FLORIDA PRIVATE HEALTH
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THE BUYER'S GUIDE

Florida Private Health Plans for 2026

What self-employed Floridians actually need to know before they buy health insurance — written by a licensed FL broker, not the marketplace.

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WHY THIS GUIDE EXISTS

Florida health insurance is more confusing than it should be.

Most Floridians who shop for health insurance get funneled through HealthCare.gov — a system built to enroll the average American, not someone whose income looks like yours, whose doctors live in Florida, and whose tax situation includes 1099s and self-employment. If you're self-employed, a small business owner, a 1099 contractor, a real estate agent, a consultant, or anyone whose income jumps around year to year, the marketplace is rarely the best fit for you. There are usually two or three off-marketplace options that beat it on monthly cost, network access, or both — but you have to know they exist and know how to qualify into them.

This guide is the conversation I have with every new client in their first 15-minute call, written down so you can read it at your own pace. By the end you'll understand:

- The three paths self-employed Floridians actually have for health coverage
- The "subsidy cliff" — the single biggest mistake 1099 earners make on the marketplace
- What PPO, HMO, and EPO mean in Florida (it's not what the brochures say)
- The HSA loophole that most agents won't bring up
- What's changing in 2026 — and the dates you can't miss
- Five questions to ask any broker before you sign anything

No fluff. No marketplace propaganda. No sales pitch. Just the things I wish every Floridian knew before they bought a plan.

CHAPTER 1

Why Florida is different.

Three things make Florida's health insurance market unusual — and harder to navigate than almost any other state in the country.

1. The marketplace is dominated by narrow networks.

Most ACA-marketplace plans in Florida are HMOs or EPOs with limited provider networks. The PPO that lets you see any in-network doctor without a referral? Rare on HealthCare.gov. Common off-marketplace.

2. Self-employment is a huge share of the population.

Florida has roughly 2.5 million 1099 earners — real estate agents, contractors, consultants, freelancers. Their income is volatile and often above subsidy thresholds, which is exactly the worst situation for the marketplace to serve.

3. The subsidy cliff is a financial trap.

Cross a specific income threshold by even one dollar and you can lose thousands in tax credits. Most agents don't proactively flag this. We'll cover it in Chapter 3.

CHAPTER 2

The 3 paths a self-employed Floridian actually has.

Strip away the noise and there are really only three serious paths to health coverage for a self-employed Floridian. Knowing which one fits saves time, money, and a lot of frustration.

Path 1 — Subsidized ACA Marketplace

Best fit: Best fit: 1099 earners projecting under ~$60k household income (single) or ~$125k (family of 4).

Why it works: Why it works: the tax credit knocks the premium down dramatically — often to $0–$300/mo. The cheapest path when income is low.

Trade-off: Trade-off: narrow networks. Mostly HMOs and EPOs. If you keep getting raises, the math flips fast.

Path 2 — Off-Marketplace Private PPO

Best fit: Best fit: self-employed earners ABOVE the subsidy cliff, especially those who want true PPO networks and broader carrier choice.

Why it works: Why it works: real PPO access, more carriers competing for your business, simpler underwriting. Often beats the marketplace's sticker price head-to-head.

Trade-off: Trade-off: no premium subsidies possible. You're paying full freight — but for someone earning $100k+ as a 1099, full freight is usually all the marketplace was going to offer anyway.

Path 3 — HSA-Eligible High-Deductible Plan

Best fit: Best fit: healthy self-employed earners who want tax efficiency and don't have ongoing medical needs.

Why it works: Why it works: pair an HDHP with a Health Savings Account. Triple tax advantage. Build a parallel retirement account most W-2 employees don't have access to in this form.

Trade-off: Trade-off: higher deductible. You're self-insuring for the first $1,650–$8,000 of care depending on plan tier and coverage level.

HOW TO CHOOSE

Which path fits you?

Use this quick framework to narrow down your starting point. We'll pressure-test it on a call.

If your projected income is...	And you prioritize...	Start here
Under $60k (single) / $125k (family)	Lowest premium possible	**Subsidized ACA**
$60k–$200k	Real PPO network access	**Off-Marketplace PPO**
$60k–$200k	Tax efficiency, healthy household	**HSA-Eligible HDHP**
Over $200k	Premium PPO + tax efficiency	**Off-Marketplace PPO + HSA**
Variable / unpredictable income	Stability + flexibility	**Off-Marketplace PPO**
Business owner with 1–9 employees	Tax-deductible group coverage	**ICHRA or Group Plan**

This framework is directional, not prescriptive. The right plan also depends on your current doctors, prescriptions, and what you can stomach as a deductible. We sort that on the call.

CHAPTER 3

The $800-a-month mistake.

Cross one specific income threshold by even a single dollar and your ACA tax credit can vanish completely. No taper, no warning. A family that was paying $200/mo can be quoted $1,400/mo for the same plan the very next year because their income crossed the line. It's called the subsidy cliff, and it's the most expensive surprise in Florida health insurance.

2026 FLORIDA THRESHOLDS (APPROXIMATE)

Single individual	~$60,240
Family of 2	~$81,760
Family of 3	~$103,280
Family of 4	~$124,800
Family of 5	~$146,320

Note: these are 2026 estimates based on 400% of the federal poverty level guidance. The enhanced ACA subsidies enacted in 2021–2022 are scheduled to sunset on 12/31/2025. If Congress doesn't extend them, the cliff returns to its old behavior for 2026 — and the dollar impact gets worse, not better.

WHAT TO DO ABOUT IT

If you're projecting income within ~$10k of your household's cliff number, run the math on both paths: the marketplace WITH the subsidy at your projected income, and an off-marketplace private plan. In most cases the off-marketplace plan still wins on network — and when it loses on monthly premium, the difference is usually $100–$200/mo, not $800.

CHAPTER 4

PPO, HMO, EPO. The Florida reality.

Florida health insurance has a weird quirk: the word "PPO" doesn't always mean what you think. Here's what each network type actually does.

HMO · Health Maintenance Organization

Cheap monthly premium. You pick a primary care doctor (PCP) and need a referral to see specialists. Out-of-network = you pay 100%. Common on the marketplace.

EPO · Exclusive Provider Organization

Looks like a PPO on the brochure: no referrals needed within the network. But step outside the network even once and you pay 100% of the bill. Often sold as "PPO-like" on the marketplace. Read the fine print.

True PPO · Preferred Provider Organization

See any in-network provider, no referrals required. Go out-of-network and you still get reimbursed at some percentage (typically 50–70%). This is what most self-employed Floridians actually want. Most true PPOs in Florida live OFF the marketplace.

Rule of thumb: if keeping your current doctors matters, you almost certainly want a true PPO — even at $150–$300/mo more. The trade-off is rarely worth it for the savings.

CHAPTER 5

The HSA loophole most agents skip.

An HSA paired with an HSA-eligible high-deductible health plan is one of the best-kept tax tools available to self-employed Americans. It works at three different points in your financial life:

1. Pre-tax IN.
Every dollar you contribute reduces your taxable income today. For a 1099 earner in a 24% federal bracket, plus self-employment tax savings on the HSA contribution itself, it's roughly $1,800/yr saved on a maxed family HSA — before you spend a dollar of it.

2. Tax-free GROWTH.
HSAs let you invest the balance (most providers offer low-cost index funds). The account grows tax-free year after year. Functionally a stealth retirement account.

3. Tax-free OUT — for medical.
Doctor copays, prescriptions, dental, vision, LASIK, Medicare premiums in retirement. After age 65, you can withdraw for ANY reason at ordinary income tax rates (just like a Traditional IRA).

2026 HSA CONTRIBUTION LIMITS

Self-only coverage	**$4,300**
Family coverage	**$8,300**
Catch-up (age 55+)	**+$1,000**

CHAPTER 6

What's changing for 2026.

Enhanced ACA subsidies sunset 12/31/2025.
Unless Congress extends them, the enhanced premium tax credits from the 2021–2022 expansion expire. The result for 2026: the old subsidy cliff returns. Households above 400% of the federal poverty level get ZERO tax credit instead of capped premiums at 8.5% of income. Most impacted: FL households earning $60k–$125k.

Carrier networks shifting in Florida.
Florida Blue, Aetna, Cigna, and UnitedHealthcare are all repositioning their FL networks for 2026. Some 2025 plans won't exist; some new PPO options will. Auto-renewing without a network re-check is a common, costly mistake.

HSA contribution limits up.
2026 caps: $4,300 (self-only) / $8,300 (family). Modest increases over 2025 but compounding.

ICHRA continues to grow for small business.
If you employ 1–50 people, ICHRA (Individual Coverage HRA) lets you reimburse employees tax-free for individual plans instead of running a group plan. Cleaner accounting, easier admin, and often cheaper. Florida adoption is climbing.

2026 Open Enrollment dates.
Marketplace: 11/1/2025 – 1/15/2026 (Florida). Off-marketplace: enroll year-round, subject to qualifying events (job change, marriage, birth, move, coverage loss).

REAL EXAMPLE · NAME CHANGED

How a Boca real estate agent saved $9,400/year.

Sarah (name changed) is a Boca Raton real estate agent. Last year she came to me paying $1,180/month for a HealthCare.gov family-of-three plan with a $7,500 deductible and a network so narrow her kids' pediatrician wasn't in it.

She was about $8,000 above the subsidy cliff in projected commissions. Translation: no tax credit, full sticker price on a plan she didn't even like.

WHAT WE CHANGED

- Pulled her off the marketplace and onto a private PPO from a major carrier. Real PPO network — her pediatrician, dermatologist, and OB all in.
- Paired it with a stand-alone HSA so she could pre-tax up to $8,300/yr (2026 family limit).
- Restructured the deductible to $3,500 because as a 1099 she could afford a slightly higher premium for lower out-of-pocket risk.

BEFORE / AFTER

Monthly premium	$1,180	**$437**
Deductible	$7,500	**$3,500**
Network	Narrow HMO	**Real PPO**
Annual premium savings	—	**$8,916**
HSA tax savings (est.)	—	**+$500**
Total annual gain	—	**$9,400+**

Every plan and situation is different. Sarah's outcome isn't a guarantee or a quote — it's a real client's path through the same decisions you'll face.

CHAPTER 7

5 questions to ask any broker before you buy.

Before you sign anything — with me or with anyone — ask these 5 questions. If you can't get clear answers, you're not ready to buy yet.

1. **Is this an EPO, HMO, or true PPO?**
   Most Florida marketplace plans are narrow EPOs or HMOs labeled as something else. A real PPO lets you see any in-network provider and reimburses out-of-network at some level.
2. **Which of my current doctors are in this specific plan's network — not just the carrier's networ**
   Networks vary by plan, not by carrier. Blue Cross has 6+ networks in Florida. The right answer is your broker pulling up the live network search and showing you each doctor by name.
3. **What's the actual maximum out-of-pocket if something goes wrong?**
   The brochure number isn't the whole story. Ask about co-insurance, surgical riders, and whether the deductible resets at the new year vs. policy anniversary.
4. **Am I above or below the ACA subsidy cliff at my projected income?**
   If your broker can't answer this fluently, they don't understand your situation. Above the cliff, marketplace plans are almost always wrong for 1099 Floridians.
5. **What happens if my income changes mid-year?**
   Self-employed income is volatile. The wrong answer ("Don't worry about it") can mean owing $3,000–$8,000 at tax time. The right answer involves realistic projection and using off-marketplace plans if income is unstable.

CHAPTER 8

The 5-minute pre-application checklist.

Run this checklist before you submit any health insurance application — marketplace or private. It catches the mistakes that cost the most money.

- ☐ **Projected income for the coverage year (not last year's).**
  Underestimate and you owe at tax time. Slightly overestimate to stay safely below the cliff if marketplace is your path.
- ☐ **Household composition matches what's on your tax return.**
  The IRS reconciles this against your subsidy claim. Mismatch = audit risk + clawback.
- ☐ **Each adult and child's date of birth, SSN, and tobacco status.**
  Tobacco status raises premium ~50%. Important if it's been 6+ months since you last used.
- ☐ **Current medications listed by name.**
  Required for prior-authorization checks before you switch plans.
- ☐ **Primary care + specialist names AND NPI numbers.**
  Required for network confirmation. Don't trust the carrier's website alone — verify each doctor directly.
- ☐ **Current HSA balance + 2025 contributions already made.**
  Determines what you can still contribute this year if switching to an HSA-eligible plan.
- ☐ **Effective date you actually need coverage to start.**
  Open enrollment defaults to 1/1; off-marketplace can start the 1st of next month or 15 days out.
- ☐ **Banking info for premium auto-pay.**
  Required at application; missing it pauses underwriting.

WHAT HAPPENS NEXT

Ready for real numbers?

If you've made it this far, you've absorbed more useful information about Florida health insurance than 95% of buyers who walk into Open Enrollment cold. The next step is making it specific to YOU.

WHAT A 15-MINUTE CALL LOOKS LIKE

- I confirm the answers you gave on the quiz (or we run them fresh if you skipped it).
- I pull up actual carrier quotes side-by-side — marketplace AND off-marketplace — based on your ZIP, age, and household.
- We compare PPO vs HMO trade-offs against your current doctors and prescriptions.
- You get real numbers in front of you. No pressure to decide on the call.

Book your free 15-minute call

floridaprivatehealth.com Start My Plan Match

Or text/call Martin directly. Licensed Florida insurance broker.

ABOUT MARTIN

Martin Elefant is the founder of Lyons Life and a licensed Florida insurance broker. He works with 30+ carriers — independent, not tied to any single company — to build coverage strategies around the client, not the carrier. Lyons Life has helped over 1,000 families nationwide with health, life, disability, long-term care, and retirement income planning. Florida Private Health is Lyons Life's dedicated health insurance brand for self-employed Floridians.

IMPORTANT DISCLOSURES

Disclosures & disclaimers.

Not affiliated with the U.S. government.
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Educational content only.
This guide is provided for general educational purposes. Nothing in it constitutes individual insurance, legal, tax, or financial advice. Plan availability, premiums, networks, deductibles, and benefits depend on individual eligibility, age, household composition, ZIP code, carrier underwriting decisions, and applicable state and federal law.

No guarantees.
Past client outcomes (including the case study in Chapter 6) are real situations with names changed and details simplified. They are not predictions or guarantees of any specific outcome for you. Your situation will be different.

Subsidy and tax information.
Subsidy cliff thresholds in this guide are 2026 estimates based on 400% of the federal poverty level guidance and are subject to change pending Congressional action on enhanced premium tax credits scheduled to expire 12/31/2025.

Consult licensed professionals.
Tax statements (including HSA tax treatment) are general in nature. Consult a CPA or tax advisor for your specific situation. Insurance-related decisions should be made in consultation with a licensed insurance professional in your state of residence.

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