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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.

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>.

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.

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

State	Links to Fact Sheets
Alabama	CRS Report R43485, <i>Summary Cost Data for Health Plans Available in Alabama's Exchange, 2014: Fact Sheet</i>
Alaska	CRS Report R43486, <i>Summary Cost Data for Health Plans Available in Alaska's Exchange, 2014: Fact Sheet</i>
Arizona	CRS Report R43488, <i>Summary Cost Data for Health Plans Available in Arizona's Exchange, 2014: Fact Sheet</i>
Arkansas	CRS Report R43487, <i>Summary Cost Data for Health Plans Available in Arkansas's Exchange, 2014: Fact Sheet</i>
Delaware	CRS Report R43499, <i>Summary Cost Data for Health Plans Available in Delaware's Exchange, 2014: Fact Sheet</i>
Florida	CRS Report R43500, <i>Summary Cost Data for Health Plans Available in Florida's Exchange, 2014: Fact Sheet</i>
Georgia	CRS Report R43501, <i>Summary Cost Data for Health Plans Available in Georgia's Exchange, 2014: Fact Sheet</i>
Illinois	CRS Report R43502, <i>Summary Cost Data for Health Plans Available in Illinois's Exchange, 2014: Fact Sheet</i>
Iowa	CRS Report R43503, <i>Summary Cost Data for Health Plans Available in Iowa's Exchange, 2014: Fact Sheet</i>
Indiana	CRS Report R43512, <i>Summary Cost Data for Health Plans Available in Indiana's Exchange, 2014: Fact Sheet</i>
Kansas	CRS Report R43513, <i>Summary Cost Data for Health Plans Available in Kansas's Exchange, 2014: Fact Sheet</i>
Louisiana	CRS Report R43514, <i>Summary Cost Data for Health Plans Available in Louisiana's Exchange, 2014: Fact Sheet</i>
Maine	CRS Report R43515, <i>Summary Cost Data for Health Plans Available in Maine's Exchange, 2014: Fact Sheet</i>
Michigan	CRS Report R43516, <i>Summary Cost Data for Health Plans Available in Michigan's Exchange, 2014: Fact Sheet</i>
[Additional states forthcoming]	

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

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