

Recent Changes Will Increase Health Costs and Decrease Coverage in Utah

Without Congressional action, eligible enrollees in Utah will pay on average **\$672** 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**.

366,900 residents had health insurance marketplace coverage in 2024, **76 percent** more than in 2021. This includes:

- ~**45,635** residents ages 55-64
- ~**104,234** residents who are children

Additionally, the new reconciliation law will require **59,764** enrollees to file new paperwork to stay covered.

Counties Hardest Hit:

Highest average loss of premium tax credits:

- Grand County: \$1,092 more per year
- Uintah County: \$1,056 more per year
- Washington County: \$1,020 more per year
- Wayne County: \$1,008 more per year
- Summit County: \$936 more per year

Highest number of enrollees that could be affected:

- Salt Lake County: 134,500
- Utah County: 95,500
- Davis County: 28,600
- Washington County: 25,700
- Weber County: 18,400

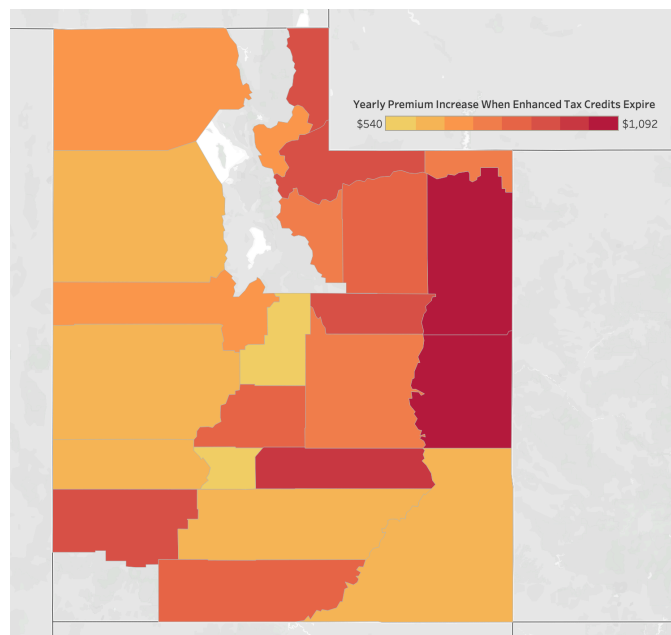
Rural Counties:

Without Congressional action, eligible enrollees in rural counties will pay on average **\$797** more per year for marketplace health coverage—and multiple times more per family.

51,286 residents in rural counties had health insurance marketplace coverage in 2024, **58 percent** more than in 2021. This includes:

- ~**8,539** residents ages 55-64
- ~**14,683** residents who are children

Additionally, the new reconciliation law will require **9,215** enrollees in rural counties to file new paperwork to stay covered.



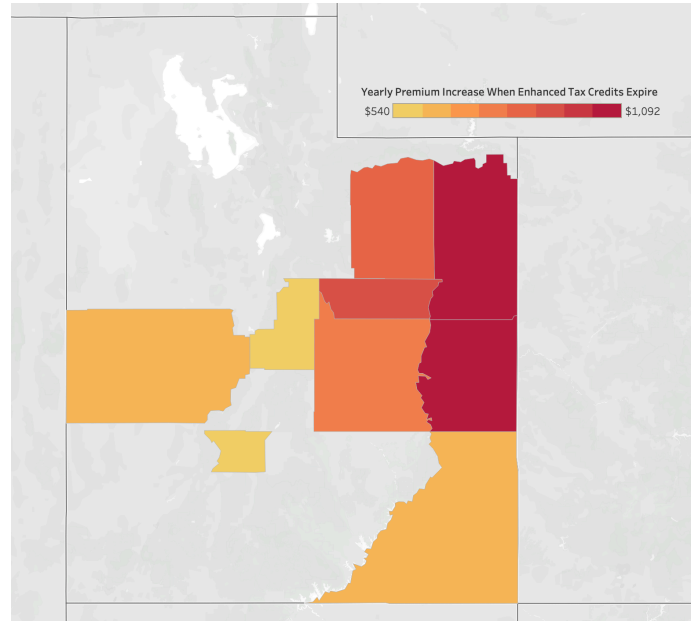
High Diabetes Rate Counties:

Without Congressional action, eligible enrollees in high diabetes rate counties will pay on average **\$797** more per year for marketplace health coverage—and multiple times more per family.

14,100 residents in high diabetes rate counties had health insurance marketplace coverage in 2024, **62** percent more than in 2021. This includes:

- ~**2,594** residents ages 55-64
- ~**3,884** residents who are children

Additionally, the new reconciliation law will require **2,592** enrollees in high diabetes rate counties to file new paperwork to stay covered.



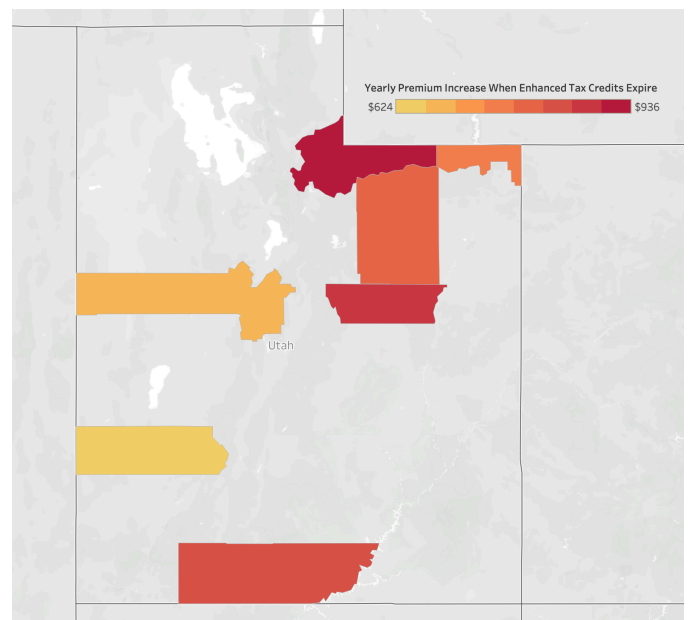
High Cancer Rate Counties:

Without Congressional action, eligible enrollees in high cancer rate counties will pay on average **\$834** more per year for marketplace health coverage—and multiple times more per family.

12,686 residents in high cancer rate counties had health insurance marketplace coverage in 2024, **48** percent more than in 2021. This includes:

- ~**2,248** residents ages 55-64
- ~**3,341** residents who are children

Additionally, the new reconciliation law will require **2,488** enrollees in high cancer rate counties to file new paperwork to stay covered.



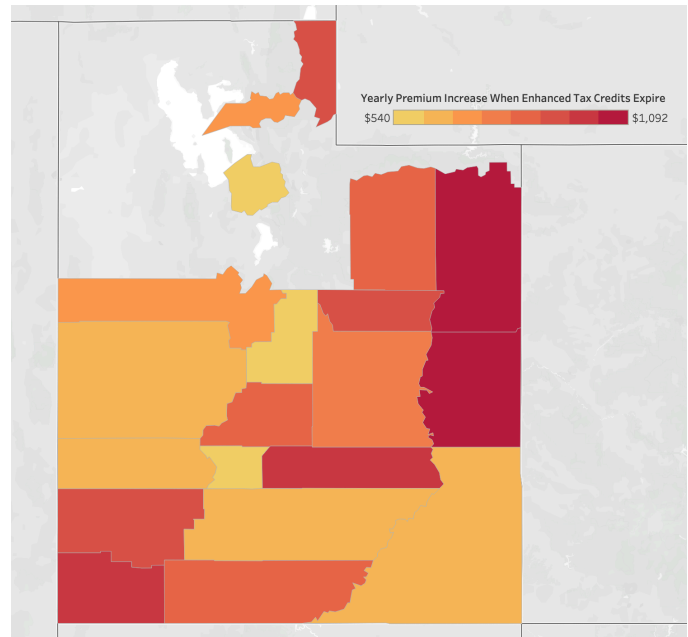
High Uninsured Rate Counties:

Without Congressional action, eligible enrollees in high uninsured rate counties will pay on average **\$695** more per year for marketplace health coverage—and multiple times more per family.

207,100 residents in high uninsured rate counties had health insurance marketplace coverage in 2024, **81** percent more than in 2021. This includes:

- ~**28,319** residents ages 55-64
- ~**54,065** residents who are children

Additionally, the new reconciliation law will require **34,332** enrollees in high uninsured rate counties to file new paperwork to stay covered.



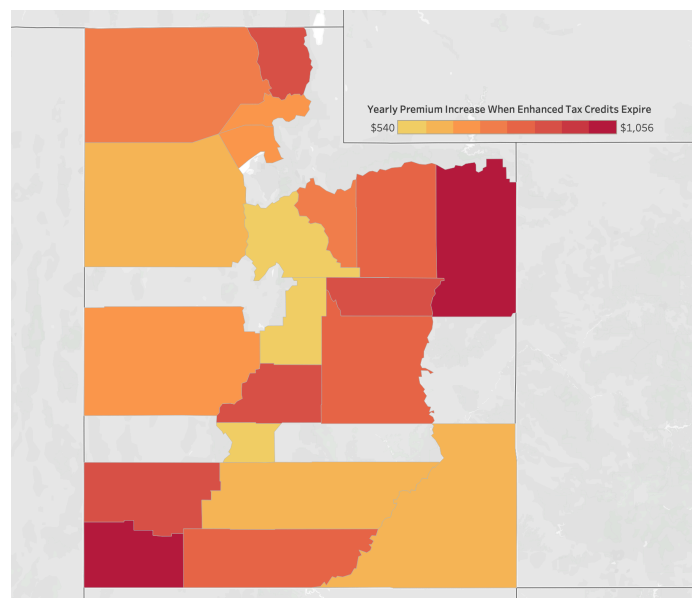
High Primary Care Ratio Counties:

Without Congressional action, eligible enrollees in high primary care ratio counties will pay on average **\$699** more per year for marketplace health coverage—and multiple times more per family.

220,700 residents in high primary care ratio counties had health insurance marketplace coverage in 2024, **69** percent more than in 2021. This includes:

- ~**26,611** residents ages 55-64
- ~**67,609** residents who are children

Additionally, the new reconciliation law will require **37,006** 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.