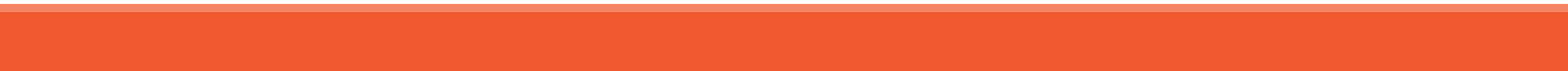


How state-based marketplaces (SBMs) can make coverage more affordable

LAURA COLBERT & CLAIRE HEYISON

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SBM roles

- Collect user fees
- Conduct plan certification
- Establish and maintain eligibility and enrollment websites
- Establish Special Enrollment Periods (SEPs) beyond what is available in the federally-facilitated marketplace (FFM)
- Determine eligibility and resolve data-matching issues (DMIs)
- Design and implement communications strategies, including targeted outreach, call center operations, and navigator programs
- Improve coordination across programs (e.g. Medicaid/CHIP)

Standardized plan options (SPOs)

- **Impact on affordability:** can reduce out-of-pocket costs, particularly for people with chronic conditions
- Required by at least 7 SBMs, at least one state prohibits non-standardized plans
- Exempt key services from deductible
- Can reduce decision fatigue

	Non-SPO Silver Plan	SPO Silver Plan
Medical Deductible	\$4,000	\$4,850
Rx Deductible	N/A	\$350
MOOP	\$8,000	\$9,150
Primary Care Sick Visit	First visit free, then \$55 copay	\$40 copay
Specialist	\$75 copay	\$80 copay
Lab Work	\$75 copay	\$60 copay
Inpatient Services	30% coinsurance	20% coinsurance
Generic Rx	\$10 copay	\$20 copay

Highlighted amounts are exempt from deductible

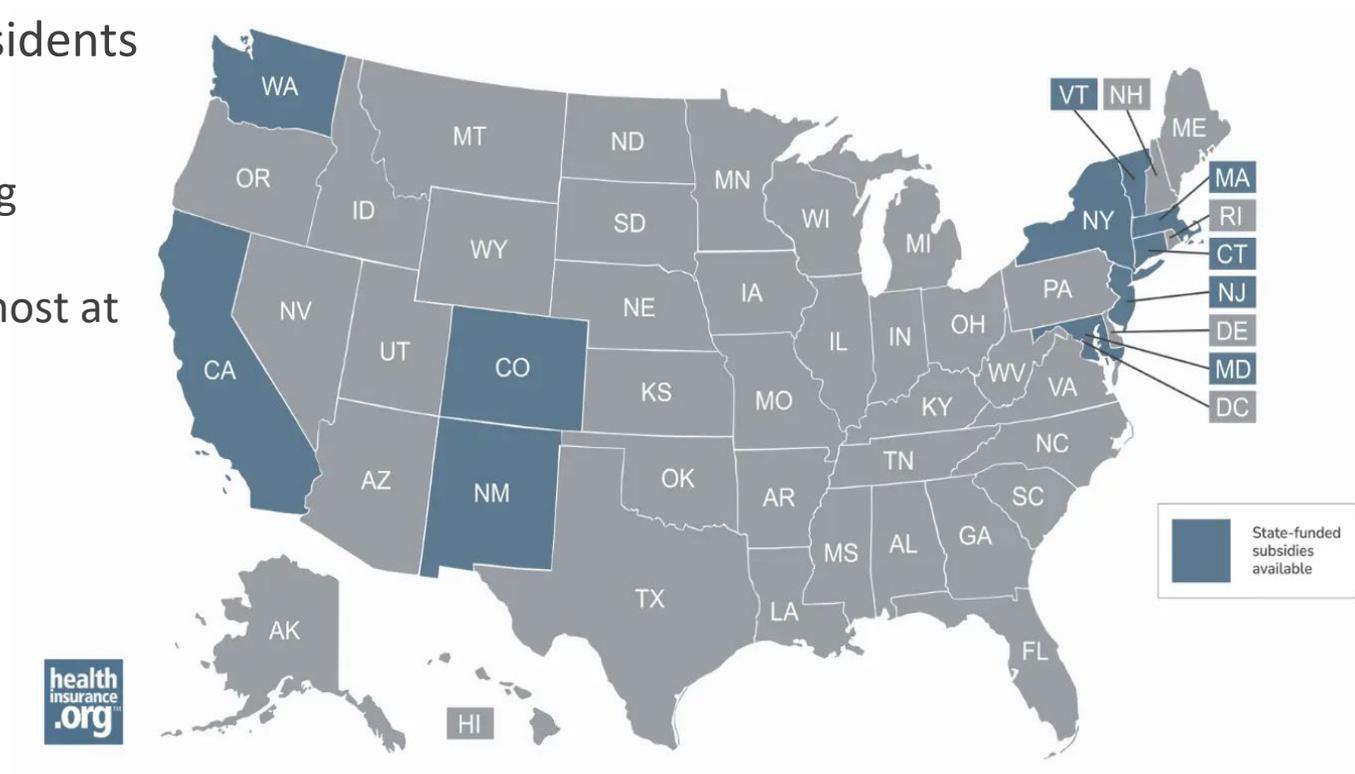
Source: DC Health Link, 2026

Reducing barriers to enrollment

- **Impact on affordability:** can improve the risk pool by making coverage more accessible for people who are less motivated to seek it out (who are typically younger and healthier)
- Targeted outreach strategies
 - Culturally- and linguistically-appropriate messaging
 - Information from state data sources
 - Plan comparison support
- Facilitated enrollment
 - Tax form checkbox paired with SEP
- Consumer support
 - Sludge audits
 - Navigator programs

State-funded premium wraps

- **Impact on affordability:** Directly lowers the cost of premiums for eligible state residents
- **Considerations:**
 - Premium support and/or cost-sharing assistance
 - All marketplace enrollees vs. those most at risk of coverage losses
 - Generosity level
 - Funding source



A sample of state-funded premium wraps

State	Structure
CT	For adults with incomes of <175% FPL + select a silver plan: CT covers all remaining premiums and cost-sharing that are left after federal subsidies are applied
CO	Enrollees with incomes <400% FPL, CO is providing \$80/mo. for the primary applicant (on top of fed'l subsidies), plus an additional \$29/mo. for other applicants on a family policy. Limited number of subsidy-eligible spots for immigrants who are not eligible for fed'l subsidies
MD	<ul style="list-style-type: none">• Fully covers reductions in fed'l subsidies for enrollees with income <200% FPL• Enrollees with incomes 201-400% FPL: covers a portion of lost fed'l subsidies• Young adults (ages 18-37) are eligible for additional state subsidies
NJ	Enrollees with incomes up to 600% of FPL are eligible for state-based premium subsidies.

States considering legislation: GA, IL, ME, MN, PA, RI, VA

Reinsurance *(no SBM req.)*

- **Impact on affordability:** Broad-based approach, but with more limited effects than direct subsidies
- Usually limited state funding is needed because federal pass-through funding can be used
- For states with an existing reinsurance program: Options incl. increasing coinsurance rates and adjusting claims thresholds; restructuring reinsurance to provide more support to higher premium rating areas
- Georgia's unique structure:
 - Three-tiered system with larger coinsurance rates for regions with the highest premiums (15%/45%/80%)
 - Premium reductions: **12% avg. statewide vs. up to 40% in rural areas** (with highest coinsurance rate)

Rate review *(no SBM req.)*

- **Impact on affordability:** holds insurers accountable to rate increases that are reasonable and justifiable. With “enhanced rate review” procedures, may address underlying cost drivers
- Federal rule: DOIs review proposed rate increases in the individual & small-group markets that exceed 15%
- Opportunities for states:
 - For nine states: Move from “file-and-use” system to **prior approval authority**
 - **Enhance public transparency:** Provide public info. on proposed rate increases; create opportunities for consumer comment/input; and include public representation (e.g. consumer ombudsman or similar)
 - **Incorporate cost targets** to constrain provider pricing (may req. add’l legislative authority)

Thank you

Laura Colbert

Consumer Liaison Representative
Executive Director, Georgians for a Healthy
Future

lcolbert@healthyfuturega.org

Claire Heyison

Consumer Liaison Representative
Senior Policy Analyst, Center on Budget and
Policy Priorities

cheyison@cbpp.org