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## Plan Year 2020 Qualified Health Plan Choice and Premiums in HealthCare.gov States

October 22, 2019

*Note: This report's plan year 2014–2019 premium metrics have small methodological differences from those that the Office of the Assistant Secretary for Planning and Evaluation (ASPE) previously released in a [similar annual report](#). The [methodology document](#) includes further details on these changes.*

This report presents CMS Qualified Health Plan (QHP) information for states using the HealthCare.gov eligibility and enrollment platform (HealthCare.gov states)<sup>1</sup>. It includes plan year 2016 (PY16)–PY20 issuer participation, consumer choice, premiums, and cost sharing metrics. The accompanying [appendix file](#) contains PY14–PY20 state- and county-level metrics, as well as metrics not included in prior ASPE reports, such as enrollee access by plan type and the percent of plans with separate drug deductibles, that this report does not present. 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 plans. This report weights national and state averages by Open Enrollment Period county-level consumer plan selections. For PY20 this report uses PY19 consumer plan selections because PY20 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.

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<sup>1</sup> HealthCare.gov states include states with a Federally-facilitated Exchange (FFE) and states with a State-based Exchange on the Federal Platform (SBE-FP).

## Key Findings

- *Average Premiums:* The average HealthCare.gov state second lowest cost silver plan (SLCSP) premium attributable to Essential Health Benefits (EHBs), also known as the benchmark plan premium, decreased 4% from PY19 to PY20 for a 27 year-old. This compares to a 1% decrease from PY18 to PY19.
  - Six states (Delaware, Montana, Nebraska, North Dakota, Oklahoma, and Utah) have average benchmark plan premiums decreasing 10% or more from PY19 to PY20.
  - Three states (Indiana, Louisiana, and New Jersey) have average benchmark plan premiums increasing 10% or more from PY19 to PY20.
  
- *Subsidy Effects:* Premium amounts differ considerably depending on advance payments of the premium tax credit (APTC) eligibility.
  - In PY20 an APTC-eligible 27 year-old, with a household income at 150% of the Federal Poverty Level (FPL), has an average silver lowest cost plan (LCP) premium of \$52. In contrast, a 27 year-old Exchange enrollee who is not eligible for an APTC subsidy has an average silver LCP premium of \$374.
  - If PY19 HealthCare.gov enrollees stay within their chosen metal level, 97% of APTC-eligible enrollees versus 26% of APTC-ineligible enrollees can select a PY20 QHP for less than \$300. (In PY19, 88% of HealthCare.gov enrollees were APTC-eligible.)
  
- *Issuer Participation:* In PY20 there are 175 QHP issuers in HealthCare.gov states, an increase of 20 issuers from PY19. Out of the 38 PY20 HealthCare.gov states, 15 states have more QHP issuers participating in PY20 than PY19, and 28 states have counties with more QHP issuers in PY20 than PY19 due to new issuers entering and existing issuers expanding service areas. Only two states (Delaware and Wyoming) have a single QHP issuer in PY20, compared to five states in PY19.
  
- *Consumer Options:* HealthCare.gov states' PY20 Exchange enrollees have greater issuer choice compared to PY19. The average PY20 enrollee has between 3 and 4 QHP issuers available, compared to between 2 and 3 QHP issuers in PY19. In PY20, 12% of enrollees have access to only one QHP issuer, compared to 20% in PY19.
  
- *Cost Sharing:* Deductibles for QHPs in HealthCare.gov states continue to rise for enrollees without cost sharing reductions (CSRs), but remain stable or are decreasing for the two most generous silver CSR plan variations. From PY19 to PY20, the median individual deductible is increasing from \$6,368 to \$6,741 for bronze QHPs, from \$4,471 to \$4,604 for silver QHPs, and from \$1,251 to \$1,430 for gold QHPs. The median individual deductible is decreasing from \$725 to \$719 for enrollees with household income above 150% and up to 200% FPL who enroll in a silver CSR plan variation, and from \$161 to \$115 for enrollees with household income equal to or above 100% and up to 150% FPL who enroll in a silver CSR plan variation.

## I. QHP Issuer Participation and Consumer Choice

Table 1 shows PY16–PY20 QHP issuer participation and plan availability. In PY20 there are 175 QHP issuers participating in HealthCare.gov state Exchanges, an increase of 20 issuers from PY19. On average, PY20 enrollees have access to between 3 and 4 QHP issuers and nearly 38 QHPs, which is greater than PY17–PY19 averages but lower than PY16. Additionally, 12% of PY20 enrollees have only one available QHP issuer, which is the lowest percentage since PY16.

Nearly all (97%) enrollees have access to Health Savings Account (HSA)-eligible QHPs in PY20, compared to 88% in PY19. The percent of enrollees with access to an HSA-eligible bronze QHP increased from 87% in PY19 to 96% in PY20. Less than half (42%) of CSR-ineligible enrollees have access to an HSA-eligible silver QHP in PY20, which is down 2 percentage points from PY19 and 54 percentage points from PY16. Only 5% of enrollees have access to an HSA-eligible gold QHP in PY20, compared to 8% in PY19 and 57% in PY16.

Table 1: QHP Issuer and Plan Availability

	PY16 <sup>2</sup>	PY17	PY18	PY19	PY20	PY18- PY19 Change	PY19- PY20 Change	PY16- PY20 Change
<b>Number of QHP Issuers</b>								
Total	237	167	132	155	175	23	20	-62
Total in States Using HealthCare.gov in PY16 to PY20 <sup>3</sup>	233	160	128	151	173	23	22	-60
<b>QHP Issuers Available to Enrollees</b>								
Average Number	5.0	2.9	2.5	2.8	3.5	0.3	0.7	-1.5
% of Enrollees with 1 Issuer Available	2%	21%	29%	20%	12%	-9%	-8%	10%
% of Enrollees with 2 Issuers Available	11%	23%	26%	22%	21%	-4%	-2%	9%
% of Enrollees with 3+ Issuers Available	87%	56%	44%	58%	68%	13%	10%	-19%
<b>Average Number of QHPs Available to Enrollees</b>								
Total (All Metal Levels)	46.7	30.3	24.8	25.9	37.9	1.2	12.0	-8.8
Bronze	14.7	9.6	7.2	7.9	13.2	0.8	5.3	-1.5
Silver	19.0	14.4	12.3	12.3	17.2	0.0	4.9	-1.8
Gold	10.5	4.8	4.2	4.6	6.4	0.3	1.9	-4.1
Platinum	2.4	1.5	1.1	1.1	1.1	0.1	0.0	-1.3
<b>Enrollees with Access to HSA-Eligible QHPs<sup>4</sup></b>								
Total (All Metal Levels)	99%	95%	92%	88%	97%	-3%	9%	-2%
Bronze	96%	93%	90%	87%	96%	-3%	9%	-1%
Silver (no CSRs)	96%	59%	45%	44%	42%	-1%	-2%	-54%
Gold	57%	11%	6%	8%	5%	2%	-3%	-53%

Figure 1 shows the number of QHP issuers by county for PY20. Fifteen HealthCare.gov states have more QHP issuers in PY20 than PY19. Five states (Florida, Georgia, Kansas, South Carolina, and Utah) have two more QHP issuers in PY20, and one state (Missouri) has three more QHP issuers. No HealthCare.gov states have fewer QHP issuers in PY20 than PY19. Only two HealthCare.gov states (Delaware and Wyoming) have a single

<sup>2</sup> PY16 issuer and plan counts differ from previous ASPE reports because this report includes issuers and plans that were certified and available during some part of Open Enrollment. Previous ASPE reports generally used the data publicly available at the time of report generation and excluded plans decertified or suppressed after Open Enrollment.

<sup>3</sup> Excludes Kentucky (started using HealthCare.gov in PY17) and Nevada (stopped using HealthCare.gov in PY20).

<sup>4</sup> No Platinum QHPs are HSA-Eligible in any plan year.

PY20 QHP issuer, compared to five HealthCare.gov states in PY19. In PY20 20 HealthCare.gov states have counties with a single QHP issuer, compared to 24 HealthCare.gov states in PY19.

Figure 1: PY20 QHP Issuer County Coverage Map

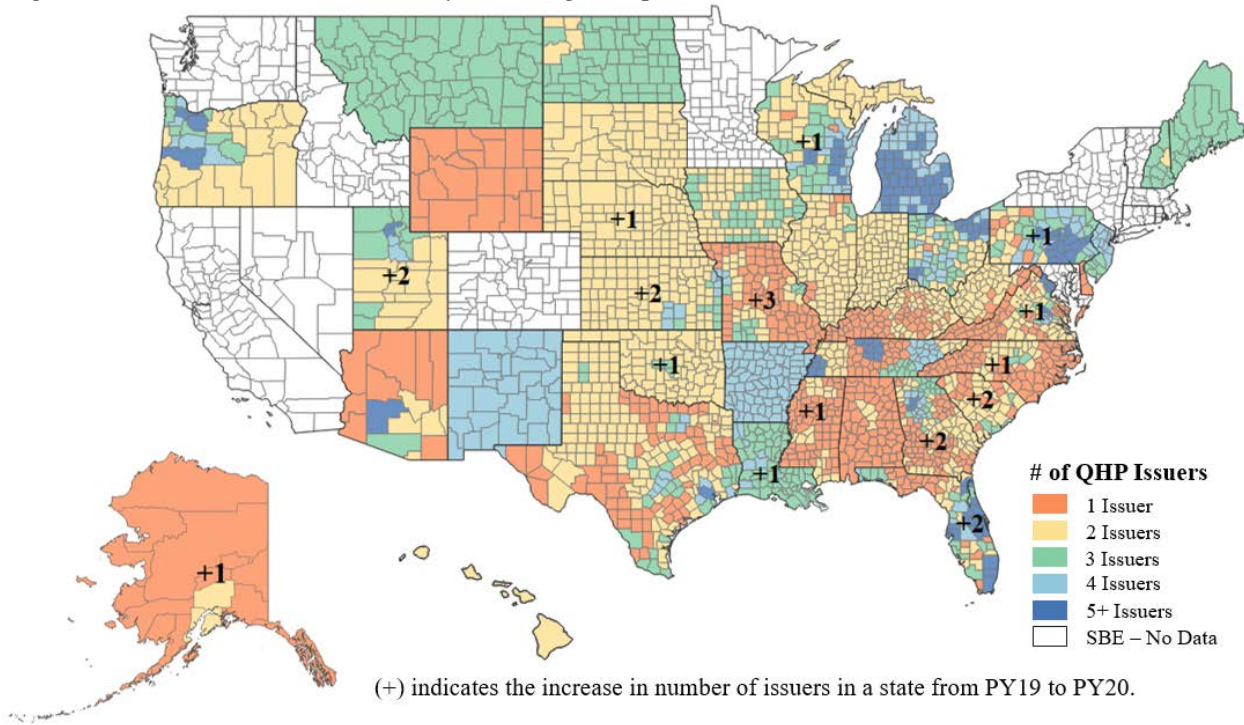
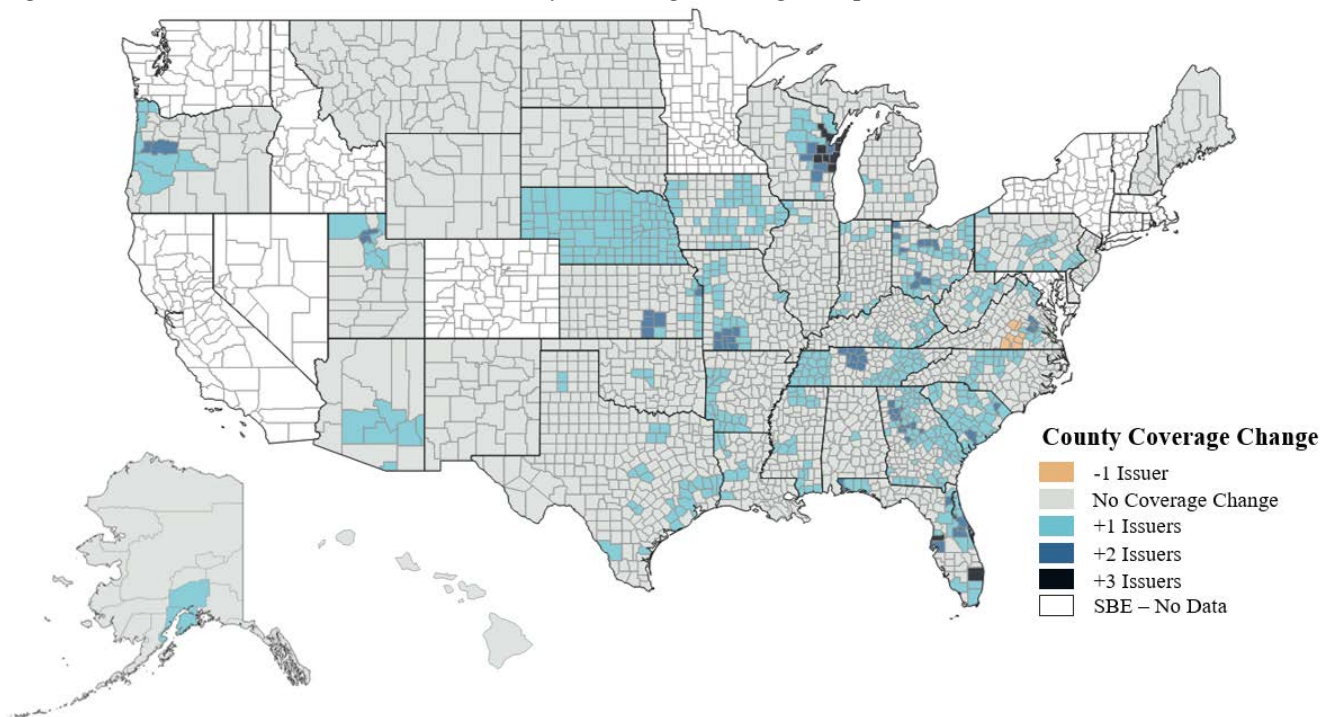


Figure 2 shows the change in number of QHP issuers by county from PY19 to PY20. County coverage has generally increased, and 28 out of 38 HealthCare.gov states have at least one county with more QHP issuers in PY20 than PY19. Only one HealthCare.gov state (Nebraska) has an additional QHP issuer state-wide, and only one HealthCare.gov state (Virginia) has counties with fewer QHP issuers in PY20 than PY19.

Figure 2: PY19 to PY20 QHP Issuer County Coverage Change Map



## II. Premiums<sup>5</sup>

Table 2 shows average HealthCare.gov state SLCSF EHB premiums (benchmark plan premiums) for a 27 year-old decreased 4% from PY19 to PY20, compared to a 1% decrease from PY18 to PY19. However, since PY16, average benchmark plan premiums for a 27 year old have increased 62%, and typical family of four average benchmark plan premiums have increased 74%. Similarly, PY20 average lowest cost plan (LCP) bronze, silver, and gold premiums for a 27 year-old HealthCare.gov Exchange enrollee decreased 3% from PY19, but increased between 43% and 61% (depending on metal level) since PY16.

Average maximum APTC amounts have increased more (percentage-wise) than the average benchmark plan premiums since PY16. This is a result of the APTC formula requirement that households of a given income level contribute a fixed amount towards the benchmark plan premium. The average HealthCare.gov state maximum APTC amount for a typical family of four, with a household income at 250% of the FPL<sup>6</sup>, has increased 134% since PY16. Based on PY19 enrollment and PY20 premiums, CMS projects the HealthCare.gov enrollee average maximum APTC amount will decrease by 7% from PY19 to PY20 but increase by 81% since PY16. HealthCare.gov enrollee APTC changes reflect demographic shifts and benchmark plan premium changes.

Table 2: Premiums and Maximum APTC Amounts

	PY16	PY17	PY18	PY19	PY20	PY18- PY19 Change	PY19- PY20 Change	PY16- PY20 Change
<b>Average Benchmark Plan Premium</b>								
27 Year Old	\$240	\$300	\$411	\$406	\$388	-1%	-4%	62%
Family of Four	\$873	\$1,092	\$1,590	\$1,591	\$1,520	<1%	-4%	74%
<b>Average LCP Premium (27 Year Old)</b>								
Bronze	\$195	\$247	\$290	\$288	\$278	-1%	-3%	43%
Silver	\$233	\$289	\$390	\$384	\$374	-1%	-3%	61%
Gold	\$286	\$382	\$454	\$440	\$426	-3%	-3%	49%
<b>Average LCP Premium (Family of Four)</b>								
Bronze	\$709	\$900	\$1,124	\$1,114	\$1,077	-1%	-3%	52%
Silver	\$847	\$1,052	\$1,508	\$1,485	\$1,446	-2%	-3%	71%
Gold	\$1,042	\$1,391	\$1,756	\$1,701	\$1,646	-3%	-3%	58%
<b>Average Maximum APTC Amount</b>								
27 Year Old with a Household Income of 150% FPL	\$180	\$239	\$350	\$343	\$323	-2%	-6%	80%
Family of Four with a Household Income of 250% FPL	\$460	\$676	\$1,175	\$1,153	\$1,075	-2%	-7%	134%
APTC-Eligible HealthCare.gov Enrollees	\$287	\$382	\$567	\$555	\$519	-2%	-7%	81%

<sup>5</sup> Differences between the premium methodology in this report and what ASPE used in prior reports include:

- Incorporating standalone dental plan (SADP) premiums when determining the SLCSF for families; when the coverage family includes children under the age of 19, SADP EHB premiums are added to silver plan EHB premiums for silver plans that do not cover child dental benefits.
- Using the premium attributable EHBs when reporting SLCSF premiums.
- Including tobacco users when calculating premiums for actual HealthCare.gov enrollees.
- Using two 40 year olds and two 0 to 14 year old children when calculating premiums for a sample family.

<sup>6</sup> 250% FPL for a family of four is equal to \$64,375 in PY20 for the 48 contiguous states and the District of Columbia.

Figure 3 shows premium amounts and trends differ considerably between APTC-eligible and APTC-ineligible Exchange enrollees. In PY19, 88% of HealthCare.gov consumers who made a plan selection during Open Enrollment were APTC-eligible. A HealthCare.gov APTC-eligible 27 year-old, with household income at 150% of the FPL<sup>7</sup>, has average PY20 silver and gold LCP premiums nearly the same as PY16 after the application of APTC, while the average after-APTC bronze LCP premium is decreasing from \$17 in PY16 to \$2 in PY20. From PY19 to PY20, the average after-APTC gold LCP premium increased 3%, and the average after-APTC silver LCP premium increased 15%. The increases are due to the average decrease in the difference between the SLCS EHB premium (used to determine APTC amounts) and the LCP premiums.

In PY20, a HealthCare.gov state APTC-ineligible 27 year-old Exchange enrollee has a \$426 average gold LCP premium, a \$374 average silver LCP premium, and a \$278 average LCP bronze premium. These are all more than 40% increases since PY16, but less than 4% decreases from PY19.

*Figure 3: Average Bronze, Silver, and Gold LCP Premiums for 27 Year-Old Exchange Enrollees Not Eligible for APTC and LCP Premiums After the Application of APTC for 27 Year-Old Enrollees with an Income of 150% FPL*

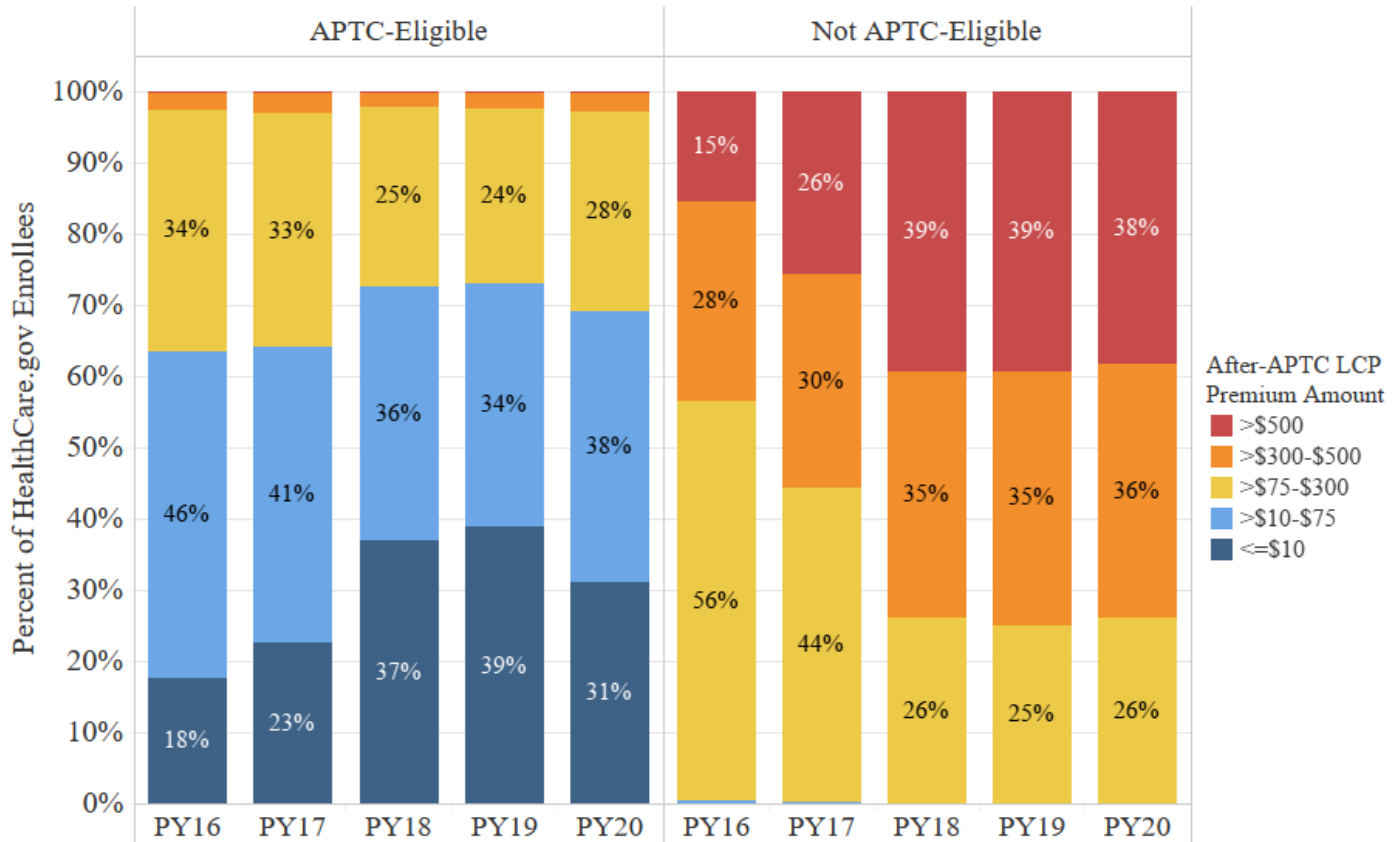


<sup>7</sup> 150% FPL for a single person is equal to \$18,735 in PY20 for the 48 contiguous states and the District of Columbia.



Figure 4 shows similar patterns for actual HealthCare.gov enrollees when incorporating their demographics, income, and family compositions. Using enrollees who made a PY19 Open Enrollment Period plan selection, and considering only plans in the enrollees' chosen metal level, 31% of APTC-eligible enrollees can select a less-than \$10 after-APTC premium PY20 QHP, and 69% can select a less-than \$75 after-APTC premium PY20 QHP. Considering APTC-ineligible enrollees, 26% have a less-than \$300 premium PY20 QHP available in their metal level, and 38% have only greater-than \$500 premium PY20 QHPs available in their metal level.

Figure 4: LCP Premiums Available to HealthCare.gov Enrollees in Their Chosen Metal Level after APTC<sup>8</sup>



<sup>8</sup> A small number of APTC-ineligible enrollees have an LCP available for less than \$75 due to two aspects of the methodology used to distribute premiums among household members:

- 1) This report calculates the after-APTC LCP premium at the policy level and then distributes it among the policy members based on each member's individual premium amount. As a result, APTCs can lower the premiums of APTC-ineligible individuals who are on policies with APTC-eligible family members.
- 2) When a policy includes more than 3 children such that some children are not rated, this report distributes the total child rate among all children younger than 21 years-old.

Table 3 shows the average benchmark plan premium for a 27 year-old for HealthCare.gov states. Six states (Delaware, Montana, Nebraska, North Dakota, Oklahoma, and Utah) have average benchmark plan premiums decreasing 10% or more from PY19, while three states (Indiana, Louisiana, and New Jersey) have average benchmark plan premiums increasing 10% or more. However, some of the states with the largest decreases still have relatively high premiums and vice versa. For example, while Nebraska's benchmark plan premium decreased 15% from PY19 to PY20, the average 27 year-old PY20 benchmark plan premium is \$583. On the other hand, while Indiana's average PY20 benchmark plan premium increased 13% from PY19, the average 27 year-old PY20 benchmark plan premium is \$314.

State highlights include:

- Wyoming has the highest average 27 year-old benchmark plan premium in PY20 (\$723), a 2% increase from PY19 (\$709).
- New Mexico has the lowest average 27 year-old benchmark plan premium in PY20 (\$282), a 6% decrease from PY19 (\$299).
- Indiana has the highest percentage increase in the average 27 year-old benchmark plan premium from PY19 (\$278) to PY20 (\$314), a 13% increase.
- Delaware has the greatest percentage decrease in the average 27 year-old benchmark plan premium from PY19 (\$561) to PY20 (\$449), a 20% decrease.
- Iowa has the highest percentage increase in the average 27 year-old benchmark plan premium from PY16 (\$246) to PY20 (\$608), a 148% increase.
- Alaska is the only state with a decrease in the average 27 year-old benchmark plan premium from PY16 (\$589) to PY20 (\$585), a 1% decrease.



Table 3: Average Benchmark Plan Premiums for a 27 Year-Old by State

State	PY16	PY17	PY18	PY19	PY20	PY18- PY19 Change	PY19- PY20 Change	PY16- PY20 Change
AK*	\$589	\$759	\$595	\$576	\$585	-3%	2%	-1%
AL	\$243	\$384	\$458	\$448	\$453	-2%	1%	87%
AR	\$241	\$230	\$298	\$310	\$300	4%	-3%	24%
AZ	\$196	\$423	\$426	\$384	\$362	-10%	-6%	85%
DE*	\$291	\$347	\$483	\$561	\$449	16%	-20%	54%
FL	\$235	\$272	\$383	\$391	\$383	2%	-2%	63%
GA	\$235	\$276	\$396	\$398	\$366	1%	-8%	56%
HI	\$211	\$271	\$359	\$404	\$381	12%	-6%	81%
IA	\$246	\$310	\$585	\$625	\$608	7%	-3%	148%
IL	\$205	\$288	\$400	\$391	\$369	-2%	-6%	81%
IN	\$228	\$228	\$279	\$278	\$314	0%	13%	38%
KS	\$217	\$308	\$425	\$452	\$412	6%	-9%	90%
KY	N/A	\$237	\$343	\$379	\$386	10%	2%	N/A
LA	\$289	\$338	\$390	\$372	\$410	-5%	10%	42%
ME*	\$259	\$316	\$481	\$444	\$419	-8%	-6%	62%
MI	\$213	\$228	\$313	\$313	\$295	0%	-6%	39%
MO	\$257	\$305	\$432	\$411	\$396	-5%	-3%	54%
MS	\$225	\$270	\$426	\$426	\$399	0%	-6%	77%
MT*	\$264	\$382	\$431	\$460	\$396	7%	-14%	50%
NC	\$319	\$445	\$514	\$508	\$457	-1%	-10%	44%
ND*	\$270	\$288	\$310	\$368	\$314	19%	-15%	16%
NE	\$272	\$416	\$629	\$687	\$583	9%	-15%	115%
NH	\$215	\$219	\$389	\$330	\$332	-15%	1%	54%
NJ*	\$271	\$286	\$339	\$289	\$321	-15%	11%	18%
NM	\$173	\$223	\$348	\$299	\$282	-14%	-6%	63%
NV	\$234	\$248	\$353	\$335	N/A	-5%	N/A	N/A
OH	\$211	\$224	\$304	\$312	\$307	3%	-2%	45%
OK	\$251	\$425	\$540	\$572	\$493	6%	-14%	96%
OR*	\$224	\$286	\$339	\$362	\$364	7%	0%	62%
PA	\$213	\$325	\$471	\$398	\$376	-15%	-6%	76%
SC	\$246	\$317	\$426	\$453	\$414	6%	-9%	68%
SD	\$270	\$374	\$429	\$457	\$486	7%	6%	80%
TN	\$236	\$387	\$608	\$449	\$419	-26%	-7%	78%
TX	\$220	\$262	\$358	\$364	\$353	2%	-3%	61%
UT	\$241	\$291	\$518	\$509	\$456	-2%	-10%	89%
VA	\$238	\$264	\$439	\$456	\$427	4%	-6%	80%
WI*	\$262	\$302	\$466	\$440	\$402	-5%	-9%	53%
WV	\$289	\$387	\$448	\$489	\$515	9%	5%	78%
WY	\$380	\$413	\$709	\$709	\$723	0%	2%	90%

\*: Indicates states with reinsurance State Innovation Waivers under Section 1332 of the Patient Protection and Affordable Care Act. Alaska and Oregon have waivers that first took effect in PY18. Maine, New Jersey, and Wisconsin have waivers that first took effect in PY19. North Dakota, Montana, and Delaware have waivers first taking effect in PY20.

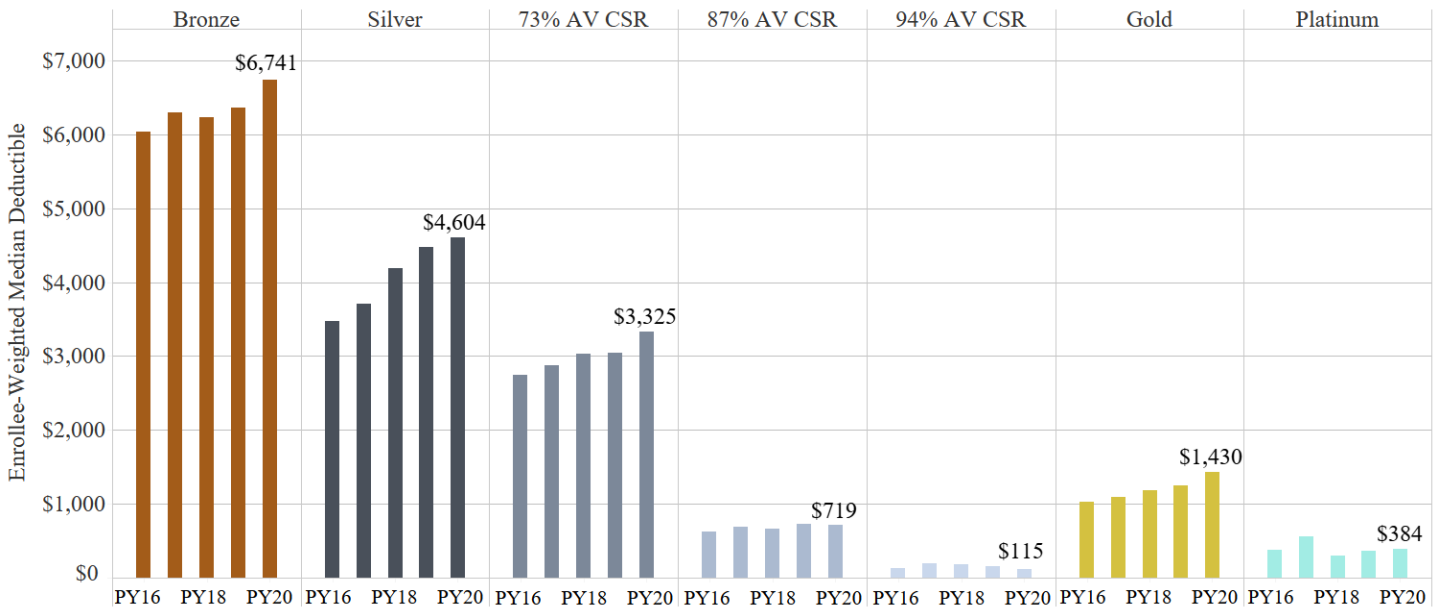
### III. Cost Sharing and Plan Design

Deductibles for QHPs in HealthCare.gov states continue to rise for enrollees without CSRs, but remain stable or are decreasing for the two most generous silver CSR plan variations. Figure 5 shows the PY20 bronze QHP median deductible is \$6,741, which is an increase of 6% from PY19 and 12% from PY16. The PY20 silver QHP median deductible is \$4,604, which is an increase of 3% from PY19 and 33% from PY16. The PY20 gold QHP median deductible is \$1,430, which is an increase of 14% from PY19 and 39% from PY16. However, the 87% actuarial value (AV) silver plan variation<sup>9</sup> median deductible decreased less than 1% from PY19 to \$719 in PY20, and the 94% AV silver plan variation<sup>10</sup> median deductible decreased from \$161 in PY19 to \$115 in PY20. In PY19, 21% of HealthCare.gov consumers who made a plan selection during Open Enrollment were eligible for the 87% AV silver plan variation, and 35% were eligible for the 94% AV silver plan variation.

Note this report includes individual deductibles. PY20 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.

While median CSR-ineligible Exchange enrollee deductibles are increasing, common benefit coverage before the deductible is also increasing. For example, primary care visit coverage before the deductible increased from 28% (PY19) to 33% (PY20) of bronze QHPs, and from 77% (PY19) to 82% (PY20) of silver QHPs. Generic drug coverage before the deductible increased from 31% (PY19) to 43% (PY20) of bronze QHPs, and from 81% (PY19) to 85% (PY20) of silver QHPs.

Figure 5: Enrollee-Weighted Median QHP Deductibles by Metal Level



<sup>9</sup> The 87% AV silver plan variation is available to APTC-eligible consumers with a household income greater than 150% FPL and less than or equal to 200% FPL.

<sup>10</sup> The 94% AV silver plan variation is available to APTC-eligible enrollees with a household income greater than or equal to 100% FPL and less than or equal to 150% FPL.