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EXECUTIVE SUMMARY

Traditional Medicare comes with gaps in coverage. In addition, traditional Medicare is designed to include cost-sharing – Part A deductible, Part B deductible, 20% coinsurance for certain services (e.g., doctor visits), etc. Because of these costs, beneficiaries seek additional coverage by enrolling in another form of coverage, including Medicare Supplement insurance. Medicare Supplement insurance, also known as Medigap, helps bridge gaps in Medicare by covering some or all Medicare costs. Some of these covered costs include deductibles and cost-sharing responsibilities when beneficiaries see their doctor. Nearly one in four beneficiaries (22%) have supplemental coverage through Medigap. Medigap is expected to continue to play a role as a supplement to traditional Medicare.

This analysis provides an overview of the Medicare Supplement national and state trends in enrollment and premiums. For the analysis of Medigap enrollment and premiums, we used data collected by the National Association of Insurance Commissioners (NAIC) by Mark Farrah Associates. Estimates of Medigap enrollment are based upon total covered lives reported as of December 31 of each year. Estimates of average monthly premiums are calculated by dividing premiums collected during the year by the number of covered lives. We assume stable numbers of enrollees over the course of the year.
OVERALL TRENDS IN MEDICARE SUPPLEMENT ENROLLMENT

NATIONWIDE ENROLLMENT

There are nearly 12 million beneficiaries – 22% of the Medicare population – enrolled in Medicare Supplement plans as of December 31, 2015 (Figure 1). There has been a 22% growth in overall Medigap enrollment over the past 5 years. In addition, with Medigap enrollment increasing year over year, we also see that overall growth percentage is increasing each year as well. In 2015, Medigap saw an overall 6% increase in enrollment from 2014, where in 2011, Medigap saw only 2% growth. The growth percentage has been steadily increasing since 2010.

Figure 1 Total Medigap Enrollment, 2010 - 2015

Note: Includes all Medigap policy types and United States territories.
Nearly one in four Medicare beneficiaries has a Medigap policy, but penetration varies by state. Nationwide (excluding United States territories), 22% (a total of 11,815,209 beneficiaries) of Medicare beneficiaries had a Medigap policy in December 2015. As seen in Figure 2, there is a large variation across states, with Medigap penetration rates as low as 3% in Hawaii and as high as 51% in Nebraska. The majority of states (30 total states) have between 20-29% of Medicare beneficiaries enrolled in a Medigap policy. The states with the highest Medigap penetration (>40% penetration) are clustered in the Plains States region – Nebraska (51%), Iowa (49%), Kansas (46%), Wyoming (45%), South Dakota (42%), and North Dakota (41%).
Interestingly, we can see an inverse relationship between Medigap and Medicare Advantage (MA) enrollment (Figure 3 and Appendix A). Overwhelmingly, the states with the highest Medigap penetration have some of the lowest MA penetration. For example, in December 2015, just over half of Medicare beneficiaries in Nebraska were enrolled in a Medigap policy, while only 12% were enrolled in an MA plan. In contrast, 3% of Hawaii’s Medicare beneficiaries had a Medigap policy in December 2015, while 46% had MA.

In an effort to explore potential causal relationships for this trend in Medigap and MA, we analyzed demographic data as well as number of MA plans offered by state. As seen in Appendix B, we do not see any significant differences in income trends in states with high Medigap penetration versus states with low Medigap penetration. We do see there is a trend of fewer MA plans offered overall in states with high Medigap penetration. This may be the reason for higher enrollment in Medigap plans in these states.
As seen in Figure 1, there has been a 22% growth in overall Medigap enrollment from 2010 to 2015. Enrollment patterns have varied across states, ranging from a 26% loss (Minnesota) to a 65% gain (Delaware) (Figure 4). With the exception of 5 states (Minnesota, North Dakota, South Dakota, Maine, and Connecticut), all states saw an increase in Medigap enrollment from 2010 to 2015.

Again, we see the inverse relationship between Medigap and MA. For example, while Minnesota (Medigap penetration of 13%) saw a loss of over 20% in Medigap membership, the MA penetration rate at 54% is nearly double the national average of 31%. In contrast, while Delaware (Medigap penetration of 30%) saw a growth of over 60% in Medigap enrollment, the MA penetration rate is well below average at only 8% in 2015.

It is important to consider the ongoing phasing out of Cost plans across the country. We see the highest penetration in Cost plans in states like Minnesota. However, with Cost plans phasing out, we will most likely see an impact on Medigap enrollment, especially in states with a high enrollment in Cost plans because Medigap is more similar to Cost plans in regards to coverage and overall cost.

Figure 4 Change in Number of Medigap Policyholders by State, 2010-2015

National Average = 22%
ENROLLMENT TREND BY POLICY TYPE

In 1990, the NAIC established a standardized set of Medigap plans, Plans A through J, which had to conform to a particular list of benefits. Plans K and L were implemented in 2005. With the launch of Medicare prescription drug coverage in 2006, Plans H, I, and J were modified to no longer include a drug benefit if sold after 2006. In 2010, the Part A hospice benefit was added to all Medigap plans. This change resulted in redundancy between Plans E, H, I, and J, and, hence, these 4 plans were no longer sold after June 2010. Also, in 2010, Plans M and N were developed to offer copayments rather than coinsurance. This brings us to the 10 Medigap plans sold today. Organizations which offer Medigap plans must offer Plan A, but they are not required to sell all plan types. However, if an organization wants to offer plans beyond the basic (and least comprehensive) Plan A, they are required to offer one of the most comprehensive plans – Plans C or Plan F.¹

Figure 5 shows the basic benefit information Medigap policies cover. If a percentage shows, Medigap covers that percentage of the benefit and the policyholder (beneficiary) pays the rest.

Figure 5 Standard Medigap Plan Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F*</th>
<th>G</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part A coinsurance and hospital costs</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>(up to an additional 365 days after Medicare benefits are used)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Part B coinsurance or copayment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Blood (first 3 pints)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part A hospice care coinsurance or copayment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Skilled nursing facility care coinsurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part A deductible</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part B deductible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part B excess charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
Medicare Supplement Insurance (Medigap) Plans

<table>
<thead>
<tr>
<th>Benefits</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F*</th>
<th>G</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign travel emergency (up to plan limits)</td>
<td></td>
<td></td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket limit in 2015**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$4,940</td>
<td>$2,470</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Plan F is also offered as a high-deductible plan by some insurance companies in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of $2,180 in 2015 before your policy pays anything.

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($147 in 2015), the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don’t result in an inpatient admission.2

As seen in Figure 6, of the 10 Medigap plan types now available, Plan F is the most popular. With nearly 6.5 million enrollees in 2015, 55% of Medigap policyholders are enrolled in Plan F. Plan N and Plan C rank second and third with both seeing just over 960,000 enrollees in 2015. Enrollment is lowest in Plans L and M. This aligns with expectations as Plan F is the most comprehensive from a benefit and coverage perspective. Importantly, as seen in Figure 5, Plan F and Plan C completely cover the Medicare Part A and Part B deductibles. Plan N remains competitive because it is the most comprehensive after Plans F and C. It is interesting to find enrollment in Plan N is slightly higher than Plan C in 2015 even though it does not cover the Part B deductible. The higher interest in Plan N most likely is due to the fact the average monthly premium for Plan N is just over $70 cheaper than Plan C (Figure 7).

2 Centers for Medicare & Medicaid Services 2015 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
MEDIGAP PREMIUMS IN 2015

Medigap premiums vary by plan type and state. A major impact on premium may be popularity, but, most importantly, states establish premiums based around state policies and benefit structure. As seen in Figure 7, in 2015, Medigap’s average monthly premiums ranged from $66.57 for Plan K to $233.90 for Plan I. This is interesting because Plans A and B have the least amount of overall coverage (Figure 5). In addition, as seen in Figure 8, there is little to note in terms of trends in premiums by state. The average monthly premiums by state range anywhere from $149 in Michigan to $215 in Minnesota – two states within the same geographical region. We do see a cluster of some mid-western and southeastern states (Ohio, Pennsylvania, Kentucky, West Virginia, Virginia, North Carolina, South Carolina, Georgia) with average monthly premiums falling between $171 and $180.
Figure 7 Average Monthly Medigap Premiums, All Plans, 2015

Average Monthly Medigap Premiums, All Plans, 2015

<table>
<thead>
<tr>
<th>Plan</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$155.55</td>
</tr>
<tr>
<td>B</td>
<td>$178.23</td>
</tr>
<tr>
<td>C</td>
<td>$204.28</td>
</tr>
<tr>
<td>D</td>
<td>$217.98</td>
</tr>
<tr>
<td>E</td>
<td>$212.62</td>
</tr>
<tr>
<td>F</td>
<td>$189.54</td>
</tr>
<tr>
<td>G</td>
<td>$133.26</td>
</tr>
<tr>
<td>H</td>
<td>$225.55</td>
</tr>
<tr>
<td>I</td>
<td>$233.90</td>
</tr>
<tr>
<td>J</td>
<td>$238.34</td>
</tr>
<tr>
<td>K</td>
<td>$225.55</td>
</tr>
<tr>
<td>L</td>
<td>$168.76</td>
</tr>
<tr>
<td>M</td>
<td>$194.57</td>
</tr>
<tr>
<td>N</td>
<td>$132.95</td>
</tr>
<tr>
<td>O</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>$230.17</td>
</tr>
</tbody>
</table>
Going further, it is worth mentioning average monthly premiums for a standard plan even vary by state. Below (Figure 9) is an example of the average monthly premiums for standardized Plan F (the most popular Medigap policy) by state. The average premium for Plan F alone can vary by as much as $62 to $215 in New Jersey and $153 in Alaska. This variance is important because the benefit package is standardized, thus, it is important to understand the factors considered by states and Organizations when (1) selecting the type of Medigap policies to offer and (2) establishing monthly premiums. Most likely, multiple factors result in the premium variation by state, including how competitive a market is, demographics, average healthcare costs, and the popularity of MA. It is important to note with MA plans, many popular products offered include additional supplemental benefits like dental, vision, hearing aid coverage, fitness benefits, etc. These additional benefits set MA plans apart from traditional Medicare and Medigap plans.
Figure 9 Average Monthly Plan F Premiums by State, 2015

National Average = $189
DISCUSSION

As we have shown, Medigap has been and will remain a critical component of Medicare coverage for beneficiaries. We see that nearly one-quarter of the Medicare population has a Medigap policy, with higher enrollment rates among beneficiaries in the Plains States – rural areas. The majority of Medigap enrollees are enrolled in standardized Plan F – the most comprehensive of the standardized plans, covering Part A and Part B deductibles along with other Medicare cost-sharing requirements.

Looking ahead, because Medigap has remained steadily important and popular among Medicare eligibles, it is crucial for MA and other insurers to understand what factors play into this popularity and if it is the right product to offer. Although not explored here, it would be important to understand the number of Medigap enrollees who, in fact, also receive additional coverage, e.g., stand-alone Prescription Drug Plan (PDP), employer-sponsored coverage, etc. In addition, to get the full scope of Medigap in the past, today, and to forecast the future, a health plan should analyze competition, member and non-member demographics (age, sex, race), average healthcare costs by state, and the market share enrolled in MA. Finally, being an election year, we can expect some changes in federal markets with a Republican President and Congress. Republicans are supportive of MA and will continue to endorse it moving forward. We can expect some changes with Medicare (e.g., combining Part A and Part B deductibles) to also impact Medigap. There is potential for limits to be placed on Medigap coverage as well.
APPENDIX A: MA PENETRATION, BY STATE, 2015

Medicare Advantage Penetration, by State, Dec 2015

National Average = 31%

Note: Does not include enrollment in Guam, Puerto Rico, Virgin Islands, and American Samoa.

APPENDIX B: 65+ DEMOGRAPHICS BY STATE – POPULATION INCOME BY HOUSEHOLD

STATES WITH HIGHEST MEDIGAP PENETRATION

<table>
<thead>
<tr>
<th>State</th>
<th>Medigap Penetration</th>
<th>MA Penetration</th>
<th>Population Income by Household</th>
<th>2016 Estimate</th>
<th>%</th>
<th>2021 Projection</th>
<th>%</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA</td>
<td>49% (576,751 eligibles)</td>
<td>15% (992 MA plans)</td>
<td>Less than $15k</td>
<td>47,696</td>
<td>14%</td>
<td>47,948</td>
<td>13%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$15-$24,999k</td>
<td>58,189</td>
<td>17%</td>
<td>59,247</td>
<td>16%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$25-$34,999k</td>
<td>49,175</td>
<td>15%</td>
<td>51,773</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$35-$49,999k</td>
<td>55,842</td>
<td>17%</td>
<td>62,082</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$50k +</td>
<td>124,439</td>
<td>37%</td>
<td>160,926</td>
<td>42%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total Households 65+</td>
<td>335,341</td>
<td>100%</td>
<td>381,976</td>
<td>100%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Medicare Advantage Penetration, by State, Dec 2015

National Average = 31%
<table>
<thead>
<tr>
<th>State</th>
<th>Medigap Penetration</th>
<th>MA Penetration</th>
<th>Population Income by Household</th>
<th>2016 Estimate</th>
<th>%</th>
<th>2021 Projection</th>
<th>%</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS</td>
<td>46% (490,919 eligibles)</td>
<td>14% (660 MA plans)</td>
<td>Less than $15k</td>
<td>38,197</td>
<td>14%</td>
<td>38,799</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$15-$24,999k</td>
<td>47,363</td>
<td>17%</td>
<td>48,171</td>
<td>15%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$25-$34,999k</td>
<td>39,990</td>
<td>14%</td>
<td>42,483</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$35-$49,999k</td>
<td>47,958</td>
<td>17%</td>
<td>52,978</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$50k +</td>
<td>108,052</td>
<td>38%</td>
<td>139,429</td>
<td>43%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total Households 65+</td>
<td>281,560</td>
<td>100%</td>
<td>321,860</td>
<td>100%</td>
<td>14%</td>
</tr>
<tr>
<td>NE</td>
<td>51% (316,133 eligibles)</td>
<td>12% (374 MA plans)</td>
<td>Less than $15k</td>
<td>92,247</td>
<td>18%</td>
<td>97,049</td>
<td>17%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$15-$24,999k</td>
<td>88,303</td>
<td>17%</td>
<td>94,660</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$25-$34,999k</td>
<td>74,336</td>
<td>15%</td>
<td>81,613</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$35-$49,999k</td>
<td>80,338</td>
<td>16%</td>
<td>90,841</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$50k +</td>
<td>174,998</td>
<td>34%</td>
<td>217,710</td>
<td>37%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total Households 65+</td>
<td>510,222</td>
<td>100%</td>
<td>581,873</td>
<td>100%</td>
<td>14%</td>
</tr>
<tr>
<td>ND</td>
<td>41% (119,044 eligibles)</td>
<td>17% (408 MA plans)</td>
<td>Less than $15k</td>
<td>14,253</td>
<td>18%</td>
<td>15,166</td>
<td>16%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$15-$24,999k</td>
<td>12,869</td>
<td>17%</td>
<td>13,841</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$25-$34,999k</td>
<td>10,593</td>
<td>14%</td>
<td>11,760</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$35-$49,999k</td>
<td>11,856</td>
<td>15%</td>
<td>13,891</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$50k +</td>
<td>27,969</td>
<td>36%</td>
<td>38,642</td>
<td>41%</td>
<td>38%</td>
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<td></td>
<td></td>
<td></td>
<td>Total Households 65+</td>
<td>77,540</td>
<td>100%</td>
<td>93,300</td>
<td>100%</td>
<td>20%</td>
</tr>
<tr>
<td>SD</td>
<td>42% (156,481 eligibles)</td>
<td>19% (782 MA plans)</td>
<td>Less than $15k</td>
<td>15,854</td>
<td>18%</td>
<td>16,592</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$15-$24,999k</td>
<td>14,312</td>
<td>16%</td>
<td>15,428</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$25-$34,999k</td>
<td>12,258</td>
<td>14%</td>
<td>13,606</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$35-$49,999k</td>
<td>14,343</td>
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<td>3% (132 MA plans)</td>
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## States with Lowest Medigap Penetration

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<th>MA Penetration</th>
<th>Population Income by Household</th>
<th>2016 Estimate</th>
<th>%</th>
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<th>%</th>
<th>Increase/Decrease</th>
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## ALL STATES

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<th>2016 Estimate</th>
<th>%</th>
<th>2021 Projection</th>
<th>%</th>
<th>Increase/Decrease</th>
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<td>%</td>
<td>2021 Projection</td>
<td>%</td>
<td>Increase/Decrease</td>
</tr>
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<td>%</td>
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<td>%</td>
<td>Increase/Decrease</td>
</tr>
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<td>%</td>
<td>2021 Projection</td>
<td>%</td>
<td>Increase/Decrease %</td>
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<td>%</td>
<td>2021 Projection</td>
<td>%</td>
<td>Increase/Decrease</td>
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<td>Population Income by Household</td>
<td>2016 Estimate</td>
<td>%</td>
<td>2021 Projection</td>
<td>%</td>
<td>Increase/Decrease</td>
</tr>
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