

A DEEP DIVE INTO HEALTH INSURANCE COVERAGE IN TENNESSEE

Trends in Coverage, Choice, and Costs Since 2010



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Along with our environments and behaviors, access to health care is one of the major [drivers of health](#). For better or worse, robust access to the U.S. health care system is largely predicated on having health insurance.

Using nine years of Tennessee data from multiple sources, this report provides a comprehensive picture of recent trends in health insurance coverage, private plan choice and costs, and the uninsured in our state.

KEY TAKEAWAYS

Sources of Coverage:

- 90% of Tennesseans had health insurance in 2018, with just over half the population getting job-based coverage through an employer.

Job-Based Coverage:

- Most Tennessee workers are offered job-based health insurance, typically with at least two plan options.
- Employers cover the majority of job-based health premiums, but the employee share has grown over time. Today, Tennesseans with job-based coverage pay much higher premiums and deductibles than in 2010.

Healthcare.gov Marketplace Coverage:

- Marketplace plans are a relatively small source of coverage in Tennessee (3% in 2018). Enrollment peaked in 2016 and has slowly declined each year since.
- Every area of Tennessee had at least six plan options in 2020. There are large differences in the average cost of coverage for people in different areas and those with or without subsidies.

The Uninsured:

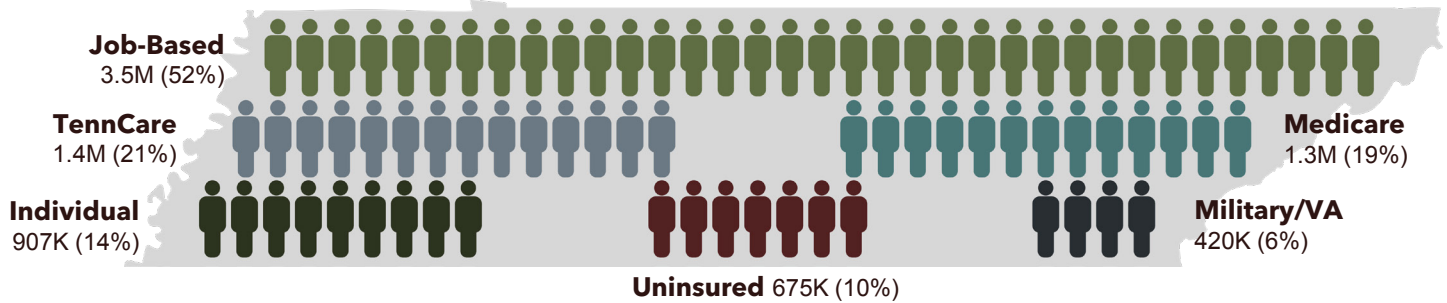
- 10% of Tennesseans did not have health insurance in 2018. The uninsured rate has fallen over the last decade but ticked back up since reaching a low of 9% in 2016.
- Men, people of color, younger adults, the unemployed, and those with less education and income are more likely to be uninsured.



Health Insurance Coverage in Tennessee

Where Tennesseans Get Coverage

90% of Tennesseans had health insurance in 2018, with just over half the population getting job-based coverage through an employer. People can have more than one type of coverage.



Job-Based Coverage

Most TN workers are offered **job-based health insurance**, typically with at least two plan options.

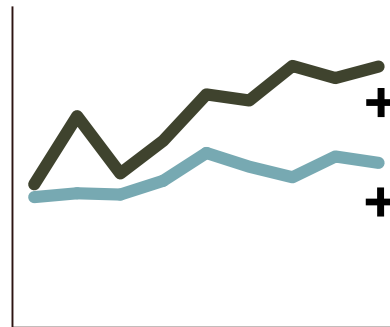


87% of TN employees were at firms offering coverage (2018)



72% of TN employees offered coverage had 2+ options (2018)

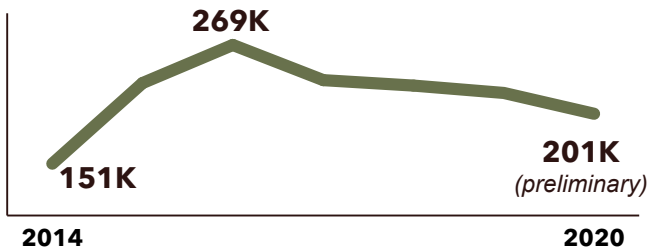
Costs for job-based coverage in TN have increased substantially since 2010.



Individual Coverage (Adj. for Inflation)

Healthcare.gov

Marketplace enrollment peaked in 2016 and has slowly declined each year since.



There are **large differences** in avg. monthly premiums for people in different areas and with/without subsidies.

8x

w/out subsidies v. w/ subsidies (\$560 v. \$73) (2019)

4x

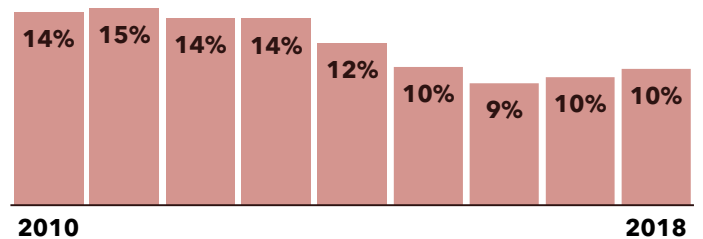
highest v. lowest cost areas – w/ subsidies (\$98 v. \$22) (2019)

3x

highest v. lowest cost areas – w/out subsidies (\$735 v. \$267) (2019)

The Uninsured

TN's **uninsured rate** has fallen over the last decade but ticked back up since reaching a low of 9% in 2016.



Some Tennesseans are **more likely** than others to be uninsured.

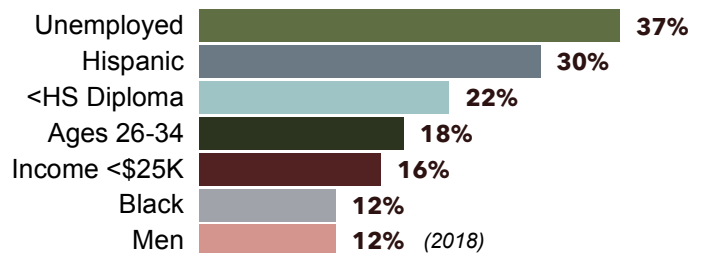
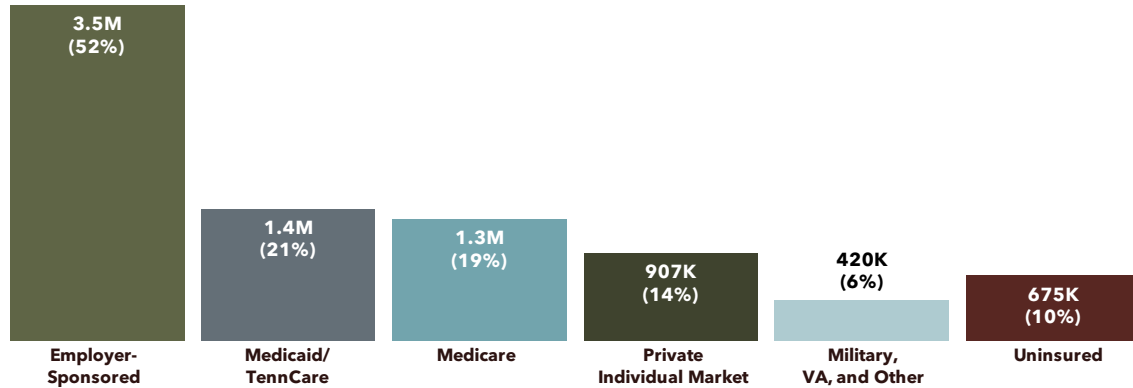


Figure 1. Employer-Provided Coverage and Medicaid Are Tennessee's Largest Sources of Health Insurance Coverage

Where Tennesseans Get Their Health Insurance Coverage (2018)



Note: Percentages add up to 122% because coverage types are not mutually exclusive – particularly among adults 65 and older who often have multiple plans (e.g. “dual eligible” individuals on both Medicare and Medicaid or those with both Medicare and private Medicare supplement plan).

Source: 2018 American Community Survey 1-year estimates (1)

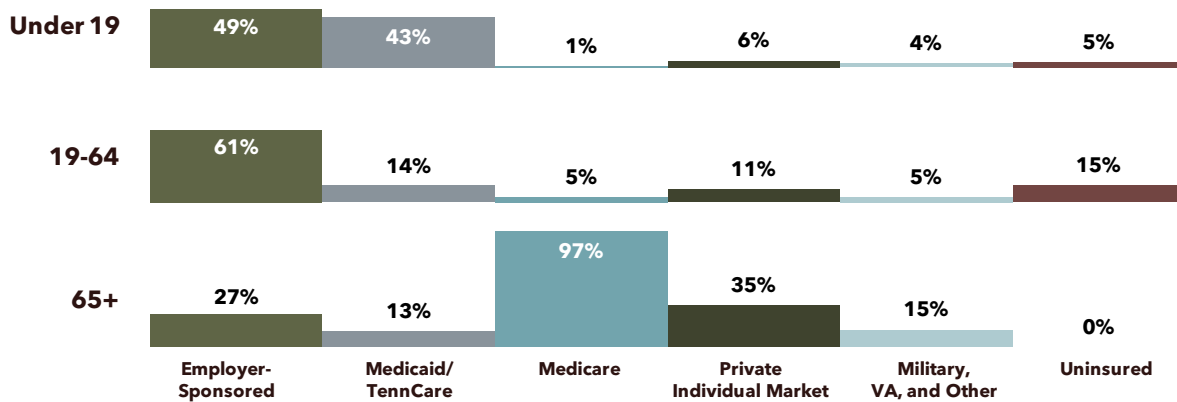
Sources of Coverage in Tennessee

In 2018, 90% of Tennesseans had health insurance, and the majority of those individuals had private coverage through an employer (Figure 1). The second largest coverage group was TennCare (the state’s Medicaid program), where more than one in five received coverage – a rate that [varies across the state](#). Different age groups, however, rely on each source of coverage to varying degrees (Figure 2):

- Children Under 19:** Nearly half of children in Tennessee are covered by private job-based plans, while 43% are on TennCare. To be [eligible for TennCare](#), children must live in a household with an income under 250% of poverty – the highest threshold of any eligibility group.
- Non-Elderly Adults 19-64:** Over 60% of non-elderly adults receive private coverage from an employer. They are also more likely to be uninsured than other age groups.
- Adults 65 and Older:** Nearly all seniors are enrolled in Medicare, the federally-run health insurance program for people 65 and over. Most seniors also have some other form of insurance to pay for costs not covered by Medicare, such as private plans from a former employer or the individual Medicare supplement (or Medigap) market.

Figure 2. Tennesseans of Different Ages Rely on Different Sources of Health Insurance Coverage

Where Tennesseans Get Their Health Insurance Coverage by Age (2018)

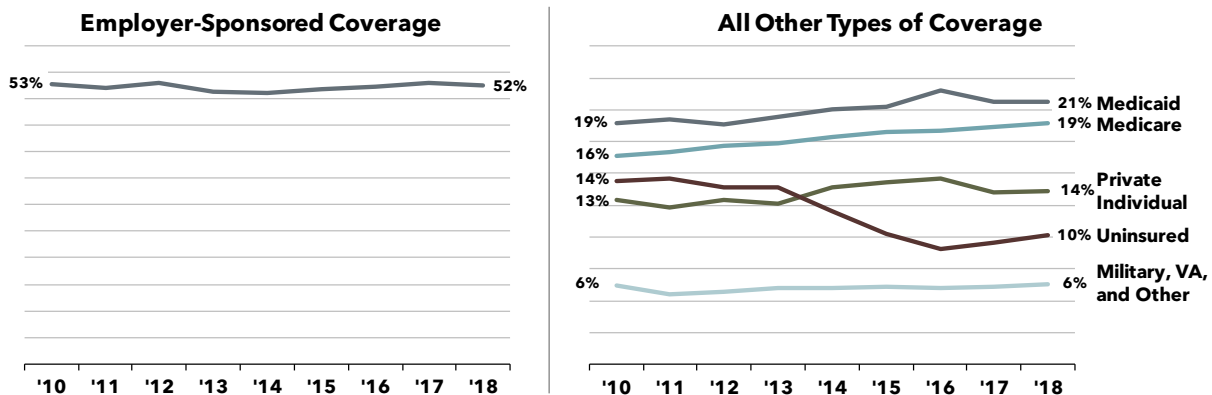


Note: Coverage types are not mutually exclusive. Individuals can be covered by more than one insurance type at a time (e.g. “dual eligible” individuals on both Medicare and Medicaid).

Source: 2018 American Community Survey 1-year estimates (1)

Figure 3. More Tennesseans Are Enrolled in Public Health Insurance Programs and Fewer Are Uninsured Than in 2010

Where Tennesseans Get Their Health Insurance Coverage (2010-2018)



Note: Coverage types are not mutually exclusive. Individuals can be covered by more than one insurance type at a time (e.g. “dual eligible” individuals on both Medicare and Medicaid).

Source: 2010-2018 American Community Survey 1-year estimates (1)

Tennesseans’ sources of coverage have not changed dramatically over the last decade outside of fluctuations in the uninsured rate (Figure 3). Employer-sponsored plans have consistently been the largest source of coverage for Tennesseans. Enrollment in public health insurance programs (i.e. Medicare and Medicaid/TennCare) has grown some – largely due to the aging of the population. Enrollment in private individual health insurance market plans grew some after the implementation of the Affordable Care Act (ACA) in 2014 (see below) but has leveled off since 2017.

Private Insurance Regulation in Tennessee

Most private health insurance in Tennessee is regulated by the state and/or federal governments, but some individual market plans are not subject to regulation.

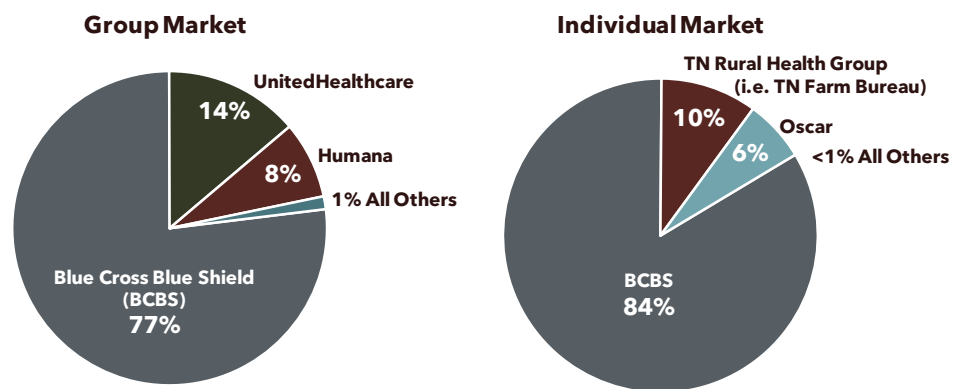
- **Federal Regulation Only:** Most employer plans are “self-insured” and regulated exclusively by the federal government. About 61% of workers nationally with job-based coverage are in self-insured plans. (2) Under a self-insured plan, the employer – not the insurance company – takes on the financial risk of providing health benefits. (3) Although these plans are self-insured, they are often administered by private health insurance companies.
- **Joint State and Federal Regulation:** The state and federal governments share responsibility for setting and enforcing the rules for all other types of private insurance. In 2018, Blue Cross Blue Shield covered more Tennesseans than any other private insurer in these markets (**Figure 4**). (4) (5)

Federal law sets the floor for state regulation. For example, the ACA put in place private individual market health insurance rules governing everything from annual reviews of premium changes to what plans must cover. (3) Tennessee’s Department of Commerce and Insurance (TDCI) is responsible for ensuring that plans in Tennessee meet federal requirements and carrying out any state requirements (e.g. licensing insurers, monitoring their financial stability).

- **Unregulated Plans:** Plans offered by the Tennessee Farm Bureau are specifically exempt from health insurance regulation in Tennessee law. (6) As a result, they are regulated by neither the state nor federal governments, but they reportedly voluntarily comply with some rules that apply to regulated plans. (7) (8) Farm Bureau plans were the 2nd largest insurer in Tennessee’s private individual health insurance market in 2018 (**Figure 4**). (4)

Figure 4. Blue Cross Blue Shield Covers More Tennesseans than Any Other Health Insurance Company in State-Regulated Plans

Health Insurer Premium Collections by State-Regulated Private Market Sector (2018)



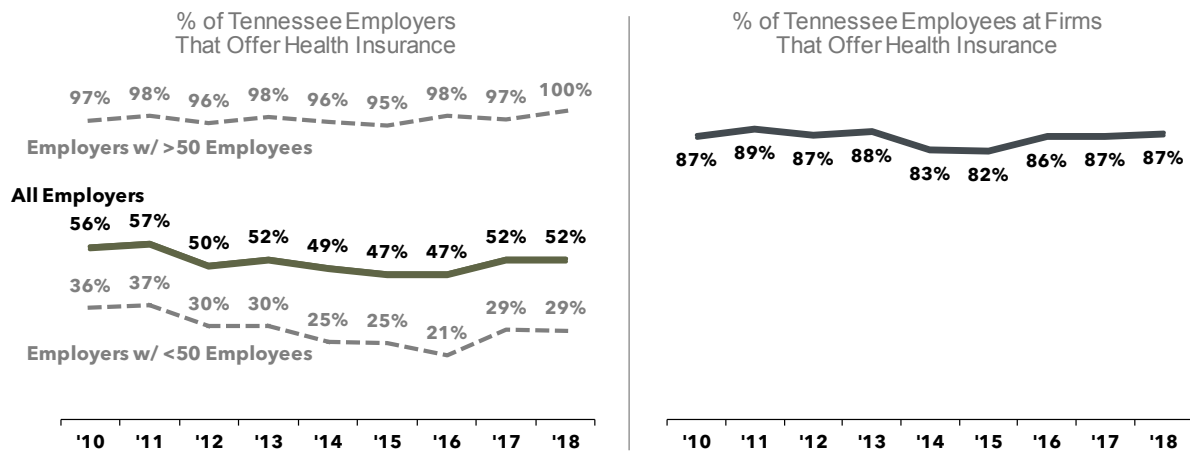
Notes: Includes only providers of comprehensive, state-regulated health plans. Does not include private Medicare supplement plans or self-insured plans that may be administered by private health insurance companies.

Source: Tennessee Department of Commerce and Insurance (4) (5)

Job-Based Coverage in Tennessee

Historically, employer-sponsored insurance has been the dominant source of health coverage in Tennessee and nationally – primarily because it is subsidized by the federal government. Unlike wages, employer contributions to health insurance are exempt from income and payroll taxes. It is the federal government’s largest tax expenditure (e.g. exemption, deduction, etc.) and represented \$280 billion in projected forgone federal revenues nationally in 2018. (9) (10) Employer-sponsored insurance is also a relatively effective way to pool risk for more affordable, accessible premiums.

Figure 5. Most Tennessee Workers Have Access to Job-Based Health Coverage, But Availability at Small Employers Has Fallen Since 2010



Source: 2010-2018 Medical Expenditure Panel Survey – Insurance Component (11)

Most Tennessee workers are offered job-based health coverage (Figure 5). In 2018, about 87% of private-sector Tennessee workers were at firms that offered health insurance – a share that has remained relatively stable over the last decade. Insurance offerings are nearly universal among firms with more than 50 employees, but coverage has become less common among smaller employers since 2010. (11)

Job-Based Plan Choice

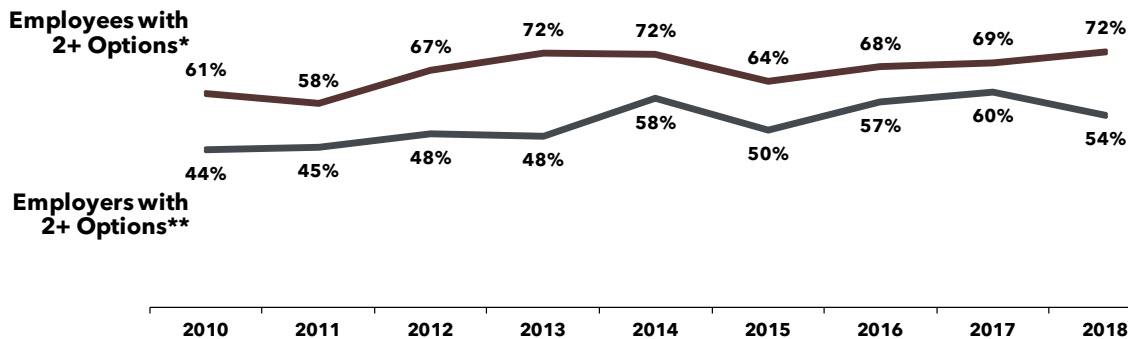
Most Tennessee workers have at least two health plan options from their employer (Figure 6). In 2018, about 72% of employees who were offered coverage had two or more plan options – a proportion that has grown over the last four years. These individuals were concentrated at larger employers. Nearly half of employers that offered coverage (mostly smaller ones) only offered one plan. (11)

Job-Based Plan Costs

Employers cover the majority of job-based health premiums, but the employee share has grown over time (Figure 7). In 2018, employers covered, on average, 76% of individual coverage premiums and 69% of family premiums – down from 80% and 73% in 2010, respectively. (11)

Figure 6. Most Tennessee Workers Have At Least 2 Job-Based Health Plan Options – About Half of Employers Offer a Choice

Access to 2 or More Employer-Sponsored Health Insurance Plan Options in Tennessee (2010-2018)

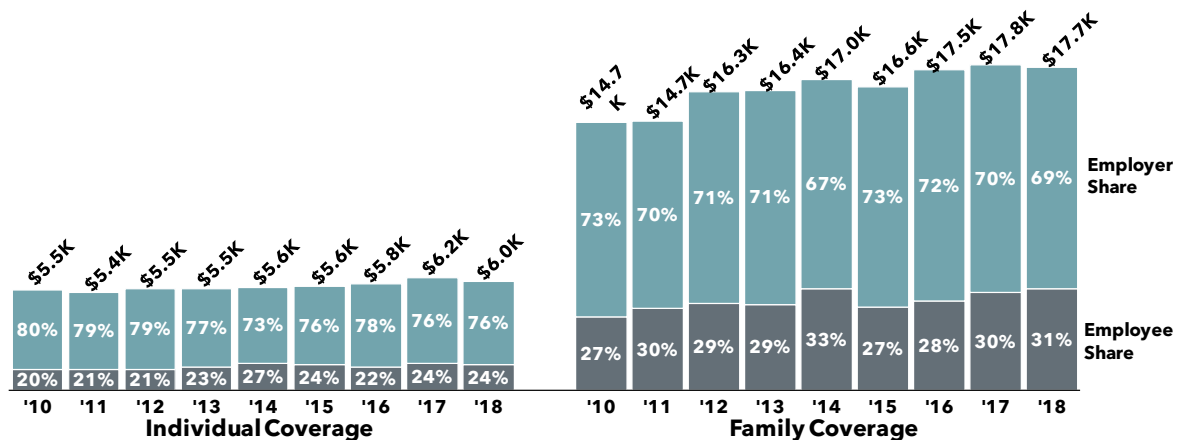


*Among employees at firms offering health insurance. **Among employers who offer health insurance.

Source: 2010-2018 Medical Expenditure Panel Survey – Insurance Component (11)

Figure 7. Tennessee Employers Cover the Majority of Job-Based Health Premiums, But Employees' Share Has Grown

Avg. Annual Premiums for Employer-Sponsored Insurance in Tennessee (Adj. for Inflation) (2010-2018)



Note: Costs have been adjusted for inflation to 2018 dollars using the CPI-U.

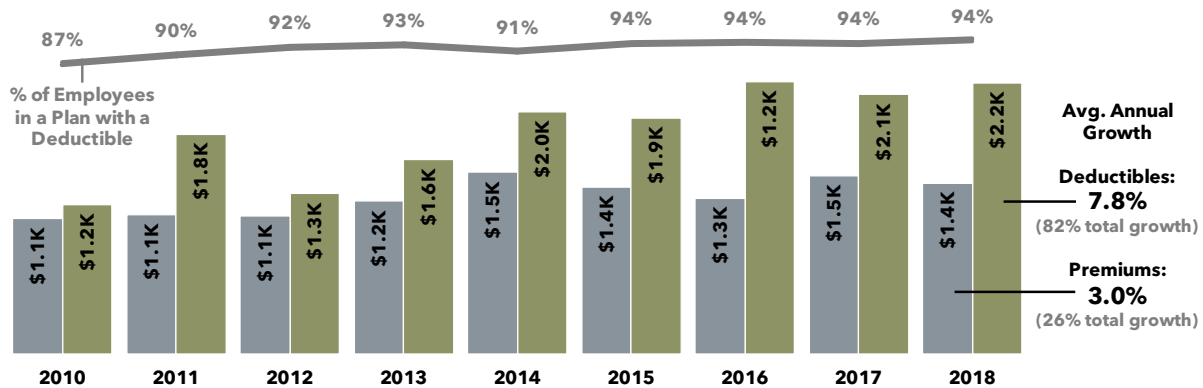
Source: 2010-2018 Medical Expenditure Panel Survey – Insurance Component (11)

Today, Tennesseans with job-based coverage pay much higher premiums and deductibles than in 2010. In 2018, the average employee paid \$1,400 a year for an individual plan and had a \$2,200 annual deductible – a 26% increase for premiums and 82% for deductibles since 2010 after adjusting for inflation (**Figure 8**). A family plan cost about \$5,500 with a \$3,900 deductible – increases of 38% and 65%, respectively, over 2010 (**Figure 9**). (11)

Research suggests that total out-of-pocket spending for job-based coverage may be quite large. According to a study of 2016-2017 data, half of Tennesseans with employer-sponsored insurance reported paying at least \$4,000 a year out of pocket for premiums and cost-sharing together and 10% spent at least \$11,900 (**Figure 10**). (12) For context, \$4,000 represents about 8% of the median household income in Tennessee in 2017. (1)

Figure 8. Deductibles Nearly Doubled, Premiums Grew 26% for Job-Based Individual Health Plans in Tennessee Since 2010

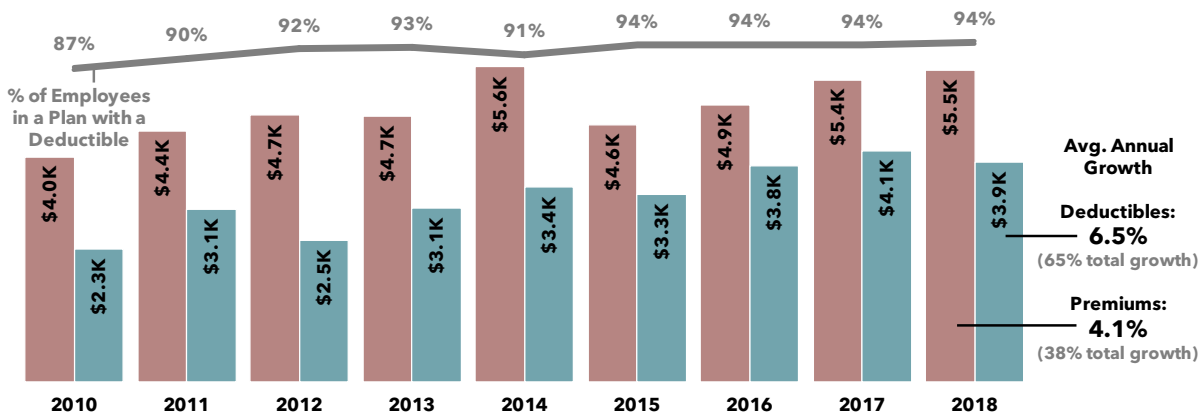
Avg. Employee Costs for Employer-Sponsored Individual Health Insurance in Tennessee (Adj. for Inflation) (2010-2018)



Note: Costs have been adjusted for inflation to 2018 dollars using the CPI-U.
 Source: 2010-2018 Medical Expenditure Panel Survey - Insurance Component (11)

Figure 9. Deductibles Grew 65%, Premiums Up 38% for Job-Based Family Health Plans in Tennessee Since 2010

Avg. Employee Costs for Employer-Sponsored Family Health Insurance in Tennessee (Adj. for Inflation) (2010-2018)



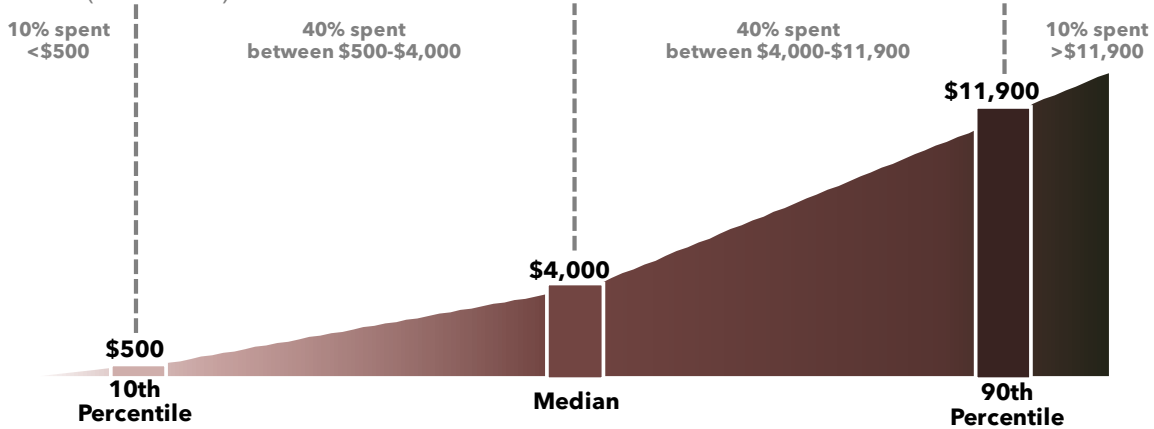
Note: Costs have been adjusted for inflation to 2018 dollars using the CPI-U.
 Source: 2010-2018 Medical Expenditure Panel Survey - Insurance Component (11)

Despite the growth of insurance costs, both wages and health insurance have been a steady share of employees' total compensation since 2010 (Figure 11). As of March 2019, cash compensation represented about 70% of employee compensation at businesses in Tennessee, Alabama, Kentucky, and Mississippi – compared with 71% in March of 2010. Health insurance dropped slightly from 8.5% in 2010 to 7.8% in 2019. (13) (14) (15) (16) (17) (18) (19) (20) (21)

Together, the data above suggest that, rather than reduce wages, employers have offset their rising health insurance costs by requiring workers to pay higher deductibles and a larger share of premiums.

Figure 10. Half of Tennesseans with Job-Based Health Insurance Spent \$4,000 or More Out of Pocket in 2016-2017

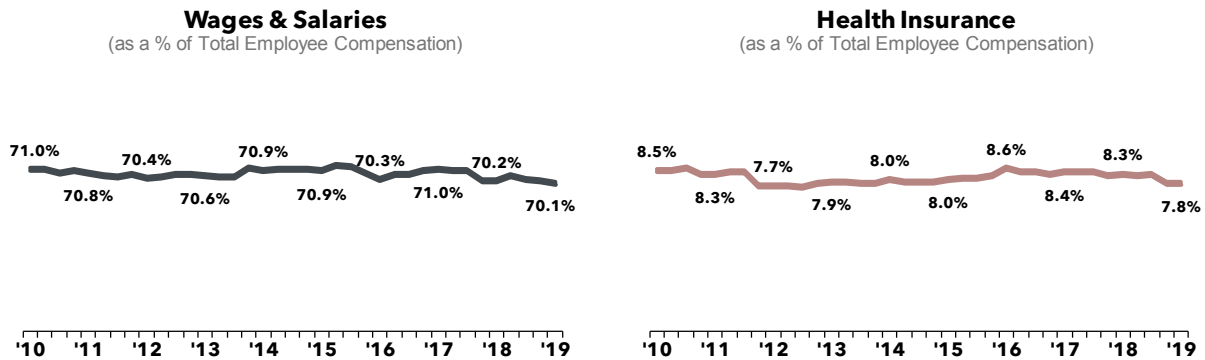
Annual Household Spending on Premiums and Cost-Sharing Among Tennesseans with Employer Insurance (2016-2017)



Source: The Commonwealth Fund’s analysis of Current Population Survey data for 2016-2017 (12)

Figure 11. Share of Total Compensation from Wages and Health Insurance Has Been Steady in South Since 2010

Hourly Employer Costs for Employee Compensation by Type in the East South Central Region (AL, KY, MS, TN) (2010-2019)



Note: Data are displayed by quarter.

Source: 2010-2019 Bureau of Labor Statistics’ Employer Costs for Employee Compensation Quarterly Regional Data (13) (14) (15) (16) (17) (18) (19) (20) (21)

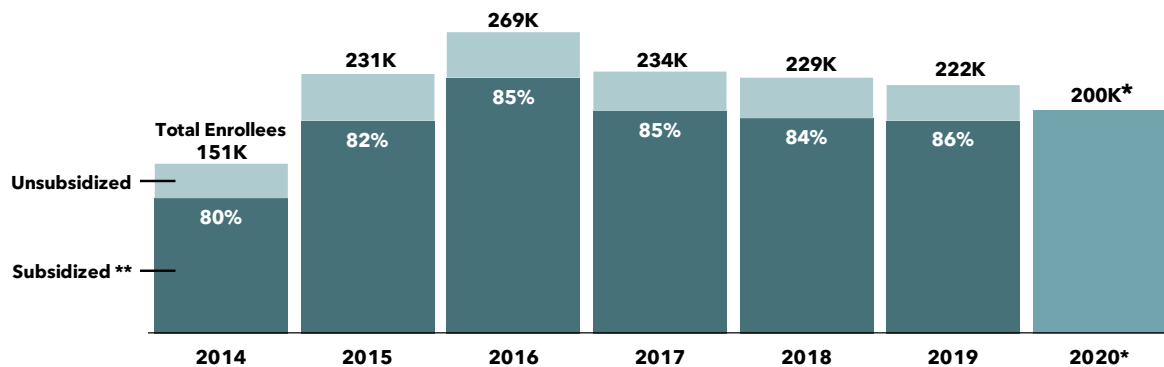
Tennessee’s Healthcare.gov Marketplace

Healthcare.gov Marketplace coverage includes private individual market plans that comply with ACA rules and are federally-subsidized for enrollees under 400% of poverty. The individual market includes private plans not offered through employer group coverage. With some narrow exceptions, the ACA requires individual market plans to cover a specific set of benefits, accept all who apply, and only vary premiums based on age, smoking status, and family size. It also funds federal subsidies that reduce premiums and cost-sharing for qualified individuals who purchase plans through the Healthcare.gov Marketplace. These federal subsidies amounted to a projected \$53 billion nationally in 2019. (10)

Before the ACA took effect in 2014, rules for the private individual market were set almost exclusively by states. In Tennessee, these plans could offer a narrower set of benefits, deny or limit coverage for people with pre-existing health conditions, and set premiums based on health status. As a result, the ACA made individual market plans more expensive for healthier enrollees, who may prefer less comprehensive options. The trade-off was that plans became more accessible and affordable for enrollees with greater health care needs, who prefer comprehensive plans.

Figure 12. Tennesseans' Enrollment in Healthcare.gov Plans Peaked in 2016 and Has Slowly Declined Each Year Since

Healthcare.gov Marketplace Open Enrollment Period Insurance Sign-Ups by Tennesseans (2014-2020)



*Information on subsidies are not yet available for 2020. **Include individuals eligible for premium tax credits and/or cost-sharing reductions.

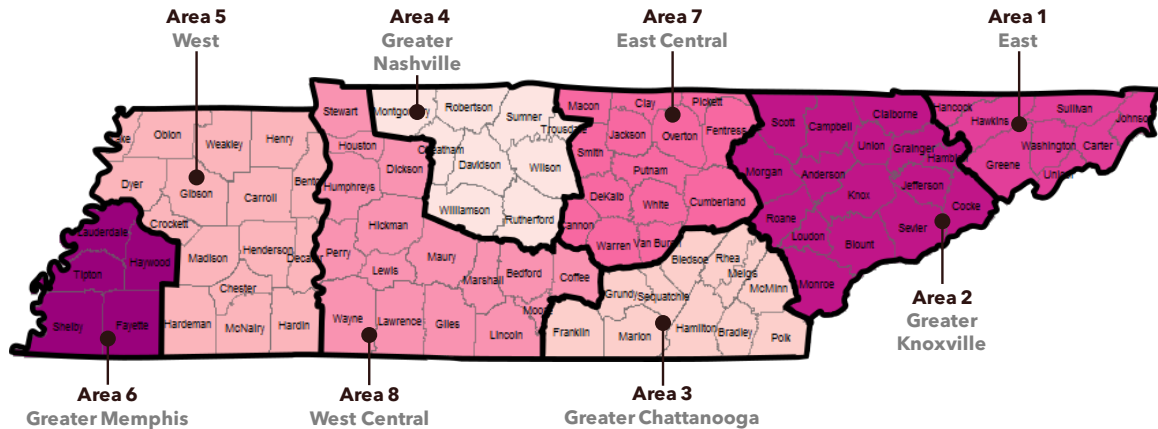
Source: Center for Medicare and Medicaid Services' Annual Open Enrollment Period Reports (22) (23) (24) (25) (26) (27) (28)

Since 2014, the Marketplace has faced growing pains and numerous federal changes that affected choice, costs, and enrollment. For example, in the first several years, Tennessee insurers took heavy losses that led them to drop out of the Marketplace or significantly raise their prices. The federal government also rolled back three significant ACA elements:

- A [temporary risk corridors](#) program intended to help offset the financial risk of offering Marketplace plans in the early years was never fully funded.
- [Cost-sharing reduction \(CSR\) payments](#) meant to reimburse insurers for mandated limits on certain enrollees' deductibles and co-pays ended in 2017 after the Trump administration determined the law had not properly funded them.
- The federal government eliminated the financial penalty for going without health insurance (i.e. the individual mandate) beginning in 2019.

Tennesseans' enrollment in Marketplace plans peaked in 2016 at nearly 270,000 and has slowly declined each year since (Figure 12). (29) (30) (31) (32) (33) (34) (35) Marketplace plans represent a relatively small proportion of health insurance coverage in Tennessee. In 2018, for example, these plans covered 3% of all Tennesseans and represented roughly 40% of private individual market coverage for non-elderly Tennesseans. (1) (26)

Figure 13. Tennessee’s Healthcare.gov Marketplace Rating Areas

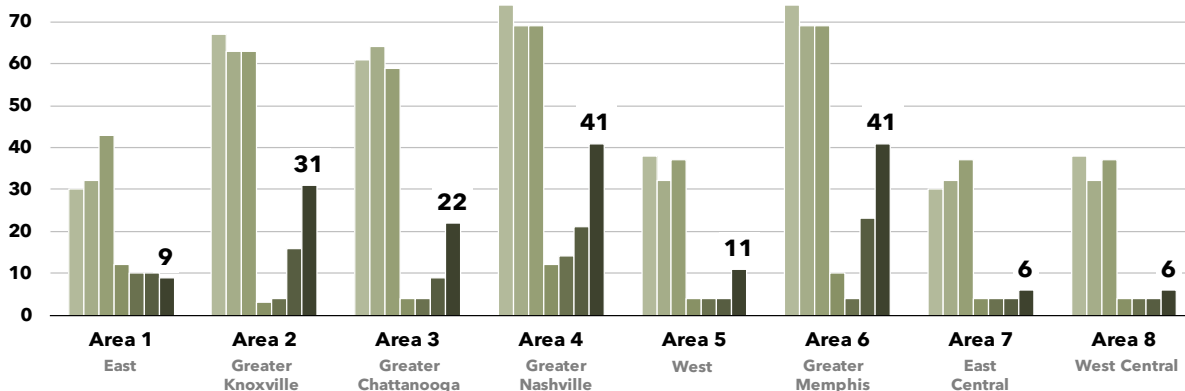


Marketplace Plan Choice

Plan choice in Tennessee’s Marketplace has been volatile since 2014 (Figure 14). In 2020, every area of Tennessee had at least six plan options – with some areas having more than 40. At the lowest point in 2017, the Greater Knoxville area had only three plan options. (29) (30) (31) (32) (33) (34) (35)

Figure 14. All Areas of Tennessee Had At Least 6 Healthcare.gov Plan Options in 2020 – Following Years of Notable Ups and Downs

Number of Plans Available in the Tennessee Healthcare.gov Marketplace by Region (2014-2020)



Source: The Sycamore Institute’s analysis of data from the Centers for Medicare and Medicaid Services (29) (30) (31) (32) (33) (34) (35)

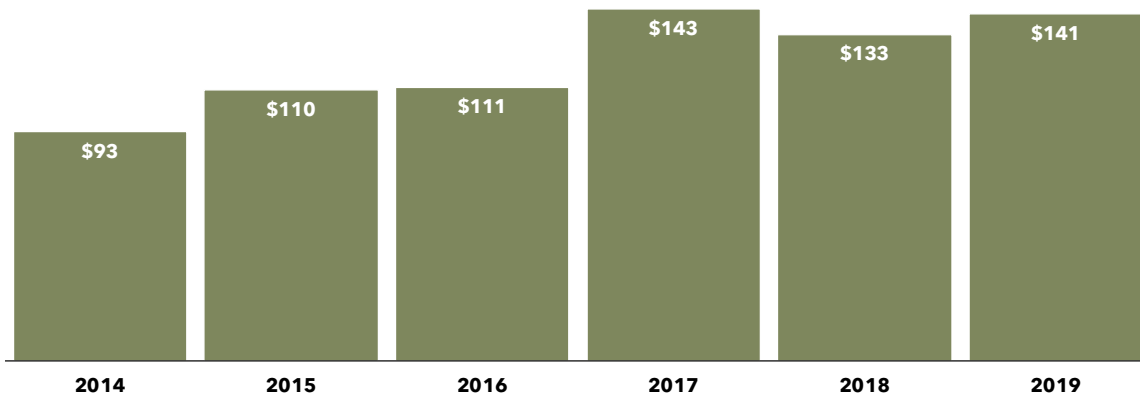
Marketplace Plan Costs

Premiums for Marketplace plans in Tennessee increased sharply in 2017 and then leveled off (Figure 15). In 2017, the average monthly premium across all enrollees after subsidies was 30% more expensive than in the prior year and over 50% higher than in the Marketplace’s first year after adjusting for inflation. Likely because of the rising costs in 2017 and changes to the individual mandate, Marketplace enrollment became more concentrated among people eligible for subsidies. Since 2017, however, premiums have largely stabilized. (36) (23) (37) (25) (26) (27)

There are large differences in the average cost of coverage for people in different areas and those with or without subsidies (Figure 16). Statewide, people without subsidies paid almost eight times as much per month as people with subsidies (\$557 vs. \$73). Among subsidized enrollees, those in the Greater Nashville area paid more than four times as much as those in the East Central area (\$98 vs. \$22), on average. Subsidized enrollees in the Greater Chattanooga paid almost three times as much as those in the West Central area (\$735 vs. \$267). (38) (27)

Figure 15. Tennessee’s Healthcare.gov Premiums Increased Sharply in 2017 and Then Leveled Off

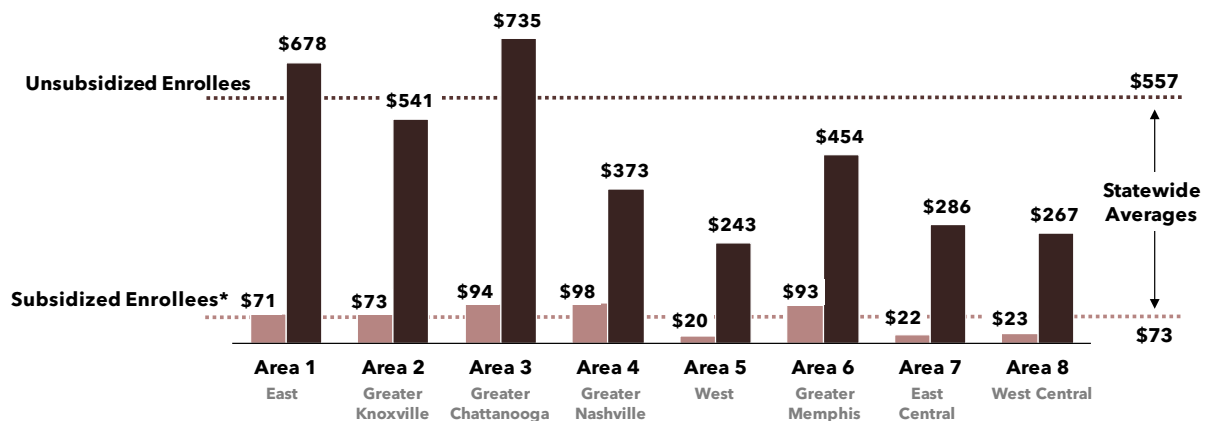
Avg. Net* Monthly Premiums for All Tennessee Healthcare.gov Marketplace Enrollees (Adj. for Inflation) (2014-2019)



*Net of any premium subsidies. Note: Premiums have been adjusted for inflation to 2019 dollars. Source: Center for Medicare and Medicaid Services’ Annual Open Enrollment Period Reports (36) (23) (37) (25) (26) (27)

Figure 16. Large Differences in Tennesseans’ Average Healthcare.gov Premium by Location and Subsidy Level

Avg. Monthly Premiums for Tennessee Healthcare.gov Marketplace Enrollees by Region (2019)



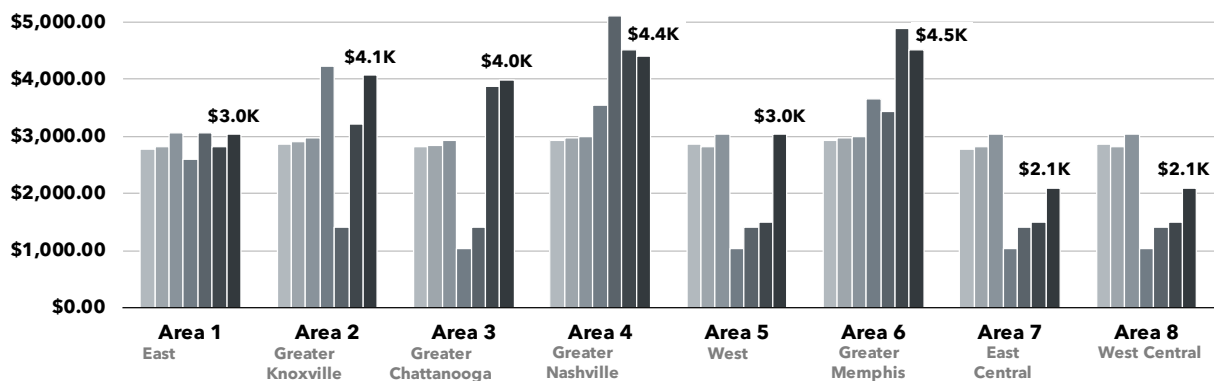
*Net of any premium subsidies. Note: Areas 1 and 8 exclude Hancock and Lake Counties, respectively, due to unreported data. Source: The Sycamore Institute’s analysis of data from the Centers for Medicare and Medicaid Services (38) (27)

The average deductible across plan options has fluctuated significantly since 2014 (Figure 17).

Although data are unavailable on average deductibles based on actual enrollment, deductibles across the Silver plans offered on Healthcare.gov have experienced annual ups and downs in nearly every area. Although some areas experienced larger swings from one year to the next, the Greater Memphis area had the overall biggest change from 2014 to 2020. The average deductible for Silver plans offered in the Greater Memphis area grew from just under \$3,000 (adjusted for inflation) for an individual in 2014 to \$4,500 during the 2020 open enrollment period – not accounting for cost-sharing reductions that some individuals may receive. (29) (30) (31) (32) (33) (34) (35) (Silver plans are the most commonly selected Marketplace plan.)

Figure 17. Big Swings in Average Deductibles Offered on Tennessee’s Healthcare.gov Marketplace Since 2014

Avg. Individual Silver Plan Deductible Offered on Healthcare.gov by Tennessee Region (Adj. for Inflation) (2014-2020)



Note: Premiums have been adjusted for inflation to 2019 dollars using the CPI-U. In 2019, 65% of Tennessee Marketplace enrollees chose a Silver plan. Represents averages across all Silver plans offered. Averages have not been weighted for actual enrollment. Does not reflect the effect of cost-sharing reductions. In 2019, 53% of Tennessee Marketplace enrollees were eligible for cost-sharing reductions. (27)

Source: The Sycamore Institute’s analysis of data from the Centers for Medicare and Medicaid Services (29) (30) (31) (32) (33) (34) (35)

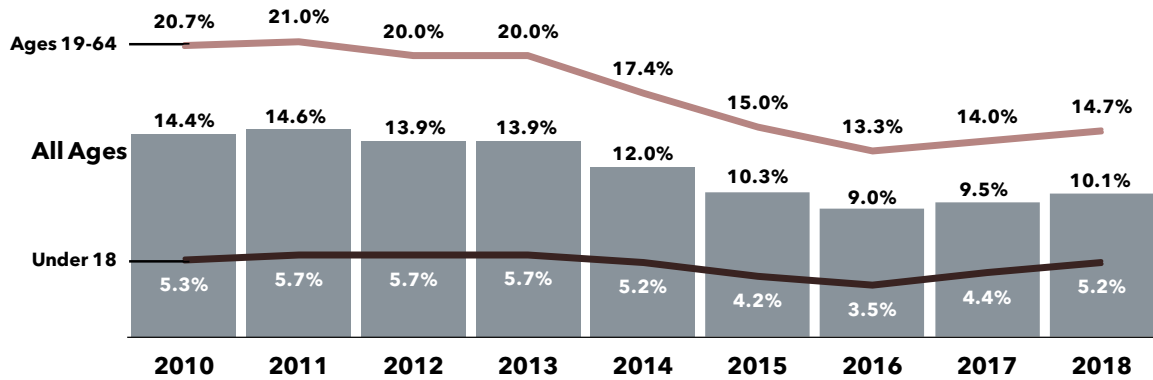
Uninsured Tennesseans

Tennessee’s uninsured rate was an estimated 10.1% in 2018, lower than in 2010 but higher than in 2016 when the rate reached an historic low of 9.0% (Figure 18).

Around 675,000 Tennesseans were uninsured in 2018 – about 83,000 more than two years prior. Coverage estimates suggest the uptick among non-elderly Tennesseans is likely explained by the drop in TennCare and private individual market enrollment (Figure 19). (1)

Figure 18. Tennessee’s Uninsured Rates Ticked Up in Recent Years But Remains Historically Low

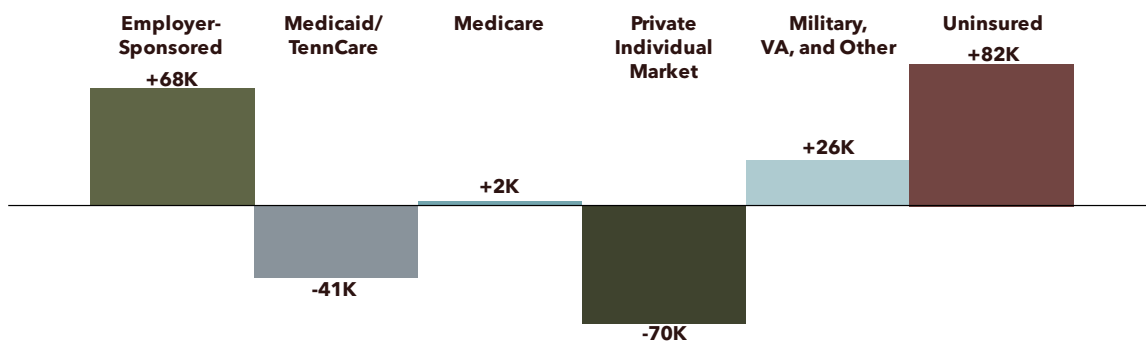
Percent of Tennesseans without Health Insurance Coverage by Age (2010-2018)



Source: 2010-2018 American Community Survey 1-year estimates (1)

Figure 19. Recent Uptick in Uninsured Tennesseans Likely Explained by Drop in TennCare, Individual Market Enrollment

Year-Over-Year Change in Number of Tennesseans in Different Health Coverage Types (2016-2018)



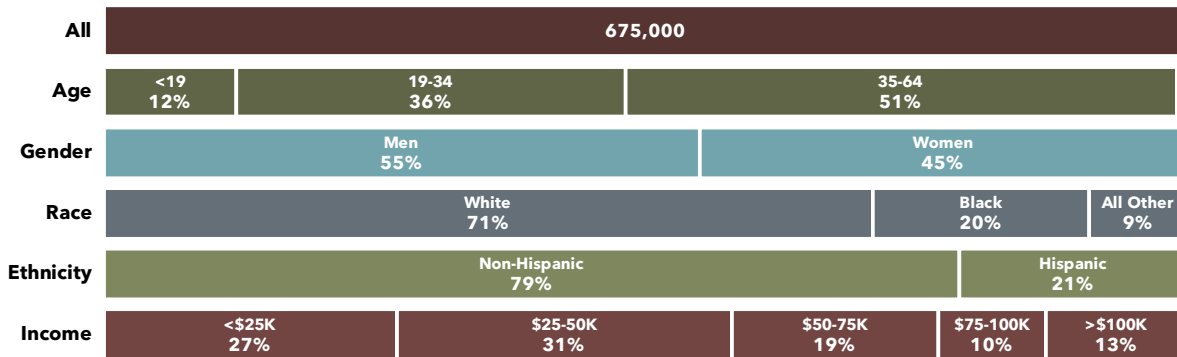
*Coverage types are not mutually exclusive. Individuals can be covered by more than one insurance.
 Source: 2016-2018 American Community Survey 1-year estimates (1)

Some Tennesseans are more likely than others to be uninsured – including men, people of color, younger adults, the unemployed, and those with less education and income. These groups each make up a disproportionate share of the uninsured (Figure 20), meaning they all have higher-than-average uninsured rates (Figures 21 and 22). The highest uninsured rates are experienced by: (1)

- Unemployed, working-age adults who are in the labor force – 37% vs. 15% for all working-age adults.
- Hispanic Tennesseans – 30% vs. 8% for non-Hispanic.
- Tennesseans with less than a high school diploma – 22% vs. 10% for all adults ages 25+.
- People ages 26-34 – 18% vs. 10% for all age groups.

Figure 20. Who Are Tennessee’s Uninsured?

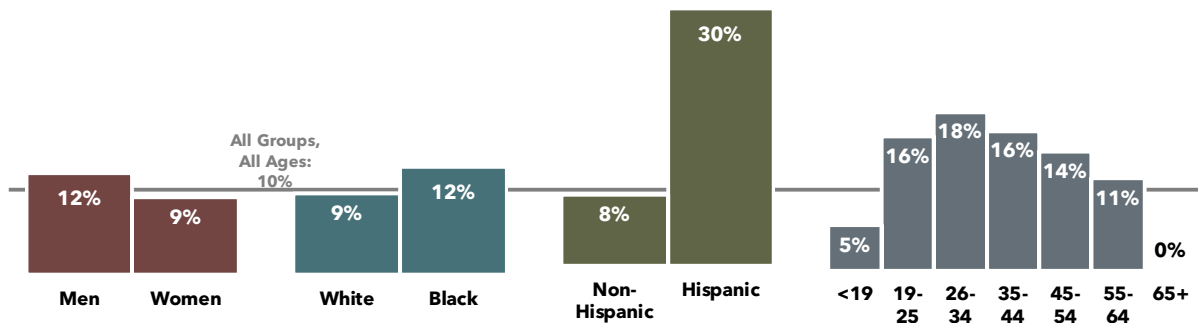
Distribution of Uninsured Tennesseans by Demographic and Socioeconomic Characteristics (2018)



Source: 2018 American Community Survey 1-year estimates (1)

Figure 21. Men, People of Color, and Younger Adults in Tennessee Are More Likely to Be Uninsured

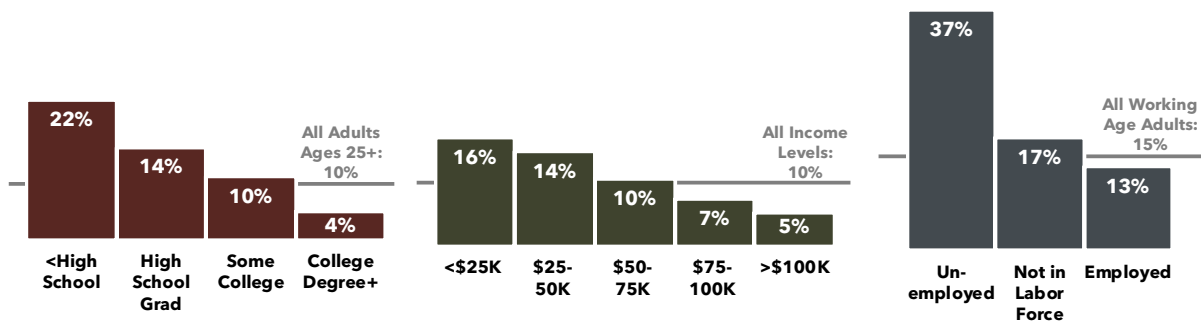
Percent of Tennesseans without Health Insurance Coverage by Demographic Groups (2018)



Source: 2018 American Community Survey 1-year estimates (1)

Figure 22. Unemployed Tennesseans and Those with Less Education and Income Are More Likely to Be Uninsured

Percent of Tennesseans without Health Insurance Coverage by Economic Characteristics (2018)



Source: 2018 American Community Survey 1-year estimates (1)

THE SYCAMORE INSTITUTE

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References

1. **U.S. Census Bureau.** 2010-2018 American Community Survey (ACS) 1-Year Estimates. Accessed from <http://www.data.census.gov>.
2. **Kaiser Family Foundation.** 2019 Employer Health Benefits Annual Survey. September 25, 2019. <http://files.kff.org/attachment/Report-Employer-Health-Benefits-Annual-Survey-2019>.
3. **Fernandez, Bernadette, Forsberg, Vanessa and Rosso, Ryan.** Federal Requirements on Private Health Insurance Plans. *Congressional Research Service.* August 28, 2018. <https://fas.org/sqp/crs/misc/R45146.pdf>.
4. **Tennessee Department of Commerce and Insurance.** 2018 Group Comprehensive Health Market Share. 2019. https://www.tn.gov/content/dam/tn/commerce/documents/insurance/posts/TN_Group_Comprehensive_Health_Market_Share.pdf.
5. -. 2018 TN Individual Comprehensive Health Market Share. 2019. https://www.tn.gov/content/dam/tn/commerce/documents/insurance/posts/TN_Individual_Comprehensive_Health_Market_Share.pdf.
6. **State of Tennessee.** Tenn. Code Ann. § 56-2-121(a). 2019. <https://advance.lexis.com/api/document/collection/statutes-legislation/id/4WYH-TR40-R03N-D1N6-00008-00?cite=Tenn.%20Code%20Ann.%20C2%A7%2056-2-121&context=1000516>.
7. **Forsberg, Vanessa and Rosso, Ryan.** Applicability of Federal Requirements to Selected Health Coverage Arrangements: An Overview. *Congressional Research Service.* November 13, 2019. <https://crsreports.congress.gov/product/pdf/IF/IF11359>.
8. **Mershon, Erin.** This Tennessee Insurer Doesn't Play by Obamacare's Rules - And the GOP Sees It as the Future. *Stat.* November 13, 2017. <https://www.statnews.com/2017/11/13/health-insurance-tennessee-farm-bureau/>.
9. **Congressional Budget Office (CBO).** Options for Reducing the Deficit: 2019 to 2028 - Reduce Tax Subsidies for Employment-Based Health Insurance. December 13, 2018. <https://www.cbo.gov/budget-options/54798>.
10. -. Federal Subsidies for Health Insurance Coverage for People Under 65: 2019 to 2029. [Online] May 2019. https://www.cbo.gov/system/files/2019-05/55085-HealthCoverageSubsidies_0.pdf.
11. **U.S. Agency for Healthcare Research and Quality (AHRQ).** Medical Expenditure Panel Survey - Insurance Component. 2019. Accessed from https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_search.jsp?component=2&subcomponent=2.
12. **Hayes, Susan L., Collins, Sarah R. and Radley, David C.** How Much U.S. Households with Employer Insurance Spend on Premiums and Out-of-Pocket Costs: A State-by-State Look. *The Commonwealth Fund.* [Online] May 23, 2019. <https://www.commonwealthfund.org/publications/issue-briefs/2019/may/how-much-us-households-employer-insurance-spend-premiums-out-of-pocket>.
13. **U.S. Bureau of Labor Statistics (BLS).** Employer Costs for Employee Compensation Historical Listing (March 2004-March 2017). *National Compensation Survey.* 2017. <https://www.bls.gov/ncs/ect/sp/ececcqrtn.pdf>.
14. -. Employer Costs for Employee Compensation - June 2017. *National Compensation Survey.* September 8, 2017. https://www.bls.gov/news.release/archives/ecec_09082017.pdf.
15. -. Employer Costs for Employee Compensation for the Regions - September 2017. *National Compensation Survey.* December 18, 2017. https://www.bls.gov/regions/southwest/news-release/2017/employercostsforemployeecomensation_regions_20171218.htm.
16. -. Employer Costs for Employee Compensation for the Regions - December 2017. *National Compensation Survey.* March 21, 2018. https://www.bls.gov/regions/southwest/news-release/2018/employercostsforemployeecomensation_regions_20180321.htm.

17. –. Employer Costs for Employee Compensation for the Regions - March 2018. *National Compensation Survey*. June 11, 2018. https://www.bls.gov/regions/southwest/news-release/2018/pdf/employercostsforemployeecompensation_regions_20180611.pdf.
18. –. Employer Costs for Employee Compensation for the Regions - June 2018. *National Compensation Survey*. September 19, 2018. https://www.bls.gov/regions/southwest/news-release/2018/employercostsforemployeecompensation_regions_20180919.htm.
19. –. Employer Costs for Employee Compensation for the Regions - September 2018. *National Compensation Survey*. December 17, 2018. https://www.bls.gov/regions/southwest/news-release/2018/employercostsforemployeecompensation_regions_20181217.htm.
20. –. Employer Costs for Employee Compensation for the Regions - December 2018. *National Compensation Survey*. March 20, 2019. https://www.bls.gov/regions/southwest/news-release/2019/employercostsforemployeecompensation_regions_20190320.htm.
21. –. Employer Costs for Employee Compensation for the Regions - March 2019. *National Compensation Survey*. June 19, 2019. https://www.bls.gov/regions/southwest/news-release/2019/employercostsforemployeecompensation_regions_20190619.htm.
22. **U.S. Centers for Medicare and Medicaid Services (CMS)**. Profile of Affordable Care Act Coverage Expansion Enrollment for Medicaid/CHIP and the Health Insurance Marketplace: Tennessee. May 1, 2014. <https://aspe.hhs.gov/system/files/pdf/93796/tn.pdf>.
23. –. Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report. March 10, 2015. https://aspe.hhs.gov/system/files/pdf/83656/ib_2015mar_enrollment.pdf.
24. –. 2016 Open Enrollment Period: Final Open Enrollment Report - State Level Data Excel Tables. March 2016. Accessed from <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>.
25. –. 2017 Marketplace Open Enrollment Period State-Level Public Use File. March 11, 2017. Accessed from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html.
26. –. 2018 Marketplace Open Enrollment Period State-Level Public Use File. April 3, 2018. Accessed from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018_Open_Enrollment.html.
27. –. 2019 Marketplace Open Enrollment Period State-Level Public Use File. 2019. Accessed from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment.
28. –. 2020 Federal Health Insurance Exchange Enrollment Period Final Weekly Enrollment Snapshot. January 8, 2020. <https://www.cms.gov/newsroom/fact-sheets/2020-federal-health-insurance-exchange-enrollment-period-final-weekly-enrollment-snapshot>.
29. –. 2014 FFM QHP Data Set. July 31, 2014. Accessed from <https://www.healthcare.gov/health-plan-information/>.
30. –. 2015 QHP Landscape Data. August 3, 2015. Accessed from <https://www.healthcare.gov/health-plan-information-2015/>.
31. –. 2016 QHP Landscape Data. 2016. Accessed from <https://www.healthcare.gov/health-plan-information-2016/>.
32. –. 2017 QHP Landscape Data. August 11, 2017. Accessed from <https://www.healthcare.gov/health-plan-information-2017/>.
33. –. 2018 QHP Landscape Data. July 26, 2018. Accessed from <https://www.healthcare.gov/health-plan-information-2018/>.
34. –. QHP PY19 Medical Individual Landscape Zip File. August 9, 2019. Accessed from <https://data.healthcare.gov/dataset/QHP-PY19-Medical-Individual-Landscape-Zip-File/m2uk-wyvh/>.
35. –. QHP Landscape PY2020 Individual Medical Zip File. December 6, 2019. <https://data.healthcare.gov/dataset/QHP-Landscape-PY2020-Individual-Medical-Zip-File/kxp2-7zyr/>.
36. –. Premium Affordability, Competition, and Choice in the Health Insurance Marketplace, 2014. June 18, 2014. <https://aspe.hhs.gov/system/files/pdf/76896/2014MktPlacePremBrf.pdf>.
37. –. Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. March 11, 2016. <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>.
38. –. 2019 Marketplace Open Enrollment Period County-Level Public Use File. 2019. Accessed from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment.