



ACA Half-Time Snapshot: Open Enrollment Costs & Trends

November 2019

Study Overview

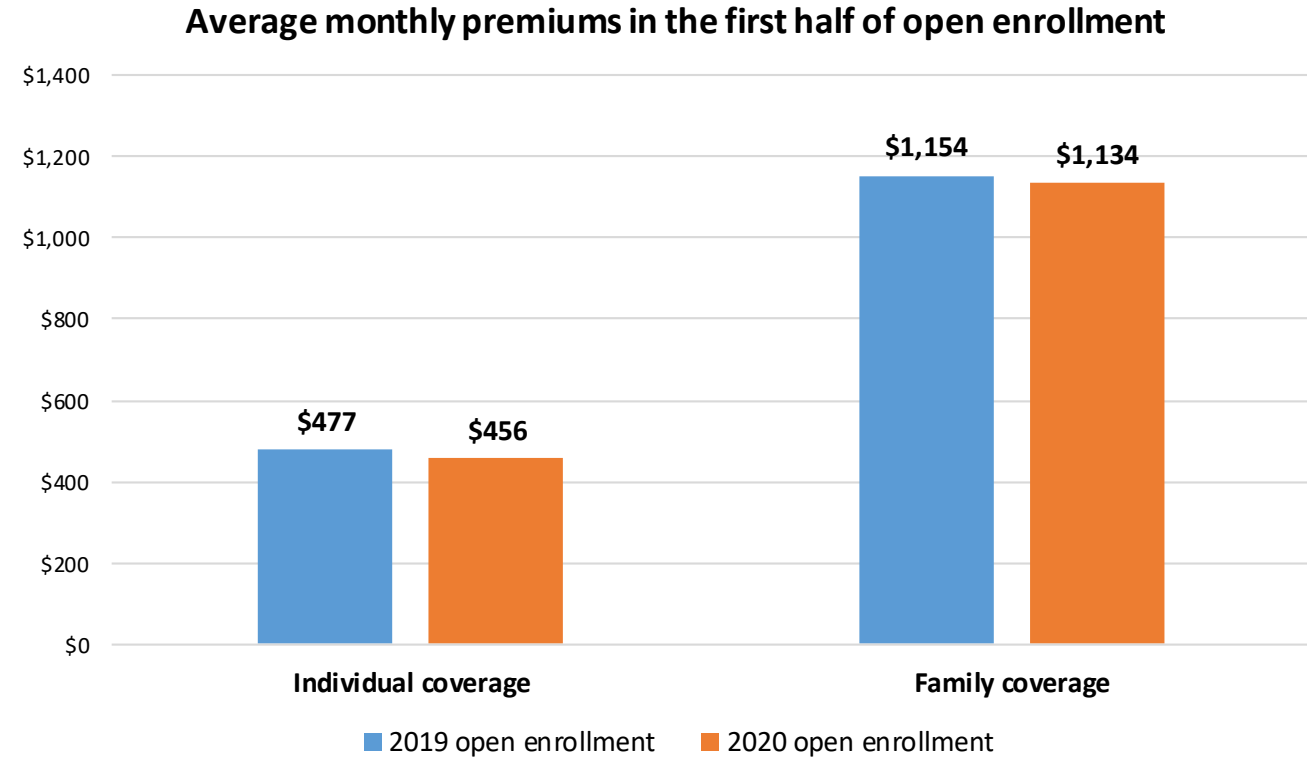
This report presents an analysis of costs and trends among consumers not receiving government subsidies who selected Affordable Care Act (ACA) insurance plans through eHealth during the first half of the nationwide open enrollment period for 2020 coverage, which is scheduled to end December 15, 2019. Data presented in this report is drawn from November 1 through November 20, 2019 and comparisons are drawn with data published in eHealth's Half-Time Report from the prior year.

Highlights for the first half of the 2020 open enrollment period:

- **Average premiums show modest declines:** Average premiums for individual coverage declined 4% compared to last year (from \$477 to \$456), while family premiums declined 2% (from \$1,154 to \$1,134).
- **Average deductibles increased:** Average deductibles for individual coverage are up 5% compared to last year (from \$4,064 to \$4,263); family premiums are up 4% (from \$7,620 to \$7,893).
- **More people are selecting EPO plans:** 31% of individuals and families selected EPO-style plans, compared to 25% during last year's open enrollment; 49% selected HMO-style plans, compared to 56% last year.

Premiums are down 4% for individuals and 2% for families in the first half of open enrollment

- \$456 was the average premium for individual plans among consumers not receiving subsidies, compared to \$477 in the first half of last year’s open enrollment period.
- \$1,134 was the average monthly premium for family plans, compared to \$1,154 last year.



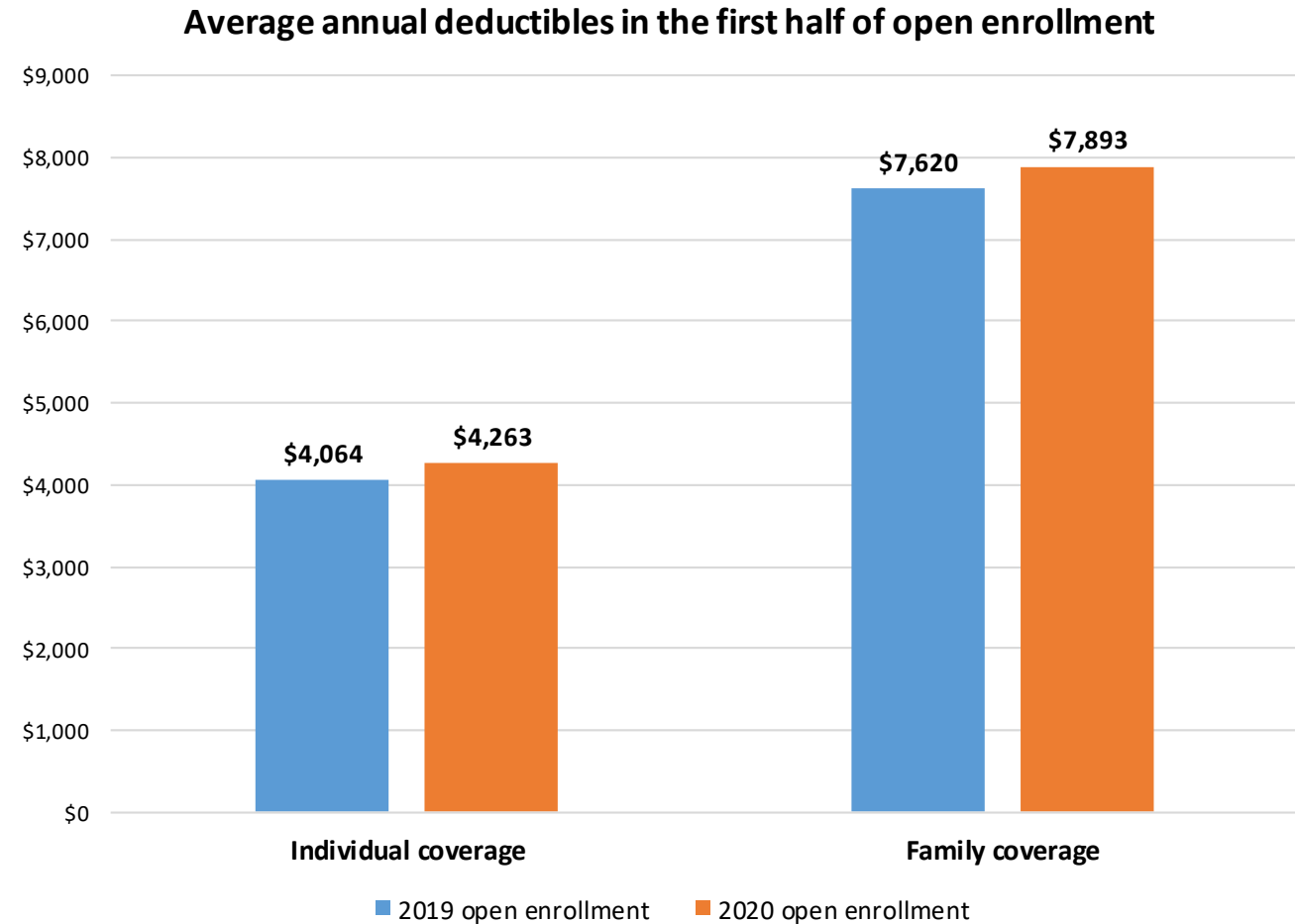
A [recent eHealth survey](#) of ACA plan enrollees found:

Most select a plan based primarily on monthly premium: 54% said the monthly premium is their most important consideration in selecting a health insurance plan.

Unsubsidized consumers are significantly less happy with premiums: 33% of those not receiving government premium subsidies expressed satisfaction with what they pay for coverage, compared to 76% of those who receive subsidies.

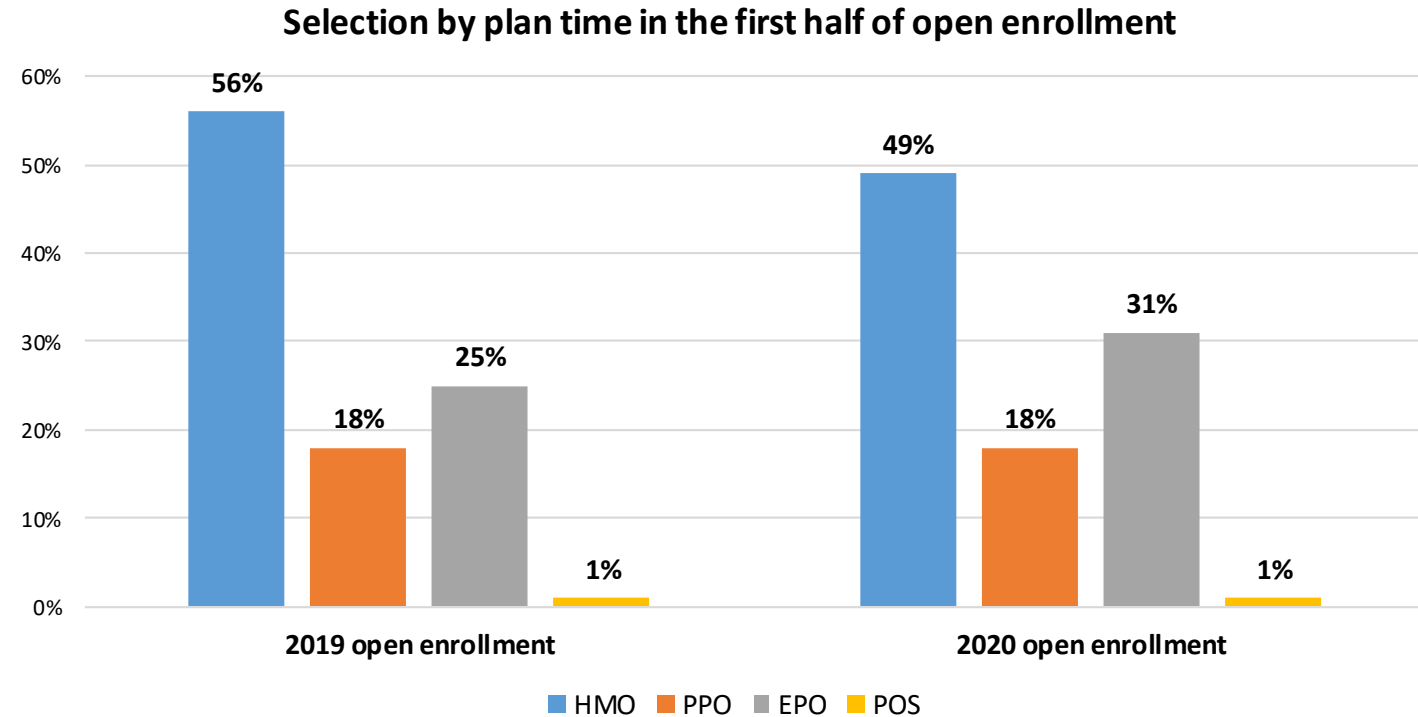
Deductibles are up 5% for individuals and 4% for families in the first half of open enrollment

- \$4,263 was the average deductible for individual plans among consumers not receiving subsidies, compared to \$4,064 in the first half of last year’s open enrollment period.
- \$7,893 was the average deductible for family plans, compared to \$7,620 last year.



More people are selecting EPO plans while fewer choose HMO plans

- 49% selected HMO-style individual and family plans in the first half of the 2020 open enrollment period, compared with 56% the year before.
- 31% selected EPO-style individual and family plans in the first half of the 2020 open enrollment period, compared with 25% the year before.

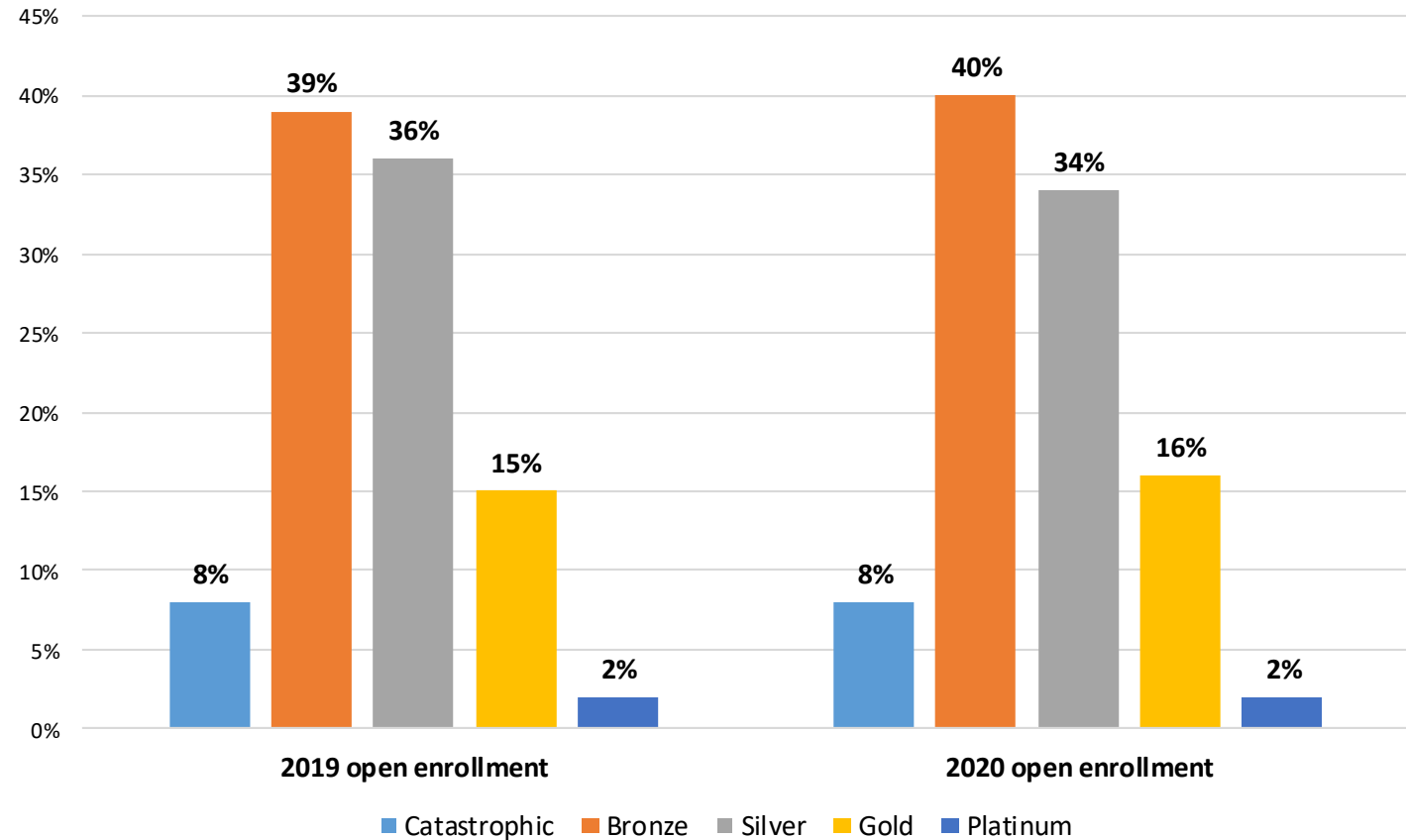


A note on plan types: Health Maintenance Organization (HMO) plans typically require members to coordinate care through a primary care physician, while Preferred Provider Organization (PPO) plans typically allow members greater freedom to select their own doctors and self-refer to specialists. Exclusive Provider Organization (EPO) and Point of Service (POS) plans often combine elements of both HMO and PPO plans.

Metal level selections are almost unchanged from the same period last year.

- 40% selected Bronze plans in the first half of the 2020 open enrollment period, compared with 39% last year.
- 34% selected Silver plans, a slight decline from last year (36%).
- 16% selected Gold plans (15% last year).
- 8% selected Catastrophic plans (unchanged from last year).
- 2% selected Platinum plans (unchanged from last year).

Selection by metal level in the first half of open enrollment



Methodology Note

This report's findings are based solely on submitted applications for individual and family plans compliant with the Affordable Care Act received by eHealth between November 1 and November 20, 2019. Comparisons are drawn with cost and trend data for the first half of open enrollment the year prior, originally published by eHealth on November 30, 2018. Only submitted applications for individuals and families not receiving government subsidies were included in this analysis. In order to provide a more representative snapshot of costs and trends, data from the state of Ohio was excluded due to the exceptional nature of products sold by eHealth in that state. Changes in average costs and plan selection year over year may be explained by a number of factors including changes to premiums, the introduction of new products, changes in the average age of eHealth customers, and others. All figures have been rounded to the nearest full dollar or nearest full percentage point. Actual premiums, deductibles and other features of specific plans may vary from the average numbers shown.

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