



MARKETPLACE AND OPEN ENROLLMENT UPDATE

Insurance Commissioner Trinidad Navarro

HEALTH INSURANCE PREMIUM RATE REVIEW PROCESS



Health Insurance Company

1

Health insurance companies submit their proposed rates and supporting data to the Delaware Department of Insurance (DOI) according to federally-set timelines.

Effective Rate Review

2

In Delaware, rate review is state-based, not managed by the federal government. DOI posts requested rates and public documentation to its website. Independent actuaries assess each detail of the filings. The DOI considers many factors when reviewing each proposed rate request, including changes in benefits, utilization, medical cost trends, the company's administrative costs, and other financial information.

Rate Determination

3

When in receipt of the independent actuarial assessment, the Commissioner and expert staff review the proposed rates and all supporting information and negotiate with the carriers before making final determinations and notifying CMS.

Consumers

4

Once finalized, the approved average rate changes are posted on the DOI website and announced publicly. Typically, the federal government opens "window-shopping" in mid-October.

AFFORDABLE CARE ACT MARKETPLACE RATES

AS OF 9/26/25



AmeriHealth Caritas

- Requested rate increase of 46.2%.
- **Negotiated down to 34.98% average increase.**
- (8) plans

Celtic Ambetter Health of Delaware

- **Final rate of 31.8%** despite best efforts to broker for DE Consumers.
- (17) plans

Highmark Delaware

- Requested rate increase of 30.3%.
- **Negotiated down to 25% average increase.**
- (14) comprehensive plans & one catastrophic plan.

Other ACA & ACA-Compliant Rates

- Off-exchange plans from AmeriHealth Caritas & Highmark Delaware.
- Delta Dental will increase rates by an average of 4.3% for (2) family plans.
- Dominion Dental will increase their premiums an average 4.8% on (10) plans, including pediatric plans.
- Off-market small group plan will finalize in October.

**All ACA-compliant health plans offer essential health benefits, including coverage of pre-existing conditions, prescriptions, emergency services and hospitalization, mental and behavioral health coverage, outpatient care, telehealth, lab services, and more.*



BUT, IT'S NOT OVER YET...

LITIGATION-RELATED CHANGES

In response to a preliminary injunction on components of a new CMS rule that meaningfully impacts the market, carriers were permitted to refile or withdraw non-compliant plans until early last week. Certain provisions of the new rule—specifically those related to Actuarial Value (AV) policies—will not be implemented for the 2026 plan year due to the injunction.

Litigation regarding this and other aspects of the CMS rule is ongoing, and could result in further changes.

ENHANCED ADVANCE PREMIUM TAX CREDITS

Congress could act to extend or make permanent the APTCs that played an important role in lowering rates and increasing enrollment. This is becoming a key part of negotiations as a federal shutdown looms. There is bipartisan support for extension.

If a change occurs, a refiling window is anticipated, and Delaware is prepared. Carriers were required to produce two sets of rates, one with and one without enhanced APTC so rapid response can occur.