



# ASPE

## RESEARCH BRIEF

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### 2019 HEALTH PLAN CHOICE AND PREMIUMS IN HEALTHCARE.GOV STATES

October 26, 2018

*Note: Average premiums in this brief may differ from data released by the Centers for Medicare & Medicaid Services (CMS) on October 11, 2018.<sup>1</sup> These discrepancies are a result of two methodological differences: 1) average premiums presented in this brief are weighted by county-level plan selections as of the end of the Open Enrollment period (using PY18 plan selections to calculate PY19 average premiums) while the October 11, 2018 released data for PY 18 and PY 19 were both weighted by county-level plan selections as of May 31, 2018; and 2) average premiums presented in this brief include the portion of the premium attributable to coverage in addition to essential health benefits, while the October 11, 2018 released average premium data were only the portion of the premium attributable to essential health benefits.*

This brief presents information on qualified health plans (QHPs) available in states that rely on the HealthCare.gov eligibility and enrollment platform (HealthCare.gov states), including estimates for issuer participation, consumer options, average premiums, and subsidies in the upcoming open enrollment period (OEP), and trends since the first OEP. National estimates and summary tables are presented in each section of the text. State-specific estimates are in the Appendix. Unless otherwise specified, all estimates reflect all states using the HealthCare.gov platform for each given year.

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<sup>1</sup> <https://www.cms.gov/newsroom/press-releases/premiums-federally-facilitated-exchanges-drop-2019>

### Key Findings – HealthCare.gov States

*Issuer Participation:* Issuer participation in the Exchanges in HealthCare.gov states increased with 155 total state level issuers in plan year 2019 (PY19), up from 132 in PY18. Five states in PY19 will have only one issuer: Alaska, Delaware, Mississippi, Nebraska, and Wyoming; down from eight states in PY18: Alaska, Delaware, Iowa, Mississippi, Nebraska, Oklahoma, South Carolina, and Wyoming.<sup>2</sup>

*Consumer Options:* 20% of current enrollees will have only one issuer to choose from, down from 29% in PY18. The average number of qualified health plans (QHPs) available to enrollees is 26 for PY19, up from 25 in PY18. Alaska and Mississippi enrollees will have the fewest QHPs in PY19 (an average of 5 QHPs per county), while Florida will have the highest (an average of 49 QHPs per county).

*Average Premiums:* The average monthly premium for the second-lowest cost silver plan (SLCSP), also called the benchmark plan, for a 27-year-old decreased by 2% from PY18 (\$412) to PY19 (\$405). However, the average premium for the benchmark plan in PY19 will be 85% higher than in PY14.

*Subsidy Utilization and Costs:* The average monthly APTC (\$544) amount will decrease by an estimated 3% from PY18 (\$558), however the average APTC amount for PY19 is 110% higher than the average APTC for PY14 (\$259). In PY14 through PY18, more than 80% of enrollees were in plans for which APTCs were paid.

*Lowest-Cost Plan Available:* The percentage of current enrollees with access to a plan for \$200 or less decreased from 38% for PY15 to 6% for PY18, and will decrease to 5% for PY19. If enrollees were to stay within their current metal level, 2% will have access to coverage with premiums of \$200 or less for PY19.

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<sup>2</sup> Data released on October 11, 2018 counted AZ and KY as single issuer states for 2018 as there was no overlap in county coverage; every county was single issuer.

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## I. Issuer Participation

Table 1 provides estimates of issuer participation across HealthCare.gov states for plan year 2014 (PY14) through PY19. For comparison purposes, estimates of total state issuers are provided for states that have used the HealthCare.gov eligibility and enrollment platform in at least one plan year, as well as for states that have used the HealthCare.gov platform during all plan years. The estimates treat states equally in averages and percentage distributions (i.e. they are unweighted). The bullets below compare differences between the upcoming plan year, PY19, and the prior plan year, PY18, in the first section, and highlight trends across all plan years in the second section. See Tables 1A and 1B in the Appendix for state and county specific estimates.

### *Differences between PY19 and PY18:*

- Issuer participation in the Exchanges increased, with 155 total state level issuers in PY19, up from 132 in PY18.
- The average number of state level issuers is four for PY19, up from three in PY18.
- Five HealthCare.gov states (13%) will have only one issuer in PY19: Alaska, Delaware, Mississippi, Nebraska, and Wyoming; down from eight (21%) in PY18: Alaska, Delaware, Iowa, Mississippi, Nebraska, Oklahoma, South Carolina, and Wyoming.

### *Trends across Plan Years:*

- The total number of state level issuers for the 35 HealthCare.gov states during all plan years increased from PY14 (187) to PY15 (217) and PY16 (217) and declined in PY17 (152) and PY18 (121). PY19 (144) will be the first increase in state level issuer participation since PY15.
- The average number of state level issuers was five in PY14, increased to six in PY15 and PY16, decreased to four in PY17 and 3 in PY18, and will increase to 4 in PY19.
- The percentage of states with six or more issuers was 31% in PY14, compared to only 20% of states in PY19.

**Table 1**  
Total and Average Number of Issuers Participating in HealthCare.gov States, PY14 – PY19

	PY14	PY15	PY16	PY17	PY18	PY19
<b>All States Using HealthCare.gov for the Listed Plan Year</b>						
<i>Number of States Included in Estimates</i>	36	37	38	39	39	39
<b>Total Number of Issuers in State</b>	<b>191</b>	<b>231</b>	<b>232</b>	<b>167</b>	<b>132</b>	<b>155</b>
<b>Average Number of Issuers in State</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>4</b>
Percentage of States with 1 Issuer	6%	3%	3%	13%	21%	13%
Percentage of States with 2-5 Issuers	64%	57%	61%	67%	62%	69%
Percentage of States with 6+ Issuers	31%	41%	37%	21%	18%	18%
<b>Only States Using HealthCare.gov for All Six Plan Years</b>						
<i>Number of States Included in Estimates</i>	35	35	35	35	35	35
<b>Total Number of State Issuers</b>	<b>187</b>	<b>217</b>	<b>217</b>	<b>152</b>	<b>121</b>	<b>144</b>
<b>Average Number of State Issuers</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>4</b>
Percentage of States with 1 Issuer	6%	3%	3%	14%	23%	14%
Percentage of States with 2-5 Issuers	63%	57%	60%	66%	57%	66%
Percentage of States with 6+ Issuers	31%	40%	37%	20%	20%	20%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014.

Numbers may not sum exactly due to rounding. Two estimates are included for HealthCare.gov states, one with all states included in a given plan year and the other including only the 35 states using HealthCare.gov across all plan years. Issuers were identified using their unique five-digit Health Insurance Oversight System (HIOS) issuer IDs within a state. 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 qualified health plans through the Exchanges in two states would appear to be two separate issuers. Data do not include stand-alone dental plans, child-only plans, or small business health options program (SHOP) plans. See the "Methods and Limitations" section for additional details. Discrepancies with data released October 11, 2018 are due to differences in plan data sets used for 2016.

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## II. Consumer Options

Table 2 provides estimates of issuer and plan options for enrollees for plan year 2014 (PY14) through PY19 for all HealthCare.gov states. The bullets below compare differences between the upcoming plan year, PY19, and the prior plan year, PY18, in the first section, and highlight trends across all plan years in the second section. See Table 2A in the Appendix for state and county specific estimates.

### *Differences between PY19 and PY18:*

- For PY19, 20% of current enrollees will have one issuer to choose from, down from 29% in PY18; while more than half (57%) will have three or more, compared to 44% in PY18.
- The average number of qualified health plans (QHPs) available to enrollees is 26 for PY19, up from 25 in PY18.

### *Trends across Plan Years:*

- The percentage of current enrollees with only one issuer to choose from increased from PY17 (20%) to PY18 (29%), but will decrease for PY19 (20%).
- The average number of QHPs available to enrollees had decreased every year since PY15 (55), with 46 in PY16, 30 in PY17, and 25 in PY18, but will increase in PY19 (26).

**Table 2**  
Average Number of Issuer and Health Plan Options for Enrollees in HealthCare.gov States,  
PY14 – PY19

	<b>PY14</b>	<b>PY15</b>	<b>PY16</b>	<b>PY17</b>	<b>PY18</b>	<b>PY19</b>
<b>Issuer Options</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>3</b>
Percentage with 1 Issuer	7%	3%	2%	20%	29%	20%
Percentage with 2 Issuers	18%	10%	12%	23%	26%	23%
Percentage with 3+ Issuers	75%	87%	86%	56%	44%	57%
<b>Plan Options</b>	<b>54</b>	<b>58</b>	<b>48</b>	<b>32</b>	<b>26</b>	<b>27</b>
Catastrophic Plans	3	3	3	1	1	1
<b>Qualified Health Plans</b>	<b>51</b>	<b>55</b>	<b>46</b>	<b>30</b>	<b>25</b>	<b>26</b>
Bronze Plans	15	17	14	10	7	8
Silver Plans	18	22	19	14	12	12
Gold Plans	14	13	10	5	4	5
Platinum Plans	4	4	2	2	1	1

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014.

Percentages may not sum exactly due to rounding. County averages and percentages were weighted by the number of plan selections in each county for the same plan year, except PY19 for which PY18 plan selections were used. QHPs do not include catastrophic plans. Issuers were identified using their unique five-digit Health Insurance Oversight System (HIOS) issuer IDs within a state. 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 Exchanges in two states would appear to be two separate issuers. Data do not include stand-alone dental plans, child-only plans, or small business health options program (SHOP) plans. See the "Methods and Limitations" section for additional details.

### III. Average Premiums

Tables 3 and 4 provide estimates of the average monthly premium for the second-lowest cost silver plan (SLCSP), also called the benchmark plan, and the lowest-cost plan (LCP), available to a 27-year-old for Exchange plans covering enrollees in plan year 2014 (PY14) through PY19 across all HealthCare.gov states. The bullets below compare differences between the upcoming plan year, PY19, and the prior plan year, PY18, in the first section; and highlight trends across all plan years in the second section. See Tables 3A, 3B, 4A and 4B in the Appendix for state and county specific estimates.

#### *Differences between PY19 and PY18:*

- The average monthly premium for the benchmark plan will decrease by 2% in PY19 (\$405) compared to PY18 (\$412); however, there is considerable variation by state.
  - *Wyoming* will have the highest average premium for the benchmark plan in PY19 (\$709), the same average premium as PY18.
  - *Indiana* will have the lowest average premium for the benchmark plan in PY19 (\$280), a decrease of 2% from PY18 (\$287).
  - *North Dakota* will have the highest percentage increase in the average premium for the benchmark plan in PY19 (\$375), an increase of 21% from PY18 (\$310).
  - *Tennessee* will have the greatest percentage decrease in the average premium for the benchmark plan in PY19 (\$448), a decrease of 26% from PY18 (\$608).
- The average monthly premium for the LCP will decrease by 1% in PY19 (\$288) compared to PY18 (\$291).

#### *Trends across Plan Years:*

- The average monthly premium for the benchmark plan in PY19 (\$405) will be 85% higher than in PY14 (\$218).
  - *Nebraska* will have the highest percentage increase in the average premium for the benchmark plan in PY19 (\$686) relative to the first plan year, PY14 (\$205), an increase of 235%.
  - *Indiana* will have the lowest percentage increase in the average premium for the benchmark plan in PY19 (\$280) relative to the first plan year, PY14 (\$270), an increase of 4%.
- The average monthly premium for the LCP in PY19 (\$288) will be 75% higher than in PY14 (\$164).

**Table 3**

Average Monthly Premium for the Second-Lowest Cost Silver Plan (SLCSP) Available for a 27-Year-Old in HealthCare.gov States, PY14 – PY19

	<b>SLCSP Average Monthly Premium for a 27-Year-Old</b>	<b>Annual Percentage Change</b>	<b>Cumulative Percentage Change</b>
<b>PY14</b>	<b>\$218</b>	-	-
<b>PY15</b>	<b>\$224</b>	3%	3%
<b>PY16</b>	<b>\$242</b>	8%	11%
<b>PY17</b>	<b>\$300</b>	24%	38%
<b>PY18</b>	<b>\$412</b>	37%	89%
<b>PY19</b>	<b>\$405</b>	-2%	85%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. The numbers in this table represent premiums before the application of advance premium tax credits. HealthCare.gov average premiums are weighted by the number of Exchange plan selections in each county. The PY14 through PY18 average premiums are weighted by current year plan selections and PY19 is weighted by PY18 plan selections. This analysis identifies the second-lowest cost silver plan in each county based on the portion of the premium that covers essential health benefits. Estimates include all states using the HealthCare.gov platform in the specified plan year. See the “Methods and Limitations” section for details.

**Table 4**

Average Monthly Premium for Lowest-Cost Plan (LCP) Available for a 27-Year-Old in HealthCare.gov States, PY14 – PY19

	<b>LCP Average Monthly Premium for a 27-Year-Old</b>	<b>Annual Percentage Change</b>	<b>Cumulative Percentage Change</b>
<b>PY14</b>	<b>\$164</b>	-	-
<b>PY15</b>	<b>\$173</b>	5%	5%
<b>PY16</b>	<b>\$195</b>	13%	19%
<b>PY17</b>	<b>\$248</b>	27%	51%
<b>PY18</b>	<b>\$291</b>	17%	77%
<b>PY19</b>	<b>\$288</b>	-1%	75%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. The numbers in this table represent premiums before the application of advance premium tax credits. HealthCare.gov average premiums are weighted by the number of Exchange plan selections in each county. The PY14 through PY18 average premiums are weighted by current year plan selections and PY19 is weighted by PY18 plan selections. This analysis identifies the lowest-cost plan in each county based on the portion of the premium that covers essential health benefits. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. Estimates include all states using the HealthCare.gov platform in the specified plan year. See the “Methods and Limitations” section for details.

#### IV. Subsidy Utilization and Costs

Table 5 provides estimates of the percentage of enrollees in Exchange plans to which advance premium tax credits (APTCs) were paid and had cost-sharing reductions (CSRs)<sup>3</sup> in plan year 2014 (PY14) through PY18 across all HealthCare.gov states. Table 6 contains estimates of APTCs in PY18 and PY19 for specific household compositions that may be eligible to receive APTCs. Table 7 presents the average monthly APTC for PY14 through PY18 and estimates the average monthly APTC for PY19 for enrollees who selected plans during the PY18 Open Enrollment Period (OEP) using plans available in PY19. For all plan years, Table 7 uses the maximum APTC enrollees can receive. An enrollee will receive less than the maximum APTC if he or she selects a plan with a premium less than the maximum APTC amount. The bullets below compare differences between the upcoming plan year, PY19, and the prior plan year, PY18, in the first section; and highlight trends across plan years in the second section. See Tables 5A and 6A in the Appendix for state and county specific estimates.

##### *Differences between PY19 and PY18:*

- The estimated average monthly APTC for current enrollees is \$544 for PY19, a 3% decrease from PY18 (\$558).
- A 27-year-old with a household income of \$25,000 is estimated to receive an average monthly APTC of \$265 for PY19, a 3% decrease from PY18 (\$274) based on the average premium for the benchmark plan across all HealthCare.gov states.
- A family of four with a household income of \$60,000 is estimated to receive an average monthly APTC of \$1,155 for PY19, a 3% decrease from PY18 (\$1,185) based on the average premium for the benchmark plan across all HealthCare.gov states.

##### *Trends across Plan Years:*

- The average monthly APTC for PY19 is (\$544), an increase of 110% from PY14 (\$259).
- The percentage of enrollees making plan selections with APTCs has remained relatively stable, staying between 84% and 87% between PY14 and PY18.
- The percentage of enrollees making plan selections with CSRs remained relatively stable, at approximately 60% between PY14 and PY17, but decreased to 54% for PY18.

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<sup>3</sup> As of the last quarter of 2017, CSR payments are no longer paid to issuers; however, issuers are still required by law to offer plans with CSRs to eligible enrollees if they participate in an Exchange.

**Table 5**  
Percentage of Plan Selections Receiving APTCs or CSRs in HealthCare.gov States,  
PY14 – PY18

	Percentage of Plan Selections with APTC	Percentage of Plan Selections with CSR
<b>PY14</b>	84%	60%
<b>PY15</b>	87%	60%
<b>PY16</b>	85%	59%
<b>PY17</b>	84%	60%
<b>PY18</b>	85%	54%

Source: Financial assistance information is from active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY18. Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. Estimates are based on plan selections made during the Open Enrollment Period (OEP) for each specified plan year. As of the last quarter of 2017, CSR payments are no longer paid to issuers; however, issuers are still required by law to offer plans with CSRs to eligible enrollees if they participate in the Exchanges. See the “Methods and Limitations” section for more details.

**Table 6**  
Average Monthly Benchmark Premiums and Advance Premium Tax Credits (APTCs) Available in  
HealthCare.gov States, PY18 – PY19

	27 Year-Old with a Household Income of \$25,000	Family of Four with a Household Income of \$60,000
<b>PY18 Benchmark Before APTC</b>	\$412	\$1,582
<b>PY18 APTC</b>	\$274	\$1,185
<b>PY19 Benchmark Before APTC</b>	\$405	\$1,554
<b>PY19 APTC</b>	\$265	\$1,155
<b>Percentage Change in APTC PY18 to PY19</b>	-3%	-3%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform in PY18 and PY19. Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. Averages for premiums are weighted by the county’s number of Exchange PY18 plan selections. 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 15. All enrollees are assumed to not be tobacco users. For households eligible for premium tax credits, after-tax-credit benchmark premiums are capped at a given percentage of household income. The maximum percent of income paid toward the benchmark plan is adjusted annually to be a measure of the difference between premium growth and income growth. If the premium of the benchmark plan falls below the maximum applicable percentage of income amount for which a household is responsible, then the household does not receive a tax credit and pays for the full premium for the plan selected. After-tax benchmark premiums will differ slightly between PY18 and PY19 for identical family compositions and income amounts because of changes in the applicable percentages and the Federal Poverty Level Guidelines. 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. 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 of Children’s Health Insurance Program (CHIP) thresholds, the children would be eligible for Medicaid/CHIP and not eligible for premium tax credits. Starting for PY18, new regulation modified the age rating methodology for individuals age 20 and younger; the 2018 family of four premiums reported in this report take into account the new age rating methodology; the 2018 average family of four premium estimates in last year’s report released on October 30, 2017 do not take this change into account. Starting for PY19, new regulation modified the methodology of determining the APTC amount attributable to children under 19 on an individual or family policy, in which the premium of a stand-alone dental plan is added to the premium of any plan not offering pediatric dental benefits for purposes of determining the benchmark plan and resultant APTC amount. The data presented in this table do not take this change into account. See the “Methods and Limitations” section for more details.

**Table 7**

Average Monthly Advance Premium Tax Credit (APTC) in HealthCare.gov States, PY14 – PY19

	<b>Average Monthly APTC</b>	<b>Annual Growth</b>	<b>Cumulative Growth</b>
<b>PY14</b>	<b>\$259</b>	-	-
<b>PY15</b>	<b>\$263</b>	2%	2%
<b>PY16</b>	<b>\$289</b>	10%	12%
<b>PY17</b>	<b>\$382</b>	32%	47%
<b>PY18</b>	<b>\$558</b>	46%	115%
<b>PY19</b>	<b>\$544</b>	-3%	110%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014.

For PY14 through PY18, the estimates for average advance premium tax credit (APTC) are calculated using enrollees who made a plan selection during each plan year's Open Enrollment Period (OEP). For PY19, the average APTC is an estimate of the APTC for enrollees who made a plan selection during the PY18 OEP using plans available in PY19 and the same methodology employed in previous years.

The PY19 estimates hold all PY18 enrollee characteristics unchanged and premiums are based on the same age and family composition as in PY18. For PY19, only enrollees who could be linked to complete plan and premium data for PY19 and PY18 are included. Tobacco users are excluded from all plan years. For all plan years, the estimates presented in this table use the maximum APTC enrollees can receive. An enrollee will receive less than the maximum APTC if he or she selects a plan with a premium less than the maximum APTC amount. See the "Methods and Limitations" section for more details.

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## V. Lowest-Cost Plan Available

Tables 8 and 9 provide estimates of the lowest-cost plan (LCP) monthly premium available to enrollees for plan year 2015 (PY15) through PY19 across all HealthCare.gov states participating in a given plan year. The estimates take enrollees who made a plan selection in the prior Open Enrollment Period (OEP) and calculate the average premium for the LCP based on the plans available to these enrollees in the specified plan year, e.g., the LCP available to PY14 enrollees in the PY15 OEP. The bullets below compare differences between the upcoming plan year, PY19, and the prior plan year, PY18, in the first section; and highlight trends across all plan years in the second section. See Tables 7A, 7B, 8A, and 8B in the Appendix for state and county specific estimates.

### *Differences between PY19 and PY18:*

- The percentage of enrollees with access to a plan for \$200 per month or less decreased from 6% for PY18 to 5% to PY19.
- If PY18 enrollees were to stay within their current metal level 2% will have access to coverage with premiums of less than \$200 for PY19.
- The percentage of enrollees with access to a plan for which they are responsible for paying less than \$75 of the premium decreased by 1 percentage point from PY18 (80%) to PY19 (79%).

### *Trends across Plan Years:*

- The percentage of enrollees with access to a plan for \$200 per month or less decreased from 38% for PY15 to 5% to PY19.
- The percentage of enrollees with access to coverage within their metal level with premiums of less than \$200 decreased from 21% in PY15 to 2% in PY19.
- The percentage of enrollees with access to a plan for which they are responsible for paying less than \$75 of the premium increased by 7 percentage points from PY15 (72%) to PY19 (79%).

**Table 8**

Percentage of Enrollees by the Monthly Premium of the Lowest-Cost Plan (LCP) Available in the Subsequent Open Enrollment Period in HealthCare.gov States, PY15 – PY19

	Percentage of Enrollees by the Monthly Premium of the LCP Available			
	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more
<i>From Any Metal Level</i>				
<b>PY15</b>	38%	28%	17%	17%
<b>PY16</b>	29%	31%	16%	24%
<b>PY17</b>	16%	28%	17%	39%
<b>PY18</b>	6%	25%	21%	48%
<b>PY19</b>	5%	23%	23%	49%
<i>Within Enrollees' Previously Chosen Metal Level</i>				
<b>PY15</b>	21%	31%	18%	30%
<b>PY16</b>	18%	31%	18%	33%
<b>PY17</b>	11%	24%	18%	47%
<b>PY18</b>	2%	12%	20%	66%
<b>PY19</b>	2%	13%	20%	65%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014.

Percentages across premium categories may not sum due to rounding. For each plan year, premiums were calculated using enrollees who made a plan selection during the previous year's Open Enrollment Period (OEP). The estimates hold all enrollee characteristics unchanged and premiums are based on the same age and family composition as in the previous year. For each plan year, only enrollees who could be linked to complete plan and premium data for the current and previous plan year are included, and tobacco users are excluded. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. Estimates include all states that had plan selections on the HealthCare.gov platform in the prior OEP and include 36 states for PY15, 37 states for PY16, 38 states for PY17, 39 states for PY18 and PY19. See the "Methods and Limitations" section for more details.

**Table 9**

Percentage of Enrollees by the Portion of the Monthly Premium Paid by the Enrollee for the Lowest-Cost Plan (LCP) Available in the Subsequent Open Enrollment Period (OEP) in HealthCare.gov States, PY14 – PY19

	Percentage of Enrollees by the Portion of the Monthly Premium Paid by the Enrollee for the LCP Available			
	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more
<i>From Any Metal Level</i>				
<b>PY15</b>	72%	13%	6%	8%
<b>PY16</b>	72%	13%	6%	9%
<b>PY17</b>	71%	13%	5%	12%
<b>PY18</b>	80%	6%	3%	11%
<b>PY19</b>	79%	6%	3%	12%
<i>Within Enrollees' Previously Chosen Metal Level</i>				
<b>PY15</b>	56%	20%	8%	16%
<b>PY16</b>	57%	20%	7%	15%
<b>PY17</b>	58%	18%	6%	17%
<b>PY18</b>	60%	18%	6%	17%
<b>PY19</b>	62%	15%	5%	17%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014.

Percentages across premium categories may not sum due to rounding. For each plan year, premiums after subsidy were calculated using enrollees who made a plan selection during the previous year's Open Enrollment Period (OEP). This analysis holds all enrollee characteristics unchanged and calculates premiums and tax credits based on the same age, family composition, and household income as in the previous year. For each plan year, this analysis includes only enrollees who could be linked to complete plan and premium data for the current and previous plan year, and excludes tobacco users. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. Estimates include all states that had plan selections on the HealthCare.gov platform in the prior OEP and include 36 states for PY15, 37 states for PY16, 38 states for PY17, 39 states for PY18 and PY19. See the "Methods and Limitations" section for more details.

## VI. Methods and Limitations

### Data

County level data on issuers, plans, and premiums were obtained from the Federally-Facilitated Exchange (FFE) Qualified Health Plan (QHP) landscape files for plan year 2014 (PY14) through PY19; these files are publicly available on the HealthCare.gov website.<sup>4</sup> We used the individual and family health plan files, which do not include stand-alone dental, child-only, and Small Business Health Options Program (SHOP) plans. The landscape files are updated throughout the year to reflect changes in issuer participation and represent snapshots of issuers and plans on a specific date. We used the dated versions of the landscape files consistent with the most recently published ASPE Research Briefs on health plan choice and premiums in the health insurance Exchanges.<sup>5,6,7,8</sup> There were between 36 and 39 states included in the landscape files for PY14 through PY19 as some states did not begin using the HealthCare.gov platform until after PY14, and one state stopped using the platform after PY14.<sup>9</sup> Except where noted, we used all available states in each landscape file to calculate national estimates.<sup>10</sup>

Individual level enrollment data were obtained from the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS). The enrollment data represent active QHP selections at a point in time, similar to the landscape files. We used the dated versions of MIDAS consistent with the most recently published ASPE Research Briefs on health plan choice and premiums in the health insurance Exchanges.<sup>11</sup> Throughout this brief, we use the term “enrollees” to refer to individuals with active plan selections in the MIDAS data;

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<sup>4</sup> The FFM QHP landscape files can be downloaded at: <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

<sup>5</sup> The 2018 ASPE Research Brief can be downloaded at: <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2018-federal-health-insurance-exchange>.

<sup>6</sup> The 2017 ASPE Research Brief can be downloaded at: <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2017-health-insurance-marketplace>.

<sup>7</sup> The 2016 ASPE Research Brief can be downloaded at: <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2016-health-insurance-marketplace>.

<sup>8</sup> The landscape file dated versions used for each plan year in this brief were: PY14 (January 2014); PY15 (August 2015); PY16 (July 29, 2016); PY17 (October 14, 2016); PY18 (October 23, 2017); PY19 (October 10, 2018).

<sup>9</sup> In total, there are 35 states included in the landscape files for all PYs (Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming), one state in only PY14 (Idaho), two states in PY15-PY2018 (Nevada and Oregon), one state in PY16-PY18 (Hawaii), one state in PY17-PY19 (Kentucky), and ten states plus the District of Columbia without data in any landscape file PY (California, Colorado, Connecticut, District of Columbia, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington). In total, each plan year landscape file contained the following number of states: 36 in PY14, 37 in PY15, 38 in PY16, and 39 in PY17 through PY19; with a total of 40 states included in at least one plan year landscape file.

<sup>10</sup> This year the Appendix tables only include estimates for the first available plan year (PY14 in most tables and PY15 in tables examining current enrollees going into the next open enrollment), the previous plan year (PY18), and the upcoming plan year (PY19). The methodology for PY15, PY16, and PY17 estimates has not changed from last year’s brief; to compare PY19 estimates in the Appendix to these plan years refer back to last year’s brief available at: [https://aspe.hhs.gov/system/files/pdf/258456/Landscape\\_Master2018\\_1.pdf](https://aspe.hhs.gov/system/files/pdf/258456/Landscape_Master2018_1.pdf)

<sup>11</sup> The MIDAS enrollment file dated versions included in this brief are: 2014 (April 2014); 2015 (February 22, 2015); 2016 (February 2, 2016); 2017 (January 31, 2017); 2018 (December 23, 2017).

the term does not refer to “effectuated enrollees” – individuals who selected plans and paid the premium. As a result, estimates in this brief may differ from those calculated using effectuated enrollment.

Plan data not available in the landscape files or MIDAS were obtained from the CMS Health Insurance Marketplace Public Use Files (Marketplace PUFs).<sup>12</sup> The Benefits and Cost Sharing PUFs were used to identify the percentage of premiums covering essential health benefits (EHBs) in PY14 and PY15, as they were absent from the landscape files for these years.

### ***Issuers Participations and Plan Options***

To examine issuers and plans, we estimated the average number of issuers, health plans, and plan metal types available across states and counties in HealthCare.gov states. We also calculated the total number of issuers across all and within each state, as well as for selected counties. Finally, we estimated differences in issuer participation and plan choice for the upcoming plan year and previous plan years. Weighted and unweighted averages and percentage distributions were calculated. Averages were weighted using county level plan selections in the MIDAS data for the same year as each plan year landscape file used, except for PY19, which was weighted using PY18 plan selections. Issuers were identified using their 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 plans through the Exchanges in two states would appear to be two separate issuers.

### ***Average Premiums***

To examine average premiums, we determined the second-lowest cost silver plan (SLCSP), also called the benchmark plan, for each county in each of the landscape files. Plans in the Exchanges are required to offer a comprehensive package of items and services, known as essential health benefits (EHBs). Exchange plans can also offer benefits beyond EHBs and each plan reports the percentage of premium related to EHB. Most plans have an EHB percentage of 100%; however, plans that cover benefits beyond EHB have EHB percentages smaller than 100%, reflecting the fact that a portion of the premium pays for benefits beyond EHB. Benchmark plans are determined by ranking silver plans available to a consumer by the amount of premium related to EHB only.

To estimate the benchmark plan available to consumers, we ranked each silver plan in a county by the EHB premium amount and identified the SLCSP available in that county. In some counties with three or more silver plans, the EHB premium amount for the two lowest-cost silver plans is exactly the same. From PY14-PY17, when this occurred, the silver plan with the next highest premium relative to the tied lowest-cost silver plans was the benchmark. For PY18 and PY19, when this occurs, the premium for the tied lowest-cost silver plans was used as the benchmark plan. This operational change resulted from a clarification in how to calculate

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<sup>12</sup> The Marketplace PUFs are available at: <https://www.cms.gov/ccio/resources/data-resources/marketplace-puf.html>

advance premium tax credits (APTCs) released by Internal Revenue Service (IRS).<sup>13</sup> Additionally, when a county only has a single silver plan it is used as the benchmark. In this brief, the terms “SLCSP” and “benchmark plan” are used interchangeably to refer to the second-lowest cost silver plan in a county, which may not be the actual benchmark plan for all individual consumers in a county.

We calculated the average premium and the annual and cumulative percentage change in these for the SLCSP and the lowest-cost plan (LCP) available to a 27-year-old for Exchange plans covering enrollees in plan year 2014 (PY14) through PY19 across all HealthCare.gov states.

In addition to reweighting PY18 estimates using county level open enrollment plan selections from 2018 rather than 2017, the premium estimates for a Family of Four with Household Income of \$60,000 in PY18 differ from last year’s report released on October 30, 2017 due to a change in the age bands for children in states using the federal default standard curve. The change included moving from the single age band of 0.635 used in PY17 and prior plan years to seven bands with higher premium ratios. The new bands are effective in PY18 and PY19 and following years for each age group: ages 0-14 = 0.765; age 15 = 0.833; age 16 = 0.859; age 17 = 0.885; age 18 = 0.913; age 19 = 0.941; age 20 = 0.970. In last year’s brief the estimates for a Family of Four with Household Income of \$60,000 were applicable to the family of four being composed of two adults, one age 40 and one age 38, and two children under age 21. For this year’s brief we used the age band for ages 0-14 (0.765) in these estimates and therefore the two children are assumed to be under age 15.

### *Subsidy Utilization and Cost*

To examine subsidies, we calculated the percentage of MIDAS plan selections receiving financial assistance for APTCs and with cost-sharing reductions (CSRs) in PY14 through PY18. Additionally, we calculated the average benchmark plan premium and APTC for PY18 and PY19 under two scenarios for household compositions eligible for APTC: 1) a 27-year-old with household income of \$25,000, and 2) a family of four with a household income of \$60,000. Estimates of average before and after APTC average premium, average APTC amount, and the percentage change in the average APTC amount were calculated. Finally, we estimated the average APTC and growth in APTC for PY14 through PY19. For PY14-PY18, we estimated the average maximum APTC using plan selections made during each plan year’s Open Enrollment Period (OEP). For PY19, we estimated the average APTC for enrollees who selected plans during the PY18 OEP using the benchmark plan available in their county in PY19. See *Lowest-Cost Premiums Available* below for details of how enrollees in PY18 were linked to PY19. Note, here we use the maximum APTC enrollees can receive. An enrollee will receive less than the maximum APTC if he or she selects a plan with a premium less than the maximum APTC amount.

APTCs were calculated using the maximum applicable amount determined annually by the IRS and based on household income. The maximum applicable amount is the amount of premium an APTC eligible consumer in the Exchanges is expected to pay toward their benchmark premium.

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<sup>13</sup> IRS Questions and Answers on Premium Tax Credits are available at: <https://www.irs.gov/affordable-care-act/individuals-and-families/questions-and-answers-on-the-premium-tax-credit>

Individuals eligible to enroll in the Exchanges with household incomes between 100%-400% of the federal poverty level (FPL) are APTC eligible unless they are disqualified based on other factors. The amount of APTC a consumer qualifies for was calculated by subtracting the maximum applicable amount from their benchmark plan premium. However, APTC can only be applied to the portion of a plan's premium that covers EHB. For example, if a consumer has a \$200 APTC and selects a plan that costs \$200 before APTC and has an EHB amount of 95%, the tax credit will cover \$190 of the plan premium and the consumer will be responsible for covering the remaining \$10. We included this factor in our APTC calculations. EHB premium amounts were used in determining the benchmark plan and APTCs, however, comparisons of benchmark premiums in this brief use the full premium amount, not just the EHB amount.

### ***Lowest-Cost Plan Available***

To examine the LCP premiums available to enrollees, we estimated the percentage of current enrollees, defined as individuals who made plan selections in the prior OEP, e.g. the premiums for the LCP (identified in PY19 landscape files) available to PY18 enrollees (from PY18 MIDAS plan selections) in PY19, who could obtain coverage for several premium dollar amount markers. We calculated estimates within and regardless of current enrollees' current metal level for PY15 through PY19.

Beginning in PY18, there is a new metal level of coverage, expanded bronze, which has an actuarial value between 56 and 65 percent. For the purposes of this brief, this plan type is included in the standard bronze category. Estimates across all states and for each state are provided. Enrollee characteristics, including age, family composition, and household income were held constant when estimating premiums. We included only enrollees who could be linked to complete plan and premium data in their current enrollment year and the prior plan year. Therefore, each plan year's estimates exclude any states that had no plan selections on the HealthCare.gov platform in the prior OEP. The estimates include 36 states for PY15, 37 states for PY16, 38 states for PY17, 39 states for PY18 and 39 states for PY19. We excluded tobacco users as their premium rates may be higher than standard, non-tobacco rates. For PY14 and PY15, we also excluded enrollees in Virginia plans covering treatment of morbid obesity. Catastrophic plans, which are not available to all consumers, were also excluded.

## Appendix: State and County Tables

**Table 1A**

Total and Number of State Issuers in HealthCare.gov States, PY14, PY18, and PY19

State	PY14	PY18	PY19	Change		Issuers Entry/Exit	
				PY18-PY19	PY14-PY19	Entry PY19	Exit PY19
All States Using HealthCare.gov for the Listed Plan Year	191	132	155	23	-36	23	0
Only States Using HealthCare.gov for All Six Plan Years	187	121	144	23	-43	23	0
AK	2	1	1	0	-1	0	0
AL	2	2	2	0	0	0	0
AR	3	4	4	0	1	0	0
AZ	10	2	5	3	-5	3	0
DE	3	1	1	0	-2	0	0
FL	11	6	7	1	-4	1	0
GA	5	4	4	0	-1	0	0
HI	N/A	2	2	0	N/A	0	0
IA	4	1	3	2	-1	2	0
ID	4	N/A	N/A	N/A	N/A	N/A	N/A
IL	8	4	5	1	-3	1	0
IN	4	2	2	0	-2	0	0
KS	4	3	3	0	-1	0	0
KY	N/A	2	2	0	N/A	0	0
LA	5	3	3	0	-2	0	0
ME	2	2	3	1	1	1	0
MI	12	8	9	1	-3	1	0
MO	4	3	4	1	0	1	0
MS	2	1	1	0	-1	0	0
MT	3	3	3	0	0	0	0
NC	2	2	3	1	1	1	0
ND	3	2	3	1	0	1	0
NE	4	1	1	0	-3	0	0
NH	1	3	3	0	2	0	0
NJ	4	4	4	0	0	0	0
NM	4	4	4	0	0	0	0
NV	N/A	2	2	0	N/A	0	0
OH	12	8	10	2	-2	2	0
OK	6	1	2	1	-4	1	0
OR	N/A	5	5	0	N/A	0	0
PA	14	9	11	2	-3	2	0
SC	4	1	2	1	-2	1	0

SD	3	2	2	0	-1	0	0
TN	4	3	5	2	1	2	0
TX	12	8	8	0	-4	0	0
UT	6	2	3	1	-3	1	0
VA	8	7	8	1	0	1	0
WI	13	11	12	1	-1	1	0
WV	1	2	2	0	1	0	0
WY	2	1	1	0	-1	0	0

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014.

Numbers may not sum exactly due to rounding. Two estimates are included for HealthCare.gov states, one with all states included in a given plan year and the other including only the 35 states using HealthCare.gov across all plan years. Issuers were identified using their unique five-digit Health Insurance Oversight System (HIOS) issuer IDs within a state. 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 qualified health plans through the Exchange in two states would appear to be two separate issuers. Data do not include stand-alone dental plans, child-only plans, or small business health options program (SHOP) plans. See the "Methods and Limitations" section for additional details.

**Table 1B**  
Number of Issuers in Selected Counties in HealthCare.gov States, PY14, PY18, and PY19

State	County	City in County	Number of Issuers			Change	
			PY14	PY18	PY19	PY18-PY19	PY14-PY19
AL	Jefferson	Birmingham	2	2	2	0	0
AK	Anchorage	Anchorage	2	1	1	0	-1
AK	Juneau	Juneau	2	1	1	0	-1
AZ	Maricopa	Phoenix	10	1	4	3	-6
AZ	Pima	Tucson	10	1	3	2	-7
AR	Pulaski	Little Rock	3	4	4	0	1
DE	New Castle	Wilmington	3	1	1	0	-2
FL	Broward	Ft. Lauderdale	8	4	4	0	-4
FL	Duval	Jacksonville	4	4	4	0	0
FL	Hillsborough	Tampa	6	4	4	0	-2
FL	Miami-Dade	Miami	9	4	4	0	-5
FL	Orange	Orlando	5	3	4	1	-1
FL	Palm Beach	West Palm Beach	8	4	4	0	-4
GA	Fulton	Atlanta	4	2	3	1	-1
HI	Honolulu	Honolulu	N/A	2	2	0	N/A
IL	Cook	Chicago	6	3	3	0	-3
IN	Marion	Indianapolis	2	2	2	0	0
IA	Linn	Cedar Rapids	2	1	2	1	0
KS	Sedgwick	Wichita	3	2	2	0	-1
KS	Wyandotte	Kansas City	2	2	2	0	0
KY	Fayette	Lexington	N/A	1	2	1	N/A
KY	Jefferson	Louisville	N/A	1	2	1	N/A
LA	Orleans	New Orleans	4	3	3	0	-1
ME	Cumberland	Portland	2	2	3	1	1
MI	Wayne	Detroit	11	7	8	1	-3
MS	Jackson	Jackson	1	1	1	0	0
MO	Saint Louis	St. Louis	2	2	2	0	0
MT	Gallatin	Bozeman	3	3	3	0	0
NE	Douglas	Omaha	4	1	1	0	-3
NV	Clark	Las Vegas	N/A	2	2	0	N/A
NH	Hillsborough	Manchester	1	3	3	0	2
NJ	Essex	Newark	4	4	4	0	0
NM	Bernalillo	Albuquerque	4	4	4	0	0
NC	Guilford	Greensboro	2	1	1	0	-1
NC	Mecklenburg	Charlotte	2	1	1	0	-1
NC	Wake	Raleigh-Durham	2	2	3	1	1

ND	Cass	Fargo	3	2	3	1	0
OH	Cuyahoga	Cleveland	7	5	5	0	-2
OH	Franklin	Columbus	4	3	4	1	0
OH	Hamilton	Cincinnati	7	4	5	1	-2
OH	Montgomery	Dayton	6	3	4	1	-2
OK	Oklahoma	Oklahoma City	5	1	2	1	-3
OK	Tulsa	Tulsa	5	1	2	1	-3
OR	Multnomah	Portland	N/A	5	5	0	N/A
PA	Allegheny	Pittsburgh	5	2	2	0	-3
PA	Philadelphia	Philadelphia	4	2	3	1	-1
SC	Richland	Columbia	4	1	1	0	-3
SD	Lincoln	Sioux Falls	3	2	2	0	-1
SD	Minnehaha	Sioux Falls	3	2	2	0	-1
TN	Davidson	Nashville	4	2	3	1	-1
TN	Shelby	Memphis	4	1	4	3	0
TX	Bexar	San Antonio	5	3	3	0	-2
TX	Comal	San Antonio	4	3	3	0	-1
TX	Dallas	Dallas	4	3	3	0	-1
TX	El Paso	El Paso	3	3	4	1	1
TX	Harris	Houston	6	4	4	0	-2
TX	Hidalgo	McAllen	3	3	3	0	0
TX	Medina	San Antonio	2	2	2	0	0
TX	Travis	Austin	7	4	4	0	-3
UT	Salt Lake	Salt Lake City	6	2	3	1	-3
VA	Henrico	Richmond	4	1	2	1	-2
WV	Cabell	Huntington	1	2	2	0	1
WV	Wayne	Huntington	1	2	2	0	1
WI	Milwaukee	Milwaukee	4	3	4	1	0
WY	Laramie	Cheyenne	2	1	1	0	-1

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19. Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. Numbers may not sum exactly due to rounding. Two estimates are included for HealthCare.gov states, one with all states included in a given plan year and the other including only the 35 states using HealthCare.gov across all plan years. Issuers were identified using their unique five-digit Health Insurance Oversight System (HIOS) issuer IDs within a state. 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 qualified health plans through the Exchange in two states would appear to be two separate issuers. Data do not include stand-alone dental plans, child-only plans, or small business health options program (SHOP) plans. See the "Methods and Limitations" section for additional details.

**Table 2A**  
Average Number of Qualified Health Plans (QHPs) per County and per Issuer in County by HealthCare.gov State, PY14, PY18, and PY19

State	QHPs per County (Weighted Average)					QHPs per Issuer in County (Weighted Average)				
	PY14	PY18	PY19	Change		PY14	PY18	PY19	Change	
				PY18- PY19	PY14- PY19				PY18- PY19	PY14- PY19
<b>All States Using HealthCare.gov for the Listed Plan Year</b>	<b>51</b>	<b>25</b>	<b>26</b>	<b>1</b>	<b>-25</b>	<b>12</b>	<b>10</b>	<b>9</b>	<b>0</b>	<b>-3</b>
AK	34	5	5	0	-29	17	5	5	0	-12
AL	7	7	7	0	0	6	6	6	0	0
AR	29	25	23	-2	-5	11	7	6	0	-5
AZ	105	5	18	13	-87	11	5	6	1	-6
DE	19	6	7	1	-12	6	6	7	1	1
FL	112	54	49	-5	-63	19	15	13	-2	-6
GA	32	16	24	8	-8	11	10	10	0	-1
HI	N/A	21	22	1	N/A	N/A	11	11	1	N/A
IA	29	5	11	6	-18	14	5	6	1	-8
ID	30	N/A	N/A	N/A	N/A	8	N/A	N/A	N/A	N/A
IL	54	21	19	-2	-35	11	9	8	-1	-3
IN	25	25	20	-5	-5	10	15	11	-4	1
KS	28	11	11	0	-17	11	5	5	0	-6
KY	N/A	11	12	1	N/A	N/A	11	8	-3	N/A
LA	39	21	24	3	-16	11	7	8	1	-3
ME	17	15	25	10	8	9	8	8	1	0
MI	41	37	39	3	-1	5	6	6	0	1
MO	19	10	14	4	-5	9	7	8	1	-1
MS	16	5	5	0	-11	11	5	5	0	-6
MT	26	16	18	2	-8	9	5	6	1	-3
NC	22	9	11	2	-11	14	8	9	2	-5
ND	24	8	21	12	-3	8	6	7	1	-1
NE	31	7	9	1	-22	9	7	9	1	0
NH	10	14	15	1	5	10	5	5	0	-5
NJ	26	19	19	1	-7	7	5	5	0	-1
NM	38	15	19	4	-19	10	4	5	1	-5
NV	N/A	12	12	0	N/A	N/A	6	6	0	N/A
OH	40	32	33	1	-7	8	10	9	-1	1
OK	47	6	12	6	-36	12	6	6	0	-6
OR	N/A	21	25	5	N/A	N/A	5	6	1	N/A
PA	35	14	16	3	-19	7	7	6	-1	-1
SC	26	23	24	1	-2	7	23	22	-1	15
SD	32	17	16	-1	-16	11	8	8	-1	-3

TN	59	6	14	8	-45	22	4	5	1	-16
TX	40	24	23	0	-17	10	8	8	0	-2
UT	76	23	33	10	-42	14	12	11	0	-3
VA	29	12	14	1	-15	8	6	6	-1	-2
WI	66	31	28	-3	-39	17	11	9	-2	-8
WV	12	15	13	-2	1	12	9	8	-1	-4
WY	16	10	10	0	-6	8	10	10	0	2

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014.

Numbers may not sum exactly due to rounding. Numbers may not sum exactly due to rounding. Averages were weighted using MIDAS plan selections in the county for the same plan year as the plan landscape file, except PY19 for which PY18 plan selections were used. Issuers were identified using their unique five-digit Health Insurance Oversight System (HIOS) issuer IDs within a state. 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 qualified health plans through the Exchange in two states would appear to be two separate issuers. Data do not include stand-alone dental plans, child-only plans, or small business health options program (SHOP) plans. See the "Methods and Limitations" section for additional details.

**Table 3A**  
Average Monthly Premium for the Second-Lowest Cost Silver Plan (SLCSP) for a 27-Year-Old in HealthCare.gov States, PY14, PY18, and PY19

State	SLCSP Average Monthly Premium for a 27-Year-Old				
	PY14	PY18	PY19	Percent Change	
				PY18–PY19	PY14–PY19
<b>All States Using HealthCare.gov for the Listed Plan Year</b>	<b>\$218</b>	<b>\$412</b>	<b>\$405</b>	<b>-2%</b>	<b>85%</b>
AK	\$349	\$596	\$577	-3%	65%
AL	\$210	\$458	\$448	-2%	113%
AR	\$241	\$298	\$311	4%	29%
AZ	\$164	\$427	\$384	-10%	134%
DE	\$237	\$484	\$561	16%	137%
FL	\$218	\$383	\$390	2%	79%
GA	\$236	\$397	\$398	0%	69%
HI	N/A	\$378	\$416	10%	N/A
IA	\$207	\$585	\$624	7%	201%
ID	\$199	N/A	N/A	N/A	N/A
IL	\$186	\$401	\$390	-3%	110%
IN	\$270	\$287	\$280	-2%	4%
KS	\$196	\$425	\$453	7%	131%
KY	N/A	\$355	\$378	7%	N/A
LA	\$252	\$390	\$369	-5%	46%
ME	\$266	\$482	\$445	-8%	67%
MI	\$207	\$313	\$313	0%	51%
MO	\$235	\$432	\$413	-5%	75%
MS	\$313	\$445	\$427	-4%	36%
MT	\$208	\$430	\$460	7%	122%
NC	\$244	\$514	\$506	-2%	107%
ND	\$233	\$310	\$375	21%	61%
NE	\$205	\$629	\$686	9%	235%
NH	\$237	\$389	\$330	-15%	39%
NJ	\$265	\$339	\$289	-15%	9%
NM	\$183	\$340	\$300	-12%	64%
NV	N/A	\$353	\$337	-4%	N/A
OH	\$216	\$313	\$313	0%	45%
OK	\$175	\$540	\$571	6%	227%
OR	N/A	\$342	\$365	7%	N/A
PA	\$198	\$472	\$398	-16%	101%
SC	\$222	\$427	\$454	6%	104%
SD	\$234	\$428	\$456	6%	94%

TN	\$161	\$608	\$448	-26%	178%
TX	\$204	\$358	\$364	2%	79%
UT	\$206	\$523	\$512	-2%	148%
VA	\$223	\$440	\$455	3%	104%
WI	\$246	\$467	\$441	-6%	79%
WV	\$230	\$457	\$499	9%	116%
WY	\$344	\$709	\$709	0%	106%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. The numbers in this table represent premiums before the application of advance premium tax credits. HealthCare.gov average premiums are weighted by the number of Exchange plan selections in each county. The PY14 through PY18 estimates are weight by current year plan selections and PY19 are weighted by PY18 plan selections. This analysis identifies the second-lowest cost silver plan in each county based on the portion of the premium that covers essential health benefits. Estimates include all states using the HealthCare.gov platform in the specified plan year. See the “Methods and Limitations” section for details.

**Table 3B**  
 Monthly Premium for the Second-Lowest Cost Silver Plan (SLCSP) for a 27-Year-Old in Selected  
 Counties in HealthCare.gov States, PY14, PY18, and PY19

State	County	City in County	SLCSP Monthly Premium for a 27-Year-Old				
			PY14	PY18	PY19	Percent Change	
						PY18-PY19	PY14-PY19
AL	Jefferson	Birmingham	\$211	\$447	\$431	-4%	104%
AK	Anchorage	Anchorage	\$355	\$582	\$563	-3%	58%
AK	Juneau	Juneau	\$334	\$596	\$577	-3%	73%
AZ	Maricopa	Phoenix	\$161	\$421	\$350	-17%	117%
AZ	Pima	Tucson	\$138	\$297	\$279	-6%	102%
AR	Pulaski	Little Rock	\$251	\$280	\$312	1%	24%
DE	New Castle	Wilmington	\$237	\$484	\$561	16%	137%
FL	Broward	Ft. Lauderdale	\$199	\$349	\$363	4%	82%
FL	Duval	Jacksonville	\$210	\$376	\$385	2%	83%
FL	Hillsborough	Tampa	\$199	\$360	\$390	8%	96%
FL	Miami-Dade	Miami	\$221	\$363	\$367	1%	66%
FL	Orange	Orlando	\$225	\$385	\$388	1%	72%
FL	Palm Beach	West Palm Beach	\$220	\$349	\$370	6%	68%
GA	Fulton	Atlanta	\$205	\$345	\$361	4%	76%
HI	Honolulu	Honolulu	N/A	\$378	\$416	10%	N/A
IL	Cook	Chicago	\$174	\$337	\$315	-7%	81%
IN	Marion	Indianapolis	\$290	\$301	\$309	3%	7%
IA	Linn	Cedar Rapids	\$209	\$576	\$594	3%	184%
KS	Sedgwick	Wichita	\$184	\$397	\$434	9%	136%
KS	Wyandotte	Kansas City	\$213	\$468	\$479	2%	125%
KY	Fayette	Lexington	N/A	\$323	331	2%	N/A
KY	Jefferson	Louisville	N/A	\$327	304	-7%	N/A
LA	Orleans	New Orleans	\$257	\$335	\$315	-6%	22%
ME	Cumberland	Portland	\$242	\$421	\$397	-6%	64%
MI	Wayne	Detroit	\$184	\$272	\$273	0%	49%
MS	Jackson	Jackson	\$332	\$486	\$500	3%	51%
MO	Saint Louis	St. Louis	\$216	\$381	\$345	-9%	60%
MT	Gallatin	Bozeman	\$206	\$448	\$484	8%	136%
NE	Douglas	Omaha	\$222	\$617	\$673	9%	203%
NV	Clark	Las Vegas	N/A	\$315	\$302	-4%	N/A
NH	Hillsborough	Manchester	\$237	\$389	\$330	-15%	39%
NJ	Essex	Newark	\$264	\$337	\$285	-15%	8%
NM	Bernalillo	Albuquerque	\$159	\$329	\$280	-15%	76%
NC	Guilford	Greensboro	\$228	\$519	\$561	8%	146%

NC	Mecklenburg	Charlotte	\$251	\$547	\$440	-20%	75%
NC	Wake	Raleigh-Durham	\$222	\$456	\$385	-16%	74%
ND	Cass	Fargo	\$222	\$244	\$325	33%	46%
OH	Cuyahoga	Cleveland	\$204	\$262	\$268	2%	32%
OH	Franklin	Columbus	\$207	\$331	\$316	-5%	52%
OH	Hamilton	Cincinnati	\$196	\$290	\$283	-3%	45%
OH	Montgomery	Dayton	\$212	\$310	\$283	-9%	33%
OK	Oklahoma	Oklahoma City	\$165	\$562	\$563	0%	241%
OK	Tulsa	Tulsa	\$183	\$520	\$520	0%	185%
OR	Multnomah	Portland	N/A	\$311	\$340	9%	N/A
PA	Allegheny	Pittsburgh	\$139	\$293	\$273	-7%	96%
PA	Philadelphia	Philadelphia	\$246	\$521	\$381	-27%	55%
SC	Richland	Columbia	\$220	\$461	\$495	7%	125%
SD	Lincoln	Sioux Falls	\$217	\$327	\$367	-1%	69%
SD	Minnehaha	Sioux Falls	\$217	\$327	\$367	-1%	69%
TN	Davidson	Nashville	\$154	\$480	\$399	-17%	158%
TN	Shelby	Memphis	\$159	\$671	\$414	-38%	161%
TX	Bexar	San Antonio	\$196	\$305	\$329	8%	67%
TX	Comal	San Antonio	\$202	\$305	\$329	8%	62%
TX	Dallas	Dallas	\$223	\$341	\$343	1%	54%
TX	El Paso	El Paso	\$174	\$321	\$311	-3%	79%
TX	Harris	Houston	\$201	\$327	\$322	-2%	60%
TX	Hidalgo	McAllen	\$155	\$270	\$328	22%	112%
TX	Medina	San Antonio	\$202	\$360	\$368	2%	82%
TX	Travis	Austin	\$205	\$334	\$359	7%	75%
UT	Salt Lake	Salt Lake City	\$197	\$486	\$481	-1%	145%
VA	Henrico	Richmond	\$208	\$395	\$409	3%	97%
WV	Cabell	Huntington	\$220	\$392	\$435	11%	98%
WV	Wayne	Huntington	\$220	\$392	\$435	11%	98%
WI	Milwaukee	Milwaukee	\$258	\$466	\$461	-1%	79%
WY	Laramie	Cheyenne	\$324	\$653	\$653	0%	102%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. The premiums in this table represent premiums before the application of tax credits. This brief identifies the second-lowest cost silver plan based on the portion of the premium that covers essential health benefits. See the “Methods and Limitations” section for details.

**Table 4A**  
Average Monthly Premium for the Lowest-Cost Plan (LCP) for a 27-Year-Old in HealthCare.gov  
States, PY14, PY18, and PY19

State	LCP Average Monthly Premium for a 27-Year-Old				
	PY14	PY18	PY19	Percent Change	
				PY18-PY19	PY14-PY19
<b>All States Using HealthCare.gov for the Listed Plan Year</b>	<b>\$164</b>	<b>\$291</b>	<b>\$288</b>	<b>-1%</b>	<b>75%</b>
AK	\$254	\$443	\$387	-13%	53%
AL	\$163	\$290	\$293	1%	80%
AR	\$181	\$243	\$262	8%	45%
AZ	\$140	\$326	\$293	-10%	110%
DE	\$203	\$388	\$368	-5%	82%
FL	\$164	\$256	\$282	10%	72%
GA	\$177	\$335	\$290	-14%	63%
HI	N/A	\$275	\$296	8%	N/A
IA	\$147	\$475	\$382	-20%	159%
ID	\$152	N/A	N/A	N/A	N/A
IL	\$133	\$284	\$300	6%	125%
IN	\$208	\$251	\$259	3%	24%
KS	\$130	\$305	\$327	7%	151%
KY	N/A	\$255	\$267	5%	N/A
LA	\$177	\$301	\$279	-7%	57%
ME	\$216	\$310	\$307	-1%	42%
MI	\$149	\$204	\$208	2%	40%
MO	\$160	\$316	\$323	2%	101%
MS	\$230	\$380	\$373	-2%	62%
MT	\$165	\$285	\$311	9%	88%
NC	\$188	\$380	\$341	-10%	81%
ND	\$186	\$246	\$253	3%	36%
NE	\$159	\$466	\$427	-8%	169%
NH	\$186	\$321	\$248	-23%	34%
NJ	\$230	\$269	\$233	-13%	1%
NM	\$141	\$222	\$205	-8%	46%
NV	N/A	\$269	\$269	0%	N/A
OH	\$175	\$235	\$243	3%	39%
OK	\$114	\$324	\$296	-9%	159%
OR	N/A	\$248	\$265	7%	N/A
PA	\$159	\$299	\$293	-2%	84%
SC	\$174	\$299	\$306	2%	76%
SD	\$196	\$328	\$337	3%	72%

TN	\$119	\$337	\$288	-14%	143%
TX	\$140	\$254	\$256	1%	83%
UT	\$155	\$285	\$273	-4%	76%
VA	\$157	\$326	\$336	3%	114%
WI	\$195	\$342	\$307	-10%	58%
WV	\$184	\$385	\$420	9%	128%
WY	\$288	\$476	\$473	-1%	64%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. The numbers in this table represent premiums before the application of advance premium tax credits. HealthCare.gov average premiums are weighted by the number of Exchange plan selections in each county. The PY14 through PY18 average premiums are weighted by current year plan selections and PY19 are weighted by PY18 plan selections. This analysis identifies the lowest-cost plan in each county based on the portion of the premium that covers essential health benefits. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. Estimates include all states using the HealthCare.gov platform in the specified plan year. See the “Methods and Limitations” section for details.

**Table 4B**

Monthly Premium for the Lowest-Cost Plan (LCP) Monthly Premium for a 27-Year-Old in Selected Counties in HealthCare.gov States, PY14, PY18, and PY19

State	County	City in County	LCP Monthly Premium for a 27-Year-Old				
			PY14	PY18	PY19	Percent Change	
						PY18-PY19	PY14-PY19
AL	Jefferson	Birmingham	\$170	\$305	\$268	-12%	57%
AK	Anchorage	Anchorage	\$254	\$432	\$377	-13%	49%
AK	Juneau	Juneau	\$254	\$442	\$388	-12%	53%
AZ	Maricopa	Phoenix	\$139	\$332	\$273	-18%	96%
AZ	Pima	Tucson	\$119	\$235	\$218	-7%	83%
AR	Pulaski	Little Rock	\$190	\$253	\$262	4%	38%
DE	New Castle	Wilmington	\$203	\$388	\$368	-5%	82%
FL	Broward	Ft. Lauderdale	\$128	\$234	\$270	15%	111%
FL	Duval	Jacksonville	\$137	\$267	\$282	6%	106%
FL	Hillsborough	Tampa	\$167	\$265	\$289	9%	73%
FL	Miami-Dade	Miami	\$163	\$243	\$273	12%	67%
FL	Orange	Orlando	\$182	\$258	\$278	8%	53%
FL	Palm Beach	West Palm Beach	\$147	\$250	\$275	10%	87%
GA	Fulton	Atlanta	\$166	\$305	\$259	-15%	56%
HI	Honolulu	Honolulu	N/A	\$275	\$296	8%	N/A
IL	Cook	Chicago	\$125	\$250	\$269	8%	116%
IN	Marion	Indianapolis	\$233	\$265	\$287	8%	29%
IA	Linn	Cedar Rapids	\$132	\$467	\$352	-25%	166%
KS	Sedgwick	Wichita	\$121	\$282	\$307	9%	153%
KS	Wyandotte	Kansas City	\$127	\$339	\$355	5%	179%
KY	Fayette	Lexington	N/A	\$228	\$245	7%	N/A
KY	Jefferson	Louisville	N/A	\$231	\$225	-3%	N/A
LA	Orleans	New Orleans	\$170	\$298	\$275	-7%	62%
ME	Cumberland	Portland	\$192	\$276	\$275	-1%	43%
MI	Wayne	Detroit	\$138	\$179	\$184	3%	34%
MS	Jackson	Jackson	\$277	\$415	\$437	5%	58%
MO	Saint Louis	St. Louis	\$147	\$231	\$266	15%	81%
MT	Gallatin	Bozeman	\$163	\$296	\$329	11%	102%
NE	Douglas	Omaha	\$162	\$436	\$388	-11%	140%
NV	Clark	Las Vegas	N/A	\$239	\$239	0%	N/A
NH	Hillsborough	Manchester	\$186	\$321	\$248	-23%	34%
NJ	Essex	Newark	\$230	\$264	\$228	-13%	0%
NM	Bernalillo	Albuquerque	\$126	\$212	\$197	-7%	56%
NC	Guilford	Greensboro	\$167	\$388	\$406	5%	143%

NC	Mecklenburg	Charlotte	\$183	\$403	\$296	-27%	61%
NC	Wake	Raleigh-Durham	\$161	\$347	\$265	-23%	65%
ND	Cass	Fargo	\$175	\$208	\$232	11%	32%
OH	Cuyahoga	Cleveland	\$152	\$200	\$216	8%	42%
OH	Franklin	Columbus	\$196	\$237	\$231	-3%	18%
OH	Hamilton	Cincinnati	\$178	\$224	\$249	11%	40%
OH	Montgomery	Dayton	\$192	\$226	\$242	7%	26%
OK	Oklahoma	Oklahoma City	\$105	\$309	\$274	-11%	160%
OK	Tulsa	Tulsa	\$123	\$324	\$307	-5%	149%
OR	Multnomah	Portland	N/A	\$222	\$243	9%	N/A
PA	Allegheny	Pittsburgh	\$119	\$199	\$209	5%	75%
PA	Philadelphia	Philadelphia	\$195	\$329	\$303	-8%	56%
SC	Richland	Columbia	\$166	\$323	\$332	3%	101%
SD	Lincoln	Sioux Falls	\$196	\$284	\$271	-5%	38%
SD	Minnehaha	Sioux Falls	\$196	\$284	\$271	-5%	38%
TN	Davidson	Nashville	\$114	\$288	\$281	-3%	147%
TN	Shelby	Memphis	\$117	\$358	\$315	-12%	170%
TX	Bexar	San Antonio	\$138	\$210	\$229	9%	65%
TX	Comal	San Antonio	\$138	\$210	\$229	9%	65%
TX	Dallas	Dallas	\$153	\$228	\$242	6%	59%
TX	El Paso	El Paso	\$119	\$219	\$214	-2%	80%
TX	Harris	Houston	\$138	\$221	\$235	6%	71%
TX	Hidalgo	McAllen	\$109	\$232	\$241	4%	121%
TX	Medina	San Antonio	\$138	\$321	\$271	-16%	96%
TX	Travis	Austin	\$144	\$230	\$257	12%	78%
UT	Salt Lake	Salt Lake City	\$143	\$266	\$255	-4%	78%
VA	Henrico	Richmond	\$139	\$269	\$311	16%	123%
WV	Cabell	Huntington	\$176	\$336	\$389	16%	121%
WV	Wayne	Huntington	\$176	\$336	\$389	16%	121%
WI	Milwaukee	Milwaukee	\$200	\$356	\$305	-14%	53%
WY	Laramie	Cheyenne	\$271	\$438	\$435	-1%	61%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. The premiums in this table represent premiums before the application of tax credits. This brief identifies the second-lowest cost silver plan based on the portion of the premium that covers essential health benefits. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. See the "Methods and Limitations" section for details.

**Table 5A**

Percentage of Enrollees Receiving Subsidies in HealthCare.gov States, PY14, PY18, and PY19

State	Percentage of Plan Selections with APTC			Percentage of Plan Selections with CSR		
	PY14	PY17	PY18	PY14	PY17	PY18
<b>All States Using HealthCare.gov for the Listed Plan Year</b>	<b>84%</b>	<b>84%</b>	<b>85%</b>	<b>60%</b>	<b>60%</b>	<b>54%</b>
AK	86%	88%	88%	56%	41%	39%
AL	83%	90%	89%	66%	73%	70%
AR	88%	84%	85%	58%	56%	55%
AZ	75%	79%	82%	51%	51%	49%
DE	80%	81%	82%	46%	45%	45%
FL	90%	90%	91%	69%	72%	64%
GA	85%	87%	85%	64%	69%	65%
HI	N/A	80%	79%	N/A	58%	44%
IA	82%	86%	85%	49%	52%	41%
ID	89%	N/A	N/A	66%	N/A	N/A
IL	75%	79%	82%	45%	47%	42%
IN	87%	73%	67%	55%	47%	42%
KS	77%	84%	83%	52%	55%	44%
KY	N/A	78%	75%	N/A	51%	42%
LA	87%	86%	85%	59%	55%	49%
ME	88%	86%	85%	57%	53%	46%
MI	85%	81%	82%	63%	49%	42%
MO	84%	86%	83%	57%	56%	56%
MS	93%	89%	92%	73%	76%	82%
MT	84%	84%	84%	50%	42%	33%
NC	90%	90%	90%	65%	65%	61%
ND	82%	84%	83%	36%	46%	45%
NE	85%	91%	92%	53%	55%	46%
NH	76%	63%	71%	45%	36%	39%
NJ	82%	78%	77%	52%	51%	48%
NM	77%	71%	78%	50%	46%	32%
NV	N/A	83%	82%	N/A	55%	48%
OH	83%	75%	74%	48%	45%	37%
OK	77%	89%	90%	59%	61%	65%
OR	N/A	73%	74%	N/A	39%	35%
PA	79%	80%	85%	61%	55%	43%
SC	86%	88%	89%	64%	70%	58%
SD	88%	90%	91%	62%	58%	51%
TN	77%	85%	84%	62%	57%	57%
TX	82%	83%	85%	59%	61%	57%

UT	84%	86%	88%	56%	60%	53%
VA	80%	82%	81%	55%	59%	56%
WI	89%	81%	84%	60%	51%	43%
WV	84%	84%	86%	55%	50%	47%
WY	91%	89%	91%	54%	54%	32%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014.

Estimates based on plan selections made during the Open Enrollment Period for each specified plan year. See the “Methods and Limitations” section for details. As of October 2017, CSR payments are no longer paid to issuers; however, issuers are still required by law to offer plans with CSRs to eligible enrollees if they participate in the Exchange. See the “Methods and Limitations” section for details.

**Table 6A**

Average Monthly Benchmark Premiums and Advance Premium Tax Credits (APTCs) Available in HealthCare.gov States, PY18 and PY19

State	27 Year-old with a Household Income of \$25,000					Family of Four with Household Income of \$60,000				
	PY18		PY19		APTC % Change PY18 – PY19	PY18		PY19		APTC % Change PY18 – PY19
	Benchmark Before APTC	APTC	Benchmark Before APTC	APTC		Benchmark Before APTC	APTC	Benchmark Before APTC	APTC	
All States Using HealthCare.gov for the Listed Plan Year	\$412	\$274	\$405	\$265	-3%	\$1,582	\$1,185	\$1,554	\$1,155	-3%
AK	\$596	\$496	\$577	\$476	-4%	\$2,307	\$1,997	\$2,232	\$1,924	-4%
AL	\$458	\$321	\$448	\$308	-4%	\$1,658	\$1,265	\$1,621	\$1,223	-3%
AR	\$298	\$161	\$311	\$170	6%	\$1,154	\$762	\$1,204	\$803	5%
AZ	\$427	\$289	\$384	\$244	-15%	\$1,653	\$1,256	\$1,487	\$1,089	-13%
DE	\$484	\$346	\$561	\$421	22%	\$1,874	\$1,476	\$2,172	\$1,774	20%
FL	\$383	\$246	\$390	\$250	2%	\$1,481	\$1,088	\$1,510	\$1,111	2%
GA	\$397	\$258	\$398	\$258	0%	\$1,538	\$1,138	\$1,540	\$1,142	0%
HI	\$378	\$246	\$416	\$289	17%	\$1,462	\$1,051	\$1,609	\$1,223	16%
IA	\$585	\$448	\$624	\$484	8%	\$2,264	\$1,872	\$2,412	\$2,014	8%
IL	\$401	\$263	\$390	\$249	-5%	\$1,550	\$1,156	\$1,507	\$1,107	-4%
IN	\$287	\$141	\$280	\$138	-2%	\$1,109	\$685	\$1,084	\$678	-1%
KS	\$425	\$288	\$453	\$313	9%	\$1,645	\$1,253	\$1,754	\$1,356	8%
KY	\$355	\$206	\$378	\$234	13%	\$1,372	\$936	\$1,463	\$1,048	12%
LA	\$390	\$253	\$369	\$229	-9%	\$1,509	\$1,116	\$1,429	\$1,031	-8%
ME	\$482	\$344	\$445	\$305	-11%	\$1,863	\$1,468	\$1,722	\$1,324	-10%
MI	\$313	\$176	\$313	\$173	-1%	\$1,210	\$818	\$1,212	\$814	0%
MO	\$432	\$295	\$413	\$270	-8%	\$1,671	\$1,279	\$1,596	\$1,187	-7%
MS	\$445	\$289	\$427	\$287	-1%	\$1,613	\$1,149	\$1,544	\$1,146	0%
MT	\$430	\$293	\$460	\$320	9%	\$1,665	\$1,273	\$1,779	\$1,381	9%
NC	\$514	\$376	\$506	\$366	-3%	\$1,987	\$1,594	\$1,957	\$1,559	-2%
ND	\$310	\$173	\$375	\$233	35%	\$1,200	\$808	\$1,450	\$1,047	30%

NE	\$629	\$492	\$686	\$546	11%	\$2,433	\$2,041	\$2,655	\$2,257	11%
NH	\$389	\$252	\$330	\$190	-25%	\$1,506	\$1,113	\$1,276	\$878	-21%
NJ	\$339	\$201	\$289	\$149	-26%	\$1,311	\$917	\$1,119	\$720	-22%
NM	\$340	\$203	\$300	\$159	-22%	\$1,316	\$923	\$1,160	\$758	-18%
NV	\$353	\$215	\$337	\$197	-9%	\$1,365	\$972	\$1,304	\$906	-7%
OH	\$313	\$167	\$313	\$173	3%	\$1,209	\$785	\$1,211	\$811	3%
OK	\$540	\$403	\$571	\$431	7%	\$2,090	\$1,697	\$2,210	\$1,812	7%
OR	\$342	\$201	\$365	\$223	11%	\$1,239	\$833	\$1,320	\$915	10%
PA	\$472	\$334	\$398	\$257	-23%	\$1,825	\$1,431	\$1,538	\$1,139	-20%
SC	\$427	\$289	\$454	\$314	8%	\$1,653	\$1,257	\$1,755	\$1,357	8%
SD	\$428	\$291	\$456	\$316	8%	\$1,657	\$1,265	\$1,762	\$1,364	8%
TN	\$608	\$470	\$448	\$308	-35%	\$2,353	\$1,958	\$1,732	\$1,334	-32%
TX	\$358	\$221	\$364	\$223	1%	\$1,387	\$993	\$1,408	\$1,007	1%
UT	\$523	\$380	\$512	\$368	-3%	\$1,689	\$1,280	\$1,655	\$1,242	-3%
VA	\$440	\$302	\$455	\$315	4%	\$1,701	\$1,305	\$1,760	\$1,362	4%
WI	\$467	\$328	\$441	\$301	-8%	\$1,808	\$1,409	\$1,705	\$1,307	-7%
WV	\$457	\$311	\$499	\$348	12%	\$1,767	\$1,342	\$1,928	\$1,488	11%
WY	\$709	\$572	\$709	\$569	-1%	\$2,744	\$2,351	\$2,741	\$2,343	0%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY18 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year 2014. Averages for premiums are weighted by the county's number of Exchange PY18 plan selections. 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 15. All enrollees are assumed to not be tobacco users. For households eligible for premium tax credits, after-tax-credit benchmark premiums are capped at a given percentage of household income. The maximum percent of income paid toward the benchmark plan is adjusted annually to be a measure of the difference between premium growth and income growth. If the premium of the benchmark plan falls below the maximum applicable percentage of income amount for which a household is responsible, then the household does not receive a tax credit and pays for the full premium for the plan selected. After-tax benchmark premiums will differ slightly between PY18 and PY19 for identical family compositions and income amounts because of changes in the applicable percentages and the Federal Poverty Level (FPL) Guidelines. 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. 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 of Children's Health Insurance Program (CHIP) thresholds, the children would be eligible for Medicaid/CHIP and not eligible for premium tax credits. Starting for PY19, new regulation modified the methodology of determining the APTC amount attributable to children under 19 on an individual or family policy, in which the premium of a stand-alone dental plan is added to the premium of any plan not offering pediatric dental benefits for purposes of determining the benchmark plan and resultant APTC amount. The data presented in this table do not take this change into account. See the "Methods and Limitations" section for details.

**Table 7A**

Percentage of Enrollees by the Monthly Premium of the Lowest-Cost Plan (LCP) Available in the Subsequent Open Enrollment Period (OEP) in HealthCare.gov States, PY15, PY18, and PY19

State	Percentage of Enrollees by the Monthly Premium of the LCP Available											
	PY15				PY18				PY19			
	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more
<b>All States Using HealthCare.gov for the Listed Plan Year</b>	<b>38%</b>	<b>28%</b>	<b>17%</b>	<b>17%</b>	<b>6%</b>	<b>25%</b>	<b>21%</b>	<b>48%</b>	<b>5%</b>	<b>23%</b>	<b>23%</b>	<b>49%</b>
AK	12%	0%	37%	51%	0%	0%	16%	84%	0%	12%	15%	73%
AL	36%	30%	15%	19%	8%	14%	31%	46%	8%	13%	32%	48%
AR	23%	33%	15%	28%	9%	33%	15%	44%	8%	24%	22%	46%
AZ	63%	17%	18%	2%	2%	22%	23%	53%	11%	19%	20%	50%
DE	25%	33%	16%	27%	0%	12%	15%	74%	0%	12%	18%	71%
FL	29%	33%	16%	21%	5%	32%	21%	41%	3%	23%	27%	48%
GA	39%	31%	14%	16%	0%	18%	26%	55%	4%	23%	26%	47%
HI	N/A	N/A	N/A	N/A	0%	22%	30%	49%	0%	16%	31%	53%
IA	46%	23%	18%	13%	0%	0%	6%	94%	0%	4%	17%	79%
ID	50%	20%	5%	25%	N/A							
IL	50%	21%	22%	6%	4%	27%	21%	48%	2%	20%	26%	52%
IN	18%	36%	13%	32%	11%	27%	18%	43%	8%	26%	20%	46%
KS	55%	17%	20%	7%	0%	23%	29%	48%	0%	16%	29%	55%
KY	N/A	N/A	N/A	N/A	11%	32%	15%	42%	7%	28%	18%	46%
LA	32%	31%	15%	22%	0%	19%	31%	49%	2%	24%	26%	48%
ME	21%	27%	16%	37%	0%	21%	23%	55%	0%	22%	23%	55%
MI	45%	22%	19%	14%	24%	30%	14%	32%	23%	29%	13%	34%
MO	37%	26%	15%	21%	6%	25%	14%	55%	3%	18%	24%	55%
MS	27%	34%	16%	23%	0%	10%	15%	76%	0%	9%	17%	75%
MT	41%	21%	16%	22%	3%	21%	28%	48%	1%	14%	32%	54%
NC	22%	38%	14%	26%	0%	9%	19%	72%	2%	15%	23%	61%

ND	36%	29%	11%	25%	26%	28%	15%	31%	23%	29%	16%	33%
NE	44%	24%	13%	19%	0%	2%	17%	80%	0%	7%	19%	74%
NH	44%	20%	23%	13%	0%	12%	29%	59%	7%	30%	14%	48%
NJ	10%	36%	16%	37%	5%	25%	24%	46%	8%	36%	14%	41%
NM	55%	26%	17%	2%	9%	33%	13%	44%	15%	30%	12%	42%
NV	N/A	N/A	N/A	N/A	10%	31%	16%	43%	10%	31%	16%	42%
OH	39%	22%	17%	22%	15%	31%	12%	42%	12%	30%	13%	45%
OK	61%	22%	16%	1%	0%	18%	30%	52%	4%	23%	27%	47%
OR	N/A	N/A	N/A	N/A	11%	30%	17%	42%	10%	26%	19%	45%
PA	39%	27%	20%	13%	4%	16%	24%	57%	2%	19%	23%	56%
SC	40%	27%	17%	17%	0%	21%	29%	50%	0%	19%	28%	53%
SD	33%	30%	13%	24%	0%	22%	28%	50%	4%	16%	27%	53%
TN	58%	23%	18%	1%	0%	13%	24%	63%	1%	22%	28%	50%
TX	48%	26%	15%	11%	9%	35%	19%	37%	7%	34%	20%	40%
UT	68%	15%	17%	0%	30%	31%	16%	23%	32%	32%	14%	22%
VA	45%	26%	16%	13%	1%	21%	25%	53%	0%	15%	29%	56%
WI	19%	32%	16%	33%	2%	13%	20%	66%	2%	17%	21%	59%
WV	14%	29%	15%	41%	0%	6%	14%	80%	0%	2%	9%	88%
WY	14%	8%	31%	48%	0%	0%	15%	85%	0%	0%	15%	85%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid Services (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year. Percentages across premium categories may not sum due to rounding. For each plan year, premiums were calculated using enrollees who made a plan selection during the previous year's Open Enrollment Period (OEP). The estimates hold all enrollee characteristics unchanged and premiums are based on the same age and family composition as in the previous year. For each plan year, only enrollees who could be linked to complete plan and premium data for the current and previous plan year are included, and tobacco users are excluded. 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 7B**

Percentage of Enrollees by the Monthly Premium of the Lowest-Cost Plan (LCP) Available Within Metal Level in the Subsequent Open Enrollment Period (OEP) in HealthCare.gov States, PY15, PY18, and PY19

State	Percentage of Enrollees by the Monthly Premium of the LCP Available Within Metal Level											
	PY15				PY18				PY19			
	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more
<b>All States Using HealthCare.gov for the Listed Plan Year</b>	<b>21%</b>	<b>31%</b>	<b>18%</b>	<b>30%</b>	<b>2%</b>	<b>12%</b>	<b>20%</b>	<b>66%</b>	<b>2%</b>	<b>13%</b>	<b>20%</b>	<b>65%</b>
AK	4%	6%	19%	71%	0%	0%	9%	91%	0%	8%	8%	84%
AL	16%	39%	15%	31%	1%	9%	7%	83%	1%	8%	11%	81%
AR	12%	33%	16%	39%	3%	25%	23%	49%	2%	22%	24%	51%
AZ	51%	21%	18%	10%	2%	14%	19%	65%	4%	15%	21%	61%
DE	15%	25%	20%	41%	0%	3%	13%	84%	0%	2%	11%	87%
FL	15%	33%	19%	33%	1%	10%	22%	67%	1%	10%	21%	68%
GA	18%	36%	18%	27%	0%	9%	24%	67%	1%	10%	23%	66%
HI	N/A	N/A	N/A	N/A	0%	8%	20%	72%	0%	7%	16%	77%
IA	31%	29%	15%	25%	0%	0%	3%	97%	0%	2%	8%	90%
ID	40%	25%	5%	30%	N/A							
IL	32%	28%	17%	22%	1%	11%	25%	63%	1%	13%	24%	62%
IN	13%	25%	20%	41%	6%	25%	21%	48%	6%	24%	21%	49%
KS	38%	26%	16%	20%	0%	10%	19%	70%	0%	7%	18%	74%
KY	N/A	N/A	N/A	N/A	3%	20%	22%	55%	3%	18%	19%	59%
LA	12%	32%	20%	36%	0%	9%	27%	64%	1%	13%	25%	61%
ME	13%	23%	17%	47%	0%	9%	13%	78%	0%	12%	16%	72%
MI	25%	31%	15%	29%	10%	26%	19%	44%	11%	23%	20%	46%
MO	21%	33%	15%	32%	2%	12%	17%	68%	1%	11%	21%	67%
MS	10%	35%	18%	37%	0%	9%	12%	79%	0%	9%	16%	75%
MT	24%	30%	16%	30%	2%	11%	18%	69%	1%	10%	21%	69%
NC	12%	29%	21%	37%	0%	2%	11%	87%	1%	5%	13%	80%

ND	27%	24%	16%	33%	11%	30%	18%	41%	6%	23%	23%	48%
NE	25%	34%	13%	27%	0%	1%	7%	92%	0%	4%	10%	86%
NH	24%	28%	20%	28%	0%	8%	20%	73%	3%	20%	21%	55%
NJ	8%	22%	22%	47%	1%	12%	29%	58%	2%	26%	22%	50%
NM	40%	25%	21%	14%	3%	16%	22%	60%	6%	21%	19%	54%
NV	N/A	N/A	N/A	N/A	3%	23%	23%	51%	4%	25%	22%	49%
OH	22%	29%	15%	33%	8%	23%	19%	50%	7%	23%	19%	52%
OK	43%	26%	15%	16%	0%	8%	20%	72%	1%	10%	17%	71%
OR	N/A	N/A	N/A	N/A	9%	15%	22%	54%	4%	17%	20%	59%
PA	20%	35%	17%	28%	0%	8%	16%	76%	1%	8%	16%	75%
SC	18%	35%	16%	31%	0%	5%	14%	81%	0%	6%	14%	80%
SD	18%	35%	14%	33%	0%	10%	22%	68%	2%	8%	20%	70%
TN	31%	30%	17%	23%	0%	5%	11%	85%	0%	9%	17%	74%
TX	28%	34%	16%	22%	2%	19%	26%	53%	3%	18%	25%	55%
UT	48%	28%	12%	12%	8%	22%	12%	57%	14%	24%	12%	50%
VA	22%	35%	17%	27%	0%	10%	19%	71%	0%	6%	19%	75%
WI	12%	29%	17%	43%	0%	5%	13%	82%	1%	10%	17%	73%
WV	9%	23%	18%	51%	0%	3%	10%	88%	0%	1%	7%	92%
WY	5%	11%	22%	62%	0%	0%	4%	96%	0%	0%	4%	96%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year. Percentages across premium categories may not sum due to rounding. For each plan year, premiums were calculated using enrollees who made a plan selection during the previous year’s Open Enrollment Period. The estimates hold all enrollee characteristics unchanged and premiums are based on the same age and family composition as in the previous year. For each plan year, only enrollees who could be linked to complete plan and premium data for the current and previous plan year are included, and tobacco users are excluded. 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 8A**  
 Percentage of Enrollees by the Portion of the Monthly Premium Paid by the Enrollee for the Lowest-Cost Plan (LCP) Available in the Subsequent Open Enrollment Period (OEP) in HealthCare.gov States, PY15, PY18, and PY19

State	Percentage of Enrollees by the Portion of the Monthly Premium Paid by the Enrollee for the LCP Available											
	PY15				PY18				PY19			
	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more
<b>All States Using HealthCare.gov for the Listed Plan Year</b>	<b>72%</b>	<b>13%</b>	<b>6%</b>	<b>8%</b>	<b>80%</b>	<b>6%</b>	<b>3%</b>	<b>11%</b>	<b>79%</b>	<b>6%</b>	<b>3%</b>	<b>12%</b>
AK	78%	6%	4%	12%	68%	13%	4%	15%	82%	6%	2%	11%
AL	72%	11%	8%	9%	92%	2%	1%	5%	91%	3%	2%	5%
AR	70%	15%	5%	10%	67%	16%	5%	13%	62%	17%	6%	14%
AZ	59%	26%	7%	8%	65%	12%	4%	20%	70%	10%	5%	15%
DE	61%	19%	6%	15%	66%	13%	3%	18%	83%	2%	1%	14%
FL	81%	9%	4%	7%	90%	2%	1%	6%	89%	3%	1%	7%
GA	76%	11%	6%	7%	78%	9%	2%	11%	82%	5%	2%	10%
HI	N/A	N/A	N/A	N/A	69%	9%	3%	18%	71%	7%	3%	19%
IA	61%	22%	8%	8%	100%	0%	0%	0%	87%	2%	0%	11%
ID	70%	25%	5%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IL	57%	22%	12%	9%	73%	7%	3%	16%	66%	11%	5%	18%
IN	71%	14%	4%	11%	40%	22%	11%	27%	32%	21%	11%	36%
KS	63%	19%	10%	8%	81%	6%	1%	12%	75%	7%	2%	15%
KY	N/A	N/A	N/A	N/A	68%	9%	6%	17%	67%	8%	5%	20%
LA	80%	8%	5%	7%	74%	10%	3%	13%	73%	10%	4%	13%
ME	71%	14%	5%	10%	87%	2%	0%	10%	80%	5%	2%	13%
MI	74%	13%	7%	6%	80%	7%	4%	9%	77%	9%	4%	10%
MO	74%	11%	7%	8%	80%	6%	3%	11%	70%	9%	4%	16%
MS	85%	7%	3%	5%	82%	7%	2%	9%	77%	11%	4%	8%
MT	57%	20%	12%	10%	79%	6%	2%	12%	79%	6%	2%	13%
NC	81%	9%	3%	7%	87%	5%	1%	7%	91%	3%	1%	5%

ND	61%	21%	6%	12%	59%	21%	8%	12%	81%	7%	3%	8%
NE	72%	13%	7%	8%	88%	5%	1%	7%	93%	1%	0%	5%
NH	57%	18%	11%	14%	51%	13%	4%	32%	54%	12%	8%	26%
NJ	53%	21%	7%	20%	61%	13%	6%	19%	56%	14%	9%	21%
NM	59%	26%	8%	7%	72%	5%	5%	18%	69%	9%	5%	16%
NV	N/A	N/A	N/A	N/A	77%	9%	3%	11%	67%	12%	5%	15%
OH	64%	17%	9%	10%	62%	13%	7%	19%	56%	13%	8%	23%
OK	74%	16%	5%	6%	91%	1%	0%	8%	93%	1%	1%	5%
OR	N/A	N/A	N/A	N/A	60%	15%	5%	20%	60%	15%	5%	20%
PA	63%	17%	9%	11%	80%	4%	2%	15%	70%	10%	4%	16%
SC	78%	9%	6%	7%	88%	3%	1%	8%	90%	3%	1%	7%
SD	66%	18%	7%	9%	76%	13%	3%	8%	84%	8%	2%	6%
TN	74%	15%	5%	6%	88%	1%	0%	11%	79%	5%	2%	14%
TX	73%	12%	8%	7%	81%	5%	3%	11%	83%	5%	3%	10%
UT	71%	17%	8%	4%	89%	1%	3%	7%	90%	3%	2%	6%
VA	74%	10%	8%	8%	80%	5%	1%	14%	78%	4%	1%	16%
WI	71%	14%	5%	9%	77%	6%	2%	15%	76%	6%	3%	14%
WV	62%	17%	6%	15%	59%	16%	6%	19%	61%	15%	6%	19%
WY	68%	16%	5%	11%	90%	1%	0%	8%	90%	2%	1%	7%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year. Percentages across premium categories may not sum due to rounding. For each plan year, premiums after subsidy were calculated using enrollees who made a plan selection during the previous year's Open Enrollment Period. This analysis holds all enrollee characteristics unchanged and calculates premiums and tax credits based on the same age, family composition, and household income as in the previous year. For each plan year, this analysis includes only enrollees who could be linked to complete plan and premium data for the current and previous plan year, and excludes tobacco users. 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 8B**

Percentage of Enrollees by the Portion of the Monthly Premium Paid by the Enrollee for the Lowest-Cost Plan (LCP) Available Within Metal Level in the Subsequent Open Enrollment Period (OEP) in HealthCare.gov States, PY15, PY18, and PY19

State	Percentage of Enrollees by the Portion of the Monthly Premium Paid by the Enrollee for the LCP Available Within Metal											
	PY15				PY18				PY19			
	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more
<b>All States Using HealthCare.gov for the Listed Plan Year</b>	<b>56%</b>	<b>20%</b>	<b>8%</b>	<b>16%</b>	<b>60%</b>	<b>18%</b>	<b>6%</b>	<b>17%</b>	<b>63%</b>	<b>15%</b>	<b>5%</b>	<b>17%</b>
AK	64%	12%	5%	19%	48%	21%	8%	23%	54%	20%	8%	18%
AL	55%	19%	8%	18%	72%	13%	5%	11%	71%	12%	5%	13%
AR	44%	28%	9%	19%	49%	26%	8%	17%	45%	26%	9%	20%
AZ	47%	25%	9%	19%	43%	23%	8%	26%	47%	22%	8%	23%
DE	32%	27%	10%	31%	39%	24%	8%	28%	47%	20%	8%	25%
FL	67%	15%	6%	13%	72%	14%	3%	10%	79%	10%	3%	9%
GA	59%	17%	7%	17%	66%	17%	4%	13%	67%	13%	4%	15%
HI	N/A	N/A	N/A	N/A	40%	21%	9%	30%	49%	17%	6%	28%
IA	43%	29%	12%	17%	38%	28%	10%	24%	76%	7%	2%	14%
ID	65%	20%	5%	10%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IL	40%	28%	12%	20%	49%	20%	7%	24%	50%	19%	7%	24%
IN	53%	22%	7%	17%	27%	28%	12%	33%	25%	24%	11%	40%
KS	51%	22%	10%	17%	54%	21%	6%	18%	63%	15%	5%	18%
KY	N/A	N/A	N/A	N/A	34%	28%	10%	28%	45%	19%	8%	28%
LA	63%	15%	7%	14%	57%	19%	6%	18%	57%	18%	6%	19%
ME	52%	21%	8%	19%	59%	18%	6%	17%	60%	16%	5%	19%
MI	55%	22%	8%	15%	56%	20%	7%	16%	53%	21%	8%	18%
MO	59%	18%	8%	15%	66%	14%	5%	15%	58%	16%	6%	20%
MS	66%	17%	6%	12%	79%	9%	2%	9%	85%	6%	2%	7%
MT	45%	24%	11%	21%	58%	17%	6%	18%	65%	14%	5%	17%
NC	63%	18%	6%	13%	60%	19%	7%	13%	73%	13%	4%	10%

ND	32%	31%	12%	25%	32%	32%	12%	25%	49%	24%	8%	19%
NE	57%	22%	8%	14%	65%	17%	6%	12%	83%	8%	2%	7%
NH	43%	20%	11%	26%	34%	20%	7%	39%	38%	18%	10%	34%
NJ	35%	24%	10%	31%	36%	24%	9%	31%	36%	23%	10%	31%
NM	38%	33%	13%	16%	41%	22%	9%	29%	44%	22%	10%	25%
NV	N/A	N/A	N/A	N/A	54%	23%	6%	17%	52%	22%	7%	19%
OH	42%	27%	10%	21%	37%	27%	9%	27%	38%	22%	9%	30%
OK	60%	20%	8%	13%	84%	6%	2%	9%	90%	3%	1%	6%
OR	N/A	N/A	N/A	N/A	34%	24%	11%	31%	35%	23%	9%	33%
PA	47%	21%	9%	23%	55%	16%	6%	23%	37%	22%	10%	32%
SC	62%	18%	7%	14%	51%	25%	7%	17%	64%	18%	5%	13%
SD	48%	24%	8%	19%	50%	26%	9%	15%	61%	20%	6%	12%
TN	56%	20%	8%	16%	80%	5%	1%	13%	56%	16%	6%	23%
TX	59%	20%	8%	14%	63%	17%	5%	16%	72%	11%	4%	13%
UT	53%	27%	8%	12%	67%	16%	5%	12%	73%	14%	4%	9%
VA	56%	19%	8%	17%	60%	18%	4%	18%	64%	13%	4%	20%
WI	56%	20%	8%	17%	56%	16%	6%	21%	60%	14%	6%	20%
WV	41%	23%	9%	26%	34%	26%	10%	31%	39%	25%	9%	27%
WY	47%	24%	9%	21%	51%	23%	8%	18%	72%	13%	4%	11%

Source: Plan information is from the plan landscape files and active plan selections in the Centers for Medicare and Medicaid (CMS) Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY19.

Note: PY stands for plan year and is followed by the last two digits of the year of Exchange plan coverage, e.g. PY14 = plan year. Percentages across premium categories may not sum due to rounding. For each plan year, premiums after subsidy were calculated using enrollees who made a plan selection during the previous year's Open Enrollment Period. This analysis holds all enrollee characteristics unchanged and calculates premiums and tax credits based on the same age, family composition, and household income as in the previous year. For each plan year, this analysis includes only enrollees who could be linked to complete plan and premium data for the current and previous plan year, and excludes tobacco users. Catastrophic plans, which are not available to all consumers, were not considered in these calculations. See the "Methods and Limitations" section for more details.