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OSCAR

SureCo

The State of **ICHRA** 2026

How a Niche Benefits Model Went Mainstream—and
What It Means for Your Next Renewal

Introduction

When federal regulators introduced the Individual Coverage Health Reimbursement Arrangement (ICHRA) in 2020, it launched a new way for employers to fund health insurance while giving employees more freedom to choose their own plans. But for five years the model remained on the margins of the benefits market: touted by innovators and tested by early adopters, yet unfamiliar to most organizations—and even many benefits brokers and consultants.

That moment is over.

Ask most brokers about the 2026 renewal season and they will tell you it was a rough one. Years of provider consolidation, rising specialty drug costs, and broader market uncertainty had been steadily driving up traditional employer-sponsored premiums. By the fall of 2025, those pressures reached a breaking point.

One-third of mid-size and large employers absorbed double-digit rate increases. Many had already exhausted the usual cost-containment playbook. **Employers were looking for a fundamentally different way to structure benefits, and ICHRA offered exactly that.** Even in a year that saw individual market rates spike by an average of over 21%¹ following the anticipated expiration of enhanced ACA premium tax credits, ICHRA still proved to be one of the most effective cost-containment levers available.

But the financial case for ICHRA is only as strong as the execution behind it. ICHRAs introduce a different way for people to participate in the health insurance system. Employers must think differently about their benefits strategy. Brokers must guide clients through unfamiliar decisions. And employees must learn how to navigate a broader range of plan options.

This is why infrastructure and education are the next frontier for ICHRA. The brokers, carriers, and administrators who invest in both will lead the market.

SureCo's 2026 State of ICHRA report draws on three consecutive years of nationwide survey data from brokers, large employers, and employees to provide the most comprehensive view of the rise of ICHRAs from early-adopter experiment to mainstream benefits strategy.

This Year's Report Will Arm You With:

- ✓ Why 2026 marks ICHRA's mainstream moment—and data that proves it
- ✓ Analysis of the cost pressures driving alternatives to traditional group coverage
- ✓ How brokers are growing their businesses—not losing them—through ICHRA
- ✓ What a sample of 20,000 SureCo members reveals about how employees shop for plans
- ✓ Why education is the new differentiator for ICHRA stakeholders



Methodology

Unless otherwise noted, all insights and findings in this report are based on comprehensive market research conducted by SureCo, in partnership with independent research firm Censuswide. Responses were collected between February 20-26, 2026, from a nationally representative sample of 1,500 HR and finance professionals, employees, and benefits consultants across all industries. All employees and employers were from U.S.-based companies with 150-2,500 employees. All SureCo-specific data was collected from member usage of the Enrollment Platform dating back to January 2021 and up to March 2026. The analysis is based on in-depth responses from thousands of employees, employers, and health benefits consultants, aimed at providing the most accurate and up-to-date review of the ICHRA market in the United States.

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Part 1: The Mainstream Moment for ICHRA

Key Insights

1. Majority Adoption

56%

of brokers are now actively recommending or implementing ICHRA²

2. Broker Value Equation

92%

of brokers who moved clients to an ICHRA saw their compensation increase²

3. Employee Readiness

88%

of employees feel confident selecting their own health plan from all available options in their area³

4. Adopter Conviction

91%

of employers who adopted ICHRA said it was the right move for their company⁴

ICHRA 101

More than 95% of brokers are familiar with ICHRA², but for those still in the minority, **here's a quick definition:** An ICHRA is a compliant alternative to fully insured and self-funded group health insurance models. Employers provide pre-tax contributions for employees to purchase the health plan of their choice on the individual market. Employers set a budget, and employees choose the coverage that best fits their needs, providers, and location.

An estimated 1 million people are enrolled in an ICHRA today, with 49% growth among employers with 100-199 employees and 31% growth among employers with 200+ employees⁵.

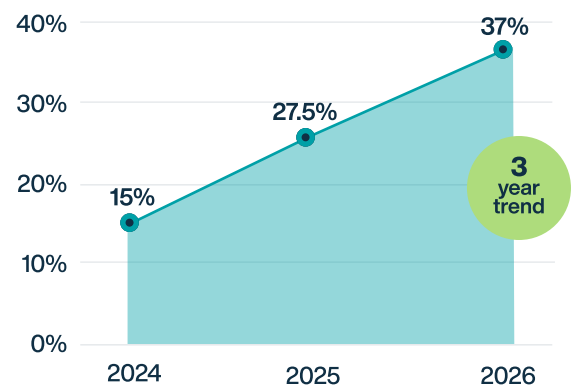
The Broker Inflection Point

Major shifts in health benefits do not happen in isolation. They take hold when the priorities of employers, brokers, and employees begin to move in the same direction. In 2026, that alignment is undeniable.

The clearest signal that ICHRA has entered the mainstream is the rapid expansion of broker adoption. Awareness is no longer a hurdle. Action is the new baseline.

In 2026, active broker engagement with ICHRA reached a majority for the first time. **More than half of brokers (56%) are now actively recommending or implementing the model².** Even more telling is the velocity of implementation: The share of brokers who have moved at least one client to an ICHRA has grown from 15% in 2024⁶ to 37% in 2026²—nearly doubling two years in a row.

Brokers Who Have Moved at Least One Client to an ICHRA^{6, 7, 2}

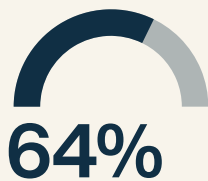


As adoption scales, the narrative around broker resistance has been rewritten. For years, the primary broker concern regarding ICHRA was displacement—the fear that clients would no longer need their advisory services once they moved to an individualized model. **The data tells a completely different story.**



Broker Compensation

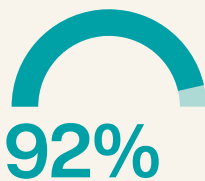
2025



64%
reported compensation increase⁷



2026



92%
reported compensation increase²

Far from being displaced, brokers are finding their roles expanding. Rather than negotiating a single group plan, they are taking on broader advisory roles by helping employers design contribution strategies, guiding implementation, and supporting employees as they navigate individual-market options. This reality is driving a massive surge in conviction, with 92% of brokers surveyed now viewing ICHRA as a way to grow their business², up from 69% in 2024⁶.

The Employee Readiness Surge

Beyond broker awareness and action, the shift toward ICHRA is matched by a workforce that is increasingly ready for choice and customization in their benefits.

For decades, employer-sponsored insurance has followed a simple model: Employers select a small set of plans, and employees choose from that limited menu. But in 2026, that model is at odds with employee expectations.

Today, **83% of employees say they would prefer to choose from all available plans in their area (instead of the few their company offers) as long as their employer contributed toward coverage³.** And the intensity of that preference is growing: the share of survey respondents who strongly agree increased from 32% in 2024⁸ to 42% in 2026³.

More importantly, employees feel equipped to make those choices. The share of **employees who feel confident selecting a health plan on their own has surged from 74% in 2024⁸ to 88% in 2026³.**

This confidence may be reshaping perceptions of the individual market. Nearly **70% of employees now believe marketplace plans are equal to or better than traditional group coverage³.** When employees actually make the switch to an ICHRA, the results validate the model. Almost 90% of employees on an ICHRA surveyed say their coverage is better than their previous group plan, and 91% report being satisfied with their ICHRA overall³.

89%

of employees reported their coverage on ICHRA is better than their previous group plan³

The Adopter Conviction

The ultimate proof of the model's maturity is the conviction of those who use it. For three consecutive years, over 91% of employers who adopted ICHRA said it was the right move for their company^{4, 9, 10}.

The financial value proposition remains also remarkably stable. Brokers report that their clients' average savings after switching to an ICHRA is approximately 15.5%, a figure that has held steady across three years of data^{2, 6, 7}.



"ICHRA gives employees options, and they get to be their own advocate when it comes to the providers, facilities, and coverages that matter to them and their families. They can be active, educated consumers. That's a better way to live."

— Britta Emenecker, Vice President of People Operations, MGA Homecare

Michael's Story: Navigating a Care Crisis With ICHRA



Monthly Savings

80%

monthly premiums dropped from \$3,249 on COBRA to \$632

Plan Options

70+

empowered to find the exact fit for specific needs

Care Continuity

100%

kept trusted doctors and hospital systems

The Unthinkable Challenge

In May 2025, Michael, a longtime pharmaceutical industry professional from Florida, faced an unimaginable dual crisis. Just as he was managing the wind-down of his previous company, his wife of 27 years suffered a major stroke at just 46 years old.

While her physical recovery would prove remarkable, she required ongoing care from a specialized team of neuro-interventionalists and neurosurgeons. Compounding the emotional toll was the impending loss of Michael's health insurance. To maintain his family's coverage through COBRA, he was quoted a shocking \$3,249 per month. He was prepared to pay for it. "I couldn't *not* have healthcare once my benefits ended," he said.

The Supported Solution

Soon after, Michael joined a new company that offered him benefits through an ICHRA with SureCo. Suddenly, he was evaluating 70+ plan options, trying to balance cost, his own type 2 diabetes care, and—most critically—uninterrupted access to his wife's care team.

That's when he connected with Noemi, a SureCo Employee Experience specialist. Together, they did a "real deep dive" analyzing providers, co-pays, co-insurance, and prescription drug tiers. Noemi stayed with Michael throughout the process until they found a plan they felt confident about.

"The licensed agent I worked with at SureCo was amazing. She spent hours with me dialing in every detail and helping me see the options in front of me and what my trade-offs would be given all the choices I had. ICHRA really saved us."

—Michael, SureCo ICHRA member

The Incredible Results

Michael ultimately chose an **Oscar Gold Standard Plan**, but not before confirming with his wife's neuro-interventionalist that it would be accepted. "The Chief Operating Officer of the practice personally assured me that his Oscar patients were some of his happiest," he added.

Michael's monthly premium contribution for himself, his wife, and his three youngest children **dropped from \$3,249 to \$632, an 80% savings**. More importantly, he was able to keep his wife's full care team and hospital system.

His wife's recovery has been, in his words, "nothing short of a miracle." The flexibility of the ICHRA model gave Michael the power to choose what mattered most, and the human element SureCo provided was just as valuable as the technology.



Part 2: Why Now? A System Under Pressure

Key Insights

1. The Breaking Point



1/3 of mid-size and large employers absorbed double-digit rate increases in 2026⁴

2. The Unrelenting Issue

79%

of employers were surprised by their rate increase⁴

3. The Search for Alternatives

94%

of employers have explored alternative cost-containment strategies⁴

4. The Employee Impact

39%

of employees report delaying care due to cost³

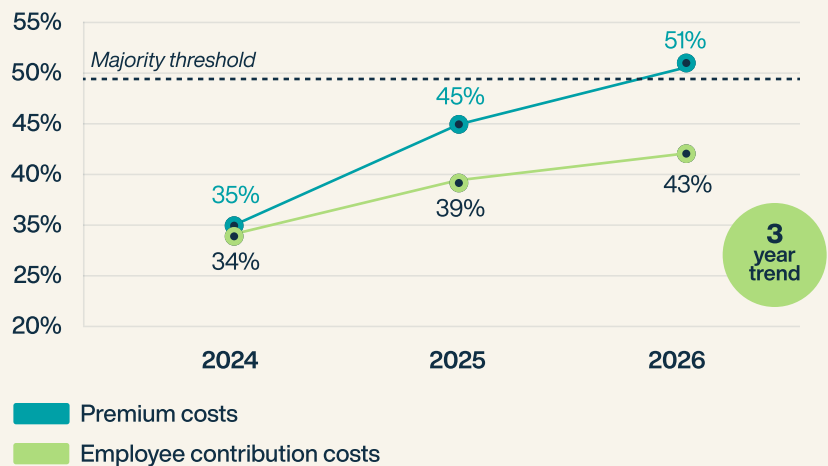
The adoption of ICHRA is the direct result of a traditional employer-sponsored insurance system that has reached its breaking point.

Employers, brokers, carriers, and policymakers have been tracking rising healthcare costs, affordability challenges, and coverage instability for years. What makes 2026 different is the simultaneous intensification of these pressures, reshaping both the employer-sponsored and individual insurance markets in ways that are impossible to ignore.



The Cost Crisis Is Getting Worse Every Year

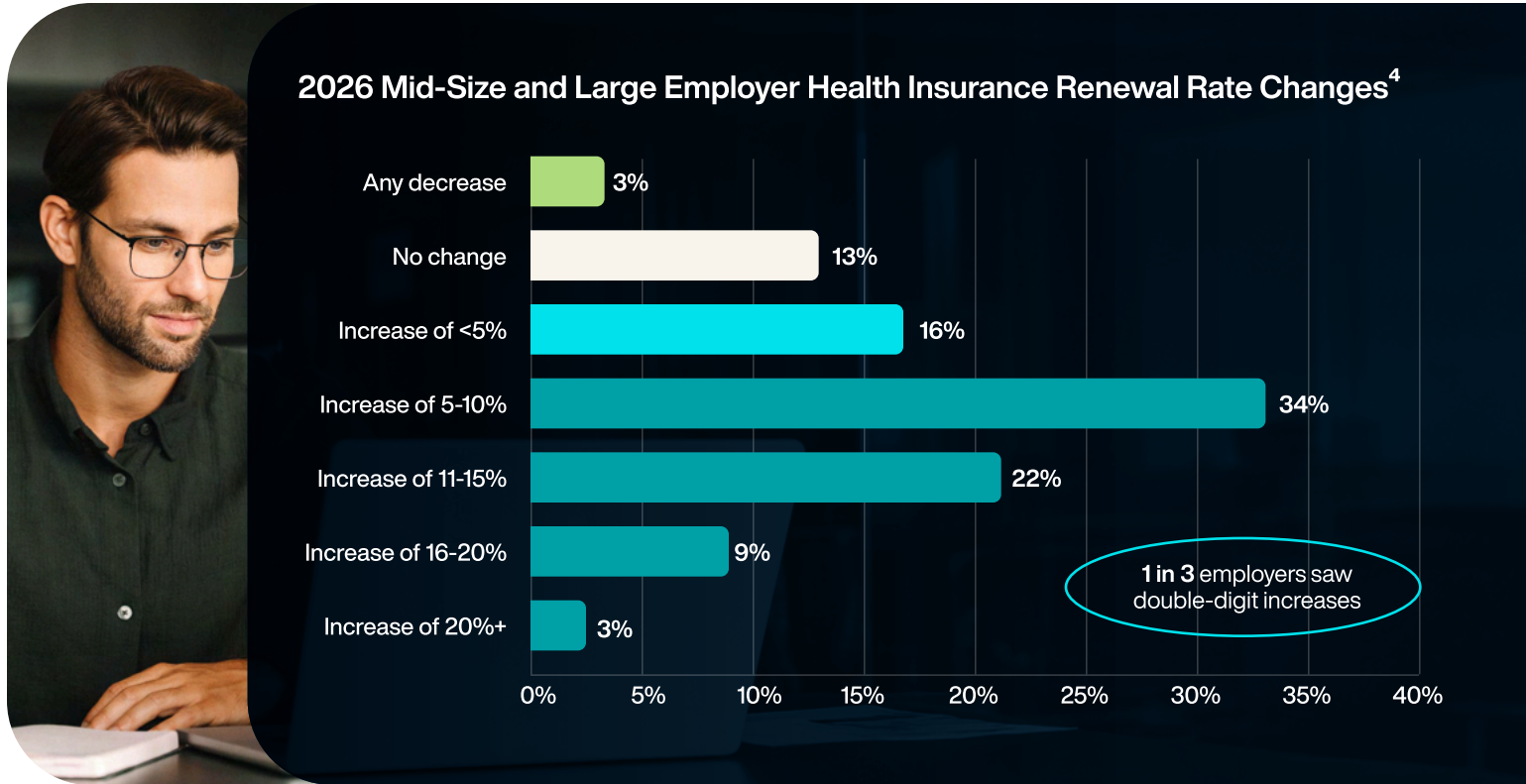
(% of employers citing costs as a top benefits challenge)^{10, 9, 4}



The End of the Predictable Renewal

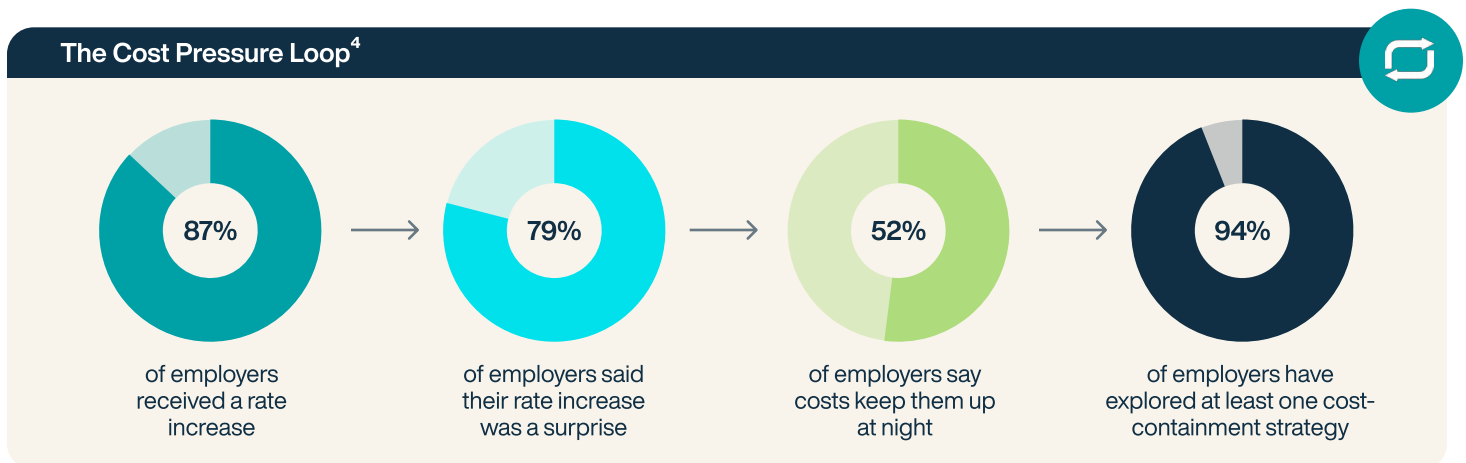
Healthcare costs continued their upward trajectory in 2026, with some of the sharpest increases in over a decade. **Employer-sponsored family premiums have increased 26% over the past five years**, reaching \$26,993 in 2026¹¹. That number is up 6% in just one year, outpacing both inflation (2.7%) and wage growth (4%)¹¹.

Unsurprisingly given market conditions, nearly 90% employers in our survey reported rate increases this year⁴. What's concerning, however, is the severity of those rate hikes: One in three saw double-digit rate increases, and more than one in 10 saw rate increases of 15% or higher⁴.



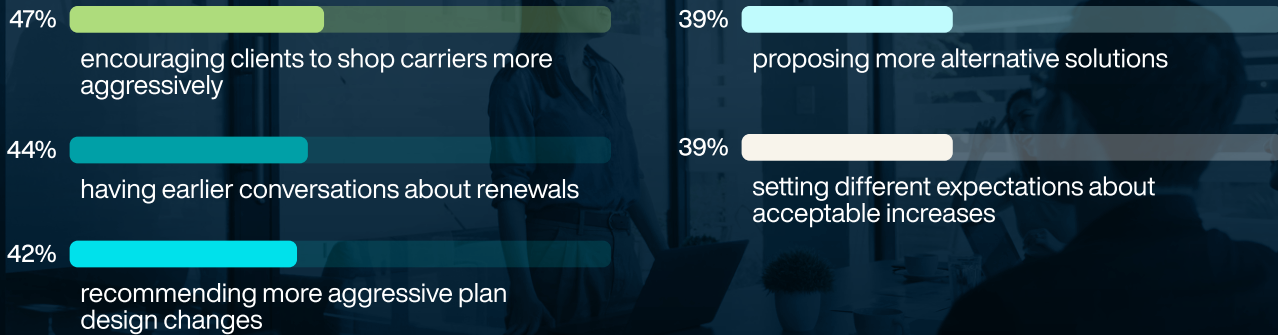
Just two years ago, 90.5% of employers said their renewal rate increase was a surprise¹⁰. **By 2026, that number had dropped to 79%⁴, not because costs got better, but because employers stopped expecting them to.**

Employers are no longer shocked by rising costs; they are exhausted by them—literally. More than half (52%) of senior benefits decision-makers say medical costs keep them up at night⁴.



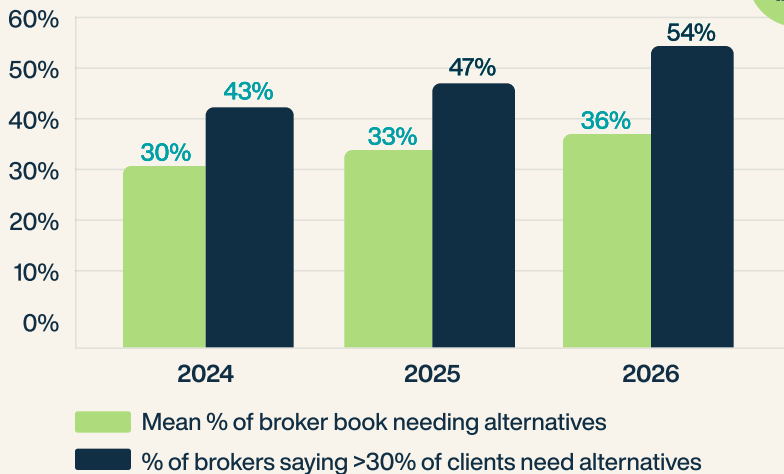
In response to rising costs, employers are entirely reevaluating how to structure their coverage. Some 94% of employers report exploring alternative strategies, including level funding, self-funding, reference-based pricing, captives, ICHRAs, and narrow network designs⁴.

How the 2026 Rate Environment Is Changing the Way Brokers Handle Client Renewals²



There is a growing sense of urgency among brokers to implement alternative solutions. As of 2026, more than half of brokers say at least 30% of their clients need alternatives to traditional, fully-insured coverage².

Broker Book of Business Needing Alternative Coverage Solutions^{6, 7, 2}



Myth vs. Fact

Myth: ICHRAs make brokers less relevant (37% worry about displacement²).

Fact: ICHRAs shift brokers into a broader advisory role—designing contributions, guiding implementation, and supporting employee education and compliance. Almost all brokers (92%) report increased compensation after moving clients to ICHRA².

Market Conditions Are Shifting

At the same time that ICHRA awareness and implementation is accelerating, **the individual market has been undergoing its own set of changes.** The expiration of enhanced ACA premium tax credits in 2026 removed a key affordability lever that supported marketplace enrollment in recent years. As a result, millions of individuals who qualified for subsidies are now facing significantly higher premium contributions, with some estimates suggesting costs could more than double in 2026 for those maintaining the same plan¹².

For the first time since 2020, marketplace plan selections are declining, with more than 1 million fewer enrollees compared to the same point in time last year¹². And while the tax credit expirations don't affect ICHRA members directly (they are not entitled to subsidies), they did cause rates to increase significantly across the traditionally stable individual market.

Average rate increases of over 21% in 2026¹ pushed ICHRA members to become more active participants in coverage decisions, placing greater value on flexibility, transparency, and control.



Policy Watch: Incremental Changes, Increasing Momentum

ICHRAs were created through executive order, not legislation—implemented in 2020 as a new way for employers to fund individual coverage. Since then, policy has steadily moved in one direction: from experimentation toward permanence and scale.

The current regulatory environment is consistently moving toward simplification, flexibility, and long-term legitimacy. The remaining barriers are largely operational, not philosophical. In fact, **more than 4 in 5 brokers who have engaged with ICHRA expect the current regulatory environment to support growth**, with 31% describing it as “very favorable”².

Key developments to watch, according to John Jenkins, Head of Compliance at SureCo:

- ➔ **Codification (proposed “CHOICE” arrangements):** Policymakers are working to formally embed ICHRA into federal law—reframing it as a standardized, long-term benefits model rather than an executive order-based program¹³.
- ➔ **Expanded pre-tax flexibility (proposed):** New proposals would allow employees to use pre-tax payroll deductions for on-exchange plans—not just off-exchange as they do today—removing a key friction point in plan selection¹³.
- ➔ **Easing administrative burden (CAA updates):** Employers are no longer required to submit certain compliance attestations (e.g., gag clause reporting) for individual-market coverage, reducing duplication¹⁴.
- ➔ **Revisiting the 90-day notice rule (proposed):** Policymakers are considering more flexible timelines to better align with real-world renewal cycles¹³.
- ➔ **Ongoing compliance simplification:** Requirements are being clarified or relaxed over time (e.g., Medicare Part D notices¹⁵), reducing ambiguity for employers and brokers.
- ➔ **Affordability calculations under scrutiny:** Current rules tied to the lowest-cost silver plan may overstate required employer contributions and misalign with real-world pricing¹³.
- ➔ **State-level incentives (emerging):** Some states are introducing tax credits and incentives—though primarily for small employers—to encourage adoption¹⁶.

Employee Satisfaction Disconnect

The pressure on the system reveals an interesting paradox. Nine in 10 employees say they are satisfied with their current health benefits and 87% consider their premiums manageable, but at the same time, a significant share of those surveyed report avoiding medical care because of cost (39%) and struggling to pay unexpected medical bills despite having insurance (53%)³.

While employees may feel confident in their coverage at a high level, the true financial implications of their plans often become clear only when care is needed. As benefits models shift toward individual plan selection, helping employees understand deductibles, out-of-pocket exposure, and cost tradeoffs is increasingly important.

Indeed, employer-sponsored health insurance is one of the largest investments companies make in their workforce—yet much of that investment goes unseen by employees. In 2025, the average premium for single coverage reached \$9,325 per year¹⁷. But employees significantly underestimate that spend. Those surveyed perceived the average employer contribution to be only \$6,212³—a gap of roughly \$3,000 per employee.

That gap matters. When employees don't understand the true value of their benefits, they are more likely to feel underinsured, even when employers are spending more than ever.

This disconnect creates a structural vulnerability in the group model. When employers are forced to manage rising premiums

through cost-shifting (higher deductibles, narrower networks, or increased employee contributions), they erode the perceived value of the benefit they are trying to provide. Employees are highly sensitive to these changes, and the impact is measurable.

Pressure on the traditional system is exacerbated by other realities of today's workforce. Employees differ widely in age, health needs, provider preferences, financial priorities, and geographic location. A single plan—or even a small set of plans—cannot accommodate that level of variation. Employees increasingly want the ability to keep their preferred providers, access relevant local networks, and align coverage with their personal budgets and anticipated care needs.

These behaviors reflect a growing tension within the current system. As healthcare costs rise, employees are weighing tradeoffs between coverage, affordability, and accessing care that is personalized and designed to address their needs.

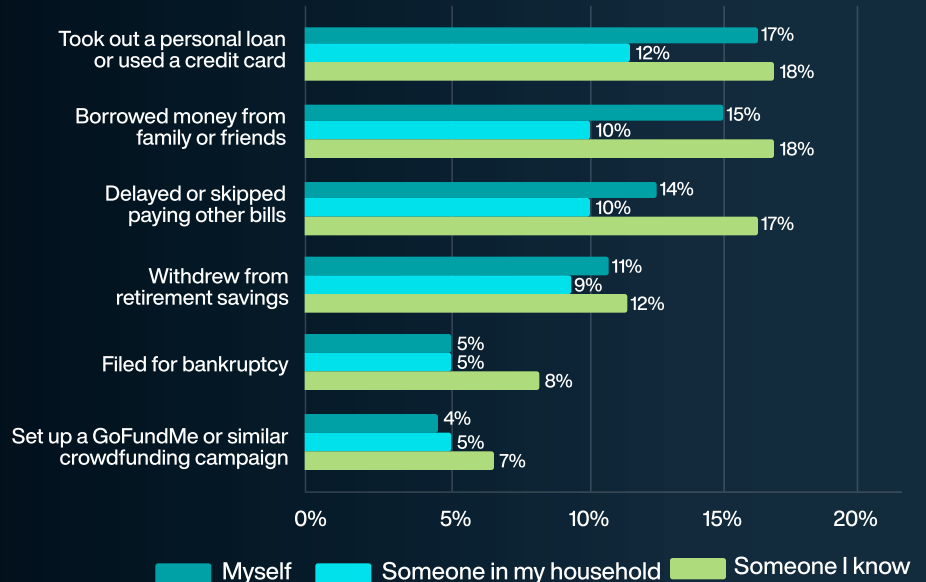
Caretet Health[®]

“Before ICHRA, we were spending more money than ever to insure our employees, but the amount coming out of their pay was still too high for them, so no one felt good about it.”

—Robin Hamel, EVP & CHRO, Carenet Health



% of Employees Experiencing Financial Hardship Despite Having Insurance³



Part 3: Education Is Infrastructure

Key Insights

1. The Abundance of Choice

74 | plan options during Open Enrollment

average number of plan options during Open Enrollment per SureCo member¹⁸

2. The Active Consumer

85%

of members actively researched plans, scrolling through an average of 31 before making a decision¹⁸

3. The Need for Guidance



employees would value speaking with a health insurance consultant when choosing coverage³

4. The New Differentiator

95%

of brokers say the education and support from their ICHRA administrator directly impacts their satisfaction²

The promise of ICHRAs is simple: Employers fund coverage, and employees choose the plan that works best for them. But delivering on that promise requires a shift in how health benefits decisions are made.

Employers must understand how to structure contributions and ensure affordability. Brokers must guide clients through a more complex and evolving marketplace. And employees must evaluate more plan options and select coverage that fits their needs.

In short, ICHRAs move health benefits from a system largely managed behind the scenes to one that requires active decision-making across the entire ecosystem. **That makes education foundational.**

The Abundance of Choice

One of the biggest benefits of ICHRA is choice, but the abundance of options also **expands the role employees must play in choosing the best plan for their needs.**

Under most employer-sponsored insurance models, employees choose from a small set of curated options (70% of employers in our survey said they offer two or three health insurance plans⁴). With such a limited menu, the educational bar for employers and brokers is relatively low and manageable.

ICHRAs fundamentally expand that choice set. Instead of selecting from a couple of employer-sponsored plans, employees may be evaluating dozens of individual-market options available in their zip code. That may mean balancing multiple variables at once: keeping premiums within a budget, ensuring preferred providers stay in-network, confirming that specific medications are covered, and comparing plan features that address individual health needs.



The complexity of those decisions makes personalized education and guidance—from employers, brokers, carriers, and administrators alike—significantly more important.

Our survey responses suggest employees are overwhelmingly open to taking a more active role in their coverage decisions, but they want support along the way. Nearly one in three employees (32%) said they would value speaking with a health insurance consultant when choosing coverage³.

When evaluating plans, employees consider many factors. After cost, trust and access were the most important factors: 53% prioritized whether their preferred providers were in-network, 51% cited carrier reputation, and many looked for plan features tailored to specific health needs, such as diabetes care or other chronic condition management³.

Each of these considerations requires a meaningful understanding of how health plans work. Determining whether a doctor participates in a network, a medication is covered, or a plan's design fits a particular health need often requires navigating detailed plan documents, formularies, and provider directories. In practice, that means employees depend on clear education and guidance—whether from carriers, brokers, ICHRA administrators (and ideally some combination).

The Oscar logo is displayed in white lowercase letters on a blue rounded rectangular background.

How Oscar Builds Plans Around Real People

Oscar has spent **over a decade** designing health plans around real people. Their portfolio includes condition-specific plans built for those actively managing care, like HelloMeno for menopause support, Breathe Easy for COPD, and dedicated Diabetes and Chronic Care plans—now available across 16+ states.

They also bring everyday value into the plan experience. In Des Moines, the Hy-Vee Health with Oscar plan includes a \$0 direct primary care membership—covering primary and urgent care, routine labs, and even select generic prescriptions from day one, even before hitting a deductible.

With ICHRA, employers move beyond static, one-size-fits-all group plans—and into a model where employees can access coverage intentionally designed for how they actually live and manage their health.

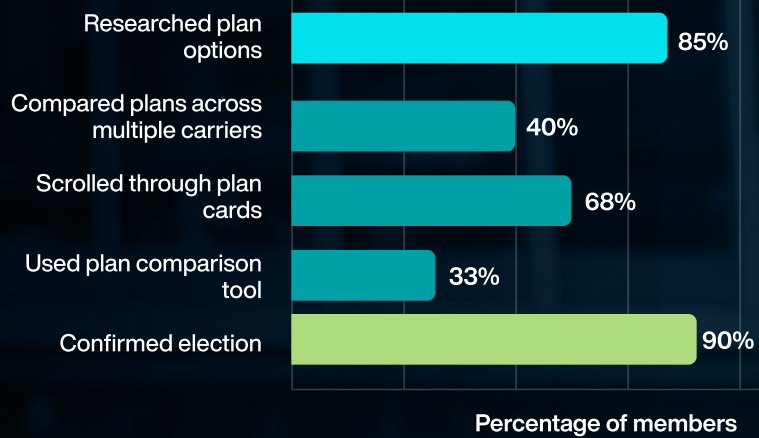


Encouragingly, early data suggests that when employees receive the right support, they engage actively with the process.

In an analysis of 2026 Open Enrollment data among a sample of about 20,000 active SureCo members, the depth of engagement was striking. Rather than renewing coverage on autopilot or picking the first available option, members acted as educated consumers. Nearly 85% of members actively researched plan options, and 68% scrolled through multiple plan cards to evaluate their choices¹⁸. This high level of engagement held steady year over year, even as the platform's active member base grew by 25% compared to Open Enrollment 2025¹⁸.



How SureCo Members Engaged During Open Enrollment 2026¹⁸



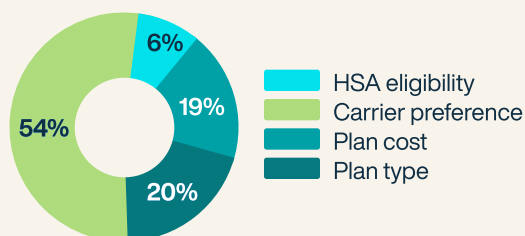
This engagement wasn't superficial. On average, members had access to 74 different plan options¹⁸. They scrolled past an average of 31 plans (up 9% year over year) and actively compared more than 3 plans before making a decision¹⁸.

The use of the platform's plan comparison tool nearly doubled year over year, too. Furthermore, 40% of members compared plans across multiple carriers¹⁸, demonstrating a willingness to look beyond familiar brand names to find the best fit.

When filtering these options, members prioritized carrier preference (54% of filter uses), followed by plan type (20%) and cost (19%)¹⁸. Notably, usage of the Plan Cost filter surged by 64% year over year¹⁸. This sharp rise in cost sensitivity is the clearest behavioral signal of the affordability pressures driving the market today.

How SureCo Members Shopped for Health Plans¹⁸

Commonly Used Plan Filters



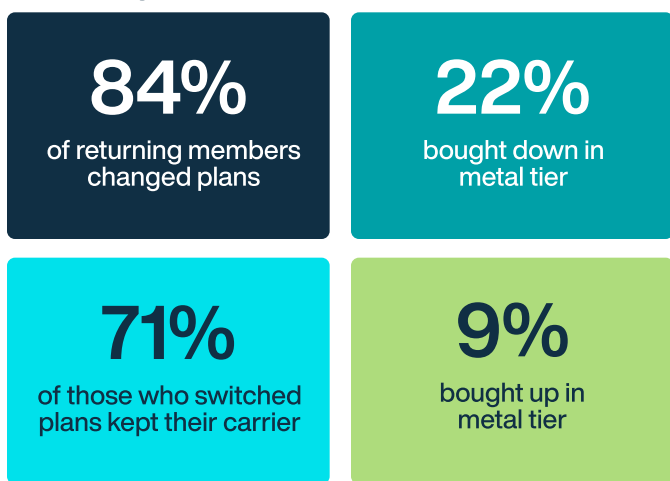
Depth of Plan Research Per Member



This level of active shopping was consistent across both new and returning members. While new members spent slightly more time on the platform (36 minutes vs. 28 minutes) and viewed more Summary of Benefits and Coverage (SBC) documents, returning members were nearly as engaged¹⁸.

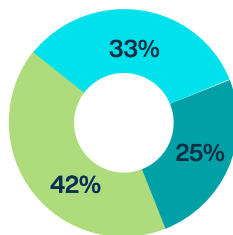
In fact, **as members become more experienced with ICHRA, their engagement deepens.** Returning members spent 13% more time on the platform than they did during Open Enrollment 2025¹⁸. They also viewed 21% more SBC documents¹⁸, proving that familiarity with the model breeds more active consumerism, not less. The data shows that when given comparison tools, employees will put in the work to find the right plan.

Returning Member Behavior

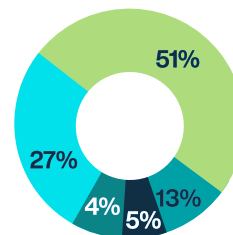


2026 Election Trends¹⁸

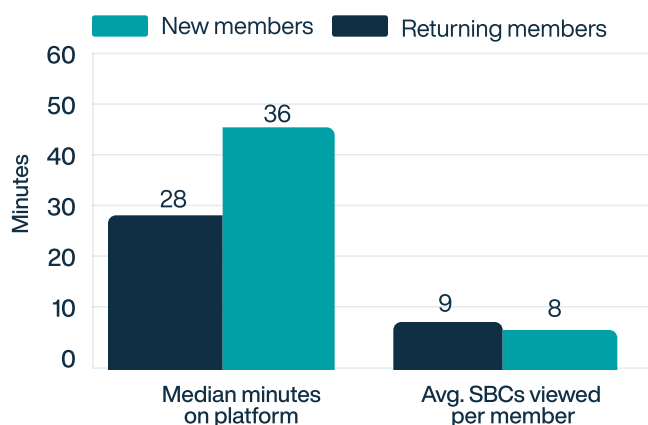
Metal Tier



Plan Type



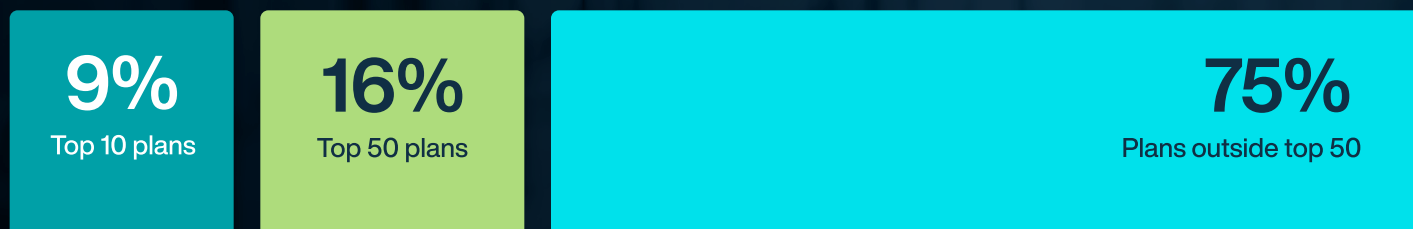
Platform Engagement



Carrier Diversity Reigns

As rates increased across the board, players like Aetna left the individual market, and other payers entered new markets, the carrier landscape shifted dramatically in 2026. Carriers like Oscar, Capital BlueCross, and Anthem picked up the most ground among SureCo ICHRA members, but no one payer swept the market. Instead, members explored all their options to find plans that matched their unique needs, which is exactly what a healthy, consumer-driven market should look like.

Top Plan Elections (by Total Market Share)¹⁸



The New Differentiator

As the ICHRA market matures, the ability to provide this critical education and support is becoming the primary differentiator for administrators.

Communication is already one of the biggest challenges employers face around benefits, regardless of the type of health insurance offered. In our survey, cost was the top employer concern, but communication complexity was not far behind: 37% of employers cited employee complaints as a major issue, and 33% said employee education was a key challenge⁴. Employers are looking to control premiums while reducing administrative friction and employee confusion.

Employers recognize the potential complexity of ICHRA. Among employers considering ICHRAs, 31% worried the model might overwhelm employees and 29% feared it would create additional work for HR. For those who implemented an ICHRA, many of those concerns proved well founded: roughly seven in 10 who anticipated employee overwhelm reported that it occurred, and more than eight in 10 who expected additional HR workload said that concern was valid⁴.

These realities underscore an important lesson for the market. For successful ICHRA implementations, employers need partners—administrators, brokers, and carriers—who provide robust education, delivered by humans, not just technology, and clear escalation pathways when questions arise.

Brokers increasingly view education and employee support as central components of a successful ICHRA partnership. When asked which factors matter most when evaluating an ICHRA administrator, brokers did not focus on cost and compliance alone. While cost ranked highest (33%), employee support (30%) and ease of implementation (27.5%) were nearly as important².

Among brokers who already have clients on ICHRAs, the importance of employee-facing support is even clearer: **95% of brokers say the quality of employee education and support provided by their ICHRA administrator directly impacts their satisfaction with the partnership².**

In an ICHRA model, education is shared infrastructure. As the market continues its rapid expansion, the administrators who can deliver comprehensive, year-round employee education will be the ones who define the future of the industry.



Myth vs. Fact

Myth: ICHRA complexity is the main barrier to success.

Fact: Execution—not complexity—determines success. With the right education and support, ICHRA becomes manageable for employees and scalable for employers.

How Education Drives the ICHRA Ecosystem



The Power of Integrated Support

A Strong Broker-Administrator Partnership

Consider the experience of MGA Homecare, a provider of community-focused care across six states. When the organization transitioned to an ICHRA for the 2025 plan year, leaders anticipated that employees would need significant support navigating the new model. Because home healthcare workers are geographically dispersed and often operate on compressed schedules, traditional communication channels were not sufficient. To address this, their administrator (SureCo) and benefits consultant (Marsh McLennan Agency) partnered to deliver recorded Open Enrollment trainings while MGA conducted a multi-state “roadshow” to reinforce education and answer questions.

“For an ICHRA rollout to be successful, the broker, the administrator, and the client all need to be in lockstep communicating, cooperating, getting along,” says Michael Vuoto, the account executive at Marsh McLennan Agency who supported MGA Homecare’s ICHRA implementation.



Plus, a Carrier Creating a New Member Experience

As decision-making shifts from employer to employee, individuals must navigate plan selection and care decisions with far less centralized guidance. Without clear, accessible support, choice becomes friction. With it, choice leads to empowerment.

Carriers play a critical role in building this infrastructure by embedding education directly into the member experience—going beyond static materials to deliver continuous, real-time guidance across the journey, from enrollment through ongoing care.

Effective education shows up in three key moments:

- 1 Helping members choose the right plan
- 2 Guiding them to appropriate care
- 3 Supporting everyday health decisions before they escalate

“Consumers expect to shop for coverage like they do for everyday products – comparing options, prices, and value. ICHRA delivers on the level of choice and transparency to meet the needs of the modern workforce. Oscar’s technology and focus on the member experience puts consumers in control. We are lowering costs and helping everyone bundle personalized products that fit their life.”
—Mark Bertolini, Chief Executive Officer of Oscar Health

To do this well, carriers must combine human expertise with scalable technology.

Oscar delivers this through a high-touch, high-tech model. Dedicated Care Guides for ICHRA members provide personalized support, helping members understand their benefits and navigate complex decisions with confidence. This human touch is balanced by a digital-first infrastructure. Oswell, the carrier’s AI health assistant, delivers instant, tailored guidance—answering questions, directing members to care, and reinforcing next best actions in real time.

This integrated approach ensures education is always available, deeply personalized, and easy to act on—reducing the administrative burden for employers and brokers while enabling better decisions for members.

Looking Ahead

What changed for 2026 (and beyond) is not just increasing awareness or adoption of ICHRA—it's how the market is behaving around it.

ICHRA is no longer confined to edge cases or moments of disruption. It is increasingly being evaluated as part of the standard renewal process, discussed earlier, modeled more rigorously, and positioned as a viable path forward, not just a fallback. This shift from reactive consideration to proactive evaluation marks a turning point.

This is happening because of a rare alignment: Employers are looking for cost control and predictability. Brokers are expanding their strategic role and bringing new models to the table. Employees, accustomed to choice in nearly every other aspect of their lives, are increasingly open to more flexible approaches to coverage. At the same time, the infrastructure that once limited ICHRA—from carrier participation to quoting tools to administrative support—is rapidly maturing. Together, these forces reshape what comes next.

3 Trends Defining the Next Phase of ICHRA Adoption

SureCo CEO Matthew Kim's predictions for what's next:

- 1 ICHRA will become a standard point of comparison in renewal conversations. Even employers who remain in traditional group plans will increasingly expect to see it modeled alongside other options, accelerating familiarity and lowering the barrier to future adoption.
- 2 The continued buildout of carrier offerings and technology will unlock scale. As individual markets strengthen and tools make it easier to evaluate and implement ICHRA, what was once operationally complex will become increasingly accessible for more diverse types of organizations.
- 3 Brokers will play an outsized role in determining how quickly the market moves. As trusted advisors, they are not just presenting options—they are shaping how employers understand, evaluate, and embrace those options. The earlier ICHRA is introduced and contextualized, the more likely it is to gain traction over time.

Looking ahead to Open Enrollment 2027 and beyond, the expansion and long-term utilization of ICHRA will depend on enhanced education, dedicated decision support, and a re-imagining of roles among employers, brokers, administrators, and carriers alike. The organizations that provide innovative, thoughtful approaches will be best positioned to capture the full value of the model.

Myth vs. Fact

Myth: ICHRA is a niche solution used only in limited or reactive situations.

Fact: ICHRA is becoming a standard part of the benefits strategy. Employers are no longer evaluating ICHRA only during disruption—they're bringing it into the core renewal process, modeling it earlier, and treating it as a viable long-term approach. As adoption grows and infrastructure matures, ICHRA is moving from alternative to expectation.



Matt Kim, SureCo CEO

About SureCo

SureCo is the #1 large-group ICHRA administrator. We're more than a vendor—we're a trusted partner helping employers, consultants, and carriers transform the delivery of health insurance in America—and we're uniquely positioned to drive this change.

We've been at the forefront of innovation in the individual market since day one. Originally founded as an insurance brokerage, SureCo quickly joined forces with a pioneering team that created the first group-to-individual coverage model and lobbied congress to change the regulations that allowed for ICHRA in 2020.

Today, we proudly administer individual benefits to large groups, bringing unmatched expertise built over 13 years (the longest tenure in the industry) and a proven track record of continuous improvement.

- ✔ **Easy Enrollment Technology:**
Plus, custom HRIS integrations
- ✔ **Award-Winning Service:**
Comprehensive customer & employee education with 92% CSAT
- ✔ **Direct Carrier Payments:**
One monthly bill & payroll deductions
- ✔ **Compliance Guidance:**
We wrote the book on ICHRA compliance!

Ready to see what an ICHRA with SureCo can do for you?
Visit [sureco.com/lets-meet-up](https://www.sureco.com/lets-meet-up) to talk to an ICHRA expert today.

About Oscar

Oscar is the health insurance company with the happiest members in the individual insurance market*. We earn the trust of 3.2 million individuals, families, and employees every day—with technology that drives seamless experiences and plans that fit every budget and health need. Oscar puts employees and employers first. Everyone should be able to shop, buy, and enroll in health plans with the services they value most—on demand. Individual choice will drive the future of health insurance, which is why Oscar is the only company dedicated to the individual market. Oscar invested early in ICHRA to bring tech-first experiences to more employers and employees. Employers have an efficient way for employees to access great health insurance. Employees have easy tools to manage their health and access to dozens of networks, doctors, and medication coverage. We engage in ways that make the most sense for them—concierge teams, 24/7 care, and more. Oscar knows an exceptional healthcare experience is not only possible—it is what everyone needs to live healthier lives.

Come join us: www.hioscar.com/ichra.

*Oscar's net promoter score (NPS) is 66 as of Q1 2026.

Disclaimer: Oscar Medical coverage is underwritten by Oscar Insurance Company and its affiliates. Administrative Services for all plans provided by Oscar Management Corporation. All insurance policies and group benefit plans contain exclusions and limitations. For availability, costs, and complete details of coverage, contact Oscar at 855-672-2788.



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