

# 2021 POST AEP FINDINGS REPORT

# **Highlights**

MAPD set to outgrow PDP in 2021

Local PPO grows by  $\sim\!15\%$  or above for the fourth year in a row Shift the focus from Total Enrollment to better identify "Potential Markets"

INSIGHTS AT THE SPEED OF BUSINESS



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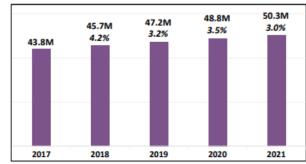
# 2021 POST AEP FINDINGS REPORT

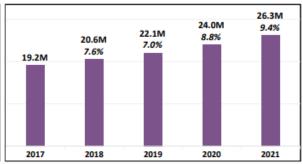
Since 2017, enrollment into Medicare Advantage plans, excluding stand-alone Prescription Drug Plans (PDPs), has increased by 37%. As of January 2021, enrollments have now exceeded 26 million, and will likely reach 30 million by 2023. While the overall trend has been directionally upward, some underlying cuts of data have seen volatility over the past 5 years. This report examines the various trends for the underlying data and focuses on the key variables that are driving the market.

### **National Overview**

### YoY Enrollment Growth -

At an overall level, total enrollment into all plan types has now exceeded 50 million. This total enrollment, which includes all plan types (MA, MAPD, PDP, and SNP), has seen an average growth of 3.4% YoY since 2017, finishing slightly under the average this year at 3%. However, enrollment into Medicare Advantage, excluding PDPs, grew by 9.4% in 2021, the highest YoY growth since 2017.





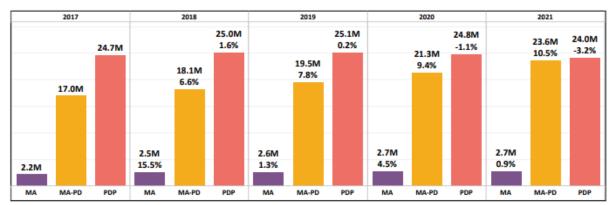
Graph 1 - YoY Enrollments: MA, MAPD & PDP

Graph 2 - YoY Enrollments: Medicare Advantage

### The Decline of PDP -

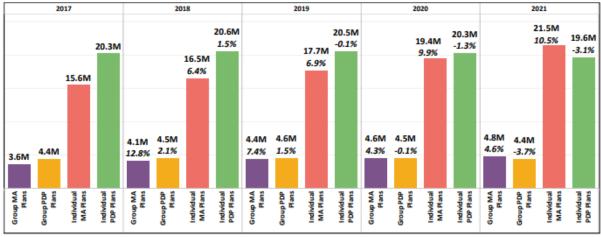
While PDP has held the highest enrollment total since 2017, a steady decline since 2019, coupled with the rise of MAPD enrollments, will result in MAPD plans overtaking PDP as the enrollment leader in 2021. MA plans, on the other hand, have remained fairly stagnant this year following a 4.5% growth in 2020.





Graph 3 - YoY MA, MAPD & PDP Enrollments

This decline in PDP is also prevalent when evaluating both Individual and Group plans separately. One potential cause for the decline of PDP, as indicated by numerous payers in the space, is the targeting of MedSupp members by Zero Premium PPO plans. The movement of MedSupp members, who were likely enrolled in a stand-alone PDP plan as well, into a PPO or HMO plan will also result in both a gain for MAPD and the loss of a PDP enrollment.

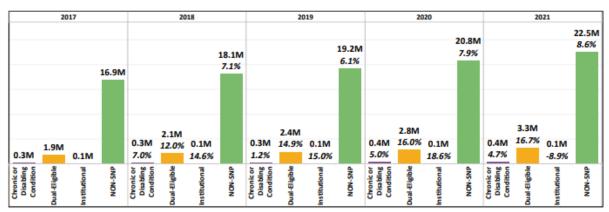


Graph 4 - YoY Individual & Group Enrollments

### **SNP Types -**

Non-SNP and DSNP plans have experienced the highest growth rate (8.6% and 16.7% respectively) since 2017, in line with the growth of MA Eligibles. CSNP has also seen YoY growth since 2017, with some variability. The only outlier in the SNP category is ISNP, which lost approximately 10,000 enrollments in 2021, a decline of 8.9%. While attributing the decline in ISNP enrollments directly to Covid-19 cannot be verified with the existing dataset, it can be assumed that the pandemic is likely a contributing factor in the decline.

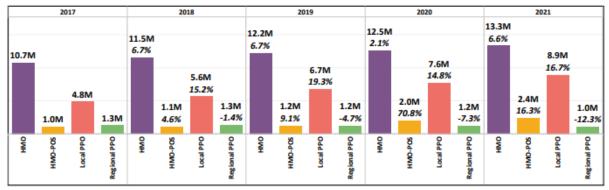




Graph 5 - YoY SNP Type Enrollments

### Plan Types -

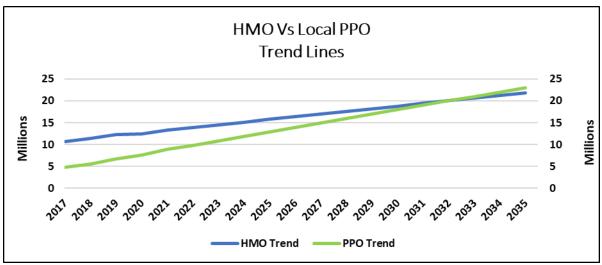
While both HMO and Local PPO (LPPO) have seen a steady rise in enrollment, LPPO has been growing by ~15% or more each year since 2017, compared to HMO which hasn't exceeded 6.7% growth during the same period. The third-largest plan type segment, HMO-POS, saw a YoY increase of 16.3% in 2021. This moderate gain follows a massive jump of 70.8% for HMO-POS in 2020. A year that also saw HMO growth slow tremendously to 2.1%. Regional PPO (RPPO), our smallest plan type segment, suffered losses for the fourth year in a row with a decline of 12.3%.



Graph 6 - YoY Plan Type Enrollments

With LPPO is growing at a much faster rate than HMO and holding a sizeable enrollment lead over HMO-POS, our extrapolation of the current trend indicates that LPPO will become the dominant plan type by the early 2030s. Applying potential factors, such as the slow loss of long-term HMO members, increased LPPO offerings, and new entrants into the market, it is likely that the timeline will accelerate.

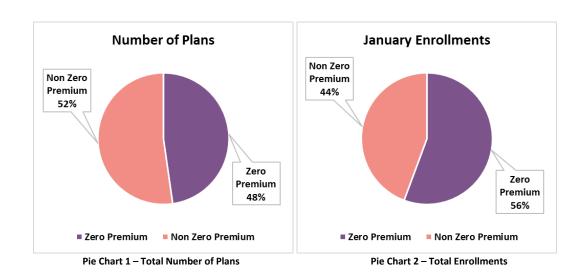




Graph 7 - HMO & Local PPO Trend Lines

### Current Trends -

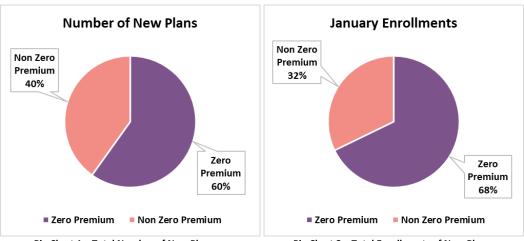
An analysis of the 2021 landscape file shows that there are a greater number of Non-Zero Premium plans (52%) compared to Zero Premium plans (48%) at the national level. However, when we analyze the CMS enrollment files for the same market, we find that Zero Premiums plans hold a higher enrollment share (56%) vs Non-Zero plans (44%). This continues the trend of the past few years which shows that beneficiary preference is continuously trending toward zero-dollar options.



Another way to analyze potential shifts in the market is by changing our focus from Overall Zero & Non-Zero Premium plans to *New* Zero & Non-Zero plans. Evaluating this smaller subset of the landscape and enrollment data allows us to better quantify the future trends, and effects, in the market.



What we identified in the analysis of *New* Zero & Non-Zero Premium plans within the CMS landscape file is that Payers are slowly introducing more Zero Premium plans compared to Non-Zero Premium plans, 60% to 40% respectively. A similar trend is also found in the CMS enrollment files whereas 68% of all enrollments into *new* plans are captured by those with a Zero Premium.



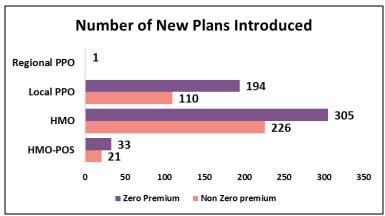
Pie Chart 1 – Total Number of New Plans

Pie Chart 2 - Total Enrollments of New Plans

# Current Trends (HMO vs PPO) -

Going one level deeper into the new plans released in 2021, we can further capture beneficiary trends at a Plan Type level to identify additional market insights.

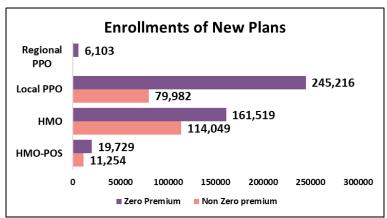
With HMO and LPPO plans seeing growth in total offerings in 2021, we find that Payers introduce 531 HMO plans compared to 304 LPPO plans. In both cases, Zero Premium plans led in terms of newly introduced options (HMO: 57.5%, PPO: 63.8%).



Graph 8 - Plan Types: Number of New Plans



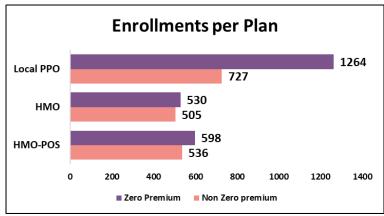
Though far more HMO plans were introduced, the enrollment numbers show that there were ~50K more enrollments into the fewer LPPO plans. It is also evident that the preference of a Zero Premium LPPO plan over a Non-Zero LPPO plan (245K vs 80K) is much more influential than the preference of Zero and Non-Zero HMO (161K vs 114K). This indicates that while beneficiaries enrolling in a new plan prefer Zero Premium plans, the preference is more prominent with those shopping for LPPO.



Graph 9 - Plan Types: Enrollments of New Plans

An additional way to evaluate the performance of Plan Types is the metric "Enrollments per Plan". Analysis of the graph below clearly shows that New Zero Premium LPPO plans have outperformed both Zero & Non-Zero HMO plans by a factor of 2.4X. Combining the learnings from all 3 graphs we can conclude that:

- 1. Payers are leaning heavily toward chasing enrollment trends and offering Zero Premium plans in higher volume.
- 2. HMO plans are still being introduced at a higher rate, regardless of the accelerated growth of LPPO.
- 3. Beneficiaries prefer Zero Premium LPPO plans compared to all other Plan Types.
- 4. The preference of beneficiaries between Zero & Non-Zero HMO plans is still split.



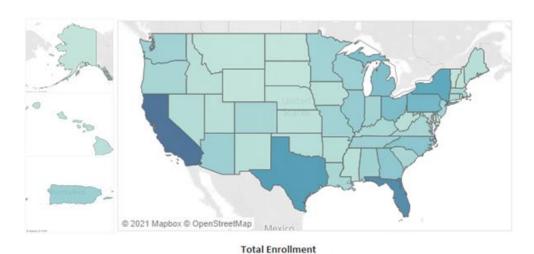
Graph 10 – Plan Types: Enrollments per New Plan



### **State Overview**

### National Heatmap -

When we think about the top states in the country for Medicare Advantage, we tend to focus on total enrollments as the determining factor. In doing so we fail to identify emerging markets and instead focus on saturated markets with high populations. However, this can be a good starting point to evaluate potential shifts across the nation. The heatmap below shows us which states had the highest enrollment in January.



1,050 2,998,968 Heatmap 1 – Total Enrollments

Unsurprisingly, California and Florida have the highest total enrollment in the country, a position they have held for a while. Though these states have a high number of eligibles, entering such saturated markets will likely result in tough competition and high marketing investment for most organizations. (The top 10 States in total enrollments can be seen in Table 1 in the glossary)





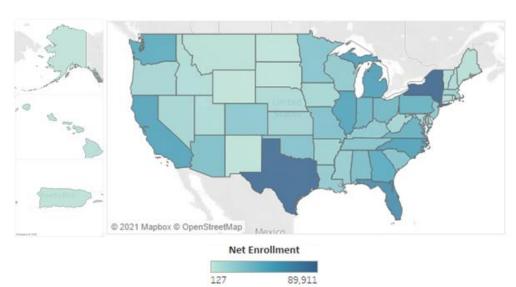
Florida: 2,360,670 Total Enrollments



A different way to evaluate state-wise performance is to focus on markets with the highest net enrollments YoY. Doing so allows us to identify markets that are growing the fastest and



often indicates saturated markets with high population coupled with high potential. While this helps shorten the list of true emerging markets, it also has challenges as these states are also typically highly contested markets with substantial competition. The heatmap below shows the states with the highest net enrollment gain from December 2020 to January 2021 (AEP impact).



Heatmap 1 - Total Enrollments

New York: 89,911 Net Enrollments



Texas: 86,175 Net Enrollments

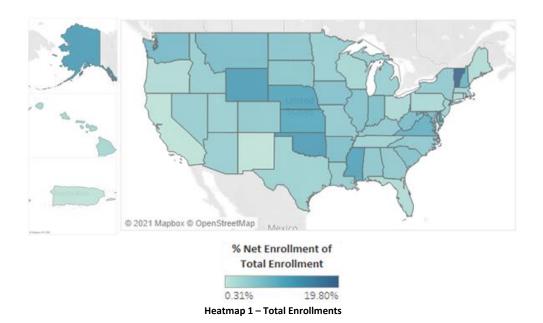


In this segment, New York and Texas presented the highest net enrollment growth. As with the total enrollment section, these leading states are saturated markets which can be a challenge to enter. It must be noted that while net enrollments are not an effective method to find potential markets at a national level, this metric is far more effective at a county/plan level. (The top 10 states in net enrollments can be seen in Table 2 in the glossary)

By altering our approach and calculating what percentage of the "total enrollment" was explained by the "net enrollment" we can better identify markets with high potential. This metric allows us to identify the states which are most active now and experiencing the highest growth relative to their size. We often refer to these as "emerging markets". The heatmap below shows us emerging markets following the 2021 AEP.



In this analysis, we found that Vermont saw the largest growth (19.8%) followed by numerous mid-west states, Alaska, Mississippi, and Virginia.



### State HMO and LPPO Breakdown -

We established in earlier sections that LPPO plans perform better than HMO plans at the national level, but how does this relate when considered on a state-by-state basis? By going a layer deeper and analyzing the top states for each Plan Type, it is evident that different states behave and respond differently. The following section investigates those variances in HMO and LPPO Plan Types.

### State HMO

California and Florida have the highest Total Enrollment for the HMO Plan Type. Not surprising considering these two states have high populations of MA eligibles. (The top 10 states in total enrollments can be seen in Table 3 in the glossary)

New York and Texas had the highest net enrollment for HMO Plan Type, indicating that these two states were the best performing states for HMO plan growth. (The Top 10 states in net enrollments can be seen in Table 4 in the glossary)

### State HMO: New Zero Premium

Florida and California introduced the highest number of Zero Premium HMO plans. Being the two largest markets in the country this is not surprising but still shows the growth of Zero



premium in large markets, which typically set the trend. (The Top 10 states that introduced new plans can be seen in Table 5 in the glossary).

Texas and California had the highest Net Enrollment into HMO Plan Type. This indicates that these two states were the best performing states for New Zero Premium HMO plans. (The top 10 states in enrollments can be seen in Table 6 in the glossary)

When we shift our focus to enrollments per new plan, we see that Maryland and North Carolina have the highest gain. Texas and California may have had a higher number of enrollments but only because they are the largest markets in terms of population and eligibles. On the other hand, while Maryland and North Carolina may have a lower number of enrollments, they are also more responsive to New Zero Premium HMO plans compared to any other state. (The top 10 states in enrollments per plan can be seen in Table 7 in the glossary)

Maryland : 2,761 Enrollments per New Plan



North Carolina: 2,125 Enrollments per New Plan



### State HMO: New Non-Zero Premium

Texas and California introduced the highest number of Zero Premium HMO plans, which again, is not surprising given their size and MA population. (The top 10 states that introduced new plans can be seen in Table 8 in the glossary)

New York and Texas had the highest net enrollment for the HMO Plan Type. This indicates that these two states were the best performing states for New Non-Zero Premium HMO plans. (The top 10 states in enrollments can be seen in Table 9 in the glossary)

New York: 2,423 Enrollments per New Plan



Tennessee: 1,229 Enrollments per New Plan



New York and Tennessee had the highest enrollments per the new plan. While New York is the best state to introduce Non-Zero HMO plans in the national, it is also a highly saturated market. Taking these factors into consideration, Tennessee is an appealing state for expansion considering its responsiveness to New Non-Zero HMO Plans. (The top 10 states in enrollments per plan can be seen in Table 10 in the glossary)



### State LPPO

Texas and Florida have the highest Total Enrollment in the LPPO Plan Type. This is not surprising as these two states have high populations and MA eligibles. (The top 10 states in total enrollments can be seen in Table 11 in the glossary)

Florida and Georgia had the highest Net Enrollments. These two states were the best markets for LPPO plans in the country. (The top 10 states in net enrollments can be seen in Table 12 in the glossary)

### State LPPO: New Zero Premium

Being some of the biggest markets in the country, it is not surprising that Florida and Texas introduced the highest number of New Zero Premium LPPO plans. (The top 10 states that introduced new plans can be seen in Table 13 in the glossary)

Missouri and New Jersey had the highest enrollments for New Zero Premium LPPO plans. Neither state would be classified as a typical "large MA market", but by having the highest enrollments these two states have become some of the hottest markets for New Zero Premium LPPO Plans. (The top 10 states in enrollments can be seen in Table 14 in the glossary)

New Jersey and Missouri also led the enrollments per the new plan, indicating that these are the best states to introduce Zero Premium LPPO plans in the nation. Even though they accounted for fewer new plans than the larger markets, Payers that introduced plans in these states had far greater success in capturing beneficiaries. (The top 10 states in enrollments per plan can be seen in Table 15 in the glossary)

New Jersey: 8,037 Enrollments per New Plan



Missouri: 4,660 Enrollments per New Plan



### State LPPO: New Non-Zero Premium

New York and Georgia introduced the highest number of New Non-Zero Premium LPPO plans. When we compare these numbers to the Zero Premium LPPO plans introduced it is quite evident that Payers prefer introducing Zero Premium LPPO plans compared to Non-Zero Premium LPPO plans. (The top 10 states that introduced new plans can be seen in Table 16 in the glossary)

South Carolina and Georgia had the highest enrollment for New Non-Zero Premium LPPO plans. Both these states are not large markets but by having such high enrollments they have



become the biggest markets for New Non-Zero Premium LPPO plans. (The top 10 states in enrollments can be seen in Table 17 in the glossary)

Washington: 5,961 Enrollments per New Plan



New Hampshire: 5,321 Enrollments per New Plan



Washington State and New Hampshire responded best to New Non-Zero Premium LPPO plans compared to any other state. Even though these states introduced fewer plans than the top states, new plans in these states outperformed the top states in the country. (The top 10 states in enrollments per plan can be seen in Table 18 in the glossary)

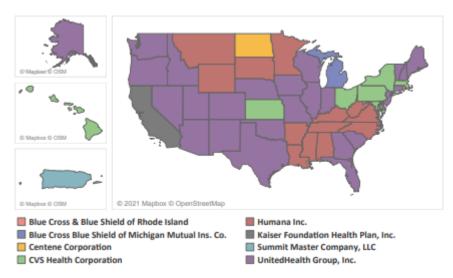


# **Parent Organization Overview**

This section focuses on Payers, classified by their Parent Organization, at a national level. It is important to note that focusing on Parent Organizations at a National level is not an ideal way to gauge true performance. Multi-state Payers will always tend to have higher enrollment numbers even when they are not considered the best performers in their respective markets. Focusing on performance at the market level would allow us to understand the performance of Parent Organizations, but is far too comprehensive for a general overview.

### **Top Parent Organizations –**

The state-level map below displays the Top Parent Organizations in each state by color. United Health Group (UHG) owns the majority share of multiple states and is the clear market share leader across the country. UHG is followed by Humana in overall enrollment and concedes multiple states, specifically multiple northern and southern markets. It is interesting to note the regional Organizations shown, BCBS Rhode Island and BSBC Michigan, as the only two that own the majority share in their native market.



Map 15 – Top Parent Organizations in each State

Looking at the largest Parent Organizations in the industry in enrollment, considered the Titans of Industry, we can see that national players are the dominant type. However, two regional Parent Organizations, Highmark Health, and BCBS Michigan, still hold positions. The following organizations are the top 10 in total enrollment.















1,723,284

1.485.902

1,063,634









Parent Organizations – Titans of the Industry

Those Parent Organizations which gained the highest enrollments during the 2021 AEP allow us to better gauge the organizations making the most progress in the nation. Again, national players tend to dominate this list for the most part. However, this list presents two interesting organizations, Devoted Health, and BCBS Michigan, showing us that regional payers & industry disruptors players can also gain substantial enrollments. A more layered analysis at the market-level would better define how regional organizations are performing as national players will always tend to have higher net enrollments. The following organizations are the top 10 in net enrollment gain this past AEP.











50,899



STELLA HEALTH Aware Integrated, Inc. 11,921







Parent Organizations - Highest Gainers

Another variation of the data provides deeper insights into the organizations which grew the most in the past year, relative to their size. By focusing on these organizations, we can see which organizations are growing at a rapid rate and may, or have, evolved as top competitors. Two great examples of the evolution within this group are Devoted Health and Mulberry (Oscar Health) which are newer to the Medicare Advantage market but have already evolved



into leading organizations in their various markets. The following 10 organizations are considered the fasting growing Industry Disruptors ranked by growth percentage from the previous AEP.



While New Entrants may not always be highly competitive from the start, it is always important to know who the new Payers are in the market. The following are some of the New Entrants into the market this AEP.





The following charts are the Parent Organizations that led in various categories of data.

### MA-MAPD-PDP

	MA	MAPD	PDP
	<b>♥CVS</b> Health.	United Healthcare	<b>♥CVS</b> Health.
Total Enrollment	778,385	6,271,420	5,635,153
	United Healthcare	Humana.	<b>♥CVS</b> Health.
Net Enrollment	241,864	376,790	203,048

# Individual-Group

	Group MA	Group PDP	Ind MA	Ind PDP
	United Healthcare	<b>Cigna</b>	United Healthcare	<b>♥CVS</b> Health.
<b>Total Enrollment</b>	1,474,325	1,614,517	5,555,668	4,306,208
	United Healthcare	HIGHMARK HEALTH	United Healthcare	<b>♥CVS</b> Health.
Net Enrollment	146,509	152	405,738	265,741

## **SNP Type**

	CSNP	DSNP	ISNP	Non-SNP
	United Healthcare	United Healthcare	United Healthcare	United Healthcare
<b>Total Enrollment</b>	186,064	1,134,086	58,119	5,651,724
	ULTIMATE HEALTH PLANS Good health is where you live.	<b>CENTENE</b> ° Corporation	CARE ENTURES	United Healthcare
Net Enrollment	734	54,842	2,856	517,354

# **Plan Type**

	НМО	HMO-POS	Local PPO	Regional PPO
	United Healthcare	United Healthcare	United Healthcare	United Healthcare
<b>Total Enrollment</b>	2,644,612	1,050,987	2,611,689	698,080
	<b>CENTENE</b> ° Corporation	Humana.	United Healthcare	NA
Net Enrollment	119,016	155,750	518,060	NA



Through the course of this report, we have concluded that at a national level, Zero Premium plans are more favored by beneficiaries and LPPO plans are becoming more favorable than HMO. The following are the leading Parent Organizations that stand with respect to New plans introduced.





### **Zero Premium**







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### **Non-Zero Premium**







### Conclusion -

- 1. MA Enrollment has now crossed 26 Million in the United States.
- 2. PDP is in decline and MAPD is set to outgrow PDP in 2021.
- 3. The decline in PDP is present for both Group and Individual plans.
- 4. ISNP is the only SNP Type to see a fall, one of the factors being Covid-19.
- 5. 2020 saw a 70.8% growth in HMO-POS followed by a 16% growth in 2021. This signifies a new trend of a shift in beneficiary preference from HMO to HMO-POS.
- 6. LPPO plans have been growing at 15% or more since 2018. At the current trend, LPPO will outgrow HMO by the early 2030s. External factors like policy changes and disenrollment will only accelerate this timeline.
- 7. While at an overall level there are a greater number of Non-Zero Premium plans, Zero Premium plans have now captured more enrollments.
- 8. Focusing on new plans to capture beneficiary preferences it is evident that beneficiaries prefer Zero Premium plans to Non-Zero Premium plans.
- 9. Zero Premium PPO plans outperform HMO plans by a factor of 2.4.
- 10. By shifting the focus from "Total Enrollments" to "Net Enrollments" and "% Net Enrollment of Total" we can better identify growing markets with high potential.
- 11. Each state has a unique preference and responds differently to Premium changes and Plan Types. Shifting the focus from the top market with high eligibles to markets that respond best to the type of plan the Organizations wants to introduce will prove to be more effective in capturing enrollments.





# **Glossary**

### **Definitions** -

- 1. Total Enrollment / Enrollment: Enrollments as of January 2021
- 2. **Net Enrollment**: The jump in enrollments from December 2020 to January 2021. It is calculated as January 2021 Enrollments December 2020 Enrollments.
- 3. **% Net Enrollment of Total**: It is defined as the % of Total Enrollment that is explained by the Net Enrollment.
- 4. **Enrollment per New Plan**: It is a derived metric that shows us how effective a particular plan is in capturing enrollments.

Table 1	

State Total Enrollments		
State	<b>Total Enrollment</b>	
California	2,998,968	
Florida	2,360,670	
Texas	1,931,565	
New York	1,654,443	
Pennsylvania	1,275,875	
Ohio	1,138,384	
Michigan	1,068,731	
North Carolina	880,176	
Georgia	807,966	
Illinois	723,662	

Table 2

State Net Enrollments		
State	Net Enrollment	
New York	89,911	
Texas	86,175	
Florida	65,531	
Michigan	52,193	
North Carolina	51,506	
California	50,240	
Illinois	49,278	
Georgia	44,614	
Washington	44,372	
Pennsylvania	40,541	



Table 3

rable 3		
HMO Total Enrollments		
State	Total Enrollment	
California	2,662,917	
Florida	1,409,060	
New York	973,919	
Texas	818,457	
Pennsylvania	689,268	
Ohio	602,222	
Arizona	477,243	
Washington	409,404	
Puerto Rico	367,754	
Louisiana	306.910	

Table 4

HMO Net Enrollments		
State	Net Enrollment	
New York	51,501	
Texas	49,827	
California	39,060	
Ohio	32,628	
Florida	30,448	
Kentucky	20,655	
Pennsylvania	16,369	
Louisiana	16,303	
Indiana	14,160	
Mississippi	13,856	

Table 5

HMO Zero Premium New Plans Introduced		
State	Number of Plans	
Florida	52	
California	37	
Texas	27	
Indiana	16	
Arizona	13	
Nevada	13	
Ohio	13	
Washington	10	
New York	9	
Kentucky	9	

HMO Zero Premium New Plans Enrollment	
State	Enrollments
Texas	37,328
California	25,572
New York	12,394
Arizona	12,268
Florida	7,433
Washington	7,285
Nevada	6,509
North Carolina	6,374
Arkansas	4,604
Mississippi	4,264

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HMO Zero Premium Enrollment per New Plan		
State	Enr per Plan	
Maryland	2,761	
North Carolina	2,125	
Hawaii	1,522	
Mississippi	1,421	
Texas	1,383	
New York	1,377	
Maine	1,106	
Oregon	1,032	
Delaware	969	
Arizona	944	

Table 8

HMO Non-Zero Premium New Plans Introduced	
State	Number of Plans
Texas	22
California	21
New York	20
Florida	19
Ohio	13
Nevada	12
North Carolina	9
Maryland	8
Missouri	8
Georgia	8

Table 9

HMO Non-Zero Premium New Plans Enrollment		
State	Enrollments	
New York	48,463	
Texas	19,449	
Ohio	7,020	
Tennessee	6,147	
California	4,132	
Florida	4,123	
Louisiana	3,241	
Nevada	3,162	
Maryland	2,895	
Washington	2,216	

Table 10

HMO Non-Zero Premium Enrollment per New Plan	
State	Enr per Plan
New York	2,423
Tennessee	1,229
Washington	1,108
Louisiana	1,080
Texas	884
Ohio	540
Mississippi	408
New Jersey	385
Maryland	362
Colorado	323



Table 11

Tubic 11	
PPO Total Enrollments	
State	<b>Total Enrollment</b>
Texas	657,209
Florida	636,052
Michigan	628,057
Pennsylvania	506,760
New York	466,604
Georgia	434,742
North Carolina	412,893
Ohio	401,975
Illinois	371,461
New Jersey	315,957

Table 12

PPO Net Enrollments	
State	Net Enrollment
Florida	75,618
Georgia	50,801
Texas	42,509
Michigan	41,846
New Jersey	40,073
South Carolina	37,324
Illinois	34,736
New York	32,215
Missouri	30,611
Washington	28,404

Table 13

PPO Zero Premium New Plans Introduced	
State	Number of Plans
Florida	15
Texas	11
Georgia	10
Kansas	9
Illinois	9
Tennessee	8
Missouri	7
Arizona	7
Michigan	7
New York	6

Table 14

PPO Zero Premium New Plans Enrollment	
State	Enrollments
Missouri	32,623
New Jersey	32,146
Washington	20,453
Texas	17,760
Kansas	16,710
New York	14,285
Arkansas	9,056
Illinois	8,605
Arizona	8,422
North Carolina	7,680

Table 15

PPO Zero Premium Enrollment per New Plan	
State Enr per Plan	
New Jersey	8,037
Missouri	4,660
Washington	4,091
Delaware	3,271
New York	2,381
Montana	2,000
Kansas	1,857
Arkansas	1,811
Texas	1,615
North Carolina	1,280

Table 16	
PPO Zero Premium New Plans Introduced	
State Number of Plans	
Georgia	9
New York	9
Arkansas	9
Texas	8
Indiana	8
South Carolina	6
New Jersey	6
Arizona	5
Maine	4
California	4

PPO Zero Premium New Plans Enrollment		
State	Enrollments	
South Carolina	10,811	
Georgia	10,389	
New York	7,954	
Washington	5,961	
New Hampshire	5,321	
Texas	4,997	
North Carolina	4,787	
Arizona	4,750	
Colorado	4,612	
Oklahoma	2,831	

Table 18

PPO Zero Premium Enrollment per New Plan	
State	Enr per Plan
Washington	5,961
New Hampshire	5,321
Colorado	4,612
South Carolina	1,802
North Carolina	1,596
Georgia	1,154
Arizona	950
Oklahoma	944
Oregon	930
New York	884