

The Cost and Benefits of Individual and Family Health Insurance Plans 2009

Policies surveyed were
active in February 2009



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Introduction and Background

- eHealth, Inc. has used its ecommerce technology to enroll over 2 million Americans in health insurance through multiple channels, including its online marketplace: ehealthinsurance.com.
- The objective of this report is to provide a nationwide perspective on cost and benefit trends in the non-group, individual and family health insurance market based on an analysis of a large, geographically distributed sample of eHealthInsurance purchasers and products.
- The first Cost and Benefits of Individual Health Insurance Plans report was issued by eHealthInsurance in 2001. eHealthInsurance is one of the few organizations with national source data that can best reflect consumer buying patterns and purchase prices.
- Founded in 1997, eHealthInsurance, a wholly-owned subsidiary of eHealth, Inc., is an online source of health insurance for individuals, families and small businesses. The company offers thousands of health plans underwritten by more than 180 of the nation's leading health insurance companies.
- eHealthInsurance is licensed to sell health insurance in all 50 states and the District of Columbia. eHealthInsurance and eHealth are registered trademarks of eHealthInsurance Services, Inc.
- eHealth's long-term success in enrolling Americans in health coverage should be considered when developing a model for health insurance exchanges.

Methodology Summary

- The 2009 plan data referred to in this report is derived from approximately 317,000 individual and family (IFP) major medical policies purchased through eHealthInsurance that were active in February 2009.
- The 2008 plan data referred to in this report is derived from approximately 259,000 individual and family (IFP) major medical policies purchased through eHealthInsurance that were active in February 2008.
- The 2007 plan data referred to in this report is derived from approximately 227,000 individual and family (IFP) major medical policies purchased through eHealthInsurance that were active in August 2007.
- This report analyzes monthly premiums paid on individual and family major medical health insurance policies in 2007, 2008 and 2009 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.
- For more detail on the methodology for this report, please see pages 27-28.

Report Highlights – Active policies surveyed in 2009

- The average monthly premium for individual policies was \$161, while the average premium for family policies was \$383.
- The average deductible for individual policies was \$2,326, and the average deductible for family policies in 2009 was \$3,128.
- Half of all individual policyholders paid monthly premiums of \$132 or less, and half of all family policy holders paid monthly premiums of \$329 or less.
- The average plan lifetime limit was \$4.3 million. This average applies only to policies with specified limits. The median plan lifetime limit was \$5 million. The median is based on policies sampled that have specific dollar limits as well as those with no dollar limits.
- The range of average monthly premiums for individual plans across the United States falls between \$103 in Iowa and \$339 in New York. The range of average monthly premiums for family plans across the United States falls between \$233 in Iowa and \$841 in New York.
- Forty-five percent of major medical plans sold to individuals had a deductible of less than \$2,000. Among family plans, sixty percent (60.5%) had a deductible less than \$3,000.
- Sixteen percent (16%) of all active policies were HSA-eligible.
- Almost 100% of individual and family plan (IFP) policyholders selected plans that included lab, x-ray (99.0%) and emergency room coverage (99.9%).
- The majority of individual and family plan policyholders purchased plans that covered prescription drugs (88.9%) and chiropractic coverage (74.4%).
- Policyholders also tended to select plans that offered preventive care benefits like OB/GYN (93.7%), periodic exams (89.6%) and well-baby coverage (87.7%).

Major Medical Plan Premiums and Deductibles

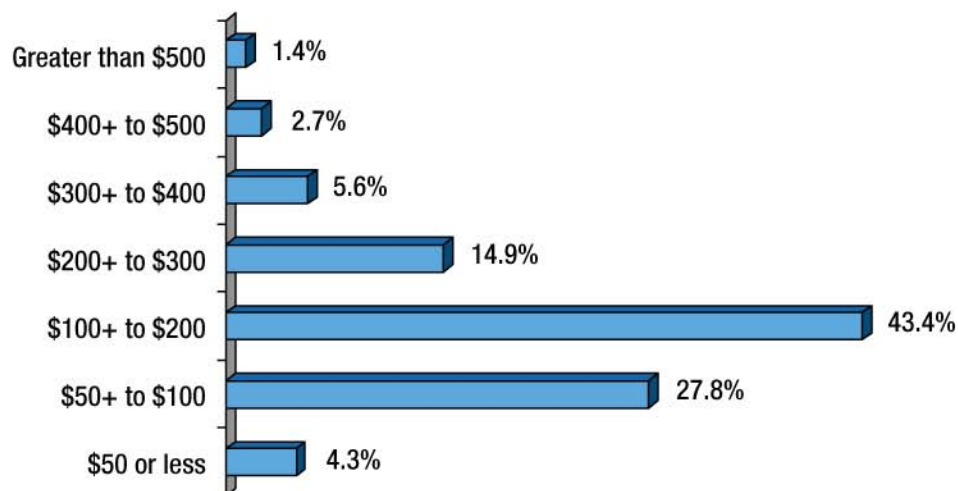


Profile of eHealthInsurance policyholders: 2007 to 2009

	August 2007	February 2008	February 2009
% Male	53.7%	53.5%	53.4%
Average age	35.6 years old	35.5 years old	35.6 years old
% Single	60.8%	61.9%	63.6%
Average monthly premium for individual plans	\$158	\$159	\$161
Median monthly premium for individual plans	\$129	\$130	\$132
Average deductible for individual plans	\$1,972	\$2,084	\$2,326
Average monthly premium for family plans	\$366	\$369	\$383
Median monthly premium for family plans	\$315	\$320	\$329
Average deductible for family plans	\$2,610	\$2,760	\$3,128
% HSA-eligible (individual and family)	13.6%	14.3%	16.0%
Average monthly premium for individual HSA-eligible plans	\$133	\$137	\$143
Average monthly premium for family HSA-eligible plans	\$302	\$309	\$331

Monthly premiums for major medical plans: February 2009

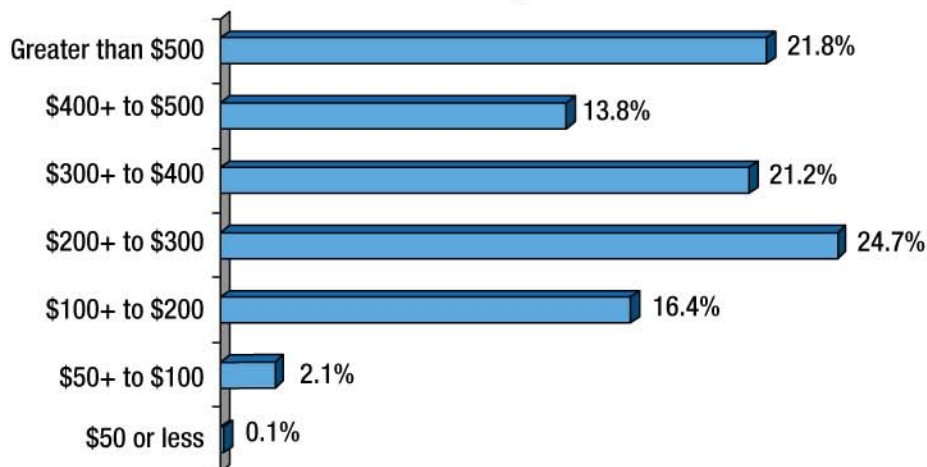
Individual



Average premium* \$161/month

Median premium** \$132/month

Family



Average premium* \$383/month

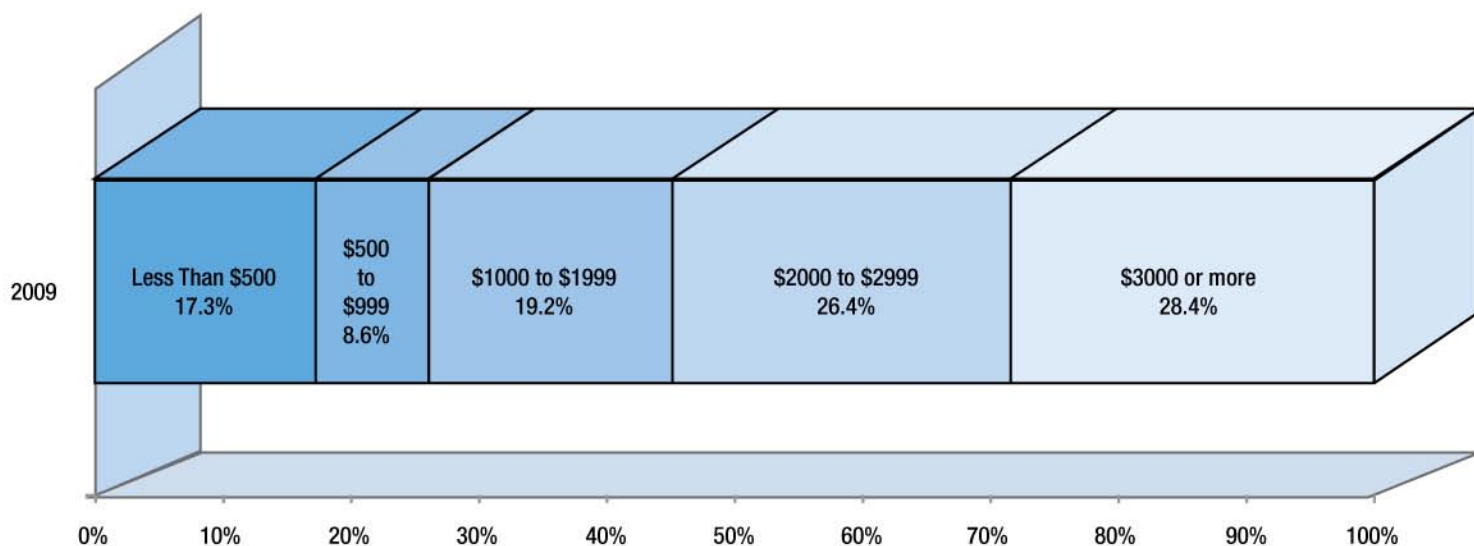
Median premium** \$329/month

- Half of all individual policyholders paid \$132 or less per month.
- Half of all family policyholders paid less than \$329 per month

*An average is the sum of all the data in the distribution divided by the sample size.

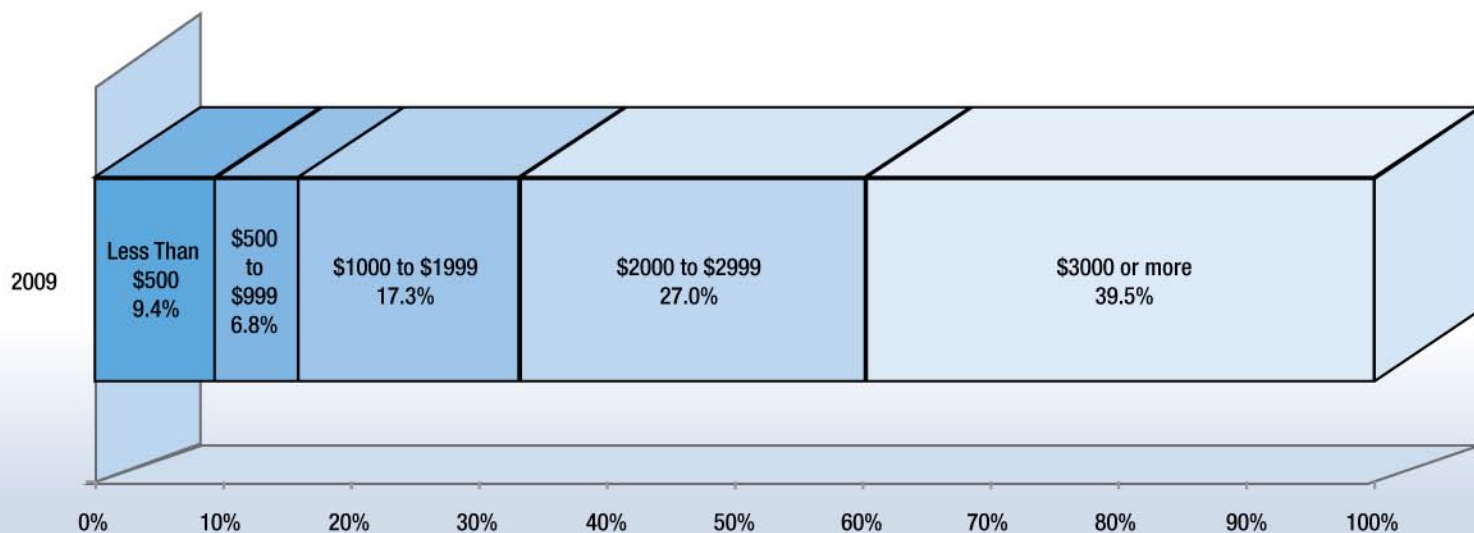
**The median is the middle value in a set of numbers arranged in increasing order. If there is an even number of values, the median is the average of the middle two values.

Individual plan deductible levels: February 2009



- 45 percent of all 2009 individual plan policyholders had a deductible of less than \$2000.
- Nearly three quarters (71.6%) of 2009 individual plan policyholders had a deductible of less than \$3000.

Family plan deductible levels: February 2009



- Two thirds (66.5%) of all 2009 family plan policyholders had a deductible of over \$2000.

Individual plan premiums by age: February 2009

Age of primary policyholder	Ave. monthly premium	Avg. deductible	% of individual policies sampled	% of uninsured population*	% of US population*
Less than 18	\$94	\$2,102	6.2%	9.9%	24.7%
18-24	\$106	\$2,322	21.0%	28.6%	9.5%
25-34	\$130	\$2,195	34.6%	26.5%	13.4%
35-44	\$178	\$2,296	16.0%	19.4%	13.7%
45-54	\$233	\$2,562	12.7%	14.4%	26.1%
55-64	\$314	\$2,686	9.5%		
Overall	\$161	\$2,326	100%	98.8%	87.4%

- 65% of America's uninsured are under the age of 35*.
- 62% of eHealthInsurance policyholders are younger than 35 and paid an average premium of \$130 or less.

* Source: US Census Bureau "Income, Poverty and Health Insurance Coverage in the United States: 2008," released in September 2009. This data reflects 2008 year data and is the most recent data available from the US Census outlining the demographics of the uninsured.

Individual plan premiums by age: 2007 to 2009

Age of primary policyholder	Avg. premium 2007	Avg. premium 2008	Avg. premium 2009
Less than 18	\$92	\$93	\$94
18-24	\$107	\$107	\$106
25-34	\$128	\$130	\$130
35-44	\$173	\$175	\$178
45-54	\$227	\$231	\$233
55-64	\$301	\$309	\$314
Overall	\$158	\$159	\$161

- Between February 2008 and February 2009, average premiums for individual policies increased 1.1 percent.

Individual plan deductibles by age: 2007 to 2009

Age of primary policyholder	Avg. deductible 2007	Avg. deductible 2008	Avg. deductible 2009
Less than 18	\$1,683	\$1,788	\$2,102
18-24	\$1,932	\$2,063	\$2,322
25-34	\$1,829	\$1,948	\$2,195
35-44	\$1,955	\$2,079	\$2,296
45-54	\$2,262	\$2,350	\$2,562
55-64	\$2,420	\$2,492	\$2,686
Overall	\$1,972	\$2,084	\$2,326

- The average individual policy deductible increased 12% between February 2008 and February 2009.
- In the same period, the average monthly premium for an individual policy increased only 1%.
- Individuals between the ages of 25 and 34 years of age had the lowest deductibles among adults.

Individual plan premiums by gender and age: February 2009

Women	Less than 18	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	Overall
Avg. monthly premium	\$94	\$115	\$144	\$192	\$240	\$316	\$176
% of individual policies sampled	6.2%	21.2%	32.1%	14.9%	13.4%	12.2%	100.0%
Men	Less than 18	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	Overall
Avg. monthly premium	\$95	\$97	\$119	\$166	\$226	\$310	\$147
% of individual policies sampled	6.2%	20.9%	36.9%	17.0%	11.9%	7.0%	100.0%
Difference (Female - Male)	-\$1	\$18	\$25	\$26	\$14	\$6	\$29

- Each age group contributes a different proportion to the overall average for men and women. For example, the larger percentage of women versus men in the age groups with higher premiums (45-54 and 55-64) contributes to the higher overall average for women.

Family plan premiums and deductibles by age: February 2009

Age of primary policyholder	Avg. monthly premium	Avg. deductible	% of family policies sampled
Less than 18	\$168	\$2,930	2.2%
18-24	\$212	\$2,872	3.2%
25-34	\$305	\$2,797	24.2%
35-44	\$381	\$3,103	35.5%
45-54	\$439	\$3,380	24.8%
55-64	\$540	\$3,519	10.2%
Overall	\$383	\$3,128	100%

- Average monthly premiums for family policies surveyed within each age group ranged between \$168 and \$540.
- Between February 2008 and February 2009, average premiums for family policies increased 4.0 percent.

Family plan premiums and deductibles by number of members on plan: February 2009

Members on policy	Avg. monthly premium	Median monthly premium	Avg. cost per member	Avg. deductible	Median deductible	% of family policies sampled
2	\$328	\$274	\$164	\$2,957	\$2,500	43.8%
3	\$385	\$331	\$128	\$3,083	\$2,500	23.9%
4	\$446	\$387	\$112	\$3,355	\$2,500	21.4%
5	\$480	\$419	\$96	\$3,436	\$2,500	8.0%
6+	\$501	\$442	\$80	\$3,606	\$3,000	2.9%
Overall	\$383	\$329	\$136	\$3,128	\$2,500	100%

- Note: A family plan with two members could include a couple, a parent and child, or two children on their own plan.

Family plan premiums by age: 2007 to 2009

Age of primary policyholder	Avg. premium 2007	Avg. premium 2008	Avg. premium 2009
Less than 18	\$169	\$169	\$168
18-24	\$219	\$217	\$212
25-34	\$305	\$302	\$305
35-44	\$367	\$369	\$381
45-54	\$412	\$420	\$439
55-64	\$494	\$509	\$540
Overall	\$366	\$369	\$383

- Between February 2008 and February 2009, average premiums for family policies increased 4.0 percent.

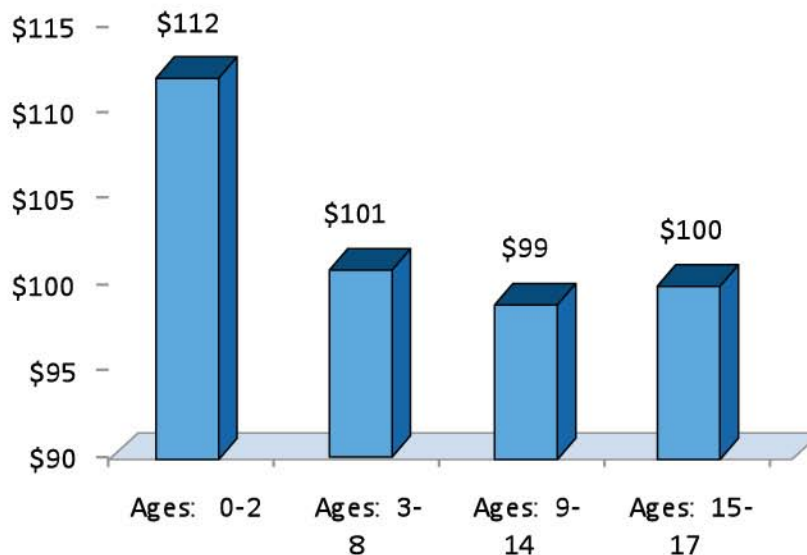
Family plan deductibles by age: 2007 to 2009

Age of primary policyholder	Avg. deductible 2007	Avg. deductible 2008	Avg. deductible 2009
Less than 18	\$2,366	\$2,522	\$2,930
18-24	\$2,154	\$2,332	\$2,872
25-34	\$2,224	\$2,371	\$2,797
35-44	\$2,599	\$2,765	\$3,103
45-54	\$2,899	\$3,056	\$3,380
55-64	\$3,127	\$3,212	\$3,519
Overall	\$2,610	\$2,760	\$3,128

- Between February 2008 and February 2009, average deductibles for family policies increased 13.3 percent.
- Average deductibles for family plans where the primary policyholder was under the age of 18 were higher, on average, than policies where the primary policyholder was between the ages 18 and 34.

Average and median premiums and deductibles for children's health insurance: February 2009

Average monthly premiums



Median premium

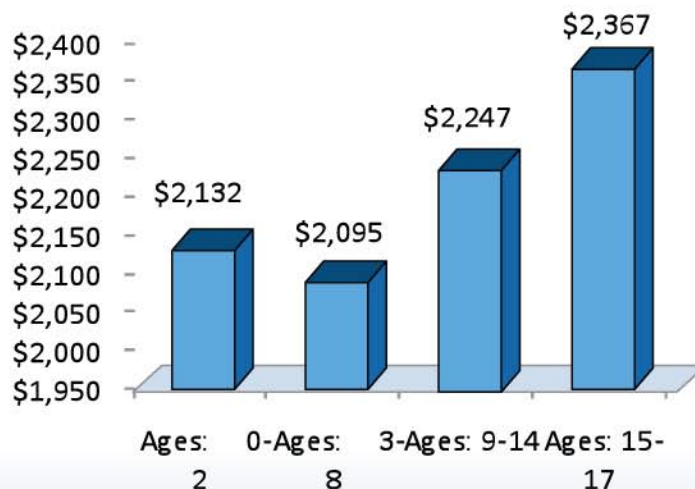
\$102

\$89

\$87

\$87

Average deductibles



Median deductible

\$2,000

\$1,500

\$2,000

\$2,000

- Half of all premiums for children between the ages of 3 and 17 (79% of policies sampled) were \$89 or less.
- Median premiums for Infants between the ages of 0-2 years were \$102 per month (21% of policies sampled).

Average individual plan premiums by state: February 2009

State	Average Monthly Premium	% Chg Premium from 2008
AK	\$182	7%
AL	\$122	0%
AR	\$117	-5%
AZ	\$139	2%
CA	\$150	0%
CO	\$145	-1%
CT	\$188	13%
DC	\$144	-4%
DE	\$151	1%
FL	\$162	0%
GA	\$166	-3%
*HI	NA	NA
IA	\$103	0%
ID	\$122	12%
IL	\$147	1%
IN	\$140	5%
KS	\$119	-2%
KY	\$117	0%
LA	\$140	2%
*MA	NA	NA
MD	\$148	1%
MI	\$123	-1%
MN	\$134	-2%
MO	\$121	-1%
MS	\$150	-3%

State	Average Monthly Premium	% Chg Premium from 2008
MT	\$158	13%
NC	\$140	-1%
*ND	NA	NA
NE	\$132	2%
NH	\$182	19%
NJ	\$274	-4%
NM	\$136	-5%
NV	\$166	-5%
NY	\$339	-16%
OH	\$126	-1%
OK	\$133	7%
OR	\$167	10%
PA	\$155	-6%
*RI	NA	NA
SC	\$149	-2%
SD	\$137	4%
TN	\$148	-2%
TX	\$164	5%
UT	\$125	0%
VA	\$154	-1%
*VT	NA	NA
WA	\$185	4%
WI	\$129	2%
WV	\$171	-12%
WY	\$146	5%

*These states have a sample size of less than 100 policies.

Individual plan premiums by state: February 2008

State	Average Monthly Premium
AK	\$171
AL	\$122
AR	\$123
AZ	\$136
CA	\$150
CO	\$146
CT	\$167
DC	\$150
DE	\$150
FL	\$162
GA	\$171
*HI	NA
IA	\$103
ID	\$109
IL	\$145
IN	\$133
KS	\$122
KY	\$117
LA	\$137
*MA	NA
MD	\$147
MI	\$123
MN	\$136
MO	\$123
MS	\$155

State	Average Monthly Premium
MT	\$141
NC	\$142
*ND	NA
NE	\$129
NH	\$153
NJ	\$287
NM	\$143
NV	\$174
NY	\$406
OH	\$127
OK	\$123
OR	\$152
PA	\$164
*RI	NA
SC	\$152
SD	\$132
TN	\$151
TX	\$157
UT	\$126
*VT	NA
VA	\$156
WA	\$178
WI	\$126
WV	\$194
WY	\$140

*These states have sample sizes of less than 100 policies.

Average individual plan deductibles by state: February 2009

State	Average Deductible
AK	\$3,270
AL	\$3,089
AR	\$2,435
AZ	\$3,032
CA	\$2,033
CO	\$2,824
CT	\$2,488
DC	\$1,535
DE	\$2,150
FL	\$3,084
GA	\$3,715
*HI	NA
IA	\$2,961
ID	\$2,468
IL	\$2,283
IN	\$3,022
KS	\$2,622
KY	\$2,371
LA	\$2,756
MD	\$1,162
*MA	NA
MI	\$2,179
MN	\$3,883
MO	\$2,731
MS	\$3,169

State	Average Deductible
MT	\$3,488
NC	\$3,242
*ND	NA
NE	\$2,322
NH	\$2,819
NJ	\$174
NM	\$2,026
NV	\$2,064
NY	\$224
OH	\$2,801
OK	\$2,655
OR	\$3,036
PA	\$1,941
*RI	NA
SC	\$2,862
SD	\$3,555
TN	\$3,306
TX	\$2,862
UT	\$2,003
VA	\$1,794
*VT	NA
WA	\$2,101
WI	\$2,994
WV	\$2,902
WY	\$3,021

*These states have sample sizes of less than 100 policies.

Average family plan premiums by state: February 2009

State	Average Monthly Premium
AK	\$429
AL	\$284
AR	\$276
AZ	\$305
CA	\$380
CO	\$348
CT	\$468
DC	\$421
DE	\$391
FL	\$354
GA	\$407
*HI	NA
IA	\$233
ID	\$293
IL	\$378
IN	\$337
KS	\$311
KY	\$290
LA	\$317
MD	\$367
*MA	NA
MI	\$295
MN	\$350
MO	\$283
MS	\$312

State	Average Monthly Premium
MT	\$340
NC	\$320
*ND	NA
NE	\$314
NH	\$473
NJ	\$772
NM	\$303
NV	\$386
NY	\$841
OH	\$311
OK	\$287
OR	\$367
PA	\$414
*RI	NA
SC	\$336
SD	\$314
TN	\$343
TX	\$386
UT	\$305
VA	\$381
*VT	NA
WA	\$443
WI	\$302
WV	\$383
WY	\$351

*These states have sample sizes of less than 100 policies.

Average family plan deductibles by state: February 2009

State	Average Deductible
AK	\$4,092
AL	\$4,436
AR	\$3,009
AZ	\$3,734
CA	\$2,744
CO	\$3,605
CT	\$2,973
DC	\$1,451
DE	\$3,042
FL	\$3,935
GA	\$4,272
*HI	NA
IA	\$4,161
ID	\$2,701
IL	\$3,098
IN	\$3,882
KS	\$3,311
KY	\$3,189
LA	\$3,549
MD	\$1,583
*MA	NA
MI	\$3,190
MN	\$4,511
MO	\$3,504
MS	\$3,965

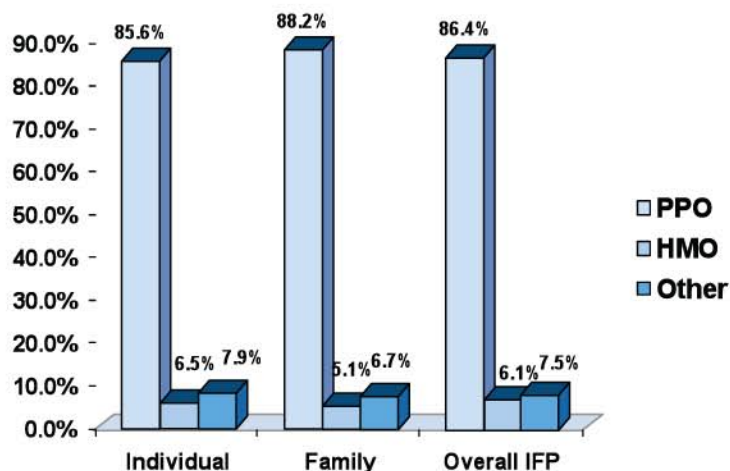
State	Average Deductible
MT	\$5,584
NC	\$4,473
*ND	NA
NE	\$3,524
NH	\$3,863
NJ	\$303
NM	\$2,371
NV	\$2,868
NY	\$501
OH	\$3,440
OK	\$3,357
OR	\$3,324
PA	\$2,401
*RI	NA
SC	\$4,245
SD	\$5,006
TN	\$4,026
TX	\$3,529
UT	\$2,654
VA	\$2,556
*VT	NA
WA	\$2,671
WI	\$4,211
WV	\$3,853
WY	\$3,939

*These states have sample sizes of less than 100 policies.

Major Medical Plan Benefits

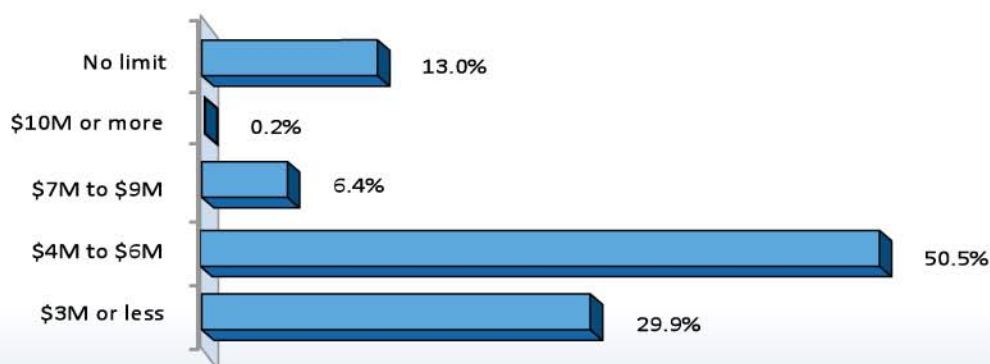


Types of health insurance products surveyed: February 2009



- **PPO:** A type of managed care health insurance plan that allows members to visit whatever in-network physician or healthcare provider they wish without first requiring a referral from a primary care physician. Services will typically be covered at a higher benefit level when rendered by a network provider.
- **HMO:** A health insurance plan or organization that provides a wide range of comprehensive healthcare services through a network of doctors, hospitals, labs, etc., who agree to provide services to HMO members at a pre-negotiated rate.
- **Other:** Plans such as EPO (Exclusive Provider Organization), Indemnity, or POS (Point of Service) plans.

Dollar limit for the lifetime of individual and family plans: February 2009



- The average plan lifetime limit was \$4.3 million. This average applies only to policies with specified limits.
- The median plan lifetime limit was \$5 million. The median is based on policies sampled that have specific dollar limits as well as those with no dollar limits.
- **Note:** Stated lifetime coverage limits were not available for 10 percent of policies surveyed. Subject to what is noted above regarding average plan lifetime limit data, the data reported here reflects approximately 286,000 (90%) remaining policies surveyed.

Specific plan benefits and preventative care benefits: 2007 to 2009

Plan Benefit	Individual Plans 2007*	Individual Plans 2008	Individual Plans 2009	Family Plans 2007*	Family Plans 2008	Family Plans 2009	Overall IFP Plans 2007*	Overall IFP Plans 2008	Overall IFP Plans 2009
Lab X-Ray	99.4%	99.0%	99.0%	99.4%	99.2%	99.1%	99.4%	99.1%	99.0%
ER	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Prescription	88.7%	90.0%	89.6%	85.5%	87.0%	86.9%	87.9%	89.2%	88.9%
Chiropractic	76.9%	76.8%	74.2%	74.6%	75.6%	75.0%	76.3%	76.5%	74.4%
Maternity	25.8%	25.0%	22.1%	25.3%	24.6%	22.1%	25.7%	24.9%	22.1%

Preventative Care	Individual Plans 2007*	Individual Plans 2008	Individual Plans 2009	Family Plans 2007*	Family Plans 2008	Family Plans 2009	Overall IFP Plans 2007*	Overall IFP Plans 2008	Overall IFP Plans 2009
OB/GYN	94.0%	94.4%	93.0%	96.0%	96.4%	95.6%	94.6%	95.0%	93.7%
Periodic Exam	88.5%	89.5%	89.5%	88.0%	89.2%	90.0%	88.4%	89.4%	89.6%
Well Baby	85.6%	87.1%	87.7%	82.9%	85.5%	87.7%	84.9%	86.7%	87.7%

- Almost 100% of individual and family plan (IFP) policyholders selected plans that included lab, x-ray (99.0%) and emergency room coverage (99.9%).
- The majority of IFP policyholders chose plans that covered prescription drugs (88.9%) and chiropractic coverage (74.4%).
- Policyholders also tended to select plans that offered preventive care benefits like OB/GYN (93.7%), periodic exams (89.6%) and well-baby coverage (87.7%).

* The plan benefit data for 2007 has been revised from eHealth's 2008 Cost & Benefits report, as a result of access to additional data for 2007.

Average annual premiums with and without specific benefits: February 2009

Benefit	Average Monthly Premium	% of Policies Sampled
With maternity coverage	\$216	22.1%
Without maternity coverage	\$139	77.9%

With Prescription Drug Coverage	\$158	89.6%
Without Prescription Drug Coverage	\$137	10.4%

- Roughly one-quarter (22.1%) of all IFP policyholders selected plans that offer maternity coverage. In some cases maternity coverage may not be available for individuals who want to purchase it.
- The states of NY, NJ, MA, MT, MN, OR and WA have mandates requiring all non-group, major medical policies to include coverage for maternity benefits.

HSA-Eligible Plans



Premiums and deductibles for individual and family HSA-eligible plans: February 2009

Individual			Family		
	Average Monthly Premium	Average Monthly Deductible	Average Monthly Premium	Average Monthly Deductible	Average Members Per Plan
HSA-eligible	\$143	\$3,382	\$331	\$5,612	3.25
Non-HSA	\$164	\$2,149	\$397	\$2,475	2.98
Overall	\$161	\$2,325	\$383	\$3,128	3.03

- Between February 2008 and February 2009 average monthly individual premiums for HSA-eligible plans increased from \$137 to \$143.
- Between February 2008 and February 2009 average monthly family premiums for HSA-eligible plans increased from \$309 to \$331.

Age distribution of HSA-eligible plans: February 2009

Age of Primary Policyholder	% of Overall HSA - Eligible Plans
Less than 18	0.0%
18-24	10.6%
25-34	27.1%
35-44	25.2%
45-54	22.9%
55-64	14.2%

- The average age of primary policyholders with HSA-eligible plans was 40.4.

For information, analysis, or commentary on this report, please contact eHealth, Inc. Media Relations or Government Relations.

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Methodology supplement

- The 2009 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 2009:
 - Individual plans: approximately 233,000.
 - Family plans: approximately 84,000.
 - Children's Plans: approximately 16,000.
 - Lifetime Limit: approximately 286,000. These 286,000 plans represent approximately 90 percent of the total policies surveyed. Approximately 10 percent of policies were excluded because they did not indicate a lifetime limit of any kind and were not used to calculate the median or average lifetime limit data. Plans with unlimited lifetime coverage limits were excluded from the average lifetime coverage limit data in the report, but were included in determining the median lifetime coverage limit.
- The 2008 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 2008:
 - Individual plans: approximately 188,000.
 - Family plans: approximately 71,000.
- 2007 plan data referred to in this report is derived from a sample which includes the following number of individual and family major medical policies purchased through eHealthInsurance that were active in August 2007:
 - Individual plans: approximately 164,000.
 - Family plans: approximately 63,000.
- The premium data in this report is derived from information received from health insurance carriers relating to the actual premiums being paid by policyholders in the months of August 2007, February 2008 and February 2009. Actual premiums may differ from premiums quoted on the eHealthInsurance website because they represent the premium being paid after underwriting and for policies that 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 might change based on additional data received from health insurance carriers at a date later than the active date of the data or later than the published date of this report.
- State-by-state data provided on pages 15 through 19 excludes Hawaii, Massachusetts, Maine, North Dakota, Rhode Island and Vermont. These states were excluded from the data reported because eHealthInsurance had fewer than 100 active policies in these states in February 2008 and 2009.
- 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 might affect the accuracy of this report.

Methodology supplement - 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 policyholder is younger than 18.
 - “Lab or X-ray coverage” typically refers to any diagnostic lab test or diagnostic/therapeutic x-ray performed in support of basic health services
 - “Emergency room coverage” includes all services provided when a patient visits an emergency room for an emergency condition.
 - “Prescription coverage” varies by carrier and plan type. Typically, prescription drugs are covered in one of the two ways below:
 - Insurance covers a percentage after plan deductible is met
 - Insurance covers cost of the drug but a copayment is required with prescription
- “Chiropractic coverage” includes services provided by a licensed chiropractor. Definitions of certain terms may vary across insurance companies.
- “Maternity coverage” means the insurance covers part or all of the medical cost during a woman's pregnancy.
- “OB/GYN coverage” means that the policy covers an outpatient visit to a physician's office for an Obstetrics/Gynecology exam such as a PAP or mammogram.
- “Periodic exam coverage” means that the policy covers an outpatient visit to a physician's office for an annual physical.
- “Well-baby coverage” means that the policy covers regularly scheduled, preventive care services, including immunizations, provided to children up to an age specified by a health insurance company or mandated by a government agency.