INFORMING ENROLL AMERICA'S CAMPAIGN
Findings from a National Study

Conducted by
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Lake Research Partners conducted a national survey of n = 1,814 adults ages 18 to 64 at or below 400% of the Federal Poverty Level (FPL). The margin of error for the total results is ± 2.3 percentage points. The survey was conducted September 28 through October 12, 2012, using Knowledge Networks’ (KN) probability-based online panel.

KN is the only online panel in existence that recruits exclusively from address-based sampling, which covers 97 percent of US households (landline and cell-only). If a selected household does not have internet access or a computer, KN provides access and a netbook to permit participation. Data from KN have been published in numerous academic journals, used by many prestigious academic institutions in the country, and have been reported by respected national media outlets. State and federal agencies also use KN to conduct surveys, including those among low-income and Latino populations.

A literacy expert reviewed the English draft of the instrument to ensure it was appropriate for low-literacy audiences. The instrument was then translated into Spanish and then reviewed and edited by bilingual partners.

The sample includes relatively robust sizes of key segments of this population, including:

- n = 579 adults who are currently uninsured;
- n = 289 adults who are uninsured and <139% FPL (“expansion population” for the purposes of this report);
- n = 631 Latinos, including 261 Spanish-speakers
- n = 464 18 to 29 year olds
Summary

Current Mindset Very Negative Based on Past Experiences
Negative experiences around costs, coverage, and the “fine print” of plans frame expectations around new options in 2014 (of which, vast majorities are unaware).

Some Interest, Lots of Skepticism
At the outset of the survey, a little over two-thirds express some interest in learning more about the new options. Most are unconvinced, however, that they will be able to afford a plan that would cover all the care they need.

Skepticism Erodes with Information
About four in ten move toward believing they will be able to find an affordable plan that covers what they need after hearing information. The most persuasive concepts on affordability include hearing that financial help may be available, the total annual savings an individual or family would reap as a result of subsidies, and statements around the value of security.

Best Messages and Facts Address Security
The most motivating message concepts across the board tap into financial security and being reassured that a plan will be there if you need it. Knowing they can find a plan that fits their budget is a strong motivator for lower-income, uninsured adults. Facts about financial help and all of the services plans must cover are critical when describing the new options.

A Diverse Audience
We found five clusters or segments emerge that represent target audiences. These segments are diverse demographically and in terms of their willingness to enroll in 2014. Analysis shows ways to reach them, with what messages, and using which messengers.
Demographic Profile
Ages 18 to 64 at or below 400% FPL

Uninsured 32%
- Been Uninsured For:
  - Less than 1 year (19%)
  - 1-2 years (14%)
  - 2+ years (67%)

Insured 68%
- Type of Coverage
  - Employer (58%)
  - Medicaid (14%)
  - Medicare (14%)
  - Parent’s plan (10%)
  - Self-purchased (5%)

18 to 29 years old 30%
30 to 39 21%
40 to 49 21%
50 to 64 28%

Federal Poverty Level
- 28% < 139% FPL
- 42% 139-250%
- 30% 251-400%

84% Do not have a college degree

22% Latino
16% African American
55% White, non-Hispanic
Current Mindset
Most See Insurance as Necessary

Which best describes your view of health insurance?

- 77% It is necessary, would not give it up
- 12% Very important, not necessary
- 6% Good to have, not very important
- 3% Not something I need or want
The Exchange Population Starts from a Very Negative Place

If you had to look for health insurance now, what feelings do you think you would have?

44% have shopped for health insurance outside their job.

Of these, most found it hard to:

• find a plan they could afford (77%)
• understand all of the fine print and details (70%)
• find a plan that covered all of the care they need (66%)
• know where to look for a plan (55%)

17% have been denied for a pre-existing condition.

55% did not find and get a plan last time they looked.

67% of uninsured respondents have been without coverage for 2 or more years.
Most Are Unaware of 2014 Options

Description of 2014 changes presented to respondents:
As you may know, in 2014 there will be new health insurance options for you if you need insurance. Most people now have health insurance through their jobs, and that will not change. But if you do not have insurance or if you lose your insurance, you will be able to find a quality health insurance plan that fits your budget.

72% lack awareness of these new options for insurance.

78% of uninsured adults lack awareness.

83% of the Medicaid expansion population lacks awareness.
With very little information, adults at or below 400% FPL express interest in learning more about new options in 2014. Most, however, are skeptical about being able to find a plan they could afford, despite being told a plan would be available that fits their budget. Skepticism around costs and coverage need to be addressed. The good news is some become less skeptical in these measures after hearing specific information.

Rate on a Scale of 0 to 10:
(Not at all to extremely interested)
(Definitely no to definitely yes)

<table>
<thead>
<tr>
<th>Rate on a Scale</th>
<th>Mean</th>
<th>Rated 0-4</th>
<th>Rated 5</th>
<th>Rated 6-10</th>
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<tbody>
<tr>
<td>How interested would you be in learning more if you were uninsured in 2014?</td>
<td>7.1</td>
<td>16%</td>
<td>12%</td>
<td>69%</td>
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<tr>
<td>Do you think you could find a plan that...</td>
<td></td>
<td></td>
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<tr>
<td>...works for you?</td>
<td>5.9</td>
<td>25%</td>
<td>24%</td>
<td>48%</td>
</tr>
<tr>
<td>...would cover all the care you need?</td>
<td>5.3</td>
<td>33%</td>
<td>24%</td>
<td>39%</td>
</tr>
<tr>
<td>...you could afford?</td>
<td>5.0</td>
<td>38%</td>
<td>22%</td>
<td>37%</td>
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Core Communication Findings
Helping People Move to Where they Want to Be

This population will begin the process of looking for insurance from a very negative mental and emotional space. As we have seen, many are also skeptical that they would be able to find a plan that covers what they need at a price they can afford. The main challenges are figuring out how to address some of the skepticism and help people move from where they are now to where they want to be: feeling secure, confident, informed, and satisfied.
Facts are incredibly important to communicate to the exchange population. Repeatedly communicating facts - in credible ways - will be critical to raising awareness, addressing skepticism, and motivating people to learn more.

Most Important Facts:

1. All insurance plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions.

2. You might be able to get financial help to pay for a health insurance plan.

3. If you have a pre-existing condition, insurance plans cannot deny you coverage.

4. All insurance plans will have to show the costs and what is covered in simple language with no fine print.

Other important facts, but not top include:
- Insurance plans will be from private insurance companies.
- Insurance companies will have to follow rules and offer high quality plans.
- All of the information about these new options and plans will be available in English, Spanish, and other languages.
- You will be able to get help figuring out which plan is best for you.
- You will be able to compare plans all on one website.
Primary Motivations for Learning More about New Options

Data analysis, including the use of Max Diff, suggest that financial security, “plan security,” and hearing about affordability emerge as the most important drivers for looking into new options for coverage. Financial security is among the top for all segments. Finding a plan that fits your budget is most important for key groups, such as uninsured and low-income adults. Plan security is important for everyone.

Top Three Motivations:

1. If you or a family member gets sick, you won’t have to worry about big medical bills or going into bankruptcy.

2. The insurance plan you choose will be there to cover all of the care you need.

3. You will be able to find a plan that fits your budget.

Important, but not top drivers:
• By law, [IF NOT US CITIZEN: nearly every citizen or legal immigrant/ IF CITIZEN: nearly everyone] must have health insurance by 2014 or pay a fine
• You will be able to compare plans in easy-to-understand language with no fine print.
• You will finally be in charge of your health care.
• Someone will be available to help you find the plan that is best for you.
When given a brief description of the exchange, 37% of respondents lean toward feeling they would be able to find an affordable plan. Once presented with hypothetical premium amounts, however, perceptions of affordability drop. Using Kaiser Family Foundation’s calculator, we tested premium amounts for an individual earning $30,000 a year ($210 out-of-pocket premium) and family of four earning $60,000 a year ($412) - about 250% to 260% FPL. Less than a third (29%) feels the premium amount is in the affordable range. There is little difference in perceptions of affordability between the individual and family amounts.

**29%** feel premium amount* is in the affordable range.  
25% of uninsured

**53%** feel premium amount is in the unaffordable range.  
59% of uninsured

Survey results suggest using a specific premium amount may actually turn away just as many people as it might motivate.

Among the Medicaid-eligible population, however, using “free or low cost” and income eligibility amounts in messaging can be very persuasive.

*$210 for individual or $412 for family of four (results combined)
Comparisons & Savings = More Affordable

The baseline reading on affordability is 29% - who lean toward feeling a sample premium amount ranging from 250-260% of FPL is affordable. That proportion increases by nearly 20 percentage points when presented with the total annual savings an individual/family would incur from receiving a subsidy. With this information, half of respondents now feel the premium amount sounds affordable. This finding suggests people are moveable on perceptions of affordability.

29% feel premium amount* is in the affordable range. 25% of uninsured

38% say premium amount is in the affordable range when told “the same plan would cost [$375/$1,011] a month if you had to buy it without any financial help.” 32% of uninsured

43% when told “this means you would get [$165/$599] a month to help pay for the [$375/$1,011] plan.” 36% of uninsured

48% when told “with this help, [you/your family] would save [$1,980/$7,188] a year compared to what you would pay on your own right now.” 41% of uninsured

*+$210 for individual or $412 for family of four (results combined)
We also tested “value” statements by asking whether the sample premium amount would be worth it if it meant protection from medical bills, debt, etc. All four statements tap into a sense of security - and they all do equally well. About six in ten rate each of these as worth the premium. These findings underscore other results around the value and importance of security.

[Comprehensive coverage]: You would get a high quality plan that covers all of the basic care you need, including doctor visits, hospital visits, maternity care, emergency room care, and prescription drugs.

[Comparison to ER]: Your insurance would protect you from things like a big bill from the emergency room just for a broken bone.

[Protection from debt]: Your insurance would protect you from thousands of dollars of medical debt if you got sick.

[Access/peace of mind]: You could get the care you need when you need it, and your plan will be there to cover it.

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<th>[Comprehensive coverage]</th>
<th>[Comparison to ER]</th>
<th>[Protection from debt]</th>
<th>[Access/peace of mind]</th>
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<tr>
<td>63%</td>
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Talking about subsidies may help motivate audiences to look into the new options. About six in ten respondents lean toward becoming more interested in the new options after hearing about subsidies - described either as “financial help” or “tax credits.” Talking about tax credits does better when explaining the options for monthly payments to go directly to the plan.

For lower-income audiences (<139% FPL), it is better to talk about financial help and use the phrase “sliding scale.” For higher-income targets (139%-400%), it is better to avoid the term “sliding scale.”

For lower-income (< 139% FPL) audiences:

- “Financial help may be available on a sliding scale based on how much money you make.”

For 139% FPL+:

- “Financial help may be available based on how much money you make;” or
- “Tax credits may be available to help pay for insurance, based on how much money you make. The tax credit money can be sent straight to the health insurance plan every month.”
Help
Most Are Connected and Online

This population is connected and online, including adults who are currently uninsured and in the lowest income segments (e.g., in the expansion population <139% FPL).

70% say they would be very (38%) or somewhat (32%) likely to go to the [exchange] website to find and compare plans if they did not have insurance in 2014.
Still, Many May Need Help

Uncomfortable using a website to find an insurance plan:

29% of uninsured adults
38% of the expansion population

“Getting health insurance is too important to do on a website.”

55% of uninsured adults agree
50% of the expansion population agree
**Help**

**With What?**
1. Figuring out what financial help you could get (55%)
2. Finding the plan that is best for you (52%)
3. Where to go to get in-person help (45%)
4. Filling out an application for a plan (36%)
5. Using the website (22%)

**From Whom?**
1. State worker whose job it is to help people with the new options (45%)
2. Family member (37%)
3. Doctor or nurse (35%)
4. Someone from a health insurance plan (35%)
5. Someone from a local Medicaid office (29%)

**How?**
1. In person (75%)
2. Phone (33%)
3. Email (20%)
4. Online chat (9%)

**Where?**
- Family/friend's house
- Insurance office
- Doctor's office
- Government office
- Non-profit
- Medicaid office

**Which Family Member?**
- If unmarried: Mom
- If married: Partner/spouse

**Which Telephone Hotline?**
- 37% an insurance company
- 29% your state government
- 28% the federal government
- 28% a national non-profit
- 28% a local non-profit
Insights around Help

From Insurance Companies

The survey suggests that one of the main preferred sources of help is someone from an insurance company. While there is overall distrust in insurance companies en masse, when people are choosing an insurance plan, they want to talk to the company about the specific plan. We know from other work around navigators that the most important trait people are looking for is knowledge. They want someone who is very knowledgeable about the plan, what is covered and not covered by the plan, and the costs involved.

From Medicaid Offices

For many respondents - particularly key audiences such as the uninsured, low-income adults, and Latinos - a local Medicaid office emerges as a top-tier place they would want to go for help, as well as one of the most trusted messengers.

This may seem counterintuitive. We have conducted numerous studies around Medicaid enrollment and we know people dislike the crowded offices, long waits, and many find the process unpleasant. We also know, however, that many people value the in-person help once they get to see an enrollment worker. Enrollees walk away with a critical sense of security that they do not always get from an online, self-service experience: they know whether they handed in all of the necessary paperwork; they know if the paperwork is correct; they know when they will receive an insurance card, and they know what to do if they need health care before the card arrives. There is also a familiarity with Medicaid among segments of this population - another likely reason Medicaid offices rise to the top.
Talking about Help

In your communications, it will be important to include the ways in which help will be available.

As we know from this survey, people will be approaching the experience of getting insurance feeling “confused,” “overwhelmed,” “worried,” and “helpless.”

A majority of those who have shopped for insurance in the past have found it hard to understand all of the details and fine print in the plans.

We know from previous research, and this study confirms, that people want and need help figuring out what is the best plan for them. In order to feel “secure” and “confident” and “reassured,” people need help figuring out what a plan does and does not cover and choosing the plan that is right for them.

You need to reassure your audience that help will be available.

Key components to a message around help include:

- help finding out what kind of financial help you could get
- help finding the plan that is best for you
- in-person help
Where is the first place you would go to learn more about these new options?

When asked where they would go first if they were uninsured in 2014, 28% said a search engine like Google or Yahoo.com. Sixteen percent said a health insurance company, and another 7% said an insurance agent or broker. About one in ten said a local Medicaid office (9%), a doctor/nurse/other health care provider (9%) or a family member (9%). Eight percent say they would first go to their employer.

The higher the education and income, the more likely one is to start out at a search engine. Still, uninsured adults mirror the total sample, with 28% saying they would first go to a search engine. A search engine is also the top choice for the expansion population, second to a local Medicaid office (15%).
Of those who would first turn to a search engine, 43% say they would type in “health insurance” “plans” or “options.” Another 18% say they would start with “affordable health insurance.” Respondents are much more likely to use the term “affordable” (18%) than “cheap” (3%) or “low cost” (1%). Fewer respondents would type “health care” (8%) or “medical insurance” (5%) in their queries.
Would you trust what each of the following people and groups say about how the new options might affect you?

Respondents say they are most likely to trust a doctor (43%), a family member (43%), someone like them who has already gotten insurance through an exchange (42%), someone from a state (36%) or federal (37%) health agency, and someone from their local Medicaid office (33%). These are consistent across segments of the population.
Key Segments
The adult population ages 18 to 64 at or below 400% FPL is incredibly diverse. To help us analyze this population, we used a statistical technique called “cluster analysis.” This tool identifies and creates distinct segments of the population based on key variables. For this study, we used cluster analysis to segment your audience based on demographics, insurance coverage security, and our benchmark questions on interest and skepticism toward options in 2014.

Ten clusters or segments of the population emerged. Your target audiences - those who are most likely to need coverage in 2014 - are represented by five of the clusters. These audiences, described in detail on the following pages, are:

- Unnecessary & Uninterested (11% of population; 71% are currently uninsured)
- Reluctant but Reachable (10% of population; 64% currently uninsured)
- Desperate & Believing (8% of population; 55% currently uninsured)
- Connected, Low-income Women (9% of population; 39% currently uninsured)
- Insured but At-Risk (13% of population; 35% currently uninsured)

There are five additional clusters, not reported here, who are not key audiences. Those clusters include very large majorities who are currently insured and are not at risk for losing coverage. Most have employer coverage and majorities are very certain they will have their coverage a year from now. They are much more likely to earn higher incomes and be more educated than your targets.
Unnecessary & Uninterested (11% of Exchange pop.) Skeptical, Young (Mostly) Men

71% are uninsured - and most have been so for more than two years. A majority are men (67%). They are one of the youngest clusters (40% are ages 18 to 29) and among the most single (53%). They represent a mix of race, ethnicity and income, but lean less educated than others - 63% have a high school degree or less. They are the least connected to Medicaid. Politically, they are independent and 45% are Southerners. Most are in excellent or good health.

Most do not see health insurance as necessary - only 22% say it is. Close to half (44%) feels insurance is not even important or needed - a much bigger proportion than any other cluster.

Only 3% express strong interest in the new options. This segment is incredibly skeptical - only 3% to 4% lean toward thinking there will be a plan they can afford or one that will cover what they need.

They are moveable, however. About a third (37%) move in the positive direction - becoming slightly more interested in the options after hearing information. Half (52%) shift in the direction of believing they may be able to find an affordable plan.

Top Facts:
1. What is covered
2. Simple language, no fine print
3. Financial help

Top Motivators:
1. Financial security
2. Find a plan to fit budget
3. Mandate

First Place They’d Go for Info:
1. Google/search engine
2. Family member (Mom, then spouse)

Top Messengers:
1. Family member (Spouse or mom)
2. Friend
3. Doctor

Behaviors
- 29% have a smart phone
- 61% text
- 59% use the internet at least several times/week
- 51% use Facebook
Reluctant but Reachable (10%)  
Young, Diverse, Uninsured Seekers

64% are uninsured - but unlike others, many have tried to find insurance in the past 12 months. This cluster is among the least white (27%), with 46% Latinos and 23% African Americans.

They are the one of the youngest clusters (40% are ages 18 to 29) and earn among the lowest incomes - 50% are under 139% FPL. They are among the least educated (62% have a high school degree or less). A majority (55%) are parents of children under 18, and 36% say someone in their household is enrolled in Medicaid or CHIP. Politically, they are least Republican (5%). They are the cluster most likely to be living in the West (36%).

71% of this group sees health insurance as necessary.

They are among the most likely to express “soft” interest in new options. While only one third (31%) is extremely interested in the new options, 98% express some level of interest. They also lean toward believing there might be a plan they could afford (87%) and that it would cover the care they need (79%).

Many move toward firmer positions after information. More than four in ten (42%) move toward a firmer belief that they could find a plan they could afford and one that will cover what they need (46%).

Top Facts:
1. What is covered
2. Financial help
3. Can’t be denied for pre-existing conditions

Top Motivators:
1. Plan will be there for you
2. Financial security
3. Find a plan to fit budget

Top Messengers:
1. Doctor
2. Someone like me who has tried it
3. Someone from state health agency
4. Family member (Spouse, then mom)
5. Someone from Medicaid office

First Place They’d Go for Info:
1. Google/search engine
2. Health insurance company

Behaviors
• 41% have a smart phone
• 74% text
• 84% use the internet at least several times/wk
• 67% use Facebook
Desperate & Believing (8%)
Poorest, Sickest, Least Educated

55% of this cluster is uninsured. They are the most Latino cluster (53%) and the least white (14%), with 23% African Americans. They are split on gender and include a mix of age - with most under 50. They are low income (52% are under 139% FPL) and are the least educated (83% have a high school degree or less, and 47% do not have a high school education). They are also the sickest cluster - 43% say they are in fair or poor health.

The are the second most likely group to be connected to Medicaid or CHIP (52% say someone in their house is enrolled). One-third (34%) are receiving SNAP benefits.

75% sees health insurance as necessary.

This cluster expresses the strongest interest and least skepticism toward 2014 options. Attitudinally, this group is the most reachable - about 80% to 100% are extremely interested in new options, and strongly believe there will be an affordable plan that covers what they need. They do not need convincing, they just need education - they are the least aware of new options (12%).

Top Facts:
1. What is covered
2. Can’t be denied for pre-existing conditions
3. Simple language, no fine print

Top Motivators:
1. Financial security
2. Find a plan to fit budget
3. Mandate

Behaviors
- 36% have a smart phone
- 62% text
- 73% use the internet at least several times/week
- 56% use Facebook
- 66% have shopped at dollar store in past month

Top Messengers:
1. Someone from Medicaid office
2. Someone from fed or state gov’t health agency
3. Doctor
4. Family member (Spouse)
5. Someone like you who tried it

First Place They’d Go for Info:
1. Health insurance company
2. Google/search engine
3. Local Medicaid office
Connected Low-Income Women (9%)
The Medicaid/CHIP Connection

39% are uninsured - with nearly a third (30%) in the expansion population. Sixty-percent of this cluster is connected to Medicaid - 30% receive it themselves, and another 30% say someone in their home is enrolled in Medicaid or CHIP. They are the most likely to receive SNAP benefits (48%).

A majority of this cluster is women (75%). This is the lowest-income cluster - 77% are under 139% FPL. Slightly more than half (55%) has a child under age 18. This cluster has a fairly representative mix of race, ethnicity, and age.

This is among the sickest clusters - 44% have a chronic condition and 40% rate their health as fair or poor. One in five (22%) is disabled and not working. They are the most likely to have medical bills (40%). One in four (25%) lives in a rural area.

91% of this group sees health insurance as necessary.

About one-third expresses strong interest in the new options, but they need convincing about affordability and coverage. Fewer than 10% lean toward believing they could find an affordable plan (8%) or one that would cover what they need (6%). These numbers jump, however, to 38% and 48% after hearing information. Learning about financial help, sample Medicaid incomes with “free or low cost plan,” and what services are covered may help move this audience.

First Place They’d Go for Info:
1. Google/search engine
2. Local Medicaid office
3. Family member (Spouse, mom, sibling)
4. Health insurance company

Top Messengers:
1. Someone like you who tried it
2. Someone from Medicaid office
3. Someone from state gov’t health agency
4. Doctor
5. Family member (Spouse and mom, then sister)

Behaviors
• 22% have a smart phone
• 64% text
• 74% use the internet at least several times/week
• 70% use Facebook
• 64% have shopped at a dollar store in past month
• 39% used ER in past 2 yrs
INSURED BUT AT-RISK (13%)
YOUNG, UNDER 250% FPL

35% of this cluster is currently uninsured - 63% have coverage. However, those with coverage may be at risk for losing it. Of those with coverage, 20% have gone without it at some point in the past year. One in eight (12%) will eventually have to get off their parent’s plan. One in six (17%) receives Medicaid. Eighteen percent have employer coverage, with 17% getting insurance at a job earning less than 250% FPL.

This cluster is one of the youngest, with 42% ages 18 to 29. It is a representative mix of race, ethnicity, and gender. The vast majority (90%) are at or below 250% FPL. About half (49%) are married and 44% have a child under age 18 at home. There is some connection to Medicaid - 36% say they or a household member is enrolled in Medicaid or CHIP. One-third (31%) receives help from SNAP.

64% sees health insurance as necessary. Another 19% say it is very important.

Like the Uninsured, Unnecessary, & Uninterested, this cluster expresses weak interest and are very skeptical. Only 40% express some kind of interest in the new options, and 2% or fewer lean toward believing they would be able to find a plan they could afford and that would cover all the care they need. About one-third moves in the believable direction on affordability (36%) and adequate coverage (32%) after information.

Behaviors
- 27% have a smart phone
- 63% text
- 68% use the internet at least several times/week
- 62% use Facebook

First Place They’d Go for Info:
1. Google/search engine
2. Local Medicaid office
3. Doctor/health care provider
4. Family member (Spouse and mom)

Top Facts:
1. What is covered
2. Can’t be denied for pre-existing conditions
3. Financial help

Top Motivators:
1. Financial security
2. Plan will be there for you
3. Find a plan to fit budget

Top Messengers:
1. Family member (Spouse and mom)
2. Doctor
3. Someone like me who has tried it
Recommendations
Use Key Facts to Raise Awareness

Use the four most important facts in an awareness campaign:

1. There will be new, affordable insurance options available for people without insurance.

2. All insurance plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions.

3. Financial help is available so you can find a plan that fits your budget.

4. All insurance plans will have to show the costs and what is covered in simple language with no fine print.

Use other important facts when possible:

5. Insurance plans can’t deny you for a pre-existing condition.

6. Help will be available online, by phone, and in person to find the plan that works best for you.
1. Facts.

2. Affordability.
   “You will be able to find a plan that fits your budget.”

3. Financial security.
   “If you or a family member gets sick, you won’t have to worry about big medical bills or going into bankruptcy.”

4. Plan security.
   “The insurance plan you choose will be there to cover all the care you need.”

5. Mom says so.
1. Just the facts: language, tone, and content.

2. On affordability:

   - Expansion population - “free or low cost” and eligibility income level
   - Financial help will be available. “Sliding scale” for low-income audiences, not for higher-income.
   - Total cost savings if you had to buy on your own
   - Value of coverage via financial and plan security-themed messages

3. Lead with the services plans will cover.

4. Use trusted messengers, such as family members, “someone like me,” health officials, doctors, and the local Medicaid office.