

HEALTH INSURANCE EXCHANGES 2026 OPEN ENROLLMENT REPORT

The Health Insurance Exchanges 2026 Open Enrollment Report summarizes data on health plan selections through the individual Exchanges during the 2026 Open Enrollment Period (OEP). This report includes OEP data for the 30 states with Exchanges that use the HealthCare.gov eligibility and enrollment platform for the 2026 plan year, as well as for the 20 states and the District of Columbia with State-based Exchanges (SBEs) that use their own eligibility and enrollment platforms.

Key findings from this report include:

- **Total Plan Selections:** During the 2026 OEP, 23.1 million consumers selected or were automatically re-enrolled in health insurance coverage through the HealthCare.gov platform and SBEs. About 1.2 million fewer consumers signed up for coverage during the 2026 OEP compared to the 2025 OEP, a 5% decrease. However, this is an increase compared to prior years: nearly 1.7 million more consumers signed up compared to the 2024 OEP, and 6.8 million more consumers signed up compared to the 2023 OEP (an 8% and 41% increase, respectively).
- **HSA-Eligible Plans:** Beginning in 2026, all bronze and catastrophic health plans are HSA-eligible as a result of the Working Families Tax Cut law. For 2026, 43% of consumers with plan selections through the HealthCare.gov platform enrolled in HSA-eligible plans. During the 2025 OEP, 2% of consumers enrolled in HSA-eligible plans.
- **HealthCare.gov Plan Selections:** Through the HealthCare.gov platform, 15.8 million consumers selected plans during the 2026 OEP, between November 1, 2025 and January 15, 2026.
- **State-based Exchanges Plan Selections:** Across the 21 SBEs, 7.4 million consumers selected plans during the 2026 OEP, from November 1, 2025 through the end of their respective OEPs.
- **New and Returning Consumers:** Nationwide, the number of new consumers selecting Exchange coverage during the 2026 OEP declined 13% to 3.6 million, compared to 4.1 million in the 2025 OEP. Actively returning consumer plan selections during the 2026 OEP increased by 15%, to 10.7 million from 9.4 million in the 2025 OEP. Automatic re-enrollees during the 2026 OEP decreased by 19%, to 8.8 million compared to 10.8 million in the 2025 OEP.
- **Impact of CMS enforcement actions to prevent improper enrollment:** In 2025, CMS restarted enforcement action to identify and remove improper enrollments, which had been paused during the COVID-19 pandemic, and took action to cancel coverage for individuals who had been enrolled without their authorization. As a result of these actions, CMS ended advance payment of the premium tax credit (APTC) or coverage for nearly 1.5 million people found to be ineligible for financial assistance or enrolled without their authorization on the HealthCare.gov platform.

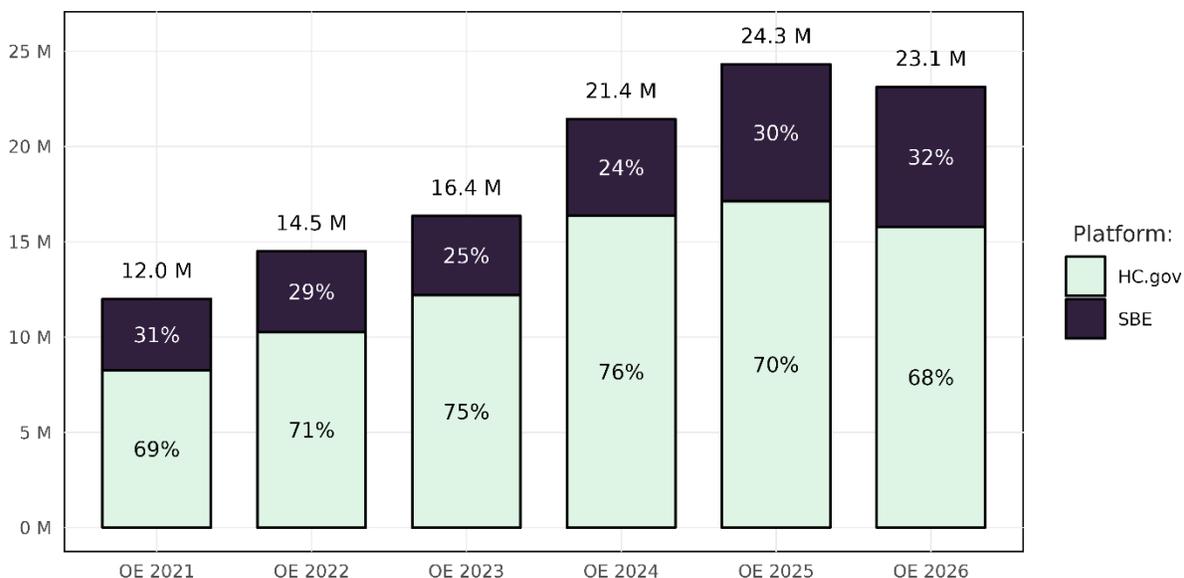
This reduced the number of people who would otherwise be returning consumers during the 2026 OEP.

- **Plan Selections by Metal Level:** Compared to the 2025 OEP, a higher percentage of consumers selected bronze and gold plans, and a lower percentage selected silver plans (declining from 56% during the 2025 OEP to 43% for the 2026 OEP). Correspondingly, a lower percentage of consumer plan selections included cost-sharing reductions (CSRs) compared with the prior OEP.
- **Agent or Broker Assistance:** During the 2026 OEP, 76% of the 10.8 million HealthCare.gov active plan selections were agent or broker assisted. Despite a decline between the 2024 and 2025 OEPs of 6 percentage points, (from 77% to 71%), this represents an increase of 22 percentage points when compared to the 2021 OEP.

Consumers Selecting Plans Through the Exchanges

During the 2026 OEP, 23.1 million consumers selected, or were automatically re-enrolled, in an Exchange plan.¹ This includes 15.8 million consumers through the HealthCare.gov platform and 7.4 million consumers in SBEs using their own platforms (see Figure 1).²

Figure 1: Plan Selections During 2021 – 2026 OEPs



Nationwide, the number of plan selections during the 2026 OEP decreased by 5% in comparison to the 2025 OEP. On the HealthCare.gov platform, plan selections decreased by 8%, from 17.1 million during the 2025 OEP to 15.8 million during the 2026 OEP. Plan selections in SBEs held somewhat steady at 7.4 million during the 2026 OEP from 7.2 million during the 2025 OEP. HealthCare.gov data reflects the platform’s 2026 OEP which ran from November 1, 2025, through January 15, 2026. For the SBEs, the number of plan selections included in this report reflects data from the timeframe of each SBE’s 2026

¹ As in prior years, consumers with Exchange coverage at the end of 2025 who did not make an active plan selection were generally automatically re-enrolled for 2026 coverage. When consumers had 2026 Exchange plans available to them from their 2025 issuer, they were generally automatically re-enrolled into the same plan as 2025 or a different plan from the same issuer. Depending on the Exchange, they could also be automatically re-enrolled into a suggested alternate plan from a different issuer if no plan from their current issuer was available to them.

² Plan selections and other data by Exchange platform for each OEP reflect the statuses of the states’ platforms at the time of that OEP unless noted otherwise. Data for SBEs that use their own eligibility and enrollment platforms come from the respective states’ information systems and are submitted to CMS; thus, metrics for these states may vary.

OEP, which varies by SBE.³ These changes in HealthCare.gov and SBE enrollments reflect both overall enrollment changes and state-level policy changes in 2026, including Illinois' movement from the HealthCare.gov platform to an SBE, and the District of Columbia's adoption of a Basic Health Program (BHP). When accounting for the Illinois platform transition, the OEP decreases are similar for the HealthCare.gov platform as for the SBEs.

³ For HealthCare.gov: the 2021 OEP was from 11/1/2020 to 12/15/2020, with data reported through 12/21/2020 (this includes the additional time provided to consumers who were unable to enroll by the original deadline). The 2022 OEP was from 11/1/2021 to 1/15/2022, with data reported through 1/15/2022. The 2023 OEP was from 11/1/2022 to 1/15/2023, with data reported through 1/15/2023. The 2024 OEP was from 11/1/2023 to 1/16/2024, with data reported through 1/16/2024. The 2025 OEP was from 11/1/2024 to 1/15/2025, with data reported through 1/15/2025. The 2026 OEP was from 11/1/2025 to 1/15/2026, with data reported through 1/15/2026. Dates through which data are reported vary for SBEs; see the PUF FAQs for detailed information.

Basic Health Program and Other Program Enrollment

Table 1 shows BHP or related program enrollment for states that have implemented these programs.⁴ Total BHP and Essential Plan (EP) Expansion enrollment increased 4% from 1.8 million in the 2025 OEP to 1.9 million during the 2026 OEP. BHPs in the District of Columbia, Minnesota and Oregon provide coverage to consumers with household incomes at or below 200% and above 133% of the FPL who are not eligible for minimum essential coverage, including Medicaid or the Children’s Health Insurance Program (CHIP).⁵ In 2025, New York implemented a new coverage program, the EP Expansion, under a section 1332 waiver, which significantly increased enrollment totals for these programs. New York’s EP Expansion is not a BHP but generally mirrors the state’s previous BHP with expanded eligibility for certain residents with estimated household incomes up to 250% of the FPL.⁶ In 2026, the District of Columbia implemented a BHP, with enrollment beginning on January 1, 2026 for newly-eligible individuals.

Table 1: Basic Health Program and Essential Plan Expansion Enrollment

| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|----------------------|----------------|------------------|------------------|------------------|------------------|------------------|
| District of Columbia | NA | NA | NA | NA | NA | 15,722 |
| Minnesota | 91,886 | 98,581 | 94,811 | 103,638 | 97,078 | 96,171 |
| New York | 883,451 | 956,022 | 1,123,110 | 1,198,396 | 1,663,673 | 1,714,745 |
| Oregon | NA | NA | NA | NA | 31,944 | 41,280 |
| Total | 975,337 | 1,054,603 | 1,217,921 | 1,302,034 | 1,792,695 | 1,867,918 |

⁴ BHP and New York’s EP Expansion enrollments are not limited to an OEP. For the 2026 OEP, the District of Columbia’s and New York’s data are as of 1/31/2026, and Oregon’s and Minnesota’s data is as of 1/15/2026.

⁵ The BHP also provides coverage to lawfully present noncitizens with household income below 200% of the federal poverty level (FPL) who are ineligible for Medicaid or CHIP due to immigration status.

⁶ For more information, see U.S. Department of Health and Human Services and the U.S. Department of the Treasury, New York: State Innovation Waiver under Section 1332 of the ACA - Extension, January 15, 2025, <https://www.cms.gov/files/document/ny-1332-extension-fact-sheet.pdf>. Note that the U.S. Department of Health and Human Services and the U.S. Department of the Treasury approved New York’s request to terminate this Section 1332 State Innovation Waiver on March 20, 2026. This termination is effective July 1, 2026. EP Expansion program enrollment is referenced and reported prior to changes due to this termination for purposes of this report.

New and Returning Consumers

Figure 2 illustrates the comparison of new and returning consumer plan selections nationwide during OEPs from 2021 to 2026. In the 2026 OEP, new consumer plan selections across all Exchanges exceeded 3.6 million, approximately 1.1 million more than the 2021 OEP. In comparison to the 2025 OEP, new consumer enrollment declined 13%. As shown below, 19.5 million consumers returned to the Exchanges actively or through auto re-enrollment, representing a 3% decrease from 20.2 million in 2025.

Figure 2: New and Returning Consumer OEP Plan Selections

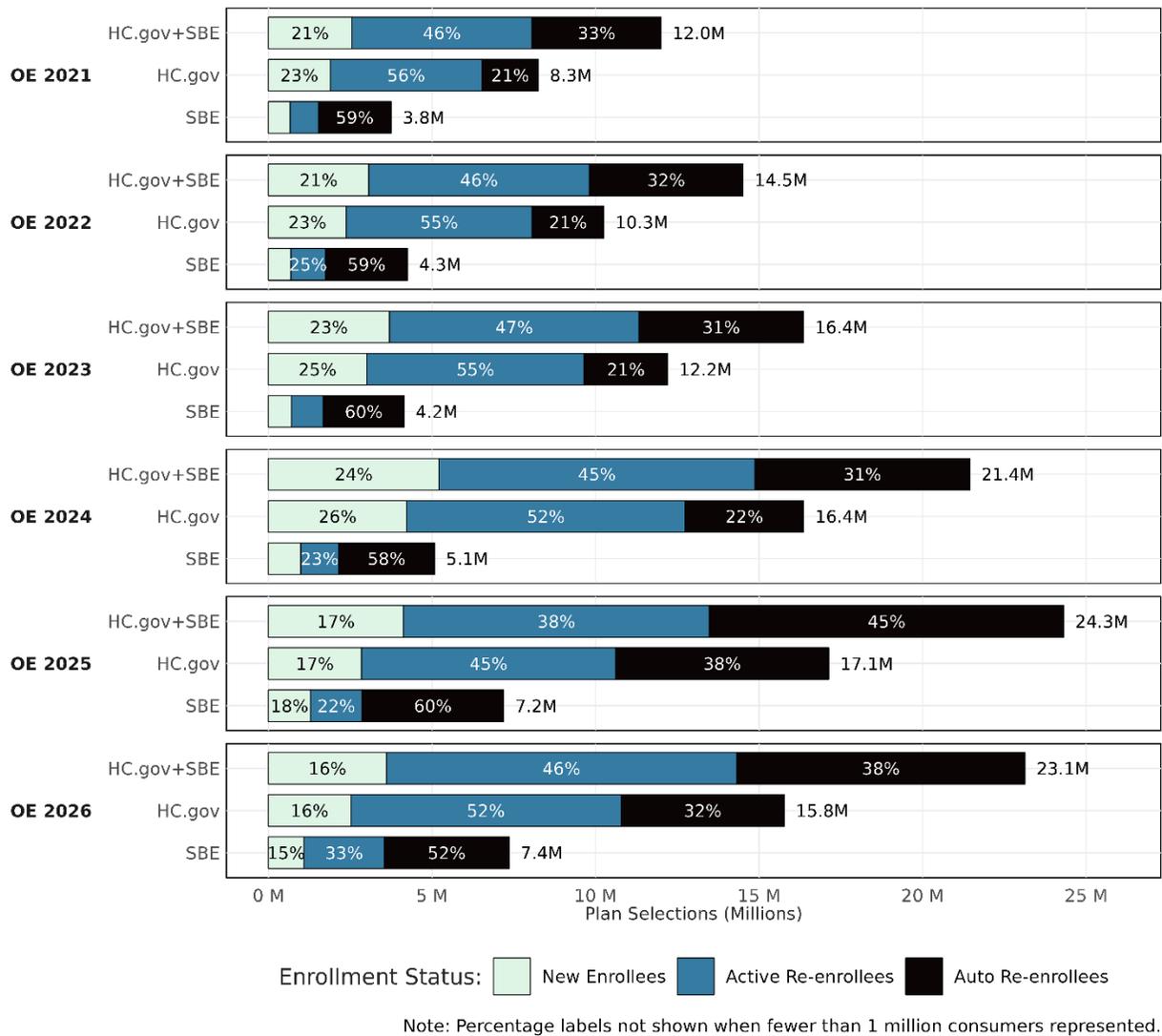


Table 2 provides further detail on new and returning consumers from the 2021 OEP to the 2026 OEP, for all Exchanges combined, as well as the HealthCare.gov platform and SBEs separately.

Table 2: OEP Plan Selections by Enrollment Type

| | All | | | | | |
|------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
| New Consumers | 2,545,559 | 3,066,360 | 3,699,749 | 5,215,764 | 4,127,847 | 3,603,771 |
| Returning Consumers | 9,458,806 | 11,444,717 | 12,657,281 | 16,230,386 | 20,191,866 | 19,527,089 |
| Returning: Active | 5,513,796 | 6,742,948 | 7,629,744 | 9,659,365 | 9,353,419 | 10,714,902 |
| Returning: Auto | 3,945,010 | 4,701,769 | 5,027,537 | 6,571,021 | 10,838,447 | 8,812,187 |
| Total Consumers | 12,004,365 | 14,511,077 | 16,357,030 | 21,446,150 | 24,319,713 | 23,130,860 |

| | HC.gov | | | | | |
|------------------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
| New Consumers | 1,884,174 | 2,380,835 | 3,000,155 | 4,226,461 | 2,841,205 | 2,517,617 |
| Returning Consumers | 6,367,529 | 7,874,801 | 9,203,467 | 12,136,672 | 14,287,685 | 13,253,780 |
| Returning: Active | 4,648,617 | 5,680,878 | 6,654,213 | 8,511,722 | 7,776,775 | 8,262,068 |
| Returning: Auto | 1,718,912 | 2,193,923 | 2,549,254 | 3,624,950 | 6,510,910 | 4,991,712 |
| Total Consumers | 8,251,703 | 10,255,636 | 12,203,622 | 16,363,133 | 17,128,890 | 15,771,397 |

| | SBE | | | | | |
|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
| New Consumers | 661,385 | 685,525 | 699,594 | 989,303 | 1,286,642 | 1,086,154 |
| Returning Consumers | 3,091,277 | 3,569,916 | 3,453,814 | 4,093,714 | 5,904,181 | 6,273,309 |
| Returning: Active | 865,179 | 1,062,070 | 975,531 | 1,147,643 | 1,576,644 | 2,452,834 |
| Returning: Auto | 2,226,098 | 2,507,846 | 2,478,283 | 2,946,071 | 4,327,537 | 3,820,475 |
| Total Consumers | 3,752,662 | 4,255,441 | 4,153,408 | 5,083,017 | 7,190,823 | 7,359,463 |

Impact of CMS enforcement actions to prevent improper enrollment

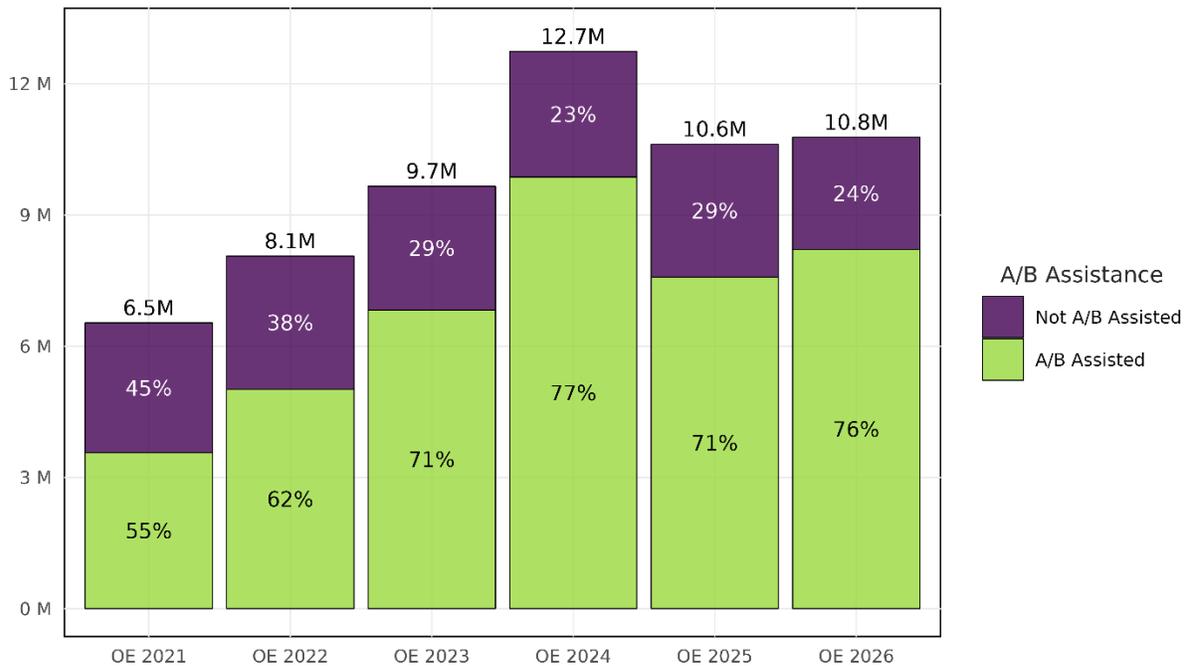
As a result of program integrity actions taken in 2025, APTC was removed for nearly 1.5 million people found to be ineligible for financial assistance or enrolled without their authorization in HealthCare.gov states. More than one million of these people had their APTC removed because they were found to be concurrently enrolled in either Medicaid or CHIP and Exchange coverage with APTC or failed to file and reconcile previously received tax credits. Many of these consumers subsequently ended their coverage voluntarily, or had their coverage ended due to non-payment of premiums due. An additional quarter million enrollees who had been enrolled without their authorization had their unwanted coverage cancelled, allowing CMS to pull back unwarranted tax credits.⁷ These individuals were not renewed into 2026 coverage.

⁷ For more information, see Press Release, “CMS Actions to Protect Consumers and Strengthen Exchange Program Integrity,” Centers for Medicare & Medicaid Services, January 28, 2026, <https://www.cms.gov/newsroom/fact-sheets/cms-actions-protect-consumers-strengthen-exchange-program-integrity>.

Agent or Broker Assistance

Figure 3 shows the percentage of HealthCare.gov active plan selections which involved assistance from an agent or broker. This percentage increased each year from 2021 to 2024 but dropped below its peak in 2025 and 2026. This decrease is largely attributed to system updates that prevented agents and brokers from changing a consumer’s enrollment without the consumer’s engagement prior to the 2025 OEP.⁸ These system updates followed an increase in consumer complaints about unauthorized changes to FFM enrollments. These data do not reflect the channel through which the application was submitted (for example, through the Marketplace Call Center or a direct enrollment partner), only whether the application involved the assistance of an agent or broker.

Figure 3: Active HealthCare.gov Plan Selections with Agent/Broker (A/B) Assistance



⁸ For more information about these system changes, see Press Release, “CMS Update on Actions to Prevent Unauthorized Agent and Broker Marketplace Activity,” Centers for Medicare & Medicaid Services, October 17, 2024, <https://www.cms.gov/newsroom/press-releases/cms-update-actions-prevent-unauthorized-agent-and-broker-marketplace-activity>.

Demographic Characteristics

Table 3 shows demographic characteristics among consumers who selected or were automatically re-enrolled in an Exchange plan during the 2021 through 2026 OEPs.

While the percentage of consumers in rural and non-rural areas has remained remarkably consistent in prior years (82% of consumers in non-rural areas and 18% in rural areas, from the 2016 OEP to the 2025 OEP), this shifted slightly for 2026. The difference appears small, with only a percentage-point change in each category; however, the effect is that the overall decline in plan selections affects rural areas disproportionately. From the 2025 OEP to the 2026 OEP, non-rural consumers declined by 4%; in contrast, rural consumers declined by 10%.⁹

The distribution of plan selections by income also experienced a notable change in recent years. Despite the expiration of the enhanced subsidies, the plan selection distribution by income remained largely the same.¹⁰ This means that the portion of enrollments with household income between 100% and 150% of the federal poverty level (FPL) remains substantially higher than the 2021 OEP before the enhanced subsidies became available. Specifically, the portion of plan selections among people with a household income between 100% and 150% of the FPL increased from 32% in the 2021 OEP to 46% in the 2026 OEP. Consistently since 2024, consumers' race or ethnicity is unknown in approximately half of plan selections. Consumers are not required to select a response to the question of race or ethnicity. However, among plan selections with a race or ethnicity reported, the proportion of white, non-Hispanic consumers has declined, from 57% in the 2021 OEP to 51% in the 2026 OEP. The percentage of Asian non-Hispanic consumers has also declined, while proportions of both Hispanic/Latino and Black non-Hispanic consumers have increased from the 2021 OEP to the 2026 OEP.

⁹ Because of their transition to an SBE for 2026, Illinois is not included in these calculations.

¹⁰ The American Rescue Plan Act of 2021 expanded APTC eligibility for consumers with incomes above 400% FPL for 2021 and 2022, and the Inflation Reduction Act of 2022 extended these provisions through the end of 2025. However, these enhanced APTC subsidies expired at the end of 2025. Additionally, certain non-citizens with incomes under 100% FPL were no longer eligible for APTC for 2026 due to the enactment of Public Law 119-21, which CMS refers to as the Working Families Tax Cut Legislation.

Table 3: Demographic Characteristics as a Percentage of Total Consumers with OEP Plan Selections¹¹

Cell color proportional to plan selections.

| | | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|-------------------------------------|---------------------------------------|------|------|------|------|------|------|
| Age | 18 - 34 | 25% | 25% | 25% | 27% | 28% | 27% |
| | 35 - 54 | 36% | 36% | 37% | 38% | 38% | 38% |
| | 55+ | 30% | 29% | 29% | 26% | 24% | 24% |
| | < 18 | 9% | 9% | 9% | 10% | 11% | 11% |
| Gender | Female | 54% | 54% | 53% | 52% | 52% | 52% |
| | Male | 46% | 46% | 47% | 48% | 48% | 48% |
| Income (% FPL) | 100% to 150% | 32% | 32% | 37% | 44% | 45% | 46% |
| | <100% | 2% | 2% | 1% | 2% | 2% | 1% |
| | >150% to 250% | 34% | 32% | 29% | 29% | 28% | 28% |
| | >250% to 400% | 20% | 20% | 19% | 15% | 14% | 15% |
| | >400% | 3% | 8% | 8% | 7% | 7% | 5% |
| | Other Income | 9% | 6% | 5% | 4% | 4% | 5% |
| Location ⁺ | Non-Rural | 82% | 82% | 82% | 82% | 82% | 83% |
| | Rural | 18% | 18% | 18% | 18% | 18% | 17% |
| Race/Ethnicity Reporting | Race and Ethnicity Unknown | 31% | 34% | 41% | 50% | 50% | 49% |
| | Race and/or Ethnicity Known | 69% | 66% | 59% | 50% | 50% | 51% |
| Race/Ethnicity (of those reporting) | American Indian/Alaska Native, NHU | 1% | 1% | 1% | 1% | 1% | 1% |
| | Asian, NHU | 13% | 12% | 11% | 11% | 11% | 12% |
| | Black, NHU | 8% | 9% | 9% | 9% | 10% | 10% |
| | Hispanic or Latino | 18% | 19% | 21% | 22% | 22% | 23% |
| | Multiracial, NHU | 2% | 2% | 2% | 2% | 2% | 2% |
| | Native Hawaiian/Pacific Islander, NHU | <1% | <1% | <1% | <1% | <1% | <1% |
| | Other Race, NHU | NR | 2% | 2% | 2% | 2% | 2% |
| | White, NHU* | 57% | 55% | 54% | 53% | 52% | 51% |

* 'NHU' refers to both non-Hispanic consumers and those with unknown ethnicity.
 + Location data include only HC.gov consumers.

¹¹ Household Income: The following SBE data are excluded from household income metrics as these data were not available and/or applicable at the time of this report: Idaho (2021), District of Columbia >400% FPL and Other Income (2021), and Minnesota and New York >400% FPL (2021).

“Other household income” includes plan selections for which consumers were not requesting financial assistance and unknown household income. For the 2026 OEP, the following SBEs additionally report consumers with known income as other household income: Connecticut (<100% and >400% FPL) and Minnesota and New York (>400% FPL).

Premiums and Financial Assistance

Tables 4a and 4b show plan characteristics for consumers making OEP plan selections in both HealthCare.gov and SBE states. Nationally, during the 2026 OEP, 87% of consumers selected plans with APTC, and 37% selected plans with CSRs. During the 2026 OEP, 29% of HealthCare.gov consumers selected plans that cover 94% of their expected health care costs – 94% actuarial value (AV).

Table 4a: Metal Level as a Percentage of Total Consumers with OEP Plan Selections¹²

| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---------------------|------|------|------|------|------|------|
| Catastrophic | 1% | 1% | <1% | <1% | <1% | <1% |
| Bronze | 35% | 32% | 32% | 31% | 30% | 40% |
| Silver | 55% | 56% | 54% | 54% | 56% | 43% |
| Gold | 8% | 10% | 12% | 13% | 13% | 17% |
| Platinum | 1% | 1% | 1% | 1% | <1% | <1% |

Note: Cell color proportional to number of plan selections by year.

Race/ethnicity: Totals may not sum to 100% due to rounding. Selecting a response to the question of race or ethnicity is optional; however, analysis suggests that Black and Hispanic consumers may be less likely to self-report race and ethnicity, implying that the data may undercount these populations. For more information, see Assistant Secretary for Planning and Evaluation, HealthCare.gov Plan Selections by Race and Ethnicity, 2015-2024, October 1, 2024, <https://aspe.hhs.gov/reports/healthcaregov-plan-selections-race-ethnicity-2015-2024>

Race and ethnicity data for 2022 were revised to include all states with available data for the 2022 OEP; therefore, these numbers may not match what was previously published (as the 2022 OEP report excluded race and ethnicity data for Colorado). Race and ethnicity breakouts for the 2025 OEP do not add up to total plan selections because Colorado and Washington report consumers choosing more than one race in multiple categories, and New York reports these breakouts with a different reporting date. For the 2026 OEP, Colorado and Washington report consumers choosing more than one race in multiple categories, and District of Columbia did not report these data. Some SBE applications do not include Other or Multi-Racial as an option.

¹² Totals may not sum to 100% due to rounding.

Table 4b: Consumers Receiving Financial Assistance as a Percentage of Total¹³

| | | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|--------------------|------------------|------|------|------|------|------|------|
| % with APTC | All Exchanges | 85% | 89% | 90% | 92% | 92% | 87% |
| | HC.gov | 88% | 92% | 93% | 95% | 95% | 90% |
| | SBEs | 78% | 83% | 82% | 83% | 86% | 79% |
| % with CSR | All Exchanges | 47% | 49% | 48% | 50% | 51% | 37% |
| | HC.gov (All CSR) | 51% | 53% | 52% | 53% | 53% | 36% |
| | HC.gov (AI/AN) | 1% | 1% | <1% | <1% | <1% | <1% |
| | HC.gov (73% AV) | 4% | 5% | 3% | 2% | 2% | 1% |
| | HC.gov (87% AV) | 12% | 13% | 11% | 9% | 9% | 6% |
| | HC.gov (94% AV) | 34% | 35% | 37% | 41% | 41% | 29% |
| | SBEs | 39% | 37% | 35% | 39% | 45% | 38% |

Table 5 shows the average premiums for consumers who made Exchange plan selections during the 2021 to 2026 OEPs. For 2026, the average monthly premium was \$619 before the application of APTC and \$178 after APTC. In 2026, 34% of consumers selected a plan for \$10 or less per month after APTC. Note that consumers in SBEs on average have higher premiums after APTC than consumers using the HealthCare.gov platform, reflecting the more common presence of other programs (such as expanded Medicaid and BHPs) in SBE states.¹⁴ On HealthCare.gov, the average premium after APTC for APTC consumers rose by \$15 from 2025 to 2026, compared to an average increase of \$36 for comparable consumers across SBEs.

¹³ State subsidies are not reflected in these data, except New York which includes a subset of consumers receiving state cost-sharing subsidies under an approved section 1332 waiver. See PUF FAQs and definitions for more information.

¹⁴ Premiums in SBEs do not reflect state subsidies available in some SBEs, which are applied in addition to APTC to further lower premiums for consumers. California, Colorado, Connecticut, Maryland, Massachusetts, New Jersey, New Mexico, New York, Vermont, and Washington provide a "state subsidy wrap" in addition to APTC and/or CSRs for consumers at specific income levels. The cost reductions provided by these SBEs are not reflected in the data, except New York which implemented state cost-sharing subsidies for certain on-Exchange enrollees under an approved section 1332 waiver. Please refer to the 2026 Public Use File FAQs for more information on state subsidy programs.

Table 5: Average Monthly Premium Before and After APTC¹⁵

| | All | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
| Avg. Premium before APTC | \$579 | \$585 | \$605 | \$605 | \$619 | \$741 |
| Avg. APTC (among APTC Consumers) | \$485 | \$505 | \$526 | \$536 | \$550 | \$650 |
| Avg. Premium after APTC, APTC Consumers | NA | NA | NA | \$74 | \$74 | \$96 |
| Avg. Premium after APTC, All Consumers | \$164 | \$133 | \$129 | \$111 | \$113 | \$178 |
| % of Consumers with APTC | 85% | 89% | 90% | 92% | 92% | 87% |

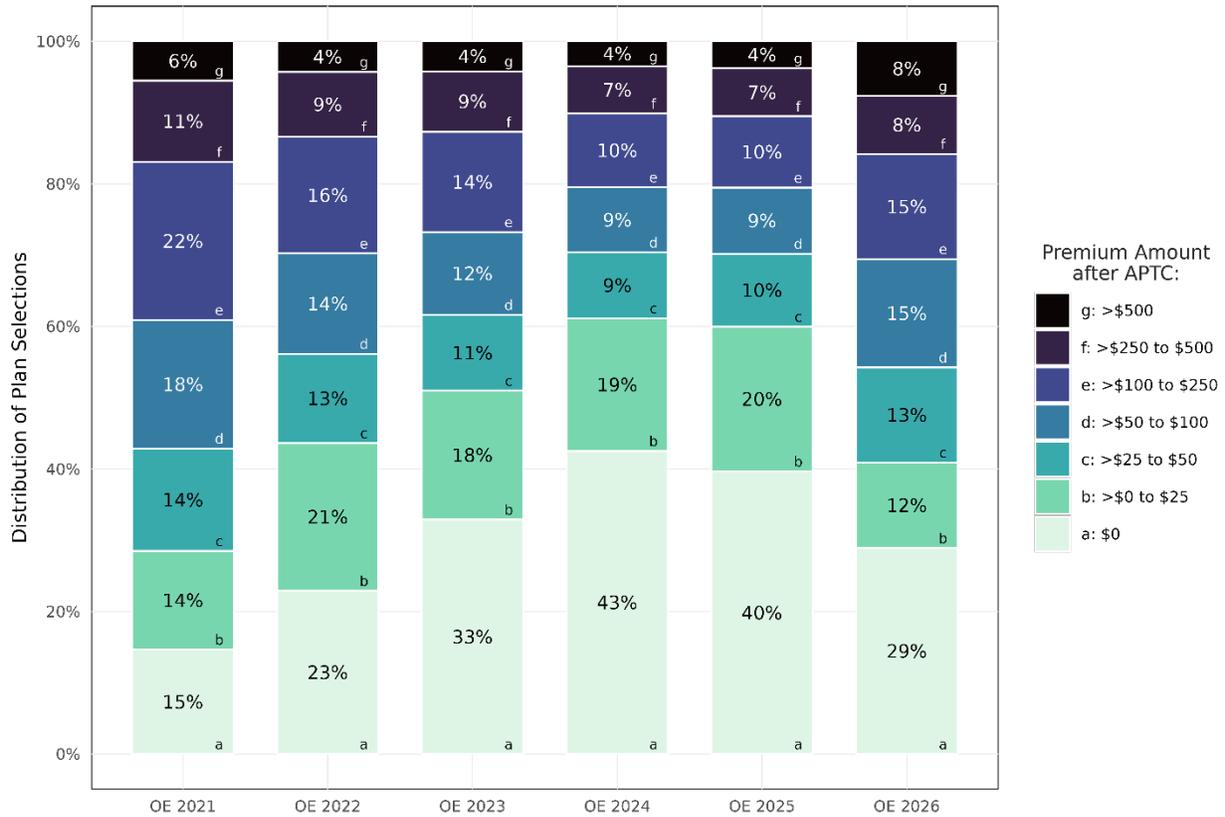
| | HC.gov | | | | | |
|---|---------------|-------------|-------------|-------------|-------------|-------------|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
| Avg. Premium before APTC | \$590 | \$594 | \$607 | \$602 | \$612 | \$746 |
| Avg. APTC (among APTC Consumers) | \$509 | \$524 | \$542 | \$548 | \$557 | \$674 |
| Avg. Premium after APTC, APTC Consumers | \$92 | \$77 | \$71 | \$56 | \$58 | \$73 |
| Avg. Premium after APTC, All Consumers | \$143 | \$111 | \$102 | \$81 | \$85 | \$137 |
| % of Consumers with APTC | 88% | 92% | 93% | 95% | 95% | 90% |

| | SBE | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
| Avg. Premium before APTC | \$553 | \$563 | \$598 | \$615 | \$636 | \$730 |
| Avg. APTC (among APTC Consumers) | \$426 | \$452 | \$473 | \$492 | \$533 | \$590 |
| Avg. Premium after APTC, APTC Consumers | NA | NA | NA | \$139 | \$116 | \$152 |
| Avg. Premium after APTC, All Consumers | \$210 | \$188 | \$209 | \$207 | \$179 | \$266 |
| % of Consumers with APTC | 78% | 83% | 82% | 83% | 86% | 79% |

¹⁵ Premiums in SBEs do not reflect state subsidies available in some SBEs, which are applied in addition to APTC to further lower premiums for consumers. New York includes a subset of consumers receiving state cost-sharing subsidies under an approved section 1332 waiver in the CSR metrics only. See PUF FAQs and definitions for more information. Nevada has been excluded from average APTC and average premium metrics for 2021 and 2022 as this data was not available at the time of this report.

Figure 4 illustrates the distribution of monthly premiums after APTC for consumers using the HealthCare.gov platform during the 2021 to 2026 OEPs. During the 2026 OEP, 29% of consumers selected plans with a \$0 monthly premium after APTC, and 54% of consumers had premiums of less than or equal to \$50 after APTC.

Figure 4: HealthCare.gov Premium Distribution After APTC, 2021-2026¹⁶



¹⁶ The distribution of monthly premiums after APTC excludes the following: Kentucky, Maine, and New Mexico for the 2021 OEP, reflecting each state's transition to an SBE for the 2022 coverage year; Virginia for the 2021-2023 OEPs, reflecting the state's transition to an SBE for the 2024 coverage year, Georgia for the 2021-2024 OEPs, reflecting the state's transition to an SBE for the 2025 coverage year, and Illinois for the 2021-2025 OEPs, reflecting the state's transition to an SBE for the 2026 coverage year. These adjustments may result in differences from previously published data.

Appendix: Public Use Files

More information on applications and plan selections is available in a suite of accompanying public use files (PUFs). The PUFs contain information on applications submitted and the number of medical and stand-alone dental plan selections in states using the HealthCare.gov platform by state, and county. Starting in 2026, the state-level and county-level PUFs also contain data on the number of agent/broker-assisted plan selections for states using HealthCare.gov. The 2026 OEP state-level PUF includes additional plan and demographic information, including the metal level of selected plans, premium and financial assistance information, age, gender, rural location, self-reported race and ethnicity, and household income as a percentage of the FPL. Within the 2026 OEP state, metal level, and enrollment status PUF, data are stratified by new, returning, and automatically re-enrolled consumers and by plan metal level. The methodology for this report and detailed metric definitions is included in accompanying materials for the PUFs. An additional PUF comprising information on deductibles, HSA eligibility, and standardized plan option selection rates is available for HealthCare.gov.

The PUFs can be found at: <https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2026-marketplace-open-enrollment-period-public-use-files>