

MHBE 2024 Value Plan Workgroup

Session 1 – June 11, 2024

Agenda

12:00 - 12:30 | Welcome and Introductions

Becca Lane, Senior Health Policy Analyst

All members

12:30 - 1:00 | Background and Overview of Workgroup Goals

Becca Lane

1:00 - 1:20 | Discussion

All members

1:20 - 1:30 | Public Comment

1:30 | Adjournment

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a four-petaled star. Each petal is a light blue color and overlaps the center. The text "Welcome & Introductions" is centered horizontally and vertically over this graphic.

Welcome & Introductions

Members

| Member | Affiliation |
|------------------------|--|
| Nikki Blake | CareFirst BlueCross BlueShield |
| Ken Brannan | Leadership Maryland |
| Evalyne L Bryant-Ward* | University of Maryland Charles Regional |
| Matthew Celentano | League of Life & Health Insurers of Maryland, Inc. |
| Steven Chen | Maryland Hospital Association |
| Ashton Nicole DeLong | MedChi, The Maryland State Medical Society |
| Brian Espindola | UnitedHealthcare |
| Justin Giovannelli | Georgetown University Center on Health Insurance Reforms |
| Brandy Guy | Avery Hall Benefit Solutions |
| Emily Hodson* | Chase Brexton Health Care |

| Member | Affiliation |
|-----------------------|--------------------------------------|
| Stephanie Klapper | Maryland Citizens' Health Initiative |
| Allison Mangiaracino* | Kaiser Permanente |
| Kathleen McGuire | Maryland Department of Health |
| Tim Ross | Aetna |
| Lisa Solomon | Senior Health Benefits Assistance |
| David Stewart | AHEC West |
| Adam Zimmerman | Maryland Insurance Administration |

Background & Context

MHBE 101 – Overview

- **MHBE is a state-based health insurance marketplace/exchange launched in 2014**
 - Operates the **Maryland Health Connection** enrollment platform (website, app, call center)
 - Serves most **Medicaid** enrollees (1.25M) and enrollees in the **individual market** (215,000 - no affordable employer coverage, ineligible for Medicaid/Medicare)
 - Only source of **financial assistance** for people in the individual market: federal subsidies to cap premiums at 0%-8.5% of income and reduce cost-sharing for low-income individuals, state premium assistance for young adults
- **MHBE authority/scope includes:**
 - Conducting **outreach and enrollment** activities, overseeing the Navigator program
 - **Enhancing MHC** to improve the enrollment experience
 - **Setting plan certification standards** for individual market plans sold through MHC. Plan certification standards encompass features such as plan design and information provided to consumers
 - Administering affordability programs (**reinsurance** and **young adult subsidy**)

MHBE 101 - Purposes of the Exchange

(c) Purpose. The purposes of the Exchange are to:

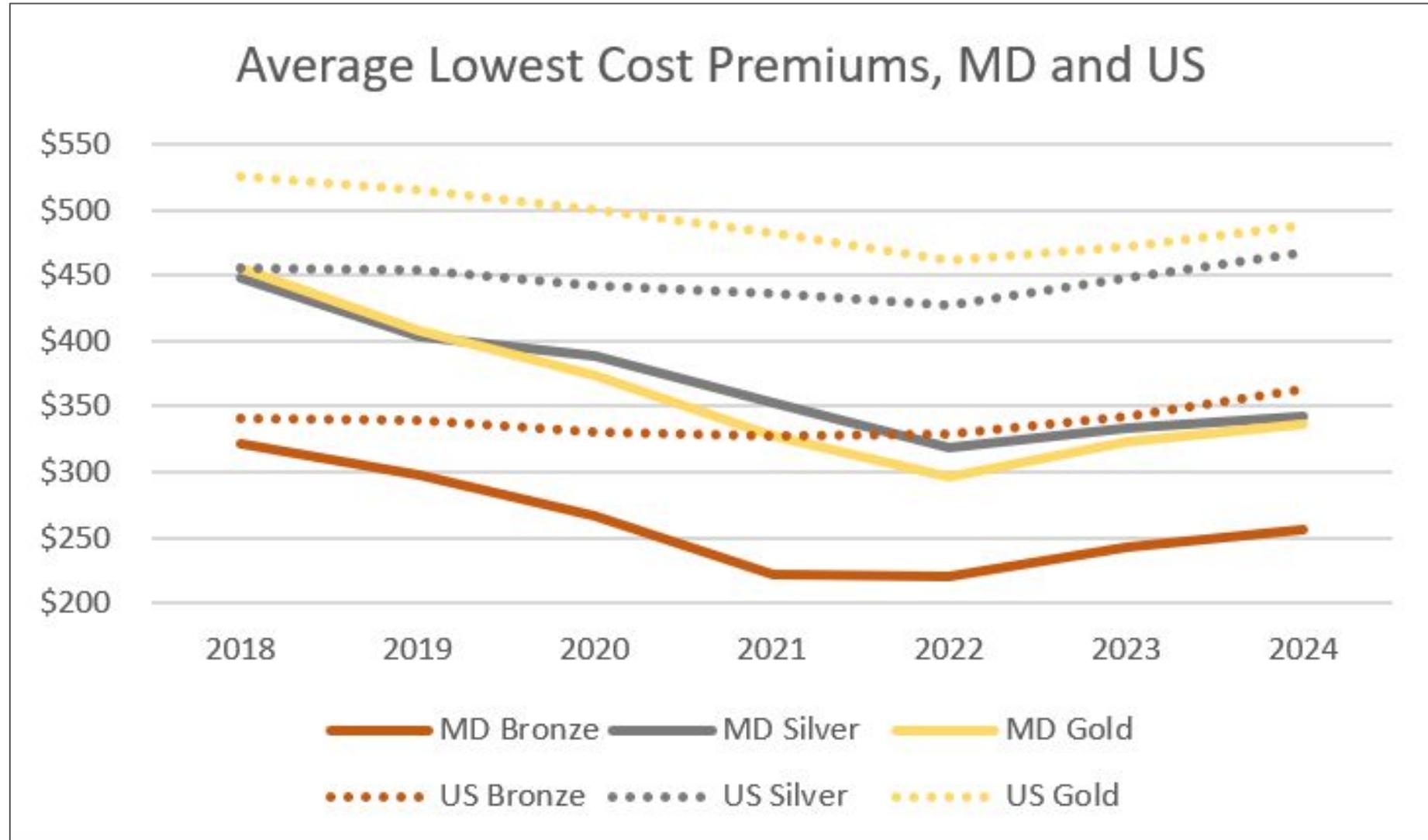
- (1) reduce the number of uninsured** in the State;
- (2) facilitate the purchase and sale of qualified health plans in the individual market** in the State by providing a transparent marketplace;
- (3) assist qualified employers in the State in facilitating the enrollment of their employees in qualified health plans in the small group market in the State and in accessing small business tax credits;**
- (4) assist individuals in accessing public programs, premium tax credits, and cost-sharing reductions; and**
- (5) supplement the individual and small group insurance markets outside of the Exchange.**

Insurance Article 31-102 Annotated Code of Maryland, *Maryland Health Benefit Exchange*

MHBE Affordability Initiatives

- **Reinsurance** reimburses insurers for a portion of their claims costs. Lower costs allow insurers to charge lower premiums.
 - **Goal:** Stabilize individual marketplace; reduce premiums across market
 - **Impact:** Rates **down more than 20%** compared to 2018; enrollment is up
- **Young Adult Subsidy:** 2022-2025 **state-funded premium subsidy pilot** to reduce the amount young adults pay for health plans. Based on age & income— **youngest and lowest income pay the least.**
 - **Goal:** Improve risk pool, reduce premiums for all
 - **Impact:** Over **44,000** young adult enrollees receiving an average subsidy of **~\$38/month** in additional state premium assistance
 - Young adult subsidy enrollment among 18-34-year-olds is **up 41%** year-over-year, outpacing overall 17% enrollment growth.
 - Young adult enrollees 18-34 who are <400% FPL (subsidy-eligible) account for **21% of total enrollment**, up from 17% last year.*

Maryland's lowest-cost plans ~25-35% below US averages



The background features a solid teal color with a central white cross. Four overlapping teal circles are arranged in a cross pattern, centered on the white cross. The text "MHC Value Plan History" is written in white, sans-serif font across the center of the white cross.

MHC Value Plan History

What are Value Plans?

- Plans with standardized cost-sharing determined by MHBE
 - *Benefits* that plans must cover are already determined by State and Federal governments
 - *Cost-sharing* (copays and coinsurance) varies by plan and is semi-regulated through metal level and Actuarial Value
 - Actuarial Value: measure of plan generosity
 - Metal level: category of plan generosity (Bronze, Silver, Gold, Platinum)
- Carriers must offer one Value Plan at each of the Bronze, Silver, and Gold metal levels

Actuarial Value: Measure of Plan Generosity

- Generosity of qualified health plans must adhere to federal limits for each metal level (“Actuarial Value” or AV).
- AV is represented as the percentage of healthcare costs that an insurer will cover; the remainder is the consumer’s responsibility
 - Bronze ~60% AV, Silver ~70%, Gold ~80%, Platinum ~90%
- Annually, the federal government releases the Actuarial Value Calculator (AVC), which must be used to ensure each plan complies with federal limits
 - A plan’s AV must fall within the federally specified allowable range of AVs for a given metal level. This is referred to as the “de minimis” range
- The federal restrictions on AV mean that tradeoffs in cost-sharing must be made. **Reducing or eliminating cost-sharing for one service may require an increase in cost-sharing for another.**

Value Plan Policy Goals

- Improve health care access and affordability
 - Pre-deductible coverage
 - Copays vs. coinsurance
 - Promote health equity through plan design (2021 Health Equity Workgroup recommendation)
- Promote insurer competition
 - Transparency
 - “Apples-to-apples” plan comparison
- Simplify plan shopping

Past Workgroup Recommendations

- 2019: MHBE convened an Affordability Workgroup that made recommendations to improve affordability and access, including Value Plans
- 2021: Health Equity Workgroup recommendations included reducing cost-sharing for high-disparity conditions, such as diabetes
- 2022: Affordability Workgroup recommended standardized Value Plan designs for 2024 and limit on number of plans per metal level for 2025
- 2024: Standardized Value Plans launched
- 2025: Minimal changes to standards; new limit of 3 plans per metal level to be effective

2025 Value Plan Standards (excerpt)

| | | Subject to Deductible | 2025 Gold | 2025 CSR 94% | 2025 CSR 87% | 2025 CSR 73% | 2025 Base Silver | 2025 Bronze - Expanded |
|---|--|-----------------------|-----------|--------------|--------------|--------------|------------------|------------------------|
| Actuarial Value | | | 81.75% | 94.90% | 87.84% | 73.80% | 71.32% | 64.73% |
| Medical Deductible* | | | \$1,000 | \$0 | \$1,000 | \$4,500 | \$4,500 | \$9,200 |
| Drug Deductible* | | | \$150 | \$0 | \$150 | \$750 | \$750 | n/a |
| Medical Max Out-of-Pocket (MOOP)* | | | \$6,750 | \$1,850 | \$2,550 | \$5,850 | \$7,600 | \$9,200 |
| Rx MOOP* | | | \$600 | \$250 | \$500 | \$1,500 | \$1,500 | n/a |
| Combined MOOP* | | | \$7,350 | \$2,100 | \$3,050 | \$7,350 | \$9,100 | \$9,200 |
| Emergency Room Services | | Yes - No | \$350 | \$75 | \$150 | \$500 | \$500 | n/a |
| All Inpatient Hospital Services (inc. MH/SUD) | | Yes - No | \$450 | \$150 | \$350 | \$550 | \$550 | n/a |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | | Yes - No | \$10 | \$5 | \$10 | \$35 | \$35 | \$35 |
| Specialist Visit | | Yes - No | \$35 | \$20 | \$35 | \$100 | \$100 | \$100 |
| Mental/Behavioral Health and Substance Use Disorder Office Visits | | Yes - No | \$10 | \$5 | \$10 | \$35 | \$35 | \$35 |
| Mental/Behavioral Health and Substance Use Disorder All Other Outpatient Services | | Yes - No | \$10 | \$5 | \$10 | \$35 | \$35 | \$0 |
| Imaging (CT/PET Scans, MRIs) | | Yes - No | \$400 | \$125 | \$350 | \$600 | \$600 | n/a |
| Speech Therapy | | Yes - No | \$10 | \$5 | \$10 | \$35 | \$35 | \$35 |
| Occupational and Physical Therapy | | Yes - No | \$10 | \$5 | \$10 | \$35 | \$35 | \$35 |
| Preventive Care/Screening/Immunization | | Yes - No | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Laboratory Outpatient and Professional Services | | Yes - No | \$25 | \$5 | \$25 | \$80 | \$80 | \$80 |
| X-rays and Diagnostic Imaging | | Yes - No | \$50 | \$20 | \$50 | \$150 | \$150 | \$150 |
| Skilled Nursing Facility | | Yes - No | \$75 | \$30 | \$75 | \$150 | \$150 | n/a |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | | Yes - No | \$250 | \$50 | \$75 | \$150 | \$150 | n/a |
| Outpatient Surgery Physician/Surgical Services | | Yes - No | \$125 | \$60 | \$125 | \$150 | \$150 | n/a |

2025 Value Plan Diabetes Cost-Sharing

- Enrollees with a primary diagnosis of diabetes pay \$0 cost-sharing for:
 - PCP visits
 - Dilated retinal exam (1x per year)
 - Diabetic foot exam (1x per year)
 - Nutritional counseling visits
 - Lipid panel test (1x per year)
 - Hemoglobin A1C (2x per year)
 - Microalbumin urine test or nephrology visit (1x per year)
 - Basic metabolic panel (1x per year)
 - Liver function test (1x per year)
 - A select list of diabetes supplies and medications within the diabetic agent's drug class, as defined by the insurer. An insurer is not required to change the drugs that are on the insurer's formulary.
 - Clarification for 2025: All carriers must cover, at \$0 cost sharing:
 - Test strips and glucometers
 - Preferred brands of insulin
 - At least one from each of the following classes of oral hypoglycemics:
 - Biguanides (such as metformin)
 - Thiazolidinediones (such as pioglitazone or rosiglitazone)
 - Sulfonylureas (such as glipizide, glyburide, gliclazide, or glimepiride)

2024 Value Plan Standards Summary

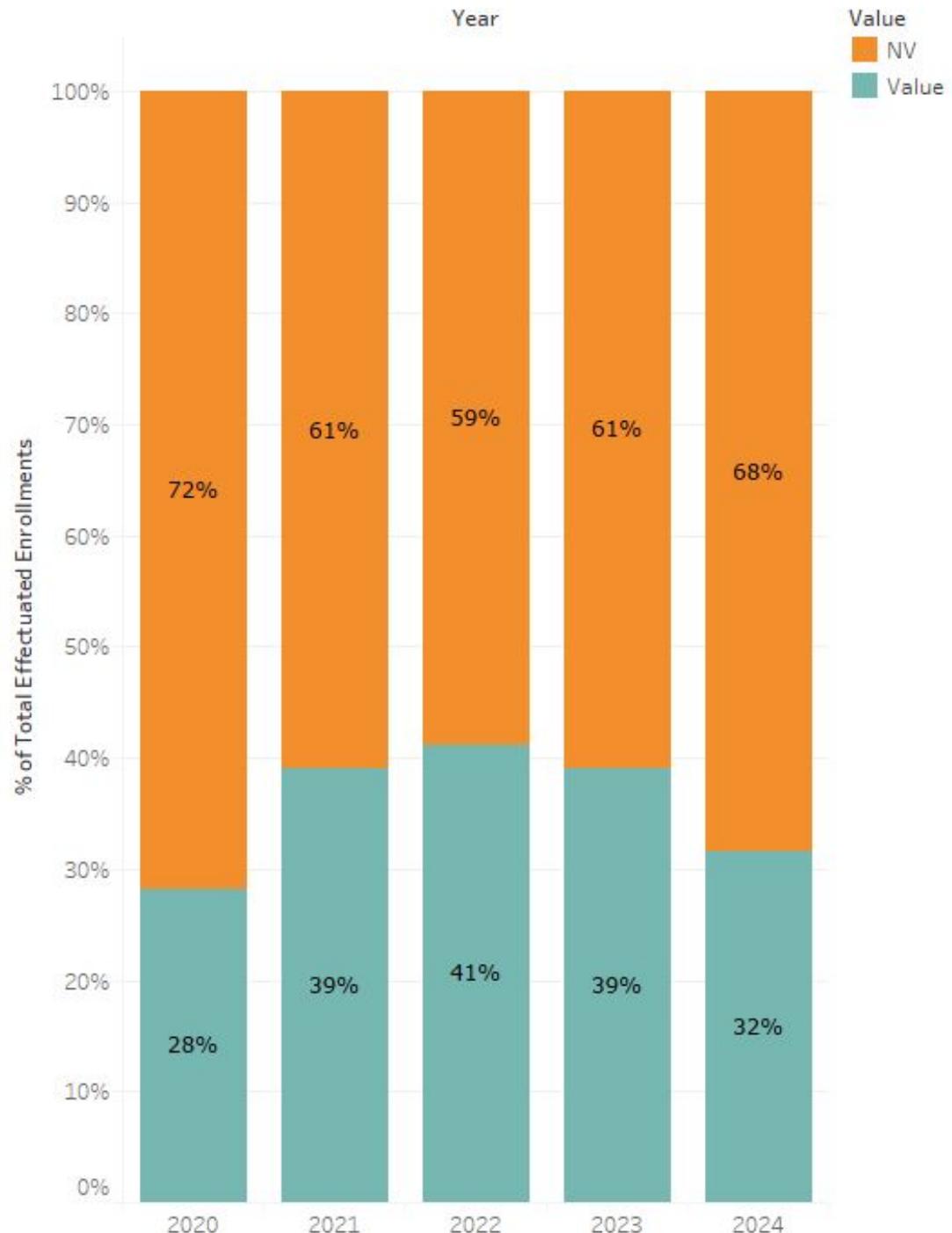
| Plan Metal Level | Bronze | Silver | Gold |
|--|--|--|--|
| Medical Deductible | \$9,450 | \$0, \$1,000, or \$4,500* | \$1,000 |
| Included free in all plans | <ul style="list-style-type: none"> Preventive care Diabetes care including insulin, glucometers, test strips and certain routine diabetes care services, such as foot exams and lab tests. For the full list of diabetic care benefits, visit MarylandHealthConnection.gov/Value-Plan. | | |
| Services covered with a copay before deductible is met | <ul style="list-style-type: none"> Primary care (\$35) Urgent care (\$75) Specialist visit (\$90) Mental health and substance use disorder office visits (\$35) Lab tests (\$80) X-rays and diagnostics (\$150) Generic drugs (\$25) | <ul style="list-style-type: none"> Primary care (\$2-\$35) Urgent care (\$15-\$75) Specialist visit (\$15-\$90) Mental health and substance use disorder office visits (\$2-\$35) Lab tests (\$5-\$80) X-rays and diagnostics (\$20-\$150) Generic drugs (\$0-\$25) Additional services for eligible enrollees** | <ul style="list-style-type: none"> Primary care (\$10) Urgent care (\$40) Specialist visit (\$30) Mental health and substance use disorder office visits (\$10) Lab tests (\$25) X-rays and diagnostics (\$50) Generic drugs (\$10) Preferred brand drugs (\$30) |

2023 Value Plan Standards

| Requirements | Bronze | Silver | Gold |
|--|--|--|--|
| Minimum offering | Issuer must offer at least 1 “Value” plan. | Issuer must offer at least 1 “Value” plan. | Issuer must offer at least 1 “Value” plan. |
| Branding | Required. | Required. | Required. |
| Medical Deductible Ceiling | No requirement. Lower deductibles are encouraged. | \$3,000 or less. | \$1,000 or less. |
| Services Covered with Copay Before Deductible | <ul style="list-style-type: none"> • Primary Care Visits with copay of not more than \$40 • Mental Health and Substance Use Disorder • Outpatient Visits with copay ≤\$40 • Generic Drugs with copay ≤\$20 | <ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Mental Health and Substance Use Disorder • Outpatient Visits • Generic Drugs • Laboratory Tests • \$0 Diabetic Supplies (insulin, glucometers, test strips) | <ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Mental Health and Substance Use Disorder • Outpatient Visits • Generic Drugs • Laboratory Tests • X-rays and Diagnostics • \$0 Diabetic Supplies (insulin, glucometers, test strips) |

Value Plan Enrollment Down in PY 2024

- Value Plan enrollment (blue) increased or held relatively steady 2020-2023, then decreased in 2024
- 2024 was the first year of fully standardized Value Plans
- Workgroup will explore ways to increase VP enrollment



Value Plan-Specific Plan Shopping Tools (1/2)

We've located **42** matching health plans

Edit Health Care Use

Filters ^

Estimated Monthly Premium

- Under \$99
- \$100 - \$199
- \$200 - \$299
- \$300 - \$399
- Over \$400

Annual Deductible

- Under \$1899
- \$1900 - \$3799
- \$3800 - \$5699
- \$5700 - \$7599
- Over \$7600

Annual Out of Pocket Maximum

- Under \$1899
- \$1900 - \$3799
- \$3800 - \$5699
- \$5700 - \$7599
- Over \$7600

Metal Level

- Bronze
- Silver
- Gold
- Platinum

Health Insurance Company

- Aetna Health
- Kaiser Permanente
- CareFirst BlueChoice - HMO/POS
- CareFirst BlueCross BlueShield - PPO
- United Healthcare

Quality Rating

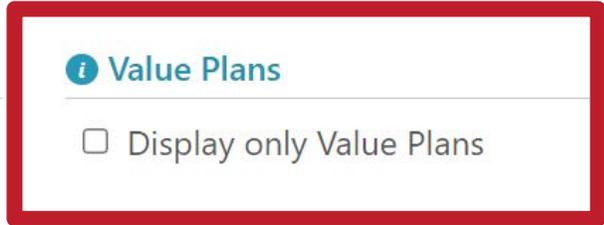
- ★★★★★
- ★★★★☆

Plan Type

- HMO ⓘ
- PPO ⓘ

Value Plans

- Display only Value Plans



Value Plan-Specific Plan Shopping Tools (2/2)

| | | | | | |
|--|--|--|--|--|-----------------------|
|  | UHC Bronze Value Plan 2024-72375MD0070028-01 | METAL LEVEL: BRONZE | QUALITY RATING: ★★★★★ <small>i</small> | Details | |
| ESTIMATED MONTHLY PREMIUM <small>i</small> | ANNUAL DEDUCTIBLE <small>i</small> | ANNUAL OUT-OF-POCKET MAX <small>i</small> | PRIMARY CARE <small>i</small> | URGENT CARE CENTER <small>i</small> | GENERIC DRUG |
| \$255.50 Price after estimated \$0.00 tax credit | \$9450 per person \$18900 per group | \$9450 per person \$18900 per group | \$35.00 Copay | \$75.00 Copay | \$25.00 Copay |
| H.S.A. Qualified :No Telehealth: Primary Care: \$35 Copay Urgent Care: \$75 Copay Mental health outpatient: \$35 Copay | | | | | |
| Find a Health Care Provider | Important Plan Information | Plan Costs & Benefits | Drug Search | | |
| | | | Email Quote | Add to Compare | APPLY |

Value Plan

Workgroup Objectives

- Recommend updates to Value Plan Standards for 2026 and beyond
 - Recommend changes to cost-sharing that promote affordability of commonly used services but do not exceed actuarial value constraints
 - Recommend whether and/or how to make changes to support health equity and align with statewide health goals
- Suggestions from proposed 2025 Value Plan standards comment period
 - Align pediatric dental coinsurance amounts between classes III and IV to align cost sharing amounts for similar services
 - Other outstanding feedback from 2025 comment period

Discussion

The background features a dark blue field with four overlapping, light blue, petal-like shapes arranged in a cross pattern, meeting at a central point. The petals have a soft, rounded edge and a subtle gradient.

Discussion

- Questions?
- What are your initial impressions and opinions about adding \$0/reduced cost-sharing for another high-disparity condition versus keeping copays low for other commonly used services?
- Other ideas for Value Plans in 2026 and beyond?

The background features a solid teal color with four overlapping, semi-transparent teal circles arranged in a cross pattern, centered around the text. The text "Public Comment" is written in a white, sans-serif font, centered horizontally and vertically within the overlapping area of the circles.

Public Comment

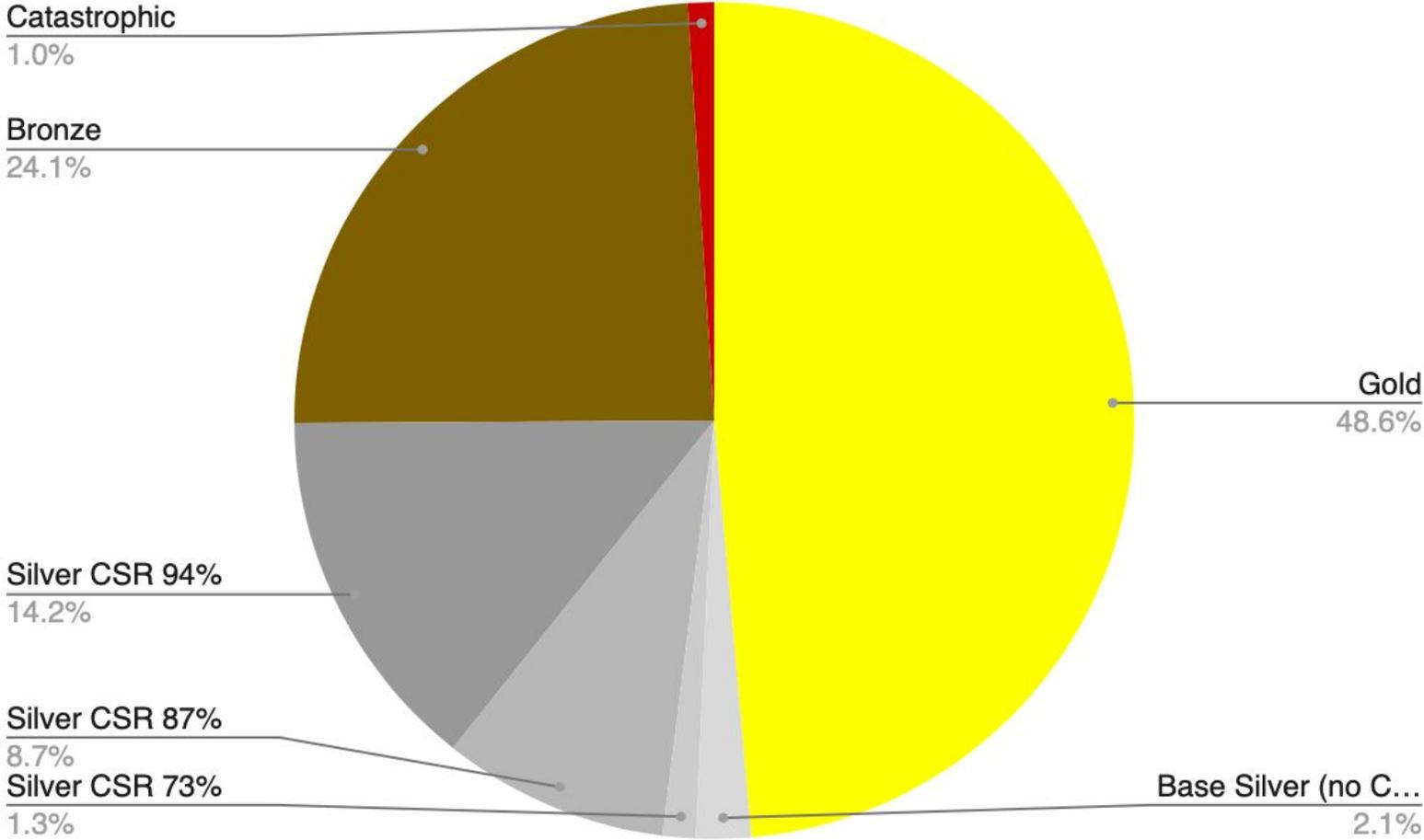
Next Steps

- Vote on co-chairs & workgroup charter via online survey
- **Next meeting: Tuesday, June 25, 12 - 1:30 PM**
- June - August: Regular meetings
 - Mid-July: First draft of plan designs for review and discussion
 - Late July / August: Workshop plan designs
- September 3: Vote to finalize recommendations
- December 2024, date TBD: Meet to make adjustments post-publication of Actuarial Value Calculator

Appendix

The background features a dark teal color with four overlapping, lighter teal circles arranged in a cross pattern, centered around the text.

Total MHC Enrollment by Metal Level, 2024



Enrollment data as of January 15, 2024

The background features a solid teal color with four large, overlapping circles of a lighter shade of teal. These circles are arranged in a cross-like pattern, with each circle overlapping the others at their centers. The text "2025 Value Plan Designs" is centered horizontally and vertically over the intersection of these circles.

2025 Value Plan Designs

Proposed 2025 Value Plan Designs (1/5)

*Blue text indicates service is not subject to the deductible.

| | 2025 Gold | 2025 CSR 94% | 2025 CSR 87% | 2025 CSR 73% | 2025 Base Silver | 2025 Bronze - Expanded |
|--|-----------|--------------|--------------|--------------|------------------|------------------------|
| Actuarial Value | 81.75% | 94.90% | 87.84% | 73.80% | 71.32% | 64.73% |
| Medical Deductible | \$1,000 | \$0 | \$1,000 | \$4,500 | \$4,500 | \$9,200 |
| Drug Deductible | \$150 | \$0 | \$150 | \$750 | \$750 | n/a |
| Medical Max Out-of-Pocket (MOOP) | \$6,750 | \$1,850 | \$2,550 | \$5,850 | \$7,600 | \$9,200 |
| Rx MOOP | \$600 | \$250 | \$500 | \$1,500 | \$1,500 | n/a |
| Combined MOOP | \$7,350 | \$2,100 | \$3,050 | \$7,350 | \$9,100 | \$9,200 |
| Maximum MOOP Allowed by Federal Government | \$9,200 | \$3,050 | \$3,050 | \$7,350 | \$9,200 | \$9,200 |
| Emergency Room Services | \$350 | \$75 | \$150 | \$500 | \$500 | n/a |
| All Inpatient Hospital Services (inc. MH/SUD) | \$450 | \$150 | \$350 | \$550 | \$550 | n/a |
| Primary Care Visit to Treat Injury/Illness (exc. Preventive, X-rays) | \$10 | \$5 | \$10 | \$35 | \$35 | \$35 |
| Specialist Visit | \$35 | \$20 | \$35 | \$100 | \$100 | \$100 |
| Mental/Behav'l Health & Substance Use Disorder Office Visits | \$10 | \$5 | \$10 | \$35 | \$35 | \$35 |
| MH/SUD All Other Outpatient Services | \$10 | \$5 | \$10 | \$35 | \$35 | \$0 |

Deductibles & MOOPs shown are for a self-only plan. For a family plan, each member has an individual medical and Rx deductible and MOOP of the amount shown. An individual family member cannot contribute more than the self-only deductible or MOOP toward meeting the family deductible or MOOP. The family has a total medical and Rx deductible and MOOP that is twice the amount shown for a self-only plan. Once the family deductible or MOOP has been met, this satisfies the deductible or MOOP for all family members.

Proposed 2025 Value Plan Designs (2/5)

| | 2025 Gold | 2025 CSR 94% | 2025 CSR 87% | 2025 CSR 73% | 2025 Base Silver | 2025 Bronze - Expanded |
|---|-----------|--------------|--------------|--------------|------------------|------------------------|
| Imaging (CT/PET Scans, MRIs) | \$400 | \$125 | \$350 | \$600 | \$600 | n/a |
| Speech Therapy | \$10 | \$5 | \$10 | \$35 | \$35 | \$35 |
| Occupational and Physical Therapy | \$10 | \$5 | \$10 | \$35 | \$35 | \$35 |
| Preventive Care/Screening/Immunization | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Laboratory Outpatient and Professional Services | \$25 | \$5 | \$25 | \$80 | \$80 | \$80 |
| X-rays and Diagnostic Imaging | \$50 | \$20 | \$50 | \$150 | \$150 | \$150 |
| Skilled Nursing Facility | \$75 | \$30 | \$75 | \$150 | \$150 | n/a |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | \$250 | \$50 | \$75 | \$150 | \$150 | n/a |
| Outpatient Surgery Physician/Surgical Services | \$125 | \$60 | \$125 | \$150 | \$150 | n/a |
| Generic Drugs | \$10 | \$0 | \$6 | \$25 | \$25 | \$25 |
| Preferred Brand Drugs | \$30 | \$5 | \$25 | \$75 | \$75 | n/a |
| Non-Preferred Brand Drugs | \$60 | \$15 | \$50 | \$80 | \$80 | n/a |
| Specialty Drugs (i.e. high-cost) | \$75 | \$25 | \$60 | \$100 | \$100 | n/a |

Proposed 2025 Value Plan Designs (3/5)

| | 2025 Gold | 2025 CSR 94% | 2025 CSR 87% | 2025 CSR 73% | 2025 Base Silver | 2025 Bronze - Expanded |
|---|-----------|--------------|--------------|--------------|------------------|------------------------|
| Additional Standardized Service Categories | | | | | | |
| Durable Medical Equipment | 20% | 10% | 20% | 30% | 30% | n/a |
| Emergency Transportation/Ambulance | \$300 | \$50 | \$100 | \$350 | \$350 | n/a |
| Habilitation Services | \$10 | \$2 | \$10 | \$35 | \$35 | \$35 |
| Home Health Care Services | \$30 | \$10 | \$25 | \$45 | \$45 | \$50 |
| Hospice Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Inpatient Physician and Surgical Services | \$30 | \$10 | \$25 | \$40 | \$40 | n/a |
| Outpatient Rehabilitation Services | \$10 | \$2 | \$10 | \$35 | \$35 | \$35 |
| Urgent Care Centers or Facilities | \$40 | \$15 | \$30 | \$75 | \$75 | \$75 |

Proposed 2025 Value Plan Designs (4/5)

| | 2025 Gold | 2025 CSR 87% | 2025 CSR 87% | 2025 CSR 73% | 2025 Base Silver | 2025 Bronze - Expanded |
|---|-----------|--------------|--------------|--------------|------------------|------------------------|
| Additional Standardized Service Categories | | | | | | |
| Pediatric Vision | | | | | | |
| Routine Eye Exam for Children (optometrist) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Eye exam by an Ophthalmologist | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Basic Lenses | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Frames | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Contacts – elective (i.e. in lieu of lenses & frames) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Contacts – medically necessary | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Low vision testing | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Low vision aid | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Pediatric Dental | | | | | | |
| Class I Preventive & Diagnostic Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Class II Basic Services | 20% | 20% | 20% | 20% | 20% | 20% |
| Class III Major Services | 20% | 20% | 20% | 20% | 20% | 20% |
| Class IV Major Services – Restorative | 50% | 50% | 50% | 50% | 50% | 50% |
| Class V Orthodontic Services | 50% | 50% | 50% | 50% | 50% | 50% |

Proposed 2025 Value Plan Designs (5/5)

- Enrollees with a primary diagnosis of diabetes pay \$0 cost-sharing for:
 - PCP visits
 - Dilated retinal exam (1x per year)
 - Diabetic foot exam (1x per year)
 - Nutritional counseling visits
 - Lipid panel test (1x per year)
 - Hemoglobin A1C (2x per year)
 - Microalbumin urine test or nephrology visit (1x per year)
 - Basic metabolic panel (1x per year)
 - Liver function test (1x per year)
 - A select list of diabetes supplies and medications within the diabetic agent's drug class, as defined by the insurer. An insurer is not required to change the drugs that are on the insurer's formulary.
 - Clarification for 2025: All carriers must cover, at \$0 cost sharing:
 - Test strips and glucometers
 - Preferred brands of insulin
 - At least one from each of the following classes of oral hypoglycemics:
 - Biguanides (such as metformin)
 - Thiazolidinediones (such as pioglitazone or rosiglitazone)
 - Sulfonylureas (such as glipizide, glyburide, gliclazide, or glimepiride)
- Insurers may charge less than the copays shown for services delivered via telehealth.
- Insurers may combine the two outpatient surgery copays into a single copay.