



RESEARCH REPORT

# Marketplace Premiums and Participation in 2021

*John Holahan*  
May 2021

*Jessica Banthin*

*Erik Wengle*



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# Acknowledgments

This report was funded by the Bernard and Anne Spitzer Charitable Trust. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at [urban.org/fundingprinciples](http://urban.org/fundingprinciples).

The authors are grateful to Claire O'Brien for research assistance and to Rachel Kenney and Devlan O'Connor for editorial assistance.

# Marketplace Premiums and Participation in 2021

In 2021, the Affordable Care Act (ACA) Marketplaces entered their eighth year of operation and appears to be approaching a steady path, as reflected by premium growth. Predictions that the federal and state Marketplaces would shrink over time or fail in some areas of the country have not come to pass, and insurer participation is increasing. A large premium increase in 2018 did not disrupt the market as much as projected, because the premium tax credits are designed to shield subsidized enrollees from such changes. Since then, premiums appear to have stabilized. Recent data show that the national average benchmark premium fell again in 2021, following decreases in both 2019 and 2020. This decline is remarkable because it contrasts with premium increases in the employer-sponsored insurance market over the same period. However, this nationwide average belies the variation in premiums both across and within states.

In this paper, we explore premiums at the state and rating region levels, focusing on the changes between 2020 and 2021. Though the Marketplace as a whole is approaching a steady path, the wide range of premiums at the state and rating region levels suggest various economic and policy factors influence these premium differences. Insurer participation is key to setting premium levels and influencing growth over time. State policymakers may adopt policies that directly and indirectly affect premiums and premium growth rates. We present regression results that examine the relationship between 2021 Marketplace benchmark premiums by rating region and factors such as the number of insurers participating in a rating region, the type of insurers participating, measures of hospital concentration, and the adoption of several state policies. We conclude by analyzing specific insurers' increased participation and its effects on a sample of markets in select states.

## Background

In 2018, benchmark premiums increased dramatically after the Trump administration announced in late summer 2017 that the federal government would no longer reimburse insurers for cost-sharing reductions.<sup>1</sup> Under current law, insurers are still required to provide reductions in cost sharing for low-income people; thus, in response to the announcement, insurers built the expected costs of funding the cost-sharing reductions into their premiums. States took various approaches when providing

guidance to participating insurers, but most states required that insurers load the additional costs into silver-tier Marketplace premiums.<sup>2</sup> Insurer uncertainty regarding enforcement of the individual mandate may also have contributed to premium increases in 2018 (Holahan et al. 2019). In addition, insurers were concerned that enrollment would be affected by the sustained legislative effort to repeal the Affordable Care Act in spring and summer 2017. The result was substantial increases in silver Marketplace premiums; in 2018, the national average benchmark premium climbed more than 30 percent (table 1).

**TABLE 1**  
**State Average Benchmark Premium for a 40-Year-Old Nonsmoker and Percent Change, 2017–21**

	Benchmark Premium (\$)					Percent Change			
	2017	2018	2019	2020	2021	2017–18	2018–19	2019–20	2020–21
<b>US average</b>	<b>357</b>	<b>472</b>	<b>466</b>	<b>451</b>	<b>443</b>	<b>31.9</b>	<b>-1.2</b>	<b>-3.2</b>	<b>-1.7</b>
Alabama	468	556	544	551	550	18.7	-2.1	1.2	-0.2
Alaska	927	727	714	721	674	-21.6	-1.8	0.9	-6.5
Arizona	539	517	464	438	411	-4.1	-10.3	-5.6	-6.2
Arkansas	302	364	380	365	387	20.6	4.2	-3.8	5.8
California	335	424	446	426	397	26.7	5.0	-4.3	-6.8
Colorado	340	438	496	374	351	28.7	13.3	-24.6	-6.2
Connecticut	436	541	472	565	519	24.1	-12.8	19.7	-8.1
DC	298	324	393	414	384	8.7	21.4	5.2	-7.1
Delaware	423	591	685	548	522	39.5	15.9	-20.0	-4.7
Florida	336	476	485	472	449	41.8	1.7	-2.7	-4.9
Georgia	320	489	457	438	442	52.8	-6.5	-4.2	1.1
Hawaii	347	456	503	471	467	31.6	10.2	-6.4	-0.8
Idaho	355	479	486	521	494	35.1	1.4	7.4	-5.3
Illinois	356	488	474	425	413	36.9	-2.9	-10.2	-3.0
Indiana	275	344	338	392	398	25.0	-1.9	16.1	1.3
Iowa	332	756	731	689	474	127.7	-3.2	-5.7	-31.3
Kansas	362	485	528	486	469	33.9	8.7	-7.8	-3.6
Kentucky	266	401	433	460	444	50.6	7.8	6.4	-3.6
Louisiana	413	487	461	497	492	17.7	-5.3	7.9	-1.1
Maine	378	575	531	499	430	52.4	-7.7	-6.0	-13.9
Maryland	309	456	419	397	339	47.6	-8.2	-5.3	-14.5
Massachusetts	252	315	330	354	355	25.4	4.6	7.3	0.3
Michigan	265	368	373	351	335	38.7	1.3	-5.9	-4.5
Minnesota	442	380	333	312	292	-14.1	-12.2	-6.3	-6.4
Mississippi	332	520	521	484	457	56.3	0.4	-7.2	-5.5
Missouri	369	520	491	479	462	41.2	-5.6	-2.4	-3.6
Montana	450	522	553	472	434	16.0	5.9	-14.7	-8.1
Nebraska	474	757	747	676	579	59.6	-1.3	-9.5	-14.4
Nevada	303	431	412	379	387	42.3	-4.4	-8.0	2.0
New Hampshire	267	475	402	405	325	77.8	-15.2	0.5	-19.7
New Jersey	339	411	348	389	367	21.3	-15.3	11.8	-5.6
New Mexico	255	424	366	346	329	66.5	-13.8	-5.4	-5.1
New York	454	498	566	591	575	9.7	13.7	4.4	-2.7
North Carolina	540	618	611	543	489	14.6	-1.2	-11.1	-10.0

	Benchmark Premium (\$)					Percent Change			
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21
North Dakota	334	309	396	333	410	-7.4	27.9	-15.8	23.0
Ohio	263	364	367	360	358	38.7	0.6	-1.8	-0.4
Oklahoma	503	658	661	546	485	30.9	0.4	-17.5	-11.1
Oregon	321	395	433	439	418	23.1	9.4	1.6	-4.9
Pennsylvania	369	526	457	440	440	42.5	-13.0	-3.7	-0.1
Rhode Island	261	311	336	332	328	19.0	8.0	-1.2	-1.2
South Carolina	390	524	557	509	471	34.3	6.2	-8.5	-7.4
South Dakota	457	495	526	562	575	8.4	6.2	6.9	2.3
Tennessee	471	741	546	509	451	57.4	-26.3	-6.7	-11.3
Texas	287	404	419	415	410	40.9	3.7	-1.1	-1.2
Utah	311	550	539	481	463	77.1	-1.9	-10.8	-3.8
Vermont	492	505	517	662	574	2.8	2.3	27.9	-13.2
Virginia	318	524	558	517	470	64.7	6.4	-7.2	-9.1
Washington	247	336	388	389	374	35.6	15.7	0.2	-3.9
West Virginia	462	532	585	622	641	15.3	9.9	6.4	3.0
Wisconsin	359	524	519	478	432	45.8	-0.9	-7.9	-9.7
Wyoming	501	861	860	877	782	71.7	-0.1	2.0	-10.9

**Source:** Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

**Note:** State average is average of second-lowest silver premium offered in each rating region.

A key feature of the Marketplace has enabled it to withstand these upheavals in premiums without substantial enrollment losses: premium tax credits are designed to protect subsidized enrollees from increases in premiums. Marketplace enrollment did not fall as much as some feared in the wake of the large premium increases of 2018 because of the structure of the premium tax credits. On the one hand, the policy change regarding cost-sharing reductions that caused large premium increases in 2018 had an unanticipated side effect of increasing premium subsidies, thus reducing premium costs for subsidized enrollees. On the other, enrollment declined for unsubsidized enrollees, who must pay the full cost of premium increases.

As we have shown in prior work, however, national averages can mask key differences at the state level (Holahan et al. 2017; Holahan, Wengle, and Elmendorf 2020). Our analysis of premium variation at the rating region and state levels is important to informing policymakers of how the market is evolving over time. Another feature of the Marketplace relevant to our analysis is how the benchmark is defined as the second-lowest premium in each region. The benchmark premium determines the amount of the subsidy available in each rating area. This encourages participating insurers to price low to gain market share. Policies that encourage insurer participation may result in more stable premiums over time.

## Data and Methods

Our analysis relies on premium and insurer participation data for all states and the District of Columbia; we use data from Healthcare.gov for 36 states<sup>3</sup> and data from 15 state-based Marketplace websites. We collected data at the rating region level for 502 rating regions. To more closely examine how premiums vary within and across states, we present substate data on insurer participation and the lowest-cost silver premium those insurers offer. We present these data for five years, 2017 through 2021, in selected rating regions in 20 states, representing 32 percent of the population. We selected these regions for geographic variety, a mix of states with state-based and federally facilitated Marketplaces, a combination of rural and urban regions within each state, and high- and low-competition markets.

We calculate state average benchmark premiums and growth rates from 2017 to 2021 at the rating region level and weight them by rating region population using estimates from the US Census Bureau's 2019 American Community Survey. The benchmark premium is defined as the second-lowest premium in the rating region. We focus on this premium in most of our analyses because it is used to define the federal premium tax credit.

To understand how insurer participation and state policies are associated with premium levels, we estimate a linear regression model whereby the rating region is the unit of observation and the dependent variable equals the benchmark monthly premium for a 40-year-old nonsmoker in 2021. We define several market-level factors expected to influence premiums, including the number of participating insurers and the type of participating insurers (such as Blue Cross Blue Shield carriers, co-op plans, and previous Medicaid insurers). In addition, we include a variable that measures the market concentration of hospitals in the rating region, because premiums may be higher when hospitals have greater market power and insurers have less power to negotiate lower payment rates. This variable is calculated using data from the 2018 American Hospital Association annual survey.

We also control for several state-level policies likely to influence premiums: state-specific community-rating laws, Medicaid expansion to childless adults with incomes up to 138 percent of the federal poverty level, state reinsurance programs, and state-based Marketplaces. Finally, we also include regional controls, an average wage index, and each rating area's population. We include more details on the variables in the regression model in appendix A.



# Findings

## Marketplace Premiums Have Declined for the Third Year in a Row

The national average benchmark premium has remained stable for the past three years, declining slightly each year. In 2021, the average benchmark premium fell 1.7 percent (table 1). This followed small declines of 1.2 and 3.2 percent in 2019 and 2020. These declines contrast with patterns for premiums for employer-sponsored insurance, which rose 4 percent in both 2019 and 2020 (data not yet available for 2021; KFF 2019, 2020). The stability of Marketplace premiums in recent years likely owes to both market-level factors and state policy decisions.

Increasing insurer competition is an important factor in dampening premium growth, as we will examine in more detail. In 2020 and 2021, insurers increased their participation in Marketplaces (averages of 3.9 and 4.3 insurers participating per rating region in 2020 and 2021), expanding to new states and to new rating areas within states.<sup>4</sup> New entrants included national and regional insurers, Medicaid insurers, and small start-up insurers. Medicaid insurers are those who operated exclusively in the Medicaid managed-care market before 2014; they have increased their participation in the Marketplaces over time. Medicaid insurers are experienced in establishing narrow, low-cost provider networks that allow them to offer lower premiums than other insurers.

State policy decisions also play a major role in reducing premium growth. As of 2021, 12 states have implemented reinsurance programs explicitly designed to lower premiums in the first year or two of implementation and to contain growth over time.<sup>5</sup> Five states implemented reinsurance programs before 2019 (Alaska, Maryland, Minnesota, New Jersey, and Oregon). Five states implemented reinsurance programs in 2019 and 2020 (Colorado, Delaware, Montana, North Dakota, and Rhode Island). Three states implemented reinsurance in 2021 (Georgia, New Hampshire, and Pennsylvania). This market expansion contributed to premium declines or smaller premium increases in 2021 than would have occurred otherwise. Expansion of Medicaid has also been shown to reduce premium growth in the years immediately following its implementation (Peng 2017). Premium growth likely declines because some very low-income people with high health care needs tend to switch out of the Marketplace and into Medicaid. Maine and Virginia expanded Medicaid in 2019. Idaho, Nebraska, and Utah expanded Medicaid in 2020, and Missouri and Oklahoma plan to expand in 2021.

It is unclear exactly how the COVID-19 pandemic and resulting recession have affected the Marketplace. Data do not reveal a substantial increase in Marketplace enrollment. The pandemic may have contributed toward the decline in premiums for 2021. Early national data for all health care

providers show that though spending on COVID-19-related testing and illness increased in 2020, spending on other health care fell substantially, leaving insurers with surpluses.<sup>6</sup> So, it is not surprising that average benchmark premiums decreased or only increased slightly for 2021.

The decline in the average national benchmark premium, however, masks some variation across states. The majority of states saw declines ranging from 0 to 10 percent (34 states) or small increases of less than 6 percent (7 states). Yet, 10 states saw double-digit declines in the benchmark premium, ranging from 10 percent to 31 percent: Iowa (-31.3 percent), New Hampshire (-19.7 percent), Maryland (-14.5 percent), Nebraska (-14.4 percent), Maine (-13.9 percent), Vermont (-13.2 percent), Tennessee (-11.3 percent), Oklahoma (-11.1 percent), Wyoming (-10.9 percent), and North Carolina (-10.0 percent). At the other end of the spectrum, only one state saw a large increase in benchmark premiums in 2021: North Dakota with 23 percent.

## **Premium Levels Vary by Market Competitiveness and State Policy Decisions**

The national average benchmark premium in 2021 is \$443 per month for a 40-year-old nonsmoker (table 1). This is the full premium before any premium tax credit. State variation in premium levels is much greater than the state variation in premium growth rates. Average state benchmark premiums range from a low of \$292 in Minnesota to a high of \$782 in Wyoming. This means that someone who has to pay the full premium would face costs more than twice as high in Wyoming as in Minnesota. Sixteen states have monthly premiums below \$400 and 10 have premiums above \$500. In addition to Minnesota, other low-premium states include New Hampshire (\$325), Rhode Island (\$328), New Mexico (\$329), and Michigan (\$335). In addition to Wyoming, other high-premium states include Alabama (\$550), Nebraska (\$579), West Virginia (\$641), and Alaska (\$674). Premiums in New York and Vermont cannot be compared with those in other states because of community-rating policies that prescribe the same premium for all ages.

As with premium growth rates, premiums vary by state because of both economic and policy factors. To better understand some of this variation, we estimated a multivariate linear regression to identify factors associated with higher or lower benchmark premiums. We estimated the regression using benchmark premiums at the rating region level (table 2). We control for both the number and the type of insurers participating in each rating region. Previously, we have shown that premiums are lower in rating regions with a higher number of competing insurers (Jacobs, Banthin, and Trachtman 2015). The type of insurer participating in the market also makes a difference. When Medicaid insurers (that have previously served the Medicaid managed-care market) participate, a market is

associated with lower premiums. Another factor that influences premiums is the degree of hospital consolidation. It is more difficult for insurers to negotiate lower prices with hospitals that have local market power. To control for costs, we include a wage index measure.

**TABLE 2**  
**Regression Coefficients Associated with Benchmark Premium Costs in 2021**

	Coefficient
<b>Dependent variable</b>	
Benchmark premium	
<b>Independent variables</b>	
Blue Cross Blue Shield insurer participating in 2021?	24.60**
Medicaid insurer participating in 2021?	-49.62***
Co-op insurer participating in 2021?	64.32***
One insurer participating in region in 2021	148.02***
Two insurers participating in region in 2021	113.55***
Three insurers participating in region in 2021	46.42***
Four insurers participating in region in 2021	43.39***
Hospital system Herfindahl-Hirschman Index	-0.0022*
Area wage index	5.53
Medicaid expansion status	-41.98***
Community rated	158.98***
Reinsurance	-34.45***
State-based Marketplace?	-51.93***
Census region South	9.38
Census region Northeast	48.71***
Census region West	62.85***
<b>Constant</b>	<b>445.64***</b>
<b>N</b>	<b>502</b>
<b>R<sup>2</sup></b>	<b>0.48</b>

**Source:** Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

**Notes:** The benchmark premium is taken from each rating region in 2021.

\*  $p < 0.10$ ; \*\*  $p < 0.05$ ; \*\*\*  $p < 0.01$ .

To control for state policy decisions, we include an indicator for states with community-rated premiums, a Medicaid expansion to people with incomes up to 138 percent of the federal poverty level, and a reinsurance program, because these programs are all associated with lower premiums. We also include an indicator for a state-based Marketplace, to reflect possible enhanced communications between insurers and state officials.

We find that the number of insurers participating in a region was strongly associated with premium levels. A rating area with just one insurer was associated with a benchmark premium (for a 40-year-old nonsmoker) \$148 per month higher than the benchmark premium in rating regions with five or more insurers. A rating area with two participating insurers was associated with a benchmark premium \$114 per month higher than those in markets with five or more insurers. Rating areas with

three or four insurers were associated with benchmark premiums around \$45 per month higher than those in regions with five or more insurers.

Our regression shows that the type of insurer also matters. The presence of a Medicaid insurer was associated with a benchmark premium \$50 per month lower for a 40-year-old nonsmoker relative to those in regions without a Medicaid insurer. Medicaid insurers may be either fostering lower premiums through their own aggressive pricing and business models or choosing to enter markets with already lower benchmark premiums; the former seems more plausible.

Our measure of hospital concentration, the Herfindahl-Hirschman Index (HHI), is small, negative, and statistically significant, implying that greater degrees of hospital concentration are associated with lower Marketplace premiums, the opposite of what we would expect. We tested for the correlation between HHI and insurer concentration and found a high correlation. A simple regression of hospital HHI against the number of insurers showed that HHI is 3,313 points higher in markets with one insurer and 1,631 points higher in markets with two insurers than HHIs in markets with five or more insurers (appendix A). Such a high correlation is probably responsible for the small effect of the hospital concentration measure on premiums. In other words, markets with few insurers are also likely to have high hospital market concentration, and determining the independent effects is difficult.

State policies are also strongly associated with premium levels. States that have expanded Medicaid, adopted reinsurance, and run their own state-based Marketplaces have average monthly benchmark premiums for a 40-year-old nonsmoker lower than states that have not implemented those programs by \$42, \$35, and \$48 per month.

## **Insurer Participation Has Increased for the Past Three Years, 2019–21**

Table 3 shows the changes in insurer participation between 2017 and 2021 in 52 regions in 20 states in our study sample. The 52 Marketplaces include most of the largest cities in the United States. Blue Cross Blue Shield plans are the most frequent participant in the Marketplaces we examined. Their participation increased from 35 regions in 2017 to 40 in 2021. Anthem's participation declined after 2017 but gradually increased after 2018, and it participates in 13 of our 52 rating regions in 2021. Although Anthem is a member of the Blue Cross Blue Shield Association, we classify it as a separate entity because Anthem is a publicly traded company and tends to make different participation decisions than most other Blue Cross Blue Shield Association members. UnitedHealthcare and Cigna left several markets before and after 2017 but expanded participation by 2021. Humana and Aetna

left all 52 markets in 2017 and did not return. Bright and Oscar, newer insurers, significantly increased participation in 2021, participating in 9 and 21 regions, respectively.

**TABLE 3**

**Insurer Participation in Rating Regions among Select Study Regions, by Insurer, 2017–21**

	2017	2018	2019	2020	2021
Blue Cross Blue Shield <sup>a</sup>	35	34	34	36	40
Anthem	16	8	10	11	13
UnitedHealthcare	4	2	2	2	11
Cigna	5	3	4	4	8
Humana	3	0	0	0	0
Aetna	3	0	0	0	0
Bright Health	0	1	2	7	9
Oscar	3	6	10	17	21
Centene	21	23	28	29	34
Molina	12	12	12	13	13
CareSource	6	6	6	7	7
Kaiser Permanente	13	13	13	13	13
Other	45	41	44	44	55
<b>Total number of participating insurers</b>	<b>166</b>	<b>149</b>	<b>165</b>	<b>183</b>	<b>224</b>

**Source:** Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

**Note:** <sup>a</sup> This excludes Anthem.

Centene, a major participant in Medicaid managed care, greatly expanded participation, having a presence in 34 regions by 2021. Centene not only entered new markets but also purchased existing plans, such as Fidelis in New York and Health Net in Arizona and California. Molina and CareSource were also important but grew little, having expanded their participation before the study window (Holahan, Wengle, and Elmendorf 2020). Kaiser participated in 13 markets throughout the period. Several other insurers, both local/regional and provider-sponsored insurers, gradually increased their footprints.

More detail on these insurers follows, drawing on the state-specific tables included in appendix B.

**Blue Cross Blue Shield.** Blue Cross Blue Shield (hereafter “Blue Cross”) plans generally participate in all markets in all the states we examined and have participated for all years 2017 through 2021. For the most part, Blue Cross plans stay in markets where they have participated over our entire study period. There are exceptions, however. Blue Cross plans did not enter the Phoenix, Arizona, Marketplace until 2020 and the Arkansas and Oregon Marketplaces until 2021. Regence Blue Cross entered the Washington Marketplace in 2021 after leaving in 2018. Frequently, Blue Cross insurers have relatively low premiums and are competitive even with area Medicaid plans. This is true in the markets we studied in California, Florida, Minnesota, Pennsylvania, Rhode Island, and Texas.

Blue Cross silver premiums are relatively high where there is little competition. This would include Alabama and North Carolina, though Blue Cross insurers recently faced increasing competition in North Carolina with the entrance of several national insurers and Ambetter. Oklahoma premiums are also high, once again likely owing to the lack of competition. Several Blue Cross insurers (BridgeSpan, LifeWise, and Regence) participated in the Seattle market. All insurers in Seattle had silver premiums somewhat higher than the market average, despite competition from several other insurers.

**Anthem.** Anthem's pricing and participation decisions have been less consistent than those of traditional Blue Cross insurers. Anthem left the California Marketplaces of Los Angeles, San Diego, and San Francisco in 2018. It reentered only the Los Angeles Marketplace in 2020. It left the Indiana Marketplace in 2018 and has not yet returned. Anthem participates in all markets we studied in Georgia. Anthem's lowest silver premiums are lower in the competitive Atlanta market in 2021 but higher elsewhere in the state. Anthem left the Columbus and Cleveland markets in 2018 but reentered in 2021 with high silver premiums. In Virginia, Anthem offers an HMO product that has fairly low premiums, and it has participated in all markets we studied throughout the state. The Empire Blue Cross (Anthem) premiums in New York are higher than those of other insurers participating in our study markets. Anthem's premiums and pricing position tend to vary by state, as seen by high silver premiums in Ohio and New York but low prices in many other participating states.

**National plans.** Several large national commercial insurers left the Marketplaces before our study period, but some of the largest insurers exited during this period. For example, UnitedHealthcare (hereafter "United") left Richmond and the DC suburbs of Virginia in 2018. Aetna left Richmond and Virginia Beach in 2018. Humana left Atlanta in 2018. But, as noted, these three insurers left many other markets before 2017. Anthem and Humana have not reentered any of the markets in this study.

United, however, has entered several markets. In 2021, it entered Tulsa and Oklahoma City, Raleigh-Durham, Baltimore and the DC suburbs in Maryland, and Seattle. It participated in all of our study markets in New York, though with high premiums, because it never left New York as it did other states. United premiums have historically been high in most Marketplaces, but new entrants had premiums much more in line with the competition. United now only offers either HMOs or exclusive provider organizations on the federal Marketplace, whereas before it exited the Marketplaces in 2017, it offered point-of-service products in some markets. These broad network products were not price competitive and tended to attract adverse risk, hence United leaving several markets. More recently, United seems to have limited its offerings to in-network coverage and may have tightened networks to offer more competitive products. Additionally, though United was often a higher-priced insurer

when it left in 2016 and 2017 (Holahan, Blumberg, and Wengle 2016), its premiums have increased substantially in the intervening years, so other insurers may have caught up with United.

Cigna participated in all five years of the study in the Raleigh-Durham market but only entered the rural market in North Carolina in 2021. It also participated in all five years in Richmond and the DC suburbs of Virginia. It left the Maryland market in 2018 but entered the Phoenix market in 2019. Despite all these entrances and exits, Cigna is often competitive where it participates, offering the lowest silver plan in three of the four states where it participates in 2021.

Bright Health is a new insurer that has entered several of our study markets. It entered Birmingham in 2018, Phoenix in 2019, and Oklahoma City, Charlotte, and Tampa, and Orlando in 2020. It entered Miami, Raleigh-Durham, and the rural market in North Carolina in 2021. Bright's silver premiums are generally competitive where it participates.

Oscar has become a major player in Marketplaces around the country, particularly in large urban areas. It participated in all five years in San Francisco, New York City, and Long Island and entered the Los Angeles, Austin, Phoenix, and Cleveland markets in 2018. Oscar entered the Orlando, Columbus, and El Paso Marketplaces in 2019. In 2020, Oscar entered the markets in Philadelphia, Dallas-Fort Worth, Houston, Atlanta, Miami, Tampa, and Richmond. Finally, it entered the Oklahoma City and Tulsa markets, the North Carolina rural market, and the Tallahassee market in 2021.

**Medicaid plans.** Ambetter, the brand name of most Centene Corporation Marketplace products, became a major insurer in the Marketplaces in the past few years, expanding on its Medicaid presence in several states while entering states where it had not participated in Medicaid previously. Ambetter generally offers one of the lowest-priced silver plans in all markets in which it participates. It was present for all five study years in Seattle (as Coordinatedcare), Little Rock, Dallas-Fort Worth, Austin, El Paso, Atlanta, Indianapolis, and rural Indiana. It was in the Cleveland market in all years and entered the Columbus market in 2018. Ambetter was in the Miami and Tampa Marketplaces in all years but only entered Orlando in 2018 and Tallahassee in 2021. It was in the Atlanta market in all five years but only entered Augusta in 2020. Ambetter entered the Houston market in 2018 and the Raleigh-Durham market in 2019 and entered the Phoenix and rural Arizona markets in 2021. Centene purchased Fidelis in 2018 and is one of the lowest-cost plans in New York City and Long Island.

Health Net, an important insurer in the western United States, is now owned by Centene. For all five years, it participated in the Phoenix market and several California markets, including Los Angeles, San Diego, Sacramento, and San Francisco. It left the rural market in Northern California in 2018.

Health Net appeared to be high-priced in the Northern California markets but competitive in the Southern California markets.

CareSource participated for all study years in Indiana, Ohio, and West Virginia. CareSource is a Midwest Medicaid insurer that has expanded into several midwestern and border-state Marketplaces. It entered the Atlanta Marketplace in 2020, despite not participating in Medicaid in Georgia.

Molina is a Medicaid insurer that has a substantial presence in the Marketplace. It participated in all study years in Ohio, Los Angeles, San Diego, Miami, Tampa, Jacksonville, Orlando, Houston, Dallas-Fort Worth, and Seattle.

**Provider-sponsored plans.** Several provider-sponsored plans have participated in local markets. The most prominent provider sponsor has been Kaiser, though Kaiser did not enter any new markets from 2017 to 2021. Its premiums have been competitive in the DC suburbs of Virginia and Maryland, Richmond, Seattle, Atlanta, and Baltimore. Kaiser has been prominent in all California markets in this study, including Los Angeles, San Diego, San Francisco, Sacramento, and the rural northern region; its premiums are low in the northern part of the state but costlier in Los Angeles and San Diego. Kaiser also participates in Portland and rural Oregon.

Geisinger participated in the Pennsylvania markets of Scranton/Wilkes-Barre and Harrisburg. The University of Pittsburgh Medical Center plan has participated in the Pittsburgh, Scranton/Wilkes-Barre, and Harrisburg markets. The Providence plan participated in Portland. Innovation, part of the Inova hospital system, participated only in 2017. Optima, the insurance product of Virginia Beach's Sentara hospital system, continues to offer coverage in the Richmond and Virginia Beach markets.

## Discussion

The average national benchmark premium declined for the third year in a row in 2021, underscoring the Marketplace's fundamental stability. Average premiums fell in 43 states and only 1 saw an increase higher than 6 percent. Many factors drove benchmark premium changes, including increased insurer entry into markets and state policies (e.g., reinsurance and Medicaid expansion) that dampened premium growth. It is unclear what effect the pandemic and ensuing economic disruption have had on the Marketplace, but neither enrollment nor premiums have increased significantly as a result.

Premium levels continue to vary substantially by rating region and state in 2021 because of several economic and policy factors we identified. Markets with more insurers have lower premiums



than markets with just one or two insurers. When Medicaid insurers participate in markets, they tend to offer lower premiums, presumably because of their narrower networks of lower-cost providers. For 2021, we have also found a significant premium effect associated with Marketplace type; state-based Marketplaces are associated with lower benchmark premiums, presumably because they more aggressively manage insurer participation. Markets in states that have expanded Medicaid and implemented reinsurance also have lower premiums than rating areas in states without such policies.

This year, several new insurers entered local Marketplaces. Some insurers, such as Anthem, reentered markets they had previously left. (And Aetna is rumored to be reentering several Marketplaces in 2022.)<sup>7</sup> United, Anthem, Bright, and Oscar greatly expanded their participation in 2021, moving into new states and new regions within states where they had previously operated. Ambetter (Centene), a major national insurer, has continued to expand into several markets in 2021.

Several provisions in the American Rescue Plan Act will bolster the Marketplace in 2021 and 2022. Expanded premium tax credits that make enrolling in coverage less expensive and expanded eligibility for subsidized insurance to people with incomes above 400 percent of the federal poverty level should increase enrollment and encourage greater participation by insurers. The Congressional Budget Office has projected Marketplace enrollment will increase by 1.7 million in 2022 (CBO 2021).

Broader reform proposals by the Biden administration may further strengthen the Marketplace. The administration has indicated intent to reverse several Trump administration decisions regarding outreach and advertising expenditures. Even returning these expenditures to their 2016 levels could increase enrollment, given that awareness of financial assistance and the Marketplace overall remains low (Haley and Wengle 2021). The expanded premium subsidies proposed in the American Rescue Plan are currently temporary, but making them permanent would improve affordability for many individuals and families with low to moderate incomes. If the enhanced premium subsidies were made permanent, Marketplace enrollment would increase by more than 5 million people in 2022 and nongroup premiums would be 15 percent lower because of the healthier risk pool (Banthin et al. 2021).

The Marketplace was designed to shield subsidized enrollees from premium increases and has successfully done so. Even when premiums jumped substantially for the 2018 plan year, after the elimination of payments for cost-sharing reductions, enrollment stayed steady.<sup>8</sup> The Affordable Care Act set the benchmark by the second-lowest premium bid to encourage competition among participating insurers, and this feature seems to work when insurer participation is high. Increased insurer participation in 2021 indicates insurers believe the market will continue to grow.

# Appendix A. Data

In this appendix, we provide more detailed information regarding the variables included in the regression model and the year in which the data are measured.

## Variables That Measure Market Competition

1. **The number of insurers as of 2021.** We use dummy variables for the number of insurers participating in a region, with 5+ as the omitted category. This variable ranges from 1 to 10, with a median value of 3.
2. **Insurer type as of 2021.** We use dummy variables to indicate whether at least one insurer in the rating region is one of three types. We define Blue Cross insurers as members of the Blue Cross Blue Shield Association. Co-ops, established under the Affordable Care Act, are listed on the National Alliance of State Health Co-Ops website. In 2021, three co-ops were present in five states. Medicaid insurers are those that offered Medicaid managed-care plans before the creation of the Marketplaces in 2014.
3. **Hospital concentration as of 2018.** We use a continuous variable to control for hospital concentration by computing HHI at the rating region level. This HHI is computed using annual survey data from the American Hospital Association. Higher market concentration results in greater difficulty for insurers in negotiating lower provider payment rates, implying greater concentration should result in higher premiums, all else being equal. This variable ranges from 0 to 10,000, with a median value of 2,628.

## Variables That Characterize State Policies and Additional Controls

1. **Pure community rating.** This is a binary variable equal to one in New York and Vermont, states with pure community rating (no age variation) in their private nongroup insurance markets.
2. **States that expanded Medicaid by 2020.** This dummy variable equals one if the insurer (or rating region, depending on the regression) is located in a state that expanded Medicaid eligibility under the Affordable Care Act by 2020 for all residents with incomes up to 138 percent of the federal poverty level. As of the 2021 plan year, 37 states had expanded Medicaid.
3. **Reinsurance.** This dummy variable equals one if the state is 1 of 15 states that has implemented a reinsurance program as of 2021.
4. **State-based Marketplace.** This dummy variable equals one if the state is 1 of 16 states that runs its own Marketplace as of 2021.
5. **Census region.** We use these dummy variables to control for geographic variation. The Midwest is the omitted category.

6. **Area wage index.** We control for area wages because areas with higher labor costs are expected to have higher premiums, given that medical care is a labor-intensive good. We calculate this index at the rating region level for 2016. The index ranges from 0.0059 to 1.74, and the median value is 0.81
7. **Rating region population as of 2019.** This is taken from the US Census Bureau's 2019 American Community Survey, using county-level populations and aggregating them to the rating region level.

TABLE A.1

**Regression Coefficient of Hospital Herfindahl-Hirschman Index, 2018**

	Coefficient
<b>Dependent variable</b>	
Benchmark premium in 2021	
<b>Independent variables</b>	
Hospital Herfindahl-Hirschman Index	0.0048148***
Constant	461.06***
<b>R<sup>2</sup></b>	<b>0.022</b>

Source: Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

Note: \*  $p < 0.10$ ; \*\*  $p < 0.05$ ; \*\*\*  $p < 0.01$ .

TABLE A.2

**Regression Coefficient of Number of Participating Insurers, 2021**

	Coefficient
<b>Dependent variable</b>	
Hospital Herfindahl-Hirschman Index in 2018	
<b>Independent variables</b>	
One insurer participating in region in 2021	3,313.72***
Two insurers participating in region in 2021	1,631.66***
Three insurers participating in region in 2021	1,284.93***
Four insurers participating in region in 2021	308.62
<b>Constant</b>	<b>2,513.74</b>
<b>R<sup>2</sup></b>	<b>0.0768</b>

Source: Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

Note: \*  $p < 0.10$ ; \*\*  $p < 0.05$ ; \*\*\*  $p < 0.01$ .

# Appendix B. State Tables

TABLE B.1

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Alabama Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Birmingham</b>										
<b>Insurer</b>										
Blue Cross and Blue Shield of Alabama	457	542	525	539	565	18.5	-3.0	2.7	4.8	5.7
Bright Health	n/a	546	499	525	623	n/a	-8.6	5.4	18.7	5.1
<b>Percent change in lowest option available</b>						<b>15.6</b>	<b>-8.0</b>	<b>5.4</b>	<b>7.6</b>	<b>5.2</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Blue Cross and Blue Shield of Alabama	416	493	494	507	537	18.5	0.2	2.7	5.9	6.8
<b>Percent change in lowest option available</b>						<b>18.5</b>	<b>0.2</b>	<b>2.7</b>	<b>5.9</b>	<b>6.8</b>
<b>State average (all regions)</b>	<b>435</b>	<b>515</b>	<b>504</b>	<b>521</b>	<b>550</b>	<b>18.5</b>	<b>-2.3</b>	<b>3.3</b>	<b>5.6</b>	<b>6.3</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Note: n/a = not applicable (insurer was not participating in the Marketplace).

TABLE B.2

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Arizona Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	Average Annual Change, 2017-21
<b>Phoenix</b>										
<b>Insurer</b>										
Ambetter from Arizona					391	n/a	n/a	n/a	n/a	n/a
Complete Health	n/a	n/a	n/a	n/a	391	n/a	n/a	n/a	n/a	n/a
Blue Cross Blue Shield of Arizona	n/a	n/a	n/a	423	410	n/a	n/a	n/a	-3.1	n/a
Bright Health	n/a	n/a	427	394	430	n/a	n/a	-7.5	8.9	0.7
Cigna	n/a	n/a	426	423	429	n/a	n/a	-0.8	1.4	0.3
Health Net	475	471	415	411	381	-0.9	-11.8	-1.1	-7.2	-5.2
Oscar	n/a	n/a	479	426	463	n/a	n/a	-10.9	8.5	-1.2
UnitedHealthcare	n/a	n/a	n/a	n/a	463	n/a	n/a	n/a	n/a	n/a
<b>Percent change in region's lowest premium option</b>						<b>-0.9</b>	<b>-11.8</b>	<b>-5.0</b>	<b>-3.4</b>	<b>-5.3</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Ambetter from Arizona					573	n/a	n/a	n/a	n/a	n/a
Complete Health	n/a	n/a	n/a	n/a	573	n/a	n/a	n/a	n/a	n/a
Blue Cross Blue Shield of Arizona	638	618	648	656	624	-3.1	4.9	1.1	-4.8	-4.8
<b>Percent change in region's lowest premium option</b>						<b>-3.1</b>	<b>4.9</b>	<b>1.1</b>	<b>-12.6</b>	<b>-4.8</b>
<b>State average (all regions)</b>	<b>497</b>	<b>487</b>	<b>448</b>	<b>431</b>	<b>411</b>	<b>-2.0</b>	<b>-8.0</b>	<b>-3.8</b>	<b>-4.6</b>	<b>-37.3</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Note: n/a = not applicable (insurer was not participating in the Marketplace).

TABLE B.3

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Arkansas Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Little Rock</b>										
<b>Insurer</b>										
Ambetter	292	353	363	358	387	21.0	2.7	-1.4	n/a	7.4
Arkansas Blue Cross and Blue Shield	n/a	n/a	n/a	n/a	399	n/a	n/a	n/a	n/a	n/a
Health Advantage	359	429	423	414	416	19.4	-1.4	-2.1	n/a	5.3
QualChoice Health Insurance (also Ambetter) <sup>a</sup>	330	392	381	390	417	19.0	-2.9	2.3	7.0	6.4
<b>Percent change in lowest option available</b>						<b>21.0</b>	<b>2.7</b>	<b>-1.4</b>	<b>8.1</b>	<b>7.6</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Ambetter	295	356	378	358	387	21.0	6.0	-5.3	8.1	7.4
Arkansas Blue Cross and Blue Shield	n/a	n/a	n/a	n/a	399	n/a	n/a	n/a	n/a	n/a
Health Advantage	379	476	447	414	416	25.4	-6.1	-7.3	0.4	3.1
QualChoice Health Insurance (also Ambetter)	323	384	381	390	417	18.7	-0.8	2.3	7.0	6.8
<b>Percent change in lowest option available</b>						<b>21.0</b>	<b>6.0</b>	<b>-5.3</b>	<b>8.1</b>	<b>7.4</b>
<b>State average (all regions)</b>	<b>281</b>	<b>341</b>	<b>362</b>	<b>358</b>	<b>387</b>	<b>21.2</b>	<b>6.2</b>	<b>-1.1</b>	<b>8.1</b>	<b>8.6</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Note: n/a = not applicable (insurer was not participating in the Marketplace).

TABLE B.4

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected California Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Rating region 15: East Los Angeles</b>										
<b>Insurer</b>										
Anthem	287	n/a	n/a	380	355	n/a	n/a	n/a	-6.6	-6.6
Blue Shield of California	284	325	346	352	327	14.6	6.3	1.7	-7.1	3.9
Health Net	269	325	337	327	343	20.8	3.7	-3.0	4.9	6.6
Kaiser Permanente	320	391	404	390	362	22.1	3.4	-3.6	-7.2	3.7
L.A. Care Health Plan	258	316	338	342	325	22.5	6.8	1.3	-5.2	6.4
Molina Healthcare	251	406	391	377	357	62.1	-3.7	-3.6	-5.3	12.4
Oscar	n/a	408	443	357	365	n/a	8.5	-19.4	2.4	-2.9
<b>Percent change in lowest option available</b>						<b>26.2</b>	<b>6.5</b>	<b>-3.0</b>	<b>-0.7</b>	<b>7.3</b>
<b>San Diego</b>										
<b>Insurer</b>										
Anthem	444	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Blue Shield of California	406	394	419	427	408	-2.9	6.3	1.7	-4.4	0.2
Health Net	307	392	395	359	367	27.6	0.8	-9.0	2.3	5.4
Kaiser Permanente	354	432	447	431	418	22.1	3.4	-3.6	-3.0	4.7
Molina Healthcare	297	418	391	370	343	41.1	-6.4	-5.5	-7.2	5.5
Sharp Health Plan	356	479	457	385	374	34.8	-4.7	-15.6	-2.9	2.9
<b>Percent change in lowest option available</b>						<b>32.1</b>	<b>-0.1</b>	<b>-8.2</b>	<b>-4.4</b>	<b>4.8</b>
<b>Sacramento</b>										
<b>Insurer</b>										
Blue Shield of California	479	446	474	482	461	-6.9	6.3	1.7	-4.4	-0.8
Health Net	501	584	620	648	703	16.5	6.1	4.5	8.5	8.9
Kaiser Permanente	402	478	494	468	485	19.1	3.4	-5.4	3.7	5.2
Western Health Advantage	426	557	596	573	516	30.7	7.0	-3.8	-10.0	6.0
<b>Percent change in lowest option available</b>						<b>11.0</b>	<b>6.3</b>	<b>-1.3</b>	<b>-1.4</b>	<b>3.6</b>
<b>San Francisco</b>										
<b>Insurer</b>										
Anthem	543	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Blue Shield of California	484	578	615	625	607	19.5	6.3	1.7	-2.9	6.2
Chinese Community	407	502	532	607	601	23.4	6.0	14.0	-0.9	10.6
Health Net	543	702	799	825	959	29.2	13.8	3.3	16.1	15.6
Kaiser	444	529	546	517	536	19.1	3.4	-5.4	3.7	5.2
Oscar	483	606	657	574	571	25.5	8.5	-12.7	-0.6	5.2
<b>Percent change in lowest option available</b>						<b>23.4</b>	<b>6.0</b>	<b>-2.9</b>	<b>3.7</b>	<b>7.6</b>
<b>Northern counties, rural</b>										
<b>Insurer</b>										
Anthem	408	602	623	542	557	47.5	3.6	-13.1	2.8	10.2
Blue Shield of California	450	578	644	633	617	28.4	11.3	-1.7	-2.4	8.9
Health Net	519	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kaiser Permanente	402	478	494	468	485	19.1	3.4	-5.4	3.7	5.2
<b>Percent change in lowest option available</b>						<b>19.1</b>	<b>3.4</b>	<b>-5.4</b>	<b>3.7</b>	<b>5.2</b>
<b>State average (all regions)</b>	<b>318</b>	<b>394</b>	<b>413</b>	<b>396</b>	<b>397</b>	<b>24.1</b>	<b>4.9</b>	<b>-4.2</b>	<b>0.4</b>	<b>6.3</b>

Source: Covered California, <https://www.coveredca.com/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

TABLE B.5

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Delaware

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Entire state</b>										
<b>Insurer</b>										
Highmark Blue Cross Blue Shield Delaware	480	573	660	521	522	19.4	15.2	-21.0	0.1	3.4
Aetna	414	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>State average change in lowest option available</b>	<b>414</b>	<b>573</b>	<b>660</b>	<b>521</b>	<b>522</b>	<b>38.3</b>	<b>15.2</b>	<b>-21.0</b>	<b>0.1</b>	<b>8.2</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.



TABLE B.6

## Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Florida Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Miami</b>										
<b>Insurer</b>										
Ambetter	296	435	440	452	461	46.7	1.2	2.7	2.2	13.2
AvMed	n/a	n/a	n/a	n/a	459	n/a	n/a	n/a	n/a	n/a
Bright Health	n/a	n/a	n/a	n/a	445	n/a	n/a	n/a	n/a	n/a
Florida Blue (Blue Cross and Blue Shield of Florida)	422	583	543	524	449	37.9	-6.9	-3.4	-14.4	3.3
Health Options	318	442	458	450	n/a	39.0	3.5	-1.6	13.6	13.6
Humana	477	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Molina Healthcare	320	567	568	551	523	77.5	0.1	-2.9	-5.2	17.4
Oscar	n/a	n/a	n/a	445	458	n/a	n/a	n/a	2.9	2.9
<b>Percent change in lowest option available</b>						<b>46.7</b>	<b>1.2</b>	<b>1.1</b>	<b>0.0</b>	<b>12.3</b>
<b>Tampa</b>										
<b>Insurer</b>										
Ambetter	305	428	467	437	454	40.3	9.2	-6.4	3.9	11.8
Florida Blue (Blue Cross and Blue Shield of Florida)	341	496	489	475	438	45.5	-1.4	-2.7	-7.9	8.4
Bright Health	n/a	n/a	n/a	432	439	n/a	n/a	n/a	1.5	1.5
Health Options	325	481	491	446	n/a	48.1	2.1	-9.2	13.7	13.7
Humana	428	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Molina Healthcare	339	567	585	552	542	67.3	3.1	-5.6	-1.8	15.7
Oscar	n/a	n/a	n/a	447	448	n/a	n/a	n/a	0.4	0.4
<b>Percent change in lowest option available</b>						<b>40.3</b>	<b>9.2</b>	<b>-7.5</b>	<b>1.2</b>	<b>10.8</b>
<b>Jacksonville</b>										
<b>Insurer</b>										
Ambetter	233	314	462	452	442	35.0	47.1	-2.1	-2.3	19.4
AvMed	n/a	n/a	n/a	n/a	\$521	n/a	n/a	n/a	n/a	n/a
Florida Blue (Blue Cross and Blue Shield of Florida)	345	494	469	453	440	43.2	-5.1	-3.5	-2.7	8.0
Bright Health	n/a	n/a	n/a	440	459	n/a	n/a	n/a	4.3	4.3
Health Options	327	485	515	487	n/a	48.0	6.3	-5.4	n/a	16.3

Molina Healthcare	307	527	512	500	467	72.0	-2.9	-2.3	-6.6	15.0
Oscar	n/a	n/a	n/a	n/a	520	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>35.0</b>	<b>47.1</b>	<b>-4.7</b>	<b>0.0</b>	<b>19.4</b>
<b>Orlando</b>										
<b>Insurer</b>										
Ambetter	n/a	469	490	481	477	n/a	4.6	-2.0	-0.8	0.6
AvMed	n/a	n/a	n/a	n/a	466	n/a	n/a	n/a	n/a	n/a
Cigna	n/a	n/a	n/a	n/a	504	n/a	n/a	n/a	n/a	n/a
Florida Blue (Blue Cross and Blue Shield of Florida)	386	546	509	533	464	41.4	-6.8	4.6	-12.9	6.6
Bright Health	n/a	n/a	n/a	465	483	n/a	n/a	n/a	n/a	n/a
Health Options	341	469	483	470	n/a	37.4	3.1	-2.7	n/a	12.6
Molina Healthcare	n/a	n/a	n/a	521	525	n/a	n/a	n/a	0.7	0.7
Oscar	n/a	n/a	467	474	468	n/a	n/a	1.4	-1.4	0.0
<b>Percent change in lowest option available</b>						<b>37.4</b>	<b>-0.2</b>	<b>-0.5</b>	<b>-0.2</b>	<b>9.1</b>
<b>Tallahassee</b>										
<b>Insurer</b>										
Ambetter	n/a	n/a	n/a	n/a	473	n/a	n/a	n/a	n/a	n/a
Cigna	n/a	n/a	n/a	n/a	652	n/a	n/a	n/a	n/a	n/a
Florida Blue (Blue Cross and Blue Shield of Florida)	430	692	662	634	466	61.0	-4.3	-4.2	-26.6	6.5
Oscar	n/a	n/a	n/a	n/a	487	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>61.0</b>	<b>-4.3</b>	<b>-4.2</b>	<b>-26.6</b>	<b>6.5</b>
<b>State average (all regions)</b>	<b>322</b>	<b>457</b>	<b>467</b>	<b>458</b>	<b>449</b>	<b>41.8</b>	<b>2.2</b>	<b>-2.1</b>	<b>-2.0</b>	<b>10.0</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

TABLE B.7

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Georgia Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Atlanta</b>										
<b>Insurer</b>										
Alliant Health Plans	n/a	n/a	n/a	n/a	510	n/a	n/a	n/a	n/a	n/a
Ambetter	264	417	440	419	448	57.8	5.4	-4.8	7.1	16.4
Anthem (Blue Cross Blue Shield of Georgia)	324	581	438	440	437	79.2	-24.5	0.4	-0.6	13.6
CareSource	n/a	n/a	n/a	473	499	n/a	n/a	n/a	5.3	5.3
Humana	538	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kaiser Permanente	372	421	529	545	445	13.3	25.5	3.1	-18.2	5.9
Oscar	n/a	n/a	n/a	557	534	n/a	n/a	n/a	-4.2	-4.2
<b>Percent change in lowest option available</b>						<b>57.8</b>	<b>5.1</b>	<b>-4.5</b>	<b>4.5</b>	<b>15.7</b>
<b>Augusta</b>										
<b>Insurer</b>										
Alliant Health Plans	n/a	n/a	n/a	n/a	452	n/a	n/a	n/a	n/a	n/a
Ambetter	n/a	n/a	n/a	401	448	n/a	n/a	n/a	11.6	11.6
Anthem (Blue Cross Blue Shield of Georgia)	322	464	490	473	506	44.3	5.5	-3.5	7.1	13.4
<b>Percent change in lowest option available</b>						<b>44.3</b>	<b>5.5</b>	<b>-18.2</b>	<b>11.6</b>	<b>10.8</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Alliant Health Plans	n/a	n/a	n/a	n/a	448	n/a	n/a	n/a	n/a	n/a
Ambetter	n/a	n/a	324	367	456	n/a	n/a	13.3	24.3	18.8
Anthem (Blue Cross Blue Shield of Georgia)	430	629	666	684	646	46.1	6.0	2.7	-5.6	12.3
<b>Percent change in lowest option available</b>						<b>46.1</b>	<b>-48.5</b>	<b>13.3</b>	<b>22.1</b>	<b>8.3</b>
<b>State average (all regions)</b>	<b>307</b>	<b>475</b>	<b>434</b>	<b>419</b>	<b>442</b>	<b>55.1</b>	<b>-8.8</b>	<b>-3.5</b>	<b>5.7</b>	<b>12.1</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into all silver plans, both on Marketplace and off.

TABLE B.8

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Indiana Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Indianapolis</b>										
<b>Insurer</b>										
Ambetter	284	364	372	441	462	28.2	2.0	18.6	4.8	13.4
Anthem	414	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CareSource	286	366	396	421	433	28.1	7.9	6.5	2.7	11.3
Mdwise	317	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>28.2</b>	<b>2.0</b>	<b>13.3</b>	<b>2.7</b>	<b>11.6</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Ambetter	201	268	257	330	398	33.1	-4.0	28.4	20.7	19.5
CareSource	258	295	312	332	341	14.2	5.9	6.5	2.8	7.3
<b>Percent change in lowest option available</b>						<b>33.1</b>	<b>-4.0</b>	<b>28.4</b>	<b>3.5</b>	<b>15.2</b>
<b>State average (all regions)</b>	<b>264</b>	<b>332</b>	<b>333</b>	<b>379</b>	<b>398</b>	<b>26.1</b>	<b>0.1</b>	<b>13.8</b>	<b>5.0</b>	<b>11.3</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into all Marketplace metal tiers.

TABLE B.9

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Maryland-Area Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average annual change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Rating Region 1: Baltimore</b>										
<b>Insurer</b>										
CareFirst	355	559	489	401	371	57.5	-12.5	-18.0	-7.5	4.9
Cigna	415	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kaiser Permanente	309	436	404	388	339	41.1	-7.4	-3.9	-12.6	4.3
UnitedHealthcare	n/a	n/a	n/a	n/a	344	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>41.1</b>	<b>-7.4</b>	<b>-3.9</b>	<b>-12.6</b>	<b>4.3</b>
<b>Rating Region 3: Washington, DC, suburbs</b>										
<b>Insurer</b>										
CareFirst	355	559	489	401	371	57.5	-12.5	-18.0	-7.5	4.9
Cigna	409	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kaiser Permanente	309	436	404	388	339	41.1	-7.4	-3.9	-12.6	4.3
UnitedHealthcare	n/a	n/a	n/a	n/a	355	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>41.1</b>	<b>-7.4</b>	<b>-3.9</b>	<b>-12.6</b>	<b>4.3</b>
<b>State average (all regions)</b>	<b>296</b>	<b>436</b>	<b>404</b>	<b>388</b>	<b>339</b>	<b>47.3</b>	<b>-7.4</b>	<b>-3.9</b>	<b>-12.6</b>	<b>5.8</b>

Source: Maryland Health Connection.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

TABLE B.10

## Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Minnesota Market

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Minneapolis</b>										
<b>Insurer</b>										
Blue Plus	419	425	309	294	309	1.7	-27.5	-4.7	4.9	-6.4
HealthPartners	363	327	304	295	290	-9.9	-7.1	-2.9	-1.8	-5.4
Medica	395	352	300	306	284	-10.9	-14.7	2.1	-7.3	-7.7
UCare	366	315	282	261	265	-13.8	-10.4	-7.6	1.5	-7.6
<b>Percent change in lowest option available</b>						<b>-13.2</b>	<b>-10.4</b>	<b>-7.6</b>	<b>1.5</b>	<b>-7.4</b>
<b>State average (all regions)</b>	<b>429</b>	<b>362</b>	<b>313</b>	<b>298</b>	<b>292</b>	<b>-15.5</b>	<b>-13.6</b>	<b>-5.0</b>	<b>-1.8</b>	<b>-9.0</b>

Sources: 2017 data taken from the Robert Wood Johnson Foundation's HIX Compare dataset. 2018 - 2021 data from MNsure. Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only, although the impact is minimal due to the Basic Health plan.

TABLE B.11

## Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected New York Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>New York City</b>										
<b>Insurer</b>										
Affinity Health Plan	483	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EmblemHealth	518	652	791	898	934	25.7	21.4	13.5	4.0	16.1
Empire Blue Cross Blue Shield (Anthem)	575	883	905	874	883	53.5	2.6	-3.5	1.0	13.4
Fidelis Care	456	510	598	622	644	11.7	17.2	4.0	3.6	9.1
Healthfirst	454	531	581	623	611	17.1	9.5	7.1	-1.9	8.0
MetroPlus	468	504	591	619	649	7.7	17.2	4.8	4.7	8.6
NorthShore LIJ	487	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oscar	483	538	590	657	694	11.3	9.7	11.3	5.6	9.5
UnitedHealthcare	714	825	803	888	940	15.5	-2.7	10.5	5.9	7.3

<b>Percent change in lowest option available</b>						<b>11.2</b>	<b>15.3</b>	<b>6.5</b>	<b>-1.3</b>	<b>7.9</b>
<b>Long Island</b>										
<b>Insurer</b>										
Affinity Health Plan	494	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EmblemHealth	590	741	900	1,021	1,062	25.7	21.4	13.5	4.0	16.1
Empire Blue Cross Blue Shield (Anthem)	510	783	725	769	777	53.4	-7.5	6.1	1.0	13.3
Fidelis Care	446	480	562	585	599	7.5	17.2	4.0	2.3	7.8
Healthfirst	454	564	617	642	611	24.4	9.5	3.9	-4.8	8.3
NorthShore LIJ	487	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oscar	483	538	590	646	678	11.3	9.7	9.5	4.9	8.9
UnitedHealthcare	714	825	803	888	940	15.5	-2.7	10.5	5.9	7.3
<b>Percent change in lowest option available</b>						<b>7.5</b>	<b>17.2</b>	<b>4.0</b>	<b>2.3</b>	<b>7.8</b>
<b>State average (all regions)</b>	<b>439</b>	<b>487</b>	<b>559</b>	<b>589</b>	<b>583</b>	<b>10.9</b>	<b>14.9</b>	<b>5.2</b>	<b>-0.9</b>	<b>7.5</b>

Source: New York State of Health.

Note: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only, although the impact is minimal due to the Basic Health plan

TABLE B.12

## Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected North Carolina Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average annual change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Charlotte</b>										
<b>Insurer</b>										
Blue Cross Blue Shield of North Carolina	565	659	503	428	470	16.7	-23.7	-15.0	9.9	-3.0
Bright Health	n/a	n/a	n/a	405	423	n/a	n/a	n/a	4.2	4.2
<b>Percent change in lowest option available</b>						<b>16.7</b>	<b>-23.7</b>	<b>-19.4</b>	<b>4.2</b>	<b>-5.5</b>
<b>Raleigh-Durham</b>										
<b>Insurer</b>										
Ambetter	n/a	n/a	470	410	449	n/a	n/a	-12.6	9.4	-1.6
Blue Cross Blue Shield of North Carolina	489	571	452	437	458	16.7	-20.9	-3.2	4.8	-0.7
Bright Health	n/a	n/a	n/a	n/a	426	n/a	n/a	n/a	n/a	n/a
Cigna	447	541	541	522	425	20.8	0.0	-3.5	-18.6	-0.3
UnitedHealthcare	n/a	n/a	n/a	n/a	525	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>20.8</b>	<b>-16.5</b>	<b>-9.1</b>	<b>3.5</b>	<b>-0.3</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Blue Cross Blue Shield of North Carolina	537	610	664	661	419	13.5	9.0	-0.5	-36.6	-3.6
Bright Health	n/a	n/a	n/a	n/a	441	n/a	n/a	n/a	n/a	n/a
Cigna	n/a	n/a	n/a	n/a	553	n/a	n/a	n/a	n/a	n/a
Oscar Health Plan of North Carolina Inc.	n/a	n/a	n/a	n/a	479	n/a	n/a	n/a	n/a	n/a
UnitedHealthcare	n/a	n/a	n/a	n/a	460	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>13.5</b>	<b>9.0</b>	<b>-0.5</b>	<b>-36.6</b>	<b>-3.6</b>
<b>State average (all regions)</b>	<b>516</b>	<b>601</b>	<b>563</b>	<b>507</b>	<b>489</b>	<b>16.4</b>	<b>-6.2</b>	<b>-10.1</b>	<b>-3.5</b>	<b>-0.9</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.



TABLE B.13

## Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Ohio Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Columbus</b>										
<b>Insurer</b>										
Ambetter from Buckeye Health Plan	n/a	417	401	366	375	n/a	-3.7	-8.8	2.4	-3.4
Anthem	342	n/a	n/a	n/a	431	n/a	n/a	n/a	n/a	n/a
CareSource	284	385	474	460	488	35.4	23.3	-3.0	6.2	15.5
Medical Mutual of Ohio	326	423	437	493	501	29.9	3.4	12.7	1.6	11.9
Molina Healthcare	301	461	444	391	398	53.5	-3.7	-12.1	1.9	9.9
Oscar	n/a	n/a	382	407	398	n/a	n/a	6.7	-2.3	2.2
<b>Percent change in lowest option available</b>						<b>35.4</b>	<b>-0.8</b>	<b>-4.1</b>	<b>2.4</b>	<b>8.2</b>
<b>Cleveland</b>										
<b>Insurer</b>										
Ambetter from Buckeye Health Plan	224	307	323	322	319	36.8	5.1	-0.1	-1.0	10.2
Anthem	363	n/a	n/a	n/a	481	n/a	n/a	n/a	n/a	n/a
CareSource	253	319	371	360	382	26.2	16.1	-2.9	6.3	11.4
Medical Mutual of Ohio	376	364	360	407	403	-3.1	-1.2	13.2	-1.0	2.0
Molina Healthcare	252	346	366	330	330	37.2	5.7	-9.8	0.1	8.3
Oscar	n/a	434	466	453	480	n/a	7.4	-2.6	5.9	3.6
<b>Percent change in lowest option available</b>						<b>36.8</b>	<b>5.1</b>	<b>-0.1</b>	<b>-1.0</b>	<b>10.2</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Anthem	413	n/a	555	619	610	n/a	n/a	11.7	-1.6	5.1
CareSource	347	579	708	618	492	66.8	22.2	-12.7	-20.4	14.0
Medical Mutual of Ohio	n/a	n/a	n/a	579	508	n/a	n/a	n/a	-12.3	-12.3
Molina Healthcare	290	415	469	386	383	43.2	12.8	-17.6	-0.7	9.4
<b>Percent change in lowest option available</b>						<b>43.2</b>	<b>12.8</b>	<b>-17.6</b>	<b>-0.7</b>	<b>9.4</b>
<b>State average (all regions)</b>	<b>252</b>	<b>348</b>	<b>359</b>	<b>353</b>	<b>358</b>	<b>38.2</b>	<b>3.2</b>	<b>-1.4</b>	<b>1.4</b>	<b>10.3</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

**Notes:** n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

**TABLE B.14**

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Oklahoma Markets**

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Tulsa</b>										
<b>Insurer</b>										
Blue Cross and Blue Shield of Oklahoma	507	532	543	542	546	4.8	2.2	-0.2	0.8	1.9
CommunityCare	n/a	n/a	n/a	n/a	493	n/a	n/a	n/a	n/a	n/a
Medica	n/a	n/a	635	528	478	n/a	n/a	-16.9	-9.3	-13.1
UnitedHealthcare	n/a	n/a	n/a	n/a	552	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>4.8</b>	<b>2.2</b>	<b>-2.9</b>	<b>-9.3</b>	<b>-1.3</b>
<b>Oklahoma City</b>										
<b>Insurer</b>										
Blue Cross and Blue Shield of Oklahoma	485	507	485	500	506	4.5	-4.5	3.1	1.4	1.1
Bright Health	n/a	n/a	n/a	492	476	n/a	n/a	n/a	-3.3	n/a
Medica	n/a	n/a	686	613	489	n/a	n/a	-10.7	-20.3	-15.5
Oscar	n/a	n/a	n/a	n/a	495	n/a	n/a	n/a	n/a	n/a
UnitedHealthcare	n/a	n/a	n/a	n/a	502	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>4.5</b>	<b>-4.5</b>	<b>1.5</b>	<b>-3.3</b>	<b>-0.4</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Blue Cross and Blue Shield of Oklahoma	493	524	520	530	530	6.2	-0.7	1.8	0.1	1.9
CommunityCare	n/a	n/a	n/a	n/a	493	n/a	n/a	n/a	n/a	n/a
Medica	n/a	n/a	654	585	538	n/a	n/a	n/a	-8.0	-8.0
<b>Percent change in lowest option available</b>						<b>6.2</b>	<b>-0.7</b>	<b>1.8</b>	<b>-6.9</b>	<b>0.1</b>
<b>State average (all regions)</b>	<b>495</b>	<b>520</b>	<b>514</b>	<b>515</b>	<b>485</b>	<b>5.1</b>	<b>-1.2</b>	<b>0.3</b>	<b>-5.9</b>	<b>-0.4</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

TABLE B.15

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Oregon Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017–21
	2017	2018	2019	2020	2021	2017–18	2018–19	2019–20	2020–21	
<b>Portland</b>										
<b>Insurer</b>										
BridgeSpan Health Company	361	391	420	421	522	8.2	7.3	0.3	24.0	10.0
Kaiser Permanente	302	375	408	438	426	24.2	8.8	7.4	-2.7	9.4
Moda Health	386	405	433	414	468	4.9	6.9	-4.4	13.0	5.1
PacificSource Health Plans	442	484	425	436	491	9.5	-12.2	2.6	12.6	3.1
Providence Health Plan	326	380	414	397	472	16.6	8.9	-4.1	18.9	10.1
Regence BlueCross BlueShield of Oregon	n/a	n/a	n/a	n/a	464	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>24.2</b>	<b>8.8</b>	<b>1.5</b>	<b>2.9</b>	<b>9.3</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
BridgeSpan Health Company	n/a	n/a	n/a	n/a	580	n/a	n/a	n/a	n/a	n/a
Kaiser Permanente	302	375	408	438	406	24.2	8.8	7.4	-7.3	8.3
Moda Health	397	436	478	455	460	9.8	9.6	-4.8	1.1	3.9
PacificSource Health Plans	446	488	445	455	479	9.4	-8.8	2.2	5.3	2.0
Providence Health Plan	490	456	517	496	502	-6.9	13.4	-4.1	1.2	0.9
Regence BlueCross BlueShield of Oregon	n/a	n/a	n/a	n/a	516	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>24.2</b>	<b>8.8</b>	<b>7.4</b>	<b>-7.3</b>	<b>8.3</b>
<b>State average (all regions)</b>	<b>311</b>	<b>388</b>	<b>424</b>	<b>424</b>	<b>418</b>	<b>24.8</b>	<b>9.1</b>	<b>0.1</b>	<b>-1.4</b>	<b>8.1</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver plans, both on and off Marketplace.

TABLE B.16

## Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Pennsylvania Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Philadelphia</b>										
<b>Insurer</b>										
Ambetter	n/a	n/a	465	461	449	n/a	n/a	-0.9	-2.4	-1.7
Independence Blue Cross	374	466	464	464	447	24.5	-0.3	0.0	-3.7	n/a
Oscar	n/a	n/a	n/a	461	479	n/a	n/a	n/a	3.9	3.9
<b>Percent change in lowest option available</b>						<b>24.5</b>	<b>-0.3</b>	<b>-0.8</b>	<b>-2.9</b>	<b>5.1</b>
<b>Pittsburgh</b>										
<b>Insurer</b>										
Highmark	313	483	481	329	343	54.2	-0.4	-31.7	4.4	6.6
UPMC Health Plan	232	350	328	334	350	50.8	-6.2	1.9	4.7	12.8
<b>Percent change in lowest option available</b>						<b>50.8</b>	<b>-6.2</b>	<b>0.2</b>	<b>4.4</b>	<b>12.3</b>
<b>Scranton/Wilkes-Barre</b>										
<b>Insurer</b>										
Ambetter	n/a	n/a	n/a	n/a	404	n/a	n/a	n/a	n/a	n/a
First Priority Health	397	581	474	n/a	n/a	46.1	-18.4	n/a	n/a	13.9
Geisinger	396	506	481	498	502	27.8	-4.8	3.4	0.9	6.8
Highmark	n/a	n/a	n/a	434	436	n/a	n/a	n/a	0.5	0.5
UPMC Health Plan	n/a	442	414	422	637	n/a	-6.3	1.9	50.9	15.5
<b>Percent change in lowest option available</b>						<b>11.6</b>	<b>-6.3</b>	<b>1.9</b>	<b>-4.2</b>	<b>0.8</b>
<b>Harrisburg</b>										
<b>Insurer</b>										
Capital (Blue Cross Blue Shield)	497	853	635	583	506	71.7	-25.6	-8.2	-13.2	6.2
Geisinger	441	627	567	605	611	42.2	-9.6	6.7	0.9	10.0
Highmark	522	693	601	498	524	32.9	-13.3	-17.1	5.4	1.9
UPMC Health Plan	n/a	n/a	523	527	603	n/a	n/a	0.7	14.5	7.6
<b>Percent change in lowest option available</b>						<b>42.2</b>	<b>-16.5</b>	<b>-4.9</b>	<b>1.6</b>	<b>5.6</b>
<b>State average (all regions)</b>	<b>348</b>	<b>455</b>	<b>446</b>	<b>432</b>	<b>440</b>	<b>30.6</b>	<b>-2.0</b>	<b>-3.0</b>	<b>1.8</b>	<b>6.8</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

TABLE B.17

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Rhode Island

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017–21
	2017	2018	2019	2020	2021	2017–18	2018–19	2019–20	2020–21	
<b>Entire state</b>										
<b>Insurer</b>										
Blue Cross Blue Shield of Rhode Island	265	385	381	372	401	45.2	-1.0	-2.4	7.8	12.4
Neighborhood Health Plan of Rhode Island	243	287	315	316	328	18.3	9.8	0.3	3.8	8.1
<b>State average change in lowest option available</b>	<b>243</b>	<b>287</b>	<b>315</b>	<b>316</b>	<b>328</b>	<b>18.3</b>	<b>9.8</b>	<b>0.3</b>	<b>3.8</b>	<b>8.1</b>

Source: Healthsource RI.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

TABLE B.18

## Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Texas Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Dallas-Fort Worth</b>										
<b>Insurer</b>										
Ambetter	322	415	410	410	447	29.0	-1.1	-0.2	9.1	9.2
Blue Cross and Blue Shield of Texas	449	570	555	428	399	27.0	-2.6	-23.0	-6.6	-1.3
Friday Health Plans	n/a	n/a	n/a	n/a	417	n/a	n/a	n/a	n/a	n/a
Molina Healthcare	277	411	431	408	420	48.4	4.7	-5.3	3.0	12.7
Oscar	n/a	n/a	n/a	411	457	n/a	n/a	n/a	11.2	11.2
Scott and White Health Plan	n/a	n/a	n/a	n/a	465	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>48.4</b>	<b>-0.2</b>	<b>-0.7</b>	<b>-2.1</b>	<b>11.4</b>
<b>Houston</b>										
<b>Insurer</b>										
Ambetter	n/a	390	385	381	413	n/a	-1.1	-1.1	8.3	2.0
Blue Cross and Blue Shield of Texas	431	545	508	422	381	26.5	-6.8	-16.9	-9.6	-1.7
Community Health Choice	311	460	464	464	492	48.0	1.0	0.0	5.9	13.7
Friday Health Plans	n/a	n/a	n/a	n/a	391	n/a	n/a	n/a	n/a	n/a
Molina Healthcare	283	399	418	395	407	41.3	4.6	-5.4	3.0	10.9
Oscar	n/a	n/a	n/a	416	458	n/a	n/a	n/a	10.2	10.2
<b>Percent change in lowest option available</b>						<b>37.9</b>	<b>-1.1</b>	<b>-1.1</b>	<b>0.0</b>	<b>8.9</b>
<b>Austin</b>										
<b>Insurer</b>										
Ambetter	273	383	429	446	487	40.7	11.9	3.9	9.2	16.5
Blue Cross and Blue Shield of Texas	454	583	545	532	559	28.5	-6.6	-2.4	5.2	6.2
Friday Health Plans	n/a	n/a	n/a	n/a	450	n/a	n/a	n/a	n/a	n/a
Oscar	n/a	404	476	461	490	n/a	17.9	-3.1	6.3	7.0
Scott and White Health Plan	n/a	n/a	n/a	n/a	441	n/a	n/a	n/a	n/a	n/a
Sendero Health Plans, local nonprofit	290	455	537	517	549	56.5	18.1	-3.6	6.1	19.3

<b>Percent change in lowest option available</b>						<b>40.7</b>	<b>11.9</b>	<b>3.9</b>	<b>-1.1</b>	<b>13.9</b>					
						<b>El Paso</b>									
<b>Insurer</b>															
Ambetter from Superior HealthPlan	274	396	373	395	435	44.5	-6.0	5.9	10.2	13.7					
Blue Cross and Blue Shield of Texas	393	495	483	488	502	25.7	-2.3	1.0	2.8	6.8					
Friday Health Plans	n/a	n/a	n/a	n/a	397	n/a	n/a	n/a	n/a	n/a					
Molina Healthcare	285	395	431	412	424	38.6	9.0	-4.4	3.0	n/a					
Oscar	n/a	n/a	396	398	433	n/a	n/a	0.6	8.8	4.7					
<b>Percent change in lowest option available</b>						<b>44.1</b>	<b>-5.8</b>	<b>5.9</b>	<b>7.5</b>	<b>13.0</b>					
<b>State average (all regions)</b>						<b>279</b>	<b>394</b>	<b>403</b>	<b>406</b>	<b>410</b>	<b>41.3</b>	<b>2.4</b>	<b>0.6</b>	<b>0.9</b>	<b>11.3</b>

**Source:** “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

**Notes:** n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

TABLE B.19

## Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Virginia Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017-21
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	
<b>Richmond</b>										
<b>Insurer</b>										
Aetna	289	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Anthem HealthKeepers	303	497	531	489	448	64.2	6.7	-8.0	-8.4	13.6
Cigna	296	439	490	502	441	48.0	11.7	2.5	-12.1	12.5
Kaiser Permanente	329	447	638	592	528	36.0	42.7	-7.3	-10.8	15.1
Optima Health	n/a	900	801	528	528	n/a	-11.0	-34.1	0.1	-15.0
Oscar	n/a	n/a	n/a	520	535	n/a	n/a	n/a	2.7	2.7
Piedmont Community Health Plan	357	572	674	n/a	n/a	60.0	17.9	n/a	n/a	39.0
UnitedHealthcare	333	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Virginia Premier Health Plan	n/a	n/a	504	514	n/a	n/a	n/a	2.1	n/a	n/a
<b>Percent change in lowest option available</b>						<b>51.6</b>	<b>11.7</b>	<b>-0.3</b>	<b>-9.6</b>	<b>13.4</b>
<b>Virginia Beach/Norfolk</b>										
<b>Insurer</b>										
Aetna	336	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Anthem HealthKeepers	338	n/a	542	515	472	n/a	n/a	-5.0	-8.4	-6.7
Optima Health	376	641	602	478	516	70.5	-6.1	-20.6	8.1	13.0
<b>Percent change in lowest option available</b>						<b>90.8</b>	<b>-15.4</b>	<b>-11.9</b>	<b>-1.2</b>	<b>15.6</b>
<b>Washington, DC, suburbs</b>										
<b>Insurer</b>										
Anthem HealthKeepers	336	511	552	514	471	52.3	8.0	-6.9	-8.4	11.2
CareFirst BlueChoice	432	720	802	671	598	66.7	11.3	-16.3	-10.9	12.7
Cigna	313	458	508	527	470	46.1	11.0	3.8	-10.7	12.5
Innovation Health	296	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kaiser Permanente	329	447	638	592	528	36.0	42.7	-7.3	-10.8	15.1
UnitedHealthcare	319	n/a	n/a	n/a	515	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>51.4</b>	<b>13.5</b>	<b>1.2</b>	<b>-8.5</b>	<b>14.4</b>
<b>State average (all regions)</b>	<b>309</b>	<b>506</b>	<b>526</b>	<b>504</b>	<b>470</b>	<b>63.9</b>	<b>4.1</b>	<b>-4.2</b>	<b>-6.7</b>	<b>14.3</b>



Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only.

TABLE B.20

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Washington Market

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				Average Annual Change, 2017–21
	2017	2018	2019	2020	2021	2017–18	2018–19	2019–20	2020–21	
<b>Seattle</b>										
<b>Insurer</b>										
BridgeSpan Health Company	315	n/a	n/a	447	466	n/a	n/a	n/a	4.4	4.4
Coordinated Care	235	328	368	380	381	39.6	12.3	3.2	0.2	13.8
Group Health (Kaiser Permanente)	280	404	439	405	358	44.2	8.7	-7.7	-11.5	8.4
LifeWise	324	n/a	n/a	419	409	n/a	n/a	n/a	-2.5	-2.5
Molina Healthcare	257	385	412	379	373	49.7	6.9	-8.1	-1.5	11.8
Premera Blue Cross	404	517	520	515	473	27.9	0.7	-0.9	-8.2	4.9
Regence	326	n/a	n/a	n/a	458	n/a	n/a	n/a	n/a	n/a
UnitedHealthcare	n/a	n/a	n/a	n/a	463	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>39.6</b>	<b>12.3</b>	<b>2.9</b>	<b>-5.4</b>	<b>12.4</b>
<b>State average (all regions)</b>	<b>238</b>	<b>326</b>	<b>368</b>	<b>379</b>	<b>368</b>	<b>37.0</b>	<b>13.1</b>	<b>3.0</b>	<b>-2.9</b>	<b>-2.9</b>

Source: Washington Healthplan Finder.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. Group Health is now owned by and marketed as Kaiser Permanente but was marketed as Group Health during this period.

TABLE B.21

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected West Virginia Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	Average Annual Change, 2017-21
<b>Charleston</b>										
<b>Insurer</b>										
CareSource	505	555	611	653	717	9.8	10.2	6.8	9.9	9.2
Highmark Blue Cross Blue Shield	541	653	713	747	788	20.7	9.1	4.8	5.5	10.0
<b>Percent change in lowest option available</b>						<b>9.8</b>	<b>10.2</b>	<b>6.8</b>	<b>9.9</b>	<b>9.2</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
CareSource	485	555	614	656	692	14.5	10.7	6.8	5.6	9.4
Highmark Blue Cross Blue Shield	493	595	649	680	717	20.7	9.1	4.8	5.5	10.0
<b>Percent change in lowest option available</b>						<b>14.5</b>	<b>10.7</b>	<b>6.8</b>	<b>5.6</b>	<b>9.4</b>
<b>State average (all regions)</b>	<b>441</b>	<b>514</b>	<b>562</b>	<b>601</b>	<b>641</b>	<b>16.7</b>	<b>9.3</b>	<b>6.9</b>	<b>6.7</b>	<b>9.9</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers instructed to load the cost of cost-sharing reductions into all metal tiers, both on Marketplace and off.

TABLE B.22

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2017 to 2021, by Insurer, in Selected Wyoming Markets

	LOWEST SILVER PREMIUM (\$)					PERCENT CHANGE				
	2017	2018	2019	2020	2021	2017-18	2018-19	2019-20	2020-21	Average Annual Change, 2017-21
<b>Cheyenne</b>										
<b>Insurer</b>										
Blue Cross Blue Shield of Wyoming	457	795	790	806	728	74.0	-0.7	2.0	-9.7	16.4
Mountain Health CO-OP	n/a	n/a	n/a	n/a	828	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>74.0</b>	<b>-0.7</b>	<b>2.0</b>	<b>-9.7</b>	<b>16.4</b>
<b>Selected rural region</b>										
<b>Insurer</b>										
Blue Cross Blue Shield of Wyoming	502	873	867	884	799	74.0	-0.7	2.0	-9.7	16.4
Mountain Health CO-OP	n/a	n/a	n/a	n/a	793	n/a	n/a	n/a	n/a	n/a
<b>Percent change in lowest option available</b>						<b>74.0</b>	<b>-0.7</b>	<b>2.0</b>	<b>-10.4</b>	<b>16.3</b>
<b>State average (all regions)</b>	<b>494</b>	<b>860</b>	<b>854</b>	<b>871</b>	<b>782</b>	<b>16.7</b>	<b>9.3</b>	<b>6.9</b>	<b>6.7</b>	<b>9.9</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: n/a = not applicable (insurer was not participating in the Marketplace). Insurers instructed to load the cost of cost-sharing reductions into all metal tiers, both on Marketplace and off.

# Notes

- <sup>1</sup> Eric Hargan (acting Secretary, US Department of Health and Human Services), memo to Seema Verma (administrator, Centers for Medicare & Medicaid Services), regarding payments to insurers for cost-sharing reductions, October 12, 2017, <https://www.hhs.gov/sites/default/files/csr-payment-memo.pdf>; and Dan Mangan, “Obamacare Bombshell: Trump Kills Key Payments to Health Insurers,” CNBC, October 13, 2017, <https://www.cnbc.com/2017/10/12/obamacare-bombshell-trump-kills-key-payments-to-health-insurers.html>.
- <sup>2</sup> Sabrina Corlette, Kevin Lucia, and Maanasa Kona, “States Step Up to Protect Consumers in Wake of Cuts to ACA Cost-Sharing Reduction Payments,” *To the Point* (blog), Commonwealth Fund, October 27, 2017, <https://www.commonwealthfund.org/blog/2017/states-step-protect-consumers-wake-cuts-aca-cost-sharing-reduction-payments>.
- <sup>3</sup> Kentucky’s health insurance Marketplace, kynect, was relaunched in October 2020 but still uses Healthcare.gov for now; a full relaunch is planned for 2022. Steve Rogers, “State Relaunching Improved ‘kynect’ System for Benefits,” WTVQ, October 5, 2020, <https://www.wtvq.com/2020/10/05/state-relaunching-improved-kynect-system-for-benefits/>.
- <sup>4</sup> Authors’ calculations based upon Marketplace participation data from Healthcare.gov and state-based Marketplace websites. The data are weighted by rating region population from the Census Bureau.
- <sup>5</sup> Reinsurance programs are designed to encourage insurers to reduce premiums in exchange for back-end payments from the state to cover exceptionally high-cost enrollees whose spending exceeds a threshold.
- <sup>6</sup> “COVID-19 and the Individual Market,” Robert Wood Johnson Foundation, April 17, 2020, <https://www.rwjf.org/en/library/research/2020/04/covid-19-and-the-individual-market.html>.
- <sup>7</sup> Bruce Japsen, “CVS Health Will Return Aetna to Obamacare Market,” *Forbes*, February 16, 2021, <https://www.forbes.com/sites/brucejapsen/2021/02/16/cvs-will-return-aetna-to-obamacare-market>.
- <sup>8</sup> The premium increase had the unanticipated side effect of increasing subsidies and making insurance more affordable for those eligible for subsidies. Unsubsidized enrollment fell off, however, because of the premium increases.

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# About the Authors

**John Holahan** is an Institute fellow in the Health Policy Center at the Urban Institute, where he previously served as center director for over 30 years. His recent work focuses on health reform, the uninsured, and health expenditure growth, developing proposals for health system reform most recently in Massachusetts. He examines the coverage, costs, and economic impact of the Affordable Care Act (ACA), including the costs of Medicaid expansion as well as the macroeconomic effects of the law. He has also analyzed the health status of Medicaid and exchange enrollees, and the implications for costs and exchange premiums. Holahan has written on competition in insurer and provider markets and implications for premiums and government subsidy costs as well as on the cost-containment provisions of the ACA.

Holahan has conducted significant work on Medicaid and Medicare reform, including analyses on the recent growth in Medicaid expenditures, implications of block grants and swap proposals on states and the federal government, and the effect of state decisions to expand Medicaid in the ACA on federal and state spending. Recent work on Medicare includes a paper on reforms that could both reduce budgetary impacts and improve the structure of the program. His work on the uninsured explores reasons for the growth in the uninsured over time and the effects of proposals to expand health insurance coverage on the number of uninsured and the cost to federal and state governments.

**Jessica Banthin** is a senior fellow in the Health Policy Center, where she studies the effects of health insurance reform policies on coverage and costs. Before joining the Urban Institute, she served more than 25 years in the federal government, most recently as deputy director for health at the Congressional Budget Office. During her eight-year term at the Congressional Budget Office, Banthin directed the production of numerous major cost estimates of legislative proposals to modify the Affordable Care Act. Banthin has contributed to Congressional Budget Office reports and written about how reform proposals affect individuals' and families' incentives to enroll in coverage, influence employers' decisions to offer coverage to their employees, and affect insurance market competitiveness. In her recent work, Banthin has written on competition in insurer markets and the accuracy of various data sources used in modeling health reforms.

Banthin has also conducted significant work on the financial burden of health care premiums and out-of-pocket costs on families, published in scientific journals. She has special expertise in the design of microsimulation models for analyzing health insurance coverage and a deep background in the

design and use of household and employer survey data. She earned her PhD in economics from the University of Maryland, College Park, and her AB from Harvard University.

**Erik Wengle** is a research analyst in the Health Policy Center. His research is focused primarily on the implementation of the Affordable Care Act and the future outlook of the Health Insurance Marketplaces.

Wengle graduated from the University of Maryland in 2013 with a BS in environmental science and policy.

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