<table>
<thead>
<tr>
<th>Category</th>
<th>Population (Millions)</th>
<th>Distribution of Population</th>
<th>Uninsured (Millions)</th>
<th>Distribution of Uninsured</th>
<th>Percent Uninsured by Category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL POPULATION</strong></td>
<td>245.2</td>
<td>100.0%</td>
<td>32.4</td>
<td>100.0%</td>
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</tr>
<tr>
<td><strong>TOTAL HEALTH CARE SPENDING</strong></td>
<td></td>
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</tr>
<tr>
<td>None</td>
<td>44.4</td>
<td>18.1%</td>
<td>13.8</td>
<td>42.7%</td>
<td>31.1%</td>
</tr>
<tr>
<td>$1-100</td>
<td>25.6</td>
<td>10.4%</td>
<td>4.3</td>
<td>13.4%</td>
<td>16.9%</td>
</tr>
<tr>
<td>$100-250</td>
<td>33.1</td>
<td>13.5%</td>
<td>4.0</td>
<td>12.4%</td>
<td>12.1%</td>
</tr>
<tr>
<td>$250-500</td>
<td>33.8</td>
<td>13.8%</td>
<td>3.1</td>
<td>9.7%</td>
<td>9.2%</td>
</tr>
<tr>
<td>$500-1000</td>
<td>34.0</td>
<td>13.8%</td>
<td>2.4</td>
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<td>7.2%</td>
</tr>
<tr>
<td>$1000-2500</td>
<td>36.0</td>
<td>14.7%</td>
<td>2.4</td>
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<td>6.7%</td>
</tr>
<tr>
<td>$2,500-$5,000</td>
<td>19.4</td>
<td>7.9%</td>
<td>1.2</td>
<td>3.7%</td>
<td>6.1%</td>
</tr>
<tr>
<td>More than $5,000</td>
<td>18.9</td>
<td>7.7%</td>
<td>1.1</td>
<td>3.2%</td>
<td>5.6%</td>
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<td><strong>SELF/OUT OF POCKET SPENDING</strong></td>
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<tr>
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<td>10.4%</td>
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<td>3.0</td>
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<td>9.4%</td>
</tr>
<tr>
<td>$500-1000</td>
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<td>2.2</td>
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<td>9.5%</td>
</tr>
<tr>
<td>$1000-2500</td>
<td>16.2</td>
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<td>2.0</td>
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<td>12.1%</td>
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<tr>
<td>More than $2500</td>
<td>5.8</td>
<td>2.4%</td>
<td>0.9</td>
<td>2.9%</td>
<td>16.4%</td>
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<tr>
<td><strong>HOSPITAL SPENDING</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
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<td>31.3</td>
<td>96.5%</td>
<td>13.6%</td>
</tr>
<tr>
<td>$1-2,500</td>
<td>4.2</td>
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<td>0.5</td>
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<td>11.7%</td>
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<tr>
<td>$2,500-5,000</td>
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<td>1.6%</td>
<td>0.2</td>
<td>0.6%</td>
<td>5.4%</td>
</tr>
<tr>
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<td>0.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>$10,000-50,000</td>
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</tr>
<tr>
<td><strong>AMBULATORY VISITS</strong></td>
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<td>18.4</td>
<td>57.0%</td>
<td>23.9%</td>
</tr>
<tr>
<td>1-2</td>
<td>73.2</td>
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<td>7.6</td>
<td>23.4%</td>
<td>10.4%</td>
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<tr>
<td>3-5</td>
<td>44.8</td>
<td>18.3%</td>
<td>2.9</td>
<td>8.8%</td>
<td>6.4%</td>
</tr>
<tr>
<td>6 or more</td>
<td>50.0</td>
<td>20.4%</td>
<td>3.5</td>
<td>10.8%</td>
<td>7.0%</td>
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<tr>
<td><strong>ER/ED VISITS</strong></td>
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<tr>
<td>1</td>
<td>22.8</td>
<td>9.3%</td>
<td>2.6</td>
<td>8.0%</td>
<td>11.4%</td>
</tr>
<tr>
<td>2 or more</td>
<td>6.2</td>
<td>2.5%</td>
<td>0.9</td>
<td>2.7%</td>
<td>13.9%</td>
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<tr>
<td><strong>HOSPITAL DISCHARGES</strong></td>
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<td>93.9%</td>
<td>31.1</td>
<td>96.0%</td>
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</tr>
<tr>
<td>1</td>
<td>12.4</td>
<td>5.1%</td>
<td>1.1</td>
<td>3.4%</td>
<td>9.0%</td>
</tr>
<tr>
<td>2 or more</td>
<td>2.6</td>
<td>1.1%</td>
<td>0.2</td>
<td>0.5%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

* Annual hospital expenditures are below $50,000 for virtually all (99.7 percent or more) of the total population and the population of uninsured persons.
These estimates are based on ERIU tabulations of 2000 Medical Expenditure Panel Survey (MEPS) data collected by the Agency for Healthcare Research and Quality (AHRQ). The MEPS employs an overlapping panel design and collects data on two calendar years for each respondent. The tabulations reported here are based on responses to interview Rounds 3, 4, and 5 of Panel 4 and Rounds 1, 2, and 3 of Panel 5, which cover calendar year 2000 for both panels. Coverage status is obtained at the initial interview. At each subsequent interview, respondents are asked about whether their coverage has changed since the last interview and, if so, how and when. Respondents report whether they were covered by any public or private source of health insurance (Medicare, Medicaid, SCHIP, TRICARE/CHAMPUS, other public coverage, employment-based private, other private health insurance). Respondents are considered uninsured if they respond “no” to all of the coverage options; they are not asked directly if they are uninsured. A person may gain or lose coverage during a year and these data permit estimates of the number lacking coverage at a particular point in time, at some time during the year, and throughout the entire year. We label those who are without health insurance for the entire year as “all-year uninsured,” and those without health insurance for at least one month and up to twelve months as “ever uninsured.” The “point-in-time uninsured” estimates include those without coverage in the first round of the calendar year (Round 3 for those who entered the survey in 1999, and Round 1 for those who entered the survey in 2000).

For further discussion of issues related to counting the uninsured see "Counting and Characterizing the Uninsured," by Pamela Farley Short, and ERIU Research Highlight 1: A Revolving Door: How Individuals Move In and Out of Health Insurance Coverage