



Kansas Department of Insurance

Commissioner Vicki Schmidt

2026: OVERVIEW OF THE HEALTH INSURANCE MARKET IN KANSAS

Open Enrollment for Individuals and Families for Plan Year 2026

As a Federally Facilitated Marketplace (FFM), Kansas utilizes healthcare.gov for open enrollment. Some insurers offer the ability for consumers to enroll directly in a Marketplace plan.

Kansans should be aware of potential improper marketing when shopping for and purchasing plans. There are a number of websites with similar names, but they are not the Federally Facilitated Marketplace, and it is important to verify that you are using the healthcare.gov site. **Using the correct website ensures you are buying a plan that complies with the requirements of the Affordable Care Act (ACA).**

Open enrollment is an opportunity for Kansans to make changes, evaluate whether to enroll in coverage, stay on their current policy, if available, or enroll in a different policy from the same company or a different company.

Individuals can stay on their parents' health plan until their 26th birthday even if they get married, have or adopt a child, start or leave school, live in or out of their parents' home, aren't claimed as a tax dependent, or turn down an offer of job-based coverage.

Open enrollment for plan year 2026 begins on **November 1, 2025**, and ends **January 15, 2026**. You must enroll by **December 15, 2025**, if you would like your coverage to start on **January 1, 2026**.

After open enrollment ends on January 15, 2026, the only way to obtain coverage is via a special enrollment period (SEP) due to a qualifying event.

To qualify for SEP, certain life events would have had to occurred for you, such as losing health coverage, moving, getting married, and having a baby or adopting a child.

During open enrollment the federal government will suggest new plans for individuals covered by qualified health plans (QHPs) that companies are discontinuing after 2025. Consumers covered by plans that will not be offered in 2026 **do not have to enroll in the plan suggested to them.** They can shop for any plan available to them depending on where they live. Aetna Life Insurance Company will not be selling plans in 2026, so those who are insured with Aetna Life Insurance Company will need to take extra steps to enroll. **The new plan is effective only when the premium is paid.**

Kansans should report changes to their income, address, and household information as soon as possible. If changes are not reported, federal taxes could be affected. Changes are reported directly to the Marketplace by updating your application. Application updates may be done online, by phone, or in person. Using the most recent income data available, the FFM will re-determine enrollee eligibility for advance premium tax credits (APTC) and income-based cost-sharing reductions (CSRs) for those receiving financial assistance.

Coverage may also be purchased off the Marketplace during the open enrollment period from the same companies offering coverage on the Marketplace. There are 44 policies that are offered off the FFM that are not offered on the FFM. The only way to obtain coverage after open enrollment ends on January 15, 2026, is via a special enrollment period due to a qualifying event. This is true whether you purchase on the FFM or off the FFM.

Enhanced Premium Tax Credits Expire December 31, 2025

Enhanced premium tax credits were initially authorized in the American Rescue Plan of 2021 and extended through the Inflation Reduction Act of 2022 and are set to expire on December 31, 2025, under current law. So, unless Congress passes a law to change that, most consumers will have lower premium tax credit amounts starting in January 2026 which means their cost will increase.

Medicaid Unwinding

During the COVID-19 Public Health Emergency, federal law required states to keep Medicaid members continuously enrolled; members were kept on the rolls without asking them to complete renewal paperwork. Continuous enrollment ended on March 31, 2023. Beginning April 1, 2023, states were able to begin terminating Medicaid enrollment for individuals who were no longer eligible. Referred to as “unwinding,” states were given 12 months to restart the usual renewal process to determine Medicaid eligibility. This process contributed to record high enrollment number on the FFM for Kansas in 2025.

Important Information

- **Tax credits and cost-sharing reductions are only available when purchasing on the Marketplace.**
- **If you qualify for cost-sharing reductions, you *must* pick a silver plan to receive the extra savings.**
- **Enhanced Premium Tax Credits expire on December 31, 2025.**

There are ten essential health benefits (EHB) categories, which are as follows: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services including oral and vision care. You will generally have to pay deductibles, copayments, and other out-of-pocket costs that apply to most covered services.

Consumers should fully understand the network requirement of any plan they are considering. Companies may change the type of policy they sell from one year to the next resulting in potential network implications. Providers may decide whether to contract or not to contract on an annual basis. Consumers should check to be certain that their physicians and all other medical providers are in the network for the plan

they are considering purchasing. If purchasing a plan with an Exclusive Network Provider (EPO) network be certain to understand whether the plan requires use of a “gatekeeper” before receiving services.

Companies may offer the following types of individual and small group policies:

- **Exclusive Provider Organization (EPO)** – A type of managed care organization (health plan) that provides health care coverage through preferred health care providers only. The EPO may require the use of a gatekeeper, a primary care professional who makes referrals for specialty care. In 2026, all individual plans are EPOs.
- **Preferred Provider Organization (PPO)** – A type of health plan that provides health care coverage through a network of providers. Typically, the PPO requires the policyholder to pay higher costs when they seek care from an out-of-network provider.
- **Health Maintenance Organization (HMO)** – A type of managed care organization (health plan) that provides health care coverage through a network of hospitals, doctors and other health care providers. Typically, the HMO only pays for care provided by an in-network provider. In the individual market, there are no HMO policies being offered in Kansas.
- **Point of Service (POS)** – A managed care plan that gives members the option of seeking care from a specialist without a referral from a primary-care physician. Such services are subject to a higher deductible and/or coinsurance.

Metal Levels

The various metal levels indicate how you and your health insurance plan will share in the costs of care. There are bronze, expanded bronze, silver, gold, and platinum metal levels.

Bronze plans offer the lowest monthly premium and the highest out of pocket cost when you seek care.

Expanded bronze plans either cover and pay for at least one major service, other than preventive services before the deductible *or* meet the requirements to be a high-deductible health plan. Covered major services could include primary care visits, specialist visits, emergency room services, inpatient hospital services, generic drugs, preferred brand drugs, or specialty drugs.

Silver plans offer a moderate monthly premium and a moderate out of pocket cost when you seek care.

Gold plans offer a higher monthly premium than silver and a lower out of pocket cost than silver when you need care.

Platinum plans offer the highest monthly premium and the lowest out of pocket costs when you receive care.

In addition to metal levels, there are **catastrophic plans** that can be purchased. These plans cover three primary care visits per year *before* the plan's deductible is met. The premium paid each month is generally low, but the out-of-pocket costs for deductibles, copayments, and coinsurance are generally higher. To qualify for a catastrophic plan, you must be under the age of 30 or receive a "hardship exemption" because the FFM has determined that you are unable to afford health coverage.

For 2026 and beyond, those who are ineligible for advanced premium tax credits (APTC) or cost-sharing reductions (CSR) due to their income, will be able to enroll in catastrophic plans. The Centers for Medicare & Medicaid Services (CMS) will also be streamlining the process for accessing the "hardship exemption" through [healthcare.gov](https://www.healthcare.gov) and through a paper exemption application. This is to help make it easier to enroll in catastrophic coverage for additional populations in the future.

Key Dates to Remember:

November 1, 2025 - Open Enrollment begins.

December 15, 2025 - Enroll by date for coverage to begin on January 1, 2026. Enrollment after December 15, 2025 will have an effective date of February 1, 2026.

January 15, 2026 - Open Enrollment ends.

Policy Options for Individuals and Families

Consumers shopping on the FFM in Kansas will have the opportunity to purchase individual policies offered by Blue Cross and Blue Shield of Kansas Inc. (103 counties); Blue Cross and Blue Shield of Kansas City (2 counties); Celtic Insurance Company (91 counties); Medica Insurance Company (4 counties); Oscar Insurance Company (16 counties); and UnitedHealthcare Insurance Company (35 counties). Availability depends on the insured's geographic location.

Marketplace Policies Available in Kansas in 2026

| Company | Type | Total | Catastrophic | Expanded Bronze | Silver | Gold | Platinum |
|---|------|-----------|--------------|-----------------|-----------|-----------|----------|
| Blue Cross and Blue Shield of Kansas, Inc. | EPO | 9 | 0 | 3 | 3 | 3 | 0 |
| Blue Cross and Blue Shield of Kansas City | EPO | 9 | 1* | 3 | 3 | 2 | 0 |
| Ambetter from Sunflower Health Plan insured by Celtic Insurance Company | EPO | 16 | 0 | 6 | 4 | 6 | 0 |
| Medica Insurance Company | EPO | 9 | 0 | 3 | 3 | 3 | 0 |
| Oscar Insurance Company | EPO | 6 | 0 | 4 | 1 | 1 | 0 |
| UnitedHealthcare Insurance Company | EPO | 15 | 0 | 5 | 5 | 5 | 0 |
| | | 64 | 1 | 24 | 19 | 20 | 0 |

*Note: There is only one catastrophic plan being sold on the FFM, but it is only available in Johnson and Wyandotte counties.

Only Offers Off Marketplace Individual Insurance in 2026

Consumers may purchase coverage off the FFM if they prefer. Individual policies from the same companies, in addition to Bankers Reserve Life Insurance Company of Wisconsin (91 counties), are also available off the FFM, depending on residential county. **It is important to remember that tax credits and cost-sharing reductions are only available when purchasing ON the Marketplace.**

| Company | Type | Total | Catastrophic | Expanded Bronze | Silver | Gold | Platinum |
|---|------|-------|--------------|-----------------|--------|------|----------|
| Bankers Reserve Life Insurance Company of Wisconsin | EPO | 26 | 0 | 4 | 12 | 10 | 0 |

Small Business Health Insurance

Coverage is not available through the Small Business Health Options Program (SHOP) exchange in Kansas but coverage off the SHOP is available in the small group market from Blue Cross and Blue Shield of Kansas City; Blue Cross and Blue Shield of Kansas, Inc., Medical Associates Health Plan, Inc. and UnitedHealthcare Insurance Company. See table on page 10 for company availability by county.

Off SHOP Policies Available in Kansas in 2026

Individual and Small Group County Coverage

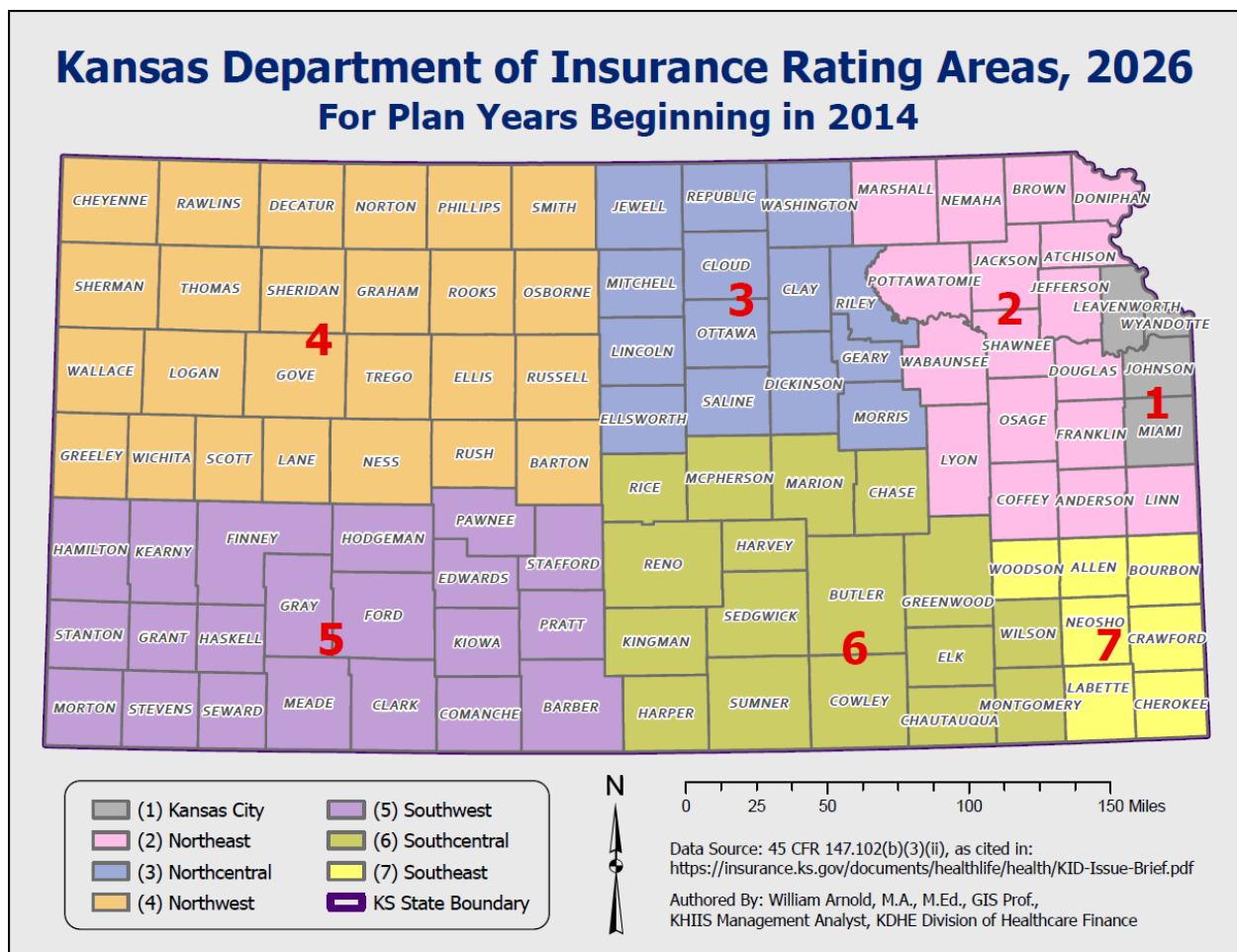
| Company | Type | Total | Expanded Bronze | Silver | Gold | Platinum |
|--|------|-------|-----------------|--------|------|----------|
| Blue Cross and Blue Shield of Kansas, Inc. | EPO | 9 | 2 | 3 | 3 | 1 |
| Blue Cross and Blue Shield of Kansas, Inc. | PPO | 14 | 2 | 5 | 3 | 4 |
| Blue Cross and Blue Shield of Kansas City | EPO | 6 | 2 | 3 | 1 | 0 |
| Blue Cross and Blue Shield of Kansas City | PPO | 18 | 8 | 7 | 3 | 0 |
| Medical Associates Health Plan, Inc. | HMO | 14 | 3 | 4 | 4 | 3 |
| Medical Associates Health plan, Inc. | POS | 2 | 0 | 0 | 1 | 1 |
| UnitedHealthcare Insurance Company | PPO | 58 | 2 | 12 | 39 | 5 |
| UnitedHealthcare Insurance Company | EPO | 12 | 0 | 4 | 7 | 1 |
| Total Small Group | | 133 | 19 | 38 | 61 | 15 |

| Individual Companies | Counties | Small Group Companies | Counties |
|---|---|--|--|
| Bankers Reserve Life Insurance Company of Wisconsin (Off FFM only) | NOT available in Clark, Finney, Ford, Grant, Gray, Hamilton, Haskell, Kearney, Mead, Morton, Seward, Stanton, Stevens, and Wallace counties | Blue Cross and Blue Shield of Kansas Inc. | NOT available in Johnson or Wyandotte counties |
| Blue Cross and Blue Shield of Kansas, Inc. | NOT available in Johnson or Wyandotte counties | Blue Cross and Blue Shield of Kansas City Inc. | Plans are available in Johnson and Wyandotte counties |
| Blue Cross and Blue Shield of Kansas City | Plans available in Johnson and Wyandotte counties | Medical Associates Health Plan, Inc. (HMO/POS) | Plans available in Harvey, Kingman, McPherson, Reno, Rice, and Stafford counties |
| Ambetter from Sunflower Health Plan insured by Celtic Insurance Company | NOT available in Clark, Finney, Ford, Grant, Gray, Hamilton, Haskell, Kearney, Mead, Morton, Seward, Stanton, Stevens, and Wallace counties | UnitedHealthcare Insurance Company | Plans available in all counties |
| Medica Insurance Company | Plans available in Johnson, Leavenworth, Miami, and Wyandotte counties | - | - |
| Oscar Insurance Company | Plans available in Allen, Anderson, Atchison, Douglas, Franklin, Jackson, Jefferson, Johnson, Linn, Miami, Morris, Osage, Shawnee, Wabaunsee, Wooden, and Wyandotte counties | - | - |
| UnitedHealthcare Insurance Company | Plans available in Anderson, Atchison, Brown, Clay, Cloud, Coffey, Dickinson, Doniphan, Douglas, Ellsworth, Franklin, Geary, Jackson, Jefferson, Jewell, Johnson, Leavenworth, Lincoln, Linn, Lyon, Marshall, Miami, Mithcell, Morris, Nemaha, Osage, Ottawa, Pottawatomie, Republic, Riley, Saline, Shawnee, Wabaunsee, Washington, and Wyandotte counties | - | - |

Premium Rates for Individual and Small Group Markets

The actuarial review of premium rate filings is conducted by the Kansas Department of Insurance. KHIS (Kansas Health Insurance Information System) claims data is utilized during the rate review process to help assess if requested rates are justified, equitable, and not excessive.

Individual plan premium rates are allowed to vary by age, rating area, family composition, and tobacco usage. There are seven rating areas in Kansas. A map of the counties included in each rating area is provided below.



Individual Health Insurance Rates

The range of average rate revisions by insurance companies for policies sold on the 2026 Federally Facilitated Marketplace is -6.14 percent to 33.66 percent.

The following table details the average rate revisions requested by the companies that write individual health insurance in Kansas.

| Company Name | Average Filed Increase | On Marketplace | Off Marketplace |
|---|-------------------------------|-----------------------|------------------------|
| Bankers Reserve Life Insurance Company of Wisconsin | New in 2026 | No | Yes |
| Blue Cross and Blue Shield of Kansas, Inc. | 16.65% | Yes | Yes |
| Blue Cross and Blue Shield of Kansas City | -6.14% | Yes | Yes |
| Ambetter from Sunflower Health Plan insured by Celtic Insurance Company | 33.66% | Yes | Yes |
| Medica Insurance Company | 30.76% | Yes | Yes |
| Oscar Insurance Company | 14.44% | Yes | Yes |
| UnitedHealthcare Insurance Company | 11.74% | Yes | Yes |

Small Business Health Insurance Rates

The range of average rate revisions by insurance companies for policies sold off the 2026 Federally Facilitated SHOP is 8.37 percent to 9.97 percent.

The following table details the average rate revisions requested by the companies that write small business health insurance in Kansas.

| Company Name | Average Filed Increase/Decrease |
|--|--|
| Blue Cross and Blue Shield of Kansas, Inc. | 8.37% |
| Blue Cross and Blue Shield of Kansas City | 8.65% |
| Medical Associates Health Plan, Inc. | New in 2026 |
| UnitedHealthcare Insurance Company | 9.97% |

Other Health Insurance and Benefit Coverage Options

Short-term, Limited Duration Insurance

Effective with the issuance of federal guidance on August 7, 2025, short-term, limited duration insurance (STLDI) policies in Kansas may include policy terms of either six or twelve months (364 days) with one renewal for a maximum policy duration of twenty-four months pursuant to K.S.A. 40-2,193 (a)(2).

These policies may be medically underwritten, and the end of a short-term, limited duration policy **does not** qualify the insured for an SEP. When someone is covered by one of these plans and the coverage ends, if they cannot pass medical underwriting to purchase another STLDI plan, they will have to wait until the next open enrollment period to purchase major medical coverage. Their major medical coverage will not be effective until January 1st of the following year. Exceptions would be if someone experiences a qualifying event that triggers a special enrollment period.

For a list of companies that write short-term, limited duration insurance policies in Kansas please go to

<https://insurance.ks.gov/documents/healthlife/health/Individual-short-term-carriers.pdf>

Farm Bureau and Healthcare Sharing Ministries are not regulated by the Kansas Department of Insurance as they are not considered health insurance pursuant to state and federal law.

Stand-Alone Dental Plans

For individual policies that do not include pediatric dental, stand-alone dental plans are available. Exchange certified stand-alone dental plans include pediatric dental to meet the essential health benefits. The annual limitation on cost sharing for 2026 is \$450 for one child and \$900 for two or more children.

In 2026, consumers shopping on the Marketplace in Kansas will have the opportunity to purchase individual dental policies offered by BEST Life and Health Insurance Company, Dentegra Insurance Company, Renaissance Life & Health Insurance Company of America, TruAssure Insurance Company, and The Guardian Life Insurance Company of America. There are 16 individual policies available on the Marketplace.

Marketplace Dental Policies Available in Kansas in 2026 (Individual or Family)

| Company | Total |
|--|--------------|
| BEST Life and Health Insurance Company | 4 |
| Dentegra Insurance Company | 2 |
| Renaissance Life & Health Insurance Company of America | 3 |
| The Guardian Life Insurance Company of America | 4 |
| TruAssure Insurance Company | 3 |
| Total | 16 |

Off Marketplace Dental Policies Available in Kansas in 2026 (Individual or Family)

Renaissance Life & Health Insurance Company of America is the only company offering stand-alone dental insurance policies off the FFM. They will have three plans available in 2026.

| Company | Total |
|--|--------------|
| Renaissance Life & Health Insurance Company of America | 3 |

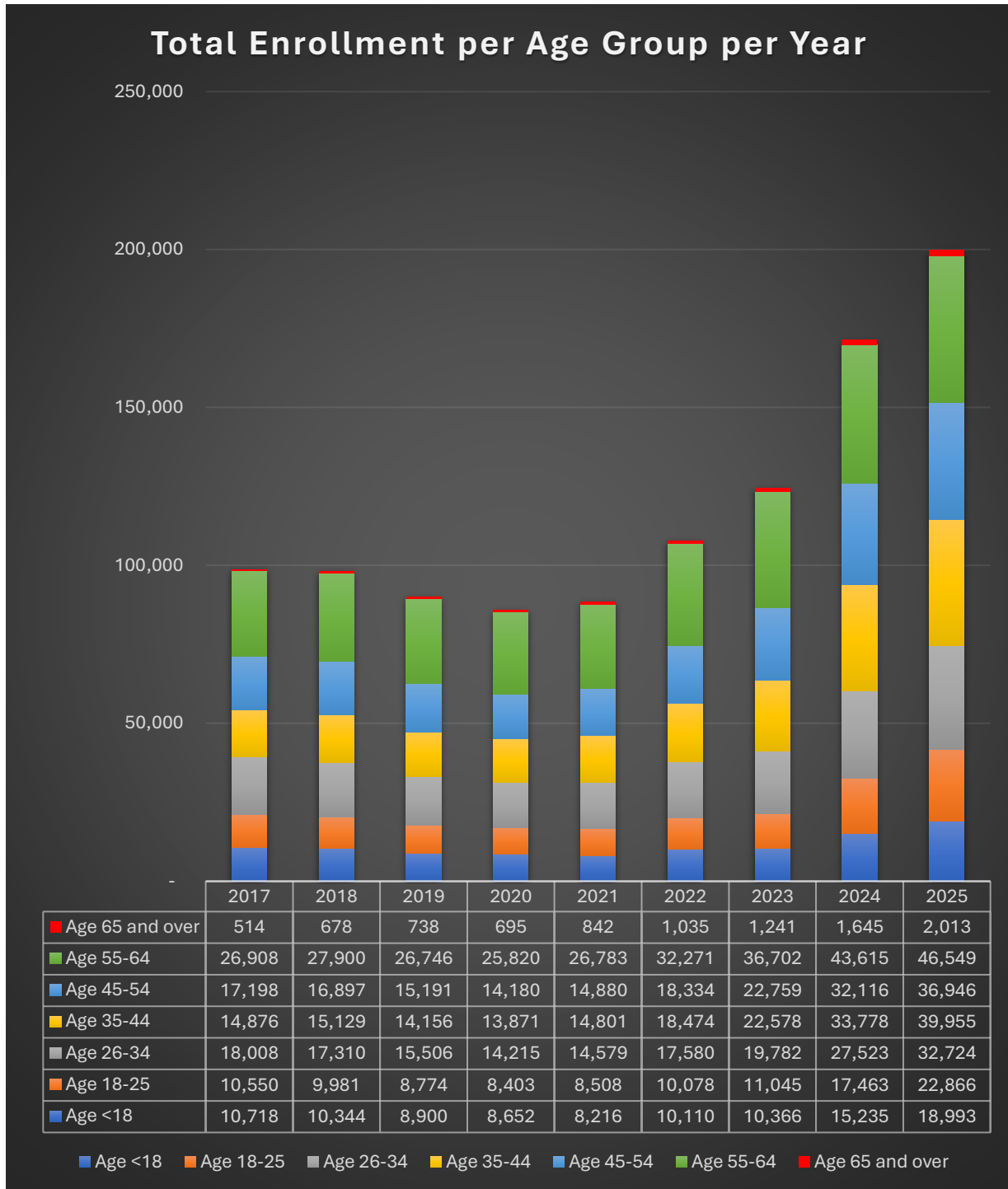
Overview Summary Information and Graphic

Total information along with Age Demographics (since 2017)

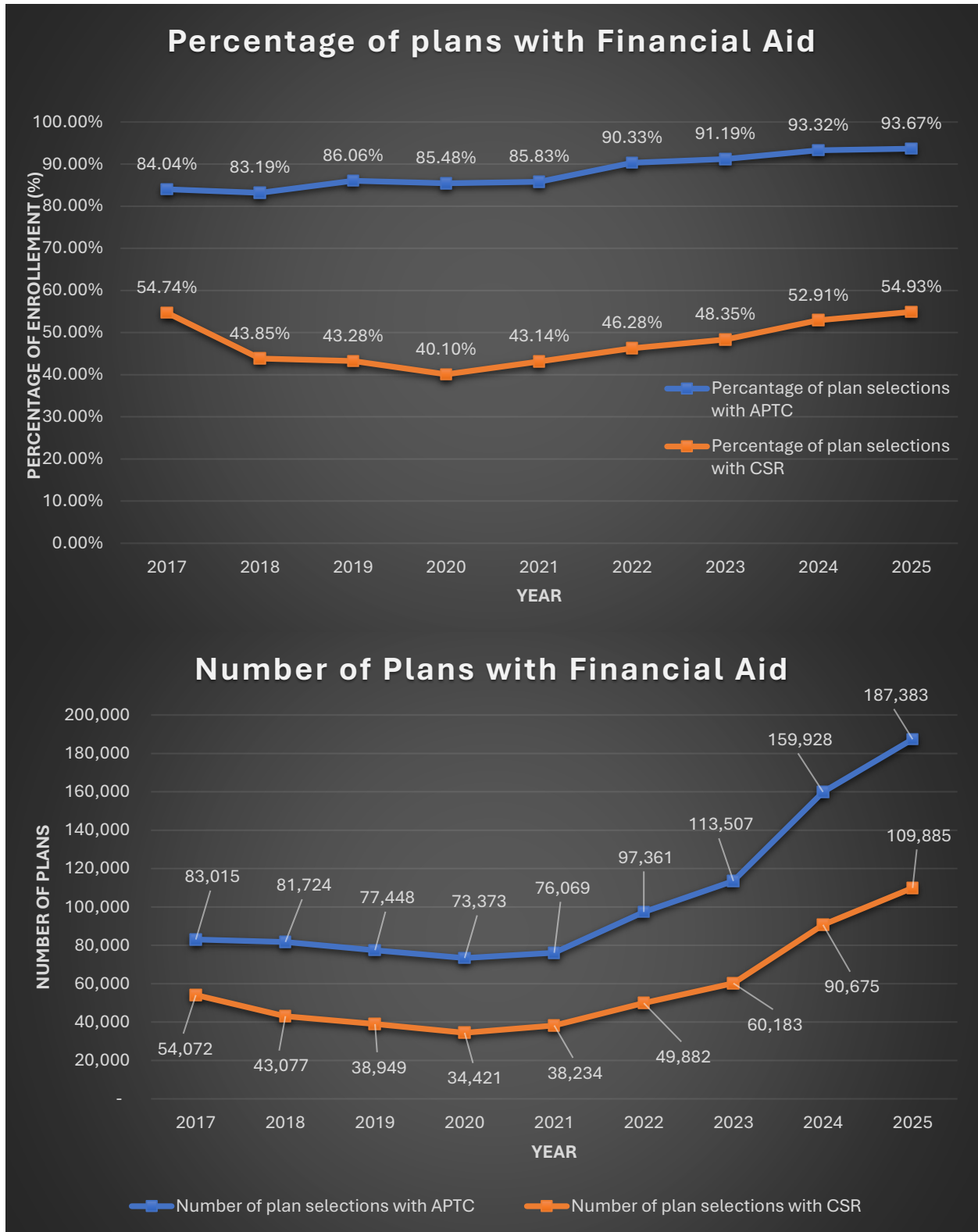
| Overview Summary | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|--------|--------|--------|--------|--------|---------|---------|---------|---------|
| Total Number of individuals with Plan selection on Marketplace | 98,780 | 98,238 | 89,993 | 85,837 | 88,627 | 107,784 | 124,473 | 171,376 | 200,046 |
| Total Active Reenrolled | 52,378 | 52,465 | 52,561 | 48,966 | 51,220 | 60,899 | 65,738 | 85,913 | 88,370 |
| Total Consumers Reenrolling in Coverages on Marketplace | 67,292 | 70,905 | 70,035 | 67,960 | 70,080 | 84,606 | 95,044 | 126,028 | 165,469 |
| Active Reenrolled who switched plans | 26,435 | 26,404 | 16,952 | 20,289 | 20,206 | 30,441 | 33,360 | 47,558 | 44,638 |
| Number of Plan Selections with APTC | 84.04% | 83.19% | 86.06% | 85.48% | 85.83% | 90.33% | 91.19% | 93.32% | 93.67% |
| Number of Plan Selections with CSR | 54.74% | 43.85% | 43.28% | 40.10% | 43.14% | 46.28% | 48.35% | 52.91% | 54.93% |
| Total Plan Selection by Age | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
| Age <18 | 10.85% | 10.53% | 9.89% | 10.08% | 9.27% | 9.38% | 8.33% | 8.89% | 9.49% |
| Age 18-25 | 10.68% | 10.16% | 9.75% | 9.79% | 9.60% | 9.35% | 8.87% | 10.19% | 11.43% |
| Age 26-34 | 18.23% | 17.62% | 17.23% | 16.56% | 16.45% | 16.31% | 15.89% | 16.06% | 16.36% |
| Age 35-44 | 15.06% | 15.40% | 15.73% | 16.16% | 16.70% | 17.14% | 18.14% | 19.71% | 19.97% |
| Age 45-54 | 17.41% | 17.20% | 16.88% | 16.52% | 16.79% | 17.01% | 18.28% | 18.74% | 18.47% |
| Age 55-64 | 27.24% | 28.40% | 29.72% | 30.08% | 30.22% | 29.94% | 29.49% | 25.45% | 23.27% |
| Age 65 and over | 0.52% | 0.69% | 0.82% | 0.81% | 0.95% | 0.96% | 1.00% | 0.96% | 1.01% |

A new enrollment peak of 200,046 was set in 2025. This is a 16.73% increase in enrollment from 2024. The trend for the age demographics seems to be relatively stable at this point for year-to-year change for all age groups except for 55-64, which had a 2.18% decrease from 2024 to 2025. This is the fourth year in a row that this age group’s enrollment has dropped.

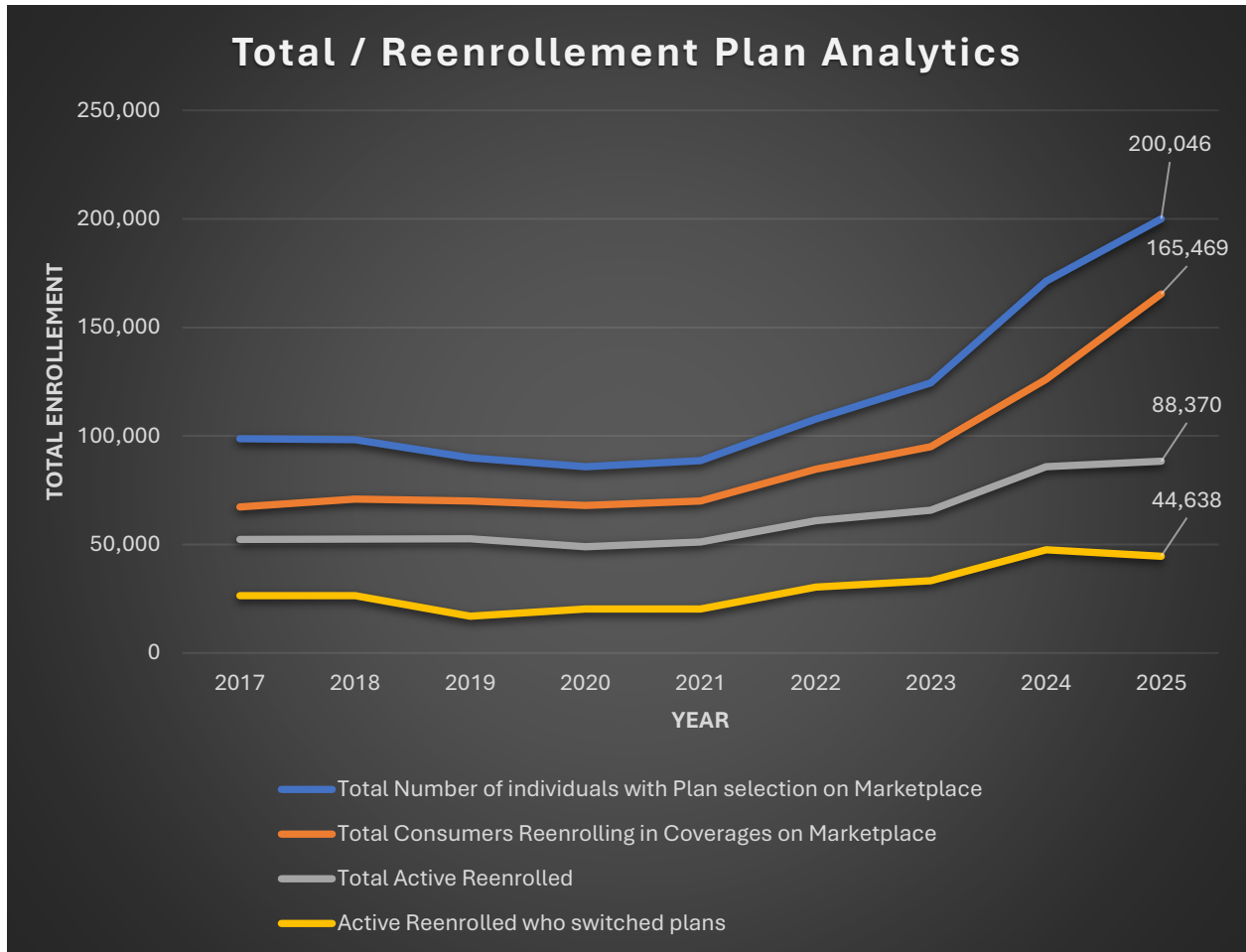
Number of Individuals with plans per Age Group for each Year (since 2017)



Percentage of Plans with Financial Aid Since 2017

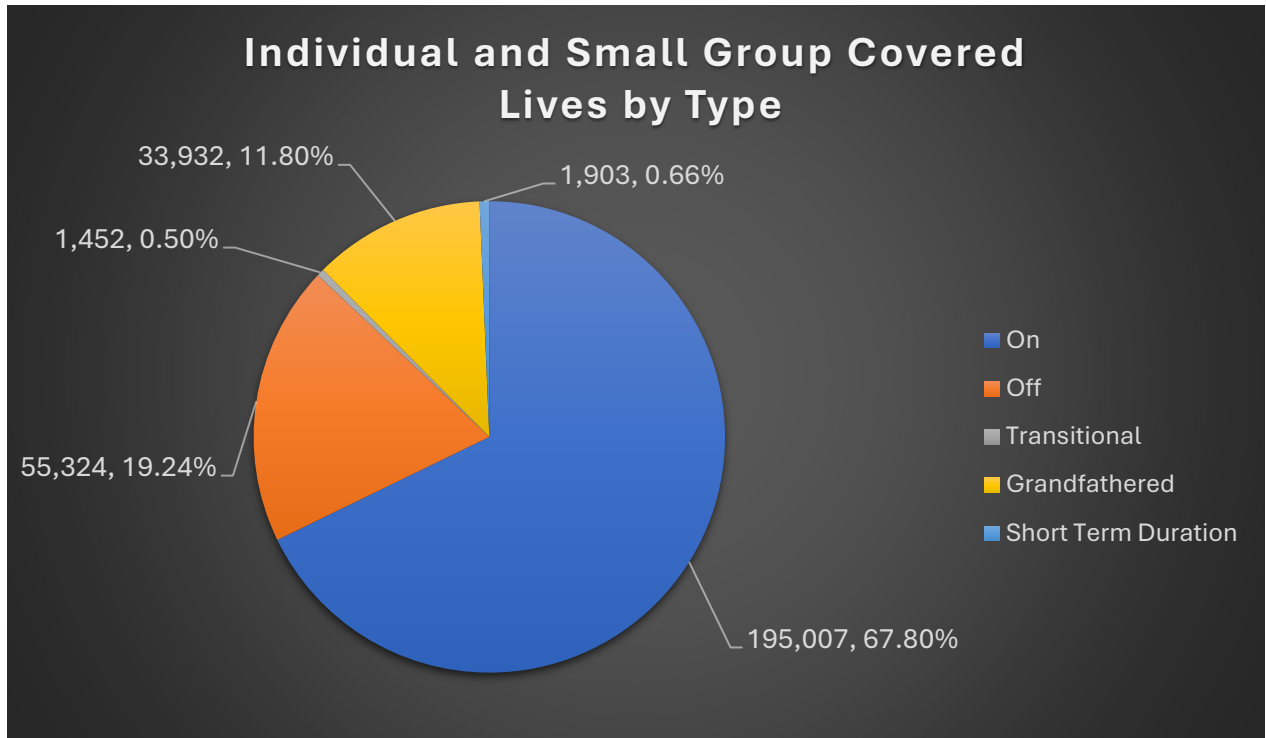


Trendlines for Total and Reenrollment Numbers Since 2017



This graphic is used as a representation of the change in enrollment variables over a nine-year period. 2021 started an upward trend in Kansas as enrollment numbers reached an all-time high in 2025. A large factor in the increase in enrollment could be the “Medicaid unwinding”, where the delayed action of annual reviews for eligibility for Medicaid due to the Covid-19 pandemic officially ended on April 1, 2023. The small group market decline could also be a factor for the increase in enrollment in the individual market.

Individual and Small Group Covered Lives by Type as of May 1st, 2025



On: plans offered on the FFM.

Off: plans offered outside of the FFM.

Grandfathered Plans: plans that were in place prior to March 23, 2010.

Transitional: also known as “grandmothered plans”, plans that are subject to HHS transition policy allowing insurers in both small group and individual markets to renew health insurance policies they would otherwise have had to cancel due to noncompliance with certain ACA insurance market reforms. These plans were sold between March 23, 2010 through December 31, 2013.

Short Term Duration: plans that offer coverage for a limited period, often used for individuals who missed ACA open enrollment or changing jobs or health plans.