2016 exchange market remains in flux: Plan type trends
Finding across 50 states and DC

**PLAN OFFERINGS**

**COMPETITIVITY BY PLAN TYPE**

- Competitively priced silver plans:
  - 2014: 23%
  - 2015: 22%
  - 2016: 21%

- All silver plans:
  - 2014: 8%
  - 2015: 8%
  - 2016: 6%

**HMO & EPO**

- PPOs: 31%
- POS: 8%
- HMO: 60%

**PPO & EPO**

- PPOs: 31%
- EPOs: 8%
- HMO: 60%

**POS**

- POS: 8%
- PPO: 31%
- HMO: 60%

**METHODOLOGY**

The above findings are based on publicly available, approved 2016 individual market exchange rates as displayed on exchanges for all states and DC, compiled within the McKinsey Exchange Offering Database. Plan types reported here were taken directly from exchange websites and Summary of Benefits and Coverage (SBC) documents. Independent assessment of plan types was not part of the analysis presented in this document.

- HMO: a health maintenance organization is a plan typically centered around a primary care physician who acts as gatekeeper to other services and services; it usually provides no coverage for out-of-network services, except in emergency or urgent-care situations.
- EPO: an exclusive provider organization is a plan similar to an HMO. It usually provides no coverage for any services delivered by out-of-network providers or facilities except in emergency or urgent-care situations, however, it generally does not require members to use a primary care physician for in-network referrals.
- POS: a point-of-service plan is hybrid of an HMO and a PPO; it is an open-access model that may assign members to a primary care physician and usually provides partial coverage for out-of-network services.

Note: These analyses are across all plan offerings and do not reflect enrollment.