



ASPE

RESEARCH BRIEF

HEALTH PLAN CHOICE AND PREMIUMS IN THE 2018 FEDERAL HEALTH INSURANCE EXCHANGE

October 30, 2017

This brief presents information on qualified health plans (QHPs) available in the Exchange for states that use the HealthCare.gov platform, including estimates for issuer participation, health plan options, 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.

Key Findings

Benchmark Premiums: The average monthly premium for the second-lowest cost silver plan (SLCSP), also called the benchmark plan, for a 27-year-old increased by 37% from plan year 2017 (PY17) (\$300) to PY18 (\$411).

Premium Growth: For the first time, annual growth in the average monthly premium available to a 27-year-old for the SLCSP, at 37%, outpaced that of the lowest-cost plan (LCP), at 17%. For enrollees who are eligible to receive advance premium tax credits (APTCs), the larger increase for the benchmark plan premium may result in these enrollees paying a lower portion of their premiums compared to prior plan years; especially if they select plans from metal levels other than silver.

Subsidies: The average APTC (\$555) will increase by an estimated 45% from PY17 (\$382) and by 114% from PY14 (\$259). In PY14 through PY17, more than 80% of enrollees were in plans for which APTCs were paid, while approximately 60% were in plans to which cost-sharing reductions were paid.

Lowest-Cost Plan Available: The percentage of current enrollees with access to a plan for \$200 or less decreased from 16% for PY17 to 6% to PY18. If enrollees were to stay within their current metal level, only 2% will have access to coverage with premiums of \$200 or less for PY18.

Issuer Participation: Issuer participation in the Exchange continues to decline with 132 total state issuers in PY18, down from 167 in PY17. Eight states in PY18 will have only one issuer: Alaska, Delaware, Iowa, Mississippi, Nebraska, Oklahoma, South Carolina, and Wyoming.

Issuer and Plan Options: 29% of current enrollees will have only one issuer to choose from, up from 20% in PY17. The average number of qualified health plans (QHPs) available to enrollees is 25 for PY18, down from 30 in PY17. Alaska, Arizona, Iowa, and Mississippi enrollees will have the fewest QHPs in PY18 (an average of 5 QHPs per county), while Florida will have the highest (an average of 55 QHPs per county).

I. Issuer Participation

Table 1 provides estimates of issuer participation across states in the HealthCare.gov Exchange for plan year 2014 (PY14) through PY18. For comparison purposes, estimates of total state issuers are provided for states that have used the HealthCare.gov Exchange platform in at least one plan year, as well as for states that have used the HealthCare.gov Exchange 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, PY18, and the prior plan year, PY17, 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 PY18 and PY17:

- Issuer participation in the Exchange continues to decline, with 132 total state issuers in PY18, down from 167 in PY17.
- The average number of state issuers is three for PY18, down one from PY17.
- Eight HealthCare.gov states (21%) will have only one issuer in PY18: Alaska, Delaware, Iowa, Mississippi, Nebraska, Oklahoma, South Carolina, and Wyoming; up from five (13%) in PY17.

Trends across Plan Years:

- The total number of state issuers for the 35 states that have used the HealthCare.gov platform during all plan years increased from PY14 (187) to PY15 (217), and has declined every year since PY16 (217), with 152 in PY17 and 121 for PY18.
- The average number of state issuers was five in PY14, increased to six in PY15 and PY16, decreased to four in PY17, and will be three in PY18.
- The percentage of states with six or more issuers was 31% in PY14, compared to only 18% of states in PY18.

Table 1

Total and Average Number of Issuers Participating in HealthCare.gov Exchange States, PY14 - PY18

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

Source: Plan information is from the plan landscape files.

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. Averages and percentage distributions are unweighted, treating all Exchange states equally regardless of enrollment. The average number of issuers per state was calculated by finding the total number of issuers offering qualified health plans (QHPs) anywhere in each state, then dividing by the number of states. 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 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.

II. Issuer and Plan Options

Table 2 provides estimates of issuer and plan options for enrollees in the Exchange for plan year 2014 (PY14) through PY18 for all HealthCare.gov states. The bullets below compare differences between the upcoming plan year, PY18, and the prior plan year, PY17, 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 PY18 and PY17:

- For PY18, 29% of current enrollees will have one issuer to choose from, up from 20% in PY17; while less than half (45%) will have three or more, compared to 56% in PY17.
- The average number of qualified health plans (QHPs) available to enrollees is 25 for PY18, down from 30 in PY17.

Trends across Plan Years:

- The percentage of current enrollees with only one issuer to choose from increased from PY16 (2%) to PY17 (20%), and will have another increase for PY18 (29%).
- The average number of QHPs available to enrollees has decreased every year since PY15 (55), with 46 in PY16, 30 in PY17, and 25 in PY18.

Table 2

Average Number of Issuer and Health Plan Options for Enrollees in the HealthCare.gov Exchange, PY14 - PY18

	PY14	PY15	PY16	PY17	PY18
Issuers Options	4	5	5	3	3
Percentage with 1 Issuer	7%	3%	2%	20%	29%
Percentage with 2 Issuers	18%	10%	12%	23%	26%
Percentage with 3+ Issuers	75%	87%	86%	56%	45%
Plan Options	54	58	48	32	26
Catastrophic Plans	3	3	3	1	1
Qualified Health Plans	51	55	46	30	25
Bronze Plans	15	17	14	10	7
Silver Plans	18	22	19	14	12
Gold Plans	14	13	10	5	4
Platinum Plans	4	4	2	2	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 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. 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 PY18 for which PY17 plan selections were used. The average number of issuers per state was calculated by finding the total number of issuers offering qualified health plans (QHPs) anywhere in each state, then averaging over all states weighted by plan selections in the state. 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 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.

III. Average Premiums

Tables 3 and 4 provide estimates of the average 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 PY18 across all HealthCare.gov states. Figure 1 compares the annual growth between the SLCSP and the LCP across plan years. The bullets below compare differences between the upcoming plan year, PY18, and the prior plan year, PY17, 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.

States instructed issuers to take a variety of different approaches related to the treatment of cost-sharing reduction (CSR) payments for PY18. Many states required issuers to load an additional premium increase onto silver plans to account for uncertainty associated with ongoing CSR litigation. In some states, premiums of silver plans may have increased in PY18 more than the premiums of non-silver plans and the premiums of gold plans may even be lower than the premiums of silver plans.

Differences between PY18 and PY17:

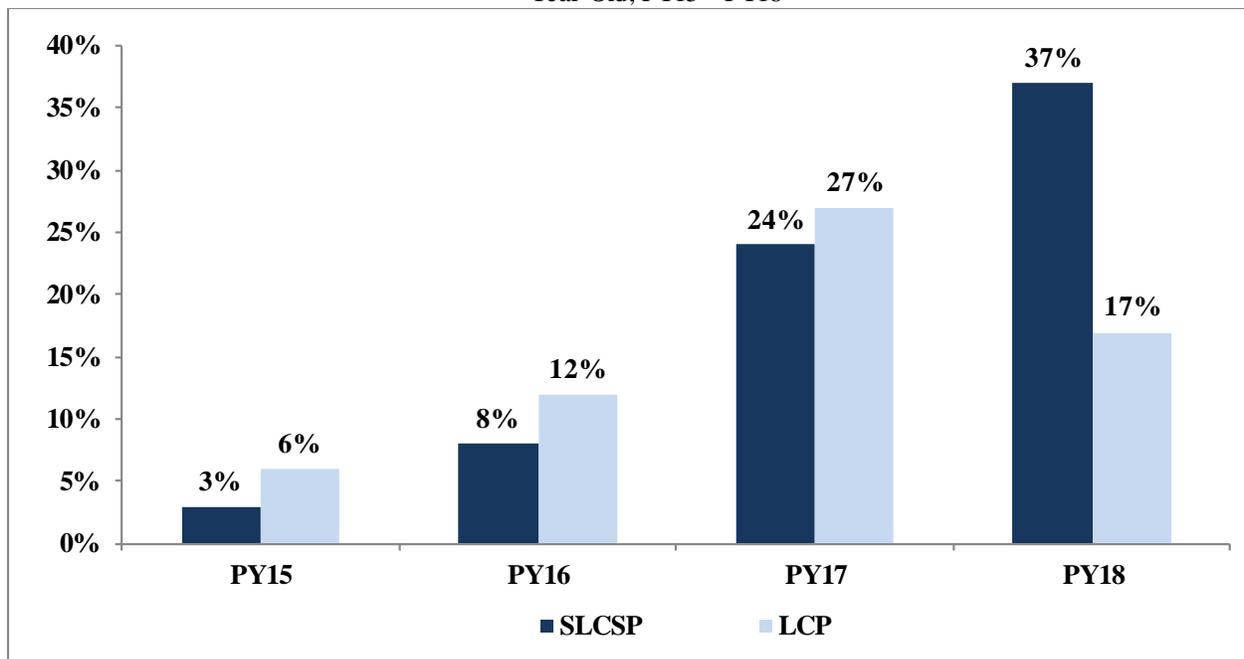
- For the first time, in PY18, annual growth for the average monthly premium for the SLCSP, also called the benchmark plan, (37%) outpaced growth for the LCP premium (17%) available to a 27-year-old (**Figure 1**). For enrollees who are eligible to receive advance premium tax credits (APTCs), the larger increase for the benchmark plan premium may result in these enrollees paying a lower portion of their premiums compared to prior plan years; especially if they select plans from metal levels other than silver.
- The average premium for the benchmark plan will increase by 37% in PY18 (\$411) compared to PY17 (\$300).
 - *Wyoming* will have the highest average premium for the benchmark plan in PY18 (\$710), an increase of 72% from PY17 (\$413).
 - *Indiana* will have the lowest average premium for the benchmark plan in PY18 (\$286), an increase of 26% from PY17 (\$228).
 - *Iowa* will have the highest percentage increase in the average premium for the benchmark plan in PY18 (\$585), an increase of 88% from PY17 (\$310).
 - *Alaska* will have the highest percentage decrease in the average premium for the benchmark plan in PY18 (\$596), a decrease of 22% from PY17 (\$760). The decrease is likely associated with the Alaska Reinsurance Program approved earlier this year through a 1332 state innovation waiver and implemented in PY18.
- The average monthly premium for the LCP will increase by 17% in PY18 (\$291) compared to PY17 (\$248).

Trends across Plan Years:

- The average premium for the benchmark plan in PY18 (\$411) will be 88% higher than in PY14 (\$218).
 - *Tennessee* will have the highest percentage increase in the average premium for the benchmark plan in PY18 (\$610) relative to the first plan year, PY14 (\$161), an increase of 278%.
 - *Indiana* will have the lowest percentage increase in the average premium for the benchmark plan in PY18 (\$286) relative to the first plan year, PY14 (\$270), an increase of 6%.
- The average premium for the LCP in PY18 (\$291) will be 77% higher than in PY14 (\$164).

Figure 1

Annual Growth in the Second-Lowest Cost Silver Plan (SLCSP) and the Lowest-Cost Plan (LCP) Available to a 27-Year-Old, PY15 - PY18



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 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. 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 PY17 average premiums are weighted by current year plan selections and PY18 is weighted by PY17 plan selections. The approach identifies the second-lowest cost silver plan and lowest-cost silver 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 3

Average Monthly Premium for Second-Lowest Cost Silver Plan (SLCSP) for a 27-Year-Old in HealthCare.gov States, PY14 – PY18

	SLCSP Average Monthly Premium for a 27-Year-Old	Annual Percentage Change	Cumulative Percentage Change
PY14	\$218	-	-
PY15	\$224	3%	3%
PY16	\$242	8%	11%
PY17	\$300	24%	38%
PY18	\$411	37%	88%

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 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. 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 PY17 average premiums are weighted by current year plan selections and PY18 is weighted by PY17 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) for a 27-Year-Old in HealthCare.gov States, PY14 – PY18

	LCP Average Monthly Premium for a 27-Year-Old	Annual Percentage Change	Cumulative Percentage Change
PY14	\$164	-	-
PY15	\$174	6%	6%
PY16	\$196	12%	19%
PY17	\$248	27%	51%
PY18	\$291	17%	77%

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 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. 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 PY17 average premiums are weighted by current year plan selections and PY18 is weighted by PY17 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) and cost-sharing reductions (CSRs) were paid in plan year 2014 (PY14) through PY17 across all HealthCare.gov states. Table 6 contains estimates of APTCs in PY17 and PY18 for specific household compositions that may be eligible to receive APTCs. Table 7 presents the average APTC for PY14 through PY17 and estimates the average APTC for PY18 for enrollees who selected plans during the PY17 Open Enrollment Period (OEP) using plans available in PY18. 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, PY18, and the prior plan year, PY17, 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 PY18 and PY17:

- The estimated average APTC for current enrollees is \$555 for PY18, a 45% increase from the average in PY17 (\$382).
- A 27-year-old with a household income of \$25,000 could receive an APTC of up to \$273 for PY18, a 73% increase from PY17 (\$158) 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 could receive an APTC of up to \$1,088 for PY18, a 60% increase from PY17 (\$678) based on the average premium for the benchmark plan across all HealthCare.gov states.

Trends across Plan Years:

- The estimated average APTC for PY18 is \$555, an increase of 114% since PY14 (\$259).
- The percentage of enrollees making plan selections with APTCs has remained relatively stable, staying between 84% and 87% between PY14 and PY17.
- The percentage of enrollees making plan selections with CSRs has remained relatively stable, at approximately 60% between PY14 and PY17.

Table 5
Percentage of HealthCare.gov Enrollees Receiving Subsidies, PY14 -PY17

	Percentage of Plan Selections with APTC	Percentage of Plan Selections with CSR
PY14	84%	60%
PY15	87%	60%
PY16	85%	59%
PY17	84%	60%

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.

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 more details.

Table 6
Benchmark Premiums and Advance Premium Tax Credits (APTCs) for PY17 and PY18 and Percentage Increase in APTC in HealthCare.gov States

	27 Year-Old with a Household Income of \$25,000	Family of Four with a Household Income of \$60,000
PY17 Benchmark Before APTC	\$300	\$1,085
PY17 APTC	\$158	\$678
PY18 Benchmark Before APTC	\$411	\$1,485
PY18 APTC	\$273	\$1,088
Percentage Increase in APTC PY17 to PY18	73%	60%

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

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 PY17 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 21. 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 PY17 and PY18 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. See the “Methods and Limitations” section for more details.

Table 7
Average Advance Premium Tax Credit (APTC) in HealthCare.gov States, PY14 - PY18

	Average APTC	Annual Growth	Cumulative Growth
PY14	\$259	-	-
PY15	\$263	2%	2%
PY16	\$289	10%	12%
PY17	\$382	32%	47%
PY18	\$555	45%	114%

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 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. For PY14 through PY17, 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 PY18, the average APTC is an estimate of the APTC for enrollees who made a plan selection during the PY17 OEP using plans available in PY18 and the same methodology employed in previous years. The PY18 estimates hold all PY17 enrollee characteristics unchanged and premiums are based on the same age and family composition as in PY17. For PY18, only enrollees who could be linked to complete plan and premium data for PY18 and PY17 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.

V. Lowest-Cost Plan Available

Tables 8 and 9 provide estimates of the lowest-cost plan (LCP) premium available to enrollees for plan year 2015 (PY15) through PY18 across all HealthCare.gov states. 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. LCP available to PY14 enrollees in the PY15 OEP. The bullets below compare differences between the upcoming plan year, PY18, and the prior plan year, PY17, in the first section; and highlight trends across all plan years in the second section. See Tables 8A, 8B, 9A, and 9B in the Appendix for state and county specific estimates.

Differences between PY18 and PY17:

- The percentage of enrollees with access to a plan for \$200 or less decreased from 16% for PY17 to 6% for PY18.
- If PY17 enrollees were to stay within their current metal level only 2% will have access to coverage with premiums of \$200 or less for PY18.
- The percentage of enrollees with access to a plan for which they are responsible for paying less than \$75 of the premium increased by 9 percentage points from PY17 (71%) to PY18 (80%).

Trends across Plan Years:

- The percentage of enrollees with access to a plan for \$200 or less decreased from 38% for PY15 to 6% for PY18.
- The percentage of enrollees with access to coverage within their metal level with premiums of \$200 or less decreased from 21% for PY15 to 2% for PY18.
- The percentage of enrollees with access to a plan for which they are responsible for paying less than \$75 of the premium increased by 8 percentage points from PY15 (72%) to PY18 (80%).

Table 8

Percentage of Enrollees by Premium of the Lowest-Cost Plan (LCP) Available in HealthCare.gov States, PY15 - PY18

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

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 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. 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 for 36 states for PY15, 37 states for PY16, 38 states for PY17, and 39 states for PY18. See the "Methods and Limitations" section for more details.

Table 9

Percentage of Enrollees by Portion of the Lowest-Cost Plan (LCP) Premium Paid by Enrollee Available in HealthCare.gov States, PY15 - PY18

	Percentage of Enrollees by Portion of the LCP Premium Paid by Enrollee			
	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more
<i>From Any Metal Level</i>				
PY15	72%	13%	6%	8%
PY16	72%	13%	6%	9%
PY17	71%	13%	5%	12%
PY18	80%	6%	3%	11%
<i>Within Enrollees' Previously Chosen Metal Level</i>				
PY15	56%	20%	8%	16%
PY16	57%	20%	7%	15%
PY17	58%	18%	6%	17%
PY18	60%	18%	6%	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 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. 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 for 36 states for PY15, 37 states for PY16, 38 states for PY17, and 39 states for PY18. 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 PY18; these files are publicly available on the HealthCare.gov website.¹ 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 Exchange.^{2,3,4} There were between 36 and 39 states included in the landscape files for PY14 through PY18 as some states did not begin using the HealthCare.gov platform until after PY14, and one state stopped using the platform after PY14.⁵ Except where noted, we used all available states in each landscape file to calculate national estimates.

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 Exchange.⁶ Throughout this brief, we use the term “enrollees” to refer to individuals with active Exchange individual market health plan selections in the MIDAS data; 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).⁷ The Benefits and Cost Sharing PUFs were used to

¹ The FFM QHP landscape files can be downloaded at: <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

² The 2016 ASPE Research Brief can be downloaded at: <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2016-health-insurance-marketplace>.

³ The 2017 ASPE Research Brief can be downloaded at: <https://aspe.hhs.gov/pdf-report/health-plan-choice-and-premiums-2017-health-insurance-marketplace>.

⁴ 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).

⁵ 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-PY18 (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 and PY18; with a total of 40 states included in at least one plan year landscape file.

⁶ 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).

⁷ The Marketplace PUFs are available at: <https://www.cms.gov/ccio/resources/data-resources/marketplace-puf.html>

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 total and average number of issuers, health plans, and plan metal types across HealthCare.gov states. 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 of the plan year landscape files used, except for PY18, which was weighted using PY17 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 QHPs through the Exchange 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 Exchange 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, the EHB premium amount for two silver plans is the same and that amount is the lowest-cost silver plan available. From PY14-PY17, when this occurred, the silver plan identified as the benchmark was the silver plan with the next highest premium relative to the tied lowest-cost silver plans, if a next highest silver plan was available; otherwise, the tied lowest-cost silver plan was the benchmark. For PY18, when this occurred, the premium for the tied lowest-cost silver plans will be used as the benchmark plan. This operational change resulted from a clarification in how to calculate advance premium tax credits (APTCs) released by Internal Revenue Service (IRS) (<https://www.irs.gov/affordable-care-act/individuals-and-families/questions-and-answers-on-the-premium-tax-credit>). 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 plan in a county most likely to be the benchmark plan for enrollees in that county; however, the plan 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 PY18 across all HealthCare.gov states.

Subsidy Utilization and Cost

To examine subsidies, we calculated the percentage of MIDAS plan selections receiving financial assistance for APTCs and cost-sharing reductions (CSRs) in PY14 through PY17. Additionally, we calculated the average benchmark plan premium and APTC for PY17 and PY18 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 premium, average APTC amount, and the percentage change in the average APTC amount were calculated. Finally, we estimated the average maximum APTC for PY14 through PY18. For PY14-PY17, we estimated the average maximum APTC using plan selections made during each plan year's Open Enrollment Period (OEP). For PY18, we estimated the average maximum APTC for enrollees who selected plans during the PY17 OEP using the benchmark plan available in PY18. See *Lowest-Cost Premiums Available* below for details of how enrollees in PY17 were linked to PY18. 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 Exchange is expected to pay toward their benchmark premium. Individuals eligible to enroll in the Exchange 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 EHB premium amount. 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 she will be responsible for covering the remaining \$10. We included this factor in our APTC calculations. Although EHB premium amounts were used in determining the benchmark plan and APTCs, comparisons of 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 PY18 landscape files) available to PY17 enrollees (from PY17 MIDAS plan selections) in PY18, 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 PY18. For 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 for 36 states for PY15, 37 states for PY16, 38 states for PY17, and 39 states for PY18. 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.

Differences from Previous Briefs

Last year's report included analyses on shopping for coverage and the financial benefits of shopping for and switching plans, plan metal level stratification for lowest cost plan premiums available, median estimates, income stratification for financial assistance and examples of maximum monthly premiums for benchmark plan for a single adult. This year's report does not include this information.

Appendix: State and County Tables

Table 1A
Total and Number of State Issuers in the HealthCare.gov Exchange, PY14 - PY18

State	PY14	PY15	PY16	PY17	PY18	Change		Issuers Entry/Exit	
						PY17- PY18	PY14- PY18	Entry PY18	Exit PY18
States Using HealthCare.gov in at Least One Plan Year	191	231	232	167	132	-35	-59	9	44
States Using HealthCare.gov in all Five Plan Years	187	217	217	152	121	-31	-66	8	39
AK	2	2	2	1	1	0	-1	0	0
AL	2	3	3	1	2	1	0	1	0
AR	3	4	5	4	4	0	1	0	0
AZ	10	12	8	2	2	0	-8	0	0
DE	3	3	3	3	1	-2	-2	0	2
FL	11	12	10	7	6	-1	-5	0	1
GA	5	8	9	5	4	-1	-1	0	1
HI	N/A	N/A	2	2	2	0	N/A	0	0
IA	4	3	4	5	1	-4	-3	0	4
ID	4	N/A	N/A	N/A	N/A	N/A	N/A	0	0
IL	8	9	9	5	4	-1	-4	0	1
IN	4	8	8	4	2	-2	-2	0	2
KS	4	5	4	3	3	0	-1	2	2
KY	N/A	N/A	N/A	3	2	-1	N/A	0	1
LA	5	5	5	4	3	-1	-2	0	1
ME	2	3	2	3	2	-1	0	0	1
MI	12	15	14	10	8	-2	-4	0	2
MO	4	7	7	4	3	-1	-1	1	2
MS	2	3	3	2	1	-1	-1	0	1
MT	3	3	3	3	3	0	0	0	0
NC	2	3	3	2	2	0	0	0	0
ND	3	3	3	3	2	-1	-1	0	1
NE	4	2	4	2	1	-1	-3	0	1
NH	1	4	4	4	3	-1	2	0	1
NJ	4	6	6	3	4	1	0	1	0
NM	4	5	4	4	4	0	0	0	0
NV	N/A	4	4	4	2	-2	N/A	1	3
OH	12	15	16	11	8	-3	-4	1	4
OK	6	3	2	1	1	0	-5	0	0
OR	N/A	10	9	6	5	-1	N/A	0	1
PA	14	14	13	8	9	1	-5	1	0
SC	4	4	4	1	1	0	-3	0	0
SD	3	3	2	2	2	0	-1	0	0
TN	4	3	4	3	3	0	-1	1	1
TX	12	14	19	10	8	-2	-4	0	2
UT	6	6	4	3	2	-1	-4	0	1
VA	8	9	11	11	7	-4	-1	0	4
WI	13	15	16	15	11	-4	-2	0	4
WV	1	1	2	2	2	0	1	0	0
WY	2	2	1	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 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. 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 Exchange Issuers in Selected Counties in HealthCare.gov States, PY14–PY18

State	County	City in County	Number of Issuers					Change	
			PY14	PY15	PY16	PY17	PY18	PY17-PY18	PY14-PY18
AL	Jefferson	Birmingham	2	3	3	1	2	1	0
AK	Anchorage	Anchorage	2	2	2	1	1	0	-1
AK	Juneau	Juneau	2	2	2	1	1	0	-1
AZ	Maricopa	Phoenix	10	12	8	1	1	0	-9
AZ	Pima	Tucson	10	11	5	2	1	-1	-9
AR	Pulaski	Little Rock	3	4	5	4	4	0	1
DE	New Castle	Wilmington	3	3	3	3	1	-2	-2
FL	Broward	Ft. Lauderdale	8	8	7	5	4	-1	-4
FL	Duval	Jacksonville	4	4	5	4	4	0	0
FL	Hillsborough	Tampa	6	5	5	5	4	-1	-2
FL	Miami-Dade	Miami	9	7	7	5	4	-1	-5
FL	Orange	Orlando	5	5	4	2	3	1	-2
FL	Palm Beach	West Palm Beach	8	8	7	5	4	-1	-4
GA	Fulton	Atlanta	4	7	8	4	2	-2	-2
HI	Honolulu	Honolulu	N/A	N/A	2	2	2	0	N/A
IL	Cook	Chicago	6	7	7	3	3	0	-3
IN	Marion	Indianapolis	2	5	6	4	2	-2	0
IA	Linn	Cedar Rapids	2	1	3	3	1	-2	-1
KS	Sedgwick	Wichita	3	4	3	2	2	0	-1
KS	Wyandotte	Kansas City	2	2	2	2	2	0	0
KY	Fayette	Lexington	N/A	N/A	N/A	3	1	-2	N/A
KY	Jefferson	Louisville	N/A	N/A	N/A	3	1	-2	N/A
LA	Orleans	New Orleans	4	4	5	4	3	-1	-1
ME	Cumberland	Portland	2	3	2	3	2	-1	0
MI	Wayne	Detroit	11	13	12	9	7	-2	-4
MS	Jackson	Jackson	1	1	2	1	1	0	0
MO	Saint Louis	St. Louis	2	4	4	2	2	0	0
MT	Gallatin	Bozeman	3	3	3	3	3	0	0
NE	Douglas	Omaha	4	2	4	2	1	-1	-3
NV	Clark	Las Vegas	N/A	3	4	3	2	-1	N/A
NH	Hillsborough	Manchester	1	4	4	4	3	-1	2
NJ	Essex	Newark	4	6	6	3	4	1	0
NM	Bernalillo	Albuquerque	4	5	4	4	4	0	0
NC	Guilford	Greensboro	2	3	3	1	1	0	-1
NC	Mecklenburg	Charlotte	2	3	3	1	1	0	-1
NC	Wake	Raleigh-Durham	2	3	3	2	2	0	0
ND	Cass	Fargo	3	3	3	3	2	-1	-1
OH	Cuyahoga	Cleveland	7	10	11	5	5	0	-2
OH	Franklin	Columbus	4	7	8	4	3	-1	-1
OH	Hamilton	Cincinnati	7	10	10	6	4	-2	-3
OH	Montgomery	Dayton	6	9	10	6	3	-3	-3
OK	Oklahoma	Oklahoma City	5	3	2	1	1	0	-4
OK	Tulsa	Tulsa	5	3	2	1	1	0	-4
OR	Multnomah	Portland	N/A	8	7	5	5	0	N/A
PA	Allegheny	Pittsburgh	5	5	5	3	2	-1	-3
PA	Philadelphia	Philadelphia	4	5	4	2	2	0	-2
SC	Richland	Columbia	4	4	4	1	1	0	-3
SD	Lincoln	Sioux Falls	3	3	2	2	2	0	-1
SD	Minnehaha	Sioux Falls	3	3	2	2	2	0	-1
TN	Davidson	Nashville	4	3	4	2	2	0	-2
TN	Shelby	Memphis	4	3	4	2	1	-1	-3
TX	Bexar	San Antonio	5	8	8	4	3	-1	-2
TX	Comal	San Antonio	4	5	6	3	3	0	-1
TX	Dallas	Dallas	4	6	8	3	3	0	-1
TX	El Paso	El Paso	3	5	5	3	3	0	0

TX	Harris	Houston	6	7	7	3	4	1	-2
TX	Hidalgo	McAllen	3	6	7	4	3	-1	0
TX	Medina	San Antonio	2	2	3	1	2	1	0
TX	Travis	Austin	7	8	8	3	4	1	-3
UT	Salt Lake	Salt Lake City	6	6	4	3	2	-1	-4
VA	Henrico	Richmond	4	3	4	4	1	-3	-3
WV	Cabell	Huntington	1	1	2	2	2	0	1
WV	Wayne	Huntington	1	1	2	2	2	0	1
WI	Milwaukee	Milwaukee	4	6	6	4	3	-1	-1
WY	Laramie	Cheyenne	2	2	1	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 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. Numbers may not sum exactly due to rounding. 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 (QHPs) 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 Exchange Qualified Health Plans (QHPs) per County and per Issuer in County by State for HealthCare.gov States, PY14-PY18

State	Average QHPs per County							Average QHPs per Issuer in County						
	PY14	PY15	PY16	PY17	PY18	Change		PY14	PY15	PY16	PY17	PY18	Change	
						PY17- PY18	PY14- PY18						PY17- PY18	PY14- PY18
HealthCare.gov States	51	55	46	30	25	-6	-26	12	12	10	10	10	-1	-2
AK	34	28	15	5	5	0	-29	17	14	8	5	5	0	-12
AL	7	18	13	6	7	1	0	6	8	6	6	6	0	0
AR	29	34	40	24	25	2	-3	11	9	8	6	7	0	-4
AZ	105	105	51	4	5	1	-100	11	10	8	4	5	1	-7
DE	19	24	28	19	6	-13	-13	6	8	9	6	6	0	0
FL	112	65	52	54	55	0	-58	19	11	10	14	15	1	-4
GA	32	58	48	32	16	-16	-15	11	11	8	12	10	-2	0
HI	N/A	N/A	20	22	21	-1	N/A	N/A	N/A	10	11	11	-1	N/A
IA	29	12	26	15	5	-10	-24	14	11	9	6	5	-1	-9
ID	30	N/A	N/A	N/A	N/A	N/A	N/A	8	N/A	N/A	N/A	N/A	N/A	N/A
IL	54	87	43	29	21	-9	-33	11	15	9	12	9	-3	-2
IN	25	49	61	45	25	-20	0	10	11	11	12	15	2	5
KS	28	28	26	13	11	-2	-17	11	10	10	7	5	-1	-6
KY	N/A	N/A	N/A	12	11	-1	N/A	N/A	N/A	N/A	6	11	5	N/A
LA	39	41	34	19	21	2	-18	11	11	8	6	7	1	-4
ME	17	25	21	25	15	-10	-2	9	8	10	8	8	-1	-1
MI	41	88	80	62	37	-26	-4	5	11	11	10	6	-4	1
MO	19	29	37	17	10	-7	-9	9	9	10	10	7	-3	-2
MS	16	31	23	18	5	-13	-11	11	13	9	13	5	-8	-6
MT	26	34	30	21	16	-5	-10	9	11	10	7	5	-2	-3
NC	22	35	24	10	9	-2	-13	14	14	10	9	8	-1	-6
ND	24	28	21	19	8	-11	-15	8	10	7	6	6	0	-2
NE	31	20	31	12	7	-5	-23	9	10	8	6	7	1	-1
NH	10	32	29	32	14	-18	4	10	8	7	8	5	-3	-5
NJ	26	46	54	19	19	0	-7	7	8	9	6	5	-1	-2
NM	38	50	25	20	15	-5	-24	10	10	6	5	4	-1	-6
NV	N/A	42	49	26	12	-14	N/A	N/A	13	13	8	6	-2	N/A
OH	40	70	73	45	32	-13	-8	8	9	9	11	10	-2	2
OK	47	38	22	13	6	-7	-42	12	16	11	13	6	-7	-6
OR	N/A	75	58	29	20	-8	N/A	N/A	10	9	7	5	-1	N/A
PA	35	43	32	13	14	1	-21	7	8	7	5	7	1	0
SC	26	54	56	25	23	-2	-3	7	15	22	25	23	-2	16
SD	32	36	19	17	17	0	-15	11	12	10	9	9	0	-2
TN	59	57	57	7	6	-1	-53	22	28	19	4	4	0	-17
TX	40	60	51	26	24	-2	-17	10	11	9	10	8	-2	-2
UT	76	89	59	22	23	1	-53	14	17	22	8	12	4	-3
VA	29	28	35	34	12	-22	-16	8	8	9	9	6	-2	-2
WI	66	84	60	45	31	-14	-36	17	16	11	12	11	-1	-6
WV	12	14	18	12	15	3	3	12	14	15	7	9	2	-3
WY	16	40	28	28	10	-18	-6	8	20	28	28	10	-18	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 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. 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 PY18 for which PY17 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 by State for HealthCare.gov States, PY14–PY18

State	SLCSP Average Monthly Premium for a 27-Year-Old						
	PY14	PY15	PY16	PY17	PY18	Percentage Change	
						PY17–PY18	PY14–PY18
HealthCare.gov States	\$218	\$224	\$242	\$300	\$411	37%	88%
AK	\$349	\$449	\$590	\$760	\$596	-22%	71%
AL	\$210	\$216	\$244	\$384	\$458	19%	118%
AR	\$241	\$235	\$244	\$248	\$298	21%	24%
AZ	\$164	\$161	\$196	\$424	\$425	0%	158%
DE	\$237	\$247	\$292	\$347	\$484	40%	104%
FL	\$218	\$235	\$238	\$272	\$382	41%	76%
GA	\$236	\$228	\$237	\$270	\$398	47%	68%
HI	N/A	N/A	\$213	\$288	\$378	31%	N/A
IA	\$207	\$217	\$246	\$310	\$585	88%	182%
ID	\$199	N/A	N/A	N/A	N/A	N/A	N/A
IL	\$186	\$192	\$208	\$299	\$399	34%	115%
IN	\$270	\$268	\$235	\$228	\$286	26%	6%
KS	\$196	\$187	\$217	\$308	\$425	38%	116%
KY	N/A	N/A	N/A	\$237	\$357	50%	N/A
LA	\$252	\$267	\$290	\$338	\$389	15%	54%
ME	\$266	\$263	\$275	\$316	\$483	53%	82%
MI	\$207	\$209	\$213	\$228	\$313	37%	51%
MO	\$235	\$233	\$257	\$305	\$434	42%	84%
MS	\$313	\$255	\$230	\$272	\$445	64%	42%
MT	\$208	\$196	\$264	\$381	\$430	13%	107%
NC	\$244	\$259	\$319	\$445	\$514	15%	111%
ND	\$233	\$248	\$270	\$288	\$309	7%	33%
NE	\$205	\$243	\$272	\$416	\$629	51%	207%
NH	\$237	\$205	\$215	\$219	\$389	78%	64%
NJ	\$265	\$259	\$272	\$286	\$339	18%	28%
NM	\$183	\$163	\$174	\$224	\$340	52%	86%
NV	N/A	\$217	\$234	\$248	\$355	43%	N/A
OH	\$216	\$218	\$222	\$227	\$312	38%	44%
OK	\$175	\$185	\$251	\$425	\$541	27%	209%
OR	N/A	\$183	\$225	\$286	\$343	20%	N/A
PA	\$198	\$193	\$213	\$325	\$472	45%	138%
SC	\$222	\$223	\$247	\$318	\$428	34%	92%
SD	\$234	\$216	\$270	\$374	\$427	14%	82%
TN	\$161	\$191	\$236	\$387	\$610	58%	278%
TX	\$204	\$211	\$221	\$262	\$356	36%	75%
UT	\$206	\$212	\$245	\$294	\$522	77%	153%
VA	\$223	\$230	\$239	\$264	\$440	66%	98%
WI	\$246	\$251	\$262	\$302	\$468	55%	90%
WV	\$230	\$248	\$294	\$387	\$455	18%	98%
WY	\$344	\$359	\$380	\$413	\$710	72%	106%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between plan years 2014 (PY14) and PY18.

Note: 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 PY17 are weight by current year plan selections and PY18 is weighted by PY17 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
 Second-Lowest Cost Silver Plan (SLCSP) Monthly Premium for a 27-Year-Old in Selected Counties in HealthCare.gov States, PY14–PY18

State	County	City in County	SLCSP Monthly Premium for a 27-Year-Old						
			PY14	PY15	PY16	PY17	PY18	Percent Change	
								PY17–PY18	PY14–PY18
AL	Jefferson	Birmingham	\$211	\$217	\$236	\$404	\$447	11%	112%
AK	Anchorage	Anchorage	\$355	\$449	\$590	\$741	\$582	-21%	64%
AK	Juneau	Juneau	\$334	\$449	\$590	\$760	\$596	-22%	78%
AZ	Maricopa	Phoenix	\$161	\$145	\$170	\$416	\$421	1%	161%
AZ	Pima	Tucson	\$138	\$147	\$178	\$286	\$297	4%	115%
AR	Pulaski	Little Rock	\$251	\$245	\$254	\$257	\$310	20%	24%
DE	New Castle	Wilmington	\$237	\$247	\$292	\$347	\$484	40%	104%
FL	Broward	Ft. Lauderdale	\$199	\$198	\$239	\$249	\$349	40%	75%
FL	Duval	Jacksonville	\$210	\$223	\$220	\$254	\$376	48%	79%
FL	Hillsborough	Tampa	\$199	\$240	\$206	\$258	\$360	39%	81%
FL	Miami-Dade	Miami	\$221	\$236	\$216	\$251	\$363	44%	64%
FL	Orange	Orlando	\$225	\$244	\$256	\$298	\$385	29%	71%
FL	Palm Beach	West Palm Beach	\$220	\$237	\$235	\$244	\$349	43%	58%
GA	Fulton	Atlanta	\$205	\$224	\$210	\$224	\$345	54%	68%
HI	Honolulu	Honolulu	N/A	N/A	\$213	\$288	\$378	31%	N/A
IL	Cook	Chicago	\$174	\$177	\$160	\$255	\$337	32%	94%
IN	Marion	Indianapolis	\$290	\$277	\$266	\$235	\$301	28%	4%
IA	Linn	Cedar Rapids	\$209	\$202	\$233	\$247	\$576	133%	176%
KS	Sedgwick	Wichita	\$184	\$179	\$203	\$296	\$397	34%	116%
KS	Wyandotte	Kansas City	\$213	\$188	\$240	\$324	\$468	45%	120%
KY	Fayette	Lexington	N/A	N/A	N/A	\$205	\$323	58%	N/A
KY	Jefferson	Louisville	N/A	N/A	N/A	\$188	\$327	74%	N/A
LA	Orleans	New Orleans	\$257	\$243	\$272	\$306	\$335	10%	30%
ME	Cumberland	Portland	\$242	\$231	\$236	\$280	\$421	51%	74%
MI	Wayne	Detroit	\$184	\$188	\$185	\$194	\$272	40%	48%
MS	Jackson	Jackson	\$332	\$253	\$228	\$297	\$486	64%	46%
MO	Saint Louis	St. Louis	\$216	\$226	\$235	\$254	\$381	50%	76%
MT	Gallatin	Bozeman	\$206	\$195	\$267	\$399	\$448	12%	118%
NE	Douglas	Omaha	\$222	\$216	\$256	\$302	\$617	104%	178%
NV	Clark	Las Vegas	N/A	\$195	\$214	\$231	\$315	36%	N/A
NH	Hillsborough	Manchester	\$237	\$202	\$214	\$219	\$389	78%	64%
NJ	Essex	Newark	\$264	\$259	\$271	\$289	\$337	16%	28%
NM	Bernalillo	Albuquerque	\$159	\$141	\$153	\$212	\$329	55%	106%
NC	Guilford	Greensboro	\$228	\$247	\$292	\$440	\$519	18%	128%
NC	Mecklenburg	Charlotte	\$251	\$268	\$335	\$469	\$547	17%	118%
NC	Wake	Raleigh-Durham	\$222	\$238	\$294	\$401	\$456	14%	105%
ND	Cass	Fargo	\$222	\$223	\$249	\$271	\$244	-10%	10%
OH	Cuyahoga	Cleveland	\$204	\$202	\$189	\$196	\$262	34%	28%
OH	Franklin	Columbus	\$207	\$200	\$240	\$247	\$331	34%	60%
OH	Hamilton	Cincinnati	\$196	\$208	\$197	\$195	\$290	48%	48%
OH	Montgomery	Dayton	\$212	\$226	\$217	\$209	\$310	48%	46%
OK	Oklahoma	Oklahoma City	\$165	\$179	\$242	\$404	\$562	39%	240%
OK	Tulsa	Tulsa	\$183	\$183	\$247	\$423	\$520	23%	185%
OR	Multnomah	Portland	N/A	\$175	\$215	\$256	\$311	22%	N/A
PA	Allegheny	Pittsburgh	\$139	\$141	\$156	\$193	\$293	52%	110%
PA	Philadelphia	Philadelphia	\$246	\$219	\$226	\$343	\$521	52%	112%
SC	Richland	Columbia	\$220	\$226	\$258	\$331	\$461	39%	109%
SD	Lincoln	Sioux Falls	\$217	\$210	\$253	\$367	\$372	1%	71%
SD	Minnehaha	Sioux Falls	\$217	\$210	\$253	\$367	\$372	1%	71%
TN	Davidson	Nashville	\$154	\$188	\$230	\$344	\$480	40%	211%
TN	Shelby	Memphis	\$159	\$183	\$229	\$341	\$671	97%	323%
TX	Bexar	San Antonio	\$196	\$207	\$186	\$227	\$305	34%	55%
TX	Comal	San Antonio	\$202	\$195	\$194	\$232	\$305	31%	51%

TX	Dallas	Dallas	\$223	\$229	\$216	\$232	\$341	47%	52%
TX	El Paso	El Paso	\$174	\$190	\$197	\$218	\$321	47%	84%
TX	Harris	Houston	\$201	\$205	\$210	\$236	\$327	39%	63%
TX	Hidalgo	McAllen	\$155	\$165	\$159	\$180	\$270	50%	74%
TX	Medina	San Antonio	\$202	\$217	\$201	\$399	\$360	-10%	78%
TX	Travis	Austin	\$205	\$197	\$222	\$252	\$334	33%	63%
UT	Salt Lake	Salt Lake City	\$197	\$202	\$229	\$275	\$486	77%	147%
VA	Henrico	Richmond	\$208	\$213	\$227	\$243	\$395	63%	91%
WV	Cabell	Huntington	\$220	\$237	\$260	\$343	\$392	14%	78%
WV	Wayne	Huntington	\$220	\$237	\$260	\$343	\$392	14%	78%
WI	Milwaukee	Milwaukee	\$258	\$273	\$267	\$311	\$466	50%	80%
WY	Laramie	Cheyenne	\$324	\$334	\$350	\$380	\$653	72%	102%

Source: Plan and premium information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between plan years 2014 (PY14) and PY18.

Note: 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 by State for HealthCare.gov States, PY14–PY18

State	LCP Average Monthly Premium for a 27-Year-Old						
	PY14	PY15	PY16	PY17	PY18	Percentage Change	
						PY17–PY18	PY14–PY18
HealthCare.gov States	\$164	\$174	\$196	\$248	\$291	17%	77%
AK	\$254	\$325	\$475	\$591	\$443	-25%	75%
AL	\$163	\$171	\$208	\$277	\$290	5%	78%
AR	\$181	\$188	\$202	\$225	\$243	8%	35%
AZ	\$140	\$131	\$156	\$356	\$325	-9%	133%
DE	\$203	\$196	\$223	\$298	\$388	30%	91%
FL	\$164	\$186	\$202	\$235	\$256	9%	56%
GA	\$177	\$181	\$208	\$233	\$336	44%	90%
HI	N/A	N/A	\$163	\$200	\$275	37%	N/A
IA	\$147	\$162	\$188	\$253	\$474	88%	222%
ID	\$152	N/A	N/A	N/A	N/A	N/A	N/A
IL	\$133	\$147	\$166	\$244	\$283	16%	113%
IN	\$208	\$215	\$194	\$216	\$251	16%	20%
KS	\$130	\$148	\$178	\$250	\$304	21%	134%
KY	N/A	N/A	N/A	\$203	\$257	26%	N/A
LA	\$177	\$186	\$205	\$266	\$301	13%	70%
ME	\$216	\$209	\$222	\$268	\$311	16%	43%
MI	\$149	\$160	\$164	\$181	\$204	13%	37%
MO	\$160	\$177	\$206	\$251	\$319	27%	99%
MS	\$230	\$197	\$215	\$241	\$380	58%	66%
MT	\$165	\$167	\$203	\$272	\$285	5%	72%
NC	\$188	\$199	\$254	\$367	\$381	4%	102%
ND	\$186	\$196	\$220	\$218	\$245	12%	32%
NE	\$159	\$182	\$215	\$340	\$466	37%	193%
NH	\$186	\$156	\$166	\$181	\$321	77%	72%
NJ	\$230	\$229	\$236	\$245	\$269	10%	17%
NM	\$141	\$124	\$139	\$174	\$222	28%	58%
NV	N/A	\$179	\$188	\$198	\$270	37%	N/A
OH	\$175	\$174	\$178	\$195	\$235	20%	34%
OK	\$114	\$126	\$169	\$301	\$324	8%	183%
OR	N/A	\$146	\$172	\$215	\$248	15%	N/A
PA	\$159	\$160	\$174	\$267	\$300	12%	89%
SC	\$174	\$166	\$231	\$293	\$299	2%	71%
SD	\$196	\$181	\$215	\$295	\$327	11%	67%
TN	\$119	\$127	\$174	\$287	\$337	17%	184%
TX	\$140	\$160	\$173	\$215	\$254	18%	81%
UT	\$155	\$166	\$187	\$229	\$284	24%	84%
VA	\$157	\$166	\$184	\$220	\$327	48%	108%
WI	\$195	\$198	\$207	\$250	\$342	37%	76%
WV	\$184	\$201	\$239	\$326	\$384	18%	108%
WY	\$288	\$306	\$332	\$349	\$476	36%	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 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. 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 PY17 average premiums are weighted by current year plan selections and PY18 is weighted by PY17 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

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

State	County	City in County	LCP Monthly Premium for a 27-Year-Old						
			PY14	PY15	PY16	PY17	PY18	Percent Change	
								PY17–PY18	PY14–PY18
AL	Jefferson	Birmingham	\$170	\$179	\$200	\$291	\$305	5%	79%
AK	Anchorage	Anchorage	\$254	\$325	\$475	\$576	\$432	-25%	70%
AK	Juneau	Juneau	\$254	\$325	\$475	\$591	\$442	-25%	74%
AZ	Maricopa	Phoenix	\$139	\$126	\$132	\$365	\$332	-9%	139%
AZ	Pima	Tucson	\$119	\$124	\$148	\$286	\$235	-18%	97%
AR	Pulaski	Little Rock	\$190	\$197	\$209	\$234	\$253	8%	33%
DE	New Castle	Wilmington	\$203	\$196	\$223	\$298	\$388	30%	91%
FL	Broward	Ft. Lauderdale	\$128	\$151	\$178	\$225	\$234	4%	83%
FL	Duval	Jacksonville	\$137	\$170	\$203	\$217	\$267	23%	94%
FL	Hillsborough	Tampa	\$167	\$192	\$190	\$235	\$265	13%	58%
FL	Miami-Dade	Miami	\$163	\$193	\$199	\$227	\$243	7%	50%
FL	Orange	Orlando	\$182	\$200	\$220	\$251	\$258	3%	42%
FL	Palm Beach	West Palm Beach	\$147	\$163	\$193	\$222	\$250	13%	70%
GA	Fulton	Atlanta	\$166	\$180	\$198	\$199	\$305	53%	84%
HI	Honolulu	Honolulu	N/A	N/A	\$163	\$200	\$275	37%	N/A
IL	Cook	Chicago	\$125	\$139	\$134	\$221	\$250	13%	100%
IN	Marion	Indianapolis	\$223	\$222	\$199	\$235	\$265	13%	19%
IA	Linn	Cedar Rapids	\$132	\$150	\$173	\$198	\$467	136%	253%
KS	Sedgwick	Wichita	\$121	\$142	\$175	\$258	\$282	9%	133%
KS	Wyandotte	Kansas City	\$127	\$149	\$180	\$227	\$339	49%	167%
KY	Fayette	Lexington	N/A	N/A	N/A	\$180	\$228	26%	N/A
KY	Jefferson	Louisville	N/A	N/A	N/A	\$165	\$231	40%	N/A
LA	Orleans	New Orleans	\$170	\$166	\$194	\$239	\$298	24%	75%
ME	Cumberland	Portland	\$192	\$179	\$200	\$242	\$276	14%	44%
MI	Wayne	Detroit	\$138	\$148	\$146	\$158	\$179	14%	30%
MS	Jackson	Jackson	\$277	\$197	\$216	\$263	\$415	58%	50%
MO	Saint Louis	St. Louis	\$147	\$163	\$186	\$198	\$231	17%	57%
MT	Gallatin	Bozeman	\$163	\$168	\$201	\$283	\$296	4%	82%
NE	Douglas	Omaha	\$162	\$166	\$199	\$253	\$436	72%	170%
NV	Clark	Las Vegas	N/A	\$165	\$174	\$177	\$239	35%	N/A
NH	Hillsborough	Manchester	\$186	\$154	\$165	\$181	\$321	77%	72%
NJ	Essex	Newark	\$230	\$229	\$237	\$249	\$264	6%	15%
NM	Bernalillo	Albuquerque	\$126	\$107	\$122	\$165	\$212	29%	68%
NC	Guilford	Greensboro	\$167	\$188	\$238	\$368	\$388	5%	132%
NC	Mecklenburg	Charlotte	\$183	\$200	\$250	\$387	\$403	4%	120%
NC	Wake	Raleigh-Durham	\$161	\$182	\$221	\$314	\$347	10%	115%
ND	Cass	Fargo	\$175	\$183	\$205	\$210	\$208	-1%	19%
OH	Cuyahoga	Cleveland	\$152	\$170	\$172	\$178	\$200	12%	32%
OH	Franklin	Columbus	\$196	\$160	\$184	\$200	\$237	18%	21%
OH	Hamilton	Cincinnati	\$178	\$153	\$166	\$172	\$224	30%	25%
OH	Montgomery	Dayton	\$192	\$166	\$167	\$184	\$226	22%	18%
OK	Oklahoma	Oklahoma City	\$105	\$121	\$159	\$286	\$309	8%	193%
OK	Tulsa	Tulsa	\$123	\$123	\$163	\$299	\$324	8%	163%
OR	Multnomah	Portland	N/A	\$144	\$162	\$192	\$222	16%	N/A
PA	Allegheny	Pittsburgh	\$119	\$124	\$137	\$169	\$199	18%	67%
PA	Philadelphia	Philadelphia	\$195	\$179	\$186	\$249	\$329	32%	69%
SC	Richland	Columbia	\$166	\$165	\$226	\$304	\$323	6%	95%
SD	Lincoln	Sioux Falls	\$196	\$178	\$200	\$290	\$284	-2%	45%
SD	Minnehaha	Sioux Falls	\$196	\$178	\$200	\$290	\$284	-2%	45%
TN	Davidson	Nashville	\$114	\$125	\$170	\$262	\$288	10%	153%
TN	Shelby	Memphis	\$117	\$122	\$160	\$261	\$358	37%	206%
TX	Bexar	San Antonio	\$138	\$169	\$160	\$200	\$210	5%	52%
TX	Comal	San Antonio	\$138	\$169	\$174	\$212	\$210	-1%	52%
TX	Dallas	Dallas	\$153	\$175	\$180	\$195	\$228	17%	49%

TX	El Paso	El Paso	\$119	\$139	\$156	\$199	\$219	10%	84%
TX	Harris	Houston	\$138	\$155	\$164	\$198	\$221	12%	61%
TX	Hidalgo	McAllen	\$109	\$128	\$139	\$164	\$232	42%	113%
TX	Medina	San Antonio	\$138	\$159	\$174	\$287	\$321	12%	132%
TX	Travis	Austin	\$144	\$159	\$169	\$205	\$230	12%	59%
UT	Salt Lake	Salt Lake City	\$143	\$157	\$169	\$214	\$266	24%	86%
VA	Henrico	Richmond	\$139	\$142	\$168	\$202	\$269	33%	93%
WV	Cabell	Huntington	\$176	\$192	\$218	\$307	\$336	10%	91%
WV	Wayne	Huntington	\$176	\$192	\$218	\$307	\$336	10%	91%
WI	Milwaukee	Milwaukee	\$200	\$214	\$219	\$266	\$356	34%	78%
WY	Laramie	Cheyenne	\$271	\$283	\$306	\$321	\$438	36%	62%

Source: Plan and premium information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between plan years 2014 (PY14) and PY18.

Note: 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 HealthCare.gov Enrollees Receiving Subsidies, PY14 -PY17

State	Percentage of Plan Selections with APTC				Percentage of Plan Selections with CSR			
	PY14	PY15	PY16	PY17	PY14	PY15	PY16	PY17
HealthCare.gov States	84%	87%	85%	84%	60%	60%	59%	60%
AK	86%	89%	86%	88%	56%	54%	42%	41%
AL	83%	89%	89%	90%	66%	71%	73%	73%
AR	88%	88%	87%	84%	58%	56%	55%	56%
AZ	75%	75%	74%	79%	51%	54%	51%	51%
DE	80%	83%	82%	81%	46%	45%	43%	45%
FL	90%	93%	91%	90%	69%	70%	71%	72%
GA	85%	89%	86%	87%	64%	67%	65%	69%
HI	N/A	N/A	81%	80%	N/A	N/A	61%	58%
IA	82%	85%	85%	86%	49%	48%	51%	52%
ID	89%	N/A	N/A	N/A	66%	N/A	N/A	N/A
IL	75%	78%	75%	79%	45%	46%	45%	47%
IN	87%	87%	81%	73%	55%	50%	45%	47%
KS	77%	80%	82%	84%	52%	55%	57%	55%
KY	N/A	N/A	N/A	78%	N/A	N/A	N/A	51%
LA	87%	89%	89%	86%	59%	57%	61%	55%
ME	88%	89%	87%	86%	57%	58%	56%	53%
MI	85%	88%	83%	81%	63%	55%	51%	49%
MO	84%	88%	87%	86%	57%	58%	57%	56%
MS	93%	93%	90%	89%	73%	76%	74%	76%
MT	84%	84%	83%	84%	50%	51%	45%	42%
NC	90%	92%	89%	90%	65%	65%	64%	65%
ND	82%	86%	85%	84%	36%	42%	45%	46%
NE	85%	87%	88%	91%	53%	50%	51%	55%
NH	76%	70%	66%	63%	45%	37%	35%	36%
NJ	82%	83%	80%	78%	52%	51%	50%	51%
NM	77%	74%	68%	71%	50%	47%	44%	46%
NV	N/A	89%	87%	83%	N/A	55%	58%	55%
OH	83%	84%	80%	75%	48%	44%	44%	45%
OK	77%	79%	84%	89%	59%	59%	60%	61%
OR	N/A	77%	71%	73%	N/A	47%	39%	39%
PA	79%	80%	76%	80%	61%	57%	51%	55%
SC	86%	88%	89%	88%	64%	63%	71%	70%
SD	88%	86%	88%	90%	62%	63%	60%	58%
TN	77%	82%	85%	85%	62%	62%	58%	57%
TX	82%	85%	84%	83%	59%	59%	57%	61%
UT	84%	88%	86%	86%	56%	60%	63%	60%
VA	80%	83%	82%	82%	55%	55%	56%	59%
WI	89%	89%	84%	81%	60%	58%	54%	51%

WV	84%	86%	85%	84%	55%	54%	51%	50%
WY	91%	91%	90%	89%	54%	52%	54%	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.

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 more details.

Table 6A

Benchmark Premiums and Advance Premium Tax Credits (APTCs) for PY17 and PY18 and Percentage Increase in APTC in HealthCare.gov States

State	27 Year-Old with a Household Income of \$25,000					Family of Four with Household Income of \$60,000				
	PY17		PY18		APTC % Increase PY17 to PY18	PY17		PY18		APTC % Increase PY17 to PY18
	Benchmark Before APTC	APTC	Benchmark Before APTC	APTC		Benchmark Before APTC	APTC	Benchmark Before APTC	APTC	
HealthCare.gov States	\$300	\$158	\$411	\$273	73%	\$1,085	\$678	\$1,485	\$1,088	60%
AK	\$760	\$656	\$596	\$496	-24%	\$2,751	\$2,434	\$2,159	\$1,849	-24%
AL	\$384	\$243	\$458	\$320	32%	\$1,391	\$988	\$1,657	\$1,264	28%
AR	\$248	\$89	\$298	\$161	81%	\$896	\$431	\$1,080	\$688	60%
AZ	\$424	\$281	\$425	\$286	2%	\$1,534	\$1,126	\$1,537	\$1,141	1%
DE	\$347	\$205	\$484	\$346	69%	\$1,257	\$851	\$1,754	\$1,356	59%
FL	\$272	\$130	\$382	\$245	88%	\$983	\$579	\$1,384	\$991	71%
GA	\$270	\$128	\$398	\$259	102%	\$979	\$573	\$1,440	\$1,041	82%
HI	\$288	\$155	\$378	\$246	59%	\$1,042	\$634	\$1,368	\$962	52%
IA	\$310	\$169	\$585	\$448	165%	\$1,124	\$720	\$2,117	\$1,725	139%
IL	\$299	\$147	\$399	\$261	78%	\$1,082	\$641	\$1,445	\$1,050	64%
IN	\$228	\$86	\$286	\$141	63%	\$826	\$422	\$1,037	\$615	46%
KS	\$308	\$167	\$425	\$287	72%	\$1,117	\$713	\$1,537	\$1,145	61%
KY	\$237	\$96	\$357	\$209	118%	\$858	\$455	\$1,291	\$860	89%
LA	\$338	\$197	\$389	\$252	28%	\$1,225	\$822	\$1,408	\$1,016	24%
ME	\$316	\$175	\$483	\$345	97%	\$1,144	\$741	\$1,748	\$1,353	83%
MI	\$228	\$86	\$313	\$176	103%	\$827	\$421	\$1,133	\$740	76%
MO	\$305	\$163	\$434	\$297	82%	\$1,104	\$700	\$1,571	\$1,179	68%
MS	\$272	\$128	\$445	\$289	125%	\$986	\$573	\$1,613	\$1,149	101%
MT	\$381	\$240	\$430	\$293	22%	\$1,380	\$976	\$1,558	\$1,165	19%
NC	\$445	\$304	\$514	\$377	24%	\$1,613	\$1,209	\$1,861	\$1,469	21%
ND	\$288	\$147	\$309	\$172	17%	\$1,044	\$641	\$1,119	\$726	13%
NE	\$416	\$274	\$629	\$492	79%	\$1,505	\$1,102	\$2,277	\$1,885	71%
NH	\$219	\$77	\$389	\$252	225%	\$792	\$389	\$1,409	\$1,017	161%
NJ	\$286	\$144	\$339	\$201	40%	\$1,036	\$630	\$1,227	\$833	32%
NM	\$224	\$82	\$340	\$203	147%	\$812	\$406	\$1,231	\$838	107%
NV	\$248	\$106	\$355	\$217	104%	\$897	\$494	\$1,284	\$891	80%
OH	\$227	\$83	\$312	\$167	101%	\$821	\$409	\$1,130	\$709	73%
OK	\$425	\$283	\$541	\$403	42%	\$1,538	\$1,135	\$1,957	\$1,564	38%

OR	\$286	\$144	\$343	\$202	40%	\$1,036	\$630	\$1,240	\$834	32%
PA	\$325	\$183	\$472	\$334	82%	\$1,177	\$773	\$1,709	\$1,315	70%
SC	\$318	\$175	\$428	\$289	65%	\$1,153	\$744	\$1,548	\$1,152	55%
SD	\$374	\$233	\$427	\$290	24%	\$1,355	\$952	\$1,546	\$1,154	21%
TN	\$387	\$245	\$610	\$472	92%	\$1,401	\$997	\$2,208	\$1,813	82%
TX	\$262	\$120	\$356	\$219	82%	\$948	\$544	\$1,290	\$896	65%
UT	\$294	\$149	\$522	\$379	154%	\$950	\$536	\$1,685	\$1,276	138%
VA	\$264	\$122	\$440	\$302	147%	\$957	\$552	\$1,592	\$1,197	117%
WI	\$302	\$161	\$468	\$329	105%	\$1,094	\$690	\$1,695	\$1,296	88%
WV	\$387	\$245	\$455	\$309	26%	\$1,402	\$997	\$1,648	\$1,224	23%
WY	\$413	\$272	\$710	\$572	110%	\$1,496	\$1,093	\$2,569	\$2,176	99%

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

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 PY17 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 21. 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 PY17 and PY18 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.

Table 8A
 Percentage of Enrollees by Premium of the Lowest-Cost Plan (LCP) Available in HealthCare.gov States, PY15 - PY18

State	Percentage of Enrollees by Premium of the LCP															
	PY15				PY16				PY17				PY18			
	\$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	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more
HealthCare.gov States	38%	28%	17%	17%	29%	31%	16%	24%	16%	28%	17%	39%	6%	25%	21%	48%
AK	12%	0%	37%	51%	0%	13%	0%	87%	0%	0%	15%	85%	0%	0%	16%	84%
AL	36%	30%	15%	19%	15%	43%	13%	29%	9%	19%	29%	43%	8%	14%	31%	46%
AR	23%	33%	15%	28%	19%	34%	14%	33%	16%	35%	13%	36%	9%	33%	15%	44%
AZ	63%	17%	18%	2%	61%	16%	16%	7%	4%	26%	13%	58%	2%	22%	23%	53%
DE	25%	33%	16%	27%	17%	35%	14%	34%	17%	9%	26%	48%	0%	12%	15%	74%
FL	29%	33%	16%	21%	21%	37%	17%	26%	11%	36%	17%	36%	5%	32%	21%	41%
GA	39%	31%	14%	16%	26%	37%	15%	23%	19%	31%	18%	32%	0%	18%	26%	55%
HI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15%	37%	13%	35%	0%	22%	30%	49%
IA	46%	23%	18%	13%	28%	28%	14%	30%	14%	23%	19%	45%	0%	0%	6%	94%
ID	50%	20%	5%	25%	N/A											
IL	50%	21%	22%	6%	41%	26%	18%	16%	12%	32%	17%	39%	4%	27%	21%	48%
IN	18%	36%	13%	32%	27%	31%	15%	28%	20%	33%	13%	34%	11%	27%	18%	43%
KS	55%	17%	20%	7%	38%	27%	13%	22%	15%	30%	18%	37%	0%	23%	29%	48%
KY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11%	32%	15%	42%
LA	32%	31%	15%	22%	18%	41%	14%	27%	9%	27%	24%	41%	0%	19%	31%	49%
ME	21%	27%	16%	37%	17%	30%	15%	38%	12%	22%	18%	48%	0%	21%	23%	55%
MI	45%	22%	19%	14%	43%	23%	17%	17%	37%	23%	15%	25%	24%	30%	14%	32%
MO	37%	26%	15%	21%	25%	33%	14%	27%	16%	29%	17%	38%	6%	25%	14%	55%
MS	27%	34%	16%	23%	19%	38%	15%	28%	9%	34%	20%	37%	0%	10%	15%	76%
MT	41%	21%	16%	22%	19%	36%	12%	32%	11%	18%	26%	45%	3%	21%	28%	48%
NC	22%	38%	14%	26%	12%	28%	22%	37%	2%	12%	18%	68%	0%	9%	19%	72%
ND	36%	29%	11%	25%	30%	34%	9%	27%	29%	35%	9%	27%	26%	28%	15%	31%
NE	44%	24%	13%	19%	24%	37%	11%	29%	11%	22%	17%	51%	0%	2%	17%	80%
NH	44%	20%	23%	13%	37%	23%	19%	20%	27%	28%	15%	30%	0%	12%	29%	59%
NJ	10%	36%	16%	37%	13%	32%	14%	41%	12%	31%	15%	42%	5%	25%	24%	46%
NM	55%	26%	17%	2%	47%	23%	22%	8%	32%	23%	18%	27%	9%	33%	13%	44%
NV	N/A	N/A	N/A	N/A	32%	28%	13%	27%	28%	29%	15%	28%	10%	31%	16%	43%
OH	39%	22%	17%	22%	36%	24%	15%	26%	28%	27%	14%	32%	15%	31%	12%	42%
OK	61%	22%	16%	1%	46%	22%	15%	17%	14%	13%	27%	46%	0%	18%	30%	52%
OR	N/A	N/A	N/A	N/A	35%	23%	15%	28%	19%	30%	14%	37%	11%	30%	17%	42%
PA	39%	27%	20%	13%	31%	32%	18%	19%	12%	25%	14%	49%	4%	16%	24%	57%

SC	40%	27%	17%	17%	22%	35%	15%	28%	12%	12%	28%	48%	0%	21%	29%	50%
SD	33%	30%	13%	24%	24%	35%	10%	31%	18%	11%	30%	41%	0%	22%	28%	50%
TN	58%	23%	18%	1%	37%	26%	16%	21%	8%	20%	23%	49%	0%	13%	24%	63%
TX	48%	26%	15%	11%	40%	29%	15%	16%	24%	33%	16%	27%	9%	35%	19%	37%
UT	68%	15%	17%	0%	66%	16%	15%	2%	34%	40%	10%	16%	30%	31%	16%	23%
VA	45%	26%	16%	13%	36%	30%	13%	21%	21%	36%	14%	29%	1%	21%	25%	53%
WI	19%	32%	16%	33%	18%	31%	15%	36%	13%	21%	20%	46%	2%	13%	20%	66%
WV	14%	29%	15%	41%	10%	25%	16%	49%	4%	9%	20%	67%	0%	6%	14%	80%
WY	14%	8%	31%	48%	2%	16%	33%	49%	2%	16%	23%	59%	0%	0%	15%	85%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY18.

Note: 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. Estimates include all states that had plan selections on the HealthCare.gov platform in the prior OEP and include for 36 states for PY15, 37 states for PY16, 38 states for PY17, and 39 states for PY18. See the "Methods and Limitations" section for more details.

Table 8B
Percentage of Enrollees by Premium of the Lowest-Cost Plan (LCP) Available Within Metal Level in HealthCare.gov States, PY15 - PY18

State	Percentage of Enrollees by Premium of the LCP Within Metal Level															
	PY15				PY16				PY17				PY18			
	\$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	\$200 or less	\$201 - \$300	\$301 - \$400	\$401 or more
HealthCare.gov States	21%	31%	18%	30%	18%	31%	18%	33%	11%	24%	18%	47%	2%	12%	20%	66%
AK	4%	6%	19%	71%	0%	6%	7%	88%	0%	0%	8%	92%	0%	0%	9%	91%
AL	16%	39%	15%	31%	9%	40%	16%	35%	1%	9%	22%	68%	1%	9%	7%	83%
AR	12%	33%	16%	39%	13%	30%	16%	41%	13%	32%	14%	41%	3%	25%	23%	49%
AZ	51%	21%	18%	10%	48%	23%	13%	17%	3%	21%	14%	63%	2%	14%	19%	65%
DE	15%	25%	20%	41%	12%	17%	22%	49%	3%	16%	20%	60%	0%	3%	13%	84%
FL	15%	33%	19%	33%	12%	36%	18%	34%	10%	28%	20%	42%	1%	10%	22%	67%
GA	18%	36%	18%	27%	17%	34%	19%	30%	12%	31%	20%	37%	0%	9%	24%	67%
HI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9%	18%	26%	48%	0%	8%	20%	72%
IA	31%	29%	15%	25%	18%	28%	16%	38%	8%	22%	16%	53%	0%	0%	3%	97%
ID	40%	25%	5%	30%	N/A											
IL	32%	28%	17%	22%	30%	27%	17%	26%	9%	26%	18%	46%	1%	11%	25%	63%
IN	13%	25%	20%	41%	19%	33%	15%	34%	18%	31%	14%	37%	6%	25%	21%	48%
KS	38%	26%	16%	20%	24%	33%	12%	31%	14%	16%	26%	44%	0%	10%	19%	70%
KY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3%	20%	22%	55%
LA	12%	32%	20%	36%	11%	30%	22%	38%	6%	12%	28%	54%	0%	9%	27%	64%
ME	13%	23%	17%	47%	14%	24%	18%	44%	10%	15%	20%	55%	0%	9%	13%	78%
MI	25%	31%	15%	29%	28%	28%	16%	28%	24%	27%	15%	34%	10%	26%	19%	44%
MO	21%	33%	15%	32%	17%	31%	18%	35%	12%	22%	20%	47%	2%	12%	17%	68%
MS	10%	35%	18%	37%	12%	37%	16%	34%	8%	25%	24%	43%	0%	9%	12%	79%
MT	24%	30%	16%	30%	11%	26%	21%	42%	7%	10%	25%	57%	2%	11%	18%	69%
NC	12%	29%	21%	37%	11%	13%	29%	47%	1%	12%	8%	80%	0%	2%	11%	87%
ND	27%	24%	16%	33%	29%	20%	18%	33%	22%	24%	18%	35%	12%	31%	17%	40%
NE	25%	34%	13%	27%	21%	29%	17%	34%	7%	18%	16%	59%	0%	1%	7%	92%
NH	24%	28%	20%	28%	19%	30%	18%	32%	17%	30%	16%	38%	0%	8%	20%	73%
NJ	8%	22%	22%	47%	9%	21%	22%	48%	10%	16%	23%	51%	1%	12%	29%	58%
NM	40%	25%	21%	14%	37%	24%	20%	19%	20%	28%	15%	37%	3%	16%	22%	60%
NV	N/A	N/A	N/A	N/A	20%	31%	15%	34%	19%	28%	16%	37%	3%	23%	23%	51%
OH	22%	29%	15%	33%	25%	27%	15%	34%	23%	26%	14%	36%	8%	23%	19%	50%

OK	43%	26%	15%	16%	23%	29%	16%	31%	5%	13%	15%	67%	0%	8%	20%	72%
OR	N/A	N/A	N/A	N/A	20%	30%	13%	37%	12%	25%	16%	47%	9%	15%	22%	54%
PA	20%	35%	17%	28%	17%	35%	16%	32%	9%	15%	18%	58%	0%	8%	16%	76%
SC	18%	35%	16%	31%	13%	30%	19%	39%	9%	8%	29%	54%	0%	5%	14%	81%
SD	18%	35%	14%	33%	17%	30%	16%	37%	3%	17%	24%	56%	0%	10%	22%	68%
TN	31%	30%	17%	23%	16%	35%	15%	34%	6%	10%	23%	61%	0%	5%	11%	85%
TX	28%	34%	16%	22%	26%	33%	16%	25%	17%	31%	18%	34%	2%	19%	26%	53%
UT	48%	28%	12%	12%	38%	37%	11%	13%	23%	37%	14%	27%	8%	22%	12%	57%
VA	22%	35%	17%	27%	20%	34%	16%	30%	16%	29%	19%	36%	0%	10%	19%	71%
WI	12%	29%	17%	43%	12%	27%	17%	44%	9%	16%	22%	53%	0%	5%	13%	82%
WV	9%	23%	18%	51%	8%	12%	21%	59%	2%	8%	14%	76%	0%	3%	10%	88%
WY	5%	11%	22%	62%	1%	17%	21%	61%	0%	16%	11%	72%	0%	0%	4%	96%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY18.

Note: 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. Estimates include all states that had plan selections on the HealthCare.gov platform in the prior OEP and include for 36 states for PY15, 37 states for PY16, 38 states for PY17, and 39 states for PY18. See the "Methods and Limitations" section for more details.

Table 9A
 Percentage of Enrollees by Portion of the Lowest-Cost Plan (LCP) Paid by Enrollee Available in HealthCare.gov States, PY15 - PY18

State	Percentage of Enrollees by Portion of the LCP Paid by Enrollee															
	PY15				PY16				PY17				PY18			
	\$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	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more
HealthCare.gov States	72%	13%	6%	8%	72%	13%	6%	9%	71%	13%	5%	12%	80%	6%	3%	11%
AK	78%	6%	4%	12%	70%	11%	4%	15%	79%	6%	2%	13%	68%	13%	4%	15%
AL	72%	11%	8%	9%	76%	11%	4%	9%	89%	3%	2%	6%	92%	2%	1%	5%
AR	70%	15%	5%	10%	66%	18%	5%	11%	52%	25%	8%	14%	67%	16%	5%	13%
AZ	59%	26%	7%	8%	57%	23%	10%	10%	66%	10%	4%	20%	65%	12%	4%	20%
DE	61%	19%	6%	15%	66%	16%	4%	15%	55%	18%	9%	18%	66%	13%	3%	18%
FL	81%	9%	4%	7%	80%	10%	3%	7%	80%	10%	3%	7%	90%	2%	1%	6%
GA	76%	11%	6%	7%	77%	11%	4%	8%	76%	12%	4%	8%	78%	9%	2%	11%
HI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	71%	12%	4%	13%	69%	9%	3%	18%
IA	61%	22%	8%	8%	66%	17%	8%	9%	65%	17%	7%	12%	78%	8%	2%	12%
ID	70%	25%	5%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IL	57%	22%	12%	9%	54%	23%	10%	12%	53%	20%	7%	21%	73%	7%	3%	16%
IN	71%	14%	4%	11%	64%	17%	7%	12%	48%	24%	9%	19%	40%	22%	11%	27%
KS	63%	19%	10%	8%	62%	17%	9%	12%	69%	13%	5%	14%	81%	6%	1%	12%
KY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68%	9%	6%	17%
LA	80%	8%	5%	7%	82%	8%	3%	8%	81%	8%	3%	8%	74%	10%	3%	13%
ME	71%	14%	5%	10%	65%	17%	6%	12%	60%	18%	7%	14%	87%	2%	0%	10%
MI	74%	13%	7%	6%	69%	17%	7%	7%	65%	18%	8%	9%	80%	7%	4%	9%
MO	74%	11%	7%	8%	75%	11%	5%	9%	73%	12%	4%	10%	80%	6%	3%	11%
MS	85%	7%	3%	5%	82%	9%	3%	6%	81%	10%	3%	7%	82%	7%	2%	9%
MT	57%	20%	12%	10%	71%	13%	3%	12%	77%	8%	4%	11%	79%	6%	2%	12%
NC	81%	9%	3%	7%	81%	9%	3%	7%	82%	7%	2%	8%	87%	5%	1%	7%
ND	61%	21%	6%	12%	61%	21%	5%	12%	71%	16%	4%	9%	59%	21%	8%	12%
NE	72%	13%	7%	8%	69%	16%	4%	11%	77%	10%	4%	9%	88%	5%	1%	7%
NH	57%	18%	11%	14%	53%	18%	11%	18%	42%	22%	11%	25%	51%	13%	4%	32%
NJ	53%	21%	7%	20%	53%	21%	7%	20%	54%	18%	9%	19%	61%	13%	6%	19%
NM	59%	26%	8%	7%	64%	19%	8%	8%	56%	18%	10%	16%	72%	5%	5%	18%
NV	N/A	N/A	N/A	N/A	69%	17%	6%	8%	70%	15%	5%	9%	77%	9%	3%	11%
OH	64%	17%	9%	10%	57%	21%	10%	12%	51%	24%	9%	16%	62%	13%	7%	19%
OK	74%	16%	5%	6%	76%	8%	9%	8%	84%	3%	3%	10%	91%	1%	0%	8%
OR	N/A	N/A	N/A	N/A	58%	18%	11%	13%	56%	17%	7%	20%	60%	15%	5%	20%
PA	63%	17%	9%	11%	62%	16%	8%	13%	59%	14%	7%	19%	80%	4%	2%	15%
SC	78%	9%	6%	7%	77%	11%	4%	8%	68%	14%	7%	11%	88%	3%	1%	8%

SD	66%	18%	7%	9%	70%	15%	4%	10%	79%	10%	4%	8%	76%	13%	3%	8%
TN	74%	15%	5%	6%	70%	12%	9%	10%	81%	6%	3%	11%	88%	1%	0%	11%
TX	73%	12%	8%	7%	73%	12%	6%	8%	73%	12%	4%	10%	81%	5%	3%	11%
UT	71%	17%	8%	4%	77%	13%	6%	4%	76%	14%	3%	8%	89%	1%	3%	7%
VA	74%	10%	8%	8%	70%	13%	7%	10%	67%	15%	4%	13%	80%	5%	1%	14%
WI	71%	14%	5%	9%	69%	15%	5%	10%	63%	15%	7%	15%	77%	6%	2%	15%
WV	62%	17%	6%	15%	60%	18%	6%	16%	63%	15%	6%	16%	59%	16%	6%	19%
WY	68%	16%	5%	11%	60%	19%	6%	15%	68%	15%	5%	12%	90%	1%	0%	8%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY18.

Note: 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. Estimates include all states that had plan selections on the HealthCare.gov platform in the prior OEP and include for 36 states for PY15, 37 states for PY16, 38 states for PY17, and 39 states for PY18. See the “Methods and Limitations” section for more details.

Table 9B

Percentage of Current Enrollees by Portion of the Lowest-cost Plan Paid by Enrollee Available Within Metal Level in HealthCare.gov States, PY15 - PY18

State	Percentage of Current Enrollees by Portion of the Lowest-cost Plan Paid by Enrollee Within Metal Level															
	PY15				PY16				PY17				PY18			
	\$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	\$75 or less	\$76 - \$150	\$151 - \$200	\$201 or more
HealthCare.gov States	56%	20%	8%	16%	57%	20%	7%	15%	58%	18%	6%	17%	60%	18%	6%	17%
AK	64%	12%	5%	19%	52%	18%	7%	23%	59%	16%	5%	21%	48%	21%	8%	23%
AL	55%	19%	8%	18%	64%	18%	5%	13%	73%	11%	4%	12%	72%	13%	5%	11%
AR	44%	28%	9%	19%	41%	30%	9%	20%	36%	32%	10%	22%	49%	26%	8%	17%
AZ	47%	25%	9%	19%	45%	25%	10%	19%	53%	16%	5%	26%	43%	23%	8%	26%
DE	32%	27%	10%	31%	32%	26%	10%	32%	34%	25%	10%	31%	39%	24%	8%	28%
FL	67%	15%	6%	13%	69%	15%	5%	12%	72%	13%	4%	11%	72%	14%	3%	10%
GA	59%	17%	7%	17%	65%	17%	6%	12%	68%	15%	5%	12%	66%	17%	4%	13%
HI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	47%	19%	9%	25%	40%	21%	9%	30%
IA	43%	29%	12%	17%	48%	24%	10%	18%	44%	27%	10%	19%	38%	28%	10%	24%
ID	65%	20%	5%	10%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IL	40%	28%	12%	20%	36%	30%	12%	22%	37%	26%	9%	28%	49%	20%	7%	24%
IN	53%	22%	7%	17%	52%	23%	8%	17%	41%	27%	10%	22%	27%	28%	12%	33%
KS	51%	22%	10%	17%	49%	22%	8%	21%	52%	21%	8%	20%	54%	21%	6%	18%
KY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	34%	28%	10%	28%
LA	63%	15%	7%	14%	67%	15%	5%	13%	66%	14%	5%	14%	57%	19%	6%	18%
ME	52%	21%	8%	19%	48%	25%	8%	19%	38%	27%	11%	24%	59%	18%	6%	17%
MI	55%	22%	8%	15%	51%	25%	9%	15%	45%	28%	10%	17%	56%	20%	7%	16%
MO	59%	18%	8%	15%	62%	17%	6%	14%	59%	19%	7%	16%	66%	14%	5%	15%
MS	66%	17%	6%	12%	72%	14%	4%	10%	71%	15%	4%	9%	79%	9%	2%	9%
MT	45%	24%	11%	21%	52%	20%	6%	21%	63%	14%	6%	17%	58%	17%	6%	18%
NC	63%	18%	6%	13%	65%	17%	6%	12%	65%	16%	5%	14%	60%	19%	7%	13%
ND	32%	31%	12%	25%	35%	29%	11%	25%	45%	24%	9%	22%	31%	31%	12%	26%
NE	57%	22%	8%	14%	54%	24%	8%	15%	62%	19%	6%	13%	65%	17%	6%	12%
NH	43%	20%	11%	26%	38%	23%	11%	29%	28%	27%	11%	34%	34%	20%	7%	39%
NJ	35%	24%	10%	31%	35%	24%	10%	31%	38%	22%	10%	30%	36%	24%	9%	31%
NM	38%	33%	13%	16%	57%	19%	10%	14%	42%	24%	10%	24%	41%	22%	9%	29%
NV	N/A	N/A	N/A	N/A	49%	27%	9%	15%	49%	27%	8%	16%	54%	23%	6%	17%
OH	42%	27%	10%	21%	39%	30%	11%	21%	41%	28%	11%	21%	37%	27%	9%	27%
OK	60%	20%	8%	13%	59%	18%	8%	15%	63%	15%	5%	17%	84%	6%	2%	9%
OR	N/A	N/A	N/A	N/A	38%	26%	12%	24%	33%	25%	11%	31%	34%	24%	11%	31%
PA	47%	21%	9%	23%	46%	22%	9%	23%	44%	19%	8%	29%	55%	16%	6%	23%
SC	62%	18%	7%	14%	58%	20%	6%	16%	55%	21%	7%	16%	51%	25%	7%	17%

SD	48%	24%	8%	19%	51%	23%	8%	18%	58%	20%	7%	15%	50%	26%	9%	15%
TN	56%	20%	8%	16%	49%	24%	9%	18%	68%	13%	5%	15%	80%	5%	1%	13%
TX	59%	20%	8%	14%	61%	19%	7%	13%	64%	17%	6%	14%	63%	17%	5%	16%
UT	53%	27%	8%	12%	63%	21%	6%	10%	51%	25%	7%	16%	67%	16%	5%	12%
VA	56%	19%	8%	17%	54%	21%	8%	17%	56%	20%	6%	18%	60%	18%	4%	18%
WI	56%	20%	8%	17%	54%	21%	8%	17%	47%	21%	9%	22%	56%	16%	6%	21%
WV	41%	23%	9%	26%	27%	30%	11%	31%	43%	21%	9%	27%	34%	26%	10%	31%
WY	47%	24%	9%	21%	46%	25%	9%	20%	48%	24%	8%	19%	51%	23%	8%	18%

Source: Plan information is from the plan landscape files and active plan selections in the CMS Multidimensional Insurance Data Analytics System (MIDAS) for states using the HealthCare.gov platform between PY14 and PY18.

Note: 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. Estimates include all states that had plan selections on the HealthCare.gov platform in the prior OEP and include for 36 states for PY15, 37 states for PY16, 38 states for PY17, and 39 states for PY18. See the "Methods and Limitations" section for more details.