

CHANGES TO THE ACA MARKETPLACE FOR PLAN YEAR 2027: WHAT YOU NEED TO KNOW



Overview

The U.S. Department of Health and Human Services (HHS) released the final 2027 **Notice of Benefit Payment Parameters (NBPP)** rule on May 18th. Termed the “ACA final rule,” the over 1,000-page text may be found online in the [Federal Register](#). The rule addresses how health plans will be structured and offered on the Affordable Care Act (ACA) Exchanges (a.k.a. the health insurance marketplace) in 2027 and beyond. HHS [estimates](#) that the rule will decrease insurance enrollment by up to 2 million people for 2027; this is due to more burdensome income reporting and verification requirements estimated to cost taxpayers about \$1.34 billion *each year* to implement.

The 2027 ACA final rule guides insurers on plan offerings for open enrollment beginning in Fall 2026. This year’s rule makes significant changes to the plans available to people purchasing their coverage through the ACA Marketplaces (called “Exchanges”). Below are key changes and anticipated impacts.

Key Points

- Expands the role of [catastrophic health plans](#), making them more accessible and allows longer enrollment periods, while maintaining very high out-of-pocket costs.
- Allows ACA Marketplaces to offer health plans with no provider networks, termed [“non-network” plans](#). These plans will be offered on the Exchanges in 2028 and while their structure is not yet clear, they likely will have high out of pocket costs.¹ Individuals enrolled in these plans will have a set amount to pay for covered services; enrollees will need to navigate their own providers and care, including payment, and may be at risk of surprise balances.
- Increases the paperwork and verification requirements for ACA coverage, especially for very low-income earners who may lack a credit report or tax filing.
- Positively, requires all agents and brokers to use a uniform consent form and broadens oversight to reduce inappropriate enrollment, misleading marketing tactics by brokers and agents and fraudulent access to premium tax credits.
- Allows states to review, redefine and certify who counts as [essential community providers \(ECPs\)](#) and changes the requirement for how many of these providers must be included in health plan networks to meet a standard of “sufficient access.” This will translate into fewer contracted safety net providers for patients and could lead to longer patient wait times and increased travel time.
- Eliminates [standardized plans](#) that create apples-to-apples comparisons for patients when they are shopping for a new health plan on the Exchange.
- Permanently ends a [special enrollment period \(SEP\)](#) for low-income people and bans undocumented immigrants and other low-income immigrants, even if lawfully present in the country, from receiving subsidies [in alignment with H.R. 1](#).

¹HHS Finalizes Sweeping Marketplace Changes, Part 1: Higher Bronze Deductibles And Expansion Of Catastrophic Plans,” Health Affairs Forefront, May 18, 2026. DOI: 10.1377/forefront.20260518.133412

Frequently Asked Questions (FAQs)

What is the Affordable Care Act (ACA) Marketplace Rule (termed, 2027 Notice of Benefit Payment Parameters (NBPP))?

Every year the federal government updates the rules regarding how ACA Marketplace health insurance works. The 2027 final rule determines what types of plans are available, how much people pay for their health insurance overall, the ease in which people compare plans, and what protections are in place. The final rule [affects healthcare.gov plans](#) effective in 2027, offered during the open enrollment period later this year (November 1st through December 15th).

Will the rule affect my current ACA coverage? What about the extra subsidies from last year?

No. Health coverage purchased for the current plan (2026) year stays intact. The changes finalized in this rule affect the plans that will be offered during open enrollment later this year for plans that begin in 2027.

The 'enhanced subsidies' (EPTCs) or extra funding that reduced the cost of ACA health coverage for millions nationwide expired in December 2025 after Congress failed to renew the additional financial support. The extra subsidies are no longer available.² While the advanced premium tax credit (APTC) continues to support people in purchasing health insurance on the Marketplaces, it may not be enough for some households to afford health plans.

The loss of EPTCs means many people saw increases in their health care premiums; recent data projects an over 20 percent drop in ACA enrollment in 2026 and shows 40 percent of enrollees are opting for a bronze or low-cost plan with a high deductible to shield them from higher premiums they can no longer afford.³ The final rule addresses this by creating pathways for plans that have lower premiums and instead, shift additional cost sharing (i.e., deductibles, copays, coinsurance, for example) to enrollees. This means that maximum out-of-pocket costs will be very high, sometimes more than an enrollee's income. This is an important consideration for people selecting ACA plans *this November/December* as they must contemplate the risk of medical debt that could result from high out-of-pocket costs that are coupled with a lower monthly premium.

² A number of states took steps to reduce the financial loss of the enhanced subsidies. New Mexico entirely backfilled the lost federal credits and others targeted specific income brackets (e.g., California, Colorado, Connecticut, Maryland, Massachusetts, and Washington). [Some States Blunted the Impact of Lost Federal Marketplace Subsidies, But Efforts Will Be Hard to Sustain](#). Commonwealth Fund (April 2026).

Frequently Asked Questions

I have Medicare/Medicaid/insurance through work. Does any of this apply to me?

No. The 2027 ACA final rule applies to plans purchased through the ACA Marketplaces or Exchanges. Over 20 million people purchase their health coverage through these state and federal platforms, typically because they do not have an offer of employer sponsored coverage, or the offer of health coverage is unaffordable (exceeds about 9% of annual income and does not cover 60 percent of your costs).³

There are changes on the horizon for people enrolled in state Medicaid coverage (these state programs may go by another name). If you are enrolled in Medicaid currently or think that you qualify for Medicaid coverage, you should check with your state Medicaid website to stay up to date with forthcoming changes.

What parts of the rule could affect me?

Several parts of the new rule could affect **what plans are available to you, how much you pay and how easy it is to use your insurance** in the years ahead.

Many of the changes will increase your total out-of-pocket costs (e.g., deductibles, copays and out-of-pocket maximums), depending on the plan you select for 2027. It will be critical to review plans carefully and understand how much you will owe before your coverage kicks in. **High-deductible plans provide protection only after you have met a deductible amount, and other cost-sharing mechanisms are separate from the deductible (copays and co-insurance), creating layers of costs that can be confusing and difficult to manage.** We will provide more guidance as we near the open enrollment period. However, it's important to understand that the new final rule allows plans to have out-of-pocket cost maximums that exceed \$30,000. Out-of-pocket costs are **financial responsibilities distinct from—and in addition to—a monthly premium.**

Certain newly expanded plan types may affect your out-of-pocket costs and access to physicians and hospitals (your provider network). Specifically, the final rule now allows for an expansion of catastrophic plans and (starting in 2028) non-network plans. These are discussed in greater detail below.

Finally, where you live will matter. The new rule gives states greater discretion in reviewing plans and their network of providers that may allow for greater distances to locations of care and fewer providers to choose from.

Frequently Asked Questions

What are catastrophic plans?

Catastrophic plans have low monthly premiums and very high out-of-pocket costs. Outside of certain preventive care services, plan holders must pay the full out-of-pocket maximum for all care before their insurance will cover services. In 2027 the out-of-pocket maximum is \$12,000 for an individual and \$24,000 for a family for 2027—in 2028, [that maximum increases to \\$15,600 and \\$31,200, respectively](#). Originally, catastrophic plans were designed for people who are under age 30 or who qualify for a hardship or affordability exemption. The current administration expanded the affordability exemption in 2025 in anticipation of the end of the enhanced ACA subsidies to include anyone who does not qualify for a premium tax credit or cost-sharing subsidy. People earning between 100-250% of the federal poverty level (FPL) are eligible for additional funds to reduce their cost-sharing responsibilities; people earning below 100% FPL are not eligible for advanced premium tax credits (APTCs) due to many being eligible for Medicaid (10 states have not yet expanded Medicaid).⁴ That means that people earning below 100 percent of the federal poverty level (\$27,320 for a household of 3 or \$15,960 for an individual) or above 250 percent of the federal poverty level (\$68,300 for a household of 3) may now access catastrophic plans for plan year 2027. The final rule extends these changes and expands the length of time a person can enroll in a catastrophic plan for multiple years (up to 10).

What are non-network plans?

Non-network plans are a new type of health plan that does not have a fixed network of doctors or hospitals. Instead, the plan allows a set payment amount for each covered service (typically, Medicare rates or average cash prices) and lets the patient see any provider who will accept that amount in full. Because these plans do not have a contracted network, the premiums may be lower. Patients are responsible for guiding their care and negotiating payments with providers. These plan offerings are delayed until 2028 in order to develop additional guidance; many anticipate them to be modeled after [Sidecar health](#), a non-network plan currently operating (not available on ACA Exchanges).

Will I be able to keep my current plan next year?

Unclear. The final changes will affect the plans offered on the Marketplace in 2027. Your current plan may or may not be affected; it will be important to review your plan offering during the 2027 enrollment period later this year.

Frequently Asked Questions

What are essential community providers and why do they matter?

Essential community providers (ECPs) are physicians, community health centers, safety-net hospitals and others that serve low-income and medically underserved communities. The final rule defers to state standards for ECPs and provider networks. These standards are critical for ensuring that people who face financial hurdles and/or live in communities with few providers nearby have access to health care in a timely manner (distance and time). The final rule establishes a new standard for care that is termed “sufficient access” meant to encompass a reasonable standard for plans with or without contracted networks.

Specifically, ECPs are a lifeline for some communities; a robust standard ensures that people are not traveling long distances or long periods of time to reach in-network providers they can access and afford. A transition to a state control may result in weaker standards in some states and robust one in others; patient experience will depend on where you live.

As a patient, what should I be doing? Who can help?

Undue Medical Debt and other groups will provide more resources as the ACA Marketplace enrollment period approaches. Certified Application Counselors (CACs), Navigators and Assisters provide free, unbiased, one-on-one help applying for Medicaid and Marketplace health insurance (ACA plans).

They can also help people compare plans and walk them through the enrollment process. Visit to [HealthCare.gov/Find-Local-Help](https://www.healthcare.gov/find-local-help) to find free, certified enrollment help. KFF, an independent, non-partisan organization, has resources to help people shop for health coverage on the ACA Marketplace: <https://www.kff.org/understanding-health-insurance-marketplaces/>