



RESEARCH REPORT

# Changes in Marketplace Premiums and Insurer Participation, 2022–2023

*John Holahan*  
*April 2023*

*Erik Wengle*

*Claire O'Brien*





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# Acknowledgments

This report was funded by the Robert Wood Johnson Foundation. The views expressed do not necessarily reflect the views of the foundation.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at [urban.org/fundingprinciples](http://urban.org/fundingprinciples).

The authors are grateful to Jessica Banthin and Kevin Lucia for their insightful insights and to Rachel Kenney for editorial assistance.

# Executive Summary

In this report, we examined changes in ACA Health Insurance Marketplace premiums in 2023 for the nation and each state, including Washington, DC. We used regression analysis to explain the variation and growth in benchmark premiums between 2022 and 2023 for 503 rating regions in 33 states. We then looked at changes in insurer participation in 43 rating regions in 28 states. Finally, we analyzed detailed data on these rating regions, focusing on changes in premiums and insurer participation at the local level.

We found that premiums are greatly affected by the number of insurers competing in the rating region: the more insurers, the lower the benchmark premiums, and vice versa. For example, a region with one or two insurers had premiums that averaged \$128 and \$119 higher than regions with five or more insurers. The presence of Medicaid insurers (formerly Medicaid-only insurers such as Centene, Molina, Health Net, and CareSource), Kaiser Permanente, and provider-sponsored insurers (including the University of Pittsburgh Medical Center, Boston Medical Center, US Health and Life, SelectHealth, Geisinger, and Innovation) also reduce benchmark premiums. States with reinsurance waivers have lower published premiums because insurers receive some reinsurance payments in lieu of premium payments. Further, states that have adopted a state-based Marketplace tend to have lower premiums. Benchmark premiums also tend to be lower in urban areas, where more insurers typically participate, all else being equal.

Focusing on premium increases between 2022 and 2023, we found that increases in the number of insurers in the rating region were associated with smaller increases in benchmark premiums. Moreover, rating regions in states with Medicaid expansion, state-based Marketplaces, and reinsurance programs also had smaller premium increases.

Examining changes in insurer participation, we found increased entry among major commercial insurers such as UnitedHealthcare, Aetna, Cigna, and Oscar in the last seven years. This growth follows earlier years in the ACA when Medicaid insurers expanded their participation. We found increases in the number of provider-sponsored plans. We also found considerable movement toward health maintenance organizations (HMOs), including exclusive provider organizations, and other closed network products: almost all benchmark premiums are plans offered by HMOs as opposed to preferred provider organizations (PPOs), point-of-service plans, and other similar network types with out-of-network coverage.

We looked at localities in 43 rating regions in 28 states to focus on changes at the individual market level. We found that Medicaid insurers led by Centene, CareSource, and Molina were almost always among the lowest-cost plans offered in each market in which such a plan participates. Further, most of these urban markets had six or more insurers. The competition has generally resulted in lower premiums. Increased participation by large commercial insurers appears to have a significant effect on benchmark premiums and growth rates. Often, large commercial insurers had participated in the Marketplace earlier but with high premiums; these insurers left but are now reentering with more competitive premiums and, likely, narrower networks.

Finally, rural areas and smaller cities typically have two or three insurers, and many of these markets seem to show genuine competition despite fewer insurers. Some of these markets, however, have a dominant Blue Cross Blue Shield plan, little insurer competition, and high premiums. Insurers in many rural areas and smaller cities, including Blue Cross Blue Shield, face great difficulty in negotiating payment rates with providers, which results in higher premiums.

We conclude that competition in most markets has kept premiums low and annual increases modest, resulting in lower costs for both households and the federal government. This is particularly true in urban markets with several competitors, including Medicaid and provider-sponsored plans. Competition has been less robust in small cities and rural areas. Premiums have been kept low partly because insurers have developed narrow network plans with providers willing to accept lower payment rates. Narrow networks are not necessarily a problem. But the looming issue is whether the resulting low premiums are also associated with provider networks that are in some ways inadequate. Exploring this issue is beyond the scope of this report.

# Changes in Marketplace Premiums and Insurer Participation, 2022–2023

Following years of premium reductions, analysts speculated that Marketplace premiums would increase in 2023, largely because of inflation and uncertainty over the extension of enhanced tax credits from ARPA (the American Rescue Plan Act).<sup>1</sup> We found that in 2023, Marketplace benchmark premiums increased nationally by an average of 3.4 percent. This followed average annual premium reductions of 2.2 percent between 2019 and 2022. The main reasons for the 2023 increase in premiums appear to be the strong economy and related inflationary pressures, the overall increase in health care costs, and potential uncertainty about a changing risk pool.

The unemployment rate averaged less than 4.0 percent in 2022 (3.7 percent in October 2022)<sup>2</sup>, and real gross domestic product increased by 2.9 percent in the third quarter of 2022.<sup>3</sup> Perhaps more important, the consumer price index increased by 7.7 percent in the 12 months ending in October 2022 and is expected to increase by 3.1 percent in 2023.<sup>4</sup> Over this period, however, the medical care component of the consumer price index increased more slowly than the consumer price index itself (5.0 percent).<sup>5</sup> It is impossible to know how insurers account for the high rate of inflation in 2022, both overall and for medical care, and the expectation of lower inflation in 2023. But insurers need to consider underlying economic conditions as well as the competitive pressures they face.

The uncertainty over whether ARPA premium subsidies would be extended or made permanent further complicated insurers' decisionmaking. Extending the subsidies, as in the Inflation Reduction Act, increases the likelihood that healthy people would choose to buy coverage previously deemed unaffordable. A healthier risk pool should lead to lower premiums. Further, spending for outreach and enrollment has greatly increased, which should lead to more enrollment in the Marketplaces.<sup>6</sup> The previous year, 2022, was a record-breaking year for Marketplace enrollment, with more than 14 million people selecting a plan through the Marketplaces before the January 15 deadline (CMS 2022).

Another factor affecting insurers' decisionmaking is the anticipated end of the continuous Medicaid coverage instituted during the COVID-19 public health emergency, perhaps in mid-2023. The effect on the risk pool is uncertain. In general, people losing Medicaid are expected to be relatively healthy. Many of these people are employed and will enroll in employer-sponsored coverage. However, some will enroll in Marketplace coverage (Buettgens and Green 2022).

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With support from the Robert Wood Johnson Foundation, the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of health reform. Through the US Health Reform—Monitoring and Impact project, which began in May 2011, Urban researchers are using microsimulation modeling to project the cost and coverage implications of proposed health reforms, documenting the implementation of national and state health reforms, and providing technical assistance to states. More information and publications can be found at [www.rwjf.org](http://www.rwjf.org) and [www.urban.org](http://www.urban.org).

The continuing effects and associated claims costs from the COVID-19 pandemic could also affect premiums; however, the direction is unclear. On the one hand, service use could increase because medical care was deferred during the pandemic. On the other hand, projected health care costs could fall because fewer people will be sick. Insurers must also account for health consequences as new variants of the COVID-19 virus emerge.

Finally, the number of insurers in the Marketplace has again increased. Competition should dampen benchmark premium increases because insurers that want to maintain market share cannot risk setting premiums too high.

## Methods and Approach

We provide premium and insurer participation data from Healthcare.gov for 33 states and from 18 state-based Marketplace websites. We collect data at the rating region level for more than 503 rating regions to calculate state average benchmark premiums and growth rates from 2022 to 2023. We also show previously published data from 2019 to 2022 for comparison. By weighting by rating region population, we provide state averages of the benchmark premiums, that is, the second lowest cost silver plan premium in the rating region. We use the benchmark premium because it is used to calculate federal premium tax credits, and there is competitive pressure for insurers to be in the lowest two silver options.

Second, we estimate linear regression models to explain variations in benchmark premiums and differences in growth rates among rating regions. In the past, we found that market-level factors such as the number and types of participating insurers are key factors explaining premium variation (Holahan,



Wengle, and O'Brien 2022). We also control for other factors likely to affect Marketplace premiums, specifically Medicaid expansion for childless adults up to 138 percent of the federal poverty level, state-specific community rating, state reinsurance programs, whether a state operates its own state-based Marketplace, and whether the Marketplace serves an urban area. We additionally control for the area wage index.

Our analysis of growth rates focuses on the effect of the number and type of insurers, as well as the increase in the number of insurers from the previous year. We also look at whether rating regions with high premiums would have lower growth rates and vice versa. That is, is there regression to the mean? For more detailed descriptions of the variables included in our regressions, please see appendix A.

Finally, we conclude with a substate-level analysis of participating insurers and the lowest-cost silver premium each offers. We examine 43 selected rating regions in 28 states. These regions reflect geographic diversity, a mix of states with state-based and federally facilitated Marketplaces, and high and low competition based on the number of competing insurers. We use HIX Compare datasets to discern whether each network is an HMO or a PPO. We also used this same data to examine insurer entries and exits between 2017 and 2022.

## Changes in State Average Benchmark Premiums

Table 1 shows state average monthly benchmark premiums for 2023 and changes from 2022 to 2023, as well as the same information for 2019 to 2022. As noted, benchmark premiums increased nationally by 3.4 percent between 2022 and 2023. This followed several years of declining national average premiums (-3.1 percent in 2020, -1.8 percent in 2021, and -1.8 percent in 2022, data not shown). Premium changes varied state to state and within states. Between 2019 and 2022, premiums fell by 2.2 percent on average nationally. We see similar changes in the average lowest-cost silver premium (table A.1).

TABLE 1

## State Average Benchmark Premium for a 40-Year-Old Nonsmoker and Percent Change, 2019–23

	Benchmark Premium (\$)			Average Annual Change (%)	
	2019	2022	2023	2019–22	2022–23
US average	\$468	\$438	\$453	-2.2	3.4
Alabama	\$544	\$591	\$562	2.8	-4.9
Alaska	\$714	\$717	\$760	0.2	6.0
Arizona	\$463	\$381	\$400	-6.2	4.8
Arkansas	\$380	\$387	\$416	0.7	7.4
California	\$447	\$418	\$427	-2.2	2.3
Colorado	\$496	\$351	\$351	-10.3	0.0
Connecticut	\$472	\$577	\$623	7.3	8.0
DC	\$393	\$387	\$428	-0.4	10.7
Delaware	\$685	\$548	\$549	-6.6	0.1
Florida	\$485	\$458	\$474	-1.9	3.5
Georgia	\$457	\$386	\$402	-5.2	4.3
Hawaii	\$503	\$487	\$471	-1.0	-3.1
Idaho	\$485	\$454	\$419	-2.0	-7.7
Illinois	\$473	\$415	\$453	-4.3	9.4
Indiana	\$338	\$399	\$395	6.0	-1.2
Iowa	\$731	\$454	\$469	-13.9	3.1
Kansas	\$527	\$453	\$465	-4.9	2.7
Kentucky	\$432	\$405	\$424	-1.9	4.6
Louisiana	\$461	\$511	\$552	3.7	7.9
Maine	\$530	\$426	\$458	-6.9	7.4
Maryland	\$419	\$326	\$333	-8.0	2.2
Massachusetts	\$330	\$400	\$415	6.6	3.6
Michigan	\$373	\$333	\$353	-3.7	6.1
Minnesota	\$333	\$319	\$331	-1.3	3.8
Mississippi	\$522	\$449	\$468	-4.9	4.2
Missouri	\$490	\$447	\$476	-3.0	6.5
Montana	\$553	\$479	\$468	-4.4	-2.4
Nebraska	\$825	\$575	\$545	-11.1	-5.3
Nevada	\$413	\$386	\$388	-2.1	0.7
New Hampshire	\$402	\$309	\$323	-8.2	4.6
New Jersey	\$348	\$422	\$415	6.9	-1.7
New Mexico	\$366	\$393	\$449	2.7	14.5
New York	\$572	\$604	\$621	1.8	2.9
North Carolina	\$609	\$493	\$503	-6.7	2.1
North Dakota	\$396	\$437	\$421	4.9	-3.6
Ohio	\$366	\$372	\$412	0.5	10.6
Oklahoma	\$661	\$452	\$469	-11.8	3.7
Oregon	\$433	\$441	\$454	0.6	3.1
Pennsylvania	\$458	\$444	\$450	-0.9	1.4
Rhode Island	\$336	\$360	\$379	2.4	5.3
South Carolina	\$557	\$446	\$498	-7.1	11.7
South Dakota	\$526	\$571	\$591	2.9	3.3
Tennessee	\$545	\$444	\$474	-6.6	6.6
Texas	\$419	\$417	\$455	-0.1	9.0
Utah	\$540	\$452	\$468	-5.6	3.4
Vermont	\$517	\$749	\$738	15.0	-1.5

	Benchmark Premium (\$)			Average Annual Change (%)	
	2019	2022	2023	2019-22	2022-23
Virginia	\$557	\$450	\$367	-6.9	-18.4
Washington	\$380	\$389	\$386	0.8	-0.8
West Virginia	\$585	\$766	\$835	9.5	9.1
Wisconsin	\$519	\$417	\$445	-7.0	6.8
Wyoming	\$860	\$759	\$802	-3.9	5.7

**Source:** Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

**Notes:** State average is the average of the second-lowest silver premium offered in each rating region. Prices are weighted by rating region population size.

As stated previously, the 2023 increase is likely attributable to the strong economy and rising inflation. Inflation has increased labor costs throughout the economy, and the health care sector is not immune. Insurers need to anticipate an increase in claims costs from rising prices. Insurers, however, are constrained in how much they can raise premiums because of increasing competition and the risk of losing market share if premiums become too expensive. Insurers may also show restraint in raising premiums, expecting healthier risk pools to result from the more generous subsidies in the Inflation Reduction Act and increased outreach. There may also be expectations that the risk pool will improve following the end of the COVID-19 public health emergency. Individuals losing Medicaid and becoming eligible for Marketplace coverage are likely to be low-income workers and healthier than those who remain unemployed or out of the labor force. The increased competition seen in recent years in many markets should also dampen premium increases.

We show in table 1 that the national average benchmark premium was \$453 per month for a 40-year-old nonsmoker. Many states with high benchmarks have fewer insurers competing, while those with low premiums are in highly competitive insurance markets or have a Medicaid insurer (that was formerly a Medicaid-only insurer) participating. The latter typically offer narrow network products at lower premiums. The table also shows 12 states with monthly benchmarks above \$500: Alabama, Alaska, Connecticut, Delaware, Louisiana, Nebraska, New York, North Carolina, South Dakota, Vermont, West Virginia, and Wyoming. (New York and Vermont have community rating, therefore, premiums for a 40-year-old are not strictly comparable with states that use age rating.) Many of the other states have one or two insurers in most rating regions and higher concentrations of hospitals. Conversely, 10 states had premiums below \$400: Colorado, Indiana, Maryland, Michigan, Minnesota, Nevada, New Hampshire, Rhode Island, Virginia, and Washington. Most of these have robust competition among insurers, a Medicaid insurer, or both.

# Understanding Variation and Changes in Premiums

We used regression analysis to determine the association between various factors and both the levels of and the changes in benchmark premiums between 2022 and 2023 (table 2). Factors that could explain the variation of premiums included the participation of different types of insurers (Blue Cross Blue Shield, Medicaid, national insurers such as UnitedHealthcare, Kaiser Permanente, and provider-sponsored plans). We examined the effect of insurer competition measured by the number of insurers participating in the rating region. In this analysis we included the Herfindahl-Hirschman index (HHI), a measure of market concentration, for hospitals. We also included the area wage index; whether the state had expanded Medicaid, used community rating, or employed a reinsurance policy; and whether the rating region was in a state-based Marketplace or an urban area.

The results showed that 2023 benchmark premiums were lower if a Medicaid plan participated in the Marketplace. Similarly, participation by Kaiser Permanente or a provider-sponsored insurer was associated with lower benchmark premiums. Medicaid and provider-sponsored insurers were either attracted to low-cost markets or effectively lower benchmark premiums, perhaps because they often have narrower networks and lower provider payment rates. The latter seems more plausible. We also found that in response to a competing Medicaid insurer, other insurers have negotiated more favorable provider payment rates or narrowed their own networks (Wengle et al. 2020).

**TABLE 2**  
**Regression Coefficients Associated with Benchmark Premium, 2023, and Percent Change in Benchmark Premium Costs, 2022–23, in Rating Region**

	Benchmark premium, 2023 (\$)	Change in benchmark premium, 2022–23 (%)
<b>Type of insurer participating in 2023</b>		
Blue Cross Blue Shield	46.82*	0.173
Medicaid	-50.49***	-0.501
National	-5.543	-3.159***
Kaiser Permanente	-31.43**	-4.946***
Provider (excluding Kaiser)	-26.69***	-1.832**
Local/Regional	6.41	0.329
<b>Number of insurers participating in 2023</b>		
One	127.7***	-1.708
Two	119.3***	0.724
Three	11.2	-1.930*
Four	14.1	0.148
<b>Other factors</b>		
Hospital system Herfindahl-Hirschman Index	0.00114	-3.64e-06
Area wage index	31.40*	1.350
Medicaid expansion status	-12.74	-2.426***

	Benchmark premium, 2023 (\$)	Change in benchmark premium, 2022-23 (%)
Community rated	126.7**	-3.794
Reinsurance 2023	-60.29***	-4.319***
State-based Marketplace in 2023	-32.52***	-1.976**
Urban area	-25.41***	-1.636**
Average monthly unemployment, May 2021–October 2021		1.514***
Increase in number of insurers, 2022–23		-2.768***
2022 benchmark premium		-0.031***
<b>Constant</b>	<b>473.3***</b>	<b>17.24***</b>
<b>N</b>	<b>503</b>	<b>476</b>
<b>R-squared</b>	<b>0.465</b>	<b>0.324</b>

Source: Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

Notes: The benchmark premium and the percentage change in benchmark premium are taken from each rating region. Texas is excluded from the change regression. Robust standard errors were used.

\* $p < 0.10$ ; \*\* $p < 0.05$ ; \*\*\* $p < 0.01$ .

The number of insurers participating in 2023 also mattered. If only one insurer was in the market, premiums were higher by \$128 relative to a market with five or more insurers. The presence of two insurers was associated with benchmark premiums being higher by \$119. The area wage index was positively associated with premiums. Availability of a reinsurance plan or a state-based Marketplace was associated with lower benchmark premiums in a rating region. Being in a Medicaid expansion state was not significantly related to premium costs. Urban rating areas had lower premiums by about \$25, all else being equal.

We found that hospital concentration was not significant. There is a high correlation between hospital and insurer concentration: greater degrees of hospital concentration have no additional measurable effect on Marketplace premiums above insurer concentration. For example, our simple regression of the hospital HHI against the number of insurers found that the HHI is 1,842 points higher in markets with one or two insurers relative to markets with five or more insurers (not shown).<sup>7</sup>

We next looked at changes in benchmark premiums between 2022 and 2023. We used the average monthly unemployment rate from May 2021 to October 2021 as a proxy for the effect of COVID-19 on premiums because the pandemic led to higher unemployment rates. We found that higher unemployment in 2021 was, in fact, associated with higher premiums in 2023. The number of insurers participating was not found to be related to the increase in premiums. We did find that the presence of national insurers, Kaiser Permanente, or provider-sponsored insurers was associated with smaller premium increases.

An increase in the number of insurers in a rating region between 2022 and 2023 was negatively related to the change in premiums. That is, as more insurers entered the market, premium growth decreased. We also found that rating regions in states that had expanded Medicaid, reinsurance policies, and state-based Marketplaces had smaller premium increases. Finally, we found that the 2022 benchmark premium was negatively related to changes in the benchmark premium between 2022 and 2023; that is, areas with high benchmark premiums in 2022 had lower growth rates and vice versa.

## Changes in Insurer Participation

Table 3 shows changes in insurer participation across seven years. We examined 43 rating regions in 28 states. The rating regions tended to be large metropolitan areas, but some smaller markets and rural areas were represented as well. In our selected markets in 2023, the number of insurers grew slightly from 227 in 2022 to 232 in 2023. This was preceded by a large growth in the number of insurers between 2020 (185 insurers) and 2022 (227 insurers).

In 2022, three commercial carriers—Aetna, Cigna, and UnitedHealthcare—increased the number of markets in which they offered plans. This year, we continued to see increases. UnitedHealthcare offered plans in 25 markets in 2023, compared with 3 markets in 2020. Similarly, Aetna increased its participation from 0 markets in 2020 to 12 markets in 2023. Cigna increased from 6 markets in 2020 to 12 markets in 2023. Oscar participated in only 3 markets in 2017 but had increased to 20 markets by 2023. The number of provider-sponsored plans (usually built around hospital systems) also increased, participating in 10 markets in 2020 but 25 in 2023. Blue Cross Blue Shield continued to be present in nearly every market in our sample (37 of 43 markets). Lastly, between 2017 and 2022, the number of markets where Bright Health offered coverage grew. However, by 2023, Bright Health no longer offered plans in any of our selected markets.

**TABLE 3**  
**Insurer Participation in Rating Regions among Select Study Regions, by Insurer, 2017–23**

Insurer	2017	2018	2019	2020	2021	2022	2023
Aetna	2	0	0	0	0	8	12
Anthem	9	4	4	5	7	9	9
Blue Cross Blue Shield <sup>a</sup>	36	36	36	38	38	38	37
Bright Health	0	1	3	6	8	13	0
CareSource	4	4	4	5	5	5	5
Centene (Ambetter, Health Net, Fidelis Care, Coordinated Care)	20	21	22	24	28	30	30
Cigna	5	4	5	6	7	10	12
Humana	6	0	0	0	0	0	2

Insurer	2017	2018	2019	2020	2021	2022	2023
Kaiser Permanente	9	9	9	9	9	9	9
Molina Healthcare	12	10	10	10	10	11	12
Oscar	3	7	11	16	18	21	20
UnitedHealthcare	4	2	3	3	9	19	25
Provider	14	11	11	10	13	19	25
Other	29	27	29	29	33	35	34
<b>Total</b>	<b>153</b>	<b>136</b>	<b>147</b>	<b>161</b>	<b>185</b>	<b>227</b>	<b>232</b>

Source: Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

<sup>a</sup>Blue Cross Blue Shield excludes Anthem.

The design of Marketplaces provides considerable pressure for intense competition. Subsidies are tied to the second lowest cost silver premium—that is, the benchmark plan. Individuals who want a more generous plan, either a more expensive silver plan or a gold or platinum plan, must pay the full marginal cost of the higher premiums. Because Marketplace enrollees are relatively low income, individuals are fairly price sensitive. To compete for market share, insurers must contain costs tightly. Inevitably, lower provider payment rates are achieved by limiting provider networks.

We looked at changes in the type of insurer offerings in two ways. First, how frequently are benchmark plans HMOs, which typically have more narrow networks, or PPOs, which have broader provider networks? Second, three large commercial insurers, Aetna, Cigna, and UnitedHealthcare, had been in the market in 2014 with broad networks and higher-priced products. Most did not achieve significant market share, and many of these insurers left the Marketplaces (Holahan, Elmendorf, and Wengle 2020). But in the last few years, these insurers have reentered many markets with predominantly HMO products, as we will show.

Table 4 shows the importance of HMOs in the Marketplaces. We looked at all 503 rating regions and found that 86.7 percent of the lowest-cost benchmark plans in 2022 were HMOs. Only 13.3 percent were PPOs. Urban areas had a somewhat higher percentage of HMOs than rural areas, but HMOs were still surprisingly abundant in the latter.<sup>8</sup>

**TABLE 4**  
**Type of Lowest-Cost Benchmark Plan, by Region Type, 2022**

*Number and percentage of rating regions*

	Overall		Urban		Rural	
	No.	%	No.	%	No.	%
HMO	435	86.7	272	89.8	163	81.9
PPO	67	13.3	31	10.2	36	18.1

Source: Authors' analysis of 2017 and 2022 Robert Wood Johnson Foundation HIX Compare dataset.

Notes: HMO includes other closed network products such as exclusive provider organizations. PPO includes network types that offer out-of-network coverage such as point-of-service networks.

Table 5 looks at the role of HMOs in a different way, comparing the products offered by Aetna, Cigna, and United Healthcare in 2015 and 2022 in the same selected markets used in table 3. In 2015, both Aetna and Cigna offered mostly PPO products, while United Healthcare offered mostly HMOs but also PPOs in two markets. By 2022, these insurers offered only HMO products in each rating region in our sample in which they participated.

TABLE 5

Plan Type Offered by Commercial Carriers among Select Study Regions, by Insurer, 2015 and 2022

Insurer	2015			2022		
	Insurer is present	Insurer offers HMO	Insurer offers PPO	Insurer is present	Insurer offers HMO	Insurer offers PPO
Aetna	11	4	9	8	8	0
Cigna	8	0	8	10	10	0
UnitedHealthcare	23	21	2	19	19	0

Source: Authors' analysis of 2017 and 2022 Robert Wood Johnson Foundation HIX Compare dataset.

Note: Aetna offered both a PPO and an HMO in some rating regions in 2015.

## State-by-State Changes in Premiums and Insurer Participation

We next provide detailed descriptions of 43 markets in 28 states.<sup>9</sup> All premiums discussed are monthly premiums for a 40-year-old nonsmoker. Several key findings emerged:

1. Medicaid insurers, led by Centene (including subsidiaries Ambetter, Coordinated Care, Fidelis Care, Health Net, and Meridian), as well as other Medicaid plans such as CareSource and Molina, are almost always among the lowest-cost plans offered in each market where such a plan participates.
2. Most of the urban markets have six or more insurers. The competition typically results in lower premiums.
3. In many of these urban markets, several insurers offer similar premiums. This is typical of mature markets in which information about health risk, provider payment rates, and ability to develop provider networks has stabilized.
4. A few markets, such as Boston, New York City, and Long Island, seem to be bifurcated. Some insurers offer narrow network products at low premiums and the rest offer broad network products at high premiums.



5. Many large commercial insurers, including Aetna, Cigna, and UnitedHealthcare, have entered more Marketplaces. In many cases, these insurers participated in the Marketplace previously but with high premiums. They are now reentering with more competitive premiums and likely narrower networks, although data on network breadth are not readily accessible.
6. Rural areas and smaller cities typically have two or three insurers. Yet, many seem to exhibit genuine competition despite having fewer competing insurers. In others, a Blue Cross Blue Shield plan dominates and premiums are high. Even if such markets offer an additional plan, provider relationships of the dominant plan seem to set the market, making it difficult for a competitor to negotiate lower payment rates and offer appreciably lower premiums.
7. Provider-sponsored insurers have increasingly entered the Marketplaces and have done so competitively, as seen in our regression results. In many cases, these insurers are not the benchmark but are still affecting the benchmarks. Some larger provider-sponsored insurers have entered and expanded their presence around the country, including US Health and Life and SelectHealth.

## Alabama (Birmingham and a Selected Rural Region)

The lowest-priced silver plans in Alabama are well above the national average of \$453 (table 6). The same two insurers participated in the Birmingham Marketplace through 2022. Blue Cross and Blue Shield of Alabama has historically been the dominant individual market insurer in the state. In 2023, Bright Health left the market as it did in several other states; UnitedHealthcare entered the Marketplace in 2023 with fairly high premiums. In 2022, Bright had been the lowest-priced silver plan. Blue Cross and Blue Shield now has the lowest-priced silver plan (\$538 per month for a 40-year-old) with a 0.2 percent decrease relative to Blue Cross and Blue Shield’s 2022 lowest silver premium. In the selected rural region, Ambetter entered the Marketplace in 2023 and now offers the lowest-priced silver plan (\$544). Two other insurers participated in this Marketplace, including Blue Cross and Blue Shield of Alabama. The premium for the lowest-cost silver plan available in Birmingham increased in 2023 by 3.1 percent but fell by 5.2 percent in the rural region.

TABLE 6

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Alabama Markets

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
<b>Birmingham</b>					
Blue Cross and Blue Shield of Alabama	\$525	\$539	\$538	1.0	-0.2
UnitedHealthcare	n/a	n/a	\$671	n/a	n/a
Bright Health	\$499	\$522	n/a	2.6	n/a
<b>Percent change in lowest silver premium</b>				<b>1.8</b>	<b>3.1</b>
<b>Selected rural region</b>					
Ambetter of Alabama	n/a	n/a	\$544	n/a	n/a
Blue Cross and Blue Shield of Alabama	\$494	\$574	\$551	5.2	-3.9
UnitedHealthcare	n/a	\$594	\$657	n/a	10.6
<b>Percent change in lowest silver premium</b>				<b>5.2</b>	<b>-5.2</b>
<b>State average (all regions)</b>	<b>\$504</b>	<b>\$568</b>	<b>\$551</b>	<b>4.1</b>	<b>-3.1</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Note: The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Arizona (Phoenix and a Selected Rural Region)

Arizona’s lowest silver premiums are below the national average of \$453 in Phoenix but well above in the rural region (table 7). Eight insurers participated in the Phoenix market. Bright Health left the market, as they did most markets, in 2023, but Imperial Insurance Company entered. The lowest-cost insurer was Banner Health/Aetna, a provider-sponsored insurer (\$359), a newer entrant into the Phoenix market, followed closely by Ambetter (\$364). The increase in the lowest-priced silver plan in Phoenix was 6.0 percent. In the selected rural region, Ambetter remained the lowest-cost insurer with a premium of \$553, well above the lowest premium in Phoenix. Banner Health/Aetna entered the market with a premium of \$578. UnitedHealthcare entered the market in 2023 but with a substantially higher premium of \$671. The lowest silver plan premium available decreased by 2.6 percent in the selected rural region because Ambetter reduced its premiums.

TABLE 7

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Arizona Markets**

Insurer	Lowest Silver Premium			Percent Change		
	2019	2022	2023	Annual average, 2019-22	2022-23	
<b>Phoenix</b>						
Ambetter from Arizona Complete Health	n/a	\$390	\$364	n/a	-6.7	
Banner Health/Aetna	n/a	\$389	\$359	n/a	-7.8	
Blue Cross Blue Shield of Arizona	n/a	\$408	\$420	n/a	2.8	
Bright Health	\$427	\$354	n/a	-5.4	n/a	
Cigna	\$426	\$466	\$459	3.1	-1.4	
Health Net	\$415	n/a	n/a	n/a	n/a	
Medica	n/a	\$401	\$471	n/a	17.6	
Oscar	\$479	\$379	\$389	-6.8	2.7	
UnitedHealthcare	n/a	\$339	\$385	n/a	13.7	
Imperial Insurance Companies, Inc.	n/a	n/a	\$469	n/a	n/a	
<b>Percent change in lowest silver premium</b>				<b>-6.5</b>	<b>6.0</b>	
<b>Selected rural region</b>						
Ambetter from Arizona Complete Health	n/a	\$567	\$553	n/a	-2.6	
Banner Health and Aetna	n/a	n/a	\$578	n/a	n/a	
Blue Cross Blue Shield of Arizona	\$648	\$622	n/a	-1.3	n/a	
UnitedHealthcare	n/a	n/a	\$671	n/a	n/a	
<b>Percent change in lowest silver premium</b>				<b>-4.2</b>	<b>-2.6</b>	
<b>State average (all regions)</b>		<b>\$447</b>	<b>\$376</b>	<b>\$394</b>	<b>-5.6</b>	<b>4.9</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Note: The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Arkansas (Little Rock)

In Little Rock, two insurers—Oscar and the Ambetter product QualChoice Health Insurance—left the market (table 8). Ambetter remains in the state and is the lowest-priced silver plan in 2023 (\$411) despite a 9.8 percent increase. Two other insurers had silver premiums slightly above Ambetter. Because Ambetter was the lowest-priced insurer in both 2022 and 2023, the percentage change in the lowest-priced silver option available was 9.8 percent.

**TABLE 8**

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Little Rock, Arkansas**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
Ambetter	\$363	\$374	\$411	n/a	9.8
Arkansas Blue Cross and Blue Shield	n/a	\$415	\$424	n/a	2.2
Health Advantage	\$423	\$448	\$425	n/a	-5.0
Oscar	n/a	\$412	n/a	n/a	n/a
QualChoice Health Insurance (also Ambetter)	\$381	\$427	n/a	3.9	n/a
<b>Percent change in lowest silver premium</b>				<b>1.2</b>	<b>9.8</b>
<b>State average (all regions)</b>	<b>\$362</b>	<b>\$374</b>	<b>\$411</b>	<b>1.3</b>	<b>9.8</b>

**Source:** “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

**Note:** The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## California (East Los Angeles, San Francisco, and a Rural Region in Northern California)

The East Los Angeles and West Los Angeles markets are similar in terms of insurer participation (table 9). There were few new entrants or exits as California Marketplaces have been stable for several years. In East Los Angeles, the lowest-priced silver plan has been L.A. Care (\$317), a Medicaid insurer. Anthem offered the second lowest insurer premium. Overall, the lowest silver premium available increased by 1.6 percent because of the increase by L.A. Care.

In San Francisco, Health Net (Centene) exited the market, a rare example of a Medicaid insurer leaving a Marketplace. Anthem had the lowest-priced silver plan (\$542) followed closely by Blue Shield of California and Kaiser Permanente. Overall, the lowest-cost silver premium increased by 2.3 percent. Premiums are much higher in San Francisco than in Los Angeles because of difficulties in negotiating rates with providers (Petris 2018).

In the rural northern counties, there were no new entrants or exits. Kaiser Permanente remained the lowest-priced silver plan (\$520) with a 3.1 percent increase. Premiums in the rural regions are well above those in Los Angeles but comparable with those in San Francisco. The statewide average premium (\$412) was below the national average.

TABLE 9

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected California Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
<b>East Los Angeles</b>					
Anthem	n/a	\$327	\$335	n/a	2.5
Blue Shield of California	\$346	\$342	\$369	-0.3	7.8
Health Net	\$337	\$355	\$359	1.8	1.1
Kaiser Permanente	\$404	\$375	\$386	-2.4	3.1
L.A. Care Health Plan	\$338	\$312	\$317	-2.6	1.6
Molina Healthcare	\$391	\$355	\$387	-3.2	9.0
Oscar	\$443	\$396	\$454	-2.9	14.8
<b>Percent change in lowest silver premium</b>				-2.5	1.6
<b>San Francisco</b>					
Anthem	n/a	\$530	\$542	n/a	2.3
Blue Shield of California	\$615	\$537	\$556	-4.2	3.5
Chinese Community	\$532	\$614	\$631	5.1	2.8
Health Net	\$799	\$981	n/a	7.3	n/a
Kaiser	\$546	\$546	\$562	0.0	3.1
Oscar	\$657	\$636	\$721	-0.6	13.5
<b>Percent change in lowest silver premium</b>				-0.1	2.3
<b>Northern counties, rural</b>					
Anthem	\$623	\$526	\$552	-5.3	5.0
Blue Shield of California	\$644	\$555	\$627	-4.7	13.0
Kaiser Permanente	\$494	\$504	\$520	0.8	3.1
<b>Percent change in lowest silver premium</b>				0.8	3.1
<b>State average (all regions)</b>				-1.1	2.9

Source: CoveredCalifornia, <https://www.coveredca.com/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Delaware (Entire State)

Delaware premiums are well above the national average of \$453, even after the state instituted a reinsurance program in 2020 (table 10).<sup>10</sup> Highmark Blue Cross Blue Shield Delaware had been the only insurer in the state market through 2022. In 2023, Aetna and AmeriHealth (a Medicaid insurer) entered the market. Aetna offers the lowest-priced silver plan (\$542), only 0.8 percent above the 2022 Blue Cross Blue Shield premium.

TABLE 10

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Delaware

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
Aetna	n/a	n/a	\$542	n/a	n/a
AmeriHealth Caritas Next	n/a	n/a	\$574	n/a	n/a
Highmark Blue Cross Blue Shield Delaware	\$660	\$538	\$553	-6.0	2.9
<b>Average change in lowest silver premium</b>	<b>\$660</b>	<b>\$538</b>	<b>\$542</b>	<b>-6.0</b>	<b>0.8</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Florida (Miami, Jacksonville, and Tallahassee)

There is a substantial amount of competition in the Florida Marketplaces (table 11). Nine insurers are competing in Miami in 2023. AmeriHealth entered the market in 2023 but Bright Health left, as it did elsewhere. The lowest-priced silver plans are offered by Florida Blue Cross Blue Shield (\$462), followed closely by Aetna, Oscar, and Molina. Overall, there was a 3.4 percent increase in the lowest-priced option.

In Jacksonville six insurers are competing after Bright Health left the market. Ambetter is the lowest-cost silver plan (\$440), followed closely by Aetna, Molina, and Florida Blue Cross Blue Shield and Molina. Overall, the premium for the lowest-cost silver plan increased by 0.5 percent.

In Tallahassee, there are five plans in the Marketplace with no new entrants or exits. The Capital Health Plan has the lowest-priced silver premium (\$438), followed closely by Ambetter and Florida Blue Cross Blue Shield. Overall, the premium for the lowest option available in Tallahassee increased by 2.6 percent.



TABLE 11

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Florida Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
<b>Miami</b>					
Aetna CVS Health	n/a	\$463	\$467	n/a	0.8
Ambetter	\$440	\$452	\$488	0.9	8.0
AmeriHealth Caritas Next	n/a	n/a	\$481	n/a	n/a
AvMed	n/a	\$451	\$575	n/a	27.5
Bright Health	n/a	\$448	n/a	n/a	n/a
Cigna	n/a	\$508	\$488	n/a	-3.9
Florida Blue (Blue Cross Blue Shield of Florida)	\$543	\$447	\$462	-6.1	3.4
Health Options	\$458	n/a	n/a	n/a	n/a
Molina Healthcare	\$568	\$468	\$476	-6.2	1.7
Oscar	n/a	\$451	\$470	n/a	4.2
United Healthcare	n/a	\$458	\$493	n/a	7.7
<b>Percent change in lowest silver premium</b>				<b>0.5</b>	<b>3.4</b>
<b>Jacksonville</b>					
Ambetter	\$462	\$438	\$440	-1.8	0.5
Aetna CVS Health	n/a	n/a	\$452	n/a	n/a
AvMed	n/a	\$500	\$607	n/a	21.3
Bright Health	n/a	\$447	n/a	n/a	n/a
Florida Blue (Blue Cross Blue Shield of Florida)	\$469	\$445	\$479	-1.7	7.7
Health Options	\$515	n/a	n/a	n/a	n/a
Molina Healthcare	\$512	\$454	\$456	-3.9	0.5
Oscar	n/a	\$507	\$554	n/a	9.3
<b>Percent change in lowest silver premium</b>				<b>-1.8</b>	<b>0.5</b>
<b>Tallahassee</b>					
Ambetter	n/a	\$445	\$463	n/a	4.0
Capital Health Plan	n/a	\$427	\$438	n/a	2.6
Cigna	n/a	\$680	\$696	n/a	2.5
Florida Blue (Blue Cross Blue Shield of Florida)	\$662	\$485	\$469	-8.9	-3.3
Oscar	n/a	\$471	\$511	n/a	8.4
<b>Percent change in lowest silver premium</b>				<b>-13.1</b>	<b>2.6</b>
<b>State average (all regions)</b>	<b>\$468</b>	<b>\$454</b>	<b>\$470</b>	<b>-1.0</b>	<b>3.5</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Georgia (Atlanta)

Ten insurers participate in the Atlanta Marketplace (table 12). Georgia’s statewide average benchmark premiums are below the national average of \$453, owing partly to the reinsurance program newly instituted in 2022.<sup>11</sup> Many of these insurers offer silver premiums at prices similar to each other. The lowest-priced silver premium plan is offered by Cigna (\$428), followed closely by Friday Health Plan, Oscar, Kaiser, Aetna, and Ambetter. The lowest-cost option increased overall by 5.7 percent as the lowest-cost silver plan switched from Bright Health (which left the market in 2023) to Cigna.

**TABLE 12**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Atlanta, Georgia**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
Aetna CVS Health	n/a	\$459	\$447	n/a	-2.6
Alliant Health Plans	n/a	\$535	\$543	n/a	1.5
Ambetter	\$440	\$415	\$447	-1.7	7.7
Anthem (Blue Cross Blue Shield of Georgia)	\$438	\$445	\$539	0.5	21.1
Bright Health	n/a	\$405	n/a	n/a	n/a
CareSource	n/a	\$479	\$543	n/a	13.4
Cigna	n/a	\$432	\$428	n/a	-0.9
Friday Health Plan	n/a	\$408	\$429	n/a	5.0
Kaiser Permanente	\$529	\$407	\$438	-8.0	7.7
Oscar	n/a	\$405	\$436	n/a	7.7
UnitedHealthcare	n/a	\$486	\$622	n/a	27.9
<b>Percent change in lowest silver premium</b>				<b>-2.5</b>	<b>5.7</b>
<b>State average (all regions)</b>	<b>\$434</b>	<b>\$384</b>	<b>\$399</b>	<b>-3.7</b>	<b>3.9</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into all silver plans, both on Marketplace and off. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Illinois (Chicago and Springfield)

Seven insurers participate in the Chicago Marketplace (table 13). Aetna entered the Marketplace in 2023 as Bright Health left. The lowest-cost silver plan in this market was offered by Blue Cross Blue Shield (\$375), followed closely by Ambetter and Oscar. Overall, the lowest silver premium available increased by 21.2 percent because of the substantial premium increase by Ambetter (seemingly because its 2022 rate was very low).

In Springfield, premiums were considerably higher than in Chicago. The lowest-cost silver premium is offered by Health Alliance, \$627 compared with \$375 in Chicago. UnitedHealthcare entered the Springfield Marketplace in 2023 but with a very high premium.

TABLE 13

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Illinois Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
<b>Chicago</b>					
Aetna	n/a	n/a	\$409	n/a	n/a
Ambetter	\$368	\$310	\$378	-5.4	22.0
Blue Cross and Blue Shield of Illinois	\$412	\$374	\$375	-2.9	0.2
Bright Health	n/a	\$345	n/a	n/a	n/a
Cigna	\$406	\$431	\$427	2.1	-1.0
Molina	n/a	\$358	\$401	n/a	12.1
Oscar	n/a	\$386	\$385	n/a	-0.3
UnitedHealthcare	n/a	\$349	\$412	n/a	17.9
<b>Percent change in lowest silver premium</b>				<b>-5.5</b>	<b>21.2</b>
<b>Springfield</b>					
Blue Cross and Blue Shield of Illinois	\$557	\$613	\$628	3.3	2.5
Health Alliance	\$583	\$615	\$627	2.1	2.1
UnitedHealthcare	n/a	n/a	\$858	n/a	n/a
<b>Percent change in lowest silver premium</b>				<b>3.4</b>	<b>2.3</b>
<b>State average (all regions)</b>				<b>-2.7</b>	<b>9.1</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Note: The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Indiana (Indianapolis)

The lowest silver premiums in Indianapolis (table 14) and in the state overall were well below the national average of \$453. There are five insurers in the Indianapolis Marketplace following the entrance of Cigna. Cigna also offers the lowest-cost plan (\$385), followed closely by US Health and Life, a provider-sponsored insurer. Surprisingly, the Medicaid insurers Ambetter and CareSource have considerably higher premiums. Because of the entrance of Cigna, the cost of the lowest-priced option available fell by 5.0 percent.

**TABLE 14**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Indianapolis, Indiana**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
Ambetter	\$372	\$428	\$429	5.3	0.3
Anthem	n/a	\$432	\$432	n/a	-0.1
CareSource	\$396	\$417	\$462	1.9	10.8
Cigna Healthcare	n/a	n/a	\$385	n/a	n/a
US Health and Life	n/a	\$405	\$399	n/a	-1.5
<b>Percent change in lowest silver premium</b>				<b>3.2</b>	<b>-5.0</b>
<b>State average (all regions)</b>	<b>\$333</b>	<b>\$392</b>	<b>\$391</b>	<b>5.8</b>	<b>-0.2</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into all Marketplace metal tiers. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Kansas (Wichita)

Six insurers participated in the Wichita market in 2023 (table 15). No insurers left the market, but United Healthcare entered in 2023. The lowest-cost plans were offered by Ambetter (\$423) and US Health and Life (\$443). Overall, there was a reduction of 4.2 percent in the lowest-cost silver plan available.

**TABLE 15**

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Wichita, Kansas**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
Ambetter (Sunflower)	n/a	\$454	\$423	n/a	-6.9
Blue Cross and Blue Shield of Kansas	\$514	\$512	\$612	0.0	19.5
Cigna Healthcare	n/a	\$572	\$690	n/a	20.7
Medica	\$590	\$657	\$787	4.6	19.8
US Health and Life	n/a	\$441	\$443	n/a	0.4
UnitedHealthcare	n/a	n/a	\$554	n/a	n/a
<b>Percent change in lowest silver premium</b>				<b>-4.8</b>	<b>-4.2</b>
<b>State average (all regions)</b>	<b>\$515</b>	<b>\$443</b>	<b>\$460</b>	<b>-4.9</b>	<b>3.7</b>

**Source:** “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

**Note:** The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Maryland (Baltimore)

Premiums in the Baltimore market and in the rest of Maryland are relatively low, owing partly to the state reinsurance program (table 16).<sup>12</sup> The Baltimore Marketplace continues to have the same three insurers, CareFirst Blue Cross Blue Shield, Kaiser Permanente, and UnitedHealthcare. The lowest-cost silver plan remains Kaiser Permanente (\$331) which had a 4.5 percent increase over the previous year.

TABLE 16

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Baltimore, Maryland

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
CareFirst	\$489	\$388	\$400	-7.0	3.2
Kaiser Permanente	\$404	\$317	\$331	-6.4	4.5
United Healthcare	n/a	\$335	\$350	n/a	4.5
<b>Percent change in lowest silver premium</b>				<b>-7.7</b>	<b>4.5</b>
<b>State average (all regions)</b>	<b>\$404</b>	<b>\$317</b>	<b>\$331</b>	<b>-7.7</b>	<b>4.5</b>

Source: Maryland Health Connection.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Massachusetts (Boston)

The lowest silver premiums in Boston and across the state are low by national standards (table 17). The Boston Marketplace has six insurers. The two lowest-cost plans are offered by insurers owned or partnered with safety net hospitals. In 2023, the Tufts Health Plan has the lowest silver premium (\$400), followed closely by BMC HealthNet. All of the other insurers are substantially more expensive, seemingly offering broader network products that have much higher premiums.

TABLE 17

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Boston, Massachusetts**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
AllWays Health Partners	\$512	\$488	\$526	-1.3	7.9
BMC HealthNet	\$323	\$375	\$409	5.1	9.2
Blue Cross Blue Shield	\$579	\$658	\$698	7.8	6.1
Harvard Pilgrim Health Care	\$552	\$595	\$601	2.6	1.1
Tufts Health Plan	\$319	\$398	\$400	7.9	0.7
United Healthcare	\$514	\$646	\$675	6.9	4.4
<b>Percent change in lowest silver premium</b>				<b>5.6</b>	<b>6.7</b>
<b>State average (all regions)</b>	<b>\$322</b>	<b>\$379</b>	<b>\$405</b>	<b>5.7</b>	<b>6.9</b>

Sources: 2019–2020 data taken from the Robert Wood Johnson Foundation’s HIX Compare dataset. 2021–2023 data were gathered from Massachusetts Health Connector.

Note: The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Michigan (Detroit and Flint)

The Michigan markets we examined have several insurers competing, and the state also has low silver premiums (table 18). Detroit has eight insurers with no new entrants or exits from the previous year. The lowest-cost silver plan was offered by Meridian, which is owned by Centene (\$311). Several other insurers—US Health and Life, UnitedHealthcare, Molina, Priority Health, and Blue Care Network of Michigan—offered premiums close to but slightly above Meridian.

In the Flint Marketplace, three new insurers—Molina, US Health and Life, and UnitedHealthcare—entered the market. Flint now has nine insurers. The lowest premium plan is offered by US Health and Life (\$317), followed closely by UnitedHealthcare, Meridian, and Molina. The cost of the lowest silver plan available in Detroit increased by 7.8 percent and in Flint by 10.2 percent despite the large number of competitors. Premiums are low in the state by national standards, therefore, a larger increase is not surprising.



TABLE 18

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Michigan Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
<b>Detroit</b>					
Blue Care Network of Michigan	\$336	\$354	\$351	1.7	-0.6
Blue Cross Blue Shield of Michigan	\$543	\$528	\$527	-0.7	-0.3
McLaren Health Plan Community	\$493	\$548	\$609	3.8	11.1
Meridian (Ambetter)	\$363	\$289	\$311	-7.0	7.8
Molina	\$367	\$322	\$340	-4.1	5.6
Oscar	\$377	n/a	n/a	n/a	n/a
Priority Health	\$333	\$318	\$343	-1.5	7.8
Total Health Care USA	\$321	n/a	n/a	n/a	n/a
US Health and Life	n/a	\$358	\$335	n/a	-6.5
UnitedHealthcare	n/a	\$332	\$349	n/a	5.1
<b>Percent change in lowest silver premium</b>				<b>-3.4</b>	<b>7.8</b>
<b>Flint</b>					
Blue Care Network of Michigan	\$367	\$400	\$406	2.9	1.7
Blue Cross Blue Shield of Michigan	\$528	\$488	\$487	-2.2	-0.3
McLaren Health Plan Community	\$449	\$382	\$435	-5.1	13.8
Meridian Health Plan of Michigan (Ambetter)	\$368	\$288	\$346	-7.6	20.4
Molina	n/a	n/a	\$359	n/a	n/a
Physicians Health Plan	\$364	\$367	\$390	0.3	6.3
Priority Health	\$393	\$368	\$392	-2.0	6.4
Total Health Care USA	\$321	n/a	n/a	n/a	n/a
US Health and Life	n/a	n/a	\$317	n/a	n/a
UnitedHealthcare	n/a	n/a	\$343	n/a	n/a
<b>Percent change in lowest silver premium</b>				<b>-3.6</b>	<b>10.2</b>
<b>State average (all regions)</b>	<b>\$358</b>	<b>\$329</b>	<b>\$348</b>	<b>-2.8</b>	<b>5.6</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Note: The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Minnesota (Minneapolis)

In the Minneapolis Marketplace, premiums are extremely low compared with other states, partly because of the state’s reinsurance policy (table 19). The lowest-cost silver plan is offered by UCare (\$288). There were no new entrants or exits. The cost of the lowest premium plan available increased by less than 1 percent.

**TABLE 19**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Minneapolis, Minnesota**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
Blue Plus	\$309	\$336	\$311	3.0	-7.5
HealthPartners	\$304	\$285	\$305	-2.1	6.7
Medica	\$300	\$291	\$302	-0.9	3.8
UCare	\$282	\$286	\$288	0.7	0.6
<b>Percent change in lowest silver premium</b>				<b>0.5</b>	<b>0.9</b>
<b>State average (all regions)</b>	<b>\$313</b>	<b>\$315</b>	<b>\$325</b>	<b>0.3</b>	<b>3.1</b>

Source: MNsure.

**Notes:** Insurers are instructed to load the cost of cost-sharing reductions into silver marketplace premiums only, although the Basic Health plan minimized the impact. The lowest-cost plan in each year is shaded gray.

## New Mexico (Albuquerque)

In the Albuquerque Marketplace, there were four insurers in 2023 (table 20). Friday Health Plan left the market, as did CHRISTUS Health Plan, Health Connections, and True Health New Mexico. The lowest-cost premiums are those of plans offered by Blue Cross Blue Shield of New Mexico (\$378) and Ambetter, both with premiums under \$400 per month. Because Ambetter was the lowest-cost option in 2022 and had a large (20.3 percent) increase in 2023, the cost of the lowest-cost silver plan increased by 16.5 percent. New Mexico premiums overall had been well below the national average as recently as 2021; the state average of lowest-cost silver premiums is now about equal to the national average.

**TABLE 20**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Albuquerque, New Mexico**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
Ambetter	n/a	\$324	\$390	n/a	20.3
Blue Cross Blue Shield of New Mexico	\$402	\$355	\$378	-3.6	6.3
CHRISTUS Health Plan	\$488	n/a	n/a	n/a	n/a
Friday Health Plan	n/a	\$362	n/a	n/a	n/a
Health Connections	\$342	n/a	n/a	n/a	n/a
Molina Healthcare	\$334	\$372	\$451	4.3	21.3
Presbyterian Health	n/a	\$341	\$508	n/a	48.9
True Health New Mexico	n/a	\$440	n/a	n/a	n/a
<b>Percent change in lowest silver premium</b>				<b>-0.8</b>	<b>16.5</b>
<b>State average (all regions)</b>	<b>\$348</b>	<b>\$372</b>	<b>\$432</b>	<b>2.6</b>	<b>16.1</b>

Sources: 2019 data taken from “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>; 2022–23 data taken from <https://www.bewellnm.com>.

Note: The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## New York (New York City and Long Island)

New York City has several competing insurers (table 21). The lowest-cost plans are those offered by plans that also participate in Medicaid—this includes Fidelis Care, Healthfirst, and MetroPlusHealth. MetroPlusHealth had the lowest premium silver plans in 2022 and 2023 (\$690). Fidelis and Healthfirst had somewhat higher premiums. Overall, because of the large increase by MetroPlusHealth (10.3 percent), the lowest-cost option increased by 10.3 percent. Several plans participate in the New York City market with considerably higher silver premiums than the three that participate in Medicaid. These costlier plans seem to be attempting to reach customers who are interested in broader network products and willing to pay more.

On Long Island, the lowest-priced silver plans are also offered by Medicaid insurers—Fidelis Care (\$661) and Healthfirst. As in New York City, four other insurers offered plans with considerably higher premiums. Because of the increase in premiums by Fidelis, the premium for the lowest option available increased by 10.5 percent in 2023.

The New York City and Long Island markets had larger premium increases than the rest of the state. Statewide, the average increase in the lowest silver premium was 4.1 percent.

TABLE 21

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected New York Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
<b>New York City</b>					
EmblemHealth	\$791	\$951	\$950	6.5	-0.1
Empire Blue Cross Blue Shield (Anthem)	\$905	\$881	\$876	-0.9	-0.6
Fidelis Care	\$598	\$644	\$725	2.5	12.5
Healthfirst	\$581	\$676	\$735	5.3	8.8
MetroPlusHealth	\$591	\$626	\$690	2.0	10.3
Oscar	\$590	\$764	\$904	9.0	18.3
UnitedHealthcare	\$803	\$1,028	\$1,139	8.6	10.7
<b>Percent change in lowest silver premium</b>				<b>2.5</b>	<b>10.3</b>
<b>Long Island</b>					
EmblemHealth	\$900	\$1,082	\$1,081	6.5	-0.1
Empire Blue Cross Blue Shield (Anthem)	\$725	\$789	\$803	2.9	1.9
Fidelis Care	\$562	\$599	\$661	2.1	10.5
Healthfirst	\$617	\$653	\$698	2.0	7.0
Oscar	\$590	\$711	\$803	6.4	13.0
UnitedHealthcare	\$803	\$1,028	\$1,139	8.6	10.7
<b>Percent change in lowest silver premium</b>				<b>2.1</b>	<b>10.5</b>
<b>State average (all regions)</b>				<b>1.7</b>	<b>4.1</b>

Source: New York State of Health.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only, although the Basic Health plan minimized the impact. The lowest-cost plan in each year is shaded gray.

## North Carolina (Charlotte)

The Charlotte Marketplace had five insurers in 2023 following the exit of Bright Health (table 22). The lowest-cost plans are offered by Aetna and Ambetter (\$475 and \$476, respectively). Aetna's 2023 premium was almost identical to the lowest-cost premium in 2022 from Blue Cross and Blue Shield. Thus, there was essentially no increase in the lowest-cost silver plan available in the Charlotte market. The average increase in the lowest-priced silver premiums for the entire state was 1.9 percent.

TABLE 22

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Charlotte, North Carolina**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
Aetna CVS Health	n/a	\$483	\$475	n/a	-1.6
Ambetter of North Carolina	n/a	\$620	\$476	n/a	-23.2
Blue Cross and Blue Shield of North Carolina	\$503	\$475	\$501	-1.4	5.5
Bright Health	n/a	\$475	n/a	n/a	n/a
United Healthcare	n/a	\$632	\$723	n/a	14.5
WellCare of North Carolina	n/a	\$1,235	\$1,187	n/a	-3.9
<b>Percent change in lowest silver premium</b>				<b>-1.0</b>	<b>0.1</b>
<b>State average (all regions)</b>	<b>\$561</b>	<b>\$486</b>	<b>\$495</b>	<b>-4.6</b>	<b>1.9</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the marketplace).

## Ohio (Cleveland and Columbus)

Ohio has low premiums by national standards (table 23). There were seven insurers participating in Cleveland in 2023 with the entrance of UnitedHealthcare. Molina Healthcare was the lowest-cost silver insurer in 2023 (\$381) as it had been in 2022. UnitedHealthcare, CareSource, and Ambetter had slightly higher silver premiums but were relatively competitive with Molina. Because of the large premium increase by Molina, the premium increase for the lowest option available was 19.5 percent.

In Columbus there are six insurers, and have been since 2021. The lowest-cost silver plan is Anthem (\$408), followed closely by Oscar. Surprisingly, the Medicaid insurers are substantially more expensive in the Columbus market. Overall, the cost of the lowest silver plan available increased by 3.2 percent. The average increase in the lowest-priced silver premium statewide was 11.1 percent.

**TABLE 23**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Ohio Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
<b>Cleveland</b>					
Ambetter from Buckeye Health Plan	\$323	\$380	\$430	6.0	13.3
Anthem	n/a	\$483	\$555	n/a	14.8
CareSource	\$371	\$405	\$405	3.1	0.0
Medical Mutual of Ohio	\$360	\$459	\$446	8.7	-2.8
Molina Healthcare	\$366	\$319	\$381	-4.4	19.5
Oscar	\$466	\$490	\$531	1.8	8.3
UnitedHealthcare	n/a	n/a	\$400	n/a	n/a
<b>Percent change in lowest silver premium</b>				-0.4	19.5
<b>Columbus</b>					
Ambetter from Buckeye Health Plan	\$401	\$428	\$482	2.6	12.5
Anthem	n/a	\$430	\$408	n/a	-5.2
CareSource	\$474	\$517	\$625	3.0	20.8
Medical Mutual of Ohio	\$437	\$488	\$479	3.9	-1.7
Molina Healthcare	\$444	\$402	\$497	-3.1	23.6
Oscar	\$382	\$395	\$414	1.3	4.7
<b>Percent change in lowest silver premium</b>				<b>1.3</b>	<b>3.2</b>
<b>State average (all regions)</b>				<b>0.9</b>	<b>11.1</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Oklahoma (Oklahoma City)

In the Oklahoma City Marketplace, there were six participating insurers (table 24). Ambetter entered the market and Bright Health left in 2023. The lowest-cost silver plans now are Oscar (\$473) and Ambetter (\$479). The cost of the lowest option available increased by 7.3 percent.

TABLE 24

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Oklahoma City, Oklahoma

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
Ambetter of Oklahoma	n/a	n/a	\$479	n/a	n/a
Blue Cross and Blue Shield of Oklahoma	\$485	\$541	\$557	3.8	2.9
Bright Health	n/a	\$487	n/a	n/a	n/a
Friday Health Plan	n/a	\$441	\$503	n/a	14.1
Medica	\$686	\$499	\$526	-9.6	5.5
Oscar	n/a	\$480	\$473	n/a	-1.6
UnitedHealthcare	n/a	\$508	\$589	n/a	15.9
<b>Percent change in lowest silver premium</b>				<b>-3.0</b>	<b>7.3</b>
<b>State average (all regions)</b>	<b>\$513</b>	<b>\$447</b>	<b>\$465</b>	<b>-4.5</b>	<b>4.2</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov,

<https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).



## Oregon (Portland)

Premiums in Oregon are around the national average of \$453, partly because of a state-operated reinsurance program (table 25).<sup>13</sup> The Portland Marketplace has had six insurers since 2021. Providence Health Plan (\$424), a local provider-sponsored insurer, and Kaiser Permanente (\$434) have the lowest silver premiums. Regence Blue Cross Blue Shield had a premium only slightly higher than that of Providence Health Plan. Overall, the percent change in the premium for the lowest option available was 4.7 percent.

**TABLE 25**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Portland, Oregon**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
BridgeSpan Health Company	\$420	\$505	\$501	7.0	-0.7
Kaiser Permanente	\$408	\$405	\$434	-0.1	7.2
Moda Health	\$433	\$419	\$454	-0.6	8.4
PacificSource Health Plans	\$425	\$459	\$504	2.9	9.8
Providence Health Plan	\$414	\$415	\$424	0.9	2.2
Regence Blue Cross Blue Shield of Oregon	n/a	\$408	\$426	n/a	4.3
<b>Percent change in lowest silver premium</b>				<b>-0.1</b>	<b>4.7</b>
<b>State average (all regions)</b>	<b>\$424</b>	<b>\$420</b>	<b>\$442</b>	<b>-0.3</b>	<b>5.0</b>

**Source:** “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

**Notes:** Insurers are instructed to load the cost of cost-sharing reductions into all silver plans, both on Marketplace and off. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## **Pennsylvania (Philadelphia, Pittsburgh, and Scranton/Wilkes-Barre)**

The Philadelphia market had four insurers in 2023, as in 2022 (table 26). The lowest-cost options were Independence Blue Cross (\$389) and Ambetter (\$395). There was virtually no change in the lowest-priced silver plan available, which is now Independence Blue Cross rather than Ambetter.

In the Pittsburgh market, there were two insurers that have participated for several years, Highmark Blue Cross Blue Shield and the University of Pittsburgh (UPMC) Health Plan. Premiums were essentially identical—\$349 and \$352, respectively. The lowest available premium in 2023 was 11.9 percent above the previous year.

In the Scranton/Wilkes-Barre area, there were five insurers. The lowest-cost options are Ambetter (\$413) and Oscar. Other insurers are considerably more expensive. Because of the large premium increase by Ambetter, the premium of the lowest option available increased by 22.8 percent. Overall, the lowest-priced silver premium for the entire state increased by only 2.0 percent. Pennsylvania operates a reinsurance program.<sup>14</sup>

TABLE 26

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Pennsylvania Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2021-23
<b>Philadelphia</b>					
Ambetter	\$465	\$386	\$395	-5.8	2.3
Cigna	n/a	\$435	\$458	n/a	5.3
Independence Blue Cross	\$464	\$401	\$389	-4.7	-3.1
Oscar	n/a	\$451	\$470	n/a	4.2
<b>Percent change in lowest silver premium</b>				<b>-5.8</b>	<b>0.6</b>
<b>Pittsburgh</b>					
Highmark Blue Cross Blue Shield	\$481	\$336	\$349	-9.7	3.8
UPMC Health Plan	\$328	\$312	\$352	-1.4	12.7
<b>Percent change in lowest silver premium</b>				<b>-1.5</b>	<b>11.9</b>
<b>Scranton/Wilkes-Barre</b>					
Ambetter	n/a	\$337	\$413	n/a	22.8
First Priority Health	\$474	n/a	n/a	n/a	n/a
Geisinger	\$481	\$529	\$538	3.2	1.7
Highmark	n/a	\$452	\$510	n/a	12.8
Oscar	n/a	\$390	\$430	n/a	10.3
UPMC Health Plan	\$414	\$651	\$664	18.3	2.1
<b>Percent change in lowest silver premium</b>				<b>-6.3</b>	<b>22.8</b>
<b>State average (all regions)</b>				<b>-1.6</b>	<b>2.0</b>

Sources: 2019–20 data taken from “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>; 2022–23 data taken from Pennie, <https://www.pennie.com>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Rhode Island (Entire State)

In the Rhode Island market, there are two insurers that have participated for several years (table 27). These are Blue Cross Blue Shield of Rhode Island and Neighborhood Health Plan. As has typically been the case in recent years, in 2023, Neighborhood Health Plan offered the lowest-priced silver plan (\$364). Rhode Island premiums are low by national standards because of the tight regulation of hospital rates and a reinsurance program.<sup>15</sup> Because Neighborhood Health Plan increased premiums by 6.7 percent, the lowest-priced option available increased by the same amount.

TABLE 27

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Rhode Island**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
Blue Cross Blue Shield of Rhode Island	\$381	\$381	\$379	0.1	-0.5
Neighborhood Health Plan of Rhode Island	\$315	\$341	\$364	2.7	6.7
<b>Average change in lowest silver premium</b>	<b>\$315</b>	<b>\$341</b>	<b>\$364</b>	<b>2.7</b>	<b>6.7</b>

Source: HealthSource RI.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

## Tennessee (Nashville)

In the Nashville market, there were six insurers participating in 2023 following the exit of Bright Health and the entry of US Health and Life (table 28). Ambetter had the lowest-priced silver plan (\$459) followed closely by US Health and Life. Overall premium increases for the lowest-cost silver plan available were 1.9 percent. Statewide, the lowest-priced silver premium increased by 6.9 percent.

TABLE 28

Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer in Nashville, Tennessee

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
Ambetter	n/a	\$450	\$459	n/a	1.9
BlueCross BlueShield of Tennessee	n/a	\$602	\$503	n/a	-16.5
Bright Health	\$485	\$465	n/a	-1.4	n/a
Cigna	\$489	\$474	\$520	-0.9	9.8
Oscar	\$565	\$527	\$531	-1.8	0.7
US Health and Life	n/a	n/a	\$465	n/a	n/a
United HealthCare	n/a	\$564	\$633	n/a	12.3
<b>Percent change in lowest silver premium</b>				<b>-2.4</b>	<b>1.9</b>
<b>State average (all regions)</b>	<b>\$506</b>	<b>\$441</b>	<b>\$472</b>	<b>-4.5</b>	<b>6.9</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Note: The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Texas (Houston, Austin, and El Paso)

There are a large number of insurers in the Texas market (table 29). In Houston, there are seven insurers after Bright Health and Friday Health Plan left the market. Ambetter now offers the lowest-cost silver plans. (Bright Health had been the lowest-priced silver plan in 2022.) As a result, the cost of the lowest-priced silver plan increased by 19.7 percent.

In Austin, there are 10 insurers in 2023 after Bright Health left the market. The lowest-cost plan in Austin is now the Baylor Scott and White Health Plan (\$458), followed by Aetna. The cost of the lowest-priced silver plan in Austin increased by 4.0 percent.

In El Paso, there are 10 insurers in 2023. Friday Health Plan left the market, but Baylor Scott and White Health Plan, Cigna, FirstCare, and Imperial all entered. The lowest-cost silver plan is offered by Aetna (\$414), followed by Cigna (\$434). Surprisingly the Medicaid insurers, Ambetter and Molina, are not among the lowest-cost plans in the El Paso market. The cost of the lowest-priced silver plan increased by only 0.5 percent in 2023. Statewide, the lowest-priced silver premium increased by 9.6 percent.

TABLE 29

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Texas Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
<b>Houston</b>					
Aetna	n/a	\$443	\$450	n/a	1.6
Ambetter	\$385	\$393	\$443	0.8	12.9
Blue Cross and Blue Shield of Texas	\$508	\$400	\$460	-7.2	15.1
Bright Health	n/a	\$370	n/a	n/a	n/a
Community Health Choice	\$464	\$426	\$445	-2.5	4.5
Friday Health Plan	n/a	\$382	n/a	n/a	n/a
Molina Healthcare	\$418	\$451	\$541	2.8	19.9
Oscar Insurance Company	n/a	\$450	\$506	n/a	12.5
United HealthCare	n/a	\$431	\$519	n/a	20.4
<b>Percent change in lowest silver premium</b>				<b>-1.3</b>	<b>19.7</b>
<b>Austin</b>					
Aetna	n/a	\$508	\$499	n/a	-1.9
Ambetter	\$429	\$472	\$592	3.3	25.3
Baylor Scott and White Health Plan	n/a	\$455	\$458	n/a	0.5
Blue Cross and Blue Shield of Texas	\$545	\$470	\$576	-4.4	22.7
Bright Health	n/a	\$440	n/a	n/a	n/a
CHRISTUS Health Plan	n/a	\$454	\$526	n/a	n/a
Friday Health Plan	n/a	\$457	n/a	n/a	n/a
Moda Health	n/a	\$481	\$517	n/a	n/a
Oscar	\$476	\$498	\$589	1.6	18.2
Sendero Health Plans (local nonprofit)	\$537	\$596	\$615	3.7	n/a
US Health and Life	n/a	n/a	\$505	n/a	n/a
United HealthCare	n/a	\$463	\$531	n/a	14.7
<b>Percent change in lowest silver premium</b>				<b>0.9</b>	<b>4.0</b>
<b>El Paso</b>					
Aetna	n/a	\$441	\$414	n/a	-6.2
Ambetter from Superior HealthPlan	\$373	\$441	\$527	5.8	19.7
Baylor Scott and White Health Plan	n/a	n/a	\$520	n/a	n/a
Blue Cross and Blue Shield of Texas	\$483	\$519	\$493	2.4	-5.1
Cigna	n/a	n/a	\$434	n/a	n/a
FirstCare Health Plans	n/a	n/a	\$625	n/a	n/a
Friday Health Plan	n/a	\$412	n/a	n/a	n/a
Imperial Insurance	n/a	n/a	\$555	n/a	n/a
Molina Healthcare	\$431	\$470	\$528	3.1	12.4
Oscar Insurance Company	\$396	\$426	\$499	2.6	16.9
United HealthCare	n/a	\$459	\$525	n/a	14.4
<b>Percent change in lowest silver premium</b>				<b>3.4</b>	<b>0.5</b>
<b>State average (all regions)</b>				<b>0.4</b>	<b>9.6</b>

Source: "FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers," Healthcare.gov,

<https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## Virginia (Richmond)

Virginia premiums are relatively low (table 30). In Richmond, there are seven insurers in 2023 following the exit of Bright Health. Aetna has the lowest premium offering (\$339), followed by Kaiser Permanente, Cigna, UnitedHealthcare, and Anthem HealthKeepers, all with premiums about 10 percent higher. The cost of the lowest-priced option available fell by 21.4 percent after Virginia introduced reinsurance.<sup>16</sup>

In the Washington, DC, suburbs, seven insurers are participating. Bright left the market, but Optima entered. The lowest-priced silver plan is offered by Innovation, a provider-sponsored insurer that reentered the Marketplace in 2022. Following closely are Optima, Kaiser Permanente, and Cigna. Statewide, the lowest-priced silver premiums have fallen by 21.7 percent because of the reinsurance policy.

**TABLE 30**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Selected Virginia Markets**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
<b>Richmond</b>					
Aetna	n/a	\$456	\$339	n/a	-25.7
Anthem HealthKeepers	\$531	\$431	\$389	-6.7	-9.8
Bright Health	n/a	\$495	n/a	n/a	n/a
Cigna	\$490	\$459	\$376	-1.8	-18.2
Kaiser Permanente	\$638	\$436	\$367	-11.8	-15.9
Optima Health	\$801	\$516	\$403	-12.1	-21.9
Oscar	n/a	\$485	\$433	n/a	-10.8
Piedmont Community Health Plan	\$674	n/a	n/a	n/a	n/a
UnitedHealthcare	n/a	\$431	\$386	n/a	-10.5
Virginia Premier Health Plan	\$504	n/a	n/a	n/a	n/a
<b>Percent change in lowest silver premium</b>				<b>-4.1</b>	<b>-21.4</b>
<b>Washington, DC, suburbs</b>					
Anthem HealthKeepers	\$552	\$454	\$409	-6.3	-9.8
Bright Health	n/a	\$465	n/a	n/a	n/a
CareFirst	\$802	\$564	\$439	-10.9	-22.2
Cigna	\$508	\$475	\$377	-2.0	-20.6
Innovation Health	n/a	\$462	\$343	n/a	-25.7
Kaiser Permanente	\$638	\$436	\$367	-11.8	-16.0
Optima Health	n/a	n/a	\$364	n/a	n/a
UnitedHealthcare	n/a	\$434	\$399	n/a	-8.0
<b>Percent change in lowest silver premium</b>				<b>-5.0</b>	<b>-21.0</b>
<b>State average (all regions)</b>				<b>-5.5</b>	<b>-21.7</b>

Source: “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).



## Washington (Seattle)

In the Seattle Marketplace, there are nine insurers in 2023, with no new entries or exits (table 31). The lowest-cost silver plans are now Coordinated Care (Ambetter) and Kaiser Permanente. The Ambetter premium in 2023 is \$358 and the Kaiser premium is \$382. Overall, the cost of the lowest-priced silver plan available in Seattle has fallen by 0.7 percent. The average increase statewide is 0.1 percent.

**TABLE 31**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Seattle, Washington**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
BridgeSpan Health Company	n/a	\$448	\$498	n/a	11.3
Coordinated Care (Ambetter)	\$368	\$389	\$358	1.9	-8.1
Group Health (Kaiser Permanente)	\$439	\$360	\$382	-6.3	6.1
LifeWise	n/a	\$418	\$479	n/a	14.7
Molina HealthCare	\$412	\$386	\$434	-2.0	12.4
Premera Blue Cross	\$520	\$563	\$611	3.3	8.4
Regence	n/a	\$476	\$481	n/a	0.9
United Healthcare	n/a	\$443	\$497	n/a	12.2
Community Health Network	n/a	\$398	\$399	n/a	0.2
<b>Percent change in lowest silver premium</b>				<b>-0.7</b>	<b>-0.7</b>
<b>State average (all regions)</b>	<b>\$369</b>	<b>\$375</b>	<b>\$375</b>	<b>0.6</b>	<b>0.1</b>

Source: Washington Healthplanfinder.

Notes: Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. Group Health is now owned by and marketed as Kaiser Permanente but was marketed as Group Health during this period. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

## West Virginia (Charleston)

Benchmark premiums in West Virginia are among the highest in the United States (table 32). There are two insurers that have participated in the West Virginia market for the past several years. The dominant insurer in the state is Highmark Blue Cross Blue Shield. CareSource does not seem to be able to offer products at a lower price point. Negotiating provider payment rates in West Virginia is a major issue. For several years CareSource has been the lowest-priced option but not substantially below the premiums offered by Highmark. Overall, there was a 5 percent increase in the cost of the lowest-priced silver plan available in Charleston. Statewide, the average increase in the lowest-priced silver plan was 9.4 percent.

**TABLE 32**  
**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Charleston, West Virginia**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019–22	2022–23
CareSource	\$611	\$808	\$849	9.8	5.0
Highmark Blue Cross Blue Shield	\$713	\$889	\$869	7.7	-2.3
<b>Percent change in lowest silver premium</b>				9.8	5.0
<b>State average (all regions)</b>	<b>\$562</b>	<b>\$757</b>	<b>\$828</b>	<b>10.6</b>	<b>9.4</b>

**Source:** “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

**Notes:** Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

## Wyoming (Cheyenne)

The Cheyenne market is dominated by Blue Cross Blue Shield of Wyoming (table 33). Premiums are extremely high in the state because of a lack of insurer and, presumably, provider competition. Mountain Health CO-OP has become the lowest-price plan in the state in 2023, but with a silver premium of \$801. The premium for Blue Cross Blue Shield is \$849. Overall, there is an increase of 11.6 percent in the lowest silver premiums in Cheyenne and 7.8 percent statewide.

**TABLE 33**

**Lowest Silver Monthly Premiums for a 40-Year-Old and Percent Change from 2019 to 2023, by Insurer, in Cheyenne, Wyoming**

Insurer	Lowest Silver Premium			Percent Change	
	2019	2022	2023	Annual average, 2019-22	2022-23
Blue Cross Blue Shield of Wyoming	\$790	\$718	\$849	-3.0	18.3
Mountain Health CO-OP	n/a	\$749	\$801	n/a	7.0
<b>Percent change in lowest silver premium</b>				<b>-3.0</b>	<b>11.6</b>
<b>State average (all regions)</b>	<b>\$853</b>	<b>\$743</b>	<b>\$801</b>	<b>-4.4</b>	<b>7.8</b>

**Source:** “FFM QHP Landscape Files: Health and Dental Datasets for Researchers and Issuers,” Healthcare.gov, <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.

**Notes:** Insurers are instructed to load the cost of cost-sharing reductions into silver Marketplace premiums only. The lowest-cost plan in each year is shaded gray.

n/a = not applicable (insurer was not participating in the Marketplace).

# Discussion

Our results show that Marketplace benchmark premiums increased by 3.4 percent nationally in 2023; this follows several years of small declines in the national average benchmark premium. The reasons for the increase in 2023 appear to be the strong economy and inflationary pressures that insurers need to consider in setting premiums, as well as general uncertainty in the changes in the risk pool. The Inflation Reduction Act also extended the more generous ARPA premium subsidies, which could be improving the health of the risk pool. More insurers have also entered the market, increasing competitive pressures. Further, in most markets the benchmark plan is now an HMO product.

We have also shown that benchmark premiums continue to vary considerably across rating regions, likely from the amount of insurer competition. The results show that the number of insurers is clearly correlated with lower premiums, as is the presence of one or more Medicaid plans. Competition seems to lead to tighter provider networks and lower provider payment rates. Lower premiums tend to be more common in urban areas. As we have shown, many urban areas have six or more insurers. Medicaid insurers such as Centene, CareSource, and Molina almost always offer among the lowest-cost plans in each market. These plans force other insurers who want to be competitive to also offer more narrow network plans. The growth of provider-sponsored plans appears to be constraining benchmark premiums as well.

Competition is less intense in rural areas and smaller cities. Some locations seem to exhibit genuine competition, despite having only two or three insurers. But others have a dominant insurer and premiums are high. Even if there is more than one insurer in a rural area or small city, the provider relationships of the dominant insurer make it difficult for competitors to offer meaningfully lower-priced plans.

We conclude that the managed competition structure of the Affordable Care Act (ACA) is largely working, with some caveats. The ACA ties premium tax credits to the second lowest cost silver plan. Participants must pay the full marginal cost of a more expensive plan. Insurers in response attempt to keep premiums low, often with narrow networks and low provider payment rates. The model seems to be working well in urban areas with many competing insurers, though less well in smaller states, small cities, and rural areas. The looming issue is whether networks are too narrow in many places, and whether savings are achieved at the expense of access.

One alternative often discussed is to introduce a public option plan into Marketplaces. This report offers some lessons on the likely impact of public option proposals. In markets that have relatively low

premiums because of competition or the presence of one or more Medicaid plans, a public option is likely to have little effect because most of the feasible savings are already captured. In many rural markets and some urban areas where there is little effective competition, a public option could, in principle, bring down benchmark premiums. But the public option is likely to face the same problems existing insurers face. That is, it is difficult to negotiate provider payment rates because the number of providers is limited. The risk of providers refusing to participate is great and the political power of these providers is considerable.

# Appendix A. Variables in Regression Analysis of Marketplace Premiums

## Market Competition

We used the following variables to measure market competition:

1. Number of insurers as of 2023. We used dummy variables for the number of insurers participating in a region, with five or more as the omitted category. This variable ranged from 1 to 10, with a median value of 3.
2. Insurer type as of 2023. We used dummy variables to indicate whether at least one insurer in the rating region was one of six types. We defined *Blue Cross insurers* as members of the Blue Cross Blue Shield Association. *Co-ops*, established under the ACA, are those insurers listed on the National Alliance of State Health CO-OPs website. In 2021, three co-ops were present in five states. *Medicaid insurers* are those that offered Medicaid managed care plans before the creation of the Marketplaces in 2014. *Regional insurers* are commercial insurers that participate in a specific state or geographic region across several states. *National insurers* are commercial insurers that participate across the nation. Finally, *provider-sponsored insurers* are insurers directly associated with a hospital system.
3. Hospital concentration as of 2018. We used a continuous variable to control for hospital concentration by computing HHI at the rating region level. We computed this HHI using annual survey data from the American Hospital Association. Higher market concentration results in greater difficulty for insurers in negotiating lower provider payment rates, implying that greater concentration should result in higher premiums, all else being equal. This variable ranged from 0 to 10,000, with a median value of 2,563.
4. Increase in the number of insurers from 2022 to 2023. This was a dummy variable used if the number of insurers in the rating region increased between 2022 and 2023. This occurred in over one-quarter of rating regions (147 of 503).

# State Policies and Additional Controls

We used the following variables that characterize state policies and additional controls:

1. State expansion of Medicaid by 2023. This dummy variable equaled 1 if the rating region was located in a state that expanded and implemented Medicaid eligibility under the ACA by 2022 for all residents with incomes up to 138 percent of the federal poverty level. As of the 2023 plan year, 39 states had expanded Medicaid.
2. Reinsurance. This dummy variable equaled 1 if the state was 1 of 18 states that had implemented a reinsurance program as of 2023.
3. State-based Marketplace. This dummy variable equaled 1 if the state was 1 of 18 states that ran its own Marketplace as of 2023.
4. Area wage index. We controlled for area wages because areas with higher labor costs were expected to have higher premiums, given that medical care is a labor-intensive good. We calculated this index at the rating region level for 2016. The index ranged from 0.0059 to 1.74, and the median value was 0.81.
5. Urban area. This dummy variable equaled 1 if the majority of counties within a rating region was classified as urban by the University of Iowa Center for Rural Health Policy Analysis.
6. Average monthly unemployment from May 2021 to October 2021. We calculated this at the state level as the average monthly seasonally adjusted unemployment rate from May to October 2021, as reported by the Bureau of Labor Statistics.
7. Community rated. Two states have community rated Marketplace premiums: New York and Vermont.
8. 2022 benchmark premium. The benchmark is the price of the second lowest cost silver plan for a 40-year-old nonsmoker in 2022 (table A.1).

TABLE A.1

**State Average Lowest-Cost Silver Premium for a 40-Year-Old Nonsmoker and Percent Change, 2019–23**

	Benchmark Premium (\$)			Average Annual Change (%)	
	2019	2022	2023	2019–22	2022–23
<b>US average</b>	<b>\$444</b>	<b>\$427</b>	<b>\$444</b>	<b>-1.3</b>	<b>4.0</b>
Alabama	\$504	\$568	\$551	4.1	-3.1
Alaska	\$704	\$670	\$738	-1.6	10.2
Arizona	\$447	\$376	\$394	-5.6	4.9
Arkansas	\$362	\$374	\$411	1.3	9.8
California	\$414	\$400	\$412	-1.1	2.9
Colorado	\$487	\$346	\$346	-10.2	0.0
Connecticut	\$445	\$536	\$587	7.0	9.5
DC	\$380	\$382	\$426	0.3	11.6
Delaware	\$660	\$538	\$542	-6.0	0.8
Florida	\$468	\$454	\$470	-1.0	3.5
Georgia	\$434	\$384	\$399	-3.7	3.9
Hawaii	\$480	\$468	\$430	-0.8	-8.1
Idaho	\$474	\$448	\$414	-1.6	-7.6
Illinois	\$446	\$410	\$448	-2.7	9.1
Indiana	\$333	\$392	\$391	5.8	-0.2
Iowa	\$606	\$449	\$455	-9.2	1.3
Kansas	\$515	\$443	\$460	-4.9	3.7
Kentucky	\$413	\$397	\$418	-1.0	5.2
Louisiana	\$420	\$495	\$537	5.7	8.5
Maine	\$512	\$419	\$451	-6.3	7.6
Maryland	\$404	\$317	\$331	-7.7	4.5
Massachusetts	\$322	\$379	\$405	5.7	6.9
Michigan	\$358	\$329	\$348	-2.8	5.6
Minnesota	\$313	\$315	\$325	0.3	3.1
Mississippi	\$457	\$448	\$462	-0.7	3.2
Missouri	\$474	\$442	\$475	-2.3	7.3
Montana	\$522	\$436	\$464	-5.5	6.5
Nebraska	\$705	\$569	\$544	-6.7	-4.4
Nevada	\$399	\$385	\$388	-1.1	0.6
New Hampshire	\$373	\$305	\$317	-6.1	4.0
New Jersey	\$342	\$398	\$410	5.4	3.1
New Mexico	\$348	\$372	\$432	2.6	16.1
New York	\$559	\$588	\$612	1.7	4.1
North Carolina	\$561	\$486	\$495	-4.6	1.9
North Dakota	\$376	\$421	\$407	5.1	-3.5
Ohio	\$359	\$368	\$409	0.9	11.1
Oklahoma	\$513	\$447	\$465	-4.5	4.2
Oregon	\$424	\$420	\$442	-0.3	5.0
Pennsylvania	\$446	\$426	\$434	-1.6	2.0



	Benchmark Premium (\$)			Average Annual Change (%)	
	2019	2022	2023	2019-22	2022-23
Rhode Island	\$315	\$341	\$364	2.7	6.7
South Carolina	\$554	\$440	\$491	-7.4	11.8
South Dakota	\$511	\$562	\$568	3.3	1.1
Tennessee	\$506	\$441	\$472	-4.5	6.9
Texas	\$404	\$409	\$448	0.4	9.6
Utah	\$509	\$432	\$457	-5.3	5.8
Vermont	\$493	\$732	\$735	15.7	0.5
Virginia	\$526	\$444	\$348	-5.5	-21.7
Washington	\$369	\$375	\$375	0.6	0.1
West Virginia	\$562	\$757	\$828	10.6	9.4
Wisconsin	\$483	\$410	\$439	-5.3	7.1
Wyoming	\$853	\$743	\$801	-4.4	7.8

**Source:** Urban Institute analysis of data from Healthcare.gov and relevant state-based Marketplace websites.

**Notes:** State average is average of lowest silver premium offered in each rating region. Prices are weighted by rating region population size.

# Notes

- <sup>1</sup> “Marketplace Insurers Are Proposing 10% Premium Hikes for 2023 in 13 States and DC, though Many Enrollees Could Face Much Higher Increases If Congress Doesn’t Extend Enhanced Tax Credits,” news release, Kaiser Family Foundation, July 18, 2022, <https://www.kff.org/health-reform/press-release/marketplace-insurers-are-proposing-10-premium-hikes-for-2023-in-13-states-and-dc-though-many-enrollees-could-face-much-higher-increases-if-congress-doesnt-extend-enhanced-tax-credits/>; Robert King, “Why Insurers Are Weighing Double-Digit ACA Premium Hikes for 2023,” *Fierce Healthcare* (blog), July 20, 2022, <https://www.fiercehealthcare.com/payers/kaiser-family-foundation-insurers-so-far-raising-aca-premiums-2023-due-part-inflation>; Victoria Bailey, “ACA Marketplace Premiums Projected to Increase by 10% in 2023,” *Public Payers News* (blog), July 21, 2022, <https://healthpayerintelligence.com/news/aca-marketplace-premiums-projected-to-increase-by-10-in-2023>; Jared Ortaliza, Julia Lotan, Matthew McGough, Emma Wager, Krutika Amin, and Cynthia Cox, “An Early Look at What Is Driving Health Costs in 2023 ACA Markets,” Peterson-KFF Health System Tracker, July 18, 2022, <https://www.healthsystemtracker.org/brief/an-early-look-at-what-is-driving-health-costs-in-2023-aca-markets/>.
- <sup>2</sup> US Bureau of Labor Statistics, “The Employment Situation, November 2022,” News Release USDL-22-2236, December 2, 2022, [https://www.bls.gov/news.release/archives/empsit\\_12022022.htm](https://www.bls.gov/news.release/archives/empsit_12022022.htm).
- <sup>3</sup> US Bureau of Labor Statistics, “Consumer Price Index Summary, October 2022,” News Release USDL-22-2140, November 10, 2022, [https://www.bls.gov/news.release/archives/cpi\\_11102022.htm](https://www.bls.gov/news.release/archives/cpi_11102022.htm); “Consumer Prices Up 7.7 Percent over Year Ended October 2022,” *TED: The Economics Daily*, US Bureau of Labor Statistics, November 17, 2022, <https://www.bls.gov/opub/ted/2022/consumer-prices-up-7-7-percent-over-year-ended-october-2022.htm>.
- <sup>4</sup> US Department of Commerce, Bureau of Economic Analysis, “Prices and Inflation,” November 30, 2022.
- <sup>5</sup> Emma Wager, Shameek Rakshit, Paul Hughes-Cromwick, Krutika Amin, and Cynthia Cox, “How Does Medical Inflation Compare to Inflation in the Rest of the Economy?,” Peterson KFF Health System Tracker, November 30, 2022, <https://www.healthsystemtracker.org/brief/how-does-medical-inflation-compare-to-inflation-in-the-rest-of-the-economy>.
- <sup>6</sup> Centers for Medicare and Medicaid Services, “Biden-Harris Administration Makes Largest Investment Ever in Navigators Ahead of Healthcare.gov Open Enrollment Period,” August 26, 2022, <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-makes-largest-investment-ever-navigators-ahead-healthcaregov-open>; Rachel Schwab, Rachel Swindle, and Justin Giovannelli, “State-Based Marketplace Outreach Strategies for Boosting Health Plan Enrollment of the Uninsured,” Commonwealth Fund, October 25, 2022, <https://www.commonwealthfund.org/publications/issue-briefs/2022/oct/state-based-outreach-boosting-enrollment-uninsured>.
- <sup>7</sup> The HHI takes into account the relative size distribution of the firms in a market. It approaches zero when a market is occupied by a large number of firms of relatively equal size and reaches its maximum of 10,000 points when a market is controlled by a single firm.
- <sup>8</sup> One limitation in our study is that network adequacy and network breadth are not readily accessible. We assume that closed network marketplace products narrower networks than products with out-of-network coverage.
- <sup>9</sup> Data for 2020 and 2021 were omitted for simplicity of presentation and are available for the authors’ analysis.
- <sup>10</sup> Justin Giovannelli, Kevin Lucia, and Sabrina Corlette, “What Is Your State Doing to Affect Access to Adequate Health Insurance?,” Commonwealth Fund, October 25, 2021, <https://www.commonwealthfund.org/publications/maps-and-interactives/2021/oct/what-your-state-doing-affect-access-adequate-health>.
- <sup>11</sup> Giovannelli, Lucia, and Corlette, “What Is Your State Doing?”

<sup>12</sup> Giovannelli, Lucia, and Corlette, "What Is Your State Doing?"

<sup>13</sup> Giovannelli, Lucia, and Corlette, "What Is Your State Doing?"

<sup>14</sup> Giovannelli, Lucia, and Corlette, "What Is Your State Doing?"

<sup>15</sup> Giovannelli, Lucia, and Corlette, "What Is Your State Doing?"

<sup>16</sup> Giovannelli, Lucia, and Corlette, "What Is Your State Doing?"

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# About the Authors

**John Holahan** is an Urban Institute fellow in the Health Policy Center, where he previously served as center director for over 30 years. His recent work focuses on health reform, the uninsured, and health expenditure growth, and on developing proposals for health system reform, most recently in Massachusetts. He examines the coverage, costs, and economic impact of the Affordable Care Act (ACA), including the costs of Medicaid expansion as well as the macroeconomic effects of the law. He has also analyzed the health status of Medicaid and exchange enrollees and the implications for costs and exchange premiums. Holahan has written on competition in insurer and provider markets and implications for premiums and government subsidy costs as well as on the cost-containment provisions of the ACA. Holahan has conducted significant work on Medicaid and Medicare reform, including analyses of the recent growth in Medicaid expenditures, the implications of block grants and swap proposals on states and the federal government, and the effects of state decisions to expand Medicaid in the ACA on federal and state spending. His recent work on Medicare includes a paper on reforms that could both reduce budgetary impacts and improve the structure of the program. His work on the uninsured explores reasons for the growth in the number of uninsured over time and the effects of proposals to expand health insurance coverage and their cost to federal and state governments.

**Erik Wengle** is a research analyst in the Health Policy Center. His research is focused primarily on the implementation of the Affordable Care Act and the future outlook of the health insurance Marketplaces. Wengle graduated from the University of Maryland in 2013 with a BS in environmental science and policy.

**Claire O'Brien** is a research assistant in the Health Policy Center, where she uses quantitative analysis to study the impact of health reforms. This includes using Medicaid claims to evaluate integrated care plans for dually eligible Medicare and Medicaid beneficiaries and to study racial disparities within the Medicaid program. Additionally, O'Brien takes part in the implementation and analysis of the Urban Institute's Health Reform Monitoring Survey. Finally, O'Brien monitors changes in the Affordable Care Act's Marketplaces and models what the effects of a public option would be. O'Brien has a BA in economics and applied math with a minor in poverty studies from the University of Notre Dame.

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