



Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–June 2025

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What's New

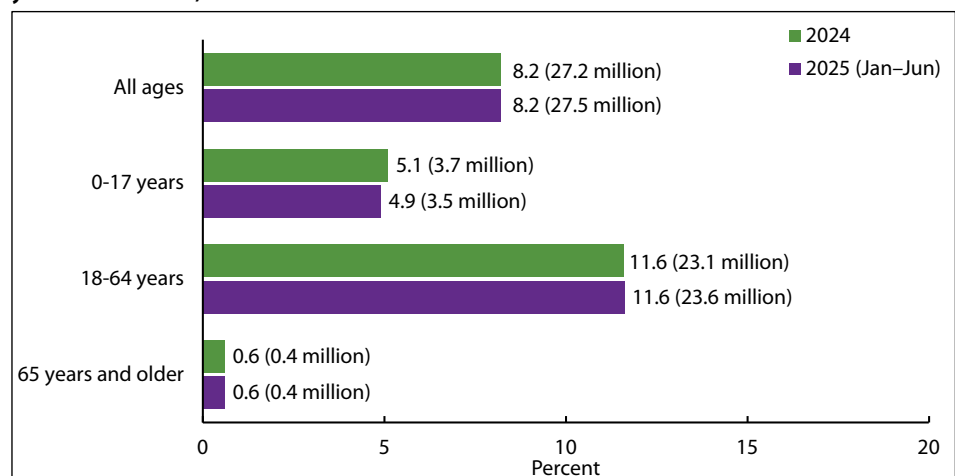
- This report presents health insurance coverage estimates from the first 6 months of the 2025 National Health Interview Survey, along with selected trends from 2021 through the first 6 months of 2025.

Highlights

- From January through June 2025, 27.5 million people of all ages (8.2%) were uninsured at the time of interview. This was not significantly different from 2024, when 27.2 million people of all ages (8.2%) were uninsured.
- From January through June 2025, among adults ages 18–64, 11.6% were uninsured at the time of interview, 20.4% had public coverage, and 69.9% had private health insurance coverage.
- The percentage of adults ages 18–64 who had public coverage in the first 6 months of 2025 (20.4%) was lower than, but not significantly different from, the percentage who had public coverage in 2024 (21.2%).
- From January through June 2025, among children ages 0–17 years, 4.9% were uninsured, 39.4% had public coverage, and 58.2% had private health insurance coverage.
- The percentage of people younger than age 65 with exchange-based coverage increased from 4.3% in 2021 to 6.5% in the first 6 months of 2025.

This report presents estimates of health insurance coverage for the U.S. civilian noninstitutionalized population based on data from the January–June 2025 National Health Interview Survey (NHIS). The National Center for Health Statistics is releasing these estimates before final editing and final weighting to provide access to the most recent information from NHIS. Estimates are disaggregated by age group, sex, family income (as a percentage of the federal poverty level [FPL]), race and ethnicity, and state Medicaid expansion status. Detailed appendix tables contain all estimates presented in the figures and additional estimates from NHIS for selected population characteristics. With 5 years of comparable data available starting with 2021, this report provides data on trends, similar to reports using 2020 data and earlier. More information about NHIS and the Early Release Program are available from the [NHIS website](#).

Figure 1. Percentage and number in millions of people who were uninsured, by age group and year: United States, 2024–June 2025

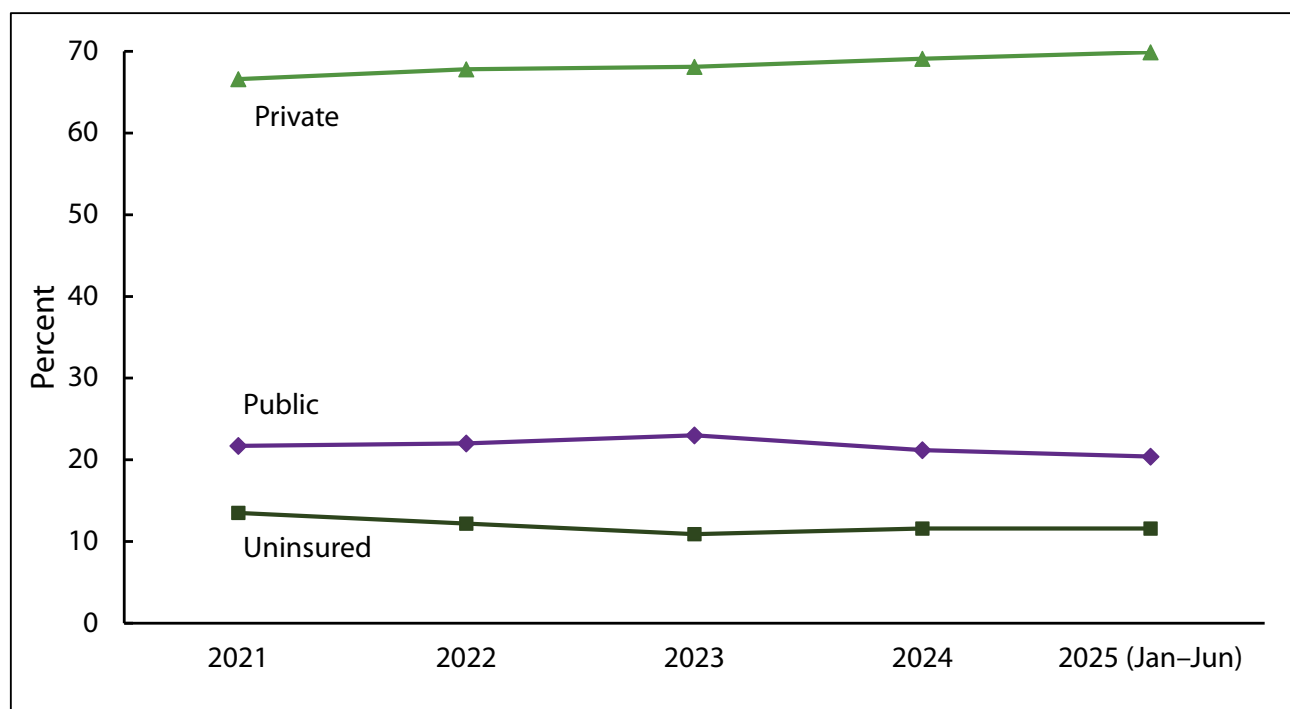


NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024–2025.

- From January through June 2025, 27.5 million people of all ages (8.2%) were uninsured at the time of interview (Figure 1). This was not significantly different from 2024, when 27.2 million people of all ages (8.2%) were uninsured.
- From January through June 2025, 3.5 million children ages 0–17 years (4.9%) were uninsured. This was not significantly different from 2024, when 3.7 million children (5.1%) were uninsured.
- From January through June 2025, 23.6 million adults ages 18–64 (11.6%) were uninsured. This was not significantly different from 2024, when 23.1 million adults ages 18–64 (11.6%) were uninsured.

- Adults ages 18–64 (11.6%) were most likely to be uninsured, followed by children ages 0–17 years (4.9%), and adults age 65 and older (0.6%) in the first 6 months of 2025.

Figure 2. Percentage of adults ages 18–64 who were uninsured or had public or private coverage, by year: United States, 2021–June 2025



NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

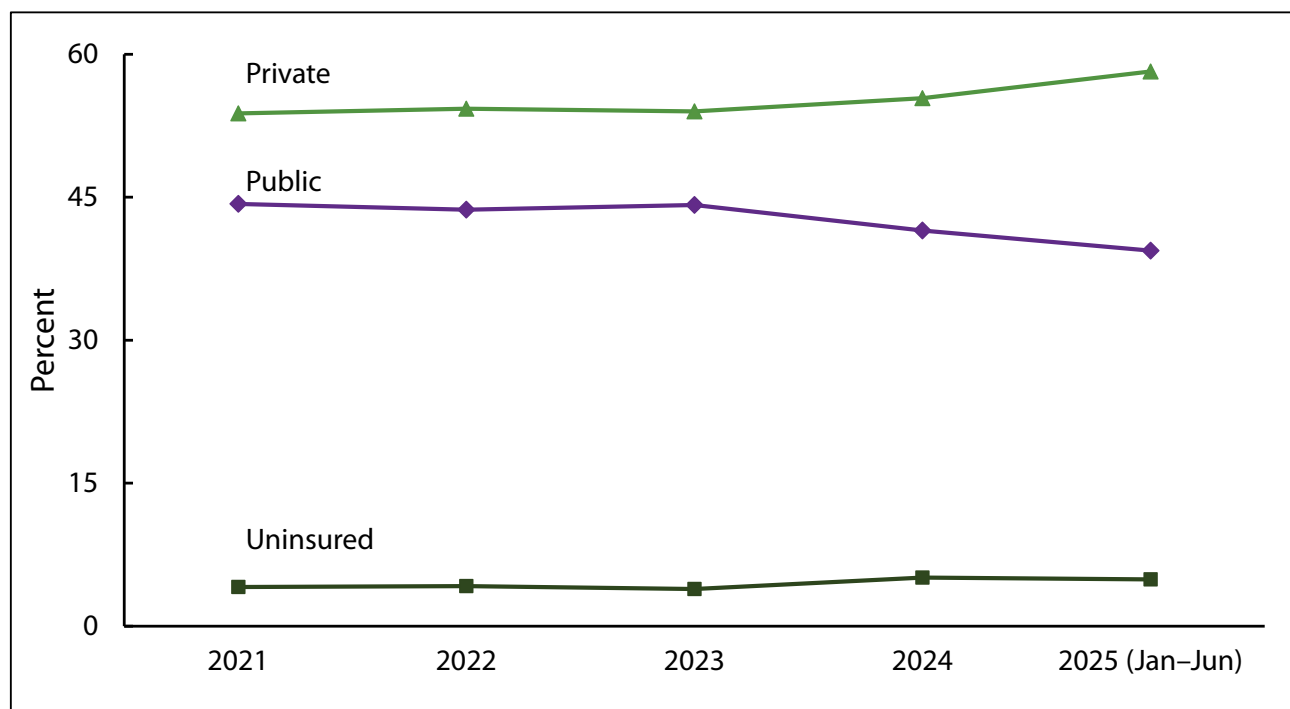
Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans.

Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations).

These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

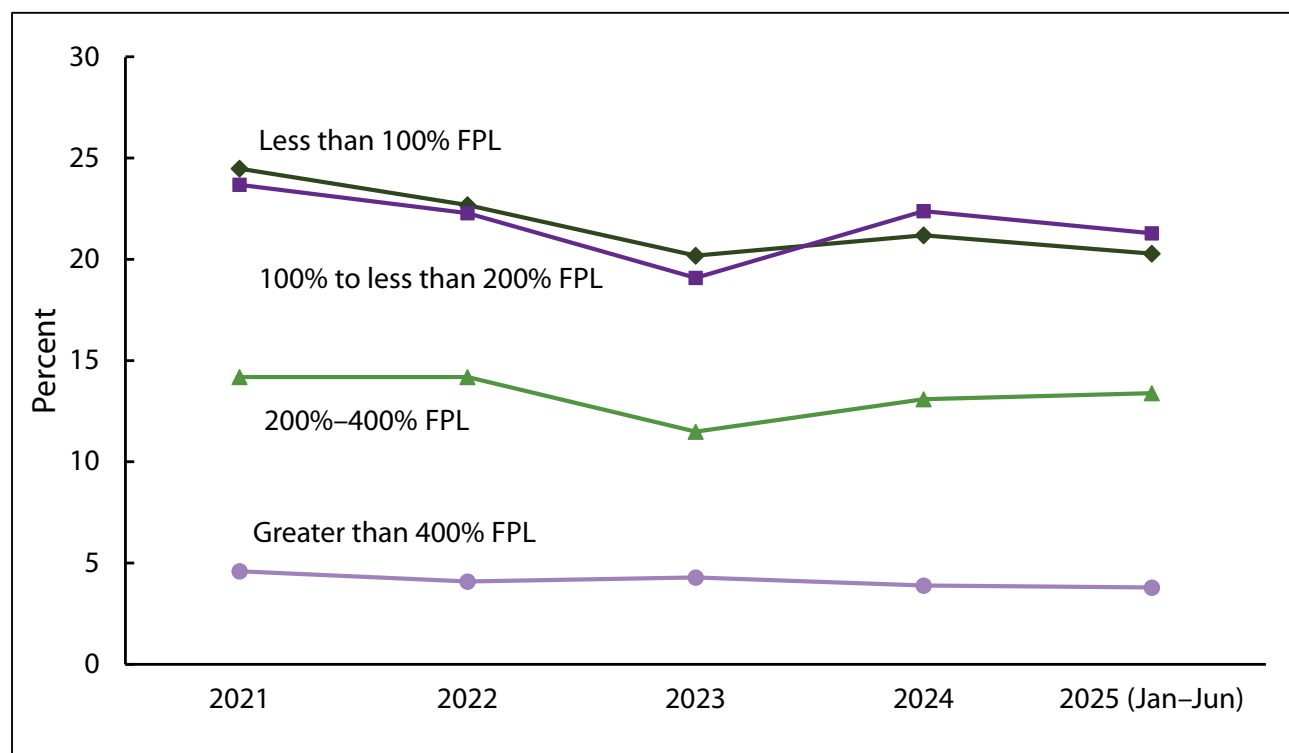
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

- Among adults ages 18–64, the percentage who were uninsured decreased from 13.5% in 2021 to 11.6% in the first 6 months of 2025 (Figure 2). The percentage of adults who were uninsured in the first 6 months of 2025 was the same as the percentage who were uninsured in 2024 (11.6%).
- Public coverage increased from 2021 (21.7%) through 2023 (23.0%), then decreased to 20.4% in the first 6 months of 2025. Public coverage in the first 6 months of 2025 (20.4%) was lower than, but not significantly different from, the percentage with public coverage in 2024 (21.2%).
- Private coverage generally increased from 2021 (66.6%) through the first 6 months of 2025 (69.9%). The percentage of adults with private coverage in the first 6 months of 2025 (69.9%) was higher than, but not significantly different from, the percentage with private coverage in 2024 (69.1%).

Figure 3. Percentage of children ages 0–17 years who were uninsured or had public or private coverage, by year: United States, 2021–June 2025

NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

- No significant trend was observed in the percentage of children ages 0–17 who were uninsured between 2021 (4.1%) and in the first 6 months of 2025 (4.9%) (Figure 3). No significant difference was observed in the percentage of children who were uninsured between the first 6 months of 2025 and 2024 (5.1%).
- Public coverage for children generally decreased from 44.3% in 2021 to 39.4% in the first 6 months of 2025, which was lower than, but not significantly different from, the percentage with public coverage in 2024 (41.6%).
- Private coverage for children generally increased from 53.8% in 2021 to 58.2% in the first 6 months of 2025, which was higher than, but not significantly different from, the percentage with private coverage in 2024 (55.4%).

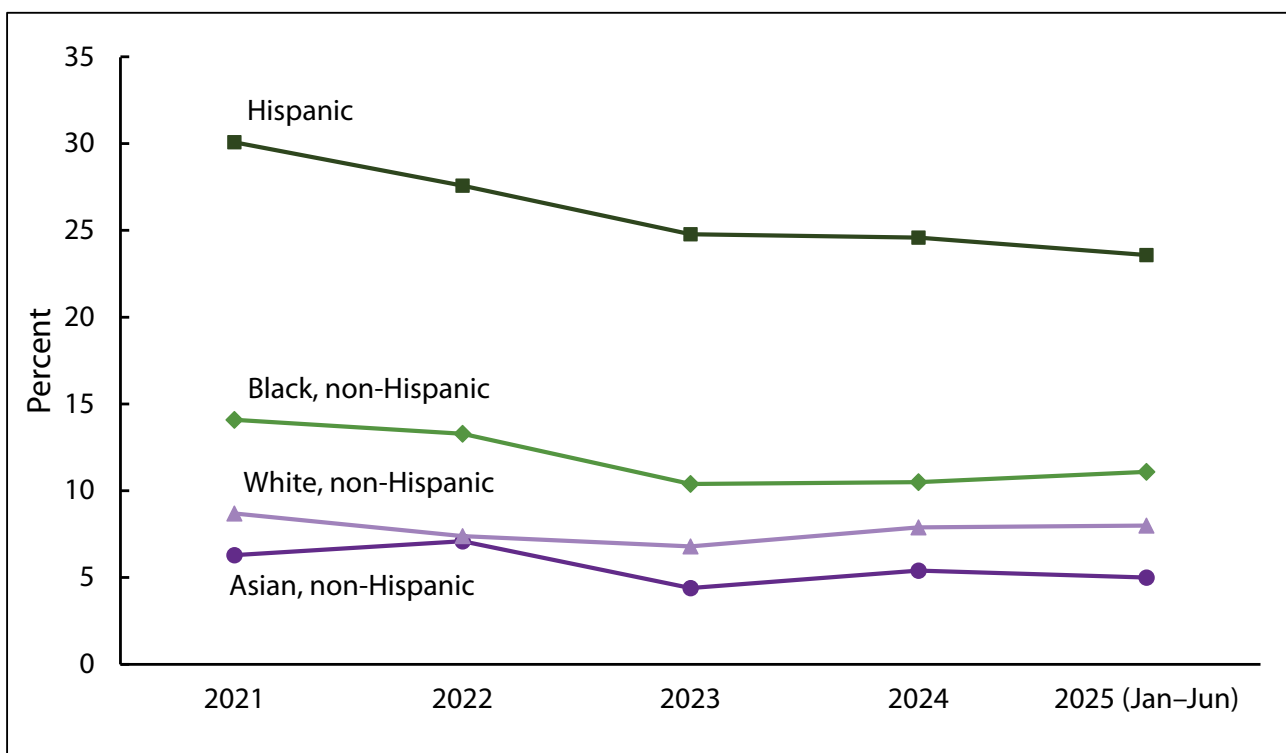
Figure 4. Percentage of adults ages 18–64 who were uninsured, by family income as a percentage of the federal poverty level and year: United States, 2021–June 2025

NOTES: FPL is federal poverty level. People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

- Among adults with incomes less than 100% FPL, the percentage who were uninsured generally decreased from 24.5% in 2021 to 20.3% in the first 6 months of 2025 (Figure 4). The percentage who were uninsured in the first 6 months of 2025 (20.3%) was lower than, but not significantly different from, the percentage who were uninsured in 2024 (21.2%).
- Among adults with incomes 100% to less than 200% FPL, the percentage who were uninsured decreased from 23.7% in 2021 to 19.1% in 2023 and then generally increased to 21.3% in the first 6 months of 2025. The percentage who were uninsured in the first 6 months of 2025 (21.3%) was lower than, but not significantly different from, the percentage who were uninsured in 2024 (22.4%).
- Among adults with incomes 200% to 400% FPL, the percentage who were uninsured decreased from 14.2% in 2021 to 11.5% in 2023 and then increased to 13.4% in the first 6 months of 2025. No significant difference was observed in the percentage of adults who were uninsured between the first 6 months of 2025 (13.4%) and 2024 (13.1%).
- Among adults with incomes above 400% FPL, the observed decrease from 2021 (4.6%) to the first 6 months of 2025 (3.8%) was not significant. No significant difference was observed in the percentage of adults who were uninsured between the first 6 months of 2025 (3.8%) and 2024 (3.9%).
- In the first 6 months of 2025, the percentage of adults who were uninsured was highest among those with family incomes at 100% to less than 200% FPL and those with family incomes at less than 100% FPL, followed by those with family incomes at 200% to 400% FPL and those with family incomes above 400% FPL.

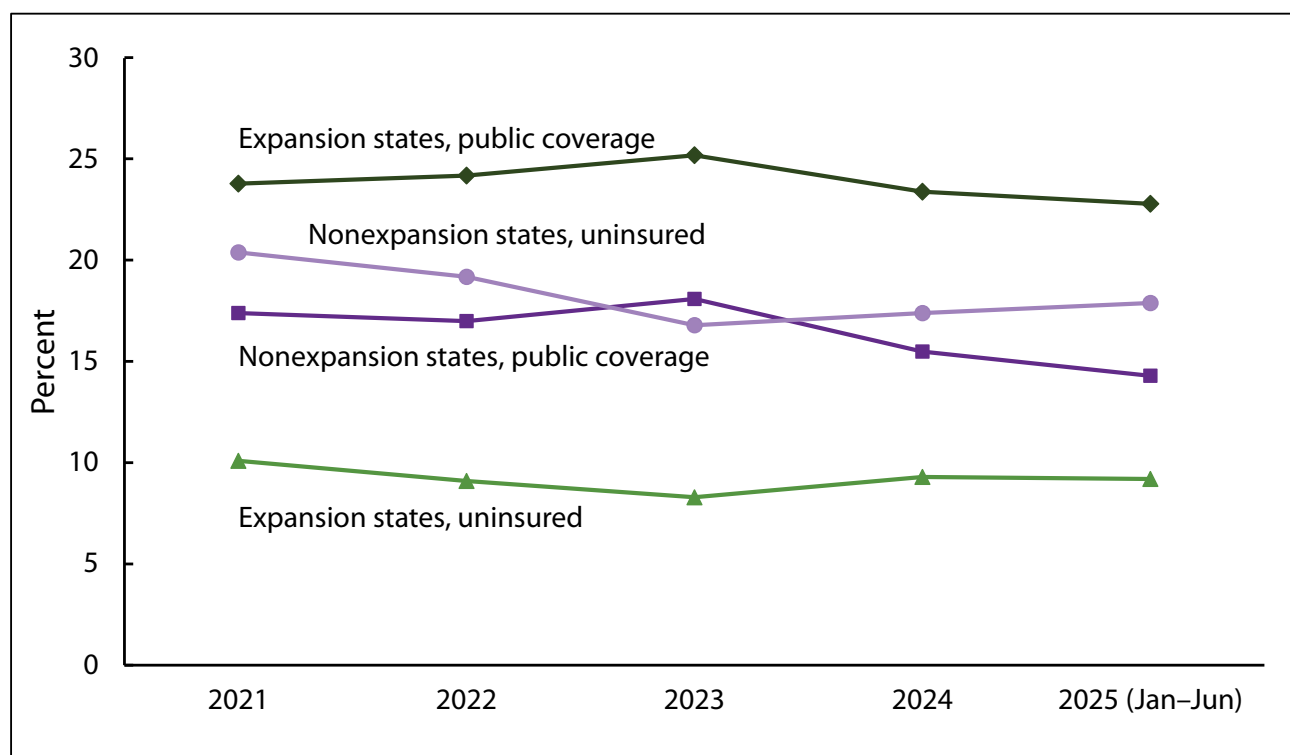
Figure 5. Percentage of adults ages 18–64 who were uninsured, by race and ethnicity and year: United States, 2021–June 2025



NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. People of Hispanic origin may be of any race. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

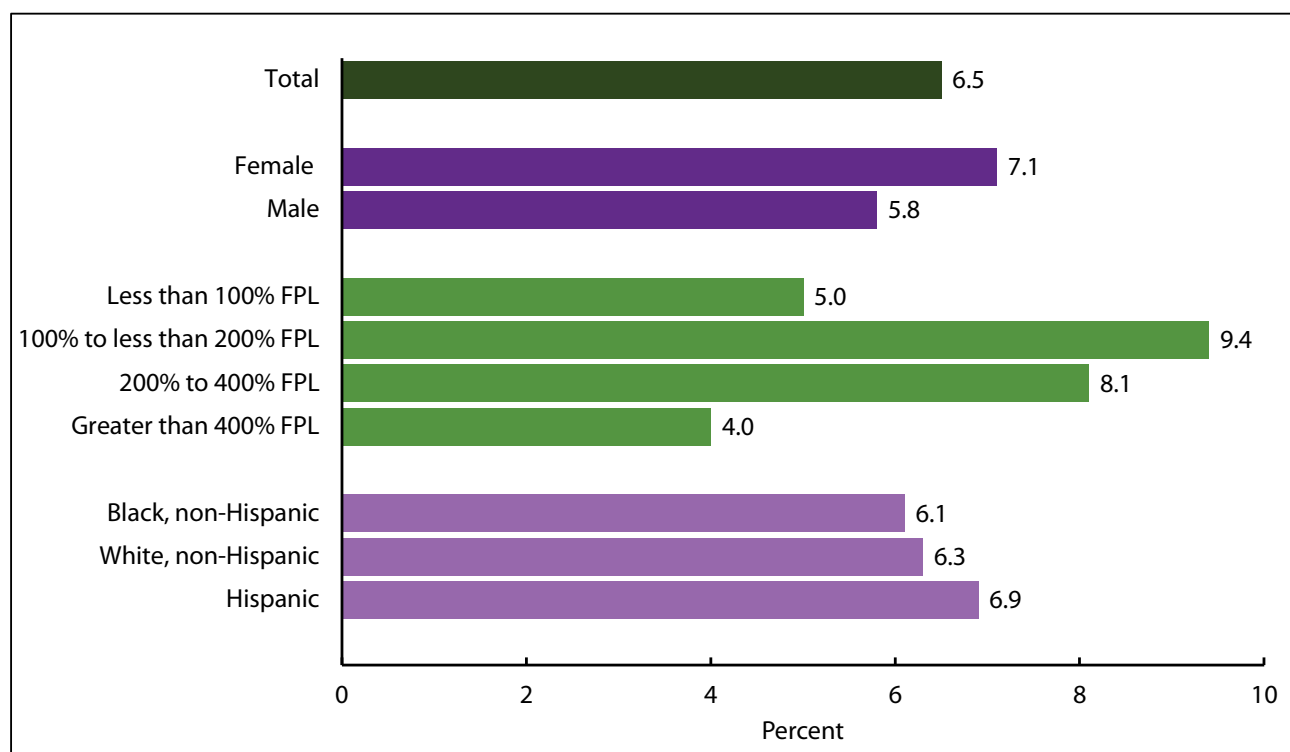
- Among Hispanic adults, the percentage who were uninsured generally decreased from 30.1% in 2021 to 23.6% in the first 6 months of 2025 (Figure 5). The percentage of Hispanic adults who were uninsured in the first 6 months of 2025 (23.6%) was lower than, but not significantly different from, the percentage who were uninsured in 2024 (24.6%).
- Among Black non-Hispanic (subsequently, Black) adults, the percentage who were uninsured decreased from 14.1% in 2021 to 11.1% in the first 6 months of 2025. The percentage of Black adults who were uninsured in the first 6 months of 2025 (11.1%) was higher than, but not significantly different from, the percentage who were uninsured in 2024 (10.5%).
- Among White non-Hispanic (subsequently, White) adults, the percentage who were uninsured decreased from 8.7% in 2021 to 6.8% in 2023 and subsequently increased to 8.0% in the first 6 months of 2025. No significant difference was observed in the percentage of White adults who were uninsured between the first 6 months of 2025 (8.0%) and 2024 (7.9%).
- Among Asian non-Hispanic (subsequently, Asian) adults, no significant trend was observed in the percentage of adults who were uninsured between 2021 (6.3%) and the first 6 months of 2025 (5.0%). No significant difference was observed in the percentage of adults who were uninsured between the first 6 months of 2025 (5.0%) and 2024 (5.4%).
- In the first 6 months of 2025, Hispanic adults were most likely to lack health insurance coverage, followed by Black adults, White adults, and Asian adults.

Figure 6. Percentage of adults ages 18–64 who had public coverage or were uninsured, by year and state Medicaid expansion status: United States, 2021–June 2025

NOTES: Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan or military plan. People were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

- Among adults ages 18–64 living in Medicaid expansion states, the percentage with public coverage increased from 23.8% in 2021 to 25.2% in 2023, then decreased to 22.8% in the first 6 months of 2025 (Figure 6). The percentage with public coverage in the first 6 months of 2025 (22.8%) was lower than, but not significantly different from, the percentage with public coverage in 2024 (23.4%).
- Among adults living in Medicaid expansion states, the percentage who were uninsured decreased from 10.1% in 2021 to 8.3% in 2023, then increased to 9.2% in the first 6 months of 2025. The percentage who were uninsured in the first 6 months of 2025 (9.2%) was not significantly different from the percentage who were uninsured in 2024 (9.6%).
- Among adults living in non-Medicaid expansion states, the percentage with public coverage generally decreased from 17.4% in 2021 to 14.3% in the first 6 months of 2025. The percentage with public coverage in the first 6 months of 2025 (14.3%) was lower than, but not significantly different from, the percentage with public coverage in 2024 (15.5%).
- Among adults living in non-Medicaid expansion states, the percentage who were uninsured generally decreased from 20.4% in 2021 to 17.9% in the first 6 months of 2025. The percentage who were uninsured in the first 6 months of 2025 (17.9%) was higher than, but not significantly different from, the percentage who were uninsured in 2024 (17.4%).
- In the first 6 months of 2025, adults living in Medicaid expansion states were more likely to have public coverage and less likely to be uninsured than those living in non-Medicaid expansion states.

Figure 7. Percentage of people younger than age 65 who had exchange-based private health insurance coverage, by selected characteristics: United States, January–June 2025

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act (ACA) of 2010 (P.L. 111–148, P.L. 111–152). FPL is federal poverty level. People of Hispanic origin may be of any race. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2025.

- In the first 6 months of 2025, 6.5% of people younger than age 65 had exchange-based coverage ([Figure 7](#)).
- Exchange-based coverage was higher among females (7.1%) than males (5.8%).
- Exchange-based coverage was lower among those with family incomes less than 100% FPL (5.0%) and above 400% FPL (4.0%), compared to those with family incomes 100% to less than 200% FPL (9.4%) and 200% to 400% FPL (8.1%).
- No significant differences were observed for those with exchange-based coverage among Black (6.1%), White (6.3%), or Hispanic (6.9%) adults.
- The percentage of people younger than age 65 with exchange-based coverage increased from 4.3% in 2021 to 6.5% in the first 6 months of 2025 ([Table VII](#)). The percentage of those with exchange-based coverage in the first 6 months of 2025 (6.5%) was higher than, but not significantly different from, the percentage in 2024 (5.7%).

Technical Notes

All estimates in this report are based on preliminary data from the first six months of the 2025 National Health Interview Survey (NHIS). The National Center for Health Statistics is releasing the 2025 estimates before final data editing and final weighting to provide access to the most recent information from NHIS. Differences between estimates in National Health Statistics Reports (1,2) and Summary Health Statistics (based on final data files) and those found in NHIS Early Release products (based on preliminary data files) are typically less than or equal to 0.5 percentage points.

Data source

Data used to produce this Early Release report were derived from the Sample Adult and Sample Child components from the 2021–2025 NHIS. NHIS is a nationally representative household survey conducted throughout the year to collect information on health status, health-related behaviors, and healthcare access and utilization. The NHIS interview begins by identifying everyone who usually lives or stays in the household. Then, one “sample adult” age 18 or older and one “sample child” age 17 years or younger (if any children live in the household) are randomly selected. Information about the sample adults is collected from the sample adults themselves unless they are physically or mentally unable to report, in which case a knowledgeable proxy can answer for them. Information about the sample child is collected from a parent or adult who is knowledgeable about and responsible for the health care of the sample child. This respondent may or may not also be the sample adult. Data analysis for January through June 2025 NHIS was based on information collected on 14,029 sample adults and 3,453 sample children. For more information about the design, content, and use of NHIS, visit the NHIS website at: <https://www.cdc.gov/nchs/nhis.htm>.

Estimation procedures

The National Center for Health Statistics creates survey sampling weights to produce representative national estimates. The base weight is equal to the inverse of the probability of selection of the sample address. These weights are adjusted for household and person-level nonresponse using recursive partitioning. Nonresponse-adjusted weights are further calibrated to U.S. Census Bureau population projections and American Community Survey 1-year estimates for age, sex, race and ethnicity, educational attainment, housing tenure, census division, and metropolitan statistical area status. Point estimates and estimates of their variances were calculated using SUDAAN software (RTI International, Research Triangle Park, N.C.) to account for the complex sample design of NHIS, considering stratum and primary sampling unit identifiers. The Taylor series linearization method was chosen for variance estimation. Trends were evaluated using logistic regression analysis.

All estimates shown meet National Center for Health Statistics standards of reliability as specified in “National Center for Health Statistics Data Presentation Standards for Proportions” (3). All differences discussed are statistically significant unless otherwise noted. Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant.

References

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Suggested citation

Briones EM, Cohen RA. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2025. 2026 Jan: 1–24. DOI: <https://dx.doi.org/10.15620/cdc/174644>.

Table I. Percentage of people who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by age group and year: United States, 2021–June 2025

Age group (years), year, and 6-month interval	Uninsured ¹ Percent (95% CI)	Public health plan coverage ² Percent (95% CI)	Private health insurance coverage ³ Percent (95% CI)
All ages			
2021	9.2 (8.7–9.7)	39.5 (38.8–40.3)	60.4 (59.4–61.3)
2022	8.4 (7.8–9.1)	39.5 (38.4–40.5)	61.0 (59.9–62.2)
2023	7.6 (7.1–8.1)	40.5 (39.5–41.4)	60.7 (59.6–61.7)
2024	8.2 (7.7–8.7)	39.1 (38.2–39.9)	61.4 (60.4–62.4)
2025 (Jan–Jun)	8.2 (7.6–8.8)	38.1 (37.3–39.0)	62.4 (61.3–63.5)
Younger than 65			
2021	11.0 (10.4–11.6)	27.7 (26.9–28.6)	63.2 (62.1–64.2)
2022	10.1 (9.3–10.9)	27.8 (26.7–29.0)	64.2 (62.9–65.5)
2023	9.1 (8.4–9.7)	28.6 (27.6–29.7)	64.4 (63.2–65.6)
2024	9.9 (9.3–10.5)	26.6 (25.8–27.5)	65.4 (64.3–66.5)
2025 (Jan–Jun)	9.8 (9.2–10.6)	25.4 (24.4–26.5)	66.8 (65.6–68.1)
0–17			
2021	4.1 (3.7–4.6)	44.3 (42.8–45.9)	53.8 (52.1–55.5)
2022	4.2 (3.5–4.9)	43.7 (41.8–45.7)	54.3 (52.4–56.2)
2023	3.9 (3.3–4.5)	44.2 (42.4–46.1)	54.0 (52.1–55.9)
2024	5.1 (4.4–5.9)	41.6 (40.0–43.1)	55.4 (53.6–57.1)
2025 (Jan–Jun)	4.9 (3.9–5.9)	39.4 (37.3–41.5)	58.2 (55.7–60.5)
18–64			
2021	13.5 (12.8–14.3)	21.7 (20.8–22.5)	66.6 (65.6–67.6)
2022	12.2 (11.3–13.2)	22.0 (20.9–23.0)	67.8 (66.6–69.0)
2023	10.9 (10.2–11.7)	23.0 (22.1–23.9)	68.1 (67.0–69.2)
2024	11.6 (10.9–12.3)	21.2 (20.5–22.0)	69.1 (68.1–70.0)
2025 (Jan–Jun)	11.6 (10.8–12.5)	20.4 (19.5–21.4)	69.9 (68.8–71.0)
65 and older			
2021	0.6 (0.4–0.9)	96.1 (95.5–96.5)	47.1 (45.5–48.6)
2022	0.6 (0.4–0.9)	95.2 (94.7–95.8)	45.7 (44.3–47.2)
2023	0.7 (0.4–0.9)	95.7 (95.2–96.2)	43.4 (42.0–44.7)
2024	0.6 (0.4–0.9)	95.6 (95.0–96.2)	43.2 (41.8–44.7)
2025 (Jan–Jun)	0.6 (0.4–0.9)	95.3 (94.6–95.9)	42.5 (40.8–44.2)

¹People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table II. Number (millions) of people who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by age group and year: United States, 2021–June 2025

Age group (years), year, and 6-month interval	Uninsured ¹	Public health plan coverage ²	Private health insurance coverage ³
All ages			
2021	30.0	128.6	196.5
2022	27.6	129.5	200.1
2023	25.0	133.6	200.3
2024	27.2	129.6	203.9
2025 (Jan–Jun)	27.5	128.4	210.2
Younger than 65			
2021	29.6	74.7	170.1
2022	27.3	75.5	174.3
2023	24.7	77.8	175.1
2024	26.8	72.5	178.1
2025 (Jan–Jun)	27.1	70.1	184.2
0–17			
2021	3.0	32.0	38.9
2022	3.0	31.8	39.5
2023	2.8	31.9	38.9
2024	3.7	30.1	40.0
2025 (Jan–Jun)	3.5	28.6	42.2
18–64			
2021	26.6	42.7	131.2
2022	24.3	43.7	134.7
2023	21.8	46.0	136.2
2024	23.1	42.5	138.1
2025 (Jan–Jun)	23.6	41.5	142.0
65 and older			
2021	0.4	53.9	26.4
2022	0.3	53.9	25.9
2023	0.4	55.7	25.2
2024	0.4	57.1	25.8
2025 (Jan–Jun)	0.4	58.3	26.0

¹People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

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NOTE: Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table III. Percentage (of people younger than age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by sex, age group, and year: United States, 2021–June 2025

Sex, age group (years), year, and 6-month interval	Uninsured ¹ Percent (95% CI)	Public health plan coverage ² Percent (95% CI)	Private health insurance coverage ³ Percent (95% CI)
Female			
Younger than 65:			
2021	9.5 (8.9–10.1)	29.6 (28.4–30.8)	62.8 (61.6–64.0)
2022	8.6 (7.8–9.4)	30.0 (28.5–31.4)	63.5 (61.9–64.9)
2023	7.7 (7.1–8.5)	31.0 (29.8–32.3)	63.3 (61.8–64.8)
2024	8.8 (8.1–9.6)	28.3 (27.3–29.4)	64.8 (63.6–65.9)
2025 (Jan–Jun)	8.8 (7.9–9.8)	26.3 (24.7–28.0)	66.8 (65.0–68.6)
0–17:			
2021	4.3 (3.7–5.1)	43.1 (40.8–45.4)	54.8 (52.3–57.2)
2022	4.1 (3.3–5.0)	44.1 (41.5–46.7)	53.8 (51.1–56.4)
2023	4.0 (3.3–4.7)	44.3 (42.1–46.6)	53.9 (51.5–56.2)
2024	5.2 (4.2–6.2)	41.4 (39.4–43.3)	55.4 (53.2–57.6)
2025 (Jan–Jun)	4.0 (2.9–5.4)	38.8 (35.8–41.8)	59.8 (56.5–63.1)
18–64:			
2021	11.3 (10.6–12.1)	24.8 (23.5–26.1)	65.7 (64.5–66.9)
2022	10.2 (9.3–11.2)	25.0 (23.6–26.3)	66.9 (65.4–68.3)
2023	9.1 (8.3–9.9)	26.4 (25.2–27.6)	66.6 (65.2–68.0)
2024	10.1 (9.3–11.0)	23.8 (22.7–24.9)	68.0 (66.9–69.1)
2025 (Jan–Jun)	10.5 (9.4–11.7)	22.0 (20.5–23.5)	69.2 (67.5–70.9)
Male			
Younger than 65:			
2021	12.5 (11.7–13.4)	25.9 (24.9–26.9)	63.5 (62.3–64.7)
2022	11.5 (10.5–12.6)	25.7 (24.5–26.9)	64.9 (63.4–66.4)
2023	10.4 (9.6–11.2)	26.2 (25.1–27.4)	65.4 (64.1–66.7)
2024	10.9 (10.2–11.6)	25.0 (24.0–26.0)	66.1 (64.8–67.3)
2025 (Jan–Jun)	10.9 (10.0–11.8)	24.6 (23.2–26.0)	66.8 (65.1–68.5)
0–17:			
2021	3.9 (3.3–4.6)	45.5 (43.5–47.6)	52.9 (50.5–55.2)
2022	4.2 (3.5–5.1)	43.4 (41.2–45.6)	54.8 (52.6–57.0)
2023	3.8 (3.0–4.8)	44.2 (42.2–46.2)	54.0 (52.0–56.1)
2024	5.1 (4.2–6.0)	41.8 (39.8–43.8)	55.3 (53.2–57.4)
2025 (Jan–Jun)	5.7 (4.3–7.4)	40.1 (36.8–43.4)	56.5 (53.2–59.8)
18–64:			
2021	15.8 (14.7–16.9)	18.4 (17.5–19.4)	67.5 (66.2–68.8)
2022	14.2 (13.0–15.5)	19.0 (17.8–20.2)	68.7 (67.2–70.3)
2023	12.8 (11.9–13.8)	19.6 (18.5–20.8)	69.6 (68.3–70.8)
2024	13.0 (12.2–13.9)	18.7 (17.8–19.6)	70.1 (68.7–71.4)
2025 (Jan–Jun)	12.8 (11.8–13.8)	18.9 (17.3–20.4)	70.6 (68.9–72.3)

¹People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

²Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

³Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table IV. Percentage of people younger than age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by family income as a percentage of the federal poverty level, age group, and year: United States, 2021–June 2025

Family income as a percentage of FPL ¹ , age group (years), year, and 6-month interval	Uninsured ² Percent (95% CI)	Public health plan coverage ³ Percent (95% CI)	Private health insurance coverage ⁴ Percent (95% CI)
Less than 100% FPL			
Younger than 65:			
2021	17.8 (15.8–20.0)	66.1 (63.1–69.1)	17.5 (14.9–20.3)
2022	16.1 (13.5–19.1)	68.8 (65.7–71.7)	17.3 (15.0–19.7)
2023	15.1 (13.2–17.2)	69.3 (66.8–71.8)	17.4 (15.3–19.7)
2024	16.7 (14.6–18.9)	65.4 (62.6–68.2)	19.4 (17.5–21.4)
2025 (Jan–Jun)	16.2 (13.4–19.3)	67.2 (63.3–70.9)	20.1 (17.1–23.5)
0–17:			
2021	6.1 (4.5–8.0)	87.3 (84.6–89.6)	7.8 (6.1–9.9)
2022	5.1 (3.4–7.3)	88.4 (85.1–91.2)	8.8 (6.6–11.5)
2023	6.2 (4.7–8.0)	87.2 (84.7–89.4)	7.7 (5.7–10.2)
2024	8.3 (5.9–11.2)	84.7 (81.3–87.8)	8.1 (6.2–10.4)
2025 (Jan–Jun)	9.0 (5.7–13.4)	84.1 (79.1–88.3)	11.0 (7.4–15.4)
18–64:			
2021	24.5 (21.5–27.6)	54.1 (50.3–57.9)	22.9 (19.3–27.0)
2022	22.7 (19.0–26.7)	57.0 (53.2–60.9)	22.3 (19.4–25.5)
2023	20.2 (17.4–23.2)	59.2 (55.6–62.6)	22.9 (20.2–25.8)
2024	21.2 (18.8–23.9)	54.9 (52.0–57.9)	25.6 (23.3–28.0)
2025 (Jan–Jun)	20.3 (17.2–23.7)	57.5 (53.7–61.2)	25.4 (21.9–29.2)
100% to less than 200% FPL			
Younger than 65:			
2021	17.6 (16.3–19.0)	51.5 (49.6–53.3)	34.1 (32.2–36.0)
2022	16.4 (14.5–18.3)	54.0 (51.3–56.7)	32.7 (30.3–35.1)
2023	14.7 (13.4–16.0)	54.3 (52.3–56.4)	34.1 (32.2–36.0)
2024	17.1 (15.4–18.9)	51.4 (49.1–53.6)	34.2 (32.3–36.2)
2025 (Jan–Jun)	16.2 (14.4–18.1)	48.7 (45.9–51.6)	38.0 (35.3–40.7)
0–17:			
2021	5.6 (4.4–7.0)	75.8 (73.3–78.2)	22.3 (20.0–24.8)
2022	4.8 (3.4–6.6)	76.4 (73.6–79.0)	22.6 (19.9–25.4)
2023	5.7 (4.3–7.4)	75.3 (72.4–78.0)	22.6 (20.1–25.3)
2024	6.9 (5.6–8.4)	72.6 (70.2–75.0)	24.0 (21.4–26.8)
2025 (Jan–Jun)	5.5 (3.8–7.7)	70.7 (66.9–74.3)	27.9 (24.1–32.1)
18–64:			
2021	23.7 (22.0–25.5)	39.0 (37.1–41.0)	40.1 (38.0–42.2)
2022	22.3 (19.9–24.8)	42.5 (39.5–45.6)	37.9 (35.1–40.7)
2023	19.1 (17.5–20.9)	43.9 (41.5–46.4)	39.8 (37.7–41.9)
2024	22.4 (20.2–24.7)	40.4 (38.0–42.9)	39.5 (37.4–41.6)
2025 (Jan–Jun)	21.3 (18.7–24.0)	38.4 (35.2–41.6)	42.7 (39.3–46.2)

See footnotes at the end of table.

Table IV. Percentage of people younger than age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by family income as a percentage of the federal poverty level, age group, and year: United States, 2021–June 2025—Con.

Family income as a percentage of FPL ¹ , age group (years), year, and 6-month interval	Uninsured ² Percent (95% CI)	Public health plan coverage ³ Percent (95% CI)	Private health insurance coverage ⁴ Percent (95% CI)
200%–400% FPL			
Younger than 65:			
2021	11.4 (10.6–12.3)	21.3 (20.2–22.4)	69.2 (67.9–70.5)
2022	11.7 (10.8–12.7)	23.8 (22.2–25.5)	66.8 (65.1–68.5)
2023	9.3 (8.4–10.1)	24.2 (22.8–25.7)	68.8 (67.3–70.3)
2024	11.0 (10.1–12.0)	22.9 (21.6–24.3)	68.4 (66.8–69.9)
2025 (Jan–Jun)	11.3 (9.9–12.7)	21.0 (19.3–22.7)	69.6 (67.7–71.5)
0–17:			
2021	4.1 (3.3–5.0)	30.7 (28.5–33.0)	67.7 (65.2–70.1)
2022	5.5 (4.4–6.8)	35.0 (32.0–38.0)	62.2 (59.4–64.8)
2023	3.8 (3.0–4.8)	35.8 (33.3–38.3)	63.1 (60.5–65.6)
2024	5.6 (4.4–7.1)	34.8 (32.5–37.2)	62.4 (59.7–65.0)
2025 (Jan–Jun)	5.5 (3.7–7.9)	32.0 (28.8–35.3)	64.3 (60.6–67.9)
18–64:			
2021	14.2 (13.2–15.4)	17.6 (16.5–18.7)	69.8 (68.5–71.1)
2022	14.2 (13.0–15.5)	19.3 (17.8–20.9)	68.7 (66.9–70.5)
2023	11.5 (10.5–12.5)	19.6 (18.2–21.1)	71.1 (69.6–72.6)
2024	13.1 (12.0–14.2)	18.3 (16.8–19.8)	70.7 (69.1–72.3)
2025 (Jan–Jun)	13.4 (11.9–15.1)	16.8 (15.2–18.6)	71.6 (69.7–73.4)
Greater than 400% FPL			
Younger than 65:			
2021	3.9 (3.4–4.4)	7.1 (6.4–7.8)	90.4 (89.6–91.2)
2022	3.7 (3.2–4.2)	7.8 (7.0–8.6)	90.0 (89.2–90.9)
2023	3.6 (3.1–4.2)	7.8 (7.1–8.6)	90.1 (89.2–91.0)
2024	3.4 (2.9–4.0)	6.9 (6.4–7.5)	91.0 (90.3–91.7)
2025 (Jan–Jun)	3.3 (2.7–4.0)	7.3 (6.5–8.2)	91.2 (89.9–92.4)
0–17:			
2021	1.5 (1.1–2.0)	8.6 (7.6–9.8)	91.5 (90.4–92.5)
2022	2.0 (1.4–2.7)	9.2 (7.7–10.9)	89.7 (88.0–91.3)
2023	1.4 (0.9–2.0)	10.2 (8.8–11.7)	90.0 (88.6–91.3)
2024	1.9 (1.3–2.6)	7.9 (6.9–9.0)	91.2 (90.0–92.2)
2025 (Jan–Jun)	1.6 (0.9–2.6)	8.3 (6.5–10.4)	91.8 (89.4–93.7)
18–64:			
2021	4.6 (4.0–5.3)	6.6 (5.9–7.3)	90.2 (89.2–91.0)
2022	4.1 (3.6–4.7)	7.3 (6.6–8.1)	90.1 (89.3–90.9)
2023	4.3 (3.7–4.9)	7.1 (6.3–7.9)	90.2 (89.2–91.1)
2024	3.9 (3.3–4.5)	6.6 (6.1–7.3)	90.9 (90.1–91.7)
2025 (Jan–Jun)	3.8 (3.1–4.7)	7.0 (6.1–7.9)	91.0 (89.7–92.2)

¹FPL is federal poverty level. Income categories are based on the ratio of the family's income in the previous calendar year to the appropriate poverty threshold (given the family's size and number of children) defined by the U.S. Census Bureau for that year (Shrider EA, Kollar M, Chen F, Semega J. Income and Poverty in the United States: 2020. Current Population Reports, P60–273. 2021; Creamer J, Shrider EA, Burns K, Chen F. Poverty in the United States: 2021. Current Population Reports, P60–277. 2022; Shrider EA, Creamer J. Poverty in the United States: 2022. Current Population Reports, P60–280. 2023; Shrider EA. Poverty in the United States: 2023. Current Population Reports, P60–283. 2024; Shrider EA, Bijou C. Poverty in the United States: 2024. Current Population Reports, P60–287. 2025). The percentage of respondents younger than age 65 with unknown poverty status was 11.6% in 2021, 12.1% in 2022, 13.7% in 2023, 14.0% in 2024, and 13.4% in the first 6 months of 2025. People with unknown poverty status are not shown in this table. Estimates may differ from estimates that are based on both reported and imputed income.

²People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table V. Percentage of people younger than age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by race and ethnicity, age group, and year: United States, 2021–June 2025

Race and ethnicity ¹ , age group (years), year, and 6-month interval	Uninsured ² Percent (95% CI)	Public health plan coverage ³ Percent (95% CI)	Private health insurance coverage ⁴ Percent (95% CI)
Asian, non-Hispanic			
Younger than 65:			
2021	5.2 (4.0–6.8)	20.4 (18.1–22.8)	74.9 (72.2–77.4)
2022	6.5 (4.8–8.5)	20.8 (17.8–24.1)	73.5 (70.0–76.7)
2023	3.9 (3.0–5.0)	18.6 (16.6–20.7)	78.1 (75.7–80.4)
2024	4.8 (3.9–5.9)	17.0 (14.3–20.0)	79.5 (76.7–82.0)
2025 (Jan–Jun)	4.6 (2.9–6.7)	17.5 (12.5–23.4)	79.4 (73.8–84.4)
0–17:			
2021	1.3 (0.6–2.5)	29.0 (24.0–34.4)	70.9 (65.6–75.7)
2022	4.1 (2.4–6.3)	31.2 (25.8–37.0)	65.4 (59.8–70.7)
2023	2.2 (1.1–3.8)	28.5 (24.7–32.6)	70.2 (66.1–74.1)
2024	2.7 (1.4–4.7)	23.2 (19.1–27.7)	75.6 (71.3–79.6)
2025 (Jan–Jun)	*	21.1 (12.4–32.2)	77.7 (65.9–86.9)
18–64:			
2021	6.3 (4.8–8.2)	18.0 (16.0–20.2)	76.0 (73.6–78.2)
2022	7.1 (5.2–9.5)	18.1 (15.4–21.1)	75.5 (72.3–78.6)
2023	4.4 (3.3–5.7)	15.9 (13.8–18.2)	80.3 (77.6–82.7)
2024	5.4 (4.2–6.7)	15.5 (12.4–18.9)	80.4 (77.5–83.2)
2025 (Jan–Jun)	5.0 (3.4–7.0)	16.6 (11.9–22.2)	79.9 (74.4–84.6)
Black, non-Hispanic			
Younger than 65:			
2021	11.2 (9.9–12.5)	41.5 (38.7–44.4)	49.4 (46.8–52.0)
2022	10.4 (9.2–11.7)	41.8 (39.6–44.0)	50.0 (47.8–52.2)
2023	8.6 (7.6–9.6)	41.7 (38.7–44.7)	52.3 (49.5–55.1)
2024	8.5 (7.3–9.8)	41.3 (38.3–44.3)	52.3 (49.7–55.0)
2025 (Jan–Jun)	9.1 (7.4–11.0)	36.9 (34.4–39.5)	56.4 (53.8–58.9)
0–17:			
2021	3.0 (1.8–4.8)	66.1 (61.4–70.5)	32.6 (28.2–37.4)
2022	2.4 (1.3–4.1)	66.2 (62.5–69.8)	33.2 (29.6–37.0)
2023	3.2 (2.0–5.0)	62.2 (57.3–66.9)	36.9 (32.2–41.8)
2024	2.8 (1.7–4.2)	63.2 (58.7–67.5)	36.1 (32.3–40.2)
2025 (Jan–Jun)	3.3 (1.7–5.6)	56.2 (49.7–62.5)	41.7 (35.8–47.9)
18–64:			
2021	14.1 (12.5–15.7)	32.6 (29.9–35.5)	55.4 (52.8–58.1)
2022	13.3 (11.6–15.2)	33.0 (30.8–35.2)	56.1 (53.4–58.7)
2023	10.4 (9.2–11.8)	34.4 (31.5–37.3)	57.7 (55.0–60.4)
2024	10.5 (9.1–12.1)	33.4 (30.7–36.2)	58.2 (55.6–60.7)
2025 (Jan–Jun)	11.1 (9.0–13.4)	30.2 (27.4–33.2)	61.5 (58.5–64.3)

See footnotes at the end of table.

Table V. Percentage of people younger than age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by race and ethnicity, age group, and year: United States, 2021–June 2025—Con.

Race and ethnicity ¹ , age group (years), year, and 6-month interval	Uninsured ² Percent (95% CI)	Public health plan coverage ³ Percent (95% CI)	Private health insurance coverage ⁴ Percent (95% CI)
White, non-Hispanic			
Younger than 65:			
2021	7.2 (6.7–7.8)	21.6 (20.6–22.6)	73.3 (72.1–74.4)
2022	6.4 (5.8–7.0)	21.7 (20.5–22.9)	74.2 (72.9–75.5)
2023	5.8 (5.4–6.3)	22.5 (21.3–23.6)	74.1 (73.0–75.2)
2024	7.0 (6.3–7.7)	19.9 (19.0–20.8)	75.2 (73.9–76.4)
2025 (Jan–Jun)	7.0 (6.2–7.9)	20.1 (18.7–21.6)	75.3 (73.6–76.9)
0–17:			
2021	2.7 (2.1–3.3)	31.5 (29.4–33.7)	68.5 (66.3–70.6)
2022	3.4 (2.6–4.3)	30.7 (28.6–32.9)	68.3 (66.1–70.5)
2023	2.6 (2.0–3.3)	31.6 (29.4–33.9)	68.2 (65.9–70.4)
2024	4.3 (3.6–5.2)	28.5 (26.6–30.4)	69.3 (67.4–71.2)
2025 (Jan–Jun)	3.9 (2.6–5.6)	28.8 (26.0–31.7)	70.0 (66.7–73.1)
18–64:			
2021	8.7 (8.0–9.4)	18.5 (17.6–19.4)	74.8 (73.7–75.8)
2022	7.4 (6.8–8.1)	18.8 (17.8–19.8)	76.1 (74.9–77.3)
2023	6.8 (6.3–7.4)	19.6 (18.6–20.6)	75.9 (74.9–76.9)
2024	7.9 (7.1–8.7)	17.2 (16.4–18.1)	77.0 (75.7–78.1)
2025 (Jan–Jun)	8.0 (7.1–9.0)	17.4 (16.2–18.6)	76.9 (75.4–78.4)
Other races and multiple races, non-Hispanic			
Younger than 65:			
2021	11.0 (8.6–13.8)	40.2 (35.1–45.5)	51.9 (46.3–57.4)
2022	8.4 (6.4–10.9)	41.4 (34.4–48.7)	53.7 (47.3–60.0)
2023	10.5 (8.1–13.3)	36.8 (32.3–41.4)	55.7 (50.7–60.7)
2024	8.9 (7.0–11.0)	38.6 (34.1–43.3)	54.9 (49.9–59.7)
2025 (Jan–Jun)	9.3 (5.8–14.0)	33.2 (27.0–39.8)	58.6 (51.3–65.7)
0–17:			
2021	5.0 (2.6–8.6)	49.3 (42.9–55.7)	48.8 (43.8–53.9)
2022	2.3 (1.0–4.6)	49.5 (43.5–55.5)	51.4 (45.8–57.0)
2023	*	47.8 (41.7–54.0)	50.5 (44.6–56.5)
2024	4.7 (2.9–7.0)	46.5 (40.9–52.1)	51.9 (46.9–57.0)
2025 (Jan–Jun)	3.2 (1.4–6.3)	39.4 (31.0–48.4)	59.4 (50.4–68.0)
18–64:			
2021	15.5 (12.3–19.3)	33.5 (27.2–40.1)	54.1 (46.1–62.0)
2022	13.0 (10.0–16.6)	35.4 (26.0–45.6)	55.5 (46.5–64.1)
2023	14.8 (11.7–18.3)	28.4 (23.1–34.1)	59.7 (52.9–66.1)
2024	12.0 (8.9–15.6)	32.8 (27.9–38.0)	57.0 (50.9–63.0)
2025 (Jan–Jun)	14.7 (8.7–22.6)	27.7 (20.5–35.9)	57.9 (48.9–66.5)

See footnotes at the end of table.

Table V. Percentage of people younger than age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by race and ethnicity, age group, and year: United States, 2021–June 2025—Con.

Race and ethnicity ¹ , age group (years), year, and 6-month interval	Uninsured ² Percent (95% CI)	Public health plan coverage ³ Percent (95% CI)	Private health insurance coverage ⁴ Percent (95% CI)
Hispanic			
Younger than 65:			
2021	22.8 (21.0–24.6)	36.1 (34.6–37.5)	42.5 (40.8–44.3)
2022	20.9 (19.1–22.7)	35.3 (33.1–37.6)	45.1 (43.4–46.9)
2023	19.0 (17.2–20.9)	38.7 (36.6–40.8)	43.5 (41.1–45.9)
2024	19.2 (17.9–20.6)	35.7 (33.6–37.7)	46.7 (44.6–48.8)
2025 (Jan–Jun)	18.7 (16.9–20.7)	33.0 (30.6–35.4)	49.9 (47.8–51.9)
0–17:			
2021	7.8 (6.6–9.1)	61.2 (59.1–63.3)	32.5 (30.3–34.9)
2022	7.1 (5.7–8.7)	59.4 (56.6–62.2)	35.7 (33.1–38.3)
2023	6.9 (5.6–8.4)	62.3 (59.7–64.9)	32.2 (29.7–34.8)
2024	8.1 (6.4–10.0)	57.0 (54.2–59.7)	36.7 (33.6–39.8)
2025 (Jan–Jun)	8.1 (6.3–10.2)	54.2 (50.7–57.7)	40.5 (37.1–43.9)
18–64:			
2021	30.1 (27.9–32.4)	23.7 (22.1–25.4)	47.4 (45.6–49.3)
2022	27.6 (25.3–29.9)	23.7 (21.4–26.0)	49.7 (48.0–51.5)
2023	24.8 (22.3–27.4)	27.5 (25.2–29.8)	48.8 (46.4–51.3)
2024	24.6 (23.0–26.3)	25.2 (23.3–27.2)	51.6 (49.5–53.7)
2025 (Jan–Jun)	23.6 (21.2–26.2)	23.1 (20.8–25.6)	54.2 (51.7–56.7)

* Estimate does not meet National Center for Health Statistics standards of reliability.

¹Hispanic origin and race are two separate and distinct categories. Race groups are non-Hispanic. People of Hispanic or Latino origin may be of any race or combination of races. Hispanic or Latino origin includes people of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on respondents' descriptions of their own racial background. More than one race may be reported. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category "not Hispanic, Black or African American, single race" is referred to as "Black, non-Hispanic (subsequently, Black)." Estimates for non-Hispanic people of races other than Asian only, Black only, and White only, or of multiple races, are combined into the "other races and multiple races" category.

²People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

NOTES: CI is confidence interval. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table VI. Percentage of people younger than age 65 who were uninsured, had public health plan coverage, or had private health insurance coverage at the time of interview, by state Medicaid expansion status, age group, and year: United States, 2021–June 2025

State Medicaid expansion status ¹ , age group (years), year, and 6-month interval	Uninsured ² Percent (95% CI)	Public health plan coverage ³ Percent (95% CI)	Private health insurance coverage ⁴ Percent (95% CI)
Medicaid expansion states ⁵			
Younger than 65:			
2021	8.1 (7.5–8.7)	28.9 (27.8–30.0)	65.0 (63.7–66.3)
2022	7.5 (6.9–8.2)	28.9 (27.5–30.3)	65.8 (64.3–67.3)
2023	6.9 (6.5–7.4)	29.7 (28.5–30.8)	65.5 (64.3–66.7)
2024	7.8 (7.3–8.4)	28.1 (26.9–29.2)	66.2 (64.9–67.5)
2025 (Jan–Jun)	7.7 (6.9–8.5)	27.0 (25.7–28.4)	67.4 (65.8–68.9)
0–17:			
2021	2.6 (2.1–3.1)	42.7 (40.9–44.6)	57.3 (55.3–59.3)
2022	3.2 (2.6–4.0)	41.9 (39.6–44.1)	57.4 (55.3–59.6)
2023	3.1 (2.5–3.8)	42.1 (40.1–44.2)	57.0 (54.9–59.1)
2024	3.6 (3.0–4.3)	40.9 (38.8–43.0)	57.6 (55.5–59.8)
2025 (Jan–Jun)	3.5 (2.6–4.6)	39.0 (36.3–41.7)	60.1 (57.1–63.0)
18–64:			
2021	10.1 (9.3–10.9)	23.8 (22.8–24.9)	67.8 (66.6–69.0)
2022	9.1 (8.3–9.9)	24.2 (23.0–25.5)	68.8 (67.4–70.2)
2023	8.3 (7.7–8.9)	25.2 (24.2–26.2)	68.6 (67.6–69.6)
2024	9.3 (8.7–10.0)	23.4 (22.4–24.5)	69.3 (68.1–70.4)
2025 (Jan–Jun)	9.2 (8.2–10.2)	22.8 (21.6–24.0)	70.0 (68.7–71.2)
Non-Medicaid expansion states ⁶			
Younger than 65:			
2021	16.8 (15.6–18.1)	25.5 (24.2–26.8)	59.4 (57.6–61.3)
2022	15.7 (14.2–17.3)	25.4 (23.7–27.1)	60.7 (58.6–62.8)
2023	13.9 (12.4–15.5)	26.3 (24.3–28.3)	61.8 (59.0–64.5)
2024	15.2 (13.7–16.7)	23.0 (21.2–24.8)	63.4 (61.0–65.9)
2025 (Jan–Jun)	15.3 (14.0–16.6)	21.4 (19.5–23.4)	65.4 (62.9–67.9)
0–17:			
2021	7.2 (6.1–8.4)	47.5 (44.8–50.2)	46.9 (43.9–49.8)
2022	6.2 (5.0–7.7)	47.8 (44.5–51.1)	47.6 (44.1–51.1)
2023	5.7 (4.4–7.3)	48.9 (45.3–52.4)	47.3 (43.8–50.8)
2024	8.9 (7.1–11.1)	43.3 (40.3–46.4)	49.5 (45.6–53.3)
2025 (Jan–Jun)	8.1 (5.9–10.8)	40.4 (36.6–44.3)	53.5 (48.7–58.3)
18–64:			
2021	20.4 (18.9–21.9)	17.4 (16.2–18.5)	64.1 (62.3–65.9)
2022	19.2 (17.5–21.0)	17.0 (15.5–18.7)	65.6 (63.5–67.6)
2023	16.8 (15.0–18.8)	18.1 (16.4–19.9)	67.0 (64.4–69.5)
2024	17.4 (15.9–19.1)	15.5 (14.2–16.9)	68.5 (66.4–70.6)
2025 (Jan–Jun)	17.9 (16.5–19.5)	14.3 (12.6–16.2)	69.9 (67.6–72.1)

¹Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152), states have the option to expand Medicaid eligibility to cover adults who have incomes up to and including 138% of the federal poverty level. No deadline is imposed for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2025, 40 states and the District of Columbia moved forward with Medicaid expansion.

²People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or only a private plan that paid for one type of service, such as accidents or dental care.

³Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. A small number of people were covered by both public and private plans and were included in both categories.

⁴Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories.

⁵For 2021, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion. Beginning with 2022, two states have been added to this grouping: Missouri and Oklahoma. Beginning with 2024, two states have been added to this grouping: North Carolina and South Dakota.

⁶For 2021, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming. Beginning with 2022, two states have been removed from this grouping: Missouri and Oklahoma. Beginning with 2024, two states have been removed from this grouping: North Carolina and South Dakota.

NOTES: CI is confidence interval. Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table VII. Percentage and number of people younger than age 65 who had exchange-based private health insurance coverage at the time of interview, by age group and year: United States, 2021–June 2025

Age group (years), year, and 6-month interval	Percent (95% confidence interval)	Number in millions
Younger than 65		
2021	4.3 (4.0–4.7)	11.6
2022	4.3 (4.0–4.6)	11.6
2023	4.8 (4.5–5.1)	13.0
2024	5.7 (5.3–6.1)	15.6
2025 (Jan–Jun)	6.5 (5.8–7.1)	17.8
0–17		
2021	2.1 (1.7–2.6)	1.5
2022	2.2 (1.8–2.7)	1.6
2023	2.8 (2.4–3.4)	2.1
2024	3.0 (2.6–3.5)	2.2
2025 (Jan–Jun)	4.0 (3.2–5.0)	2.9
18–64		
2021	5.1 (4.7–5.5)	10.1
2022	5.0 (4.6–5.4)	10.0
2023	5.5 (5.1–5.9)	11.0
2024	6.7 (6.3–7.2)	13.4
2025 (Jan–Jun)	7.3 (6.7–8.0)	14.9

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table VIII. Percentage and number of people younger than age 65 who had exchange-based private health insurance coverage at the time of interview, by sex and year: United States, 2021–June 2025

Sex, year, and 6-month interval		Percent (95% confidence interval)	Number in millions
Female			
2021		4.8 (4.3–5.2)	6.5
2022		4.6 (4.2–5.1)	6.3
2023		5.1 (4.7–5.6)	7.0
2024		6.2 (5.8–6.7)	8.5
2025 (Jan–Jun)		7.1 (6.2–8.0)	9.8
Male			
2021		3.9 (3.5–4.2)	5.2
2022		3.9 (3.5–4.3)	5.3
2023		4.4 (4.0–4.9)	6.0
2024		5.2 (4.7–5.7)	7.1
2025 (Jan–Jun)		5.8 (5.1–6.5)	8.0

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table IX. Percentage and number of people younger than age 65 who had exchange-based private health insurance coverage at the time of interview, by family income and year: United States, 2021–June 2025

Family income as a percentage of FPL ¹ , year, and 6-month interval	Percent (95% confidence interval)	Number in millions
Less than 100% FPL		
2021	1.9 (1.3–2.6)	0.6
2022	3.3 (2.5–4.2)	1.0
2023	4.6 (3.7–5.7)	1.5
2024	5.3 (4.2–6.6)	1.8
2025 (Jan–Jun)	5.0 (3.6–6.8)	1.6
100% to less than 200% FPL		
2021	6.4 (5.5–7.4)	3.5
2022	6.0 (5.1–7.0)	3.1
2023	5.9 (5.2–6.8)	3.0
2024	8.4 (7.5–9.4)	4.4
2025 (Jan–Jun)	9.4 (8.0–11.1)	4.8
200%–400% FPL		
2021	5.3 (4.7–6.0)	4.2
2022	5.2 (4.6–6.0)	4.0
2023	6.5 (5.7–7.4)	4.9
2024	6.8 (6.1–7.6)	5.4
2025 (Jan–Jun)	8.1 (7.0–9.2)	6.8
Greater than 400% FPL		
2021	2.6 (2.2–3.0)	2.7
2022	2.9 (2.6–3.3)	3.4
2023	3.4 (3.0–3.8)	3.6
2024	3.4 (3.0–3.9)	4.0
2025 (Jan–Jun)	4.0 (3.1–4.9)	4.5

¹FPL is federal poverty level. Income categories are based on the ratio of the family's income in the previous calendar year to the appropriate poverty threshold (given the family's size and number of children) defined by the U.S. Census Bureau for that year (Shrider EA, Kollar M, Chen F, Semega J. Income and Poverty in the United States: 2020. Current Population Reports, P60–273. 2021; Creamer J, Shrider EA, Burns K, Chen F. Poverty in the United States: 2021. Current Population Reports, P60–277. 2022; Shrider EA, Creamer J. Poverty in the United States: 2022. Current Population Reports, P60–280. 2023; Shrider EA. Poverty in the United States: 2023. Current Population Reports, P60–283. 2024; Shrider EA, Bijou C. Poverty in the United States: 2024. Current Population Reports, P60–287. 2025). The percentage of respondents younger than age 65 with unknown poverty status was 11.6% in 2021, 12.1% in 2022, 13.7% in 2023, 14.0% in 2024, and 13.4% in the first 6 months of 2025. People with unknown poverty status are not shown in this table. Estimates may differ from estimates that are based on both reported and imputed income.

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table X. Percentage and number of people younger than age 65 who had exchange-based private health insurance coverage at the time of interview, by race and ethnicity and year: United States, 2021–June 2025

Race and ethnicity ¹ , year, and 6-month interval	Percent (95% confidence interval)	Number in millions
Black, non-Hispanic		
2021	3.9 (3.2–4.8)	1.3
2022	3.8 (3.0–4.6)	1.3
2023	4.7 (3.6–6.0)	1.6
2024	5.5 (4.3–6.9)	1.9
2025 (Jan–Jun)	6.1 (4.9–7.5)	2.1
White, non-Hispanic		
2021	4.2 (3.8–4.6)	6.4
2022	4.2 (3.8–4.6)	6.4
2023	4.7 (4.2–5.1)	7.1
2024	5.3 (4.9–5.7)	8.0
2025 (Jan–Jun)	6.3 (5.7–7.0)	9.5
Hispanic		
2021	4.4 (3.6–5.3)	2.5
2022	4.7 (4.1–5.4)	2.7
2023	5.2 (4.5–6.1)	3.1
2024	6.8 (5.8–8.0)	4.1
2025 (Jan–Jun)	6.9 (5.3–8.8)	4.3

¹Hispanic origin and race are two separate and distinct categories. Race groups are non-Hispanic. People of Hispanic origin may be of any race or combination of races. Hispanic origin includes people of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on respondents' descriptions of their own racial background. More than one race may be reported. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category "not Hispanic, Black or African American, single race" is referred to as "Black non-Hispanic."

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.

Table XI. Percentage and number of people younger than age 65 who had exchange-based private health insurance coverage at the time of interview, by Medicaid expansion status and year: United States, 2021–June 2025

State Medicaid expansion status ¹ , year, and 6-month interval	Percent (95% confidence interval)	Number in millions
Medicaid expansion states ^{1,2}		
2021	4.0 (3.6–4.5)	7.2
2022	3.9 (3.5–4.2)	7.2
2023	4.1 (3.8–4.5)	7.8
2024	4.6 (4.3–5.0)	9.2
2025 (Jan–Jun)	4.9 (4.4–5.4)	9.7
Non-Medicaid expansion states ^{1,3}		
2021	4.9 (4.4–5.5)	4.4
2022	5.2 (4.6–5.8)	4.4
2023	6.2 (5.4–7.1)	5.2
2024	8.5 (7.3–9.9)	6.4
2025 (Jan–Jun)	10.3 (8.7–12.1)	8.1

¹Under provisions of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152), states have the option to expand Medicaid eligibility to cover adults who have income up to and including 138% of FPL. No deadline is imposed for states to choose to implement the Medicaid expansion, and they may do so at any time. As of January 1, 2025, 40 states and the District of Columbia moved forward with Medicaid expansion.

²For 2021, states moving forward with Medicaid expansion included: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. The District of Columbia also moved forward with Medicaid expansion. Beginning with 2022, two states have been added to this grouping: Missouri and Oklahoma. Beginning with 2024, two states have been added to this grouping: North Carolina and South Dakota.

³For 2021, states not moving forward with Medicaid expansion included: Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming. Beginning with 2022, two states have been removed from this grouping: Missouri and Oklahoma. Beginning with 2024, two states have been removed from this grouping: North Carolina and South Dakota.

NOTES: Exchange-based coverage is a private health insurance plan purchased through the Health Insurance Marketplace or state-based exchanges that were established as part of the Affordable Care Act of 2010 (P.L. 111–148, P.L. 111–152). Data are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021–2025.