NATIONAL CONFERENCE of STATE LEGISLATURES

The Forum for America's Ideas

Health Insurance Exchanges or Marketplaces: State Profiles and Actions

Includes information for recent enrollment and 2018 – 2019 plans

As of November 8, 2018

This report provides the state legislative history for all states, including:

- The 11 states and D.C. that now fully operate state-run Exchanges or Marketplaces. Two additional states were approved as state-based.
- The five states with state-run and state-based authority while using HealthCare.gov web platform.

Also, the state executive and legislative decisions in the 34 states that have State-Federal Partnerships (six states), transition plans or Federally-Facilitated Marketplaces, including reliance on healthcare.gov. The federal Affordable Care Act (ACA) permits any state to change its structure and administration, by requesting approval from HHS.

State profiles include links and updates to all structures from State-Run to Federally-Facilitated Marketplaces and examples of implementation steps. This report in table format is a supplement to NCSL's online report,
State Actions to Address Health Insurance Exchanges, (includes 50-state map) at **www.ncsl.org/default.aspx?Tabid=21388**

2019 Open Enrollment began Nov. 1, 2018 and will end Dec. 15, 2018 for federal exchanges, with extended deadlines for some states. See details of consumer plan choices and a preview "**see-plans**" feature on Healthcare.gov for viewing premium prices, subsidies and choices without making a binding selection. **Special enrollment continues** February -November 2018 for those with a "qualifying life event (QLE)" such as moving, birth of a child, loss of employer insurance or other limited situations.

- **Individual consumers** can obtain information and enroll online at: www.healthcare.gov
- **Small employers** can obtain information and enroll online at https://www.healthcare.gov/see-plans/small-business/

DEFINITIONS AND ABBREVIATIONS

ACA = The federal Patient Protection and Affordable Care Act (PPACA), also termed the Affordable Care Act and sometimes referred to as "Obamacare."
APTC = Advance Premium Tax Credit. The premium tax credit is money that the federal government pays directly to an insurance company every month so that enrollees have lower monthly premiums. Each tax credit is based on the income the people in each tax household expect to have during the year.
BCBS = BlueCross/ Blue Shield, a commercial insurer network
CMS = The Centers for Medicare and Medicaid Services, the umbrella federal agency within HHS responsible for oversight and implementation of Marketplaces, insurance reforms and Medicaid changes included in the ACA.
Exchange or Marketplace = The term "Exchange" is defined and used in the federal ACA statute. "Marketplace" is intended and defined in federal regulations to have an identical meaning. The words are used interchangeably in many documents, articles and reports.
HHS = U.S. Department of Health and Human Services.
MSP = Multi-State Plan(s). MSPs are offered through Health Marketplaces/Exchanges alongside state-specific health insurer policies.
QHP = Qualified Health Plan, a health insurance product that meets the requirements of the ACA.
SHOP = Small Business Health Options Program, with insurance available to employers with up to 50 FTEs. See SHOP explanation at HealthCare.gov.
***** Individual state information will be added on a regular basis, with date notations where applicable.

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Alabama **Federally Facilitated Marketplace in Alabama**	On Nov. 13, 2012, Governor Robert Bentley announced that the state would not pursue a state exchange. Governor Bentley created Executive Order 17 on June 2, 2011 to establish the Alabama Health Insurance Exchange Study Commission. The Commission is to study the establishment of the Alabama Health Benefits Exchange and make recommendations to the Governor and Legislature by Dec. 1, 2011. These recommendations were to include the form, governance, resource allocation, function and potential effects of the Exchange. Legislation in the 2012 Session considered these recommendations with regards an Alabama Exchange but were not passed.[3]	2019 premiums, see plans: Healthcare.gov	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Five organizations in the state received navigator grant funds from HHS.	$9,772,451 total federal grants related to exchanges awarded to the state. • $1,180,312 Planning Grant • $8,592,139 Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
170,211	178,414	-4.60%	2	N/A	-15.55% (Bright Health)	-0.5% (BCBS of AL)

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state | *** Calculated by NCSL based on HealthCare.gov

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Alaska **Federally Facilitated Marketplace in Alaska**	In July 2012, Governor Sean Parnell announced that Alaska would not create a state-run health insurance exchange under the new federal health care law. His announcement came after the State of Alaska completed a study on health insurance exchange planning.	2019 premiums, Healthcare.gov 50-State Average Premium Table	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	The state has not applied for or accepted any federal funds related to health insurance exchanges.

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
18,313	19,145	-4.35%	1***	n/a		

* Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state | *** Calculated by NCSL based on HealthCare.gov

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Arizona **Federally Facilitated Marketplace in Arizona**	On November 28, 2012, Governor Jan Brewer announced that the state would not establish a state exchange. Previously, Governor Brewer established the Office of Health Insurance Exchanges to organize the state's implementation efforts and conduct analysis on the establishment of an exchange in the state.	2019 premiums, Healthcare.gov 50-State Average Premium Table 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Four organizations in the state received navigator grant funds from HHS.	$30,877,097 total federal grants related to exchanges awarded to the state. • $999,670 Planning Grant • $29,877,427 Level One Establishment Grant

Implementation Facts, Notes and News

- 2014 ACA Insurance Reforms are in State Law = **Yes**[8]

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
165,758	196,291	-15.55%		n/a	n/a	n/a

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state | *** Calculated by NCSL based on HealthCare.gov

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Arkansas **Arkansas Health Connector (State-run Federal platform Exchange)** **As of 2016 SHOP is State-run at: My AR Insurance**	Arkansas was the first state to announce that it would have a state/federal partnership exchange, with the state running plan management and consumer assistance functions of the exchange. On June 15, 2015 Arkansas Republican Gov. Asa Hutchinson received the conditional approval from HHS to run the small business marketplace in 2016 and the individual marketplace in 2017. The letters say the approval reflects the expectation that the states' roles in the marketplaces will expand beginning in the 2016 policy year. In March 2015 the state enacted SB 343 which prohibits the executive from establishing a state-run exchange During the 2013 legislative session, Arkansas enacted HB 1508 which authorizes the Arkansas Health Insurance Marketplace, a fully state-run exchange, as a non-profit entity in the state, effective July 1, 2015. It is responsible for setting certification standards for qualified health plans. Establishes the Arkansas Health Insurance Marketplace Legislative Oversight Committee. In 2014 the Arkansas health exchange board voted to delay until plan year 2017 the launch of its own state-run exchange for individual coverage. It is approved to operate a state-run SHOP for 2016.	2019 premiums, Healthcare.gov 50-State Average Premium Table	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS. In addition, the state enacted SB 1189 which requires navigators to be licensed and certified by the state. Provides standards and guidelines for licensing and does not allow insurers or insurer affiliates to serve as navigators.	$57,947,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $200,928 Planning Grant Supplement • $7,665,483 1st Level One Establishment Grant • $18,595,072 2nd Level One Establishment Grant • $16,470,852 3rd Level One Establishment Grant • $10,641,403 4th Level One Establishment Grant, 10/14 • $3,576,093 5th Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
68,100	70,404	-3.27%	3	n/a	1.06% (QualChoice Life & Health)	4.6% (Ambetter)

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Official Marketplace for Health Insurance

Arkansas HEALTH CONNECTOR Division
A Division of the Arkansas Insurance Department

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
California **Covered California (State-Run Exchange)**	2010 SB 900 and AB 1602 California was the first state to establish a state-based exchange under the ACA. • **For 2019** residents have until Jan. 15, 2019 to sign up **(1 month longer** than HealthCare.gov) • The exchange is an independent state agency with a five-member governing board. • Allows a financial assessment to insurers for exchange support after Jan. 2014. • Conflict of Interest: Members of the board cannot be affiliated with any entity involved in the exchange (carriers, brokers, providers, etc.) or benefit financially from the exchange. • SHOP and individual exchange are separate, but board has the authority to reevaluate that in 2018. • Selection of carriers:[4] The exchange selects plans that will participate in the exchange.	2019 premiums, CA Shop and Compare Tool 50-State Average Premium Table	2010 state law allows the use of navigators; the board is responsible for defining rules on navigator participation. In person assisters in the state need to complete two days of training.	$1,065,686,056 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $39,421,383 1st Level One Establishment Grant • $196,479,629 2nd Level One Establishment Grant • $673,705,358 Level Two Establishment Grant • $155,076,686 Level Two Establishment Grant Supplement, Jan. 2014 The state general fund allowed a $5 million loan to establish the exchange.

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
1,521,524	1,556,676	-2.26%	11***	8.7%	n/a	n/a

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

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Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Colorado **Connect for Health Colorado (State-Run Exchange**	2011 SB 200, Chapter No. 246 - Bi-Partisan legislation creating a state-run exchange enacted in 2011. • **State deadline for 2019 signup is Jan. 15, 2019** (**31 days longer** than HealthCare.gov) • The legislature also created Colorado Health Insurance Exchange Oversight Committee. • Non-profit entity governed by a 12-member board. • Selection of carriers: The Colorado exchange allows all qualified health plans to participate in the exchange.[4] • Allows a financial assessment to insurers for exchange support after Jan. 2014. • Conflict of Interest: Members of the board may not make decisions that benefit them financially. • SHOP and Individual Exchange are two separate markets, but the board has the option to review this and merge them if they see fit. • The exchange cannot use general funds in establishing or operating the exchange.	2019 Colorado Health Plans 50-State Average Premium Tables	Navigators must complete training and pass an assessment. Click here to see a list of navigator and assistor programs and sites throughout the state.	$178,931,023 total federal grants related to exchanges awarded to the state. • $1,247,599 Planning Grant • $17,951,000 First Level One Establishment Grant • $43,486,747 Second Level One Establishment Grant • $116,245,677 Level Two Establishment Grant

Metal Level	Avg. 2016 Premium	Avg. 2015 Premium	% Change
Catastrophic	$264	$236	11.60%
Bronze	$304	$277	9.87%
Silver	$385	$341	12.94%
Gold	$466	$387	20.39%
Platinum	$553	$426	29.80%

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
165,777	161,568	2.61%	7	5.6%	-0.21% (HMO Colorado)	21.6% (Denver Health)

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 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Connecticut **Access Health CT (State-Run Exchange)**	2011 SB 921, Public Act 11-53 - establishing a state-run exchange • Quasi-governmental entity governed by 14 member board. • Selection of carriers:[4] Limits the number of plans an insurer can offer. • Allows a financial assessment to insurers for exchange support effective Jan. 2014. • Conflict of Interest: Does not allow any representative of the insurance industry or providers as board members. • The Exchange was required to submit a plan on whether or not to merge the SHOP and individual exchange, or whether the state should include mandated benefits in addition to the essential health benefits for qualified health plans.	2019 CT Plans 50-State Average Premium Tables	The board was required to address how they handle navigators (brokers/agents). Navigators are required to complete 40 hours of training, a test, and a pass a background check.	$200,057,795 total federal grants related to exchanges awarded to the state. • $996,850 Planning Grant • $6,687,933 1st Level One Establishment Grant • $2,140,867 2nd Level One Establishment Grant • $20,302,003 3rd level One Establishment Grant • Connecticut was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement for a total of $35,591,333.

Metal Level	Avg. 2016 Premium	Avg. 2015 Premium	% Change
Catastrophic	$187	$197	-5.31%
Bronze	$264	$273	-3.57%
Silver	$372	$347	7.17%
Gold	$408	$388	6.56%
Platinum	$476	$472	0.87%

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
114,134	111,542	2.32%	2	2.72%	-2.7% (Anthem)	4% (ConnectiCare)

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* Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Delaware **Choose Health Delaware (State-Federal Partnership Exchange, 2014-2019)** **(Conditionally approved by HHS as State-run by 2016)**	**2019 Federally facilitated marketplace; state conducts plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions but defers to the state to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. On June 15, 2015 Democratic Governor Jack Markell received conditional approval from HHS to run marketplaces for individual and small business coverage plans beginning in 2016. The letter states that the approval reflects the expectation that the states' roles in the marketplaces will expand beginning in the 2016 policy year. Previously, on Dec. 20, 2012, Delaware received conditional approval from the U.S. Department of Health and Human Services (HHS) to establish a Partnership Marketplace. The Choose Health Delaware Marketplace portal became operational on Oct. 1. Consumers may download a paper application from the website but cannot apply for Marketplace or Medicaid coverage directly through Delaware's site. The federal government is operating the online eligibility and enrollment system. The Delaware Health Care Commission within the Delaware Health and Human Services serves as the planning group for the state on Health Insurance Exchanges.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. One organization in the state received navigator grant funds from HHS.	$21,258,247 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $3,400,096 1st Level One Establishment Grant • $8,536,543 2nd Level One Establishment Grant • $8,321,608 3rd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
24,500	27,584	-11.18%	1	3**	3% (One insurer)	

Official State Logo



 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

LISTING ORDER: ***The District of Columbia*** *is included after the 50 states,* ***on page # 52***

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Florida **Federally Facilitated Marketplace in Florida**	After the Supreme Court issued the 2012 opinion on the Patient Protection and Affordable Care Act, Governor Rick Scott announced that the state would not implement a state health insurance exchange because of the potential rise in cost for health insurance premiums. • September 17, 2014 – Florida Health Insurers Selling 2015 PPACA-Compliant Small Group Policies and their SHOP Exchange Status • August 4, 2014 – Insurers Release 2015 PPACA Individual Market Health Insurance Plan Rate Data Compliant with Federal Regulations (includes links to examples for a family of four and a single individual)	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements Click here to view final navigator rule. Eight organizations received HHS navigator grant funds. In addition, the state enacted SB 1842 requires navigators to register with the Department of Financial Services. The law also sets forth requirements for a navigator.	$0. The state not applied for establishment funds related to health insurance exchanges. The state returned planning grant funds.

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
114,134	111,542	2.32%	2	2.72%	-2.7% (Anthem)	4% (ConnectiCare)

Implementation Facts, Notes and News

- Allowed Renewals in 2014 w/o Compliance[7] – Statement
- 2014 ACA Insurance Reforms in State Law = **No**[8]
- State has authorized employee choice of insurers in SHOP as of 2015

Prior to filing or signing of the ACA, the state of Florida authorized and enacted its own exchange in 2008-09. It has a website and consumer information but is not intended to comply with the federal law requirements. See description and link below.

Florida Health Choices *was created in response to a vastly changing health care environment to help individuals and small business owners in Florida make sense*

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

| Exchange Information by State | State Decisions/ Structure/ Background [1] | Premium Information | Addressed Navigator/Assister | Total Federal Funding (2010-2014) [6] |

Georgia

Federally Facilitated Marketplace in Georgia

2014 Action: HB 943 signed 4/15/2014 prohibited the establishment of a state-run or partnership Health Exchange, or the receipt or use of any funds to support an exchange, or the use of any further state role in a navigator health enrollment program operated by the University of Georgia. HB 943 and HB 990 also prohibit the expansion of the Georgia Medicaid program in relation to the ACA.

On Nov. 16, 2012, Governor Nathan Deal notified U.S. Secretary of Health and Human Services Kathleen Sebelius in a letter that Georgia would not set up a state-based health insurance exchange. This means that the state defaulted to a federally-facilitated exchange.

2011 Action: Governor Nathan Deal created an Executive Order on June 2, 2011 to establish the Georgia Health Insurance Exchange Advisory Committee. The Committee reported final recommendations Dec., 2011. The Executive Order emphasized a desire to "develop an exchange that reflects a free market, conservative approach to expanding health insurance coverage in Georgia". The Committee was composed of legislators, the Commissioner of Insurance, the Commissioner of the Department of Community Health, the Chief Operating Officer of the Department of Economic Development, and others.

2019 premiums, Healthcare.gov

50-State Average Premium Tables

Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.

In addition, HB 198 requires navigators to be licensed and certified by the state insurance commissioner.

2014 Action: HB 943, signed 4/15/2014 prohibited the use of any further state role in a navigator health enrollment program operated by the University of Georgia.

$1,000,000 total federal grants related to exchanges awarded to the state.

- $1 million Planning Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
480,912	493,880	-2.63%	4		2.2% (BCBS of GA)	14.7% (Kaiser)

Update 10/22/2018

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Hawaii **Hawaii Health Connector (State-Federal Partnership exchange, Federally supported; using HealthCare.gov for 2015-19 plan years)**	2011 SB 1348 (Act 205) authorized a state-run exchange • **Hawaii Health Connector closes,** leaving behind big transition challenges, Dec. 2015 • Private non-profit governed by a 15 member board. 2013-2015 start-up • Conflict of Interest: The board sets policies and determine how to handle conflict of interest. • Interim board provided recommendations regarding a funding plan (not allowed to use state funds), conflict of interest criteria, and board member terms, among other items by the 2012 legislative session.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators are required to be certified by the exchange. They must complete a test and background check.	$205,342,270 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $14,440,144 1st Level One Establishment Grant • $61,815,492 2nd Level One Establishment Grant • $128,086,634 Level Two Establishment Grant- 2/2013

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
19,799	18,938	4.55%	2	Not available	-0.37% (Hawaii Medical Services)	12.9% (Kaiser)

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HAWAI'I HEALTH CONNECTOR

2013-2015

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Idaho **Your Health Idaho (State-Run Exchange Board, using federally-supported Healthcare.Gov website)**	A state-run health insurance exchange for Idaho was authorized in March 2013 when the legislature passed HB 248. The governor declared the state's intention to run an exchange in December 2012, and the governor and legislative leadership appointed 19 governing board members. In order to meet the exchange enrollment deadline in October 2013, the governing board in Idaho requested that the federal government support certain services, such as determining enrollment eligibility, in the state exchange initially. The state was also working on a transitional plan with the eventual goal of eliminating federal support of the state exchange's operations. For 2015 and 2016 the state is using the federal HealthCare.gov and its system for eligibility determination. Idaho Exchange Model Evaluation – Leavitt Partners	2019 premiums, Healthcare.gov 50-State Average Premium Tables	n/a	$69,395,587 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $20,376,556 1st Level One Establishment Grant • $48,019,031 2nd Level One Establishment Grant On Feb 21, 2014, the Board awarded $40.8 million in federally funded contracts to 2 companies to run a state exchange website and technology. The exchange is a quasi-governmental agency, not permitted to accept state funding. The state-run exchange charged a 1.5% premium fee (compared to the 3.5% fee in federally-facilitated marketplaces)

Metal Level	Avg. 2016 Premium	Avg. 2015 Premium	% Change
Catastrophic	$321	$227	1.51%
Bronze	$275	$248	11.03$
Silver	$327	$301	8.67%
Gold	$375	$325	15.19%
Platinum	Not offered	$328	Not offered

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
94,507	100,082	-5.57%	4	8%	-1% (Select Health)	24% (Pacific Source)

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 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Illinois **Illinois Partnership Marketplace** **(State-Federal partnership for 2014-2019)** **(Plans for future State-Run Exchange, online via healthcare.gov)**	**2019 Federally facilitated marketplace; state conducts plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. On Oct. 16, 2012, Illinois announced that it would work with the federal government to run the exchange in the state. The state intended to transition to a fully state operated exchange within a year of partnership operation. No change had been made as of Jan. 2016. In 2011, SB 1555 Public Act 97-0142 intended to establish a state based health insurance exchange. The act created an Illinois Health Benefits Exchange Legislative Study Committee to inquire further into the establishment of the Illinois Health Benefits Exchange. In October 2011, the Legislative Study Committee provided a report titled, Findings of the Illinois Legislative Health Insurance Exchange Study Committee. According to the state's health reform website, "Additional legislation to establish governance and financing structure of the Exchange in Illinois is currently being assessed in… General Assembly."[3]	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Eleven organizations in the state received navigator grant funds from HHS. In addition, SB 1194 creates the Insurance Navigator Licensing Act; providing that any service as a navigator in the state must be licensed as a navigator by the Director of Insurance; includes prohibited activities; applications for licensure; licenses renewal.	$154,813,136 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $5,128,454 1st Level One Establishment Grant • $32,789,377 2nd Level One Establishment Grant • $115,823,521 3rd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
334,979	356,403	-6.01%	2***	Not available		

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Indiana **Federally Facilitated Marketplace in Indiana**	Governor Mike Pence, soon after the 2012 election, stated that he would not support the creation of state-based or partnership exchange. Former Governor Mitchell Daniels, Jr. created Executive Order 11-01 to establish the Indiana Health Benefit Exchange; however the exchange was not implemented and would have required legislative action.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. In addition, Public Law 278 sets forth regulations and compliances for navigators.	$7,895,126 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $6,895,126 Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
166,711	174,611	-4.52%	2	2.6%	-0.5% (Celtic)	5.4% (CareSource)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Iowa **State-Federal Partnership Marketplace for Iowa**	**2019 Federally facilitated marketplace; state conducts plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. Iowa Governor Terry Branstad announced in December 2012 that the state would run the plan management piece of the exchange in the state. Iowa is among the seven states that are partnering with the federal government; however, it was the only state that has decided to run only the plan management function and not the other optional consumer assistance function for partnership states. In a previous November 2012 letter to U.S. Secretary of Health and Human Services Kathleen Sebelius, Governor Branstad said that the state would continue to pursue a state-based exchange, despite some questions and concerns about the exchanges. The governor mentioned in the letter that the state may have to default "to some level of a federally-facilitated" exchange if more guidance and additional details are not provided from the federal government. The Department of Health established an Interagency Planning Workgroup to collaborate between the Iowa Department of Public Health, Iowa Department of Human Services (State Medicaid Agency), Iowa Insurance Division, and the Iowa Department of Revenue. They will also assess needed resources and regulations.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Three organizations in the state received navigator grant funds from HHS.	$59,683,889 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $7,753,662 1st Level One Establishment Grant • $26,623,003 2nd Level One Establishment Grant • $6,844,913 3rd Level One Establishment Grant • $17,462,311 4th Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
53,217	51,573	3.19%	2	-7.9%	N/A (One returning insurer)	N/A (One returning insurer)

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Kansas **Federally Facilitated Marketplace in Kansas** State sponsored portal at **http://insureks.org**	**2019 Federally facilitated marketplace; state conducts plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. On Nov. 8, 2012, Governor Sam Brownback announced that the state would not participate in implementing a state or partnership exchange. 2011 Action: Insurance Commissioner Sandy Praeger requested a steering committee charter to make recommendations to the Department of Insurance regarding the planning and development of a Kansas Health Benefit Exchange. The planning work done by the Department of Insurance was supported by the governor and workgroups continue to meet. 2019: Overview of the Health Insurance Market in Kansas	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Three organizations in the state received navigator grant funds from HHS.	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
98,238	98,780	-0.55%	3	Not available	2.68% (Sunflower State)	10.7% (Medicaid)

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10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Kentucky **(State-Run Exchange, using federally-supported Healthcare.Gov website) 2017-2019** **Kynect (State-Run Exchange, 2014-16)**	Governor Matt Bevin (R) campaigned on an anti-Obamacare platform, and has spent 2016 transitioning the exchange to the Healthcare.gov platform. As of Nov. 1, 2016, Kentucky will continue to have a state-run exchange, but enrollment is conducted through Healthcare.gov starting November 1, 2016. Previously, in 2012 Kentucky Governor Steve Beshear (D) issued an Executive Order establishing the Office of the Kentucky Health Benefit Exchange, which oversees the implementation and operations of the Exchange. The office is housed in the Cabinet for Health and Family Services. The governor made his intentions to establish an exchange clear that he preferred to take the advice of many stakeholders and create an exchange run by the state. The exchange in the state can limit the number of plans that insurers can offer.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators are required to complete training, a test, meet performance measure and get recertified every year.	$253,698,351 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $7,670,803 1st Level One Establishment Grant • $57,896,810 2nd Level One Establishment Grant • $4,423,000 3rd Level One Establishment Grant • $182,707,738 Level Two Establishment Grant

Metal Level	Avg. 2016 Premium	Avg. 2015 Premium	% Change
Catastrophic	$205	$168	22.21%
Bronze	$241	$220	9.83%
Silver	$299	$275	8.80%
Gold	$364	$323	12.81%
Platinum	$358	$342	4.74%

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
81,155	89,569	10.37%	2	Not available	4.3% (Anthem)	19.4% (CareSource)

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2014-16



10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Louisiana **Federally Facilitated Marketplace in Louisiana**	In March 2011, Governor Bobby Jindal announced that Louisiana would return planning grant funds and the state would not establish a state exchange.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Four organizations in the state received navigator grant funds from HHS.	$998,416 total federal grants related to exchanges awarded to the state. • $998,416 Planning Grant- All funds returned

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
109,855	143,577	-23.49%	3***	Not available		

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10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Maine **Federally Facilitated Marketplace in Maine**	**2019 Federally facilitated marketplace; state conducts only plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. In a letter to U.S. Secretary of Health and Human Services Kathleen Sebelius on Nov. 16, 2012, Governor Paul LePage wrote that the state would not establish a state-based health insurance exchange. In April 2012, Governor Paul LePage stated that Maine will not use the Level One Establishment grant awarded to the state.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	$6,877,676 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $5,877,676 Level One Establishment Grant (Governor LePage informed HHS that he would not utilize establishment funds) • *Maine also was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement, administered by the University of Massachusetts Medical School Award Amount: $35,591,333*

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	**List of 2016 and 2017 Insurers**
75,809	79,407	-4.53%	3		-4.3% (Anthem)	2.1% (Harvard Pilgrim)	

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Maryland **Maryland Health Connection (State-Run Exchange)**	State-run Exchange established by law: 2011 SB182 (Chapter 1) & 2011 HB 166 (Chapter 2) • Quasi-governmental exchange governed by a nine-member board. • Maryland uses a portion of an existing premium tax to fund the exchange after 2015. • The exchange limits the type or number of plans each insurer can offer in the exchange. • Conflict of Interest: Members of the board cannot be affiliated with any entity involved in the exchange (carriers, brokers, providers, etc.) or benefit financially from the exchange while serving on the board.	2019 premiums, Healthcare.gov 50-State Average Premium Tables 2014 Enrollment Profile 4/19/14 Maryland	Navigators are required to complete 120 hours of training, an exam, and recertify annually. 2012 HB 443: Requires a SHOP exchange navigator program. 2013 HB 361: Establishes fees for Small Business Health Options Program (SHOP) exchange navigator licensing.	$171,063,110 total federal grants related to exchanges awarded to the state. • $999,227 Planning Grant • $27,186,749 Level One Establishment Grant • $136,599,681 Level Two Establishment Grant • Maryland received the "Early Innovator" cooperative agreement. Award Amount: $6,227,454

Metal Level	Avg. 2016 Premium	Avg. 2015 Premium	% Change
Catastrophic	$186	$173	8.00%
Bronze	$224	$206	8.81%
Silver	$290	$270	7.66%
Gold	$359	$313	14.83%
Platinum	$363	$371	-2.195

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
153,584	157,832	-2.69%	2	Not available	-17% (Care First Blue Choice	-7.44% (Group Health)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

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Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Massachusetts **Massachusetts Health Connector (State-Run Exchange)**	State-run Exchange established by law: Chapter 58 of the Acts of 2006 • **The 2019 Open Enrollment Period for Massachusetts** is extended through **January 23, 2019** (39 days beyond the federal deadline) In 2006, Massachusetts passed health reform legislation that established a state initiated exchange. • The "Health Connector," launched in 2007, serves multiple functions and managed two health insurance programs: Commonwealth Care, a subsidized program for adults who do not have employer-sponsored insurance and Commonwealth Choice offering commercial insurance plans for individuals ineligible for care as well as small business employers. It uses an "active purchaser" approach to carrier selection.[4] • Annual Reports to Legislature are online. • A $25 million appropriation from the state general fund helped start the exchange. State funds are appropriated annually.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigator training is completed in phases. Operational program currently has a consumer assistance program which meets all exchange requirements and needs.	$192,953,864 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $11,644,938 1st Level One Establishment Grant • $41,679,505 2nd Level One Establishment Grant • $13,917,409 Level One, awarded 10/14/2014 • $80,225,650 Level Two Establishment Grant • Massachusetts was one of 6 New England states to receive the "Early Innovator" cooperative agreement. Award Amount: $35,591,333

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
270,688	266,664	1.51%	9	Not available		

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 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Michigan **Federally Facilitated Marketplace in Michigan** (**State-Federal Partnership Exchange** is CMS officially approved but not in operation for 2014-16)	**2019 Federally facilitated marketplace; state conducts only plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to a state/federal partnership to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. In 2012, Governor Rick Snyder announced that the state would pursue a state/federal partnership exchange, unless the legislature approves pending legislation to establish a state exchange or HHS extends the deadlines for the state-run exchanges. On March 5, 2013 HHS conditionally approved the Michigan State Partnership Exchange for 2014. Because the legislature did not enact any measures to address a state or federal partnership, the state has defaulted to a federally facilitated marketplace.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Four organizations in the state received navigator grant funds from HHS.	$41,517,021 total federal grants related to exchanges awarded to the state. • $999,772 Planning Grant • $9,849,305 1st Level One Establishment Grant $30,667,944 2nd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
293,940	321,451	-8.56%	8	Not available	-2.5% (Priority Health)	11.1% (McLaren)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Minnesota **MNSure (State-Run Exchange)**	State-run Exchange established by law: In 2013, the Minnesota legislature passed the Minnesota Insurance Marketplace Act, in HB 5, authorizing the state's work-in-progress health insurance exchange. • **For 2019,** residents have until Jan. 13, 2019 to sign up **(29 days longer** than HealthCare.gov) The administration began work on the exchange in September 2011 by establishing the Health Insurance Exchange Advisory Task Force to provide recommendations on the development and operation of a state-based health insurance exchange. The exchange was branded "MNsure" by the state administration. The law requires the governor, with guidance from policymakers, to appoint governing board members. All qualified health insurers can participate in the exchange in 2014, The law also includes details on funding, including that the exchange collected a fee of 1.5 percent of total premiums in 2014 to support the operational expenses. The fee was to increase to 3.5 percent of total premiums beginning in 2015. Annual reports to the legislature starting in 2015 are also mandated by the law. A Health Care Financing Task Force Final Report was issued in September 2016	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	The 2013 Legislature (included in HB 5, the Minnesota Insurance Marketplace Act) has designated navigator program for the first year of MNsure. Final rules regarding the navigator role within MNsure's Consumer Assistance Network, are posted on the MNsure website. The MNCAA Program, established by the 2007 Minnesota Legislature, seeks to break down barriers to obtaining publicly funded health care coverage for eligible Minnesotans. Community organizations partnering DHS and counties to help people enroll in Minnesota Health Care Programs (MHCP). The In-Person Assisters must pass an exam and background check. Click here for the award recipients for the outreach infrastructure grants in the state.	$155,020,465 total federal grants related to exchanges awarded to the state. (as of 3/1/14) • $1,000,000 Planning Grant • $4,168,071 1st Level One Establishment Grant • $26,148,929 2nd Level One Establishment Grant • $42,525,892 3rd Level One Establishment Grant • $39,326,115 4th Level One Establishment Grant • $41,851,458 Level Two Establishment Grant (10/23/2013)

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
116,358	109,974	5.81%	4	Not available	-27.7% (Blue Plus)	-7.4% (Group Health)

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11/8/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Mississippi **Federally Facilitated Marketplace in Mississippi** State Run SHOP-only Exchange: SHOP: One, Mississippi, opened July 1, 2014; closed Dec. 2016	Although the Mississippi Commissioner of Insurance, Mike Chaney submitted the state's intention to establish a state-based exchange to the HHS on November 14, 2012, it was not supported by the legislature or governor and was not conditionally approved. As a result, the state has a federally facilitated individual exchange. In August 2013, HHS approved a structure variation that allows a state to run a SHOP exchange only. Comm. Cheney's revised SHOP-only proposal was given conditional approval by HHS on Oct. 1, with a start date goal of Jan. 1, 2014, but postponed. The "One, Mississippi" SHOP website was live, and includes Employer FAQs (PDF) Earlier, Mississippi announced that its high-risk pool program, the Mississippi Comprehensive Health Insurance Risk Pool Association, would establish the state's health insurance exchange. The independent, not-for-profit association was created in 1991. In May 2011 it agreed to do so. In 2011, HB 377 extended the operation and reporting deadlines of the Health Insurance Exchange Study Committee, created by law in 2010, allowing continuation until July 1, 2014.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	$38,039,341 total federal grants related to exchanges awarded to the state. Not all funds have been used. • $1,000,000 Planning Grant • $20,143,618 1st Level One Establishment Grant • $16,895,723 2nd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
83,649	88,483	-5.46%	1*	Not available		

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state | *** Calculated by NCSL based on HealthCare.gov

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Missouri **Federally Facilitated Marketplace in Missouri**	On Nov. 6, 2012 voters passed "Proposition E" changing the state law by "Prohibiting a State-Based Health Benefit Exchange" unless it is created by a legislative act, an initiative petition, or referendum, requiring voter approval. The language was enacted by the legislature in S 464; "Proposition E" passed with a 61.8% Yes vote. Missouri did not pass establishment legislation during the 2011 legislative session, however, the Senate established the Senate Interim Committee on Health Insurance Exchanges to study the establishment of a state-based health insurance exchange. In addition to the Senate Interim Committee, the Missouri Health Exchange Coordinating Council (created by the governor), pursued planning efforts. The Missouri Health Insurance Pool is administering the state's level one establishment grant.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS. In addition, the legislature enacted SB 242, which requires navigators to be licensed with the state and pay a licensing and renewal fee. This law was halted by a federal court injunction, Jan. 23, 2014	$21,865,716 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $20,865,716 Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
243,382	244,382	-0.41%	4	Not available	-8.6% (Celtic)	7.3% (Cigna)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Montana **Federally Facilitated Marketplace in Montana**	The state has a federally facilitated exchange. *Past Action:* In 2011, the legislature enacted a joint resolution creating an interim study committee to examine the feasibility and options of establishing a state-based health insurance exchange.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Three organizations in the state received navigator grant funds from HHS. In 2013, the legislature passed HB 250, which requires navigator and insurance producer state certification for health insurance sold in an exchange; provides training requirements for other people who assist those signing up for the health benefit exchange; provides for navigator qualifications, duties and certification fees. Fees are: $100 for initial license, $50 for biennial renewal license and $100 for reinstatement.	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
47,699	52,473	-9.10%	3	Not available	0% (HSC)	10.3% (Montana Health Center

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Nebraska **Federally Facilitated Marketplace in Nebraska**	**2019 Federally facilitated marketplace; state conducts only plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. Governor Dave Heineman announced on Nov. 15, 2012 that the state would have a federally facilitated exchange.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS. In 2013, the legislature passed LB 568 requiring navigators to meet certain standards and be registered with the state.	$6,481,838 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $5,481,838 Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
88,213	84,371	4.55%	1	2.2%	N/A (One insurer)	N/A (One insurer)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Nevada **Nevada Health Link (Federally supported State-Based exchange; using HealthCare.gov for 2015-16 plan years)**	State-run exchange, established by 2011 SB 440; Nev. Stats., Chapter No. 439. • Independent newly developed state agency with a 10-member governing board. • The exchange served as a market organizer, where it may limit insurers or the number of plans allowed to participate in the exchange. Board member cannot be affiliated with insurance carriers or be a legislator. • In May 2014 the Board voted to change from its own website and to use the federal healthcare.gov site. • On May 25, 2015, the legislature enacted NV A 86, Act 144 of 2015, which removes the requirement that the Exchange be "state based." It expanded the Board to nine voting members and eliminates the prohibition against appointing a person affiliated with a health insurer, also authorizes compensation to Board members.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators must be certified by the department of insurance. They are required to complete 20 hours of training, pass an examination and background check and meet certain performance measures.	$90,773,768 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $4,045,076 1st Level One Establishment Grant • $15,295,271 2nd Level One Establishment Grant • $4,397,926 3rd Level One Establishment Grant • $9,020,798 4th Level One Establishment Grant • $6,998,685 5th Level One Establishment Grant • $50,016,012 Level Two Establishment Grant • $10,227,300 Supplemental (July 10, 2014)

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
91,003	89,061	2.18%	2	Not available	-1.1% (Silver Summit)	0% (Health Plan of Nevada)

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10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
New Hampshire **New Hampshire Partnership Marketplace at HealthCare.gov**	**2019 Federally facilitated marketplace; state conducts only plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to a state/federal partnership to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. Although New Hampshire's legislature passed HB 1297 in June 2012, addressing the state's role in a federally facilitated exchange while prohibiting the state or anyone in it from creating a state exchange, the political shift that occurred after the Nov. 2012 election, has changed the state's course. The 2013-14 legislature considered legislation repealing the 2012 prohibition. NH has a partnership exchange for 2014-2019.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	$12,534,078 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant (Returned portion of the grant, kept $334,000) • $894,406 1st Level One Establishment Grant • $5,372,682 2nd Level One Establishment Grant • $2,048,237 3rd Level One Establishment Grant • $3,218,753 4th Level One Establishment Grant (5/14/2014)

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
49,573	53,024	-6.51%	3	Not available	-15.23% (Celtic)	-7.4% (Harvard Pilgrim)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
New Jersey **Federally Facilitated Marketplace in New Jersey**	**2019 Federally facilitated marketplace; state conducts plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually On Oct. 18, 2012 the legislature passed the New Jersey Health Benefit Exchange Act (SB 2135), which establishes a health insurance exchange as outlined in the federal health reform legislation. The bill was vetoed by Governor Chris Christie on Dec. 6, 2012. Governor Chris Christie vetoed a previous bill in May 2012, citing the then-pending ruling on PPACA from the Supreme Court.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Five organizations in the state received navigator grant funds from HHS.	$8,897,316 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $223,186 Planning Grant Supplement on 12/2011) • $7,674,130 Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
274,782	295,067	-6.87%	3	-9.3%	Not available	Not Available

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
New Mexico **Be Well NM State-Based exchange, Federally supported; using HealthCare.gov for 2015-16 plan years)** **New Mexico Health Insurance Exchange (State-Run SHOP Exchange)**	In New Mexico, the health insurance exchange's governing board requested federal support to implement the new marketplace. New Mexico announced its board members in April, after authorizing a state-run exchange in March. In New Mexico, the exchange's governing board voted to have the state manage the small business (SHOP) market, but have the federal government run the individual insurance portion of the exchange (a recent option the federal government has offered to states). The governing board postponed the launch of a full state-run exchange from October 2014, to October of 2015. Despite earlier objections to a state-run health insurance exchange, Governor Susana Martinez's administration has moved ahead with exchange planning in the state, using federal funds to contract with vendors and consultants. In 2011, New Mexico's legislature passed an exchange bill that was vetoed by the governor.	2019 premiums, Healthcare.gov 50-State Average Premium Tables	The exchange is authorized to provide certification. Navigators are required to complete training and a background check.	$123,281,600 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $34,279,483 1st Level One Establishment Grant • $18,600,000 2nd Level One Establishment Grant • $69,402,117 3rd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
49,792	54,653	-8.89%	4	Not available	-6.95% (NM Health Connections	4% (Christus)

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10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
New York **New York State of Health (State-Run Exchange)**	Governor Andrew Cuomo established the New York Health Benefit Exchange through an Executive Order 42 on April 12, 2012. • **For 2019,** residents have until Jan. 31, 2019 to sign up **(45 days longer** than HealthCare.gov) The executive order required the exchange to be financially self-sustaining by 2015. The governor's order allows for stakeholder and public comment with regional advisory committees of consumer advocates, small business representatives, health care providers, agents, brokers, insurers, labor organizations and others. These groups advise the Department of Health and make recommendations on the establishment and operation of the exchange. The Department of Health houses the exchange.	2019 premiums, Healthcare.gov NYSOH 2018 Open Enrollment by Plan and County 50-State Average Premium Table, 2017-2019	New York Department of Health conducts navigator training. NY State of Health released 2018 demographic enrollment data on the more than **4.3 million New Yorkers who enrolled in a health plan (including Medicaid) through the Marketplace** through January 31, 2018, the end of the open enrollment period. The data show that across all Marketplace programs, enrollment increased by nearly 700,000 in the past year.	$451,187,996 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $10,774,898 1st Level One Establishment Grant • $48,474,819 2nd Level One Establishment Grant • $95,496,490 3rd Level One Establishment Grant • $185,822,357 Level Two Establishment Grant • $82,188,253 Supp. 2/2014 • Early Innovator IT Grant: $27,431,432

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
253,102	242,880	4.21%	12	8.6%	-3.2% (HealthNow) New York	17% (Emblem)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

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Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
North Carolina **Federally Facilitated Marketplace in North Carolina** (*Note:* A Partnership Exchange is not in operation for 2014-2016)	In March 2013, the legislature enacted SB 4 (Session Law 2013-#5) which specifies the state's intent not to operate a state-run or "partnership" health benefit exchange; also providing that future Medicaid eligibility determinations would be made by the state rather than the federally facilitated exchange.. It does permit use of federal grants for premium rate review. On Nov. 15, 2012, Governor Sonny Perdue announced that the state would have a partnership exchange. In 2011, the General Assembly's passed a bill HB 22, stating its **intent** to develop a Health Benefit Exchange. Section 49 gives the NC Department of Insurance (DOI) and the NC Department of Health and Human Services (DHHS) the authority to contract with experts to develop the IT needed for the ACA. The Department of Insurance continued to plan a state-run exchange and analyze various exchange implementation scenarios. In addition, the North Carolina Institute of Medicine includes the Health Benefit Exchange and Insurance Oversight Workgroup as part of a health reform oversight committee. Their latest report was Jan. 2013	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Four organizations in the state received navigator grant funds from HHS.	$87,357,315 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $12,396,019 1st Level One Establishment Grant • $73,961,296 2nd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
519,803	549,158	-5.35%	3	Not available	-4.1% (BCBS of NC)	0.4% (Cigna)

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
North Dakota **Federally Facilitated Marketplace in North Dakota**	The governor has stated that the state would have a federally-facilitated exchange to start. In 2011, the legislature passed HB 112 which requires the exchange to be further examined to determine its establishment no later than Jan. 1, 2013 and operational by Jan. 1, 2014. North Dakota's Insurance Commissioner and the department of human services may adopt rules to carry out the provisions necessary to establish a health insurance exchange that are stipulated in the law. The commissioner and department of human services were required to provide an update to legislative management about their progress before Oct. 15, 2012. A special legislative session was to consider their recommendations and take further steps to implement the health benefits exchange. North Dakota introduced HB 1474a during a 2011 Special Session to establish a state exchange. The bill did not pass the House during the special session which adjourned on Nov. 10, 2011.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant (only accepted $231,978)

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
22,486	21,982	2.29%	2***	Not available		

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state | *** Calculated by NCSL based on HealthCare.gov

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Ohio **Federally Facilitated Marketplace in Ohio**	On Nov. 16, 2012, Governor John Kasich informed the U.S. Department of Health and Human Services that the state would have a federally-facilitated exchange to start. It continues that structure through 2019	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Five organizations in the state received navigator grant funds from HHS. In addition, the legislature enacted HB 3, which requires certification and sets a fee.	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
230,127	238,843	-3.65%	9	6.3%	2.48% (Paramount)	16.8% (CareSource)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Oklahoma **Federally Facilitated Marketplace in Oklahoma**	On Nov. 19, 2012 Governor Mary Fallin sent a letter to U.S. Secretary of Health and Human Services Kathleen Sebelius informing her of the state's exchange decision not to create a state-run health insurance exchange. The state would have a federally-facilitated exchange. In 2011, the Oklahoma Legislature established the Joint Committee on the Federal Health Care Law to examine what options the state has in implementing all or certain parts of the Affordable Care Act. The committee's final recommendations included establishing a non-compliant (does not meet all federal requirements in the law) exchange.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Five organizations in the state received navigator grant funds from HHS.	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant (only $897,980 was accepted) • Early Innovator IT Grant: $54.6 million (returned).

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
230,127	238,843	-3.65%	2	-2.0%	N/A (One returning insurer)	N/A (One returning insurer)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Oregon **Oregonhealthcare.gov (State-Based exchange, Federally supported; using HealthCare.gov for 2015-19 plan years)** Oregon did not have a functioning SHOP for 2015. Cover Oregon is facilitating direct enrollment for small employers so they can still take advantage of the tax credit.	2011 SB 99, Chapter 415 In March 2012, the governor signed HB 4164 approving the Oregon Health Insurance Exchange Business Plan. • Independent public corporation of the state with a nine-member governing board. • The board is required to have a Consumer Advisory Committee and is allowed to establish other types of advisory committees. • The exchange is allowed to enter into contracts with certified navigators. On April 24, 2014 the governing board of the state-run exchange voted to terminate the state-created website, and move operations to the federal facilitated healthcare.gov, after persistent technical problems. Oregon is the first state to announce a switch from state to federal web operations. The plan was pending HHS final approval.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019 **Metal Level / Avg. 2016 Premium / Avg. 2015 Premium / % Change** Catastrophic: $217 / $203 / 7.12% Bronze: $260 / $213 / 21.95% Silver: $313 / $266 / 17.42% Gold: $379 / $315 / 20.32% Platinum: Not offered / $376 / Not offered	Navigators must complete training and receive certification.	$305,206,587 total federal grants related to the state. • $1,000,000 Planning Grant • $48,096,307 Oregon received an "Early Innovator" cooperative agreement administered by the Oregon Health Authority • $11,820,905 Early Innovator Supplement Award • $8,969,600 1st Level One Establishment Grant • $6,682,701 2nd Level One Establishment Grant • $2,195,000 Establishment Grant Admin. Supplement • $226,442,074 Level Two Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
156,105	155,430	0.43%	5	Not available	-9.6% (PacificSource	9.5% (Providence)

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2016

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Pennsylvania **Federally Facilitated Marketplace in Pennsylvania** (Approved as State-run by 2016, by HHS)	On June 15, 2015 Democratic Governor Tom Wolf received conditional approval from HHS for their application to run marketplaces for individual and small business coverage plans beginning in 2016. On June 25, Penn. withdrew its application and returned to using the Federally Facilitated exchange. Previously, on Dec. 12, 2012, Republican Governor Tom Corbett announced that the state would not pursue a state exchange at this time and defaulted to a federally facilitated exchange.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Five organizations in the state received navigator grant funds from HHS.	$34,832,212 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $33,832,212 Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
389,081	426,059	-8.68%	6	0.7%	-20.4% (Capital Advantage)	13.2% (Geisinger Quality Option)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Rhode Island **Health Source RI** **(State-Run Exchange)**	Governor Lincoln Chafee signed Executive Order 2011-09 which establishes the Rhode Island Health Benefits Exchange. • **For 2019,** residents have until Dec. 31, 2018 to sign up **(16 days longer** than HealthCare.gov) The exchange operates within the Executive Department. • A 13-member board governs the exchange; the board is allowed to determine which health plans will be allowed in the exchange. • Conflict of Interest: Board members cannot be affiliated with any insurer, agent, broker or provider. • Allows for the establishment of advisory committees. • The exchange contracts with carriers and determines which insurers are allowed to participate, given they meet the minimum federal requirements.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators (assisters) must receive and complete state training, meet criteria and pass an exam.	$139,106,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $5,240,668 1st Level One Establishment Grant • $9,822,646 2nd Level One Establishment Grant • $15,298,487 3rd Level One Establishment Grant • $6,176,368 4th Level One Establishment Grant • $1,300,000 Level One Establishment Grant Administrative Supplement • $58,515,871 Level Two Establishment Grant, $7,950,989 Supplement. • Rhode Island was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement, administered by the University of Massachusetts Medical School Award Amount: $35,591,333

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
33,021	29,456	12.10%	2	Not available	7.5% (BCBS of VT)	8.7% (Neighborhood Health)

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10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
South Carolina **Federally Facilitated Marketplace in South Carolina**	In July 2012, Governor Nikki Haley issued a letter stating that South Carolina would not create a state exchange or accept establishment grants from the federal government. The letter stated that the decision is based on a study done by the state researching exchanges. In 2011, Governor Nikki Haley established the South Carolina Health Exchange Planning Committee through Executive Order 2011-09. The Committee was an advisory group whose mission is to assist with research as determined necessary by the Director of Insurance and to provide recommendations on the health insurance exchange planning process as described in the Exchange Planning Grant application. If the committee recommends a state-based exchange, it must include detailed recommendations regarding the structure, governance, etc. of the exchange.[2, 3]	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Three organizations in the state received navigator grant funds from HHS.	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
215,983	230211	-6.18%	1***	Not available		

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
South Dakota **Federally Facilitated Marketplace in South Dakota**	**2019: Federally facilitated marketplace; state conducts plan management** (1 of 17 states) The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individual must use HealthCare.gov to enroll in health coverage annually. In September 2012, Governor Dennis Daugaard announced that the state would not develop a state exchange. Prior to this decision, Governor Daugaard elected to develop a large taskforce similar to prior stakeholder groups assembled in South Dakota to address both coverage for the insured and the development of recommendations for the state's long term care delivery system. Lt. Governor Matt Michels served as chairman of the group. Representation was sought and received from small businesses, insurance agents, insurance companies, health care providers, consumer advocates, state agencies, and state legislators.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	$6,879,569 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $5,879,569 Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
29,652	29,622	0.10%	2	Not available	2.5% (Avera)	9.7% (Sanford)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Tennessee **Federally Facilitated Marketplace in Tennessee**	The state defaulted to a federally run exchange. Tennessee's Benefits Administration and the Department of Finance had the lead on planning for the health insurance exchange in the state. The Department identified subcontractors to work with through March 31, 2013 to analyze various aspects of a state based health insurance exchange. Additionally, the Benefits Administration and the Department of Finance established the Tennessee Planning Initiative for the PPACA Health Insurance Exchange. The goals of the Initiative were to identify key decision points, research policy alternatives and make recommendations on health care.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS. In addition, the legislature enacted SB 1145 states that the commissioner must establish certification, training and rules for navigators.	$9,110,165 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $1,560,220 1st Level One Establishment Grant • $2,249,945 2nd Level One Establishment Grant • $4,300,000 3rd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	**2019 Number** of Exchange Insurers *Submitting 2019 Rates**	**2019 Statewide** Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
228,646	234,125	-2.34%	5	Not available	-14.8% (BCBS of TN)	7.25% (Oscar)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Texas **Federally Facilitated Marketplace in Texas**	In July 2012, Governor Rick Perry issued a letter to the U.S. Department of Health and Human Services Secretary Kathleen Sebelius stating that Texas would not create a state exchange or implement optional parts of the federal health law. The Texas Department of Insurance (TDI) and the Texas Health and Human Services Commission (HHSC) are coordinating planning efforts.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Eight organizations in the state received navigator grant funds from HHS. The legislature enacted SB 1795 of 2013 which requires the department of insurance to create a navigator program and rules to govern it.	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant, returned $900,000 of the grant in early 2012. • Net used by state: $96,425

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
1,126,838	1,227,290	-8.18%	4	Not available		

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Utah **Avenue H - www.avenueh.com (State-Run SHOP Exchange)** **Federally Facilitated Marketplace for Individuals in Utah**	HB 133 of 2008 and HB 188 of 2009, established a small business exchange, prior to enactment of the ACA. State Proposal Letter regarding SHOP exchange • Utah continues to run its small business exchange, which has been in place since 2008, while the federal government runs the individual exchange in the state. CMS proposed an amendment to its Exchange Final Rule (45 CFR 155) that permits Utah to operate a state-based SHOP-only marketplace starting in 2014, building on the framework of Utah's existing small business exchange, while the federal government operates the federally facilitated marketplace for the individual market for 2014-15. • Selection of carriers:[4] The small business portion operates a "defined contribution market" where an employer offers a pre-determined level of funding and allows the employee to purchase their coverage using the funds the employer provided. • Utah has modified the exchange system and expanded its internet portal to meet federal requirements for premium tax subsidies and credits and Medicaid and CHIP eligibility.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Four organizations in the state received navigator grant funds from HHS. In addition, the legislature enacted HB 160 requiring navigators to be licensed in the state.	$5,247,987 total federal grants related to exchanges awarded to the state. • $1,000,000 1st Level One Establishment Grant • $3,247,987 2nd Level One Establishment Grant • $1,000,000 Planning Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
194,118	197,187	-1.56%	3	Not available	-2.7% (SelectHealth)	23.3% (Molina)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

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Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Vermont **VT Health Connect (State-Run Exchange)**	Establishment law: 2011 HB 202, Act No. 48 • The Department of Vermont Health Access established the Vermont health benefit exchange. The exchange is a division within the department of Vermont health access, headed by a deputy commissioner. • Vermont's Rate Review Process. For 2015 The Green Mountain Care Board cut proposed rate increases for BCBSVT plans from an average increase of 9.8 percent to 7.7 percent and MVP plans from 15.3 percent to 10.9 percent. • Exchange monthly report - Dec. 2015	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators must complete training and disclose background information.	$168,124,081 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $18,090,369 1st Level One Establishment Grant • $2,167,747 2nd Level One Establishment Grant • $42,687,000 3rd Level One Establishment Grant • $4,517,000 Level One Establishment Grant Administrative Supplement • $104,178,965 Level Two Establishment Grant • Also Vermont was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement, administered by the U. Massachusetts Medical School Award Amount: $35,591,333

Metal Level	Avg. 2016 Premium	Avg. 2015 Premium	% Change
Catastrophic	$247	$218	12.95%
Bronze	$397	$383	3.56%
Silver	$476	$455	4.58%
Gold	$548	$546	0.26%
Platinum	$659	$635	3.63%

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
28,762	30,682	-6.26%	2	Not available	5.78% (BCBS of VT)	6.63% (MVP Health Plan)

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 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Virginia **Federally Facilitated Marketplace in Virginia**	**Federally facilitated marketplace; state conducts plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individual must use HealthCare.gov to enroll in health coverage annually. Past Action: In 2011, the legislature enacted HB 2434; Chapter No. 823 which was intended to establish a state based health insurance exchange. The General Assembly requested that the Governor, through the Secretary of Health and Human Resources and others, make recommendations regarding a health benefits exchange by the 2012 Session. These recommendations address, among other things, "the make-up of a governing board for the Virginia Exchange". The recommendations were provided on Nov. 24, 2011.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	$6,567,803 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $4,320,401 1st Level One Establishment Grant • $1,247,402 2nd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
400,015	410,726	-2.61%	7	Not available	-7.2% (Optima)	45.1% (GHMSI)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Washington **WA Health Plan Finder (State-Run Exchange)**	Chapter 317, Laws of 2011 SB 5445 • Quasi-Governmental Agency governed by an 11 member board. • Exchange serves as a clearinghouse and allows all insurers. • Conflict of Interest: The board members must not benefit financially from serving on the exchange while on the board. • The board has to develop an implementation report to be presented to the legislature by 2012. • The board can decide to whether to establish a SHOP and individual exchange as one or separately.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Requires training and the completion of an exam. Navigators measured by the number of enrollment applications completed.	$266,026,060 total federal grants related to exchanges awarded to the state. • $996,285 Planning Grant • $22,942,671 1st Level One Establishment Grant • $84,633,761 2nd Level One Establishment Grant • $127,852,056 Level Two Establishment Grant • $8,403,669 1st Level Two Establishment Grant Administrative Supplement • $21,197,618 2nd Level Two Establishment Grant Administrative Supplement

Metal Level	Avg. 2016 Premium	Avg. 2015 Premium	% Change
Catastrophic	$210	$225	-6.46%
Bronze	$249	$238	4.57%
Silver	$298	$300	-0.54%
Gold	$372	$357	4.26%
Platinum	Not offered	$408	Not offered

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
242,850	225,594	7.65%	5	13.8%	0.3% (BridgeSpan)	18.61% (Kaiser)

Official State Logo:



10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
West Virginia **Federally Facilitated Marketplace in West Virginia**	**2019 Federally facilitated marketplace; state conducts only plan management (1 of 17 states)** The federal government is legally responsible for all marketplace functions, but defers to the state to conduct plan management. Individuals must use HealthCare.gov to enroll in health coverage annually. Although West Virginia passed HB 408, Act No. 100 to create a state exchange in 2011 it was not implemented due to financial concerns of establishing a state exchange. As a result, the state did not pursue a state exchange by the Dec. 14, 2012 deadline. The governor announced that the state would likely pursue a state/federal partnership. If the state decides to continue the pursuit of a partner exchange with the federal government it must submit a blueprint (state plan) for approval from HHS.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	$20,832,828 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $9,667,694 1st Level One Establishment Grant • $10,165,134 2nd Level One Establishment Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	**2019 Number** of Exchange Insurers *Submitting 2019 Rates**	**2019 Statewide** Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	**State Marketplace web page** (information only, no sales)
27,409	34,045	-19.49%	2	Not available	13.1% (CareSource)	15.9% (Highmark)	

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Wisconsin **Federally Facilitated Marketplace in Wisconsin**	In reaction to the Supreme Court ruling, Governor Scott Walker issued a statement declaring that he would not implement any part of the federal health law. On January 18, 2012 Governor Scott Walker announced he would return $37.6 million in Early Innovator Grant program funding to the federal government. In 2011, Governor Walker established the Office of Free Market Health Care which is to be directed by the Department of Health Services and the Office of the Commissioner of Insurance to develop and recommend a plan that encourages competition through the leveraging of a free-market approach based on a set of requirements outlined in the executive order.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Six organizations in the state received navigator grant funds from HHS.	$38,757,139 total federal grants related to exchanges awarded to the state. • $999,873 Planning Grant • Wisconsin received the "Early Innovator" cooperative agreement; Administered by the Wisconsin Department of Health Services Award Amount: $37,757,266 (**Grant Returned)**

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
225,435	242,863	-7.18%	3	Not available		

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister	Total Federal Funding (2010-2014) [6]
Wyoming **Federally Facilitated Marketplace in Wyoming**	2013 HB 203 Created the Select Committee on Health Insurance Exchanges to "study the operation of the exchange in all its parts and functions in order to determine the processes by which the exchange is operated. The steering committee can summarize the operation of an exchange and determine if and how the state can pursue the exchange if the federally facilitated exchange is not working in the state or if there is a better alternative. • The select committee was to make a preliminary report to the governor, the joint appropriations interim committee and the joint labor, health and social services interim committee by Dec. 1, 2013. The report shall make a recommendation as to whether Wyoming should operate or participate in an exchange and, if so, what exchange functions should be conducted by the state, with a summary of the work and conclusions reached on each of the study topics. • On July 23, 2013 Comm. members urged a delay in any decision until 2014. 2011 HB55 Act No. 102 Created the Wyoming Health Insurance Exchange Steering Committee. The steering committee conducted a study of whether to create a Wyoming health insurance exchange or participate in a regional exchange.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.	$800,000 total federal grants related to exchanges awarded to the state. • $800,000 Planning Grant

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	2019 Number of Exchange Insurers *Submitting 2019 Rates**	2019 Statewide Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
24,529	24,826	-1.20%	1	-0.27%	N/A (One insurer)	N/A (One insurer)

10/22/2018 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

DISTRICTS, COMMONWEALTH & TERRITORIES

Exchange Information	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister (2013)	Total Federal Funding (2010-2013) [6]
District of Columbia **DC Health Link** **(State-style District Run Exchange)**	• **For 2019** residents have until Jan. 21, 2019 to sign up **(5 weeks longer** than HealthCare.gov) Authorizing law: 2012 ACT 19-269 • Independent Authority of the District Government with an 11-member governing board. • Conflict of Interest: Each member of the executive board shall serve the public interest of the individuals and small businesses seeking health coverage through the exchanges and ensure operational effectiveness and fiscal solvency of the exchange. • The executive board may merge the exchanges for individuals and the SHOP exchange, if a merged exchange is in the best interest of the District. • The exchange will select entities qualified to serve as navigators. • The legislation also allows a nine-member advisory board in addition to the executive governing board.	2019 premiums, Healthcare.gov 50-State Average Premium Table, 2017-2019	In-person assister program. Assisters must complete training and a competency training and background check.	$133,573,928 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $8,200,716 1st Level One Establishment Grant • $34,418,790 2nd Level One Establishment Grant • $72,985,333 Level Two Establishment Grant • $16,969,089 Level Two Establishment Grant Administrative Supplement

2018 Exchange Enrollment	2017 Exchange Enrollment	% Change 2017 to 2018	**2019 Number** of Exchange Insurers *Submitting 2019 Rates**	**2019 Statewide** Average Individual Market Rate Change**	Minimum Individual Market Average Rate Change *Among Exchange-Participating Insurers*	Maximum Individual Market Average Rate Change *Among Exchange-Participating Insurers*
22,469	21,248	5.75%	2	13%	9.9% (GHMSI)	20% (Kaiser)

Official District Logo:

DC HEALTH LINK
Get the facts. Get covered.

 * Subsidiaries are grouped by parent insurer. Source: CMS reports; also Table #4 by KFF | ** Average rate change calculated by state |

Exchange Information by State	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister (2013)	Total Federal Funding (2010-2013) [6]
American Samoa **No exchange established**	**American Samoa has not created an ACA exchange.** Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.	n/a	Territories had the option to apply for up to $1 million in federal funds to study the feasibility or assist with building an exchange. • $1,000,000 Planning Grant and total federal grants related to exchanges awarded to the territory.	
Implementation Updates & Notes		**Award Date:** Planning Grant, March 21, 2011 • Develop an Exchange. • Design the platform and database structure for health insurance policy • Create the needed infrastructure for health plan development. • Invite, review and secure health insurance plans that meet local needs. • Develop a process for health plan development, review and monitoring. • Build a data structure to support future data collection activities.		
Guam **No exchange established**	**Guam has not created an ACA exchange.** Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.	**Territories had the option to apply for up to $1 million in federal funds to study the feasibility or assist with building an exchange.**	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant	
Implementation Updates & Notes • Guam Allowing Renewals in 2014 w/o Compliance = **Yes**[7]				
Puerto Rico **No exchange established**	**Puerto Rico has not created an ACA exchange.** Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.	Territories had the option to apply for up to $1 million in federal funds to study the feasibility or assist with building an exchange.	$917,205 total federal grants related to exchanges awarded to the state. • $917,205 Planning Grant	
Implementation Updates & Notes • Puerto Rico Allowed Renewals in 2014 w/o Compliance = **Yes**[7]		Analysis by Milbank: On the Outskirts of National Health Reform: A Comparative Assessment of Health Insurance and Access to Care in Puerto Rico and the United States Puerto Rico "has remained largely on the outskirts of US health policy, including the Affordable Care Act (ACA). Despite its poorer population, Puerto Rico outperforms the mainland on several measures of health care coverage and access to care". Ongoing congressional restrictions on Medicaid funding and premium tax credits in Puerto Rico pose health policy challenges in the territory. 9/8/2015		

Exchange Information	State Decisions/ Structure/ Background [1]	Premium Information	Addressed Navigator/Assister (2013)	Total Federal Funding (2010-2013) [6]
U.S. Virgin Islands **No exchange established**	**U.S. Virgin Islands has not created an ACA exchange.** Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.		Territories had the option to apply for up to $1 million in federal funds to study the feasibility or assist with building an exchange.	$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant
		Award Date: Planning Grant, March 21, 2011 • Examine the feasibility of an Exchange, conduct initial Exchange planning, and work toward the establishment of an Exchange. Research the Territory's private insurance market, with the goal of increasing participation in the Exchange by individuals and small employers. • Conduct stakeholder interviews and focus groups with individuals and employers, with an emphasis on accessing hard-to-reach uninsured individuals. • Develop a program model for the prospective Exchange and associated subsidies, including an analysis of how best to ensure continuity of coverage. • Explore Exchange governance models, especially the feasibility of a regional Exchange involving one or more States and/or Territories. • Determine the statutory and administrative actions within the Territory that are needed to establish the Exchange. • Conduct a gap analysis to identify needed improvements in information systems in order to implement the Exchange. • Develop a detailed work plan for Exchange planning and implementation activities, as well as an ongoing analysis of Exchange-related staffing and resources needs. • Create a report on the detailed findings concerning the actions needed to implement an Exchange under the Affordable Care Act.		

State Structures for Health Insurance Marketplaces/Exchanges 2018-2019

View the NCSL interactive state map, online at http://www.ncsl.org/default.aspx?tabid=21388 Updated October 2018

Notes for "Health Insurance Exchanges or Marketplaces: State Actions" 50-state table

[1] **Declaration** refers to the decision the state made regarding the development of a state based health insurance exchange. This section provides links to the declaration letter and the approval or conditional approval from HHS. Resource: The Center for Consumer Information and Insurance Oversight, HHS, updated June 15, 2015

[2] **Structure within states** refers to where the exchange will be housed in the state. HHS provides an official tally of the 19 "Conditionally-Approved State Exchanges" (includes D.C.) and the seven additional "**Conditionally Approved State Partnership Marketplaces**:" State Health Insurance Marketplaces (List of Conditionally Approved Exchanges). (CCIIO/HHS, as of June 15, 2015; accurate for August 2015)

[3] **Governance** refers to the governing board outlined in the state law or regulation.

[4] **Selection of Carriers** describes another option for how a state operates an exchange. States have options to operate their exchange from an "active purchaser" model in which the exchange operates as large employers often do, using market leverage and the tools of managed competition to negotiate product offerings with the exchange. The popular alternative is the "open marketplace" in which the exchange operates as a clearinghouse that is open to all qualified insurers and relies on market forces to generate product offerings as is the case in **Colorado** and **Utah**. For these states, this means that any insurer that meets the Qualified Health Plans (QHP) standard can participate in the exchange. A state governing board can participate in "selective contracting" and pick and choose which insurers are allowed to participate; this is the model used in **California, Connecticut** and **Massachusetts** in 2014-19.

[5] **Implementation Facts, Notes and News** – This information describes the actual Marketplace operation for each state, beginning Oct.1, 2013. Statistics include material provided by both state and federal agencies. Dates vary among individual states.

[6] **Federal Grants** are a part of the Affordable Care Act and are available to states to plan and implement exchanges. Some state figures may not total due to funds returned or not appropriated. State exchanges must be self-sufficient by January 2015. View **50 state grant map & descriptions online**, accessed 11/9/2014

[7] **Allowing Renewals in 2014 w/o Compliance** with the ACA Essential Health Benefits, and minimum coverage standards, during 2014 only. Federal guidance allowed relaxing this requirement in December 2013, but state insurance laws can require full compliance as of Jan. 1, 2014.

[8] **2014-16 ACA Insurance Reforms in State Law.** YES means state insurance laws are determined to generally include enforcement of ACA health insurance market reforms, per NAIC survey published 12/4/2013

SUPPLEMENTAL INFORMATION – State Marketplace Resources

- **Archive: Total Health Exchange Enrollment by State -** CMS/HHS, released 9/8/2015 -

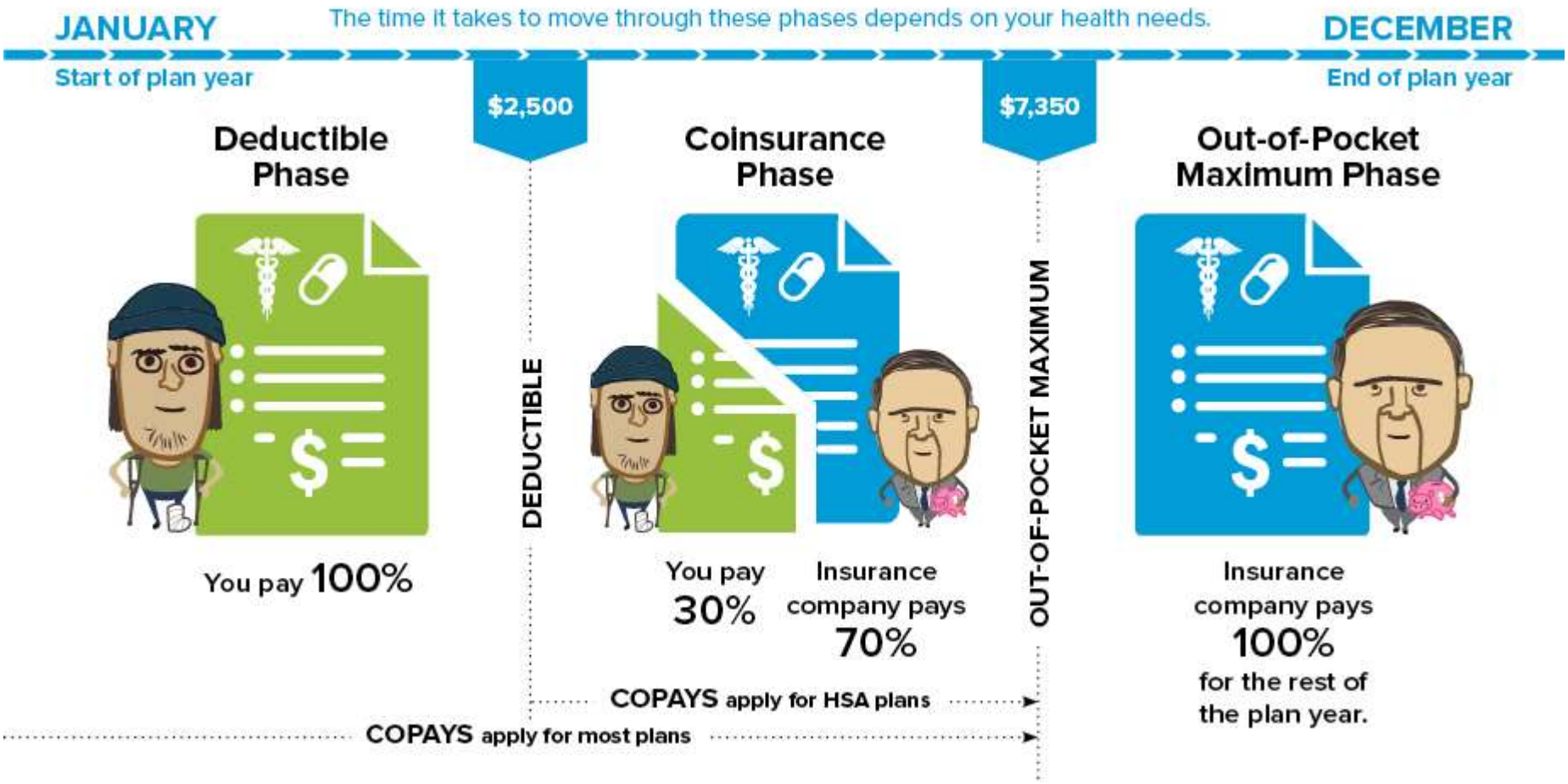
- **The Affordable Care Act authorized State Planning and Establishment Grants** to help states establish Health Insurance Marketplaces, or Exchanges. This funding gives states the resources to conduct the research and planning needed to build a health insurance marketplace and determine how their marketplace will be operated and governed.

  Archive: State Funding Opportunity: Exchange Establishment Grants (93 pages, PDF – 457 KB). Visit www.grants.gov and search for CFDA number 93.525. **Closing Dates** - *States had five opportunities to apply for funding in 2014; the final day for submission was November 14, 2014*

- **Additional Resources from CCIIO/CMS –** *[web links updated December 2016]*

  - **Regulations and Guidance**
  - **Fact Sheets & FAQs**
  - **Letters and News Releases**
  - **Other Exchange Resources**

    - **Blueprint for Approval of Affordable Health Insurance Marketplaces** -CMS/HHS – online at: http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS1254283.html
    - **Health Insurance Exchanges Under the Patient Protection and Affordable Care Act (ACA).** - On August 15, 2012, the *Congressional Research Service (CRS)* published a report that outlines the required minimum functions of the Marketplace, and explains how Marketplaces are expected to be established and administered under the ACA.



Graphic courtesy of Colorado Connect – 11/2018