



Illinois Health Benefits Exchange Advisory Committee Meeting

June 8, 2026

Meeting Agenda

1. Call to Order & Approval of Minutes
2. State & Federal Updates
3. Enrollment Data
4. Plan Year 2027
5. SMART Audit
6. Public Comment
7. Adjourn



State & Federal Updates

Enacted state healthcare legislation

HB 0111: DOI Budget Appropriation

Approval of DOI's budget appropriation request, which includes \$72,345,000 in resources to support GCI's operation and additional headcount to support the hiring of six new GCI positions.

SB 3815: Health Insurance Enrollment Protections

Prohibits insurers from denying enrollment in coverage when an individual has past-due premiums from a previous plan unless specific conditions are met. Prohibiting insurers from stacking past-due premiums on the initial binder payment and requires insurers to offer a 12-month payment plan for past-due premiums.

SB 3508: Annual DOI Administrative Cleanup Bill

Among other insurance-related items, allows GCI to adopt new federal regulations more easily to ensure timely compliance with ACA provisions.

State-based marketplace leaders gathered in DC to connect with policy makers

- Annual Hill visit with 19 leaders of state-based marketplaces
- Met with majority and minority Congressional staff, as well as senior CMS/CCIIO leadership
- State Delegation visits with Senator Durbin and Representatives Budzinski, Foster and Underwood
- Topics included: 2026 enrollment trends, fraud prevention, HSAs, eligibility advocacy and future policy priorities



Notice of Benefit and Payment Parameters

The [Notice of Benefit and Payment Parameters \(NBPP\)](#) is the annual rule issued by the Centers for Medicare & Medicaid Services (CMS) that contains new and updated regulations for ACA marketplaces. The final rule for the 2027 plan year was issued on May 15, 2026.

The 2027 NBPP includes the following provisions, amongst others:

- Aligns regulation with provisions of HR1 impacting non-citizen eligibility for APTC
- Reintroduces stayed and sunsetted provisions from the 2025 Marketplace Integrity and Affordability Rule, including additional income verification requirements, Failure to Reconcile (FTR) and elimination of the special enrollment period for low-income individuals
- Increases federal oversight of marketplaces and insurers, including the new State Exchange Improper Payment Measurement (SEIPM) program
- Requires additional actuarial reporting within rate filing justifications from insurers that silverload premiums to account for unfunded CSRs
- Permits QHPs certification of multi-year Catastrophic plans and non-network plans
- Disallows state-mandated EHB benefits (and requires state defrayal of these benefits) and prohibits routine adult dental coverage as an EHB
- Codifies expanded eligibility for hardship exemptions that allow enrollment in Catastrophic plans for consumers age 30 or older
- Permits Bronze and Catastrophic plans to exceed statutory maximum cost-sharing limits
- Makes FFM-only changes, including increased special enrollment period verification, new oversight for brokers and removal of standardized plans
- Updates annual risk adjustment and other technical parameters
- Reduces administrative requirements for states newly transitioning to a state-based marketplace model

[Read Get Covered Illinois' comment letter on the proposed rule](#)

Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH)

The Centers for Medicare & Medicaid Services issued a [request for information](#) (RFI) soliciting feedback on potential regulatory changes intended to reduce fraud in federally funded health care programs.

The RFI was issued on February 27, 2026, and the public comment period was open through March 30, 2026. The State Marketplace Network, a collective of 21 state-based marketplaces across the country, which includes Get Covered Illinois, [submitted a comment](#).

Marketplaces, including Get Covered Illinois, are deeply committed program integrity and currently implement a broad array of measures to prevent fraud on the front end and root out fraud on the back end to safeguard our programs. Below are some of the measures Get Covered Illinois and many other SBMs employ to keep our programs and the people we serve secure:

- Strict eligibility and enrollment verification protocols
- Active, ongoing oversight of brokers and assisters
- Verification of applicant identity through robust identity proofing
- Ongoing eligibility checks using trusted electronic data sources
- Annual tax reconciliation requirements
- Compliance education for staff, vendors and partners
- Anonymous fraud, waste and abuse reporting
- Required multifactor authentication (MFA) for all privileged users
- Annual programmatic and financial oversight by independent auditors

Enrollment declines nationally signal negative impact to risk pool and morbidity.

[A new report from Wakely Consulting Group](#) estimates reduction in enrollment, increased market morbidity and negative impacts to the risk pool.

- The study includes 2025 and January 2026 enrollment and premium data from more than 75 issuers in 30 markets, which account for 80% of total individual market enrollments nationwide.
- 86% of enrollees paid their first month's premium in January.
- Plan selections during the 2026 OE period were down 5% nationally compared to last year; Wakely projects a total enrollment reduction of 17% to 26% across the full plan year.
- State-based marketplaces retained a higher percentage of enrollees compared with the Federally Facilitated Marketplace. This is attributed to more modest premium increases (SBM average was 14% compared to 27% for FFM), premium stabilization efforts (state premium subsidies), better marketplace operations and more robust marketing and outreach efforts.
- States with higher percentage of enrollees who actively shopped had highest retention.
- Enrollment in Silver plans, especially Silver 94% CSR plans, had the highest churn, signaling coverage is becoming less affordable for enrollees with lower incomes.
- Estimated morbidity increase between 2.9% and 6.5%.



Enrollment Update

Plan Year 2026 Enrollment Update

During the 2026 open enrollment period, Illinoisans faced unprecedented rising health coverage costs due to policies implemented by the Trump Administration and Congressional Republicans.

Despite increased costs, 448,568 Illinoisans enrolled in coverage during the annual open enrollment period. This number reflects individuals who effectuated into coverage and those with coverage pending effectuation at the end of open enrollment.

The following slides provide an update on enrollment activity from the end of open enrollment through May 31.

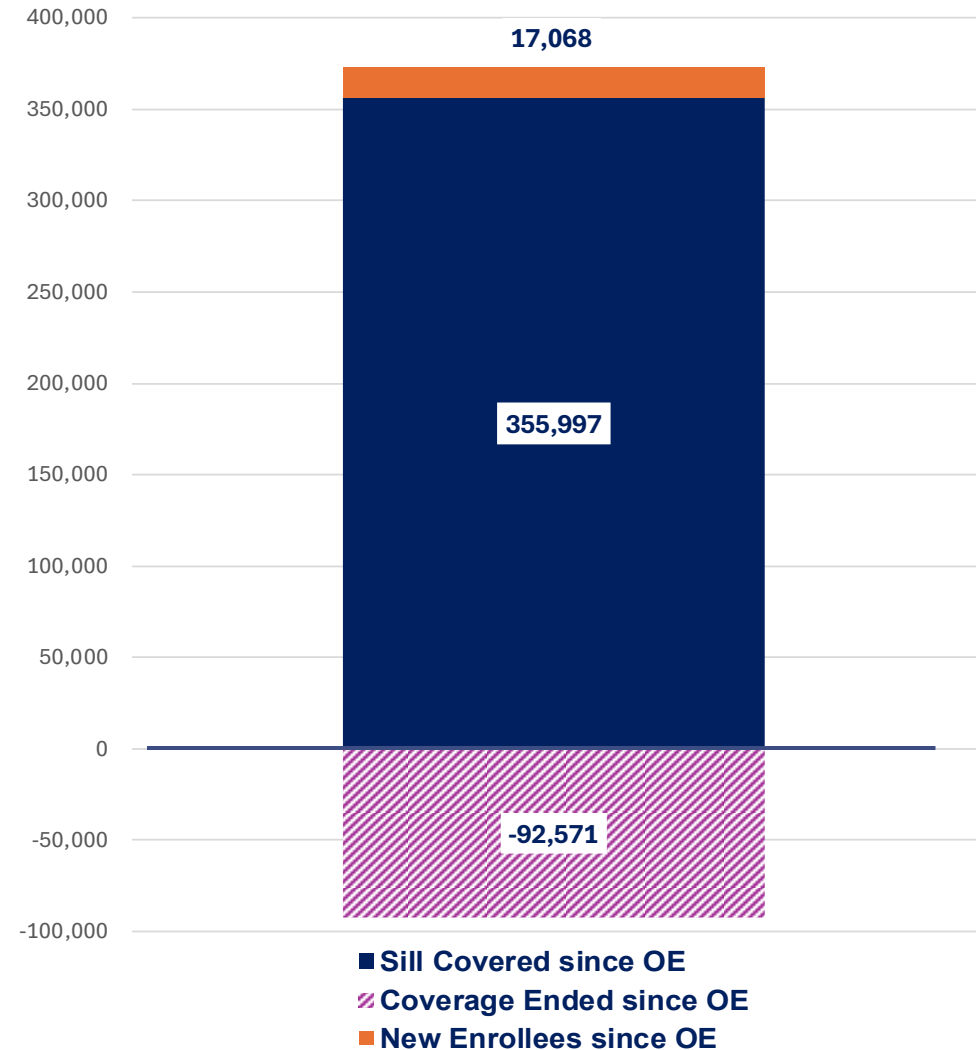
Enrollment declined by 17%, largest decrease in nearly a decade

Federal policies, including the expiration of Enhanced Premium Tax Credits, tariffs and restrictive eligibility rules, drove up costs leading to the largest marketplace enrollment decrease since 2018.

As of May 31, 2026, **373,065 Illinoisans were enrolled in health coverage** through Get Covered Illinois.

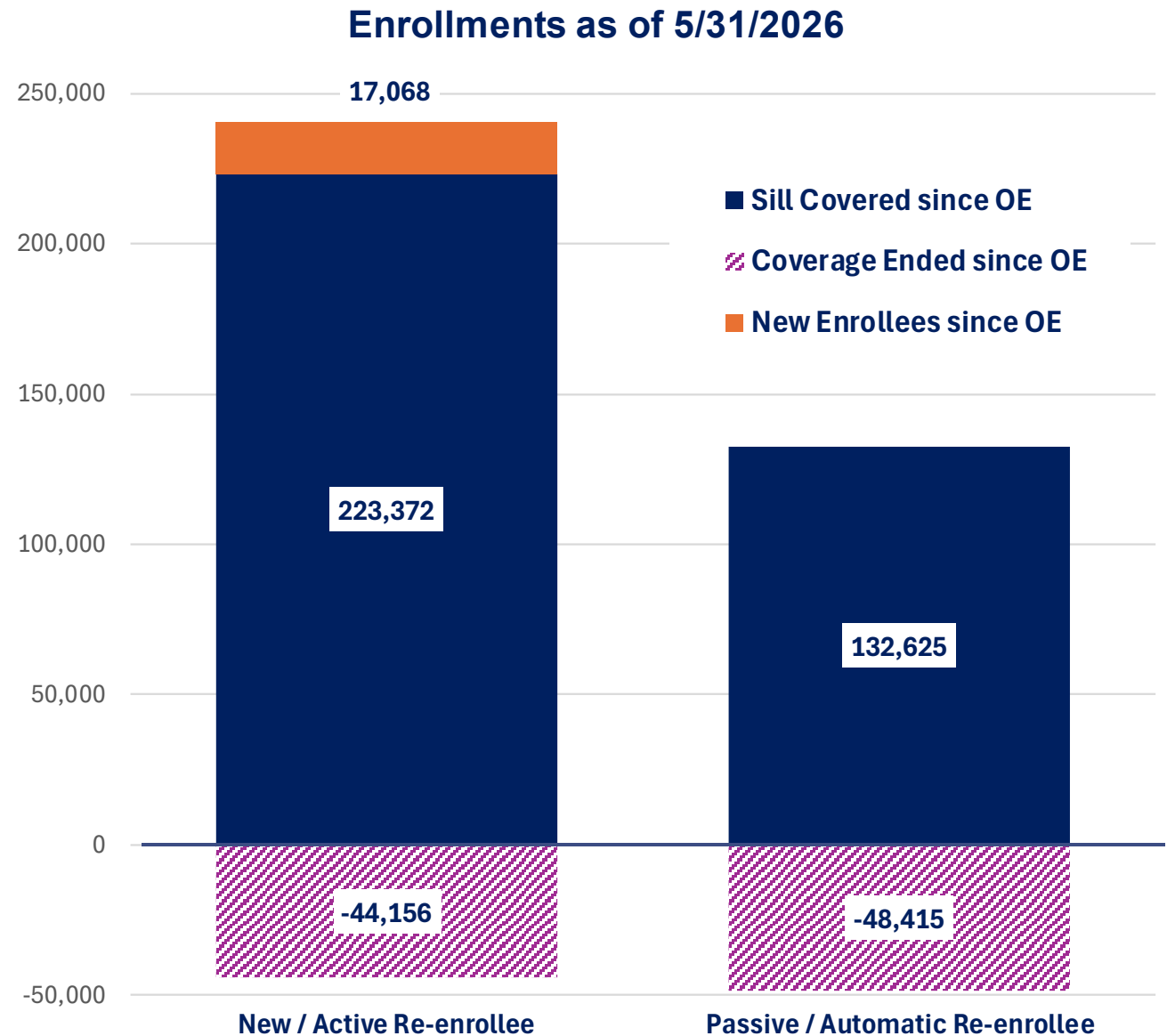
17% enrollment change from the end of open enrollment through May 31, 2026.

Enrollments as of 5/31/2026



Customers who actively shopped retained coverage at a higher rate.

Since open enrollment ended, 83.5% of enrollees who actively shopped during open enrollment retained their coverage versus 73% of passive auto-renewed enrollees.



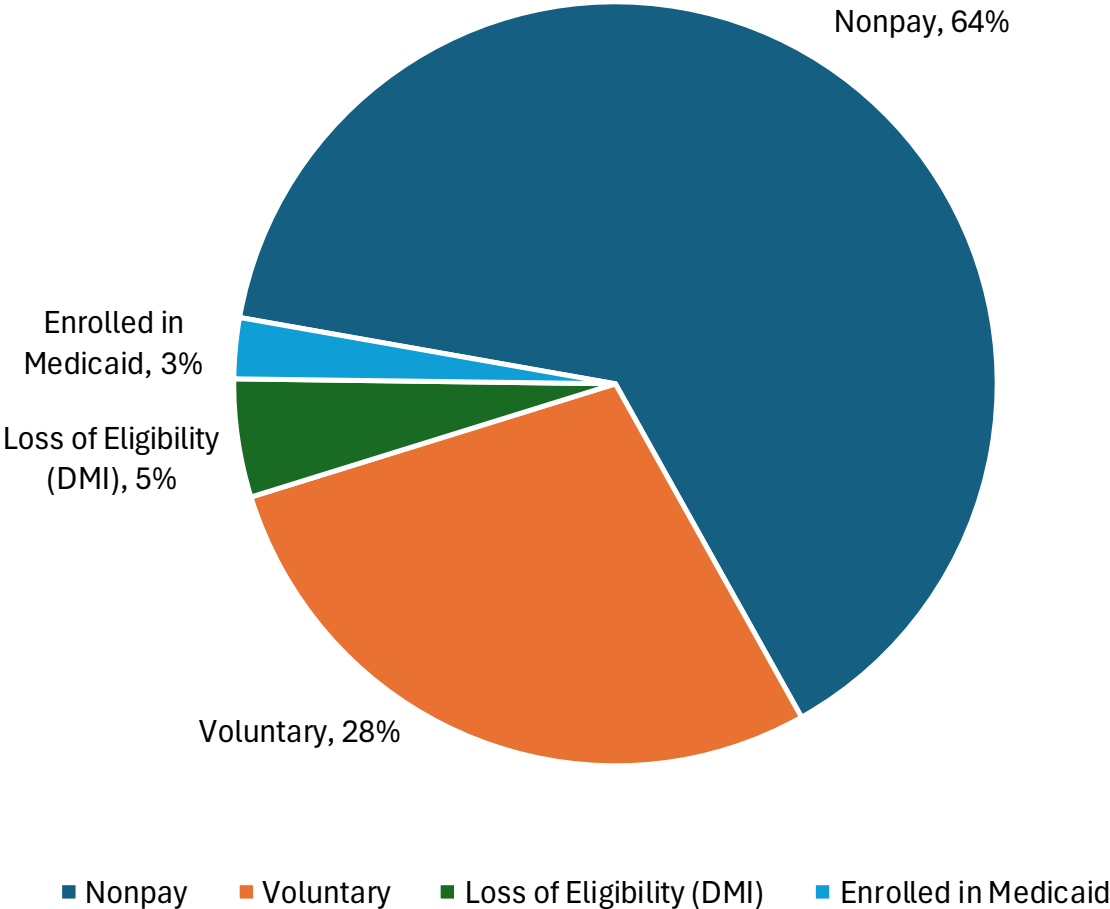
Disenrollment Categories

Nonpay terminations represent the highest percentage of disenrollments.

The highest percentage of disenrollments (64%) were due to nonpayment of premiums.

28% of enrollees voluntarily disenrolled for reasons such as gaining job-based coverage or moving out of the state.

Disenrolled customers also include those who lost eligibility due to failure to submit required documentation (5%) and those who became newly eligible for Medicaid (3%).

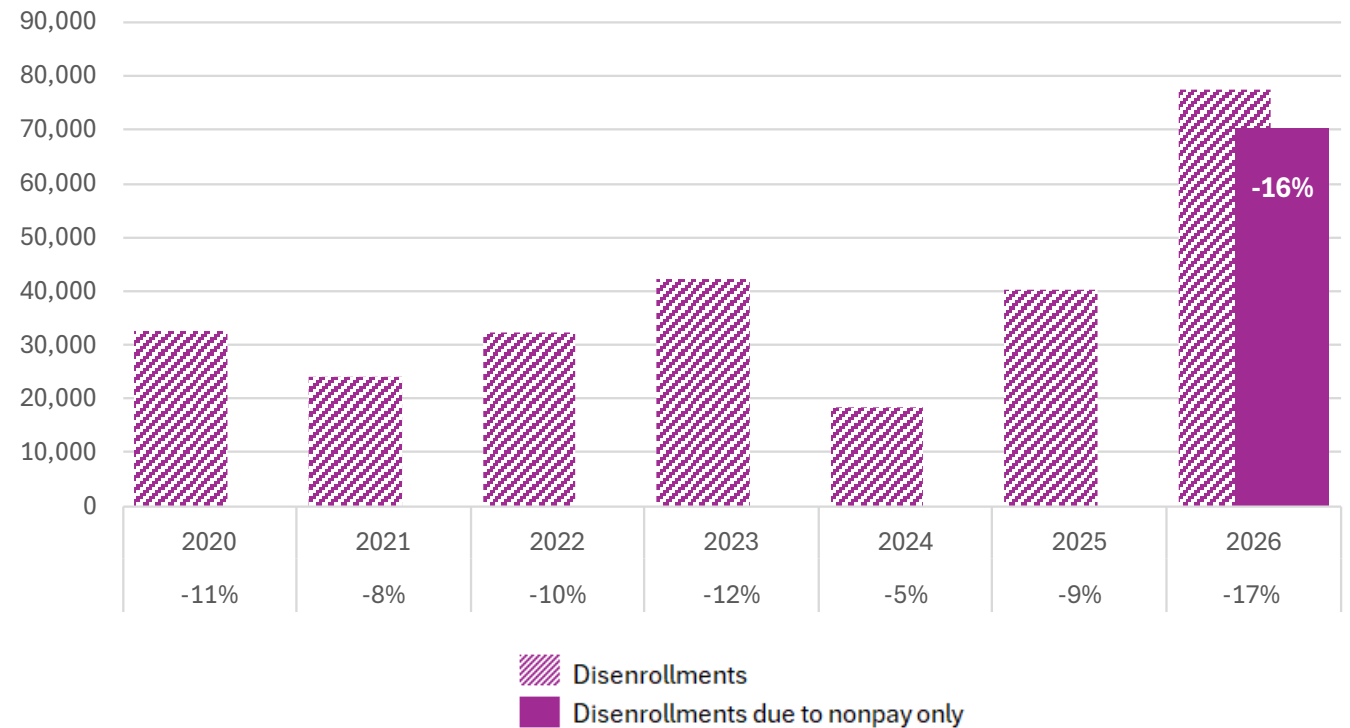


Disenrollments for nonpayment in 2026 were higher than disenrollments for all reasons in prior years

Because Congressional Republicans allowed the enhanced Premium Tax Credits to expire, returning customers encountered an average 78% premium increase, making coverage unaffordable for many.

This led to an unprecedented number of customers disenrolling for nonpayment, more than all disenrollments for any reason in prior years.

Disenrollments (2020 to 2026)



Data regarding customer disenrollment reasons is unavailable prior to 2026, as Get Covered Illinois used the Federal Marketplace. Disenrollment percentage from [end of open enrollment](#) through [May 31](#) of previous years.

Enrollees with lower incomes were more likely to end their coverage.

The largest group of disenrollments occurred among those with incomes between 100% and 150% FPL. This signals low-income enrollees struggled to absorb cost increases.

Additionally, Illinoisans with incomes over 400% were no longer eligible for financial assistance, leading to disenrollments in this category.

77% of those surveyed cited high premiums as the reason for ending their coverage.

Disenrollments by Federal Poverty Level



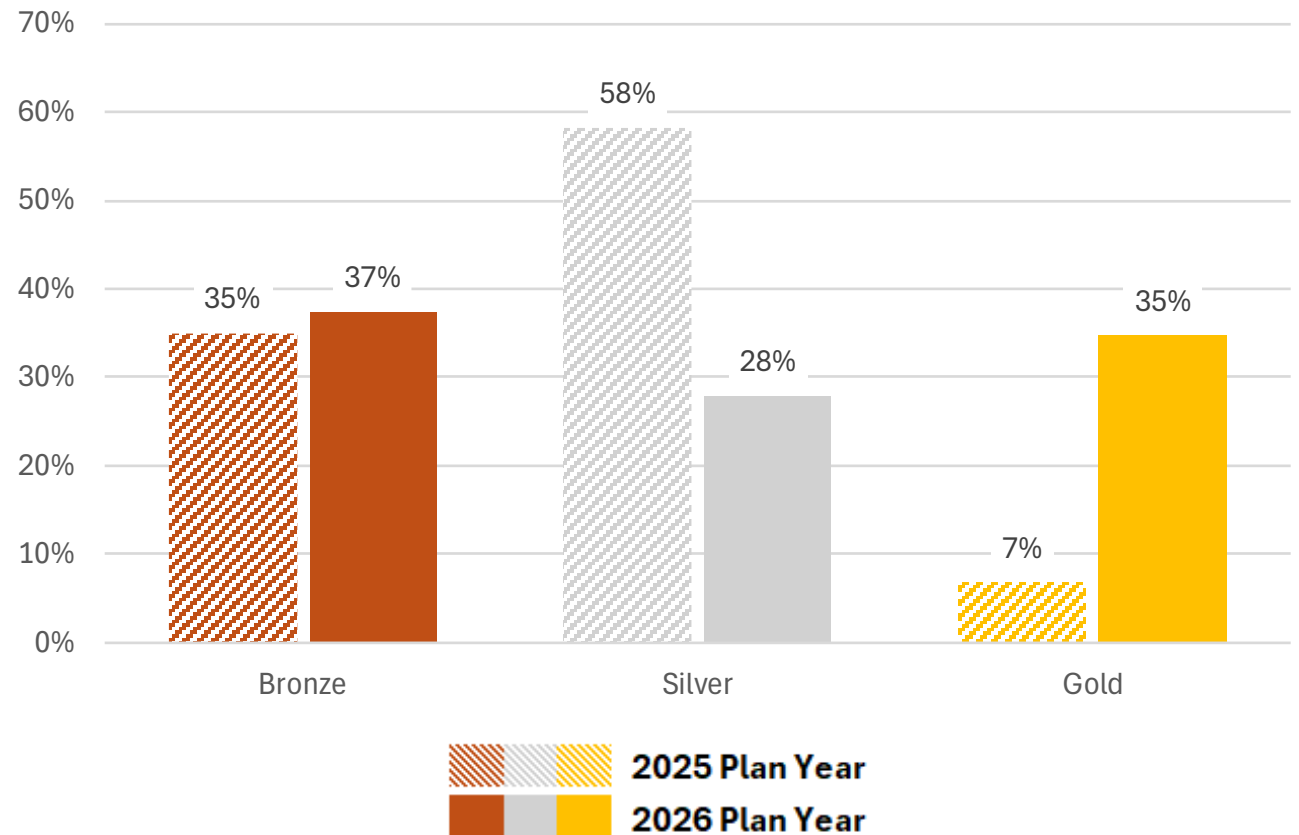
As a state-based marketplace, Illinois invested in health coverage affordability

Illinois implemented premium alignment for plan year 2026, allowing Illinoisans to access higher Premium Tax Credits to enroll in more affordable Gold and Bronze plans. This allowed Illinois to blunt some of the impact of the federally induced premium hikes for our residents.

As a state-based marketplace, Get Covered Illinois was able to invest in targeted public outreach and enrollment assistance that helped thousands of residents move to more affordable plans with richer benefits.

While our efforts reduced the average premium increase from 78% to 26%, federal policies still left too many Illinoisans unable to afford their health coverage.

Metal Level Changes (2025 to 2026)



Roughly 17,000 Illinoisans have enrolled in coverage since the end of open enrollment

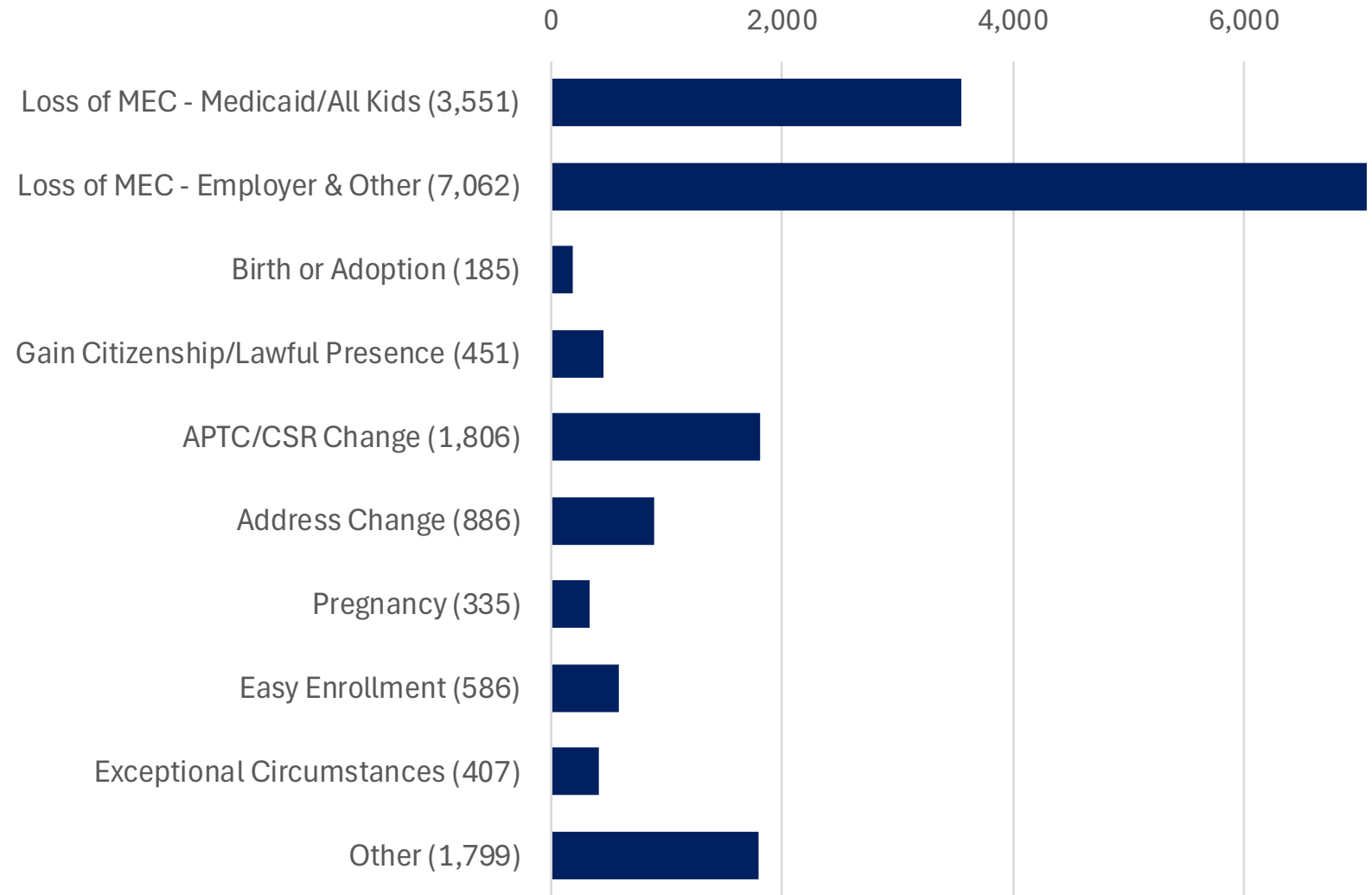
Get Covered Illinois continues to be a valuable resource for Illinoisans experiencing life changes.

17,068 have newly enrolled through a special enrollment period. Of those enrollments, loss of Medicaid and loss of job-based coverage are driving most enrollments.

New this year, our pregnancy and Tax Time Easy Enrollment special enrollment periods have provided enrollment opportunities to over 900 residents.

*Data does not include SEP enrollees who have since disenrolled.

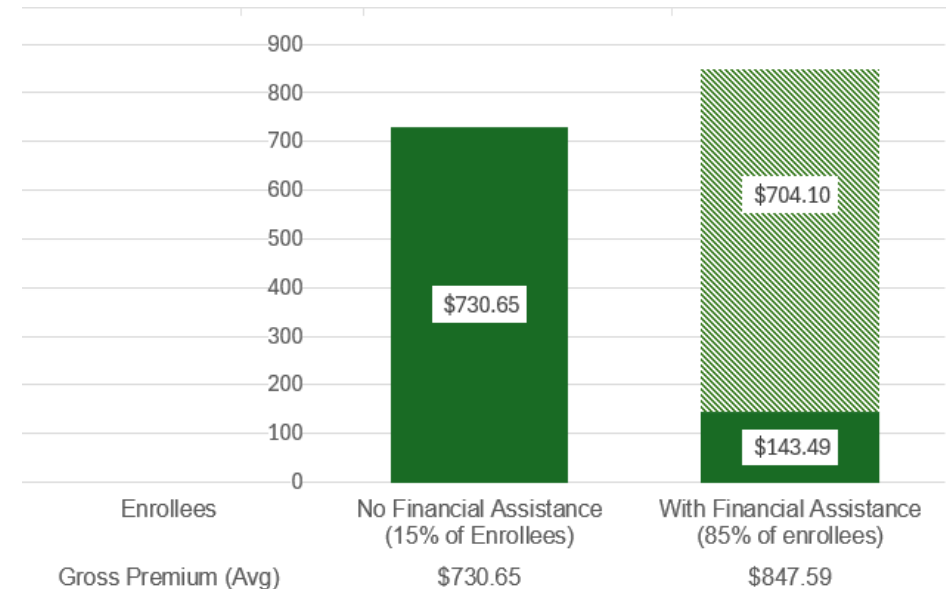
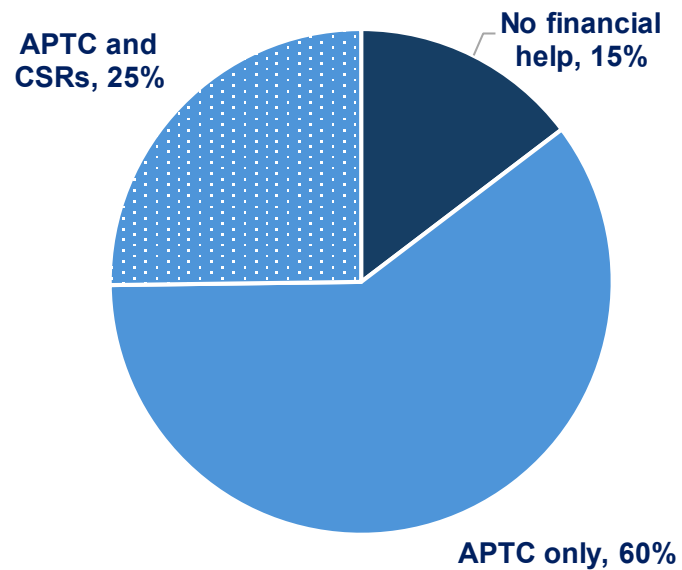
Special Enrollment Period (SEP) Enrollees



Most customers continue to qualify for financial help to lower their monthly premium

Of our current enrollees, 85% receive financial help. This population pays, on average, \$143 per month for their coverage.

The 15% who do not receive financial assistance pay significantly more for their coverage, with an average monthly premium of \$730.



Average net premium for all marketplace enrollees, regardless of whether they receive financial assistance, is \$229.34.



Plan Year 2027

Plan Year 2027: Adoption of New Compliance Requirements

Open enrollment dates

- The administrative code for the Illinois Health Benefits Exchange currently sets the annual open enrollment period as November 1 through January 15.
- The 2026 NBPP limits the open enrollment period to nine weeks in total and prohibits OE periods from ending after December 31.
- To comply with federal regulation, a change to the admin code to allow for an October 15 through December 15 OE period is in process.

2027 HR1 provisions

- New limitations on noncitizen eligibility for Medicaid (Oct. 2026) and the marketplace (Jan. 2027).
- Medicaid Community Engagement provisions, often referred to as work requirements.
- Biannual redeterminations for Medicaid expansion population, i.e. non-elderly, non-disabled adults.

Full SBM programmatic audit

- Conduct full scope of the State-Based Marketplace Annual Reporting Tool (SMART) programmatic and financial audit requirements

Plan Year 2027: New Strategic Initiatives

2026 1095-A tax form production

- The 1095-A form shows a household's monthly premiums paid and advanced premium tax credits received and is used to assist enrollees in reconciling their benefits as part of the annual tax filing process.
- Responsibility shifts from healthcare.gov to Get Covered Illinois for the 2026 plan/tax year.
- Customers will receive their 1095-A form from Get Covered Illinois in January 2027.
- Customer support for the 1095-A tax form process will require expansion of technology, outreach and customer service, and additional coordination with health insurers.

Project Management Office establishment

- Brodie Taylor, Deputy Director of Business Solutions, is leading the creation of the Business Solutions and Project Management Office.
- The PMO is a long-term solution to provide in-house staff support for services we currently receive from our project management contractor.
- Provides GCI with greater direct oversight and increased budget efficiency.
- The PMO is responsible for aligning project scope and resources with strategic plans and executing continuous improvement initiatives.

Plan Year 2027: New Strategic Initiatives

Navigator grant program transition

- Currently administered by HFS in partnership with Get Covered Illinois through the transition from an SBM-FP to a full SBM
- Get Covered Illinois will now maintain operational and administrative oversight of Navigator program.
- We are entering into the third and final non-competitive year with current grantees.
- Competitive funding opportunity process reopens for new and returning grantees in 2027.

Broker Connect program

- New tool to provide lead generation for brokers, and faster service for customers.
- Serves as an incentive for partnerships between agents and the marketplace
- Broker Connect will allow customers to link to brokers who are located within their geographic area and are available immediately to accept their call.

Plan Year 2027: Operational Improvement Projects

Data & Reporting infrastructure and capacity

- Continue to build out GCI's data and reporting infrastructure by improving core processes, refining key business and operational metrics, and expanding executive and operational dashboards that support performance monitoring and decision-making.
- Increase organizational reporting capabilities by improving governance, validation processes, and assessing reporting tools and methods to expand data inventory while maintaining scalability.

Customer Assistance Center service delivery

- Continue to develop the quality assurance program, including compliance oversight, continuous call quality monitoring and better alignment across QA, training and operations to ensure consistent performance and ongoing improvement.
- Improve training program to include more real-world simulations, bilingual validation, fraud prevention, and customer service representative performance consistency.

Hiring for new positions

- Fiscal year 2027 budget includes six new GCI positions.
- Positions will support project management, customer service, marketing and the navigator grant program.
- Intend to fill these position prior to the start of the 2027 OE period.



SMART Audit

Illinois continues to meet all applicable ACA compliance and program integrity requirements, albeit with transition-related exemptions for programmatic audit portions. Transparency deadlines remain on track.

2024 Audit

Results

- Get Covered Illinois's annual SMART submission was completed on May 30, 2025. Full compliance was attested to across all eligibility, financial, and program integrity requirements.

Financial Highlights

- Reconciliation between accounting system and federal reports, internal control testing, audit trail documentation, & financial system access review were among the areas of financial review.
- The independent external financial audit found no material weaknesses or significant deficiencies.

Program Integrity Highlights

- Documented oversight and monitoring framework, including fraud, waste, and abuse controls
- Compliance with federal record retention, reporting, and budget submission requirements
- Enforced non-discrimination protections and consumer grievance procedures to safeguard against discrimination in health insurance determinations and practices
- Consumer assistance infrastructure maintained, including informational website, toll-free hotline, and Navigator program oversight
- Financial transparency requirements met
- Qualified Health Plan (QHP) certification processes maintained in alignment with federal standards

SMART Audit cont.

2025 Audit

Get Covered Illinois recently procured **BerryDunn** to perform the annual independent programmatic and financial audit of the Get Covered Illinois marketplace.

- CMS has pushed the full audit report due date from June to July.
- The programmatic audit for the upcoming audit period will focus on the assessment of Get Covered Illinois' compliance with the requirements set forth in 45 CFR §155, Subparts D, E, and K.
- BerryDunn is working with GCI staff for documentation needed for completion in anticipation of official submission to CMS.

Public Comment



The state's official health insurance marketplace.

Adjourn



The state's official health insurance marketplace.



Get Covered Illinois Enrollment Dashboard

Data as of May 31, 2026

Account Activity	Households
Claimed Accounts (Migrated)	162,761

Enrollment	
Qualified Health Plan (QHP)	373,065
QHP New Customers	77,819
QHP Automatic Re-enrollees	132,625
QHP Active Re-enrollees	162,621
Qualified Dental Plan	86,526

Average Premiums	Individuals	% of Enrollees
Gross Premium (all Enrollees)	\$828.35	100%
Enrollees Receiving APTC	--	85%
Gross Premium	\$845.31	--
APTC	\$702.21	--
Net Premium	\$143.09	--
Enrollees Receiving no APTC	--	15%
Gross / Net Premium	\$729.63	--

Financial Assistance	Individuals
Enrollees receiving financial assistance	318,669 (85%)
Enrollees receiving APTC only	222,422 (60%)
Enrollees receiving APTC and Cost-Sharing Reductions	95,945 (25%)
Enrollees receiving CSR only	302 (<1%)
Enrollees receiving no financial assistance	54,396 (15%)

Get Covered Illinois Enrollment Dashboard

Data as of May 31, 2026

Insurers* (2026 Medical)	Individuals	Percent of Total
Ambetter of Illinois	51,089	13.7%
Blue Cross Blue Shield of Illinois	228,604	61.3%
Cigna HealthCare of IL, Inc.	2,675	0.7%
MercyCare HMO, Inc.	1,929	0.5%
Molina Healthcare of Illinois, Inc.	12,337	3.3%
Oscar Health Plan, Inc.	21,494	5.8%
UnitedHealthcare of Illinois, Inc.	54,937	14.7%
TOTAL	373,065	

**Not all insurers offer plans in all counties of the state.*

Age	Individuals	Percent of Total
<18	30,336	8%
18-25	34,298	9%
26-34	63,975	17%
35-44	67,120	18%
45-54	67,360	18%
55+	109,976	30%

Sex	Individuals	Percent of Total
Female	196,974	53%
Male	176,091	47%

Metal Level	Individuals	Percent of Total
Gold	129,432	35%
Silver	103,938	28%
Bronze	139,491	37%
Catastrophic	204	<1%

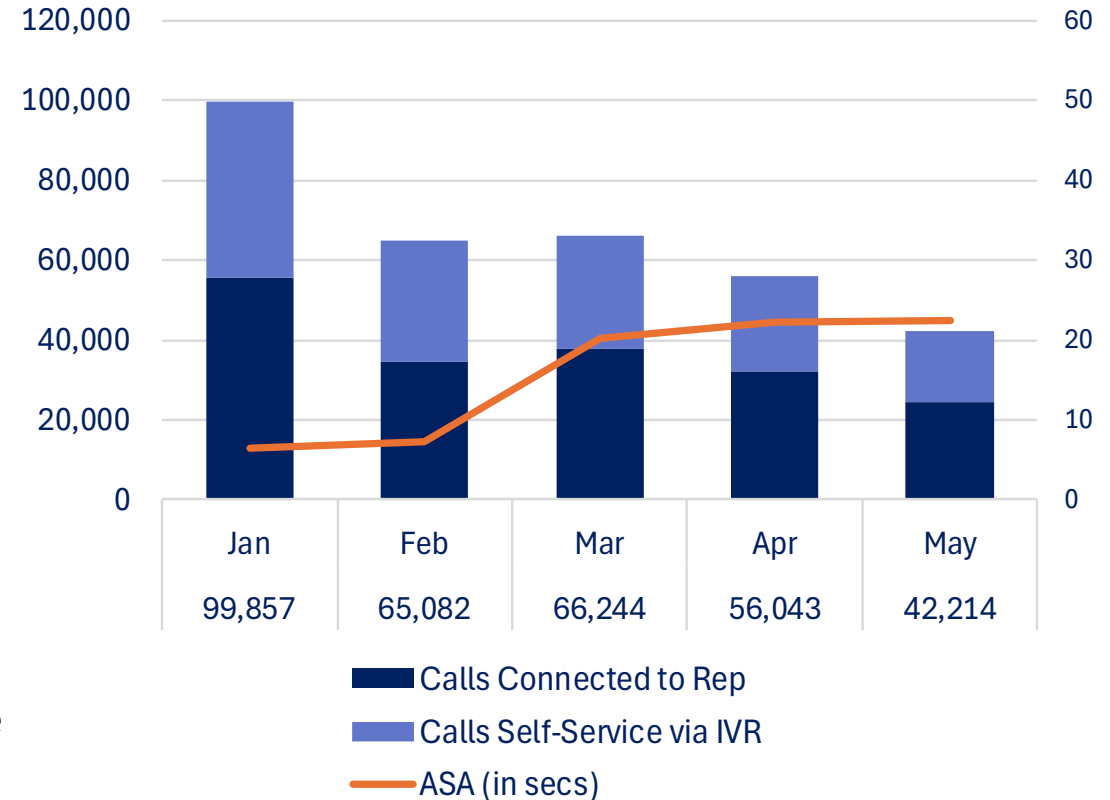
Customer Assistance Center

The Customer Assistance Center continued to build on operational improvements through May. Although overall call volume decreased, the team maintained an average speed of answer under 23 seconds, demonstrating continued efficiency and a commitment to high-quality customer service for customers in need of support.

Top reasons for calls were

1. Documentation: Customer had questions about what documents could be submitted for their pending verification
2. Customer Portal: Customer asked for help with a technical issue preventing them from accessing their customer portal
3. Ticket Status: Customer had questions about the status of their ticket/s
4. Enrollment Status: Customer asked to know the status of their current enrollment (Confirm, Pending, Termed, Cancelled)
5. Cancel Enrollment (Subscriber): Coverage termination requested by the primary policy holder for themselves and covered dependents.

The Partner Assistance Line handled 25,075 calls from January through May 2026, serving as a key support resource for brokers and partners. The majority of contacts were related to technical assistance, including account access, system navigation, and other platform-related support needs.



Non-Pay Grace Periods Before Termination

Once a policy has been effectuated (e.g., the first month's premium payment has been made), customers have a grace period before their coverage is terminated due to nonpayment of premiums. Effectuated customers who are auto-renewed into coverage for the following year are automatically effectuated and are not required to make the first month's premium payment in order to be granted a grace period.

Grace period rules vary depending on whether the customer is receiving APTC or not.

The following slides give examples of how grace periods for different customers work.

Policy Has APTC?	Late Payment Grace Period	Coverage End Date (due to Nonpayment)
No APTC	1 months	Retroactive to start of grace period

Policy Has APTC?	Late Payment Grace Period	Coverage End Date (due to Nonpayment)
With APTC	3 months	Retroactive to end of 1 st month of grace period

Non-Pay Grace Periods Before Termination

Example 1: Enrollee without APTC

They enrolled in coverage with no APTC starting January 1.

They made both their January and February payments.

They did not make their March payment. Their 1-month grace period starts on March 1.

Since they did not make their March payment by April 1, their coverage would be terminated retroactive to the end of February.

Coverage Month	Payment Due	Payment Made	Coverage Paid Through	Late Payment Grace Period?
January	1/1	12/31	1/31	--
February	2/1	1/31	2/28	--
March	3/1	Not paid	2/28	3/1 = Day 1 of grace period
April	4/1	Not paid	2/28	4/1 = End of 1 month grace period Coverage canceled retroactive to 2/28

Non-Pay Grace Periods Before Termination

Example 2: Enrollee with APTC

They enrolled in coverage with APTC starting January 1.

They made both January and February payments.

They did not make their March payment. Their 3-month grace period starts on March 1.

If they make no payments through June 1, their coverage will be terminated retroactive to the end of March.

Coverage Month	Payment Due	Payment Made	Coverage Paid Through	Late Payment Grace Period?
January	1/1	12/31	1/31	--
February	2/1	1/31	2/28	--
March	3/1	Not paid	2/28	3/1 = Start of grace period
April	4/1	Not paid	2/28	4/1 = 1 month into grace period (Claims incurred after 4/1 pended)
May	5/1	Not paid	2/28	5/1 = 2 months into grace period
June	6/1	Not paid	2/28	6/1 = End of 3-month grace period Coverage terminated retroactive to 3/31

Non-Pay Grace Periods Before Termination

Example 3: Enrollee with APTC (Autorenewal)

They were auto-renewed into coverage with APTC starting January 1, 2026.

In 2025, they made their November and December payments.

They did not make their January 2026 payment. Their 3-month grace period starts on January 1.

If they make no payments through April 1, their coverage will be terminated retroactive to end of January.

Coverage Month	Payment Due	Payment Made	Coverage Paid Through	Late Payment Grace Period?
November 2025	11/1	10/31	11/30	--
December 2025	12/1	11/30	12/31	--
January 2026	1/1	Not paid	12/31	1/1 = Start of grace period (no binder payment required, since autorenewal)
February 2026	2/1	Not paid	12/31	2/1 = 1 month into grace period (Claims incurred after 2/1 pended)
March 2026	3/1	Not paid	12/31	3/1 = 2 months into grace period
April 2026	4/1	Not paid	12/31	4/1 = End of 3-month grace period Coverage terminated retroactive to 1/31