

Small Business Programs Advisory Committee (SBPAC)

Meeting 2: January 25, 2023

Maryland Open Meetings Act disclaimer: Meetings are recorded and posted on MHBE's website along with meeting minutes and presentation slides

Agenda

1:00 - 1:05

Welcome

Mimi Hailegeberel, MHBE Small Business Programs Manager

1:05 - 1:10

Co-chair Vote

1:10 - 1:15

Charter & Meeting Minutes Approval

1:20 - 2:20

Take Command ICHRA Presentation & Discussion

Kyle Estep, Vice President of Take Command

2:20 - 2:35

Uninsured Marylanders Demographics

Mimi Hailegeberel, Small Business Programs Manager

2:35 - 2:50

Discussion

2:50 - 3:00

Public Comment



Co-chair Vote

Co-Chair Vote

Nominees:

1. Jon Frank
2. Lane Levine

Co-Chair Vote Process

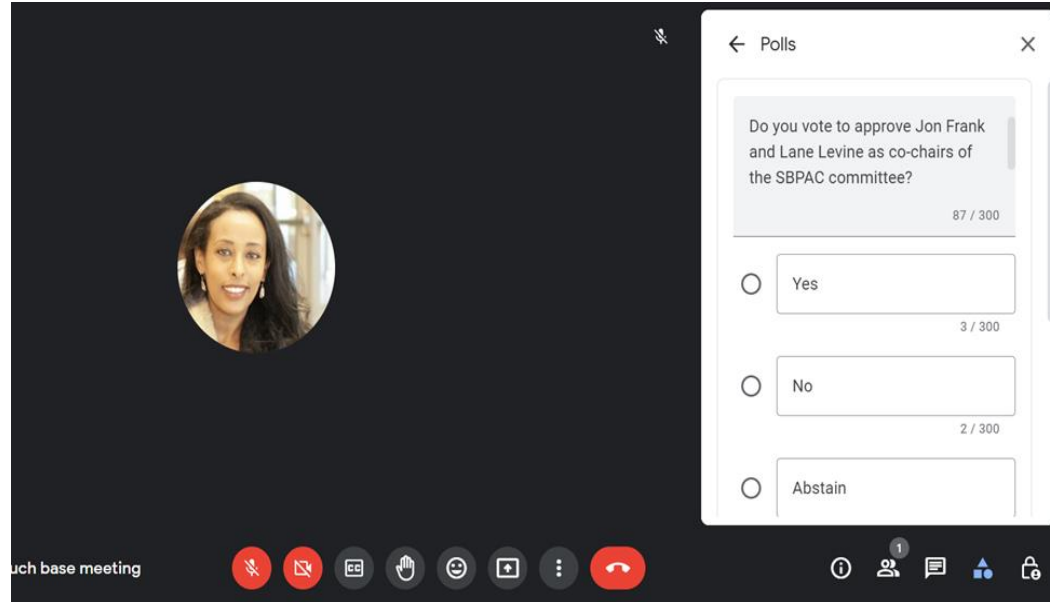
Virtual voting to approve co-chairs:

Vote Question: Do you approve Jon Frank and Lane Levine as co-chairs of the SBPAC committee?

Click Yes to approve

Click No to not approve

Click Abstain to abstain from voting





SBPAC Charter Approval

SBPAC Charter Vote

- Meetings are set for the last Wednesday of each month
- 21 members; 2 year terms (exception for carriers)
- 2 Co-chairs
- Rebrand from SHOP to MHC for Small Business

SBPAC Charter Vote Process

Virtual voting to approve SBPAC Charter:

Vote Question: Do you approve the SBPAC Charter document?

Click Yes to approve

Click No to not approve

Click Abstain to abstain from voting

Approve Meeting Minutes

November 30th Meeting Minutes

- Meeting minutes were emailed to members on December 14th
- Member comments/feedback on meeting minutes document

Meeting Minutes Vote Process

Virtual voting to approve November 30th, 2022 meeting minutes:

Vote Question: Do you approve the 11/30/2022 meeting minutes?

Click Yes to approve

Click No to not approve

Click Abstain to abstain from voting

The background features a solid teal color with a large, faint, light-blue graphic in the center. This graphic consists of four overlapping circles that intersect at their centers, creating a four-lobed, flower-like or cross-like shape. The text is centered over this graphic.

ICHRA/QSEHRA Plans & Integration

MHBE Small Business Program by Fall 2024

	Full Service Small Business Enrollment Platform (FY 2024)	Outreach Marketing and Preferred Producer Program	Integrate ICHRAs/ QSEHRAs into Maryland Health Connection
Description	Build an in-house portal that is a one stop shop: end-to-end shopping, tax credit eligibility, enrollment, support and billing aggregation system	Respond to Small Business & Nonprofit Health Insurance Subsidy Workgroup recommendations to offer marketing and outreach resources, support and incentives for businesses.	Partner with ICHRA administrator(s) and build ICHRA/QSEHRA integration into MHC/MHC for Small Business

ICHRA/QSEHRA Administration

- RFI & RFP process to select an ICHRA/QSEHRA administrator partner
- The selected ICHRA administrator will:
 - Train and work with producers to advise and assist employers in setting up an ICHRA plan
 - Manage compliance documents and determine contribution levels on MHC for Small Business
 - Assist employees with signing up for an individual plan using the HRA funds set up by their employer

Integrate ICHRAs/ QSEHRAs into Maryland Health Connection

Partner with ICHRA administrator(s) and build ICHRA/QSEHRA integration into MHC/MHC for Small Business:

- Increase awareness of ICHRA plans; attracting small businesses
- Connect employees with cheaper individual plans (compared to higher small group rates)
- Offer a separate portal for ICHRA members to shop and enroll.

The background of the slide features a pattern of overlapping circles in two shades of teal. The circles are arranged in a way that creates a central floral or star-like shape. The text is centered over this pattern.

Guest Presentation: ICHRA Overview



ICHRA Overview

Presentation for the Small Business Advisory Committee of the MHBE

January 2023



Executive Summary

- There is a fundamentally new way to offer health insurance benefits
- Employers can provide tax-free \$\$ to employees to pay for health insurance
- Model enabled via new types of Health Reimbursement Arrangements (HRAs)
- This model can be a good fit for some employers, but not all
- Most employers offering this benefit today are small

Today's Goal = Learning & Education



Kyle Estep

Take Command
Health

kyle@takecommandhealth.com



QSEHRA / ICHRA Timeline – How it all began

2016

Dec: 21st Century Cures Act Passes
creates "Qualified Small Employer Health Reimbursement Arrangement" (QSEHRA)

2017

Jan: QSEHRAs available

Oct: Trump Issues Executive Order 13813 with focus on:

1. Association Health Plans (AHP)
2. Short-Term Limited Duration Insurance (STLDI)
3. ***Expand use of Health Reimbursement Arrangements (HRAs)***

2019

Jun: New Individual Coverage HRA (ICHRA) Rules Finalized

2020

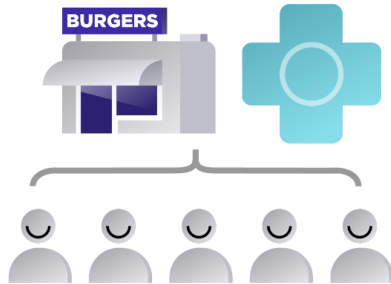
Jan: ICHRAs available



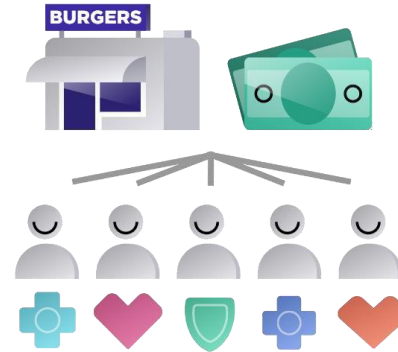
What is it? A new way to offer health insurance

New "Health Reimbursement Arrangement (HRA)" options enable employers to reimburse employees tax-free for health insurance premiums and medical expenses

Group Plan Model



HRA Model



Employers set an allowance and employees choose the plan that fits their needs



The advantages of an HRA-Driven model

For Employers

- **Cost Control:** Set your budget & cap spend
- **Remove Risk:** No more carrier renewals
- **Participation:** No minimum requirements
- **Compliant:** Satisfies employer mandate
- **Savings:** Keep unclaimed reimbursements

For Employees

- **Choice:** Pick the health plan to meet needs
- **Comprehensive Coverage:** Like group plans
- **Portability:** Keep their health insurance
- **Control:** Secure the right level of coverage



Most people have not heard of this model yet, but they say...

Employers

"**Another big renewal?!...** How can we get off this treadmill?"

"We are really sick of the **uncertainty...**"

"We're growing so fast and need a **benefit solution that scales** with us"

"Can we just give some earmarked \$\$ to the employees?"

A common CFO refrain



Employees

"**I don't participate** because I don't like either of the two options I'm given"

"**I just want healthcare that I can afford** and not additional programs and perks!"

"Every time we switch carriers, **I'm forced to switch doctors** and providers!"

"As a **remote employee**, this hospital network doesn't work for me..."





Which employers benefit most?



Clients that will love QSEHRA / ICHRA

- First time to offer health benefits
- Want more flexibility and simplicity
- Need to control budget
- Don't want to manage the risk of a group plan anymore
- Any client increasing employee salaries of offering a health stipend to help employees with benefits



Clients that won't like QSEHRA / ICHRA

- Clients whose employees qualify for large tax credits
- Employer offers a group PPO plan that all employees love at the right price
- Individual plan options do not stack up to group health plans in the area (*vary by geographic location*)

These clients get an immediate win with tax-savings from HRA



Individual Market | Comprehensive Coverage & Choice

All ACA-compliant plans include:

- ✓ Free preventive care
- ✓ Coverage for Essential Health Benefits
- ✓ Coverage for pre-existing conditions
- ✓ No medical underwriting (premiums vary by age)

Some plans include extra perks:

- ✓ Free and unlimited telemedicine
- ✓ Free generic drugs
- ✓ Wellness benefits
- ✓ Dental & vision

For employees 65+ years old...all Medicare options will be reimbursed!



Health insurance companies and plan options vary by

geography



Reimbursement HRAs: ICHRA vs. QSEHRA?

Can also reimburse spouse's group plan and COBRA premiums

QSEHRA

Qualified Small Employer HRA

ICHRA

Individual Coverage HRA

How it works

Both HRAs allow employers to reimburse employees tax-free for individual insurance

Available

2017

2020

Size Limits

1-49 employees

No Limit

Reimbursement Limit (2023)

\$487/mo self-only
\$983/mo family

No Limit

Design Flexibility

"All the same"

Unlimited Classes

Works with Group Ancillary?

No

Yes





How It Works – The Basics



Moving from a group plan to an ICHRA involves change management



ICHRA Adoption by U.S. Employers has more than tripled from 2020 to 2022



The HRA Council is an industry coalition focused on education & awareness of HRAs.
Visit www.HRACouncil.org to learn more

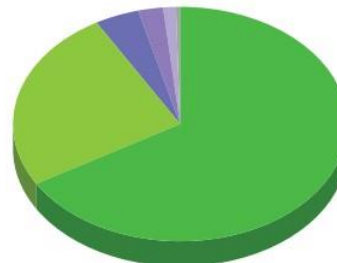


More than 90% of employers in survey had 20 or fewer employees.

Council Members report that up to 85% of their small employer clients are new to offering health benefits.

Size of Employers Offering HRAs (2020-2022)

● 5 or Fewer Employees ● 6-20 ● 21-49 ● 50-99 ● 100-199 ● 200+

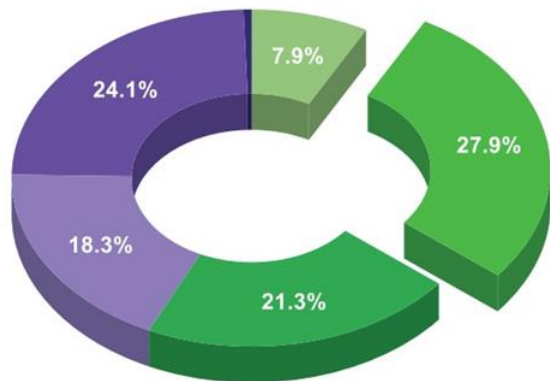


Five employees or fewer: 64%
Six to 20 employees: 28%
21 to 49 employees: 5%
50 to 99 employees: 2%
100 to 199 employees: 1%
200+ employees: Less than 1%

The HRA Council is an industry coalition focused on education & awareness of HRAs.
Visit www.HRACouncil.org to learn more



● 18-25 ● 26-34 ● 35-44 ● 45-54 ● 55-64 ● 65+



In 2022, 57% of employees using an ICHRA or QSEHRA to enroll in a Marketplace health insurance plan are between 18-44 years of age.

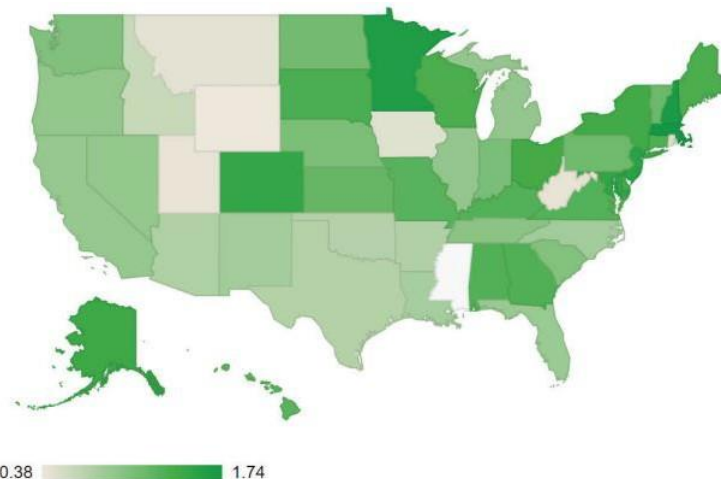
The largest age cohort for HRAs is employees age 26-34, significantly younger than the average age of Americans covered via the Individual Marketplace (Healthcare.gov and similar state insurance exchanges).

The HRA Council is an industry coalition focused on education & awareness of HRAs.
Visit www.HRACouncil.org to learn more



Between 2020 and 2022, adoption increased across the nation

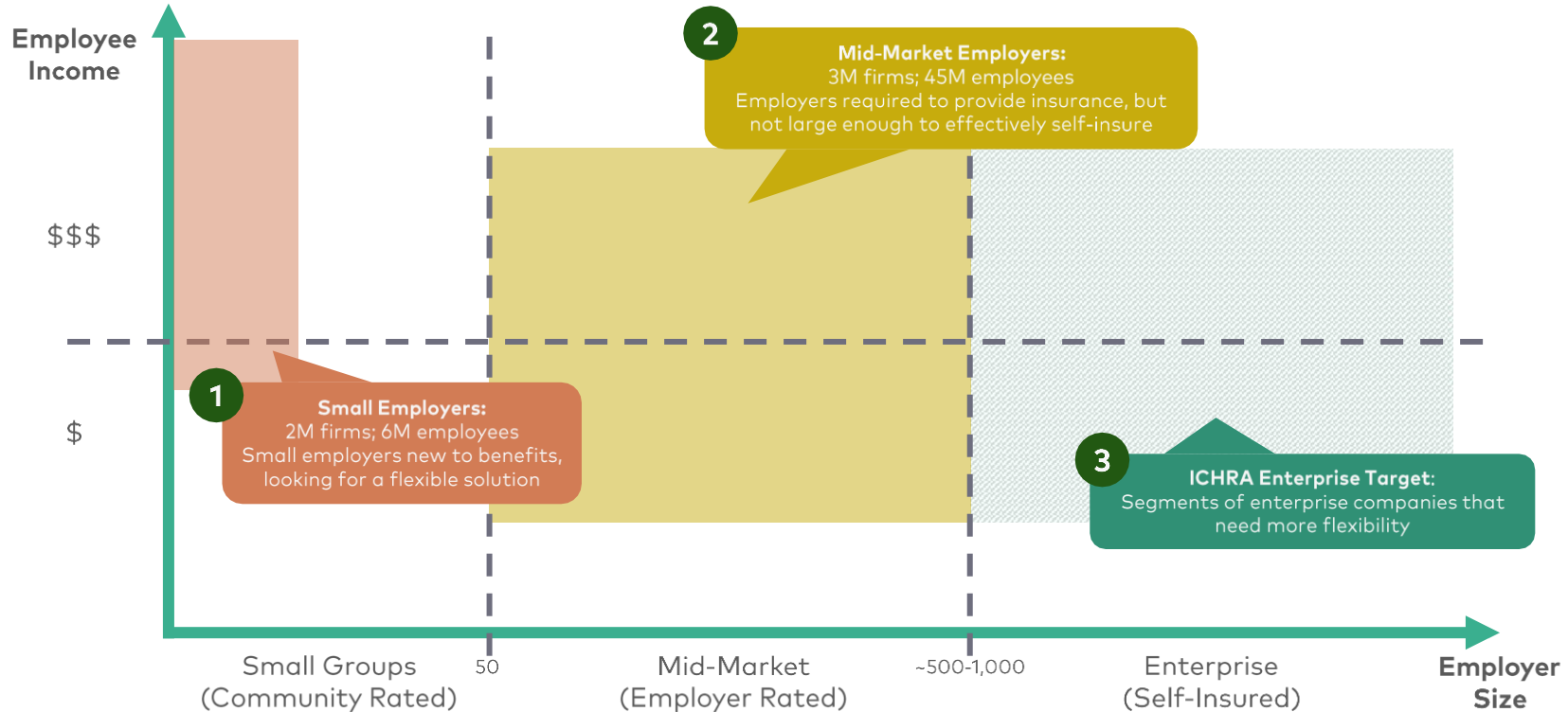
Some regions and states saw faster growth than others.



The HRA Council is an industry coalition focused on education & awareness of HRAs.
Visit www.HRACouncil.org to learn more



We see adoption in 3 primary market segments



Market Size Source: KFF Employer Health Benefits Survey 2018; KFF Health Insurance Coverage of the Total Population 2017



Questions & Answers



Kyle Estep

Take Command
Health

kyle@takecommandhealth.com



Questions?

Uninsured Marylanders Data

Small Business Owners' Views on Health Coverage and Costs (National Perspective)

- In 2019, the Commonwealth Fund conducted a national survey of small employers to better understand their perspectives on rising health care costs and prices
- Small employers identified a variety of challenges to providing health care apart from cost
- “Outside of costs, which one of the following do you consider the **biggest challenge** when it comes to providing health care coverage to your employees?” (1st & 2nd choices combined)
 - 43% - **Lack of choices** in health care plans
 - 32% - Inability to get **clear, unbiased information**/data to make purchasing decisions
 - 27% - Time required for **administration/paperwork**
- 91% - Say that giving employers more unbiased information on how to choose the best plans would be very or somewhat helpful solution

<https://www.commonwealthfund.org/publications/issue-briefs/2019/sep/small-business-owners-views-health-coverage-costs>

Characteristics of Lawfully Present Individuals without Health Insurance Coverage in Maryland

- The Hilltop Institute provided a sociodemographic characteristics of the 6% uninsured, lawfully present individuals in Maryland without health insurance coverage
- 2021 American Community Survey (ACS) 1-year samples for the estimates.
- Applied MHBE's standard definition of lawfully present or documented individuals, and also present a 95% confidence interval for each estimate and proportion based on the survey design.
- Hilltop applied MHBE's definition of lawfully present non-institutionalized individuals to include any respondent who reported being born in the US or abroad of American parents, being a public service employee, active duty or veteran military service member, immigrated to the US before 1982, has public health insurance coverage, immigrated to the US after the age of 60 years, has a mother or father or spouse who is a US-born or naturalized citizen, or works in an occupation deemed by the Center for Migration Studies of New York to require legal status.

Uninsured Marylanders Data Summary

- **Gender:** Men are more likely to be uninsured than women- making up 57.4% of the estimated uninsured Marylanders
 - 140K account for undocumented residents
- **Age:** 35-64 year olds make up highest percentage of uninsured Marylanders at 43%
 - 18-34 year olds are second highest making up 36% of the uninsured Marylanders
- **Race & Ethnicity:** African Americans are the highest uninsured population, followed by non-hispanic whites
 - Hispanics make up third highest with 21% of uninsured individuals
 - All individuals reporting Hispanic origin are combined in the category Hispanic. All other race-ethnicity categories are limited to individuals who did not indicate Hispanic origin.

Uninsured Marylanders Data Summary, Cont...

- **Household Income:** The highest number of uninsured individuals have incomes within the 138% - 400% of the FPL threshold (41%)
- **Marital Status:** The highest number of uninsured individuals are single or never married
 - Close to 70% of spouses of those who are uninsured are employed
- **Employment Status:** 49% of uninsured Marylanders are employed
 - 26% are not in the labor force (potentially gig-workers/retired)
 - Spouses of uninsured workers are likely to be employed (70%)
- **Spouse Health Coverage:** Spouses of uninsured individuals have some form of health insurance coverage (53%)

Uninsured Population: Additional Information

Uninsured individuals in Maryland:

- Speak some english or speak english fairly well
- They're likely to not be military veterans
- Have no cognitive, ambulatory, self-care, vision or hearing difficulty

Gig-Economy Workers Nationally

- Almost a quarter of gig workers say they do not have health insurance.
- Among uninsured workers, nearly six in 10 said lack of affordability is the main reason they decided not to enroll in a health plan this year.
- Gig workers who identify as Hispanic or Latino are more likely to be uninsured (31%), compared to those who identify as Black or African American (24%), or White (22%).
- The survey of more than 4,000 gig workers, from insurance broker Stride Health, also found that almost half of those with coverage did not pay a premium for their plans this year.
- The insurance broker for companies including Uber, DoorDash, Instacart, Amazon, GrubHub and Etsy said more than 50 million independent and gig workers do not have coverage through an employer-sponsored plan.

Gig Economy Workers in Maryland

The Hilltop Institute narrowed down the following occupation categories for gig economy workers in Maryland:

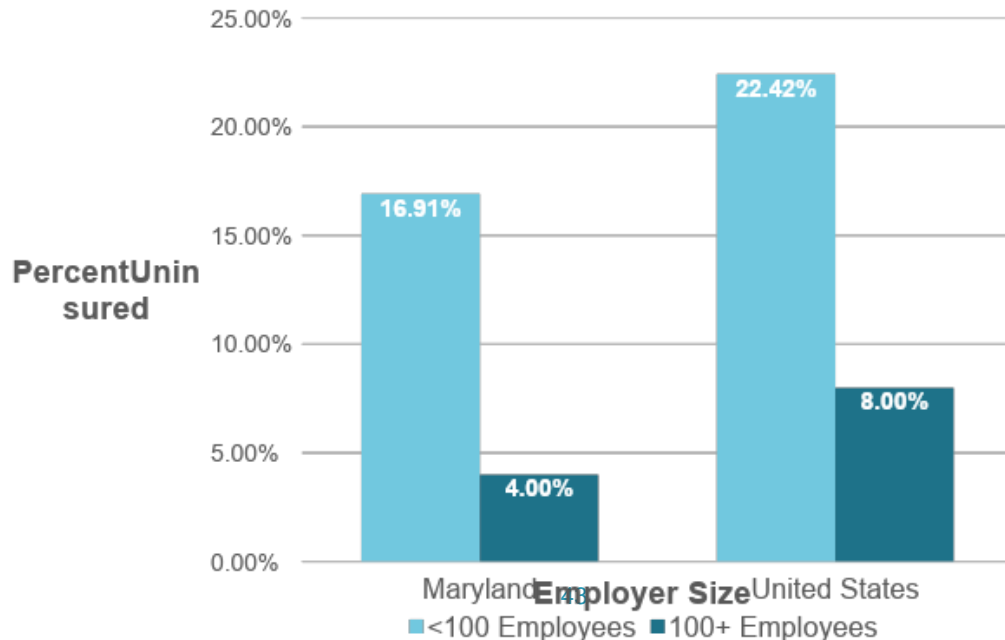
- Transportation Occupations including rideshare drivers
- Arts, Design, Entertainment, Sports, and Media Occupations
- Food Preparation and Serving Related Occupations
- Building and Grounds Cleaning and Maintenance Occupations
- Personal Care and Service Occupations
- Construction and Extraction Occupations
- Installation, Maintenance, and Repair Occupations
- Material Moving Occupations

Gig Economy Workers

- 64% uninsured gig economy workers are male between the ages of 35-64
 - 39% are between the ages of 18-34
- 46% household income between 138% - 400% FPL
 - 33% <138% FPL
- 50% are never married or single
 - 34% are married
 - 15% are separated, divorced or widowed
- 62% say their spouse is employed
 - 35% spouses are not in labor force
- 53% say their spouse has no health insurance coverage
 - 48% say their spouse has some form of coverage

Uninsurance Rates by Employer Size Among People Ages 15-64 Who Worked During the Year, at State and National Level, 2021¹⁹

- Uninsurance rates vary widely between small and large businesses.
- In Maryland, 16.9% of workers for businesses employing less than 100 were uninsured, compared with 4% of employees of larger businesses.
- Similar disparities exist at the national level, with 22.4% of smaller business employees uninsured while just 8% of larger business employees are.



*

Small Business Uninsured Population

- The 2022 Current Population Survey(CPS) Annual Social and Economic Supplement (ASEC) estimates that about **2.6%** of lawfully present Marylanders working in small businesses did not have health coverage in 2022. This is equivalent to about **25,000** individuals.
- The rate increases to **7%** when we look at individuals working in small businesses regardless of lawful presence status
- Uninsured Marylanders working in small businesses are majorly male, non-White, never married, and report being in good or excellent health.

Small Business Uninsured Population, Cont...

- The majority work full-time and have household income at or above 150% of the federal poverty level, indicating potential eligibility for QHPs and associated tax credits/subsidies.
- The data cautiously indicates that most of this group did not have health insurance coverage through their employer, private or public payers in the previous year.
- The data also cautiously indicates that about half of the group works for employers that offer health insurance to employees, and another half works for employers that do not offer health insurance to employees.

Estimated Proportion of Uninsured Marylanders working in Small Businesses, 2017-2022

	CPS ASEC Year					
	2017	2018	2019	2020	2021	2022
All workers	13.0%	10.7%	17.3%	10.8%	11.6%	7.6%
Lawfully present workers only	9.9%	9.7%	13.1%	9.2%	8.8%	2.6%

Data source: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren and Michael Westberry. Integrated Public Use Microdata Series, Current Population Survey: Version 10.0 [dataset]. Minneapolis, MN: IPUMS, 2022.
<https://doi.org/10.18128/D030.V10.0>



Discussion

Discussion

Given what we now know about the socio demographics of the uninsured in Maryland:

- What are possible measures we can take to reduce the number of uninsured Maryland residents?
- How do you propose we reduce barriers to access and affordability for the uninsured?



Public Comment



Appendix

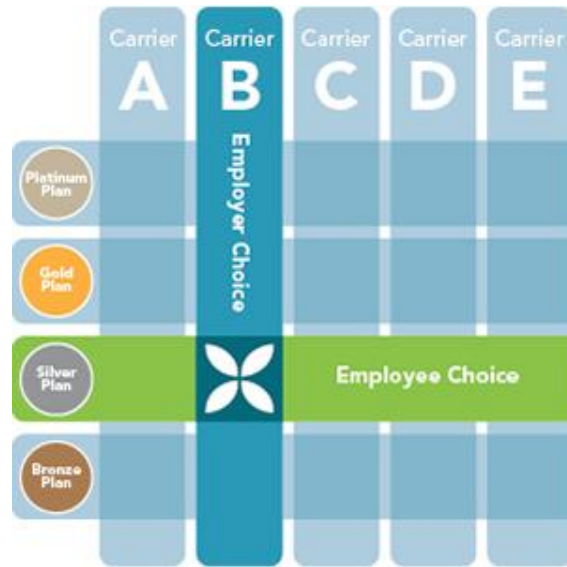
Members

Member	Affiliation	Member	Affiliation
Rob Cohen	Alliance Benefits, LLC	Vennard Wright	Wave Welcome
Rob Poli	BenefitMall	Kimberly Prescott	Prescott HR
Cynthia Hipwell	Aetna	Ainisa Broadway	Small Cakes Maryland, LLC
Alvin Helfenbein	Helfenbein Insurance Agency	Richard Huguen	Linshom Medical, Inc
Jon Frank	Small Business Insurance Advisor	Sandy Walters	Kelly Benefits
Glenn Arrington	Group Benefit Strategies, LLC	Cynthia Levitt	CareFirst BCBS
Mark Khatib	Employee Benefits Corporation of America (EBCA)	Ileana Gonzales	AP Benefits dba IMC
R. Nicole Sharp	Griffin Consulting Partners, LLC	Michael Rachesky	United Healthcare
Rick Weldon	Frederick County Chamber of Commerce	Neil Bergsman	Maryland Nonprofits
Lane Levine	A Friendly Bread	Daniel Koroma	Montgomery County Government Office of the County Executive
Brandon Burbage	Kaiser Permanente		

MHC Employer Choice & Employee Choice

Employer Choice: Select one insurance company that offers coverage; employers can offer any number of plans: one (1), multiple, or all.

Employee Choice: Select up to two consecutive metal levels of coverage; employees may choose any plan across all the insurance companies that offer plans at those metal levels.



Issuer	MHC Small Biz Medical QHPs
CareFirst BCBS	18
CareFirst GHSMI	3
United Healthcare	18
Optimum Choice	10
Aetna Health	6
Kaiser Permanente	13
Total	68

Federal Small Business Tax Credit

- ACA Federal SHOP (Small Business Health Options Program) Tax credit created to incentivize offering employees coverage
- Requirements to qualify:
 - Business must be located in Maryland
 - < 25 full-time equivalent employees (FTEs) for the taxable year
 - Pay average annual wages of < \$58,000 (adjusted for inflation FY 2022) per FTE employee
 - *Tax credit works on a sliding scale- credit reduced if FTEs >10 , Average wage >\$28,000*
 - Employer maintain a “qualifying arrangement” by paying a uniform percentage for all employees that’s equal to 50% of premium cost of employee only coverage (35% for tax exempt/nonprofit organizations)

Tax Credit (Continued)

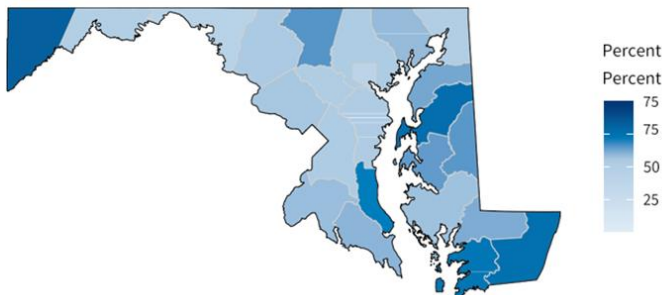
- Federal SHOP tax credit parameters:
 - The maximum credit is 50% of employer's premium payments (35% for tax-exempt organizations)
 - Available for 2 consecutive years
 - Small employers are required to purchase a Qualified Health Plan from a SHOP Marketplace to be eligible to claim the credit
 - Tax Credit can be carrier forward or backward by 2 years

Maryland Small Business Profile

Maryland 2022

634,622 Small businesses
99.5 percent of Maryland businesses

1.2 million Small Business employees
49.4 percent of Maryland employees



No Employees	527,410
1-19 Employees	92,785
20-499 Employees	14,427
Total	634,622

Small business count by size and industry

Industry	No employees	1-19 employees	20-499 employees	All small businesses
Professional, Scientific, and Technical Services	82,298	16,138	2,000	100,436
Transportation and Warehousing	66,788	2,448	422	69,658
Health Care and Social Assistance	52,753	10,468	1,879	65,100
Construction	49,360	12,406	1,602	63,368
Other Services (except Public Administration)	48,029	11,661	1,133	60,823
Real Estate and Rental and Leasing	53,320	4,346	383	58,049
Administrative, Support, and Waste Management	46,575	5,893	1,129	53,597
Retail Trade	33,624	9,380	987	43,991
Arts, Entertainment, and Recreation	31,004	1,615	340	32,959
Educational Services	21,644	1,561	446	23,651
Accommodation and Food Services	9,802	7,073	2,319	19,194
Finance and Insurance	11,638	3,350	393	15,381
Wholesale Trade	5,180	3,086	837	9,103
Information	6,940	977	236	8,153
Manufacturing	4,601	1,977	607	7,185
Agriculture, Forestry, Fishing and Hunting	3,438	179	5	3,622
Utilities	336	39	14	389
Management of Companies and Enterprises	*	66	254	320
Industries not classified	*	187	1	188
Mining, Quarrying, and Oil and Gas Extraction	80	17	12	109
Total	527,410	92,785	14,427	634,622

Small Businesses in Maryland

- Maryland defines a small business as having between 1 and 50 employees
- Sharp decline in small group enrollment in 2021
- Small Group Market size: In Maryland's Small Business Enrollment: 117 active groups with **645 covered lives** (MHBE data as of August 30, 2022)

MHC Small Business Enrollment									
Year	2014	2015	2016	2017	2018	2019	2020	2021	2022
Employers	43	88	113	107	148	152	156	121	117
Covered Lives	263	604	735	588	853	821	878	649	645

Maryland Small Group Enrollment

Date	Enrolled #	Enrolled %
3/31/2016	246,814	0
3/31/2017	237,364	-3.8%
6/30/2018	270,267	13.9%
7/31/2019	268,816	-0.5%
6/30/2020	263,023	-2.2%
6/30/2021	254,654	-3.2%
3/31/2022	248,328	-2.5%

Avg Approved Rate Changes

Date	Avg %
2016	-1.8%
2017	3.3%
2018	1.9%
2019	5.0%
2020	3.0%
2021	2.3%
2022	5.0%
2023	7.6%

*About 248,000 Marylanders are impacted by the approved small group rates

*The primary driver of 2023 increase is higher than anticipated trend levels

MHBE Small Business Program by Fall 2024

	Full Service Small Business Enrollment Platform	Outreach Marketing and Preferred Producer Program	Integrate ICHRAs/ QSEHRAs into Maryland Health Connection
Description	Build an in-house portal that is a one stop shop: end-to-end shopping, tax credit eligibility, enrollment, support and billing aggregation system	Respond to Small Business & Nonprofit Health Insurance Subsidy Workgroup recommendations to offer marketing and outreach resources, support and incentives for businesses.	Partner with ICHRA administrator(s) and build ICHRA/QSEHRA integration into MHC/MHC for Small Business

Workgroup Final Recommendations

1. Allocating \$2 to \$4 million per year to MHBE to invest in training, marketing, and outreach to educate small employers and their employees on their health insurance options on- and off-Exchange for a minimum of three years.
1. MHBE should re-engage stakeholders to discuss the possibility of a small business & nonprofit premium subsidy in the future, if it appears likely that the enhanced premium tax credits in the individual market will expire.
1. Financial incentive for small employers and nonprofits hosting events to help their employees obtain coverage and MHBE providing special branding to employers who take advantage of the opportunity, noting that this could boost employee recruitment and retention while also reducing the number of uninsured Marylanders.

Challenges and Opportunities Facing Small Businesses

- “Affordable” Small Group plans impacting employees eligible for enhanced federal subsidies under ARPA
- Opportunity for MHBE to target outreach & education on all coverage options to groups within the top 5 specific industries likely to have employees within 100%-400% of FPL:
 - Professional, Scientific, Management, Administrative, & Waste Management Services
 - Educational Services, Health Care & Social Assistance
 - Construction
 - Wholesale & Retail trade Arts, Entertainment, & Recreation, & Accommodation & Food Services
- Outreach, education and marketing materials and collaboration with producer community to bring awareness to groups with in these industries to offer plans that meet the needs of all of their employees (ICHRA plans, Individual plans vs. Small Group).

Industry Category	Employer Size	FPL Category					
		Eligible (100-400% FPL)		Ineligible (<100 or >400% FPL)		Total	
		#	%	#	%	#	%
Professional, Scientific, Management, Administrative, & Waste Management Services	<10 employees	41,580	35.8%	74,537	64.2%	116,117	100%
	10-24 employees	17,830	23.8%	57,240	76.2%	75,070	100%
	25-99 employees	12,124	24.5%	37,392	75.5%	49,516	100%
	Total	71,534	29.7%	169,168	70.3%	240,702	100%
Educational Services, Health Care & Social Assistance	<10 employees	23,310	40.2%	34,698	59.8%	58,008	100%
	10-24 employees	19,911	36.7%	34,406	63.3%	54,317	100%
	25-99 employees	17,718	38.8%	27,916	61.2%	45,634	100%
	Total	60,939	38.6%	97,020	61.4%	157,959	100%

Industry Category	Employer Size	FPL Category					
		Eligible (100-400% FPL)		Ineligible (<100 or >400% FPL)		Total	
		#	%	#	%	#	%
Construction	<10 employees	31,755	44.6%	39,411	55.4%	71,166	100%
	10-24 employees	18,487	41.2%	26,433	58.8%	44,919	100%
	25-99 employees	8,206	44.1%	10,411	55.9%	18,616	100%
	Total	58,447	43.4%	76,254	56.6%	134,702	100%
Wholesale & Retail trade	<10 employees	22,137	36.4%	38,736	63.6%	60,873	100%
	10-24 employees	14,743	36.1%	26,049	63.9%	40,793	100%
	25-99 employees	4,457	29.1%	10,869	70.9%	15,326	100%
	Total	41,338	35.3%	75,654	64.7%	116,992	100%

Gender

- Men are more likely to be uninsured than women- making up 57.4% of the estimated uninsured Marylanders
- Other=140K account for undocumented residents

CY 2021		
Gender	Proportion [95% CI]	Estimate [95% CI]
Female	110,812	42.6%
Male	149,089	57.4%
Other	140,099	

Age Group

- 35-64 year olds make up highest percentage of uninsured Marylanders at 43%
- 18-34 year olds are second highest making up 36% of the uninsured Marylanders

CY 2021		
Age	Estimate [95% CI]	Proportion [95% CI]
<18 years	46,686	18.0%
18 - 34 years	93,651	36.0%
35 - 64 years	112,426	43.3%
65+ years	7,138	2.7%

Race & Ethnicity

- African Americans are the highest uninsured population, followed by non-hispanic whites
- Hispanics make up third highest with 21% of uninsured individuals
- All individuals reporting Hispanic origin are combined in the category Hispanic. All other race-ethnicity categories are limited to individuals who did not indicate Hispanic origin.

CY 2021		
Race/Ethnicity	Estimate [95% CI]	Proportion [95% CI]
Non-Hispanic White	84,915	32.7%
Non-Hispanic Black	87,617	33.7%
Hispanic	55,205	21.2%
American Indian or Alaska Native	477	0.2%
Asian-American or Pacific Islander	17,678	6.8%
Two major races	10,414	4.0%
Three or more major races	1,546	0.6%
Other	2,049	0.8%

Household Income as % FPL

- The highest number of uninsured individuals have incomes within the 138% - 400% of the FPL threshold

CY 2021		
FPL	Estimate [95% CI]	Proportion [95% CI]
<138% FPL	68,626	26.4%
138% - 400% FPL	108,175	41.6%
>400% FPL	83,100	32.0%

Marital Status

- The highest number of uninsured individuals are single or never married
- Close to 70% of spouses of those who are uninsured are employed

CY 2021		
Marital Status	Estimate [95% CI]	Proportion [95% CI]
Married	67,635	26.0%
Separated, divorced or widowed	33,395	12.8%
Never married or single	158,871	61.1%

Employment Status

- 49% of uninsured Marylanders are employed
- 26% are not in the labor force (potentially gig-workers/retired)
- Spouses of uninsured workers are likely to be employed (70%)
- remaining 30% of spouses more likely to not be in the workforce

CY 2021		
Employment Status of Uninsured	Estimate [95% CI]	Proportion [95% CI]
N/A	39,335	15.1%
Employed	127,306	49.0%
Unemployed	23,849	9.2%
Not in Labor Force	69,411	26.7%
Employment Status of Spouse	Estimate [95% CI]	Proportion [95% CI]
Employed	41,505	69.6%
Unemployed	2,284	3.8%
Not in Labor Force	15,826	26.5%

Spouse Health Coverage

- Spouses of uninsured individuals have some form of health insurance coverage
- These counts are limited to lawfully present individuals without health insurance coverage who report being married, and whose spouse was present for the survey.

*Note that a spouse may report multiple sources of health insurance coverage.

CY 2021		
Spouse Health Coverage	Estimate [95% CI]	Proportion [95% CI]
Spouse has any health insurance coverage	31,750	53.3%
Spouse has no health insurance coverage	27,865	46.7%
Spouse has coverage through employer/union	15,546	26.1%
Spouse has private insurance coverage	19,706	33.1%
Spouse has public insurance coverage	14,472	24.3%

Uninsured Population: Additional Information

Uninsured individuals in Maryland:

- Speak some english or speak english fairly well
 - Not applicable to respondents under age 5
- They're likely to not be military veterans
 - Not applicable to respondents under age 17
- Have no cognitive, ambulatory, self-care, vision or hearing difficulty
 - Not applicable to respondents under age 5

CY 2021		
Additional Categories	Estimate [95% CI]	Proportion [95% CI]
Speak English Well	240,878	92.7%
Not Military veteran	211,861	81.5%
No cognitive, ambulatory or self-care difficulty	246,300	94.8%
No vision or hearing difficulty	252,869	97.3%