ASPE
ISSUE BRIEF

ADDENDUM TO THE
HEALTH INSURANCE MARKETPLACES 2016 OPEN ENROLLMENT PERIOD: FINAL ENROLLMENT REPORT

For the period: November 1, 2015 – February 1, 2016[1]

March 11, 2016.

This Addendum contains detailed State-level tables highlighting cumulative enrollment-related information for the Health Insurance Marketplaces (Marketplaces) during the 2016 Open Enrollment period for all 50 states and the District of Columbia (based on data for the period 11-1-15 to 2-1-16).[2] These tables include data for the 38 states that are using the HealthCare.gov enrollment and eligibility platform for the 2016 coverage year (HealthCare.gov states), as well as for the 13 State-Based Marketplaces (SBMs) that are using their own Marketplace platforms for the 2016 coverage year.

LIST OF TABLES

Appendix C:	**State-Level Tables – States Using the HealthCare.gov Eligibility and Enrollment Platform**	
	• C1 – Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 3
	• C2 – Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 6
	• C3 - Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 9
	• C4 - Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 12

[1] For purposes of this Enrollment Report, an effort was made to align the reporting periods for the HealthCare.gov states and SBMs using their own Marketplace platforms with the reporting periods for the data that were included in the Week 13 CMS Marketplace Enrollment Snapshot (which can be accessed at https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html). Most of the data in this report are for the 11-1-15 to 2-1-16 with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.
[2] The full Final Marketplace Enrollment Report for the 2016 Open Enrollment Period can be accessed at https://aspe.hhs.gov/pdf-report/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report.

	• C5 - Total Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 16
	• C6 - Total Marketplace Plan Selections by Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 18
	• C7 - Total Marketplace Plan Selections by Gender in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 20
	• C8 - Total Marketplace Plan Selections by Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 22
	• C9 - Total Marketplace Plan Selections by Race/Ethnicity in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 25
	• C10 - Total Marketplace Plan Selections by Rural Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 28
	• C11 - Total Marketplace Plan Selections by Household Income in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 30
	• C12 - Total Marketplace Plan Selections by Gender and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 33
	• C13 - Total Marketplace Plan Selections by Gender and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 37
	• C14 - Total Marketplace Plan Selections by Financial Assistance Status and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 41
	• C15 - Total Marketplace Plan Selections by Metal Level and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State	Page 45
Appendix D:	**State-Level Tables – States Using Their Own Marketplace Platforms**	
	• D1 – Marketplace Plan Selection by Enrollment Type in States Using Their Own Marketplace Platforms, By State, By State	Page 57
	• D2 - Total Completed Applications and Individuals Who Completed Applications in States Using Their Own Marketplace Platforms, By State	Page 59
	• D3 - Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using Their Own Marketplace Platforms, By State	Page 61
	• D4 - Total Marketplace Plan Selections by Financial Assistance Status in States Using Their Own Marketplace Platforms, By State	Page 64
	• D5 - Total Marketplace Plan Selections by Age in States Using Their Own Marketplace Platforms, By State	Page 66
	• D6 - Total Marketplace Plan Selections by Gender in States Using Their Own Marketplace Platforms, By State	Page 68
	• D7 - Total Marketplace Plan Selections by Metal Level in States Using Their Own Marketplace Platforms, By State	Page 70
Appendix E:	**Technical Notes**	Page 72

APPENDIX TABLE C1

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Eligibility and Enrollment Platform, by State, 2016 (1) *11-1-15 to 2-1-16*					
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Distribution By Enrollment Type (3)			
		New Consumers (4)	Consumers Reenrolling in Marketplace Coverage (5)		
			Total Reenrollees	Active Reenrollees (6)	Automatic Reenrollees (7)
	Number	% of Total	% of Total	% of Total	% of Total
States Using the HealthCare.gov Eligibility and Enrollment Platform (8)					
State-Based Marketplaces (SBMs) Using the HealthCare.gov eligibility and enrollment platform (9)					
Hawaii (10)	14,564	99%	1%	1%	0%
Nevada	88,145	47%	53%	41%	12%
New Mexico	54,865	45%	55%	39%	16%
Oregon	147,109	45%	55%	43%	12%
Subtotal - SBMs Using the HealthCare.gov Platform	**304,683**	**48%**	**52%**	**40%**	**12%**
Federally-Facilitated Marketplace (FFM) States					
Alabama	195,055	43%	57%	40%	17%
Alaska	23,029	35%	65%	42%	23%
Arizona	203,066	46%	54%	46%	8%
Arkansas	73,648	37%	63%	34%	29%
Delaware	28,256	33%	67%	42%	25%
Florida	1,742,819	42%	58%	43%	15%
Georgia	587,845	45%	55%	37%	18%
Illinois	388,179	42%	58%	40%	18%
Indiana	196,242	34%	66%	41%	26%
Iowa	55,089	41%	59%	39%	21%
Kansas	101,555	40%	60%	50%	10%
Louisiana	214,148	48%	52%	33%	18%
Maine	84,059	30%	70%	46%	24%
Michigan	345,813	33%	67%	42%	25%
Mississippi	108,672	46%	54%	28%	26%
Missouri	290,201	40%	60%	41%	19%
Montana	58,114	34%	66%	41%	25%
Nebraska	87,835	38%	62%	48%	15%
New Hampshire	55,183	32%	68%	40%	28%
New Jersey	288,573	41%	59%	41%	17%
North Carolina	613,487	39%	61%	43%	18%
North Dakota	21,604	35%	65%	41%	24%
Ohio	243,715	39%	61%	40%	21%

Marketplace Plan Selection by Enrollment Type in States Using the HealthCare.gov Eligibility and Enrollment Platform, by State, 2016 (1) *11-1-15 to 2-1-16*					
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Distribution By Enrollment Type (3)**			
		New Consumers (4)	**Consumers Reenrolling in Marketplace Coverage (5)**		
			Total Reenrollees	**Active Reenrollees (6)**	**Automatic Reenrollees (7)**
	Number	**% of Total**	**% of Total**	**% of Total**	**% of Total**
Oklahoma	145,329	42%	58%	37%	22%
Pennsylvania	439,238	37%	63%	46%	17%
South Carolina	231,849	46%	54%	43%	11%
South Dakota	25,999	42%	58%	46%	12%
Tennessee	268,867	48%	52%	39%	13%
Texas	1,306,208	48%	52%	35%	17%
Utah	175,637	42%	58%	46%	12%
Virginia	421,897	37%	63%	42%	21%
West Virginia	37,284	34%	66%	40%	26%
Wisconsin	239,034	38%	62%	43%	20%
Wyoming	23,770	44%	56%	44%	12%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,625,982**	**42%**	**58%**	**41%**	**17%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) "Distribution by Enrollment Type" represents the percentage of plan selections with available data on enrollment type that are new consumers vs. consumers reenrolling in coverage through the Marketplaces.

(4) "New Consumers" are those individuals who selected a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) as of the reporting date, and did not have a Marketplace plan selection as of November 2015. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

(5) "Consumers reenrolling in coverage through the Marketplaces" are those individuals who had a Marketplace plan selection as of November 2015, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(6) Active Reenrollees are individuals who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.

(7) Automatic Reenrollees are individuals who had a Marketplace plan selection as of November 2015, and retain coverage without returning to the Marketplace and selecting a plan. A consumer was automatically reenrolled into their 2015 plan or a crosswalked plan if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of the 12-17-15 deadline. If the consumer realized after the deadline that there was a better plan for their family or needed to update their information, the consumer could make that change, and would at that point be considered as having actively selected a plan.

(8) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(9) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

(10) Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, its 2016 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C2

Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*							
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (1)**	**Total Consumers Reenrolling in Coverage Through the Marketplaces (2)**	**Total Active Reenrollees (3)**	**Active Reenrollees Who Switched Plans (4)**	**Proportion Who Switched Plans:**		
					Switchers as a % of Total Plan Selections	**Switchers as a % of Total Reenrollees**	**Switchers as a % of Active Reenrollees**
	Number	**Number**	**Number**	**Number**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)							
Hawaii (6)	14,564	85	85	85	1%	100%	100%
Nevada	88,145	46,934	35,921	24,435	28%	52%	68%
New Mexico	54,865	30,201	21,344	17,411	32%	58%	82%
Oregon	147,109	80,992	63,500	38,056	26%	47%	60%
Subtotal - SBMs Using the HealthCare.gov Platform	**304,683**	**158,212**	**120,850**	**79,987**	**26%**	**51%**	**66%**
Federally-Facilitated Marketplace (FFM) States							
Alabama	195,055	111,028	77,214	48,290	25%	43%	63%
Alaska	23,029	14,928	9,594	5,423	24%	36%	57%
Arizona	203,066	109,605	93,218	80,434	40%	73%	86%
Arkansas	73,648	46,186	25,161	10,285	14%	22%	41%
Delaware	28,256	18,839	11,727	5,719	20%	30%	49%
Florida	1,742,819	1,018,152	753,256	382,990	22%	38%	51%
Georgia	587,845	321,373	216,944	141,010	24%	44%	65%
Illinois	388,179	226,971	156,984	120,801	31%	53%	77%
Indiana	196,242	130,315	80,156	54,593	28%	42%	68%
Iowa	55,089	32,738	21,242	10,183	18%	31%	48%
Kansas	101,555	60,661	50,743	38,412	38%	63%	76%
Louisiana	214,148	111,083	71,490	43,613	20%	39%	61%
Maine	84,059	59,214	38,808	11,295	13%	19%	29%
Michigan	345,813	232,381	146,241	83,573	24%	36%	57%
Mississippi	108,672	58,148	30,305	20,392	19%	35%	67%
Missouri	290,201	173,941	118,875	70,882	24%	41%	60%
Montana	58,114	38,342	23,696	12,063	21%	31%	51%
Nebraska	87,835	54,746	41,784	20,383	23%	37%	49%
New Hampshire	55,183	37,618	21,975	11,054	20%	29%	50%
New Jersey	288,573	169,571	119,118	70,733	25%	42%	59%
North Carolina	613,487	373,871	265,928	162,490	26%	43%	61%
North Dakota	21,604	14,004	8,820	3,349	16%	24%	38%
Ohio	243,715	148,833	97,462	53,696	22%	36%	55%
Oklahoma	145,329	84,971	53,371	27,520	19%	32%	52%

Plan Switching by Active Reenrollees Who Selected Plans Through the Marketplaces in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*							
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (1)**	**Total Consumers Reenrolling in Coverage Through the Marketplaces (2)**	**Total Active Reenrollees (3)**	**Active Reenrollees Who Switched Plans (4)**	**Proportion Who Switched Plans:**		
					Switchers as a % of Total Plan Selections	**Switchers as a % of Total Reenrollees**	**Switchers as a % of Active Reenrollees**
	Number	**Number**	**Number**	**Number**	**%**	**%**	**%**
Pennsylvania	439,238	277,031	200,831	143,148	33%	52%	71%
South Carolina	231,849	125,443	100,633	78,091	34%	62%	78%
South Dakota	25,999	15,031	11,871	7,689	30%	51%	65%
Tennessee	268,867	139,097	103,550	60,325	22%	43%	58%
Texas	1,306,208	685,042	461,024	328,228	25%	48%	71%
Utah	175,637	101,621	80,599	57,049	32%	56%	71%
Virginia	421,897	264,565	177,779	74,602	18%	28%	42%
West Virginia	37,284	24,793	15,002	6,469	17%	26%	43%
Wisconsin	239,034	148,615	101,789	57,968	24%	39%	57%
Wyoming	23,770	13,376	10,412	6,529	27%	49%	63%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,625,982**	**5,600,345**	**3,918,452**	**2,389,268**	**25%**	**43%**	**61%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) "Consumers reenrolling in coverage through the Marketplaces" are those individuals who had a Marketplace plan selection as of November 2015, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2016 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(3) "Active reenrollees" are indviduals who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.

(4) "Active reenrollees who switched plans" are active reenrollees who have not selected the same 2016 Marketplace plan as for the 2015 coverage year, or a "crosswalked" plan that is offered by the same issuer as their 2015 plan.

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

(6) Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, its 2016 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C3

Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1) *11-1-15 to 2-1-16*		
Description	**Total Number of Completed Applications for 2016 Coverage (2)**	**Total Individuals Applying for 2016 Coverage in Completed Applications (3)**
	Number	**Number**
States Using the HealthCare.gov Eligibility and Enrollment Platform		
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (4)		
Hawaii	19,170	25,300
Nevada	93,255	134,454
New Mexico	58,918	78,489
Oregon	165,342	229,205
Subtotal - SBMs Using the HealthCare.gov eligibility and enrollment platform	**336,685**	**467,448**
Federally-Facilitated Marketplace (FFM) States		
Alabama	211,341	272,034
Alaska	26,089	35,127
Arizona	182,029	287,984
Arkansas	91,956	126,959
Delaware	28,366	39,361
Florida	1,713,988	2,181,930
Georgia	585,212	784,389
Illinois	407,306	553,060
Indiana	199,252	275,979
Iowa	61,545	81,846
Kansas	98,116	140,812
Louisiana	243,919	285,618
Maine	73,472	102,757
Michigan	341,924	468,629

Total Completed Applications and Individuals Who Completed Applications in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1)
11-1-15 to 2-1-16

Description	Total Number of Completed Applications for 2016 Coverage (2)	Total Individuals Applying for 2016 Coverage in Completed Applications (3)
	Number	Number
Mississippi	126,683	150,497
Missouri	284,325	381,358
Montana	60,656	83,817
Nebraska	76,178	113,665
New Hampshire	51,164	70,058
New Jersey	310,964	426,976
North Carolina	591,373	769,370
North Dakota	17,890	28,956
Ohio	266,667	367,291
Oklahoma	134,986	191,356
Pennsylvania	465,041	616,498
South Carolina	240,072	303,914
South Dakota	23,230	34,633
Tennessee	310,761	415,964
Texas	1,237,869	1,818,689
Utah	126,623	230,390
Virginia	380,421	540,999
West Virginia	40,132	53,051
Wisconsin	233,844	303,545
Wyoming	21,113	31,559
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,601,192**	**13,036,519**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 2-1-16. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) "Completed Applications for 2016 Coverage" represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.

(3) "Individuals Applying for 2016 Coverage in Completed Applications" represents the total number of individuals included in Completed Applications that were submitted to the individual market Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP.

(4) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C4

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1) *11-1-15 to 2-1-16*				
State Name	**Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage**		**Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)**	**Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)**
	Total Eligible to Enroll in a Marketplace Plan (2)	**Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)**		
	Number	**Number**	**Number**	**Number**
States Using the HealthCare.gov Eligibility and Enrollment Platform				
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)				
Hawaii	17,517	13,885	7,119	14,564
Nevada	107,525	89,716	21,007	88,145
New Mexico	64,725	47,180	12,933	54,865
Oregon	170,075	124,080	58,055	147,109
Subtotal - SBMs Using the HealthCare.gov Platform	**359,842**	**274,861**	**99,114**	**304,683**
Federally-Facilitated Marketplace (FFM) States				
Alabama	251,875	192,623	8,542	195,055
Alaska	26,682	21,820	4,249	23,029
Arizona	245,739	184,377	40,644	203,066
Arkansas	88,605	72,700	19,352	73,648
Delaware	33,017	25,694	6,045	28,256
Florida	2,068,686	1,755,063	103,869	1,742,819
Georgia	724,847	563,430	56,128	587,845
Illinois	458,832	346,850	91,368	388,179
Indiana	227,850	180,460	46,953	196,242
Iowa	66,088	53,682	13,756	55,089
Kansas	129,220	95,410	10,978	101,555
Louisiana	270,608	211,291	12,862	214,148

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1)
11-1-15 to 2-1-16

State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
Maine	96,883	79,625	5,414	84,059
Michigan	394,272	323,403	70,042	345,813
Mississippi	140,345	109,850	9,196	108,672
Missouri	350,767	277,126	29,385	290,201
Montana	64,691	52,228	11,496	58,114
Nebraska	104,973	85,439	7,171	87,835
New Hampshire	61,336	41,901	8,031	55,183
New Jersey	339,937	262,379	43,173	288,573
North Carolina	725,498	592,369	41,561	613,487
North Dakota	24,970	20,896	3,649	21,604
Ohio	299,259	234,816	64,841	243,715
Oklahoma	178,937	139,441	11,630	145,329
Pennsylvania	514,077	390,871	99,843	439,238
South Carolina	283,425	230,149	19,705	231,849
South Dakota	31,820	26,070	2,688	25,999
Tennessee	345,221	255,955	33,844	268,867
Texas	1,677,897	1,263,445	130,416	1,306,208
Utah	199,919	168,592	29,299	175,637
Virginia	507,087	384,114	31,991	421,897
West Virginia	44,453	35,892	4,067	37,284
Wisconsin	272,802	224,471	23,682	239,034

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State, 2016 (1) *11-1-15 to 2-1-16*				
State Name	**Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage**		**Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)**	**Number of Individuals With 2016 Plan Selections Through the Marketplaces (5)**
	Total Eligible to Enroll in a Marketplace Plan (2)	**Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)**		
	Number	**Number**	**Number**	**Number**
Wyoming	29,241	23,806	779	23,770
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**11,639,701**	**9,201,099**	**1,195,763**	**9,625,982**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 2-1-16. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) "Individuals Determined Eligible to Enroll in a Plan Through the Marketplace" (i.e., enrollment through the Marketplaces for a 2016 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, regardless of whether they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).

(3) "Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance" (i.e., enrollment through the Marketplace for a 2016 Marketplace plan with Financial Assistance) represents the total number of individuals determined eligible to enroll through the Marketplace in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR) for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplace and updated their information). These individuals may or may not have enrolled in coverage by the end of the reference period. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections with financial assistance (which includes automatic reenrollees).

(4) "Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace" represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP based on their modified adjusted gross income (MAGI). In some states, completed applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these "assessment states" the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP eligibility determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency's final eligibility determination, if applicable. These data may vary from accounts transferred via "flat file" to states by the FFM. Quality assurance continues on Medicaid assessments and determinations. Note: Marketplace Medicaid/CHIP eligibility determination and assessment data in

this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on Medicaid.gov) which covers data through October 2015. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid/CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

(5) "Individuals With 2016 Marketplace Plan Selections" represents the total number of individuals determined eligible to enroll in a plan through the Marketplace" who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C5

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*						
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Financial Assistance Status (3)**	**By Financial Assistance Status (4)** *(% of Available Data, Excluding Unknown)*			
			With Financial Assistance	**Without Financial Assistance**	**With APTC** *(non-add)*	**With CSR** *(non-add)*
	Number	**Number**	**%**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)						
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)						
Hawaii	14,564	14,564	82%	18%	81%	61%
Nevada	88,145	88,145	88%	12%	87%	58%
New Mexico	54,865	54,865	70%	30%	68%	44%
Oregon	147,109	147,109	72%	28%	71%	39%
Subtotal - SBMs Using the HealthCare.gov Platform	**304,683**	**304,683**	**77%**	**23%**	**76%**	**46%**
Federally-Facilitated Marketplace (FFM) States						
Alabama	195,055	195,055	89%	11%	89%	73%
Alaska	23,029	23,029	87%	13%	86%	42%
Arizona	203,066	203,066	75%	25%	74%	51%
Arkansas	73,648	73,648	88%	12%	87%	55%
Delaware	28,256	28,256	82%	18%	82%	43%
Florida	1,742,819	1,742,819	91%	9%	91%	71%
Georgia	587,845	587,845	87%	13%	86%	65%
Illinois	388,179	388,179	76%	24%	75%	45%
Indiana	196,242	196,242	81%	19%	81%	45%
Iowa	55,089	55,089	85%	15%	85%	51%
Kansas	101,555	101,555	83%	17%	82%	57%
Louisiana	214,148	214,148	89%	11%	89%	61%
Maine	84,059	84,059	87%	13%	87%	56%
Michigan	345,813	345,813	84%	16%	83%	51%
Mississippi	108,672	108,672	90%	10%	90%	74%
Missouri	290,201	290,201	87%	13%	87%	57%
Montana	58,114	58,114	83%	17%	83%	45%
Nebraska	87,835	87,835	88%	12%	88%	51%
New Hampshire	55,183	55,183	67%	33%	66%	35%
New Jersey	288,573	288,573	80%	20%	80%	50%
North Carolina	613,487	613,487	89%	11%	89%	64%
North Dakota	21,604	21,604	86%	14%	85%	45%
Ohio	243,715	243,715	81%	19%	80%	44%
Oklahoma	145,329	145,329	85%	15%	84%	60%
Pennsylvania	439,238	439,238	77%	23%	76%	51%

Marketplace Plan Selections by Financial Assistance Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Financial Assistance Status (3)	By Financial Assistance Status (4) (% of Available Data, Excluding Unknown)			
			With Financial Assistance	Without Financial Assistance	With APTC (non-add)	With CSR (non-add)
	Number	Number	%	%	%	%
South Carolina	231,849	231,849	89%	11%	89%	71%
South Dakota	25,999	25,999	89%	11%	88%	60%
Tennessee	268,867	268,867	85%	15%	85%	58%
Texas	1,306,208	1,306,208	84%	16%	84%	57%
Utah	175,637	175,637	87%	13%	86%	63%
Virginia	421,897	421,897	82%	18%	82%	56%
West Virginia	37,284	37,284	86%	14%	85%	51%
Wisconsin	239,034	239,034	84%	16%	84%	54%
Wyoming	23,770	23,770	90%	10%	90%	54%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,625,982**	**9,625,982**	**85%**	**15%**	**85%**	**59%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C6

Marketplace Plan Selection by Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (4)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)										
Hawaii	14,564	6%	8%	15%	18%	21%	31%	1%	23%	29%
Nevada	88,144	14%	9%	16%	15%	19%	26%	1%	24%	38%
New Mexico	54,864	9%	7%	14%	14%	22%	34%	1%	21%	30%
Oregon	147,107	9%	8%	17%	16%	19%	31%	1%	25%	33%
Subtotal - SBMs Using the HealthCare.gov Platform	**304,679**	**10%**	**8%**	**16%**	**15%**	**19%**	**30%**	**1%**	**24%**	**34%**
Federally-Facilitated Marketplace (FFM) States										
Alabama	195,052	4%	12%	19%	18%	21%	25%	0%	31%	35%
Alaska	23,029	12%	8%	19%	15%	19%	26%	1%	27%	39%
Arizona	203,066	23%	9%	13%	13%	17%	24%	0%	22%	45%
Arkansas	73,648	9%	9%	15%	15%	20%	31%	1%	24%	33%
Delaware	28,256	13%	8%	16%	15%	21%	26%	1%	24%	37%
Florida	1,742,812	7%	13%	15%	17%	24%	24%	1%	28%	34%
Georgia	587,842	7%	13%	18%	18%	22%	21%	1%	31%	38%
Illinois	388,178	8%	10%	18%	15%	20%	28%	1%	28%	36%
Indiana	196,239	11%	9%	15%	15%	19%	31%	0%	24%	35%
Iowa	55,089	6%	8%	17%	15%	20%	33%	1%	26%	31%
Kansas	101,555	10%	11%	19%	15%	18%	26%	0%	31%	40%
Louisiana	214,147	5%	12%	20%	17%	21%	24%	0%	32%	37%
Maine	84,059	11%	8%	15%	14%	21%	31%	0%	23%	34%
Michigan	345,811	11%	9%	16%	14%	20%	29%	0%	25%	36%
Mississippi	108,672	4%	14%	17%	17%	21%	26%	1%	31%	35%
Missouri	290,199	9%	12%	19%	16%	19%	25%	0%	30%	39%
Montana	58,113	8%	9%	19%	16%	18%	30%	0%	28%	36%
Nebraska	87,835	15%	11%	18%	16%	17%	23%	0%	29%	44%
New Hampshire	55,183	8%	8%	16%	14%	22%	31%	0%	24%	32%
New Jersey	288,573	9%	10%	16%	15%	23%	27%	1%	26%	34%
North Carolina	613,485	9%	11%	17%	17%	21%	23%	0%	28%	38%
North Dakota	21,604	23%	9%	18%	13%	14%	23%	0%	26%	49%
Ohio	243,713	12%	8%	16%	14%	19%	32%	0%	24%	35%
Oklahoma	145,327	11%	11%	17%	16%	19%	25%	0%	29%	39%
Pennsylvania	439,232	7%	9%	17%	15%	21%	31%	1%	26%	33%
South Carolina	231,849	8%	11%	16%	16%	22%	26%	0%	27%	36%

Marketplace Plan Selection by Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Number of Plan Selections With Available Data on Age (2) (3)	By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
South Dakota	25,999	13%	10%	20%	15%	16%	26%	0%	30%	43%
Tennessee	268,866	7%	10%	18%	16%	22%	28%	0%	28%	34%
Texas	1,306,200	11%	13%	16%	17%	21%	22%	1%	29%	40%
Utah	175,635	23%	12%	20%	16%	13%	15%	0%	32%	56%
Virginia	421,896	11%	12%	18%	16%	20%	22%	1%	30%	41%
West Virginia	37,284	6%	7%	13%	15%	21%	38%	1%	20%	26%
Wisconsin	239,032	7%	9%	17%	14%	20%	33%	0%	26%	32%
Wyoming	23,770	14%	9%	19%	15%	16%	27%	0%	28%	42%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,625,929**	**9%**	**11%**	**17%**	**16%**	**21%**	**25%**	**1%**	**28%**	**37%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C7

Marketplace Plan Selection by Gender in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*				
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Gender (3)**	**By Gender** *(% of Available Data, Excluding Unknown)*	
			Females	**Males**
	Number	**Number**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (4)				
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)				
Hawaii	14,564	14,564	57%	43%
Nevada	88,145	88,145	54%	46%
New Mexico	54,865	54,865	54%	46%
Oregon	147,109	147,109	55%	45%
Subtotal - SBMs Using the HealthCare.gov Platform	**304,683**	**304,683**	**54%**	**46%**
Federally-Facilitated Marketplace (FFM) States				
Alabama	195,055	195,055	57%	43%
Alaska	23,029	23,029	52%	48%
Arizona	203,066	203,066	53%	47%
Arkansas	73,648	73,648	54%	46%
Delaware	28,256	28,256	54%	46%
Florida	1,742,819	1,742,819	54%	46%
Georgia	587,845	587,845	56%	44%
Illinois	388,179	388,179	52%	48%
Indiana	196,242	196,242	54%	46%
Iowa	55,089	55,089	53%	47%
Kansas	101,555	101,555	54%	46%
Louisiana	214,148	214,148	57%	43%
Maine	84,059	84,059	53%	47%
Michigan	345,813	345,813	52%	48%
Mississippi	108,672	108,672	58%	42%
Missouri	290,201	290,201	54%	46%
Montana	58,114	58,114	53%	47%
Nebraska	87,835	87,835	53%	47%
New Hampshire	55,183	55,183	53%	47%
New Jersey	288,573	288,573	53%	47%
North Carolina	613,487	613,487	55%	45%
North Dakota	21,604	21,604	52%	48%
Ohio	243,715	243,715	53%	47%
Oklahoma	145,329	145,329	55%	45%

Marketplace Plan Selection by Gender in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Gender (3)	By Gender (% of Available Data, Excluding Unknown)	
			Females	Males
	Number	Number	%	%
Pennsylvania	439,238	439,238	53%	47%
South Carolina	231,849	231,849	56%	44%
South Dakota	25,999	25,999	53%	47%
Tennessee	268,867	268,867	53%	47%
Texas	1,306,208	1,306,208	55%	45%
Utah	175,637	175,637	51%	49%
Virginia	421,897	421,897	54%	46%
West Virginia	37,284	37,284	55%	45%
Wisconsin	239,034	239,034	53%	47%
Wyoming	23,770	23,770	54%	46%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,625,982**	**9,625,982**	**54%**	**46%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C8

Marketplace Plan Selection by Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*							
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Metal Level (3)**	**By Metal Level (4)** *(% of Available Data, Excluding Unknown)*				
			Bronze Plan	**Silver Plan**	**Gold Plan**	**Platinum Plan**	**Catastrophic Plan**
	Number	**Number**	**%**	**%**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)							
Hawaii	14,564	14,564	16%	71%	7%	6%	0%
Nevada	88,145	88,145	23%	69%	5%	2%	1%
New Mexico	54,865	54,865	22%	61%	15%	1%	1%
Oregon	147,109	147,109	29%	61%	10%	0%	1%
Subtotal - SBMs Using the HealthCare.gov Platform	**304,683**	**304,683**	**25%**	**64%**	**9%**	**1%**	**1%**
Federally-Facilitated Marketplace (FFM) States							
Alabama	195,055	195,055	8%	85%	4%	0%	2%
Alaska	23,029	23,029	45%	51%	3%	0%	1%
Arizona	203,066	203,066	23%	63%	11%	1%	2%
Arkansas	73,648	73,648	21%	70%	9%	0%	1%
Delaware	28,256	28,256	22%	61%	13%	3%	0%
Florida	1,742,819	1,742,819	15%	78%	4%	2%	1%
Georgia	587,845	587,845	17%	76%	5%	0%	2%
Illinois	388,179	388,179	30%	60%	10%	0%	0%
Indiana	196,242	196,242	35%	60%	5%	0%	0%
Iowa	55,089	55,089	29%	65%	6%	0%	0%
Kansas	101,555	101,555	22%	69%	8%	1%	0%
Louisiana	214,148	214,148	21%	71%	6%	1%	1%
Maine	84,059	84,059	23%	71%	5%	0%	1%
Michigan	345,813	345,813	25%	67%	6%	1%	1%
Mississippi	108,672	108,672	14%	82%	3%	1%	1%
Missouri	290,201	290,201	27%	67%	5%	0%	1%
Montana	58,114	58,114	38%	55%	6%	0%	1%
Nebraska	87,835	87,835	33%	61%	4%	0%	2%
New Hampshire	55,183	55,183	35%	52%	10%	1%	2%
New Jersey	288,573	288,573	16%	73%	8%	2%	1%
North Carolina	613,487	613,487	18%	77%	3%	1%	2%
North Dakota	21,604	21,604	26%	51%	21%	0%	2%
Ohio	243,715	243,715	34%	57%	8%	0%	1%

Marketplace Plan Selection by Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
Oklahoma	145,329	145,329	29%	66%	5%	0%	0%
Pennsylvania	439,238	439,238	15%	72%	11%	2%	1%
South Carolina	231,849	231,849	9%	86%	4%	0%	1%
South Dakota	25,999	25,999	20%	75%	4%	0%	1%
Tennessee	268,867	268,867	26%	69%	3%	1%	1%
Texas	1,306,208	1,306,208	26%	67%	6%	0%	1%
Utah	175,637	175,637	15%	74%	11%	0%	0%
Virginia	421,897	421,897	23%	69%	7%	0%	2%
West Virginia	37,284	37,284	20%	69%	11%	0%	0%
Wisconsin	239,034	239,034	23%	70%	5%	1%	1%
Wyoming	23,770	23,770	28%	68%	4%	0%	1%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,625,982**	**9,625,982**	**21%**	**71%**	**6%**	**1%**	**1%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the "best" plan in order to prevent duplication.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C9

Marketplace Plan Selection by Self-Reported Race/Ethnicity in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*									
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Self-Reported Race/ Ethnicity (3)**	**By Self-Reported Race/Ethnicity *(4)*** *(% of Available Data, Excluding Unknown)*						
			American Indian / Alaska Native	**Asian**	**Native Hawaiian/ Pacific Islander**	**African-American**	**Latino (5)**	**White**	**Multi-racial**
	Number	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (6)									
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)									
Hawaii	14,564	9,123	0%	32%	20%	1%	4%	35%	8%
Nevada	88,145	56,246	1%	19%	0%	5%	18%	54%	3%
New Mexico	54,865	37,035	2%	4%	0%	1%	36%	55%	1%
Oregon	147,109	98,049	1%	8%	0%	1%	6%	82%	2%
Subtotal - SBMs Using the HealthCare.gov Platform	**304,683**	**200,453**	**1%**	**11%**	**1%**	**2%**	**15%**	**67%**	**3%**
Federally-Facilitated Marketplace (FFM) States									
Alabama	195,055	129,873	0%	6%	0%	22%	2%	67%	1%
Alaska	23,029	17,226	4%	10%	1%	2%	6%	74%	3%
Arizona	203,066	143,009	1%	7%	0%	3%	25%	63%	2%
Arkansas	73,648	56,737	1%	4%	0%	9%	4%	81%	1%
Delaware	28,256	20,307	0%	9%	0%	13%	8%	68%	2%
Florida	1,742,819	922,479	0%	6%	0%	14%	33%	46%	1%
Georgia	587,845	364,192	0%	15%	0%	29%	8%	47%	1%
Illinois	388,179	277,318	0%	11%	0%	7%	11%	70%	1%
Indiana	196,242	137,102	0%	5%	0%	6%	4%	84%	1%
Iowa	55,089	38,121	0%	4%	0%	2%	4%	89%	1%
Kansas	101,555	75,054	1%	6%	0%	5%	8%	78%	2%
Louisiana	214,148	110,432	0%	8%	0%	27%	5%	58%	1%
Maine	84,059	62,612	0%	2%	0%	1%	1%	95%	1%
Michigan	345,813	203,114	0%	6%	0%	6%	3%	84%	1%
Mississippi	108,672	61,473	0%	6%	0%	47%	2%	44%	1%
Missouri	290,201	179,695	0%	5%	0%	9%	3%	81%	2%
Montana	58,114	44,520	2%	1%	0%	0%	2%	92%	2%
Nebraska	87,835	59,459	1%	3%	0%	3%	7%	85%	1%
New Hampshire	55,183	37,930	0%	4%	0%	1%	3%	91%	1%
New Jersey	288,573	196,687	0%	16%	0%	8%	17%	58%	1%

Marketplace Plan Selection by Self-Reported Race/Ethnicity in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)	Plan Selections With Available Data on Self-Reported Race/ Ethnicity (3)	By Self-Reported Race/Ethnicity *(4)* *(% of Available Data, Excluding Unknown)*						
			American Indian / Alaska Native	Asian	Native Hawaiian/ Pacific Islander	African-American	Latino (5)	White	Multi-racial
	Number	%	%	%	%	%	%	%	%
North Carolina	613,487	384,031	1%	6%	0%	17%	6%	69%	1%
North Dakota	21,604	17,099	6%	2%	0%	2%	3%	86%	2%
Ohio	243,715	165,517	0%	5%	0%	7%	2%	84%	1%
Oklahoma	145,329	96,393	8%	7%	0%	6%	8%	68%	4%
Pennsylvania	439,238	297,307	0%	8%	0%	6%	4%	80%	1%
South Carolina	231,849	136,015	0%	5%	0%	22%	4%	68%	1%
South Dakota	25,999	20,907	3%	2%	0%	1%	2%	90%	2%
Tennessee	268,867	175,666	0%	5%	0%	13%	3%	78%	1%
Texas	1,306,208	835,072	0%	15%	0%	9%	37%	38%	1%
Utah	175,637	117,483	1%	4%	0%	1%	10%	83%	2%
Virginia	421,897	290,270	0%	17%	0%	15%	10%	56%	2%
West Virginia	37,284	26,879	0%	2%	0%	2%	1%	93%	1%
Wisconsin	239,034	166,662	1%	3%	0%	4%	4%	87%	1%
Wyoming	23,770	15,645	1%	2%	0%	0%	6%	89%	2%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,625,982**	**6,082,739**	**0%**	**9%**	**0%**	**12%**	**15%**	**63%**	**1%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) The data on race/ethnicity of individuals who selected or were automatically reenrolled in 2016 Marketplace plans are self-reported, and should be interpreted with great caution, since more than one-third of Marketplace enrollees do not provide these data.

(5) CMS has updated the methodology for identifying Latinos applying for 2016 coverage by incorporating the selection of "Other" ethnicity as Latino. Specifically, all consumers who selected "Other ethnicity" on their application are now counted as Latino. Latino ethnicity is indicated when Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and/or Other is selected. This has led to an increase in the number of reported Latinos compared to previous years. Please see the Addendum for additional information..

(6) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(7) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C10

Marketplace Plan Selection by Rural Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*				
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Rural Status (3)**	**By Rural Status** *(% of Available Data, Excluding Unknown)*	
			In ZIP Codes Designated as Rural	**In ZIP Codes Designated as Urban**
	Number	**Number**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (4)				
State-Based Marketplaces (SBMs) Using the HealthCare.gov eligibility and enrollment platform (5)				
Hawaii	14,564	14,564	37%	63%
Nevada	88,145	88,145	11%	89%
New Mexico	54,865	54,865	32%	68%
Oregon	147,109	147,109	23%	77%
Subtotal - SBMs Using the HealthCare.gov Platform	**304,683**	**304,683**	**22%**	**78%**
Federally-Facilitated Marketplace (FFM) States				
Alabama	195,055	195,055	28%	72%
Alaska	23,029	23,029	51%	49%
Arizona	203,066	203,066	10%	90%
Arkansas	73,648	73,648	41%	59%
Delaware	28,256	28,256	22%	78%
Florida	1,742,819	1,742,819	3%	97%
Georgia	587,845	587,845	15%	85%
Illinois	388,179	388,179	12%	88%
Indiana	196,242	196,242	26%	74%
Iowa	55,089	55,089	45%	55%
Kansas	101,555	101,555	34%	66%
Louisiana	214,148	214,148	17%	83%
Maine	84,059	84,059	58%	42%
Michigan	345,813	345,813	23%	77%
Mississippi	108,672	108,672	49%	51%
Missouri	290,201	290,201	28%	72%
Montana	58,114	58,114	73%	27%
Nebraska	87,835	87,835	49%	51%
New Hampshire	55,183	55,183	43%	57%
New Jersey	288,573	288,573	1%	99%
North Carolina	613,487	613,487	26%	74%
North Dakota	21,604	21,604	61%	39%
Ohio	243,715	243,715	22%	78%
Oklahoma	145,329	145,329	37%	63%

Marketplace Plan Selection by Rural Status in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*				
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Rural Status (3)**	**By Rural Status** *(% of Available Data, Excluding Unknown)*	
			In ZIP Codes Designated as Rural	**In ZIP Codes Designated as Urban**
	Number	**Number**	**%**	**%**
Pennsylvania	439,238	439,238	12%	88%
South Carolina	231,849	231,849	20%	80%
South Dakota	25,999	25,999	63%	37%
Tennessee	268,867	268,867	26%	74%
Texas	1,306,208	1,306,208	11%	89%
Utah	175,637	175,637	15%	85%
Virginia	421,897	421,897	14%	86%
West Virginia	37,284	37,284	41%	59%
Wisconsin	239,034	239,034	37%	63%
Wyoming	23,770	23,770	78%	22%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	**9,625,982**	**9,625,982**	**18%**	**82%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C11

Marketplace Plan Selection by Household Income in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*										
Description / Medicaid Expansion Status (2)		**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (3)**	**Plan Selections With Available Data on Household Income (4)**	**By Household Income (5)** *(% of Available Data, Excluding Unknown)*						
				<100 % of FPL	**≥100% to ≤150% of FPL**	**>150% to ≤200% of FPL**	**>200% to- ≤250% of FPL**	**>250% to ≤300% of FPL**	**>300% to ≤400% of FPL**	**> 400% of FPL**
		Number	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (6)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)										
Hawaii	*Expanding Medicaid*	14,564	13,256	29%	14%	25%	14%	9%	7%	2%
Nevada	*Expanding Medicaid*	88,145	82,365	3%	21%	32%	22%	11%	9%	2%
New Mexico	*Expanding Medicaid*	54,865	45,987	2%	15%	32%	21%	13%	12%	4%
Oregon	*Expanding Medicaid*	147,109	124,753	2%	11%	29%	22%	14%	17%	5%
Subtotal - SBMs Using the HealthCare.gov Platform		**304,683**	**266,361**	**4%**	**15%**	**30%**	**21%**	**13%**	**13%**	**4%**
Federally-Facilitated Marketplace (FFM) States										
Alabama	*Not Expanding Medicaid*	195,055	187,259	4%	49%	23%	11%	6%	6%	1%
Alaska	*Expanding Medicaid*	23,029	21,489	3%	20%	26%	22%	13%	14%	3%
Arizona	*Expanding Medicaid*	203,066	174,347	2%	18%	37%	20%	10%	9%	3%
Arkansas	*Expanding Medicaid*	73,648	69,330	2%	19%	35%	21%	11%	10%	2%
Delaware	*Expanding Medicaid*	28,256	25,547	2%	15%	27%	21%	14%	16%	4%
Florida	*Not Expanding Medicaid*	1,742,819	1,664,574	2%	55%	21%	10%	5%	5%	1%
Georgia	*Not Expanding Medicaid*	587,845	550,496	4%	51%	21%	10%	7%	6%	2%
Illinois	*Expanding Medicaid*	388,179	339,020	3%	18%	32%	19%	11%	12%	4%
Indiana	*Expanding Medicaid*	196,242	175,082	2%	21%	29%	18%	14%	13%	3%
Iowa	*Expanding Medicaid*	55,089	51,135	2%	16%	34%	21%	12%	12%	2%
Kansas	*Not Expanding Medicaid*	101,555	93,727	4%	36%	24%	15%	10%	8%	2%
Louisiana	*Not Expanding Medicaid*	214,148	203,357	3%	48%	21%	11%	8%	7%	2%
Maine	*Not Expanding Medicaid*	84,059	78,673	2%	28%	25%	18%	12%	12%	3%
Michigan	*Expanding Medicaid*	345,813	316,499	2%	21%	30%	21%	12%	12%	3%
Mississippi	*Not Expanding Medicaid*	108,672	104,840	4%	60%	20%	9%	4%	3%	1%
Missouri	*Not Expanding Medicaid*	290,201	272,378	3%	42%	24%	13%	8%	8%	2%
Montana	*Expanding Medicaid*	58,114	53,220	2%	22%	27%	18%	13%	14%	3%

Marketplace Plan Selection by Household Income in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description / Medicaid Expansion Status (2)		Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (3)	Plan Selections With Available Data on Household Income (4)	By Household Income (5) (% of Available Data, Excluding Unknown)						
				<100 % of FPL	≥100% to ≤150% of FPL	>150% to ≤200% of FPL	>200% to- ≤250% of FPL	>250% to ≤300% of FPL	>300% to ≤400% of FPL	> 400% of FPL
		Number	%	%	%	%	%	%	%	%
	Eff. 1-1-16									
Nebraska	*Not Expanding Medicaid*	87,835	82,852	3%	31%	23%	19%	11%	11%	2%
New Hampshire	*Expanding Medicaid*	55,183	43,205	2%	16%	27%	19%	13%	17%	6%
New Jersey	*Expanding Medicaid*	288,573	257,997	4%	17%	30%	19%	12%	14%	5%
North Carolina	*Not Expanding Medicaid*	613,487	581,050	3%	44%	21%	14%	8%	8%	2%
North Dakota	*Expanding Medicaid*	21,604	20,134	1%	13%	30%	23%	14%	15%	3%
Ohio	*Expanding Medicaid*	243,715	219,061	2%	16%	31%	23%	13%	12%	3%
Oklahoma	*Not Expanding Medicaid*	145,329	134,266	4%	38%	23%	16%	9%	8%	2%
Pennsylvania	*Expanding Medicaid*	439,238	381,615	2%	22%	31%	18%	11%	12%	4%
South Carolina	*Not Expanding Medicaid*	231,849	218,699	2%	46%	22%	14%	8%	7%	2%
South Dakota	*Not Expanding Medicaid*	25,999	24,844	3%	30%	23%	20%	13%	10%	2%
Tennessee	*Not Expanding Medicaid*	268,867	249,147	4%	40%	24%	13%	9%	8%	2%
Texas	*Not Expanding Medicaid*	1,306,208	1,206,984	4%	44%	23%	14%	7%	6%	2%
Utah	*Not Expanding Medicaid*	175,637	162,777	2%	34%	25%	21%	9%	7%	2%
Virginia	*Not Expanding Medicaid*	421,897	383,327	4%	36%	23%	16%	9%	9%	3%
West Virginia	*Expanding Medicaid*	37,284	34,273	1%	15%	34%	20%	12%	15%	3%
Wisconsin	*Not Expanding Medicaid*	239,034	215,915	1%	29%	25%	16%	11%	14%	3%
Wyoming	*Not Expanding Medicaid*	23,770	22,350	2%	27%	22%	19%	12%	15%	2%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform		**9,625,982**	**8,885,830**	**3%**	**38%**	**25%**	**15%**	**9%**	**8%**	**2%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not

considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Identifies HealthCare.gov states that have and have not implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) The observed household income distributions differ between HealthCare.gov states that have and have not implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C12

Total Marketplace Plan Selections by Gender and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*											
Description	**Number of Female Plan Selections With Available Data on Age (2) (3)**	**Females By Age** *(% of Available Data, Excluding Unknown)*									
		Age < 18	**Age 18-25**	**Age 26-34**	**Age 35-44**	**Age 45-54**	**Age 55-64**	**Age ≥65**	**Ages 0-20**	**Ages 18-34**	**Ages 0-34**
	Number	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (4)											
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)											
Hawaii	8,353	5%	8%	17%	18%	20%	31%	1%	7%	25%	29%
Nevada	47,436	13%	9%	16%	15%	19%	27%	1%	15%	25%	37%
New Mexico	29,673	8%	7%	13%	14%	22%	35%	1%	10%	20%	28%
Oregon	80,373	8%	7%	17%	15%	19%	34%	1%	10%	24%	31%
Subtotal - SBMs Using the HealthCare.gov Platform	165,835	9%	8%	16%	15%	20%	32%	1%	11%	23%	32%
Federally-Facilitated Marketplace (FFM) States											
Alabama	111,786	3%	12%	19%	18%	21%	26%	0%	7%	31%	34%
Alaska	11,914	11%	8%	19%	15%	19%	26%	1%	13%	27%	38%
Arizona	107,332	22%	8%	13%	13%	17%	26%	1%	25%	21%	43%
Arkansas	39,713	8%	9%	15%	15%	20%	33%	1%	11%	24%	32%
Delaware	15,277	12%	8%	15%	15%	21%	28%	1%	15%	23%	35%
Florida	937,847	6%	12%	15%	17%	24%	25%	1%	10%	27%	33%
Georgia	329,290	6%	13%	18%	19%	22%	22%	1%	10%	31%	37%
Illinois	202,230	8%	9%	17%	15%	21%	29%	1%	10%	27%	34%
Indiana	105,745	10%	8%	15%	14%	20%	33%	0%	13%	23%	33%
Iowa	29,303	5%	8%	16%	14%	21%	35%	0%	8%	24%	30%
Kansas	54,874	9%	11%	19%	15%	19%	27%	0%	13%	30%	39%
Louisiana	123,121	4%	12%	20%	17%	21%	25%	0%	8%	32%	36%
Maine	44,636	10%	8%	14%	14%	21%	33%	0%	12%	22%	32%
Michigan	181,389	10%	9%	15%	14%	21%	31%	0%	13%	24%	34%
Mississippi	63,548	3%	14%	17%	17%	22%	27%	1%	7%	31%	34%
Missouri	156,772	8%	12%	18%	16%	20%	27%	0%	11%	30%	38%
Montana	30,598	7%	9%	18%	15%	19%	32%	0%	10%	27%	34%
Nebraska	46,368	14%	11%	18%	16%	17%	24%	0%	18%	29%	43%
New Hampshire	29,039	8%	8%	15%	14%	22%	33%	0%	11%	23%	31%
New Jersey	152,733	8%	10%	15%	15%	23%	28%	1%	11%	25%	33%
North Carolina	339,685	8%	11%	17%	17%	21%	25%	0%	11%	28%	36%
North Dakota	11,173	22%	9%	17%	12%	15%	24%	0%	25%	27%	49%
Ohio	130,351	11%	8%	15%	13%	19%	34%	0%	13%	23%	33%
Oklahoma	79,454	10%	11%	17%	16%	19%	26%	0%	13%	29%	38%

Total Marketplace Plan Selections by Gender and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Number of Female Plan Selections With Available Data on Age (2) (3)	Females By Age (% of Available Data, Excluding Unknown)									
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 0-20	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%	%
Pennsylvania	232,085	7%	8%	16%	14%	21%	33%	1%	9%	25%	31%
South Carolina	129,309	7%	11%	16%	16%	22%	28%	0%	10%	27%	34%
South Dakota	13,687	12%	11%	19%	15%	16%	27%	0%	15%	30%	42%
Tennessee	142,805	6%	10%	16%	15%	22%	30%	0%	9%	26%	32%
Texas	716,324	9%	13%	16%	17%	21%	22%	1%	14%	29%	39%
Utah	90,414	22%	12%	20%	16%	13%	16%	0%	26%	32%	54%
Virginia	227,825	10%	11%	18%	16%	20%	24%	1%	14%	29%	39%
West Virginia	20,531	6%	6%	12%	13%	21%	41%	1%	8%	19%	24%
Wisconsin	127,827	6%	9%	16%	14%	20%	34%	0%	9%	25%	31%
Wyoming	12,860	13%	9%	18%	15%	17%	28%	0%	16%	28%	40%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	5,213,680	8%	11%	16%	16%	21%	27%	1%	12%	27%	36%

Description	Number of Male Plan Selections With Available Data on Age (2) (3)	Males By Age (% of Available Data, Excluding Unknown)									
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 0-20	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (4)											
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (5)											
Hawaii	6,211	7%	8%	14%	18%	21%	31%	1%	10%	22%	28%
Nevada	40,708	15%	9%	15%	15%	19%	25%	1%	18%	24%	39%
New Mexico	25,191	9%	7%	15%	15%	21%	31%	1%	12%	23%	32%
Oregon	66,734	10%	8%	18%	17%	18%	29%	1%	12%	26%	36%
Subtotal - SBMs Using the HealthCare.gov Platform	138,844	11%	8%	17%	16%	19%	28%	1%	14%	25%	36%
Federally-Facilitated Marketplace (FFM) States											
Alabama	83,266	5%	13%	19%	18%	21%	24%	0%	9%	32%	37%
Alaska	11,115	13%	7%	19%	16%	18%	25%	1%	15%	27%	40%
Arizona	95,734	25%	9%	13%	13%	17%	22%	0%	29%	22%	47%
Arkansas	33,935	10%	9%	15%	16%	21%	29%	1%	13%	25%	34%
Delaware	12,979	15%	8%	16%	15%	21%	24%	1%	18%	24%	39%
Florida	804,965	7%	13%	15%	17%	23%	23%	1%	11%	28%	36%
Georgia	258,552	9%	13%	18%	18%	21%	20%	1%	13%	31%	40%
Illinois	185,948	9%	10%	19%	16%	20%	26%	1%	12%	29%	38%
Indiana	90,494	12%	9%	16%	15%	19%	28%	0%	16%	25%	37%
Iowa	25,786	6%	9%	19%	16%	20%	31%	1%	9%	27%	33%
Kansas	46,681	11%	12%	20%	16%	17%	24%	0%	15%	32%	42%
Louisiana	91,026	6%	12%	20%	17%	20%	23%	0%	10%	33%	39%
Maine	39,423	11%	8%	16%	15%	20%	29%	0%	14%	24%	36%
Michigan	164,422	12%	9%	17%	15%	20%	27%	0%	15%	26%	38%
Mississippi	45,124	5%	15%	17%	17%	21%	25%	1%	10%	32%	37%
Missouri	133,427	10%	11%	19%	17%	19%	23%	0%	13%	31%	41%
Montana	27,515	9%	9%	20%	17%	18%	28%	0%	11%	29%	37%
Nebraska	41,467	16%	11%	19%	16%	17%	22%	0%	20%	29%	45%
New Hampshire	26,144	9%	8%	16%	14%	22%	30%	0%	12%	25%	34%
New Jersey	135,840	9%	10%	17%	15%	22%	25%	1%	13%	27%	36%
North Carolina	273,800	11%	11%	17%	18%	21%	22%	0%	14%	29%	39%
North Dakota	10,431	24%	8%	18%	14%	14%	23%	0%	27%	26%	50%
Ohio	113,362	13%	8%	17%	15%	19%	29%	0%	15%	25%	38%
Oklahoma	65,873	12%	11%	17%	16%	19%	24%	0%	16%	29%	41%
Pennsylvania	207,147	8%	9%	18%	15%	21%	29%	0%	10%	27%	34%
South Carolina	102,540	9%	11%	17%	17%	21%	24%	0%	13%	28%	37%
South Dakota	12,312	14%	10%	20%	15%	16%	25%	0%	17%	30%	44%
Tennessee	126,061	7%	10%	20%	17%	21%	25%	0%	10%	30%	37%

Description	Number of Male Plan Selections With Available Data on Age (2) (3)	Males By Age (% of Available Data, Excluding Unknown)									
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 0-20	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%	%
Texas	589,876	12%	13%	16%	16%	20%	21%	1%	17%	29%	41%
Utah	85,221	25%	12%	21%	16%	13%	14%	0%	29%	33%	57%
Virginia	194,071	13%	12%	18%	16%	19%	21%	1%	17%	30%	43%
West Virginia	16,753	7%	7%	15%	16%	21%	34%	1%	9%	21%	29%
Wisconsin	111,205	7%	9%	17%	15%	20%	31%	0%	10%	26%	33%
Wyoming	10,910	15%	9%	19%	15%	15%	26%	0%	18%	28%	43%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	4,412,249	10%	11%	17%	16%	21%	24%	1%	14%	28%	39%

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(5) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C13

Total Marketplace Plan Selections by Gender and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*							
Description	**Total Number of Females With 2016 Plan Selections Through the Marketplaces (2)**	**Female Plan Selections With Available Data on Metal Level (3)**	**Females By Metal Level (4)** *(% of Available Data, Excluding Unknown)*				
			Bronze Plan	**Silver Plan**	**Gold Plan**	**Platinum Plan**	**Catastrophic Plan**
	Number	**Number**	**%**	**%**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)							
Hawaii	8,353	8,353	14%	74%	6%	5%	0%
Nevada	47,436	47,436	22%	71%	5%	2%	1%
New Mexico	29,674	29,674	21%	63%	15%	1%	1%
Oregon	80,374	80,374	27%	63%	10%	0%	1%
Subtotal - SBMs Using the HealthCare.gov Platform	165,837	165,837	24%	66%	9%	1%	1%
Federally-Facilitated Marketplace (FFM) States							
Alabama	111,786	111,786	7%	86%	4%	0%	2%
Alaska	11,914	11,914	44%	52%	3%	0%	0%
Arizona	107,332	107,332	22%	65%	11%	1%	2%
Arkansas	39,713	39,713	19%	71%	9%	0%	1%
Delaware	15,277	15,277	21%	63%	13%	3%	0%
Florida	937,851	937,851	14%	80%	4%	2%	1%
Georgia	329,293	329,293	16%	78%	5%	0%	2%
Illinois	202,230	202,230	28%	61%	10%	0%	0%
Indiana	105,747	105,747	34%	62%	4%	0%	0%
Iowa	29,303	29,303	27%	67%	6%	0%	0%
Kansas	54,874	54,874	21%	71%	7%	1%	0%
Louisiana	123,121	123,121	20%	73%	5%	1%	1%
Maine	44,636	44,636	22%	73%	5%	0%	1%
Michigan	181,389	181,389	24%	68%	6%	1%	1%
Mississippi	63,548	63,548	13%	83%	3%	1%	1%
Missouri	156,774	156,774	25%	69%	5%	0%	1%
Montana	30,599	30,599	37%	57%	5%	0%	1%
Nebraska	46,368	46,368	31%	63%	4%	0%	1%
New Hampshire	29,039	29,039	34%	54%	9%	1%	1%
New Jersey	152,733	152,733	15%	75%	8%	2%	1%
North Carolina	339,685	339,685	16%	78%	3%	1%	2%
North Dakota	11,173	11,173	25%	53%	21%	0%	2%
Ohio	130,353	130,353	33%	58%	8%	0%	1%

Total Marketplace Plan Selections by Gender and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Total Number of Females With 2016 Plan Selections Through the Marketplaces (2)	Female Plan Selections With Available Data on Metal Level (3)	Females By Metal Level (4) *(% of Available Data, Excluding Unknown)*				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
Oklahoma	79,454	79,454	28%	68%	4%	0%	0%
Pennsylvania	232,087	232,087	14%	73%	11%	2%	1%
South Carolina	129,309	129,309	8%	87%	4%	0%	1%
South Dakota	13,687	13,687	19%	76%	4%	0%	1%
Tennessee	142,805	142,805	24%	71%	3%	1%	1%
Texas	716,330	716,330	25%	68%	6%	0%	1%
Utah	90,415	90,415	14%	75%	10%	0%	0%
Virginia	227,825	227,825	21%	71%	6%	0%	2%
West Virginia	20,531	20,531	18%	71%	10%	0%	0%
Wisconsin	127,828	127,828	22%	72%	4%	1%	1%
Wyoming	12,860	12,860	26%	70%	4%	0%	1%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	5,213,706	5,213,706	20%	73%	6%	1%	1%

Description	Total Number of Males With 2016 Plan Selections Through the Marketplaces (2)	Male Plan Selections With Available Data on Metal Level (3)	Males By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)							
Hawaii	6,211	6,353	18%	66%	8%	7%	0%
Nevada	40,709	40,930	24%	67%	5%	2%	1%
New Mexico	25,191	25,690	23%	58%	17%	1%	1%
Oregon	66,735	67,879	31%	57%	12%	0%	1%
Subtotal - SBMs Using the HealthCare.gov Platform	138,846	140,852	27%	61%	11%	1%	1%
Federally-Facilitated Marketplace (FFM) States							
Alabama	83,269	84,503	9%	82%	5%	0%	2%
Alaska	11,115	11,118	47%	49%	4%	0%	0%
Arizona	95,734	96,184	23%	62%	12%	1%	2%
Arkansas	33,935	34,384	22%	67%	10%	0%	1%
Delaware	12,979	13,161	23%	59%	15%	3%	1%
Florida	804,968	807,557	17%	76%	4%	2%	1%
Georgia	258,552	260,458	18%	74%	6%	0%	2%
Illinois	185,949	187,137	31%	58%	11%	0%	0%
Indiana	90,495	90,615	37%	58%	5%	0%	0%
Iowa	25,786	25,851	31%	62%	7%	0%	0%
Kansas	46,681	46,681	24%	66%	9%	1%	0%
Louisiana	91,027	91,493	23%	67%	7%	2%	1%
Maine	39,423	39,440	24%	70%	5%	0%	1%
Michigan	164,424	163,972	26%	65%	6%	1%	1%
Mississippi	45,124	45,537	15%	79%	4%	1%	2%
Missouri	133,427	133,658	29%	65%	6%	0%	1%
Montana	27,515	27,426	40%	54%	6%	0%	1%
Nebraska	41,467	41,398	35%	59%	4%	0%	1%
New Hampshire	26,144	25,935	36%	51%	10%	1%	2%
New Jersey	135,840	135,887	17%	71%	8%	2%	1%
North Carolina	273,802	275,717	19%	74%	4%	1%	2%
North Dakota	10,431	10,483	26%	50%	22%	0%	2%
Ohio	113,362	113,609	35%	55%	9%	0%	1%
Oklahoma	65,875	66,022	31%	63%	5%	0%	0%
Pennsylvania	207,151	208,913	16%	70%	12%	2%	1%

Description	Total Number of Males With 2016 Plan Selections Through the Marketplaces (2)	Male Plan Selections With Available Data on Metal Level (3)	Males By Metal Level (4) (% of Available Data, Excluding Unknown)				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
South Carolina	102,540	103,085	10%	84%	5%	0%	1%
South Dakota	12,312	12,260	21%	73%	5%	0%	1%
Tennessee	126,062	126,199	28%	67%	4%	1%	1%
Texas	589,878	593,903	28%	64%	7%	0%	1%
Utah	85,222	85,344	16%	73%	11%	0%	0%
Virginia	194,072	195,128	24%	66%	7%	0%	2%
West Virginia	16,753	17,026	21%	66%	13%	0%	0%
Wisconsin	111,206	111,414	25%	68%	5%	1%	1%
Wyoming	10,910	10,986	30%	65%	4%	0%	1%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	4,412,276	4,433,336	23%	68%	7%	1%	1%

Notes:
General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.
(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.
(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.
(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.
(4) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the "best" plan in order to prevent duplication.
(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).
(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C14

Total Marketplace Plan Selections by Financial Assistance Status and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*							
Description	**Total Number of Individuals With 2016 Plan Selections With Financial Assistance Through the Marketplaces (2)**	**Plan Selections With Available Data on Metal Level (3)**	**Financial Assistance By Metal Level (4) (5)** *(% of Available Data, Excluding Unknown)*				
			Bronze Plan	**Silver Plan**	**Gold Plan**	**Platinum Plan**	**Catastrophic Plan**
	Number	**Number**	**%**	**%**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (6)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)							
Hawaii	12,004	12,004	11%	79%	6%	4%	0%
Nevada	77,174	77,174	21%	74%	4%	1%	0%
New Mexico	38,308	38,308	20%	70%	9%	0%	0%
Oregon	106,058	106,058	25%	68%	6%	0%	0%
Subtotal - SBMs Using the HealthCare.gov Platform	233,544	233,544	22%	71%	6%	1%	0%
Federally-Facilitated Marketplace (FFM) States							
Alabama	173,625	173,625	7%	90%	3%	0%	0%
Alaska	20,094	20,094	45%	53%	2%	0%	0%
Arizona	152,438	152,438	21%	74%	5%	0%	0%
Arkansas	64,477	64,477	20%	73%	7%	0%	0%
Delaware	23,162	23,162	20%	67%	11%	2%	0%
Florida	1,588,628	1,588,628	14%	82%	3%	1%	0%
Georgia	508,872	508,872	16%	82%	3%	0%	0%
Illinois	294,534	294,534	27%	68%	6%	0%	0%
Indiana	159,855	159,855	32%	65%	3%	0%	0%
Iowa	47,059	47,059	26%	70%	4%	0%	0%
Kansas	83,896	83,896	18%	76%	5%	1%	0%
Louisiana	191,301	191,301	20%	75%	4%	1%	0%
Maine	73,196	73,196	21%	76%	3%	0%	0%
Michigan	288,765	288,765	24%	72%	4%	0%	0%
Mississippi	98,233	98,233	13%	85%	2%	0%	0%
Missouri	252,005	252,005	25%	72%	3%	0%	0%
Montana	48,289	48,289	36%	60%	4%	0%	0%
Nebraska	77,379	77,379	31%	65%	3%	0%	0%
New Hampshire	36,746	36,746	32%	62%	5%	1%	0%
New Jersey	232,011	232,011	15%	78%	6%	1%	0%
North Carolina	548,291	548,291	16%	81%	3%	0%	0%
North Dakota	18,576	18,576	25%	56%	19%	0%	0%

Total Marketplace Plan Selections by Financial Assistance Status and Metal Level in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Total Number of Individuals With 2016 Plan Selections With Financial Assistance Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	Financial Assistance By Metal Level (4) (5) *(% of Available Data, Excluding Unknown)*				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
Ohio	197,141	197,141	32%	63%	5%	0%	0%
Oklahoma	123,653	123,653	26%	71%	3%	0%	0%
Pennsylvania	337,813	337,813	12%	79%	7%	1%	0%
South Carolina	206,208	206,208	8%	90%	2%	0%	0%
South Dakota	23,116	23,116	18%	78%	3%	0%	0%
Tennessee	228,267	228,267	23%	75%	2%	0%	0%
Texas	1,098,944	1,098,944	25%	72%	3%	0%	0%
Utah	152,502	152,502	13%	79%	8%	0%	0%
Virginia	345,728	345,728	19%	76%	4%	0%	0%
West Virginia	31,912	31,912	18%	74%	9%	0%	0%
Wisconsin	201,323	201,323	21%	76%	3%	0%	0%
Wyoming	21,476	21,476	26%	72%	3%	0%	0%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	8,183,059	8,183,059	19%	77%	4%	0%	0%

Description	Total Number of Individuals With 2016 Plan Selections Without Financial Assistance Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	Without Financial Assistance By Metal Level (5) *(% of Available Data, Excluding Unknown)*				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (6)							
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (7)							
Hawaii	2,560	2,560	38%	34%	14%	12%	2%
Nevada	10,971	10,971	38%	36%	13%	7%	6%
New Mexico	16,557	16,557	27%	40%	29%	2%	2%
Oregon	41,051	41,051	37%	41%	18%	0%	3%
Subtotal - SBMs Using the HealthCare.gov Platform	71,139	71,139	35%	40%	20%	2%	4%
Federally-Facilitated Marketplace (FFM) States							
Alabama	21,430	21,430	18%	50%	14%	2%	17%
Alaska	2,935	2,935	49%	38%	8%	0%	4%
Arizona	50,628	50,628	29%	32%	28%	2%	9%
Arkansas	9,171	9,171	27%	43%	24%	0%	7%
Delaware	5,094	5,094	31%	35%	25%	6%	3%
Florida	154,191	154,191	28%	37%	18%	9%	8%
Georgia	78,973	78,973	25%	39%	22%	0%	14%
Illinois	93,645	93,645	39%	35%	24%	0%	2%
Indiana	36,387	36,387	48%	37%	13%	0%	3%
Iowa	8,030	8,030	46%	35%	16%	0%	2%
Kansas	17,659	17,659	40%	35%	20%	5%	0%
Louisiana	22,847	22,847	32%	34%	20%	5%	9%
Maine	10,863	10,863	36%	44%	13%	0%	7%
Michigan	57,048	57,048	33%	41%	17%	3%	7%
Mississippi	10,439	10,439	22%	48%	13%	3%	14%
Missouri	38,196	38,196	40%	37%	18%	1%	4%
Montana	9,825	9,825	50%	30%	13%	0%	6%
Nebraska	10,456	10,456	47%	29%	10%	0%	13%
New Hampshire	18,437	18,437	42%	32%	18%	2%	5%
New Jersey	56,562	56,562	22%	52%	16%	5%	5%
North Carolina	65,196	65,196	31%	41%	10%	3%	16%
North Dakota	3,028	3,028	31%	23%	28%	0%	17%
Ohio	46,574	46,574	38%	33%	21%	1%	7%

Description	Total Number of Individuals With 2016 Plan Selections Without Financial Assistance Through the Marketplaces (2)	Plan Selections With Available Data on Metal Level (3)	Without Financial Assistance By Metal Level (5) *(% of Available Data, Excluding Unknown)*				
			Bronze Plan	Silver Plan	Gold Plan	Platinum Plan	Catastrophic Plan
	Number	Number	%	%	%	%	%
Oklahoma	21,676	21,676	48%	36%	14%	0%	2%
Pennsylvania	101,425	101,425	24%	48%	22%	4%	3%
South Carolina	25,641	25,641	19%	56%	15%	0%	10%
South Dakota	2,883	2,883	31%	45%	11%	0%	13%
Tennessee	40,600	40,600	43%	37%	10%	2%	8%
Texas	207,264	207,264	36%	37%	20%	2%	5%
Utah	23,135	23,135	28%	40%	28%	2%	3%
Virginia	76,169	76,169	38%	33%	17%	1%	10%
West Virginia	5,372	5,372	29%	45%	23%	0%	3%
Wisconsin	37,711	37,711	38%	42%	13%	3%	5%
Wyoming	2,294	2,294	48%	33%	12%	0%	7%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	1,442,923	1,442,923	33%	39%	19%	3%	7%

Notes:
General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.
(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.
(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.
(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.
(4) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.
(5) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the "best" plan in order to prevent duplication.
(6) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).
(7) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.
Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE C15

Total Marketplace Plan Selections by Metal Level and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1) *11-1-15 to 2-1-16*										
Description	**Number of Bronze Plan Selections With Available Data on Age (2) (3)**	**Bronze By Age (4)** *(% of Available Data, Excluding Unknown)*								
		Age < 18	**Age 18-25**	**Age 26-34**	**Age 35-44**	**Age 45-54**	**Age 55-64**	**Age ≥65**	**Ages 18-34**	**Ages 0-34**
	Number	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)										
Hawaii	2,316	6%	6%	17%	14%	21%	34%	2%	23%	29%
Nevada	20,285	13%	8%	16%	14%	19%	29%	1%	24%	37%
New Mexico	12,278	8%	6%	14%	14%	21%	36%	1%	20%	28%
Oregon	42,240	8%	7%	17%	15%	19%	33%	0%	24%	32%
Subtotal - SBMs Using the HealthCare.gov Platform	77,119	9%	7%	16%	15%	19%	32%	1%	24%	33%
Federally-Facilitated Marketplace (FFM) States										
Alabama	16,182	4%	11%	20%	17%	21%	26%	1%	32%	35%
Alaska	10,475	14%	7%	19%	16%	18%	25%	1%	26%	40%
Arizona	46,032	20%	7%	11%	13%	18%	31%	0%	19%	38%
Arkansas	15,168	9%	10%	16%	15%	21%	29%	0%	26%	35%
Delaware	6,149	12%	8%	16%	14%	21%	27%	1%	25%	37%
Florida	268,542	6%	11%	16%	16%	24%	27%	1%	27%	33%
Georgia	98,675	7%	12%	18%	17%	21%	23%	1%	31%	38%
Illinois	115,519	8%	9%	17%	14%	21%	31%	1%	27%	34%
Indiana	69,056	11%	8%	14%	13%	20%	33%	0%	22%	33%
Iowa	15,894	6%	8%	19%	14%	20%	32%	0%	27%	33%
Kansas	22,509	11%	11%	21%	14%	17%	26%	0%	32%	43%
Louisiana	45,650	6%	12%	21%	17%	20%	23%	0%	33%	39%
Maine	19,342	12%	7%	15%	14%	21%	31%	0%	22%	34%
Michigan	87,201	11%	8%	15%	13%	21%	32%	0%	23%	34%
Mississippi	14,801	3%	14%	19%	16%	21%	27%	1%	33%	36%
Missouri	77,937	8%	12%	20%	15%	19%	26%	0%	32%	40%
Montana	22,167	10%	8%	16%	15%	18%	32%	0%	24%	34%
Nebraska	29,250	17%	9%	16%	15%	17%	25%	0%	26%	42%
New Hampshire	19,285	8%	7%	13%	13%	23%	36%	0%	20%	28%
New Jersey	46,372	6%	9%	17%	15%	23%	29%	1%	26%	32%
North Carolina	108,462	10%	9%	17%	16%	21%	25%	0%	27%	37%
North Dakota	5,567	23%	8%	16%	14%	15%	25%	0%	24%	47%
Ohio	81,876	11%	8%	14%	12%	19%	36%	0%	21%	33%
Oklahoma	42,625	14%	11%	18%	15%	18%	23%	0%	29%	43%

Total Marketplace Plan Selections by Metal Level and Age in States Using the HealthCare.gov Eligibility and Enrollment Platform, By State (1)
11-1-15 to 2-1-16

Description	Number of Bronze Plan Selections With Available Data on Age (2) (3)	Bronze By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
Pennsylvania	66,127	6%	8%	19%	14%	21%	31%	0%	27%	34%
South Carolina	21,403	9%	9%	17%	15%	22%	28%	0%	26%	35%
South Dakota	5,101	13%	9%	20%	15%	17%	26%	0%	29%	42%
Tennessee	69,688	8%	10%	19%	16%	20%	26%	0%	29%	37%
Texas	345,309	11%	13%	16%	16%	21%	22%	1%	29%	40%
Utah	26,089	25%	11%	20%	15%	13%	17%	0%	30%	55%
Virginia	95,215	13%	10%	17%	15%	20%	23%	1%	27%	40%
West Virginia	7,280	6%	6%	14%	14%	21%	38%	1%	20%	26%
Wisconsin	55,772	7%	8%	16%	13%	20%	36%	0%	23%	31%
Wyoming	6,595	15%	7%	17%	13%	17%	30%	0%	24%	39%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	2,060,434	10%	10%	17%	15%	21%	27%	1%	27%	37%

Description	Number of Silver Plan Selections With Available Data on Age (2) (3)	Silver By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)										
Hawaii	10,346	4%	8%	16%	19%	21%	30%	1%	24%	29%
Nevada	61,144	14%	9%	15%	15%	20%	26%	1%	23%	37%
New Mexico	33,613	7%	7%	14%	14%	22%	35%	1%	21%	28%
Oregon	89,169	8%	7%	17%	16%	19%	32%	1%	24%	32%
Subtotal - SBMs Using the HealthCare.gov Platform	194,272	9%	8%	15%	16%	20%	31%	1%	23%	33%
Federally-Facilitated Marketplace (FFM) States										
Alabama	166,224	4%	12%	18%	18%	22%	26%	0%	30%	34%
Alaska	11,681	9%	8%	19%	15%	20%	28%	1%	27%	37%
Arizona	128,482	25%	8%	12%	13%	17%	24%	1%	21%	46%
Arkansas	51,187	8%	9%	15%	16%	21%	32%	1%	23%	31%
Delaware	17,353	12%	8%	15%	15%	21%	27%	1%	23%	36%
Florida	1,365,449	6%	13%	15%	17%	24%	24%	1%	28%	34%
Georgia	447,617	7%	13%	17%	19%	22%	21%	1%	30%	37%
Illinois	231,997	7%	10%	18%	16%	21%	28%	1%	28%	35%
Indiana	117,307	10%	9%	15%	16%	20%	30%	0%	24%	34%
Iowa	35,604	5%	9%	16%	15%	21%	34%	1%	25%	30%
Kansas	69,758	9%	12%	19%	16%	19%	26%	0%	31%	39%
Louisiana	151,155	4%	12%	19%	17%	22%	25%	0%	32%	36%
Maine	60,088	10%	8%	15%	14%	21%	32%	0%	23%	33%
Michigan	231,154	10%	9%	16%	15%	21%	29%	1%	25%	35%
Mississippi	88,674	4%	14%	16%	18%	22%	26%	1%	30%	34%
Missouri	195,155	9%	11%	18%	16%	20%	25%	0%	29%	38%
Montana	32,101	6%	10%	20%	16%	18%	30%	0%	29%	35%
Nebraska	53,636	14%	11%	19%	17%	17%	22%	0%	30%	44%
New Hampshire	28,923	7%	9%	16%	15%	22%	31%	0%	24%	31%
New Jersey	210,994	8%	10%	15%	15%	23%	27%	1%	25%	33%
North Carolina	470,342	9%	11%	17%	18%	22%	24%	0%	28%	36%
North Dakota	11,085	22%	9%	18%	14%	15%	23%	0%	26%	49%
Ohio	138,716	11%	8%	16%	14%	19%	31%	1%	24%	34%
Oklahoma	95,395	9%	11%	17%	16%	20%	26%	1%	28%	37%
Pennsylvania	315,987	6%	9%	16%	15%	21%	31%	1%	25%	31%
South Carolina	199,169	8%	11%	16%	16%	22%	26%	0%	27%	35%
South Dakota	19,408	12%	10%	19%	16%	16%	27%	0%	29%	42%
Tennessee	185,803	6%	10%	17%	16%	22%	29%	0%	26%	32%

Description	Number of Silver Plan Selections With Available Data on Age (2) (3)	Silver By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
Texas	869,040	9%	13%	16%	17%	22%	22%	1%	29%	38%
Utah	129,554	22%	13%	21%	16%	13%	15%	0%	33%	55%
Virginia	289,628	10%	12%	17%	17%	20%	23%	1%	29%	39%
West Virginia	25,893	5%	7%	13%	15%	21%	39%	1%	19%	25%
Wisconsin	168,470	6%	9%	17%	15%	20%	33%	0%	26%	31%
Wyoming	16,141	13%	10%	19%	16%	16%	26%	0%	29%	42%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	6,823,442	8%	11%	16%	17%	21%	25%	1%	28%	36%

Description	Number of Gold Plan Selections With Available Data on Age (2) (3)	Gold By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)										
Hawaii	1,023	11%	6%	10%	16%	21%	35%	1%	16%	27%
Nevada	4,190	19%	7%	18%	16%	17%	22%	1%	25%	44%
New Mexico	8,257	14%	7%	15%	16%	20%	27%	0%	22%	36%
Oregon	14,298	16%	7%	17%	17%	17%	26%	0%	24%	40%
Subtotal - SBMs Using the HealthCare.gov Platform	27,768	16%	7%	16%	17%	18%	26%	0%	23%	39%
Federally-Facilitated Marketplace (FFM) States										
Alabama	8,313	10%	10%	19%	18%	19%	24%	0%	29%	38%
Alaska	740	20%	7%	21%	19%	15%	17%	0%	28%	48%
Arizona	22,724	23%	7%	15%	16%	17%	20%	0%	22%	46%
Arkansas	6,644	15%	7%	13%	14%	20%	30%	0%	21%	36%
Delaware	3,803	19%	6%	15%	15%	20%	25%	0%	21%	40%
Florida	68,016	18%	8%	15%	16%	20%	22%	1%	22%	40%
Georgia	30,193	19%	8%	16%	19%	20%	18%	0%	24%	43%
Illinois	38,724	16%	8%	18%	17%	19%	21%	0%	26%	42%
Indiana	8,927	20%	8%	15%	18%	18%	20%	0%	23%	44%
Iowa	3,441	12%	7%	17%	15%	18%	31%	0%	24%	36%
Kansas	7,805	18%	9%	18%	15%	16%	25%	0%	27%	45%
Louisiana	12,544	14%	8%	20%	18%	19%	20%	0%	28%	42%
Maine	3,889	18%	7%	13%	16%	19%	27%	0%	20%	38%
Michigan	20,617	19%	8%	15%	16%	19%	22%	0%	24%	43%
Mississippi	3,057	12%	10%	17%	16%	20%	23%	0%	27%	40%
Missouri	14,601	16%	8%	18%	16%	18%	23%	0%	27%	43%
Montana	3,229	15%	7%	18%	18%	19%	23%	0%	25%	40%
Nebraska	3,553	22%	9%	18%	16%	16%	19%	0%	27%	49%
New Hampshire	5,280	18%	7%	15%	17%	21%	22%	0%	23%	41%
New Jersey	22,707	17%	8%	16%	17%	21%	21%	0%	24%	41%
North Carolina	20,391	21%	8%	16%	18%	19%	19%	0%	23%	44%
North Dakota	4,435	26%	6%	16%	13%	14%	24%	0%	22%	48%
Ohio	19,360	20%	7%	16%	17%	18%	22%	0%	23%	43%
Oklahoma	6,929	17%	9%	20%	18%	18%	18%	0%	29%	46%
Pennsylvania	47,015	13%	7%	15%	15%	20%	30%	0%	23%	35%
South Carolina	8,841	17%	8%	15%	17%	20%	23%	0%	24%	41%
South Dakota	1,110	20%	10%	20%	15%	16%	20%	0%	30%	50%
Tennessee	8,750	14%	8%	19%	18%	19%	22%	0%	27%	41%

Description	Number of Gold Plan Selections With Available Data on Age (2) (3)	Gold By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
Texas	75,684	22%	9%	20%	18%	16%	15%	0%	28%	50%
Utah	18,587	30%	10%	17%	15%	12%	16%	0%	27%	57%
Virginia	27,772	20%	8%	18%	17%	18%	18%	1%	26%	46%
West Virginia	3,976	13%	7%	13%	16%	21%	30%	0%	20%	33%
Wisconsin	11,029	15%	7%	16%	16%	19%	27%	0%	23%	38%
Wyoming	872	21%	8%	18%	16%	17%	20%	0%	27%	48%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	571,326	18%	8%	17%	17%	18%	21%	0%	25%	43%

Description	Number of Platinum Plan Selections With Available Data on Age (2) (3)	Platinum By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)										
Hawaii	828	14%	4%	13%	17%	22%	30%	0%	17%	31%
Nevada	1,844	19%	8%	23%	20%	16%	14%	0%	31%	50%
New Mexico	324	19%	6%	17%	20%	18%	19%	1%	23%	41%
Oregon	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Subtotal - SBMs Using the HealthCare.gov Platform	2,996	17%	6%	20%	19%	18%	19%	1%	26%	44%
Federally-Facilitated Marketplace (FFM) States										
Alabama	777	9%	11%	25%	19%	18%	18%	0%	36%	45%
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	1,404	18%	10%	20%	20%	17%	14%	1%	31%	49%
Arkansas	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	810	20%	7%	15%	18%	21%	18%	0%	23%	42%
Florida	28,024	16%	8%	18%	19%	20%	18%	1%	26%	43%
Georgia	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa	17	29%	6%	6%	41%	12%	6%	0%	12%	41%
Kansas	1,483	12%	9%	22%	18%	21%	18%	0%	31%	43%
Louisiana	2,678	13%	11%	25%	20%	17%	13%	0%	36%	49%
Maine	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Michigan	3,041	17%	9%	22%	18%	18%	15%	0%	31%	48%
Mississippi	708	15%	11%	18%	22%	17%	18%	1%	29%	43%
Missouri	836	17%	8%	28%	20%	14%	13%	0%	36%	53%
Montana	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nebraska	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	687	14%	10%	23%	23%	21%	9%	0%	33%	47%
New Jersey	5,913	19%	8%	18%	21%	19%	14%	0%	27%	45%
North Carolina	3,941	18%	8%	20%	22%	18%	15%	0%	27%	45%
North Dakota	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	635	23%	8%	16%	19%	19%	16%	0%	23%	46%
Oklahoma	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	7,147	15%	8%	19%	19%	19%	20%	1%	27%	42%
South Carolina	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
South Dakota	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Description	Number of Platinum Plan Selections With Available Data on Age (2) (3)	Platinum By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
Tennessee	1,470	13%	10%	24%	22%	18%	12%	0%	34%	47%
Texas	4,936	20%	8%	24%	22%	16%	10%	0%	32%	52%
Utah	768	25%	11%	22%	20%	11%	10%	0%	34%	59%
Virginia	1,647	18%	12%	27%	21%	14%	7%	0%	38%	57%
West Virginia	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin	1,782	18%	7%	20%	20%	17%	18%	0%	26%	45%
Wyoming	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	71,701	17%	8%	20%	20%	18%	16%	1%	28%	45%

Description	Number of Catastrophic Plan Selections With Available Data on Age (2) (3)	Catastrophic By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)										
Hawaii	51	6%	45%	43%	2%	0%	0%	4%	88%	94%
Nevada	681	13%	33%	54%	0%	0%	0%	0%	87%	100%
New Mexico	392	8%	39%	52%	1%	0%	0%	0%	92%	99%
Oregon	1,400	5%	33%	61%	0%	0%	0%	0%	94%	100%
Subtotal - SBMs Using the HealthCare.gov Platform	2,524	8%	34%	58%	0%	0%	0%	0%	92%	100%
Federally-Facilitated Marketplace (FFM) States										
Alabama	3,556	1%	35%	43%	11%	7%	3%	0%	78%	79%
Alaska	132	11%	28%	61%	0%	0%	0%	0%	89%	100%
Arizona	4,424	20%	34%	46%	0%	0%	0%	0%	79%	100%
Arkansas	649	6%	41%	51%	2%	1%	0%	0%	91%	97%
Delaware	141	11%	26%	62%	0%	0%	0%	1%	89%	99%
Florida	12,781	5%	33%	45%	7%	6%	4%	0%	78%	84%
Georgia	11,357	4%	32%	47%	9%	5%	3%	0%	79%	83%
Illinois	1,938	6%	32%	62%	0%	0%	0%	0%	94%	100%
Indiana	949	11%	29%	60%	1%	0%	0%	0%	89%	99%
Iowa	133	3%	33%	60%	3%	1%	0%	0%	93%	96%
Kansas	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	2,120	2%	32%	47%	10%	5%	3%	0%	79%	81%
Maine	740	5%	28%	57%	3%	3%	4%	0%	86%	90%
Michigan	3,798	6%	30%	64%	0%	0%	0%	0%	93%	99%
Mississippi	1,432	4%	39%	38%	10%	6%	3%	0%	77%	81%
Missouri	1,670	5%	33%	46%	8%	6%	3%	0%	79%	84%
Montana	616	7%	32%	60%	1%	0%	0%	0%	91%	99%
Nebraska	1,396	6%	32%	48%	6%	4%	4%	0%	80%	86%
New Hampshire	1,008	4%	32%	64%	0%	0%	0%	0%	96%	100%
New Jersey	2,587	4%	29%	67%	0%	0%	0%	0%	96%	99%
North Carolina	10,349	6%	29%	50%	7%	5%	3%	0%	79%	85%
North Dakota	517	13%	35%	52%	0%	0%	0%	0%	87%	100%
Ohio	3,126	8%	28%	64%	0%	0%	0%	0%	92%	100%
Oklahoma	378	9%	35%	37%	9%	6%	4%	0%	72%	81%
Pennsylvania	2,956	3%	34%	62%	1%	0%	0%	0%	96%	99%
South Carolina	2,436	4%	31%	49%	8%	5%	3%	0%	80%	84%
South Dakota	380	11%	31%	45%	7%	4%	3%	0%	76%	87%

Description	Number of Catastrophic Plan Selections With Available Data on Age (2) (3)	Catastrophic By Age (4) (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
Tennessee	3,155	4%	32%	45%	7%	7%	4%	0%	77%	81%
Texas	11,231	9%	32%	44%	7%	5%	3%	0%	76%	85%
Utah	637	12%	37%	51%	0%	0%	0%	0%	88%	100%
Virginia	7,634	3%	31%	53%	6%	4%	3%	0%	84%	87%
West Virginia	135	1%	29%	68%	1%	0%	0%	1%	97%	99%
Wisconsin	1,979	5%	34%	61%	0%	0%	0%	0%	95%	100%
Wyoming	162	7%	27%	43%	10%	7%	5%	0%	70%	78%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	99,026	6%	32%	50%	5%	4%	2%	0%	82%	88%

Description	Number of Stand-alone Dental Plan Selections With Available Data on Age (2) (3)	Stand-alone Dental By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
States Using the HealthCare.gov Eligibility and Enrollment Platform (5)										
State-Based Marketplaces (SBMs) Using the HealthCare.gov Eligibility and Enrollment Platform (6)										
Hawaii	4,183	8%	6%	15%	19%	21%	29%	1%	21%	29%
Nevada	15,685	14%	9%	20%	18%	18%	19%	1%	30%	44%
New Mexico	10,887	10%	7%	19%	17%	20%	27%	1%	26%	36%
Oregon	26,039	6%	8%	25%	19%	18%	25%	1%	32%	38%
Subtotal - SBMs Using the HealthCare.gov Platform	56,794	9%	8%	22%	18%	19%	24%	1%	29%	39%
Federally-Facilitated Marketplace (FFM) States										
Alabama	42,394	2%	12%	23%	21%	20%	21%	0%	36%	37%
Alaska	3,416	4%	8%	26%	19%	19%	24%	1%	34%	38%
Arizona	21,555	11%	10%	22%	17%	18%	21%	1%	32%	43%
Arkansas	11,612	11%	9%	19%	18%	18%	24%	1%	28%	39%
Delaware	4,137	6%	9%	21%	19%	21%	23%	1%	31%	36%
Florida	223,524	7%	13%	20%	19%	21%	20%	1%	32%	39%
Georgia	83,027	7%	13%	23%	21%	20%	16%	0%	36%	43%
Illinois	76,893	8%	9%	23%	17%	19%	23%	1%	32%	40%
Indiana	22,985	11%	8%	21%	19%	18%	22%	0%	29%	40%
Iowa	7,983	5%	8%	24%	18%	19%	26%	1%	32%	36%
Kansas	20,888	7%	11%	24%	18%	17%	23%	0%	35%	42%
Louisiana	25,575	2%	12%	27%	20%	19%	19%	0%	40%	42%
Maine	8,520	11%	8%	20%	16%	20%	25%	0%	27%	39%
Michigan	57,094	11%	9%	23%	17%	19%	20%	0%	32%	44%
Mississippi	9,181	5%	14%	20%	19%	20%	21%	0%	35%	40%
Missouri	29,504	6%	12%	26%	18%	18%	20%	0%	37%	44%
Montana	8,862	12%	8%	21%	17%	16%	26%	0%	28%	40%
Nebraska	8,427	9%	12%	27%	20%	15%	16%	1%	39%	49%
New Hampshire	6,071	10%	8%	20%	17%	21%	22%	0%	29%	39%
New Jersey	50,335	10%	10%	20%	18%	21%	20%	1%	30%	40%
North Carolina	66,760	3%	10%	26%	22%	21%	18%	0%	36%	39%
North Dakota	1,989	9%	12%	28%	17%	17%	17%	1%	40%	49%
Ohio	29,000	13%	8%	21%	17%	18%	23%	0%	29%	41%
Oklahoma	29,837	11%	11%	22%	18%	17%	21%	0%	32%	43%
Pennsylvania	75,568	4%	9%	24%	18%	21%	24%	0%	33%	37%
South Carolina	20,377	7%	10%	26%	20%	18%	17%	0%	37%	44%
South Dakota	2,633	3%	11%	27%	20%	16%	22%	1%	38%	41%

Description	Number of Stand-alone Dental Plan Selections With Available Data on Age (2) (3)	Stand-alone Dental By Age (% of Available Data, Excluding Unknown)								
		Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64	Age ≥65	Ages 18-34	Ages 0-34
	Number	%	%	%	%	%	%	%	%	%
Tennessee	36,697	3%	11%	27%	19%	19%	19%	1%	38%	41%
Texas	263,118	12%	13%	21%	18%	19%	17%	1%	34%	45%
Utah	26,326	19%	13%	27%	18%	13%	10%	1%	39%	58%
Virginia	60,603	6%	12%	24%	19%	19%	20%	1%	36%	42%
West Virginia	5,471	3%	7%	19%	19%	20%	32%	0%	26%	29%
Wisconsin	25,448	6%	9%	25%	18%	19%	22%	0%	34%	40%
Wyoming	2,857	3%	9%	30%	22%	17%	19%	0%	39%	42%
TOTAL – States Using the HealthCare.gov Eligibility and Enrollment Platform	1,425,461	8%	11%	23%	19%	19%	20%	1%	34%	42%

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(3) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(4) In instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the "best" plan in order to prevent duplication.

(5) For the HealthCare.gov states, the data on 2016 Marketplace plan selections includes data for new consumers and consumers who are actively reenrolling in Marketplace coverage (including data for consumers who actively reenrolled in coverage through the Marketplaces, and data for automatic reenrollees).

(6) Hawaii, Nevada, New Mexico, and Oregon are using the HealthCare.gov eligibility and enrollment platform for 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D1

Marketplace Plan Selection by Enrollment Type in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) (2) *11-1-15 to 2-1-16*							
Description	Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (3)	Plan Selections With Available Data on Enrollment Type(4)	Distribution By Enrollment Type (4)				
			New Consumers (5)	Consumers Reenrolling in Marketplace Coverage (6)			
				Total Reenrollees	Active Reenrollees (7)	Automatic Reenrollees (8)	Unknown Reenrollment Type
	Number	Number	% of Total	% of Total	% of Total	% of Total	% of Total
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (9)							
California	1,575,340	1,575,340	27%	73%	27%	46%	0%
Colorado	150,769	150,769	48%	52%	40%	13%	0%
Connecticut	116,019	116,019	32%	68%	13%	55%	0%
District of Columbia (10)	22,693	22,693	26%	74%	13%	61%	0%
Idaho	101,073	101,073	33%	67%	21%	46%	0%
Kentucky	93,666	93,666	20%	80%	59%	22%	0%
Maryland	162,177	162,177	30%	70%	10%	60%	0%
Massachusetts 12	213,883	213,883	22%	78%	N/A	N/A	N/A
Minnesota (10) (11) (12)	83,507	83,507	45%	55%	N/A	N/A	N/A
New York (11) (12)	271,964	271,964	19%	81%	N/A	N/A	N/A
Rhode Island	34,670	34,670	22%	78%	16%	62%	0%
Vermont	29,440	29,440	6%	94%	9%	84%	0%
Washington (13)	200,691	200,691	37%	63%	24%	39%	0%
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms	**3,055,892**	**3,055,892**	**28%**	72%	**21%**	**36%**	0%

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) "Distribution by Enrollment Type" represents the percentage of plan selections with available data on enrollment type that are new consumers vs. consumers reenrolling in coverage through the Marketplaces.

(5) "New Consumers" are those individuals who selected a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) as of the reporting date, and did not have a Marketplace plan selection as of November 2015. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP).

(6) "Consumers reenrolling in coverage through the Marketplaces" are those individuals who were enrolled in a Marketplace plan as of October 31 2015 for 2015 coverage, and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer). Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections, except for DC and Minnesota. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

(7) Active Reenrollees are individuals who had a Marketplace plan selection as of October 31, 2015, and return to the Marketplace to select a new plan or actively renew their existing plan.

(8) Automatic Reenrollees are individuals who had a Marketplace plan selection as of October 31, 2015, and retain coverage without returning to the Marketplace and selecting a plan. A consumer was automatically reenrolled into their 2015 plan or a crosswalked plan if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of a SBM's deadline for enrollment for January 1, 2016 coverage.

(9) All of the SBMs using their own Marketplace platforms have processed automatic re-enrollments, including these individuals in plan selection reports. Additionally, most of the SBMs using their own Marketplace platforms removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re-enrollees.

(10) DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer.

(11) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were redetermined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(12) Massachusetts, Minnesota, and New York is not able to provide active versus automatic reenrollment breakouts due to system limitations.

(13) Washington reports all automatically-renewed enrollees as automatic re-enrollments, regardless of whether they returned to the Marketplace and made an active plan selection different from the plan into which they were automatically renewed.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D2

Total Completed Applications and Individuals Who Completed Applications in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) *11-1-15 to 2-1-16*		
Description	**Total Number of Completed Applications for 2016 Coverage (2)**	**Total Individuals Applying for 2016 Coverage in Completed Applications (3)**
	Number	**Number**
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)		
California	3,002,275	5,895,505
Colorado	151,088	304,735
Connecticut (5)	52,080	71,226
District of Columbia (6)	14,361	23,030
Idaho	85,967	194,233
Kentucky	60,031	97,843
Maryland	362,899	756,104
Massachusetts (8)	477,410	855,760
Minnesota	142,573	232,447
New York (9)	N/A	454,051
Rhode Island	64,987	117,122
Vermont (10)	32,880	56,322
Washington	676,718	1,140,717
TOTAL - SBMs Using Their Own Marketplace Platforms	**5,123,269**	**10,199,095**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 2-1-16. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) "Completed Applications for 2016 Coverage" represents the total number of electronic and paper applications that were submitted to the Marketplace during the reference period with sufficient information to begin performing eligibility determinations for enrollment in a plan through the Marketplace and, if appropriate, sufficient information to begin performing eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions, and eligibility assessments or determinations for Medicaid and CHIP.

(4) "Individuals Applying for 2016 Coverage in Completed Applications" represents the total number of individuals included in Completed Applications that were submitted to the individual market Marketplaces during the applicable reference period. This number does not include individuals applying through the SHOP.

(5) In general, for the SBMs using their own Marketplace platforms, reports for the number of applications submitted and consumers on applications submitted for coverage through the Marketplace include all individuals applying for a QHP and Medicaid/CHIP. For states where the total number of individuals applied is less than individuals assessed eligible, automatic re-enrollees and/or re-enrollees with applications prior to 11/1/15 are not included in application reports but are included in eligibility and plan selection reports. The SBMs using their own Marketplace platforms commonly do not include individuals applying only for Medicaid/CHIP in the eligibility determination metrics.

(6) Connecticut does not include individuals reenrolling for 2016 coverage in their count of applications.

(7) DC's current report of applications only includes a subset of enrollees applying for a QHP (those with financial assistance and a small number of those without financial assistance) and individuals applying to Medicaid/CHIP.

(8) Kentucky's data for completed applications includes applications occurring during November 1, 2015-December 31, 2015 for 2015 coverage in accordance with special enrollment provisions, as well as applications for 2016 coverage and SADP enrollments because of system limitations that do not differentiate the special enrollments at the application level. Additionally, Kentucky does not include automatic re-enrollees in their reports of total individuals applying.

(9) Massachusetts' application and QHP eligibility data contains duplicates. Massachusetts believes as much as 5% of its reported application data is duplicate records. Massachusetts is working to develop a process to systematically remove these duplicates.

(10) New York is not able to report the number of applications completed. New York's number of individuals applying for coverage includes individuals applying for all Marketplace programs (QHP, Medicaid/CHIP, and BHP) on or after 11/1/2015, but does not includes individuals who renewed their coverage.

(11) Application data for Vermont includes individuals applying for a separate dental plan, as Vermont does not have a separate dental application. Additionally, Vermont includes re-enrollees in reports of application and eligibility data reports. Due to the processes required to renew individuals, Vermont began processing renewals prior to November 1, thereby the cumulative data reported here is for the period 10/20/2015 – 12/26/2015.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D3

Total Marketplace Eligibility Determinations, and Marketplace Plan Selections in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) *11-1-15 to 2-1-16*				
State Name	Number of Individuals Determined Eligible to Enroll through the Marketplace for 2016 Coverage		Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace (4)	Number of Individuals With 2015 Plan Selections Through the Marketplaces (5)
	Total Eligible to Enroll in a Marketplace Plan (2)	Eligible to Enroll in a Marketplace Plan with Financial Assistance (3)		
	Number	Number	Number	Number
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms				
California (6) (7)	1,974,209	1,639,675	843,919	1,575,340
Colorado (8) (9)	264,272	104,394	58,026	150,769
Connecticut (10)	154,237	115,225	304,558	116,019
District of Columbia (7) (11)	2,426	1,023	19,991	22,693
Idaho (8) (12)	191,528	157,050	389,040	101,073
Kentucky (8) (9)	260,490	129,275	516,743	93,666
Maryland (8)	261,272	151,425	283,220	162,177
Massachusetts (7) (13)	507,699	324,021	330,498	213,883
Minnesota (7) (14)	87,877	53,735	109,351	83,507
New York (9) (15) (16)	470,646	182,948	264,091	271,964
Rhode Island (15)	49,180	39,724	57,876	34,670
Vermont (7) (17)	46,863	23,250	10,869	29,440
Washington (18)	253,861	184,102	826,646	200,691
TOTAL - SBMs Using Their Own Marketplace Platforms	**4,524,560**	**3,105,847**	**4,014,828**	**3,055,892**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in this table represent cumulative Marketplace enrollment-related activity for 11-1-15 to 2-1-16. These data also do not include any enrollment-related activity relating to individuals who may have applied for and/or selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) "Individuals Determined Eligible to Enroll in a Plan Through the Marketplace" (i.e., enrollment through the Marketplaces for a 2016 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, regardless of whether they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).

(4) "Individuals Determined Eligible to Enroll in a Plan Through the Marketplace with Financial Assistance" (i.e., enrollment through the Marketplace for a 2016 Marketplace plan with Financial Assistance) represents the total number of individuals determined eligible to enroll through the Marketplace in a Marketplace plan who qualify for an advance premium tax credit (APTC), with or without a cost-sharing reduction (CSR) for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplace and updated their information). These individuals may or may not have enrolled in coverage by the end of the reference period. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections with financial assistance (which includes automatic reenrollees).

(5) "Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace" represents the number of individuals who have been determined or assessed by the Marketplace as eligible for Medicaid or CHIP based on their modified adjusted gross income (MAGI). In some states, completed applications for individuals, whom the Marketplace has assessed as potentially eligible for Medicaid or CHIP, based on MAGI, are transferred to the relevant state agency for a final eligibility determination. In these "assessment states" the data include those accounts where a final decision is pending. In other states, the Marketplace has been delegated the final Medicaid/CHIP eligibility determination responsibility for these individuals. Thus, this data element includes FFM determinations and assessments, regardless of the state Medicaid/CHIP agency's final eligibility determination, if applicable. These data may vary from accounts transferred via "flat file" to states by the FFM. Quality assurance continues on Medicaid assessments and determinations. Note: Marketplace Medicaid/CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on Medicaid.gov) which covers data through October 2015. In the Marketplaces, some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid/CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

(6) "Individuals With 2016 Marketplace Plan Selections" represents the total number of individuals determined eligible to enroll in a plan through the Marketplace" who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re-enrollees. DC does not remove cancellations and terminations from plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. Plan selection data for all states includes automatic re-enrollees.

(7) California, DC, Massachusetts, Minnesota, and Vermont do not remove cancellations and terminations from their reports of eligibility data.

(8) Colorado, Idaho, Kentucky, and Maryland remove cancellations and terminations from their reports of eligibility data.

(9) Connecticut only includes individuals with active eligibility determinations, removing individuals with expired coverage and individuals who fail to verify their eligibility.

(10) For this report, DC is only reporting a subset of new enrollees assessed eligible for a QHP (those with financial assistance and a small number of those eligible without financial assistance) for total eligible for a QHP.

(11) Idaho only reports a weekly total of individuals assessed eligible for Medicaid/CHIP instead of a cumulative total from 11/1/15, as the Department of Health and Welfare's system tracks each assessment instead of each individual with an assessment. Therefore, Idaho's data would potentially include duplicates.

(12) Massachusetts' eligibility data includes members re-determined eligible for 2016 coverage as part of their redetermination/renewal process. An active process is in place to remove those duplicates, which includes member outreach and active termination of duplicate coverage spans.

(13) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(14) New York and Rhode Island only remove individuals no longer determined eligible after redetermination processes from their eligibility data.

(15) New York's reports of total eligible to enroll in a Marketplace plan for NY data represents only the number of individuals eligible for a QHP, not for all Marketplace programs. New York eligibility data for Medicaid/CHIP represents individuals receiving the first eligibility determination on or after 11/1/2015. Reported totals do not include renewals or other eligibility determinations before 11/1/2015. New York's total QHP plan selection data represents new and re-enrollee plan selections submitted on or after 11/1/2015.

(16) Vermont includes reenrollees in reports of eligibility data reports. Due to the processes required to renew individuals, Vermont began processing renewals prior to November 1, thereby the cumulative data reported here is for the period 10/20/2015 – 12/26/2015.

(17) Washington does not remove terminations from its reports of eligibility data, but removes cancellations. Washington's relatively high number of Medicaid/CHIP assessments is due to the processing of redeterminations and renewals prior to the first data report of open enrollment (renewals/redeterminations occurred 11/1/15). This data is processed the first of each month, and Washington typically has higher Medicaid/CHIP eligibility determinations than most other states.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D4

Marketplace Plan Selections by Financial Assistance Status in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) *11-1-15 to 2-1-16*					
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Financial Assistance Status (3)**	**By Financial Assistance Status (4)** *(% of Available Data, Excluding Unknown)*		
			With Financial Assistance	**Without Financial Assistance**	**With APTC (non-add)**
	Number	**Number**	**%**	**%**	**%**
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (5)					
California	1,575,340	1,575,340	87%	13%	87%
Colorado (7) (8)	150,769	150,769	61%	39%	61%
Connecticut	116,019	116,019	78%	22%	78%
District of Columbia (6)	22,693	22,693	6%	94%	N/A
Idaho	101,073	101,073	83%	17%	83%
Kentucky (8) (9)	93,666	93,657	67%	33%	67%
Maryland	162,177	162,177	70%	30%	70%
Massachusetts (10)	213,883	213,883	78%	22%	78%
Minnesota (11) (12)	83,507	N/A	N/A	N/A	N/A
New York (8) (12)	271,964	271,964	54%	46%	54%
Rhode Island	34,670	34,670	87%	13%	87%
Vermont	29,440	29,440	69%	31%	69%
Washington (13)	200,691	200,691	70%	30%	N/A
TOTAL – SBMs Using Their Own Marketplace Platforms	**3,055,892**	**2,972,376**	**78%**	**22%**	**73%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not

considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) Data on Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing subsidy.

(6) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic reenrollments, including these individuals in plan selection reports. The SBMs are unable to report data on CSR Only.

(7) DC reported only "Total enrolled (plan selection) with financial assistance: APTC+CSR's," and Washington reported only "Total enrolled (plan selection) with financial assistance: APTC Only." These states are not able to differentiate the type of financial assistance an individual receives and so report all individuals in one total.

(8) Colorado continues to perform query updates and data reconciliations. Therefore, values reported in subcategories may not sum to their respective reported totals. This may also be due to data lags or data items missing on applications.

(9) Kentucky is working to reconcile its reported breakouts with its reported total plan selections. Therefore, values reported in subcategories do not sum to their respective reported totals.

(10) Minnesota reports plan selection by financial assistance data at a household level and is not able to differentiate APTCs from CSRs. Through February 1, 2016, Minnesota reported 39,425 households had plan selections with financial assistance.

(11) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(12) During open enrollment, enrollees can edit their application, potentially changing their financial assistance eligibility. In Washington, when enrollees make a change after the 23rd of the month, the change takes effect the next month of coverage, leaving the enrollee with two different selections during the reporting period. This results in the breakouts summing to a total slightly more than total plan selection for Washington. These records are gradually reconciled during ongoing data cleaning processes.

.Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D5

Marketplace Plan Selection by Age in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) *11-1-15 to 2-1-16*										
Description	**Number of Plan Selections With Available Data on Age (2) (3)**	**By Age** *(% of Available Data, Excluding Unknown)*								
		Age < 18	**Age 18-25**	**Age 26-34**	**Age 35-44**	**Age 45-54**	**Age 55-64**	**Age ≥65**	**Ages 18-34**	**Ages 0-34**
	Number	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)										
California	1,574,205	5%	11%	17%	15%	23%	27%	1%	28%	33%
Colorado (5)	150,769	12%	8%	18%	16%	19%	27%	0%	26%	38%
Connecticut	116,019	7%	10%	16%	14%	23%	29%	1%	26%	33%
District of Columbia	22,693	9%	6%	37%	21%	14%	12%	1%	43%	52%
Idaho	101,073	12%	12%	18%	17%	17%	24%	0%	30%	42%
Kentucky (5)	93,666	11%	8%	15%	15%	20%	31%	1%	23%	33%
Maryland	162,177	6%	10%	20%	18%	21%	23%	2%	30%	37%
Massachusetts (6)	213,883	4%	10%	22%	19%	22%	23%	1%	32%	36%
Minnesota (7)	83,507	10%	6%	14%	13%	18%	38%	0%	21%	31%
New York (5)	271,964	4%	8%	20%	17%	22%	28%	1%	28%	31%
Rhode Island	34,670	5%	11%	18%	17%	22%	27%	1%	28%	33%
Vermont	29,438	6%	9%	14%	14%	22%	35%	1%	22%	28%
Washington	200,691	5%	8%	18%	17%	20%	31%	1%	26%	30%
TOTAL - SBMs Using Their Own Marketplace Platforms	**3,054,755**	**6%**	**10%**	**18%**	**16%**	**22%**	**27%**	**1%**	**28%**	**34%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.

(6) California's data source contains unknown age plan selections that California is working to manually process. Therefore, reported plan selection breakouts do not sum to reports of total plan selections.* Colorado continues to perform query updates and data reconciliations. Therefore, values reported in subcategories may not sum to their respective reported totals. This may also be due to data lags or data items missing on applications.

(7) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(8) Vermont is working to reconcile its reported breakouts with the total reported for plan selections.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D6

Marketplace Plan Selection by Gender in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) *11-1-15 to 2-1-16*				
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Gender (3)**	**By Gender** *(% of Available Data, Excluding Unknown)*	
			Females	**Males**
	Number	**Number**	**%**	**%**
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms (4)				
California (4)	1,575,340	1,574,078	51%	49%
Colorado	150,769	150,762	51%	49%
Connecticut	116,019	116,019	53%	47%
District of Columbia (5)	22,693	22,693	52%	48%
Idaho (8)	101,073	101,073	54%	46%
Kentucky	93,666	93,666	54%	46%
Maryland (8)	162,177	162,177	54%	46%
Massachusetts (8)	213,883	213,883	54%	46%
Minnesota (5)	83,507	83,507	52%	48%
New York (5)	271,964	271,964	50%	50%
Rhode Island	34,670	34,670	54%	46%
Vermont	29,440	29,440	52%	48%
Washington (5)	200,691	200,691	54%	46%
TOTAL - SBMs Using Their Own Marketplace Platforms	**3,055,892**	**3,054,623**	**52%**	**48%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees, and automatic re--enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.

(6) California's data source contains unknown gender plan selections that California is working to manually process. Therefore, reported plan selection breakouts do not sum to reports of total plan selections.

(7) Colorado continues to perform query updates and data reconciliations. Therefore, values reported in subcategories may not sum to their respective reported totals. This may also be due to data lags or data items missing on applications.

(8) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX TABLE D7

Marketplace Plan Selection by Metal Level in State-Based Marketplaces Using Their Own Marketplace Platforms, By State, 2016 (1) *11-1-15 to 2-1-16*							
Description	**Total Number of Individuals With 2016 Plan Selections Through the Marketplaces (2)**	**Plan Selections With Available Data on Metal Level (3)**	**By Metal Level (4)** *(% of Available Data, Excluding Unknown)*				
			Bronze Plan	**Silver Plan**	**Gold Plan**	**Platinum Plan**	**Catastrophic Plan**
	Number	**Number**	**%**	**%**	**%**	**%**	**%**
State-Based Marketplaces (SBMs) Using Their Own Marketplace Platforms							
California	1,575,340	1,574,332	27%	63%	5%	4%	1%
Colorado (6) (7)	150,769	150,769	45%	44%	7%	1%	3%
Connecticut	116,019	116,019	23%	61%	12%	1%	2%
District of Columbia	22,693	22,693	28%	31%	20%	15%	6%
Idaho	101,073	101,073	23%	68%	8%	0%	1%
Kentucky (7)	93,666	93,666	27%	60%	11%	1%	1%
Maryland	162,177	162,177	23%	64%	10%	1%	2%
Massachusetts (8)	213,883	55,371	14%	55%	18%	11%	1%
Minnesota (9)	83,507	83,507	46%	36%	17%	0%	1%
New York (7) (9)	271,964	271,964	26%	42%	14%	16%	2%
Rhode Island	34,670	34,670	19%	70%	11%	0%	0%
Vermont (10)	29,440	29,440	20%	59%	10%	10%	1%
Washington (11)	200,691	200,691	35%	56%	8%	0%	1%
TOTAL - SBMs Using Their Own Marketplace Platforms	**3,055,892**	**2,896,372**	**28%**	**59%**	**8%**	**4%**	**1%**

Notes:

General: "N/A" means that the data for the respective metric are not yet available for a given state. Some numbers may not add to totals due to rounding.

(1) Unless otherwise noted, the data in these tables represent cumulative data on the number of individuals who have selected or have been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: standalone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces. For additional technical notes, please refer to Appendix E of this Addendum.

(2) Most of the data in this report are for the 11-1-15 to 2-1-16 reporting period with the following exception: the data for 9 SBMs that are using their own Marketplace platforms (California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington) are for the 11-1-15 to 1-31-16 reporting period.

(3) For each metric, the data represent the total number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected or been automatically reenrolled into a 2016 Marketplace medical plan (with or without the first premium payment having been received directly by the Marketplace or the issuer) during the reference period, excluding plan selections with unknown data for a given metric. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this data includes plan selections for which enrollment has not yet been effectuated.

(4) In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

(5) The subtotals for each metal tier type may not sum to the total number of Plan Selections with Available Data on Metal Level due to instances where consumers selected more than one plan type in their state. As a result, the corresponding percentages also may not sum to 100 percent.

(6) All states except DC and Minnesota removed cancellations and terminations from their data reports for new enrollees, active re-enrollees and automatic re-enrollees. DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota. Since Minnesota does not perform effectuations itself, Minnesota is not able to accurately determine the number of terminations and cancellations, as consumers can terminate their coverage directly with an issuer. All states have processed automatic re-enrollments, including these individuals in plan selection reports.

(7) California's data source contains unknown metal level plan selections that California is working to manually process. Therefore, reported plan selection breakouts do not sum to reports of total plan selections.

(8) Colorado is actively developing queries to provide SADP data. As of January 31, 2016, Colorado has enrolled 25,402 individuals in dental plans. Colorado continues to perform query updates and data reconciliations. Therefore, values reported in subcategories may not sum to their respective reported totals. This may also be due to data lags or data items missing on applications.

(9) Massachusetts' 158,512 members reported as unknowns are enrolled in their Connector Care program. Connector Care plans are closest to silver tier plans but their "value" is greater than that of a silver tier plan (the standardized benefits provided by Connector Care plans are richer than the benefits available in a standard silver plan). Members do not elect this tier of plan but are determined Connector Care eligible and offered this tier of plan if/when they are determined income eligible. Since the result is not determined by member behavior but by program determination placing enrollees into plans not entirely comparable to the metal level breakouts, Massachusetts reports these individuals as unknown.

(10) Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states. New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

(11) Vermont is working to reconcile its reported breakouts with its reported total plan selections. Therefore, values reported in subcategories do not sum to their respective reported totals.

(12) During open enrollment, enrollees can change their plan (and subsequently metal level). In Washington, when enrollees make a change after the 23rd of the month, the change takes effect the next month of coverage, leaving the enrollee with two different selections during the reporting period. This results in the breakouts summing to a total slightly more than total plan selection for Washington. These records are gradually reconciled during ongoing data cleaning processes.

Source: Centers for Medicare & Medicaid Services, as of 3-8-16.

APPENDIX E: TECHNICAL NOTES

We believe that the information contained in this issue brief provides the most systematic summary of enrollment-related activity in the Marketplaces during the 2016 Open Enrollment period because the data for the various metrics are counted using comparable definitions for data elements across states, and Marketplace platforms. However, data for certain metrics may not be available due to information system issues.

The following section provides additional information about the metrics used in this enrollment report, in addition to the information that is included elsewhere in the footnotes of the tables in this report.

Additional Information About the Metrics Used in this Marketplace Enrollment Report

Reporting of Data on Activity Relating to the 2016 Marketplace Coverage Year – Except where otherwise noted, this report includes enrollment-related data on activity related to the 2016 Marketplace coverage year. The data that are being reported for 11-1-15 to 2-1-16 do not include activity associated with individuals who may have applied for and/or qualified for a Special Enrollment Period for 2015 Marketplace coverage.

Reporting Period – This report includes data that are currently available on enrollment-related activity during the 2016 Open Enrollment period – which generally corresponds with data from 11-1-15 to 2-1-16, except in the cases of California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, and Washington. The following table shows how the reporting periods for the data in this report compare with those for the most recent Weekly Enrollment Snapshot.

Appendix Table E1

Marketplace Type	Reporting Period (1)
States Using the HealthCare.gov Marketplace Platform (38 states)	11-1-15 to 2-1-16
State Based Marketplaces (SBMs) Using Their Own Marketplace Platform (13 states)	
9 States: California, District of Columbia, Idaho, Kentucky, Maryland, New York, Rhode Island, Vermont, Washington	11-1-15 to 1-31-16
4 States: Colorado, Connecticut, Massachusetts, Minnesota	11-1-15 to 2-1-16

Note: (1) For purposes of the Final Enrollment Report, an effort was made to align the reporting periods for the HealthCare.gov states and SBMs using their own Marketplace platforms with the reporting periods for the data that were included in the Week 13 CMS Marketplace Enrollment Snapshot (which can be accessed at https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html).

2016 Plan Selections Through the Marketplaces (also known as Marketplace Plan Selections) – Represents cumulative data on the number of unique individuals who have selected or been automatically enrolled in a 2016 plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) during the reference period. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated. These data represent the number of individuals with active plan selections for a Marketplace medical plan as of the reporting date. These data do not

include stand-alone dental plan selections. These data also do not include any individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This table only reflects data for the individual market Marketplaces.

Additionally, in the data for the HealthCare.gov states, individuals whose Marketplace coverage has been cancelled or terminated are not included in the total number of Marketplace plan selections. Because of further automation in communication with issuers, the number of net plan selections reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment after the end of Open Enrollment. As a result, there may also be a smaller difference this year between plan selections at the end of Open Enrollment and subsequent effectuated enrollment, although some difference will remain because plan cancellations related to non-payment of premium will frequently occur after the end of Open Enrollment.

For the SBMs that are using their own Marketplace platforms, Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections for all but two states (Minnesota and DC). DC does not remove cancellations and terminations from any of its plan selection data and Minnesota only removes cancellations for individuals that self-report a cancellation to Minnesota.

We are using the term "active Marketplace plan selections" to signify that the total number of Individuals Who Have Selected a Marketplace Plan that is reported in the Marketplace enrollment reports excludes data for plan selections that have been cancelled or terminated. For example, if an individual selected a Marketplace plan during the first week of the open enrollment period, but selected a different plan during the third week of the open enrollment period, the active plan selections total would only include data for the most recent plan selection. This is consistent with the way that the Marketplace plan selection data were reported in the previous enrollment reports for the 2014 and 2015 Open Enrollment periods.

Note: The majority of the SBMs expect their plan selection values to change as individuals not able to complete enrollment by 11:59pm on 1/31/16 (those "in-line") are provided extra time to enroll, mainly through call centers/assisters. California (2/6), Colorado (2/2 if demand is high enough), Connecticut (for a few days), DC (2/2), Idaho (2/15), Kentucky (2/15), Maryland (2/6 for exceptional circumstances), Massachusetts (case-by-case basis), Minnesota (for a few days), Rhode Island (2/8), Vermont (case-by-case basis), and Washington (2/7 for individuals in the queue as of Sunday night) allow for plan selections for special circumstances through the dates noted in parentheses after the state name.

Definitions of "New" and "Reenrolling" Consumers – The enrollment report distinguishes plan selections by new consumers from plan selections by those who are reenrolling in Marketplace coverage:

- ***"New Consumers"*** are those individuals who selected a 2016 plan through the

Marketplaces (with or without the first premium payment having been received directly by the issuer) and did not have an active 2015 Marketplace plan selection as of November 1, 2015. These data do not include stand-alone dental plan selections. These data also generally do not include any individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP);. Additionally, in the data for the HealthCare.gov states and most states using their own platforms, individuals who have cancelled or terminated their Marketplace plans are not included in the total number of Marketplace plan selections.

Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, their 2015 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.

- ***"Consumers reenrolling in coverage through the Marketplaces"*** are those individuals who had Marketplace plan selection as of November 2015 (or as of 10-31-15 for SBMs using their own Marketplace platforms), and have either actively submitted a 2016 application and selected a 2016 Marketplace medical plan, or have been automatically reenrolled in coverage through the Marketplaces – with or without the first premium payment having been received directly by the issuer. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include: stand-alone dental plan selections; or individuals who may have selected a 2015 Marketplace plan during the reporting period, as a result of having been eligible for a Special Enrollment Period (SEP). This category is consistent with the "consumers renewing coverage" category that is included in the CMS Weekly Enrollment Snapshots. Consumers reenrolling in coverage through the Marketplaces includes the following two categories:

  - ***Consumers who are Actively Reenrolling in Marketplace Coverage*** – People who had a Marketplace plan selection as of November 2015, and return to the Marketplace to select a new plan or actively renew their existing plan. A consumer is considered to have actively selected a plan, if they are a consumer with coverage in 2015 who came back, updated their application and selected a plan. The consumer could have actively selected their 2016 plan, decided to choose a new plan from their existing insurer or selected a new plan from a different insurer. A consumer could have actively selected a plan prior to the 12-17-15 deadline or could have come back after being automatically reenrolled and decided to update their information and select a plan; and

  - ***Consumers who have been Automatically Reenrolled into Marketplace Coverage (also known as "Automatic Reenrollees")*** – People who had a Marketplace plan selection as of November 2015 (or as of 10-31-15 for SBMs using their own Marketplace platforms), and retain coverage without returning to the Marketplace and

selecting a plan. In the HealthCare.gov states, a consumer was automatically reenrolled into their 2015 plan or a crosswalked plan from their same issuer if they were enrolled in a Marketplace plan in 2015 and did not select a plan ahead of the 12-17-15 deadline. If the consumer realized after the deadline that there was a better plan for their family or needed to update their information, the consumer could make that change, and would at that point be considered as having actively selected a plan.

The categories of Marketplace plan selection data for the 2016 Open Enrollment period that are included in this report vary by Marketplace type and state:

Appendix Table E2

Enrollment Type	States Using Their Own Marketplace Platforms *(13 states including DC)*	States Using the HealthCare.gov Eligibility and Enrollment Platform *(38 states)*
New Consumers	Included in this report	Included in this report*
Total Consumers Who Are Reenrolling in Marketplace Coverage	Included in this report	Included in this report
Consumers Who Are Actively Reenrolling in Marketplace Coverage	Included in this report for the following 10 states: CA, CO, CT, DC, ID, KY, MD, RI, VT, and WA	Included in this report
Consumers Who Are Being Automatically Reenrolled into Marketplace Coverage	Included in this report for the following 10 states: CA, CO, CT, DC, ID, KY, MD, RI, VT, and WA	Included in this report

* Hawaii is generally classifying all of its plan selections as new consumers for operational enrollment and reporting purposes due to a change in Marketplace platform (Hawaii switched to using the HealthCare.gov eligibility and enrollment platform in 2016).

Automatic Reenrollments – In this report, data on automatic reenrollments are included in the overall Marketplace plan selection totals for Consumers Who Are Actively Reenrolling in Marketplace Coverage for the 38 HealthCare.gov states and 10 of the SBMs that are using their own Marketplace platforms for 2016 (see Appendix Table D2 for a list of these states). These data represent consumers who had a Marketplace plan selection as of November 2015 (or as of 10-31-15 for SBMs using their own Marketplace platforms), and retain coverage without returning to the Marketplace and selecting a plan because the applicable Marketplace has passively reenrolled them in 2016 Marketplace coverage. It is important to note that the reenrollment data in this report may include some individuals who were reenrolled in coverage through the Marketplaces as of 2-1-16, but who may ultimately decide not to retain Marketplace coverage for the remainder of 2016 (for example, because they have obtained coverage through another source such as an employer or Medicaid/CHIP). The plan selection data in future reports will exclude these individuals (e.g., due to the subsequent cancellation or termination of their coverage).

Definition of Active Reenrollees Who Switched Plans – For purposes of this report, active

reenrollees who switched plans are active reenrollees who have not selected the same plan as for the 2016 coverage year, or a "crosswalked" plan that is offered by the same issuer as their 2015 plan.

Categories for Reporting State-Level Marketplace Data – The Health Insurance Marketplace includes the Marketplaces established in each of the states (and the District of Columbia) and run by the state or the federal government. This report addresses the individual market Marketplaces that are using their own Marketplace platforms for the 2016 coverage year, as well as the individual market Marketplaces that are using the HealthCare.gov Marketplace eligibility and enrollment platform for eligibility and enrollment for the 2016 coverage year (data for the small group Marketplace, also known as SHOP, are not included in this report).

Marketplace enrollment-for the 2016 Open Enrollment period, will be reported based on the following two major categories:

- **State-Based Marketplaces (SBMs) Using Their Own Marketplace Platform** – 13 states (including DC):

  California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, and Washington.

- **States Using the HealthCare.gov Eligibility and Enrollment Platform** – 38 states, including:

  - ***State-Based Marketplaces Using the HealthCare.gov eligibility and enrollment platform*** – 4 states

    Hawaii, Nevada, New Mexico, and Oregon *(Note: one of these states (New Mexico) also used the HealthCare.Gov eligibility and enrollment platform during the 2014 Open Enrollment period; however, Nevada and Oregon switched to using the HealthCare.gov eligibility and enrollment platform for the 2015 Open Enrollment period, and Hawaii switched to using the HealthCare.gov eligibility and enrollment platform for the 2015 Open Enrollment period,).*

  - ***Federally-Facilitated Marketplaces*** – 34 states

    Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. *(Note: all of these states also used the HealthCare.gov eligibility and enrollment platform during the 2014 and Open Enrollment periods).*

Notes on Changes in Marketplace Platforms – Hawaii switched from using its own Marketplace eligibility and enrollment platform in 2015 to using the HealthCare.gov eligibility and enrollment platform for eligibility and enrollment for 2016 (as a consequence, people who

select 2016 Marketplace plans in Hawaii are generally treated as new consumers for operational enrollment and reporting purposes because the system cannot identify or automatically reenroll individuals who previously had 2015 Marketplace coverage in this state).

Data on Total Number of Completed Applications and Total Individuals Applying for Coverage in Completed Applications – We are showing data on the number of completed applications and the total number of individuals applying for coverage in the completed applications in this report.

This includes a consumer who is on a completed and submitted application or who, through the automatic re-enrollment process (which occurs at the end of December in the states using the HealthCare.gov eligibility and enrollment platform), had an application submitted to a Marketplace using the HealthCare.gov eligibility and enrollment platform. If determined eligible for Marketplace coverage, a new consumer still needs to pick a health plan (i.e., plan selection) and pay their premium to get covered (i.e., effectuated enrollment). Because families can submit a single application, "Total Individuals Applying for Coverage" represents the total number of people on a submitted application (rather than the total number of submitted applications).

Data on Marketplace Plan Selections with Financial Assistance – Marketplace plan selections with financial assistance includes plan selections for individuals who are receiving a premium tax credit and/or cost-sharing reduction.

Data on Premium Tax Credits – The Affordable Care Act specifies that an individual or family who is eligible for premium tax credits will be required to pay no more than a fixed percentage of their income based on the second-lowest cost silver plan available in the Marketplace in their coverage area. This applicable percentage varies only by household income as a percentage of the Federal Poverty Level (FPL) and does not depend on household members' ages, the number of people within the household covered through the Marketplace, or Marketplace premiums. The applicable percentage is converted into a maximum dollar amount the household is required to pay annually for the benchmark plan, and the premium tax credit is applied to make up the difference between the maximum dollar amount and the actual premium, if any. The exact dollar amount of the premium tax credit depends on the premium of the second-lowest cost silver plan available to the household and the cost of covering the family members who are seeking Marketplace coverage.

For purposes of this report, an individual qualifying for an advance premium tax credit was defined as any individual with an APTC amount >$0. Averages in this report refer to plan-selection-weighted averages across individuals with plan selections with advance premium tax credits in the 38 HealthCare.gov states.[3]

Data on Characteristics of Marketplace Plan Selections by Metal Level – For the SBMs using their own Marketplace platforms, the subtotals for each metal tier type may not sum to the total number of Plan Selections with Available Data on Metal Level due to a small number of individuals who have multiple 2016 Marketplace plan selections in the system that will be

[3] For additional methodological information, see the ASPE Issue Brief "Health Insurance Marketplace 2015: Average Premiums After Advance Premium Tax Credits Through January 30 in 37 States Using the HealthCare.gov Platform," accessed at http://www.aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/APTC/ib_APTC.pdf.

resolved through data cleanup processes. For the HealthCare.gov states, in instances where consumers selected more than one Marketplace medical plan metal level type in their state, an algorithm was used to identify the "best" plan in order to prevent duplication. Data for stand-alone dental plan selections are shown separately.

Stand-alone Dental Plan Selections – Individuals who are shopping for health insurance coverage in the Marketplace have the choice of selecting:

- A medical Marketplace plan with integrated dental coverage,
- A medical Marketplace plan without integrated dental coverage, or
- A medical Marketplace plan and a separate stand-alone dental plan (it is not possible to select a stand-alone dental plan without also selecting a medical plan).

Individuals who have selected both a medical Marketplace plan and a stand-alone dental plan are only counted once in the total Marketplace plan selections metric. However, we report data on total stand-alone dental plan selections separately including combined data for both the "High" and "Low" stand-alone dental plan types (see Appendix Tables A1, A2 and A3).

Data on Additional Characteristics of Marketplace Plan Selections – This report also includes data on the characteristics of individuals who have selected a Marketplace plan in the 38 states that are using the HealthCare.gov eligibility and enrollment platform by Race/Ethnicity, Rural Status and Household Income. In some cases, the data for certain characteristics of Marketplace plan selections are not yet available. For this reason, for each metric, we have calculated the comparable percentages based on the number of plan selections with known data for that metric.

- ***Race/Ethnicity –*** The application for Marketplace coverage in the states using the HealthCare.gov eligibility and enrollment platform contains questions on race and on ethnicity, which are both marked as optional. The share of unknown race/ethnicity in Marketplace plan selection data for HealthCare.gov states is higher than in federal survey data,[4] but lower than that reported in administrative data sources in the healthcare industry.[5] Thus, while this information is provided for transparency purposes, its quality is low and its use should be limited. For example, it is also important to note that the racial/ethnic makeup of the individuals with unknown race and ethnicity who selected a Marketplace plan in the HealthCare.gov states may differ substantially from that among those who reported race and ethnicity. For example, if racial and ethnic minorities are

[4] The main Census surveys have missing data on 3 to 5 percent of respondents, and the National Health Interview Survey has missing information for about 5 percent of respondents. (Source: ASPE correspondence with U.S. Census and the National Center for Health Statistics regarding the American Community Survey, the Current Population Survey, and the National Health Interview Survey; February 2014.)

[5] For example, a study of administrative data from the Department of Veterans Affairs found that race/ethnicity information was missing from files for 36 percent of patients. Additionally, as of 2008, commercial plans that collected race and ethnicity data only had information for about 40 percent of their members. The health insurance company Aetna, which began collecting data on race and ethnicity for all its members in 2002 via enrollment forms, currently has information on race/ethnicity for about 35 percent of its membership. (Sources: Nancy R. Kressin, Bei-Hung Chang, Ann Hendricks, and Lewis E. Kazis, "Agreement between administrative data and patients' self-reports of race/ethnicity," American Journal of Public Health, vol. 93, no. 10 (2003), p. 1734-1739); José J. Escarce, Rita Carreón, German Veselovskiy, and Elisa H. Lawson, "Collection of race and ethnicity data by health plans has grown substantially, but opportunities remain to expand efforts," Health Affairs, vol. 30, no. 10 (2011); and Aetna, "Aetna's Commitment," accessed April 25, 2014. Available at: http://www.aetna.com/about-aetna-insurance/initiatives/racial-ethnic-equality/index.html.

more likely to skip the optional questions, they would be disproportionately under-reported in the overall totals.[6] CMS has updated the methodology for identifying Latinos applying for 2016 coverage by incorporating the selection of "Other" ethnicity as Latino. Specifically, all consumers who selected "Other ethnicity" on their application are now counted as Latino. Latino ethnicity is indicated when Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and/or Other is selected. This has led to an increase in the number of reported Latinos compared to previous years.

- ***Rural Status –*** The proportion of Marketplace plan selections in rural areas was derived by aggregating data for Marketplace plan selections with valid ZIP Code information based on the HHS Office of Rural Health Policy's (ORHP) most current list of Rural Designated ZIPs, which has been updated using the 2010 Census data.

- ***Household Income –*** Household Income represents the individual's household income as a percentage of the Federal Poverty Level. The 2015 Federal Poverty Guidelines, which are used in determining premium tax credits for 2016 coverage, can be accessed at http://aspe.hhs.gov/poverty/15poverty.cfm.

Number of Individuals Determined or Assessed Eligible for Medicaid / CHIP by the Marketplace – Marketplace Medicaid & CHIP eligibility determination and assessment data in this report cannot be added to eligibility determination data in the most recent monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment report (available on www.Medicaid.gov). Some of the individuals assessed or determined eligible for Medicaid or CHIP by the Marketplace and reported in this report may also be reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report when the state has made an eligibility determination based on the information provided by the Marketplace. Total Medicaid & CHIP enrollment is reported in the monthly Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Report, and is a point-in-time count of total enrollment in the Medicaid and CHIP programs at the end of the monthly reporting period.

Appendix Table E3

Metric	Number of States Reporting Data for this Metric
Visitors to the Marketplace Websites	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Calls to the Marketplace Call Centers	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Completed Applications	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Rhode Island, Vermont, Washington
Individuals Applying for Coverage in	13 States – California, Colorado, Connecticut, District of Columbia,

[6] For additional information on the methodology that was used to analyze the characteristics of individuals who selected a Marketplace plan in the HealthCare.gov states by race/ethnicity, please refer to Appendix C in the 2014 Marketplace Summary Enrollment Report, which can be accessed at http://www.aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

Metric	Number of States Reporting Data for this Metric
Completed Applications	Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined Eligible to Enroll in a Marketplace Plan with Financial Assistance	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, New York, Rhode Island, Vermont, Washington
Number of Individuals Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
Number of Individuals with 2016 Marketplace Plan Selections	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Enrollment Type (New Consumers, Total Reenrollees)	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Reenrollment Type (Active Reenrollees, Automatic Reenrollees)	10 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Financial Assistance Status	12 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Age	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Gender	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington
2016 Marketplace Plan Selections by Metal Level	13 States – California, Colorado, Connecticut, District of Columbia, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, Washington

Impact of Basic Health Plan Enrollment – Minnesota and New York have begun enrolling individuals in a Basic Health Plan. These individuals are not included in reports of total QHP plan selections for these states.

New York has begun enrolling eligible Marketplace enrollees in its Basic Health Program (BHP), known as the "Essential Plan" in New York, including individuals with incomes less than or equal to 200% of FPL, who would have otherwise been eligible for QHP enrollment. BHP enrollees are not included in QHP eligibility and enrollment totals. BHP data include all new enrollees to NYSOH Marketplace after November 1, QHP enrollees who were re-determined eligible for the Essential Plan on or after 11/1/2015, and some of the lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. This figure includes the majority of lawfully residing non-citizens below 138 percent of FPL that were determined eligible for BHP since 4/1/2015. The remaining individuals will be transitioned to the NYSOH Marketplace at their renewal beginning January 2016.

The following is a summary of enrollment data for New York's Essential Plan.

Appendix Table E4

Enrollment Data for New York's Essential Plan	Number 11-1-15 to 1-31-16
Total Enrollees	379,559
Female	204,777
Male	174,782
Age < 18	0
Age 18-25	53,644
Age 26-34	89,197
Age 35-44	79,054
Age 45-54	83,165
Age 55-64	74,499
Age ≥65	0

Effectuated Enrollment – Data on effectuated enrollment for the 2016 Open Enrollment period are not yet available. Therefore, the enrollment data in this report are generally based on pre-effectuated enrollment (plan selections). However, one state, Washington, has reported data on effectuated enrollment.