



Kansas Department of Insurance

Commissioner Vicki Schmidt

2025: OVERVIEW OF THE HEALTH INSURANCE MARKET IN KANSAS

Open Enrollment for Individuals and Families for Plan Year 2025

As a Federally Facilitated Marketplace (FFM), Kansas utilizes healthcare.gov for open enrollment. Some insurers offer the ability for consumers to enroll directly in a Marketplace plan with that company.

Open enrollment is an opportunity for Kansans to make changes, evaluate whether to enroll in coverage, stay on their current policy, if available, or enroll in a different policy from the same company or a different company.

Individuals can join their parents' health plan and stay on until their 26th birthday even if they get married, have or adopt a child, start or leave school, live in or out of their parents' home, aren't claimed as a tax dependent, or turn down an offer of job-based coverage.

Open enrollment for plan year 2025 begins on **November 1, 2024, and ends January 15, 2025.** You must enroll by **December 15, 2024, if you would like your coverage to start on January 1, 2025.**

After open enrollment ends on January 15, 2025, the only way to obtain coverage is via a special enrollment period (SEP) due to a qualifying event.

To qualify for a SEP, certain life events would have had to occurred for you, such as losing health coverage, moving, getting married, having a baby or adopting a child, or if your household income is below a certain amount.

During open enrollment the federal government will suggest new plans for individuals on qualified health plans (QHPs) that companies are discontinuing after 2024. Consumers covered by plans that will not be offered in 2025 **do not have to enroll in the plan suggested to them.** They can shop for any plan available to them depending on where they live. US Health and Life will not be selling plans in 2025, so those who are insured will need to take extra steps to enroll. **The new plan is effective only when the premium is paid.**

Kansans should report changes to their income, address, and household information as soon as possible. If changes are not reported, Federal taxes could be affected. Changes are reported directly to the Marketplace by updating your application. Application updates may be done online, by phone, or in person. Using the most recent income data available, the FFM will re-determine enrollee eligibility for advance premium tax credits (APTC) and income-based cost-sharing reductions (CSRs) for those receiving financial assistance.

During the COVID-19 Public Health Emergency, federal law required states to keep Medicaid members continuously enrolled; members were kept on the rolls without asking them to complete renewal paperwork. Continuous enrollment ended on March 31, 2023. Beginning April 1, 2023, states were able to begin terminating Medicaid enrollment for individuals no longer eligible. Referred to as “unwinding,” states were given 12 months to restart the usual renewal process to determine Medicaid eligibility.

Coverage may also be purchased off the Marketplace during the open enrollment period from the same companies offering coverage on the Marketplace. There are twelve policies that are only offered off the FFM that are not offered on the FFM. The only way to obtain coverage after open enrollment ends on January 15, 2025, is via a special enrollment period due to a qualifying event.

Important Information

- **Tax credits and cost-sharing reductions are only available when purchasing on the Marketplace.**
- **If you qualify for cost-sharing reductions, you must pick a silver plan to receive the extra savings.**

There are ten essential health benefits (EHB) categories, which are as follows: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services including oral and vision care. You will generally have to pay deductibles, copayments, and other out-of-pocket costs that apply to most covered services.

Consumers should fully understand the network requirement of any plan they are considering. Companies may change the type of policy they sell from one year to the next resulting in potential network implications. Providers may decide whether to contract or not to contract on an annual basis. Consumers should check to be certain that their physicians and all other medical providers are in the network for the plan they are considering purchasing. If purchasing a plan with an EPO network be certain to understand whether your plan requires you to use a “gatekeeper” before receiving services.

Companies may offer the following types of individual and small group policies:

- **Exclusive Provider Organization (EPO)** – A type of managed care organization (health plan) that provides health care coverage through preferred health care providers only. The EPO may require use of a gatekeeper, a primary care professional who makes referrals for specialty care.
- **Health Maintenance Organization (HMO)** – A type of managed care organization (health plan) that provides health care coverage through a network of hospitals, doctors and other health care providers. Typically, the HMO only pays for care provided by an in-network provider. In small group and individual, there are no HMO policies being offered.
- **Preferred Provider Organization (PPO)** – A type of health plan that provides health care coverage through a network of providers. Typically, the PPO requires the policyholder to pay higher costs when they seek care from an out-of-network provider.
- **Point of Service (POS)** – A managed care plan that gives members the option of seeking care from a specialist without a referral from a primary-care physician. Such services are subject to a higher deductible and/or coinsurance.

The various metal levels indicate how you and your health insurance plan will share in the costs of care. There are bronze, expanded bronze, silver, gold and platinum metal levels.

Bronze plans offer the lowest monthly premium and the highest out of pocket cost when you seek care.

Expanded bronze plans either cover and pay for at least one major service, other than preventive services before the deductible *or* meet the requirements to be a high deductible health plan. Covered major services could include primary care visits, specialist visits, emergency room services, inpatient hospital services, generic drugs, preferred brand drugs, or specialty drugs.

Silver plans offer a moderate monthly premium and a moderate out of pocket cost when you seek care.

Gold plans offer a higher monthly premium than silver and a lower out of pocket cost than silver when you need care.

Platinum plans offer the highest monthly premium and the lowest costs when you receive care.

In addition to metal levels, there are **catastrophic plans** that can be purchased. These plans cover three primary care visits per year *before* the plan's deductible is met. The premium paid each month is generally low, but the out-of-pocket costs for deductibles, copayments, and coinsurance are generally higher. To qualify for a catastrophic plan, you must be under the age of 30 or receive a "hardship exemption" because the FFM has determined that you are unable to afford health coverage.

Key Dates to Remember:

November 1, 2024 - Open Enrollment begins.

December 15, 2024 - Enroll by date for coverage to begin on January 1, 2025.

January 15, 2025 - Open Enrollment ends.

Policy Options for Individuals and Families

Consumers shopping on the FFM in Kansas will have the opportunity to purchase individual policies offered by Aetna Life Insurance Company (87 Counties); Blue Cross and Blue Shield of Kansas Inc. (103 Counties); Blue Cross and Blue Shield of Kansas City (2 Counties); Celtic Insurance Company (91 Counties); Medica Insurance Company (4 Counties); Oscar Insurance Company (16 Counties); and UnitedHealthcare Insurance Company (91 Counties). Availability depends on the insured’s geographic location.

Marketplace Policies Available in Kansas in 2025

Company	Type	Total	Catastrophic	Expanded Bronze	Silver	Gold	Platinum
Aetna Life Insurance Company	EPO	14	0	4	5	5	0
Blue Cross and Blue Shield of Kansas, Inc.	EPO	9	0	3	3	3	0
Blue Cross and Blue Shield of Kansas City	EPO	8	1	3	3	1	0
Ambetter from Sunflower Health Plan insured by Celtic Insurance Company	EPO	17	0	6	5	6	0
Medica Insurance Company	EPO	9	0	3	3	3	0
Oscar Insurance Company	EPO	9	1	3	4	1	0
UnitedHealthcare Insurance Company	EPO	15	0	5	5	5	0
		81	2	27	28	24	0

Consumers may purchase coverage off the FFM if they prefer. Individual policies from the same companies, are also available off the FFM, depending on residential county. **It is important to remember that tax credits and cost-sharing reductions are only available when purchasing ON the Marketplace.**

Small Business Health Insurance

Coverage is not available through the Small Business Health Options Program (SHOP) exchange in Kansas but coverage off the SHOP is available in the small group market from Blue Cross and Blue Shield of Kansas City; Blue Cross and Blue Shield of Kansas, Inc. and UnitedHealthcare Insurance Company. See tables on pages 8 for company availability by county.

Off SHOP Policies Available in Kansas in 2025

Company	Type	Total	Expanded Bronze	Silver	Gold	Platinum
Blue Cross and Blue Shield of Kansas, Inc.	EPO	9	2	3	3	1
Blue Cross and Blue Shield of Kansas, Inc.	PPO	14	2	5	3	4
Blue Cross and Blue Shield of Kansas City	EPO	5	2	2	1	0
Blue Cross and Blue Shield of Kansas City	PPO	14	5	6	3	0
UnitedHealthcare Insurance Company	PPO	56	2	13	37	4
UnitedHealthcare Insurance Company	EPO	12	0	4	7	1
Total Small Group		110	13	33	54	10

Individual and Small Group County Coverage

Individual Companies	Counties	Small Group Companies	Counties
Aetna Life Insurance Company	NOT available Butler, Chase, Chautauqua, Cowley, Elk, Greenwood, Harper, Harvey, Kingman, Leavenworth, Marion, McPherson, Montgomery, Reno, Rice, Sedgwick, Sumner, and Wilson counties	-	-
Blue Cross and Blue Shield of Kansas, Inc.	NOT available in Johnson or Wyandotte Counties	Blue Cross and Blue Shield of Kansas Inc.	NOT available in Johnson or Wyandotte Counties
Blue Cross and Blue Shield of Kansas City	Plans available in Johnson and Wyandotte Counties	Blue Cross and Blue Shield of Kansas City Inc.	Plans available in Johnson and Wyandotte Counties
Ambetter from Sunflower Health Plan insured by Celtic Insurance Company	NOT available in Wallace, Hamilton, Kearney, Finney, Stanton, Grant, Haskell, Gray, Ford, Morton, Stevens, Seward, Meade, or Clark counties	-	-
Medica Insurance Company	Plans available in Johnson, Leavenworth, Miami, and Wyandotte	-	-
Oscar Insurance Company	Plans available in Johnson, Wyandotte, Morris, Wabaunsee, Douglas, Shawnee, Miami, Franklin, Linn, Osage, Allen, Anderson, Atchison, Jackson, Jefferson, and Woodson	-	-
UnitedHealthcare Insurance Company	NOT available in Clark, Edwards, Finney, Ford, Grant, Gray, Hamilton, Haskell, Kearny, Meade, Morton, Seward, Stanton, or Stevens.	UnitedHealthcare Insurance Company	Plans available statewide. Certain plans are available in Leavenworth, Johnson, and Wyandotte.

Other Health Insurance and Benefit Coverage Options

Short-term, Limited Duration Insurance

Federal regulation pre-empted Kansas law regarding short-term, limited duration insurance (STLDI). STLDI policies issued on or after September 1, 2024, are limited to a policy term of three months with a one- month extension.

These policies may be medically underwritten, and the end of a short-term, limited duration policy ***does not*** qualify the insured for an SEP. When someone is covered by one of these plans and the coverage ends, if they cannot pass medical underwriting, they will have to wait until the next open enrollment period to purchase major medical coverage. Their major medical coverage will not be effective until January 1 of the following year. Exceptions would be if someone experiences a qualifying event that triggers a special enrollment period.

For a list of companies that write short-term, limited duration insurance policies in Kansas please go to <https://insurance.ks.gov/documents/healthlife/health/Individual-short-term-carriers.pdf>

Stand-Alone Dental Plans

For individual policies that do not include pediatric dental, stand-alone dental plans are available. Exchange certified stand-alone dental plans include pediatric dental to meet the essential health benefits. The annual limitation on cost sharing for 2025 is \$425 for one child and \$850 for two or more children.

In 2025, consumers shopping on the Marketplace in Kansas will have the opportunity to purchase individual dental policies offered by BEST Life and Health Insurance Company, Dentegra Insurance Company, Renaissance Life & Health Insurance Company of America, TruAssure Insurance Company, and The Guardian Life Insurance Company of America. There are 19 individual policies available on the Marketplace.

Marketplace Dental Policies Available in Kansas in 2025 (Individual or Family)

Consumers shopping off the FFM in Kansas will have the opportunity to purchase certified stand-alone dental policies offered by the following companies: BEST Life and Health Insurance Company, Dentegra Insurance Company, Renaissance Life & Health Insurance Company of America, TruAssure Insurance Company, and The Guardian Life Insurance Company of America.

Company	Total
BEST Life and Health Insurance Company	4
Dentegra Insurance Company	2
Renaissance Life & Health Insurance Company of America	3
TruAssure Insurance Company	3
The Guardian Life Insurance Company of America	4
Total Individual	16

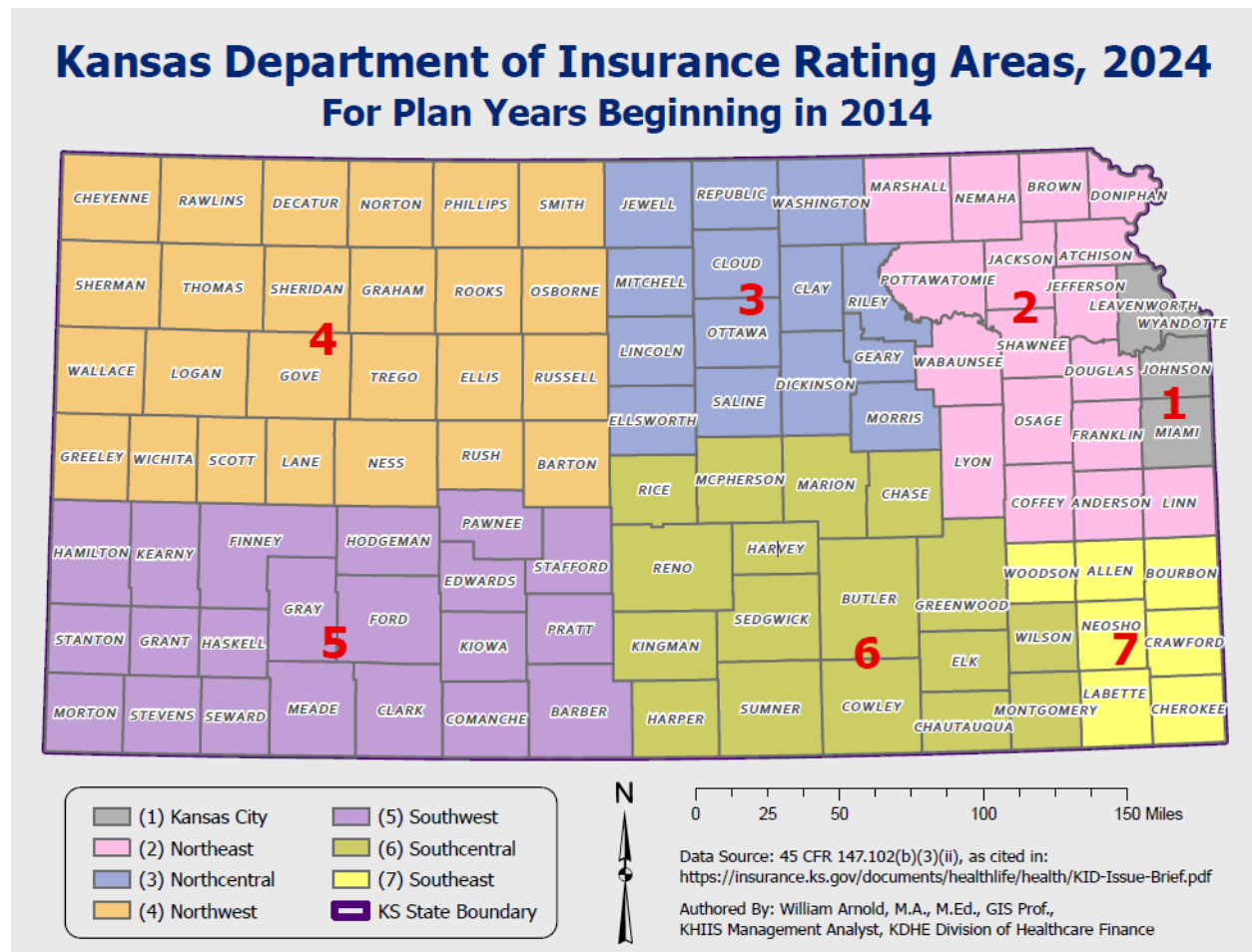
Off Marketplace Dental Policies Available in Kansas in 2025 (Individual or Family)

Renaissance Life & Health Insurance Company of America is the only company offering stand-alone dental insurance policies off the FFM. They will have three plans available in 2025.

Premium Rates for Individual and Small Group Markets

The actuarial review of premium rate filings is conducted by the Kansas Department of Insurance. KHIIS (Kansas Health Insurance Information System) claims data is utilized during the rate review process to help assess if requested rates are justified, equitable and not excessive.

Individual plan premium rates are allowed to vary by age, rating area, family composition and tobacco usage. There are seven rating areas in Kansas. A map of the counties included in each rating area is provided below.



Individual Health Insurance Rates

The range of average rate revisions by insurance companies for policies sold on the 2025 federally facilitated market is 2.07 percent to 24.4 percent.

The following table details the average rate revisions requested by the companies that write individual health insurance in Kansas.

Company Name	Average Filed Increase	On Marketplace	Off Marketplace
Aetna Life Insurance Company	16.73%	Yes	Yes
Blue Cross and Blue Shield of Kansas, Inc.	12.45%	Yes	Yes
Blue Cross and Blue Shield of Kansas City	24.4%	Yes	Yes
Ambetter from Sunflower Health Plan insured by Celtic Insurance Company	2.07%	Yes	Yes
Medica Insurance Company	5.96%	Yes	Yes
Oscar Insurance Company	4.55%	Yes	Yes
UnitedHealthcare Insurance Company	14.51%	Yes	Yes

Small Business Health Insurance Rates

The range of average rate revisions by insurance companies for policies sold off the 2025 federally facilitated SHOP is 10.4 percent to 17.4 percent.

The following table details the average rate revisions requested by the companies that write small business health insurance in Kansas.

Company Name	Average Filed Increase/Decrease
Blue Cross and Blue Shield of Kansas, Inc.	17.4%
Blue Cross and Blue Shield of Kansas City	16.87%
UnitedHealthcare Insurance Company	10.4%

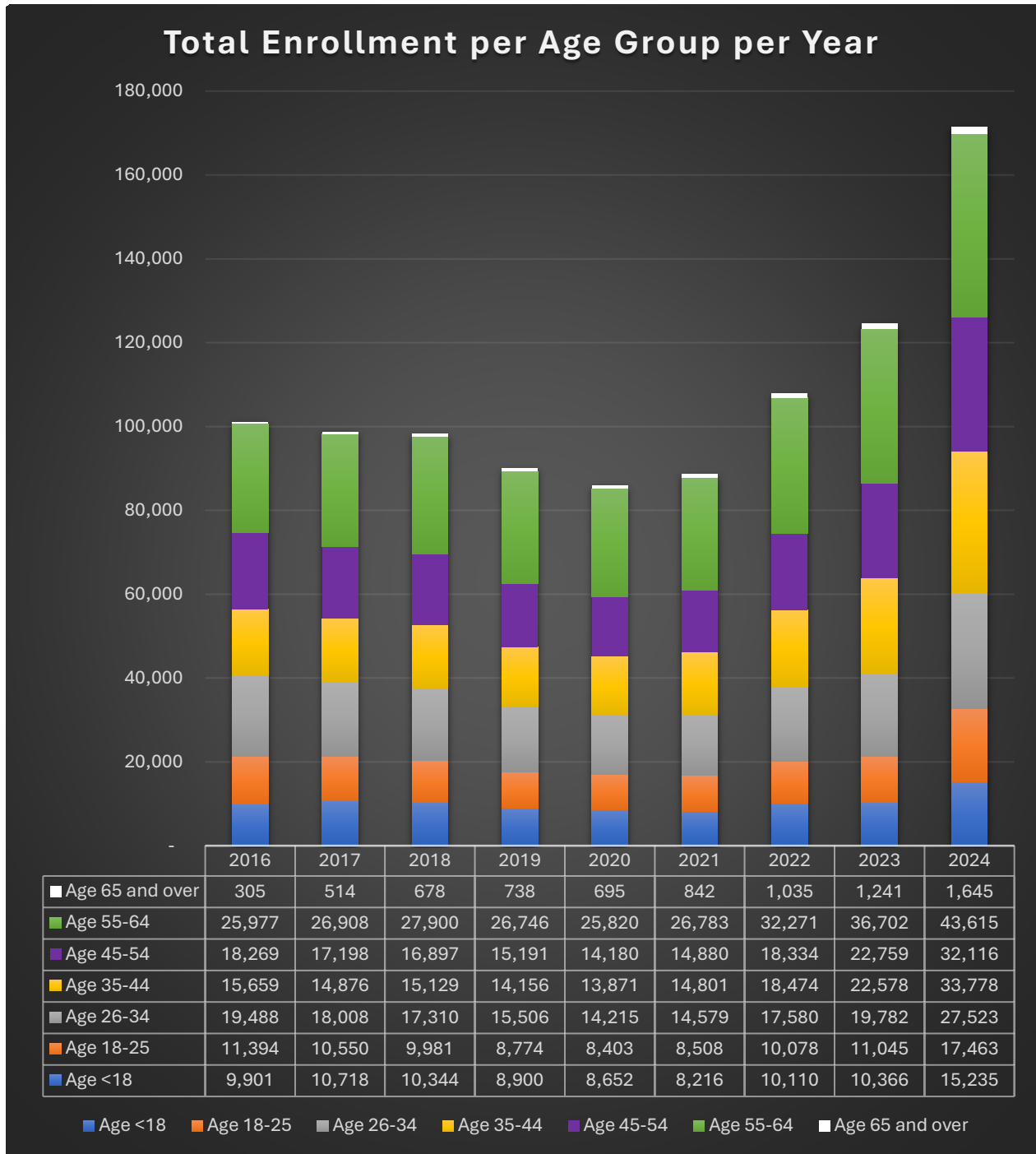
Overview Summary Information and Graphic

Total information along with Age Demographics (since 2016)

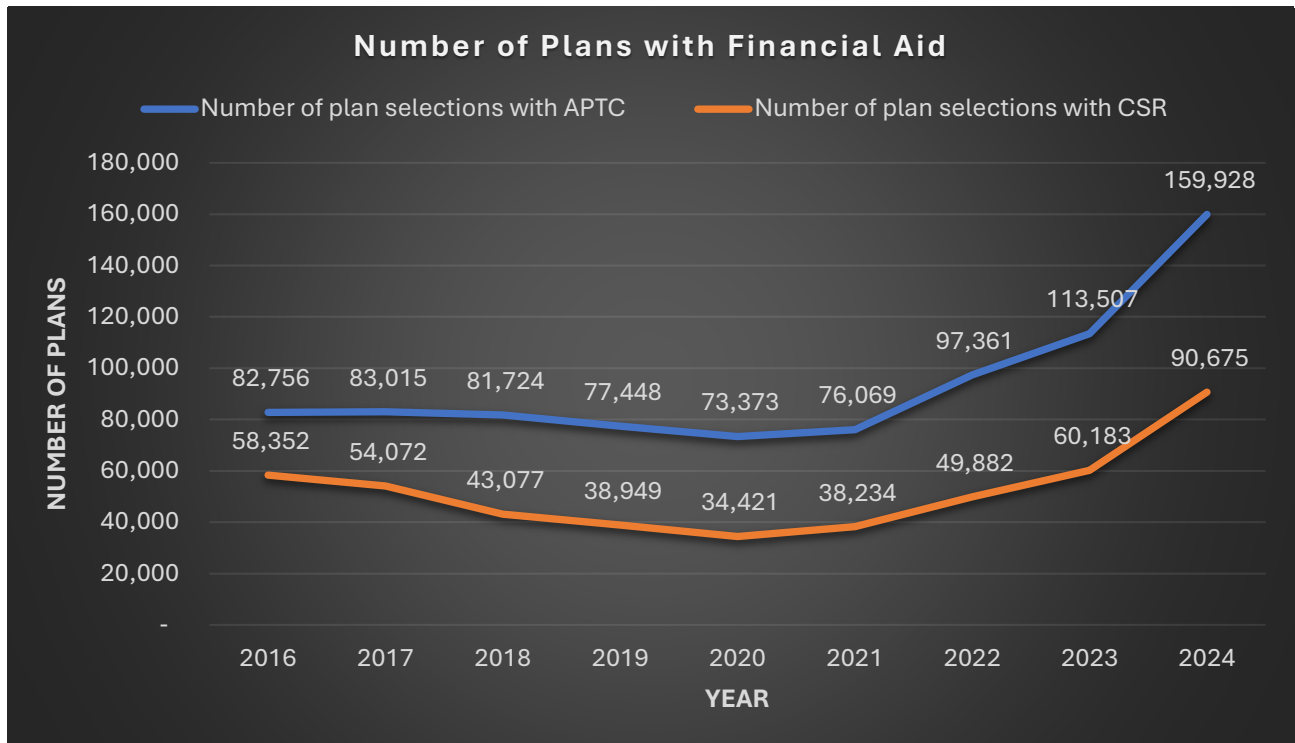
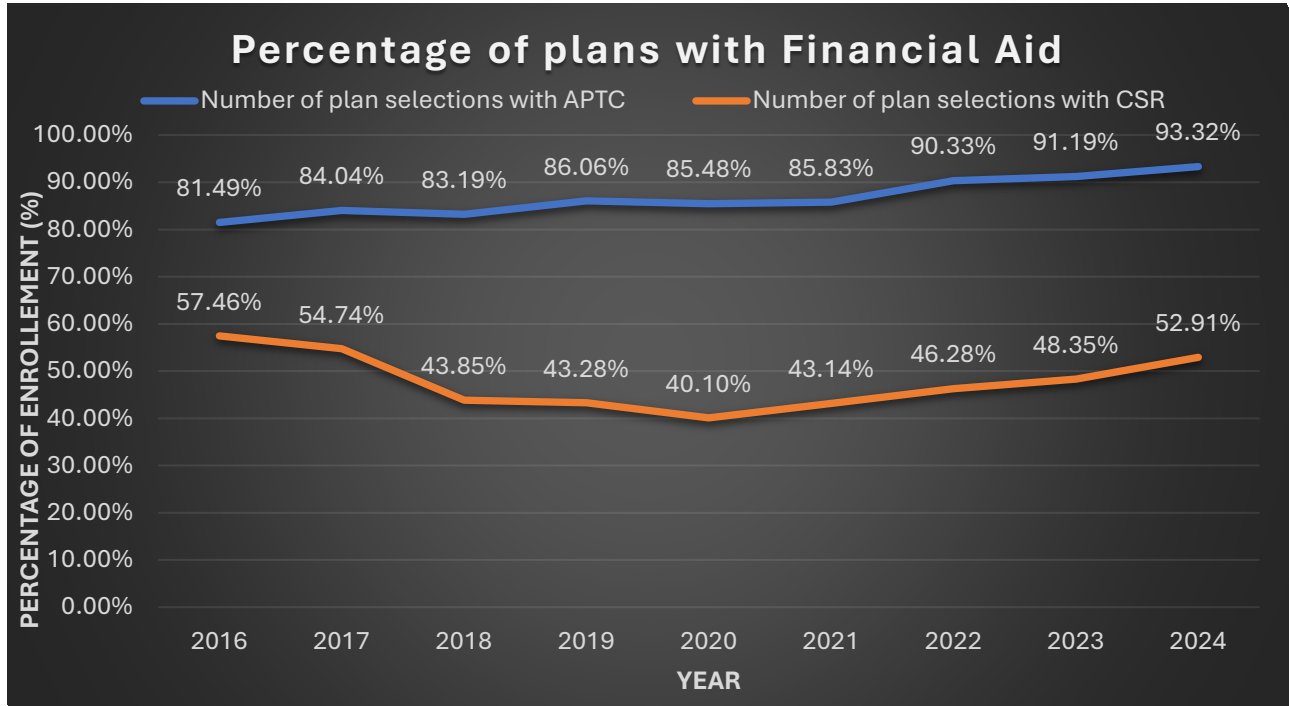
Overview Summary	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total Number of individuals with Plan selection on Marketplace	101,553	98,780	98,238	89,993	85,837	88,627	107,784	124,473	171,376
Total Active Reenrolled	50,743	52,378	52,465	52,561	48,966	51,220	60,899	65,738	85,913
Total Consumers Reenrolling in Coverages on Marketplace	60,661	67,292	70,905	70,035	67,960	70,080	84,606	95,044	126,028
Active Reenrolled who switched plans	38,412	26,435	26,404	16,952	20,289	20,206	30,441	33,360	47,558
Number of plan selections with APTC	81.49%	84.04%	83.19%	86.06%	85.48%	85.83%	90.33%	91.19%	93.32%
Number of plan selections with CSR	57.46%	54.74%	43.85%	43.28%	40.10%	43.14%	46.28%	48.35%	52.91%
Total plan selection based off Age									
Age <18	9.75%	10.85%	10.53%	9.89%	10.08%	9.27%	9.38%	8.33%	8.89%
Age 18-25	11.22%	10.68%	10.16%	9.75%	9.79%	9.60%	9.35%	8.87%	10.19%
Age 26-34	19.19%	18.23%	17.62%	17.23%	16.56%	16.45%	16.31%	15.89%	16.06%
Age 35-44	15.42%	15.06%	15.40%	15.73%	16.16%	16.70%	17.14%	18.14%	19.71%
Age 45-54	17.99%	17.41%	17.20%	16.88%	16.52%	16.79%	17.01%	18.28%	18.74%
Age 55-64	25.58%	27.24%	28.40%	29.72%	30.08%	30.22%	29.94%	29.49%	25.45%
Age 65 and over	0.30%	0.52%	0.69%	0.82%	0.81%	0.95%	0.96%	1.00%	0.96%

The new enrollment peak is 171,376, being set in 2024. This is a 37.68% increase in enrollment from 2023. The trend for the age demographics seems to be relatively stable at this point for year-to-year change for all age groups except for 55-64, which had a 4.04% decrease from 2023 to 2024.

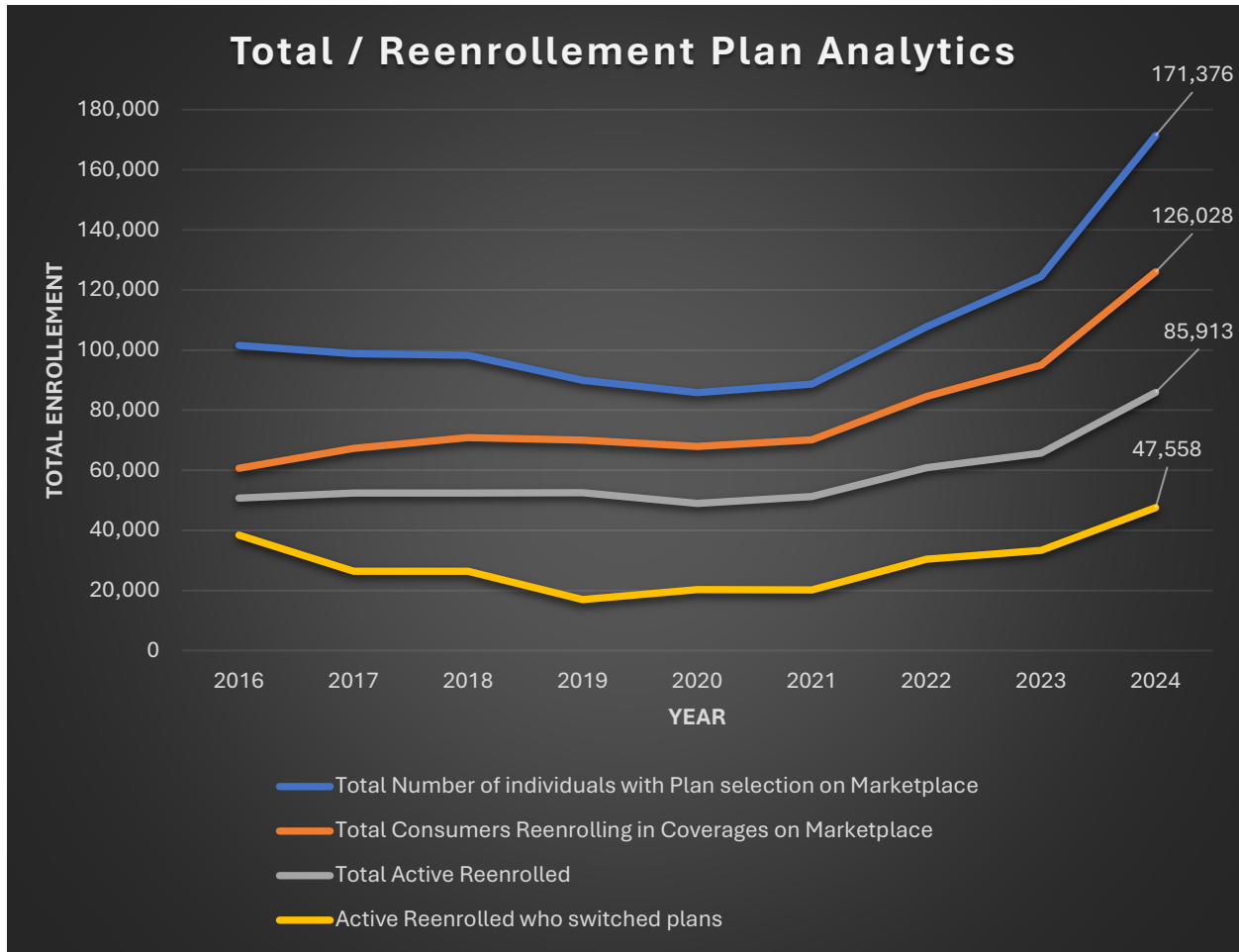
Number of Individuals with plans per Age Group for each Year (since 2016)



Percentage of Plans with Financial Aid since 2016



Trendlines for Total and Reenrollment Numbers since 2016



This graphic is used as a representation of the change these enrollment variables go through over a nine-year period. As shown above, 2019 and 2020 had declines in all four categories. 2021 and 2022 started an upward trend in Kansas as enrollment numbers reached an all-time high in 2024. Each variable had an increase from 2023 to 2024, notably “Total Number of Individuals with Plan Selection on Marketplace”, which marked the largest single year increase in enrollment in the last 9 years for Kansas. A large factor in the increase in enrollment could be the “Medicaid unwinding”, where the delayed action of annual reviews for eligibility for Medicaid due to the Covid-19 pandemic officially ended on April 1, 2023. The small group market declining could also be a factor for the increase in enrollment in the individual market.