

Cost and Benefits of Individual and Family Health Insurance

December 2013

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Introduction and Background

eHealth, Inc. operates eHealthInsurance (www.ehealthinsurance.com), America's first and largest private online health insurance exchange, where individuals, families and small businesses can compare health insurance products from leading insurers side by side and purchase and enroll in coverage online. The company offers thousands of individual, family and small business health plans underwritten by many of the nation's leading health insurance companies. eHealthInsurance is licensed to sell health insurance in all 50 states and the District of Columbia and has used its proprietary technology to enroll over 3 million Americans in coverage.

The objective of eHealth's 2013 'Cost and Benefits of Individual & Family Health Insurance' report is to provide a nationwide perspective on cost and benefit trends in the individual health insurance market based on the analysis of a large, geographically distributed sample of eHealthInsurance purchasers and products. eHealthInsurance is one of the few organizations with national source data that broadly reflects consumer buying patterns and purchase prices in the self-purchased individual and family health insurance market.

The 2013 report is unusual in that it provides a final snapshot of the individual and family health insurance market prior to the introduction of health care plans fully compliant with the Affordable Care Act, in January 2014. The company's first 'Cost and Benefits' report was issued in 2001.

Methodology Summary

eHealth's 2013 Cost and Benefits of Individual & Family Health Insurance report analyzes monthly premiums paid for individual and family major medical health insurance policies in 2013 along with the benefits associated with those plans. The data contained in this report represents consumers who shop for and purchase health insurance through eHealthInsurance.com. Data from prior years, published in previous 'Cost and Benefits' reports, is also employed.

- The 2013 plan data referred to in this report is derived from approximately 423,000 individual and family (IFP) major medical policies purchased through eHealthInsurance that were active in February 2013.
- The 2012 plan data referred to in this report is derived from approximately 395,000 individual and family (IFP) major medical policies purchased through eHealthInsurance that were active in February 2012.
- The 2011 plan data referred to in this report is derived from approximately 384,000 individual and family (IFP) major medical policies purchased through eHealthInsurance that were active in February 2011.

For additional information and details on the methodology, see the Methodology Supplement section at the end of this report.

Report Highlights—Policies Active in February 2013

- The average premium paid nationwide for individual policies was **\$197** per month (a **3.7%** increase vs. 2012), while the average premium paid for family policies was **\$426** per month (an increase of **3.4%**)
- The average deductible for individual policies nationwide was **\$3,319** per year (a **7.8%** increase vs. 2012), and the average deductible for family policies was **\$4,230** per year (a **3.7%** increase)
- The average premium paid for policies offering richer “comprehensive coverage”^{*} was **\$247** per month for individual plans or **\$544** per month for family plans
- Half of all individual policy holders paid **\$163** (median) or less per month in premiums, and half of all family policyholders paid **\$362** (median) or less for monthly premiums
- Women paid monthly health insurance premiums for individual plans that were **\$33** higher on average (**\$396** per year) than those paid by men
- The range of average monthly premiums paid for individual plans across the United States fell between **\$133** in North Dakota and **\$381** in Massachusetts^{**}
- The range of average monthly premiums paid for family plans across the United States fell between **\$284** in Alabama and **\$914** in Massachusetts^{**}
- Over seventeen percent (**17.4%**) of all plans with coverage in effect were eligible for use with a Health Savings Account (HSA)
- For the first time since eHealth began tracking these figures, the average premium paid for HSA-eligible individual plans (**\$200** - a **7.5%** increase vs. 2012) was greater than the average premium paid for non-HSA individual plans (**\$197**)
- The average premium paid for HSA-eligible family plans was **\$422** (a **5.2%** increase over 2012)
- Almost all individual or family plan policy holders selected plans that included lab/x-ray (**99.4%**) and emergency room coverage (**99.9%**)
- The majority of individual and family plan policy holders purchased plans that covered prescription drugs (**88.1%**) and chiropractic care (**72.8%**)
- Policy holders also tended to select plans that offered preventive care benefits like OB/GYN (**91.8%**), periodic exams (**89.1%**) and well baby coverage (**88.4%**)

^{*} For an explanation of the term “comprehensive coverage” please refer to the Comprehensive Coverage Costs section of this report and the Methodology Supplement.

^{**} Excluding the state of Hawaii, Rhode Island, and Maine

Major Medical Policies

Profile of eHealth Policy Holders and Plans 2011-2013

	2011	2012	2013
Percentage male	53.7%	53.3%	53.1%
Average age	37.6 years old	36.7 years old	37.3 years old
Percentage single	60.7%	58%	56.9%
Average monthly premium for individual plans	\$183	\$190	\$197
Median monthly premium for individual plans	\$149	\$156	\$163
Average deductible for individual plans	\$2,935	\$3,079	\$3,319
Average monthly premium for family plans	\$414	\$412	\$426
Median monthly premium for family plans	\$353	\$352	\$362
Average deductible for family plans	\$3,879	\$4,079	\$4,230
Percentage of plans that are HSA-eligible	17.3%	17.8%	17.4%
Average monthly premium for individual HSA-eligible plans	\$177	\$186	\$200
Average monthly premium for family HSA-eligible plans	\$389	\$401	\$422

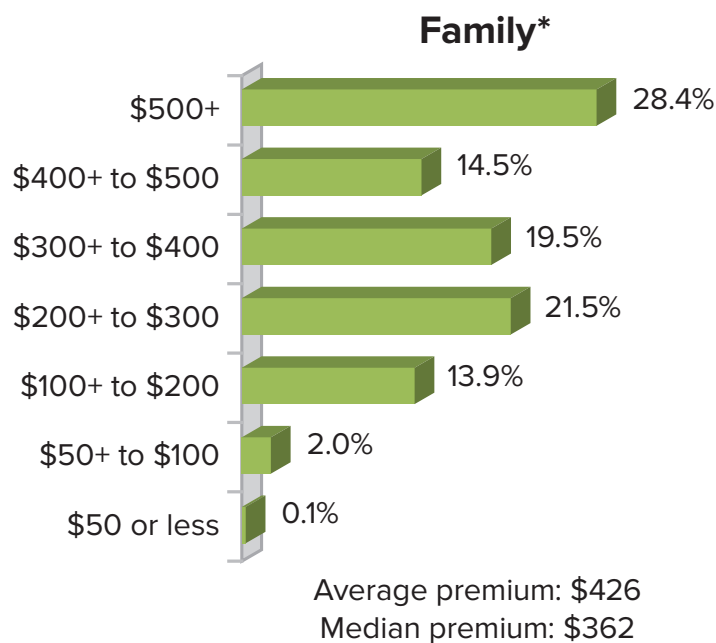
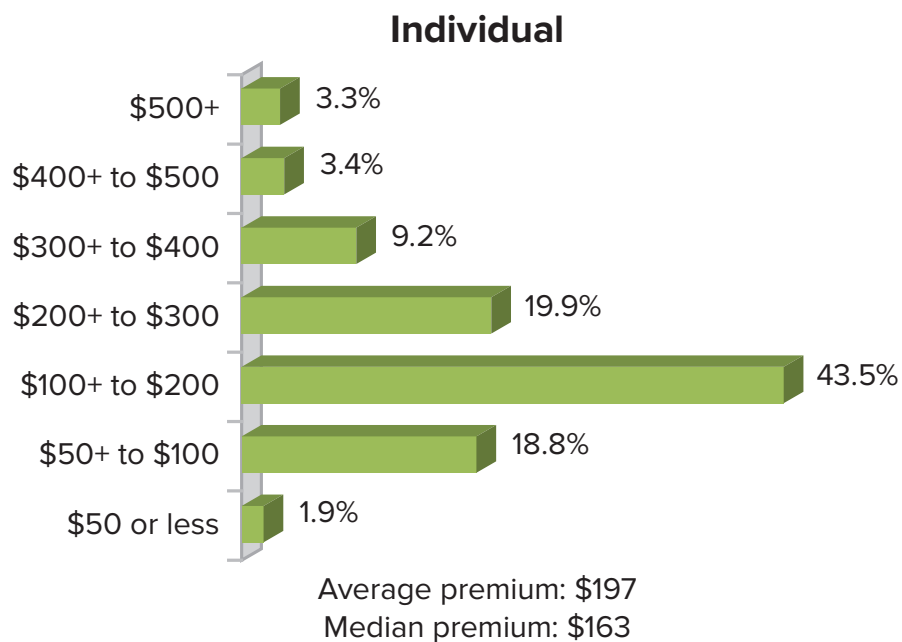
Average Individual and Family Premiums and Deductibles (With Year-over-Year Change) 2005-2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2005-2013
Average monthly individual premium	\$144	\$148 (+2.8%)	\$158 (+6.8%)	\$159 (+0.6%)	\$161 (+1.3%)	\$167 (+3.7%)	\$183 (+9.6%)	\$190 (+3.8%)	\$197 (+3.7%)	+37%
Average individual deductible	\$1,721	\$1,864 (+8.3%)	\$1,972 (+5.8%)	\$2,084 (+5.7%)	\$2,326 (+11.6%)	\$2,632 (+13.2%)	\$2,935 (+11.5%)	\$3,079 (+4.9%)	\$3,319 (+7.8%)	+93%
Average monthly family premium	\$324	\$344 (+6.2%)	\$366 (+6.4%)	\$369 (+0.8%)	\$383 (+3.8%)	\$392 (+2.4%)	\$414 (+5.6%)	\$412 (-0.5%)	\$426 (+3.4%)	+31%
Average family deductible	\$2,294	\$2,486 (+8.4%)	\$2,610 (+5%)	\$2,760 (+5.7%)	\$3,128 (+13.3%)	\$3,531 (+12.9%)	\$3,879 (+9.9%)	\$4,079 (+5.2%)	\$4,230 (+3.7%)	+84%

- Between 2005 and 2013, average individual plan premiums increased 37%
- Between 2005 and 2013, average individual plan deductibles increased 93%
- Between 2005 and 2013, average family plan premiums increased 31%
- Between 2005 and 2013, average family plan deductibles increased 84%

Dollar figures reported by eHealth in 'Cost and Benefits' reports from 2005-2013 are based on plans purchased through eHealthInsurance.com with coverage in effect at the time of data collection. Cost data was collected from the month of August for years 2005-2007 and from the month of February for years 2008-2013

Monthly Premiums for Major Medical Plans, 2013

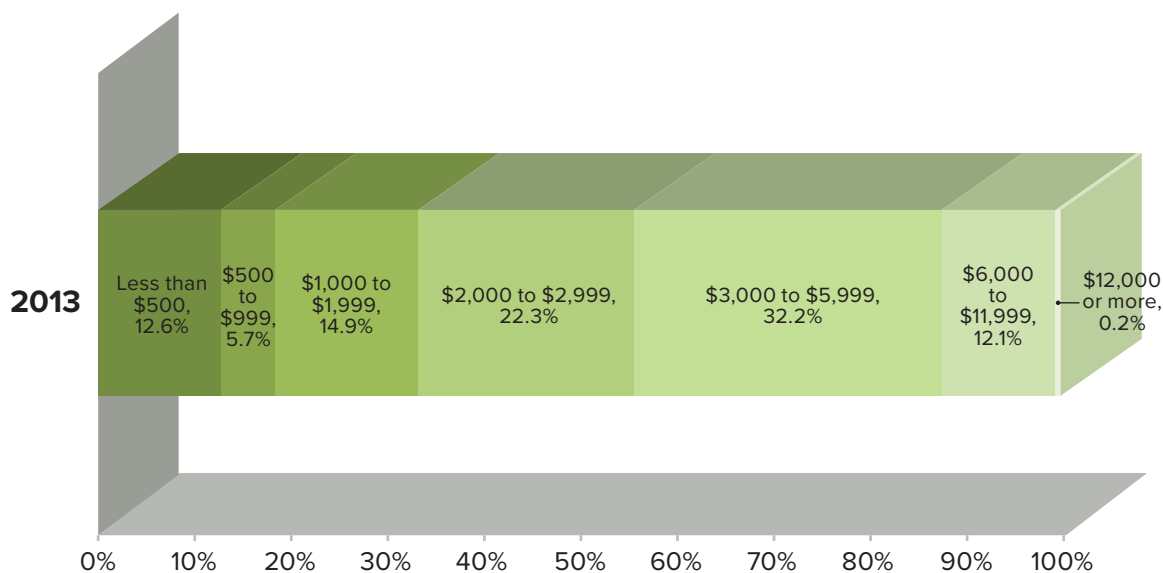


- Half of all individual policy holders paid premiums of \$163 or less per month
- Half of all family policy holders paid premiums of \$362 or less per month

An average is the sum of all the data in the distribution divided by the sample size. The median is the middle value in a set of numbers arranged in increasing order. If there is an even number of values, the median is the average of the middle two numbers.

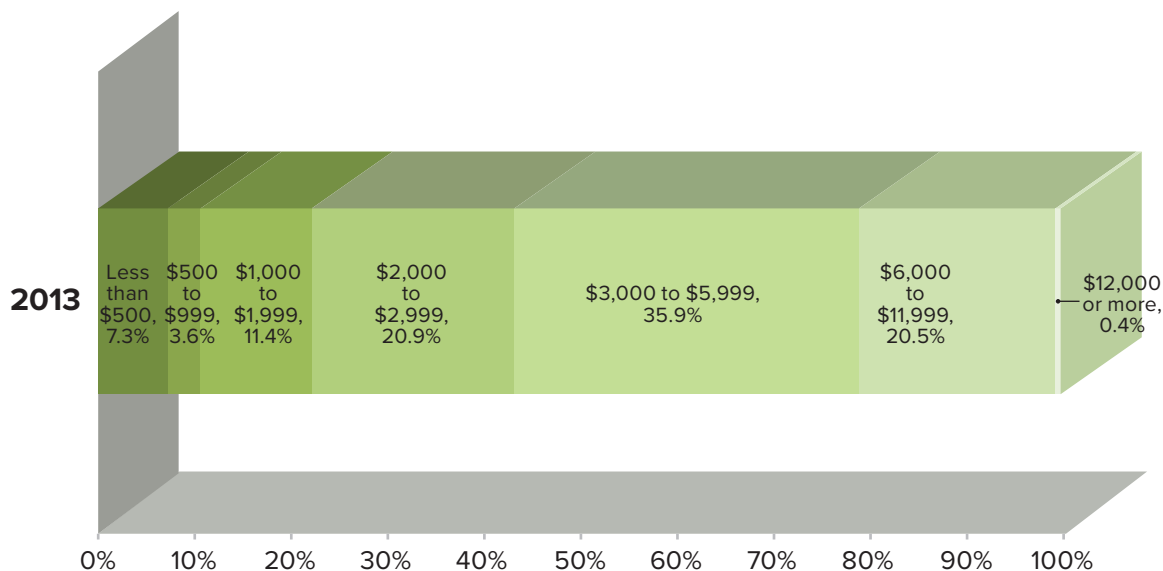
**Percentages total 99.9% due to rounding*

Individual Plan Deductible Levels, 2013



- A third (33.2%) of individual plan policy holders had an annual deductible of less than \$2,000
- Two thirds (66.8%) of individual plan policy holders had an annual deductible of \$2,000 or higher

Family Plan Deductible Levels, 2013



- More than three-in-four (79.1%) of family plan policy holders had an annual deductible of less than \$6,000
- About two-in-ten (20.9%) family plan policy holders had an annual deductible of \$6,000 or higher

Individual Plan Premiums and Deductibles by Age, 2013

Age of policy holder	Avg. monthly premium	Avg. deductible	% of all policies sampled
Less than 18	\$116	\$2,524	4.1%
18-24	\$125	\$3,258	13.2%
25-34	\$152	\$3,191	37.3%
35-44	\$207	\$3,261	17.3%
45-54	\$270	\$3,495	16.1%
55-64	\$334	\$3,902	12%
Overall	\$197	\$3,319	100%

- More than half (54.6%) of all individual plan policy holders were younger than 35 years old while more than four-in-ten (45.4%) were between the ages of 35 and 64
- The number of individual plan policy holders age 18-24 decreased from 15.4% in 2012 to 13.2% in 2013
- The number of individual plan policy holders age 25-34 increased from 35.6% in 2012 to 37.3% in 2013

Individual Plan Premiums by Age, 2012-2013

Age of policy holder	Avg. premium 2012	Avg. premium 2013	% Change 2012-2013
Less than 18	\$109	\$116	+6.4%
18-24	\$122	\$125	+2.5%
25-34	\$148	\$152	+2.7%
35-44	\$202	\$207	+2.5%
45-54	\$265	\$270	+1.9%
55-64	\$329	\$334	+1.5%
Overall	\$190	\$197	+3.7%

- Between February 2012 and February 2013 the weighted average premium paid for individual plan policies increased 3.7% - this was essentially equivalent to the year-over-year increase in average premiums for individual plan premiums between 2011-2012 (3.8%).
- The under-18 age group saw the highest annual increase in average premiums for individual plans (6.4%) while the 55-64 age group saw the lowest year-over-year increase in average premiums (1.5%)

Individual Plan Deductibles by Age, 2012-2013

Age of policy holder	Avg. deductible 2012	Avg. deductible 2013	% Change 2012-2013
Less than 18	\$2,478	\$2,524	+1.9%
18-24	\$3,007	\$3,258	+8.3%
25-34	\$2,941	\$3,191	+8.5%
35-44	\$3,057	\$3,261	+6.7%
45-54	\$3,297	\$3,495	+6%
55-64	\$3,608	\$3,902	+8.1%
Overall	\$3,079	\$3,319	+7.8%

- Average annual deductibles for individual plan policy holders increased 7.8% between February 2012 and February 2013; by comparison, between 2011 and 2012 the average deductible for individual plans increase 4.9%
- Young adults age 18-24 saw the highest year-over-year increase in 2013; in 2012, by contrast, their average deductibles had decreased 2.5% compared to the year prior

Individual Plan Premiums by Gender and Age, 2013

Women	Less than 18	18-24	25-34	35-44	45-54	55-64	Overall
Avg. monthly premium	\$116	\$132	\$165	\$221	\$275	\$333	\$214
% of individual policies sampled*	4%	12.4%	33.8%	16.4%	17.6%	15.9%	100%

Men	Less than 18	18-24	25-34	35-44	45-54	55-64	Overall
Avg. monthly premium	\$116	\$119	\$141	\$196	\$264	\$337	\$181
% of individual policies sampled	4.2%	14%	40.7%	18.3%	14.7%	8.1%	100%

Difference (Female to Male)	\$0	\$13	\$24	\$25	\$11	(\$4)	\$33
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- On average, women pay \$33 more per month than man in individual plan health insurance premiums, a difference of \$396 per year
- For new health plans with coverage beginning January 1, 2014, individuals may no longer be charged more (or less) for major medical health insurance coverage based on their gender, as a result of the Affordable Care Act

*Percentages add up to slightly more than 100% due to rounding

Family Plan Premiums and Deductibles by Age, 2013

Age of policy holder	Avg. monthly premium	Avg. deductible	% of all policies sampled
Less than 18	\$195	\$3,509	1%
18-24	\$239	\$4,136	2.5%
25-34	\$334	\$3,969	25.5%
35-44	\$424	\$4,178	34.3%
45-54	\$493	\$4,385	26%
55-64	\$549	\$4,723	10.8%
Overall	\$426	\$4,230	100%*

- Average monthly premiums paid for family policies in each age group ranged from \$195 to \$549
- Average annual deductibles for family policies in each age group ranged from \$3,509 to \$4,723

Family Plan Premiums and Deductibles by Number of Members on Each Policy, 2013

Members on policy	Avg. monthly premium	Avg. cost per member	Avg. deductible	% of all family policies sampled
2	\$356	\$178	\$4,139	44%
3	\$420	\$140	\$4,174	23.7%
4	\$506	\$126	\$4,320	21.9%
5	\$556	\$111	\$4,502	7.6%
6	\$588	\$99	\$4,657	2.8%
Overall	\$426	\$149	\$4,230	100%

- A majority (56%) of family plans covered three or more family members
- A family plan with only two members could include a couple, a parent and child, or two children with no parent on the plan

*Percentages add up to slightly more than 100% due to rounding

Family Plan Premiums by Age, 2012-2013

Age of primary policy holder	Avg. premium 2012	Avg. premium 2013	% Change 2012-2013
Less than 18	\$185	\$195	+5.4%
18-24	\$233	\$239	+2.6%
25-34	\$326	\$334	+2.5%
35-44	\$412	\$424	+2.9%
45-54	\$478	\$493	+3.1%
55-64	\$536	\$549	+2.4%
Overall	\$412	\$426	+3.4%

- Between 2012 and 2013 weighted average premiums for family plans increased by 3.4%; by comparison, weighted average premiums decreased 0.5% between 2011 and 2012
- Average premiums for family plans with primary policy holders in the 18-24 and 25-34 age groups increased 2.6% and 2.5% respectively in 2013; by comparison, those same age groups saw year-over-year increases of 6.9% and 5.5% respectively between 2011 and 2012
- Average premiums for family policies with primary policy holders in the 55-64 age range increased 2.4% in 2013 compared to a 6.9% decrease in average premiums within the same group between 2011 and 2012

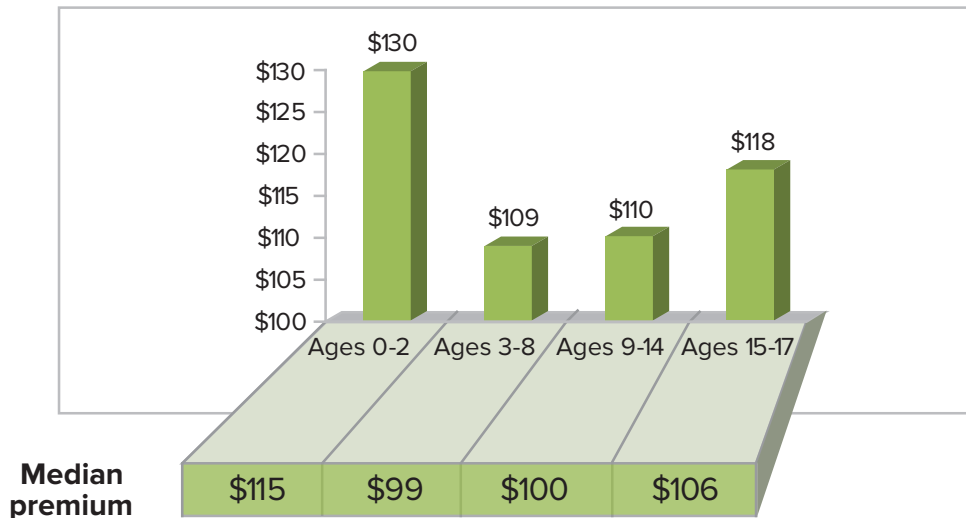
Family Plan Deductibles by Age, 2012-2013

Age of primary policy holder	Avg. deductible 2012	Avg. deductible 2013	% Change 2012-2013
Less than 18	\$3,535	\$3,509	-0.7%
18-24	\$3,839	\$4,136	+7.7%
25-34	\$3,801	\$3,969	+4.4%
35-44	\$4,038	\$4,178	+3.5%
45-54	\$4,248	\$4,385	+3.2%
55-64	\$4,598	\$4,723	+2.7%
Overall	\$4,079	\$4,230	+3.7%

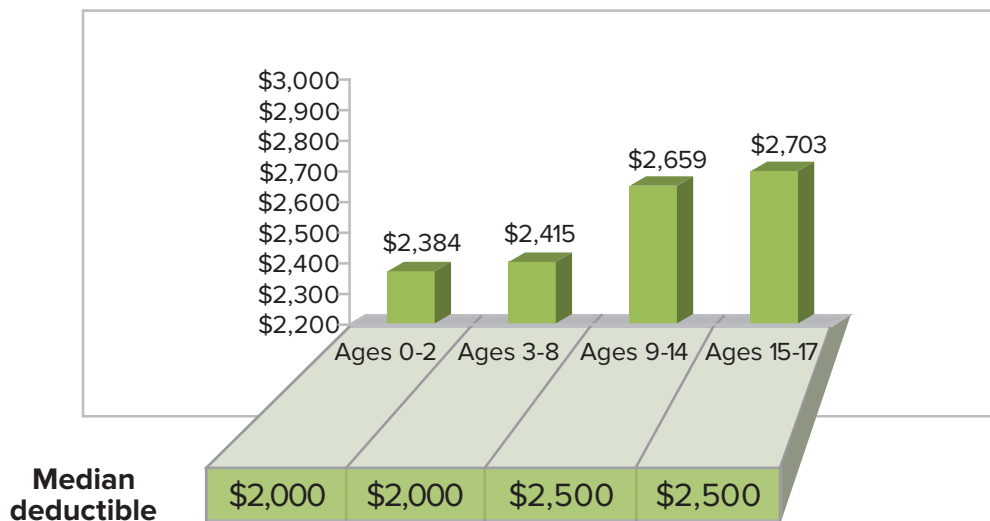
- Between February 2012 and February 2013 the average family plan deductible increased 3.7%; by comparison, the average family plan deductible increased 5.2% between 2011 and 2012
- Family plan policies with primary policy holders under age 18 were the only ones to see a decrease (-0.7%) in average deductible in 2013
- Family plan policies with primary policy holders between the ages of 18 and 24 saw the highest year-over-year increase (+7.7%) in average deductible in 2013

Average and Median Premiums and Deductibles for Individual Children's Health Insurance, 2013

Average monthly premiums

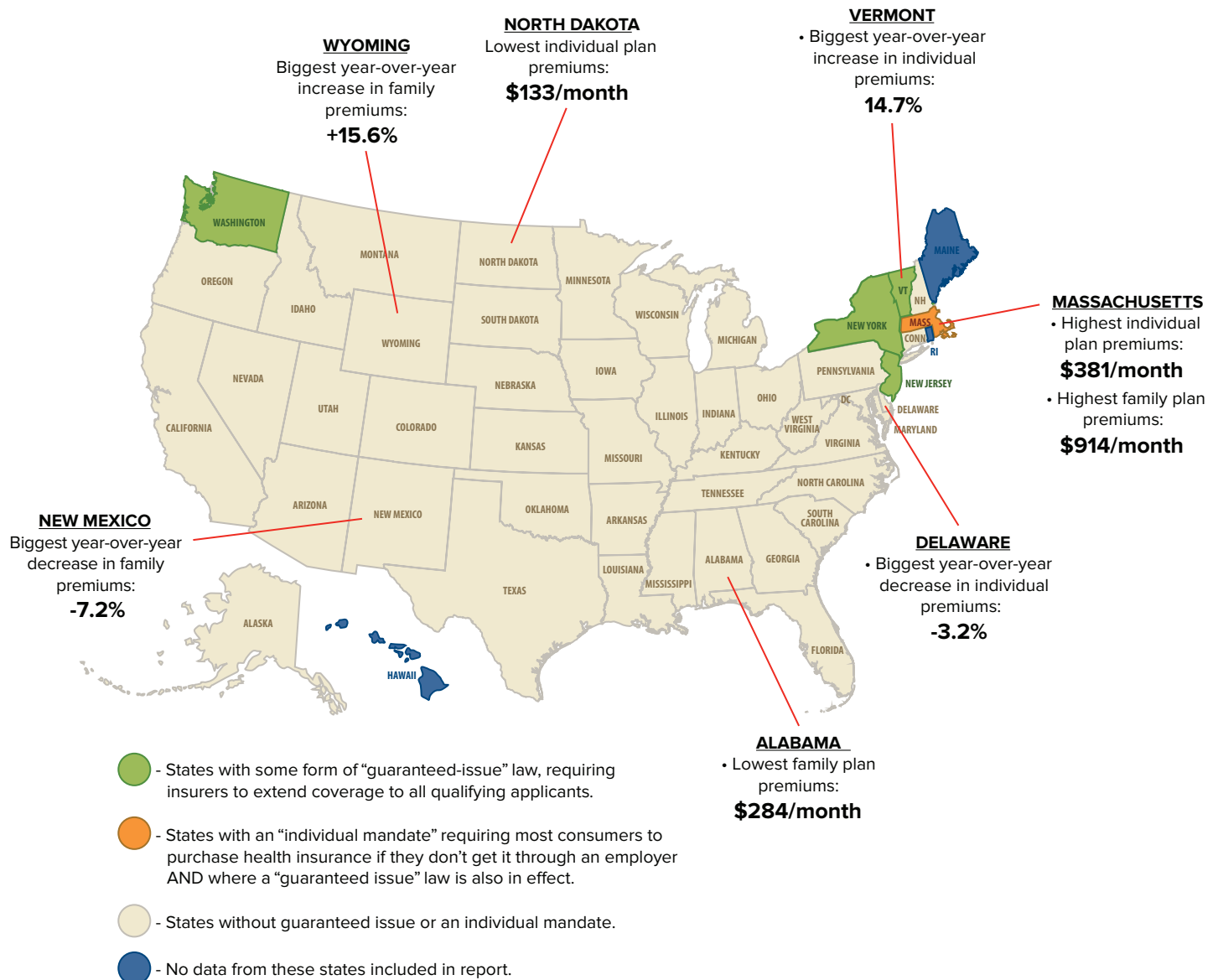


Average deductibles



- Monthly premiums for half of all children's policies with policy holders between the ages of 3 and 17 were \$106 or less
- Individual health insurance plans where the policy holder was younger than 18 years constituted 4.1% of all individual plan policies included in this report

State Data Highlights, 2013



Analysis based solely on health insurance plans offered and purchased through eHealthInsurance.com and with coverage in effect as of February 2013. Results may not reflect the full scope of all individual and family health insurance products available within a given state.

Average Individual Plan Premiums by State, 2013 and 2012

State	Avg. monthly premium 2012	Avg. monthly premium 2013	% Change from 2012		State	Avg. monthly premium 2012	Avg. monthly premium 2013	% Change from 2012
AK	\$241	\$265	+10%		MT	\$206	\$223	+8.3%
AL	\$138	\$135	-2.2%		NC	\$157	\$157	0%
AR	\$145	\$154	+6.2%		ND	\$123	\$133	+8.1%
AZ	\$153	\$153	0%		NE	\$156	\$157	+0.6%
CA	\$177	\$196	+10.7%		NH	\$223	\$239	+7.2%
CO	\$181	\$200	+10.5%		NJ	\$315	\$323	+2.5%
CT	\$207	\$206	-0.5%		NM	\$182	\$178	-2.2%
DC	\$160	\$162	+1.3%		NV	\$171	\$173	+1.2%
DE	\$189	\$183	-3.2%		NY	\$355	\$360	+1.4%
FL	\$177	\$182	+2.8%		OH	\$152	\$161	+5.9%
GA	\$171	\$172	+0.6%		OK	\$171	\$181	+5.8%
IA	\$126	\$136	+7.9%		OR	\$180	\$181	+0.6%
ID	\$164	\$179	+9.1%		PA	\$174	\$175	+0.6%
IL	\$172	\$178	+3.5%		SC	\$177	\$182	+2.8%
IN	\$159	\$168	+5.7%		SD	\$139	\$146	+5%
KS	\$141	\$146	+3.5%		TN	\$168	\$167	-0.6%
KY	\$152	\$153	+0.7%		TX	\$191	\$198	+3.7%
LA	\$163	\$165	+1.2%		UT	\$149	\$158	+6%
MA	\$385	\$381	-1%		VA	\$178	\$179	+0.6%
MD	\$160	\$160	0%		VT	\$197	\$226	+14.7%
MI	\$157	\$158	+0.6%		WA	\$230	\$249	+8.3%
MN	\$149	\$152	+2%		WI	\$168	\$176	+4.8%
MO	\$140	\$147	+5%		WV	\$199	\$196	-1.5%
MS	\$178	\$179	+0.6%		WY	\$192	\$213	+10.9%

The states of Hawaii, Rhode Island, and Maine were excluded from the data due to sample sizes of fewer than 100 policies in each state.

Average Individual Plan Deductibles by State, 2013 and 2012

State	Avg. deductible 2012	Avg. deductible 2013	% Change from 2012	State	Avg. deductible 2012	Avg. deductible 2013	% Change from 2012
AK	\$4,427	\$4,787	+8.1%	MT	\$4,231	\$4,447	+5.1%
AL	\$5,347	\$5,805	+8.6%	NC	\$4,599	\$4,987	+8.4%
AR	\$2,930	\$2,847	-2.8%	ND	\$2,650	\$2,482	-6.3%
AZ	\$4,507	\$4,869	+8%	NE	\$2,880	\$2,930	+1.7%
CA	\$2,537	\$2,966	+16.9%	NH	\$3,619	\$4,742	+31%
CO	\$3,689	\$3,671	-0.5%	NJ	\$187	\$179	-4.3%
CT	\$3,441	\$3,580	+4%	NM	\$2,410	\$2,541	+5.4%
DC	\$2,384	\$2,450	+2.8%	NV	\$3,064	\$3,238	+5.7%
DE	\$3,519	\$3,553	+1%	NY	\$287	\$371	+29.3%
FL	\$4,457	\$5,029	+12.8%	OH	\$3,603	\$3,928	+9%
GA	\$4,593	\$4,550	-0.9%	OK	\$3,567	\$3,573	+0.2%
IA	\$3,754	\$3,689	-1.7%	OR	\$4,778	\$5,040	+5.5%
ID	\$3,439	\$3,586	+4.3%	PA	\$2,326	\$2,413	+3.7%
IL	\$3,281	\$3,630	+10.6%	SC	\$3,967	\$4,227	+6.6%
IN	\$4,075	\$4,486	+10.1%	SD	\$3,771	\$3,919	+3.9%
KS	\$3,305	\$3,398	+2.8%	TN	\$4,356	\$4,645	+6.6%
KY	\$2,913	\$3,049	+4.7%	TX	\$3,827	\$3,866	+1%
LA	\$3,538	\$3,667	+3.6%	UT	\$3,311	\$3,870	+16.9%
MA	\$1,495	\$1,576	+5.4%	VA	\$2,565	\$2,806	+9.4%
MD	\$2,521	\$2,783	+10.4%	VT	NA	NA	
MI	\$3,517	\$3,874	+10.2%	WA	\$3,081	\$3,514	+14.1%
MN	\$4,456	\$4,476	+0.4%	WI	\$3,433	\$3,667	+6.8%
MO	\$3,462	\$3,593	+3.8%	WV	\$3,397	\$3,353	-1.3%
MS	\$4,601	\$4,898	+6.5%	WY	\$3,744	\$3,712	-0.9%

The states of Hawaii, Rhode Island, and Maine were excluded from the data due to sample sizes of fewer than 100 policies in each state. Average deductibles for Vermont are not reported due to the low number and exceptional nature of the policies sold through eHealth in the state.

Average Family Plan Premiums by State, 2013 and 2012

State	Avg. monthly premium 2012	Avg. monthly premium 2013	% Change from 2012		State	Avg. monthly premium 2012	Avg. monthly premium 2013	% Change from 2012
AK	\$568	\$622	+9.5%		MT	\$411	\$463	+12.7%
AL	\$280	\$284	+1.4%		NC	\$337	\$343	+1.8%
AR	\$307	\$314	+2.3%		ND	\$376	\$398	+5.9%
AZ	\$292	\$291	-0.3%		NE	\$361	\$384	+6.4%
CA	\$413	\$450	+9%		NH	\$626	\$602	-3.8%
CO	\$400	\$435	+8.8%		NJ	\$832	\$866	+4.1%
CT	\$485	\$483	-0.4%		NM	\$360	\$334	-7.2%
DC	\$432	\$410	-5.1%		NV	\$343	\$347	+1.2%
DE	\$406	\$411	+1.2%		NY	\$792	\$815	+2.9%
FL	\$351	\$361	+2.8%		OH	\$324	\$332	+2.5%
GA	\$370	\$373	+0.8%		OK	\$339	\$349	+3%
IA	\$269	\$290	+7.8%		OR	\$382	\$388	+1.6%
ID	\$372	\$394	+5.9%		PA	\$420	\$422	+0.5%
IL	\$401	\$406	+1.2%		SC	\$370	\$377	+1.9%
IN	\$358	\$359	+0.3%		SD	\$299	\$315	+5.4%
KS	\$322	\$331	+2.8%		TN	\$353	\$350	-0.9%
KY	\$315	\$330	+4.8%		TX	\$417	\$425	+1.9%
LA	\$341	\$350	+2.6%		UT	\$345	\$360	+4.3%
MA	\$965	\$914	-5.3%		VA	\$398	\$400	+0.5%
MD	\$370	\$367	-0.8%		VT	\$436	\$442	+1.4%
MI	\$326	\$324	-0.6%		WA	\$519	\$571	+10%
MN	\$384	\$388	+1%		WI	\$372	\$390	+4.8%
MO	\$297	\$301	+1.3%		WV	\$424	\$424	0%
MS	\$356	\$356	0%		WY	\$378	\$437	+15.6%

The states of Hawaii, Rhode Island, and Maine were excluded from the data due to sample sizes of fewer than 100 policies in each state. Average deductibles for Vermont are not reported due to the low number and exceptional nature of the policies sold through eHealth in the state.

Average Family Plan Deductibles by State, 2013 and 2012

State	Avg. deductible 2012	Avg. deductible 2013	% Change from 2012	State	Avg. deductible 2012	Avg. deductible 2013	% Change from 2012
AK	\$4,852	\$5,115	+5.4%	MT	\$4,767	\$4,893	+2.6%
AL	\$5,951	\$5,827	-2.1%	NC	\$5,588	\$5,687	+1.8%
AR	\$3,482	\$3,608	+3.6%	ND	\$5,904	\$6,872	+16.4%
AZ	\$5,509	\$5,706	+3.6%	NE	\$4,511	\$4,746	+5.2%
CA	\$3,292	\$3,535	+7.4%	NH	\$5,132	\$5,112	-0.4%
CO	\$4,469	\$4,485	+0.4%	NJ	\$235	\$217	-7.7%
CT	\$4,198	\$4,315	+2.8%	NM	\$2,943	\$3,068	+4.2%
DC	\$2,539	\$2,561	+0.9%	NV	\$4,118	\$4,175	+1.4%
DE	\$4,176	\$3,982	-4.6%	NY	\$473	\$586	+23.9%
FL	\$5,359	\$5,808	+8.4%	OH	\$4,538	\$4,787	+5.5%
GA	\$5,217	\$5,039	-3.4%	OK	\$4,402	\$4,270	-3%
IA	\$4,641	\$4,592	-1.1%	OR	\$4,899	\$5,204	+6.2%
ID	\$3,740	\$3,873	+3.6%	PA	\$2,647	\$2,689	+1.6%
IL	\$4,192	\$4,277	+2%	SC	\$5,593	\$5,674	+1.4%
IN	\$5,500	\$6,073	+10.4%	SD	\$4,361	\$4,345	-0.4%
KS	\$3,909	\$4,011	+2.6%	TN	\$5,092	\$5,203	+2.2%
KY	\$3,883	\$4,128	+6.3%	TX	\$4,731	\$4,601	-2.7%
LA	\$4,391	\$4,415	+0.5%	UT	\$4,647	\$4,878	+5%
MA	\$1,540	\$1,602	+4%	VA	\$3,245	\$3,421	+5.4%
MD	\$3,139	\$3,340	+6.4%	VT	NA	NA	
MI	\$4,748	\$5,034	+6%	WA	\$3,659	\$4,022	+9.9%
MN	\$6,987	\$6,907	-1.1%	WI	\$4,573	\$4,829	+5.6%
MO	\$4,319	\$4,444	+2.9%	WV	\$4,480	\$4,563	+1.9%
MS	\$5,136	\$5,187	+1%	WY	\$5,326	\$5,624	+5.6%

The states of Hawaii, Rhode Island, and Maine were excluded from the data due to sample sizes of fewer than 100 policies in each state. Average deductibles for Vermont are not reported due to the low number and exceptional nature of the policies sold through eHealth in the state.

Comprehensive Coverage Costs

The Cost of Comprehensive Coverage

In addition to providing insight into the overall costs and benefits of individual and family health insurance products, since 2012 eHealth has also published cost data on plans offering “comprehensive coverage” – that is, coverage for benefits deemed essential components of a comprehensive health plan by eHealth, Inc. These comprehensive benefits include: laboratory and x-ray; emergency services; prescription drugs; chiropractic; maternity; OB/GYN; periodic exams; and well baby care. In this section of eHealth’s 2013 Cost and Benefits of Individual and Family Health Insurance report, we examine the costs of plans providing comprehensive coverage in 2013.

In 2010, the Affordable Care Act (ACA) created a new list of ten Essential Health Benefits (EHBs) that all major medical health insurance plans must cover with an actuarial value of 60% or more in order to fulfill the federal mandate for health coverage, beginning in January of 2014. Those EHBs include: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

eHealth’s data on the cost of individual and family plans offering comprehensive coverage does not provide an ‘apples to apples’ comparison for plans that cover the essential health benefits established in the Affordable Care Act, but may offer some insight into the relative costs of richer-benefit coverage when compared to the overall data presented elsewhere in this report.

Average premiums and deductibles for plans offering “comprehensive coverage” in 2013

Individual Plans		Family Plans	
Avg. monthly premium	Avg. deductible	Avg. monthly premium	Avg. deductible
\$247	\$2,842	\$544	\$3,661

- Average premiums for individual plans offering comprehensive coverage (\$247) were 25.4% higher than average premiums for all individual plans (\$197)
- Average premiums for family plans offering comprehensive coverage (\$544) were 27.7% higher than average premiums for all family plans (\$426)

The Cost of Comprehensive Coverage (cont.)

**Average premiums and deductibles by age of policy holder
for individual plans offering “comprehensive coverage” in 2013**

Age of policy holder	Avg. monthly premium	Avg. deductible
Less than 18	\$130	\$2,711
18-24	\$162	\$2,584
25-34	\$195	\$2,787
35-44	\$272	\$2,669
45-54	\$355	\$2,901
55-64	\$435	\$3,708

- Average premiums for individual plan policy holders age 55-64 were 168.5% higher than those for policy holders age 18-24

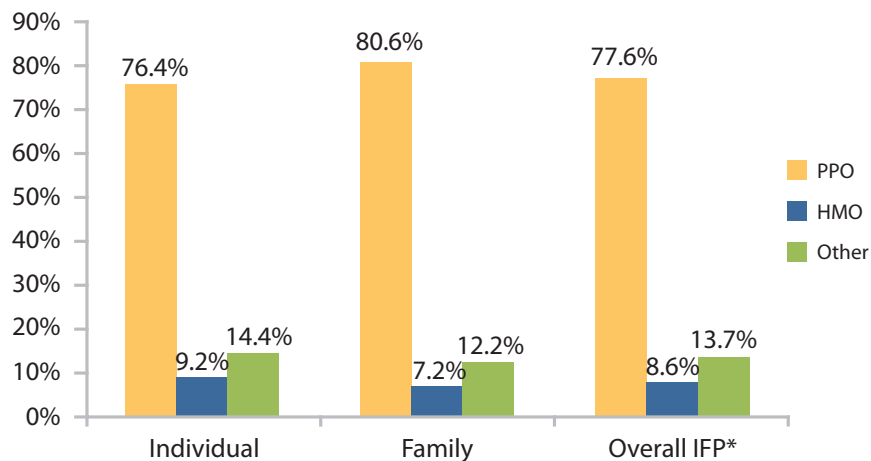
**Average individual and family plan premiums and deductibles
for plans with “comprehensive coverage” in select states*, 2013**

Individual Plans			Family Plans		
State	Avg. monthly premium	Avg. deductible	State	Avg. monthly premium	Avg. deductible
AZ	\$117	\$8,561	AZ	\$167	\$9,560
CA	\$196	\$3,599	CA	\$459	\$4,094
CO	\$189	\$3,452	CO	\$435	\$4,509
DC	\$168	\$1,212	GA	\$1,022	\$3,686
GA	\$355	\$2,337	ID	\$405	\$4,125
ID	\$180	\$3,633	MA	\$943	\$1,563
KS	\$234	\$1,714	MD	\$434	\$1,676
MA	\$400	\$1,501	MN	\$408	\$6,659
MD	\$171	\$1,593	MT	\$473	\$4,681
MN	\$158	\$4,737	NJ	\$1,230	\$1,240
MO	\$214	\$1,642	NY	\$1,399	\$1,470
MT	\$236	\$4,227	OR	\$402	\$5,301
NJ	\$504	\$1,148	PA	\$535	\$806
NY	\$648	\$1,145	UT	\$476	\$2,764
OR	\$183	\$5,025	VA	\$547	\$1,653
PA	\$224	\$551	WA	\$982	\$2,129
UT	\$212	\$2,583			
VA	\$227	\$1,516			
WA	\$321	\$2,063			

*Averages are only provided for states in which a sample size of at least 100 “comprehensive coverage” policies in effect was available.

Major Medical Plan Benefits

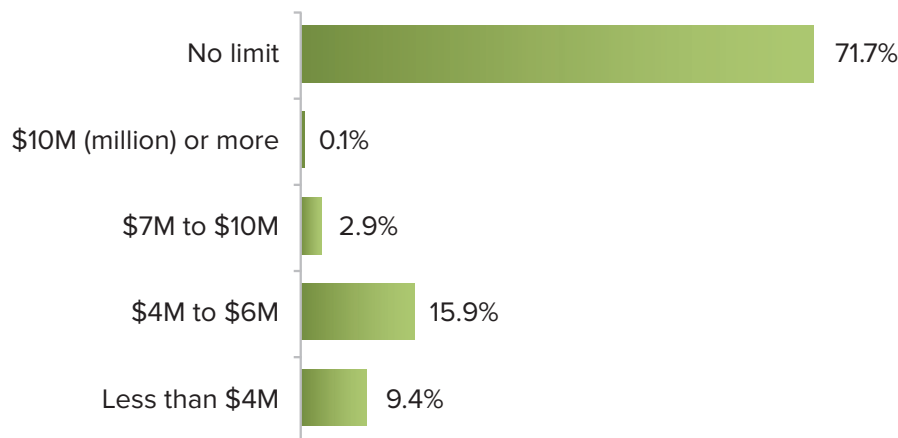
Type of Products, 2013



- In 2013 there was a shift away from PPO (Preferred Provider Organization) plans and toward HMO (Health Maintenance Organization) and other plans; In 2012 PPO policies accounted for 82.5% of overall policies and HMO plans accounted for 4.6% of overall policies
- “Other” plans may include POS (Point of Service), EPO (Exclusive Provider Organization) and other types of plans

**Percentages may add up to less than 100% due to rounding*

Dollar Limit for the Lifetime of Individual and Family Plans, 2013



- A September 2010 provision of the Affordable Care Act effectively did away with lifetime coverage limits for most covered medical services for individual and family plans purchased after March 23, 2010. Grandfathered plans, with coverage in effect prior to the new rule, make up a decreasing percentage of the total number of plans with coverage in effect.
- About seven-in-ten policies with coverage in effect today have no lifetime dollar cap; in 2012 this number was 57.5%; in 2011 it was 32.9%

Specific Plan Benefits and Preventive Care Benefits, 2013

Plan benefit	Individual policies	Family policies	All policies
Lab / X-ray	99.4%	99.4%	99.4%
ER	99.8%	100%	99.9%
Prescription drugs	88.1%	88.1%	88.1%
Chiropractic	71.4%	76%	72.8%
Maternity	24.1%	20.8%	23.1%
OB/GYN	91%	93.8%	91.8%
Periodic exam	88.8%	90%	89.1%
Well baby	88%	89.2%	88.4%

- Almost all individual or family plan policy holders purchased plans that included Lab / X-ray and ER (emergency room) coverage
- Almost nine-in-ten (88.1%) policy holders had covered for prescription drugs

Annual Premiums with and without Specific Benefits, 2013

	Avg. monthly premium	% of all policies sampled
With maternity coverage	\$251	24.1%
Without maternity coverage	\$177	75.9%
With prescription drug coverage	\$196	88.1%
Without prescription drug coverage	\$186	11.9%

- Monthly premiums for plans with maternity coverage were \$77 more expensive on average compared to plans not offering maternity coverage
- Monthly premiums for plans with prescription drug coverage were \$10 more expensive on average compared to plans not offering prescription drug coverage
- In compliance with the Affordable Care Act, beginning January 1, 2014 all new major medical health insurance plans will offer coverage for maternity care and prescription drugs

HSA-Eligible Plans

Premiums and Deductibles for HSA-eligible Individual and Family Plans, 2013

Individual Plans			Family Plans	
	Avg. monthly premium	Avg. deductible	Avg. monthly premium	Avg. deductible
HSA-eligible	\$200	\$3,570	\$422	\$5,237
Non-HSA	\$197	\$3,270	\$427	\$3,969
Overall	\$197	\$3,319	\$426	\$4,230

- HSA-eligible individual plan policy holders paid more (\$3) on average for monthly premiums than individual non-HSA plan policy holders
- HSA-eligible family plan policy holders paid \$5 less on average than non-HSA family plan policy holders

Age Distribution on HSA-eligible Plans, 2013

Age of primary policy holder	Share of overall HSA-eligible plans
Less than 18	0%
18-24	6.2%
25-34	28.5%
34-44	25.2%
45-54	24.2%
55-64	15.8%

- The average age of an HSA-eligible plan policy holder in 2013 was 41

**Percentages may not add up to 100% due to rounding*

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Methodology Supplement

The 2013 plan data referred to in this report is derived from a sample that includes the following number of individual and family major medical policies purchased through eHealthInsurance that were active in February 2013:

- Individual plans: approximately 291,000
- Family plans: approximately 131,000
- Children's plans: approximately 12,000 (the number of children's plans surveyed is a subset of the number of individual plans surveyed)
- Lifetime limit: approximately 406,000

Analysis based solely on health insurance plans offered and purchased through eHealthInsurance.com and with coverage in effect as of February 2013. Results may not reflect the full scope of all individual and family health insurance products available within a given state.

The 2012 plan data referred to in this report is derived from a sample that includes the following number of individual and family major medical policies purchased through eHealthInsurance that were active in February 2012:

- Individual plans: approximately 275,000
- Family plans: approximately 119,000

The 2011 plan data referred to in this report is derived from a sample that includes the following number of individual and family major medical policies purchased through eHealthInsurance that were active in February 2011:

- Individual plans: approximately 280,000
- Family plans: approximately 104,000

Dollar figures reported for years 2005-2010 were originally reported by eHealth Inc. in prior 'Cost and Benefits' reports based on plans purchased through eHealthInsurance.com and with coverage in effect at the time of data collection. Cost data was collected in the month of August for years 2005-2007 and in the month of February for subsequent years. To learn more about prior-year reports, please refer to the Media Center at eHealthInsurance.com.

The premium data in this report is derived from information received from health insurance carriers relating to the actual premiums being paid by policy holders in the months of February 2011, February 2012, and February 2013. Actual premiums may differ from premiums quoted on the eHealthInsurance website because they represent the premium being paid after underwriting and because policies were purchased prior to the date of analysis.

The number of policies listed above does not represent all of the individual and family major medical policies purchased through eHealthInsurance that were active during the stated time period. For example, some policies for which eHealthInsurance did not have sufficient benefit or premium data were excluded from the survey. Plan data listed in this report may change based on additional data received from health insurance carriers at a date later than the date of data collection or later than the published date of this report.

Methodology Supplement (cont.)

2012 and 2013 costs referred to in this report exclude data from the states of Hawaii, Rhode Island and Maine. These states were excluded because eHealthInsurance had fewer than 100 active policies in effect in these states as of February 2013.

Dollar figures in the report have been rounded to the nearest full dollar. Year-over-year changes in cost, when expressed as a percentage, are based on these rounded figures. Percentages expressed in the report may add up to slightly less or more than 100% due to rounding.

2011 costs referred to in this report exclude data from the states of Hawaii, Maine, Rhode Island and Vermont. These states were excluded because eHealthInsurance had fewer than 100 active policies in effect in these states as of February 2011.

Deductibles were determined by reviewing the health insurance carrier's brochure and related plan documents for each plan included in the survey.

The data referred to in this report is an aggregation of data reported to eHealthInsurance by health insurance carriers with which eHealthInsurance has an agency relationship. Inaccurate data reported by these health insurance carriers may affect the accuracy of this report.

Regarding “comprehensive coverage” data presented in this report:

Comparisons of average premium costs for plans with comprehensive health benefits in the report were derived from a sample of more than 53,000 individual major medical policies purchased through eHealthInsurance with coverage in effect in February 2013. In most of the states included in this analysis it is possible for applicants to be declined coverage for individual health insurance based on an insurer's review of their medical history.

The data presented in this report does not reflect the impact that new Essential Health Benefit (EHB) standards will have on plan prices nor does it take into account other factors that may impact the cost of health insurance in 2014 and beyond. Not only do some of the “comprehensive coverage” benefits defined by eHealth (see p. 21) differ and overlap with federally-defined EHBs, but chiropractic care is not deemed to be an EHB by the Affordable Care Act (ACA). There are also other important changes that go into effect next year that could impact plan prices, including these:

- 1. The mandate to have health coverage** - The requirement that all Americans – including the youngest and healthiest among us – purchase health insurance does not go into effect until 2014. The individual mandate, requiring many people without employer-based coverage to buy health insurance on their own or face a tax penalty, could push more young, healthy, Americans into the risk pool, which may help to lower prices.
- 2. Annual coverage limits** - Beginning in 2014, ACA-compliant health plans cannot place annual dollar limits on the coverage of essential health benefits.
- 3. Guaranteed issue** - This is a requirement in the Affordable Care Act that no citizen who applies for a health insurance policy in the individual and family health insurance market can have their application for health insurance declined because they have a pre-existing medical condition.
- 4. Community rating** - The Affordable Care Act requires that health insurance plans can only vary rates – what they charge for a plan – based on the applicant's age, where they live, family size, and tobacco use.

Methodology Supplement (cont.)

Price increases relating to these factors are limited to a 3 to 1 ratio for non tobacco users. Tobacco users can be charged up to fifty percent more.

Definitions

- An “active” policy is a policy for which eHealthInsurance received a commission payment from the insurance carrier for the relevant month.
- An “individual plan” is an individual and family major medical policy that has one member.
- A “family plan” is an individual and family major medical policy that has two or more members.
- A “children’s plan” is an individual and family major medical policy where the primary policy holder is younger than 18.