

FINAL REPORT

Getting California Covered: A Qualitative Study of Uninsured and Individually Insured Californians

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Executive Summary

This report presents findings from 412 one-on-one, in-depth, qualitative interviews conducted in October and November, 2012, in order to guide the development of Covered California's statewide marketing and outreach campaign. The campaign is being designed to persuade uninsured Californians to enroll in health insurance plans once they become available in 2014 under provisions of the Affordable Care Act. Interviews were conducted with uninsured and individually insured consumer in twelve languages. The study is preparatory for a large scale market segmentation study that will follow. . The work is being conducted for Ogilvy West, the marketing/outreach campaign prime contractor to Covered California.

Major findings from the study are summarized below.

Knowledge and attitudes about health insurance reforms

The data suggest that while many people are aware that major changes are coming in the health insurance system, few members of the study population have specific knowledge about what the changes mean for themselves or their families. Their sense is that the changes are positive, however, with approximately 60% reporting they felt the changes would generally be positive. Only 6% felt the changes would be negative, and a large proportion (35%) was unsure. Those who felt the changes to be positive believed that they would lower the cost of health insurance and provide greater peace of mind for the uninsured. When asked to give a one word description of their feelings about the coming changes, respondents most frequently offered positive sentiment words or words that denoted a sense of progress, security or hope.

Interest in learning more about Covered California

After exposure to basic information about Covered California, almost all of the study respondents were interested in learning more about Covered California. Of the 412 respondents, only 16 said they were not interested or unsure if they were interested in learning more about the new California health insurance marketplace. When asked why they wanted to learn more, respondents tended to point to their need for insurance, the desire to find affordable plans and their interest in learning more about the available coverage and the costs.

Likelihood of shopping at Covered California

Virtually all respondents expressed some interest in shopping for plans using Covered California. After a brief description of how shopping at the new marketplace would work, respondents cited their ability to compare plans side-by-side as the primary driver of their desire to shop at the marketplace. Other reasons were to find

a more affordable plan and to access the information online in an accessible and easy to use Expedia-like format. .

When asked what plan information was most important when they shopped, respondents pointed to coverage, cost, and whether particular doctors would be available to them.

Likelihood of enrolling in a plan

After being told the likely premiums they would pay, a surprising 78% of respondents indicated they would likely purchase a plan when they become available in 2014. Among those who would not purchase a plan, cost and the lack of need were most often cited as the reasons for their reluctance. Among those who planned to purchase insurance from the new marketplace, respondents most often gave as a reason the desire to save money, gain access to health care and increase their peace of mind. When asked how they would feel after getting covered, two main themes emerged—feelings of security and relief and simple positivity.

Study Background and Purpose

Covered California, California's new health benefit exchange mandated by the Affordable Care Act, is preparing to launch an ambitious statewide marketing and outreach campaign in 2013. The main goal of the campaign will be to persuade uninsured Californians to enroll in health insurance plans when they are available in 2014. In order to guide the development of the campaign, NORC at the University of Chicago is conducting a series of studies in order to better understand the knowledge, attitudes and preferences of the uninsured population. The work is being conducted for Ogilvy West, the prime contractor to Covered California for the marketing and outreach campaign.

The basis of this report is a study that involved the collection of qualitative data from more than 400 uninsured and individually insured Californians. Interviews were conducted in twelve languages among thirteen race/ethnic populations. The purpose was two-fold—to aid in the development of survey measures to be used in a quantitative study that will follow, and to inform initial planning for the marketing/outreach campaign.

The main study objectives were to:

- ▶ Explore levels of awareness and knowledge about health insurance reforms;
- ▶ Explore general attitudes toward the reforms;
- ▶ Assess interest in shopping for an insurance plan in the new marketplace as well as interest in actually enrolling in a plan;
- ▶ Identify attitudinal drivers of interest as well as barriers;
- ▶ Identify important influencers on the decisions to shop and enroll;
- ▶ Explore differences in the above based on race/ethnicity;
- ▶ Explore differences in the above based on initial thinking about best segmentation of the Covered California marketplace.

Study Methodology

Study data were collected through 412 one-on-one interviews with Californians who do not have health insurance or who have privately purchased health insurance plans. These interviews were held between October 12th and November 13th, 2012. Interviews took place in Los Angeles, Costa Mesa, San Francisco, Long Beach, and Fresno, and they were conducted in 11 languages in addition to English. English language participants were divided into a general market segment and an African American segment. Language segments were selected to cover the general population, the African American and Spanish speaking population, and each of the 11 threshold languages of the Medi-Cal program. Languages, locations, and number of completed interviews are summarized in Table 1.

Table 1: Languages and Location of Interviews

Language	Interviews Conducted	Location of Interviews
English	33	Los Angeles
English (African American segment)	33	Los Angeles
Spanish	30	Los Angeles
Korean	31	Los Angeles
Vietnamese	34	Costa Mesa
Chinese	33	San Francisco
Khmer	33	Long Beach
Armenian	29	Los Angeles
Farsi	32	Los Angeles
Arabic	30	Los Angeles
Russian	30	Los Angeles
Hmong	33	Fresno
Tagalog	31	Los Angeles
Total	412	

Respondent Demographics

Recruitment was stratified by language with a goal of approximately 32 interviews in each of 12 languages (with two English language segments). Participants were adults aged 18-64 years, U.S. residents, and primary decision makers about health insurance matters in their households. Adults who considered themselves to be in poor health were screened out. Screening of potential participants was designed to ensure a mix of participants across key characteristics. Specifically, the following screening goals were set:

- ▶ 75% uninsured (25% privately insured);
- ▶ 75% unemployed;
- ▶ 50% male;

- ▶ Even split across 4 age categories (18-24, 25-34, 35-44, 45-64);
- ▶ Even split across family types (married with no children, unmarried with no children, with children);
- ▶ Income split across income categories: 20% from <138% of poverty, 35% from 139-200% of poverty, 35% from 200-400% of poverty, and 10% from 400%+ of poverty.

Table 2: Participant Characteristics by Language Segment

	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Age														
18-24	18%	6%	10%	27%	18%	21%	15%	24%	22%	20%	16%	22%	20%	18%
25-34	30%	33%	20%	36%	27%	25%	45%	15%	29%	36%	33%	25%	11%	28%
35-44	24%	36%	34%	15%	24%	28%	15%	27%	22%	20%	26%	25%	41%	26%
45-64	27%	23%	34%	21%	30%	25%	24%	33%	25%	23%	23%	25%	26%	26%
All	33	30	29	33	33	32	33	33	31	30	30	31	34	412
Gender														
Female	51%	50%	51%	48%	45%	50%	48%	48%	48%	56%	56%	48%	58%	50%
Male	48%	50%	48%	51%	54%	50%	51%	51%	51%	43%	43%	51%	41%	49%
All	33	30	29	33	33	32	33	33	31	30	30	31	34	412
Income														
139-199%	27%	30%	13%	24%	39%	31%	42%	30%	35%	33%	33%	29%	32%	31%
200-400%	42%	26%	55%	30%	33%	40%	18%	24%	32%	33%	43%	38%	26%	33%
400+%	9%	10%	13%	18%	9%	9%	6%	6%	9%	13%	10%	9%	5%	9%
Under 138%	21%	33%	17%	27%	18%	18%	33%	39%	22%	20%	13%	22%	35%	25%
All	33	30	29	33	33	32	33	33	31	30	30	31	34	412
Insurance Status														
Has Insurance	24%	36%	20%	18%	27%	28%	30%	39%	25%	33%	26%	25%	14%	26%
No Insurance	75%	63%	79%	81%	72%	71%	69%	60%	74%	66%	73%	74%	85%	73%
All	33	30	29	33	33	32	33	33	31	30	30	31	34	412
Family Type														
Married or not and have children	33%	23%	44%	24%	39%	28%	60%	51%	35%	30%	33%	32%	52%	37%
Married and no children	27%	33%	20%	9%	27%	31%	12%	0%	29%	26%	30%	32%	8%	21%
Not and no children	39%	43%	34%	66%	33%	40%	27%	48%	35%	43%	36%	35%	38%	40%
All	33	30	29	33	33	32	33	33	31	30	30	31	34	412
Employment Status														
Employed	75%	70%	82%	66%	81%	75%	90%	66%	77%	76%	70%	77%	70%	75%
Not employed	24%	30%	17%	33%	18%	25%	9%	33%	22%	23%	30%	22%	29%	24%
All	33	30	29	33	33	32	33	33	31	30	30	31	34	412

In partnership with Ogilvy West, our collaborator for the study, seven segments within the uninsured population have been identified using data from syndicated market research surveys. These segments have been defined largely in terms of income and age although some lifestyle and attitudinal measures from the syndicated surveys have also been incorporated. These provisional segments have been used for initial marketing/outreach campaign planning. Throughout this report we present study data differences based on these segments. Thumbnail profiles of the segments are as follows:

- Just Getting Started: 18-24 year old adults; incomes in the 139-199% Federal Poverty Level (FPL) range; single; less likely to be employed full time; overwhelmingly Hispanic;
- Independent & Connected: 18-35 years old; Internet savvy; incomes in 200-400% FPL range; mostly single; employed; overwhelmingly Hispanic;
- Calculated Risk Takers: 18-34 years old; more likely male; single; employed; White; more willing to take risks financially; incomes in 400% FPL+ range;
- Underserved Families: 25-44 years old; incomes in the less than 200% FPL range; have children; overwhelmingly Hispanic;
- Working Families: like Underserved Families except higher income (200-400% FPL); overwhelmingly Hispanic;
- At Risk & Aging: 45-64 years old; incomes less than 200% FPL; less likely to work fulltime; less connected; more financially risk averse; majority Hispanic;
- Aging & Denied: 35-64 years old; incomes in the 200-400% FPL range; employed; without children at home; less likely to be Hispanic.

Table 3 below presents the characteristics of study respondents falling into these segments.

Table 3: Participant Characteristics by Audience Segment

	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Age									
18-24	100%	20%	11%	0%	0%	0%	0%	14%	18%
25-34	0%	79%	88%	43%	30%	0%	0%	36%	28%
35-44	0%	0%	0%	56%	69%	0%	9%	25%	26%
45-64	0%	0%	0%	0%	0%	100%	90%	24%	26%
All	54	34	9	44	75	52	33	111	412
Gender									
Female	42%	61%	44%	56%	45%	59%	42%	52%	50%
Male	57%	38%	55%	43%	54%	40%	57%	47%	49%
All	54	34	9	44	75	52	33	111	412
Income									
139-199%	50%	0%	0%	0%	64%	53%	0%	22%	31%
200-400%	0%	100%	0%	0%	36%	0%	78%	47%	33%
400+%	0%	0%	100%	0%	0%	0%	21%	22%	9%
Under 138%	50%	0%	0%	100%	0%	46%	0%	7%	25%
All	54	34	9	44	75	52	33	111	412
Insurance Status									
Has Insurance	0%	0%	0%	0%	0%	0%	0%	100%	26%
No Insurance	100%	100%	100%	100%	100%	100%	100%	0%	73%
All	54	34	9	44	75	52	33	111	412
Family Type									
Married or not and have children	83%	61%	33%	43%	29%	26%	24%	30%	40%
Married and no children	14%	20%	33%	11%	29%	13%	24%	27%	21%
Not and no children	1%	17%	33%	45%	41%	59%	51%	42%	37%
All	54	34	9	44	75	52	33	111	412
Employment Status									
Employed	68%	76%	100%	43%	85%	69%	84%	82%	75%
Not employed	31%	23%	0%	56%	14%	30%	15%	17%	24%
All	54	34	9	44	75	52	33	111	412

Data Collection Procedures

Participants were recruited by local market research organizations using their own respondent databases. Recruitment personnel contacted potential respondents and administered a short screening questionnaire. If the individuals contacted were qualified and interested in the study, they were asked to participate. Regardless of their qualifications and interest, they were asked for referrals of people they knew who might be qualified and interested in study participation. These referrals provided a pool of additional potential respondents for the study. It is important to note that respondents were not recruited in a probabilistic manner and collectively do not constitute a projectable sample of the populations studied. Screening questionnaires are included in the appendices to this report.

Once enrolled, respondents were guided through a semi-structured interview containing approximately 40 questions and lasting approximately 30 minutes. The interview was primarily qualitative in nature. Due to differences in cost of plans offered to individuals (free vs. requiring a premium), two versions of the interview were developed with slightly different wording of several questions. Appendices I and II present the English language versions of the questionnaires.

After a brief introduction and explanation of the process, interviews were divided into five sections:

- ▶ Insurance status and experience;
- ▶ Awareness of health insurance reforms and general attitudes toward the reforms;
- ▶ Interest in exploring/learning more about the new California health insurance marketplace;
- ▶ Interest in shopping at the new marketplace;
- ▶ Interest in actually enrolling in a health insurance plan at the new marketplace.

The interview guides were translated from English into each of the 11 other interview languages. As the interviews were conducted, certified professional translators performed real-time translation of the interviews. These translations were DVD-recorded and used for coding purposes.

Interviewers were recruited based on their interviewing experience as well as their language expertise. All interviewers received extensive project training prior to conducting the first interview to ensure that they understood question intent and were able to properly probe for responses to each question. This was important since almost all of the questions in the study were open-ended in nature. .

Coding and Analysis Procedure

Trained NORC staff reviewed each interview and took detailed notes on each response. These notes were compiled into a database for analysis by question, language, and market segment. In addition, responses to the questions were coded by an NORC analyst in order to prepare the tables presented in this report.

Findings

Below, we present findings from the 412 one-on-one consumer interviews. We divide our discussion into five sections which parallel the organization of the interview itself.

Insurance Status and Experience

Approximately 75% of respondents in each language segment did not have insurance at the time of the interview. This is to be expected, as the screener was designed so that approximately 75% of respondents from each language would be uninsured. Because no explicit quotas by market segment were used, there is slight variation in the proportion of uninsured respondents among those segments.

Among the 25% of respondents who currently have insurance, the vast majority (75%) said that it met their needs. Among the few respondents who said that it did not meet their needs, cost and coverage were the most frequently cited reasons for dissatisfaction with their existing coverage. A few respondents in this group had only catastrophic coverage and were dissatisfied with the amount of their out of pocket costs. .

Reasons for Not Having Health Insurance

When respondents were asked why they do not currently have insurance, overwhelmingly cost was given as a reason; it was cited by approximately three-quarters of respondents across language and audience segments. The lack of need for insurance was cited second most frequently. Here, there were clear audience segment differences. The “Calculated Risk Takers” and “Just Getting Started” segments more often cited a lack of need for insurance, while the “Aging and Denied” cited this as a reason for lack of insurance much less frequently. Korean and Chinese respondents were substantially more likely than other ethnicities to state that they did not need insurance. Many of these respondents stated that they received health care from Chinese-medicine doctors. Respondents also frequently mentioned their employment situation as a reason for lacking insurance. Some stated that their current employment status prevented them from receiving insurance (for example, they were part-time employees), while others stated that they could not acquire insurance because their employer did not currently offer it as a benefit.

Table 4: Reason Respondent Does Not Have Insurance by Language Segment¹

2.3 Please tell me why you do not have insurance. (Code all that apply)	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Cost	70%	79%	72%	62%	79%	96%	83%	95%	96%	71%	86%	64%	86%	80%
No need for insurance	17%	26%	6%	54%	21%	4%	13%	32%	74%	35%	18%	27%	21%	27%
Current employment status prevents acquiring (unemployed, part-time, self-employed)	48%	32%	17%	27%	29%	9%	17%	5%	0%	41%	0%	14%	21%	20%
Not available from employer	9%	5%	11%	23%	17%	0%	22%	5%	9%	18%	23%	18%	17%	14%
Lack of necessary information	4%	0%	0%	12%	17%	0%	13%	0%	30%	12%	14%	9%	10%	10%
Denied or difficulty securing coverage	0%	16%	0%	12%	0%	9%	0%	11%	0%	6%	14%	5%	10%	6%
Coverage of available insurance is insufficient	4%	5%	6%	0%	4%	22%	0%	0%	0%	6%	5%	0%	3%	4%
No time to shop or acquire insurance	0%	0%	0%	4%	8%	0%	9%	0%	0%	0%	0%	0%	0%	2%
Availability of doctors is insufficient	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%	5%	5%	0%	1%
Pre-existing condition prevents obtaining coverage	4%	0%	0%	0%	4%	0%	0%	0%	0%	0%	5%	0%	0%	1%
Not eligible for parents plan	4%	0%	0%	0%	0%	0%	4%	0%	0%	0%	5%	0%	3%	1%
Access health care in another way	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%
Distrust doctors	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Use herbal medicine	0%	0%	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%

Other responses were offered by far fewer respondents. Although these other reasons are specific to individuals, a few patterns in the responses can be seen. First, a number of respondents stated they would purchase insurance if they believed it was available to them (e.g. “Denied or difficulty securing coverage,” “Pre-existing condition prevents obtaining coverage,” etc.). Additionally, a number of respondents felt that their existing options for insurance were insufficient (e.g. “Availability of doctors insufficient,” “Coverage of available insurance is insufficient,” etc.).

¹ Some tables, such as this one, allow respondents to be coded in multiple categories. For those tables, percentages may add to more than 100%. These table cells can be interpreted as “the percentage of [column variable] that responded with [row variable]”. Tables that fit this definition are indicated by the phrase “code all that apply” in the question text.

Table 5: Reason Respondent Does Not Have Insurance by Audience Segment

<i>2.3 Please tell me why you do not have insurance. (Code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Cost	80%	72%	56%	77%	88%	88%	68%	0%	80%
No need for insurance	33%	31%	33%	21%	29%	27%	16%	0%	27%
Current employment status prevents acquiring (unemployed, part-time, self-employed)	16%	13%	0%	30%	16%	19%	32%	0%	20%
Not available from employer	12%	16%	0%	7%	23%	15%	6%	0%	14%
Lack of necessary information	6%	9%	22%	2%	21%	2%	6%	0%	10%
Denied or difficulty securing coverage	8%	9%	22%	9%	1%	2%	6%	0%	6%
Coverage of available insurance is insufficient	4%	9%	0%	0%	5%	6%	0%	0%	4%
No time to shop or acquire insurance	2%	0%	11%	0%	3%	0%	3%	0%	2%
Availability of doctors is insufficient	0%	0%	11%	0%	1%	2%	0%	0%	1%
Pre-existing condition prevents obtaining coverage	0%	0%	0%	0%	1%	0%	6%	0%	1%
Not eligible for parents plan	4%	6%	0%	0%	0%	0%	0%	0%	1%
Access health care in another way	0%	3%	0%	0%	0%	0%	0%	0%	0%
Distrust doctors	0%	0%	0%	0%	0%	2%	0%	0%	0%
Use herbal medicine	0%	0%	0%	0%	0%	2%	0%	0%	0%

Reasons for Giving Up Insurance

Many of the respondents without insurance did have it in the past (73%). This ranged from a high of 100% among African Americans, to a low of 50% among the Khmer segment. Most respondents gave up insurance after a change in employment status. Cost was also noted as major reason why respondents no longer have insurance (see Tables 6 and 7). Cost was a particularly salient concern among the “Working Families,” “At Risk and Aging,” and “Aging and Denied” segments. Among young people, many lost insurance after they left their parents’ plans or left school. As one respondent stated, “Yes, I had it through my parents while I was in school, but I lost it when I left school and moved to a different state.” Younger people were less likely to view having insurance as important, largely because they are currently healthy.

Table 6: Reason Respondent Gave Up Previous Insurance by Language Segment

2.4 Have you had health insurance before and if so, why did you give up coverage? (Code all that apply)	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Change in employment status	70%	40%	70%	36%	23%	31%	64%	44%	18%	75%	17%	29%	50%	45%
Cost	22%	20%	10%	14%	41%	38%	29%	33%	18%	0%	33%	29%	22%	24%
Change in student status	9%	10%	0%	18%	0%	23%	0%	0%	18%	13%	0%	0%	0%	8%
Lost parents plan	0%	0%	10%	5%	18%	0%	14%	11%	9%	0%	17%	14%	11%	8%
Not eligible for previous plan	0%	30%	10%	14%	0%	0%	0%	11%	27%	0%	0%	14%	6%	8%
Not eligible for public plan	9%	0%	0%	14%	14%	0%	0%	11%	0%	0%	17%	0%	17%	8%
Don't need insurance	13%	0%	0%	9%	5%	8%	7%	0%	27%	0%	0%	14%	0%	7%
Dissatisfied with previous insurance	9%	20%	0%	0%	9%	8%	14%	0%	9%	0%	0%	0%	6%	6%
Not available from employer	4%	0%	10%	5%	9%	0%	7%	0%	0%	0%	17%	14%	6%	5%
Difficult to acquire	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Doctor availability	0%	0%	0%	0%	0%	0%	0%	0%	0%	13%	0%	0%	0%	1%
Have pre-existing condition	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	1%

Other reasons for giving up previous coverage were cited less often. Some respondents noted changes in eligibility requirements of private plans that caused them to lose coverage, while others stated that they lost coverage when their eligibility for public plans changed. Some respondents also expressed dissatisfaction with previous insurance experiences.

Table 7: Reason Respondent Gave Up Previous Insurance by Audience Segment

2.4 Have you had health insurance before and if so, why did you give up coverage? (Code all that apply)	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Change in employment status	16%	35%	0%	54%	49%	62%	57%	0%	45%
Cost	16%	15%	0%	19%	34%	26%	38%	0%	24%
Change in student status	10%	15%	40%	8%	9%	0%	0%	0%	8%
Lost parents plan	32%	10%	0%	4%	3%	0%	0%	0%	8%
Not eligible for previous plan	6%	10%	20%	19%	3%	6%	0%	0%	8%
Not eligible for public plan	16%	10%	20%	4%	6%	3%	5%	0%	8%
Don't need insurance	6%	0%	20%	0%	9%	9%	14%	0%	7%
Dissatisfied with previous insurance	10%	0%	0%	4%	9%	9%	5%	0%	6%
Not available from employer	0%	5%	0%	0%	9%	9%	10%	0%	5%
Difficult to acquire	0%	0%	0%	0%	3%	0%	0%	0%	1%
Doctor availability	0%	5%	0%	0%	0%	0%	0%	0%	1%
Have pre-existing condition	0%	0%	0%	0%	0%	0%	5%	0%	1%

Awareness and Knowledge about Health Insurance Changes

Most respondents felt that they personally knew very little about the health care changes arising from the Affordable Care Act. Even respondents who were able to name some of the major components of the law felt generally confused about what the act would mean for themselves and their families. The majority of respondents referred to the Act as “ObamaCare.”

Respondents were asked their unaided opinions and knowledge of the upcoming changes to the healthcare system before they were given any details about the upcoming changes or Covered California. When asked to describe what the changes meant, less than half of respondents were able to offer anything concrete. The majority of respondents simply articulated a vague sense that the changes were supposed to make health care more affordable. “I know there will be lower premiums and pre-existing conditions have to be covered, which is really nice,” said an unemployed female.

When respondents did offer a concrete change resulting from the Act, three components were most often mentioned. First, 15% of respondents noted that health insurance would be mandatory. Those mentioning this aspect tended to have a negative view of the Act. Second, 15% of respondents noted that health care would be universal. These respondents tended to view the Act positively. Third, 15% of respondents mentioned that the Act would reduce health care costs for consumers. These respondents also tended to view the Act positively, and they frequently mentioned reduced cost and universal coverage together. A number of

additional aspects of the Affordable Care Act were also noted, but with much less frequency. These included coverage for pre-existing conditions, the ability to stay on one's parents' plan longer, and the belief that it would result in increased costs, cuts to Medicare, or the rationing of health care.

Virtually all respondents indicated that they heard about the forthcoming changes via television. Respondents frequently cited cable news and local news as sources of information. The Internet was the most often cited secondary source of information. Respondents mentioned social media (especially Facebook) along with Internet news sites and weblogs as sources of information. Newspapers were frequently mentioned, but it was often unclear if the respondent was referring to the paper or Internet version of the publication. Word of mouth (from friends, family, and co-workers) was also cited frequently. Also mentioned, but less often, were radio, the presidential campaign debates, and general election coverage. A small number of respondents mentioned learning about the Act from work (including their union, their HR department, and job interviews).

Opinions on Upcoming Changes to Healthcare System

When asked to indicate if they felt the changes would be mostly good or bad for their families, the majority of respondents felt the changes would be good (Table 8 and 9 summarize these results). The proportion of respondents who felt the changes would be good far surpasses the proportion of respondents who felt the changes would be bad for their families. However, there is still a large proportion that is unsure whether the changes will be good or bad. Among the language groups, the Farsi, Korean, Russian, and Tagalog segments all had fewer respondents who felt the changes would be good for them than respondents who were unsure what the changes would mean for them.

Table 8: Opinions about Upcoming Changes by Language Segment

3.4 What's your opinion (of the coming changes to the healthcare system)?	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Good	72%	68%	85%	51%	54%	40%	54%	66%	43%	32%	80%	29%	62%	57%
Bad	6%	3%	10%	3%	12%	13%	3%	3%	3%	19%	3%	7%	3%	6%
Unsure	21%	27%	3%	45%	33%	46%	42%	30%	53%	48%	16%	62%	34%	35%

Variation also existed among the market segments. The “Just Getting Started” and “Calculated Risk Takers” segments were the most unsure about whether the changes would be good for them. Among “Underserved Families” and “Working Families,” most believed the changes would be good for them.

Tables 10 and 11 categorize the one word summaries displayed in Figure 1 into a smaller set of sentiments. Positive feelings were the most prevalent sentiment expressed, followed by progress, security, and hope. Negative and uncertain sentiments were expressed much less frequently.

Table 10: Categorized One Word Summary of Health Care Changes by Language Segment

3.5 What one word summarizes your feelings about these changes?	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Positive	29%	47	26	42	7%	36	47	39	28	24	54	67	70	38
Progress	14%	26	22	16	15	7%	16	4%	17	5%	4%	11	4%	12
Security	14%	16	9%	11	7%	7%	0%	22	6%	10	13	0%	4%	10
Hope	7%	0%	13	0%	11	14	5%	4%	11	14	13	0%	4%	8%
Negative	0%	0%	13	0%	7%	14	5%	0%	0%	19	0%	22	4%	6%
Uncertainty	7%	5%	0%	0%	22	14	0%	0%	6%	14	0%	0%	0%	6%
Accessibility	0%	0%	4%	0%	4%	0%	11	26	0%	0%	4%	0%	4%	4%
Concern	7%	0%	0%	0%	11	0%	0%	0%	11	5%	0%	0%	0%	3%
Necessary	4%	0%	0%	11	4%	7%	5%	0%	0%	0%	8%	0%	0%	3%
Neutral	7%	0%	4%	11	4%	0%	0%	4%	0%	0%	4%	0%	4%	3%
Long-awaited	4%	5%	4%	5%	4%	0%	0%	0%	0%	0%	0%	0%	0%	2%
Challenge	4%	0%	0%	5%	0%	0%	5%	0%	0%	5%	0%	0%	0%	1%
Confusion	0%	0%	0%	0%	0%	0%	0%	0%	11	0%	0%	0%	0%	1%
Curiosity	4%	0%	0%	0%	4%	0%	5%	0%	0%	5%	0%	0%	0%	1%
Healthy	0%	0%	4%	0%	0%	0%	0%	0%	11	0%	0%	0%	4%	1%

Table 11: Categorized One Word Summary of Health Care Changes by Language Segment

3.5 What one word summarizes your feelings about these changes?	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Positive	31%	17%	40%	50%	41%	57%	29%	36%	38%
Progress	3%	8%	20%	17%	13%	10%	8%	17%	12%
Security	14%	21%	20%	13%	9%	10%	8%	4%	10%
Hope	17%	17%	0%	0%	4%	3%	8%	9%	8%
Negative	7%	13%	0%	4%	7%	0%	8%	4%	6%

3.5 What one word summarizes your feelings about these changes?	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Uncertainty	3%	4%	0%	4%	4%	3%	13%	8%	6%
Accessibility	3%	0%	0%	4%	4%	3%	4%	8%	4%
Concern	0%	4%	20%	0%	0%	3%	8%	4%	3%
Necessary	3%	0%	0%	0%	7%	3%	4%	1%	3%
Neutral	0%	8%	0%	0%	6%	0%	4%	4%	3%
Long-awaited	3%	0%	0%	4%	2%	3%	4%	0%	2%
Challenge	0%	4%	0%	4%	2%	0%	0%	1%	1%
Confusion	0%	4%	0%	0%	0%	0%	0%	1%	1%
Curiosity	7%	0%	0%	0%	0%	0%	0%	3%	1%
Healthy	7%	0%	0%	0%	2%	3%	0%	0%	1%

Level of Interest in Exploring/Learning about Covered California

Before discussing their level of interest in the new marketplace, respondents were read the following statement:

In January, 2014, there will be a new way for all Californians, even those with pre-existing health conditions, to get health insurance through what is called a health insurance marketplace. The new marketplace is being organized by California state government. It will offer a number of different health insurance plans that are designed to be affordable for everyone. The monthly cost of the plan will depend on your income. You'll be able to use the marketplace by going on-line, or by calling a toll-free telephone number, or contacting a neighborhood assistance center. Live assistance will be available to anyone who needs it and will be available in many languages.

Reasons Respondents Wish to Learn More

Respondents were asked if they would be interested in learning more about the new insurance marketplace after exposure to this information, the type of information that might be disseminated a marketing/outreach campaign. Of the 412 respondents, only 16 said they were not interested in learning more, and only 7 were unsure. When asked why they would be interested in learning more, respondents focused on the need to acquire insurance and the desire to find more affordable plans. Respondents said they wanted to learn about

costs, coverage, and obtain general information about the marketplace. Detailed tabulations are presented in Tables 12 and 13.

Other reasons why respondents would be interested in learning about Covered California were offered by less than 5% of respondents. These included the convenience of accessing the marketplace and the ability to access the marketplace in their native language. Others were interested in learning specific information not directly related to cost and coverage (for example, which doctors are participating or how the marketplace is funded).

A number of relatively large differences between languages exist. For example, the Russian group was extremely interested in price, while the Chinese group was relatively less interested in price. Comparatively smaller differences exist between the market segments. Generally, those individually-insured and “Just Getting Started” are most concerned about learning about costs, while the “Calculated Risk Takers” are least concerned with cost.

Table 12: Why Respondent is Interested in Learning about Covered California by Language Segment

<i>4.2 Why would you be interested (in learning more about the marketplace)? (Code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Need insurance	18%	53%	35%	50%	34%	34%	27%	20%	59%	38%	37%	33%	39%	37%
To find more affordable plans	39%	33%	19%	44%	38%	14%	23%	27%	33%	8%	23%	40%	21%	28%
To learn about costs	27%	13%	15%	9%	17%	31%	23%	30%	11%	42%	37%	17%	24%	23%
To learn about coverage	18%	7%	8%	0%	21%	34%	7%	27%	19%	23%	40%	20%	18%	18%
To learn general information	12%	7%	27%	3%	17%	7%	7%	17%	11%	12%	13%	13%	21%	13%
Convenient access to the marketplace	9%	3%	8%	9%	3%	0%	3%	13%	0%	0%	3%	3%	0%	4%
To learn about coming changes to the healthcare system	6%	3%	8%	9%	0%	3%	10%	0%	0%	8%	0%	0%	3%	4%
To learn which doctors are participating	3%	0%	4%	0%	7%	10%	0%	3%	4%	8%	13%	0%	3%	4%
For the ability to compare plans	3%	3%	4%	3%	0%	0%	3%	7%	0%	8%	0%	7%	3%	3%
To learn about eligibility requirements	3%	0%	0%	0%	0%	3%	0%	0%	0%	0%	10%	3%	3%	2%
Look for information for others	3%	0%	0%	3%	3%	0%	7%	3%	0%	0%	0%	7%	3%	2%
Trust in the government sponsor	0%	10%	0%	3%	10%	0%	0%	7%	0%	0%	0%	0%	0%	2%
Accessibility of information	0%	0%	0%	0%	7%	0%	3%	0%	0%	0%	0%	0%	0%	1%
Benefits to self and society	0%	3%	0%	0%	3%	0%	3%	0%	0%	0%	3%	0%	0%	1%
To find better quality care	3%	0%	0%	0%	3%	3%	0%	0%	0%	0%	0%	0%	0%	1%
To comply with the individual mandate	0%	0%	0%	0%	0%	0%	3%	0%	4%	0%	0%	0%	0%	1%
Individual choice	6%	0%	0%	0%	7%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Because information is available in other languages	0%	0%	0%	3%	3%	0%	7%	0%	0%	0%	3%	0%	0%	1%
Learn about how marketplace is funded	0%	0%	0%	0%	3%	3%	3%	0%	4%	4%	0%	0%	0%	1%
Because it is specifically for California	6%	0%	0%	3%	0%	0%	0%	0%	0%	0%	3%	0%	0%	1%

Table 13: Why Respondent is Interested in Learning about Covered California by Audience Segment

<i>4.2 Why would you be interested (in learning more about the marketplace)? (Code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Need insurance	33%	45%	50%	49%	44%	59%	44%	12%	37%
To find more affordable plans	31%	35%	38%	37%	27%	20%	19%	28%	28%
To learn about costs	25%	23%	13%	22%	21%	20%	22%	25%	23%
To learn about coverage	24%	3%	0%	24%	18%	8%	9%	27%	18%
To learn general information	10%	10%	25%	10%	13%	10%	9%	18%	13%
Convenient access to the marketplace	6%	0%	13%	0%	7%	6%	6%	3%	4%
To learn about coming changes to the healthcare system	0%	6%	0%	2%	6%	4%	0%	6%	4%
To learn which doctors are participating	2%	3%	0%	0%	7%	0%	0%	9%	4%
For the ability to compare plans	4%	0%	0%	0%	0%	0%	9%	7%	3%
To learn about eligibility requirements	10%	3%	0%	0%	0%	2%	0%	0%	2%
Look for information for others	2%	0%	0%	2%	1%	0%	3%	5%	2%
Trust in the government sponsor	2%	0%	0%	7%	4%	0%	3%	1%	2%
Accessibility of information	2%	0%	0%	0%	0%	2%	3%	0%	1%
Benefits to self and society	4%	0%	0%	5%	0%	0%	0%	0%	1%
To find better quality care	0%	0%	0%	0%	0%	0%	3%	2%	1%
To comply with the individual mandate	0%	0%	13%	0%	0%	0%	3%	0%	1%
Individual choice	0%	3%	0%	0%	1%	0%	3%	1%	1%
Because information is available in other languages	0%	0%	0%	0%	3%	2%	0%	2%	1%
Learn about how marketplace is funded	2%	3%	0%	0%	1%	0%	0%	2%	1%
Because it is specifically for California	0%	0%	0%	0%	1%	0%	0%	3%	1%

Type of Information Respondents Wish to Receive from Covered California

Those interested in using the marketplace to learn more were asked what specifically they would like to learn from Covered California. Responses are summarized in Tables 14 and 15.

Table 14: What Respondent Wishes to Learn about Covered California by Language Segment

4.3 What would you be interested in learning about from marketplace? (Code all that apply)	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Cost of plans	64%	61%	56%	69%	79%	52%	59%	77%	81%	68%	63%	88%	87%	69%
Coverage of plans	73%	68%	41%	69%	86%	72%	44%	59%	74%	68%	80%	64%	71%	67%
Providers participating in each plan	45%	7%	30%	16%	31%	38%	9%	14%	22%	40%	50%	12%	13%	25%
Eligibility requirements	3%	4%	22%	19%	0%	7%	9%	9%	4%	8%	27%	8%	3%	9%
General information about marketplace	12%	11%	7%	3%	3%	7%	19%	0%	11%	8%	13%	4%	3%	8%
Details of application process	3%	4%	0%	0%	3%	10%	13%	0%	7%	0%	3%	4%	0%	4%
Plan options	9%	0%	0%	0%	3%	3%	0%	0%	4%	0%	10%	0%	3%	3%
Quality of care provided by plans	0%	14%	0%	0%	0%	3%	0%	14%	4%	4%	3%	0%	0%	3%
Benefits for specific groups	3%	0%	0%	6%	0%	0%	3%	5%	4%	4%	3%	0%	0%	2%
Economic impact of new healthcare laws	0%	4%	4%	6%	7%	3%	0%	0%	4%	4%	0%	0%	0%	2%
Ability to bundle with car insurance	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	3%	1%
Comparison to current insurance plan	0%	0%	0%	3%	0%	0%	0%	5%	0%	0%	0%	4%	0%	1%
Convenience of the marketplace	0%	0%	4%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Customer Assistance	0%	4%	0%	0%	0%	3%	3%	0%	0%	4%	0%	0%	0%	1%
Equity of plans	3%	4%	0%	0%	0%	3%	0%	0%	0%	4%	0%	0%	0%	1%
Flexibility of plans	3%	4%	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	1%
Language services	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	3%	0%	0%	1%
Coverage for pre-existing conditions	3%	0%	0%	0%	7%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Side-by-side comparison of plans	6%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Wait times for care on plan	3%	0%	0%	0%	3%	0%	0%	0%	4%	0%	0%	0%	3%	1%
Information on insurance companies	0%	0%	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%
Immigration status	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%
Medical research	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%
Duration of policy	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Privacy concerns	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public vs. private plan details	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Similarities to countries	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Sustainability of system	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Trustworthiness of plans	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%

Table 15: What Respondent Wishes to Learn about Covered California by Audience Segment

4.3 What would you be interested in learning about from marketplace? (Code all that apply)	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Cost of plans	65%	77%	63%	71%	76%	73%	63%	64%	69%
Coverage of plans	78%	77%	75%	71%	66%	67%	53%	62%	67%
Providers participating in each plan	24%	26%	50%	24%	25%	29%	25%	23%	25%
Eligibility requirements	8%	16%	0%	3%	13%	6%	13%	9%	9%
General information about marketplace	8%	0%	0%	8%	9%	4%	6%	13%	8%
Details of application process	10%	3%	13%	3%	1%	4%	6%	1%	4%
Plan options	0%	3%	0%	0%	3%	4%	3%	4%	3%
Quality of care provided by plans	2%	0%	13%	5%	0%	2%	9%	3%	3%
Benefits for specific groups	2%	3%	0%	0%	1%	0%	3%	4%	2%
Economic impact of new healthcare laws	4%	0%	0%	0%	1%	2%	3%	4%	2%
Ability to bundle with car insurance	0%	0%	13%	0%	1%	0%	0%	0%	1%
Comparison to current insurance plan	0%	3%	0%	0%	0%	0%	0%	2%	1%
Convenience of the marketplace	2%	0%	0%	0%	0%	0%	3%	0%	1%
Customer Assistance	2%	0%	0%	3%	0%	2%	0%	1%	1%
Equity of plans	0%	0%	0%	0%	0%	0%	3%	3%	1%
Flexibility of plans	0%	0%	0%	0%	0%	2%	0%	2%	1%
Language services	0%	0%	0%	0%	1%	0%	0%	1%	1%
Coverage for pre-existing conditions	0%	0%	0%	3%	0%	2%	0%	1%	1%
Side-by-side comparison of plans	0%	0%	0%	0%	1%	0%	0%	2%	1%
Wait times for care on plan	0%	3%	0%	0%	0%	2%	6%	0%	1%
Information on insurance companies	0%	0%	0%	0%	0%	2%	0%	0%	0%
Immigration status	0%	0%	0%	0%	1%	0%	0%	0%	0%
Medical research	2%	0%	0%	0%	0%	0%	0%	0%	0%
Duration of policy	2%	0%	0%	0%	0%	0%	0%	0%	0%
Privacy concerns	0%	0%	0%	0%	0%	0%	3%	0%	0%
Public vs. private plan details	0%	0%	0%	0%	0%	0%	0%	1%	0%
Similarities to countries	0%	0%	0%	0%	0%	2%	0%	0%	0%
Sustainability of system	0%	0%	0%	0%	0%	0%	3%	0%	0%
Trustworthiness of plans	0%	0%	0%	0%	1%	0%	0%	0%	0%

Respondents were overwhelmingly interested in learning about the cost and coverage of various plans. These responses were given by almost three-quarters of all respondents across segments. One-quarter of respondents also wished to learn which doctors were participating in particular plans. A substantial number

of respondents also indicated that they were interested in learning about eligibility requirements and learning general information about Covered California.

The remaining responses were given by less than 5% of respondents. A host of additional information was requested by respondents, from details on the application process, to specifics on the trustworthiness of the various plans. Details are provided in Tables 14 and 15.

Respondents who were unsure if they wanted to learn more about the marketplace generally had specific, personal reasons for their choice (for example, “leaving the country,” or “satisfied with existing insurance”). One respondent believed the marketplace would cause people to lose their existing coverage, and he chose not to participate.

Among those who did not want to learn more, only one respondent gave a specific reason for not wishing to learn more. This respondent stated that she had previous experience with Medicaid that suggested to her that she would not qualify for the new marketplace.

Shopping at Covered California

Before discussing the likelihood of the respondent using Covered California to compare plans and shop for one, respondents were read the following statement:

The online part of the marketplace will consist of a website like Amazon.com or Expedia.com where Californians can go to shop of affordable health insurance. Consumers will have a number of different health insurance plans to choose from. Many will be private plans but there will also be some offered by the government. All the plans will have been prescreened by state government to ensure that they meet certain quality standards. It will be easy to compare the plans and select the one that is best for you or your family.

After hearing the above statement, almost all respondents said they would visit the marketplace to compare and shop for plans. Of the eight who said they would not shop the marketplace, most articulated an assumption that they would not understand it. As one respondent put it, “I don’t use the Internet much so I wouldn’t understand it. Also, I wouldn’t want to go anywhere else (i.e., a community center) and talk to someone about the plans because I probably won’t understand it. I would just take the basic health plan. It might be confusing to compare all of the health plans.”

Drivers to Use Covered California to Shop for Insurance

Among respondents who did want to shop in the new marketplace, they most often cited a desire to compare plans in one convenient location (see Tables 16 and 17). Cost, accessibility, the ability to obtain basic information, and convenience were also important reasons for shopping for insurance via the marketplace.

Table 16: Reason Respondent Would Like to Shop at Covered California by Language Segment

5.2 What would be the main reason for wanting to go to the marketplace to shop for insurance? (Code all that apply)	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Side by side comparison of plans	70%	61%	27%	70%	71%	57%	47%	65%	61%	34%	77%	57%	58%	59%
Cost of plans	18%	36%	23%	30%	21%	20%	10%	27%	25%	28%	17%	10%	24%	22%
Accessibility of marketplace	24%	14%	14%	18%	25%	3%	37%	19%	21%	28%	13%	23%	0%	18%
Obtain basic information about plans	3%	0%	36%	6%	0%	23%	17%	15%	11%	14%	0%	20%	24%	13%
Convenience	18%	7%	5%	21%	32%	3%	7%	0%	21%	0%	3%	10%	3%	10%
Neutral third party site	6%	7%	0%	27%	18%	3%	0%	0%	7%	7%	3%	0%	3%	7%
System/plans are easy to use	12%	7%	0%	0%	18%	3%	0%	15%	11%	10%	3%	0%	0%	6%
Plan options	6%	4%	0%	0%	0%	0%	0%	0%	4%	3%	7%	3%	0%	2%
Comparison to plans	0%	4%	0%	0%	0%	0%	7%	0%	0%	0%	0%	0%	0%	1%
Customizability of plans	3%	0%	0%	3%	4%	3%	0%	0%	4%	0%	0%	0%	0%	1%
Efficiency	6%	0%	5%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Eligibility requirements	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	3%	0%	0%	1%
Government approval	0%	0%	0%	3%	0%	0%	3%	0%	4%	3%	0%	3%	0%	1%
Information available in multiple language	0%	0%	0%	0%	0%	0%	7%	0%	0%	0%	0%	0%	0%	1%
Necessity	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%	0%	0%	1%
Personal responsibility	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	3%	3%	0%	1%
Quality of care/service	3%	0%	0%	0%	0%	0%	0%	4%	4%	0%	0%	0%	3%	1%
Curiosity	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%
Positive change to society	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pre-existing conditions	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%
Read customer reviews	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Receive advice from an expert	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%

Respondents repeatedly came back to the idea that by having an easy-to-comprehend site, they would be able to pick the best plan for themselves and their families. Many respondents also mentioned that they were familiar with sites like Expedia and Amazon, and therefore they appreciated the ease of use and ability to

compare plans on their own time. Respondents frequently indicated that they thought it would be efficient and quicker to go through Covered California than to find the information on their own. The desire to compare plans side-by-side was salient with most respondents, but it was particularly strong among the Chinese, African American, English, and Spanish segments.

Table 17: Main Reason Respondent Would Like to Shop at Covered California by Audience Segment

5.2 What would be the main reason for wanting to go to the marketplace to shop for insurance? (Code all that apply)	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Side by side comparison of plans	61%	58%	75%	60%	56%	51%	53%	63%	59%
Cost of plans	14%	12%	50%	25%	21%	32%	20%	23%	22%
Accessibility of marketplace	31%	24%	13%	15%	21%	9%	13%	16%	18%
Obtain basic information about plans	8%	12%	0%	10%	17%	17%	17%	11%	13%
Convenience	10%	15%	13%	3%	14%	4%	10%	12%	10%
Neutral third party site	6%	12%	0%	8%	9%	2%	13%	4%	7%
System/plans are easy to use	10%	6%	0%	3%	9%	2%	0%	8%	6%
Plan options	4%	0%	0%	0%	1%	2%	3%	3%	2%
Comparison to plans	0%	0%	0%	3%	0%	0%	0%	2%	1%
Customizability of plans	4%	0%	13%	0%	0%	2%	3%	0%	1%
Efficiency	0%	0%	13%	3%	1%	0%	3%	0%	1%
Eligibility requirements	0%	0%	0%	3%	1%	0%	0%	0%	1%
Government approval	0%	3%	0%	0%	1%	2%	0%	2%	1%
Information available in multiple language	0%	0%	0%	0%	0%	4%	0%	0%	1%
Necessity	0%	0%	0%	3%	0%	2%	0%	0%	1%
Personal responsibility	0%	3%	0%	0%	0%	0%	7%	0%	1%
Quality of care/service	0%	0%	0%	0%	1%	0%	0%	3%	1%
Curiosity	0%	0%	0%	3%	0%	0%	0%	0%	0%
Positive change to society	0%	0%	0%	0%	0%	0%	0%	1%	0%
Pre-existing conditions	0%	0%	0%	0%	0%	2%	0%	0%	0%
Read customer reviews	0%	0%	0%	0%	1%	0%	0%	0%	0%
Receive advice from an expert	0%	0%	0%	0%	0%	0%	3%	0%	0%

The ability to compare plans side-by-side was salient across all audience segments. The “Calculated Risk Takers” were particularly concerned with finding more affordable plans, while the younger segments (“Just Getting Started” and “Independent and Connected”) appreciated the online aspect of the marketplace.

What Respondents Wish to Know About Plans

Respondents were asked what they would want to know about different plans when making side-by-side comparisons. They offered a host of ideas but, as shown in Tables 18 and 19, most frequently mentioned cost, coverage of plans, and the doctors available on the plan.

Table 18: What Respondents Wish to Learn When Comparing Plans by Language Segment

<i>5.3 In comparing plans, what would you want to know? (code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Cost of plans	70%	68%	71%	90%	89%	90%	79%	68%	89%	93%	77%	54%	93%	80%
Coverage of plans	70%	71%	79%	90%	75%	77%	72%	48%	82%	76%	67%	73%	56%	72%
Doctors participating	33%	36%	43%	35%	43%	37%	24%	28%	32%	48%	43%	8%	7%	33%
Other plan details	21%	7%	0%	0%	4%	0%	0%	4%	4%	14%	10%	0%	0%	5%
Customer review of plans	3%	0%	4%	3%	0%	0%	7%	4%	4%	3%	7%	4%	0%	3%
Eligibility information	3%	4%	4%	0%	11%	0%	0%	0%	4%	3%	10%	0%	0%	3%
General information	0%	0%	4%	6%	4%	3%	10%	4%	4%	3%	3%	4%	0%	3%
Insurance company information	0%	0%	4%	6%	0%	0%	3%	8%	11%	0%	0%	4%	7%	3%
Duration of coverage	3%	0%	0%	3%	4%	3%	0%	0%	4%	0%	0%	8%	0%	2%
Quality of care offered	0%	7%	0%	0%	4%	0%	0%	8%	7%	0%	7%	0%	0%	2%
Application process	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	4%	1%
Comparison of plans in general	0%	0%	0%	3%	0%	0%	0%	4%	4%	0%	0%	4%	0%	1%
Customer service information	0%	0%	0%	0%	4%	0%	3%	0%	0%	0%	3%	0%	0%	1%
General health information	0%	0%	0%	0%	4%	0%	0%	4%	0%	0%	0%	0%	0%	1%
Health savings plan information	0%	0%	0%	0%	4%	0%	0%	0%	0%	3%	0%	0%	0%	1%
Incentives offered	3%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Plan details: HMO vs. PPO	0%	4%	4%	0%	4%	0%	0%	0%	4%	0%	0%	4%	0%	1%
Wait time for care	0%	7%	0%	0%	4%	3%	0%	0%	0%	0%	0%	0%	0%	1%
Ability to bundle with car insurance	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%
Privacy controls	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%
Rewards offered for healthy living	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Table 19: What Respondents Wish to Learn When Comparing Plans by Language Segment

<i>5.3 In comparing plans, what would you want to know? (code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Cost of plans	84%	82%	75%	63%	80%	89%	63%	84%	80%
Coverage of plans	78%	82%	100%	73%	78%	60%	66%	68%	72%
Doctors participating	27%	33%	38%	40%	26%	34%	38%	33%	33%
Other plan details	4%	6%	0%	3%	5%	2%	9%	7%	5%
Customer review of plans	4%	3%	0%	0%	3%	4%	0%	4%	3%
Eligibility information	0%	9%	0%	0%	3%	6%	3%	2%	3%
General information	6%	3%	0%	5%	5%	0%	6%	2%	3%
Insurance company information	2%	3%	25%	0%	3%	6%	3%	2%	3%
Duration of coverage	0%	15%	0%	3%	0%	0%	0%	1%	2%
Quality of care offered	6%	0%	13%	3%	2%	0%	3%	2%	2%
Application process	0%	3%	0%	0%	2%	0%	0%	0%	1%
Comparison of plans in general	0%	0%	0%	0%	2%	0%	0%	3%	1%
Customer service information	0%	3%	0%	3%	0%	0%	0%	1%	1%
General health information	0%	0%	0%	5%	0%	0%	0%	0%	1%
Health savings plan information	0%	0%	0%	0%	0%	2%	3%	0%	1%
Incentives offered	0%	0%	0%	0%	2%	0%	0%	1%	1%
Plan details: HMO vs. PPO	2%	0%	0%	0%	0%	0%	6%	2%	1%
Wait time for care	0%	0%	0%	0%	0%	4%	3%	1%	1%
Ability to bundle with car insurance	0%	0%	13%	0%	0%	0%	0%	0%	0%
Privacy controls	0%	0%	0%	0%	0%	0%	0%	1%	0%
Rewards offered for healthy living	0%	0%	0%	0%	0%	0%	3%	0%	0%

Differences between language groups tend to be relatively minor. Larger differences exist between audience segments. Among segments, cost was least important to “Underserved Families,” though still mentioned more than 60% of respondents in that segment. Coverage was extremely important to the “Calculated Risk Takers” segment and was mentioned by all respondents in that segment.

Other details about what respondents would wish to know when purchasing a plan were offered by less than 5% of respondents. These responses are summarized in Tables 16 and 17, and they range from reading other plan details, to customer reviews of plans, to details on rewards offered for healthy living.

Most Important Information When Shopping for Plan

When asked what they thought the most important information they would receive when comparing plans would be, respondents gave a slight preference for cost over coverage (see Tables 20 and 21). This was true for all language groups with the exception of English, Farsi, and Russian.

Table 20: Most Important Information When Shopping for a Plan by Language Segment

<i>5.4 What information would be the most important to you?</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Cost	50%	54%	50%	48%	42%	37%	56%	42%	67%	52%	29%	52%	54%	49%
Coverage	28%	29%	32%	32%	42%	37%	41%	26%	22%	33%	43%	43%	23%	33%
Doctors participating	19%	4%	18%	10%	12%	23%	4%	11%	7%	11%	14%	0%	8%	11%
Quality	0%	14%	0%	0%	0%	3%	0%	16%	4%	4%	0%	0%	0%	3%
Customer Feedback	3%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%	0%	8%	2%
Eligibility requirements	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	5%	0%	4%	1%
Customer Service	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	1%
Ease of use	0%	0%	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	4%	1%
How money will be spent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%

Stark differences exist in the most important aspect of comparing plans by audience segment. Though cost was important across groups, it was less important than comparing coverage for both the “Independent and Connected” and the “Underserved Families” segments. Doctor choice was strongest among the older populations, especially the “Aging and Denied.” “Calculated Risk Takers” were most likely to indicate that the most important thing to compare was some other aspect particular to their personal situations.

Table 21: Most Important Information When Shopping for a Plan by Audience Segment

<i>5.4 What information would be the most important to you?</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Cost	53%	25%	38%	35%	49%	59%	42%	59%	49%
Coverage	34%	50%	25%	44%	38%	13%	35%	28%	33%
Customer Service	0%	0%	0%	0%	0%	3%	0%	1%	1%
Ease of use	2%	0%	0%	0%	0%	3%	0%	0%	1%
Eligibility requirements	0%	3%	0%	0%	3%	0%	0%	0%	1%
How money will be spent	0%	3%	0%	0%	0%	0%	0%	0%	0%
Quality	2%	3%	0%	6%	2%	5%	0%	3%	3%
Customer Feedback	0%	3%	25%	0%	5%	0%	0%	0%	2%
Doctors participating	9%	13%	13%	15%	3%	18%	23%	10%	11%

Preferred Mode of Contact

Respondents were asked which method of using the Covered California they most preferred. Tables 22 and 23 summarize these choices. Though there was an overall preference for online access, there were clear language segment differences. The Spanish and Khmer segments both had a preference for contacting the marketplace at a neighborhood center, while a large proportion of Farsi speakers would prefer to contact Covered California by telephone. Chinese speakers overwhelmingly preferred the Internet.

Table 22: Preferred Mode of Contacting Covered California by Language Segment

<i>5.6 Would you prefer to go online, call the toll free telephone number or visit a neighborhood assistance center?</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Internet	59%	76%	64%	84%	75%	50%	46%	37%	75%	77%	34%	60%	69%	62%
Neighborhood center	28%	16%	17%	12%	13%	20%	46%	48%	20%	6%	53%	28%	24%	26%
Phone	12%	6%	17%	3%	10%	30%	6%	13%	3%	16%	12%	12%	6%	11%

Small differences exist between audience segments in their preferred method of contacting the marketplace (Table 23). “Calculated Risk Takers,” for example, vastly prefer the Internet, while “At Risk and Aging” respondents voiced a slight preference for neighborhood centers over the Internet. Few in any of the 14 groups expressed a preference for the telephone option.

Table 23: Preferred Mode of Contacting Covered California by Audience Segment

<i>5.6 Would you prefer to go online, call the toll free telephone number or visit a neighborhood assistance center?</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Internet	71%	64%	87%	58%	76%	40%	51%	61%	62%
Neighborhood center	20%	20%	0%	32%	20%	44%	25%	24%	26%
Phone	7%	14%	12%	9%	2%	15%	22%	13%	11%

Sources of Advice

Respondents were also asked if there was a person or organization that they would turn to for advice or information when shopping for a new plan (Tables 24 and 25). Close family members (parents, grandparents, and siblings) were most often cited as the people respondents would turn to for advice. Friends were also frequently mentioned, particularly if they were employed in the medical sector. Some also mentioned doctors and other health professionals. In general, other sources came up infrequently across the groups. .

Table 24: Source of Advice for Respondent by Language Segment

<i>5.8 Is there any person you would get advice from...about whether to shop for a plan in the new marketplace? (code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Family Friends	92%	95%	56%	72%	86%	73%	64%	88%	63%	68%	94%	78%	83%	78%
Healthcare professionals	12%	18%	50%	24%	10%	13%	52%	27%	21%	7%	6%	0%	21%	20%
Insurance Agents	0%	0%	0%	14%	5%	27%	24%	12%	21%	7%	0%	6%	3%	9%
Neighbors and colleagues	4%	9%	17%	14%	5%	0%	8%	15%	17%	4%	6%	0%	14%	9%
Insurance reviews by customers	0%	0%	6%	24%	10%	0%	0%	0%	8%	14%	0%	17%	0%	6%
Insurance marketplace representatives	4%	0%	6%	14%	0%	0%	0%	4%	4%	11%	0%	0%	7%	4%
Church officials and members	4%	0%	0%	0%	5%	0%	0%	0%	17%	0%	0%	0%	0%	2%
Teachers	0%	0%	0%	3%	5%	7%	0%	0%	4%	0%	0%	0%	3%	2%
Community center resources	0%	0%	0%	3%	0%	0%	4%	0%	0%	0%	0%	0%	3%	1%
Social media	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Internet	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%
Newspapers	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%
Radio/TV	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%

Table 25: Source of Advice for Respondent by Audience Segment

<i>5.8 Is there any person you would get advice from...about whether to shop for a plan in the new marketplace? (code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Family Friends	92%	82%	80%	77%	75%	71%	70%	77%	78%
Healthcare professionals	13%	7%	20%	16%	38%	12%	15%	23%	20%
Insurance Agents	8%	4%	0%	10%	11%	6%	10%	12%	9%
Neighbors and colleagues	5%	11%	20%	6%	7%	12%	15%	9%	9%
Insurance reviews by customers	3%	14%	40%	10%	4%	12%	5%	2%	6%
Insurance marketplace representatives	5%	4%	20%	3%	2%	12%	0%	3%	4%
Church officials and members	3%	4%	0%	0%	0%	6%	0%	2%	2%
Teachers	5%	4%	0%	0%	0%	0%	0%	2%	2%
Community center resources	3%	0%	0%	0%	0%	0%	0%	2%	1%
Social media	0%	4%	0%	0%	0%	0%	5%	0%	1%
Internet	0%	0%	0%	0%	0%	0%	0%	1%	0%
Newspapers	0%	0%	0%	0%	0%	3%	0%	0%	0%
Radio/TV	0%	0%	0%	0%	0%	0%	0%	1%	0%

Most respondents (70%) said there was no particular organization that they would turn to for advice.

Respondents did offer a few potential organizations where they personally might look for advice (Web MD, AARP, LGBT organizations), but few groups were offered by more than a handful of respondents. The most frequently cited organization was the church. Additionally, several ethnicity-specific organizations were cited frequently among certain segments. This was particularly true of the Asian language segments (particularly the Khmer, Chinese, Tagalog, and Vietnamese), in which one-quarter to one-third of respondents mentioned an ethnicity-specific organization.

Table 26: Organizational Source of Advice for Respondent by Language Segment

<i>5.8 Is there any organization you would get advice from...about whether to shop for a plan in the new marketplace? (code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Healthcare provider/clinic	0%	0%	0%	33%	0%	0%	0%	5%	8%	29%	22%	17%	14%	12%
Insurance Company	20%	33%	0%	17%	0%	0%	22%	11%	0%	29%	0%	17%	7%	12%
Church	0%	0%	0%	0%	0%	0%	11%	0%	25%	0%	22%	0%	36%	10%
Internet	10%	0%	0%	0%	63%	0%	0%	5%	8%	0%	22%	0%	0%	9%
Nonprofit groups	10%	33%	0%	0%	25%	0%	11%	0%	8%	29%	0%	0%	7%	8%
Cambodian Group	0%	0%	0%	0%	0%	0%	0%	47%	0%	0%	0%	0%	0%	8%
Community organization	10%	0%	0%	8%	0%	0%	0%	0%	0%	0%	11%	33%	7%	5%
Work or work related organization	0%	33%	50%	0%	0%	0%	0%	0%	8%	0%	0%	0%	7%	4%
Khmer group	0%	0%	0%	0%	0%	0%	0%	11%	17%	0%	0%	0%	0%	4%
Federal government agency	10%	0%	0%	17%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
Advocacy group	20%	0%	0%	0%	0%	0%	0%	0%	0%	14%	0%	0%	0%	3%
State government agency	0%	0%	0%	8%	0%	0%	0%	11%	0%	0%	0%	0%	0%	3%
Hmong group	0%	0%	0%	0%	0%	0%	33%	0%	0%	0%	0%	0%	0%	3%
Health fairs	10%	0%	0%	0%	0%	0%	0%	0%	8%	0%	0%	0%	0%	2%
News media	0%	0%	50%	0%	0%	0%	0%	0%	0%	0%	11%	0%	0%	2%
Medical journals	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Korean group	0%	0%	0%	0%	0%	0%	0%	0%	8%	0%	0%	0%	0%	1%
Filipino group	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	17%	0%	1%
Boy scouts	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%	1%
Vietnamese Group	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%	1%

Table 27: Organizational Source of Advice for Respondent by Audience Segment

<i>5.8 Is there any organization you would get advice from...about whether to shop for a plan in the new marketplace? (code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Healthcare provider/clinic	6%	10%	0%	11%	13%	24%	13%	8%	12%
Insurance Company	13%	20%	50%	0%	4%	12%	13%	15%	12%
Church	13%	20%	0%	11%	17%	6%	13%	0%	10%
Internet	6%	10%	50%	0%	9%	6%	0%	15%	9%
Nonprofit groups	0%	10%	0%	0%	13%	6%	13%	12%	8%
Cambodian Group	19%	0%	0%	22%	0%	6%	13%	8%	8%
Community organization	0%	0%	0%	22%	0%	0%	13%	12%	5%
Work or work related organization	0%	20%	0%	0%	4%	0%	0%	4%	4%
Khmer group	0%	0%	0%	11%	4%	6%	0%	4%	4%
Federal government agency	0%	0%	0%	0%	4%	12%	0%	0%	3%
Advocacy group	0%	0%	0%	0%	9%	6%	0%	0%	3%
State government agency	6%	0%	0%	0%	4%	0%	0%	4%	3%
Hmong group	0%	0%	0%	0%	0%	12%	0%	4%	3%
Health fairs	0%	0%	0%	0%	0%	6%	0%	4%	2%
News media	0%	10%	0%	0%	0%	0%	0%	4%	2%
Medical journals	0%	0%	0%	0%	4%	0%	0%	0%	1%
Korean group	6%	0%	0%	0%	0%	0%	0%	0%	1%
Filipino group	0%	0%	0%	0%	0%	0%	0%	4%	1%
Boy scouts	0%	0%	0%	0%	0%	0%	13%	0%	1%
Vietnamese Group	0%	0%	0%	0%	4%	0%	0%	0%	1%

Enrolling in a Health Plan at Covered California

Respondents were asked if they would enroll in a plan in 2014, once they are available. Before being asked, they were read one of two statements, depending upon their income. If they currently earned 138% of the poverty level or less, they were told:

The cost of health plans in the marketplace will vary according to income. People with lower incomes will pay less than people with higher incomes, so more people will be able to afford health insurance. At your income level there would be no monthly premium cost. The premium cost is what people pay monthly to have the plan.

If they earned more than 138% of poverty, they were told:

The cost of health plans in the marketplace will vary according to income. People with lower incomes will pay less than people with higher incomes, so more people will be able to afford health insurance. Here is an example of what the monthly premium cost will be for someone at about your income level. The premium cost is what you would pay monthly to have the plan. [RESPONDENTS WERE SHOWN PRICING CARDS FOR THEIR INCOME GROUP AS THEY APPEAR IN THE APPENDIX.]

Likelihood of Enrollment in a Plan from Covered California

Given what they now knew about the likely price, respondents were asked if they were likely to enroll when the plans become available in 2014. Responses are summarized in Tables 24 and 25. Surprisingly, 4 out of 5 respondents indicated that they would enroll². The remaining respondents were about evenly split between those who would not enroll and those indicating that they were unsure.

Minor differences were seen between language segments regarding intention to enroll. Though a majority of respondents in each segment intended to enroll, substantially fewer Chinese, English, and African American respondents were sure they will enroll. African American and Armenian respondents were most sure they will not enroll.

² Large majorities of all four income groups reported that they would enroll in a plan. Among the two lowest income groups, more than 9 out of 10 reported that they would enroll.

Table 28: Would Respondent Purchase/Acquire a Plan through Covered California by Language Segment

6.1 If the cost were about this amount for a plan selected, would you actually purchase it in 2014 when it is available?	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Yes	66%	75%	72%	62%	61%	90%	93%	75%	81%	71%	90%	93%	82%	78%
No	21%	15%	24%	9%	16%	3%	3%	15%	18%	3%	3%	0%	5%	10%
Unsure	12%	9%	3%	28%	22%	6%	3%	9%	0%	25%	6%	6%	11%	11%

Pronounced differences exist between the audience segments. All groups except “Calculated Risk Takers” had a majority of respondents reporting that they will enroll; almost all (95%) of the “Underserved Families” stated that they will enroll; and even 87% of the “Just Getting Started” segment plans to enroll. “Calculated Risk Takers” were most adamant that they will not enroll, while both the “Calculated Risk takers” and “Independent and Connected” segments had a large number of respondents who were unsure if they will enroll.

Table 29: Would Respondent Purchase/Acquire a Plan through Covered California by Audience Segment

6.1 If the cost were about this amount for a plan selected, would you actually purchase it in 2014 when it is available?	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Yes	87%	61%	33%	95%	78%	85%	72%	73%	78%
No	9%	17%	33%	0%	12%	5%	18%	10%	10%
Unsure	3%	20%	33%	4%	9%	9%	9%	15%	11%

Reasons for Enrolling in a Plan

Overwhelmingly, respondents mentioned the need to have coverage to save money and gain access to care as a reason for enrolling in a plan. Peace-of-mind and to improving their health were also frequently mentioned. Table 30 and 31 summarizes the main reasons people wish to purchase a plan.

Significant differences exist between language segments on this dimension. For example, nearly all (96%) Khmer respondents stated that saving money was a primary reason to purchase a plan. However, this was noted as a reason to purchase a plan by only 36% of African Americans. Smaller, but still substantial,

differences were found among the audience segments. All “Calculated Risk Takers” indicated that saving money was a reason for purchasing insurance, while only 67% of those “Just Getting Started” felt similarly.

Table 30: Primary Reason for Desire to Purchase Plan from Covered California by Language Segment

6.2 What would be your main reasons for purchasing a plan? (code all that apply)	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Save money	36%	76%	38%	89%	68%	50%	87%	96%	72%	71%	68%	75%	89%	71%
Gain access to care	45%	29%	31%	11%	53%	39%	20%	39%	36%	43%	54%	40%	32%	36%
Peace-of-mind	45%	24%	31%	37%	32%	54%	3%	39%	24%	48%	29%	0%	11%	28%
Improve health	5%	6%	19%	11%	16%	21%	0%	26%	12%	14%	25%	5%	7%	13%
Improved coverage choices	14%	18%	0%	0%	0%	11%	3%	9%	0%	10%	7%	0%	0%	5%
Individual mandate	0%	0%	0%	0%	0%	0%	3%	4%	16%	5%	4%	0%	0%	3%
Provides family coverage	5%	6%	0%	0%	5%	0%	7%	0%	4%	0%	4%	0%	0%	2%
Convenient to purchase	5%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	7%	1%
Government involvement	0%	6%	0%	5%	0%	0%	0%	0%	4%	0%	0%	0%	4%	1%
Personal/societal responsibility	5%	0%	6%	0%	5%	0%	0%	0%	0%	0%	4%	0%	0%	1%
Preparation for emergency	0%	0%	0%	0%	0%	0%	3%	0%	8%	0%	0%	0%	0%	1%
Reduce wait times for health care	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Trust marketplace	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%

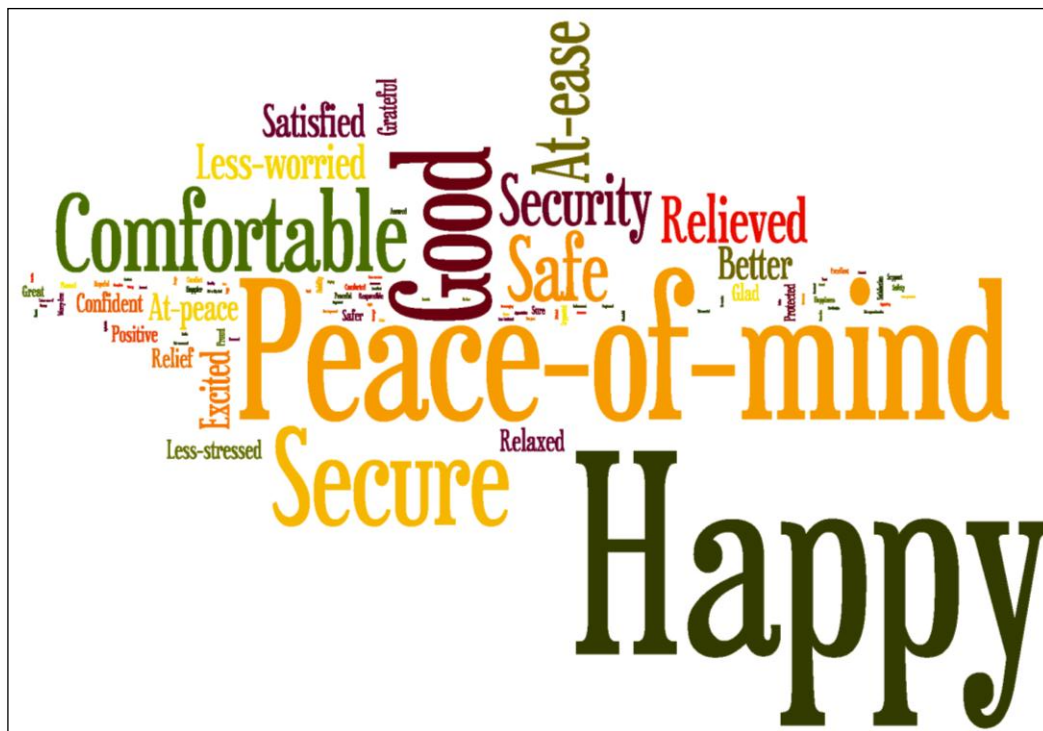
Table 31: Primary Reason for Desire to Purchase Plan from Covered California by Audience Segment

6.2 What would be your main reasons for purchasing a plan? (code all that apply)	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Save money	67%	68%	100%	69%	71%	69%	60%	79%	71%
Gain access to care	58%	37%	33%	44%	45%	38%	30%	15%	36%
Peace-of-mind	28%	21%	0%	36%	29%	36%	45%	19%	28%
Improve health	16%	11%	67%	11%	14%	14%	10%	9%	13%
Improved coverage choices	2%	0%	0%	8%	0%	5%	10%	11%	5%
Individual mandate	0%	11%	0%	0%	0%	0%	10%	5%	3%
Provides family coverage	5%	0%	0%	3%	0%	2%	0%	4%	2%
Convenient to purchase	2%	5%	0%	0%	2%	0%	5%	0%	1%
Government involvement	2%	0%	0%	3%	0%	2%	0%	1%	1%

6.2 What would be your main reasons for purchasing a plan? (code all that apply)	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Personal/societal responsibility	0%	0%	0%	0%	2%	2%	0%	3%	1%
Preparation for emergency	0%	0%	0%	0%	2%	2%	5%	0%	1%
Reduce wait times for health care	0%	0%	0%	0%	2%	0%	0%	0%	0%
Trust marketplace	2%	0%	0%	0%	0%	0%	0%	0%	0%

Respondents who said they would purchase a plan were also probed regarding how they would feel after purchasing an insurance plan. Relief that they were covered if something happened was the predominant response. A word cloud of the terms offered by respondents is displayed in Figure 2.

Figure 2: Word Cloud of How Respondent Would Feel after Acquiring Insurance



We summarized the sentiments expressed in Figure 2 into a smaller set of categories displayed in Tables 32 and 33. Respondents overwhelmingly offered words that indicated positive feelings and a sense of security the feelings associated with purchasing insurance.

Table 32: How Respondent Would Feel after Acquiring Insurance by Language Segment

<i>6.3 Imagine you purchased an insurance plan. How do you think you would feel after doing it? (code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Security	48%	80	62	83	71	70	79	50	81	58	82	81	67	70
Positive	70%	35	52	17	59	59	39	86	38	47	75	38	70	54
Motivated	9%	0%	0%	6%	12	0%	0%	0%	0%	5%	0%	0%	0%	2%
Supported	0%	0%	0%	0%	0%	19	0%	0%	0%	5%	0%	0%	0%	2%
Hopeful	0%	10	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	4%	1%
Negative	0%	0%	0%	6%	0%	0%	0%	5%	5%	5%	0%	0%	0%	1%

Table 33: How Respondent Would Feel after Acquiring Insurance by Audience Segment

<i>6.3 Imagine you purchased an insurance plan. How do you think you would feel after doing it? (code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Security	74%	89%	75%	63%	75%	70%	71%	63%	70%
Positive	58%	16%	25%	68%	53%	53%	52%	58%	54%
Motivated	0%	0%	0%	0%	5%	3%	0%	3%	2%
Supported	0%	5%	0%	3%	2%	0%	5%	3%	2%
Hopeful	2%	0%	0%	3%	2%	0%	5%	0%	1%
Negative	2%	5%	0%	0%	0%	0%	0%	3%	1%

Advice on Purchasing a Plan

Respondents were asked if there was a person or organization that they would turn to for advice or information when actually enrolling in a new plan. Responses to this question were virtually identical to the responses given when they were asked who they would turn to for advice when shopping for a new plan. Generally, close family was most often cited, followed by friends and doctors.

Reasons for Not Enrolling in a Plan

Respondents, who indicated that they would not enroll, or who were unsure, consistently indicated that the price was too high (see Tables 34 and 35). It is important to note that only a small number of study respondents fell into this group. Many respondents indicated that their perceived benefit for the cost was not

good (i.e., they felt that they are currently healthy and therefore would receive no benefit from a plan). Those who were unsure whether or not they would purchase had difficulty determining if they could fit the cost of the plan into their budgets.

Table 34: Primary Reason for Desire to Not Purchase Plan from Covered California by Language Segment

6.9 What would be your main reason for not actually purchasing a health plan?	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Too expensive	100%	100%	86%	100%	83%	100%	100%	40%	33%	100%	100%	0%	100%	80%
Don't need it	14%	0%	14%	67%	33%	0%	0%	60%	67%	100%	0%	0%	0%	31%
Don't know the company	0%	0%	0%	0%	0%	0%	0%	40%	0%	0%	0%	0%	0%	4%
Too little coverage	14%	0%	0%	0%	17%	0%	0%	0%	0%	0%	0%	0%	0%	4%
Happy with existing	0%	0%	14%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%
Implant Chip	0%	0%	0%	0%	0%	0%	0%	0%	17%	0%	0%	0%	0%	2%

Table 35: Primary Reason for Desire to Not Purchase Plan from Covered California by Audience Segment

6.9 What would be your main reason for not actually purchasing a health plan?	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Too expensive	33%	83%	100%	0%	89%	67%	100%	83%	80%
Don't need it	83%	33%	0%	0%	22%	33%	0%	33%	31%
Don't know the company	0%	0%	0%	0%	0%	33%	0%	8%	4%
Too little coverage	0%	0%	0%	0%	11%	0%	0%	8%	4%
Happy with existing	0%	0%	0%	0%	0%	0%	0%	8%	2%
Implant Chip	0%	0%	33%	0%	0%	0%	0%	0%	2%

Summary of Segment Differences

Below, we present summaries of the segments referenced in the report. For each segment, we highlight those findings where the segment differs from other segments by approximately 10 percentage points or more. For

some segments, there are no differences large enough to note. We first cover the language segments before turning to the market segments.

Language Segments

English (general market segment)

- [Table 6] Segment most likely to have given up insurance due to cost
- [Table 14] Segment most interested in learning about coverage from the marketplace
- [Table 30] Among language segments most likely to see “gaining access to care” as a primary reason for purchasing/acquiring a plan
- [Table 18] Segment that plans to shop at marketplace due to convenience

English (African American segment)

- [Table 6] Among language segments most likely to have lost previous coverage due to change in employment.
- [Table 14] Among language segments most wishing to learn about participating providers from marketplace

Spanish

- [Table 8] Among language segments most likely to see coming changes to healthcare system as good
- [Table 14] Among segments with highest interest in learning about participating providers
- [Table 14] Among language segments with highest interest in learning eligibility requirements from Covered California
- [Table 30] Among language segments most likely to see “gaining access to care” as a primary reason for purchasing/acquiring a plan
- [Table 22] Segment with the highest interest in accessing marketplace via neighborhood centers

Korean

- [Table 4] Segment most likely to feel they have no need for insurance
- [Table 18] Segment most likely to state that cost was the most important thing to learn when shopping for a plan

Vietnamese

- [Table 10] Segment offering the most positive one-word summary of upcoming changes to healthcare system

Chinese

- [Table 4] Among language segments that feel they have the least need for health care
- [Table 18] Segment with the highest interest in learning about coverage when comparing plans
- [Table 22] Segment most interested in accessing marketplace via Internet
- [Table 18] Segment that places the most emphasis on shopping at the marketplace because it is a neutral third-party site

Khmer

- [Table 30] Segment most likely to say they would purchase a plan from the marketplace in order to save money

Armenian

- [Table 8] Segment with highest support for coming changes to healthcare system
- [Table 24] Segment most likely to turn to healthcare professionals for advice in purchasing a plan

Farsi

- No differences large enough to note

Arabic

- No differences large enough to note

Russian

- No differences large enough to note

Hmong

- [Table 18] Segment with the highest interest in the accessibility of the marketplace when shopping at marketplace

Tagalog

- [Table 10] Among language segments offering the most positive one-word summary of upcoming changes to healthcare system

Audience Segments

Just Getting Started

- [Table 27] Segment most likely to turn to family and friends for purchasing advice
- [Table 31] Segment most likely to say that gaining access to care was a primary reason for purchasing healthcare plan

Independent & Connected

- [Table 21] Segment most likely to say that comparing coverage was the most important factor when shopping for a plan
- [Table 33] Segment most likely to offer security-related terms when asked how they would feel after purchasing a plan

Calculated Risk Takers

- [Table 31] Segment most likely to state that “saving money” would be a primary reason for purchasing a plan
- [Table 15] Among audience segments with highest interest in learning about participating providers from the marketplace
- [Table 17] Segment with the highest interest in comparing plans when shopping at marketplace
- [Table 17] Segment with the highest interest in learning about cost of plans when shopping at marketplace
- [Table 19] Segment with the highest interest in learning about coverage when comparing plans
- [Table 23] Segment most interested in accessing marketplace via internet

Underserved Families

- [Table 5] Among audience segments most likely to not have insurance due to change in employment status
- [Table 11] Among audience segments offering the most positive summary of upcoming changes to healthcare system
- [Table 29] Segment most likely to purchase a plan given the cost presented

Working Families

- [Table 27] Segment most likely to turn to healthcare professionals for advice in purchasing a plan

At Risk & Aging

- [Table 11] Among audience segments offering the most positive one-word summary of upcoming changes to healthcare system
- [Table 13] Segment most interested in learning more about Covered California because they “need insurance”

Aging and Denied

- [Table 5] Among audience segments most likely to not have insurance due to change in employment status

Individually Insured

- No differences large enough to note

Appendices

Appendix I: Interview Guide (for Respondents with income 0-138% of Federal Poverty Level)

California Health Benefit Exchange In-Depth Interviews *INTERVIEW GUIDE*

(This guide was translated to each of the 13 interview languages)

I. Introduction, and Explanation of Process (1 minute)

Thank you for agreeing to talk with us today. My name is _____, and I'm doing research for NORC at the University of Chicago. NORC is an independent, non-profit organization that conducts social science research in the public interest.

NORC is conducting this study to learn about what information people need to help them make decisions about their health insurance, as well as their experiences with and opinions about health insurance.

Our talk today will take about 30 minutes. NORC would like to record this discussion to make sure that our notes are correct and complete. We appreciate your open and honest feedback, but you can choose to skip questions or to end the discussion at any time. Is that OK with you?

IF YES, BEGIN RECORDING AND CONTINUE

IF NO, END INTERVIEW

II. Insurance Status and Experience (5 minutes)

1. Do you currently have health insurance?

YES - CONTINUE

NO - GO TO Q4

2. **[IF Q1 = YES]** Does your current health insurance plan meet the needs of you and your family? [MENTION FAMILY ONLY IF APPLICABLE. GET YES, NO OR UNSURE. IF NO OR UNSURE ASK WHY. PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

GO TO SECTION III

3. **[IF Q1 = NO]** There are many reasons that people don't have insurance today. Please tell me why you do not have insurance? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

4. Have you had health insurance before? [GET A YES OR NO. IF YES, ASK WHY THEY LOST OR GAVE UP COVERAGE. GET REASON FOR MOST RECENT LOSS OF COVERAGE.]

III. Awareness of Health Insurance Changes (5 minutes)

1. What, if anything, have you heard about the changes that are coming in the health care system and the way that individuals can buy health insurance? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3.]

2. [ASK ONLY IF NECESSARY] Have you heard about the recent healthcare law passed by Congress and signed by President Obama in 2010?

IFYES, CONTINUE. ELSE SKIP TO SECTION IV.

3. How have you heard about these changes?
4. What's your opinion? Will these changes be mostly good or bad for you and your family? [EXPLAIN IF NEEDED: I am talking about immediate family such as your partner/ spouse and/or children.]
5. In what ways will these changes be (good/ bad) for you and your family? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
6. What one word summarizes your feelings about these changes? [GET ONE WORD ONLY]

IV. The New Marketplace: Awareness and General Attitudes (Exploring) (5 minutes)

[READ THE FOLLOWING INFORMATION TO THE PARTICIPANT]

Now I'd like to talk with you about a new health insurance marketplace that is being created here in California. I'll give you some information about it, and then I'll ask you some questions.

In January, 2014 there will be a new way for all Californians, even those with pre-existing health conditions, to get health insurance through what is called a health insurance marketplace. The new marketplace is being organized by California state government. It will offer a number of different health insurance plans that are designed to be affordable for everyone. The monthly cost of the plan will depend on your income. You'll be able to use the marketplace by going on-line, or by calling a toll free telephone number, or contacting a neighborhood assistance center. Live assistance will be available to anyone who needs it and will be available in many languages.

1. Would you be interested in learning more about the new insurance marketplace?

YES - CONTINUE

NO - GO TO Q7

UNSURE – GO TO Q4

2. **[IF Q1 = YES]** Why would you be interested? What are your main reasons for wanting to learn more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. What would you want to learn? What information would you would want to get? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION V

4. **[IF Q1= UNSURE]** Can you tell me more about why you are unsure? First, what are some reasons you might be interested in learning more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
5. What are some reasons you might not be interested in learning more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
6. Is there anything else you can say about why you are uncertain?

GO TO SECTION V

7. **[IF Q1=NO]** Why not? What would be your main reasons for not wanting to learn more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

EVERYONE CONTINUES TO THE NEXT SECTION, UNLESS NO ON Q1

V. Seeking Information at the Marketplace (“Shopping”) (5 minutes)

[READ THE FOLLOWING INFORMATION TO THE PARTICIPANT]

The online part of the marketplace will consist of a website—like Amazon.com or Expedia.com—where Californians can go to shop of affordable health insurance. Consumers will have a number of different health insurance plans to choose from. Many will be private plans but there will also be some offered by the government. All the plans will have been prescreened by state government to ensure that they meet certain quality standards. It will be easy to compare the plans and select the one that is best for you or your family.

1. Based on what I have told you, do you think you would go to the new marketplace to compare the plans and shop for the best one for yourself or your family? [IF NECESSARY, CLARIFY THAT WE MEAN THE FIRST STEP OF COMPARING AND SHOPPING, NOT ACTUALLY PURCHASING A PLAN.]

YES - CONTINUE

NO - GO TO Q15

UNSURE - GO TO Q10

2. **[IF Q1= YES]** Why? What would be your main reasons for wanting to go to the marketplace to shop for a health insurance plan? What would be good about shopping in the new marketplace? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. In comparing the plans what would you want to know about them? What information would you want to get? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
4. What information would be most important to you? [RECORD THE MOST IMPORTANT FROM PREVIOUS LIST]
5. Would you be looking for a plan for yourself or one for others in your family too? [GET WHETHER SELF OR FAMILY]
6. To use the marketplace which would you most prefer? Would you prefer to go online, call the toll free telephone number or visit a neighborhood assistance center? [GET ONE ANSWER ONLY]
7. Why is that? [GET WHY THEY SELECTED THE PREVIOUS RESPONSE.]
8. Is there any **person** you would get advice from, or talk to, about whether to shop for a plan in the new marketplace? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]
9. Is there any **organization** you would turn to for advice, or get information from, about whether to shop for a plan in the new marketplace? [GET YES, NO, OR UNSURE. ASK FOR NAME OR DESCRIPTION OF ORGANIZATION. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION VI

10. **[IF Q1 = UNSURE]** Can you tell me more about why you are unsure about whether you would use the new marketplace to compare and shop for an insurance plan? First, what are some reasons you might want to shop for plan in the marketplace? What might be good about it? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
11. What are some reasons you might not want to shop for a plan in the marketplace? What problems or concerns would you have? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
12. Is there anything else you can say about why you are uncertain?
13. Is there any **person** you would turn to for advice, or talk to, about whether to use the new marketplace to shop for an insurance plan? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]

14. Is there any **organization** you would turn to for advice, or get information from, about whether shopping in the marketplace is the right thing to do? [GET YES, NO, OR UNSURE. ASK FOR NAME OR DESCRIPTION OF ORGANIZATION. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION VI

15. **[IF Q1=NO]** Why not? What would be your main reasons for not wanting to use the new marketplace to shop for an insurance plan? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

ALL RESPONDENTS COMPLETING THE ABOVE SECTION GO TO THE NEXT, FINAL SECTION. EVEN IF RESPONDENT DOES NOT PLAN ON SHOPPING AT THE MARKETPLACE, THE SAME PLANS WILL BE STILL BE AVAILABLE FROM INSURANCE AGENTS AND OTHER SOURCES

VI. Enrolling in a Health Plan at the Marketplace (Enrolling)

The cost of health plans in the marketplace will vary according to income. People with lower incomes will pay less than people with higher incomes, so more people will be able to afford health insurance. At your income level there would be no monthly premium cost. The premium cost is what people pay monthly to have the plan. .

1. If you shopped for a plan and selected one, would you actually enroll in it in 2014 when it is available? [GET YES, NO OR UNSURE. IF NECESSARY, CLARIFY THAT WE MEAN ACTUALLY ENROLL IN A PLAN AFTER SHOPPING IS COMPLETED.]

YES - CONTINUE

NO - GO TO Q9

UNSURE - GO TO Q6

2. What would be your main reasons for enrolling in a plan? What good things would happen for you or your family as a result of enrolling in a plan? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. Imagine that you enrolled in an insurance plan. How do you think you would feel after doing it? [PROBE FOR UP TO THREE EMOTIONS OR FEELINGS.]
4. Is there any **person** you would turn to for advice, or talk to, about whether to actually enroll in a plan? [IF NO, WRITE NO. IF YES OR UNSURE, ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. RECORD RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]
5. Is there any **organization** you would turn to for advice or get information from before actually enrolling in a plan? [GET YES, NO OR UNSURE. IF YES OR UNSURE, ASK WHAT THE ORGANIZATION IS. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE NAME OR DESCRIPTION OF ORGANIZATION.]

GO TO SECTION VII

6. **[IF Q1= UNSURE]** Can you tell me more about why you are unsure? First, what are the reasons you might actually enroll in a plan? What good things might happen for you and your family if you did so? [PROBE FOR MULTIPLE ANSWERS AND SELECT UP TO 3]
7. What are the reasons you might not enroll in a plan? What problems might this cause?[PROBE FOR MULTIPLE ANSWERS AND SELECT UP TO 3]
8. Is there anything else you can say about why you are uncertain about whether to actually enroll in a plan?

GO TO SECTION VII

9. **[IF Q1=NO]** Why not? What would be your main reasons for not actually enrolling in a health plan? What problems might result? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

VII. Thanks and Conclusion

Thank you for sharing your thoughts with us today.
[TOTAL INTERVIEW LENGTH: 30 MINUTES]

Appendix II: Interview Guide (for Respondents with income 139%+ of Federal Poverty Level)

California Health Benefit Exchange

In-Depth Interviews

INTERVIEW GUIDE

(This guide was translated to each of the 13 interview languages)

I. Introduction, and Explanation of Process (1 minute)

Thank you for agreeing to talk with us today. My name is _____, and I'm doing research for NORC at the University of Chicago. NORC is an independent, non-profit organization that conducts social science research in the public interest.

NORC is conducting this study to learn about what information people need to help them make decisions about their health insurance, as well as their experiences with and opinions about health insurance.

Our talk today will take about 30 minutes. NORC would like to record this discussion to make sure that our notes are correct and complete. We appreciate your open and honest feedback, but you can choose to skip questions or to end the discussion at any time. Is that OK with you?

IF YES, BEGIN RECORDING AND CONTINUE

IF NO, END INTERVIEW

II. Insurance Status and Experience (5 minutes)

1. Do you currently have health insurance?

YES - CONTINUE

NO - GO TO Q4

2. **[IF Q1 = YES]** Does your current health insurance plan meet the needs of you and your family? [MENTION FAMILY ONLY IF APPLICABLE. GET YES, NO OR UNSURE. IF NO OR UNSURE ASK WHY. PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

GO TO SECTION III

3. **[IF Q1 = NO]** There are many reasons that people don't have insurance today. Please tell me why you do not have insurance? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

4. Have you had health insurance before? [GET A YES OR NO. IF YES, ASK WHY THEY LOST OR GAVE UP COVERAGE. GET REASON FOR MOST RECENT LOSS OF COVERAGE.]

III. Awareness of Health Insurance Changes (5 minutes)

1. What, if anything, have you heard about the changes that are coming in the health care system and the way that individuals can buy health insurance? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3.]

2. [ASK ONLY IF NECESSARY] Have you heard about the recent healthcare law passed by Congress and signed by President Obama in 2010?

IFYES, CONTINUE. ELSE SKIP TO SECTION IV.

3. How have you heard about these changes?
4. What's your opinion? Will these changes be mostly good or bad for you and your family? [EXPLAIN IF NEEDED: I am talking about immediate family such as your partner/ spouse and/or children.]
5. In what ways will these changes be (good/ bad) for you and your family? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
6. What one word summarizes your feelings about these changes? [GET ONE WORD ONLY]

IV. The New Marketplace: Awareness and General Attitudes (Exploring) (5 minutes)

[READ THE FOLLOWING INFORMATION TO THE PARTICIPANT]

Now I'd like to talk with you about a new health insurance marketplace that is being created here in California. I'll give you some information about it, and then I'll ask you some questions.

In January, 2014 there will be a new way for all Californians, even those with pre-existing health conditions, to get health insurance through what is called a health insurance marketplace. The new marketplace is being organized by California state government. It will offer a number of different health insurance plans that are designed to be affordable for everyone. The monthly cost of the plan will depend on your income. You'll be able to use the marketplace by going on-line, or by calling a toll free telephone number, or contacting a neighborhood assistance center. Live assistance will be available to anyone who needs it and will be available in many languages.

1. Would you be interested in learning more about the new insurance marketplace?

YES - CONTINUE

NO - GO TO Q7

UNSURE – GO TO Q4

2. **[IF Q1 = YES]** Why would you be interested? What are your main reasons for wanting to learn more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. What would you want to learn? What information would you would want to get? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION V

4. **[IF Q1= UNSURE]** Can you tell me more about why you are unsure? First, what are some reasons you might be interested in learning more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
5. What are some reasons you might not be interested in learning more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
6. Is there anything else you can say about why you are uncertain?

GO TO SECTION V

7. **[IF Q1=NO]** Why not? What would be your main reasons for not wanting to learn more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

EVERYONE CONTINUES TO THE NEXT SECTION, UNLESS NO ON Q1

V. Seeking Information at the Marketplace (“Shopping”) (5 minutes)

[READ THE FOLLOWING INFORMATION TO THE PARTICIPANT]

The online part of the marketplace will consist of a website—like Amazon.com or Expedia.com—where Californians can go to shop of affordable health insurance. Consumers will have a number of different health insurance plans to choose from. Many will be private plans but there will also be some offered by the government. All the plans will have been prescreened by state government to ensure that they meet certain quality standards. It will be easy to compare the plans and select the one that is best for you or your family.

1. Based on what I have told you, do you think you would go to the new marketplace to compare the plans and shop for the best one for yourself or your family? [IF NECESSARY, CLARIFY THAT WE MEAN THE FIRST STEP OF COMPARING AND SHOPPING, NOT ACTUALLY PURCHASING A PLAN.]

YES - CONTINUE

NO - GO TO Q15

UNSURE - GO TO Q10

2. **[IF Q1= YES]** Why? What would be your main reasons for wanting to go to the marketplace to shop for a health insurance plan? What would be good about shopping in the new marketplace? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. In comparing the plans what would you want to know about them? What information would you want to get? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
4. What information would be most important to you? [RECORD THE MOST IMPORTANT FROM PREVIOUS LIST]
5. Would you be looking for a plan for yourself or one for others in your family too? [GET WHETHER SELF OR FAMILY]
6. To use the marketplace which would you most prefer? Would you prefer to go online, call the toll free telephone number or visit a neighborhood assistance center? [GET ONE ANSWER ONLY]
7. Why is that? [GET WHY THEY SELECTED THE PREVIOUS RESPONSE.]
8. Is there any **person** you would get advice from, or talk to, about whether to shop for a plan in the new marketplace? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]
9. Is there any **organization** you would turn to for advice, or get information from, about whether to shop for a plan in the new marketplace? [GET YES, NO, OR UNSURE. ASK FOR NAME OR DESCRIPTION OF ORGANIZATION. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION VI

10. **[IF Q1 = UNSURE]**Can you tell me more about why you are unsure about whether you would use the new marketplace to compare and shop for an insurance plan? First, what are some reasons you might want to shop for plan in the marketplace? What might be good about it? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
11. What are some reasons you might not want to shop for a plan in the marketplace? What problems or concerns would you have? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
12. Is there anything else you can say about why you are uncertain?
13. Is there any **person** you would turn to for advice, or talk to, about whether to use the new marketplace to shop for an insurance plan? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]

14. Is there any **organization** you would turn to for advice, or get information from, about whether shopping in the marketplace is the right thing to do? [GET YES, NO, OR UNSURE. ASK FOR NAME OR DESCRIPTION OF ORGANIZATION. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION VI

15. **[IF Q1=NO]** Why not? What would be your main reasons for not wanting to use the new marketplace to shop for an insurance plan? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

ALL RESPONDENTS COMPLETING THE ABOVE SECTION GO TO THE NEXT, FINAL SECTION. EVEN IF RESPONDENT DOES NOT PLAN ON SHOPPING AT THE MARKETPLACE, THE SAME PLANS WILL BE STILL BE AVAILABLE FROM INSURANCE AGENTS AND OTHER SOURCES

VI. Buying a Health Plan at the Marketplace (Purchasing) (10 minutes)

The cost of health plans in the marketplace will vary according to income. People with lower incomes will pay less than people with higher incomes, so more people will be able to afford health insurance. Here is an example of what the monthly premium cost will be for someone at about your income level. The premium cost is what you would pay monthly to have the plan. . [SHOW PRICING CARD FOR THE APPROPRIATE PARTICIPANT GROUP.]

1. If the cost were about this amount for a plan you selected, would you actually purchase it in 2014 when it is available? [GET YES, NO OR UNSURE. IF NECESSARY, CLARIFY THAT WE MEAN ACTUALLY MAKE THE PURCHASE AFTER THE SHOPPING IS COMPLETED.]

[IF RESPONDENT REFUSES BECAUSE PRICE IS NOT CLEAR ENOUGH, ASK:
Assume that the price was one that you could afford. If that was the price, would you purchase a plan?]

[IF RESPONDENT REFUSES BECAUSE THE NATURE OF THE COVERAGE IS UNCLEAR, ASK: Assume that the coverage was satisfactory to you. If that were the case, would you purchase a plan?]

YES- CONTINUE

NO- GO TO Q9

UNSURE-GO TO Q6

2. What would be your main reasons for purchasing a plan? What good things would happen for you or your family as a result of purchasing a plan? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. Imagine that you purchased an insurance plan. How do you think you would feel after doing it? [PROBE FOR UP TO THREE EMOTIONS OR FEELINGS]

4. Is there any **person** you would talk to about whether to actually purchase a plan? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]
5. Is there any **organization** you would turn to for advice or information before actually purchasing a plan? [GET YES, NO OR UNSURE. IF YES OR UNSURE, ASK WHAT THE ORGANIZATION IS. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE NAME OR DESCRIPTION OF ORGANIZATION.]

GO TO SECTION VII

6. **[IF Q1 = UNSURE]** Can you tell me more about why you are unsure? First, what are the reasons you might actually purchase a plan? What good things might happen for you and your family if you did so? PROBE FOR MULTIPLE ANSWERS AND SELECT UP TO 3]
7. What are the reasons you might not purchase a plan? What problems might this cause?[PROBE FOR MULTIPLE ANSWERS AND SELECT UP TO 3]
8. Is there anything else you can say about why you are uncertain about whether to actually purchase a plan for you or your family?

GO TO SECTION VII

9. **[IF Q1 = NO]** Why not? What would be your main reasons for not actually purchasing a health plan? What problems might result? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

VII. Thanks and Conclusion

Thank you for sharing your thoughts with us today.
[TOTAL INTERVIEW LENGTH: 30 MINUTES]

Appendix III: Premium Cards (English)

Examples of Premium Costs for Group 1

(To be shown to lower income participants, 139% of poverty to 199% of poverty)

	Single, 25 Years Old, Income: \$18,989 No Children	Married, 35 Years Old, Income: \$25,721 No children	Unmarried, 45 Years Old, Income: \$32,453 2 children
Total Monthly Premium	\$280	\$1013	\$1266
What the Government Would Pay	\$202	\$907	\$1133
What You Would Pay	\$78	\$105	\$133
Percent Discount	72%	90%	89%

Examples of Premium Costs for Group 2

(To be shown to lower income participants, 200% of poverty to 400% of poverty)

	Single, 25 Years Old, Income: \$33,510 No Children	Married, 35 Years Old, Income: \$45,390 No children	Unmarried, 45 Years Old, Income: \$57,270 2 children
Total Monthly Premium	\$280	\$1013	\$1266
What the Government Would Pay	\$15	\$653	\$812
What You Would Pay	\$265	\$359	\$453
Percent Discount	5%	65%	64%

Examples of Premium Costs for Group 3

(To be shown to higher income participants, 400% of poverty and over)

Government subsidies are available only for families with low or moderate income.

Examples of Potential Premium Costs

	Single, 25 Years Old, Income: \$50,680 No Children	Married, 35 Years Old, Income: \$60,520 No children	Unmarried, 45 Years Old, Income: \$76,360 2 children
What You Would Pay	\$280	\$1,013	\$1,266

Appendix III: Segment for those age 45-64 earning 200-400% of FPL

At the request of Ogilvy West, we investigated the proper segmentation for those age 45-64 and earning 200-400% of the federal poverty. For the purpose of this report, this group was categorized as “Aging & Denied” with those older than 35 and earning 400+% of the federal poverty level. We investigated if it would be more appropriate to classify these respondents as “At Risk & Aging”.

We investigated this question by recreating each of the tables presented in this report comparing the 45-64 age group earning 200-400% FPL to the “At Risk & Aging” segment and the “Aging & Denied” segment (minus those age 45-64 earning 200-400% of FPL).

These tables suggest that respondents age 45-64 earning 200-400% of FPL would be better classified as “At Risk & Aging” than “Aging & Denied”. As one would expect, this group lies between the “At Risk & Aging” and “Aging & Denied” on most feelings regarding cost. But on most other dimensions, the profile of the age 45-64 group earning 200-400% more closely resembles the “At Risk & Aging” than the “Aging & Denied.” We recommend categorizing them to that segment or future work.

We have not included the additional 15 tables in the interest of space. However, we will make them available upon request.