

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 2021 Qualified Health Plan Choice and Premiums in HealthCare.gov States

November 23, 2020¹

Note: This report and appendix's plan year 2014–2019 metrics match those in the plan year 2020 report and appendix. Some of the plan year 2020 metrics in this report and appendix have minor differences from those in the plan year 2020 report and appendix due to the use of updated enrollment data. The [methodology document](#) includes further details.

This report presents CMS Qualified Health Plan (QHP) information for states with Exchanges using the HealthCare.gov eligibility and enrollment platform (HealthCare.gov states)². It includes plan year 2017 (PY17)–PY21 issuer participation, consumer choice, premiums, and cost sharing metrics. The accompanying [appendix file](#) contains PY14–PY21 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. 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 national and state averages by Open Enrollment Period county-level consumer plan selections. For weighting PY21 metrics, this report uses PY20 consumer plan selections because PY21 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.

¹ Some of the premium metrics in this report differ slightly from those in the version published on October 19, 2020. Issuers in five states (Georgia, Kentucky, Indiana, Ohio, and West Virginia) modified the percent of their plans' premiums attributable to essential health benefits (EHBs) after the October 19, 2020, publication of the report.

² HealthCare.gov states include states with a Federally-facilitated Exchange (FFE) and states with a State-based Exchange on the Federal Platform (SBE-FP).

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Key Findings

- *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 PY20 to PY21 for a 27 year-old. This compares to a 4% decrease from PY19 to PY20.
 - Four states (Iowa, Maine, New Hampshire, and Wyoming) have average benchmark plan premiums decreasing 10% or more from PY20 to PY21.
 - One state (North Dakota) has an average benchmark plan premium increasing 10% or more from PY20 to PY21.
- *Subsidy Effects:* Premium amounts differ considerably depending on advance payments of the premium tax credit (APTC) eligibility.
 - In PY21 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 \$57 per month. In contrast, a 27 year-old Exchange enrollee who is not eligible for an APTC subsidy has an average silver LCP premium of \$369 per month.
 - If PY20 HealthCare.gov enrollees stay within their chosen metal level, 97% of APTC-eligible enrollees versus 27% of APTC-ineligible enrollees can select a PY21 QHP for less than \$300 per month. (In PY20, 88% of HealthCare.gov enrollees were APTC-eligible.)
- *Issuer Participation:* In PY21 there are 181 QHP issuers in HealthCare.gov states, an increase of 22 issuers from PY20 when considering only states using HealthCare.gov in both PY20 and PY21. Out of the 36 PY21 HealthCare.gov states, 16 states have more QHP issuers participating in PY21 than PY20, and 27 states have counties with more QHP issuers in PY21 than PY20 due to new issuers entering and existing issuers expanding service areas. Only one state (Delaware) has a single QHP issuer in PY21, compared to two states in PY20.
- *Consumer Options:* HealthCare.gov states' PY21 Exchange enrollees have greater issuer choice compared to PY20. The average PY21 enrollee has between 4 and 5 QHP issuers available, compared to between 3 and 4 QHP issuers in PY20. In PY21, 4% of enrollees have access to only one QHP issuer, compared to 12% in PY20.
- *Cost Sharing:* Deductibles for QHPs in HealthCare.gov states continue to rise for enrollees without cost sharing reductions (CSRs), but are decreasing for all silver CSR plan variations. From PY20 to PY21, the median individual deductible increased from \$6,755 to \$6,992 for bronze QHPs, from \$4,630 to \$4,879 for silver QHPs, and from \$1,432 to \$1,533 for gold QHPs. The median individual deductible decreased from \$718 to \$620 for enrollees with household income above 150% and up to 200% FPL who enroll in a silver CSR plan variation, and from \$113 to \$74 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 PY17–PY21 QHP issuer participation and plan availability. In PY21 there are 181 QHP issuers participating in HealthCare.gov state Exchanges, an increase of 6 issuers from PY20 and an increase of 22 issuers when considering only states using HealthCare.gov in both PY20 and PY21. On average, PY21 enrollees have access to between 4 and 5 QHP issuers, which is greater than in PY17–PY20, and over 60 QHPs, which is greater than all previous years. Additionally, 4% of PY21 enrollees have only one available QHP issuer, which is the lowest percentage since PY16.

Nearly all (more than 99%) enrollees have access to Health Savings Account (HSA)-eligible QHPs in PY21, compared to 97% in PY20. The percent of enrollees with access to an HSA-eligible bronze QHP increased from 96% in PY20 to more than 99% in PY21. Almost two-thirds (64%) of CSR-ineligible enrollees have access to an HSA-eligible silver QHP in PY21, which is up 23 percentage points from PY20 and 5 percentage points from PY17. Only 8% of enrollees have access to an HSA-eligible gold QHP in PY21, compared to 4% in PY20 and 11% in PY17.

Table 1: QHP Issuer and Plan Availability

	PY17	PY18	PY19	PY20	PY21	PY19- PY20 Change	PY20- PY21 Change	PY17- PY21 Change
Number of QHP Issuers								
Total	167	132	155	175	181	20	6	14
Total in States Using HealthCare.gov in PY17 to PY21 ³	152	117	138	159	181	21	22	29
QHP Issuers Available to Enrollees								
Average Number	2.9	2.5	2.8	3.5	4.5	0.7	0.9	1.5
% of Enrollees with 1 Issuer Available	21%	29%	20%	12%	4%	-8%	-8%	-17%
% of Enrollees with 2 Issuers Available	23%	26%	22%	20%	18%	-2%	-2%	-5%
% of Enrollees with 3+ Issuers Available	56%	44%	58%	68%	78%	10%	10%	21%
Average Number of QHPs Available to Enrollees								
Total (All Metal Levels)	30.3	24.8	25.9	38.5	60.4	12.6	21.9	30.0
Bronze	9.6	7.2	7.9	13.4	22.3	5.5	8.9	12.8
Silver	14.4	12.3	12.3	17.4	27.7	5.1	10.2	13.2
Gold	4.8	4.2	4.6	6.5	9.0	1.9	2.5	4.1
Platinum	1.5	1.1	1.1	1.2	1.5	0.1	0.3	<-0.0
Enrollees with Access to HSA-Eligible QHPs⁴								
Total (All Metal Levels)	95%	92%	88%	97%	>99%	9%	3%	5%
Bronze	93%	90%	87%	96%	>99%	9%	4%	6%
Silver (no CSRs)	59%	45%	44%	42%	64%	-2%	23%	5%
Gold	11%	6%	8%	4%	8%	-4%	3%	-3%

Figure 1 shows the number of QHP issuers by county for PY21. Sixteen HealthCare.gov states have more QHP issuers in PY21 than PY20. Two states (North Carolina, and Texas) have two more QHP issuers in PY21, and two states (Illinois and Oklahoma) have three more QHP issuers. No HealthCare.gov states have fewer QHP issuers in PY21 than PY20. Only one HealthCare.gov state (Delaware) has a single PY21 QHP issuer,

² Excludes Nevada (stopped using HealthCare.gov in PY20) and New Jersey and Pennsylvania (stopped using HealthCare.gov in PY21).

³ No Platinum QHPs are HSA-Eligible in any plan year.

compared to two HealthCare.gov states (Delaware and Wyoming) in PY20. In PY21, 15 HealthCare.gov states have counties with a single QHP issuer, compared to 20 HealthCare.gov states in PY20.

Figure 1: PY21 QHP Issuer County Coverage Map

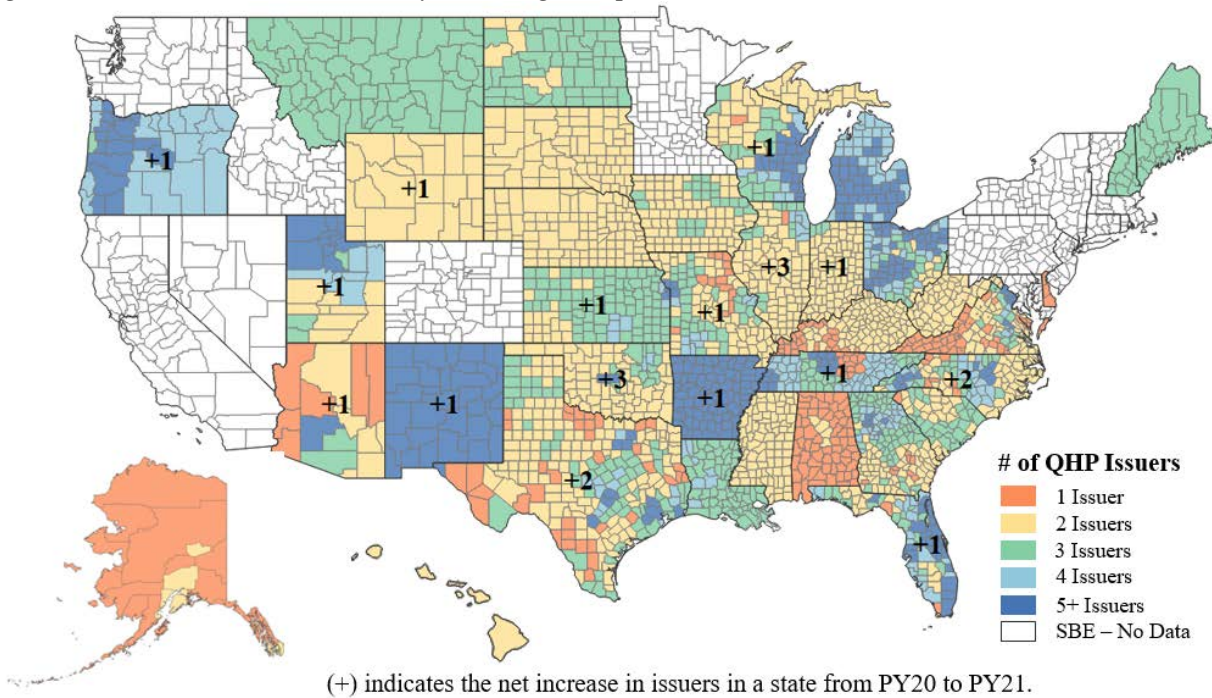
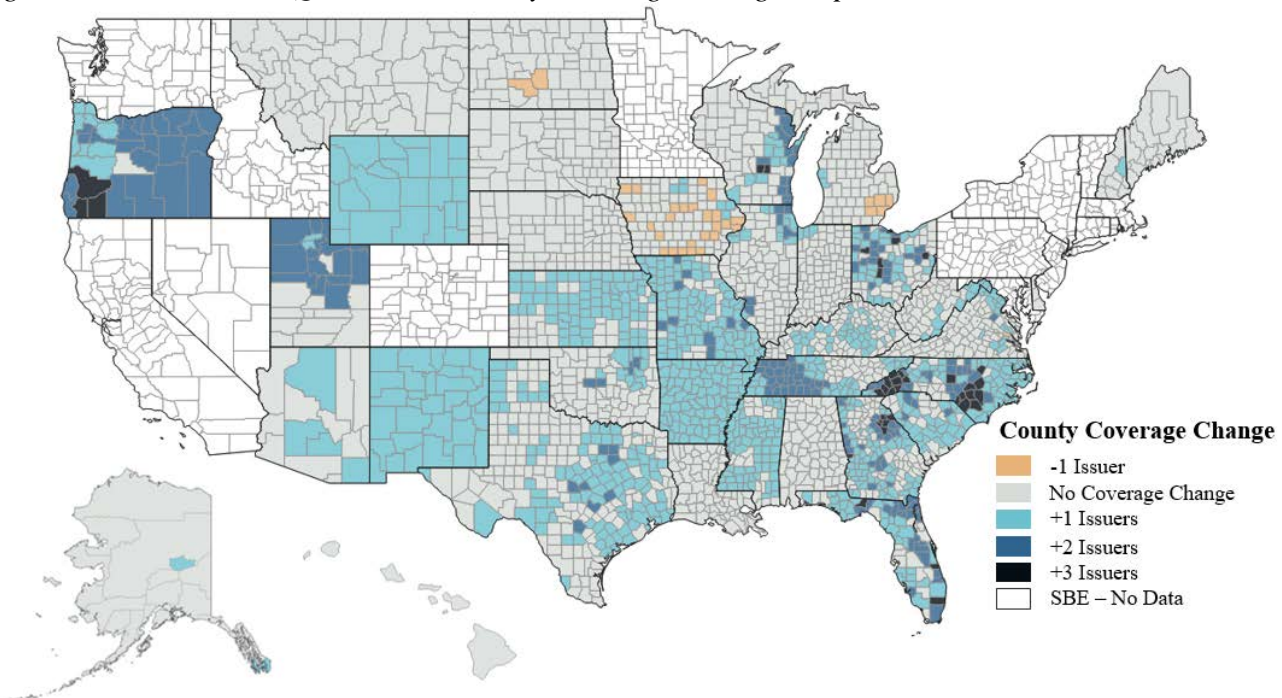


Figure 2 shows the change in number of QHP issuers by county from PY20 to PY21. County coverage has generally increased, and 27 out of 36 HealthCare.gov states have at least one county with more QHP issuers in PY21 than PY20. Three HealthCare.gov states (Arkansas, New Mexico, and Wyoming) have an additional QHP issuer statewide, and four HealthCare.gov states (Iowa, Michigan, North Dakota, and Virginia) have counties with fewer QHP issuers in PY21 than PY20.

Figure 2: PY20 to PY21 QHP Issuer County Coverage Change Map



II. Premiums^{5,6}

Table 2 shows average HealthCare.gov state SLCSPP EHB premiums (benchmark plan premiums) for a 27 year-old decreased 3% from PY20 to PY21, compared to a 4% decrease from PY19 to PY20. However, since PY17, average benchmark plan premiums for a 27 year-old have increased 26%, and typical family of four average benchmark plan premiums have increased 36%. Similarly, PY21 average lowest cost plan (LCP) bronze, silver, and gold premiums for a 27 year-old HealthCare.gov Exchange enrollee decreased between 1% and 6% (depending on metal level) from PY20, but increased between 5% and 28% since PY17.

Average maximum APTC amounts have increased more (percentage-wise) than the average benchmark plan premiums since PY17. 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 FPL⁷, has increased 52% since PY17. Based on PY20 enrollment and PY21 premiums, CMS projects the HealthCare.gov enrollee average maximum APTC amount will decrease by 4% from PY20 to PY21 but increase by 33% since PY17. HealthCare.gov enrollee APTC changes reflect demographic shifts and benchmark plan premium changes.

Table 2: Premiums and Maximum APTC Amounts

	PY17	PY18	PY19	PY20	PY21	PY19- PY20 Change	PY20- PY21 Change	PY17- PY21 Change
Average Benchmark Plan Premium								
27 Year-Old	\$300	\$411	\$406	\$389	\$379	-4%	-3%	26%
Family of Four	\$1,092	\$1,590	\$1,591	\$1,524	\$1,484	-4%	-3%	36%
Average LCP Premium (27 Year-Old)								
Bronze	\$247	\$290	\$288	\$278	\$275	-3%	-1%	11%
Silver	\$289	\$390	\$384	\$374	\$369	-3%	-1%	28%
Gold	\$382	\$454	\$440	\$426	\$402	-3%	-6%	5%
Average LCP Premium (Family of Four)								
Bronze	\$900	\$1,124	\$1,114	\$1,077	\$1,065	-3%	-1%	18%
Silver	\$1,052	\$1,508	\$1,485	\$1,448	\$1,427	-3%	-1%	36%
Gold	\$1,391	\$1,756	\$1,701	\$1,646	\$1,555	-3%	-6%	12%
Average Maximum APTC Amount								
27 Year-Old with a Household Income of 150% FPL	\$239	\$350	\$343	\$324	\$313	-5%	-4%	31%
Family of Four with a Household Income of 250% FPL	\$676	\$1,175	\$1,153	\$1,078	\$1,029	-6%	-5%	52%
APTC-Eligible HealthCare.gov Enrollees	\$382	\$567	\$555	\$528	\$509	-5%	-4%	33%

⁵ Differences between the premium methodology in this report and what the Office of the Assistant Secretary for Planning and Evaluation (ASPE) used in prior reports include:

- Incorporating standalone dental plan (SADP) premiums when determining the SLCSPP 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 pediatric dental benefits.
- Using the premium attributable EHBs when reporting SLCSPP 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.

⁶ All premium and APTC amounts shown in this report are per month amounts.

⁷ 250% FPL for a family of four is equal to \$65,500 in PY21 for the 48 contiguous states and the District of Columbia, using the applicable 2020 Poverty Guidelines.

Figure 3 shows premium amounts and trends differ considerably between APTC-eligible and APTC-ineligible Exchange enrollees. In PY20, 88% of HealthCare.gov consumers who made a plan selection during Open Enrollment were APTC-eligible. For a HealthCare.gov state 27 year-old, with household income at 150% of the FPL⁸, the bronze LCP premium after the application of APTC has remained less than \$20 from PY17 to PY21 and is \$1 in PY21. The after-APTC silver LCP premium is increasing to \$57 in PY21 from \$51 in PY20 and \$50 in PY17, while the after-APTC gold LCP premium is decreasing to \$90 in PY21 from \$104 in PY20 and \$145 in PY17. The changes in after-APTC LCP premiums are due to changes in the average difference between the SLCSP EHB premium (used to determine APTC amounts) and the LCP premiums at each metal level.

In PY21, a HealthCare.gov state APTC-ineligible 27 year-old Exchange enrollee has a \$402 average gold LCP premium, a \$369 average silver LCP premium, and a \$275 average LCP bronze premium. These are all increases since PY17, but between 1% and 6% decreases from PY20.

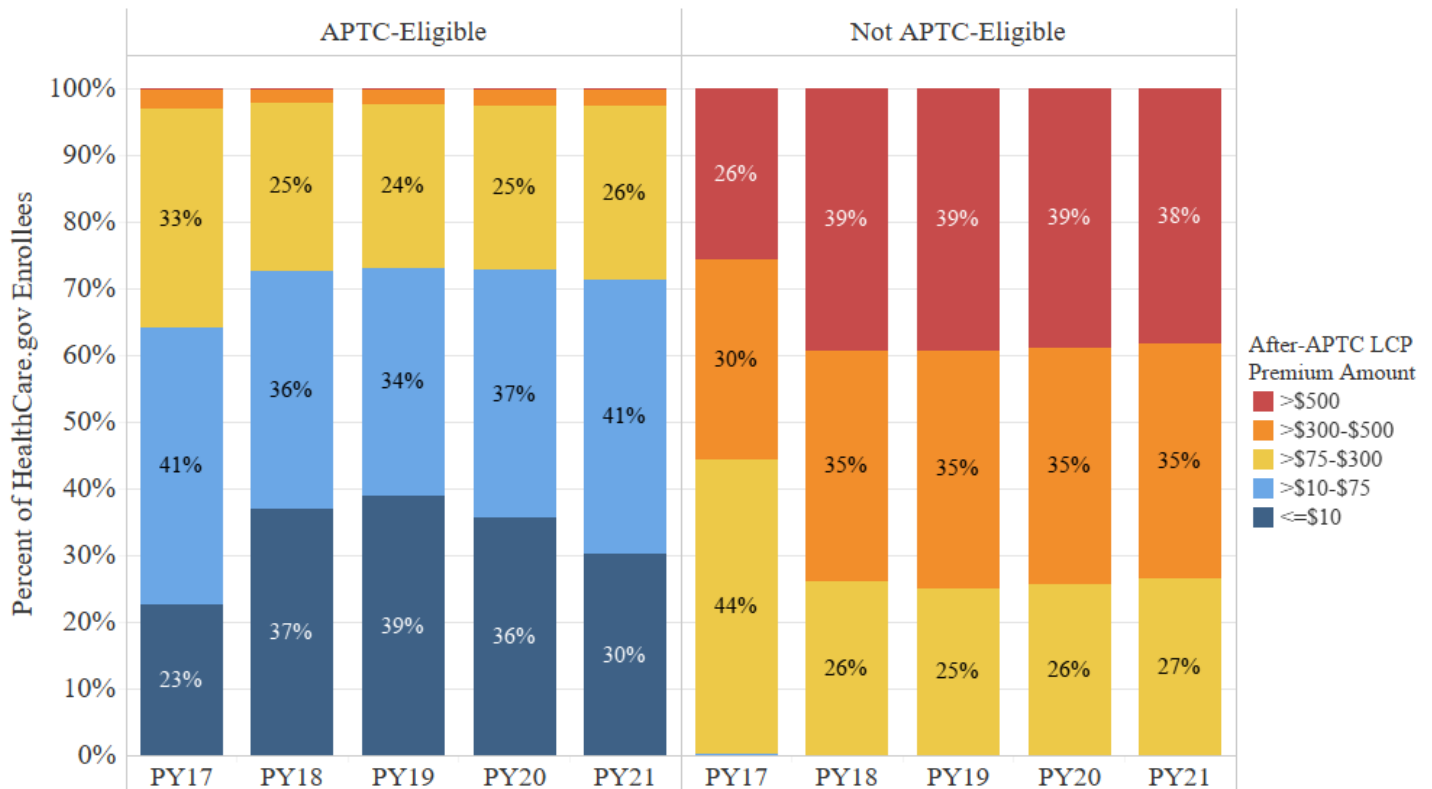
Figure 3: Average Bronze, Silver, and Gold LCP Premiums for 27 Year-Old Exchange Enrollees Not Eligible for APTC and LCP Premiums After the Application of APTC for 27 Year-Old Enrollees with an Income of 150% FPL



⁸ 150% FPL for a single person is equal to \$19,140 in PY21 for the 48 contiguous states and the District of Columbia, using the applicable 2020 Poverty Guidelines.

Figure 4 shows similar patterns for actual HealthCare.gov enrollees when incorporating their demographics, income, and family compositions. Using enrollees who made a PY20 Open Enrollment Period plan selection, and considering only plans in the enrollees' chosen metal level, 30% of APTC-eligible enrollees can select a less-than \$10 after-APTC premium PY21 QHP, and 71% can select a less-than \$75 after-APTC premium PY21 QHP. Considering APTC-ineligible enrollees, 27% have a less-than \$300 premium PY21 QHP available in their metal level, and 38% have only greater-than \$500 premium PY21 QHPs available in their metal level.

Figure 4: LCP Premiums Available to HealthCare.gov Enrollees in Their Chosen Metal Level after APTC^{9,10}



⁹ 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.

¹⁰ The percent of APTC-eligible HealthCare.gov enrollees that have only greater-than \$300 premium QHPs available in their chosen metal level is 3% in PY17, 2% in PY18–PY19, and 3% in PY20–PY21.

Table 3 shows the average benchmark plan premium for a 27 year-old for HealthCare.gov states. Four states (Iowa, Maine, New Hampshire, and Wyoming) have average benchmark plan premiums decreasing 10% or more from PY20, while one state (North Dakota) has 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 Wyoming's average benchmark plan premium decreased 10% from PY20 to PY21, the average 27 year-old PY21 benchmark plan premium is \$648. On the other hand, while Arkansas's average PY21 benchmark plan premium increased 8% from PY20, the average 27 year-old PY21 benchmark plan premium is still below average at \$323.

State highlights include:

- Wyoming has the highest average 27 year-old benchmark plan premium in PY21 (\$648), a 10% decrease from PY20 (\$722).
- New Hampshire has the lowest average 27 year-old benchmark plan premium in PY21 (\$273), an 18% decrease from PY20 (\$332).
- North Dakota has the highest percentage increase in the average 27 year-old benchmark plan premium from PY20 (\$313) to PY21 (\$404), a 29% increase.
- Iowa has the greatest percentage decrease in the average 27 year-old benchmark plan premium from PY20 (\$607) to PY21 (\$429), a 29% decrease.
- Kentucky has the highest percentage increase in the average 27 year-old benchmark plan premium from PY17 (\$237) to PY21 (\$386), a 63% increase.
- Four states (Alaska, Arizona, North Carolina, and Tennessee) had a decrease in the average 27 year-old benchmark plan premium from PY17 to PY21, with Alaska having the greatest percentage decrease from PY17 (\$759) to PY21 (\$552), a 27% decrease.

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

State	PY17	PY18	PY19	PY20	PY21	PY19- PY20 Change	PY20- PY21 Change	PY17- PY21 Change
AK*	\$759	\$595	\$576	\$585	\$552	1%	-6%	-27%
AL	\$384	\$458	\$448	\$453	\$484	1%	7%	26%
AR	\$230	\$298	\$310	\$300	\$323	-3%	8%	40%
AZ	\$423	\$426	\$384	\$362	\$357	-6%	-1%	-16%
DE*	\$347	\$483	\$561	\$449	\$442	-20%	-2%	28%
FL	\$272	\$383	\$391	\$384	\$374	-2%	-3%	38%
GA	\$276	\$396	\$398	\$366	\$373	-8%	2%	35%
HI	\$271	\$359	\$404	\$381	\$388	-6%	2%	43%
IA	\$310	\$585	\$625	\$607	\$429	-3%	-29%	38%
IL	\$288	\$400	\$391	\$370	\$346	-5%	-6%	20%
IN	\$228	\$279	\$278	\$314	\$328	13%	4%	44%
KS	\$308	\$425	\$452	\$412	\$391	-9%	-5%	27%
KY	\$237	\$343	\$379	\$388	\$386	3%	-1%	63%
LA	\$338	\$390	\$372	\$411	\$446	11%	8%	32%
ME*	\$316	\$481	\$444	\$418	\$360	-6%	-14%	14%
MI	\$228	\$313	\$313	\$295	\$285	-6%	-4%	25%
MO	\$305	\$432	\$411	\$399	\$392	-3%	-2%	29%
MS	\$270	\$426	\$426	\$399	\$376	-6%	-6%	40%
MT*	\$382	\$431	\$460	\$396	\$387	-14%	-2%	1%
NC	\$445	\$514	\$508	\$460	\$423	-9%	-8%	-5%
ND*	\$288	\$310	\$368	\$313	\$404	-15%	29%	40%
NE	\$416	\$629	\$687	\$584	\$573	-15%	-2%	38%
NH*	\$219	\$389	\$330	\$332	\$273	1%	-18%	25%
NJ*	\$286	\$339	\$289	\$321	N/A	11%	N/A	N/A
NM	\$223	\$348	\$299	\$282	\$278	-6%	-2%	24%
NV	\$248	\$353	\$335	N/A	N/A	N/A	N/A	N/A
OH	\$224	\$304	\$312	\$307	\$298	-2%	-3%	33%
OK	\$425	\$540	\$572	\$498	\$454	-13%	-9%	7%
OR*	\$286	\$339	\$362	\$364	\$357	0%	-2%	25%
PA	\$325	\$471	\$398	\$376	N/A	-6%	N/A	N/A
SC	\$317	\$426	\$453	\$415	\$388	-9%	-6%	23%
SD	\$374	\$429	\$457	\$487	\$506	7%	4%	35%
TN	\$387	\$608	\$449	\$422	\$380	-6%	-10%	-2%
TX	\$262	\$358	\$364	\$353	\$354	-3%	0%	35%
UT	\$291	\$518	\$509	\$456	\$443	-10%	-3%	52%
VA	\$264	\$439	\$456	\$427	\$392	-6%	-8%	49%
WI*	\$302	\$466	\$440	\$402	\$375	-9%	-7%	24%
WV	\$387	\$448	\$489	\$517	\$521	6%	1%	35%
WY	\$413	\$709	\$709	\$722	\$648	2%	-10%	57%

*: Indicates states with a reinsurance State Innovation Waiver under Section 1332 of the Patient Protection and Affordable Care Act for a year in which they are a HealthCare.gov state. Alaska and Oregon have waivers that first took effect in PY18. Maine, New Jersey, and Wisconsin have waivers that first took effect in PY19. Delaware, Montana, and North Dakota have waivers that first took effect in PY20. New Hampshire has a waiver first taking effect in PY21.

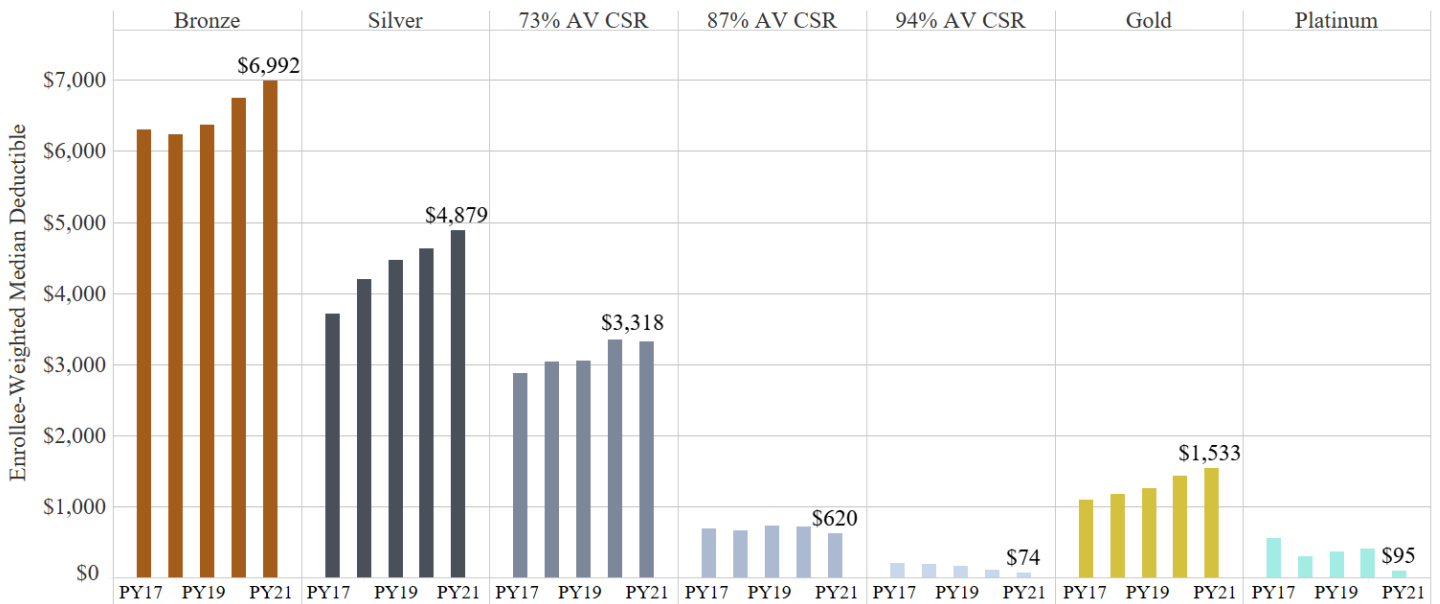
III. Cost Sharing and Plan Design

Deductibles for QHPs in HealthCare.gov states continue to rise for enrollees without CSRs, but are decreasing for all silver CSR plan variations. Figure 5 shows the PY21 bronze QHP median deductible is \$6,992, which is an increase of 4% from PY20 and 11% from PY17. The PY21 silver QHP median deductible is \$4,879, which is an increase of 5% from PY20 and 31% from PY17. The PY21 gold QHP median deductible is \$1,533, which is an increase of 7% from PY20 and 41% from PY17. However, the 87% actuarial value (AV) silver plan variation¹¹ median deductible decreased from \$718 in PY20 to \$620 in PY21, and the 94% AV silver plan variation¹² median deductible decreased from \$113 in PY20 to \$74 in PY21. In PY20, 20% of HealthCare.gov consumers who made a plan selection during Open Enrollment were eligible for the 87% AV silver plan variation, and 36% were eligible for the 94% AV silver plan variation.

Note this report includes individual deductibles. PY21 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 or stable. For example, primary care visit coverage before the deductible increased from 33% (PY20) to 40% (PY21) of bronze QHPs, and from 82% (PY20) to 83% (PY21) of silver QHPs. Generic drug coverage before the deductible increased from 43% (PY20) to 50% (PY21) of bronze QHPs, and stayed at 85% of silver QHPs for both PY20 and PY21.

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



¹¹ 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.

¹² 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.