



# Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–March 2016

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## What’s New?

- This report provides health insurance estimates from the first quarter of the 2016 National Health Interview Survey.

## Highlights

- In the first 3 months of 2016, 27.3 million (8.6%) persons of all ages were uninsured at the time of interview—1.3 million fewer persons than in 2015 and 21.3 million fewer persons than in 2010.
- In the first 3 months of 2016, among adults aged 18–64, 11.9% were uninsured at the time of interview, 19.5% had public coverage, and 70.2% had private health insurance coverage.
- In the first 3 months of 2016, among children aged 0–17 years, 5.0% were uninsured, 42.1% had public coverage, and 54.9% had private coverage.
- Among adults aged 18–64, the 12-month increase in the percentage with private coverage through the Health Insurance Marketplace or state-based exchanges—from 4.4% (8.6 million) in the first quarter of 2015 to 4.7% (9.2 million) in the first quarter of 2016—was not statistically significant.
- The percentage of persons under age 65 with private insurance enrolled in a high-deductible health plan (HDHP) increased, from 25.3% in 2010 and 36.7% in 2015 to 40.0% in the first 3 months of 2016.

## Introduction

This report from the 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 2016 National Health Interview Survey (NHIS), along with comparable estimates from previous calendar years. Estimates for 2016 are based on data for 24,317 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-

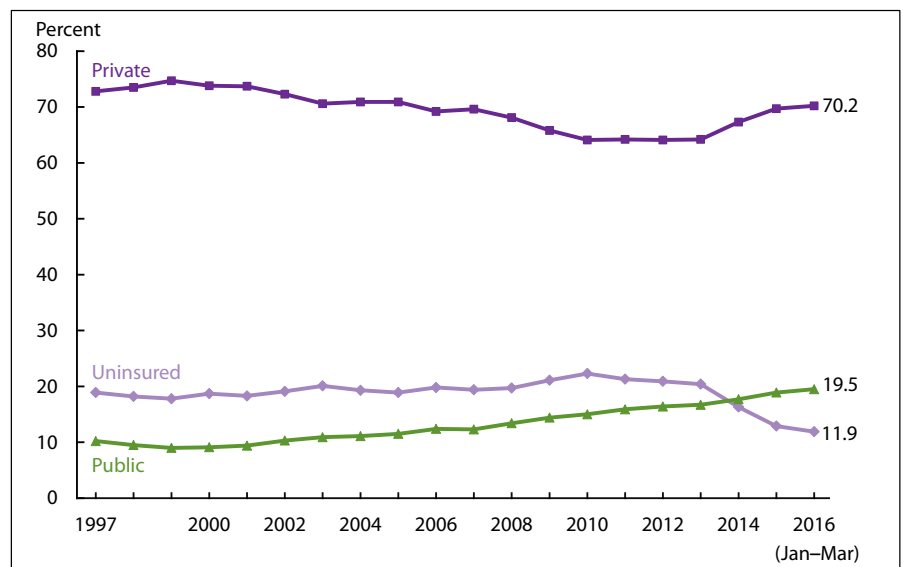
deductible health plans (HDHPs) and consumer-directed health plans (CDHPs) are also presented. Detailed appendix tables at the end of this report show estimates by selected demographics. Definitions are provided in the [Technical Notes](#) at the end of this report.

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 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 [Additional Early Release Program Products](#) sections at the end of this report.

**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 2016**



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
SOURCE: NCHS, National Health Interview Survey, 1997–2016, Family Core component.

## Results

From January through March 2016, the percentage of persons of all ages that were uninsured at the time of interview was 8.6% (27.3 million). The decrease of 0.5 percentage points from the 2015 uninsured rate of 9.1% (28.6 million) was not statistically significant. About 21.3 million fewer persons lacked health insurance coverage in the first 3 months of 2016 compared with 2010 (48.6 million or 16.0%)

### Long-term trends

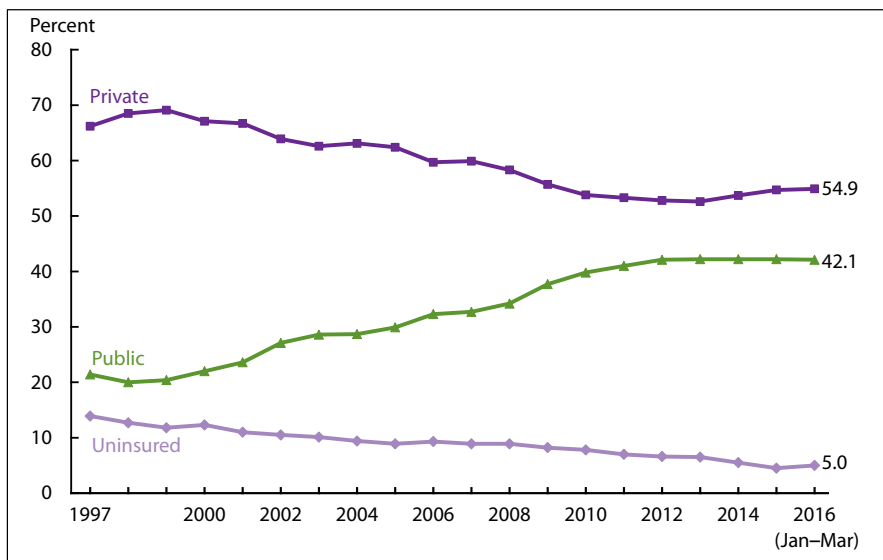
In the first 3 months of 2016, among adults aged 18–64, 11.9% were uninsured at the time of interview, 19.5% had public coverage, and 70.2% had private health insurance coverage (Figure 1). From 1997 through 2010, the percentage of adults aged 18–64 who were uninsured at the time of interview generally increased. More recently, the percentage of uninsured adults aged 18–64 decreased, from 22.3% in 2010 to 11.9% in the first 3 months of 2016. During this 6-year period, corresponding increases were seen in both public and private coverage among adults aged 18–64.

In the first 3 months of 2016, among children aged 0–17 years, 5.0% were uninsured, 42.1% had public coverage, and 54.9% had private coverage (Figure 2). The percentage of children who were uninsured generally decreased, from 13.9% in 1997 to 5.0% in the first 3 months of 2016. 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 or private coverage has leveled off. From 2011 through the first 3 months of 2016, public coverage for children has ranged between 41.0% and 42.2%. The observed increase in private coverage for children, from 52.8% in 2011 to 54.9% in the first 3 months of 2016, was not significant.

### Short-term trends by age

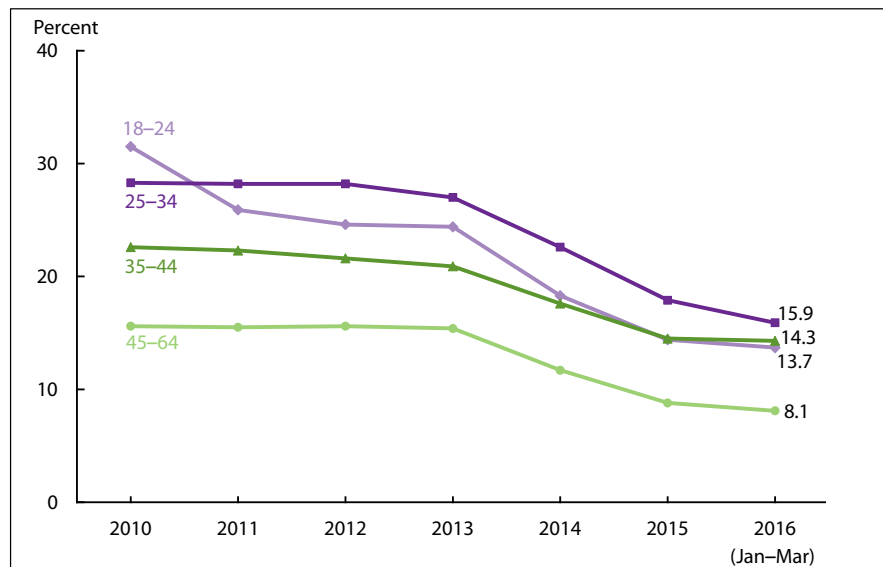
In the first 3 months of 2016, adults aged 25–34 were almost twice as likely as adults aged 45–64 to lack health

**Figure 2. Percentage of children aged 0–17 years who were uninsured at the time of interview or had private or public coverage: United States, 1997–March 2016**



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 1997–2016, 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 2016**



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2010–2016, Family Core component.

insurance coverage (15.9% compared with 8.1%) (Figure 3). Adults aged 18–24 and 35–44 had similar rates of uninsurance, 13.7% and 14.3%, 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 of those uninsured decreased from 31.5% in 2010 to 25.9% in 2011, and then

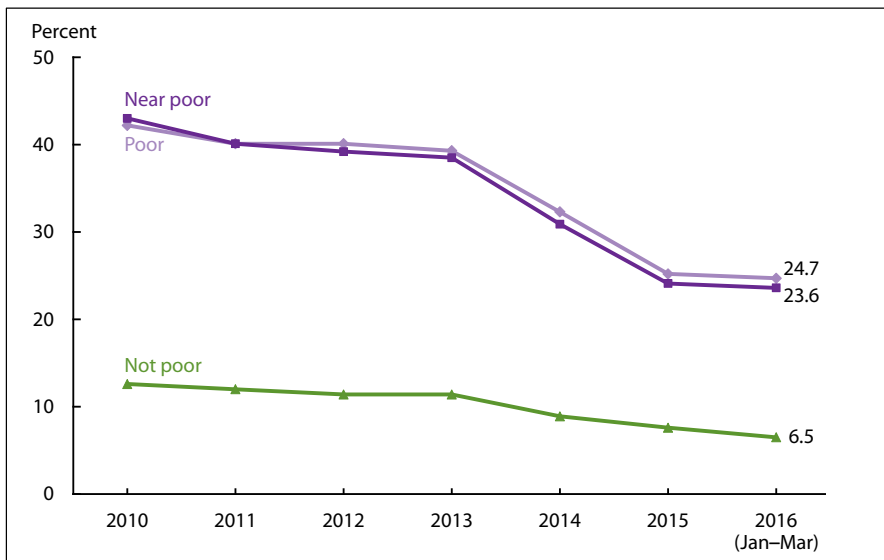
remained stable through 2013. For all age groups, the percentage who were uninsured decreased significantly from 2013 through the first 3 months of 2016. The magnitude of the decreases ranged from –6.6 percentage points for adults aged 35–44 to –11.1 percentage points for adults aged 25–34.

### Short-term trends by poverty status

In the first 3 months of 2016, among adults aged 18–64, 24.7% of those who were poor, 23.6% of near poor, and 6.5% of not poor lacked health insurance coverage at the time of interview (Figure 4). A decrease was noted in the percentage of uninsured adults from 2010 through the first 3 months of 2016 among all three poverty groups; however, the greatest decreases in the uninsured rate since 2013 were among adults who were poor or near poor. More recently, among adults who were not poor, the percentage who were uninsured at the time of interview decreased, from 7.6% in 2015 to 6.5% in the first 3 months of 2016. For adults who were poor and near poor, there was no significant change in the percentage of those who were uninsured between 2015 and the first 3 months of 2016.

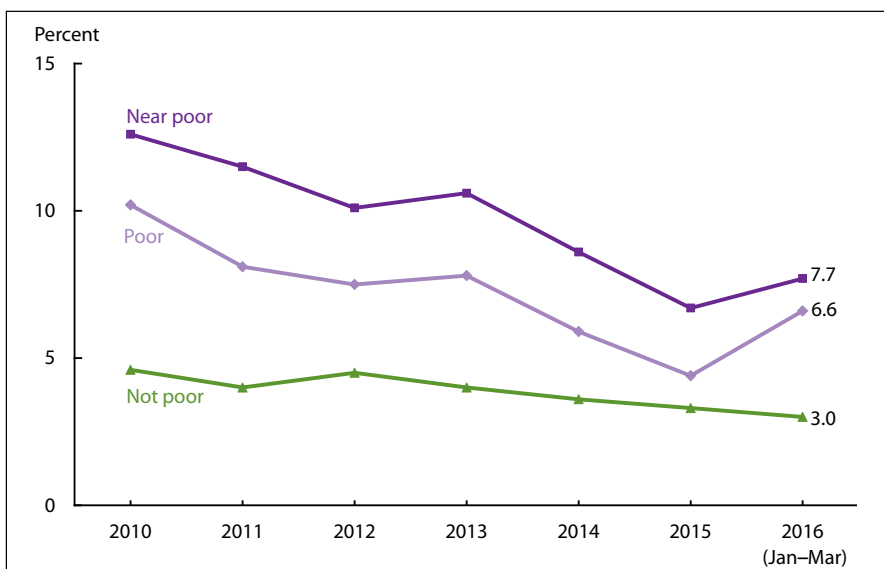
In the first 3 months of 2016, among children aged 0–17 years, 6.6% of those who were poor, 7.7% of near poor, and 3.0% of not poor lacked health insurance coverage at the time of interview (Figure 5). A general decrease in the percentage of uninsured children was observed among the poor, near poor, and not poor from 2010 through 2015. The observed increases in the percentage of children who were uninsured between 2015 and the first 3 months of 2016 among poor and near poor children were not significant.

**Figure 4. Percentage of adults aged 18–64 who were uninsured at the time of interview, by poverty status: United States, 2010–March 2016**



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2010–2016, Family Core component.

**Figure 5. Percentage of children aged 0–17 years who were uninsured at the time of interview, by poverty status: United States, 2010–March 2016**



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2010–2016, Family Core component.

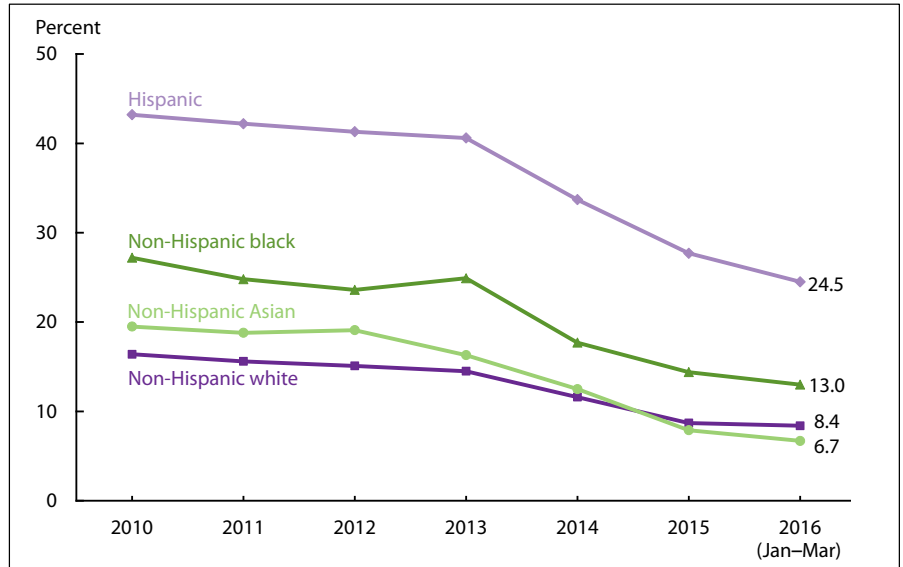
## Short-term trends by race and ethnicity

In the first 3 months of 2016, 24.5% of Hispanic, 13.0% of non-Hispanic black, 8.4% of non-Hispanic white, and 6.7% 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 2016 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 2016 (24.5%).

## Periods of noncoverage

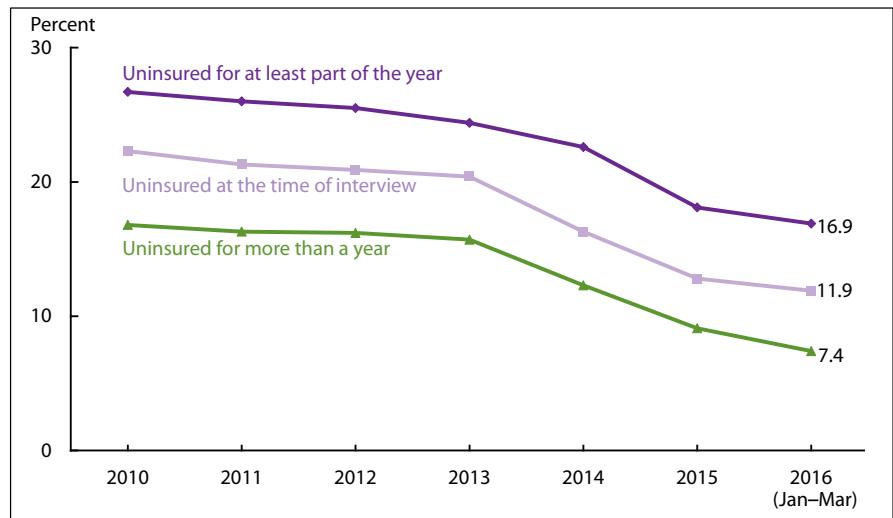
Among adults aged 18–64, the percentage of those who were uninsured at the time of interview decreased, from 22.3% (42.5 million) in 2010 to 11.9% (23.4 million) in the first 3 months of 2016 (Figure 7). The percentage of adults who were uninsured for at least part of the past year decreased, from 26.7% (51.0 million) in 2010 to 16.9% (33.2 million) in the first 3 months of 2016. The percentage of adults who were uninsured for more than a year decreased, from 16.8% (32.0 million) in 2010 to 7.4% (14.6 million) in the first 3 months of 2016.

Figure 6. Percentage of adults aged 18–64 who were uninsured at the time of interview, by race and ethnicity: United States, 2010–March 2016



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2010–2016, Family Core component.

Figure 7. Percentage of adults aged 18–64 without health insurance, by three measures of uninsurance: United States, 2010–March 2016



NOTES: In 2016, answer categories for those who are currently uninsured concerning the length of non-coverage were modified. Therefore, 2016 estimates of “uninsured for at least part of the past year” and “uninsured for more than a year” may not be completely comparable to previous years. For more information on this change, see Technical Notes. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2010–2016, Family Core component.

### Private exchange coverage

Among persons under age 65, 66.0% (178.5 million) were covered by private health insurance plans at the time of interview in the first 3 months of 2016. This includes 4.0% (10.8 million) covered by private plans obtained through the Health Insurance Marketplace or state-based exchanges. The increase in the percentage of persons under 65 who were enrolled in exchange plans, from 3.6% (9.7 million) in the first quarter of 2015 to 4.0% (10.8 million) in the first quarter of 2016, was not significant (Figure 8).

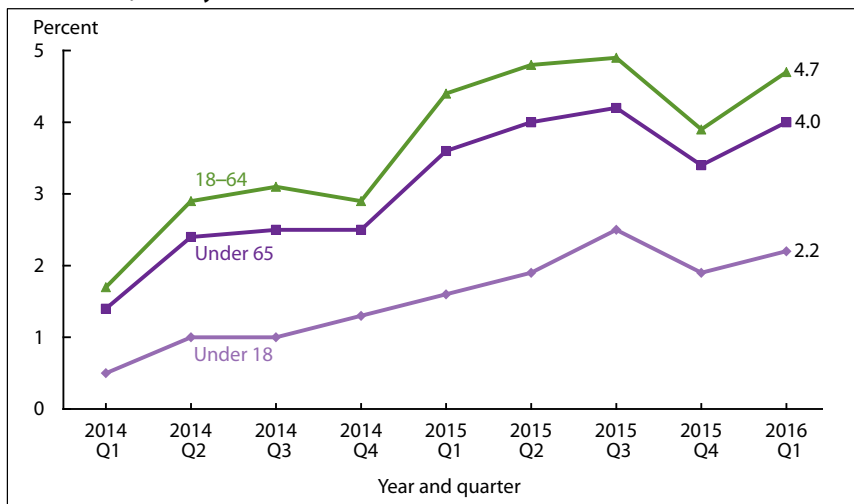
Among adults aged 18–64, 70.2% (138.2 million) were covered by private health insurance plans at the time of interview in the first 3 months of 2016. This includes 4.7% (9.2 million) covered by private health insurance plans obtained through the Health Insurance Marketplace or state-based exchanges. The 12-month increase in the percentage of adults aged 18–64 covered by exchange plans, from 4.4% (8.6 million) in the first quarter of 2015 to 4.7% (9.2 million) in the first quarter of 2016, was not significant. However, more recently, exchange-based coverage for this age group decreased, from 4.9% (9.5 million) in the third quarter of 2015 to 3.9% (7.8 million) in the fourth quarter of 2015, and then increased significantly to 4.7% (9.2 million) in the first quarter of 2016 (Figure 8).

Among children aged 0–17 years, 54.9% (40.4 million) were covered by private health insurance at the time of interview in the first 3 months of 2016. This includes 2.2% (1.6 million) covered by plans obtained through the Health Insurance Marketplace or state-based exchanges. The 12-month increase in the percentage of children enrolled in exchange plans—from 1.6% (1.2 million) in the first quarter of 2015 to 2.2% (1.6 million) in the first quarter of 2016—was not significant (Figure 8).

### Health insurance coverage by state Medicaid expansion status

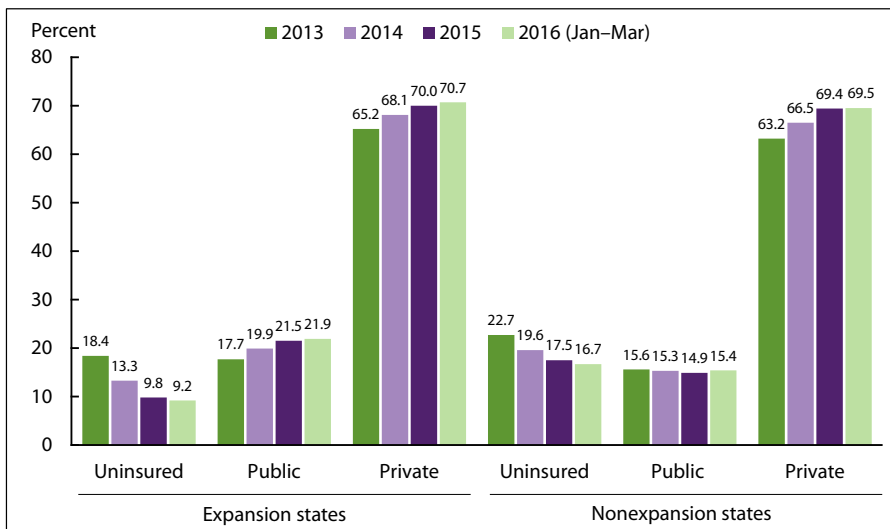
Under provisions of the Affordable Care Act (ACA) of 2010, states have the option to expand Medicaid coverage to those with low income. From January

**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 quarter: United States, January 2014–March 2016**



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 (P.L. 111–148, P.L. 111–152). 2014 is the first year that all states had exchange-based coverage. 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: NCHS, National Health Interview Survey, 2014–2016, 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, 2013–March 2016**



NOTES: For 2013 and 2014, there were 26 Medicaid expansion states. For 2015, there were 29 Medicaid expansion states. For 2016, there were 32 Medicaid expansion states. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2013–2016, Family Core component.

through March 2016, 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 uninsured adults decreased, from 18.4% in 2013 to 9.2% in the first 3 months of 2016. In nonexpansion states, the percentage of uninsured adults decreased, from 22.7% in 2013 to 16.7% in the first 3 months of 2016.



## Health insurance coverage by state Health Insurance Marketplace type

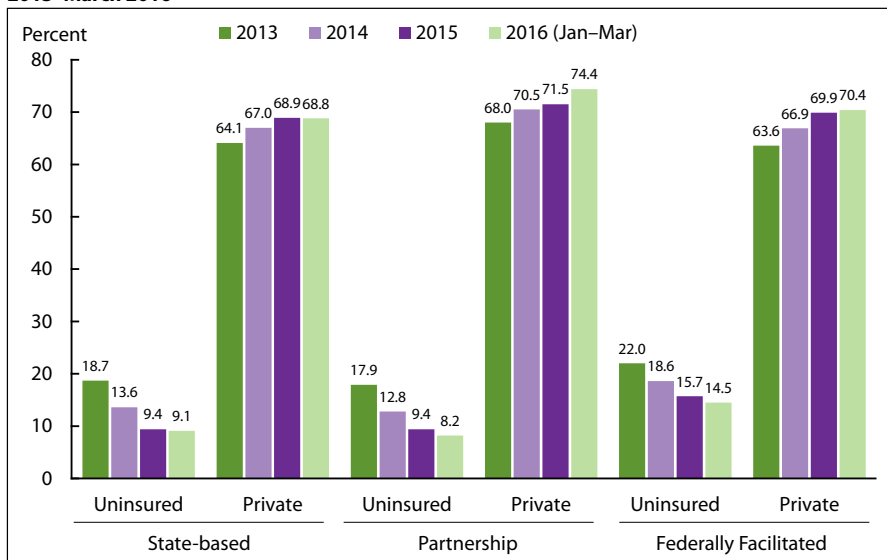
Under provisions of ACA, states have the option to set up and operate their own Health Insurance Marketplace, rely on a Federally Facilitated Marketplace operated solely by the federal government, or have a hybrid partnership Marketplace that is operated by the federal government but within which the state runs certain functions and makes key decisions. From January through March 2016, 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).

Among adults aged 18–64, decreases were seen in the uninsured rates between 2013 and the first 3 months of 2016 in states with a state-based Marketplace, a partnership Marketplace, and a Federally Facilitated Marketplace.

## Estimates of enrollment in HDHPs and CDHPs

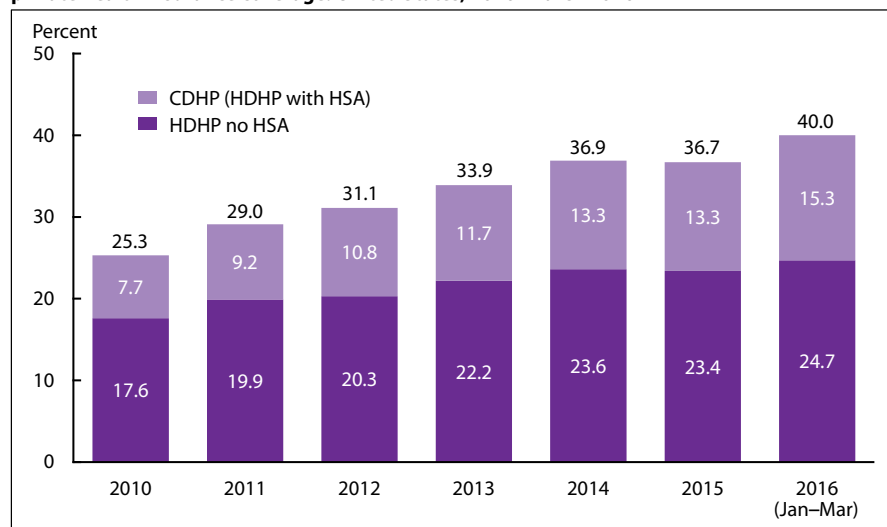
In the first 3 months of 2016, 40.0% of persons under age 65 with private health insurance were enrolled in an HDHP, including 15.3% who were enrolled in a CDHP (an HDHP with a health savings account [HSA]) and 24.7% who were enrolled in an HDHP without an HSA (Figure 11) (see Technical Notes for definitions of HDHP, CDHP, and HSA). Among those with private insurance, enrollment in HDHPs has generally increased since 2010. The percentage who were enrolled in an HDHP increased almost 15 percentage points, from 25.3% in 2010 to 40.0% in the first 3 months of 2016. More recently, the percentage who were enrolled in an HDHP increased, from 36.7% in 2015 to 40.0% in the first 3 months of 2016. The percentage who were enrolled in a CDHP almost doubled, from 7.7% in 2010 to 15.3% in the first 3 months of 2016. More recently, the percentage who were enrolled in a CDHP increased, from 13.3% in 2015 to 15.3% in the first 3 months of 2016.

**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 2016**



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2013–2016, 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 2016**



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: NCHS, National Health Interview Survey, 2010–2016, Family Core component.

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## Technical Notes

The 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 January–March 2016 National Health Interview Survey (NHIS), along with comparable estimates from previous calendar years.

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 for 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 for at least part of the past year* 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.

Persons who were uninsured at the time of interview were asked the following question (HILAST): *Not including Single Service Plans, about how long has it been since [you/Alias] last had health care coverage?* In 2016, the answer categories for the HILAST questions were

modified to align NHIS responses to those of other national federal surveys. Therefore, 2016 estimates of “uninsured for at least part of the past year” and “uninsured for more than a year” may not be completely comparable to previous years. Prior to 2016, the answer categories for the HILAST question were: 6 months or less; More than 6 months, but not more than 1 year ago; More than 1 year, but not more than 3 years ago; More than 3 years; and Never. Beginning in 2016, the answer categories for the HILAST question are: 6 months or less; More than 6 months, but less than 1 year; 1 year; More than 1 year, but less than 3 years; 3 years or more; and Never.

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 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 the “Definitions of selected terms” below.

The 2016 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 2016 are stratified by age group, sex, race and 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.

A new sample design was implemented with the 2016 NHIS. Sample areas were reselected to take into account changes in the distribution of the U.S. population since 2006, when the previous sample design was first implemented; commercial address lists were used as the main source of addresses, rather than field listing; and the oversampling procedures for black, Hispanic, and Asian persons that were a feature of the previous sample design were not implemented in 2016. Some of the differences between estimates for 2016 and estimates for earlier years may be attributable to the new sample design. 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 1997–2016 NHIS, which collects information on all family members in each household. Data analyses for the January–March 2016 NHIS were based on 24,317 persons in the Family Core.

Data on health insurance status were edited using a system of logic



checks. Information from follow-up questions, such as plan name(s) were used to reassign insurance status and type of coverage to avoid misclassification. 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](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 and ethnicity of the U.S. civilian noninstitutionalized population. Weights for 2010 and 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 2011 to 2016 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 (RSE). Unless otherwise noted, 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, union, or 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 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 other information clearly contradicts that report. For a more complete discussion of the procedures used in classifying exchange-based coverage, see <http://www.cdc.gov/nchs/nhis/insurance.htm>.

Based on these classification procedures, an average of 4.0% (standard error [SE] 0.23) of persons under age 65, 4.7% (SE 0.27) of adults aged 18–64, 2.2% (SE 0.27) of children under age 18, and 2.6% (SE 0.47) of adults aged 19–25 had exchange-based private health insurance coverage in the first 3 months of 2016. This equates to 10.8 million persons under age 65 and 9.2 million adults aged 18–64, 1.6 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 estimates would have been higher. For example, an average of 5.0% (13.6 million) of persons under age 65 would have been reported to have obtained their coverage through exchanges in 2016.

**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 and 2016 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 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)**—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 is 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 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 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 is 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 ACA, 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 were moving forward with Medicaid expansion. As of January 1, 2016, 32 states and the District of Columbia were 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, 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 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) as defined by the U.S. Census Bureau for that year (3–11). Persons categorized as “Poor” have a ratio less than 1.0 (i.e., their family income is 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 (19.1% in 1997, 28.9% in 2005, 12.2% in 2010, 11.5% in 2011, 11.4% in 2012, 10.2% in 2013, 8.8% in 2014, 8.8% in 2015, and 7.7% in the first quarter of 2016) 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 documents for 1997–2015 (available from: [http://www.cdc.gov/nchs/nhis/quest\\_data\\_related\\_1997\\_forward.htm](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* [12]) 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	distress, diagnosed diabetes, and asthma episodes and current asthma.
Midwest	Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska	<p><i>Wireless Substitution: Early Release of Estimates From the National Health Interview Survey</i> (15) is published semiannually and provides selected estimates of telephone coverage in the United States.</p> <p>Other ER reports and tabulations on special topics are released on an as-needed basis; see <a href="http://www.cdc.gov/nchs/nhis/releases.htm">http://www.cdc.gov/nchs/nhis/releases.htm</a>.</p>
South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas	<p>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 (<a href="http://www.cdc.gov/rdc/">http://www.cdc.gov/rdc/</a>) without having to wait for the final annual NHIS microdata files to be released.</p>
West	Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii	<p>New measures and products may be added as work continues and in response to changing data needs. Feedback on these releases is welcome (<a href="mailto:nhislist@cdc.gov">nhislist@cdc.gov</a>).</p>

**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. (13).

## 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* (14) 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

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**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 selected years: United States, 1997–March 2016**

Age group and year	Uninsured <sup>1</sup> at the time of interview	Uninsured <sup>1</sup> for at least part of the past year <sup>2</sup>	Uninsured <sup>1</sup> for more than a year <sup>2</sup>
All ages			
1997	15.4 (0.21)	19.5 (0.24)	10.4 (0.18)
2005	14.2 (0.21)	17.6 (0.23)	10.0 (0.18)
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	9.1 (0.19)	13.2 (0.23)	6.2 (0.15)
2016 (Jan–Mar)	8.6 (0.33)	12.3 (0.40)	5.1 (0.26)
Under 65 years			
1997	17.4 (0.24)	21.9 (0.28)	11.8 (0.21)
2005	16.0 (0.24)	19.9 (0.26)	11.3 (0.21)
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	10.5 (0.22)	15.3 (0.27)	7.2 (0.17)
2016 (Jan–Mar)	10.0 (0.39)	14.2 (0.46)	6.0 (0.31)
0–17 years			
1997	13.9 (0.36)	18.1 (0.41)	8.4 (0.29)
2005	8.9 (0.29)	12.6 (0.33)	5.3 (0.24)
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	4.5 (0.24)	7.7 (0.32)	2.3 (0.16)
2016 (Jan–Mar)	5.0 (0.46)	7.3 (0.54)	2.2 (0.36)
18–64 years			
1997	18.9 (0.23)	23.6 (0.26)	13.3 (0.21)
2005	18.9 (0.26)	22.8 (0.28)	13.8 (0.23)
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	12.8 (0.27)	18.1 (0.33)	9.1 (0.22)
2016 (Jan–Mar)	11.9 (0.47)	16.9 (0.54)	7.4 (0.38)
19–25 years			
1997	31.4 (0.63)	39.2 (0.67)	20.8 (0.51)
2005	31.2 (0.65)	37.9 (0.68)	21.6 (0.54)
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	15.8 (0.58)	22.2 (0.68)	10.2 (0.43)
2016 (Jan–Mar)	14.9 (1.10)	21.0 (1.14)	7.9 (0.82)

<sup>1</sup>A 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.

<sup>2</sup>In references to “part of the past year” and “more than a year,” a year is defined as the 12 months prior to interview. In 2016, answer categories for those who are currently uninsured concerning the length of non-coverage were modified. Therefore, 2016 estimates of “uninsured for at least part of the past year” and “uninsured for more than a year” may not be completely comparable to previous years. For more information on this change, see Technical Notes.

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

SOURCE: NCHS, National Health Interview Survey, 1997, 2005, and 2010–2016, 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 selected years: United States, 1997–March 2016**

Age group and year	Uninsured <sup>1</sup> at the time of interview	Uninsured <sup>1</sup> for at least part of the past year <sup>2</sup>	Uninsured <sup>1</sup> for more than a year <sup>2</sup>
All ages			
1997	41.0	51.9	27.7
2005	41.2	51.3	29.2
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	28.6	41.7	19.6
2016 (Jan–Mar)	27.3	39.0	16.3
Under 65 years			
1997	40.7	51.4	27.6
2005	41.0	50.9	29.0
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	28.4	41.1	19.4
2016 (Jan–Mar)	27.1	38.5	16.2
0–17 years			
1997	9.9	12.9	6.0
2005	6.5	9.3	3.9
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	3.3	5.7	1.7
2016 (Jan–Mar)	3.7	5.3	1.6
18–64 years			
1997	30.8	38.5	21.7
2005	34.5	41.7	25.2
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	25.1	35.5	17.8
2016 (Jan–Mar)	23.4	33.2	14.6
19–25 years			
1997	7.7	9.7	5.1
2005	8.8	10.7	6.1
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	4.8	6.7	3.1
2016 (Jan–Mar)	4.5	6.3	2.4

<sup>1</sup>A 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.

<sup>2</sup>In references to “part of the past year” and “more than a year,” a year is defined as the 12 months prior to interview. In 2016, answer categories for those who are currently uninsured concerning the length of non-coverage were modified. Therefore, 2016 estimates of “uninsured for at least part of the past year” and “uninsured for more than a year” may not be completely comparable to previous years. For more information on this change, see Technical Notes.

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

SOURCE: NCHS, National Health Interview Survey, 1997, 2005, and 2010–2016, 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 2016**

Age group and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
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	9.1 (0.19)	35.6 (0.42)	63.2 (0.46)
2016 (Jan–Mar)	8.6 (0.33)	36.2 (0.62)	63.8 (0.74)
Under 65 years			
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	10.5 (0.22)	25.3 (0.43)	65.6 (0.50)
2016 (Jan–Mar)	10.0 (0.39)	25.7 (0.64)	66.0 (0.80)
0–17 years			
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	4.5 (0.24)	42.2 (0.79)	54.7 (0.78)
2016 (Jan–Mar)	5.0 (0.46)	42.1 (1.32)	54.9 (1.34)
18–64 years			
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	12.8 (0.27)	18.9 (0.36)	69.7 (0.43)
2016 (Jan–Mar)	11.9 (0.47)	19.5 (0.51)	70.2 (0.70)
19–25 years			
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	15.8 (0.58)	19.5 (0.68)	65.7 (0.81)
2016 (Jan–Mar)	14.9 (1.10)	21.2 (1.27)	65.1 (1.38)

<sup>1</sup>A 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.

<sup>2</sup>Includes Medicaid, 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.

<sup>3</sup>Includes 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: NCHS, National Health Interview Survey, 1997, 2005, and 2010–2016, 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 selected years: United States, 1997–March 2016**

Poverty status <sup>1</sup> and year	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Poor (< 100% FPL)			
1997	32.7 (0.80)	46.1 (1.01)	22.9 (0.93)
2005	28.4 (0.78)	50.6 (0.98)	22.1 (0.89)
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	17.2 (0.63)	65.6 (0.87)	18.5 (0.78)
2016 (Jan–Mar)	18.0 (1.19)	65.7 (1.30)	18.2 (1.29)
Near poor (≥ 100% and < 200% FPL)			
1997	30.4 (0.70)	18.2 (0.56)	53.5 (0.80)
2005	28.6 (0.63)	30.0 (0.72)	43.2 (0.89)
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	18.2 (0.51)	45.1 (0.77)	39.1 (0.77)
2016 (Jan–Mar)	18.1 (0.98)	47.8 (1.53)	37.1 (1.59)
Not poor (≥ 200% FPL)			
1997	8.9 (0.22)	5.3 (0.19)	87.6 (0.27)
2005	9.1 (0.22)	7.4 (0.22)	84.7 (0.30)
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	6.6 (0.19)	10.6 (0.31)	84.1 (0.38)
2016 (Jan–Mar)	5.7 (0.35)	10.2 (0.40)	85.5 (0.57)
Unknown			
1997	21.6 (0.59)	13.2 (0.49)	66.7 (0.71)
2005	18.5 (0.48)	16.4 (0.48)	66.2 (0.68)
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	11.9 (0.80)	24.4 (1.16)	64.9 (1.20)
2016 (Jan–Mar)	12.3 (1.72)	30.1 (2.31)	59.7 (2.49)

<sup>1</sup>FPL 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.

<sup>2</sup>A 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.

<sup>3</sup>Includes Medicaid, 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.

<sup>4</sup>Includes 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: NCHS, National Health Interview Survey, 1997, 2005, and 2010–2016, 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 selected years: United States, 1997–March 2016**

Poverty status <sup>1</sup> and year	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Poor (< 100% FPL)			
1997	40.2 (0.88)	34.3 (0.93)	26.8 (1.09)
2005	38.5 (0.95)	35.6 (0.98)	26.8 (1.03)
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	25.2 (0.90)	51.7 (1.08)	24.3 (1.04)
2016 (Jan–Mar)	24.7 (1.61)	52.8 (1.77)	23.8 (1.70)
Near poor (≥ 100% and < 200% FPL)			
1997	34.9 (0.71)	14.6 (0.51)	52.6 (0.76)
2005	36.6 (0.73)	20.0 (0.61)	45.0 (0.85)
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	24.1 (0.62)	34.2 (0.80)	43.8 (0.79)
2016 (Jan–Mar)	23.6 (1.33)	36.2 (1.78)	43.0 (1.86)
Not poor (≥ 200% FPL)			
1997	9.9 (0.22)	5.0 (0.18)	87.1 (0.26)
2005	10.7 (0.24)	6.2 (0.20)	84.4 (0.29)
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	7.6 (0.22)	9.1 (0.27)	84.7 (0.33)
2016 (Jan–Mar)	6.5 (0.37)	9.0 (0.36)	85.9 (0.54)
Unknown			
1997	22.9 (0.58)	10.1 (0.41)	68.6 (0.65)
2005	21.2 (0.52)	11.3 (0.36)	68.7 (0.61)
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	13.8 (0.82)	19.6 (0.94)	67.7 (1.09)
2016 (Jan–Mar)	14.0 (1.52)	23.4 (2.22)	65.2 (2.17)

<sup>1</sup>FPL 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.

<sup>2</sup>A 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.

<sup>3</sup>Includes Medicaid, 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.

<sup>4</sup>Includes 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: NCHS, National Health Interview Survey, 1997, 2005, and 2010–2016, 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 selected years: United States, 1997–March 2016**

Poverty status <sup>1</sup> and year	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
Poor (< 100% FPL)			
1997	22.4 (0.99)	62.1 (1.31)	17.5 (1.09)
2005	13.0 (0.92)	73.3 (1.32)	15.0 (1.10)
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	4.4 (0.47)	87.9 (0.86)	9.1 (0.81)
2016 (Jan–Mar)	6.6 (1.26)	87.9 (1.49)	8.6 (1.29)
Near poor (≥ 100% and < 200% FPL)			
1997	22.8 (0.96)	24.3 (0.93)	55.0 (1.15)
2005	14.7 (0.79)	47.3 (1.21)	40.0 (1.31)
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	6.7 (0.59)	66.4 (1.17)	29.8 (1.14)
2016 (Jan–Mar)	7.7 (0.87)	70.0 (2.08)	25.8 (2.27)
Not poor (≥ 200% FPL)			
1997	6.1 (0.33)	6.3 (0.32)	88.9 (0.43)
2005	4.6 (0.30)	10.7 (0.47)	85.6 (0.52)
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	3.3 (0.26)	15.5 (0.69)	82.1 (0.74)
2016 (Jan–Mar)	3.0 (0.46)	14.0 (0.94)	84.0 (0.98)
Unknown			
1997	18.3 (0.90)	21.4 (0.97)	61.7 (1.18)
2005	11.0 (0.66)	30.8 (1.05)	59.3 (1.16)
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	6.3 (1.36)	37.9 (2.33)	56.6 (2.24)
2016 (Jan–Mar)	†	50.1 (4.54)	43.1 (5.14)

†Estimate has a relative standard error (RSE) greater than 50% and is not shown.

<sup>1</sup>FPL 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.

<sup>2</sup>A 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.

<sup>3</sup>Includes Medicaid, 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.

\*Includes 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: NCHS, National Health Interview Survey, 1997, 2005, and 2010–2016, 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 2016**

Age group and sex	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
Age group (years)			
All ages	8.6 (0.33)	36.2 (0.62)	63.8 (0.74)
Under age 65	10.0 (0.39)	25.7 (0.64)	66.0 (0.80)
0–17	5.0 (0.46)	42.1 (1.32)	54.9 (1.34)
18–64	11.9 (0.47)	19.5 (0.51)	70.2 (0.70)
18–24	13.7 (1.06)	22.4 (1.24)	64.8 (1.26)
25–34	15.9 (0.74)	18.9 (0.85)	66.1 (1.09)
35–44	14.3 (0.95)	15.6 (0.96)	71.1 (1.45)
45–64	8.1 (0.45)	20.7 (0.67)	73.9 (0.77)
65 and over	0.5 (0.12)	95.7 (0.40)	50.8 (1.32)
19–25	14.9 (1.10)	21.2 (1.27)	65.1 (1.38)
Sex			
Male:			
All ages	9.8 (0.39)	33.7 (0.64)	64.7 (0.71)
Under age 65	11.2 (0.45)	23.8 (0.65)	66.7 (0.81)
0–17	4.7 (0.59)	41.6 (1.41)	55.8 (1.38)
18–64	13.8 (0.57)	16.9 (0.53)	71.0 (0.73)
18–24	15.9 (1.52)	16.0 (1.42)	69.4 (1.69)
25–34	19.1 (0.96)	15.6 (0.93)	66.3 (1.25)
35–44	17.2 (1.28)	12.7 (1.07)	71.0 (1.80)
45–64	8.6 (0.55)	19.9 (0.82)	74.1 (0.88)
65 and over	*0.4 (0.14)	95.5 (0.63)	52.1 (1.34)
19–25	17.0 (1.48)	14.3 (1.46)	70.2 (1.80)
Female:			
All ages	7.5 (0.35)	38.7 (0.74)	62.8 (0.92)
Under age 65	8.8 (0.42)	27.5 (0.80)	65.4 (0.97)
0–17	5.3 (0.55)	42.5 (1.67)	54.0 (1.74)
18–64	10.1 (0.49)	22.0 (0.66)	69.5 (0.84)
18–24	11.5 (1.41)	28.8 (1.80)	60.2 (2.17)
25–34	12.8 (0.95)	22.1 (1.18)	66.0 (1.34)
35–44	11.6 (1.00)	18.4 (1.16)	71.2 (1.59)
45–64	7.6 (0.49)	21.4 (0.80)	73.7 (0.90)
65 and over	*0.5 (0.16)	96.0 (0.40)	49.8 (1.52)
19–25	12.7 (1.42)	28.1 (1.86)	60.0 (2.33)

\*Estimate has a relative standard error (RSE) greater than 30% and less than or equal to 50% and should be used with caution because it does not meet standards of reliability or precision.

<sup>1</sup>A 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.

<sup>2</sup>Includes Medicaid, 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.

<sup>3</sup>Includes 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: NCHS, National Health Interview Survey, 2016, 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 and ethnicity and year: United States, 2010–March 2016**

Race and ethnicity and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
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	20.8 (0.56)	36.2 (0.84)	43.8 (0.81)
2016 (Jan–Mar)	18.6 (0.98)	38.1 (1.52)	44.7 (1.79)
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	7.4 (0.21)	18.9 (0.48)	75.4 (0.54)
2016 (Jan–Mar)	7.4 (0.48)	18.7 (0.68)	76.0 (0.70)
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	11.2 (0.48)	39.2 (1.01)	51.3 (1.02)
2016 (Jan–Mar)	10.4 (0.99)	39.0 (1.92)	52.0 (1.86)
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	6.7 (0.51)	18.0 (1.34)	75.9 (1.44)
2016 (Jan–Mar)	5.8 (1.23)	21.6 (2.51)	73.0 (3.16)
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	11.1 (1.00)	37.0 (1.86)	53.7 (1.99)
2016 (Jan–Mar)	12.4 (1.87)	33.8 (3.00)	56.6 (3.24)

<sup>1</sup>A 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.

<sup>2</sup>Includes Medicaid, 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.

<sup>3</sup>Includes 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: NCHS, National Health Interview Survey, 2010–2016, 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 and ethnicity and year: United States, 2010–March 2016**

Race and ethnicity and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
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	27.7 (0.72)	23.0 (0.84)	50.0 (0.85)
2016 (Jan–Mar)	24.5 (1.31)	25.2 (1.72)	51.6 (1.88)
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	8.7 (0.25)	15.7 (0.42)	77.3 (0.47)
2016 (Jan–Mar)	8.4 (0.47)	15.7 (0.55)	77.8 (0.60)
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	14.4 (0.57)	29.7 (0.84)	57.8 (0.90)
2016 (Jan–Mar)	13.0 (1.34)	29.6 (1.66)	58.8 (1.86)
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	7.9 (0.58)	15.5 (1.16)	77.2 (1.27)
2016 (Jan–Mar)	6.7 (1.32)	18.4 (2.32)	75.4 (2.93)
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	16.1 (1.42)	29.0 (1.76)	56.9 (1.88)
2016 (Jan–Mar)	17.2 (2.39)	25.7 (3.13)	59.4 (3.51)

<sup>1</sup>A 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.

<sup>2</sup>Includes Medicaid, 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.

<sup>3</sup>Includes 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: NCHS, National Health Interview Survey, 2010–2016, 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 2016**

Selected characteristic	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
Race and ethnicity			
Hispanic or Latino	24.5 (1.31)	25.2 (1.72)	51.6 (1.88)
Non-Hispanic:			
White, single race	8.4 (0.47)	15.7 (0.55)	77.8 (0.60)
Black, single race	13.0 (1.34)	29.6 (1.66)	58.8 (1.86)
Asian, single race	6.7 (1.32)	18.4 (2.32)	75.4 (2.93)
Other races and multiple races	17.2 (2.39)	25.7 (3.13)	59.4 (3.51)
Region			
Northeast	7.7 (1.39)	21.1 (1.33)	73.1 (2.33)
Midwest	8.2 (0.58)	17.6 (0.85)	76.1 (1.28)
South	16.8 (0.84)	17.6 (0.75)	67.1 (0.91)
West	11.2 (0.70)	22.9 (0.96)	67.6 (1.46)
Education			
Less than high school	28.1 (1.67)	35.1 (1.45)	38.3 (1.95)
High school diploma or GED <sup>4</sup>	15.3 (0.74)	25.8 (1.02)	60.8 (1.18)
More than high school	7.3 (0.41)	13.9 (0.48)	80.4 (0.60)
Employment status			
Employed	10.7 (0.51)	10.9 (0.40)	79.4 (0.65)
Unemployed	33.1 (2.20)	35.8 (2.63)	32.1 (2.14)
Not in workforce	11.4 (0.75)	43.9 (1.00)	49.1 (1.20)
Poverty status <sup>5</sup>			
< 100% FPL	24.7 (1.61)	52.8 (1.77)	23.8 (1.70)
≥ 100% and ≤ 138% FPL	24.7 (2.07)	44.3 (2.66)	32.9 (2.67)
> 138% and ≤ 250% FPL	19.1 (1.25)	25.8 (1.21)	57.6 (1.41)
> 250% and ≤ 400% FPL	9.7 (0.69)	12.8 (0.82)	79.0 (1.09)
> 400% FPL	3.7 (0.34)	5.6 (0.34)	92.0 (0.42)
Unknown	12.3 (1.37)	20.1 (2.08)	69.6 (1.86)
Marital status			
Married	8.8 (0.49)	13.6 (0.61)	79.5 (0.77)
Widowed	11.9 (2.33)	34.4 (3.80)	56.1 (4.38)
Divorced or separated	13.2 (1.22)	31.0 (1.64)	58.2 (1.72)
Living with partner	18.4 (1.50)	26.8 (1.75)	56.1 (1.65)
Never married	15.4 (0.89)	24.0 (1.02)	61.6 (1.19)

<sup>1</sup>A 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.

<sup>2</sup>Includes Medicaid, 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.

<sup>3</sup>Includes 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.

<sup>4</sup>GED is General Educational Development high school equivalency diploma.

<sup>5</sup>FPL 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 8.7%. 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: NCHS, National Health Interview Survey, 2016, 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 2016**

Year	Enrolled in high-deductible health plan (HDHP) <sup>1</sup>	Enrolled in HDHP without health savings account (HSA) <sup>2</sup>	Enrolled in consumer-directed health plan (CDHP) <sup>3</sup>	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	36.7 (0.68)	23.4 (0.50)	13.3 (0.42)	21.7 (0.51)
2016 (Jan–Mar)	40.0 (0.99)	24.7 (0.82)	15.3 (0.78)	21.7 (0.69)

<sup>1</sup>HDHP was defined in 2016 as a health plan with an annual deductible of at least \$1,300 for self-only coverage and \$2,600 for family coverage. The deductible is adjusted annually for inflation. Deductibles for previous years are included in the Technical Notes.

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

<sup>3</sup>CDHP 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: NCHS, National Health Interview Survey, 2010–2016, Family Core component.

**Table XII. Percentages (and standard errors) 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 2016**

Year	Employment based <sup>1</sup>	Directly purchased <sup>2</sup>
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	36.6 (0.72)	50.9 (1.50)
2016 (Jan–Mar)	39.4 (1.03)	57.0 (2.75)

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

<sup>2</sup>Private 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 through March 2016, approximately 10% of private plans were directly purchased. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2010–2016, 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 2016**

Age group, state Medicaid expansion status, and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
Under 65 years			
Medicaid expansion states <sup>4</sup> :			
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	8.2 (0.23)	26.7 (0.57)	66.4 (0.64)
2016 (Jan–Mar)	7.9 (0.46)	26.8 (0.78)	67.2 (1.08)
Non-Medicaid expansion states <sup>5</sup> :			
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	14.0 (0.41)	23.2 (0.58)	64.4 (0.78)
2016 (Jan–Mar)	13.6 (0.62)	23.8 (0.85)	64.1 (1.05)
0–17 years			
Medicaid expansion states <sup>4</sup> :			
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	3.8 (0.28)	41.1 (0.99)	56.7 (1.00)
2016 (Jan–Mar)	4.4 (0.54)	40.2 (1.56)	57.7 (1.63)
Non-Medicaid expansion states <sup>5</sup> :			
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	5.5 (0.42)	43.7 (1.27)	52.0 (1.26)
2016 (Jan–Mar)	6.0 (0.78)	44.9 (2.19)	50.5 (2.22)
18–64 years			
Medicaid expansion states <sup>4</sup> :			
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	9.8 (0.28)	21.5 (0.49)	70.0 (0.56)
2016 (Jan–Mar)	9.2 (0.54)	21.9 (0.60)	70.7 (0.98)
Non-Medicaid expansion states <sup>5</sup> :			
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	17.5 (0.52)	14.9 (0.44)	69.4 (0.67)
2016 (Jan–Mar)	16.7 (0.82)	15.4 (0.68)	69.5 (0.84)

<sup>1</sup>A 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.

<sup>2</sup>Includes Medicaid, 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.

<sup>3</sup>Includes 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.

<sup>4</sup>For 2010 through 2014, states moving forward with Medicaid expansion included 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 were included as expansion states: IN, NH, and PA. Beginning with 2016, three additional states were included as expansion states: AK, LA, and MT.

<sup>5</sup>For 2010 through 2014, states not moving forward with Medicaid expansion included 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. Beginning with 2016, three additional states have been removed from this grouping: AK, LA, and MT.

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

SOURCE: NCHS, National Health Interview Survey, 2010–2016, 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 2016**

Age group, state Health Insurance Marketplace type, and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
Under 65 years			
State-based Marketplace states <sup>4</sup> :			
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	7.7 (0.30)	28.1 (0.80)	65.4 (0.92)
2016 (Jan–Mar)	7.9 (0.49)	28.2 (0.87)	65.4 (1.19)
Partnership Marketplace states <sup>5</sup> :			
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	8.0 (0.59)	26.1 (1.20)	67.7 (1.42)
2016 (Jan–Mar)	6.3 (0.88)	24.4 (1.56)	71.7 (2.21)
Federally Facilitated Marketplace states <sup>6</sup> :			
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	12.8 (0.33)	23.4 (0.54)	65.3 (0.66)
2016 (Jan–Mar)	12.0 (0.58)	24.3 (0.88)	65.4 (1.15)
0–17 years			
State-based Marketplace states <sup>4</sup> :			
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	3.1 (0.34)	42.4 (1.32)	55.8 (1.41)
2016 (Jan–Mar)	4.4 (0.65)	41.5 (1.74)	55.6 (2.00)
Partnership Marketplace states <sup>5</sup> :			
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	4.3 (0.73)	40.3 (2.53)	57.5 (2.34)
2016 (Jan–Mar)	*0.8 (0.40)	39.0 (3.38)	63.4 (3.25)
Federally Facilitated Marketplace states <sup>6</sup> :			
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	5.3 (0.35)	42.4 (1.06)	53.6 (1.04)
2016 (Jan–Mar)	6.0 (0.68)	42.9 (1.86)	53.1 (1.98)

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, 2010–2016—Continued**

Age group, state Health Insurance Marketplace type, and year	Uninsured <sup>1</sup> at the time of interview	Public health plan coverage <sup>2</sup>	Private health insurance coverage <sup>3</sup>
18–64 years			
State-based Marketplace states <sup>4</sup> :			
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	9.4 (0.37)	22.9 (0.69)	68.9 (0.81)
2016 (Jan–Mar)	9.1 (0.59)	23.6 (0.75)	68.8 (1.12)
Partnership Marketplace states <sup>5</sup> :			
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	9.4 (0.74)	20.8 (0.95)	71.5 (1.26)
2016 (Jan–Mar)	8.2 (1.11)	19.6 (1.25)	74.4 (2.06)
Federally Facilitated Marketplace states <sup>6</sup> :			
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	15.7 (0.42)	16.0 (0.43)	69.9 (0.57)
2016 (Jan–Mar)	14.5 (0.74)	16.7 (0.68)	70.4 (0.94)

\*Estimate has a relative standard error (RSE) greater than 30% and less than or equal to 50% and should be used with caution because it does not meet standards of reliability or precision.

<sup>1</sup>A 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.

<sup>2</sup>Includes Medicaid, 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.

<sup>3</sup>Includes 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.

<sup>4</sup>State-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).

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

<sup>6</sup>Federally 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: NCHS, National Health Interview Survey, 2010–2016, 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 2016**

Age group and expanded region <sup>1</sup>	Uninsured <sup>2</sup> at the time of interview	Public health plan coverage <sup>3</sup>	Private health insurance coverage <sup>4</sup>
All ages			
All regions	8.6 (0.33)	36.2 (0.62)	63.8 (0.74)
New England	3.9 (0.68)	38.4 (2.10)	67.8 (1.50)
Middle Atlantic	6.1 (1.16)	37.1 (1.98)	66.7 (2.63)
East North Central	5.2 (0.47)	34.3 (1.22)	71.5 (1.67)
West North Central	6.5 (0.78)	33.1 (2.07)	70.5 (1.94)
South Atlantic	10.2 (0.54)	36.8 (1.66)	61.4 (1.44)
East South Central	8.3 (1.04)	41.3 (2.71)	59.8 (2.95)
West South Central	17.2 (1.00)	34.0 (1.41)	54.2 (1.74)
Mountain	9.4 (0.89)	33.2 (1.98)	64.3 (2.45)
Pacific	8.2 (0.60)	38.6 (1.25)	60.2 (1.68)
Under 65 years			
All regions	10.0 (0.39)	25.7 (0.64)	66.0 (0.80)
New England	4.6 (0.82)	26.4 (2.62)	71.3 (2.06)
Middle Atlantic	7.1 (1.41)	26.2 (2.07)	68.7 (2.98)
East North Central	6.2 (0.52)	22.6 (1.28)	73.3 (1.67)
West North Central	7.9 (0.93)	19.6 (2.05)	73.9 (2.19)
South Atlantic	12.1 (0.69)	24.6 (1.56)	64.8 (1.64)
East South Central	9.8 (1.24)	31.4 (2.80)	60.7 (3.00)
West South Central	19.3 (1.06)	25.9 (1.61)	56.2 (1.83)
Mountain	10.7 (1.04)	24.6 (1.94)	66.3 (2.48)
Pacific	9.4 (0.69)	29.6 (1.43)	62.6 (1.97)
0–17 years			
All regions	5.0 (0.46)	42.1 (1.32)	54.9 (1.34)
New England	†	39.1 (2.67)	62.2 (2.31)
Middle Atlantic	4.7 (1.39)	38.7 (4.15)	60.1 (4.30)
East North Central	*1.7 (0.52)	32.1 (2.53)	68.5 (2.36)
West North Central	4.6 (1.20)	35.3 (4.81)	62.0 (4.72)
South Atlantic	4.5 (0.61)	46.0 (4.49)	50.3 (4.47)
East South Central	*4.6 (1.94)	51.5 (5.20)	44.9 (4.74)
West South Central	8.7 (1.98)	52.6 (2.65)	40.8 (2.14)
Mountain	6.9 (1.38)	35.8 (3.18)	58.6 (3.68)
Pacific	5.8 (1.05)	44.5 (2.96)	51.2 (3.18)
18–64 years			
All regions	11.9 (0.47)	19.5 (0.51)	70.2 (0.70)
New England	5.9 (1.05)	22.1 (2.83)	74.4 (2.23)
Middle Atlantic	8.0 (1.56)	21.7 (1.41)	71.8 (2.66)
East North Central	7.8 (0.68)	19.1 (1.05)	75.1 (1.69)
West North Central	9.1 (1.05)	14.1 (1.46)	78.2 (1.68)
South Atlantic	14.9 (0.88)	16.7 (1.12)	70.1 (1.16)
East South Central	11.7 (1.31)	23.8 (2.33)	66.7 (2.85)
West South Central	24.2 (1.67)	13.8 (1.01)	63.1 (1.51)
Mountain	12.2 (1.10)	19.9 (1.61)	69.5 (2.02)
Pacific	10.7 (0.91)	24.2 (1.12)	66.7 (1.87)

†Estimate has a relative standard error (RSE) greater than 50% and is not shown.

\*Estimate has an RSE greater than 30% and less than or equal to 50% and should be used with caution because it does not meet standards of reliability or precision.

<sup>1</sup>The 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.

<sup>2</sup>A 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.

<sup>3</sup>Includes Medicaid, 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.

<sup>4</sup>Includes 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: NCHS, National Health Interview Survey, 2016, Family Core component.