

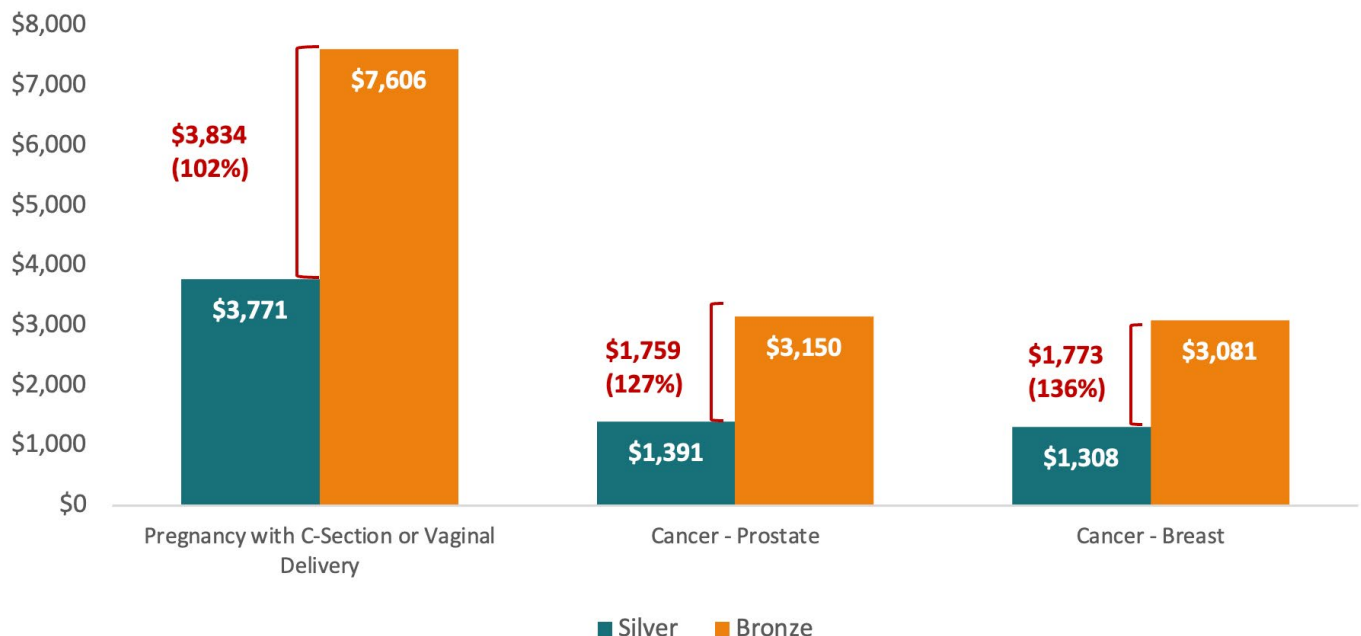


Costs of Care for Marketplace Consumers Switching to Bronze Could Double

Out-of-Pocket costs for Bronze consumers are double that of enrollees in Silver. In 2024, Bronze consumers who accessed care paid an average of \$1,193 in out-of-pocket costs, compared to \$608 for Silver enrollees.

Set to expire at the end of 2025, the loss of enhanced premium tax credits will lead to substantial increases in monthly premium costs for marketplace enrollees for 2026. In the face of these increasing costs, many consumers have switched to lower metal tiers to mitigate higher premium costs. However, in offsetting these premium costs, enrollees will see higher out-of-pocket costs when accessing care. In some cases, consumers will pay more than double – just when they most need care. In 2026, the deductible for a Bronze plan reaches \$5,800 for an individual and \$11,600 for a family plan¹. In 2024, enrollees in Bronze who accessed care paid \$1,193 in out-of-pocket costs, which is nearly double the out-of-pocket costs of consumers who used care while enrolled in a Silver plan.

Average Out-of-Pocket Costs Double for Covered California Bronze Consumers Accessing Care During Pregnancy or for Breast or Prostate Cancer (2024)



Source: Analysis of claims data for Covered California on-exchange individual plans incurred in 2024. Claims are grouped by episode of care using the Truven Medical Episode Grouper (MEG).

These differences in the costs for care are even more significant when focusing on instances when consumers are most in need of care:

- Pregnant consumers who gave birth while insured by a Bronze plan paid an average of \$7,606 in out-of-pocket costs, whereas consumers who gave birth while enrolled in Silver coverage paid \$3,771 on average.
- Consumers enrolled in Bronze plans receiving treatment for prostate cancer paid an average of \$3,150 per year, over twice as much as consumers enrolled in Silver plans.
- On average, a consumer enrolled in Bronze receiving treatment for breast cancer episodes paid \$1,773 more in out-of-pocket costs than a member in Silver, with costs for care exceeding \$3,000.

As premium and out-of-pocket costs rise with federal inaction on enhanced premium tax credits, Californians will increasingly need to make difficult choices in their ability to afford health coverage and health care.

- **Harder to Choose Coverage:** More than 160,000 middle-income consumers in California and 1.6 million nationwide will no longer be eligible for premium tax creditsⁱⁱ, while most other consumers would experience large increases in their monthly premium costs; as a result, they will likely need to consider plans with lower premiums but higher out-of-pocket costs to maintain coverage at all.
- **Harder to Use Coverage:** Enrollees will additionally see much higher costs to access care, further diminishing affordability. A recent poll by the KFF found that two-thirds of current Marketplace enrollees would cut back on spending on “food, clothing, or basic household items” if they faced a \$1,000 increase in health care expensesⁱⁱⁱ.



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Endnotes

i Covered California. (2025, April 17). Covered California 2026 Patient-Centered Benefit Plan Designs. <https://hbex.coveredca.com/financial-reports/2026%20Standard%20Benefit%20Plan%20Designs.pdf>.

ii Centers for Medicare & Medicaid Services. (2025). 2025 Marketplace Open Enrollment Period Public Use Files. <https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2025-marketplace-open-enrollment-period-public-use-files>

iii Lopes, L., Sparks, G., Mulugeta, M., Valdes, I., Kirzinger, A. (2025, December 4). 2025 KFF Marketplace Enrollees Survey. KFF. <https://www.kff.org/public-opinion/2025-kff-marketplace-enrollees-survey/>