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2026 INDIVIDUAL AND FAMILY PLAN SHOPPING AND SWITCHING STUDY

Not "OK, Boomer" but "Thank You, Boomer", for Doing Your Part. How Expiring Enhanced Subsidies is Altering the Face of the ACA Consumer.

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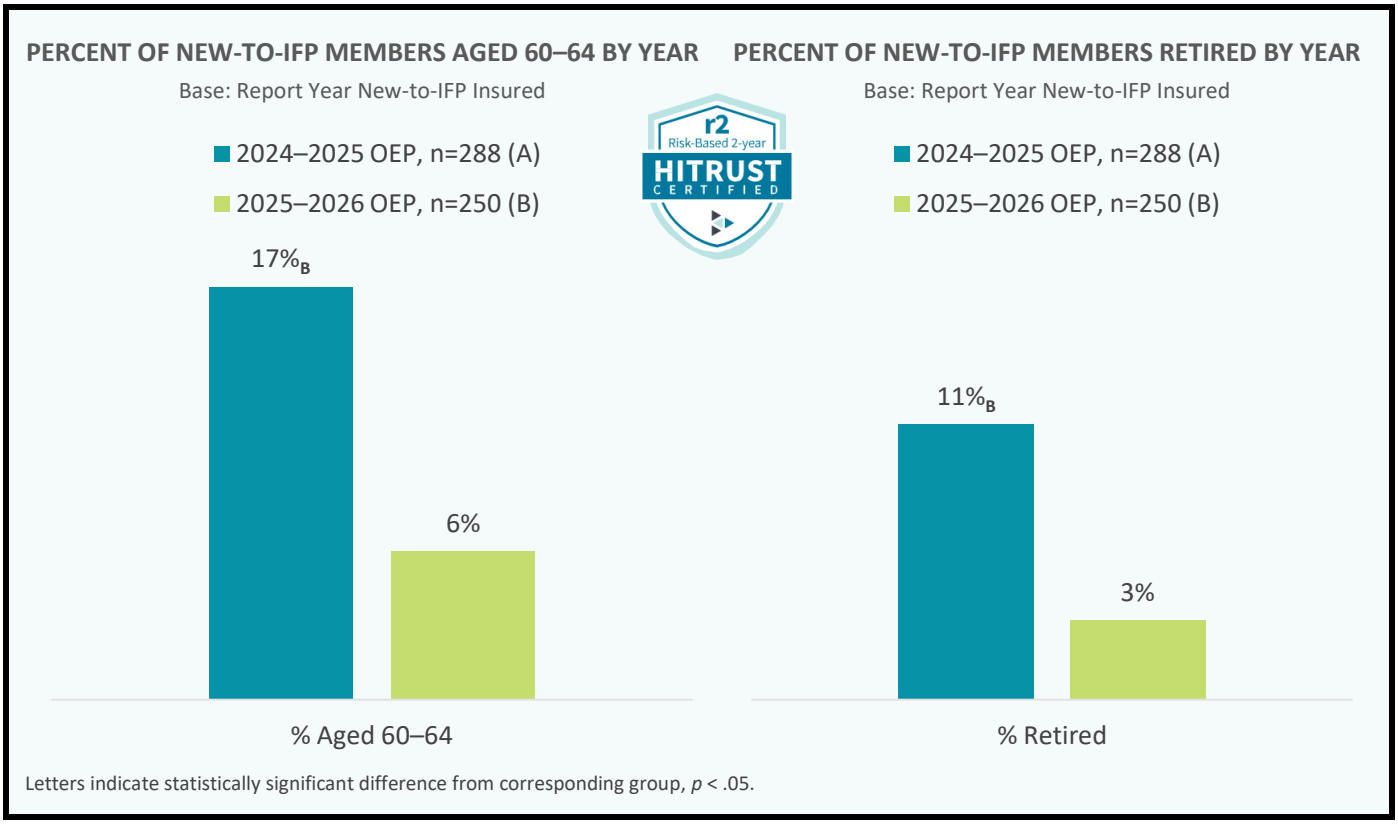
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To no one's surprise, ACA enrollment has dropped in the new year. Whereas the market entered 2025 with 24.3 million enrollees, it entered 2026 with 23 million, a 5.4% decline. To some, the decline of just 1.3 million members is validation that the enhanced COVID-era subsidies had outlived their purpose as America has been back to work for a couple of years now. Others see the 1.3-million-member decline as just a pitstop along the way to a much more drastic enrollment decline that will be revealed once consumers have been confronted with a first, a second, and maybe a third premium bill.

Regardless, the question many have is not just how much ACA enrollment will drop, but who will be the droppers. "The consensus" (and shouldn't we always be a little cautious of the consensus?) was that the market would see major reductions once the subsidies expired—and to be clear, we may very well see those. But the consensus was also that the consumers who would leave the market would be the youngest and the healthiest; carriers would lose the best risk. The thinking was that while these lower utilizing consumers were willing to purchase ACA coverage when it was cheap, the new year would bring sticker shock: with average benchmarks going up around 27% for 2026 "cheap" has been replaced with "pricey." And what was a luxury these lower utilizers weren't sure they really needed became a burden they were certain they no longer wanted.

We asked consumers in the 2025 version of this study if they would stay or go when premiums went up, showing them realistic increases based on their FPL status. What we saw then was neither black and white nor in lockstep with "the consensus." In fact, when presented with realistic monthly premium increases, the healthiest were more than 2.5 to 1 more likely to indicate they would pay the difference and remain in coverage versus those reporting the worst health. *(For a full accounting of who actually did stay vs drop when those premium jolts became a reality, please see the full 2026 Individual and Family Plan Shopping and Switching Study.)*

One interesting exercise from the 2026 study is looking at who exactly stopped coming into coverage outside of the uninsured.



As the chart above shows, one group who really stopped purchasing ACA plans this past OEP were those nearing retirement age or already retired. Last year, 11% of new ACA purchasers were early retirees. This year that number dropped to just **3%.**

One of the benefits of the enhanced Advanced Premium Tax Credits (eAPTC) was the removal of the subsidy cliff that disproportionally impacted both those above traditional 400% FPL thresholds as well as those who were on the wrong side of age-rating: older, somewhat more well-to-do consumers. Consequently, these were the same consumers who bore the brunt of the cost catch-up when eAPTC went away for 2026. For a 60-year-old single earning $65,000, they would have to have earned an extra 16% in income in 2026 just to make up the difference in their much-higher health insurance premium.

One thing early retirees have little ability to do is to find an additional 16% of income in order to keep creditable insurance until Medicare. That was never in the plan the financial advisor laid out a couple years ago.

The flip side of this, of course, is that people nearing early retirement who envisioned calling it a career a few years early—thanks in part to relatively low ACA premiums—suddenly had to rethink things. For many, that meant cancelling that retirement party with friends and family and holding off on that much-anticipated European vacation. Ouch.

On the bright side of things (sort of), Dr. Oz recently was quoted citing data indicating that if U.S. workers were able to work just one more year before retiring, the nation's GDP may swell by as much as $3 trillion.

Adding to the nation's coffers/doing your part to help with unsustainable debt levels may not be much solace for the 63-year-old who was eager to get a start on life's next chapter. But it's happening now, nonetheless.

One casualty of the end of the eAPTC is that the last wave of Boomers is more likely to have to grind it out a little longer. For these folks, delaying what they've worked so long and hard for means that we should bury the pejorative "OK, Boomer." It's not much, but maybe we should replace that with "Thank you, Boomers".

Deft Research recently published the 2026 Individual and Family Plan Shopping and Switching Study. This national market research report of nearly 2,700 consumers with Affordable Care Act (ACA) qualified health plans—and those who just recently left the market—helps the industry understand how these 23 million consumers approached the Open Enrollment Period this past fall, how they shopped for plans, what mattered the most during the process, and how they ultimately enrolled in whatever became their new 2026 coverage.

As the ACA industry continues to deal with short-term uncertainty, the Individual and Family Plan Shopping and Switching Study provides clarity and direction. The study features a driver analysis that helps product designers understand which experiences drove ACA consumers to voluntarily switch the most, shows how consumers perceive a possible HSA component in future healthcare coverage, and illuminates the degree to which members who renewed or bought ACA coverage plan to stay with their insurance as the year unfolds.

Armed with the insights from the Individual and Family Plan Shopping and Switching Study, carriers, agencies, and consultants alike will be better positioned to win in 2027 and beyond as the market settles into its new structure. For more information on the rest of the report, please contact your Deft Research Client Services associate or email info@deftresearch.com.

Did you enjoy this Single Insight Point (SIP) from the 2026 Individual and Family Plan Shopping and Switching Study? Are you ready to move from just a SIP to a whole gulp? Please connect with your Deft Research Client Services Associate to unlock all the business-changing insights from the 70-plus pages of insightful reporting.

Don't miss these offerings related to the 2026 Individual and Family Plan Shopping and Switching Study:

- **National ACA On and Off Exchange Benefit Design Conjoint Study** shows the premium-based tradeoffs that under-65 beneficiaries will make in the subsidized/on-exchange market as well as the non-subsidized/off-exchange market.
- **ICHRA Study Part I: Brokers and Employers** examines two of the three stakeholders who will decide ICHRA's trajectory in the near term: employers looking to untangle health insurance from employment and brokers who will (or will not) facilitate that transition.
- **Individual and Family Plan Member Experience Study** identifies the experiences that either inflate or depress loyalty so that carriers can be more informed on how to hold onto their ACA members.

Keep the insights coming all year with our syndicated studies.

The **2026 Senior Market Insights Service** includes the following studies:

- **National Medicare Health Segmentation Study** illuminates health segments within the senior population so organizations can best serve their unique needs.
- **National Supplemental Benefit Conjoint and Ancillary Products Study** helps you design the most attractive supplemental options while balancing costs and gauging interest in ancillary products. Select from one or both of the following:
    - *Medicare Advantage Version*: focuses on traditional supplemental benefits
    - *MedSupp/OMO Version*: focuses on the Dental/Vision/Hearing bundle
- **Medicare Shopping and Switching Study** examines senior consumerism during the AEP and highlights what made members venture to new products.
- **Influences of Part D in MAPD and Standalone Coverage Study** explores how the tiered placement of specific, common medications influences MAPD and Part D consumerism.
- **SNP (C-SNP and D-SNP) Acquisition Study** provides insights into the rapidly growing segment of seniors with Medicaid eligibility (D-SNP or otherwise), examining how they shop and consider new coverage.
- **Medicare Member Onboarding and Management Study** explains how to update existing members and onboard new ones after the AEP. It also highlights what worked well in member services and education, and where improvements are needed for the next year.
- **Medicare Age-In Study** identifies strategies to boost acquisition and reduce early retention risk, while analyzing trends in self-insurance and recommending ancillary products for those not interested in MA or unable to afford MedSupp.
- **SNP (C-SNP and D-SNP) Experience Study** provides carriers and agencies with a blueprint to best serve dual eligibles and/or those with specific demanding health conditions.
- **AEP Gut Check Study** is a “must have” for carriers, agencies, and consultants. It assesses the pain points, service failures, and plan experiences that carriers and agents must address as we near the AEP.
- **BONUS: How the U.S. Consumer Selects a Provider and Health System Study** is the first-of-its-kind study, we look across the broad U.S. healthcare consumer landscape.
- **Medicare Digital Tools Study** gives an in-depth look at how seniors shop online, navigate health insurance and healthcare, and whether they find the amount of information online to be overwhelming.
- **Medicare Member Experience Study** shows what causes attrition, switching intention, and lower CAHPS scores, helping carriers to better engineer member communications and customer service for higher scores.
- **MAPD + PDP Disruption Tool** provides detailed market summaries of benefit changes from the national to the county level, helping you anticipate shifts in 2026 enrollment.
- **Custom Research** can help you answer the tough questions facing your organization about your member experience (and those of your competitors) as you prepare for 2027.

Our **2026 Commercial Market Insights Service** studies for the Individual Under 65 Market include:

- **National ACA On and Off Exchange Benefit Design Conjoint Study** shows the premium-based tradeoffs that under-65 beneficiaries will make in the subsidized/on-exchange market as well as the non-subsidized/off-exchange market.
- **Individual and Family Plan Shopping and Switching Study** examines the traditional OEP enrollment period, the channels that best connected with consumers, and how these individuals chose to enroll.
- **ICHRA Study Part I: Brokers and Employers** examines two of the three stakeholders who will decide ICHRA's trajectory in the near term: employers looking to untangle health insurance from employment and brokers who will (or will not) facilitate that transition.
- **ICHRA Study Part II: Employees** chronicles how employees managed through cost increases, the impact on them, and how it compares to employees in traditional group coverage who may have faced less dramatic premium increases.
- **BONUS: How the U.S. Consumer Selects a Provider and Health System Study** is the first-of-its-kind study, we look across the broad U.S. healthcare consumer landscape.
- **Individual and Family Plan Member Experience Study** identifies the experiences that either inflate or depress loyalty so that carriers can be more informed on how to hold onto their ACA members.