

Recent Changes Will Increase Health Costs and Decrease Coverage in Montana

Without Congressional action, eligible enrollees in Montana will pay on average **\$1,092** more per year for marketplace health coverage—and multiple times more per family. These costs could be even higher, given [preliminary projected increases](#) in premiums for 2026 of **15 percent**.

66,300 residents had health insurance marketplace coverage in 2024, **48** percent more than in 2021. This includes:

- ~**18,236** residents ages 55-64
- ~**8,732** residents who are children

Additionally, the new reconciliation law will require **17,769** enrollees to file new paperwork to stay covered.

Counties Hardest Hit:

Highest average loss of premium tax credits:

- Petroleum County: \$1,740 more per year
- Deer Lodge County: \$1,608 more per year
- Liberty County: \$1,560 more per year
- Jefferson County: \$1,512 more per year
- Meagher County: \$1,428 more per year

Highest number of enrollees that could be affected:

- Gallatin County: 10,100
- Flathead County: 8,700
- Missoula County: 7,900
- Yellowstone County: 7,300
- Ravalli County: 3,300

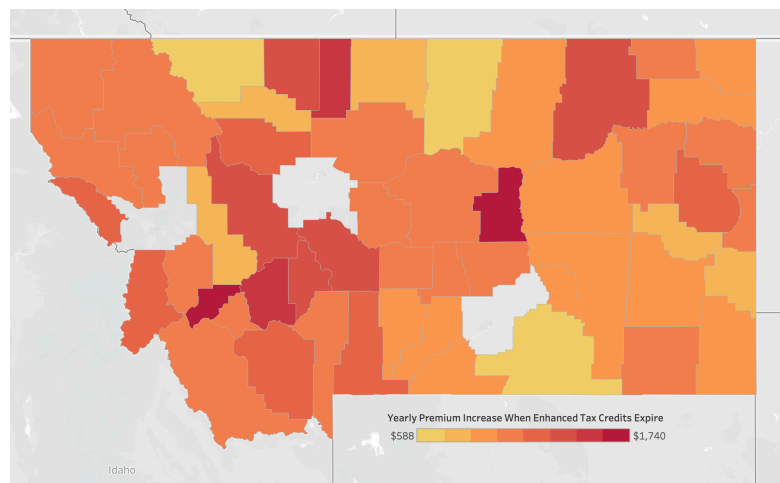
Rural Counties:

Without Congressional action, eligible enrollees in rural counties will pay on average **\$1,121** more per year for marketplace health coverage—and multiple times more per family.

47,859 residents in rural counties had health insurance marketplace coverage in 2024, **49** percent more than in 2021. This includes:

- ~**13,459** residents ages 55-64
- ~**6,270** residents who are children

Additionally, the new reconciliation law will require **12,856** enrollees in rural counties to file new paperwork to stay covered.



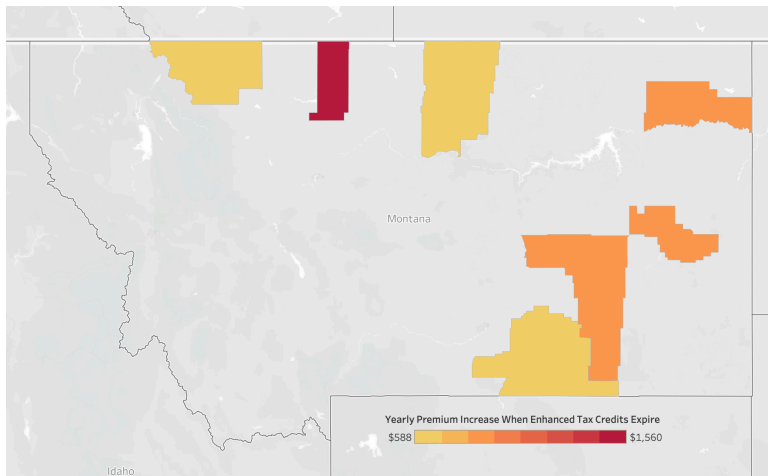
High Diabetes Rate Counties:

Without Congressional action, eligible enrollees in high diabetes rate counties will pay on average **\$767** more per year for marketplace health coverage—and multiple times more per family.

1,977 residents in high diabetes rate counties had health insurance marketplace coverage in 2024, **19** percent more than in 2021. This includes:

- ~**600** residents ages 55-64
- ~**237** residents who are children

Additionally, the new reconciliation law will require **634** enrollees in high diabetes rate counties to file new paperwork to stay covered.



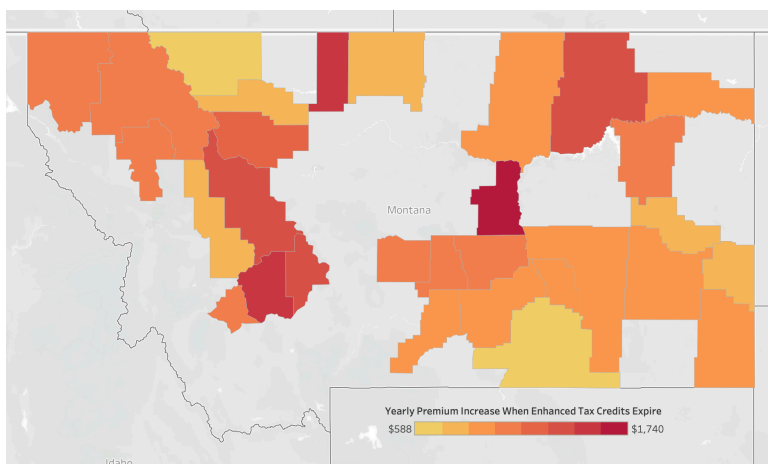
High Cancer Rate Counties:

Without Congressional action, eligible enrollees in high cancer rate counties will pay on average **\$1,070** more per year for marketplace health coverage—and multiple times more per family.

31,080 residents in high cancer rate counties had health insurance marketplace coverage in 2024, **55** percent more than in 2021. This includes:

- ~**9,145** residents ages 55-64
- ~**4,080** residents who are children

Additionally, the new reconciliation law will require **7,957** enrollees in high cancer rate counties to file new paperwork to stay covered.



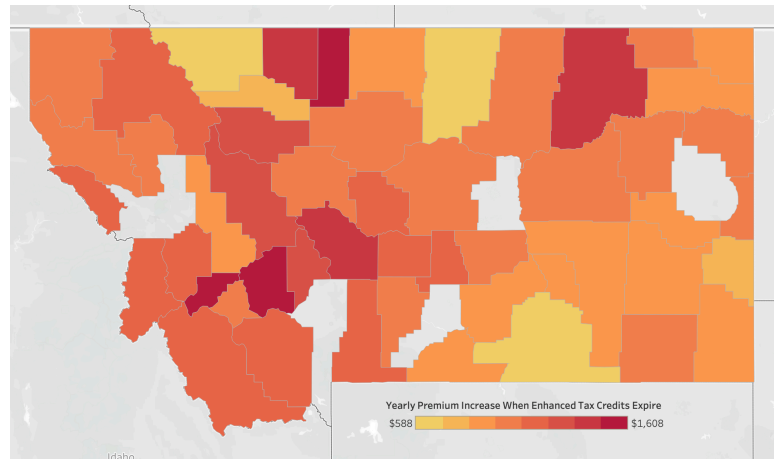
High Uninsured Rate Counties:

Without Congressional action, eligible enrollees in high uninsured rate counties will pay on average **\$1,087** more per year for marketplace health coverage—and multiple times more per family.

47,105 residents in high uninsured rate counties had health insurance marketplace coverage in 2024, **55** percent more than in 2021. This includes:

- ~**14,311** residents ages 55-64
- ~**5,976** residents who are children

Additionally, the new reconciliation law will require **12,481** enrollees in high uninsured rate counties to file new paperwork to stay covered.



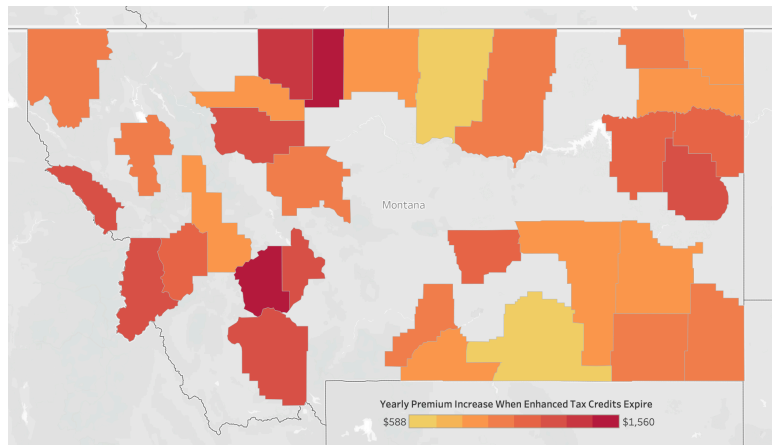
High Primary Care Ratio Counties:

Without Congressional action, eligible enrollees in high primary care ratio counties will pay on average **\$1,072** more per year for marketplace health coverage—and multiple times more per family.

20,300 residents in high primary care ratio counties had health insurance marketplace coverage in 2024, **51** percent more than in 2021. This includes:

- ~**6,637** residents ages 55-64
- ~**2,376** residents who are children

Additionally, the new reconciliation law will require **5,488** enrollees in high primary care ratio counties to file new paperwork to stay covered.



County Characteristics Definitions:

- **Rural:** Counties are classified as rural if they meet the definition of “Fully FORHP Rural Counties” by the Health Resources and Services Administration (HRSA) [Federal Office of Rural Health Policy](#).
- **High Diabetes:** Counties with higher than the national average rates of diabetes.
- **Higher Cancer Prevalence:** Counties with higher than the national average prevalence rate of cancer.
- **High Uninsured:** Counties with a rate of people without health insurance above the national average.
- **High Primary Care Ratio:** Counties whose population to primary care physician ratio is above the national average, meaning fewer primary care providers per capita.