



2027 ACA Product Review

Date Enrolled		Effective Date	
	Name		Age/DOB
First Adult			
Spouse			
Member 3			
Member 4			
Member 5			

Address	
City/State/Zip Code	Phone Number
Client Email	
Comments:	

	2026-Current	2027-New Plan
Carrier		
Product Name		
Subsidy Amount		
Pocket Premium		
Total Monthly Premium		
Deductible (I)		
Max Out of Pocket (I)		
Network Name/Type		
PCP Name		
Advisor Name		