From: Jennifer Sullivan, CBPP <beyondthebasics@cbpp.org>
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Subject: New Marketplace Rule Makes Big Changes to Eligibility, Enrollment, Financial Protections

Beyond the Basics

The Centers for Medicare and Medicaid Services (CMS) recently issued a final rule that makes several changes to ACA marketplace plans for 2027 and beyond. Below is our summary of major changes that enrollment assisters are likely to encounter. In the coming weeks and months, we'll be updating our resource library to reflect these changes and offering webinars to dig more deeply into the details.

Please reach out to us at beyondthebasics@cbpp.org if you have any questions. We love to hear from you!

2027 Marketplace Final Rule Summary

Changes to Bronze and Catastrophic Plans

- **Increased maximum out-of-pocket (MOOP) for bronze plans:** Beginning in Plan Year 2027, the MOOP for bronze plans will increase to $15,600 for an individual and $31,200 for a family, which is 30 percent higher than would have been allowed before the rule change.
- **Increased MOOP for catastrophic plans:** Beginning in Plan Year 2028, catastrophic plans will be allowed to have MOOPs that are 30 percent higher than would have been allowed before the rule change.

- **Expanded eligibility for catastrophic plans:** The rule formalizes guidance already in effect that allows people age 30 and older to qualify for a hardship exemption and enroll in a catastrophic plan if they become ineligible for premium tax credits (PTCs) or cost-sharing reductions.
- **Multi-year catastrophic plans:** The rule allows insurers to offer multi-year catastrophic plans with terms of up to 10 years, rather than the typical one-year term, starting in 2027.

New Requirements for Agents and Brokers

- **Prohibition of certain marketing practices:** The rule prohibits certain marketing practices beginning in Plan Year 2027, including: providing cash, monetary rebates, or cash equivalents to induce people to enroll; falsely asserting or suggesting that people will qualify for zero-dollar insurance or zero-dollar premiums; and miscommunicating enrollment timelines and deadlines.
- **Standardized consent form:** For enrollments beginning on or after January 1, 2028, agents, brokers, and web-brokers will be required to use a CMS-approved consent form.

Changes to the Enrollment Process and PTC Eligibility Determinations

- **Permanent ban on low-income Special Enrollment Periods (SEP):** The rule prohibits all ACA marketplaces (including State-Based Marketplaces (SBMs)) from offering an SEP for people with income below 150 percent of the federal poverty level (FPL) in the future. The low-income SEP is already banned through the end of 2026; the new rule removes this end date.
- **New paperwork requirements:** Beginning in Plan Year 2027, a Data Matching Issue (DMI) will be triggered if a person has an estimated annual household income that would make them eligible for PTCs, but federal data sources show household income below 100 percent FPL. A DMI will also be triggered if the Internal Revenue Service does not have federal tax data for the applicant. Affected individuals will be required to submit documentation to verify their eligibility. A similar proposal is currently being blocked by a federal court.

- **One-year failure-to-reconcile policy:** Beginning in Plan Year 2027, people will be ineligible for PTCs if they fail to reconcile advance premium tax credit (APTC) amounts on their taxes for one year, instead of two consecutive years. A similar proposal is currently being blocked by a federal court.
- **SEP verification:** Beginning in Plan Year 2027, HealthCare.gov will conduct verification for at least 75 percent of new enrollments through SEPs. A similar proposal is currently being blocked by a federal court.

Other Changes

- Eliminates standardized plans and removes limits on the number of a plans an insurer can offer in HealthCare.gov states starting in Plan Year 2027.
- Prohibits states from including routine adult dental services as an Essential Health Benefit starting in Plan Year 2027.
- Insurers will be allowed to sell non-network plans on the ACA marketplaces, if permitted by state law (beginning in Plan Year 2027 or 2028 depending on the state). These plans set specific dollar amounts for covered services but do not have a network of providers that have agreed to accept these rates.

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Beyond the Basics *provides training and resources on eligibility guidelines and the enrollment process for health coverage available in the marketplace, through Medicaid, and through the Children's Health Insurance Program (CHIP). It's geared towards enrollment assisters (navigators, Certified Application Counselors), as well as advocates, state and local officials, and others who help people enroll in health coverage. Beyond the Basics is a project of the* ***Center on Budget and Policy Priorities****.*

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