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## **Plan Year 2023 Qualified Health Plan Choice and Premiums in HealthCare.gov Marketplaces**

**October 26, 2022**

*Note: This report and appendix's plan year 2014–2021 metrics match those in the plan year 2022 report and appendix. Some of the plan year 2022 metrics in this report and appendix have minor differences from those in the plan year 2022 report and appendix due to the use of updated enrollment data. The [methodology document](#) includes further details.*

## Key Findings

- **Issuer Participation: For plan year 2023 (PY23) there are 220 QHP issuers in HealthCare.gov states, an increase of 7 issuers from PY22.** Out of the 33 PY23 HealthCare.gov states, 11 states have more QHP issuers participating in PY23 than PY22, and 22 states have counties with more QHP issuers in PY23 than PY22 due to new issuers entering and existing issuers expanding service areas.
- **Enrollee Options: HealthCare.gov states' PY23 Marketplace enrollees have greater choice of issuers compared to PY22.** In PY23, 92% of enrollees have access to three or more QHP issuers, compared to 89% in PY22. The average PY23 enrollee has between 6 and 7 QHP issuers available, similar to PY22.
- **Subsidy Effects: Premiums that most enrollees pay (after application of Advance Payments of the Premium Tax Credit, or APTC) decreased considerably following implementation of the American Rescue Plan Act of 2021 (ARP), and the Inflation Reduction Act of 2022 (IRA) helps ensure that those reduced costs remain in place for PY23.** The ARP increased APTC payments, leading to decreased premiums for enrollees, including newly-eligible households with income levels greater than 400% of the Federal Poverty Level (FPL). The Inflation Reduction Act of 2022 continues the ARP's APTC provisions.
  - If PY22 HealthCare.gov enrollees stay within their chosen metal level, 64% of enrollees can select a PY23 QHP for less than \$10 per month after APTC. This is the same as the percentage of enrollees in PY22, and up from 31% of enrollees in pre-ARP PY21.
  - The average lowest cost silver plan (LCSP) premium after APTC for a 27 year-old with household income of 150% of the FPL continues to be \$0 in PY23. This is a substantial decrease from \$57 in pre-ARP PY21.
  - A family of four with household income of 250% of the FPL continues to be eligible for a heavily reduced lowest cost plan (LCP) premium after APTC. The average LCP premium after APTC is decreasing from \$3 in PY22 to \$1 in PY23. This compares to \$75 in pre-ARP PY21.
- **Average Premiums: For HealthCare.gov states, the average second lowest cost silver plan (SLCSP) premium attributable to Essential Health Benefits (EHBs), also known as the benchmark plan premium, increased 4% from PY22 to PY23 for a 27 year-old. This compares to a 3% decrease from PY21 to PY22.**
- **Cost Sharing: Starting in PY2023, CMS requires issuers in the Federally-facilitated Marketplaces (FFM) and State-based Marketplaces on the Federal Platform (SBM-FP) to offer standardized plan options, which standardize deductibles and cost-sharing for certain benefits, many of which are available pre-deductible.**

This report presents Qualified Health Plan (QHP) information for states with Marketplaces using the HealthCare.gov eligibility and enrollment platform.<sup>1</sup> It includes plan years (PY) 2019–2023 issuer participation, enrollee choice, premiums, and cost sharing metrics. The accompanying [appendix file](#) contains PY14–PY23 state- and county-level values, including some metrics which this report doesn't present, such as enrollee access by plan type and the percentage of plans with separate drug deductibles.

Unless otherwise specified, metrics reflect all HealthCare.gov states for the given year and exclude catastrophic, child-only, stand-alone dental, and Small Business Health Options Program (SHOP) plans. For years prior to PY23, national and state averages are weighted using Open Enrollment Period county-level enrollee plan selections. The exception is post-ARP PY21 values which are weighted by the Special Enrollment Period selections. For weighting PY23 metrics, this report uses PY22 enrollee plan selections because PY23 plan selections aren't yet available. This report uses unrounded numbers to calculate absolute and percent changes, so readers may get different results when performing the same calculations on the rounded numbers; the unrounded numbers are generally available in the appendix file.

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

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

## I. QHP Issuer Participation and Enrollee Choice

Table 1 shows PY19–PY23 QHP issuer participation and plan availability. For PY23 there are 220 QHP issuers participating in HealthCare.gov states, an increase of 7 issuers from PY22. On average, PY23 enrollees have access to between 6 and 7 QHP issuers, and over 113 QHPs, both of which are greater than all previous years. Additionally, 1% of PY23 enrollees have only one available QHP issuer, which is the lowest percentage in Marketplace history.

Beginning in PY23 CMS issuers in the Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs) are required to offer standardized plan options at every product network type, at every metal level, and throughout every service area that they offer non-standardized plan options. Standardized plan options represent 28% of the total plans available to enrollees on HealthCare.gov for PY23, allowing enrollees to access, on average, over 28 standardized plan options.

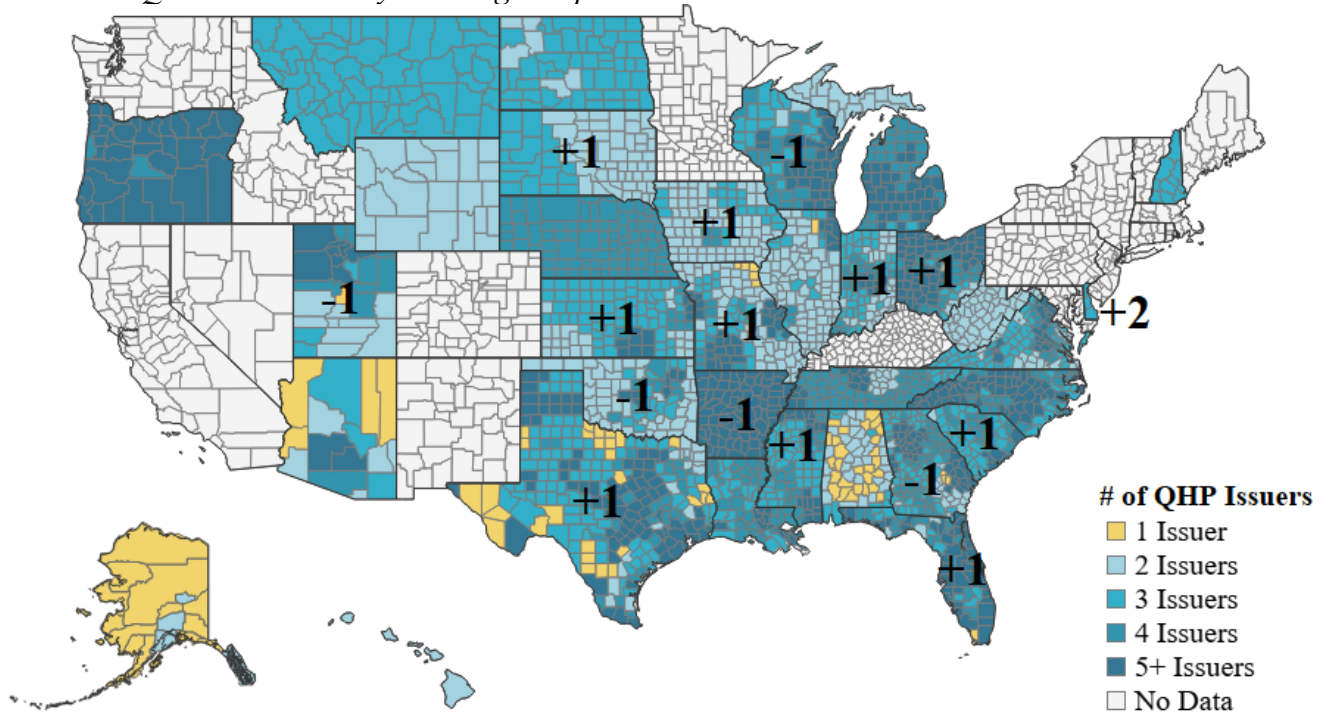
*Table 1: QHP Issuer and Plan Availability*

	PY19	PY20	PY21	PY22	PY23	PY21- PY22 Change	PY22- PY23 Change	PY19- PY23 Change
<b>Number of QHP Issuers</b>								
Total	155	175	181	213	220	32	7	65
Total in HealthCare.gov states in PY19 to PY23 <sup>2</sup>	129	150	171	213	220	42	7	91
<b>QHP Issuers Available to Enrollees</b>								
Average Number	2.8	3.5	4.5	6.4	6.6	1.9	.2	3.8
% of Enrollees with only 1 Issuer Available	20%	12%	4%	2%	1%	-2%	-1%	-19%
% of Enrollees with only 2 Issuers Available	22%	20%	17%	9%	6%	-9%	-2%	-16%
% of Enrollees with 3+ Issuers Available	58%	68%	78%	89%	92%	11%	4%	35%
<b>Average Number of QHPs Available to Enrollees</b>								
Total (All Metal Levels)	25.9	38.5	61.4	107.8	113.6	46.4	5.7	87.6
Bronze	7.9	13.4	22.7	40.9	40.8	18.2	-.1	32.9
Silver	12.3	17.4	28.1	45.9	44.2	17.7	-1.7	31.9
Gold	4.6	6.5	9.1	19.5	25.9	10.4	6.4	21.3
Platinum	1.1	1.2	1.5	1.6	2.7	0.1	1.1	1.5

Figure 1 shows the number of QHP issuers by county for PY23. Eleven HealthCare.gov states have more QHP issuers in PY23 than PY22. One HealthCare.gov state (DE) has two more QHP issuers in PY23. Five HealthCare.gov states (AR, GA, OK, UT, WI) have fewer QHP issuers in PY23 than PY22. In PY23, 9 HealthCare.gov states have counties with a single QHP issuer, compared to 10 HealthCare.gov states in PY22.

<sup>2</sup> Excludes Nevada (stopped using HealthCare.gov in PY20), New Jersey and Pennsylvania (stopped using HealthCare.gov in PY21), and Kentucky, Maine, and New Mexico (stopped using HealthCare.gov in PY22).

Figure 1: PY23 QHP Issuer County Coverage Map

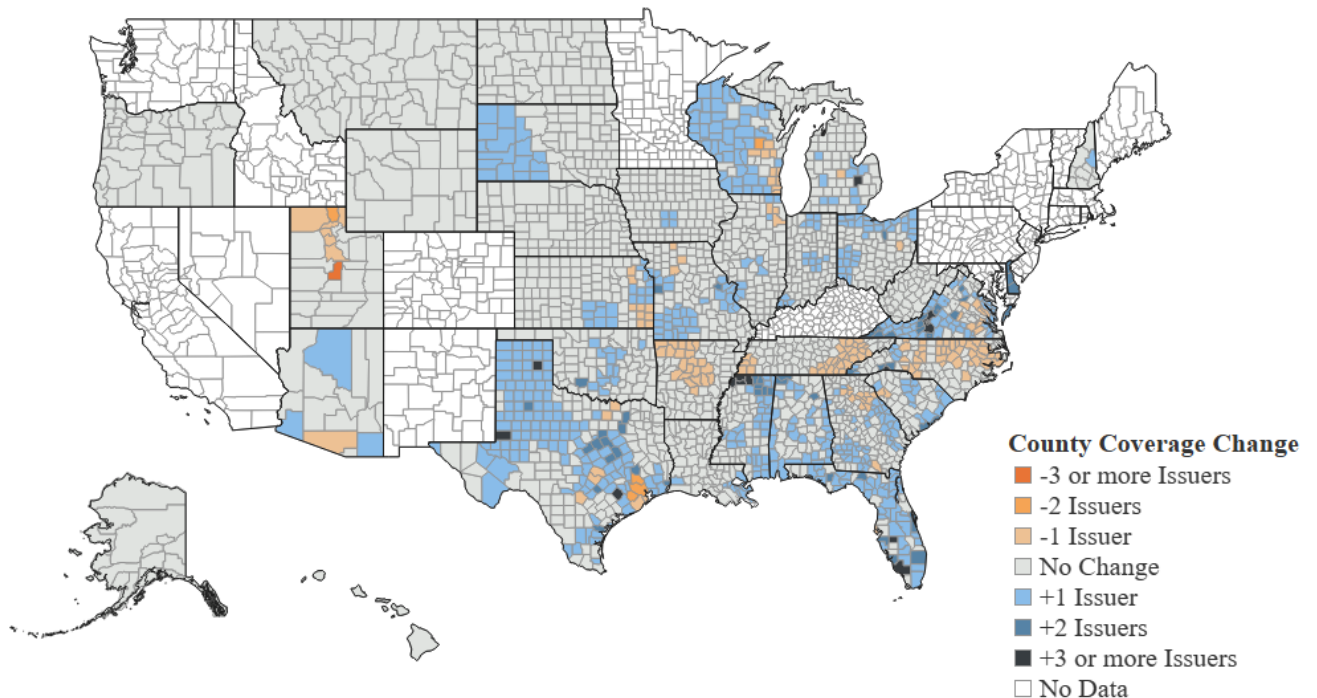


(+) Indicates the net increase in issuers in a state from PY22 to PY23

(-) Indicates the net decrease in issuers in a state from PY22 to PY23

Figure 2 shows the change in number of QHP issuers by county from PY22 to PY23. County coverage has generally increased, and 22 out of 33 HealthCare.gov states have at least one county with more QHP issuers in PY23 than PY22. One HealthCare.gov state (DE) has at least one additional QHP issuer in all counties, and 16 HealthCare.gov states (AR, AZ, FL, GA, IL, KS, MI, MO, NC, OH, SC, TN, TX, UT, VA, WI) have counties with fewer QHP issuers in PY23 than PY22.

Figure 2: PY22 to PY23 QHP Issuer County Coverage Change Map



## II. Premiums<sup>3</sup>

Table 2 shows average HealthCare.gov state benchmark plan premiums<sup>4</sup> for a 27 year-old and a family of four, average Lowest Cost Silver Plan (LCSP) before-APTC and after-APTC premiums for a 27 year-old with household income of 150% of the FPL, and average lowest cost plan (LCP) before-APTC and after-APTC premiums for a family of four with household income of 250% of the FPL. Before-APTC premiums are rising slightly, with benchmark premiums for both a 27 year-old and a typical family of four increasing 4% from PY22 to PY23. Although this reverses the trend occurring from PY19 to PY22, the average benchmark plan premiums for a 27 year-old and typical family of four are still 6% lower in PY23 than in PY19.

As a result of the ARP and the Inflation Reduction Act, there are far more expansive changes to after-APTC premiums for a 27 year-old and the family of four. The ARP and Inflation Reduction Act decrease the required contribution households of a given income level make towards the benchmark plan premium, leading to a greater proportion of premium covered via the APTC payment and reducing the premiums enrollees pay after APTC. For PY23, the Inflation Reduction Act continues the ARP provisions that increased APTC amounts and made APTCs newly available to previously ineligible households with an income greater than 400% of the FPL. Average LCSP after-APTC premium for a 27 year-old with household income of 150% of the FPL decreased from \$57 pre-ARP PY21 to \$0 post-ARP PY21, and continues to be \$0 for PY23 as a result of the Inflation Reduction Act.<sup>5</sup> This reflects an increase in APTC-covered premium from 84% pre-ARP PY21 to 100% in PY23. Similarly, the average lowest cost plan (LCP) after-APTC premium for a family of four with household income of 250% of the FPL has decreased from \$75 pre-ARP PY21 to \$1 for PY23.<sup>6</sup> This reflects an increase in APTC-covered premium from 93% pre-ARP PY21 to near 100% in PY23.

Based on PY22 enrollment and PY23 premiums, CMS projects the HealthCare.gov enrollee average lowest cost plan net premium after APTC will increase by 3% from PY22 to PY23, which is still a decrease of 36% since PY19. HealthCare.gov enrollee APTC changes reflect demographic shifts and benchmark plan premium changes.

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<sup>3</sup> All premium and APTC amounts shown in this report are per month amounts. The lowest cost plan (LCP) is typically a bronze plan.

<sup>4</sup> Benchmark plan premiums are the second lowest cost silver plan (SLCSP) essential health benefits (EHB) premium cost before APTC

<sup>5</sup> 150% of the FPL for a single person is equal to \$20,385 in PY23 for the 48 contiguous states and the District of Columbia, using the applicable 2022 Poverty Guidelines.

<sup>6</sup> 250% of the FPL for a family of four is equal to \$69,375 in PY23 for the 48 contiguous states and the District of Columbia, using the applicable 2022 Poverty Guidelines.

Table 2: Premiums and Maximum APTC Amounts<sup>7</sup>

	PY19	PY21 before ARP	PY21 after ARP	PY22	PY23	PY21 after ARP - PY22 Change	PY22- PY23 Change	PY19- PY23 Change
<b>Average Benchmark Plan Premium (Before APTC)</b>								
27 Year-Old	\$406	\$379	\$379	\$368	\$382	-3%	4%	-6%
Family of Four	\$1,591	\$1,485	\$1,485	\$1,439	\$1,503	-3%	4%	-6%
<b>27 Year-Old (with Household Income at 150% of the FPL)</b>								
Average LCSP Premium Before APTC	\$384	\$369	\$369	\$362	\$378	-2%	4%	-2%
Average LCSP Net Premium After APTC	\$45	\$57	\$0	\$0	\$0	0%	0%	-100%
Average % of LCSP Premium Covered by APTC	88%	84%	100%	100%	100%	0%	0%	13%
<b>Family of Four (with Household Income at 250% of the FPL)</b>								
Average LCP Premium Before APTC	\$1,115	\$1,064	\$1,064	\$1,060	\$1,093	0%	3%	-2%
Average LCP Net Premium After APTC	\$54	\$75	\$1	\$3	\$1	343%	-47%	-97%
Average % of LCP Premium Covered by APTC	95%	93%	>99%	>99%	>99%	0%	0%	5%
<b>All HealthCare.gov Enrollees</b>								
Average LCP Premium Before APTC	\$467	\$446	\$443	\$440	\$453	-1%	3%	-3%
Average LCP Net Premium After APTC	\$70	\$65	\$42	\$43	\$45	3%	3%	-36%
Average % of LCP Premium Covered by APTC	85%	85%	90%	90%	90%	0%	0%	5%

Figure 3 shows that premium amounts and trends differ considerably between enrollees with different household incomes. In PY21 prior to the ARP, 89% of HealthCare.gov enrollees who made a plan selection during Open Enrollment were APTC-eligible. Under the ARP and Inflation Reduction Act, those with a household income over 400% of the FPL can now also be APTC eligible. A total of 94% of enrollees who made a plan selection during PY22 Open Enrollment were APTC eligible. Of these APTC-eligible enrollees, 6% had an income over 400% of the FPL and wouldn't have been APTC-eligible before the ARP.<sup>8</sup>

<sup>7</sup> Premium information for a 27-year-old uses the lowest cost silver plan (LCSP), because this individual is eligible for a 94% AV silver plan variation. Premium information for a family of four or HealthCare.gov enrollees uses the lowest cost plan (LCP).

<sup>8</sup> Despite meeting the income requirements, some enrollees aren't APTC eligible because they are eligible for minimum essential coverage outside of the individual market, don't attest that they will file federal income taxes for the coverage year, or don't attest that they will file federal income taxes jointly with a spouse when married.

For a 27 year-old in a HealthCare.gov state with household income at 150% of the FPL, the average bronze lowest cost plan after-APTC premium has remained less than \$5 from PY19 to PY23 and is \$0 in PY23. The average lowest cost silver plan (LCSP) after-APTC premium has remained at \$0 since the ARP took effect in PY21, and the average lowest cost gold plan after-APTC premium has decreased to \$18 in PY23 from \$24 in PY22 and \$101 in PY19. The changes in each metal level's lowest cost plan after-APTC premiums are due to changes in the average difference between the benchmark plan premium used to determine APTC amounts and the lowest cost plan premiums at each metal level. The ARP and Inflation Reduction Act also provides access to better coverage for enrollees eligible for cost-sharing reductions (CSRs). Since PY21 post-ARP, a 27 year-old with household income of 150% of the FPL could obtain a cost-sharing reduction (CSR) silver plan variant at the 94% actuarial value (AV) available for a \$0 premium after APTC in many cases.<sup>9 10</sup>

In PY23, a 27 year-old in a HealthCare.gov state with a household income at 450% of the FPL<sup>11</sup> has a \$379 average lowest cost gold plan after-APTC premium, a \$369 average lowest cost silver plan (LCSP) after-APTC premium, and a \$275 average lowest cost bronze plan after-APTC premium. Though lowest cost plans after-APTC premiums for all three metal levels at 450% of the FPL steadily decreased from PY19 to PY22, they have increased between PY22 and PY23, particularly for bronze and silver.<sup>12</sup> While the ARP introduced a maximum 8.5% household income contribution toward benchmark plan premiums for households with incomes greater than 400% of the FPL, there are cases where the benchmark plan premium is less than 8.5% of household income and the APTC is equal to \$0, especially for younger enrollees at higher incomes. As a result, the ARP and Inflation Reduction Act's impact on average premiums after APTC is more modest for 27 year-olds with a household income at 450% of the FPL, when compared to 27 year-olds with a household income at 150% of the FPL.

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

<sup>10</sup> Plans that cover non-EHBs will have a non-\$0 premium after APTC since APTC can only cover EHBs. In some places, all plans cover non-EHBs and have a non-\$0 premium after APTC.

<sup>11</sup> 500% of the FPL for a single person is equal to \$67,950 in PY23 for the 48 contiguous states and the District of Columbia, using the applicable 2022 Poverty Guidelines.

<sup>12</sup> The *HHS Notice of Benefit and Payment Parameters for 2023* final rule raised the actuarial value de minimis thresholds.

Specifically, the lower de minimis thresholds for gold and bronze QHPs increased by 2% AV while the lower threshold for individual market silver QHPs increased by 4%. AV. As actuarial value represents the percentage of total average costs for covered benefits that a plan will cover, these changes increased the overall generosity of coverage at each metal level from PY22 to PY23.



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

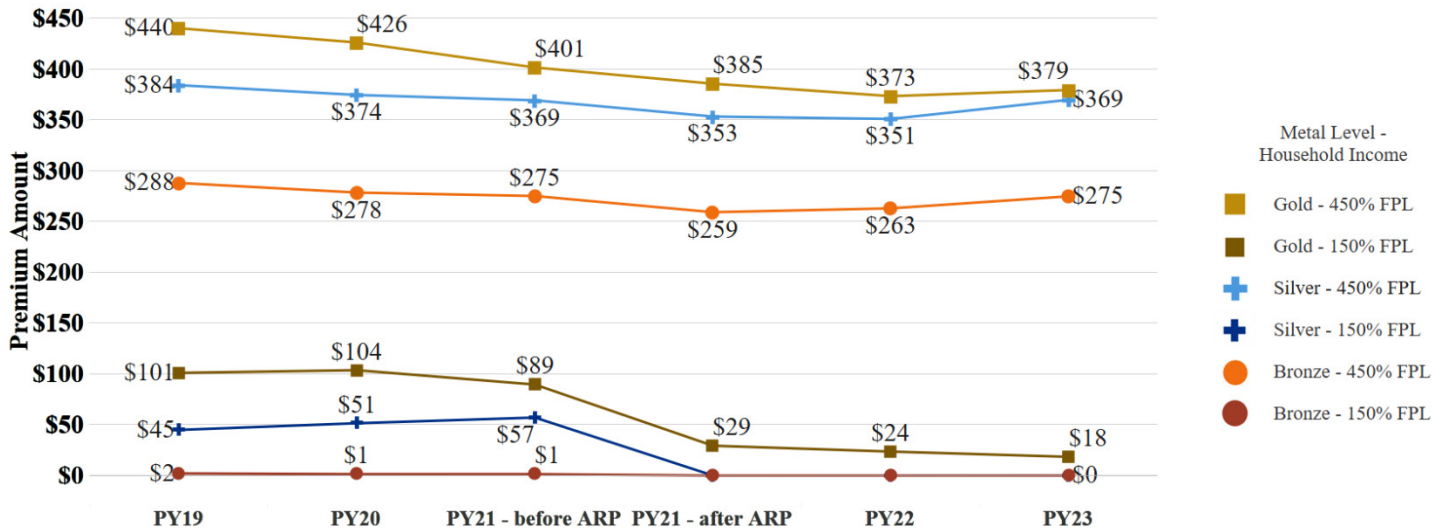


Figure 4 shows a comparison of two sample families of four – one with household income of 250% of the FPL and the other with household income of 500% of the FPL – who are enrolled in the lowest cost plan. As shown, the after-APTC/net plan premium for a family of four with household income of 250% of the FPL was, on average, \$75 per month in PY21 pre-ARP. Post-ARP, that same sample family’s net plan premium was \$1 per month in PY21. In PY23, that family’s after-APTC premium is \$1 per month.

A family of four with household income of 500% of the FPL didn’t receive subsidies prior to the passage of the ARP and paid, on average, \$1,064 per month in PY21. In PY21 post-ARP, that same family became potentially eligible for subsidies and had an average after-APTC lowest cost plan premium of \$510 per month. In PY23, the family’s average after-APTC lowest cost plan premium is \$574 per month.

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

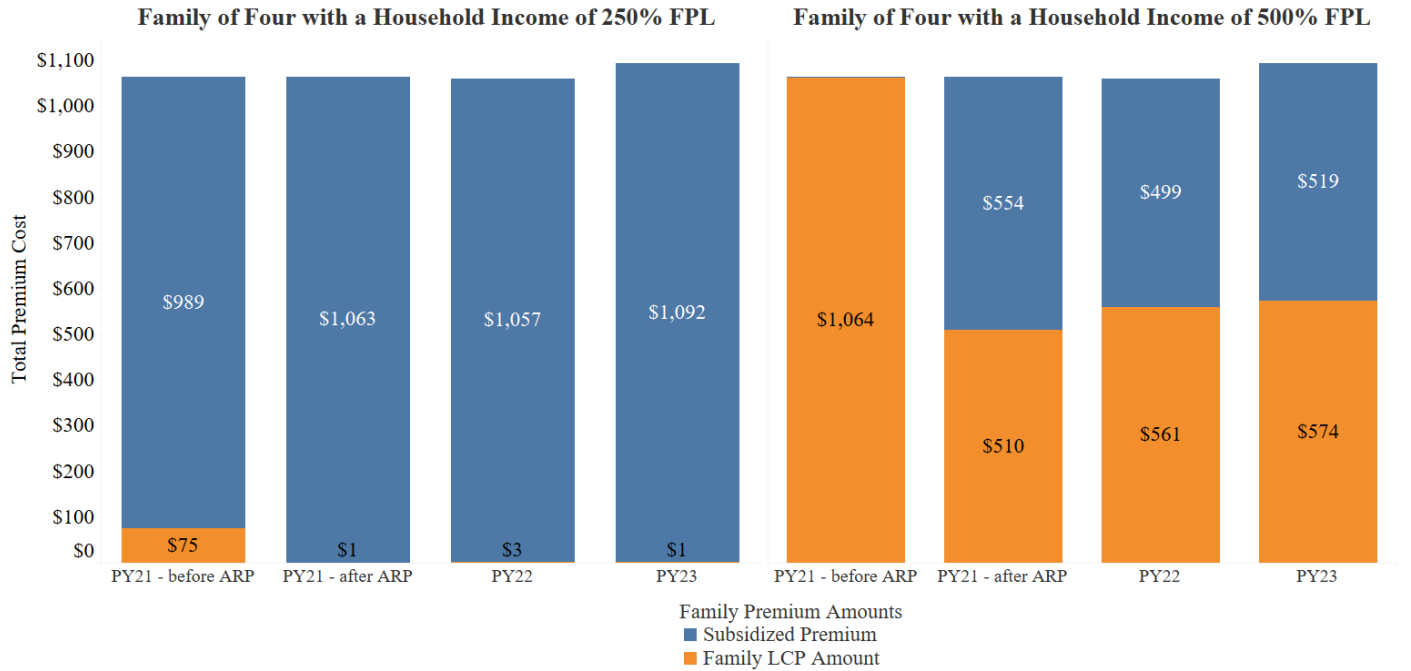
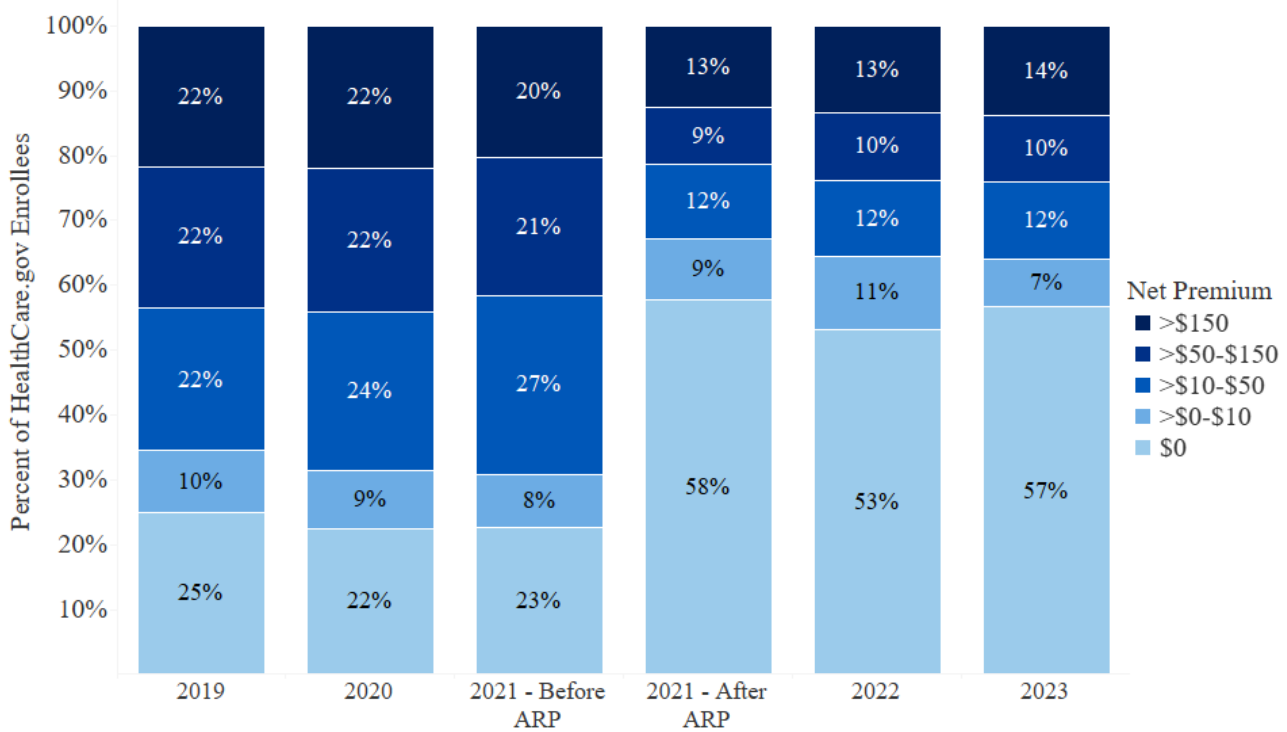


Figure 5 shows similar patterns for actual HealthCare.gov enrollees when incorporating their income and family compositions. Using enrollees who made plan selections during PY22 Open Enrollment and considering only the lowest cost plans in the enrollees' chosen metal level, 57% of enrollees can select a \$0 net premium PY23 plan and 76% can select a less-than \$50 after-APTC premium PY23 QHP. These are significant improvements from PY19 through PY21 before the ARP, when less than a quarter of enrollees could get a \$0 after-APTC premium and over 40% of enrollees couldn't select a plan for under \$50 after APTC.

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



### III. Cost Sharing and Plan Design

PY23 median deductibles for QHPs in HealthCare.gov states generally increased, with the 73% AV silver plan variation increasing substantially and the 94% actuarial value (AV)<sup>13</sup> silver plan variation and platinum levels decreasing. Figure 6 shows that the 73% AV silver plan variation median deductible stayed relatively constant from PY20 through PY22 but increased substantially from \$3,318 in PY22 to \$4,261 in PY23, a 28% increase from PY22. The 87% AV variation<sup>14</sup> median deductible increased from \$635 in PY22 to \$742 in PY23. The 94% AV silver plan variation<sup>15</sup> median deductible decreased from \$47 in PY22 to \$18 in PY23.<sup>16</sup> In PY22, 18% of HealthCare.gov enrollees who selected a plan during the Open Enrollment Period were eligible for the 87% AV silver plan variation, and 41% were eligible for the 94% AV silver plan variation. The PY23 bronze plan median deductible increased from \$6,933 in PY22 to \$7,471 in PY23, an increase of 8% from PY22 and 17% from PY2019. The PY23 silver plan median deductible increased from \$5,166 in PY22 to \$5,388 in PY23, an increase of 4% from PY22 and 21% from PY19. The PY23 gold plan median deductible increased from \$1,398 in PY22 to \$1,684 in PY23, which is an increase of 20% from PY22 and 35% from PY19. In PY22, roughly 34% of enrollees selected a bronze plan, 5% selected a non-CSR silver plan, and 8% selected a gold plan, and only 5% selected a 73% AV silver plan variation.

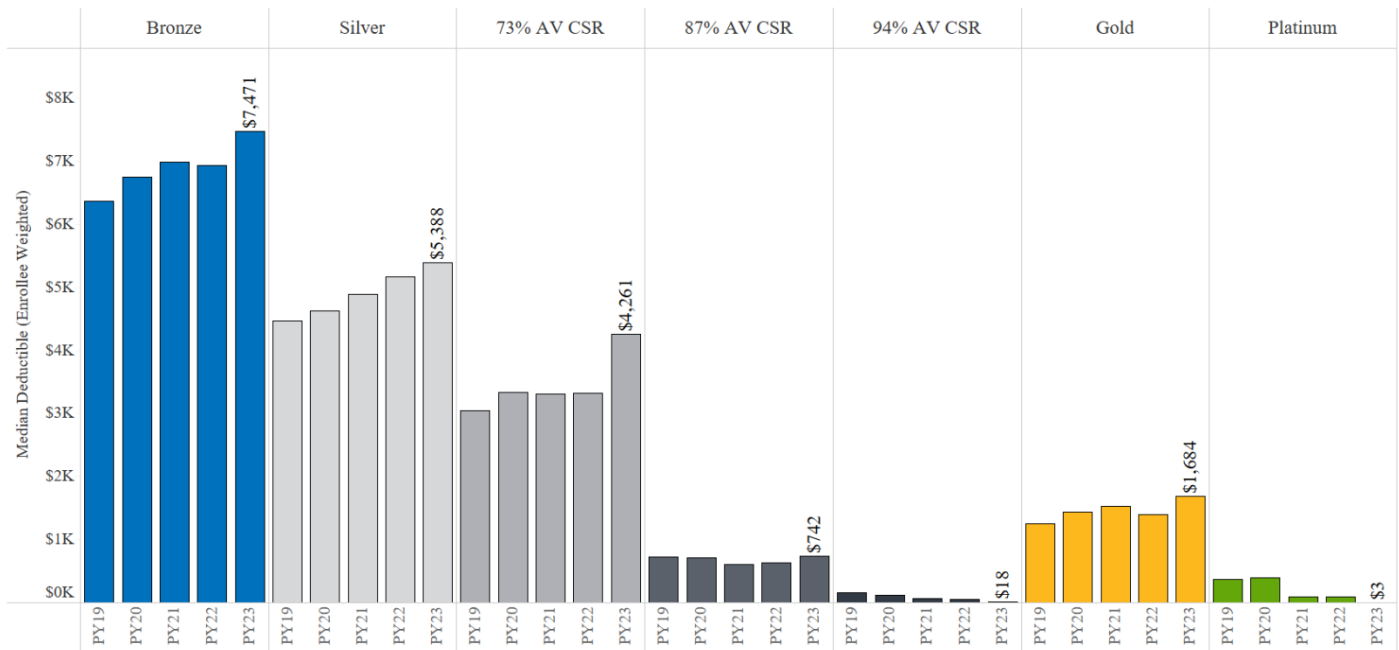
<sup>13</sup> The percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 70%, on average, the enrollee would be responsible for 30% of the costs of all covered benefits. However, the enrollee could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on their actual health care needs and the terms of their insurance policy.

<sup>14</sup> The 87% AV silver plan variation is available to APTC-eligible enrollees with a household income greater than 150% of the FPL and less than or equal to 200% of the FPL.

<sup>15</sup> The 94% AV silver plan variation is available to APTC-eligible enrollees with a household income greater than or equal to 100% of the FPL and less than or equal to 150% of the FPL.

<sup>16</sup> The median individual medical deductible metric is equal to the average of the county-level median deductibles in a given metal level or silver plan CSR variation, weighted by county-level enrollment.

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



The substantial increases in deductibles for some plans from PY22 to PY23, after more modest changes in the 4 years prior, are partially attributable to the introduction of standardized plan options to HealthCare.gov for PY23. Standardized plan options within the same metal level have the same maximum out-of-pocket limitations, deductibles, and cost-sharing parameters. Deductibles for standardized plan options are set at \$9,100/\$7,500 for bronze, \$5,800 for silver, and \$2,000 for gold, which are all higher than their non-standardized plan options median metal level counterparts of \$7,025, \$4,853, and \$1,299, respectively. However, most standardized plan options offer pre-deductible coverage for various service categories, including primary care visits, generic drugs, preferred brand drugs, urgent care, specialist visits, mental health and substance use disorder outpatient office visits, as well as speech, occupational, and physical therapy.

While this report has used the change in median deductible values over time to illustrate cost sharing, future versions of the report may consider other metrics. For many enrollees, pre-deductible cost-sharing is a more accurate indicator of total out-of-pocket spending than are deductibles, particularly for enrollees who use more pre-deductible services and don't meet their deductible during a given plan year. Therefore, this report may consider methods of measuring plan cost sharing in the future that would account for enrollee cost sharing both before and after the deductible.