

# MHBE 2025 Value Plan Workgroup

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Session 1 – August 26, 2025



This meeting will be recorded

# Agenda

1:00 - 1:15 | Welcome and Introductions  
*Becca Lane, Senior Health Policy Analyst*  
*All members*

1:15 - 1:30 | Background and Overview of Workgroup Goals  
*Becca Lane*

1:30 - 1:40 | Vote on Workgroup Charter and Co-Chairs  
*All*

1:40 - 2:20 | Popular Plans vs. Value Plans Comparison; Review of Ideas from 2024; & Discussion of Priorities for 2027 Plan Design  
*Becca Lane; All members*

2:20 - 2:30 | Public Comment

2:30 | Adjournment



# Welcome & Introductions

# Members

| Member                 | Affiliation  |
|------------------------|--|
| Richard Amador         | HealthCare Access Maryland                               |
| 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.       |
| Jake Whitaker          | 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                     |
| Molly O'Brien        | Wellpoint   |
| Karen Pollitz        | Consumer and Health Policy Professional (Retired) |
| Lisa Solomon         | Senior Health Benefits Assistance                 |
| David Stewart        | AHEC West   |
| Adam Zimmerman       | Maryland Insurance Administration                 |

\* 2024 co-chair / candidate for 2025 co-chair

## Co-chair vote and charter vote

1. “I move to approve the 2025 Value Plan Workgroup Charter [as presented/as amended].”
2. “I move to approve [Name] and [Name] as the co-chairs for the 2025 Value Plan Workgroup.”

# 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 include **Value Plan standards** and other standards related to plan design and information provided to consumers
  - Administering affordability programs (**reinsurance** and **state subsidies**)



# 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

**Young Adult Subsidy:** **State-funded premium subsidy** (est. 2022) to reduce the amount young adults pay for health plans. Based on age & income– **youngest and lowest income pay the least.**

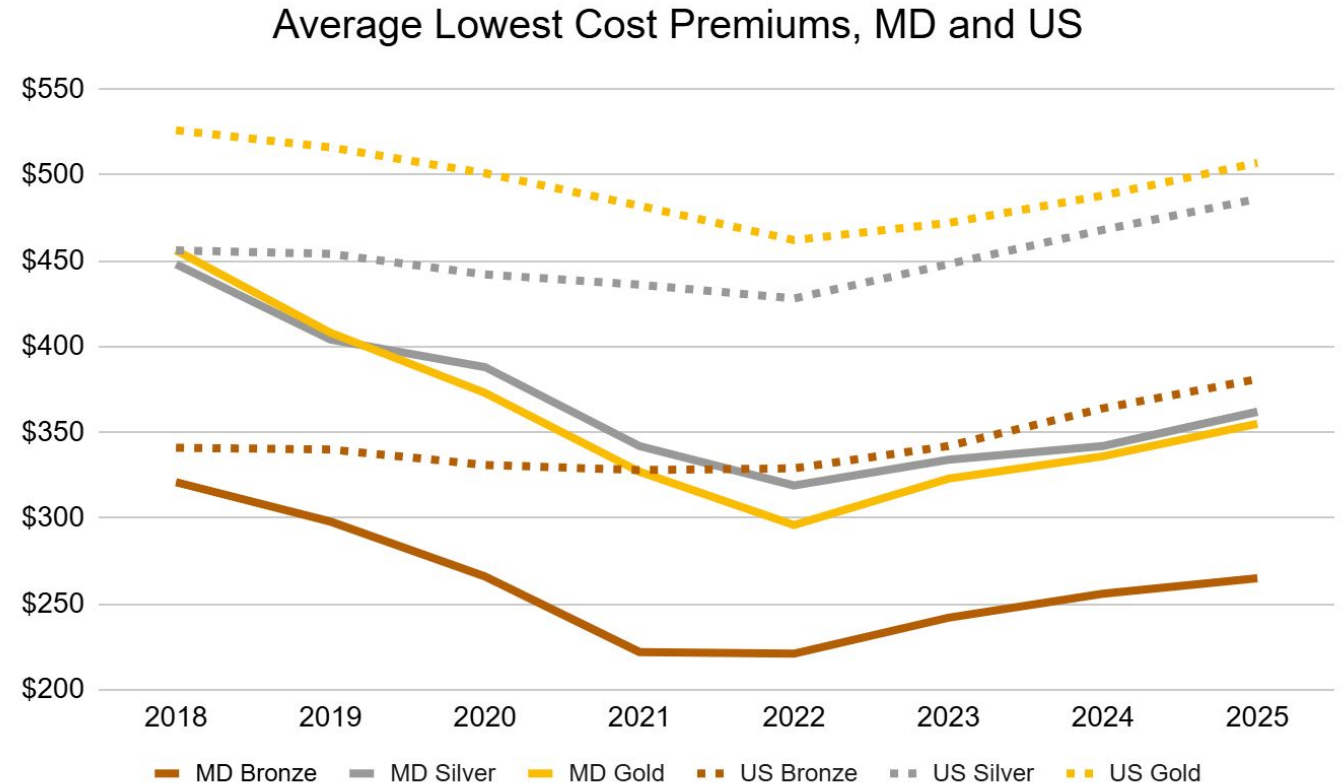
- **Goal:** Improve risk pool, reduce premiums for all

## **State-Based Subsidy:**

- Enhanced federal tax credits, which have reduced net premiums and boosted enrollment since 2021, will expire at the end of 2025 unless Congress acts
- Unless Congress acts, enrollment will decline in 2026 due to reduced affordability:
  - 190,000 MHC consumers will lose some or all financial support
  - Premiums estimated to increase by an average 68% for tax credit-eligible consumers
- [HB 1082](#) requires MHBE to establish a State-Based Individual Subsidy Program to mitigate enrollment losses and stabilize market in PYs 2026-2027
  - Contingency language: if Congress extends enhanced subsidies, no state-based subsidy

# Reinsurance Program Impact: Premiums Successfully Reduced

- Premiums are 17% lower than in 2018.
- Maryland's lowest cost plans are about 30% below US averages



Data source: Kaiser Family Foundation:

<https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier>

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# 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

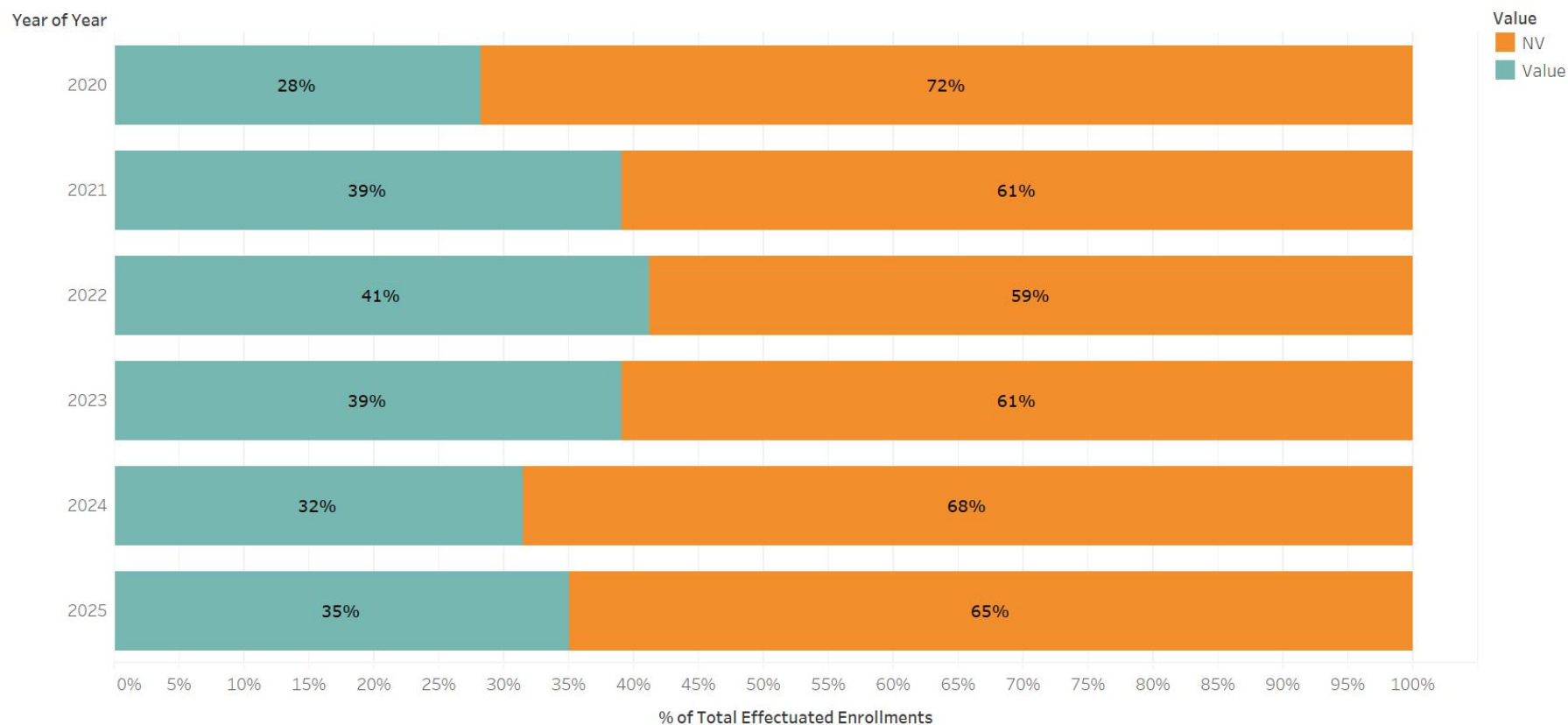
# Value Plan History

- 2019: MHBE convened an Affordability Workgroup that made recommendations to improve affordability and access, including Value Plans
- **2020: Original (non-standardized) Value Plans launch**, including \$0 diabetic supplies (insulin and glucometers) in Silver and Gold plans only
- 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, including \$0 diabetic services in all metal levels**
- 2025: Minimal changes to standards; new limit of 3 plans per metal level effective
- 2026: Reduced lab copays where possible; technical fixes; changes to meet AV limits

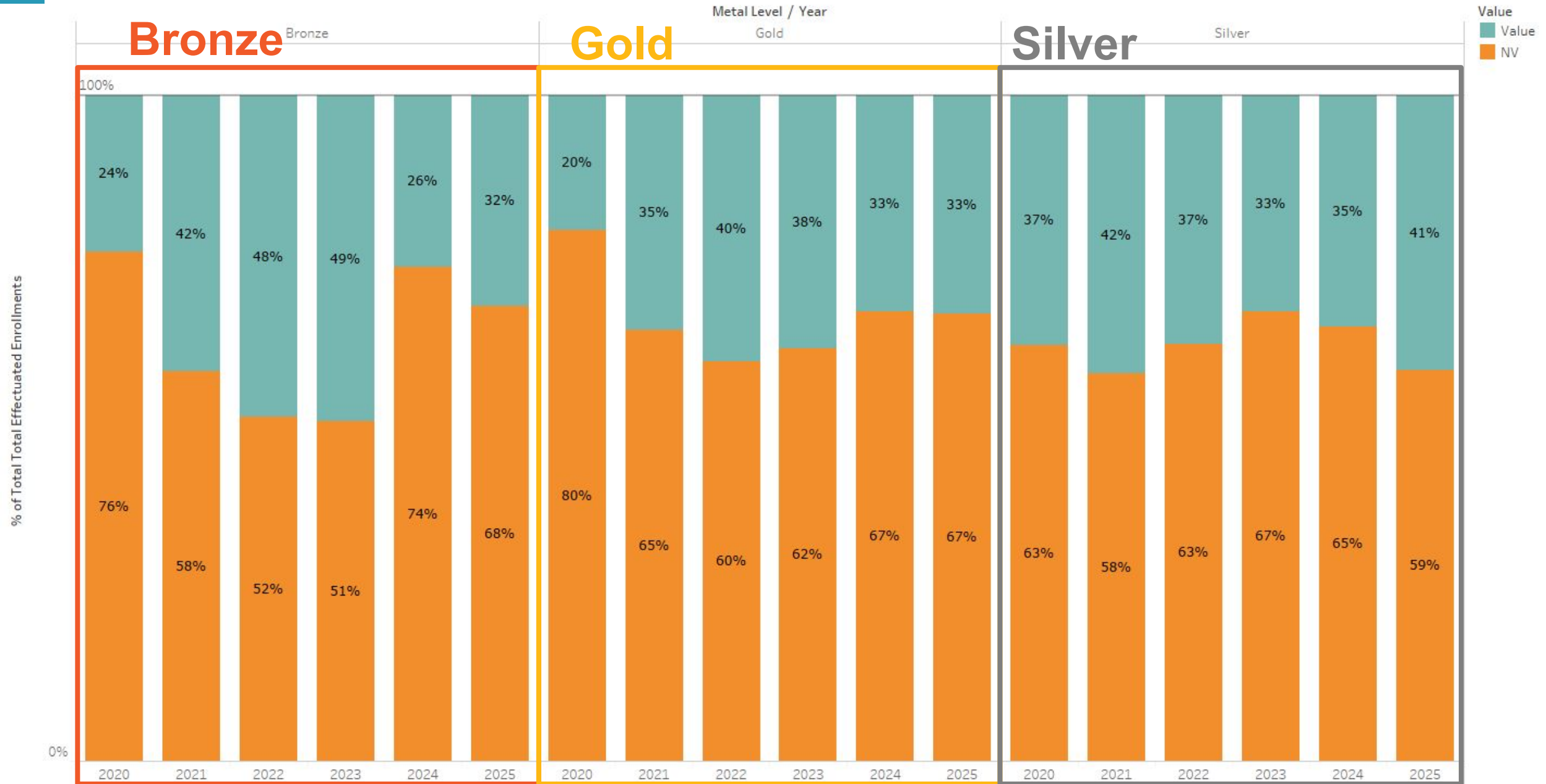


# Value Plan Enrollment Up from PY2024 to 2025

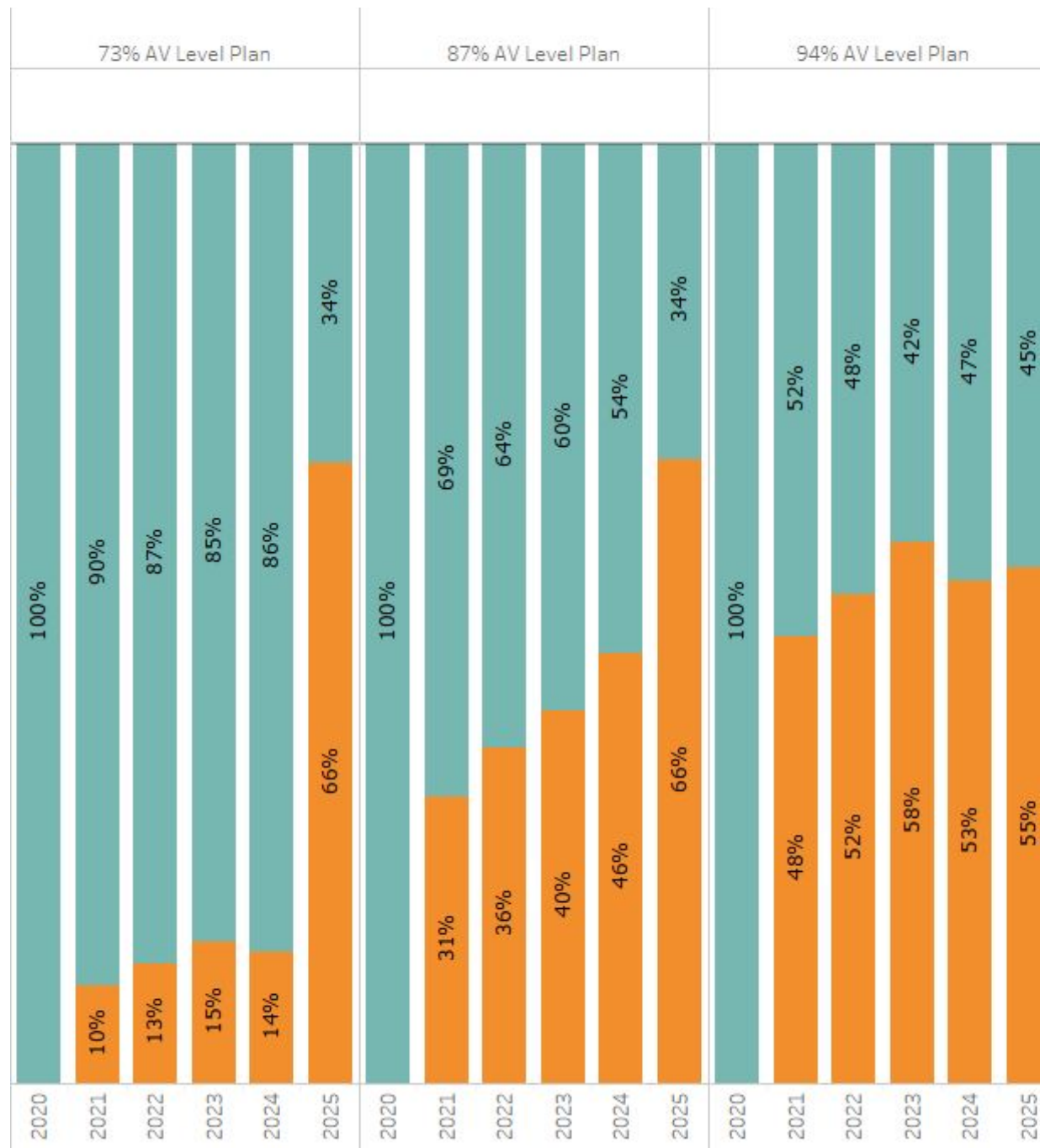
- Value Plan enrollment (blue) increased or held relatively steady 2020-2023, decreased in 2024, and increased in 2025



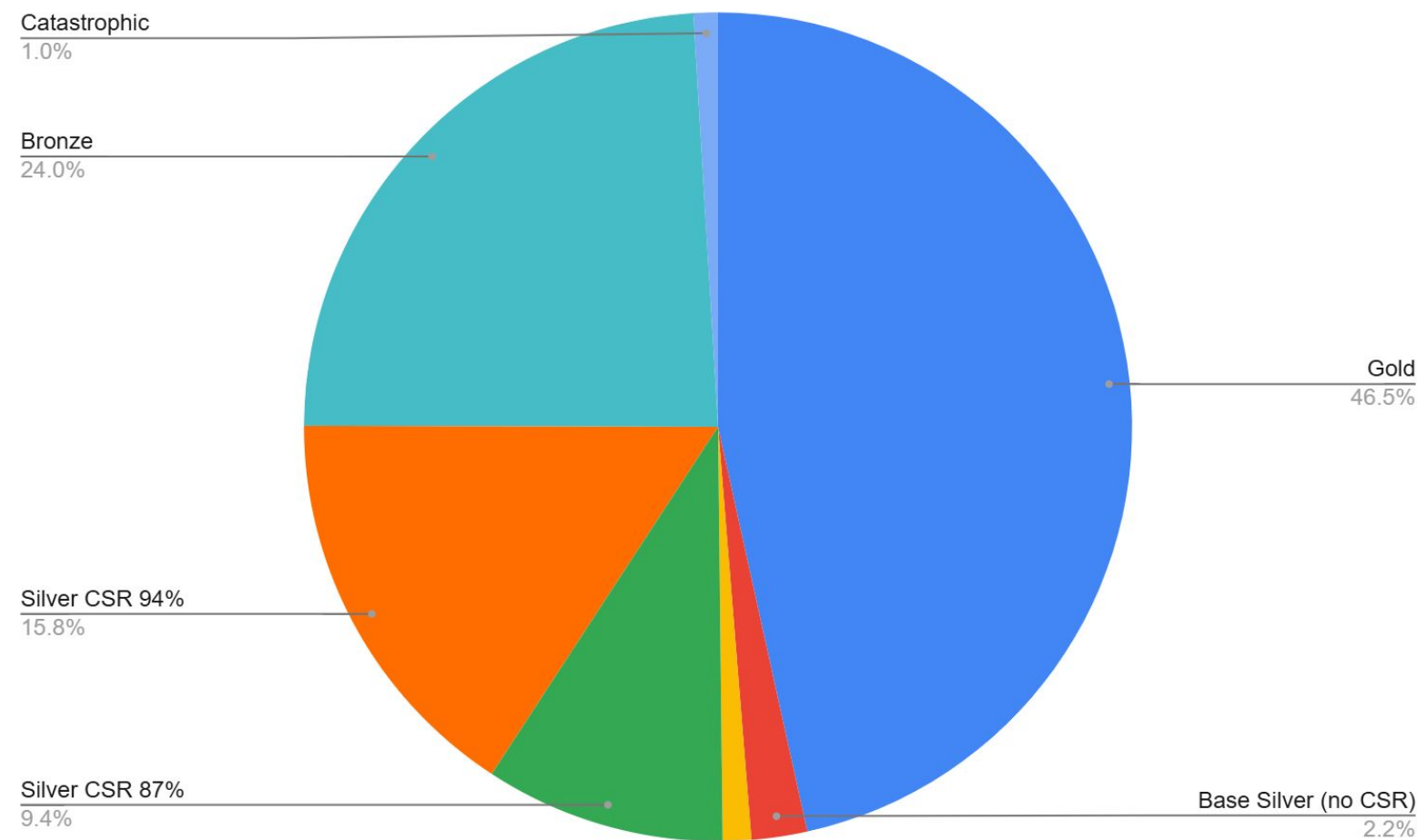
# Value vs Non-Value Plans as Share of Total Enrollment



# Value Plan Enrollment by Silver CSR Tier



# Total MHC Enrollment by Metal Level, 2025

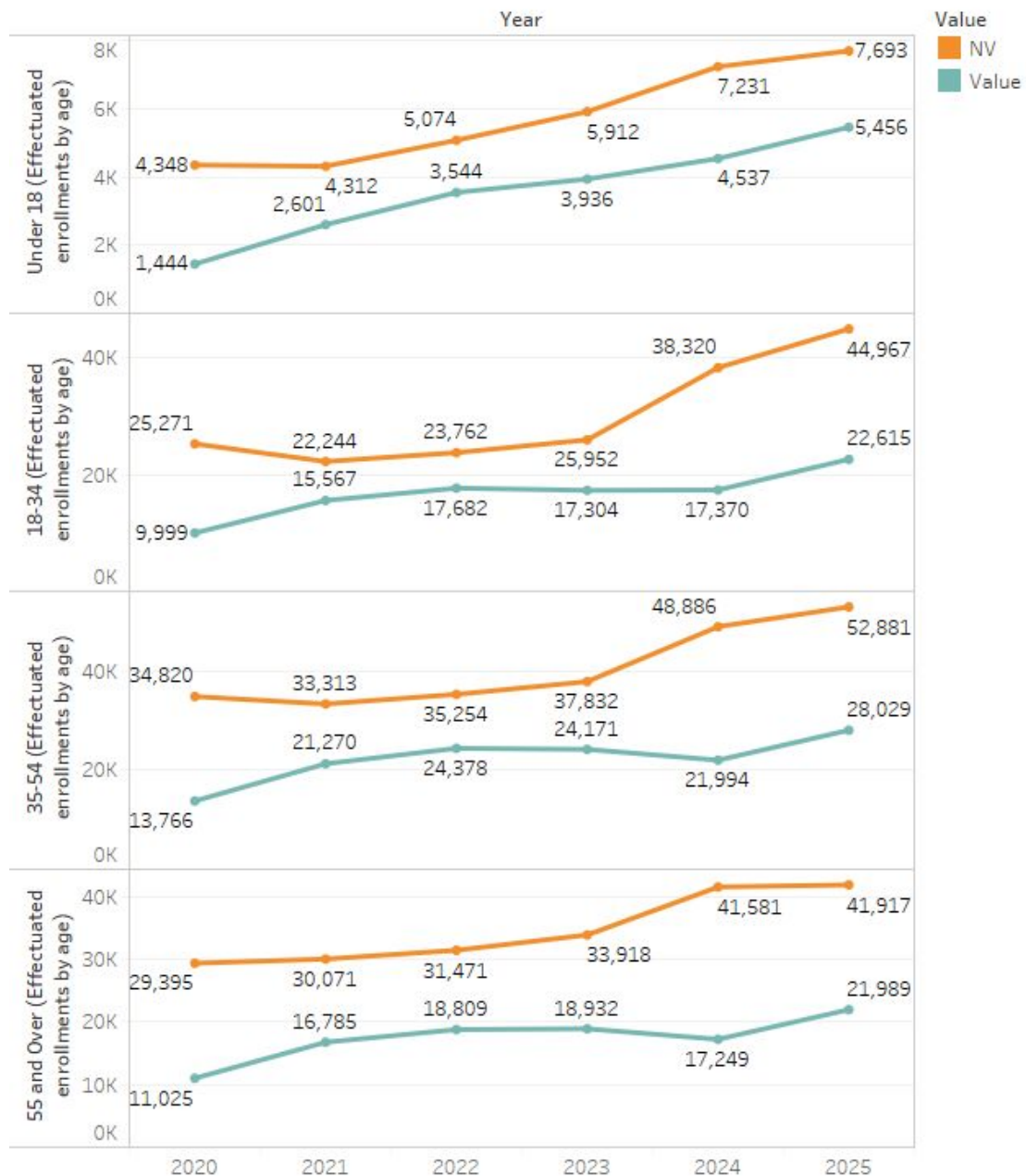


Enrollment data as of January 15, 2025

# Value vs Non-Value by Age

Slight increase in Value Plan enrollment among 55+ age group relative to non-Value Plans between 2024 and 2025

Enrollment by age

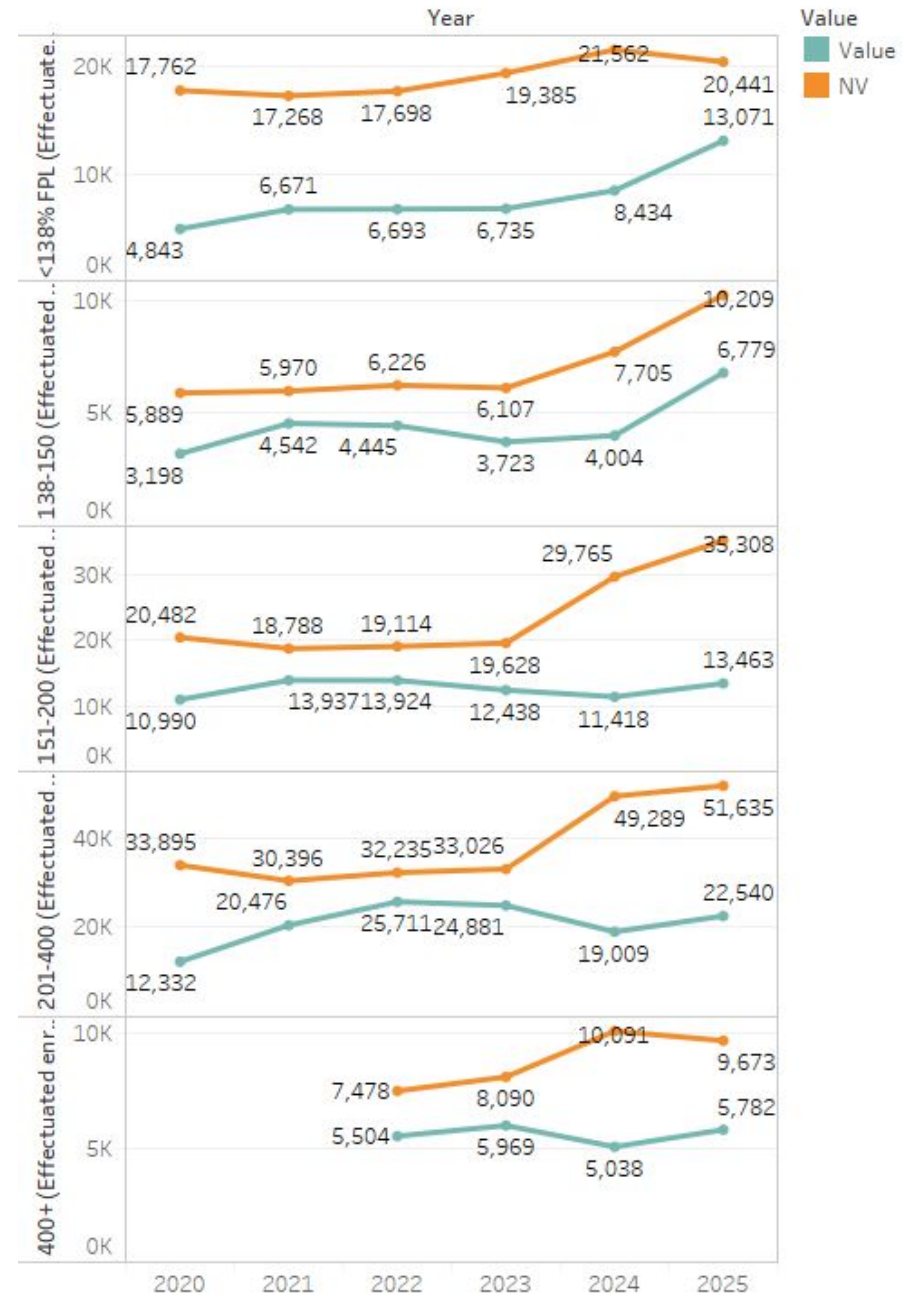


# Value vs Non-Value by Income

Between 2024 and 2025:

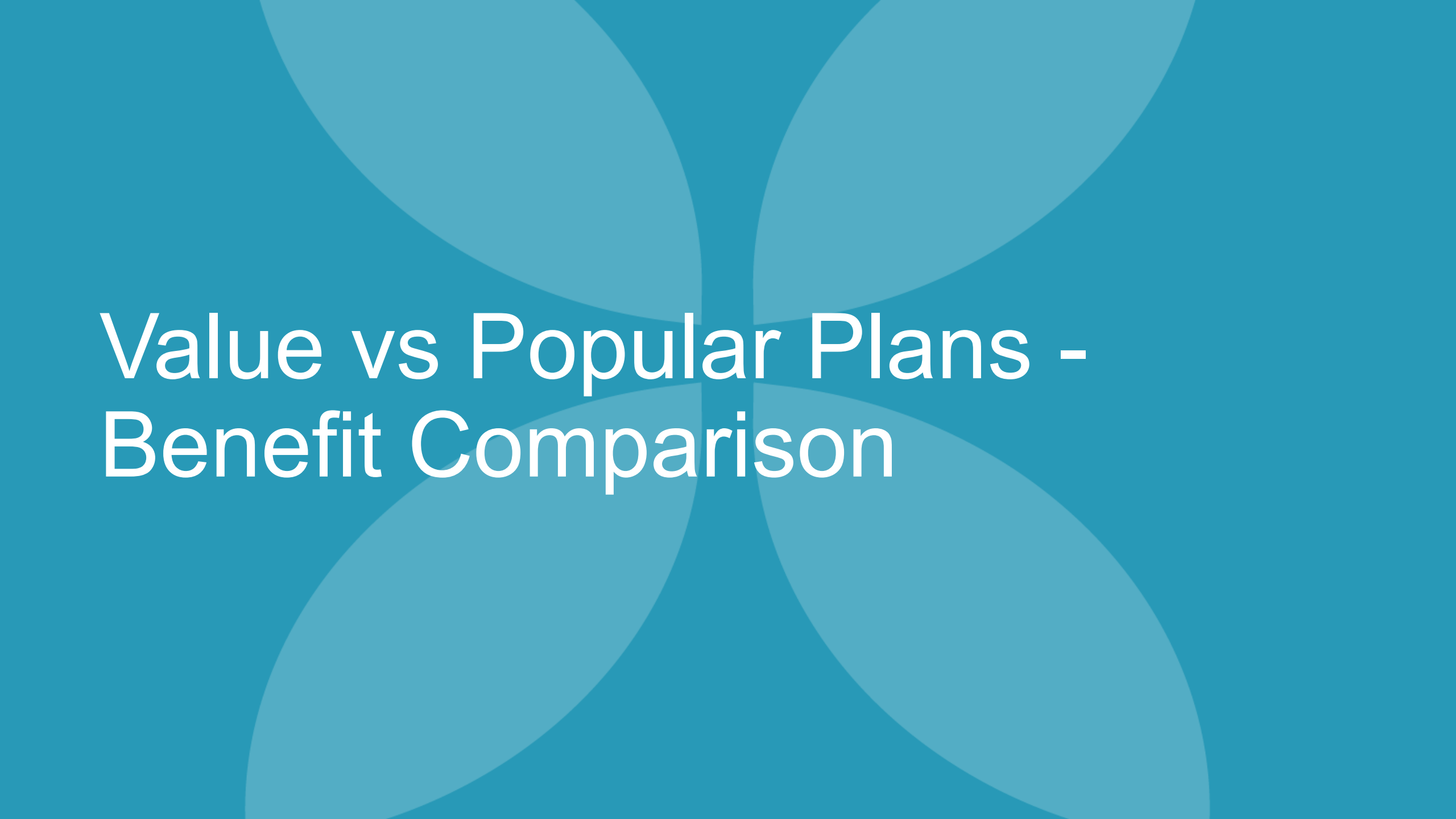
- Increase in Value Plan enrollment among lowest income level (eligible for 94% Silver CSR plan)
- Very slight reduction in enrollment in non-Value Plans by >400% FPL compared to slight increase in Value Plans

Enrollment by income



# Workgroup Objectives

- Recommendation for Value Plan Standards for 2027 and beyond
  - Cost-sharing should promote affordability of commonly used services but balance actuarial value constraints
  - Recommend whether and/or how to make changes to support health equity and align with statewide health goals
- Suggestions after last year's workgroup
  - Prescription drug costs
  - Mental health costs

The background features a solid teal color with a pattern of overlapping circles in a lighter shade of teal, creating a floral or sunburst-like effect.

# Value vs Popular Plans - Benefit Comparison



# Navigator & Broker Feedback

- Generally, Value Plans are well designed even if not highest enrollment and offer a meaningful alternative cost sharing structure– didn't receive feedback that they should be changed
- Plan names could be more attractive: "\$0 deductible" or "copay focus" seem to attract consumers regardless of other plan features
- High deductibles scare off consumers despite pre-deductible coverage
- Premium is a primary decision-making factor
- Popularity of some plans could be due to automatic reenrollment, and popular plan features were changed
  - Plan certification standard to require insurers to notify consumers of changes to their plan for the upcoming plan year before Open Enrollment?
- Drug deductible: consumers with expensive medications do benefit
- People end up in Base Silver or Silver 73 due to an increase in income (previously in Silver 87 or 94) so stick with the same plan, but a less generous version

# Gold Plan Comparison

|  | BlueChoice HMO Gold \$1750 Virtual Connect | BlueChoice HMO Value Gold \$1000 |
|--|--|----------------------------------|
| Premium (21 yrs, RA 1   Range: \$277 - \$449)    | \$311.25 (#7/16)                           | \$332.25 (#11/16)                |
| Enrollment                                       | 35,119 (#1)                                | 17,905 (#2)                      |
| Medical Deductible (Individual   Family)         | \$1,750                                    | \$1,000                          |
| Drug Deductible (Individual   Family)            | \$150   \$150                              | \$150   \$300                    |
| Medical (or combined) MOOP (Individual   Family) | \$6650   \$13300 (combined medical + drug) | \$6750   \$13500 (medical)       |
| Drug MOOP (Individual   Family)                  | n/a  | \$600   \$1200                   |
| Primary Care                                     | \$0  | \$10                             |
| Mental Health Outpatient                         | \$0  | \$10                             |
| Specialist                                       | \$30                                       | \$35                             |
| Urgent Care                                      | \$50                                       | \$40                             |
| Emergency Services                               | \$300                                      | \$350                            |
| Inpatient Hospital Visit                         | \$450                                      | \$450                            |
| Generic Drugs                                    | \$10                                       | \$10                             |
| Preferred Brand Drugs                            | \$50 after deductible                      | \$30                             |

# Questions for Workgroup Discussion

- Should we increase the Gold deductible to make room for a reduction somewhere else, such as \$0 copay for PCP and mental health office visits?
- What more can we do to discourage enrollment in Base Silver and Silver 73, if anything? [*Outside of scope, but contact Becca with thoughts*]
  - Already crosswalk into higher value plans if premium is lower and have done email outreach in the past
  - Hide Base Silver and Silver 73 in plan shopping?
  - Special outreach to those who reported increase in income?



Follow-ups from 2024

# Background

## Prescription costs

- [Prescription Drug Affordability Board](#) - cost reviews
- Generics: if cost is lower than the Value Plan copay, consumer pays lower amount

## Mental health costs

- [Mental Health Parity and Addiction Equity Act](#) - mental health benefits cannot be less generous than medical
- PY2026 plan certification standard ensuring PCP cost-sharing = MH cost-sharing

## Diabetes Care Management Benefits

- \$0 copays in Value Plans since 2020
- Added specific drugs including insulin in 2025

# State Comparison - Generic Drug Cost-Sharing

|                | Maryland<br>(2026) | <a href="#"><u>Federal<br/>Exchange<br/>(2026)</u></a> | <a href="#"><u>California<br/>(2026)</u></a> | <a href="#"><u>Washington<br/>State (2026)</u></a> | <a href="#"><u>Washington<br/>DC (2026)</u></a> |
|----------------|--------------------|--|--|--|---|
| Gold           | \$10               | \$15   | \$18   | \$10   | \$15  |
| Silver 94      | \$0                | \$0  | \$3  | \$5  |   |
| Silver 87      | \$6                | \$10   | \$8  | \$12   |   |
| Silver 73      | \$25               | \$20   | \$19   | \$24   |   |
| Base<br>Silver | \$25               | \$20   | \$19   | \$25   | \$20  |
| Bronze         | \$25               | \$25   | \$20   | \$32   | \$25  |

# State Comparison - Mental Health Cost-Sharing

|             | Maryland<br>(2026) | <a href="#">Federal<br/>Exchange</a><br>(2026) | <a href="#">California<br/>(2026)</a> | <a href="#">Washington State<br/>(2026)</a> | <a href="#">Washington DC<br/>(2026)</a> |
|-------------|--------------------|--|---------------------------------------|---|--|
| Gold        | \$10               | \$30   | \$40                                  | \$15  | \$25                                     |
| Silver 94   | \$5                | \$0  | \$5                                   | \$1 / \$5                                   |  |
| Silver 87   | \$10               | \$20   | \$15                                  | \$5 (first 2 visits \$1) / \$10             |  |
| Silver 73   | \$35               | \$40   | \$50                                  | \$20 (first 2 visits \$1) / \$30            |  |
| Base Silver | \$35               | \$40   | \$50                                  | \$20 (first 2 visits \$1) / \$30            | \$45 / \$0                               |
| Bronze      | \$35 / \$0         | \$50   | \$60                                  | \$40 (first 2 visits \$1) / 40%             | \$45 / \$0                               |

# 2026 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.
    - 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)



# Continuous Glucose Meters (CGMs)

- Wearable device that monitors blood sugar every few minutes 24/7 as opposed to fingerstick which is a snapshot limited to whenever the patient tests\*
- A CGM can cost about \$1200-3600/year or \$100-300/month
- Improves blood sugar control for Type 1 diabetes (T1D)\*
- Growing evidence suggests CGMs improve self-monitoring of blood glucose and glycemic control in patients with Type 2 diabetes (T2D)\*\*
- Other entities expanding access to CGMs:
  - Medicare (2023) - Type 2 eligible for CGM even if not insulin-treated but patient has history of problematic hypoglycemia
  - Colorado Standard Plans (2025) - \$0 CGMs in Standard Plans
- One carrier already has a CGM available for \$0 on the formulary for all plans, so no AV impact. Two carriers estimate <0.1 impact.

\*<https://www.health.harvard.edu/diseases-and-conditions/continuous-glucose-monitors-cgms-for-type-2-diabetes-when-and-for-whom-are-they-useful>

\*\*<https://pmc.ncbi.nlm.nih.gov/articles/PMC11739360/>; <https://pmc.ncbi.nlm.nih.gov/articles/PMC7957379/>; <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-024-01459-2>

# Current CGM Cost-Sharing by Carrier

All carriers who responded reported that they cover CGMs; cost-sharing varies by CGM brand and plan details

| Carrier           | Cost-Sharing Policy for CGMs   |
|-------------------|--|
| CareFirst         | Dexcom CGM included on \$0 tier of formulary for all plans; all other brands are subject to cost sharing amount for durable medical equipment (DME) under each plan. This means that all enrollees have access to one type of CGM at \$0.  |
| Kaiser Permanente | DME cost share applies. DME coinsurance varies: 20-40%, some before and some after deductible.   |
| United Healthcare | CGMs are covered under Tier IV pharmacy benefit, which has cost sharing after the deductible of 0-45% or \$60-80 depending on the plan. CGMs are also covered under DME medical benefit, with coinsurance of 20-50% after the deductible. Whether the consumer pays the pharmacy amount or the DME amount depends on the type of claim that is submitted and whether it comes from a “pharmacy-associated entity” or a “medical entity.” |
| Wellpoint         | CGMs are on Tier 3 or the select drug list. Cost-sharing varies by plan (0-40%, \$45-\$240) and is mostly subject to the deductible but some plans have no deductible  |

# Staff Recommendation for 2027 Value Plans

- Mostly maintain 2026 designs for 2027, within AV limits
  - *Maybe* a change based on the popular plan analysis, such as increasing Gold deductible and reducing PCP and Mental Health cost-sharing or other costs
- Add diabetes coverage requirement that at least one CGM be available at \$0 or 0% cost sharing
- Change name of Value Plans, informed by results of consumer testing

# Discussion

- Should we increase the Gold deductible and make cost-sharing more affordable for some commonly-used service?
  - If so, how much to increase deductible?
  - If so, which service should have improved cost-sharing? How should we improve the affordability– reducing a copay? Making an additional service not subject to the deductible?
- Should we require that a CGM be available with \$0 or 0% cost-sharing before the deductible in all value plans?
  - How do patients normally get CGMs?
  - How can we structure this requirement so that the impact is that all diabetic consumers in Value Plans have access to a free CGM regardless of how their claim is submitted or how much of their deductible is met? (i.e. How do members usually obtain CGMs? Do we need to specify that the cost-sharing must be \$0 in both DME and formulary? Etc.)
- What are alternatives to “Value Plan” that we could test during user testing?
- Anything else we should discuss?



# Public Comment

# Next Steps

- **Next meeting: Tuesday, September 9, 1 - 2:30 PM**
  - Will either continue the content from this meeting or present first round of draft designs
- Fall 2025, date TBD: Meet to make adjustments post-publication of Actuarial Value Calculator

# Appendix

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# 2026 Value Plan Designs



# Understanding Value Plan Costs 2025

Blue text means this is the amount you will pay for the service, even if you have not met your deductible.



| Coverage Category  | Gold     | Enhanced Silver 94  | Enhanced Silver 87  | Enhanced Silver 73  | Silver   | Bronze   |
|--|----------|---------------------|---------------------|---------------------|----------|----------|
| Average percent insurance company will cover annually  | 81%      | 94%                 | 87%                 | 73%                 | 71%      | 64%      |
| You are eligible for enhanced Silver plan if your annual household income for one person is: |          | \$20,783 – \$22,590 | \$22,591 – \$30,120 | \$30,121 – \$37,650 |          |          |
| Preventive Care  | \$0      | \$0                 | \$0                 | \$0                 | \$0      | \$0      |
| Routine Diabetes Care <sup>1</sup>   | \$0      | \$0                 | \$0                 | \$0                 | \$0      | \$0      |
| Primary Care Visit   | \$10     | \$5                 | \$10                | \$35                | \$35     | \$35     |
| Urgent Care Visit  | \$40     | \$15                | \$30                | \$75                | \$75     | \$75     |
| Specialist Visit   | \$35     | \$20                | \$35                | \$100               | \$100    | \$100    |
| Emergency Room Services  | \$350    | \$75                | \$150               | \$500               | \$500    | n/a      |
| Mental Health and Substance Use Disorder Office Visits                                       | \$10     | \$5                 | \$10                | \$35                | \$35     | \$35     |
| Imaging  | \$400    | \$125               | \$350               | \$600               | \$600    | n/a      |
| Laboratory Tests   | \$25     | \$5                 | \$25                | \$80                | \$80     | \$80     |
| X-rays and Diagnostics   | \$50     | \$20                | \$50                | \$150               | \$150    | \$150    |
| Generic Drugs <sup>2</sup>   | \$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  | \$75     | \$25                | \$60                | \$100               | \$100    | n/a      |
| Medical Deductible Individual  | \$1,000  | \$0                 | \$1,000             | \$4,500             | \$4,500  | \$9,200  |
| Medical Deductible Family <sup>3</sup>   | \$2,000  | \$0                 | \$2,000             | \$9,000             | \$9,000  | \$18,400 |
| Drug Deductible Individual   | \$150    | \$0                 | \$150               | \$750               | \$750    | n/a      |
| Drug Deductible Family <sup>3</sup>  | \$300    | \$0                 | \$300               | \$1,500             | \$1,500  | n/a      |
| Annual Medical Out-of-Pocket Maximum Individual  | \$6,750  | \$1,850             | \$2,550             | \$5,850             | \$7,600  | \$9,200  |
| Annual Medical Out-of-Pocket Maximum Family <sup>3</sup>                                     | \$13,500 | \$3,700             | \$5,100             | \$11,700            | \$15,200 | \$18,400 |
| Annual Drug Out-of-Pocket Maximum Individual   | \$600    | \$250               | \$500               | \$1,500             | \$1,500  | n/a      |
| Annual Drug Out-of-Pocket Maximum Family <sup>3</sup>  | \$1,200  | \$500               | \$1,000             | \$3,000             | \$3,000  | n/a      |

<sup>1</sup> All Value Plans cover insulin, glucometers, test strips, and routine diabetic care for \$0. For the full list of diabetic care benefits, visit [MarylandHealthConnection.gov/value-plan](https://MarylandHealthConnection.gov/value-plan)

<sup>2</sup> Copays for prescription drugs may not exceed the retail price. For example, if generic Drug A has a retail price of \$5, you will only pay \$5, even if your plan's copay for generics is \$10.

<sup>3</sup> Once the total family deductible or max out-of-pocket is met, this satisfies the deductible or max out-of-pocket for all family members.

# Final 2026 Value Plan Designs (1/5)

\*Blue text indicates service is not subject to the 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  |  | \$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 an Injury or Illness (exc. Preventive, and X-rays) |  | \$10               | \$5                   | \$10                  | \$35                  | \$35                      | \$35                          |
| Specialist Visit   |  | \$35               | \$20                  | \$35                  | \$110                 | \$110                     | \$110                         |
| Mental/Behavioral Health and Substance Use Disorder Office Visits              |  | \$10               | \$5                   | \$10                  | \$35                  | \$35                      | \$35                          |
| Mental/Behavioral Health and Substance Use Disorder 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.



# Final 2026 Value Plan Designs (2/5)

|   |  | Proposed 2026<br>Gold | Proposed 2026<br>CSR 94% | Proposed 2026<br>CSR 87% | Proposed<br>2026 CSR 73% | Proposed<br>2026 Base<br>Silver | Proposed 2026<br>Expanded<br>Bronze |
|---|--|-----------------------|--------------------------|--------------------------|--------------------------|---------------------------------|-------------------------------------|
| 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                  | \$10                     | \$25                     | \$45                     | \$45                            | \$55                                |
| 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                                 |

# Final 2026 Value Plan Designs (3/5)

|   |  | Proposed 2026<br>Gold | Proposed 2026<br>CSR 94% | Proposed 2026<br>CSR 87% | Proposed<br>2026 CSR 73% | Proposed<br>2026 Base<br>Silver | Proposed 2026<br>Expanded<br>Bronze |
|---|--|-----------------------|--------------------------|--------------------------|--------------------------|---------------------------------|-------------------------------------|
| <b>Additional Standardized Service Categories</b> |  |                       |                          |                          |                          |                                 |                                     |
| Durable Medical Equipment                         |  | 20%                   | 10%                      | 20%                      | 30%                      | 30%                             | n/a                                 |
| Emergency Transportation/Ambulance                |  | \$300                 | \$50                     | \$100                    | \$350                    | \$350                           | n/a                                 |
| Habilitation Services                             |  | \$10                  | \$5                      | \$10                     | \$35                     | \$35                            | \$35                                |
| Home Health Care Services                         |  | \$30                  | \$10                     | \$25                     | \$45                     | \$45                            | n/a                                 |
| Hospice Services                                  |  | \$0                   | \$0                      | \$0                      | \$0                      | \$0                             | \$0                                 |
| Inpatient Physician and Surgical Services         |  | \$30                  | \$10                     | \$25                     | \$40                     | \$40                            | n/a                                 |
| Outpatient Rehabilitation Services                |  | \$10                  | \$5                      | \$10                     | \$35                     | \$35                            | \$35                                |
| Urgent Care Centers or Facilities                 |  | \$40                  | \$15                     | \$30                     | \$75                     | \$75                            | \$75                                |

# Final 2026 Value Plan Designs (4/5)

|   |   | Proposed 2026<br>Gold | Proposed 2026<br>CSR 94% | Proposed 2026<br>CSR 87% | Proposed<br>2026 CSR 73% | Proposed<br>2026 Base<br>Silver | Proposed 2026<br>Expanded<br>Bronze |
|---|---|-----------------------|--------------------------|--------------------------|--------------------------|---------------------------------|-------------------------------------|
| <b>Additional Standardized Service Categories</b> |   |                       |                          |                          |                          |                                 |                                     |
| 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 and 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                                | 50%                   | 20%                      | 30%                      | 40%                      | 50%                             | 50%                                 |
|   | Class IV Major Services – Restorative                   | 50%                   | 20%                      | 30%                      | 40%                      | 50%                             | 50%                                 |
|   | Class V Orthodontic Services                            | 50%                   | 50%                      | 50%                      | 50%                      | 50%                             | 50%                                 |



# Final 2026 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.
    - 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.

# 2025 Value Plan Summary - MHC Consumer Site

| Plan Metal Level                                       | Bronze   | Silver  | Gold   |
|--|--|---|--|
| Medical Deductible                                     | \$9,200  | \$0, \$1,000, or \$4,500*   | \$1,000  |
| Included free in all plans                             | <ul style="list-style-type: none"> <li>Preventive care</li> <li>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 <a href="https://MarylandHealthConnection.gov/Value-Plan">MarylandHealthConnection.gov/Value-Plan</a>.</li> </ul> |   |  |
| Services covered with a copay before deductible is met | <ul style="list-style-type: none"> <li>Primary care (\$35)</li> <li>Urgent care (\$75)</li> <li>Specialist visit (\$100)</li> <li>Mental health and substance use disorder office visits (\$35)</li> <li>Lab tests (\$80)</li> <li>X-rays and diagnostics (\$150)</li> <li>Generic drugs (\$25)</li> </ul>   | <ul style="list-style-type: none"> <li>Primary care (\$5-\$35)</li> <li>Urgent care (\$15-\$75)</li> <li>Specialist visit (\$20-\$100)</li> <li>Mental health and substance use disorder office visits (\$5-\$35)</li> <li>Lab tests (\$5-\$80)</li> <li>X-rays and diagnostics (\$20-\$150)</li> <li>Generic drugs (\$0-\$25)</li> <li>Additional services for eligible enrollees**</li> </ul> | <ul style="list-style-type: none"> <li>Primary care (\$10)</li> <li>Urgent care (\$40)</li> <li>Specialist visit (\$35)</li> <li>Mental health and substance use disorder office visits (\$10)</li> <li>Lab tests (\$25)</li> <li>X-rays and diagnostics (\$50)</li> <li>Generic drugs (\$10)</li> <li>Preferred brand drugs (\$30)</li> </ul> |

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

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

Edit Health Care Use

Filters



## *i* Estimated Monthly Premium

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

## *i* Annual Deductible

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

## *i* Annual Out of Pocket Maximum

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

## *i* Metal Level

- ☐ Bronze
- ☐ Silver
- ☐ Gold
- ☐ Platinum

## *i* Health Insurance Company

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

## *i* Quality Rating

- ☐ ★★★★★
- ☐ ★★★★☆

## *i* Plan Type

- ☐ HMO *i*
- ☐ PPO *i*


## *i* Value Plans

- ☐ Display only Value Plans



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

Value Plan



UHC Bronze Value Plan

2024-72375MD0070028-01

METAL LEVEL:  
BRONZE

QUALITY RATING:  
★★★★★*i*

[Details](#)

|   |  |  |                       |                             |               |
|---|--|--|-----------------------|-----------------------------|---------------|
| ESTIMATED MONTHLY PREMIUM <i>i</i>                  | ANNUAL DEDUCTIBLE <i>i</i>             | ANNUAL OUT-OF-POCKET MAX <i>i</i>      | PRIMARY CARE <i>i</i> | URGENT CARE CENTER <i>i</i> | GENERIC DRUG  |
| \$255.50<br>Price after estimated \$0.00 tax credit | \$9450 per person<br>\$18900 per group | \$9450 per person<br>\$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

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APPLY

# State Comparison - Prescription Drug Cost-Sharing

Gold/Silver 94/Silver87/Silver73/Base Silver/Bronze

AD = “after deductible”

|                                     | Maryland (2026)  | <a href="#">Washington DC (2026)</a><br>(gold/silver/bronze)--no silver variants listed | <a href="#">California (2026)</a>   |
|-------------------------------------|--|---|---|
| Deductible<br>(Combined or Medical) | Gold: \$1,000<br>Silver 94: \$0<br>Silver 87: \$1,000<br>Silver 73: \$4,500<br>Silver: \$4,500<br>Bronze: \$10,150   | Gold: \$500<br>Silver: \$4,850<br>Bronze: \$7,500                                       | Gold: \$0<br>Silver 94: \$0<br>Silver 87: \$1,400<br>Silver 73: \$5,200<br>Silver: \$5,200<br>Bronze: \$5,800 |
| Separate drug deductible?           | Gold: \$150<br>Silver 94: no deductibles<br>Silver 87: \$150<br>Silver 73: \$750<br>Base Silver: \$750<br>Bronze: no | Gold: no<br>Silver: \$350<br>Bronze: \$1,000  | Gold: no<br>Silver 94: no<br>Silver 87: \$50<br>Silver 73: \$50<br>Silver: \$50<br>Bronze: \$450              |
| Generic Drugs                       | \$10/\$0/\$6/\$25/\$25/\$25  | \$15/\$20/\$25  | \$18/\$3/\$8/\$19/\$19/\$20   |
| Preferred brand                     | \$30/\$5/\$25AD/\$75AD/\$75AD/<br>n/aAD  | \$50/\$50AD/\$75AD  | \$60/\$10/\$25/\$55/\$60/ 40% up to \$500 per script after pharmacy deductible                                |
| Non-preferred brand                 | \$60AD/\$15/\$50AD/\$80AD/\$80AD/<br>n/aAD   | \$70/\$70AD/\$100AD   | 85/\$15 /\$45 /\$85 /90/40% up to \$500 per script after pharmacy deductible                                  |