

## 2021 FINAL MARKETPLACE SPECIAL ENROLLMENT PERIOD REPORT

The Health Insurance Marketplaces 2021 Special Enrollment Period (SEP) Report summarizes health insurance enrollment activity through the individual Marketplaces during the 2021 SEP. In response to the COVID-19 Public Health Emergency, all state Marketplaces opened an SEP this year that allowed consumers without other qualifying life events to enroll outside of the annual Open Enrollment Period. This report includes SEP data for the 36 states that use the HealthCare.gov eligibility and enrollment platform for the 2021 plan year (HealthCare.gov states), where the SEP ran from February 15 through August 15, 2021, and for the 15 State-based Marketplaces (SBMs) that use their own eligibility and enrollment platforms, for which reporting dates varied.<sup>1</sup>

During the 2021 SEP, the American Rescue Plan Act of 2021 (ARP) was signed into law and implemented in the Marketplaces. Under the ARP, more generous advance payments of premium tax credits (APTC) have become available to most consumers, further reducing premiums.<sup>2</sup> This report also includes data on the benefits of the ARP for consumers in all 50 states, plus the District of Columbia.

### Key findings from this report include:

**Total Marketplace Signups:** Over 2.8 million Americans signed up for new health insurance coverage through HealthCare.gov and State-based Marketplaces during the 2021 Marketplace SEP.

- **HealthCare.gov Plan Selections:** In HealthCare.gov states, 2.1 million Americans signed up for new health insurance coverage using the 2021 Marketplace SEP between February 15 and August 15.
- **State-based Marketplace Plan Selections:** Across the 15 SBMs, 738,000 Americans have signed up for new health insurance coverage through the 15 State-based Marketplaces through the end of their respective reporting periods.<sup>3</sup> California, Connecticut, DC, Nevada, New Jersey, New York and Vermont are continuing their SEP through the end of the year.

<sup>1</sup> New Jersey and Pennsylvania transitioned to State-based Marketplaces in 2020, and Nevada transitioned to a State-based Marketplace in 2019. Plan selections from these three states aren't included in the HealthCare.gov data in this report.

<sup>2</sup> HealthCare.gov implemented the ARP's expanded APTC eligibility and amounts for all consumers on April 1, 2021, and implemented a further APTC and cost-sharing reduction (CSR) expansion on July 1, 2021, for those consumers who received or are approved to receive unemployment compensation for any week beginning in 2021. The State-based Marketplaces implemented these ARP expansions on different schedules.

<sup>3</sup> Due to some SBMs' corrections of previously reported new plan selection counts, SBM new plan selections through July 31 were revised to 635,000, from 723,000 reported here: <https://www.cms.gov/newsroom/fact-sheets/2021-marketplace-special-enrollment-period-report-4>. Total SEP new plan selections for all 50 states plus the District of Columbia through July 31, 2021 were 2.5 million.

- **Demographic Trends:** Due to the ARP expansion, HealthCare.gov consumers with a household income over 400% FPL represented a greater proportion of plan selections compared to the same period in past years, increasing from less than 2 percent in 2019 and 2020 to 7 percent in 2021. The 2021 SEP also attracted a more diverse group of consumers in HealthCare.gov states. Among consumers who attested to a race or ethnicity, 15 percent identified as African American, compared to 9 percent and 11 percent in 2019 and 2020, respectively. The percentage of consumers who self-reported as Hispanic/Latino increased to 19 percent, from 16 percent in 2019 and 2020.
- **Geographic Trends:** In several states that have not expanded Medicaid, there are counties with an average of at least 40 new plan selections per one thousand nonelderly residents--a notable contrast from HealthCare.gov states that have expanded Medicaid, where 96 percent of counties had 15 or fewer new plan selections per every one thousand nonelderly residents.

**Consumer Savings:** The ARP has substantially reduced enrollee premiums, as well as cost-sharing, by making richer coverage more affordable.

- **Premiums:**
  - Nationwide, existing consumers with a new or updated plan selection after ARP implementation saved an average of \$67 (or 50%) per consumer per month on premiums, totaling \$537 million per month in savings. In twenty states and the District of Columbia, existing consumers saved over \$75 per month, on average, due to the ARP APTC expansion.
  - Nearly half of HealthCare.gov consumers with a new plan selection from February 15 to August 15 had a monthly premium of \$10 or less, compared to 25 percent during the same period in 2020.
  - Across the SBMs, 33 percent of consumers with a new plan selection had a monthly premium of \$10 or less. Following implementation of ARP in the SBMs, consumers saw substantial premiums savings of approximately \$95 per month.
- **Cost-Sharing:** The median deductible for new consumers selecting plans through HealthCare.gov between February 15 and August 15 decreased by more than 90 percent, from \$750 in 2020 and 2019 to \$50 in 2021. Over 40 percent of new consumers signing up during the 2021 SEP enrolled in plans that cover 94 percent of their expected health care costs (94% actuarial value), which the ARP made available to most consumers with an income between 100% and 150% of the Federal Poverty Level (FPL) for a \$0 premium.

## NEW SEP PLAN SELECTIONS THROUGH THE MARKETPLACES

Over 2.8 million consumers enrolled in a Marketplace plan during the 2021 SEP. This includes 2.1

million consumers in states using the HealthCare.gov platform (see Table 1) and 738,000 consumers in SBMs using their own platforms (see Table 2). In HealthCare.gov states, the number of new plan selections from the start of the SEP on February 15, 2021, through August 15, 2021, was nearly three times the enrollment during the same time period in 2020 and nearly four times the enrollment during the same period in 2019.

In SBM states, the number of new plan selections in this report reflects the timeframe of each SBM’s active 2021 SEP, which varied by state. Some SBMs will continue to operate their SEPs through the end of the year and reported data through August 31, 2021. The data provided is only for the SBMs’ 2021 SEPs and does not include new plan selections during SBM 2020 SEP windows, which most SBMs implemented in response to the COVID-19 Public Health Emergency.

Figure 1 shows 2021 SEP new plan selections per 1,000 nonelderly residents by county for HealthCare.gov states and by state for SBM states. While only 33 percent of the U.S nonelderly population live in states that have not expanded Medicaid, they accounted for 55 percent of enrollment during the 2021 SEP.<sup>4</sup> Medicaid non-expansion states saw much higher enrollment rates than expansion states, with average enrollment per 1,000 nonelderly residents 2.5 times that of expansion states, likely due to higher baseline uninsured rates in non-expansion states.

**Table 1:** New SEP Plan Selections in HealthCare.gov States, February 15 – August 15

<b>New SEP Plan Selections by HealthCare.gov State, February 15 – August 15</b>			
<b>State</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>
<b>Total</b>	2,069,596	751,835	554,385
Alaska	4,069	1,460	1,421
Alabama	42,094	13,084	9,243
Arkansas	19,390	6,175	6,107
Arizona	40,827	13,678	13,060
Delaware	5,882	2,583	2,036
Florida	542,067	222,588	152,295
Georgia	147,463	41,138	25,656
Hawaii	4,130	3,014	1,949
Iowa	15,246	6,644	5,875
Illinois	54,432	25,272	22,958
Indiana	27,984	11,810	11,375
Kansas	21,220	7,693	6,124

<sup>4</sup> For the purposes of this report, Missouri is categorized as a non-expansion state since its expansion of Medicaid will not take effect until 10/1. Oklahoma is categorized as neither a Medicaid expansion nor non-expansion state, as its expansion took place on 7/1 in the middle of the 2021 SEP.

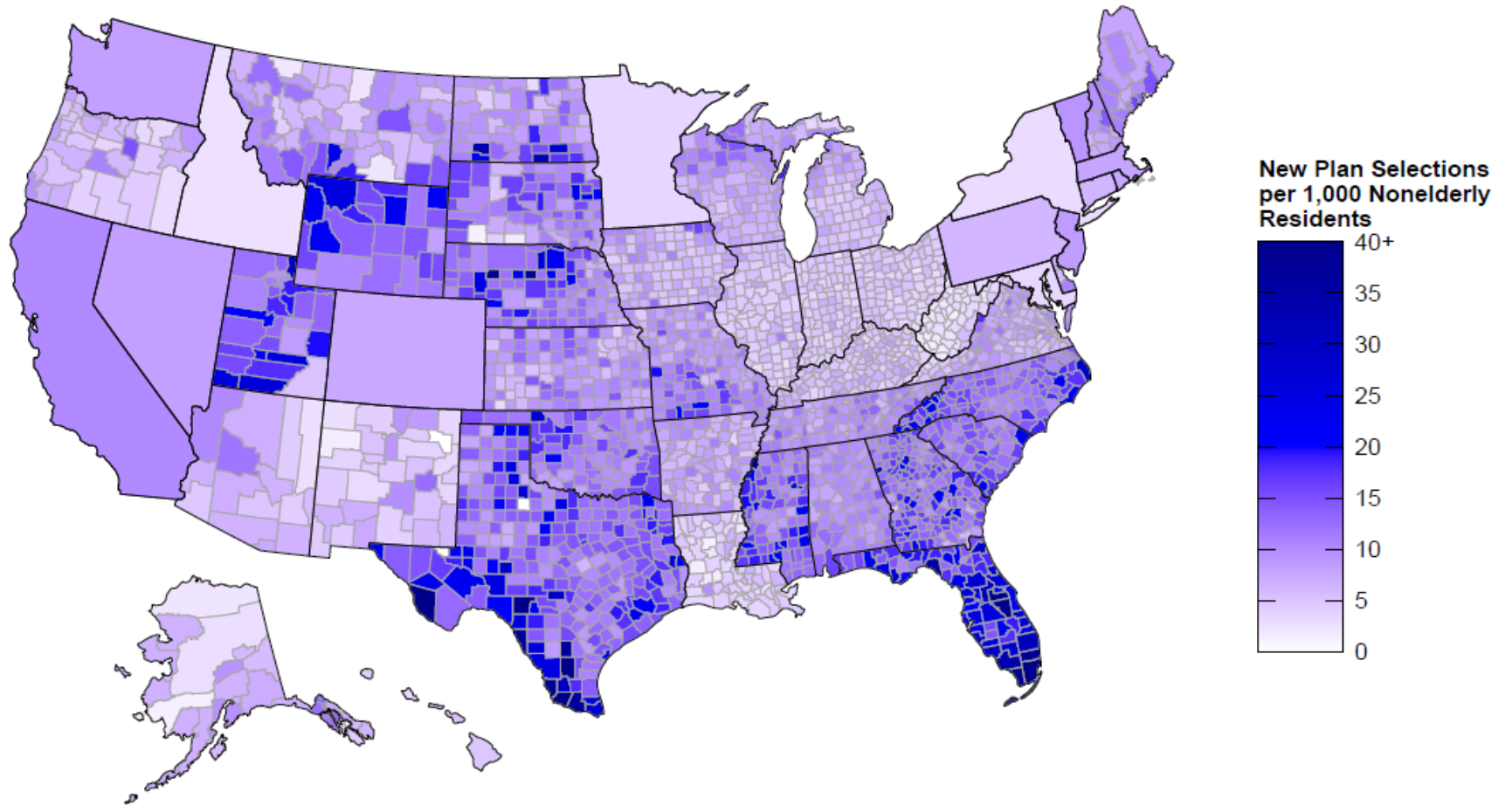
<b>New SEP Plan Selections by HealthCare.gov State, February 15 – August 15</b>			
<b>State</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>
Kentucky	20,827	7,522	8,613
Louisiana	17,608	6,537	7,567
Maine	10,583	4,755	4,107
Michigan	47,306	22,730	20,253
Missouri	52,143	16,531	11,608
Mississippi	32,441	9,269	5,545
Montana	7,653	3,782	3,369
North Carolina	124,246	39,344	30,235
North Dakota	5,316	2,066	1,693
Nebraska	15,498	7,205	6,565
New Hampshire	9,004	4,353	3,998
New Mexico	9,203	2,961	3,062
Ohio	48,560	19,273	16,259
Oklahoma	37,259	19,258	14,251
Oregon	22,743	12,354	12,036
South Carolina	59,713	17,214	11,277
South Dakota	7,644	2,715	2,416
Tennessee	57,934	18,961	11,761
Texas	416,987	121,226	66,031
Utah	42,925	18,084	16,721
Virginia	54,518	19,876	18,577
Wisconsin	33,716	16,411	16,908
West Virginia	4,195	1,773	1,495
Wyoming	6,770	2,496	1,939

**Table 2:** 2021 New SEP Plan Selections in SBM States

<b>New SEP Plan Selections by SBM State</b>	
<b>Total</b>	<b>737,922</b>
California	338,557
Colorado	36,396
Connecticut	18,535
District of Columbia	2,433
Idaho	3,920
Maryland	17,217
Massachusetts	44,179
Minnesota	16,583
Nevada	21,450

<b>New SEP Plan Selections by SBM State</b>	
New Jersey	63,028
New York	47,116
Pennsylvania	64,900
Rhode Island	6,564
Vermont	4,517
Washington	52,527

**Figure 1: 2021 New SEP Plan Selections per 1,000 Nonelderly Residents<sup>5</sup>**



<sup>5</sup> Data for HealthCare.gov states are at the county level, while SBM data are at the state level because county-level SBM enrollment data were not available at the time of this report. In counties with 1 to 10 plan selections, statewide median values were used in place of the county-level new plan selections per 1,000 nonelderly residents. Due to data anomalies, the value of plan selections per 1,000 nonelderly residents in Borden County, TX, was replaced with Texas' median value of new plan selections per 1,000 nonelderly residents.

## CONSUMERS APPLYING FOR AND SELECTING PLANS: DETAILS

Table 3 displays metrics on the consumers in HealthCare.gov states who requested coverage on a submitted application on or after February 15 and who did not have coverage as of February 14 of each year. During the 2021 SEP, 85 percent of applicants requesting coverage through HealthCare.gov were determined eligible to make a Marketplace plan selection, compared to 79 percent in 2020 and 78 percent in 2019. While the percentage of consumers who applied for coverage and were preliminarily determined eligible for their state’s Medicaid or Children’s Health Insurance Program (CHIP) fell by 6 percentage points, to 14 percent, in comparison to 2020 and 2019, the number of consumers preliminarily determined Medicaid or CHIP eligible in 2021 increased by more than 167,000 and 233,000 from 2020 and 2019, respectively.<sup>6</sup>

**Table 3:** Application Activity and Eligibility in HealthCare.gov States, February 15 – August 15

<b>HealthCare.gov Application Activity and Eligibility, February 15 – August 15</b>						
	<b>2021</b>		<b>2020</b>		<b>2019</b>	
	<b>Count</b>	<b>% of Total</b>	<b>Count</b>	<b>% of Total</b>	<b>Count</b>	<b>% of Total</b>
New Consumers Requesting Coverage on or after February 15	3,883,935	100	1,867,381	100	1,565,918	100
Marketplace Eligible	3,291,781	85	1,470,769	79	1,225,265	78
Medicaid/CHIP Eligible	541,273	14	373,851	20	307,973	20

Table 4 shows demographic and plan characteristics among consumers with a SEP plan selection on HealthCare.gov between February 15 and August 15 of 2021, 2020, and 2019. Many of the changes in the demographic composition and plan choices of consumers in 2021 compared to prior years are due to the impacts of the ARP. For example, the percent of 2021 SEP consumers with a household income over 400% FPL increased to 7 percent from 2 percent in 2020 and 1 percent in 2019; these consumers are newly eligible for APTCs under the ARP. Relative to 2020, the percentage of consumers in all income categories between 100% to 400% FPL declined due to consumers newly eligible for APTC representing a greater share of total plan selections.<sup>7</sup> During the 2021 SEP, 93 percent of consumers had their premiums reduced by APTC, compared to 89 percent in 2020 and 88 percent in 2019. The percentage of consumers who received cost-sharing

<sup>6</sup> For HealthCare.gov states, individuals are generally determined eligible for either a Marketplace plan or Medicaid/CHIP, but there are cases where an individual is determined eligible for both Marketplace coverage and Medicaid/CHIP or neither. However, if a consumer is determined eligible for Medicaid/CHIP, they are typically not assessed for Marketplace eligibility.

<sup>7</sup> For a family of four, a household income between 100% to 400% FPL generally corresponds to an annual household income of between \$26,200 and \$104,800 for coverage year 2021. This information can be found online at <https://aspe.hhs.gov/2020-poverty-guidelines>.

reductions (CSRs) increased to 58 percent from 54 percent and 57 percent in 2020 and 2019 respectively, and over 40 of percent of 2021 SEP enrollees are enrolled in plans that cover 94 percent of their expected health care costs (94% AV), partially due to the ARP making these plans available for zero premium for most consumers in the 100-150% FPL category.

Table 4 also provides selected data on demographics and financial assistance for consumers in SBM states. Consumers with new SEP plan selections in SBM states tend to have higher incomes compared to those in HealthCare.gov states, primarily because all SBM states have expanded Medicaid, and in New York and Minnesota, consumers with incomes below 200% of FPL who aren't Medicaid eligible are generally enrolled in the Basic Health Program. For example, in SBM states, 21 percent of new SEP plan selections were by consumers who reported income of 100-150% FPL, while 42 percent of consumers with new SEP plan selections in HealthCare.gov states fell in this income category. Similarly, 12 percent of new SEP consumers in SBM states reported income of over 400 percent of FPL, compared to 7 percent of SEP consumers in HealthCare.gov states.

**Table 4:** Demographic and Plan Characteristics of Consumers with New SEP Plan Selections (HealthCare.gov States Only Unless Otherwise Noted)

<b>Demographic and Plan Characteristics of New SEP Plan Selections</b>			
	<b>% of Total 2021<sup>8</sup></b>	<b>% of Total 2020<sup>8</sup></b>	<b>% of Total 2019<sup>8</sup></b>
<b>Age</b>			
< 18	12	16	21
18 - 34	30	31	30
35 - 54	36	32	29
55+	22	22	20
<b>Gender</b>			
Female	54	55	56
Male	46	45	44
<b>Location</b>			
Rural	17	16	18
Non-rural	83	84	82
<b>Race: HealthCare.gov States</b>			
Race Known	47	49	56
African American	15	11	9
Asian	7	8	7
White	71	75	76

<sup>8</sup> Totals may not sum to 100% due to rounding.



<b>Demographic and Plan Characteristics of New SEP Plan Selections</b>			
	<b>% of Total 2021<sup>8</sup></b>	<b>% of Total 2020<sup>8</sup></b>	<b>% of Total 2019<sup>8</sup></b>
Other Race <sup>9</sup>	7	7	7
Race Unknown	53	51	44
<b>Ethnicity: HealthCare.gov States</b>			
Ethnicity Known	60	59	64
Hispanic/Latino	19	16	16
Not Hispanic/Latino	81	84	84
Ethnicity Unknown	40	41	36
<b>Race/Ethnicity: SBMs</b>			
Race/Ethnicity Known <sup>10</sup>	69	NA	NA
Hispanic/Latino	23	NA	NA
African American	7	NA	NA
Asian	16	NA	NA
White	56	NA	NA
Race/Ethnicity Unknown	31	NA	NA
<b>Household Income: HealthCare.gov States</b>			
< 100% FPL	3	2	2
100% – 150% FPL	42	43	38
100% – 138% FPL	33	36	30
> 150% – 250% FPL	29	30	34
> 250% – 400% FPL	16	17	18
> 400% FPL	7	2	1
Other Household Income <sup>11</sup>	3	6	6
<b>Household Income: SBMs</b>			
< 100% FPL	2	NA	NA
100% – 150% FPL	21	NA	NA
100% – 138% FPL	5	NA	NA
> 150% – 250% FPL	30	NA	NA
> 250% – 400% FPL	24	NA	NA
> 400% FPL	12	NA	NA

<sup>9</sup> Other Race includes multi-racial, Native Hawaiian/Pacific Islander, and American Indian/Alaskan Native.

<sup>10</sup> SBM known race/ethnicity percentages sum to greater than 100% because some states report consumers in more than one race/ethnicity category.

<sup>11</sup> Other household income includes plan selections for which consumers were not requesting financial assistance and households with unknown household income.

<b>Demographic and Plan Characteristics of New SEP Plan Selections</b>			
	<b>% of Total 2021<sup>8</sup></b>	<b>% of Total 2020<sup>8</sup></b>	<b>% of Total 2019<sup>8</sup></b>
Other Household Income	11	NA	NA
<b>Financial Assistance</b>			
With APTC: All States	91	NA	NA
HealthCare.gov States	93	89	88
SBMs	84	NA	NA
With CSR	58	54	57
73% AV	4	4	6
87% AV	13	13	16
94% AV	41	36	34
American Indian / Alaskan Native	<1	<1	1
<b>Metal Level</b>			
Catastrophic	<1	<1	<1
Bronze	30	33	27
Silver	62	57	63
Gold	8	8	9
Platinum	<1	<1	<1
<b>Total Plan Selections: All States</b>	<b>2,807,518</b>	<b>NA</b>	<b>NA</b>
<b>HealthCare.gov States</b>	<b>2,069,596</b>	<b>751,835</b>	<b>554,385</b>
<b>SBMs</b>	<b>737,922</b>	<b>NA</b>	<b>NA</b>

## CONSUMER SAVINGS THROUGH THE AMERICAN RESCUE PLAN

In March 2021, the American Rescue Plan Act of 2021 (ARP) was signed into law, establishing improvements in access to and affordability of health coverage through the Marketplace by expanding eligibility for APTC to consumers with household incomes over 400 percent of FPL and increasing the generosity of premium tax credits to consumers who were previously eligible for APTC. On April 1, 2021, HealthCare.gov implemented the expanded APTC eligibility criteria amounts, which further reduced the portion of monthly premiums paid by consumers. The SBM states implemented the ARP provisions on different timelines.

Table 5 shows the average premiums for consumers who made plan selections in HealthCare.gov states between February 15 and August 15. The average premium after APTC for new consumers fell 30 percent, from \$117 in 2020 to \$81 in 2021. Likewise, the average monthly APTC amount for new consumers increased by 12 percent, from \$418 in 2020 to \$468 in 2021, as a result of the ARP making more consumers APTC-eligible and increasing financial assistance across income

levels. In total, new consumers who enrolled during the 2021 SEP through HealthCare.gov and received APTC had their premiums reduced by nearly \$1 billion per month. As shown in Figure 2, the percent of consumers with a monthly premium \$10 or less after APTC accounted for 48% of new plan selections (990,000) during the 2021 SEP, compared to 25 percent of new plan selections (187,000) during the same period in 2020.

Table 5 also shows that existing consumers in HealthCare.gov states (those who had an active plan selection prior to April 1, 2021) benefited from an average premium reduction of \$53 per month, or 49%. HealthCare.gov automatically reduced the premiums of 2.6 million existing consumers, resulting in \$160 million of monthly savings that took effect on September 1, 2021.

Table 5 also includes the average premiums for consumers who made plan selections in SBM states following SBM implementation of the ARP’s expanded APTC eligibility criteria amounts and the new benefits available to consumers receiving unemployment compensation. It shows that existing consumers benefited from an average premium reduction of \$95 per month due to ARP. Most SBMs implemented automatic redeterminations to determine if enrollees were eligible for ARP savings, which may have included consumers with incomes over 400% FPL. Together the SBMs reduced premiums for 2.7 million consumers.

**Table 5:** Average Monthly Premium before and after APTC

	Number	% of Plan Selections with ≤\$10 Premium after APTC	Average Monthly Premium Savings due to ARP	Average Monthly Premium after APTC	Average Monthly Premium before APTC	Average Monthly Premium APTC
<b>New SEP Plan Selections</b>						
2021: All States	2,807,518	44%	NA	\$97	NA	NA
2021: HealthCare.gov States	2,069,596	48%	NA	\$81	\$549	\$468
2021: SBMs	737,922	33%	NA	\$142	NA	NA
2020: HealthCare.gov States	751,835	25%	NA	\$117	\$534	\$418
2019: HealthCare.gov States	554,385	28%	NA	\$116	\$535	\$419
<b>Existing Consumers with a New or Updated Plan Selection after ARP Implementation</b>						
All States	8,017,151	43%	-\$67	\$68	NA	NA
HealthCare.gov States	5,308,667	45%	-\$53	\$56	\$605	\$549
Actively-Returned	2,712,360	43%	-\$43	\$61	\$597	\$535
Auto-Redetermined	2,596,307	48%	-\$62	\$50	\$613	\$564
SBMs	2,708,484	39%	-\$95	\$92	NA	NA

The ARP also provides additional benefits to consumers who are in a household where a tax filer receives or is approved to receive unemployment compensation (UC) for any week beginning in 2021. These consumers are eligible for enhanced APTCs and CSRs, regardless of annual income, and most of them can purchase a plan that covers an average of 94 percent of their expected health care costs for a \$0 premium after APTC.<sup>12</sup> Table 6 shows that after July 1, 2021, when HealthCare.gov implemented the UC provision, nearly 209,000 HealthCare.gov consumers made a plan selection or went through automatic redetermination that made them eligible for additional APTC due to the ARP’s UC provision. Out of these consumers, more than 34,000 would not have been eligible for APTC or CSRs at all without the ARP’s UC provision because they have an annual income less than 100% FPL and live in states that have not expanded Medicaid.

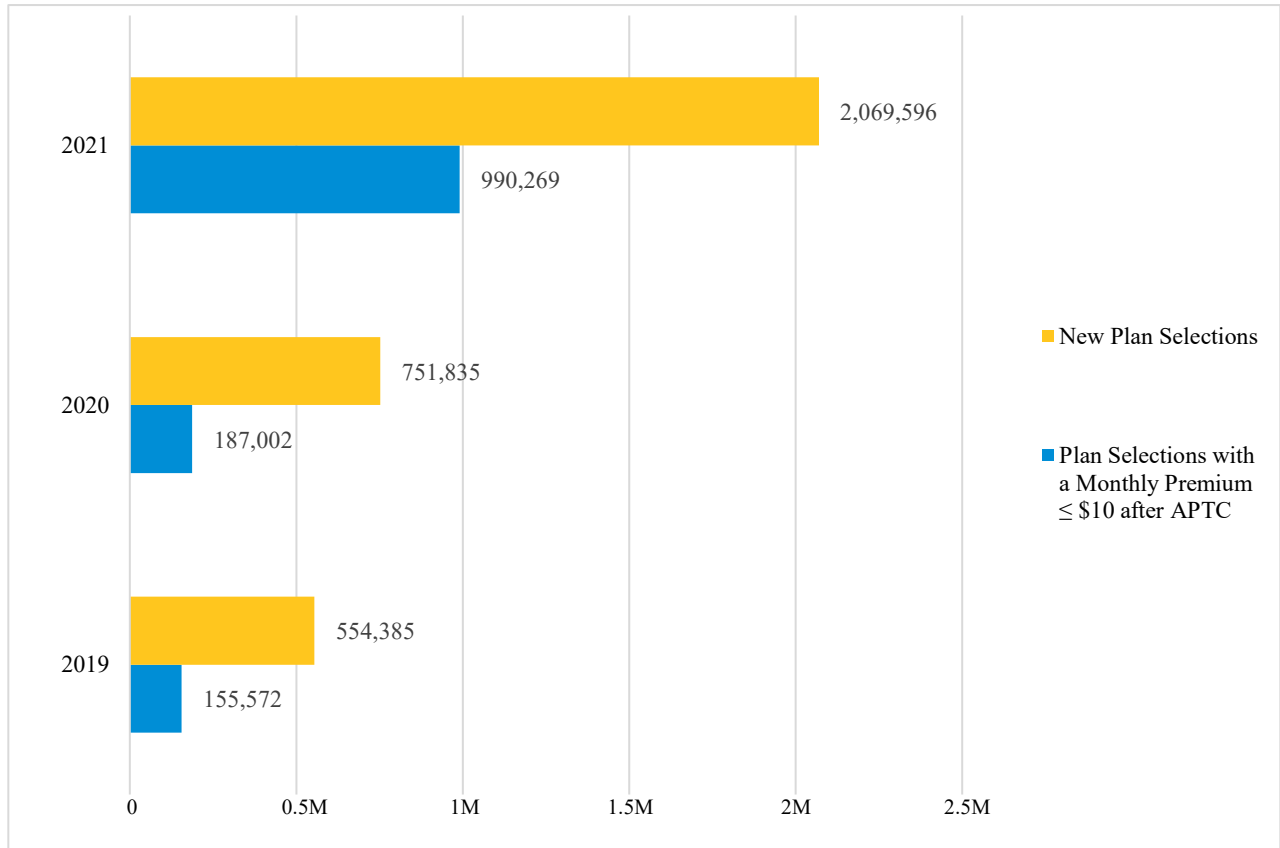
**Table 6:** Consumers Benefiting from the ARP UC Provision in HealthCare.gov States, July 1 – August 15, 2021

Consumers with a Plan Selection who are Eligible for Additional APTC due to the ARP UC Provision	208,622
New Consumers	84,246
Existing Consumers	124,376
Consumers Not Eligible for any APTC without the ARP UC Provision	34,134

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<sup>12</sup> The ARP UC provision treats all eligible consumers as though they have an annual household income equal to 133% FPL. As a result, these consumers are eligible for an APTC amount equal to the second lowest cost silver plan’s (SLCSP’s) premium attributable to essential health benefits (EHBs). When the SLCSP covers only EHBs, the APTC covers the entire premium. Some states require plans to cover non-EHBs, which means that plan premiums in the state cannot be reduced by APTCs to zero dollars. However, due to the comprehensiveness of the Affordable Care Act’s EHBs, non-EHB portions of premiums are typically relatively small. For more details on EHBs see: <https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb>.

**Figure 2:** Total New SEP Plan Selections, and New SEP Plan Selections with a \$10 or Less Premium after APTC in HealthCare.gov States, February 15 – August 15<sup>13</sup>



<sup>13</sup> In 2019 and 2020, SEPs were available primarily only for qualifying life events. In 2021, the Biden-Harris Administration opened a SEP for all consumers on HealthCare.gov, in response to the COVID-19 Public Health Emergency.

Figure 3 illustrates the distributions of monthly premiums after APTC for consumers in HealthCare.gov states during the 2021 Open Enrollment Period (OEP), compared to the 2021 SEP, which again highlights how ARP has made coverage more affordable for consumers. During the 2021 SEP, 37 percent of consumers selected plans with \$0 monthly premium after APTC, versus only 13 percent during the 2021 OEP, and two-thirds of SEP consumers had monthly premiums of \$50 or less, compared to 41 percent for OEP consumers. It is important to note that consumers during both enrollment periods had access to the same plan choices for 2021 coverage.

**Figure 3: 2021 OEP & SEP Monthly Premium Distribution in HealthCare.gov States**

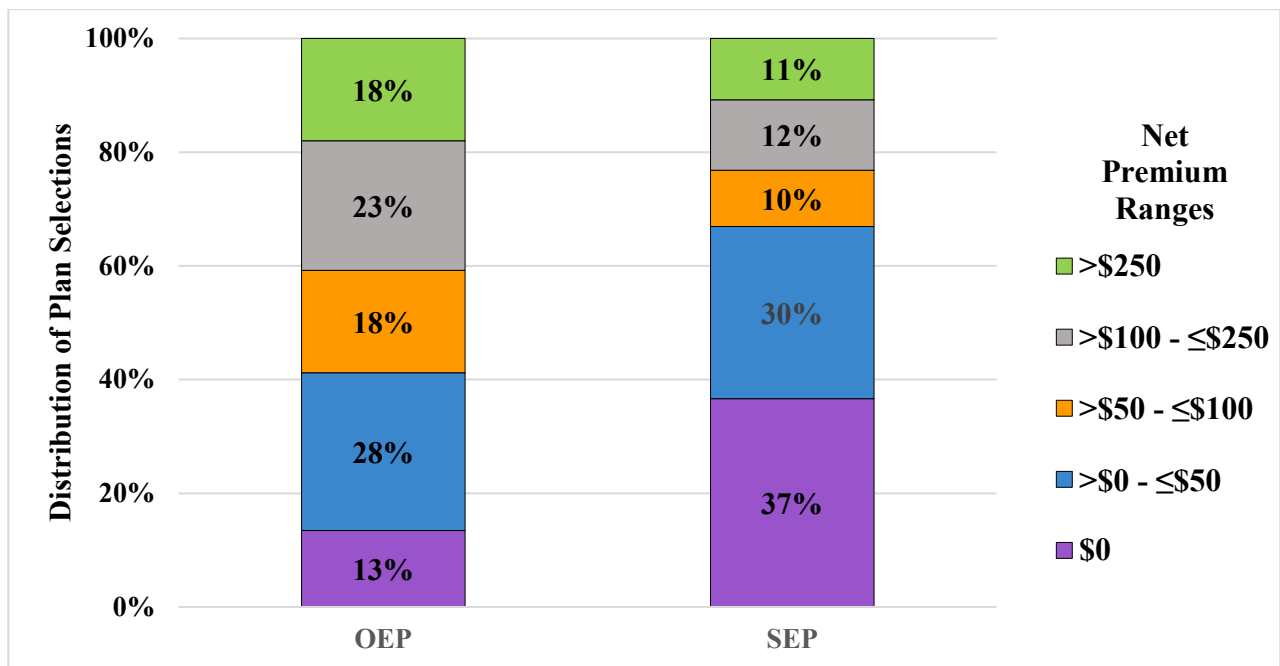


Table 7 details average monthly savings for existing consumers in all 50 states plus the District of Columbia, as well as aggregate monthly savings for consumers in each state due to the ARP. The total monthly aggregate savings for over 8 million existing consumers was \$537 million with an average premium savings of \$67 per consumer per month. Due to the ARP, most states saw substantial decreases in premiums after APTC. In 28 states, the average monthly premium reduction was 50 percent or more. In the District of Columbia and in twenty states (Arkansas, California, Connecticut, Delaware, Hawaii, Illinois, Indiana, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New York, Ohio, Oregon, Pennsylvania, Vermont, Washington, and West Virginia) existing consumers saved, on average, over \$75 per month due to the ARP expansion.

**Table 7: Existing Consumer Savings through ARP**

<b>Existing Consumer Savings due to ARP</b>				
<b>State</b>	<b>Existing Consumers with a New or Updated Plan Selection after ARP Implementation</b>	<b>% Reduction in Average Monthly Premium after APTC due to ARP Expansion</b>	<b>Average Monthly Premium Savings due to ARP APTC Expansion</b>	<b>Total Monthly Aggregate Savings for Existing Consumers</b>
<b>Total</b>	8,017,151	50%	\$67	\$537,100,000
Alaska	10,527	55%	\$67	\$700,000
Alabama	91,685	59%	\$60	\$5,500,000
Arkansas	43,176	52%	\$76	\$3,300,000
Arizona	92,336	49%	\$73	\$6,700,000
California	1,403,925	49%	\$90	\$126,400,000
Colorado	26,338	29%	\$55	\$1,400,000
Connecticut	42,588	60%	\$137	\$5,800,000
Delaware	15,349	53%	\$78	\$1,200,000
District of Columbia	1,241	27%	\$156	\$200,000
Florida	1,548,838	48%	\$40	\$62,000,000
Georgia	356,487	54%	\$49	\$17,500,000
Hawaii	11,480	55%	\$78	\$900,000
Idaho	55,648	44%	\$44	\$2,400,000
Iowa	28,959	58%	\$73	\$2,100,000
Illinois	181,823	40%	\$77	\$14,000,000
Indiana	75,059	40%	\$80	\$6,000,000
Kansas	57,857	48%	\$63	\$3,600,000
Kentucky	40,076	48%	\$75	\$3,000,000
Louisiana	50,194	46%	\$73	\$3,700,000

<b>Existing Consumer Savings due to ARP</b>				
<b>State</b>	<b>Existing Consumers with a New or Updated Plan Selection after ARP Implementation</b>	<b>% Reduction in Average Monthly Premium after APTC due to ARP Expansion</b>	<b>Average Monthly Premium Savings due to ARP APTC Expansion</b>	<b>Total Monthly Aggregate Savings for Existing Consumers</b>
Maine	36,757	52%	\$72	\$2,600,000
Maryland	78,837	68%	\$175	\$13,800,000
Massachusetts	225,492	43%	\$78	\$17,600,000
Michigan	167,137	45%	\$71	\$11,900,000
Minnesota	58,678	37%	\$99	\$5,800,000
Missouri	132,272	51%	\$62	\$8,200,000
Mississippi	76,200	59%	\$48	\$3,700,000
Montana	25,601	50%	\$75	\$1,900,000
North Carolina	330,341	53%	\$53	\$17,500,000
North Dakota	12,156	56%	\$60	\$700,000
Nebraska	39,254	61%	\$57	\$2,200,000
Nevada	73,121	60%	\$140	\$10,200,000
New Hampshire	24,572	48%	\$80	\$2,000,000
New Jersey <sup>14</sup>	202,677	57%	\$77	\$15,600,000
New Mexico	21,827	51%	\$74	\$1,600,000
New York	113,953	48%	\$155	\$17,700,000
Ohio	115,924	42%	\$77	\$8,900,000
Oklahoma	86,704	56%	\$47	\$4,100,000
Oregon	72,355	46%	\$84	\$6,100,000
Pennsylvania	266,270	68%	\$100	\$26,600,000
Rhode Island	26,335	37%	\$65	\$1,700,000
South Carolina	128,681	48%	\$54	\$6,900,000
South Dakota	19,297	56%	\$61	\$1,200,000
Tennessee	125,155	51%	\$59	\$7,400,000
Texas	855,461	46%	\$42	\$35,900,000
Utah	133,763	59%	\$40	\$5,400,000
Vermont	3,446	62%	\$186	\$600,000
Virginia	159,014	55%	\$65	\$10,300,000
Washington	129,935	47%	\$86	\$11,200,000
Wisconsin	116,597	50%	\$75	\$8,700,000

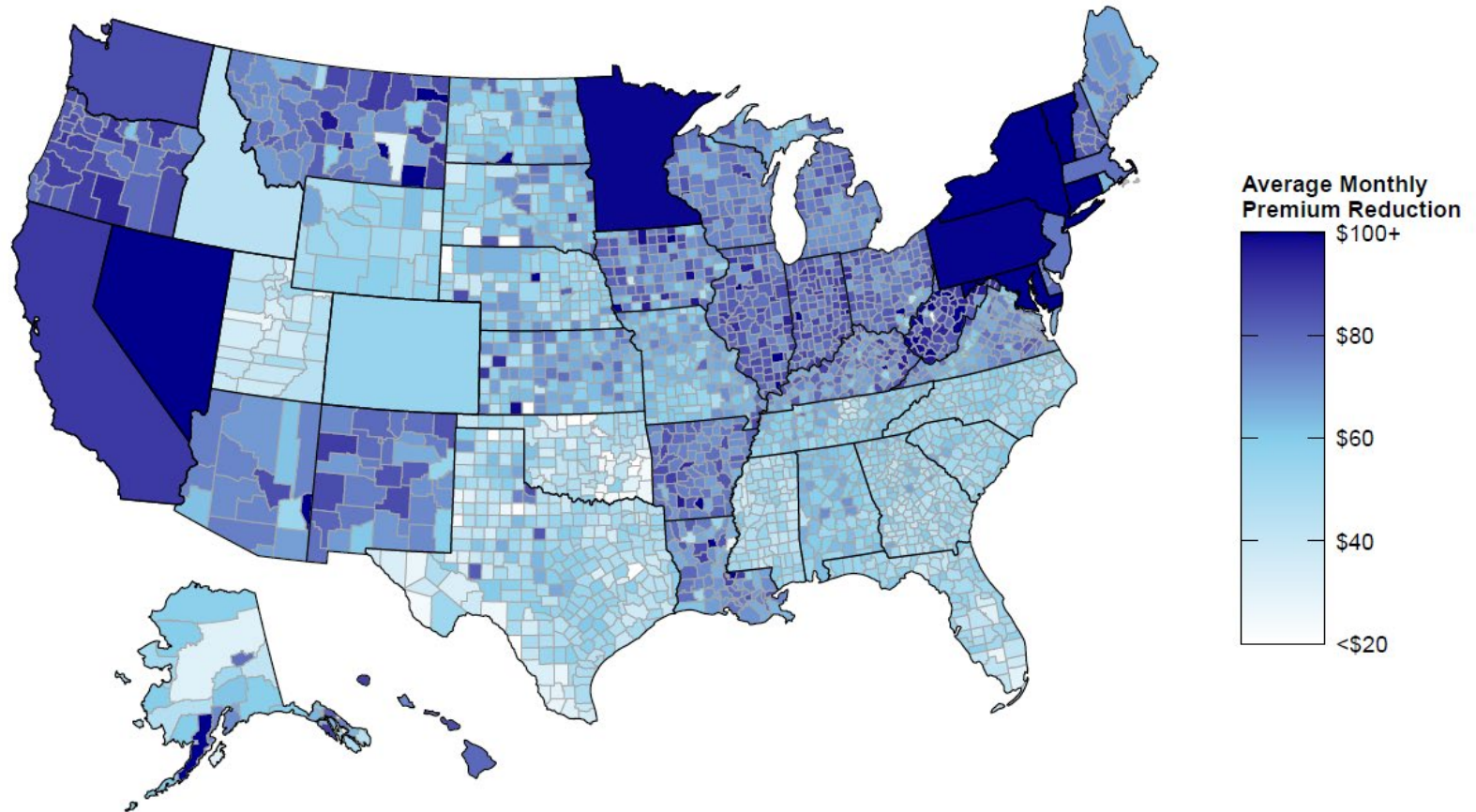
<sup>14</sup> New Jersey's premium reduction and monthly premium amount includes the application of state subsidies in addition to APTC.



<b>Existing Consumer Savings due to ARP</b>				
<b>State</b>	<b>Existing Consumers with a New or Updated Plan Selection after ARP Implementation</b>	<b>% Reduction in Average Monthly Premium after APTC due to ARP Expansion</b>	<b>Average Monthly Premium Savings due to ARP APTC Expansion</b>	<b>Total Monthly Aggregate Savings for Existing Consumers</b>
West Virginia	12,100	38%	\$91	\$1,100,000
Wyoming	13,653	65%	\$55	\$800,000

Figure 4 shows the average monthly premium savings for existing consumers due to the ARP expansion by county for HealthCare.gov states and by state for SBM states. There is a wide variation in the average savings by state due to differences in the demographic composition of consumers and automatic APTC redetermination operations in some SBMs that included previous APTC-ineligible consumers with an income over 400% FPL. States that have expanded Medicaid, have an older population, or have higher gross premiums before APTC generally have larger average savings. However, smaller average savings is also generally correlated with lower premiums after APTC. For example, for existing consumers after the ARP implementation, Florida has an average savings of \$40 per month, with a \$44 premium after APTC. On the other hand, Indiana has an average savings of \$80, with a \$119 premium after APTC.

**Figure 4:** Average Monthly Premium Savings due to ARP APTC Expansion by State and County<sup>15</sup>



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<sup>15</sup> Data for HealthCare.gov states are at the county level, while SBM data are at the state level because county-level SBM enrollment data were not available at the time of this report. In HealthCare.gov counties with 1 to 10 existing consumers with a new or updated plan selection after ARP implementation, statewide median values were used in place of the county-level average monthly premium reduction values.

**APPENDIX A:  
TERMS AND DEFINITIONS**

**HealthCare.gov States:** This report refers to the 36 states with Marketplaces that use the HealthCare.gov platform for the 2021 coverage year. The 36 states for 2021 include: Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. Nevada (2019), New Jersey (2020), and Pennsylvania (2020) are not included in the 2019 and 2020 HealthCare.gov new plan selections, as they transitioned SBMs during those years.

**State-based Marketplace (SBM) States:** This report refers to the 14 states and the District of Columbia with Marketplaces that operate their own eligibility and enrollment platforms. The 15 SBMs for 2021 are California, Colorado, Connecticut, the District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, and Washington. Generally, the data metric definitions provided here are applicable to the SBM metrics, with some exceptions. Please contact the SBMs for additional information on their metrics. The 15 SBMs for 2021, and their SEP start, end, and reporting dates are below:

<b>SBM</b>	<b>SEP Start Date (Reporting Date, if different)</b>	<b>SEP End Date</b>
California	2/1	12/31
Colorado	2/8	8/15
Connecticut	2/15	10/31
District of Columbia	2/1 (2/9)	1/31
Idaho	3/1	4/30
Maryland	12/16 (2/1)	8/15
Massachusetts	1/24 (2/1)	7/23
Minnesota	2/16	7/16
Nevada	2/15	8/15
New Jersey	2/1	12/31
New York	2/1	12/31
Pennsylvania	2/15	8/15
Rhode Island	1/24 (2/15)	8/15
Vermont	2/16	10/1
Washington	2/15	8/15

**New SEP Plan Selections (HealthCare.gov States):** The number of unique consumers who didn't have an active enrollment as of February 14, and made a plan selection on or after February 15, that is active as of August 15. An active plan selection is one that is non-cancelled with an end date

of December 31. While this plan selection metric is net of cancellations and terminations that occur during the reporting period, it doesn't represent effectuated enrollments because reconciliation activity may continue in later periods.

**New SEP Plan Selections (SBMs):** The number of unique consumers who didn't have an active enrollment as of the start of the SBM's SEP, and made a plan selection during the SBM's SEP, that is active as of the end of the SEP, or August 31, 2021 if the SEP continues beyond August. Some SBMs had 2021 SEP start dates prior to 2/1 for which this data does not account. Note that this report does not fully reflect the plan selections made by consumers in the SBMs during the COVID-19 pandemic as it does not include data from the 2020 SEPs that most SBMs also implemented.

**New Plan Selections per 1,000 Nonelderly Residents:** The total number of new plan selections by county, from February 15 to August 15, 2021, divided by the total number of residents under age 65 by county multiplied by 1,000. Census Bureau's 2020 population estimates were utilized to determine the total number of residents under age 65 by county. These data can be found at <https://www2.census.gov/programs-surveys/popest/datasets/2010-2020/counties/asrh/CC-EST2020-ALLDATA6.csv>.

**New Consumers Requesting Coverage on an Application Submitted on or after February 15:** The number of unique consumers who submitted an application and are requesting coverage on or after February 15, and didn't have an active enrollment as of February 14. If determined eligible for Marketplace coverage, a consumer still needs to pick a health plan (i.e., plan selection) and pay the premium to have coverage (i.e., effectuate enrollment).

**Marketplace Eligible:** The number of unique new consumers requesting coverage on an application submitted on or after February 15, who are determined eligible to enroll in a Marketplace health plan, regardless of whether they applied for or are eligible for financial assistance.

**Medicaid/CHIP Eligible:** The number of unique new consumers requesting coverage on an application submitted on or after February 15, who are assessed or determined eligible for enrollment in Medicaid or the Children's Health Insurance Program (CHIP).

**Rural/Non-Rural:** The percent of consumers residing in rural locations based on ZIP code, as defined by the Health Resources and Services Administration (HRSA). This file is available at <https://www.hrsa.gov/ruralhealth/aboutus/definition/datafiles.html>.

**Financial Assistance (with APTC):** The percent of consumers with a plan selection that has an applied APTC amount greater than \$0.

**Financial Assistance (with CSR):** The percent of consumers receiving CSRs. The actuarial value

(AV), or percentage of total average costs for covered benefits that a plan covers, is higher for a plan with CSRs than a standard plan due to reduced copays, coinsurance values, deductibles, or maximum out of pocket limits. Consumers eligible for CSRs generally need to select a silver plan in order to receive these CSRs. Consumers eligible for CSRs due to their American Indian or Alaskan Native status can receive CSRs in all non-catastrophic plans.

The 73% AV silver plan variation is available to consumers who are eligible for APTC and have a household income greater than 200% FPL and less than or equal to 250% FPL. 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. The 94% AV silver plan variation is available to APTC-eligible consumers with a household income greater than or equal to 100% and less than or equal to 150% FPL, and under the ARP, consumers who are in a tax household where someone received or was approved to receive UC for any week beginning in 2021, regardless of household income.

**Average Monthly Premium before APTC:** The average monthly premium per member, before the application of any APTC.

**Average Monthly Premium after APTC:** The average monthly enrollee share of the premium per member, after applying APTC. The average includes all consumers, including those without APTC.

**Average Monthly APTC:** The average monthly APTC amount per member applied to a plan selection. The average includes all consumers, including those without APTC. Consumers will receive less than the maximum APTC that they are eligible for if they don't apply the maximum APTC amount and instead claim the credit when they file taxes, or if their maximum APTC is greater than their selected plan's premium attributable to essential health benefits (EHBs). Consumers can only apply APTC towards a plan's EHB premium.

**Existing Consumers with a New or Updated Plan Selection (HealthCare.gov States):** The number of unique consumers who had an active enrollment as of March 31, 2021, and have a new plan selection on or after April 1, 2021, that is active as of August 15, 2021. An active plan selection is one that is non-cancelled with an end date of December 31, 2021. Consumers who actively reselected their existing plan, those who selected a new plan, and those who had their enrollee share of the premium reduced as a result of an automatic APTC redetermination are included.

- **Actively-Returned:** The number of unique existing consumers with an active enrollment as of March 31, 2021, who actively returned to the Marketplace and made a new plan selection on or after April 1, 2021.

Consumers who made an active plan selection from April 1 to June 30, 2021, did not update their application on or after July 1, 2021, and were in a tax household where a

tax filer attested to receiving UC in 2021 may have also had their enrollee share of the premium reduced as the result of an automatic APTC redetermination.

- **Automatically-Redetermined:** The number of unique existing consumers with an active enrollment as of March 31, 2021, who did not actively make a new plan selection on or after April 1, 2021, and had their enrollee share of the premium reduced as a result of an automatic APTC redetermination.

**Existing Consumers with a New or Updated Plan Selection (SBMs):** The number of unique consumers who had an active enrollment prior to the SBM's implementation of the new ARP provisions (expanded APTC eligibility criteria and the new benefits available to consumers receiving unemployment compensation), and have an updated plan selection after that date, that is active as of the end of the reporting period. Consumers who actively returned to the SBM to make a new plan selection and those who received an automatic eligibility redetermination that resulted in premium savings are included. Most SBMs included consumers above 400% FPL in their automatic redeterminations.

**Consumers with a Plan Selection who were Eligible for Additional APTC due to the ARP UC Provision:** The number of unique HealthCare.gov consumers who were in a tax household where a tax filer attested to receiving or being approved to receive UC in 2021, have a new plan selection with APTC on or after July 1, 2021, that is active as of August 15, 2021, and have a household income above 150% FPL or below 100% FPL. Without the ARP UC provision, these consumers would not have been APTC-eligible or would be eligible for less APTC. Consumers with a household income below 100% FPL who were already APTC-eligible because they were denied Medicaid or CHIP due to immigration status are excluded. Consumers who actively reselected their existing plan, those who selected a new plan, and those who had their enrollee share of the premium reduced as a result of an automatic APTC redetermination are included.

- **New Consumers:** The number of unique consumers with a plan selection who were eligible for additional APTC due to the ARP UC provision and did not have an active enrollment as of June 30, 2021.
- **Existing Consumers** The number of unique consumers with a plan selection who were eligible for additional APTC due to the ARP UC provision and had an active enrollment as of June 30, 2021.
- **Consumers Not Eligible for any APTC without the ARP UC Provision:** The number of unique consumers with a plan selection who were eligible for additional APTC due to the ARP UC provision, have a household income below 100% FPL, and would not have otherwise been APTC-eligible as a result of Medicaid or CHIP denial due to immigration status.

**Average Monthly Premium Savings due to ARP / Average Monthly Premium Savings due to ARP APTC Expansion:** The average monthly change in the premium per member after APTC among existing consumers with a new or updated plan selection on or after the ARP implementation (April 1, 2021, for HealthCare.gov states), when compared to their plan selection as of the day before ARP implementation (March 31, 2021, for HealthCare.gov states).

**% Reduction in Average Monthly Premium after APTC due to ARP Expansion:** The average monthly premium savings due to the ARP APTC expansion divided by the average monthly premium after APTC before the ARP APTC expansion.

**Total Monthly Average Savings for Existing Consumers:** The product of the number of existing consumers with a new or updated plan selection after ARP implementation, and the average monthly premium savings due to the ARP APTC expansion.