



Health Insurance Deductibles Among HealthCare.gov Enrollees, 2017-2021

Deductibles among HealthCare.gov enrollees vary widely by metal tier and receipt of cost-sharing reduction subsidies. The median individual deductible after subsidies decreased from \$1,000 in 2017 to \$750 in 2021 among Open Enrollment Period enrollees. This fell even more dramatically during the 2021 Special Enrollment Period after passage of the American Rescue Plan, which increased premium tax credits and enabled many consumers to select more generous plans.

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KEY POINTS

- Cost-sharing reduction subsidies (CSRs) provide substantial financial protection to eligible Marketplace enrollees who enroll in silver metal tier plans, by lowering deductibles, copayments, coinsurance, and out-of-pocket maximums.
- Median and average deductibles, after CSRs, differ substantially among HealthCare.gov enrollees. The *median* deductible decreased from \$1,000 to \$750 between 2017 and 2021 (prior to implementation of the American Rescue Plan (ARP)), while the *average* deductible increased from \$2,405 to \$2,825. The difference between median and average deductibles is primarily driven by the fact that the majority of enrollees are eligible for and select CSR-silver plans; the average deductible is driven up by the smaller share of enrollees enrolled in plans without CSRs.
- Deductibles for consumers receiving CSRs and the overall median deductible on HealthCare.gov are generally lower than employer coverage deductibles, while the average deductible in bronze plans without CSRs is higher than the average employer coverage deductible.
- Slightly over half of HealthCare.gov enrollees – 51 percent in the 2021 open enrollment period and 58 percent of new plan selections during the 2021 special enrollment period (from February to August) – receive CSRs, making a CSR plan the median HealthCare.gov offering. The average silver CSR deductible, after subsidy, has been well below \$1,000 for the past 5 years, and is even lower for those with incomes below 200 percent of the federal poverty level who qualify for more generous CSRs.
- Among those not receiving CSRs, the average HealthCare.gov bronze plan deductible generally remained steady between 2017 and 2021, with an average deductible of \$6,094 in 2021. The average silver non-CSR deductible grew from \$3,491 to \$4,500 over the same time.
- The ARP contains provisions that reduce premiums for many Marketplace eligible individuals. Among new consumers enrolling during the 2021 HealthCare.gov Special Enrollment Period, median deductibles fell from \$450 to \$50 after the ARP premium provisions were implemented on April 1, 2021, indicating most new consumers are opting into CSR silver plans.

INTRODUCTION

The Affordable Care Act (ACA) provides premium subsidies for Marketplace-eligible individuals to improve health insurance affordability, as well as cost-sharing reductions (CSRs) for many enrollees that limit out-of-pocket spending such as deductibles. While research shows that collectively these provisions have substantially improved access to affordable coverage^{1,2,3,4,5}—with a combined 12 million individuals enrolled in HealthCare.gov states and State-based Marketplaces during the 2021 Open Enrollment Period (OEP)⁶ and more than 13.8 million since the start of the 2022 OEP⁷—financial barriers for coverage and access to care still exist for some Marketplace consumers. This Issue Brief assesses trends in deductibles among HealthCare.gov enrollees* from the 2017-2021 OEPs and discusses the effects of the American Rescue Plan (ARP), implemented on April 1, 2021 for coverage in the same calendar year.

BACKGROUND

The consumer financial assistance and protections provided in the ACA for Marketplace eligible individuals include Advanced Premium Tax Credit (APTC) payments for premiums, CSR payments for out-of-pocket (OOP) costs, and limits on the annual maximum OOP (MOOP) costs. Additionally, the ACA includes actuarial value (AV) requirements based on plan metal tiers that define the percentage of total average costs covered by a plan. Combined, these provisions are designed to allow consumers who are unable to obtain affordable, comprehensive coverage from other sources (such as employer coverage) to do so through the Marketplace. The AV of a health plan is the average percentage of total costs of in-network essential health benefits (EHB), as defined by ACA, covered by the health plan.[†] The available AV of Marketplace plans ranges from 60 percent for bronze plans, 70 percent for silver plans, 80 percent for gold plans, and 90 percent for platinum plans. AV can vary within a de minimis range by -4/+2 percentage points; for expanded bronze plans[‡], the allowable variation is -4/+5 percentage points – though CMS has proposed reducing the de minimis range for 2023.[§]

APTCs reduce net premiums for millions of Marketplace consumers.⁸ APTC protections were further strengthened by the ARP for 2021-2022 coverage by lowering premium contributions for eligible consumers and removing the upper income limit of 400 percent of the Federal Poverty Level (FPL) on APTC eligibility, as well as providing access to zero- and low-premium plans for millions more uninsured individuals and HealthCare.gov enrollees.^{9,10,11} Notably, the vast majority of HealthCare.gov consumers receive APTC financial assistance—88 percent among HealthCare.gov enrollees during the 2021 OEP and 93 percent of new HealthCare.gov enrollees during the 2021 special enrollment period (SEP).^{6,12}

Beyond premiums, consumers also face OOP costs including deductibles, coinsurance, and copays. For eligible individuals, generally those with household incomes between 100 and 250 percent FPL,^{**} CSRs help to reduce OOP costs for low-income Marketplace enrollees if they enroll in silver metal level plans. These CSRs enhance silver plan AV from 70 percent to 73, 87, or 94 percent, depending on household income. While available to a narrower income range than APTCs, CSRs reduce consumer OOP costs for a substantial proportion of the

* HealthCare.gov enrollees are those enrolled in plans offered in states using the federal platform HealthCare.gov. These include both Federally-facilitated Marketplaces and State-based Marketplaces that choose to use the HealthCare.gov platform for enrollment.

† EHBs are a set of ten service types health insurance plans must cover under the ACA, including: preventive care, ambulatory services, inpatient and outpatient hospital care, prescription drugs, maternal and infant care, pediatric services, mental health services, lab services, and rehabilitative care. For more information visit: <https://www.healthcare.gov/glossary/essential-health-benefits/>.

‡ Expanded bronze are bronze plans that cover and pay for at least one major service, other than preventive services, before the deductible or meet the requirements to be a high deductible health plan within the meaning of section 223(c)(2) of the Internal Revenue Code.

§ CMS has proposed 2023 changes that would reduce the de minimis ranges to -2/+2 percentage points for platinum, gold, and non-expanded bronze, +2/0 for silver non-CSR, and +1/0 for silver CSR plans. For more information visit: <https://www.govinfo.gov/content/pkg/FR-2022-01-05/pdf/2021-28317.pdf>.

** CSRs are generally available to consumers with incomes up to \$32,200 for a single adult and \$66,250 for a family of four. American Indians and Alaskan Natives can qualify for CSRs at higher incomes and can receive CSRs when enrolled in plans at any metal level.

Marketplace enrolled population – 51 percent of HealthCare.gov enrollees during the 2021 OEP and 58 percent of new plan selections during the 2021 SEP.⁶ However, both enrollees not eligible for CSRs and those who are eligible but do not select a silver CSR plan may face higher OOP costs—including higher deductibles—when they utilize health care services.

The vast majority of HealthCare.gov enrollees select plans in the bronze (37 percent in the 2021 OEP) or silver (56 percent in the 2021 OEP—51 percent in CSR silver, and 5 percent in non-CSR silver) metal levels.⁶ Gold plans represent the next largest share of HealthCare.gov enrollees (7 percent in 2021) with few enrollees selecting catastrophic (1 percent in 2021) or platinum plans (less than 1 percent in 2021).⁶ During the 2021 SEP, among all states, new plan selections were shifted even more toward silver plans (62 percent), with bronze plans having the next highest share (30 percent), and most remaining plan selections in gold (8 percent).

A deductible is a set amount that consumers must pay toward their medical costs before a health plan starts paying for most services. Growth in health insurance deductibles has been a general trend across all types of private insurance, including Marketplace coverage, non-group insurance sold off the Marketplace, and employer coverage, the latter of which remains the most common source of health insurance coverage in the U.S. The Commonwealth Fund estimated that between 2010 and 2019, employer coverage deductibles grew from approximately 3.3 percent to 4.7 percent as a share of median income; when combined with premium contributions, total deductible and premium contributions grew from 9.1 percent to 11.5 percent as a share of median income.¹³ The Kaiser Family Foundation found that, between 2009 and 2019, both premiums and deductibles among those with employer coverage rose faster than worker wages and inflation. During this time period, deductibles rose by 162 percent and premiums by 54 percent, while wages only grew by 26 percent and inflation by 20 percent.¹⁴ Further, in a 2019 survey of small business owners, respondents cited deductibles and copays nearly as often as premiums (30 percent vs. 34 percent) when asked what was the most important factor they considered when picking a health plan.¹⁵

In this report, we assess trends in Marketplace deductibles by examining differences in median and average deductibles over time and by metal tier in HealthCare.gov states. We also compare HealthCare.gov deductible trends to those with employer coverage, for both large and small firms, to examine relative change over time.

METHODS

Data for HealthCare.gov states were obtained from the Health Insurance Marketplaces 2021 Open Enrollment Deductibles and Health Savings Account Enrollment supplemental tables produced by the Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information and Insurance Oversight (CCIIO).^{6,16,17,18} Data for employer coverage were obtained from the Kaiser Family Foundation (KFF) 2021 Annual Employer Health Benefits Survey and associated report, the most recent year of data available.¹⁹

We assessed annual overall median and average deductibles from 2017 to 2021 and compared them to the average deductible for single workers with employer coverage. We analyzed the average employer coverage deductible because information on the employer coverage median deductible was not available.

We then analyzed silver plan median and average deductibles by year, separately for non-CSR enrollees and for each CSR silver variant among HealthCare.gov enrollees from 2017 to 2021, alongside average employer coverage deductibles by firm size (large vs. small firm). Finally, we examined median and average deductibles overall and by metal tier among HealthCare.gov enrollees in non-CSR plans from 2017 to 2021.

For simplicity, analyses focused on individual deductibles (i.e., single coverage), rather than family deductibles.

Limitations

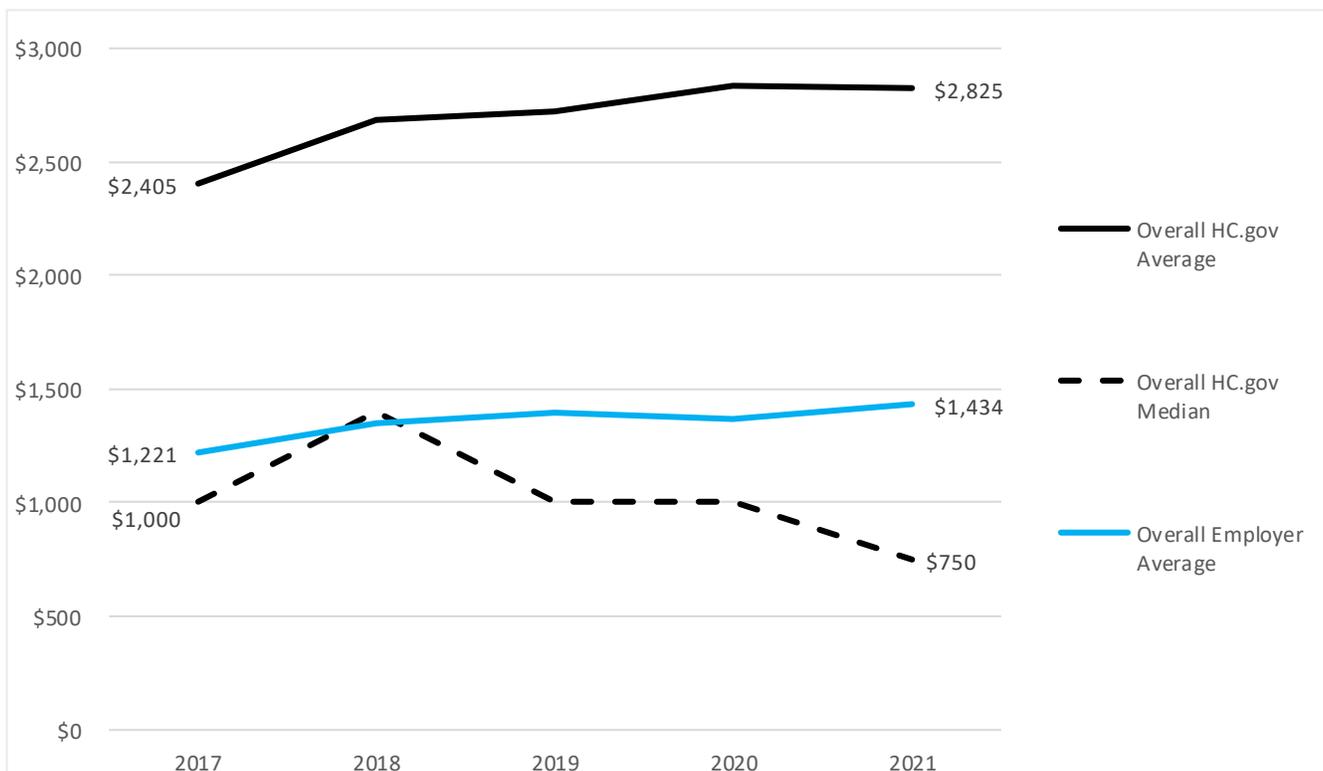
The data and approach used have several notable limitations. First, we only examined states using the HealthCare.gov platform (39 states from 2017 through 2019, 38 states in 2020, and 36 states in 2021); the analysis does not necessarily reflect trends in deductibles in State-based Marketplaces. This may also affect the direct comparability of the Marketplace results to those from employer coverage plans (which are from all 50 states). Additionally, geographic variability—for example at the state, county, or rating area level—is not reflected in the analysis. Plan options and associated deductibles may vary widely depending on where a person lives. Finally, the analysis does not account for services offered before the deductible or separate drug deductibles, though we discuss the former issue later in this report.

RESULTS

Overall Deductible Trends

Figure 1 shows overall median and average deductibles (including CSRs) for individual coverage for HealthCare.gov enrollees from 2017 to 2021, and overall average deductibles for single workers with employer coverage from 2017 to 2021.

Figure 1: HealthCare.gov OEP Individual Deductibles After Subsidies vs. Employer Individual Worker Deductibles, 2017 to 2021



Source: HealthCare.gov Marketplaces 2021 Open Enrollment Deductibles and HSA Enrollment: Supplemental Tables.

Source: Kaiser Family Foundation (KFF) 2021 Annual Employer Health Benefits Survey.

Note: Healthcare.gov states use the federal platform, Healthcare.gov, for consumers to enroll in Marketplace plans. 2021 estimates only represent OEP plan selections and do not reflect the impacts of subsidies in the American Rescue Plan.

The overall average HealthCare.gov deductible increased by \$420 between 2017 and 2021 (from \$2,405 to \$2,825, or 4.1 percent per year), while the overall median deductible decreased by \$250 (from \$1,000 to \$750, or -6.9 percent per year) over the same time period. The average employer coverage deductible increased by

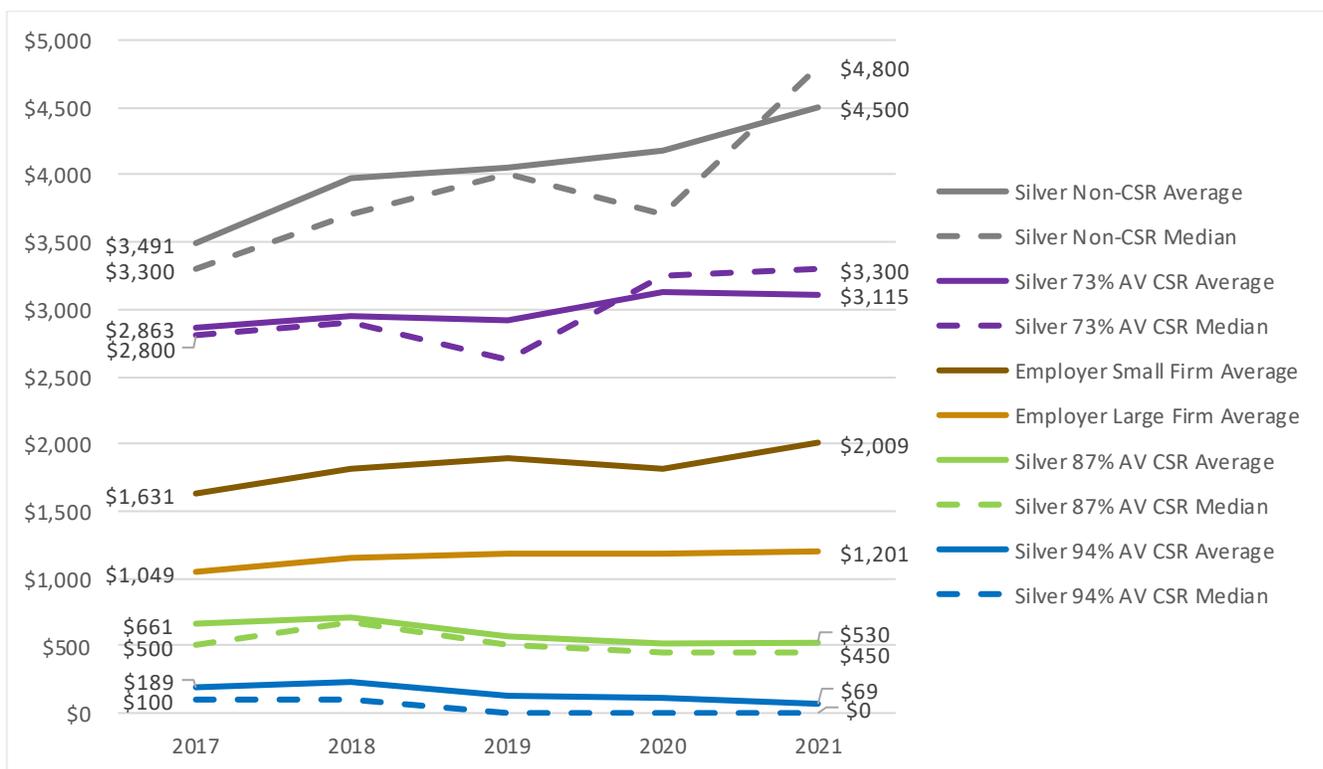
\$213 between 2017 and 2021 (from \$1,221 to \$1,434, or 4.1 percent per year). Taken together, these results indicate that more than half of HealthCare.gov enrollees have subsidized deductibles below average employer coverage deductibles (reflected in the median), but those without CSRs face relatively large deductibles (which pulls up the average). Meanwhile, the relative growth rates in the average HealthCare.gov deductible and average deductibles among those with employer coverage were similar over this time period.

The gap between average and median deductibles on HealthCare.gov is driven by deductibles for non-CSR variant plans, as presented in Figures 2 and 3 below.

Silver Plan Deductible Trends

Figure 2 shows median and average individual deductibles for silver metal plans by CSR variant over time for HealthCare.gov enrollees from 2017 to 2021, and average deductibles for single workers with employer coverage by firm size from 2017 to 2021.

Figure 2: HealthCare.gov OEP Individual Silver Metal Tier and CSR Variant Deductibles (2017 to 2021) and Employer Individual Worker Deductibles by Firm Size (2017 to 2021)



Source: HealthCare.gov Marketplaces 2021 Open Enrollment Deductibles and HSA Enrollment: Supplemental Tables.

Source: Kaiser Family Foundation (KFF) 2021 Annual Employer Health Benefits Survey.

Note: Median and average deductible estimates for CSR silver variants are after application of the subsidy.

Silver CSR variant plan deductibles with 94 percent AV were the lowest of any plan type throughout the study period. Median and average deductibles, after CSRs, were \$0 and \$69 in 2021, both representing a decline of at least \$100 since 2017 (or -100.0 and -22.3 percent per year, respectively). Similarly, average deductibles for silver CSR variant plans with 87 percent AV decreased from \$661 to \$530 (or -5.4 percent per year) between 2017 and 2021, while median deductibles decreased from \$500 to \$450 (or -2.6 percent per year) over the same time.

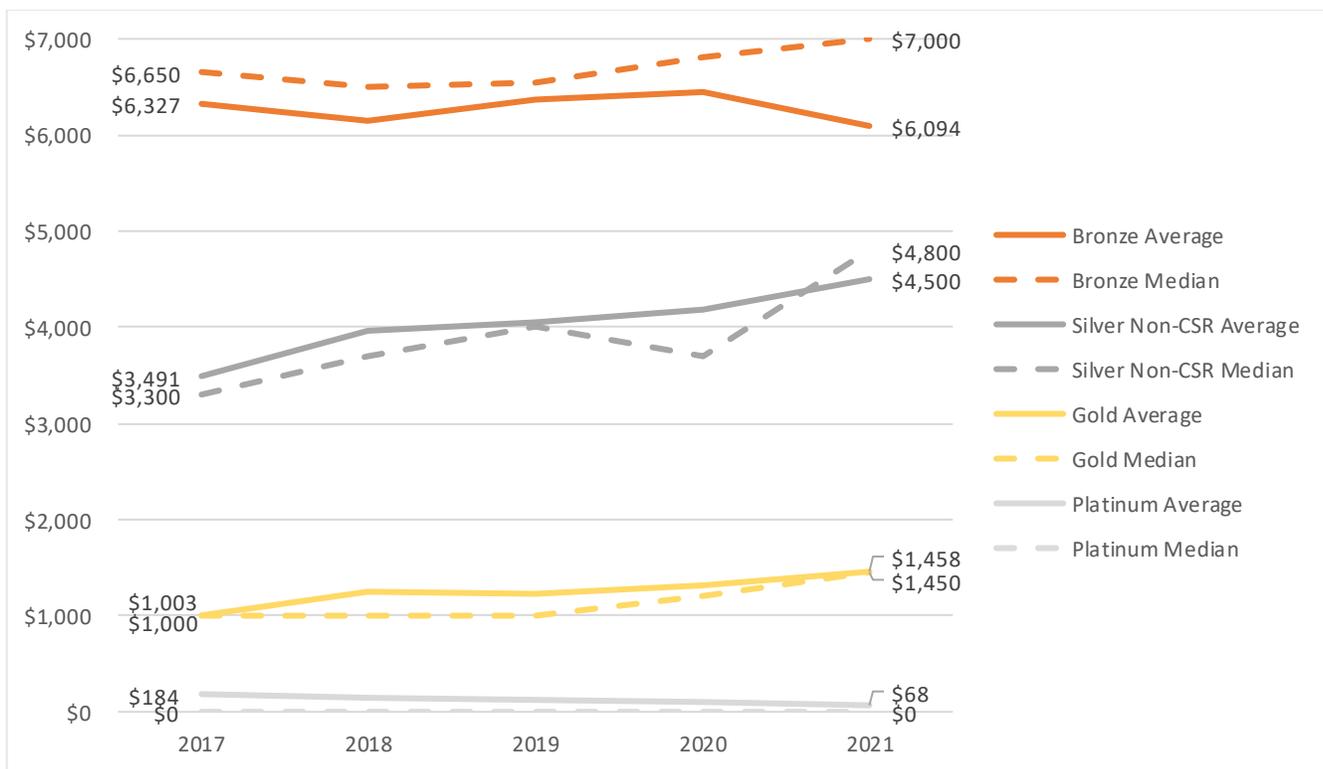
In comparison, deductibles increased between 2017 and 2021 for silver CSR variant plans with 73 percent AV, with the median deductible increasing from \$2,800 to \$3,300 (or 4.2 percent per year), and the average deductible from \$2,863 to \$3,115 (or 2.1 percent per year). Similarly, non-CSR silver plan deductibles also increased between 2017 and 2021, with the median deductible increasing from \$3,300 to \$4,800 (or 9.8 percent per year), and the average deductible increasing from \$3,491 to \$4,500 (or 6.6 percent per year).

Employer coverage single worker deductibles were higher, on average, for small firms (\$2,009 in 2021) compared to large firms (\$1,201 in 2021). Percentage increases between 2017 and 2021 were 5.3 percent and 3.4 percent per year, respectively. Employer average deductibles for both small and large firms fell between 73 percent AV CSR silver and 87 percent AV CSR silver deductibles across all years of data.

Non-CSR Plan Deductible Trends for All Metal Levels

Figure 3 shows median and average individual deductibles for non-CSR plans by metal tier over time for HealthCare.gov enrollees from 2017 to 2021.

Figure 3: HealthCare.gov OEP Individual Deductibles in Non-CSR Plans by Metal Tier (2017 to 2021)



Source: HealthCare.gov Marketplaces 2021 Open Enrollment Deductibles and HSA Enrollment: Supplemental Tables.
 Note: Platinum plans are not offered in many rating areas, therefore the estimates represent a subset of the HealthCare.gov population.

From 2017 to 2021, the average bronze plan deductible fluctuated between \$6,000 and \$6,500, while the median bronze plan deductible fluctuated between \$6,500 and \$7,000. Non-CSR silver plan premiums increased between 2017 and 2021, with the median deductible increasing from \$3,300 to \$4,800 (9.8 percent per year), and the average deductible increasing from \$3,491 to \$4,500 (6.6 percent per year). The gold plan median deductible had an uptick in 2020 (\$1,200) and 2021 (\$1,450), up from \$1,000 from 2017 to 2019. The average gold plan premium was similar to the median in 2017 and 2021, increasing from \$1,003 to \$1,458 (9.8 percent per year). Platinum plans are included in the figure for reference, but these plans are not offered in many rating areas and represent a very small proportion of HealthCare.gov enrollees.

DISCUSSION

Our analysis of Marketplace deductibles on HealthCare.gov reveals several key results.

First, Marketplace deductibles vary widely by metal tier and the presence or absence of CSRs. In general, enrollees receiving CSRs – who represent just over half of HealthCare.gov enrollees – experience deductibles that are substantially lower than typical deductibles in employer plans, while those without CSRs generally have higher deductibles than typical employer plans. CSRs provide substantial protection to lower income Marketplace enrollees who choose to enroll in silver metal tier CSR variant plans on HealthCare.gov by lowering deductibles, copayments, coinsurance, and out-of-pocket maximums. CSRs provide the greatest protection from high OOP costs for those with incomes between 100 and 200 percent FPL. Median and average deductibles for enrollees in these CSR silver variant plans have decreased over time, while most other metal tiers have experienced increases similar in size to recent deductible growth in employer coverage. CSRs provide some OOP cost protection for those with incomes between 200 and 250 percent FPL, but some may still face high deductible costs.

Second, while trends over time in both employer coverage and Marketplace plans without CSRs are towards higher deductibles, this is not the case for many of those receiving CSRs in HealthCare.gov states. For those in 87 percent and 94 percent AV silver plans, deductibles have in fact fallen since 2017, and as a result, the overall median HealthCare.gov deductible has also decreased since 2017. The majority of enrollees in HealthCare.gov Marketplace plans in 2021 had deductibles at or below \$750, down from a median of \$1,000 in most previous years from 2017-2020.

Meanwhile, consumers ineligible for CSRs face higher deductibles, especially if they select silver or bronze plans. Whether this is a barrier to health care access depends on their individual health care needs and utilization. For example, younger and healthier enrollees obtaining coverage primarily for preventive care (which is covered without cost-sharing under the ACA, even for those with a deductible) may not need to meet their deductible, and non-CSR silver or bronze plans may provide the access they need at an affordable premium. However, studies have found that enrollees in high-deductible employer coverage plans reduce their health care expenditures, including those for highly beneficial preventive care, in response to high deductibles.^{1,2,3,4,5,20} Older and less healthy CSR ineligible enrollees may be at greatest financial risk with high deductible plans. These enrollees may find gold plans with a higher AV and lower deductibles that provide a better financial option than non-CSR silver plans. However, this should be weighed in conjunction with premium differences. More broadly, deductibles are just one element of plan design, and consumer choices should be informed by considerations including premiums, cost-sharing, provider networks, and benefit design.

Coverage Benefits Before Reaching the Deductible Limit

Preventive services such as immunizations, annual well care visits, and screenings from in-network providers must be provided without cost-sharing – meaning deductibles do not apply to these services.

As noted above, there are ACA benefits available before a deductible contribution, which are especially important for consumers with high deductibles. Preventive services such as immunizations, annual well care visits, and screenings (e.g., breast cancer, colorectal cancer, diabetes) from in-network providers must be provided without any cost-sharing – meaning deductibles do not apply to these services.^{21,22} In addition, OOP payments made by consumers for in-network care are based on insurer-negotiated rates, which are generally significantly lower than prices for those without health insurance.

It is also important to consider other OOP costs to consumers beyond deductibles (e.g., coinsurance and copays). These, in combination with premiums (after APTC), affect overall health care costs for HealthCare.gov enrollees. While ACA MOOP limits offer enrollees some financial protection overall for OOP costs, few enrollees reach the MOOP, so this provision generally only protects very high utilization enrollees.

American Rescue Plan and Other Policy Options

The ARP enhanced APTCs for those with household incomes between 100 and 400 percent FPL and extended them to individuals with incomes above 400 percent FPL, ensuring that all eligible enrollees do not pay more than 8.5 percent of their income toward benchmark premiums (second-lowest cost silver) in 2021 and 2022.

The ARP's APTC enhancements likely will make silver CSR plans even more appealing to many eligible consumers, as they substantially decrease premiums for these plans. This is especially appealing to those with incomes between 100 and 150 percent FPL, who will pay zero or near zero premiums toward the benchmark silver plan.^{††} Paired with CSRs, these enrollees may find low premium silver plans with higher AV and lower deductibles than standard silver plans. This notion is supported by the recently released 2021 Marketplace Special Enrollment Period Report for February 15 through July 31, 2021, which showed that the median deductible for new consumers fell from \$450 to \$50 after the expanded APTC amounts were implemented on HealthCare.gov on April 1, 2021.²³ It is important to note that special enrollment period consumers differ along multiple dimensions compared to OEP enrollees, so these deductible amounts should not be directly compared to the OEP estimates in this report – but the marked decline post-ARP within the same special enrollment period strongly suggests the ARP is leading consumers to enroll in plans with lower cost-sharing requirements. As noted earlier, 58 percent of new enrollees during this period received CSRs, an increase from 51 percent during the 2021 OEP.^{12,24}

A policy option to further improve affordability of care for those with Marketplace coverage would be to enhance and extend CSRs in a similar way to the ARP's premium subsidies. Another policy option is changing the benchmark plan to the gold metal tier (rather than silver), which would increase the AV of plans for subsidy eligible enrollees by increasing APTCs. Future research describing the characteristics of individuals selecting high deductible Marketplace plans and actual realized costs may help inform the overall benefits of these types of policy options.

CMS also recently announced in its proposed 2023 Notice of Benefit and Payment Parameters, a proposal to adopt standardized plan design options on HealthCare.gov. Adoption of standardized plans would create more consistency in costs by metal level across Marketplace plans offered in the same rating area, including deductibles, as well as actuarial value, maximum out-of-pocket, and other cost-sharing.²⁵ The aim of standardizing plans, as proposed in the 2023 rule, is to reduce consumer choice overload and improve enrollees' ability to distinguish between plan benefit designs. The deductible amounts for the proposed standardized options include \$9,100 for traditional "non-expanded" bronze plans, \$5,800 for non-CSR silver plans, \$800 for 87 percent AV silver plans, and \$0 for 94 percent AV silver plans. All plans other than the non-expanded bronze also include coverage of services such as primary care, specialty care, behavioral health, and many prescription medications before the deductible.

^{††} APTC can only be applied to the portion of the premium that covers ACA EHBs. If a silver CSR plan covers non-ACA EHB services, the consumer is responsible for that portion of the premium. Additionally, under the ARP, the expected contribution to a benchmark plan is zero percent for eligible enrollees between 100-150 percent FPL, therefore the vast majority of this population will have no premium contribution for the benchmark plan.

Conclusion

The general trend towards higher deductibles in private insurance plans over the past decade has been offset for more than half of Marketplace enrollees by the ACA's generous CSRs, as median deductibles have been decreasing. HealthCare.gov enrollees with CSRs generally have smaller deductibles than employer coverage, while those without CSRs face larger deductibles that are growing at rates similar to deductibles in employer coverage. The ARP has led to a shift towards plan enrollment with lower deductibles, offering even greater financial protection to consumers.

APPENDIX: DETAILED DATA TABLES

Appendix Table 1: Data for Figure 1

| | Overall HealthCare.gov Average | Overall HealthCare.gov Median | Overall Employer Average |
|-------------|-----------------------------------|----------------------------------|-----------------------------|
| 2017 | \$2,405 | \$1,000 | \$1,221 |
| 2018 | \$2,685 | \$1,400 | \$1,350 |
| 2019 | \$2,719 | \$1,000 | \$1,396 |
| 2020 | \$2,835 | \$1,000 | \$1,364 |
| 2021 | \$2,825 | \$750 | \$1,434 |

Source: HealthCare.gov Marketplaces 2021 Open Enrollment Deductibles and HSA Enrollment: Supplemental Tables.

Source: Kaiser Family Foundation (KFF) 2021 Annual Employer Health Benefits Survey.

Appendix Table 2: Data for Figure 2

| | Silver Non-CSR Average | Silver Non-CSR Median | Silver 73% AV CSR Average | Silver 73% AV CSR Median | Employer Large Firm Average | Employer Small Firm Average | Silver 87% AV CSR Average | Silver 87% AV CSR Median | Silver 94% AV CSR Average | Silver 94% AV CSR Median |
|-------------|------------------------------|-----------------------------|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| 2017 | \$3,491 | \$3,300 | \$2,863 | \$2,800 | \$1,049 | \$1,631 | \$661 | \$500 | \$189 | \$100 |
| 2018 | \$3,970 | \$3,700 | \$2,945 | \$2,900 | \$1,159 | \$1,818 | \$710 | \$675 | \$231 | \$100 |
| 2019 | \$4,056 | \$4,000 | \$2,913 | \$2,625 | \$1,184 | \$1,896 | \$567 | \$500 | \$131 | \$0 |
| 2020 | \$4,181 | \$3,700 | \$3,128 | \$3,250 | \$1,187 | \$1,819 | \$517 | \$450 | \$105 | \$0 |
| 2021 | \$4,500 | \$4,800 | \$3,115 | \$3,300 | \$1,201 | \$2,009 | \$530 | \$450 | \$69 | \$0 |

Source: HealthCare.gov Marketplaces 2021 Open Enrollment Deductibles and HSA Enrollment: Supplemental Tables.

Source: Kaiser Family Foundation (KFF) 2021 Annual Employer Health Benefits Survey.

Appendix Table 3: Data for Figure 3

| | Bronze Average | Bronze Median | Silver Non- CSR Average | Silver Non- CSR Median | Gold Average | Gold Median | Platinum Average | Platinum Median |
|-------------|-------------------|------------------|----------------------------|---------------------------|-----------------|----------------|---------------------|--------------------|
| 2017 | \$6,327 | \$6,650 | \$3,491 | \$3,300 | \$1,003 | \$1,000 | \$184 | \$0 |
| 2018 | \$6,153 | \$6,500 | \$3,970 | \$3,700 | \$1,243 | \$1,000 | \$146 | \$0 |
| 2019 | \$6,376 | \$6,550 | \$4,056 | \$4,000 | \$1,225 | \$1,000 | \$120 | \$0 |
| 2020 | \$6,446 | \$6,800 | \$4,181 | \$3,700 | \$1,319 | \$1,200 | \$101 | \$0 |
| 2021 | \$6,094 | \$7,000 | \$4,500 | \$4,800 | \$1,458 | \$1,450 | \$68 | \$0 |

Source: HealthCare.gov Marketplaces 2021 Open Enrollment Deductibles and HSA Enrollment: Supplemental Tables.

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