Final 2020 individual market health insurance rates have been approved by the Minnesota Commerce Department. Final rates are available to the public on the Commerce website (mn.gov/commerce).

The individual market is available for Minnesotans who do not have access to employer-based coverage and are not eligible for coverage through public programs such as Medicare, Medicaid and MinnesotaCare.

Consumer protections required in all individual market plans include coverage for preexisting conditions and free preventive care, as well as coverage for prescription drugs and substance abuse and mental health treatment.

As of April 2019, about three percent (approximately 155,000) Minnesotans purchased their health insurance coverage in the individual market. These plans are available through MNsure, an insurance broker or agent, or directly from the insurer.

The actual rate change that a consumer will experience in 2020 can vary depending on factors such as specific plan, geographic rating area and age. The actual premium will also depend on whether a consumer is eligible for a federal premium tax credit. Currently, over 61,000 Minnesotans receive this credit.

Eligibility for the tax credits is determined when applying to purchase a plan through MNsure. Four companies – Blue Plus, Group Health, Medica Insurance Company and UCare – offer their plans through MNsure.

Five companies are approved to sell health plans to Minnesotans in 2020 in the individual market.

The summary table shows the final average rate change from 2019 to 2020. For each insurer, the average reflects a range:

- Blue Plus: -7.30% to 5.60%
- Group Health: -4.53% to 2.28%
- Medica: -2.84% to 5.17%
- PreferredOne: -26.00% to -11.00%
- UCare: -3.32% to 1.93%

The final 2020 individual market rates reflect the expected impact of changes in federal regulations and the Minnesota Premium Security Plan, a state-based reinsurance program in effect for 2020. The reinsurance program offsets the costs of high-cost claims, resulting in lower individual market rates.
<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Example Individual Deductible</th>
<th>Example Family Deductible</th>
<th>Example Individual MOOP</th>
<th>Example Family MOOP</th>
<th>Typical Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$6,000</td>
<td>$12,000</td>
<td>$20-$30 copayment for many services, 20-25% coinsurance</td>
</tr>
<tr>
<td>Silver</td>
<td>$3,000</td>
<td>$6,000</td>
<td>$6,500</td>
<td>$13,000</td>
<td>$20-$40 copayment for many services, 20-40% reinsurance</td>
</tr>
<tr>
<td>Bronze</td>
<td>$6,500</td>
<td>$13,000</td>
<td>$8,000</td>
<td>$16,000</td>
<td>30-50% coinsurance</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>$8,150</td>
<td>$16,300</td>
<td>$8,150</td>
<td>$16,300</td>
<td>3 free or low copayment for primary care visits before deductible</td>
</tr>
</tbody>
</table>

The chart above provides an overview of typical plan features for individual health plans, per metal level type. Most individual plans have coinsurance and all have a Maximum Out-of-Pocket expense (MOOP). Nearly all individual market plans have no out-of-network MOOP.