



# ASPE

## ISSUE BRIEF

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### HEALTH INSURANCE MARKETPLACES 2016 OPEN ENROLLMENT PERIOD: FINAL ENROLLMENT REPORT

For the period: November 1, 2015 – February 1, 2016 <sup>1</sup>

March 11, 2016

During the third open enrollment period, the Health Insurance Marketplaces (“the Marketplaces”) continued to play an important role in fulfilling one of the Affordable Care Act’s central goals: reducing the number of uninsured Americans by providing affordable, high-quality health insurance.

This report provides data summarizing enrollment-related activity in the individual market Marketplaces during the 2016 Open Enrollment Period (2016 OEP) for all 50 states and the District of Columbia (based on data for the period 11-1-15 to 2-1-16). The report indicates that about 12.7 million individuals selected or were automatically reenrolled in Marketplace plans during the 2016 OEP (see Table 1). This does not include data relating to individuals who have been enrolled in a Basic Health Plan.<sup>2</sup> The report also includes detailed state-level data on the characteristics of these individuals — including separate breakouts on new consumers and those who are reenrolling in coverage (including consumers who actively reenrolled, and consumers who were automatically reenrolled into Marketplace coverage).<sup>3,4,5,6</sup> The report includes data on

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<sup>1</sup> For purposes of this Enrollment Report, an effort was made to align the reporting periods for the HealthCare.gov states and SBMs using their own Marketplace platforms with the reporting periods for the data that were included in the Week 13 CMS Marketplace Enrollment Snapshot (which can be accessed at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>). Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

<sup>2</sup> Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total Marketplace plan selections for these states.

<sup>3</sup> The data in this report reflect the total number of plan selections cumulatively from the beginning of Open Enrollment to the end of the reporting period, net of any cancellations from a consumer or cancellations from an insurer during that time. Because of further automation in communication with issuers, the number of net plan selections reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment (the number of people who have paid monthly premiums to the insurer) after the end of Open Enrollment.

<sup>4</sup> This report does not include data on effectuated enrollment. The Centers for Medicare & Medicaid Services (CMS) will be publishing data on effectuated enrollment for the 2016 coverage year separately. The most recent CMS quarterly snapshot on effectuated enrollment in the Marketplaces is available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-03-11.html>.

completed applications, eligibility determinations, website visitors, and call center activity; and data on the overall distribution of plan selections through the Marketplaces by gender, age, metal level, and financial assistance status (i.e., whether the consumer has been determined eligible for advance premium tax credits (APTC) and/or cost-sharing reductions). These data are available for the 38 states that are using the HealthCare.gov eligibility and enrollment platform (HealthCare.gov states) as well as for the 13 State-Based Marketplaces (SBMs) that are using their own Marketplace enrollment platforms for the 2016 coverage year.<sup>7</sup>

Additionally, for the 38 states that are using the HealthCare.gov eligibility and enrollment platform, the report includes: data on the distribution of plan selections by self-reported race/ethnicity, rural location, and household income; data on the number of reenrollees who actively reenrolled and/or changed plans, including average premium savings; and statistics that measure the impact of the advance premium tax credit and plan switching on net premium costs for these states.

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<sup>5</sup> The 38 HealthCare.gov states include 37 states that used the HealthCare.gov eligibility and enrollment platform in 2015 and Hawaii, which is new to the HealthCare.gov eligibility and enrollment platform in 2016. For more information about data on plan selections through the Marketplaces for the 2015 coverage year, please see the Health Insurance Marketplaces 2015 Open Enrollment Period March Enrollment Report, which is available at <https://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report>.

<sup>6</sup> These data are consistent with the CMS Week 13 Health Insurance Marketplace Open Enrollment Snapshot, available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>.

<sup>7</sup> For the SBMs that are using their own Marketplace platforms, data availability for certain metrics varies by State. See the Addendum for a summary of the metrics that are available for each state. The Addendum of this report also includes some Basic Health Program enrollment data for New York. Under the Affordable Care Act, states have the option of using the Basic Health Program to provide affordable health coverage for low-income residents who would generally otherwise be eligible to purchase coverage through the Health Insurance Marketplace.

### Key Highlights

For all the Marketplaces:

- About 12.7 million individuals selected, or were automatically reenrolled into, a 2016 Marketplace plan (including 4.9 million new consumers and 7.8 million that reenrolled) as of 2-1-16.<sup>8</sup>
- More than 3.5 million individuals who selected, or were automatically reenrolled in, a 2016 Marketplace plan are ages 18 - 34 (28 percent of total plan selections).
- Almost 10.5 million individuals who selected, or were automatically reenrolled in a 2016 Marketplace plan qualify for the advance premium tax credit (tax credit or APTC) to make coverage more affordable.

For the 38 states using the HealthCare.gov eligibility and enrollment platform:

- More than 8 in 10 individuals (more than 8.1 million, or 85 percent) who selected or were automatically enrolled in a 2016 Marketplace plan qualify for an advance premium tax credit<sup>9</sup> with an average value of \$290 per person per month.<sup>10</sup>
- The average advance premium tax credit covers about 73 percent of the gross premium for individuals who qualify for an average advance premium tax credit.
- The average net premium after advance premium tax credit is \$106 per month<sup>11</sup> among individuals with 2016 plan selections through the Marketplaces in the HealthCare.gov states who qualify for an advance premium tax credit.
- Nearly 7 in 10 of the consumers who selected, or were automatically enrolled into, a plan in the HealthCare.gov states had the option of selecting a 2016 Marketplace plan with a net premium of \$75 or less per month after the advance premium tax credit.
- HealthCare.gov users are actively shopping and saving money. More than 3.9 million people (or 70 percent) who reenrolled actively selected a plan. Of those actively reenrolling, 61 percent switched to a different plan than they had in 2015.
- More consumers switched issuers than metal level. Specifically, 64 percent of the 2.4 million switchers changed issuers during the 2016 OEP (with or without changing their metal level), while only 31 percent of switchers changed metal level (with or without changing their issuer).

<sup>8</sup> This figure includes all individuals associated with these Marketplace plan selections, including subscribers and dependents.

<sup>9</sup> This represents the number of Marketplace plan selections by individuals eligible to receive an APTC. For purposes of this analysis, an individual qualifying for an advance premium tax credit was defined as any individual with an APTC amount >\$0.

<sup>10</sup> Averages in this brief refer to plan-selection-weighted averages across individuals with plan selections with advance premium tax credits in the 37 states using the HealthCare.gov eligibility and enrollment platform (prior to the addition of Hawaii in 2016). For more information, see the ASPE Issue Brief "Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits Through January 30 in 37 States Using the HealthCare.gov Platform," which is available at [http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib\\_APTC.pdf](http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf).

<sup>11</sup> This represents the difference between the \$396 average monthly premium before advance premium tax credit and the \$290 average monthly advance premium tax credit.

- Consumers who switched plans within the same metal level during the 2016 OEP saved \$40 per month, or nearly \$480 annually, relative to what they would have paid if they had remained in the same plan (or the crosswalked plan) as in 2015. Those who switched issuers as well as plans within the same metal level were able to save \$45 per month, or nearly \$540 annually.

**National plan selection data show that as of 2-1-16, about 12.7 million<sup>12</sup> Americans selected or were automatically reenrolled<sup>13</sup> into a 2016 Marketplace plan, specifically:**

- More than 9.6 million individuals selected or were automatically reenrolled in 2016 plans through the Marketplaces in the 38 states that are using the HealthCare.gov eligibility and enrollment platform (see Table 1).
- About 3.1 million individuals selected or were automatically reenrolled into 2016 plans through the Marketplaces in the 13 states (including DC) that are using their own Marketplace platforms.

**Table 1**

Plan Selections	Reporting Period: 11-1-15 to 2-2-16 (1)	
	Number	% of Total
Total 2016 Plan Selections in the Marketplaces	12,681,874	100%
2016 Plan Selections in the Marketplaces in the 38 States Using the HealthCare.gov Eligibility and Enrollment Platform	9,625,982	76%
2016 Plan Selections in the Marketplaces in the 13 State-Based Marketplaces Using Their Own Marketplace Platforms	3,055,892	24%

Note: (1) Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period. See Addendum for additional technical notes.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

<sup>12</sup> It is important to note that these data generally represent the number of individuals who have selected, or been automatically reenrolled into a 2016 plan through the Marketplaces, with or without payment of premium. This is also known as pre-effectuated enrollment because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Data on effectuated enrollment are not yet available.

<sup>13</sup> It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP).

***The Number of Marketplace Plan Selections in the HealthCare.gov States Has Been Higher, and Consumers Have Selected or Been Automatically Reenrolled into Marketplace Plans Earlier During the 2016 OEP Than in the 2015 OEP***

- The total number of consumers who selected or were automatically reenrolled into a Marketplace plan in the HealthCare.gov states during the 2016 OEP is 9 percent higher relative to the 2015 OEP (9.6 million vs. 8.8 million).<sup>14</sup>
  - The number of Marketplace plan selections in the HealthCare.gov states was generally higher during each week of the 2016 OEP, versus comparable weeks during the 2015 OEP (see Figure 1).<sup>15</sup>
- The proportion of consumers selecting or being automatically reenrolled into Marketplace plans during the early weeks of the OEP has continued to increase, and the proportion selecting a plan during the last few weeks of the OEP continued to decrease (see Table 2).
  - The proportion of consumers who selected or were automatically reenrolled in a Marketplace plan during the early part of the OEP was higher during the 2016 OEP (86 percent) when compared to the 2015 OEP (73 percent)<sup>16</sup> (see Figure 2).

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<sup>14</sup> It is important to note that because of further automation in communication with issuers, the number of net plan selections reported for the 2016 OEP account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of issuer-initiated cancellations being accounted for during the 2016 OEP than during the 2015 OEP. Last year, these cancellations were reflected only in reports on effectuated enrollment (the number of people who have paid monthly premiums to the insurer) after the end of Open Enrollment.

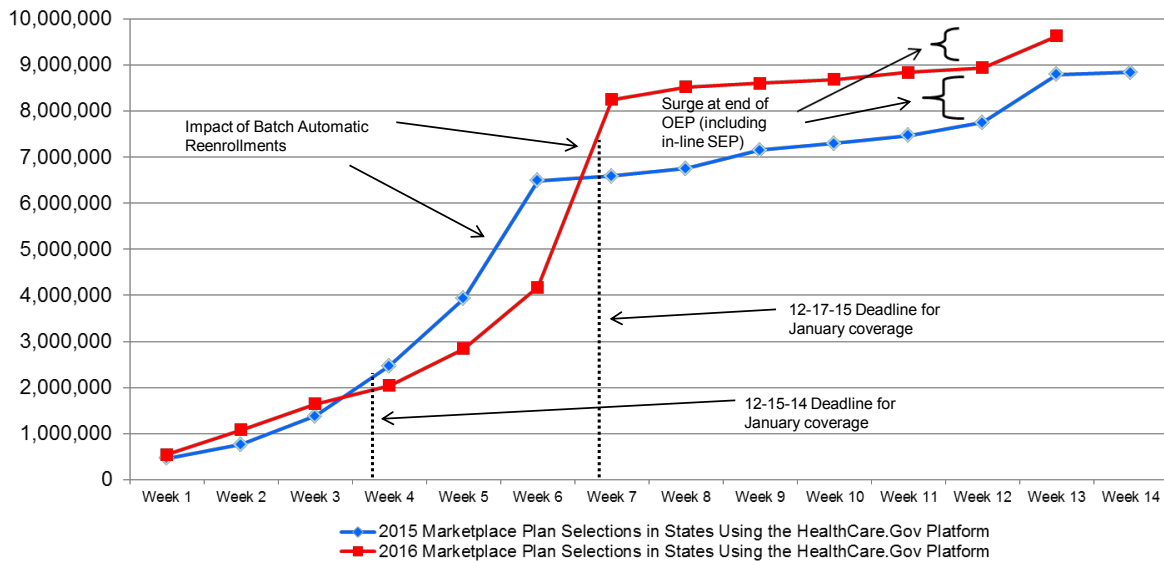
<sup>15</sup> This comparison is based on the weekly data that were reported in the 2015 and 2016 CMS Health Insurance Marketplace Open Enrollment Snapshots.

<sup>16</sup> For each coverage year, this analysis is based on publicly-reported data from the ASPE Marketplace Enrollment Report and/or CMS Enrollment Snapshot that included the deadline for January coverage during the applicable coverage year, and includes data for the following reporting periods: 2014 OEP (10-1-13 to 12-28-13), 2015 OEP (11-15-14 to 12-26-14), 2016 OEP (11-1-15 to 12-19-15).

**Figure 1**

### Trends in the Cumulative Number of Individuals Who Selected a Marketplace Plan in States Using the HealthCare.gov Platform, 2015 and 2016 Open Enrollment Periods (OEPs)

During the 2016 OEP, the number of Marketplace plan selections in the HealthCare.gov states has been higher, and consumers selected plans earlier when compared with the 2015 OEP



Notes: Represents cumulative sums of weekly data on the number of unique individuals who have been determined eligible to enroll in a plan through the states using the HealthCare.gov platform, and have actively selected a plan (with or without the first premium payment having been received by the issuer), based on data published in the Weekly Enrollment Snapshots. Number of states using the HealthCare.gov platform: 37 states during the 2015 coverage year, and 38 states during the 2016 coverage year.

Source: Centers for Medicare & Medicaid Services, 2015 and 2016 Health Insurance Marketplace Weekly Enrollment Snapshots

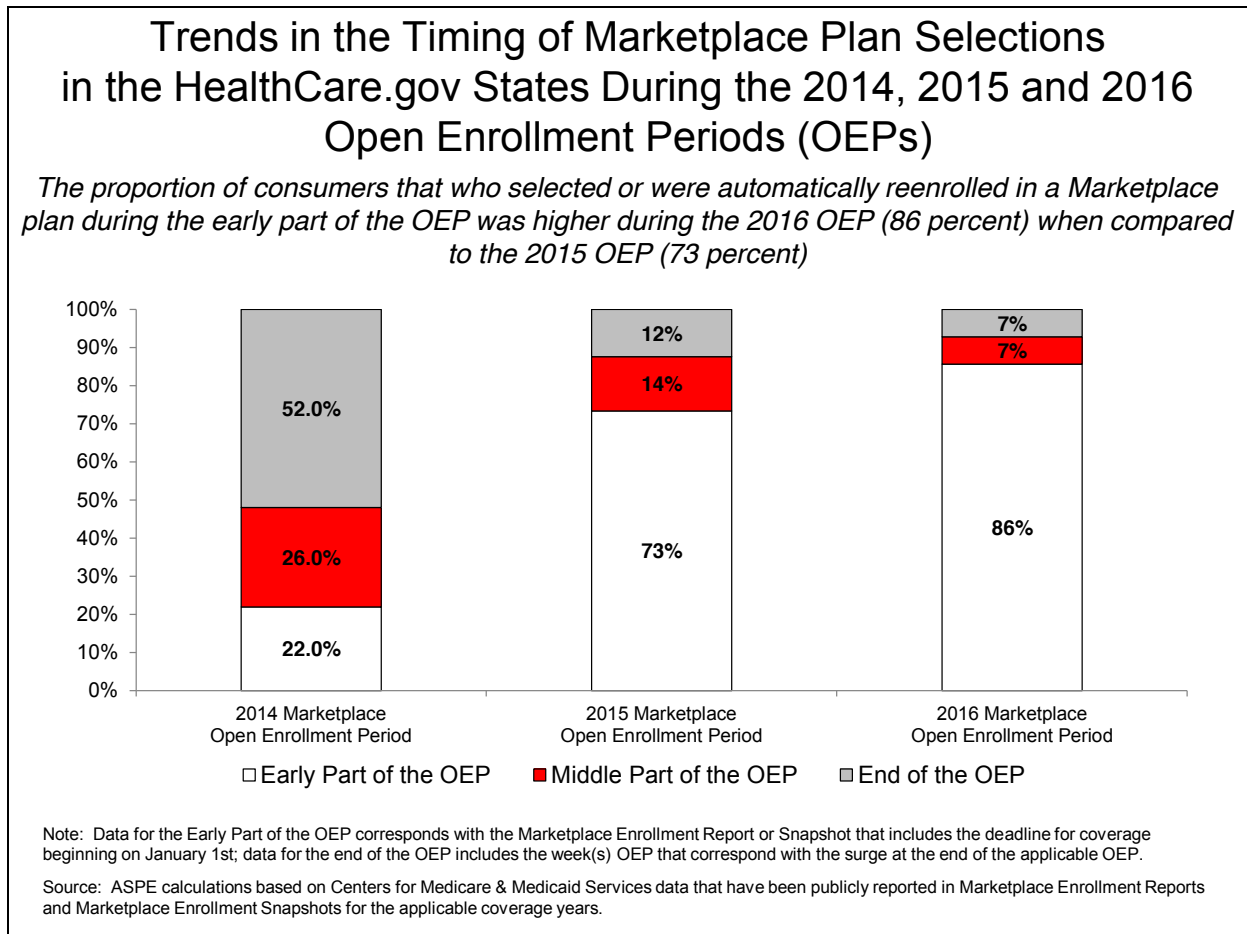
**Table 2**

Comparison of the Timing of Marketplace Plan Selections in the States Using the HealthCare.gov Eligibility and Enrollment Platform During the 2014, 2015 and 2016 Open Enrollment Periods	2014 Open Enrollment Period (36 States)		2015 Open Enrollment Period (37 States)		2016 Open Enrollment Period (38 States)	
	Number	% of Total	Number	% of Total	Number	% of Total
Plan Selections at the Beginning of the Open Enrollment Period (1)	1,196,430	22%	6,490,492	73%	8,250,276	86%
Plan Selections in the Middle of the Open Enrollment Period (2)	1,424,656	26%	1,258,883	14%	688,998	7%
Plan Selections At the End of the Open Enrollment Period (3)	2,825,092	52%	1,088,916	12%	686,708	7%
<b>Total Plan Selections in the HealthCare.gov States During the Open Enrollment Period</b>	<b>5,446,178</b>	<b>100%</b>	<b>8,838,291</b>	<b>100%</b>	<b>9,625,982</b>	<b>100%</b>

Notes: (1) Plan Selections at the Beginning of the Open Enrollment Period generally corresponds with publicly-reported data from the ASPE Enrollment Report and/or CMS Enrollment Snapshot that includes the deadline for January coverage during the applicable coverage year, and includes data for the following dates: 2014 OEP (10-1-13 to 12-28-13), 2015 OEP (11-15-14 to 12-26-14), 2016 OEP (11-1-15 to 12-19-15). (2) Plan Selections in the Middle of the Open Enrollment Period includes data for the following dates: 2014 OEP (12-29-13 to 3-1-14), 2015 OEP (12-27-14 to 2-6-15), 2016 OEP (12-20-15 to 1-23-16). (3) Plan Selections at the End of the Open Enrollment Period includes data for the following dates: 2014 OEP (3-2-14 to 3-31-14 including SEP Activity through 4-19-14), 2015 OEP (2-7-15 to 2-15-15 including SEP Activity through 2-22-15), 2016 OEP (1-24-16 to 2-1-16).

Source: ASPE calculations based on Centers for Medicare & Medicaid Services data that have been publicly reported in Marketplace Enrollment Reports and Marketplace Enrollment Snapshots for the applicable coverage years

**Figure 2**





***More Than Half of those Who Reenrolled in the Marketplaces Actively Selected a Plan***

- Within the Marketplaces as a whole for the 2016 OEP:
  - Nearly 4.9 million new consumers (39 percent of the 12.7 million total) and nearly 7.8 million (61 percent) who reenrolled (including 4.6 million who actively reenrolled, and 2.8 million automatically reenrolled)<sup>17</sup> had Marketplace plan selections as of 2-1-16) (see Table 3).<sup>18</sup>
  - More than half of those reenrolling actively reenrolled (59 percent, or 4.6 million out of 7.8 million), meaning that they returned to the Marketplaces and actively selected a 2016 Marketplace plan (see Table 3).
  
- Within the 38 states using the HealthCare.gov platform for eligibility and enrollment:
  - Over 4.0 million new consumers and over 5.6 million individuals who were actively or automatically reenrolled into coverage had 2016 Marketplace plan selections in the HealthCare.gov states as of 2-1-16) (see Table 3).
  - Nearly 2.4 million active reenrollees (61 percent of the 3.9 million who actively reenrolled) switched plans between the 2015 and 2016 coverage years (see Table 3). The remaining 1.5 million people that actively reenrolled (39 percent) remained in the same Marketplace plan (including those who remained in a crosswalked plan).

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<sup>17</sup> The number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data. For more details on reenrollment in the Marketplaces, see the Addendum.

<sup>18</sup> Additionally, approximately 3 percent of the 12.7 million plan selections had an unknown reenrollment type because 3 SBMs (MA, MN and NY) were unable to validate the number of active reenrollees vs. automatic reenrollees as of 2-1-16.

Table 3

2016 Marketplace Plan Selections By Enrollment Type and Switching Status (Reporting Period: 11-1-15 to 2-1-16) (1)	Cumulative (Reporting Period: 11-1-15 to 2-1-16)			
	Number	Plan Selection Data by Enrollment Type as a % of:		
		Total Plan Selections	All Consumers Reenrolling in Coverage	Active Reenrollees
<b>Marketplace Total</b>				
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	12,681,874	100%	N/A	N/A
New Consumers (2)	4,887,026	39%	N/A	N/A
Consumers Reenrolling in 2016 Coverage through the Marketplaces (3)	7,794,848	61%	100%	N/A
Active Reenrollees	4,575,241	36%	59%	100%
Automatic Reenrollees	2,787,218	22%	36%	N/A
Unknown Reenrollment Type	432,389	3%	6%	N/A
<b>States Using the HealthCare.Gov Eligibility and Enrollment Platform</b>				
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	9,625,982	100%	N/A	N/A
New Consumers (2)	4,025,637	42%	N/A	N/A
Consumers Reenrolling in 2016 Coverage through the Marketplaces	5,600,345	58%	100%	N/A
Active Reenrollees	3,918,452	41%	70%	100%
<i>Active Reenrollees Who Remained in the Same (or the Crosswalked) Marketplace Plan</i>	1,529,184	16%	27%	39%
<i>Active Reenrollees Who Switched Marketplace Plans</i>	2,389,268	25%	43%	61%
Automatic Reenrollees	1,681,893	17%	30%	N/A
Unknown Reenrollment Type	0	0%	0%	N/A
<b>SBMs Using Their Own Marketplace Platforms</b>				
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	3,055,892	100%	N/A	N/A
New Consumers (2)	861,389	28%	N/A	N/A
Consumers Reenrolling in 2016 Coverage through the Marketplaces (3)	2,194,503	72%	100%	N/A
Active Reenrollees	656,789	21%	30%	100%
Automatic Reenrollees	1,105,325	36%	50%	N/A
Unknown Reenrollment Type	432,389	14%	20%	N/A

Note: (1) Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period. See Addendum for additional technical notes. (2) The number of New Consumers includes most of the 2016 plan selections for HI, which began using the HealthCare.gov platform for the 2016 coverage year. (3) For SBMs using their own Marketplace platforms, the number of active reenrollees and automatic reenrollees does not add to the total number of reenrollees due to some SBM plan selections with missing data. (4) Three SBMs (MA, MN and NY) were unable to validate the number of active reenrollees vs. automatic reenrollees as of 2-1-16.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

### ***Demographic Characteristics of Individuals Selecting Marketplace Plans***

Table 4 summarizes the demographic characteristics of individuals selecting plans through the Marketplaces as a whole during the 2016 OEP. (Note that the totals and percentages reported in Table 4 reflect only those plan selections for which data are available on the relevant characteristic. The share of plan selections with unknown data has decreased between the 2015 OEP and the 2016 OEP, so care should be taken when comparing data for the 2015 and 2016 Open Enrollment periods).

- Approximately 36 percent of the individuals who selected, or were automatically reenrolled in, a 2016 Marketplace plan are younger than 35 (4.6 million out of 12.7 million).
- Approximately 28 percent of the individuals who selected, or were automatically reenrolled in, a 2016 Marketplace plan are ages 18 to 34 (3.5 million out of 12.7 million).

**Table 4**

Selected Characteristics of Plan Selections through the Marketplaces in All States (1)	2015 Open Enrollment Period (2)	2016 Open Enrollment Period 11-1-15 to 2-1-16(3)
	Total Plan Selections	Total Plan Selections
Total Number of Individuals Who Have Selected a 2016 Plan Through the Marketplaces	11.69 million	12.68 million
<i>Males who have selected a Marketplace plan</i>	5.40 million	5.88 million
	46%	46%
<i>Females who have selected a Marketplace plan</i>	6.28 million	6.80 million
	54%	54%
<i>0 to 34 year olds who have selected a Marketplace plan</i>	3.53 million	4.59 million
	36%	36%
<i>18 to 34 year olds who have selected a Marketplace plan</i>	2.74 million	3.53 million
	28%	28%
<i>Individuals who have selected a Silver Marketplace plan</i>	7.80 million	8.52 million
	67%	68%
<i>Individuals who have selected a Marketplace plan with Financial Assistance</i>	9.94 million	10.49 million
	86%	83%

Note: (1) For each metric, the counts and percentages represent the percent of plan selections with known data for that category.

(2) Data for the 2015 Open Enrollment Period are for the following reporting period: 11-15-14 to 2-15-15 (including SEP activity through 2-22-15).

(3) Data for the 2016 Open Enrollment Period are for the following reporting period: 11-1-15 to 2-1-16.

Source: ASPE computation of CMS data as of 3-8-16.

Table 5 summarizes the demographic characteristics of consumers selecting plans through the Marketplaces in the 38 states using the HealthCare.gov eligibility and enrollment platform during the 2016 OEP, both in total and by reenrollment status. As noted in the 2014 summary enrollment report,<sup>19</sup> the data on race and ethnicity should be interpreted with great caution since more than one-third of enrollees do not self-report these data. It is also important to note that the proportion of 2016 plan selections with unknown data on self-reported race/ethnicity was slightly higher than in prior years (37 percent vs. 36 percent for the comparable period during the 2015 OEP).

<sup>19</sup> For more information about data on Marketplace plan selections for the 2014 coverage year, please see the Marketplace Summary Enrollment Report, which is available at [http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib\\_2014Apr\\_enrollment.pdf](http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf).

Table 5

Selected Characteristics of Plan Selections through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform (1)	2015 Open Enrollment Period (2)	2016 Open Enrollment Period 11-1-15 to 2-1-16 (3)			
	Total Plan Selections	Total Plan Selections	By Reenrollment Status		
			New Consumers (%)	Active Reenrollees (%)	Automatic Reenrollees (%)
Total Number of Individuals Who Have Selected a 2016 Plan Through the Marketplaces in the HealthCare.gov States	8.84 million	<u>9.63 million</u>	<u>4.03 million</u>	<u>3.92 million</u>	<u>1.68 million</u>
<i>Males who have selected a Marketplace plan</i>	4.04 million	<u>4.41 million</u>	<u>1.90 million</u>	<u>1.73 million</u>	<u>0.79 million</u>
	46%	46%	47%	44%	47%
<i>Females who have selected a Marketplace plan</i>	4.80 million	<u>5.21 million</u>	<u>2.13 million</u>	<u>2.19 million</u>	<u>0.90 million</u>
	54%	54%	53%	56%	53%
<i>0 to 34 year olds who have selected a Marketplace plan</i>	3.20 million	<u>3.56 million</u>	<u>1.72 million</u>	<u>1.22 million</u>	<u>0.62 million</u>
	36%	37%	43%	31%	37%
<i>18 to 34 year olds who have selected a Marketplace plan</i>	2.48 million	<u>2.68 million</u>	<u>1.33 million</u>	<u>0.87 million</u>	<u>0.47 million</u>
	28%	28%	33%	22%	28%
<i>Individuals who have selected a Silver Marketplace plan</i>	6.09 million	<u>6.82 million</u>	<u>2.77 million</u>	<u>2.89 million</u>	<u>1.16 million</u>
	69%	71%	69%	74%	69%
<i>Individuals who have selected a Marketplace plan with Financial Assistance</i>	7.69 million	<u>8.18 million</u>	<u>3.36 million</u>	<u>3.52 million</u>	<u>1.30 million</u>
	87%	85%	84%	90%	77%
<i>African-Americans who have selected a Marketplace plan (4)</i>	0.79 million	<u>0.71 million</u>	<u>0.34 million</u>	<u>0.24 million</u>	<u>0.13 million</u>
	14%	12%	16%	8%	12%
<i>Latinos who have selected a Marketplace plan (4)</i>	0.61 million	<u>0.92 million</u>	<u>0.37 million</u>	<u>0.40 million</u>	<u>0.14 million</u>
	11%	15%	17%	14%	14%
<i>Whites who have selected a Marketplace plan (4)</i>	3.65 million	<u>3.81 million</u>	<u>1.27 million</u>	<u>1.88 million</u>	<u>0.67 million</u>
	62%	63%	57%	66%	65%
<i>Individuals in ZIP Codes designated as rural who have selected a Marketplace plan</i>	1.54 million	<u>1.71 million</u>	<u>0.66 million</u>	<u>0.71 million</u>	<u>0.33 million</u>
	17%	18%	17%	18%	20%

Note: (1) For each metric, the percentages represent the percent of plan selections with known data for that category.

(2) Data for the 2015 Open Enrollment Period are for the following reporting period: 11-15-14 to 2-15-15 (including SEP activity through 2-22-15). During the 2015 Marketplace coverage year, there were a total of 37 states using the HealthCare.gov platform, including 35 states that are states that used the HealthCare.gov platform in both 2014 and 2015, and two states which are new to the HealthCare.gov platform in 2015 (Oregon and Nevada).

(3) Data for the 2016 Open Enrollment Period are for the following reporting period: 11-1-15 to 2-1-16. During the 2016 Marketplace coverage year, there were a total of 38 states using the HealthCare.gov platform, including 37 states that are states that used the HealthCare.gov platform in both 2014 and 2015, and one state which is new to the HealthCare.gov platform in 2016 (Hawaii).

(4) The percentages by race/ethnicity are based on the total number of plan selections with known self-reported data on race/ethnicity. CMS has updated the methodology for identifying Latinos applying for 2016 coverage by incorporating the selection of “Other” ethnicity as Latino. Specifically, all consumers who selected “Other ethnicity” on their application are now counted as Latino. Latino ethnicity is indicated when Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and/or Other is selected. This has led to an increase in the number of reported Latinos compared to previous years. Please see the Addendum for additional information.

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov Eligibility and Enrollment platform as of 3-8-16.

### **Advance Premium Tax Credits: Consumers Enrolling through the Marketplaces in the HealthCare.gov States are Saving Hundreds of Dollars on their Monthly Premiums<sup>20</sup>**

Under the Affordable Care Act, advance premium tax credits (APTC) are available to reduce premium costs for eligible taxpayers.<sup>21</sup> In the 38 states using the HealthCare.gov eligibility and enrollment platform:

- More than 8.1 million (85 percent of 9.6 million) individuals that selected or were automatically reenrolled into a 2016 plan through the Marketplaces in the HealthCare.gov states qualify for an APTC<sup>22</sup> with an average value of \$290 per person per month (see Table 6 and Appendix Table B1 on page 39).
- The average APTC covers about 73 percent<sup>23</sup> of the gross premium for individuals who qualify for an APTC (see Table 6 and Appendix Table B1 on page 39).
- The average net premium after APTC is \$106 per month<sup>24</sup> among individuals with 2016 plan selections through the Marketplaces in the HealthCare.gov states who qualify for an APTC (see Table 6 and Appendix Table B1 on page 39).

**Table 6**

<b>Reduction in Average Monthly Premiums from Advance Premium Tax Credits (APTC) in States Using the HealthCare.gov Eligibility and Enrollment Platform</b> <i>11-1-15 to 2-1-16</i>						
<b>Description</b>	<b>Total Number of Individuals With 2016 Plan Selections Through the Marketplaces</b>	<b>Percent of Plan Selections with APTC</b>	<b>Average Monthly Premium before APTC</b>	<b>Average Monthly APTC</b>	<b>Average Monthly Premium After APTC</b>	<b>Average Percent Reduction in Premium after APTC</b>
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	9.63 million	85%	\$396	\$290	\$106	73%

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 3-8-16.

<sup>20</sup> For additional information about these premium-related metrics, please see “Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits through January 30 in 37 States Using the HealthCare.gov Platform,” ASPE Research Brief, U.S. Department of Health and Human Services, February 9, 2015. Available at: [http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib\\_APTC.pdf](http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf).

<sup>21</sup> The premium tax credit (“PTC”) is calculated as the difference between the cost of the adjusted monthly premium of the second-lowest cost silver plan with respect to the applicable taxpayer and the applicable contribution percentage that a person is statutorily required to pay determined by household income and family size. An individual may choose to have all or a portion of the PTC paid in advance (advance premium tax credit or “APTC”) to an issuer of a qualified health plan in order to reduce the cost of monthly insurance premiums. APTCs are generally available for eligible individuals with a projected household income between 100 percent (133 percent in states that have chosen to expand their Medicaid programs) and 400 percent of the Federal Poverty Level (FPL). For 2016, the percentage of household income that a qualified individual or family will pay toward a health insurance premium ranges from 2.03 percent of household income at 100 percent of the FPL to 9.66 percent of income at 400 percent of the FPL. For more information on the required contribution percentage, see <http://www.irs.gov/pub/irs-drop/rp-14-62.pdf>.

<sup>22</sup> For purposes of this analysis, an individual qualifying for an advance premium tax credit was defined as any policy with an APTC amount >\$0.

<sup>23</sup> This represents the \$106 average monthly premium after advance premium tax credit as a percentage of the \$396 average monthly premium before advance premium tax credit.

<sup>24</sup> This represents the difference between the \$396 average monthly premium before advance premium tax credit and the \$290 average monthly advance premium tax credit.

### ***Availability of Marketplace Plans with Premiums of \$100, \$75, \$50 or Less in the HealthCare.gov States***

- More than 7 in 10 consumers seeking coverage through the Marketplaces could select a plan with a monthly premium of \$100 or less after applying the APTC. Through 12-1-16, more than 1 in 2 consumers (52 percent) selected or were automatically reenrolled into such a plan (see Table 7 and Appendix Table B2 on page 41).
- Nearly 7 in 10 consumers seeking coverage through the Marketplaces could select a plan with a monthly premium of \$75 or less after applying the APTC. Through 2-1-16, more than 4 in 10 consumers (42 percent) selected such a plan (see Table 7 and Appendix Table B3 on page 43).

**Table 7**

Availability and Selection of Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform <i>11-1-15 to 2-1-16</i>							
Description	Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Availability of Plans With Monthly Premiums of \$100 or Less			Selection of Plans With Monthly Premiums of \$100 or Less		
		<i>Percent Who Could Have Selected a Plan with a Monthly Premium of:</i>			<i>Percent Who Selected or Were Automatically Reenrolled into a Plan With a Monthly Premium of:</i>		
		\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC	\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC
<b><i>Total Marketplace Plan Selections</i></b>							
<b>Total Number of Individuals With 2016 Plan Selections</b>	9.63 million	61%	68%	74%	30%	42%	52%
<b>Individuals With 2016 Plan Selections With APTC</b>	8.15 million	72%	80%	86%	36%	49%	61%

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 3-8-16.



### ***Reenrolling Marketplace Consumers in the HealthCare.gov States Shop at a High Rate and Save on Premiums***

- New consumers were more likely to purchase a plan for \$100 or less after applying the APTC – 56 percent of new consumers selected coverage with a monthly premium of \$100 or less, compared to 51 percent for people actively reenrolled, and 42 percent for those who automatically reenrolled (see Table 8).
- Individuals that actively reenrolled and returned to the Marketplaces to shop for coverage were more likely to have a monthly premium of \$75 or less after applying the APTC than those who automatically reenrolled (41 percent vs. 33 percent, respectively).
- Savings from shopping: On average, those who actively reenrolled and changed plans selected plans for \$132 per month after applying the APTC, compared to \$174 per month if they had stayed in their 2015 plan (or the crosswalked plan), a savings of 24 percent or \$42 per month on average, after applying the APTC (see Table 9).

**Table 8**

2016 Plan Selections Through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform By Monthly Premium After Tax Credit	Cumulative 11-1-15 to 2-1-16			
	Total Individuals With 2016 Marketplace Plan Selections	By Reenrollment Status		
		New Consumers	Active Reenrollees	Automatic Reenrollees
Total 2016 Plan Selections Through the Marketplaces in HealthCare.gov States	9.63 million	4.03 million	3.92 million	1.68 million
<i>Plan Selections by Monthly Premium After the Advance Premium Tax Credit (APTC):</i>				
Less Than or Equal to \$100	52%	56%	51%	42%
≥\$0 and ≤ \$50	30%	35%	29%	22%
>\$50 and ≤ \$75	12%	11%	12%	11%
>\$75 and ≤ \$100	10%	9%	10%	9%
Greater Than \$100	48%	44%	49%	58%

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 3-8-16.

**Table 9**

<b>Reduction in Average Monthly Premiums from Advance Premium Tax Credits (APTC) For All Shoppers in States Using the HealthCare.gov Eligibility and Enrollment Platform</b> <i>11-1-15 to 2-1-16</i>			
<b>Description</b>	<b>Active Reenrollees with 2015 Plan Selections</b>		
	<b>Total</b>	<b>Consumers Who Switched Plans</b>	<b>Consumers Who Remained in Same or Crosswalked Plan</b>
<b>Total Consumer Plan Selections</b>	3.92 million	2.39 million	1.53 million
<b>Percent of Active Reenrollees</b>	100%	61%	39%
<b>Percent of Plan Selections with APTC</b>	89%	89%	91%
<b>Average Monthly Premium After APTC if Remained in Same or Crosswalked Plan from 2015</b>	\$159	\$174	\$142
<b>Average Monthly Premium After APTC After Shopping</b>	\$137	\$132	N/A
<b>Average Savings in Monthly Premium After APTC After Shopping</b>	N/A	\$42	N/A

Note: Average Savings in Monthly Premium After APTC was calculated for all consumers who switched plans, metal levels and/or issuers, including savings associated with consumers who decided to reduce their level of coverage.

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov eligibility and enrollment platform as of 3-8-16.

### ***Over One-Third of the Consumers Reenrolling in Marketplace Coverage in the HealthCare.gov States Switched Plans***

- Among the 5.6 million consumers who reenrolled in Marketplace plans in the HealthCare.gov states, 43 percent switched to a new plan during the 2016 OEP (see Table 10). The proportion of consumers reenrolling in coverage who switched plans continues to be higher than the levels of switching seen in other programs, such as for Medicare Part D enrollees, active employees with Federal Employee Health Benefit Plan coverage, and individuals with employer-sponsored coverage.
- Among consumers who switched plans, more consumers switched issuers than metal levels (see Table 10). Specifically, 47 percent of switchers changed only their issuer during the 2016 OEP, while 15 percent of switchers changed only their metal level during the 2016 OEP, and 16 percent of switchers changed both issuers and metal levels.
  - A total of 64 percent of switchers changed their issuer, with or without also changing their metal level.
  - A total of 31 percent of switchers changed their metal level with or without also changing their issuer.

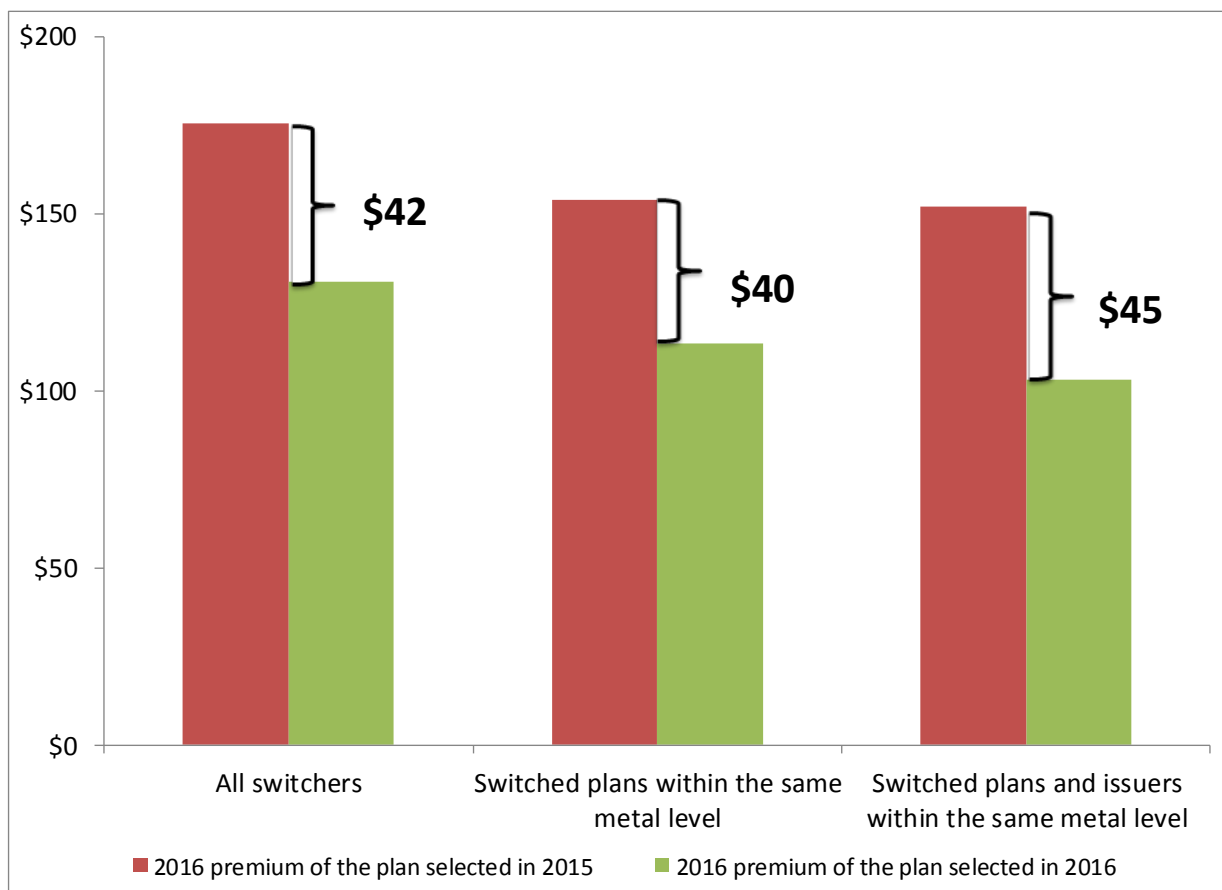
**Table 10**

<b>2016 Issuer and Metal Level Choices of Switchers</b>		
<b>Description</b>	<b>Percent of All Reenrollees <i>N = 5.6 million</i></b>	<b>Percent of All Switchers <i>N = 2.4 million</i></b>
<b>Total Reenrollees in the HealthCare.gov States</b>	100%	N/A
<b>Switchers</b>	43%	100%
<b>Active Reenrollees Who Changed Plans but Not Metal Level or Issuer</b>	9%	21%
<b>Active Reenrollees Who Changed Issuer but Not Metal Level</b>	20%	47%
<b>Active Reenrollees Who Changed Metal Level but Not Issuer</b>	6%	15%
<b>Active Reenrollees Who Changed Metal Level and Issuer</b>	7%	16%
<i>Active Reenrollees Who Changed Metal Level (with or without changing issuer) (non-add)</i>	13%	31%
<i>Active Reenrollees Who Changed Issuer (with or without changing metal level) (non-add)</i>	27%	64%
<i>Active Reenrollees Who Switched Without Having a Valid 2015 Crosswalk Plan (non-add)</i>	0%	0%
<b>Non-Switchers</b>	57%	N/A
<b>Active Reenrollees Who Remained in The Same (or the Crosswalked) Marketplace Plan</b>	27%	N/A
<b>Automatic Reenrollees</b>	30%	N/A

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov eligibility and enrollment platform in 2015 and 2016 as of 3-8-16.

- Consumers who switched plans within the same metal level during the 2016 OEP saved \$40 per month, or nearly \$480 annually, relative to what they would have paid if they had remained in the same plan (or the crosswalked plan) as in 2015. Meanwhile, those who switched issuers as well as plans within the same metal level were able to save \$45 per month, or nearly \$540 annually (see Figure 3 and Appendix Table B5 on page 47).

**Figure 3: Monthly Premium Savings for Switchers**



Note: Savings are calculated as the difference between the 2016 premium of the 2016 selected plan and the 2015 selected plan. Numbers are rounded to the nearest dollar.

Source: ASPE computation of CMS data for 37 states using the HealthCare.gov eligibility and enrollment platform in 2015 and 2016 as of 3-8-16.

## SECTION II. METHODOLOGICAL OVERVIEW

The data reported here have been obtained from the information systems of the Centers for Medicare & Medicaid Services (CMS), based on information collected for 38 states using the HealthCare.gov eligibility and enrollment platform. We also obtained more limited data reported to CMS by the 13 states (including DC) that are using their own Marketplace platforms. Data for the Small Business Health Options Program (SHOP) Marketplaces are not included in this report.

This report includes data that are currently available on enrollment-related activity for the 2016 Open Enrollment period – which generally corresponds with data from 11-1-15 to 2-1-16 for the 38 states using the HealthCare.gov eligibility and enrollment platform and for states that are using their own Marketplace platforms for the 2016 coverage year.

**Table 11**

Marketplace Type	Reporting Period (1)
States Using the HealthCare.gov Marketplace Eligibility and Enrollment Platform (38 states)	11-1-15 to 2-1-16
State Based Marketplaces (SBMs) Using Their Own Marketplace Platform (13 states)	
9 States: California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, Washington	11-1-15 to 1-31-16
4 States: Colorado, Connecticut, Massachusetts, Minnesota	11-1-15 to 2-1-16

Note: (1) For purposes of the Final Enrollment Report, an effort was made to align the reporting periods for the HealthCare.gov states and SBMs using their own Marketplace platforms with the reporting periods for the data that were included in the Week 13 CMS Marketplace Enrollment Snapshot (which can be accessed at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>).

Data for certain metrics are not available for several of the states that are using their own Marketplace platforms.

It is important to note that some of the 13 states that are using their own Marketplace platforms are not reporting data separately for consumers who are actively reenrolling in coverage and consumers who have been automatically reenrolled into coverage through the Marketplaces. Please refer to the Addendum for additional technical notes.

This report also includes available data on the characteristics of individuals who have selected a plan through the Marketplaces for the 38 states that are using the HealthCare.gov eligibility and enrollment platform for 2016, and the 13 states that are using their own Marketplace platforms. In some cases, the data for certain characteristics of Marketplace plan selections are not yet available in selected states.

The information contained in this issue brief provides the most systematic summary of enrollment-related activity in the Marketplaces for the 2016 Open Enrollment period because the data for the various metrics are counted using comparable definitions for data elements across states and Marketplace types.

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	<ul style="list-style-type: none"> <li>• D3 - Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D4 - Total Marketplace Plan Selections by Financial Assistance Status in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D5 - Total Marketplace Plan Selections by Age in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
	<ul style="list-style-type: none"> <li>• D6 - Total Marketplace Plan Selections by Gender in States Using Their Own Marketplace Platforms, By State</li> </ul>	Addendum
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## APPENDIX TABLE A1

<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance, All State Marketplaces 11-1-15 to 2-1-16 (1)</b>		
<b>Characteristics</b>	<b>Marketplaces Total</b> <i>(States Using the HealthCare.gov Eligibility and Enrollment Platform and States Using Their Own Marketplace Platforms)</i>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
<b>Total Who Have Selected a Marketplace Plan</b>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	12,681,874	100%
<b>By Enrollment Status</b>		
New Consumers	4,887,026	39%
Total Reenrollees (4)	7,794,848	61%
<i>Active Reenrollees</i>	4,575,241	36%
<i>Automatic Reenrollees</i>	2,787,218	22%
<i>Unknown Reenrollment Type</i>	432,389	3%
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	12,681,874	100%
Unknown Enrollment Status	0	N/A
<b>By Gender</b>		
Female	6,802,327	54%
Male	5,878,278	46%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	12,680,605	100%
Unknown Gender	1,269	N/A
<b>By Age</b>		
Age < 18	1,068,631	8%
Age 18-25	1,370,048	11%
Age 26-34	2,155,493	17%
Age 35-44	2,043,932	16%
Age 45-54	2,682,762	21%



<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance, All State Marketplaces</b> <i>11-1-15 to 2-1-16 (1)</i>		
<b>Characteristics</b>	<b>Marketplaces Total</b> <i>(States Using the HealthCare.gov Eligibility and Enrollment Platform and States Using Their Own Marketplace Platforms)</i>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
Age 55-64	3,262,215	26%
Age ≥65	97,603	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	12,680,684	100%
Unknown Age	1,190	N/A
Ages 18 to 34	3,525,541	28%
Ages 0 to 34	4,594,172	36%
<b>By Metal Level</b>		
Bronze	2,873,422	23%
Silver	8,520,787	68%
Gold	797,501	6%
Platinum	192,244	2%
Catastrophic	138,400	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (5)</b>	12,522,354	100%
Stand-alone Dental	1,710,112	N/A
Unknown Metal Level	159,520	N/A
<b>By Financial Assistance Status</b>		
With Financial Assistance	10,510,141	83%
Without Financial Assistance	2,088,385	17%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	12,598,526	100%
Unknown Financial Assistance Status	83,516	N/A
APTC	10,474,116	83%

Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected or been automatically reenrolled into a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections for all but two states (Minnesota and DC). These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) The number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data.

(5) The subtotals for each metal tier type do not sum to the total number partially due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes, but primarily due to Massachusetts counting 158,512 individuals enrolled in its Connector Care Program as unknowns. Connector Care plans are closest to Silver plans, but their actuarial value is higher than that of a Silver Plan. Data for stand-alone dental plan selections are shown in this section, but are not included in any of the other metrics in this report.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

## APPENDIX TABLE A2

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number 11-1-15 to 2-1-16</b> <b>(2)</b>	<b>% of Available Data, Excluding Unknown</b> <b>(3)</b>
<b>Total Who Have Selected a Marketplace Plan</b>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	9,625,982	100%
<b>By Enrollment Status</b>		
New Consumers	4,025,637	42%
Total Reenrollees	5,600,345	58%
<i>Active Reenrollees</i>	3,918,452	41%
<i>Automatic Reenrollees</i>	1,681,893	17%
<i>Unknown Reenrollment Type</i>	0	0%
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	9,625,982	100%
Unknown Enrollment Status	0	N/A
<b>By Gender</b>		
Female	5,213,706	54%
Male	4,412,276	46%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	9,625,982	100%
Unknown Gender	0	N/A
<b>By Age</b>		
Age < 18	884,172	9%
Age 18-25	1,067,477	11%
Age 26-34	1,608,390	17%
Age 35-44	1,555,651	16%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year (38 States)</b>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
Age 45-54	2,010,657	21%
Age 55-64	2,431,625	25%
Age ≥65	67,957	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	9,625,929	100%
Unknown Age	53	N/A
Ages 18 to 34	2,675,867	28%
Ages 0 to 34	3,560,039	37%
<b>By Metal Level</b>		
Bronze	2,060,447	21%
Silver	6,823,481	71%
Gold	571,327	6%
Platinum	71,701	1%
Catastrophic	99,026	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (4)</b>	9,625,982	100%
Stand-alone Dental	1,425,474	N/A
Unknown Metal Level	0	N/A
<b>By Financial Assistance Status</b>		
With Financial Assistance	8,183,059	85%
Without Financial Assistance	1,442,923	15%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	9,625,982	100%
Unknown Financial Assistance Status	0	N/A
APTC	8,147,034	85%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year (38 States)</b>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
<b>By Self-Reported Race/Ethnicity (3)</b>		
American Indian / Alaska Native	29,211	0%
Asian	530,180	9%
Native Hawaiian / Pacific Islander	7,089	0%
African-American	705,156	12%
Latino	916,970	15%
White	3,811,149	63%
Multiracial	82,984	1%
<b>Subtotal: Plan Selections With Available Data on Self-Reported Race/Ethnicity</b>	6,082,739	100%
Unknown Race/Ethnicity	3,543,243	N/A
<b>By Rural Status</b>		
In ZIP Codes Designated as Rural	1,710,082	18%
In ZIP Codes Designated as Urban	7,915,900	82%
<b>Subtotal: Plan Selections With Available Data on Rural Status</b>	9,625,982	100%
Unknown Rural Status	0	N/A
<b>By Household Income</b>		
<100% of FPL	259,768	3%
≥100% - ≤150% of FPL	3,413,650	38%
>150% - ≤200% of FPL	2,181,903	25%
>200% - ≤250% of FPL	1,324,281	15%
>250% - ≤300% of FPL	758,584	9%
>300%- ≤400% of FPL	736,322	8%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, Financial Assistance Status, Race/Ethnicity, Rural Status, and Household Income in States Using the HealthCare.gov Platform (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total States Using the HealthCare.gov Eligibility and Enrollment Platform for the 2016 Coverage Year</b> <i>(38 States)</i>	
	<b>Number 11-1-15 to 2-1-16</b> <b>(2)</b>	<b>% of Available Data, Excluding Unknown</b> <b>(3)</b>
> 400% of FPL	211,322	2%
<b>Subtotal: Plan Selections With Available Data on Household Income</b>	8,885,830	100%
Unknown Household Income	740,152	N/A

## Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected or been automatically reenrolled into a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) The percentages by race/ethnicity are based on the total number of plan selections with known self-reported data on race/ethnicity. CMS has updated the methodology for identifying Latinos applying for 2016 coverage by incorporating the selection of “Other” ethnicity as Latino. Specifically, all consumers who selected “Other ethnicity” on their application are now counted as Latino. Latino ethnicity is indicated when Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and/or Other is selected. This has led to an increase in the number of reported Latinos compared to previous years. Please see the Addendum for additional information.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) The subtotals for each metal tier type do not sum to the total number due to a small number of individuals (0.1%) who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for stand-alone dental plan selections are shown separately in this section, but are not included in any of the other metrics in this table.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE A3

Marketplace Plan Selections by Gender and Age; Gender and Metal Level; Financial Assistance Status and Metal Level; and Metal Level and Age in States Using the HealthCare.gov Platform (1) 11-1-15 to 2-1-16									
Description	HealthCare.gov States Total			Females – HealthCare.gov States			Males – HealthCare.gov States		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>									
Number of Individuals Who Have Selected a Marketplace Plan	9,625,982	n/a	n/a	5,213,706	n/a	n/a	4,412,276	n/a	n/a
<b>By Gender and Age</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Age Group Total (5)</b>
Age < 18	884,172	9%	100%	431,428	8%	49%	452,744	10%	51%
Age 18-25	1,067,477	11%	100%	569,274	11%	53%	498,203	11%	47%
Age 26-34	1,608,390	17%	100%	853,825	16%	53%	754,565	17%	47%
Age 35-44	1,555,651	16%	100%	834,664	16%	54%	720,987	16%	46%
Age 45-54	2,010,657	21%	100%	1,103,334	21%	55%	907,323	21%	45%
Age 55-64	2,431,625	25%	100%	1,383,421	27%	57%	1,048,204	24%	43%
Age ≥65	67,957	1%	100%	37,734	1%	56%	30,223	1%	44%
<b>Subtotal: Plan Selections With Available Data on Age</b>	9,625,929	100%	100%	5,213,680	100%	54%	4,412,249	100%	46%
Unknown Age	53	n/a	n/a	26	n/a	n/a	27	n/a	n/a
Ages 18 to34	2,675,867	28%	100%	1,423,099	27%	53%	1,252,768	28%	47%
Ages 0 to 34	3,560,039	37%	100%	1,854,527	36%	52%	1,705,512	39%	48%
<b>By Gender and Metal Level</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Metal Level Total (5)</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Metal Level Total (5)</b>	<b>Number</b>	<b>% of Gender Total (4)</b>	<b>% of Metal Level Total (5)</b>
Bronze	2,060,447	21%	100%	1,041,305	20%	51%	1,019,142	23%	49%
Silver	6,823,481	71%	100%	3,790,844	73%	56%	3,032,637	69%	44%
Gold	571,327	6%	100%	298,024	6%	52%	273,303	6%	48%
Platinum	71,701	1%	100%	36,642	1%	51%	35,059	1%	49%
Catastrophic	99,026	1%	100%	46,891	1%	47%	52,135	1%	53%
<b>Subtotal: Plan Selections With Available Data on Metal Level</b>	9,625,982	100%	100%	5,213,706	100%	54%	4,412,276	100%	46%
Stand-alone Dental	1,425,474	n/a	n/a	775,553	n/a	n/a	649,921	n/a	n/a
Unknown Metal Level	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Description	HealthCare.gov States Total			With Financial Assistance - HealthCare.gov States			Without Financial Assistance - HealthCare.gov States		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>									
Number of Individuals Who Have Selected a Marketplace Plan	9,625,982	n/a	n/a	8,161,583	n/a	n/a	1,442,923	n/a	n/a
<b>By Financial Assistance Status and Metal Level (6)</b>	<b>Number</b>	<b>% of Financial Assistance Status Total (4)</b>	<b>% of Metal Level Total (5)</b>	<b>Number</b>	<b>% of Financial Assistance Status Total (4)</b>	<b>% of Metal Level Total (5)</b>	<b>Number</b>	<b>% of Financial Assistance Status Total (4)</b>	<b>% of Metal Level Total (5)</b>
Bronze	2,060,447	21%	100%	1,583,564	19%	77%	476,883	33%	23%
Silver	6,823,481	71%	100%	6,260,651	77%	92%	562,830	39%	8%
Gold	571,327	6%	100%	303,697	4%	53%	267,630	19%	47%
Platinum	71,701	1%	100%	35,147	0%	49%	36,554	3%	51%
Catastrophic	99,026	1%	100%	0	0%	0%	99,026	7%	100%
<b>Subtotal: Plan Selections With Available Data on Metal Level</b>	9,625,982	100%	100%	8,161,583	100%	85%	1,442,923	100%	15%
Stand-alone Dental	1,425,474	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Unknown Metal Level	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a

Description	HealthCare.gov States Total			Bronze Plan Selections			Silver Plan Selections		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>									
Number of Individuals Who Have Selected a Marketplace Plan	9,625,982	n/a	n/a	2,060,447	n/a	n/a	6,823,481	n/a	n/a
<b>By Metal Level and Age (6)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>
Age < 18	884,172	9%	100%	200,016	10%	23%	561,556	8%	64%
Age 18-25	1,067,477	11%	100%	208,711	10%	20%	775,885	11%	73%
Age 26-34	1,608,390	17%	100%	344,882	17%	21%	1,103,807	16%	69%
Age 35-44	1,555,651	16%	100%	308,439	15%	20%	1,131,782	17%	73%
Age 45-54	2,010,657	21%	100%	423,909	21%	21%	1,464,290	21%	73%
Age 55-64	2,431,625	25%	100%	561,949	27%	23%	1,733,388	25%	71%
Age ≥65	67,957	1%	100%	12,528	1%	18%	52,734	1%	78%
<b>Subtotal: Plan Selections With Available Data on Age</b>	9,625,929	100%	100%	2,060,434	100%	21%	6,823,442	100%	71%
Unknown Age	53	n/a	n/a	13	n/a	n/a	39	n/a	n/a
Ages 18 to 34	2,675,867	28%	100%	553,593	27%	21%	1,879,692	28%	70%
Ages 0 to 34	3,560,039	37%	100%	753,609	37%	21%	2,441,248	36%	69%



Description	Gold Plan Selections			Platinum Plan Selections			Catastrophic Plan Selections		
	Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)		Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>									
Number of Individuals Who Have Selected a Marketplace Plan	571,327	n/a	n/a	71,701	n/a	n/a	99,026	n/a	n/a
<b>By Metal Level and Age (6)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>
Age < 18	104,497	18%	12%	11,986	17%	1%	6,117	6%	1%
Age 18-25	45,321	8%	4%	6,061	8%	1%	31,499	32%	3%
Age 26-34	95,497	17%	6%	14,239	20%	1%	49,965	50%	3%
Age 35-44	95,844	17%	6%	14,175	20%	1%	5,411	5%	0%
Age 45-54	105,421	18%	5%	13,233	18%	1%	3,804	4%	0%
Age 55-64	122,479	21%	5%	11,633	16%	0%	2,176	2%	0%
Age ≥65	2,267	0%	3%	374	1%	1%	54	0%	0%
<b>Subtotal: Plan Selections With Available Data on Age</b>	571,326	100%	6%	71,701	100%	1%	99,026	100%	1%
Unknown Age	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a
Ages 18 to 34	140,818	25%	5%	20,300	28%	1%	81,464	82%	3%
Ages 0 to 34	245,315	43%	7%	32,286	45%	1%	87,581	88%	2%

Description	Stand-alone Dental Plan Selections		
	Number (2)	% of Available Data, Excluding Unknown (3)	
<b>Total Who Have Selected a Marketplace Plan</b>			
Number of Individuals Who Have Selected a Marketplace Plan	1,425,474	n/a	n/a
<b>Number Who Have Selected a Stand-alone Dental Plan By Metal Level and Age</b>	<b>Number</b>	<b>% of Metal Level Total (4)</b>	<b>% of Age Group Total (5)</b>
Age < 18	115,304	8%	13%
Age 18-25	156,633	11%	15%
Age 26-34	321,245	23%	20%
Age 35-44	266,245	19%	17%
Age 45-54	275,523	19%	14%
Age 55-64	282,345	20%	12%
Age ≥65	8,166	1%	12%
<b>Subtotal: Plan Selections With Available Data on Age</b>	1,425,461	100%	15%
Unknown Age	13	n/a	n/a
Ages 18 to 34	477,878	34%	18%
Ages 0 to 34	593,182	42%	17%

## Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) Represents the vertical percentage for the data that are being shown based on a given set of metrics. For example, if the rows show Age Groups and the columns show Gender, then this percentage represents the data for a given Age Group / Gender combination as a percentage of the comparable Gender total for all Age Groups (e.g., Persons between the ages of 18 and 34 represent X percent of the all of the Female Marketplace Plan selections).

(5) Represents the horizontal percentage of the data that are being shown based on a given set of metrics. For example, if the rows show Age Groups and the columns show Gender, then this percentage represents the data for a given Age Group / Gender combination as a percentage of the comparable Age Group total for all Genders (e.g., Females represent X percent of the Marketplace Plan selections for persons between the ages of 18 and 34).

(6) The subtotals for each metal tier type do not sum to the total number due to a small number of individuals (0.1%) who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. Data for stand-alone dental plan selections are shown separately in this section, but are not included in any of the other metrics in this table.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

## APPENDIX TABLE A4

<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total State-Based Marketplaces Using Their Own Marketplace Platforms for the 2016 Coverage Year</b> <i>(13 States)</i>	
	<b>Number 11-1-15 to 2-1-16</b> <b>(2)</b>	<b>% of Available Data, Excluding Unknown</b> <b>(3)</b>
<b>Total Who Have Selected a Marketplace Plan</b> <i>(13 States Reporting)</i>		
Total Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	3,055,892	100%
<b>By Enrollment Status</b> <i>(13 States Reporting New vs. Reenrollee; 10 States Reporting Active vs. Automatic Reenrollees)</i>		
New Consumers	861,389	28%
Total Reenrollees (4)	2,194,503	72%
<i>Active Reenrollees</i>	656,789	21%
<i>Automatic Reenrollees</i>	1,105,325	36%
<i>Unknown Reenrollment Type</i>	432,389	14%
<b>Subtotal: Plan Selections With Available Data on Enrollment Status</b>	3,055,892	100%
Unknown Enrollment Status	519	N/A
<b>By Gender</b> <i>(13 States Reporting)</i>		
Female	1,588,621	52%
Male	1,466,002	48%
<b>Subtotal: Plan Selections With Available Data on Gender</b>	3,054,623	100%
Unknown Gender	1,269	N/A
<b>By Age</b> <i>(13 States Reporting)</i>		
Age < 18	184,459	6%
Age 18-25	302,571	10%
Age 26-34	547,103	18%
Age 35-44	488,281	16%

<b>Marketplace Plan Selections by Gender, Age, Metal Level, and Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Characteristics</b>	<b>Marketplaces Total State-Based Marketplaces Using Their Own Marketplace Platforms for the 2016 Coverage Year</b> <i>(13 States)</i>	
	<b>Number 11-1-15 to 2-1-16 (2)</b>	<b>% of Available Data, Excluding Unknown (3)</b>
Age 45-54	672,105	22%
Age 55-64	830,590	27%
Age ≥65	29,646	1%
<b>Subtotal: Plan Selections With Available Data on Age (2)</b>	3,054,755	100%
Unknown Age	1,137	N/A
Ages 18 to 34	849,674	28%
Ages 0 to 34	1,034,133	34%
<b>By Metal Level (13 States Reporting)</b>		
Bronze	812,975	28%
Silver	1,697,306	59%
Gold	226,174	8%
Platinum	120,543	4%
Catastrophic	39,374	1%
<b>Subtotal: Plan Selections With Available Data on Metal Level (5)</b>	2,896,372	100%
Stand-alone Dental	284,638	N/A
Unknown Metal Level	159,520	N/A
<b>By Financial Assistance Status (12 States Reporting)</b>		
With Financial Assistance	2,327,082	78%
Without Financial Assistance	645,462	22%
<b>Subtotal: Plan Selections With Available Data on Financial Assistance (2)</b>	2,972,544	100%
Unknown Financial Assistance Status	83,516	N/A
APTC	2,327,082	78%

## Notes:

Percentages in this table have been rounded. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan, and have selected or been automatically reenrolled into a Marketplace medical plan (with or without the first premium payment having been received by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections for all but two states (Minnesota and DC). These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). For additional technical notes, please refer to the Addendum of this report.

(2) For each metric, the data represent the total number of “Individuals Applying for 2016 Coverage in Completed Applications” who have selected a 2016 medical Marketplace plan for enrollment through the Marketplace (with or without the first premium payment having been received directly by the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) The number of active reenrollees and automatic reenrollees may not add to the total number of reenrollees due to some SBM plan selections with missing data.

(5) The subtotals for each metal tier type do not sum to the total number partially due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes, but primarily due to Massachusetts counting 158,512 individuals enrolled in its Connector Care Program as unknowns. Connector Care plans are closest to Silver plans, but their actuarial value is higher than that of a Silver Plan. Data for stand-alone dental plan selections are shown in this section, but are not included in any of the other metrics in this report.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

## APPENDIX TABLE A5

<b>Selected Enrollment-Related Information, 11-1-15 to 2-1-16 (1)</b>			
<b>Description</b>	<b>Marketplace Total, All States</b>	<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (38 States)</b>	<b>State-Based Marketplaces Using Their Own Marketplace Platforms (13 States)</b>
Visitors to the Marketplace Websites	43,827,138	31,128,448	12,698,690
Calls to the Marketplace Call Center	23,079,072	15,508,697	7,570,375
Number of Completed Applications	14,724,461	9,601,192	5,123,269
Number of Individuals Included in Completed Applications	23,235,614	13,036,519	10,199,095
Number of Individuals Determined Eligible to Enroll in a 2016 Plan Through the Marketplaces	16,164,261	11,639,701	4,524,560
Number of Individuals Who Have Selected or Been Automatically Reenrolled Into a 2016 Marketplace Plan	12,681,874	9,625,982	3,055,892

## Notes:

(1) Most of the data in this table are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs using their own Marketplace platforms are for the 11-1-15 to 1-31-16 reporting period. See Addendum for additional technical notes.

(2) Within the HealthCare.gov states, visitors to the Marketplace Websites includes 29,422,294 unique visitors on HealthCare.gov and 1,706,154 unique visitors on CuidadoDeSalud.gov between 11-1-15 and 2-1-16.

(3) Total Calls to the Marketplace call centers includes 938,952 calls with Spanish-speaking representatives and 14,569,745 other calls between 11-1-15 and 2-1-16.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE B1

Reduction in Average Monthly Premiums from Advance Premium Tax Credits in States Using the HealthCare.gov Platform (1) 11-1-15 to 2-1-16						
Description	Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (2)	Percent of Plan Selections with APTC	Average Monthly Premium Before APTC	Average Monthly APTC	Average Monthly Premium After APTC	Average Percent Reduction in Premium After APTC
<b>States Using the HealthCare.gov Platform (4)</b>						
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)</b>						
Hawaii	14,564	81%	\$389	\$270	\$118	70%
Nevada	88,145	87%	\$372	\$265	\$107	71%
New Mexico	54,865	68%	\$332	\$205	\$127	62%
Oregon	147,109	71%	\$392	\$250	\$142	64%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>76%</b>	<b>\$371</b>	<b>\$248</b>	<b>\$124</b>	<b>67%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>						
Alabama	195,055	89%	\$410	\$308	\$102	75%
Alaska	23,029	86%	\$863	\$737	\$126	85%
Arizona	203,066	74%	\$324	\$204	\$120	63%
Arkansas	73,648	87%	\$409	\$286	\$122	70%
Delaware	28,256	82%	\$477	\$328	\$150	69%
Florida	1,742,819	91%	\$386	\$302	\$84	78%
Georgia	587,845	86%	\$385	\$287	\$98	75%
Illinois	388,179	75%	\$385	\$233	\$152	61%
Indiana	196,242	81%	\$415	\$259	\$156	63%
Iowa	55,089	85%	\$425	\$303	\$122	71%
Kansas	101,555	82%	\$352	\$246	\$106	70%
Louisiana	214,148	89%	\$448	\$362	\$86	81%
Maine	84,059	87%	\$428	\$325	\$103	76%
Michigan	345,813	83%	\$382	\$239	\$143	63%
Mississippi	108,672	90%	\$388	\$297	\$91	76%
Missouri	290,201	87%	\$407	\$313	\$94	77%
Montana	58,114	83%	\$421	\$306	\$115	73%
Nebraska	87,835	88%	\$400	\$295	\$105	74%
New Hampshire	55,183	66%	\$396	\$241	\$155	61%
New Jersey	288,573	80%	\$484	\$323	\$161	67%
North Carolina	613,487	89%	\$497	\$399	\$98	80%
North Dakota	21,604	85%	\$405	\$262	\$142	65%
Ohio	243,715	80%	\$405	\$240	\$164	59%
Oklahoma	145,329	84%	\$376	\$296	\$80	79%
Pennsylvania	439,238	76%	\$396	\$251	\$145	63%
South Carolina	231,849	89%	\$406	\$309	\$97	76%
South Dakota	25,999	88%	\$416	\$306	\$110	74%
Tennessee	268,867	85%	\$400	\$296	\$104	74%

<b>Reduction in Average Monthly Premiums from Advance Premium Tax Credits in States Using the HealthCare.gov Platform (1)</b> 11-1-15 to 2-1-16						
<b>Description</b>	<b>Total Number of Individuals With 2015 Plan Selections Through the Marketplaces (2)</b>	<b>Percent of Plan Selections with APTC</b>	<b>Average Monthly Premium Before APTC</b>	<b>Average Monthly APTC</b>	<b>Average Monthly Premium After APTC</b>	<b>Average Percent Reduction in Premium After APTC</b>
Texas	1,306,208	84%	\$344	\$257	\$87	75%
Utah	175,637	86%	\$271	\$187	\$84	69%
Virginia	421,897	82%	\$366	\$273	\$93	75%
West Virginia	37,284	85%	\$542	\$387	\$155	71%
Wisconsin	239,034	84%	\$455	\$330	\$125	73%
Wyoming	23,770	90%	\$571	\$454	\$117	80%
<b>TOTAL – States Using the HealthCare.gov Platform</b>	<b>9,625,982</b>	<b>85%</b>	<b>\$396</b>	<b>\$290</b>	<b>\$106</b>	<b>73%</b>

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov platform as of 3-8-16.



APPENDIX TABLE B2

Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For the Total Number of Individuals With 2016 Marketplace Plan Selections in States Using the HealthCare.gov Platform (1)							
11-1-15 to 2-1-16							
Description	Total Number of Individuals With 2016 Marketplace Plan Selections (2)	Availability of Plans With Monthly Premiums of \$100 or Less			Selection of Plans With Monthly Premiums of \$100 or Less		
		Percent Who Could Have Selected a Plan with a Monthly Premium of:			Percent Who Selected a Plan With a Monthly Premium of:		
		\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC	\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC
<b>States Using the HealthCare.gov Platform (4)</b>							
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)</b>							
Hawaii	14,564	57%	63%	71%	30%	38%	46%
Nevada	88,145	58%	68%	74%	24%	40%	52%
New Mexico	54,865	39%	50%	59%	15%	25%	35%
Oregon	147,109	39%	47%	57%	13%	21%	31%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>45%</b>	<b>54%</b>	<b>63%</b>	<b>17%</b>	<b>28%</b>	<b>38%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>							
Alabama	195,055	65%	72%	76%	32%	45%	55%
Alaska	23,029	62%	67%	71%	33%	41%	48%
Arizona	203,066	51%	59%	70%	19%	32%	43%
Arkansas	73,648	52%	62%	70%	16%	30%	44%
Delaware	28,256	54%	61%	67%	14%	24%	35%
Florida	1,742,819	72%	78%	82%	45%	57%	66%
Georgia	587,845	65%	72%	76%	32%	45%	55%
Illinois	388,179	44%	53%	61%	12%	20%	29%
Indiana	196,242	46%	55%	62%	12%	21%	31%
Iowa	55,089	55%	63%	70%	21%	32%	43%
Kansas	101,555	54%	62%	68%	28%	40%	49%
Louisiana	214,148	77%	81%	83%	45%	54%	61%
Maine	84,059	55%	63%	69%	31%	43%	53%
Michigan	345,813	54%	63%	72%	15%	26%	37%
Mississippi	108,672	69%	76%	80%	34%	50%	62%
Missouri	290,201	66%	71%	76%	35%	47%	57%
Montana	58,114	53%	61%	67%	22%	34%	45%
Nebraska	87,835	60%	69%	75%	29%	42%	53%
New Hampshire	55,183	38%	45%	57%	10%	17%	25%
New Jersey	288,573	42%	50%	57%	13%	22%	32%
North Carolina	613,487	70%	76%	80%	37%	48%	57%
North Dakota	21,604	50%	60%	68%	16%	27%	38%
Ohio	243,715	42%	53%	61%	10%	19%	29%
Oklahoma	145,329	72%	76%	82%	41%	51%	60%
Pennsylvania	439,238	44%	53%	60%	13%	24%	34%
South Carolina	231,849	52%	62%	69%	36%	48%	58%

Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For the Total Number of Individuals With 2016 Marketplace Plan Selections in States Using the HealthCare.gov Platform (1)							
11-1-15 to 2-1-16							
South Dakota	25,999	58%	67%	74%	26%	38%	49%
Tennessee	268,867	67%	72%	77%	30%	41%	51%
Texas	1,306,208	66%	72%	78%	36%	48%	58%
Utah	175,637	62%	72%	80%	35%	49%	61%
Virginia	421,897	61%	68%	72%	34%	45%	55%
West Virginia	37,284	51%	59%	65%	13%	25%	35%
Wisconsin	239,034	56%	63%	69%	25%	35%	43%
Wyoming	23,770	51%	60%	68%	29%	39%	49%
<b>TOTAL – States Using the HealthCare.gov Platform</b>	<b>9,625,982</b>	<b>61%</b>	<b>68%</b>	<b>74%</b>	<b>30%</b>	<b>42%</b>	<b>52%</b>

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov platform as of 3-8-16.

APPENDIX TABLE B3

Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For Individuals With 2016 Marketplace Plan Selections With APTC in States Using the HealthCare.gov Platform (1) 11-1-15 to 2-1-16							
Description	Number of Individuals With 2016 Marketplace Plan Selections with APTC (2)	Data For Individuals Who Have 2016 Marketplace Plan Selections With APTC					
		Availability of Plans With Monthly Premiums of \$100 or Less			Selection of Plans With Monthly Premiums of \$100 or Less		
		Percent Who Could Have Selected a Plan with a Monthly Premium of:			Percent Who Selected a Plan With a Monthly Premium of:		
		\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC	\$50 or Less after APTC	\$75 or Less after APTC	\$100 or Less after APTC
States Using the HealthCare.gov Platform (4)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Platform (5)							
Hawaii	11,852	71%	77%	83%	36%	46%	55%
Nevada	76,821	67%	78%	85%	28%	45%	60%
New Mexico	37,450	57%	69%	79%	22%	36%	49%
Oregon	104,728	55%	66%	75%	18%	30%	42%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>230,851</b>	<b>60%</b>	<b>71%</b>	<b>79%</b>	<b>23%</b>	<b>37%</b>	<b>50%</b>
Federally-Facilitated Marketplace (FFM) States							
Alabama	173,078	74%	81%	86%	36%	50%	62%
Alaska	19,798	72%	78%	83%	38%	48%	56%
Arizona	150,256	69%	79%	86%	25%	41%	54%
Arkansas	64,179	60%	72%	80%	18%	35%	51%
Delaware	23,098	66%	75%	82%	17%	29%	42%
Florida	1,585,781	80%	86%	90%	49%	63%	72%
Georgia	507,619	76%	83%	88%	37%	52%	64%
Illinois	291,258	59%	70%	79%	16%	27%	39%
Indiana	159,229	56%	67%	76%	15%	26%	38%
Iowa	46,827	65%	74%	82%	25%	38%	50%
Kansas	83,193	66%	76%	83%	35%	48%	60%
Louisiana	191,042	86%	91%	94%	50%	60%	68%
Maine	73,012	63%	72%	80%	35%	50%	61%
Michigan	287,197	66%	76%	84%	18%	31%	44%
Mississippi	97,943	76%	84%	89%	38%	56%	68%
Missouri	251,295	76%	83%	88%	40%	54%	65%
Montana	47,974	65%	74%	81%	26%	41%	54%
Nebraska	77,185	69%	79%	85%	33%	47%	60%
New Hampshire	36,503	58%	68%	77%	14%	25%	37%
New Jersey	231,239	52%	63%	72%	16%	28%	39%
North Carolina	547,605	79%	85%	89%	41%	54%	64%
North Dakota	18,442	58%	70%	79%	19%	31%	43%
Ohio	196,048	52%	66%	76%	12%	23%	35%
Oklahoma	121,965	86%	91%	94%	49%	61%	70%

Availability and Selection of Marketplace Plans With Monthly Premiums of \$100 or Less After the Advance Premium Tax Credit (APTC) For Individuals With 2016 Marketplace Plan Selections With APTC in States Using the HealthCare.gov Platform (1)							
11-1-15 to 2-1-16							
Pennsylvania	334,760	58%	69%	77%	17%	31%	44%
South Carolina	205,740	59%	70%	78%	41%	54%	65%
South Dakota	22,869	66%	76%	84%	30%	43%	56%
Tennessee	227,386	79%	85%	90%	35%	48%	60%
Texas	1,093,573	79%	86%	91%	42%	57%	68%
Utah	151,593	71%	83%	90%	40%	57%	70%
Virginia	344,694	75%	83%	88%	41%	56%	67%
West Virginia	31,820	59%	69%	77%	16%	29%	41%
Wisconsin	200,571	67%	75%	82%	30%	41%	52%
Wyoming	21,411	57%	66%	75%	32%	44%	54%
<b>TOTAL – States Using the HealthCare.gov Platform</b>	<b>8,147,034</b>	72%	80%	86%	36%	49%	61%

Source: ASPE computation of CMS data for 38 states using the HealthCare.gov platform as of 3-8-16.

APPENDIX TABLE B4

2016 Plan Choice of Active Reenrollees by State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years				
State	Percent Who Chose the Same Plan or Crosswalked Plan in 2016			Percent Who Chose a New Plan in 2016
	All	Auto	Active	
<b>All 37 States</b>	57%	30%	27%	43%
<b>AK</b>	64%	36%	28%	36%
<b>AL</b>	57%	30%	26%	43%
<b>AR</b>	78%	46%	32%	22%
<b>AZ</b>	27%	15%	12%	73%
<b>DE</b>	70%	38%	32%	30%
<b>FL</b>	62%	26%	36%	38%
<b>GA</b>	56%	32%	24%	44%
<b>IA</b>	69%	35%	34%	31%
<b>IL</b>	47%	31%	16%	53%
<b>IN</b>	58%	38%	20%	42%
<b>KS</b>	37%	16%	20%	63%
<b>LA</b>	61%	36%	25%	39%
<b>ME</b>	81%	34%	46%	19%
<b>MI</b>	64%	37%	27%	36%
<b>MO</b>	59%	32%	28%	41%
<b>MS</b>	65%	48%	17%	35%
<b>MT</b>	69%	38%	30%	31%
<b>NC</b>	57%	29%	28%	43%
<b>ND</b>	76%	37%	39%	24%
<b>NE</b>	63%	24%	39%	37%
<b>NH</b>	71%	42%	29%	29%
<b>NJ</b>	58%	30%	29%	42%
<b>NM</b>	42%	29%	13%	58%
<b>NV</b>	48%	23%	24%	52%
<b>OH</b>	64%	35%	29%	36%
<b>OK</b>	68%	37%	30%	32%
<b>OR</b>	53%	22%	31%	47%
<b>PA</b>	48%	28%	21%	52%
<b>SC</b>	38%	20%	18%	62%
<b>SD</b>	49%	21%	28%	51%

<b>2016 Plan Choice of Active Reenrollees by State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years</b>				
<b>State</b>	<b>Percent Who Chose the Same Plan or Crosswalked Plan in 2016</b>			<b>Percent Who Chose a New Plan in 2016</b>
	<b>All</b>	<b>Auto</b>	<b>Active</b>	
<b>TN</b>	57%	26%	31%	43%
<b>TX</b>	52%	33%	19%	48%
<b>UT</b>	44%	21%	23%	56%
<b>VA</b>	72%	33%	39%	28%
<b>WI</b>	61%	32%	29%	39%
<b>WV</b>	74%	39%	34%	26%
<b>WY</b>	51%	22%	29%	49%

Notes: Information is for enrollees in the 37 states that used the HealthCare.gov platform for both 2015 and 2016. 2015 enrollees include those who selected plans during OEP2 and those who selected plans during a Special Enrollment Period but excludes those who had terminated their plan as of 11/1/2015. 2016 enrollees includes those who had an active Marketplace plan selection as of 2/1/2016, but excludes those whose plans were terminated prior to that date.

APPENDIX TABLE B5

<b>Premium Savings from Switching Plans within Metal Levels by State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years</b>			
<b>State</b>	<b>Average Monthly Premium Savings of Switchers</b>	<b>Average Annual Premium Savings of Switchers</b>	<b>Annual State-level Savings from Switching</b>
<b>All 37 States</b>	\$40	\$478	\$600,468,962
<b>AK</b>	\$46	\$555	\$1,689,418
<b>AL</b>	\$53	\$637	\$20,638,622
<b>AR</b>	\$22	\$262	\$1,665,915
<b>AZ</b>	\$29	\$348	\$4,335,345
<b>DE</b>	\$25	\$295	\$889,397
<b>FL</b>	\$22	\$260	\$50,471,422
<b>GA</b>	\$57	\$686	\$65,799,693
<b>IA</b>	\$62	\$745	\$3,805,856
<b>IL</b>	\$74	\$887	\$64,905,680
<b>IN</b>	\$82	\$984	\$34,646,380
<b>KS</b>	\$57	\$690	\$3,872,950
<b>LA</b>	\$18	\$211	\$4,173,014
<b>ME</b>	\$12	\$149	\$913,465
<b>MI</b>	\$41	\$491	\$24,538,107
<b>MO</b>	\$32	\$383	\$16,532,480
<b>MS</b>	\$47	\$560	\$8,268,224
<b>MT</b>	\$8	\$94	\$518,200
<b>NC</b>	\$44	\$533	\$59,384,561
<b>ND</b>	\$14	\$169	\$242,129
<b>NE</b>	\$27	\$329	\$3,330,373
<b>NH</b>	\$30	\$365	\$2,364,123
<b>NJ</b>	\$53	\$642	\$30,978,485
<b>NM</b>	\$56	\$676	\$3,490,799
<b>NV</b>	\$14	\$166	\$1,243,487
<b>OH</b>	\$61	\$735	\$20,387,001
<b>OK</b>	\$13	\$162	\$2,580,505
<b>OR</b>	\$37	\$446	\$10,197,001
<b>PA</b>	\$15	\$178	\$5,974,076
<b>SC</b>	\$25	\$299	\$6,750,468
<b>SD</b>	-\$12	-\$143	-\$171,128
<b>TN</b>	\$34	\$411	\$10,744,157

<b>Premium Savings from Switching Plans within Metal Levels by State in States using the HealthCare.gov Platform for the 2015 and 2016 Coverage Years</b>			
<b>State</b>	<b>Average Monthly Premium Savings of Switchers</b>	<b>Average Annual Premium Savings of Switchers</b>	<b>Annual State-level Savings from Switching</b>
<b>TX</b>	\$37	\$447	\$96,118,396
<b>UT</b>	\$18	\$217	\$3,297,115
<b>VA</b>	\$23	\$280	\$11,779,482
<b>WI</b>	\$54	\$653	\$22,553,952
<b>WV</b>	\$29	\$354	\$1,128,814
<b>WY</b>	\$10	\$118	\$135,694

Note: Information is from enrollees in the 37 states that used the HealthCare.gov platform for both 2015 and 2016. Savings is calculated as the difference between the 2016 premium of the 2016 selected plan and the 2016 premium of the 2015 selected plan and is calculated only on the enrollees who switched plans but not metal levels between 2015 and 2016, were in crosswalked plans as of 11-1-2015, and were non-tobacco users in both 2015 and 2016.





# ASPE

## ISSUE BRIEF

### ADDENDUM TO THE HEALTH INSURANCE MARKETPLACES 2016 OPEN ENROLLMENT PERIOD: FINAL ENROLLMENT REPORT

For the period: November 1, 2015 – February 1, 2016<sup>1</sup>

March 11, 2016.

This Addendum contains detailed State-level tables highlighting cumulative enrollment-related information for the Health Insurance Marketplaces (Marketplaces) during the 2016 Open Enrollment period for all 50 states and the District of Columbia (based on data for the period 11-1-15 to 2-1-16).<sup>2</sup> These tables include data for the 38 states that are using the HealthCare.gov enrollment and eligibility platform for the 2016 coverage year (HealthCare.gov states), as well as for the 13 State-Based Marketplaces (SBMs) that are using their own Marketplace platforms for the 2016 coverage year.

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<sup>1</sup> For purposes of this Enrollment Report, an effort was made to align the reporting periods for the HealthCare.gov states and SBMs using their own Marketplace platforms with the reporting periods for the data that were included in the Week 13 CMS Marketplace Enrollment Snapshot (which can be accessed at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>). Most of the data in this report are for the 11-1-15 to 2-1-16 with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

<sup>2</sup> The full Final Marketplace Enrollment Report for the 2016 Open Enrollment Period can be accessed at <https://aspe.hhs.gov/pdf-report/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>.

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APPENDIX TABLE C1

<b>Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Eligibility and Enrollment Platform, by State, 2016 (1)</b> <i>11-1-15 to 2-1-16</i>					
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Distribution By Enrollment Type (3)			
		New Consumers (4)	Consumers Reenrolling in Marketplace Coverage (5)		
	Number		% of Total	Total Reenrollees % of Total	Active Reenrollees (6) % of Total
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (8)</b>					
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov eligibility and enrollment platform (9)</b>					
Hawaii (10)	14,564	99%	1%	1%	0%
Nevada	88,145	47%	53%	41%	12%
New Mexico	54,865	45%	55%	39%	16%
Oregon	147,109	45%	55%	43%	12%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>48%</b>	<b>52%</b>	<b>40%</b>	<b>12%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>					
Alabama	195,055	43%	57%	40%	17%
Alaska	23,029	35%	65%	42%	23%
Arizona	203,066	46%	54%	46%	8%
Arkansas	73,648	37%	63%	34%	29%
Delaware	28,256	33%	67%	42%	25%
Florida	1,742,819	42%	58%	43%	15%
Georgia	587,845	45%	55%	37%	18%
Illinois	388,179	42%	58%	40%	18%
Indiana	196,242	34%	66%	41%	26%
Iowa	55,089	41%	59%	39%	21%
Kansas	101,555	40%	60%	50%	10%
Louisiana	214,148	48%	52%	33%	18%
Maine	84,059	30%	70%	46%	24%
Michigan	345,813	33%	67%	42%	25%
Mississippi	108,672	46%	54%	28%	26%
Missouri	290,201	40%	60%	41%	19%
Montana	58,114	34%	66%	41%	25%
Nebraska	87,835	38%	62%	48%	15%
New Hampshire	55,183	32%	68%	40%	28%
New Jersey	288,573	41%	59%	41%	17%
North Carolina	613,487	39%	61%	43%	18%
North Dakota	21,604	35%	65%	41%	24%
Ohio	243,715	39%	61%	40%	21%

<b>Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Eligibility and Enrollment Platform, by State, 2016 (1)</b> 11-1-15 to 2-1-16					
<b>Description</b>	<b>Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)</b>	<b>Distribution By Enrollment Type (3)</b>			
		<b>New Consumers (4)</b>	<b>Consumers Reenrolling in Marketplace Coverage (5)</b>		
			<b>Total Reenrollees</b>	<b>Active Reenrollees (6)</b>	<b>Automatic Reenrollees (7)</b>
	<b>Number</b>	<b>% of Total</b>	<b>% of Total</b>	<b>% of Total</b>	<b>% of Total</b>
Oklahoma	145,329	42%	58%	37%	22%
Pennsylvania	439,238	37%	63%	46%	17%
South Carolina	231,849	46%	54%	43%	11%
South Dakota	25,999	42%	58%	46%	12%
Tennessee	268,867	48%	52%	39%	13%
Texas	1,306,208	48%	52%	35%	17%
Utah	175,637	42%	58%	46%	12%
Virginia	421,897	37%	63%	42%	21%
West Virginia	37,284	34%	66%	40%	26%
Wisconsin	239,034	38%	62%	43%	20%
Wyoming	23,770	44%	56%	44%	12%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,625,982</b>	<b>42%</b>	<b>58%</b>	<b>41%</b>	<b>17%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) “Distribution by Enrollment Type” represents the percentage of plan selections with available data on enrollment type that are new consumers vs. consumers reenrolling in coverage through the Marketplaces.

(4) “New Consumers” are those individuals who selected a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) as of the reporting date, and did not have a Marketplace plan selection as of November 2015. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

(5) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who had a Marketplace plan selection as of November 2015, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(6) Active Reenrollees are individuals who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.

(7) Automatic Reenrollees are individuals who had a Marketplace plan selection as of November 2015, and retain coverage without returning to the Marketplace and selecting a plan. A consumer was automatically reenrolled into their 2015 plan or a crosswalked plan if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of the 12-17-15 deadline. If the consumer realized after the deadline that there was a better plan for their family or needed to update their information, the consumer could make that change, and would at that point be considered as having actively selected a plan.

(8) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(9) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

(10) Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, its 2016 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C2

<b>Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b>							
<i>11-1-15 to 2-1-16</i>							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (1)	Total Consumers Reenrolling in Coverage Through the Marketplaces (2)	Total Active Reenrollees (3)	Active Reenrollees Who Switched Plans (4)	Proportion Who Switched Plans:		
	Number	Number	Number	Number	Switchers as a % of Total Plan Selections	Switchers as a % of Total Reenrollees	Switchers as a % of Active Reenrollees
					%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform</b>							
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>							
Hawaii (6)	14,564	85	85	85	1%	100%	100%
Nevada	88,145	46,934	35,921	24,435	28%	52%	68%
New Mexico	54,865	30,201	21,344	17,411	32%	58%	82%
Oregon	147,109	80,992	63,500	38,056	26%	47%	60%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>158,212</b>	<b>120,850</b>	<b>79,987</b>	<b>26%</b>	<b>51%</b>	<b>66%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>							
Alabama	195,055	111,028	77,214	48,290	25%	43%	63%
Alaska	23,029	14,928	9,594	5,423	24%	36%	57%
Arizona	203,066	109,605	93,218	80,434	40%	73%	86%
Arkansas	73,648	46,186	25,161	10,285	14%	22%	41%
Delaware	28,256	18,839	11,727	5,719	20%	30%	49%
Florida	1,742,819	1,018,152	753,256	382,990	22%	38%	51%
Georgia	587,845	321,373	216,944	141,010	24%	44%	65%
Illinois	388,179	226,971	156,984	120,801	31%	53%	77%
Indiana	196,242	130,315	80,156	54,593	28%	42%	68%
Iowa	55,089	32,738	21,242	10,183	18%	31%	48%
Kansas	101,555	60,661	50,743	38,412	38%	63%	76%
Louisiana	214,148	111,083	71,490	43,613	20%	39%	61%
Maine	84,059	59,214	38,808	11,295	13%	19%	29%
Michigan	345,813	232,381	146,241	83,573	24%	36%	57%
Mississippi	108,672	58,148	30,305	20,392	19%	35%	67%
Missouri	290,201	173,941	118,875	70,882	24%	41%	60%
Montana	58,114	38,342	23,696	12,063	21%	31%	51%
Nebraska	87,835	54,746	41,784	20,383	23%	37%	49%
New Hampshire	55,183	37,618	21,975	11,054	20%	29%	50%
New Jersey	288,573	169,571	119,118	70,733	25%	42%	59%
North Carolina	613,487	373,871	265,928	162,490	26%	43%	61%
North Dakota	21,604	14,004	8,820	3,349	16%	24%	38%
Ohio	243,715	148,833	97,462	53,696	22%	36%	55%
Oklahoma	145,329	84,971	53,371	27,520	19%	32%	52%

<b>Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b>							
<i>11-1-15 to 2-1-16</i>							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (1)	Total Consumers Reenrolling in Coverage Through the Marketplaces (2)	Total Active Reenrollees (3)	Active Reenrollees Who Switched Plans (4)	Proportion Who Switched Plans:		
					Switchers as a % of Total Plan Selections	Switchers as a % of Total Reenrollees	Switchers as a % of Active Reenrollees
	Number	Number	Number	Number	%	%	%
Pennsylvania	439,238	277,031	200,831	143,148	33%	52%	71%
South Carolina	231,849	125,443	100,633	78,091	34%	62%	78%
South Dakota	25,999	15,031	11,871	7,689	30%	51%	65%
Tennessee	268,867	139,097	103,550	60,325	22%	43%	58%
Texas	1,306,208	685,042	461,024	328,228	25%	48%	71%
Utah	175,637	101,621	80,599	57,049	32%	56%	71%
Virginia	421,897	264,565	177,779	74,602	18%	28%	42%
West Virginia	37,284	24,793	15,002	6,469	17%	26%	43%
Wisconsin	239,034	148,615	101,789	57,968	24%	39%	57%
Wyoming	23,770	13,376	10,412	6,529	27%	49%	63%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,625,982</b>	<b>5,600,345</b>	<b>3,918,452</b>	<b>2,389,268</b>	<b>25%</b>	<b>43%</b>	<b>61%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who had a Marketplace plan selection as of November 2015, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2016 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(3) “Active reenrollees” are individuals who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.

(4) “Active reenrollees who switched plans” are active reenrollees who have not selected the same 2016 Marketplace plan as for the 2015 coverage year, or a “crosswalked” plan that is offered by the same issuer as their 2015 plan.

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- (5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.
- (6) Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, its 2016 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.
- Source: Centers for Medicare & Medicaid Services, as of 3-8-16.



## APPENDIX TABLE C3

Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1) 11-1-15 to 2-1-16		
Description	Total Number of Completed Applications for 2016 Coverage (2)	Total Individuals Applying for 2016 Coverage in Completed Applications (3)
	Number	Number
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform</b>		
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (4)</b>		
Hawaii	19,170	25,300
Nevada	93,255	134,454
New Mexico	58,918	78,489
Oregon	165,342	229,205
<b>Subtotal - SBMs Using the HealthCare.gov eligibility and enrollment platform</b>	<b>336,685</b>	<b>467,448</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>		
Alabama	211,341	272,034
Alaska	26,089	35,127
Arizona	182,029	287,984
Arkansas	91,956	126,959
Delaware	28,366	39,361
Florida	1,713,988	2,181,930
Georgia	585,212	784,389
Illinois	407,306	553,060
Indiana	199,252	275,979
Iowa	61,545	81,846
Kansas	98,116	140,812
Louisiana	243,919	285,618
Maine	73,472	102,757
Michigan	341,924	468,629

**Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1)**  
11-1-15 to 2-1-16

Description	Total Number of Completed Applications for 2016 Coverage (2)	Total Individuals Applying for 2016 Coverage in Completed Applications (3)
	Number	Number
Mississippi	126,683	150,497
Missouri	284,325	381,358
Montana	60,656	83,817
Nebraska	76,178	113,665
New Hampshire	51,164	70,058
New Jersey	310,964	426,976
North Carolina	591,373	769,370
North Dakota	17,890	28,956
Ohio	266,667	367,291
Oklahoma	134,986	191,356
Pennsylvania	465,041	616,498
South Carolina	240,072	303,914
South Dakota	23,230	34,633
Tennessee	310,761	415,964
Texas	1,237,869	1,818,689
Utah	126,623	230,390
Virginia	380,421	540,999
West Virginia	40,132	53,051
Wisconsin	233,844	303,545
Wyoming	21,113	31,559
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,601,192</b>	<b>13,036,519</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 2-1-16. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) “Completed Applications for 2016 Coverage” represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.

(3) “Individuals Applying for 2016 Coverage in Completed Applications” represents the total number of individuals included in Completed Applications that were submitted to the individual market Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP.

(4) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C4

<b>Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1)</b> <i>11-1-15 to 2-1-16</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform</b>				
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>				
Hawaii	17,517	13,885	7,119	14,564
Nevada	107,525	89,716	21,007	88,145
New Mexico	64,725	47,180	12,933	54,865
Oregon	170,075	124,080	58,055	147,109
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>359,842</b>	<b>274,861</b>	<b>99,114</b>	<b>304,683</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>				
Alabama	251,875	192,623	8,542	195,055
Alaska	26,682	21,820	4,249	23,029
Arizona	245,739	184,377	40,644	203,066
Arkansas	88,605	72,700	19,352	73,648
Delaware	33,017	25,694	6,045	28,256
Florida	2,068,686	1,755,063	103,869	1,742,819
Georgia	724,847	563,430	56,128	587,845
Illinois	458,832	346,850	91,368	388,179
Indiana	227,850	180,460	46,953	196,242
Iowa	66,088	53,682	13,756	55,089
Kansas	129,220	95,410	10,978	101,555
Louisiana	270,608	211,291	12,862	214,148

**Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1)**  
11-1-15 to 2-1-16

State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
Maine	96,883	79,625	5,414	84,059
Michigan	394,272	323,403	70,042	345,813
Mississippi	140,345	109,850	9,196	108,672
Missouri	350,767	277,126	29,385	290,201
Montana	64,691	52,228	11,496	58,114
Nebraska	104,973	85,439	7,171	87,835
New Hampshire	61,336	41,901	8,031	55,183
New Jersey	339,937	262,379	43,173	288,573
North Carolina	725,498	592,369	41,561	613,487
North Dakota	24,970	20,896	3,649	21,604
Ohio	299,259	234,816	64,841	243,715
Oklahoma	178,937	139,441	11,630	145,329
Pennsylvania	514,077	390,871	99,843	439,238
South Carolina	283,425	230,149	19,705	231,849
South Dakota	31,820	26,070	2,688	25,999
Tennessee	345,221	255,955	33,844	268,867
Texas	1,677,897	1,263,445	130,416	1,306,208
Utah	199,919	168,592	29,299	175,637
Virginia	507,087	384,114	31,991	421,897
West Virginia	44,453	35,892	4,067	37,284
Wisconsin	272,802	224,471	23,682	239,034

<b>Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1)</b> 11-1-15 to 2-1-16				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
Wyoming	29,241	23,806	779	23,770
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>11,639,701</b>	<b>9,201,099</b>	<b>1,195,763</b>	<b>9,625,982</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 2-1-16. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., enrollment through the Marketplaces for a 2016 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, regardless of whether they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).

(3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” (i.e., enrollment through the Marketplace for a 2016 Marketplace plan with Financial Assistance) represents the total number of individuals determined eligible to enroll through the Marketplace in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR) for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplace and updated their information). These individuals may or may not have enrolled in coverage by the end of the reference period. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections with financial assistance (which includes automatic reenrollees).

(4) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP based on their modified adjusted gross income (MAGI). In some states, completed applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP eligibility determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination, if applicable. These data may vary from accounts transferred via “flat file” to states by the FFM. Quality assurance continues on Medicaid assessments and determinations. Note: Marketplace Medicaid/CHIP eligibility determination and assessment data in

this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on Medicaid.gov) which covers data through October 2015. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid/CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

(5) “Individuals With 2016 Marketplace Plan Selections” represents the total number of individuals determined eligible to enroll in a plan through the Marketplace” who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C5

<b>Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> <i>11-1-15 to 2-1-16</i>						
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) (% of Available Data, Excluding Unknown)			
			With Financial Assistance	Without Financial Assistance	With APTC (non-add)	With CSR (non-add)
	Number	Number	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>						
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>						
Hawaii	14,564	14,564	82%	18%	81%	61%
Nevada	88,145	88,145	88%	12%	87%	58%
New Mexico	54,865	54,865	70%	30%	68%	44%
Oregon	147,109	147,109	72%	28%	71%	39%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>304,683</b>	<b>77%</b>	<b>23%</b>	<b>76%</b>	<b>46%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>						
Alabama	195,055	195,055	89%	11%	89%	73%
Alaska	23,029	23,029	87%	13%	86%	42%
Arizona	203,066	203,066	75%	25%	74%	51%
Arkansas	73,648	73,648	88%	12%	87%	55%
Delaware	28,256	28,256	82%	18%	82%	43%
Florida	1,742,819	1,742,819	91%	9%	91%	71%
Georgia	587,845	587,845	87%	13%	86%	65%
Illinois	388,179	388,179	76%	24%	75%	45%
Indiana	196,242	196,242	81%	19%	81%	45%
Iowa	55,089	55,089	85%	15%	85%	51%
Kansas	101,555	101,555	83%	17%	82%	57%
Louisiana	214,148	214,148	89%	11%	89%	61%
Maine	84,059	84,059	87%	13%	87%	56%
Michigan	345,813	345,813	84%	16%	83%	51%
Mississippi	108,672	108,672	90%	10%	90%	74%
Missouri	290,201	290,201	87%	13%	87%	57%
Montana	58,114	58,114	83%	17%	83%	45%
Nebraska	87,835	87,835	88%	12%	88%	51%
New Hampshire	55,183	55,183	67%	33%	66%	35%
New Jersey	288,573	288,573	80%	20%	80%	50%
North Carolina	613,487	613,487	89%	11%	89%	64%
North Dakota	21,604	21,604	86%	14%	85%	45%
Ohio	243,715	243,715	81%	19%	80%	44%
Oklahoma	145,329	145,329	85%	15%	84%	60%
Pennsylvania	439,238	439,238	77%	23%	76%	51%



<b>Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> <i>11-1-15 to 2-1-16</i>						
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) (% of Available Data, Excluding Unknown)			
			With Financial Assistance	Without Financial Assistance	With APTC (non-add)	With CSR (non-add)
	Number	Number	%	%	%	%
South Carolina	231,849	231,849	89%	11%	89%	71%
South Dakota	25,999	25,999	89%	11%	88%	60%
Tennessee	268,867	268,867	85%	15%	85%	58%
Texas	1,306,208	1,306,208	84%	16%	84%	57%
Utah	175,637	175,637	87%	13%	86%	63%
Virginia	421,897	421,897	82%	18%	82%	56%
West Virginia	37,284	37,284	86%	14%	85%	51%
Wisconsin	239,034	239,034	84%	16%	84%	54%
Wyoming	23,770	23,770	90%	10%	90%	54%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,625,982</b>	<b>9,625,982</b>	<b>85%</b>	<b>15%</b>	<b>85%</b>	<b>59%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

**APPENDIX TABLE C6**

<b>Marketplace Plan Selection by Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> <i>11-1-15 to 2-1-16</i>										
Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age <i>(% of Available Data, Excluding Unknown)</i>								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (4)</b>										
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>										
Hawaii	14,564	6%	8%	15%	18%	21%	31%	1%	23%	29%
Nevada	88,144	14%	9%	16%	15%	19%	26%	1%	24%	38%
New Mexico	54,864	9%	7%	14%	14%	22%	34%	1%	21%	30%
Oregon	147,107	9%	8%	17%	16%	19%	31%	1%	25%	33%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,679</b>	<b>10%</b>	<b>8%</b>	<b>16%</b>	<b>15%</b>	<b>19%</b>	<b>30%</b>	<b>1%</b>	<b>24%</b>	<b>34%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>										
Alabama	195,052	4%	12%	19%	18%	21%	25%	0%	31%	35%
Alaska	23,029	12%	8%	19%	15%	19%	26%	1%	27%	39%
Arizona	203,066	23%	9%	13%	13%	17%	24%	0%	22%	45%
Arkansas	73,648	9%	9%	15%	15%	20%	31%	1%	24%	33%
Delaware	28,256	13%	8%	16%	15%	21%	26%	1%	24%	37%
Florida	1,742,812	7%	13%	15%	17%	24%	24%	1%	28%	34%
Georgia	587,842	7%	13%	18%	18%	22%	21%	1%	31%	38%
Illinois	388,178	8%	10%	18%	15%	20%	28%	1%	28%	36%
Indiana	196,239	11%	9%	15%	15%	19%	31%	0%	24%	35%
Iowa	55,089	6%	8%	17%	15%	20%	33%	1%	26%	31%
Kansas	101,555	10%	11%	19%	15%	18%	26%	0%	31%	40%
Louisiana	214,147	5%	12%	20%	17%	21%	24%	0%	32%	37%
Maine	84,059	11%	8%	15%	14%	21%	31%	0%	23%	34%
Michigan	345,811	11%	9%	16%	14%	20%	29%	0%	25%	36%
Mississippi	108,672	4%	14%	17%	17%	21%	26%	1%	31%	35%
Missouri	290,199	9%	12%	19%	16%	19%	25%	0%	30%	39%
Montana	58,113	8%	9%	19%	16%	18%	30%	0%	28%	36%
Nebraska	87,835	15%	11%	18%	16%	17%	23%	0%	29%	44%
New Hampshire	55,183	8%	8%	16%	14%	22%	31%	0%	24%	32%
New Jersey	288,573	9%	10%	16%	15%	23%	27%	1%	26%	34%
North Carolina	613,485	9%	11%	17%	17%	21%	23%	0%	28%	38%
North Dakota	21,604	23%	9%	18%	13%	14%	23%	0%	26%	49%
Ohio	243,713	12%	8%	16%	14%	19%	32%	0%	24%	35%
Oklahoma	145,327	11%	11%	17%	16%	19%	25%	0%	29%	39%
Pennsylvania	439,232	7%	9%	17%	15%	21%	31%	1%	26%	33%
South Carolina	231,849	8%	11%	16%	16%	22%	26%	0%	27%	36%

**Marketplace Plan Selection by Age in States Using the HealthCare.gov Eligibility and Enrollment Platform,  
By State (1)**  
11-1-15 to 2-1-16

Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
South Dakota	25,999	13%	10%	20%	15%	16%	26%	0%	30%	43%
Tennessee	268,866	7%	10%	18%	16%	22%	28%	0%	28%	34%
Texas	1,306,200	11%	13%	16%	17%	21%	22%	1%	29%	40%
Utah	175,635	23%	12%	20%	16%	13%	15%	0%	32%	56%
Virginia	421,896	11%	12%	18%	16%	20%	22%	1%	30%	41%
West Virginia	37,284	6%	7%	13%	15%	21%	38%	1%	20%	26%
Wisconsin	239,032	7%	9%	17%	14%	20%	33%	0%	26%	32%
Wyoming	23,770	14%	9%	19%	15%	16%	27%	0%	28%	42%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,625,929</b>	<b>9%</b>	<b>11%</b>	<b>17%</b>	<b>16%</b>	<b>21%</b>	<b>25%</b>	<b>1%</b>	<b>28%</b>	<b>37%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C7

<b>Marketplace Plan Selection by Gender in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> <i>11-1-15 to 2-1-16</i>				
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender (3)	By Gender (% of Available Data, Excluding Unknown)	
			Females	Males
	Number	Number	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (4)</b>				
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>				
Hawaii	14,564	14,564	57%	43%
Nevada	88,145	88,145	54%	46%
New Mexico	54,865	54,865	54%	46%
Oregon	147,109	147,109	55%	45%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>304,683</b>	<b>54%</b>	<b>46%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>				
Alabama	195,055	195,055	57%	43%
Alaska	23,029	23,029	52%	48%
Arizona	203,066	203,066	53%	47%
Arkansas	73,648	73,648	54%	46%
Delaware	28,256	28,256	54%	46%
Florida	1,742,819	1,742,819	54%	46%
Georgia	587,845	587,845	56%	44%
Illinois	388,179	388,179	52%	48%
Indiana	196,242	196,242	54%	46%
Iowa	55,089	55,089	53%	47%
Kansas	101,555	101,555	54%	46%
Louisiana	214,148	214,148	57%	43%
Maine	84,059	84,059	53%	47%
Michigan	345,813	345,813	52%	48%
Mississippi	108,672	108,672	58%	42%
Missouri	290,201	290,201	54%	46%
Montana	58,114	58,114	53%	47%
Nebraska	87,835	87,835	53%	47%
New Hampshire	55,183	55,183	53%	47%
New Jersey	288,573	288,573	53%	47%
North Carolina	613,487	613,487	55%	45%
North Dakota	21,604	21,604	52%	48%
Ohio	243,715	243,715	53%	47%
Oklahoma	145,329	145,329	55%	45%

**Marketplace Plan Selection by Gender in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)**  
11-1-15 to 2-1-16

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender (3)	By Gender (% of Available Data, Excluding Unknown)	
			Females	Males
	Number	Number	%	%
Pennsylvania	439,238	439,238	53%	47%
South Carolina	231,849	231,849	56%	44%
South Dakota	25,999	25,999	53%	47%
Tennessee	268,867	268,867	53%	47%
Texas	1,306,208	1,306,208	55%	45%
Utah	175,637	175,637	51%	49%
Virginia	421,897	421,897	54%	46%
West Virginia	37,284	37,284	55%	45%
Wisconsin	239,034	239,034	53%	47%
Wyoming	23,770	23,770	54%	46%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,625,982</b>	<b>9,625,982</b>	<b>54%</b>	<b>46%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C8

Marketplace Plan Selection by Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) 11-1-15 to 2-1-16							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>							
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>							
Hawaii	14,564	14,564	16%	71%	7%	6%	0%
Nevada	88,145	88,145	23%	69%	5%	2%	1%
New Mexico	54,865	54,865	22%	61%	15%	1%	1%
Oregon	147,109	147,109	29%	61%	10%	0%	1%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>304,683</b>	<b>25%</b>	<b>64%</b>	<b>9%</b>	<b>1%</b>	<b>1%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>							
Alabama	195,055	195,055	8%	85%	4%	0%	2%
Alaska	23,029	23,029	45%	51%	3%	0%	1%
Arizona	203,066	203,066	23%	63%	11%	1%	2%
Arkansas	73,648	73,648	21%	70%	9%	0%	1%
Delaware	28,256	28,256	22%	61%	13%	3%	0%
Florida	1,742,819	1,742,819	15%	78%	4%	2%	1%
Georgia	587,845	587,845	17%	76%	5%	0%	2%
Illinois	388,179	388,179	30%	60%	10%	0%	0%
Indiana	196,242	196,242	35%	60%	5%	0%	0%
Iowa	55,089	55,089	29%	65%	6%	0%	0%
Kansas	101,555	101,555	22%	69%	8%	1%	0%
Louisiana	214,148	214,148	21%	71%	6%	1%	1%
Maine	84,059	84,059	23%	71%	5%	0%	1%
Michigan	345,813	345,813	25%	67%	6%	1%	1%
Mississippi	108,672	108,672	14%	82%	3%	1%	1%
Missouri	290,201	290,201	27%	67%	5%	0%	1%
Montana	58,114	58,114	38%	55%	6%	0%	1%
Nebraska	87,835	87,835	33%	61%	4%	0%	2%
New Hampshire	55,183	55,183	35%	52%	10%	1%	2%
New Jersey	288,573	288,573	16%	73%	8%	2%	1%
North Carolina	613,487	613,487	18%	77%	3%	1%	2%
North Dakota	21,604	21,604	26%	51%	21%	0%	2%
Ohio	243,715	243,715	34%	57%	8%	0%	1%

Marketplace Plan Selection by Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) 11-1-15 to 2-1-16							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
Oklahoma	145,329	145,329	29%	66%	5%	0%	0%
Pennsylvania	439,238	439,238	15%	72%	11%	2%	1%
South Carolina	231,849	231,849	9%	86%	4%	0%	1%
South Dakota	25,999	25,999	20%	75%	4%	0%	1%
Tennessee	268,867	268,867	26%	69%	3%	1%	1%
Texas	1,306,208	1,306,208	26%	67%	6%	0%	1%
Utah	175,637	175,637	15%	74%	11%	0%	0%
Virginia	421,897	421,897	23%	69%	7%	0%	2%
West Virginia	37,284	37,284	20%	69%	11%	0%	0%
Wisconsin	239,034	239,034	23%	70%	5%	1%	1%
Wyoming	23,770	23,770	28%	68%	4%	0%	1%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,625,982</b>	<b>9,625,982</b>	<b>21%</b>	<b>71%</b>	<b>6%</b>	<b>1%</b>	<b>1%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the “best” plan in order to prevent duplication.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.



APPENDIX TABLE C9

<b>Marketplace Plan Selection by Self-Reported Race/Ethnicity in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b>									
<i>11-1-15 to 2-1-16</i>									
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Self-Reported Race/Ethnicity (3)	By Self-Reported Race/Ethnicity (4) (% of Available Data, Excluding Unknown)						
			American Indian / Alaska Native	Asian	Native Hawaiian/ Pacific Islander	African-American	Latino (5)	White	Multi-racial
			%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>									
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)</b>									
Hawaii	14,564	9,123	0%	32%	20%	1%	4%	35%	8%
Nevada	88,145	56,246	1%	19%	0%	5%	18%	54%	3%
New Mexico	54,865	37,035	2%	4%	0%	1%	36%	55%	1%
Oregon	147,109	98,049	1%	8%	0%	1%	6%	82%	2%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>200,453</b>	<b>1%</b>	<b>11%</b>	<b>1%</b>	<b>2%</b>	<b>15%</b>	<b>67%</b>	<b>3%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>									
Alabama	195,055	129,873	0%	6%	0%	22%	2%	67%	1%
Alaska	23,029	17,226	4%	10%	1%	2%	6%	74%	3%
Arizona	203,066	143,009	1%	7%	0%	3%	25%	63%	2%
Arkansas	73,648	56,737	1%	4%	0%	9%	4%	81%	1%
Delaware	28,256	20,307	0%	9%	0%	13%	8%	68%	2%
Florida	1,742,819	922,479	0%	6%	0%	14%	33%	46%	1%
Georgia	587,845	364,192	0%	15%	0%	29%	8%	47%	1%
Illinois	388,179	277,318	0%	11%	0%	7%	11%	70%	1%
Indiana	196,242	137,102	0%	5%	0%	6%	4%	84%	1%
Iowa	55,089	38,121	0%	4%	0%	2%	4%	89%	1%
Kansas	101,555	75,054	1%	6%	0%	5%	8%	78%	2%
Louisiana	214,148	110,432	0%	8%	0%	27%	5%	58%	1%
Maine	84,059	62,612	0%	2%	0%	1%	1%	95%	1%
Michigan	345,813	203,114	0%	6%	0%	6%	3%	84%	1%
Mississippi	108,672	61,473	0%	6%	0%	47%	2%	44%	1%
Missouri	290,201	179,695	0%	5%	0%	9%	3%	81%	2%
Montana	58,114	44,520	2%	1%	0%	0%	2%	92%	2%
Nebraska	87,835	59,459	1%	3%	0%	3%	7%	85%	1%
New Hampshire	55,183	37,930	0%	4%	0%	1%	3%	91%	1%
New Jersey	288,573	196,687	0%	16%	0%	8%	17%	58%	1%

<b>Marketplace Plan Selection by Self-Reported Race/Ethnicity in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> 11-1-15 to 2-1-16									
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Self-Reported Race/Ethnicity (3)	By Self-Reported Race/Ethnicity (4) (% of Available Data, Excluding Unknown)						
			American Indian / Alaska Native	Asian	Native Hawaiian/ Pacific Islander	African-American	Latino (5)	White	Multi-racial
			Number	%	%	%	%	%	%
North Carolina	613,487	384,031	1%	6%	0%	17%	6%	69%	1%
North Dakota	21,604	17,099	6%	2%	0%	2%	3%	86%	2%
Ohio	243,715	165,517	0%	5%	0%	7%	2%	84%	1%
Oklahoma	145,329	96,393	8%	7%	0%	6%	8%	68%	4%
Pennsylvania	439,238	297,307	0%	8%	0%	6%	4%	80%	1%
South Carolina	231,849	136,015	0%	5%	0%	22%	4%	68%	1%
South Dakota	25,999	20,907	3%	2%	0%	1%	2%	90%	2%
Tennessee	268,867	175,666	0%	5%	0%	13%	3%	78%	1%
Texas	1,306,208	835,072	0%	15%	0%	9%	37%	38%	1%
Utah	175,637	117,483	1%	4%	0%	1%	10%	83%	2%
Virginia	421,897	290,270	0%	17%	0%	15%	10%	56%	2%
West Virginia	37,284	26,879	0%	2%	0%	2%	1%	93%	1%
Wisconsin	239,034	166,662	1%	3%	0%	4%	4%	87%	1%
Wyoming	23,770	15,645	1%	2%	0%	0%	6%	89%	2%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,625,982</b>	<b>6,082,739</b>	<b>0%</b>	<b>9%</b>	<b>0%</b>	<b>12%</b>	<b>15%</b>	<b>63%</b>	<b>1%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

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(4) The data on race/ethnicity of individuals who selected or were automatically reenrolled in 2016 Marketplace plans are self-reported, and should be interpreted with great caution, since more than one-third of Marketplace enrollees do not provide these data.

(5) CMS has updated the methodology for identifying Latinos applying for 2016 coverage by incorporating the selection of “Other” ethnicity as Latino. Specifically, all consumers who selected “Other ethnicity” on their application are now counted as Latino. Latino ethnicity is indicated when Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and/or Other is selected. This has led to an increase in the number of reported Latinos compared to previous years. Please see the Addendum for additional information..

(6) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(7) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C10

<b>Marketplace Plan Selection by Rural Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> <i>11-1-15 to 2-1-16</i>				
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Rural Status (3)	By Rural Status (% of Available Data, Excluding Unknown)	
			In ZIP Codes Designated as Rural	In ZIP Codes Designated as Urban
	Number	Number	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (4)</b>				
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov eligibility and enrollment platform (5)</b>				
Hawaii	14,564	14,564	37%	63%
Nevada	88,145	88,145	11%	89%
New Mexico	54,865	54,865	32%	68%
Oregon	147,109	147,109	23%	77%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>304,683</b>	<b>304,683</b>	<b>22%</b>	<b>78%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>				
Alabama	195,055	195,055	28%	72%
Alaska	23,029	23,029	51%	49%
Arizona	203,066	203,066	10%	90%
Arkansas	73,648	73,648	41%	59%
Delaware	28,256	28,256	22%	78%
Florida	1,742,819	1,742,819	3%	97%
Georgia	587,845	587,845	15%	85%
Illinois	388,179	388,179	12%	88%
Indiana	196,242	196,242	26%	74%
Iowa	55,089	55,089	45%	55%
Kansas	101,555	101,555	34%	66%
Louisiana	214,148	214,148	17%	83%
Maine	84,059	84,059	58%	42%
Michigan	345,813	345,813	23%	77%
Mississippi	108,672	108,672	49%	51%
Missouri	290,201	290,201	28%	72%
Montana	58,114	58,114	73%	27%
Nebraska	87,835	87,835	49%	51%
New Hampshire	55,183	55,183	43%	57%
New Jersey	288,573	288,573	1%	99%
North Carolina	613,487	613,487	26%	74%
North Dakota	21,604	21,604	61%	39%
Ohio	243,715	243,715	22%	78%
Oklahoma	145,329	145,329	37%	63%

<b>Marketplace Plan Selection by Rural Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> <i>11-1-15 to 2-1-16</i>				
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Rural Status (3)	By Rural Status (% of Available Data, Excluding Unknown)	
			In ZIP Codes Designated as Rural	In ZIP Codes Designated as Urban
			Number	Number
Pennsylvania	439,238	439,238	12%	88%
South Carolina	231,849	231,849	20%	80%
South Dakota	25,999	25,999	63%	37%
Tennessee	268,867	268,867	26%	74%
Texas	1,306,208	1,306,208	11%	89%
Utah	175,637	175,637	15%	85%
Virginia	421,897	421,897	14%	86%
West Virginia	37,284	37,284	41%	59%
Wisconsin	239,034	239,034	37%	63%
Wyoming	23,770	23,770	78%	22%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	<b>9,625,982</b>	<b>9,625,982</b>	<b>18%</b>	<b>82%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C11

Marketplace Plan Selection by Household Income in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)										
11-1-15 to 2-1-16										
Description / Medicaid Expansion Status (2)	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (3)	Plan Selections With Available Data on Household Income (4)	By Household Income (5) (% of Available Data, Excluding Unknown)							
			<100% of FPL	≥100% to ≤150% of FPL	>150% to ≤200% of FPL	>200% to ≤250% of FPL	>250% to ≤300% of FPL	>300% to ≤400% of FPL	> 400% of FPL	
			Number	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>										
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)</b>										
Hawaii	Expanding Medicaid	14,564	13,256	29%	14%	25%	14%	9%	7%	2%
Nevada	Expanding Medicaid	88,145	82,365	3%	21%	32%	22%	11%	9%	2%
New Mexico	Expanding Medicaid	54,865	45,987	2%	15%	32%	21%	13%	12%	4%
Oregon	Expanding Medicaid	147,109	124,753	2%	11%	29%	22%	14%	17%	5%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>		<b>304,683</b>	<b>266,361</b>	<b>4%</b>	<b>15%</b>	<b>30%</b>	<b>21%</b>	<b>13%</b>	<b>13%</b>	<b>4%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>										
Alabama	Not Expanding Medicaid	195,055	187,259	4%	49%	23%	11%	6%	6%	1%
Alaska	Expanding Medicaid	23,029	21,489	3%	20%	26%	22%	13%	14%	3%
Arizona	Expanding Medicaid	203,066	174,347	2%	18%	37%	20%	10%	9%	3%
Arkansas	Expanding Medicaid	73,648	69,330	2%	19%	35%	21%	11%	10%	2%
Delaware	Expanding Medicaid	28,256	25,547	2%	15%	27%	21%	14%	16%	4%
Florida	Not Expanding Medicaid	1,742,819	1,664,574	2%	55%	21%	10%	5%	5%	1%
Georgia	Not Expanding Medicaid	587,845	550,496	4%	51%	21%	10%	7%	6%	2%
Illinois	Expanding Medicaid	388,179	339,020	3%	18%	32%	19%	11%	12%	4%
Indiana	Expanding Medicaid	196,242	175,082	2%	21%	29%	18%	14%	13%	3%
Iowa	Expanding Medicaid	55,089	51,135	2%	16%	34%	21%	12%	12%	2%
Kansas	Not Expanding Medicaid	101,555	93,727	4%	36%	24%	15%	10%	8%	2%
Louisiana	Not Expanding Medicaid	214,148	203,357	3%	48%	21%	11%	8%	7%	2%
Maine	Not Expanding Medicaid	84,059	78,673	2%	28%	25%	18%	12%	12%	3%
Michigan	Expanding Medicaid	345,813	316,499	2%	21%	30%	21%	12%	12%	3%
Mississippi	Not Expanding Medicaid	108,672	104,840	4%	60%	20%	9%	4%	3%	1%
Missouri	Not Expanding Medicaid	290,201	272,378	3%	42%	24%	13%	8%	8%	2%
Montana	Expanding Medicaid	58,114	53,220	2%	22%	27%	18%	13%	14%	3%

<b>Marketplace Plan Selection by Household Income in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> 11-1-15 to 2-1-16										
<b>Description / Medicaid Expansion Status (2)</b>		<b>Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (3)</b>	<b>Plan Selections With Available Data on Household Income (4)</b>	<b>By Household Income (5)</b> (% of Available Data, Excluding Unknown)						
				<b>&lt;100 % of FPL</b>	<b>≥100% to ≤150% of FPL</b>	<b>&gt;150% to ≤200% of FPL</b>	<b>&gt;200% to- ≤250% of FPL</b>	<b>&gt;250% to ≤300% of FPL</b>	<b>&gt;300% to ≤400% of FPL</b>	<b>&gt; 400% of FPL</b>
				<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
	<i>Eff. 1-1-16</i>									
Nebraska	<i>Not Expanding Medicaid</i>	87,835	82,852	3%	31%	23%	19%	11%	11%	2%
New Hampshire	<i>Expanding Medicaid</i>	55,183	43,205	2%	16%	27%	19%	13%	17%	6%
New Jersey	<i>Expanding Medicaid</i>	288,573	257,997	4%	17%	30%	19%	12%	14%	5%
North Carolina	<i>Not Expanding Medicaid</i>	613,487	581,050	3%	44%	21%	14%	8%	8%	2%
North Dakota	<i>Expanding Medicaid</i>	21,604	20,134	1%	13%	30%	23%	14%	15%	3%
Ohio	<i>Expanding Medicaid</i>	243,715	219,061	2%	16%	31%	23%	13%	12%	3%
Oklahoma	<i>Not Expanding Medicaid</i>	145,329	134,266	4%	38%	23%	16%	9%	8%	2%
Pennsylvania	<i>Expanding Medicaid</i>	439,238	381,615	2%	22%	31%	18%	11%	12%	4%
South Carolina	<i>Not Expanding Medicaid</i>	231,849	218,699	2%	46%	22%	14%	8%	7%	2%
South Dakota	<i>Not Expanding Medicaid</i>	25,999	24,844	3%	30%	23%	20%	13%	10%	2%
Tennessee	<i>Not Expanding Medicaid</i>	268,867	249,147	4%	40%	24%	13%	9%	8%	2%
Texas	<i>Not Expanding Medicaid</i>	1,306,208	1,206,984	4%	44%	23%	14%	7%	6%	2%
Utah	<i>Not Expanding Medicaid</i>	175,637	162,777	2%	34%	25%	21%	9%	7%	2%
Virginia	<i>Not Expanding Medicaid</i>	421,897	383,327	4%	36%	23%	16%	9%	9%	3%
West Virginia	<i>Expanding Medicaid</i>	37,284	34,273	1%	15%	34%	20%	12%	15%	3%
Wisconsin	<i>Not Expanding Medicaid</i>	239,034	215,915	1%	29%	25%	16%	11%	14%	3%
Wyoming	<i>Not Expanding Medicaid</i>	23,770	22,350	2%	27%	22%	19%	12%	15%	2%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>		<b>9,625,982</b>	<b>8,885,830</b>	<b>3%</b>	<b>38%</b>	<b>25%</b>	<b>15%</b>	<b>9%</b>	<b>8%</b>	<b>2%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not

considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Identifies HealthCare.gov states that have and have not implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) The observed household income distributions differ between HealthCare.gov states that have and have not implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.



APPENDIX TABLE C12

<b>Total Marketplace Plan Selections by Gender and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b>											
<i>11-1-15 to 2-1-16</i>											
Description	Number of Female Plan Selections With Available Data on Age (2) (3)	Females By Age (% of Available Data, Excluding Unknown)									
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 0-20	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (4)</b>											
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>											
Hawaii	8,353	5%	8%	17%	18%	20%	31%	1%	7%	25%	29%
Nevada	47,436	13%	9%	16%	15%	19%	27%	1%	15%	25%	37%
New Mexico	29,673	8%	7%	13%	14%	22%	35%	1%	10%	20%	28%
Oregon	80,373	8%	7%	17%	15%	19%	34%	1%	10%	24%	31%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	165,835	9%	8%	16%	15%	20%	32%	1%	11%	23%	32%
<b>Federally-Facilitated Marketplace (FFM) States</b>											
Alabama	111,786	3%	12%	19%	18%	21%	26%	0%	7%	31%	34%
Alaska	11,914	11%	8%	19%	15%	19%	26%	1%	13%	27%	38%
Arizona	107,332	22%	8%	13%	13%	17%	26%	1%	25%	21%	43%
Arkansas	39,713	8%	9%	15%	15%	20%	33%	1%	11%	24%	32%
Delaware	15,277	12%	8%	15%	15%	21%	28%	1%	15%	23%	35%
Florida	937,847	6%	12%	15%	17%	24%	25%	1%	10%	27%	33%
Georgia	329,290	6%	13%	18%	19%	22%	22%	1%	10%	31%	37%
Illinois	202,230	8%	9%	17%	15%	21%	29%	1%	10%	27%	34%
Indiana	105,745	10%	8%	15%	14%	20%	33%	0%	13%	23%	33%
Iowa	29,303	5%	8%	16%	14%	21%	35%	0%	8%	24%	30%
Kansas	54,874	9%	11%	19%	15%	19%	27%	0%	13%	30%	39%
Louisiana	123,121	4%	12%	20%	17%	21%	25%	0%	8%	32%	36%
Maine	44,636	10%	8%	14%	14%	21%	33%	0%	12%	22%	32%
Michigan	181,389	10%	9%	15%	14%	21%	31%	0%	13%	24%	34%
Mississippi	63,548	3%	14%	17%	17%	22%	27%	1%	7%	31%	34%
Missouri	156,772	8%	12%	18%	16%	20%	27%	0%	11%	30%	38%
Montana	30,598	7%	9%	18%	15%	19%	32%	0%	10%	27%	34%
Nebraska	46,368	14%	11%	18%	16%	17%	24%	0%	18%	29%	43%
New Hampshire	29,039	8%	8%	15%	14%	22%	33%	0%	11%	23%	31%
New Jersey	152,733	8%	10%	15%	15%	23%	28%	1%	11%	25%	33%
North Carolina	339,685	8%	11%	17%	17%	21%	25%	0%	11%	28%	36%
North Dakota	11,173	22%	9%	17%	12%	15%	24%	0%	25%	27%	49%
Ohio	130,351	11%	8%	15%	13%	19%	34%	0%	13%	23%	33%
Oklahoma	79,454	10%	11%	17%	16%	19%	26%	0%	13%	29%	38%

<b>Total Marketplace Plan Selections by Gender and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> <i>11-1-15 to 2-1-16</i>											
Description	Number of Female Plan Selections With Available Data on Age (2) (3)	Females By Age <i>(% of Available Data, Excluding Unknown)</i>									
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 0-20	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%	%
Pennsylvania	232,085	7%	8%	16%	14%	21%	33%	1%	9%	25%	31%
South Carolina	129,309	7%	11%	16%	16%	22%	28%	0%	10%	27%	34%
South Dakota	13,687	12%	11%	19%	15%	16%	27%	0%	15%	30%	42%
Tennessee	142,805	6%	10%	16%	15%	22%	30%	0%	9%	26%	32%
Texas	716,324	9%	13%	16%	17%	21%	22%	1%	14%	29%	39%
Utah	90,414	22%	12%	20%	16%	13%	16%	0%	26%	32%	54%
Virginia	227,825	10%	11%	18%	16%	20%	24%	1%	14%	29%	39%
West Virginia	20,531	6%	6%	12%	13%	21%	41%	1%	8%	19%	24%
Wisconsin	127,827	6%	9%	16%	14%	20%	34%	0%	9%	25%	31%
Wyoming	12,860	13%	9%	18%	15%	17%	28%	0%	16%	28%	40%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	5,213,680	8%	11%	16%	16%	21%	27%	1%	12%	27%	36%

Description	Number of Male Plan Selections With Available Data on Age (2) (3)	Males By Age (% of Available Data, Excluding Unknown)									
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 0-20	Ages 18-34	Ages 0-34
		%	%	%	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (4)</b>											
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>											
Hawaii	6,211	7%	8%	14%	18%	21%	31%	1%	10%	22%	28%
Nevada	40,708	15%	9%	15%	15%	19%	25%	1%	18%	24%	39%
New Mexico	25,191	9%	7%	15%	15%	21%	31%	1%	12%	23%	32%
Oregon	66,734	10%	8%	18%	17%	18%	29%	1%	12%	26%	36%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	138,844	11%	8%	17%	16%	19%	28%	1%	14%	25%	36%
<b>Federally-Facilitated Marketplace (FFM) States</b>											
Alabama	83,266	5%	13%	19%	18%	21%	24%	0%	9%	32%	37%
Alaska	11,115	13%	7%	19%	16%	18%	25%	1%	15%	27%	40%
Arizona	95,734	25%	9%	13%	13%	17%	22%	0%	29%	22%	47%
Arkansas	33,935	10%	9%	15%	16%	21%	29%	1%	13%	25%	34%
Delaware	12,979	15%	8%	16%	15%	21%	24%	1%	18%	24%	39%
Florida	804,965	7%	13%	15%	17%	23%	23%	1%	11%	28%	36%
Georgia	258,552	9%	13%	18%	18%	21%	20%	1%	13%	31%	40%
Illinois	185,948	9%	10%	19%	16%	20%	26%	1%	12%	29%	38%
Indiana	90,494	12%	9%	16%	15%	19%	28%	0%	16%	25%	37%
Iowa	25,786	6%	9%	19%	16%	20%	31%	1%	9%	27%	33%
Kansas	46,681	11%	12%	20%	16%	17%	24%	0%	15%	32%	42%
Louisiana	91,026	6%	12%	20%	17%	20%	23%	0%	10%	33%	39%
Maine	39,423	11%	8%	16%	15%	20%	29%	0%	14%	24%	36%
Michigan	164,422	12%	9%	17%	15%	20%	27%	0%	15%	26%	38%
Mississippi	45,124	5%	15%	17%	17%	21%	25%	1%	10%	32%	37%
Missouri	133,427	10%	11%	19%	17%	19%	23%	0%	13%	31%	41%
Montana	27,515	9%	9%	20%	17%	18%	28%	0%	11%	29%	37%
Nebraska	41,467	16%	11%	19%	16%	17%	22%	0%	20%	29%	45%
New Hampshire	26,144	9%	8%	16%	14%	22%	30%	0%	12%	25%	34%
New Jersey	135,840	9%	10%	17%	15%	22%	25%	1%	13%	27%	36%
North Carolina	273,800	11%	11%	17%	18%	21%	22%	0%	14%	29%	39%
North Dakota	10,431	24%	8%	18%	14%	14%	23%	0%	27%	26%	50%
Ohio	113,362	13%	8%	17%	15%	19%	29%	0%	15%	25%	38%
Oklahoma	65,873	12%	11%	17%	16%	19%	24%	0%	16%	29%	41%
Pennsylvania	207,147	8%	9%	18%	15%	21%	29%	0%	10%	27%	34%
South Carolina	102,540	9%	11%	17%	17%	21%	24%	0%	13%	28%	37%
South Dakota	12,312	14%	10%	20%	15%	16%	25%	0%	17%	30%	44%
Tennessee	126,061	7%	10%	20%	17%	21%	25%	0%	10%	30%	37%

Description	Number of Male Plan Selections With Available Data on Age (2) (3) Number	Males By Age (% of Available Data, Excluding Unknown)									
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 0-20	Ages 18-34	Ages 0-34
		%	%	%	%	%	%	%	%	%	%
Texas	589,876	12%	13%	16%	16%	20%	21%	1%	17%	29%	41%
Utah	85,221	25%	12%	21%	16%	13%	14%	0%	29%	33%	57%
Virginia	194,071	13%	12%	18%	16%	19%	21%	1%	17%	30%	43%
West Virginia	16,753	7%	7%	15%	16%	21%	34%	1%	9%	21%	29%
Wisconsin	111,205	7%	9%	17%	15%	20%	31%	0%	10%	26%	33%
Wyoming	10,910	15%	9%	19%	15%	15%	26%	0%	18%	28%	43%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	4,412,249	10%	11%	17%	16%	21%	24%	1%	14%	28%	39%

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C13

Total Marketplace Plan Selections by Gender and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)							
11-1-15 to 2-1-16							
Description	Total Number of Females With 2016 Plan Selections Through the Marketplaces (2)	Female Plan Selections With Available Data on Metal Level (3)	Females By Metal Level (4)				
			(% of Available Data, Excluding Unknown)				
	Number	Number	Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>							
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>							
Hawaii	8,353	8,353	14%	74%	6%	5%	0%
Nevada	47,436	47,436	22%	71%	5%	2%	1%
New Mexico	29,674	29,674	21%	63%	15%	1%	1%
Oregon	80,374	80,374	27%	63%	10%	0%	1%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	165,837	165,837	24%	66%	9%	1%	1%
<b>Federally-Facilitated Marketplace (FFM) States</b>							
Alabama	111,786	111,786	7%	86%	4%	0%	2%
Alaska	11,914	11,914	44%	52%	3%	0%	0%
Arizona	107,332	107,332	22%	65%	11%	1%	2%
Arkansas	39,713	39,713	19%	71%	9%	0%	1%
Delaware	15,277	15,277	21%	63%	13%	3%	0%
Florida	937,851	937,851	14%	80%	4%	2%	1%
Georgia	329,293	329,293	16%	78%	5%	0%	2%
Illinois	202,230	202,230	28%	61%	10%	0%	0%
Indiana	105,747	105,747	34%	62%	4%	0%	0%
Iowa	29,303	29,303	27%	67%	6%	0%	0%
Kansas	54,874	54,874	21%	71%	7%	1%	0%
Louisiana	123,121	123,121	20%	73%	5%	1%	1%
Maine	44,636	44,636	22%	73%	5%	0%	1%
Michigan	181,389	181,389	24%	68%	6%	1%	1%
Mississippi	63,548	63,548	13%	83%	3%	1%	1%
Missouri	156,774	156,774	25%	69%	5%	0%	1%
Montana	30,599	30,599	37%	57%	5%	0%	1%
Nebraska	46,368	46,368	31%	63%	4%	0%	1%
New Hampshire	29,039	29,039	34%	54%	9%	1%	1%
New Jersey	152,733	152,733	15%	75%	8%	2%	1%
North Carolina	339,685	339,685	16%	78%	3%	1%	2%
North Dakota	11,173	11,173	25%	53%	21%	0%	2%
Ohio	130,353	130,353	33%	58%	8%	0%	1%

**Total Marketplace Plan Selections by Gender and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)**

*11-1-15 to 2-1-16*

Description	Total Number of Females With 2016 Plan Selections Through the Marketplaces (2)	Female Plan Selections With Available Data on Metal Level (3)	Females By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			Number	Number	%	%	%
Oklahoma	79,454	79,454	28%	68%	4%	0%	0%
Pennsylvania	232,087	232,087	14%	73%	11%	2%	1%
South Carolina	129,309	129,309	8%	87%	4%	0%	1%
South Dakota	13,687	13,687	19%	76%	4%	0%	1%
Tennessee	142,805	142,805	24%	71%	3%	1%	1%
Texas	716,330	716,330	25%	68%	6%	0%	1%
Utah	90,415	90,415	14%	75%	10%	0%	0%
Virginia	227,825	227,825	21%	71%	6%	0%	2%
West Virginia	20,531	20,531	18%	71%	10%	0%	0%
Wisconsin	127,828	127,828	22%	72%	4%	1%	1%
Wyoming	12,860	12,860	26%	70%	4%	0%	1%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	5,213,706	5,213,706	20%	73%	6%	1%	1%

Description	Total Number of Males With 2016 Plan Selections Through the Marketplaces (2)	Male Plan Selections With Available Data on Metal Level (3)	Males By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			Number	Number	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>							
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>							
Hawaii	6,211	6,353	18%	66%	8%	7%	0%
Nevada	40,709	40,930	24%	67%	5%	2%	1%
New Mexico	25,191	25,690	23%	58%	17%	1%	1%
Oregon	66,735	67,879	31%	57%	12%	0%	1%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	138,846	140,852	27%	61%	11%	1%	1%
<b>Federally-Facilitated Marketplace (FFM) States</b>							
Alabama	83,269	84,503	9%	82%	5%	0%	2%
Alaska	11,115	11,118	47%	49%	4%	0%	0%
Arizona	95,734	96,184	23%	62%	12%	1%	2%
Arkansas	33,935	34,384	22%	67%	10%	0%	1%
Delaware	12,979	13,161	23%	59%	15%	3%	1%
Florida	804,968	807,557	17%	76%	4%	2%	1%
Georgia	258,552	260,458	18%	74%	6%	0%	2%
Illinois	185,949	187,137	31%	58%	11%	0%	0%
Indiana	90,495	90,615	37%	58%	5%	0%	0%
Iowa	25,786	25,851	31%	62%	7%	0%	0%
Kansas	46,681	46,681	24%	66%	9%	1%	0%
Louisiana	91,027	91,493	23%	67%	7%	2%	1%
Maine	39,423	39,440	24%	70%	5%	0%	1%
Michigan	164,424	163,972	26%	65%	6%	1%	1%
Mississippi	45,124	45,537	15%	79%	4%	1%	2%
Missouri	133,427	133,658	29%	65%	6%	0%	1%
Montana	27,515	27,426	40%	54%	6%	0%	1%
Nebraska	41,467	41,398	35%	59%	4%	0%	1%
New Hampshire	26,144	25,935	36%	51%	10%	1%	2%
New Jersey	135,840	135,887	17%	71%	8%	2%	1%
North Carolina	273,802	275,717	19%	74%	4%	1%	2%
North Dakota	10,431	10,483	26%	50%	22%	0%	2%
Ohio	113,362	113,609	35%	55%	9%	0%	1%
Oklahoma	65,875	66,022	31%	63%	5%	0%	0%
Pennsylvania	207,151	208,913	16%	70%	12%	2%	1%

Description	Total Number of Males With 2016 Plan Selections Through the Marketplaces (2)	Male Plan Selections With Available Data on Metal Level (3)	Males By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			Number	Number	%	%	%
South Carolina	102,540	103,085	10%	84%	5%	0%	1%
South Dakota	12,312	12,260	21%	73%	5%	0%	1%
Tennessee	126,062	126,199	28%	67%	4%	1%	1%
Texas	589,878	593,903	28%	64%	7%	0%	1%
Utah	85,222	85,344	16%	73%	11%	0%	0%
Virginia	194,072	195,128	24%	66%	7%	0%	2%
West Virginia	16,753	17,026	21%	66%	13%	0%	0%
Wisconsin	111,206	111,414	25%	68%	5%	1%	1%
Wyoming	10,910	10,986	30%	65%	4%	0%	1%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	4,412,276	4,433,336	23%	68%	7%	1%	1%

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the “best” plan in order to prevent duplication.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016. Source: Centers for Medicare & Medicaid Services, as of 3-8-16.



APPENDIX TABLE C14

<b>Total Marketplace Plan Selections by Financial Assistance Status and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b>							
<i>11-1-15 to 2-1-16</i>							
Description	Total Number of Individuals With 2016 Plan Selections With Financial Assistance Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	Financial Assistance By Metal Level (4) (5) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>							
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)</b>							
Hawaii	12,004	12,004	11%	79%	6%	4%	0%
Nevada	77,174	77,174	21%	74%	4%	1%	0%
New Mexico	38,308	38,308	20%	70%	9%	0%	0%
Oregon	106,058	106,058	25%	68%	6%	0%	0%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	233,544	233,544	22%	71%	6%	1%	0%
<b>Federally-Facilitated Marketplace (FFM) States</b>							
Alabama	173,625	173,625	7%	90%	3%	0%	0%
Alaska	20,094	20,094	45%	53%	2%	0%	0%
Arizona	152,438	152,438	21%	74%	5%	0%	0%
Arkansas	64,477	64,477	20%	73%	7%	0%	0%
Delaware	23,162	23,162	20%	67%	11%	2%	0%
Florida	1,588,628	1,588,628	14%	82%	3%	1%	0%
Georgia	508,872	508,872	16%	82%	3%	0%	0%
Illinois	294,534	294,534	27%	68%	6%	0%	0%
Indiana	159,855	159,855	32%	65%	3%	0%	0%
Iowa	47,059	47,059	26%	70%	4%	0%	0%
Kansas	83,896	83,896	18%	76%	5%	1%	0%
Louisiana	191,301	191,301	20%	75%	4%	1%	0%
Maine	73,196	73,196	21%	76%	3%	0%	0%
Michigan	288,765	288,765	24%	72%	4%	0%	0%
Mississippi	98,233	98,233	13%	85%	2%	0%	0%
Missouri	252,005	252,005	25%	72%	3%	0%	0%
Montana	48,289	48,289	36%	60%	4%	0%	0%
Nebraska	77,379	77,379	31%	65%	3%	0%	0%
New Hampshire	36,746	36,746	32%	62%	5%	1%	0%
New Jersey	232,011	232,011	15%	78%	6%	1%	0%
North Carolina	548,291	548,291	16%	81%	3%	0%	0%
North Dakota	18,576	18,576	25%	56%	19%	0%	0%

**Total Marketplace Plan Selections by Financial Assistance Status and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)**

11-1-15 to 2-1-16

Description	Total Number of Individuals With 2016 Plan Selections With Financial Assistance Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	Financial Assistance By Metal Level (4) (5) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			Number	Number	%	%	%
Ohio	197,141	197,141	32%	63%	5%	0%	0%
Oklahoma	123,653	123,653	26%	71%	3%	0%	0%
Pennsylvania	337,813	337,813	12%	79%	7%	1%	0%
South Carolina	206,208	206,208	8%	90%	2%	0%	0%
South Dakota	23,116	23,116	18%	78%	3%	0%	0%
Tennessee	228,267	228,267	23%	75%	2%	0%	0%
Texas	1,098,944	1,098,944	25%	72%	3%	0%	0%
Utah	152,502	152,502	13%	79%	8%	0%	0%
Virginia	345,728	345,728	19%	76%	4%	0%	0%
West Virginia	31,912	31,912	18%	74%	9%	0%	0%
Wisconsin	201,323	201,323	21%	76%	3%	0%	0%
Wyoming	21,476	21,476	26%	72%	3%	0%	0%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	8,183,059	8,183,059	19%	77%	4%	0%	0%

Description	Total Number of Individuals With 2016 Plan Selections Without Financial Assistance Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	Without Financial Assistance By Metal Level (5) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			Number	Number	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>							
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)</b>							
Hawaii	2,560	2,560	38%	34%	14%	12%	2%
Nevada	10,971	10,971	38%	36%	13%	7%	6%
New Mexico	16,557	16,557	27%	40%	29%	2%	2%
Oregon	41,051	41,051	37%	41%	18%	0%	3%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	71,139	71,139	35%	40%	20%	2%	4%
<b>Federally-Facilitated Marketplace (FFM) States</b>							
Alabama	21,430	21,430	18%	50%	14%	2%	17%
Alaska	2,935	2,935	49%	38%	8%	0%	4%
Arizona	50,628	50,628	29%	32%	28%	2%	9%
Arkansas	9,171	9,171	27%	43%	24%	0%	7%
Delaware	5,094	5,094	31%	35%	25%	6%	3%
Florida	154,191	154,191	28%	37%	18%	9%	8%
Georgia	78,973	78,973	25%	39%	22%	0%	14%
Illinois	93,645	93,645	39%	35%	24%	0%	2%
Indiana	36,387	36,387	48%	37%	13%	0%	3%
Iowa	8,030	8,030	46%	35%	16%	0%	2%
Kansas	17,659	17,659	40%	35%	20%	5%	0%
Louisiana	22,847	22,847	32%	34%	20%	5%	9%
Maine	10,863	10,863	36%	44%	13%	0%	7%
Michigan	57,048	57,048	33%	41%	17%	3%	7%
Mississippi	10,439	10,439	22%	48%	13%	3%	14%
Missouri	38,196	38,196	40%	37%	18%	1%	4%
Montana	9,825	9,825	50%	30%	13%	0%	6%
Nebraska	10,456	10,456	47%	29%	10%	0%	13%
New Hampshire	18,437	18,437	42%	32%	18%	2%	5%
New Jersey	56,562	56,562	22%	52%	16%	5%	5%
North Carolina	65,196	65,196	31%	41%	10%	3%	16%
North Dakota	3,028	3,028	31%	23%	28%	0%	17%
Ohio	46,574	46,574	38%	33%	21%	1%	7%

Description	Total Number of Individuals With 2016 Plan Selections Without Financial Assistance Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	Without Financial Assistance By Metal Level (5) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
			Number	Number	%	%	%
Oklahoma	21,676	21,676	48%	36%	14%	0%	2%
Pennsylvania	101,425	101,425	24%	48%	22%	4%	3%
South Carolina	25,641	25,641	19%	56%	15%	0%	10%
South Dakota	2,883	2,883	31%	45%	11%	0%	13%
Tennessee	40,600	40,600	43%	37%	10%	2%	8%
Texas	207,264	207,264	36%	37%	20%	2%	5%
Utah	23,135	23,135	28%	40%	28%	2%	3%
Virginia	76,169	76,169	38%	33%	17%	1%	10%
West Virginia	5,372	5,372	29%	45%	23%	0%	3%
Wisconsin	37,711	37,711	38%	42%	13%	3%	5%
Wyoming	2,294	2,294	48%	33%	12%	0%	7%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	1,442,923	1,442,923	33%	39%	19%	3%	7%

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.

(5) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the “best” plan in order to prevent duplication.

(6) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(7) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C15

<b>Total Marketplace Plan Selections by Metal Level and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b> <i>11-1-15 to 2-1-16</i>										
Description	Number of Bronze Plan Selections With Available Data on Age (2) (3)	Bronze By Age (4) <i>(% of Available Data, Excluding Unknown)</i>								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>										
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>										
Hawaii	2,316	6%	6%	17%	14%	21%	34%	2%	23%	29%
Nevada	20,285	13%	8%	16%	14%	19%	29%	1%	24%	37%
New Mexico	12,278	8%	6%	14%	14%	21%	36%	1%	20%	28%
Oregon	42,240	8%	7%	17%	15%	19%	33%	0%	24%	32%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	77,119	9%	7%	16%	15%	19%	32%	1%	24%	33%
<b>Federally-Facilitated Marketplace (FFM) States</b>										
Alabama	16,182	4%	11%	20%	17%	21%	26%	1%	32%	35%
Alaska	10,475	14%	7%	19%	16%	18%	25%	1%	26%	40%
Arizona	46,032	20%	7%	11%	13%	18%	31%	0%	19%	38%
Arkansas	15,168	9%	10%	16%	15%	21%	29%	0%	26%	35%
Delaware	6,149	12%	8%	16%	14%	21%	27%	1%	25%	37%
Florida	268,542	6%	11%	16%	16%	24%	27%	1%	27%	33%
Georgia	98,675	7%	12%	18%	17%	21%	23%	1%	31%	38%
Illinois	115,519	8%	9%	17%	14%	21%	31%	1%	27%	34%
Indiana	69,056	11%	8%	14%	13%	20%	33%	0%	22%	33%
Iowa	15,894	6%	8%	19%	14%	20%	32%	0%	27%	33%
Kansas	22,509	11%	11%	21%	14%	17%	26%	0%	32%	43%
Louisiana	45,650	6%	12%	21%	17%	20%	23%	0%	33%	39%
Maine	19,342	12%	7%	15%	14%	21%	31%	0%	22%	34%
Michigan	87,201	11%	8%	15%	13%	21%	32%	0%	23%	34%
Mississippi	14,801	3%	14%	19%	16%	21%	27%	1%	33%	36%
Missouri	77,937	8%	12%	20%	15%	19%	26%	0%	32%	40%
Montana	22,167	10%	8%	16%	15%	18%	32%	0%	24%	34%
Nebraska	29,250	17%	9%	16%	15%	17%	25%	0%	26%	42%
New Hampshire	19,285	8%	7%	13%	13%	23%	36%	0%	20%	28%
New Jersey	46,372	6%	9%	17%	15%	23%	29%	1%	26%	32%
North Carolina	108,462	10%	9%	17%	16%	21%	25%	0%	27%	37%
North Dakota	5,567	23%	8%	16%	14%	15%	25%	0%	24%	47%
Ohio	81,876	11%	8%	14%	12%	19%	36%	0%	21%	33%
Oklahoma	42,625	14%	11%	18%	15%	18%	23%	0%	29%	43%

<b>Total Marketplace Plan Selections by Metal Level and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)</b>										
<i>11-1-15 to 2-1-16</i>										
Description	Number of Bronze Plan Selections With Available Data on Age (2) (3)	Bronze By Age (4)								
		<i>(% of Available Data, Excluding Unknown)</i>								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
Number	%	%	%	%	%	%	%	%	%	
Pennsylvania	66,127	6%	8%	19%	14%	21%	31%	0%	27%	34%
South Carolina	21,403	9%	9%	17%	15%	22%	28%	0%	26%	35%
South Dakota	5,101	13%	9%	20%	15%	17%	26%	0%	29%	42%
Tennessee	69,688	8%	10%	19%	16%	20%	26%	0%	29%	37%
Texas	345,309	11%	13%	16%	16%	21%	22%	1%	29%	40%
Utah	26,089	25%	11%	20%	15%	13%	17%	0%	30%	55%
Virginia	95,215	13%	10%	17%	15%	20%	23%	1%	27%	40%
West Virginia	7,280	6%	6%	14%	14%	21%	38%	1%	20%	26%
Wisconsin	55,772	7%	8%	16%	13%	20%	36%	0%	23%	31%
Wyoming	6,595	15%	7%	17%	13%	17%	30%	0%	24%	39%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	2,060,434	10%	10%	17%	15%	21%	27%	1%	27%	37%

Description	Number of Silver Plan Selections With Available Data on Age (2) (3)	Silver By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>										
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>										
Hawaii	10,346	4%	8%	16%	19%	21%	30%	1%	24%	29%
Nevada	61,144	14%	9%	15%	15%	20%	26%	1%	23%	37%
New Mexico	33,613	7%	7%	14%	14%	22%	35%	1%	21%	28%
Oregon	89,169	8%	7%	17%	16%	19%	32%	1%	24%	32%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	194,272	9%	8%	15%	16%	20%	31%	1%	23%	33%
<b>Federally-Facilitated Marketplace (FFM) States</b>										
Alabama	166,224	4%	12%	18%	18%	22%	26%	0%	30%	34%
Alaska	11,681	9%	8%	19%	15%	20%	28%	1%	27%	37%
Arizona	128,482	25%	8%	12%	13%	17%	24%	1%	21%	46%
Arkansas	51,187	8%	9%	15%	16%	21%	32%	1%	23%	31%
Delaware	17,353	12%	8%	15%	15%	21%	27%	1%	23%	36%
Florida	1,365,449	6%	13%	15%	17%	24%	24%	1%	28%	34%
Georgia	447,617	7%	13%	17%	19%	22%	21%	1%	30%	37%
Illinois	231,997	7%	10%	18%	16%	21%	28%	1%	28%	35%
Indiana	117,307	10%	9%	15%	16%	20%	30%	0%	24%	34%
Iowa	35,604	5%	9%	16%	15%	21%	34%	1%	25%	30%
Kansas	69,758	9%	12%	19%	16%	19%	26%	0%	31%	39%
Louisiana	151,155	4%	12%	19%	17%	22%	25%	0%	32%	36%
Maine	60,088	10%	8%	15%	14%	21%	32%	0%	23%	33%
Michigan	231,154	10%	9%	16%	15%	21%	29%	1%	25%	35%
Mississippi	88,674	4%	14%	16%	18%	22%	26%	1%	30%	34%
Missouri	195,155	9%	11%	18%	16%	20%	25%	0%	29%	38%
Montana	32,101	6%	10%	20%	16%	18%	30%	0%	29%	35%
Nebraska	53,636	14%	11%	19%	17%	17%	22%	0%	30%	44%
New Hampshire	28,923	7%	9%	16%	15%	22%	31%	0%	24%	31%
New Jersey	210,994	8%	10%	15%	15%	23%	27%	1%	25%	33%
North Carolina	470,342	9%	11%	17%	18%	22%	24%	0%	28%	36%
North Dakota	11,085	22%	9%	18%	14%	15%	23%	0%	26%	49%
Ohio	138,716	11%	8%	16%	14%	19%	31%	1%	24%	34%
Oklahoma	95,395	9%	11%	17%	16%	20%	26%	1%	28%	37%
Pennsylvania	315,987	6%	9%	16%	15%	21%	31%	1%	25%	31%
South Carolina	199,169	8%	11%	16%	16%	22%	26%	0%	27%	35%
South Dakota	19,408	12%	10%	19%	16%	16%	27%	0%	29%	42%
Tennessee	185,803	6%	10%	17%	16%	22%	29%	0%	26%	32%

Description	Number of Silver Plan Selections With Available Data on Age (2) (3)	Silver By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
Texas	869,040	9%	13%	16%	17%	22%	22%	1%	29%	38%
Utah	129,554	22%	13%	21%	16%	13%	15%	0%	33%	55%
Virginia	289,628	10%	12%	17%	17%	20%	23%	1%	29%	39%
West Virginia	25,893	5%	7%	13%	15%	21%	39%	1%	19%	25%
Wisconsin	168,470	6%	9%	17%	15%	20%	33%	0%	26%	31%
Wyoming	16,141	13%	10%	19%	16%	16%	26%	0%	29%	42%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	6,823,442	8%	11%	16%	17%	21%	25%	1%	28%	36%



Description	Number of Gold Plan Selections With Available Data on Age (2) (3)	Gold By Age (4)								
		(% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
Number	%	%	%	%	%	%	%	%	%	
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>										
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>										
Hawaii	1,023	11%	6%	10%	16%	21%	35%	1%	16%	27%
Nevada	4,190	19%	7%	18%	16%	17%	22%	1%	25%	44%
New Mexico	8,257	14%	7%	15%	16%	20%	27%	0%	22%	36%
Oregon	14,298	16%	7%	17%	17%	17%	26%	0%	24%	40%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>27,768</b>	<b>16%</b>	<b>7%</b>	<b>16%</b>	<b>17%</b>	<b>18%</b>	<b>26%</b>	<b>0%</b>	<b>23%</b>	<b>39%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>										
Alabama	8,313	10%	10%	19%	18%	19%	24%	0%	29%	38%
Alaska	740	20%	7%	21%	19%	15%	17%	0%	28%	48%
Arizona	22,724	23%	7%	15%	16%	17%	20%	0%	22%	46%
Arkansas	6,644	15%	7%	13%	14%	20%	30%	0%	21%	36%
Delaware	3,803	19%	6%	15%	15%	20%	25%	0%	21%	40%
Florida	68,016	18%	8%	15%	16%	20%	22%	1%	22%	40%
Georgia	30,193	19%	8%	16%	19%	20%	18%	0%	24%	43%
Illinois	38,724	16%	8%	18%	17%	19%	21%	0%	26%	42%
Indiana	8,927	20%	8%	15%	18%	18%	20%	0%	23%	44%
Iowa	3,441	12%	7%	17%	15%	18%	31%	0%	24%	36%
Kansas	7,805	18%	9%	18%	15%	16%	25%	0%	27%	45%
Louisiana	12,544	14%	8%	20%	18%	19%	20%	0%	28%	42%
Maine	3,889	18%	7%	13%	16%	19%	27%	0%	20%	38%
Michigan	20,617	19%	8%	15%	16%	19%	22%	0%	24%	43%
Mississippi	3,057	12%	10%	17%	16%	20%	23%	0%	27%	40%
Missouri	14,601	16%	8%	18%	16%	18%	23%	0%	27%	43%
Montana	3,229	15%	7%	18%	18%	19%	23%	0%	25%	40%
Nebraska	3,553	22%	9%	18%	16%	16%	19%	0%	27%	49%
New Hampshire	5,280	18%	7%	15%	17%	21%	22%	0%	23%	41%
New Jersey	22,707	17%	8%	16%	17%	21%	21%	0%	24%	41%
North Carolina	20,391	21%	8%	16%	18%	19%	19%	0%	23%	44%
North Dakota	4,435	26%	6%	16%	13%	14%	24%	0%	22%	48%
Ohio	19,360	20%	7%	16%	17%	18%	22%	0%	23%	43%
Oklahoma	6,929	17%	9%	20%	18%	18%	18%	0%	29%	46%
Pennsylvania	47,015	13%	7%	15%	15%	20%	30%	0%	23%	35%
South Carolina	8,841	17%	8%	15%	17%	20%	23%	0%	24%	41%
South Dakota	1,110	20%	10%	20%	15%	16%	20%	0%	30%	50%
Tennessee	8,750	14%	8%	19%	18%	19%	22%	0%	27%	41%

Description	Number of Gold Plan Selections With Available Data on Age (2) (3)	Gold By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
Texas	75,684	22%	9%	20%	18%	16%	15%	0%	28%	50%
Utah	18,587	30%	10%	17%	15%	12%	16%	0%	27%	57%
Virginia	27,772	20%	8%	18%	17%	18%	18%	1%	26%	46%
West Virginia	3,976	13%	7%	13%	16%	21%	30%	0%	20%	33%
Wisconsin	11,029	15%	7%	16%	16%	19%	27%	0%	23%	38%
Wyoming	872	21%	8%	18%	16%	17%	20%	0%	27%	48%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	571,326	18%	8%	17%	17%	18%	21%	0%	25%	43%

Description	Number of Platinum Plan Selections With Available Data on Age (2) (3)	Platinum By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>										
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>										
Hawaii	828	14%	4%	13%	17%	22%	30%	0%	17%	31%
Nevada	1,844	19%	8%	23%	20%	16%	14%	0%	31%	50%
New Mexico	324	19%	6%	17%	20%	18%	19%	1%	23%	41%
Oregon	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	<b>2,996</b>	<b>17%</b>	<b>6%</b>	<b>20%</b>	<b>19%</b>	<b>18%</b>	<b>19%</b>	<b>1%</b>	<b>26%</b>	<b>44%</b>
<b>Federally-Facilitated Marketplace (FFM) States</b>										
Alabama	777	9%	11%	25%	19%	18%	18%	0%	36%	45%
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	1,404	18%	10%	20%	20%	17%	14%	1%	31%	49%
Arkansas	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	810	20%	7%	15%	18%	21%	18%	0%	23%	42%
Florida	28,024	16%	8%	18%	19%	20%	18%	1%	26%	43%
Georgia	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa	17	29%	6%	6%	41%	12%	6%	0%	12%	41%
Kansas	1,483	12%	9%	22%	18%	21%	18%	0%	31%	43%
Louisiana	2,678	13%	11%	25%	20%	17%	13%	0%	36%	49%
Maine	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Michigan	3,041	17%	9%	22%	18%	18%	15%	0%	31%	48%
Mississippi	708	15%	11%	18%	22%	17%	18%	1%	29%	43%
Missouri	836	17%	8%	28%	20%	14%	13%	0%	36%	53%
Montana	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nebraska	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	687	14%	10%	23%	23%	21%	9%	0%	33%	47%
New Jersey	5,913	19%	8%	18%	21%	19%	14%	0%	27%	45%
North Carolina	3,941	18%	8%	20%	22%	18%	15%	0%	27%	45%
North Dakota	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	635	23%	8%	16%	19%	19%	16%	0%	23%	46%
Oklahoma	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	7,147	15%	8%	19%	19%	19%	20%	1%	27%	42%
South Carolina	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
South Dakota	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Description	Number of Platinum Plan Selections With Available Data on Age (2) (3)	Platinum By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
Tennessee	1,470	13%	10%	24%	22%	18%	12%	0%	34%	47%
Texas	4,936	20%	8%	24%	22%	16%	10%	0%	32%	52%
Utah	768	25%	11%	22%	20%	11%	10%	0%	34%	59%
Virginia	1,647	18%	12%	27%	21%	14%	7%	0%	38%	57%
West Virginia	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin	1,782	18%	7%	20%	20%	17%	18%	0%	26%	45%
Wyoming	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	71,701	17%	8%	20%	20%	18%	16%	1%	28%	45%

Description	Number of Catastrophic Plan Selections With Available Data on Age (2) (3)	Catastrophic By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>										
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>										
Hawaii	51	6%	45%	43%	2%	0%	0%	4%	88%	94%
Nevada	681	13%	33%	54%	0%	0%	0%	0%	87%	100%
New Mexico	392	8%	39%	52%	1%	0%	0%	0%	92%	99%
Oregon	1,400	5%	33%	61%	0%	0%	0%	0%	94%	100%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	2,524	8%	34%	58%	0%	0%	0%	0%	92%	100%
<b>Federally-Facilitated Marketplace (FFM) States</b>										
Alabama	3,556	1%	35%	43%	11%	7%	3%	0%	78%	79%
Alaska	132	11%	28%	61%	0%	0%	0%	0%	89%	100%
Arizona	4,424	20%	34%	46%	0%	0%	0%	0%	79%	100%
Arkansas	649	6%	41%	51%	2%	1%	0%	0%	91%	97%
Delaware	141	11%	26%	62%	0%	0%	0%	1%	89%	99%
Florida	12,781	5%	33%	45%	7%	6%	4%	0%	78%	84%
Georgia	11,357	4%	32%	47%	9%	5%	3%	0%	79%	83%
Illinois	1,938	6%	32%	62%	0%	0%	0%	0%	94%	100%
Indiana	949	11%	29%	60%	1%	0%	0%	0%	89%	99%
Iowa	133	3%	33%	60%	3%	1%	0%	0%	93%	96%
Kansas	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	2,120	2%	32%	47%	10%	5%	3%	0%	79%	81%
Maine	740	5%	28%	57%	3%	3%	4%	0%	86%	90%
Michigan	3,798	6%	30%	64%	0%	0%	0%	0%	93%	99%
Mississippi	1,432	4%	39%	38%	10%	6%	3%	0%	77%	81%
Missouri	1,670	5%	33%	46%	8%	6%	3%	0%	79%	84%
Montana	616	7%	32%	60%	1%	0%	0%	0%	91%	99%
Nebraska	1,396	6%	32%	48%	6%	4%	4%	0%	80%	86%
New Hampshire	1,008	4%	32%	64%	0%	0%	0%	0%	96%	100%
New Jersey	2,587	4%	29%	67%	0%	0%	0%	0%	96%	99%
North Carolina	10,349	6%	29%	50%	7%	5%	3%	0%	79%	85%
North Dakota	517	13%	35%	52%	0%	0%	0%	0%	87%	100%
Ohio	3,126	8%	28%	64%	0%	0%	0%	0%	92%	100%
Oklahoma	378	9%	35%	37%	9%	6%	4%	0%	72%	81%
Pennsylvania	2,956	3%	34%	62%	1%	0%	0%	0%	96%	99%
South Carolina	2,436	4%	31%	49%	8%	5%	3%	0%	80%	84%
South Dakota	380	11%	31%	45%	7%	4%	3%	0%	76%	87%

Description	Number of Catastrophic Plan Selections With Available Data on Age (2) (3)	Catastrophic By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
Tennessee	3,155	4%	32%	45%	7%	7%	4%	0%	77%	81%
Texas	11,231	9%	32%	44%	7%	5%	3%	0%	76%	85%
Utah	637	12%	37%	51%	0%	0%	0%	0%	88%	100%
Virginia	7,634	3%	31%	53%	6%	4%	3%	0%	84%	87%
West Virginia	135	1%	29%	68%	1%	0%	0%	1%	97%	99%
Wisconsin	1,979	5%	34%	61%	0%	0%	0%	0%	95%	100%
Wyoming	162	7%	27%	43%	10%	7%	5%	0%	70%	78%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	99,026	6%	32%	50%	5%	4%	2%	0%	82%	88%

Description	Number of Stand-alone Dental Plan Selections With Available Data on Age (2) (3)	Stand-alone Dental By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (5)</b>										
<b>State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)</b>										
Hawaii	4,183	8%	6%	15%	19%	21%	29%	1%	21%	29%
Nevada	15,685	14%	9%	20%	18%	18%	19%	1%	30%	44%
New Mexico	10,887	10%	7%	19%	17%	20%	27%	1%	26%	36%
Oregon	26,039	6%	8%	25%	19%	18%	25%	1%	32%	38%
<b>Subtotal - SBMs Using the HealthCare.gov Platform</b>	56,794	9%	8%	22%	18%	19%	24%	1%	29%	39%
<b>Federally-Facilitated Marketplace (FFM) States</b>										
Alabama	42,394	2%	12%	23%	21%	20%	21%	0%	36%	37%
Alaska	3,416	4%	8%	26%	19%	19%	24%	1%	34%	38%
Arizona	21,555	11%	10%	22%	17%	18%	21%	1%	32%	43%
Arkansas	11,612	11%	9%	19%	18%	18%	24%	1%	28%	39%
Delaware	4,137	6%	9%	21%	19%	21%	23%	1%	31%	36%
Florida	223,524	7%	13%	20%	19%	21%	20%	1%	32%	39%
Georgia	83,027	7%	13%	23%	21%	20%	16%	0%	36%	43%
Illinois	76,893	8%	9%	23%	17%	19%	23%	1%	32%	40%
Indiana	22,985	11%	8%	21%	19%	18%	22%	0%	29%	40%
Iowa	7,983	5%	8%	24%	18%	19%	26%	1%	32%	36%
Kansas	20,888	7%	11%	24%	18%	17%	23%	0%	35%	42%
Louisiana	25,575	2%	12%	27%	20%	19%	19%	0%	40%	42%
Maine	8,520	11%	8%	20%	16%	20%	25%	0%	27%	39%
Michigan	57,094	11%	9%	23%	17%	19%	20%	0%	32%	44%
Mississippi	9,181	5%	14%	20%	19%	20%	21%	0%	35%	40%
Missouri	29,504	6%	12%	26%	18%	18%	20%	0%	37%	44%
Montana	8,862	12%	8%	21%	17%	16%	26%	0%	28%	40%
Nebraska	8,427	9%	12%	27%	20%	15%	16%	1%	39%	49%
New Hampshire	6,071	10%	8%	20%	17%	21%	22%	0%	29%	39%
New Jersey	50,335	10%	10%	20%	18%	21%	20%	1%	30%	40%
North Carolina	66,760	3%	10%	26%	22%	21%	18%	0%	36%	39%
North Dakota	1,989	9%	12%	28%	17%	17%	17%	1%	40%	49%
Ohio	29,000	13%	8%	21%	17%	18%	23%	0%	29%	41%
Oklahoma	29,837	11%	11%	22%	18%	17%	21%	0%	32%	43%
Pennsylvania	75,568	4%	9%	24%	18%	21%	24%	0%	33%	37%
South Carolina	20,377	7%	10%	26%	20%	18%	17%	0%	37%	44%
South Dakota	2,633	3%	11%	27%	20%	16%	22%	1%	38%	41%

Description	Number of Stand-alone Dental Plan Selections With Available Data on Age (2) (3)	Stand-alone Dental By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
Tennessee	36,697	3%	11%	27%	19%	19%	19%	1%	38%	41%
Texas	263,118	12%	13%	21%	18%	19%	17%	1%	34%	45%
Utah	26,326	19%	13%	27%	18%	13%	10%	1%	39%	58%
Virginia	60,603	6%	12%	24%	19%	19%	20%	1%	36%	42%
West Virginia	5,471	3%	7%	19%	19%	20%	32%	0%	26%	29%
Wisconsin	25,448	6%	9%	25%	18%	19%	22%	0%	34%	40%
Wyoming	2,857	3%	9%	30%	22%	17%	19%	0%	39%	42%
<b>TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform</b>	1,425,461	8%	11%	23%	19%	19%	20%	1%	34%	42%

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the “best” plan in order to prevent duplication.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.



## APPENDIX TABLE D1

Marketplace Plan Selection by Enrollment Type in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) (2) 11-1-15 to 2-1-16							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (3)	Plan Selections With Available Data on Enrollment Type(4)	Distribution By Enrollment Type (4)				
			New Consumers (5)	Consumers Reenrolling in Marketplace Coverage (6)			
				Total Reenrollees	Active Reenrollees (7)	Automatic Reenrollees (8)	Unknown Reenrollment Type
Number	Number	% of Total	% of Total	% of Total	% of Total	% of Total	
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (9)							
California	1,575,340	1,575,340	27%	73%	27%	46%	0%
Colorado	150,769	150,769	48%	52%	40%	13%	0%
Connecticut	116,019	116,019	32%	68%	13%	55%	0%
District of Columbia (10)	22,693	22,693	26%	74%	13%	61%	0%
Idaho	101,073	101,073	33%	67%	21%	46%	0%
Kentucky	93,666	93,666	20%	80%	59%	22%	0%
Maryland	162,177	162,177	30%	70%	10%	60%	0%
Massachusetts 12	213,883	213,883	22%	78%	N/A	N/A	N/A
Minnesota (10) (11) (12)	83,507	83,507	45%	55%	N/A	N/A	N/A
New York (11) (12)	271,964	271,964	19%	81%	N/A	N/A	N/A
Rhode Island	34,670	34,670	22%	78%	16%	62%	0%
Vermont	29,440	29,440	6%	94%	9%	84%	0%
Washington (13)	200,691	200,691	37%	63%	24%	39%	0%
<b>State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms</b>	<b>3,055,892</b>	<b>3,055,892</b>	<b>28%</b>	<b>72%</b>	<b>21%</b>	<b>36%</b>	<b>0%</b>

## Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

- (3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.
- (4) “Distribution by Enrollment Type” represents the percentage of plan selections with available data on enrollment type that are new consumers vs. consumers reenrolling in coverage through the Marketplaces.
- (5) “New Consumers” are those individuals who selected a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) as of the reporting date, and did not have a Marketplace plan selection as of November 2015. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).
- (6) “Consumers reenrolling in coverage through the Marketplaces” are those individuals who were enrolled in a Marketplace plan as of October 31 2015 for 2015 coverage, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections, except for DC and Minnesota. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).
- (7) Active Reenrollees are individuals who had a Marketplace plan selection as of October 31, 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.
- (8) Automatic Reenrollees are individuals who had a Marketplace plan selection as of October 31, 2015, and retain coverage without returning to the Marketplace and selecting a plan. A consumer was automatically reenrolled into their 2015 plan or a crosswalked plan if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of a SBM’s deadline for enrollment for January 1, 2016 coverage.
- (9) All of the SBMs using their own Marketplace platforms have processed automatic re-enrollments, including these individuals in plan selection reports. Additionally, most of the SBMs using their own Marketplace platforms removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re-enrollees.
- (10) DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer.
- (11) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were redetermined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.
- (12) Massachusetts, Minnesota, and New York is not able to provide active versus automatic reenrollment breakouts due to system limitations.
- (13) Washington reports all automatically-renewed enrollees as automatic re-enrollments, regardless of whether they returned to the Marketplace and made an active plan selection different from the plan into which they were automatically renewed.
- Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

## APPENDIX TABLE D2

<b>Total Completed Applications and Individuals Who Completed Applications in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1)</b> <i>11-1-15 to 2-1-16</i>		
<b>Description</b>	<b>Total Number of Completed Applications for 2016 Coverage (2)</b>	<b>Total Individuals Applying for 2016 Coverage in Completed Applications (3)</b>
	<b>Number</b>	<b>Number</b>
<b>State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)</b>		
California	3,002,275	5,895,505
Colorado	151,088	304,735
Connecticut (5)	52,080	71,226
District of Columbia (6)	14,361	23,030
Idaho	85,967	194,233
Kentucky	60,031	97,843
Maryland	362,899	756,104
Massachusetts (8)	477,410	855,760
Minnesota	142,573	232,447
New York (9)	N/A	454,051
Rhode Island	64,987	117,122
Vermont (10)	32,880	56,322
Washington	676,718	1,140,717
<b>TOTAL - SBMs Using Their Own Marketplace Platforms</b>	<b>5,123,269</b>	<b>10,199,095</b>

## Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 2-1-16. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

- (3) “Completed Applications for 2016 Coverage” represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.
- (4) “Individuals Applying for 2016 Coverage in Completed Applications” represents the total number of individuals included in Completed Applications that were submitted to the individual market Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP.
- (5) In general, for the SBMs using their own Marketplace platforms, reports for the number of applications submitted and consumers on applications submitted for coverage through the Marketplace include all individuals applying for a QHP and Medicaid/CHIP. For states where the total number of individuals applied is less than individuals assessed eligible, automatic re-enrollees and/or re-enrollees with applications prior to 11/1/15 are not included in application reports but are included in eligibility and plan selection reports. The SBMs using their own Marketplace platforms commonly do not include individuals applying only for Medicaid/CHIP in the eligibility determination metrics.
- (6) Connecticut does not include individuals reenrolling for 2016 coverage in their count of applications.
- (7) DC’s current report of applications only includes a subset of enrollees applying for a QHP (those with financial assistance and a small number of those without financial assistance) and individuals applying to Medicaid/CHIP.
- (8) Kentucky’s data for completed applications includes applications occurring during November 1, 2015-December 31, 2015 for 2015 coverage in accordance with special enrollment provisions, as well as applications for 2016 coverage and SADP enrollments because of system limitations that do not differentiate the special enrollments at the application level. Additionally, Kentucky does not include automatic re-enrollees in their reports of total individuals applying.
- (9) Massachusetts’ application and QHP eligibility data contains duplicates. Massachusetts believes as much as 5% of its reported application data is duplicate records. Massachusetts is working to develop a process to systematically remove these duplicates.
- (10) New York is not able to report the number of applications completed. New York’s number of individuals applying for coverage includes individuals applying for all Marketplace programs (QHP, Medicaid/CHIP, and BHP) on or after 11/1/2015, but does not include individuals who renewed their coverage.
- (11) Application data for Vermont includes individuals applying for a separate dental plan, as Vermont does not have a separate dental application. Additionally, Vermont includes re-enrollees in reports of application and eligibility data reports. Due to the processes required to renew individuals, Vermont began processing renewals prior to November 1, thereby the cumulative data reported here is for the period 10/20/2015 – 12/26/2015.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D3

<b>Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1)</b> <i>11-1-15 to 2-1-16</i>				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2015 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
<b>State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms</b>				
California (6) (7)	1,974,209	1,639,675	843,919	1,575,340
Colorado (8) (9)	264,272	104,394	58,026	150,769
Connecticut (10)	154,237	115,225	304,558	116,019
District of Columbia (7) (11)	2,426	1,023	19,991	22,693
Idaho (8) (12)	191,528	157,050	389,040	101,073
Kentucky (8) (9)	260,490	129,275	516,743	93,666
Maryland (8)	261,272	151,425	283,220	162,177
Massachusetts (7) (13)	507,699	324,021	330,498	213,883
Minnesota (7) (14)	87,877	53,735	109,351	83,507
New York (9) (15) (16)	470,646	182,948	264,091	271,964
Rhode Island (15)	49,180	39,724	57,876	34,670
Vermont (7) (17)	46,863	23,250	10,869	29,440
Washington (18)	253,861	184,102	826,646	200,691
<b>TOTAL - SBMs Using Their Own Marketplace Platforms</b>	<b>4,524,560</b>	<b>3,105,847</b>	<b>4,014,828</b>	<b>3,055,892</b>

## Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 2-1-16. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

- (2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.
- (3) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace” (i.e., enrollment through the Marketplaces for a 2016 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, regardless of whether they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).
- (4) “Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance” (i.e., enrollment through the Marketplace for a 2016 Marketplace plan with Financial Assistance) represents the total number of individuals determined eligible to enroll through the Marketplace in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR) for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplace and updated their information). These individuals may or may not have enrolled in coverage by the end of the reference period. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections with financial assistance (which includes automatic reenrollees).
- (5) “Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace” represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP based on their modified adjusted gross income (MAGI). In some states, completed applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these “assessment states” the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP eligibility determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency’s final eligibility determination, if applicable. These data may vary from accounts transferred via “flat file” to states by the FFM. Quality assurance continues on Medicaid assessments and determinations. Note: Marketplace Medicaid/CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on Medicaid.gov) which covers data through October 2015. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid/CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.
- (6) “Individuals With 2016 Marketplace Plan Selections” represents the total number of individuals determined eligible to enroll in a plan through the Marketplace” who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re-enrollees. DC does not remove cancellations and terminations from plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. Plan selection data for all states includes automatic re-enrollees.
- (7) California, DC, Massachusetts, Minnesota, and Vermont do not remove cancellations and terminations from their reports of eligibility data.
- (8) Colorado, Idaho, Kentucky, and Maryland remove cancellations and terminations from their reports of eligibility data.
- (9) Connecticut only includes individuals with active eligibility determinations, removing individuals with expired coverage and individuals who fail to verify their eligibility.
- (10) For this report, DC is only reporting a subset of new enrollees assessed eligible for a QHP (those with financial assistance and a small number of those eligible without financial assistance) for total eligible for a QHP.

(11) Idaho only reports a weekly total of individuals assessed eligible for Medicaid/CHIP instead of a cumulative total from 11/1/15, as the Department of Health and Welfare's system tracks each assessment instead of each individual with an assessment. Therefore, Idaho's data would potentially include duplicates.

(12) Massachusetts' eligibility data includes members re-determined eligible for 2016 coverage as part of their redetermination/renewal process. An active process is in place to remove those duplicates, which includes member outreach and active termination of duplicate coverage spans.

(13) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(14) New York and Rhode Island only remove individuals no longer determined eligible after redetermination processes from their eligibility data.

(15) New York's reports of total eligible to enroll in a Marketplace plan for NY data represents only the number of individuals eligible for a QHP, not for all Marketplace programs. New York eligibility data for Medicaid/CHIP represents individuals receiving the first eligibility determination on or after 11/1/2015. Reported totals do not include renewals or other eligibility determinations before 11/1/2015. New York's total QHP plan selection data represents new and re-enrollee plan selections submitted on or after 11/1/2015.

(16) Vermont includes reenrollees in reports of eligibility data reports. Due to the processes required to renew individuals, Vermont began processing renewals prior to November 1, thereby the cumulative data reported here is for the period 10/20/2015 – 12/26/2015.

(17) Washington does not remove terminations from its reports of eligibility data, but removes cancellations. Washington's relatively high number of Medicaid/CHIP assessments is due to the processing of redeterminations and renewals prior to the first data report of open enrollment (renewals/redeterminations occurred 11/1/15). This data is processed the first of each month, and Washington typically has higher Medicaid/CHIP eligibility determinations than most other states.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D4

<b>Marketplace Plan Selections by Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1)</b> <i>11-1-15 to 2-1-16</i>					
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) <i>(% of Available Data, Excluding Unknown)</i>		
			With Financial Assistance	Without Financial Assistance	With APTC (non-add)
	Number	Number	%	%	%
<b>State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (5)</b>					
California	1,575,340	1,575,340	87%	13%	87%
Colorado (7) (8)	150,769	150,769	61%	39%	61%
Connecticut	116,019	116,019	78%	22%	78%
District of Columbia (6)	22,693	22,693	6%	94%	N/A
Idaho	101,073	101,073	83%	17%	83%
Kentucky (8) (9)	93,666	93,657	67%	33%	67%
Maryland	162,177	162,177	70%	30%	70%
Massachusetts (10)	213,883	213,883	78%	22%	78%
Minnesota (11) (12)	83,507	N/A	N/A	N/A	N/A
New York (8) (12)	271,964	271,964	54%	46%	54%
Rhode Island	34,670	34,670	87%	13%	87%
Vermont	29,440	29,440	69%	31%	69%
Washington (13)	200,691	200,691	70%	30%	N/A
<b>TOTAL – SBMs Using Their Own Marketplace Platforms</b>	<b>3,055,892</b>	<b>2,972,376</b>	<b>78%</b>	<b>22%</b>	<b>73%</b>

## Notes:

General: “N/A” means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not



considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.

(6) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic reenrollments, including these individuals in plan selection reports. The SBMs are unable to report data on CSR Only.

(7) DC reported only "Total enrolled (plan selection) with financial assistance: APTC+CSR's," and Washington reported only "Total enrolled (plan selection) with financial assistance: APTC Only." These states are not able to differentiate the type of financial assistance an individual receives and so report all individuals in one total.

(8) Colorado continues to perform query updates and data reconciliations. Therefore, values reported in subcategories may not sum to their respective reported totals. This may also be due to data lags or data items missing on applications.

(9) Kentucky is working to reconcile its reported breakouts with its reported total plan selections. Therefore, values reported in subcategories do not sum to their respective reported totals.

(10) Minnesota reports plan selection by financial assistance data at a household level and is not able to differentiate APTCs from CSRs. Through February 1, 2016, Minnesota reported 39,425 households had plan selections with financial assistance.

(11) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(12) During open enrollment, enrollees can edit their application, potentially changing their financial assistance eligibility. In Washington, when enrollees make a change after the 23rd of the month, the change takes effect the next month of coverage, leaving the enrollee with two different selections during the reporting period. This results in the breakouts summing to a total slightly more than total plan selection for Washington. These records are gradually reconciled during ongoing data cleaning processes.

.Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D5

<b>Marketplace Plan Selection by Age in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1)</b> <i>11-1-15 to 2-1-16</i>										
Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
		Number	%	%	%	%	%	%	%	%
<b>State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)</b>										
California	1,574,205	5%	11%	17%	15%	23%	27%	1%	28%	33%
Colorado (5)	150,769	12%	8%	18%	16%	19%	27%	0%	26%	38%
Connecticut	116,019	7%	10%	16%	14%	23%	29%	1%	26%	33%
District of Columbia	22,693	9%	6%	37%	21%	14%	12%	1%	43%	52%
Idaho	101,073	12%	12%	18%	17%	17%	24%	0%	30%	42%
Kentucky (5)	93,666	11%	8%	15%	15%	20%	31%	1%	23%	33%
Maryland	162,177	6%	10%	20%	18%	21%	23%	2%	30%	37%
Massachusetts (6)	213,883	4%	10%	22%	19%	22%	23%	1%	32%	36%
Minnesota (7)	83,507	10%	6%	14%	13%	18%	38%	0%	21%	31%
New York (5)	271,964	4%	8%	20%	17%	22%	28%	1%	28%	31%
Rhode Island	34,670	5%	11%	18%	17%	22%	27%	1%	28%	33%
Vermont	29,438	6%	9%	14%	14%	22%	35%	1%	22%	28%
Washington	200,691	5%	8%	18%	17%	20%	31%	1%	26%	30%
<b>TOTAL - SBMs Using Their Own Marketplace Platforms</b>	<b>3,054,755</b>	<b>6%</b>	<b>10%</b>	<b>18%</b>	<b>16%</b>	<b>22%</b>	<b>27%</b>	<b>1%</b>	<b>28%</b>	<b>34%</b>

## Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

- (4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.
- (5) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.
- (6) California's data source contains unknown age plan selections that California is working to manually process. Therefore, reported plan selection breakouts do not sum to reports of total plan selections.\* Colorado continues to perform query updates and data reconciliations. Therefore, values reported in subcategories may not sum to their respective reported totals. This may also be due to data lags or data items missing on applications.
- (7) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.
- (8) Vermont is working to reconcile its reported breakouts with the total reported for plan selections.
- Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D6

<b>Marketplace Plan Selection by Gender in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1)</b> <i>11-1-15 to 2-1-16</i>				
<b>Description</b>	<b>Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)</b>	<b>Plan Selections With Available Data on Gender (3)</b>	<b>By Gender</b> <i>(% of Available Data, Excluding Unknown)</i>	
			<b>Females</b>	<b>Males</b>
	<b>Number</b>	<b>Number</b>	<b>%</b>	<b>%</b>
<b>State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)</b>				
California (4)	1,575,340	1,574,078	51%	49%
Colorado	150,769	150,762	51%	49%
Connecticut	116,019	116,019	53%	47%
District of Columbia (5)	22,693	22,693	52%	48%
Idaho (8)	101,073	101,073	54%	46%
Kentucky	93,666	93,666	54%	46%
Maryland (8)	162,177	162,177	54%	46%
Massachusetts (8)	213,883	213,883	54%	46%
Minnesota (5)	83,507	83,507	52%	48%
New York (5)	271,964	271,964	50%	50%
Rhode Island	34,670	34,670	54%	46%
Vermont	29,440	29,440	52%	48%
Washington (5)	200,691	200,691	54%	46%
<b>TOTAL - SBMs Using Their Own Marketplace Platforms</b>	<b>3,055,892</b>	<b>3,054,623</b>	<b>52%</b>	<b>48%</b>

## Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.

(6) California's data source contains unknown gender plan selections that California is working to manually process. Therefore, reported plan selection breakouts do not sum to reports of total plan selections.

(7) Colorado continues to perform query updates and data reconciliations. Therefore, values reported in subcategories may not sum to their respective reported totals. This may also be due to data lags or data items missing on applications.

(8) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D7

Marketplace Plan Selection by Metal Level in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) 11-1-15 to 2-1-16							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
<b>State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms</b>							
California	1,575,340	1,574,332	27%	63%	5%	4%	1%
Colorado (6) (7)	150,769	150,769	45%	44%	7%	1%	3%
Connecticut	116,019	116,019	23%	61%	12%	1%	2%
District of Columbia	22,693	22,693	28%	31%	20%	15%	6%
Idaho	101,073	101,073	23%	68%	8%	0%	1%
Kentucky (7)	93,666	93,666	27%	60%	11%	1%	1%
Maryland	162,177	162,177	23%	64%	10%	1%	2%
Massachusetts (8)	213,883	55,371	14%	55%	18%	11%	1%
Minnesota (9)	83,507	83,507	46%	36%	17%	0%	1%
New York (7) (9)	271,964	271,964	26%	42%	14%	16%	2%
Rhode Island	34,670	34,670	19%	70%	11%	0%	0%
Vermont (10)	29,440	29,440	20%	59%	10%	10%	1%
Washington (11)	200,691	200,691	35%	56%	8%	0%	1%
<b>TOTAL - SBMs Using Their Own Marketplace Platforms</b>	<b>3,055,892</b>	<b>2,896,372</b>	<b>28%</b>	<b>59%</b>	<b>8%</b>	<b>4%</b>	<b>1%</b>

## Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

- (4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.
- (5) The subtotals for each metal tier type may not sum to the total number of Plan Selections with Available Data on Metal Level due to instances where consumers selected more than one plan type in their state. As a result, the corresponding percentages also may not sum to 100 percent.
- (6) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.
- (7) California's data source contains unknown metal level plan selections that California is working to manually process. Therefore, reported plan selection breakouts do not sum to reports of total plan selections.
- (8) Colorado is actively developing queries to provide SADP data. As of January 31, 2016, Colorado has enrolled 25,402 individuals in dental plans. Colorado continues to perform query updates and data reconciliations. Therefore, values reported in subcategories may not sum to their respective reported totals. This may also be due to data lags or data items missing on applications.
- (9) Massachusetts' 158,512 members reported as unknowns are enrolled in their Connector Care program. Connector Care plans are closest to silver tier plans but their "value" is greater than that of a silver tier plan (the standardized benefits provided by Connector Care plans are richer than the benefits available in a standard silver plan). Members do not elect this tier of plan but are determined Connector Care eligible and offered this tier of plan if/when they are determined income eligible. Since the result is not determined by member behavior but by program determination placing enrollees into plans not entirely comparable to the metal level breakouts, Massachusetts reports these individuals as unknown.
- (10) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.
- (11) Vermont is working to reconcile its reported breakouts with its reported total plan selections. Therefore, values reported in subcategories do not sum to their respective reported totals.
- (12) During open enrollment, enrollees can change their plan (and subsequently metal level). In Washington, when enrollees make a change after the 23rd of the month, the change takes effect the next month of coverage, leaving the enrollee with two different selections during the reporting period. This results in the breakouts summing to a total slightly more than total plan selection for Washington. These records are gradually reconciled during ongoing data cleaning processes.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

## APPENDIX E: TECHNICAL NOTES

We believe that the information contained in this issue brief provides the most systematic summary of enrollment-related activity in the Marketplaces during the 2016 Open Enrollment period because the data for the various metrics are counted using comparable definitions for data elements across states, and Marketplace platforms. However, data for certain metrics may not be available due to information system issues.

The following section provides additional information about the metrics used in this enrollment report, in addition to the information that is included elsewhere in the footnotes of the tables in this report.

### Additional Information About the Metrics Used in this Marketplace Enrollment Report

**Reporting of Data on Activity Relating to the 2016 Marketplace Coverage Year** – Except where otherwise noted, this report includes enrollment-related data on activity related to the 2016 Marketplace coverage year. The data that are being reported for 11-1-15 to 2-1-16 do not include activity associated with individuals who may have applied for and/or qualified for a Special Enrollment Period for 2015 Marketplace coverage.

**Reporting Period** – This report includes data that are currently available on enrollment-related activity during the 2016 Open Enrollment period – which generally corresponds with data from 11-1-15 to 2-1-16, except in the cases of California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington. The following table shows how the reporting periods for the data in this report compare with those for the most recent Weekly Enrollment Snapshot.

**Appendix Table E1**

Marketplace Type	Reporting Period (1)
States Using the HealthCare.gov Marketplace Platform (38 states)	11-1-15 to 2-1-16
State Based Marketplaces (SBMs) Using Their Own Marketplace Platform (13 states)	
9 States: California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, Washington	11-1-15 to 1-31-16
4 States: Colorado, Connecticut, Massachusetts, Minnesota	11-1-15 to 2-1-16

Note: (1) For purposes of the Final Enrollment Report, an effort was made to align the reporting periods for the HealthCare.gov states and SBMs using their own Marketplace platforms with the reporting periods for the data that were included in the Week 13 CMS Marketplace Enrollment Snapshot (which can be accessed at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>).

### **2016 Plan Selections Through the Marketplaces (also known as Marketplace Plan Selections)**

– Represents cumulative data on the number of unique individuals who have selected or been automatically enrolled in a 2016 plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. These data represent the number of individuals with active plan selections for a Marketplace medical plan as of the reporting date. These data do not



include stand-alone dental plan selections. These data also do not include any individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces.

Additionally, in the data for the HealthCare.gov states, individuals whose Marketplace coverage has been cancelled or terminated are not included in the total number of Marketplace plan selections. Because of further automation in communication with issuers, the number of net plan selections reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment after the end of Open Enrollment. As a result, there may also be a smaller difference this year between plan selections at the end of Open Enrollment and subsequent effectuated enrollment, although some difference will remain because plan cancellations related to non-payment of premium will frequently occur after the end of Open Enrollment.

For the SBMs that are using their own Marketplace platforms, Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections for all but two states (Minnesota and DC). DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota.

We are using the term “active Marketplace plan selections” to signify that the total number of Individuals Who Have Selected a Marketplace Plan that is reported in the Marketplace enrollment reports excludes data for plan selections that have been cancelled or terminated. For example, if an individual selected a Marketplace plan during the first week of the open enrollment period, but selected a different plan during the third week of the open enrollment period, the active plan selections total would only include data for the most recent plan selection. This is consistent with the way that the Marketplace plan selection data were reported in the previous enrollment reports for the 2014 and 2015 Open Enrollment periods.

*Note: The majority of the SBMs expect their plan selection values to change as individuals not able to complete enrollment by 11:59pm on 1/31/16 (those “in-line”) are provided extra time to enroll, mainly through call centers/assistants. California (2/6), Colorado (2/2 if demand is high enough), Connecticut (for a few days), DC (2/2), Idaho (2/15), Kentucky (2/15), Maryland (2/6 for exceptional circumstances), Massachusetts (case-by-case basis), Minnesota (for a few days), Rhode Island (2/8), Vermont (case-by-case basis), and Washington (2/7 for individuals in the queue as of Sunday night) allow for plan selections for special circumstances through the dates noted in parentheses after the state name.*

**Definitions of “New” and “Reenrolling” Consumers** – The enrollment report distinguishes plan selections by new consumers from plan selections by those who are reenrolling in Marketplace coverage:

- “**New Consumers**” are those individuals who selected a 2016 plan through the

Marketplaces (with or without the first premium payment having been received directly by the issuer) and did not have an active 2015 Marketplace plan selection as of November 1, 2015. These data do not include stand-alone dental plan selections. These data also generally do not include any individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). Additionally, in the data for the HealthCare.gov states and most states using their own platforms, individuals who have cancelled or terminated their Marketplace plans are not included in the total number of Marketplace plan selections.

Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, their 2015 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.

- **“Consumers reenrolling in coverage through the Marketplaces”** are those individuals who had Marketplace plan selection as of November 2015 (or as of 10-31-15 for SBMs using their own Marketplace platforms), and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan, or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This category is consistent with the “consumers renewing coverage” category that is included in the CMS Weekly Enrollment Snapshots. Consumers reenrolling in coverage through the Marketplaces includes the following two categories:
  - **Consumers who are Actively Reenrolling in Marketplace Coverage** – People who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan. A consumer is considered to have actively selected a plan, if they are a consumer with coverage in 2015 who came back, updated their application and selected a plan. The consumer could have actively selected their 2016 plan, decided to choose a new plan from their existing insurer or selected a new plan from a different insurer. A consumer could have actively selected a plan prior to the 12-17-15 deadline or could have come back after being automatically reenrolled and decided to update their information and select a plan; and
  - **Consumers who have been Automatically Reenrolled into Marketplace Coverage (also known as “Automatic Reenrollees”)** – People who had a Marketplace plan selection as of November 2015 (or as of 10-31-15 for SBMs using their own Marketplace platforms), and retain coverage without returning to the Marketplace and

selecting a plan. In the HealthCare.gov states, a consumer was automatically reenrolled into their 2015 plan or a crosswalked plan from their same issuer if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of the 12-17-15 deadline. If the consumer realized after the deadline that there was a better plan for their family or needed to update their information, the consumer could make that change, and would at that point be considered as having actively selected a plan.

The categories of Marketplace plan selection data for the 2016 Open Enrollment period that are included in this report vary by Marketplace type and state:

**Appendix Table E2**

<b>Enrollment Type</b>	<b>States Using Their Own Marketplace Platforms (13 states including DC)</b>	<b>States Using the HealthCare.gov Eligibility and Enrollment Platform (38 states)</b>
New Consumers	Included in this report	Included in this report*
Total Consumers Who Are Reenrolling in Marketplace Coverage	Included in this report	Included in this report
Consumers Who Are Actively Reenrolling in Marketplace Coverage	Included in this report for the following 10 states: CA, CO, CT, DC, ID, KY, MD, RI, VT, and WA	Included in this report
Consumers Who Are Being Automatically Reenrolled into Marketplace Coverage	Included in this report for the following 10 states: CA, CO, CT, DC, ID, KY, MD, RI, VT, and WA	Included in this report

\* Hawaii is generally classifying all of its plan selections as new consumers for operational enrollment and reporting purposes due to a change in Marketplace platform (Hawaii switched to using the HealthCare.gov eligibility and enrollment platform in 2016).

**Automatic Reenrollments** – In this report, data on automatic reenrollments are included in the overall Marketplace plan selection totals for Consumers Who Are Actively Reenrolling in Marketplace Coverage for the 38 HealthCare.gov states and 10 of the SBMs that are using their own Marketplace platforms for 2016 (see Appendix Table D2 for a list of these states). These data represent consumers who had a Marketplace plan selection as of November 2015 (or as of 10-31-15 for SBMs using their own Marketplace platforms), and retain coverage without returning to the Marketplace and selecting a plan because the applicable Marketplace has passively reenrolled them in 2016 Marketplace coverage. It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

**Definition of Active Reenrollees Who Switched Plans** – For purposes of this report, active

reenrollees who switched plans are active reenrollees who have not selected the same plan as for the 2016 coverage year, or a “crosswalked” plan that is offered by the same issuer as their 2015 plan.

**Categories for Reporting State-Level Marketplace Data** – The Health Insurance Marketplace includes the Marketplaces established in each of the states (and the District of Columbia) and run by the state or the federal government. This report addresses the individual market Marketplaces that are using their own Marketplace platforms for the 2016 coverage year, as well as the individual market Marketplaces that are using the HealthCare.gov Marketplace eligibility and enrollment platform for eligibility and enrollment for the 2016 coverage year (data for the small group Marketplace, also known as SHOP, are not included in this report).

Marketplace enrollment-for the 2016 Open Enrollment period, will be reported based on the following two major categories:

- **State-Based Marketplaces (SBMs) Using Their Own Marketplace Platform** – 13 states (including DC):

California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, and Washington.

- **States Using the HealthCare.gov Eligibility and Enrollment Platform** – 38 states, including:
  - **State-Based Marketplaces Using the HealthCare.gov eligibility and enrollment platform** – 4 states

Hawaii, Nevada, New Mexico, and Oregon (*Note: one of these states (New Mexico) also used the HealthCare.Gov eligibility and enrollment platform during the 2014 Open Enrollment period; however, Nevada and Oregon switched to using the HealthCare.gov eligibility and enrollment platform for the 2015 Open Enrollment period, and Hawaii switched to using the HealthCare.gov eligibility and enrollment platform for the 2015 Open Enrollment period.*).

- **Federally-Facilitated Marketplaces** – 34 states

Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. (*Note: all of these states also used the HealthCare.gov eligibility and enrollment platform during the 2014 and Open Enrollment periods.*)

**Notes on Changes in Marketplace Platforms** – Hawaii switched from using its own Marketplace eligibility and enrollment platform in 2015 to using the HealthCare.gov eligibility and enrollment platform for eligibility and enrollment for 2016 (as a consequence, people who

select 2016 Marketplace plans in Hawaii are generally treated as new consumers for operational enrollment and reporting purposes because the system cannot identify or automatically reenroll individuals who previously had 2015 Marketplace coverage in this state).

***Data on Total Number of Completed Applications and Total Individuals Applying for Coverage in Completed Applications*** – We are showing data on the number of completed applications and the total number of individuals applying for coverage in the completed applications in this report.

This includes a consumer who is on a completed and submitted application or who, through the automatic re-enrollment process (which occurs at the end of December in the states using the HealthCare.gov eligibility and enrollment platform), had an application submitted to a Marketplace using the HealthCare.gov eligibility and enrollment platform. If determined eligible for Marketplace coverage, a new consumer still needs to pick a health plan (i.e., plan selection) and pay their premium to get covered (i.e., effectuated enrollment). Because families can submit a single application, “Total Individuals Applying for Coverage” represents the total number of people on a submitted application (rather than the total number of submitted applications).

***Data on Marketplace Plan Selections with Financial Assistance*** – Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing reduction.

Colorado and Washington’s plan selection breakouts for plan selections with financial assistance slightly differ from the breakouts that were originally submitted by the States. The sum of the original breakouts by financial assistance status exceeded total plan selections due to a lag in timing of running the data for total plan selections and the plan selection breakouts by financial assistance status. As a result, slight adjustments were made to Colorado and Washington’s breakouts of plan selections by financial assistance in order to ensure that they sum to the total plan selection numbers for Colorado and Washington.

***Data on Premium Tax Credits*** – The Affordable Care Act specifies that an individual or family who is eligible for premium tax credits will be required to pay no more than a fixed percentage of their income based on the second-lowest cost silver plan available in the Marketplace in their coverage area. This applicable percentage varies only by household income as a percentage of the Federal Poverty Level (FPL) and does not depend on household members’ ages, the number of people within the household covered through the Marketplace, or Marketplace premiums. The applicable percentage is converted into a maximum dollar amount the household is required to pay annually for the benchmark plan, and the premium tax credit is applied to make up the difference between the maximum dollar amount and the actual premium, if any. The exact dollar amount of the premium tax credit depends on the premium of the second-lowest cost silver plan available to the household and the cost of covering the family members who are seeking Marketplace coverage.

For purposes of this report, an individual qualifying for an advance premium tax credit was defined as any individual with an APTC amount >\$0. Averages in this report refer to plan-selection-weighted averages across individuals with plan selections with advance premium tax

credits in the 38 HealthCare.gov states.<sup>3</sup>

**Data on Characteristics of Marketplace Plan Selections by Metal Level** – For the SBMs using their own Marketplace platforms, the subtotals for each metal tier type may not sum to the total number of Plan Selections with Available Data on Metal Level due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be resolved through data cleanup processes. For the HealthCare.gov states, in instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the “best” plan in order to prevent duplication. Data for stand-alone dental plan selections are shown separately.

**Stand-alone Dental Plan Selections** – Individuals who are shopping for health insurance coverage in the Marketplace have the choice of selecting:

- A medical Marketplace plan with integrated dental coverage,
- A medical Marketplace plan without integrated dental coverage, or
- A medical Marketplace plan and a separate stand-alone dental plan (it is not possible to select a stand-alone dental plan without also selecting a medical plan).

Individuals who have selected both a medical Marketplace plan and a stand-alone dental plan are only counted once in the total Marketplace plan selections metric. However, we report data on total stand-alone dental plan selections separately including combined data for both the “High” and “Low” stand-alone dental plan types (see Appendix Tables A1, A2 and A3).

**Data on Additional Characteristics of Marketplace Plan Selections** – This report also includes data on the characteristics of individuals who have selected a Marketplace plan in the 38 states that are using the HealthCare.gov eligibility and enrollment platform by Race/Ethnicity, Rural Status and Household Income. In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

- **Race/Ethnicity** – The application for Marketplace coverage in the states using the HealthCare.gov eligibility and enrollment platform contains questions on race and on ethnicity, which are both marked as optional. The share of unknown race/ethnicity in Marketplace plan selection data for HealthCare.gov states is higher than in federal survey data,<sup>4</sup> but lower than that reported in administrative data sources in the healthcare industry.<sup>5</sup> Thus, while this information is provided for transparency purposes, its quality

<sup>3</sup> For additional methodological information, see the ASPE Issue Brief “Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits Through January 30 in 37 States Using the HealthCare.gov Platform,” accessed at [http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib\\_APTC.pdf](http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf).

<sup>4</sup> The main Census surveys have missing data on 3 to 5 percent of respondents, and the National Health Interview Survey has missing information for about 5 percent of respondents. (Source: ASPE correspondence with U.S. Census and the National Center for Health Statistics regarding the American Community Survey, the Current Population Survey, and the National Health Interview Survey; February 2014.)

<sup>5</sup> For example, a study of administrative data from the Department of Veterans Affairs found that race/ethnicity information was missing from files for 36 percent of patients. Additionally, as of 2008, commercial plans that collected race and ethnicity data only had information for about 40 percent of their members. The health insurance company Aetna, which began collecting data on race and ethnicity for all its members in 2002 via enrollment forms, currently has information on race/ethnicity for about 35

is low and its use should be limited. For example, it is also important to note that the racial/ethnic makeup of the individuals with unknown race and ethnicity who selected a Marketplace plan in the HealthCare.gov states may differ substantially from that among those who reported race and ethnicity. For example, if racial and ethnic minorities are more likely to skip the optional questions, they would be disproportionately under-reported in the overall totals.<sup>6</sup> CMS has updated the methodology for identifying Latinos applying for 2016 coverage by incorporating the selection of “Other” ethnicity as Latino. Specifically, all consumers who selected “Other ethnicity” on their application are now counted as Latino. Latino ethnicity is indicated when Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and/or Other is selected. This has led to an increase in the number of reported Latinos compared to previous years.

- **Rural Status** – The proportion of Marketplace plan selections in rural areas was derived by aggregating data for Marketplace plan selections with valid ZIP Code information based on the HHS Office of Rural Health Policy’s (ORHP) most current list of Rural Designated ZIPs, which has been updated using the 2010 Census data.
- **Household Income** – Household Income represents the individual’s household income as a percentage of the Federal Poverty Level. The 2015 Federal Poverty Guidelines, which are used in determining premium tax credits for 2016 coverage, can be accessed at <http://aspe.hhs.gov/poverty/15poverty.cfm>.

**Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace** – Marketplace Medicaid & CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on [www.Medicaid.gov](http://www.Medicaid.gov)). Some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid & CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

**Appendix Table E3**

Metric	Number of States Reporting Data for this Metric
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percent of its membership. (Sources: Nancy R. Kressin, Bei-Hung Chang, Ann Hendricks, and Lewis E. Kazis, “Agreement between administrative data and patients’ self-reports of race/ethnicity,” *American Journal of Public Health*, vol. 93, no. 10 (2003), p. 1734-1739); José J. Escarce, Rita Carreón, German Veselovski, and Elisa H. Lawson, “Collection of race and ethnicity data by health plans has grown substantially, but opportunities remain to expand efforts,” *Health Affairs*, vol. 30, no. 10 (2011); and Aetna, “Aetna’s Commitment,” accessed April 25, 2014. Available at: <http://www.aetna.com/about-aetna-insurance/initiatives/racial-ethnic-equality/index.html>.

<sup>6</sup> For additional information on the methodology that was used to analyze the characteristics of individuals who selected a Marketplace plan in the HealthCare.gov states by race/ethnicity, please refer to Appendix C in the 2014 Marketplace Summary Enrollment Report, which can be accessed at [http://www.aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib\\_2014Apr\\_enrollment.pdf](http://www.aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf).

<b>Metric</b>	<b>Number of States Reporting Data for this Metric</b>
Visitors to the Marketplace Websites	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Calls to the Marketplace Call Centers	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Completed Applications	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Rhode Island, Vermont, Washington
Individuals Applying for Coverage in Completed Applications	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan with Financial Assistance	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals with 2016 Marketplace Plan Selections	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Enrollment Type (New Consumers, Total Reenrollees)	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Reenrollment Type (Active Reenrollees, Automatic Reenrollees)	10 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Financial Assistance Status	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Age	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Gender	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Metal Level	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington

**Impact of Basic Health Plan Enrollment** – Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states.

New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined



eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

The following is a summary of enrollment data for New York's Essential Plan.

**Appendix Table E4**

<b>Enrollment Data for New York's Essential Plan</b>	<b>Number 11-1-15 to 1-31-16</b>
Total Enrollees	379,559
Female	204,777
Male	174,782
Age < 18	0
Age 18-25	53,644
Age 26-34	89,197
Age 35-44	79,054
Age 45-54	83,165
Age 55-64	74,499
Age ≥65	0

**Effectuated Enrollment** – Data on effectuated enrollment for the 2016 Open Enrollment period are not yet available. Therefore, the enrollment data in this report are generally based on pre-effectuated enrollment (plan selections). However, one state, Washington, has reported data on effectuated enrollment.