



ASPE

RESEARCH BRIEF

HEALTH PLAN CHOICE AND PREMIUMS IN THE 2017 HEALTH INSURANCE MARKETPLACE

October 24, 2016

The Affordable Care Act (ACA) strengthened protections for consumers who purchase coverage in the individual health insurance market. Before the Affordable Care Act, individuals could be denied health insurance coverage based on pre-existing conditions, it was difficult for consumers to make apples-to-apples comparisons among plans and premiums, and people without employer-sponsored health insurance or who were ineligible for public programs (such as Medicare, Medicaid, and the Children's Health Insurance Program) generally received no financial help paying for coverage. Today, the Health Insurance Marketplace gives eligible consumers options when purchasing a health plan, provides consumers with tools to compare options, and offers financial assistance in the form of advance premium tax credits that reduce the cost of health insurance to the majority of enrollees.

When the 2017 Open Enrollment Period begins on November 1, 2016, millions of Americans will once again be able to shop for high-quality, affordable health care coverage through the Marketplace.¹ The Marketplace is welcoming new consumers and encouraging those who have previously enrolled to come back, update their information, and select the plan that best meets their needs and budget. All plans in the Marketplace cover essential health benefits and recommended preventive care. Consumers can see detailed information about each health insurance plan offered in their area, in addition to estimated yearly out-of-pocket expenses, before they apply. HealthCare.gov has tools to help consumers evaluate plans based on factors important to them, such as premiums, deductibles, out-of-pocket costs, provider network, prescription drug formulary, customer service, and more.² Consumers may be eligible for

¹The Health Insurance Marketplace includes the Marketplaces established in each of the states (and the District of Columbia) and run by the state or the federal government. This report focuses primarily on individual market Marketplaces using the HealthCare.gov eligibility and enrollment system, and select State-Based Marketplaces. This analysis excludes stand-alone dental and SHOP plans.

² This brief does not analyze consumers' final expenses, after considering other health plan features, such as deductibles and copayments. Consumers may examine all elements of health insurance plans in order to estimate expected total out-of-pocket costs.

financial assistance to help pay for the cost of premiums. In fact, 84 percent of consumers receive financial assistance (see Table 5 in Appendix A for state data).³

This brief presents analysis of Qualified Health Plan (QHP) data in the individual market Marketplace for states that use the HealthCare.gov Marketplace platform and State-Based Marketplaces where data is available.⁴ It examines plan affordability in 2017 after taking into account premium tax credits and also examines the plan choices that new and returning consumers will have for 2017. This brief shows that the Affordable Care Act is continuing to promote affordability and choice in the Marketplace for plan year 2017.⁵

³ This represents the percentage of individuals who have effectuated Marketplace coverage and qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction. See: U.S. Department of Health and Human Services, “First Half of 2016 Effectuated Enrollment Snapshot,” CMS, October 19, 2016, available at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-10-19.html>.

⁴ These 39 states are: Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. However, some tables are limited to the 38 states that were included in the 2016 Marketplace landscape files (excluding Kentucky). Kentucky is new to the HealthCare.gov platform for 2017. Meanwhile, tables include data for states not using the HealthCare.gov platform where available. More information is in the methodology and limitations section of the Appendix.

⁵ The 2017 plan landscape file used in this brief is a snapshot of issuer participation and plans as of October 14, 2016 and does not reflect changes in issuer and plan offerings after that date. Similar to last year’s analysis (available at <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2016-health-insurance-marketplace>), we compare data from the 2017 landscape file to data from the most recent available version of the 2016 landscape file (dated July 29, 2016 and available at <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>). The 2016 file incorporates some changes in plan offerings that have taken place since the 2016 Open Enrollment Period.

Key Findings

The Affordable Care Act continues to promote access to affordable health insurance plans through the Marketplace, where consumers can choose the health insurance product that best meets their needs and budget.

Affordability

- **Marketplace consumers will have affordable options.** More than 7 in 10 (72 percent) current Marketplace enrollees can find a plan for \$75 or less in premiums per month, after applicable tax credits in 2017. Nearly 8 in 10 (77 percent) current Marketplace enrollees can find a plan for \$100 or less in premiums per month, after applicable tax credits in 2017.
- **Premium tax credits protect consumers from rate increases.** Marketplace tax credits adjust to match changes in each consumer's benchmark silver plan premium. A 27-year-old with an income of \$25,000 a year will on average get a monthly tax credit of \$160, a 62 percent increase compared to their tax credit in 2016. As a result, this consumer will pay \$142 per month to purchase the benchmark plan in 2017, almost exactly the same as in 2016, when the consumer would have paid \$143.
- **Additional consumers are eligible for tax credits.** As Marketplace tax credits adjust to match increases in benchmark premiums, some consumers in areas that had low benchmark premiums in 2016 may be newly eligible for tax credits in 2017. Of the nearly 1.3 million HealthCare.gov consumers who did not receive tax credits in 2016, 22 percent have benchmark premiums and incomes in the range that may make them eligible for tax credits in 2017. In addition, an estimated 2.5 million consumers currently paying full price for individual market coverage off-Marketplace have incomes indicating they could be eligible for tax credits.

Choice

- **Switching plans can save consumers significant amounts on their premiums.** If all consumers switched from their current plan to the lowest premium plan in the same metal level, the average 2017 Marketplace premium after tax credits would be \$28 per month less than the average 2016 Marketplace premium after tax credits – a 20 percent reduction.
- **Consumers will be able to choose among plans with different combinations of premiums, out-of-pocket costs, networks, and other features.** All consumers will have a choice of plans and on average consumers will have 30 plans to choose from, including 14 silver plans and 10 bronze plans (the most popular metal levels selected by 9 out of 10 Marketplace enrollees). In addition, nearly 8 out of 10 (79 percent) consumers returning to the Marketplace will be able to choose from 2 or more issuers for 2017 coverage. Among people with health insurance coverage through an employer, plan choice is often considerably narrower. According to a 2015 survey 30 percent of employees who were offered health insurance were offered only one plan from one issuer.

Overview

Section I of this brief provides an overview of advance premium tax credits (APTC) and premiums in HealthCare.gov states and State Based Marketplaces where data are available for 2017 and illustrates how consumers may benefit from returning to the Marketplace to shop for a plan that meets their needs and budget.

Section II of this brief describes the choices of issuers and plans that consumers will have in the 2017 coverage year in states using the HealthCare.gov platform and in State Based Marketplaces where data are available.

SECTION I: MARKETPLACE HEALTH PLAN PREMIUMS IN 2016 AND 2017

In this section, we examine the affordability of 2017 Marketplace coverage, taking into account benchmark premium changes, tax credits, and shopping.

We find that, notwithstanding higher benchmark premium increases than in previous years, the majority of consumers will continue to have access to affordable coverage because they are protected by the combination of financial assistance and the ability to shop. Specifically, as shown in Table 1, 77 percent of returning Marketplace consumers will be able to find a plan for \$100 per month or less and 72 percent will be able to find a plan for \$75 or less per month, similar to these metrics for previous years. (Percentages of those who could obtain coverage for a premium of \$100 or less, \$75 or less, and \$50 or less by state are shown in Table 8 in Appendix A.)

TABLE 1. Percent of Current Marketplace Enrollees Who Could Obtain Coverage for \$100 or Less after Applicable Advance Premium Tax Credits in 2017, Regardless of Metal Level Chosen, in HealthCare.gov States

Monthly Premium After Advance Premium Tax Credits	Any Plan Types	Bronze	Silver	Gold	Platinum
\$100 or less	77%	76%	63%	13%	0%
\$75 or Less	72%	71%	55%	5%	0%
\$50 or Less	65%	64%	44%	1%	0%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for 38 states using the HealthCare.gov platform in 2016 and 2017. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in this analysis.

Note: Columns may not sum due to rounding. This analysis holds *all* enrollee characteristics unchanged and calculates 2017 premiums and tax credits based on the same age, family composition, and household income as in 2016. This analysis includes only enrollees who could be linked to complete plan and premium data for both 2016 and 2017, and excludes tobacco users. This analysis includes both enrollees who will be automatically crosswalked into a 2017 plan with the same issuer and other returning consumers. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. See the “Methods and Limitations” section at the end of this brief for more details.

Benchmark Premium Increases

In the second year of the Marketplace, average premiums for the second-lowest cost silver plan increased only 2 percent, and in the third year they increased 7 percent. This year, Marketplace

premiums are increasing more than they have the past two years. Through 2016, Marketplace rates remained below initial projections from the independent Congressional Budget Office, and below the cost of comparable coverage in the employer market. This year, with two years of cost data available, issuers are adjusting their premiums to bring them in line with costs. In addition, some of the ACA's programs designed to support the new market in its early years are ending this year, putting transitory upward pressure on premium growth.

Under the ACA, people can no longer be denied coverage because they have a pre-existing condition, a crucial reform for up to 129 million Americans with conditions like asthma, diabetes, or heart disease. But because excluding people with pre-existing conditions was previously allowed in the individual market, there were no data available on how much it would cost to extend coverage to everyone, and many issuers' initial premiums were below actual costs.

Notably, Marketplace rates through 2016 remained 12 to 20 percent below initial projections from the independent Congressional Budget Office.^{6,7} In addition, Urban Institute researchers recently found that 2016 Marketplace premiums were well below premiums for comparable employer coverage.⁸ Even with this year's increases, Marketplace premiums in 2017 will still be roughly in line with the projections by the Congressional Budget Office. (See Appendix C for a detailed discussion.)

Table 6, in Appendix A, shows the estimated increase in the average second-lowest cost silver plan by state. (The second-lowest cost silver plan is significant because it provides the benchmark by which tax credits are calculated.) Across states using the HealthCare.gov platform, the median increase in the second-lowest cost silver plan premium is 16 percent, while the average increase is 25 percent.^{9,10} See Table 2 (See Table 13 in Appendix A for information by select cities and counties).

⁶ Levitt, L., Cox, C., & Claxton, G, "How ACA Marketplace Premiums Measure Up to Expectations," Kaiser Family Foundation, August 1, 2016, available at: <http://kff.org/health-reform/perspective/how-aca-marketplace-premiums-measure-up-to-expectations/>.

⁷ Adler, L. & Ginsburg, P. B., "Obamacare Premiums Are Lower Than You Think," The Brookings Institution, July 21, 2016, available at: <http://healthaffairs.org/blog/2016/07/21/obamacare-premiums-are-lower-than-you-think/>.

⁸ Blumberg, L., Holahan, F., & Wengle, E, "Are Nongroup Marketplace Premiums Really High? Not in Comparison with Employer Insurance," Urban Institute, September 2016, available at <http://www.urban.org/sites/default/files/2000931-are-nongroup-marketplace-premiums-really-high-not-in-comparison-with-employer-insurance.pdf>.

⁹ There are 39 states using the HealthCare.gov platform for the 2017 plan year. Kentucky is new to the HealthCare.gov platform for 2017 and is not included in the HealthCare.gov states average or median.

¹⁰ This brief closely follows the actual methodology used to determine the benchmark for advanced premium tax credits (APTC) and enrollees' APTC amount. For the purposes of calculating the APTC, a second-lowest cost silver plan for a specific taxpayer is identified based on what is available to the taxpayer at the time of enrollment, in the taxpayer's geographical area. In this brief for analytic purposes, at times we use the term "benchmark plan" to refer to the second-lowest cost silver plan in a county, which may not be the benchmark plan for all individual consumers. This brief identifies the second-lowest cost silver benchmark plan based on the portion of the premium that covers essential health benefits (EHB), which may be less than the full premium price charged by issuers. For more details on how benchmark premiums are calculated, see the "Methodology and Limitations" section at the end of this brief.

The gap between the average and the median rate increase in HealthCare.gov states reflects that most consumers are experiencing below average increases. Moderate rate increases or rate decreases in states like Arkansas, Indiana, Nevada, New Hampshire, New Jersey, North Dakota, Michigan, and Ohio suggest that Marketplaces in states around the country are maturing and approaching stable price points. Meanwhile, several of the states experiencing larger increases had 2016 premiums that were well below the national average and especially far below the cost of comparable employer plans in that state (for example, Arizona, Hawaii, Illinois, Kansas, and Pennsylvania).¹¹

While complete data on Marketplace premiums in the 12 states not using the HealthCare.gov platform are not available, data on benchmark premiums are available for four states (California, Connecticut, Massachusetts, and Minnesota) and the District of Columbia, constituting about 60 percent of State-Based Marketplace enrollment. If these states are included, we estimate that the increase in the average second-lowest cost silver plan would be 22 percent. In particular, benchmark premiums in California, which accounts for about half of State-Based Marketplace enrollment, are increasing by an average of 7 percent.

TABLE 2. Change in Benchmark Premiums from 2016 to 2017, HealthCare.gov States and Select State-Based Marketplaces for Which Data are Available Before Shopping and Tax Credits

	Percent
Average Increase in 2017 Benchmark Premium for HealthCare.gov States	25%
Median Increase in 2017 Benchmark Premium for HealthCare.gov States	16%
Average Increase in 2017 Benchmark Premium for HealthCare.gov States and State-Based Marketplaces for Which Data are Available	22%
Average Premium Change for Returning Consumers IF All Consumers Shopped and Selected Lowest-Cost Plan in Metal Level	-20%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for 38 states using the HealthCare.gov platform in 2016 and 2017. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in this analysis.

Note: State-Based Marketplaces for which data are available include California, Connecticut, District of Columbia, Massachusetts, and Minnesota. We calculated a weighted average increase in the second-lowest cost silver plan including these State-Based Marketplaces using plan selections in each state from February 1, 2016 (as reported in “Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report,” *ASPE Issue Brief*, ASPE, March 11, 2016, available at: <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf>). Plan and premium information were provided by each state, with the exception of Minnesota; data for Minnesota were provided by the state and calculations were done by ASPE.

Financial Assistance

Most Marketplace enrollees will receive financial assistance to help with the cost of their monthly premiums. Not only do 84 percent of Marketplace enrollees who selected a plan during

¹¹ Blumberg, L., Holahan, F., & Wengle, E., “Are Nongroup Marketplace Premiums Really High? Not in Comparison with Employer Insurance,” Urban Institute, September 2016, available at: <http://www.urban.org/sites/default/files/2000931-are-nongroup-marketplace-premiums-really-high-not-in-comparison-with-employer-insurance.pdf>.

the third Open Enrollment period receive tax credits to help pay for coverage¹², but we also estimate that 84 percent of the uninsured who are eligible for coverage through the Marketplaces have incomes between 100 percent and 400 percent of the Federal Poverty Level (FPL) and may be eligible to receive tax credits for plan year 2017.¹³ In addition, ASPE recently estimated that as many as 2.5 million people currently purchasing off-Marketplace individual market coverage could be eligible for financial assistance if they purchase 2017 coverage through the Marketplaces.¹⁴ In total, about 78 percent of all consumers who are uninsured, who purchase Marketplace coverage, or who purchase individual market coverage outside the Marketplace have incomes making them potentially eligible for advance premium tax credits.¹⁵

Consumers who receive premium tax credits are protected by the ACA's cap on the amount they pay for the benchmark plan, the second-lowest cost silver plan in their area. For those eligible for premium tax credits, the law sets a maximum amount of family income ("applicable percentage") that can be paid toward Marketplace coverage. This means that no matter the cost of the benchmark plan in an individual's area, a tax credit eligible consumer's premium is capped. Because the dollar amount of the premium tax credit depends on the benchmark plan's premium, the tax credit amount a consumer is eligible for adjusts with the premium of the benchmark plan. If premiums for all plans in an area rise similarly, the difference between the maximum required monthly premium and the benchmark premium would increase, resulting in a higher tax credit that would offset the dollar increase in premiums.

The applicable percentage varies only by household income as a percentage of the Federal Poverty Level (FPL) and does not depend on household members' ages, the number of people within the household covered through the Marketplace, or Marketplace premiums. (For examples of 2017 incomes and maximum applicable percentages for a single adult who is eligible for tax credits, see Table 16 in Appendix B.) The applicable percentage is converted into a maximum dollar amount the household is required to pay annually, and the tax credit is applied to make up the difference, if any, between the maximum dollar amount and the benchmark premiums for the family members who are seeking Marketplace coverage.^{16,17}

¹²This represents the percentage of individuals who have effectuated Marketplace coverage and qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction and includes SEP enrollment. See: U.S. Department of Health and Human Services, "First Half of 2016 Effectuated Enrollment Snapshot," CMS, October 19, 2016, available at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-10-19.html>.

¹³ U.S. Department of Health and Human Services, "Marketplace Enrollment Projections for 2017," *ASPE Issue Brief*, ASPE, October 19, 2016, available at: <https://aspe.hhs.gov/pdf-report/marketplace-enrollment-projections-2017>.

¹⁴ U.S. Department of Health and Human Services, "About 2.5 Million People Who Currently Buy Coverage Off-Marketplace May Be Eligible for ACA Subsidies," *ASPE Issue Brief*, ASPE, October 4, 2016, available at: <https://aspe.hhs.gov/sites/default/files/pdf/208306/OffMarketplaceSubsidyeligible.pdf>.

¹⁵ Ibid.

¹⁶ If the premium of the second-lowest cost silver plan falls below the maximum amount the household pays for benchmark coverage, then the household does not receive a tax credit and pays the full premium for the benchmark plan.

¹⁷ The maximum percent of income paid toward the second-lowest cost silver plan is adjusted annually by a measure of the difference between premium growth and income growth.

The textbox on page 9 provides an illustrative example for a single 27-year-old woman in Dallas, TX earning \$25,000 per year. Based on her income, her maximum monthly payment for the benchmark plan is \$143 in 2016. In the first example, the monthly premium for the benchmark plan is \$216; thus, the woman is eligible for a tax credit of \$73 per month, which she may apply to her choice of a qualified health plan. In the second example, premiums are adjusted to reflect 2017 plan options, making the monthly premium for the benchmark plan \$232. Because the applicable percentage of income that the consumer is required to contribute to the cost of the benchmark premium remains approximately the same, her contribution to the benchmark plan remains roughly the same as well at \$142, and her tax credit increases to \$90 per month to cover the remaining premium cost. Thus, the consumer has a higher dollar amount of tax credit to apply to a plan of her choice and, therefore, could pay less out-of-pocket for all plans with premiums below the benchmark premium cost. This example illustrates that the tax credit ensures that enrollees can obtain coverage at an affordable price.

Premium Tax Credits: Examples

Example 1: Single 27-year-old in Dallas, TX with an income of \$25,000 for 2016

Calculate her tax credit for 2016 coverage:

- Income as percentage of FPL: 212%
- Maximum monthly payment for second-lowest silver benchmark plan: \$143
- Monthly total premium of second-lowest silver benchmark plan: \$216
- Advance premium tax credit per month: $\$216 - \$143 = \$73$

Suppose she's trying to decide among two silver plans and a bronze. She can apply her tax credit to any of them.

- Before tax credit, the monthly premiums are
 - Bronze: \$180
 - Lowest silver: \$214
 - Second-lowest silver: \$216
- After applying her tax credit, the monthly premiums are
 - Bronze: $\$180 - \$73 = \$107$
 - Lowest silver after tax credit: $\$214 - \$73 = \$141$
 - Second-lowest silver after tax credit: $\$216 - \$73 = \$143$

Example 2: Premiums for a 27-year-old making \$25,000 in Dallas, TX for 2017

Calculate her tax credit for 2017 coverage:

- Income as percentage of FPL: 210%
- Maximum monthly payment for second-lowest silver benchmark plan: \$142
- Monthly total premium of second-lowest silver benchmark plan: \$232
- Advance premium tax credit per month: $\$232 - \$142 = \$90$

Even if premiums rose from 2016 to 2017, the tax credit protects consumers from higher prices.

- Before tax credit, the monthly premiums are
 - Bronze: \$195
 - Lowest silver: \$227
 - Second-lowest silver: \$232
- After applying her tax credit, the monthly premiums are
 - Bronze: $\$195 - \$90 = \$105$
 - Lowest silver after tax credit: $\$227 - \$90 = \$137$
 - Second-lowest silver after tax credit: $\$232 - \$90 = \$142$

Shopping

The Marketplace enables consumers to comparison shop for a plan that meets their needs and budget. In 2015, 47 percent of individuals who selected a plan in the Marketplace selected the lowest cost (31 percent) or second-lowest cost plan (17 percent) in their metal tier, and in 2016,

45 percent of individuals who selected a plan in the Marketplace selected the lowest cost (30 percent) or second-lowest cost plan (15 percent) in their metal tier.¹⁸ Previous ASPE analysis illustrates that Marketplace consumers are active shoppers with a demonstrated willingness to switch plans to get a better deal. In 2016, nearly 70 percent of HealthCare.gov consumers that came back to the Marketplace actively selected a plan, and nearly 43 percent of consumers who reenrolled in a Marketplace plan in 2016 switched to a new plan.¹⁹

The Marketplace continues to be dynamic, and plans that were the second-lowest cost silver plan or lowest-cost silver plan in 2016 may not be the second-lowest cost or lowest-cost plan in 2017, so it will be important for returning consumers to review other options in 2017. The actual payment made by consumers for their insurance depends on the plan they choose when enrolling in coverage through the Marketplace and the level of tax credit they qualify for.

In 2017, more than 7 in 10 (76 percent) current Marketplace enrollees can find a lower premium plan in the same metal level by returning to the Marketplace to shop for coverage rather than reenrolling in their current plan, as illustrated in Table 3 (next page). For example, the average lowest-cost premium for a silver plan available to current silver-level enrollees is \$433 per month for 2017 before applicable tax credits. Consumers who bought a silver plan in 2016 would save an average of \$58 a month by switching to the lowest premium plan in 2017. This results in total premium savings of \$691 a year for these consumers.²⁰ If all silver plan holders with potential savings switch to the lowest-cost silver plan available to them for 2017, the total savings for the year would be \$3.2 billion. Across all metal levels, the total premium savings would be \$4.3 billion if all consumers with potential savings switch to the lowest-cost plan within their 2016 metal level (state-level analyses are in Table 7 in Appendix A).

¹⁸ May not sum due to rounding. Percentages do not include tobacco users.

¹⁹ U.S. Department of Health and Human Services, "Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report," *ASPE Issue Brief*, ASPE, March 11, 2016, available at: <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf>.

²⁰ Average premium savings by switching to the lowest-cost plan within metal level are calculated only for consumers who would not be automatically crosswalked into the lowest-cost plan within their metal level and thus have the ability to save by switching. Savings for individual enrollees may differ from this amount based on their choice of plan, eligibility for premium tax credits, and other characteristics.

TABLE 3. Potential Savings from Shopping Based on Premium if Current Marketplace Enrollees Switch to 2017 Lowest-Cost Premium Plan within Metal Level, HealthCare.gov States

Current Marketplace Enrollees	All Plan Types	Bronze	Silver	Gold	Platinum
Average Lowest-Cost 2017 Monthly Premium within Metal Level before Applicable Tax Credit	N/A	\$366	\$433	\$538	\$674
% of Enrollees Who Could Save on Premium Costs by Switching to the Lowest-Cost Plan in Metal Level	76%	74%	77%	67%	73%
Average 2017 Monthly Premium Savings from Switching to Lowest-Cost Plan within Metal Level, Across All Enrollees	\$57	\$50	\$58	\$71	\$81
ANNUAL Average Savings in Premium Costs per Enrollee Across All Enrollees	\$682	\$603	\$691	\$852	\$967
MONTHLY Aggregate Amount of Savings in Premium Costs Across All Enrollees	\$360 M	\$67 M	\$270 M	\$21 M	\$3 M
ANNUAL Aggregate Amount of Savings in Premiums Costs Across All Enrollees	\$4.3 B	\$800 M	\$3.2 B	\$254 M	\$32 M

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for 38 states using the HealthCare.gov platform in 2016 and 2017. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in this analysis.

Note: Amounts presented here do not take into account potential premium tax credits. The lowest-cost premium refers to the plan with the lowest premium within the county within each metal tier. In some cases, plans were tied for lowest premium. This analysis includes only enrollees linked to complete plan and premium data for both 2016 and 2017, and excludes tobacco users, who may face additional surcharges. This analysis only includes enrollees who will be automatically crosswalked into a 2017 plan with the same issuer. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. We assume that *all* enrollee characteristics are unchanged and calculate premiums based on the same age, family composition, and household income as in 2016. Metal-level analysis is based on the metal consumers would be automatically crosswalked into for 2017, based on their metal choice in 2016. The lowest cost plan does not take into account other cost-sharing features, but refers only to the cost of the premium charged for that plan. See the “Methods and Limitations” section at the end of this brief for more details.

Health Insurance Plan Affordability for 2017 Taking Into Account Advance Premium Tax Credits and Shopping

Table 1, on page 4, shows the percentage of current Marketplace enrollees in 38 states who could get coverage for as little as \$75 or less across all available plans. Table 4 (next page) shows the share who could get coverage for \$75 or less taking into account any applicable tax credits *while staying in their current metal level*, thereby maintaining comparable responsibility for out of pocket costs.²¹ For example, nearly 6 in 10 (58 percent) of all customers returning to the Marketplace can get coverage for a premium of \$75 or less if they selected a lower-premium

²¹ The health plan category or “metal level” determines how consumers and plans can expect to share the costs of care. For example, with a silver level plan the health plan pays about 70 percent of the total costs of care for essential health benefits, on average, and the consumer pays 30 percent of these costs. This takes into account the plan’s deductibles, copayments, coinsurance, and out-of-pocket maximums.

plan in their same metal level in 2017. Of those who selected a silver plan in 2016, 64 percent could get silver plan coverage for a premium of \$75 or less in 2017 if they choose a lower-cost plan. (Percentages of those who could obtain coverage for a premium of \$100 or less, \$75 or less, and \$50 or less by state regardless of metal level are shown in Table 8 in Appendix A.)

TABLE 4. Percent of Current Marketplace Enrollees Who Could Obtain Coverage *within Their Current Metal Level* for \$100 or Less after Advance Premium Tax Credits in 2017, 38 States

Monthly Premium After Advance Premium Tax Credits	All Plan Types	Bronze	Silver	Gold	Platinum
\$100 or less	66%	61%	73%	4%	0%
\$75 or Less	58%	54%	64%	1%	0%
\$50 or Less	48%	45%	52%	0%	0%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for 38 states using the HealthCare.gov platform in 2016 and 2017. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in this analysis.

Note: Columns may not sum due to rounding. This analysis holds *all* enrollee characteristics unchanged and calculates 2017 premiums and tax credits based on the same age, family composition, and household income as in 2016. This analysis includes only enrollees linked to complete plan and premium data for both 2016 and 2017, and excludes tobacco users. This analysis includes both enrollees who will be automatically cross walked into a 2017 plan with the same issuer and other returning consumers. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. Metal-level analysis is based on the metal level consumers would be automatically cross walked into for 2017, based on their metal choice in 2016. See the “Methods and Limitations” section at the end of this brief for more details.

In addition, if every returning consumer nationwide selected the lowest-cost plan available within their current metal level, average premiums would decrease by \$28 per month, or 20 percent, compared to average premiums in 2016 (taking tax credits into account). (Estimates by state are shown in Table 9 in Appendix A.) In fact, many consumers do not choose the lowest cost plan available, because they are willing to pay more for a wider network or other plan features, but this calculation confirms that affordable options for 2017 coverage are available to consumers who shop around to find a better deal.

SECTION II: CONSUMER CHOICE FROM 2016 TO 2017

With an average of 30 Marketplace plans to choose from in 2017, both new and returning consumers have options when shopping for coverage.

Issuers

There are 167 issuers participating in the Marketplace in HealthCare.gov states in 2017 (see Tables 10, 14 in Appendix A). Based on analysis at the county level, the average Marketplace consumer can choose from 3 issuers in their county for 2017 coverage.²² Seventy-nine percent (or about four in five) of consumers will have a choice of two or more issuers, and 56 percent will have a choice of three or more (see Table 15 in Appendix B).

²² Note that some previous ASPE issue briefs on plan choice and availability presented analyses at the rating area level. Because plans available in some parts of a rating area are not always available in all parts of a rating area, conducting the analysis at the county level better captures the set of options consumers will see when they shop and more closely matches consumers’ shopping experience.

The number of issuers offering health plans in the Marketplace has decreased from 2016 to 2017, as shown in Table 10 in Appendix A. Across the HealthCare.gov states, 15 new issuers will begin offering Marketplace plans for the 2017 coverage year, while 83 issuers that offered plans in 2016 will no longer offer plans through the Marketplace in 2017.²³ Reduced participation in large part reflects multi-state withdrawals by a few large insurers; in particular, withdrawals by United Health and Aetna account for 26 and 17 issuer exits, respectively. A number of other firms are entering the Marketplace or expanding their participation into new states (or new service areas within states), but they are doing so more gradually.

Table 10 in Appendix A provides the number of issuers by state for the years 2016 and 2017. (Not all issuers operate in all counties within a state, however, and thus the number of issuers available to a particular consumer may be less than the number of issuers that operate anywhere in the state.)

Plans

Issuers can sell multiple plans across the various metal levels. In 2017, consumers can choose from 30 plans in their county on average, as shown in Tables 11, 12 in Appendix A, and all consumers will have a choice of plans. That means all consumers will be able to choose among different combinations of premiums, out-of-pocket costs, and networks of hospitals and physicians. Among people with health insurance coverage through an employer, plan choice can be considerably narrower. According to a 2015 survey 30 percent of employees who were offered health insurance were offered only one plan by one issuer.²⁴ Limited plan choice through employers is not new. One leading survey estimated in 2005 that 37 percent of workers enrolled in employer-provided health insurance coverage had only one issuer offering one plan and another 20 percent of workers had only two plan options.²⁵

As shown in Table 15 in Appendix B, there continues to be particularly robust choice among silver and bronze plans, which were the choice of 68 percent and 23 percent of consumers who selected a plan during the third Open Enrollment period respectively, with the least choice among platinum plans and catastrophic plans, which were the choice of only 2 percent and 1 percent of consumers respectively.²⁶ Table 15 shows additional details on the number of plans an average consumer can choose from.

²³ The total number of issuers is calculated based on identifying an issuer by its unique five-digit Health Insurance Oversight System (HIOS) ID. In some cases, issuers with different HIOS IDs belong to the same parent company. An issuing entity's HIOS issuer ID is specific to the state in which it operates, such that a company offering QHPs through the Marketplace in two states would be counted twice—once for each state. Issuer totals for 2017 and 2016 include 38 states and do not include Kentucky, which is beginning to use the HealthCare.gov platform for the 2017 coverage year.

²⁴ Agency for Healthcare Research and Quality, “MEPS Insurance Component Chartbook 2015,” August 2016, available at https://meps.ahrq.gov/mepsweb/data_files/publications/cb20/cb20.pdf.

²⁵ Kaiser Family Foundation, “Employer Health Benefits, 2005 Annual Survey,” 2005, available at: <https://kaiserfamilyfoundation.files.wordpress.com/2012/09/2005ehbs.pdf>.

²⁶ U.S. Department of Health and Human Services, “Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report,” *ASPE Issue Brief*, ASPE, March 11, 2016, available at: <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf>.

Conclusion

As the Health Insurance Marketplace matures, new and returning customers to the Marketplace will continue to be able to choose affordable, quality health insurance in 2017. Premium tax credits will also continue to play an important role in ensuring that consumers have access to affordable options. Many consumers who purchased plans in 2015 through the Marketplace realized substantial savings by switching plans for the 2016 plan year, and consumers can realize substantial savings again this year if they shop around to find the plan that best meets their needs and their budget. They can do so by going to HealthCare.gov, which provides information for consumers looking to compare plans on premiums and other important plan features.

Methodology and Limitations

Data

The plan and premium data reported here are from the Marketplace QHP landscape individual market health plan files, which are publicly available at HealthCare.gov.²⁷ Data were not available for all states. This analysis focuses on the 39 states which were included in the 2017 Marketplace landscape file, including: Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. However, some metrics are limited to the 38 states (39 states minus Kentucky) in the 2016 landscape file.

For most State-Based Marketplaces (SBMs) operating their own enrollment platforms, comprehensive plan and premium data were not available. SBMs included in the analysis in this brief are California, Connecticut, District of Columbia, Massachusetts, Minnesota, and New York. Plan and premium information was provided by each state, with the exception of Minnesota; data for Minnesota were provided by the state and calculations were done by ASPE. SBMs not included in the analysis in this brief are Colorado, Idaho, Maryland, Rhode Island, Vermont, and Washington. Some SBMs submit plan data to the Centers for Medicare & Medicaid Services (CMS) for display using the HealthCare.gov eligibility and enrollment platform. Idaho relied on the HealthCare.gov platform only in 2014 and is not included in this brief. New Mexico, Oregon, Nevada, and Hawaii have utilized the HealthCare.gov platform to support their eligibility and enrollment functions in past years and will continue to do so in 2017. Kentucky is new to the HealthCare.gov platform for 2017.

Plan information is based on the plan landscape files for the states using the HealthCare.gov platform as of July 2016 for the 2016 coverage year, and as of October 14, 2016, for the 2017 coverage year. The ASPE Issue Brief published last year, titled “Health Plan Choice and Premiums in the 2016 Health Insurance Marketplace,” used an older version of the landscape file for the 2016 coverage year.²⁸ Numbers relating to the 2016 coverage year have been updated for this brief using the July 2016 landscape file and plan selections as of February 1, 2016; as a result, some 2016 coverage year estimates in this brief may differ from previously published estimates. The 2017 plan landscape file used in this brief is a snapshot of issuer participation and plans as of October 14, 2016 and does not reflect changes in issuer and plan offerings after that date.

Enrollment information is based on active QHP selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) as of February 1, 2016 for the 2016 and 2017 coverage years. In this brief, we use the term “enrollees” to refer to individuals with active

²⁷ The Marketplace plan landscape files can be downloaded at: <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

²⁸ Brief available at <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2016-health-insurance-marketplace>.

Marketplace individual market health plan selections; it does not refer to “effectuated enrollees”—individuals who selected plans and paid the premium.

Weighted averages have been calculated at the county level for all counties in the HealthCare.gov states and weighted by 2016 plan selections in 38 states as of February 1, 2016, unless otherwise specified. The median for HealthCare.gov states reported in Table 6 is also weighted by 2016 plan selections. Weighted averages that include SBM states were calculated at the county level for all counties in HealthCare.gov states and weighted at the state level, using plan selections as of February 1, 2016 (as reported in “Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report,” *ASPE Issue Brief*, ASPE, March 11, 2016, available at: <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf>), for SBM states, with the exception of Minnesota (data for Minnesota were provided by the state and calculations were done by ASPE).

Additionally, we exclude tobacco users from our calculations of premiums because their premium rates may be higher than standard, non-tobacco rates. We also exclude enrollees in Virginia plans covering treatment of morbid obesity. Our calculations of the savings from switching plans (Tables 3, 7, 9) and premium tax credits (Tables 1, 4 and 8) are based only on enrollees whom we were able to link to complete premium and plan data for both 2016 and 2017. Our calculations for Tables 3, 7 and 9 only include enrollees who will be automatically crosswalked into a 2017 plan with the same issuer. Our calculations for Tables 1, 4 and 8 include nearly all returning enrollees. Excluding tobacco users, non-tobacco users who were missing required data, non-tobacco users who could not be linked to 2017 plans, and non-tobacco users who selected catastrophic plans reduced the number of plan selections in the 38 HealthCare.gov states as of February 2016 from 9.6 million to 9.0 million used for this analysis.

Issuers and Plans

We calculate the total number of issuers by unique five-digit Health Insurance Oversight System (HIOS) issuer IDs. In some cases, issuers with different HIOS IDs belong to the same parent company. An issuing entity’s HIOS ID is specific to the state in which it operates, such that a company offering QHPs through the Marketplace in two states would be counted twice—once for each state.

Some previous ASPE issue briefs on plan choice and availability presented analyses at the rating area level. Because plans available in some part of a rating area are not always available in all parts of a rating area, in this brief we have conducted the analysis at the county level. Conducting the analysis at the county level better captures the set of options consumers will see when they shop and thus more closely matches consumers’ shopping experience.

The analysis in this brief does not include stand-alone dental plans, child-only plans, or small-group Marketplace (SHOP) plans.

Premiums

In this issue brief, we examine the plans and premiums available at the county level. Because some plans may not serve all counties within a rating area, county-level analysis provides a better approximation of plan availability. Analyses in some previous ASPE briefs on

Marketplace premiums was typically at the rating area level; therefore, numbers in this brief should not be compared against those in previous briefs using rating area analysis.

Our analysis of premiums in Tables 1, 3, 4, 7, 8 and 9 considers only current enrollees, based on the batch auto-reenrollment crosswalk developed by CMS or the state. Our calculations for Tables 3, 7 and 9 only include enrollees who will be automatically crosswalked into a 2017 plan with the same issuer. Our calculations for Tables 1, 4 and 8 include nearly all returning enrollees. Consumers can be automatically crosswalked into other coverage within the same issuer or to another issuer if their plan is not available for the next year.

In our dataset, we observe some households that are not receiving tax credits in 2016 but do appear eligible on the basis of household income.²⁹ New to this analysis for 2017, we impute the maximum amount that these households would need to pay toward benchmark coverage by applying the 2016 IRS applicable percentages and calculating the amount, if any, of tax credit the household would be eligible for in 2017. We impute tax credits for these consumers because some consumers who do not receive tax credits in 2016 due to benchmark premiums that were below the maximum required monthly premium payment may see their 2017 premium increase enough to qualify for tax credits.

Identifying Benchmark Plans

Plans in the Health Insurance Marketplace are required to offer a comprehensive package of items and services, known as essential health benefits (EHB). Marketplace plans can also offer benefits beyond these minimum benefits.

Each Marketplace plan reports what percentage of its premium is related to EHB. Most plans have an EHB percentage of 100 percent. However, plans that cover benefits beyond EHB have EHB percentages smaller than 100 percent, reflecting the fact that a portion of the premium pays for these additional benefits. The amount of premium that covers EHB is used to rank silver plans available to a consumer and determine which plan is the second-lowest cost silver plan—also called the benchmark plan—for the purposes of calculating advance premium tax credits.

In this issue brief, the EHB amount enters into our analysis in two ways. We ranked silver plans by the EHB amount of premium in order to determine what we define for analytic purposes as each county's "benchmark" plan.³⁰ We then compared the full premium amount of each year's respective benchmark to calculate the increase in the second-lowest cost silver plan. Secondly, EHB amounts affect the calculation of premiums after applicable advance premium tax credits. Premium tax credits can be applied only to the portion of the plan's premium that covers EHB.

²⁹ There are various reasons a consumer may not appear to be receiving APTC but have a household income that would suggest they may be eligible (i.e., from 100/138 percent to 400 percent of the Federal Poverty Level). For example, the benchmark plan available to the consumer may be priced below the maximum monthly premium payment, the household may receive an offer of affordable employer-sponsored coverage, or the plan selection or income data in our analytic file are not up-to-date.

³⁰ For the purposes of calculating the advance premium tax credit, a second-lowest cost silver level plan for a specific taxpayer is identified based on what is available to the taxpayer at the time of enrollment, in the taxpayer's geographical area. In this brief for analytic purposes, at times we use the term "benchmark plan" to refer to the second-lowest cost silver plan in a county, which may not be the benchmark plan for all individual consumers.

For example, suppose a consumer has a \$200 premium tax credit. If he selects a plan that costs \$200 before tax credit and has an EHB percent of 95%, the tax credit will cover \$190 of the plan premium and he will be responsible for covering the remaining \$10.

The 2016 and 2017 QHP landscape files include a variable called “EHB percent of total premium,” which represents the proportion the plan’s premium cost that covers EHB. For plan years 2014 and 2015, the EHB percentage of premium variable is not available on the landscape file but is available on the Health Insurance Marketplace public use files.³¹

In this analysis, we rank silver plans according to the percentage of premium that is related to EHB; however, premiums reported in this brief are for the full premium amount, not just the premium amount that covers EHB.

³¹ The Health Insurance Marketplace public use files are available at: <https://www.cms.gov/ccio/resources/data-resources/marketplace-puf.html>.

APPENDIX A: TABLES BY STATE AND COUNTY

TABLE 5. Percent of 2016 HealthCare.gov Enrollees Receiving Financial Assistance, by State

State	Percent of Plan Selections with APTC	Percent of Plan Selections with CSRs	Median Income as Percent of FPL	Percent of Plan Selections with Household Income <100% FPL	Percent of Plan Selections with Household Income 100-250% FPL	Percent of Plan Selections with Household Income 250-400% FPL	Percent of Plan Selections with Household Income >400% FPL
HealthCare.gov States	85%	59%	165%	3%	78%	17%	2%
AK	86%	42%	202%	3%	68%	27%	3%
AL	89%	73%	144%	4%	83%	12%	1%
AR	87%	55%	189%	2%	75%	21%	2%
AZ	74%	51%	189%	2%	75%	19%	3%
DE	82%	43%	212%	2%	63%	30%	4%
FL	91%	71%	137%	2%	86%	10%	1%
GA	86%	65%	141%	4%	82%	13%	2%
HI	81%	61%	164%	29%	53%	16%	2%
IA	85%	51%	196%	2%	71%	24%	2%
IL	75%	45%	194%	3%	69%	23%	4%
IN	81%	45%	196%	2%	68%	27%	3%
KS	82%	57%	168%	4%	75%	18%	2%
LA	89%	61%	148%	3%	80%	15%	2%
ME	87%	56%	188%	2%	71%	24%	3%
MI	83%	51%	195%	2%	72%	24%	3%
MO	87%	57%	157%	3%	79%	16%	2%
MS	90%	74%	129%	4%	89%	7%	1%
MT	83%	45%	196%	2%	67%	27%	3%
NC	89%	64%	157%	3%	79%	16%	2%
ND	85%	45%	209%	1%	66%	29%	3%
NE	88%	51%	185%	3%	73%	22%	2%
NH	66%	35%	211%	2%	62%	30%	6%
NJ	80%	50%	199%	4%	66%	26%	5%
NM	68%	44%	200%	2%	68%	25%	4%
NV	87%	58%	188%	3%	75%	20%	2%
OH	80%	44%	203%	2%	70%	25%	3%
OK	84%	60%	164%	4%	77%	17%	2%
OR	71%	39%	216%	2%	62%	31%	5%
PA	76%	51%	190%	2%	71%	23%	4%
SC	89%	71%	153%	2%	82%	15%	2%
SD	88%	60%	187%	3%	73%	23%	2%
TN	85%	58%	159%	4%	77%	17%	2%
TX	84%	57%	153%	4%	81%	13%	2%
UT	86%	63%	177%	2%	80%	16%	2%
VA	82%	56%	169%	4%	75%	18%	3%
WI	84%	54%	187%	1%	70%	25%	3%
WV	85%	51%	199%	1%	69%	27%	3%
WY	90%	54%	198%	2%	68%	27%	2%

Source: U.S. Department of Health and Human Services, "Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report," ASPE Issue Brief, ASPE, March 11, 2016, available at: <https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf>.

Note: Columns may not sum due to rounding.

TABLE 6

Average Monthly Premiums for Second-Lowest Cost Silver Plans for a 27-Year-Old (Before Tax Credits), 2016–2017 in HealthCare.gov States & State-Based Marketplaces for Which Data are Available

State	Average Second-Lowest Cost Silver Premium for a 27-Year-Old		
	2016	2017	% Change, 2016–2017
HealthCare.gov States			
<i>Average</i>	\$242	\$302	25%
<i>Median Change</i>	N/A	N/A	16%
HealthCare.gov States and State-Based Marketplaces for Which Data are Available			
<i>Average</i>	\$243	\$296	22%
<i>HealthCare.gov States</i>			
AK	\$590	\$760	29%
AL	\$244	\$384	58%
AR	\$244	\$248	2%
AZ	\$196	\$422	116%
DE	\$292	\$347	19%
FL	\$238	\$270	14%
GA	\$237	\$273	15%
HI	\$213	\$288	35%
IA	\$246	\$308	25%
IL	\$208	\$298	43%
IN	\$235	\$229	-3%
KS	\$217	\$308	42%
KY	N/A	\$259	N/A
LA	\$290	\$340	17%
ME	\$275	\$317	15%
MI	\$213	\$228	7%
MO	\$257	\$305	18%
MS	\$230	\$273	19%
MT	\$264	\$381	44%
NC	\$319	\$446	40%
ND	\$270	\$288	7%
NE	\$272	\$411	51%
NH	\$215	\$219	2%
NJ	\$272	\$286	5%
NM	\$174	\$224	29%
NV	\$234	\$249	6%
OH	\$222	\$226	2%
OK	\$251	\$424	69%
OR	\$225	\$287	27%
PA	\$213	\$327	53%
SC	\$247	\$319	29%
SD	\$270	\$374	39%
TN	\$236	\$385	63%
TX	\$221	\$261	18%
UT	\$245	\$294	20%
VA	\$239	\$264	10%
WI	\$262	\$304	16%
WV	\$294	\$386	32%
WY	\$380	\$413	9%
<i>State-Based Marketplaces</i>			

CA #	\$255	\$272	7%
CT	\$291	\$340	17%
DC	\$181	\$222	22%
MA	\$227	\$219	-3%
MN	\$214	\$340	59%

Source: For states using the HealthCare.gov platform in 2016 and 2017, plan and premium information is from the plan landscape files. For State-Based Marketplaces using their own Marketplace platforms, plan and premium information was provided by the state. Plan and premium information from Minnesota was provided by the state and calculations were done by ASPE.

Note: The numbers in this table represent premiums before the application of advance premium tax credits. State and HealthCare.gov average premiums are weighted by the number of Marketplace plan selections in each county, except for Kentucky, in which all counties were weighted equally. Weighted averages that include SBM states were calculated at the county level for all counties in HealthCare.gov states and weighted at the state level, using plan selections as of February 1, 2016 (as reported in “Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report,” *ASPE Issue Brief*, ASPE, March 11, 2016, available at: <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf>), for SBM states, with the exception of Minnesota (data for Minnesota were provided by the state and calculations were done by ASPE). The 2016 and 2017 averages use 2016 plan selections in 38 states. Kentucky, as well as State-Based Marketplaces using their own Marketplace platforms, are not included in the HealthCare.gov states average. This analysis identifies the second-lowest cost silver plan in each county based on the portion of the premium that covers essential health benefits (EHB); however, premiums reported in this table are for the full premium amount, not just the premium amount that covers EHB. See the “Methodology and Limitations” section for details.

California averages are by rating region rather than county.

TABLE 7

Potential Savings from Shopping Based on Premium if Current Marketplace Enrollees Switch to 2017 Lowest-Cost Premium Plan within Metal Level in HealthCare.gov States

State	Average Lowest-Cost 2017 Monthly Premium Within Metal Level	Average 2017 Monthly Premium Savings if Consumers Switch to Lowest-Cost Plan within Metal Level*	Annual Average Potential Savings in Premium Costs per Enrollee*	% of Enrollees Who Could Save on Premium Costs by Switching to the Lowest-Cost Plan within Metal Level*
HealthCare.gov States	N/A	\$57	\$682	76%
AK	\$1,004	\$7	\$85	61%
AL	\$552	\$20	\$245	54%
AR	\$379	\$60	\$725	99%
AZ	\$620	\$15	\$175	30%
DE	\$534	\$63	\$753	99%
FL	\$407	\$54	\$653	80%
GA	\$362	\$76	\$910	93%
HI	\$444	\$44	\$531	76%
IA	\$435	\$18	\$219	30%
IL	\$431	\$111	\$1,332	95%
IN	\$351	\$119	\$1,433	97%
KS	\$439	\$15	\$183	83%
LA	\$480	\$83	\$999	73%
ME	\$498	\$24	\$290	89%
MI	\$343	\$88	\$1,055	95%
MO	\$438	\$43	\$518	79%
MS	\$416	\$53	\$636	77%
MT	\$515	\$81	\$968	76%
NC	\$650	\$24	\$288	56%
ND	\$378	\$25	\$300	74%
NE	\$540	\$14	\$173	48%
NH	\$348	\$68	\$821	87%
NJ	\$463	\$46	\$557	78%
NM	\$344	\$26	\$310	46%
NV	\$371	\$25	\$300	93%
OH	\$330	\$91	\$1,097	94%
OK	\$586	\$34	\$407	68%
OR	\$420	\$52	\$628	91%
PA	\$478	\$29	\$353	42%
SC	\$507	\$10	\$121	100%
SD	\$513	\$30	\$357	73%
TN	\$575	\$25	\$305	37%
TX	\$362	\$74	\$889	70%
UT	\$330	\$25	\$302	54%
VA	\$374	\$42	\$501	80%
WI	\$476	\$51	\$608	82%
WV	\$652	\$61	\$728	60%
WY	\$594	\$12	\$144	50%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for 38 states using the HealthCare.gov platform in 2016 and 2017. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in this analysis.

Note: Amounts presented here do not take into account potential premium tax credits. The lowest-cost premium refers to the plan with the lowest premium within the county within each metal tier. In some cases, plans were tied for lowest premium. This

analysis includes only enrollees linked to complete plan and premium data for both 2016 and 2017, and excludes tobacco users, who may face additional surcharges. This analysis only includes enrollees who will be automatically crosswalked into a 2017 plan with the same issuer. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. We assume that *all* enrollee characteristics are unchanged and calculate premiums based on the same age, family composition, and household income as in 2016. Metal-level analysis is based on the metal consumers would be automatically crosswalked into for 2017, based on their metal choice in 2016. The lowest cost plan does not take into account other cost-sharing features, but refers only to the cost of the premium charged for that plan. See the “Methods and Limitations” section at the end of this brief for more details.

TABLE 8

Percent of Current Marketplace Consumers Who Could Obtain Coverage for \$100 or Less after Applicable Tax Credits in 2017, Regardless of 2016 Metal Level, HealthCare.gov States

State	Monthly Premium After Advance Premium Tax Credits		
	\$100 or less	\$75 or less	\$50 or less
HealthCare.gov States Total	77%	72%	65%
AK	82%	79%	76%
AL	90%	89%	87%
AR	62%	52%	38%
AZ	78%	74%	70%
DE	63%	55%	45%
FL	84%	80%	74%
GA	81%	76%	70%
HI	76%	71%	67%
IA	71%	65%	56%
IL	60%	53%	43%
IN	56%	48%	36%
KS	74%	69%	62%
LA	84%	81%	76%
ME	68%	60%	50%
MI	73%	65%	55%
MO	78%	73%	67%
MS	85%	81%	75%
MT	80%	77%	72%
NC	85%	82%	77%
ND	77%	71%	62%
NE	82%	77%	70%
NH	49%	42%	34%
NJ	61%	54%	46%
NM	65%	56%	48%
NV	76%	70%	61%
OH	60%	51%	38%
OK	86%	84%	82%
OR	62%	56%	49%
PA	75%	71%	66%
SC	74%	68%	59%
SD	83%	79%	71%
TN	83%	81%	77%
TX	78%	73%	66%
UT	82%	76%	66%
VA	73%	67%	60%
WI	69%	63%	56%
WV	69%	63%	55%
WY	74%	68%	60%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for 38 states using the HealthCare.gov platform in 2016 and 2017. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in this analysis.

Note: Columns may not sum due to rounding. This analysis holds all enrollee characteristics unchanged and calculates 2017 premiums and tax credits based on the same age, family composition, and household income as in 2016. This analysis includes only enrollees who could be linked to complete plan and premium data for both 2016 and 2017, and excludes tobacco users. This analysis includes both enrollees who will be automatically crosswalked into a 2017 plan with the same issuer and other returning consumers. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. See the “Methods and Limitations” section for more details.

TABLE 9

Potential Savings Compared to 2016 Premium if Current Marketplace Enrollees Switch to Lowest Premium Plan within Metal Level in 2017, HealthCare.gov States

State	Average Net Premium 2016	Average Net Premium 2017 if Selecting the Lowest Cost Plan within Metal Tier	Difference in 2016 Net Premium and 2017 Net Premium of Lowest Cost Plan in Metal Tier	% Difference
HealthCare.gov States	\$137	\$109	-\$28	-20%
AK	\$218	\$172	-\$46	-21%
AL	\$122	\$78	-\$44	-36%
AR	\$149	\$138	-\$10	-7%
AZ	\$155	\$173	\$18	11%
DE	\$195	\$184	-\$11	-6%
FL	\$107	\$74	-\$32	-30%
GA	\$122	\$80	-\$43	-35%
HI	\$148	\$138	-\$10	-7%
IA	\$143	\$126	-\$18	-12%
IL	\$189	\$158	-\$32	-17%
IN	\$190	\$135	-\$54	-29%
KS	\$136	\$124	-\$12	-9%
LA	\$112	\$90	-\$23	-20%
ME	\$137	\$150	\$14	10%
MI	\$169	\$119	-\$50	-30%
MO	\$121	\$105	-\$15	-13%
MS	\$110	\$76	-\$34	-31%
MT	\$154	\$112	-\$43	-28%
NC	\$126	\$102	-\$25	-19%
ND	\$163	\$129	-\$34	-21%
NE	\$129	\$99	-\$30	-23%
NH	\$215	\$178	-\$37	-17%
NJ	\$210	\$178	-\$33	-15%
NM	\$169	\$135	-\$34	-20%
NV	\$129	\$112	-\$17	-13%
OH	\$192	\$130	-\$63	-33%
OK	\$110	\$113	\$3	2%
OR	\$189	\$169	-\$21	-11%
PA	\$186	\$167	-\$19	-10%
SC	\$121	\$115	-\$6	-5%
SD	\$128	\$102	-\$25	-20%
TN	\$132	\$95	-\$37	-28%
TX	\$118	\$89	-\$29	-24%
UT	\$105	\$115	\$10	9%
VA	\$129	\$110	-\$19	-15%
WI	\$164	\$138	-\$26	-16%
WV	\$190	\$164	-\$25	-13%
WY	\$149	\$134	-\$15	-10%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for 38 states using the HealthCare.gov platform in 2016 and 2017. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in this analysis.

Note: This analysis considers enrollees who do and do not receive tax credits. The lowest premium plan refers to the plan with the lowest premium in the county within each metal tier and is based on all plans available in 2016. In some cases, plans were tied for lowest premium. This analysis includes only enrollees linked to complete plan and premium data for both 2016 and 2017, and excludes tobacco users, who may face additional surcharges. This analysis includes both enrollees who will be automatically cross walked into a 2017 plan and other returning consumers. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. We assume that *all* enrollee characteristics are unchanged and calculate premiums based on the same age, family composition, and household income as in 2016. Metal-level analysis is based on the metal level consumers would be automatically cross walked into for 2017, based on their metal choice in 2016. The lowest premium plan does not take into account other cost-sharing features, but refers only to the cost of the premium charged for that plan. See the “Methods and Limitations” section at the end of this brief for more details.

TABLE 10
 Number of Marketplace Issuers by State, 2016–2017 in HealthCare.gov States & State-Based Marketplaces for Which Data are Available

State	Number of Issuers in State		Net Change in Number of Issuers in State, 2016–2017*	Number of New Issuers to the State in 2017*	Number of Issuers Exiting the State in 2017*
	2016	2017			
HealthCare.gov States Total	232	167	-68	15	83
Total for HealthCare.gov States and State-Based Marketplaces for Which Data are Available	298	228	-73	16	89
<i>HealthCare.gov States</i>					
AK	2	1	-1	0	1
AL	3	1	-2	0	2
AR	5	4	-1	0	1
AZ	8	2	-6	0	6
DE	3	3	0	0	0
FL	10	7	-3	1	4
GA	9	5	-4	0	4
HI	2	2	0	0	0
IA	4	5	1	2	1
IL	9	5	-4	1	5
IN	8	4	-4	0	4
KS	4	3	-1	1	2
KY*	N/A	3	N/A	N/A	N/A
LA	5	4	-1	0	1
ME	2	3	1	1	0
MI	14	10	-4	0	4
MO	7	4	-3	0	3
MS	3	2	-1	0	1
MT	3	3	0	0	0
NC	3	2	-1	1	2
ND	3	3	0	0	0
NE	4	2	-2	1	3
NH	4	4	0	0	0
NJ	6	3	-3	0	3
NM	4	4	0	1	1
NV	4	4	0	0	0
OH	16	11	-5	0	5
OK	2	1	-1	0	1
OR	9	6	-3	0	3
PA	13	8	-5	1	6
SC	4	1	-3	0	3
SD	2	2	0	0	0
TN	4	3	-1	0	1
TX	19	10	-9	0	9
UT	4	3	-1	0	1
VA	11	11	0	2	2
WI	16	15	-1	3	4
WV	2	2	0	0	0
WY	1	1	0	0	0

<i>State-Based Marketplaces</i>					
CA #	12	11	-1	0	1
CT	4	2	-2	0	2
DC	2	2	0	0	0
MA	11	10	-1	0	1
MN	5	4	-1	0	1
NY - Basic Health Plan ±	14	15	1	1	0
NY - Marketplace ±	18	17	-1	0	1

Source: For states using the HealthCare.gov platform in 2016 and 2017, plan and premium information is from the plan landscape files. For State-Based Marketplaces using their own Marketplace platforms, plan and premium information was provided by the state. Plan and premium information from Minnesota was provided by the state and calculations were done by ASPE.

Note: An issuer is counted as “new” in 2017 if it did not offer an individual market health plan in a given state’s Marketplace in 2016 based on its HIOS issuer ID number, and “exiting” if it was active in a given state’s Marketplace in 2016 but not in 2017. State-Based Marketplaces using their own Marketplace platforms are not included in the HealthCare.gov states totals.

*Kentucky is not included in the net change in the number of issuers from 2016 to 2017, the sum of new issuers in 2017, and the sum of issuers exiting in 2017.

± New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP or state-funded Medicaid enrollment. BHP includes QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and the majority of the lawfully residing non-citizens below 138 percent of FPL who were previously eligible for state-funded Medicaid who were re-determined eligible for BHP since 4/1/2015.

California averages are by rating region rather than county.

TABLE 11
Average Number of Marketplace Qualified Health Plans per County, 2016–2017 in
HealthCare.gov States & State-Based Marketplaces for Which Data are Available

State	Average Number of QHPs		Change in Average Number of QHPs, 2016-2017*	Average Number of QHPs per Issuer		Change in Average Number of QHPs per Issuer, 2016-2017*
	2016	2017		2016	2017	
HealthCare.gov States Average (38 States)	47	30	-17	10	10	1
<i>HealthCare.gov States</i>						
AK	15	5	-10	8	5	-3
AL	13	6	-7	6	6	0
AR	40	24	-16	8	6	-2
AZ	65	4	-61	9	4	-5
DE	28	19	-9	9	6	-3
FL	52	55	3	10	14	5
GA	48	32	-16	8	12	4
HI	20	22	2	10	11	1
IA	26	15	-11	9	6	-3
IL	55	29	-25	9	12	3
IN	61	44	-17	11	12	1
KS	26	13	-13	10	6	-3
KY	N/A	11	N/A	N/A	7	N/A
LA	34	19	-15	8	6	-2
ME	30	25	-5	10	8	-2
MI	88	62	-25	10	10	0
MO	37	17	-20	10	10	0
MS	23	18	-5	9	13	4
MT	30	21	-9	10	7	-3
NC	24	10	-14	10	9	-1
ND	21	19	-2	7	6	-1
NE	31	13	-18	8	6	-1
NH	39	32	-7	8	8	0
NJ	38	19	-20	8	6	-2
NM	20	20	0	7	5	-2
NV	49	26	-24	13	8	-5
OH	81	45	-36	9	11	3
OK	22	13	-9	11	13	2
OR	73	28	-45	9	7	-2
PA	31	12	-18	7	5	-1
SC	70	25	-45	19	25	6
SD	19	17	-2	10	9	-1
TN	57	7	-50	19	4	-14
TX	50	26	-24	9	10	2
UT	70	22	-48	18	8	-10
VA	35	34	-1	9	9	0
WI	60	44	-16	11	12	0
WV	18	13	-5	15	7	-7
WY	28	28	0	28	28	0
<i>State-Based Marketplaces</i>						
CA #	27	30	3	5	6	1
CT	37	17	-20	9	9	0

DC	24	18	6	12	9	-3
MA	70	53	17	7	6	1
MN	47	18	-29	10	6	-5
NY - Basic Health Plan ±	5	6	1	2	2	0
NY - Marketplace ±	75	65	-10	4	4	0

Source: For states using the HealthCare.gov platform in 2016 and 2017, plan and premium information is from the plan landscape files. For State-Based Marketplaces using their own Marketplace platforms, plan and premium information was provided by the state. Plan and premium information from Minnesota was provided by the state and calculations were done by ASPE.

Note: Numbers may not sum due to rounding. With the exception of Connecticut and New York's Health Insurance Marketplace, counts do not include catastrophic plans. Issuers that only offer a catastrophic plan in a county (applicable to 33 counties in New Mexico in 2016 and 1 county in Arizona in 2017) are excluded when calculating the average number of QHPs per issuer. Average number of plans from 2016-2017 represent the number of Marketplace QHPs per county, weighted by plan selections in the county. State and HealthCare.gov average premiums are weighted by the number of Marketplace plan selections in each county, except for Kentucky, in which all counties were weighted equally. The 2016 and 2017 averages use PY2016 plan selections in 38 states. Kentucky, as well as State-Based Marketplaces using their own Marketplace platforms, are not included in the HealthCare.gov states average.

*Numbers may not sum due to rounding.

California averages are by rating region rather than county.

± New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP or state-funded Medicaid enrollment. BHP includes QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and the majority of the lawfully residing non-citizens below 138 percent of FPL who were previously eligible for state-funded Medicaid who were re-determined eligible for BHP since 4/1/2015.

TABLE 12
2017 Average Monthly Marketplace Premiums, Issuers, Available QHPs in HealthCare.gov States & State-Based Marketplaces
For Which Data are Available

2017										
State	Total Number of Issuers in State	Average Number of QHPs per County	27-Year-Old with a Household Income of \$25,000				Family of Four with a Household Income of \$60,000			
			Average				Average			
			Second-Lowest Silver Before Advance Premium Tax Credit	Second-Lowest Silver After Advance Premium Tax Credit	Advance Premium Tax Credit Amount	Percent Increase in Advance Premium Tax Credit Amount over 2016	Second-Lowest Silver Before Advance Premium Tax Credit	Second-Lowest Silver After Advance Premium Tax Credit	Advance Premium Tax Credit Amount	Percent Increase in Advance Premium Tax Credit Amount over 2016
HealthCare.gov States Average (39 States)	6	30	\$302	\$142	\$160	62%	\$1,090	\$405	\$686	47%
<i>HealthCare.gov States</i>										
AK*	1	5	\$760	\$103	\$657	35%	\$2,750	\$316	\$2,434	34%
AL	1	6	\$384	\$142	\$242	140%	\$1,392	\$405	\$987	106%
AR	4	24	\$248	\$142	\$106	5%	\$897	\$405	\$492	3%
AZ	2	4	\$422	\$142	\$280	428%	\$1,529	\$405	\$1,124	270%
DE	3	19	\$347	\$142	\$205	38%	\$1,257	\$405	\$852	31%
FL	7	55	\$270	\$142	\$128	35%	\$979	\$405	\$574	26%
GA	5	32	\$273	\$142	\$131	39%	\$987	\$405	\$582	28%
HI*	2	22	\$288	\$117	\$171	80%	\$1,042	\$348	\$694	63%
IA**	5	15	\$308	\$142	\$166	61%	\$1,116	\$405	\$711	46%
IL	5	29	\$298	\$142	\$156	140%	\$1,078	\$405	\$673	94%
IN	4	44	\$229	\$142	\$87	-5%	\$829	\$405	\$424	-5%
KS	3	13	\$308	\$142	\$166	124%	\$1,114	\$405	\$709	87%
KY	3	11	\$259	\$142	\$117	N/A	\$939	\$405	\$534	N/A
LA	4	19	\$340	\$142	\$198	35%	\$1,230	\$405	\$825	28%
ME	3	25	\$317	\$142	\$175	33%	\$1,146	\$405	\$741	25%
MI	10	62	\$228	\$142	\$86	23%	\$827	\$405	\$422	15%
MO**	4	17	\$305	\$142	\$163	43%	\$1,103	\$405	\$698	33%
MS	2	18	\$273	\$142	\$131	51%	\$989	\$405	\$584	37%
MT**	3	21	\$381	\$142	\$239	98%	\$1,378	\$405	\$973	77%
NC	2	10	\$446	\$142	\$304	73%	\$1,613	\$405	\$1,208	61%
ND	3	19	\$288	\$142	\$146	15%	\$1,044	\$405	\$639	11%

2017										
State	Total Number of Issuers in State	Average Number of QHPs per County	27-Year-Old with a Household Income of \$25,000				Family of Four with a Household Income of \$60,000			
			Average				Average			
			Second-Lowest Silver Before Advance Premium Tax Credit	Second-Lowest Silver After Advance Premium Tax Credit	Advance Premium Tax Credit Amount	Percent Increase in Advance Premium Tax Credit Amount over 2016	Second-Lowest Silver Before Advance Premium Tax Credit	Second-Lowest Silver After Advance Premium Tax Credit	Advance Premium Tax Credit Amount	Percent Increase in Advance Premium Tax Credit Amount over 2016
NE	2	13	\$411	\$142	\$269	109%	\$1,487	\$405	\$1,082	87%
NH	4	32	\$219	\$142	\$77	7%	\$792	\$405	\$387	3%
NJ**	3	19	\$286	\$142	\$144	12%	\$1,036	\$405	\$631	9%
NM	4	20	\$224	\$142	\$82	165%	\$813	\$405	\$408	82%
NV	4	26	\$249	\$142	\$107	18%	\$903	\$405	\$498	12%
OH	11	45	\$226	\$142	\$84	6%	\$819	\$405	\$414	4%
OK	1	13	\$424	\$142	\$282	161%	\$1,536	\$405	\$1,131	124%
OR	6	28	\$287	\$142	\$145	77%	\$1,040	\$405	\$635	55%
PA	8	12	\$327	\$142	\$185	164%	\$1,185	\$405	\$780	113%
SC	1	25	\$319	\$142	\$177	70%	\$1,154	\$405	\$749	53%
SD	2	17	\$374	\$142	\$232	83%	\$1,355	\$405	\$950	66%
TN	3	7	\$385	\$142	\$243	161%	\$1,393	\$405	\$988	121%
TX	10	26	\$261	\$142	\$119	53%	\$945	\$405	\$540	37%
UT	3	22	\$294	\$142	\$152	49%	\$950	\$405	\$545	42%
VA	11	34	\$264	\$142	\$122	27%	\$957	\$405	\$552	19%
WI**	15	44	\$304	\$142	\$162	36%	\$1,099	\$405	\$694	28%
WV**	2	13	\$386	\$142	\$244	62%	\$1,399	\$405	\$994	51%
WY	1	28	\$413	\$142	\$271	14%	\$1,495	\$405	\$1,090	12%
<i>State-Based Marketplaces</i>										
CA **#	11	30	\$272	\$142	\$130	16%	\$985	\$405	\$580	12%
CT **	2	17	\$340	\$142	\$198	34%	\$1,231	\$405	\$826	27%
DC**	2	18	\$222	\$142	\$80	111%	\$980	\$405	\$575	46%
MA**	10	53	\$219	\$142	\$77	-8%	\$765	\$405	\$360	-7%
MN**	4	18	\$340	\$142	\$198	179%	\$1396	\$405	\$991	109%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for 39 states using the HealthCare.gov platform in 2017. For State-Based Marketplaces using their own Marketplace platforms, plan and premium information was provided by the state. Plan and premium information from Minnesota was provided by the state and calculations were done by ASPE.

Note: Averages for premiums and number of QHPs per county are weighted by the county's number of Marketplace 2016 plan selections except for California, which reports by rating region rather than county. In this example, the family of four is one 40-year-old adult, one 38-year-old adult, and two children under the age of 21. For households eligible for premium tax credits, after-tax-credit benchmark premiums are capped at a given percentage of household income. After-tax benchmark premiums will differ slightly between

2016 and 2017 for identical family compositions and income amounts because of changes in the applicable percentages and the Federal Poverty Guidelines. The 2016 guidelines are used to calculate benchmark premiums for coverage in 2017. Because poverty guideline thresholds generally increase each year, a given dollar amount of income may equate to a smaller percentage of the Federal Poverty Level (FPL) in one year than it did in the previous year. For example, a four-person family with an income of \$60,000 was at 247 percent of the FPL by 2016 and 2015 guidelines, but at 252 percent of the FPL by 2014 guidelines. As a result, the percentage of income the family could pay for the benchmark plan in one year could be smaller in the next year.

* Alaska and Hawaii's federal poverty guidelines are higher than those for the continental United States; consequently, the after tax credit premium is lower for a given amount of income.

** In all 39 states, our calculations of premiums after tax credits assume that all members of the family of four making \$60,000 would be eligible for premium tax credits.

However, in states with higher Medicaid/CHIP thresholds the children would be eligible for Medicaid/CHIP and not eligible for premium tax credits.

*** For purposes of this analysis, counties in Kentucky were weighted equally because corresponding plan selection information by county was not available. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in the HealthCare.gov state averages. State-Based Marketplaces using their own Marketplace platforms are not included in the HealthCare.gov states averages.

California averages are by rating region rather than county.

TABLE 13

Second-Lowest Cost Silver Plan Monthly Premiums, 27-Year-Old (Before Tax Credits), 2016–2017 in Selected Counties in HealthCare.gov States & State-Based Marketplaces for Which Data are Available

State	County	City in County	Second-Lowest Cost Silver Monthly Premium for a 27-year-old		
			2016	2017	% Change
<i>HealthCare.gov States</i>					
AK	Anchorage	Anchorage	\$590	\$741	26%
AK	Juneau	Juneau	\$590	\$760	29%
AL	Jefferson	Birmingham	\$236	\$404	71%
AR	Pulaski	Little Rock	\$254	\$257	1%
AZ	Maricopa	Phoenix	\$170	\$416	145%
AZ	Pima	Tucson	\$178	\$286	61%
DE	New Castle	Wilmington	\$292	\$347	19%
FL	Broward	Ft. Lauderdale	\$239	\$249	4%
FL	Duval	Jacksonville	\$220	\$254	16%
FL	Hillsborough	Tampa	\$206	\$258	25%
FL	Miami-Dade	Miami	\$216	\$251	16%
FL	Orange	Orlando	\$256	\$298	16%
FL	Palm Beach	West Palm Beach	\$235	\$244	4%
GA	Fulton	Atlanta	\$210	\$224	6%
HI	Honolulu	Honolulu	\$213	\$288	35%
IA	Linn	Cedar Rapids	\$233	\$247	6%
IL	Cook	Chicago	\$160	\$255	60%
IN	Marion	Indianapolis	\$266	\$235	-12%
KS	Sedgwick	Wichita	\$203	\$296	46%
KS	Wyandotte	Kansas City	\$240	\$324	35%
KY	Fayette	Lexington	N/A	\$205	N/A
KY	Jefferson	Louisville	N/A	\$188	N/A
LA	Orleans	New Orleans	\$272	\$306	13%
ME	Cumberland	Portland	\$236	\$280	19%
MI	Wayne	Detroit	\$185	\$194	5%
MO	St. Louis	St. Louis	\$235	\$254	8%
MS	Jackson	Jackson	\$228	\$297	30%
MT	Gallatin	Bozeman	\$267	\$399	49%
NC	Guilford	Greensboro	\$292	\$440	51%
NC	Mecklenburg	Charlotte	\$335	\$469	40%
NC	Wake	Raleigh-Durham	\$294	\$401	37%
ND	Cass	Fargo	\$249	\$271	9%
NE	Douglas	Omaha	\$256	\$302	18%
NH	Hillsborough	Manchester	\$214	\$219	2%
NJ	Essex	Newark	\$271	\$289	7%
NM	Bernalillo	Albuquerque	\$153	\$212	39%
NV	Clark	Las Vegas	\$214	\$231	8%
OH	Cuyahoga	Cleveland	\$189	\$196	4%
OH	Franklin	Columbus	\$240	\$247	3%
OH	Hamilton	Cincinnati	\$197	\$195	-1%
OH	Montgomery	Dayton	\$217	\$209	-3%
OK	Oklahoma	Oklahoma City	\$242	\$404	67%
OK	Tulsa	Tulsa	\$247	\$423	71%
OR	Multnomah	Portland	\$215	\$256	19%

State	County	City in County	Second-Lowest Cost Silver Monthly Premium for a 27-year-old		
			2016	2017	% Change
PA	Allegheny	Pittsburgh	\$156	\$193	24%
PA	Philadelphia	Philadelphia	\$226	\$343	51%
SC	Richland	Columbia	\$258	\$331	29%
SD	Lincoln	Sioux Falls	\$253	\$367	45%
SD	Minnehaha	Sioux Falls	\$253	\$367	45%
TN	Davidson	Nashville	\$230	\$344	49%
TN	Shelby	Memphis	\$229	\$341	49%
TX	Bexar	San Antonio	\$186	\$227	22%
TX	Comal	San Antonio	\$194	\$232	20%
TX	Medina	San Antonio	\$201	\$399	99%
TX	Dallas	Dallas	\$216	\$232	7%
TX	El Paso	El Paso	\$197	\$218	11%
TX	Harris	Houston	\$210	\$236	13%
TX	Hidalgo	McAllen	\$159	\$180	13%
TX	Travis	Austin	\$222	\$252	13%
UT	Salt Lake	Salt Lake City	\$229	\$275	20%
VA	Henrico	Richmond	\$227	\$243	7%
WI	Milwaukee	Milwaukee	\$267	\$311	16%
WV	Cabell	Huntington	\$260	\$343	32%
WV	Wayne	Huntington	\$260	\$343	32%
WY	Laramie	Cheyenne	\$350	\$380	9%
<i>State-Based Marketplaces</i>					
CA	Los Angeles	Los Angeles - 1*	\$201	\$212	6%
CA	Los Angeles	Los Angeles - 2*	\$209	\$222	6%
CA	San Diego	San Diego	\$243	\$252	4%
CA	San Francisco	Francisco	\$318	\$364	15%
CT	Fairfield	Stamford	\$321	\$372	16%
DC	Washington	Washington	\$181	\$222	22%
MA	Suffolk	Boston	\$231	\$216	-6%
MN	Hennepin	Minneapolis	\$184	\$286	55%
MN	Ramsey	St. Paul	\$184	\$286	55%

Source: For states using the HealthCare.gov platform in 2016 and 2017, plan and premium information is from the plan landscape files. For State-Based Marketplaces using their own Marketplace platforms, plan and premium information was provided by the state. Plan and premium information from Minnesota was provided by the state and calculations were done by ASPE.

Note: The premiums in this table represent premiums before the application of tax credits. The number of QHPs in the county does not include catastrophic plans. This brief identifies the second-lowest cost silver plan based on the portion of the premium that covers essential health benefits (EHB); however, premiums reported in this table are for the full premium amount, not just the premium amount that covers EHB. See the “Methodology and Limitations” section for details.

*Los Angeles County is divided into two regions for premium determinations.

TABLE 14
 Number of Marketplace Issuers in County, 2016–2017 for Selected Cities in HealthCare.gov
 States & State-Based Marketplaces for Which Data are Available

State	County	City in County	Number of Issuers		Net Change in Number of Issuers, 2016-2017
			2016	2017	
<i>HealthCare.gov States</i>					
AK	Anchorage	Anchorage	2	1	-1
AK	Juneau	Juneau	2	1	-1
AL	Jefferson	Birmingham	3	1	-2
AR	Pulaski	Little Rock	5	4	-1
AZ	Maricopa	Phoenix	8	1	-7
AZ	Pima	Tucson	5	2	-3
DE	New Castle	Wilmington	3	3	0
FL	Broward	Ft. Lauderdale	7	5	-2
FL	Duval	Jacksonville	5	4	-1
FL	Hillsborough	Tampa	5	5	0
FL	Miami-Dade	Miami	7	5	-2
FL	Orange	Orlando	4	2	-2
FL	Palm Beach	West Palm Beach	7	5	-2
GA	Fulton	Atlanta	8	4	-4
HI	Honolulu	Honolulu	2	2	0
IA	Linn	Cedar Rapids	3	3	0
IL	Cook	Chicago	7	3	-4
IN	Marion	Indianapolis	6	4	-2
KS	Sedgwick	Wichita	3	2	-1
KS	Wyandotte	Kansas City	2	2	0
KY	Lexington	Fayette	N/A	3	N/A
KY	Louisville	Jefferson	N/A	3	N/A
LA	Orleans	New Orleans	5	4	-1
ME	Cumberland	Portland	2	3	1
MI	Wayne	Detroit	12	9	-3
MO	St. Louis	St. Louis	4	2	-2
MS	Jackson	Jackson	2	1	-1
MT	Gallatin	Bozeman	3	3	0
NC	Guilford	Greensboro	3	1	-2
NC	Mecklenburg	Charlotte	3	1	-2
NC	Wake	Raleigh-Durham	3	2	-1
ND	Cass	Fargo	3	3	0
NE	Douglas	Omaha	4	2	-2
NH	Hillsborough	Manchester	4	4	0
NJ	Essex	Newark	6	3	-3
NM	Bernalillo	Albuquerque	4	4	0
NV	Clark	Las Vegas	4	3	-1
OH	Cuyahoga	Cleveland	11	5	-6
OH	Franklin	Columbus	8	4	-4
OH	Hamilton	Cincinnati	10	6	-4
OH	Montgomery	Dayton	10	6	-4
OK	Oklahoma	Oklahoma City	2	1	-1
OK	Tulsa	Tulsa	2	1	-1
OR	Multnomah	Portland	7	5	-2
PA	Allegheny	Pittsburgh	5	3	-2
PA	Philadelphia	Philadelphia	4	2	-2

State	County	City in County	Number of Issuers		Net Change in Number of Issuers, 2016-2017
			2016	2017	
SC	Richland	Columbia	4	1	-3
SD	Lincoln	Sioux Falls	2	2	0
SD	Minnehaha	Sioux Falls	2	2	0
TN	Davidson	Nashville	4	2	-2
TN	Shelby	Memphis	4	2	-2
TX	Bexar	San Antonio	8	4	-4
TX	Comal	San Antonio	6	3	-3
TX	Medina	San Antonio	3	1	-2
TX	Dallas	Dallas	8	3	-5
TX	El Paso	El Paso	5	3	-2
TX	Harris	Houston	7	3	-4
TX	Hidalgo	McAllen	7	4	-3
TX	Travis	Austin	8	3	-5
UT	Salt Lake	Salt Lake City	4	3	-1
VA	Henrico	Richmond	4	4	0
WI	Milwaukee	Milwaukee	6	4	-2
WV	Cabell	Huntington	2	2	0
WV	Wayne	Huntington	2	2	0
WY	Laramie	Cheyenne	1	1	0
<i>State-Based Marketplaces</i>					
CA	Los Angeles - 1*	Los Angeles	6	6	0
CA	Los Angeles - 2*	Los Angeles	7	7	0
CA	San Diego	San Diego	6	6	0
CA	Francisco	San Francisco	5	6	1
CT	Fairfield	Stamford	4	2	-2
DC	Washington	Washington	2	2	0
MA	Suffolk	Boston	10	9	-1
MN	Minneapolis	Hennepin	5	4	-1
MN	St. Paul	Ramsey	5	4	-1
NY - Basic Health Plan ±	Albany	Albany	5	4	-1
NY - Marketplace ± #	Albany	Albany	7	6	-1
NY - Basic Health Plan ±	Erie	Buffalo	5	7	2
NY - Marketplace ± #	Erie	Buffalo	4	4	0
NY - Basic Health Plan ±	New York	New York City	8	8	0
NY - Marketplace ± #	New York	New York City	10	9	-1
NY - Basic Health Plan ±	Monroe	Rochester	5	5	0
NY - Marketplace ± #	Monroe	Rochester	3	3	0
NY - Basic Health Plan ±	Onondaga	Syracuse	3	3	0
NY - Marketplace ± #	Onondaga	Syracuse	3	3	0

Source: For states using the HealthCare.gov platform in 2016 and 2017, plan and premium information is from the plan landscape files. For State-Based Marketplaces using their own Marketplace platforms, plan and premium information was provided by the state. Plan and premium information from Minnesota was provided by the state and calculations were done by ASPE.

Note: Qualified health plan issuers are counted based on unique HIOS issuer ID number.

* Los Angeles County is divided into two regions for premium determinations.

± New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP or state-funded Medicaid enrollment. BHP includes QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and the majority of the lawfully residing non-citizens below 138 percent of FPL who were previously eligible for state-funded Medicaid who were re-determined eligible for BHP since 4/1/2015.

Data does not include stand-alone dental plans, child-only plans, or small-group Marketplace (SHOP) plans

APPENDIX B: ADDITIONAL TABLES
TABLE 15

Summary of Marketplace Health Plans and Issuers for HealthCare.gov States, 2016 – 2017

	2016 Average Weighted by 2016 Plan Selections	2017 Average Weighted by 2016 Plan Selections
<i>Number of HealthCare.gov States Included in Calculations</i>	38	38
Issuers in State	10	6
Issuers in County	5	3
Percent of consumers with choice of 3 or more issuers	88%	56%
Percent of consumers with choice of 2 or more issuers	98%	79%
Qualified Health Plans in County (<i>excluding catastrophic</i>)	47	30
Plans in County	50	32
Catastrophic Plans	3	1
Bronze Plans	15	10
Silver Plans	19	14
Gold Plans	11	5
Platinum Plans	2	1

Source: Information on plans and issuers is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform in 2016 and 2017. Kentucky is new to the HealthCare.gov platform in 2017 and is not included in this analysis.

Note: All averages in this table are weighted based on plan selections in the county. The 2016 and 2017 averages use 2016 plan selections in 38 states. The number of issuers per state is calculated by finding the total number of issuers offering QHPs anywhere in each state, then taking an average over all states weighted by plan selections in the state. Numbers may not sum due to rounding.

TABLE 16
Examples of Maximum Monthly Health Insurance Premiums for the Second-Lowest Cost Silver Plan for Marketplace Coverage for a Single Adult in 2017

Single Adult Income	Percent of the Federal Poverty Level	Maximum Percent of Income Paid toward Second-Lowest Cost Silver Plan	Maximum Monthly Premium Payment for Second-Lowest Cost Silver Plan
\$11,880	100%	2.04%	\$20
\$17,820	150%	4.08%	\$61
\$23,760	200%	6.43%	\$127
\$29,700	250%	8.21%	\$203
\$35,640	300%	9.69%	\$288
\$41,580	350%	9.69%	\$336
\$47,520	401%	No Limit	No Limit

Source: Applicable percentages for 2017 coverage are available at: <https://www.irs.gov/pub/irs-drop/rp-16-24.pdf>. The 2016 Federal Poverty Guidelines, used for premium tax credits for 2017 coverage, are at: <https://aspe.hhs.gov/poverty-guidelines>.

Notes: Income examples are based on the 2016 federal poverty guidelines for the continental United States. Alaska and Hawaii have higher federal poverty guidelines, which are not shown in this table. In states expanding Medicaid, individuals and families at between 100 and 138 percent of the FPL who are eligible for Medicaid coverage are not eligible for premium tax credits. For more information on premium tax credits, see the Internal Revenue Service final rule on “Health Insurance Premium Tax Credit,” (Federal Register, May 23, 2012, vol., 77, no. 100, p. 30392; available at: <http://www.gpo.gov/fdsys/pkg/FR-2012-05-23/pdf/2012-12421.pdf>).

APPENDIX C: COMPARING 2017 MARKETPLACE PREMIUMS TO CBO PROJECTIONS

In November 2009, the Congressional Budget Office (CBO) projected that the national average premium for the second-lowest-cost Marketplace silver plan would be \$5,200 for single coverage in 2016 under the version of the ACA debated by the Senate.³² This is the only projection of the benchmark premiums under the law that CBO issued in advance of the law's passage.^{33,34} CBO did not report its corresponding projection for 2017, so ASPE approximated CBO's premium projection for 2017 by trending the 2016 projection forward to 2017 using information reported in later CBO publications.

Specifically, CBO reported in March 2012 that its average underlying annual rate of growth in private insurance premiums for the period 2012 to 2022 was 5.7 percent; CBO further indicated that the average growth rate for this period was approximately 0.8 percentage points below the growth rate used in its March 2011 projections, implying that the average growth rate in those earlier projections had been around 6.5 percent.³⁵ CBO had previously indicated that the assumptions used in its March 2011 projections were similar to those used in its original estimates of the ACA.³⁶

On that basis, ASPE used a trend rate of 6.5 percent to trend CBO's projection for 2016 forward to 2017 and estimated that CBO's November 2009 estimate of the national average premium for the second-lowest cost Marketplace silver plan in 2017 was around \$5,538. For comparison, ASPE estimates that the weighted average premium for single coverage under the second-lowest cost silver plan will be \$5,586 in the HealthCare.gov states in 2017, assuming that the age and geographic distribution of 2017 plan selections matches distribution of 2016 plan selections.³⁷ As discussed elsewhere in this brief, complete data are not available for State-Based Marketplaces using their own enrollment platforms. Available data on 2016 premiums and premium growth from 2016 to 207 indicate, however, that a nationwide average for 2017 would be very similar to this average for the HealthCare.gov states. Thus, nationwide 2017 Marketplace premiums appear to be very close to CBO's November 2009 projections.

³² Congressional Budget Office. November 2009. *An Analysis of Health Insurance Premiums Under the Patient Protection and Affordable Care Act*. <http://cbo.gov/sites/default/files/cbofiles/ftpdocs/107xx/doc10781/11-30-premiums.pdf>.

³³ The version of the ACA considered by the Senate differed somewhat from the final version of the law. CBO subsequently stated that premium projections under the final version of the ACA would have been "quite similar" to those included in this November 2009 letter. See Congressional Budget Office. March 2011. *CBO's Analysis of the Major Health Care Legislation Enacted in March 2010*. <http://www.cbo.gov/sites/default/files/03-30-healthcarelegislation.pdf>.

³⁴ Another recent analysis has used this November 2009 projection to assess how CBO's initial projections of Marketplace premiums have compared to actual Marketplace premiums. See Larry Levitt, Cynthia Cox, and Gary Claxton August 2016 *How ACA Marketplace Premiums Measure Up to Expectations*. <http://kff.org/health-reform/perspective/how-aca-marketplace-premiums-measure-up-to-expectations>.

³⁵ Congressional Budget Office. March 2012. *Updated Estimates for the Insurance Coverage Provisions of the Affordable Care Act*. <https://www.cbo.gov/sites/default/files/112th-congress-2011-2012/reports/03-13-Coverage%20Estimates.pdf>.

³⁶ Douglas Elmendorf. March 2011. *CBO's Analysis of the Major Health Care Legislation Enacted in March 2010*. <http://www.cbo.gov/sites/default/files/03-30-healthcarelegislation.pdf>.

³⁷ Using the 5.7 percent growth rate implies a CBO estimate of the national average premium for the second-lowest cost Marketplace silver plan of around \$5,496 in 2017 which is also slightly higher than the ASPE estimate of \$5,586 for weighted average premium for single coverage under the second-lowest-cost silver plan.