

Medical Economics

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Insured but skipping care: 38% of Americans delay treatment over costs, study finds

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Key Takeaways

- Over a third of insured adults delay care due to high costs, worsening health outcomes and increasing employer expenses.
- High premiums and out-of-pocket costs are major barriers, consuming a significant portion of family income.

New survey reveals a sharp increase in deferred care due to affordability concerns — even among the insured — as employers and physicians face the fallout.

More than one in three insured American adults say they've skipped or [postponed necessary medical care](#) or medications in the past 12 months because of cost, according to a [new national survey](#) commissioned by [Imagine360](#). The findings underscore a [worsening](#) affordability crisis that physicians, employers and policy experts have long warned about.

The survey, conducted by Pollfish, polled 2,500 adults between the ages of 18 and 64 who all had health coverage — 80% of them through an employer-sponsored plan. Among respondents, 38% said they delayed or skipped care due to cost, a 41% increase over the 27% reported in 2023 in a [separate study](#).

Of those who put off care, 42% said their medical condition worsened as a result. The implications are serious — not only for individuals' long-term health, but for employers who may bear the downstream cost of complications and missed work.

"As health care costs continue to rise at unaffordable rates, its impacts are far-reaching for American businesses and families," said Jeff Bak, CEO and president of Imagine360.

"Businesses across the country are faced with the daunting task of either passing increasing health care costs to their employees or making significant cuts to other business expenses. The survey indicates that rising costs lead to Americans not accessing the care they need or leaving their place of employment to find affordable health benefits."

Premiums a primary barrier

High premiums were cited by 33% of respondents as the number one factor making health care unaffordable, followed by out-of-pocket maximums (23%).

According to [KFF's 2024 Employer Health Benefits Survey](#), the average worker contribution toward a family health plan was \$6,575 — up from \$6,106 in 2022. For context, the U.S. Department of Health and Human Services (HHS) estimated the median annual income for a family of four in 2024 was [\\$114,425](#), meaning premium contributions alone can eat up 5-6% of income before considering deductibles, co-pays or coinsurance.

Health benefits shape employment choices

The survey also revealed a strong link between benefit quality and job retention. Two-thirds of respondents (67%) said health benefits play a major role in whether they accept or remain at a job. Notably, 28% said they would leave their current employer and take a pay reduction if it meant securing better health care benefits.

“Now, more than ever, it’s imperative for employers to evaluate their health plan offerings to ensure they meet both the health and financial needs of their employees,” Bak added.

That sentiment aligns with longstanding employer concerns about turnover. The [Society for Human Resource Management \(SHRM\)](#) suggests that replacing an employee can cost 50% to 200% of their annual salary, depending on role and training.

Patients will travel for cheaper care

Sixty percent of respondents said they would be willing to see a doctor, hospital or primary care physician (PCP) farther from home if it meant lower costs — a significant signal to physicians and health systems that cost transparency, and competitive pricing, may directly influence [patient loyalty](#) and access decisions.

Billing confusion is another source of frustration. Over one-third of respondents said they had to contact their provider or insurer about a billing issue in the past year — an administrative burden that often falls on already stretched front office staff at medical practices.

A system under strain

The rising cost of health care in the U.S. is eroding the protective value of insurance coverage — even for those with employer-sponsored plans. According to [KFF](#), the average annual premium for family coverage reached \$25,572 in 2024, a 7% increase from the year prior and the second straight year of such a rise. Workers paid an average of \$6,575 toward that premium, with employers covering the rest.

Also, the [Commonwealth Fund](#) reported in late 2023 that 51% of working-age adults still found it difficult to afford health care, even with insurance. High deductibles, coinsurance

and surprise medical bills contribute to the burden, leaving many Americans underinsured despite having coverage through work.

These financial pressures don't just affect patients. For PCPs and medical practices, the impact shows up in missed appointments, delayed diagnoses and worsening chronic conditions. Patients who wait too long to seek care may require more intensive treatment, while staff often spend valuable time helping patients navigate complex billing and insurance issues.

As affordability changes mount, practices also face increasing labor costs, administrative complexities and patient volume fluctuations. At a time when primary care is being asked to do more — manage chronic illness, provide preventive care and operate under value-based models — the financial stress on both patients and practices is nearing a breaking point.