

# Final 2026 Plan Certification Standards

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# Value Plan Standards

The background of the slide is a solid dark red color. Overlaid on this background is a large, stylized graphic of a plant with four large, rounded leaves. The leaves are a lighter shade of red, creating a subtle pattern. The text 'Value Plan Standards' is centered horizontally and positioned in the upper half of the slide.

# Proposed Changes for 2026 Value Plans (from 2025)

These recommendations were developed and unanimously approved by the Value Plan Workgroup.

Update	Metal Levels Affected	Reason
Reduce lab copay	Bronze - \$55 (was \$80) Silver 73 and Base Silver - \$45 (was \$80)	Health equity and affordability for chronic, high disparity conditions
Align pediatric dental coinsurance across Classes III and IV Major Services and vary coinsurance amount by income	All metal levels	Alignment with other states/markets; technical fix
Raise maximum out-of-pocket (“MOOP”) amount*	All metal levels	Comply with federal AV restrictions; Low impact way to reduce AV (impacts 2-5% of enrollees)
Raise specialist copay to \$110 (from \$100)*	Bronze, Base Silver, Silver 73	Federal actuarial value restrictions
Raise lab copay to \$10 (from \$5)*	Silver 94 only	Federal actuarial value restrictions
Raise outpatient rehabilitation and habilitative services copays (to \$5 from \$2) to align with physical, speech, and occupational therapy copay*	Silver 94 only	Technical fix– these copays are usually aligned and services are the same

\*New since September

# Proposed 2026 Designs (1/3)

	Subject to Deductible	Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
Actuarial Value		81.89%	94.92%	87.92%	73.87%	71.75%	64.71%
Medical Deductible		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$10,150
Drug Deductible		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP		\$8,500	\$1,950	\$2,850	\$6,800	\$8,500	\$10,150
Rx MOOP		\$600	\$250	\$500	\$1,300	\$1,300	n/a
Combined MOOP		\$9,100	\$2,200	\$3,350	\$8,100	\$9,800	\$10,150
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	\$110	\$110	\$110
Mental/Behavioral Health and Substance Use Disorder Office Visits	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Mental/Behavioral Health and Substance Use Disorder 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	\$10	\$25	\$45	\$45	\$55
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
Generic Drugs	Yes - No	\$10	\$0	\$6	\$25	\$25	\$25
Preferred Brand Drugs	Yes - No	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	Yes - No	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	Yes - No	\$75	\$25	\$60	\$100	\$100	n/a

# Proposed 2026 Designs (2/3)

	Subject to Deductible	Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
<b>Additional Standardized Service Categories</b>							
Durable Medical Equipment	Yes - No	20%	10%	20%	30%	30%	n/a
Emergency Transportation/Ambulance	Yes - No	\$300	\$50	\$100	\$350	\$350	n/a
Habilitation Services	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Home Health Care Services	Yes - No	\$30	\$10	\$25	\$45	\$45	n/a
Hospice Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	Yes - No	\$30	\$10	\$25	\$40	\$40	n/a
Outpatient Rehabilitation Services	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Urgent Care Centers or Facilities	Yes - No	\$40	\$15	\$30	\$75	\$75	\$75
Pediatric Vision							
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Dental							
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	20%	20%	20%	20%	20%	20%
	Yes - No	50%	20%	30%	40%	50%	50%
	Yes - No	50%	20%	30%	40%	50%	50%
	Yes - No	50%	50%	50%	50%	50%	50%

# Proposed 2026 Value Plan Designs (3/3)

- 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.
    - 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.



# Proposed Mental Health and Substance Use Disorder Office Visit Cost Sharing Standard

# Proposed Mental Health and Substance Use Disorder Office Visit Cost Sharing Standard

- **Require equivalent cost-sharing for primary care and mental health/substance use disorder office visits**
  - Require equivalent cost-sharing between these service types
  - Encourage carriers to use copay structure for these service types
- Discussed with SAC on November 14, 2024; committee expressed support.
- No comments received



# Proposed Mental Health and Substance Use Disorder Office Visit Cost Sharing Standard

## Background

- Federal and state parity laws generally provide that **financial requirements** (e.g., coinsurance and copays) and **treatment limitations** (e.g., visit limits) imposed on MH/SUD benefits **cannot be more restrictive** than the ***predominant financial requirements and treatment limitations that apply to *substantially all* medical/surgical benefits*** in a classification (e.g.inpatient/outpatient/emergency/Rx)
- Plans sold through MHC must comply with parity laws, but it is possible for a plan to be compliant and still have less favorable cost sharing for MH/SUD office visits than for primary care
- Of the 5 MHC insurers, 3 currently use the same cost sharing for these service types, 1 has voluntarily agreed to implement equivalent cost sharing in 2026, and 1 is evaluating our request to do so.