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Health Insurance in Michigan

2008 - 2024

CHRT

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Key Takeaways– Changes in Insurance Coverage, 2008-2024

1. **The Uninsured: The percentage of Michigan residents without health insurance declined substantially between 2008 and 2024.**
 - o The uninsured rate decreased by 50 percent, from 11.8% in 2008 to 5.2% in 2024.
 - o Throughout this period, Michigan's uninsured rate was on average 3 percentage points lower than the national rate.
2. **Public Insurance: Participation in both Medicaid and Medicare increased.**
 - o The share of Michiganders with Medicaid increased from 11.6% in 2008 to 16.3% in 2024, due mainly to expansions of Medicaid eligibility under the Affordable Care Act.
 - o The share of Michiganders with Medicare increased from 14.5% in 2008 to 21.4% in 2024, due to an increase in the share of the state's population that is 65 or older.
3. **Private Employer-Sponsored Coverage: Employer-sponsored health insurance coverage declined overall, but remained stable when accounting for the aging state population.**
 - o Employer-sponsored coverage declined from 57.3% in 2008 to 52.1% in 2024; this change, too, was largely due to population aging.
 - o Among working-age adults (ages 19 through 64), employer-sponsored coverage changed very little: from 66.0% in 2008 to 65.4% in 2024.
4. **Rural and Urban Coverage: Improvements in health care coverage were similar across both urban and rural regions in Michigan.**
 - o The uninsured rate fell by similar amounts in urban and rural counties. In 2024, the uninsured rate was 4.8% in urban counties and 6.6% in rural counties.
 - o Urban and rural counties experienced similar increases in Medicaid coverage. In 2024, Medicaid covered 16.5% of Michiganders living in urban counties and 15.6% of those in rural counties.

Introduction

This brief describes changes in health insurance coverage in Michigan from 2008 - 2024. This period covers several important policy changes including the passage of the Affordable Care Act (ACA) in 2010; implementation of its major coverage provisions in 2014; temporary continuous enrollment protections for Medicaid during the pandemic; enhanced premium tax credits for Marketplace coverage starting in 2021; and the return to regular Medicaid renewal and redetermination operations in 2023 (the “Medicaid unwinding”).

The data presented here show trends in coverage prior to the implementation of the provisions of PL 119-21 of 2025, sometimes referred to as the “One Big Beautiful Bill Act,” which is anticipated to make significant changes to health insurance coverage. The goal of this brief is to equip policymakers, health system leaders, and community stakeholders with information about coverage patterns in the state to inform ongoing policy discussions.

Types of Health Insurance Coverage in Michigan

Michiganders receive health insurance coverage from a range of sources including employer-sponsored insurance, public programs including Medicare and Medicaid, and private plans purchased directly from insurance companies. Individuals may have coverage from more than one source, or they may not have coverage from any of them.

- **Employer-sponsored insurance:** As in the rest of the United States, most Michiganders under age 65 obtain coverage through an employer. Employees share the costs of premiums in addition to making out-of-pocket payments in the form of copays, coinsurance, and/or deductibles when they receive care. Employer-sponsored health insurance benefits from significant public subsidies because employer and employee contributions to premiums are not subject to income or payroll taxes.
- **Public programs:** Medicare and Medicaid are the largest public programs that provide coverage in Michigan and nationally. Medicare is operated by the federal government and is nearly universal for individuals age 65 and older. Younger individuals can qualify for Medicare if they receive Social Security disability benefits or if they have end-stage renal disease. Medicaid is jointly funded by federal and state governments and covers low-income individuals and families. Different eligibility rules apply to children and adults, with more generous eligibility for children. Some states have separate Children’s Health Insurance Programs (CHIP) that provide benefits that are similar to Medicaid. In Michigan, Medicaid for children is known as the Healthy Kids program; the state’s CHIP program is known as MICHild; and the state’s ACA Medicaid expansion program is called the Healthy Michigan Plan. Most people enrolled in these programs receive their coverage through private insurers who

contract with the state to provide managed care services.

- **Individually purchased coverage:** Those without health insurance from another source can purchase coverage through the ACA Marketplace (HealthCare.gov) or directly from insurers. Low-income consumers with Marketplace coverage are eligible for federal tax credits to reduce their premium payments and point-of-service cost-sharing. These subsidies are not available for coverage purchased outside of the ACA Marketplace.
- **Uninsured:** Individuals without coverage from any of these sources are uninsured.



Key Milestones Affecting Coverage Trends (2008-2024)

Between 2008 and 2024, public policy changes at the state and federal level affected insurance coverage in Michigan (Figure 1). These included:

Affordable Care Act Implementation (2010–2014) Congress passed the Affordable Care Act in 2010. The ACA introduced fundamental health insurance reforms, including the option for states to expand Medicaid to eligible low-income adults; the establishment of regulated health insurance Marketplaces where consumers can purchase individually purchased coverage, with subsidies for low-income consumers that cap what they must pay for coverage; a tax penalty for not having health insurance; a mandate for large employers to provide affordable coverage to full-time workers; a requirement that employers extend dependent coverage up to the age of 26; as well as new consumer protections that prevent private insurers from denying coverage, canceling coverage based on health, or charging consumers different premiums based on their health status or certain other demographic factors.ⁱ

The Healthy Michigan Plan (2014) Implemented in April 2014, the Healthy Michigan Plan—Michigan’s expansion of Medicaid under the ACA—extended Medicaid eligibility to adults up to 138% of the federal poverty level.ⁱⁱ In 2014, the income cutoff for adults in a family of four was approximately \$33,000; in 2026, it is \$45,540.ⁱⁱⁱ

Individual mandate reduced to zero (2017) In 2017, Congress reduced the ACA’s tax penalty for not having insurance coverage to \$0, effectively suspending indefinitely the so-called “individual mandate”. The ACA’s financial penalty for large employers who do not provide affordable coverage for their workers – the “employer mandate” – remains in place.

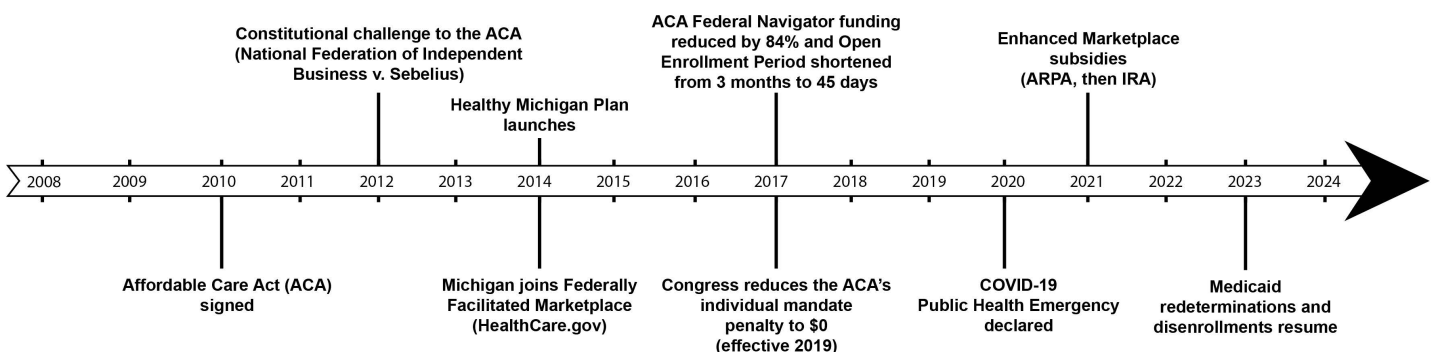
Marketplace Policy Shifts (2017–2019) Beginning in 2017, the Trump Administration made a number of changes to the funding and regulation of the ACA Marketplaces. These included defunding cost-sharing subsidies; shortening the open enrollment period; cutting funding for outreach programs; and loosening requirements for individually purchased coverage policies sold outside the Marketplaces.^{iv}

COVID-19 Public Health Emergency: Continuous Medicaid coverage (2020–2023) In response to the Public Health Emergency declared in January 2020, Congress enacted the 2020 Families First Coronavirus Response Act, which included a provision increasing federal funds for Medicaid in states that maintained continuous coverage for current Medicaid enrollees.^v As a result, all states including Michigan suspended the routine process of periodically redetermining enrollees’ eligibility for the program, effectively freezing disenrollment from Medicaid.

Enhanced Premium Tax Credits (2021-2025) Congress enhanced the generosity of Marketplace premium subsidies under the 2021 American Rescue Plan Act (ARPA) by lowering the income-based caps on what Marketplace enrollees must pay for coverage.^{vi} For example, under the original ACA subsidies, a family with income 1.5 times the poverty level might have been asked to pay as much as 4% of their income for coverage; the enhanced subsidies under ARPA capped their payments at 2% of income. Eligibility for premium tax credits was also extended to people with incomes above 400% of the poverty level. The 2022 Inflation Reduction Act (IRA) extended the enhanced subsidies through 2025.

Medicaid “Unwinding” (2023) When the federal Public Health Emergency expired in May 2023, states were directed to end continuous Medicaid enrollment.^{vii} Michigan reinstated the assessment of Medicaid eligibility in April 2023.

Figure 1. Timeline of Key State and Federal Policy Milestones, 2008-2024



Data and Methods

Our analysis is based on annual data from the American Community Survey (ACS), a large, nationally representative population survey conducted by the U.S. Census Bureau. The analysis period spans the years 2008, the first year that the ACS included information on insurance coverage, to 2024, the most recently available data. Because of its large sample size, it is possible to use the ACS to study health insurance coverage at the state and sub-state levels. In each year, there are approximately 100,000 observations for Michigan.

Information on insurance coverage is collected for each person in a responding household. Respondents are provided a list of eight possible types of health insurance and asked to indicate all types of coverage that they have at the time of the survey. The options are: employer-sponsored insurance; Medicare; Medicaid/CHIP; direct purchase insurance (referred to as individually purchased coverage in our analysis); Veteran’s health care (VA); TRICARE or other military health insurance; Indian Health Service; and any other type of health insurance or health coverage plan. Following common conventions, we group military coverage with employer-sponsored insurance and consider people who only report coverage through the Indian Health Service to be uninsured. In cases where more than one source of coverage is reported, we apply a hierarchy developed by the State Health Access Data Assistance Center (SHADAC).^{viii}

To compare coverage in rural and urban areas, we rely on county-level designations developed by the Michigan Center for Rural Health. These county-level measures are mapped to Public Use Microdata Areas (PUMAs), which are the finest geographic units available in the public use ACS data. County-level uninsured rates are obtained from the Census Bureau’s Table S2701. The data source for these estimates is the 2024 ACS, though we do not calculate these estimates directly.

Trends in Michigan Insurance Coverage, 2008-2024

Trends in health insurance coverage – whether people have coverage at all and where they get their coverage – will be affected by federal and state policy, demographic changes, and the economy. Over the period we studied, the largest policy changes had to do with the ACA, and the most important demographic change was the aging of Michigan’s population. The economy was largely stable during this period, although our starting point of 2008 was during the Great Recession and the pandemic induced a very short, sharp recession in early 2020.

The Uninsured Rate in Michigan and the US, 2008 to 2024

In Michigan, as in the rest of the US, the uninsured rate fell dramatically between 2008 and 2024, with Michigan’s uninsured rate dropping from 11.8% to 5.2% (Figure 2). The uninsured rate in Michigan has historically been below the national rate, and this was true throughout this period. The sharpest declines in the state’s uninsured rate occurred between 2013 and 2016, following the implementation of the major coverage provisions of the ACA in 2014.

Figure 2: Uninsured Rate, Michigan vs. the United States, 2008-2024

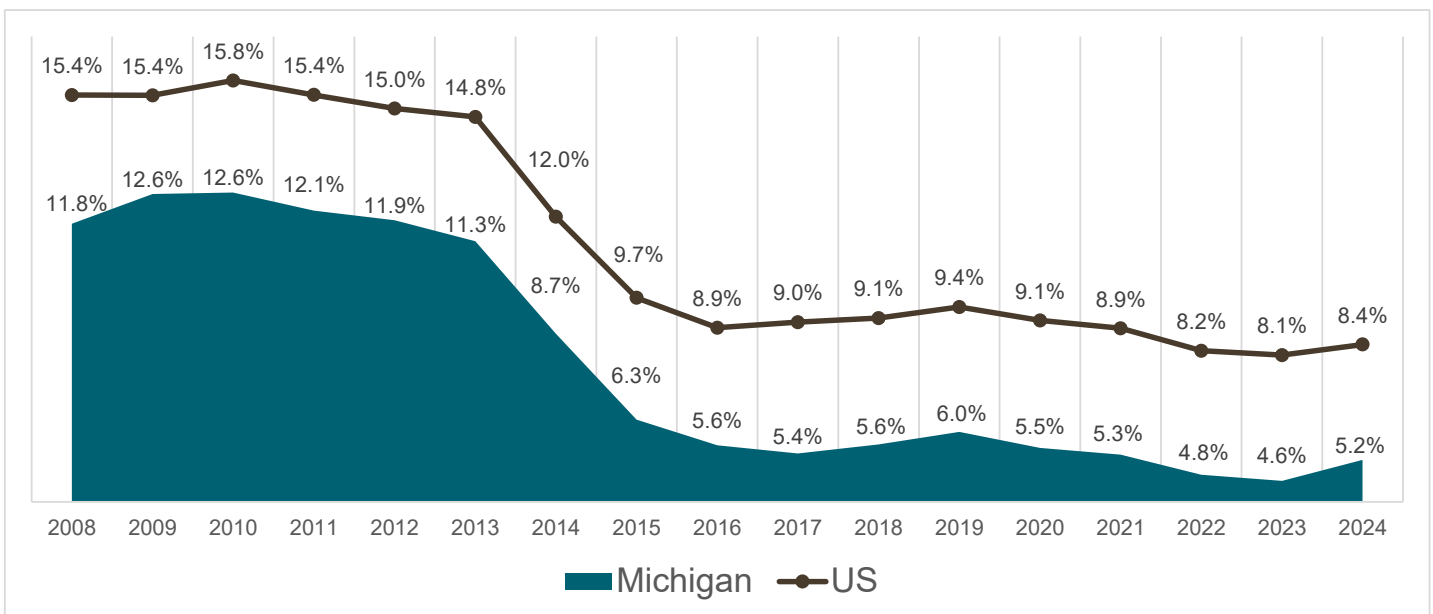
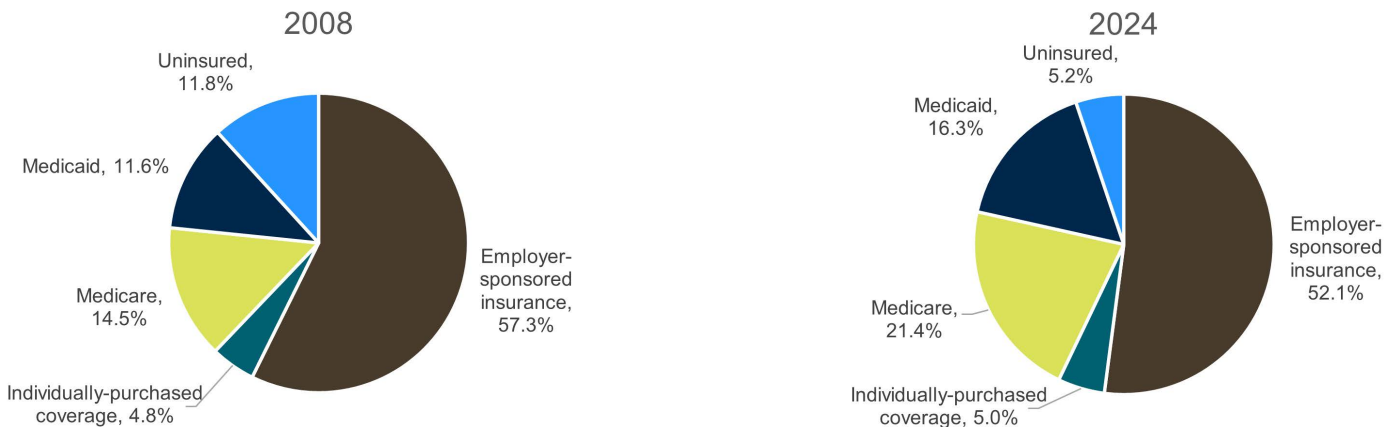


Figure 3 provides a detailed breakdown of coverage types for the entire Michigan population. The two categories of coverage that experienced the largest increases between 2008 and 2024 were Medicare, which increased from 14.5% of the population in 2008 to 21.4% in 2024 and Medicaid/CHIP, which increased from 11.6% of the population in 2008 to 16.3% in 2024. The percentage of Michiganders with employer-sponsored insurance declined from 57.3% to 52.1%, while the percentage with individually purchased coverage remained fairly constant at about 5%.

Figure 3. Health Insurance Coverage in Michigan by Type, 2008-2024

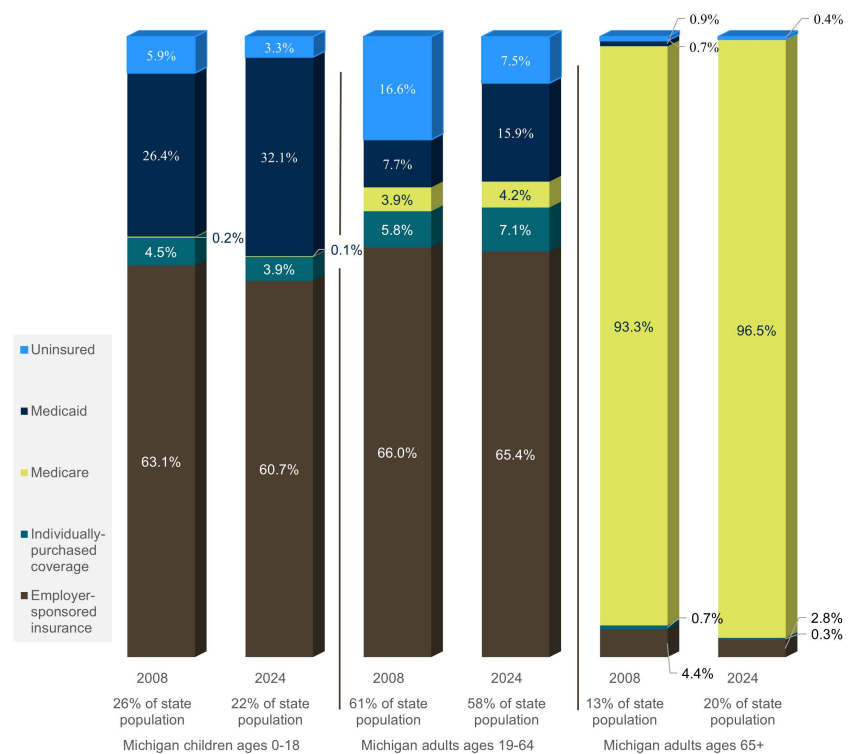


Sources of Coverage by Age Group, 2008 and 2024

To shed further light on these dynamics, Figure 4 presents the changes in coverage source separately for children (age 18 and younger), working-age adults (ages 19 through 64), and older adults (age 65 and older).

Historically, children were more likely to have Medicaid coverage than adults. In 2008, just over one-quarter of children were covered by Medicaid (Healthy Kids) or CHIP (MICHild). The ACA did not affect public insurance eligibility for children. Nonetheless, the percentage of children with such coverage increased to 32% in 2024. This change mainly reflects a spillover effect of the ACA Medicaid expansion that increased eligibility for low-income parents. Employer-sponsored insurance, the most important source of coverage for children, declined slightly, from 63% to 61%. The percentage of Michigan children who were uninsured fell from 5.9% in 2008 to 3.3% in 2024

Figure 4: Health insurance coverage in Michigan by age group, 2008 and 2024



Most ACA provisions were targeted at providing coverage for working-age adults, who were significantly more likely to be uninsured than children or adults over age 65. As a result, this group experienced the largest changes in insurance coverage between 2008 and 2024. The percentage with Medicaid roughly doubled between 2008 and 2024, increasing from 7.7% to 15.9%. The percentage of 19 to 64-year-olds with individually purchased coverage also increased, though by a smaller amount: from 5.8% to 7.1%. The net effect of these changes was a decline in the uninsured rate among working-age adults from 16.6% in 2008 to 7.5% in 2024.

In both years, roughly two-thirds of working-age adults were covered through an employer. The decline in employer-sponsored insurance shown in Figure 3 can be explained by a decline in the non-elderly share of Michigan’s population. The percentage of the population between the ages of 19 and 64 fell from 61% to 58% and the percentage age 18 and younger fell from 26% to 22%. The increase in Medicare coverage shown in Figure 3 can also be explained by changing demographics: the percentage of Michiganders over age 65 increased by roughly 50% between 2008 and 2024, from 13% to 20%.

The Uninsured Rate by Subgroups, 2008 and 2024

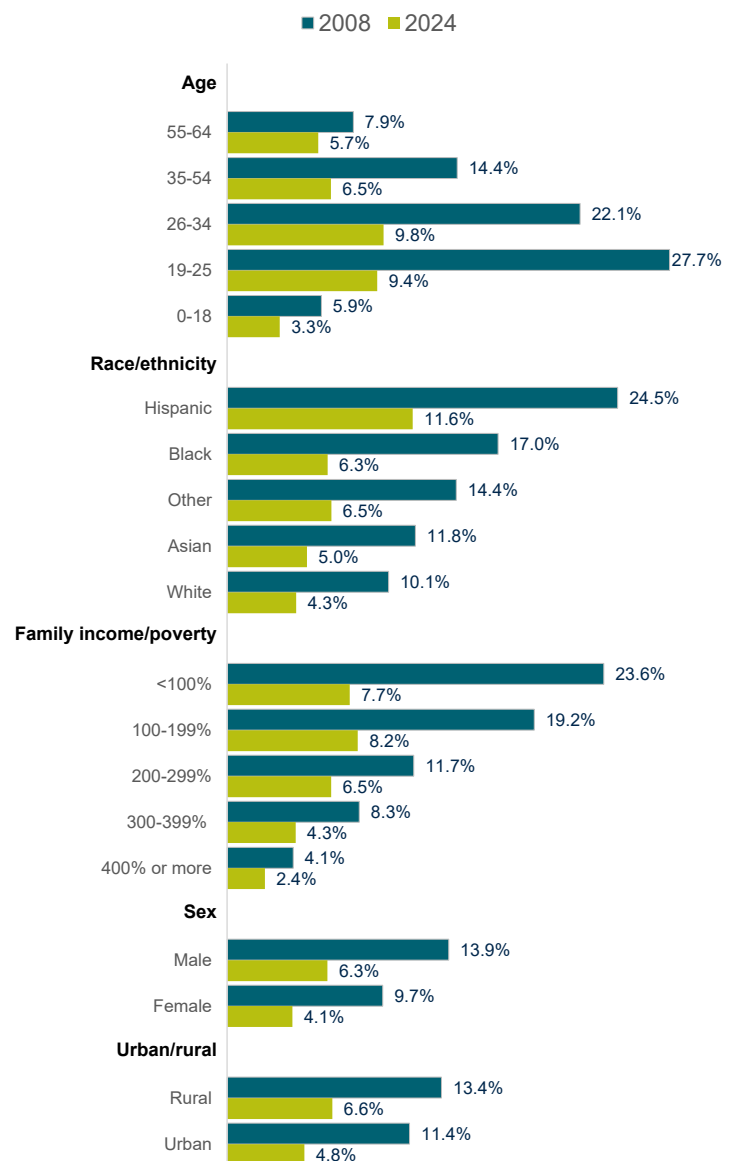
Figure 5 provides additional detail on how health insurance coverage changed for different socioeconomic and demographic groups within Michigan. A general pattern is that while coverage increased for all groups, the gains were greatest for those most likely to be uninsured at baseline, leading to a reduction in coverage disparities.

Figure 5 provides a finer breakdown by age. In 2008, 27.7% of 19 to 25-year-olds were uninsured, which was the highest rate of all age groups. These young adults experienced the greatest gain in coverage, largely due to the ACA provision that allows them to be covered by their parents’ insurance. In 2024 only 9.4% of individuals in this age group, and a similar percentage of 26 to 34-year-olds (9.8%) were uninsured.

Between 2008 and 2024, the uninsured rate fell significantly for all racial and ethnic groups. The change was largest for Hispanic people—a decline of 12.9 percentage points—though Hispanic people are still much more likely to be uninsured than non-Hispanic White people: 11.6% vs 4.3%. Similarly, while Black people were more likely than White people to be uninsured in 2024—6.3% vs. 4.3%—the gap was much smaller than in 2008—17.0% vs. 10.1%.

The narrowing of disparities is particularly evident when different income groups are compared. In 2008, there was a strong income gradient in coverage. Nearly one-quarter of Michiganders with incomes below the Federal Poverty level were uninsured. In 2024, the uninsured rate for this group was down to 7.7%. Similarly, there was a large decline in the uninsured rate for individuals with incomes between 100 and 199% of the poverty level.

Figure 5. Michigan’s Uninsured Rate by Subgroups, 2008-2024



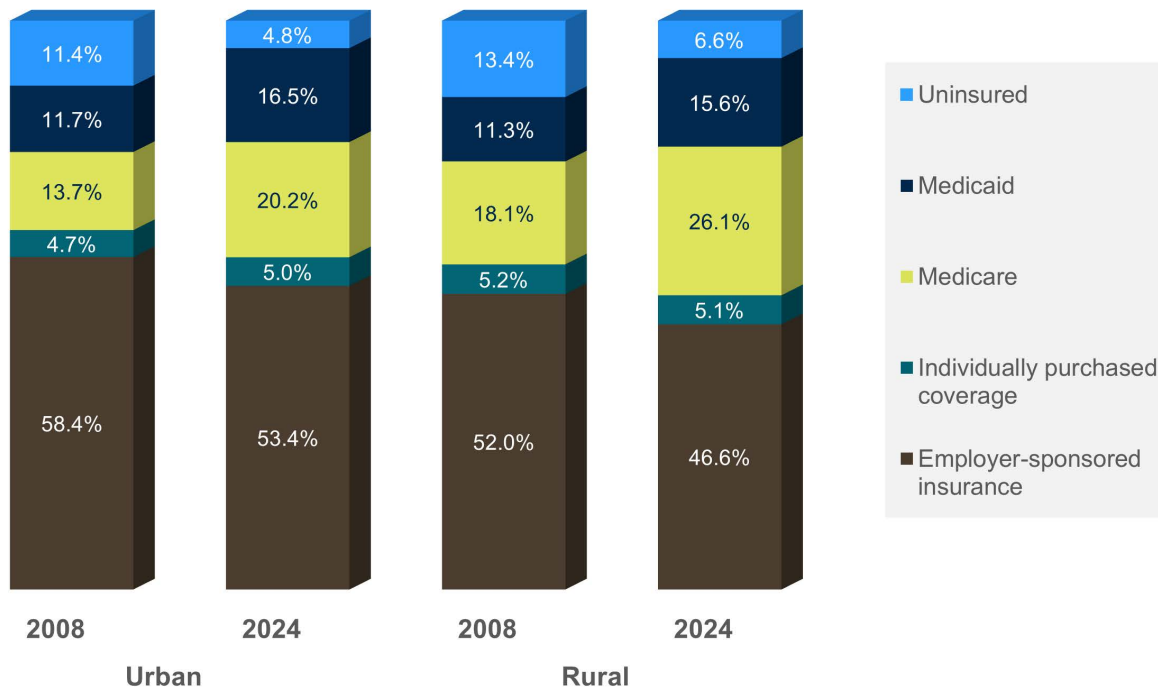
Geographic Variation in Coverage

Figures 6 and 7 describe geographic differences in health insurance coverage. Figure 6 presents sources of coverage in 2008 and 2024 for individuals living in urban and rural counties. In 2008, the uninsured rate was 2 percentage points higher in rural counties. Underlying this gap was a 6.4 percentage point difference in employer-sponsored insurance—58.4% in urban counties compared to 52.0% in rural counties—that was partially offset by a higher rate of Medicare coverage in rural counties —18.1% vs. 13.7%. There was no statistically significant difference in the percentage of urban and rural residents covered by Medicaid.

Between 2008 and 2024, residents of urban and rural counties experienced similar changes in coverage. In both urban and rural counties, Medicaid coverage increased because of the ACA and Medicare coverage increased because of population aging.

Figure 7 shows how the uninsured rate varies across Michigan’s 83 counties in 2024. The uninsured rate was below 10% in all but five counties and was at or below 5% in 40 counties. Michigan’s five largest counties by population are Wayne, Oakland, Macomb, Kent, and Genesee. Of these five, only Wayne County had an uninsured rate that was higher than the state average (6% vs 5.2%). Overall, the uninsured rate in 2024 was 5.6% in the Upper Peninsula and 5.2% in the Lower Peninsula.

Figure 6: Health insurance coverage, 2008 & 2024: Urban vs. Rural Michigan



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