ASPE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION | OFFICE OF HEALTH POLICY

ISSUE BRIEF
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HP-2021-08

Access to Marketplace Plans with Low Premiums on the Federal Platform

Part II: Availability Among Uninsured Non-Elderly Adults Under the American Rescue Plan

Under the American Rescue Plan of 2021 (ARP), we estimate that approximately 3 in 5 (62 percent) of the 11 million uninsured non-elderly adults eligible for Marketplace coverage in HealthCare.gov states likely can access zero-premium plans, while nearly 3 in 4 (73 percent) likely can access a plan for $50 or less per month.

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KEY POINTS

- The American Rescue Plan (ARP) enhances and expands eligibility for advance payments of premium tax credits (APTCs) to purchase Marketplace insurance coverage under the Affordable Care Act (ACA). This Issue Brief estimates the changes in the availability of health plans with no premiums (**"zero-premium plans"**) or premiums for $50 or less per month (**"low-premium plans"**) after APTCs among uninsured non-elderly adults potentially eligible for Marketplace plans in HealthCare.gov states under the ARP.[i]
- Under the ARP, we estimate that the availability of zero-premium plans has increased by 19 percentage points in this population, and low-premium plans by 16 percentage points.
- Whereas most low-premium plans before the ARP were in the bronze tier, the ARP has substantially increased the availability of low-premium silver and gold plans. Availability of silver tier plans for zero-premium has increased by 22 percentage points, with approximately a quarter (25 percent) of this population now able to access such a plan. Availability of low-premium plans for this population increased by 28 percentage points, with approximately half (50 percent) now potentially able to find a low-premium silver plan. Zero-premium gold plan availability also increased for this population substantially, from 3 to 11 percent, and for low-premium gold plan availability from 13 to 30 percent.
- The ARP reduced the expected individual contribution of household income toward benchmark plan premiums to zero percent for applicable taxpayers with income between 100 and 150 percent of the Federal Poverty Level (FPL). Combined with cost-sharing reductions, this means that nearly all eligible uninsured adults in this income range can find a zero-premium plan with an actuarial value (AV) of 94 percent.

[i] All references to premiums in this Issue Brief refer to premiums after application of APTCs, for those eligible to receive them. The uninsured examined in this analysis are non-elderly adults (ages 18-64) in *HealthCare.gov* states who are likely eligible for Marketplace plans based on their incomes being above 138 percent of the Federal Poverty Level (FPL) in Medicaid expansion states, and above 100 percent FPL in non-expansion states. For brevity, we refer to this as the "uninsured population" in the Issue Brief. We do not examine those below 100 percent FPL in this analysis, though some individuals in this income range may be QHP-eligible.

- Under the ARP, approximately 66 percent of Black non-Latino uninsured adults now may have access to a zero-premium plan and 76 percent can find a low-premium plan. Among Hispanic and Latino uninsured adults, 69 now may have access to a zero-premium plan and 80 percent may now be able find a low-premium plan.
- We estimate there are approximately 2 million uninsured adults with incomes of 400 percent FPL or greater in Healthcare.gov states who may be newly eligible for coverage with Marketplace premium tax credits under the ARP.

INTRODUCTION

This is the second ASPE Issue Brief in a series on the availability of zero- and low-premium plans in the HealthCare.gov Marketplace. In the first Issue Brief, published on March 29, 2021, we estimated there are approximately 11.1 million non-elderly, uninsured Americans in HealthCare.gov states potentially eligible to enroll in a Qualified Health Plan (QHP) in the Marketplace.[1,2] Prior to the passage of the American Rescue Plan Act of 2021, Marketplace advanced premium tax credit (APTC) payments for many individuals in HealthCare.gov states - particularly low-income individuals - were large enough to substantially reduce premiums for many consumers, and in some cases to zero dollars, depending on the plan selections they might make. With the passage of the American Rescue Plan (ARP) and its enhanced and expanded Marketplace premium tax credit provisions, the uninsured population's access to zero- and low-premiums health plans has increased.

The ARP builds on the ACA by increasing access to health coverage through financial incentives to states to expand Medicaid and enhanced Marketplace premium tax credit eligibility. Under the ARP, ACA Marketplace premium tax credits temporarily become more generous in two ways: 1) for most consumers with household income between 100-400 percent FPL in Medicaid non-expansion states and between 138-400 percent FPL in Medicaid expansion states, the expected household income contribution toward premiums for the benchmark plan is lowered, including a reduction to 0 percent for those between 100-150 percent FPL; and 2) for consumers above the previous household income limit (400 percent FPL) for premium tax credit eligibility, the eligibility income limit is removed. The ARP changes to Marketplace premium tax credits apply for coverage beginning January 2021 and last for two years (2021 and 2022). APTCs under the new provisions will be available through the HealthCare.gov Marketplace starting April 1, 2021. Reduced premium tax credits are available for all of 2021, and consumers can claim the increased credits for January–April 2021 at tax filing.

The Centers for Medicare & Medicaid Services (CMS) determined that the COVID-19 emergency presents exceptional circumstances for consumers in accessing health insurance and provided access to a Special Enrollment Period (SEP) for individuals and families to apply and enroll in the coverage they need. This SEP will be available to eligible consumers in the 36 states served by the federal Marketplace on the HealthCare.gov platform.[3,ii,iii] Consumer access to the 2021 COVID-19 SEP on HealthCare.gov began on February 15, 2021 and will run through August 15, 2021.[4,5,iv] Most of the fifteen states (including the District of Columbia) that run a State-Based Marketplace (SBM) have also made available a COVID-19 SEP with a similar timeframe.[6,v]

[ii] HealthCare.gov states examined include: Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

[iii] States operating their own State-Based Marketplace (SBM) that do not use the HealthCare.gov platform are not included in the analysis: California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, and Washington.

[iv] The SEP also allows individuals currently enrolled in a plan through HealthCare.gov to switch plans.

[v] See state profiles here: https://www.healthinsurance.org/states/.

The ARP's enhanced Marketplace premium tax credit eligibility and the current COVID-19 SEP together provide new opportunities for eligible uninsured and underinsured individuals to find affordable health coverage and higher quality plans at lower premiums when shopping on HealthCare.gov.[7]

This Issue Brief examines the impact of the ARP on the availability of zero-premium and low-premium health plans in HealthCare.gov states among uninsured non-elderly adults potentially eligible for Marketplace coverage (referred to subsequently as "the uninsured" or "the study population").[vi] The brief compares access to such plans before and after the ARP's implementation and highlights the changes in availability. We examine the availability of zero- and low-premium plans before and after the ARP by metal tier, select demographic characteristics, and state-level estimates.

METHODOLOGY

The study methodology for this analysis of the uninsured is the same as in ASPE's prior analysis, *Access to Marketplace Plans with Low Premiums on the Federal Platform - Part I: Availability Among Uninsured Non-Elderly Adults and HealthCare.gov Enrollees Prior to the American Rescue Plan.* See Methodology and Appendix of that Issue Brief for further detail of the study methodology.[1] For the ARP impacts we analyzed two APTC provisions: lowering the household income contribution toward premiums for the benchmark plan for those with household incomes between 100 and 400 percent FPL, and removing the ACA upper income limit for eligibility above 400 percent FPL. The ARP's unemployment compensation provisions, which affect countable income for determining Marketplace premium tax credits, are not included in this analysis.

This analysis has several limitations. Data for State-Based Marketplaces are not readily available for 2021 and our estimates therefore do not represent the full United States. This analysis of the uninsured does not account for immigration status or the availability of an employer offer of coverage, which both affect eligibility for Marketplace subsidies.

[vi] Analysis of the effect of the American Rescue Plan on availability of zero- and low-premium plans among 2021 HealthCare.gov enrollees is currently in progress. All results referring to "uninsured adults" in this brief are uninsured non-elderly adults who are potentially QHP-eligible in HealthCare.gov states.

ZERO- AND LOW-PREMIUM PLAN AVAILABILITY BY METAL TIER

Table 1 shows the availability of zero- and low-premium plans by plan metal tier in the study population, before and after the ARP.

Table 1. Zero- and Low-Premium Plan Availability for Uninsured QHP-Eligible Non-Elderly Adults in HealthCare.gov States by Metal Tier, Pre- and Post-American Rescue Plan of 2021

Uninsured Non-Elderly Adults – Plan Availability	Pre-ARP	Post-ARP#	Percentage Point Difference**
Total Population*		**11,103,000**	
$0 Premium Plan, %			
Any Metal Tier	42.5%	61.7%	**+19.2%**
Bronze	42.5%	61.7%	**+19.2%**
Silver	3.4%	24.9%	**+21.5%**
Gold	3.4%	11.2%	**+7.7%**
$50 or Less Per Month Premium Plan, %			
Any Metal Tier	56.8%	73.3%	**+16.5%**
Bronze	56.8%	73.3%	**+16.5%**
Silver	21.9%	49.8%	**+27.9%**
Gold	12.6%	30.0%	**+17.4%**

Data Sources: American Community Survey, 2019, Marketplace Plan Files for Coverage in 2021
Notes: Catastrophic plans excluded from the analyses; *Rounded to the nearest thousand; **Rounding may result in slight deviation in listed percentage point difference and the difference in pre-ARP and post-ARP values calculated from the rounded values in the table; # "Post-ARP" only refers to the two subsidy provisions from the ARP examined in this analysis: lowering of maximum applicable percent of household income toward benchmark premiums and extension of APTC to applicable taxpayers with household incomes above 400 percent FPL.

We estimate that access to zero- and low-premium plan availability increased an additional 19.2 percentage points and 16.5 percentage points, respectively, under ARP. Overall, approximately 3 in 5 (61.7 percent) adults in this population may be able to access a zero-premium plan in the Marketplace and nearly 3 in 4 (73.3 percent) may be able to find a plan for $50 or less per month.

Silver Plans

Under the ARP, silver zero- and low-premium plans have become substantially more available. We estimate availability of zero-premium plans to increase by 21.5 percentage points in the silver metal tier, with nearly a quarter (24.9 percent) of the uninsured now able to find a silver plan at no premium cost to them. Similarly, we estimate availability of low-premium plans to increase by 27.9 percentage points in the silver metal tier, with nearly half (49.8 percent) of the uninsured now able to find a silver plan for $50 or less per month premium cost.

Because income based cost-sharing reductions (CSRs) are only available for silver plans and for eligible consumers with household income between 100 and 250 percent FPL,[vii] these findings indicate for CSR-eligible consumers there may be new opportunities for low-premium plans with more generous coverage (i.e. higher Actuarial Value [AV][viii] and lower out-of-pocket costs, e.g. reduced deductibles, copays, etc.).

[vii] With the exception of American Indians and Alaskan Natives, whose incomes can be higher, and who can utilize CSRs towards plans at any metal level.

[viii] The actuarial value (AV) of a health plan is the average percentage of total costs of in-network essential health benefits (EHB) covered by the health plan. The AV available to all QHP eligible individuals ranges from 60% for bronze plans, 70% for silver plans, 80% for gold plans, and 90% for platinum plans. For certain eligible individuals (generally those with household incomes between 100%-250% FPL) silver cost-sharing reduction (CSR) plans are available, which enhance AV from 70% to 73%, 87%, or 94% depending on income. Catastrophic plans are excluded from all analyses.

Additionally, the ARP reduced the expected contribution of household income toward benchmark plan (second-lowest cost silver) premiums to zero percent for those with household incomes between 100 and 150 percent FPL, meaning that 100 percent of the eligible consumers in this income range can find a zero-premium plan with an AV of 94 percent (i.e. on average, consumers enrolled in these plans only have to pay out-of-pocket for 6 percent of total in-network health care costs).

Gold Plans

Availability of zero-premium gold plans also increased under the ARP, from 3.4 percent to 11.2 percent. The same was true for low-premium gold plans, increasing from 12.6 to 30.0 percent, presenting additional opportunities for the uninsured to find plans for zero- or low-premium cost with higher AV than standard silver plans.

ZERO- AND LOW-PREMIUM PLAN AVAILABILITY BY DEMOGRAPHIC CHARACTERISTICS

Table 2 shows availability of zero- and low-premiums plans by demographics in the study population, before and after the ARP.

Table 2. Zero- and Low-Premium Plan Availability for Uninsured QHP-Eligible Non-Elderly Adults in HealthCare.gov States by Demographics, Pre- and Post-American Rescue Plan of 2021

Uninsured Non-Elderly Adults – Plan Availability	Total Population*	$0 Available - Any Metal			$50 or Less Per Month Available - Any Metal		
		Pre-ARP, %	Post-ARP#, %	Percentage Point Difference**	Pre-ARP, %	Post-ARP#, %	Percentage Point Difference**
Total Population*	**11,103,000**	**42.5%**	**61.7%**	**+19.2%**	**56.8%**	**73.3%**	**+16.5%**
Rural Status‡							
Rural	1,921,000	46.7%	65.1%	**+18.4%**	60.6%	76.8%	**+16.2%**
Urban	9,182,000	41.6%	60.9%	**+19.4%**	56.0%	72.5%	**+16.5%**
Age							
0-17	Excluded	N/A	N/A	**N/A**	N/A	N/A	**N/A**
18-24	1,333,000	44.2%	69.1%	**+24.9%**	62.2%	82.1%	**+19.9%**
25-34	3,058,000	36.7%	60.0%	**+23.3%**	53.4%	72.6%	**+19.2%**
35-44	2,721,000	41.6%	60.2%	**+18.6%**	55.8%	71.5%	**+15.7%**
45-54	2,290,000	42.8%	58.7%	**+15.9%**	55.7%	69.6%	**+13.9%**
55-64	1,701,000	52.3%	65.1%	**+12.8%**	62.0%	75.4%	**+13.4%**
65+	Excluded	N/A	N/A	**N/A**	N/A	N/A	**N/A**
Income/FPL							
<100%†	Excluded	N/A	N/A	**N/A**	N/A	N/A	**N/A**
100-138%	1,290,000	99.9%	100.0%	**+0.1%**	100.0%	100.0%	**0.0%**
>138-150%	611,000	90.1%	93.3%	**+3.2%**	100.0%	100.0%	**0.0%**
>150-200%	2,370,000	75.2%	93.2%	**+18.0%**	97.7%	100.0%	**+2.3%**
>200-250%	1,990,000	36.9%	84.6%	**+47.7%**	66.8%	99.7%	**+32.9%**
>250-300%	1,269,000	18.2%	54.7%	**+36.4%**	39.3%	84.5%	**+45.1%**
>300-350%	901,000	9.5%	26.6%	**+17.1%**	19.5%	51.4%	**+31.8%**
>350-400%	617,000	6.9%	13.7%	**+6.8%**	14.1%	30.2%	**+16.1%**
>400%†	2,055,000	0.0%	3.8%	**+3.8%**	0.0%	7.7%	**+7.7%**
Unknown†	N/A	N/A	N/A	**N/A**	N/A	N/A	**N/A**
Race/Ethnicity§							
Hispanic and Latino	3,788,000	50.2%	68.7%	**+18.5%**	64.5%	79.9%	**+15.4%**
White Non-Latino	5,157,000	36.3%	55.9%	**+19.5%**	50.7%	68.1%	**+17.4%**
Black Non-Latino	1,504,000	45.1%	65.5%	**+20.4%**	59.3%	75.5%	**+16.2%**
Asian/Native-Hawaiian/Pac. Isl.	296,000	35.3%	52.8%	**+17.4%**	51.1%	66.3%	**+15.2%**
American Indian / Alaska Native	150,000	45.3%	62.8%	**+17.5%**	59.2%	75.6%	**+16.4%**
Multi-racial or Other	208,000	42.7%	61.3%	**+18.6%**	58.1%	73.4%	**+15.4%**

Data Sources: American Community Survey, 2019; Marketplace Plan Files for Coverage in 2021

†Included for consistency with tables in Part I of the Issue Brief series, but not applicable to the uninsured component of the analysis
‡Rural vs urban defined at the county level in the Marketplace files; §Race and ethnicity based on American Community Survey categories
Notes: Catastrophic plans excluded from all analyses; *Rounded to the nearest thousand; **Rounding may result in slight deviation in listed percentage point difference and the difference in pre-ARP and post-ARP values calculated from the rounded values in the table; # "Post-ARP" only refers to the two subsidy provisions from the ARP examined in this analysis: lowering of the maximum applicable percent of income toward benchmark premiums and extension of APTCs to those above 400 percent FPL.

Rural Status

Under the ARP, zero- and low-premium health plans are now available to 65.1 percent and 76.8 percent, respectively, of the study population in rural counties. In urban counties they are available to 60.9 percent and 72.5 percent, respectively, of the study population.

Income

We estimate approximately 2 million non-elderly uninsured individuals with incomes of 400 percent FPL or greater in HealthCare.gov states may be eligible for APTC under the ARP. Those with incomes between 200 percent and 300 percent FPL saw the greatest increase in availability of zero- and low-premium plans, with more than a 30-percentage point increase for both.

Race and Ethnicity

Under the ARP, approximately 65.5 percent of Black non-Latino adults in our study population now can access a zero-premium plan and 75.5 percent can find a plan for $50 or less per month. Among Hispanic and Latino adults, approximately 68.7 percent now have access to a zero-premium plan and 79.9 percent can now find a plan for $50 or less per month.

ZERO- AND LOW-PREMIUM PLAN AVAILABILITY BY STATE

Table 3 shows zero- and low-premium plan availability by HealthCare.gov state for the study population, before and after the ARP.

Table 3. Zero- and Low-Premium Plan Availability for Uninsured QHP-Eligible Non-Elderly Adults by HealthCare.gov State, Pre- and Post-American Rescue Plan of 2021

State	Study Population*	$0 Available - Any Metal, %			$50 or Less Per Month Available - Any Metal, %		
		Pre-ARP, %	Post-ARP#, %	Percentage Point Difference**	Pre-ARP, %	Post-ARP#, %	Percentage Point Difference**
All HealthCare.gov States	**11,103,000**	**42.5%**	**61.7%**	**+19.2%**	**56.8%**	**73.3%**	**+16.5%**
Alabama	229,000	67.7%	79.7%	**+12.0%**	74.3%	84.8%	**+10.6%**
Alaska	37,000	0.0%	0.0%	**0.0%**	60.4%	77.4%	**+17.0%**
Arizona	389,000	24.7%	53.3%	**+28.6%**	42.1%	65.1%	**+23.0%**
Arkansas	124,000	22.9%	58.0%	**+35.1%**	46.1%	69.7%	**+23.6%**
Delaware	33,000	43.2%	61.4%	**+18.2%**	53.7%	68.8%	**+15.1%**
Florida	1,560,000	46.1%	66.2%	**+20.1%**	58.0%	74.1%	**+16.1%**
Georgia	737,000	46.0%	66.8%	**+20.9%**	59.5%	75.9%	**+16.4%**
Hawaii	22,000	0.0%	0.0%	**0.0%**	42.1%	56.7%	**+14.6%**
Illinois	463,000	0.0%	0.0%	**0.0%**	37.5%	59.5%	**+22.1%**
Indiana	267,000	16.0%	48.6%	**+32.6%**	36.4%	61.5%	**+25.1%**
Iowa	80,000	55.8%	73.5%	**+17.7%**	61.8%	80.8%	**+19.0%**
Kansas	144,000	49.7%	68.5%	**+18.8%**	60.3%	76.2%	**+15.9%**
Kentucky	137,000	39.8%	65.0%	**+25.1%**	55.7%	73.6%	**+17.9%**
Louisiana	193,000	39.6%	60.3%	**+20.7%**	51.2%	69.4%	**+18.2%**
Maine	58,000	0.0%	0.0%	**0.0%**	34.6%	58.7%	**+24.1%**
Michigan	286,000	25.0%	54.1%	**+29.1%**	42.7%	64.4%	**+21.7%**
Mississippi	172,000	28.1%	58.5%	**+30.4%**	48.0%	69.4%	**+21.4%**
Missouri	254,000	45.9%	65.5%	**+19.5%**	58.5%	74.2%	**+15.6%**
Montana	50,000	40.5%	55.8%	**+15.3%**	49.5%	64.3%	**+14.8%**
Nebraska	66,000	64.4%	83.6%	**+19.1%**	73.2%	90.5%	**+17.3%**
New Hampshire	54,000	16.3%	39.1%	**+22.8%**	29.1%	52.8%	**+23.7%**
New Mexico	95,000	33.6%	57.1%	**+23.5%**	48.4%	66.6%	**+18.3%**
North Carolina	643,000	59.1%	76.4%	**+17.3%**	69.0%	81.9%	**+12.9%**
North Dakota	24,000	53.0%	67.0%	**+14.0%**	55.5%	82.2%	**+26.7%**
Ohio	384,000	23.2%	52.7%	**+29.5%**	41.3%	65.3%	**+24.1%**
Oklahoma	238,000	55.7%	73.0%	**+17.4%**	64.7%	78.9%	**+14.3%**
Oregon	166,000	0.0%	0.0%	**0.0%**	43.8%	63.1%	**+19.3%**
South Carolina	285,000	53.7%	71.4%	**+17.6%**	65.5%	77.1%	**+11.6%**
South Dakota	45,000	63.8%	76.9%	**+13.1%**	73.0%	84.6%	**+11.6%**
Tennessee	369,000	50.7%	69.4%	**+18.7%**	62.2%	76.7%	**+14.5%**
Texas	2,730,000	52.8%	69.7%	**+17.0%**	63.1%	76.3%	**+13.2%**
Utah	135,000	52.9%	72.2%	**+19.3%**	66.5%	79.1%	**+12.6%**
Virginia	322,000	36.9%	63.1%	**+26.2%**	54.0%	70.6%	**+16.6%**
West Virginia	56,000	5.7%	34.7%	**+29.0%**	27.3%	56.4%	**+29.1%**
Wisconsin	212,000	40.5%	60.6%	**+20.2%**	52.5%	69.0%	**+16.5%**
Wyoming	42,000	67.4%	81.7%	**+14.3%**	70.0%	86.7%	**+16.8%**

Data Sources: American Community Survey, 2019; Marketplace Plan Files for Coverage in 2021

Notes: Catastrophic plans excluded from all analyses; *Rounded to the nearest thousand, and "study population" refers to uninsured QHP-eligible non-elderly adults in *HealthCare.gov* states; **Rounding may result in slight deviation in listed percentage point difference and the difference in pre-ARP and

post-ARP values calculated from the rounded values in the table; # "Post-ARP" only refers to the two subsidy provisions from the ARP examined in this analysis: lowering of max applicable percent of income toward benchmark premiums and extension of APTC to those above 400 percent FPL.

State Level Availability

Under the ARP, HealthCare.gov states continue to vary widely in the availability of zero-premium plans; some states (Alaska, Hawaii, Illinois, Maine, and Oregon) did not have any zero-premium plans available,[ix] while in other states more than three-quarters of the uninsured population may have them available. There was also variability by state for low-premium plans; however, now more than 50 percent of the study population in every state can find a low premium plan.

Some states may not have zero-premium plans available to anyone; for example, if all plans in the state cover some services that are not ACA essential health benefits (EHBs), then premiums in that state cannot be reduced by APTCs to zero-premium. APTCs cannot be applied to non-EHB portions of the premium and therefore these plans will always have some amount of premium cost to the consumer.[x] However, due to the comprehensiveness of EHBs, non-EHB portions of premiums are typically relatively small.

CONCLUSION

The American Rescue Plan Act of 2021 enhances Marketplace premium tax credits for consumers in HealthCare.gov states and expands eligibility for premium tax credits to applicable taxpayers with household incomes of 400 percent FPL and greater. We find that zero-premium and low-premium plans have become much more widely available based on these new tax credit provisions. These changes have improved the coverage options for millions of uninsured Americans and can help reduce racial and ethnic disparities in access to affordable health care coverage.

[ix] In places where plans cover services not included in the ACA's Essential Health Benefits (EHB), consumers in this income range will still pay some premium. The plans in these states all cover some non-Essential Health Benefits in their QHPs, which are not eligible for APTCs. See discussion of this in the Part I Issue Brief in this series.

[x] Non-essential health benefits are services beyond the ACA's ten categories of essential services, due to certain state mandates (for example, adult vision and adult dental coverage). For more details about specific state coverage requirements see: https://www.cms.gov/cciio/resources/data-resources/ehb#ehb.

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