

Summary Cost Data for Federally-Facilitated Exchanges, 2014

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The Patient Protection and Affordable Care Act (ACA, [P.L. 111-148](#), as amended) contains a number of provisions that may affect the individual health insurance market. These provisions will alter the amount that individuals and families can expect to pay for plans sold through the health insurance exchanges ("marketplaces") established under ACA, both in terms of premiums and cost-sharing measures.

In general, the ACA provisions that may affect exchange premiums and cost-sharing requirements may also affect plans sold to individuals and families outside of exchanges. For a listing of ACA market reforms that apply inside and outside of exchanges, see Table 2 in CRS Report R43233, [Private Health Plans Under the ACA: In Brief](#). For a broader discussion of ACA market reforms, see CRS Report R42069, [Private Health Insurance Market Reforms in the Affordable Care Act \(ACA\)](#).

The Department of Health and Human Services established a data website that makes premium and cost-sharing data, for plans offered through federally-facilitated exchanges (FFE), available to researchers and the general public.¹ CRS developed a fact sheet for each of the 34 FFEs that offer private health plans to individuals and families.² Each fact sheet provides summary data about the range of costs and options for plans in a specific state's marketplace.³

Given that these fact sheets are data documents, they do not discuss the factors that insurance carriers consider when developing premium rates or cost-sharing requirements. For example, medical claims represent the largest component of premiums by far, but claims costs are subject to a variety of factors, which may range from being plan-specific (e.g., limited provider network) to more general (e.g., market power of the carrier in negotiations with providers). Likewise, there are multiple considerations represented in cost-sharing requirements. For example, a given medical deductible may reflect heavy use of managed care techniques (as is the case in a traditional health maintenance organization [HMO], for example); presence of a separate prescription drug deductible; emphasis on consumer incentives to manage their use of health care services (e.g., a high-deductible plan that is paired with a health savings account [HSA]; and other plan features. Given the variability in the factors underlying both premiums and cost-sharing, caution should be used when comparing amounts across geographic areas and, in certain instances, across plans in the same area.

The links to the fact sheets are included in the table below, by state name (alphabetical order). Click the appropriate link to load each FFE fact sheet.

Table 1. Fact Sheets for Federally-Facilitated Exchanges Offering Individual Plans

State	Links to Fact Sheets
Alabama	CRS Report R43485, Summary Cost Data for Health Plans Available in Alabama's Exchange, 2014: Fact Sheet
Alaska	CRS Report R43486, Summary Cost Data for Health Plans Available in Alaska's Exchange, 2014: Fact Sheet
Arizona	CRS Report R43488, Summary Cost Data for Health Plans Available in Arizona's Exchange, 2014: Fact Sheet
Arkansas	CRS Report R43487, Summary Cost Data for Health Plans Available in Arkansas's Exchange, 2014: Fact Sheet

Delaware	CRS Report R43499, Summary Cost Data for Health Plans Available in Delaware's Exchange, 2014: Fact Sheet
Florida	CRS Report R43500, Summary Cost Data for Health Plans Available in Florida's Exchange, 2014: Fact Sheet
Georgia	CRS Report R43501, Summary Cost Data for Health Plans Available in Georgia's Exchange, 2014: Fact Sheet
Idaho	CRS Report R43525, Summary Cost Data for Health Plans Available in Idaho's Exchange, 2014: Fact Sheet
Illinois	CRS Report R43502, Summary Cost Data for Health Plans Available in Illinois's Exchange, 2014: Fact Sheet
Indiana	CRS Report R43512, Summary Cost Data for Health Plans Available in Indiana's Exchange, 2014: Fact Sheet
Iowa	CRS Report R43503, Summary Cost Data for Health Plans Available in Iowa's Exchange, 2014: Fact Sheet
Kansas	CRS Report R43513, Summary Cost Data for Health Plans Available in Kansas's Exchange, 2014: Fact Sheet
Louisiana	CRS Report R43514, Summary Cost Data for Health Plans Available in Louisiana's Exchange, 2014: Fact Sheet
Maine	CRS Report R43515, Summary Cost Data for Health Plans Available in Maine's Exchange, 2014: Fact Sheet
Michigan	CRS Report R43516, Summary Cost Data for Health Plans Available in Michigan's Exchange, 2014: Fact Sheet
Mississippi	CRS Report R43526, Summary Cost Data for Health Plans Available in Mississippi's Exchange, 2014: Fact Sheet
Missouri	CRS Report R43527, Summary Cost Data for Health Plans Available in Missouri's Exchange, 2014: Fact Sheet
Montana	CRS Report R43528, Summary Cost Data for Health Plans Available in Montana's Exchange, 2014: Fact Sheet
Nebraska	CRS Report R43549, Summary Cost Data for Health Plans Available in Nebraska's Exchange, 2014: Fact Sheet
New Hampshire	CRS Report R43550, Summary Cost Data for Health Plans Available in New Hampshire's Exchange, 2014: Fact Sheet
New Jersey	CRS Report R43551, Summary Cost Data for Health Plans Available in New Jersey's Exchange, 2014: Fact Sheet
New Mexico	CRS Report R43552, Summary Cost Data for Health Plans Available in New Mexico's Exchange, 2014: Fact Sheet
North Carolina	CRS Report R43529, Summary Cost Data for Health Plans Available in North Carolina's Exchange, 2014: Fact Sheet
North Dakota	CRS Report R43530, Summary Cost Data for Health Plans Available in North Dakota's Exchange, 2014: Fact Sheet
Ohio	CRS Report R43553, Summary Cost Data for Health Plans Available in Ohio's Exchange, 2014: Fact Sheet
Oklahoma	CRS Report R43554, Summary Cost Data for Health Plans Available in Oklahoma's Exchange, 2014: Fact Sheet
Pennsylvania	CRS Report R43662, Summary Cost Data for Health Plans Available in Pennsylvania's Exchange, 2014: Fact Sheet
South Carolina	CRS Report R43663, Summary Cost Data for Health Plans Available in South Carolina's Exchange, 2014: Fact Sheet
South Dakota	CRS Report R43601, Summary Cost Data for Health Plans Available in South Dakota's Exchange, 2014: Fact Sheet
Tennessee	CRS Report R43602, Summary Cost Data for Health Plans Available in Tennessee's Exchange, 2014: Fact Sheet

Texas	CRS Report R43603, Summary Cost Data for Health Plans Available in Texas's Exchange, 2014: Fact Sheet
Utah	CRS Report R43672, Summary Cost Data for Health Plans Available in Utah's Exchange, 2014: Fact Sheet
Virginia	CRS Report R43673, Summary Cost Data for Health Plans Available in Virginia's Exchange, 2014: Fact Sheet
West Virginia	CRS Report R43674, Summary Cost Data for Health Plans Available in West Virginia's Exchange, 2014: Fact Sheet
Wisconsin	CRS Report R43675, Summary Cost Data for Health Plans Available in Wisconsin's Exchange, 2014: Fact Sheet
Wyoming	CRS Report R43676, Summary Cost Data for Health Plans Available in Wyoming's Exchange, 2014: Fact Sheet

Source: CRS compilation of available data through Data.HealthCare.gov.

Footnotes

1. The data are available from Data.Healthcare.gov. CRS did not attempt to verify the accuracy of this data set. To access cost and other data for individual health plans sold through FFEs, see "QHP Landscape Individual Market Medical," <https://data.healthcare.gov/dataset/QHP-Landscape-Individual-Market-Medical/b8in-sz6k>. In certain instances, data about family insurance plan cost-sharing was missing; these missing values were ignored in calculating summary statistics.
2. These exchanges offer plans for direct purchase by consumers (individual exchanges). ACA also requires each state to have an exchange designed to sell health plans to small businesses (SHOP exchanges); these fact sheets do not provide information about coverage available through SHOP exchanges.
3. Exchange plans may vary in characteristics, such as the share of medical spending the plan will cover ("actuarial value," or AV). Under ACA, each plan that meets a specific AV is designated by a precious metal: platinum, gold, silver, or bronze. However, insurance carriers are only required to offer at least one silver plan and one gold plan, for exchange certification purposes, per ACA § 1301(a)(1)(A)(ii). Therefore, carriers are not required to offer either bronze or platinum plans, but may choose to do so.