ASPE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION | OFFICE OF HEALTH POLICY

ISSUE BRIEF
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Access to Marketplace Plans with Low Premiums on the Federal Platform

Part III: Availability Among Current HealthCare.gov Enrollees Under the American Rescue Plan

Under the American Rescue Plan of 2021 (ARP), we estimate more than 3 in 4 (79 percent) of the nearly 8 million current HealthCare.gov enrollees likely can access a zero-premium plan, while more than 4 in 5 (87 percent) likely can access a plan for $50 or less per month.

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KEY POINTS

- The American Rescue Plan (ARP) enhances and expands eligibility for advance payments of premium tax credits (APTCs) to purchase Marketplace insurance coverage under the Affordable Care Act (ACA). This Issue Brief estimates the changes in the availability of health plans with no premiums (**"zero-premium plans"**) or premiums for $50 or less per month (**"low-premium plans"**) after APTCs among current HealthCare.gov enrollees under the ARP.[i]
- The ARP has substantially increased the availability of low-premium silver and gold plans; most low-premium plans before the ARP were in the bronze tier.
- Under the ARP, we estimate that the availability of zero-premium plans has increased by 41 percentage points in the silver metal tier, with nearly half (48 percent) of current enrollees now able to enroll in a silver plan at no premium cost to them. Similarly, we estimate that the availability of low-premium plans has increased by 25 percentage points in the silver metal tier, with 7 in 10 (70 percent) of current enrollees now able to find a low-premium silver plan.
- Availability of zero-premium gold plans also increased under the ARP, from 6 percent to 15 percent. Availability of low-premium gold plans increased from 22 to 44 percent, presenting additional opportunities for some current enrollees not eligible for high AV silver plans (i.e. those with income above 200 percent FPL) to switch to plans with zero or low premiums and higher actuarial value (AV).
- The ARP reduced the expected individual contribution of household income toward benchmark plan premiums to zero percent for applicable taxpayers with income between 100 and 150 percent of the Federal Poverty Level (FPL). Combined with cost-sharing reductions, this means that nearly all (99 percent) of current Health Care.gov enrollees in this income range can find a zero-premium plan with an actuarial value (AV) of 94 percent.

[i] All references to premiums in this Issue Brief refer to premiums after application of APTCs, for those eligible to receive them. All results referring to "currently enrolled" in this brief are based on current plan selections in HealthCare.gov states for coverage in 2021 as of March 1, 2021, excluding those with catastrophic coverage.

INTRODUCTION

This is the third ASPE Issue Brief in a series on the availability of zero- and low-premium plans in the HealthCare.gov Marketplace. In the first Issue Brief, published on March 29, 2021, we noted there are approximately 8 million individuals currently enrolled in Marketplace health plans in HealthCare.gov states as of March 1, 2021.[1] Prior to the passage of the American Rescue Plan Act of 2021, Marketplace advanced premium tax credit (APTC) payments for many individuals in HealthCare.gov states - particularly low-income individuals - were large enough to substantially reduce premiums for many consumers, and in some cases to zero dollars, depending on the plan selections they might make. With the passage of the American Rescue Plan (ARP) and its enhanced and expanded Marketplace premium tax credit provisions, current HealthCare.gov enrollees' access to zero- and low-premium health plans has increased.

The ARP builds on the ACA by increasing access to health coverage through financial incentives to states to expand Medicaid and enhanced Marketplace premium tax credit eligibility. Under the ARP, ACA Marketplace premium tax credits temporarily become more generous in two ways: 1) for most consumers with household income between 100-400 percent FPL in Medicaid non-expansion states and between 138-400 percent FPL in Medicaid expansion states, the expected household income contribution toward premiums for the benchmark plan is lowered, including a reduction to 0% for those between 100-150 percent FPL; and 2) for consumers above the previous household income limit (400 percent FPL) for premium tax credit eligibility, the eligibility income limit is removed. The ARP changes to Marketplace premium tax credits apply for coverage beginning January 2021 and last for two years (2021 and 2022). APTCs under the new provisions became available through the HealthCare.gov Marketplace starting April 1, 2021. Reduced premium tax credits are available for all of 2021, and consumers can claim the increased credits for January–April 2021 at tax filing.

The Centers for Medicare & Medicaid Services (CMS) determined that the COVID-19 emergency presents exceptional circumstances for consumers in accessing health insurance and provided access to a Special Enrollment Period (SEP) for individuals and families to apply and enroll in the coverage they need. This SEP will be available to eligible consumers in the 36 states served by the federal Marketplace on the HealthCare.gov platform.[2,ii,iii] Consumer access to the 2021 COVID-19 SEP on HealthCare.gov began on February 15, 2021 and will run through August 15, 2021.[3,4,iv] Most of the fifteen states (including the District of Columbia) that run a State-Based Marketplace (SBM) have also made available a COVID-19 SEP with a similar timeframe.[5,v]

The ARP's enhanced Marketplace premium tax credit eligibility and the current COVID-19 SEP together provide new opportunities for current HealthCare.gov enrollees to find more affordable health coverage and higher quality plans at lower premiums when shopping on HealthCare.gov.[6]

This Issue Brief examines the impact of the ARP on the availability of zero-premium and low-premium health plans among current HealthCare.gov enrollees (referred to subsequently as "currently enrolled" or "the study population"). The brief compares access to such plans before and after the ARP's implementation and

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[ii] HealthCare.gov states examined include: Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

[iii] States operating their own State-Based Marketplace (SBM) that do not use the HealthCare.gov platform are not included in the analysis: California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, and Washington.

[iv] The SEP also allows individuals currently enrolled in a plan through HealthCare.gov to switch plans.

[v] See state profiles here: https://www.healthinsurance.org/states/.

highlights the changes in availability. We examine the availability of zero- and low-premium plans before and after the ARP by metal tier, select demographic characteristics, and state-level estimates.

METHODOLOGY

The study methodology for this analysis of the currently enrolled is the same as in ASPE's prior analyses, *Access to Marketplace Plans with Low Premiums on the Federal Platform - Part I: Availability Among Uninsured Non-Elderly Adults and HealthCare.gov Enrollees Prior to the American Rescue Plan.* See Methodology and Appendix of that Issue Brief for further detail of the study methodology.[1] For the ARP impacts we analyzed two APTC provisions: lowering the household income contribution toward premiums for the benchmark plan for those with household incomes between 100 and 400 percent FPL, and removing the ACA upper income limit for eligibility above 400 percent FPL. The ARP's unemployment compensation provisions, which affect countable income for determining Marketplace premium tax credits, are not included in this analysis.[vi]

This analysis has several limitations. Data for State-Based Marketplaces are not readily available for 2021 and our estimates therefore do not represent the full United States. Additionally, race and ethnicity data for HealthCare.gov enrollees were frequently missing (42 percent of enrollees) and therefore unusable for estimating descriptive statistics for this group.

[vi] Note: We assume enrollees with income above 400 percent FPL are now APTC eligible, but some may not be if they are enrolled in or have access to other affordable minimum essential coverage under ACA rules.

ZERO- AND LOW-PREMIUM PLAN AVAILABILITY BY METAL TIER

Table 1 shows the availability of zero- and low-premium plans by plan metal tier in the study population, before and after the ARP.

Table 1. Zero- and Low-Premium Plan Availability for Current HealthCare.gov Enrollees by Metal Tier, Pre- and Post-American Rescue Plan of 2021

Current HealthCare.gov Enrollees – Plan Availability	Pre-ARP	Post-ARP#	Percentage Point Difference**
Total Population*	**7,968,000**		
$0 Premium Plan, %			
Any Metal Tier	65.9%	78.7%	**+12.7%**
Bronze	65.9%	78.7%	**+12.7%**
Silver	7.1%	48.3%	**+41.1%**
Gold	6.2%	14.7%	**+8.5%**
$50 or Less Per Month Premium Plan, %			
Any Metal Tier	78.1%	87.0%	**+8.9%**
Bronze	78.1%	87.0%	**+8.9%**
Silver	44.7%	70.1%	**+25.3%**
Gold	21.8%	44.1%	**+22.3%**

Data Sources: HealthCare.gov Marketplace Plan Files for Coverage in 2021; CMS/CCIIO MIDAS Plan Selections as of March 1, 2021
Notes: Catastrophic plans excluded from the analyses; *Rounded to the nearest thousand; **Rounding may result in slight deviation in listed percentage point difference and the difference in pre-ARP and post-ARP values calculated from the rounded values in the table; # "Post-ARP" only refers to the two subsidy provisions from the ARP examined in this analysis: lowering of maximum applicable percent of household income toward benchmark premiums and extension of APTC to applicable taxpayers with household incomes above 400 percent FPL.

We estimate that access to zero- and low-premium plan availability increased an additional 12.7 percentage points and 8.9 percentage points, respectively, under ARP. Overall, more than 3 in 4 (78.7 percent) adults in this population may be able to access a zero-premium plan in the Marketplace and nearly 7 in 8 (87.0 percent) may be able to find a plan for $50 or less per month.

Silver Plans

Under the ARP, silver zero- and low-premium plans have become substantially more available. We estimate availability of zero-premium plans to increase by 41.1 percentage points in the silver metal tier, with nearly half (48.3 percent) of the currently enrolled now able to enroll in a silver plan at no premium cost to them. Similarly, we estimate availability of low-premium plans to increase by 25.3 percentage points in the silver metal tier, with 7 in 10 (70.1 percent) of the currently enrolled now able to find a silver plan for $50 or less per month premium cost.

Because income based cost-sharing reductions (CSRs) are only available for silver plans and for eligible consumers with household income between 100 and 250 percent FPL,[vii] these findings indicate for CSR-eligible consumers there may be new opportunities for low-premium plans with more generous coverage (i.e. higher Actuarial Value [AV][viii] and lower out-of-pocket costs, e.g. reduced deductibles, copays, etc.).

[vii] With the exception of American Indians and Alaskan Natives, whose incomes can be higher, and who can utilize CSRs towards plans at any metal level.

[viii] The actuarial value (AV) of a health plan is the average percentage of total costs of in-network essential health benefits (EHB) covered by the health plan. The AV available ranges from 60% for bronze plans, 70% for silver plans, 80% for gold plans, and 90% for platinum plans. For certain eligible individuals (generally those with household incomes between 100%-250% FPL) silver cost-sharing reduction (CSR) plans are available, which enhance AV from 70% to 73%, 87%, or 94% depending on income. Catastrophic plans are excluded from all analyses.

Additionally, the ARP reduced the expected contribution of household income toward benchmark plan (second-lowest cost silver) premiums to zero percent for those with household incomes between 100 and 150 percent FPL, meaning that nearly all of the currently enrolled eligible consumers in this income range can find a zero-premium plan with an AV of 94 percent (i.e. on average, consumers enrolled in these plans only have to pay out-of-pocket for 6 percent of total in-network health care costs), with the exception of those living in a state or rating area in which all silver plans cover benefits beyond the ACA's Essential Health Benefits (EHBs).

Gold Plans

Availability of zero-premium gold plans also increased under the ARP, from 6.2 to 14.7 percent, among those currently enrolled in HealthCare.gov states. The same was true for availability of low-premium gold plans, increasing from 21.8 to 44.1 percent, presenting additional opportunities for some currently enrolled consumers to switch to plans with zero- or low-premium cost with higher AV than standard silver plans.

ZERO- AND LOW-PREMIUM PLAN AVAILABILITY BY DEMOGRAPHIC CHARACTERISTICS

Table 2 shows availability of zero- and low-premium plans by demographics in the study population, before and after the ARP.

Table 2. Zero- and Low-Premium Plan Availability for Current HealthCare.gov Enrollees by Demographics, Pre- and Post-American Rescue Plan of 2021

Current HealthCare.gov Enrollees – Plan Availability	Total Population*	$0 Available - Any Metal			$50 or Less Per Month Available - Any Metal		
		Pre-ARP, %	Post-ARP#, %	Percentage Point Difference**	Pre-ARP, %	Post-ARP#, %	Percentage Point Difference**
Total Population*	**7,968,000**	**65.9%**	**78.7%**	**+12.7%**	**78.1%**	**87.0%**	**+8.9%**
Rural Status‡							
Rural	1,193,000	65.2%	78.7%	**+13.5%**	78.8%	88.4%	**+9.6%**
Urban	6,774,000	66.0%	78.7%	**+12.6%**	78.0%	86.7%	**+8.7%**
Age							
0-17	758,000	52.8%	70.4%	**+17.6%**	74.1%	83.0%	**+8.9%**
18-24	704,000	73.4%	85.6%	**+12.2%**	86.6%	92.6%	**+6.0%**
25-34	1,257,000	58.4%	75.7%	**+17.3%**	72.1%	84.3%	**+12.2%**
35-44	1,302,000	61.8%	77.0%	**+15.2%**	74.0%	84.9%	**+10.9%**
45-54	1,593,000	69.5%	80.5%	**+11.0%**	79.6%	87.8%	**+8.3%**
55-64	2,239,000	70.9%	80.0%	**+9.1%**	80.6%	88.2%	**+7.6%**
65+	115,000	88.7%	90.8%	**+2.1%**	94.3%	95.7%	**+1.4%**
Income/FPL							
<100%	104,000	43.4%	43.4%	**0.0%**	53.9%	53.9%	**0.0%**
100-138%	2,663,000	98.4%	98.6%	**+0.2%**	99.5%	99.5%	**0.0%**
>138-150%	702,000	88.7%	91.5%	**+2.8%**	98.9%	99.2%	**+0.3%**
>150-200%	1,520,000	74.9%	91.3%	**+16.3%**	94.3%	98.9%	**+4.6%**
>200-250%	1,036,000	51.8%	86.4%	**+34.6%**	77.4%	97.8%	**+20.3%**
>250-300%	637,000	28.5%	67.4%	**+38.9%**	55.6%	89.5%	**+33.9%**
>300-350%	415,000	16.6%	40.9%	**+24.3%**	36.3%	70.6%	**+34.3%**
>350-400%	287,000	13.4%	24.5%	**+11.1%**	28.4%	48.4%	**+20.0%**
>400%	115,000	0.0%	2.6%	**+2.6%**	0.0%	7.6%	**+7.6%**
Unknown†	489,000	0.0%	0.0%	**0.0%**	0.0%	0.0%	**0.0%**

Data Sources: HealthCare.gov Marketplace Plan Files for Coverage in 2021; CMS/CCIIO MIDAS Plan Selections as of March 1, 2021

‡Rural vs urban defined at the county level in the Marketplace files.

†Consumers who do not request financial assistance when applying for coverage do not enter their household income information. A small number of consumers that do request financial assistance have missing household incomes due to a tax filing status that makes them APTC-ineligible or data anomalies. Lawfully present individuals with a household income less than 100% FPL who were denied Medicaid due to their immigration status can be APTC eligible (26 CFR 1.36B-2(b)(5)).

Notes: Catastrophic plans excluded from all analyses; *Rounded to the nearest thousand; **Rounding may result in slight deviation in listed percentage point difference and the difference in pre-ARP and post-ARP values calculated from the rounded values in the table; # "Post-ARP" only refers to the two

subsidy provisions from the ARP examined in this analysis: lowering of the maximum applicable percent of income toward benchmark premiums and extension of APTCs to those above 400 percent FPL. Race and ethnicity estimates included in the other issue briefs in the series are not included in this brief due to high missingness in the plan selection files (42%) used for the analysis.

Rural Status

Under the ARP, zero- and low-premium health plans are now available to 78.7 percent and 88.4 percent, respectively, of current HealthCare.gov enrollees in rural counties. In urban counties zero- and low-premium health plans are available to 78.7 percent and 86.7 percent, respectively, of the study population.

Income

Among current HealthCare.gov enrollees, the greatest increase in availability of zero-premium plans was among those with incomes between 200 and 300 percent FPL, with increases of greater than 30 percentage points. The greatest increase in availability of low-premium plans was among those with incomes between 250 and 350 percent FPL, with increases also greater than 30 percentage points.

ZERO- AND LOW-PREMIUM PLAN AVAILABILITY BY STATE

Table 3 shows zero- and low-premium plan availability by HealthCare.gov state for the study population, before and after the ARP.

Table 3. Zero- and Low-Premium Plan Availability for Current HealthCare.gov Enrollees by State, Pre- and Post-American Rescue Plan of 2021

State	Total Population*	$0 Available - Any Metal, %			$50 or Less Per Month Available - Any Metal, %		
		Pre-ARP, %	Post-ARP#, %	Percentage Point Difference**	Pre-ARP, %	Post-ARP#, %	Percentage Point Difference**
All HealthCare.gov States	**7,968,000**	**65.9%**	**78.7%**	**+12.7%**	**78.1%**	**87.0%**	**+8.9%**
Alabama	163,000	84.2%	92.4%	**+8.2%**	89.4%	94.2%	**+4.9%**
Alaska	18,000	0.0%	0.0%	**0.0%**	70.1%	79.4%	**+9.3%**
Arizona	149,000	37.7%	63.3%	**+25.6%**	55.4%	72.2%	**+16.7%**
Arkansas	63,000	34.1%	68.8%	**+34.7%**	56.4%	79.3%	**+22.9%**
Delaware	25,000	50.6%	71.7%	**+21.1%**	64.7%	78.6%	**+13.9%**
Florida	2,086,000	82.4%	91.7%	**+9.3%**	89.0%	93.9%	**+5.0%**
Georgia	508,000	71.0%	83.6%	**+12.6%**	80.0%	87.7%	**+7.6%**
Hawaii	21,000	0.0%	0.0%	**0.0%**	72.3%	81.6%	**+9.4%**
Illinois	273,000	0.0%	0.0%	**0.0%**	55.4%	73.8%	**+18.4%**
Indiana	130,000	25.2%	49.3%	**+24.2%**	39.7%	60.9%	**+21.2%**
Iowa	55,000	69.2%	82.4%	**+13.3%**	76.9%	85.7%	**+8.9%**
Kansas	84,000	56.7%	77.2%	**+20.4%**	70.1%	83.6%	**+13.6%**
Kentucky	72,000	49.6%	71.1%	**+21.6%**	63.7%	77.4%	**+13.7%**
Louisiana	78,000	59.3%	79.1%	**+19.7%**	72.6%	85.6%	**+13.0%**
Maine	55,000	0.0%	0.0%	**0.0%**	52.1%	73.0%	**+20.9%**
Michigan	253,000	41.1%	68.1%	**+27.0%**	59.7%	77.5%	**+17.7%**
Mississippi	109,000	68.0%	89.0%	**+21.0%**	82.8%	93.2%	**+10.4%**
Missouri	205,000	67.7%	80.9%	**+13.3%**	76.0%	84.6%	**+8.6%**
Montana	42,000	47.5%	70.9%	**+23.4%**	62.8%	78.3%	**+15.5%**
Nebraska	84,000	84.7%	92.6%	**+7.9%**	90.2%	94.4%	**+4.1%**
New Hampshire	44,000	26.2%	47.7%	**+21.5%**	38.2%	57.5%	**+19.3%**
New Mexico	41,000	42.4%	63.0%	**+20.6%**	55.0%	69.9%	**+14.9%**
North Carolina	510,000	77.0%	88.4%	**+11.3%**	84.9%	91.4%	**+6.5%**
North Dakota	22,000	77.1%	86.4%	**+9.4%**	83.9%	88.9%	**+5.0%**
Ohio	191,000	32.2%	59.8%	**+27.7%**	50.6%	69.1%	**+18.4%**
Oklahoma	166,000	81.0%	91.2%	**+10.2%**	88.1%	93.4%	**+5.2%**
Oregon	132,000	0.0%	0.0%	**0.0%**	47.9%	65.2%	**+17.3%**
South Carolina	222,000	72.6%	86.5%	**+13.8%**	82.1%	90.1%	**+8.0%**
South Dakota	30,000	67.7%	85.8%	**+18.1%**	80.4%	90.7%	**+10.3%**
Tennessee	203,000	63.2%	79.5%	**+16.3%**	73.4%	84.6%	**+11.2%**
Texas	1,262,000	78.4%	88.1%	**+9.7%**	85.4%	90.7%	**+5.3%**
Utah	200,000	75.9%	87.8%	**+11.9%**	86.2%	91.5%	**+5.3%**
Virginia	246,000	55.7%	76.1%	**+20.5%**	70.1%	82.4%	**+12.3%**
West Virginia	18,000	14.9%	49.4%	**+34.5%**	35.6%	63.9%	**+28.3%**
Wisconsin	181,000	48.7%	69.2%	**+20.5%**	62.1%	78.3%	**+16.2%**
Wyoming	26,000	86.1%	92.3%	**+6.2%**	89.7%	93.3%	**+3.6%**

Data Sources: HealthCare.gov Marketplace Plan Files for Coverage in 2021; CMS/CCIIO MIDAS Plan Selections as of March 1, 2021.

Notes: Catastrophic plans excluded from all analyses; *Rounded to the nearest thousand, and "study population" refers to current HealthCare.gov plan selections in *HealthCare.gov* states; **Rounding may result in slight deviation in listed percentage point difference and the difference in pre-ARP and post-ARP values calculated from the rounded values in the table; # "Post-ARP" only refers to the two subsidy provisions from the ARP examined in this analysis: lowering of max applicable percent of income toward benchmark premiums and extension of APTC to those above 400 percent FPL.

State Level Availability

Under the ARP, HealthCare.gov states continue to vary widely in the availability of zero-premium plans; some states (Alaska, Hawaii, Illinois, Maine, and Oregon) did not have any zero-premium plans available,[ix] while in other states half or more of the currently enrolled HealthCare.gov population may have them available. There was also variability by state for low-premium plans and in most states more than 3 in 4 can find a low-premium plan.

Some states may not have zero-premium plans available to anyone; for example, if all plans in the state cover some services that are not ACA essential health benefits (EHBs), then premiums in that state cannot be reduced by APTCs to zero dollars. APTCs cannot be applied to non-EHB portions of the premium and therefore these plans will always have some amount of premium cost to the consumer.[x] However, due to the comprehensiveness of the ACA EHBs, non-ACA EHB portions of premiums are typically relatively small.

CONCLUSION

The American Rescue Plan Act of 2021 enhances Marketplace premium tax credits for consumers in HealthCare.gov states and expands eligibility for premium tax credits to applicable taxpayers with household incomes of 400 percent FPL and greater. We find that zero-premium and low-premium plans have become much more widely available based on these new tax credit provisions. These changes have improved the coverage options for millions of HealthCare.gov enrollees.

[ix] In places where plans cover services not included in the ACA's Essential Health Benefits (EHB), consumers in this income range will still pay some premium. The plans in these states all cover some non-Essential Health Benefits in their QHPs, which are not eligible for APTCs. See discussion of this in the Part I Issue Brief in this series.

[x] Non-essential health benefits are services beyond the ACA's ten categories of essential services, due to certain state mandates (for example, adult vision and adult dental coverage). For more details about specific state coverage requirements see: https://www.cms.gov/cciio/resources/data-resources/ehb#ehb.

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SUGGESTED CITATION

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