

Colorado Center on Law & Policy Issue Brief: Deductible Affordability for Colorado's Working-Age Families

By Charles Brennan

Affordability and the Public Option

Colorado's Division of Insurance and the Department of Health Care Policy and Financing are in the midst of working with stakeholders to design and present a proposal for an affordable public health insurance option by November 2019. The process is the result of House Bill 1004, which directs these state agencies to develop an affordable health coverage option that uses state health infrastructure. This process has spurred a statewide conversation regarding how health coverage affordability should be defined and addressed in Colorado.

When shopping for health insurance plans, individuals tend to compare plans based on monthly premiums, but another component of coverage--deductibles and other cost-sharing expenses--can deter or prevent enrollees from getting the services they need or cause them to go into debt. While the Affordable Care Act made it possible for more uninsured Coloradans to buy a health plan, high deductibles continue to pose an obstacle to getting care. By ensuring that affordability of the public option encompasses more than just premium prices, state agencies can provide a route to getting Coloradans better access to necessary health services.

Overview of Individual Market Deductibles in Colorado

An individual or family pays monthly premiums as a condition of coverage, but coverage of medical expenses other than preventive care does not begin until the covered household pays its deductible. Once the deductible is met, the individual or family will typically only pay a copayment or coinsurance payment, depending on the type of plan. In Colorado, the deductible amount will vary depending on the type of plan the family has. The average deductible for an individual silver plan offered in 2017 was \$3,093, more than half the average deductible of \$5,798 for a bronze plan. Deductibles for both silver and bronze plans vary by rating region, though deductibles did not vary significantly across Colorado's 64 counties. Table 1 shows the counties with the highest deductibles for individual plans in 2017. Counties in the southwest of the state tended to have the highest deductibles for silver plans, while counties in the Denver metro area tended to have the highest deductibles for bronze plans.

Silver	Plans ¹	Bronze Plans			
County	Average Deductible	County	Average Deductible		
1. Mesa County	\$3,293	1. Boulder County	\$6,054		
2. Adams County	\$3,094	2. Summit County	\$6,006		
3. Delta County ²	\$3,086	3. Arapahoe County	\$5,986		
3. Dolores County ²	\$3,086	4. Denver County	\$5,986		
3. Gunnison County ²	\$3,086	5. Jefferson County	\$5,986		

Table 1



1. Silver plan deductibles do not factor in cost-sharing reductions (CSRs)

2. 11 other counties had average silver plan deductibles of \$3,086 in 2017: Hinsdale, Jackson, Lake, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, San Juan, and San Miguel

Source: Connect for Health Colorado

While premium affordability typically drives consumer purchasing decisions, deductibles and other out-of-pocket expenses (such as co-pays) are substantial costs that are paid by many Coloradans throughout the year. Despite the Affordable Care Act's focus on making health care more affordable, these costs can add up. Statewide, nearly one in four working-age families is unable to cover the costs of the essential goods and services they need to get by (such as food, housing, child care, etc.). The analysis in this issue brief explores the question of how many working-age families in Colorado not enrolled in Medicaid would be unable to pay the full deductible amount of a typical silver or bronze plan without having to use savings, debt or credit, or by reducing spending on other essential items (such as child care or food). This is assessed in two ways: by assuming the deductible is paid down over the period of one year and by assuming the deductible is paid down over the period of three months. Under the former, it is assumed that the family would pay a similar amount per month in medical expenses above and beyond what is already factored into the Self-Sufficiency Standard (see below). This would not be typical for most families but could be the case for a family that includes an individual with a chronic health condition. The latter would be more typical for a family that experiences a birth, medical emergency, major illness, or some other medical emergency that requires them to pay for medical care over a short period of time.

Health Care Costs in the Self-Sufficiency Standard

The analysis in this issue brief is based on the Self-Sufficiency Standard, which measures the average costs of the essential goods and services a working-age family needs in order to get by based on the county in which they live and the composition of their family. These costs include housing, transportation, child care and health care costs. For health care, costs included in the Self-Sufficiency Standard assume that working-age families pay some part of their deductible as part of their annual health care expenses, such as plan premiums. Out-of-pocket expenses assumed in the standard are based on the Medical Expenditure Panel Survey (MEPS) and are adjusted by Census region using the MEPS Household Component Analytical Tool and for inflation using the Medical Care Consumer Price Index.

However, the annual health care costs included in the Self-Sufficiency Standard are based on the significantly smaller contributions required by employer-based coverage. Those included amounts



are lower both than the average annual premium contribution for bronze and silver plans, and the average deductible for both bronze and silver plans.¹ Therefore, it can be concluded that the Self-Sufficiency Standard does not assume that households pay the entire deductible amount in a given year. While it is true that fewer than 20 percent of non-chronically ill individuals with silver plans will pay the entire deductible amount during a plan year, a family that experiences a birth, medical emergency, major illness, or that includes a member with a chronic condition is in a different position.²

As such, the analysis in the proceeding sections assumes that the affordability of deductibles for bronze and silver plans is a range, with the bottom range being the number of working-age families in Colorado that have incomes below what they would need to cover all of their essential needs. In 2017, approximately 23.0 percent of families not participating in Medicaid earned annual incomes below what they would need to meet the Self-Sufficiency Standard for their county and family type that year. Even with costs distributed evenly over the year, these families would not be able to afford the average cost of out-of-pocket health care expenses, let alone the full deductible amount. Because medical costs are rarely spread out evenly through a year, the financial burden during a given month will be even less manageable.

Families with children enrolled in Child Health Plus (CHP+) have reduced coverage costs that are not factored into the analysis. In addition, households that are eligible for Medicaid and/or CHP+ but are not currently enrolled could alleviate the financial burdens examined in this analysis by enrolling in these low-cost public health programs.

Affordability of Silver Plan Deductibles

Costs Spread Across One Year

If a family's medical needs required that they pay the average silver plan deductible over the course of one year, between 260,970 and 332,000 working-age families would be unable to cover that expense on top of other essential goods and services. These families would need to use savings or debt or cut back on other necessary expenses to cover their full deductibles in 2017. This does not consider the impact of cost-sharing reductions (CSRs) which are available to silver plan purchasers below 250 percent of the federal poverty level. Statewide, this is between 23.0 and 23.8 percent of all working-age families that were not enrolled in Medicaid. The share of working-age families not enrolled in Medicaid and unable to cover the average silver plan deductible was smallest in Colorado's urban counties. 23.4 percent of the families in these counties would be unable to cover the full cost of a silver plan deductible, compared to 26.9 percent of working-age families in Colorado's rural counties (Figure 1). While the greatest number of families unable to afford the full cost of their deductible lived in Denver County (approximately 50,000 families), Alamosa, Baca, Conejos, Costilla, Mineral, Otero, Prowers, Rio Grande, and Saguache Counties all had the largest share of families unable to cover deductible costs in the state (Figure 2). In these counties, approximately 39.4 percent of working-age families not enrolled in Medicaid would have been

According to the Kaiser Family Foundation, the average annual single premium per enrolled employee for employerbased health insurance was \$1,375 in Colorado in 2017 (approximately \$115 per month). In contrast, the average lowestcost bronze and silver premiums in 2017 for Colorado was \$282 and \$342, respectively. The average health care cost estimated for a family made up of one adult in the Self-Sufficiency Standard was \$180, much closer to the cost for individuals with employer-based health insurance than those that purchased coverage through a marketplace plan.
 According to the Kaiser Family Foundation, more than 80 percent of non-chronically ill individual spend less than the average deductible for a silver plan in the Health Insurance Marketplace nationwide. This number is lower for those who are chronically ill and is likely lower for individuals with bronze plans.



unable to afford the full cost of a silver plan deductible on top of their other necessary household expenditures. The share of such families ranged considerably across the state. Douglas County, with 9.0 percent, had the smallest share of working-age families not enrolled in Medicaid that would be unable to cover the full cost of a silver plan deductible.

Figure 1

Share of Working-Age Families Unable to Afford Average Silver Plan Deductibles, 2017 Amount Spread Across One Year – By Urban and Rural Counties



Note: Shows upper range of estimates only and does not include working-age families enrolled in Medicaid.

Urban Counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, El Paso, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Teller, Weld

Rural Counties: Alamosa, Archuleta, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Lake, La Plata, Las Animas, Lincoln, Logan, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Phillips, Pitkin, Prowers, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Washington, Yuma

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy



Figure 2

Share of Working-Age Families Unable to Afford Average Silver Plan Deductibles, 2017 Amount Spread Across One Year – By County



Note: Map shows upper range of estimates and does not include working-age families enrolled in Medicaid.

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

Costs Spread Across Three Months

If a family's medical needs required that they pay the average silver plan deductible over the course of one year, between 260,970 and 492,500 working-age families would be unable to cover that expense on top of other essential goods and services (this does consider the impact of CSRs). These families would need to use savings, debt, or cut back on other necessary expenses to cover their full deductibles in 2017. Statewide, this is between 23.0 and 31.2 percent of all working-age families that were not enrolled in Medicaid. Again, Alamosa, Baca, Conejos, Costilla, Mineral, Otero, Prowers, Rio Grande, and Saguache Counties all had the largest share of families unable to cover deductible costs in the state (Figure 3). In these counties, approximately 55.7 percent of working-age families not enrolled in Medicaid would have been unable to afford the full cost of a silver plan deductible on top of their other essential household expenditures over a three-month period.

The number of families unable to cover the costs of the average silver plan deductible over a period of three months represents an increase of approximately 160,500 families (or a 48.3 percent increase) from those that would be unable to cover this same amount spread over one year. This difference was greatest in El Paso County, where 23,770 such families would be unable to cover the



costs of the average silver plan deductible over a period of three months compared to one year (an increase of 59.2 percent). The largest percent change in the number of families unable to cover the cost of the average silver plan deductible in their county was found in Elbert County. This county saw the share of families unable to cover the deductible costs grow from 9.8 percent to 17.2 percent, an increase of 75.8 percent.

Figure 3

Share of Working-Age Families Unable to Afford Average Silver Plan Deductibles, 2017 Amount Spread Across Three Months – By County



Note: Map shows upper range of estimates and does not include working-age families enrolled in Medicaid.

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

Affordability of Bronze Plan Deductibles

Costs Spread Across One Year

Given that bronze plan deductibles were, on average, more than silver plan deductibles, the share of families that would be unable to cover the full cost of their deductible is even greater. Considering that bronze plan purchasers are unable to access cost-sharing reductions, all enrollees would be responsible for the full deductible. If a family were to pay down the average bronze plan deductible over the course of one year, between 260,970 and 375,665 working-age families in Colorado would not have been able to cover the full cost of the deductible on top of the average costs of other essential goods and services. These families would need to use savings, debt, or cut back on other



necessary expenses to cover their full deductibles in 2017. Statewide, this is between 23.0 and 26.9 percent of all working-age families that were not enrolled in Medicaid. The share of working-age families not enrolled in Medicaid and unable to cover the average bronze plan deductible was smallest in Colorado's urban counties. 26.5 percent of the families in these counties would be unable to cover the full cost of a bronze plan deductible, compared to 30.6 percent of families in Colorado's rural counties (Figure 4). Alamosa, Baca, Conejos, Costilla, Mineral, Otero, Prowers, Rio Grande, and Saguache Counties all had the largest share of families unable to cover a bronze plan deductible in the state (Figure5). In these counties, approximately 44.2 percent of working-age families not enrolled in Medicaid would have been unable to afford the full cost of a deductible on top of their other necessary household expenditures. Again, Denver County had the most families unable to afford the full cost of their deductible (approximately 55,000 families). The share of such families ranged considerably across the state. Douglas County, with 9.6 percent, had the smallest share of families that would be unable to cover the full cost of a bronze plan deductible.

Figure 4

Share of Working-Age Families Unable to Afford Average Bronze Plan Deductibles, 2017 Amount Spread Across One Year – By Urban and Rural Counties



Note: Shows upper range of estimates only and does not include working-age families enrolled in Medicaid.

Urban Counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, El Paso, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Teller, Weld

Rural Counties: Alamosa, Archuleta, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Lake, La Plata, Las Animas, Lincoln, Logan, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Phillips, Pitkin, Prowers, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Washington, Yuma

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy



Figure 5

Share of Working-Age Families Unable to Afford Average Bronze Plan Deductibles, 2017 Amount Spread Across One Year – By County



Note: Map shows upper range of estimates and does not include working-age families enrolled in Medicaid.

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

Costs Spread Across Three Months

If a family were to pay down the average bronze plan deductible over the course of three months, between 260,970 and 706,635 working-age families in Colorado not enrolled in Medicaid would not have been able to cover the full cost of the deductible on top of the average costs of other essential goods and services without using savings, debt, or cutting back on other necessary expenses in 2017.Statewide, this is between 23.0 and 44.8 percent of all working-age families that were not enrolled in Medicaid. Again, Alamosa, Baca, Conejos, Costilla, Mineral, Otero, Prowers, Rio Grande, and Saguache Counties all had the largest share of families unable to cover deductible costs in the state (Figure 6). In these counties, approximately 68.2 percent of working-age families not enrolled in Medicaid would have been unable to afford the full cost of a bronze plan deductible on top of their other essential household expenditures over a three-month period.

The number of families unable to cover the costs of the average bronze plan deductible over a period of three months represents an increase of more than 330,970 families (or a 88.1 percent increase) from those that would be unable to cover this same amount spread over one year. The difference for bronze plans would be significantly larger than what was estimated for silver plans.



The change in families' ability to cover bronze plan deductible costs over a period of three months compared to one year was greatest in El Paso County, which had a difference of 46,411 families (an increase of 100.8 percent). The largest percent change in the number of families able to cover the cost of the average bronze plan deductible in their county was found in Douglas County. This county saw the share of families unable to cover the deductible costs increase from 9.6 percent to 24.6 percent, a change of 156.0 percent. In all, 13 counties in the state would see the share of working-age families unable to afford the cost of bronze plan deductible at more than double. Besides Douglas County these counties were Elbert, Ouray, Delta, Montrose, San Miguel, Teller, Broomfield, Pueblo, Mesa, Clear Creek, Gilpin, and El Paso Counties.

Figure 6

Share of Working-Age Families Unable to Afford Average Bronze Plan Deductibles, 2017 Amount Spread Across Three Months – By County



Note: Map shows upper range of estimates and does not include working-age families enrolled in Medicaid.

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

Affordability for Specific Family Types

The affordability of bronze and silver plan deductibles also varies by family type (Figure 7). For example, 29.2 percent of families made up of one adult would not be able to cover the deductible amount for the average bronze plan in their county compared to 55.7 percent of families made up of one adult and one preschooler. In general, more families would be unable to cover the costs of a



bronze or silver plan deductible over a period of three months compared to one year. For certain family types, such as families made up of one adult and one preschooler, this increase was significant.

Figure 7

Share of Working-Age Families Unable to Afford Average Silver & Bronze Plan Deductibles, 2017 Amount Spread Across Three Months – By Family Type



Note: Preschooler include children 3 to 5 years old; School-Age include children 6 to 12 years old. Does not include families enrolled in Medicaid.

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

Affordability by Race/Ethnicity

In addition to variations by geographic location and family type, the ability of working-age families in Colorado not enrolled in Medicaid to cover the full silver and bronze deductible amounts on top of other necessary household expenditures varies significantly by race and ethnicity. White working-age families not enrolled in Medicaid are far more likely to be able to cover the cost of a silver or bronze plan deductible without having to use savings, credit, debt, or reducing their spending in other areas. If deductible costs are spread throughout the year, 18.9 percent and 21.7 percent of white working-age families not enrolled in Medicaid would be unable to cover the costs of the average silver and bronze plan deductible, respectively. This is lower than the share of all Colorado working-age families. In contrast, 38.3 percent and 42.3 percent of families of color would need to use credit, debt, or reducing spending on other essential household needs in order to cover the costs of the



average silver and bronze plan deductible over the course of one year, respectively. That said, the majority of families who would be unable to cover the full cost of a bronze or silver plan deductible were white, reflecting the fact that whites make up the largest share of Colorado's overall population. This same trend holds true when deductible costs are spread across a period of three months.

Figure 8

Share of Working-Age Families Unable to Afford Average Silver Plan Deductible, 2017 Amount Spread Across One Year & Three Months – by Race/Ethnicity



■1 Year ■3 Months

Note: Does not include families enrolled in Medicaid

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

Figure 9

Share of Working-Age Families Unable to Afford Average Bronze Plan Deductible, 2017 Amount Spread Across One Year & Three Months – by Race/Ethnicity



Note: Does not include families enrolled in Medicaid

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy



Conclusion

Although one of the central objectives of the Affordable Care Act was to lower the cost of health care for American consumers, many Colorado families would be unable to afford to pay the full deductibles required for bronze and silver plans and still cover the costs of other goods and services they need to get by without having to use savings, credit, debt, or reduce spending in other areas. This suggests that the deductibles of health insurance plans offered in Colorado are too high. If a family not enrolled in Medicaid were to need a substantial amount of medical care over the course of a year, around one in four would likely need to use their savings, use credit or debt, or cut back on spending on other necessities before their insurance company would begin assuming the costs of their care. This number is even higher if medical care was needed over the course of three years. In such a scenario, around one in three to one in two families would be unable to cover the deductible amount, depending on if they were enrolled in a silver or bronze plan. While it's not likely that all of the state's working-age families unable to cover the full deductible amount will need to do so, those that do will need to figure out how to pay for unexpected medical bills of \$3,000 or more on top of their other expenses, such as rent, a car payment and food for their family.

Another thing to keep in mind is that this analysis only looks at families that would not be able to cover their full deductible amount and does not quantify the impact meeting their deductible would have on the families' finances. Families with incomes just below the thresholds for silver and bronze plan deductibles estimated in this report would likely be in a better position to cover this and other out-of-pocket costs than families with lower incomes. This is also true for white families, who tend to have more savings on which they can draw from to cover unexpected medical expenses. Any effort by the State of Colorado to lower residents' health care costs through lowering average deductibles should look at the distribution of families' incomes below the affordability thresholds established in this analysis to understand how many families would benefit. Small reductions in current bronze and silver plan deductibles would likely have less of an effect on the overall share of working-age families that would be able to cover the full deductible cost than larger reductions. In addition, the analysis used only the average deductible amount for these plans. Deductible amounts vary considerably from these average and may be considerably higher for some families than others. This variation will affect the share of families able to cover their health care plan's full deductible amount.

Methodology

The analysis used data on Colorado households gathered from the U.S. Census Bureau's 2017 1-Year American Community Survey. Specifically, the analysis drew on the 2017 Public Use Microdata Sample (PUMS), a data file that contains records of a sample of all housing units surveyed for the ACS. In Colorado, the 2017 ACS sample consisted of 25,585 records that represented the 2,339,140 households estimated to live in Colorado that year.

Unlike other Census Bureau surveys, the most detailed geographic level available in the ACS PUMS is the Public Use Micro-Data Sample Area (PUMA). These are special, non-overlapping geographies within each state created by the Census Bureau for statistical purposes. Each PUMA contains roughly 100,000 people. PUMAs do not correspond to counties, as Colorado has 64 counties but only 42 PUMAs. This means that some level of estimation is necessary in order to translate PUMA-based data to county-based data.

In instances where a single PUMA includes more than one county, each county was given a weight based on that county's share of the PUMA's population. For example, if PUMA 1 has 100,000 people, and County A has 60,000 and County B has 40,000, County A would receive a weight of 0.6



and County B would receive a weight of 0.4. These weights were used to create a weighted average deductible for that PUMA for silver and bronze plans for individuals and families. Again, if County A's average deductible for an individual silver plan was \$3,000 and County B's average deductible was 33,500, the deductible for an individual silver plan in that PUMA would be 3,200 (or $3,000 \times 0.6 + 3,500 \times 0.4$). These same weights were used to disaggregate the PUMA-level results. Therefore, if PUMA 1 had 30,000 households with incomes below what would be necessary to cover the full deductible amount for a bronze plan, the analysis would assume $18,000 \times 0.4$, respectively). As a result of this approach, counties that are within the same PUMA will have identical rates of households with incomes below what would be needed to cover the deductible amount (however, the number of households in each county will be different). Where a county includes multiple PUMAs, each PUMA was assigned the same average deductible as that county.

Furthermore, the analysis only looked at households in Colorado that included at least one adult age 18 to 64 without a working disability in 2017 (referred to as working-age families in this brief) and did not participate in Medicaid. The income from elderly and disabled adults, if present, was not counted towards a household's income. As a result, 1,395,602 households (or 60 percent of all households in the state) were included in this analysis.

Affordability of plan deductibles was estimated by adding the average deductible for individuals and families to the Self-Sufficiency Standard for each PUMA and family type. The Self-Sufficiency Standard is a measure of the income a family needs to cover the costs of housing, childcare, transportation, food, health care, miscellaneous items, taxes, and other expenses without public or private assistance. The amount needed varies based on the family's composition (i.e., the number of adults and children in the family) and the county in which they live. The University of Washington and CCLP have developed a Self-Sufficiency Standard for over 700 different types of families living in each of Colorado's 64 counties. The Self-Sufficiency Standard provides a more accurate measure of family need than other, more common measures, such as the Official Poverty Measure (which looks only at the cost of food and number of people in a family; unlike the Self-Sufficiency Standard, the OPM is uniform across the state).

Individual deductibles were applied to families consisting of one adult and family deductibles were applied to all other family types. A household income was then compared to the new Self-Sufficiency Standard. Families that earned more than the adjusted standard were assumed to be able to cover the full cost of the deductible with their income alone (and not have to use savings or debt to cover the deductible amount or reduce spending in other areas of their family budget, such as on housing or child care). Deductibles were assumed to be unaffordable to families whose incomes were below the adjusted Self-Sufficiency Standard. The share of families unable to cover the full deductible amount is given as a range, with the lower end of the range representing the share of families who are below the Self-Sufficiency Standard (without the average deductible applied). This was done to acknowledge the fact that the Self-Sufficiency Standard already includes out-of-pocket health care costs and the fact that a family would not necessarily need to cover their entire deductible amount in a given year.

To determine the affordability of deductibles over a three-month period, family income and the Self-Sufficiency wage for all family types in the state were divided by twelve to determine monthly income and corresponding monthly Self-Sufficiency wages. These were both multiplied by three to determine the amount of income a family earned over three months in 2017 and the corresponding Self-Sufficiency wage. Average deductibles for silver and bronze plans for individuals and families were



then added to the three-month Self-Sufficiency wage. Families with three-month incomes below this Self-Sufficiency wage plus deductible were considered to be unable to afford the deductible amount over a three-year period. These families would need to use their savings, credit, debt, or reduce spending in other areas in order to cover these costs over three months.

As noted earlier, this analysis does not take into consideration children who are enrolled in the state Child Health Plus (CHP+) program. Approximately 76,000 children were enrolled in this program as of December 2017.



Data Tables

Table 2

Number and Share of Working-Age Families Unable to Afford Bronze & Silver Plan Deductibles, 2017 Amount Spread Across One Year – By County

County	Bronze Could not Deduc	Plans Cover full ctible	Silver Could not Dedu	Plans Cover full ctible	Total Working-age Households (no Medicaid)
Adams	40,186	34.8%	36,583	31.6%	115,635
Alamosa	1,241	44.2%	1,105	39.4%	2,806
Arapahoe	45,966	28.8%	40,069	25.1%	159,837
Archuleta	981	31.8%	857	27.8%	3,082
Baca	304	44.2%	271	39.4%	688
Bent	330	26.1%	256	20.3%	1,265
Boulder	27,108	28.8%	23,642	25.1%	94,075
Broomfield	3,651	20.5%	3,119	17.5%	17,824
Chaffee	988	27.0%	798	21.8%	3,658
Cheyenne	93	26.1%	72	20.3%	357
Clear Creek	357	14.2%	296	11.8%	2,510
Conejos	663	44.2%	591	39.4%	1,500
Costilla	283	44.2%	252	39.4%	640
Crowley	296	26.1%	230	20.3%	1,133
Custer	236	27.0%	191	21.8%	874
Delta	1,490	24.9%	1,356	22.7%	5,981
Denver	55,245	26.7%	49,933	24.2%	206,599
Dolores	168	31.8%	146	27.8%	526
Douglas	8,442	9.6%	7,867	9.0%	87,704
Eagle	3,780	29.8%	3,532	27.8%	12,700
El Paso	46,023	26.8%	40,131	23.3%	171,943
Elbert	811	11.6%	685	9.8%	7,010
Fremont	2,598	27.0%	2,099	21.8%	9,617



County	Bronze Could not _Deduc	e Plans Cover full ctible	Silver Could not Dedu	Plans Cover full ctible	Total Working-age Households (no Medicaid)
Garfield	4,414	30.4%	3,974	27.3%	14,529
Gilpin	214	14.2%	177	11.8%	1,503
Grand	1,075	29.8%	1,004	27.8%	3,611
Gunnison	1,244	31.8%	1,087	27.8%	3,908
Hinsdale	68	31.8%	60	27.8%	215
Huerfano	372	27.0%	301	21.8%	1,378
Jackson	101	29.8%	94	27.8%	339
Jefferson	36,655	24.1%	31,991	21.0%	152,261
Kiowa	71	26.1%	55	20.3%	272
Kit Carson	420	26.1%	326	20.3%	1,609
La Plata	4,169	31.8%	3,642	27.8%	13,091
Lake	406	27.0%	328	21.8%	1,501
Larimer	24,173	27.7%	22,337	25.6%	87,371
Las Animas	1,246	44.2%	1,109	39.4%	2,818
Lincoln	278	26.1%	216	20.3%	1,064
Logan	1,153	26.1%	896	20.3%	4,419
Mesa	9,233	29.1%	8,409	26.5%	31,720
Mineral	57	44.2%	51	39.4%	129
Moffat	1,080	30.4%	972	27.3%	3,554
Montezuma	2,074	31.8%	1,812	27.8%	6,512
Montrose	1,987	24.9%	1,808	22.7%	7,976
Morgan	1,430	26.1%	1,111	20.3%	5,480
Otero	1,513	44.2%	1,347	39.4%	3,422
Ouray	214	24.9%	194	22.7%	857
Park	899	27.0%	726	21.8%	3,329
Phillips	226	26.1%	175	20.3%	864
Pitkin	1,242	29.8%	1,160	27.8%	4,172



County	Bronze Plans Could not Cover full Deductible		Silver Could not Dedu	Plans Cover full ctible	Total Working-age Households (no Medicaid)
Prowers	1,008	44.2%	898	39.4%	2,281
Pueblo	8,673	28.6%	6,858	22.6%	30,303
Rio Blanco	522	30.4%	470	27.3%	1,718
Rio Grande	963	44.2%	857	39.4%	2,177
Routt	1,840	30.4%	1,657	27.3%	6,057
Saguache	491	44.2%	437	39.4%	1,110
San Juan	57	31.8%	50	27.8%	178
San Miguel	354	24.9%	322	22.7%	1,422
Sedgwick	121	26.1%	94	20.3%	463
Summit	2,027	29.8%	1,894	27.8%	6,811
Teller	1,582	24.8%	1,535	24.0%	6,390
Washington	244	26.1%	190	20.3%	937
Weld	20,017	29.5%	16,907	24.9%	67,930
Yuma	510	26.1%	396	20.3%	1,954
TOTAL	375,665	26.9%	332,009	23.8%	1,395,602

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

Table 3

Number and Share of Working-Age Families Unable to Afford Bronze & Silver Plan Deductibles, 2017 Amount Spread Across Three Months – By County

County	Bronze Plans Could not Cover full Deductible		Silver Could not Dedu	Plans Cover full ctible	Total Working-age Households (no Medicaid)
Adams	70,492	61.0%	51,522	44.6%	115,635
Alamosa	1,914	68.2%	1,563	55.7%	2,806
Arapahoe	87,518	54.8%	60,782	38.0%	159,837
Archuleta	1,779	57.7%	1,453	47.2%	3,082
Baca	470	68.2%	383	55.7%	688
Bent	645	51.0%	433	34.2%	1,265



County	Bronze Could not Dedue	e Plans Cover full ctible	Silver Could not Dedu	Plans Cover full ctible	Total Working-age Households (no Medicaid)
Boulder	45,346	48.2%	32,428	34.5%	94,075
Broomfield	7,569	42.5%	4,889	27.4%	17,824
Chaffee	1,849	50.6%	1,342	36.7%	3,658
Cheyenne	182	51.0%	122	34.2%	357
Clear Creek	731	29.1%	456	18.2%	2,510
Conejos	1,023	68.2%	836	55.7%	1,500
Costilla	437	68.2%	357	55.7%	640
Crowley	578	51.0%	388	34.2%	1,133
Custer	442	50.6%	321	36.7%	874
Delta	3,401	56.9%	2,228	37.3%	5,981
Denver	99,767	48.3%	69,238	33.5%	206,599
Dolores	304	57.7%	248	47.2%	526
Douglas	21,609	24.6%	11,937	13.6%	87,704
Eagle	6,324	49.8%	4,898	38.6%	12,700
El Paso	92,433	53.8%	63,901	37.2%	171,943
Elbert	2,056	29.3%	1,204	17.2%	7,010
Fremont	4,862	50.6%	3,528	36.7%	9,617
Garfield	7,914	54.5%	5,732	39.5%	14,529
Gilpin	438	29.1%	273	18.2%	1,503
Grand	1,798	49.8%	1,393	38.6%	3,611
Gunnison	2,256	57.7%	1,843	47.2%	3,908
Hinsdale	124	57.7%	101	47.2%	215
Huerfano	697	50.6%	506	36.7%	1,378
Jackson	169	49.8%	131	38.6%	339
Jefferson	71,817	47.2%	47,351	31.1%	152,261
Kiowa	139	51.0%	93	34.2%	272
Kit Carson	821	51.0%	551	34.2%	1,609



	Bronze Plans		Silver	Plans	Total Working-age
County	Could not	Cover full	Could not	Cover full	Households
	Dedu	ctible	Dedu	ctible	(no Medicaid)
La Plata	7,559	57.7%	6,174	47.2%	13,091
Lake	759	50.6%	551	36.7%	1,501
Larimer	44,093	50.5%	31,055	35.5%	87,371
Las Animas	1,922	68.2%	1,569	55.7%	2,818
Lincoln	543	51.0%	364	34.2%	1,064
Logan	2,254	51.0%	1,513	34.2%	4,419
Mesa	18,950	59.7%	14,279	45.0%	31,720
Mineral	88	68.2%	72	55.7%	129
Moffat	1,936	54.5%	1,402	39.5%	3,554
Montezuma	3,760	57.7%	3,071	47.2%	6,512
Montrose	4,535	56.9%	2,971	37.3%	7,976
Morgan	2,796	51.0%	1,876	34.2%	5,480
Otero	2,334	68.2%	1,906	55.7%	3,422
Ouray	487	56.9%	319	37.3%	857
Park	1,683	50.6%	1,221	36.7%	3,329
Phillips	441	51.0%	296	34.2%	864
Pitkin	2,078	49.8%	1,609	38.6%	4,172
Prowers	1,556	68.2%	1,270	55.7%	2,281
Pueblo	17,918	59.1%	11,443	37.8%	30,303
Rio Blanco	936	54.5%	678	39.5%	1,718
Rio Grande	1,485	68.2%	1,213	55.7%	2,177
Routt	3,299	54.5%	2,390	39.5%	6,057
Saguache	757	68.2%	618	55.7%	1,110
San Juan	103	57.7%	84	47.2%	178
San Miguel	809	56.9%	530	37.3%	1,422
Sedgwick	236	51.0%	158	34.2%	463
Summit	3,392	49.8%	2,627	38.6%	6,811



County	Bronze Plans Could not Cover full Deductible		Silver Could not Dedu	Plans Cover full ctible	Total Working-age Households (no Medicaid)
Teller	3,599	56.3%	2,590	40.5%	6,390
Washington	478	51.0%	321	34.2%	937
Weld	36,950	54.4%	25,243	37.2%	67,930
Yuma	997	51.0%	669	34.2%	1,954
TOTAL	706,635	50.6%	492,515	35.3%	1,395,602

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

Table 4

Difference in the Number of Working-Age Families Unable to Afford Bronze & Silver Plan Deductibles Amounts Spread Across One Year Compared to Three Months, 2017 – By County

		Bronze Plans			Silver Plans	
County	Number	Percent	Percent	Number	Percent	Percent
	Difference	Difference	Change	Difference	Difference	Change
Adams	30,307	26.2%	75.4%	14,939	12.9%	40.8%
Alamosa	674	24.0%	54.3%	458	16.3%	41.5%
Arapahoe	41,552	26.0%	90.4%	20,713	13.0%	51.7%
Archuleta	798	25.9%	81.3%	596	19.3%	69.5%
Baca	165	24.0%	54.3%	112	16.3%	41.5%
Bent	315	24.9%	95.5%	177	14.0%	68.9%
Boulder	18,239	19.4%	67.3%	8,786	9.3%	37.2%
Broomfield	3,918	22.0%	107.3%	1,770	9.9%	56.8%
Chaffee	861	23.5%	87.1%	544	14.9%	68.1%
Cheyenne	89	24.9%	95.5%	50	14.0%	68.9%
Clear Creek	373	14.9%	104.5%	160	6.4%	54.1%
Conejos	360	24.0%	54.3%	245	16.3%	41.5%
Costilla	154	24.0%	54.3%	105	16.3%	41.5%
Crowley	282	24.9%	95.5%	158	14.0%	68.9%
Custer	206	23.5%	87.1%	130	14.9%	68.1%



		Bronze Plans			Silver Plans	
County	Number	Percent	Percent	Number	Percent	Percent
	Difference	Difference	Change	Difference	Difference	Change
Delta	1,910	31.9%	128.2%	873	14.6%	64.4%
Denver	44,522	21.5%	80.6%	19,305	9.3%	38.7%
Dolores	136	25.9%	81.3%	102	19.3%	69.5%
Douglas	13,167	15.0%	156.0%	4,070	4.6%	51.7%
Eagle	2,544	20.0%	67.3%	1,366	10.8%	38.7%
El Paso	46,411	27.0%	100.8%	23,770	13.8%	59.2%
Elbert	1,244	17.7%	153.3%	519	7.4%	75.8%
Fremont	2,263	23.5%	87.1%	1,429	14.9%	68.1%
Garfield	3,500	24.1%	79.3%	1,759	12.1%	44.3%
Gilpin	224	14.9%	104.5%	96	6.4%	54.1%
Grand	723	20.0%	67.3%	388	10.8%	38.7%
Gunnison	1,012	25.9%	81.3%	756	19.3%	69.5%
Hinsdale	56	25.9%	81.3%	42	19.3%	69.5%
Huerfano	324	23.5%	87.1%	205	14.9%	68.1%
Jackson	68	20.0%	67.3%	36	10.8%	38.7%
Jefferson	35,161	23.1%	95.9%	15,361	10.1%	48.0%
Kiowa	68	24.9%	95.5%	38	14.0%	68.9%
Kit Carson	401	24.9%	95.5%	225	14.0%	68.9%
La Plata	3,390	25.9%	81.3%	2,532	19.3%	69.5%
Lake	353	23.5%	87.1%	223	14.9%	68.1%
Larimer	19,920	22.8%	82.4%	8,718	10.0%	39.0%
Las Animas	676	24.0%	54.3%	460	16.3%	41.5%
Lincoln	265	24.9%	95.5%	149	14.0%	68.9%
Logan	1,101	24.9%	95.5%	617	14.0%	68.9%
Mesa	9,717	30.6%	105.2%	5,870	18.5%	69.8%
Mineral	31	24.0%	54.3%	21	16.3%	41.5%
Moffat	856	24.1%	79.3%	430	12.1%	44.3%



County	Number	Bronze Plans Percent	Percent	Number	Silver Plans Percent	Percent
Montezuma	1,686	25.9%	81.3%	1,259	19.3%	69.5%
Montrose	2,548	31.9%	128.2%	1,164	14.6%	64.4%
Morgan	1,366	24.9%	95.5%	765	14.0%	68.9%
Otero	821	24.0%	54.3%	559	16.3%	41.5%
Ouray	274	31.9%	128.2%	125	14.6%	64.4%
Park	783	23.5%	87.1%	495	14.9%	68.1%
Phillips	215	24.9%	95.5%	121	14.0%	68.9%
Pitkin	836	20.0%	67.3%	449	10.8%	38.7%
Prowers	547	24.0%	54.3%	372	16.3%	41.5%
Pueblo	9,245	30.5%	106.6%	4,584	15.1%	66.8%
Rio Blanco	414	24.1%	79.3%	208	12.1%	44.3%
Rio Grande	523	24.0%	54.3%	355	16.3%	41.5%
Routt	1,459	24.1%	79.3%	733	12.1%	44.3%
Saguache	266	24.0%	54.3%	181	16.3%	41.5%
San Juan	46	25.9%	81.3%	34	19.3%	69.5%
San Miguel	454	31.9%	128.2%	207	14.6%	64.4%
Sedgwick	115	24.9%	95.5%	65	14.0%	68.9%
Summit	1,365	20.0%	67.3%	733	10.8%	38.7%
Teller	2,016	31.6%	127.5%	1,055	16.5%	68.7%
Washington	233	24.9%	95.5%	131	14.0%	68.9%
Weld	16,933	24.9%	84.6%	8,336	12.3%	49.3%
Yuma	487	24.9%	95.5%	273	14.0%	68.9%
TOTAL	330,970	23.7%	88.1%	160,506	11.5%	48.3%

Source: Connect for Health Colorado; U.S. Census Bureau 2017 ACS 1-Year Public Use Microdata Sample; University of Washington, Center for Women's Welfare; Colorado Center on Law and Policy

