DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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200 Independence Avenue SW
Washington, DC 20201

Plan Year 2024 Qualified Health Plan Choice and Premiums in HealthCare.gov Marketplaces

October 25, 2023

Note: This report and appendix's plan year 2014–2022 metrics for issuer and plan availability match those in the plan year 2023 report and appendix. Some of the plan year 2023 metrics in this report and appendix have minor differences from those in the plan year 2023 report and appendix due to the use of updated enrollment data. For premium data, the 2024 report introduces reference points based on new age and income profiles. The methodology document includes further details.

Key Findings

- *Issuer Participation*: **For plan year 2024 (PY24) there are 210 Qualified Health Plan (QHP) issuers in HealthCare.gov Marketplaces.** Out of the 32 PY24 HealthCare.gov Marketplaces, 8 states have more QHP issuers participating in PY24 than PY23, and 23 states have counties with more QHP issuers in PY24 than PY23 due to new issuers entering and existing issuers expanding service areas.
- *Enrollee Options*: **PY24 HealthCare.gov Marketplace enrollees have greater choice of issuers compared to PY23.** In PY24, 96% of enrollees have access to three or more QHP issuers, compared to 93% in PY23. The average PY24 enrollee has just under 7 QHP issuers available, similar to PY23.
- *Subsidy Effects*: **After application of Advance Payments of the Premium Tax Credit (APTC), most enrollees pay considerably less in net premiums following implementation of the American Rescue Plan Act of 2021 (ARP) and the Inflation Reduction Act of 2022 (IRA).** The ARP and IRA increased APTC payments, leading to decreased after-APTC premiums for enrollees, including newly-eligible households with income levels greater than 400% of the Federal Poverty Level (FPL).
    - If PY23 HealthCare.gov enrollees stay within their chosen metal level, 67% of enrollees can select a PY24 QHP for less than $10 per month after APTC. This is slightly lower than the 68% of enrollees in PY23, but higher than the 31% of enrollees in pre-ARP PY21.
    - The average lowest cost silver plan (LCSP) premium after APTC for a 40-year-old with household income of 150% of the FPL continues to be $0 in PY24. This is a substantial decrease from $55 in pre-ARP PY21.
- *Average Premiums*: **For HealthCare.gov Marketplaces, 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 PY23 to PY24. This matches the increase from PY22 to PY23.**
- *Standardized Plan Designs*: 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. Starting in PY2024, CMS limits issuers from offering more than 4 non-standardized plan options per product network type, metal level (excluding catastrophic plans), and inclusion of dental and/or vision benefit coverage, in any service area.
- *Cost Sharing:* Enrollee weighted median deductibles for bronze, gold, silver cost-sharing reduction (CSR) 87% actuarial value (AV) plan variations and 94% AV plan variations are all lower in PY24 than in PY23. The lowest Estimated Total Yearly Cost (enrollee after-APTC premium plus estimated cost-sharing) available for a 40-year-old with household income of 150% of the FPL decreased at the bronze and gold levels from PY23 to PY24, while it slightly increased for the 94% AV silver plan variation.

This report presents Qualified Health Plan (QHP) information for states with Marketplaces using the HealthCare.gov eligibility and enrollment platform.[1] It includes plan years (PY) 2020–2024 issuer participation, enrollee choice, premiums, and cost sharing metrics. The accompanying appendix file contains PY14–PY24 state- and county-level values, including some metrics which this report does not present, such as enrollee access by plan type and the percentage of QHPs with separate drug deductibles.

Unless otherwise specified, all metrics in this report reflect all HealthCare.gov Marketplaces for the given year and exclude catastrophic, child-only, stand-alone dental, and Small Business Health Options Program (SHOP) plans. For years prior to PY24, 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 PY24 metrics, this report uses PY23 enrollee plan selections because PY24 plan selections are not yet available. This report uses unrounded numbers to calculate absolute and percent changes, so readers may get different results when performing the same calculations on the rounded numbers; the unrounded numbers are generally available in the appendix file.

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[1] States with Marketplaces using the HealthCare.gov eligibility and enrollment platform (HealthCare.gov Marketplaces) 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 PY20–PY24 QHP issuer participation and plan availability. For PY24, there are 210 QHP issuers participating in HealthCare.gov Marketplaces, an overall decrease of 9 issuers from PY23[2], but an increase of 3 issuers across the 32 HealthCare.gov Marketplaces for PY24. On average, PY24 enrollees have access to just under 7 QHP issuers, and 100 QHPs. Though access to issuers is higher than in PY23, the number of QHPs available to enrollees is lower than in recent years. Continuing the downward trend that started in PY19, fewer than 1% of PY24 enrollees have only one available QHP issuer, which is the lowest percentage in Marketplace history.

Beginning in PY23, issuers offering QHPs in the FFMs and SBM-FPs were required to offer standardized plan options (SPOs) at every product network type, at every metal level, and throughout every service area that they offer non-standardized plan options. Starting in PY2024, CMS limits QHP issuers from offering more than 4 non-standardized plan options (non-SPOs) per product network type, metal level (excluding catastrophic plans), and inclusion of dental and/or vision benefit coverage, in any service area. Standardized plan options represent 31% of the total QHPs available to enrollees on HealthCare.gov for PY24, up from 28% of the total QHPs in PY23. Enrollees have access to, on average, just over 28 standardized plan options. Enrollees have access to, on average, 72 non-SPO QHPs compared to 85 non-SPO QHPs in PY23.

Table 1: QHP Issuer and Plan Availability

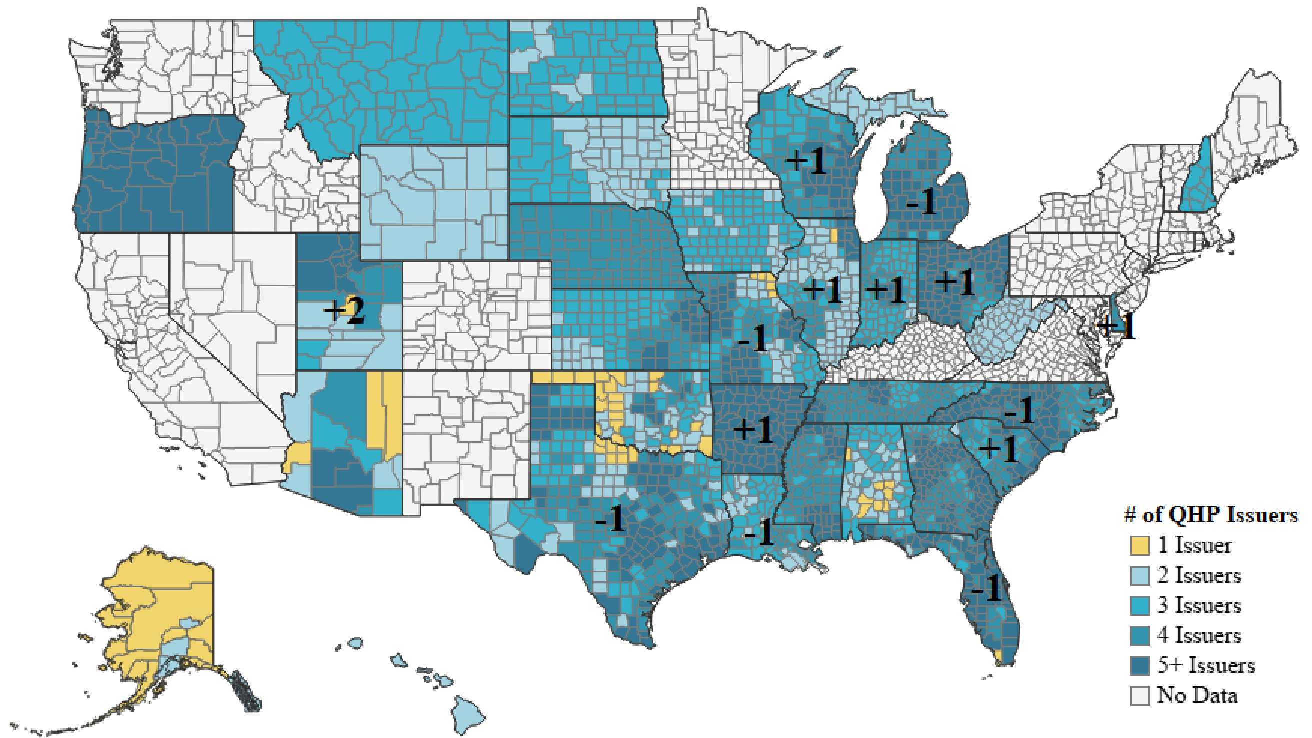
	PY20	PY21	PY22	PY23	PY24	PY22-PY23 Change	PY23-PY24 Change	PY20-PY24 Change
Number of QHP Issuers								
Total	175	181	213	219	210	6	-9	35
Total in HealthCare.gov Marketplaces in PY20 to PY24[3]	141	162	201	207	210	6	3	69
QHP Issuers Available to Enrollees								
Average Number	3.5	4.5	6.4	6.6	6.9	.2	.3	3.4
% of Enrollees with only 1 Issuer Available	12%	4%	2%	1%	<1%	-1%	-1%	-11%
% of Enrollees with only 2 Issuers Available	20%	17%	9%	6%	4%	-3%	-2%	-17%
% of Enrollees with 3+ Issuers Available	68%	78%	89%	93%	96%	4%	3%	28%
Average Number of QHPs Available to Enrollees								
Total (All Metal Levels)	39	61	108	114	100	5.9	-13.2	62
Bronze	13	23	41	41	31	-.2	-9.7	17.6
Silver	17	28	46	44	38	-1.5	-6.1	20.8
Gold	6	9	19	26	28	6.5	2.3	21.8
Platinum	1	2	2	3	3	1.1	.3	1.8
Average Number of Standardized and Non-Standardized Plan Options								
SPO QHPs	N/A	N/A	N/A	28	28	N/A	< .1	N/A
Non-SPO QHPs	39	61	108	85	72	-23	-13	34

[2] In PY23, there were 33 states with HealthCare.gov Marketplaces. In PY24, there are 32 states with HealthCare.gov Marketplaces. The overall decrease in issuers between PY23 and PY24 includes PY23 issuers in Virginia, which stopped using HealthCare.gov in PY24.

[3] Excludes Nevada (stopped using HealthCare.gov in PY20), New Jersey and Pennsylvania (stopped using HealthCare.gov in PY21), Kentucky, Maine, and New Mexico (stopped using HealthCare.gov in PY22), and Virginia (stopped using HealthCare.gov in PY24).

Figure 1 shows the number of QHP issuers by county for PY24. Eight HealthCare.gov states have more QHP issuers in PY24 than PY23. One HealthCare.gov state (UT) has two more QHP issuers in PY24. Six HealthCare.gov Marketplaces (FL, LA, MI, MO, NC, TX) have fewer QHP issuers in PY24 than PY23. In PY24, nine HealthCare.gov Marketplaces have counties with a single QHP issuer, which is the same number of Marketplaces that had counties with a single QHP issuer in PY23.

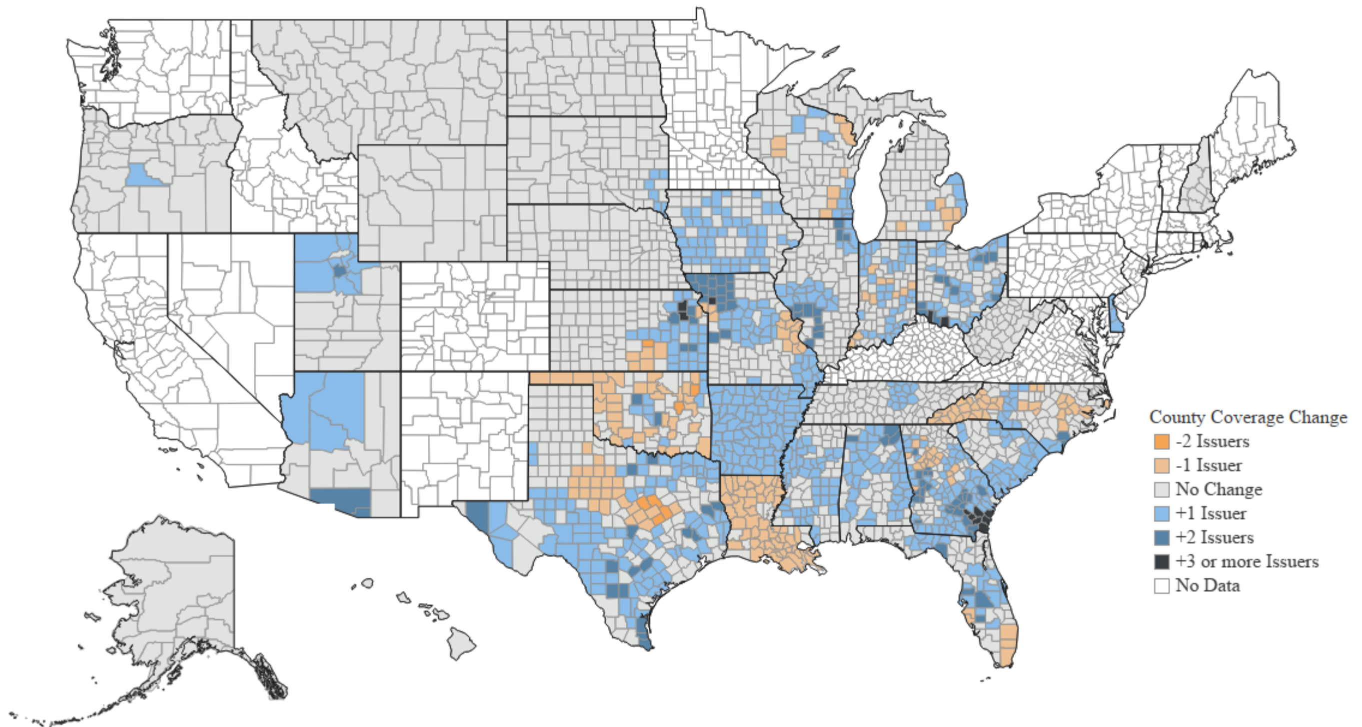
Figure 1: PY24 QHP Issuer County Coverage Map



(+) Indicates the net increase in issuers in a state from PY23 to PY24
(-) Indicates the net decrease in issuers in a state from PY23 to PY24

Figure 2 shows the change in number of QHP issuers by county from PY23 to PY24. County coverage has generally increased, and 23 out of 32 HealthCare.gov Marketplaces have at least one county with more QHP issuers in PY24 than PY23. Two HealthCare.gov Marketplaces (AR, DE) have an additional QHP issuer statewide, and 11 HealthCare.gov Marketplaces (FL, GA, IN, KS, LA, MI, MO, NC, OK, TX, WI) have counties with fewer QHP issuers in PY24 than PY23.

Figure 2: PY23 to PY24 QHP Issuer County Coverage Change Map



II. Premiums[4]

Table 2 shows average HealthCare.gov Marketplace benchmark plan premiums[5], and the effects of the advance premium tax credit (APTC) on typical plans for individuals and a family of four. For individuals aged 21 and 40 with household incomes of 150%, the average Lowest Cost Silver Plan (LCSP) premiums before the APTC and average LCSP net premiums after APTC (or "after-APTC premiums") are displayed. The average lowest cost plan (LCP) before-APTC and after-APTC premiums are shown for a family of four with a household income of 325% of the FPL. Additionally, the table shows the overall average LCP premium for all enrollees on HealthCare.gov before and after the APTC is applied. Before-APTC premiums are rising slightly, with benchmark premiums for both a 21-year-old, 40-year-old, and a typical family of four increasing 4% from PY23 to PY24. This is nearly the same increase in benchmark premiums for both a 21-year-old, 40-year-old, and a typical family of four from PY22 to PY23.

As a result of the ARP and the IRA, there are far more expansive changes to after-APTC premiums for a 40-year-old and a family of four. The ARP and IRA decreased the required contribution households of a given household income level must make towards the benchmark plan premium, leading to a greater proportion of premiums covered by the APTC and reducing the premiums enrollees pay after APTC is applied. For PY24, this continued to result in increased APTC amounts and made APTC available to previously ineligible households with an income greater than 400% of the FPL. The average LCSP after-APTC premium for a 40-year-old with a household income of 150% of the FPL decreased from $55 pre-ARP PY21 to $0 post-ARP PY21, and continues to be $0 for PY24.[6] This reflects an increase in APTC-covered premiums from 87% pre-ARP in PY21 to 100% in PY24. Similarly, the average LCP after-APTC premium for a family of four with a

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[4] All premium and APTC amounts shown in this report are per month amounts. The lowest cost plan (LCP) is typically a bronze plan.
[5] Benchmark plan premiums are the second lowest cost silver plan (SLCSP) essential health benefits (EHB) premium cost before application of APTC.
[6] 150% of the FPL for a single person is equal to $21,870 in PY24 for the 48 contiguous states and the District of Columbia, using the appropriate 2023 Poverty Guidelines.

household income of 325% of the FPL has decreased from $285 pre-ARP in PY21 to $152 for PY24.[7] This reflects an increase in APTC-covered premiums from 72% pre-ARP PY21 to nearly 87% in PY24.

Based on PY23 enrollment and PY24 premiums, CMS projects the HealthCare.gov enrollee average LCP after-APTC premium will increase by 13% from PY23 to PY24, which is still a decrease of 34% since PY20. HealthCare.gov enrollee APTC changes reflect demographic shifts and benchmark plan premium changes.

Table 2: Premiums and Maximum APTC Amounts[8]

	PY20	**PY21 before ARP**	**PY22**	**PY23**	**PY24**	**PY22-PY23 Change**	**PY23-PY24 Change**	**PY20-PY24 Change**
Average Benchmark Plan Premium (Before APTC)								
21-Year-Old	$368	$359	$348	$362	$376	4%	4%	2%
40-Year-Old	$472	$460	$447	$464	$483	4%	4%	2%
Family of Four	$1523	$1484	$1438	$1504	$1559	5%	4%	2%
21-Year-Old (with Household Income at 150% of the FPL)								
Average LCSP Premium Before APTC	$355	$349	$343	$358	$373	4%	4%	5%
Average LCSP Premium After APTC	$52	$57	$0	$0	$0	0%	0%	-100%
Average % of LCSP Premium Covered by APTC	85%	83%	100%	100%	100%	0%	0%	15%
40-Year-Old (with Household Income at 150% of the FPL)								
Average LCSP Premium Before APTC	$455	$448	$440	$459	$478	4%	4%	5%
Average LCSP Premium After APTC	$49	$55	$0	$0	$0	0%	0%	-100%
Average % of LCSP Premium Covered by APTC	89%	87%	100%	100%	100%	0%	0%	11%
Family of Four (with Household Income at 325% of the FPL)								
Average LCP Premium Before APTC	$1,077	$1,064	$1,060	$1,092	$1,166	3%	7%	8%
Average LCP Premium After APTC	$255	$285	$115	$102	$152	-12%	50%	-40%
Average % of LCP Premium Covered by APTC	75%	72%	88%	90%	87%	2%	-4%	12%

[7] 325% of the FPL for a family of four is equal to $97,500 in PY24 for the 48 contiguous states and the District of Columbia, using the applicable 2023 Poverty Guidelines.

[8] Premium information for a 40-year-old with a household income of 150% of the FPL uses the lowest cost silver plan (LCSP) at because this individual is eligible for a 94% AV silver plan variation. Premium information for a family of four of HealthCare.gov enrollees uses the lowest cost plan (LCP).

All HealthCare.gov Enrollees								
Average LCP Premium Before APTC	$451	$446	$440	$449	$479	2%	7%	6%
Average LCP Premium After APTC	$70	$65	$43	$41	$46	-6%	13%	-34%
Average % of LCP Premium Covered by APTC	85%	85%	90%	91%	90%	1%	-1%	6%

Under the ARP and IRA, those with a household income over 400% of the FPL became eligible for APTC. This led to a significant increase in the percentage of HealthCare.gov enrollees who were eligible for APTC between PY21 and PY23. In PY21 prior to the ARP, 89% of HealthCare.gov enrollees who made a plan selection during Open Enrollment were eligible for APTC. During PY23 Open Enrollment, a total of 96% of enrollees who made a plan selection were eligible for APTC. Of these enrollees, 7% had a household income over 400% of the FPL and would not have been eligible for APTC before the ARP.[9]

Figure 3 shows that premium amounts and trends differ considerably between enrollees with different household incomes. For a 40-year-old in a HealthCare.gov state with household income at 150% of the FPL, the average bronze LCP after-APTC premium has remained less than $1 from PY20 to PY24 and is $0 in PY24. The average 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 increased slightly to $22 in PY24 from $21 in PY23, still significantly lower than $112 in PY20. The changes in each metal level's LCP 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 IRA also provide access to better QHP coverage for enrollees eligible for cost-sharing reductions (CSRs).[10] Since PY21 post-ARP, a 40-year-old with household income of 150% of the FPL could obtain a CSR silver plan variation with an actuarial value (AV)[11] of 94% available for a $0 premium after APTC in many cases.[12]

In PY24, a 40-year-old in a HealthCare.gov state with a household income at 450% of the FPL[13] has a $454 average lowest cost gold plan after-APTC premium, a $446 average lowest cost silver plan (LCSP) after-APTC premium, and a $335 average lowest cost bronze plan after-APTC premium. Though LCP after-APTC premiums for all three metal levels at 450% of the FPL decreased from PY20 to PY21 post-ARP, they have

[9] Despite meeting the household income requirements, some enrollees are not eligible for APTC because they are eligible for minimum essential coverage outside of the individual market, do not attest that they will file federal income taxes for the coverage year, or do not attest that they will file federal income taxes jointly with a spouse when married. For purposes of this report, enrollees are still considered eligible for APTC where their maximum APTC is $0 due to an SLCSP premium that is less than the enrollee's required contribution.

[10] A cost-sharing reduction silver plan variation lowers the corresponding deductibles, copayments, coinsurances, and the out-of-pocket maximum of the standard silver plan.

[11] The AV percentage refers to the percentage of total average costs for covered services under a plan. 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 services. In the case of a plan with a 94% actuarial value, the enrollee would be responsible for 6% 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 during the plan year, depending on their actual health care needs and the terms of their insurance policy.

[12] QHPs that cover non-EHBs will have a non-$0 premium after APTC since APTC can only be used to pay the portion of premiums attributable to coverage of EHBs. In some states, all QHPs cover non-EHBs and have a non-$0 premium after APTC.

[13] 450% of the FPL for a single person is equal to $65,610 in PY24 for the 48 contiguous states and the District of Columbia, using the appropriate 2023 Poverty Guidelines.

increased between PY22 and PY24.[14] While the ARP introduced a requirement that households with incomes greater than 400% of the FPL contribute up to 8.5% of their household income toward benchmark plan premiums, 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 household incomes. As a result, the ARP and IRA's impact on average premiums after APTC is more modest for 40-year-olds with a household income at 450% of the FPL, when compared to 40-year-olds with a household income at 150% of the FPL.

Figure 3: Average Bronze, Silver, and Gold Lowest Cost Plan Premiums After the Application of APTC for 40-Year-Old Enrollees with a Household Income of 450% of the FPL and Lowest Cost Plan Premiums After the Application of APTC for 40-Year-Old Enrollees with a Household Income of 150% of the FPL

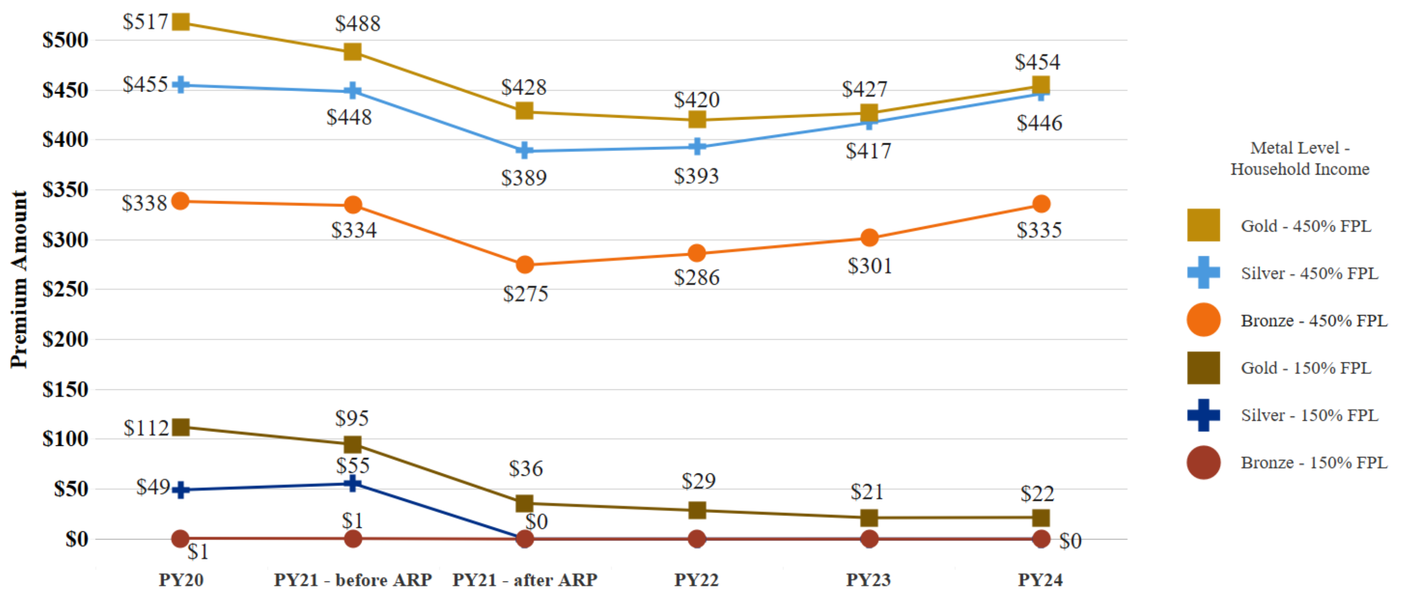


Figure 4 shows a comparison of two sample families of four – one with a household income of 325% of the FPL and the other with a household income of 450% of the FPL – who are enrolled in the lowest cost plan. As shown, the after-APTC/net plan premium for a family of four with a household income of 325% of the FPL was, on average, $285 per month in PY21 pre-ARP. In PY24, that family's after-APTC premium is $152 per month. A family of four with a household income of 450% of the FPL did not receive premium subsidies prior to the passage of the ARP and paid, on average, $1,064 per month in PY21. In PY24, the family's average after-APTC lowest cost plan premium is $565 per month, as they may have become eligible for premium subsidies.

[14] 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 bronze, gold, and platinum 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 4: Lowest Cost Plan Premiums for a Family of Four with a Household Income of 325% of the FPL, and a Household Income of 450% of the FPL

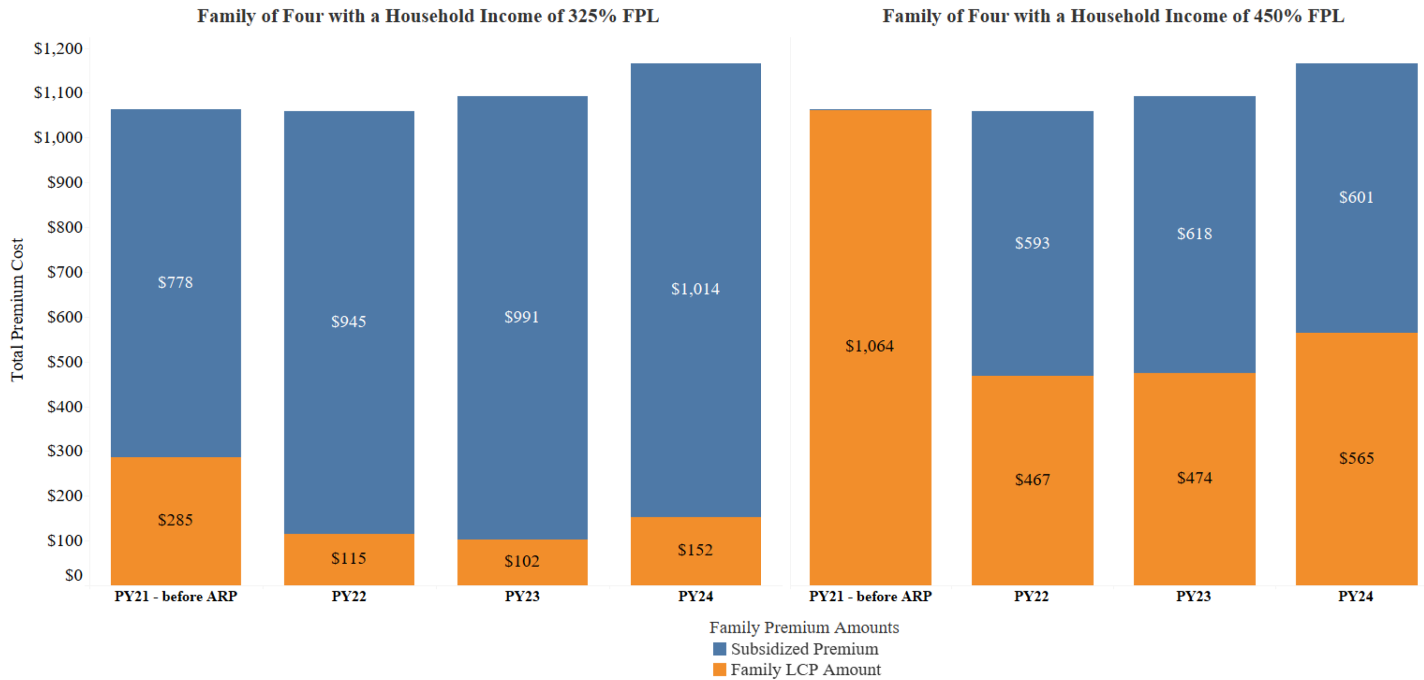
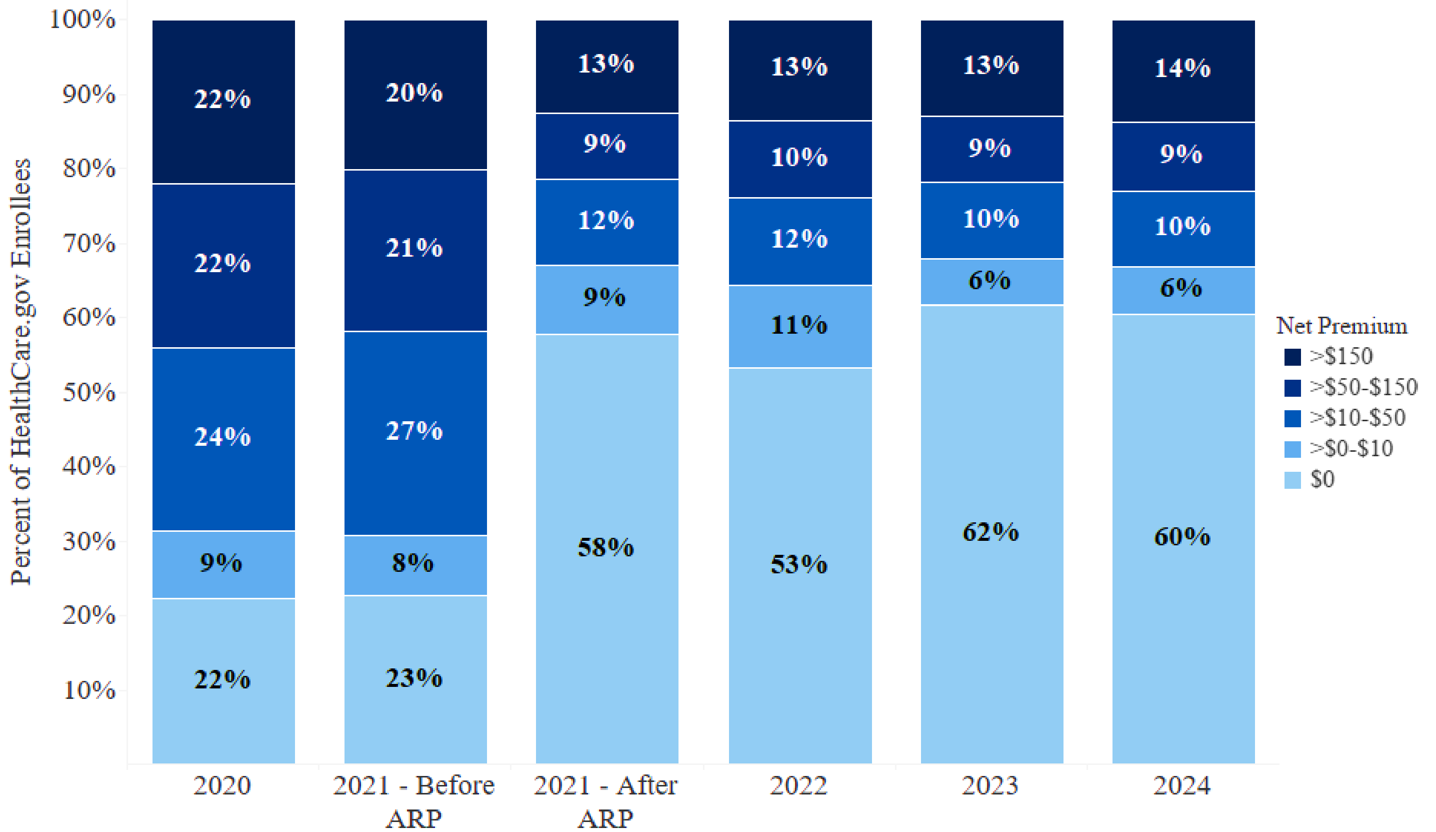


Figure 5 shows similar patterns for actual HealthCare.gov enrollees when incorporating their household income and family compositions. Using data on enrollees who made plan selections during PY23 Open Enrollment and considering only the LCPs in the enrollees' chosen metal level, it is estimated that 60% of enrollees can select a $0 after-APTC premium PY24 QHP and 76% can select a less-than-$50 after-APTC premium PY24 QHP. This represents a slight decrease from the 62% of enrollees who could select a $0 after-APTC premium PY23 QHP and the 78% who could select a less-than $50 after-APTC premium PY23 QHP. These are significant improvements from PY20 through PY21 before the ARP, when less than a quarter of enrollees could enroll in a $0 after-APTC premium QHP and less than 60% of enrollees could select a QHP 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

PY24 median deductible trends for QHPs in HealthCare.gov states varied by metal level, with the silver plan and 73% AV silver plan variation increasing, and the 87% AV silver plan variation, 94% AV silver plan variation, and bronze plan decreasing.

Figure 6 shows that the 73% AV silver plan variation median deductible stayed relatively constant from PY20 through PY22 but increased substantially in PY23 to $4,435 and to $4,878 in PY24, a 10% increase from PY23. The 87% AV variation[15] median deductible decreased from $760 in PY23 to $692 in PY24. The 94% AV silver plan variation[16] median deductible decreased from $19 in PY23 to $13 in PY24.[17] In PY23, 16% of HealthCare.gov enrollees who selected a plan during Open Enrollment were eligible for the 87% AV silver plan variation, and 46% were eligible for the 94% AV silver plan variation. The PY24 bronze plan median deductible decreased from $7,486 in PY23 to $7,239 in PY24, a decrease of 3% from PY23 and an increase of 6% from PY20. The PY24 silver plan median deductible increased from $5,440 in PY23 to $5,726 in PY24, an increase of 5% from PY23 and 19% from PY20. The PY24 gold plan median deductible decreased from $1,699 in PY23 to $1,478 in PY24, which is a decrease of 13% from PY23 and a 0% change from PY20. In PY23, roughly 33% of enrollees selected a bronze plan, 4% selected a non-CSR silver plan variation, 11% selected a

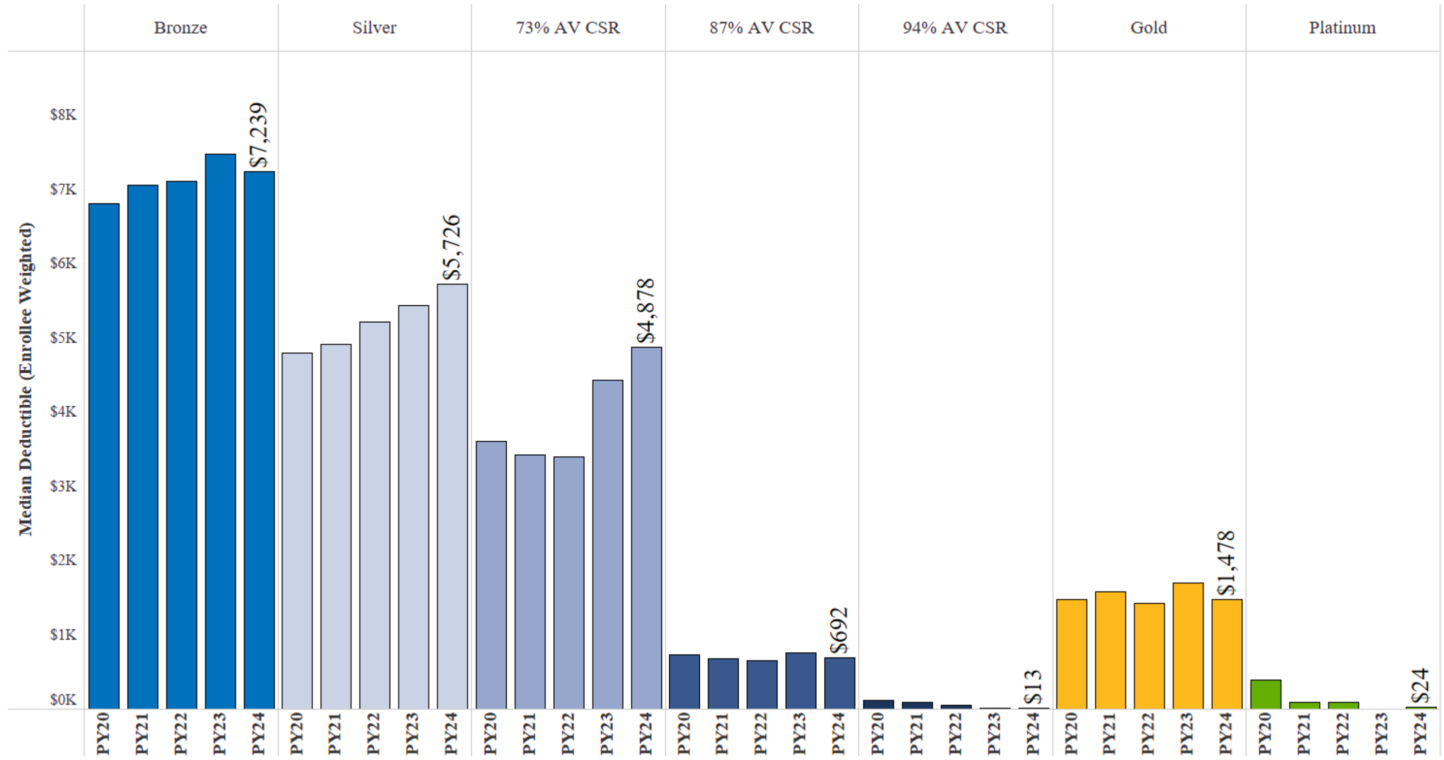
[15] The 87% AV silver plan variation is available to APTC-eligible enrollees with a household income greater than 150% of the FPL and less than or equal to 200% of the FPL.

[16] The 94% AV silver plan variation is available to APTC-eligible enrollees with a household income less than or equal to 150% of the FPL.

[17] 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.

gold plan, 3% selected a 73% AV silver plan variation, 11% selected an 87% AV silver plan variation, and 37% selected a 94% AV silver plan variation.

Figure 6: Enrollee Weighted Median QHP Deductibles by Metal Level

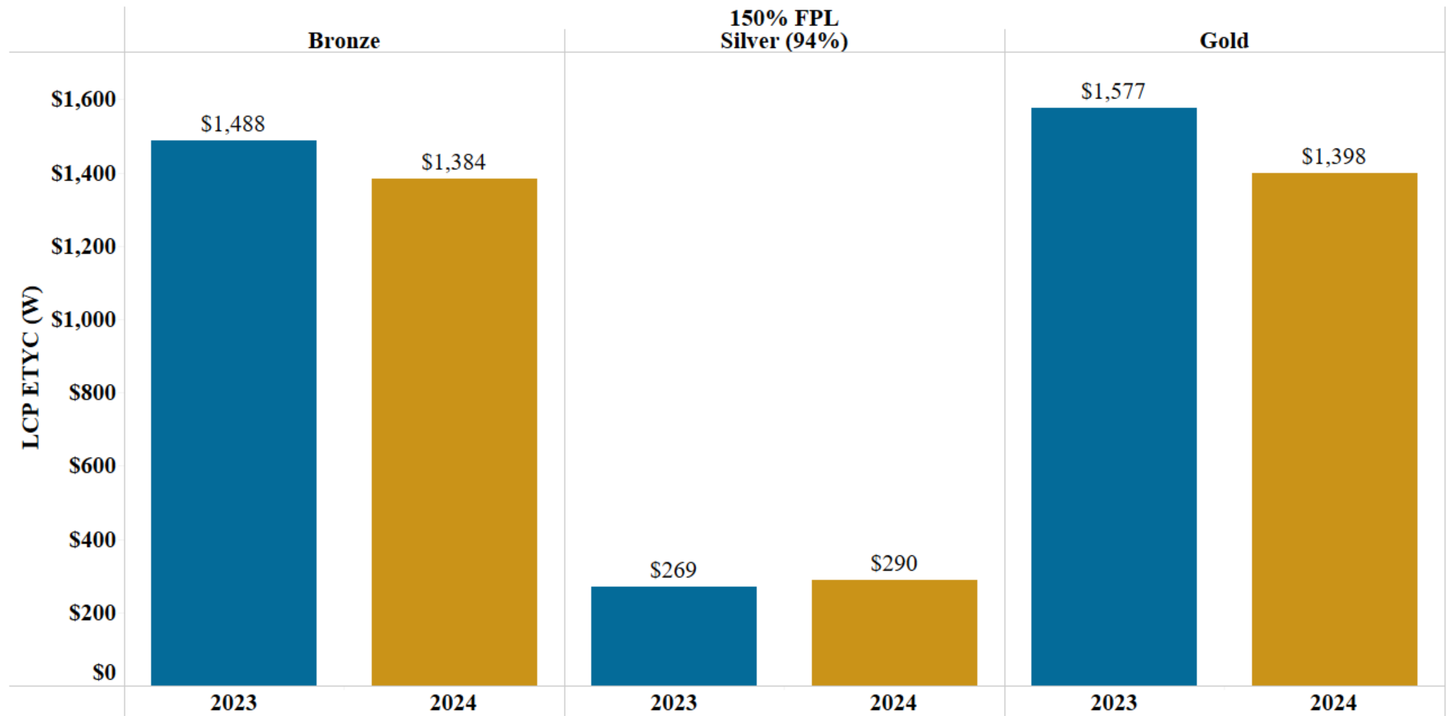


The substantial changes in deductibles for some metal levels from PY22 to PY24, after more modest changes from PY20 to PY22, are partially attributable to the introduction and growth of standardized plan options on HealthCare.gov in PY23 and PY24. Standardized plan options within the same metal level have the same maximum out-of-pocket limitations, deductibles, and cost-sharing parameters. Deductibles for standardized plan options in PY24 are set at $7,500 for bronze (no change from PY23), $5,900 for silver (an increase from $5,800 in PY23), and $1,500 for gold (a decrease from $2,000 in PY23), which are all higher than their non-standardized plan options median metal level deductible counterparts of $6,822, $5,196, and $1,127, 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 past versions of this report have used the change in median deductible values over time as the principal tool to illustrate cost sharing, deductibles may not be the most accurate indicator of plan cost sharing level for all enrollees. 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 do not meet their deductible during a given plan year. In order to account for plan benefit value received both before and after the deductible, the calculation known as Out-of-Pocket Cost (OOPC) can be used to estimate the incurred cost-sharing expenses for a given enrollee scenario based on age and sex. Additionally, by adding OOPC to the average premium paid for a given enrollee scenario determines the Estimated Total Yearly Cost (ETYC). ETYC is a useful figure because it sums all expenses that an enrollee will pay in a given year for health care – after-APTC premiums, copays, coinsurance, and all other medical and pharmacy spending.

Figure 7 shows that between PY23 and PY24, the ETYC for bronze and gold QHPs decreased by 7% and 11%, respectively, for 40-year-old enrollees with household incomes of 150% of the FPL whose medical and prescription drug utilization was characterized as “medium” and who selected the lowest ETYC plan available in their county and metal level[18]. The ETYC for enrollees with silver 94% AV silver plan variations increased by 8%. By contrast, 40-year-old enrollees with household incomes of 450% of the FPL level who selected the lowest ETYC plan available in their county and metal level saw ETYC increases ranging from 2% to 9% depending on their metal level and utilization over the same period.

Figure 7: Estimated Total Yearly Cost Assuming the Lowest ETYC plan is selected at each Metal Level, 40-year-old medium utilizers at 150% FPL[19]



[18] See page 6 of the methodology document for additional information on ETYC and utilization mapping.

[19] Figure 7 represents a cost-conscious enrollee who will select the lowest ETYC plan. This figure has been added to the report as a result of a change to the on-load sort on HealthCare.gov, which is transitioning from sorting QHPs based on lowest after-APTC premium to sort QHPs based on the lowest ETYC assuming medium utilization of medical and pharmacy benefits by an enrollee.