hpio health policy institute of ohio

Private Health Insurance Basics 2016

Fact sheet 4

Non-group (individual/family) coverage and the Affordable Care Act health insurance marketplace

What's inside?
Non-group coverage landscape • What is the individual mandate? • Overview of the ACA health insurance marketplace and trends

Non-group (individual/family) coverage

Individuals and families can purchase non-group health insurance coverage from:

- A private health insurance issuer
- An insurance agent, broker or online
- A private exchange
- The federally-mandated Affordable Care Act (ACA) health insurance marketplace ("exchange")

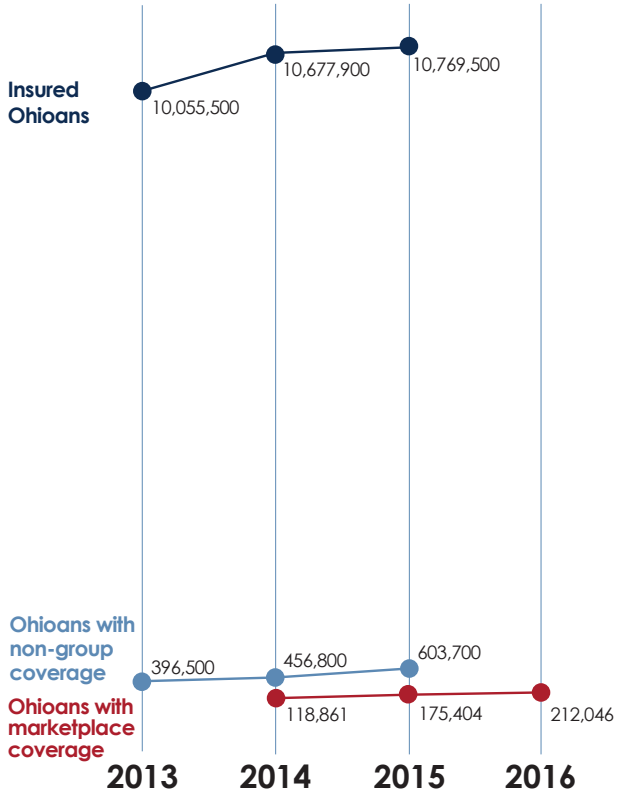
Non-group coverage accounted for less than 6 percent of insured Ohioans in 2015.[1] Although several market reforms implemented in 2014 under the ACA were intended to increase non-group health insurance coverage, the percent of Ohioans with non-group coverage has remained relatively stable over the past few years (see Figure 1).

Individual mandate (individual shared responsibility provision)

As of January 2014, U.S. citizens and legal residents are required under federal law to maintain minimum essential coverage for each month of a taxable year, or be subject to a penalty.[2] Minimum essential coverage refers to most types of private and public health insurance coverage (e.g. Medicare, Medicaid, non-group coverage or employer-sponsored) but excludes certain coverage that provides limited benefits, such as stand-alone dental and vision insurance and limited benefit Medicaid programs.[3]

Exemptions to the mandate are granted under various circumstances including qualifying religious objections, financial hardship, issues of affordability, unlawful presence in the U.S., incarceration or membership in a designated group (such as a federally-recognized Indian tribe).[4]

Figure 1. **Non-group coverage trends in Ohio, 2013-2015**



Source: Total insured and non-group coverage data: Data from the Census Bureau's March Supplement to the Current Population Survey, as compiled by the Kaiser Commission on Medicaid and the Uninsured. "Health Insurance Coverage of the Whole Population." Kaiser Family Foundation.
Marketplace coverage data: Data from the Federally Facilitated Health Insurance Marketplace, as compiled by the Office of Enterprise Data and Analytics. "Quarterly Marketplace Effectuated Enrollment Snapshots by State." Centers for Medicare & Medicaid Services.
Note: Marketplace coverage represents effectuated enrollment as of December for years 2014 and 2015 and as of March for 2016.

Figure 2. **Individual mandate, annual penalty payment**

		2016 penalty	Penalty after 2016
Percentage amount		2.5% of income above tax return filing threshold	
Flat dollar amount	Adult	$695	Flat dollar amounts are based on 2016 amounts plus an inflation adjustment
	Child	$347.50	
	Family maximum	$2,085	

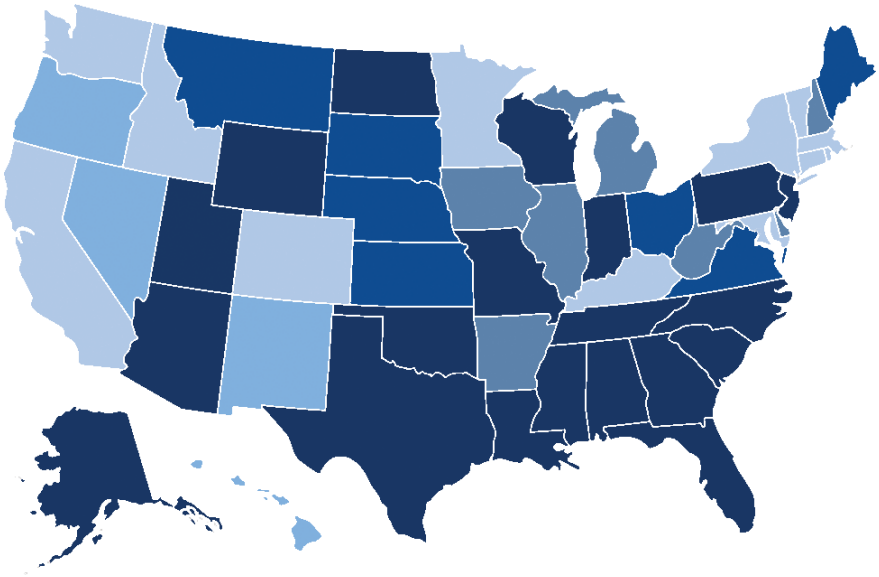
Note: Total payment amount is capped at the cost of the national average premium for a bronze-level plan offered through the Affordable Care Act marketplace.
Source: Internal Revenue Service. "Individual Shared Responsibility Provision, Reporting and Calculating the Payment."

Individuals who are not exempt are required to pay a penalty for every month that they do not maintain minimum essential coverage, to be assessed on their annual federal tax return. The annual penalty is generally the greater of a percentage of applicable household income[5] or a flat dollar amount (see Figure 2).

ACA health insurance marketplace

Under the ACA, states are required to establish health insurance marketplaces (or exchanges) that enable eligible consumers and small businesses to compare, select and enroll in private health insurance plans (see Figure 3 for state health insurance marketplace types in 2016).

Figure 3. **Health insurance marketplace type by state, 2016**



State-based marketplace: States are responsible for performing all marketplace functions. Consumers in these states apply for and enroll in coverage through marketplace websites established and maintained by the states.

Federally-supported state-based marketplace: States are responsible for performing all marketplace functions, except that the state relies on the federally facilitated marketplace IT platform. Consumers in these states apply for and enroll in coverage through heatlhcare.gov.

State-partnership marketplace (consumer assistance): States may administer in-person consumer assistance functions. The Department of Health and Human Services (HHS) performs the remaining marketplace functions. Consumers in these states apply for and enroll in coverage through healthcare.gov.

Federally facilitated marketplace (plan management): States have received approval from HHS to conduct plan management activities to support certification of qualified health plans. HHS performs the remaining marketplace functions. Consumers in these states apply for and enroll in coverage through healthcare.gov.

Federally facilitated marketplace: HHS performs all marketplace functions. Consumers in these states apply for and enroll in coverage through healthcare.gov.

Source: Data compiled through review of state legislation and other marketplace documents by the Kaiser Family Foundation.
Notes: (1) Arkansas, Mississippi, and Utah operate the small business health options program (SHOP); the federal government operates the individual marketplace in these states. (2) On Dec. 30, 2015, Kentucky Gov. Matt Bevin informed CMS that he will dismantle the state-run marketplace, Kynect, and transition to the federally facilitated marketplace. The transition will likely take effect for 2017. (3) New Mexico operates the SHOP.

Ohio has a federally facilitated marketplace (FFM) but retains approval authority over plan management activities. Under this arrangement, the Ohio Department of Insurance oversees the certification of qualified health plans (see below regarding qualified health plans) and approval of coverage documents and premium rates. Health plan coverage on the FFM began on January 1, 2014.

Ohioans can only enroll in FFM coverage during open or special enrollment periods. The annual open enrollment period for 2016 marketplace coverage began on Nov. 1, 2015 and ended on Jan. 31, 2016. The same annual open enrollment period applies for 2017 and 2018 FFM coverage.[6] Individuals may also qualify to enroll in ACA marketplace coverage during a special enrollment period under limited circumstances, such as marriage, adoption or other changes in personal circumstances.

Qualified health plans (QHPs)

With some exceptions, plans offered on the ACA health insurance marketplaces must be certified as QHPs. QHPs are required to meet minimum standards of quality, value and benefit design including providing:

- A comprehensive package of covered services known as "essential health benefits"
- An adequate provider network with "essential community providers" who can provide reasonable and timely access to low-income and medically underserved individuals
- Limits on consumer cost-sharing[7]

In addition, QHP issuers must be licensed and in good standing with the state and offer at least one silver-level and one gold-level plan on the ACA health insurance marketplace. There are 17 QHP issuers in total participating in Ohio's 2016 FFM.[8] Testimony from Ohio's Lieutenant Governor Mary Taylor in mid-September 2016 indicated that there may only be 11 issuers participating in Ohio's FFM in 2017.[9]

A few non-QHPs or QHP variants may also be offered on the ACA marketplaces. These include child-only plans, dental-only plans and catastrophic plans. Catastrophic plans are available only to those under age 30 or individuals who qualify for certain hardship and affordability exemptions from the individual mandate.[10] Catastrophic plans generally have low monthly premiums and very high deductibles.

Essential health benefits (EHB)

Health plans sold in the individual and small group markets — both inside and outside of the ACA health insurance marketplaces — are required to offer a core set of benefits (EHB) that include 10 broad benefit categories outlined by the federal government.[11]

In addition to the 10 EHB categories outlined by the federal government, insurers must provide benefits that are "substantially equal" to a state-specific benchmark plan, which sets a floor for minimum benefit coverage.[12] Information on Ohio's EHB benchmark plan can be found on the **Center for Consumer Information and Oversight** website.[13] In some cases, state benchmark plans may also be required to include certain state-mandated benefits. See Figure 4 for federal EHBs and Ohio's mandated benefits.

Plan coverage tiers and options

Under the ACA, marketplaces are required to offer plan options with four levels of benefit and cost-sharing coverage: bronze, silver, gold and platinum. These four coverage tiers vary based on plan actuarial value. Actuarial value is defined as the percentage a health plan will pay towards covered medical expenses, based on a standard population. Platinum-level plans provide the most generous coverage with the least cost-sharing, while bronze-level plans are the least generous with the highest cost-sharing (see Figure 5).[14] Issuers can offer multiple plans in a coverage tier as long as each plan is meaningfully different.[15]

Standardized plans

In 2016, Ohio ranked first among states using the FFM in terms of the average number of issuers and QHPs per county – with an average of 81 QHPs and 10 issuers per county.[16]

To simplify the consumer shopping experience, the federal government is encouraging issuers to sell "standardized" plans on the ACA health insurance marketplace in 2017. The Centers for Medicare and Medicaid Services (CMS) developed six standardized bronze, silver and gold-level options.[17] Each standardized plan option has a fixed in-network deductible, standardized co-pay and co-insurance amounts, maximum out-of-pocket costs, tiered structures for drugs and in-network providers and a set of services that must be covered before a deductible applies.[18] CMS has indicated that standardized plans will be displayed in a way that is easy for consumers to identify while shopping on the marketplace.

Premium tax credits and cost-sharing subsidies

Individuals and families with low to moderate

Figure 4. **Federally-mandated essential health benefits and Ohio mandated benefits**

Federally-mandated essential health benefit categories	Ohio mandated benefits (similar and/or additional Ohio mandated benefits)	Ohio Revised Code
Ambulatory patient services	No similar state mandated benefit required	N/A
Emergency services	Coverage for emergency services	§1753.28; §3923.65
Maternity and newborn care	Maternity benefits	§1751.67
	Delivery and all inpatient services for maternity care	§1751.67; §3923.65
	Well baby visits and care	§1751.01(A)(1)(h); §3923.55
Mental health and substance use disorder services, including behavioral health treatment	Outpatient coverage for mental and emotional disorders*	§3923.28
	Hospitalization coverage for mental illness	§3923.27
	Outpatient and intermediate primary care benefits for alcoholism*	§3923.29
	Biologically based mental illness	§1751.01(A)(1)(g); §3923.281
	Alcohol or drug related loss or expense	§3923.82
	Inpatient and intermediate primary care benefits for alcoholism*	§3923.29
Prescription drugs	Off-label prescription drugs	§1751.66; §3923.60
Rehabilitative and habilitative services and devices	No similar state mandated benefit required	N/A
Laboratory services	No similar state mandated benefit required	N/A
Preventive and wellness services and chronic disease management	Cytological screening (pap smear for cervical cancer)	§1751.62; §3923.52
	Mammography	§1751.62; §3923.52
	Dialysis	§3923.52
Pediatric services, including oral and vision care	No similar state mandated benefit required	N/A
Other state required benefits	Cancer clinical trial	§1751.01(A)(1)(i); §3923.80
	Infertility treatment**	§1751.01(A)(1)(h)

* Required for group coverage only
**Required for HMOs only
Source: "Ohio — State Required Benefits." Centers for Medicare & Medicaid Services. Accessed September 10, 2016.

incomes purchasing plans on Ohio's FFM may be eligible for financial assistance through federal premium tax credits and cost-sharing subsidies. As of March 2016, 78.5 percent of Ohioans who completed an application and were determined eligible to enroll in the FFM in 2016 were also eligible for financial assistance.[19]

Premium tax credit

The health insurance advanced premium tax credit (APTC) is intended to reduce monthly payments for ACA marketplace plan enrollees by setting a cap on an individual or family's monthly premium contribution amount (see Figure 6). Individuals can choose to have the credit paid directly to the health plan issuer in advance to lower their monthly premium or claim it as a refundable tax credit when filing a tax return for the year.

To be eligible for the APTC, ACA marketplace enrollees must:

- Have a household income between 100 percent and 400 percent of the federal poverty level (FPL)
- Not be eligible for coverage through a public health insurance program like Medicaid or Medicare
- Not have access to affordable coverage through an employer plan that provides minimum value (see **Private Health Insurance Basics fact sheet 5** for more information on employer-sponsored coverage)
- Not be claimed as a dependent by another person
- If married, file a joint tax return[20]

Ohio extended Medicaid eligibility to individuals up to 138 percent of FPL in 2014. As a result, Medicaid-eligible Ohioans with a household income below138 percent of FPL are not eligible for the APTC (see **HPIO Ohio Medicaid Basics 2015**).

Premium contribution caps for an individual or family vary based on household income compared to FPL. Those with lower incomes qualify for a higher APTC and lower monthly premium contributions (see Figure 6).

Figure 5. **Plan coverage tiers and estimated payments toward total cost of care**

Plan tier	Estimated payment towards total cost of care	
	Insurer	Consumer (out-of-pocket expense)
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

Source: Healthcare.gov
Note: These are estimated averages based on a standard population. Actual payments and expenses will vary.

Figure 6. **Estimated monthly premium contribution after premium tax credit, by income for 2017**

Federal Poverty Level (FPL) %	Annual dollar amount (based on 2016 FPL)		Annual premium contribution cap as % of income (2017)	Estimated monthly premium contribution (2017)	
	Individual	Family of four		Individual	Family of four
Under 133%	< $15,800	< $32,319	2.04%	< $27	< $55
133-150%	$15,800 -$17,820	$32,319-$36,450	3.06-4.08%	$40-$61	$82-$124
150-200%	$17,820-$23,760	$36,450-$48,600	4.08-6.43%	$61-$127	$124-$260
200-250%	$23,760-$29,700	$48,600-$60,750	6.43-8.21%	$127-$203	$260-$416
250-300%	$29,700-$35,640	$60,750-$72,900	8.21-9.69%	$203-$288	$416-$589
300-400%	$35,640-$47,520	$72,900-$97,200	9.69%	$288-$384	$589-$785

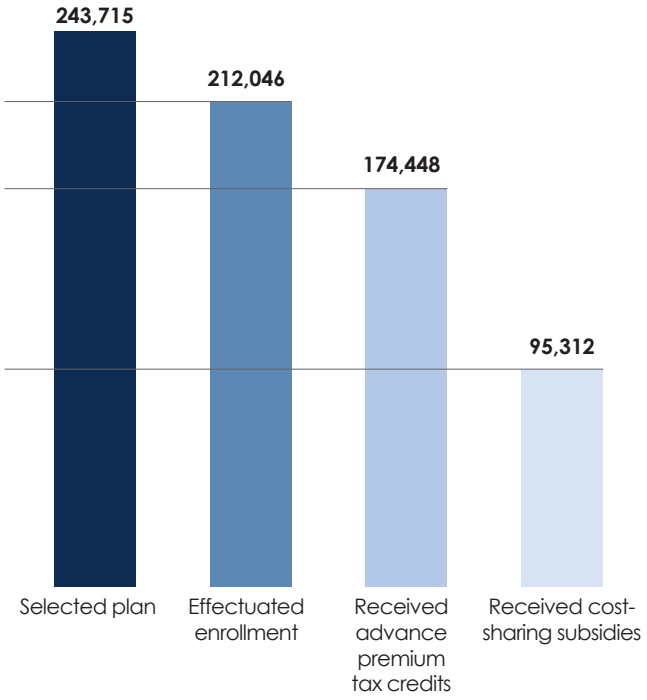
Note: These amounts are estimates and may not reflect actual premium contribution amounts. Premium tax credit amounts for 2017 were calculated based on the 2016 FPL guidelines. This table provides estimates for the 48 contiguous states and DC; Alaska and Hawaii have different poverty guidelines.
Source: HPIO calculations based on the "applicable percentage table for 2017" outlined in Rev. Proc. 2016-24 and "Annual update of the HHS Poverty Guidelines" *Federal Register* 81, no. 15 (Jan. 25, 2016): 4036.

Figure 7. **Estimated impact of cost-sharing subsidies, by income for 2017**

Federal Poverty Level (FPL) %	Annual cost sharing limit	
	Individual	Family
100-150%	$2,350	$4,700
150-200%	$2,350	$4,700
200-250%	$5,700	$11,400
Over 250%	$7,150	$14,300

Note: Due to extended Medicaid eligibility, Ohioans under 138 percent of FPL may not be eligible for cost-sharing subsidies.
Source: "HHS Notice of Benefit and Payment Parameters for 2017." *Federal Register*, 81, no. 45 (March 8, 2016): 12204.

Figure 8. **Individuals receiving premium tax credits and subsidies on the Affordable Care Act marketplace in Ohio, 2016**



Source: *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, State Level Excel Data Tables.* Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

Cost-sharing subsidies

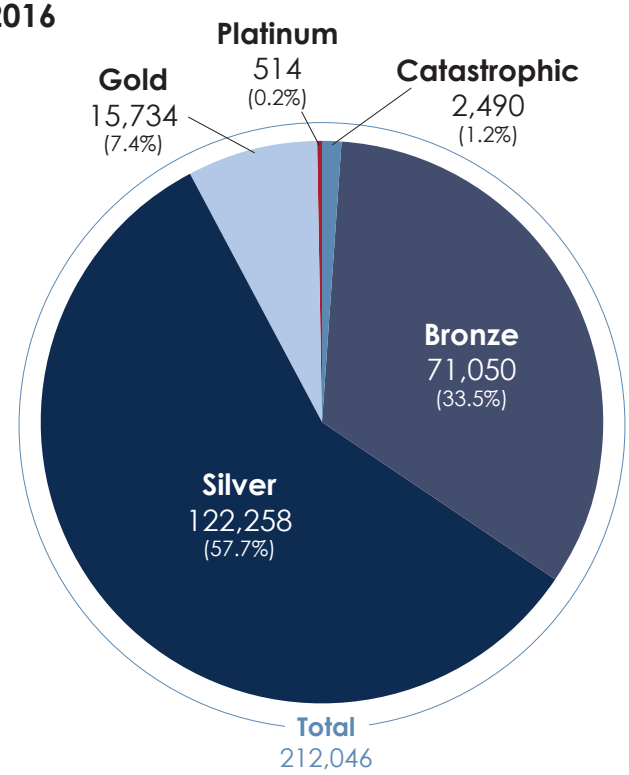
Cost-sharing subsidies are intended to reduce out-of-pocket expenses incurred (such as co-payments, co-insurance and deductibles) for the lowest-income ACA marketplace plan enrollees.[21]

To receive a cost-sharing subsidy, individuals must:

- Be eligible for the APTC
- Have a household income no greater than 250 percent of FPL
- Enroll in a silver-level marketplace plan

The ACA places a limit on the total amount enrollees are required to pay out-of-pocket for services covered by their health plan. The annual cost-sharing limit for self-only coverage is $6,850 and $13,700 for a family in 2016.[22] For 2017, the limit is $7,150 for self-only coverage and $14,300 for a family plan.[23] For eligible individuals, a cost-sharing subsidy reduces this annual cost-sharing limit even further. Similar to the APTC, those with lower incomes experience greater reductions in their annual cost-sharing limit (see Figure 7).

Figure 9. **Total Ohio effectuated enrollment in Affordable Care Act marketplace by coverage tier, 2016**



Note: Data is reported as of March 31, 2016.
Source: *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, State Level Excel Data Tables.* Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

Marketplace coverage enrollment and trends

In 2016, 243,715 Ohioans selected plans on the marketplace, a four percent increase compared to 2015 enrollment.[24] As of March 31, 2016, 212,046, or 87 percent had "effectuated coverage" by paying their first month's premiums (see Figure 8).[25]

According to the Kaiser Family Foundation, 30 percent of Ohioans potentially eligible for marketplace coverage in 2016 had effectuated coverage. This places Ohio in the bottom quartile of states for marketplace enrollment as compared to other FFM states.[26]

Of those Ohioans with effectuated coverage, 82.3 percent received advanced premium tax credits and 44.9 percent also received cost-sharing subsidies (see Figure 8).[27]

Ohio has the fifth highest bronze plan enrollment and the fifth lowest silver plan enrollment among FFM states (see Figure 9). This means that Ohioans are selecting plans with lower premiums, but these plans also have higher out-of-pocket costs.[28]

Sources

1. Census Bureau's March Supplement to the Current Population Survey, as compiled by the Kaiser Commission on Medicaid and the Uninsured. "Health Insurance Coverage of the Whole Population." The Henry J. Kaiser Family Foundation. Accessed September 16, 2016.
2. Internal Revenue Service, Treasury. Rules and regulations. "Shared Responsibility Payment for Not Maintaining Minimum Essential Coverage." *Federal Register* 78, no. 169 (August 30, 2013): 53646. https://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21157.pdf
3. "Individual Shared Responsibility Provision - Minimum Essential Coverage." Internal Revenue Service. January 29, 2016. https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage
4. Internal Revenue Service, Treasury. Rules and regulations. "Shared Responsibility Payment for Not Maintaining Minimum Essential Coverage." *Federal Register* 78, no. 169 (August 30, 2013): 53646. https://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21157.pdf. For a detailed list of exemptions and who may qualify for them, see "Individual Shared Responsibility Provision – Exemptions: Claiming or Reporting." Internal Revenue Service. August 29, 2016. https://www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-exemptions.
5. Applicable household income refers to household income in excess of the tax return filing threshold.
6. Centers for Medicare & Medicaid Services, Department of Health & Human Services. Rules and regulations. "Patient Protection and Affordable Care Act: HHS Notice of Benefit and Payment Parameters for 2017." *Federal Register* 81, no. 45 (March 8, 2016): 12204. https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf
7. The cost-sharing limit (which does not include premiums) in 2016 for an individual plan is $6,850 and $13,700 for a family plan. For 2017, the limit is $7,150 for an individual plan and $14,300 for a family plan. Centers for Medicare & Medicaid Services, Department of Health & Human Services. Rules and regulations. "Patient Protection and Affordable Care Act: HHS Notice of Benefit and Payment Parameters for 2016." *Federal Register* 80, no. 39 (February 27, 2015): 10750. https://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf. See also, Centers for Medicare & Medicaid Services, Department of Health & Human Services. Rules and regulations. "Patient Protection and Affordable Care Act: HHS Notice of Benefit and Payment Parameters for 2017." *Federal Register* 81, no. 45 (March 8, 2016): 12204. https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf
8. *Health Insurance Marketplace Premiums after Shopping, Switching, and Premium Tax Credits, 2015–2016.* Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 2016. https://aspe.hhs.gov/sites/default/files/pdf/198636/MarketplaceRate.pdf
9. Statement assumes all companies approved to sell on the exchange by the Ohio Department of Health enter into a contract with the Department of Health and Human Services. "The State of Health Insurance Markets." U.S. Senate Committee on Homeland Security and Governmental Affairs. September 15, 2016. http://www.hsgac.senate.gov/hearings/the-state-of-health-insurance-markets
10. Uberoi, Namarata K., Annie L. Mach and Bernadette Fernandez. *Overview of Health Insurance Exchanges*. Washington, D.C.: Congressional Research Service, 2016. https://www.fas.org/sgp/crs/misc/R44065.pdf
11. This requirement does not apply to grandfathered health plans under the ACA. Affordable Care Act, §2707(a), §1302(b)(1)(A)-(J). 42 U.S. Code (USC) §18022
12. "Quick Take: Essential Health Benefits: What Have States Decided for Their Benchmark?" Henry J. Kaiser Family Foundation. December 07, 2012. http://kff.org/health-reform/fact-sheet/quick-take-essential-health-benefits-what-have-states-decided-for-their-benchmark/
13. The EHB benchmark plan for plan years 2014-2016 is based on a plan sold in 2012. The EHB benchmark plan for plan year 2017 and beyond is based on a plan sold in 2014.
14. Essential Health Benefits Requirements. 42 USC §18022 (d)
15. Meaningful Difference Standard for Qualified Health Plans in the Federally-Facilitated Exchanges. 45 Code of Federal Regulations (CFR) 156.298
16. *Health Insurance Marketplace Premiums after Shopping, Switching, and Premium Tax Credits, 2015–2016*. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 2016. https://aspe.hhs.gov/sites/default/files/pdf/198636/MarketplaceRate.pdf
17. Centers for Medicare & Medicaid Services, Department of Health & Human Services. Rules and regulations. "Patient Protection and Affordable Care Act: HHS Notice of Benefit and Payment Parameters for 2017." *Federal Register* 81, no. 45 (March 8, 2016): 12204. https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf
18. Ibid.
19. *Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report*. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 2016. https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf
20. Certain exemptions to filing jointly apply. See Eligibility for Premium Tax Credit, 26 CFR 1.36B-2T(b)(2)(T)
21. "Explaining Health Care Reform: Questions About Health Insurance Subsidies." Henry J. Kaiser Family Foundation. October 27, 2014. http://kff.org/health-reform/issue-brief/explaining-health-care-reform-questions-about-health/
22. Centers for Medicare & Medicaid Services, Department of Health & Human Services. Rules and regulations. "Patient Protection and Affordable Care Act: HHS Notice of Benefit and Payment Parameters for 2016." *Federal Register* 80, no. 39 (February 27, 2015): 10750. https://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf
23. Centers for Medicare & Medicaid Services, Department of Health & Human Services. Rules and regulations. "Patient Protection and Affordable Care Act: HHS Notice of Benefit and Payment Parameters for 2017." *Federal Register* 81, no. 45 (March 8, 2016): 12204. https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf
24. *Health Insurance Marketplace 2015 Open Enrollment Period: March Enrollment Report.* Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 2015. https://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf. See also, *Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report.* Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 2016. https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf
25. *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report.* Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 2016. https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf
26. "Marketplace Enrollment as a Share of the Potential Marketplace Population." Henry J. Kaiser Family Foundation. Accessed September 7, 2016. http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/?currentTimeframe=0
27. "March 31, 2016 Effectuated Enrollment Snapshot." Centers for Medicare & Medicaid Services. June 30, 2016. https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html
28. *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, State Level Excel Data Tables.* Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 2016. https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report

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