

2017 exchange market: Carrier participation trends

Findings across 50 states and DC

As of 11.03.2016

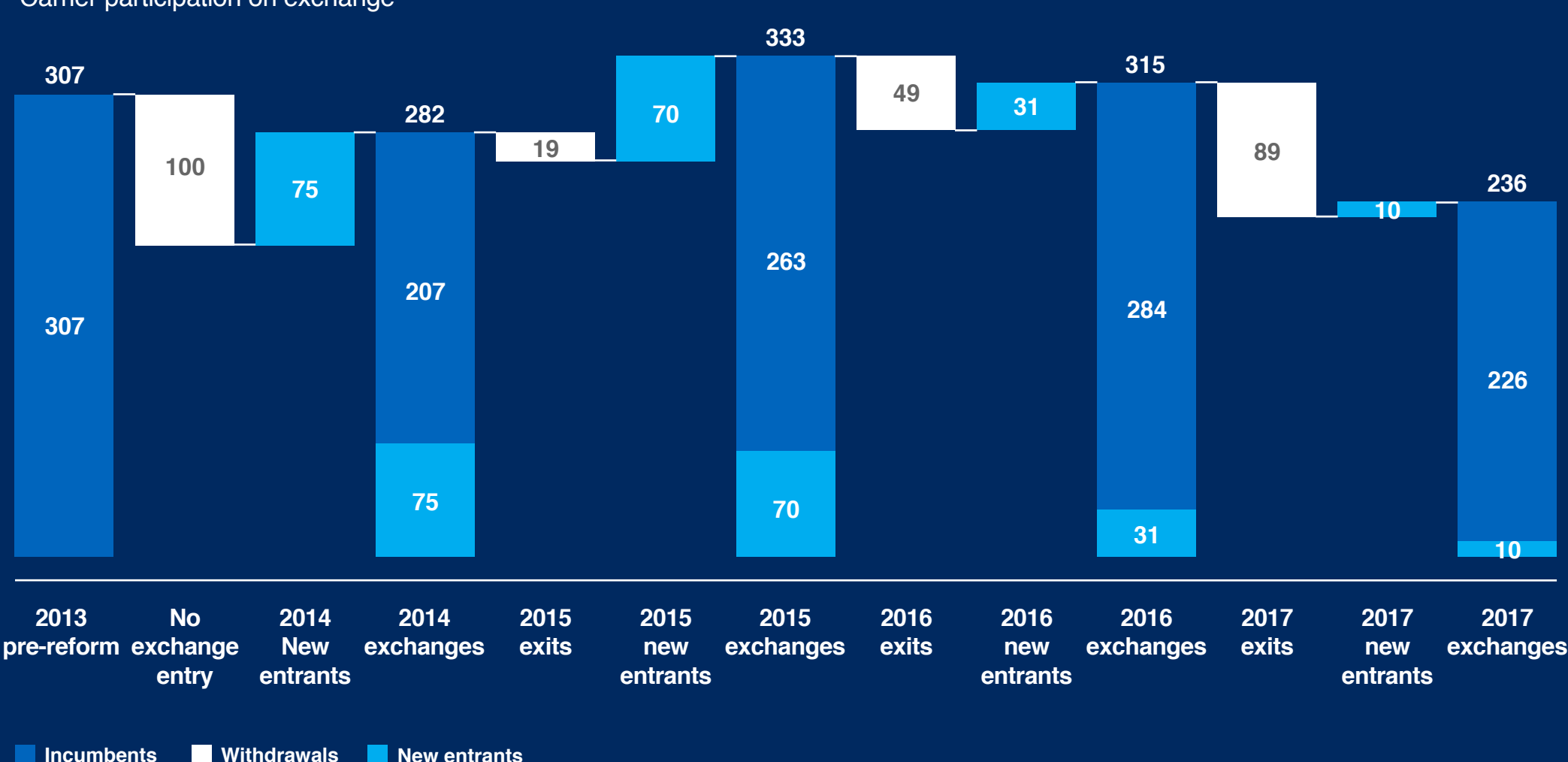
MARKET VIEW

Count of carriers at the state level



While new entrants continue to emerge, there are fewer exchange carriers in 2017 than in any prior year

Carrier participation on exchange



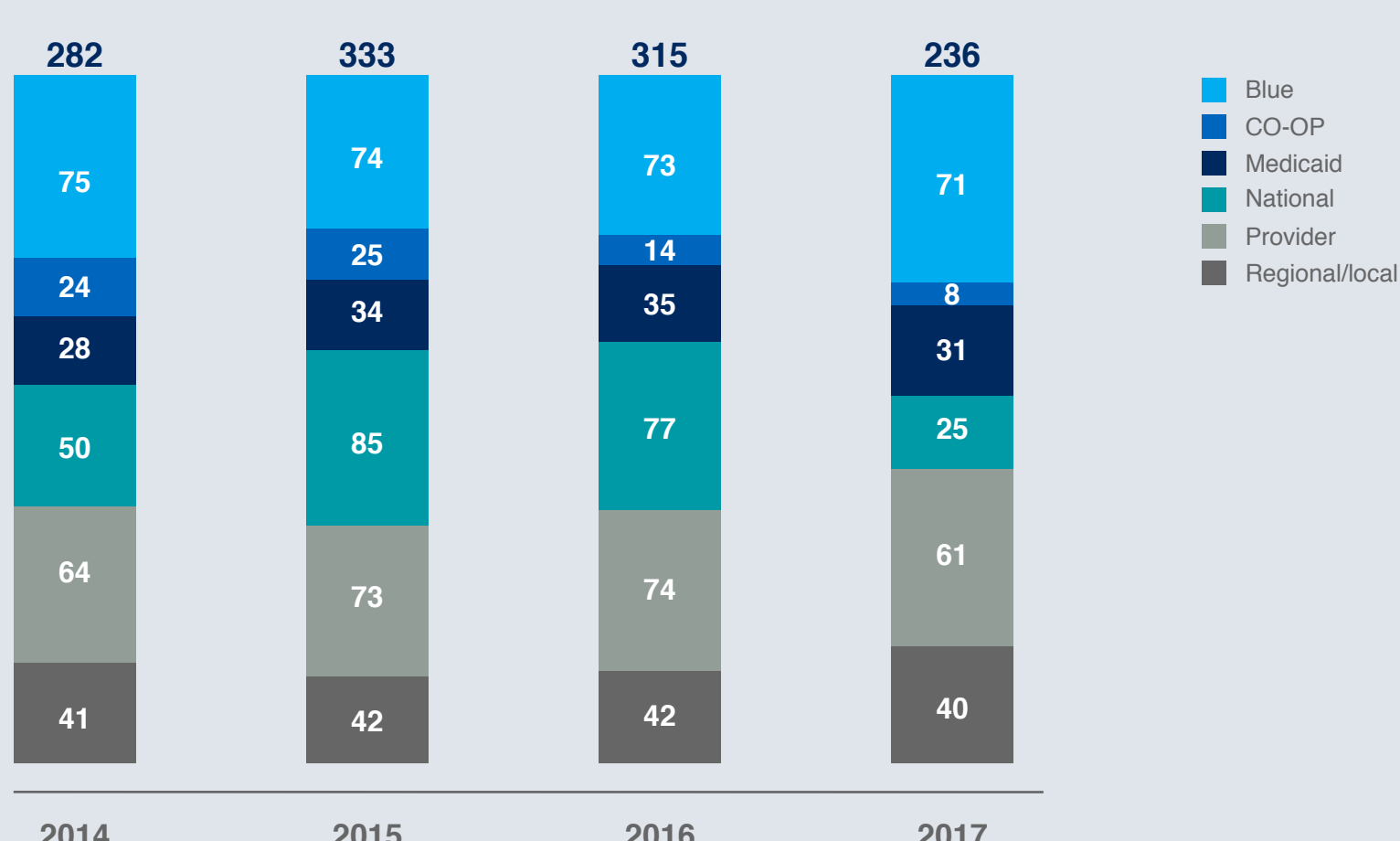
MARKET VIEW

Count of carriers at the state level



There are fewer carriers participating across all carrier types in 2017, with national carriers declining most significantly

Carrier participation on exchange, by carrier type¹



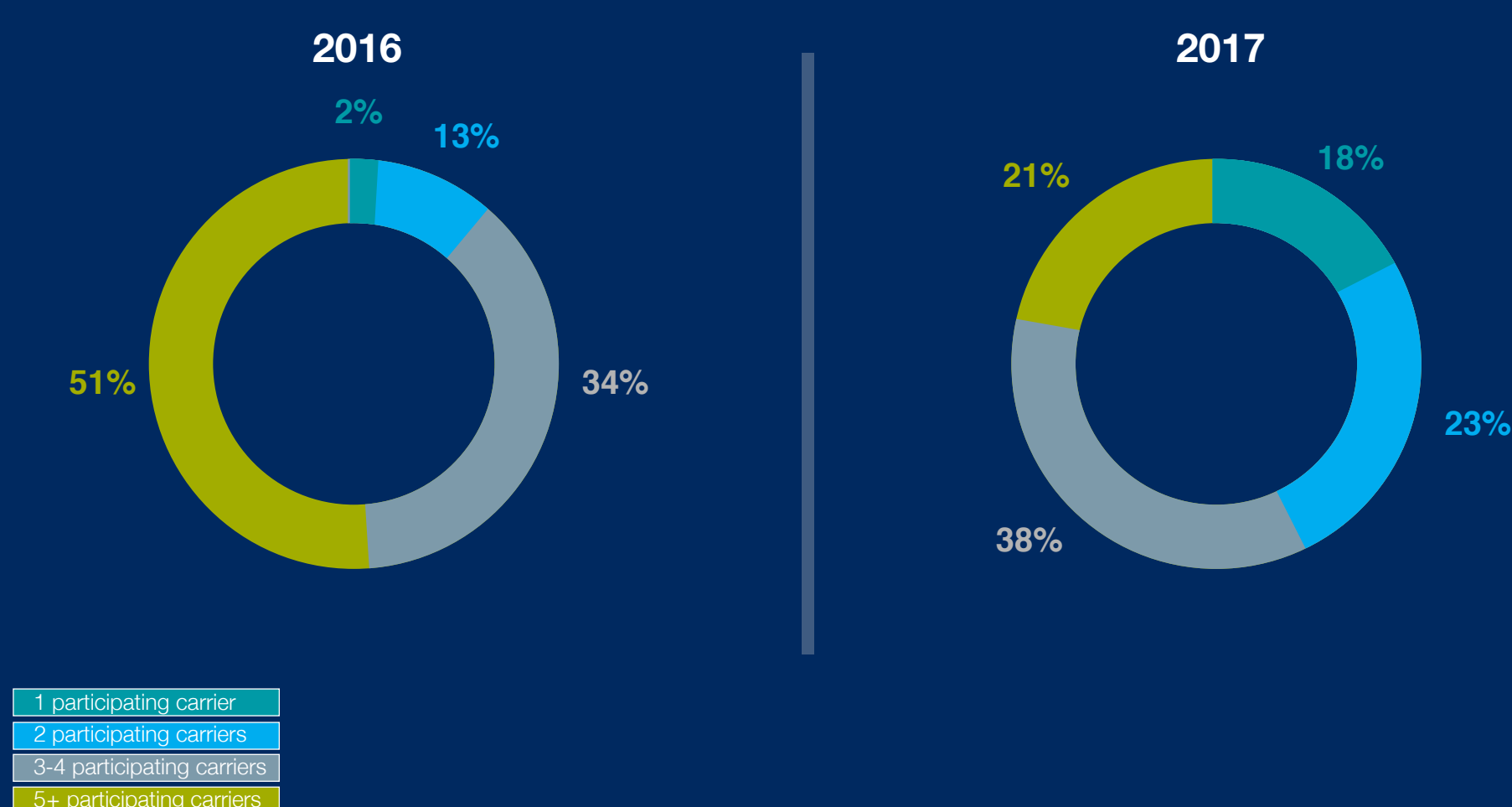
CONSUMER VIEW

Percentage of QHP-eligible consumers²



Majority of consumers continue to have carrier choice, though the percentage seeing fewer carriers is increasing

QHP-eligible consumers seeing given number of carriers in their county



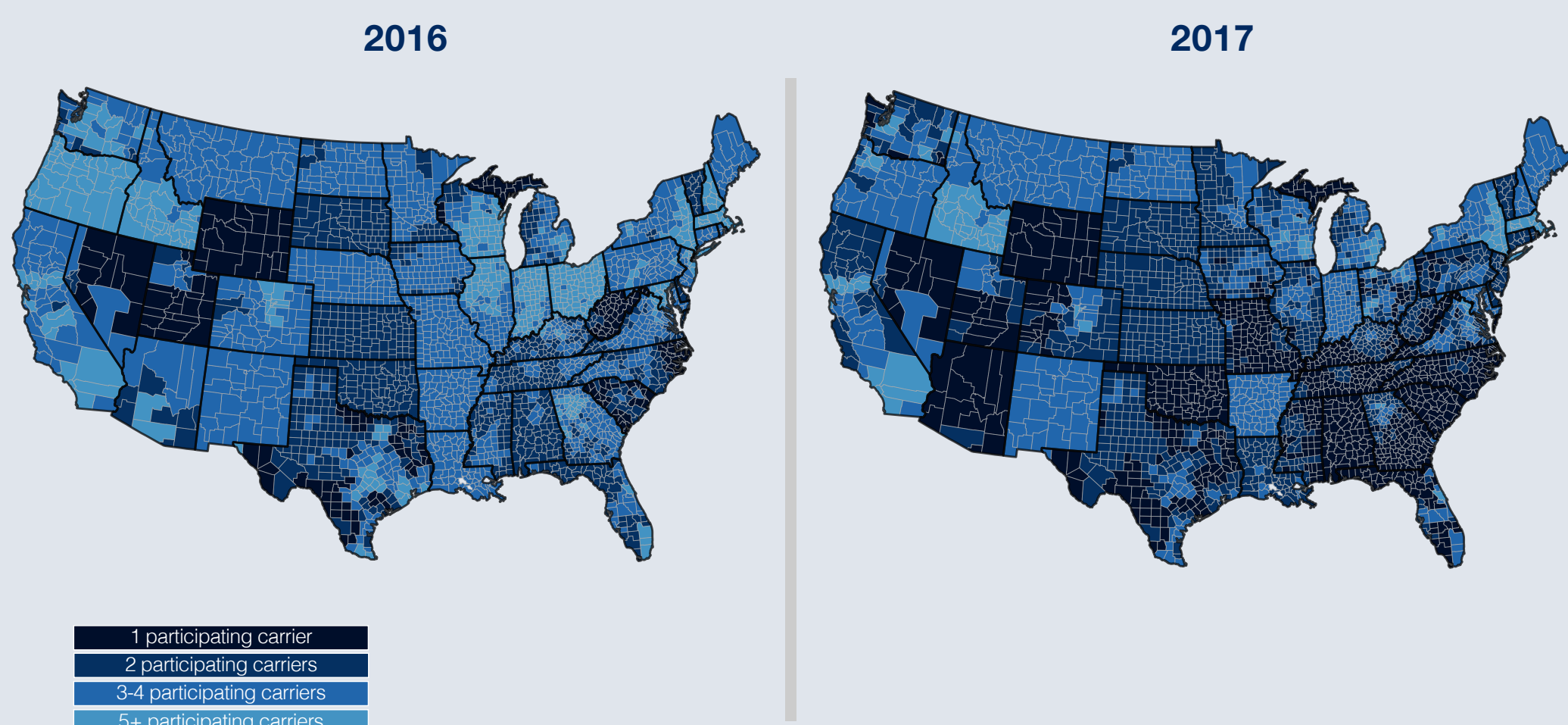
MARKET VIEW

Count of carriers at a county level



25 states have 2 or more carriers participating in every county, while 5 states have only 1 carrier across all counties

Exchange carrier participation by county



METHODOLOGY

The above findings are based on publicly available information. Carrier participation is based on final exchange offering information from healthcare.gov and all state-based exchanges.

To calculate the counts of carrier participation, we analyzed the number of unique carrier names that are offering plans on-exchange. In the case where a single parent company offers plans under multiple carrier names, we count each carrier separately. To calculate the consumer view of carrier participation, we analyzed the number of unique parent companies that are offering plans on-exchange, to be reflective of what a consumer perceives.

Carrier's participation status in a given year and state is defined as follows:

Incumbent: A carrier that offered exchange plans during the prior year. For 2014 only, these are carriers that had individual market experience in 2013 in that given state.

Withdrawal: A carrier that stopped participating on-exchange. For 2013 to 2014 withdrawals, these are carriers with individual experience in a given state that did not enter exchanges in 2014.

New entrant: A carrier that did not participate on-exchange in the prior year but is joining exchanges for the given year. For 2014, these are carriers without individual experience in that state during 2013.

1. Blues: a Blue Cross Blue Shield payor, includes Anthem, HCSC, Regence ; Consumer-operated-and-oriented plan (CO-OP): a recipient of federal CO-OP grant funding that was not a commercial payor before 2014 ; Medicaid: a carrier that offered only Medicaid insurance in the past, includes Molina and Centene, along with regional/focal Medicaid carriers ; National: a commercial payor with a presence in more than four states that has filed on exchanges (specifically, Aetna/Coventry, Assurant, Cigna, Humana, UnitedHealthcare) ; Provider: a carrier that also operates as a provider/health system ; Regional/focal: a commercial payor with a presence in four or fewer states (most often, just one state) that has filed on the exchanges.

2. This includes both subsidy-eligible (income below 400% of the federal poverty level (FPL)) and subsidy-ineligible (income above 400% FPL) consumers.