

**Vermont Household Health Insurance
Survey
Answer Planning Booklet**

January 2025



Introduction/How to Use this Guidebook

Your participation in this survey is very important. We are doing this study on behalf of the Vermont Department of Health to help the state learn more about health insurance for Vermont residents and their access to care. That's why it is so important to hear from your household.

Before you review this guidebook, here are a few things to keep in mind:

- This guidebook is designed to help you gather the information to complete the online survey. It is NOT required, nor collecting your information.
- The online survey will take approximately 20-30 minutes to complete. You can do not have to finish it all in one sitting as your answers will be saved as you go through it.
- When ready, you can complete the online survey by going to VThealthsurvey.com and entering the IN number provided in your letter.
- The person with the most knowledge about health insurance for each member of your household should complete the online survey.
- Collect the health insurance plan information for all household members before completing the online survey.
- The online survey asks about the type of health insurance, who are the policy holders, monthly premiums, monthly deductibles, and Health Savings Account contributions.
- If a question contains "PERSON" that means you will be asked the same question for each household member.
- Be honest with your answers as they will affect which questions you must fill out.
- Upon completing this survey honestly and passing quality control measures, you receive a \$10 gift card as a thank you for your time.

If you have any questions about the survey, need to verify its legitimacy, or would like to opt out of future communications, please feel free to contact the project manager, Brian Robertson, at 1-800-293-1538, extension 1800 or you can visit the study website at VThealthsurvey.com.

Household Roster

You can use this household roster to start planning out the answers to survey questions.

Person In Household	<i>Example</i>	You	Person 2	Person 3
Name	<i>Brian</i>			
Type of Health Insurance	<i>Rlte Care Gold</i>			
Monthly Premium	<i>\$15</i>			
Monthly Deductible	<i>\$100</i>			
Policy Holder Name	<i>Self</i>			
Monthly HRA, HSA, or FSA Contributions	<i>\$100</i>			

Person In Household	Person 4	Person 5	Person 6	Person 7	Person 8
Name					
Type of Health Insurance					
Monthly Premium					
Monthly Deductible					
Policy Holder Name					
Monthly HRA, HSA, or FSA Contributions					

Survey Questions

I. Household Level Information

1. Which county do you live in?
2. Which city or town do you live in?
3. What is your zip code?
4. Including yourself, how many people are in your household? This includes family members, roommates and anyone else who lives there most of the year.
5. What is the relationship of each person to you?

II. Person Level Demographics

1. What is PERSON's age?
2. What was PERSON's sex at birth? Was it male or female?
3. How does PERSON describe their gender identity?
4. Does PERSON consider themselves transgender?
5. Which of the following best represents PERSON's sexual orientation?
6. What is PERSON's marital status?
7. What was the highest grade in school that PERSON has completed or the highest degree PERSON received?
8. Which of the following would you say describes PERSON's racial or ethnic identity?
9. Was PERSON born in the United States? IF NOT: For how many years has PERSON lived in the United States?

III. Insurance Coverage

This survey will ask about different types of health insurance coverage.

Health insurance is any program or plan that pays any part of hospital and doctor bills. For example, Medicare, Medicaid also known as Green Mountain Care, Dr. Dynasaur, Immigrant Health Insurance plan, or private insurance through an employer, private insurance purchased directly from an insurance company or private insurance purchased through Vermont's health insurance marketplace also known as Vermont Health Connect or the health insurance exchange.

Please do not include any health insurance plan that covers only ONE type of service like plans for dental care, cancer or prescription drugs.

1. Is PERSON covered by ANY type of health insurance? Which of the following types of insurance is this person covered by?
 - Private health insurance obtained through an employer or purchased from a company such as Blue Cross & Blue Shield.
 - Insurance through Vermont Health Connect, the Vermont Health Exchange.
 - Medicare
 - A Medicare supplement or Medicare Advantage Plan (also known as Medicare Part C).
 - Medicaid or Green Mountain Care
 - Military, Veterans, TRICARE or CHAMPVA
 - Immigrant Health Insurance Plan
 - Some other type of insurance? (Please specify)
 - This person does not have health insurance.

2. Does anyone else pay for PERSON's bills when they seek medical care?

IV. Private Insurance and Medicare Supplement Follow-up

The questions in this section are asked if anyone is covered by private health insurance including plans provided through an employer, plans purchased by an individual, and Medicare Advantage plans and supplemental plans.

A policy holder is the person who obtains their insurance through an employer, school, or a retirement plan. They may also purchase it directly through Vermont Health Connect. It may cover others in the family besides themselves.

1. Under whose private health insurance is PERSON covered?
2. Is PERSON's health insurance provided through Blue Cross and Blue Shield of Vermont, MVP, the Vermont Health Plan, or some other company?
3. Was this health insurance coverage obtained through the Vermont's health insurance marketplace, Vermont Health Connect also known as the Vermont health insurance exchange?
4. Is PERSON's health insurance through PERSON'S work, someone else's work, or some other source?
5. For those with a plan through VT Health Connect: Did PERSON receive **financial help or tax credits** also known as premium tax credits or advance premium tax credits or APTC to pay for the health insurance plan PERSON purchased through Vermont Health Connect?
6. What is the monthly **premium** paid for PERSON's health insurance?
7. How much is the **deductible** for everyone covered under this health insurance?
8. Does PERSON have a **Flexible Spending Account** or FSA, a **Health Savings Account** or HAS, and/or a **Health Reimbursement Account** or HRA?
 - a. How much did PERSON contribute to their FSA,HAS, and/or HRA during the past 12 months?
 - b. How much did PERSON's employer contribute to their FSA, HAS, and/or HRA during the past 12 months?
 - c. During the past 12 months, were there any health care bills PERSON had to pay that were NOT covered by the FSA, HAS, and/or HRA?
9. Can dependents be covered under PERSON'S health insurance?

V. Medicaid Insurance Follow-up Questions

The questions in this section are asked if any household members is currently covered by Medicaid, Green Mountain Care, Dr. Dynasaur, or the Immigrant Health Insurance Plan.

1. How long has PERSON had health insurance through the Medicaid program, Green Mountain Care, Dr. Dynasaur, or the Immigrant Health Insurance Plan?
2. How would you rate the quality of the health insurance provided by Medicaid, Green Mountain Care, Dr. Dynasaur, or the Immigrant Health Insurance Plan for anyone in your household with such coverage. How would you rate the choice of doctors and other providers available?
3. Has anyone in your home wanted to see a health care provider for care but their Medicaid, Green Mountain Care, Dr. Dynasaur, or Immigrant Health Insurance Plan did not cover it?
 - a. What type of care?

VI. Questions of Those who are Uninsured

The questions in this section are asked if any household members is currently uninsured.

1. How long has PERSON been without health insurance?
2. How does cost rate as the reason why PERSON is not currently covered by insurance?
3. What are the main reasons that PERSON is not currently covered by any
4. insurance plan?
5. For each of the following, please let me know if it is a reason PERSON does not have health insurance coverage.
 - a) PERSON lost their job.
 - b) PERSON is no longer eligible for insurance through an employer because of a reduction in the number of hours PERSON works.
 - c) PERSON's employer stopped offering health insurance.
 - d) Our family could no longer afford the cost of the premiums for health insurance through PERSON's employer
 - e) PERSON lost coverage or became ineligible for Medicaid, Green Mountain Care, Dr. Dynasaur, or the Immigrant Health Insurance Plan.
 - f) PERSON is not interested in insurance.
 - g) PERSON is eligible for free care from a local hospital or health clinic.

6. If PERSON lost their coverage or became ineligible for Medicaid, Green Mountain Care, Dr. Dynasaur, or the Immigrant Health Insurance Plan, what was the reason?
7. Has PERSON been screened within the last six months for eligibility for Medicaid, also known as Green Mountain Care, Dr. Dynasaur, or the Immigrant Health Insurance Plan or screened for eligibility for private insurance through Vermont's health insurance marketplace, Vermont Health Connect?

VII. Enrollment in Medicaid or Insurance through VT Health Connect

The questions in this section are asked if any household members is currently uninsured.

1. What are the reasons that members of the household have not enrolled in Medicaid (Green Mountain Care or Dr. Dynasaur, the Immigrant Health Insurance Plan, or private health insurance through Vermont's health insurance marketplace, Vermont Health Connect?
2. When was the last time your family looked at the cost of health insurance for those currently without coverage?
3. At any time During the prior 12 months, did any of the uninsured members of your household apply for health insurance through Medicaid, also known as Green Mountain Care, Dr. Dynasaur, the Immigrant Health Insurance Plan, or apply for private insurance through Vermont's health insurance marketplace, Vermont Health Connect?
 - a. What did the uninsured members of the household apply for?
 - b. What happened with the application(s)?

VIII. Interruptions in Coverage

The questions in this section are asked if any household members is currently covered by insurance.

1. Have anyone in the household been without health insurance anytime in the last 12 months?
2. For how long was PERSON without health insurance, even if that gap in coverage was longer than 12 months?
3. Can you please tell me the main reason that PERSON did not have health insurance at that time?
4. Was the gap in health insurance coverage caused by Medicaid enrollment that ended after March 31, 2023.

5. What type of health insurance did PERSON have PRIOR to their current coverage?
6. During the gap in health insurance coverage did PERSON think about applying for Medicaid or apply for Medicaid?

IX. Dental and Vision Insurance and Care

1. Is anyone now covered by an insurance plan that pays for routine dental care, such as cleanings and fillings?
2. Has PERSON been to a dentist appointment in the last 12 months?
 - a. What are some of the reasons that PERSON has not been to the dentist in the last 12 months?
3. Is anyone now covered by an insurance plan that pays for routine vision care including

X. Visits to Physical and Mental Health

This section asks about visits to doctors' offices and medical care. This includes visits to doctors and other health care providers such as physician's assistants, nurse practitioners, or anyone else you might go to for medical care. It includes anytime that care was provided by telehealth services through your computer, laptop, tablet or cell phone.

1. How many times did PERSON see a doctor or health care provider in person or through telehealth services during the past 12 months?
2. How many of those times were for strictly routine check-ups or preventive care, that is when PERSON was not sick?
3. How long does it usually take to travel to the household's usual place for routine medical care?
4. During the past 12 months, was anyone unable to get an appointment at the doctor's office or clinic as soon as one was needed?
5. During the past 12 months, did anyone choose not to go to the doctor because they could not afford the co-pay or deductible?
6. During the past 12 months did you or anyone in the household seek medical care in a hospital emergency room for any reason?

7. During the past 12 months did anyone in the household seek treatment for substance use?
 - a. Did those seeking care experience any problems accessing this care?
8. During the past 12 months did anyone in the household seek mental health care?
 - a. Did those seeking care experience any problems accessing this care?
9. In the past 12 months have you or anyone else in your family used health care by phone, computer or video or other telehealth?
 - a. Why did you or others in your household choose to use telehealth services?

XI. Prescription Drug Expenses

1. What is the amount that PERSON pays per month out of pocket for prescription drugs that PERSON uses on a regular basis?

XII. Medical Expenses and Health Care Barriers

1. Over the last 12 months, about how much has your household had to pay OUT OF POCKET for your family's prescription medications.
2. Over the last 12 months, about how much has your household had to pay OUT OF POCKET for your family's dental care.
3. Over the last 12 months, about how much has your household had to pay OUT OF POCKET for your family's vision care.
4. Over the last 12 months, about how much has your household had to pay OUT OF POCKET for your family's mental health care.
5. Over the last 12 months, about how much has your household had to pay OUT OF POCKET for All OTHER medical expenses, including for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

6. During the past 12 months, was there any time when anyone in the household needed any of the following but didn't get it because they could not afford it?
 - a. Routine medical care that that was needed?
 - b. Medical care from a doctor or surgery?
 - c. Mental health care or counseling?
 - d. Dental care including checkups?
 - e. A diagnostic test such as a CAT scan, MRI, lab work, or x-ray that was recommended by a doctor or other care provider?
 - f. Prescription Medicines?

7. During the past 12 months, was there any time that you or anyone in the household skipped doses or took smaller amounts of their prescription drugs to make them last longer?

8. During the past 12 months, did anyone in the household receive any SINGLE medical bill for more than \$500 that had to be paid out-of-pocket?
 - a. Did a Flexible Savings Account, Health Savings Account, or Health Reimbursement Account cover any amount of PERSON's bill?
 - b. How much of the bill did it cover?

9. During the last 12 months, were there times that there were problems paying for medical bills for anyone in your family ?

10. During the past 12 months, has fear of medical debt impacted you or anyone in the household when making decisions about whether to seek medical care?
 - a. What type of medical care did you or your family NOT seek due to fear of medical debt?

11. In the past 12 months, have you 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?
 - a. Which of the following are the bills and/or medical debt owed to?

12. During the past 12 months, have any of the following happened to your family because of medical bills?
 - a. Unable to pay for basic necessities like food, heat or rent
 - b. Used up all or most of savings
 - c. Had large credit card debt or had to take a loan or debt against the home
 - d. Filed for medical bankruptcy

13. Has anyone in the household ever delayed or not gotten PHYSICAL, MENTAL or DENTAL health care because they could not find a doctor or other health care provider or a health care provider was not available at the time they needed care?
 - a. What type of care did PERSON delay or not get?
14. Has anyone in your household ever delayed or not gotten care because they could not find or did not know a doctor or other health care provider who accepts their insurance?
 - a. What type of care did PERSON delay or not get?
15. During the past 12 months, did anyone in your household ever delayed or not get PHYSICAL, MENTAL, or DENTAL health care because changes in their health insurance plan resulted in their doctor no longer accepting their health insurance?
 - a. What type of care did PERSON not get?
16. Is there a service and/or benefit that you or other family members need that is not currently covered by health insurance?

XIII. General Health Status and Chronic Conditions

These questions ask about the physical and mental health of members of the household.

1. How would you describe PERSON's health, in general?
1. Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Is anyone in the household deaf or have serious difficulty hearing?
2. Is anyone in the household blind or have serious difficulty seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition does anyone in the household have serious difficulty concentrating, remembering, or making decisions?
4. Does anyone in the household have serious difficulty walking or climbing stairs?
5. Does anyone in the household have difficulty dressing or bathing?
6. Because of a physical, mental, or emotional condition, does anyone in the household have difficulty doing errands alone such as visiting a doctor's office or shopping?
7. How often, if ever, have you personally experienced discrimination or prejudice in your health care encounters based on your race, ethnicity, sexual orientation or gender identity or any disability you may have?

XIV. Employment

The next section asks about jobs and employment.

1. Is PERSON currently...
 - Self-employed
 - Employed by the military
 - Employed by someone else
 - An unpaid worker for a family business or firm
 - Unemployed and looking for work
 - Retired
 - Unable to work due to a disability, or
 - Something else?
2. Do/Does PERSON typically work for pay?
3. What is the total number of hours PERSON usually works per week?
4. On this job, are/is PERSON employed by a private company or business, a government agency, in active military duty, self-employed, working in a family business or farm, or something else?
5. About how many people are employed by this employer, at all locations?

XV. Employer Sponsored Insurance

These questions ask about health insurance that may be offered by employers.

1. Does the place where PERSON works at offer health insurance as a benefit to any of its employees?
2. Can dependents be covered under that health insurance?
3. Why was health insurance not taken?

4. Let me know if this is a reason why PERSON did not enroll in his/her employer's health insurance.
 - a. PERSON has not worked for his/her employer long enough to qualify for health insurance.
 - b. PERSON works too few hours to qualify for health insurance.
 - c. The health insurance offered through PERSON's employer costs too much.
 - d. The health insurance offered through PERSON's employer does not meet PERSON's needs in terms of what type of health care is covered.
5. Did PERSON check Vermont's health insurance marketplace, Vermont Health Connect, to see if the cost of their employer-sponsored insurance meets the marketplace definition of affordable?
6. If PERSON had the option, how likely would PERSON be to enrolling his/her employer's health insurance?

XVI. Family Income

These questions ask about the income that members of your household received during 2024.

1. *During the entire year of 2024, what was PERSON'S total income before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance and so on.*

Helpful Terms and Definitions

Advanced Premium Tax Credits: A tax credit you can take in advance to lower your monthly health insurance payment (or “premium”). When you apply for coverage in the Health Insurance Marketplace, you estimate your expected income for the year. If you qualify for a premium tax credit based on your estimate, you can use any amount of the credit in advance to lower your premium.

Co-Payments: An amount paid by the individual each time medical care is received, even after the deductible amount is reached. A form of co-insurance.

Deductible: The amount an individual pays for medical in a given time period- usually a year- before their insurance policy begins to cover the cost of care.

Dr. Dynasaur: A Vermont Medicaid plan for children under the age of 19 and pregnant women.

Employer Sponsored Insurance: Insurance policies provided by private insurance companies, such as Blue Cross Blue Shield, which are subsidized or paid for entirely by an individual’s employer. The most common type of insurance in the United States.

Flexible spending account (FSA): A Flexible Spending 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

Green Mountain Care: Medicaid for the state of Vermont.

Health Exchange, Health Insurance Exchange, Exchange: State and federally administered web portals which allow individuals to purchase health insurance plans directly from private insurance companies, often with federally provided subsidies.

Health reimbursement account (HRA): A Health Reimbursement Arrangement (HRA), also known as a Health Reimbursement Account are account-based health plans that employers can offer to their employees. They reimburse employees for their medical expenses.

Health savings account (HSA): A tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit.

Health Care Sharing Ministry (HCSM): A health care sharing ministry is a group of people who share a common set of religious or ethical beliefs and contribute money to help pay for each other's medical expenses. How they work: Members contribute a monthly payment, or share, to cover other members' medical expenses. The HCSM may either match members who pay with those who need funds, or pool all the payments and distribute them directly to members. Common ministries are Medi share, Samaritan Ministries, Altrua Crown Ministries, Alliance for Shared Health Products, Premier Health Solutions LLC, Liberty HealthShare , Christian Health Ministries

Immigrant Health Insurance Plan (IHIP): Vermont created a new, state-funded health care program for pregnant individuals and children under age 19 who have an immigration status for which Vermont Medicaid is not available (except for Emergency Medicaid). This program is called IHIP. IHIP is very similar to Dr. Dynasaur. IHIP covers hospital, medical, and dental services as well as prescription drugs. IHIP does NOT cover long-term services and supports, including home- and community-based services (HCBS).

Medicaid: A health insurance program funded by the US federal government and administered by each state; provided primarily to individuals with low incomes.

Medicare: A health insurance program offered by the United States federal government to most US residents over age 65.

Medicare Advantage: A United States health insurance program of managed health care preferred provider organization (PPO) or health maintenance organization (HMO) that serves as a substitute for "Original Medicare" Parts A and B Medicare benefits.

Medicare Supplement: Insurance people buy to fill in the “gaps” in their Original Medicare coverage. Supplements help cover the deductibles, co-payments and expenses not paid by Part A or Part B.

Medigap: Medicare supplement

Premium: The amount an individual pays each month in order to maintain their insurance policy.

Private Health Insurance: Private health insurance – plans marketed by the private health insurance industry – currently dominates the U.S. health care landscape, with approximately two-thirds of the non-elderly population covered by private health insurance.

Coverage includes policies obtained through employer-sponsored insurance, with approximately 62 percent of non-elderly Americans receiving insurance provided as a benefit of employment. Another 5 percent of the non-elderly group bought coverage outside of the workplace on the individual health insurance market.