

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Consumer Information & Insurance Oversight  
200 Independence Avenue SW  
Washington, DC 20201



---

## **Plan Year 2025 Qualified Health Plan Choice and Premiums in HealthCare.gov Marketplaces**

**October 25, 2024**

*Note: This report and appendix's plan year 2014–2023 metrics for issuer and plan availability match those in the plan year 2024 report and appendix. Some of the plan year 2024 metrics in this report and appendix differ from those in the plan year 2024 report and appendix because this report uses updated enrollment data. For premium data, the 2024 report introduced reference points based on new age and household income profiles; this report contains updated information for those reference points. The [methodology document](#) includes further details.*

## Key Findings

- **Issuer Participation: For plan year 2025 (PY25) there are 206 Qualified Health Plan (QHP) issuers in HealthCare.gov Marketplaces.** Out of the 31 PY25 HealthCare.gov Marketplaces, eight have more QHP issuers participating in PY25 than PY24, and 24 have counties with more QHP issuers in PY25 than PY24 due to new issuers entering and existing issuers expanding service areas.
- **Enrollee Options: PY25 HealthCare.gov Marketplace enrollees have greater choice of issuers than in PY24.** In PY25, 97% of enrollees have access to three or more QHP issuers, compared to 96% in PY24. The average PY25 enrollee has just over seven QHP issuers available, a slight increase from PY24.
- **Subsidy Effects: After applying advance payments of the premium tax credit (APTC), most enrollees pay considerably less in premiums because of the implementation of the American Rescue Plan Act of 2021 (ARP) and the Inflation Reduction Act of 2022 (IRA).** The ARP and IRA increased APTC payments, leading to decreased after-APTC premiums for enrollees, including newly eligible households with income levels greater than 400% of the Federal Poverty Level (FPL).
  - If PY24 HealthCare.gov enrollees stay within their chosen metal level, 74% of enrollees can select a PY25 QHP for less than \$10 per month after APTC. This is the same as those enrollees who could select such plans in PY24 but higher than the 31% of enrollees who could select such plans in PY21 before the ARP was implemented (pre-ARP).
  - The average lowest cost silver plan (LCSP) premium after APTC for a 40 year old with household income of 150% of the FPL continues to be \$0 in PY25. This is a substantial decrease from the \$55 premium in pre-ARP PY21.
- **Average Premiums: For HealthCare.gov Marketplaces, the average second lowest cost silver plan (SLCSP) premium attributable to Essential Health Benefits (EHBs), also known as the benchmark plan premium, increased 3% from PY24 to PY25. This is slightly less than the 4% increase from PY23 to PY24.**
- **Standardized Plan Designs:** Starting in PY23, CMS requires issuers in the Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs) to offer standardized plan options (SPOs) that standardize deductibles and cost-sharing for certain benefits, many of which are available pre-deductible. Starting in PY25, CMS limited issuers from offering more than two non-standardized plan options (non-SPOs) per product network type, metal level (excluding catastrophic plans), and inclusion of dental and/or vision benefit coverage, in any service area.
- **Cost Sharing and Aggregate Costs:** The lowest Estimated Total Yearly Cost (enrollee after-APTC premium plus estimated cost-sharing) available for a 40 year old with household income of 150% of the FPL decreased at all metal levels from PY24 to PY25.

This report presents QHP information for states with Marketplaces using the HealthCare.gov eligibility and enrollment platform.<sup>1</sup> It includes PY21–25 issuer participation, enrollee choice, premiums, and cost sharing metrics. The accompanying [appendix file](#) contains PY14–25 state- and county-level values, including some metrics which this report does not present, such as enrollee access by plan type and the percentage of QHPs with separate drug deductibles.

Unless otherwise specified, all metrics in this report reflect all HealthCare.gov Marketplaces for the given plan year and exclude catastrophic, child-only, stand-alone dental, and Small Business Health Options Program (SHOP) plans. All premium amounts referenced in the report refer to monthly premiums. For plan years prior to PY25, national and state averages are weighted using Open Enrollment Period county-level enrollee plan selections. The exception is PY21 values after the implementation of the ARP (post-ARP), which are weighted by the Special Enrollment Period selections. To weight PY25 metrics, this report uses PY24 enrollee plan selections because PY25 plan selections are not yet available. This report uses unrounded numbers to calculate absolute and percent changes, so readers may get different results when performing the same calculations on the rounded numbers; the unrounded numbers are generally available in the appendix file.

*This material was produced and disseminated at U.S. taxpayer expense.*

---

<sup>1</sup> States with Marketplaces using the HealthCare.gov eligibility and enrollment platform (HealthCare.gov Marketplaces) include states with an FFM and states with an SBM-FP.

## I. QHP Issuer Participation and Enrollee Choice

Table 1 shows PY21–PY25 QHP issuer participation and plan availability. For PY25, there are 206 QHP issuers participating in HealthCare.gov Marketplaces, an overall decrease of 4 issuers from PY24,<sup>2</sup> but an increase of six issuers across the 31 HealthCare.gov Marketplaces for PY25. On average PY25 enrollees have access to just over seven QHP issuers, and 100 QHPs. Though access to issuers is higher than in PY24, the number of QHPs available to enrollees is the lowest since PY21. One percent of PY25 enrollees have only one available QHP issuer, which is the lowest percentage in HealthCare.gov Marketplace history.

Beginning in PY23, CMS requires issuers offering QHPs on HealthCare.gov Marketplaces to offer standardized plan options (SPOs) at every product network type, at every metal level, and throughout every service area that they offer non-standardized plan options (non-SPOs). In PY25, CMS limits QHP issuers from offering more than two non-SPOs per product network type, metal level (excluding catastrophic plans), and inclusion of dental and/or vision benefit coverage, in any service area.<sup>3</sup> SPOs represent 34.5% of the total QHPs available to enrollees on HealthCare.gov for PY25, up from 30.5% of the total QHPs in PY24. Enrollees have access to, on average, just under 31 SPOs and 69 non-SPO QHPs for PY25 compared to 28 SPOs and 71 non-SPO QHPs in PY24.

Table 1: QHP Issuer and Plan Availability

	PY21	PY22	PY23	PY24	PY25	PY23- PY24 Change	PY24- PY25 Change	PY21- PY25 Change
<b>Number of QHP Issuers</b>								
Total	181	213	219	210	206	-9	-4	25
Total in Marketplaces using HealthCare.gov in PY25 <sup>4</sup>	156	190	197	200	206	3	6	50
<b>QHP Issuers Available to HealthCare.gov Marketplace Enrollees</b>								
Average Number	4.5	6.4	6.6	6.8	7.3	.2	.5	2.8
% of Enrollees with only 1 Issuer	4%	2%	1%	1%	1%	-1%	0%	-4%
% of Enrollees with only 2 Issuers	17%	9%	6%	4%	3%	-3%	-1%	-14%
% of Enrollees with 3+ Issuers	78%	89%	93%	96%	97%	3%	1%	18%
<b>Average Number of QHPs Available to HealthCare.gov Marketplace Enrollees</b>								
Total (All Metal Levels)	61	108	114	100	100	-14.2	0	38.1
Bronze	23	41	41	31	30	-10.1	-6	7.2
Silver	28	46	44	38	37	-6.4	-1.1	8.7
Gold	9	19	26	28	30	2.2	1.4	20.5
Platinum	2	2	3	3	3	.2	.3	1.6
<b>Average Number of Standardized and Non-Standardized Plan Options</b>								
SPO QHPs	N/A	N/A	28	28	31	-4	3	N/A
Non-SPO QHPs	61	108	85	71	69	-14	-2	8

<sup>2</sup> In PY24, there were 32 states with HealthCare.gov Marketplaces. In PY25, there are 31 states with HealthCare.gov Marketplaces. The overall decrease in issuers between PY24 and PY25 includes PY24 issuers in Georgia, which stopped using HealthCare.gov in PY25.

<sup>3</sup> The HHS Notice of Benefit and Payment Parameters for 2025 final rule specified an exceptions process to the non-standardized plan option limit for QHPs with cost sharing for benefits pertaining to the treatment of chronic and high-cost conditions. This includes benefits in the form of prescription drugs, if pertaining to the treatment of conditions is at least 25% lower, as applied without restriction in scope throughout the plan year, than the cost sharing for the same corresponding benefits in an issuer's other non-standardized plan option offerings in the same product network type, metal level, and service area. See 45 CFR 156.202(d).

<sup>4</sup> Excludes Nevada (stopped using HealthCare.gov in PY20), New Jersey and Pennsylvania (stopped using HealthCare.gov in PY21), Kentucky, Maine, and New Mexico (stopped using HealthCare.gov in PY22), Virginia (stopped using HealthCare.gov in PY24), and Georgia (stopped using HealthCare.gov in PY25).

Figure 1 shows the number of QHP issuers by county for PY25. Eight HealthCare.gov Marketplaces have more QHP issuers in PY25 than PY24. One HealthCare.gov Marketplace (IA) has two more QHP issuers in PY25. Three HealthCare.gov Marketplaces (IL, KS, UT) have fewer QHP issuers in PY25 than PY24. In PY25, seven HealthCare.gov Marketplaces have counties with a single QHP issuer, compared to nine Marketplaces that had counties with a single QHP issuer in PY24.

*Figure 1: PY25 QHP Issuer County Coverage Map*

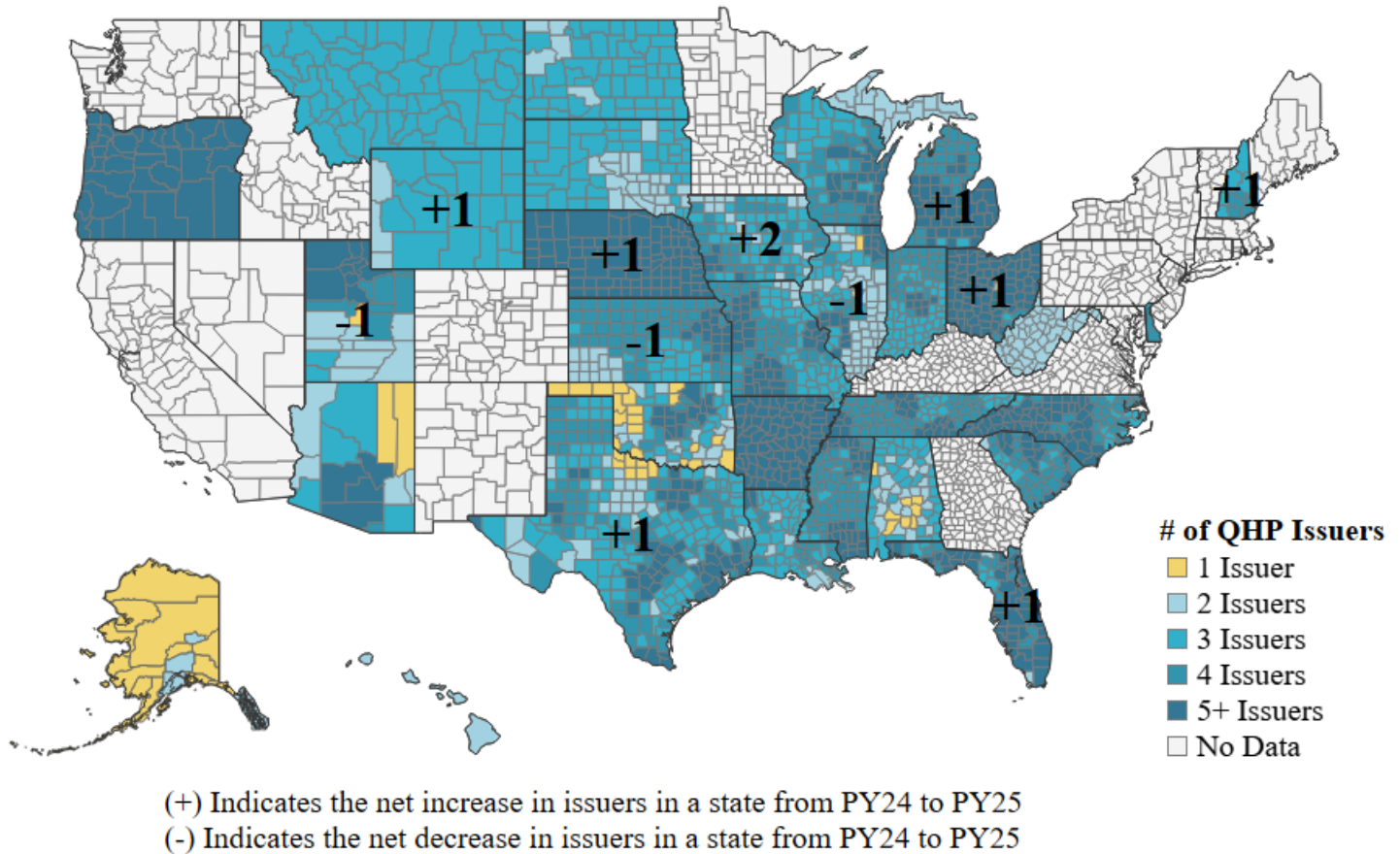
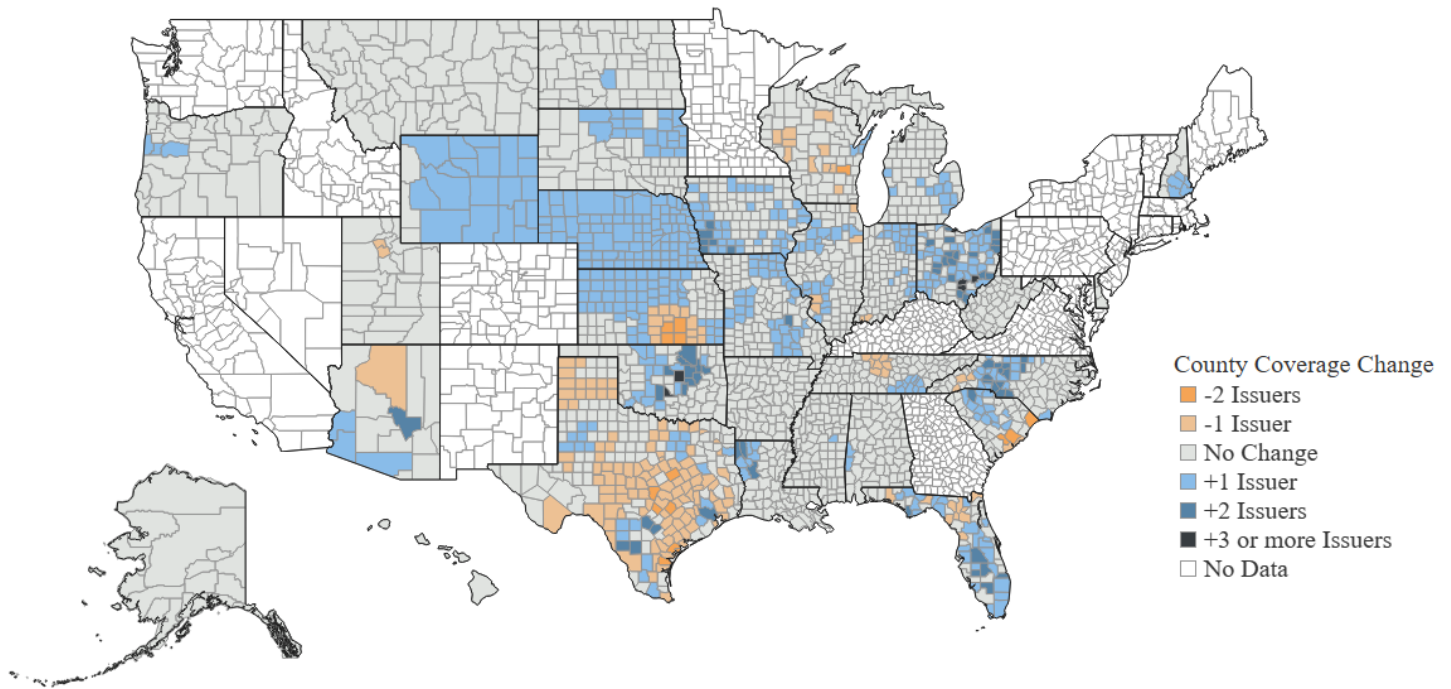


Figure 2 shows the change in number of QHP issuers by county from PY24 to PY25. County coverage has generally increased, and 24 out of 31 HealthCare.gov Marketplaces have at least one county with more QHP issuers in PY25 than PY24. One HealthCare.gov Marketplace, NE, has an additional QHP issuer in every county, and 11 HealthCare.gov Marketplaces (AZ, FL, IL, IN, KS, NC, SC, TN, TX, UT, WI) have counties with fewer QHP issuers in PY25 than PY24.

Figure 2: PY24 to PY25 QHP Issuer County Coverage Change Map



## II. Premiums<sup>5</sup>

Table 2 shows average HealthCare.gov Marketplace benchmark plan premiums,<sup>6</sup> and how advance payments of premium tax credits (APTC) affected typical plans for individuals and a family of four. For individuals aged 21 and 40 with household incomes of 150% of the FPL, the average Lowest Cost Silver Plan (LCSP) premiums before the APTC and average LCSP net premiums after APTC (or after-APTC premiums) are displayed. The average lowest cost plan (LCP) before-APTC and after-APTC premiums are shown for a family of four with a household income of 325% of the FPL. Additionally, the table shows the overall average LCP premium for all enrollees on HealthCare.gov before and after the APTC is applied. Before-APTC premiums are rising slightly, with benchmark premiums for a 21 year old, 40 year old, and a typical family of four increasing 3% from PY24 to PY25. This is similar to the increase in benchmark premiums for a 21 year old, 40 year old, and a typical family of four that occurred from PY23 to PY24.

As a result of the enhanced subsidies from the ARP and the IRA, after-APTC premiums for a 40 year old and a family of four are significantly reduced. The ARP and IRA decreased the required contribution households of a given household income level must make toward the benchmark plan premium. As a result, the APTC covered a greater portion of premiums, reducing the premiums enrollees pay after APTC is applied. For PY25, this continues to result in increased APTC amounts and makes APTC available to previously ineligible households with an income greater than 400% of the FPL. The average LCSP premium after application of APTC for a 40 year old with a household income of 150% of the FPL decreased from \$55 before the ARP was implemented in PY21 (or pre-ARP) to \$0 after it was implemented (post-ARP); it continues to be \$0 for PY25.<sup>7</sup> This reflects an increase in the portion of premium covered by APTC from 87% pre-ARP in PY21 to 100% in PY25. Similarly, the average LCP after-APTC premium for a family of four with a household income of 325% of the

<sup>5</sup> All premium and APTC amounts shown in this report are per month amounts. The lowest cost plan (LCP) is typically a bronze plan.

<sup>6</sup> Benchmark plan premiums are the portion of the premiums for second lowest cost silver plan (SLCSP) attributable to coverage of essential health benefits (EHB) before application of APTC.

<sup>7</sup> 150% of the FPL for a single person is equal to \$22,590 in PY25 for the 48 contiguous states and the District of Columbia, using the appropriate [2024 Poverty Guidelines](#).



FPL has decreased from \$285 pre-ARP in PY21 to \$165 for PY25.<sup>8</sup> This reflects an increase in the portion of premium covered by APTC from 72% pre-ARP PY21 to nearly 86% in PY25.

The enhanced subsidies established in the ARP and extended through the IRA will expire after 2025. If the enhanced subsidies are not renewed, required enrollee contribution percentages to the benchmark plan will change to the PY23 proposed levels, which were released prior to the IRA passing.<sup>9</sup> To illustrate the impact enhanced subsidies have on affordability, a 40 year old with household income of 150% of the FPL's average LCSP would have an after-APTC premium of \$0 in PY25 but would have an after-APTC premium of \$67 without enhanced subsidies. Similarly, a family of four with household income of 325% of the FPL's after-APTC premium of \$165 in PY25 would rise to \$372 without enhanced subsidies.

Based on PY24 enrollment and PY25 premiums, CMS projects the HealthCare.gov enrollee average LCP after-APTC premium will increase by 7% from PY24 to PY25, which is still a decrease of 43% since PY21.

HealthCare.gov enrollee APTC changes reflect demographic shifts and benchmark plan premium changes.

---

<sup>8</sup> 325% of the FPL for a family of four is equal to \$101,400 in PY25 for the 48 contiguous states and the District of Columbia, using the applicable [2024 Poverty Guidelines](#).

<sup>9</sup> PY23 proposed subsidy limits were released prior to the passing of the IRA, which extended the enhanced subsidies through PY25. <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf>

Table 2: Premiums and Maximum APTC Amounts<sup>10</sup>

	PY21 before ARP	PY22	PY23	PY24	PY25	PY23- PY24 Change	PY24- PY25 Change	PY21- PY25 Change
<b>Average Benchmark Plan Premium Before APTC</b>								
21 Year Old	\$359	\$348	\$362	\$376	\$388	4%	3%	8%
40 Year Old	\$460	\$447	\$464	\$482	\$497	4%	3%	8%
Family of Four	\$1484	\$1438	\$1504	\$1557	\$1606	4%	3%	8%
<b>Average LCSP Premium: 21 Year Old with Household Income at 150% of the FPL</b>								
Before APTC	\$349	\$343	\$358	\$372	\$383	4%	3%	10%
After APTC	\$57	\$0	\$0	\$0	\$0	0%	0%	-100%
Percent Covered by APTC	83%	100%	100%	100%	100%	0%	0%	17%
<b>Average LCSP Premium: 40 Year Old with Household Income at 150% of the FPL</b>								
Before APTC	\$448	\$440	\$459	\$477	\$491	4%	3%	10%
After APTC	\$55	\$0	\$0	\$0	\$0	0%	0%	-100%
Percent Covered by APTC	87%	100%	100%	100%	100%	0%	0%	13%
<b>Average LCP Premium: Family of Four with Household Income at 325% of the FPL</b>								
Before APTC	\$1064	\$1060	\$1092	\$1165	\$1207	7%	4%	13%
After APTC	\$285	\$115	\$102	\$151	\$165	49%	9%	-42%
Percent Covered by APTC	72%	88%	90%	87%	86%	-4%	-1%	14%
<b>Average LCP Premium: All HealthCare.gov Enrollees</b>								
Before APTC	\$446	\$440	\$449	\$462	\$479	3%	4%	8%
After APTC	\$65	\$43	\$41	\$35	\$37	-14%	7%	-43%
Percent Covered by APTC	85%	90%	91%	92%	92%	1%	0%	7%

Under the ARP and IRA, some enrollees with household incomes more than 400% of the FPL became eligible for APTC. This led to a significant increase in the percentage of HealthCare.gov enrollees who were eligible for APTC between PY21 and PY24. In PY21, before the ARP was implemented, 89% of HealthCare.gov enrollees who made plan selections during Open Enrollment were eligible for APTC. During PY24 Open Enrollment, a total of 97% of enrollees who made plan selections were eligible for APTC. Of these enrollees, 5% had household incomes over 400% of the FPL and would not have been eligible for APTC before the ARP.<sup>11,12</sup>

<sup>10</sup> Premium information for a 40 year old with a household income of 150% of the FPL uses the LCSP because this individual is eligible for a 94% AV silver plan variation. Premium information for a family of four HealthCare.gov enrollees uses the LCP.

<sup>11</sup> Despite meeting the household income requirements, some enrollees are not eligible for APTC because they are eligible for minimum essential coverage outside of the individual market, do not attest that they will file federal income taxes for the coverage year, or do not attest that they will file federal income taxes jointly with a spouse when married. For purposes of this report, enrollees are still considered eligible for APTC where their maximum APTC is \$0 due to an SLCSP premium that is less than the enrollee's required contribution.

<sup>12</sup> American Rescue Plan of 2021, Part 7, Section 9661(a). <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>



Figure 3 shows that premium amounts and trends differ considerably among enrollees with different household incomes. For a 40 year old on the HealthCare.gov Marketplace with a household income at 150% of the FPL, the average bronze LCP after-APTC premium has remained less than \$1 from PY21 to PY25 and is \$0 in PY25. The average LCSP after-APTC premium has remained at \$0 since the ARP took effect in PY21, and the average lowest cost gold plan after-APTC premium has decreased slightly to \$19 in PY25 from \$22 in PY24 and remains significantly lower than \$95 in PY21 before ARP. The changes in each metal level's LCP after-APTC premiums are caused by changes in the average difference between the benchmark plan premium used to determine APTC amounts and the LCP premiums at each metal level. The ARP and IRA also lower after-APTC premiums for enrollees eligible for cost-sharing reductions (CSRs).<sup>13</sup> Since PY21 post-ARP, a 40 year old with household income of 150% of the FPL could obtain a CSR silver plan variation with an actuarial value (AV)<sup>14</sup> of 94% available for a \$0 premium after APTC in many cases.<sup>15</sup>

In PY25, a 40 year old on the HealthCare.gov Marketplace with a household income at 450% of the FPL<sup>16</sup> has a \$466 average lowest cost gold plan after-APTC premium, a \$458 average LCSP after-APTC premium, and a \$346 average lowest cost bronze plan after-APTC premium. Although after-APTC premiums for the lowest cost plans at all three metal levels at 450% of the FPL decreased from PY21 pre-ARP to PY22, they have increased between PY24 and PY25.<sup>17</sup> The ARP and IRA stipulated that households with incomes at or higher than 400% of the FPL would receive APTC if their benchmark plan rate was greater than 8.5% of their household income and they were otherwise eligible. There are cases, however, where the benchmark plan premium is less than 8.5% of household income, especially for younger enrollees at higher household incomes. As a result, the ARP and IRA's impact on average premiums after APTC is more modest for 40 year olds with household incomes at 450% of the FPL than for 40 year olds with household incomes at 150% of the FPL.

---

<sup>13</sup> A CSR silver plan variation lowers the corresponding deductibles, copayments, coinsurances, and the out-of-pocket maximum of the standard silver plan.

<sup>14</sup> The AV percentage refers to the percentage of total average costs for covered services under a plan. For example, if a plan has an actuarial value of 70%, on average, the enrollee would be responsible for 30% of the costs of all covered services. In the case of a plan with a 94% actuarial value, on average, the enrollee would be responsible for 6% of the costs of all covered benefits. However, the enrollee could be responsible for a higher or lower percentage of the total costs of covered services during the plan year, depending on their actual health care needs and the terms of their insurance policy.

<sup>15</sup> QHPs that cover non-EHBs will have a non-\$0 premium after APTC since APTC can only be used to pay the portion of premiums attributable to coverage of EHBs. In some states, all QHPs cover non-EHBs and have a non-\$0 premium after APTC.

<sup>16</sup> 450% of the FPL for a single person is equal to \$67,770 in PY25 for the 48 contiguous states and the District of Columbia, using the applicable 2024 Poverty Guidelines.

<sup>17</sup> The *HHS Notice of Benefit and Payment Parameters for 2023* final rule raised the actuarial value de minimis thresholds. Specifically, the lower de minimis thresholds for bronze, gold, and platinum QHPs increased by 2% AV, while the lower threshold for individual market silver QHPs increased by 4% AV. As actuarial value represents the percentage of total average costs for covered benefits that a plan will cover, these changes increased the overall generosity of coverage at each metal level from PY22 to PY23.

Figure 3: Average Bronze, Silver, and Gold Lowest Cost Plan Premiums After the Application of APTC for 40-Year-Old Enrollees with a Household Income of 450% of the FPL and Lowest Cost Plan Premiums After the Application of APTC for 40-Year-Old Enrollees with a Household Income of 150% of the FPL

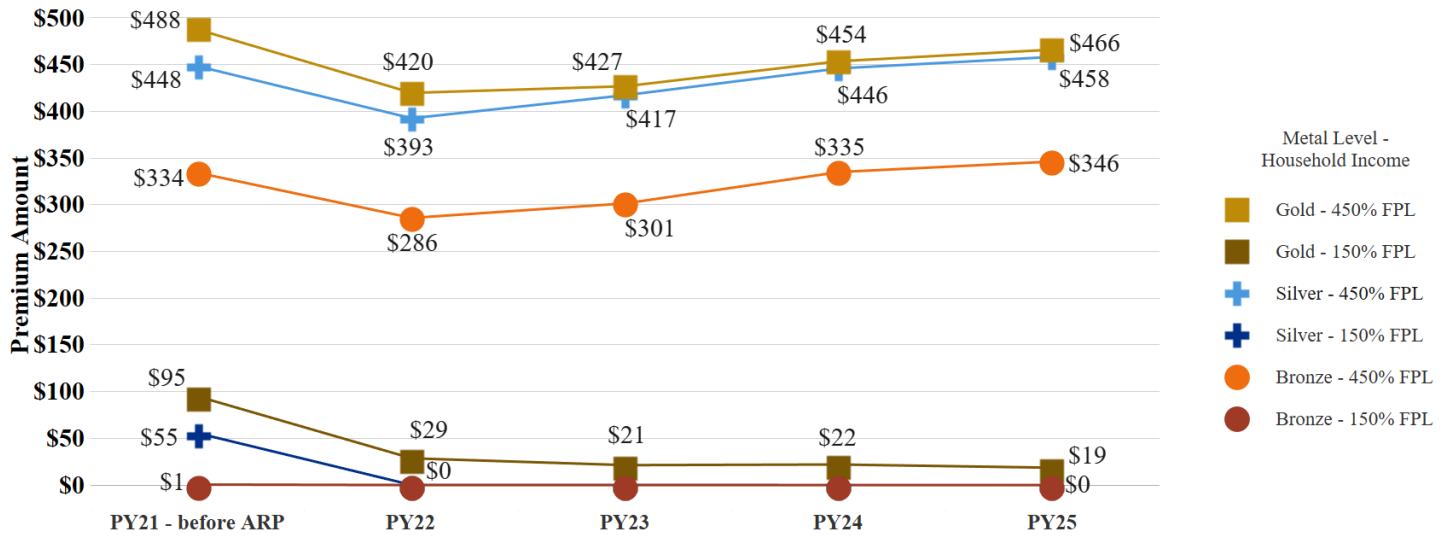


Figure 4 shows a comparison of two sample families of four—one with a household income of 325% of the FPL and the other with a household income of 450% of the FPL—who are enrolled in the LCP. The after-APTC premium for a family of four with a household income of 325% of the FPL was, on average, \$285 per month in PY21 pre-ARP. In PY25, that family’s after-APTC premium is \$165 per month. A family of four with a household income of 450% of the FPL did not receive premium subsidies before the passage of the ARP and paid, on average, \$1,064 per month in PY21. In PY25, the after-APTC LCP premium for a similar family is, on average, \$596 per month, because a portion of these families may have become eligible for premium subsidies.

Figure 4: Lowest Cost Plan Premiums for a Family of Four with a Household Income of 325% of the FPL, and a Household Income of 450% of the FPL

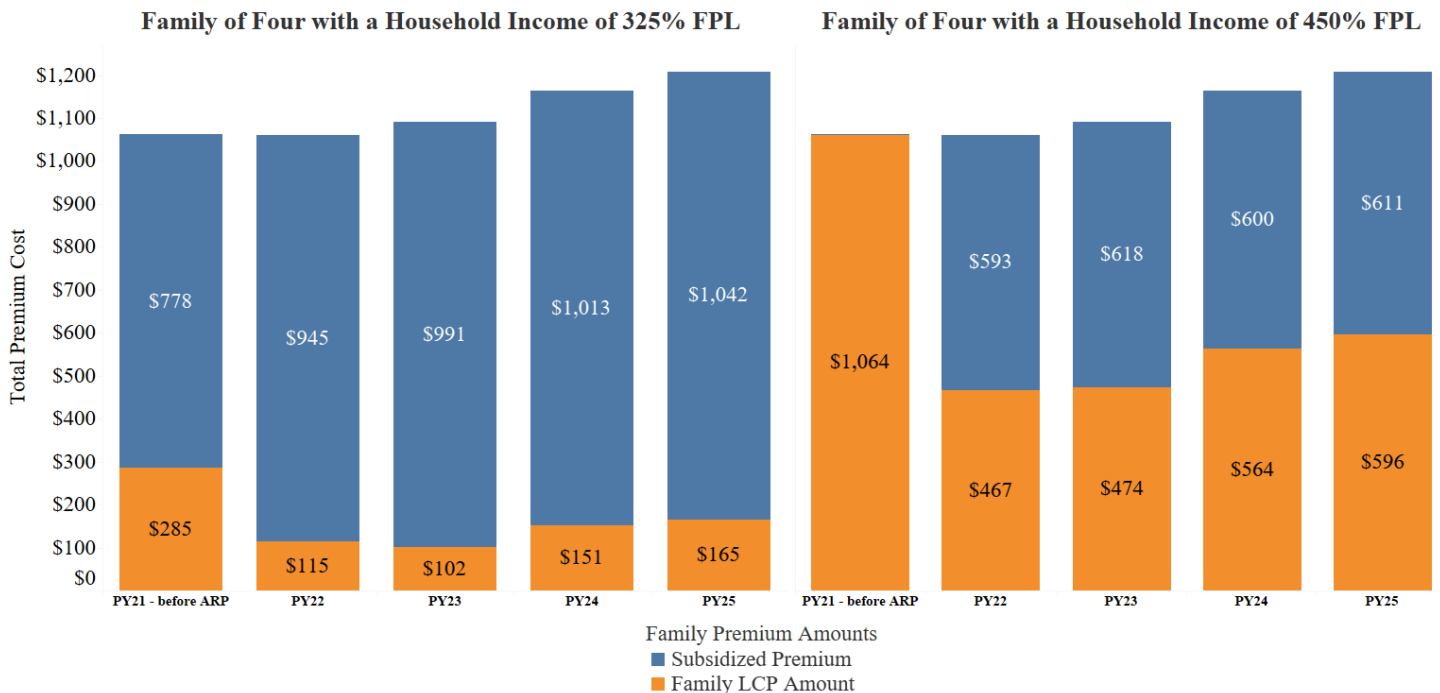


Figure 5 shows similar patterns for actual HealthCare.gov enrollees when incorporating their household income and family compositions. Using data on enrollees who made plan selections during PY24 Open Enrollment and considering only the LCPs in the enrollees' chosen metal level, it is estimated that 69% of enrollees can select a PY25 QHP with an after-APTC premium of \$0 and 82% can select a PY25 QHP with an after-APTC premium of less than \$50. This represents a slight decrease from the 70% of enrollees who could select a PY24 QHP with an after-APTC premium of \$0 and from the 83% of enrollees who could select a PY24 QHP with an after-APTC premium of less than \$50. However, these are significant improvements from PY20 through PY21 before the ARP, when less than a quarter of enrollees could enroll in a \$0 after-APTC premium QHP and fewer than 60% of enrollees could select a QHP for under \$50 after APTC.

Figure 5: Lowest Cost Plan Premiums Available to HealthCare.gov Enrollees in their Chosen Metal Level after APTC

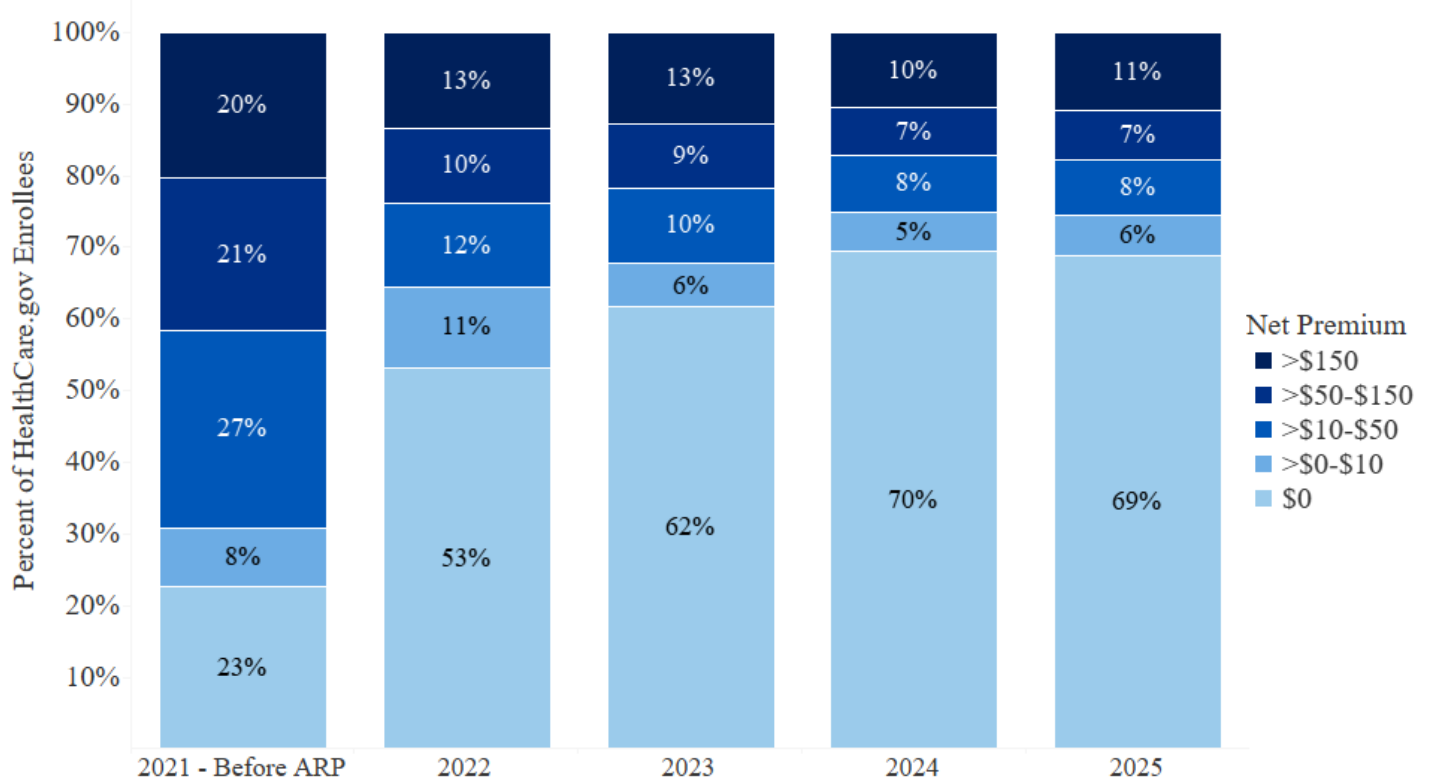


Table 3 shows for the 31 PY25 Healthcare.gov Marketplaces, the percentage of enrollees who could select a plan under \$10 in their chosen metal level in both PY21 prior to implementation of the ARP and in PY25. Overall, the percentage of HealthCare.gov Marketplace enrollees who could select a plan under \$10 increased from 30% in PY21 pre-ARP to 74% in PY25.

*Table 3: HealthCare.gov Enrollees with Lowest Cost Plan Premiums Available in Their Chosen Metal Level Below \$10 after APTC by State*

State	PY21 Prior to ARP/IRA	PY25 With ARP/IRA	PY21-PY25 Change
HealthCare.gov total	30%	74%	44%
AK	26%	42%	15%
AL	45%	77%	32%
AR	7%	56%	50%
AZ	15%	62%	47%
DE	14%	39%	25%
FL	34%	82%	48%
HI	26%	29%	3%
IA	39%	42%	4%
IL	15%	50%	35%
IN	5%	55%	50%
KS	19%	69%	49%
LA	33%	73%	40%
MI	17%	57%	39%
MO	26%	69%	42%
MS	13%	86%	72%
MT	29%	55%	26%
NC	34%	73%	39%
ND	35%	47%	12%
NE	58%	60%	2%
NH	6%	25%	18%
OH	13%	61%	48%
OK	54%	75%	21%
OR	13%	29%	16%
SC	35%	78%	43%
SD	31%	48%	17%
TN	25%	76%	51%
TX	43%	84%	42%
UT	42%	69%	27%
WI	24%	47%	23%
WV	4%	72%	68%
WY	48%	58%	11%

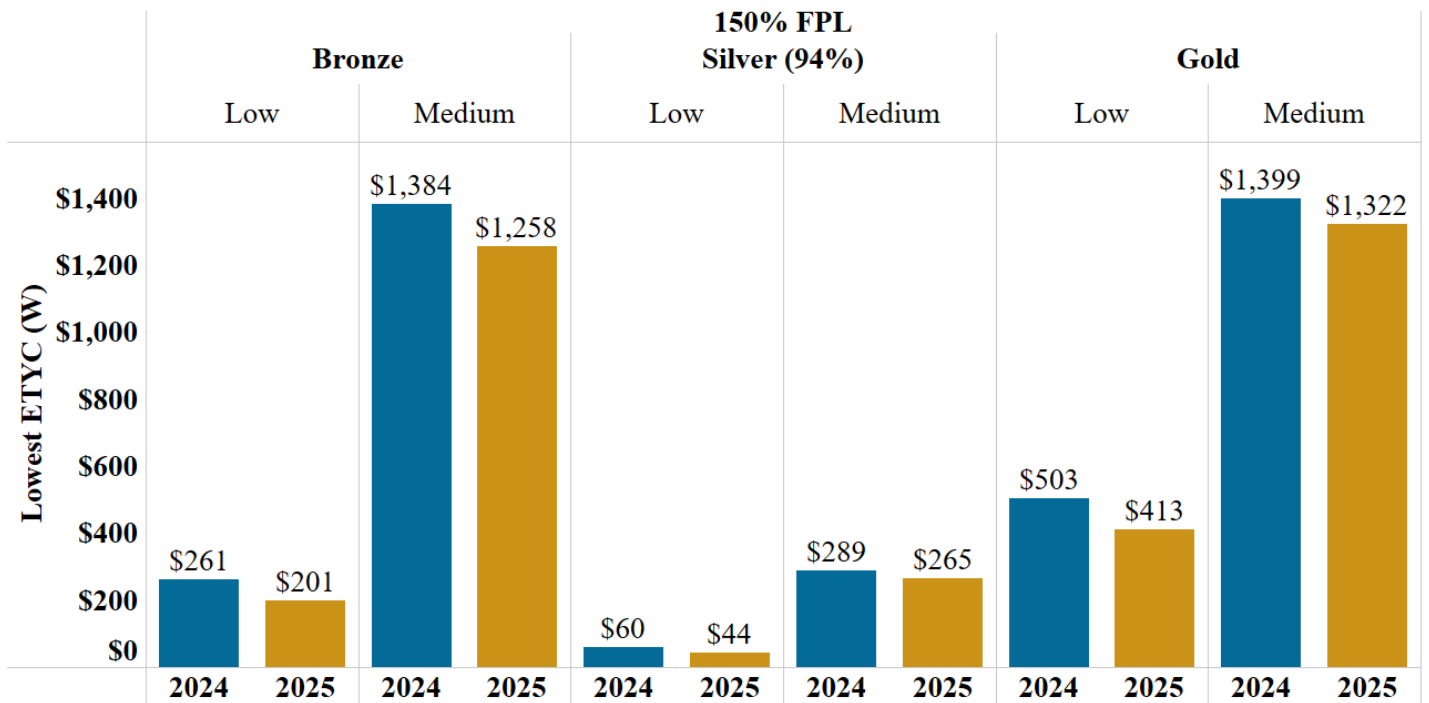
### III. Cost Sharing and Aggregate Costs

Health insurance premiums, copay amounts, coinsurance rates, and deductibles are all variables that help determine how much an individual will spend on health care. Comparisons of premiums over time are important as they often represent the costliest health expenditure for many enrollees, and deductibles often serve as a headline metric for the level of plan generosity. Although past versions of this report have used the change in median deductible values over time as the principal tool to illustrate cost sharing, deductibles are not the most

accurate indicator of plan cost sharing for all enrollees. For many enrollees, pre-deductible cost sharing is a more accurate indicator of total out-of-pocket spending than deductibles, particularly for enrollees who use more pre-deductible services and do not meet their deductible during a given plan year. To account for plan benefit value received both before and after the deductible, the out-of-pocket cost (OOPC) can be calculated to estimate the incurred cost-sharing expenses for a given enrollee scenario based on age, sex, and utilization level. Adding OOPC to the average premium paid for a given enrollee scenario determines the Estimated Total Yearly Cost (ETYC), which sums all expenses that an enrollee will pay in a given plan year for health care, including after-APTC premiums, copays, coinsurance, and all other medical and pharmacy spending.

Figure 6 shows that between PY24 and PY25, the ETYC for bronze, 94% AV silver, and gold QHPs decreased by 9%, 8% and 5%, respectively, for 40-year-old enrollees with household incomes of 150% of the FPL whose medical and prescription drug utilization was characterized as “medium” and who selected the lowest ETYC plan available in their county and metal level.<sup>18</sup> The ETYC for bronze, 94% AV silver and gold QHPs decreased by 23%, 27% and 18%, respectively, for 40-year-old enrollees with household incomes of 150% of the FPL whose utilization was characterized as “low” and selected the lowest ETYC plan available in their county and metal level. By contrast, 40-year-old enrollees with household incomes of 450% of the FPL level who selected the lowest ETYC plan available in their county and metal level saw ETYC changes ranging from a 2% decrease for bronze metal level medium utilizers to a 1% increase for most other metal level and utilization combinations over the same period.

Figure 6: Estimated Total Yearly Cost Assuming the Lowest ETYC plan is selected at each Metal Level, 40-year-old, low and medium utilizers at 150% of the FPL<sup>19</sup>



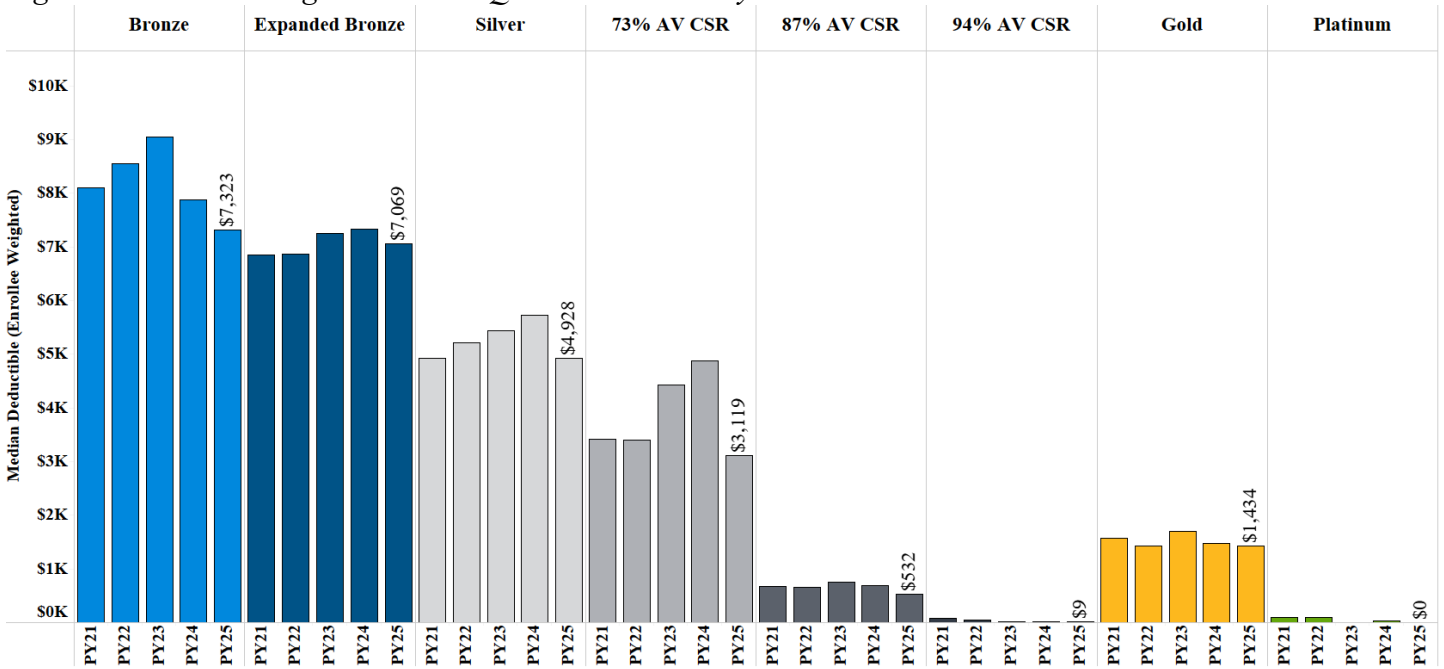
PY25 median deductible trends for QHPs in HealthCare.gov Marketplaces decreased across all metal levels. Figure 7 shows that the 73% AV silver plan variation median deductible stayed relatively constant from PY21 through PY22, increased substantially to \$4,435 in PY23 and to \$4,873 in PY24, but dropped to \$3,119 in

<sup>18</sup> See page 6 of the [methodology document](#) for additional information on ETYC and utilization mapping.

<sup>19</sup> Figure 6 represents cost-conscious low and medium utilization enrollees who will select the lowest ETYC plan. An ETYC data figure was first added to the 2024 QHP Landscape Report in response to a PY24 update to the on-load sort on HealthCare.gov, which sorts QHPs based on the lowest ETYC assuming medium utilization of medical and pharmacy benefits by an enrollee.

PY25, a 36% decrease from PY24. The 87% AV variation<sup>20</sup> median deductible decreased from \$690 in PY24 to \$532 in PY25. The 94% AV silver plan variation<sup>21</sup> median decreased from \$13 in PY24 to \$9 in PY25.<sup>22</sup> In PY24, 16% of HealthCare.gov enrollees who selected a plan during Open Enrollment were eligible for the 87% AV silver plan variation, and 56% were eligible for the 94% AV silver plan variation. The PY25 expanded bronze plan median deductible decreased from \$7,331 in PY24 to \$7,069 in PY25, a decrease of 3.5% from PY24 but similar to the PY21 value. The PY25 silver plan median deductible decreased from \$5,726 in PY24 to \$4,928 in PY25, a decrease of 13.9% from PY24 but similar to the PY21 deductible. The PY25 gold plan median deductible decreased from \$1,477 in PY24 to \$1,434 in PY25, which is a decrease of 2.9% from PY24 and a decrease of 9% from PY21. In PY24, roughly 32% of enrollees selected a bronze plan, 3% selected a non-CSR silver plan variation, 12% selected a gold plan, 2% selected a 73% AV silver plan variation, 9% selected an 87% AV silver plan variation, and 41% selected a 94% AV silver plan variation.

Figure 7: Enrollee Weighted Median QHP Deductibles by Metal Level



<sup>20</sup> The 87% AV silver plan variation is available to APTC-eligible enrollees with a household income greater than 150% of the FPL and less than or equal to 200% of the FPL.  
<sup>21</sup> The 94% AV silver plan variation is available to APTC-eligible enrollees with a household income less than or equal to 150% of the FPL.  
<sup>22</sup> The median individual medical deductible metric is equal to the average of the county-level median deductibles in a given metal level or silver plan CSR variation, weighted by county-level enrollment.