QHP Landscape Instructions and Notes
Medical SHOP Market

1) ***Overview of QHP Landscape medical SHOP market file***

This data file contains information on certified medical plans offered through an Exchange to employers in the Small Business Health Options Program (SHOP) 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 age 21, 30, 40, 50, or 60, no children
- Couple + 1 child, Age 21, 30, 40, 50 = two adults age 21, 30, 40, or 50, and one child age 0-14
- Couple + 2 children, Age 21, 30, 40, 50 = two adults age 21, 30, 40, or 50, and two children ages 0-14
- Couple + 3 or more children, Age 21, 30, 40, 50 = two adults 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 Small Group Health Options (SHOP) Plans: This data file displays 1st Quarter SHOP rates. As the data file may not show every quarterly rate update, users should verify with the issuer the applicable current rate.

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.

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) *Dental Benefit Information*

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

6) *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

7) 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 and Nebraska, 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.

To access detailed plan information, please visit the small business Exchange at https://www.healthcare.gov/small-businesses/