



NATIONAL HEALTH INTERVIEW SURVEY EARLY RELEASE PROGRAM

Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–March 2015

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What's New?

- This report has a revised format. The text has been reduced and the number and content of the figures have been modified. All estimates that were reported in the old format are still presented either in the report itself or the tables.

Highlights

- The number of uninsured persons continued to decline from 2013. In the first 3 months of 2015, 29 million persons of all ages (9.2%) were uninsured at the time of interview, 7 million fewer persons than in 2014.
- Among adults aged 18–64, the percentage uninsured decreased from 16.3% in 2014 to 13.0% in the first 3 months of 2015. There was a corresponding increase in private coverage, from 67.3% to 70.4%.
- Among children under age 18 years, the percentage with private coverage increased from 52.6% in 2013 to 56.3% in the first 3 months of 2015, reversing a 14-year trend of declining rates of private coverage.
- Among those under age 65, the percentage with private coverage through the Health Insurance Marketplace or state-based exchanges increased from 2.5% (6.7 million) in the last 3 months of 2014 to 3.6% (9.7 million) in the first 3 months of 2015.

Introduction

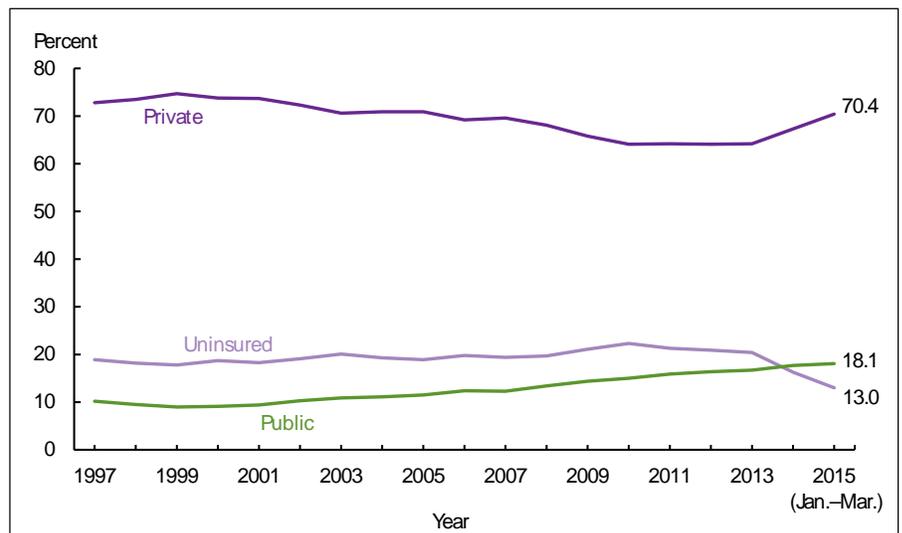
This report from the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) presents selected estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the January–March 2015 National Health Interview Survey (NHIS), along with comparable estimates from the 2010–2014 NHIS. Estimates for 2015 are based on data for 26,121 persons.

Three estimates of lack of health insurance coverage are provided: (a) uninsured at the time of interview, (b) uninsured at least part of the year prior to interview (which includes

persons uninsured for more than a year), and (c) uninsured for more than a year at the time of interview. Estimates of public and private coverage, coverage through exchanges, and enrollment in high deductible health plans (HDHPs) and consumer directed health plans (CDHPs) are also presented. Detailed tables showing estimates by selected demographics are presented. Definitions are provided in the [Technical Notes](#).

This report is updated quarterly and is part of the NHIS Early Release (ER) Program, which releases updated selected estimates that are available from the NHIS website at <http://www.cdc.gov/nchs/nhis.htm>. Estimates for each calendar quarter, by

Figure 1. Percentage of adults aged 18–64 who were uninsured or had private or public coverage at the time of interview: United States, 1997–March 2015



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: CDC/NCHS, National Health Interview Survey, 1997–2015, Family Core component.

selected demographics, are also available as a separate set of tables through the ER Program. For more information about NHIS and the ER Program, see the [Technical Notes](#) and the [Additional Early Release Program Products](#) sections at the end of this report.

Results

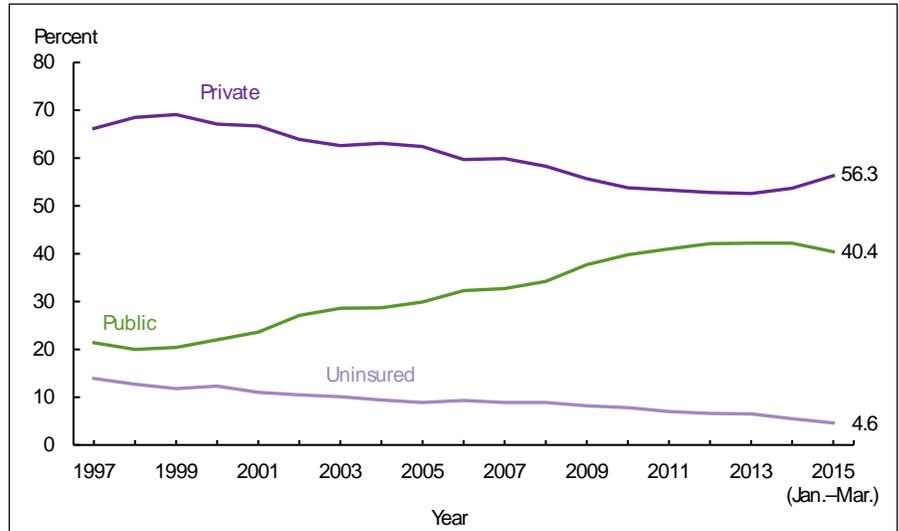
From January through March 2015, the percentage of persons uninsured at the time of interview was 9.2% (29.0 million), a decrease of 2.3 percentage points from the 2014 uninsured rate of 11.5% (36.0 million). Seven million fewer persons lacked health insurance coverage in the first three months of 2015 when compared with 2014.

Long-term trends

In the first 3 months of 2015, among adults aged 18–64, 13.0% were uninsured at the time of interview, 18.1% had public coverage, and 70.4% had private health insurance coverage ([Figure 1](#)). From 1997 through 2010, the percentage of adults aged 18–64 who were uninsured at the time of interview generally increased. More recently, the percentage of uninsured decreased from 22.3% in 2010 to 13.0% in the first 3 months of 2015. During this 5-year period, there have been corresponding increases in both public and private coverage among adults aged 18–64.

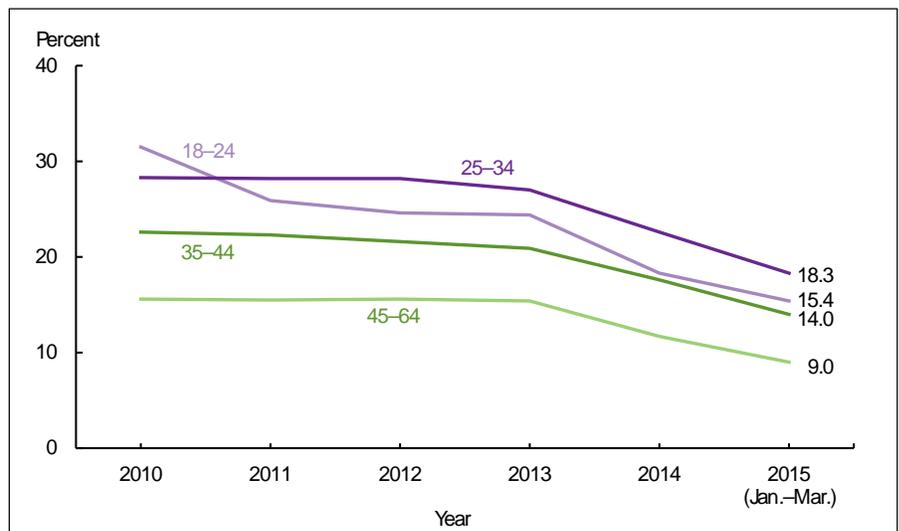
In the first 3 months of 2015 among children aged 0–17 years, 4.6% were uninsured, 40.4% had public coverage, and 56.3% had private coverage ([Figure 2](#)). The percentage of children who were uninsured decreased from 13.9% in 1997 to 4.6% in the first 3 months of 2015. From 1997 through 2010, the percentage of children with private coverage generally decreased and the percentage of children with public coverage generally increased. However, more recently the percentage of children with public coverage has leveled off, and the percentage of children with private coverage has increased from 52.6% in 2013 to 56.3% in the first 3 months of 2015.

Figure 2. Percentage of children aged 0–17 who were uninsured or had private or public coverage at the time of interview: United States, 1997–March 2015



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 1997–2015, Family Core component.

Figure 3. Percentage of adults aged 18–64 who were uninsured at the time of interview, by age group: United States, 2010–March 2015



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Short-term trends by age

In the first 3 months of 2015, adults aged 25–34 were twice as likely as adults aged 45–64 to lack health insurance coverage (18.3% compared with 9.0%) ([Figure 3](#)). Adults aged 18–24 and those aged 35–44 had similar rates of uninsurance, 15.4% and 14.0%, respectively.

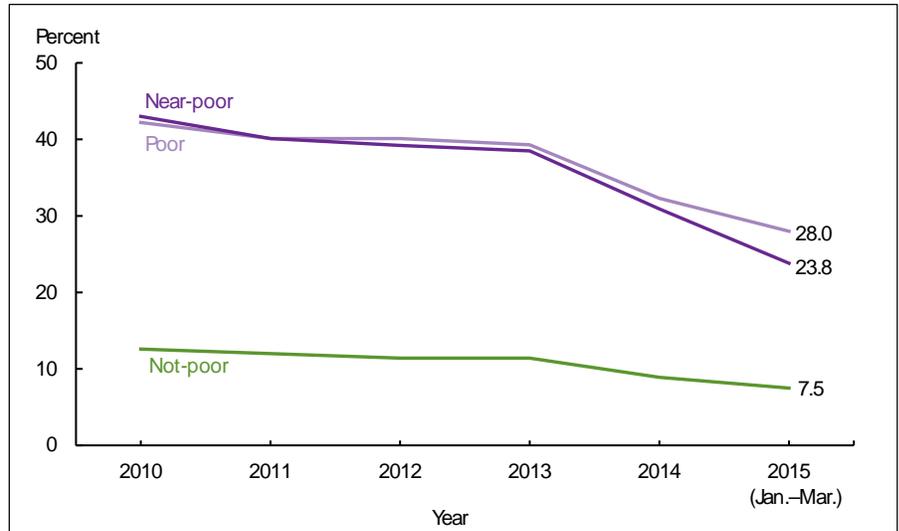
For all age groups shown in [Figure 3](#), with the exception of adults aged 18–24, the rates of uninsurance at the time of interview remained relatively stable from 2010 through 2013. Among adults aged 18–24, the percentage uninsured decreased from 31.5% in 2010 to 25.9% in 2011 and then remained stable through 2013. For all age groups, from 2013 through the first 3 months of 2015, the percentage uninsured decreased significantly. The magnitude of the decreases ranged from 6.4 percentage points for adults aged 45–64 to 9.0 percentage points for adults aged 18–24.

Short-term trends by poverty status

In the first 3 months of 2015 among adults aged 18–64, 28.0% of poor, 23.8% of near-poor, and 7.5% of those who were not-poor lacked health insurance coverage at the time of the interview ([Figure 4](#)). There was a decrease in the percentage of uninsured adults from 2010 through the first 3 months of 2015 among all three poverty groups; however, the greatest decreases in the uninsured rate since 2013 were among adults who were poor or near-poor.

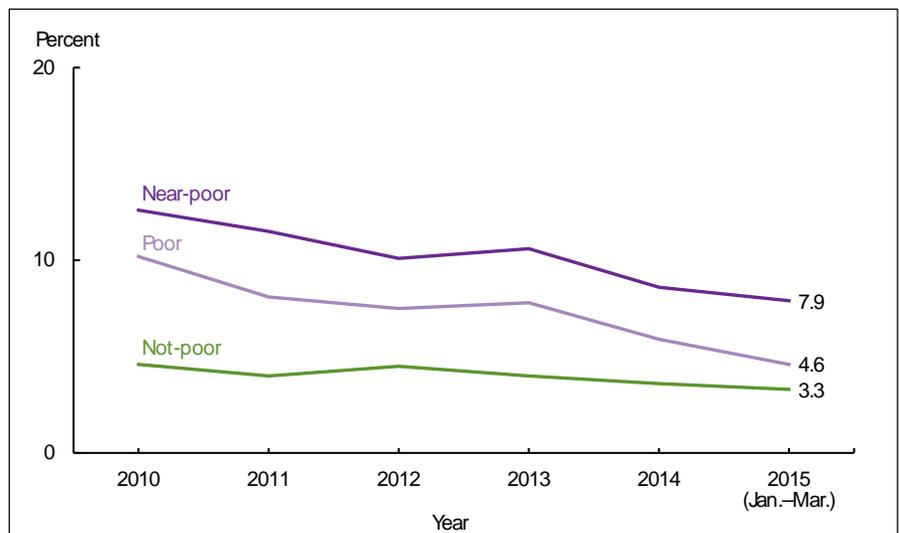
In the first 3 months of 2015 among children aged 0–17, 4.6% of poor, 7.9% of near-poor, and 3.3% of those who were not-poor lacked health insurance coverage at the time of interview ([Figure 5](#)). A decrease in the percentage of uninsured was observed for poor and near-poor children from 2010 through the first 3 months of 2015. For not-poor children, the uninsured rate remained relatively unchanged between 2010 and the first 3 months of 2015.

Figure 4. Percentage of adults aged 18–64 who were uninsured at the time of interview, by poverty status: United States, 2010–March 2015



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Figure 5. Percentage of children aged 0–17 who were uninsured at the time of interview, by poverty status: United States, 2010–March 2015

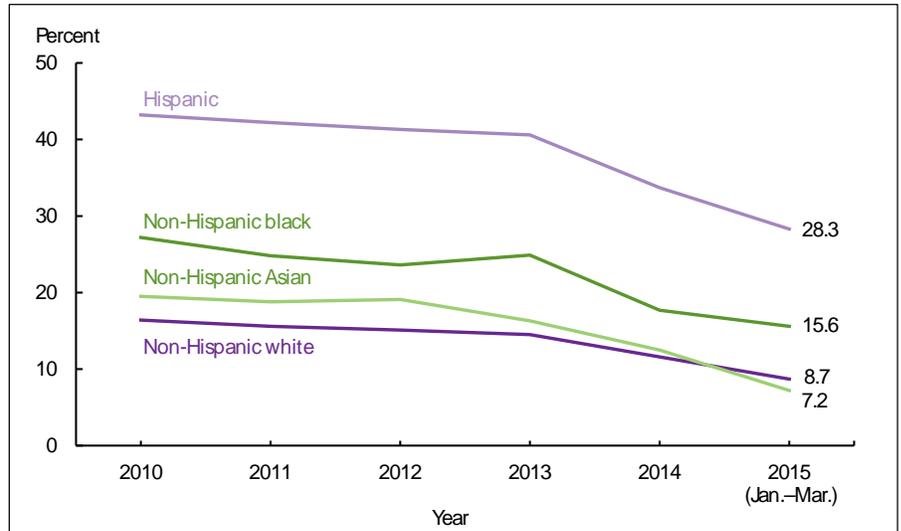


NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Short-term trends by race and ethnicity

In the first 3 months of 2015, 28.3% of Hispanic, 15.6% of non-Hispanic black, 8.7% of non-Hispanic white, and 7.2% of non-Hispanic Asian adults aged 18–64 lacked health insurance coverage at the time of interview (Figure 6). Significant decreases in the percentage of uninsured adults were observed between 2013 and the first 3 months of 2015 for Hispanic, non-Hispanic black, non-Hispanic white, and non-Hispanic Asian adults. Hispanic adults had the greatest percentage point decrease in the uninsured rate between 2013 (40.6%) and the first 3 months of 2015 (28.3%).

Figure 6. Percentage of adults aged 18–64 who were uninsured at the time of interview, by race and ethnicity: United States, 2010–March 2015

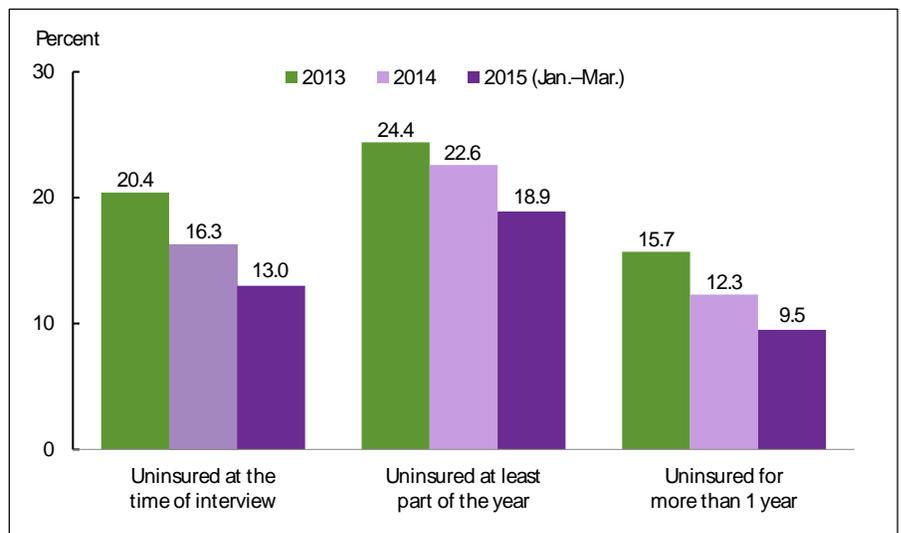


NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Periods of noncoverage

Among adults aged 18–64, the percentage who were uninsured at the time of interview decreased from 20.4% (39.6 million) in 2013 to 13.0% (25.5 million) in the first 3 months of 2015 (Figure 7). The percentage of adults who were uninsured for at least part of the past year decreased from 24.4% (47.4 million) in 2013 to 18.9% (37.0 million) in the first 3 months of 2015. The percentage of adults who were uninsured for more than a year decreased from 15.7% (30.5 million) in 2013 to 9.5% (18.6 million) in the first 3 months of 2015.

Figure 7. Percentage of adults aged 18–64 without health insurance using three measures of uninsurance: United States, 2013–March 2015



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 2015, Family Core component.

Private exchange coverage

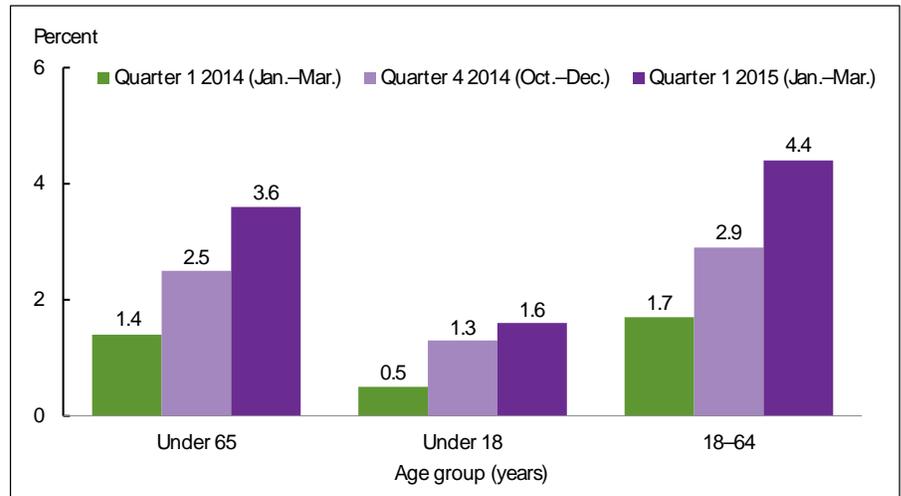
Among persons under age 65, 66.5% (179.1 million) were covered by private health insurance plans at the time of interview from January through March 2015. This includes 3.6% (9.7 million) covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges (Figure 8). A significant increase was noted in the percentage of persons under age 65 covered by plans obtained through the Health Insurance Marketplace or state-based exchanges, from 2.5% (6.7 million) in the last quarter of 2014 (October through December) to 3.6% (9.7 million) in the first quarter of 2015 (January through March).

Among adults aged 18–64, 70.4% (137.7 million) were covered by private health insurance plans at the time of interview from January through March 2015. This includes 4.4% (8.6 million) covered by private health insurance plans obtained through the Health Insurance Marketplace or state-based exchanges (Figure 8). A significant increase was noted in the percentage of adults covered by plans obtained through the Health Insurance Marketplace or state-based exchanges, from 2.9% (5.7 million) in the last quarter of 2014 to 4.4% (8.6 million) in the first quarter of 2015.

Health insurance coverage by state Medicaid expansion status

Under provisions of the Affordable Care Act (ACA) of 2010, states have the option to expand Medicaid coverage to those with low income. In the first 3 months of 2015, adults aged 18–64 residing in Medicaid expansion states were less likely to be uninsured than those residing in nonexpansion states (Figure 9). In Medicaid expansion states, the percentage of those uninsured decreased from 18.4% in 2013 to 10.6% in the first 3 months of 2015. In nonexpansion states, the percentage uninsured decreased from 22.7% in 2013 to 16.8% in the first 3 months of 2015.

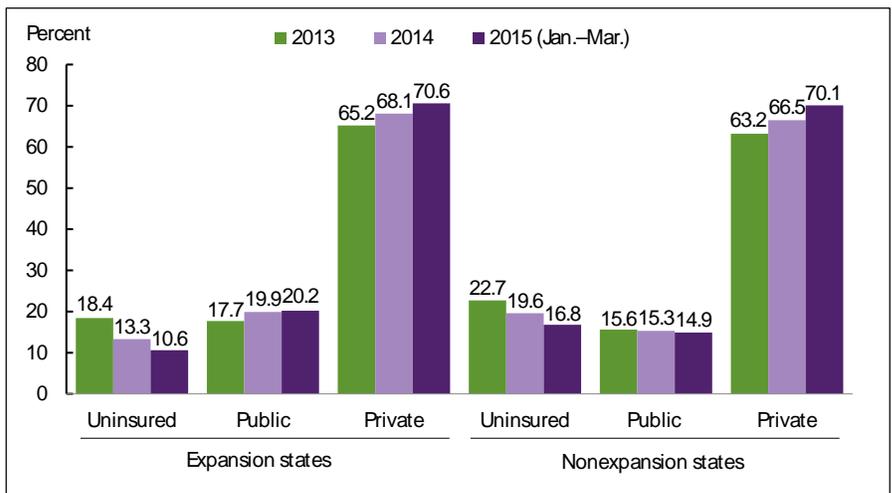
Figure 8. Percentage of persons under age 65 with private health insurance obtained through the Health Insurance Marketplace or state-based exchanges, by age group and selected quarters: United States, January 2014–March 2015



NOTES: Includes persons who have purchased a private health insurance plan through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (PL 111–148, PL 111–152). All persons who have exchange-based coverage are considered to have private health insurance. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2014 and 2015, Family Core component.

Figure 9. Percentage of adults aged 18–64 who were uninsured or had private or public coverage at the time of interview, by year and state Medicaid expansion status: United States, 2014–March 2015



NOTES: For 2013 and 2014, there were 26 Medicaid expansion states. For 2015, there were 29 Medicaid expansion states. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2013–2015, Family Core component.

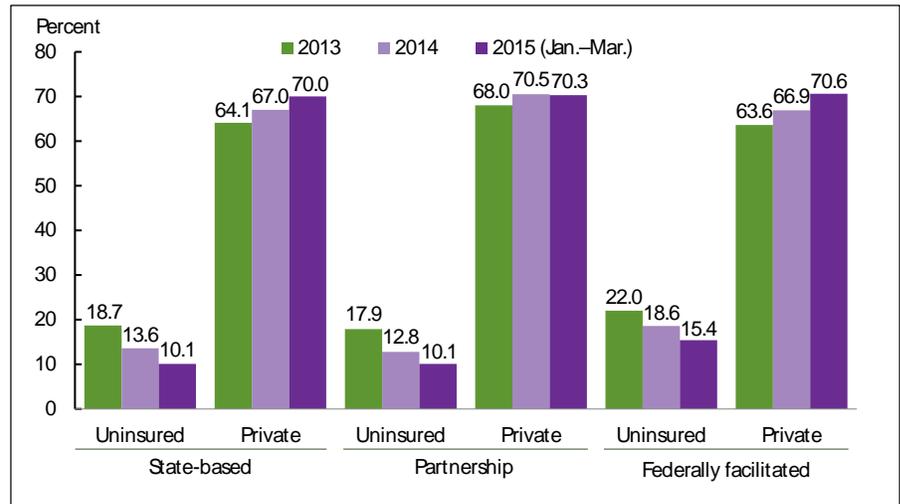
Health insurance coverage by state Health Insurance Marketplace type

Under provisions of ACA, states have the option to set-up and operate their own Health Insurance Marketplace, rely on a Federally Facilitated Marketplace operated solely by the federal government, or have a hybrid partnership Marketplace that is operated by the federal government but within which the state runs certain functions and makes key decisions. In the first 3 months of 2015, adults aged 18–64 in states with a Federally Facilitated Marketplace were more likely to be uninsured than those in states with a state-based Marketplace or states with a partnership Marketplace (Figure 10). In the first 3 months of 2015, there were no differences in the percentage of adults aged 18–64 with private coverage by Marketplace type. Decreases were seen in the uninsured rates between 2013 and the first 3 months of 2015 in states with a state-based Marketplace, a partnership Marketplace, and a Federally Facilitated Marketplace for adults aged 18–64.

Estimates of enrollment in HDHPs and CDHPs

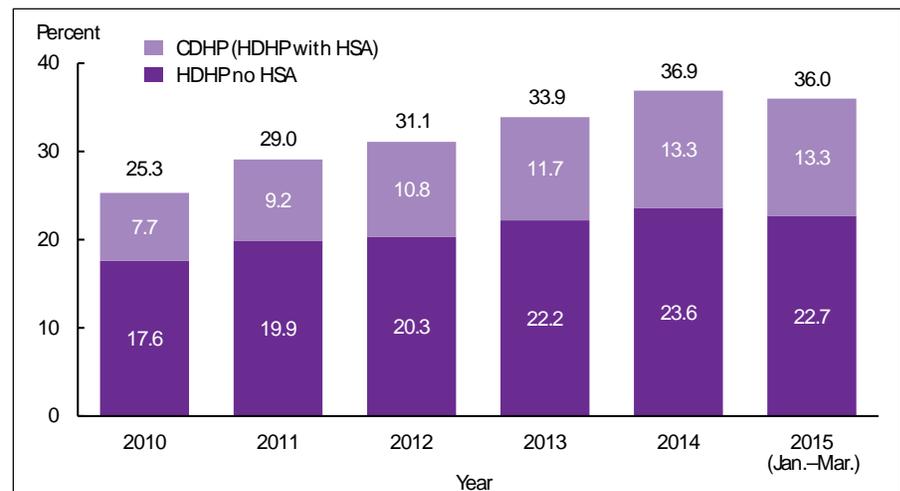
In the first 3 months of 2015, 36.0% of persons under age 65 with private health insurance were enrolled in an HDHP, including 13.3% who were enrolled in a CDHP [an HDHP with a health savings account (HSA)] and 22.7% who were enrolled in an HDHP without an HSA (Figure 11). (See [Technical Notes](#) for definitions of HDHP, CDHP, and HSA.) Among those with private insurance, enrollment in an HDHP generally increased since 2010. However, the percentage who were enrolled in an HDHP did not significantly change between 2014 (36.9%) and the first 3 months of 2015 (36.0%).

Figure 10. Percentage of adults aged 18–64 who were uninsured or who had private coverage at the time of interview, by year and state Health Insurance Marketplace type: United States, 2013–March 2015



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 2013–2015, Family Core component.

Figure 11. Percentage of persons under age 65 enrolled in a high-deductible health plan without a health savings account or in a consumer-directed health plan, among those with private health insurance coverage: United States, 2010–March 2015



NOTES: CDHP is consumer-directed health plan, which is a high-deductible health plan (HDHP) with a health savings account (HSA). HDHP no HSA is a high-deductible health plan without an HSA. The individual components of HDHPs may not add up to the total due to rounding. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

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Technical Notes

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) is releasing selected estimates of health insurance coverage for the civilian noninstitutionalized U.S. population based on data from the 2015 National Health Interview Survey (NHIS), along with comparable estimates from the 2010–2014 NHIS.

To reflect different policy-relevant perspectives, three measures of lack of health insurance coverage are provided: (a) uninsured at the time of interview, (b) uninsured at least part of the year prior to interview (which also includes persons uninsured for more than a year), and (c) uninsured for more than a year at the time of interview. The three time frames are defined as:

- *Uninsured at the time of interview* provides an estimate of persons who at the given time may have experienced barriers to obtaining needed health care.
- *Uninsured at any time in the year prior to interview* provides an annual caseload of persons who may experience barriers to obtaining needed health care. This measure includes persons who have insurance at the time of interview but who had a period of noncoverage in the year prior to interview, as well as those who are currently uninsured and who may have been uninsured for a long period of time.
- *Uninsured for more than a year* provides an estimate of those with a persistent lack of coverage who may be at high risk of not obtaining preventive services or care for illness and injury.

These three measures are not mutually exclusive, and a given individual may be counted in more than one of the measures. Estimates of enrollment in public and private coverage are also provided.

This report also includes estimates for three types of consumer-directed private health care. Consumer-directed

health care may enable individuals to have more control over when and how they access care, what types of care they use, and how much they spend on health care services. National attention to consumer-directed health care increased following enactment of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (P.L. 108–173), which established tax-advantaged health savings accounts (HSAs) (1). In 2007, three new questions were added to the health insurance section of NHIS to monitor enrollment in consumer-directed health care among persons with private health insurance. Estimates are provided for enrollment in high-deductible health plans (HDHPs), plans with high deductibles coupled with HSAs (i.e., consumer-directed health plans or CDHPs), and being in a family with a flexible spending account (FSA) for medical expenses not otherwise covered. For a more complete description of consumer-directed health care, see “Definitions of selected terms” below.

The 2015 health insurance estimates are being released prior to final data editing and final weighting, to provide access to the most recent information from NHIS. Differences between estimates calculated using preliminary data files and final data files are typically less than 0.1 percentage point. However, preliminary estimates of persons without health insurance coverage are generally 0.1–0.3 percentage points lower than the final estimates due to the editing procedures used for the final data files.

Estimates for 2015 are stratified by age group, sex, race/ethnicity, poverty status, marital status, employment status, region, and educational attainment.

Data source

NHIS is a multistage probability sample survey of the civilian noninstitutionalized population of the United States and is the source of data for this report. The survey is conducted continuously throughout the year by NCHS through an agreement with the U.S. Census Bureau.

NHIS is a comprehensive health survey that can be used to relate health

insurance coverage to health outcomes and health care utilization. It has a low item nonresponse rate (about 1%) for the health insurance questions. Because NHIS is conducted throughout the year—yielding a nationally representative sample each month—data can be analyzed monthly or quarterly to monitor health insurance coverage trends.

The fundamental structure of the current NHIS oversamples Hispanic, black, and Asian populations. Visit the NCHS website at <http://www.cdc.gov/nchs/nhis.htm> for more information on the design, content, and use of NHIS.

The data for this report are derived from the Family Core component of the 2010–2015 NHIS, which collects information on all family members in each household. Data analyses for the January–March 2015 NHIS were based on 26,121 persons in the Family Core.

Data on health insurance status were edited using an automated system based on logic checks and keyword searches. Information from follow-up questions, such as plan name(s), were used to reassign insurance status and type of coverage to avoid misclassification. For comparability, the estimates for all years were created using these same procedures. The analyses excluded persons with unknown health insurance status (about 1% of respondents each year).

Estimation procedures

NCHS creates survey weights for each calendar quarter of the NHIS sample. The NHIS data weighting procedure is described in more detail at:

http://www.cdc.gov/nchs/data/series/sr_02/sr02_165.pdf. Estimates were calculated using NHIS survey weights, which are calibrated to census totals for sex, age, and race/ethnicity of the U.S. civilian noninstitutionalized population. Weights for 2010–2011 were derived from 2000 census-based population estimates. Beginning with 2012 NHIS data, weights were derived from 2010 census-based population estimates.

Point estimates and estimates of their variances were calculated using SUDAAN software (RTI International,

Research Triangle Park, N.C.) to account for the complex sample design of NHIS, taking into account stratum and primary sampling unit (PSU) identifiers. The Taylor series linearization method was chosen for variance estimation.

Trends in coverage were generally assessed using Joinpoint regression (2), which characterizes trends as joined linear segments. A Joinpoint is the year where two segments with different slopes meet. Joinpoint software uses statistical criteria to determine the fewest number of segments necessary to characterize a trend and the year(s) when segments begin and end. Trends from 2010 to 2015 were also evaluated using logistic regression analysis.

Unless otherwise noted, all estimates shown meet the NCHS standard of having less than or equal to 30% relative standard error. Differences between percentages or rates were evaluated using two-sided significance tests at the 0.05 level. All differences discussed are significant unless otherwise noted. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant.

Definitions of selected terms

Private health insurance

coverage—Includes persons who had any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care.

Public health plan coverage

Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

Uninsured—A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, CHIP, state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

Directly purchased coverage—Private insurance that was originally obtained through direct purchase or other means not related to employment.

Employment-based coverage—Private insurance that was originally obtained through a present or former employer or union or a professional association.

Exchange-based coverage—A private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act (ACA) of 2010 (P.L. 111–148, P.L. 111–152). In response to ACA, several new questions were added to NHIS to capture health care plans obtained through exchange-based coverage.

In general, if a family member is reported to have coverage through the exchange, that report is considered accurate unless there is other information (e.g., plan name or information about premiums) that clearly contradicts that report. Similarly, if a family member is not reported to have coverage through the exchange, that report is considered accurate unless there is other information that clearly contradicts that report. For a more complete discussion of the procedures used in the classification of exchange-based coverage, see <http://www.cdc.gov/nchs/nhis/insurance.htm>.

Based on these classification procedures, an average of 3.6% (SE 0.22) of persons under age 65, 4.3% (SE 0.27) of adults aged 18–64, 1.6% (SE 0.23) of children under age 18, and 2.7% (SE 0.46) of adults aged 19–25, had exchange-based private health insurance coverage in the first 3

months of 2015. This equates to 9.7 million persons under age 65 and 8.6 million adults aged 18–64, 1.2 million children, and 0.8 million adults aged 19–25. If these procedures had not been used and reports of coverage through the exchanges (or lack thereof) had been taken at face value, the estimate would have been higher. For example, an average of 4.3% (11.6 million) of persons under age 65 would have been reported to have obtained their coverage through exchanges in the first quarter of 2015.

High-deductible health plan (HDHP)—For persons with private health insurance, a question was asked regarding the annual deductible of each private health insurance plan. HDHP was defined in 2015 as a private health plan with an annual deductible of at least \$1,300 for self-only coverage or \$2,600 for family coverage. The deductible is adjusted annually for inflation. For 2013 and 2014, the annual deductible for a self-only coverage was \$1,250 and for family coverage was \$2,500. For 2010 through 2012, the annual deductible for self-only coverage was \$1,200 and for family coverage was \$2,400.

Consumer-directed health plan (CDHP)—Defined as an HDHP with a special account to pay for medical expenses. Unspent funds are carried over to subsequent years. For plans considered to be HDHPs, a follow-up question was asked regarding these special accounts. A person is considered to have a CDHP if there was a “yes” response to the following question: *With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.*

Health savings account (HSA)—A tax-advantaged account or fund that can be used to pay for medical expenses. It must be coupled with an HDHP. The funds contributed to the account are not subject to federal income tax at the time of deposit. Unlike FSAs, HSA funds roll over and

accumulate year to year if not spent. HSAs are owned by the individual. Funds may be used to pay for qualified medical expenses at any time without federal tax liability. HSAs may also be referred to as Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and the term “HSA” in this report includes accounts that use these alternative names.

Flexible spending account (FSA) for medical expenses—A person is considered to be in a family with an FSA if there was a “yes” response to the following question: *[Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pretax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.*

The measures of HDHP enrollment, CDHP enrollment, and being in a family with an FSA for medical expenses are not mutually exclusive; a person may be counted in more than one measure.

Medicaid expansion status—Under provisions of the Affordable Care Act (ACA) of 2010 (P.L. 111-148, P.L. 111-152), states have the option to expand Medicaid eligibility to cover adults who have income up to and including 138% of the federal poverty level. There is no deadline for states to choose to implement the Medicaid expansion, and they may do so at any time. As of October 31, 2013, 26 states and the District of Columbia are moving forward with Medicaid expansion. As of January 1, 2015, 29 states and the District of Columbia are moving forward with Medicaid expansion.

Health Insurance Marketplace—A resource where individuals, families, and small businesses can learn about their health coverage options; compare health insurance plans based on cost, benefits, and other important features; choose a plan; and enroll in coverage. The marketplace also provides information on programs that help

people with low-to-moderate income and resources pay for coverage. There are three types of Health Insurance Marketplaces: (a) a State-based Marketplace set up and operated solely by the state; (b) a hybrid Partnership Marketplace in which the state runs certain functions and makes key decisions and may tailor the marketplace to local needs and market conditions, but which is operated by the federal government; and (c) the Federally Facilitated Marketplace operated solely by the federal government.

Education—The categories of education are based on the years of school completed or highest degree obtained for persons aged 18 and over.

Employment—Employment status is assessed at the time of interview and is obtained for persons aged 18 and over. In this release, it is presented only for persons aged 18–64.

Hispanic or Latino origin and race—Hispanic or Latino origin and race are two separate and distinct categories. Persons of Hispanic or Latino origin may be of any race or combination of races. Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on the family respondent’s description of his or her own racial background, as well as the racial background of other family members. More than one race may be reported for a person. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget (OMB) terms for race and Hispanic or Latino origin. For example, the category “Not Hispanic or Latino, black or African American, single race” is referred to as “non-Hispanic black, single race” in the text, tables, and figures. Estimates for non-Hispanic persons of races other than white only, black only, and Asian only, or of multiple races, are combined into the “Other races and multiple races” category.

Poverty status—Poverty categories are based on the ratio of the family’s income in the previous calendar year to the appropriate poverty threshold (given the family’s

size and number of children) defined by the U.S. Census Bureau for that year (3–8). Persons categorized as “Poor” have a ratio less than 1.0 (i.e., their family income was below the poverty threshold); “Near-poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not-poor” persons have incomes that are 200% of the poverty threshold or greater. The remaining group of respondents is coded as “Unknown” with respect to poverty status. The percentage of respondents with unknown poverty status (12.2% in 2010, 11.5% in 2011, 11.4% in 2012, 10.2% in 2013, 8.8% in 2014, and 8.3% in the first quarter of 2015) is disaggregated by age and insurance status in Tables IV, V, and VI.

For more information on unknown income and unknown poverty status, see the NHIS Survey Description document for 2010–2014 (available from:

http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm).

NCHS imputes income for approximately 30% of NHIS records. The imputed income files are released a few months after the annual release of NHIS microdata and are not available for the ER updates. Therefore, ER health insurance estimates stratified by poverty status are based on reported income only and may differ from similar estimates produced later [e.g., in *Health, United States* (9)] that are based on both reported and imputed income.

Region—In the geographic classification of the U.S. population, states are grouped into the following four regions used by the U.S. Census Bureau:

Region	States included
Northeast	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania
Midwest	Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska

South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas
West	Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii

Expanded regions—Based on a subdivision of the four regions into nine divisions. For this report, the nine Census divisions were modified by moving Delaware, the District of Columbia, and Maryland into the Middle Atlantic division. This approach was used previously by Holahan et al. (10).

Additional Early Release Program Products

Two additional periodical reports are published through the NHIS ER Program. *Early Release of Selected Estimates Based on Data From the National Health Interview Survey* (11) is published quarterly and provides estimates of 15 selected measures of health, including insurance coverage. Other measures of health include estimates of having a usual place to go for medical care, obtaining needed medical care, influenza vaccination, pneumococcal vaccination, obesity, leisure-time physical activity, current smoking, alcohol consumption, HIV testing, general health status, personal care needs, serious psychological distress, diagnosed diabetes, and asthma episodes and current asthma.

Wireless Substitution: Early Release of Estimates From the National Health Interview Survey (12) is published semi-annually and provides selected estimates of telephone coverage in the United States.

Other ER reports and tabulations on special topics are released on an as-needed basis; see

<http://www.cdc.gov/nchs/nhis/releases.htm>.

In addition to these reports, preliminary microdata files containing selected NHIS variables are produced as part of the ER Program. For each data collection year (January through December), these variables are made available four times approximately 5–6 months following the completion of data collection. NHIS data users can analyze these files through the NCHS Research Data Centers (<http://www.cdc.gov/rdc/>) without having to wait for the final annual NHIS microdata files to be released.

New measures and products may be added as work continues and in response to changing data needs. Feedback on these releases is welcome (nhislist@cdc.gov).

Announcements about ERs, other new data releases, and publications, as well as corrections related to NHIS, will be sent to members of the HISUSERS electronic mailing list. To join, visit the CDC website at:

http://www.cdc.gov/nchs/products/nchs_listservs.htm and click on the “National Health Interview Survey (NHIS) researchers” button and follow the directions on the page.

Suggested Citation

Cohen RA, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–March 2015. National Center for Health Statistics. August 2015. Available from: <http://www.cdc.gov/nchs/nhis/releases.htm>.

Table I. Percentages (and standard errors) of persons who lacked health insurance coverage at the time of interview, for at least part of the past year, and for more than a year, by age group and year: United States, 2010–March 2015

Age group in years, and year	Uninsured ¹ at the time of interview	Uninsured ¹ for at least part of the past year ²	Uninsured ¹ for more than a year ²
All ages			
2010	16.0 (0.27)	19.8 (0.29)	11.7 (0.22)
2011	15.1 (0.25)	19.2 (0.29)	11.2 (0.21)
2012	14.7 (0.23)	18.6 (0.27)	11.1 (0.22)
2013	14.4 (0.26)	17.8 (0.27)	10.7 (0.23)
2014	11.5 (0.23)	16.5 (0.25)	8.4 (0.19)
2015 (Jan.–Mar.)	9.2 (0.35)	13.8 (0.43)	6.5 (0.28)
Under age 65			
2010	18.2 (0.30)	22.5 (0.33)	13.3 (0.24)
2011	17.3 (0.29)	21.8 (0.33)	12.7 (0.25)
2012	16.9 (0.27)	21.3 (0.31)	12.7 (0.24)
2013	16.6 (0.30)	20.4 (0.32)	12.4 (0.27)
2014	13.3 (0.26)	19.0 (0.29)	9.7 (0.22)
2015 (Jan.–Mar.)	10.7 (0.40)	15.8 (0.48)	7.6 (0.32)
0–17			
2010	7.8 (0.32)	11.6 (0.37)	4.5 (0.23)
2011	7.0 (0.27)	10.9 (0.36)	3.7 (0.19)
2012	6.6 (0.27)	10.4 (0.35)	3.7 (0.19)
2013	6.5 (0.26)	10.0 (0.33)	3.6 (0.20)
2014	5.5 (0.27)	9.4 (0.40)	3.0 (0.19)
2015 (Jan.–Mar.)	4.6 (0.50)	7.7 (0.59)	2.5 (0.18)
18–64			
2010	22.3 (0.35)	26.7 (0.37)	16.8 (0.30)
2011	21.3 (0.34)	26.0 (0.37)	16.3 (0.31)
2012	20.9 (0.31)	25.5 (0.34)	16.2 (0.29)
2013	20.4 (0.37)	24.4 (0.38)	15.7 (0.34)
2014	16.3 (0.31)	22.6 (0.34)	12.3 (0.27)
2015 (Jan.–Mar.)	13.0 (0.45)	18.9 (0.55)	9.5 (0.39)
19–25			
2010	33.9 (0.73)	41.7 (0.78)	24.1 (0.61)
2011	27.9 (0.71)	36.1 (0.77)	20.1 (0.61)
2012	26.4 (0.72)	33.0 (0.72)	19.6 (0.62)
2013	26.5 (0.71)	31.3 (0.79)	19.8 (0.61)
2014	20.0 (0.65)	26.9 (0.73)	14.2 (0.56)
2015 (Jan.–Mar.)	16.6 (1.07)	23.6 (1.27)	11.3 (0.86)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²In references to “part of the past year” and “more than a year,” a year is defined as the 12 months prior to interview.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table II. Numbers (in millions) of persons who lacked health insurance coverage at the time of interview, for at least part of the past year, and for more than a year, by age group and year: United States, 2015

Age group in years, and year	Uninsured ¹ at the time of interview	Uninsured ¹ for at least part of the past year ²	Uninsured ¹ for more than a year ²
All ages			
2010	48.6	60.3	35.7
2011	46.3	58.7	34.2
2012	45.5	57.5	34.1
2013	44.8	55.4	33.4
2014	36.0	51.6	26.3
2015 (Jan.–Mar.)	29.0	43.3	20.6
Under age 65			
2010	48.2	59.6	35.4
2011	45.9	58.0	33.9
2012	45.2	56.8	33.9
2013	44.3	54.7	33.1
2014	35.7	50.8	26.1
2015 (Jan.–Mar.)	28.8	42.6	20.4
0–17			
2010	5.8	8.7	3.4
2011	5.2	8.1	2.7
2012	4.9	7.7	2.7
2013	4.8	7.3	2.6
2014	4.0	6.9	2.2
2015 (Jan.–Mar.)	3.4	5.7	1.9
18–64			
2010	42.5	51.0	32.0
2011	40.7	49.9	31.2
2012	40.3	49.2	31.2
2013	39.6	47.4	30.5
2014	31.7	44.0	23.9
2015 (Jan.–Mar.)	25.5	37.0	18.6
19–25			
2010	10.0	12.3	7.1
2011	8.4	10.8	6.0
2012	7.9	9.9	5.9
2013	8.0	9.5	6.0
2014	6.0	8.1	4.3
2015 (Jan.–Mar.)	5.1	7.2	3.5

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²In references to “part of the past year” and “more than a year,” a year is defined as the 12 months prior to interview.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table III. Percentages (and standard errors) of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and selected years: United States, 1997–March 2015

Age group in years, and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
All ages			
1997	15.4 (0.21)	23.3 (0.27)	70.7 (0.32)
2005	14.2 (0.21)	26.4 (0.30)	67.3 (0.37)
2010	16.0 (0.27)	31.4 (0.39)	60.2 (0.48)
2011	15.1 (0.25)	32.4 (0.37)	60.1 (0.48)
2012	14.7 (0.23)	33.4 (0.35)	59.6 (0.43)
2013	14.4 (0.26)	33.8 (0.36)	59.5 (0.49)
2014	11.5 (0.23)	34.6 (0.37)	61.8 (0.45)
2015 (Jan.–Mar.)	9.2 (0.35)	34.6 (0.69)	64.5 (0.81)
Under age 65			
1997	17.4 (0.24)	13.6 (0.25)	70.8 (0.35)
2005	16.0 (0.24)	16.8 (0.29)	68.4 (0.39)
2010	18.2 (0.30)	22.0 (0.38)	61.2 (0.50)
2011	17.3 (0.29)	23.0 (0.37)	61.2 (0.51)
2012	16.9 (0.27)	23.5 (0.37)	61.0 (0.47)
2013	16.6 (0.30)	23.8 (0.35)	61.0 (0.52)
2014	13.3 (0.26)	24.5 (0.36)	63.6 (0.46)
2015 (Jan.–Mar.)	10.7 (0.40)	24.2 (0.74)	66.5 (0.88)
0–17			
1997	13.9 (0.36)	21.4 (0.48)	66.2 (0.57)
2005	8.9 (0.29)	29.9 (0.56)	62.4 (0.60)
2010	7.8 (0.32)	39.8 (0.73)	53.8 (0.75)
2011	7.0 (0.27)	41.0 (0.74)	53.3 (0.76)
2012	6.6 (0.27)	42.1 (0.72)	52.8 (0.73)
2013	6.5 (0.26)	42.2 (0.70)	52.6 (0.76)
2014	5.5 (0.27)	42.2 (0.65)	53.7 (0.68)
2015 (Jan.–Mar.)	4.6 (0.50)	40.4 (1.38)	56.3 (1.44)
18–64			
1997	18.9 (0.23)	10.2 (0.20)	72.8 (0.30)
2005	18.9 (0.26)	11.5 (0.22)	70.9 (0.36)
2010	22.3 (0.35)	15.0 (0.30)	64.1 (0.46)
2011	21.3 (0.34)	15.9 (0.29)	64.2 (0.45)
2012	20.9 (0.31)	16.4 (0.29)	64.1 (0.42)
2013	20.4 (0.37)	16.7 (0.30)	64.2 (0.47)
2014	16.3 (0.31)	17.7 (0.32)	67.3 (0.43)
2015 (Jan.–Mar.)	13.0 (0.45)	18.1 (0.62)	70.4 (0.77)
19–25			
1997	31.4 (0.63)	11.2 (0.46)	58.4 (0.71)
2005	31.2 (0.65)	12.9 (0.51)	56.5 (0.79)
2010	33.9 (0.73)	15.7 (0.55)	51.0 (0.84)
2011	27.9 (0.71)	16.8 (0.60)	56.2 (0.85)
2012	26.4 (0.72)	17.5 (0.59)	57.2 (0.85)
2013	26.5 (0.71)	16.1 (0.54)	58.1 (0.84)
2014	20.0 (0.65)	19.1 (0.64)	61.9 (0.88)
2015 (Jan.–Mar.)	16.6 (1.07)	19.0 (1.25)	65.4 (1.41)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 1997, 2005, and 2010–2015, Family Core component

Table IV. Percentages (and standard errors) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by poverty status and year: United States, 2010–March 2015

Poverty status ¹ and year	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
Poor (<100% FPL)			
2010	29.5 (0.83)	56.0 (0.98)	15.5 (0.70)
2011	28.2 (0.66)	56.2 (0.82)	16.6 (0.77)
2012	28.3 (0.65)	57.1 (0.83)	16.1 (0.83)
2013	27.3 (0.68)	59.0 (0.81)	14.7 (0.72)
2014	22.3 (0.66)	62.1 (0.80)	16.6 (0.69)
2015 (Jan.–Mar.)	19.1 (1.12)	64.4 (1.67)	17.8 (1.19)
Near-poor (≥100% and <200% FPL)			
2010	32.3 (0.69)	36.2 (0.63)	33.2 (0.77)
2011	30.4 (0.58)	37.7 (0.73)	33.5 (0.75)
2012	29.5 (0.56)	37.1 (0.66)	35.2 (0.75)
2013	29.3 (0.70)	39.1 (0.77)	33.4 (0.79)
2014	23.5 (0.60)	41.1 (0.74)	37.3 (0.81)
2015 (Jan.–Mar.)	18.6 (0.98)	42.4 (1.53)	41.7 (1.50)
Not-poor (≥200% FPL)			
2010	10.7 (0.24)	9.7 (0.28)	81.0 (0.36)
2011	10.1 (0.25)	9.9 (0.26)	81.4 (0.36)
2012	9.8 (0.23)	10.3 (0.33)	81.3 (0.39)
2013	9.6 (0.24)	10.5 (0.29)	81.2 (0.39)
2014	7.6 (0.20)	9.9 (0.28)	83.7 (0.36)
2015 (Jan.–Mar.)	6.6 (0.41)	10.0 (0.54)	84.7 (0.72)
Unknown			
2010	22.7 (0.95)	21.0 (0.69)	57.3 (1.08)
2011	21.0 (0.64)	26.2 (0.95)	53.9 (1.09)
2012	20.4 (0.73)	28.8 (0.89)	52.1 (1.00)
2013	20.5 (0.76)	24.2 (0.94)	56.8 (1.24)
2014	15.0 (0.80)	22.2 (0.91)	64.1 (1.24)
2015 (Jan.–Mar.)	10.5 (1.07)	21.5 (1.69)	68.9 (1.94)

¹FPL is federal poverty level. Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. “Poor” persons are defined as those with incomes below the poverty threshold; “Near-poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not-poor” persons have incomes of 200% of the poverty threshold or greater. For more information on the “Unknown” poverty status category, see “Technical Notes.” Estimates may differ from estimates that are based on both reported and imputed income.

²A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table V. Percentages (and standard errors) of adults aged 18–64 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by poverty status and year: United States, 2010–March 2015

Poverty status ¹ and year	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
Poor (<100% FPL)			
2010	42.2 (0.99)	38.8 (0.97)	19.6 (0.89)
2011	40.1 (0.92)	39.6 (0.93)	21.2 (1.02)
2012	40.1 (0.90)	40.8 (0.94)	20.2 (1.09)
2013	39.3 (1.00)	42.4 (0.95)	19.0 (0.97)
2014	32.3 (0.93)	46.6 (0.95)	21.9 (0.92)
2015 (Jan.–Mar.)	28.0 (1.57)	50.3 (2.06)	23.1 (1.50)
Near-poor (≥100% and <200% FPL)			
2010	43.0 (0.74)	23.7 (0.55)	34.7 (0.74)
2011	40.1 (0.72)	25.9 (0.69)	35.4 (0.75)
2012	39.2 (0.68)	25.2 (0.57)	37.2 (0.74)
2013	38.5 (0.84)	26.6 (0.78)	36.4 (0.78)
2014	30.9 (0.72)	29.6 (0.76)	41.2 (0.81)
2015 (Jan.–Mar.)	23.8 (1.14)	32.8 (1.43)	45.9 (1.43)
Not-poor (≥200% FPL)			
2010	12.6 (0.27)	8.1 (0.27)	80.8 (0.36)
2011	12.0 (0.28)	8.3 (0.23)	81.1 (0.35)
2012	11.4 (0.26)	8.7 (0.29)	81.3 (0.38)
2013	11.4 (0.27)	8.9 (0.26)	81.2 (0.37)
2014	8.9 (0.23)	8.5 (0.26)	83.9 (0.35)
2015 (Jan.–Mar.)	7.5 (0.42)	8.6 (0.49)	85.3 (0.65)
Unknown			
2010	27.1 (1.10)	15.6 (0.63)	58.4 (1.11)
2011	25.6 (0.77)	17.6 (0.73)	58.1 (0.96)
2012	25.7 (0.88)	18.9 (0.76)	56.9 (0.92)
2013	24.3 (0.87)	17.6 (0.77)	59.5 (1.11)
2014	17.2 (0.88)	17.2 (0.81)	67.0 (1.20)
2015 (Jan.–Mar.)	12.9 (1.25)	17.0 (1.52)	71.2 (1.98)

¹FPL is federal poverty level. Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. “Poor” persons are defined as those with incomes below the poverty threshold; “Near-poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not-poor” persons have incomes of 200% of the poverty threshold or greater. For more information on the “Unknown” poverty status category, see “Technical Notes.” Estimates may differ from estimates that are based on both reported and imputed income.

²A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table VI. Percentages (and standard errors) of children aged 0–17 years who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by poverty status and year: United States, 2010–March 2015

Poverty status ¹ and year	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
Poor (<100% FPL)			
2010	10.2 (0.96)	82.0 (1.22)	9.2 (0.70)
2011	8.1 (0.62)	84.4 (0.87)	8.9 (0.72)
2012	7.5 (0.58)	85.9 (0.80)	8.8 (0.78)
2013	7.8 (0.62)	86.1 (0.88)	7.7 (0.69)
2014	5.9 (0.52)	87.3 (0.72)	8.0 (0.62)
2015 (Jan.–Mar.)	4.6 (0.78)	87.4 (1.57)	9.3 (1.40)
Near-poor (≥100% and <200% FPL)			
2010	12.6 (0.73)	59.2 (1.16)	30.5 (1.18)
2011	11.5 (0.69)	60.8 (1.17)	29.9 (1.07)
2012	10.1 (0.70)	61.0 (1.30)	31.1 (1.18)
2013	10.6 (0.72)	64.4 (1.16)	27.3 (1.17)
2014	8.6 (0.65)	64.3 (1.23)	29.4 (1.19)
2015 (Jan.–Mar.)	7.9 (1.22)	61.8 (2.41)	33.1 (2.39)
Not-poor (≥200% FPL)			
2010	4.6 (0.29)	14.9 (0.57)	81.4 (0.61)
2011	4.0 (0.27)	15.0 (0.55)	82.1 (0.58)
2012	4.5 (0.31)	15.2 (0.62)	81.3 (0.64)
2013	4.0 (0.28)	15.6 (0.62)	81.2 (0.65)
2014	3.6 (0.28)	14.4 (0.56)	83.1 (0.58)
2015 (Jan.–Mar.)	3.3 (0.65)	14.9 (1.25)	82.7 (1.38)
Unknown			
2010	8.8 (0.89)	38.1 (1.71)	53.7 (1.74)
2011	10.4 (0.76)	45.9 (1.70)	44.5 (1.66)
2012	8.2 (0.77)	51.8 (1.50)	41.2 (1.49)
2013	9.2 (1.00)	43.7 (2.16)	48.6 (2.20)
2014	8.0 (1.41)	37.9 (2.01)	54.8 (2.05)
2015 (Jan.–Mar.)	3.9 (1.24)	33.6 (3.66)	62.7 (3.67)

¹FPL is federal poverty level. Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. “Poor” persons are defined as those with incomes below the poverty threshold; “Near-poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not-poor” persons have incomes of 200% of the poverty threshold or greater. For more information on the “Unknown” poverty status category, see “Technical Notes.” Estimates may differ from estimates that are based on both reported and imputed income.

²A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table VII. Percentages (and standard errors) of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and sex: United States, January–March 2015

Age group and sex	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
Age group (years)			
All ages	9.2 (0.35)	34.6 (0.69)	64.5 (0.81)
Under age 65	10.7 (0.40)	24.2 (0.74)	66.5 (0.88)
0–17	4.6 (0.50)	40.4 (1.38)	56.3 (1.44)
18–64	13.0 (0.45)	18.1 (0.62)	70.4 (0.77)
18–24	15.4 (1.01)	20.9 (1.30)	64.7 (1.44)
25–34	18.3 (0.96)	17.3 (1.00)	65.3 (1.20)
35–44	14.0 (0.77)	14.9 (0.88)	71.7 (1.18)
45–64	9.0 (0.47)	19.1 (0.73)	74.4 (0.86)
65 and over	0.5 (0.11)	95.2 (0.53)	52.6 (1.34)
19–25	16.6 (1.07)	19.0 (1.25)	65.4 (1.41)
Sex			
Male:			
All ages	10.6 (0.41)	32.5 (0.75)	64.5 (0.89)
Under age 65	12.2 (0.46)	22.8 (0.77)	66.5 (0.94)
0–17	4.4 (0.50)	41.2 (1.57)	55.8 (1.59)
18–64	15.2 (0.55)	15.6 (0.69)	70.6 (0.88)
18–24	17.0 (1.51)	17.4 (1.43)	66.6 (1.86)
25–34	22.9 (1.25)	12.8 (1.24)	65.2 (1.56)
35–44	17.0 (1.03)	11.2 (0.97)	72.5 (1.40)
45–64	9.7 (0.58)	18.6 (0.88)	74.0 (1.02)
65 and over	0.3 (0.09)	95.0 (0.70)	51.4 (1.60)
19–25	18.7 (1.51)	15.1 (1.48)	67.2 (1.94)
Female:			
All ages	7.9 (0.36)	36.7 (0.76)	64.5 (0.84)
Under age 65	9.3 (0.43)	25.6 (0.82)	66.6 (0.94)
0–17	4.7 (0.64)	39.6 (1.56)	56.9 (1.66)
18–64	10.9 (0.46)	20.5 (0.69)	70.2 (0.80)
18–24	13.7 (1.18)	24.3 (1.87)	62.8 (1.87)
25–34	13.9 (1.03)	21.6 (1.20)	65.3 (1.29)
35–44	11.2 (0.84)	18.4 (1.16)	71.0 (1.33)
45–64	8.3 (0.57)	19.6 (0.84)	74.7 (0.95)
65 and over	0.7 (0.18)	95.3 (0.61)	53.5 (1.42)
19–25	14.5 (1.19)	23.0 (1.71)	63.4 (1.75)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2015, Family Core component.

Table VIII. Percentages (and standard errors) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by race/ethnicity and year: United States, 2010–March 2015

Race/ethnicity and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
Hispanic or Latino			
2010	31.9 (0.72)	32.0 (0.78)	36.6 (0.81)
2011	31.1 (0.68)	33.6 (0.74)	36.1 (0.82)
2012	30.4 (0.71)	34.0 (0.71)	36.4 (0.74)
2013	30.3 (0.66)	33.4 (0.62)	37.0 (0.76)
2014	25.2 (0.59)	34.6 (0.78)	41.2 (0.89)
2015 (Jan.–Mar.)	21.2 (1.00)	35.2 (1.26)	44.3 (1.37)
Non-Hispanic white, single race			
2010	13.7 (0.30)	16.4 (0.42)	71.4 (0.57)
2011	13.0 (0.32)	17.1 (0.39)	71.4 (0.55)
2012	12.7 (0.28)	17.3 (0.39)	71.5 (0.51)
2013	12.1 (0.29)	17.9 (0.38)	71.6 (0.53)
2014	9.8 (0.25)	18.1 (0.41)	73.6 (0.50)
2015 (Jan.–Mar.)	7.5 (0.48)	17.5 (0.75)	76.6 (0.91)
Non-Hispanic black, single race			
2010	20.8 (0.63)	36.3 (0.79)	44.6 (0.84)
2011	19.0 (0.51)	36.9 (0.83)	45.6 (0.85)
2012	17.9 (0.50)	38.2 (0.77)	45.4 (0.79)
2013	18.9 (0.51)	37.5 (0.92)	44.9 (1.01)
2014	13.5 (0.49)	40.3 (0.76)	47.7 (0.86)
2015 (Jan.–Mar.)	12.0 (0.80)	38.9 (1.59)	51.2 (1.61)
Non-Hispanic Asian, single race			
2010	16.8 (0.76)	14.9 (0.98)	69.1 (1.17)
2011	16.0 (0.89)	17.6 (1.14)	67.0 (1.40)
2012	16.4 (0.93)	16.6 (0.85)	67.5 (1.24)
2013	13.8 (0.81)	17.5 (1.00)	69.4 (1.27)
2014	10.6 (0.61)	16.7 (0.86)	73.4 (1.01)
2015 (Jan.–Mar.)	6.0 (0.76)	17.5 (1.99)	77.1 (2.34)
Non-Hispanic other races and multiple races			
2010	22.4 (4.83)	30.3 (2.14)	48.7 (3.83)
2011	19.1 (1.78)	32.5 (1.60)	50.6 (1.89)
2012	16.4 (1.33)	35.8 (1.77)	50.8 (2.16)
2013	16.0 (1.17)	35.9 (1.75)	50.1 (1.97)
2014	12.8 (1.30)	36.2 (1.69)	52.7 (2.01)
2015 (Jan.–Mar.)	10.6 (1.96)	37.7 (4.74)	53.7 (4.57)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table IX. Percentages (and standard errors) of adults aged 18–64 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by race/ethnicity and year: United States, 2010–March 2015

Race/ethnicity and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
Hispanic or Latino			
2010	43.2 (0.91)	16.3 (0.64)	41.1 (0.85)
2011	42.2 (0.89)	18.1 (0.63)	40.3 (0.82)
2012	41.3 (0.89)	19.0 (0.64)	40.4 (0.73)
2013	40.6 (0.88)	18.0 (0.62)	42.1 (0.70)
2014	33.7 (0.76)	20.6 (0.73)	46.4 (0.86)
2015 (Jan.–Mar.)	28.3 (1.24)	22.7 (1.26)	49.8 (1.42)
Non-Hispanic white, single race			
2010	16.4 (0.35)	12.8 (0.34)	72.2 (0.52)
2011	15.6 (0.35)	13.4 (0.31)	72.5 (0.48)
2012	15.1 (0.31)	13.7 (0.33)	72.7 (0.46)
2013	14.5 (0.34)	14.4 (0.32)	72.7 (0.49)
2014	11.6 (0.29)	14.6 (0.36)	75.3 (0.47)
2015 (Jan.–Mar.)	8.7 (0.50)	14.4 (0.63)	78.6 (0.78)
Non-Hispanic black, single race			
2010	27.2 (0.75)	25.3 (0.70)	49.3 (0.81)
2011	24.8 (0.65)	26.2 (0.75)	50.5 (0.79)
2012	23.6 (0.61)	27.0 (0.68)	50.8 (0.75)
2013	24.9 (0.62)	26.6 (0.80)	50.0 (0.91)
2014	17.7 (0.60)	30.5 (0.73)	53.4 (0.84)
2015 (Jan.–Mar.)	15.6 (1.00)	29.7 (1.46)	56.7 (1.50)
Non-Hispanic Asian, single race			
2010	19.5 (0.92)	11.2 (0.72)	70.2 (1.05)
2011	18.8 (0.96)	13.6 (0.87)	68.0 (1.27)
2012	19.1 (0.92)	13.2 (0.83)	68.2 (1.15)
2013	16.3 (0.88)	14.1 (0.91)	70.4 (1.28)
2014	12.5 (0.65)	13.7 (0.84)	74.5 (1.01)
2015 (Jan.–Mar.)	7.2 (0.88)	14.8 (1.84)	78.5 (2.27)
Non-Hispanic other races and multiple races			
2010	32.8 (5.76)	20.6 (1.94)	48.5 (4.77)
2011	27.1 (2.01)	23.6 (1.53)	52.1 (2.17)
2012	24.9 (1.78)	26.1 (1.62)	52.0 (2.24)
2013	23.8 (1.66)	26.8 (1.84)	51.6 (2.26)
2014	19.5 (1.65)	25.2 (1.51)	56.9 (2.06)
2015 (Jan.–Mar.)	17.0 (3.17)	30.7 (4.55)	54.6 (4.01)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table X. Percentages (and standard errors) of adults aged 18–64 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by selected demographic characteristics: United States, January–March 2015

Selected characteristic	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
Race/ethnicity			
Hispanic or Latino	28.3 (1.24)	22.7 (1.26)	49.8 (1.42)
Non-Hispanic:			
White, single race	8.7 (0.50)	14.4 (0.63)	78.6 (0.78)
Black, single race	15.6 (1.00)	29.7 (1.46)	56.7 (1.50)
Asian, single race	7.2 (0.88)	14.8 (1.84)	78.5 (2.27)
Other races and multiple races	17.0 (3.17)	30.7 (4.55)	54.6 (4.01)
Region			
Northeast	9.3 (0.89)	18.6 (1.72)	73.7 (1.76)
Midwest	10.4 (1.04)	17.7 (1.09)	73.6 (1.54)
South	16.7 (0.87)	16.5 (0.82)	68.5 (1.18)
West	12.4 (0.72)	20.6 (1.56)	68.0 (1.77)
Education			
Less than high school	28.8 (1.50)	35.3 (1.66)	37.6 (1.63)
High school diploma or GED ⁴	17.8 (0.95)	22.6 (0.96)	61.6 (1.19)
More than high school	7.9 (0.36)	12.9 (0.58)	80.6 (0.68)
Employment status			
Employed	12.0 (0.47)	9.6 (0.48)	79.2 (0.67)
Unemployed	29.0 (2.06)	35.9 (2.14)	35.6 (2.27)
Not in workforce	12.7 (0.73)	41.0 (1.31)	50.4 (1.39)
Poverty status ⁵			
<100% FPL	28.0 (1.57)	50.3 (2.06)	23.1 (1.50)
≥100% and ≤138% FPL	24.7 (1.75)	42.7 (2.15)	35.3 (2.28)
>138% and ≤250% FPL	19.9 (1.06)	22.2 (1.12)	59.8 (1.26)
>250% and ≤400% FPL	11.8 (0.94)	11.1 (0.88)	78.4 (1.29)
>400% FPL	3.9 (0.37)	5.6 (0.56)	91.9 (0.62)
Unknown	11.1 (1.08)	14.7 (1.36)	75.2 (1.70)
Marital status			
Married	9.2 (0.52)	13.2 (0.61)	79.2 (0.83)
Widowed	15.5 (2.73)	35.4 (3.42)	54.0 (3.80)
Divorced or separated	14.9 (1.22)	26.5 (1.39)	60.8 (1.66)
Living with partner	21.8 (1.51)	24.1 (1.69)	55.1 (1.88)
Never married	17.1 (0.81)	22.4 (1.09)	61.5 (1.25)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁴GED is General Educational Development high school equivalency diploma.

⁵FPL is federal poverty level. Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. The percentage of respondents with “Unknown” poverty status for this five-level categorization is 9.5%. This value is greater than the corresponding value for the three-level poverty categorization because of greater uncertainty when assigning individuals to more detailed poverty groups. For more information on poverty status, see “Technical Notes.” Estimates may differ from estimates that are based on both reported and imputed income.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2015, Family Core component.

Table XI. Percentages (and standard errors) of persons under age 65 with private health insurance coverage who were enrolled in a high-deductible health plan, in a high-deductible health plan without a health savings account, and in a consumer-directed health plan, and who were in a family with a flexible spending account for medical expenses, by year: United States, 2010–March 2015

Year	Enrolled in high-deductible health plan (HDHP) ¹	Enrolled in HDHP without health savings account (HSA) ²	Enrolled in consumer-directed health plan (CDHP) ³	In family with flexible spending account (FSA) for medical expenses
2010	25.3 (0.54)	17.6 (0.46)	7.7 (0.33)	20.4 (0.50)
2011	29.0 (0.54)	19.9 (0.41)	9.2 (0.35)	21.4 (0.53)
2012	31.1 (0.57)	20.3 (0.42)	10.8 (0.34)	21.6 (0.45)
2013	33.9 (0.68)	22.2 (0.48)	11.7 (0.43)	21.6 (0.48)
2014	36.9 (0.77)	23.6 (0.52)	13.3 (0.47)	21.2 (0.49)
2015 (Jan.–Mar.)	36.0 (1.13)	22.7 (0.92)	13.3 (0.81)	22.7 (0.98)

¹HDHP was defined in 2014 as a health plan with an annual deductible of at least \$1,250 for self-only coverage and \$2,500 for family coverage. The deductible is adjusted annually for inflation. Deductibles for previous years are included in "Technical Notes."

²HSA is a tax-advantaged account or fund that can be used to pay for medical expenses. It must be coupled with an HDHP.

³CDHP is an HDHP coupled with an HSA.

NOTES: The measures of HDHP enrollment, CDHP enrollment, and being in a family with an FSA for medical expenses are not mutually exclusive. Therefore, a person may be counted in more than one measure. The individual components of HDHPs may not add up to the total due to rounding. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table XII. Percentage (and standard error) of persons under age 65 with private health insurance coverage who were enrolled in a high-deductible health plan, by year and source of coverage: United States, 2010–March 2015

Year	Employment-based ¹	Directly purchased ²
2010	23.3 (0.54)	48.0 (1.48)
2011	26.9 (0.53)	52.4 (1.49)
2012	29.2 (0.60)	54.7 (1.61)
2013	32.0 (0.67)	56.4 (1.50)
2014	36.2 (0.73)	54.1 (1.43)
2015 (Jan.–Mar.)	34.0 (1.16)	53.1 (2.78)

¹Private insurance that was originally obtained through a present or former employer or union, or through a professional association.

²Private insurance that was originally obtained through direct purchase or other means not related to employment.

NOTES: For persons under age 65, approximately 8% of private health plans were directly purchased from 2010 through 2013. In 2014 and the first quarter of 2015, 10% of private plans were directly purchased. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table XIII. Percentages (and standard errors) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group, state Medicaid expansion status, and year: United States, 2010–March 2015

Age group in years, state Medicaid expansion status, and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
Under age 65			
Medicaid expansion states ⁴			
2010	16.4 (0.42)	21.8 (0.54)	63.1 (0.70)
2011	15.3 (0.35)	23.1 (0.56)	62.9 (0.72)
2012	15.0 (0.34)	23.1 (0.50)	63.3 (0.63)
2013	14.9 (0.40)	24.1 (0.48)	62.3 (0.68)
2014	10.9 (0.29)	25.6 (0.49)	64.9 (0.59)
2015 (Jan.–Mar.)	8.7 (0.45)	25.6 (1.01)	67.1 (1.15)
Non-Medicaid expansion states ⁵			
2010	20.3 (0.48)	22.1 (0.51)	59.0 (0.76)
2011	19.6 (0.50)	22.7 (0.50)	59.1 (0.78)
2012	19.2 (0.45)	24.0 (0.55)	58.3 (0.75)
2013	18.4 (0.48)	23.4 (0.51)	59.6 (0.80)
2014	16.0 (0.44)	23.2 (0.52)	62.1 (0.76)
2015 (Jan.–Mar.)	13.7 (0.76)	22.1 (1.01)	65.7 (1.37)
0–17			
Medicaid expansion states ⁴			
2010	6.7 (0.46)	38.2 (1.05)	56.5 (1.06)
2011	5.9 (0.33)	40.2 (1.11)	55.4 (1.09)
2012	5.3 (0.32)	40.4 (1.00)	55.9 (1.07)
2013	5.6 (0.33)	41.3 (0.86)	54.5 (0.95)
2014	4.3 (0.33)	41.0 (0.84)	56.2 (0.88)
2015 (Jan.–Mar.)	3.7 (0.53)	40.7 (1.80)	57.4 (1.85)
Non-Medicaid expansion states ⁵			
2010	9.0 (0.47)	41.7 (0.99)	50.7 (1.08)
2011	8.3 (0.46)	42.0 (1.02)	50.9 (1.11)
2012	8.0 (0.46)	43.9 (1.11)	49.4 (1.07)
2013	7.5 (0.40)	43.1 (1.12)	50.5 (1.23)
2014	6.7 (0.43)	43.5 (1.06)	51.0 (1.11)
2015 (Jan.–Mar.)	5.8 (0.95)	40.0 (2.13)	54.8 (2.32)
18–64			
Medicaid expansion states ⁴			
2010	20.1 (0.47)	15.5 (0.40)	65.6 (0.62)
2011	18.9 (0.41)	16.6 (0.41)	65.8 (0.61)
2012	18.5 (0.39)	16.7 (0.38)	66.0 (0.53)
2013	18.4 (0.49)	17.7 (0.44)	65.2 (0.65)
2014	13.3 (0.34)	19.9 (0.46)	68.1 (0.56)
2015 (Jan.–Mar.)	10.6 (0.53)	20.2 (0.86)	70.6 (1.02)
Non-Medicaid expansion states ⁵			
2010	24.8 (0.58)	14.4 (0.45)	62.2 (0.70)
2011	24.1 (0.60)	15.1 (0.42)	62.3 (0.71)
2012	23.7 (0.54)	16.1 (0.44)	61.8 (0.69)
2013	22.7 (0.59)	15.6 (0.41)	63.2 (0.69)
2014	19.6 (0.54)	15.3 (0.41)	66.5 (0.69)
2015 (Jan.–Mar.)	16.8 (0.84)	14.9 (0.76)	70.1 (1.14)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁴For 2010 through 2014, states moving forward with Medicaid expansion include AZ, AR, CA, CO, CT, DE, DC, HI, IL, IA, KY, MD, MA, MI, MN, NV, NJ, NM, NY, ND, OH, OR, RI, VT, WA, and WV (as of October 31, 2013). Beginning with 2015, three additional states are included as expansion states, IN, NH, and PA.

⁵For 2010 through 2014, states not moving forward with Medicaid expansion include AL, AK, FL, GA, ID, IN, KS, LA, ME, MS, MO, MT, NE, NH, NC, OK, PA, SC, SD, TN, TX, UT, VA, WI, and WY (as of October 31, 2013). Beginning with 2015, three states have been removed from this grouping: IN, NH, and PA.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table XIV. Percentages (and standard errors) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group, state Health Insurance Marketplace type, and year: United States, 2010–March 2015

Age group in years, state Health Insurance Marketplace type, and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
Under age 65			
State-based Marketplace states ⁴			
2010	16.3 (0.46)	21.6 (0.66)	63.2 (0.80)
2011	15.9 (0.46)	23.6 (0.70)	61.8 (0.88)
2012	15.2 (0.43)	24.2 (0.66)	61.8 (0.83)
2013	15.2 (0.48)	25.0 (0.56)	61.0 (0.83)
2014	11.1 (0.38)	26.4 (0.63)	63.7 (0.78)
2015 (Jan.–Mar.)	8.2 (0.55)	26.1 (1.20)	67.0 (1.42)
Partnership Marketplace states ⁵			
2010	14.7 (0.87)	22.5 (1.15)	64.8 (1.73)
2011	14.3 (0.71)	22.7 (1.28)	64.5 (1.72)
2012	14.1 (0.70)	20.8 (1.12)	66.7 (1.53)
2013	14.2 (0.83)	21.8 (1.07)	65.6 (1.42)
2014	10.2 (0.57)	24.4 (1.06)	67.2 (1.28)
2015 (Jan.–Mar.)	8.3 (1.14)	28.7 (2.46)	64.9 (2.85)
Federally Facilitated Marketplace states ⁶			
2010	20.1 (0.48)	22.1 (0.50)	59.1 (0.70)
2011	18.8 (0.45)	22.6 (0.47)	60.0 (0.71)
2012	18.6 (0.41)	23.6 (0.50)	59.3 (0.67)
2013	17.9 (0.44)	23.3 (0.49)	60.2 (0.74)
2014	15.3 (0.40)	23.3 (0.50)	62.8 (0.69)
2015 (Jan.–Mar.)	12.7 (0.61)	22.2 (0.99)	66.6 (1.24)
0–17			
State-based Marketplace states ⁴			
2010	6.7 (0.50)	38.0 (1.32)	56.4 (1.31)
2011	6.4 (0.47)	40.9 (1.43)	54.2 (1.39)
2012	5.4 (0.43)	42.2 (1.37)	53.9 (1.46)
2013	5.7 (0.37)	42.8 (1.05)	52.6 (1.18)
2014	4.2 (0.40)	42.0 (1.11)	54.9 (1.13)
2015 (Jan.–Mar.)	2.9 (0.71)	40.2 (2.10)	58.7 (2.22)
Partnership Marketplace states ⁵			
2010	4.1 (0.78)	40.7 (2.21)	57.9 (2.31)
2011	4.2 (0.53)	39.6 (2.44)	58.0 (2.39)
2012	3.6 (0.69)	38.5 (2.20)	59.9 (2.26)
2013	4.2 (0.53)	38.4 (1.95)	59.2 (2.08)
2014	3.2 (0.51)	40.8 (1.88)	58.4 (1.99)
2015 (Jan.–Mar.)	3.5 (1.19)	48.7 (4.78)	50.3 (4.64)
Federally Facilitated Marketplace states ⁶			
2010	9.2 (0.48)	40.7 (0.91)	51.3 (0.97)
2011	8.0 (0.40)	41.4 (0.93)	51.8 (1.01)
2012	7.9 (0.41)	42.7 (1.00)	50.8 (0.98)
2013	7.5 (0.39)	42.6 (1.02)	51.3 (1.11)
2014	6.6 (0.41)	42.6 (0.94)	52.0 (1.00)
2015 (Jan.–Mar.)	5.7 (0.75)	39.0 (1.99)	56.0 (2.14)

See footnotes at end of table.

Table XIV. Percentages (and standard errors) of persons under age 65 who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age, state Health Insurance Marketplace type, and year: United States, 2010–March 2015—Continued

Age group in years, state Health Insurance Marketplace type, and year	Uninsured ¹ at the time of interview	Public health plan coverage ²	Private health insurance coverage ³
18–64			
State-based Marketplace states ⁴			
2010	19.9 (0.52)	15.3 (0.48)	65.9 (0.68)
2011	19.5 (0.53)	17.1 (0.52)	64.7 (0.75)
2012	18.8 (0.50)	17.7 (0.49)	64.7 (0.69)
2013	18.7 (0.60)	18.4 (0.52)	64.1 (0.80)
2014	13.6 (0.45)	20.6 (0.57)	67.0 (0.75)
2015 (Jan.–Mar.)	10.1 (0.61)	21.0 (1.16)	70.0 (1.38)
Partnership Marketplace states ⁵			
2010	18.9 (1.12)	15.3 (0.90)	67.6 (1.59)
2011	18.4 (0.92)	15.9 (0.87)	67.1 (1.52)
2012	18.1 (0.85)	13.9 (0.79)	69.3 (1.36)
2013	17.9 (0.98)	15.7 (0.91)	68.0 (1.29)
2014	12.8 (0.68)	18.2 (0.98)	70.5 (1.22)
2015 (Jan.–Mar.)	10.1 (1.35)	21.4 (1.65)	70.3 (2.26)
Federally Facilitated Marketplace states ⁶			
2010	24.5 (0.56)	14.7 (0.43)	62.2 (0.66)
2011	23.0 (0.54)	15.1 (0.39)	63.3 (0.64)
2012	22.8 (0.48)	16.1 (0.41)	62.7 (0.61)
2013	22.0 (0.54)	15.9 (0.41)	63.6 (0.64)
2014	18.6 (0.49)	15.8 (0.41)	66.9 (0.63)
2015 (Jan.–Mar.)	15.4 (0.70)	15.6 (0.77)	70.6 (1.01)

¹A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁴State-based Marketplace states are CA, CO, CT, DC, HI, ID, KY, MD, MA, MN, NV, NM, NY, OR, RI, VT, and WA (as of October 31, 2013).

⁵Partnership Marketplace states are AR, DE, IL, IA, MI, NH, and WV (as of October 31, 2013).

⁶Federally Facilitated Marketplace states are AL, AK, AZ, FL, GA, IN, KS, LA, ME, MS, MO, MT, NE, NJ, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, and WY (as of October 31, 2013).

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Table XV. Percentages (and standard errors) of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and expanded region: United States, January–March 2015

Age group in years and expanded region ¹	Uninsured ² at the time of interview	Public health plan coverage ³	Private health insurance coverage ⁴
All ages			
All regions	9.2 (0.35)	34.6 (0.69)	64.5 (0.81)
New England	4.3 (0.84)	36.0 (2.70)	70.8 (3.11)
Middle Atlantic	7.5 (0.92)	33.4 (2.40)	68.3 (2.42)
East North Central	7.0 (0.92)	35.8 (1.76)	67.0 (2.31)
West North Central	7.4 (1.15)	30.6 (2.71)	72.6 (1.78)
South Atlantic	10.6 (1.00)	34.9 (1.65)	62.6 (2.09)
East South Central	8.9 (1.09)	41.0 (2.28)	59.8 (2.83)
West South Central	15.6 (1.26)	31.8 (1.68)	59.0 (1.93)
Mountain	10.5 (1.53)	33.3 (3.47)	63.5 (4.06)
Pacific	8.1 (0.50)	36.0 (1.48)	62.1 (1.84)
Under age 65			
All regions	10.7 (0.40)	24.2 (0.74)	66.5 (0.88)
New England	5.1 (1.02)	24.7 (3.00)	71.5 (3.46)
Middle Atlantic	8.8 (1.04)	22.4 (2.21)	70.3 (2.57)
East North Central	8.0 (1.05)	26.4 (2.03)	67.6 (2.49)
West North Central	8.8 (1.32)	18.4 (2.50)	74.4 (2.24)
South Atlantic	12.7 (1.18)	22.9 (1.69)	66.2 (2.31)
East South Central	10.4 (1.30)	30.4 (2.86)	61.1 (3.18)
West South Central	17.8 (1.40)	22.4 (1.47)	60.8 (2.09)
Mountain	12.1 (1.78)	22.9 (3.99)	65.5 (4.50)
Pacific	9.1 (0.52)	26.9 (1.75)	65.2 (1.98)
0–17 years			
All regions	4.6 (0.50)	40.4 (1.38)	56.3 (1.44)
New England	†	45.8 (4.74)	55.7 (5.15)
Middle Atlantic	*5.6 (1.92)	34.1 (3.77)	61.7 (4.55)
East North Central	*2.1 (0.73)	41.7 (4.15)	58.9 (4.11)
West North Central	*5.1 (2.09)	35.5 (5.61)	61.8 (4.92)
South Atlantic	4.5 (1.08)	41.6 (3.66)	54.6 (3.94)
East South Central	*2.2 (0.84)	47.9 (5.29)	50.4 (5.55)
West South Central	9.1 (2.06)	44.5 (3.12)	47.0 (3.16)
Mountain	6.7 (1.87)	34.1 (6.44)	59.3 (7.22)
Pacific	2.8 (0.57)	40.7 (2.66)	57.9 (2.69)
18–64			
All regions	13.0 (0.45)	18.1 (0.62)	70.4 (0.77)
New England	6.6 (1.29)	17.6 (2.37)	76.8 (3.04)
Middle Atlantic	9.9 (0.96)	18.7 (1.96)	73.0 (2.13)
East North Central	10.4 (1.36)	20.3 (1.38)	71.1 (2.00)
West North Central	10.3 (1.37)	11.5 (1.31)	79.5 (1.76)
South Atlantic	15.5 (1.39)	16.5 (1.32)	70.2 (1.91)
East South Central	13.2 (1.57)	24.5 (2.52)	64.8 (2.99)
West South Central	21.7 (1.50)	12.5 (0.91)	67.1 (1.83)
Mountain	14.5 (1.89)	18.0 (3.24)	68.2 (3.68)
Pacific	11.5 (0.68)	21.8 (1.73)	67.9 (1.99)

†Estimates with a relative standard error(RSE) greater than 50% are indicated with a dagger, but are not shown.

*Estimates preceded by an asterisk have a RSE greater than 30% and less than or equal to 50% and should be used with caution as they do not meet standards of reliability or precision.

¹The New England region includes CT, ME, MA, NH, RI, and VT. The Middle Atlantic region includes DE, DC, MD, NJ, NY, and PA. The East North Central region includes IL, IN, MI, OH, and WI. The West North Central region includes IA, KS, MN, MO, NE, ND, and SD. The South Atlantic region includes FL, GA, NC, SC, VA, and WV. The East South Central region includes AL, KY, MS, and TN. The West South Central region includes AR, LA, OK, and TX. The Mountain region includes AZ, CO, ID, MT, NV, NM, UT, and WY. The Pacific region includes AK, CA, HI, OR, and WA.

Table XV. Percentages (and standard errors) of persons who lacked health insurance coverage, had public health plan coverage, and had private health insurance coverage at the time of interview, by age group and expanded region: United States, January–March 2015—Continued

²A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, 2015, Family Core component.