



**U.S. Senator
Maria Cantwell**
Washington

SNAPSHOT REPORT:

Health Care Insurance Premiums Set to Spike

In weeks, the 2026 open enrollment period will begin for Americans who buy health insurance exchange plans. Without urgent Congressional action, millions of Americans in almost every state will pay hundreds and sometimes thousands of dollars more just to keep their current health insurance plans.

- **This report found that in 29 states, the leading exchange plan insurer in that state has requested or been granted an increase of 20% or more.**
- **This report found that in 20 states, the 2026 requested or final rate by that state's top exchange plan insurer will be at least 20 percentage points higher than how much that same insurer raised rates in 2025.**

Medica, which has the largest number of exchange enrollees in Nebraska, has requested a 36.09% rate increase.

BlueCross BlueShield of Texas implemented a 6.6% rate increase in 2025. For 2026, the insurer has requested a rate increase of 39.28%.

According to health insurance companies, the primary reasons for these looming price spikes are higher equipment prices due to tariffs, rising costs of delivering care, and the pending expiration of the enhanced ACA premium tax credits.

This looming health insurance affordability crisis will not only burden the 24 million Americans who currently purchase health insurance on the marketplace exchange. Many will be unable to pay for ACA marketplace coverage next year, meaning they will be forced to seek out much more expensive care in emergency departments, which will drive up uncompensated care costs for our providers, increasing health care costs for everyone, and further straining our fragile health care system.

The rising cost of health care must be addressed now. The open enrollment period begins in just five weeks and the rate will not be modified mid-year. Once Americans buy these inflated plans they will be locked into much higher costs for all of 2026 unless they experience a significant life event like marriage or giving birth to a child.

Health Exchange Premium Rate Increases, 2025-2026, Each State's Top Exchange Insurer

This analysis of premium costs in the chart below shows the requested or final rate increase for the insurer with the largest market share in each state. Finalized increases are indicated in bold, the rest are requested increases that are still being negotiated with state regulators.

State	Top Exchange Insurer	2025 Rate Change	2026 Rate Change
AK	Moda Assurance Co.	19.85%	0.18%
	Premera BCBS of AK	13.64%	-0.63%
AL	BCBS of Alabama	-7.56%	19.33%
AR	USABLE Mutual Insurance	3.17%	16.85%
AZ	Arizona Complete Health	-6.09%	48.95%
CA	Kaiser Foundation Health Plan	6.33%	7.23%
CO	Anthem (HMO Colorado Inc.)	-0.58%	34.05%
CT	Anthem	6.38%	13.60%
DC	CareFirst PPO (GHMSI)	3.63%	12.53%
DE	Highmark BCBS of Delaware	9.29%	25.00%
FL	Centene Venture Company	4.68%	37.90%
GA	Ambetter of Peach State	6.74%	39.99%
HI	HMSA	8.06%	12.91%
IA	Wellmark Health Plan of Iowa	1.08%	12.57%
ID	Moda	6.67%	7.82%
IL	BCBS of Illinois	6.63%	27.10%
IN	Coordinated Care Corporation	N/A	30.00%
KS	Celtic Insurance Co.	2.07%	39.97%
KY	WellCare Health Plans of Kentucky	1.86%	37.02%
LA	HMO Louisiana	-9.25%	23.25%
MA	Tufts Health Public Plans	9.53%	11.50%
MD	CareFirst BlueChoice	5.06%	13.60%
ME	Anthem Health Plans of Maine	7.41%	23.10%
MI	Meridian Health Plan of Michigan	4.44%	16.89%

MN	Blue Plus (HMO Minnesota)	11.56%	16.63%
MO	Celtic Insurance Co.	-7.24%	24.37%
MS	Ambetter of Magnolia	1.30%	38.98%
MT	HCSC (BCBS of Montana)	5.03%	24.83%
NC	BCBS of North Carolina	2.98%	29.36%
ND	BCBS of ND	15.94%	4.88%
	Sanford Health Plans	16.50%	1.44%
NE	Medica Insurance Co.	8.96%	36.09%
NH	Thornton Health Plan (Anthem BCBS)	11.91%	20.43%
NJ	Horizon Healthcare Services, Inc.	6.10%	17.05%
NM	Health Care Service Corp (BCBS NM)	9.01%	38.60%
NV	Health Plan of NV Inc.	4.51%	20.71%
NY	Fidelis (NY Quality Healthcare Corp)	5.88%	2.90%
OH	Buckeye Community Plan (Ambetter)	-4.40%	27.25%
OK	BCBS of OK	4.02%	32.70%
OR	Providence Health Plan	8.82%	8.72%
PA	Keystone Health Plan East	5.38%	22.04%
RI	Neighborhood Health Plan of RI	5.84%	21.13%
SC	BCBS of SC	-0.62%	19.76%
SD	Avera Health Plans	-4.53%	8.91%
TN	Centene/Celtic	2.30%	37.21%
TX	BCBS of TX	6.60%	39.28%
UT	SelectHealth	9.09%	12.82%
VA	(Anthem) HealthKeepers, Inc.	3.85%	20.36%
VT	BCBS of VT	23.80%	9.60%
WA	Coordinated Care Corporation	9.28%	26.90%
WI	Compcare Health Services (Anthem)	9.79%	30.79%
WV	Highmark BCBS of WV	2.66%	16.97%
WY	BCBS of WY	9.91%	20.68%

Notes:

1 - Designation of top insurer in each state based on enrollment numbers provided in state filings and third-party analysis.

2 - For Alaska and North Dakota, insurance filings did not include specific enrollment numbers – as it was not possible to definitively determine the top insurer, our estimate of the top two insurers in each state is included.

3 - Indiana's Coordinated Care Corporation [entered](#) that market in 2025, therefore there is no "requested rate change" from 2024-2025 to cite.

4 - 2025 rates and 2026 requested rates taken from [ratereview.healthcare.gov](https://www.healthcare.gov/rate-review/). 2026 final rates taken from official state releases - see endnote for full list of sources for final rates.

Example

For a family of four living in King County in Washington state making \$80,000 per year, the cost of a benchmark silver plan would increase by **\$297 per month** without the enhanced premium tax credit extension. Total cost would rise from \$263 per month, or \$3,160 per year, to \$560 per month, or \$6,720 per year.

Source: KFF ACA Marketplace Premium Interactive Calculator; <https://www.kff.org/interactive/how-much-more-would-people-pay-in-premiums-if-the-acas-enhanced-subsidies-expired/>

Open Enrollment Starts Soon

In five weeks, on Saturday, November 1, open enrollment begins for 49 states and the District of Columbia. (Idaho's open enrollment date is even earlier, on October 15.)

The premium increases being driven by the end of ACA tax credits, and the expected rise in uncompensated care costs, will be locked in for people who choose their 2026 insurance at that time.

Due to recent ACA marketplace rule changes and the pending court case [Columbus v. Kennedy](#), states may choose to allow insurers to file last-minute adjustments until October 1st, which gives even less time for beneficiaries to make decisions until open enrollment starts.

Current exchange enrollees who take no action by the end of open enrollment will find the increased premiums debited from their bank accounts in January and for every month in 2026.

Open Enrollment Period in U.S. States	
Oct. 15 - Dec. 15	Idaho
Nov. 1 - Jan. 15	43 states
Nov. 1 - Jan. 23	Massachusetts
Nov. 1 - Jan. 30	Virginia
Nov. 1 - Jan. 31	California, DC, New Jersey, New York, Rhode Island

Source: Center for Budget Policy & Priorities; <https://www.cbpp.org/research/health/five-key-changes-to-aca-marketplaces-amid-uncertainty-over-premium-tax-credit>, state websites.

Note: For those wanting coverage to begin January 1, the deadline is December 15 in 50 states and Washington, DC. Otherwise, coverage will start in February.

Inconsistent Communication as Deadlines Approach

States are required to report the requested rate changes to the federal government. How they communicate this information directly to the people of their state is up to them.

Thirty-one states have publicly announced insurers' requested or final rate increases, preparing the people of their state for the potentially difficult financial decisions. However, other states are merely publishing the requested rates on their website, doing no proactive communication.

For example, according to [reporting](#) by Florida Phoenix, part of States Newsroom, the Florida Office of Insurance Regulation posted information about exchange plan rate increases “for illustrative purposes only” on their website on August 25 but “did not otherwise publicly announce that it was available online.”

“Posting them on our website is making them public,” an OIR spokesperson told the publication via email.

This snapshot report found that according to state insurance commissioner, treasury, and governor's news archives, 18 states have not proactively announced information about potential 2026 exchange plan rate increases. This includes some of the states with the largest requested increases that are likely to be a major burden on household incomes:

States Whose Top Insurer Has Requested an Increase of 30% or More, But Have Not Proactively Released the Information

Georgia	39.99%
Kansas	39.97%
Texas	39.28%
Mississippi	38.98%
Nebraska	36.09%

Conclusion

Americans' budgets are already strained by increasing inflation, housing costs, and tariffs pushing up the price of household goods. Small business owners -- many of whom purchase insurance off the exchange-- have been especially hard hit.

Adding a 20 to 30% increase to one of the biggest line items in a family's monthly budget is a recipe for widespread economic hardship. And these increases are only a minimum,

they don't take into account the even larger increase faced by the many people who currently receive ACA tax credits.

Congress must address the root cause of these increases, the decision not to renew the ACA tax credits. And Congress must act before millions of Americans lock themselves into health care they can only barely afford. 2025 was a difficult year for American families. Without action by Congress, 2026 could plunge many families -- and our economy -- into an affordability abyss.

ENDNOTE: Sources for finalized health insurance premium increases

Alabama: <https://aldoi.gov/currentnewsitem.aspx?ID=1327>

Arkansas: https://governor.arkansas.gov/news_post/sanders-negotiates-insurance-rate-increases-down-by-35-8/

Connecticut: https://portal.ct.gov/-/media/cid/1_ratefilings/2026-aca-final-rate-chart.pdf

Delaware: <https://insurance.delaware.gov/divisions/ratesforms/ratefilings/highmark-2026/>

Florida: https://floir.com/docs-sf/life-health-libraries/federal-health-insurance/2026-plan-year/aca-2026-web-tables-individual.pdf?sfvrsn=628901ac_1

Illinois: <https://idoi.illinois.gov/consumers/consumerinsurance/health/affordable-care-act--aca----illinois-rate-filings.html>

Indiana: <https://www.in.gov/idoi/files/Rate-Watch-Document-2026-Final-Individual.pdf>

Massachusetts: <https://www.mass.gov/info-details/2026-health-insurance-rates>

Maryland: <https://insurance.maryland.gov/Documents/newscenter/newsreleases/2026-ACA-Press-Release-Approved-Rates-with-exhibits.pdf>

Maine: <https://www.maine.gov/pfr/insurance/sites/maine.gov/pfr.insurance/files/inline-files/2026-approvedratessummary-V1.pdf>

New Mexico: https://www.osi.state.nm.us/wp-content/uploads/2025/08/OSI2026HealthInsuranceRatesNewsReleaseFINAL_Updated.pdf

New York: <https://myportal.dfs.ny.gov/web/prior-approval/ind-and-sg-medical/summary-of-2026-requested-rate-actions>

Vermont: <https://gmcboard.vermont.gov/sites/gmcb/files/documents/2026%20QHP%20Rate%20Decision%20-%20BCBSVT%20-%2008.22.2025.pdf>

Washington: <https://www.insurance.wa.gov/about-us/news/2025/average-21-rate-increase-approved-washingtons-2026-exchange-health-insurance-market>