ASPE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION | OFFICE OF HEALTH POLICY

ISSUE BRIEF

HP-2024-06

Marketplace Enrollee Demographics, Plan Generosity, and Plan Premiums in HealthCare.gov States, 2015-2022

From 2015 to 2022, Marketplace enrollees in HealthCare.gov states selected silver plans with cost sharing reductions as their most common Marketplace plan selection, but the number of enrollees selecting bronze plans increased the most compared to plan selections in other metal levels.

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KEY POINTS

- Silver plans with cost sharing reductions are the most common Marketplace plan selections in HealthCare.gov states, ranging from 50 to almost 60 percent of all enrollee plan selections from 2015 to 2022.
- Bronze plan selections increased the most from 2015 to 2022, however, increasing 12.4 percentage points to 33.6 percent of all enrollee plan selections in 2022.
- Average gross monthly premiums (adjusted to 2022 dollars)[a] increased substantially from 2015 to 2018 – from $428 to $704 – but were relatively stable between 2018 and 2022.
- The vast majority of Marketplace enrollees (90% in 2022) received advance payments of the premium tax credit (APTC) which help defray the financial impacts of premium increases.
- As a result of the enhanced premium tax credits made available by the American Rescue Plan in 2021 and extended by the Inflation Reduction Act through 2025, adjusted average premiums after application of premium tax credits decreased from $154 to $112 between 2015 and 2022.
- The share of Marketplace enrollees with incomes greater than 400% of the Federal Poverty Level (FPL) roughly doubled between 2015 and 2022, coinciding with the elimination of a maximum income limit for the premium tax credits in 2021.
- Marketplace enrollment by race and ethnicity has shifted from 2015 to 2022: White enrollees continue to account for the majority of enrollees. The number of Black Marketplace enrollees increased to 1.3 million in 2022 following a few years of decreased enrollment, representing 12.7 percent of that year's total enrollment. Latino enrollment increased to 2.6 million in 2022, accounting for 25.2 percent of Marketplace enrollment. This increase in Marketplace enrollment particularly among Black and Latino enrollees since 2021, is likely due in part to the enhanced premium tax credit provisions of the ARP.

[a] Inflation adjusted based on U.S. Bureau of Labor Statistics CPI Inflation Calculator: https://www.bls.gov/data/inflation_calculator.htm

BACKGROUND

A previous ASPE report estimated 40.2 million individuals were enrolled in health coverage related to the Affordable Care Act (ACA) in 2023,[1] with nearly 15.6 million individuals enrolled in Marketplace plans nationwide.[2] Marketplace enrollment gains have accelerated since 2021. The Biden-Harris Administration made efforts to expand coverage by enhancing and extending premium subsidies for Marketplace coverage under the American Rescue Plan (ARP) and subsequently the Inflation Reduction Act (IRA),[3,4,5] increasing outreach efforts to enroll eligible individuals, and creating an extended Marketplace Special Enrollment Period.[6,7] The ARP made individuals with incomes above 400% FPL newly eligible for Marketplace premium subsidies. The ARP also increased the availability of health plans with $0 or low premiums after advance payments of the APTC in silver and gold plans by reducing the expected individual contribution of household income toward benchmark plans' premiums to zero percent for taxpayers with incomes between 100-150% FPL. Prior to the ARP most low-premium plans were in the bronze tier. The enhanced subsidies of the ARP and IRA resulted in more HealthCare.gov enrollees receiving APTC – and receiving larger average APTC – starting in Plan Year 2021 and currently lasting through 2025. In the 2023 Open Enrollment Period (OEP), 90 percent of enrollees finding coverage in the HealthCare.gov Marketplaces had financial assistance in the form of APTC, an increase of 3 percentage points from 87 percent in 2020 and 6 percentage points from 84 percent in 2017.[8,9,10]

Despite the overall trend of increased health coverage, disparities in health insurance coverage remain. Prior research has shown that expanding insurance coverage is a key policy intervention to reduce health disparities in affordability, access, and utilization of care. For example, eligibility for coverage through Medicare at age 65 is associated with reductions in racial and ethnic disparities in coverage, access to care, and self-reported health.[11] The implementation of the ACA was also associated with a narrowing, but not closing, of health insurance coverage disparities related to race and ethnicity. Between 2013 and 2017, the Black-White coverage gap declined by 3.8 percentage points and the Latino-White coverage gap fell by 8.2 percentage points. These changes were largely driven by differential increases in nongroup private health insurance coverage including subsidized ACA Marketplace coverage, particularly for Blacks and Latinos, relative to Whites.[12]

This Issue Brief focuses on the changes over time in Marketplace insurance coverage in HealthCare.gov states and the association between various demographic and plan characteristics including income, metal level selection, race and ethnicity, and premiums by leveraging self-reported and imputed data.

METHODS

We used 2015-2022 Centers for Medicare and Medicaid (CMS) Marketplace open enrollment files from the Multidimensional Information Data Analytics System (MIDAS),[b] linked to plan characteristics files. MIDAS includes all plan selections during open enrollment for HealthCare.gov states (state-based Marketplaces operating their own Exchange are not included in this data set). Platinum and catastrophic plan selections represent less than two percent of all plan selections and were excluded. Additionally, income categories that represented plan selections not requesting financial assistance and with unknown income were included.

In addition to looking at plan generosity across subpopulations, we are using Marketplace administrative data to examine plan choice by race and ethnicity (See Appendix A for additional methodology). Self-reported race and ethnicity is voluntarily collected during the Marketplace application process but is not mandatory to report. Following ASPE's previous approach, we use a validated imputation technique[13] to allow for analysis of

[b] Open Enrollment periods for years 2015 to 2022 were chosen to correspond to policy shifts impacting the Marketplace (e.g., 2015-2016 for early rollout of Marketplace plans, 2017-2020 for reduced outreach to Marketplace enrollees, and 2021-2022 for increased availability of subsidies via the American Rescue Plan). The data quality issues for 2014 were significant enough that this year was excluded from the analysis, including the race and ethnicity imputation.

the roughly 30 percent of Marketplace enrollees who did not report their race or ethnicity in a given year. For enrollees who did not report race or ethnicity in a given year, available data from other years of Marketplace enrollment were used (i.e., "missing replacement" data) and then imputation was applied to the remaining enrollees.[14,15,16] After self-reported, missing replacement, and imputation were applied, there were only 1,944 enrollees without an identified race and ethnicity, representing just 0.003 percent of all enrollees from 2015 to 2022. Imputation of race and ethnicity was conducted using the modified Bayesian Improved First Name Surname Geocoding method, which has been described in previous research and validated for use in Marketplace enrollment data.[17,18] The imputation achieved C-statistics > 0.94 (excellent)[c] for White, Black, Latino, and Asian American and Native Hawaiian/Pacific Islander (AANHPI) categories. Because the imputation did not perform as well for AI/AN and Multiracial categories, we conduct a sensitivity analysis excluding imputation results – i.e., using only self-reported and missing replacement race and ethnicity data for all race and ethnicity categories. Additional methodological details are available in a previous ASPE report.[19]

The outcomes analyzed were total enrollment by metal tier and cost-sharing reductions (CSR), average and median premiums, and average and median consumer out-of-pocket premiums (after premium tax credits). Results were stratified by year, race and ethnicity, and income groups.

We note that this report is descriptive and does not adjust for factors that attempt to estimate causal effects such as the PTC provisions of the ARP and IRA, variation over time in states utilizing the HealthCare.gov platform, the impact of targeted outreach including consumer awareness and agent/broker participation, or the change in the number of states using the HealthCare.gov platform each year. These factors may have influenced some of the plan selection patterns and underlying demographics of the HealthCare.gov population over time.

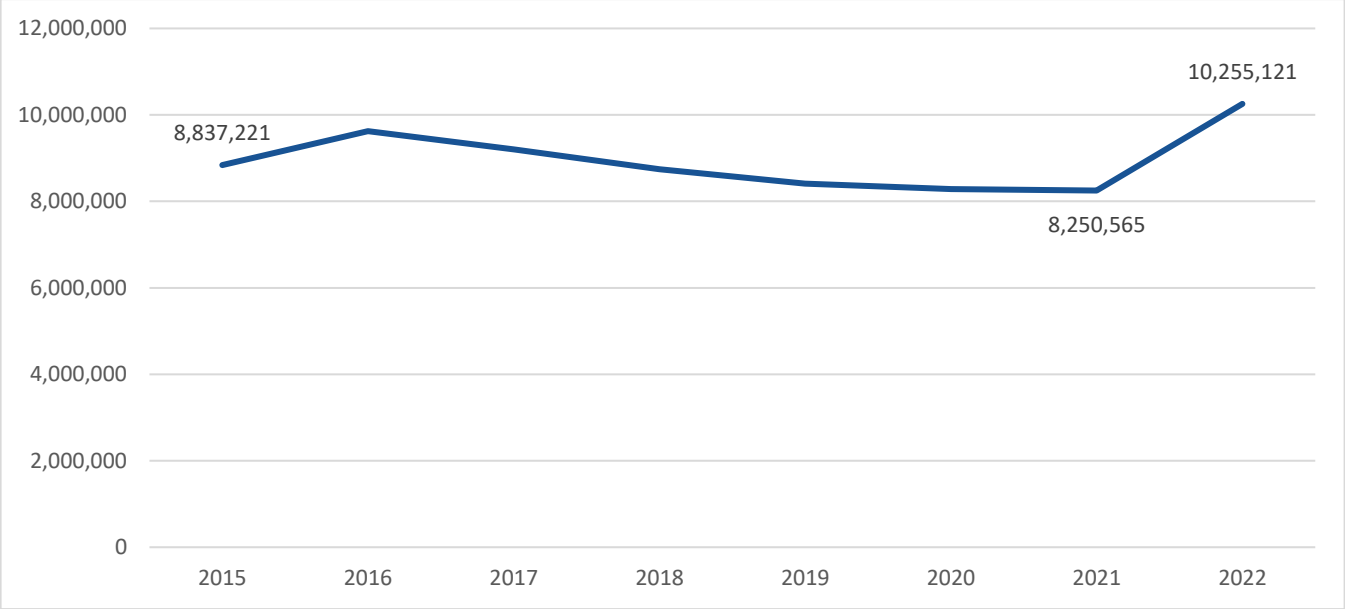
[c] The C-statistic ranges from 0.5 (no better than chance) to 1.0 (predicts perfectly). In general, a C-statistic of 0.7 is considered "acceptable," 0.8 is considered "strong", and 0.9 or higher is considered "excellent" (per authors). See the methods section in the following ASPE report for more details: https://aspe.hhs.gov/reports/imputation-race-ethnicity-marketplace-enrollment-data

FINDINGS

Enrollee Demographics

Figure 1 shows total HealthCare.gov Marketplace enrollment from 2015 to 2022. Following an 8.9 percent increase in total enrollment numbers from 2015 to 2016, enrollment decreased, reaching 8.3 million in 2021. However, there was a 24.3 percent increase in enrollment from 2021 to 2022, with numbers reaching 10.3 million.

Figure 1. Total Enrollment in HealthCare.gov Marketplaces, 2015-2022

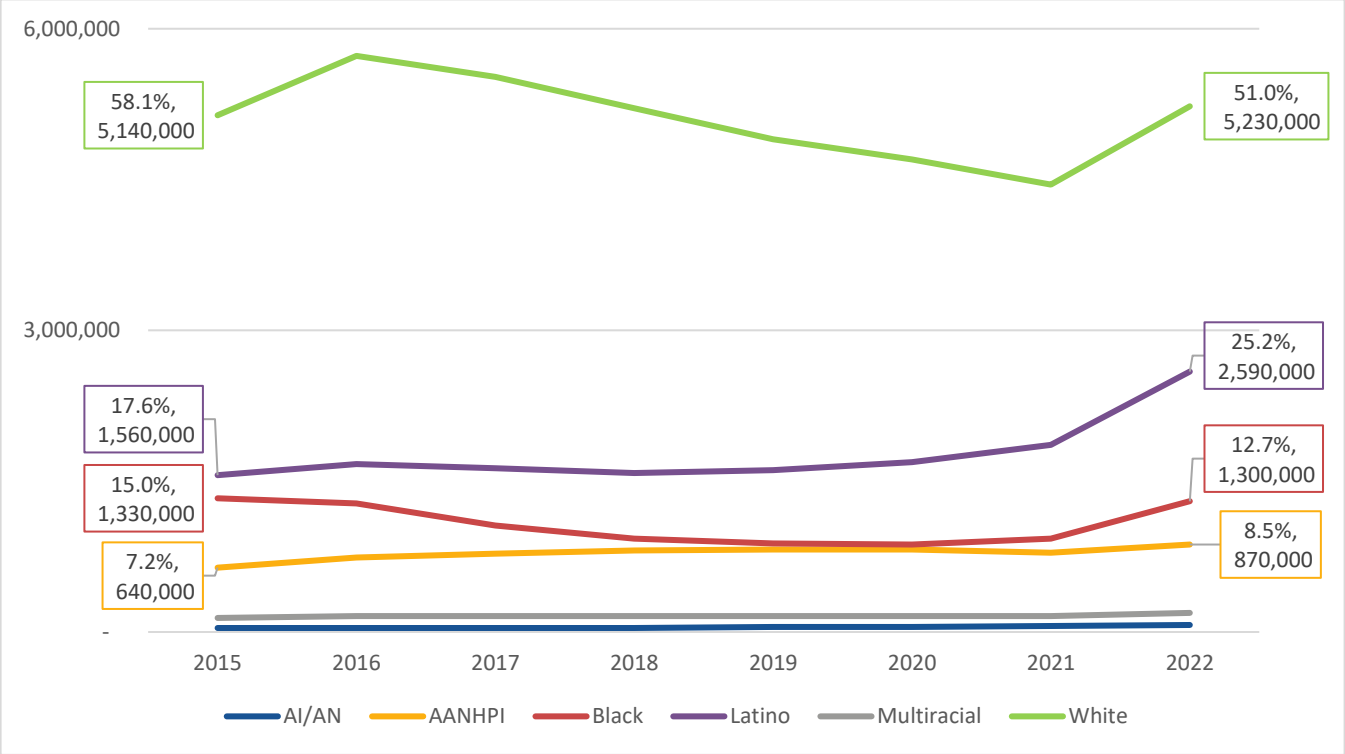


Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022

The racial and ethnic composition of Marketplace enrollees has changed from 2015 to 2022. Figure 2 shows that White enrollees accounted for the majority of HealthCare.gov Marketplace enrollees in all years of the study, but their share of total enrollees has decreased 7.2 percentage points from 58.1 percent in 2015 to 51 percent in 2022.[d] Despite this decrease in share of Marketplace enrollment, over 90,000 more White enrollees enrolled in Marketplace plans in 2022 compared to 2015, reflecting the overall increase in number of Marketplace enrollees. Over the full period, enrollment has increased among most other racial and ethnic groups as well. The number of Black enrollees in the Marketplace declined between 2015 and 2020 before increasing in 2021 and 2022. Total Black enrollment in 2022 was essentially the same as in 2015, though Black consumers made up a smaller share of total enrollment at the end of the period: 12.7 percent compared to 15 percent in 2015. Latino consumers made up 25.2 percent of Marketplace enrollment in 2022, a 7.6 percentage point increase from 17.6 percent in 2015. Much of this increase happened from 2021 to 2022, where more than 700,000 Latinos enrolled in coverage through the Marketplace. Although AI/AN enrollees accounted for less than 1 percent of Marketplace enrollment in 2022 with 68,000 individuals, this was a 79 percent increase from less than 40,000 individuals in 2015. All racial and ethnic populations experienced increased enrollment from 2021 to 2022, ranging from 10.4 percent for AANHPIs to 40.2 percent for Black enrollees. This increase in Marketplace enrollment since 2021, in particular among Black and Latino enrollees, is likely due in part to the enhanced premium tax credit provisions of the ARP and administrative efforts of the Biden-Harris Administration expanding Marketplace outreach and Navigator funding to increase coverage rates, particularly in communities of color.[20]

[d] Note that numbers can be off due to rounding in calculation.

Figure 2. Total Enrollment in HealthCare.gov Marketplaces by Race and Ethnicity, 2015-2022

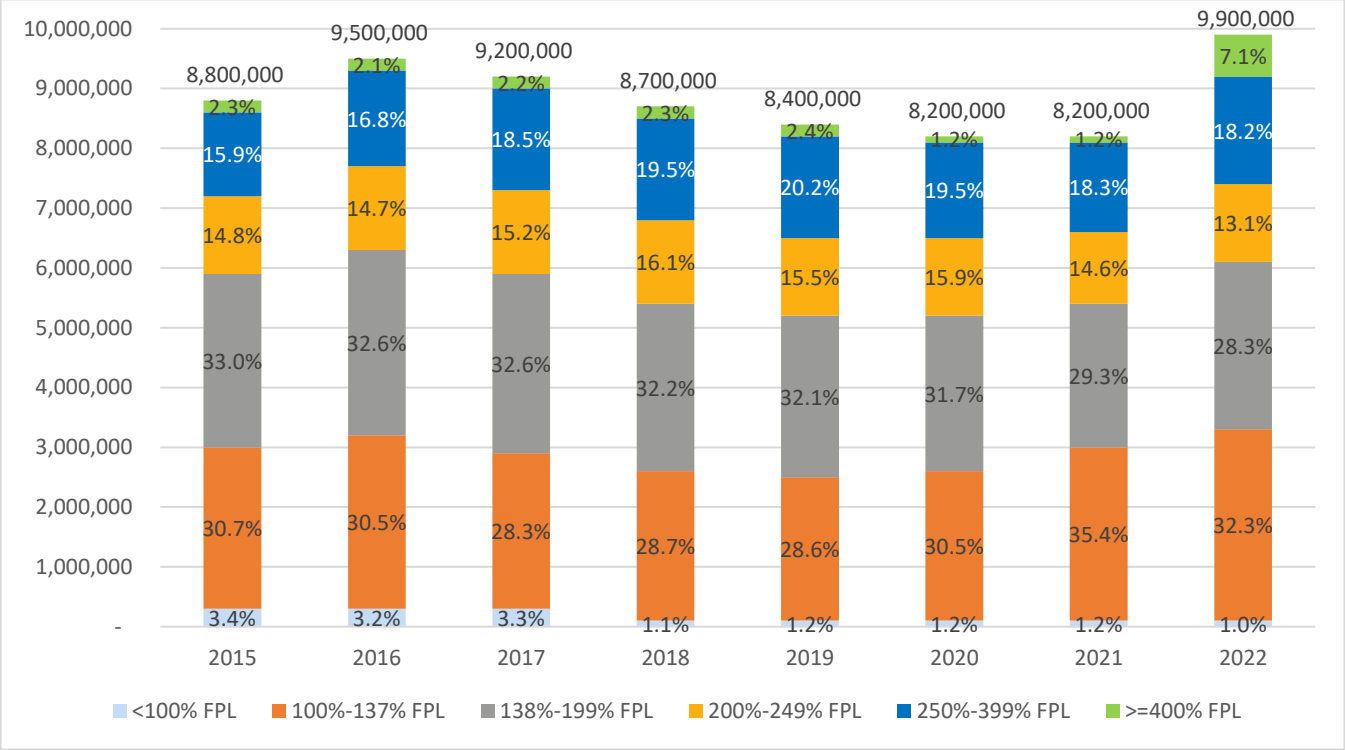


Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022
Note: Total enrollment numbers are rounded to the nearest 10,000.
Interpretation of results for AI/AN and multiracial enrollees should be used with caution as imputation of race and ethnicity for these enrollees was less accurate than for other groups when using the modified Bayesian Improved First Name Surname Geocoding method. Results were achieved by conducting a sensitivity analysis excluding imputation results.

Figure 3 shows total enrollment numbers in the Marketplace by income category. The ARP allowed nearly all eligible uninsured adults in the 100-150% FPL income range to find zero-premium benchmark plans, particularly in silver plans,[21] which may be related to the increase in enrollees in the 100-137% FPL category. Figure 3 shows that a majority of Marketplace enrollees from 2015 to 2022 had incomes between 100% and 199% FPL. In 2015, 63.6 percent of enrollees had incomes in this range, which dropped 3percentage points to 60.6 percent in 2022. The proportion of Marketplace enrollees in the 100-137% FPL category increased in 2021 and 2022 compared to prior years, reaching a peak of 35.4 percent in 2021.[e] The share of Marketplace enrollees with incomes greater than 400% FPL increased 5.9 percentage points from 2021 to 2022 to reach 7.1 percent of Marketplace enrollees.

[e]The only people eligible for APTC in this income range are those in non-Medicaid expansion states, and individuals in Medicaid expansion states who are lawfully present but ineligible for Medicaid due to their and those who do not have satisfactory immigration status. and thus ineligible for full Medicaid benefits.

Figure 3. Total Enrollment in HealthCare.gov Marketplaces by Income Category, 2015-2022



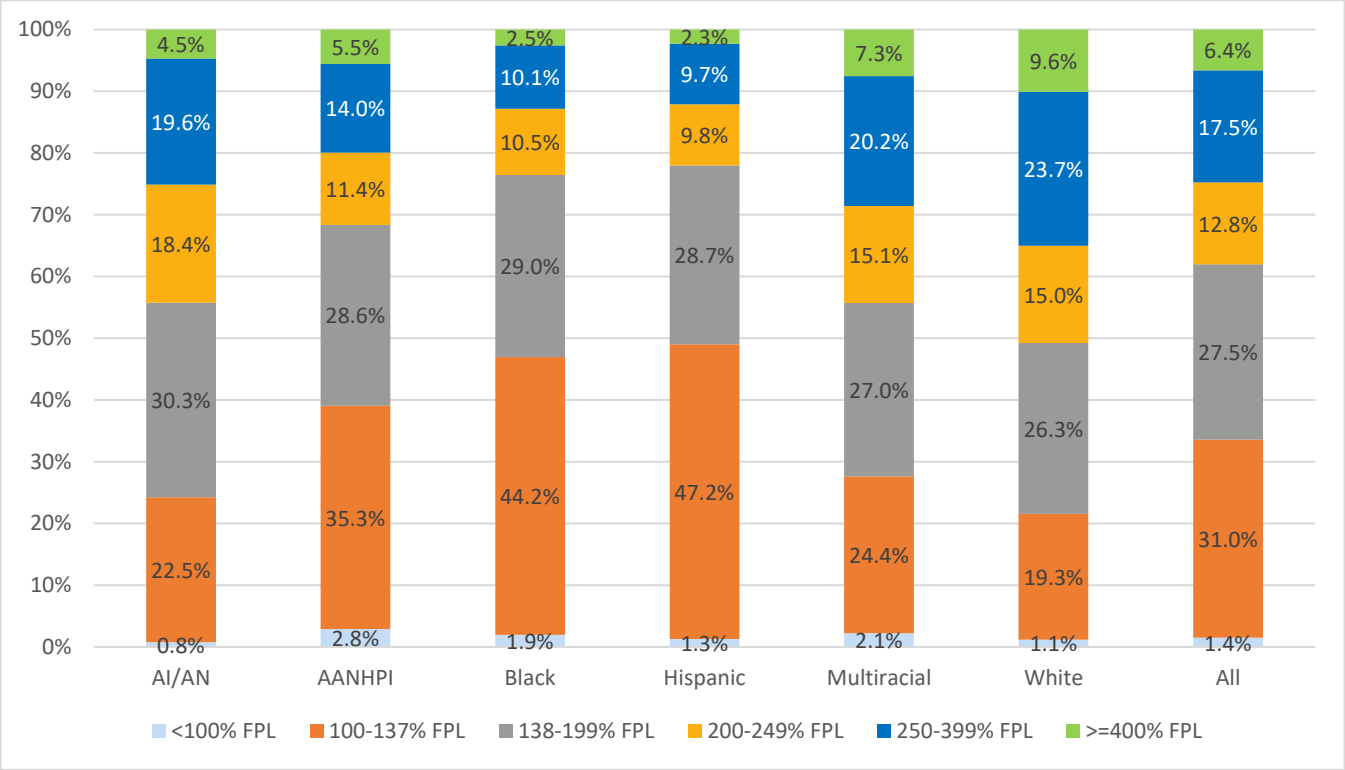
Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022
Note: total enrollment numbers and by income category are rounded to the nearest 100,000.

Figure 4 expands upon the distribution of income categories in HealthCare.gov states in Figure 3 by showing the distribution of these Marketplace plan enrollees' income groups by race and ethnicity in 2022. A larger percentage of Black and Latino enrollees had incomes of 100-199% FPL compared to their AANHPI, AI/AN, Multiracial, and White counterparts, who were more likely to have higher incomes. Black, Latino, and AANHPI enrollees were also more likely than other race and ethnic groups to have incomes 100-137% FPL. Latino enrollees had the highest likelihood of being in this income category with 47.2 percent having incomes 100-137% FPL, which may be attributed to the fact that the only people eligible for APTC in this income range are generally those in Medicaid adult non-expansion states or noncitizens who are not eligible for full Medicaid expansion states who are lawfully present but ineligible for Medicaid due to their immigration status coverage[f]. It is noted that individuals in this income band would be eligible for health coverage through Medicaid in expansion states. For all race and ethnic groups, those with incomes less than 100% FPL and greater than 400% FPL continued to make up a small portion of plan enrollees for all race and ethnic groups.

Among all races and ethnicities, Black and Latino groups had the greatest proportion of Marketplace enrollees with lower incomes. In 2022, 44.2 percent of Black enrollees and 47.2 percent of Latino enrollees had incomes between 100-137% FPL, compared to 31 percent of all enrollees. White enrollees had the greatest percentage of enrollees with incomes greater than 400% FPL, and almost 75 percent of all White enrollees had incomes greater than 138% FPL. While the ARP and IRA increased access to health coverage by enhancing Marketplace premium tax credits for all enrollees, those with lower household incomes between 100 and 150% FPL were eligible to have monthly premiums for benchmark silver plan coverage reduced to $0 premiums after application of ATPC.

[f] Certain noncitizens who are ineligible for full Medicaid or CHIP coverage because they do not have satisfactory immigration status for those programs are eligible for APTC and CSRs, if they have an immigration status that is considered lawfully present and meet all other eligibility requirements for APTC and CSRs.

Figure 4. Distribution of HealthCare.gov Marketplace Plan Enrollees' Income Groups by Race and Ethnicity, 2022



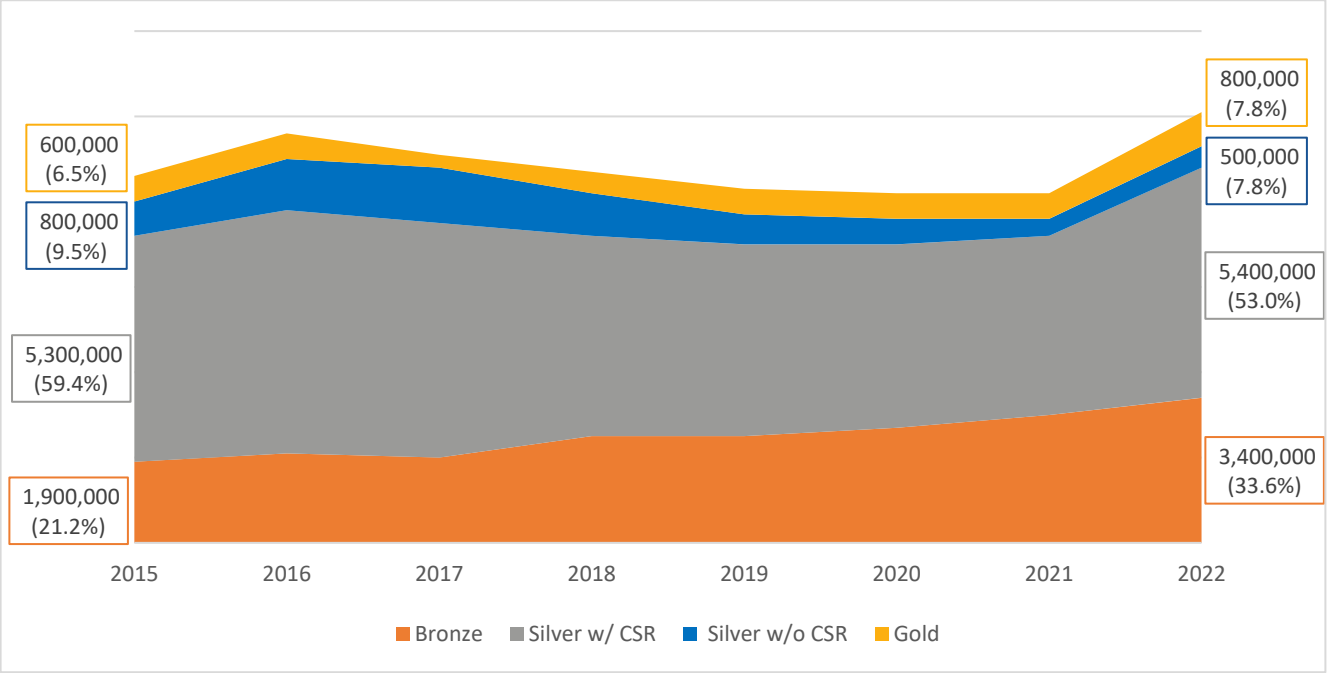
Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022
Note: Sum of income groups by race and ethnicity may not equal 100% as Unknown and "not FA" categories are omitted, the latter of which represents those not receiving financial assistance in terms of PTC/APTC or CSRs.

Marketplace Plan Selections by Metal Level

Figure 5 shows the distribution of Marketplace plan selections by metal tier in HealthCare.gov states from 2015 to 2022. Silver plans with cost sharing reductions (CSR) were the most commonly selected plans throughout the 2015 to 2022 period, though the number and percentage of consumers selecting such plans fluctuated over time. In 2022, 5.4 million consumers selected silver CSR plans. This is an increase of 100,000 relative to 2015, though silver CSR plans' share of total HealthCare.gov enrollment declined from 59.4 percent in 2015 to 53 percent in 2022. Enrollment particularly in silver CSR plans increased in 2022 because of the changes in APTC brought about by the ARP, which increased the availability of health plans with $0- or low-premiums after APTC in silver and gold plans.

Enrollment in bronze plans, which were the second most popular plan option in all years, grew significantly from 1.9 million in 2015 (21.2 percent of enrollment) to 3.4 million in 2022 (33.6 percent of enrollment). Enrollment in silver non-CSR plans decreased both in absolute levels and as a share of total enrollment over the eight-year period while the share of enrollment in gold plans increased slightly, from 6.5 to 7.8 percent.

Figure 5. Distribution of HealthCare.gov Marketplace Plan Selections by Metal Tier (Total Number of Plan Selections), 2015-2022



Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022
Note: Total number of plan selections are rounded to nearest 100,000.

Appendix B Figures 1 through 6 show Marketplace plan selections by metal tier from 2015 to 2022 for different race and ethnic groups. Silver plans with CSRs were the most popular selection for nearly all groups, ranging from 42.6 percent of plan selections for White enrollees to 69 percent for Latino enrollees in 2022. The one exception to this is AI/AN enrollees, who are eligible for CSRs in all metal level plans if their income is between 100% and 300% FPL. For all other enrollees, CSRs are only available through silver plans. The greater availability of CSRs and lower premiums typically found in bronze plans likely explain why 66 percent of AI/AN Marketplace consumers were enrolled in bronze plans in 2022.

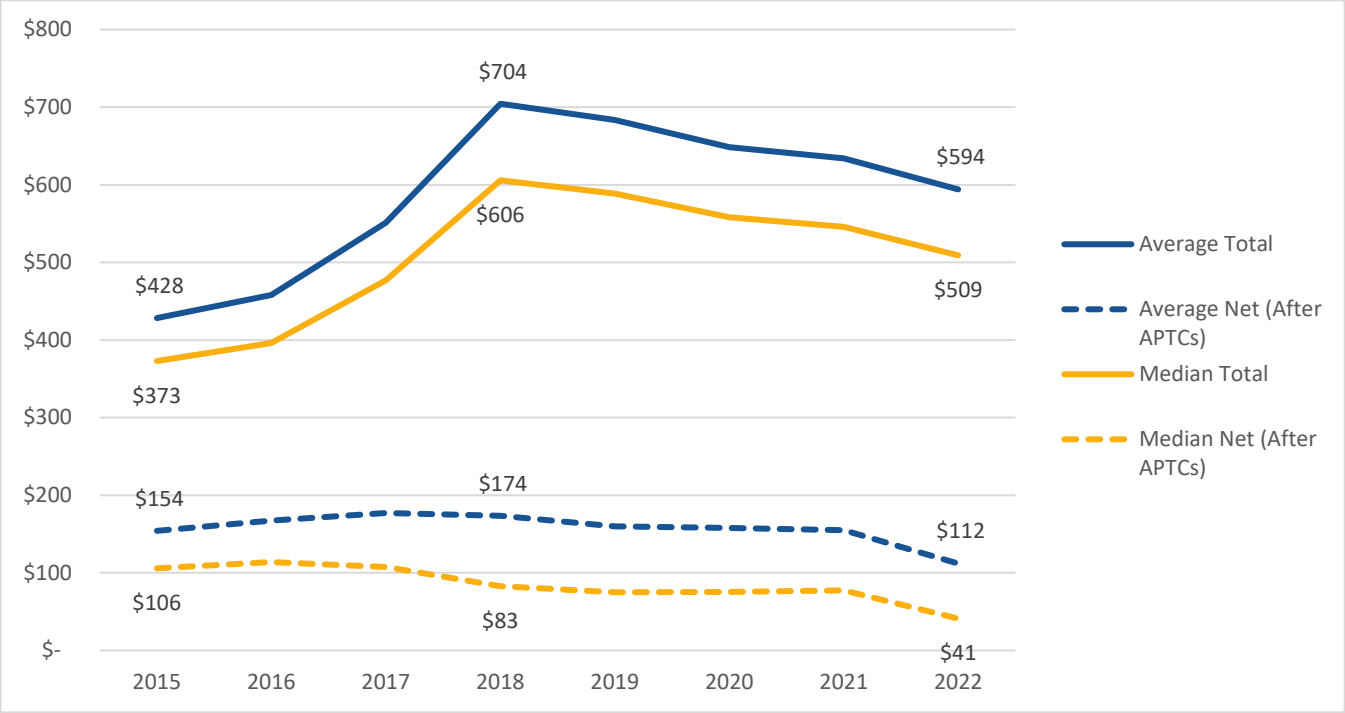
Marketplace Plan Premiums

Figure 6 shows the average and median of total premiums and premiums after APTC for HealthCare.gov states from 2015 to 2022, adjusted for inflation. Average monthly premiums increased by 64 percent from 2015 to 2018, from $428 to $704. A large part of that increase occurred between 2017 to 2018 when health insurers increased premiums in response to a 2017 decision by the Department of Health and Human Services to cease CSR payments to insurers.[22] Average premiums decreased in each of the next three years. In 2022, the average monthly gross premium was $594, 6.3 percent lower than in 2018. In every year from 2015 to 2022, median monthly premiums were on average 86 percent of average premiums, increasing from $373 in 2015 to $606 in 2018, before decreasing to $509 in 2022.

Because APTC amounts are a function of the plan premiums (specifically, the premium for the second lowest cost silver plan) they protect most enrollees from large premium increases. After taking APTC into account, average net out-of-pocket monthly premiums increased only slightly between 2015 and 2018—from $154 to $174. Out-of-pocket premiums trended down slightly to $155 in 2021 before decreasing more significantly to $112 in 2022 as a result of the ARP.[g]

[g] Previous ASPE reports on the impact and effects of the ARP are available at https://www.aspe.hhs.gov/topics/health-health-care/health-care-coverage-access

Figure 6. Adjusted Monthly Total Premiums and Premiums after APTC of HealthCare.gov Marketplace Plan Selections, 2015-2022



Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022
Note: Adjusted for inflation. Unadjusted data available in Appendix B Figure 7.

Table 1 shows the average and median values of monthly total premiums and premiums after APTC by race and ethnicity from 2015 to 2022, adjusted for inflation. While all race and ethnic groups saw increases in their average monthly total premiums, all also saw decreases in their average net monthly premiums after APTC. AI/ANs and Latinos had the greatest decrease in average monthly premiums after APTC of $55 (38.7 percent) and $45 (43.9 percent) respectively. AANHPI, Black, and White enrollees had similar decreases of $33-34 dollars. During the 2023 OEP, 93 percent of HealthCare.gov consumers received APTC.[23]

Table 1. Adjusted Monthly Total Premiums and Premiums after APTC of HealthCare.gov Marketplace Plan Selections by Race and Ethnicity, 2015-2022

	Average Total Premium					Average Net Premium (After APTC)				
	AI/AN	AANHPI	Black	Latino	White	AI/AN	AANHPI	Black	Latino	White
2015	$399	$396	$413	$384	$452	$142	$119	$113	$103	$184
2016	$439	$420	$444	$400	$487	$146	$128	$125	$110	$199
2017	$582	$491	$534	$474	$588	$149	$130	$127	$111	$213
2018	$682	$636	$703	$628	$743	$142	$126	$135	$107	$209
2019	$644	$629	$682	$622	$718	$121	$117	$123	$97	$194
2020	$606	$602	$635	$602	$680	$124	$117	$118	$94	$197
2021	$583	$598	$626	$601	$661	$124	$111	$116	$91	$198
2022	$546	$559	$580	$561	$623	$87	$86	$79	$58	$151
	Median Total Premium					**Median Net Premium (After APTC)**				
	AI/AN	AANHPI	Black	Latino	White	AI/AN	AANHPI	Black	Latino	White
2015	$346	$349	$357	$342	$397	$90	$76	$69	$65	$137
2016	$374	$368	$382	$354	$425	$83	$81	$74	$69	$147
2017	$496	$427	$462	$413	$518	$61	$71	$64	$60	$146
2018	$575	$548	$605	$544	$645	$24	$51	$48	$44	$117
2019	$532	$543	$586	$537	$625	$3	$50	$45	$40	$107
2020	$499	$518	$544	$518	$593	$14	$51	$45	$41	$112
2021	$482	$513	$537	$516	$576	$28	$54	$49	$45	$118
2022	$452	$482	$497	$478	$544	$2	$34	$24	$19	$72

Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022
Note: Adjusted for inflation. Unadjusted data available in Appendix B Table 1.

DISCUSSION

Our analysis of the 2015-2022 CMS open enrollment files looked at changing trends in HealthCare.gov states' Marketplace premiums, enrollees' plan selections by metal tier, distribution of income categories, as well as differences in these categories by enrollees' race and ethnicities. We found that despite the overall increase in premiums, average and median premiums in 2022 were similar to 2015 amounts after taking into account premium tax credits. Net premiums have even decreased since then, due to the premium tax credit provisions in the ARP that are extended through 2025 under the IRA as well as associated Marketplace effects. The ARP also made individuals with incomes above 400% FPL eligible for Marketplace premium subsidies and increased the availability of zero-premium benchmark plans for individuals with incomes between 100-150% FPL, which may partially explain the increase in the number of enrollees in these income categories by 2022. A previous ASPE report estimates that this provision resulted in a 20.4 percentage point increase in availability of zero-cost premiums for previously uninsured Black individuals, and an 18.5 percentage point increase for Latino individuals.[24] During the Open Enrollment Period for plan year 2023, 31 percent of plan selections in HealthCare.gov Marketplaces had a $0 monthly premium (after APTC), an increase of 17 percentage points from the 2021 OEP.[25]

The data also showed that while the share of silver CSR plans decreased from 2015 to 2022, the number of plan selections for this metal tier increased from 2015 to 2022 and remained the most popular plan choice for Marketplace consumers, providing cost sharing support for 53 percent of Marketplace enrollees in 2022. Bronze plans have become an increasingly popular choice, making up 33.6 percent of plan selections in 2022.

When looking at Marketplace enrollment by race and ethnicity, the numbers and shares of enrollment have increased over time for many non-White Marketplace enrollees since 2015, with Black and Latino enrollees' numbers increasing notably from 2021 to 2022. Results from a previous ASPE report also suggests that outreach efforts and increased affordability of coverage under the ARP substantially increased Marketplace enrollment among Black, Latino, and AI/AN enrollees since 2020.[26] Black and Latino enrollees had the greatest proportion of Marketplace enrollees with lower incomes, with 44.2 percent of Black enrollees and 47.2 percent of Latino enrollees having incomes between 100-137% FPL, in comparison to 31 percent of the full sample falling in this income category. Many of these lower income enrollees live in states than have not expanded Medicaid.

CONCLUSION

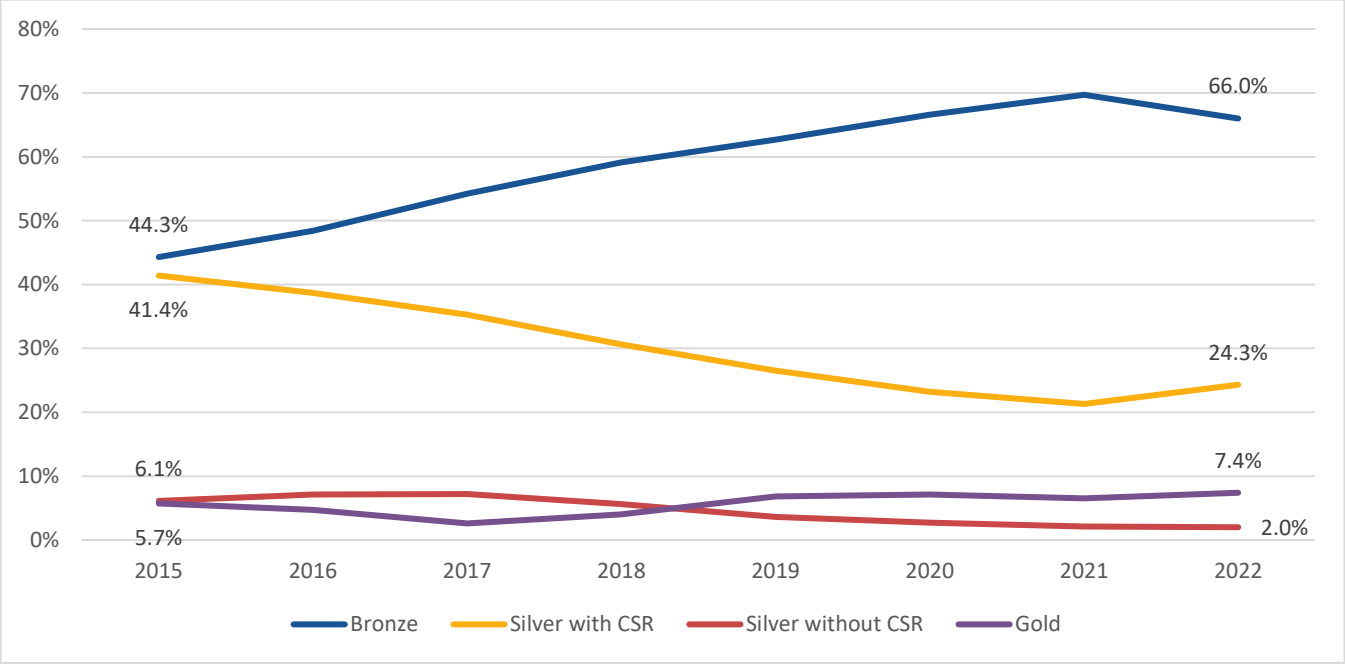
Enrollment in HealthCare.gov Marketplaces has increased access to health coverage, particularly as the Inflation Reduction Act and the American Rescue Plan continue to keep Marketplace coverage affordable with enhanced premium subsidies. Investments in Marketplace outreach and enrollment since 2021 has led to increased shares of enrollment in 2022, particularly for underserved populations such as Black and Latino consumers. Ongoing assessment of trends in enrollee demographics, premiums, and plan selections will help build on the progress to date to increase access to affordable health coverage in the Marketplace for all populations.

APPENDIX A

Marketplace administrative data offers several advantages in examining access to coverage for various sub-populations. First, administrative data includes the universe of plan selections during open enrollment periods. Second, applicants are asked to self-report race and ethnicity, though it is not mandatory — an issue we address using a validated imputation technique based on Census and housing data.[27] Third, the administrative data also include detailed enrollee information (e.g., income, ZIP code, subsidy amount) and plan information (e.g., metal tier, benefit design). Finally, utilizing administrative data reduces survey reporting bias, improving overall study accuracy.[28]

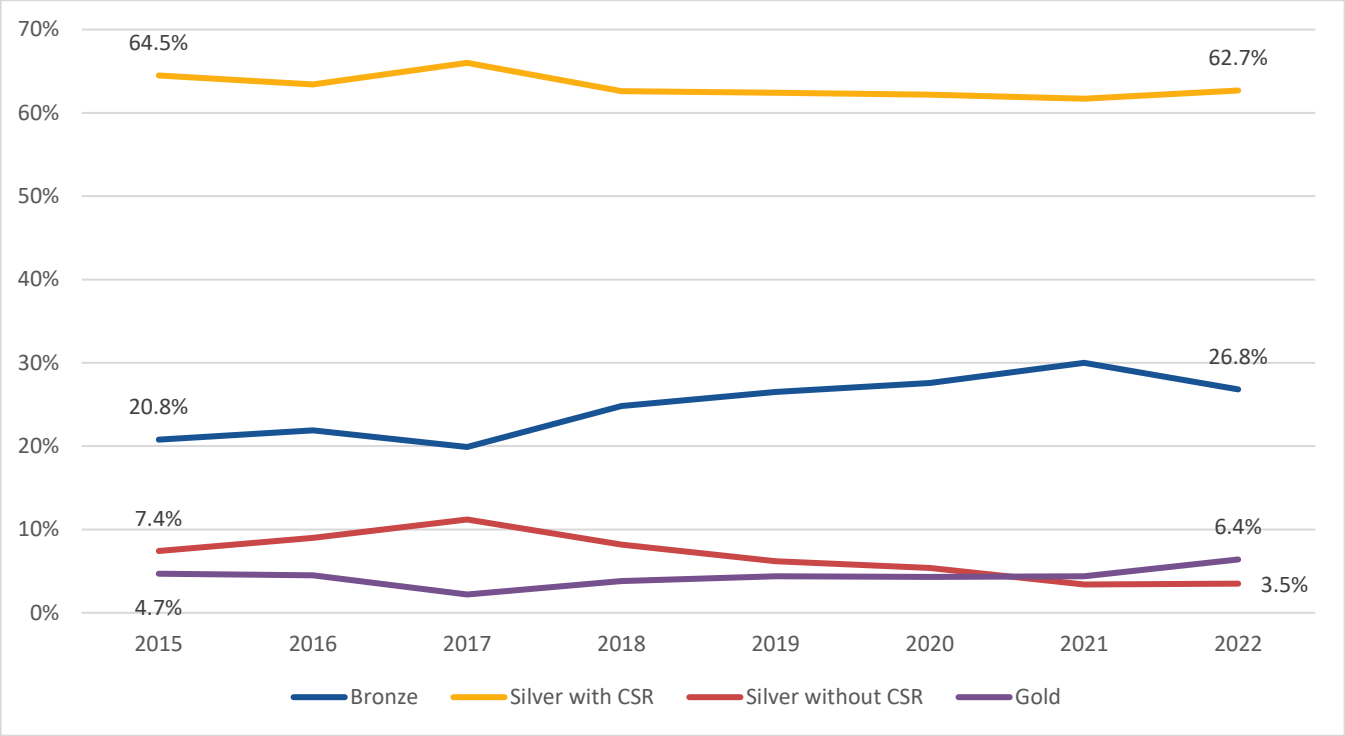
APPENDIX B

Appendix B Figure 1. HealthCare.gov Marketplace Plan Selections by Metal Tier for AI/AN Enrollees, 2015-2022



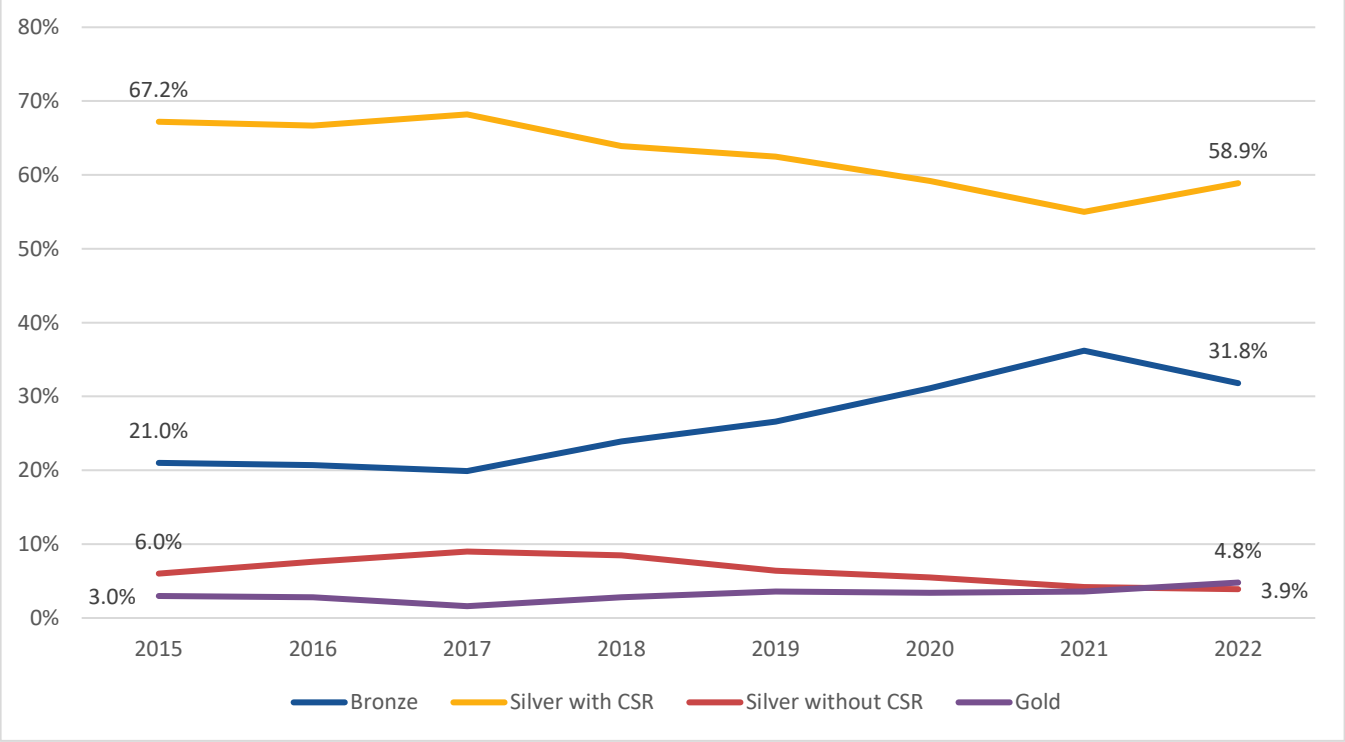
Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022
Note: Interpretation of results for AI/AN and multiracial enrollees should be used with caution as imputation of race and ethnicity for these enrollees was less accurate than for other groups when using the modified Bayesian Improved First Name Surname Geocoding method. Results were achieved by conducting a sensitivity analysis excluding imputation results.

Appendix B Figure 2. HealthCare.gov Marketplace Plan Selections by Metal Tier for AANHPI Enrollees, 2015-2022



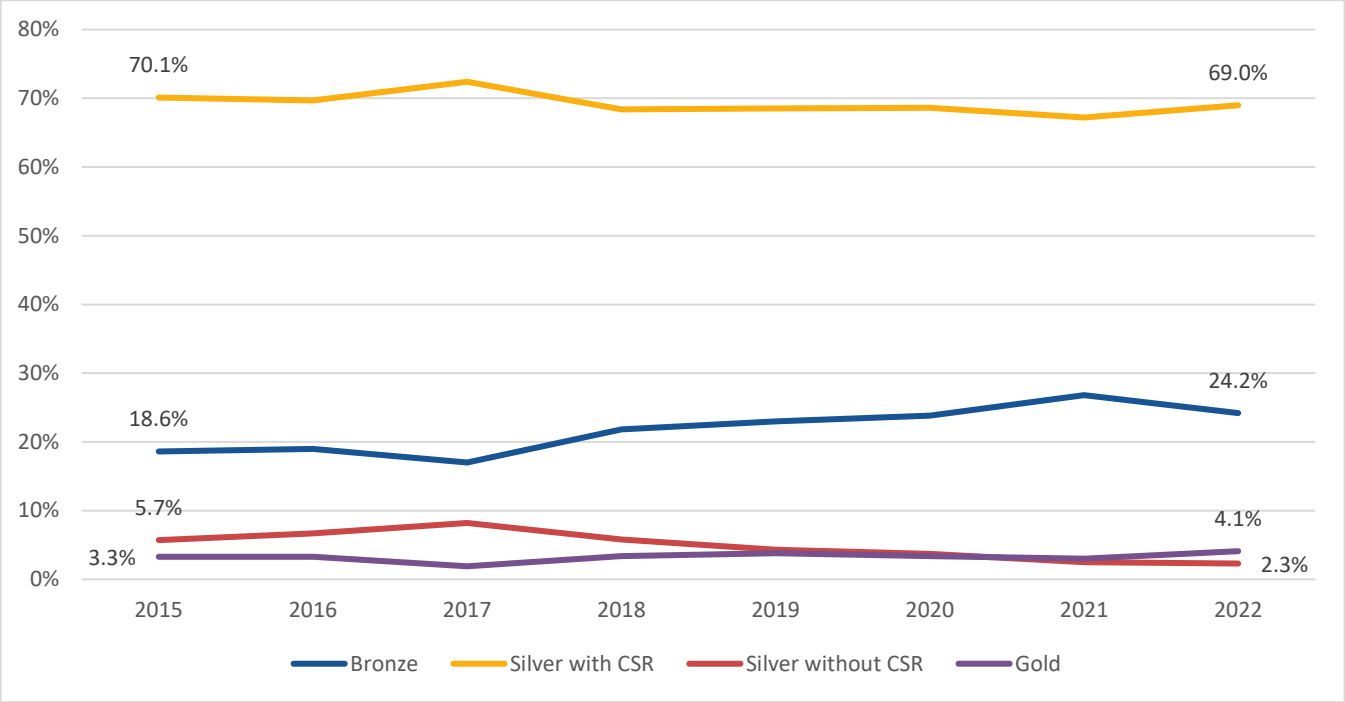
Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022

Appendix B Figure 3. HealthCare.gov Marketplace Plan Selections by Metal Tier for Black Enrollees, 2015-2022



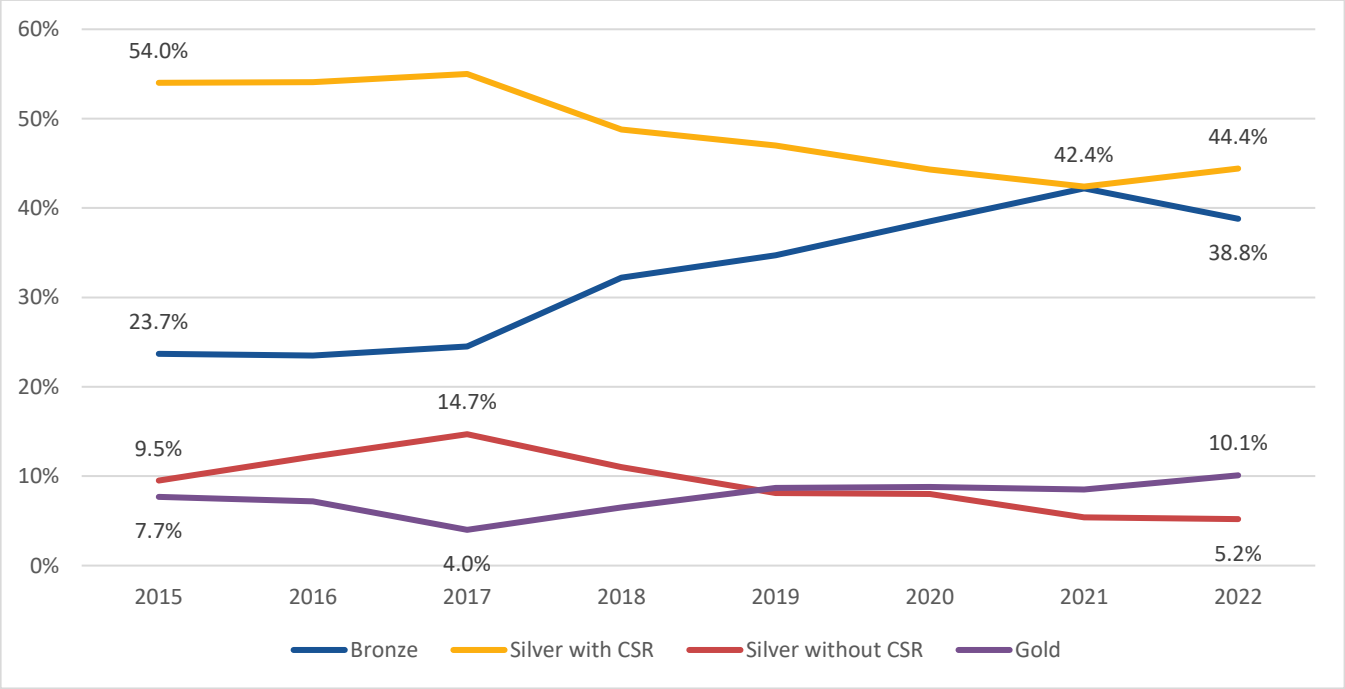
Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022

Appendix B Figure 4. HealthCare.gov Marketplace Plan Selections by Metal Tier for Latino Enrollees, 2015-2022



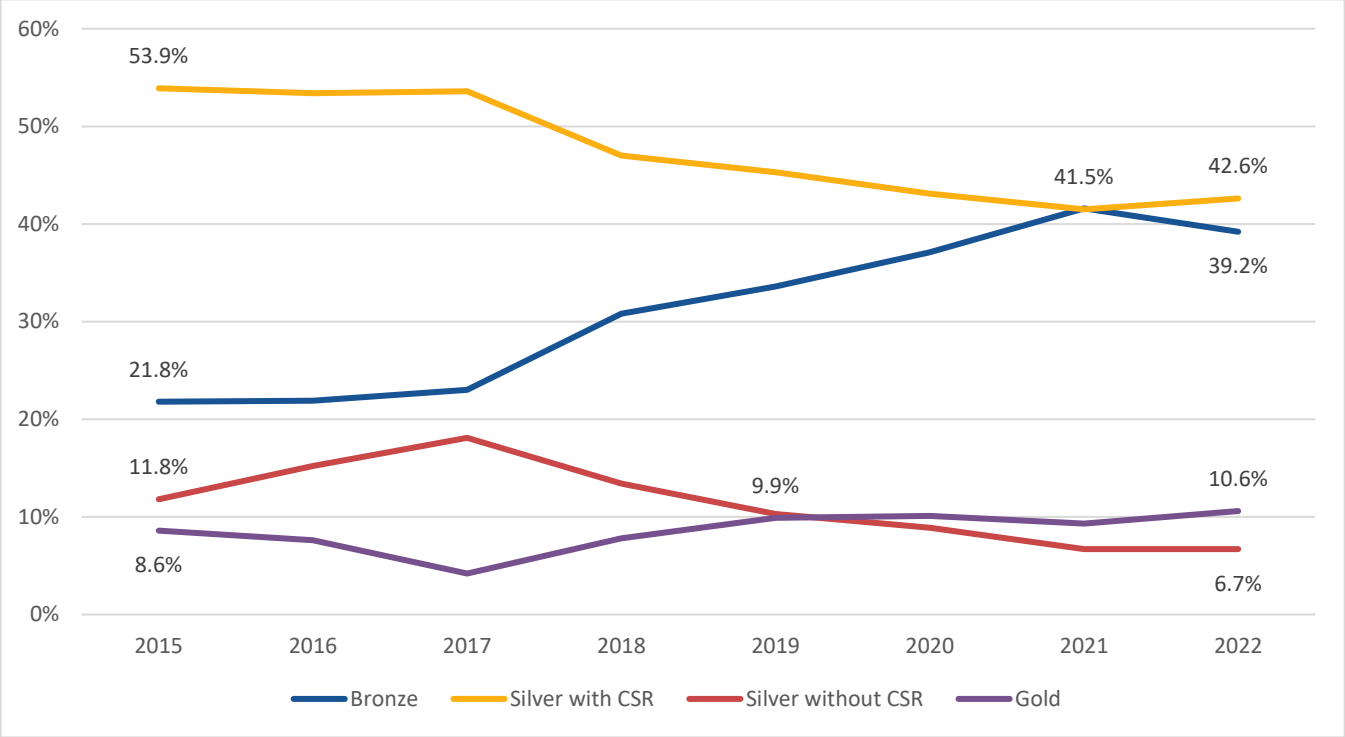
Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022

Appendix B Figure 5. HealthCare.gov Marketplace Plan Selections by Metal Tier for Multiracial Enrollees, 2015-2022



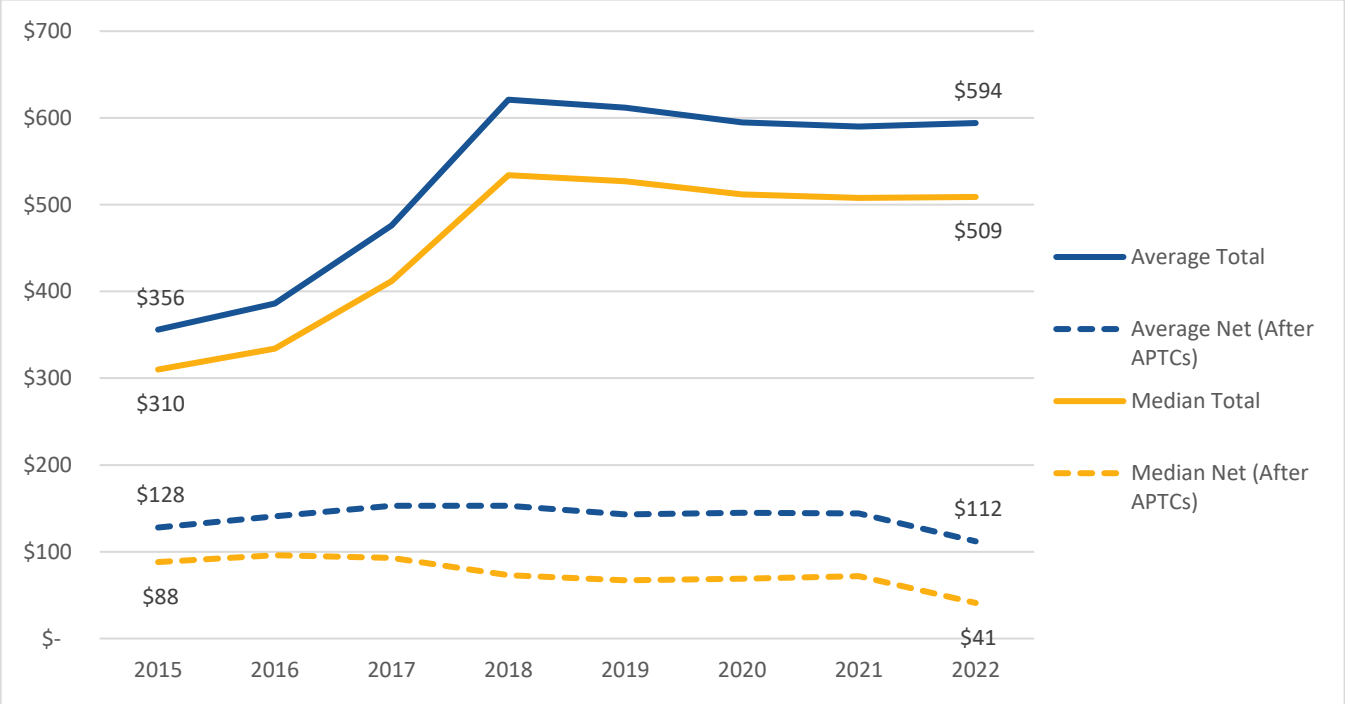
Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022
Note: Interpretation of results for AI/AN and multiracial enrollees should be used with caution as imputation of race and ethnicity for these enrollees was less accurate than for other groups when using the modified Bayesian Improved First Name Surname Geocoding method. Results were achieved by conducting a sensitivity analysis excluding imputation results.

Appendix B Figure 6. HealthCare.gov Marketplace Selections by Metal Tier for White Enrollees, 2015-2022



Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022

Appendix B Figure 7. Unadjusted Monthly Total Premiums and Premiums after APTC of HealthCare.gov Marketplace Plan Selections, 2015-2022



Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022

Appendix B Table 1. Unadjusted Monthly Total Premiums and Premiums after APTC of HealthCare.gov Marketplace Plan Selections by Race and Ethnicity, 2015-2022

	Average Total Premium					Average Net Premium (After APTC)				
	AI/AN	AANHPI	Black	Latino	White	AI/AN	AANHPI	Black	Latino	White
2015	$399	$396	$413	$384	$452	$142	$119	$113	$103	$184
2016	$439	$420	$444	$400	$487	$146	$128	$125	$110	$199
2017	$582	$491	$534	$474	$588	$149	$130	$127	$111	$213
2018	$682	$636	$703	$628	$743	$142	$126	$135	$107	$209
2019	$644	$629	$682	$622	$718	$121	$117	$123	$97	$194
2020	$606	$602	$635	$602	$680	$124	$117	$118	$94	$197
2021	$583	$598	$626	$601	$661	$124	$111	$116	$91	$198
2022	$546	$559	$580	$561	$623	$87	$86	$79	$58	$151
	Median Total Premium					**Median Net Premium (After APTC)**				
	AI/AN	AANHPI	Black	Latino	White	AI/AN	AANHPI	Black	Latino	White
2015	$288	$290	$297	$284	$330	$75	$63	$57	$54	$114
2016	$315	$310	$322	$298	$358	$70	$68	$62	$58	$124
2017	$428	$369	$399	$357	$447	$53	$61	$55	$52	$126
2018	$507	$483	$533	$480	$569	$21	$45	$42	$39	$103
2019	$476	$486	$525	$481	$560	$3	$45	$40	$36	$96
2020	$458	$475	$499	$475	$544	$13	$47	$41	$38	$103
2021	$448	$477	$500	$480	$536	$26	$50	$46	$42	$110
2022	$452	$482	$497	$478	$544	$2	$34	$24	$19	$72

Source: ASPE analysis of CMS Marketplace open enrollment files, 2015-2022

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