



# ASPE

## ISSUE BRIEF

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### HEALTH INSURANCE MARKETPLACES 2016 OPEN ENROLLMENT PERIOD: FINAL ENROLLMENT REPORT

For the period: November 1, 2015 – February 1, 2016 <sup>1</sup>

March 11, 2016

During the third open enrollment period, the Health Insurance Marketplaces (“the Marketplaces”) continued to play an important role in fulfilling one of the Affordable Care Act’s central goals: reducing the number of uninsured Americans by providing affordable, high-quality health insurance.

This report provides data summarizing enrollment-related activity in the individual market Marketplaces during the 2016 Open Enrollment Period (2016 OEP) for all 50 states and the District of Columbia (based on data for the period 11-1-15 to 2-1-16). The report indicates that about 12.7 million individuals selected or were automatically reenrolled in Marketplace plans during the 2016 OEP (see Table 1). This does not include data relating to individuals who have been enrolled in a Basic Health Plan.<sup>2</sup> The report also includes detailed state-level data on the characteristics of these individuals — including separate breakouts on new consumers and those who are reenrolling in coverage (including consumers who actively reenrolled, and consumers who were automatically reenrolled into Marketplace coverage).<sup>3,4,5,6</sup> The report includes data on

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<sup>1</sup> For purposes of this Enrollment Report, an effort was made to align the reporting periods for the HealthCare.gov states and SBMs using their own Marketplace platforms with the reporting periods for the data that were included in the Week 13 CMS Marketplace Enrollment Snapshot (which can be accessed at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>). Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

<sup>2</sup> Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total Marketplace plan selections for these states.

<sup>3</sup> The data in this report reflect the total number of plan selections cumulatively from the beginning of Open Enrollment to the end of the reporting period, net of any cancellations from a consumer or cancellations from an insurer during that time. Because of further automation in communication with issuers, the number of net plan selections reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment (the number of people who have paid monthly premiums to the insurer) after the end of Open Enrollment.

<sup>4</sup> This report does not include data on effectuated enrollment. The Centers for Medicare & Medicaid Services (CMS) will be publishing data on effectuated enrollment for the 2016 coverage year separately. The most recent CMS quarterly snapshot on effectuated enrollment in the Marketplaces is available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-03-11.html>.

completed applications, eligibility determinations, website visitors, and call center activity; and data on the overall distribution of plan selections through the Marketplaces by gender, age, metal level, and financial assistance status (i.e., whether the consumer has been determined eligible for advance premium tax credits (APTC) and/or cost-sharing reductions). These data are available for the 38 states that are using the HealthCare.gov eligibility and enrollment platform (HealthCare.gov states) as well as for the 13 State-Based Marketplaces (SBMs) that are using their own Marketplace enrollment platforms for the 2016 coverage year.<sup>7</sup>

Additionally, for the 38 states that are using the HealthCare.gov eligibility and enrollment platform, the report includes: data on the distribution of plan selections by self-reported race/ethnicity, rural location, and household income; data on the number of reenrollees who actively reenrolled and/or changed plans, including average premium savings; and statistics that measure the impact of the advance premium tax credit and plan switching on net premium costs for these states.

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<sup>5</sup> The 38 HealthCare.gov states include 37 states that used the HealthCare.gov eligibility and enrollment platform in 2015 and Hawaii, which is new to the HealthCare.gov eligibility and enrollment platform in 2016. For more information about data on plan selections through the Marketplaces for the 2015 coverage year, please see the Health Insurance Marketplaces 2015 Open Enrollment Period March Enrollment Report, which is available at <https://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report>.

<sup>6</sup> These data are consistent with the CMS Week 13 Health Insurance Marketplace Open Enrollment Snapshot, available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>.

<sup>7</sup> For the SBMs that are using their own Marketplace platforms, data availability for certain metrics varies by State. See the Addendum for a summary of the metrics that are available for each state. The Addendum of this report also includes some Basic Health Program enrollment data for New York. Under the Affordable Care Act, states have the option of using the Basic Health Program to provide affordable health coverage for low-income residents who would generally otherwise be eligible to purchase coverage through the Health Insurance Marketplace.

### Key Highlights

For all the Marketplaces:

- About 12.7 million individuals selected, or were automatically reenrolled into, a 2016 Marketplace plan (including 4.9 million new consumers and 7.8 million that reenrolled) as of 2-1-16.<sup>8</sup>
- More than 3.5 million individuals who selected, or were automatically reenrolled in, a 2016 Marketplace plan are ages 18 - 34 (28 percent of total plan selections).
- Almost 10.5 million individuals who selected, or were automatically reenrolled in a 2016 Marketplace plan qualify for the advance premium tax credit (tax credit or APTC) to make coverage more affordable.

For the 38 states using the HealthCare.gov eligibility and enrollment platform:

- More than 8 in 10 individuals (more than 8.1 million, or 85 percent) who selected or were automatically enrolled in a 2016 Marketplace plan qualify for an advance premium tax credit<sup>9</sup> with an average value of \$290 per person per month.<sup>10</sup>
- The average advance premium tax credit covers about 73 percent of the gross premium for individuals who qualify for an average advance premium tax credit.
- The average net premium after advance premium tax credit is \$106 per month<sup>11</sup> among individuals with 2016 plan selections through the Marketplaces in the HealthCare.gov states who qualify for an advance premium tax credit.
- Nearly 7 in 10 of the consumers who selected, or were automatically enrolled into, a plan in the HealthCare.gov states had the option of selecting a 2016 Marketplace plan with a net premium of \$75 or less per month after the advance premium tax credit.
- HealthCare.gov users are actively shopping and saving money. More than 3.9 million people (or 70 percent) who reenrolled actively selected a plan. Of those actively reenrolling, 61 percent switched to a different plan than they had in 2015.
- More consumers switched issuers than metal level. Specifically, 64 percent of the 5.6 million switchers changed issuers during the 2016 OEP (with or without changing their metal level), while only 31 percent of switchers changed metal level (with or without changing their issuer).

<sup>8</sup> This figure includes all individuals associated with these Marketplace plan selections, including subscribers and dependents.

<sup>9</sup> This represents the number of Marketplace plan selections by individuals eligible to receive an APTC. For purposes of this analysis, an individual qualifying for an advance premium tax credit was defined as any individual with an APTC amount >\$0.

<sup>10</sup> Averages in this brief refer to plan-selection-weighted averages across individuals with plan selections with advance premium tax credits in the 37 states using the HealthCare.gov eligibility and enrollment platform (prior to the addition of Hawaii in 2016). For more information, see the ASPE Issue Brief "Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits Through January 30 in 37 States Using the HealthCare.gov Platform," which is available at [http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib\\_APTC.pdf](http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf).

<sup>11</sup> This represents the difference between the \$396 average monthly premium before advance premium tax credit and the \$290 average monthly advance premium tax credit.

- Consumers who switched plans within the same metal level during the 2016 OEP saved \$40 per month, or nearly \$480 annually, relative to what they would have paid if they had remained in the same plan (or the crosswalked plan) as in 2015. Those who switched issuers as well as plans within the same metal level were able to save \$45 per month, or nearly \$540 annually.

**National plan selection data show that as of 2-1-16, about 12.7 million<sup>12</sup> Americans selected or were automatically reenrolled<sup>13</sup> into a 2016 Marketplace plan, specifically:**

- More than 9.6 million individuals selected or were automatically reenrolled in 2016 plans through the Marketplaces in the 38 states that are using the HealthCare.gov eligibility and enrollment platform (see Table 1).
- About 3.1 million individuals selected or were automatically reenrolled into 2016 plans through the Marketplaces in the 13 states (including DC) that are using their own Marketplace platforms.

**Table 1**

Plan Selections	Reporting Period: 11-1-15 to 2-2-16 (1)	
	Number	% of Total
Total 2016 Plan Selections in the Marketplaces	12,681,874	100%
2016 Plan Selections in the Marketplaces in the 38 States Using the HealthCare.gov Eligibility and Enrollment Platform	9,625,982	76%
2016 Plan Selections in the Marketplaces in the 13 State-Based Marketplaces Using Their Own Marketplace Platforms	3,055,892	24%

Note: (1) Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period. See Addendum for additional technical notes.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

<sup>12</sup> It is important to note that these data generally represent the number of individuals who have selected, or been automatically reenrolled into a 2016 plan through the Marketplaces, with or without payment of premium. This is also known as pre-effectuated enrollment because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Data on effectuated enrollment are not yet available.

<sup>13</sup> It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP).

***The Number of Marketplace Plan Selections in the HealthCare.gov States Has Been Higher, and Consumers Have Selected or Been Automatically Reenrolled into Marketplace Plans Earlier During the 2016 OEP Than in the 2015 OEP***

- The total number of consumers who selected or were automatically reenrolled into a Marketplace plan in the HealthCare.gov states during the 2016 OEP is 9 percent higher relative to the 2015 OEP (9.6 million vs. 8.8 million).<sup>14</sup>
  - The number of Marketplace plan selections in the HealthCare.gov states was generally higher during each week of the 2016 OEP, versus comparable weeks during the 2015 OEP (see Figure 1).<sup>15</sup>
- The proportion of consumers selecting or being automatically reenrolled into Marketplace plans during the early weeks of the OEP has continued to increase, and the proportion selecting a plan during the last few weeks of the OEP continued to decrease (see Table 2).
  - The proportion of consumers who selected or were automatically reenrolled in a Marketplace plan during the early part of the OEP was higher during the 2016 OEP (86 percent) when compared to the 2015 OEP (73 percent)<sup>16</sup> (see Figure 2).

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<sup>14</sup> It is important to note that because of further automation in communication with issuers, the number of net plan selections reported for the 2016 OEP account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of issuer-initiated cancellations being accounted for during the 2016 OEP than during the 2015 OEP. Last year, these cancellations were reflected only in reports on effectuated enrollment (the number of people who have paid monthly premiums to the insurer) after the end of Open Enrollment.

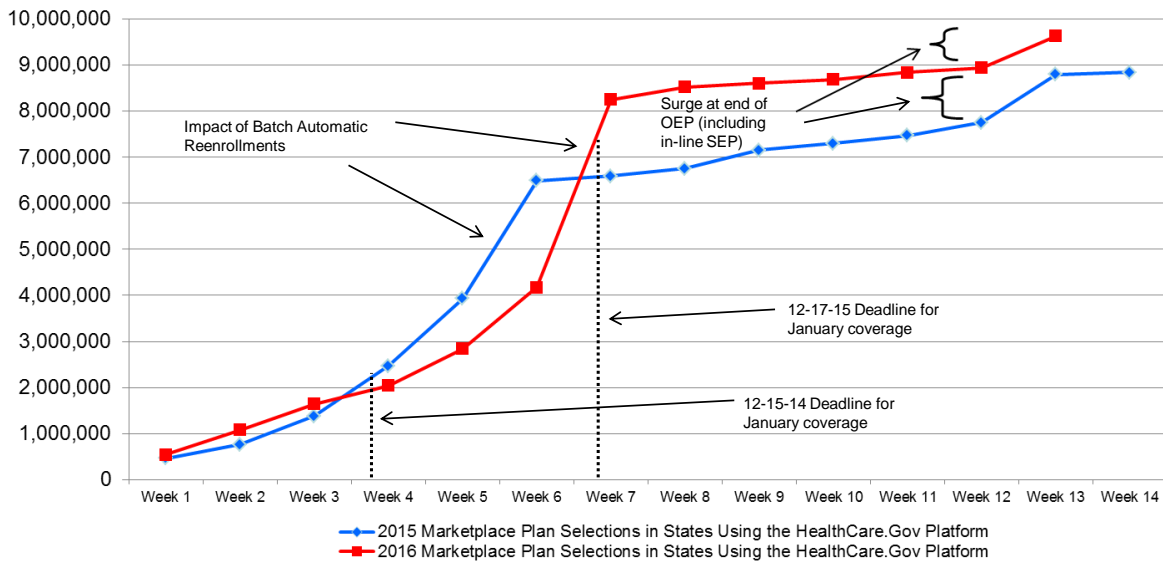
<sup>15</sup> This comparison is based on the weekly data that were reported in the 2015 and 2016 CMS Health Insurance Marketplace Open Enrollment Snapshots.

<sup>16</sup> For each coverage year, this analysis is based on publicly-reported data from the ASPE Marketplace Enrollment Report and/or CMS Enrollment Snapshot that included the deadline for January coverage during the applicable coverage year, and includes data for the following reporting periods: 2014 OEP (10-1-13 to 12-28-13), 2015 OEP (11-15-14 to 12-26-14), 2016 OEP (11-1-15 to 12-19-15).

**Figure 1**

### Trends in the Cumulative Number of Individuals Who Selected a Marketplace Plan in States Using the HealthCare.gov Platform, 2015 and 2016 Open Enrollment Periods (OEPs)

During the 2016 OEP, the number of Marketplace plan selections in the HealthCare.gov states has been higher, and consumers selected plans earlier when compared with the 2015 OEP



Notes: Represents cumulative sums of weekly data on the number of unique individuals who have been determined eligible to enroll in a plan through the states using the HealthCare.gov platform, and have actively selected a plan (with or without the first premium payment having been received by the issuer), based on data published in the Weekly Enrollment Snapshots. Number of states using the HealthCare.gov platform: 37 states during the 2015 coverage year, and 38 states during the 2016 coverage year.

Source: Centers for Medicare & Medicaid Services, 2015 and 2016 Health Insurance Marketplace Weekly Enrollment Snapshots

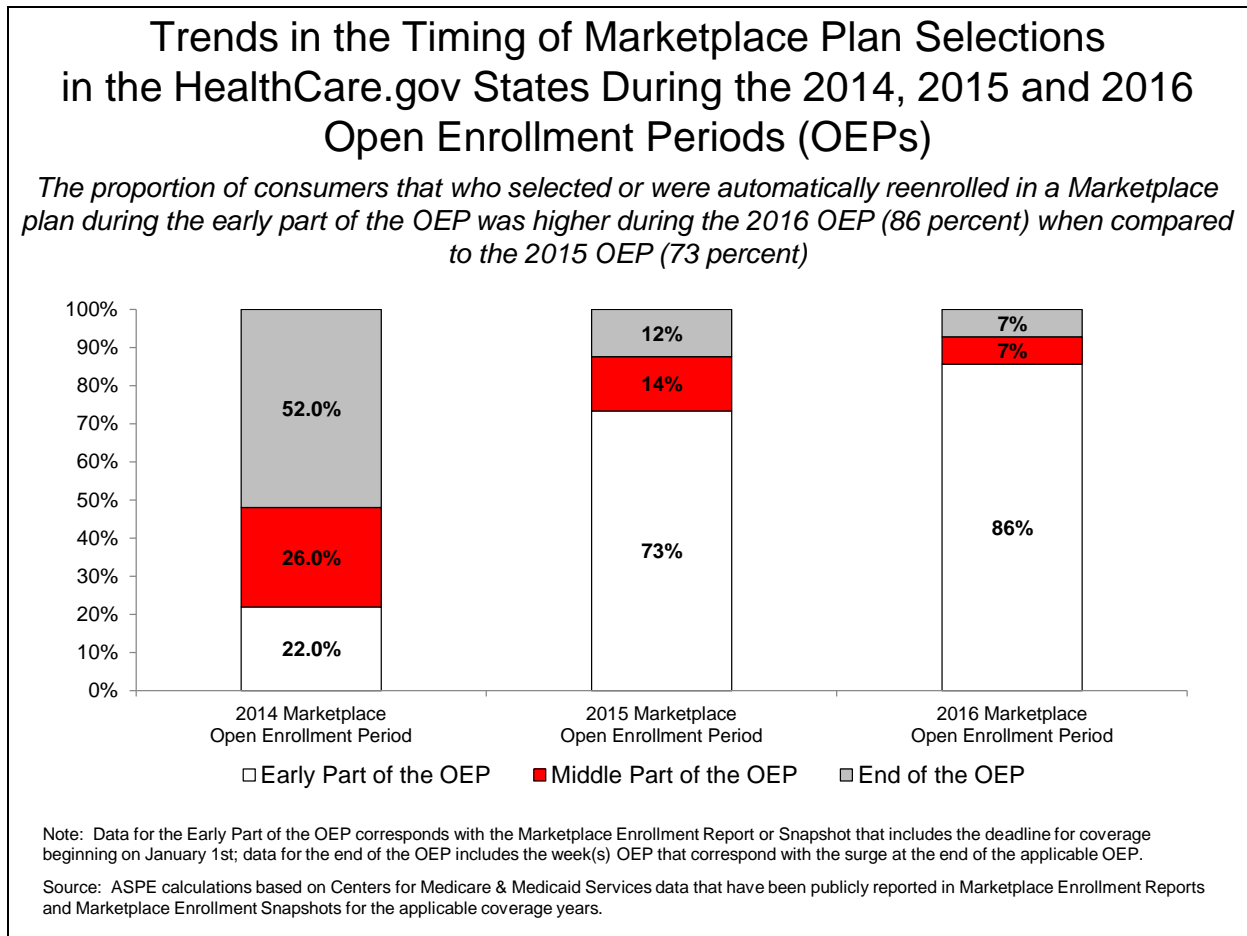
**Table 2**

Comparison of the Timing of Marketplace Plan Selections in the States Using the HealthCare.gov Eligibility and Enrollment Platform During the 2014, 2015 and 2016 Open Enrollment Periods	2014 Open Enrollment Period (36 States)		2015 Open Enrollment Period (37 States)		2016 Open Enrollment Period (38 States)	
	Number	% of Total	Number	% of Total	Number	% of Total
Plan Selections at the Beginning of the Open Enrollment Period (1)	1,196,430	22%	6,490,492	73%	8,250,276	86%
Plan Selections in the Middle of the Open Enrollment Period (2)	1,424,656	26%	1,258,883	14%	688,998	7%
Plan Selections At the End of the Open Enrollment Period (3)	2,825,092	52%	1,088,916	12%	686,708	7%
<b>Total Plan Selections in the HealthCare.gov States During the Open Enrollment Period</b>	<b>5,446,178</b>	<b>100%</b>	<b>8,838,291</b>	<b>100%</b>	<b>9,625,982</b>	<b>100%</b>

Notes: (1) Plan Selections at the Beginning of the Open Enrollment Period generally corresponds with publicly-reported data from the ASPE Enrollment Report and/or CMS Enrollment Snapshot that includes the deadline for January coverage during the applicable coverage year, and includes data for the following dates: 2014 OEP (10-1-13 to 12-28-13), 2015 OEP (11-15-14 to 12-26-14), 2016 OEP (11-1-15 to 12-19-15). (2) Plan Selections in the Middle of the Open Enrollment Period includes data for the following dates: 2014 OEP (12-29-13 to 3-1-14), 2015 OEP (12-27-14 to 2-6-15), 2016 OEP (12-20-15 to 1-23-16). (3) Plan Selections at the End of the Open Enrollment Period includes data for the following dates: 2014 OEP (3-2-14 to 3-31-14 including SEP Activity through 4-19-14), 2015 OEP (2-7-15 to 2-15-15 including SEP Activity through 2-22-15), 2016 OEP (1-24-16 to 2-1-16).

Source: ASPE calculations based on Centers for Medicare & Medicaid Services data that have been publicly reported in Marketplace Enrollment Reports and Marketplace Enrollment Snapshots for the applicable coverage years

**Figure 2**





***More Than Half of those Who Reenrolled in the Marketplaces Actively Selected a Plan***

- Within the Marketplaces as a whole for the 2016 OEP:
  - Nearly 4.9 million new consumers (39 percent of the 12.7 million total) and nearly 7.8 million (61 percent) who reenrolled (including 4.6 million who actively reenrolled, and 2.8 million automatically reenrolled)<sup>17</sup> had Marketplace plan selections as of 2-1-16) (see Table 3).<sup>18</sup>
  - More than half of those reenrolling actively reenrolled (59 percent, or 4.6 million out of 7.8 million), meaning that they returned to the Marketplaces and actively selected a 2016 Marketplace plan (see Table 3).
  
- Within the 38 states using the HealthCare.gov platform for eligibility and enrollment:
  - Over 4.0 million new consumers and over 5.6 million individuals who were actively or automatically reenrolled into coverage had 2016 Marketplace plan selections in the HealthCare.gov states as of 2-1-16) (see Table 3).
  - Nearly 2.4 million active reenrollees (61 percent of the 3.9 million who actively reenrolled) switched plans between the 2015 and 2016 coverage years (see Table 3). The remaining 1.5 million people that actively reenrolled (39 percent) remained in the same Marketplace plan (including those who remained in a crosswalked plan).

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<sup>17</sup> The number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data. For more details on reenrollment in the Marketplaces, see the Addendum.

<sup>18</sup> Additionally, approximately 3 percent of the 12.7 million plan selections had an unknown reenrollment type because 3 SBMs (MA, MN and NY) were unable to validate the number of active reenrollees vs. automatic reenrollees as of 2-1-16.

Table 3

2016 Marketplace Plan Selections By Enrollment Type and Switching Status (Reporting Period: 11-1-15 to 2-1-16) (1)	Cumulative (Reporting Period: 11-1-15 to 2-1-16)			
	Number	Plan Selection Data by Enrollment Type as a % of:		
		Total Plan Selections	All Consumers Reenrolling in Coverage	Active Reenrollees
<b>Marketplace Total</b>				
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	12,681,874	100%	N/A	N/A
New Consumers (2)	4,887,026	39%	N/A	N/A
Consumers Reenrolling in 2016 Coverage through the Marketplaces (3)	7,794,848	61%	100%	N/A
Active Reenrollees	4,575,241	36%	59%	100%
Automatic Reenrollees	2,787,218	22%	36%	N/A
Unknown Reenrollment Type	432,389	3%	6%	N/A
<b>States Using the HealthCare.Gov Eligibility and Enrollment Platform</b>				
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	9,625,982	100%	N/A	N/A
New Consumers (2)	4,025,637	42%	N/A	N/A
Consumers Reenrolling in 2016 Coverage through the Marketplaces	5,600,345	58%	100%	N/A
Active Reenrollees	3,918,452	41%	70%	100%
<i>Active Reenrollees Who Remained in the Same (or the Crosswalked) Marketplace Plan</i>	1,529,184	16%	27%	39%
<i>Active Reenrollees Who Switched Marketplace Plans</i>	2,389,268	25%	43%	61%
Automatic Reenrollees	1,681,893	17%	30%	N/A
Unknown Reenrollment Type	0	0%	0%	N/A
<b>SBMs Using Their Own Marketplace Platforms</b>				
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	3,055,892	100%	N/A	N/A
New Consumers (2)	861,389	28%	N/A	N/A
Consumers Reenrolling in 2016 Coverage through the Marketplaces (3)	2,194,503	72%	100%	N/A
Active Reenrollees	656,789	21%	30%	100%
Automatic Reenrollees	1,105,325	36%	50%	N/A
Unknown Reenrollment Type	432,389	14%	20%	N/A

Note: (1) Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period. See Addendum for additional technical notes. (2) The number of New Consumers includes most of the 2016 plan selections for HI, which began using the HealthCare.gov platform for the 2016 coverage year. (3) For SBMs using their own Marketplace platforms, the number of active reenrollees and automatic reenrollees does not add to the total number of reenrollees due to some SBM plan selections with missing data. (4) Three SBMs (MA, MN and NY) were unable to validate the number of active reenrollees vs. automatic reenrollees as of 2-1-16.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

### ***Demographic Characteristics of Individuals Selecting Marketplace Plans***

Table 4 summarizes the demographic characteristics of individuals selecting plans through the Marketplaces as a whole during the 2016 OEP. (Note that the totals and percentages reported in Table 4 reflect only those plan selections for which data are available on the relevant characteristic. The share of plan selections with unknown data has decreased between the 2015 OEP and the 2016 OEP, so care should be taken when comparing data for the 2015 and 2016 Open Enrollment periods).

- Approximately 36 percent of the individuals who selected, or were automatically reenrolled in, a 2016 Marketplace plan are younger than 35 (4.6 million out of 12.7 million).
- Approximately 28 percent of the individuals who selected, or were automatically reenrolled in, a 2016 Marketplace plan are ages 18 to 34 (3.5 million out of 12.7 million).

**Table 4**

Selected Characteristics of Plan Selections through the Marketplaces in All States (1)	2015 Open Enrollment Period (2)	2016 Open Enrollment Period 11-1-15 to 2-1-16(3)
	Total Plan Selections	Total Plan Selections
Total Number of Individuals Who Have Selected a 2016 Plan Through the Marketplaces	11.69 million	12.68 million
<i>Males who have selected a Marketplace plan</i>	5.40 million	5.88 million
	46%	46%
<i>Females who have selected a Marketplace plan</i>	6.28 million	6.80 million
	54%	54%
<i>0 to 34 year olds who have selected a Marketplace plan</i>	3.53 million	4.59 million
	36%	36%
<i>18 to 34 year olds who have selected a Marketplace plan</i>	2.74 million	3.53 million
	28%	28%
<i>Individuals who have selected a Silver Marketplace plan</i>	7.80 million	8.52 million
	67%	68%
<i>Individuals who have selected a Marketplace plan with Financial Assistance</i>	9.94 million	10.49 million
	86%	83%

Note: (1) For each metric, the counts and percentages represent the percent of plan selections with known data for that category.

(2) Data for the 2015 Open Enrollment Period are for the following reporting period: 11-15-14 to 2-15-15 (including SEP activity through 2-22-15).

(3) Data for the 2016 Open Enrollment Period are for the following reporting period: 11-1-15 to 2-1-16.

Source: ASPE computation of CMS data as of 3-8-16.

Table 5 summarizes the demographic characteristics of consumers selecting plans through the Marketplaces in the 38 states using the HealthCare.gov eligibility and enrollment platform during the 2016 OEP, both in total and by reenrollment status. As noted in the 2014 summary enrollment report,<sup>19</sup> the data on race and ethnicity should be interpreted with great caution since more than one-third of enrollees do not self-report these data. It is also important to note that the proportion of 2016 plan selections with unknown data on self-reported race/ethnicity was slightly higher than in prior years (37 percent vs. 36 percent for the comparable period during the 2015 OEP).

<sup>19</sup> For more information about data on Marketplace plan selections for the 2014 coverage year, please see the Marketplace Summary Enrollment Report, which is available at [http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib\\_2014Apr\\_enrollment.pdf](http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf).

Table 5

Selected Characteristics of Plan Selections through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform (1)	2015 Open Enrollment Period (2)	2016 Open Enrollment Period 11-1-15 to 2-1-16 (3)			
	Total Plan Selections	Total Plan Selections	By Reenrollment Status		
			New Consumers (%)	Active Reenrollees (%)	Automatic Reenrollees (%)
Total Number of Individuals Who Have Selected a 2016 Plan Through the Marketplaces in the HealthCare.gov States	8.84 million	<u>9.63 million</u>	<u>4.03 million</u>	<u>3.92 million</u>	<u>1.68 million</u>
<i>Males who have selected a Marketplace plan</i>	4.04 million	<u>4.41 million</u>	<u>1.90 million</u>	<u>1.73 million</u>	<u>0.79 million</u>
	46%	46%	47%	44%	47%
<i>Females who have selected a Marketplace plan</i>	4.80 million	<u>5.21 million</u>	<u>2.13 million</u>	<u>2.19 million</u>	<u>0.90 million</u>
	54%	54%	53%	56%	53%
<i>0 to 34 year olds who have selected a Marketplace plan</i>	3.20 million	<u>3.56 million</u>	<u>1.72 million</u>	<u>1.22 million</u>	<u>0.62 million</u>
	36%	37%	43%	31%	37%
<i>18 to 34 year olds who have selected a Marketplace plan</i>	2.48 million	<u>2.68 million</u>	<u>1.33 million</u>	<u>0.87 million</u>	<u>0.47 million</u>
	28%	28%	33%	22%	28%
<i>Individuals who have selected a Silver Marketplace plan</i>	6.09 million	<u>6.82 million</u>	<u>2.77 million</u>	<u>2.89 million</u>	<u>1.16 million</u>
	69%	71%	69%	74%	69%
<i>Individuals who have selected a Marketplace plan with Financial Assistance</i>	7.69 million	<u>8.18 million</u>	<u>3.36 million</u>	<u>3.52 million</u>	<u>1.30 million</u>
	87%	85%	84%	90%	77%
<i>African-Americans who have selected a Marketplace plan (4)</i>	0.79 million	<u>0.71 million</u>	<u>0.34 million</u>	<u>0.24 million</u>	<u>0.13 million</u>
	14%	12%	16%	8%	12%
<i>Latinos who have selected a Marketplace plan (4)</i>	0.61 million	<u>0.92 million</u>	<u>0.37 million</u>	<u>0.40 million</u>	<u>0.14 million</u>
	11%	15%	17%	14%	14%
<i>Whites who have selected a Marketplace plan (4)</i>	3.65 million	<u>3.81 million</u>	<u>1.27 million</u>	<u>1.88 million</u>	<u>0.67 million</u>
	62%	63%	57%	66%	65%
<i>Individuals in ZIP Codes designated as rural who have selected a Marketplace plan</i>	1.54 million	<u>1.71 million</u>	<u>0.66 million</u>	<u>0.71 million</u>	<u>0.33 million</u>
	17%	18%	17%	18%	20%

Note: (1) For each metric, the percentages represent the percent of plan selections with known data for that category.

(2) Data for the 2015 Open Enrollment Period are for the following reporting period: 11-15-14 to 2-15-15 (including SEP activity through 2-22-15). During the 2015 Marketplace coverage year, there were a total of 37 states using the HealthCare.gov platform, including 35 states that are states that used the HealthCare.gov platform in both 2014 and 2015, and two states which are new to the HealthCare.gov platform in 2015 (Oregon and Nevada).

(3) Data for the 2016 Open Enrollment Period are for the following reporting period: 11-1-15 to 2-1-16. During the 2016 Marketplace coverage year, there were a total of 38 states using the HealthCare.gov platform, including 37 states that are states that used the HealthCare.gov platform in both 2014 and 2015, and one state which is new to the HealthCare.gov platform in 2016 (Hawaii).

(4) The percentages by race/ethnicity are based on the total number of plan selections with known self-reported data on race/ethnicity. CMS has updated the methodology for identifying Latinos applying for 2016 coverage by incorporating the selection of “Other” ethnicity as Latino. Specifically, all consumers who selected “Other ethnicity” on their application are now counted as Latino. Latino ethnicity is indicated when Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and/or Other is selected. This has led to an increase in the number of reported Latinos compared to previous years. Please see the Addendum for additional information.

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov Eligibility and Enrollment platform as of 3-8-16.

### ***Advance Premium Tax Credits: Consumers Enrolling through the Marketplaces in the HealthCare.gov States are Saving Hundreds of Dollars on their Monthly Premiums***<sup>20</sup>

Under the Affordable Care Act, advance premium tax credits (APTC) are available to reduce premium costs for eligible taxpayers.<sup>21</sup> In the 38 states using the HealthCare.gov eligibility and enrollment platform:

- More than 8.1 million (85 percent of 9.6 million) individuals that selected or were automatically reenrolled into a 2016 plan through the Marketplaces in the HealthCare.gov states qualify for an APTC<sup>22</sup> with an average value of \$290 per person per month (see Table 6 and Appendix Table B1 on page 39).
- The average APTC covers about 73 percent<sup>23</sup> of the gross premium for individuals who qualify for an APTC (see Table 6 and Appendix Table B1 on page 39).
- The average net premium after APTC is \$106 per month<sup>24</sup> among individuals with 2016 plan selections through the Marketplaces in the HealthCare.gov states who qualify for an APTC (see Table 6 and Appendix Table B1 on page 39).

**Table 6**

<b>Reduction in Average Monthly Premiums from Advance Premium Tax Credits (APTC) in States Using the HealthCare.gov Eligibility and Enrollment Platform</b> <i>11-1-15 to 2-1-16</i>						
<b>Description</b>	<b>Total Number of Individuals With 2016 Plan Selections Through the Marketplaces</b>	<b>Percent of Plan Selections with APTC</b>	<b>Average Monthly Premium before APTC</b>	<b>Average Monthly APTC</b>	<b>Average Monthly Premium After APTC</b>	<b>Average Percent Reduction in Premium after APTC</b>
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	9.63 million	85%	\$396	\$290	\$106	73%

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 3-8-16.

<sup>20</sup> For additional information about these premium-related metrics, please see “Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits through January 30 in 37 States Using the HealthCare.gov Platform,” ASPE Research Brief, U.S. Department of Health and Human Services, February 9, 2015. Available at: [http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib\\_APTC.pdf](http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf).

<sup>21</sup> The premium tax credit (“PTC”) is calculated as the difference between the cost of the adjusted monthly premium of the second-lowest cost silver plan with respect to the applicable taxpayer and the applicable contribution percentage that a person is statutorily required to pay determined by household income and family size. An individual may choose to have all or a portion of the PTC paid in advance (advance premium tax credit or “APTC”) to an issuer of a qualified health plan in order to reduce the cost of monthly insurance premiums. APTCs are generally available for eligible individuals with a projected household income between 100 percent (133 percent in states that have chosen to expand their Medicaid programs) and 400 percent of the Federal Poverty Level (FPL). For 2016, the percentage of household income that a qualified individual or family will pay toward a health insurance premium ranges from 2.03 percent of household income at 100 percent of the FPL to 9.66 percent of income at 400 percent of the FPL. For more information on the required contribution percentage, see <http://www.irs.gov/pub/irs-drop/rp-14-62.pdf>.

<sup>22</sup> For purposes of this analysis, an individual qualifying for an advance premium tax credit was defined as any policy with an APTC amount >\$0.

<sup>23</sup> This represents the \$106 average monthly premium after advance premium tax credit as a percentage of the \$396 average monthly premium before advance premium tax credit.

<sup>24</sup> This represents the difference between the \$396 average monthly premium before advance premium tax credit and the \$290 average monthly advance premium tax credit.

### *Availability of Marketplace Plans with Premiums of \$100, \$75, \$50 or Less in the HealthCare.gov States*

- More than 7 in 10 consumers seeking coverage through the Marketplaces could select a plan with a monthly premium of \$100 or less after applying the APTC. Through 1 2-1-16, more than 1 in 2 consumers (52 percent) selected or were automatically reenrolled into such a plan (see Table 7 and Appendix Table B2 on page 41).
- Nearly 7 in 10 consumers seeking coverage through the Marketplaces could select a plan with a monthly premium of \$75 or less after applying the APTC. Through 2-1-16, more than 4 in 10 consumers (42 percent) selected such a plan (see Table 7 and Appendix Table B3 on page 43).

**Table 7**

Availability and Selection of Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform <i>11-1-15 to 2-1-16</i>							
Description	Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Availability of Plans With Monthly Premiums of \$100 or Less			Selection of Plans With Monthly Premiums of \$100 or Less		
		<i>Percent Who Could Have Selected a Plan with a Monthly Premium of:</i>			<i>Percent Who Selected or Were Automatically Reenrolled into a Plan With a Monthly Premium of:</i>		
		\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC	\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC
<b><i>Total Marketplace Plan Selections</i></b>							
<b>Total Number of Individuals With 2016 Plan Selections</b>	9.63 million	61%	68%	74%	30%	42%	52%
<b>Individuals With 2016 Plan Selections With APTC</b>	8.15 million	72%	80%	86%	36%	49%	61%

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 3-8-16.



### ***Reenrolling Marketplace Consumers in the HealthCare.gov States Shop at a High Rate and Save on Premiums***

- New consumers were more likely to purchase a plan for \$100 or less after applying the APTC – 56 percent of new consumers selected coverage with a monthly premium of \$100 or less, compared to 51 percent for people actively reenrolled, and 42 percent for those who automatically reenrolled (see Table 8).
- Individuals that actively reenrolled and returned to the Marketplaces to shop for coverage were more likely to have a monthly premium of \$75 or less after applying the APTC than those who automatically reenrolled (41 percent vs. 33 percent, respectively).
- Savings from shopping: On average, those who actively reenrolled and changed plans selected plans for \$132 per month after applying the APTC, compared to \$174 per month if they had stayed in their 2015 plan (or the crosswalked plan), a savings of 24 percent or \$42 per month on average, after applying the APTC (see Table 9).

**Table 8**

2016 Plan Selections Through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform By Monthly Premium After Tax Credit	Cumulative 11-1-15 to 2-1-16			
	Total Individuals With 2016 Marketplace Plan Selections	By Reenrollment Status		
		New Consumers	Active Reenrollees	Automatic Reenrollees
Total 2016 Plan Selections Through the Marketplaces in HealthCare.gov States	9.63 million	4.03 million	3.92 million	1.68 million
<i>Plan Selections by Monthly Premium After the Advance Premium Tax Credit (APTC):</i>				
Less Than or Equal to \$100	52%	56%	51%	42%
≥\$0 and ≤ \$50	30%	35%	29%	22%
>\$50 and ≤ \$75	12%	11%	12%	11%
>\$75 and ≤ \$100	10%	9%	10%	9%
Greater Than \$100	48%	44%	49%	58%

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 3-8-16.

**Table 9**

<b>Reduction in Average Monthly Premiums from Advance Premium Tax Credits (APTC) For All Shoppers in States Using the HealthCare.gov Eligibility and Enrollment Platform</b> <i>11-1-15 to 2-1-16</i>			
<b>Description</b>	<b>Active Reenrollees with 2015 Plan Selections</b>		
	<b>Total</b>	<b>Consumers Who Switched Plans</b>	<b>Consumers Who Remained in Same or Crosswalked Plan</b>
<b>Total Consumer Plan Selections</b>	3.92 million	2.39 million	1.53 million
<b>Percent of Active Reenrollees</b>	100%	61%	39%
<b>Percent of Plan Selections with APTC</b>	89%	89%	91%
<b>Average Monthly Premium After APTC if Remained in Same or Crosswalked Plan from 2015</b>	\$159	\$174	\$142
<b>Average Monthly Premium After APTC After Shopping</b>	\$137	\$132	N/A
<b>Average Savings in Monthly Premium After APTC After Shopping</b>	N/A	\$42	N/A

Note: Average Savings in Monthly Premium After APTC was calculated for all consumers who switched plans, metal levels and/or issuers, including savings associated with consumers who decided to reduce their level of coverage.

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 3-8-16.

### ***Over One-Third of the Consumers Reenrolling in Marketplace Coverage in the HealthCare.gov States Switched Plans***

- Among the 5.6 million consumers who reenrolled in Marketplace plans in the HealthCare.gov states, 43 percent switched to a new plan during the 2016 OEP (see Table 10). The proportion of consumers reenrolling in coverage who switched plans continues to be higher than the levels of switching seen in other programs, such as for Medicare Part D enrollees, active employees with Federal Employee Health Benefit Plan coverage, and individuals with employer-sponsored coverage.
- Among consumers who switched plans, more consumers switched issuers than metal levels (see Table 10). Specifically, 47 percent of switchers changed only their issuer during the 2016 OEP, while 15 percent of switchers changed only their metal level during the 2016 OEP, and 16 percent of switchers changed both issuers and metal levels.
  - A total of 64 percent of switchers changed their issuer, with or without also changing their metal level.
  - A total of 31 percent of switchers changed their metal level with or without also changing their issuer.

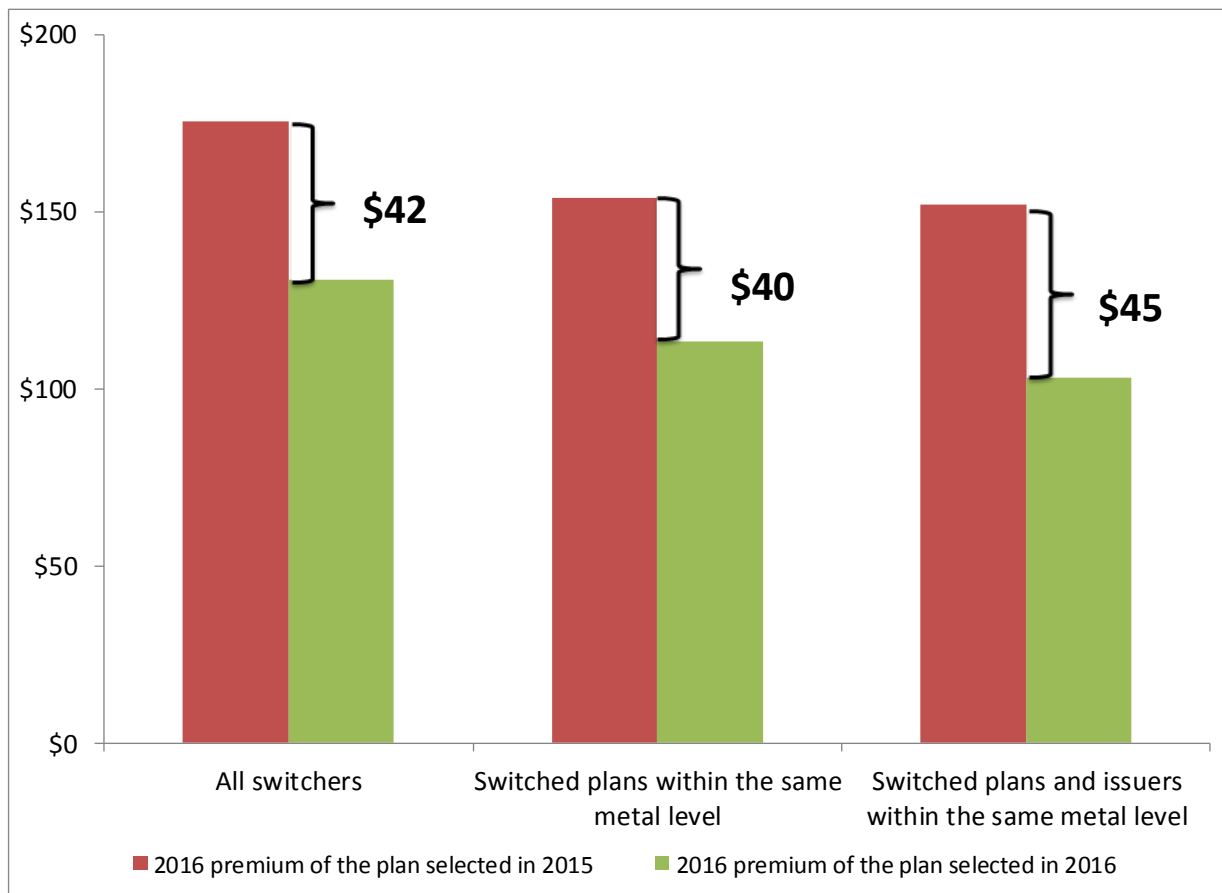
**Table 10**

<b>2016 Issuer and Metal Level Choices of Switchers</b>		
<b>Description</b>	<b>Percent of All Reenrollees <i>N = 5.6 million</i></b>	<b>Percent of All Switchers <i>N = 2.4 million</i></b>
<b>Total Reenrollees in the HealthCare.gov States</b>	100%	N/A
<b>Switchers</b>	43%	100%
<b>Active Reenrollees Who Changed Plans but Not Metal Level or Issuer</b>	9%	21%
<b>Active Reenrollees Who Changed Issuer but Not Metal Level</b>	20%	47%
<b>Active Reenrollees Who Changed Metal Level but Not Issuer</b>	6%	15%
<b>Active Reenrollees Who Changed Metal Level and Issuer</b>	7%	16%
<i>Active Reenrollees Who Changed Metal Level (with or without changing issuer) (non-add)</i>	13%	31%
<i>Active Reenrollees Who Changed Issuer (with or without changing metal level) (non-add)</i>	27%	64%
<i>Active Reenrollees Who Switched Without Having a Valid 2015 Crosswalk Plan (non-add)</i>	0%	0%
<b>Non-Switchers</b>	57%	N/A
<b>Active Reenrollees Who Remained in The Same (or the Crosswalked) Marketplace Plan</b>	27%	N/A
<b>Automatic Reenrollees</b>	30%	N/A

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov eligibility and enrollment platform in 2015 and 2016 as of 3-8-16.

- Consumers who switched plans within the same metal level during the 2016 OEP saved \$40 per month, or nearly \$480 annually, relative to what they would have paid if they had remained in the same plan (or the crosswalked plan) as in 2015. Meanwhile, those who switched issuers as well as plans within the same metal level were able to save \$45 per month, or nearly \$540 annually (see Figure 3 and Appendix Table B5 on page 47).

**Figure 3: Monthly Premium Savings for Switchers**



Note: Savings are calculated as the difference between the 2016 premium of the 2016 selected plan and the 2015 selected plan. Numbers are rounded to the nearest dollar.

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov eligibility and enrollment platform in 2015 and 2016 as of 3-8-16.

## SECTION II. METHODOLOGICAL OVERVIEW

The data reported here have been obtained from the information systems of the Centers for Medicare & Medicaid Services (CMS), based on information collected for 38 states using the HealthCare.gov eligibility and enrollment platform. We also obtained more limited data reported to CMS by the 13 states (including DC) that are using their own Marketplace platforms. Data for the Small Business Health Options Program (SHOP) Marketplaces are not included in this report.

This report includes data that are currently available on enrollment-related activity for the 2016 Open Enrollment period – which generally corresponds with data from 11-1-15 to 2-1-16 for the 38 states using the HealthCare.gov eligibility and enrollment platform and for states that are using their own Marketplace platforms for the 2016 coverage year.

**Table 11**

Marketplace Type	Reporting Period (1)
States Using the HealthCare.gov Marketplace Eligibility and Enrollment Platform (38 states)	11-1-15 to 2-1-16
State Based Marketplaces (SBMs) Using Their Own Marketplace Platform (13 states)	
9 States: California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, Washington	11-1-15 to 1-31-16
4 States: Colorado, Connecticut, Massachusetts, Minnesota	11-1-15 to 2-1-16

Note: (1) For purposes of the Final Enrollment Report, an effort was made to align the reporting periods for the HealthCare.gov states and SBMs using their own Marketplace platforms with the reporting periods for the data that were included in the Week 13 CMS Marketplace Enrollment Snapshot (which can be accessed at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>).

Data for certain metrics are not available for several of the states that are using their own Marketplace platforms.

It is important to note that some of the 13 states that are using their own Marketplace platforms are not reporting data separately for consumers who are actively reenrolling in coverage and consumers who have been automatically reenrolled into coverage through the Marketplaces. Please refer to the Addendum for additional technical notes.

This report also includes available data on the characteristics of individuals who have selected a plan through the Marketplaces for the 38 states that are using the HealthCare.gov eligibility and enrollment platform for 2016, and the 13 states that are using their own Marketplace platforms. In some cases, the data for certain characteristics of Marketplace plan selections are not yet available in selected states.

The information contained in this issue brief provides the most systematic summary of enrollment-related activity in the Marketplaces for the 2016 Open Enrollment period because the data for the various metrics are counted using comparable definitions for data elements across states and Marketplace types.

**SECTION III: APPENDICES**

<b>Appendix A:</b>	<b>Characteristics of Marketplace Plan Selections</b>	
	<ul style="list-style-type: none"> <li>A1 – Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status – Total for all State Marketplaces</li> </ul>	Page 24
	<ul style="list-style-type: none"> <li>A2 - Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Eligibility and Enrollment Platform</li> </ul>	Page 27
	<ul style="list-style-type: none"> <li>A3 - Marketplace Plan Selections by Gender and Age; Gender and Metal Level; Financial Assistance Status and Metal Level; and Metal Level and Age in States Using the HealthCare.gov Platform</li> </ul>	Page 31
	<ul style="list-style-type: none"> <li>A4 - Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in States Using their Own Marketplace Platform</li> </ul>	Page 35
	<ul style="list-style-type: none"> <li>A5 - Selected Enrollment-Related Information, 11-1-15 to 2-1-16</li> </ul>	Page 38
<b>Appendix B:</b>	<b>State-Level Marketplace Premium and Switching Tables – HealthCare.gov States</b>	
	<ul style="list-style-type: none"> <li>B1 – Reduction in Average Monthly Premiums from Advance Premium Tax Credits in States Using the HealthCare.gov Platform, By State</li> </ul>	Page 39
	<ul style="list-style-type: none"> <li>B2 – Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) for the Total Number of Individuals with 2015 Marketplace Plan Selections in States Using the HealthCare.gov Platform</li> </ul>	Page 41
	<ul style="list-style-type: none"> <li>B3 - Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For Individuals With 2016 Marketplace Plan Selections With APTC in States Using the HealthCare.gov Platform</li> </ul>	Page 43
	<ul style="list-style-type: none"> <li>B4 – 2016 Plan Choice of Reenrollees By State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years</li> </ul>	Page 45
	<ul style="list-style-type: none"> <li>B5 – Premium Savings From Switching Marketplace Plans Within Metal Levels By State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years</li> </ul>	Page 47
<b>Appendix C:</b>	<b>State-Level Marketplace Plan Selection Tables – HealthCare.gov States</b>	
	<ul style="list-style-type: none"> <li>C1 – Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>C2 – Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>C3 - Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>C4 - Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>C5 - Total Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>C6 - Total Marketplace Plan Selections by Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum

	<ul style="list-style-type: none"> <li>• C7 - Total Marketplace Plan Selections by Gender in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• C8 - Total Marketplace Plan Selections by Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• C9 - Total Marketplace Plan Selections by Race/Ethnicity in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• C10 - Total Marketplace Plan Selections by Rural Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• C11 - Total Marketplace Plan Selections by Household Income in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• C12 - Total Marketplace Plan Selections by Gender and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• C13 - Total Marketplace Plan Selections by Gender and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• C14 - Total Marketplace Plan Selections by Financial Assistance Status and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• C15 - Total Marketplace Plan Selections by Metal Level and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State</li> </ul>	Addendum
<b>Appendix D:</b>	<b>State-Level Marketplace Plan Selection Tables – States Using Their Own Marketplace Platforms</b>	
	<ul style="list-style-type: none"> <li>• D1 – Marketplace Plan Selection by Enrollment Type in States Using Their Own Marketplace Platforms, By State, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D2 - Total Completed Applications and Individuals Who Completed Applications in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D3 - Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D4 - Total Marketplace Plan Selections by Financial Assistance Status in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D5 - Total Marketplace Plan Selections by Age in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D6 - Total Marketplace Plan Selections by Gender in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D7 - Total Marketplace Plan Selections by Metal Level in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
<b>Appendix E:</b>	<b>Technical Notes</b>	Addendum

## APPENDIX TABLE A1

<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance, All State Marketplaces 11-1-15 to 2-1-16 (1)</b>		
<b>Characteristics</b>	<b>Marketplaces Total</b> <i>(States Using the HealthCare.gov Eligibility and Enrollment Platform and States Using Their Own Marketplace Platforms)</i>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
<b>Total Who Have Selected a Marketplace Plan</b>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	12,681,874	100%
<b>By Enrollment Status</b>		
New Consumers	4,887,026	39%
Total Reenrollees (4)	7,794,848	61%
<i>Active Reenrollees</i>	4,575,241	36%
<i>Automatic Reenrollees</i>	2,787,218	22%
<i>Unknown Reenrollment Type</i>	432,389	3%
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	12,681,874	100%
Unknown Enrollment Status	0	N/A
<b>By Gender</b>		
Female	6,802,327	54%
Male	5,878,278	46%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	12,680,605	100%
Unknown Gender	1,269	N/A
<b>By Age</b>		
Age < 18	1,068,631	8%
Age 18-25	1,370,048	11%
Age 26-34	2,155,493	17%
Age 35-44	2,043,932	16%
Age 45-54	2,682,762	21%



<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance, All State Marketplaces</b> <i>11-1-15 to 2-1-16 (1)</i>		
<b>Characteristics</b>	<b>Marketplaces Total</b> <i>(States Using the HealthCare.gov Eligibility and Enrollment Platform and States Using Their Own Marketplace Platforms)</i>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
Age 55-64	3,262,215	26%
Age ≥65	97,603	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	12,680,684	100%
Unknown Age	1,190	N/A
Ages 18 to 34	3,525,541	28%
Ages 0 to 34	4,594,172	36%
<b>By Metal Level</b>		
Bronze	2,873,422	23%
Silver	8,520,787	68%
Gold	797,501	6%
Platinum	192,244	2%
Catastrophic	138,400	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (5)</b>	12,522,354	100%
Stand-alone Dental	1,710,112	N/A
Unknown Metal Level	159,520	N/A
<b>By Financial Assistance Status</b>		
With Financial Assistance	10,510,141	83%
Without Financial Assistance	2,088,385	17%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	12,598,526	100%
Unknown Financial Assistance Status	83,516	N/A
APTC	10,474,116	83%

Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected or been automatically reenrolled into a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections for all but two states (Minnesota and DC). These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) The number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data.

(5) The subtotals for each metal tier type do not sum to the total number partially due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes, but primarily due to Massachusetts counting 158,512 individuals enrolled in its Connector Care Program as unknowns. Connector Care plans are closest to Silver plans, but their actuarial value is higher than that of a Silver Plan. Data for stand-alone dental plan selections are shown in this section, but are not included in any of the other metrics in this report.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

## APPENDIX TABLE A2

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number 11-1-15 to 2-1-16</b> <b>(2)</b>	<b>% of Available Data, Excluding Unknown</b> <b>(3)</b>
<b>Total Who Have Selected a Marketplace Plan</b>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	9,625,982	100%
<b>By Enrollment Status</b>		
New Consumers	4,025,637	42%
Total Reenrollees	5,600,345	58%
<i>Active Reenrollees</i>	3,918,452	41%
<i>Automatic Reenrollees</i>	1,681,893	17%
<i>Unknown Reenrollment Type</i>	0	0%
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	9,625,982	100%
Unknown Enrollment Status	0	N/A
<b>By Gender</b>		
Female	5,213,706	54%
Male	4,412,276	46%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	9,625,982	100%
Unknown Gender	0	N/A
<b>By Age</b>		
Age < 18	884,172	9%
Age 18-25	1,067,477	11%
Age 26-34	1,608,390	17%
Age 35-44	1,555,651	16%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year (38 States)</b>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
Age 45-54	2,010,657	21%
Age 55-64	2,431,625	25%
Age ≥65	67,957	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	9,625,929	100%
Unknown Age	53	N/A
Ages 18 to 34	2,675,867	28%
Ages 0 to 34	3,560,039	37%
<b>By Metal Level</b>		
Bronze	2,060,447	21%
Silver	6,823,481	71%
Gold	571,327	6%
Platinum	71,701	1%
Catastrophic	99,026	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (4)</b>	9,625,982	100%
Stand-alone Dental	1,425,474	N/A
Unknown Metal Level	0	N/A
<b>By Financial Assistance Status</b>		
With Financial Assistance	8,183,059	85%
Without Financial Assistance	1,442,923	15%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	9,625,982	100%
Unknown Financial Assistance Status	0	N/A
APTC	8,147,034	85%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
<b>By Self-Reported Race/Ethnicity (3)</b>		
American Indian / Alaska Native	29,211	0%
Asian	530,180	9%
Native Hawaiian / Pacific Islander	7,089	0%
African-American	705,156	12%
Latino	916,970	15%
White	3,811,149	63%
Multiracial	82,984	1%
<b>Subtotal: Plan Selections With Available Data on Self-Reported Race/Ethnicity</b>	6,082,739	100%
Unknown Race/Ethnicity	3,543,243	N/A
<b>By Rural Status</b>		
In ZIP Codes Designated as Rural	1,710,082	18%
In ZIP Codes Designated as Urban	7,915,900	82%
<b>Subtotal: Plan Selections With Available Data on Rural Status</b>	9,625,982	100%
Unknown Rural Status	0	N/A
<b>By Household Income</b>		
<100% of FPL	259,768	3%
≥100% - ≤150% of FPL	3,413,650	38%
>150% - ≤200% of FPL	2,181,903	25%
>200% - ≤250% of FPL	1,324,281	15%
>250% - ≤300% of FPL	758,584	9%
>300%- ≤400% of FPL	736,322	8%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number 11-1-15 to 2-1-16</b> <b>(2)</b>	<b>% of Available Data, Excluding Unknown</b> <b>(3)</b>
> 400% of FPL	211,322	2%
<b>Subtotal: Plan Selections With Available Data on Household Income</b>	8,885,830	100%
Unknown Household Income	740,152	N/A

## Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected or been automatically reenrolled into a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) The percentages by race/ethnicity are based on the total number of plan selections with known self-reported data on race/ethnicity. CMS has updated the methodology for identifying Latinos applying for 2016 coverage by incorporating the selection of “Other” ethnicity as Latino. Specifically, all consumers who selected “Other ethnicity” on their application are now counted as Latino. Latino ethnicity is indicated when Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and/or Other is selected. This has led to an increase in the number of reported Latinos compared to previous years. Please see the Addendum for additional information.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) The subtotals for each metal tier type do not sum to the total number due to a small number of individuals (0.1%) who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for stand-alone dental plan selections are shown separately in this section, but are not included in any of the other metrics in this table.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE A3

Marketplace Plan Selections by Gender and Age; Gender and Metal Level; Financial Assistance Status and Metal Level; and Metal Level and Age in States Using the HealthCare.gov Platform (1) 11-1-15 to 2-1-16									
Description	HealthCare.gov States Total			Females – HealthCare.gov States			Males – HealthCare.gov States		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>									
Number of Individuals Who Have Selected a Marketplace Plan	9,625,982	n/a	n/a	5,213,706	n/a	n/a	4,412,276	n/a	n/a
<b>By Gender and Age</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Age Group Total (5)</b>
Age < 18	884,172	9%	100%	431,428	8%	49%	452,744	10%	51%
Age 18-25	1,067,477	11%	100%	569,274	11%	53%	498,203	11%	47%
Age 26-34	1,608,390	17%	100%	853,825	16%	53%	754,565	17%	47%
Age 35-44	1,555,651	16%	100%	834,664	16%	54%	720,987	16%	46%
Age 45-54	2,010,657	21%	100%	1,103,334	21%	55%	907,323	21%	45%
Age 55-64	2,431,625	25%	100%	1,383,421	27%	57%	1,048,204	24%	43%
Age ≥65	67,957	1%	100%	37,734	1%	56%	30,223	1%	44%
<b>Subtotal: Plan Selections With Available Data on Age</b>	9,625,929	100%	100%	5,213,680	100%	54%	4,412,249	100%	46%
Unknown Age	53	n/a	n/a	26	n/a	n/a	27	n/a	n/a
Ages 18 to 34	2,675,867	28%	100%	1,423,099	27%	53%	1,252,768	28%	47%
Ages 0 to 34	3,560,039	37%	100%	1,854,527	36%	52%	1,705,512	39%	48%
<b>By Gender and Metal Level</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Metal Level Total (5)</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Metal Level Total (5)</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Metal Level Total (5)</b>
Bronze	2,060,447	21%	100%	1,041,305	20%	51%	1,019,142	23%	49%
Silver	6,823,481	71%	100%	3,790,844	73%	56%	3,032,637	69%	44%
Gold	571,327	6%	100%	298,024	6%	52%	273,303	6%	48%
Platinum	71,701	1%	100%	36,642	1%	51%	35,059	1%	49%
Catastrophic	99,026	1%	100%	46,891	1%	47%	52,135	1%	53%
<b>Subtotal: Plan Selections With Available Data on Metal Level</b>	9,625,982	100%	100%	5,213,706	100%	54%	4,412,276	100%	46%
Stand-alone Dental	1,425,474	n/a	n/a	775,553	n/a	n/a	649,921	n/a	n/a
Unknown Metal Level	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Description	HealthCare.gov States Total			With Financial Assistance - HealthCare.gov States			Without Financial Assistance - HealthCare.gov States		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>									
Number of Individuals Who Have Selected a Marketplace Plan	9,625,982	n/a	n/a	8,161,583	n/a	n/a	1,442,923	n/a	n/a
<b>By Financial Assistance Status and Metal Level (6)</b>	<b>Number</b>	<b>% of Financial Assistance Status Total (4)</b>	<b>% of Metal Level Total (5)</b>	<b>Number</b>	<b>% of Financial Assistance Status Total (4)</b>	<b>% of Metal Level Total (5)</b>	<b>Number</b>	<b>% of Financial Assistance Status Total (4)</b>	<b>% of Metal Level Total (5)</b>
Bronze	2,060,447	21%	100%	1,583,564	19%	77%	476,883	33%	23%
Silver	6,823,481	71%	100%	6,260,651	77%	92%	562,830	39%	8%
Gold	571,327	6%	100%	303,697	4%	53%	267,630	19%	47%
Platinum	71,701	1%	100%	35,147	0%	49%	36,554	3%	51%
Catastrophic	99,026	1%	100%	0	0%	0%	99,026	7%	100%
<b>Subtotal: Plan Selections With Available Data on Metal Level</b>	9,625,982	100%	100%	8,161,583	100%	85%	1,442,923	100%	15%
Stand-alone Dental	1,425,474	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Unknown Metal Level	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a

Description	HealthCare.gov States Total			Bronze Plan Selections			Silver Plan Selections		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>									
Number of Individuals Who Have Selected a Marketplace Plan	9,625,982	n/a	n/a	2,060,447	n/a	n/a	6,823,481	n/a	n/a
<b>By Metal Level and Age (6)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>
Age < 18	884,172	9%	100%	200,016	10%	23%	561,556	8%	64%
Age 18-25	1,067,477	11%	100%	208,711	10%	20%	775,885	11%	73%
Age 26-34	1,608,390	17%	100%	344,882	17%	21%	1,103,807	16%	69%
Age 35-44	1,555,651	16%	100%	308,439	15%	20%	1,131,782	17%	73%
Age 45-54	2,010,657	21%	100%	423,909	21%	21%	1,464,290	21%	73%
Age 55-64	2,431,625	25%	100%	561,949	27%	23%	1,733,388	25%	71%
Age ≥65	67,957	1%	100%	12,528	1%	18%	52,734	1%	78%
<b>Subtotal: Plan Selections With Available Data on Age</b>	9,625,929	100%	100%	2,060,434	100%	21%	6,823,442	100%	71%
Unknown Age	53	n/a	n/a	13	n/a	n/a	39	n/a	n/a
Ages 18 to 34	2,675,867	28%	100%	553,593	27%	21%	1,879,692	28%	70%
Ages 0 to 34	3,560,039	37%	100%	753,609	37%	21%	2,441,248	36%	69%



Description	Gold Plan Selections			Platinum Plan Selections			Catastrophic Plan Selections		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>									
Number of Individuals Who Have Selected a Marketplace Plan	571,327	n/a	n/a	71,701	n/a	n/a	99,026	n/a	n/a
<b>By Metal Level and Age (6)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>
Age < 18	104,497	18%	12%	11,986	17%	1%	6,117	6%	1%
Age 18-25	45,321	8%	4%	6,061	8%	1%	31,499	32%	3%
Age 26-34	95,497	17%	6%	14,239	20%	1%	49,965	50%	3%
Age 35-44	95,844	17%	6%	14,175	20%	1%	5,411	5%	0%
Age 45-54	105,421	18%	5%	13,233	18%	1%	3,804	4%	0%
Age 55-64	122,479	21%	5%	11,633	16%	0%	2,176	2%	0%
Age ≥65	2,267	0%	3%	374	1%	1%	54	0%	0%
<b>Subtotal: Plan Selections With Available Data on Age</b>	571,326	100%	6%	71,701	100%	1%	99,026	100%	1%
Unknown Age	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a
Ages 18 to34	140,818	25%	5%	20,300	28%	1%	81,464	82%	3%
Ages 0 to 34	245,315	43%	7%	32,286	45%	1%	87,581	88%	2%

Description	Stand-alone Dental Plan Selections		
	Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>			
Number of Individuals Who Have Selected a Marketplace Plan	1,425,474	n/a	n/a
<b>Number Who Have Selected a Stand-alone Dental Plan By Metal Level and Age</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>
Age < 18	115,304	8%	13%
Age 18-25	156,633	11%	15%
Age 26-34	321,245	23%	20%
Age 35-44	266,245	19%	17%
Age 45-54	275,523	19%	14%
Age 55-64	282,345	20%	12%
Age ≥65	8,166	1%	12%
<b>Subtotal: Plan Selections With Available Data on Age</b>	1,425,461	100%	15%
Unknown Age	13	n/a	n/a
Ages 18 to 34	477,878	34%	18%
Ages 0 to 34	593,182	42%	17%

## Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) Represents the vertical percentage for the data that are being shown based on a given set of metrics. For example, if the rows show Age Groups and the columns show Gender, then this percentage represents the data for a given Age Group / Gender combination as a percentage of the comparable Gender total for all Age Groups (e.g., Persons between the ages of 18 and 34 represent X percent of the all of the Female Marketplace Plan selections).

(5) Represents the horizontal percentage of the data that are being shown based on a given set of metrics. For example, if the rows show Age Groups and the columns show Gender, then this percentage represents the data for a given Age Group / Gender combination as a percentage of the comparable Age Group total for all Genders (e.g., Females represent X percent of the Marketplace Plan selections for persons between the ages of 18 and 34).

(6) The subtotals for each metal tier type do not sum to the total number due to a small number of individuals (0.1%) who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for stand-alone dental plan selections are shown separately in this section, but are not included in any of the other metrics in this table.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

## APPENDIX TABLE A4

<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total State-Based Marketplaces Using Their Own Marketplace Platforms for the 2016 Coverage Year</b> <i>(13 States)</i>	
	<b>Number 11-1-15 to 2-1-16</b> <b>(2)</b>	<b>% of Available Data, Excluding Unknown</b> <b>(3)</b>
<b>Total Who Have Selected a Marketplace Plan</b> <i>(13 States Reporting)</i>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	3,055,892	100%
<b>By Enrollment Status</b> <i>(13 States Reporting New vs. Reenrollee; 10 States Reporting Active vs. Automatic Reenrollees)</i>		
New Consumers	861,389	28%
Total Reenrollees (4)	2,194,503	72%
<i>Active Reenrollees</i>	656,789	21%
<i>Automatic Reenrollees</i>	1,105,325	36%
<i>Unknown Reenrollment Type</i>	432,389	14%
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	3,055,892	100%
Unknown Enrollment Status	519	N/A
<b>By Gender</b> <i>(13 States Reporting)</i>		
Female	1,588,621	52%
Male	1,466,002	48%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	3,054,623	100%
Unknown Gender	1,269	N/A
<b>By Age</b> <i>(13 States Reporting)</i>		
Age < 18	184,459	6%
Age 18-25	302,571	10%
Age 26-34	547,103	18%
Age 35-44	488,281	16%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total State-Based Marketplaces Using Their Own Marketplace Platforms for the 2016 Coverage Year (13 States)</b>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
Age 45-54	672,105	22%
Age 55-64	830,590	27%
Age ≥65	29,646	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	3,054,755	100%
Unknown Age	1,137	N/A
Ages 18 to 34	849,674	28%
Ages 0 to 34	1,034,133	34%
<b>By Metal Level (13 States Reporting)</b>		
Bronze	812,975	28%
Silver	1,697,306	59%
Gold	226,174	8%
Platinum	120,543	4%
Catastrophic	39,374	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (5)</b>	2,896,372	100%
Stand-alone Dental	284,638	N/A
Unknown Metal Level	159,520	N/A
<b>By Financial Assistance Status (12 States Reporting)</b>		
With Financial Assistance	2,327,082	78%
Without Financial Assistance	645,462	22%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	2,972,544	100%
Unknown Financial Assistance Status	83,516	N/A
APTC	2,327,082	78%

## Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected or been automatically reenrolled into a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections for all but two states (Minnesota and DC). These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) The number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data.

(5) The subtotals for each metal tier type do not sum to the total number partially due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes, but primarily due to Massachusetts counting 158,512 individuals enrolled in its Connector Care Program as unknowns. Connector Care plans are closest to Silver plans, but their actuarial value is higher than that of a Silver Plan. Data for stand-alone dental plan selections are shown in this section, but are not included in any of the other metrics in this report.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE A5

<b>Selected Enrollment-Related Information, 11-1-15 to 2-1-16 (1)</b>			
<b>Description</b>	<b>Marketplace Total, All States</b>	<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (38 States)</b>	<b>State-Based Marketplaces Using Their Own Marketplace Platforms (13 States)</b>
Visitors to the Marketplace Websites	43,827,138	31,128,448	12,698,690
Calls to the Marketplace Call Center	23,079,072	15,508,697	7,570,375
Number of Completed Applications	14,724,461	9,601,192	5,123,269
Number of Individuals Included in Completed Applications	23,235,614	13,036,519	10,199,095
Number of Individuals Determined Eligible to Enroll in a 2016 Plan Through the Marketplaces	16,164,261	11,639,701	4,524,560
Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	12,681,874	9,625,982	3,055,892

## Notes:

(1) Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period. See Addendum for additional technical notes.

(2) Within the HealthCare.gov states, visitors to the Marketplace Websites includes 29,422,294 unique visitors on HealthCare.gov and 1,706,154 unique visitors on CuidadoDeSalud.gov between 11-1-15 and 2-1-16.

(3) Total Calls to the Marketplace call centers includes 938,952 calls with Spanish-speaking representatives and 14,569,745 other calls between 11-1-15 and 2-1-16.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE B1

Reduction in Average Monthly Premiums from Advance Premium Tax Credits in States Using the HealthCare.gov Platform (1) 11-1-15 to 2-1-16						
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (2)	Percent of Plan Selections with APTC	Average Monthly Premium Before APTC	Average Monthly APTC	Average Monthly Premium After APTC	Average Percent Reduction in Premium After APTC
<b>States Using the HealthCare.gov Platform (4)</b>						
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)</b>						
Hawaii	14,564	81%	\$389	\$270	\$118	70%
Nevada	88,145	87%	\$372	\$265	\$107	71%
New Mexico	54,865	68%	\$332	\$205	\$127	62%
Oregon	147,109	71%	\$392	\$250	\$142	64%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>76%</b>	<b>\$371</b>	<b>\$248</b>	<b>\$124</b>	<b>67%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>						
Alabama	195,055	89%	\$410	\$308	\$102	75%
Alaska	23,029	86%	\$863	\$737	\$126	85%
Arizona	203,066	74%	\$324	\$204	\$120	63%
Arkansas	73,648	87%	\$409	\$286	\$122	70%
Delaware	28,256	82%	\$477	\$328	\$150	69%
Florida	1,742,819	91%	\$386	\$302	\$84	78%
Georgia	587,845	86%	\$385	\$287	\$98	75%
Illinois	388,179	75%	\$385	\$233	\$152	61%
Indiana	196,242	81%	\$415	\$259	\$156	63%
Iowa	55,089	85%	\$425	\$303	\$122	71%
Kansas	101,555	82%	\$352	\$246	\$106	70%
Louisiana	214,148	89%	\$448	\$362	\$86	81%
Maine	84,059	87%	\$428	\$325	\$103	76%
Michigan	345,813	83%	\$382	\$239	\$143	63%
Mississippi	108,672	90%	\$388	\$297	\$91	76%
Missouri	290,201	87%	\$407	\$313	\$94	77%
Montana	58,114	83%	\$421	\$306	\$115	73%
Nebraska	87,835	88%	\$400	\$295	\$105	74%
New Hampshire	55,183	66%	\$396	\$241	\$155	61%
New Jersey	288,573	80%	\$484	\$323	\$161	67%
North Carolina	613,487	89%	\$497	\$399	\$98	80%
North Dakota	21,604	85%	\$405	\$262	\$142	65%
Ohio	243,715	80%	\$405	\$240	\$164	59%
Oklahoma	145,329	84%	\$376	\$296	\$80	79%
Pennsylvania	439,238	76%	\$396	\$251	\$145	63%
South Carolina	231,849	89%	\$406	\$309	\$97	76%
South Dakota	25,999	88%	\$416	\$306	\$110	74%
Tennessee	268,867	85%	\$400	\$296	\$104	74%

<b>Reduction in Average Monthly Premiums from Advance Premium Tax Credits in States Using the HealthCare.gov Platform (1)</b> 11-1-15 to 2-1-16						
<b>Description</b>	<b>Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (2)</b>	<b>Percent of Plan Selections with APTC</b>	<b>Average Monthly Premium Before APTC</b>	<b>Average Monthly APTC</b>	<b>Average Monthly Premium After APTC</b>	<b>Average Percent Reduction in Premium After APTC</b>
Texas	1,306,208	84%	\$344	\$257	\$87	75%
Utah	175,637	86%	\$271	\$187	\$84	69%
Virginia	421,897	82%	\$366	\$273	\$93	75%
West Virginia	37,284	85%	\$542	\$387	\$155	71%
Wisconsin	239,034	84%	\$455	\$330	\$125	73%
Wyoming	23,770	90%	\$571	\$454	\$117	80%
<b>TOTAL – States Using the HealthCare.gov Platform</b>	<b>9,625,982</b>	<b>85%</b>	<b>\$396</b>	<b>\$290</b>	<b>\$106</b>	<b>73%</b>

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov platform as of 3-8-16.



APPENDIX TABLE B2

Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For the Total Number of Individuals With 2016 Marketplace Plan Selections in States Using the HealthCare.gov Platform (1)							
11-1-15 to 2-1-16							
Description	Total Number of Individuals With 2016 Marketplace Plan Selections (2)	Availability of Plans With Monthly Premiums of \$100 or Less			Selection of Plans With Monthly Premiums of \$100 or Less		
		Percent Who Could Have Selected a Plan with a Monthly Premium of:			Percent Who Selected a Plan With a Monthly Premium of:		
		\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC	\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC
<b>States Using the HealthCare.gov Platform (4)</b>							
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)</b>							
Hawaii	14,564	57%	63%	71%	30%	38%	46%
Nevada	88,145	58%	68%	74%	24%	40%	52%
New Mexico	54,865	39%	50%	59%	15%	25%	35%
Oregon	147,109	39%	47%	57%	13%	21%	31%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>45%</b>	<b>54%</b>	<b>63%</b>	<b>17%</b>	<b>28%</b>	<b>38%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>							
Alabama	195,055	65%	72%	76%	32%	45%	55%
Alaska	23,029	62%	67%	71%	33%	41%	48%
Arizona	203,066	51%	59%	70%	19%	32%	43%
Arkansas	73,648	52%	62%	70%	16%	30%	44%
Delaware	28,256	54%	61%	67%	14%	24%	35%
Florida	1,742,819	72%	78%	82%	45%	57%	66%
Georgia	587,845	65%	72%	76%	32%	45%	55%
Illinois	388,179	44%	53%	61%	12%	20%	29%
Indiana	196,242	46%	55%	62%	12%	21%	31%
Iowa	55,089	55%	63%	70%	21%	32%	43%
Kansas	101,555	54%	62%	68%	28%	40%	49%
Louisiana	214,148	77%	81%	83%	45%	54%	61%
Maine	84,059	55%	63%	69%	31%	43%	53%
Michigan	345,813	54%	63%	72%	15%	26%	37%
Mississippi	108,672	69%	76%	80%	34%	50%	62%
Missouri	290,201	66%	71%	76%	35%	47%	57%
Montana	58,114	53%	61%	67%	22%	34%	45%
Nebraska	87,835	60%	69%	75%	29%	42%	53%
New Hampshire	55,183	38%	45%	57%	10%	17%	25%
New Jersey	288,573	42%	50%	57%	13%	22%	32%
North Carolina	613,487	70%	76%	80%	37%	48%	57%
North Dakota	21,604	50%	60%	68%	16%	27%	38%
Ohio	243,715	42%	53%	61%	10%	19%	29%
Oklahoma	145,329	72%	76%	82%	41%	51%	60%
Pennsylvania	439,238	44%	53%	60%	13%	24%	34%
South Carolina	231,849	52%	62%	69%	36%	48%	58%

<b>Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For the Total Number of Individuals With 2016 Marketplace Plan Selections in States Using the HealthCare.gov Platform (1)</b>							
11-1-15 to 2-1-16							
South Dakota	25,999	58%	67%	74%	26%	38%	49%
Tennessee	268,867	67%	72%	77%	30%	41%	51%
Texas	1,306,208	66%	72%	78%	36%	48%	58%
Utah	175,637	62%	72%	80%	35%	49%	61%
Virginia	421,897	61%	68%	72%	34%	45%	55%
West Virginia	37,284	51%	59%	65%	13%	25%	35%
Wisconsin	239,034	56%	63%	69%	25%	35%	43%
Wyoming	23,770	51%	60%	68%	29%	39%	49%
<b>TOTAL – States Using the HealthCare.gov Platform</b>	<b>9,625,982</b>	<b>61%</b>	<b>68%</b>	<b>74%</b>	<b>30%</b>	<b>42%</b>	<b>52%</b>

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov platform as of 3-8-16.

APPENDIX TABLE B3

Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For Individuals With 2016 Marketplace Plan Selections With APTC in States Using the HealthCare.gov Platform (1) 11-1-15 to 2-1-16							
Description	Number of Individuals With 2016 Marketplace Plan Selections with APTC (2)	Data For Individuals Who Have 2016 Marketplace Plan Selections With APTC					
		Availability of Plans With Monthly Premiums of \$100 or Less			Selection of Plans With Monthly Premiums of \$100 or Less		
		Percent Who Could Have Selected a Plan with a Monthly Premium of:			Percent Who Selected a Plan With a Monthly Premium of:		
		\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC	\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC
States Using the HealthCare.gov Platform (4)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)							
Hawaii	11,852	71%	77%	83%	36%	46%	55%
Nevada	76,821	67%	78%	85%	28%	45%	60%
New Mexico	37,450	57%	69%	79%	22%	36%	49%
Oregon	104,728	55%	66%	75%	18%	30%	42%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>230,851</b>	<b>60%</b>	<b>71%</b>	<b>79%</b>	<b>23%</b>	<b>37%</b>	<b>50%</b>
Federally-Facilitated Marketplace (FFM) States							
Alabama	173,078	74%	81%	86%	36%	50%	62%
Alaska	19,798	72%	78%	83%	38%	48%	56%
Arizona	150,256	69%	79%	86%	25%	41%	54%
Arkansas	64,179	60%	72%	80%	18%	35%	51%
Delaware	23,098	66%	75%	82%	17%	29%	42%
Florida	1,585,781	80%	86%	90%	49%	63%	72%
Georgia	507,619	76%	83%	88%	37%	52%	64%
Illinois	291,258	59%	70%	79%	16%	27%	39%
Indiana	159,229	56%	67%	76%	15%	26%	38%
Iowa	46,827	65%	74%	82%	25%	38%	50%
Kansas	83,193	66%	76%	83%	35%	48%	60%
Louisiana	191,042	86%	91%	94%	50%	60%	68%
Maine	73,012	63%	72%	80%	35%	50%	61%
Michigan	287,197	66%	76%	84%	18%	31%	44%
Mississippi	97,943	76%	84%	89%	38%	56%	68%
Missouri	251,295	76%	83%	88%	40%	54%	65%
Montana	47,974	65%	74%	81%	26%	41%	54%
Nebraska	77,185	69%	79%	85%	33%	47%	60%
New Hampshire	36,503	58%	68%	77%	14%	25%	37%
New Jersey	231,239	52%	63%	72%	16%	28%	39%
North Carolina	547,605	79%	85%	89%	41%	54%	64%
North Dakota	18,442	58%	70%	79%	19%	31%	43%
Ohio	196,048	52%	66%	76%	12%	23%	35%
Oklahoma	121,965	86%	91%	94%	49%	61%	70%

<b>Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For Individuals With 2016 Marketplace Plan Selections With APTC in States Using the HealthCare.gov Platform (1)</b> 11-1-15 to 2-1-16							
Pennsylvania	334,760	58%	69%	77%	17%	31%	44%
South Carolina	205,740	59%	70%	78%	41%	54%	65%
South Dakota	22,869	66%	76%	84%	30%	43%	56%
Tennessee	227,386	79%	85%	90%	35%	48%	60%
Texas	1,093,573	79%	86%	91%	42%	57%	68%
Utah	151,593	71%	83%	90%	40%	57%	70%
Virginia	344,694	75%	83%	88%	41%	56%	67%
West Virginia	31,820	59%	69%	77%	16%	29%	41%
Wisconsin	200,571	67%	75%	82%	30%	41%	52%
Wyoming	21,411	57%	66%	75%	32%	44%	54%
<b>TOTAL – States Using the HealthCare.gov Platform</b>	<b>8,147,034</b>	72%	80%	86%	36%	49%	61%

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov platform as of 3-8-16.

APPENDIX TABLE B4

2016 Plan Choice of Active Reenrollees by State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years				
State	Percent Who Chose the Same Plan or Crosswalked Plan in 2016			Percent Who Chose a New Plan in 2016
	All	Auto	Active	
<b>All 37 States</b>	57%	30%	27%	43%
<b>AK</b>	64%	36%	28%	36%
<b>AL</b>	57%	30%	26%	43%
<b>AR</b>	78%	46%	32%	22%
<b>AZ</b>	27%	15%	12%	73%
<b>DE</b>	70%	38%	32%	30%
<b>FL</b>	62%	26%	36%	38%
<b>GA</b>	56%	32%	24%	44%
<b>IA</b>	69%	35%	34%	31%
<b>IL</b>	47%	31%	16%	53%
<b>IN</b>	58%	38%	20%	42%
<b>KS</b>	37%	16%	20%	63%
<b>LA</b>	61%	36%	25%	39%
<b>ME</b>	81%	34%	46%	19%
<b>MI</b>	64%	37%	27%	36%
<b>MO</b>	59%	32%	28%	41%
<b>MS</b>	65%	48%	17%	35%
<b>MT</b>	69%	38%	30%	31%
<b>NC</b>	57%	29%	28%	43%
<b>ND</b>	76%	37%	39%	24%
<b>NE</b>	63%	24%	39%	37%
<b>NH</b>	71%	42%	29%	29%
<b>NJ</b>	58%	30%	29%	42%
<b>NM</b>	42%	29%	13%	58%
<b>NV</b>	48%	23%	24%	52%
<b>OH</b>	64%	35%	29%	36%
<b>OK</b>	68%	37%	30%	32%
<b>OR</b>	53%	22%	31%	47%
<b>PA</b>	48%	28%	21%	52%
<b>SC</b>	38%	20%	18%	62%
<b>SD</b>	49%	21%	28%	51%

<b>2016 Plan Choice of Active Reenrollees by State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years</b>				
<b>State</b>	<b>Percent Who Chose the Same Plan or Crosswalked Plan in 2016</b>			<b>Percent Who Chose a New Plan in 2016</b>
	<b>All</b>	<b>Auto</b>	<b>Active</b>	
<b>TN</b>	57%	26%	31%	43%
<b>TX</b>	52%	33%	19%	48%
<b>UT</b>	44%	21%	23%	56%
<b>VA</b>	72%	33%	39%	28%
<b>WI</b>	61%	32%	29%	39%
<b>WV</b>	74%	39%	34%	26%
<b>WY</b>	51%	22%	29%	49%

Notes: Information is for enrollees in the 37 states that used the HealthCare.gov platform for both 2015 and 2016. 2015 enrollees include those who selected plans during OEP2 and those who selected plans during a Special Enrollment Period but excludes those who had terminated their plan as of 11/1/2015. 2016 enrollees includes those who had an active Marketplace plan selection as of 2/1/2016, but excludes those whose plans were terminated prior to that date.

APPENDIX TABLE B5

<b>Premium Savings from Switching Plans within Metal Levels by State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years</b>			
<b>State</b>	<b>Average Monthly Premium Savings of Switchers</b>	<b>Average Annual Premium Savings of Switchers</b>	<b>Annual State-level Savings from Switching</b>
<b>All 37 States</b>	\$40	\$478	\$600,468,962
<b>AK</b>	\$46	\$555	\$1,689,418
<b>AL</b>	\$53	\$637	\$20,638,622
<b>AR</b>	\$22	\$262	\$1,665,915
<b>AZ</b>	\$29	\$348	\$4,335,345
<b>DE</b>	\$25	\$295	\$889,397
<b>FL</b>	\$22	\$260	\$50,471,422
<b>GA</b>	\$57	\$686	\$65,799,693
<b>IA</b>	\$62	\$745	\$3,805,856
<b>IL</b>	\$74	\$887	\$64,905,680
<b>IN</b>	\$82	\$984	\$34,646,380
<b>KS</b>	\$57	\$690	\$3,872,950
<b>LA</b>	\$18	\$211	\$4,173,014
<b>ME</b>	\$12	\$149	\$913,465
<b>MI</b>	\$41	\$491	\$24,538,107
<b>MO</b>	\$32	\$383	\$16,532,480
<b>MS</b>	\$47	\$560	\$8,268,224
<b>MT</b>	\$8	\$94	\$518,200
<b>NC</b>	\$44	\$533	\$59,384,561
<b>ND</b>	\$14	\$169	\$242,129
<b>NE</b>	\$27	\$329	\$3,330,373
<b>NH</b>	\$30	\$365	\$2,364,123
<b>NJ</b>	\$53	\$642	\$30,978,485
<b>NM</b>	\$56	\$676	\$3,490,799
<b>NV</b>	\$14	\$166	\$1,243,487
<b>OH</b>	\$61	\$735	\$20,387,001
<b>OK</b>	\$13	\$162	\$2,580,505
<b>OR</b>	\$37	\$446	\$10,197,001
<b>PA</b>	\$15	\$178	\$5,974,076
<b>SC</b>	\$25	\$299	\$6,750,468
<b>SD</b>	-\$12	-\$143	-\$171,128
<b>TN</b>	\$34	\$411	\$10,744,157

<b>Premium Savings from Switching Plans within Metal Levels by State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years</b>			
<b>State</b>	<b>Average Monthly Premium Savings of Switchers</b>	<b>Average Annual Premium Savings of Switchers</b>	<b>Annual State-level Savings from Switching</b>
<b>TX</b>	\$37	\$447	\$96,118,396
<b>UT</b>	\$18	\$217	\$3,297,115
<b>VA</b>	\$23	\$280	\$11,779,482
<b>WI</b>	\$54	\$653	\$22,553,952
<b>WV</b>	\$29	\$354	\$1,128,814
<b>WY</b>	\$10	\$118	\$135,694

Note: Information is from enrollees in the 37 states that used the HealthCare.gov platform for both 2015 and 2016. Savings is calculated as the difference between the 2016 premium of the 2016 selected plan and the 2016 premium of the 2015 selected plan and is calculated only on the enrollees who switched plans but not metal levels between 2015 and 2016, were in crosswalked plans as of 11-1-2015, and were non-tobacco users in both 2015 and 2016.