



HEALTH INSURANCE PRICE INDEX REPORT

2017 OPEN ENROLLMENT PERIOD

MAY 2017

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INTRODUCTION

The 2017 Open Enrollment Period in Review

eHealth's Health Insurance Price Index Report for the 2017 Open Enrollment Period provides an in-depth analysis of the cost of individual and family health insurance plans selected by unsubsidized eHealth shoppers during the Affordable Care Act's nationwide open enrollment period for 2017 coverage. The open enrollment period began on November 1, 2016 and ended January 31, 2017.

eHealth is America's oldest and largest private online health insurance marketplace, representing more than 180 health insurance companies nationwide and offering thousands of plans to choose from. While the company serves the needs of consumers eligible for government subsidies as well as those ineligible for government subsidies, the present report focuses on consumers not utilizing subsidies. By examining the cost of coverage without subsidies, eHealth's report provides a clearer view of the actual cost of coverage in 2017's health insurance market.

The intent of this report is to present a nationwide snapshot of consumer behavior in the individual health insurance market by looking at the cost of health plans selected by consumers shopping outside government marketplaces through eHealth. Information presented in this report is based solely on rates quoted for health insurance applications submitted by consumers through the company's website, eHealth.com, in the specified time period. It does not offer a comprehensive view of costs for all plans available, either through government marketplaces, through private marketplaces other than eHealth, or directly from insurance carriers.

For more information on the methods employed in the collection and analysis of the data presented in this report, refer to the methodology section.

EXECUTIVE SUMMARY AND HIGHLIGHTS

eHealth's Health Insurance Price Index Report for the 2017 Open Enrollment Period provides an analysis of quoted costs and shopping trends for individual and family health insurance plans selected by unsubsidized eHealth shoppers between November 1, 2016 through January 31, 2017. All data included in this report is based solely on consumers selecting health insurance plans at eHealth.

Highlights:

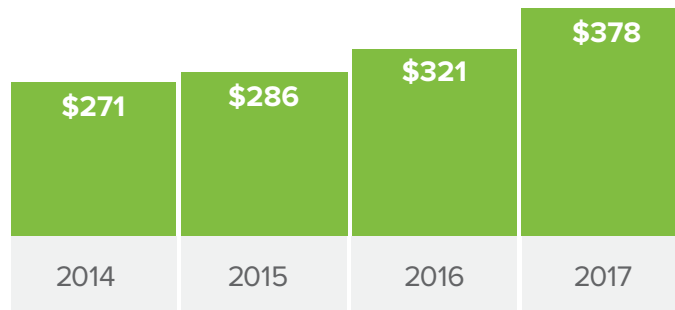
- **Individual premiums averaged \$378 per month, an 18% increase since 2016.** Average premiums for individual health insurance plans selected by eHealth shoppers have increased 39% since the 2014 open enrollment period, when major provisions of the Affordable Care Act first came into effect.
- **Family premiums averaged \$997 per month, a 20% increase since 2016.** Average premiums for family plans have increased 49% since the 2014 open enrollment period, when major provisions of the Affordable Care Act first came into effect.
- **Deductibles averaged \$4,449 for individuals and \$8,232 for families.** Annual deductibles for individual plans increased 2% compared to the 2016 open enrollment period while deductibles for family plans increased 3%.
- **For 2017, the average four-person family will spend more than \$14,300 per year on premiums:** The average monthly premium for a four-person family was \$1,195 per month, and the average annual deductible was \$8,044.
- **The average individual platinum plan cost 54% more than the average bronze plan.** The average individual platinum plan selected by eHealth shoppers had a monthly premium of \$575 while the average bronze plan had a premium of \$374.
- **HMO-style plans now account for more than half of all plans selected by shoppers:** The percentage of eHealth shoppers selecting HMO-style plans increased from 39% in 2014 to 53% in 2017; meanwhile, the number of shoppers selecting PPO-style plans has decreased from 46% in 2014 to 22% in 2017.
- **The popularity of silver plans continued to increase:** Silver plans accounted for 33% of all plans selected by eHealth shoppers for 2017 compared to 21% for 2014; meanwhile, the percentage of bronze plans selected by shoppers has dropped from 47% in 2014 to 43% in 2017.



INDIVIDUAL COVERAGE COSTS AND TRENDS

INDIVIDUAL COVERAGE COSTS AND TRENDS

Average monthly premiums for individual plans



- \$378 was the average monthly premium for individual health insurance plans selected by eHealth shoppers during the 2017 open enrollment period.
- Average monthly premiums for individual coverage increased 18% between 2016 and 2017, and 39% between 2014 (the year major provisions of the Affordable Care Act took effect) and 2017.

Average monthly premium by dollar range for individual plans

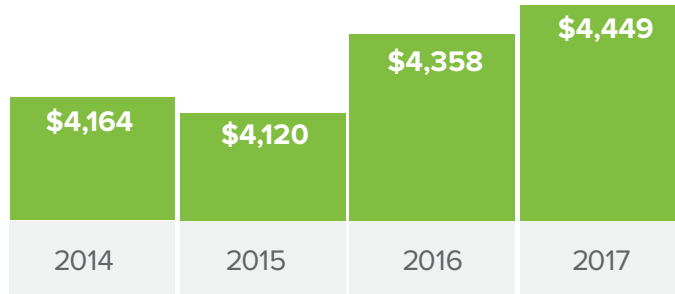
	2014	2015	2016*	2017
\$500 or more	8%	9%	14%	22%
\$400-\$499	8%	9%	10%	13%
\$300-\$399	17%	18%	19%	23%
\$200-\$299	28%	31%	32%	26%
\$100-\$199	34%	30%	23%	15%
\$50-\$99	5%	3%	1%	1%

- More than half of shoppers (58%) selected plans with monthly premiums of \$300 or greater for 2017.
- Since 2014, the percentage of shoppers selecting plans with average premiums of less than \$300 has decreased from 67% to 42%.

*Numbers may not add to 100% due to rounding

INDIVIDUAL COVERAGE COSTS AND TRENDS

Average annual deductibles for individual plans



- Between 2016 and 2017, the average annual deductible for individual plans has increased by \$91, or 2%.
- Since 2014 (the year major provisions of the Affordable Care Act took effect), the average annual deductible for individual plans has increased 7%.

Average annual deductibles by dollar range for individual plans

	2014	2015*	2016*	2017
\$6,000 or higher	38%	34%	44%	41%
\$3,000-\$5,999	30%	34%	23%	27%
\$2,000-\$2,999	10%	12%	13%	13%
\$1,000-\$1,999	11%	11%	11%	10%
\$500-\$999	3%	3%	3%	3%
Less than \$500	8%	7%	7%	6%

- More than two-thirds (68%) of shoppers selected plans with annual deductibles of \$3,000 or greater in 2017.

*Numbers may not add to 100% due to rounding

INDIVIDUAL COVERAGE COSTS AND TRENDS

Average monthly premiums by metal level for individual plans

	2014	2015	2016	2017
Platinum	\$411	\$425	\$498	\$575
Gold	\$353	\$366	\$420	\$502
Silver	\$328	\$323	\$362	\$418
Bronze	\$259	\$275	\$315	\$374
Catastrophic	\$134	\$145	\$153	\$173

- The average monthly premium for individual bronze plans increased 19% between 2016 and 2017, or 44% since 2014.
- The average monthly premium for individual silver plans increased 15% between 2016 and 2017, while the average premium for gold plans increased 20% in the same period.

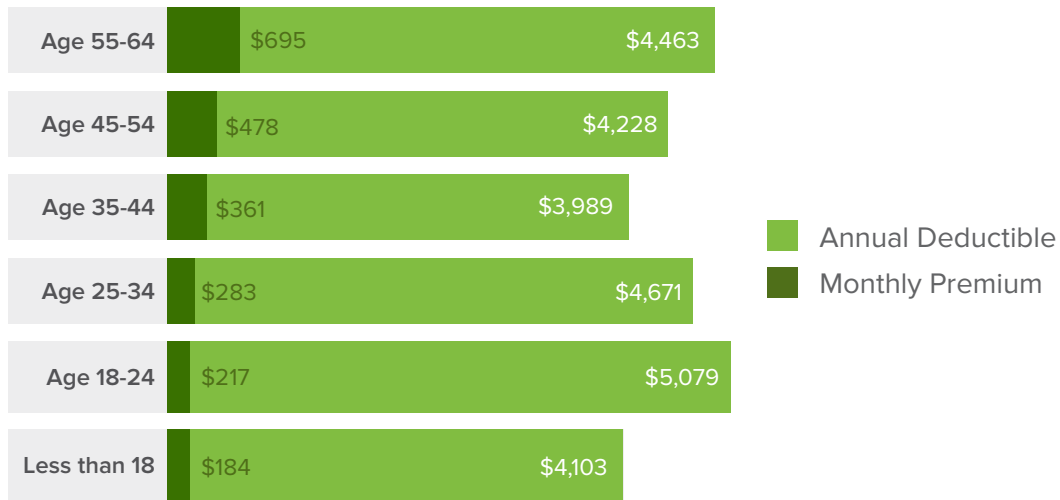
Average annual deductibles by metal level for individual plans

	2014	2015	2016	2017
Platinum	\$291	\$385	\$40	\$37
Gold	\$970	\$925	\$845	\$778
Silver	\$2,572	\$2,698	\$2,587	\$2,758
Bronze	\$5,336	\$5,324	\$5,865	\$5,953
Catastrophic	\$6,334	\$6,580	\$6,850	\$7,148

- The average annual deductible for bronze plans increased 2% between 2016 and 2017.
- Average annual deductibles for gold and platinum plans decreased between 2016 and 2017, the second year in a row; note that beginning in 2016 many platinum plans were offered with no annual deductible.

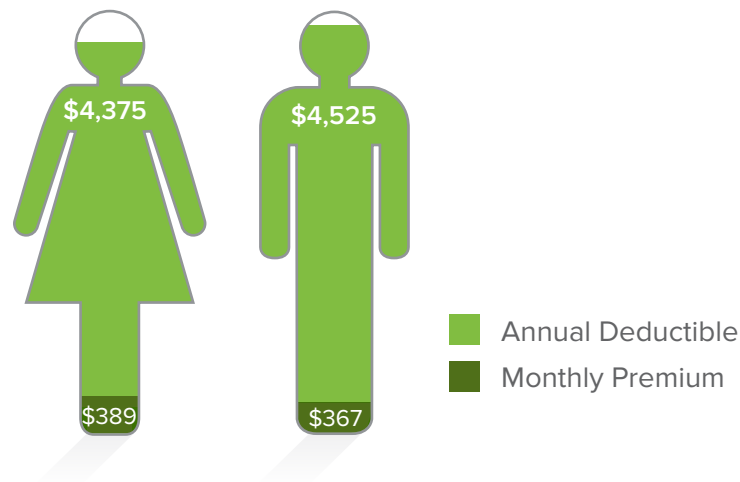
INDIVIDUAL COVERAGE COSTS AND TRENDS

Average premiums and deductibles by age band for 2017 individual plans



- eHealth shoppers in the 55-64 age range selected individual plans charging the highest average monthly premium while those under age 18 selected plans with the lowest.
- Shoppers in the 18-24 range paid the highest average annual deductible while those in the 35-44 range paid the lowest.
- The average age of applicants for individual plans was 37 years old.

Average premiums and deductibles by gender for individual plans



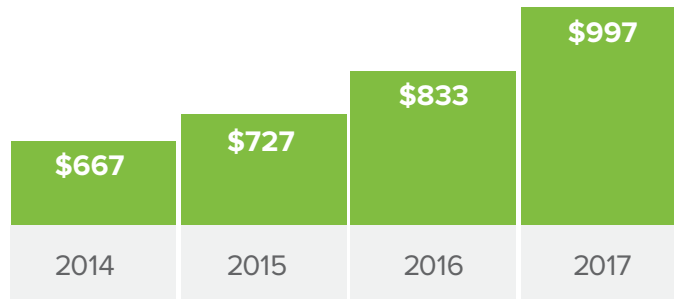
- Women selected plans with average monthly premiums 6% higher than those selected by men.
- Women selected plans with average annual deductibles 3% lower than those selected by men.



FAMILY COVERAGE COSTS AND TRENDS

FAMILY COVERAGE COSTS AND TRENDS

Average monthly premiums for family plans



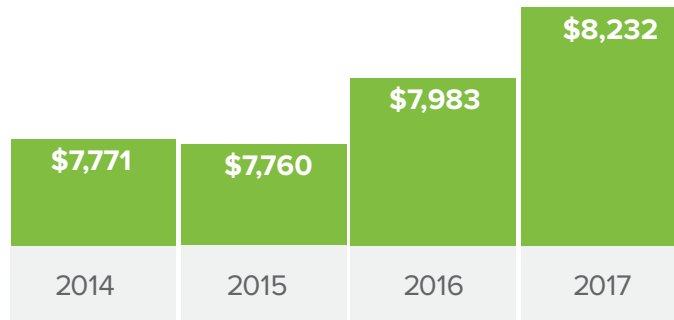
- \$997 was the average monthly premium for family health insurance plans selected by eHealth customers during the 2017 open enrollment period.
- Average monthly premiums for family coverage increased 20% between 2016 and 2017, and 49% between 2014 (the year major provisions of the Affordable Care Act took effect) and 2017.

Average monthly premium by dollar range for family plans

	2014	2015	2016*	2017
\$1,100 or higher	12%	14%	22%	37%
\$900-\$1,099	10%	12%	15%	16%
\$700-\$899	16%	19%	20%	18%
\$500-\$699	24%	26%	23%	18%
\$300-\$499	27%	23%	17%	10%
\$100-299	11%	11%	3%	1%

- More than half (53%) of shoppers selected plans with monthly premiums of \$900 or greater for 2017.
- Since 2014, the percentage of shoppers selecting plans with average premiums of less than \$700 has decreased from 62% to 29%.

Average annual deductibles for family plans



- Between 2016 and 2017, the average annual deductible for family plans has increased by \$249, or 3%.
- Since 2014 (the year major provisions of the Affordable Care Act took effect), the average annual deductible for family plans has increased 6%.

Average annual deductibles by dollar range for family plans

	2014	2015	2016	2017
\$12,000 or higher	31%	28%	36%	33%
\$9,000-\$11,999	22%	23%	14%	18%
\$6,000-\$8,999	9%	11%	13%	14%
\$3,000-\$5,999	19%	20%	20%	20%
\$1,000-\$2,999	10%	11%	9%	5%
Less than \$1,000	9%	7%	8%	10%

- Nearly two-thirds (65%) of shoppers selected plans with annual deductibles of \$6,000 or greater for 2017.
- Half (51%) of all shoppers selected family plans with annual deductibles of \$9,000 or more for 2017.

Average monthly premiums by metal level for family plans

	2014	2015	2016	2017
Platinum	\$997	\$1,082	\$1,269	\$1,472
Gold	\$864	\$910	\$1,061	\$1,252
Silver	\$762	\$779	\$882	\$1,061
Bronze	\$565	\$628	\$739	\$903
Catastrophic	\$277	\$288	\$316	\$367

- The average annual premium for bronze plans increased 22% between 2016 and 2017, or 60% since 2014.
- The average monthly premium for family silver plans increased 20% between 2016 and 2017.

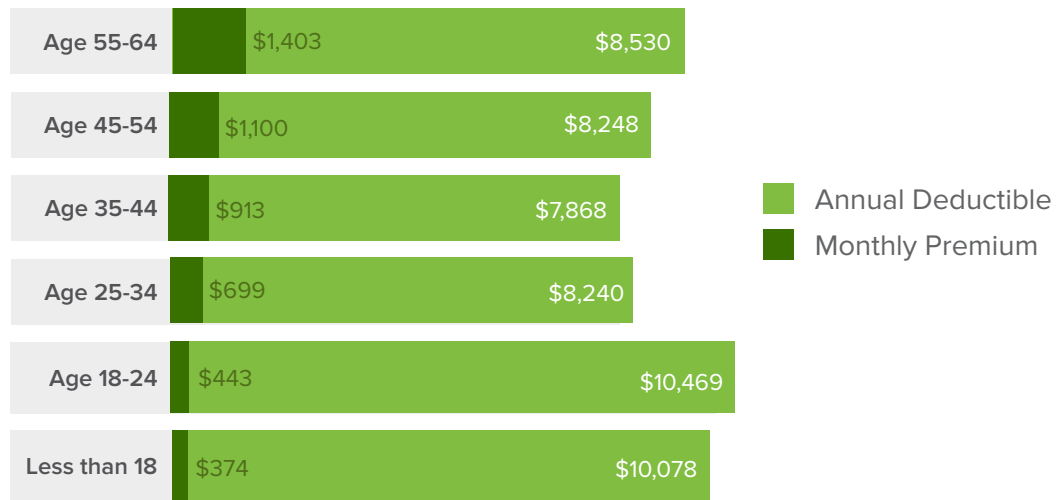
Average annual deductibles by metal level for family plans

	2014	2015	2016	2017
Platinum	\$641	\$1,094	\$96	\$140
Gold	\$2,134	\$2,199	\$1,736	\$1,835
Silver	\$5,602	\$5,852	\$5,380	\$5,424
Bronze	\$10,922	\$10,976	\$11,742	\$12,044
Catastrophic	\$12,666	\$13,229	\$13,225	\$14,292

- The average annual deductible for bronze plans increased 3% between 2016 and 2017.
- Average deductibles for all metal levels increased between 2016 and 2017, though only average bronze plan deductibles had increased in the prior year.

FAMILY COVERAGE COSTS AND TRENDS

Average premiums and deductibles by age band (of primary applicant) for 2017 family plans



- eHealth shoppers in the 55-64 age range selected plans with the highest average monthly premium while those in the 35-44 age range selected plans with the lowest.
- Shoppers in the 18-24 age range selected plans with the highest average annual deductible while those in the 35-44 range selected plans with the lowest.
- The average age of primary applicants for family plans was 43 years old.

Average premiums and deductibles by family size

Family Size	2014		2015		2016		2017	
	2-person	4-person	2-person	4-person	2-person	4-person	2-person	4-person
Monthly Premium	\$561	\$861	\$603	\$901	\$717	\$1,004	\$844	\$1,195
Annual Deductible	\$8,096	\$7,342	\$7,828	\$7,706	\$8,113	\$7,957	\$8,426	\$8,044

- The average monthly premium for 2-person families increased 18% between 2016 and 2017, or 50% since 2014; the average premium for 4-person families increased 19% between 2016 and 2017, or 39% since 2014.
- For 2017, a four-person family enrolled for a full year could potentially be required to pay out a combined average of \$22,384 if required to fulfill the annual family deductible for medical care.



OVERALL PLAN SELECTION COSTS AND TRENDS

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Plan selection by metal level (individual and family plans combined)

	2014*	2015	2016	2017
Platinum	5%	6%	3%	3%
Gold	14%	13%	12%	10%
Silver	21%	23%	29%	33%
Bronze	47%	46%	44%	43%
Catastrophic	14%	12%	12%	11%

- The percentage of individual and family eHealth customers selecting bronze plans has decreased from 47% to 43% between 2014 and 2017.
- The percentage of shoppers selecting silver plans has increased from 21% to 33% between 2014 and 2017.

Plan selection by plan type (individual and family plans combined)

	2014	2015*	2016	2017
PPO	46%	42%	38%	22%
HMO	39%	39%	40%	53%
POS	7%	9%	6%	6%
EPO	8%	9%	16%	19%

- The percentage of shoppers selecting Preferred Provider Organization (PPO)-style plans has decreased from 46% to 22% between 2014 and 2017.
- The percentage of shoppers selecting Health Maintenance Organization (HMO)-style plans has increased from 39% to 53% between 2014 and 2017.
- The percentage of shoppers selecting Exclusive Provider Organization (EPO)-style plans has increased from 8% in 2014 to 19% in 2017.
- HMO plans tend to require members to select a primary care physician who then refers the patient to specialists when needed; HMO plans may only allow members to go outside their provider network for emergency medical care. PPO, EPO, and POS plans tend to provide patients with more freedom to select their own doctors and specialists. PPO plans often provide some level of coverage for medical care rendered out of the insurer's network of providers.

*Numbers may not add to 100% due to rounding

OVERALL PLAN SELECTION COSTS AND TRENDS

Average premiums and deductibles by plan type for 2017 plans

	PPO		HMO		POS		EPO	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Monthly Premium	\$432	\$1,109	\$349	\$919	\$466	\$1,151	\$375	\$999
Annual Deductible	\$4,018	\$7,753	\$4,762	\$9,116	\$4,075	\$8,603	\$4,162	\$6,383

- Health Maintenance Organization (HMO)-style plans had the lowest average monthly premiums for both individual and family plans in 2017.
- Preferred Provider Organization (PPO)-style plans had the lowest average deductible for individual coverage in 2017, while Exclusive Provider Organization (EPO)-style plans had the lowest average deductible for family coverage.

HSA-eligible plans vs HSA-ineligible plans for 2017

	% of all plans		
		HSA-eligible	Non-HSA
Individual	% of all plans	24	76
		Monthly Premium	\$400
	Annual Deductible	\$4,915	\$4,314
		Monthly Premium	\$971
Family	Annual Deductible	\$9,869	\$7,642
	Monthly Premium	\$971	\$1,006

- About one quarter (24%) selected plans eligible for use with a Health Savings Account (HSA).
- Average premiums for HSA-eligible plans were higher for individuals and lower for families when compared to plans not eligible for use with an HSA.

Average individual monthly premiums for HSA-eligible vs. non-HSA plans by age band for 2016

	18-24	25-34	35-44	45-54	55-64
HSA-eligible plans	\$221	\$277	\$317	\$436	\$651
Non-HSA plans	\$213	\$285	\$377	\$496	\$719

- The average age of an individual shopper that selected an HSA-eligible plan was 42, compared to 35 for non-HSA plans.
- Persons in the age 18-24 range had higher premiums on average for HSA-eligible plans than for non-HSA plans.
- Persons in the age 35-44 range saved the most (16%) in monthly premiums when they chose HSA-eligible plans compared to non-HSA plans.



COSTS AND TRENDS IN SELECT STATES

Average monthly premiums & annual deductibles for individual plans in select states.

State	Avg. premium 2017 OEP	Avg. deductible 2017 OEP	Premium % change 2016 to 2017	Avg. deductible 2017 OEP	Avg. deductible 2016 OEP	Deductible % change 2016 to 2017
CA	\$359	\$330	9%	\$3,882	\$3,509	11%
CO	\$353	\$312	13%	\$4,805	\$4,581	5%
CT	\$453	\$340	33%	\$5,231	\$4,862	8%
GA	\$419	\$312	34%	\$4,749	\$4,900	-3%
ID	\$380	\$314	21%	\$5,070	\$4,437	14%
IL	\$420	\$304	38%	\$5,222	\$4,541	15%
IN	\$480	\$361	33%	\$5,086	\$5,160	-1%
KY	\$345	\$304	13%	\$4,280	\$4,676	-8%
LA	\$476	\$338	41%	\$3,680	\$4,895	-25%
MA	\$380	\$365	4%	\$2,922	\$1,869	56%
MD	\$321	\$257	25%	\$4,839	\$4,730	2%
MI	\$277	\$250	11%	\$5,290	\$4,945	7%
MN	\$374	\$283	32%	\$5,489	\$5,074	8%
MO	\$415	\$287	45%	\$4,260	\$5,093	-16%
NE	\$345	\$325	6%	\$5,869	\$5,234	12%
NH	\$398	\$457	-13%	\$4,998	\$4,732	6%
NJ	\$405	\$400	1%	\$2,142	\$2,139	0%
NM	\$353	\$305	16%	\$5,314	\$3,612	47%
NV	\$323	\$307	5%	\$4,899	\$4,426	11%
NY	\$399	\$375	6%	\$5,011	\$4,647	8%
OH	\$366	\$329	11%	\$5,129	\$5,006	2%
OK	\$474	\$294	61%	\$5,205	\$4,807	8%
OR	\$372	\$301	24%	\$4,788	\$4,076	17%
SC	\$419	\$363	15%	\$5,382	\$5,021	7%
TX	\$419	\$328	28%	\$5,101	\$4,792	6%
UT	\$331	\$286	16%	\$4,662	\$4,259	9%
VA	\$367	\$307	20%	\$4,723	\$4,489	5%
WA	\$372	\$317	17%	\$4,475	\$3,734	20%
WI	\$416	\$379	10%	\$5,861	\$5,696	3%

Average monthly premiums & deductibles by state for individual

State	Avg. premium 2017 OEP	Avg. deductible 2017 OEP	Premium % change 2016 to 2017	Avg. deductible 2017 OEP	Avg. deductible 2016 OEP	Deductible % change 2016 to 2017
CA	\$959	\$869	10%	\$7,009	\$5,903	19%
CO	\$935	\$795	18%	\$9,114	\$8,442	8%
CT	\$1,226	\$928	32%	\$10,205	\$8,233	24%
GA	\$1,075	\$830	30%	\$8,825	\$8,829	0%
IL	\$1,111	\$797	39%	\$11,028	\$9,423	17%
KY	\$887	\$712	25%	\$8,475	\$9,013	-6%
LA	\$1,084	\$873	24%	\$10,777	\$10,332	4%
MA	\$1,063	\$952	12%	\$4,249	\$3,664	16%
MD	\$868	\$680	28%	\$8,671	\$8,255	5%
MI	\$749	\$691	8%	\$10,513	\$9,239	14%
MN	\$995	\$734	36%	\$10,357	\$9,960	4%
NJ	\$1,081	\$1,054	3%	\$2,180	\$3,085	-29%
NY	\$1,205	\$1,153	5%	\$6,746	\$5,477	23%
OH	\$919	\$845	9%	\$9,665	\$9,513	2%
OR	\$927	\$705	31%	\$9,487	\$8,078	17%
SC	\$1,079	\$931	16%	\$10,333	\$8,663	19%
TX	\$1,047	\$833	26%	\$11,280	\$9,402	20%
UT	\$965	\$793	22%	\$8,703	\$8,036	8%
VA	\$952	\$861	11%	\$8,464	\$7,659	11%
WA	\$926	\$799	16%	\$7,945	\$6,739	18%

METHODOLOGY

eHealth is one of the few organizations with national health insurance data from multiple insurance carriers that broadly reflects consumer buying patterns and costs in the unsubsidized, self-purchased individual and family health insurance market. eHealth's Health Insurance Price Index Report for the 2017 Open Enrollment Period examines shopping trends and costs for plans selected by consumers visiting eHealth's website between November 1, 2016 and January 31, 2017.

Information presented in this report is based solely on rates quoted for health insurance applications submitted by unsubsidized consumers through the company's website, eHealth.com in the specified time period. It does not offer a comprehensive view of costs for all plans available, whether through eHealth, through government exchanges, through private exchanges other than eHealth, or directly from insurance carriers.

Regarding this report:

Data collected and presented is based on over 38,000 unsubsidized individual and family health insurance applications submitted through eHealth.com between November 1, 2016 and January 31, 2017. In some cases, comparisons are drawn between consumer selections during the 2014-2016 open enrollment periods, in which case data is drawn from eHealth's previously published Health Insurance Price Index Reports.

The present report examines consumer costs and demographic data for health insurance plans compliant with the Affordable Care Act, even during the first half of the 2014 open enrollment period when 2013 plans not fully compliant with the ACA may still have been available.

Although eHealth was able to facilitate subsidy applications and enroll qualifying consumers in subsidy-eligible plans in many states during the 2015-2017 open enrollment periods, data from these customers are not included in this report.

When the number of submitted applications was less than 100, state-specific cost points were omitted from the state data tables.

Premium and deductible and metal level data given in this report are based on information provided by the insurance carriers to eHealth.

Not all submitted applications result in an enrollment. It is possible for an applicant to withdraw his or her request for coverage after submitting an application, or for an application to be declined for certain reasons. In addition, some applicants may choose to cancel a plan even after their application has been approved and they have been enrolled. No financial data relevant to eHealth's business should be drawn from this report.

Definitions:

- A "premium" is the estimated cost (usually expressed as a monthly figure) of a health

insurance plan that the consumer is quoted when submitting a health insurance application on eHealth.com.

- A “deductible” is the amount of medical expenses (usually expressed as an annual figure) that a consumer may be required to pay out of pocket before an insurance carrier begins paying for medical claims.
- A “submitted application” is a health insurance application that has been completed by a visitor on eHealth.com and has been submitted for health insurance carrier review and approval via eHealth.com.
- An “individual plan” is an individual and family major medical policy that has only one member.
- A “family plan” is an individual and family major medical policy that has two or more members.
- A “shopper,” for the purposes of this report, is a consumer who selected an individual or family health insurance plan at eHealth, unless otherwise stated. Not all visitors to eHealth’s website select plans to enroll in. This report is concerned only with those who do select plans.

The average national premiums and additional data included in this report are based on individual and family health insurance applications submitted through eHealth (and not involving government exchanges) for the period noted. Certain applications missing key data fields relevant to the Index may have been removed from the sample.

Disclaimers:

- Average costs published in this report present a snapshot of national average health insurance premiums based solely on the behavior of eHealth’s unsubsidized, off-exchange customers, and do not necessarily represent the average costs of all individual or family health insurance plans purchased across the country through all sources.
- The analysis presented in this report is based solely on health insurance plans offered and applied for through eHealth.com. Results may not reflect the full scope of all individual and family health insurance products on a national basis or that are available within a given state.
- Each individual’s or family’s health insurance premium is based on many factors, including but not limited to geography, age, type of plan, individual plan benefits chosen, and others that may not be fully reflected in this report.
- Health insurance plan premiums, deductibles, and other features of specific insurance plans may differ significantly from any averages or other statistics presented in this report. Furthermore, specific health insurance plans are typically only available in certain geographical areas, so state-wide or national averages may not accurately reflect data relevant to a specific geographical area.
- Dollar figures in the report have been rounded to the nearest full dollar. Percentages have been rounded to the nearest full percentage point and may add up to slightly less or more than 100% due to rounding.

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