DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
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Plan Year 2022 Qualified Health Plan Choice and Premiums in HealthCare.gov States

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Note: *This report and appendix's plan year 2014–2020 metrics match those in the plan year 2021 report and appendix. Some of the plan year 2021 pre-American Rescue Plan metrics in this report and appendix have minor differences from those in the plan year 2021 report and appendix due to the use of updated enrollment data. The methodology document includes further details.*

Key Findings

- *Subsidy Effects*: **Net premiums have decreased considerably following implementation of the American Rescue Plan Act of 2021** (ARP). Advance Payments of the Premium Tax Credit (APTC) payments have increased post-ARP, leading to decreased net premiums including the newly-eligible households with income levels greater than 400% Federal Poverty Level (FPL).
    - If PY21 HealthCare.gov enrollees stay within their chosen metal level, 67% of enrollees can select a PY22 QHP for less than $10 per month after-APTC. This is similar to the percentage of enrollees in post-ARP PY21, and up from 31% of enrollees in pre-ARP PY21.
    - The average Lowest Cost Silver Plan (LCSP) net premium after-APTC for a 27 year-old with household income of 150% of the FPL decreased significantly in PY21 post-ARP compared to PY21 pre-ARP, to $0 post-ARP from $57 pre-ARP. In PY22, the 27 year-old with household income of 150% of the FPL continues to be eligible for a $0 LCSP after-APTC.
    - The average Lowest Cost Plan (LCP) net premium after-APTC for a family of four with household income of 250% of the FPL decreased significantly in PY21 post-ARP compared to PY21 pre-ARP, to $1 post-ARP from $75 pre-ARP. In PY22, the family of four continues to be eligible for a heavily reduced LCP net premium after APTC ($3 LCP).

- *Cost Sharing*: **Deductibles for QHPs in Healthcare.gov states are decreasing for bronze and gold plans. Some Silver CSR plan variations are increasing slightly but have gone down for the 94% AV CSR plan.** From PY21 to PY22, the median individual deductible decreased from $6,991 to $6,935 for bronze QHPs, and from $1,528 to $1,398 for gold QHPs. The median individual deductible increased from $610 to $637 for enrollees with household income above 150% and up to 200% of the FPL who enroll in a silver CSR plan variation but decreased from $71 to $48 for enrollees with household income equal to or above 100% and up to 150% of the FPL who enroll in a silver CSR plan variation.

- *Issuer Participation*: **For PY22 there are 213 QHP issuers in Healthcare.gov states, an increase of 32 issuers from PY21.** Out of the 33 PY22 Healthcare.gov states, 18 states have more QHP issuers participating in PY22 than PY21, and 25 states have counties with more QHP issuers in PY22 than PY21 due to new issuers entering and existing issuers expanding service areas. Delaware continues to be the only state with a single QHP issuer in PY22.

- *Consumer Options*: **Healthcare.gov states' PY22 Exchange enrollees have greater issuer choice compared to PY21.** The average PY22 enrollee has between 6 and 7 QHP issuers available, compared to between 4 and 5 QHP issuers in PY21. In PY22, 2% of enrollees have access to only one QHP issuer, compared to 4% in PY21.

- *Average Premiums*: **For Healthcare.gov states, the average second lowest cost silver plan (SLCSP) premium attributable to Essential Health Benefits (EHBs), also known as the benchmark plan premium, decreased 3% from PY21 to PY22 for a 27 year-old. This is similar to a 3% decrease from PY20 to PY21.**

This report presents CMS Qualified Health Plan (QHP) information for states with Exchanges using the HealthCare.gov eligibility and enrollment platform (HealthCare.gov Exchanges).[1] It includes plan year 2018 (PY18)–PY22 issuer participation, consumer choice, premiums, and cost sharing metrics. The accompanying appendix file contains PY14–PY22 state- and county-level values, including some metrics which this report does not present, such as enrollee access by plan type and the percentage of plans with separate drug deductibles. As a result of The American Rescue Plan Act of 2021 (ARP) being signed into law on March 11, 2021, more Healthcare.gov enrollees are eligible as of April 1, 2021 for additional financial assistance via increased subsidies. Thus, where relevant, there are two sets of 2021 premium metrics to reflect pre- and post-ARP scenarios. The associated methodology document includes data source and metric definitions.

Unless otherwise specified, metrics reflect all HealthCare.gov states for the given year and exclude catastrophic, child-only, stand-alone dental, and Small Business Health Options Program (SHOP) plans. This report weights pre-ARP PY21 and prior national and state averages by Open Enrollment Period county-level consumer plan selections; post-ARP PY21 and PY22 national and state averages are weighted by the Special Enrollment Period selections. For weighting PY22 metrics, this report uses post-ARP PY21 consumer plan selections because PY22 plan selections are not yet available. This report uses unrounded numbers to calculate absolute and percent changes, so readers may get different results when performing the same calculations on the rounded numbers; the unrounded numbers are generally available in the appendix file.

This material was produced and disseminated at U.S. taxpayer expense.

[1] HealthCare.gov states include Federally-facilitated Exchanges (FFE) and State-based Exchanges on the Federal Platform (SBE-FP).

I. QHP Issuer Participation and Consumer Choice

Table 1 shows PY18–PY22 QHP issuer participation and plan availability. For PY22 there are 213 QHP issuers participating in HealthCare.gov states, an increase of 32 issuers from PY21. On average, PY22 enrollees have access to between 6 and 7 QHP issuers, and over 107 QHPs, both of which are greater than all previous years. Additionally, 2% of PY22 enrollees have only one available QHP issuer, which is the lowest percentage since PY16.

Nearly all (more than 99%) enrollees continue to have access to Health Savings Account (HSA)-eligible QHPs in PY22.

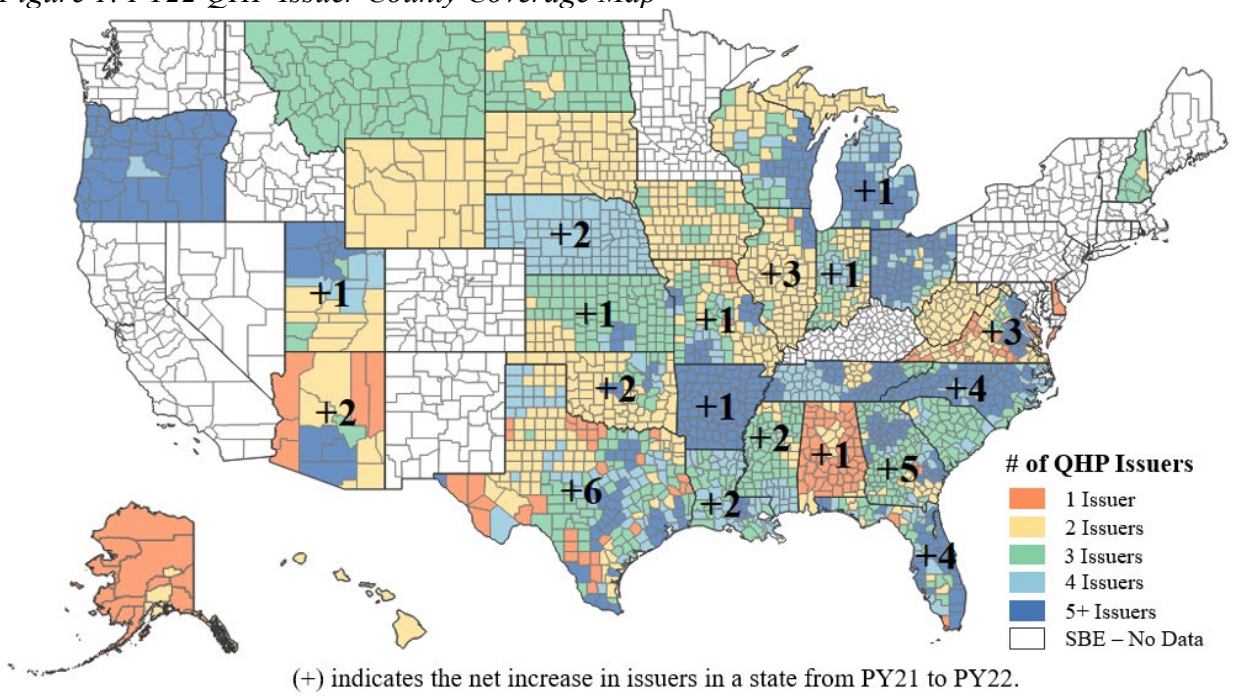
Table 1: QHP Issuer and Plan Availability

	PY18	PY19	PY20	PY21	PY22	PY20-PY21 Change	PY21-PY22 Change	PY18-PY22 Change
Number of QHP Issuers								
Total	132	155	175	181	213	6	32	81
Total in HealthCare.gov states in PY18 to PY22[2]	109	129	150	171	213	21	42	104
QHP Issuers Available to Enrollees								
Average Number	2.5	2.8	3.5	4.5	6.4	1.0	1.9	3.9
% of Enrollees with 1 Issuer Available	29%	20%	12%	4%	2%	-8%	-2%	-27%
% of Enrollees with 2 Issuers Available	26%	22%	20%	17%	9%	-3%	-9%	-17%
% of Enrollees with 3+ Issuers Available	44%	58%	68%	78%	89%	11%	10%	44%
Average Number of QHPs Available to Enrollees								
Total (All Metal Levels)	24.8	25.9	38.5	61.4	107.7	22.9	46.2	82.9
Bronze	7.2	7.9	13.4	22.7	40.8	9.3	18.2	33.7
Silver	12.3	12.3	17.4	28.1	45.8	10.7	17.6	33.5
Gold	4.2	4.6	6.5	9.1	19.4	2.6	10.3	15.2
Platinum	1.1	1.1	1.2	1.5	1.6	0.3	0.1	0.5
Enrollees with Access to HSA-Eligible QHPs								
Total (All Metal Levels)	92%	88%	97%	99%	>99%	3%	>0%	8%

Figure 1 shows the number of QHP issuers by county for PY22. Eighteen Healthcare.gov states have more QHP issuers in PY22 than PY21. Two Healthcare.gov states (Florida and North Carolina) have four more QHP issuers in PY22, and two Healthcare.gov states (Georgia and Texas) have five or more new QHP issuers. No Healthcare.gov states have fewer QHP issuers in PY22 than PY21. Only one HealthCare.gov state (Delaware) has a single PY22 QHP issuer. In PY22, 10 Healthcare.gov states have counties with a single QHP issuer, compared to 15 Healthcare.gov states in PY21.

[2] Excludes Nevada (stopped using HealthCare.gov in PY20), New Jersey and Pennsylvania (stopped using HealthCare.gov in PY21), and Kentucky, Maine, and New Mexico (stopped using HealthCare.gov in PY22).

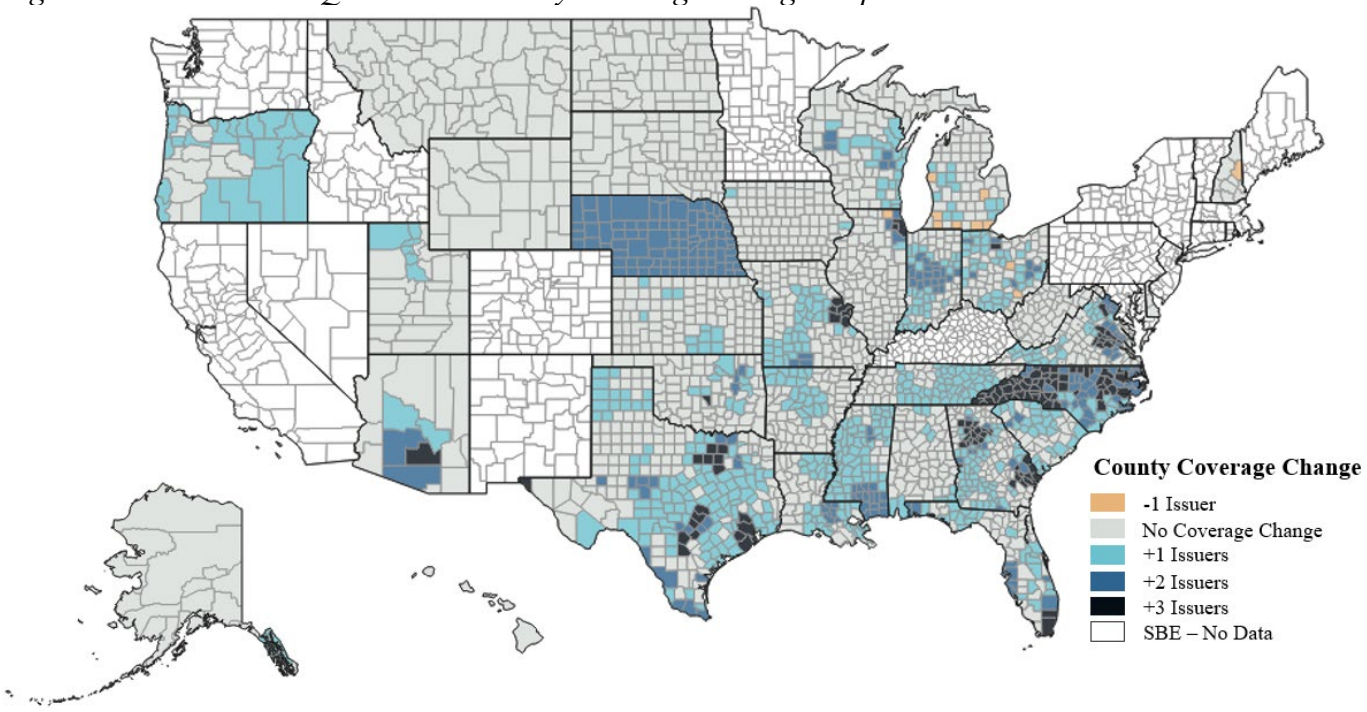
Figure 1: PY22 QHP Issuer County Coverage Map



(+) indicates the net increase in issuers in a state from PY21 to PY22.

Figure 2 shows the change in number of QHP issuers by county from PY21 to PY22. County coverage has generally increased, and 25 out of 33 Healthcare.gov states have at least one county with more QHP issuers in PY22 than PY21. Two Healthcare.gov states (Nebraska and North Carolina) have an additional QHP issuer statewide, and four Healthcare.gov states (Illinois, Michigan, New Hampshire, and Ohio) have counties with fewer QHP issuers in PY22 than PY21.

Figure 2: PY21 to PY22 QHP Issuer County Coverage Change Map



II. Premiums[3]

Table 2 shows average HealthCare.gov state SLCSP EHB gross premiums (benchmark plan premiums) for a 27 year-old and a family of four, average Lowest Cost Silver Plan (LCSP) gross and net premiums for a 27 year-old with household income of 150% of the FPL, and average Lowest Cost Plan (LCP) gross and net premiums for a family of four with household income of 250% of the FPL. Gross premiums continue to decrease steadily, with premiums for a 27 year-old decreasing 3% from PY21 to PY22, and premiums for a family of four decreasing 3% from PY21 to PY22. This continues the trend since PY18, with average benchmark plan premiums for a 27 year-old decreasing 10%, and typical family of four[4] average benchmark plan premiums decreasing 9%.

As a result of the ARP implementation, there are far more expansive changes to net premiums for a 27 year-old and the family of four. Average LCSP net premium for a 27 year-old with household income of 150% of the FPL has decreased from $57 pre-ARP PY21 to $0 post-ARP PY21, and continues to be $0 for PY22. This reflects an increase in APTC-covered premium from 84% pre-ARP PY21 to 100% post-ARP PY21 and PY22. Similarly, average LCP net premium for a family of four with household income of 250% of the FPL has decreased from $75 pre-ARP PY21 to $1 post-ARP PY21, and continues to remain heavily subsidized for PY22 ($3 monthly net premium). This reflects an increase in APTC-covered premium from 93% pre-ARP PY21 to near 100% post-ARP PY21 and PY22. For PY21 and PY22, the ARP increased the PTC amounts that enrollees qualify for and makes PTCs newly available to otherwise eligible households with an income greater than 400% of the FPL. Average maximum APTC amounts have increased more (percentage-wise) than the average benchmark plan premiums since PY18. This is a result of changes to the APTC formula requirement that decrease the fixed amount of contribution households of a given income level make towards the benchmark plan premium, leading to a greater proportion of premium coverage via the APTC payment.

The average HealthCare.gov state maximum net premium amount for a typical family of four, with a household income at 250% of the FPL,[5] has decreased 95% since PY18. Based on PY21 enrollment and PY22 premiums, CMS projects the HealthCare.gov enrollee average maximum APTC amount will decrease by 2% from PY21 post-ARP to PY22 which is a decrease of 46% since PY18. HealthCare.gov enrollee APTC changes reflect demographic shifts and benchmark plan premium changes.

Table 2: Premiums and Maximum APTC Amounts[6]

	PY18	PY20	PY21 before ARP	PY21 after ARP	PY22	PY21 before and after ARP Change	PY21 after ARP - PY22 Change	PY18-PY22 Change
Average Benchmark Plan Premium (Before APTC)								
27 Year-Old	$411	$389	$379	$379	$368	N/A	-3%	-10%
Family of Four	$1,590	$1,524	$1,485	$1,485	$1,440	N/A	-3%	-9%
27 Year-Old (with Household Income at 150% of the FPL)[7]								
Average LCSP Premium Before APTC	$390	$374	$369	$369	$362	N/A	-2%	-7%
Average LCSP Net Premium After APTC	$44	$51	$57	$0	$0	-100%	0%	-100%

[3] All premium and APTC amounts shown in this report are per month amounts. The LCP is typically a bronze plan.
[4] A "typical family of four" is defined here as two parents age 26 or older and two children with ages younger than 18.
[5] 250% of the FPL for a family of four is equal to $66,250 in PY22 for the 48 contiguous states and the District of Columbia, using the applicable 2021 Poverty Guidelines.
[6] Premium information for a 27-year-old uses the lowest cost silver plan (LCSP), because this individual is eligible for a 94% AV silver plan variation. Premium information for a family of four or HealthCare.gov enrollees uses the LCP.
[7] 150% of the FPL for a single person is equal to $19,320 in PY22 for the 48 contiguous states and the District of Columbia, using the applicable 2021 Poverty Guidelines.

	PY18	PY20	PY21 before ARP	PY21 after ARP	PY22	PY21 before and after ARP Change	PY21 after ARP - PY22 Change	PY18-PY22 Change
Average % of LCSP Premium Covered by APTC	89%	86%	84%	100%	100%	16%	0%	12%
Family of Four (with Household Income at 250% of the FPL)								
Average LCP Premium Before APTC	$1,127	$1,077	$1,064	$1,064	$1,061	N/A	0%	-6%
Average LCP Net Premium After APTC	$53	$60	$75	$1	$3	-99%	337%	-95%
Average % of LCP Premium Covered by APTC	95%	94%	93%	>99%	>99%	7%	0%	5%
HealthCare.gov Enrollees								
Average LCP Premium Before APTC	$471	$451	$446	$443	$441	-1%	<0%	-7%
Average LCP Net Premium After APTC	$76	$70	$65	$42	$41	-36%	-2%	-46%
Average % of LCP Premium Covered by APTC	84%	85%	85%	90%	91%	5%	1%	8%

Figure 3 shows premium amounts and trends differ considerably between enrollees with substantially different household incomes. In PY21 prior to the ARP, 89% of HealthCare.gov consumers who made a plan selection during Open Enrollment were APTC-eligible. Following the ARP, those with a household income over 400% of the FPL can now also be APTC-eligible. 92% of consumers who made a plan selection through the 2021 Special Enrollment Period after the ARP implementation on April 1, 2021 were APTC-eligible. Of these APTC-eligible enrollees, 3% were not APTC-eligible before the ARP implementation.[8]

For a 27 year-old in a HealthCare.gov state with household income at 150% of the FPL, the bronze LCP net premium has remained less than $5 from PY18 to PY22 and is $0 in PY22. The silver LCP net premium is decreasing to $0 in both PY21 post-ARP and PY22 from $57 in PY21 pre-ARP, while the gold LCP net premium is decreasing to $24 in PY22 from $89 in PY21 pre-ARP and $105 in PY18. The changes in LCP net premiums are due to changes in the average difference between the benchmark plan premium used to determine APTC amounts and the LCP premiums at each metal level. Implementation of the ARP has allowed for situations where a 27 year-old with household income of 150% of the FPL may be able to obtain a $0 cost-sharing reduction (CSR) silver plan variant at the 94% AV.[9,10] This results in not only a reduction in plan premium cost, but also eligibility for better coverage.

For PY22, the reported premiums are net premiums including the APTC payment following the ARP implementation. A 27 year-old in a HealthCare.gov state with a household income at 450% of the FPL[11] has a $373 average gold LCP net premium, a $351 average silver LCP net premium, and a $263 average LCP bronze net premium. LCP net premiums for all three metal levels at 450% of the FPL have consistently decreased since PY18, with the exception of bronze LCP net premiums in PY22 which saw a slight increase. LCP bronze and silver gross premiums have remained relatively stable between PY21 and PY22. The ARP's introduction of a

[8] Despite meeting the income requirements, some consumers are not APTC-eligible because they are eligible for minimum essential coverage outside of the individual market, do not attest that they will file federal income taxes for the coverage year, or do not attest that they will file federal income taxes jointly with a spouse when married.

[9] A cost-sharing reduction silver plan variant lowers the corresponding deductibles, copayments, coinsurances, and the out-of-pocket maximum in the standard silver plan.

[10] This scenario is predicated on enrollees having access to plans that have 100% EHB percent of total premium.

[11] 450% FPL for a single person is equal to $57,960 in PY22 for the 48 contiguous states and the District of Columbia, using the applicable 2021 Poverty Guidelines.

maximum 8.5% household income contribution toward benchmark plan premiums for households with income of greater than 400% of the FPL is responsible for the net premium decreases from PY21 pre-ARP to PY21 post-ARP and PY22. While the net premiums do decrease, the effect becomes minimal for 27 year-olds with household income of 450% and above of the FPL. Similarly, while there are some counties where a 27 year-old with household income of 450% or more of the FPL is not eligible for APTC payment (since the SLCSP premium is less than 8.5% of household income), different age and income combinations (lower income at age 27, older age at 450% of the FPL, etc.) lead to different rates of eligibility for a non-zero APTC payment post-ARP in PY22.

Figure 3: Average Bronze, Silver, and Gold LCP Premiums After the Application of APTC for 27 Year-Old State Enrollees with an Income of 450% of the FPL and LCP Premiums After the Application of APTC for 27 Year-Old Enrollees with an Income of 150% of the FPL

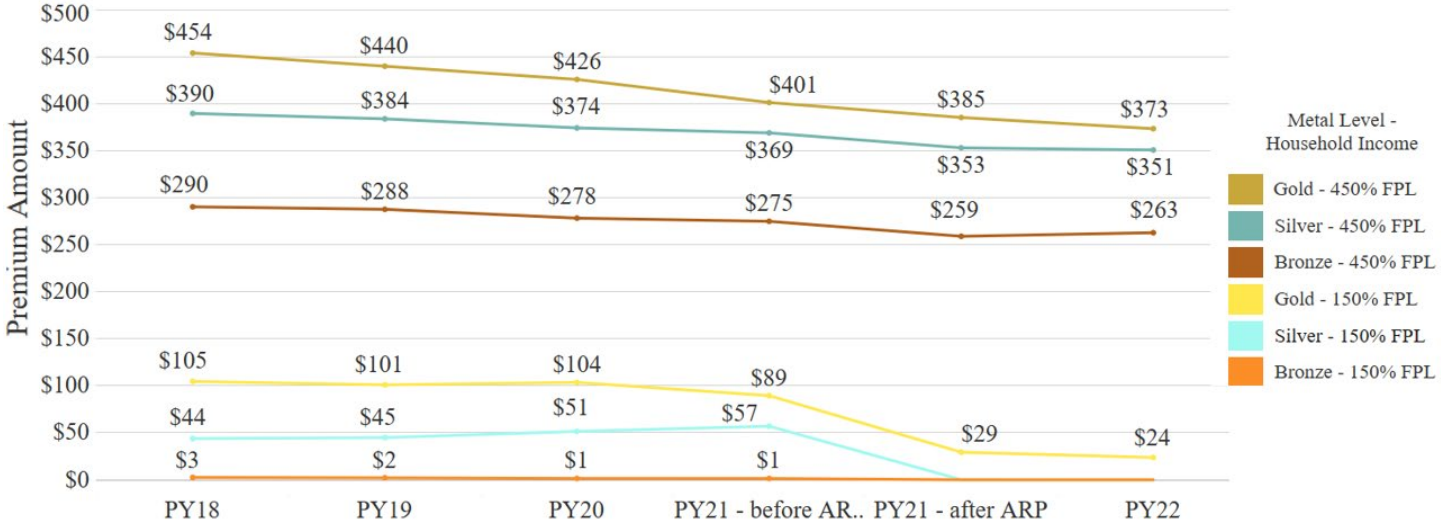


Figure 4 shows a comparison of two sample families of four – one with household income of 250% of the FPL and the other with household income of 500% of the FPL – who are enrolled in the Lowest Cost Plan (LCP). As shown, the after-APTC/net plan premium for a family of four with household income of 250% of the FPL was, on average, $75 per month in PY21 pre-ARP. Post-ARP implementation, that same sample family's net plan premium was $1 per month. In PY22, that family's net plan premium will be $3 per month.

A family of four with household income of 500% of the FPL did not receive subsidies prior to the passage of the ARP and paid, on average, $1,064 per month in PY21. Post-ARP implementation, that same family became potentially eligible for subsidies and paid $510 per month. In PY22, that family will pay $561 per month.

Figure 4: LCP Premiums for a Family of Four with a Household Income of 250% of the FPL, and a Household Income of 500% of the FPL

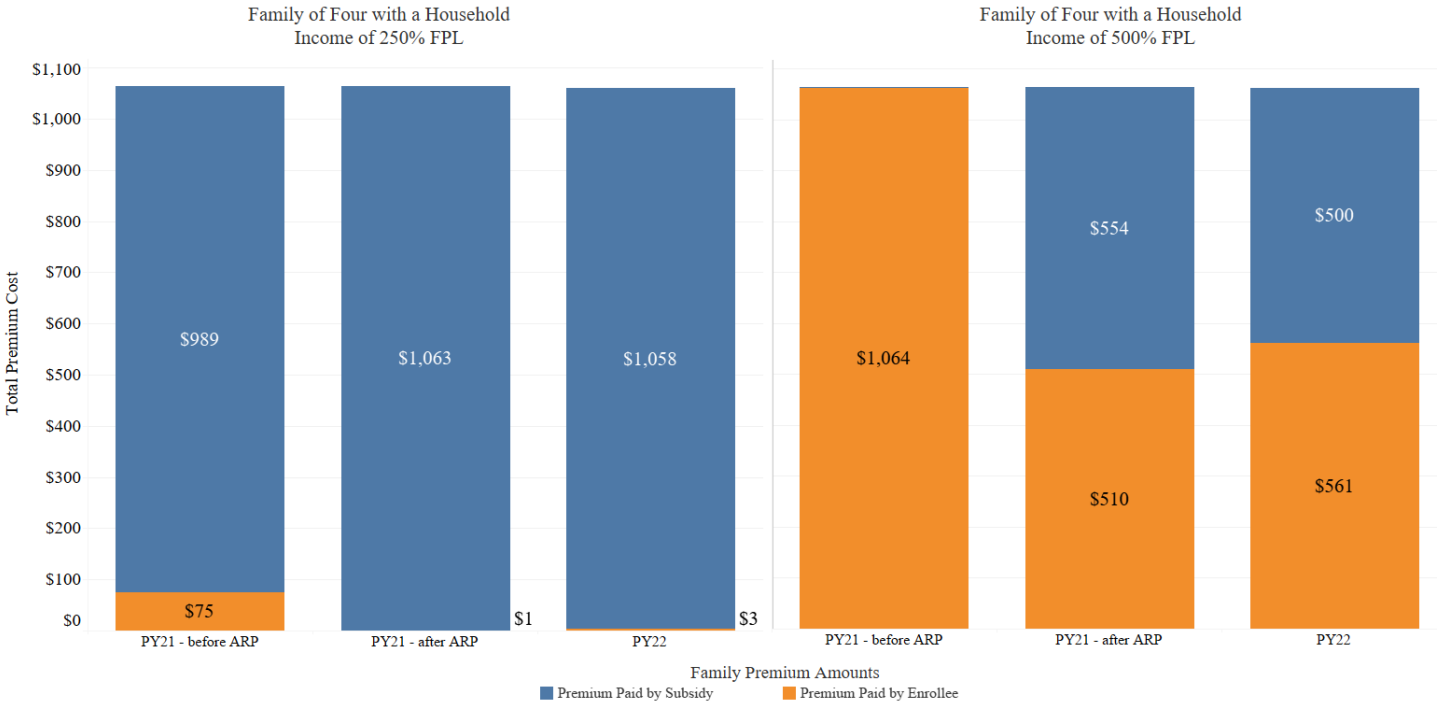
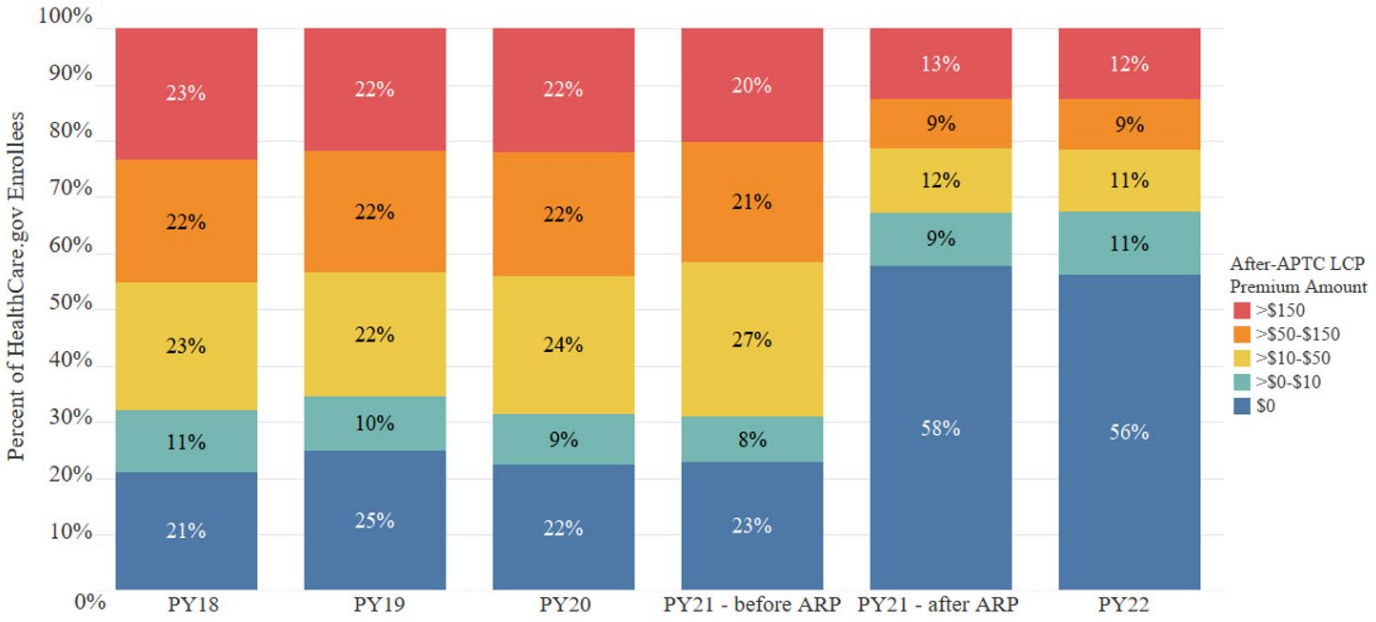


Figure 5 shows similar patterns for actual HealthCare.gov enrollees when incorporating their income and family compositions. Using enrollees who made plan selections during the PY21 post-ARP Special Enrollment Period and considering only the lowest cost plans in the enrollees' chosen metal level, 56% of enrollees can select a $0 net premium PY22 QHP, and 78% can select a less-than $50 net premium PY22 QHP. These are significant increases from PY18 through PY21 before the ARP when less than a quarter of enrollees could get a $0 net premium and over 40% of enrollees could not select a plan for under $50 after-APTC.

Figure 5: LCP Premiums Available to HealthCare.gov Enrollees in Their Chosen Metal Level after APTC



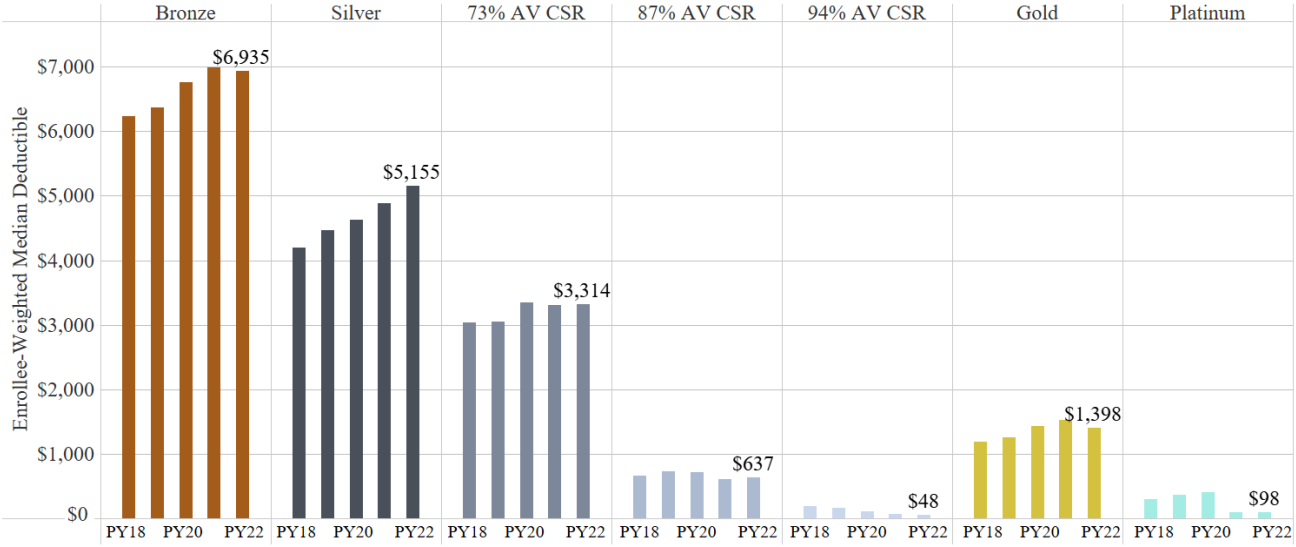
III. Cost Sharing and Plan Design

PY22 Deductibles for QHPs in HealthCare.gov states generally saw a decrease or a modest increase for all metal levels, with the exception of non-CSR silver plans which report a large increase. Figure 6 shows that the 73% actuarial value (AV)[12] silver plan variation median deductible has stayed relatively constant since PY20. The 87% AV variation[13] median deductible increased from $610 in PY21 to $637 in PY22, however, this deductible is still lower than other prior years since PY16. The 94% AV silver plan variation[14] median deductible decreased from $71 in PY21 to $48 in PY22.[15] Post-ARP PY21, 18% of HealthCare.gov consumers who selected a plan during the Special Enrollment Period were eligible for the 87% AV silver plan variation, and 41% were eligible for the 94% AV silver plan variation. The PY22 bronze plan median deductible is $6,935, which is a decrease of 1% from PY21, and is the first year the bronze plan median deductible has decreased since PY18. The PY22 silver plan median deductible is $5,155, which is an increase of 6% from PY21 and 23% from PY18. The PY22 gold plan median deductible is $1,398, which is a decrease of 9% from PY21, however it is an increase of 18% from PY18.

Note this report includes individual deductibles. PY22 QHPs all have a family deductible at least two times the individual deductible, although deductible structure details vary. Some QHPs embed "per person" individual deductibles within the family deductible.

Common benefit coverage before the deductible is also increasing or stable. For example, for bronze plans, primary care visit coverage before the deductible increased from 40% (PY21) to 54% (PY22) and generic drug coverage before the deductible increased from 50% (PY21) to 61% (PY22). For all silver plan variations, silver plans, and gold plans, coverage of these benefits before the deductible has stayed relatively consistent since PY20 with over 80% of plans covering primary care and generic drugs before the deductible.

Figure 6: Enrollee-Weighted Median QHP Deductibles by Metal Level



[12] The percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 70%, on average, the consumer would be responsible for 30% of the costs of all covered benefits. However, the consumer could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on their actual health care needs and the terms of their insurance policy.

[13] The 87% AV silver plan variation is available to APTC-eligible consumers with a household income greater than 150% of the FPL and less than or equal to 200% of the FPL.

[14] The 94% AV silver plan variation is available to APTC-eligible enrollees with a household income greater than or equal to 100% of the FPL and less than or equal to 150% of the FPL.

[15] The median individual medical deductible metric is equal to the average of the county-level median deductibles in a given metal level or silver plan CSR variation, weighted by county-level enrollment.