Pennsylvania

Sources of Insurance Coverage

*Source: KFF, Health Insurance Coverage of the Total Population, 2022

Medicare
In Pennsylvania, 2.08 million residents are enrolled in Medicare, 16.6% of the state’s population (2022 data). Of those, 54% are enrolled in a Medicare Advantage plan. For residents in the traditional Medicare program, the Pennsylvania Insurance Department (PID) licenses Medicare supplemental plans. A list of companies marketing Medicare supplemental policies in Pennsylvania is available here.

Medicaid and the Children’s Health Insurance Program (CHIP)
In Pennsylvania, 2.69 million people are enrolled in Medicaid or CHIP, 21.5% of the population (2022 data). Pennsylvania has chosen to adopt the Affordable Care Act’s expansion of Medicaid. It currently covers almost 1.1 million low-income adults. Pennsylvania’s Medicaid covers children up to 319% of the federal poverty level (FPL). Approximately 33% of all births in Pennsylvania are covered by Medicaid.
Pennsylvania’s CHIP program is funded and operated by the state and federal government. Medicaid covers infants up to 220% FPL and CHIP fills in for children in households up to 319% FPL.

In Pennsylvania, Medicaid enrollees receive benefits directly from the state (Medicaid Fee-For-Service or FFS) and via private managed care organizations. These insurers have contracts with the Pennsylvania Department of Human Services.

Employer-sponsored Insurance
In Pennsylvania, 6.39 million people are covered by employer-sponsored insurance (ESI), or 51% of the total state population (2022 data). Approximately 56% of Pennsylvania employers offer ESI. However, offer rates vary significantly by size of firm. In Pennsylvania, 97.8% of large firms (50 or more employees) offer ESI, while only 39% of small employers offer ESI.

In Pennsylvania, approximately 40.5% of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 67.2% self-fund at least one health plan.

Individual Market Insurance
Approximately 5% of Pennsylvania residents are enrolled in the individual market (2022 data). In 2023, 371,516 Pennsylvanians selected a plan through the Affordable Care Act Marketplace, which in Pennsylvania is run by the state and called Pennie. It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated in Pennsylvania by the Pennsylvania Insurance Department.

Other Coverage
Some Pennsylvanians are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers 0.6%, or 76,300 residents.

The Uninsured
Approximately 5.4%, or 672,800 Pennsylvania residents are uninsured (2022 data). Pennsylvania has the 9th lowest uninsured rate in the country. Among the non-elderly, people of color are significantly more likely to be uninsured in Pennsylvania than White people. Hispanic Pennsylvanians have the highest uninsured rate (11.3%), followed by Asian (7.4%) and Black residents (7.3%). White residents have the lowest uninsured rate (5.7%) among all racial groups. Lack of insurance is also highly correlated with income. Approximately 10.1% of people under 100% FPL are the uninsured in Pennsylvania, while just 3.4% of people over 400% FPL are uninsured.
State Regulators: Pennsylvania

CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Pennsylvania is based in Philadelphia. Media inquiries may be submitted here.

Pennsylvania Insurance Department (PID)

PID regulates the business of insurance in the state of Pennsylvania. For health insurance companies, PID is responsible for:

- **Licensure**: All insurers operating in the state must demonstrate that they are financially solvent and capable of paying claims. After initial licensure, companies must file financial information with PID on a regular basis. A list of insurers authorized to sell major medical health insurance in Pennsylvania is available here.

- **Form review**: PID reviews health insurers’ contracts and covered benefits to ensure that they comport with state and federal laws. Previous policy form filings are available for public review here.

- **Rate review**: Health insurers offering plans to individuals and small employers (with fewer than 50 employees) must submit proposed premium rates to PID, and the agency has the authority to review and require adjustments before rates can be used. PID does not have authority to review rates for large employer plans (with 50 or more employees). Information about insurers’ proposed rates is available here.

- **Marketing**: PID is responsible for oversight of insurers’ marketing tactics and discouraging unfair or deceptive tactics. The agency also licenses insurance agents and brokers.

- **Enforcement**: PID has authority to enforce state and federal insurance laws. Enforcement tools can range from requesting a corrective action, issuing a cease and desist order, or imposing fines. PID reports the results of company market conduct examinations here. Consumers or providers can file complaints against insurers here.

- **Appeals**: Under the ACA, insurers must provide enrollees with an internal review of adverse benefit decisions and the right to an external, independent appeal. PID operates Pennsylvania’s external review system, and provides information to enrollees seeking an appeal here.

Pennsylvania Department of Human Services (DHS)

Pennsylvania Department of Human Services (DHS) runs the state’s Medicaid and CHIP programs, and manages the contracts with managed care organizations (MCOs) that deliver Medicaid and CHIP benefits. The Bureau of Managed Care Operations oversees the managed care program known as HealthChoices. A county-by-county list of participating MCOs is available here and enrollment reports are available here.

recipients with mental health and drug/alcohol services. Lastly, Community HealthChoices coordinates health care coverage to improve the quality of health care experiences.

The Department of Human Services conducts quality reviews of MCOs, including assessments of quality, timeliness, and access to care. The results of these reviews are provided in annual reports published here.

The Department of Human Services can conduct an enforcement action against an MCO if it fails to meet its contract obligations. Enforcement actions can include requiring the MCO to pay damages or to implement a corrective action plan. The agency can also suspend all or part of new member enrollments or suspend or terminate the MCO’s contract.

**Pennsylvania Office of Attorney General**

The Pennsylvania Office of Attorney General represents the state in court when there is an action against an insurance company, entity, or individuals engaged in potentially fraudulent activity. The Attorney General’s office accepts complaints from consumers who confront problems related to medical billing or insurance here.

**Other Sources of Information**

Health Insurance Navigators, Agents and Brokers (collectively, “consumer assisters”)

Pennsylvania’s health insurance Marketplace (Pennie) provides grants to local organizations called “Navigators” that are tasked with assisting consumers, determining eligibility for coverage affordability programs, and helping consumers with post-enrollment questions. Consumers can also get answers to questions about the Marketplace or help with enrollment from a Certified Application Counselor (CAC), also called an “Enrollment Specialist.”

Pennsylvania-based health insurance agents and brokers perform similar consumer assistance functions, and are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through this page on the Pennie website.