

# Open Enrollment

Insights from Uninsured Individuals about  
Enrolling in Health Coverage through the  
Health Insurance Marketplace

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October 2014

# Purposes.

The Robert Wood Johnson Foundation sponsored this study of uninsured individuals to learn about barriers and motivations to enroll in health coverage during the Affordable Care Act's second open enrollment period, Nov. 15, 2014 to Feb. 15, 2015.

PerryUndem Research/Communication and GMMB conducted the research and developed the messages that were tested.

# The study.



## 10 focus groups with uninsured individuals.

Groups were split among those who tried to enroll during the first open enrollment period and those who did not try to enroll. Details:

- 2 groups with African Americans
- 4 groups with Latinos (1 in Spanish)
- 2 groups with young adults 18-29, racial/ethnic mix
- 2 groups with parents of young children, racial/ethnic mix

Groups were held in Chicago (7/22), Cleveland (7/21), Las Vegas (8/5), Miami (7/24), Phoenix (8/6), and Teaneck, NJ (7/23).



## Survey of n=1,259 Uninsured Consumers 18-64.

- All respondents had to have been uninsured since before March 31, 2014
- Fielded Sep. 12-28, 2014
- Online survey using GfK's KnowledgePanel, a probability based web panel designed to be representative of the United States
- English and Spanish
- All income groups
- Margin of error = +/- 3.8 percentage points

# Takeaways.

On the eve of the second open enrollment period, the uninsured are varied in their views about enrolling. One-quarter are eager to have insurance, another quarter does not seem interested, and the rest are in the middle.

Most are struggling financially. They have little money left over after paying bills and expenses. Many see no room in their budgets for a new monthly bill.

About a quarter have not heard of HealthCare.gov or their state marketplace. Awareness is still an issue, particularly among Latinos.

Views on the marketplace are split between positive and negative. Many have heard negative stories about the law and the marketplace.

# Takeaways.

About one-third (36%) looked into enrolling during the first open enrollment period. Most (55%) did not.

Affordability was the top barrier to signing up. Affordability was also the top reason many did not even look at the marketplace last open enrollment period. Many do not believe that health insurance could be affordable.

Looking to the future, about half lean towards looking into HealthCare.gov or their state marketplace next enrollment period. One promising sign is that the likelihood to go to the marketplace increases after people learn more.

# Takeaways.

Learning about the fine amount for 2015 and 2016 adds intensity to those leaning toward enrolling. It may “push” someone over the edge to enroll.

The top message, by far, is telling individuals that “low-cost plans are available” through the marketplace. This addresses their affordability concerns.

Other messages that did well are ones around free, in-person enrollment help and about financial help with income figures. It is important to note that the importance of in-person help seems to be rising as a key message since earlier studies – the remaining uninsured want help with enrollment.

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**Their Lives.**

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# Challenging lives.



Just 27% of uninsured report that “life is good and I’m doing well.”

The rest are not doing as well...

Life is just okay and I’m just trying to maintain where I am (34%)

Life is hard, I’m struggling and trying to make my life more stable (37%)

Other/Refused (2%)

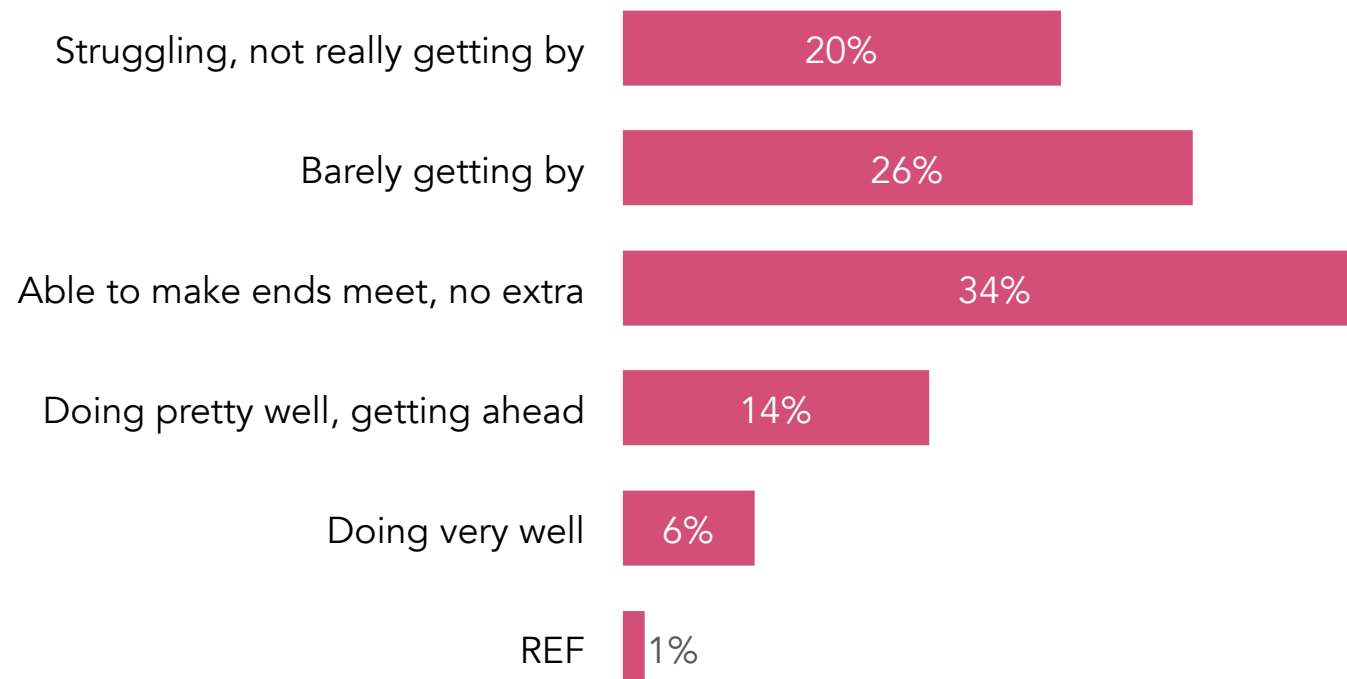
(n=1259)



They are also busy – 73% describe their lives as busy, including nearly 1 in 4 (22%) who say they are extremely busy.

# Just getting by.

Which of the following statements best describes your finances these days? (n=1259)



# Under pressure.

**58%** have financial debt.

**52%** of those with debt have more than \$10,000 in debt.  
*(n=808)*

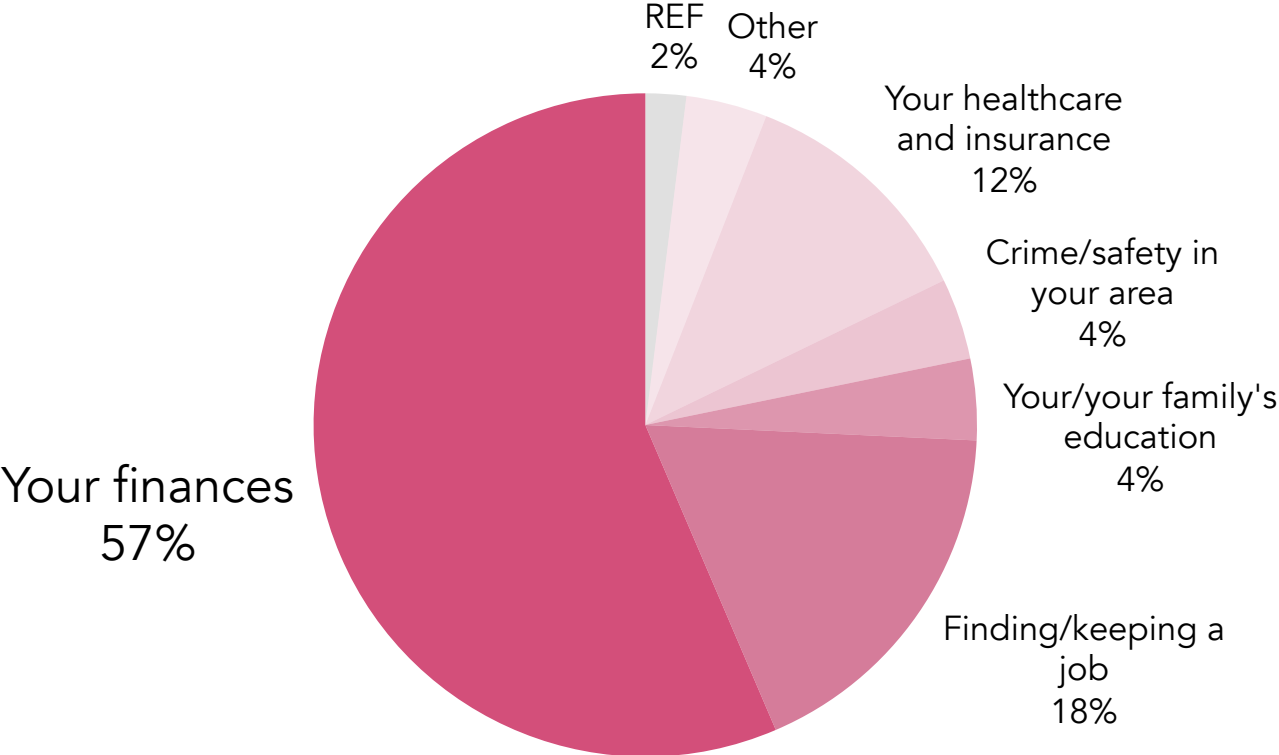
**46%** of those with debt say this is from medical bills and expenses. *(n=808)*

**65%** have \$100 or less left over at the end of the month after bills and expenses.

**64%** have \$100 or less in savings.

# Financially focused.

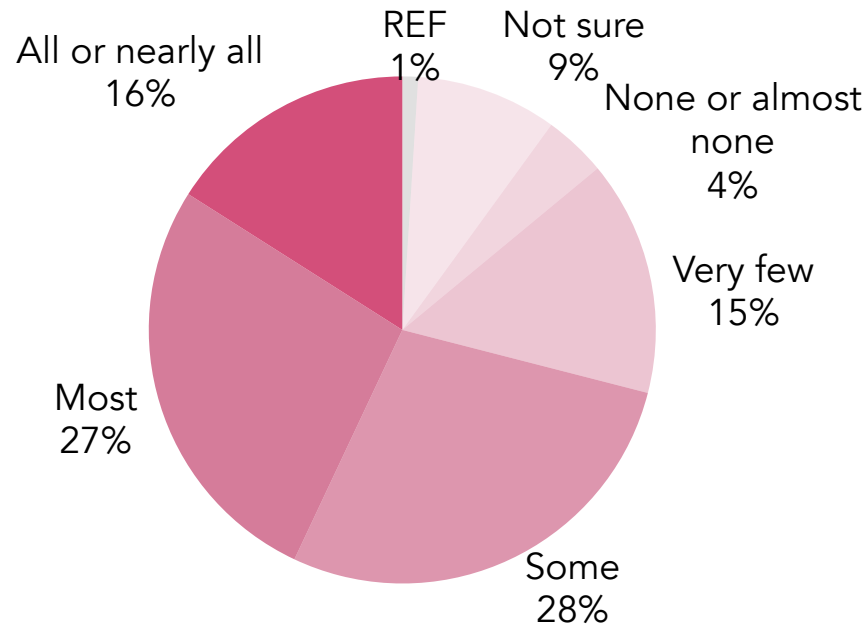
Which of these issues concerns you most personally? (n=1259)



# Know a lot of uninsured.

Almost half of the uninsured (47%) only know some, a few, or almost no one who has insurance. Slightly fewer (43%) say most of their friends and family have insurance.

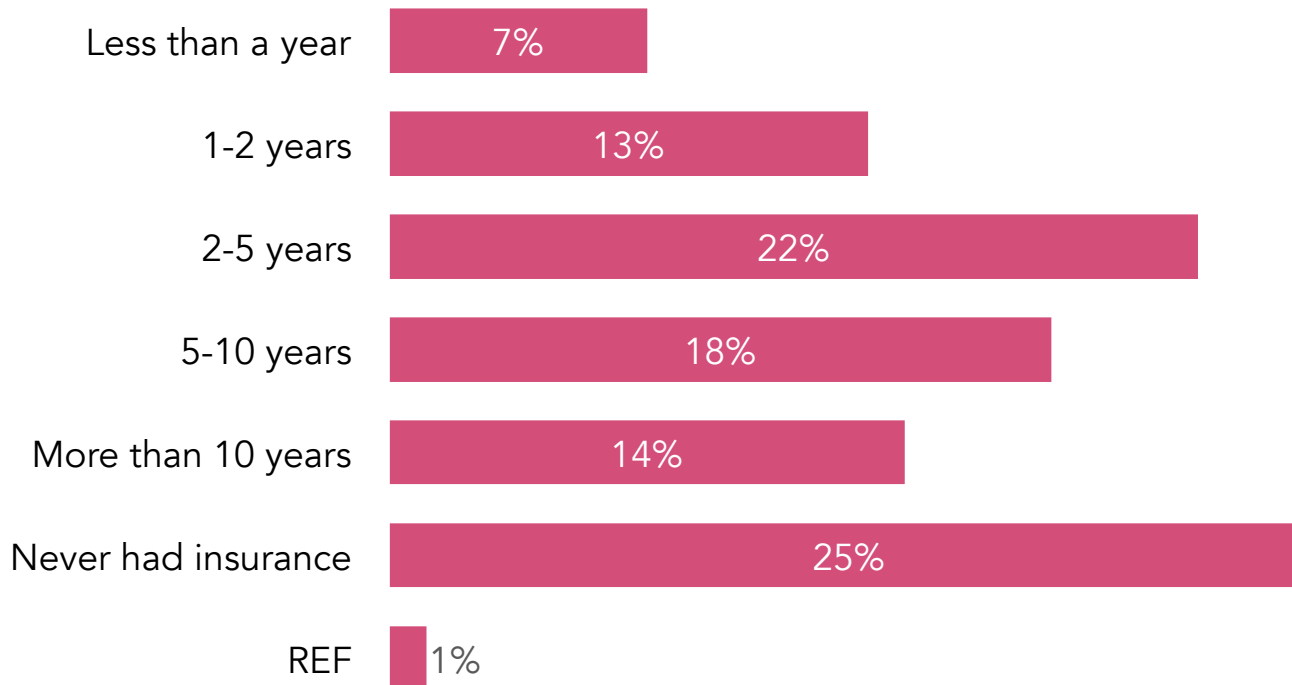
*Thinking about the friends, family, and others you spend most of your time with, how many would you say have health insurance? (n=1259)*



# Used to being uninsured.

More than half (57%) have been uninsured 5 years or more. This is a group used to being without health insurance.

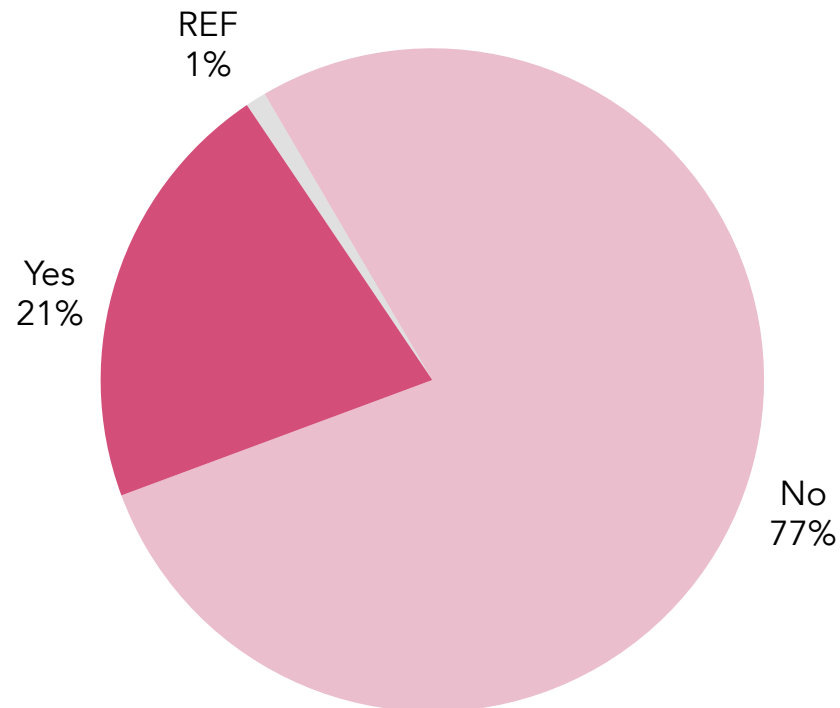
*When was the last time you had insurance? (n=1259)*



# They are healthy.

More than three-quarters (77%) do not have any ongoing medical problems that require care.

Do you have any ongoing medical problems that require care at the moment? (n=1259)



# Health Insurance.

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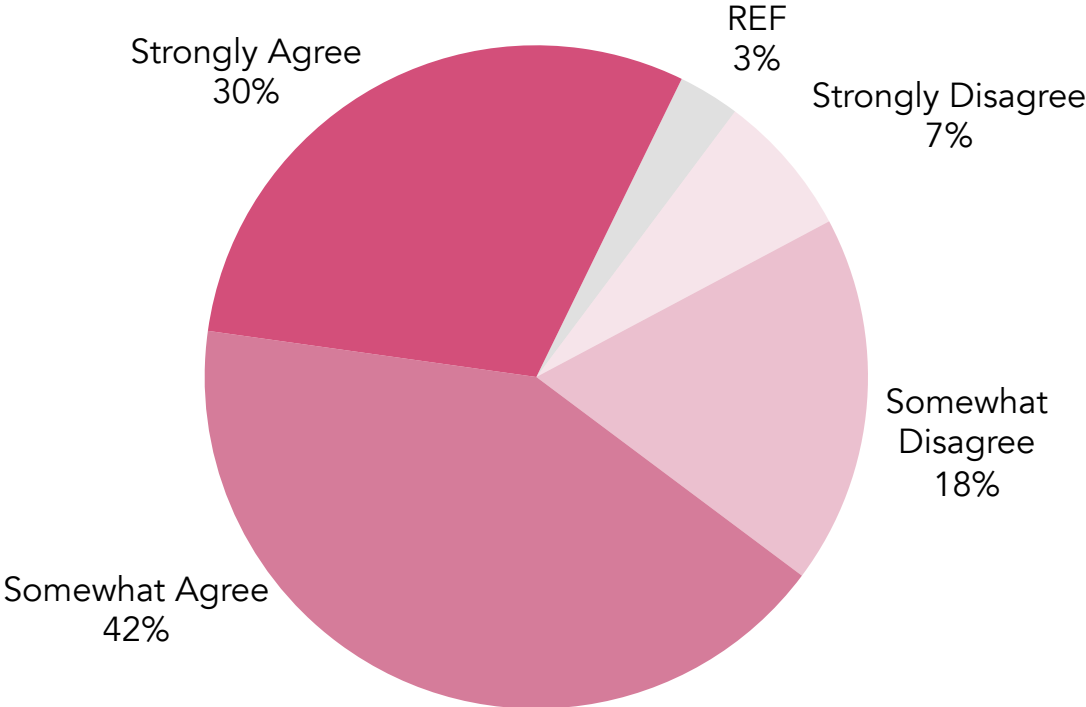
# Unhappy being uninsured.

When you think about not having health insurance, what's the best one word to describe how you feel? *(open end)*

bad *depressing* *anxious*  
*frustrated* *need it* *sad* *broke*  
*fine* **worried**  
*angry* *good* *indifferent* *expensive*

# See coverage as beneficial.

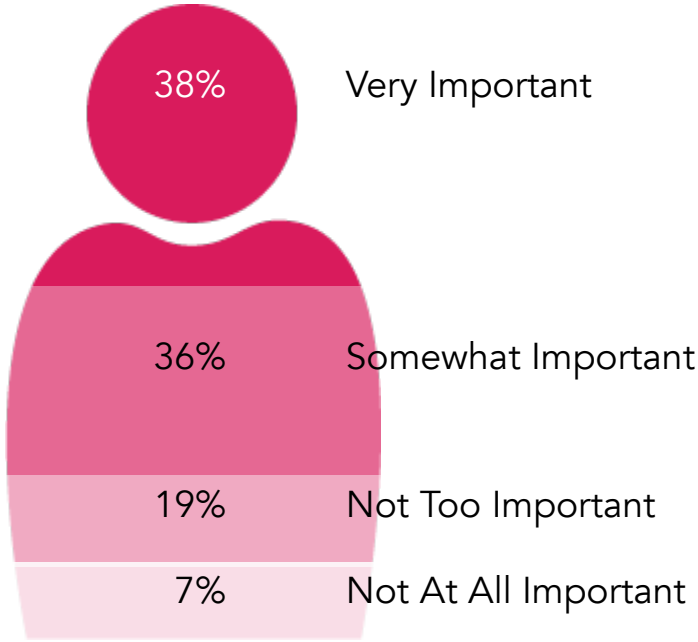
Nearly three-quarters (72%) agree with the statement: "Having health insurance would make my life better." (n=1259)



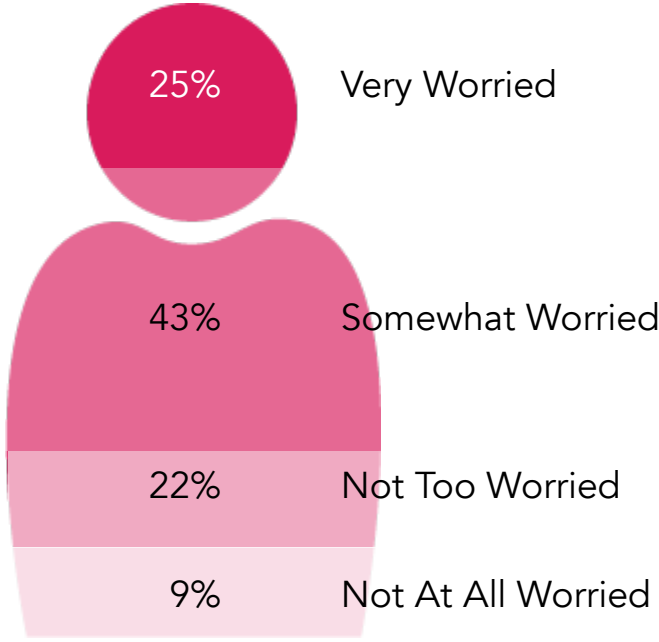
# Say coverage is important.

Most say having health insurance is important (74%). Still, one-quarter (26%) say health insurance is not too or not at all important. Almost one-third (31%) are not too or not at all worried about being uninsured.

*Given everything in your life these days, how important is it for you to have health insurance? (n=1259)*



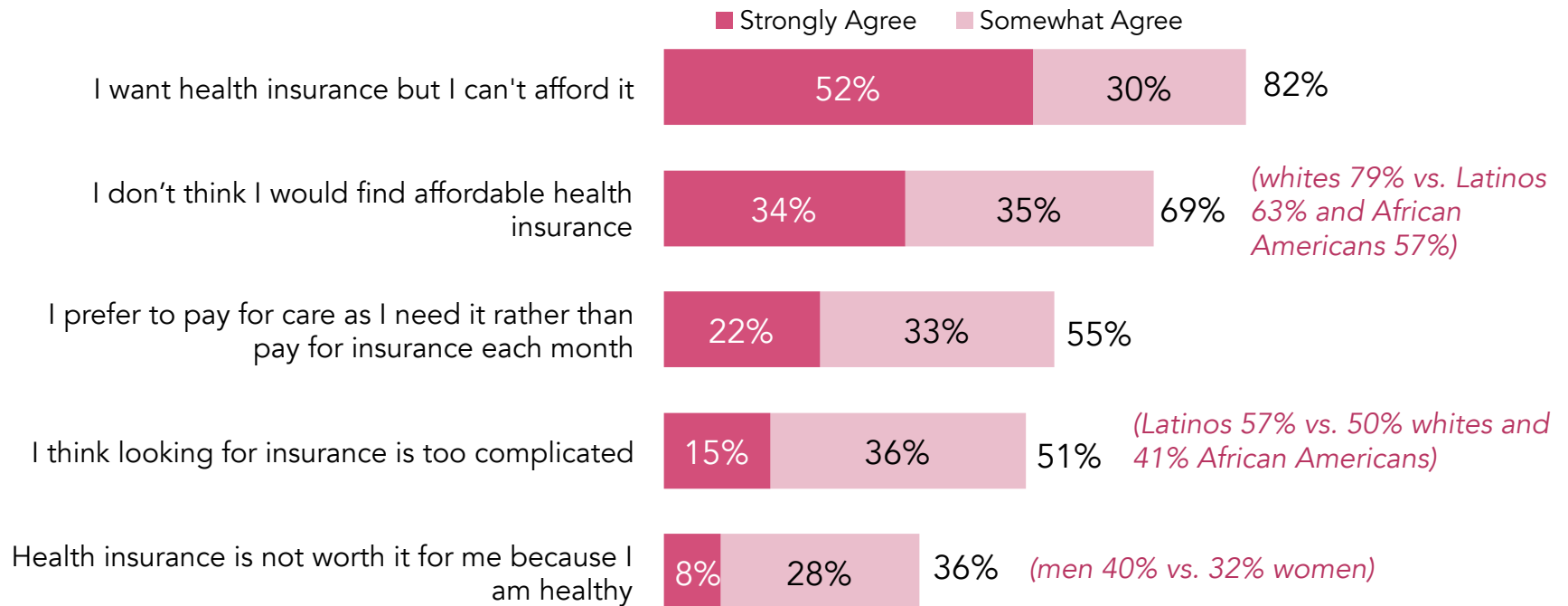
*Are you worried about not having health insurance? (n=1259)*



# Affordability is top worry.

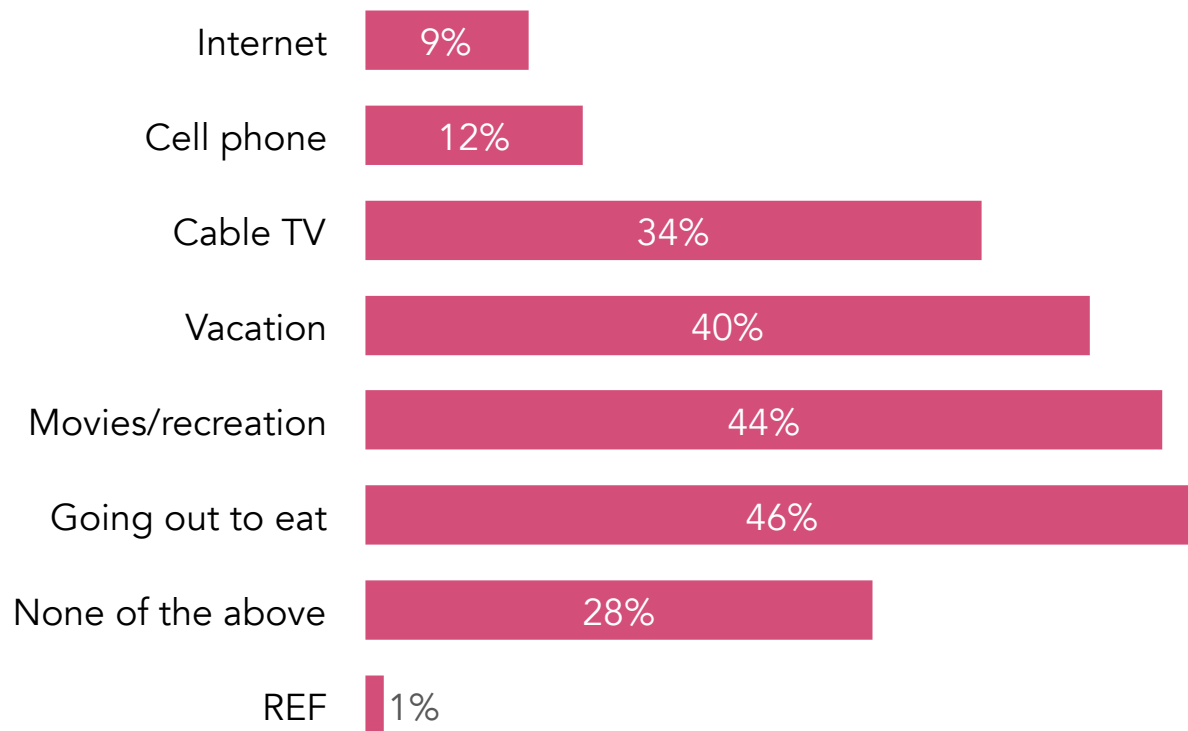
The big worry about health insurance is that it is not affordable.

Do you agree or disagree with the following statements: (n=1259)



# Many other priorities.

*Let's say you have the following expenses in your budget. Would you be willing to give up or reduce any of them in order to pay for health insurance? Select all that apply. (n=1259)*



Latinos are less likely than whites to say they would cut back on going out to eat (38% vs. 51%) or recreational activities (38% vs. 49%). Men are more likely to say they would not be willing to give up anything on the list than women (33% vs. 24%).

**Enrolling. (Or Not.)**

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# Still have knowledge gaps.

**50%** have heard there are “new affordable health plans for people who are uninsured.”

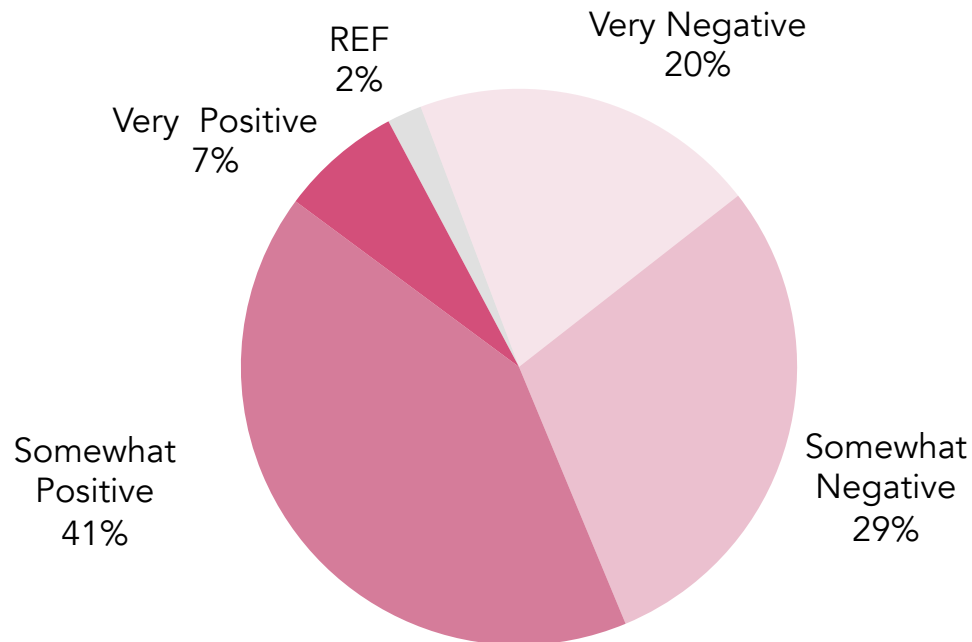
**68%** have heard of HealthCare.gov.

**63%** have heard of their state marketplace. (*n*=358)

Latinos (36%), those with a high school degree or less (45%), and those with incomes <139% FPL (42%) are least likely to have heard about “new affordable plans.” These same groups – Latinos (53%), high school or less (62%) and <139% FPL (63%) – are also least likely to have heard of HealthCare.gov.

# Mixed impressions.

HealthCare.gov/STATE MARKETPLACE is a new place for people to find affordable health insurance. The period for enrolling in a new plan for this year was from October 1, 2013 to April 15, 2014. Even if you do not know much about it, do you have a positive or negative impression of HealthCare.gov/STATE MARKETPLACE? (n=1259)

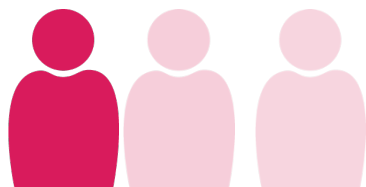


Impressions are most positive (% very or somewhat positive) in the West (60%), among those with HS or less (52%), and among those <139% FPL (52%). And least among whites – only 32% saying very or somewhat positive.



# A third looked last time.

1 in 3



Slightly more than one-third (36%) of the uninsured report they looked into health plans through HealthCare.gov or their state marketplace. Most did not look (55%) or are unsure (9%).

Of those who looked into the new plans... (n=530)

- 90% went online to look
- 24% called the toll-free number, and
- 7% sought in-person help



Those most likely to have looked: whites (45%), those with at least some college education (45%), and those with incomes between 139%-300% FPL (43%).

Of those who looked into it ( $n=530$ )...

# Cost was the barrier.

**72%** I could not afford it.

- 21% I had problems with the website
- 21% It was too confusing
- 17% I didn't find a plan that fit my needs
- 15% I would rather pay the fine
- 13% I could not figure out how much the plans would cost
- 12% I didn't feel I knew enough to choose the right plan
- 10% I could not get my questions answered
- 8% I ran out of time
- 8% It took too long
- 6% I did not want to provide all of my personal information
- 3% I didn't really think I needed health insurance
- 1% Refused
- 17% Other

\*multiple response allowed

Of those who didn't look for coverage (n=729)...

## Cost a reason not to look.

**40%** I couldn't afford insurance.

- 18% I don't want anything to do with Obamacare
- 15% I'm not sure
- 12% I would rather pay for doctor visits/prescriptions as I need rather than buy insurance
- 12% I hadn't heard about it
- 10% I didn't want insurance
- 8% I wasn't sure when I was supposed to sign up
- 7% I was too busy
- 7% I was waiting until the website problems were fixed
- 5% I wanted to, but I got distracted
- 2% Refused
- 11% Other

\*multiple response allowed

# Top 3 reasons to look.

We tested different reasons to at least look into enrolling – and most test well. Agreeing with these reasons may not translate into action, however. The top three are:

- 1.** All the health plans will cover preventive care, doctor visits, hospitalization, prescriptions, maternity care, mental health care, and more services.  
*(28% rate it a "10," 57% rate it 6-10, and the mean is 6.5 on a 0-10 scale)*
- 2.** All plans cover preventive care at no additional cost to you.  
*(28% rate it a "10," 57% rate it 6-10, and the mean is 6.4 on a 0-10 scale)*
- 3.** None of the health plans can deny you because of pre-existing conditions.  
*(28% rate it a "10," 54% rate it 6-10, and the mean is 6.3 on a 0-10 scale)*

# General vs. specific reasons.

A general statement about financial help tests better than a specific example in terms of encouraging uninsured individuals to at least look into enrolling:

Millions of Americans will qualify for financial help to pay for their insurance. *(24% rate it a "10," 54% rate it 6-10, and the mean is 6.1 on a 0-10 scale)*

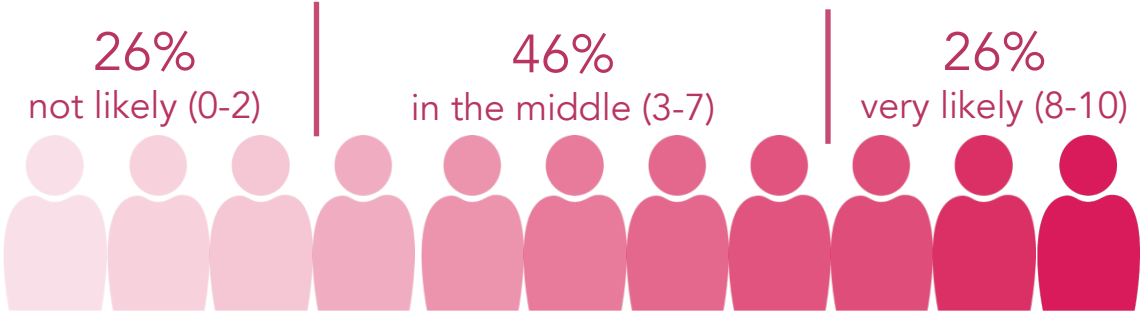
VS.

One couple, with an income of \$45,000, two children and a mortgage to pay, did not think they could afford insurance. But, they went to [HealthCare.gov/STATE MARKETPLACE](https://www.healthcare.gov/state-marketplace) and found out they qualified for financial help – a savings of \$233 a month – so that their new plan only costs \$208 a month. *(13% rate it a "10," 37% rate it 6-10, and the mean is 4.9 on a 0-10 scale)*

# A quarter to one-third very motivated to look.

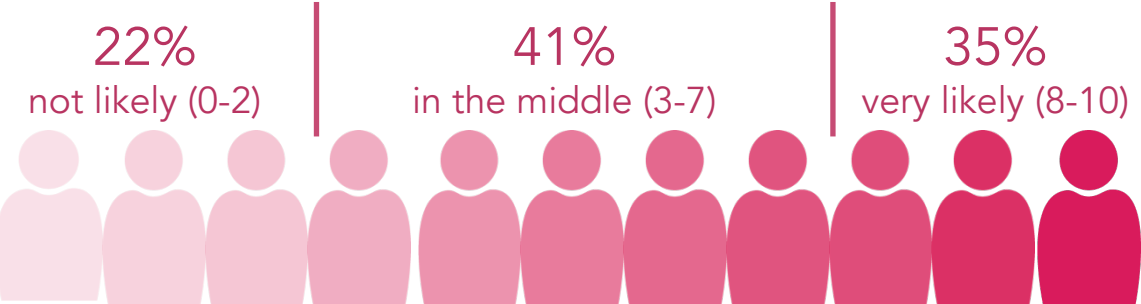
If you are still uninsured, how likely would you be to look into the new health plans available through HealthCare.gov/STATE MARKETPLACE next open enrollment period? (n=1259)

Before ACA Facts



+9%

After ACA Facts and the Fine



\*2% refused in each question

# Who are the shifters?

“Shifters” are those uninsured survey respondents who shifted more positive after hearing facts and messages about enrolling (i.e., they landed on 8, 9, or 10 in the post-measure). This group is important – they represent those uninsured individuals who may be moved toward enrolling if given more information.

Details:



## What They Look Like:

- Individuals with a high school degree or less
- Latinos
- Women
- Individuals living in the Northeast or West

They make up

**15%**

of the sample



## Best Messages (in order)

1. low cost plans are available
2. financial help is available
3. free, in person help is available

## Mentioning the fine helps:

36% of these shifters say the fine makes them more likely to sign up (compared to just 17% of the uninsured overall). Only 2% say it makes them less likely. The fine helps more than hurts.

**Messages.**





# Top 3 messages to “look.”

Together, these three messages have the potential to reach 64% of the uninsured and spur them to look for coverage next open enrollment.

	First Choice	Mean Rescaled MaxDiff Score
<p><b>Low-cost plans</b> are available through HealthCare.gov/ STATE MARKETPLACE. So you can find a plan that meets your needs and <b>budget</b>.</p>	29%	19.9
<p>Free, <b>in-person help</b> is available to find a health insurance plan that’s right for you. Meet with an assister in your community to talk about your health insurance options, ask questions and get help enrolling.</p>	18%	15.1
<p>If health insurance feels like it’s out of reach, remember there is <b>financial help available</b> to help pay for a plan. An individual earning up to <b>\$45,960</b> or a family of four earning up to <b>\$94,200</b> a year can qualify. [IF HEALTHCARE.GOV: <b>More than 8 in 10</b>] [IF SBM: Most people] who signed up for health insurance through HealthCare.gov/ STATE MARKETPLACE received financial help.</p>	17%	14.3

# Other messages.

While these messages do not rate in the top 3, two stand out. The message “it’s a gamble every day” has power with some people but limited broad appeal. The message “there are new plans with new rates” lacks intensity but has broad appeal. Both could be used effectively – the second one could also be used for renewals. Of note, the “fine” message is weakest.

	<i>First Choice</i>	<i>Mean Rescaled MaxDiff Score</i>
When you don’t have health insurance, it’s a gamble every day that you won’t get sick or injured. If something happens, <b>medical bills add up fast</b> . Even one trip to the emergency room can cost thousands. Take the time to find the right plan so you and your family are protected.	14%	13.8
There are <b>new plans with new rates</b> available at HealthCare.gov/STATE MARKETPLACE. Take the time to check out your options and find the plan that’s right for you.	8%	16.4
Making the most of your monthly budget isn’t always easy. But when you’re living without health insurance you are one accident away from a stack of medical bills. Paying for health insurance is worth the stretch so you know you’re covered.	5%	12.0
People who don’t sign up for health insurance will pay a fine that equals \$325 per person or 2% of your income (whichever is higher). For example, an individual earning \$50,000 a year would pay a fine of \$1,000.	9%	8.5

# Top messages by cohort.

<139% FPL	139%-200%	200%-300%	300%FPL+	Men	Women	African American	Latino	White
Low cost plans	Low cost plans	Low cost plans	Low cost plans	Low cost plans	Low cost plans	Low cost plans	Low cost plans	Low cost plans
Free in-person help	Free in-person help	Financial help	Financial help	Financial help	Free in-person help	Financial help	Free in-person help	Financial help
Financial help	Financial help	Free in-person help	New plans with new rates	Free in-person help	Financial help	Free in-person help	Financial help	Free in-person help

18-29	30-39	40-49	50-64	Northeast	Midwest	South	West
Low cost plans	Low cost plans	Low cost plans	Low cost plans	Low cost plans	Free in-person help	Low cost plans	Low cost plans
Free in-person help	Financial help	Financial help	Free in-person help	Financial help	Low cost plans	Financial help	Free in-person help
Financial help	Free in-person help	Free in-person help	Financial help	Free in-person help	Financial help	Free in-person help	Financial help
				Without insurance, gambling			

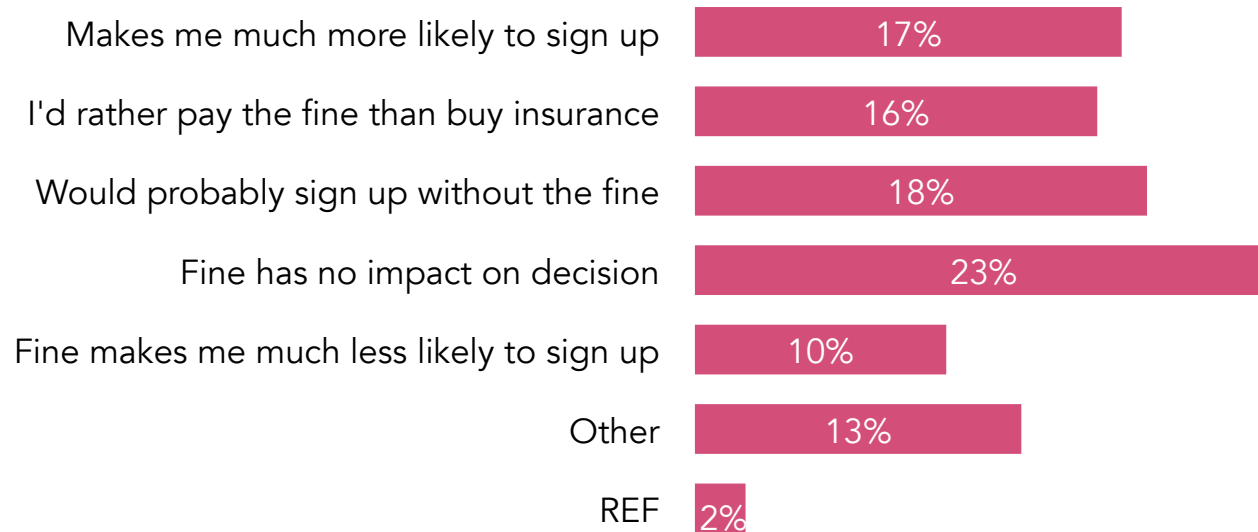
**The Fine.**



# Fine: conflicted feelings.

There are conflicting findings in the survey. When asked directly about the fine (see below), only 17% say the fine would make them more likely to sign up.

*As mentioned, if you don't have health insurance in 2015, you will most likely have to pay a fine of \$325 or 2% of your income – whichever amount is higher. Knowing this, which of the following best describes you? (n=1259)*



Latinos are more likely than others to say the fine makes them much more likely to sign up (22%). Whites are more likely than others to say they would rather pay the fine than buy insurance (21%).

# But fine gives extra push.

Data shows mentioning the fine amount gives an “extra push” to people who have other motivations to enroll. The survey tested two ways of talking about the fine. Talking about the fine in a matter of fact way with a sterner tone (split b) works better. There is an “enthusiasm gap” between people given the two presentations – those given split b are more likely to give the maximum likelihood score (10) when asked how likely they are to look into their options during the next enrollment period, (25% vs. 18%, which is a 7% difference that is statistically significant at 95% confidence level).

Scale 0-10  
10 “very likely to look”  
0 “not likely at all to look”

	10	6-10	5	0-4
[SPLIT A] Why pay a big fine for not having health insurance and get nothing in return? If you don't have health insurance, you could pay a fine of \$325 or 2% of your annual income, whichever is higher. Instead, take the time to find health coverage that fits your needs and budget.	18%	51%	17%	32%
	+7			
[SPLIT B] <b>Having health insurance is the law.</b> If you don't have it, you could pay a fine of <b>\$325 or 2%</b> of your income, whichever is higher. The fine increases each year, which means you'll pay <b>\$695 in 2016 or 2.5%</b> of your income.	25%	51%	18%	31%

# Talk about the fine.

Mentioning the fine helps more than it hurts. The key insight: it works best among those most motivated to look into coverage.



## Who Is Motivated by the Fine?

- Latinos (22%)
- 18-29 year olds (21%)
- People with more than \$25 left over at end of month (21%)

Only **5%** of those most likely to look into enrolling (an 8-10 in the pre-measure) says it makes them much less likely to sign up.

**29%**

of those who rated their likelihood to “look” an 8, 9, or 10 say the fine makes them more likely to sign up (vs. 17% overall)

## Who Does Mentioning the Fine Hurt?

The uninsured individuals most likely to say the fine makes them *less likely to sign up* are those who are least motivated to enroll in the first place: those who say insurance is not important, those who are less likely to be worried about being uninsured, and those who say they are less likely to look for coverage next open enrollment period.

# Profiles.



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To better understand the uninsured, we wanted to see if they clustered around certain attitudes and beliefs about insurance and enrolling. We found three profiles or groups of uninsured.



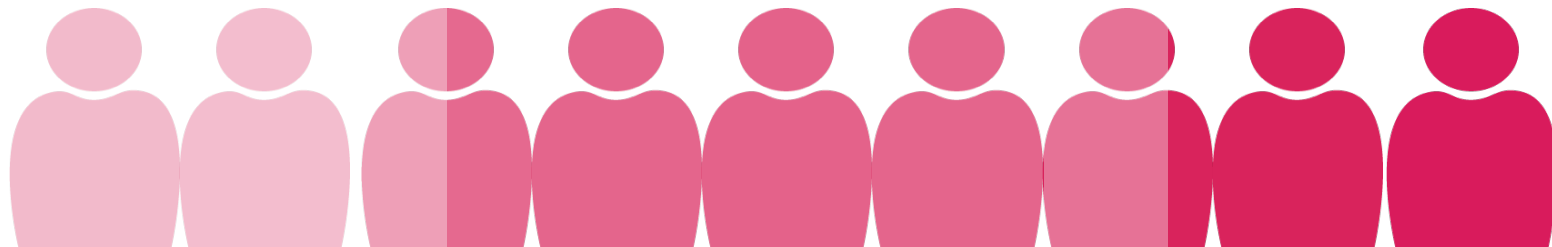
# Three groups of uninsured.

The uninsured break into three attitudinal cohorts: the motivated but struggling, the middle, and the disengaged. It is important to keep in mind that most are people who did not sign up last time – and the majority did not even look. So, even the most motivated consumers face barriers. These cohorts do not break along demographic lines, although the “Motivated” group is heavily women and Latino. This makes outreach hard – just targeting specific age groups, geographic locations, or racial/ethnic populations may not be enough.

“Disengaged”  
25%

“The Middle”  
42%

“Motivated but  
Struggling”  
22%



\* About 11% of uninsured consumers do not group into any cluster.

# Who are the “motivated but struggling?”



22%

This is the prime group for outreach. They are the most motivated remaining uninsured consumers. They are made up heavily of women and Latinos.

This group values insurance, wants it, is worried about not having it, and about half have looked for it in the past year. They are the most likely to look into the marketplace next open enrollment (62% rate their likelihood to look an 8, 9, or 10 with a 7.5 mean). But they face barriers, too. Most doubt they could find a plan that is affordable and a majority thinks the process of looking would be too complicated.

Interestingly, this group is struggling the most financially and in life. It is unclear whether this makes them more motivated to get insurance or if this is a potential barrier.



To reach this group, tell them that “low cost plans are available” and about financial help being available (with income amounts). Mentioning the fine gives this already motivated group an extra push. Connecting this group to in-person help is vital.

# Recommendations.



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# Know the uninsured.

## Set realistic expectations.

Only about one-quarter are highly motivated to enroll – and the largest group in the middle is conflicted. While many want coverage, they face real barriers to taking that final step and enrolling.

## Understand their lives.

Budgets are tight. Show you understand their struggles in the language you use.

## Enrolling is a financial decision.

Speak to the uninsured in financial terms. It is about affording health coverage when it does not seem possible.

# Speak to their barriers.

## Same targets.

Women, African Americans, Latinos, and the unemployed continue to show the most enthusiasm (just as they did during the first open enrollment period). This time they may need more help to take the plunge and enroll.

## Address attitudinal barriers.

If the first open enrollment period was about giving information and encouraging enrollment, this one is about directly addressing barriers. That means focusing on affordability and in-person assistance with a laser focus.

## Low cost plans, financial help, in-person assistance.

These are the strongest message themes – they have the potential to connect with 64% of the uninsured.

# Facts and fine.

## Talk about the fine.

Use straightforward language. Give the fine amounts for 2015 and 2016. This gives that extra push to those leaning toward enrolling.

**Appendix**



# Demographics of the uninsured.

Men	50%	Children, yes	37%
Women	50%	Children, no	62%
18-29	34%	Married	37%
30-39	23%	Unmarried	64%
40-49	20%	Metro	18%
50-64	23%	Non-Metro	82%
White	41%	Northeast	9%
Latino	39%	Midwest	13%
African-American	15%	South	52%
High school or less	62%	West	26%
Some college	29%	<139% FPL	57%
College+	10%	139%-400% FPL	36%
Working	59%	400%+ FPL	7%
Not working	41%		



# Gender differences.

	Total	Men	Women
Having insurance is important (Very/ somewhat)	74%	67%	81%
Health insurance is not worth it because I'm healthy (Strongly/ somewhat agree)	36%	40%	32%
Prefer to pay for healthcare as I need it (Strongly/ somewhat agree)	56%	54%	57%
Think looking for insurance would be too complicated (Strongly/ somewhat agree)	51%	47%	54%
Would not give up anything to pay for insurance	28%	33%	24%
Likely to look into new plans next enrollment period (8-10)	35%	30%	40%
Fine makes them much more likely to sign up for a plan	17%	17%	17%
Positive impression of HealthCare.gov or SBM	48%	45%	51%
Not really getting by or barely getting by financially	46%	46%	45%

# Age differences.

	Total	18-29	30-39	40-49	50-64
Having insurance is important (Very/ somewhat)	74%	69%	71%	84%	74%
Health insurance is not worth it because I'm healthy (Strongly/ somewhat agree)	36%	42%	35%	34%	31%
Prefer to pay for healthcare as I need it (Strongly/ somewhat agree)	56%	56%	57%	51%	59%
Think looking for insurance would be too complicated (Strongly/ somewhat agree)	51%	54%	50%	47%	49%
Would not give up anything to pay for insurance	28%	34%	26%	25%	26%
Likely to look into new plans next enrollment period (8-10)	35%	29%	39%	37%	39%
Fine makes them much more likely to sign up for a plan	17%	21%	16%	15%	15%
Positive impression of HealthCare.gov or SBM	48%	50%	57%	46%	37%
Not really getting by or barely getting by financially	46%	48%	34%	52%	48%

# Regional differences.

	Total	NE	Midwest	South	West
Having insurance is important (Very/ somewhat)	<b>74%</b>	71%	73%	75%	72%
Health insurance is not worth it because I'm healthy (Strongly/ somewhat agree)	<b>36%</b>	35%	36%	36%	37%
Prefer to pay for healthcare as I need it (Strongly/ somewhat agree)	<b>56%</b>	49%	50%	56%	60%
Think looking for insurance would be too complicated (Strongly/ somewhat agree)	<b>51%</b>	57%	44%	49%	55%
Would not give up anything to pay for insurance	<b>28%</b>	23%	26%	30%	28%
Likely to look into new plans next enrollment period (8-10)	<b>35%</b>	34%	32%	35%	37%
Fine makes them much more likely to sign up for a plan	<b>17%</b>	16%	16%	18%	16%
Positive impression of HealthCare.gov or SBM	<b>48%</b>	41%	43%	44%	60%
Not really getting by or barely getting by financially	<b>46%</b>	39%	55%	45%	44%

# Differences by education.

	Total	HS or Less	Some College	College +
Having insurance is important (Very/ somewhat)	74%	75%	73%	67%
Health insurance is not worth it because I'm healthy (Strongly/ somewhat agree)	36%	35%	35%	46%
Prefer to pay for healthcare as I need it (Strongly/ somewhat agree)	56%	54%	58%	62%
Think looking for insurance would be too complicated (Strongly/ somewhat agree)	51%	52%	48%	49%
Would not give up anything to pay for insurance	28%	28%	28%	28%
Likely to look into new plans next enrollment period (8-10)	35%	35%	35%	36%
Fine makes them much more likely to sign up for a plan	17%	17%	18%	15%
Positive impression of HealthCare.gov or SBM	48%	52%	42%	36%
Not really getting by or barely getting by financially	46%	43%	51%	44%

# Differences by race/ethnicity.

	Total	White	African American	Latino
Having insurance is important (Very/ somewhat)	74%	70%	73%	80%
Health insurance is not worth it because I'm healthy (Strongly/ somewhat agree)	36%	39%	32%	33%
Prefer to pay for healthcare as I need it (Strongly/ somewhat agree)	56%	57%	53%	57%
Think looking for insurance would be too complicated (Strongly/ somewhat agree)	51%	50%	41%	57%
Would not give up anything to pay for insurance	28%	28%	32%	28%
Likely to look into new plans next enrollment period (8-10)	35%	31%	40%	41%
Fine makes them much more likely to sign up for a plan	17%	14%	18%	22%
Positive impression of HealthCare.gov or SBM	48%	32%	63%	59%
Not really getting by or barely getting by financially	46%	48%	53%	40%

# Differences by FPL.

	Total	<139%	139-400%	*400%+
Having insurance is important (Very/ somewhat)	74%	76%	73%	59%
Health insurance is not worth it because I'm healthy (Strongly/ somewhat agree)	36%	33%	41%	39%
Prefer to pay for healthcare as I need it (Strongly/ somewhat agree)	56%	55%	56%	64%
Think looking for insurance would be too complicated (Strongly/ somewhat agree)	51%	51%	51%	41%
Would not give up anything to pay for insurance	28%	27%	30%	33%
Likely to look into new plans next enrollment period (8-10)	35%	35%	35%	33%
Fine makes them much more likely to sign up for a plan	17%	18%	16%	20%
Positive impression of HealthCare.gov or SBM	48%	52%	45%	35%
Not really getting by or barely getting by financially	46%	55%	37%	19%

\*small sample size, n=85

# Latinos: language differences.

	Spanish Dominant N=154	English Dominant/ Bilingual N=224
Having health insurance is important (Very)	50%	35%
Worried about not having health insurance (Very)	38%	25%
Want insurance but I cannot afford it (Strongly/ somewhat agree)	88%	75%
Having insurance would make their lives better (Strongly/ somewhat agree)	75%	65%
How much priority are you able to give your health (A lot)	61%	22%
Have never had health insurance	53%	29%
Have never looked for health insurance	68%	43%
Heard of new, available plans	24%	52%

# Latinos: language differences.

	Spanish Dominant N=154	English Dominant/ Bilingual N=224
Heard of HealthCare.gov	39%	70%
Looked into new plans	17%	37%
8-10 on likely to look into new plans (Q23)	47%	38%
<b>Top Messages</b>		
Low cost plans are available through HealthCare.gov/ State Marketplace. So you can find a plan that meets your needs and budget.	26%	28%
Free, in-person help is available to find a health insurance plan that's right for you.	21%	18%
When you don't have health insurance, it's a gamble every day that you won't get sick or injured.	16%	12%
If health insurance feels like it's out of reach, remember there is financial help available to help pay for a plan.	12%	21%



# Those most likely to look into enrolling – demographics.

Men	43%	Working	62%
Women	57%	Not working	38%
18-29	26%	Children, yes	39%
30-39	21%	Children, no	60%
40-49	26%	Married	39%
50-64	27%	Unmarried	61%
White	36%	Metro	15%
Latino	40%	Non-Metro	85%
African-American	20%	Northeast	8%
High school or less	54%	Midwest	12%
Some college	34%	South	56%
College+	12%	West	24%

\*These are individuals who rated their likelihood to look into coverage during the next open enrollment period an 8, 9, or 10 in the pre-measure.

# Those most likely to look into enrolling – their lives.

	Total	The Motivated
Describe their lives as “extremely busy”	22%	24%
Describe their lives as “very hard”	37%	41%
Struggling or barely getting by	46%	51%
After bills and expenses, have no money left for extras at the end of the month	33%	27%
Have no money in savings	48%	52%
Have ongoing medical problems	21%	29%
Last time they had insurance: “less than a year ago”	7%	8%
Last time they had insurance: “More than 10 years ago” or “Never”	39%	33%

# Those most likely to look into enrolling – insurance.

	Total	The Motivated
Think health insurance is “very important”	38%	56%
“Very worried” about not having health insurance	25%	43%
I want health insurance, but I cannot afford it <i>(Strongly/ somewhat agree)</i>	83%	89%
Health insurance is not worth it for me right now because I’m healthy <i>(Strongly/ somewhat agree)</i>	36%	25%
I would prefer to pay for healthcare as I need it rather than pay for health insurance every month when I won’t use it so often. <i>(Strongly/ somewhat agree)</i>	56%	47%
Having health insurance would make my life better. <i>(Strongly/ somewhat agree)</i>	72%	84%
I don’t think I would ever be able to find health insurance that is affordable. <i>(Strongly/ somewhat agree)</i>	69%	68%
I think the process of looking for insurance would be too complicated. <i>(Strongly/ somewhat agree)</i>	51%	51%
Would not give up or reduce other expenses in their budget in order to pay for health insurance	28%	17%

# Those most likely to look into enrolling – feelings about enrolling.

	Total	The Motivated
Heard that there are new, affordable health plans	50%	57%
Heard of HealthCare.gov	68%	77%
Heard of their state-based marketplace (n=358)	63%	74%
Have a “very” or “somewhat” positive impression of HealthCare.gov/ their State marketplace	48%	65%
Looked into health plans available through HealthCare.gov/ their State marketplace	36%	48%
<u>Very</u> likely to look into new health plans through HealthCare.gov/ their State marketplace during the next open enrollment <i>Post-benchmark (rating 8-10)</i>	35%	81%
Fine makes them much more to sign up for a plan	17%	29%

# Those most likely to look into enrolling – messages.

	Total (1 <sup>st</sup> choice)	The Motivated (1 <sup>st</sup> choice)	Total (Mean)	The Motivated (Mean)
Low-cost plans are available through HealthCare.gov/ state marketplace. So you can find a plan that meets your needs and budget.	29%	27%	19.9	19.5
If health insurance feels like it's out of reach, remember there is financial help available to help pay for a plan. An individual earning up to \$45,960 or a family of four earning up to \$94,200 a year can qualify. More than 8 in 10/Most people who sign up for health insurance through HealthCare.gov/ state marketplace received financial help.	17%	20%	14.3	14.3
Free, in-person help is available to find a health insurance plan that's right for you. Meet with an assister in your community to talk about your health insurance options, ask questions and get help enrolling.	18%	16%	15.1	14.2
When you don't have health insurance, it's a gamble every day that you won't get sick or injured.	14%	16%	13.8	14.5