# Window Shopping Open; Paragon Touts CMS Claims That Most Exchange Enrollees Can Get Plans For $50 Or Less

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CMS has opened healthcare.gov to consumers who want to shop for 2026 ACA coverage, and is claiming that most eligible enrollees can still find premiums at $50 or less once the standard subsidies are factored in. The agency emphasizes that marketplace enrollees have access to more plan choices and lower premiums, on average, than in the years prior to the COVID-19 pandemic, when the first Trump administration was in control of the exchanges.

CMS' annual release on qualified health plans pricing and choice was quickly touted by the Paragon Health Institute, which has been arguing that ACA tax credits are generous even without the enhancements enacted in 2021 and calling on Congress to allow those additional subsidies to expire at the end of the year. But other sources say CMS' findings mask issues with affordability by focusing on bronze-level plans, which have higher deductibles and cost-sharing than the silver-level plans.

"The data make clear that Obamacare's underlying subsidies remain extremely generous -- taxpayers continue to cover nearly all premium costs for most enrollees," Paragon said in a Wednesday (Oct. 29) brief.

But others disagree. By comparing 2026 plans to 2020, the Trump administration obfuscates the impact of the tax credits, which KFF estimate will increase the average consumers premium by 114%, Emily Gee of the Center for American Progress said on X.

CMS Administrator Mehmet Oz Wednesday also referred to CMS' data at an event where he incorrectly claimed that KFF had retracted the 114% estimate and said the average consumer would pay $13 more than in 2025. The administration wants to address the underlying reasons for cost increases, Oz said.

KFF says it stands by its analysis that if the enhanced ACA premium tax credits expire, people currently receiving a tax credit would see what they pay out-of-pocket toward their premiums rise 114% on average.

CMS opened the exchange to consumers just two days after Democratic senators pushed the agency to allow window shopping, saying the feature is especially critical since not only are the enhanced tax credits set to expire, many insurers took advantage of CMS' decision to let plans omit specific premium and tax credit data from renewal notices, meaning many people are unaware of their new cost responsibilities.

On Wednesday, Senate Finance Committee ranking Democrat Ron Wyden (OR), who co-led the letter to CMS Administrator Mehmet Oz, told *Inside Health Policy* that CMS only acted due to pressure from the Senate Democrats.

“Well, we've been pressing them for weeks because of all the foot dragging by both the administration and the insurance companies,” Wyden told *IHP* on Wednesday. “It's been a disgrace. At a time when people need transparency more than ever and openness and a sense of what's going on, both the private sector and the government drag their feet in a shameless way,” Wyden alleged.

The 2026 open enrollment period for healthcare.gov will start Nov. 1 and run through Jan. 15, CMS says in the Oct. 28 fact sheet.

“In plan year 2026, most enrollees on Healthcare.gov will have access to plans with premiums at or below $50 per month, after the application of premium tax credits. When compared to years prior to the COVID-19 pandemic, Marketplace enrollees this year will have access to, on average, plans with lower premiums after tax credits and more plan choices overall,” the fact sheet says.

While the $50 per month average premium post-APTCs represents a $13 increase compared to 2025, it is still $20 less expensive than the monthly after-APTC premium in 2020.

Also, like in 2025, the ACA credits on average are projected to cover 91% of the lowest plan premium available to eligible enrollees, CMS says.

“This compares to 85% of coverage in the 2020 benefit year, which was the last year not impacted by temporary COVID-19 pandemic policies,” the agency says.

Nearly 60% of consumers re-enrolling in the marketplace can get a plan in their “chosen category” at or below $50, post-tax credits, CMS says. According to CMS, that percentage is significantly lower than the 83% of re-enrollees who could buy plan in their chosen category at or below $50 in this year -- when the credits are available -- yet slightly more than the 56% of re-enrollees who could get such a plan in 2020.

For 2026, there are 183 qualified health plans, CMS says. The agency doesn’t compare to 2025, but the Biden administration announced last year there were 206 QHPs. CMS does say that 19 of the 30 states on healthcare.gov have more issuers this year than in 2025.

While there are few overall QHPs, CMS says healthcare.gov enrollees will still have access to a range of issuers with the average consumer having a choice between six or seven insurers. About 95% of enrollees have access to three or more QHP issuers, CMS says, which is slightly lower than the 96% of enrollees in 2025, but far more than the 68% in 2020.

“In addition, less than 1% of 2026 enrollees have only one available QHP issuer, which is the lowest percentage in HealthCare.gov history,” CMS said.

CMS also highlights ACA consumers’ expanded access to health savings accounts (HSAs) due to the reconciliation act: Starting in 2026, HSAs will be available to about 1.6 million consumers enrolled in catastrophic or bronze-level plans in states that use healthcare.gov, CMS says.