

# 2025 Vermont Household Health Insurance Survey

Vermont Department of Health

May 2025



The 2025 Vermont Household Health Insurance Survey is sponsored by the Vermont Department of Health.

The survey was conducted by

**MARKET  
DECISIONS  
RESEARCH**

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# Survey Methodology



# Methodology

## Background

The Vermont Household Health Insurance Survey (VHHIS) has been completed periodically since the early 2000s and is used to monitor the health insurance coverage status of Vermont residents. Through this survey, data are collected and analyzed on health insurance coverage sources, demographics, income, employment, health status, affordability of insurance, and financial barriers to care. These data are used to measure the impacts of options for health insurance coverage expansion in Vermont. They inform the design and outreach for state-sponsored health insurance programs for the uninsured. The results help monitor impacts of employer-sponsored insurance, premium cost, cost sharing and benefit design, and access to insurance and care.

## Survey Instrument

The 2025 Vermont Household Health Insurance Survey instrument was based on the 2021 survey. Examples of updates for 2025 include questions to gather information on the use of flexible savings accounts and dental care, and the removal of questions specific to the COVID-19 pandemic. Market Decisions Research worked with the Vermont Department of Health to modify the questionnaire. The survey was finalized in December 2024.

## Survey Topics

- Household Characteristics
- Demographic Characteristics
- Type of Health Insurance Coverage
- Private Health Insurance Coverage Characteristics
- Coverage by a Medicare Supplement
- Experiences with State Health Insurance Programs
- Uninsured Characteristics
- Awareness and Knowledge of State Health Insurance Programs
- Interest in State Health Insurance Coverage
- Interruptions in Insurance Coverage
- Dental and Vision Insurance Coverage
- Dental Care
- Visits to Health Care Professionals
- General Health Status and Chronic Conditions
- Health Care Barriers and Problems Accessing Health Care
- Employment Characteristics
- Access to and Enrollment in Employer Sponsored Health Insurance
- Income



# Methodology

## Sample Design

Data collection began on January 4, 2025, and was completed on March 11, 2025. Market Decisions Research completed surveys with 5,046 Vermont households, totaling 10,801 individual Vermont residents. To ensure accurate statewide representation, the sample design was based on four geographic regions.

## Sample Regions

Region	Counties
Burlington Area	Chittenden, Franklin, Grand Isle
Northeast VT	Caledonia, Essex, Lamoille, Orleans
Southwest Vermont	Addison, Bennington, Rutland
Southeast VT	Orange, Washington, Windham, Windsor

## Data Collection

The 2025 VHHIS used a dual mode data collection strategy combining an online survey with telephone interviewing.

The sample was prioritized to target households identified with residents ages 18 to 34, those who are Black, Indigenous, and People of Color, and households more likely to include uninsured members.

A survey invitation letter was mailed to households with a description of the survey, a link, and ID number to access the online survey. Letters were mailed to four sample replicates and mailings were spaced one week apart.

A survey website provided information about the survey and a link to access the online survey.

Telephone calls were made to households not responding to the online survey.

All households completing the survey were offered a \$10 incentive.

3,741 surveys were completed online (9% yield rate).

1,305 interviews were completed via telephone (15% AAPOR response Rate 3).

## Survey Weighting

Survey data were weighted to the population of Vermont based on area of the state, age, sex, race, ethnicity, income, and Medicaid enrollment. Weighting allows statements to be made about the state and various sub-populations with a known standard error and confidence. The population size reflected in the final data is the total noninstitutionalized population of Vermont, or 642,419 residents.

# How to Read This Report

If you need help accessing or understanding this information, contact [AHS.HSI@vermont.gov](mailto:AHS.HSI@vermont.gov)

## Key Terms and Acronyms

Abbreviation	Meaning
DK-REF	Respondent says, “I don’t know” or similar or refuses to answer
ESI	Employer Sponsored Insurance
FPL	Federal Poverty Level. This is defined based on income and the number of people in the family.
MDR	Market Decisions Research, the company that gathered data for this project and wrote this report
N/A	The question was not asked in the year noted
Other	Infrequent responses to a question combined into a catch-all category

## Rounding

In this report, all percentages are rounded to the nearest whole number and all population estimates are rounded to the nearest hundred.

## Testing for Significant Differences

Analysis was conducted to determine if there were differences in the responses to questions among sub-populations (such as different age group, different incomes, or differences by insurance status). Tests were conducted using 95% confidence intervals. Difference are noted in the text using the term “significant”.

## Previous Reports

Previous VHHIS reports can be found here:

<https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey>





# Executive Summary





# Executive Summary

## Primary Type of Health Insurance

Ninety-seven percent, or an estimated 621,700, Vermont residents are covered by health insurance, comparable to 2021. Over half of Vermont residents (52%) are primarily covered by private health insurance in 2025 (approximately 336,900 persons) while 23% are enrolled in Medicare and 19% Medicaid.

## The Uninsured

Just three percent of Vermont residents reported no health care coverage (approximately 10,700 persons). The age group most likely to be uninsured continues to be 25- to 34-year-olds—8% of Vermont residents in this age range are uninsured. People of color are more likely to be uninsured than Vermont residents overall (5% versus 3%). The income groups most likely to be uninsured are between 251% and 400% of the Federal Poverty Level (FPL). The uninsured rate is significantly higher in the Northeast part of the state (Caledonia, Essex, Lamoille, and Orleans Counties) at 6%, with Essex County having an uninsurance rate of 8%—far higher than the statewide 3%.

Rates of uninsured across age groups in Vermont remained comparable to 2021, although the estimated counts for some age groups increased. The estimated number of Vermont residents ages 0 to 17 without insurance grew from 1,200 in 2021 to 1,900 in 2025 (60% increase) and the number of uninsured Vermont residents ages 35 to 44 grew 30%, from 2,600 in 2021 to 3,800 in 2025. For those ages 45 to 64, however, the estimated number of uninsured fell by 20% from 7,400 in 2021 to 5,800 in 2025.

The uninsured rate for Vermont residents with incomes that qualify them for Medicaid (<139% of the FPL) grew from 3% (3,700) in 2018 to 4% (4,400) in 2021. The uninsured rate for Vermont residents earning between 201% and 400% of the FPL decreased from 2021 by between 1 and 2 percentage points (decreased from 4,800 to 4,000 in 2025). The rate for those earning more than 400% of the FPL stayed at 2%, although the estimated count grew from 5,700 in 2021 to 7,400 in 2025; a 30% increase.

The rate of uninsured Vermont residents who are self-employed with no employees was 7%, significantly higher than for Vermont residents overall. Two-fifths of uninsured Vermont residents (40%) have access to employer-sponsored insurance (ESI) in 2025, up from 33% in 2021.

# Executive Summary

## The Uninsured (continued)

In 2025, fewer uninsured Vermont residents were without insurance for more than a year than in 2021 (57% in 2025 and 66% in 2021). The percentage of Vermont residents who were without insurance for more than five years grew, however, from 26% in 2021 to 37% in 2025. This is accompanied by a significant drop in those uninsured for between 25 to 36 months, from 12% in 2021 to 2% in 2025. The percent of Vermont residents without insurance for the last 10 to 12 months grew from 6% in 2021 to 11% in 2025.

Cost continues to play a large factor in uninsured Vermont residents not having health insurance, although not as much as previously. Three-quarters (78%) of uninsured Vermont residents said cost was one of, if not the only, reasons for not having health insurance in 2025, down from 87% in 2021. Another key factor for uninsured Vermont residents not having health insurance was a belief that they were ineligible for state insurance (31%).

Twenty-one percent of uninsured Vermont residents who lost health insurance coverage through Medicaid, Green Mountain Care, or Dr. Dynasaur report that this lost coverage was caused by the end of the Federal Public Health Emergency for COVID-19 that ended on March 31, 2023. This may explain the growth in the percent of those uninsured for between 10 to 12 months, since that date falls within this time range.

Among uninsured adults ages 19 to 64 years old, 17% (3,100) are potentially eligible for Medicaid, based on their income. Another 47% (8,500) have income levels that make them potentially eligible for Affordable Care Act subsidies to buy private insurance through Vermont Health Connect, while the remaining 36% (6,500) are potentially eligible for expanded subsidies under the American Rescue Plan Act of 2021. It's important to note that nearly three in ten uninsured Vermont residents who have an offer of employer-sponsored insurance typically would not qualify for these subsidies. Fewer than one-fifth (18%) of uninsured Vermont residents had been screened for eligibility for Medicaid within the last six months.



# Executive Summary

## The Commonwealth Fund Definition of the Underinsured

In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit-rich health plans can be classified as underinsured. (For example, respondents could include out-of-pocket costs related to dental, vision, hearing needs, or over-the-counter medications which are not traditionally covered under a health plan.) There are other models that can be used to determine whether a person is considered underinsured.

In 2025, 29% (187,800) of all Vermont residents met one of the Commonwealth Fund's definitions of being underinsured. This represents 30% of insured Vermont residents. Vermont residents under 65 are most likely to be defined as underinsured due to out-of-pocket expenses (15% of Vermont residents), although underinsured Vermont residents with private insurance are more likely to be labeled as such due to their deductible (15% of privately insured Vermont residents). The most common age group to be underinsured is those ages 18 to 24, at 63%. Almost half (45%) of disabled Vermont residents ages 18 to 64 are underinsured.

## Health Care Utilization

Insured Vermont residents are significantly more likely than uninsured Vermont residents to see a doctor, although less so than in the past. Almost eight in ten (79%) insured Vermont residents had visited a doctor during the prior 12 months, compared to just 37% of uninsured Vermont residents. This is down from 88% of insured Vermont residents in 2021.

Insured Vermont residents visited the emergency room, received mental health care, and substance abuse treatment at roughly equal rates to uninsured Vermont residents. Insured Vermont residents are significantly more likely to use telehealth services (41% versus 29%). In 2025, Vermont residents in general were less likely to use telehealth services during the prior 12 months than they were in 2021. When telehealth is used, it is most often for mental health care. The most common reason given for using telehealth is that it made it easier or faster to see a provider.

# Executive Summary

## Health Care Cost Burden

Overall, in 2025 Vermont residents are more likely to delay care during the prior 12 months due to cost than in 2021. Insured Vermont residents are less likely than uninsured Vermont residents to delay care due to cost. Underinsured Vermont residents also delayed care more often than other insured residents (also called “not underinsured” residents). Dental care continues to be the most deferred care due to cost.

Some populations are more likely to forgo care due during the prior 12 months to cost. Gender diverse individuals (those who identified themselves as not cis-gender), American Indian or Alaskan Native, and disabled Vermont residents ages 18 to 64 are the most frequent groups delaying care due to cost for all categories of care except mental health care, in which they were all in the top four.

A greater percentage of insured and uninsured Vermont residents have experienced financial burdens during the prior 12 months related to medical bills in 2025 than in 2021, reversing much of the positive trend that occurred from the 2018 to 2021 surveys. Insured Vermont residents are more likely to have problems paying medical bills in 2025 than in 2021 (20% in 2021 versus 13% in 2012). Uninsured Vermont residents are significantly more likely to report difficulty paying their medical bills (41%) than insured Vermont residents. American Indian or Alaska Native Vermont residents (40%) and Vermont residents ages 18 to 64 (35%) with a disability are more likely to live in a household where someone has had problems paying medical bills in the last year.



# Executive Summary

## Health Care Cost Burden (continued)

Insured Vermont residents are more likely in 2025 to have needed to use their savings to pay a bill (7% versus 5%), incur large credit card debt or a loan (6% versus 3%), be unable to pay for basic necessities due to medical bills (4% versus 1%), or have to pay a bill >\$500 (18% versus 13%) during the prior 12 months than in 2021. Uninsured Vermont residents were also far more likely than insured Vermont residents to have to use savings (17% versus 7%), take on debt (14% versus 6%), be unable to pay for basic necessities due to medical bills (11% versus 4%), or have to pay a bill >\$500 (24% versus 18%) during the prior 12 months compared to uninsured Vermont residents in 2021..

Disabled Vermont residents ages 18 to 64 are significantly more likely to have faced any of those cost burdens. American Indian or Alaska Native Vermont residents are significantly more likely to have been unable to pay for basic needs due to medical bills (15% versus 4% overall), and Black or African American Vermont residents are significantly more likely to have taken on debt due to medical bills (17% versus 6% overall).

Uninsured Vermont residents spent, on average, more on out-of-pocket medical expenses than their insured counterparts. On average, uninsured Vermont residents spent almost \$5,000 in the prior 12 months compared to less than \$4,000 spent by insured Vermont residents—both numbers far higher than they were in 2021.

Those deemed underinsured spent, on average, about two-and-one-half times more on out-of-pocket costs than other insured Vermont residents. In the prior 12 months residents ages 18 to 64 years old deemed underinsured spent an average of almost \$6,100 out-of-pocket on healthcare compared to less than \$2,900 among those that did not meet one of the definitions—again both numbers are far higher than in 2021.

# Executive Summary

## Health Savings, Health Reimbursement, and Flexible Savings Accounts

One quarter (25%) of privately insured Vermont residents ages 18 to 64 have a Health Savings Account (HSA), 7% have a Health Reimbursement Account (HRA), and 19% have a Flexible Savings Account (FSA). The percentage of people with an HSA or HRA decreased from 2021, and more people are unsure if they even had an account.

Underinsured Vermont residents are more likely to have an HSA (29%), but less likely to have an FSA (18%). Contributions to an HSA are, on average, only 84% of the average deductible. For underinsured Vermont residents, this falls to 56% due to far higher deductibles. Contributions to an HRA are just enough to cover the average deductible for Vermont residents as a whole, but underinsured Vermont residents have just 71% of their far higher deductibles covered.

The average Vermonter's contributions to an FSA are less than half of the average deductible, and for underinsured Vermont residents that percentage is lower, again due to the high deductible. Just under half (45%) of those with an HSA, HRA, or FSA had a bill during the prior 12 months that was not covered by their account.



# Executive Summary

## Private Health Insurance

In 2025, 55% of residents (355,900) report having private health insurance coverage either alone or combined with other types of coverage. This is a significant increase from 2021. How Vermont residents pay for health care varies. Specifically, monthly premiums, or the amount people pay to maintain their health insurance, vary widely. Slightly more than one in ten (11%) households with private insurance pay \$100 or less toward the cost of their monthly premium, while one in four (25%) pay more than \$750. The average household with private insurance pays \$613 toward their monthly premium, an increase from \$505 in 2021.

Deductibles also vary widely—one in four (25%) households with private insurance have an annual deductible of no more than \$500, while one-third (33%) have a deductible over \$4,000. Nearly one-quarter (24%) of Vermont residents with private insurance have a deductible equal to at least 5% of household income, down from 38% in 2021.

## Medicaid or Dr. Dynasaur

In 2025, 25% of Vermont residents (158,000) report enrollment in Medicaid or Dr. Dynasaur, either alone or combined with other types of coverage. This is a significant decrease from 30% in 2021. Seven in ten (71%) of those enrolled in Medicaid rate their choice of providers available as either “Excellent” or “Very Good”. Fewer people reported there were no instances where their insurance did not cover potential medical care than in 2021, with dental care being the most common type of care not covered.

## Medicare

One quarter (25% or 158,360) of Vermont residents are covered by Medicare either alone or in combination with another type of coverage. This continues the upward trend of Medicare coverage in Vermont and runs parallel to the aging population.

# Executive Summary

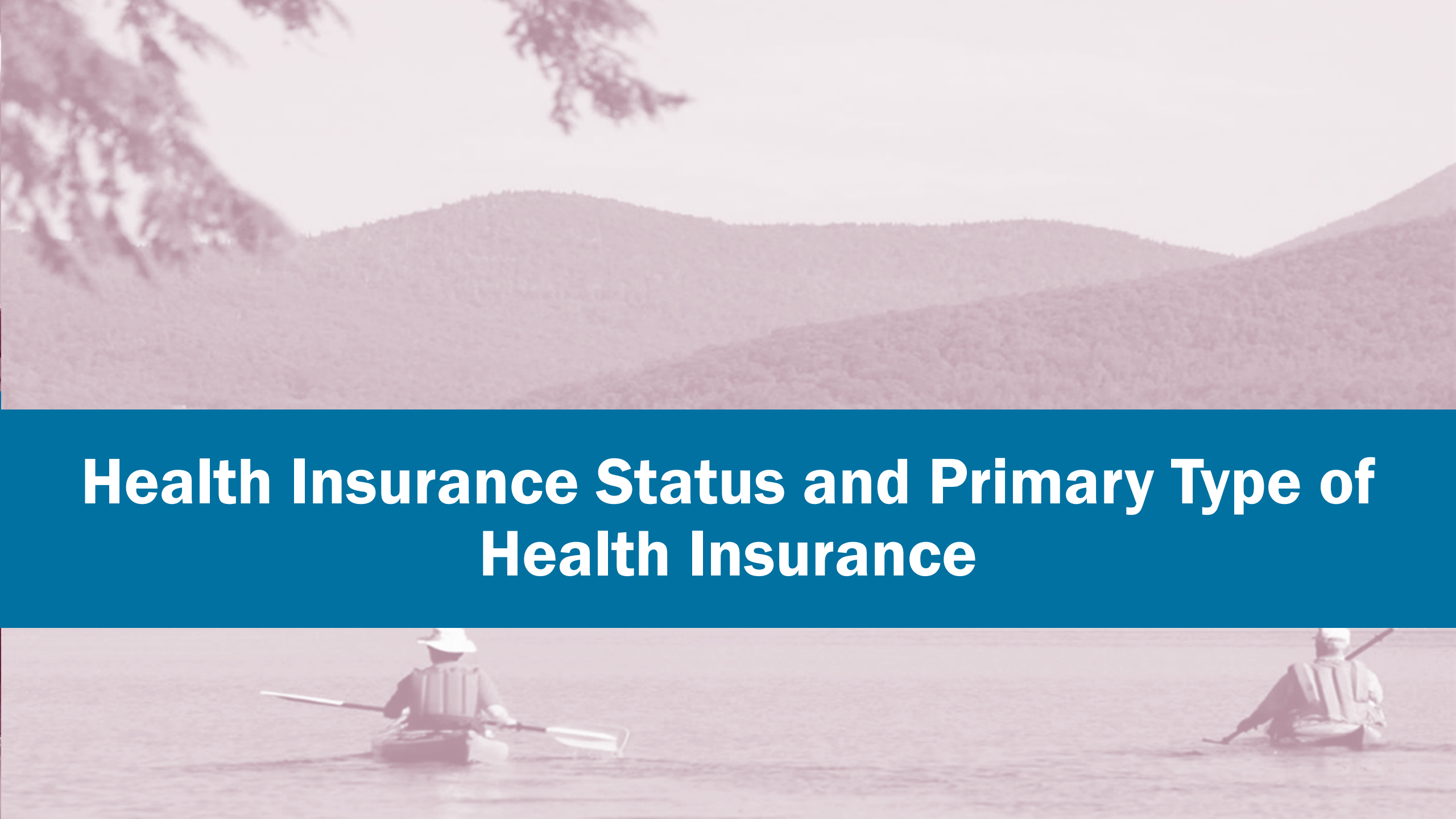
## Interruptions in Coverage

Three percent of Vermont residents ages 0 to 64 (an estimated 15,900 people) experienced an interruption in their health insurance in the past year, a significant increase from the 2% (or 9,700 people) in 2021. Those right above the eligibility line for Medicaid, making between 131% and 150% of the FPL, were most likely to have had an interruption in coverage (11%). Three-fifths (60%) of interruptions in coverage lasted six months or less. Over one-third (35%) of interruptions were caused by job loss.

## Dental and Vision

Both dental (71%) and vision (60%) insurance rates have been steadily increasing in Vermont over the past decade. More than three-quarters (76%) of Vermont residents ages 19 to 64 have been to a dentist in the last 12 months. Common reasons for not having an appointment for that age group were not having a regular dentist (30%) and high costs (30%).



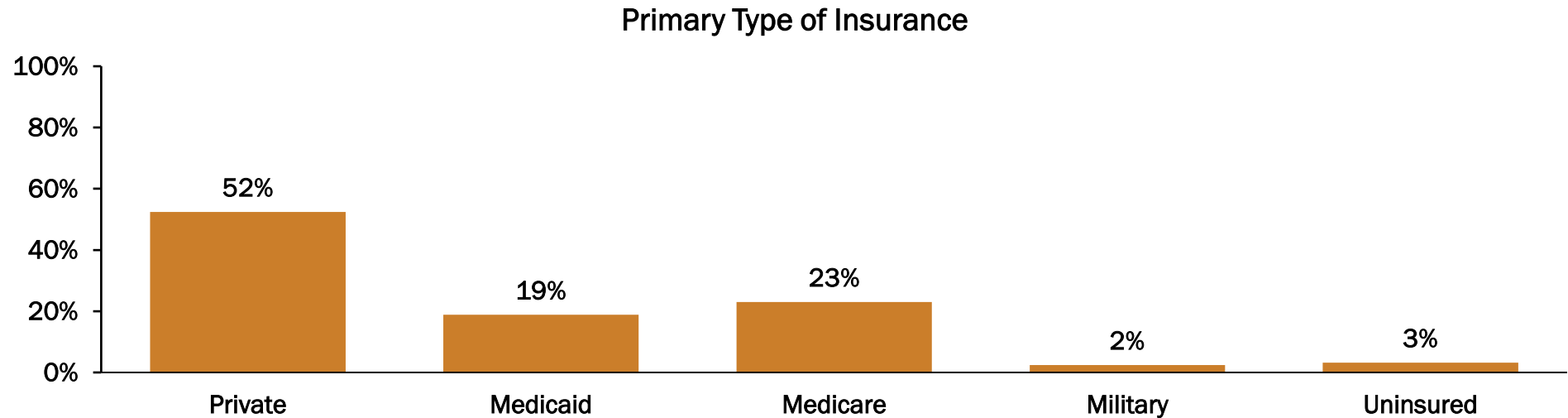


# **Health Insurance Status and Primary Type of Health Insurance**



# Primary Type of Coverage

In 2025, 97% (621,700) of Vermont residents report having a primary source of health insurance. The remaining 3% (20,700) of people are uninsured. More than half (52%), of Vermont residents (336,900) have private health insurance as their primary source. About one-fifth (19% or 121,100) are enrolled in Medicaid, while 23% (147,900) are enrolled in Medicare as a primary source. Two percent report their primary insurance as being through the military, representing 15,800 of those insured.

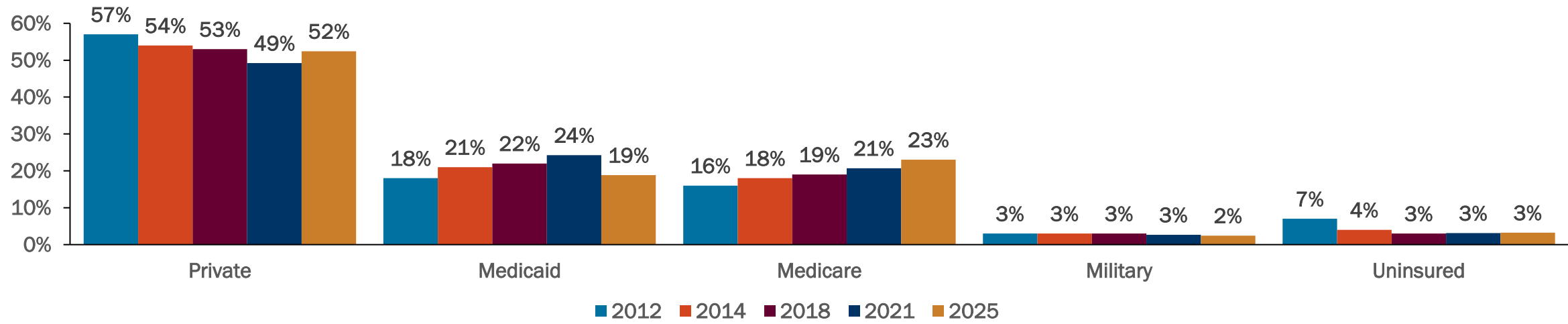


Insurance Type	Estimated Population
Private	336,900
Medicaid	121,100
Medicare	147,900
Military	15,800
Uninsured	20,700

# Primary Type of Coverage Over Time

In 2025, the percentage of Vermont residents reporting private insurance (52%) as their primary source of health insurance was similar to 2021 (49%), but significantly lower than in 2012 (57%). The percentage reporting Medicaid significantly decreased from 2021 (19% vs. 24%). Those with Medicare continues to increase (23%), up from 21% in 2021 and a significant increase from 16% in 2012.

Primary Type of Coverage Over Time

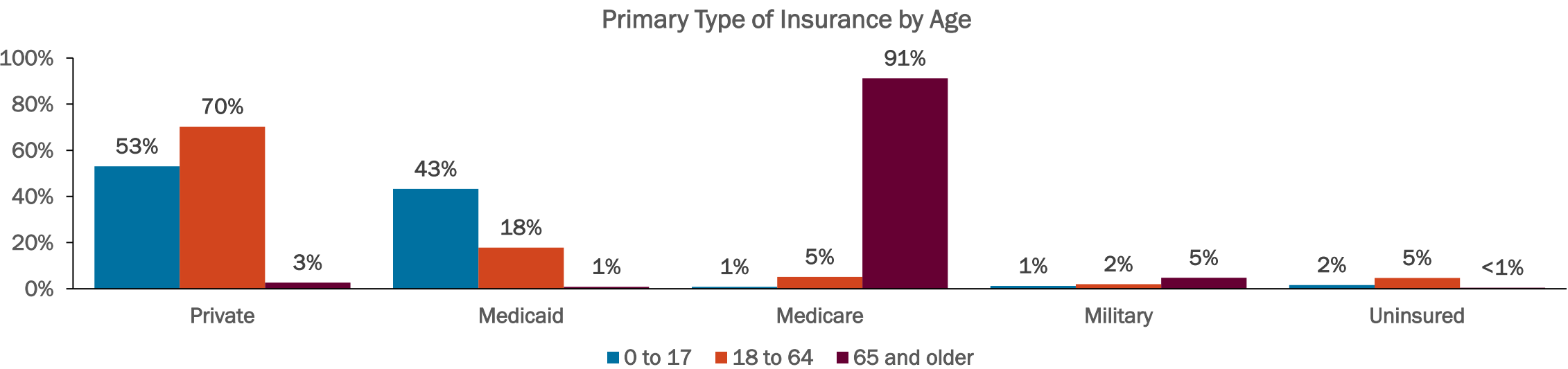


Estimated Population Over Time					
Insurance Type	2012	2014	2018	2021	2025
Private	355,900	341,100	329,800	304,600	336,900
Medicaid	111,800	132,800	136,900	150,000	121,100
Medicare	100,500	110,900	121,100	128,200	147,900
Military	15,500	18,600	16,900	16,600	15,800
Uninsured	42,800	23,200	19,800	19,400	20,700



# Primary Type of Coverage by Age

More than half (53%) of Vermont residents 0 to 17 years old (62,600) and 70 percent of adults ages 18 to 64 (270,600) have private insurance as their primary type of coverage. Ninety-one percent of adult residents ages 65 and older (127,200) are enrolled in Medicare.

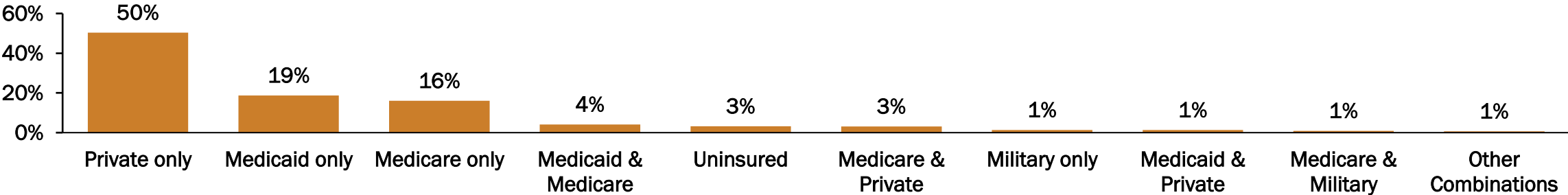


Estimated Population by Age					
Age	Private	Medicaid	Medicare	Military	Uninsured
0 to 17	62,600	51,000	1,000	1,500	1,900
18 to 64	270,600	68,800	19,800	7,700	18,100
65 and older	3,700	1,200	127,200	6,600	700

# Primary Type of Coverage Detail

Eighty-seven percent of Vermont residents (556,100) have only one type of insurance, while 10% (65,600) have two or more types of insurance. Half (50%) of Vermont residents (323,800) have only private health insurance, while 19% (120,500) are enrolled only in Medicaid, 16% (103,000) are only enrolled in Medicare, and 1% (8,800) use Military only as a primary source. Four percent have both Medicaid and Medicare (26,600), 3% use Medicare and private insurance (20,200). Few, 1% of the Vermont population use both Medicaid and Private (8,300), or Medicaid and Military (5,900) insurance.

Percent of Vermont Residents with Each Insurance Type,  
Including Combinations of Vermont Residents with Insurance



Insurance Type	Estimated Population
Private only	323,800
Medicaid only	120,500
Medicare only	103,000
Medicaid & Medicare	26,600
Uninsured	20,700
Medicare & Private	20,200
Military only	8,800
Medicaid & Private	8,300
Medicare & Military	5,900
Other Combinations	4,600



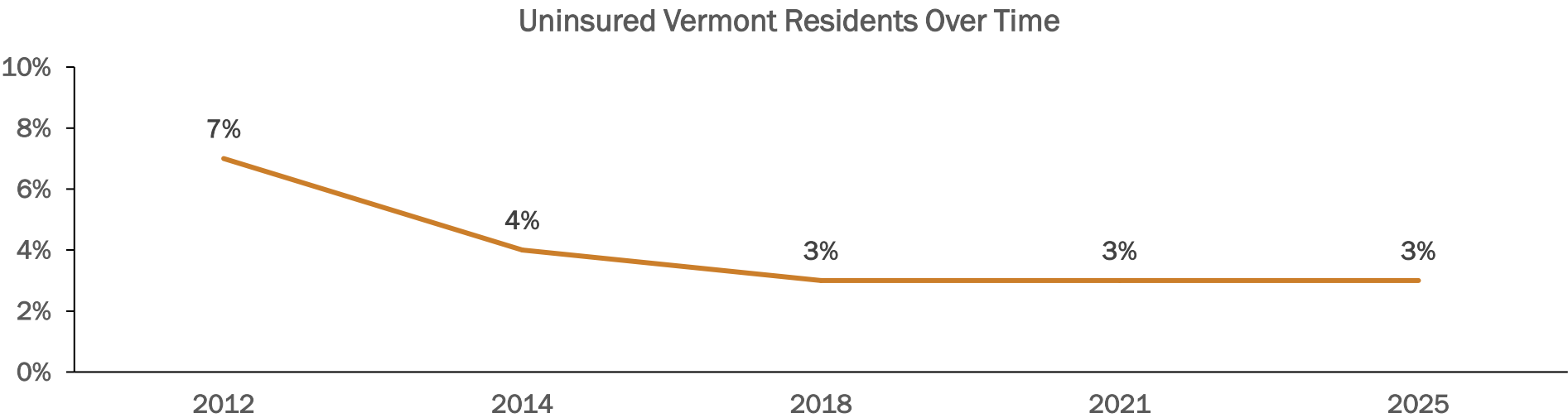
# Uninsured Vermont residents





# Uninsured Vermont Residents Over Time

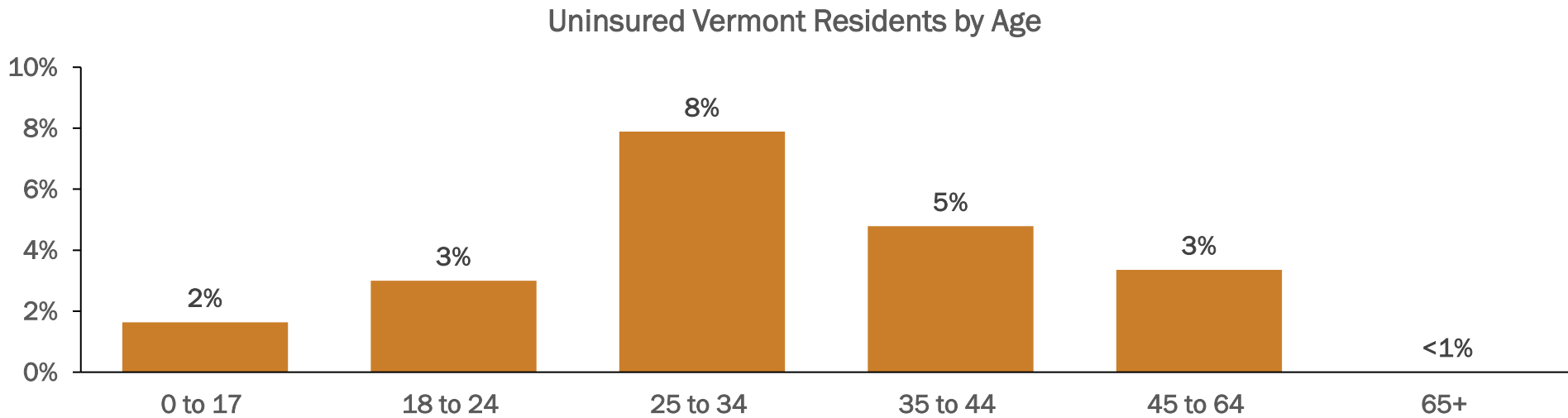
Just 3% of Vermont residents report no health care coverage (20,700), which is significantly lower than the 7% that reported being uninsured in 2012 (42,800). The overall percentage of uninsured Vermont residents has not changed since 2018.



Year	Estimated Population
2012	42,800
2014	23,200
2018	19,800
2021	19,400
2025	20,700

# Uninsured Vermont Residents by Age

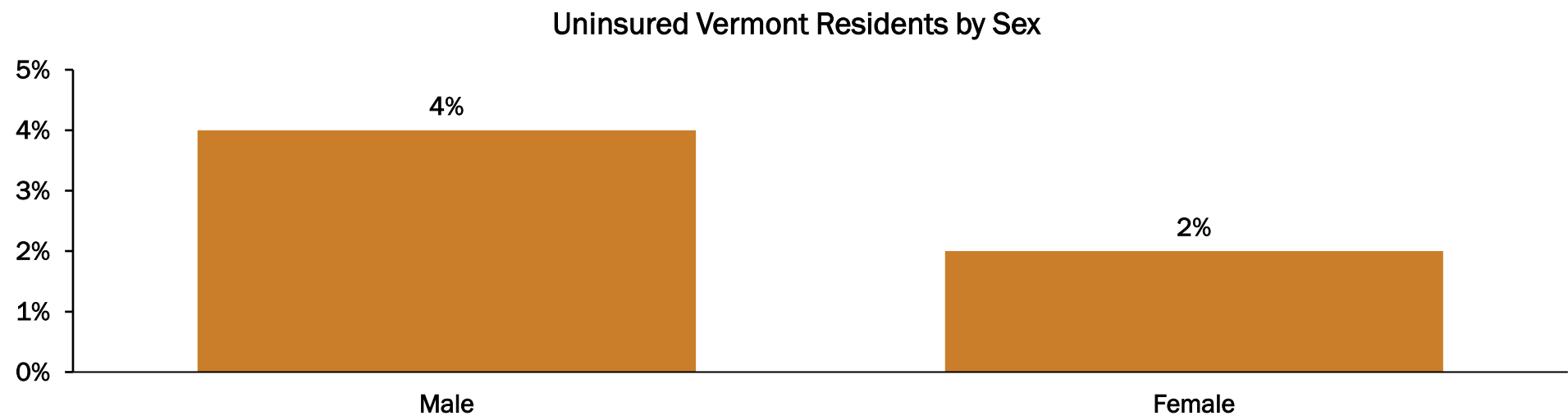
In 2025, 8% of Vermont residents ages 25 to 34 (7,400) are uninsured, a significantly higher rate than other age groups. Five percent of ages 35 to 44 (3,800) and 3% of 45 to 64-year-olds (5,800) are uninsured. This compares to 2% of Vermont youth, 0 to 17 years old (1,900). Fewer than 1% of Vermont’s seniors ages 65 and older (100) are uninsured, significantly lower than other age groups.



Age	Estimated Population
0 to 17	1,900
18 to 24	1,200
25 to 34	7,400
35 to 44	3,800
45 to 64	5,800
65+	700

# Uninsured Vermont Residents by Sex

In 2025, 4% of Vermont males (13,600) and 2% of Vermont females (7,100) are uninsured.

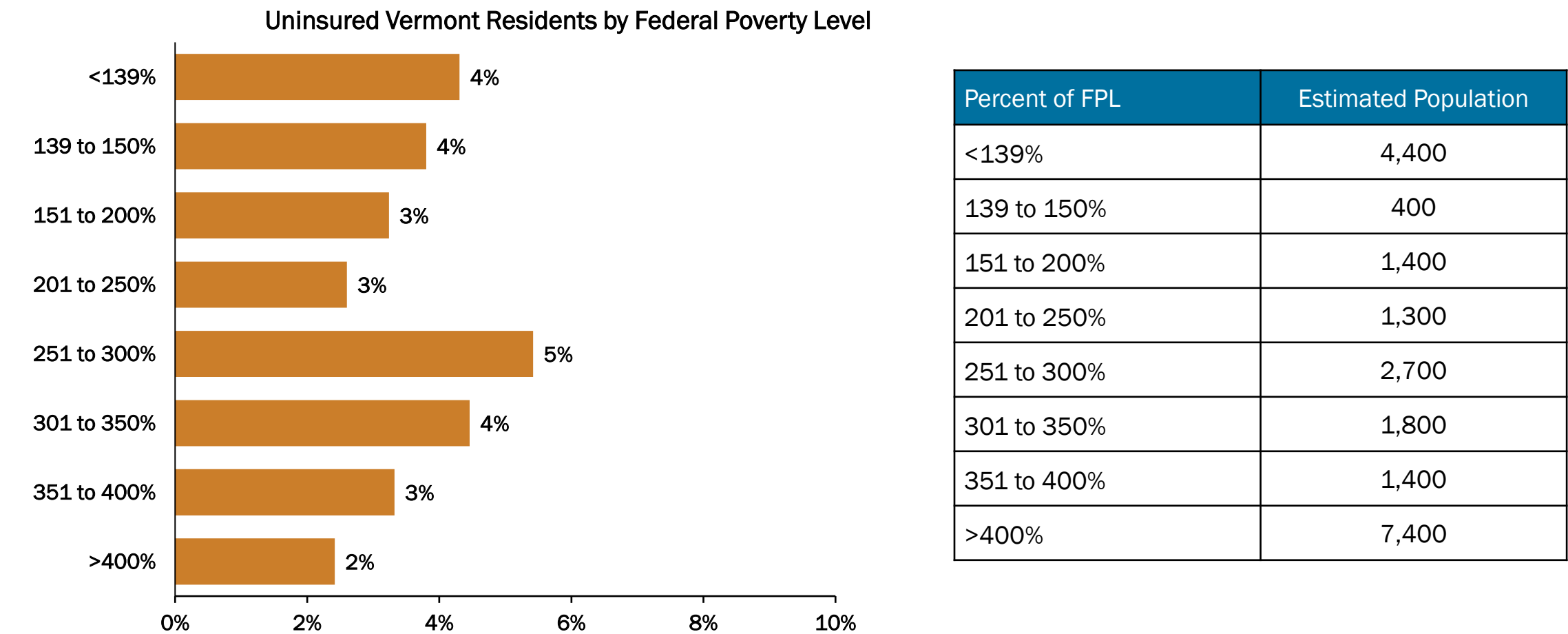


Sex	Estimated Population
Male	13,600
Female	7,100



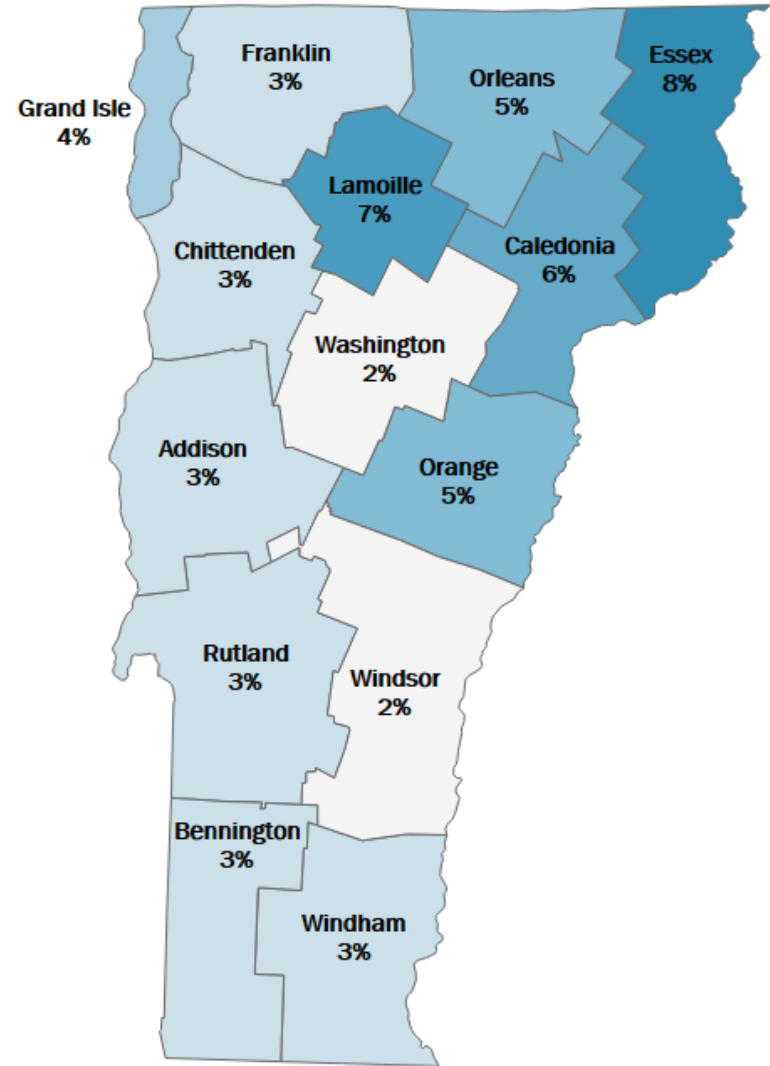
# Uninsured Vermont Residents by Federal Poverty Level

The uninsured rate in 2025 is highest among Vermont residents with an annual income between 251% to 350% of the FPL, with 5% (2,700) uninsured.



# Uninsured Vermont Residents by County

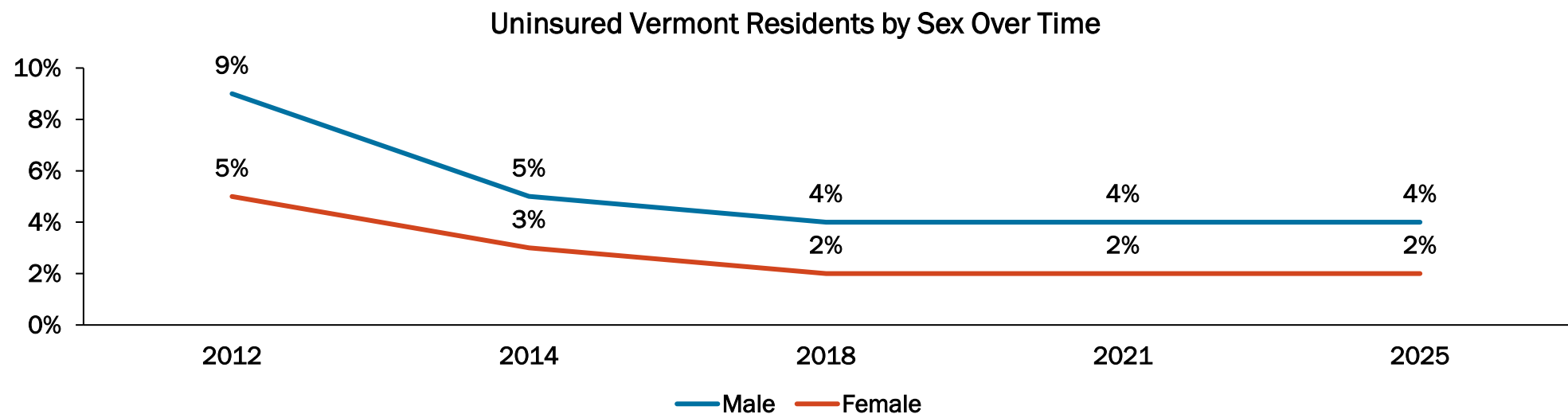
Essex County has the highest rate of uninsured at 8% (500) followed by Lamoille County with 7% (1,900) and Caledonia County with 6% (1,700).



County	Estimated Population
Addison	1,100
Bennington	1,100
Caledonia	1,700
Chittenden	4,600
Essex	500
Franklin	1,600
Grand Isle	300
Lamoille	1,900
Orange	1,400
Orleans	1,200
Rutland	1,800
Washington	1,300
Windham	1,200
Windsor	1,100

# Uninsured Vermont Residents by Sex Over Time

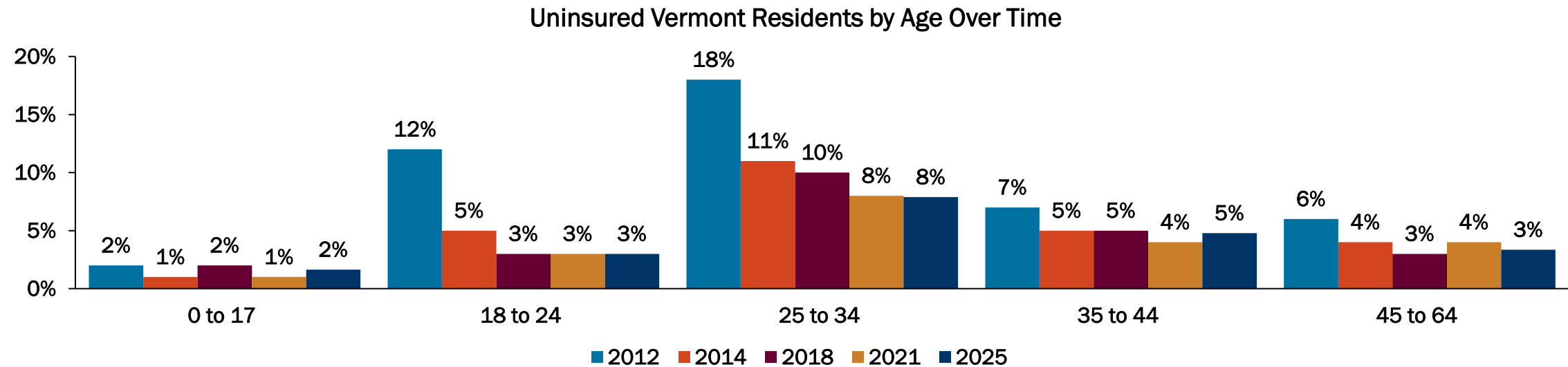
The percentage of uninsured male Vermont residents decreased from 2012 (27,600) to 2025 (13,600) but has not changed significantly since 2018, remaining at 4%. The overall percentage among females (2% or 7,100) has also decreased since 2012, but with little change since 2018.



Estimated Population Over Time					
Sex	2012	2014	2018	2021	2025
Male	27,600	15,200	13,200	12,900	13,600
Female	152,000	8,000	6,700	6,500	7,100

# Uninsured Vermont Residents by Age Over Time

Uninsurance rates are highest among Vermont residents ages 25 to 34 (8% or 7,400). There were no significant changes to rates across age categories since 2018, though the rates for those ages 18 to 24 and 25 to 34 have decreased significantly since 2012.



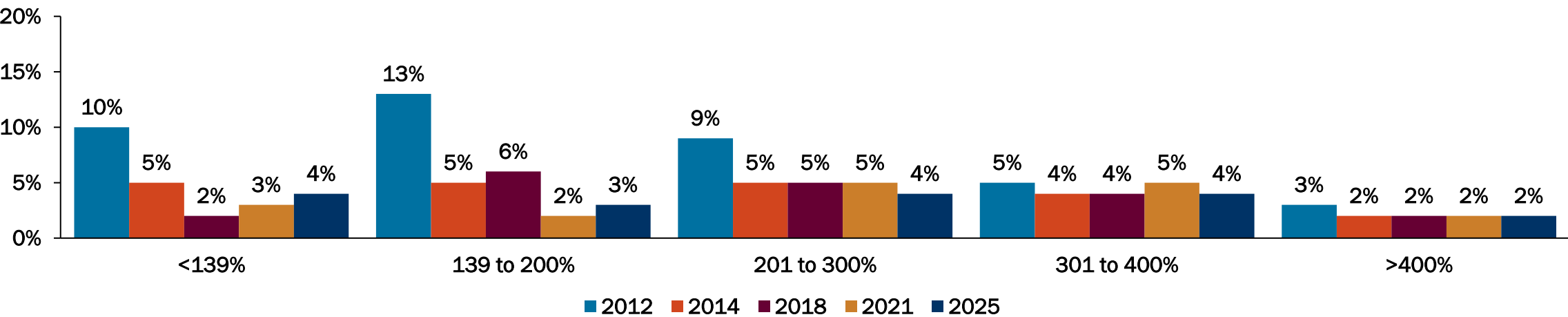
	Estimated Population Over Time				
Age	2012	2014	2018	2021	2025
0 to 17	2,800	1,300	1,800	1,200	1,900
18 to 24	9,300	2,900	1,900	1,700	1,200
25 to 34	12,800	7,900	7,100	6,400	7,400
35 to 44	5,400	3,700	3,700	2,600	3,800
45 to 64	12,100	7,100	4,900	7,400	5,800



# Uninsured Vermont Residents by Federal Poverty Level Over Time

The uninsurance rate for Vermont residents with incomes less than 139% of the FPL has been increasing, from 2% in 2018 to 4% in 2025. For Vermont residents with incomes between 139% and 200%, the rate has dropped compared to 2018. For other income groups, there have been no significant changes since 2018.

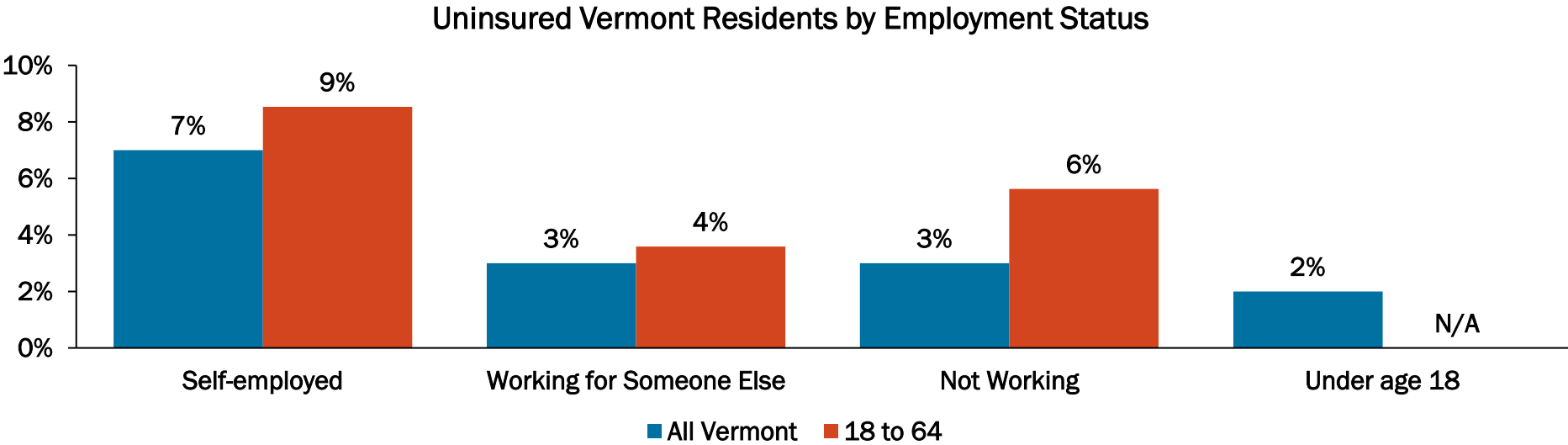
Uninsured Vermont Residents by Federal Poverty Level Over Time



	Estimated Population Over Time				
Federal Poverty Level	2012	2014	2018	2021	2025
<139%	14,100	6,900	3,200	3,700	4,400
139 to 150%	1,200	400	700	300	400
151 to 200%	5,900	3,100	3,000	1,200	1,400
201 to 250%	4,000	2,500	3,100	2,000	1,300
251 to 300%	5,600	2,200	1,500	2,800	2,700
301 to 350%	2,800	2,200	2,200	2,400	1,800
351 to 400%	1,900	900	1,200	1,300	1,400
>400%	7,200	4,900	4,900	5,700	7,400

# Uninsured Vermont Residents by Employment Status

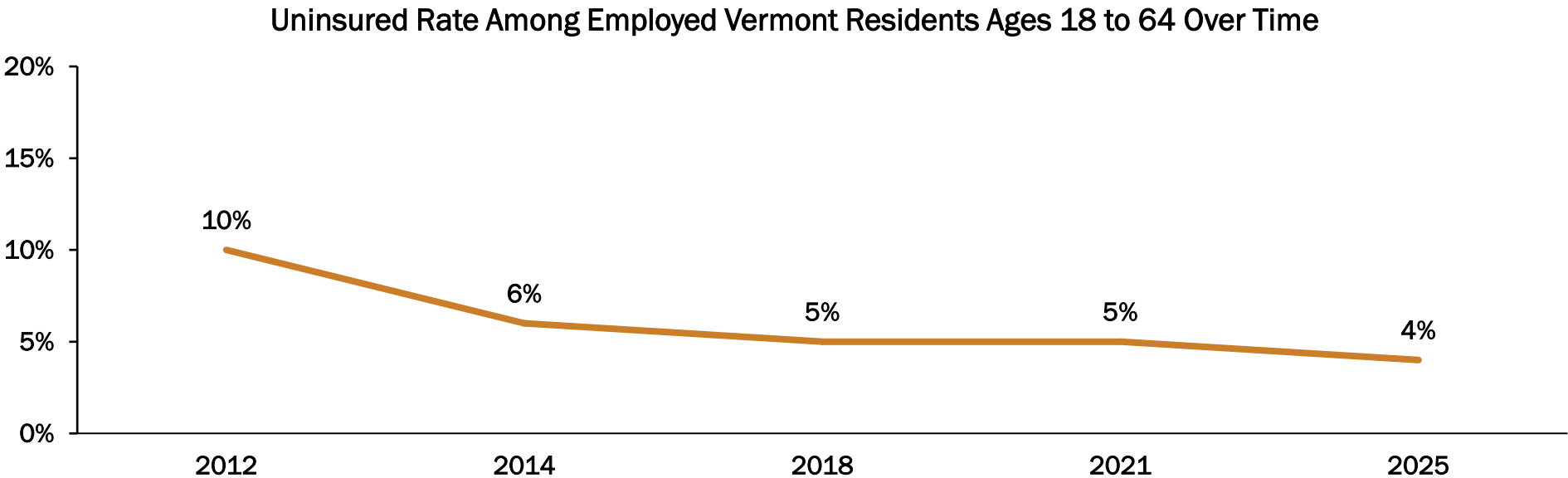
Uninsured rates are significantly higher among Vermont residents who are self-employed (7%) than other groups. Those employed by someone else have an uninsured rate of 3%. When limited to Vermont residents ages 18 to 64, the rate among self-employed Vermont residents is 9% and 6% of non-working adults (this includes those that are unemployed and looking for work, not employed and not looking for work, retired, unable to work due to a disability, housekeeping, or going to school).



Employment Status	Estimated Population	
	All Vermont residents	18 to 64
Self-employed	1,900	4,900
Working for Someone Else	5,200	8,900
Not Working	9,100	4,300
Under age 18	4,600	N/A

# Uninsured Rate Over Time, Employed Vermont Residents Ages 18 to 64

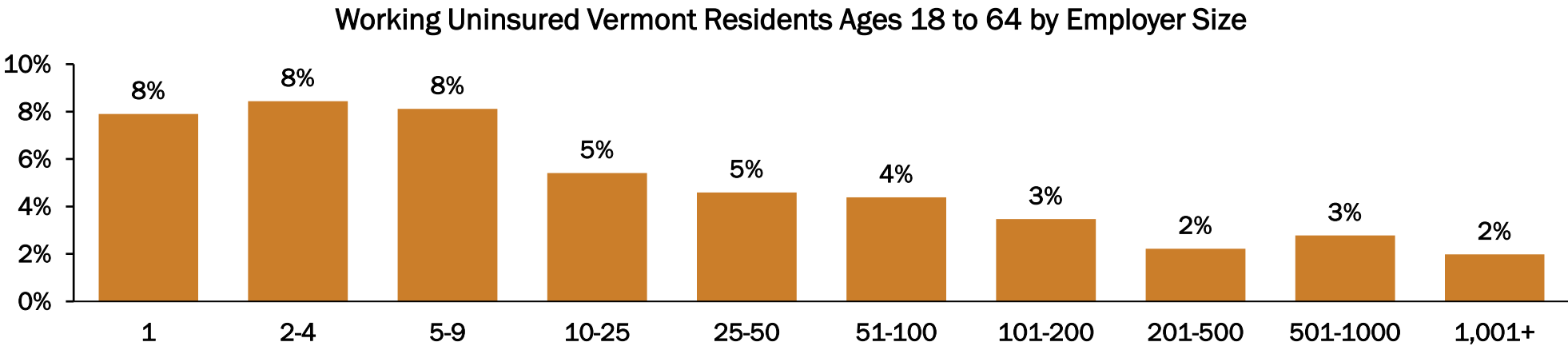
The uninsured rate among working Vermont residents ages 18 to 64 years old decreased six percentage points from 10% (30,000) in 2012 to 4% (13,900) in 2025.



Year	Estimated Population
2012	30,000
2014	17,200
2018	15,200
2021	14,100
2025	13,900

# Uninsured by Employer Size, Vermont Residents Ages 18 to 64 who are Employed

Among working Vermont residents ages 18 to 64, those at smaller companies (fewer than 10 employees) are the most likely to be uninsured. In contrast, working Vermont residents at the largest companies (more than 1000 employees) have the lowest rate of uninsurance.

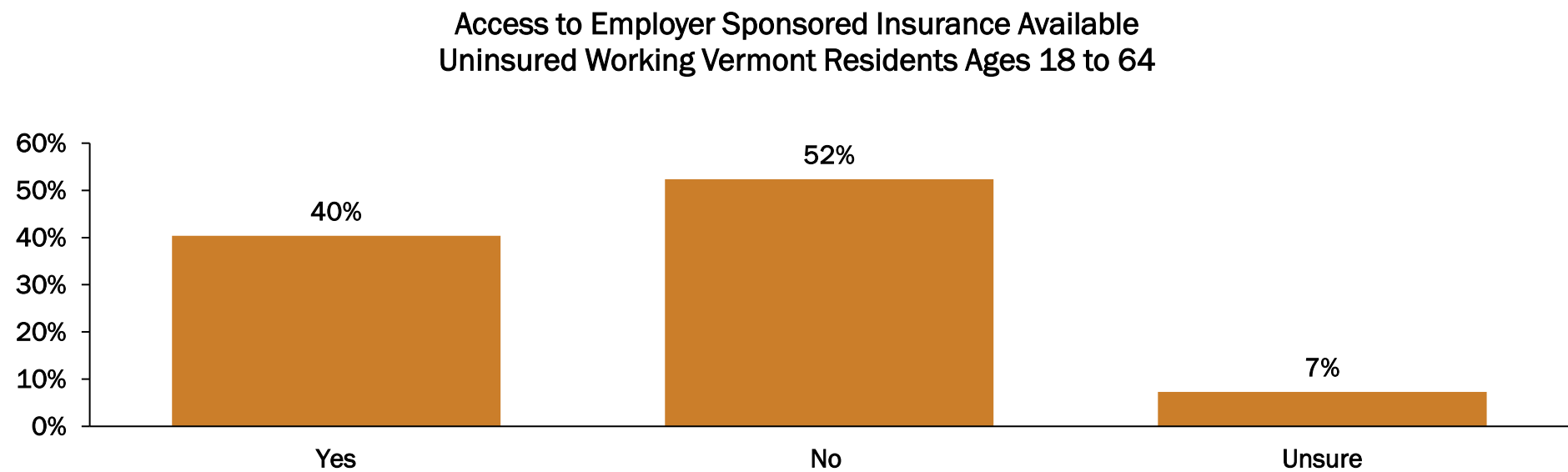


Employer Size	Estimated Population
1	3,200
2-4	1,600
5-9	1,800
10-24	1,700
25-49	1,000
50-99	1000
100-199	800
200-499	600
500-999	500
1,000+	1,700



# Access to Employer Sponsored Insurance Available, Uninsured Working Vermont Residents Ages 18 to 64

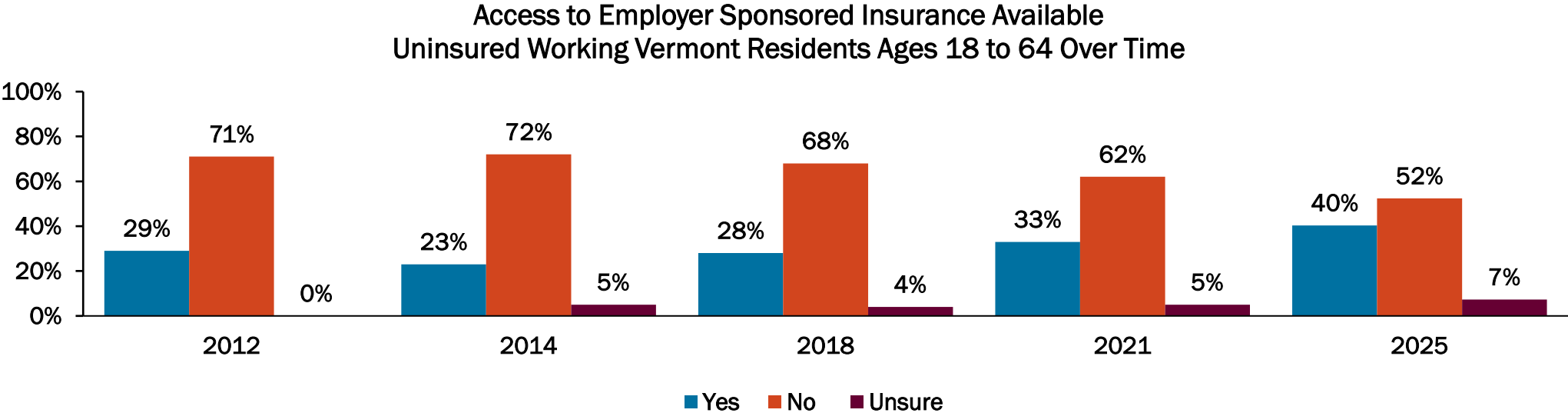
Among uninsured working Vermont residents ages 18 to 64, 40% (4,400) have access to Employer Sponsored Insurance (ESI).



Response	Estimated Population
Yes	4,400
No	5,700
Unsure	800

# Access to Employer Sponsored Insurance Available, Uninsured Working Vermont Residents Ages 18 to 64 Over Time

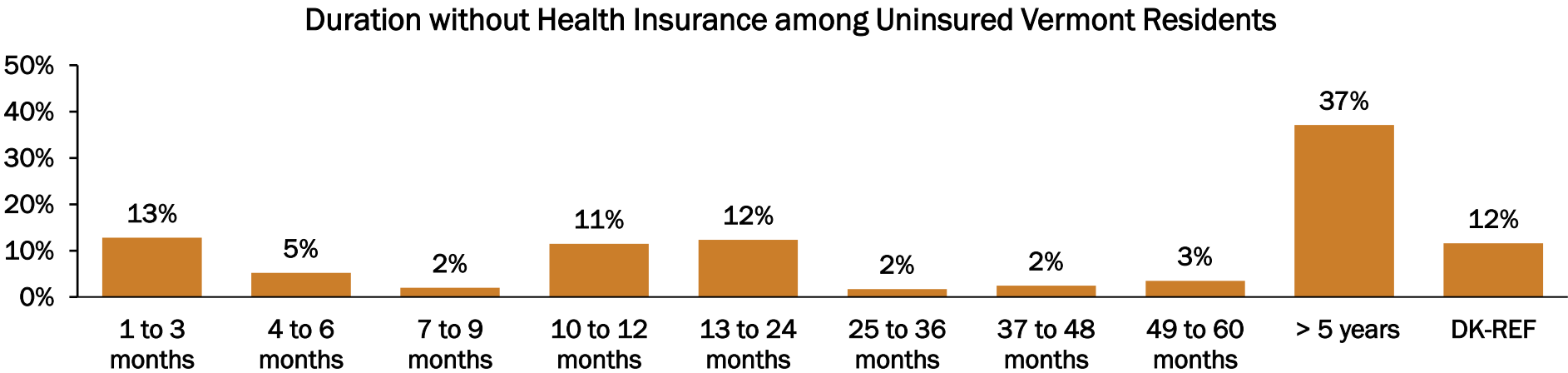
The percentage of uninsured working Vermont residents ages 18 to 64 with access to ESI has decreased over time, with a drop of 20 percentage points since 2014.



	Estimated Population Over Time				
Response	2012	2014	2018	2021	2025
Yes	8,800	3,900	4,200	3,700	4,400
No	21,000	3,900	4,200	7,100	5,700
Unsure	0	800	600	600	800

# Duration without Health Insurance, Uninsured Vermont Residents

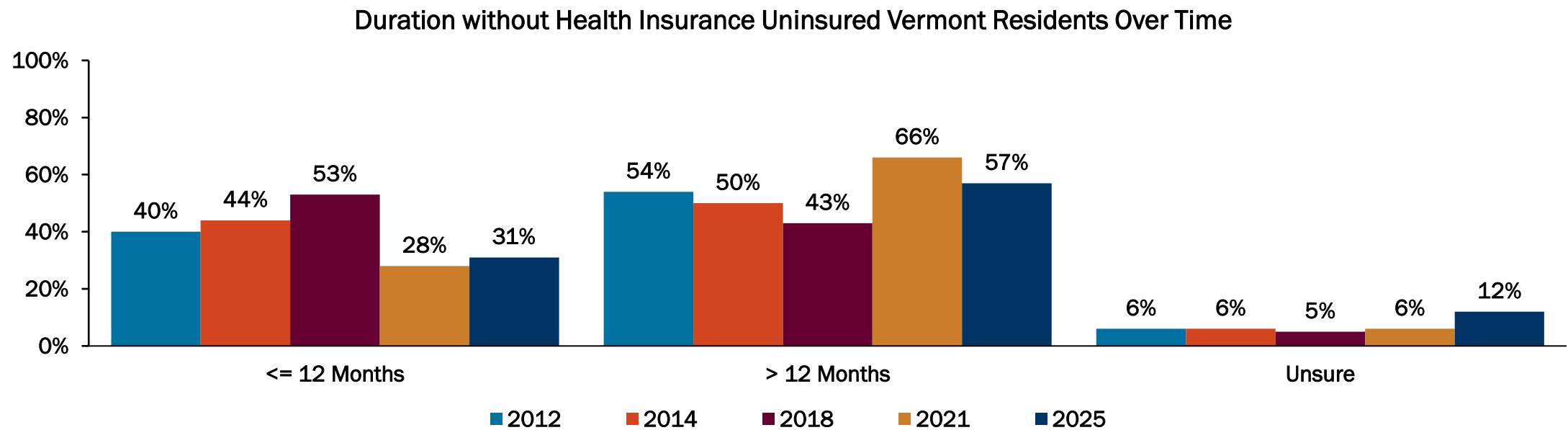
In 2025, 31% of uninsured Vermont residents have been without health insurance for a year or less, while 37% have been without coverage for five or more years.



Duration of Time	Estimated Population
1 to 3 months	2,600
4 to 6 months	1,100
7 to 9 months	400
10 to 12 months	2,400
13 to 24 months	2,600
25 to 36 months	400
37 to 48 months	500
49 to 60 months	700
> 5 years	7,700
DK-REF	2,400

# Duration without Health Insurance Over Time, Uninsured Vermont Residents

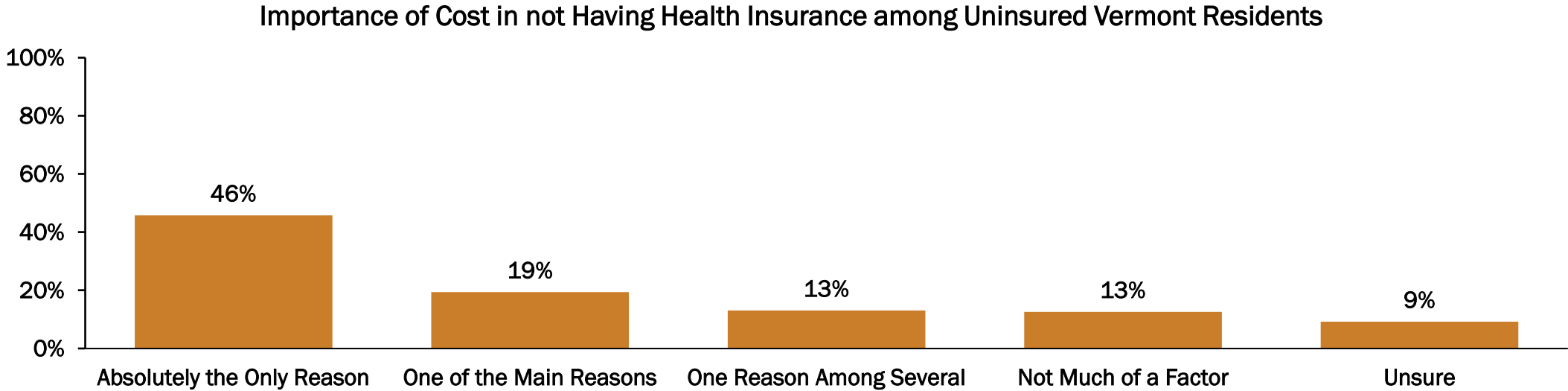
The number of Vermont residents without coverage for a year or more has decreased since 2021. In 2021, 66% of the uninsured reported a lack of health insurance coverage for more than 12 months. This percentage decreased to 57% in 2025.



	Estimated Population Over Time		
Year	<= 12 Months	> 12 Months	Unsure
2012	17,300	23,000	2,500
2014	10,100	11,700	1,400
2018	10,400	9,400	1,000
2021	5,518	12,753	1,096
2025	6,500	11,800	2,400

# Importance of Cost in not Having Health Insurance, Uninsured Vermont Residents

Cost remains the primary barrier to health insurance coverage for uninsured Vermont residents. Almost half (46%) of the uninsured identify cost as the only reason they do not have insurance. An additional 19% indicate cost is one of the main reasons, and 13% say it is one reason among many for being uninsured. Only 13% indicate that cost is not much of a factor in their not having health insurance coverage.

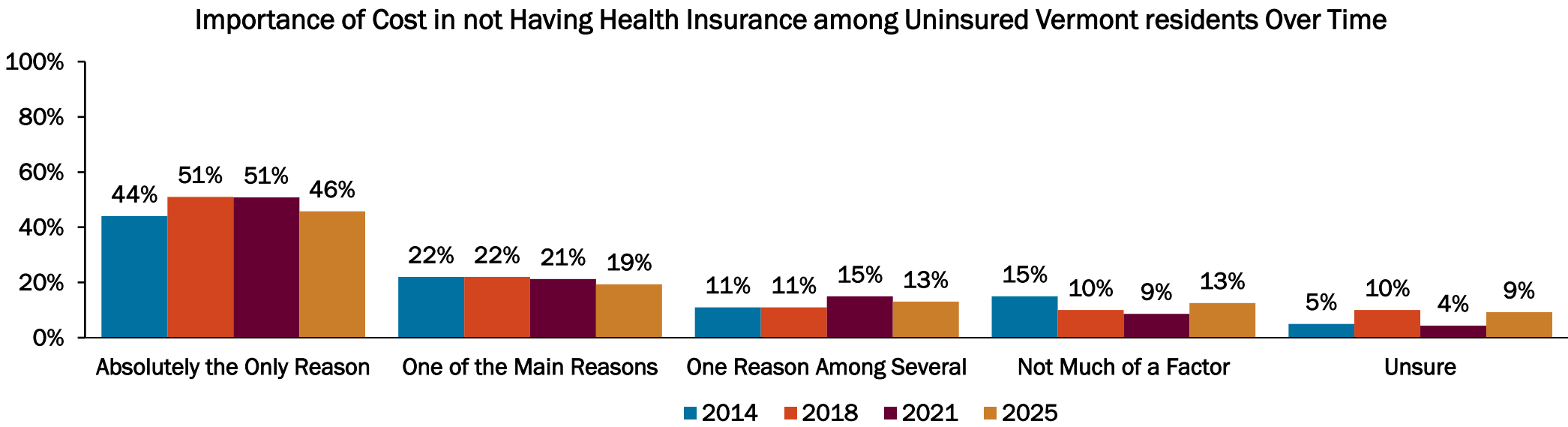


Response	Estimated Population
Only Reason	9,500
One Main Reason	4,000
One Reason of Several	2,700
Not Much of a Factor	2,600
Unsure	1,900



# Importance of Cost in not Having Health Insurance, Uninsured Vermont residents Over Time

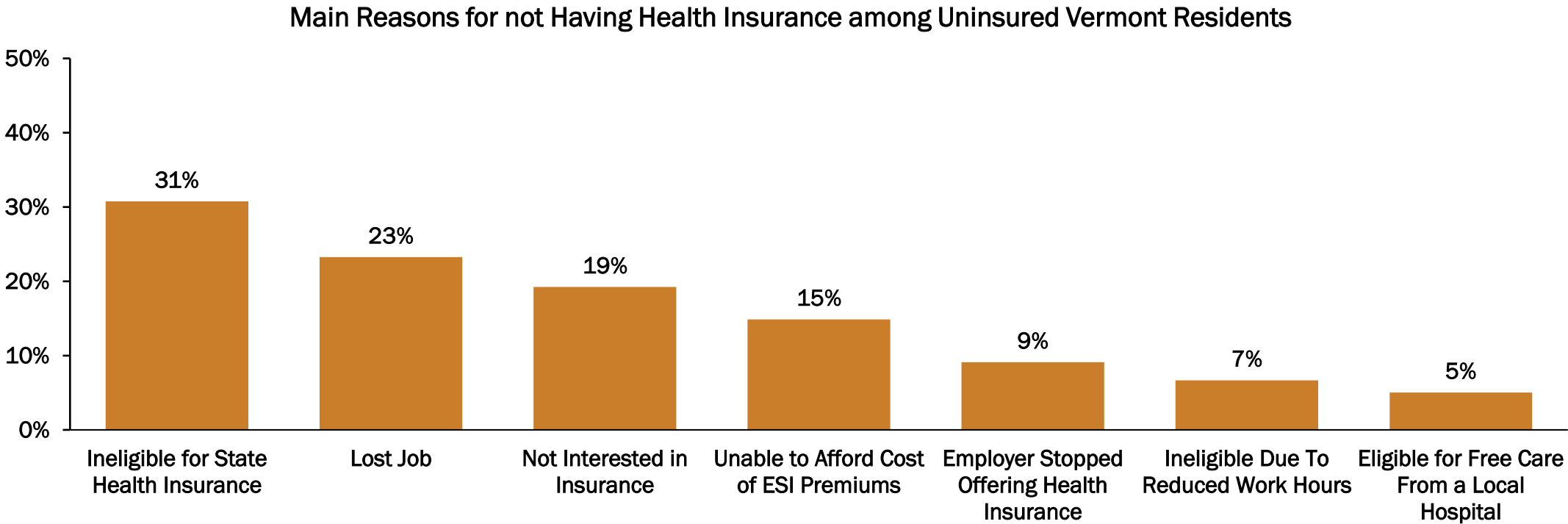
The percentage of uninsured Vermont residents reporting cost as at least one of the reasons, if not the only, for not having insurance decreased from 87% in 2021 to 78% in 2025.



	Estimated Population Over Time			
Response	2014	2018	2021	2025
Only Reason	10,000	10,100	9,800	9,500
One Main Reason	5,000	4,400	4,100	4,000
One Reason of Several	2,500	2,100	2,900	2,700
Not Much of a Factor	3,500	2,000	1,700	2,600
Unsure	1,200	600	800	1,900

# Main Reasons for not Having Health Insurance, Uninsured Vermont Residents

Thirty-one percent of uninsured Vermont residents indicate they lack health insurance because they are ineligible for state health insurance coverage, compared to 33% in 2021. Twenty-three percent of uninsured Vermont residents lost their insurance due to job loss, 19% are not interested in insurance, and 15% cannot afford to pay ESI premiums.



# Main Reasons for not Having Health Insurance, Uninsured Vermont Residents Over Time

The percentage of uninsured Vermont residents who are no longer eligible for insurance due to reduced hours at work dropped from 13% in 2021 to 7% in 2025, reversing a general upward trend. Uninsured Vermont residents whose employer stopped offering health insurance also decreased in 2025, from 15% in 2021 to 9%.

	Rates Over Time				Estimated Population Over Time			
Reasons*	2014	2018	2021	2025	2014	2018	2021	2025
Not Eligible for State Health Insurance	21%	34%	33%	31%	4,900	6,700	6,500	6,400
Person in Family Lost Job	21%	20%	21%	19%	4,800	3,900	4,000	4,800
No Longer Able to Afford Cost of Premiums for ESI	25%	26%	22%	15%	5,800	5,100	4,200	3,100
Employer Stopped Offering Health Insurance	15%	10%	15%	9%	3,500	2,000	2,800	1,900
No Longer Eligible for Insurance Because of Reduced Hours	10%	11%	13%	7%	2,400	2,200	2,500	1,400

\*Only survey questions asked in each year are included in this table.

## Reasons for Lost Coverage or Became Ineligible for Coverage, Uninsured Vermont Residents Who Lost Coverage or Became Ineligible for Medicaid, Green Mountain Care or Dr. Dynasaur

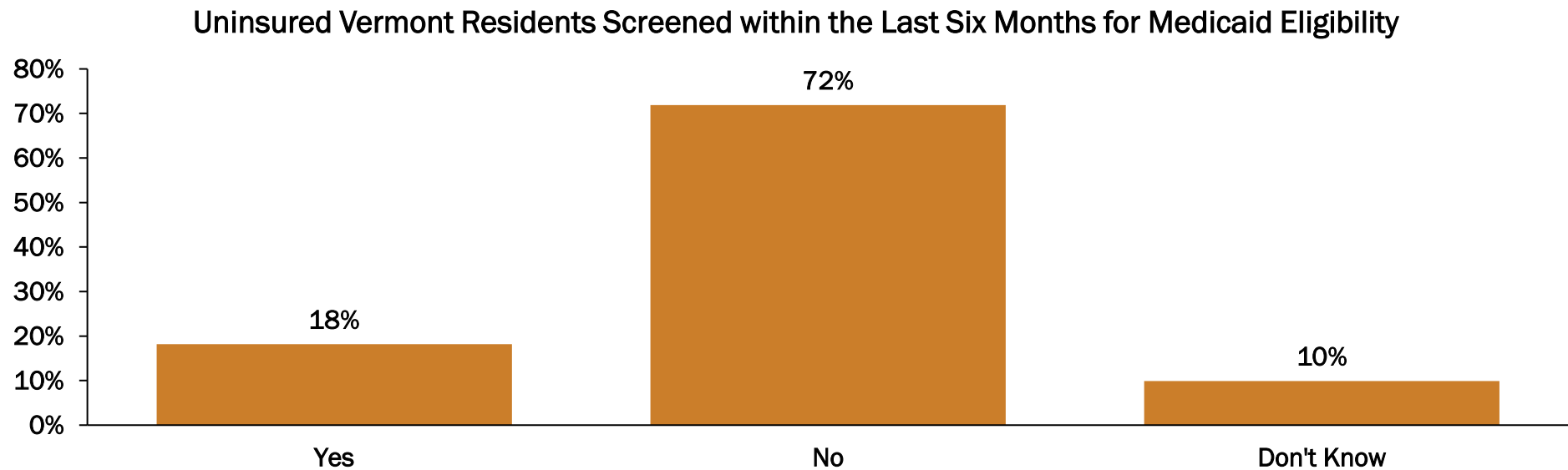
Among uninsured Vermont residents who indicate they lost health insurance coverage through Medicaid or Green Mountain Care, 21% report they lost coverage due to the end of the Federal Public Health Emergency for COVID-19 which ended March 31, 2023. Most (60%) indicate that none of these are the reason why they lost coverage through Medicaid or Green Mountain Care

Reasons Person Lost Coverage or Became Ineligible for Coverage  
Uninsured Vermont Residents Who Lost or Became Ineligible for Medicaid, Green Mountain Care or Dr. Dynasaur

Reasons	Rates	Estimated Population
Loss of Medicaid coverage since March 31, 2023	21%	1,300
Our family didn't know how to submit the information or who to send it to	6%	400
There was too much documentation required	5%	300
Our family didn't know how to get the information that was requested	4%	300
Our family didn't know what information they needed to provide	3%	200
The right documentation was not submitted	2%	100
Information was requested and our family could not provide it	2%	100
None of these reasons	60%	3,900

# Screened for Medicaid Eligibility in Last 6 Months, Uninsured Vermont Residents

Fewer than one-fifth of uninsured Vermont residents (18% or 3,800) were screened within the last six months to see if they were eligible for Medicaid.

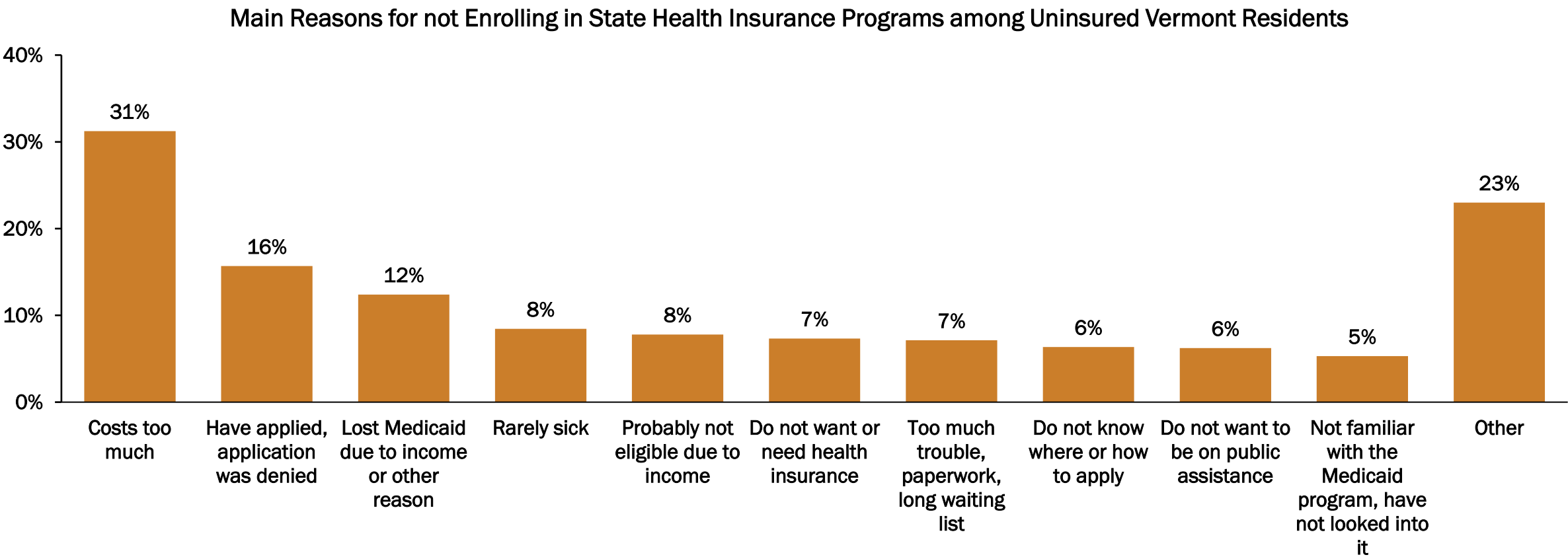


Response	Estimated Population
Yes	3,800
No	14,900
Don't Know	2,100



# Main Reasons for not Enrolling in State Health Insurance Programs, Uninsured Vermont Residents

Almost one-third (31%) of uninsured Vermont residents who have not enrolled in a state health insurance program indicate that its cost is a major reason for not enrolling, and another 16% had their application denied.



## Main Reasons for not Enrolling in State Health Insurance Programs. Uninsured Vermont Residents

Reasons	Estimated Population
Costs too much	6,500
Have applied, application was denied	3,300
Lost Medicaid due to income or other reason	2,600
Rarely sick	1,800
Probably not eligible due to income	1,600
Do not want or need health insurance	1,500
Too much trouble, paperwork, long waiting list	1,500
Do not know where or how to apply	1,300
Do not want to be on public assistance	1,300
Not familiar with the Medicaid program, have not looked into it	1,100
Other	4,800



# **Underinsured Vermont residents**



# Underinsured Vermont Residents

Persons with insurance but whose policy does not sufficiently cover current medical costs, or their potential future medical expenses, should a serious condition or illness develop is generally referred to as the “underinsured” population. For this report, VDH estimated the proportion of the Vermont population that is underinsured using a formula developed by the Commonwealth Fund\*. Using this method an individual is considered underinsured if either of the following two conditions are met:

- Current medical expenses, excluding the cost of insurance premiums, is equal to or greater than:
  - 10% of household income if 200% or higher of FPL
  - 5% of household income if below 200% of FPL

OR

- The deductible is equal to or greater than 5% of household income.

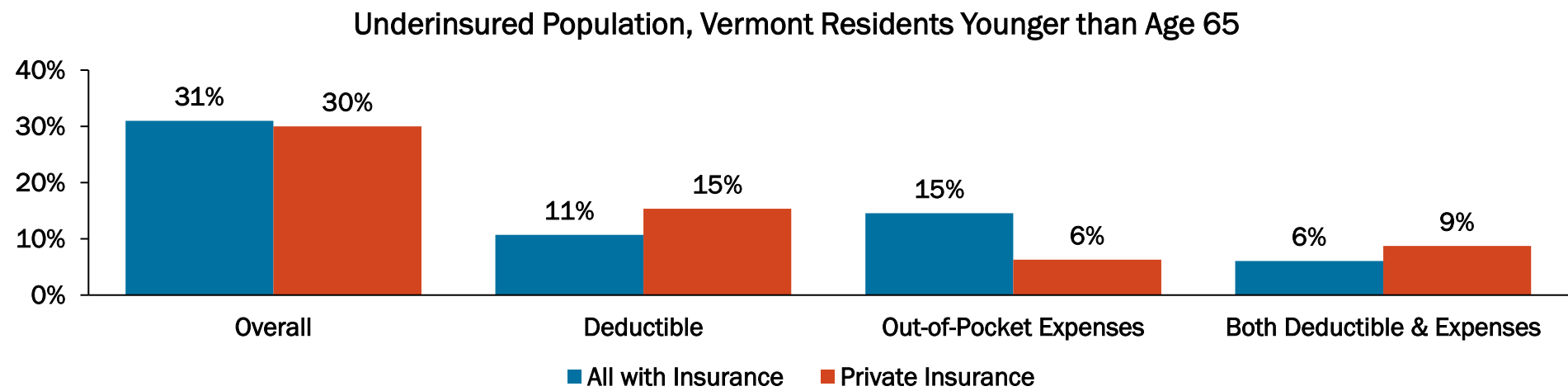
That is, either their current or their potential future medical expenses are more than what their income could bear.

Note that uninsured Vermont residents are not included as underinsured but are included as part of the overall population. When analyses are limited to those with insurance, results are similar to the overall population.

\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. For example, respondents could include out-of-pocket costs related to dental, vision, hearing needs, or over-the-counter medications which are not typically covered under a health plan. There are other models that can be used to determine whether a person is considered underinsured.

# Underinsured\* Vermont Residents Younger than Age 65

In 2025, 31% (131,300) of Vermont residents ages 64 or younger with any type of insurance were underinsured. Thirty percent (102,200) of privately insured residents were underinsured. Among those with private insurance who are underinsured, 15% are classified as underinsured due to their plan’s deductible, 6% due to out-of-pocket expenses during the prior 12 months, and 9% due to both. For insured Vermont residents overall, out-of-pocket expenses were more likely to label someone as underinsured (15%).

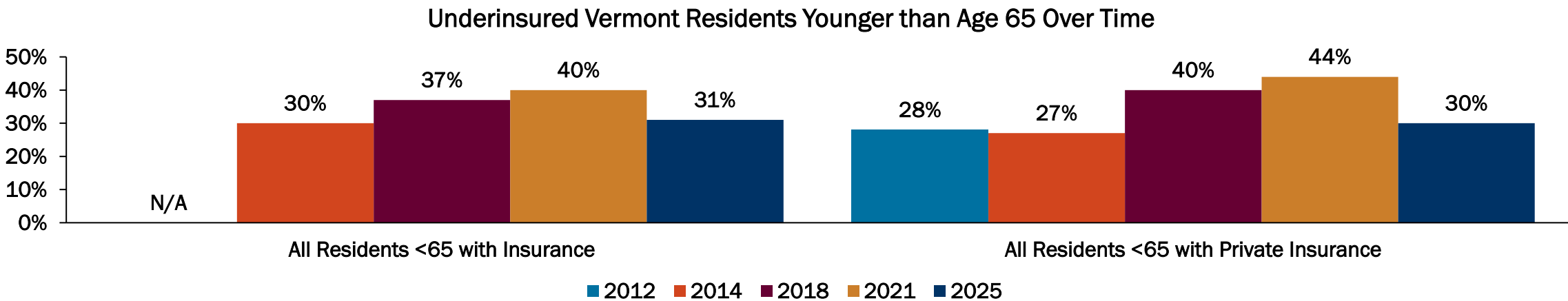


Type	Estimated Population by Insurance Status	
	All with Insurance	Private Insurance
Overall	151,300	102,200
Deductible	51,700	51,700
Out-of-Pocket Expenses	70,200	21,200
Both Deductible & Expenses	29,400	29,400



# Underinsured\* Vermont Residents Younger than 65 Years Old Over Time

The percentage of underinsured Vermont residents decreased from 40% in 2021 to 31% in 2025. The decline is due to a smaller group of underinsured Vermont residents with medical expenses exceeding 10% of their family income.

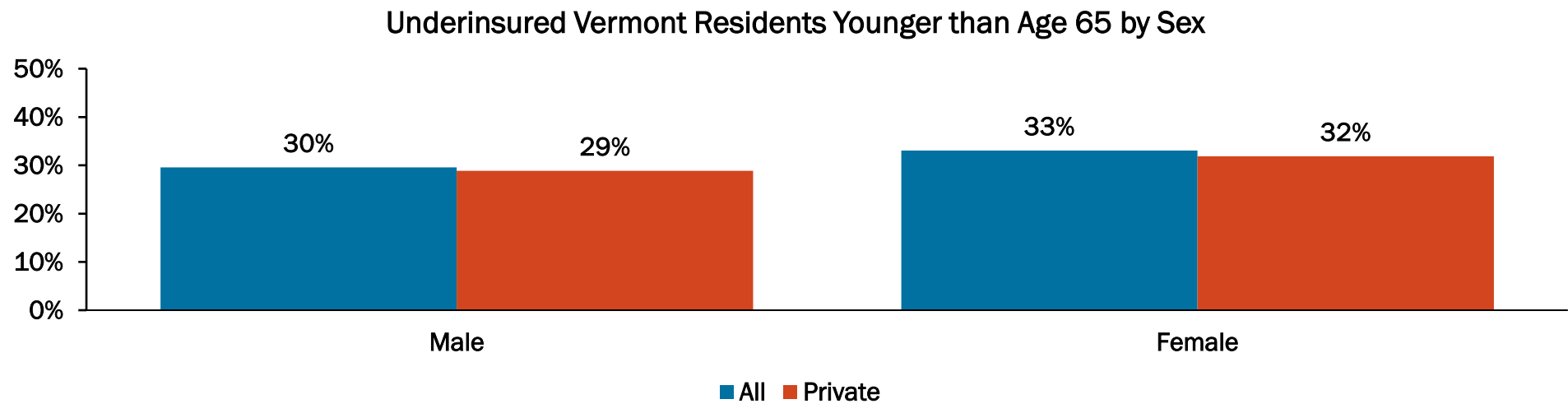


	Estimated Population Over Time	
Year	All Residents <65 with Insurance	All Residents <65 with Private Insurance
2012	N/A*	101,300
2014	151,200	92,300
2018	182,200	131,200
2021	187,800	131,100
2025	151,300	102,200

\*In 2012 only the rate of underinsured among those with private insurance was calculated.

# Underinsured\* Vermont Residents Younger than Age 65 by Sex

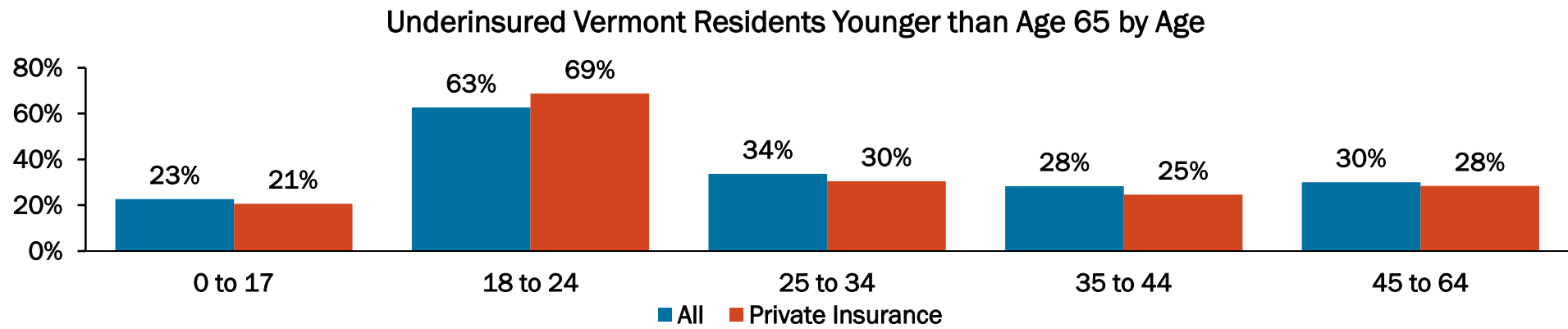
Among those under 65 years old with any type of insurance, 33% (80,000) of female Vermont residents are underinsured compared to 30% (71,300) of male Vermont residents. Among those with private health insurance 32% of females and 29% males are underinsured.



Sex	Estimated Population by Sex	
	Any Insurance	Private Insurance
Male	71,300	48,900
Female	80,000	53,300

# Underinsured\* Vermont Residents Younger than Age 65 by Age

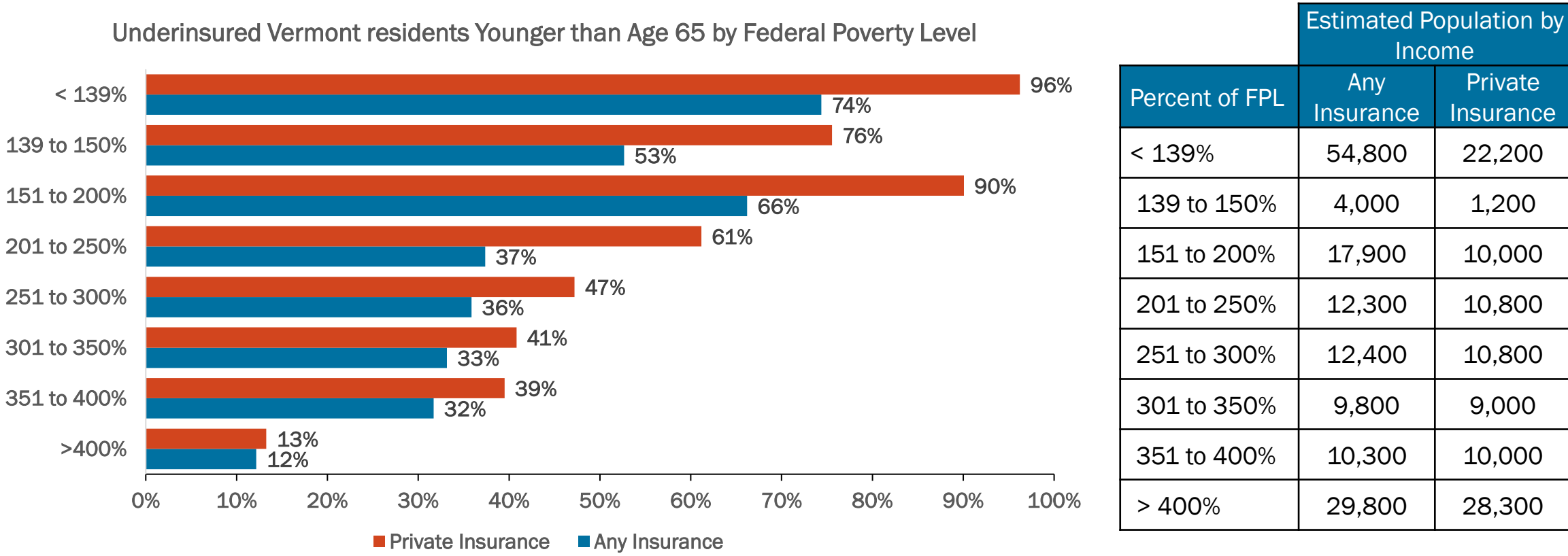
Among Vermont residents under the age of 65, those 18 to 24 are the most likely to be underinsured (63% or 28,900), while those 0 to 17 years are the least likely to be underinsured (23% or 26,300). Vermont residents ages 18 to 24 with private insurance were slightly more likely to be underinsured than 18- to 24-year-olds as a whole, whereas privately insured Vermont residents in all other age groups were less likely to be underinsured when compared to their age group as a whole.



Age	Estimated Population by Age	
	Any Insurance	Private Insurance
0 to 17	26,300	12,900
18 to 24	24,800	20,900
25 to 34	28,900	18,800
35 to 44	21,400	13,300
45 to 64	49,800	36,200

# Underinsured\* Vermont Residents Younger than Age 65 by Federal Poverty Level

The highest rates of underinsurance are among those with the lowest incomes, and the lowest rates include those with the highest incomes. Among those younger than 65 years old, 74% (54,800) of those earning less than 139% of FPL are underinsured, whereas that number is 12% (29,800) for those earning more than 400% of FPL.



The background image is a scenic landscape featuring a calm lake in the foreground. Two kayakers, wearing helmets and life jackets, are paddling away from the viewer. The middle ground is dominated by a wide, horizontal band of solid blue color, which serves as a backdrop for the title. Behind this band, rolling hills covered in dense evergreen forests stretch across the horizon. The sky is a pale, clear blue, and the overall lighting suggests a bright, sunny day.

# Health Care Utilization

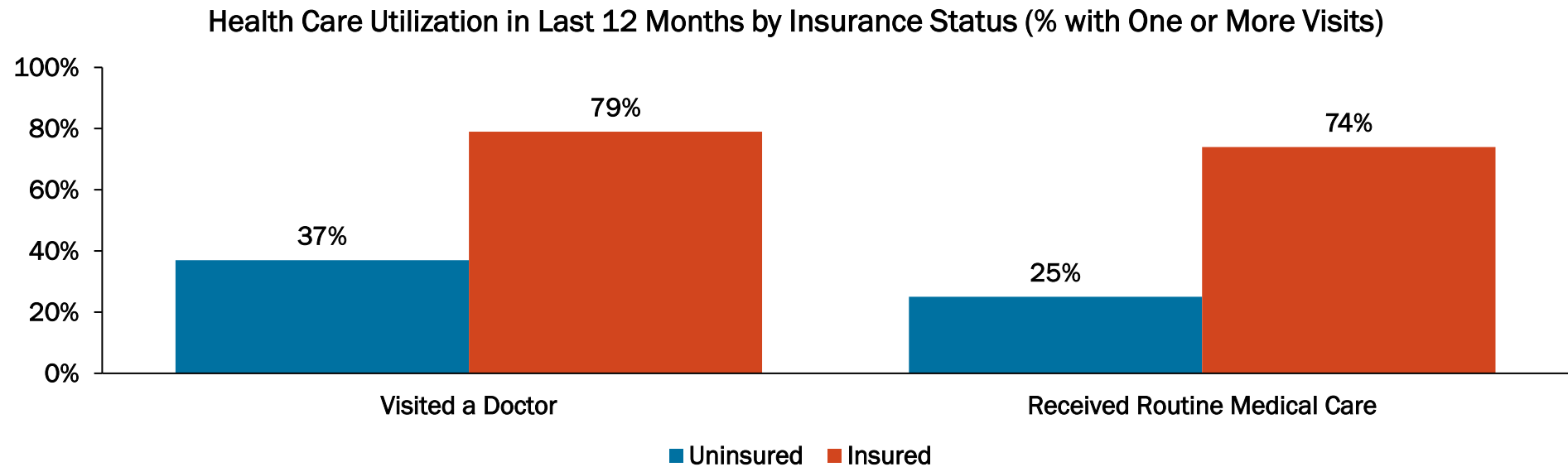
The image is a full-page background photograph. The top half shows a dense forest of evergreen trees on rolling hills under a bright sky. The bottom half shows a calm body of water with two people in kayaks, seen from behind. They are wearing life jackets and hats, and holding paddles. The water reflects the light from the sky.

# Health Care Utilization by Insurance Status



# Health Care Utilization in Last 12 Months by Insured Status

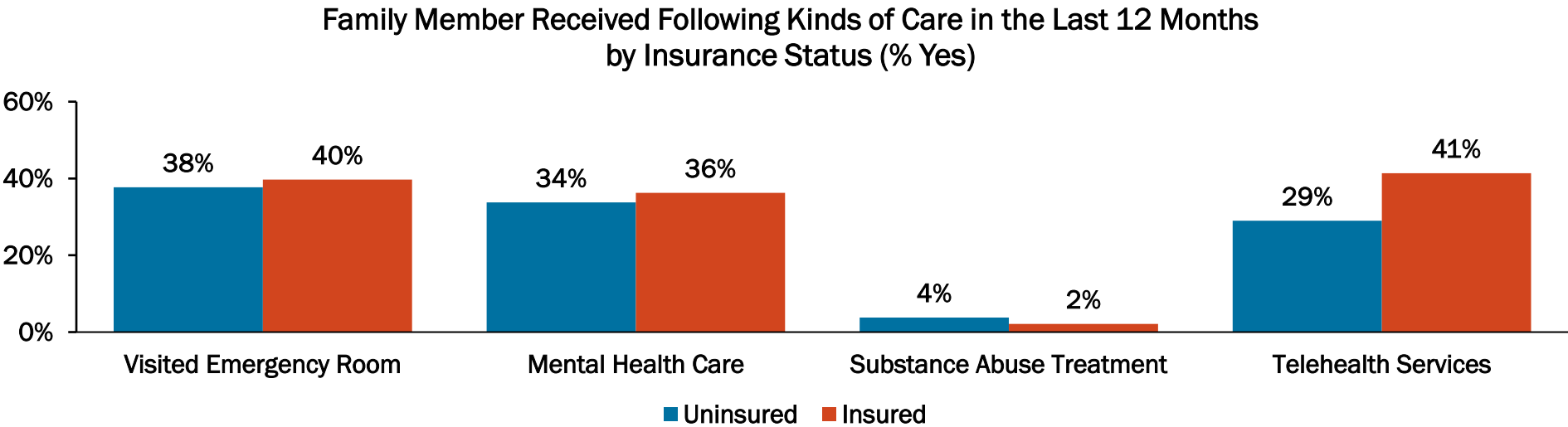
In 2025, almost eight in ten (79%) insured Vermont residents had visited a doctor in the last 12 months, compared to just 37% of uninsured Vermont residents, a significant difference.



Type of Care	Estimated Population by Insurance Status	
	Uninsured	Insured
Visited a Doctor	7,700	489,500
Received Routine Medical Care	5,100	457,200

# Health Care Utilization in Last 12 Months by Insured Status

Insured Vermont residents were more likely to use telehealth services in the last year than uninsured Vermont residents (41% versus 29%). Vermont residents have similar rates of emergency room visits, mental health care, and substance abuse treatment across insurance status.



Type of Care	Estimated Population by Insurance Status	
	Uninsured	Insured
Visited Emergency Room	7,800	246,800
Mental Health Care	7,000	225,400
Substance Abuse Treatment	800	13,200
Telehealth Services	6,000	257,300

# Health Care Utilization in Last 12 Months by Insured Status Over Time

The rate at which insured Vermont residents accessed care dropped 11% for those uninsured and 9% for those insured. However, this is due to an increase in the percentage of Vermont residents unsure of a doctor's visit in the last 12 months; the percentage indicating they did not visit a doctor was comparable to the percentage in 2021.

	2012		2014		2018		2021		2025	
Type of Care	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Visited a Doctor	55%	88%	58%	86%	51%	88%	48%	88%	37%	79%
Received Routine Medical Care	34%	77%	34%	76%	29%	76%	31%	79%	25%	74%
Visited a Specialist*	N/A	N/A	23%	39%	19%	43%	17%	46%	NA	NA

	2012		2014		2018		2021		2025	
Type of Care	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Visited a Doctor	23,700	513,500	13,500	519,800	10,100	534,300	9,300	529,300	7,700	489,500
Received Routine Medical Care	14,400	449,700	7,900	460,600	5,800	461,600	6,000	474,100	5,100	457,200
Visited a Specialist*	N/A	N/A	5,200	232,300	3,700	257,800	3,300	273,200	NA	NA

\*This question was not asked in 2012 or 2025

# Types of Care Family Received through Telehealth by Insurance Status

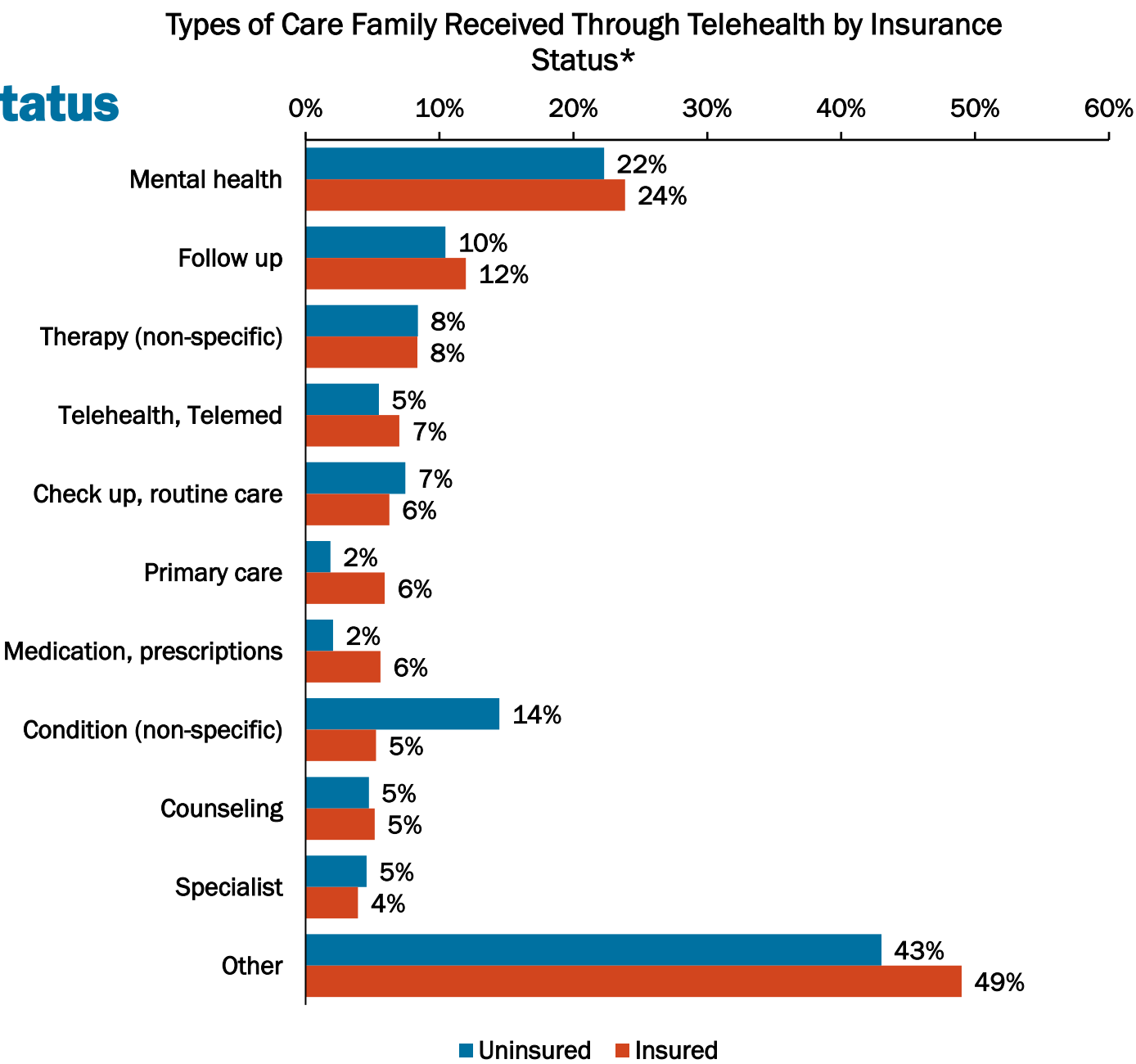
Among Vermont residents reporting the use of telehealth during the prior 12 months, mental health care was the most common type of care received (22% uninsured, 24% insured).

Insured Vermont residents report follow up visits as their second most common type of healthcare received via telehealth (12%), whereas uninsured Vermont residents received care for a condition (general illness, injury, etc.) at 14%—far more than the 5% of those insured who received care for conditions via telehealth.

Eight percent of both insured and uninsured Vermont residents received therapy through telehealth.

Reasons provided by fewer than 5% of respondents were combined into the category other.

\*Multiple responses accepted so total exceeds 100%



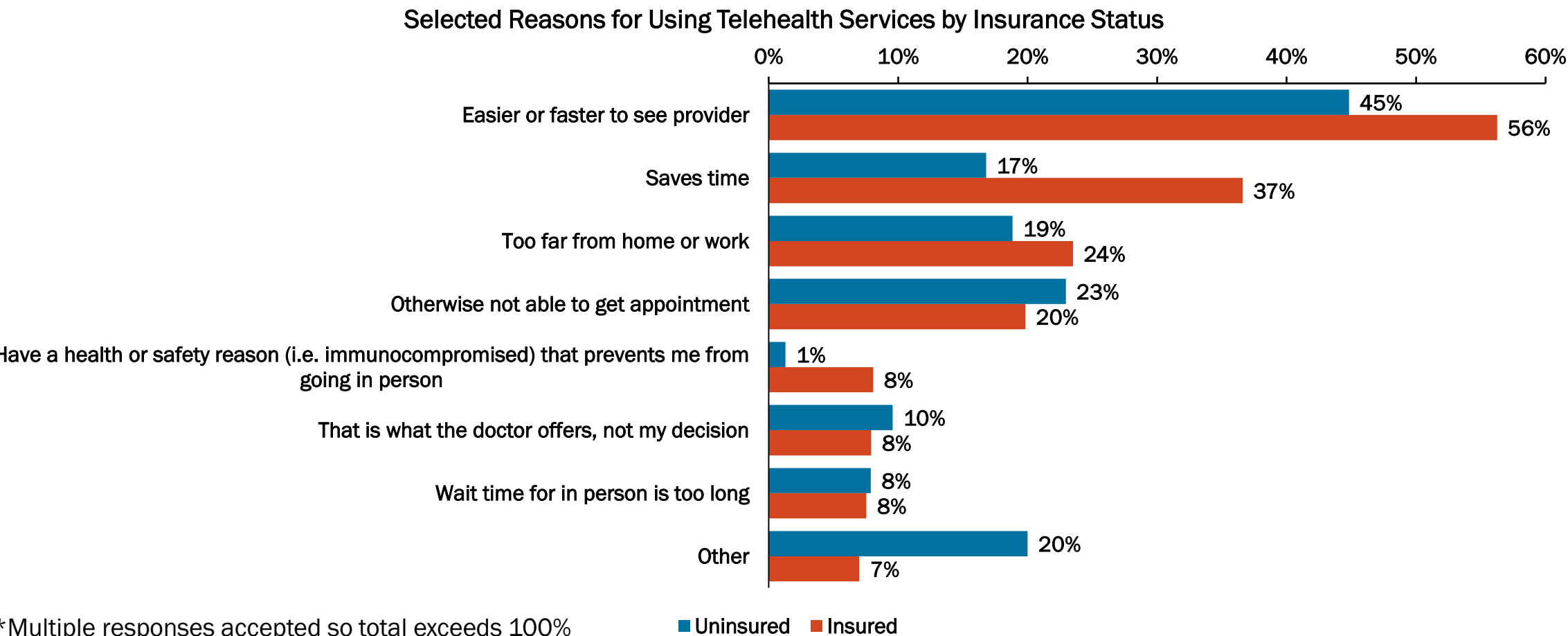
## Types of Care Family Received through Telehealth by Insurance Status

	Estimated Population by Insurance Status	
Type of Care	Uninsured	Insured
Mental health	1,300	61,400
Follow up	600	30,800
Therapy (non-specific)	500	21,500
Telehealth, Telemed	300	18,000
Check up, routine care	400	16,100
Primary care	100	15,200
Medication, prescriptions	100	14,400
Condition (non-specific)	900	13,500
Counseling	300	13,300
Specialist	300	10,100
Other	2,600	127,800

# Reasons for Using Telehealth Services by Insurance Status

The most common reason Vermont residents use telehealth services is that they feel it is an easier or faster way to see their provider (56% insured, 45% uninsured). Insured Vermont residents are more likely to report saving time as a reason for using telehealth than uninsured Vermont residents (37% versus 17%).

Reasons provided by fewer than 5% of respondents were combined into the category other.



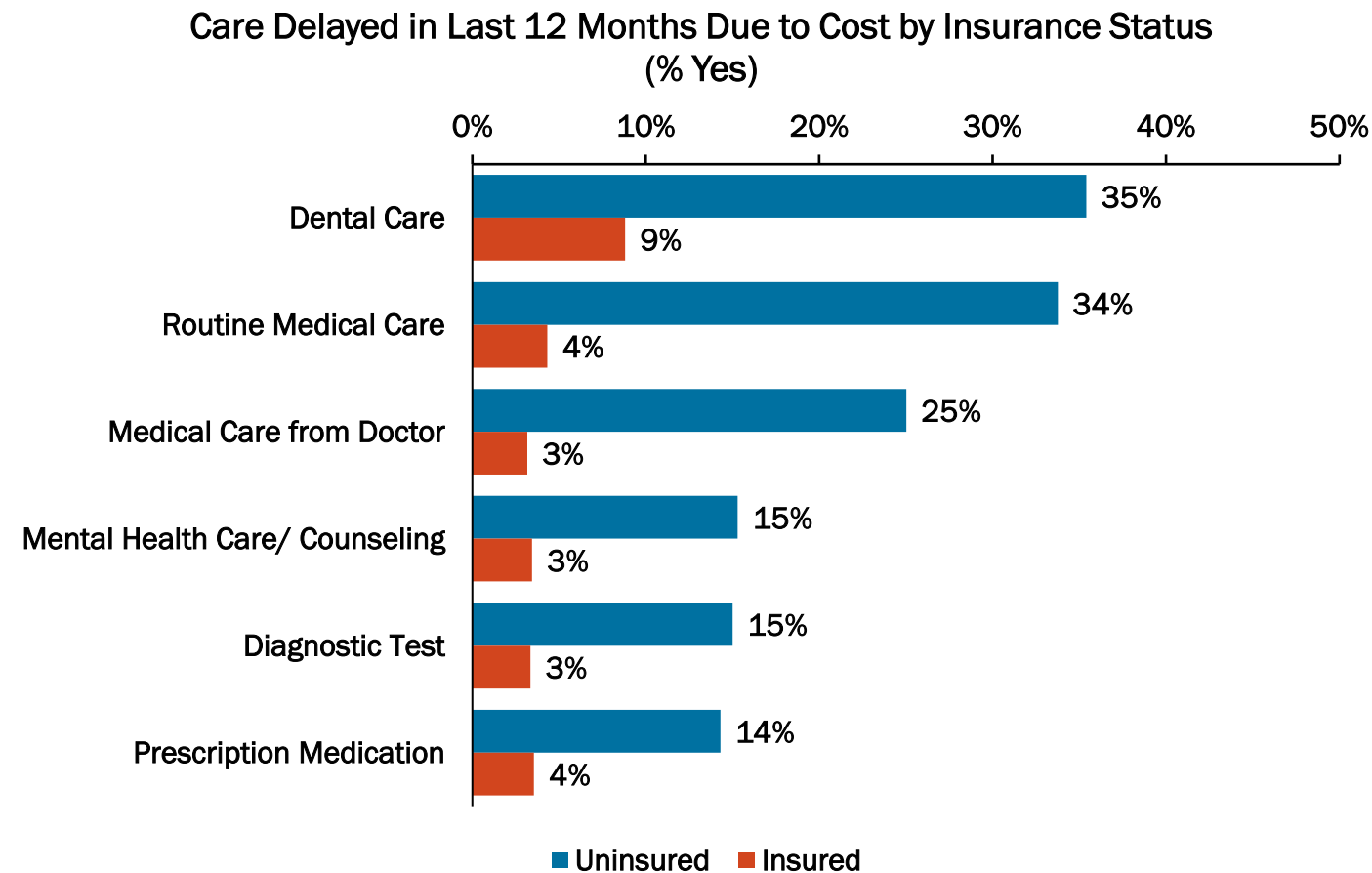
## Reasons for Using Telehealth Services by Insurance Status

Reason	Estimated Population by Insurance Status	
	Uninsured	Insured
Easier or faster to see provider	2,700	144,800
Saves time	1,000	94,200
Too far from home or work	1,100	60,500
Otherwise not able to get appointment	1,400	51,000
Have a health or safety reason (i.e. immunocompromised) that prevents me from going in person	100	20,800
That is what the doctor offers, not my decision	600	20,400
Wait time for in person is too long	500	19,400
Other	1,200	17,100



# Care Delayed in Last 12 Months Due to Cost by Insurance Status

Uninsured Vermont residents 18 to 64 years old are three to eight times more likely to defer care due to cost in the last 12 months than insured Vermont residents, depending on the type of care delayed. Dental care is most often delayed (35% uninsured, 9% insured), but the largest difference is seen in routine medical care (34% versus 4%).



Type of Care	Estimated Population by Insurance Status	
	Uninsured	Insured
Dental Care	7,300	54,700
Routine Medical Care	7,000	26,900
Medical Care from Doctor	5,200	19,700
Mental Health Care/ Counseling	3,200	21,400
Diagnostic Test	3,100	20,800
Prescription Medication	3,000	22,100

# Care Delayed in Last 12 Months Due to Cost by Insurance Status Over Time

Uninsured Vermont residents were more likely to delay care of all kinds during the past 12 months than they were in 2021.

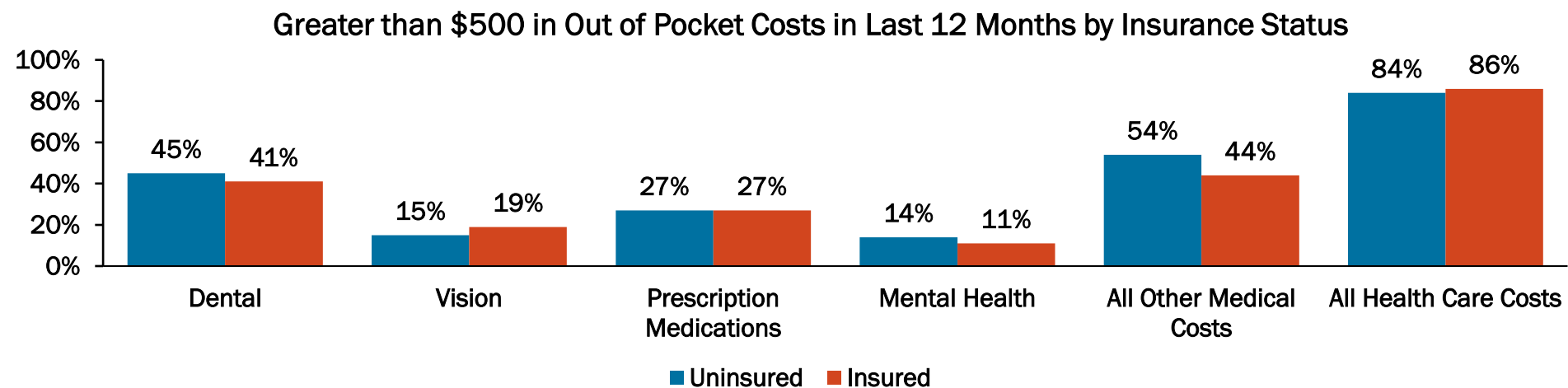
	2012		2014		2018		2021		2025	
Type of Care	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Dental Care	31%	9%	32%	8%	29%	8%	28%	7%	35%	9%
Routine Medical Care*	N/A	N/A	N/A	N/A	22%	2%	28%	3%	34%	4%
Medical Care from Doctor	17%	3%	17%	2%	11%	2%	19%	2%	25%	3%
Diagnostic Test	8%	2%	7%	2%	7%	2%	12%	2%	15%	3%
Prescription Medication	10%	3%	8%	2%	6%	3%	13%	2%	15%	3%
Mental Health Care/ Counseling	7%	1%	5%	2%	3%	1%	12%	2%	14%	4%

	2012		2014		2018		2021		2025	
Type of Care	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Dental Care	13,200	54,000	7,400	47,900	5,700	50,000	5,500	42,300	7,300	54,700
Routine Medical Care*	N/A	N/A	N/A	N/A	4,300	14,300	5,400	16,100	7,000	26,900
Medical Care from Doctor	7,200	15,900	3,900	12,000	2,200	9,600	3,700	13,000	5,200	19,700
Diagnostic Test	3,300	11,100	1,600	9,800	1,400	13,300	2,300	13,300	3,200	21,400
Prescription Medication	4,400	15,400	1,900	15,000	1,200	17,200	2,500	13,900	3,100	20,800
Mental Health Care/ Counseling	3,100	8,200	1,200	7,600	600	8,300	2,400	11,400	3,000	22,100

\*Question was not asked in 2012 or 2014

# Out-of-Pocket Health Care Costs Greater than \$500 in Last 12 Months by Insurance Status

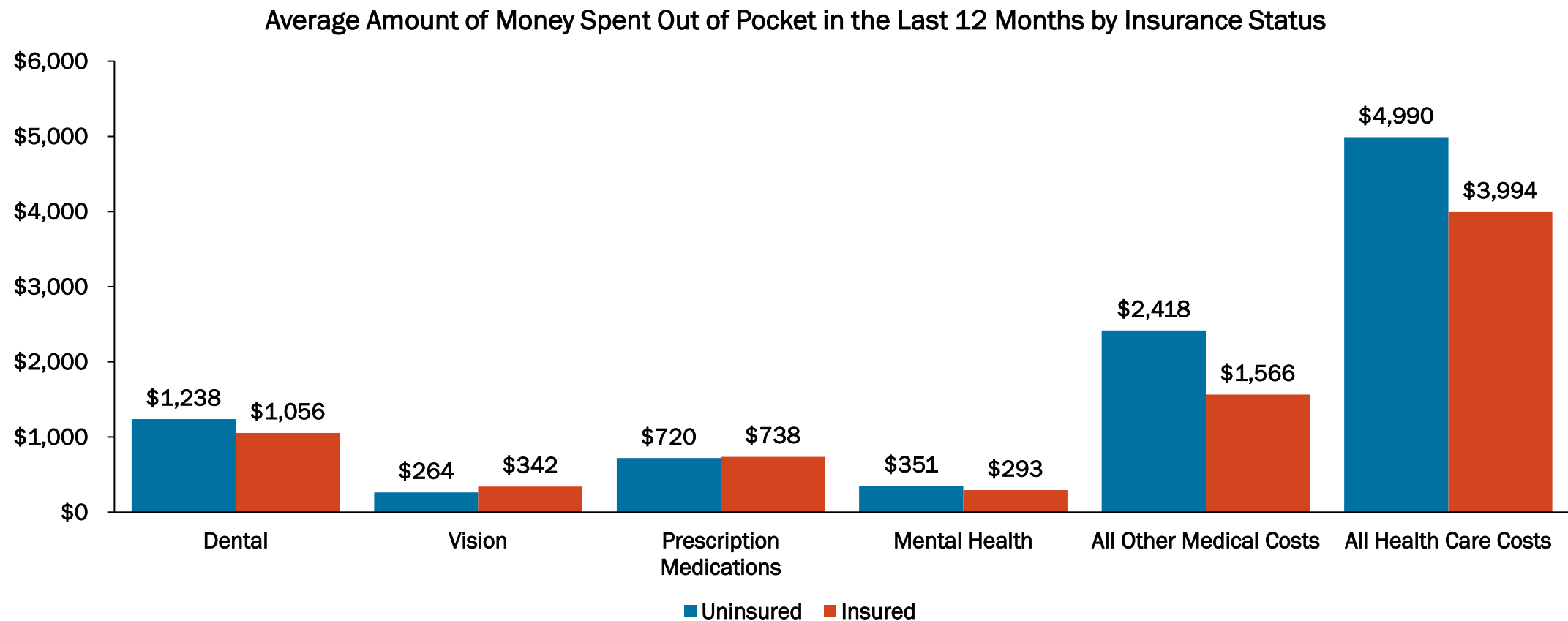
In the last 12 months, uninsured and insured Vermont residents were similarly likely to have medical bills over \$500 (84% versus 86%), although the source of those bills differs slightly. Uninsured Vermont residents have more large dental bills, mental health bills, and other medical care costs, whereas insured Vermont residents have more large vision care bills.



Estimated Population by Insurance Status		
Type of Care	Uninsured	Insured
Dental	9,300	256,200
Vision	3,200	117,300
Prescription Medications	5,700	170,100
Mental Health	2,800	68,900
All Other Medical Costs	11,300	272,800
All Health Care Costs	17,500	532,300

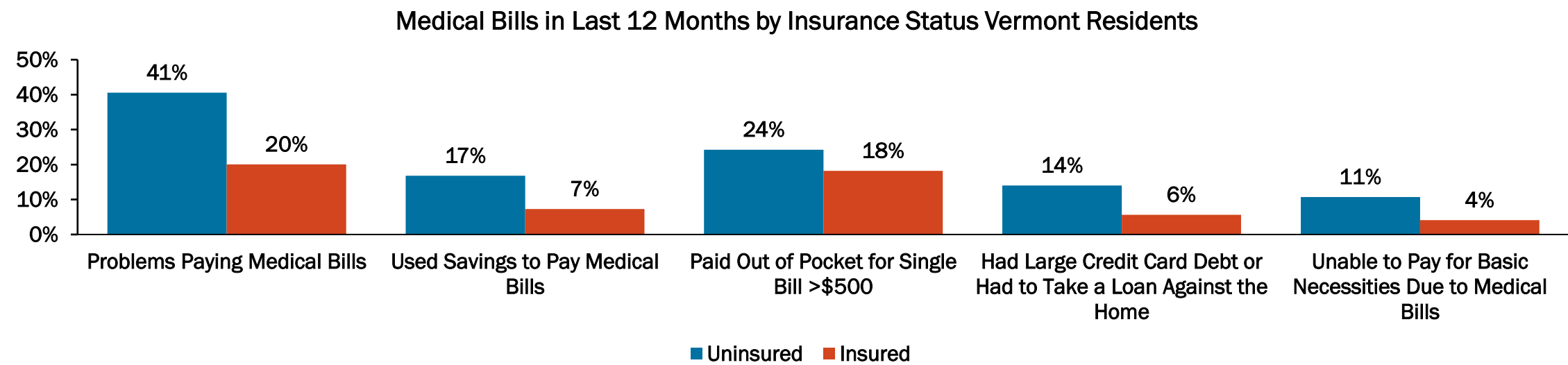
# Average Amount Spent Out-of-Pocket in the Last 12 Months by Insurance Status

Uninsured Vermont residents spend, on average, more on medical expenses out-of-pocket than their insured counterparts. On average, uninsured Vermont residents spent almost \$5,000 in the prior 12 months compared to less than \$4,000 spent by insured Vermont residents. Both average expenses are far higher than the amount spent in 2021, when uninsured Vermont residents spent around \$3,700 and insured Vermont residents spent around \$3,100.



# Medical Bills in Last 12 Months by Insurance Status

Uninsured Vermont residents are significantly more likely than insured Vermont residents to report difficulty paying their medical bills in the last 12 months. Uninsured Vermont residents are also significantly more likely to use savings (17% versus 7%), take on debt (14% versus 6%) or more frequently unable to pay for basic necessities due to medical bills (11% versus 4%). All rates for both groups have increased since 2021.



Issue	Estimated Population by Insurance Status	
	Uninsured	Insured
Problems Paying Medical Bills	8,400	124,600
Used Savings to Pay Medical Bills	3,500	45,300
Paid Out of Pocket for Bill >\$500	5,000	113,200
Had Large Credit Card Debt or Had to Take a Loan Against the Home	2,900	35,100
Unable to Pay for Basic Necessities Due to Medical Bills	2,200	25,400

# Medical Bills in Last 12 Months by Insurance Status Over Time

In 2025, Vermont residents insured and uninsured all report experiencing more issues with medical bills during the last 12 months than they did in 2021. The largest increase for those uninsured is problems paying medical bills (30% in 2021 vs 41% in 2025). Insured Vermont residents also saw their largest increase in having problems paying for medical bills, from 13% in 2021 to 20% in 2025.

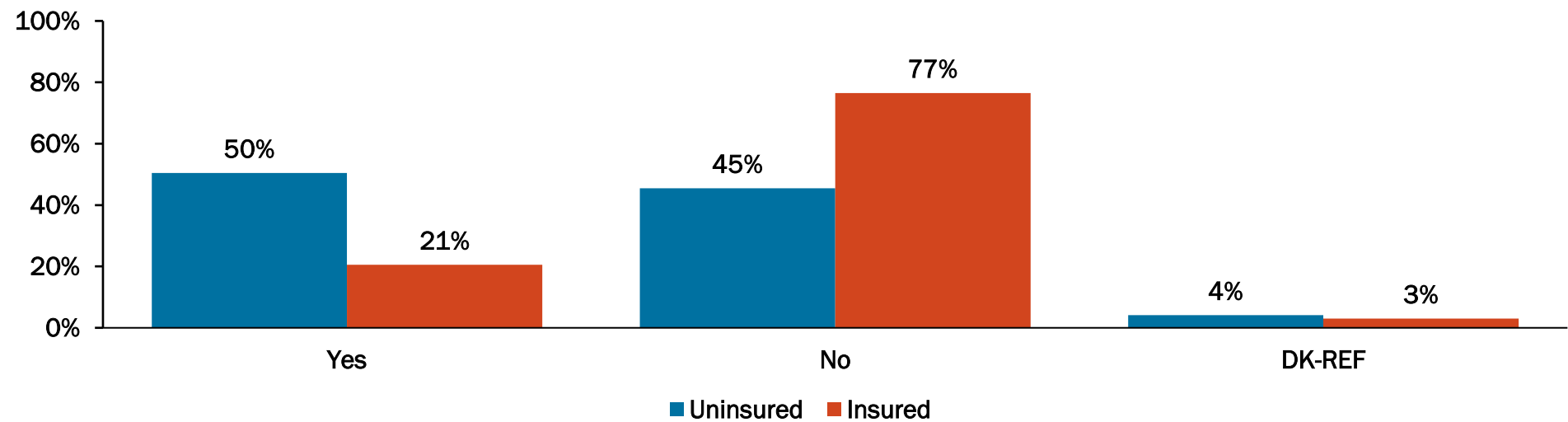
	2012		2014		2018		2021		2025	
Issue	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Problems Paying Medical Bills	40%	21%	37%	19%	30%	17%	30%	13%	41%	20%
Used Savings to Pay Medical Bills	N/A	N/A	N/A	N/A	16%	9%	12%	5%	17%	7%
Paid Out of Pocket for Bill >\$500	22%	13%	22%	11%	12%	13%	23%	13%	24%	18%
Had Large Credit Card Debt or Had to Take a Loan Against the Home	N/A	N/A	N/A	N/A	8%	6%	10%	3%	14%	6%
Unable to Pay for Basic Necessities Due to Medical Bills	N/A	N/A	N/A	N/A	4%	3%	6%	1%	11%	4%

	2012		2014		2018		2021		2025	
Issue	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured
Problems Paying Medical Bills	17,200	122,900	8,600	115,500	5,900	101,100	5,900	79,200	8,400	124,600
Used Savings to Pay Medical Bills	N/A	N/A	N/A	N/A	3,200	53,400	2,400	32,200	3,500	45,300
Paid Out of Pocket for Bill >\$500	9,200	76,500	5,000	69,300	2,500	77,900	4,500	79,800	5,000	113,200
Had Large Credit Card Debt or Had to Take a Loan Against the Home	N/A	N/A	N/A	N/A	1,700	34,400	2,000	19,000	2,900	35,100
Unable to Pay for Basic Necessities Due to Medical Bills	N/A	N/A	N/A	N/A	800	15,600	1,200	8,900	2,200	25,400

# Fear of Medical Debt in Decision Making by Insurance Status

Medical debt is significantly more likely to impact the health care decisions of uninsured Vermont residents than it is insured Vermont residents. Fifty percent of uninsured Vermont residents indicate that fear of medical debt impacted decisions to seek medical care, a significant increase from 2021. Sixty-three percent of the uninsured with fear of debt did not get dental care and 57% did not get primary care (as shown on the next slide).

Fear of Medical Debt Impacted Household when Making Decisions about whether to Seek Medical Care During the Past 12 Months, by Insurance Status



Estimated Population by Insurance Status		
Response	Uninsured	Insured
Yes	10,500	127,500
No	9,400	475,600
DK-REF	800	18,600



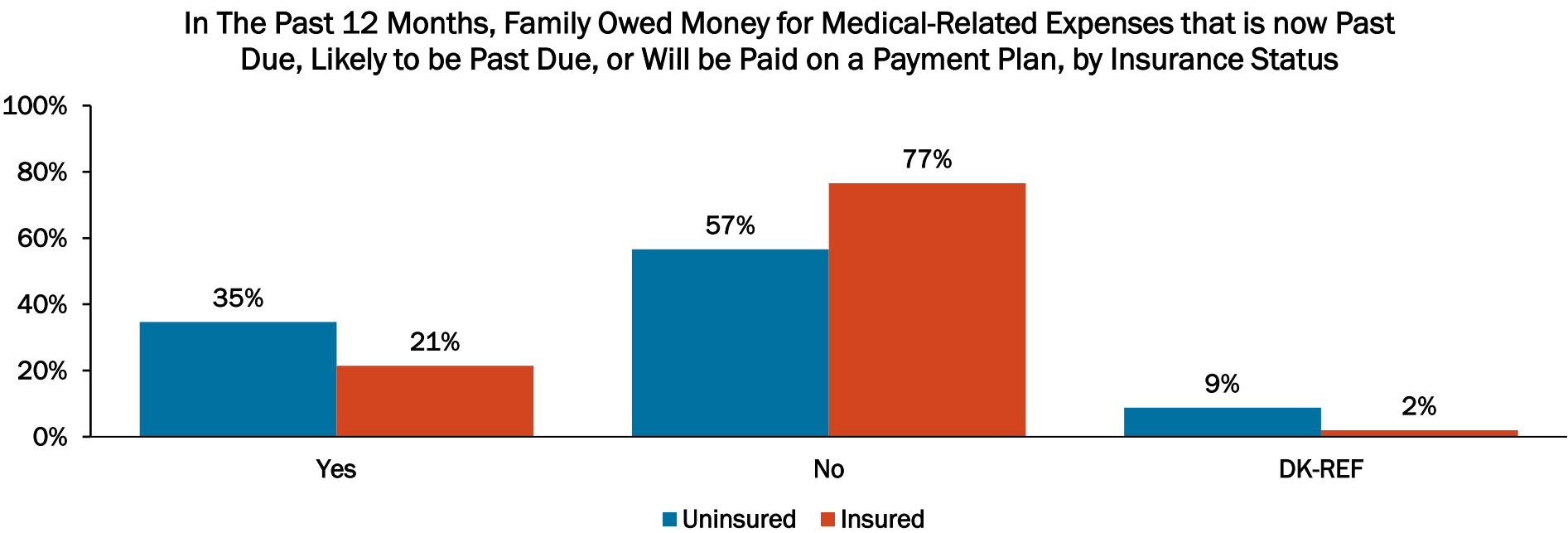
# Health Care Not Sought Due to Fear of Debt by Insurance Status

## Health Care not Sought Due to Fear of Debt

Type of Care	Rates of Those With Fear of Medical Debt by Insured Status		Estimated Population of Those With Fear of Medical Debt by Insured Status	
	Uninsured	Insured	Uninsured	Insured
Dental care	63%	47%	6,600	59,300
Primary care	57%	26%	6,000	33,400
Emergency or urgent care	24%	26%	2,600	32,800
Vision related care	42%	25%	4,400	32,200
Mental health related care	44%	25%	4,600	32,200
Other outpatient or ongoing medical care	14%	20%	1,500	25,700
OB or GYN related care	23%	13%	2,400	17,200
Diagnostic procedure, tests, exams	6%	6%	600	7,600
Specialist care	3%	5%	300	5,900
Surgery	2%	4%	200	5,400
Care for children or dependent(s)	3%	4%	300	5,300
Vaccinations	16%	3%	1,700	3,400
Substance use related care	5%	3%	600	3,200
Other	2%	7%	200	8,500
DK-REF	<1%	5%	<100	6,600

# Past Due Health Care Expenses, by Insurance Status

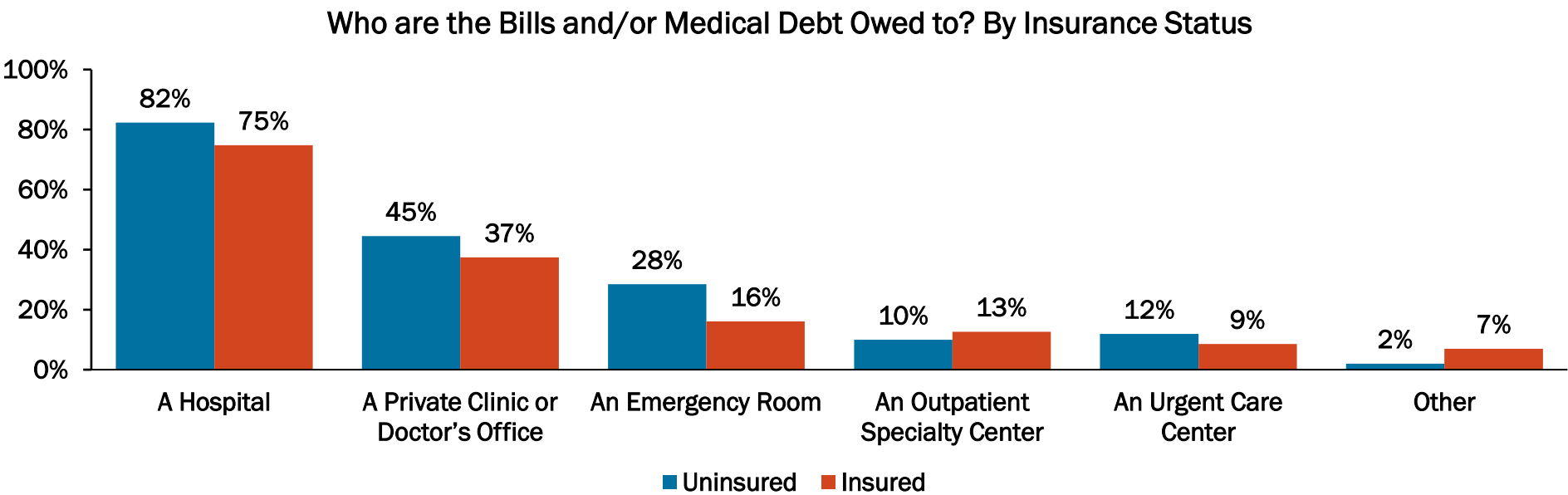
Uninsured Vermont residents are significantly more likely than insured Vermont residents to report owing money for medical debt that is past due, likely to become past due, or will be paid through a payment plan or other medical assistance (35% versus 21%).



Response	Estimated Population by Insurance Status	
	Uninsured	Insured
Yes	7,200	133,300
No	11,700	476,100
DK-REF	1,800	12,300

# Source of Past Due Health Care Expenses, by Insurance Status

Medical debt is most often owed to a hospital for both uninsured (82%) and insured (75%) Vermont residents.



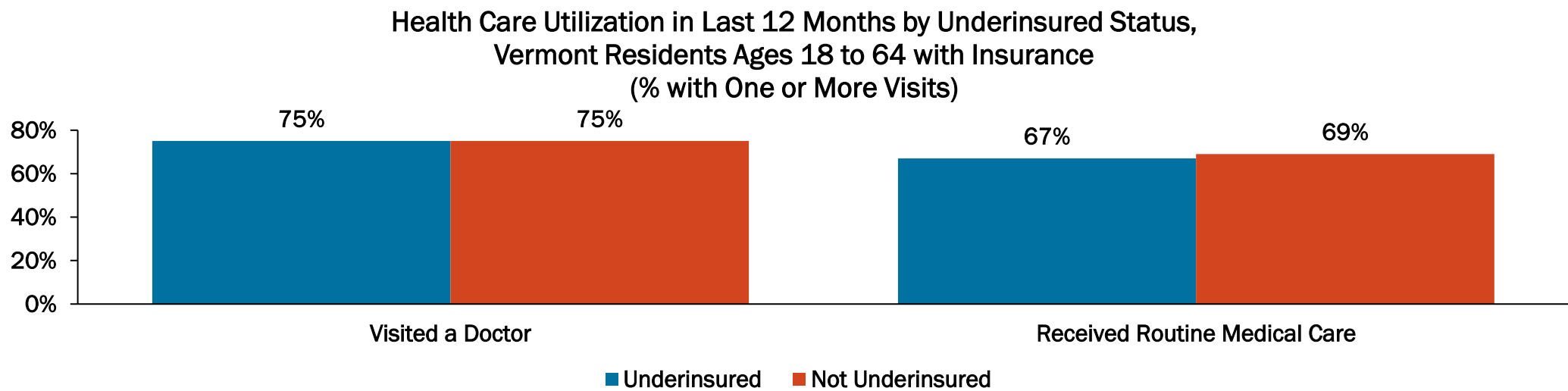
Response	Estimated Population by Insured Status	
	Uninsured	Insured
A Hospital	5,900	99,700
A Private Clinic or Doctor's Office	3,200	49,800
An Emergency Room	2,000	21,400
An Outpatient Specialty Center	700	16,900
An Urgent Care Center	900	11,400
Other	100	9,800

The background image shows a serene outdoor scene. In the foreground, two people are kayaking on a calm body of water. They are wearing life jackets and hats. The water is a light brownish-grey. In the background, there are rolling hills covered in dense green forest. The sky is a pale, hazy blue. The overall tone is peaceful and natural.

# **Health Care Utilization by Underinsurance Status**

# Health Care Utilization in Last 12 Months by Underinsured\* Status

Among Vermont residents ages 18 to 64 with health insurance, underinsured status did not impact visits to the doctor or receipt of routine medical care in the last year.

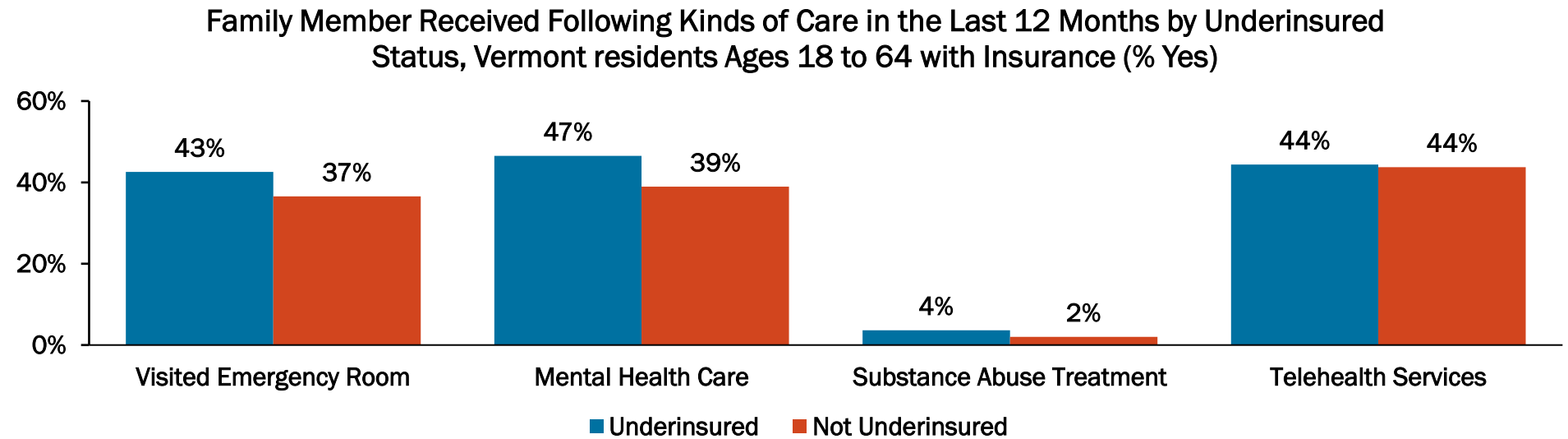


	Estimated Population by Underinsured Status	
Type of Care	Underinsured	Not Underinsured
Visited a Doctor	93,200	182,100
Received Routine Medical Care	84,000	166,700

\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

# Health Care Utilization in Last 12 Months by Underinsured\* Status

Underinsured Vermont residents 18 to 64 are more likely than other insured residents to have received mental health care (47% vs. 39%) and visit the emergency room (43% vs 37%) in the last 12 months.

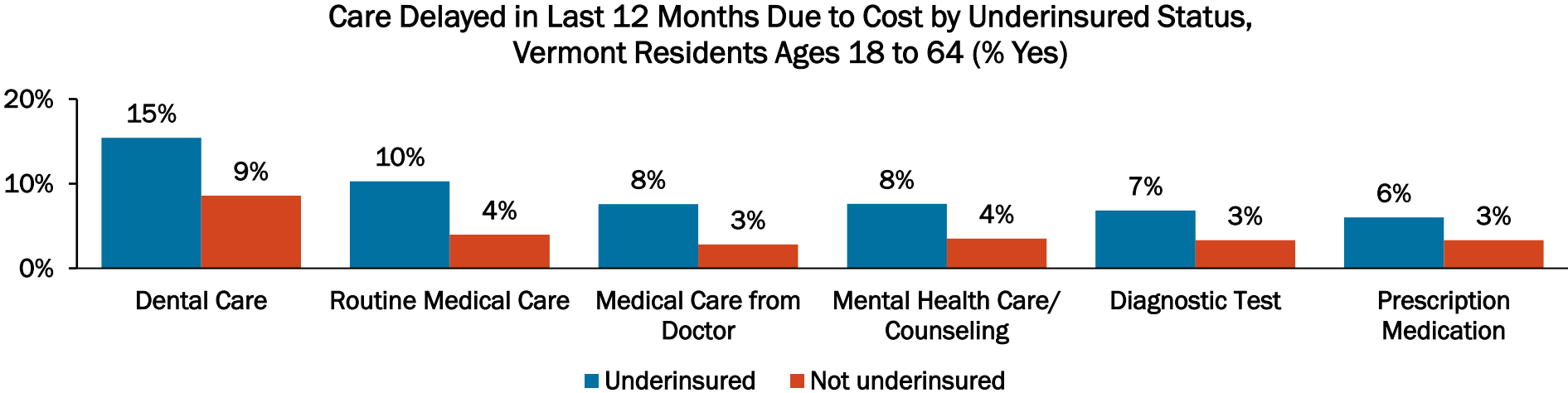


Estimated Population by Underinsured Status		
Type of Care	Underinsured	Not Underinsured
Visited Emergency Room	53,200	88,400
Mental Health Care	58,200	94,200
Substance Abuse Treatment	4,500	4,900
Telehealth Services	55,500	105,900

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# Care Delayed in Last 12 Months Due to Cost by Underinsured\* Status, Vermont Residents Ages 18 to 64

Underinsured Vermont residents ages 18 to 64 are more likely to delay care of all kinds due to cost than other insured residents. Dental care is the most delayed care regardless of uninsurance status.



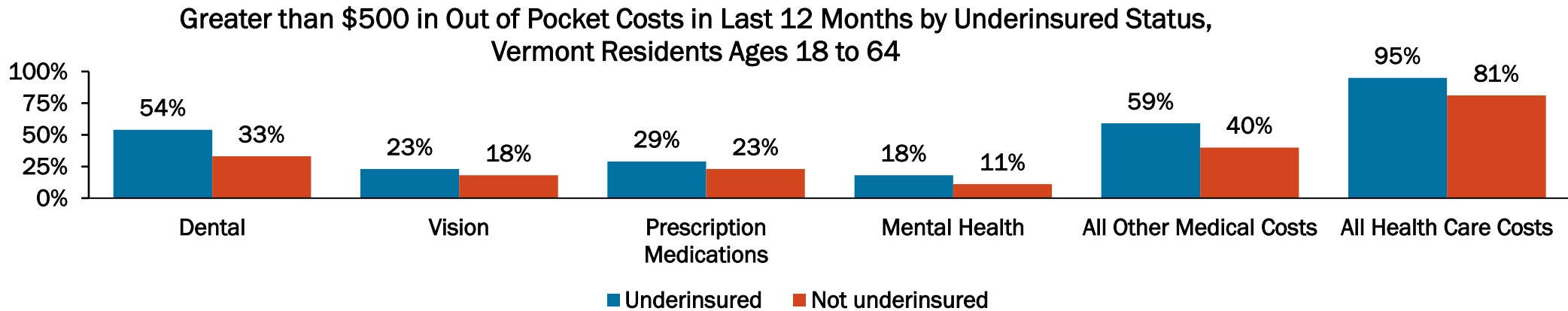
Estimated Population by Underinsured Status		
Type of Care	Underinsured	Not underinsured
Dental Care	19,300	20,800
Routine Medical Care	12,900	9,600
Medical Care from Doctor	9,500	6,800
Mental Health Care/ Counseling	9,500	8,500
Diagnostic Test	8,500	8,100
Prescription Medication	7,500	8,100

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# Out-of-Pocket Health Care Costs Greater than \$500 in Last 12 Months by Underinsured\* Status, Vermont Residents 18 to 64 Years Old

In the last 12 months, underinsured Vermont residents ages 18 to 64 were more likely to have large medical bills that have to be paid out-of-pocket than other insured Vermont residents. This is true regardless of the type of expense, but most likely for dental care (54% versus 33%) and other medical costs (59% versus 40%).

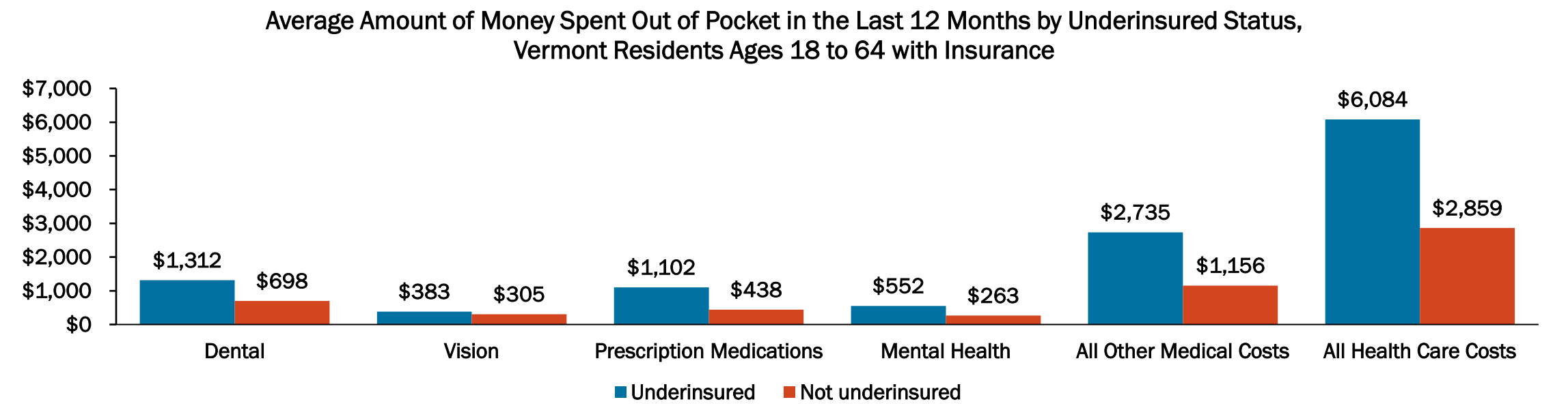


Type of Care	Estimated Population by Underinsured Status	
	Underinsured	Not Underinsured
Dental	68,100	81,000
Vision	29,400	43,200
Prescription Medications	36,100	56,700
Mental Health	22,100	27,600
All Other Medical Costs	74,200	96,300
All Health Care Costs	118,200	195,600

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# Average Amount Spent Out-of-Pocket in the Last 12 Months by Underinsured\* Status, Vermont Residents 18-64 Years Old

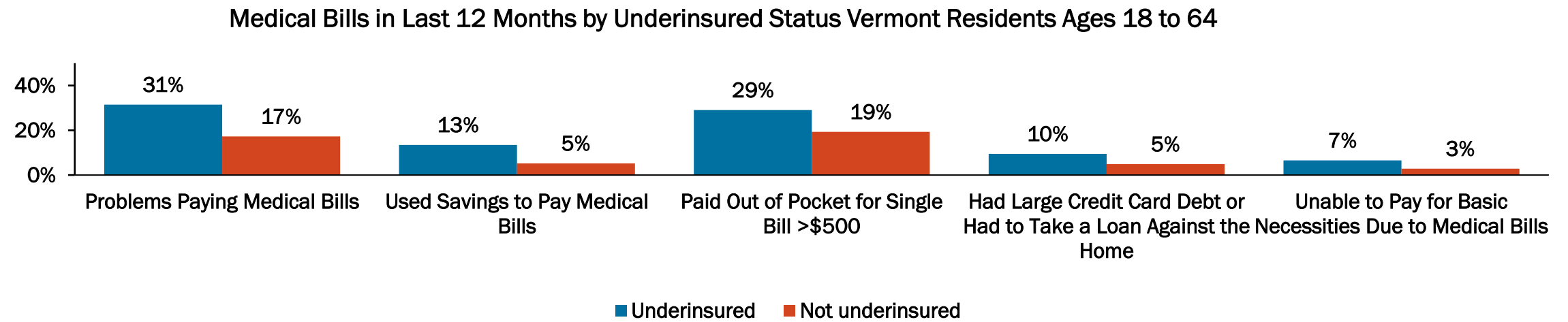
Underinsured Vermont residents 18 to 64 years old reported spending, on average, about two times more out-of-pocket on care during the last 12 months, than other insured residents. Underinsured residents ages 18 to 64 spent on average more than \$6,000 out-of-pocket on healthcare compared to less than \$3,000 among other insured residents. Vision care is the only category without a large difference in out-of-pocket expenses by underinsurance status. Average out-of-pocket expenses, regardless of underinsurance status, are far higher than the amount spent in 2021. At that time, underinsured Vermont residents spent around \$4,600, and non uninsured Vermont residents spent around \$1,900.



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# Medical Bills in Last 12 Months by Underinsured\* Status, Vermont Residents 18 to 64 Years Old

Underinsured Vermont residents 18 to 64 years old are significantly more likely than other insured Vermont residents of the same age to report difficulty paying medical bills (31% versus 17%) and statistically more likely to report paying a bill out-of-pocket of more than \$500.

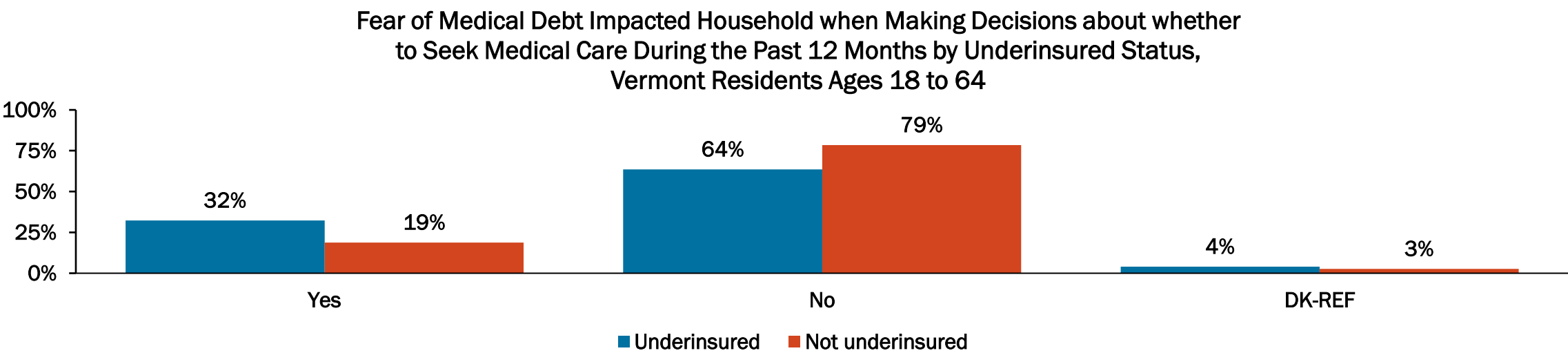


Bills	Estimated Population by Underinsured Status	
	Underinsured	Not underinsured
Problems Paying Medical Bills	39,400	41,800
Used Savings to Pay Medical Bills	16,900	12,700
Paid Out of Pocket for Single Bill >\$500	36,300	46,700
Had Large Credit Card Debt or Had to Take a Loan Against the Home	11,900	11,900
Unable to Pay for Basic Necessities Due to Medical Bills	8,200	7,000

\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

# Fear of Medical Debt in Decision Making in Last 12 Months by Underinsured\* Status, Vermont Residents Ages 18 to 64

Underinsured Vermont residents ages 18 to 64 are significantly more likely than other insured residents to report fear of medical debt impact their medical decision making (32% versus 19%). Both groups reported far higher rates than in 2021. The most commonly deferred care for underinsured Vermont residents (47%) and other insured residents (41%) was dental care, as shown as the next page.



	Estimated Population by Underinsured Status	
Response	Underinsured	Not underinsured
Yes	40,400	45,500
No	79,500	189,900
DK-REF	5,100	6,500

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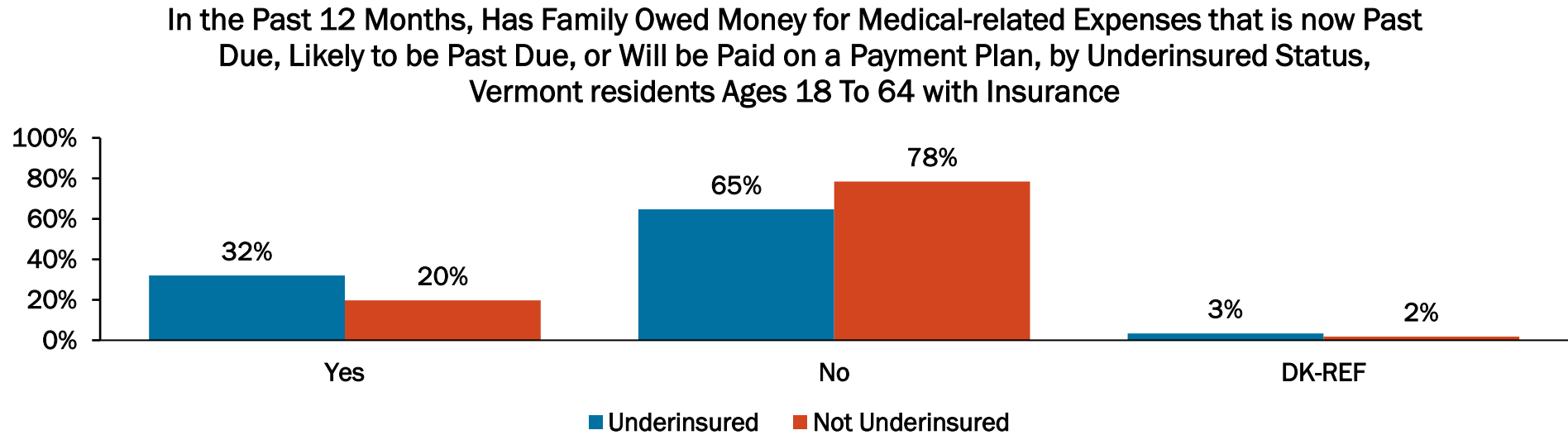
# Health Care not Sought Due to Fear of Debt by Underinsured\* Status, Vermont Residents Ages 18 to 64

Type of Care Not Sought	Rates Among Those with Fear of Medical Debt by Underinsured Status		Estimated Population Among Those with Fear of Medical Debt by Underinsured Status	
	Underinsured	Not Underinsured	Underinsured	Not Underinsured
Dental care	47%	41%	19,000	18,900
Mental health related care	25%	27%	10,000	12,500
Primary care	29%	26%	11,600	11,800
Emergency or urgent care	30%	24%	12,200	10,900
Vision related care	27%	23%	11,000	10,600
Other outpatient or ongoing medical care	22%	19%	9,000	8,700
OB or GYN related care	17%	11%	6,800	4,800
Specialist care	4%	6%	1,500	2,600
Diagnostic procedure, tests, exams	7%	4%	2,900	2,000
Surgery	5%	4%	2,100	1,700
Substance use related care	2%	3%	800	1,400
Care for children or dependent(s)	5%	3%	1,900	1,300
Vaccinations	3%	2%	1,200	900
Other	8%	3%	3,300	1,500
DK-REF	4%	6%	1,700	2,800

\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

# Past Due Health Care Expenses, by Underinsured\* Status

In the past 12 months, one-third (32%) of underinsured Vermont residents ages 18 to 64 had medical expenses that are now past due, likely to be past due, or will be paid on a payment plan or other financial assistance. Twenty percent of insured residents reported the same expense outcomes.

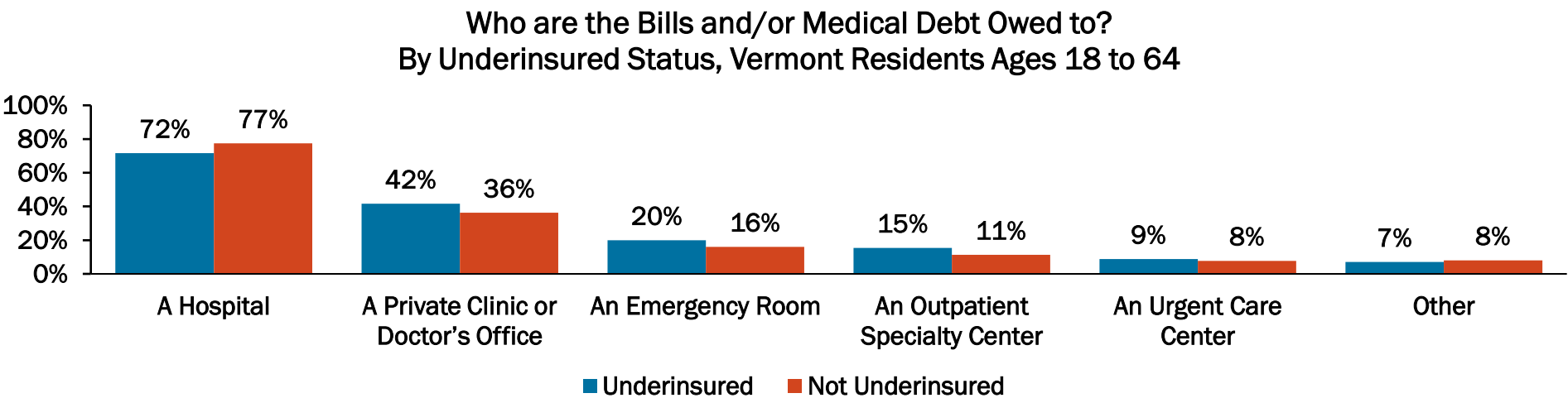


Estimated Population by Underinsured Status		
Response	Underinsured	Not Underinsured
Yes	39,900	47,700
No	80,800	189,800
DK-REF	4,300	4,500

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# Source of Past Due Health Care Expenses by Underinsured\* Status, Vermont Residents Ages 18 to 64

Hospitals are the most common source of past due medical debt for underinsured Vermont residents (72%) and other insured (77%) Vermont residents.



Response	Estimated Population by Underinsured Status	
	Underinsured	Not Underinsured
A Hospital	28,600	36,900
A Private Clinic or Doctor's Office	16,600	17,300
An Emergency Room	8,000	7,600
An Outpatient Specialty Center	6,100	5,400
An Urgent Care Center	3,500	3,700
Other	2,900	3,800

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# **Health Savings, Health Reimbursement, and Flexible Savings Accounts**





# Health Savings, Health Reimbursement, and Flexible Savings Accounts

A **Health Savings Account (HSA)** is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. HSAs are available to taxpayers who are enrolled in a high-deductible health plan. The money in the account can only be spent on health care and can grow from year to year.

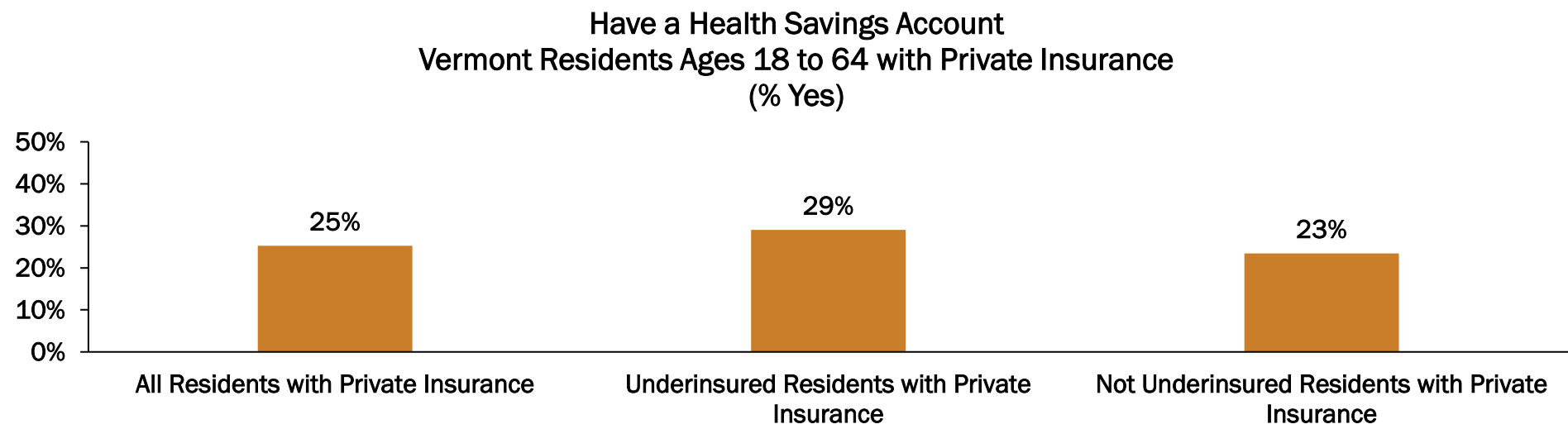
A **Health Reimbursement Account (HRA)** is an employer funded account from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the account.

A **Flexible Savings Account (FSA)** is an employee benefit that allows you to set aside pre-tax money to pay for qualified expenses, usually medical expenses, but sometimes dependent care or other expenses

Overall, 25% of residents 18 to 64 years old with private insurance have an HSA, 7% have an HRA, and 18% have an FSA. The percentage of people who have an HSA or HRA decreased from 2021, and there was an associated increase in the percentage of people who were unsure.

# Have Health Savings Accounts (HSA), Vermont Residents 18 to 64 Years Old with Private Insurance

One quarter (25%) of Vermont residents 18 to 64 years of age with private insurance report having a health savings account (HSA). Those who are underinsured are more likely to have an HSA (29%) than those who are not (23%).



Health Savings Account Status	Estimated Population
All Residents with Private Insurance	69,200
Underinsured Residents with Private Insurance	25,900
Not Underinsured Residents with Private Insurance	43,300

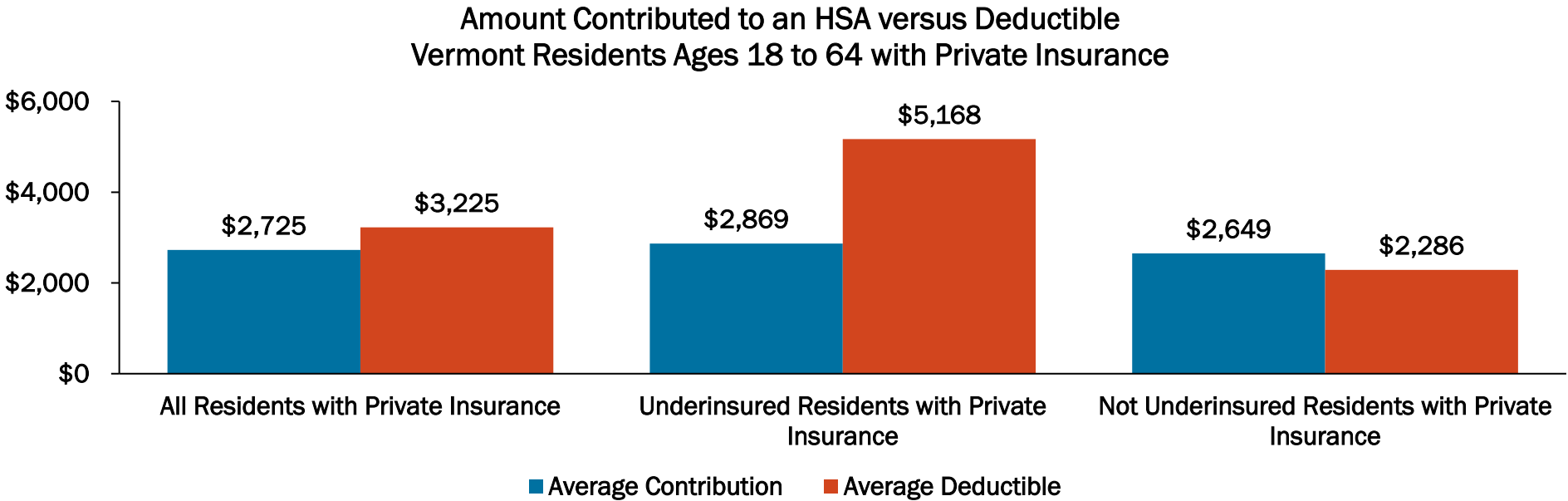
\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

# Amount Contributed to an HSA versus Deductible, Vermont Residents 18 to 64 Years Old with Private Insurance

All Vermont residents with an HSA contributed an average of \$2,725 to their HSA during the past 12 months, which is 84% of their average deductible of \$3,225.

While underinsured Vermont residents contributed slightly more to an HSA (\$2,869), their contributions were, on average, enough to cover only 56% of their much larger deductible (\$5,168).

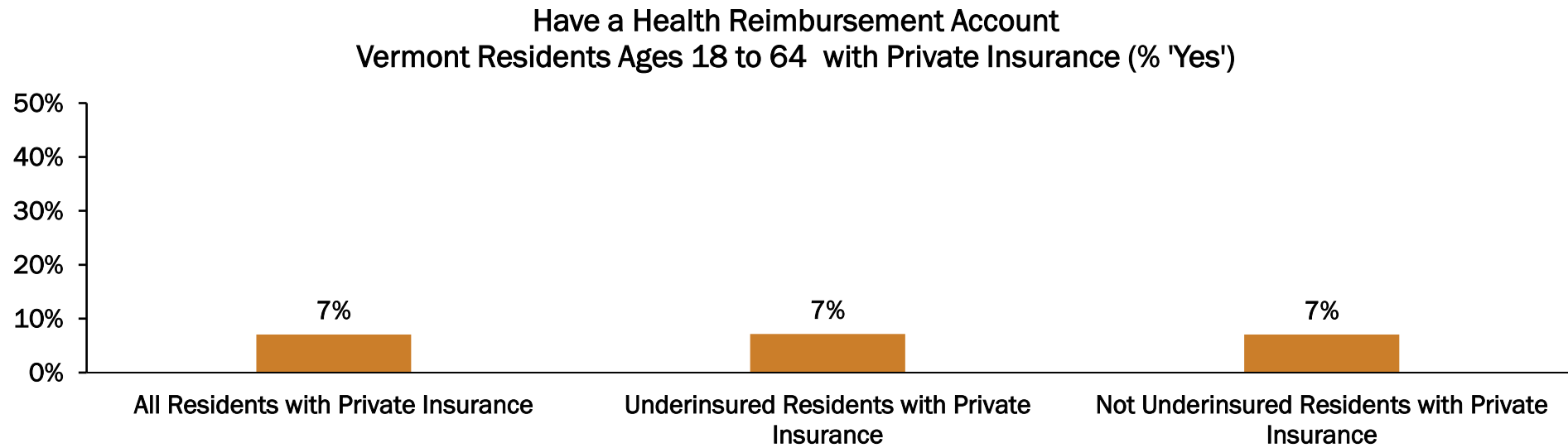
Other insured Vermont residents have a lower average deductible (\$2,286); so, although they saved slightly less on average (\$2,649), that was enough to cover their deductible.



\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

# Have Health Reimbursement Account (HRA), Vermont Residents 18 to 64 Years Old with Private Insurance

Seven percent of Vermont residents 18 to 64 years of age with private insurance had a health reimbursement account (HRA) as part of their health insurance policy in 2025.



Health Reimbursement Account Status	Estimated Population
All Residents with Private Insurance	19,400
Underinsured* Residents with Private Insurance	6,400
Not Underinsured Residents with Private Insurance	13,000

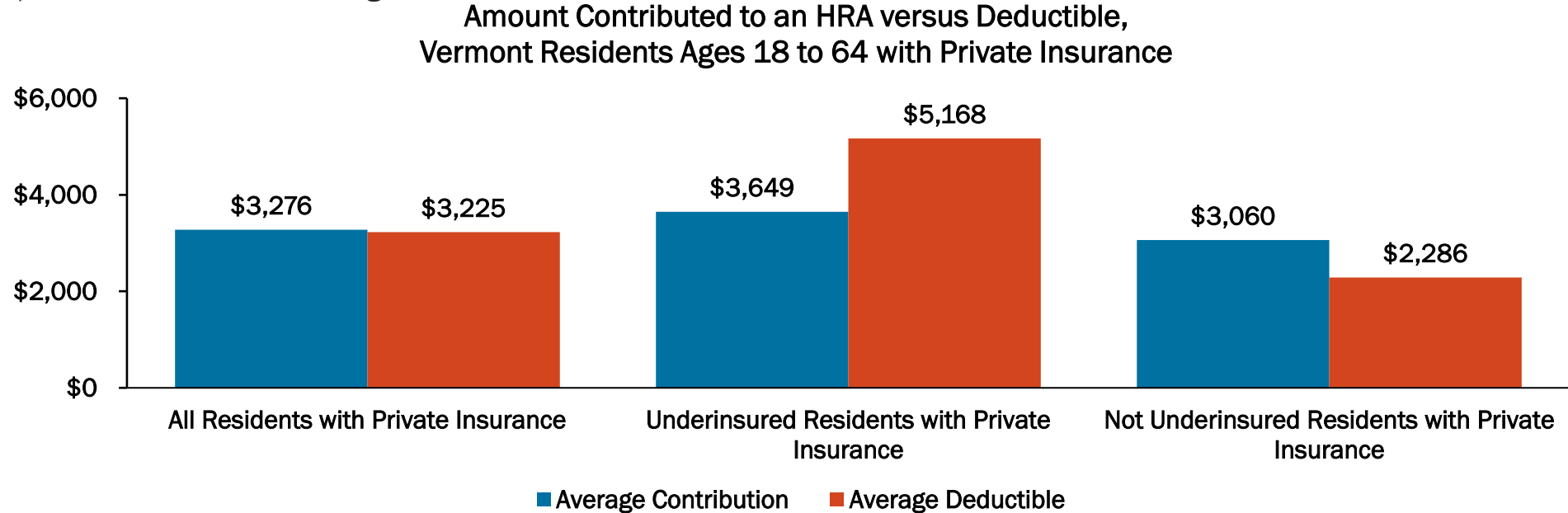
\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

# Amount Contributed to an HRA versus Deductible, Vermont Residents 18 to 64 Years Old with Private Insurance

Among all Vermont residents with private health insurance including an HRA, employers contributed an average of \$3,276 during the past 12 months to the account, enough to cover their average deductible of \$3, 225.

Employers of underinsured Vermont residents contributed slightly more to an HRA (\$3,649), but their contributions were, on average, enough to cover only 71% of their much larger deductible (\$5,168).

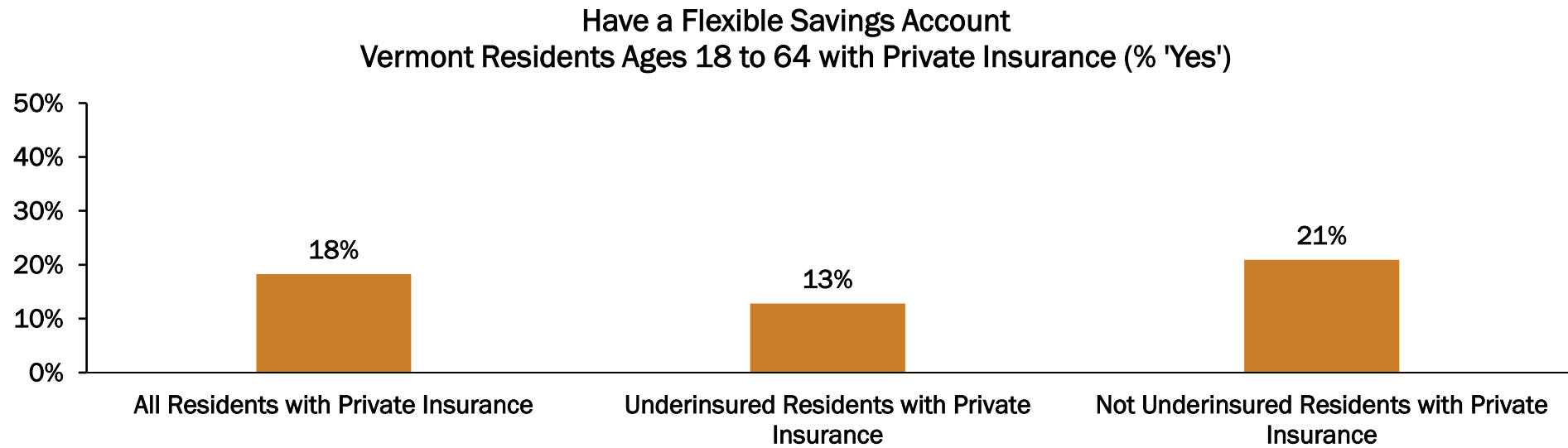
Other insured Vermont residents have a much lower average deductible (\$2,286); so, although their employers, on average, contributed slightly less (\$3,060), that was more than enough to cover the deductible.



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# Have Flexible Savings Account (FSA), Vermont Residents 18 to 64 Years Old with Private Insurance

Eighteen percent of Vermont residents ages 18 to 64 years old with private insurance report having a flexible savings account (FSA).



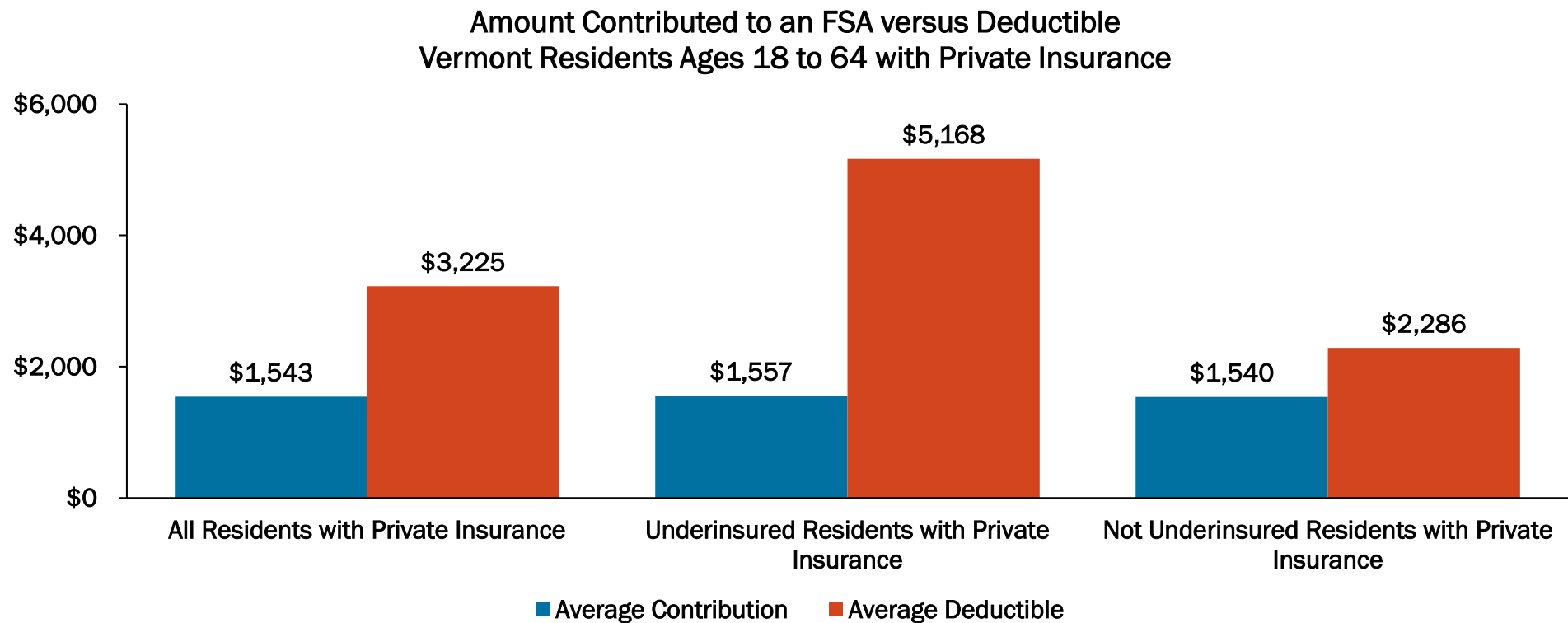
Flexible Savings Account Status	Estimated Population
All Residents with Private Insurance	50,100
Underinsured* Residents with Private Insurance	11,400
Not Underinsured Residents with Private Insurance	38,700

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# Amount Contributed to an FSA versus Deductible

## Vermont Residents 18 to 64 Years Old with Private Insurance

All Vermont residents with and FSA contributed an average of \$1,543 to their FSA during the past 12 months, which is less than half of their average deductible of \$3,225. There was little difference between the contributions of underinsured Vermont residents (\$1,557) and other insured Vermont residents (\$1,540), although those who were underinsured had much higher deductibles (\$5,168) than those not (\$2,686).

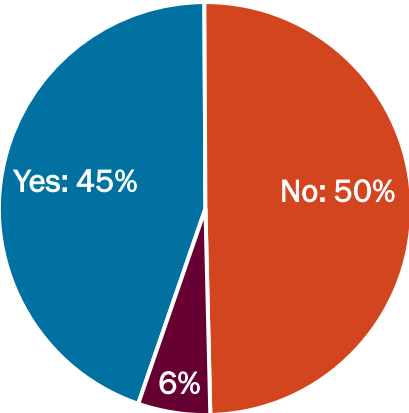


\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

# Health Care Bills not Covered by an HSA, HRA, or FSA, Vermont Residents Ages 18 to 64 with Private Insurance

Among those with an HSA, HRA, or FSA about 45% had a medical bill in the last 12 months that was not covered by their account.

Health Care Bills not Covered by an HSA, HRA, or FSA  
Vermont Residents Ages 18 to 64 with Private Insurance



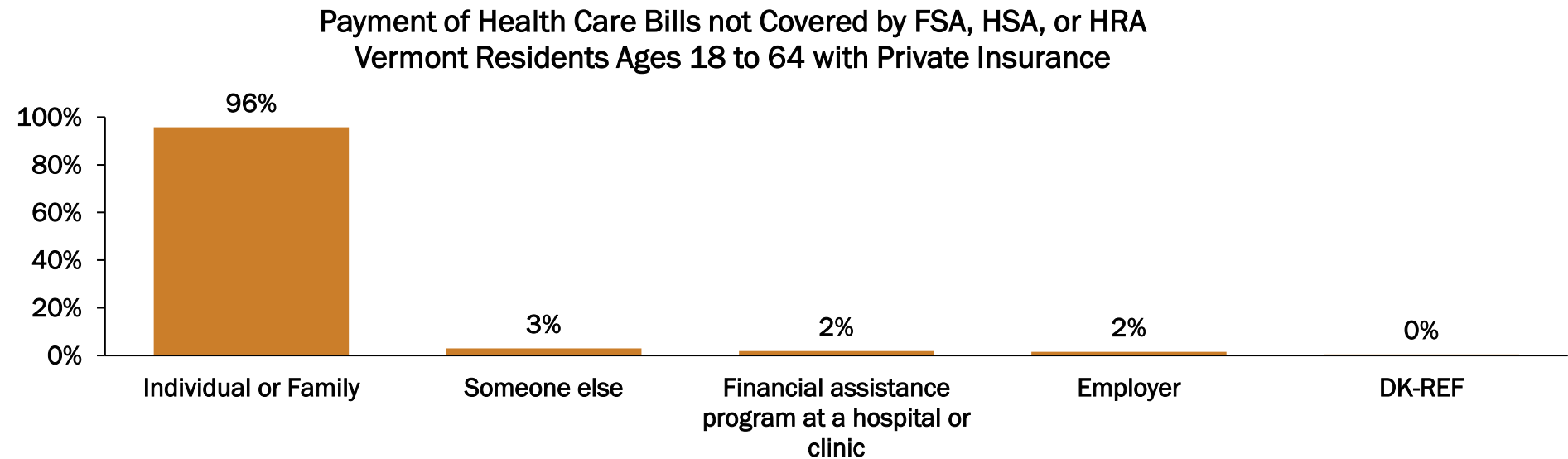
■ Yes ■ No ■ DK-REF

Response	Estimated Population
Yes	60,100
No	66,900
DK-REF	7,600



# Payment of Health Care Expenses not Covered by HSA, HRA, or FSA, Vermont Residents Ages 18 to 64 Years Old with Private Insurance

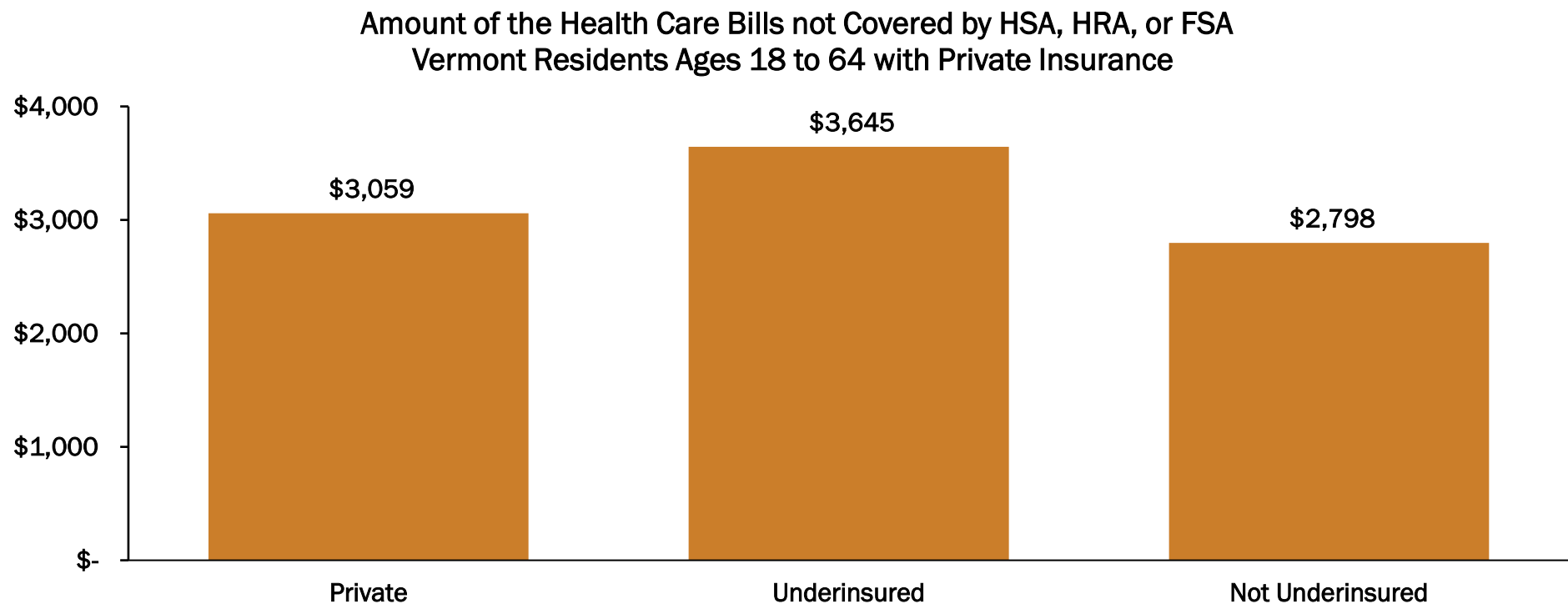
Among those with a medical bill in the past 12 months not covered by their HSA, HRA, or FSA almost all (96%) were paid by the individual or their family.



Payment Source	Estimated Population
You or your family	57,500
Someone else	1,800
Financial assistance program at a hospital or clinic	1,100
Your employer	1,000
DK-REF	300

# Health Care Expenses not Covered by HSA, HRA, or FSA, Vermont Residents Ages 18 to 64 with Private Insurance

Privately insured Vermont residents ages 18 to 64 with an HSA, HRA, or FSA had an average of \$3,059 in health care costs not covered by an HSA, HRA, and/or FSA in the past 12 months. The health care costs beyond an HSA, HRA, or FSA were larger, on average, for the underinsured (\$3,645) than for other insured Vermont residents (\$2,798). The amount of expenses not covered rose by more than \$1,000 for all three groups since 2021.



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# **Eligibility for State Health Insurance Programs**



# Eligibility for Subsidies for Private Insurance Purchased through Vermont Health Connect

- Under the Patient Protection and Affordable Care Act (PPACA) guidelines, those who are uninsured are eligible for coverage under the expanded Medicaid program. They also have the option to receive a level of financial assistance (e.g., tax credits, cost-sharing reductions), to purchase private health insurance through a health insurance marketplace, known in this state as Vermont Health Connect.
- In Vermont, an adult with an income under 139% of Federal Poverty Level can gain access to Medicaid. Children living in a household with an income that is 318% or less of the Federal Poverty Level would also be eligible for coverage through Dr. Dynasaur (Medicaid).
- For those residents that do not meet the income requirements for Medicaid, the PPACA potentially provides tax credits that reduce premium costs for private insurance. Under the initial guidelines, this includes those in families with incomes up to 400% of Federal Poverty Level.
- Under the American Rescue Plan Act of 2021, this eligibility was extended to potentially include those in families with incomes over 400% of Federal Poverty Level. The law caps out-of-pocket expenses for premiums at 8.5% of a family's income, though the duration of this extended coverage is uncertain. The enhanced Affordable Care Act (ACA) subsidies introduced by the American Rescue Plan Act of 2021 and extended through 2025 by the Inflation Reduction Act, are set to expire at the end of 2025 unless Congress extends them.
- Factors other than income are also used to make final determinations of eligibility for tax credits such as an offer of employer sponsored health insurance. The results presented in this section report the counts and percentage of uninsured residents that are potentially eligible based on their income and do not factor in these other determinants of eligibility. The one out of three uninsured Vermont residents who have an offer of employer-sponsored insurance typically would not qualify for these subsidies.

# Eligibility Counts for State Health Insurance or to Purchase Health Insurance Through VT Health Connect Over Time, Uninsured Vermont Residents 19 to 64

Among uninsured adults 19 to 64 years old in 2025, 17% (3,100) are eligible for Medicaid. Another 47% (8,400) are potentially eligible to apply for subsidies to purchase private health insurance through Vermont Health Connect, while 36% (6,500) are potentially eligible for subsidies under the American Rescue Plan Act of 2021. Since 2021, the percentage of uninsured who are eligible for Medicaid and for those eligible for subsidies to purchase health insurance through Vermont Health Connect declined slightly. These drops are mirrored by an increase in those now eligible for subsidies under the American Rescue Plan.

		Rates					Estimated Population				
% FPL	Eligibility	2012	2014	2018	2021	2025	2012	2014	2018	2021	2025
<139%	Eligible for Medicaid	35%	30%	17%	20%	17%	13,600	6,500	3,000	3,700	3,100
139 to 150%	Potentially Eligible for Subsidies to Purchase Health Insurance through VT Health Connect	3%	2%	3%	2%	2%	1,100	400	500	300	400
151 to 200%		13%	14%	16%	7%	7%	5,100	3,100	2,800	1,200	1,300
201 to 250%		9%	10%	17%	10%	7%	3,500	2,300	3,000	1,800	1,200
251 to 300%		12%	10%	7%	16%	14%	4,800	2,200	1,200	2,800	2,500
301 to 400%		11%	13%	17%	17%	17%	4,300	2,900	2,900	3,100	3,000
>400%	Not Eligible for Subsidies Prior to 2021 but now Potentially Eligible for Subsidies under American Rescue Plan, Set to Expire at End of 2025.	17%	20%	23%	28%	36%	6,700	4,400	3,900	5,100	6,500

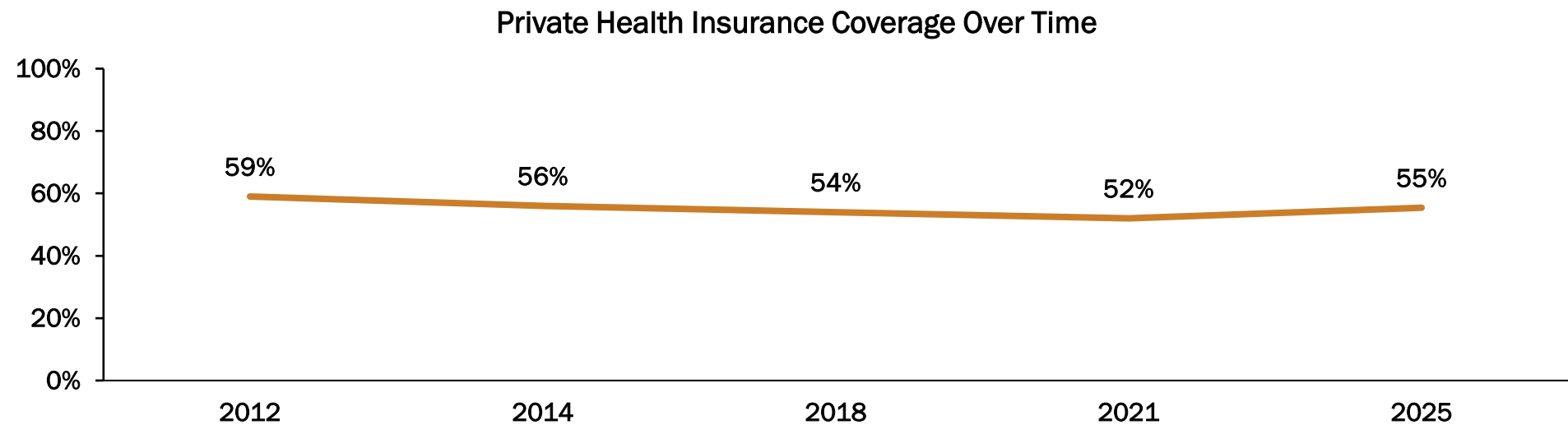


# Private Health Insurance



# Private Health Insurance Coverage\* Over Time

In 2025, 55% of Vermont residents have private insurance, statistically similar to the 52% in 2021.

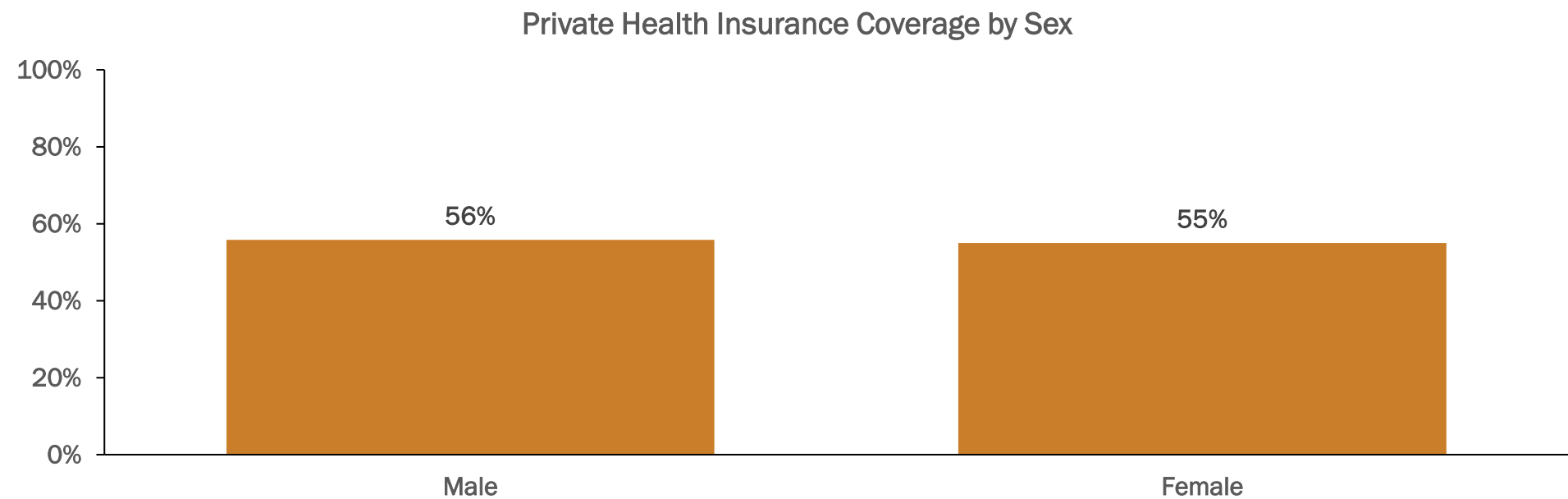


Year	Estimated Population
2012	371,100
2014	351,200
2018	335,100
2021	318,800
2025	355,900

\*The data reported in this section includes all Vermont residents with private health insurance including residents with more than one type of health insurance coverage such as Medicare, Medicaid, or military insurance.

# Private Health Insurance Coverage by Sex

More than half of male (56% or 178,300) and female (55% or 177,500) Vermont residents have private health insurance in 2025.

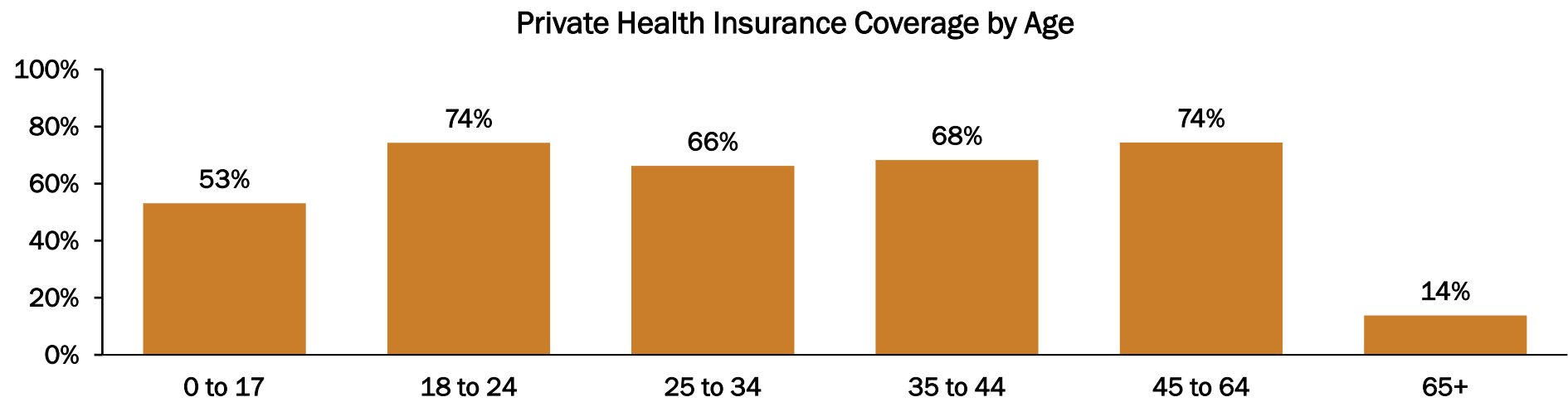


Sex	Estimated Population
Male	178,300
Female	177,500



# Private Health Insurance Coverage by Age

Seventy-four percent of those ages 45 to 64 (120,100) and 18 to 24 (30,400) report having private health insurance in 2025, higher than the 53% of residents 0 to 17 years old (62,700), 66% of those 25 to 34 (61,700), and 68% of those 35 to 44 years old (54,200). Vermont residents between the ages of 18 and 64 are significantly more likely to have private insurance than younger and older Vermont residents.

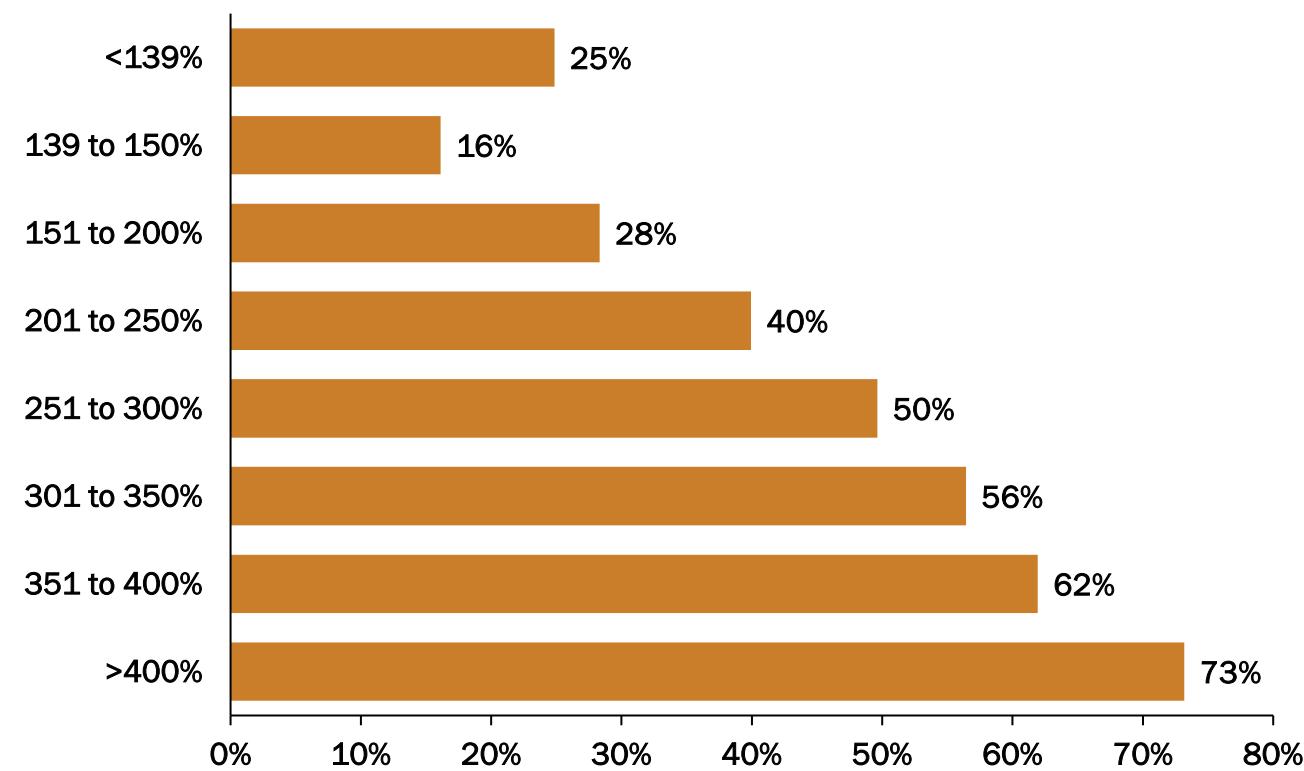


Age	Estimated Population
0 to 17	62,700
18 to 24	30,400
25 to 34	61,700
35 to 44	54,200
45 to 64	127,600
65+	19,300

# Private Health Insurance Coverage by Federal Poverty Level

In general, the percentage of residents with private health insurances increases with income. Only 16% of those with incomes between 139% and 150% of the FPL (1,800 residents) have private insurance, while almost three-quarters (73%) of Vermont residents with an income of 400% of the FPL or greater (223,300) do. Those with incomes of 250% of the FPL and below are significantly less likely to have private insurance, whereas those earning more than 400% of the FPL are significantly more likely to be covered by private insurance.

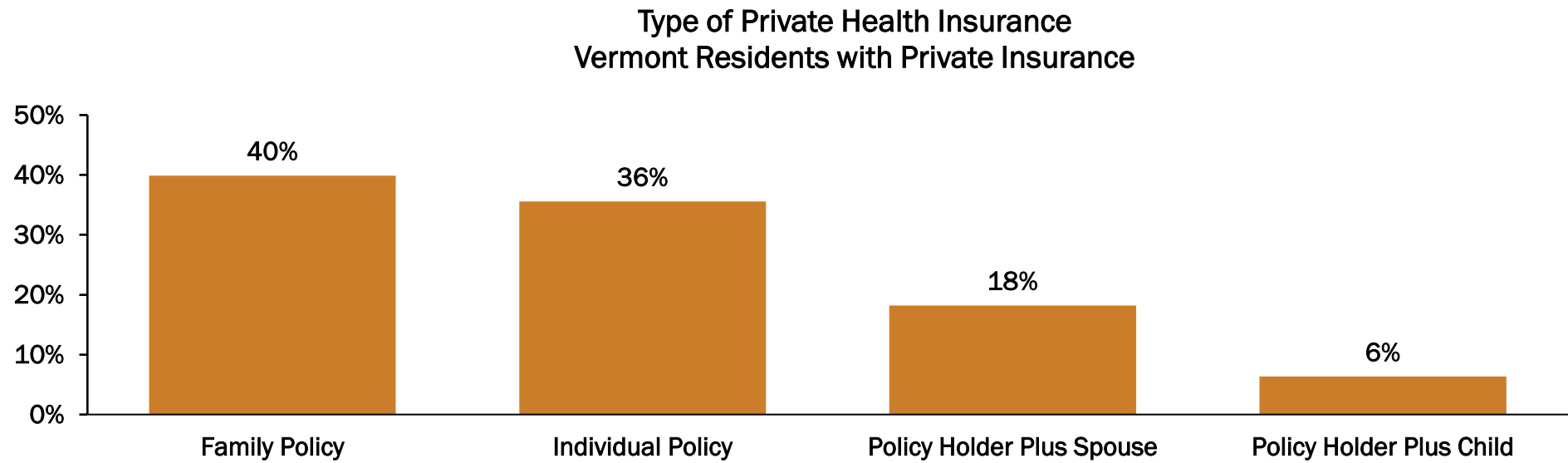
Private Health Insurance Coverage by Federal Poverty Level



Private Health Insurance Coverage by Federal Poverty Level	
Percent of FPL	Estimated Population
<139%	25,100
139 to 150%	1,800
151 to 200%	12,200
201 to 250%	19,600
251 to 300%	24,600
301 to 350%	23,300
351 to 400%	26,000
>400%	223,300

# Number of Beneficiaries Covered by Private Health Insurance Policy, Vermont Residents with Private Insurance

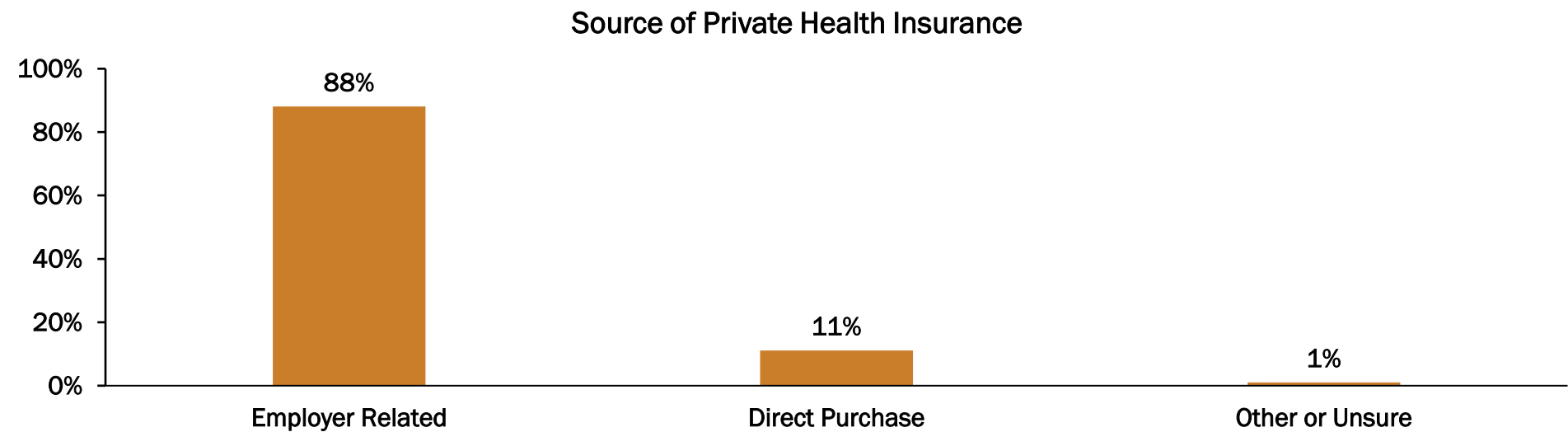
Most privately insured Vermont residents have either a family policy (40% or 142,000) covering themselves, a spouse, and one or more children, or an individual policy (36% or 126,600).



Policy Type	Estimated Population
Family Policy	142,000
Individual Policy	126,600
Policy Holder Plus Spouse	64,800
Policy Holder Plus Child	22,500

# Source of Private Health Insurance, Vermont Residents with Private Insurance

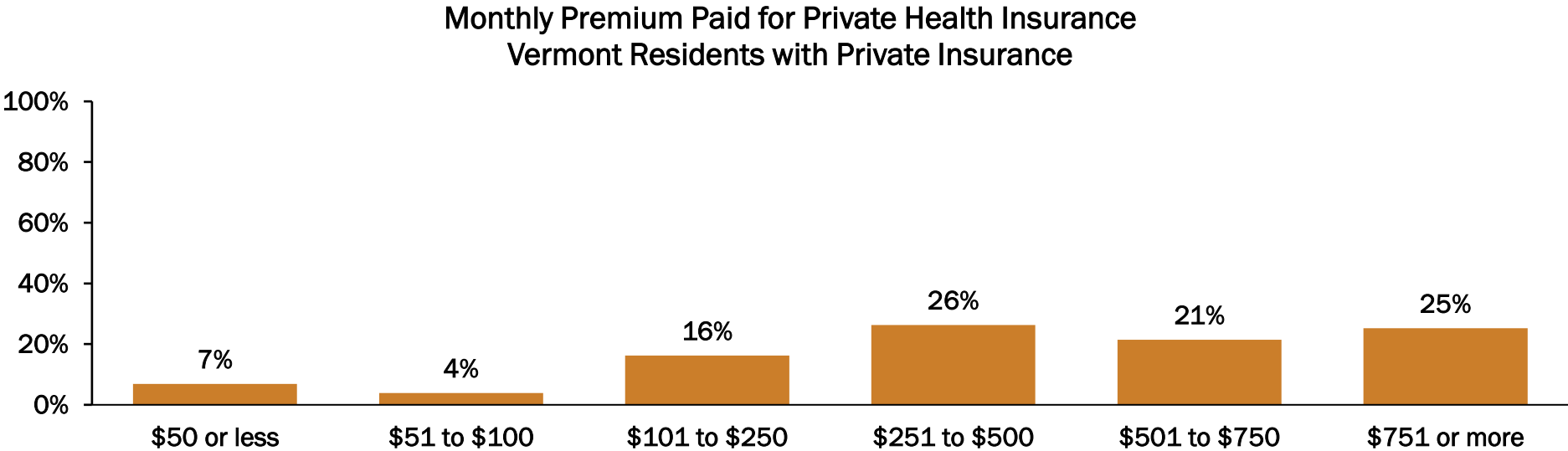
Most Vermont residents (88% or 313,400) receive their health insurance through an employer related source (including employer sponsored insurance, COBRA, or retirement plan) while 11% (39,500) purchase health insurance directly.



Source	Estimated Population
Employer Related	313,400
Direct Purchase	39,500
Other or Unsure	3,000

# Private Health Insurance Monthly Premium, Vermont Residents with Private Insurance

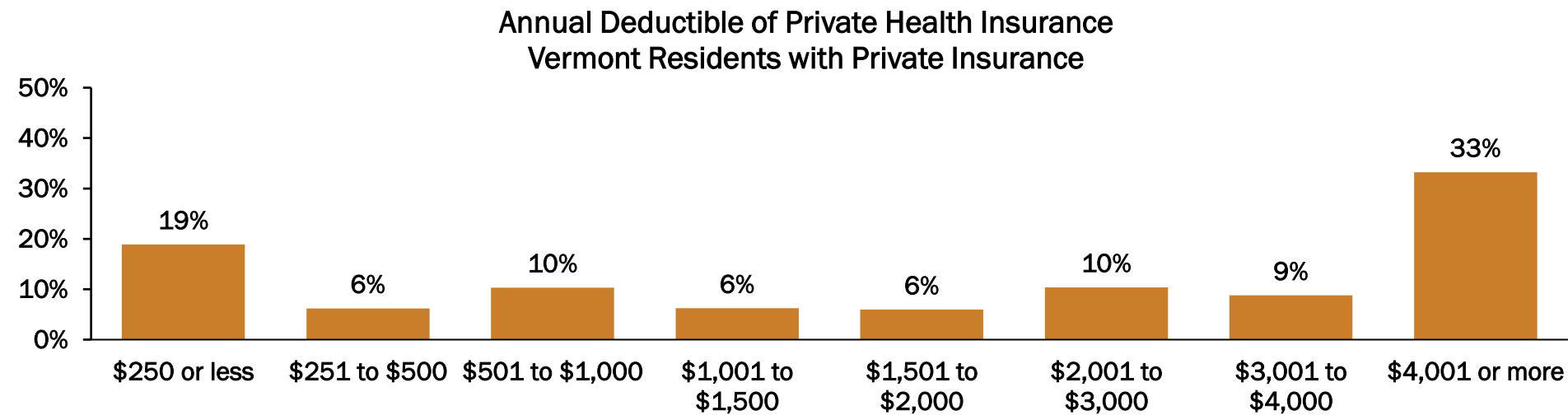
A quarter (26% or 93,700) of those with private insurance pay a premium of \$251 to \$500 per month. Another quarter (25% or 89,700) pay \$751 or more a month. The average monthly premium paid out-of-pocket is \$613 in 2025, an increase from \$505 in 2021.



Amount	Estimated Population
\$50 or less	24,500
\$51 to \$100	13,800
\$101 to \$250	57,700
\$251 to \$500	93,700
\$501 to \$750	76,400
\$751 or more	89,700

# Annual Deductible of Private Health Insurance, Vermont Residents with Private Insurance

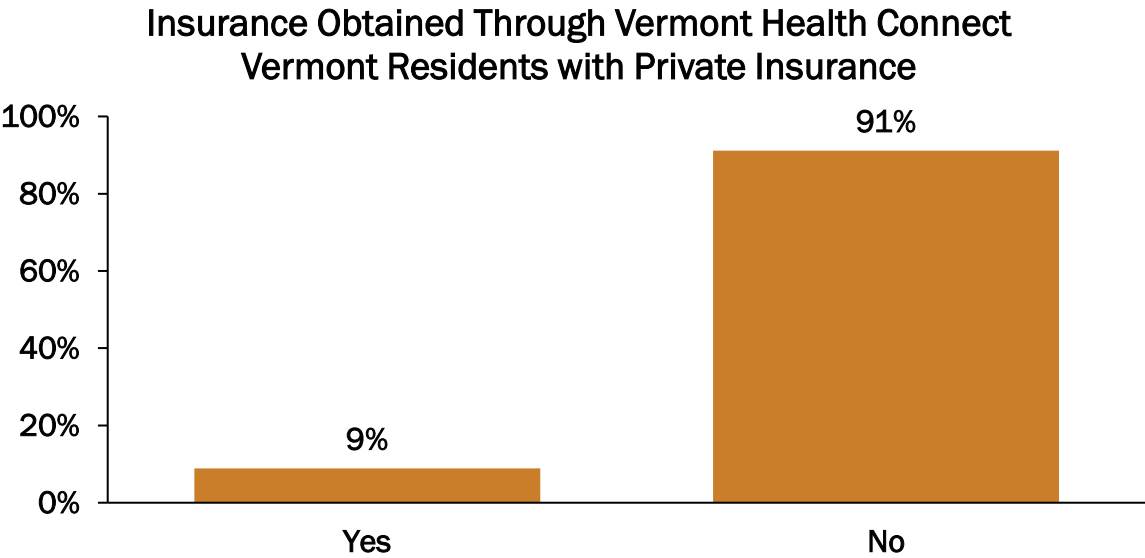
Thirty-three percent of Vermont residents with private health insurance (118,300) have an annual deductible greater than \$4,000, a significant decrease from 41% in 2021. Nineteen percent have a deductible of \$250 or less, a significant increase from 12% in 2021.



Amount	Estimated Population
\$250 or less	67,200
\$251 to \$500	22,100
\$501 to \$1,000	36,800
\$1,001 to \$1,500	22,100
\$1,501 to \$2,000	21,200
\$2,001 to \$3,000	36,900
\$3,001 to \$4,000	31,300
\$4,001 or more	118,300

# Insurance Obtained Through Vermont Health Connect, Vermont Residents with Private Insurance

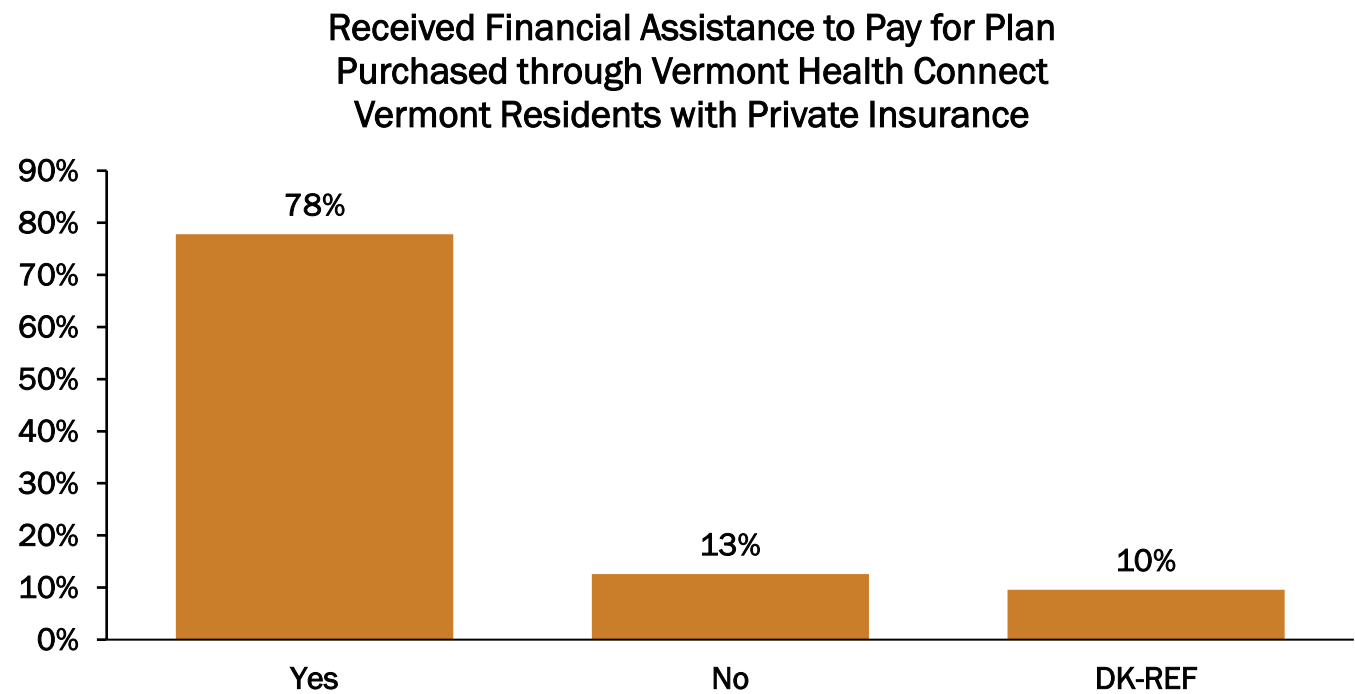
Nine percent of Vermont residents with private insurance purchased their plan through the Vermont Health Connect.



Response	Estimated Population
Yes	31,600
No	324,300

# Received Financial Assistance to Pay for Plan Purchased Through Vermont Health Connect, Vermont Residents with Private Insurance

Of those who purchased their plan through Vermont Health Connect, more than three-quarters (78%) received financial assistance to help pay for the plan.



Response	Estimated Population
Yes	24,600
No	4,000
DK-REF	3,000

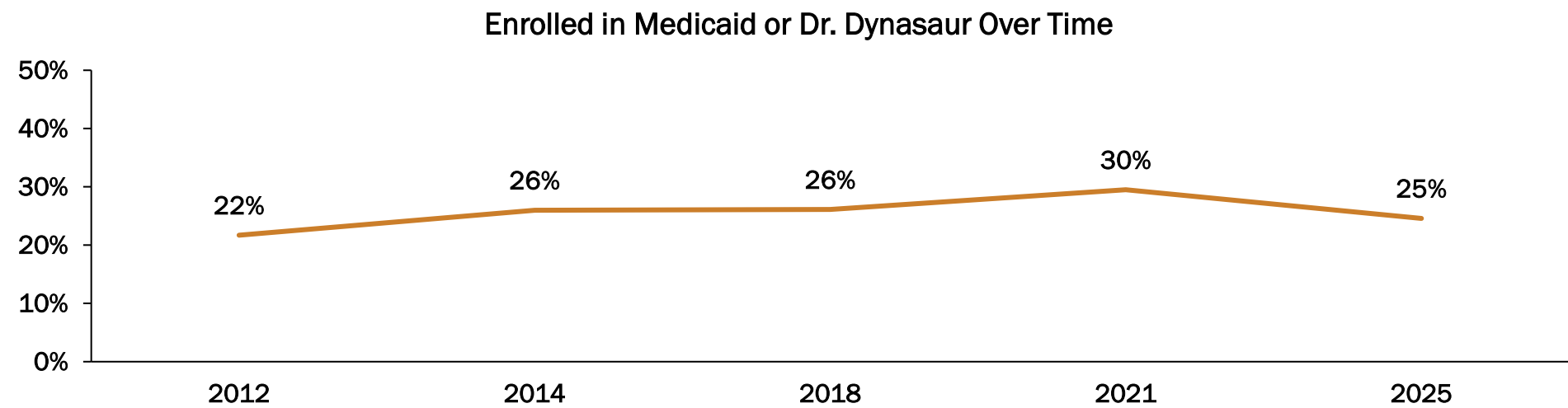


The background image shows a serene outdoor scene. In the foreground, two people are kayaking on a calm body of water. They are wearing life jackets and hats. The water reflects the light. In the background, there are rolling hills covered in dense green trees. The sky is clear and blue. The overall tone is peaceful and natural.

# **Medicaid or Dr. Dynasaur Coverage**

# Medicaid or Dr. Dynasaur Coverage\* Over Time

In 2025, 25% of Vermont residents (158,000) report being enrolled in Medicaid or Dr. Dynasaur. This decreased significantly from 30% in 2021.

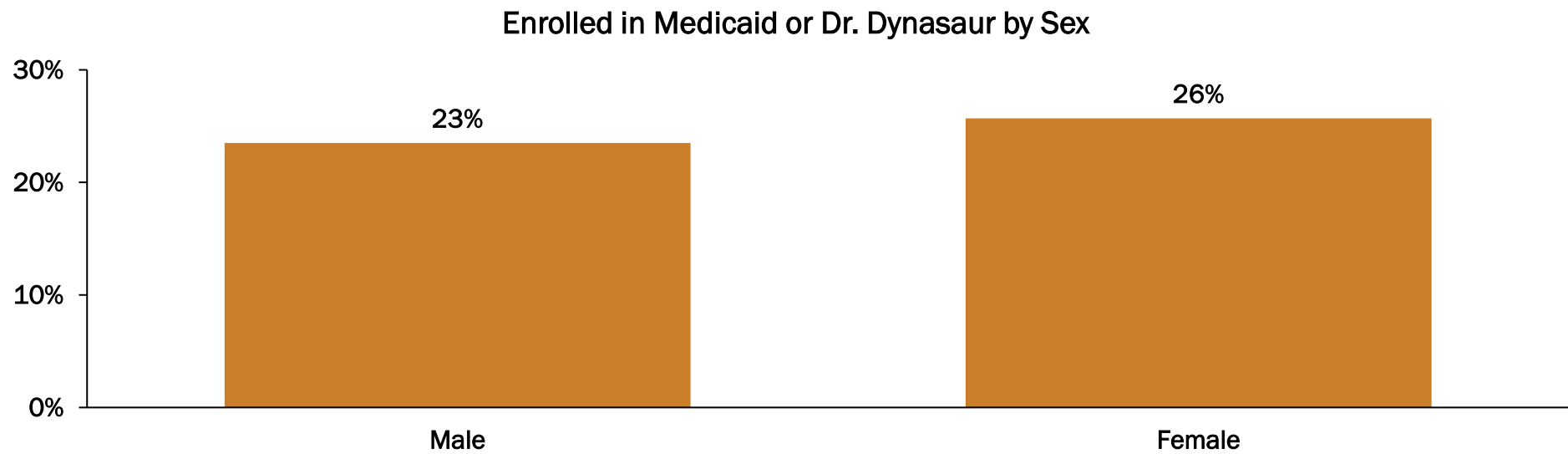


Year	Estimated Population
2012	135,800
2014	162,700
2018	163,000
2021	182,800
2025	158,000

\*The data reported in this section includes all Vermont residents with Medicaid or Dr. Dynasaur including residents with more than one type of health insurance coverage such as private insurance, Medicare, or military insurance.

# Medicaid or Dr. Dynasaur Coverage by Sex

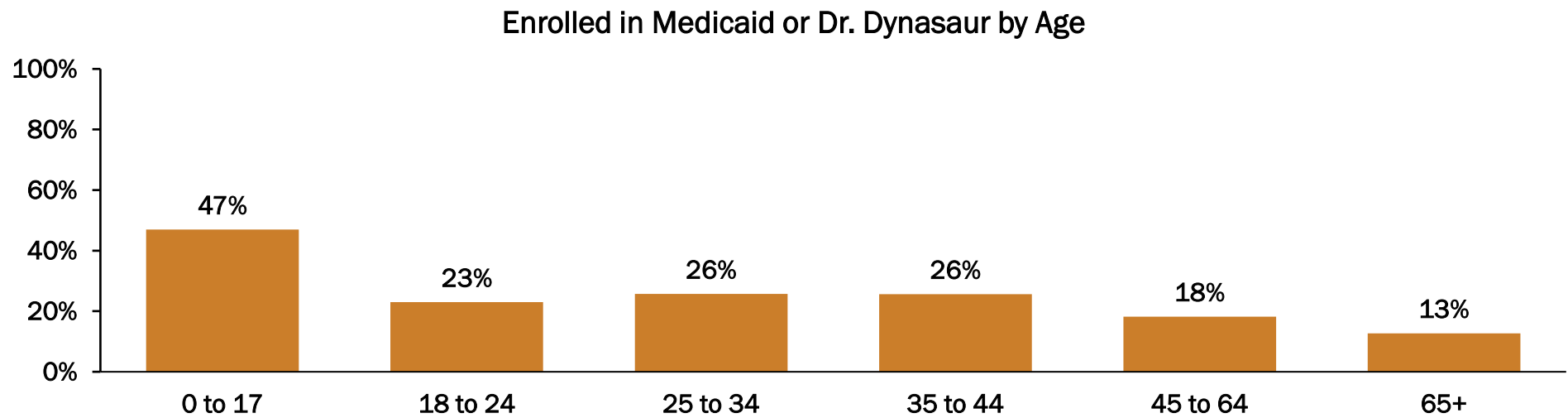
Twenty-six percent of female Vermont residents (75,100) report being enrolled in Medicaid or Dr. Dynasaur, compared with 23% of male residents (82,900).



Sex	Estimated Population
Male	75,100
Female	82,900

# Medicaid or Dr. Dynasaur Coverage by Age

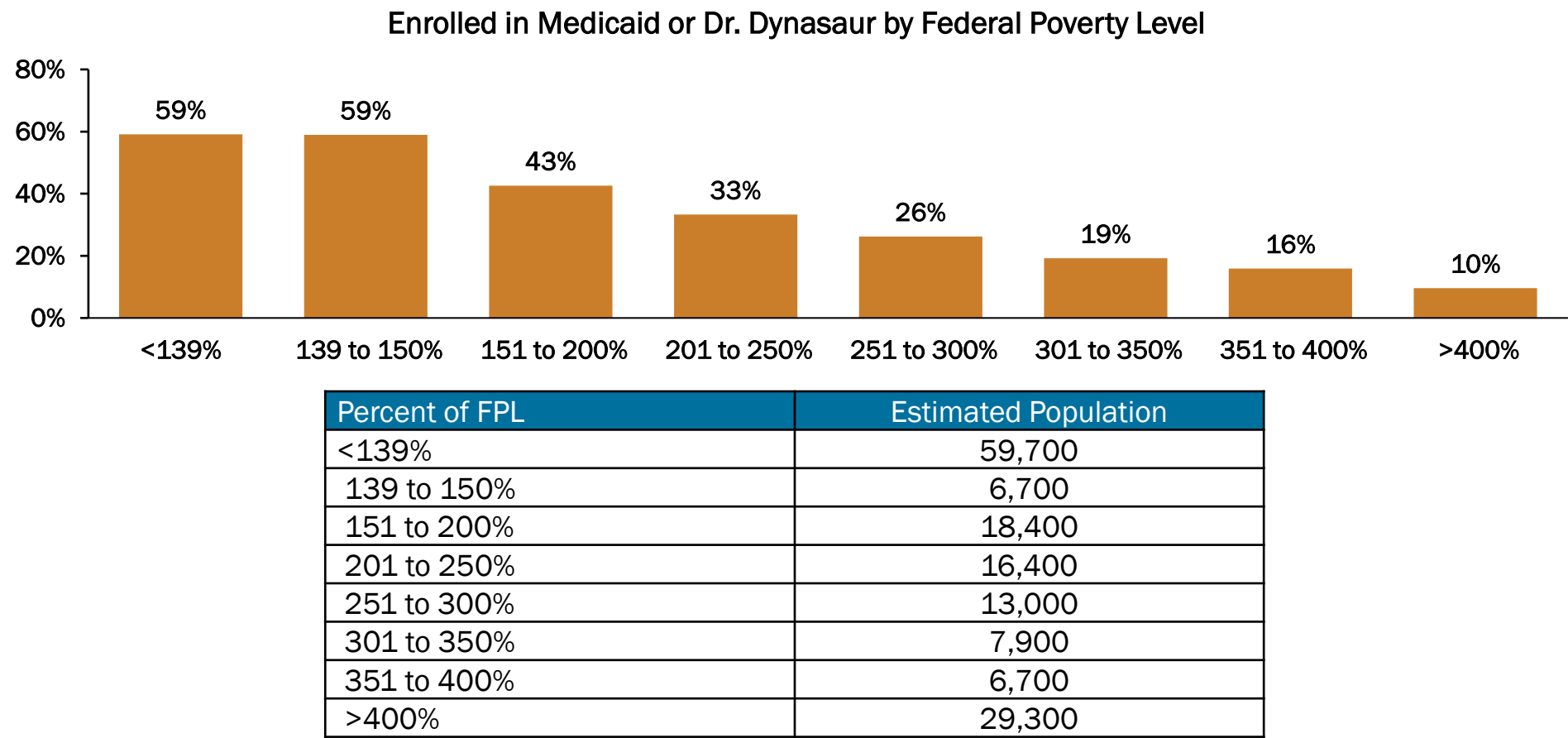
Just under half (47%) of Vermont residents 0 to 17 years old (55,400) are enrolled in Medicaid or Dr. Dynasaur, significantly higher than other Vermont residents in general. Eighteen percent of those age 45 to 64 and 13% of those 65 and older are enrolled in Medicaid or Dr. Dynasaur, significantly lower the overall population.



Age	Estimated Population
0 to 17	55,400
18 to 24	9,400
25 to 34	23,900
35 to 44	20,300
45 to 64	31,200
65+	17,700

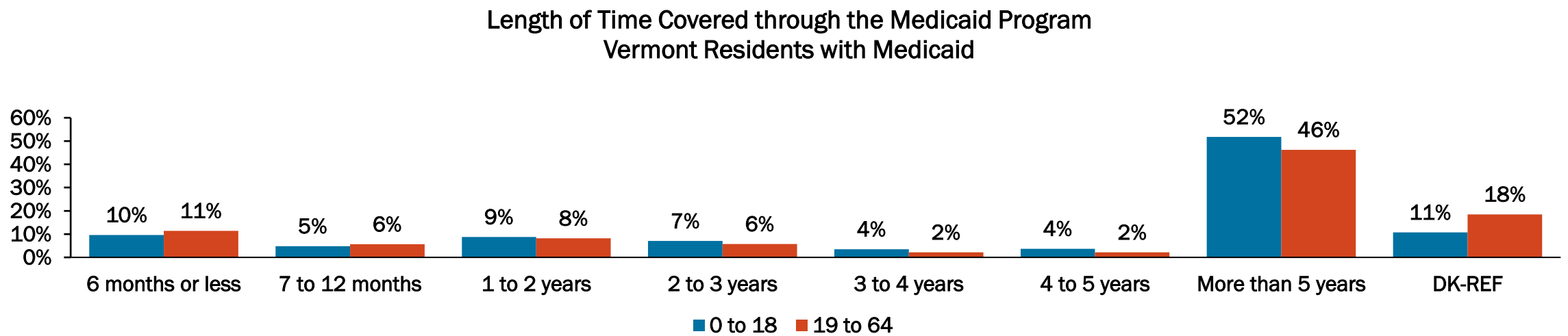
# Medicaid or Dr. Dynasaur Coverage by Federal Poverty Level

Fifty-nine percent of Vermont residents with incomes up to 150% of the FPL are enrolled in Medicaid or Dr. Dynasaur coverage. For those with higher incomes, that decreases, with only 10% of those earning more than 400% of the FPL enrolled in Medicaid or Dr. Dynasaur. Residents earning 250% of the FPL or less are significantly more likely to be enrolled in Medicaid, while those earning 351% or more are significantly less likely to be enrolled.



# Length of Time Covered through Medicaid, Vermont Residents with Medicaid

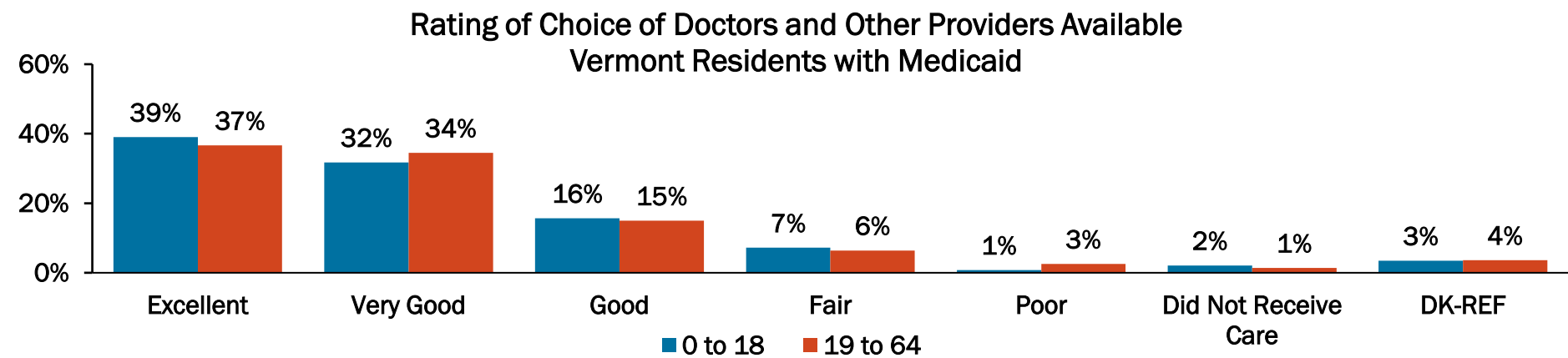
Among Vermont residents enrolled in Medicaid, more than half (52%) of 0 to 18 years old and almost half (46%) of 19 to 64 years old have had Medicaid coverage for 5 years or more, both significantly higher than in 2021.



	Estimated Population by Age	
Length of Time	0 to 18	19 to 64
6 months or less	5,500	9,500
7 to 12 months	2,800	4,700
1 to 2 years	5,000	6,800
2 to 3 years	4,000	4,800
3 to 4 years	2,000	1,800
4 to 5 years	2,100	1,800
More than 5 years	to 18 years of 29,700	38,400

# Doctor and Provider Choice, Vermont Residents with Medicaid

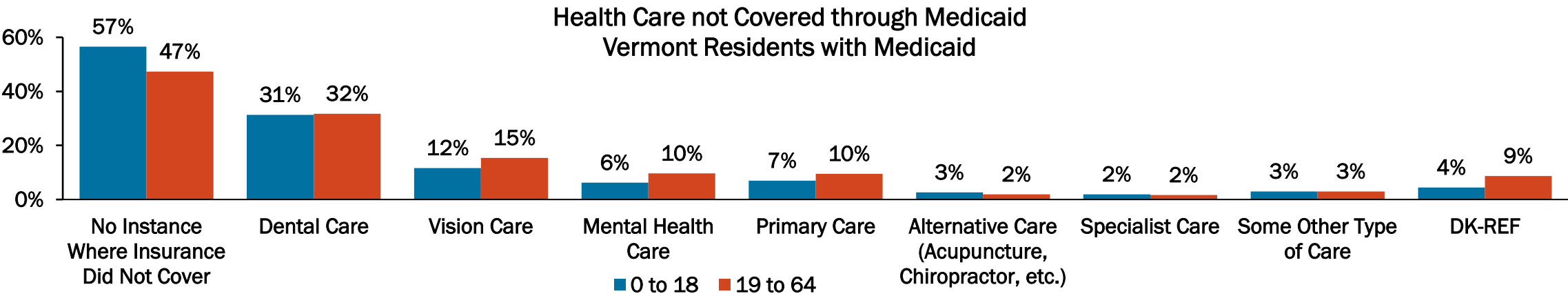
Almost two-fifths (38%) of Vermont residents with Medicaid rated their options for choice of doctors and providers as “Excellent”. Few indicated their choice of doctors and other providers as “Poor” (2%). The percentage of people who rate their choice of providers as “Very good” has risen in recent years to 33%, significantly higher than 23% in 2018.



Rating	Estimated Population by Age	
	0 to 18	19 to 64
Excellent	22,400	30,400
Very Good	18,200	28,600
Good	9,000	12,400
Fair	4,100	5,300
Poor	400	2,100
Did Not Receive Care	1,200	1,100
DK-REF	2,000	3,000

# Health Care not Covered through Medicaid, Vermont Residents with Medicaid

When asked if there are health care services they needed but did not receive because Medicaid would not cover the care, 52% of Medicaid enrollees indicated there were no such instances, far lower than in 2021. Dental care was the most common care not covered (30%), followed by vision care (13%).



Healthcare Type	Estimated Population by Age	
	0 to 18	19 to 64
No Instance Where Insurance Did Not Cover	32,400	39,300
Dental Care	18,000	26,300
Vision Care	6,700	12,800
Mental Health Care	3,600	8,000
Primary Care	4,000	7,900
Alternative Care (Acupuncture, Chiropractor, etc.)	1,500	1,600
Specialist Care	1,100	1,300
Some Other Type of Care	1,700	2,500
DK-REF	2,500	7,200

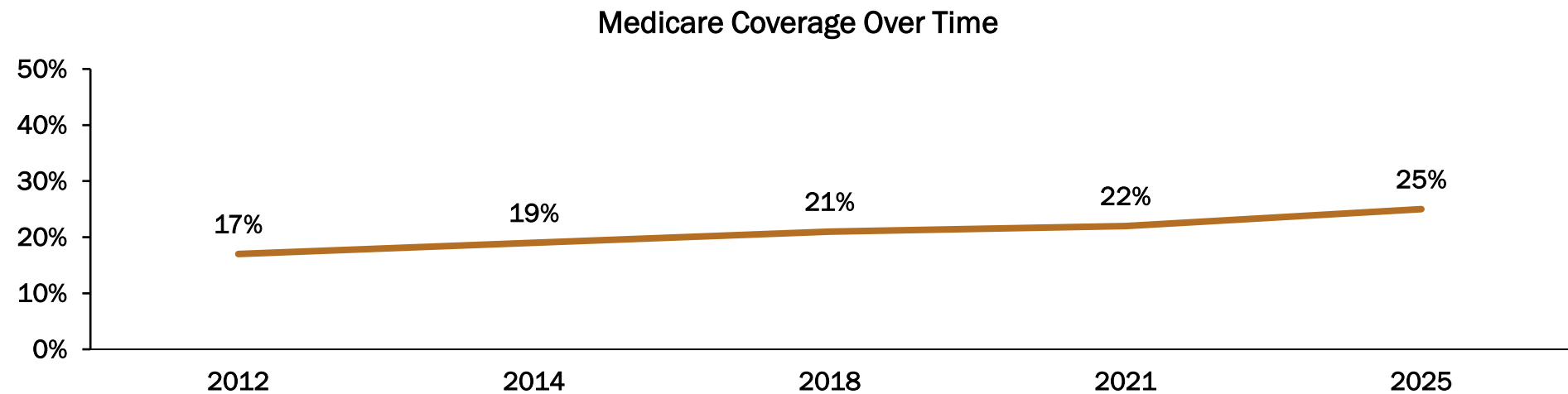


The background image shows a serene outdoor scene. In the foreground, two people are kayaking on a calm body of water. They are wearing life jackets and hats. The water is a light blue-grey color. In the background, there are rolling hills covered in dense green forest. The sky is a pale, hazy blue. The overall tone is peaceful and natural.

# Medicare Coverage

# Medicare Coverage\* Over Time

One quarter of Vermont residents (25% or 158,3600) are covered under Medicare in 2025, continuing the upward trend since 2012.

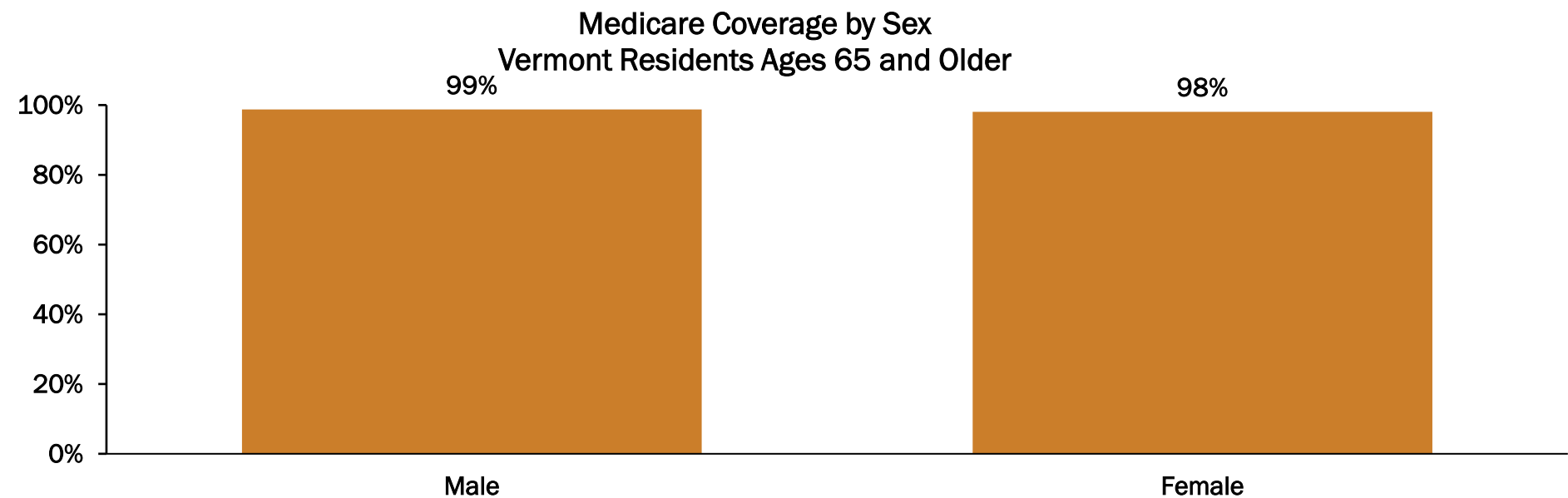


Year	Estimated Population
2012	107,400
2014	121,600
2018	128,800
2021	137,500
2025	158,360

\*The data reported in this section includes all Vermont residents with Medicare including residents with more than one type of health insurance coverage such as private insurance, Medicaid, or military insurance.

# Medicare Coverage by Sex

Ninety-nine percent of male (64,500) and 98% of female (72,700) Vermonter’s ages 65 and older are enrolled in Medicare.

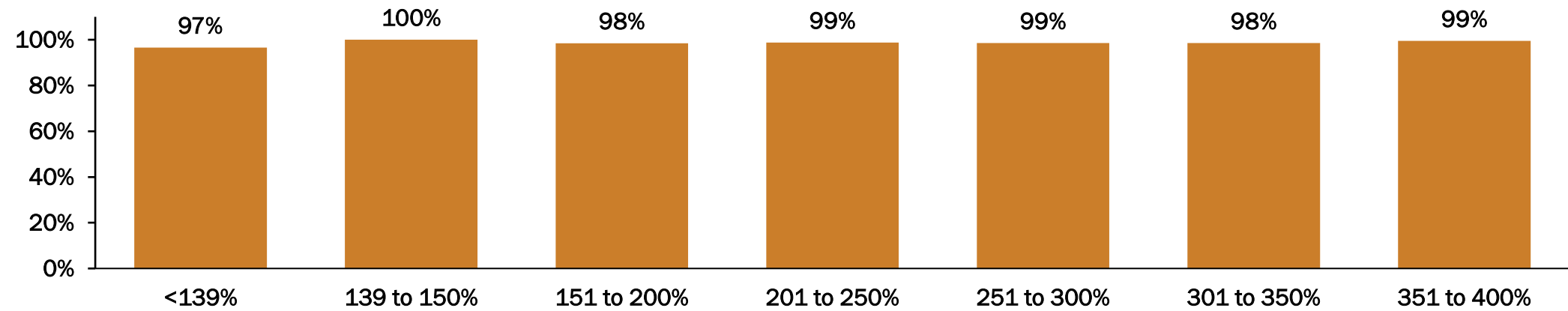


Sex	Estimated Population
Male	64,500
Female	72,700

# Medicare Coverage by Federal Poverty Level

All residents who are 65 and older with income between 139% and 150% of the FPL (3,200) are enrolled in Medicare. Residents 65 and older who earn less than 139% of the FPL are the least likely income group to be covered by Medicare, at 97%.

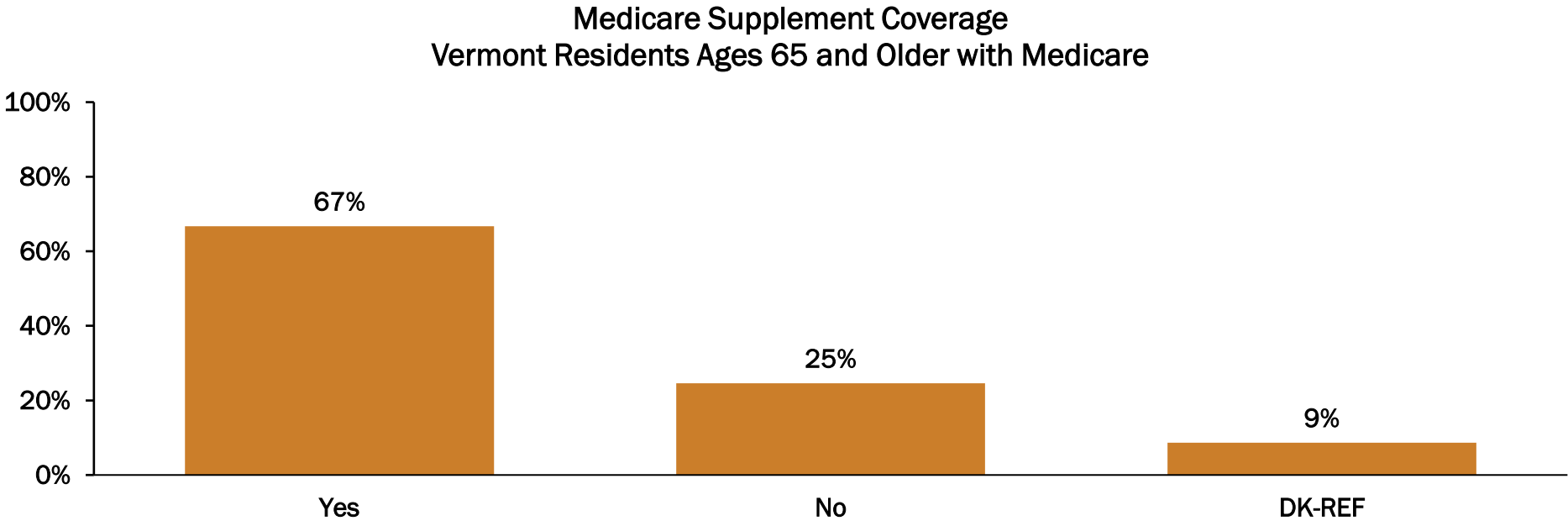
Medicare Coverage by Federal Poverty Level Vermont residents Ages 65 and Older



Percent of Federal Poverty Level	Estimated Population
<139%	22,500
139 to 150%	3,200
151 to 200%	14,400
201 to 250%	14,900
251 to 300%	12,400
301 to 350%	9,600
351 to 400%	8,100
>400%	51,900

# Medicare Supplemental Coverage, Vermont Residents Ages 65 and Older with Medicare

In 2025, 67% of Vermont residents ages 65 and older (91,800) who are enrolled in Medicare report they also have Medicare supplemental insurance or are enrolled in a Medicare Advantage Plan.



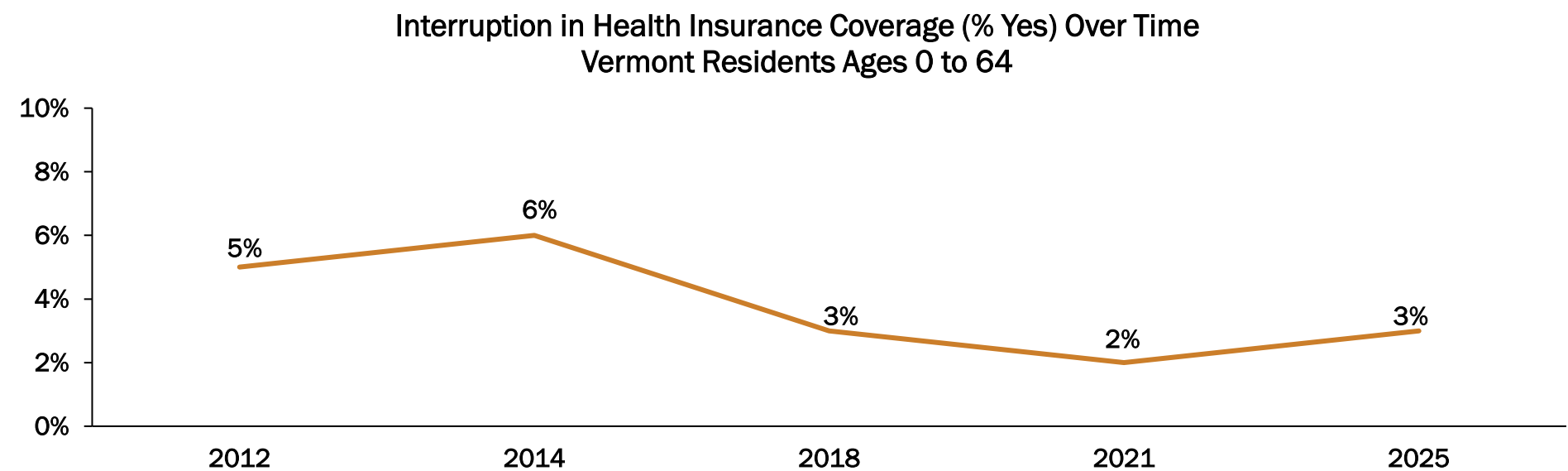
Response	Estimated Population
Yes	91,800
No	33,800
DK-REF	11,900

The background image is a scenic view of a calm lake. In the foreground, two people are kayaking away from the viewer. They are wearing life jackets and hats. The water is still, reflecting the light. In the background, there are rolling hills covered in dense green trees. The sky is a pale, hazy blue. The overall tone is peaceful and natural.

# **Interruption in Health Insurance Coverage**

# Interruption in Health Insurance Coverage Over Time, Vermont Residents Ages 0 to 64

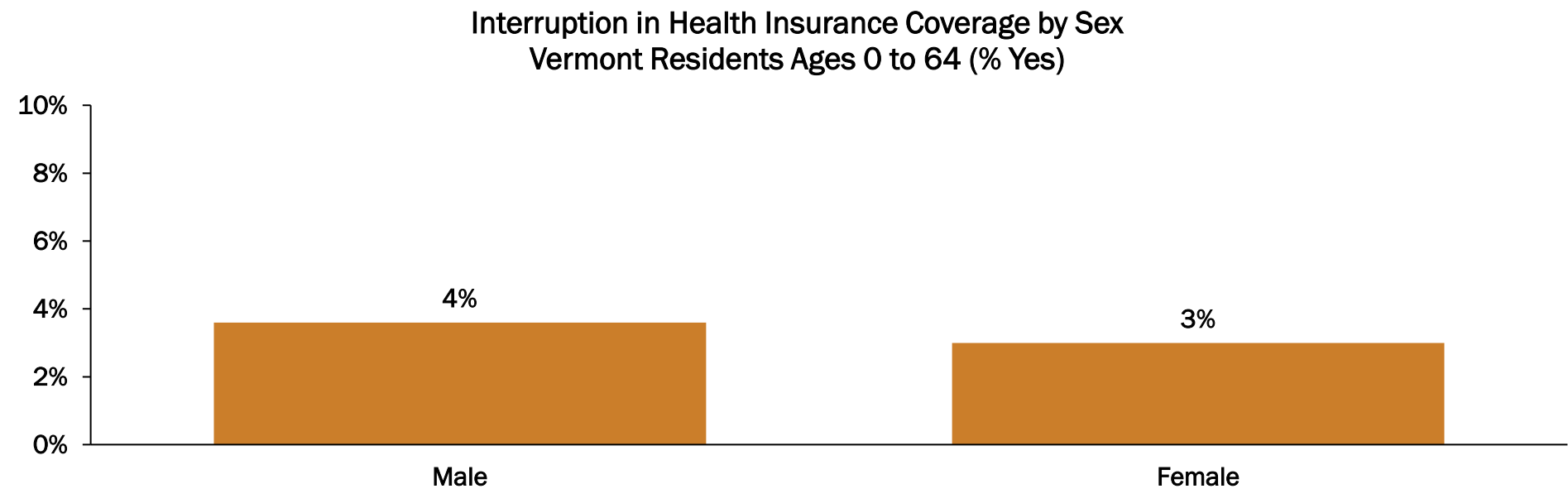
Three percent (15,900) of adult Vermont residents ages 0 to 64 had an interruption in their health insurance coverage during the past 12 months, a slight increase from 2% in 2021.



Year	Estimated Population
2012	24,700
2014	27,900
2018	14,500
2021	9,700
2025	15,900

# Interruption in Health Insurance Coverage by Sex, Vermont Residents Ages 0 to 64

Male Vermont residents under the age of 65 (4%) are slightly more likely than female Vermont residents under the age of 65 (3%) to have had an interruption in their health insurance coverage during the past 12 months.

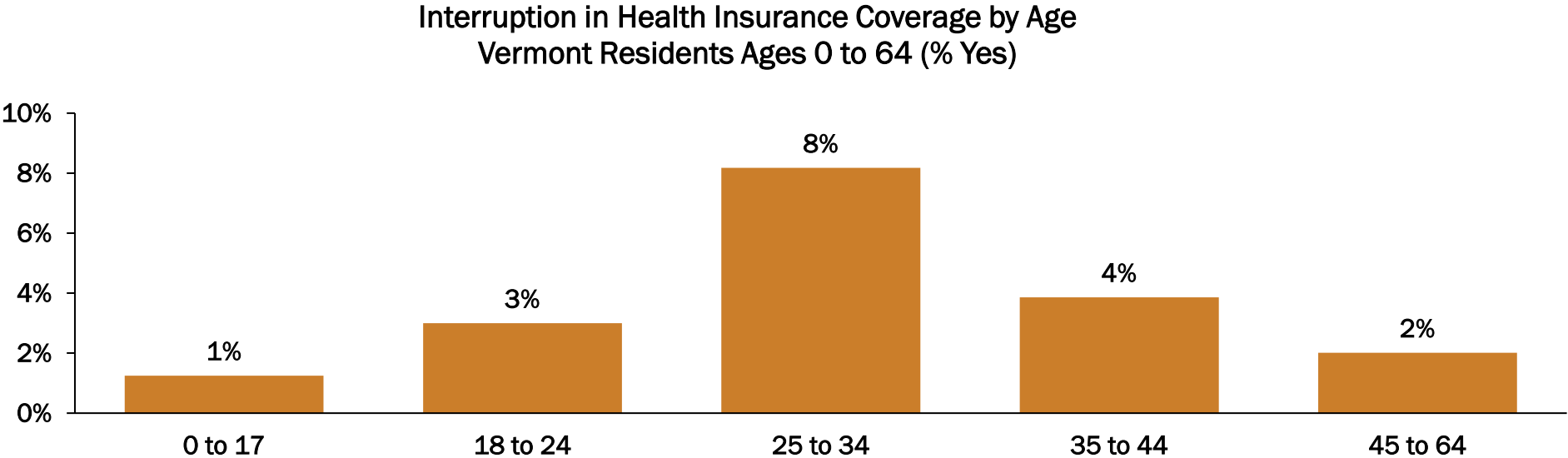


Sex	Estimated Population
Male	8,700
Female	7,200



# Interruption in Health Insurance Coverage by Age, Vermont Residents Ages 0 to 64

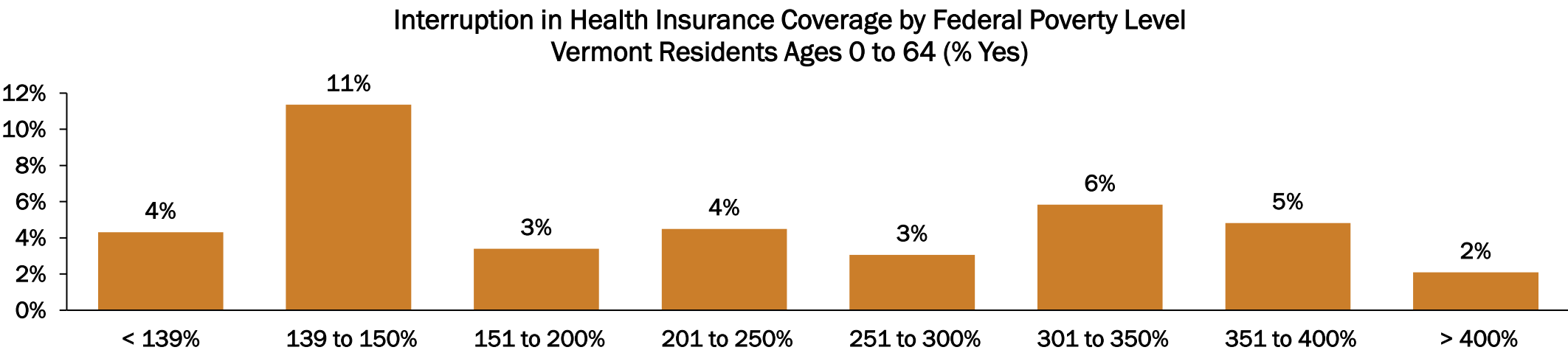
Eight percent of Vermont residents 25 to 34 years old experienced an interruption in their health insurance coverage during the past 12 months, higher than the 4% in 2021. Vermont residents 25 to 34 years old are significantly more likely than other age groups to have had an interruption in their insurance coverage during the past 12 months.



Age	Estimated Population
0 to 17	1,500
18 to 24	1,200
25 to 34	7,000
35 to 44	2,900
45 to 64	3,300

# Interruption in Health Insurance Coverage by Federal Poverty Level, Vermont Residents Ages 0 to 64

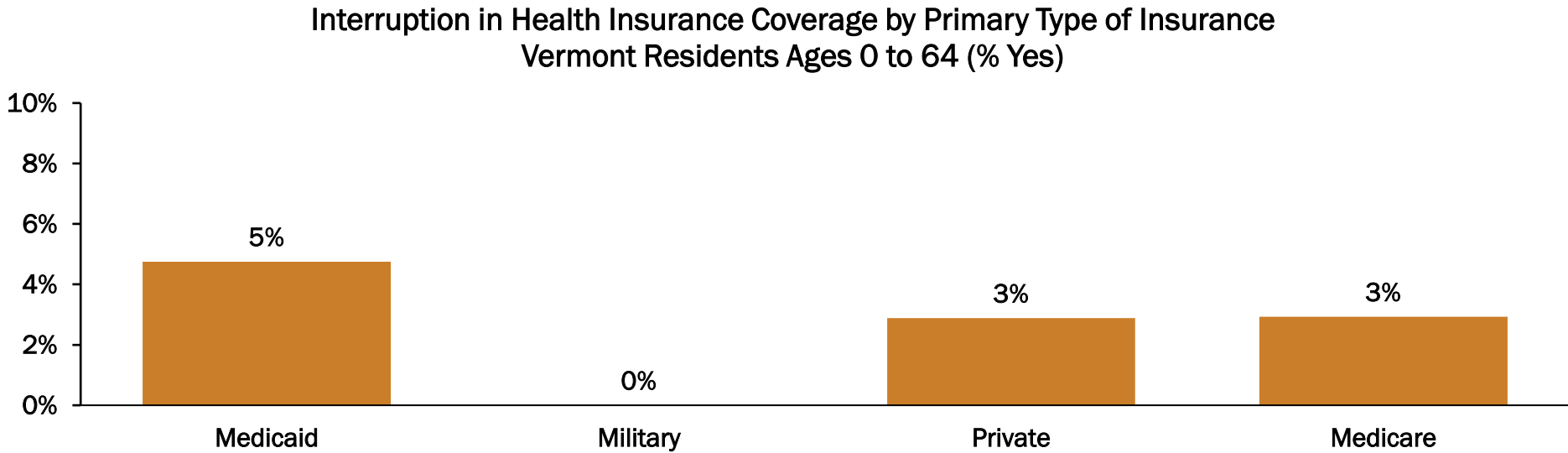
Eleven percent of Vermont residents making 139% to 150% of the FPL experienced an interruption in health insurance coverage during the past 12 months.



Percent of FPL	Estimated Population
< 139%	3,200
139 to 150%	900
151 to 200%	900
201 to 250%	1,500
251 to 300%	1,100
301 to 350%	1,700
351 to 400%	1,600
> 400%	5,100

# Interruption in Health Insurance Coverage by Primary Type, Vermont Residents Ages 0 to 64

In 2025, 5% of Vermont residents 0 to 64 years old primarily insured through Medicaid experienced an interruption in coverage during the past 12 months compared to 3% of those primarily insured through private insurance or Medicare.

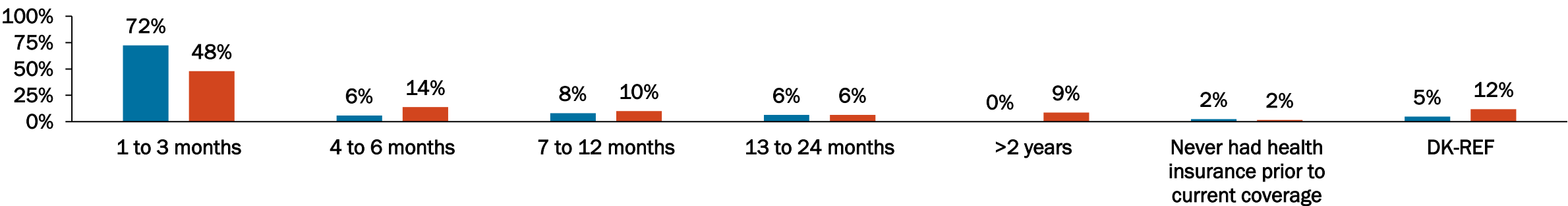


Primary Insurance	Estimated Population
Private	9,600
Medicaid	5,700
Medicare	600
Military	0

# Duration of Gap in Health Insurance Coverage, Vermont Residents Ages 0 to 64 with Insurance Gap in Last 12 Months

Most Vermont residents under age 65 experiencing a gap in health insurance during the past 12 months, had a gap of six months or less. Almost three-quarters (72%) of 0 to 18-year-olds and about half (48%) of 19- to 64-year-olds experienced a gap of one to three months. A higher proportion, regardless of age, reported a gap of 1 to 3 months in 2025 compared with 2021, with the proportion with gaps of longer than a year decreasing accordingly.

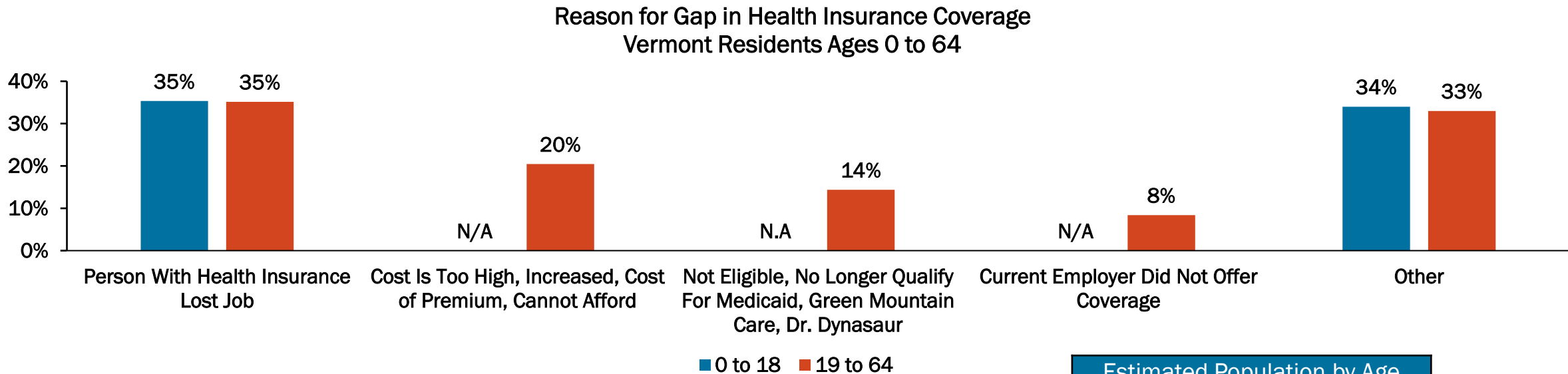
Duration in Gap of Health Insurance Coverage  
Vermont Residents Ages 0 to 64 with Insurance Gap in Last 12 Months



Duration of Gap	Estimated Population by Age	
	0 to 18	19 to 64
1 to 3 months	1,100	6,900
4 to 6 months	100	2,000
7 to 12 months	100	1,400
13 to 24 months	100	900
>2 years	0	1,200
Never had health insurance prior to current coverage	<100	200
DK-REF	100	1,700

# Reason for Gap in Health Insurance Coverage, Vermont Residents Ages 0 to 64 with Insurance Gap in Last 12 Months

In 2025, job loss was the most common reason for a gap in coverage during the past 12 months, accounting for more than one-third (35%) of health insurance gaps among both 0 to 18-year-olds and 19 to 64 years olds. This was an increase from 2021, when job loss only accounted for 16% and 12% of health insurance gaps for those age groups.

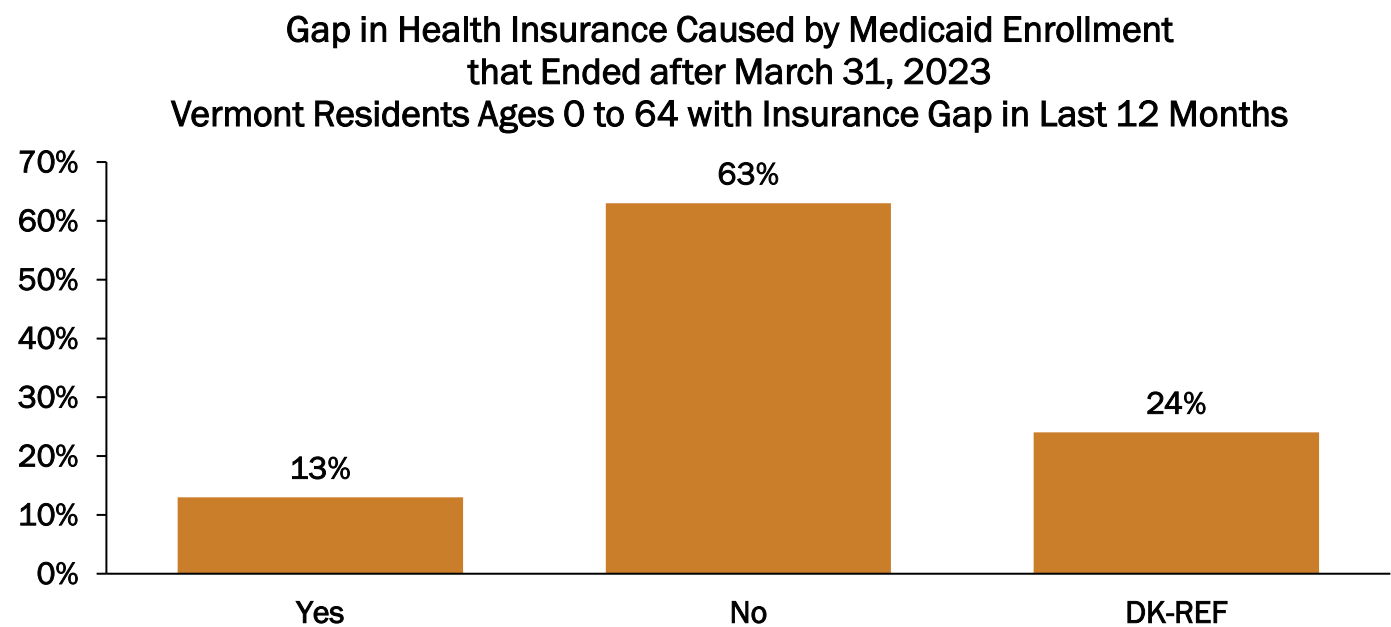


Reasons	Estimated Population by Age	
	0 to 18	19 to 64
Person With Health Insurance Lost Job	500	5,100
Cost Is Too High, Increased, Cost of Premium, Cannot Afford	*	2,900
Not Eligible, No Longer Qualify For Medicaid, Green Mountain Care, Dr. Dynasaur	*	2,100
Current Employer Did Not Offer Coverage	*	1,200
Other	500	3,500

\*indicates the number of respondents is too small to report, and has been combined into “Other”

# Gap in Health Insurance Caused by Medicaid Enrollment that Ended after March 31, 2023, Vermont Residents Ages 0 to 64 with Insurance Gap in Last 12 Months

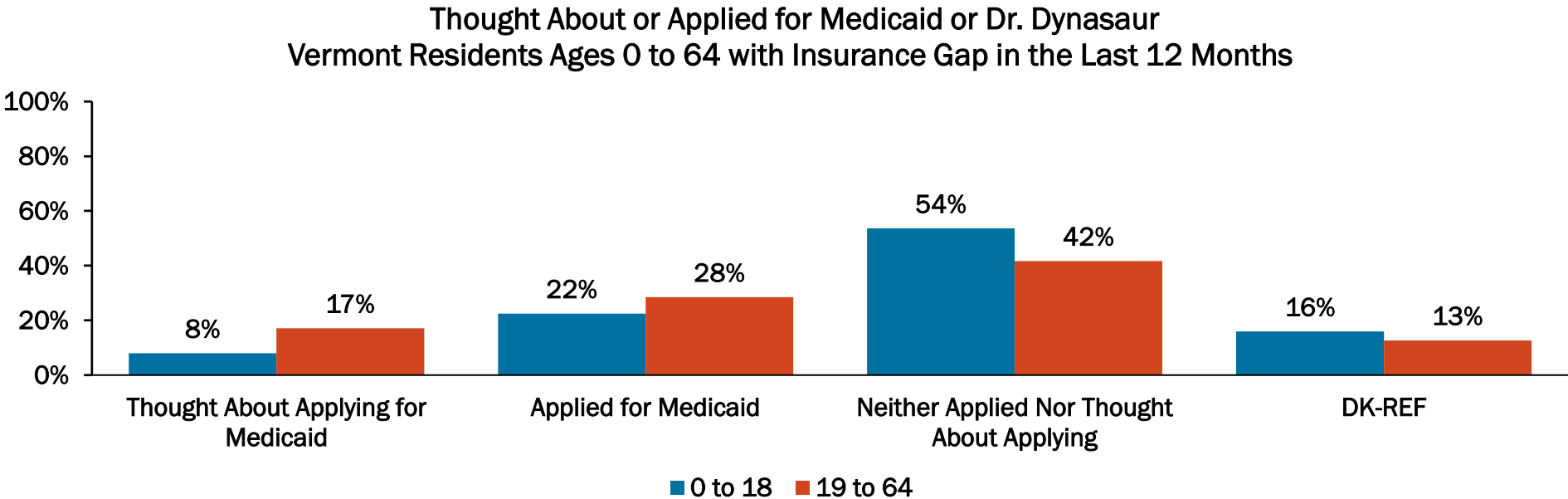
Thirteen percent of those who experienced a gap in coverage during the past 12 months say it was due to the end of the Federal Public Health Emergency for COVID-19 which ended March 31, 2023.



Response	Estimated Population
Yes	2,100
No	10,000
DK-REF	3,800

# Think About or Apply for Medicaid or Dr. Dynasaur, Vermont Residents Ages 0 to 64 with Insurance Gap in Last 12 Months

Fewer than half of those who experienced a gap in health insurance coverage during the past 12 months applied for Medicaid/Dr. Dynasaur or thought about applying for these programs. Vermont residents ages 19 to 64 are more likely to have applied or thought about applying than those ages 0 to 18.



Response	Estimated Population by Age	
	0 to 18	19 to 64
Thought About Applying for Medicaid	100	2,500
Applied for Medicaid	300	4,100
Neither	800	6,000
DK-REF	200	1,800

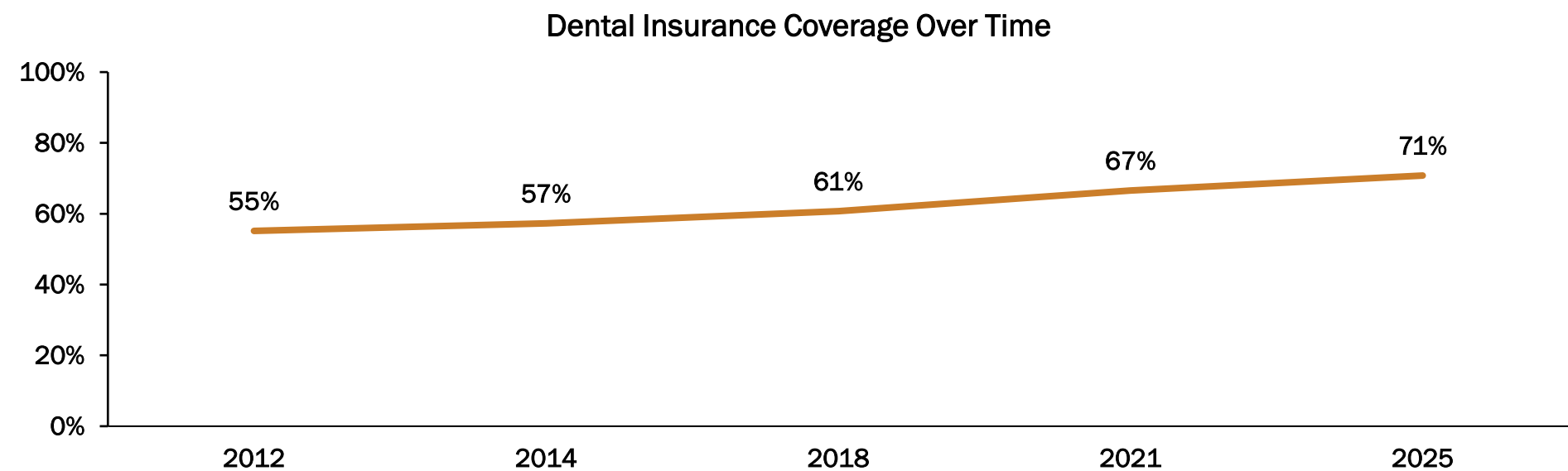
The image is a full-page background featuring a serene landscape. The top half shows a dense forest of evergreen trees covering rolling hills under a clear sky. The bottom half shows a calm body of water with two kayakers in the foreground, paddling away from the viewer. The kayakers are wearing life jackets and hats. The entire image has a soft, slightly desaturated color palette, giving it a peaceful and natural feel.

# **Dental and Vision Insurance and Care**



# Dental Insurance Coverage Over Time

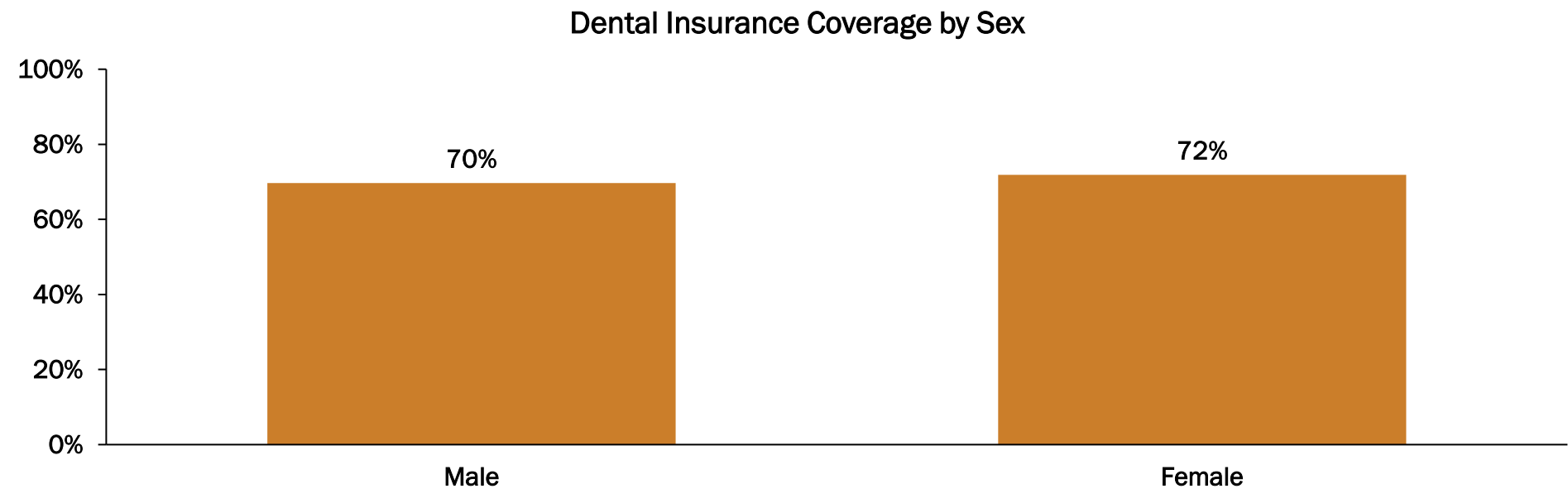
Dental insurance coverage in Vermont has risen over time, with 71% of Vermont residents reporting dental coverage in 2025. This is a significant increase over all prior years.



Year	Estimated Population
2012	345,500
2014	358,900
2018	379,100
2021	411,500
2025	454,700

# Dental Insurance Coverage by Sex

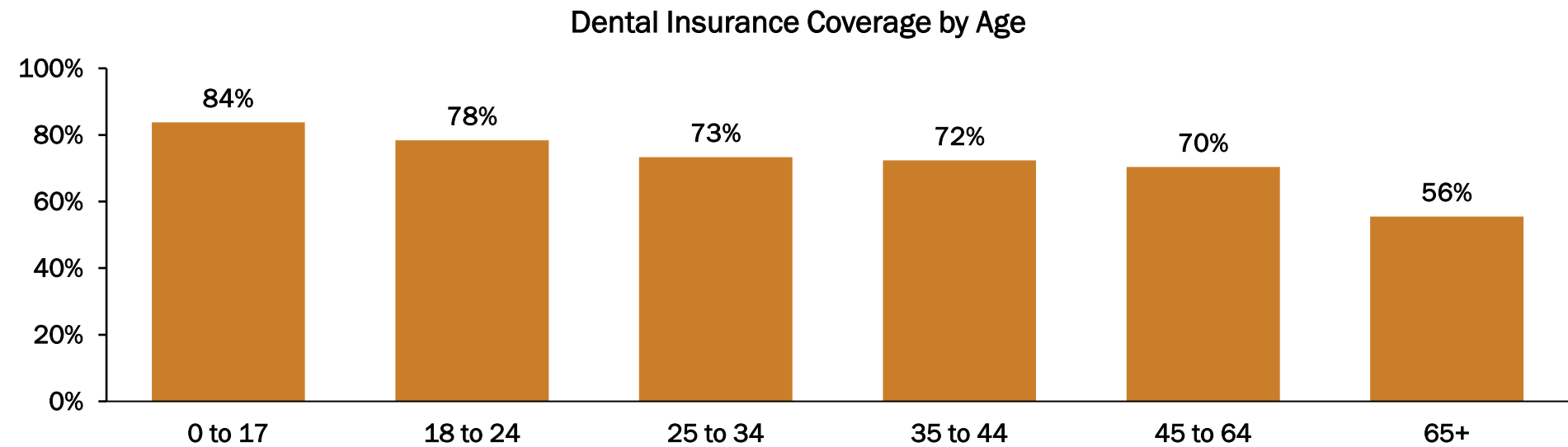
Females have dental insurance at a slightly higher rate than males (72% versus 70%) in 2025.



Sex	Estimated Population
Male	222,700
Female	232,100

# Dental Insurance Coverage by Age

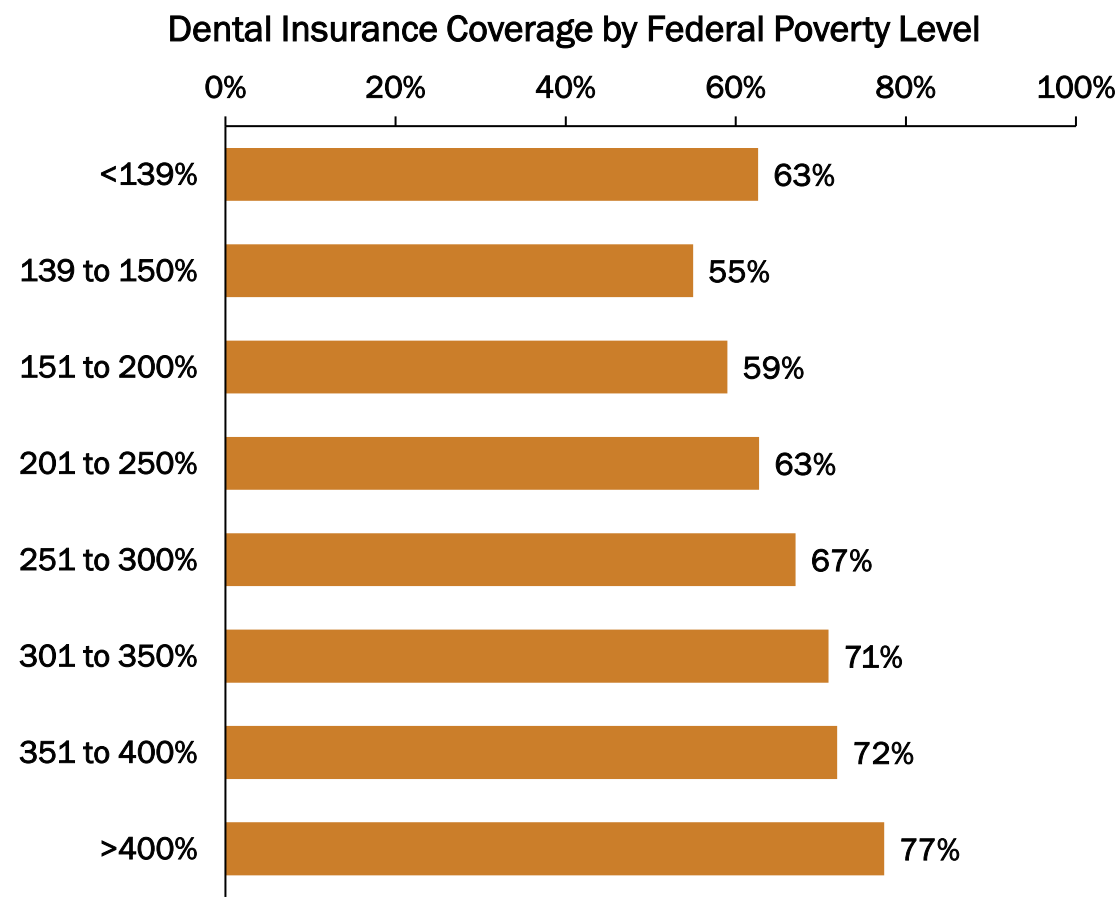
Dental insurance coverage is most common among those 0 to 17 (84%) and decreases with age.



Age	Estimated Population
0 to 17	98,800
18 to 24	32,000
25 to 34	68,400
35 to 44	57,400
45 to 64	120,700

# Dental Insurance Coverage by Federal Poverty Level

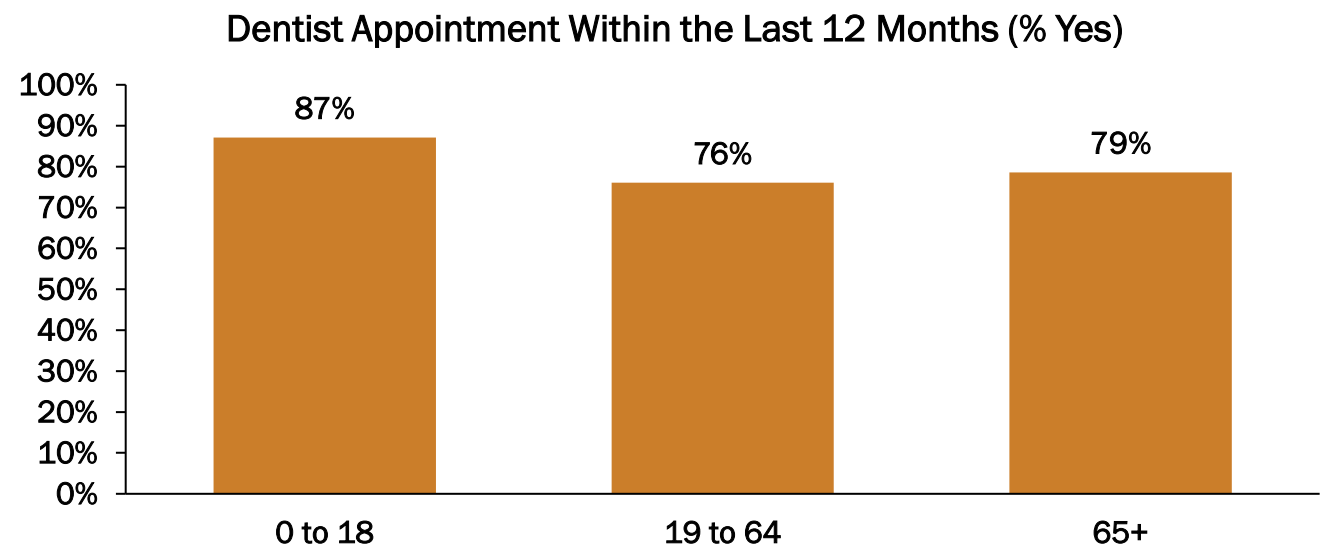
In general, dental insurance coverage increases with increased income. Those making more than 400% of the FPL are most likely to have dental coverage (77%), whereas only 55% of those making 139% to 150% of the FPL have dental coverage.



Percent of FPL	Estimated Population
< 139%	3,200
139 to 150%	900
151 to 200%	900
201 to 250%	1,500
251 to 300%	1,100
301 to 350%	1,700
351 to 400%	1,600
> 400%	5,100

# Dentist Appointment Within the Last 12 Months

Vermont residents ages 0 to 18 are significantly more likely than other age groups to have been to a dentist within the last 12 months (87%).



Age	Estimated Population
0 to 18	107,600
19 to 64	288,600
65+	109,600

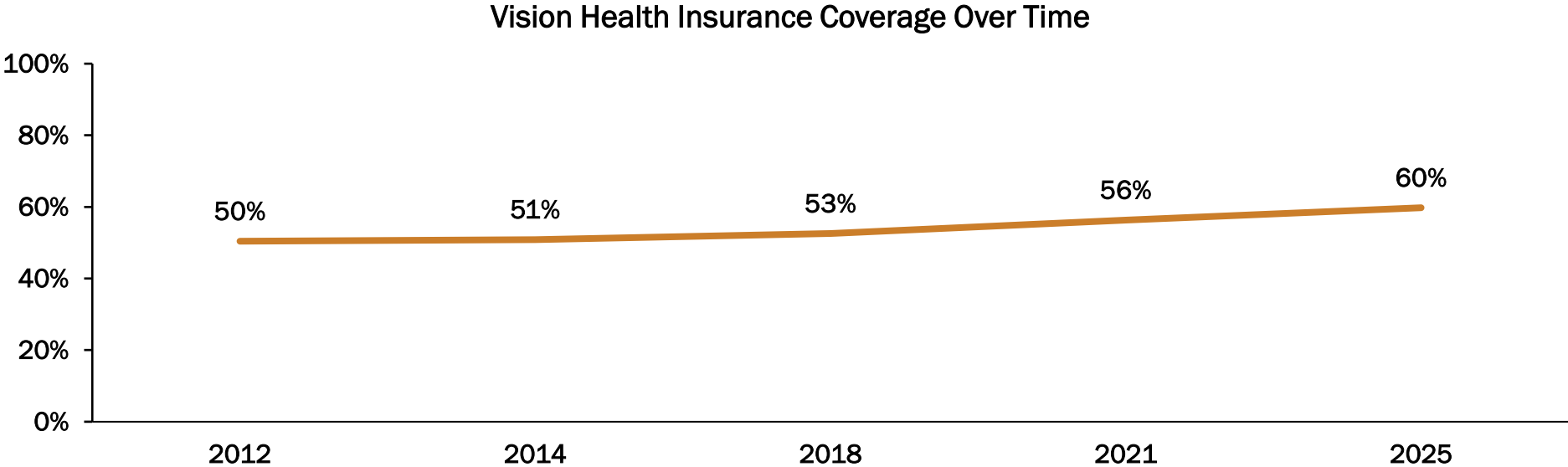
## Reason For No Dentist Appointment within the Last 12 Months, Vermont Residents Without a Dental Appointment

Close to half (44%) of those ages 0 to 18 who did not see a dentist in the last 12 months were too young to have a dentist appointment, Not having a regular dentist is the most common reason for not having a recent appointment among 19- to 64-year-olds (30%), whereas those 65 and older are more likely to feel they did not need to go to the dentist (26%).

Reason	Estimated Population by Age		
	0 to 18	19 to 64	65+
Don't have a regular dentist	12%	30%	18%
It costs too much	4%	30%	23%
Can't find a dentist who is accepting new patients	19%	20%	5%
No dental insurance	3%	19%	18%
Don't feel like I need to go to the dentist	10%	17%	26%
Afraid of going to the dentist	2%	15%	6%
Can't find a dentist who accepts my insurance	7%	10%	4%
Issues with scheduling, availability, unable to make appointment	5%	6%	3%
It's too far away, transportation issues	4%	5%	3%
Dentures, false teeth, no teeth	4%	4%	23%
Had a prior bad dentist experience, doesn't like their dentist	1%	1%	1%
Forgot, ambivalence, no good reason	1%	1%	<1%
Age (too young)	44%	1%	1%
Worried about COVID exposure, other illness or health problems make it hard	<1%	1%	2%
Has an appointment coming up	4%	<1%	0%
Other	0%	<1%	1%
DK-REF	4%	4%	4%

# Vision Insurance Coverage Over Time

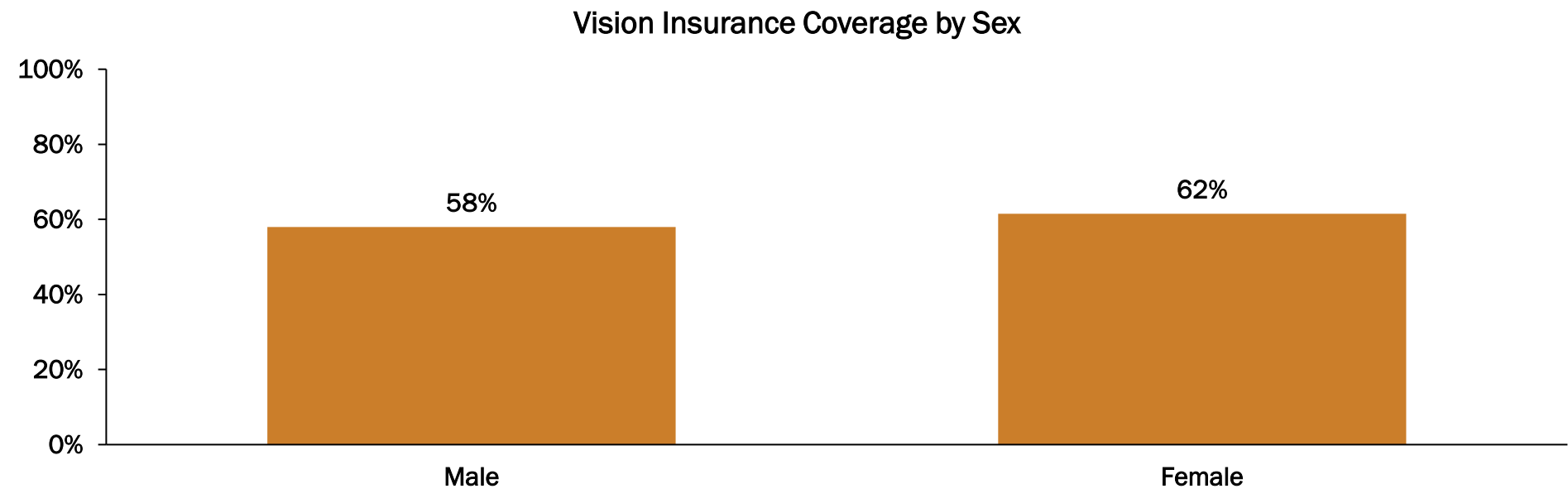
Vision insurance has increased over time, with 60% of Vermont residents covered by some kind of vision health insurance in 2025.



Year	Estimated Population
2012	315,800
2014	318,800
2018	328,300
2021	348,300
2025	384,000

# Vision Insurance Coverage by Sex

Females (62%) are slightly more likely to have vision insurance than males (58%).

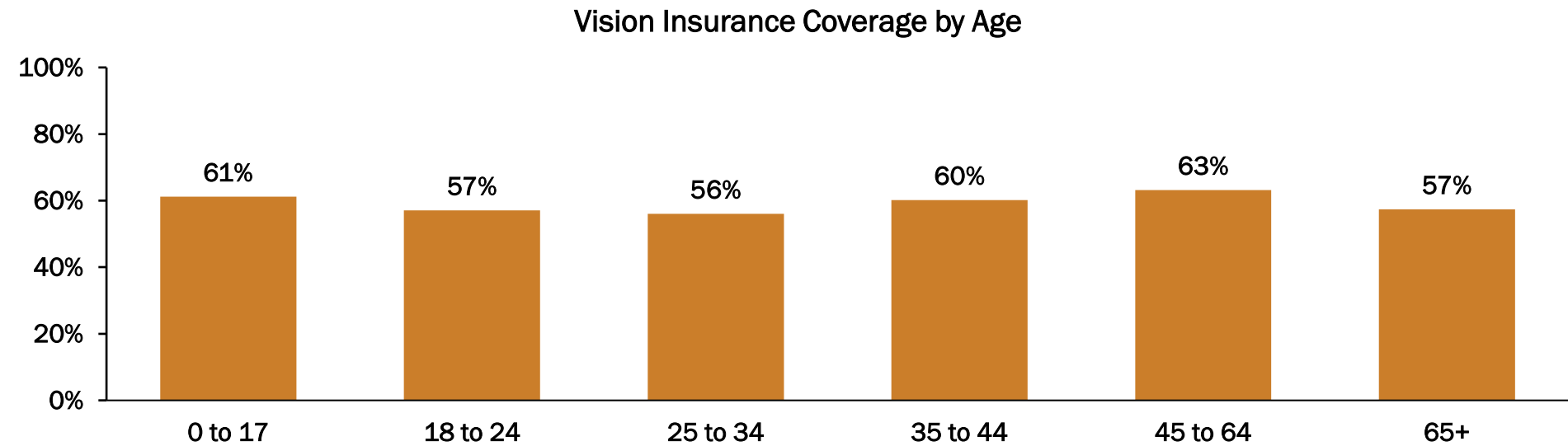


Sex	Estimated Population
Male	185,400
Female	198,600



# Vision Insurance Coverage by Age

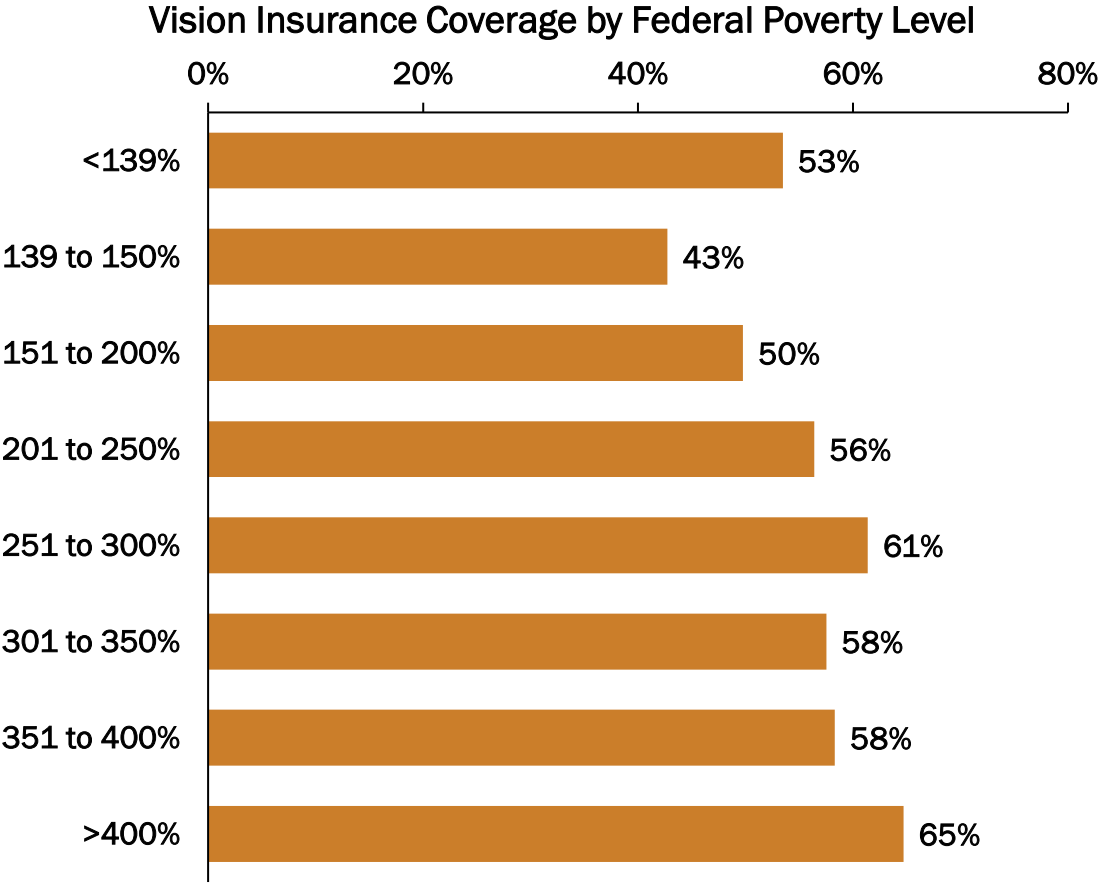
Vision insurance coverage is most common among those ages 45 to 64 (63%).



Age	Estimated Population
0 to 17	72,200
18 to 24	23,300
25 to 34	52,200
35 to 44	47,800
45 to 64	108,400

# Vision Insurance Coverage by Federal Poverty Level

In general, vision insurance coverage increases with increased income, although not as consistently as with dental coverage. Those making more than 400% of the FPL are most likely to have vision coverage (65%), whereas only 43% of those making 139% to 150% of the FPL have vision coverage.



Percent of FPL	Estimated Population
< 139%	3,200
139 to 150%	900
151 to 200%	900
201 to 250%	1,500
251 to 300%	1,100
301 to 350%	1,700
351 to 400%	1,600
> 400%	5,100

The image features a serene landscape with rolling hills covered in dense green foliage. In the foreground, a calm body of water reflects the sky. Two kayakers, seen from behind, are paddling on the water. The entire scene is overlaid with a semi-transparent teal banner that spans the width of the image. Centered within this banner is the text "Health Equity" in a bold, white, sans-serif font.

# Health Equity

# Defining Populations at Risk

This section explores differences in access to care among several populations in Vermont that are sometimes missed when providing general population statistics due to their relatively small size. These populations frequently have less ability to access the care they need and more frequently experience barriers which can make it more difficult to remain healthy. This, in turn, makes it more difficult to maintain an income or health insurance, making care more difficult to access.

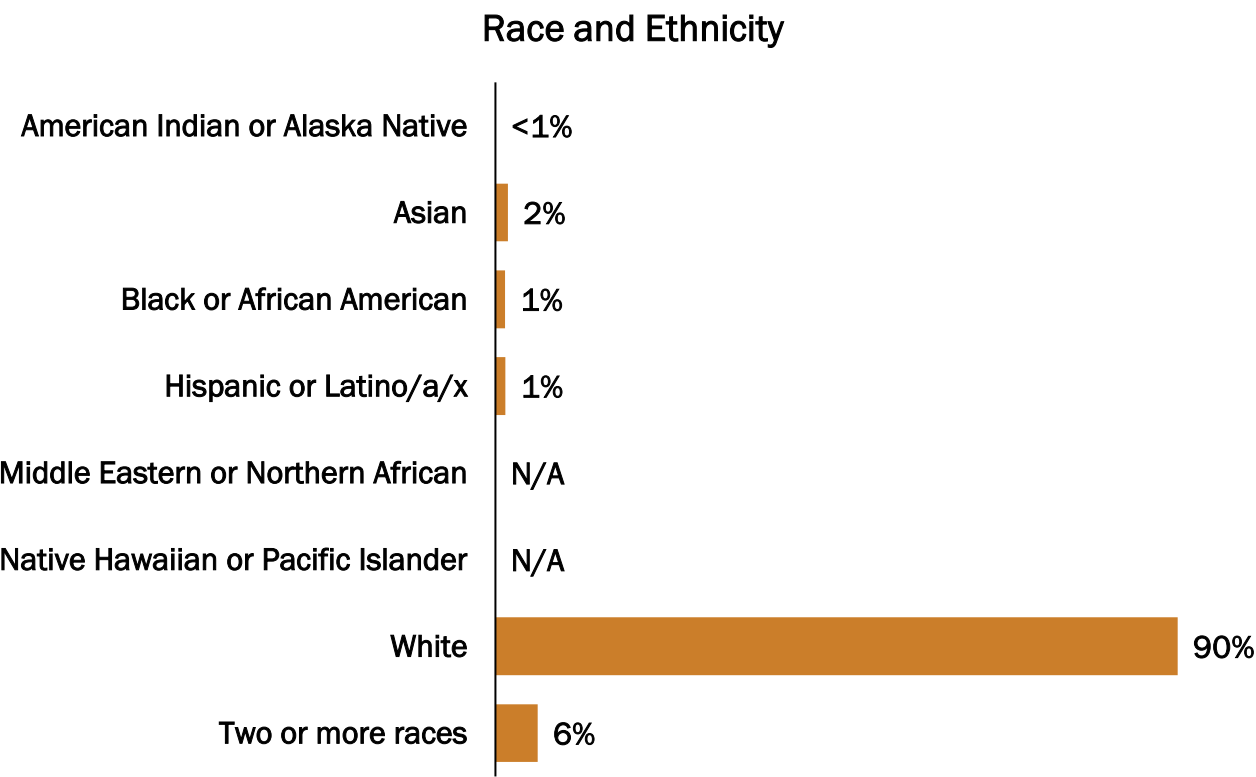
The following groups were explored:

- **Black, Indigenous, People of Color (BIPOC):** Individuals who reported themselves as primarily Black/African American, Asian American, or Native/Indigenous Americans. There were not enough Hawaiian Native/Pacific Islander to report the population separately.
- **Ethnicity:** Individuals who reported themselves as belonging to any of the Hispanic or Latino/a groups, or another Hispanic or Latino/a group, regardless of race.
- **Sexual Orientation:** Individuals over the age of 18 who reported themselves as being lesbian, gay, bisexual, or of any sexual identity other than straight, regardless of reported gender.
- **Gender Diverse:** Individuals who were reported themselves as being transgender, non-binary, genderqueer, or any other gender identity other than cis, or whose reported gender and sex did not align, regardless of sexuality.
- **People with a Disability:** Individuals who reported themselves as having serious difficulty with any of a number of daily living tasks or functions.

# Black, Indigenous and People of Color

Most Vermont residents (90%) identify as white. Vermont residents who identify as two or more races make up 6% of the population. Those identifying as Asian make up about 2% of the population, while those who are Black, or Hispanic or Latino/a/x make up about 1% each. Less than 1% of the population is American Indian or Alaska Native.

Too few individuals responded to the survey indicating that they consider themselves Native Hawaiian or Pacific Islanders or Middle Eastern or North African to be analyzed separately in this section.



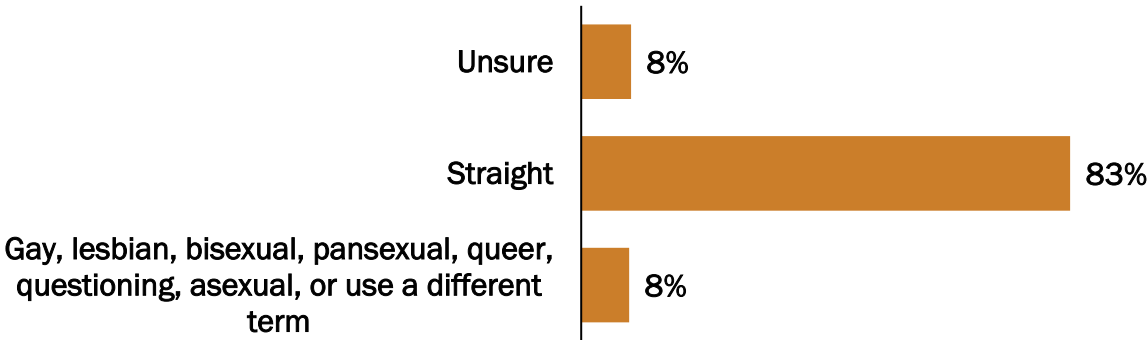
Race*	Estimated Population
American Indian or Alaska Native	1,200
Asian	10,500
Black or African American	8,200
Hispanic or Latino/a/x	8,500
Middle Eastern or Northern African	#
Native Hawaiian or Pacific Islander	#
White	577,000
Two or more races	35,600

\*Individuals were identified as BIPOC according to their primary race - that is, the first racial group mentioned when the respondent described the individual in the survey.  
# indicates the number of respondents is too small to report.

# Sexual Orientation and Gender Identity

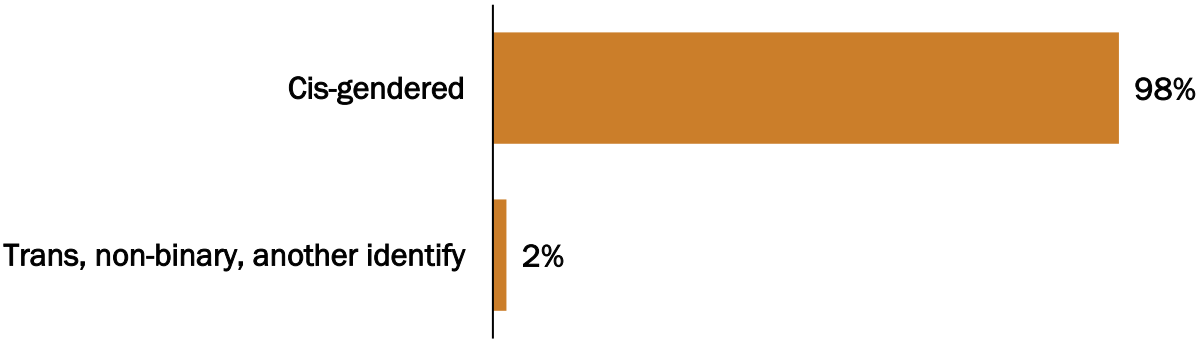
Individuals who identify as gay, lesbian, bisexual, or another sexual orientation make up about 8% of Vermont residents. Individuals who identify as trans, non-binary, or otherwise not cis-gendered make up about 2% of Vermont residents.

Sexual Orientation of Vermont Residents 16 and Older



Sexual Orientation	Estimated Population
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	44,000
Straight	449,600
Unsure	45,800

Gender Identity of Vermont Residents 16 and Older



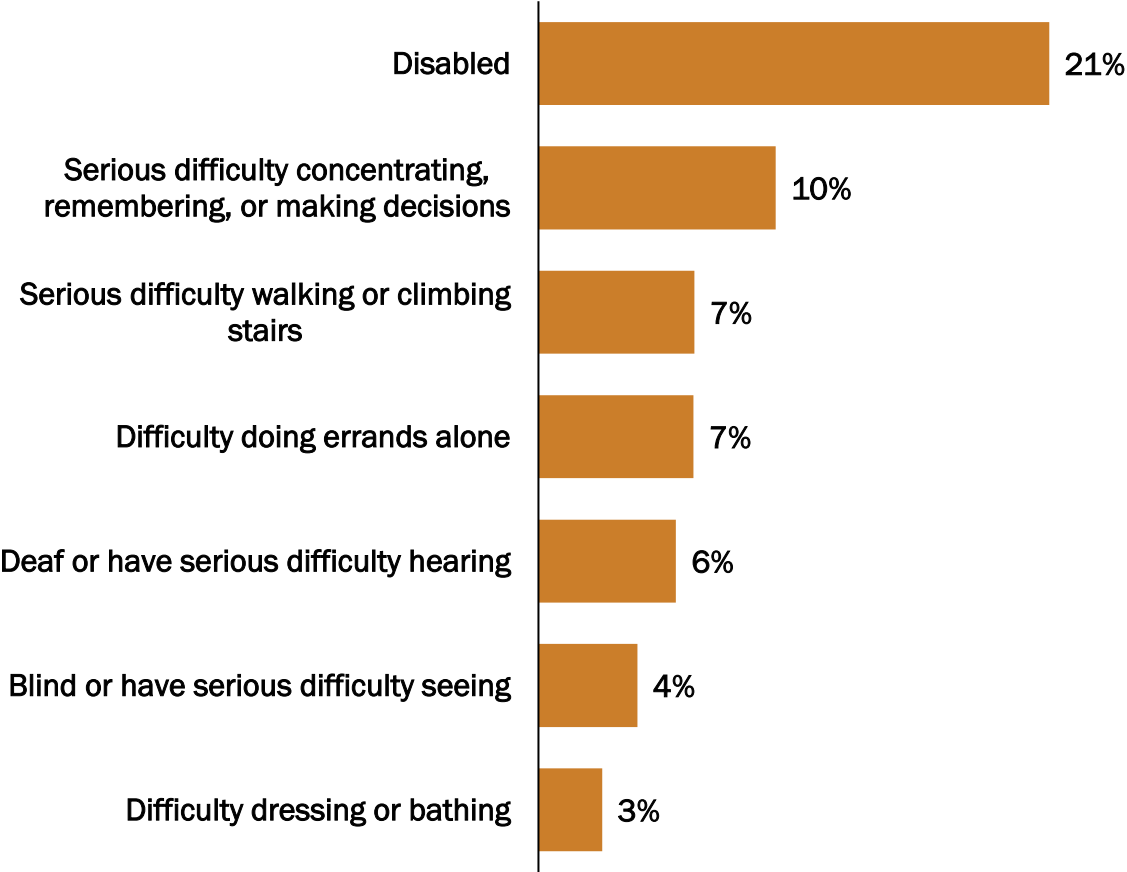
Gender Identity	Estimated Population
Trans, non-binary, another identify	11,300
Cis-gendered	528,000

Individuals were identified as members of a gender diverse population when they either explicitly stated they were non-cis-gendered or when their stated gender identity and their sex assigned at birth did not align.

# Vermont Residents with a Disability

Slightly more than one-fifth (21%) of Vermont residents have a disability. The most frequently reported disabilities include difficulty concentrating, remembering, or making decisions (10%), difficulty walking or climbing up stairs (7%), or difficulty doing errands alone (7%).

Specific Disabilities



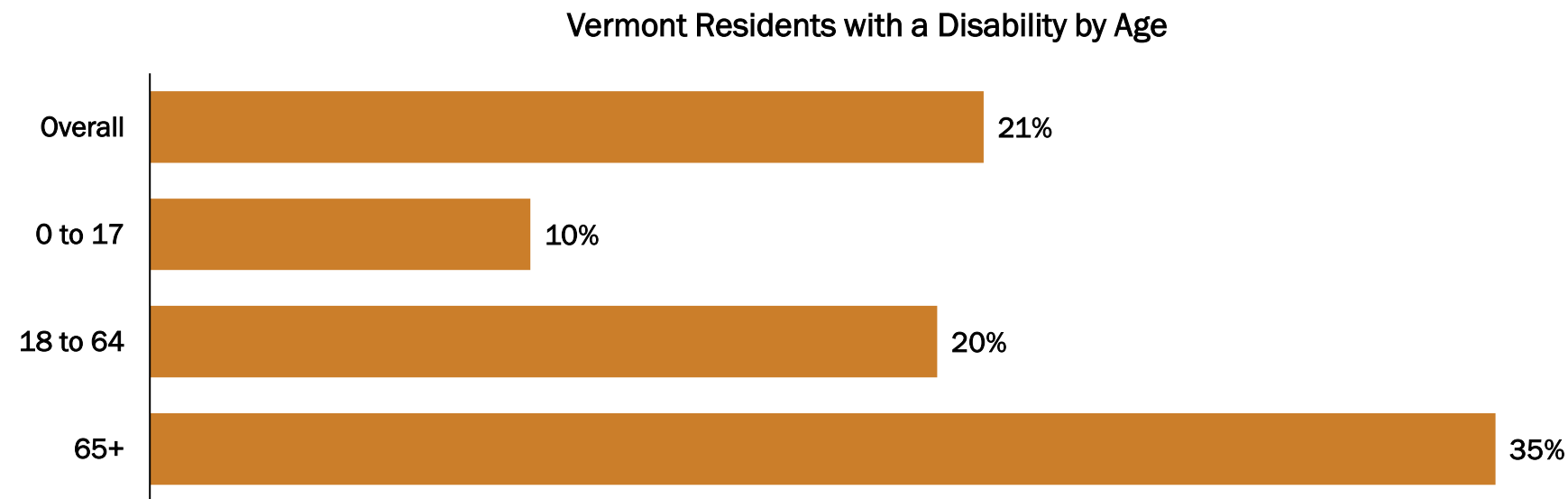
\*Multiple responses accepted

Disability*	Estimated Population
Disabled	137,700
Serious difficulty concentrating, remembering, or making decisions	63,900
Serious difficulty walking or climbing stairs	42,000
Difficulty doing errands alone	41,800
Deaf or have serious difficulty hearing	37,100
Blind or have serious difficulty seeing	26,700
Difficulty dressing or bathing	17,200

\*Individuals were identified as having a disability if they answered ‘yes’ to any of the six disability questions used. These questions were identical to the series used by the American Community Survey; see the complete survey instrument.

# Vermont Residents with a Disability by Age

Among all Vermont residents, 10% are under the age of 18 and have a disability. One-fifth (20%) of those ages 18 to 64 have a disability. More than one-third (35%) of those ages 65 or older have a disability.

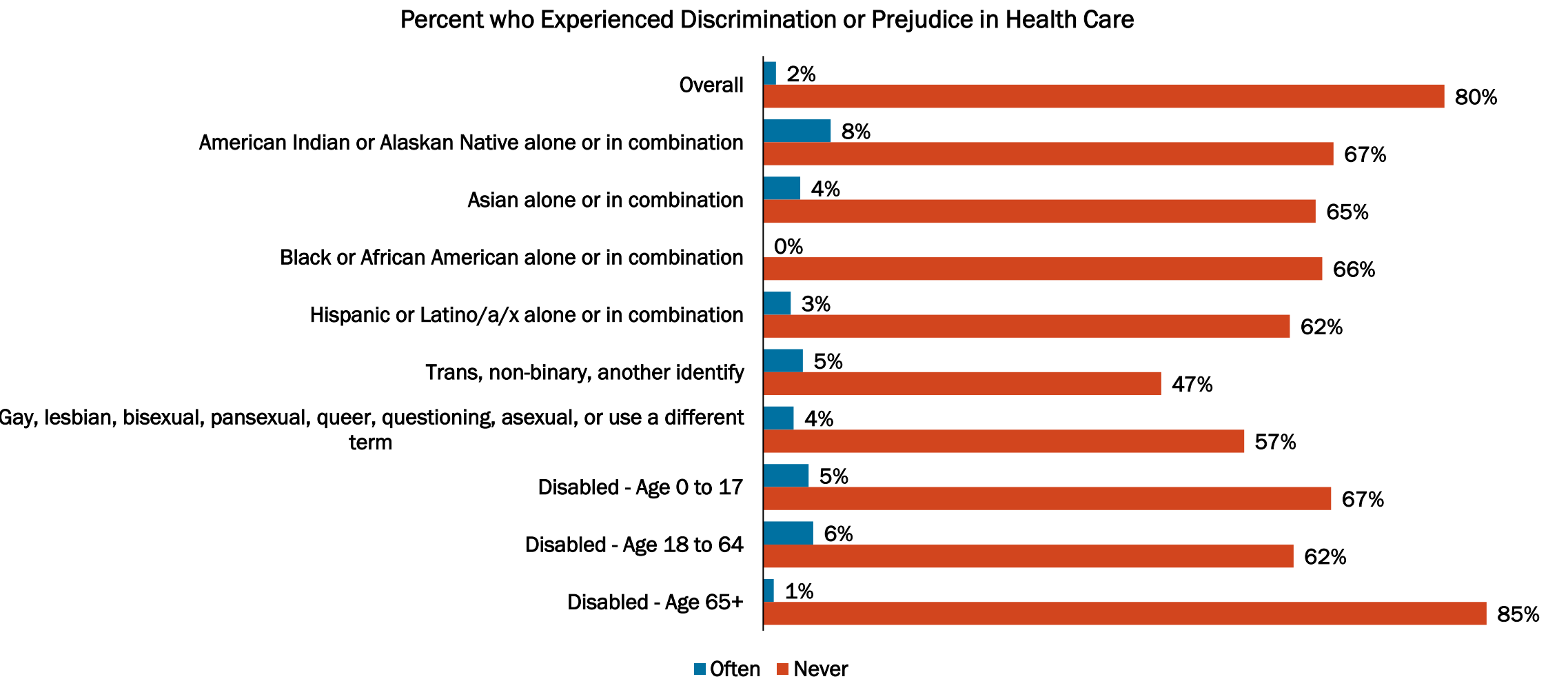


Disability	Estimated Population
Overall	137,700
0 to 17	11,500
18 to 64	78,000
65+	48,200



# Experienced Discrimination or Prejudice During Health Care Encounters

BIPOC individuals are significantly less likely to have not reported experiencing discrimination or prejudice during health care encounters than Vermont residents overall, as were members of the LGBTQ community (gender diverse individuals and those who identify their sexual orientation as something other than straight). American Indian or Alaska Native or disabled individuals were more likely to have often experienced discrimination in their care.

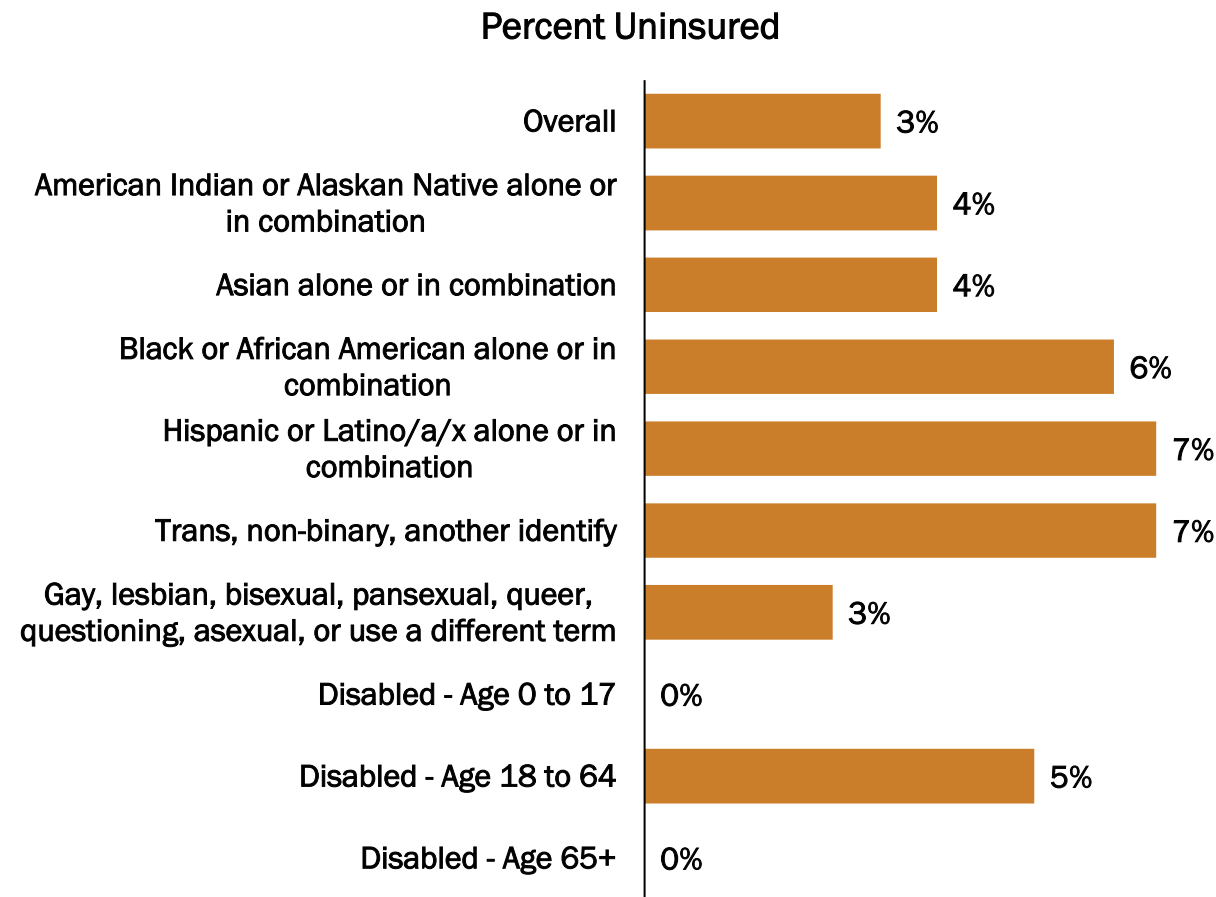


## Experienced Discrimination or Prejudice During Health Care Encounters

	Estimated Population “Often”	Estimated Population “Never”
Overall	9,600	514,900
American Indian or Alaskan Native alone or in combination	1,300	11,400
Asian alone or in combination	800	11,600
Black or African American alone or in combination	<100	8,600
Hispanic or Latino/a/x alone or in combination	500	10,000
Trans, non-binary, another identify	500	5,300
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	1600	24,900
Disabled - Age 0 to 17	600	7,700
Disabled - Age 18 to 64	4,600	48,600
Disabled - Age 65+	600	41,100

# Uninsured Populations

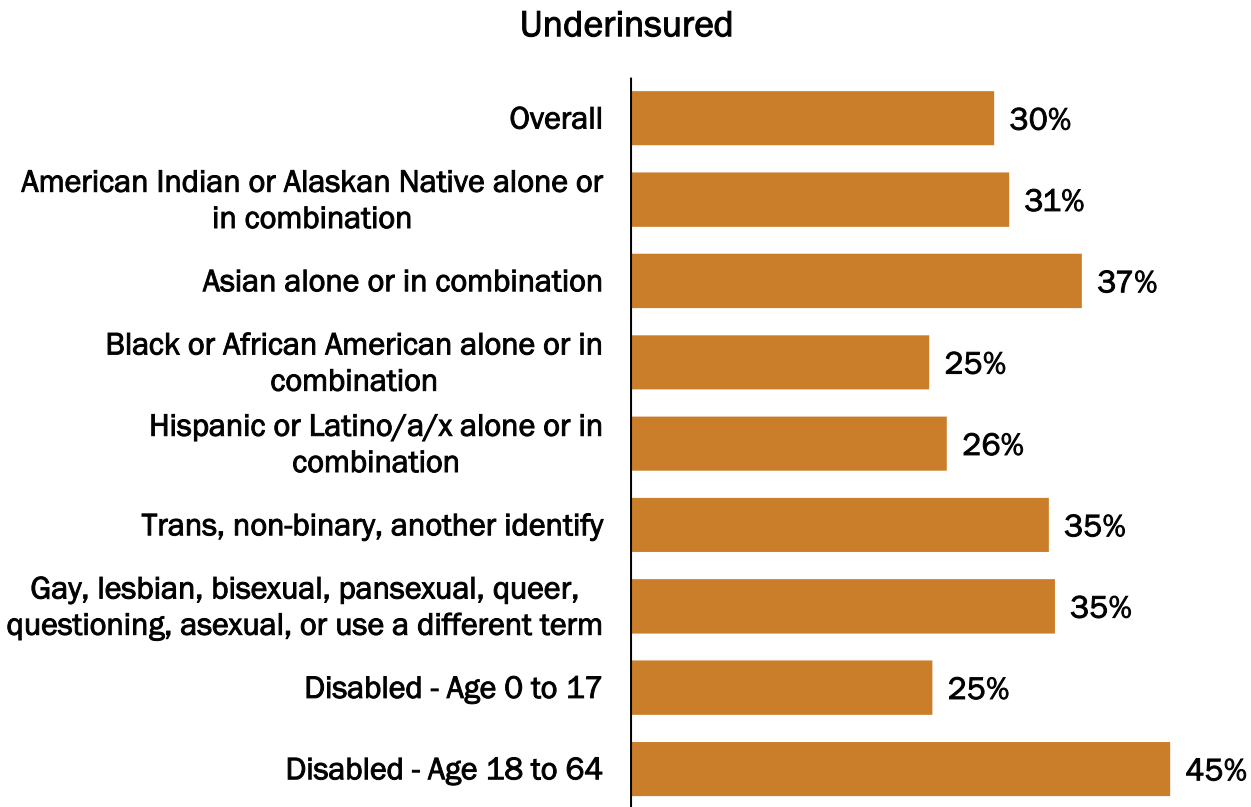
Hispanic or Latino/a/x individuals and those in a gender diverse population (those identifying as transgender, non-binary, or another identity) are more likely to be uninsured than other groups of Vermont residents.



	Estimated Population
Overall	20,700
American Indian or Alaskan Native alone or in combination	600
Asian alone or in combination	800
Black or African American alone or in combination	800
Hispanic or Latino/a/x alone or in combination	1200
Trans, non-binary, another identify	800
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	1,131
Disabled - Age 0 to 17	0
Disabled - Age 18 to 64	4,200
Disabled - Age 65+	200

# Underinsurance\* among Vermont Residents Under Age 65

Disabled individuals ages 18 to 64 (45%) are more likely to be underinsured than any other group of Vermont residents.



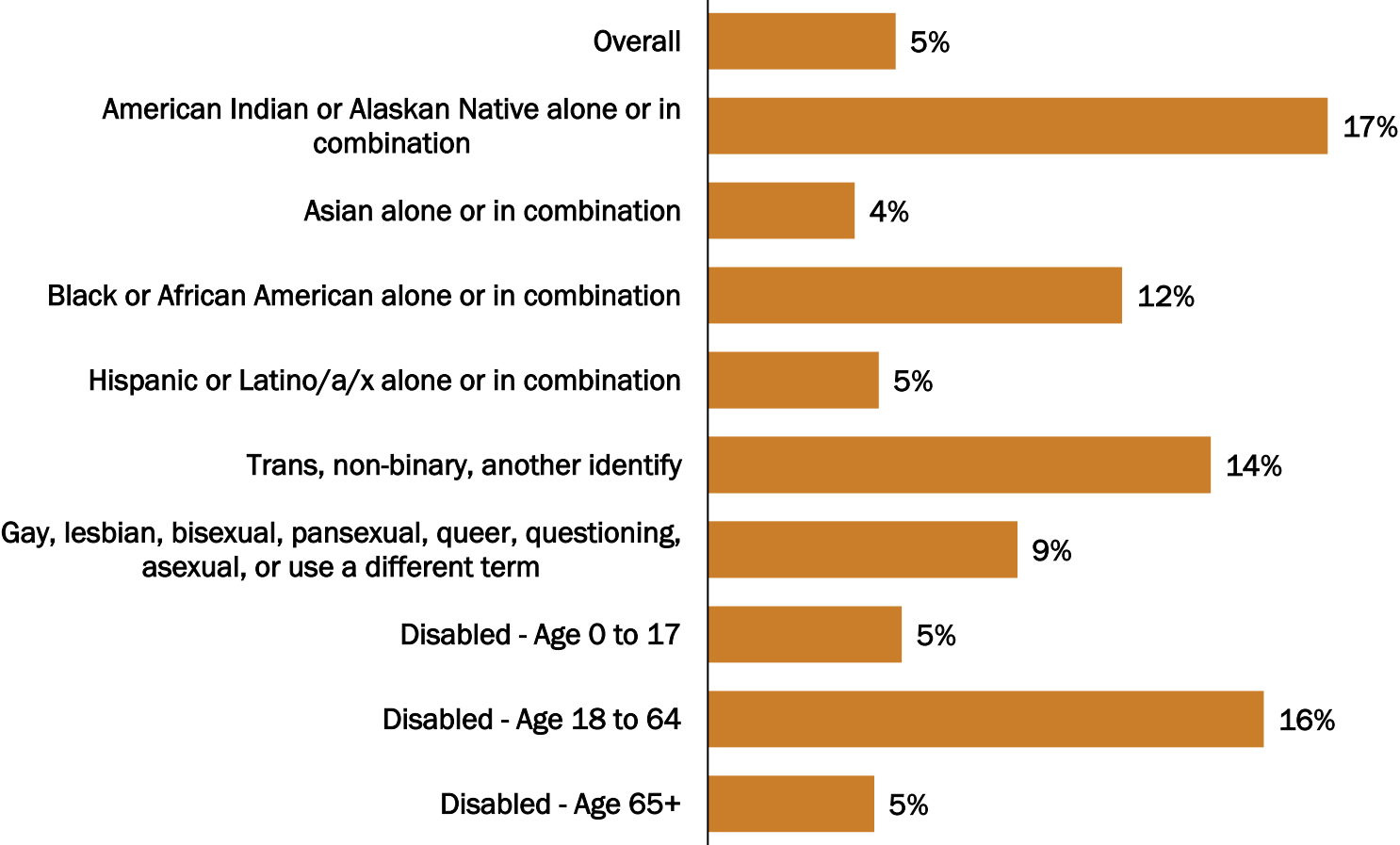
	Estimated Population
Overall	151,300
American Indian or Alaskan Native alone or in combination	4,400
Asian alone or in combination	5,900
Black or African American alone or in combination	3,100
Hispanic or Latino/a/x alone or in combination	4,000
Trans, non-binary, another identify	3,700
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	13,900
Disabled - Age 0 to 17	2,900
Disabled - Age 18 to 64	34,800

\*In this report the underinsured are defined using the Commonwealth Fund model based on health plan deductible and all out-of-pocket health care expenses. Using this model, it is possible that people covered under benefit rich health plans can be classified as underinsured. There are other models that can be used to determine whether a person is considered underinsured.

# Care Delayed Due to Cost — Routine Care

American Indian or Alaska Native, gender diverse individuals, and people with a disability between ages 18 and 64 all report higher rates of missing routine medical care in the past 12 months because they could not afford it.

During the Past 12 Months, Delayed Care Due to Cost

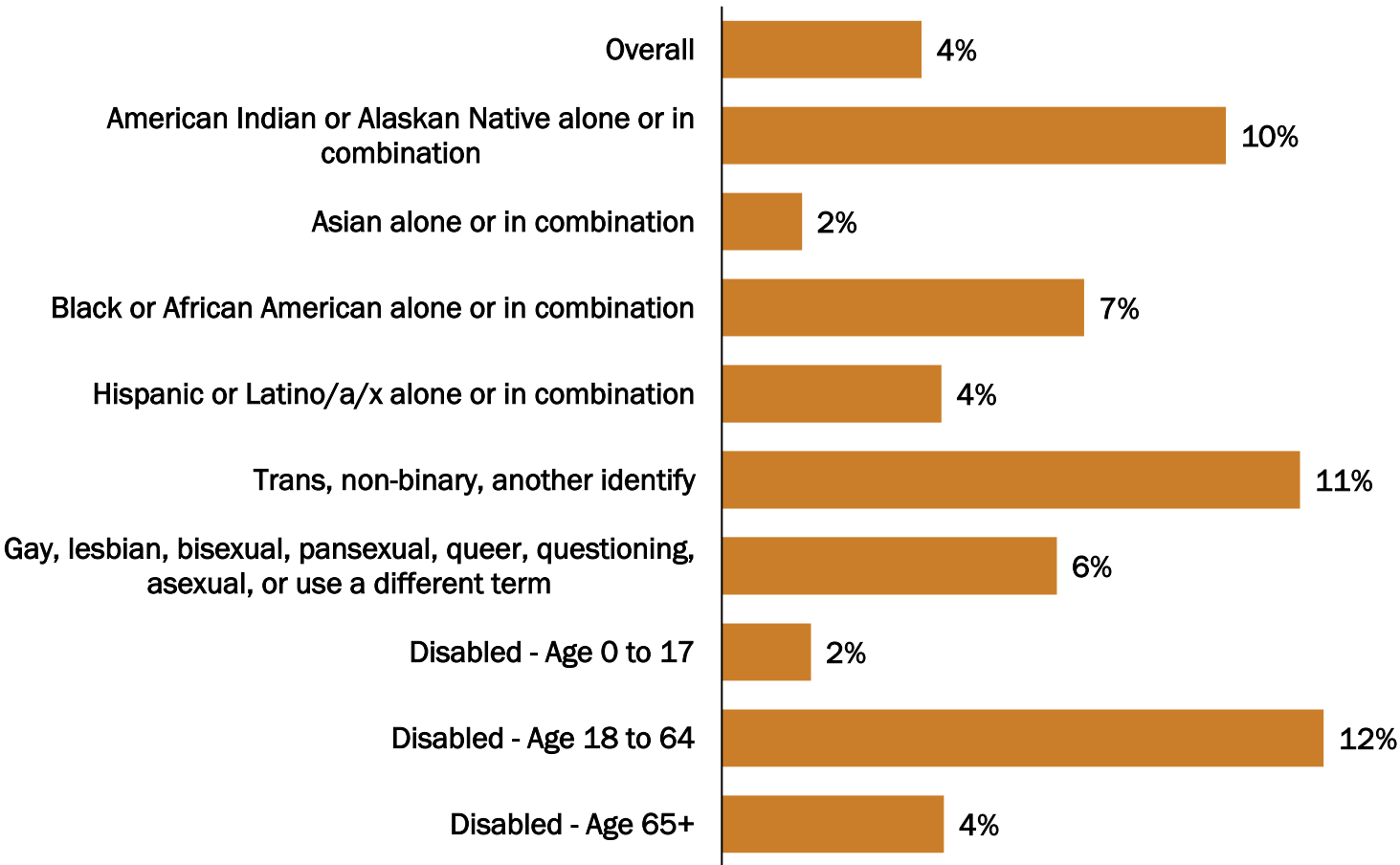


	Estimated Population
Overall	33,900
American Indian or Alaskan Native alone or in combination	3,000
Asian alone or in combination	700
Black or African American alone or in combination	1,500
Hispanic or Latino/a/x alone or in combination	800
Trans, non-binary, another identify	1,600
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	3,800
Disabled - Age 0 to 17	600
Disabled - Age 18 to 64	12,200
Disabled - Age 65+	2,300

# Care Delayed Due to Cost – Medical Care

Vermont residents between the ages of 18 to 64 with a disability (12%), gender diverse individuals (11%), and American Indian or Alaska Native Vermont residents (10%) are more likely to not receive care because of cost in the last 12 months than Vermont residents overall.

During the Past 12 Months, Medical Care Delayed Due to Cost

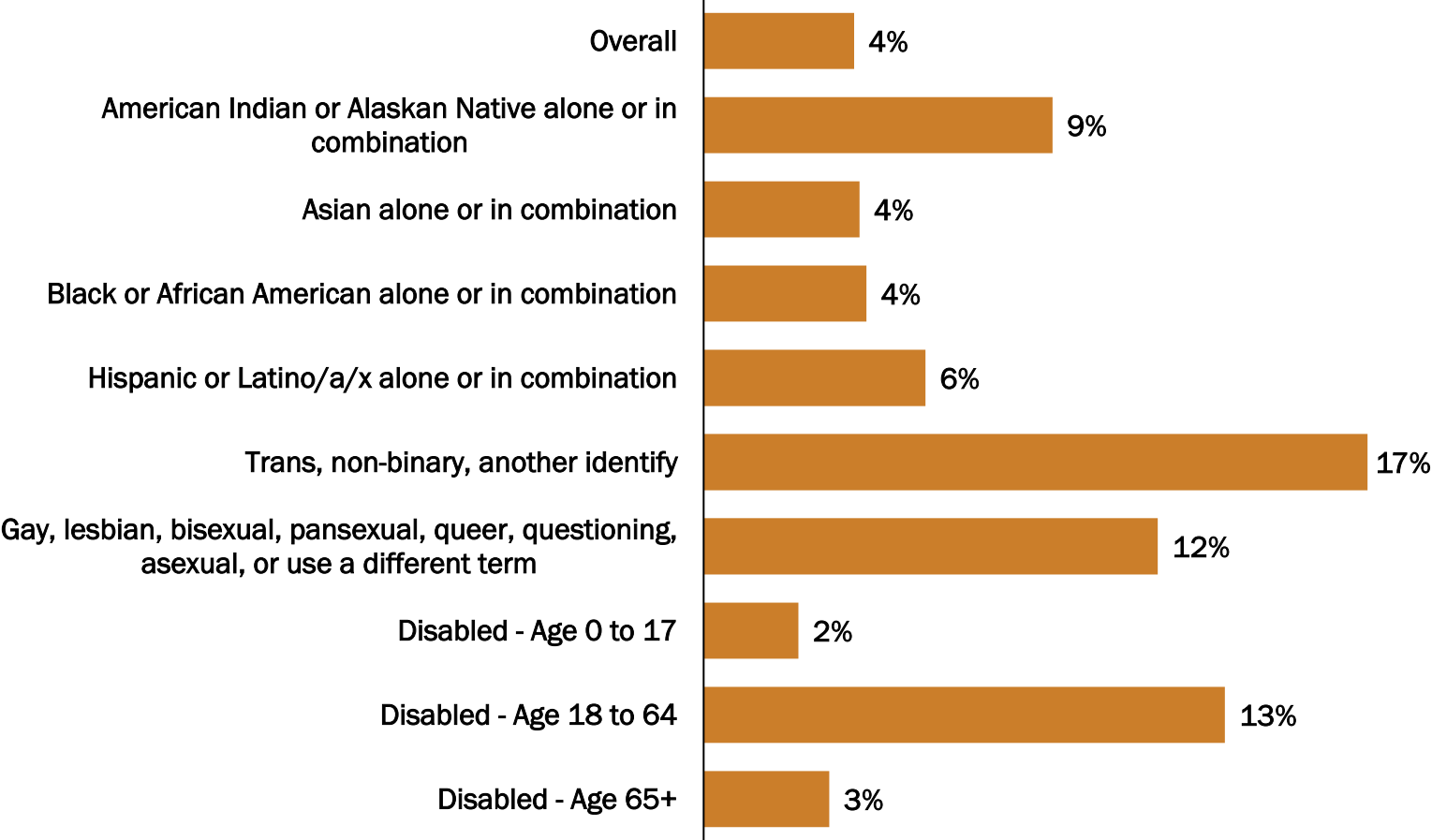


	Estimated Population
Overall	24,900
American Indian or Alaskan Native alone or in combination	1,700
Asian alone or in combination	300
Black or African American alone or in combination	900
Hispanic or Latino/a/x alone or in combination	700
Trans, non-binary, another identify	1,300
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	2,900
Disabled - Age 0 to 17	200
Disabled - Age 18 to 64	9,100
Disabled - Age 65+	2,100

# Care Delayed Due to Cost – Mental Health Care

Gender diverse individuals (17%) report higher rates of delaying mental health care due to cost in the past 12 months than other populations.

During the Past 12 Months, Mental Health Care Delayed Due to Cost

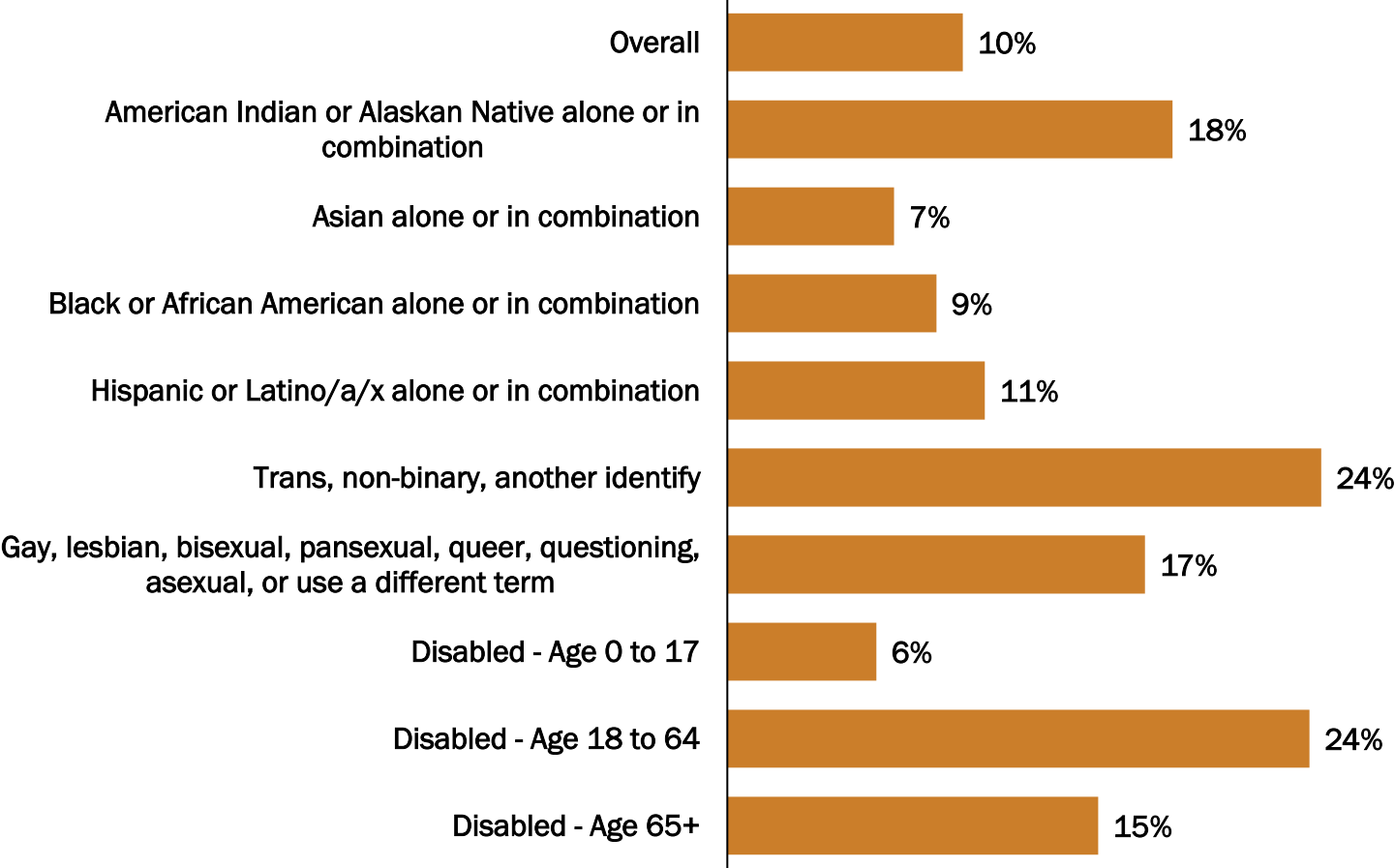


	Estimated Population
Overall	24,600
American Indian or Alaskan Native alone or in combination	1,500
Asian alone or in combination	700
Black or African American alone or in combination	500
Hispanic or Latino/a/x alone or in combination	900
Trans, non-binary, another identify	1,900
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	5,100
Disabled - Age 0 to 17	300
Disabled - Age 18 to 64	10,300
Disabled - Age 65+	1,500

# Care Delayed Due to Cost – Dental Care

People with a disability between 18 and 64 (24%) and gender diverse individuals (24%) are more likely to defer dental care in the past 12 months because of cost than other groups.

During the Past 12 Months, Dental Care Delayed Due to Cost



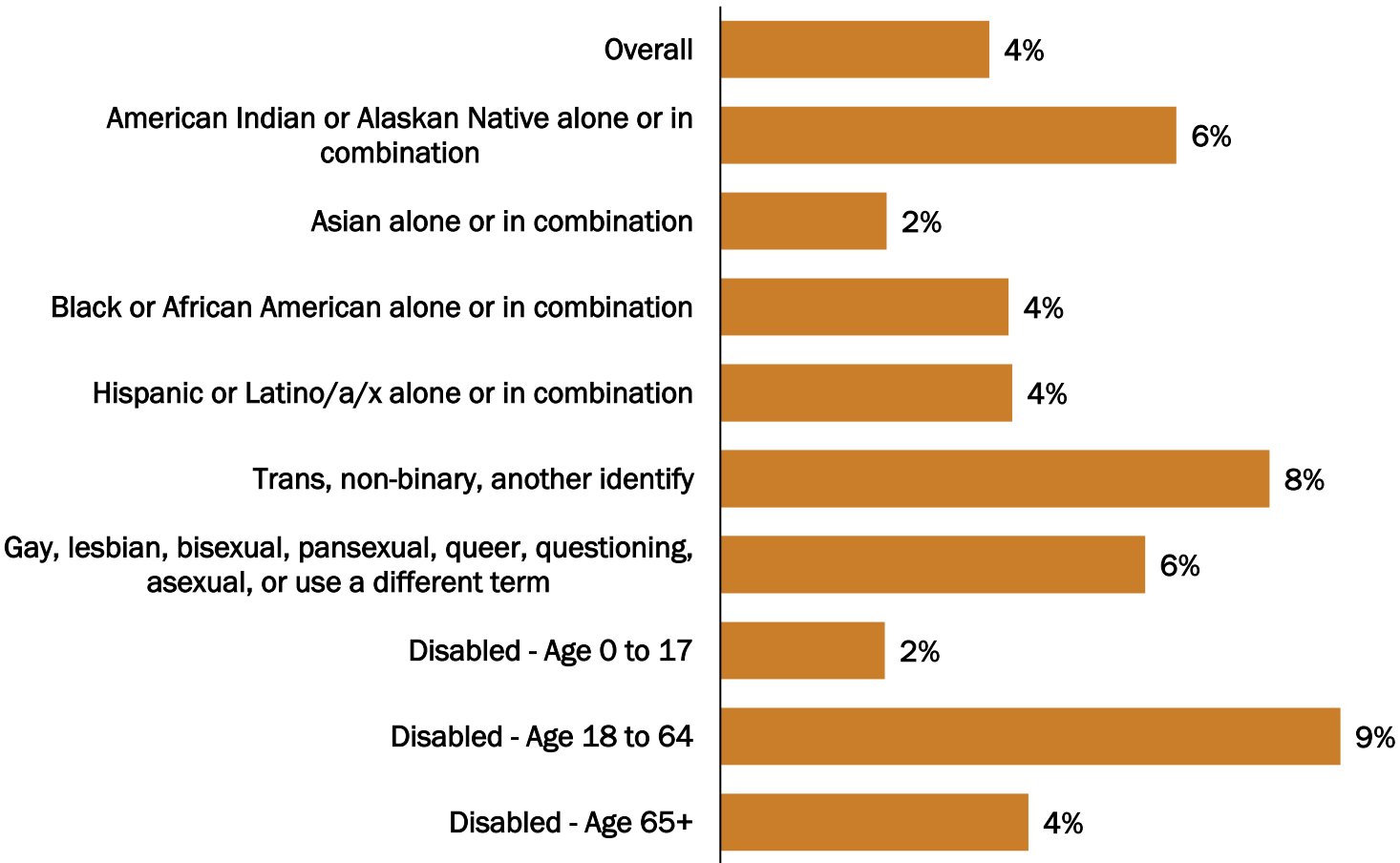
	Estimated Population
Overall	62,100
American Indian or Alaskan Native alone or in combination	3,100
Asian alone or in combination	1,200
Black or African American alone or in combination	1,100
Hispanic or Latino/a/x alone or in combination	1,700
Trans, non-binary, another identify	2,800
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	7,500
Disabled - Age 0 to 17	700
Disabled - Age 18 to 64	18,600
Disabled - Age 65+	7,300



# Care Delayed Due to Cost — Diagnostic Tests

Disabled Vermont residents ages 18 to 64 (9%) delay diagnostic tests due to cost in the past 12 months more often than other populations of Vermont residents.

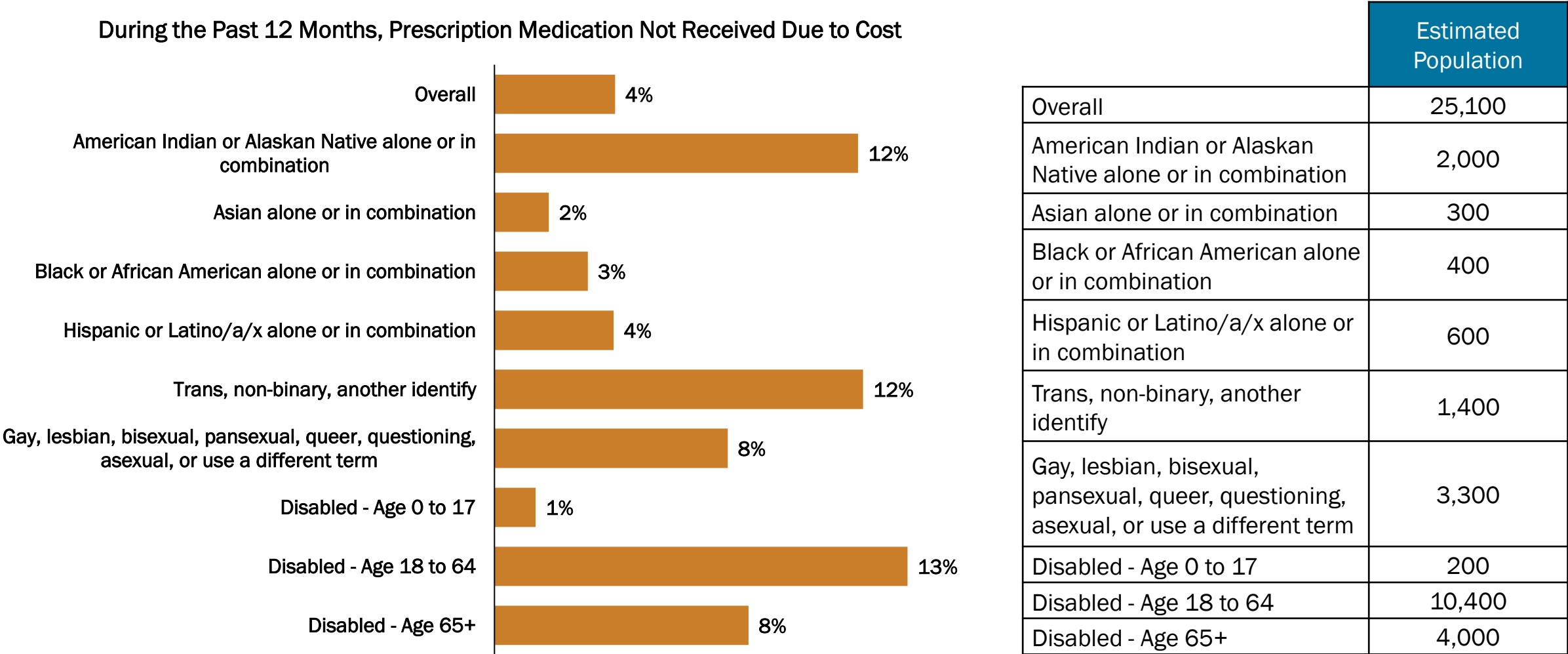
During the Past 12 Months, Diagnostic Tests Delayed Due to Cost



	Estimated Population
Overall	24,000
American Indian or Alaskan Native alone or in combination	1,100
Asian alone or in combination	400
Black or African American alone or in combination	500
Hispanic or Latino/a/x alone or in combination	700
Trans, non-binary, another identify	900
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	2,600
Disabled - Age 0 to 17	300
Disabled - Age 18 to 64	6,700
Disabled - Age 65+	2,100

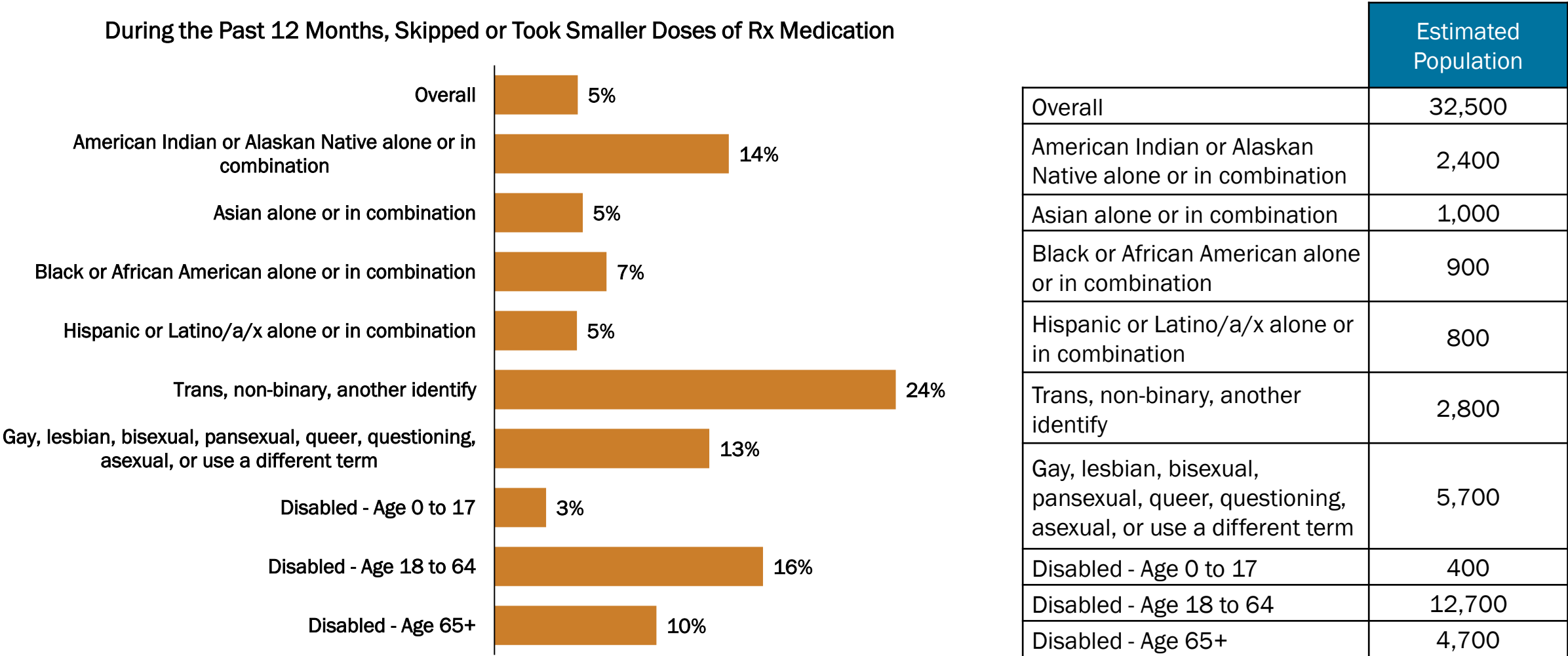
# Care Delayed Due to Cost – Prescription Medications

People ages 18 to 64 with a disability (13%), gender diverse individuals (12%), and American Indian or Alaska Native Vermont residents (12%) delay receiving prescription medications due to cost in the past 12 months more often than other groups.



# Care Delayed Due to Cost – Medication Doses

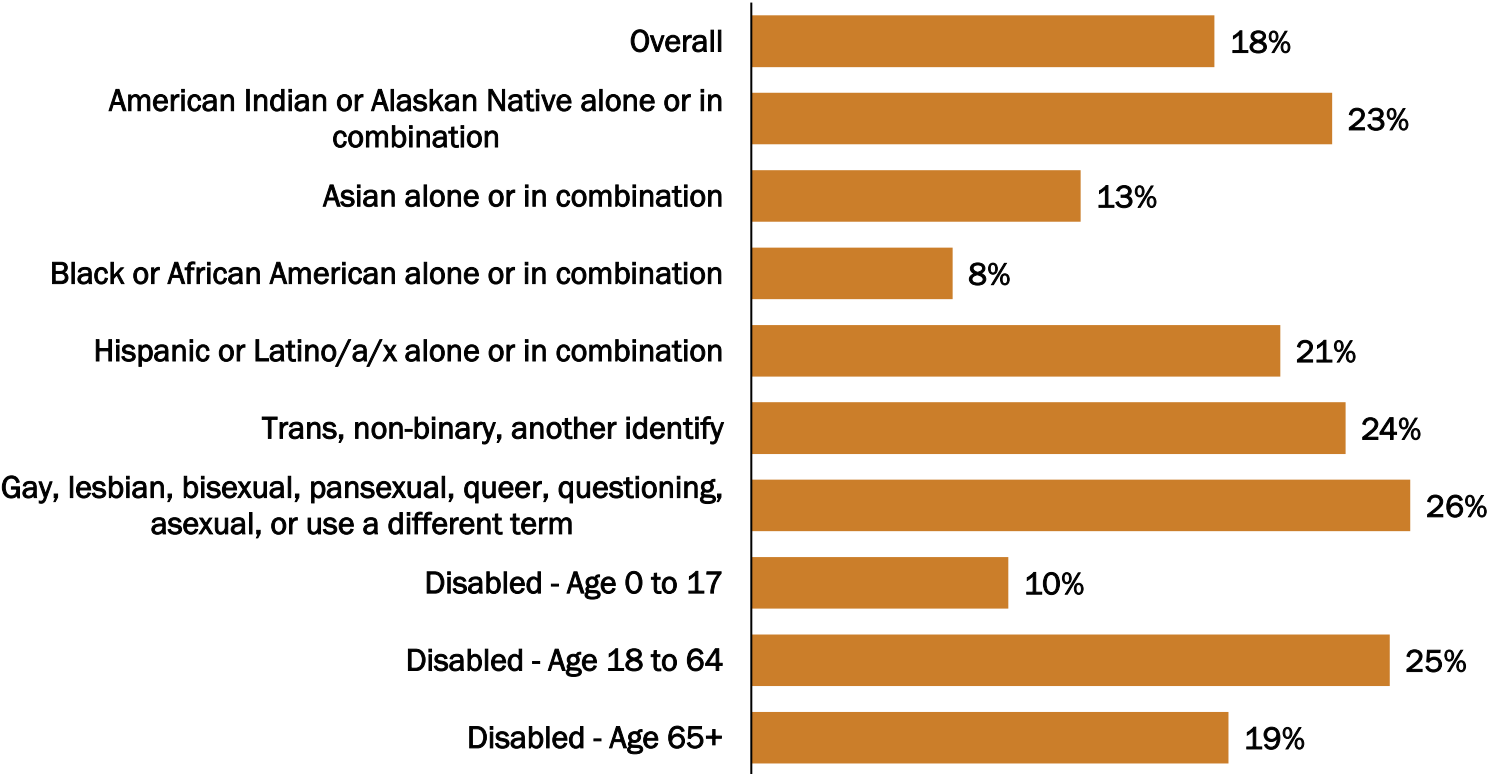
Gender diverse Vermont residents (24%) are far more likely than other groups to skip or take smaller doses of medication due to cost in the past 12 months.



# Problems with Medical Expenses — Large Bills

Vermont residents with a sexual orientation other than straight are the most likely (26%) to have received a single medical bill of more than \$500 that had to be paid out of pocket during the past 12 months, followed by disabled Vermont residents ages 18 to 64 (25%), and gender diverse Vermont residents (24%). Black Vermont residents, Asian Vermont residents, and disabled youth are less likely than other groups to have received such a bill during the past 12 months.

During the Past 12 Months, Household Receive Single Medical Bill for More than \$500 that Had to be Paid Out-of-Pocket

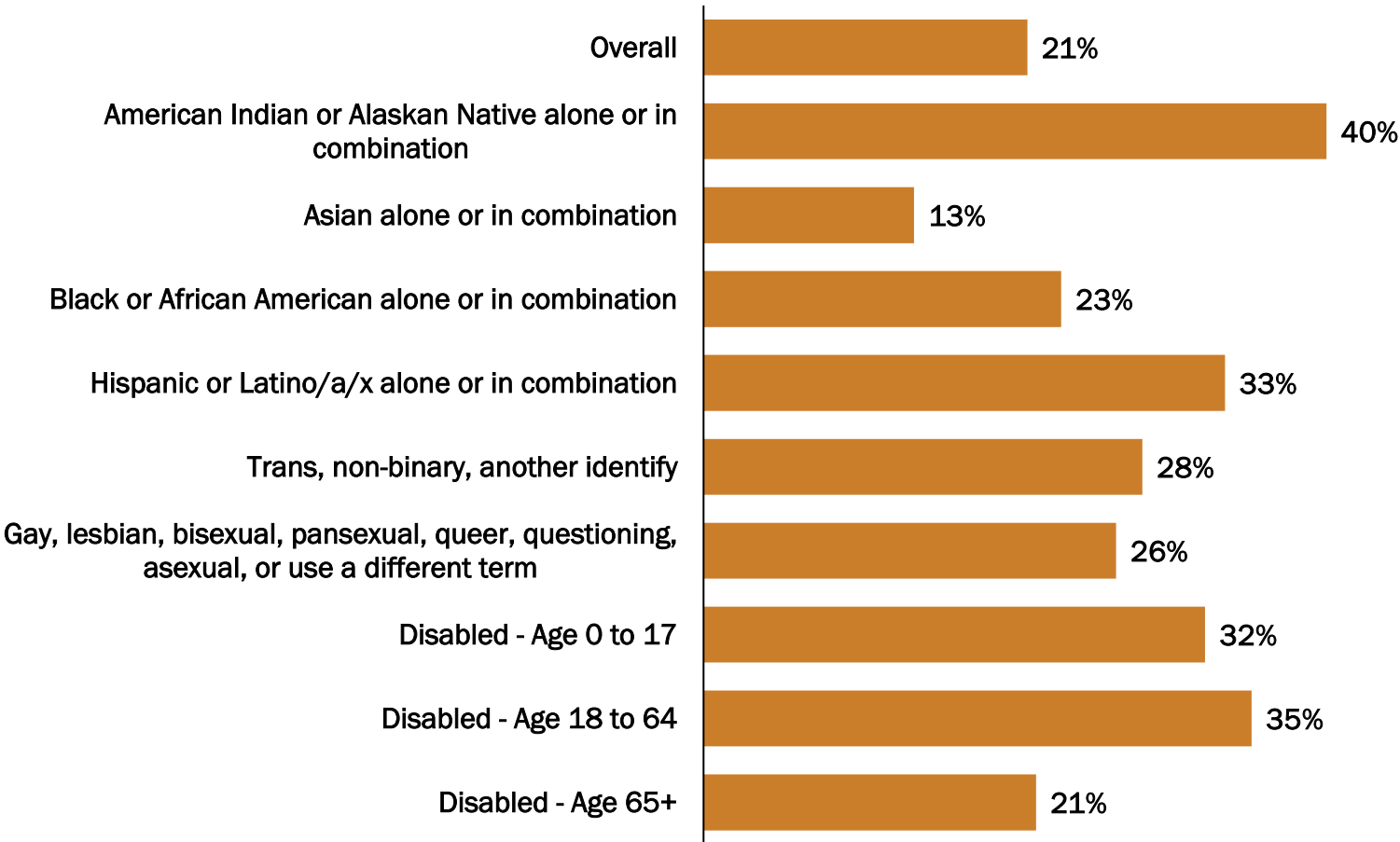


	Estimated Population
Overall	118,200
American Indian or Alaskan Native alone or in combination	3,900
Asian alone or in combination	2,300
Black or African American alone or in combination	1,100
Hispanic or Latino/a/x alone or in combination	3,400
Trans, non-binary, another identify	2,700
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	11,500
Disabled - Age 0 to 17	1,200
Disabled - Age 18 to 64	19,800
Disabled - Age 65+	9,100

# Problems with Medical Expenses – Problems Paying Bills

American Indian or Alaska Native Vermont residents are more likely (40%) than other groups to live in a household where someone has had problems paying medical bills during the past 12 months. Asian Vermont residents are less likely than other groups to live in a household where there were issues paying medical bills (13%).

During the Past 12 Months, Problems Paying for Medical Bills

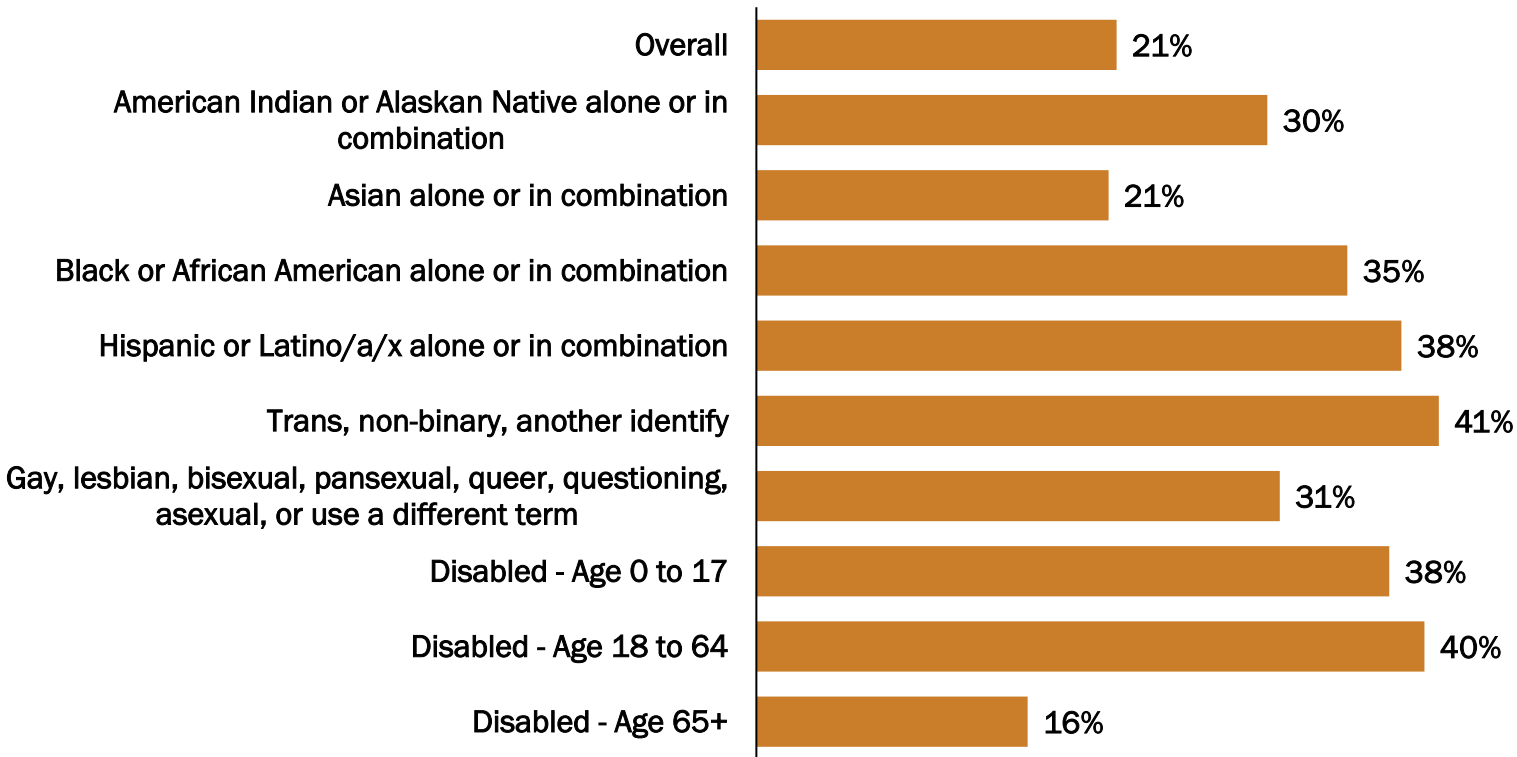


	Estimated Population
Overall	133,000
American Indian or Alaskan Native alone or in combination	6,700
Asian alone or in combination	2,400
Black or African American alone or in combination	3,000
Hispanic or Latino/a/x alone or in combination	5,400
Trans, non-binary, another identify	3,200
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	11,600
Disabled - Age 0 to 17	3,700
Disabled - Age 18 to 64	27,300
Disabled - Age 65+	10,300

# Problems with Medical Expenses — Concern about Medical Debt

Thirty percent or more of Vermont residents who are BIPOC, LGBTQ, and the disabled under 65 years of age reported fear of debt impacted their decisions to seek medical care during the past 12 months. Disabled Vermont residents ages 65 and older however, were less likely (16%) to have that fear than other groups.

During the Past 12 Months, Fear of Medical Debt Impacted Household when Making Decisions to Seek Medical Care

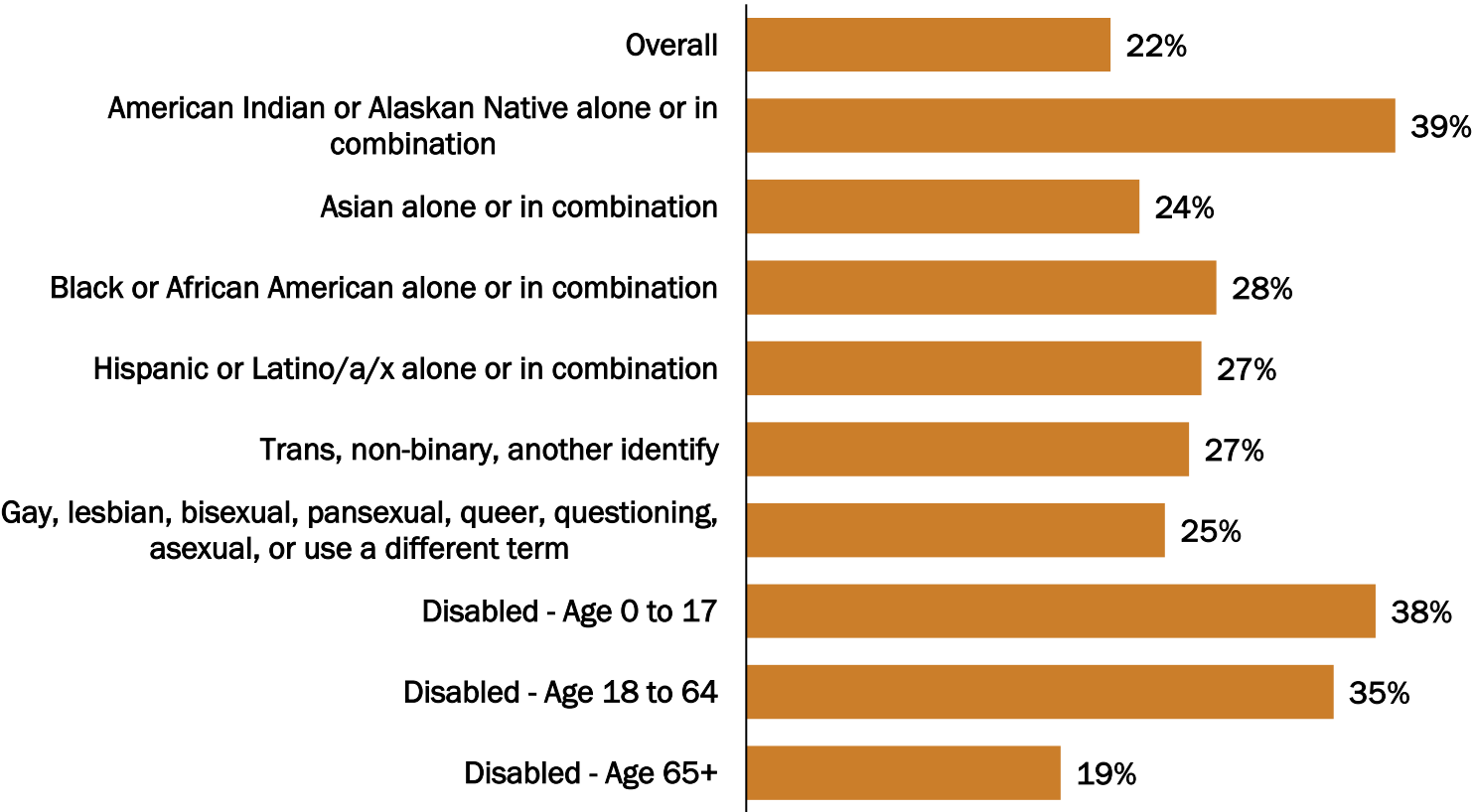


	Estimated Population
Overall	137,900
American Indian or Alaskan Native alone or in combination	5,200
Asian alone or in combination	3,700
Black or African American alone or in combination	4,600
Hispanic or Latino/a/x alone or in combination	6,200
Trans, non-binary, another identify	4,600
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	13,700
Disabled - Age 0 to 17	4,400
Disabled - Age 18 to 64	31,000
Disabled - Age 65+	7,800

# Problems with Medical Expenses — Past-Due Expenses

American Indian or Alaskan Native Vermont residents (39%) and Vermont residents with a disability ages 0 to 17 (38%) and 18 to 64 (35%) are more likely than other Vermont residents to live in a household with medical debt during the past 12 months that is past due, likely to become past due, or will be paid through a payment plan or financial assistance.

During the Past 12 Months, Household Owed Money for Medical-Related Expenses that is now Past Due, Likely to Become Past Due, or will be Paid through a Payment Plan or Other Financial Assistance

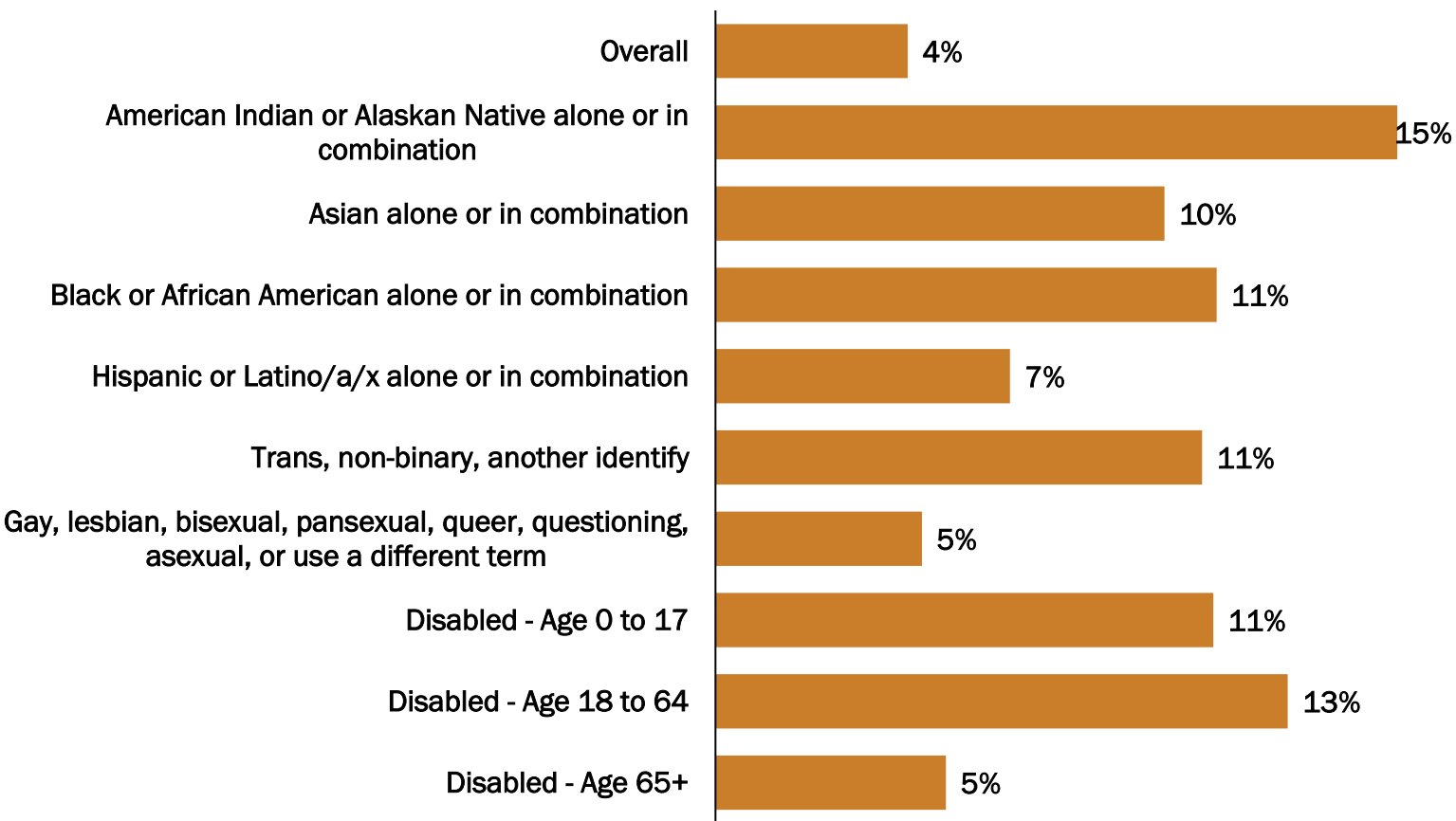


	Estimated Population
Overall	140,500
American Indian or Alaskan Native alone or in combination	6,600
Asian alone or in combination	4,200
Black or African American alone or in combination	3,700
Hispanic or Latino/a/x alone or in combination	4,400
Trans, non-binary, another identify	3,000
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	11,100
Disabled - Age 0 to 17	4,400
Disabled - Age 18 to 64	27,500
Disabled - Age 65+	9,100

# Problems with Medical Expenses – Unable to Pay for Basic Needs

Vermont residents who are American Indian or Alaskan Native (15%) are most likely to be part of families unable to pay for basic necessities during the past 12 months because of medical bills.

During the Past 12 Months, Family has Been Unable to Pay for Basic Necessities Like Food, Heat, or Rent Because of Medical Bills



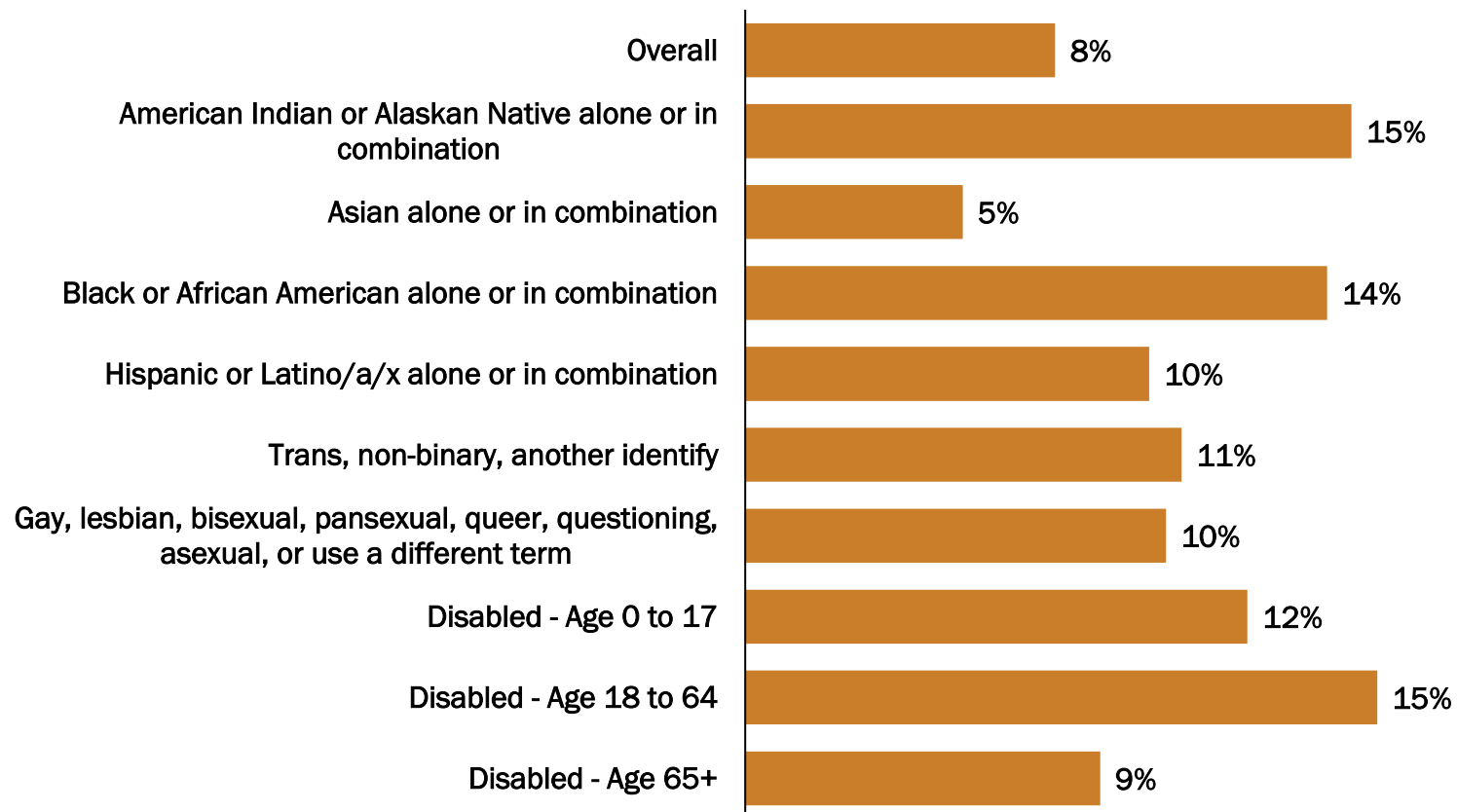
	Estimated Population
Overall	27,600
American Indian or Alaskan Native alone or in combination	2,600
Asian alone or in combination	1,800
Black or African American alone or in combination	1,500
Hispanic or Latino/a/x alone or in combination	1,100
Trans, non-binary, another identify	1,200
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	2,000
Disabled - Age 0 to 17	1,300
Disabled - Age 18 to 64	10,000
Disabled - Age 65+	2,500



# Problems with Medical Expenses – Used Savings

Disabled Vermont residents ages 18 to 64 (15%), American Indian or Alaskan Native (15%), and Black or African American Vermont residents (14%) are more likely than Vermont residents overall to be part of families that have used up all or most of their savings because of medical bills during the past 12 months. Asian Vermont residents are less likely (5%) to have been a part of a family that used up all or most of their savings.

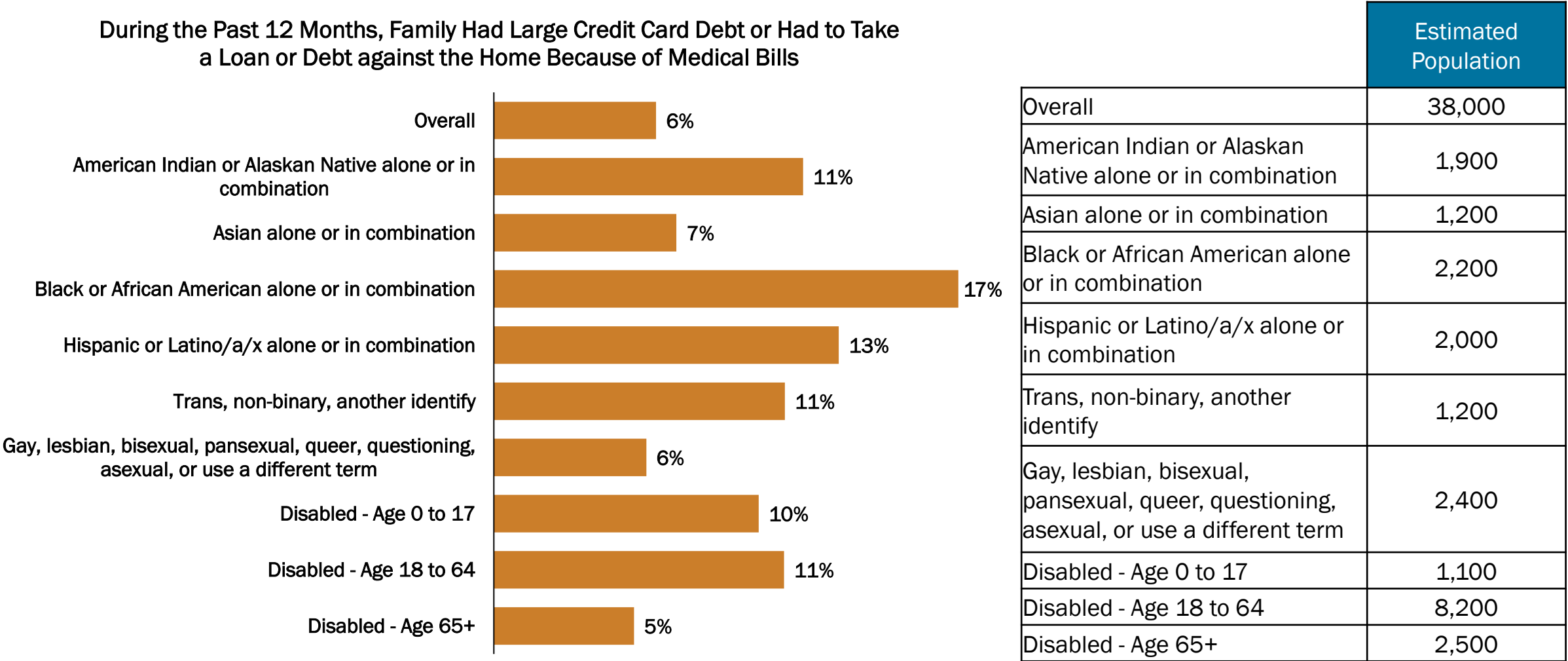
During the Past 12 Months, Family Used up all or Most of Savings Because of Medical Bills



	Estimated Population
Overall	48,700
American Indian or Alaskan Native alone or in combination	2,500
Asian alone or in combination	900
Black or African American alone or in combination	1,900
Hispanic or Latino/a/x alone or in combination	1,600
Trans, non-binary, another identify	1,200
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	4,500
Disabled - Age 0 to 17	1,400
Disabled - Age 18 to 64	12,100
Disabled - Age 65+	4,200

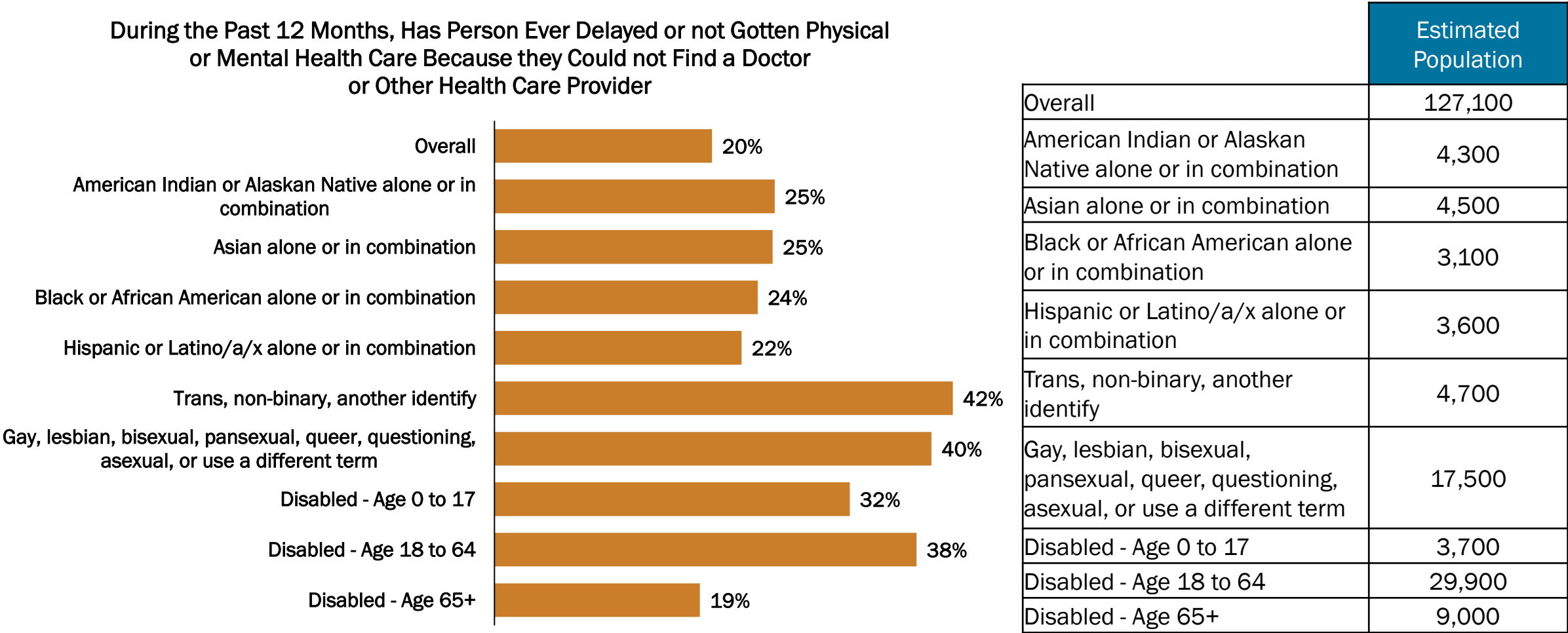
# Problems with Medical Expenses — Large Credit Card Debt or Loan

Black or African American Vermont residents are more likely (17%) than other Vermont residents to have large credit card debt or to have taken out a loan or debt against their home because of medical bills during the past 12 months.



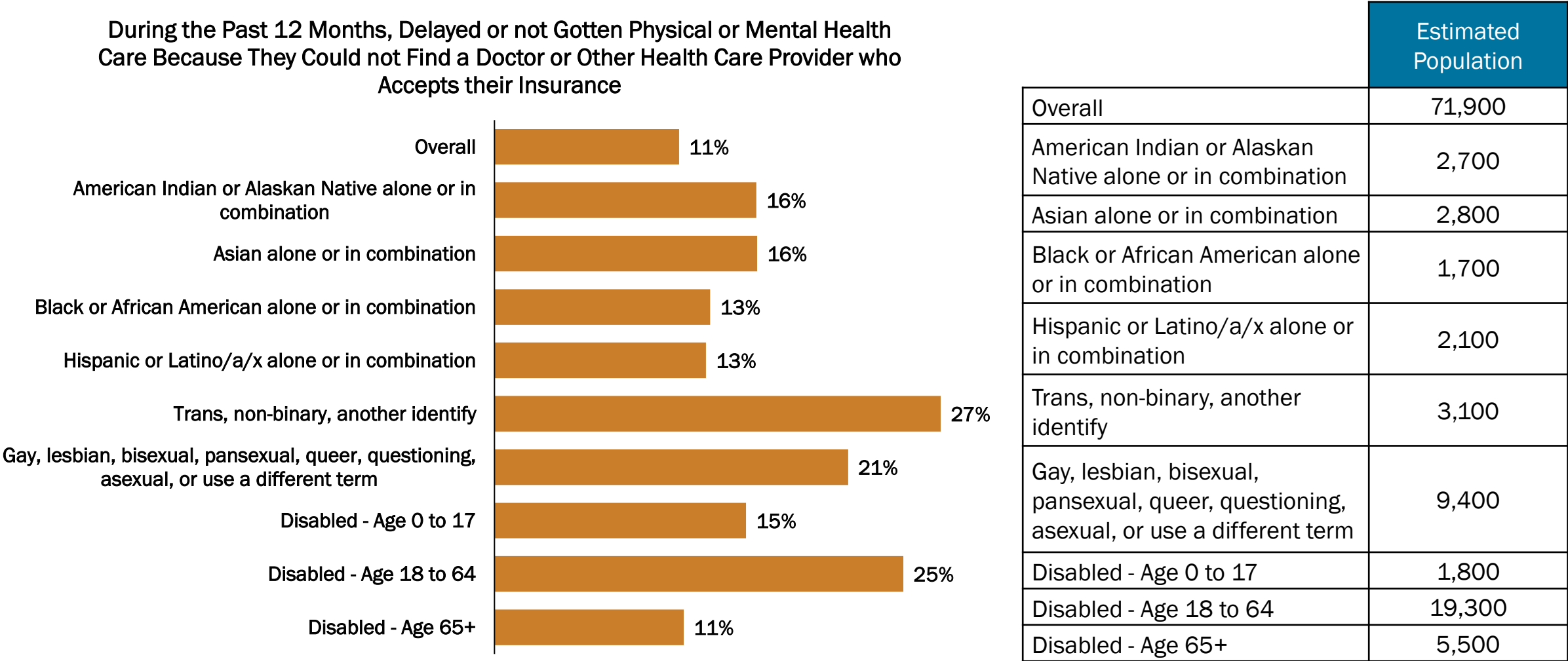
# Problems Accessing Care — Could Not Find a Provider

Members of the LGBTQ community are most likely to have had issues receiving care because they could not find a doctor or other health care provider during the past 12 months (42% for gender diverse Vermont residents, 40% for those with a sexual orientation other than straight Vermont residents).



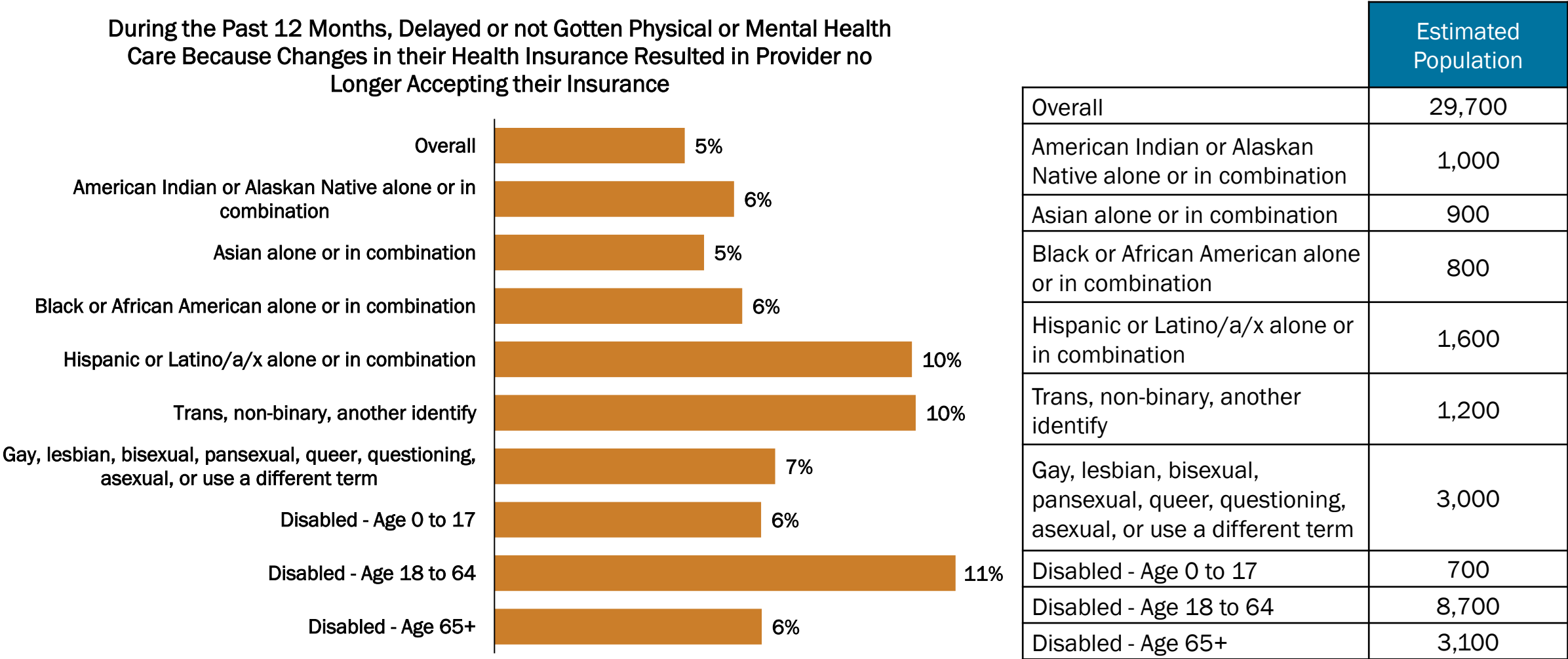
# Problems Accessing Care — Insurance Acceptance

Members of the gender diverse population (27%) and those disabled ages 18 to 64 (25%) are more likely than Vermont residents overall to have delayed or not gotten care during the past 12 months because they could not find a provider who accepted their insurance.



# Problems Accessing Care – Changes in Health Insurance

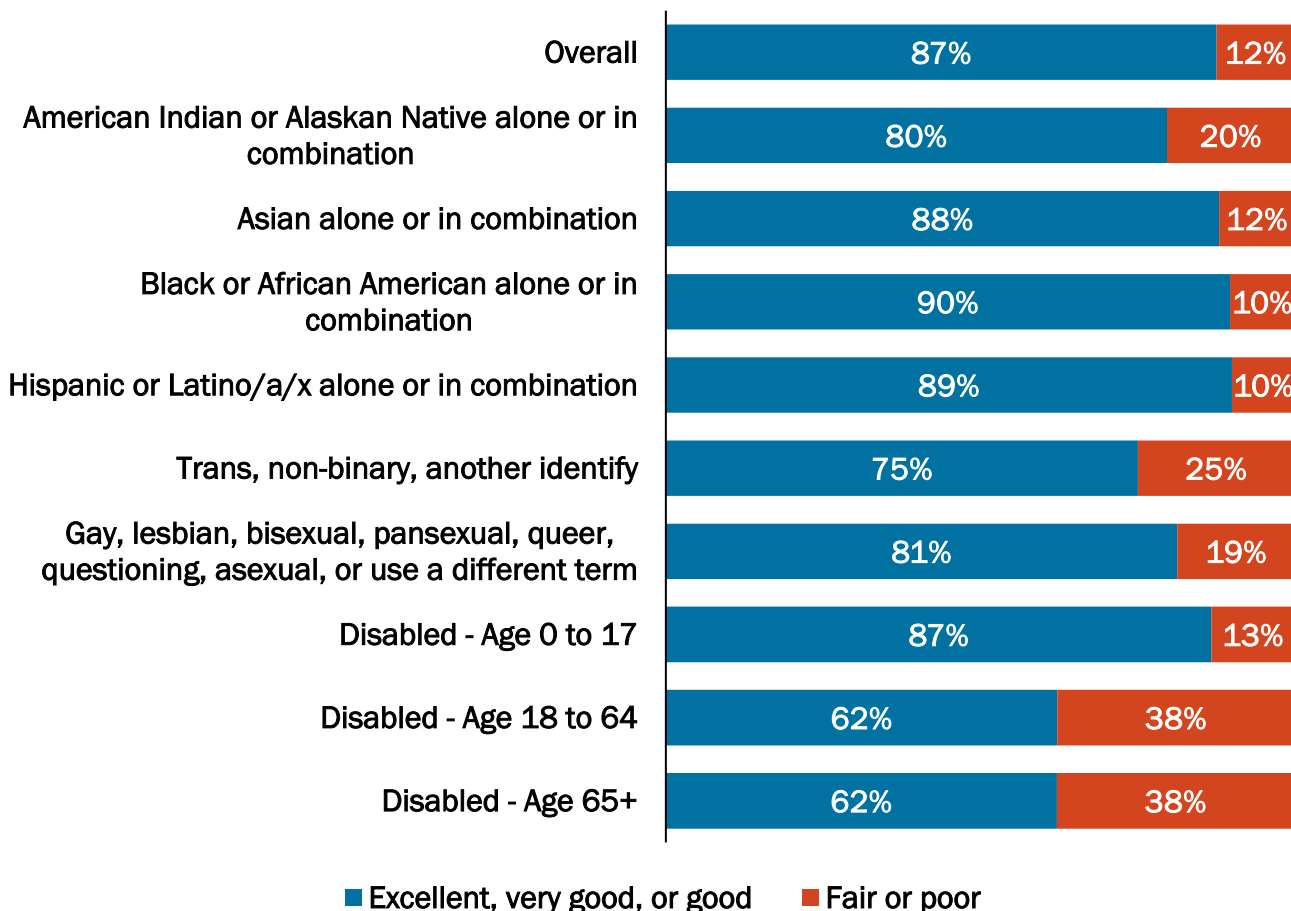
Disabled Vermont residents ages 18 to 64 are the most likely group (11%) to have had changes in their health insurance cause delays in their health care during the past 12 months. This is followed by gender diverse individuals (10%) and Hispanic or Latino/a/x Vermont residents (10%).



# General Equity — General Health Status

Vermont residents ages 18 and older with disabilities (38%) and gender diverse Vermont residents (25%) are less likely than others to consider their health excellent, very good or good.

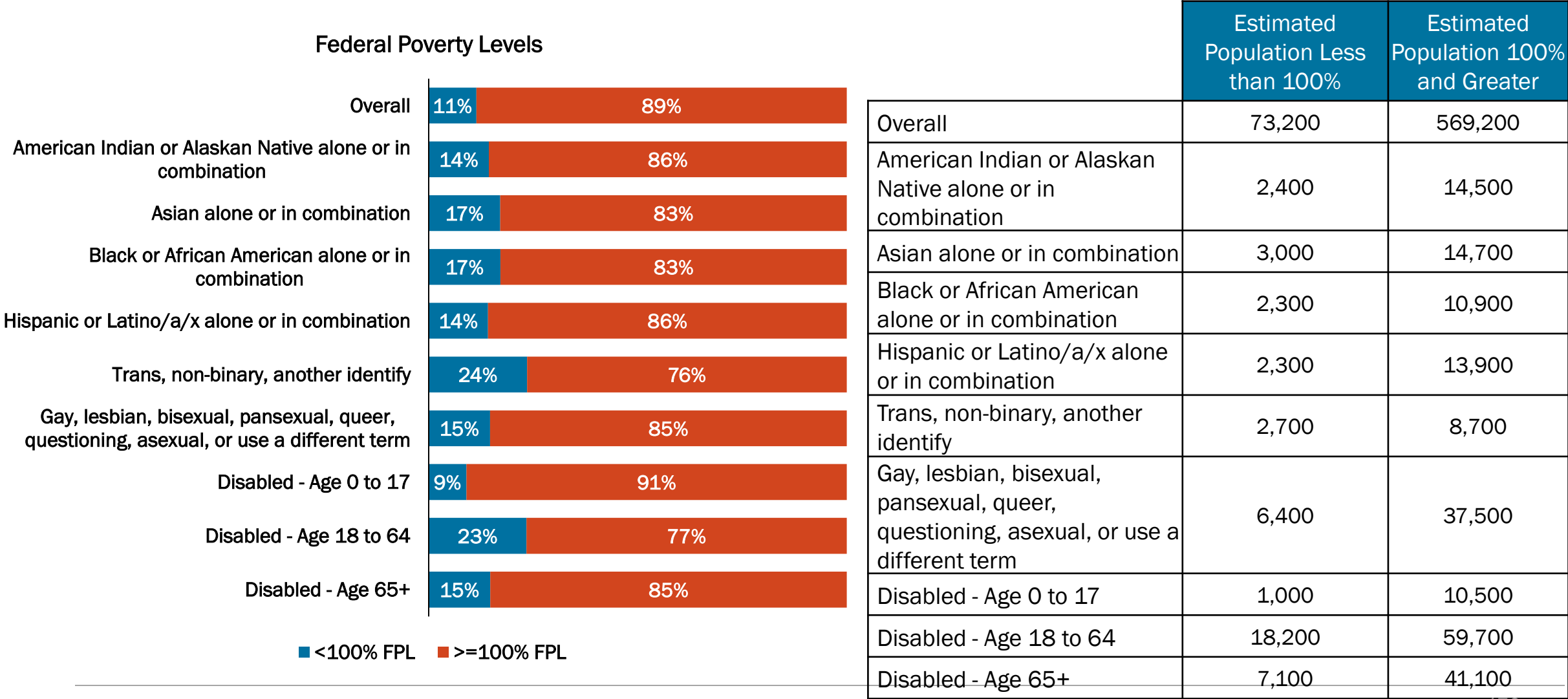
## General State of Health



	Estimated Population Excellent, Very Good, Good	Estimated Population Fair, Poor
Overall	560,600	79,100
American Indian or Alaskan Native alone or in combination	13,500	3,400
Asian alone or in combination	15,600	2,100
Black or African American alone or in combination	11,800	1,300
Hispanic or Latino/a/x alone or in combination	14,400	1,600
Trans, non-binary, another identify	8,500	2,800
Gay, lesbian, bisexual, pansexual, queer, questioning, asexual, or use a different term	35,700	8,200
Disabled - Age 0 to 17	10,000	1,500
Disabled - Age 18 to 64	48,500	29,400
Disabled - Age 65+	29,900	18,200

# General Equity — Households in Poverty

Gender diverse Vermont residents (24%) and disabled Vermont residents ages 18 to 64 (23%) are more likely than other Vermont residents to have incomes below 100% of the federal poverty level.



# 2025 Vermont Household Health Insurance Survey

**May 2025**

**[More information and reports](#)**

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