

Trump Expands Nontraditional Health Plans on Insurance Exchanges

May 15, 2026, 6:35 PM EDT

Lauren Clason

Health reporter

- The Trump administration finalized a rule permitting low-premium, high-deductible plans on the Obamacare exchanges to last up to 10 years, and certifying plans with no traditional doctor network.
- The rule reinstates measures to fight fraud, like pre-enrollment verifications, and strengthens eligibility checks to ensure dollars go to people who truly qualify.
- The rule also codifies previous guidance expanding eligibility for catastrophic plans and requires states to offset the cost of any benefits they mandate in addition to federal essential health benefits.

The Trump administration finalized a **rule** Friday permitting low-premium, high-deductible plans on the Obamacare exchanges to last up to 10 years, in addition to certifying plans with no traditional doctor network.

The **novel concepts** will likely raise legal challenges, adding to a **pair of lawsuits** the Trump administration is already facing over the Affordable Care Act. It's the latest sign of how bold Health and Human Services Secretary Robert F. Kennedy, Jr., is willing to be in order to reshape the exchanges.

The Centers for Medicare and Medicaid Services' rule also **reinstates** several measures the administration says are needed to fight fraud, like pre-enrollment verifications, which are currently stayed by the courts.

"American taxpayers deserve to know their dollars are going only to people who truly qualify," CMS Administrator Mehmet Oz said in a statement. "This rule strengthens eligibility checks, cracks down on abuse, and gives insurers more flexibility to offer affordable, consumer-focused coverage options."

Non-network plans would offer enrollees a preset reimbursement amount for specific services, theoretically allowing patients to visit any provider. But the plans are likely to face confusion and questions around how patients can verify a doctor's prices.

The rule permits “catastrophic” level plans to last up to 10 years, with varying cost-sharing in order to encourage patients to stick with them for multiple years. Significant questions remain around how many insurers are interested in offering multi-year plans and how they would prevent people from switching. The idea has also generated concerns that the plans could violate limits under the ACA if the plans’ annual cost-sharing limits exceed the statute.

The rule also codifies previous guidance expanding eligibility for catastrophic plans to anyone who doesn’t qualify for financial assistance. The plans previously were typically limited to those under 30 or who qualify for a particular hardship exemption.

CMS also finalized a provision requiring states to offset the cost of any benefits they mandate in addition to federal essential health benefits. Those benefits can range widely, from additional screenings to IVF.

To contact the reporter on this story: [Lauren Clason](#) in Washington
at lclason@bloombergindustry.com