

QHP Landscape Instructions and Notes

Medical Individual Market

1) Overview of QHP Landscape medical individual market file

This data file contains information on certified medical plans offered through an Exchange to consumers in the individual market. These plans are also known as Qualified Health Plans (QHPs). The data file reports plans offered by county for states in the Federally-facilitated Exchanges including states performing plan management functions, and State Based Exchanges using the federal platform for eligibility and enrollment.

2) Identifying plans based on geography and plan criteria

To browse for a plan by specific data fields, click on the icon at the top of the column for a specific field of interest such as state, county, or metal level. For example, to select a specific county of interest, select the county name from the drop-down menu in the third column and click "OK" when done. The file will filter the data and show plan information only for the selected county. Multiple data fields may be selected for filtering and browsing at one time.

3) Premium Information

Premium amounts do not include tax credits that will lower premiums for many consumers applying for insurance.

The data file shows premiums for the following example scenarios:

- Child age 0-14 = one child age 0-14
- Child age 18 = one child age 18
- Adult Individual Age 21, 27, 30, 40, 50, and 60 = one adult age 21, 27, 30, 40, 50, or 60
- Couple 21, 30, 40, 50, and 60 = two adults both age 21, 30, 40, 50, or 60, no children
- Couple + 1 child, Age 21, 30, 40, 50 = two adults both age 21, 30, 40, or 50, and one child age 0-14
- Couple + 2 children, Age 21, 30, 40, 50 = two adults both age 21, 30, 40, or 50, and two children ages 0-14
- Couple + 3 or more children, Age 21, 30, 40, 50 = two adults both age 21, 30, 40, or 50, and three or more children ages 0-14
- Individual + 1 child, Age 21, 30, 40, and 50 = one adult age 21, 30, 40, or 50, and one child age 0-14
- Individual + 2 children, Age 21, 30, 40, and 50 = one adult age 21, 30, 40, or 50, and two children ages 0-14
- Individual + 3 or more children, Age 21, 30, 40, and 50 = one adult age 21, 30, 40, or 50, and three or more children ages 0-14

Note on Child Only Offering Status: Child-only plans (labeled as "Allows Child-Only") will only show premiums for the Premium Child columns.

Note on Children: The rating scenarios are limited to dependent children ages 0-14 in the immediate family. Plans may vary in the rating of other child dependents such as stepchild, grandchild, or foster child.

Note on Catastrophic Plans: For catastrophic plans only, individuals over age 29 generally may not enroll. However, individuals over age 29 with an effective hardship exemption that was granted by an Exchange are eligible to enroll in a catastrophic plan.

4) Customer Service and Plan Materials

The data file shows phone numbers and links to the following plan resources:

- Customer service phone numbers (local, toll-free, TTY)
- Network URL
- Plan brochure URL
- Summary of benefits URL
- Drug formulary URL

5) Standardized Plan Option

The data file indicates whether the medical plan is a standardized plan option, which are plans with standardized cost-sharing features for select services. A standardized plan option will have a state-specific value of Design Type 1 or Design Type 2. A non-standardized plan option will have a value of "Not Applicable."

6) Dental Benefit Information

The data file indicates whether the medical plan covers adult dental or child dental services.

7) EHB Percent of Total Premium

The data file shows Essential Health Benefit (EHB) percent of total premium for each plan.

8) Cost Sharing Information

The data file shows standard cost sharing information for each plan. Cost sharing information is shown for in-network services (showing first tier where there are multiple in-network tiers), and includes:

- Deductibles: For in-network medical care and drugs (by individual, family, family per person)
- Maximum out of pocket expenses: For in-network medical care and drugs (by individual, family, family per person)
- Copayments and coinsurance for the following in-network services:
 - Primary care physician
 - Specialist
 - Emergency Room
 - Inpatient facility
 - Inpatient physician
 - Generic drugs
 - Preferred brand drugs
 - Non-preferred brand drugs
 - Specialty drugs

The data file also shows cost sharing information for silver metal plans that are variants of the standard silver plan. Consumers that qualify for these silver plan variations based on their incomes and family size will see lower out-of-pocket costs. These plans differ from the standard plan by the percentage of health care expenses covered by the plan for a typical group of enrollees (i.e., actuarial value). The actuarial values of these silver plan variants are: 73 Percent Silver, 87 Percent Silver and 94 Percent Silver.

9) Data Notes

Note on Data Source: The data are from issuer submissions of their QHP applications to the Centers for Medicare and Medicaid Services (CMS), submitted through the Health Insurance Oversight System (HIOS) from issuers in Federally-facilitated Exchange (FFE) states; and through the System for Electronic and Rate Form Filing (SERFF) from issuers in FFE states performing plan management functions or State Based Exchange states that use the federal platform for eligibility and enrollment. The data are current as of October 20, 2026, and are subject to change.

Note on County Coverage: For each county, all plans are shown whose service areas cover at least part of the county. Most plans have service areas covering the entire county.

Note on Premiums: For Alaska, the premiums shown are for the rating area within the county with the highest county population. For all other states, the premiums shown are for a rating area that includes all county residents. The premium amounts do not include tax credits that will lower premiums for many consumers applying for insurance.

To access detailed plan information, please visit <https://www.healthcare.gov/>