DEPARTMENT OF HEALTH

Chartbook Section 4

Individual and Small Group Health Insurance Markets

Section 4: Individual and Small Group Health Insurance Markets

- Individual market trends
  - Enrollment
  - Premiums
  - Health plan market shares
  - Benefits
- Small group market trends
  - Enrollment
  - Premiums
  - Health plan market shares
  - Benefits – data reported up to 2014; 2019 to 2021 to be updated soon

This slide deck is part Minnesota's Health Care Markets Chartbook, an annual review of key metrics in health care access, coverage, market competition and health care costs (MN Statutes, Section 144.70)

A summary of the charts and graphs contained within is provided on the MDH website. Direct links are listed on each page. Please contact the Health Economics Program at 651-201-4520 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

Key Terms

- **Deductible** – Amount you pay for covered health care services before your insurance plan starts to pay.
- **Coinsurance** – Percentage of costs of a covered health care service you pay after you've paid your deductible.
- **Copay** – A fixed amount you pay for a covered health care service after you've paid your deductible
- **Out-of-pocket maximum/limit** – The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.
- **Plans chosen** – Plans on the Individual Market that are offered by insurance companies and chosen by consumers. Chosen plans are based on member month enrollment from the Minnesota All Payer Claims Database.
- **Plans offered** – Plans on the Individual Market that are offered by insurance companies. Includes plans with cost sharing reductions unless otherwise stated. Plans offered are based on National Association of Insurance Commissioner's Health Plan Binders.
- **Cost sharing reductions** –A discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace®, cost-sharing reductions are often called "extra savings." If you qualify, you must enroll in a plan in the Silver category to get the extra savings. Members of a federally recognized tribe or an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder may qualify for additional cost-sharing reductions at any metal level.
- **Advanced premium tax credits** - Federal Premium Subsidies are also called Advanced Premium Tax Credits (APTC), which limit premiums to a percent of income. APTC are available to those who do not have access to employer-based coverage, enroll through MNsure, and provide required proof of income.

Source: U.S. Centers for Medicare & Medicaid Services; healthcare.gov

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Individual (Non-Group) Market

A health insurance market where individuals purchase health insurance coverage directly; plans can cover one person (single coverage) or dependents (family coverage). Referred to as the individual or non-group market, because plans are purchased by an individual rather than as part of a group.

The Small Group and Individual Market Survey (SGIMS) has data from 2011, 2013 and 2014; Minnesota All Payer Claims Database and National Association of Insurance Commissioner has data from 2019 to 2021.

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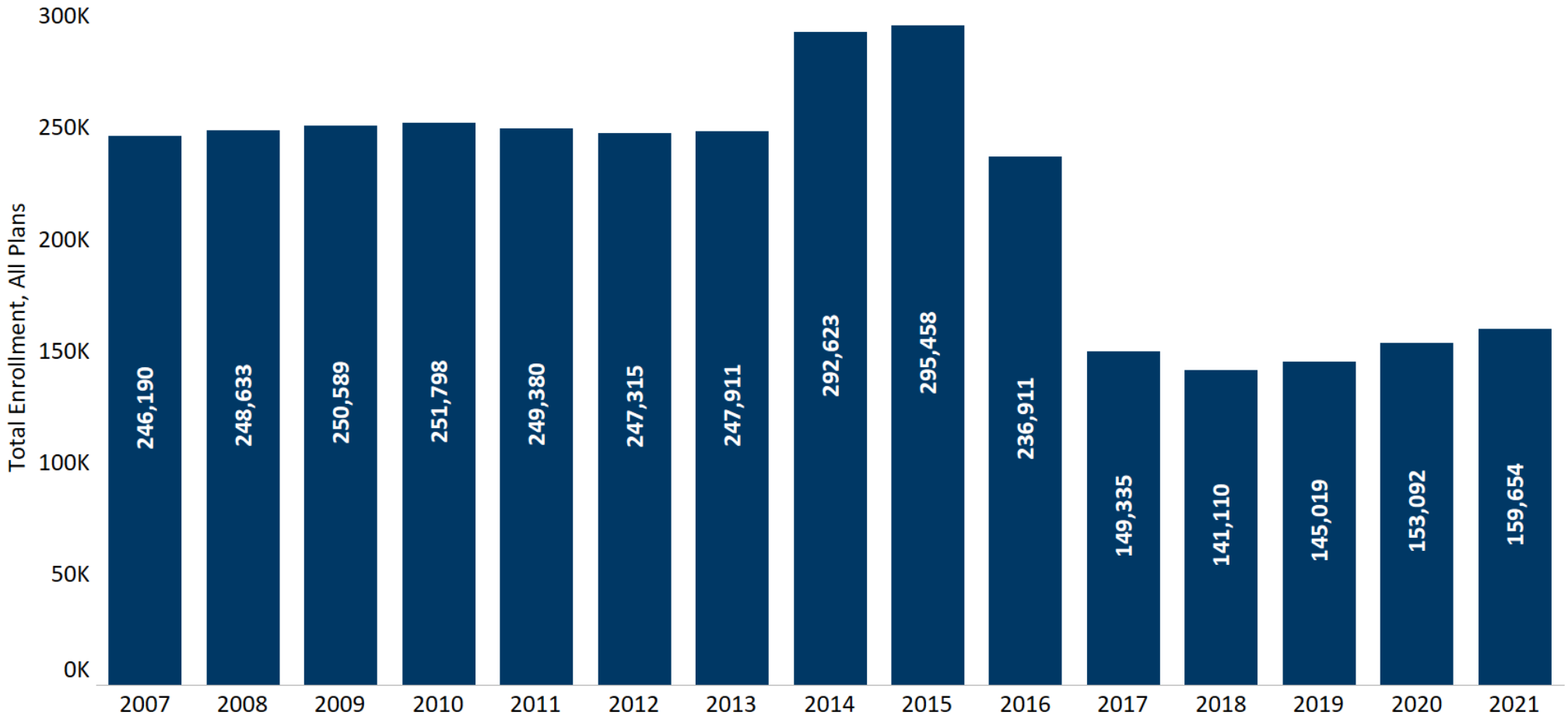
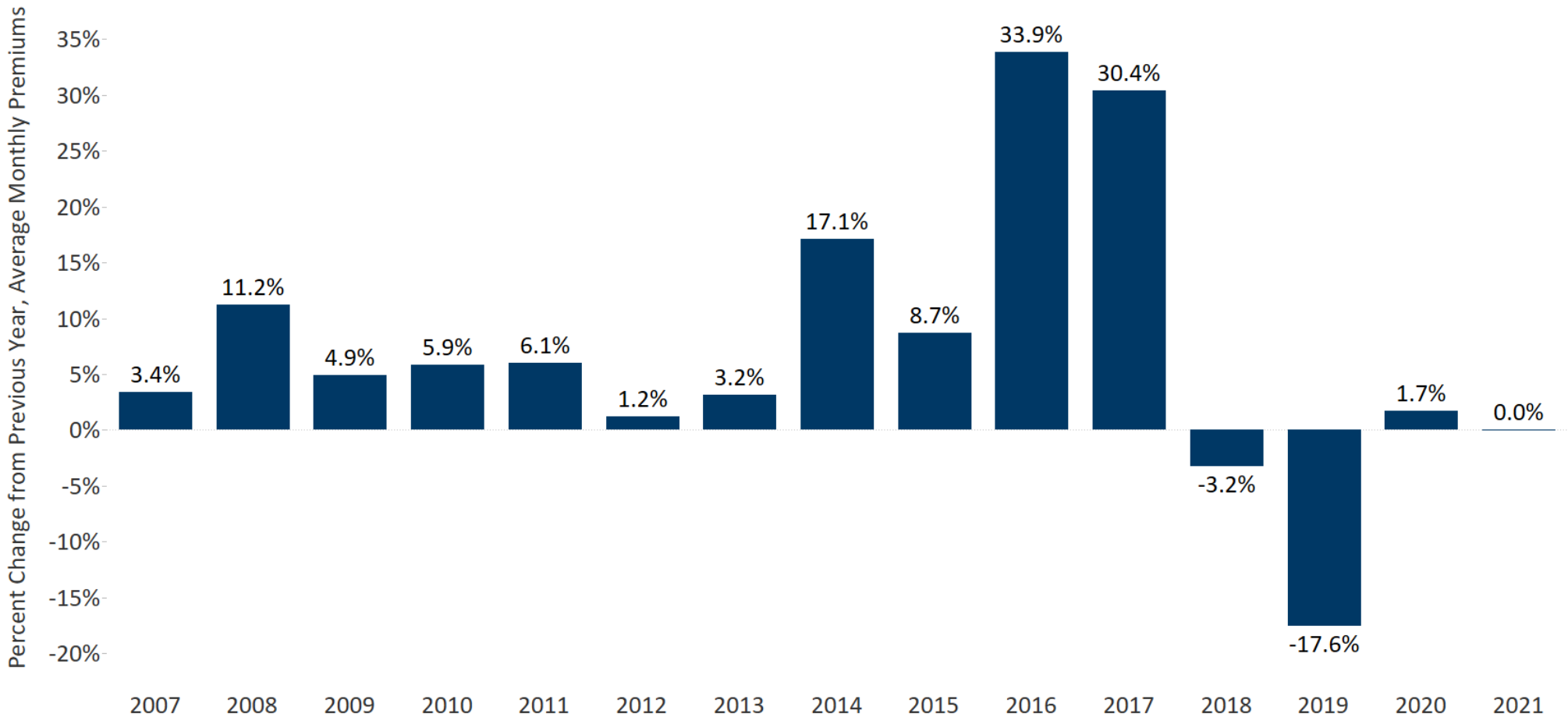
Enrollment & Market Share

Enrollment Trends in Minnesota's Individual Market



Note: Total enrollment reported as end of year enrollment from all plans and issuers in the individual market.
Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2007 to 2021).
Summary of Graph

Percent Change in Premiums in Minnesota's Individual Market

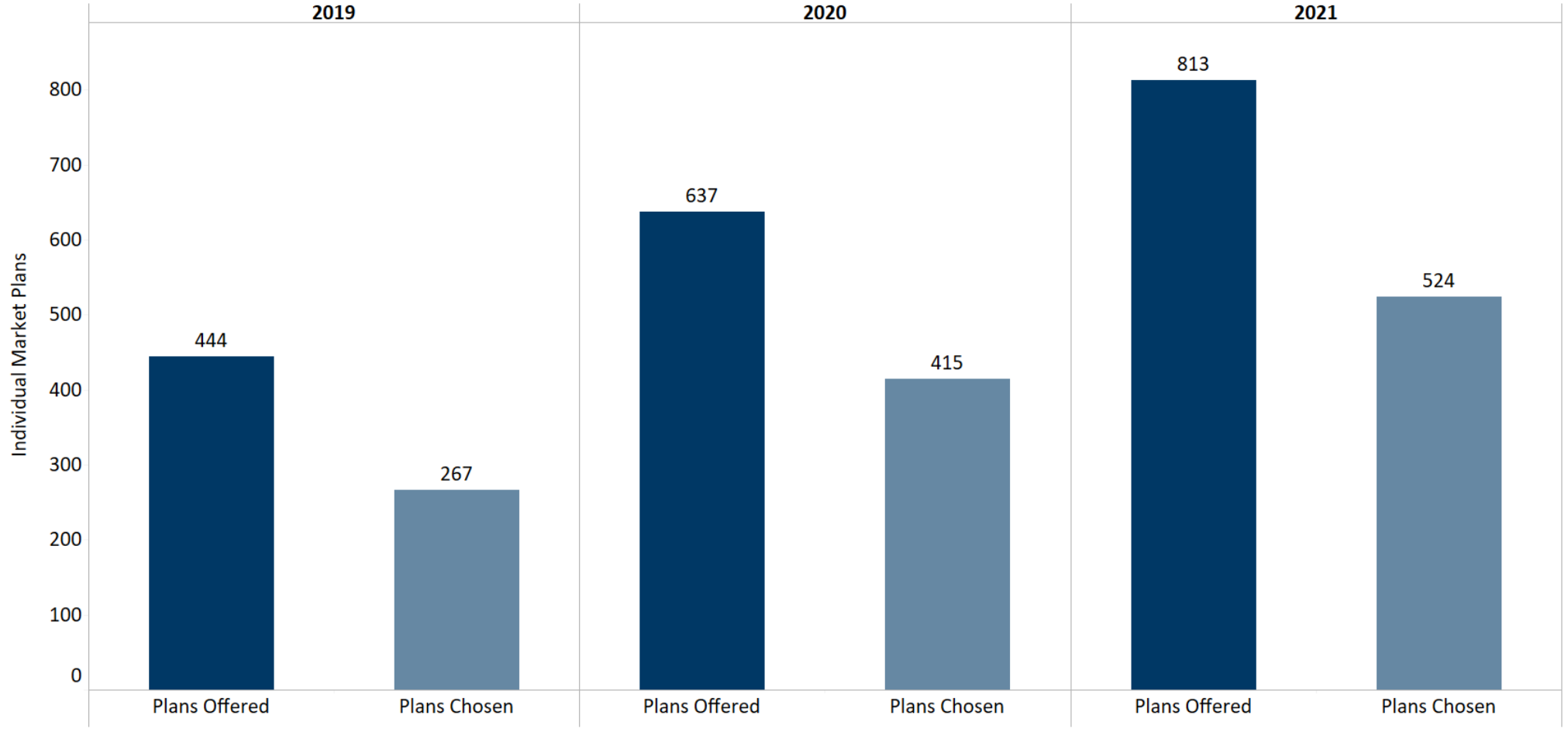


Note: Based on total per member per year (PMPY) premiums collected. Minnesota passed legislation in April 2017 aimed at stabilizing premiums in the individual market through a state-based reinsurance program (the Minnesota Premium Security Plan). This program took effect for plans that began on January 1, 2018.

Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2007 to 2021).

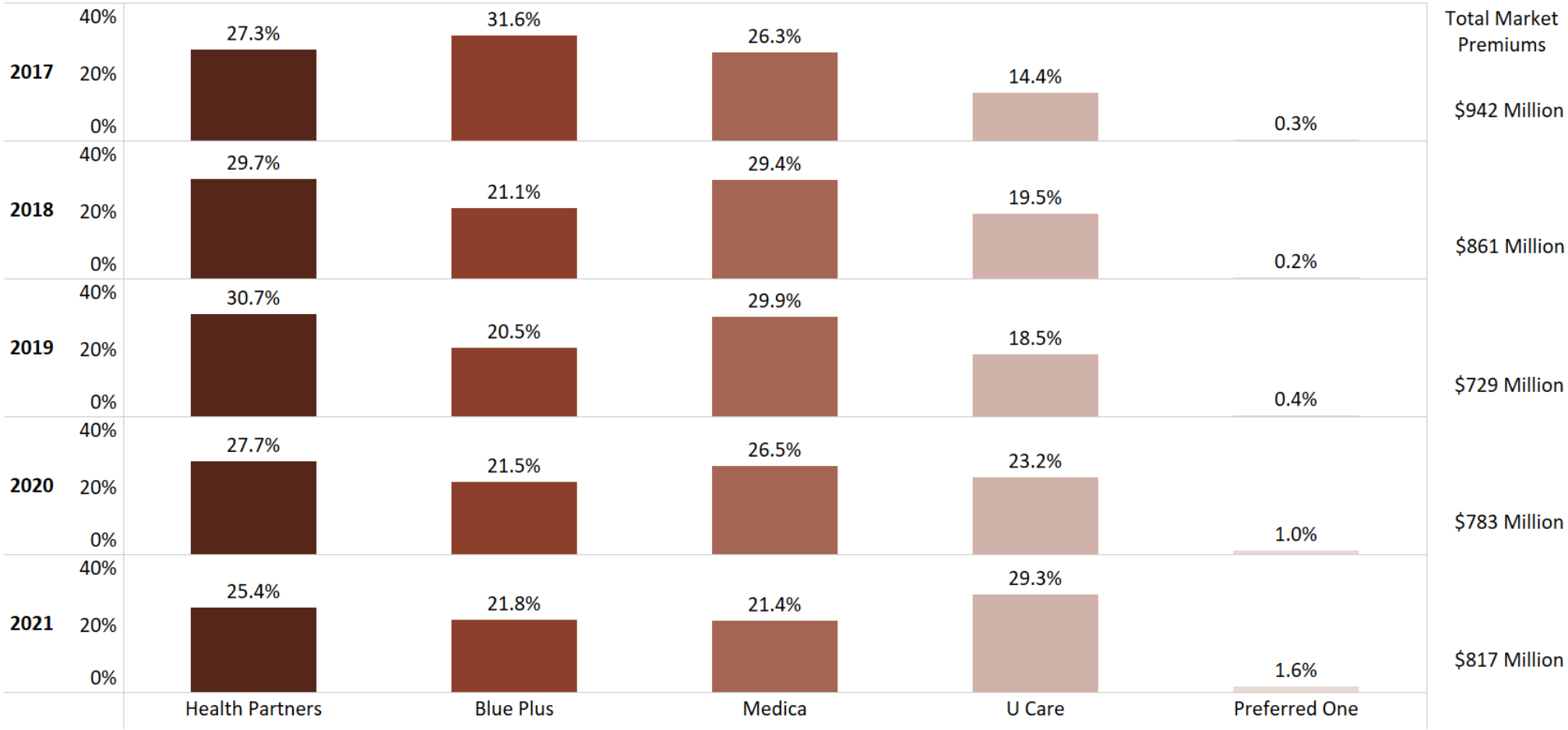
Summary of Graph

Individual Market Plan Use, 2019 to 2021



Note: Plans offered are health plans offered by insurance companies in the individual market; plans chosen are health plans offered in the individual market that have member month enrollment for part of or the whole year.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Health Plan Market Shares: Individual Market

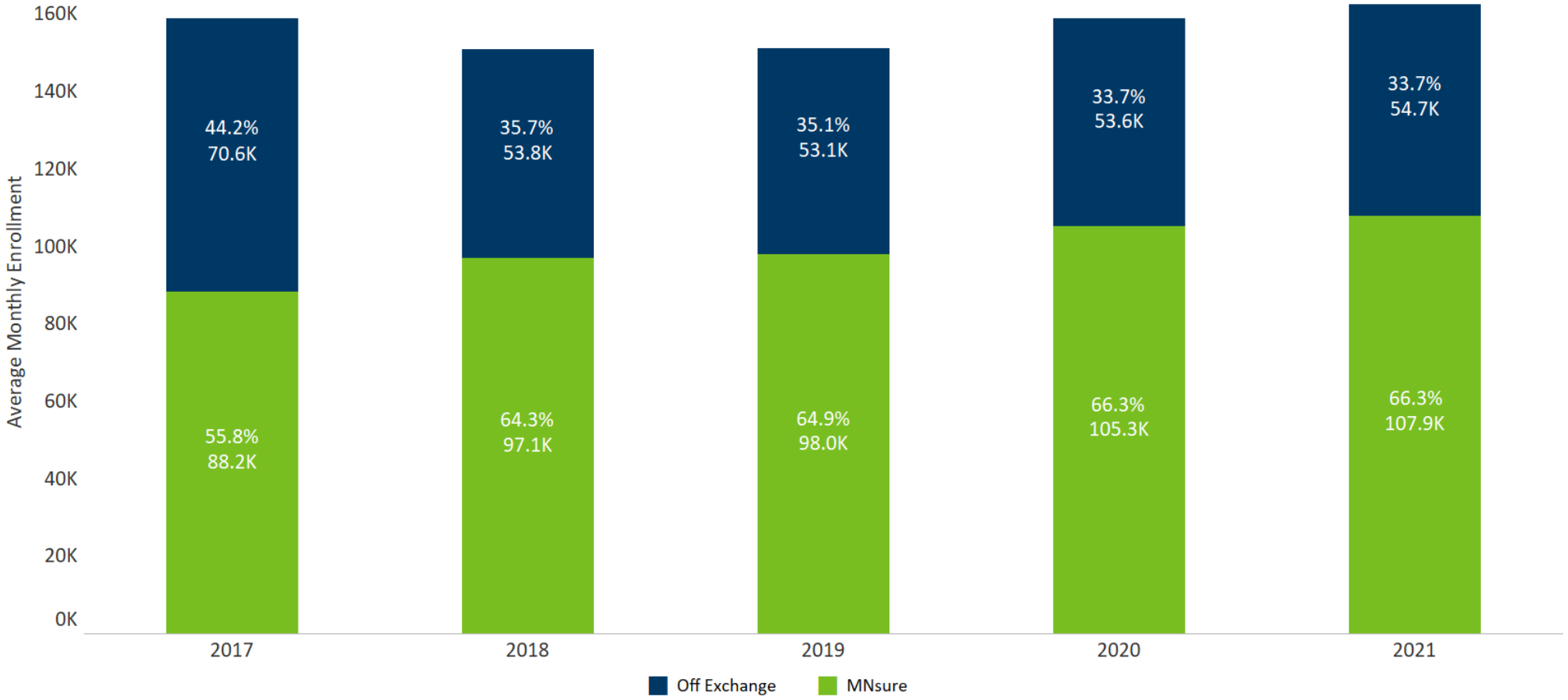


Note: Some companies with common ownership have been combined for purposes of this analysis. Market share is based on percent of total premiums collected. If a plan is not shown, its market share was 0 percent.

Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2017 through 2021).

Summary of Graph

Percent of Market On/Off Minnesota's Health Insurance Exchange

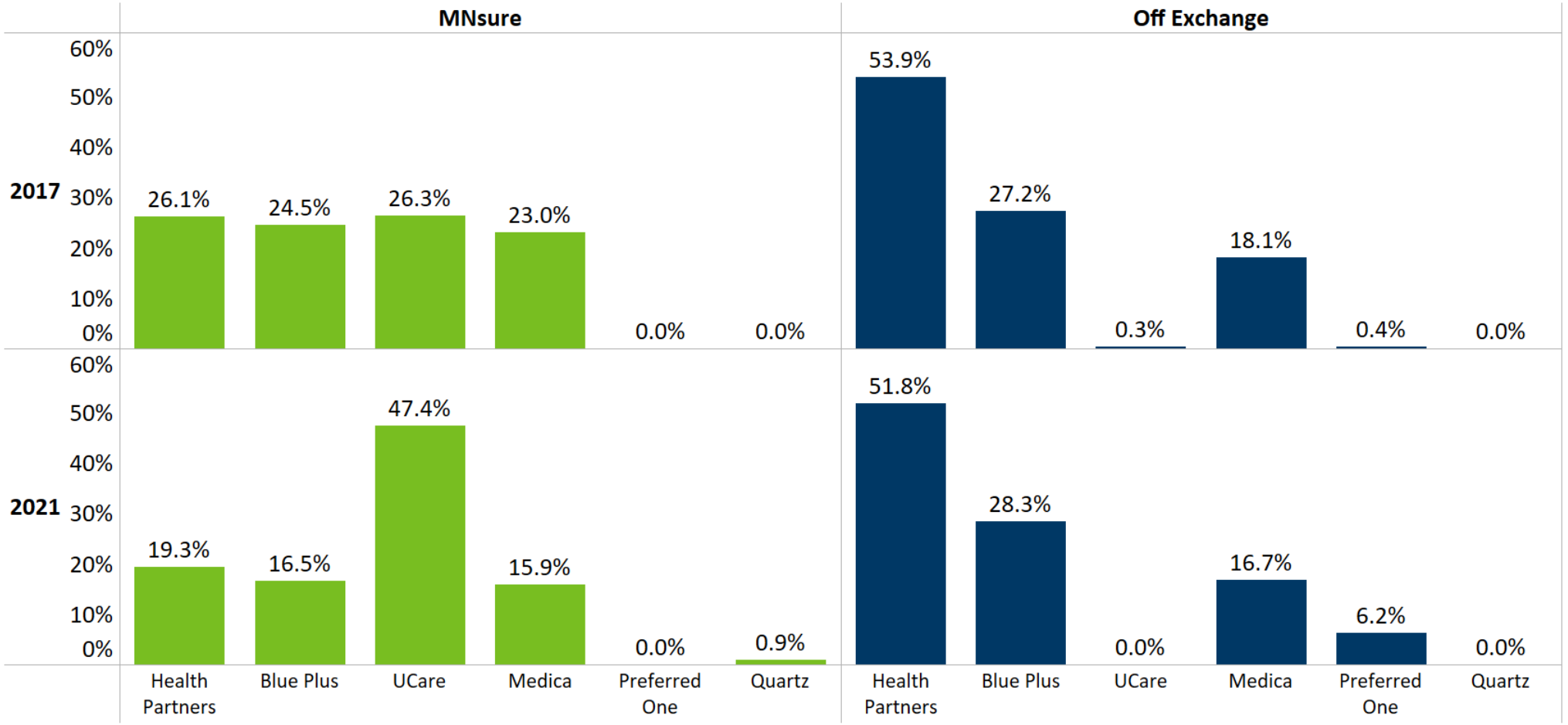


Note: Enrollment in individual market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year.

Source: MDH Health Economics Program analysis of member months from National Association of Insurance Commissioners (NAIC) and MNsure, Minnesota's Health Insurance Exchange.

Summary of Graph

Health Plan Market Shares On/Off Minnesota's Health Insurance Exchange, 2017 and 2021

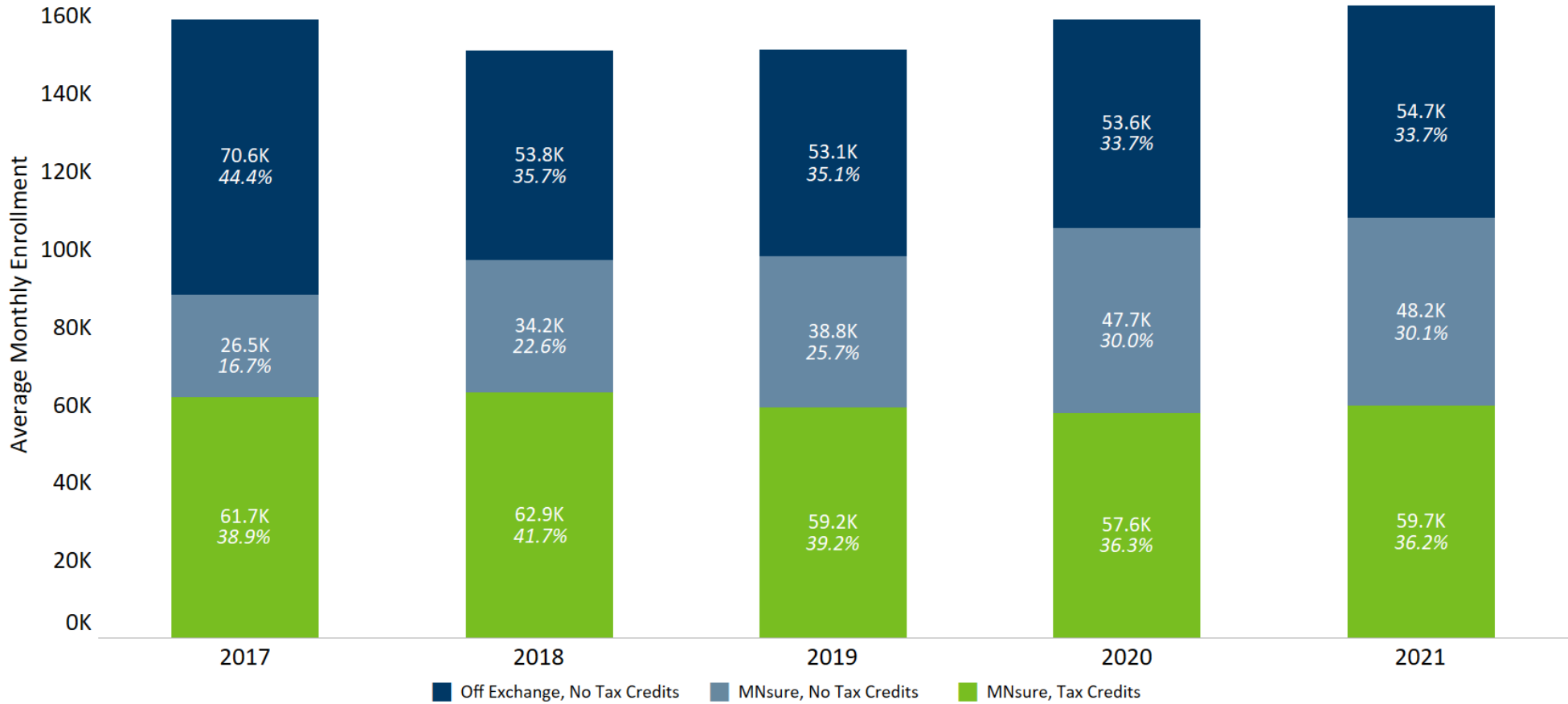


Note: Some companies with common ownership have been combined for purposes of this analysis. Market share is based on percent of member months. If a plan is not shown, its market share was 0 percent.

Source: MDH Health Economics Program analysis of member months from National Association of Insurance Commissioners (NAIC) and MNsure, Minnesota's Health Insurance Exchange.

Summary of Graph

Percent of Individual Market Enrollees with Federal Premium Subsidies

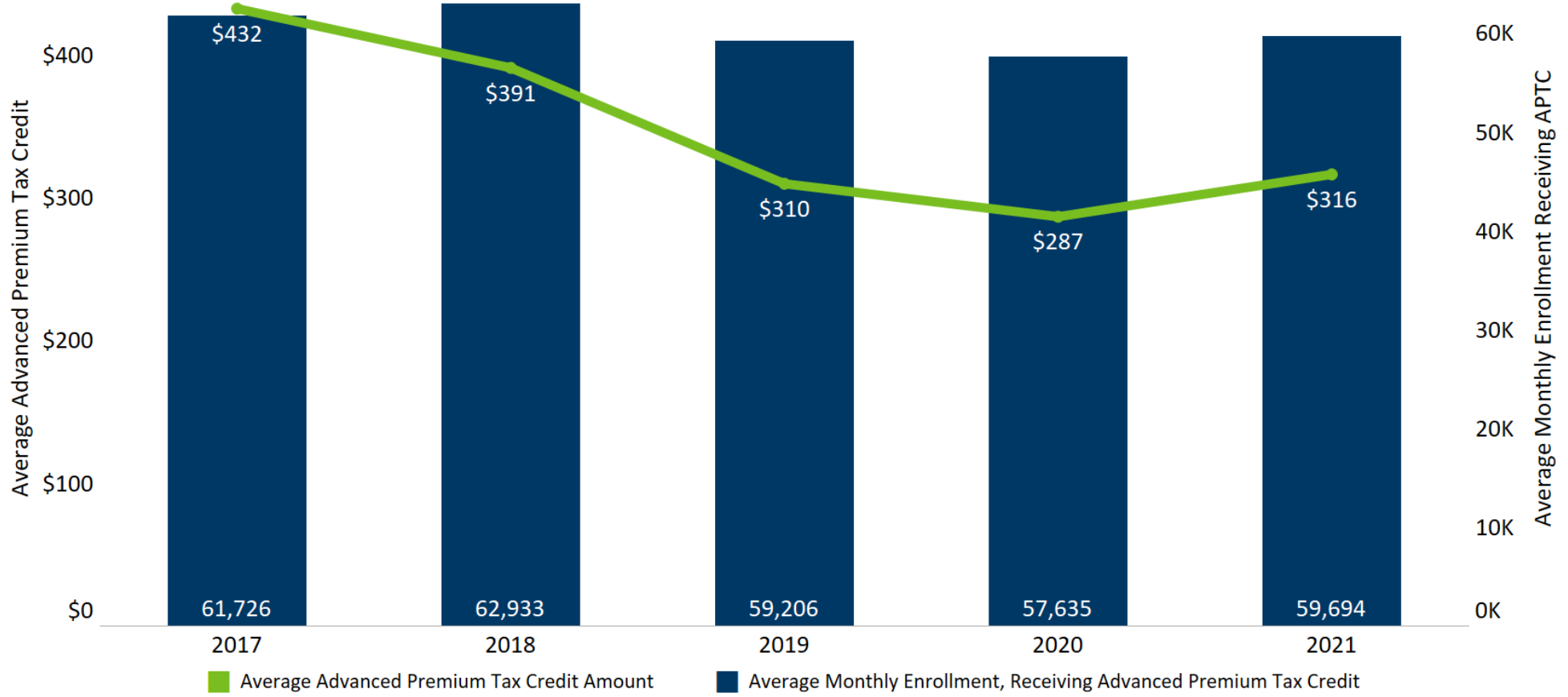


Note: Federal Premium Subsidies are also called Advanced Premium Tax Credits (APTC), which limit premiums to a percent of income. APTC are available to those who do not have access to employer-based coverage, enroll through MNsure, and provide required proof of income; prior to mid-2021, they were only available to those with incomes under 400 percent of the Federal Poverty Guidelines, in mid-2021 eligibility was expanded to all income levels. If premiums are lower than the percent of income limit for APTC, you do not receive a tax credit; this is more likely to happen for younger people in lower-premium areas of the state. In 2017, the State of Minnesota provided a 25 percent premium rebate to those who did not receive federal tax credits. Enrollment in individual market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year.

Source: MDH Health Economics Program analysis of MNsure data, Minnesota's Health Insurance Exchange.

Summary of Graph

Average Advanced Premium Tax Credit Amount and Enrollment

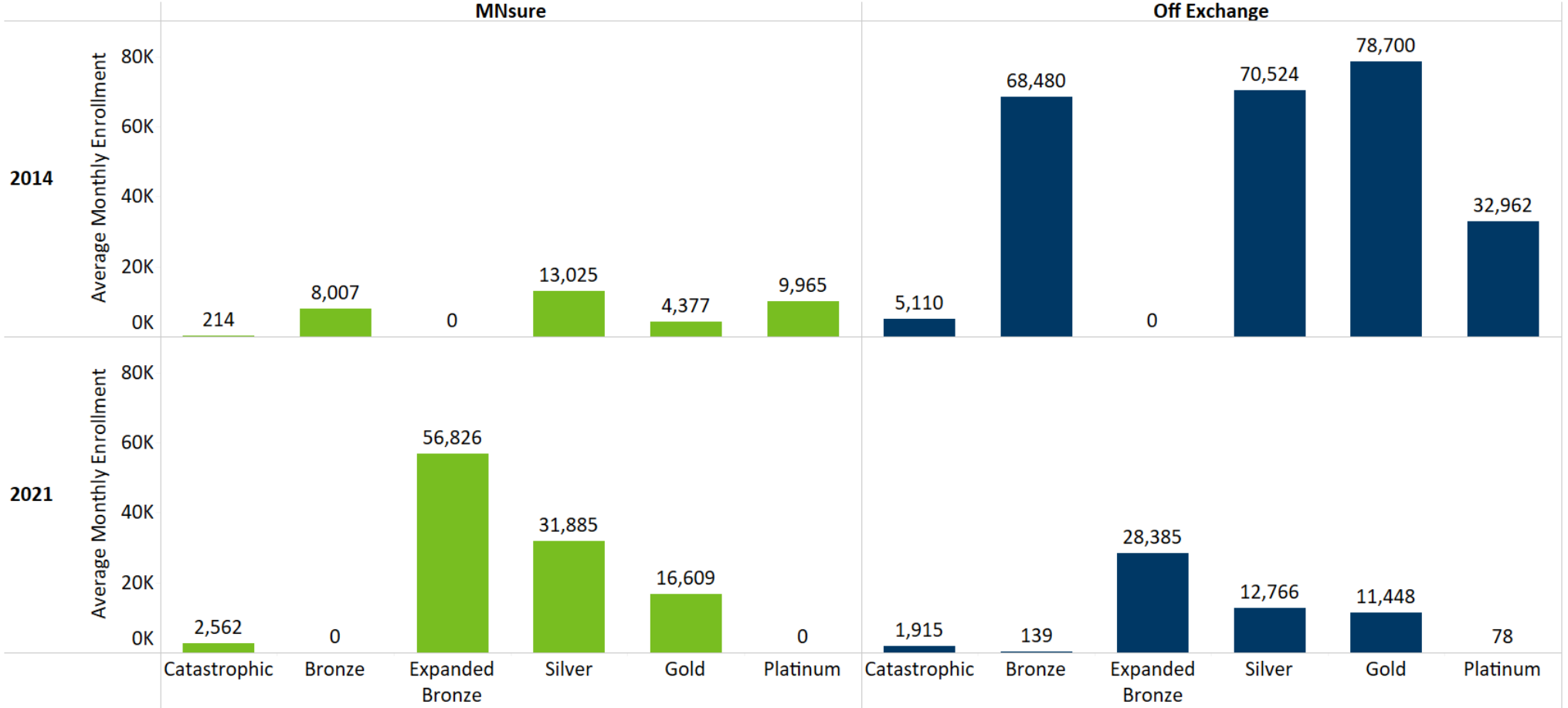


Note: Federal Premium Subsidies are also called Advanced Premium Tax Credits (APTC), which limit premiums to a percent of income. APTC are available to those who do not have access to employer-based coverage, enroll through MNsure, and provide required proof of income; prior to mid-2021, they were only available to those with incomes under 400 percent of the Federal Poverty Guidelines, in mid-2021 eligibility was expanded to all income levels. If premiums are lower than the percent of income limit for APTC, you do not receive a tax credit; this is more likely to happen for younger people in lower-premium areas of the state. In 2017, the State of Minnesota provided a 25 percent premium rebate to those who did not receive federal tax credits. Enrollment in individual market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year.

Source: MDH Health Economics Program analysis of MNsure data, Minnesota's Health Insurance Exchange.

Summary of Graph

Individual Market Enrollment by Metal Level On/Off Minnesota's Health Insurance Exchange, 2014 and 2021

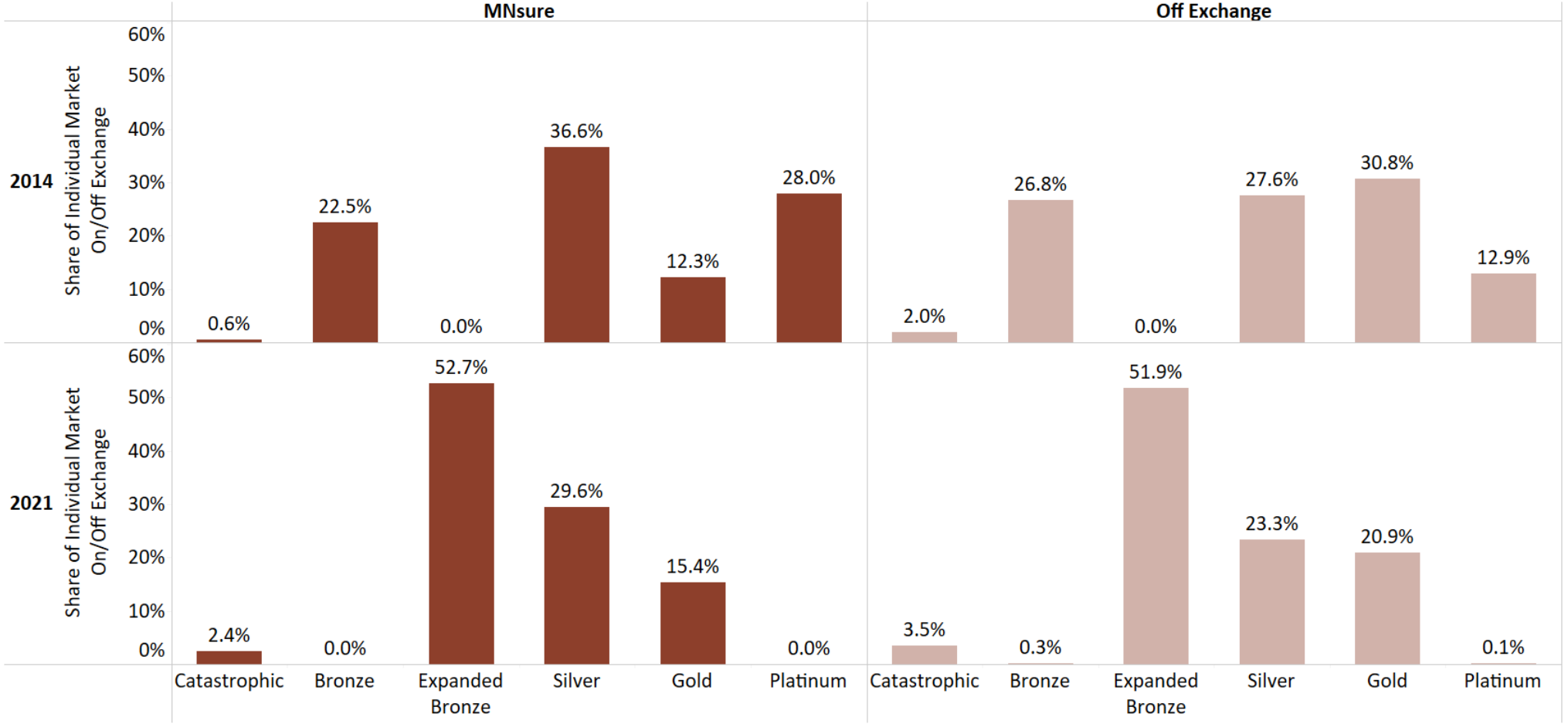


Note: All plans have an actuarial value (AV), which estimates the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Expanded Bronze plans introduced in 2018. Enrollment by metal level excludes legacy plans. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange). Enrollment in individual market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year. Data from 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey (2014), Minnesota All Payer Claims Database, National Association of Insurance Commissioner's Health Plan Binders (2021).

Summary of Graph

Individual Market Metal Level Market Share On/Off Minnesota's Health Insurance Exchange, 2014 and 2021

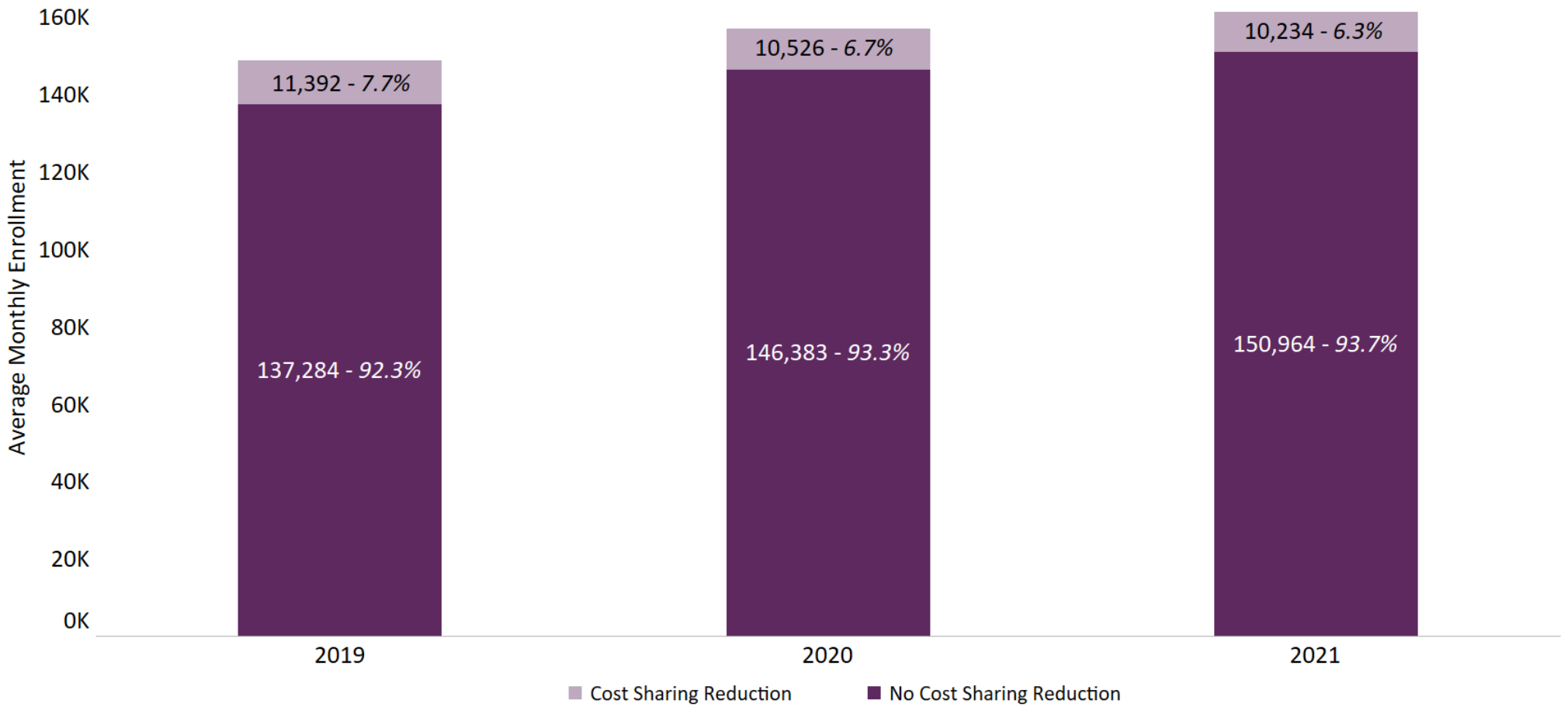


Note: All plans have an actuarial value (AV), which estimates the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Expanded Bronze plans introduced in 2018. Enrollment by metal level excludes legacy plans. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange). Data from 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey (2014), Minnesota All Payer Claims Database, National Association of Insurance Commissioner's Health Plan Binders (2021).

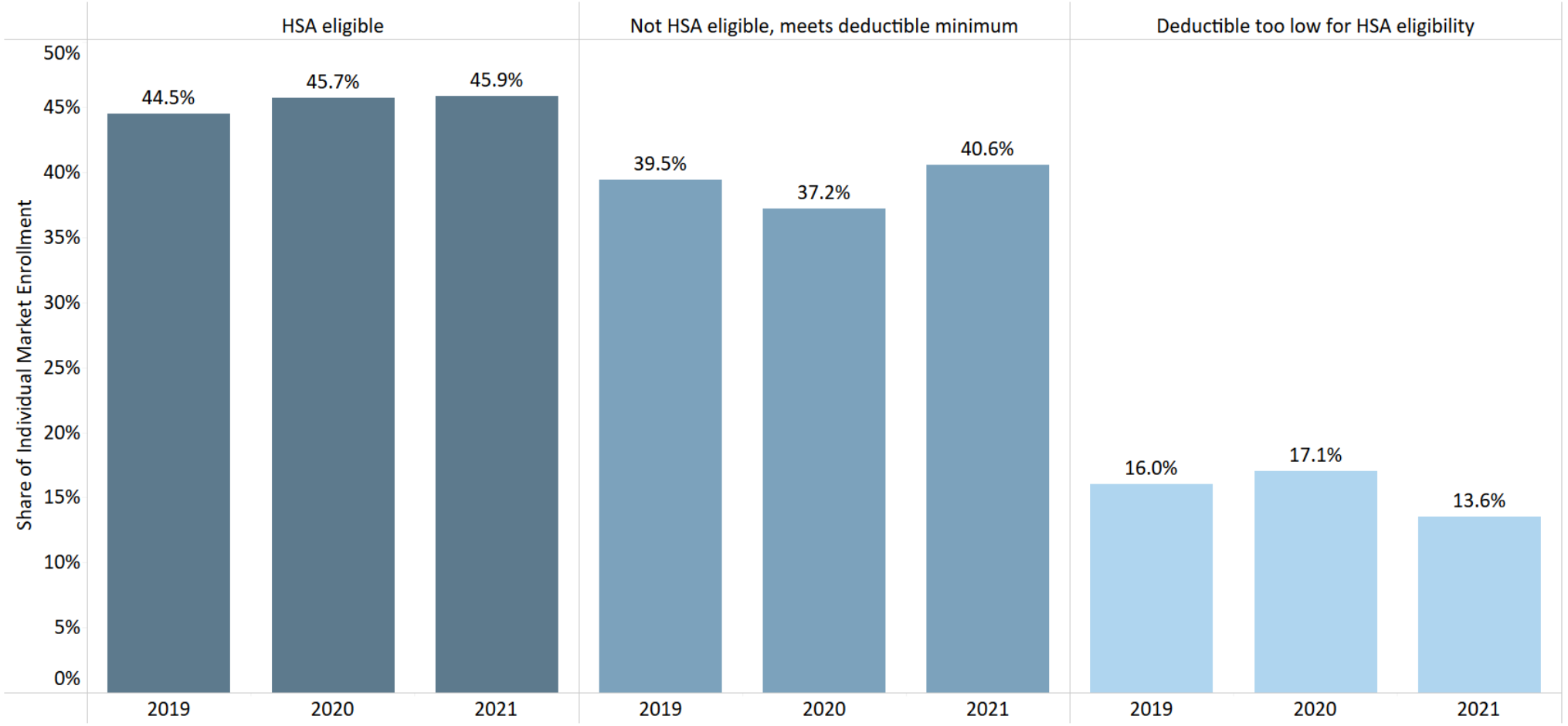
Summary of Graph

Enrollment Trends in Minnesota's Individual Market by Cost Sharing Variation



Note: Cost sharing reductions lower the amount paid for deductibles, copayments, and coinsurance in the Individual Market. Enrollment in individual market plans may fluctuate during the plan year; average monthly enrollment is reported as total member months divided by 12 to account for fluctuations during the plan year.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Share of Individual Market Enrollment in High Deductible Health Plans with Health Savings Account Eligibility



Note: This is the percent of plans that are Qualified High Deductible Health Plans (HDHP), as determined by the Internal Revenue Service (for 2019 the minimum deductible is $1,350; for 2020 and 2021 the minimum was $1,400) and have the option to be paired with a Health Savings Account (HSA). The proportion of people with an HSA is unknown, Health Plan Binder Data reports only if plans are HSA eligible and Minnesota APCD data do not report HSA utilization.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.

Summary of Graph

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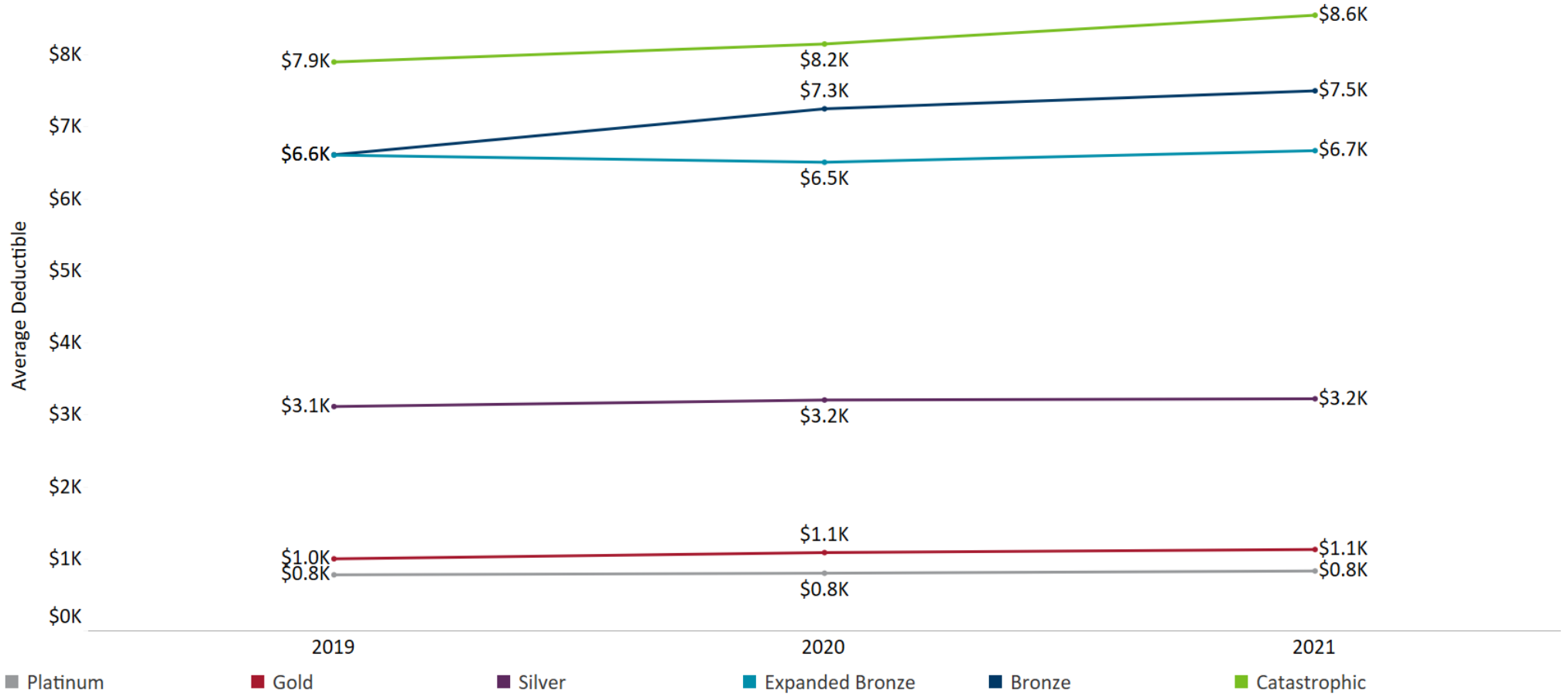
Deductible and Cost Sharing

Individual Market Average Deductible by Metal Level, 2019 to 2021

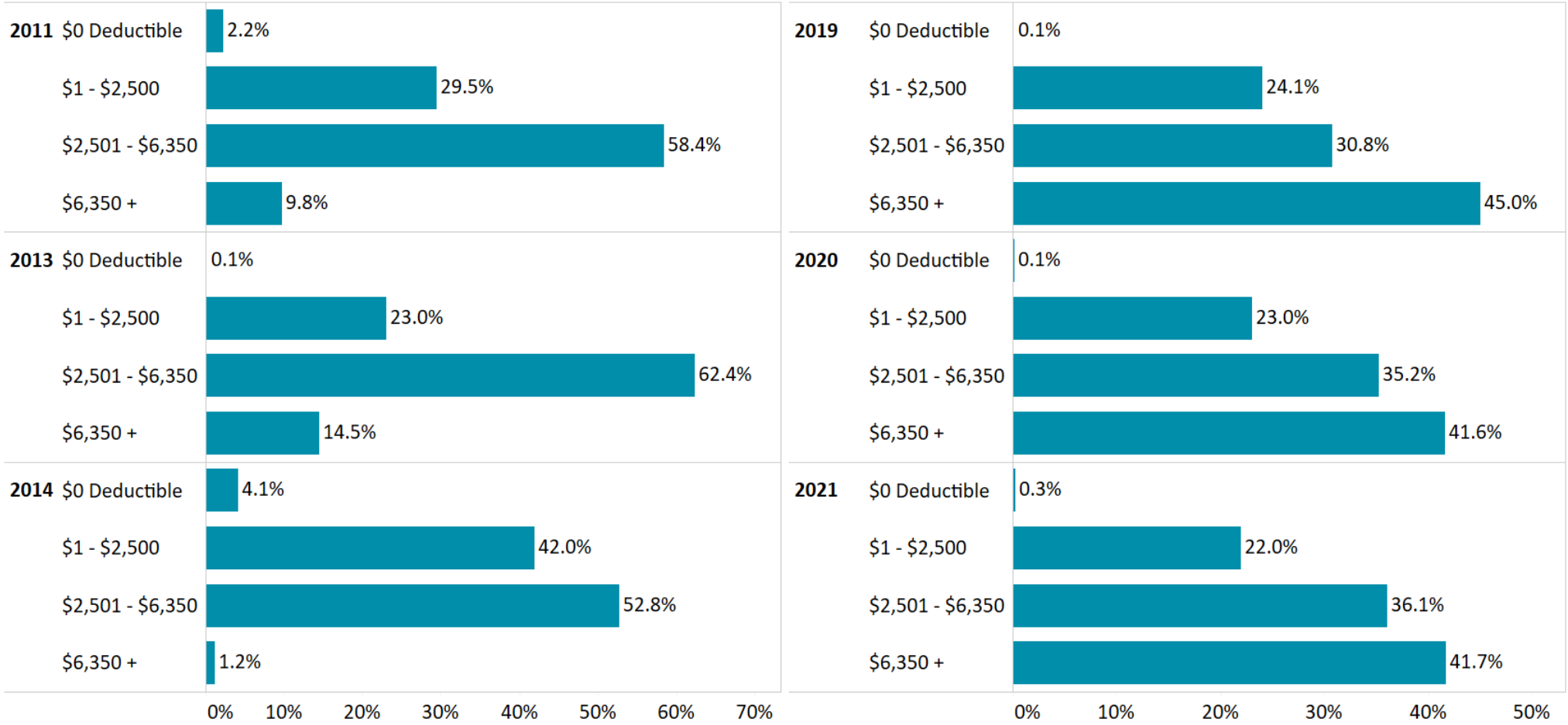


Note: All plans have an actuarial value (AV), which estimate the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Expanded Bronze plans introduced in 2018. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange). Plans with cost sharing reductions excluded.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.

Summary of Graph

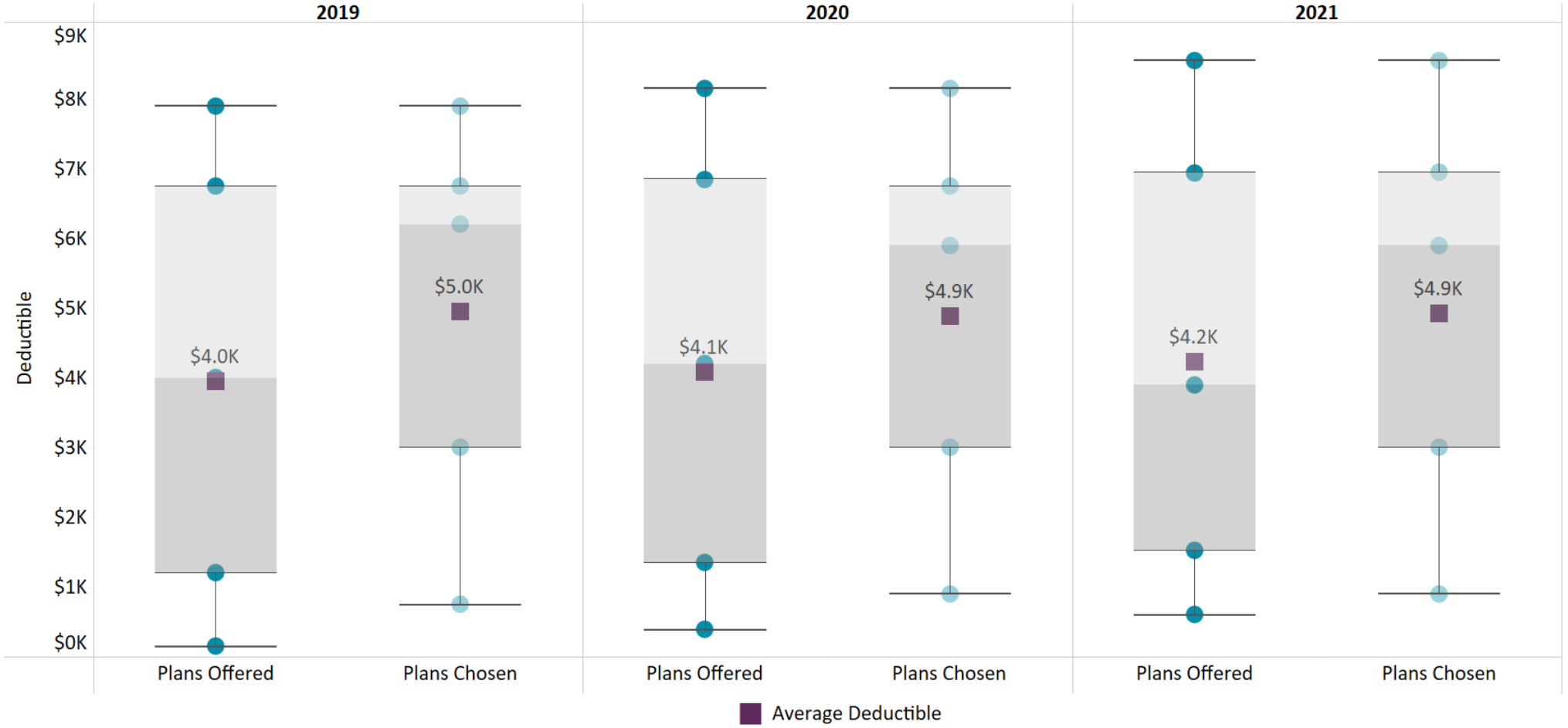
Distribution of Per Person Annual Deductibles in the Individual Market, Select Years



Note: Deductibles cannot exceed maximum out of pocket limits set by the Center for Medicaid and Medicare Services (CMS). Max out of pocket limits were introduced in 2014 and apply to in-network coverage. Limits increase annually after 2014: 2014 – $6,350; 2019 – $7,900; 2020 – $8,150; 2021 - $8,550. Distributions are by share of total enrollment. Category distribution excludes those in plans that are only available as family-only coverage and those in plans with a "per sickness" deductible, as deductibles in these plans cover more than one person or are not based on a calendar year (applies to 2011 to 2014). Data from 2012 and 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey (2011 to 2014), Minnesota All Payer Claims Database (2019 to 2021), and National Association of Insurance Commissioner's Health Plan Binders (2019 to 2021).

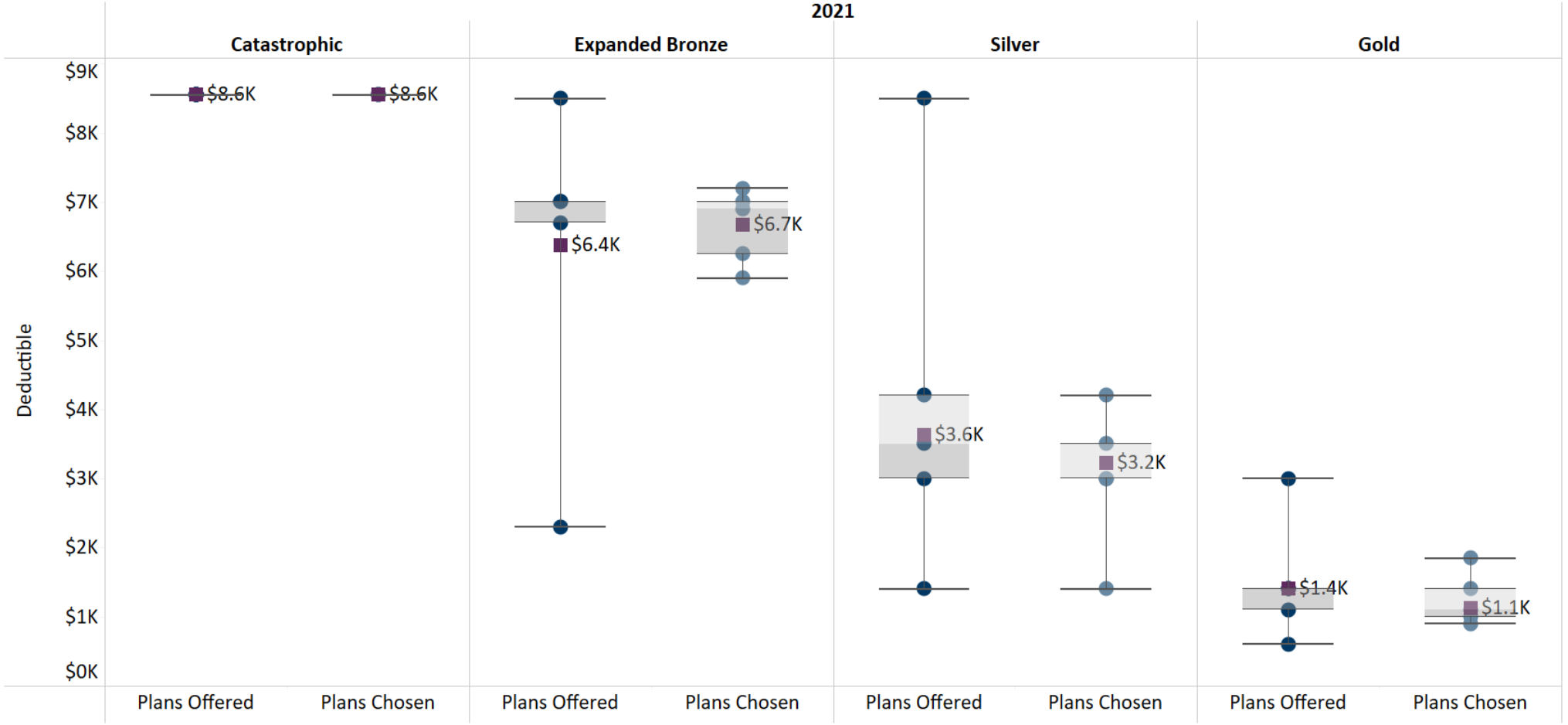
Summary of Graph

Per Person Annual Deductible Ranges, 2019 to 2021



Note: Plans offered are health plans offered by insurance companies in the individual market; plans chosen are health plans offered in the individual market that have member month enrollment for part of or the whole year. Cost sharing reduction plans excluded for plans offered and plans chosen.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Per Person Deductible Distribution for Metal Levels with Highest Enrollment, 2021

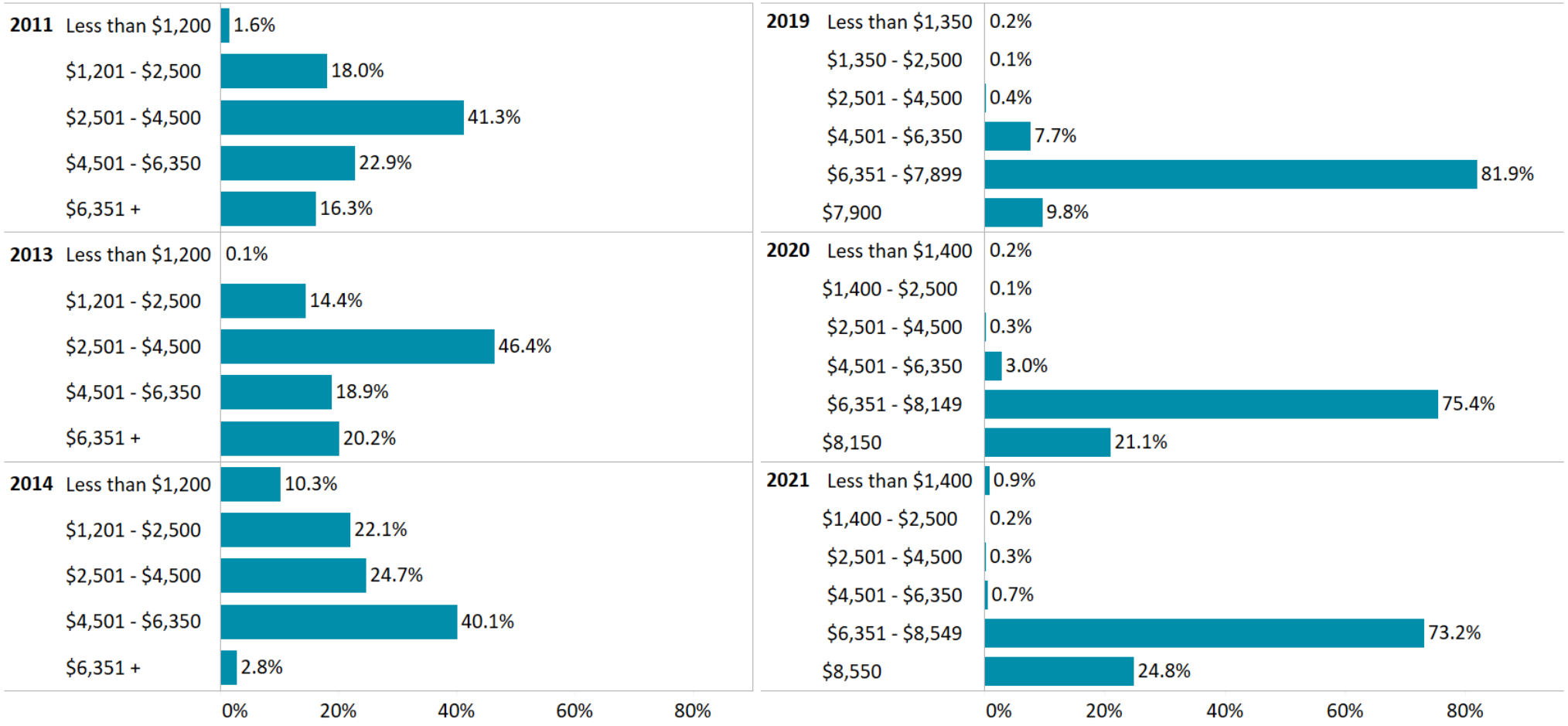


Note: Cost sharing reduction plans excluded for plans offered and plans chosen. Plans offered are health plans offered by insurance companies in the individual market; plans chosen are health plans offered in the individual market that have member month enrollment for part of or the whole year. Bronze and Platinum Plans excluded due to low enrollment (less than 200). All plans have an actuarial value (AV), which estimate the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Expanded Bronze plans introduced in 2018. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange).

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.

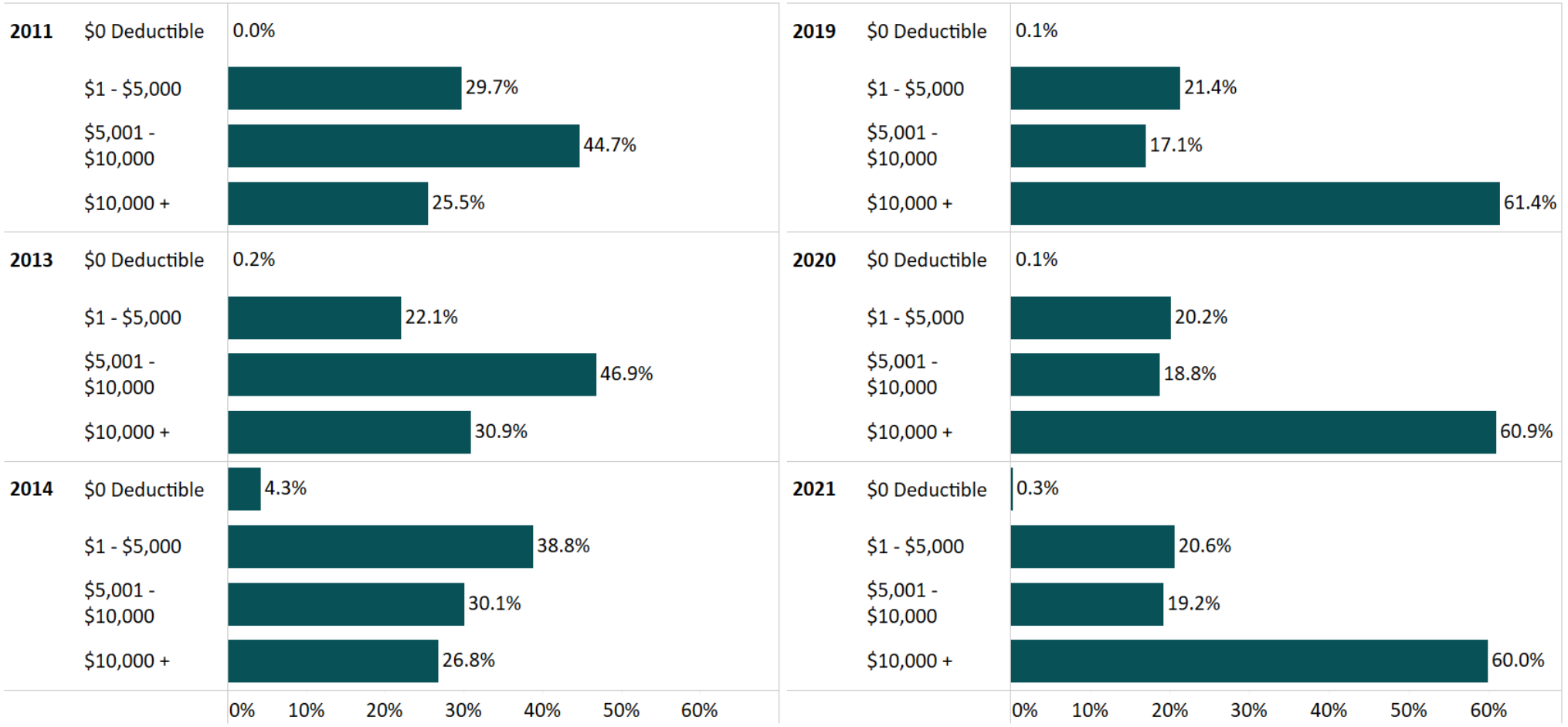
Summary of Graph

Per Person Out-of-Pocket Limits in the Individual Market, Select Years



Note: Distributions are by share of total enrollment. Out-of-pocket limit applies to covered services provided by in network providers only. Data from 2012 and 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

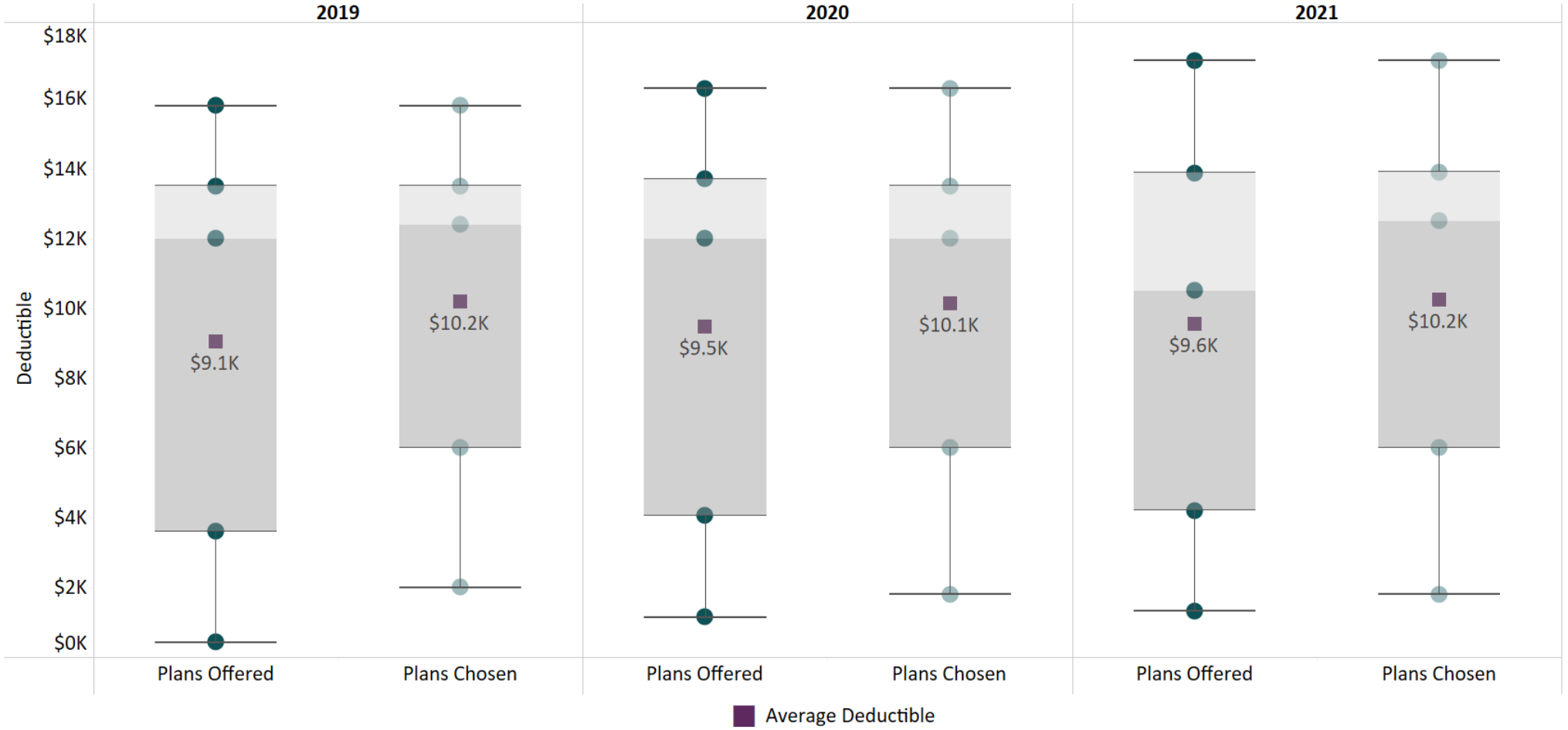
Family Annual Deductibles in the Individual Market, Select Years



Note: Deductibles cannot exceed maximum out of pocket limits set by the Center for Medicaid and Medicare Services (CMS). Max out of pocket limits were introduced in 2014 and apply to in-network coverage. Limits increase annually after 2014: 2014 – $12,700; 2019 – $15,800; 2020 – $16,300; 2021 - $17,100. Distributions are by share of total enrollment. Data from 2012 and 2015 to 2018 are not available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey (2011 to 2014), Minnesota All Payer Claims Database (2019 to 2021), and National Association of Insurance Commissioner's Health Plan Binders (2019 to 2021).

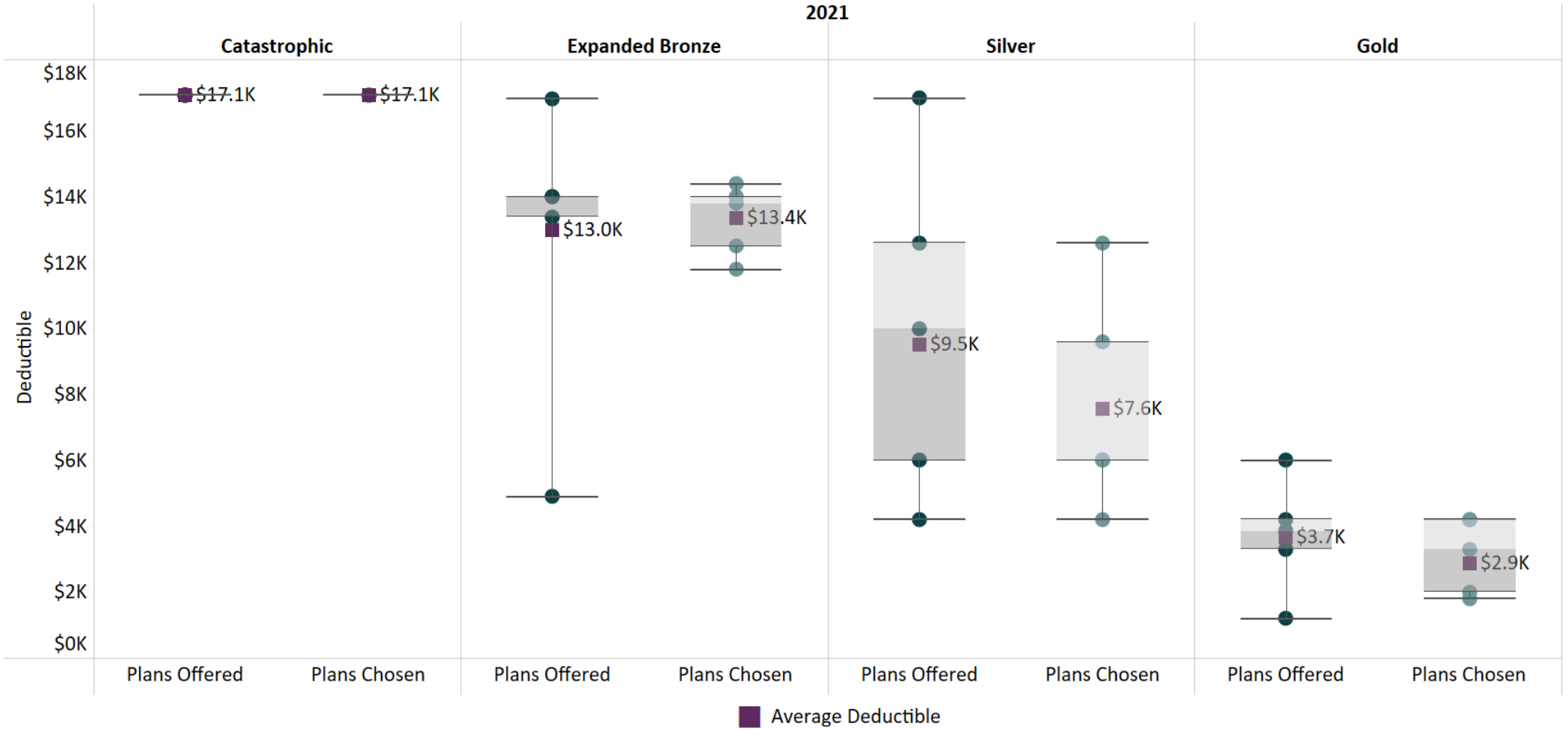
Summary of Graph

Distribution of Family Level Annual Deductibles in the Individual Market, 2019 to 2021



Note: Plans offered are health plans offered by insurance companies in the individual market; plans chosen are health plans offered in the individual market that have member month enrollment for part of or the whole year. Cost sharing reduction plans excluded for plans offered and plans chosen.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Family Deductible Distribution for Metal Levels with Highest Enrollment, 2021

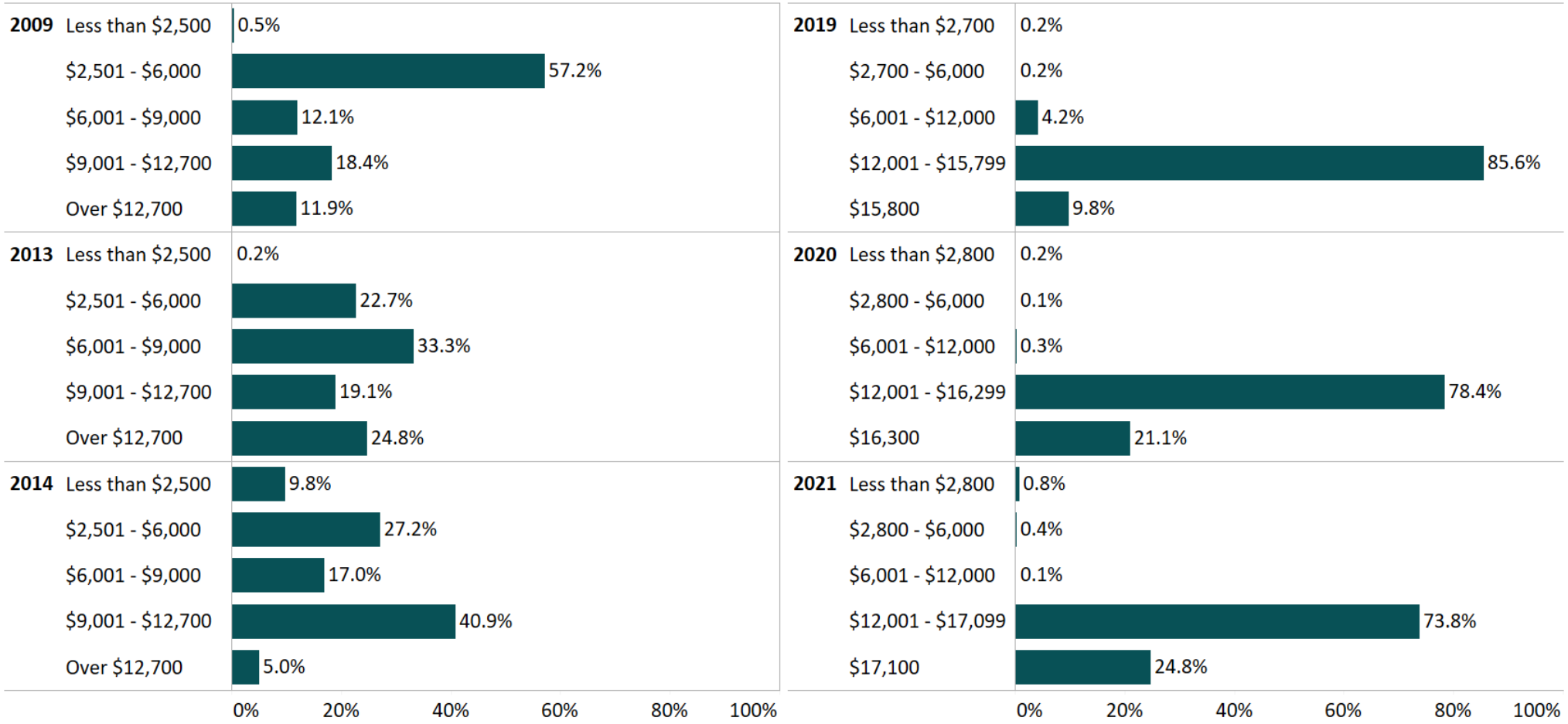


Note: Cost sharing reduction plans excluded for plans offered and plans chosen. Plans offered are health plans offered by insurance companies in the individual market; plans chosen are health plans offered in the individual market that have member month enrollment for part of or the whole year. Bronze and Platinum Plans excluded due to low enrollment (less than 200). All plans have an actuarial value (AV), which estimate the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Expanded Bronze plans introduced in 2018. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange).

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.

Summary of Graph

Family Level Out-of-Pocket Limits in the Individual Market, Select Years

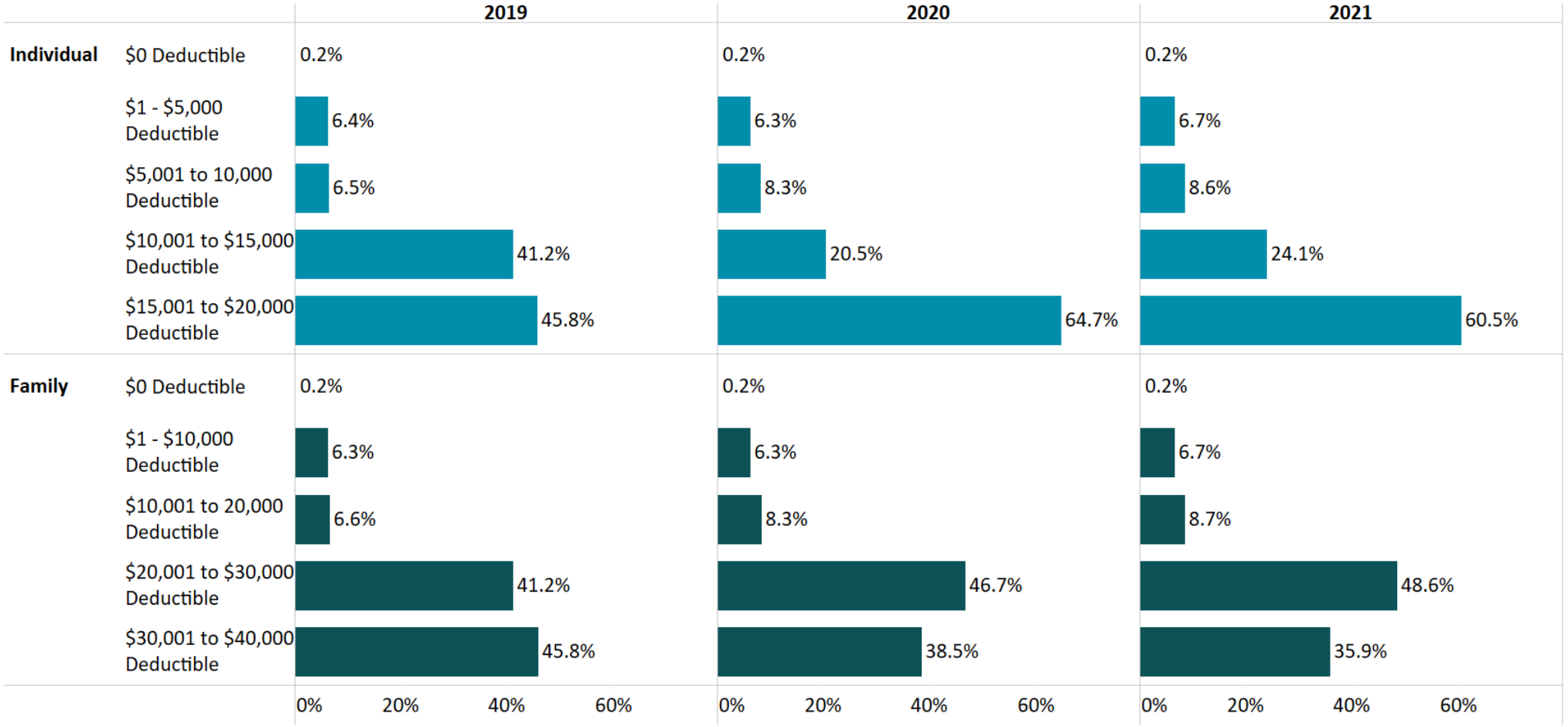


Note: Distributions are by share of total enrollment. Out-of-pocket limit applies to covered services provided by in network providers only. Data from 2010 to 2012 and 2015 to 2018 are not available.

Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.

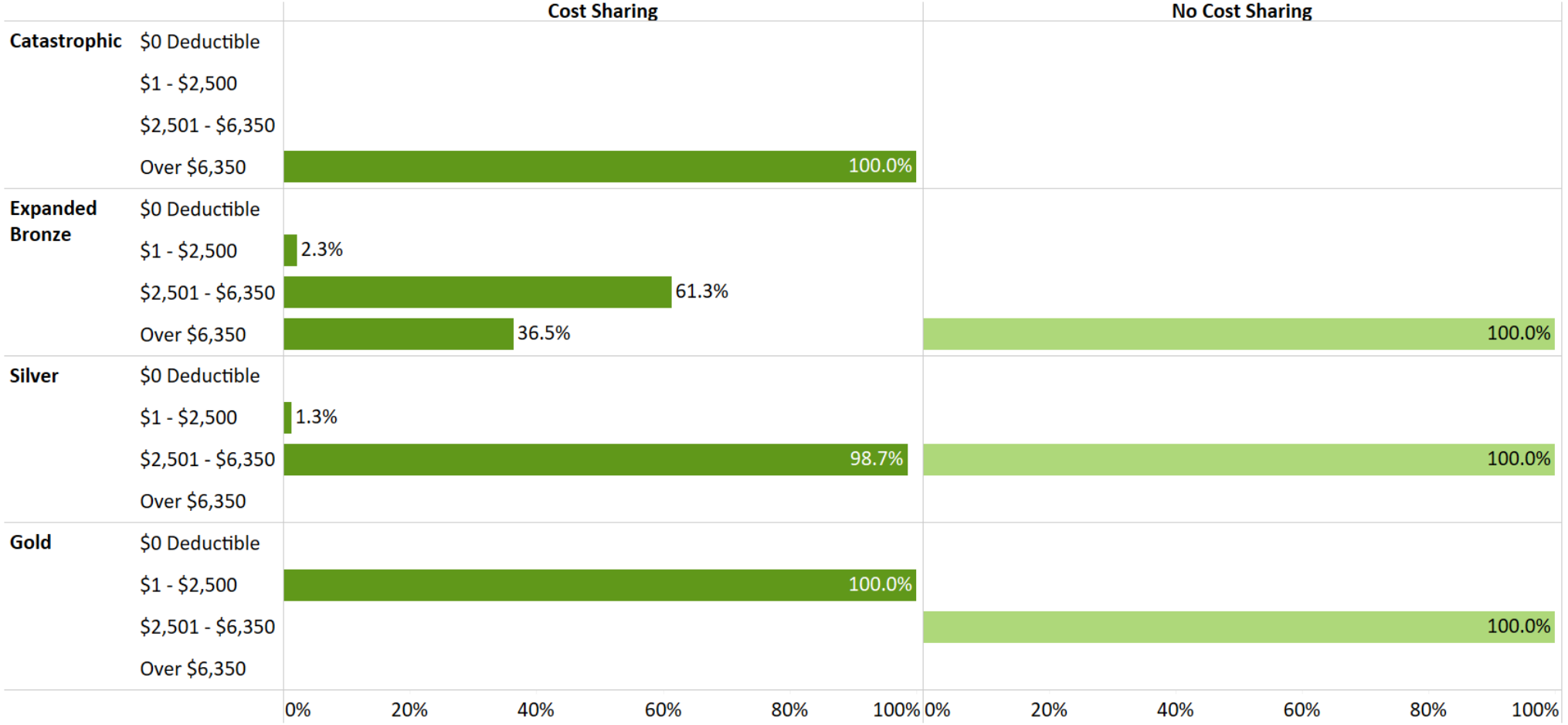
Summary of Graph

Out of Network Deductible Limits for Individual and Family in the Individual Market



Note: Distributions are by share of total enrollment.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Deductible Levels and Cost Sharing for Office Visits in the Individual Market, 2021



Note: Cost sharing includes copayments and/or coinsurance. Cost sharing reduction plans excluded; Bronze and Platinum plans excluded due to low enrollment (less than 200/1%). Distributions are by share of total enrollment. All plans have an actuarial value (AV), which estimate the percent of health care costs the plan will cover for an average consumer; metal levels are assigned based off the plan AV. Platinum represents an AV of 90%, Gold 80%, Silver 70%, Expanded Bronze 65%, Bronze 60%, and Catastrophic <60%. Expanded Bronze plans introduced in 2018. Plans could be purchased from the state's health insurance exchange, MNsure, or directly from a health plan or broker (off exchange).

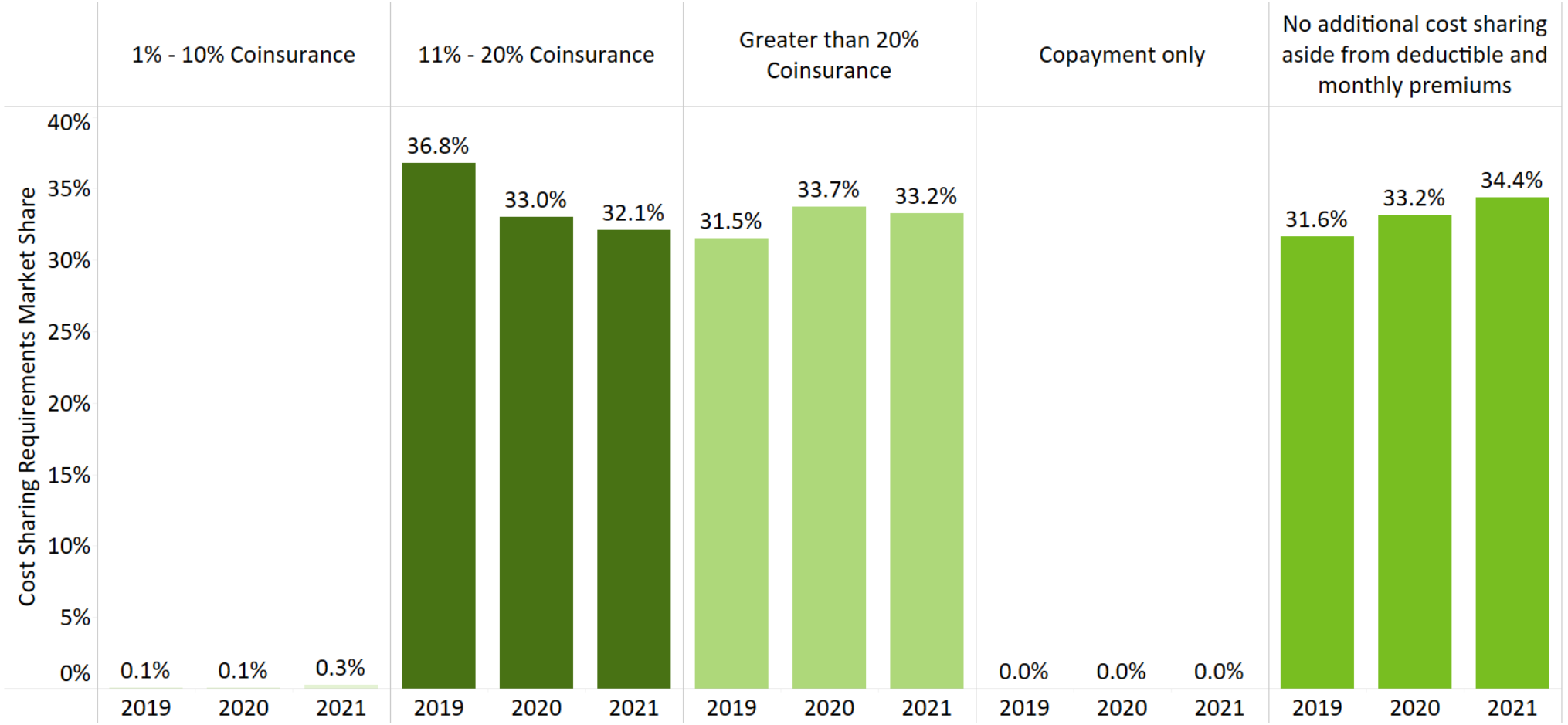
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.

Summary of Graph

Cost Sharing Requirements for Office Visits in the Individual Market

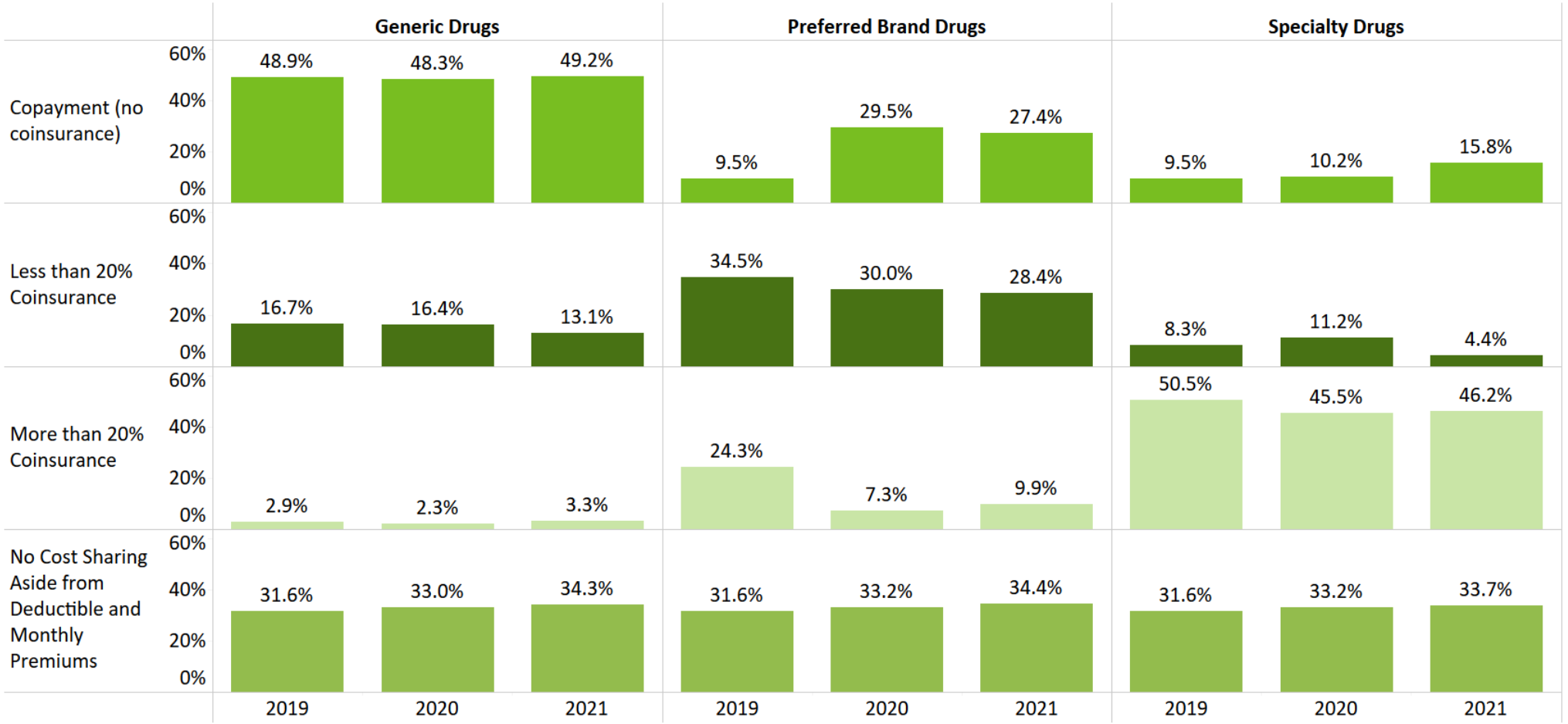
Note: Distributions are by share of total enrollment. Plans with only a deductible and no copayment and no coinsurance, as well as plans with no deductible and no cost sharing are included in "No Additional Cost Sharing Aside from Deductible".
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Cost Sharing Requirements for Hospitalization in the Individual Market



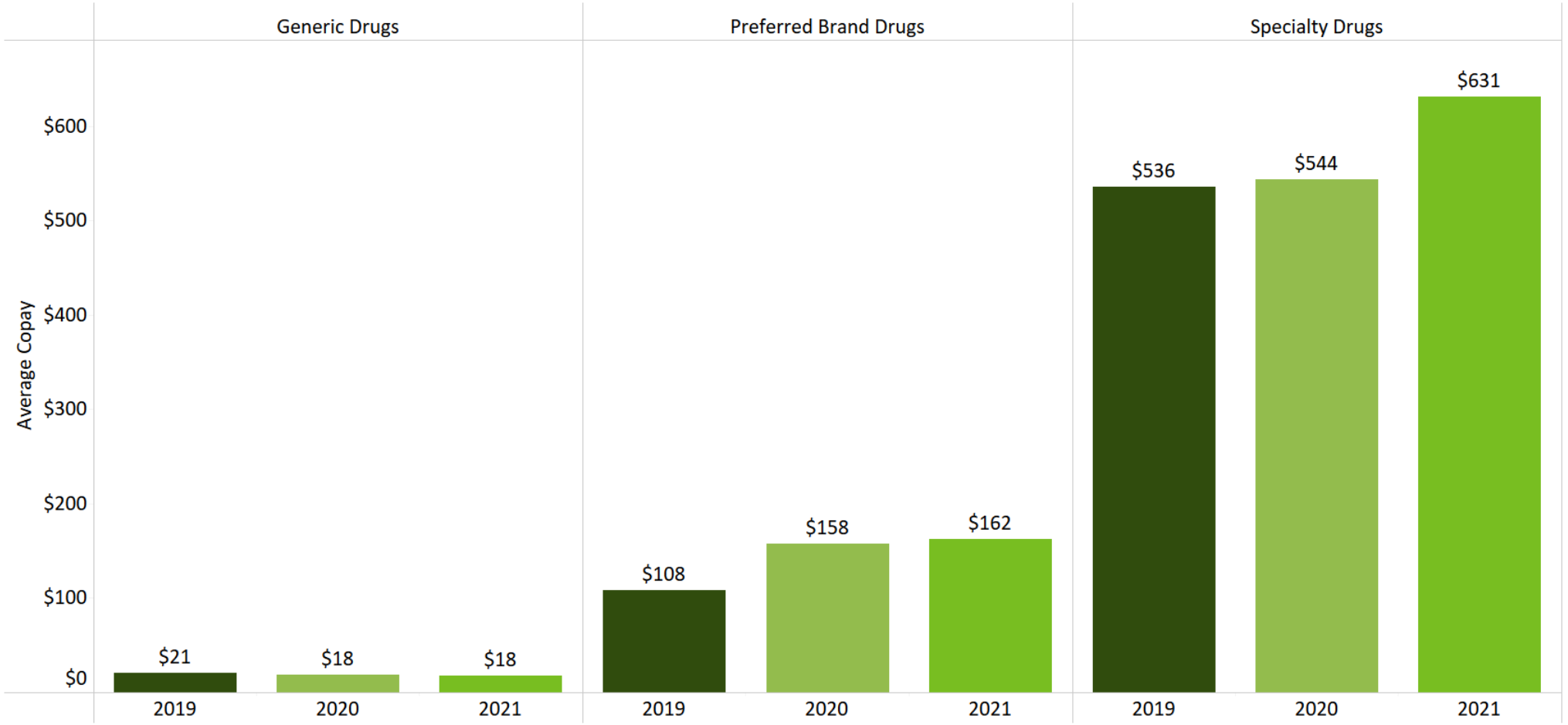
Note: Distributions are by share of total enrollment. Plans with only a deductible and no copayment and no coinsurance, as well as plans with no deductible and no cost sharing are included in "No Additional Cost Sharing Aside from Deductible".
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Prescription Drug Cost Sharing in the Individual Market, 2019 to 2021



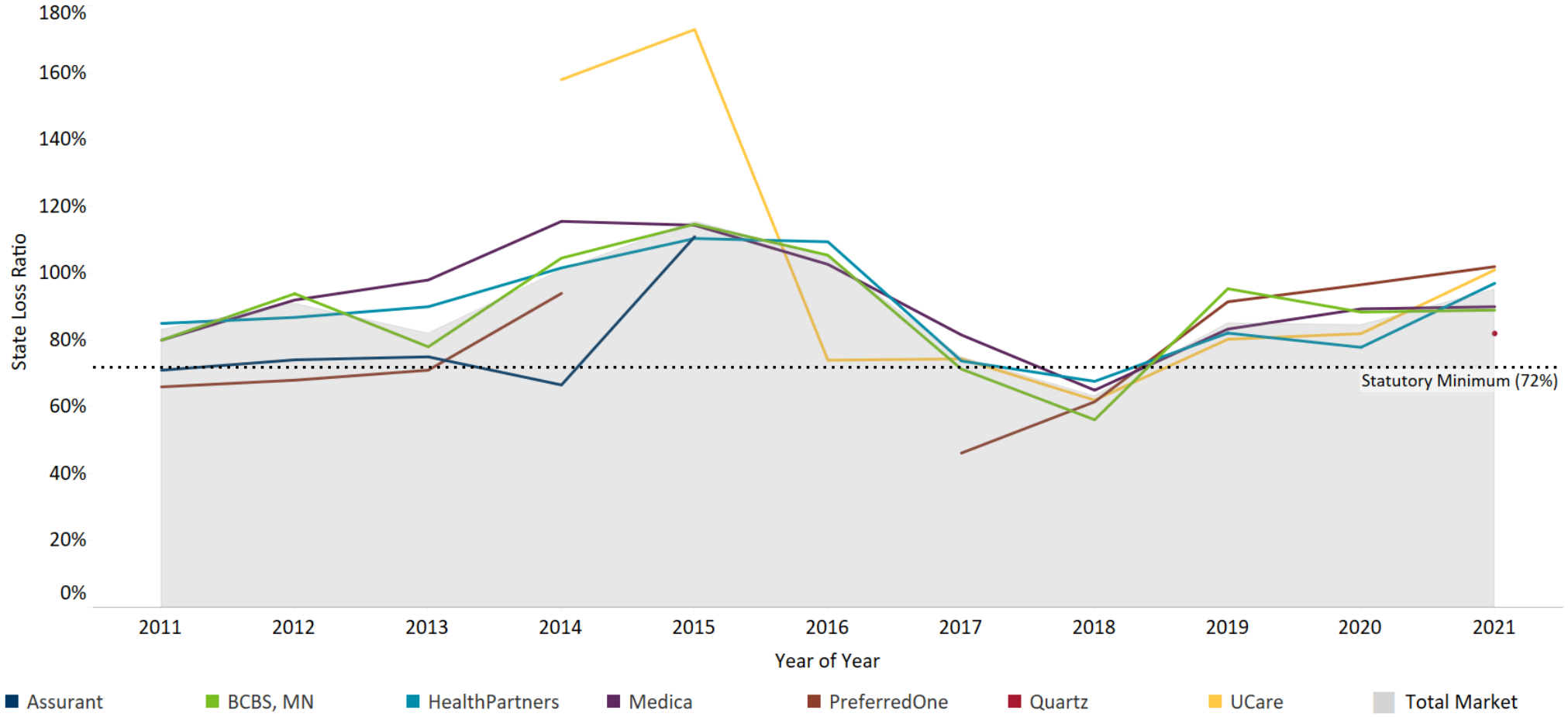
Note: Distributions are by share of total enrollment. Plans with only a deductible and no copayment and no coinsurance, as well as plans with a deductible and no cost sharing are included in "No Cost Sharing Aside from Deductible and Monthly Premiums".
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Prescription Drug Copays in the Individual Market, 2019 to 2021



Note: Distributions are by share of total enrollment. Some insurers and plans include a 4th "Non-preferred brand drugs" tier; "Non-preferred brand drugs" excluded for this analysis.
Source: MDH Health Economics Program analysis of the Minnesota All Payer Claims Database and National Association of Insurance Commissioner's Health Plan Binders.
Summary of Graph

Loss Ratio Experience in the Individual Market, 2011 to 2021



Note: Companies with common ownership have been combined for purposes of this analysis. BCBS, MN is Blue Cross Blue Shield of Minnesota. For PreferredOne, data was not available in 2015, and in 2016 the loss ratio was reported at 458 percent. UCare entered the individual market in 2014. Assurant left the individual market after 2015. "Statutory Minimum" refers to Minnesota's minimum required share of premium dollars spent on beneficiary health expenditures, not the federal medical loss ratio provision of the *Affordable Care Act*.
Source: Minnesota Department of Commerce, "Report of 2020 Loss Ratio Experience for Health Plan Companies" June 2021 and prior reports. Loss Ratios and statutory minimums presented are State Loss Ratios.
Summary of Graph

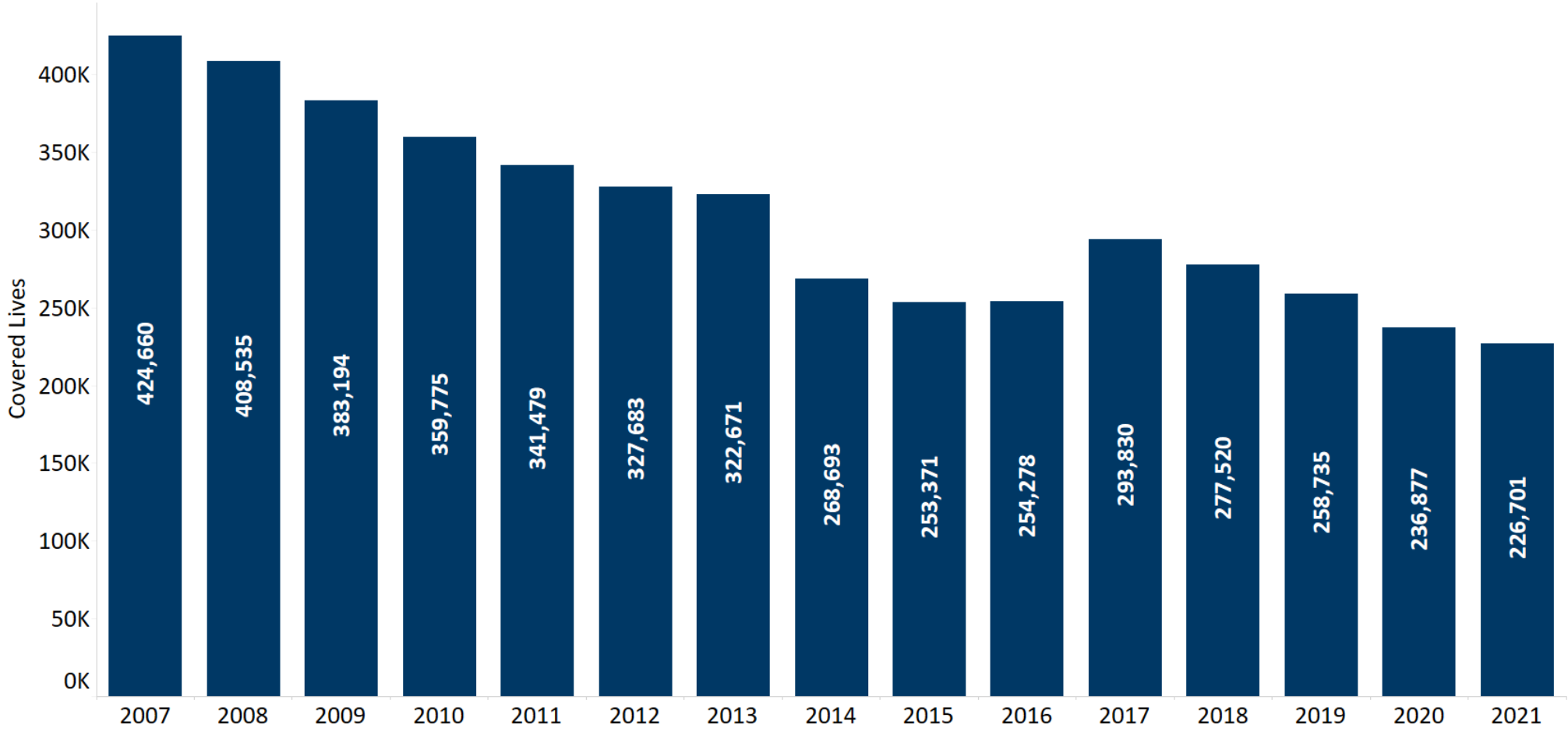
DEPARTMENT OF HEALTH
HEALTH ECONOMICS PROGRAM

Small Group Market

Health insurance coverage purchased for employees by employers with 2 to 50 employees.

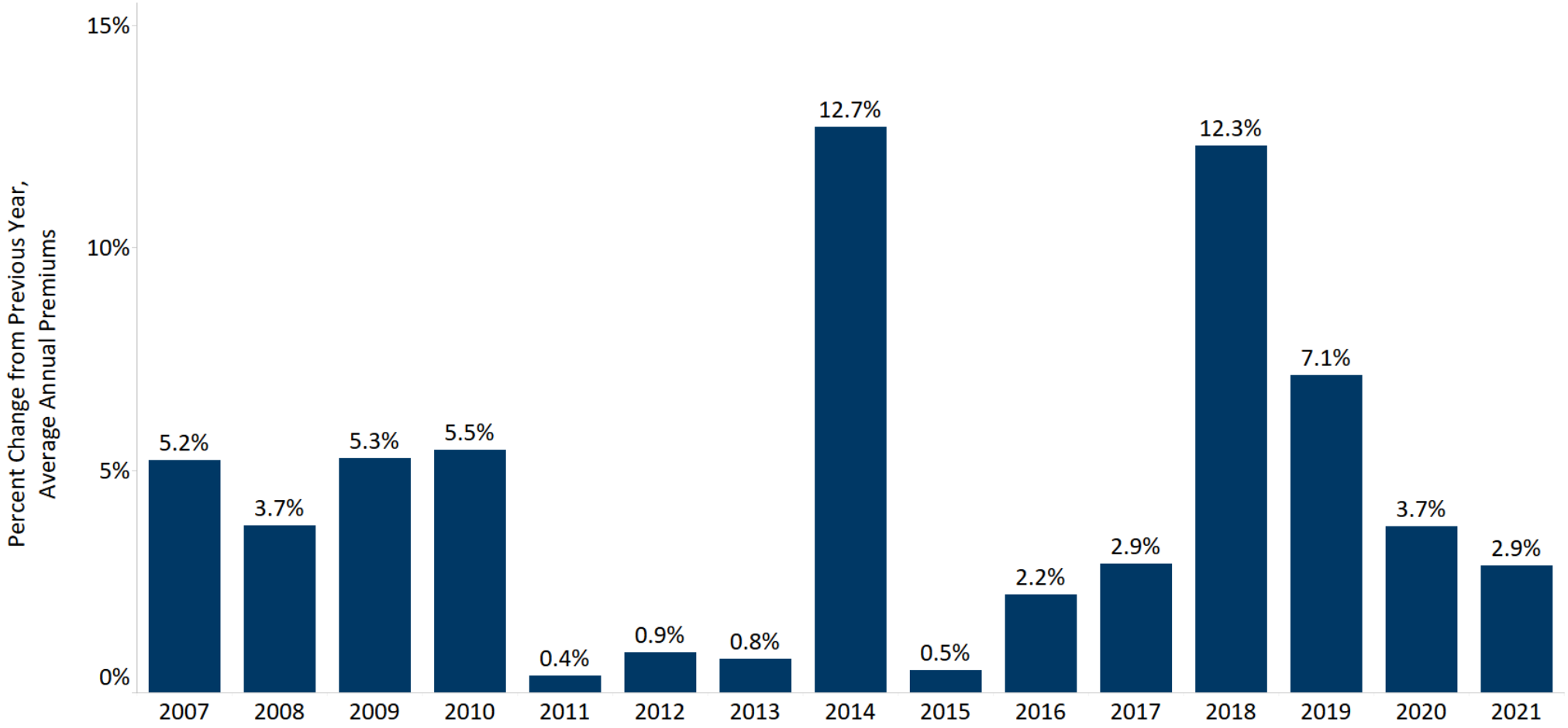
The Small Group and Individual Market Survey (SGIMS) has data from 2009, 2011, 2013 and 2014; Minnesota All Payer Claims Database and National Association of Insurance Commissioner has data from 2019 to 2021.

Enrollment Trends in Minnesota's Small Group Health Insurance Market



Notes: Fully insured market only.
Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2007 to 2021).
Summary of Graph

Percent Change in Premiums Per Member in Minnesota's Small Group Market

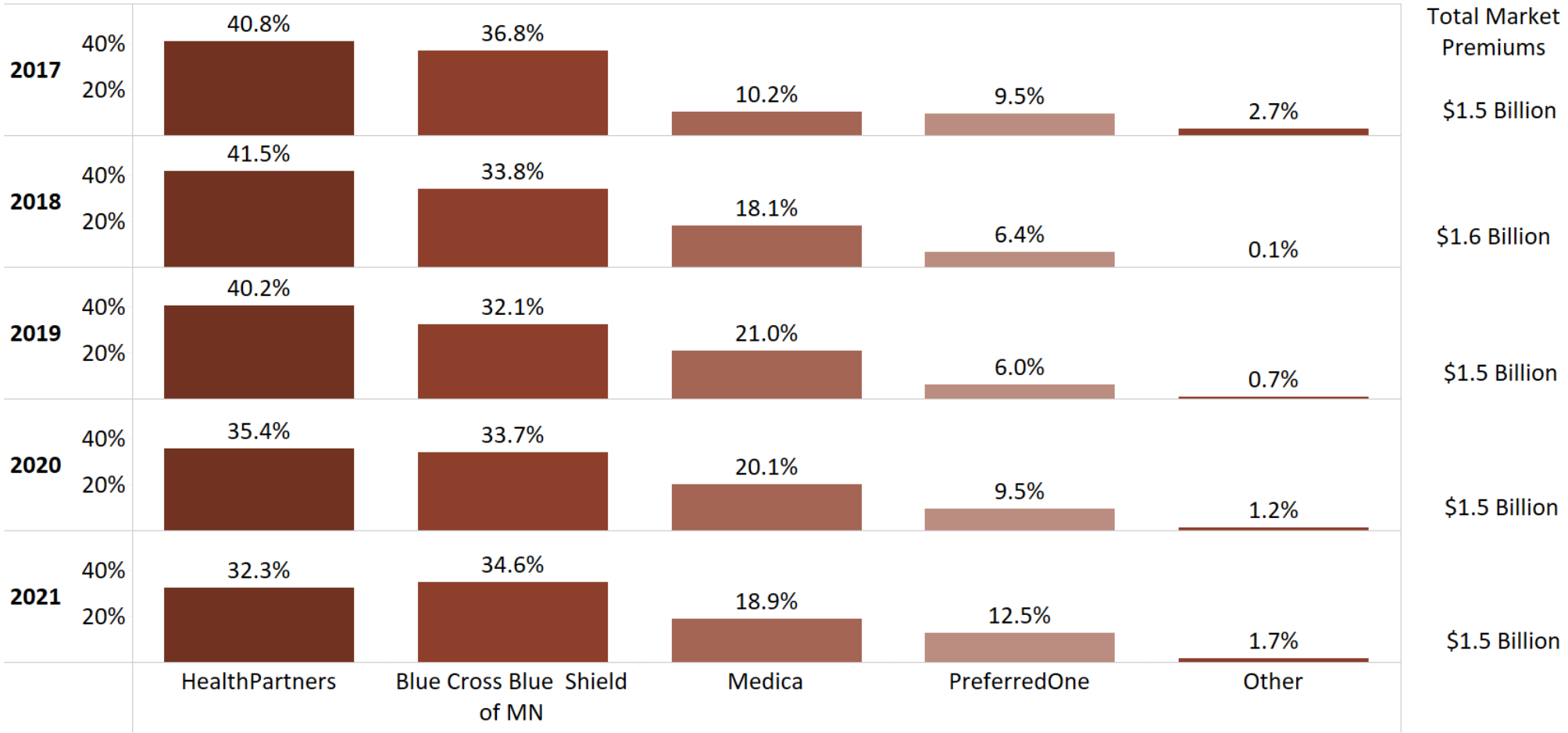


Note: Fully insured market only.

Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2007 to 2021). Based on total per member per year (PMPY) premiums collected.

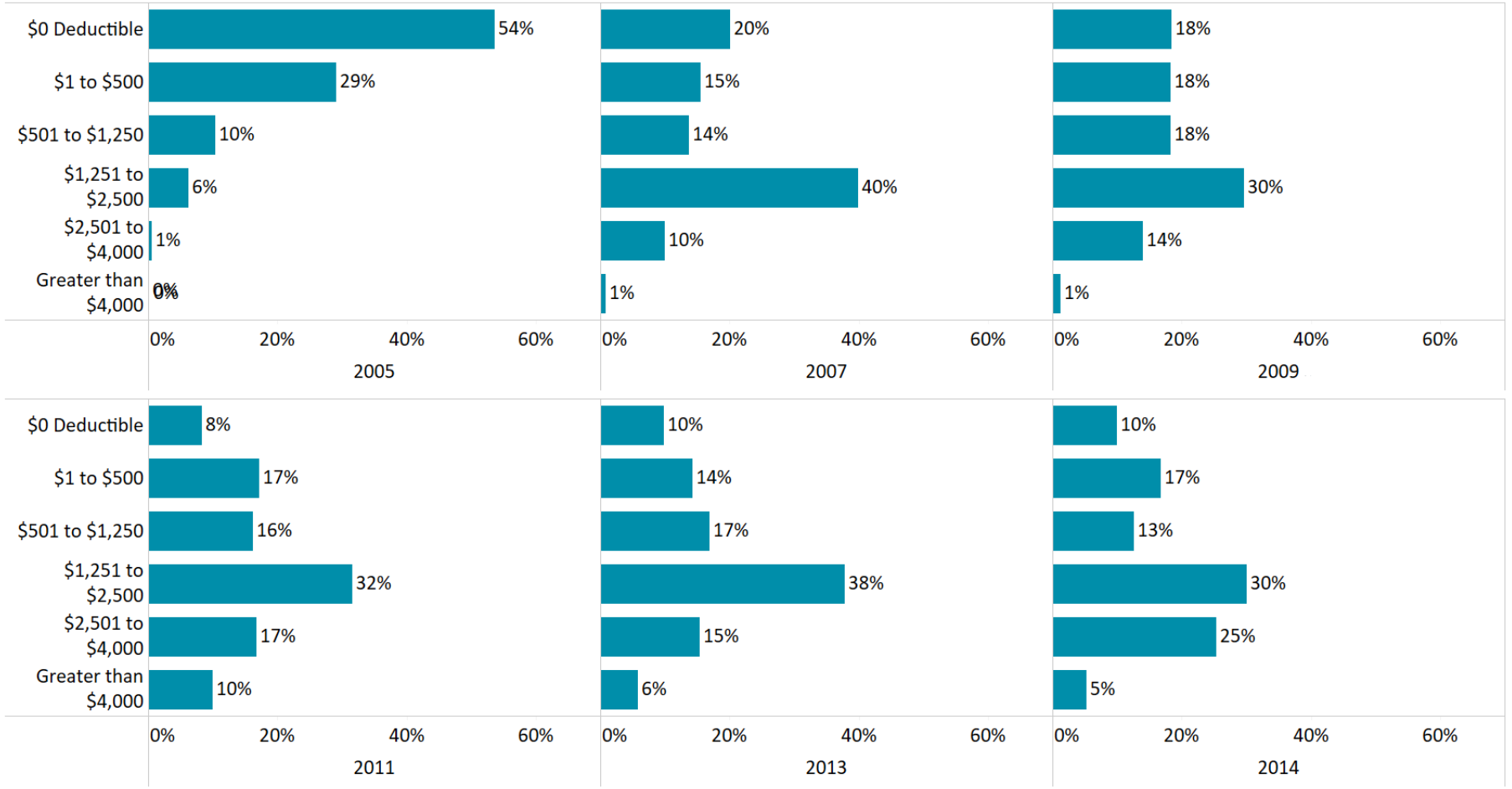
Summary of Graph

Health Plan Market Shares: Small Group Market



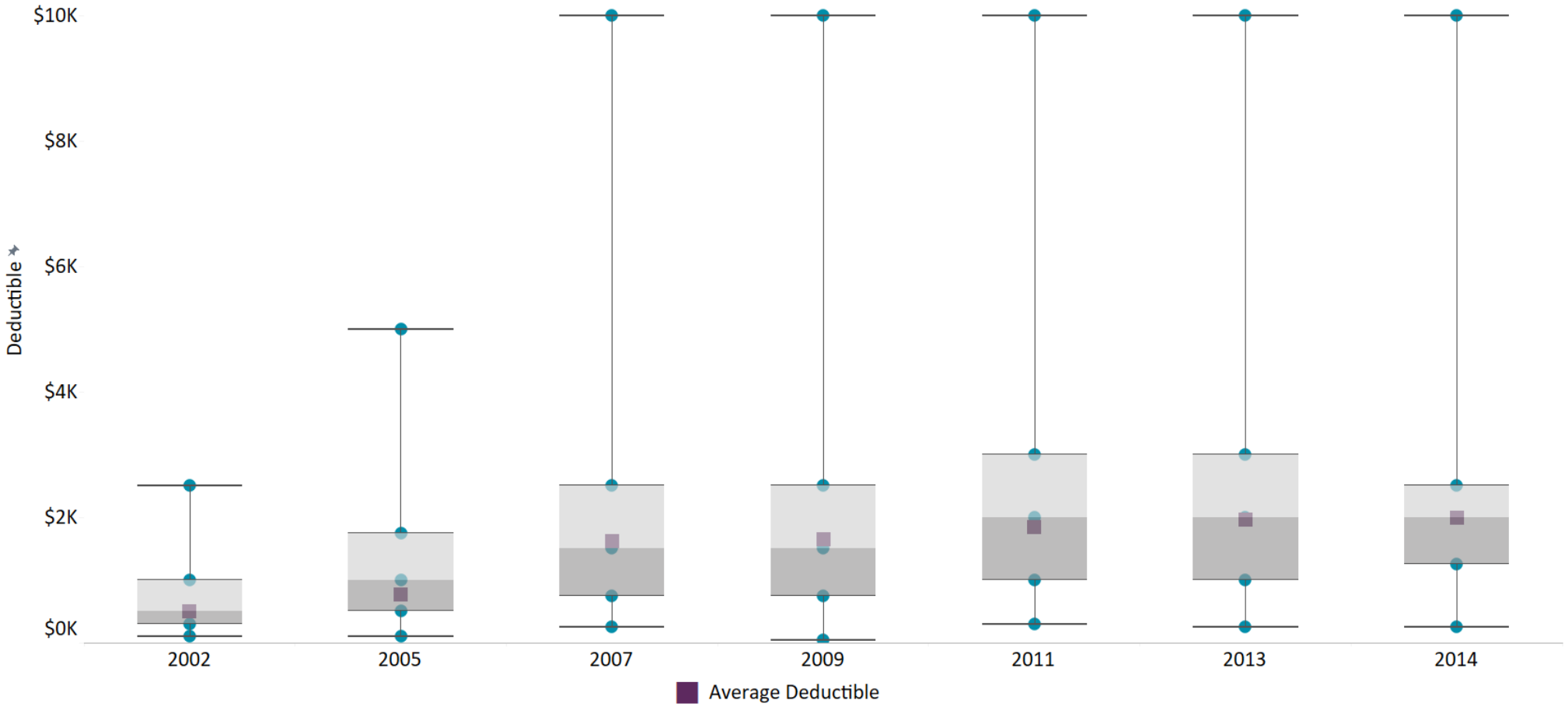
Note: Some companies with common ownership have been combined for purposes of this analysis.
Source: MDH Health Economics Program; Health Plan Financial and Statistical Report (2017 through 2021). Market share is based on percent of total premiums collected.
Summary of Graph

Distribution of Per Person Deductibles in the Small Group Market



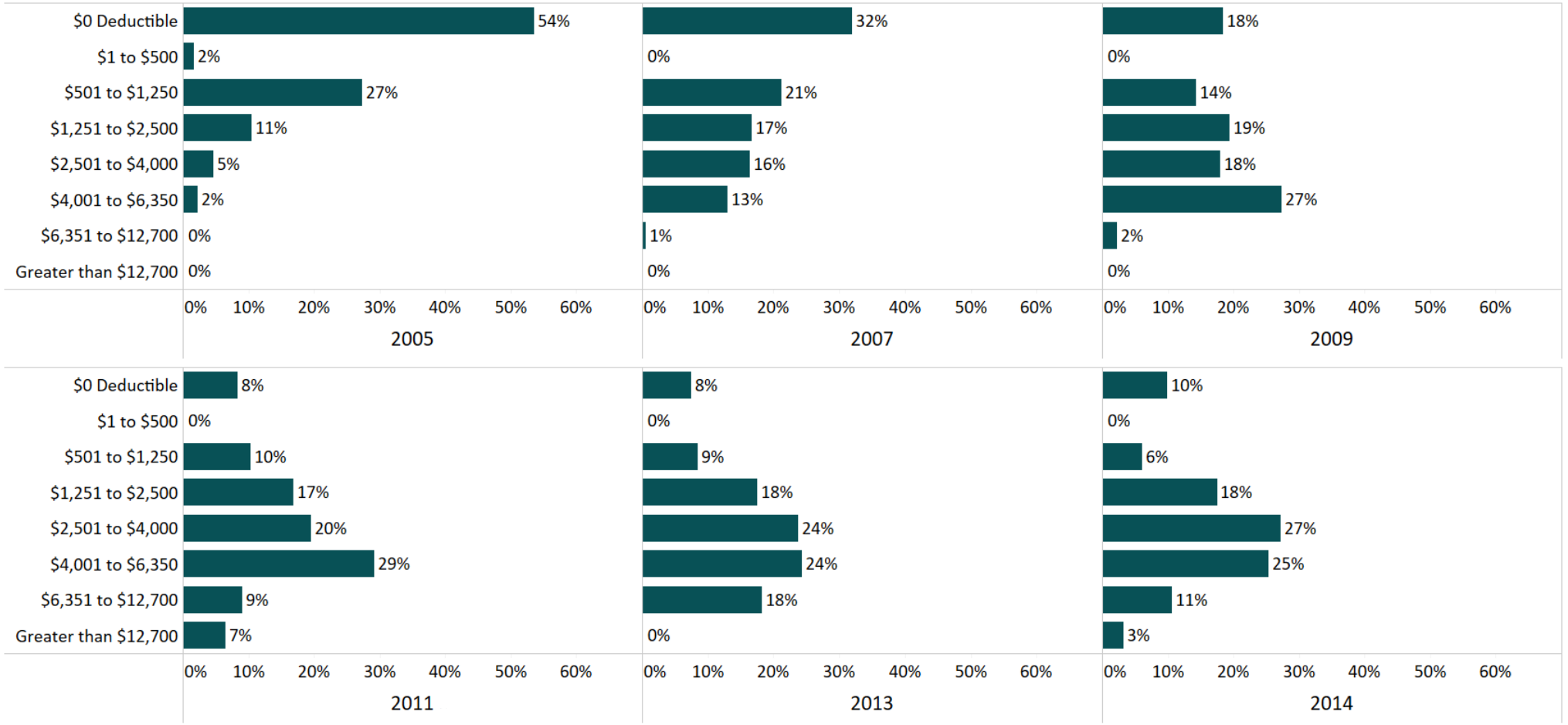
Note: Distributions are by share of total enrollment. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Average and Range for Per Person Annual Deductibles in the Small Group Market



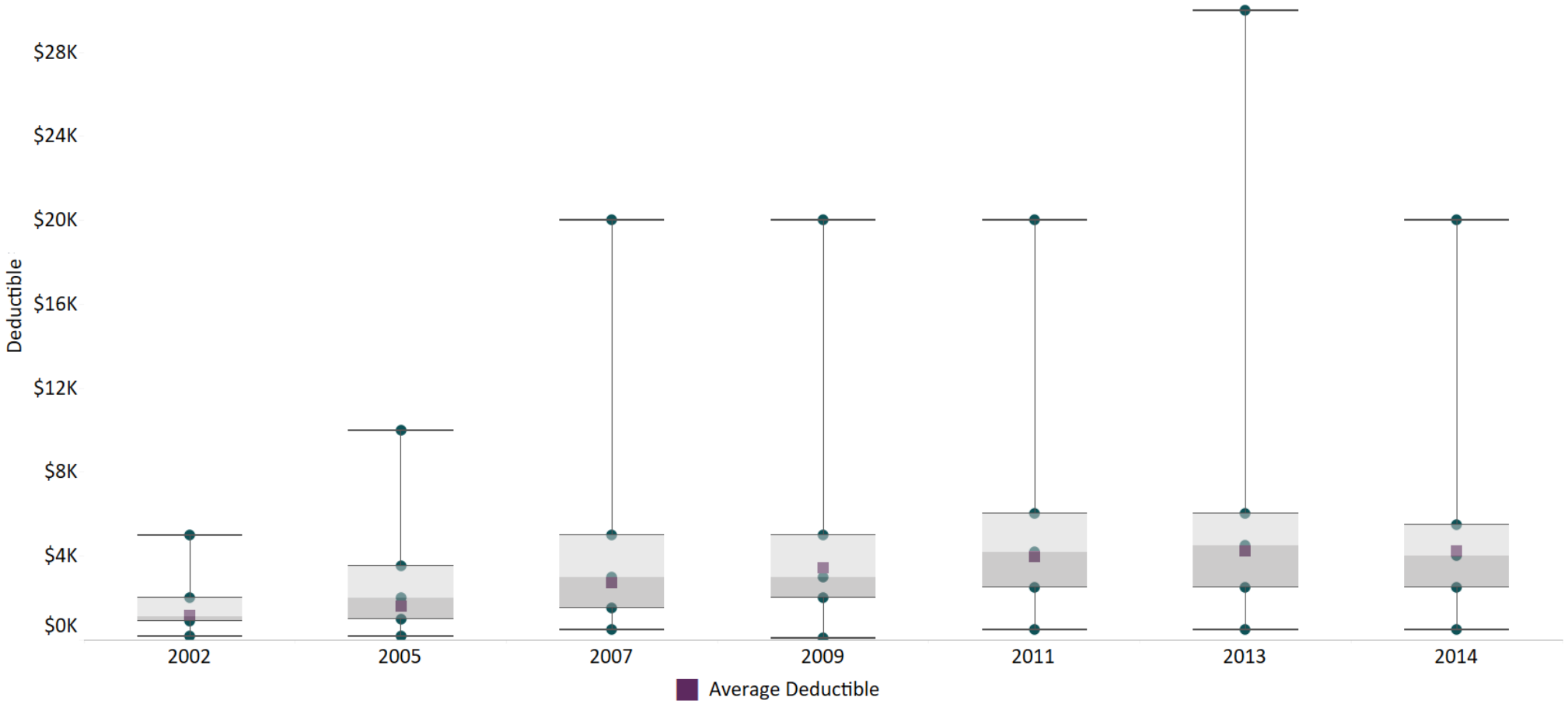
Note: Results exclude plans with a $0 deductible. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Distribution of Family Level Deductibles in the Small Group Market



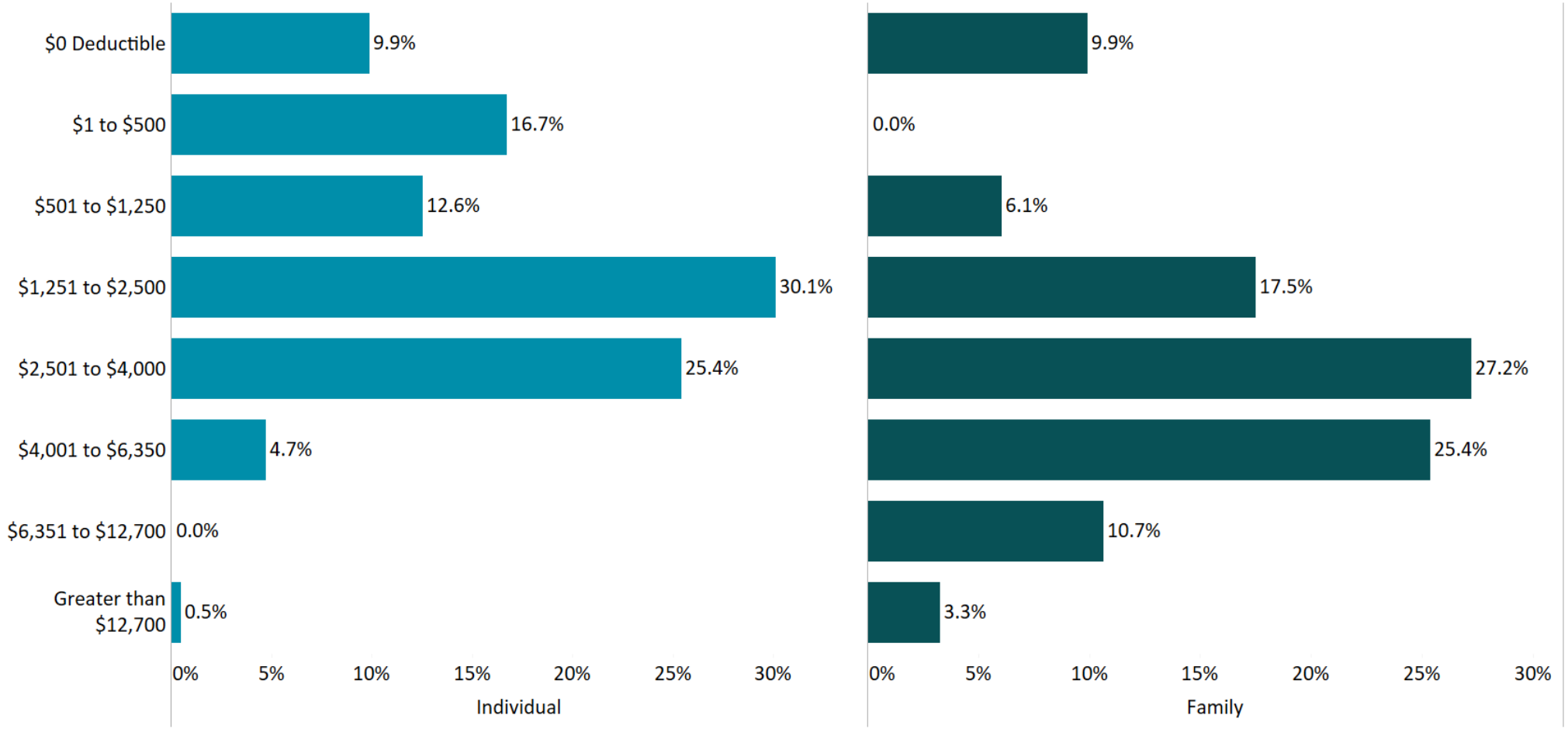
Note: Distributions are by share of total enrollment. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Distribution of Family Level Annual Deductibles in the Small Group Market



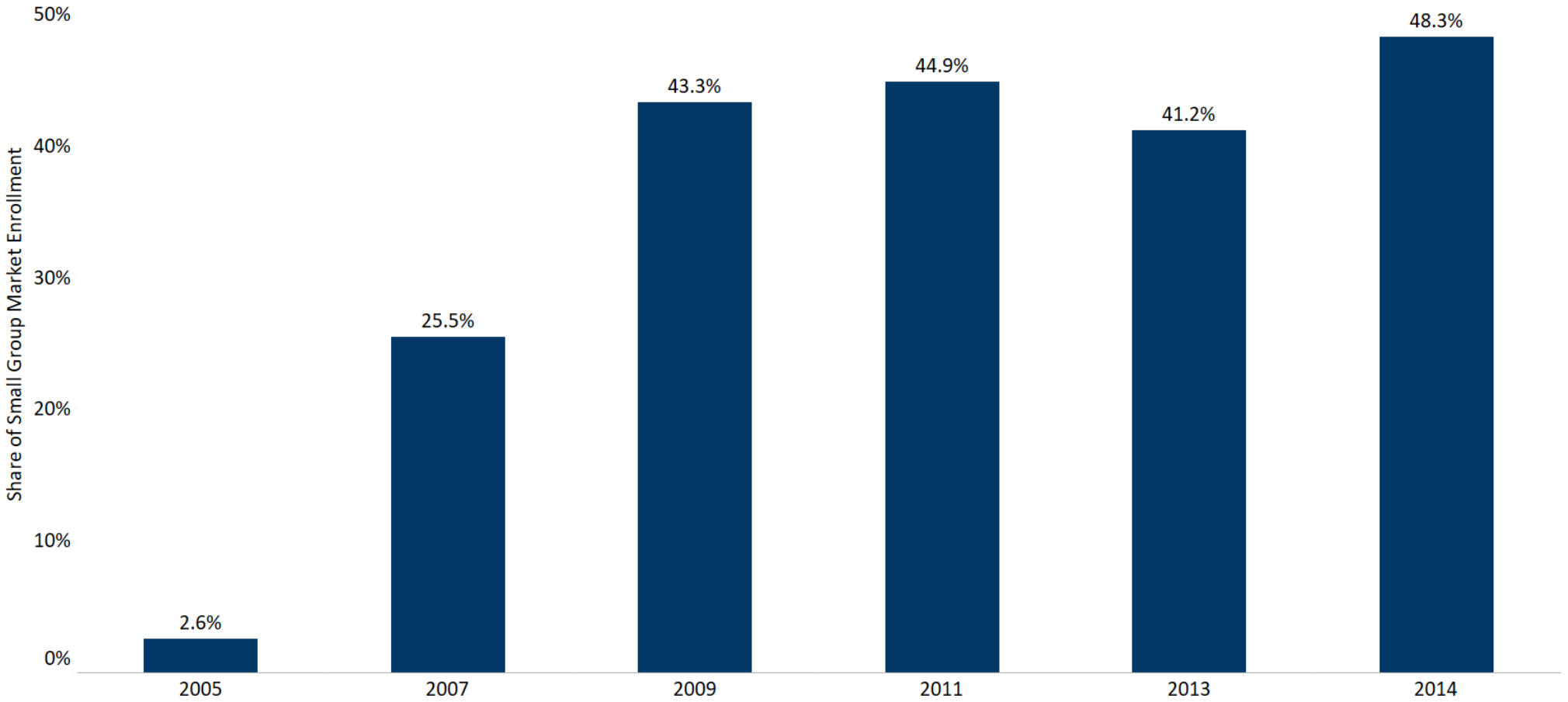
Note: Results exclude plans with a $0 deductible. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Distribution of Deductibles in the Small Group Market, 2014



Note: Distributions are by share of total enrollment. No Individual plans had a deductible between $6,351 and $12,700; no family plans had a deductible between $1 and $500. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Small Group Market Enrollment in High Deductible Health Plans with HSA Eligibility

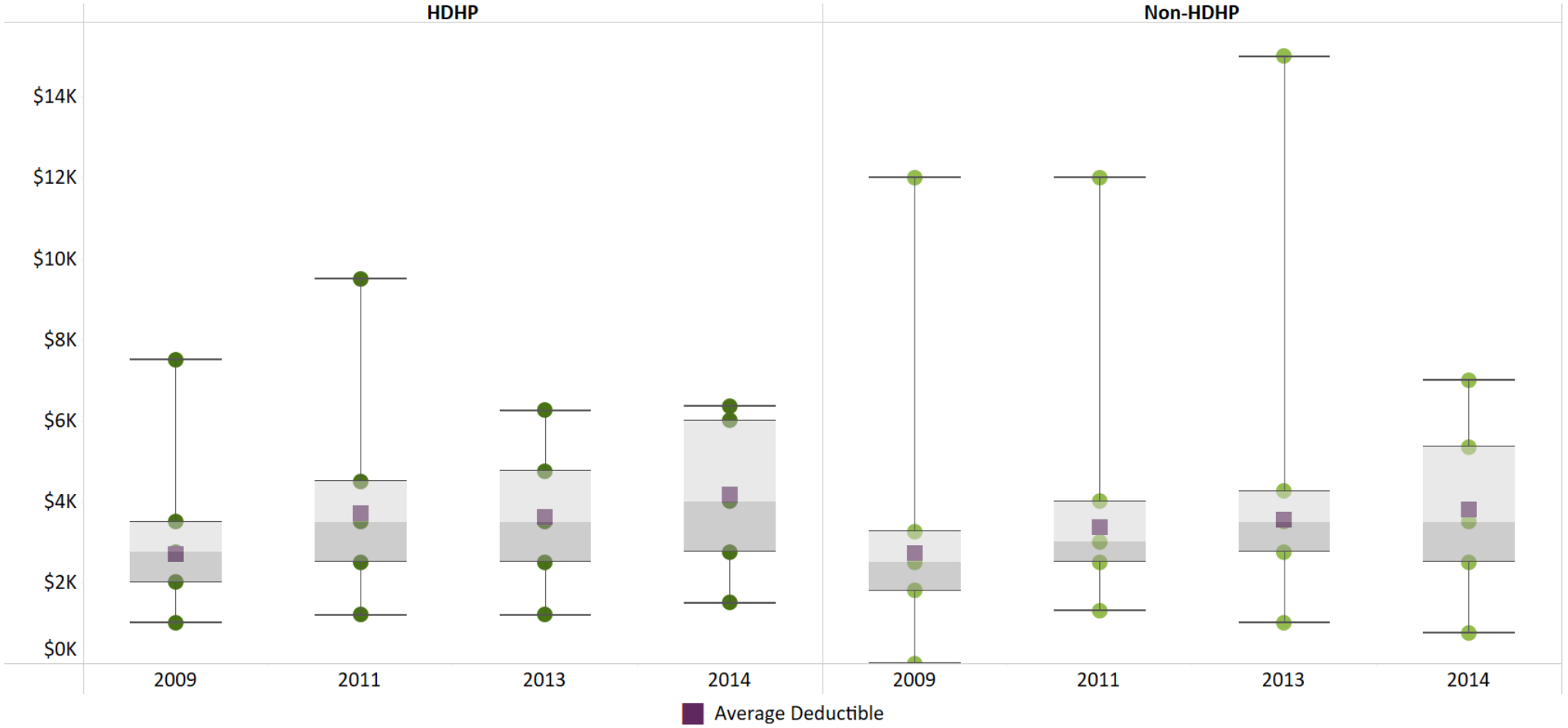


Note: By share of total enrollment. HSA is Health Savings Account. This is the percent of plans that are Qualified High Deductible Health Plans (HDHP), as determined by the Internal Revenue Service (for 2014 the minimum deductible is $1,250), and have the option to be paired with an HSA. The proportion of people with an HSA is unknown. Prior to 2006, HSAs and similar options were rare. In the 2009 survey, firms did not reliably report on HSA pairing, therefore the portion of HDHP plans was determined using only the IRS minimum deductible guideline. In 2011, the plans indicated if each product was an HDHP plan. This difference in reporting methodology may be reflected in the 2011 total. Data after 2014 are not currently available.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Summary of Graph

Comparison of Individual Out-of-Pocket Maximums by High Deductible Health Plan Enrollment



Note: HDHPs include plans with individual deductibles over $1,250, these plans may or may not be paired a Health Savings Account (HSA) option. To be considered an HDHP for IRS purposes, a plan must have an HSA option. Data after 2014 are not currently available.

Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

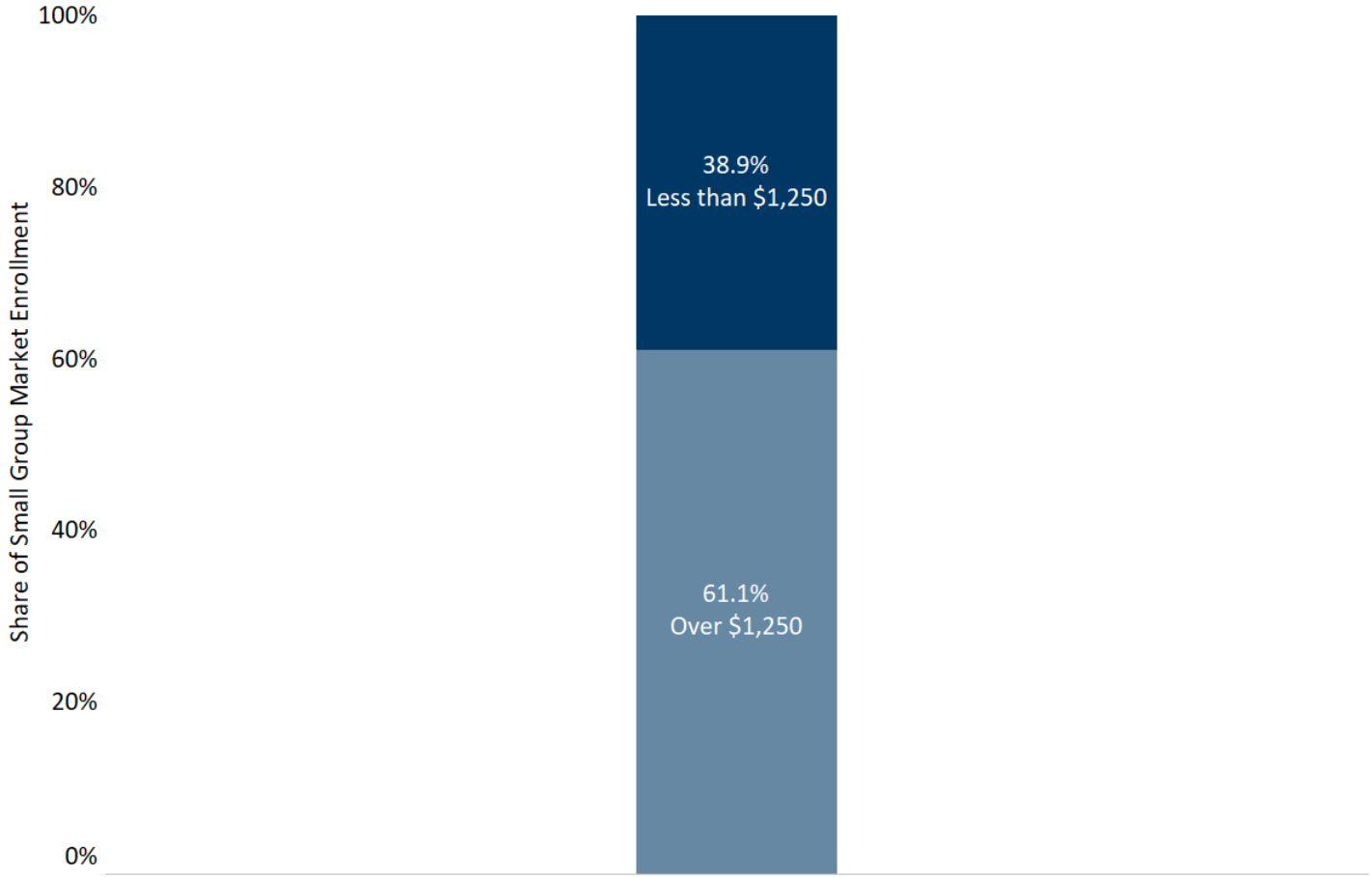
Summary of Graph

Distribution of Individual Out-of-Pocket Maximums by High Deductible Health Plan Enrollment

	2011		2013		2014	
Out-of-Pocket Maximums	**HDHP**	**Non-HDHP**	**HDHP**	**Non-HDHP**	**HDHP**	**Non-HDHP**
Less than $2,000	16.2%	24.9%	20.3%	6.2%	14.7%	1.3%
$2,000 to $2,999	32.1%	34.4%	26.1%	29.7%	27.8%	13.7%
$3,000 to $3,999	32.1%	30.2%	24.9%	26.8%	34.3%	35.5%
Over $4,000	19.6%	10.5%	28.8%	37.3%	23.2%	49.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Note: Distributions are by share of total enrollment. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Portion of Small Group Market Enrollees with Deductibles over $1,250, 2014



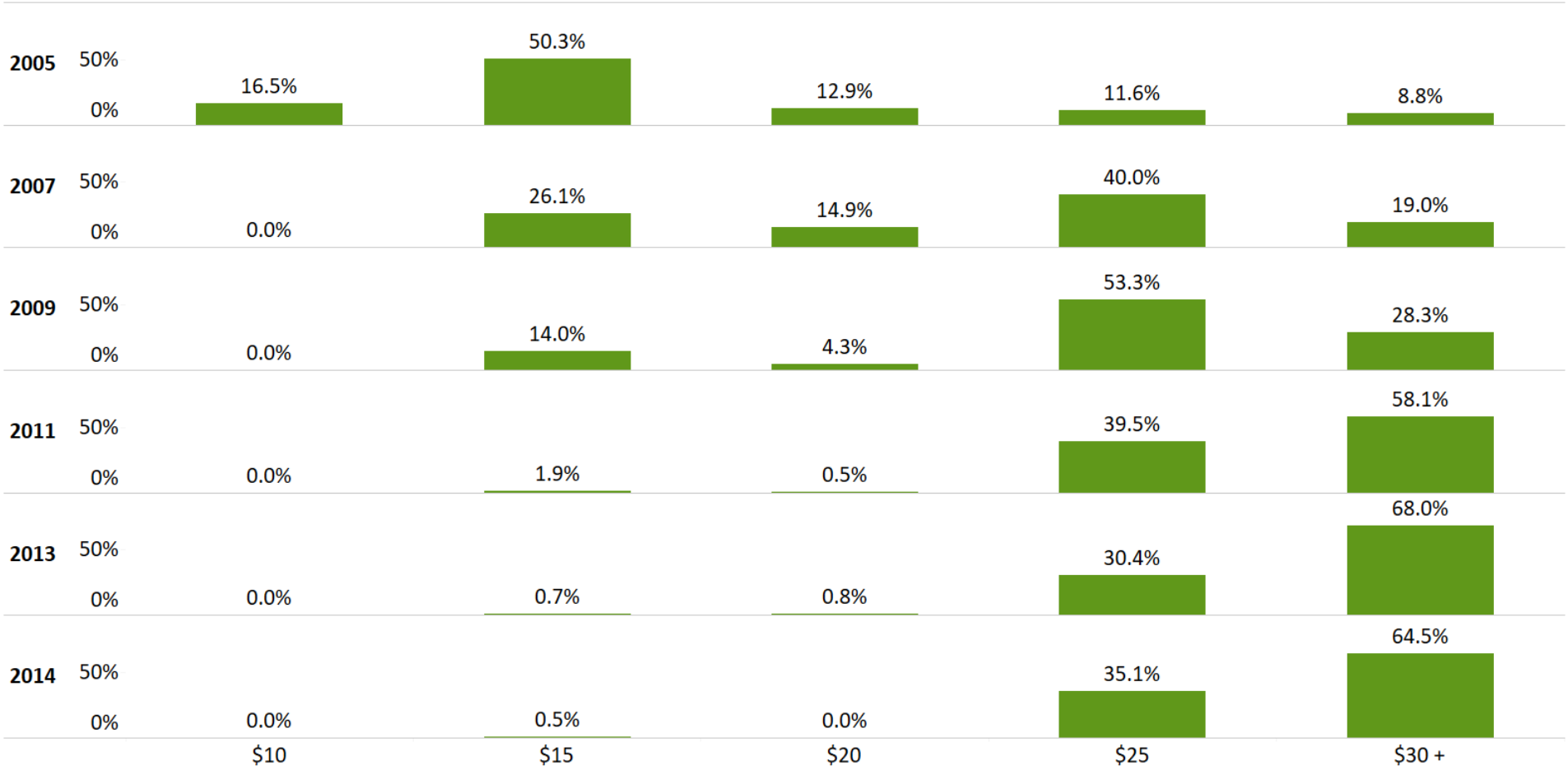
Note: The minimum deductible in the IRS definition of High Deductible Health Plan (HDHP) was $1,250 in 2014 for an individual plan. Not all plans with deductibles over this amount are classified as an HDHP by the IRS because they do not meet other requirements for the HDHP designation. This slide shows all enrollees with a deductible burden that meets the IRS minimum requirement regardless of whether or not they meet other HDHP criteria. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Office Visit Cost Sharing Requirements in the Small Group Market

Office Visit Cost Sharing Requirements	2002	2005	2007	2009	2011	2013	2014
No Additional Cost Sharing Aside from Deductible	0.0%	0.0%	20.8%	36.8%	35.9%	33.4%	36.0%
Coinsurance	27.9%	10.8%	8.9%	12.7%	13.2%	18.9%	20.9%
Copayment	70.3%	86.9%	66.2%	36.3%	8.4%	6.8%	0.3%
Copayment & Coinsurance	1.8%	2.4%	4.2%	14.2%	42.5%	40.9%	42.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

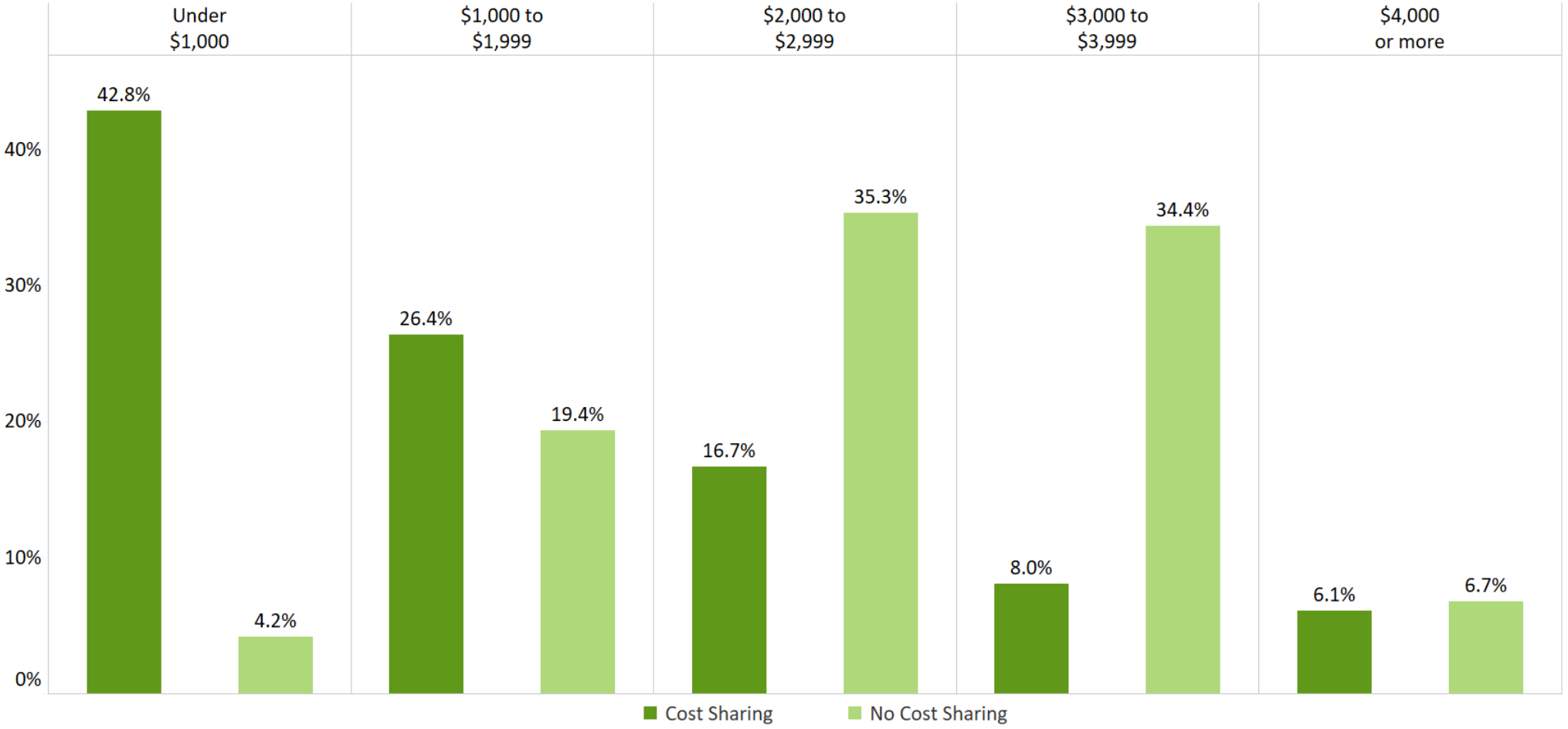
Note: By share of total enrollment. If plan had tiered cost sharing, the cost sharing for the lowest tier was used in this analysis. Plans with only a deductible and no copayment or coinsurance, as well as plans with no deductible or cost sharing are included in No Additional Cost Sharing Aside from Deductible. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Distribution of Office Visit Copayments in the Small Group Market



Note: Distributions are by share of total enrollment. Includes only enrollees who have an office visit copayment. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Deductibles and Cost Sharing for Office Visits in the Small Group Market, 2014



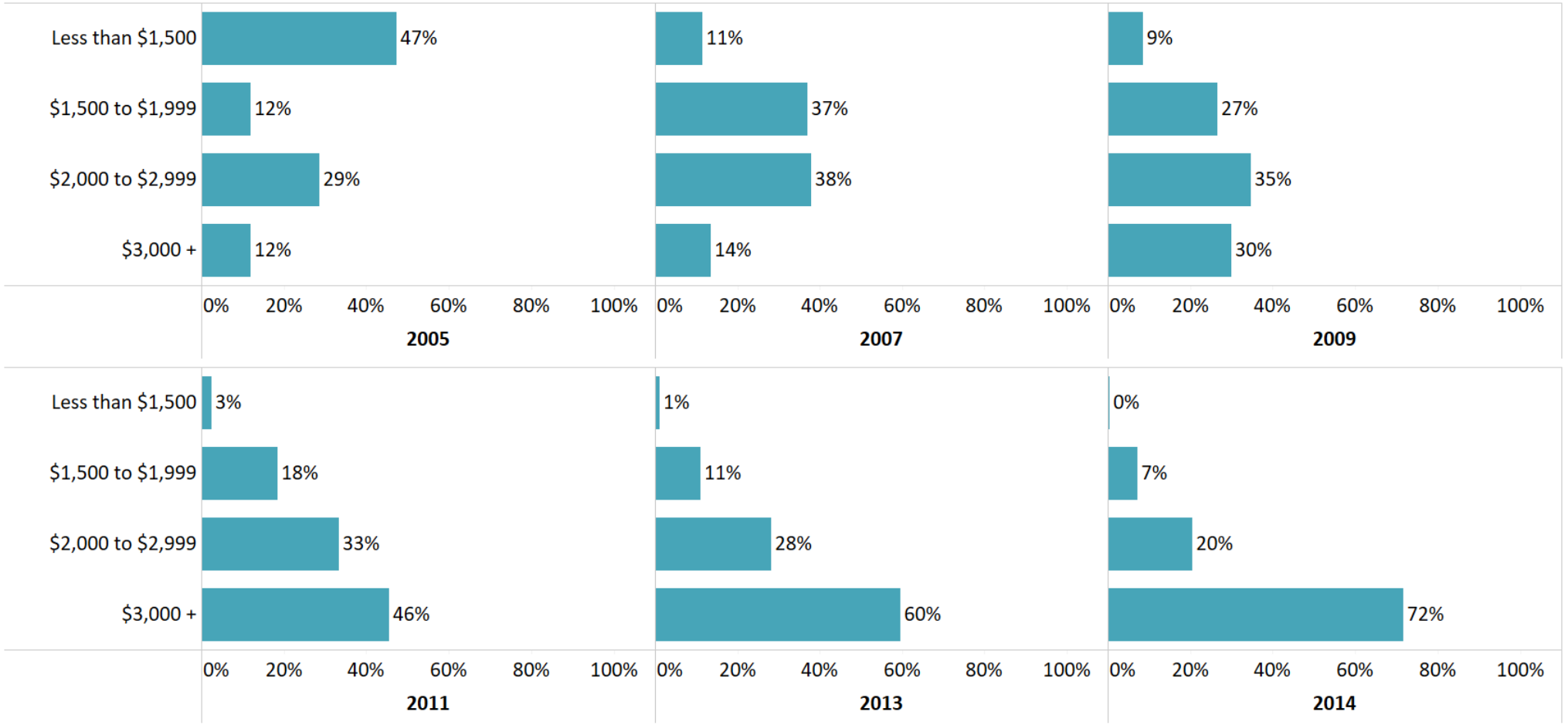
Note: Distributions are by share of total enrollment. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Cost Sharing Requirements for Hospitalizations in the Small Group Market

Cost Sharing Requirements	2002	2005	2007	2009	2011	2013	2014
No Additional Cost Sharing Aside from Deductible	0.0%	0.0%	38.0%	46.4%	44.4%	40.2%	36.3%
Coinsurance of 10% or less	3.7%	4.2%	1.2%	0.1%	0.2%	0.6%	0.4%
11 to 20% Coinsurance	85.0%	92.9%	59.5%	25.5%	11.4%	24.0%	21.2%
Coinsurance of more than 20%	2.3%	2.2%	1.2%	28.0%	44.1%	35.2%	34.1%
Copayment	9.1%	0.8%	0.1%	0.0%	0.0%	0.0%	8.1%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

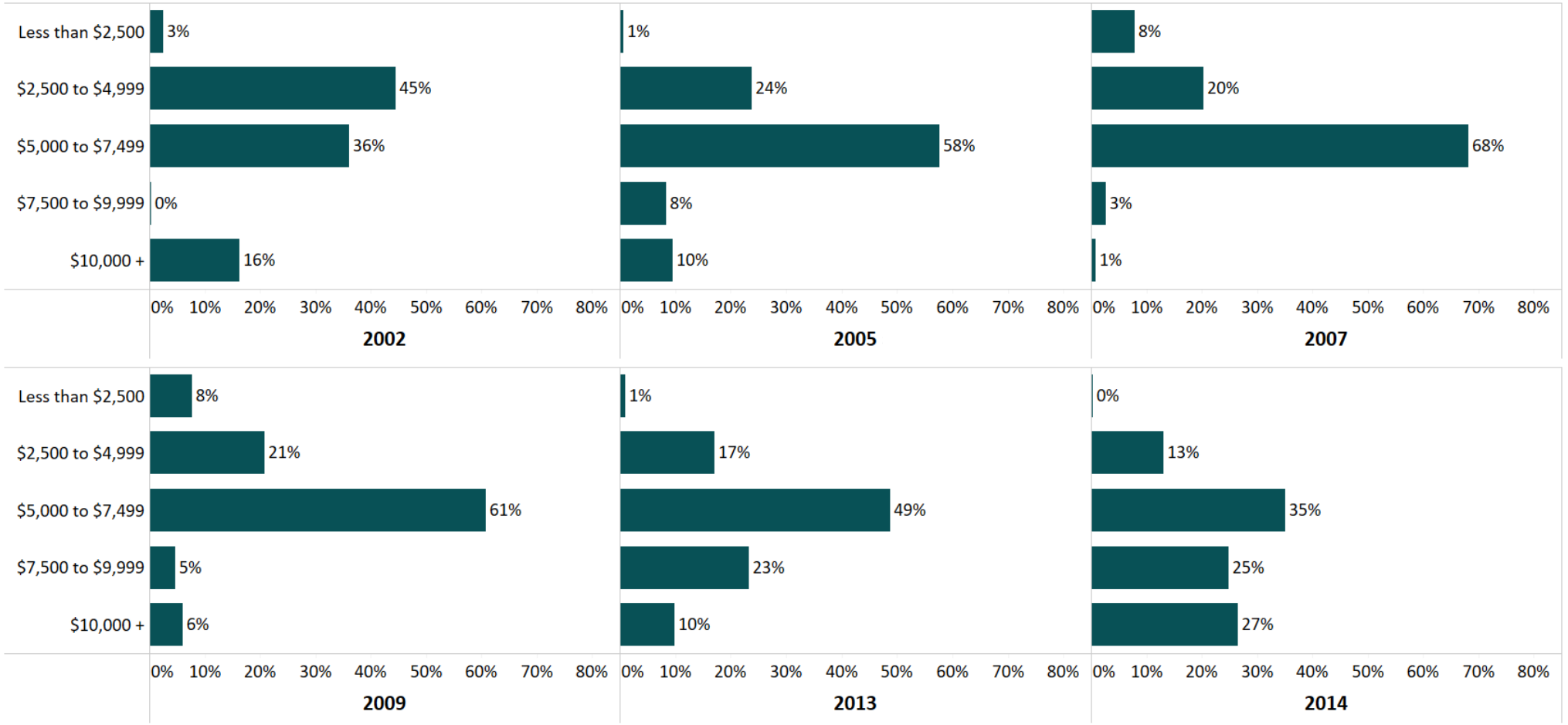
Note: Distributions are by share of total enrollment. Plans with only a deductible and no copayment or coinsurance, as well as plans with no deductible or cost sharing are included in No Additional Cost Sharing Aside from Deductible. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Per Person Out-of-Pocket Limits in the Small Group Market, 2005 to 2014



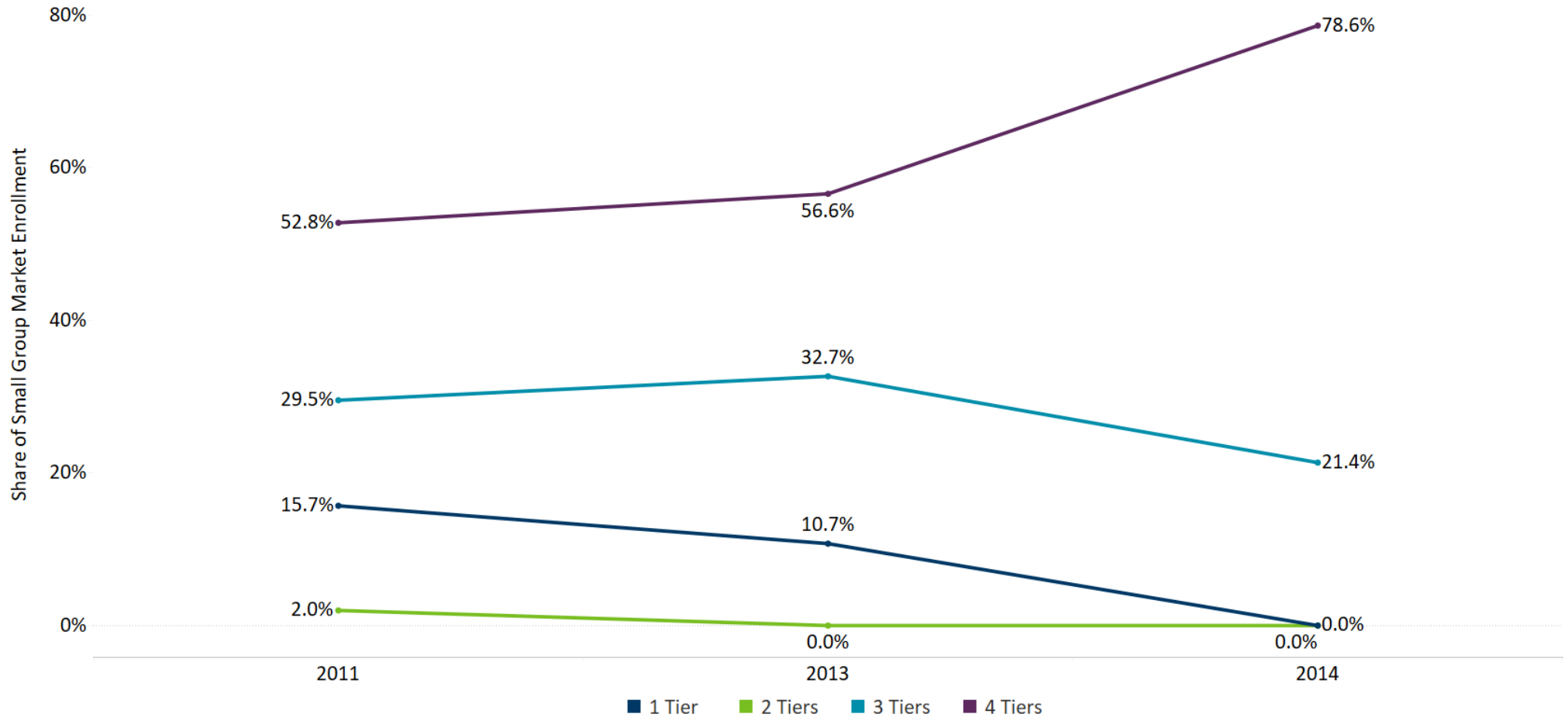
Note: Distributions are by share of total enrollment. Out-of-pocket limit applies to covered services only. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Family Level Out-of-Pocket Limits in the Small Group Market



Note: Distributions are by share of total enrollment. Out-of-pocket limit applies to covered services only. This data was not collected in 2011. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Number of Tiers for Prescription Drug Cost Sharing in the Small Group Market



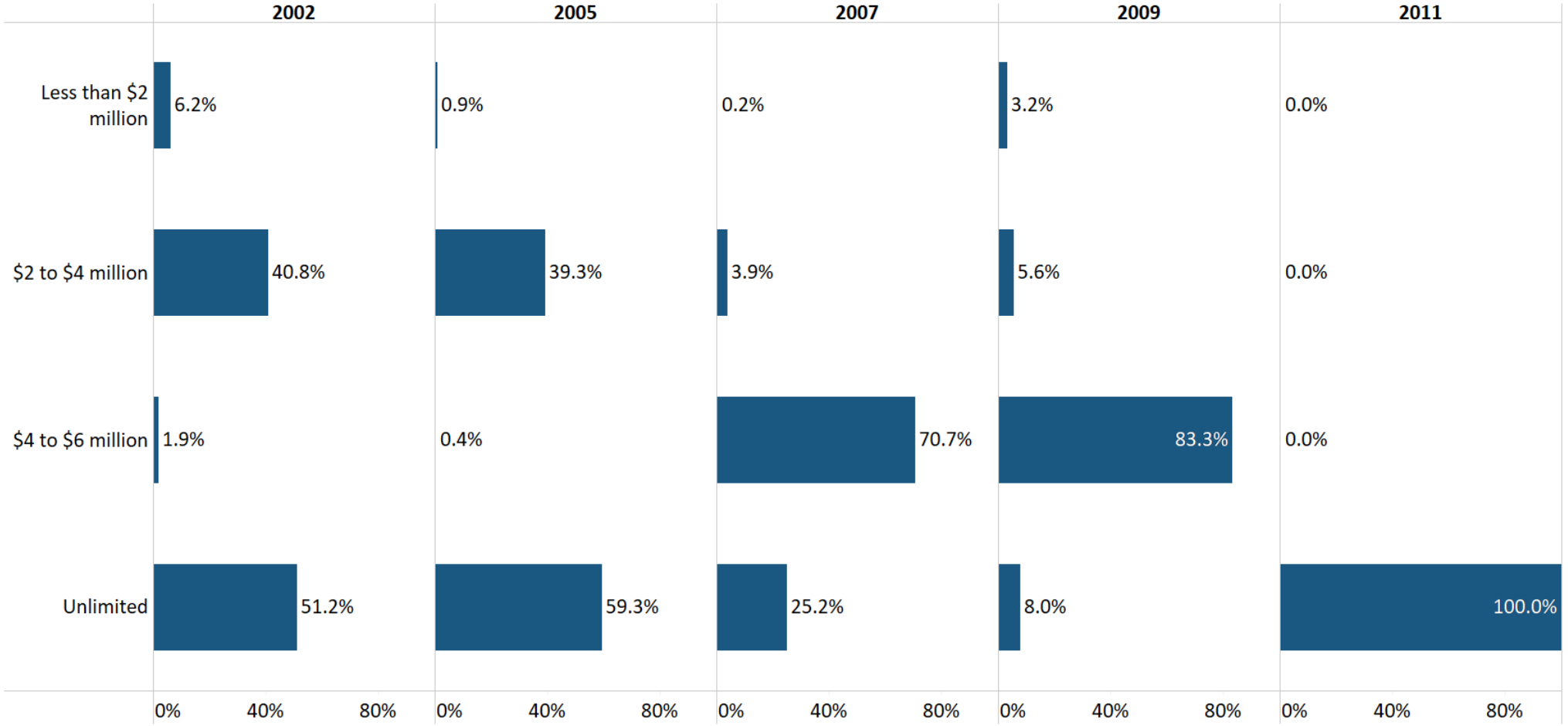
Note: Distributions are by share of total enrollment. If a value is not shown, no plans had that many prescription drug cost sharing tiers. Cost sharing includes copayments and coinsurance only. Number of tiers for prescription drugs was not collected before 2011. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Prescription Drug Out-of-Pocket Limits in the Small Group Market

Out-of-Pocket Limits	2002	2005	2007	2009	2011	2013	2014
No Separate Prescription Drug Out-of-Pocket Limit	40.7%	62.5%	70.0%	72.3%	79.6%	74.1%	100.0%
Separate Prescription Drug Out-of-Pocket Limit	59.3%	37.5%	30.0%	27.7%	20.4%	25.9%	0.0%
Total [1]	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

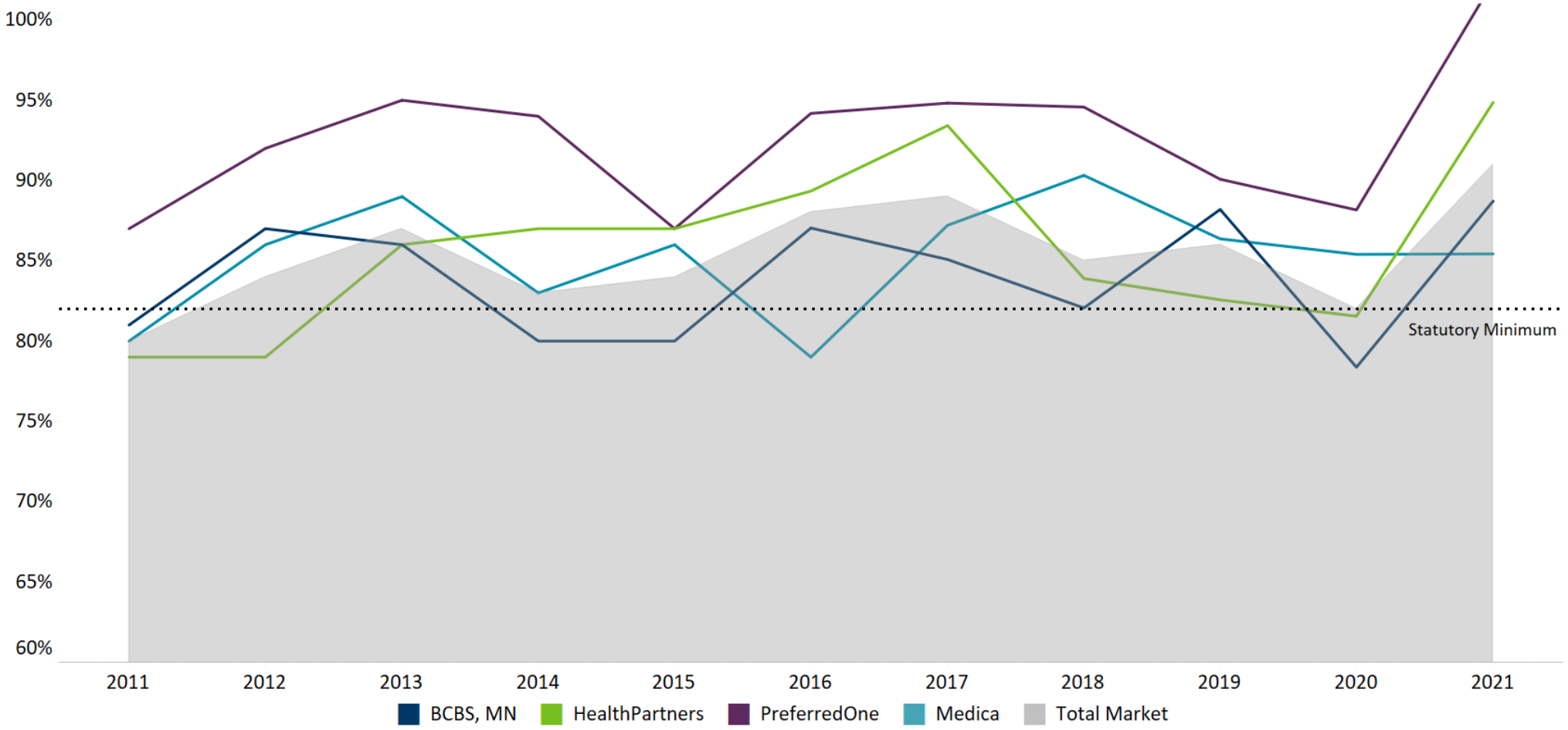
[1] General health plan out-of-pocket limits apply.
Note: By share of total enrollment. Data after 2014 are not currently available.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.

Lifetime Limit on Benefits in the Small Group Market



Note: Distributions are by share of total enrollment. After 2011, no plans had a lifetime limit.
Source: MDH Health Economics Program analysis of the Small Group and Individual Market Survey.
Summary of Graph

Loss Ratio Experience in the Small Group Market, 2011 to 2020



Note: Companies with common ownership have been combined for purposes of this analysis. BCBS, MN is Blue Cross Blue Shield of Minnesota.
Source: Minnesota Department of Commerce, "Report of 2020 Loss Ratio Experience for Health Plan Companies" June 2021 and prior reports. Not all companies listed in the loss ratio report are illustrated. “Statutory Minimum” refers to Minnesota’s minimum required share of premium dollars spent on beneficiary health expenditures, not the federal medical loss ratio provision of the *Affordable Care Act*.

Summary of Graph

Additional Information from the Health Economics Program Available Online

- Health Economics Program Home Page (www.health.state.mn.us/healtheconomics)
- Publications (https://heppublications.web.health.state.mn.us)
- Health Care Market Statistics (Chartbook Updates) (www.health.state.mn.us/data/economics/chartbook/index.html)

A summary of the charts and graphs contained within is provided at Chartbook Summaries - Section 4. Direct links are listed on each page. Spending is based on source of payment, unless otherwise noted. Please contact the Health Economics Program at 651-201-4520 or health.hep@state.mn.us if additional assistance is needed for accessing this information.

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council