefs that ultimately drive thinking and behavior.

Care should always be taken in interpreting or acting on individual participant comments. A single comment may not represent anything more than one individual instance – unless it can be shown to be indicative of a general theme or a pattern of beliefs, perceptions, or behaviors.

Quantitative research should always be considered as a next step to qualitative research. Such research adds power to the findings of focus groups by more fully describing who the respondents are that think or act in a certain way, how many there are, as well as where they can be found.

Detailed Findings

Notes:

The following descriptive words are used consistently in the report to describe the size of groups that expressed ideas.

- “Most” is more than a majority
- “Many” is up to a majority
- “Some” is less than a majority but still a significant group

Since every respondent did not express a view on every issue, these are only rough guides to the strength of positions. These findings reflect the comments of participants in the groups.

Notes-style comments from participants and every topic are presented here. While these are mostly verbatim transcriptions, pauses, incomplete sentences, and redundancies were left out. Some comments were clarified to include what the participants were referring to, and incomplete comments were made into sentences. By providing comments, readers can see the breadth of discussion and verify or dispute the overall summary of the discussions.

Notes-style comments from participants are presented in italics by: gender, where insurance was obtained, insurance company (if known), deductible, and group location. For example:

- *(Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)*

Warm-Up and Stories of the Underinsured

Most participants in the groups had high deductible plans. Many of these high deductible plans cost \$600-\$900 monthly with deductibles as high as \$11,000 for a family. Respondents that met their deductibles for the year might pay \$15,000 or more per year for health care.

I have family health insurance through my husband's business. He has a small business, and we purchase our insurance through the Lake Champlain Chamber of Commerce. We have a CIGNA plan, which is a high deductible catastrophic plan, which is \$5,900 a person and \$11,000 for our family, and it's \$785 a month. So it essentially covers if something horrible happens. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

I got mine through my retirement at UVM. I'm with CIGNA, but I have a high deductible which is \$2,500 per person, and it's just me and my wife, so it's \$2,500 per person. I don't know how CIGNA works, but the bill goes to CIGNA and CIGNA works out some kind of a discount, and whatever is left over from the discount that they work out, I still have to pay everything up to the deductible, which is \$2,500 a year. (Male / Through Retirement / CIGNA / \$5,000 family deductible / Burlington1)

My husband and I are self-employed and we have Blue Cross Blue Shield, the “torture plan,” that costs \$11,000 a year plus we pay the first \$4,000, so that’s \$15,000 that we pay. (Female / Purchased Directly / Anthem BCBS / \$4,000 family deductible / Burlington2)

So we have Blue Cross Blue Shield, we have a \$10,000 deductible, and we also have Medicaid for three out of five of our children. This year my daughter, who’s chronically ill, is 18... but this year is what hit us harder because the Medicaid took care of her for a lot of what we had. Blue Cross Blue Shield doesn’t cover a lot of things she needs to get. (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

My husband insures all of us through the small business; that’s my husband, myself and our 7-year old son, and we’re with MVP, and the family plan costs about \$1,000 a month. That’s just for the medical, and then we pay about another \$185 a month for dental, through Delta Dental. That \$1,000 a month just buys us access to the high deductible plan, so the deductible for each individual is \$2,500 or \$5,000 for the whole family and we utilize a health savings account. (Female / Purchased Directly / MVP with HSA / \$5,000 family deductible / Burlington2)

The employees pay a very small portion of the premium, so it’s keeping the costs low, but the plan itself has a very high deductible. For single person, it’s \$4,000; for two-person family, it has an \$8,000 deductible. The company has chosen this plan to keep the costs down low and so that they can take care of the majority of the cost of the premium for the employees. (Female / Through Employer / Insurance Company Unknown / \$4,000 single deductible / St. Johnsbury)

Just for my husband and I, it’s called catastrophic insurance, but honestly, I think if a catastrophe happened, it would cover maybe only the first half day of the catastrophe. For that we pay \$632.79 a month, which comes out to be \$7,593.48 a year for the two of us. Presently we have a \$3,500 deductible but that \$3,500 only covers us if we go into a hospital. (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

I have a two-person plan through my employer, with Blue Cross and Blue Shield, and I pay \$775 a month for the two of us, with a \$5,000 deductible, \$7,500 maximum out of pocket. (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

I have a high deductible insurance plan, it’s \$6,000. The company I work for gives me a credit card with \$3,600 on it for any medical anything. The company pays the first \$3,600 and I then pay the next \$2,400 to make the \$6,000. After that, I have Blue Cross Blue Shield, which pays 100%. (Male / Through Employer / Anthem BCBS / \$6,000 family deductible / Rutland)

Right now where we are is the \$5,000 family deductible; it’s 100%, and we’re paying \$970 I think every month, and the challenge there is that last year I had surgery and I was in the emergency room and we did meet that deductible and we’re still paying on that. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

One issue of uncertainty revolved around what was covered under their plan and what was not. Some were surprised that procedures or prescriptions were not covered. Many participants had high out-of-pocket costs over the past year because their insurance plans did not cover certain medical situations.

I've got health insurance through my employer; it's CIGNA. It doesn't have a high deductible; it generally has a co-pay, but there's some categories of things they don't cover well, so this last year I had a high out-of-pocket cost. (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

Last year my spouse had appendicitis and we had better insurance, and even the out-of-pocket costs for that hospitalization was just crazy. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

There's so much that isn't (covered). We've checked on procedures for my daughter and different things that aren't covered, and it's kind of like, why do you have health insurance? Because of the things that aren't covered, because of the huge deductible. (Female / Through Employer / Anthem BCBS / \$2,500 family deductible / St. Johnsbury)

We get no doctors visits, no prescriptions. I have to pay for mammograms. I get no dental, no eye doctor. Nothing. Everything is out of pocket for us, and if we reach our \$3,500 deductible in a hospital stay or whatever, then they'll kick in. (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

I think I get more surprised when something IS covered. (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Although many participants had Health Savings Accounts (HSA), the HSAs were of limited usefulness to most. Some employers made contributions throughout the year to the HSAs, but other plans depended 100% on employee contributions. For some, the IRS cap on what they can contribute to the HSA is lower than the deductible.

I get my insurance through my employer. It's an HSA account, a high deductible. For single, it's \$2,000. And the company puts in probably about \$750 out of the \$2,000 throughout the year. (Female / Through Employer / Insurance Company Unknown but with HSA / \$2,000 single deductible / Burlington1)

I have a high deductible Blue Cross Blue Shield plan with an HSA; it's a \$6,000 family deductible. \$250 a month comes out of my paycheck a month just to pay the premium. I get it through my employment, which is also a small business, and they contribute \$1,000 over time to my HSA account, and I'm lucky I can put money into my HSA account, but they also cap how much you can put into it, and the cap is not even the deductible, so it doesn't make any sense to me. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

They (employer) contribute into that \$2,800 a year, and then I have some taken out (of my paycheck) just to cover the \$4,000, just in case. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / Rutland)

One participant, himself a small employer, offered an HSA plan to his employees, but his business could only afford to contribute a small portion of the maximum contribution allowed per year; his employees could not afford to fund their HSAs. Other participants with HSA accounts also mentioned the difficulty with funding their accounts.

I'm ashamed for what we offer our guys for health insurance because I'm a person that believes it's a right in our country for everybody to have health insurance paid for somehow. I believe it should be through employment because it's a good way to group people and pay for it through your employer. The family plan is around \$900 a month and if you're a family, you can have \$6,150 towards your health savings account, and the company probably kicks in \$1,000 of that and we have to fund the rest ourselves personally. I can honestly say that every single employee that we have, not in management, can't afford to fund their health savings account, and if they did, they'd basically have to pick a bill they weren't going to pay. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

We try to funnel some money to the health savings account every year for the last two and a half years that we've been doing this. But we never funnel enough to cover the deductible and God forbid we should be in a position to have to reach that. (Female / Purchased Directly / MVP with HSA / \$5,000 family deductible / Burlington2)

Some participants deferred care in the first part of each year because the HSA was not yet adequate to pay the bills until the deductible was met.

Like with my shoulder, this year I didn't have enough money in my HSA account to cover, to hit my deductible, so I couldn't go to physical therapy, couldn't seek medical help on my shoulder until I had enough in my account, and then I could do it because I knew they'd take my \$2,000 deductible and then it would be covered. (Female / Through Employer / Insurance Company Unknown but with HSA / \$2,000 single deductible / Burlington1)

When we hit the deductible, early on in the year, before the money is actually in the account... because I do an HSA and I take \$100 a week out of my paycheck, on top of the insurance, to put into the HSA. (Male / Purchased Directly / Anthem BCBS with HSA / \$4,000 family deductible / Burlington2)

Once a month, the business manager puts in \$184 on the last Friday of the month into the account. And you can use it, the only problem is, is that if your prescriptions or anything that you have go over that, you're going to be in trouble and are gonna have to wait until the following month to have enough money in there, and that happened to me about a year ago. (Male / Through Employer / MVP with HSA / \$2,500 single deductible / Rutland)

Self-employed people were particularly hard hit because they pay 100% of their premiums, often for very high deductible coverage.

I've been an employer since 1989 and we currently have a health savings account that the company does not put a lot towards. The out-of-pocket for a family, which I have, is \$7,000 total, and so by the time you're done paying the premiums and the out-of-pocket, it's a lot of money. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

One self-employed 3-person household paid a \$10,000 premium for a plan that has an \$11,000 family deductible.

We pay \$10,000 a year for our premiums and then \$12,000 that you have to pay out of pocket until you're covered, so it's \$22,000. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1) NOTE: During the introduction, this participant stated her family deductible was \$11,000, not \$12,000 as the comment indicates.

Participants were well aware of the escalating costs of health insurance for their employers and understood why they were not able to offer better coverage.

Some participants were enrolled in Vermont's Catamount. While they appreciated the low cost, they noted that they needed to report their actual incomes frequently, and their cost would rise if their incomes did, too.

My premiums depend on how much I earn, and if I start to earn a fair amount of money, I'm going to be paying as much as I was paying in COBRA payments, which was ten times compared to what I was paying when I was employed. (Female / Purchased Directly / Catamount Health / \$250 single deductible / Burlington2)

With Catamount, it's pegged to your income. Once you start working, you're going to be paying more and more and more each month. (Female / Purchased Directly / Catamount Health / \$250 single deductible / Burlington2)

Some participants noted that they had not sought care because it was an out-of-pocket expense – or because of restrictions of the plan. One woman mentioned that she and her husband had not undergone colonoscopies because of the cost, and she did not have an HSA account to cushion the cost.

And there are important things that we just don't do because we can't afford them, like colonoscopies for instance. If you're 50 you're supposed to start getting them. I'm 54 and I've never had one. My husband is 56 and he's never had one. And if it's the most preventable cancer there is by early screening, then why isn't it more affordable? (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

A few women mentioned that they did not follow through with dermatology visits that in hind sight were probably necessary. For one woman, two of her children have had to visit the dermatologist multiple times for precancerous skin biopsies and to have moles removed, with each visit costing \$700; she decided to hold off her skin screening visits since the costs were adding up from her children's visits. Another woman said that skin cancer runs in her family, yet she put off her annual dermatology visit because she was uncertain if her plan would cover all or part of her screening.

Two of my children have had precancerous skin biopsies for their very fair skin and have had moles removed and that costs \$700 at least each time that happens, so I'm also fair, but I've never gone to a dermatologist because we're always paying the dermatologist. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

I will say that I have hesitated myself (to get medical care) for things like the dermatologist. I'm supposed to get a skin check every year. My mother had melanoma when she was my age now, and so I put it off for a year because certain wellness visits are covered, but if they find something, then that's not covered. (Female / Purchased Directly / MVP with HSA / \$5,000 family deductible / Burlington2)

Others said that they didn't or couldn't be concerned about the cost of care because of the importance or urgency of the care. One participant felt entirely justified in rushing her spouse to the hospital because of chest pains – but was devastated later by the amount of the bills. Another participant thought twice about a gash in her daughter's face – but brought her to the hospital fearing disfigurement if she didn't.

My daughter fell and cut her chin on Thanksgiving Day and we were faced with this dilemma of do we go and get stitches? Well, it was on her face and it was pretty big. I don't want to have that deliberation; I just want her to get the health care she needs. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

The high deductible plans appeared to result in higher awareness of prices and efforts to seek lower cost medical care. One woman asked for reimbursement and rebilling after her physician billed for "extended" office visits instead of short office visits. Another woman told her provider she was uninsured and negotiated a lower rate for office visits and an x-ray. She also purchased her prescriptions from Canada at a fraction of the cost of the prescription locally. Another woman's husband got prescriptions online from New Zealand.

I've taken him in because he's got a cold, and they've billed that out as an extended office visit. I'm sorry, but I'm not paying \$140 for your ten minutes of your time. I called them up and made them reverse those charges to the insurance company and bill me a limited office visit. (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

You order your prescriptions online. My husband gets his prescriptions from New Zealand, and they're one tenth of the cost! (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

I order my medication through Canada and for one prescription that I would have to pay \$1,250 here for three months worth, I get it there for \$150. The meds that are cheaper here, I buy, and I say I don't have insurance, because I don't use it. (Female / Through Employer / Anthem BCBS with HSA / \$5,000 family deductible / Rutland)

Most participants were alarmed or even angry at the prices charged for care. One was unhappy about a \$140 office visit, another with a \$750 charge for a five-minute ear scope procedure, and another with a \$300 charge for administration of a drip bag of saline solution - as well as charges for surgery from doctors they didn't even know were involved.

They'll send a bill, say \$36.12 this week. Next week it's \$41.40 from this person and that person. I never saw these people! I think they're trying to hamstring us here. (Male / Through Employer / MVP with HSA / \$2,500 single deductible / Rutland)

What about conditions you have? I have to take an allergy pill every day of my life but yet once a year, I have to go to a doctor, get charged \$140 for an office visit, so he can give me a script for another year of medication that everybody has deemed necessary that I need. (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

My husband, I had to take him to the hospital in the middle of the night in March because he was having chest pains, so we hauled. We get there and they gave him an IV with saline. \$300 for a bag of salt water. They ran some tests and the doctor of course is going to recommend what the best case scenario is for his care, but do you think we can afford that? They wanted to keep him for a couple of days and now these bills are starting to come in, from people we had no idea (were involved). (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

One participant went for a surgical procedure at an out-of-state hospital because a specialist surgeon was associated with that hospital. She was only reimbursed a percentage of the lowest cost provider in the area, as she was informed after the fact that her surgery would have been less costly had she gone to a hospital in her region.

I had surgery on my little finger so I had microsurgery done at Dartmouth Hitchcock because there was surgeon there that was specialized in this type of surgery with a microscope. Afterwards, the bills started coming, and they just kept coming. Come to find out, the insurance company writes us and says, "Well, because there are hospitals in your region that would have cost less if you had the surgery there." They're only going to pay up to what the cheapest guy was. We didn't know that. (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

Another man was not covered for the prescription drug his doctor recommended. This same participant also learned that the number of pills he should have been prescribed was reduced by his insurance company. Other participants experienced similar situations where their insurance companies dictated how many pills they should receive.

There are things that I'm finding that they don't pay. There are some medications that I've gone to the doctor for and he said, "You should have this, my other patients are receiving it, call Blue Cross Blue Shield again." So they've (BCBS) said, "No, because of the insurance that you have, it's not covered." (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Last year there was medication that I should have been taking daily. So Blue Cross Blue Shield and their great wisdom said, "No, we're going to give you six pills and that will go towards the deductible." Six pills, not thirty. So this year they said there was a whole category of drugs they were not even going to cover. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

I've had that, where you get a prescription filled, but you only get it half filled because the insurance says you can only have this many pills. Instead of the doctors telling you what you need, insurance is saying what you need. (Female / Through Employer / Anthem BCBS with HSA / \$5,000 family deductible / Rutland)

Some participants were confused by in-network coverage and fees compared to out-of-network coverage and fees. Some noted that their health insurance plans did not include doctors of their choice or did not have particular types of specialists that were considered "in-network." One participant brought his wife to the only cardiologist that had appointments available. While he was aware that the doctor was out-of-network, he did not know "how it worked" and is still paying off the high charges that resulted.

My wife went to a cardiologist over here that was independent, and that was almost \$900 that wasn't towards my deductible or anything. That I'm still paying. They weren't in network. I kind of knew they weren't, but it was where I could get her in in a hurry, it was a heart specialist. Believe it or not, that doctor is now with Fletcher Allen, but at the time he wasn't, and I'm still paying that bill. I expected it to be not as quite as much; I knew it was out of network, and I don't know how that works. I don't think a lot of people do know how it works. (Male / Through Retirement / CIGNA / \$5,000 family deductible / Burlington1)

There's a number on the back of the CIGNA card and you've got to check that. I actually had something done at the place right over here, an oral surgeon, and there's no oral surgeons in the CIGNA network. But I protested it and got more than half of it paid. (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

Participants with high deductibles often cannot pay immediately and work out plans paying smaller amounts such as \$50 until larger bills are paid off. Several participants were still paying off their bills from the previous year.

One of my bills is in collections. I've reached my deductible this year already with the sleep study I had so I've tried to negotiate. I'm sending them \$50, take it or leave it right now. Whether they'll agree to that, I don't know yet. (Male / Through Retirement / CIGNA / \$5,000 family deductible / Burlington1)

You go to your appointment at the hospital, or you have a procedure done at the hospital, and you pay your deductible, and then it's like, "Oh, I don't have that money, can you send me a bill?" Then you set up a payment plan and I pay \$85 a month for the physicians and \$40 a month for the hospital bill. (Female / Purchased Directly / Anthem BCBS / \$4,000 family deductible / Burlington2)

A few participants noted that they or others were "working for their health insurance," i.e., to have coverage and to meet their out-of-pocket costs.

I make a pittance of an hourly wage, so it's like I work for our health insurance, you know? (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

Awareness of the Act

Participants knew that a federal law had been passed, which many knew as ObamaCare, but most were particularly aware of the publicity regarding the political battles surrounding the passage. They were not very familiar with how it affected them.

Is that ObamaCare, or is it a different thing? (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

It's called ObamaCare. (Male / Purchased Directly / CIGNA / \$3,000 single deductible / Burlington2)

I like to call it ObamaCare. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

You mean ObamaCare? Is that what you're talking about? (Male / Through Employer / MVP with HSA / \$2,500 single deductible / Rutland)

The things that I've heard are that it's designed to drive costs down, it's going to help us by lowering the cost, that it will improve our access, that everyone should be covered, but at the same time, you can keep the coverage that you have if you want. Just a number of things like that. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

That there's about 27 Attorney Generals fighting this thing because they say it's wrong. One of the stipulations is that you as an American have to have health insurance. If you can't afford it, you can't afford it. The fact is, it was supposed to be single payer and President Obama copped out like he always does on everything. (Male / Through Employer / MVP with HSA / \$2,500 single deductible / Rutland)

Some of the younger participants were not familiar with the Act and one even admitted that it's easy to "stay ignorant" on issues and legislation surrounding health care and insurance.

First of all, I did not know what that was. And I think that's a big problem that I run into with anything, is that it's so easy to stay ignorant. When you described it, I kind of knew what it was by description, but I didn't know what it was and I find that happens a lot. Maybe it's just because of my situation or my age, but I find a lot of times these things come out, and I just don't even know, and I can't believe it's not totally presented to me. If I don't go looking for it, I don't know about it. (Male / Purchased Directly / Catamount Health / \$0 single deductible / Burlington2)

I guess this is the first time I've ever heard about it because my mom was telling me, and she said, "Yeah, if you're 23 and a half, and if you're not a full-time student, then you're not on it." So I guess she hasn't heard about it either. (Male / Through Employer / MVP / \$1,500 family deductible / St. Johnsbury)

I listen to NPR pretty much 24/7, and I know I've heard something about it on there, but I didn't pay much attention. (Female / Purchased Directly / AMP / \$2,500 single deductible / St. Johnsbury)

Some knew that insurance would be mandated – and thought that this was beyond what the constitution permitted. Others noted that the use of seat belts and motorcycle helmets was mandated – so the law was consistent with other rules. Some felt that health care is a public good to which all should contribute.

All I know is that there's some things out there that says that everyone has got to have insurance. (Male / Through Retirement / CIGNA / \$5,000 family deductible / Burlington1)

I just know that if you don't have insurance, you're going to be forced to buy it. I already have insurance, so it goes right past me. (Female / Through Employer / Insurance Company Unknown but with HSA / \$2,000 single deductible / Burlington1)

Some thought that it was silly and unfair to force people to purchase health insurance, particularly since most people are currently having trouble affording insurance right now.

The whole idea of telling somebody who can't afford insurance anyways that you've got to go out and buy insurance now, with insurance that doesn't pay for half of the stuff anyways, it makes no sense. (Male / Through Retirement / CIGNA / \$5,000 family deductible / Burlington1)

A few were concerned about how the Act would affect employers. They questioned how business owners would be able to afford to offer insurance to all of their employees.

And also from the employers' perspective, so then their hands are also tied. The cost. They can't afford it! (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

Some participants, particularly those with eligible children, knew that coverage could be extended up to 26-year-old children. One college student only learned of this provision from other participants during the focus group. Others liked the fact that exclusions for pre-existing conditions were eliminated.

That pre-existing conditions are now covered when you change policies, and that your children are covered until they're 26 years old. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

It will allow me to insure my youngest daughter, who's now 25 and just got out of college, and I can insure her until she's 26. And I have my youngest son who just started college this year on my policy still, too. But before, if your children are out of college, they drop them immediately. (Male / Through Employer / Anthem BCBS with HSA / \$5,700 family deductible / Burlington2)

Another good thing about the health care reform is the elimination of a pre-existing condition as an obstacle to getting on a new health care insurance plan. (Female / Purchased Directly / MVP with HSA / \$5,000 family deductible / Burlington2)

The pre-existing condition thing made me feel a lot better for my daughter (who's chronically ill), I was concerned about that. (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

My thing is that if I'm not a full-time student and under the age of 23 and half, I'm not going to be able to be on their insurance, and I'm going to be out of school soon, so I'm gonna have to have my own health insurance or not get sick. (Another participant then says: That's changed. You can be on until you're 26, and you don't have to be a full-time student). 26? Really?? (Male / Through Employer / MVP / \$1,500 family deductible / St. Johnsbury)

Most did not know if or how the Act might benefit them directly. Most did not think the act addressed the important drivers of health insurance costs.

- The rising cost of health care.
- The involvement of insurance companies – their overhead and their motive to earn profits.

Participants began the focus groups skeptical that the health care act would do much good to affect health care costs or benefit them directly, and they remained skeptical at the end of the groups after reading about elements of the health care plan.

I realized after getting to the third sheet (the third group exercise) that I have a lot of distrust in the system, and so that's the framework that I approach the questions. It sounds great and I don't trust it. Because I don't know who's looking out for me. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

It sounds good because you're getting rid of the deductible, but I'm still leery. (Female / Through Employer / Anthem BCBS / \$2,500 family deductible / St. Johnsbury)

Key Information on Plans

Participants want to know three key things about health insurance plans:

4) What it costs

I would look at what's the total amount of money. Even if it's a high deductible, what are we paying in, what's our options? As much as I could, I'd price shop and look at the whole picture. (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

I'd want to know cost, deductibles, and co-pays. (Female / Through Employer / Anthem BCBS / \$0 single deductible / St. Johnsbury)

5) What is covered

What's allowed? What does it cover? (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

How expansive would the coverage be? This is a huge concern for me. Would it cover dental, medical, women's issues, chiropractic? (Female / Purchased Directly / Anthem BCBS / \$0 single deductible / Burlington2)

I'd want to know if preventative care was covered 100%. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

6) Whether there is choice of physicians or hospitals

Is my primary care provider accepted by this insurance? Are they on that list? (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

The extent of the provider network. What doctors can be seen under the insurance. (Female / Purchased Directly / MVP with HSA / \$5,000 family deductible / Burlington2)

Can I see the doctors of my choice? (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

If my primary care physician or the doctor that I choose is a provider that I can still continue to see. (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

I had down portability. I can choose which doctor or where I go. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Participants would want to know a variety of other things about health insurance plans.

Summary of what respondents would want to know about a health insurance plan. If the item was mentioned more than once, the number of times it was mentioned appears in parentheses			
Rutland Group (7 Participants)	Burlington – Group 1 (6 Participants)	Burlington – Group 2 (9 Participants)	St. Johnsbury (8 Participants)
Cost (5)	Cost (6)	Cost (7)	Cost (6)
What is covered? (4)	What is covered? (5)	What is covered? (5)	What is covered? (5)
What is the deductible? (4)	What is the deductible? (3)	Are prescriptions covered? If so, what ones? (3)	What is the deductible? (4)
Choice of providers? Can I see who I want? (4)	Choice of providers? Can I see who I want? (3)	What exclusions are there? What's not allowed? (3)	What is the co pay? (3)
Are pre-existing conditions covered?	Are there any age limits for coverage?	What is the deductible? (2)	Are there different premiums for different plans?
How long will I have to wait for an appointment?	Is dental covered?	Are there any age limits for coverage?	Can you have office and specialist visits?
Portability	Is vision covered?	Are there yearly or lifetime limits?	How sick could I get?
What is the co pay?	Simplicity	Choice of providers? Can I see who I want?	What is the benefit to me?
Will everyone in the family qualify for the same plan?	What is the cap?	Extent of PT, OT, Speech, Rehab coverage	
		Is dental covered?	
		Is optometry covered?	
		Will CAMs (Complimentary Alternative Medicines) covered?	

Simplicity. How easy it is to understand. I'd want to know everything about it so I'd understand. (Female / Through Employer / Insurance Company Unknown but with HSA / \$2,000 single deductible / Burlington1)

The extent of PT/OT speech and rehab coverage, which is personally important to me in the event of a catastrophic something or other in the future, because the plans that I've seen so far, if you end up in a rehab facility, if you have PT and OT therapy five days a week, you're going to run out of coverage after maybe three weeks. (Female / Purchased Directly / Catamount Health / \$250 single deductible / Burlington2)

Can I get coverage even if I'm out of the optimal age range? Because sometimes in bigger choices, they say they cover things, but only for certain age groups. (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

I want to make sure that if I'm coming into this thing and I have a pre-existing condition that I'm going to be covered and not told that I'm going to be dropped for this thing. (Male / Through Employer / MVP with HSA / \$2,500 single deductible / Rutland)

Will everyone qualify in the same family for the same plan, because it's so hard to keep track of what the doctors are charging, so I just want it to be that everybody has the same plan. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / Rutland)

The Exchange

Participants were confused about the need for the Exchange as they were already insured. Quite a few felt that the Exchange was not much different from the current system now. Most simply wanted better health care coverage and less costly plans than what they currently have now.

I don't need choices, I need better (health insurance). To me it doesn't matter if it's Blue Cross Blue Shield or CIGNA, I just want it to be better, less costly. And as a result of my partner's surgery last year, there were all these hidden costs. So there's the hospital's deductible and the surgeon's deductible and so I don't need to shop around and uncover every single deductible you're going to be faced with in the hospital. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

Everything is exactly the same, except for the subsidies. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

Some participants were not sure why each state had a different set of rules for qualifying insurance providers. They confused the need to assure that insurance companies were financially sound with qualifying or approving the insurance plans themselves. Some participants questioned who exactly would set the standards.

That the states set their own standards? Like, how's that going to fly? That could be a huge variable. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

Who decides their standards? The state or the federal? (Female / Through Employer / Anthem BCBS with HSA / \$5,000 family deductible / Rutland)

It must meet certain standards set by the state. It's a common level yet the states are all different. There's a standard that's common, yet it's somehow different. The standards are confusing. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

How is it a federal program if there's 50 different states doing 50 different things? (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Since each state has different sets of rules, a few participants wondered if coverage would cross state lines.

Will coverage cross state lines? Will the insurance that we purchase here in the state of Vermont work if we're traveling in Arizona and we fall in the Grand Canyon? (Female / Through Employer / Insurance Company Unknown / \$4,000 single deductible / St. Johnsbury)

As an employer, we have some employees that live in the state of Vermont and we have some employees that live in another state. So what do I do for them? Do I have to go to an Exchange in that state and purchase there? (Female / Through Employer / Insurance Company Unknown / \$4,000 single deductible / St. Johnsbury)

A few wondered if their current health care providers were required to treat patients who purchase health care plans under the Exchange, or if they had the option to reject patients covered by certain plan levels sold through the Exchange. A fair number of participants were worried that they may not be able to see their current doctor or a doctor of their choice if they weren't on a high-level plan.

Will your health care provider have to accept this health insurance policy? Like some dentists don't take Delta Dental. So I would like to know if a doctor that's on his own and maybe not through a hospital health care, maybe he's just a little family practitioner in your little town, can he say, "No, I don't accept this kind of healthcare."? (Female / Purchased Directly / AMP / \$2,500 single deductible / St. Johnsbury)

Will all health care providers accept this insurance? (Female / Through Employer / Insurance Company Unknown / \$4,000 single deductible / St. Johnsbury)

If I call up and say, "Hi, my name is X and I'm looking to get an appointment with Dr. So and So," and they say, "Oh, ok, what level plan do you have? Bronze, Silver, Gold or Platinum?" Am I going to be denied care based on which level of care I'm choosing to pay for? (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Is a Platinum person more important than a Bronze person? (Male / Through Employer / MVP with HSA / \$2,500 single deductible / Rutland)

I need to have my primary doctor and he means the world to me. I've got to be able to have him. If I need to go see somebody as a specialist, I need him to be able to say, "It's ok," not, "Well, maybe he can't see you because you're only on the Bronze plan." I want to make sure, I would check first (to make sure I can see my doctor under the Bronze plan). (Male / Through Employer / MVP with HSA / \$2,500 single deductible / Rutland)

Some were concerned about whether the minimum covered benefits would include items that were important, but not now covered such as dental care and prescription eyeglasses. Many participants found it difficult to describe what basic coverage should include, as everyone's health is different. Of those that could verbalize what the minimum covered benefits should include, preventative care, care for life-threatening events, quality-of-life care, mental health care, home health care, and elder care were mentioned.

Our policy covers preventative care, but our family doesn't need cholesterol screening, we don't need blood pressure screening. The things that we do need to be screened for, they don't cover, like these moles that my children have. They don't cover that, that's not considered preventative care, although in our family, it is preventative care! (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

It depends on your health, or it depends on what you need. Because what's essential changes. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

There's probably three categories of things. There's preventative care, that's usually pretty straight forward and not that expensive. There is care for life-threatening things, like cancer or heart problems or things like that. Then there's a third thing, which is kind of elective things. Like hip replacements, knee replacements, that kind of thing. Things that aren't life threatening, but are more quality of life. (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

Wellness and preventative care for males and females, mental health and substance abuse and home health care. (Male / Through Employer / Anthem BCBS / \$6,000 family deductible / Rutland)

Preventative care, catastrophic care and the elder care, like a nursing home. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Subsidies and tax credits were also an area of concern and confusion. A number of participants assumed that they would not be eligible.

I have a question about this: "based on your income you'll be able to get credits and subsidies through the Exchange," so how often do they do that? I mean, if you have a small business, some years you have good years, some years you don't. So every year you're renegotiating based on your income what your premiums will be? (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

It sounds like it comes through the Exchange. Who subsidizes this? Does the Exchange? Is it self-sufficient? Or does the federal government subsidize the Exchange

for low-income people? (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

I feel sometimes that the more jobs you have, the more you're penalized. You have to have that money to make your ends meet on a monthly basis so you don't qualify for those programs to get the subsidies. (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Some participants whose monthly income varies were concerned about how frequently they would be required to report their income to determine eligibility of subsidies, and stated that a simple quarterly or annualized method (unlike Catamount's) must be used.

I'm very suspicious about the details of that section. Right now, because the state's helping me with my health coverage, they have me attached to them by a leash basically. I have to call in my income and my premiums change all the time depending on how much I earn. I can't plan ever and it's very complicated. They want me to call in as regularly as you get a paycheck, but in my case, I don't get regular paychecks and they've had to learn with me that I have a very irregular work schedule. (Female / Purchased Directly / Catamount Health / \$250 single deductible / Burlington2)

My husband is picking up work wherever he can and whenever he can, so we're all over the place right now with our income. So they should base it on last year's income, or quarterly. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

It says based on your income. Is that on a yearly basis? What does that mean? Are they going to reevaluate you every year? (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

A few were confused as to why someone would apply for more than one health insurance plan. One participant interpreted this to mean that he could apply for multiple plans, therefore possibly being covered by and having to pay for numerous plans. Others wondered why there was a need to apply for a plan in the first place. They interpreted this to mean that a company in the Exchange could deny someone; therefore, it would be imperative to apply for multiple plans in case you were denied by one or more companies.

Why would you apply for more than one plan? Can you have two? The way it reads here, it says you can apply for one plan or you can apply for more than one plan. Why would I want more than one plan? I only need one plan. (Male / Through Retirement / CIGNA / \$5,000 family deductible / Burlington1)

It says "apply." Does that mean you might not be approved for one plan so you might want to apply for more than one plan in case you don't qualify for one of the plans? (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

Is it going to be harder for a middle-aged man, a smoker, to apply? Is it going to be harder for a family that has a disabled child to get on a plan? (Male / Through Employer / MVP / \$1,500 family deductible / St. Johnsbury)

Why would you want to apply for more than one plan if they're all going to be pretty much standard? That doesn't make sense. (Female / Purchased Directly / AMP / \$2,500 single deductible / St. Johnsbury)

Some liked that all of the information would be available in one place and would welcome the Exchange if it met its promise of making it easy to compare plans. However, a few questioned whether the plans would actually be easy to compare.

It says that information about the plans will be easy to compare. I'd like to see that. That is a great idea and if it's easy for everybody to compare. You have to read about what's covered under each; is there a limit on the coverage, is it a million dollars, is it lifetime or are there any limits?(Male / Through Employer / Anthem BCBS with HSA / \$5,700 family deductible / Burlington2)

The devil's in the details on the easy to compare. On the one hand, it says it's easy to compare, but does it cover and what does it not cover? And if we cover everything, it becomes prohibitively expensive and so there's gonna be details and that's what makes it so hard to read. (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

I like that the fact that the plans will be easy to compare. I think it will make it a lot easier for people to make decisions about health care. There's a lot of confusion now because there are so many different options and things to consider; I think if we can easily compare the plans and make decisions from the comparisons, it will make people a lot happier. (Female / Through Employer / Insurance Company Unknown / \$20,000 family deductible / St. Johnsbury)

Benefits and Coverage

Participants liked the mandated essential benefits, and there was little discussion of them, but they were skeptical about the details of what was covered. Their experience had taught them that the details matter.

The devil's in the details. All of those things. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Some stated that the mandated essential benefits are the same as what their current plans cover now.

It looks like more of the same. The benefits are pretty much everything that I get now. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

The first statement says, "In order to be part of the Exchange, health insurance plans must offer these benefits." Well, my health insurance plan offers these things. So what's the definition of "must offer?" For free? (Female / Purchased Directly / AMP / \$2,500 single deductible / St. Johnsbury)

Many participants stressed the importance of preventive care. A sizeable number of participants wanted complementary and alternative medicine to be included as a covered benefit.

I think there also should be some provision for other kinds of care rather than just being in the medical system that costs a lot. Like if you choose to have a midwife. I don't really see those addressed. Like if you have a back problem, instead of going to have x-rays, maybe you could just see a chiropractor, and that would be covered. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

Alternative choices aren't listed. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

I'm personally concerned about the lack of coverage for what are called CAMs – complimentary and alternative medical approaches. I think the Western approach is very limited and people end up paying out of pocket if they can for an approach that may work better for them. (Female / Purchased Directly / Catamount Health / \$250 single deductible / Burlington2)

Preventative care is very important. I would extend that down the line to women's issues because there's a lot of preventative care that's important there. (Female / Purchased Directly / Anthem BCBS / \$0 single deductible / Burlington2)

I would really like to see health insurance get more "pro-health" instead of "fix it when it's broken." In other words, more proactive to helping people maintain their health, more preventative. (Female / Through Employer / Anthem BCBS / \$2,500 family deductible / St. Johnsbury)

I'd also like to see discounts on exercise programs, massage therapy, physical therapy, yoga classes, alternative medicines, homeopathic medicines. That would be something I'd like to see. It doesn't have to be full coverage, but something that would give someone a discount. (Female / Purchased Directly / AMP / \$2,500 single deductible / St. Johnsbury)

I would like to be able to go for acupuncture and have it covered. It's not included in a lot of stuff right now. Vermont recognizes chiropractors, but there are some states that do not. (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

Alternative care is so shot down. (Male / Through Employer / Anthem BCBS / \$6,000 family deductible / Rutland)

Some participants lamented that vision care and dental care were not covered. These items were considered to be routine and necessary expenses. Dental health and physical health were thought to be connected. In some cases, dental care was not only important, but critical and necessary. Some noted that there was often a fine line between what might be considered elective care vs. necessary care. For example, is orthodontic work elective if the alternative is a lifetime of excruciating pain? Another example was a teenager with the social stigma of a missing tooth.

I suffer from TMJ, which is a jaw disorder, and I had to pay for all those bills, a splint and then braces to fix that, out of pocket. I needed it. They were like, "You can either do this or be in pain the rest of your life, like excruciating pain." It (Catamount Health) doesn't cover dental and it doesn't cover orthodontics, at all. Because orthodontics, no matter what, they assume it's cosmetic. Which it wasn't, it was medical, but they still weren't covering it. (Male / Purchased Directly / Catamount Health / \$0 single deductible / Burlington2)

Dental and orthodontics because I didn't think about it until I had to deal with it. It's just totally not covered, so I'd like to see something more with that. (Male / Purchased Directly / Catamount Health / \$0 single deductible / Burlington2)

Plan Levels and Cost Sharing

Participants understood the different plan levels. Most could not decide if they were interested in these plans without knowing specific costs and out-of-pocket limits. A few felt that the descriptions were a bit vague and unclear.

Is there anything that I didn't like? No. I guess I would want to know what each of the plans cost. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

I thought it was pretty vague. I like everything it said about the benefits, but it's unclear. (Female / Purchased Directly / MVP with HSA / \$5,000 family deductible / Burlington2)

I think it's hard to look at it without actually seeing the figures of what the premiums are going to cost you and having a general idea of what these services are going to cost you. It makes a difference if you could see that. (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Participants were concerned about whether there would be deductibles and in what amount, and what benefits would have first dollar coverage.

Most assumed that they would only be able to afford the "Bronze" plan and noted that this would still mean high out-of-pocket costs. One participant mentioned that even with a Platinum plan, out-of-pocket costs could reach \$10,000 with a \$100,000 charge. Others discussed how medical costs could still be astronomical even under the Bronze plan.

All of a sudden the overnight stay at the hospital is \$1200, or \$1500, or \$2500, and you've got to pay 40% of it, that's going to put a kink in your budget. (Male / Purchased Directly / CIGNA / \$3,000 single deductible / Burlington2)

Some thought that those who could afford the best (Platinum) coverage would get it, and those who could least afford it, but most need it, would have to purchase the lowest (Bronze) coverage. Knowing that there was a cap on the maximum amount a person had to pay out of pocket didn't ease many participants' concerns. A few wondered if they could switch plans if there was a change in their income, for example, if they lost their job, would they be able to switch to a cheaper plan?

How much is it going to cost? Is it based on your income? Because if you don't make much money, you have to take the Bronze plan, and you're still going to pay 40%, and that's outrageous. People can't afford that. But still, a max out-of-pocket for anybody that doesn't make much money is an astronomical amount to them. (Male / Through Employer / Anthem BCBS with HSA / \$5,700 family deductible / Burlington2)

So if the Platinum plan is \$1000 a month, Gold plan is \$800 a month, Silver plan is \$500 a month and the other one is \$250. Ok, you can pick one. And at that point, if you're healthy, you're going to pick the cheap one because it's 60/40 and you hope you don't get sick. Bottom line, cutting to the chase, it still leaves the rich with the most insurance and the poor with the least insurance. Bottom line. (Female / Through Employer / Anthem BCBS / \$2,500 family deductible / St. Johnsbury)

What if your source of income changes? What do you do then? (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

If I lose my job, can I drop down to Bronze for a month because I can't pay for the Platinum? (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Some wondered whether subsidies would enable people to purchase a better plan or would only go towards Bronze.

If you're a person who's already on aid, a welfare recipient, will you have the option to buy the platinum plan? And then will they be able to subsidize you more so that you can afford the platinum plan? Or because you're already low income, will you have to get the bronze plan? (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

A few felt that business owners would only be able to afford the Bronze plan, especially if they had numerous employees to cover.

(Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

Some thought that the structure of plans was really not much better than the high deductible plans they had now. They were not optimistic that these would be any help.

The cost-sharing pretty much is the same. You can shop around and pay for an expensive, low deductible or an inexpensive, high deductible. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

A few stated that it would be hard to pick a plan, as the future is uncertain, and there is no way of telling what kind of medical care someone will need in the coming years.

You go through this decision-making process; ok, do I want the Bronze plan or the Silver plan? It all depends upon what happens to you in the coming year. You can never predict that. In some cases you can, but in most cases you can't. So you really don't know which one is going to be cheaper and which one will be more expensive. (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

Every plan is slightly different. Do I want to bet on diabetes? Do I want to bet on a coronary? Do I want to bet on cancer? What do I want to bet on? And right now I'm healthy, but by the time I get home tonight, I could have a very serious problem. Comparing insurance is not quite so clear because you never know what that future may bring. I think all the plans should basically be the same. (Male / Purchased Directly / CIGNA / \$3,000 single deductible / Burlington2)

Discussion of the plans often led to the unfairness of the current health system. Some thought that the rich or well-employed could readily get the care they needed at low cost; the poor were covered by the government and were eligible for plans at no cost; those in the middle were left with high deductible plans that forced them to compromise on health care or saddle themselves with bills that they couldn't pay. Most participants felt they were in the middle and were therefore stuck with high-cost insurance that only provided some protection against major expenses, with everything else paid out of pocket. Participants primarily blamed the insurance companies, which they thought were driven by profits, but they also blamed the high prices charged by pharmaceutical companies and providers.

It also feels like everyone is being penalized in our current system where we're being penalized by cost, employers are being penalized by cost, and I work in a medical office; it's tough, it's like any other business, and insurance doesn't reimburse so it's not like we're doing well working in the medical field. It feels like the only group that's being rewarded is the insurance companies, and it feels like they drive everything. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

Looking at it, it seems like the way the current system works, is if you have a lot of money you can buy a really good plan, or if you have a really good job, you can buy a really good plan. If you're very low-income, you can get subsidized health care. And if you're in the middle, which is where most people are, I'm not really sure how this will make a big difference. It's not clear to me, but I'm open to hearing how it will make a big difference. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

It's only guys like us, who are struggling to get by, that have to worry about this. So we have to sit down and we have to do it ourselves. (Male / Through Retirement / CIGNA / \$5,000 family deductible / Burlington1)

It seems like the worse off financially you are, the more you pay. If I was the CEO of GE, I would have I assume a very nice plan, a low deductible, and if I went in to get my blood pressure checked, it'd maybe be a \$15 co-pay. (Male / Purchased Directly / CIGNA / \$3,000 single deductible / Burlington2)

The thing is, none of us feel like we can trust it anymore. You don't even feel like you can trust them anymore. Between the insurance companies and the pharmaceutical companies, it's just killing all of us. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

I don't think it's just the insurance companies. I believe it is the pharmaceutical companies and the people who are selling Rutland Regional Medical Center their brand new CT scanners, and it's the doctors buying in to over-testing and the pharmaceuticals charging too much. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / Rutland)

Information Sources

Most participants said that they would first look to the Internet for information. They would review plans' costs and benefits online.

It sounds like the Exchange would be a website that you can go to to get information about the insurance policies they're offering. I would think they would; if not, then there's a serious flaw in the matrix here. (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

I got stumped and stuck with the internet. I don't think there's going to be a whole lot of information the first year anyway, and I've got to believe that all of these policies are going to be revamped a little bit to meet this thing, so nobody's going to have a clear-cut blog on the way this thing is going to work. That's where I would go, is the internet. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

First would be internet for me, just so I could get a general gist of the information and then compare information. What can I say, I'm resourceful, that's how I would do it. (Female / Purchased Directly / Anthem BCBS / \$0 single deductible / Burlington2)

I would start on the internet because I'm an internet bug and I would want to know what I'd want to know. (Female / Through Employer / Anthem BCBS / \$2,500 family deductible / St. Johnsbury)

Many thought that talking to a representative by phone or in person would also be necessary after they had done their initial research online.

I would go on the internet to get educated, and then I'd want to talk to a person to verify my understanding, to ask questions. (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

I would go on the internet. I'd get the basic information and then I'd probably go talk to somebody. (Male / Through Employer / MVP / \$1,500 family deductible / St. Johnsbury)

I would start with the internet and research it a little bit. I think a lot of times you end up with questions that can't necessarily be answered on the internet, and you might need to talk to someone. And I think a phone call can sometimes work, but sometimes you need to talk to someone in person. (Female / Through Employer / Insurance Company Unknown / \$20,000 family deductible / St. Johnsbury)

I would start on the internet, but I would definitely be calling after I researched it on the internet. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

Some preferred to visit a representative face-to-face. In-person visits were thought to help build trust and rapport.

I'm a little old fashioned, and I actually will retain information more if I sit down and have a conversation with someone, followed up with something in writing so I can really digest it. (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

I think it's good to be able to go into an office or call someone on the phone that you develop a relationship with that explains what's best for you. (Female / Purchased Directly / Anthem BCBS / \$4,000 family deductible / Burlington2)

I'd want to talk to someone directly. To really understand it, because I have to ask a lot of questions, and a lot of it is confusing to me, so I really need to talk to someone directly to really understand what's going on. (Female / Through Employer / Anthem BCBS / \$0 single deductible / St. Johnsbury)

A few would talk to friends, family, or coworkers. Some would prefer to discuss information and plans with a medical professional.

Talking to friends and coworkers. I mean, that's what I do now. We have two different HSA accounts with our company, and we just talk about them with each other, and the ups and downs of each one. That's where you can really get the most information that you need. (Female / Through Employer / Insurance Company Unknown but with HSA / \$2,000 single deductible / Burlington1)

I would start on the internet. If everybody is making this decision, and I'm assuming every household has to decide, I would start talking to other people, too. And at some point you have to have some objective view. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

I'd want a doctor to bring this up. Or an optometrist, somebody that'd be like, "It looks like you're going to need a lot of coverage here; let's talk about this new thing." I'd like to hear it from them. (Male / Purchased Directly / Catamount Health / \$0 single deductible / Burlington2)

My second would be a social worker. They're the ones who turned me on to Dr. Dynasaur. I didn't think I'd qualify because we had insurance, and she was the one who said, "You're paying so many bills, you're coming in here so often, have you looked at this?" That was really helpful because I didn't think we qualified. (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

There was some concern that there would be complicated phone menus and long phone waits.

Navigator

Participants liked the idea of the navigator but had concerns. First of all, many asked, "Who is this navigator, who does he work for?" They wanted a navigator to be independent and unbiased and not paid based on sales of policies. Participants were very wary of navigators paid by commission of any kind. Some participants were concerned that navigators would receive kick-backs or get a certain cut from the policies that they were selling.

So he doesn't work for the insurance companies; who does he work for? Who does he report to? What does he care? (Male / Through Retirement / CIGNA / \$5,000 family deductible / Burlington1)

If this is a system that's law, we can't do anything about that, but it would be imperative that the navigator be independent of the insurance companies. Not knowing what this thing is set up like, that's part of the problem today. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

Overall, it's good. People need help through all this health Exchange information and how to enroll. (Male / Through Employer / Anthem BCBS with HSA / \$5,700 family deductible / Burlington2)

I like the fact that this navigator, who I assume would come from the state or a private organization, has an objective view of the information they're passing on. (Male / Purchased Directly / CIGNA / \$3,000 single deductible / Burlington2)

No kick-backs. (Female / Purchased Directly / Anthem BCBS / \$4,000 family deductible / Burlington2)

I want this job. I'd like to be a navigator. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

I like it. I don't like the word "navigator." I'd call them educators maybe instead. Basically what they're going to be are sales people, which is fine, there's nothing wrong with that, and they're going to get a commission, which will be paid by the insurance companies that they're representing. I would assume it's a commission thing. It'd have to be, the people would have to get paid somehow. (Female / Purchased Directly / AMP / \$2,500 single deductible / St. Johnsbury)

I'd want to make sure it's not commission from a certain company. Say I'm a navigator and I get you to sign onto Neighborhood Health Plan, I don't want the sales person to get paid by Neighborhood Health Plan. If they're getting commission from the company that they're selling it for, they are going to want to push that company. (Male / Purchased Directly / Neighborhood Health Plan / \$2,000 family deductible / St. Johnsbury)

I'd want them to be a third party. I wouldn't want them to have any stake in it. Because what if one company gives them 12% commission and another company gives them 10%? (Male / Purchased Directly / Neighborhood Health Plan / \$2,000 family deductible / St. Johnsbury)

Do they get a kick-back if they sell certain plans? It sounds like an agent. An agent is going to sell you a plan they're going to get something from. (Female / Through Employer / Anthem BCBS with HSA / \$5,000 family deductible / Rutland)

They liked that insurance companies would not be the navigators.

The navigators don't have a vested interest in selling you more insurance. (Male / Purchased Directly / CIGNA / \$3,000 single deductible / Burlington2)

I put "Yayyy" under it! (Female / Through Employer / Insurance Company Unknown / \$4,000 single deductible / St. Johnsbury)

I put a happy face and "right on!" (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

A few thought that if the plans were really as simple as they were supposed to be, then why was there a need for a navigator in the first place?

I would expect that ideally the plans would be simple enough so that you don't need to go see a navigator. It's kind of like the tax system has become. You need TurboTax these days because the taxes are so complicated, and you really can't do the forms anymore. (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

Participants wanted the navigator to be an advocate: not just providing information but helping people with making a decision. As mentioned earlier in the group, one woman gave the example of a social worker who brought the Dr. Dynasaur program to her attention after seeing her at the hospital frequently. One participant suggested that navigators follow up several months later to see whether the chosen plan had turned out to be a good fit.

If you're going to have this navigator, I thought of some ombudsman-style navigator, somebody who, or an organization that, is a consumer advocate, so it would act unlike the insurance companies or the brokers who you deal with now, who don't really keep a pulse on what you need, or what you want, or how it's working for you. They mostly represent insurance companies, whether it's the insurance company or the broker. So maybe this can be an arm of government that actually has the consumer's interest in mind. (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

The navigator should maybe be a branch of the Attorney General's Office. If the navigators are helping us deal with problems with the plan, are they reporting back those problems to state regulators so that there can be follow up on a plan that is rife with problems? The navigators could play a very important role, but only if they're independent, and they don't have a vested interest in each of the plans. (Female / Purchased Directly / MVP with HSA / \$5,000 family deductible / Burlington2)

I'd want a navigator who would be my advocate, somebody who would look at things from my perspective, like, "Hearing what you're saying, let's look at the pros and cons of this." And who wouldn't be limited by only what I ask, like the screen readers who sell you credit cards. And the social worker was an example. She had no vested interest by the company, but she looked at our circumstances, and she's there to be your advocate, whether it's emotional support you need, or financial support, or whatever, and to be proactive so she was the one that came up to us. I also would add a sixth point: follow-up care to check on you six months, twelve months, or eighteen months afterwards to see if it was a good choice and help you sign up for a different program if it didn't fit you well. (Female / Through Employer / Anthem BCBS / \$10,000 family deductible / Burlington2)

Instead of someone being an agent, I would much prefer talking to an advocate. An agent is someone who blows smoke, who paints everything with the same rosy paint. If I've got to ask a question, I want the answer to it, not what they think I want to hear. I want the truth. (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

The one thing I do not like about this, in particular, is #5 (on the handout). If you have a problem they tell you where you can go for help. No, that's what the navigator does. They help me. I don't want to get sent to somebody else, who then in turn will send me to somebody else. If I call a navigator, it's because I have a problem, and I want them to solve it, not tell me where I can go to have somebody else solve it. (Female / Purchased Directly / Anthem BCBS / \$3,500 family deductible / Rutland)

Participants were concerned about the competency of the navigators; they thought they had to be highly-informed staff. Some wondered where the navigators would come from and worried that navigators might only be able to cite canned answers if they were not skilled and experienced.

When I get on the phone and call, for instance, to get my computer repaired, they pop up this screen and they have exactly the same answers and it means absolutely nothing to them. So they're not really personal. That's what came across to me, that's what I perceive this to be. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Is it outsourced? And would they speak English? Is it Istanbul that you're calling? Who am I talking to? It's not going to be somebody here in the States is what I'm guessing. Or is it prisoners? (Female / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

They were concerned about the cost of navigators; they thought that this could be an expensive bureaucracy that would end up being paid for by the insured. A common question was, “Who is going to pay for this?” Most assumed it would be either the government through taxes or through a surcharge on insurance premiums paid.

So who’s going to employ the navigators? And why are they going to care about me? (Female / Through Employer / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

Who pays the navigator? It seems like a nice idea, but it almost seems like it’s going to raise more questions than it’s going to answer, in my mind. (Male / Through Employer / CIGNA / \$0 family deductible / Burlington1)

Who’s paying the navigator? How are they getting paid? It’s absolutely a concern. Because I want to know are they getting a cut of which policies they’re selling, and are they getting a higher percentage for navigating... you know, is it steering or is it navigating? Is one plan looking more attractive to us because the navigator gets 10% on that, as opposed to 5% on another one? My thought was that these navigators should be paid equally by each of the plans, and it should be a public entity where there’s a pool of money that each of these insurance plans are paying into to pay the navigators. (Female / Purchased Directly / MVP with HSA / \$5,000 family deductible / Burlington2)

There is going to have to be a tremendous number of navigators; where is this money coming from? What cost is it going to add? Is it going to come out of the individual citizens somehow? (Female / Purchased Directly / Catamount Health / \$250 single deductible / Burlington2)

I see this as the IRS, another level of bureaucracy that is hugely costing everyone in the midst of them saying, “We’re trying to make this less expensive,” but we’re adding this layer in between that’s increasing costs. And these are going to be, the way it sounds, federal employees. It doesn’t really say, but that’s the way it comes across is that this is a level of federal bureaucracy, so that means all the benefits that go with that cost-wise. (Male / Through Employer / Anthem BCBS / \$5,000 family deductible / Rutland)

Some thought that the navigator sounded like an insurance broker and this had both negative and positive connotations. Brokers provided information and assistance, but they were perceived to be primarily interested in the sale. Many participants liked that brokers would no longer be part of the system.

I just haven’t had a pleasant experience with a broker as far as analyzing the plan for me any better than I could do. It’s always a cost issue anyway, and they’re all pretty much the same. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

I think brokers, you have an understanding that they’re there to represent you, but they don’t. So why have them? (Female / Purchased Directly / CIGNA / \$11,000 family deductible / Burlington1)

It's a commission, it's all it is. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

It does sound like a navigator is a broker, because this is the kind of stuff I would go to a broker for. (Male / Purchased Directly / Insurance Company Unknown but with HSA / \$6,000 family deductible / Burlington1)

About 20 years ago I worked for the Guardian Insurance Company, and I was a claims approver in the health industry part of it, and we used to get so angry with the sales reps because they'll just tell them anything to get that sale. I assume it's always been that way, and what a shame. Because it's the customer who ultimately pays, and it's just a sad state of affairs, and that was 20 years ago, and I think it's just gone right down the tube so much over the years. (Female / Through Employer / Anthem BCBS with HSA / \$4,000 family deductible / St. Johnsbury)

Appendix 1. Moderator's Guide

Introduction

Hello everyone! Welcome, to Market Decisions, it's a pleasure to have you all here. My name is Curt Mildner, and I will be the moderator for tonight's focus group discussion, and we're going to be talking about insurance and being underinsured.

Let's talk a little bit about focus groups. Focus groups are simply group discussions about a product, a service, or a program. You probably have participated in other types of research, such as mail surveys and phone surveys, but clients like focus groups because they allow us to hear directly from people like you about their opinions, attitudes, and beliefs.

Focus groups work best when you do the talking. Our client really doesn't want to hear what I have to say. I'm here to pose questions, to keep us on track, and to make sure that we hear from everyone.

I find that in group discussions, when one person speaks, others are reminded of things they want to say – to add to the train of thought or to express another point of view. That's great; your job is to speak your mind. And we do want to hear from you especially if your ideas are different.

We don't expect that you'll all agree with one another and we do not need to come to a consensus on any topic. There are no right or wrong answers, we want to hear all your thoughts and opinions.

This room has been set up especially for market research groups like this one.

I'd like you to notice the microphones. We'll be audio taping and videotaping this group.

We do this so that I can review your remarks before I write my report and so that I don't have to try to write everything down while we're speaking together. I need to be engaged in the conversation, and it is hard to follow what people say if I'm writing down everything you say, so the videos are basically for note-taking purposes.

But please, do not worry; none of you will be on the 11 o'clock news or on candid camera as a result of participating in this group. These tapes will be used for research purposes only. Also, behind me is a mirror through which people can observe groups like this one. We do have some observers tonight, and they are here because they're interested in your ideas and opinions.

To allow conversation to flow more smoothly, I'm going to offer the following ground rules so that we can all be moving in the same direction.

- 1.) Please speak one at a time and in a voice as loud as mine.
- 2.) This session is being taped so that I can write an accurate report, not of who said what, but of what got said. None of your names will be used in this report.

- 3.) I need to hear from everyone during the course of tonight’s discussion, especially if you have a different point of view, but you do not have to answer every question that I ask.
- 4.) I may need to cut you off at some point to move onto a new topic because we do have a lot to cover tonight. I want to apologize in advance for this.
- 5.) You do not need to address all your comments to me to get them on the table. You can respond directly to what someone says, and I encourage you to respond to each other’s comments, but please avoid having side conversations with your neighbors.
- 6.) There are no wrong answers in market research, just different opinions. We are looking for different points of view. Say what is true for you, even if you are the only one who feels that way. Don’t let the group sway you and don’t sell out to a strong talker or to group opinion.
- 7.) We will be observing the no-smoking rule tonight.

Warm-up and Background

All of you have at least one thing in common – you have health insurance, but you consider yourself underinsured. You may have insurance that only kicks in after a certain level is reached, or you may have insurance that only covers certain procedures.

I’d like to begin by hearing your stories. So please start by saying your first name, the town you live in, and by telling your insurance story.

PROBE: What about not seeking needed care because it was out of pocket – has anyone not sought needed care because of the cost?

PROBE: What about surprises in coverage, has anyone received care only to find out later it wasn’t covered?

Overall Perceived Benefits and Drawbacks

About a year ago a new federal law was passed, the Patient Protection and Affordable Health Care Act.

What have you heard about health care reform and how do you think it will affect you?

Introduction

Tonight I'd like for our discussion to focus on the new federal health care act, which is the law and will be implemented by 2014. There is legislation currently being debated in the Vermont legislature; this is not the subject of our discussions tonight.

Access

The new federal health care act will provide you with additional choices for health insurance. These will be available to anyone, whether you are employed, self-employed, or unemployed. If you work in a small business, your employer may decide to only offer insurance through the Act, or you may have choices between an employer plan and those offered under the plan.

Would you consider these plans when they become available? Please raise you hand if you would.

Suppose you were inquiring about these insurance plans, what are three things you would want to know? Please list, 1, 2 & 3 on the tablet in front of you. And write the three things in order of importance.

Essential Benefits

All health insurance offered through the Exchange must provide a minimum level of coverage. When you think of benefits or coverage you must have, what comes to mind?

Please write down the three most important benefits or coverage of a health insurance plan.

OK, what did you put down?

Plan Benefits

HAND OUT EXPLANATION OF PLAN BENEFITS.

Please read this, circle things you like, and put a "?" mark near anything you find confusing or would like more information on, and cross out anything you do not like.

To start with, what are your general impressions about the plans and benefits? How do they sound?

What are the things you did not like about what you read?

What did you circle?

Is there anything that you find confusing or need more information on?

What are your impressions of the various levels of plans (bronze, silver, gold, platinum)?

What do you like about these levels, what do you dislike?

The Exchange

The insurance offered under the new health care act would be available to you in a place called the Exchange. The Exchange would offer insurance from private insurance companies that want to sell insurance under the federal rules.

HAND OUT EXPLANATION OF HEALTH EXCHANGE.

Please read this, circle things you like, and put a “?” mark near anything you find confusing or would like more information on, and cross out anything you do not like.

To start with, what are your general impressions about the Health Exchange? How does it sound?

What are the things you did not like about what you read? What did you circle?

Is there anything that you find confusing or need more information on? Do the various plan levels make sense?

Are there any barriers that you see to buying your health insurance through the Exchange?

What didn't you like?

Outreach and Information

On tablet in front of you write the top three places you would look for sources for information on the health plans offered in the Exchange. These could be existing sources or new sources.

OK, what did you write?

PROBE: Could you select an insurance plan by doing your own research?

PROBE: What kind of personal assistance would you need to choose a plan?

PROBE: Would you sign-up or enroll in an insurance plan over the web?

PROBE: Is there an organization you would look to to provide unbiased information on the Health Exchange and health insurance options? Which one?

PROBE: What about private insurance brokers, would you look to them for unbiased information?

Navigator

Now I'd like to pass out one final description for you.

HAND OUT EXPLANATION OF NAVIGATOR ROLE.

Please read this, circle things you like, and put a “?” mark near anything you find confusing or would like more information on, and cross out anything you do not like.

To start with, what are your general impressions about the Navigator role? How does it sound?

What are the things you did not like about what you read?

What did you circle?

CLOSE

Appendix 2. Sample Screener (Rutland)

RUTLAND Screener UNDERinsured Resident Groups

Name: _____
Address: _____ _____
Phone #: _____
Email: _____ <i>(Get email address only if person requests letter to be sent via email)</i>
Date/Recruiter: _____

Time of Group:

- 6:00 – 8:00 PM – Tuesday, April 26th, 2011 (@ Rutland Regional Medical Center - Rutland)**

Hello, this is _____ from Market Decisions, a professional research firm calling on behalf of the Department of Vermont Health Access. Please be assured that I am not trying to sell you anything. We are conducting a paid discussion group with residents in the Rutland area concerning health insurance among those with private health insurance. We are conducting this research on behalf of the Department of Vermont Health Access to help guide state policies to provide health insurance coverage to Vermont residents.

Participants will receive \$50 in cash for attending an informal, 2 hour discussion with approximately 10 other people from the Rutland area. This is strictly research and you will not be asked to purchase anything. Is this something you would like to hear more about?

IF YES: For this group we are looking to speak with adults in Vermont between the ages of 18 and 64 that currently have PRIVATE health insurance coverage through an employer, or that they purchase directly. This WOULD NOT include Medicare, Medicaid, VHAP or military insurance. Is there any adult in the household that has private health insurance?

Yes, Speaking	<input type="checkbox"/>	CONTINUE
Yes, Other Person	<input type="checkbox"/>	Ask to Speak With This Person, Repeat Intro
No, I/Someone Uninsured	<input type="checkbox"/>	THANK + TERMINATE

IF YES: For this study I need to speak with the person who receives their insurance through their employer OR that they purchase on their own. **This would be the policy holder.** Would that be you?

INTERVIEWERS: IF PERSON IS NOT THE POLICY HOLDER BUT KNOWS MORE ABOUT THE PLAN THAN THE ACTUAL POLICY HOLDER, IT'S OK TO MOVE ON.

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	Ask to Speak With This Person (The Policy Holder)

Before I can confirm your place, I need to ask you a few questions to be sure we are inviting a balanced group of people.

RECORD GENDER – BY OBSERVATION ONLY

MALE	<input type="checkbox"/>	
FEMALE	<input type="checkbox"/>	

1) Are you or is anyone in your household currently employed by any of the following?
(READ LIST, PAUSE AFTER EACH ONE)

An advertising agency	YES	NO	DK	REF
A market research firm	YES	NO	DK	REF

IF NO TO ALL, CONTINUE

2) Which of the following includes your age? READ LIST.

Under 18	<input type="checkbox"/>	THANK & TERMINATE
18 - 24	<input type="checkbox"/>	
25 - 34	<input type="checkbox"/>	
35 - 44	<input type="checkbox"/>	
45 - 54	<input type="checkbox"/>	
55 - 64	<input type="checkbox"/>	
65+	<input type="checkbox"/>	THANK & TERMINATE
Don't Know/REF	<input type="checkbox"/>	

3) Is this private insurance that you receive through your employer, through a labor union, or insurance that you pay for directly?

Through an employer	<input type="checkbox"/>	
Through a labor union	<input type="checkbox"/>	
Purchase directly	<input type="checkbox"/>	
Other (Specify):	<input type="checkbox"/>	
Medicare	<input type="checkbox"/>	THANK & TERMINATE
Medicaid	<input type="checkbox"/>	
VHAP	<input type="checkbox"/>	
Military insurance	<input type="checkbox"/>	
Don't Know/REF	<input type="checkbox"/>	

4) Is anyone else in your family covered by THIS this private health insurance plan?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	GO TO Q5

4a) Is this a spouse or a child or children? (SELECT ALL MENTIONED)

Spouse	<input type="checkbox"/>	RECRUIT A MIX
Child/Children	<input type="checkbox"/>	

5) How many people currently live in this household? Please include all adults and all children under age 18. _____

For this group we are interested in speaking with insured residents that are considered UNDERINSURED. To determine if you qualify, I need to ask a few questions.

6) Please stop me when I read the income category that includes your annual FAMILY income before taxes. Please include income from all sources and for all people living there. READ LIST.

PROMPT: Your best guess is fine.

Under \$15,000	<input type="checkbox"/>	
\$15,000 up to \$20,000	<input type="checkbox"/>	
\$20,000 up to \$25,000	<input type="checkbox"/>	
\$25,000 up to \$30,000	<input type="checkbox"/>	
\$30,000 up to \$35,000	<input type="checkbox"/>	
\$35,000 up to \$40,000	<input type="checkbox"/>	
\$40,000 up to \$50,000	<input type="checkbox"/>	
\$50,000 up to \$60,000	<input type="checkbox"/>	
\$60,000 up to \$80,000	<input type="checkbox"/>	
\$80,000 up to \$100,000	<input type="checkbox"/>	
Over \$100,000	<input type="checkbox"/>	
Don't Know	<input type="checkbox"/>	THANK + TERMINATE
REF	<input type="checkbox"/>	

7) How much is the deductible for everyone covered under this health insurance? This is the amount you must pay every year for medical care BEFORE the insurance begins to pay the bills. Please do not include premium expenses.

INTERVIEWERS: Common deductibles would be \$500, \$1000, \$1500, \$2000...

ENTER DEDUCTIBLE _____

8) Over the last 12 months, about how much has your FAMILY had to pay "out of pocket" for medical expenses? This would include everything you pay for, except for your monthly premium. Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. Please think about your family's total expenses for:

- Prescription medications
- Dental and Vision care.
- All OTHER medical expenses, including for doctors, hospitals, copays and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.
- DO NOT include the premium you may pay for your insurance coverage.

PROMPT: Your best guess is fine.

INTERVIEWERS: Average out of pocket expenses is \$4,000

ENTER OUT OF POCKET EXPENSES _____

INTERVIEWERS: CONSULT THE TABLE BELOW TO DETERMINE IF THEY ARE ELIGIBLE. PERSON QUALIFIES IF THEIR DEDUCTIBLE AND/OR OUT OF POCKET EXPENSES ARE GREATER OR EQUAL TO THE NUMBERS LISTED FOR EACH INCOME CATEGORY

Income	Deductible Must be <u>Greater or Equal</u> to:	Out of Pocket Expenses Must be <u>Greater or Equal</u> to:
Under \$15,000	\$750	\$1,500
\$15,000 up to \$20,000	\$875	\$1,750
\$20,000 up to \$25,000	\$1,125	\$2,250
\$25,000 up to \$30,000	\$1,375	\$2,750
\$30,000 up to \$35,000	\$1,625	\$3,250
\$35,000 up to \$40,000	\$1,875	\$3,750
\$40,000 up to \$50,000	\$2,250	\$4,500
\$50,000 up to \$60,000	\$2,750	\$5,500
\$60,000 up to \$80,000	\$3,500	\$7,000
\$80,000 up to \$100,000	\$4,500	\$9,000
Over \$100,000	\$5,500	\$11,000

9) Have you participated in a focus group discussion within the past 6 months?

NO	<input type="checkbox"/>	THANK + TERMINATE
YES	<input type="checkbox"/>	
DK/REF	<input type="checkbox"/>	

10) And finally, since participants in focus groups are asked to express their thoughts and opinions freely in an informal group setting, we'd like to know how comfortable you are with such an exercise. Would you say you are...? READ LIST.

Very comfortable	<input type="checkbox"/>	<u>CONTINUE TO INVITATION</u>
Fairly comfortable	<input type="checkbox"/>	
Comfortable	<input type="checkbox"/>	
Not very comfortable	<input type="checkbox"/>	THANK & TERMINATE
Not at all comfortable	<input type="checkbox"/>	

INVITATION

[IF MEET QUALIFICATIONS, CONTINUE]

We would like to invite you to participate in a paid focus group discussion with about ten other people from the Rutland area concerning health insurance coverage and the underinsured. A professional moderator will lead the discussion and there is no sales effort involved. No preparation is required – we just want to hear your opinions. There are no “right” or “wrong” answers.

**** IF THEY WANT TO KNOW WHO IS SPONSORING THE FOCUS GROUPS:**

These groups are sponsored by the Department of Vermont Health Access and are being conducted to help guide state policies to provide health insurance coverage to Vermont residents.

The group will last for 2 hours, from 6:00 – 8:00pm, on Tuesday, April 26th, 2011. The discussion will take place at the Rutland Regional Medical Center, which is located at 160 Allen Street in Rutland. The group will be held in Conference Room C.

You will receive **\$50 in cash** at the end of the session and your name will not be used in any way. The discussion will be audio and videotaped – but this is just for research purposes and will only be used by the research team. The information you provide will be held in confidence. Only members of the research team, directly associated with this study, will have access to the information and your identity will never be revealed. Sandwiches and other refreshments will also be served.

Will you be able to take part in this research discussion?

- NO – Not available
- NO – Not interested
- YES – **READ BELOW**

I would like to stress the importance of your participation in this study and your commitment and willingness to take part in this research. As these are small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort. If for any reason you are unable to attend, please give us a call. This will enable us to find a replacement. You can contact Jen MacBride at 1800-293-1538 extension 100

Please arrive 10 minutes early so that we can sign you in and so you can enjoy some food. And if you wear glasses, please bring them if you need them for reading or for viewing distances. So we can send you a confirmation letter and a map to the Rutland Regional Medical Center, may I please get your name and address? **RECORD ON FRONT PAGE**

We look forward to you participation. Again my name is _____. Thank you for your time, Good night.

Appendix 3. Group Hand Outs

The Health Insurance Exchange

By law, all 50 states must create a **Health Insurance Exchange**. The Exchange will work like a store where people and small businesses can go to shop for health insurance.

This is how the Exchange will work:

- Companies that want to provide health insurance will have to prove that they meet certain standards set by the state in order to offer insurance on the Exchange.
- All of the plans will have to offer at least a specific common level of benefits.
- Based on your income, you'll be able to get credits and subsidies (financial help) through the Exchange to help you pay for your insurance and out-of-pocket expenses.
- You'll be able to get information about health insurance plans and subsidies by phone, in writing, on the Internet, and in person.
- Information about the plans will be easy to compare.
- You can apply for any plan or more than one plan on the Exchange with one application. You can apply in person, by mail, or on the Internet.

Benefits and Coverage

Benefits

In order to be part of the Exchange, health insurance plans must offer these benefits:

1. Overnight stays in the hospital.
2. Emergency room visits.
3. Services at hospitals and clinics that do not require an overnight stay (outpatient services).
4. Services from physicians and other health care providers.
5. Lab services and tests.
6. Maternity care.
7. Preventive care, including vaccines.
8. Well-baby care.
9. Services for children and young adults under 21, including oral health, vision, hearing, equipment, and supplies.
10. Mental health and substance abuse services.
11. Rehabilitation services and devices.
12. Prescription drugs.
13. Medical equipment and supplies.

Cost Sharing

You may have to pay for some of your health care costs. This is called cost sharing, and it includes things like deductibles and co-pays. **There will be caps (limits) on how much people pay out of their own pockets for these things.**

In the Exchange, there will be four different levels of coverage to choose from. The levels are based on how much of the cost of care the plan pays and how much you pay. The cost of the premiums will be lowest for the Bronze Plan and highest for the Platinum Plan.

- Bronze Plan – The plan pays 60% and you pay 40%.
- Silver Plan – The plan pays 70% and you pay 30%.
- Gold Plan – The plan pays 80% and you pay 20%.

- Platinum Plan – The plan pays 90% and you pay 10%.

Navigators

There will be organizations called **Navigators** to help people buy insurance through the Exchange. Insurance companies will not be Navigators.

Navigators will:

1. Educate the public about the Exchange.
2. Provide information about health insurance plans that you can get through the Exchange.
3. Provide information about the cost of health insurance and subsidies (financial help) for paying for insurance.
4. Help you enroll in a health insurance plan.
5. Tell you where you can go for help if you have problems with your health insurance after you are enrolled in a plan.

Appendix 4. Participant Profile Sheets

These sheets summarize the demographic characteristics of those who participated in the focus groups.

VT UNDERINSURED FG - RUTLAND										
Tuesday, April 26th, 2011 @ 6:00 pm										
#	Name	Gender	Town	Age	Insurance Through:	Other People Covered:	# of People in Household	Income	Deductible	Out of Pocket Expenses
1	JR	F	Fair Haven	35-44	Employer	Child/Children	2	\$40,000 - \$50,000	\$5,000	\$3,500
2	TC	F	Wallingford	45-54	Employer	Spouse, Child/Children	2	\$30,000 - \$35,000	\$4,000	\$2,000
3	HE	F	Ludlow	45-54	Purchased Directly	Spouse	2	\$60,000 - \$80,000	\$3,500	\$4,000
4	DT	F	Rutland	55-64	Employer	Spouse	2	\$35,000 - \$40,000	\$5,000	\$0
5	JS	M	Rutland	35-44	Employer	None	2	\$25,000 - \$30,000	\$2,500	\$5,000
6	MR	M	West Rutland	45-54	Employer	Spouse	2	\$50,000 - \$60,000	\$6,000	\$600
7	JM	M	Rutland	45-54	Employer	Spouse, Child/Children	4	\$40,000 - \$50,000	\$5,000	\$6,000

VT UNDERINSURED FG - BURLINGTON										
Wednesday, April 27th, 2011 @ 5:30 pm										
#	Name	Gender	Town	Age	Insurance Through:	Other People Covered:	# of People in Household	Income	Deductible	Out of Pocket Expenses
1	HB	F	Winooski	35-44	Employer	None	1	\$35,000 - \$40,000	\$2,000	\$2,000
2	CL	F	Burlington	35-44	Employer	Spouse, Child/Children	4	\$40,000 - \$50,000	\$6,000	\$7,000
3	JB	F	Richmond	45-54	Purchased Directly	Spouse, Child/Children	3	\$60,000 - \$80,000	\$11,000	\$5,000
4	TD	M	Richmond	45-54	Purchased Directly	Spouse, Child/Children	4	\$80,000 - \$100,000	\$6,000	\$7,000
5	DM	M	Burlington	55-64	Employer	Spouse, Child/Children	2	Over \$100,000	\$0	\$90,000
6	DH	M	Burlington	55-64	Through Retirement	Spouse	3	\$40,000 - \$50,000	\$5,000	\$5,000

VT UNDERINSURED FG - BURLINGTON										
Wednesday, April 27th, 2011 @ 7:30 pm										
#	Name	Gender	Town	Age	Insurance Through:	Other People Covered:	# of People in Household	Income	Deductible	Out of Pocket Expenses
1	LB	F	Essex Junction	25-34	Purchased Directly	None	4	Under \$15,000	\$0	\$1,600
2	KA	F	Georgia	35-44	Purchased Directly	Spouse, Child/Children	3	\$60,000 - \$80,000	\$5,000	\$3,000
3	DP	F	Fairfax	55-64	Purchased Directly	Spouse, Child/Children	2	\$40,000 - \$50,000	\$4,000	\$5,000
4	PG	F	Burlington	55-64	Purchased Directly	None	1	\$20,000 - \$25,000	\$1,000	\$2,667
5	BC	F	Essex Junction	55-64	Employer	Spouse, Child/Children	6	\$60,000 - \$80,000	\$10,000	\$10,000
6	JP	M	Williston	18-24	Purchased Directly	None	3	Under \$15,000	\$0	\$7,000
7	JF	M	Milton	35-44	Purchased Directly	Spouse	4	\$50,000 - \$60,000	\$4,000	\$4,000
8	DR	M	Burlington	55-64	Purchased Directly	None	2	Under \$15,000	\$3,000	\$1,250
9	WB	M	Vergennes	55-64	Employer	Spouse, Child/Children	2	Over \$100,000	\$5,700	\$10,000

VT UNDERINSURED FG - ST. JOHNSBURY										
Thursday, April 28th, 2011 @ 6:00 pm										
#	Name	Gender	Town	Age	Insurance Through:	Other People Covered:	# of People in Household	Income	Deductible	Out of Pocket Expenses
1	HM	F	Newark	25-34	Employer	None	2	\$15,000 - \$20,000	\$0	\$700
2	LM	F	St. Johnsbury	45-54	Employer	Spouse, Child/Children	3	\$50,000 - \$60,000	\$4,000	\$5,500
3	JG	F	Danville	45-54	Purchased Directly	None	1	\$35,000 - \$40,000	\$2,500	\$900
4	KW	F	St. Johnsbury	45-54	Employer	None	1	\$50,000 - \$60,000	\$4,000	\$6,000
5	GR	F	Newark	55-64	Employer	Child/Children	5	\$20,000 - \$25,000	\$2,500	\$3,000
6	JL	F	Danville	55-64	Employer	Spouse, Child/Children	3	Over \$100,000	\$20,000	\$500
7	JS	M	Lyndonville	18-24	Purchased Directly	JS, Mom, Dad and Brother	4	\$50,000 - \$60,000	\$2,000	\$4,000
8	CF	M	Lyndonville	18-24	Employer	CF, Mom, Dad	3	\$25,000 - \$30,000	\$1,500	\$3,250