

2027 Final Plan Certification Standards

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Plan Certification Standards Background

- MHBE sets plan certification standards for individual market plans sold through Maryland Health Connection, which encompass plan design, operational, and other requirements. Past examples:
 - Parity between mental health and substance use disorder office visit cost sharing and primary care cost sharing (2026)
 - Require NCQA Health Equity Accreditation (2024)
 - Dental carriers must have PayNow functionality for Stand-Alone Dental Plans (2023)
 - **Value Plan standards (annually 2020-present)**

Value Plan Workgroup

- Value Plans are meant to support affordability and access; simplify plan choice; and promote health equity. They were first offered on MHC in 2020.
- MHBE convenes an annual workgroup to advise on updates to Value Plan standards.
- Each year, the Workgroup provides:
 - Recommended cost-sharing standards for the Value Plan at each of the Bronze, Silver, Silver CSR variants, and Gold metal levels.
 - A list of any other recommended requirements or considerations.



Timeline

- **January 20, 2026:** Board voted on proposed 2027 Plan Certification Standards, followed by formal public comment period
- **February 25, 2026:** CMS released the 2027 Actuarial Value (AV) Calculator.
- **March- April 2026:** MHBE staff and Value Plan Workgroup adjusted Value Plan cost sharing
- **April 3 - 10, 2026:** Public comment period - no comments received
- **April 20, 2026:** Board votes on 2027 Plan Certification Standards
- **January 1, 2027:** New plan certification standards in effect for plan year 2027

Value Plan Workgroup Recommendations for 2027

- Changes to Value Plan cost-sharing requirements for 2027
- Add requirement that at least one covered continuous glucose monitor (CGM) be available at \$0 cost sharing
- Require carriers to host an “easy-to-understand, transparent, and searchable” document on their websites,* including:
 - Specific information on the \$0 diabetes benefit
 - Instructions for how to access the \$0 CGM
 - A link to the carrier’s medical policy for determining eligibility for a CGM



Guiding Principles for Value Plan Cost-Sharing Changes for 2027

- Maintain consistent plan AVs from 2026
- Prioritize copays over coinsurance
- Maximize number of copays not subject to the deductible
- Minimize increases to copays from 2026
- Set outpatient facility fee copays higher than outpatient provider copays
- Focus on increases to MOOPs to comply with AV requirements

Summary of Changes to Value Plan Cost Sharing

Update	Metal Levels Affected
Increased medical deductibles	<ul style="list-style-type: none"> ● Gold - \$1,000 to \$1,300 ● Silver 87 - \$1,000 to \$1,125 ● Bronze - \$10,150 to \$11,110
Increased combined (medical and prescription drug) MOOPs	<ul style="list-style-type: none"> ● Gold - \$9,100 to \$10,400 ● Silver 94 - \$2,200 to \$4,000 ● Silver 87 - \$3,350 to \$4,000 ● Silver 73 - \$8,100 to \$9,100 ● Base Silver - \$9,800 to \$10,950 ● Bronze - \$10,150 to \$11,110
Increased copays for certain services	<ul style="list-style-type: none"> ● Gold - specialists, lab services, x-rays, SNF, outpatient care, Rx ● Silver 94 - specialists, lab services, x-rays, SNF, outpatient care, Rx ● Silver 87 - outpatient care

Additional Recommendations from the Value Plan Workgroup

- Additionally, the Value Plan Workgroup recommended that MHBE:
 - Make information on the Value Plan diabetes benefit more accessible to consumers, for example by:
 - Adding information on diabetes coverage in Value Plans to the plan compare tool on MHC's plan shopping page
 - Adding a summary of carrier-specific CGM medical policies and links to carriers' new diabetes info documents to Value Plan pages on MHC
 - Conduct consumer testing on Value Plan name and alternatives
 - Have carriers submit utilization and prior authorization denials data specific to the diabetes Value Plan benefits to identify any consumer challenges accessing \$0 diabetes benefits

Request for Approval of Final 2027 Plan Certification Standards

MOTION: I move to [approve/defer/reject] the final plan certification standards for plan year 2027 [as presented/as amended].

Appendix



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>

Final 2027 Value Plan Designs (1/4)

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

	2026 Gold	2027 Gold	2026 Base Silver	2027 Base Silver	2026 Bronze	2027 Bronze
Actuarial Value	81.89%	81.88%	71.75%	71.75%	64.71%	64.72%
Medical Deductible	\$1,000	\$1,300	\$4,500	\$4,500	\$10,150	\$11,110
Drug Deductible	\$150	\$150	\$750	\$750	n/a	n/a
Medical MOOP	\$8,500	\$9,700	\$8,500	\$9,300	\$10,150	\$11,110
Rx MOOP	\$600	\$700	\$1,300	\$1,650	n/a	n/a
Combined MOOP	\$9,100	\$10,400	\$9,800	\$10,950	\$10,150	\$11,110
Emergency Room Services	\$350	\$450	\$500	\$500	n/a	n/a
All Inpatient Hospital Services (inc. MH/SUD)	\$450	\$500	\$550	\$550	n/a	n/a
Primary Care Visit to Treat an Injury or Illness	\$10	\$10	\$35	\$35	\$35	\$35
Specialist Visit	\$35	\$40	\$110	\$110	\$110	\$110
MH/SUD Office Visits	\$10	\$10	\$35	\$35	\$35	\$35
MH/SUD Outpatient Services	\$10	\$10	\$35	\$35	\$0	\$0
Imaging (CT/PET Scans, MRIs)	\$400	\$400	\$600	\$600	n/a	n/a
Speech Therapy	\$10	\$10	\$35	\$35	\$35	\$35
Occupational and Physical Therapy	\$10	\$10	\$35	\$35	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$25	\$40	\$45	\$45	\$55	\$55
X-rays and Diagnostic Imaging	\$50	\$60	\$150	\$150	\$150	\$150
Skilled Nursing Facility	\$75	\$90	\$150	\$150	n/a	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250	\$250	\$150	\$150	n/a	n/a
Outpatient Surgery Physician/Surgical Services	\$125	\$145	\$150	\$150	n/a	n/a
Generic Drugs	\$10	\$10	\$25	\$25	\$25	\$25
Preferred Brand Drugs	\$30	\$35	\$75	\$75	n/a	n/a
Non-Preferred Brand Drugs	\$60	\$75	\$80	\$80	n/a	n/a
Specialty Drugs (i.e. high-cost)	\$75	\$90	\$100	\$100	n/a	n/a

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 2027 Value Plan Designs (2/4)

	2026 Gold	2027 Gold	2026 Base Silver	2027 Base Silver	2026 Bronze	2027 Bronze
Durable Medical Equipment	20%	20%	30%	30%	n/a	n/a
Emergency Transportation/Ambulance	\$300	\$300	\$350	\$350	n/a	n/a
Habilitation Services	\$10	\$10	\$35	\$35	\$35	\$35
Home Health Care Services	\$30	\$30	\$45	\$45	n/a	n/a
Hospice Services	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	\$30	\$30	\$40	\$40	n/a	n/a
Outpatient Rehabilitation Services	\$10	\$10	\$35	\$35	\$35	\$35
Substance Abuse Disorder Outpatient Services	\$10	\$10	\$35	\$35	\$0	\$0
Urgent Care Centers or Facilities	\$40	\$40	\$75	\$75	\$75	\$75
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%	50%	50%	50%	50%	50%
Class IV Major Services – Restorative	50%	50%	50%	50%	50%	50%
Class V Orthodontic Services	50%	50%	50%	50%	50%	50%

Final 2027 Value Plan Designs (3/4)

	2026 Silver 94	2027 Silver 94	2026 Silver 87	2027 Silver 87	2026 Silver 73	2027 Silver 73
Actuarial Value	94.92%	94.92%	87.92%	87.91%	73.87%	73.88%
Medical Deductible	\$0	\$0	\$1,000	\$1,125	\$4,500	\$4,500
Drug Deductible	\$0	\$0	\$150	\$200	\$750	\$750
Medical MOOP	\$1,950	\$3,300	\$2,850	\$3,300	\$6,800	\$7,600
Rx MOOP	\$250	\$700	\$500	\$700	\$1,300	\$1,500
Combined MOOP	\$2,200	\$4,000	\$3,350	\$4,000	\$8,100	\$9,100
Emergency Room Services	\$75	\$110	\$150	\$150	\$500	\$500
All Inpatient Hospital Services (inc. MH/SUD)	\$150	\$185	\$350	\$350	\$550	\$550
Primary Care Visit to Treat an Injury or Illness	\$5	\$5	\$10	\$10	\$35	\$35
Specialist Visit	\$20	\$30	\$35	\$35	\$110	\$110
MH/SUD Office Visits	\$5	\$5	\$10	\$10	\$35	\$35
MH/SUD Outpatient Services	\$5	\$5	\$10	\$10	\$35	\$35
Imaging (CT/PET Scans, MRIs)	\$125	\$175	\$350	\$350	\$600	\$600
Speech Therapy	\$5	\$5	\$10	\$10	\$35	\$35
Occupational and Physical Therapy	\$5	\$5	\$10	\$10	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$10	\$20	\$25	\$25	\$45	\$45
X-rays and Diagnostic Imaging	\$20	\$45	\$50	\$50	\$150	\$150
Skilled Nursing Facility	\$30	\$55	\$75	\$75	\$150	\$150
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$50	\$70	\$75	\$130	\$150	\$150
Outpatient Surgery Physician/Surgical Services	\$60	\$70	\$125	\$110	\$150	\$150
Generic Drugs	\$0	\$0	\$6	\$6	\$25	\$25
Preferred Brand Drugs	\$5	\$15	\$25	\$25	\$75	\$75
Non-Preferred Brand Drugs	\$15	\$20	\$50	\$50	\$80	\$80
Specialty Drugs (i.e. high-cost)	\$25	\$30	\$60	\$60	\$100	\$100

Final 2027 Value Plan Designs (4/4)

	2026 Silver 94	2027 Silver 94	2026 Silver 87	2027 Silver 87	2026 Silver 73	2027 Silver 73
Durable Medical Equipment	10%	10%	20%	20%	30%	30%
Emergency Transportation/Ambulance	\$50	\$50	\$100	\$100	\$350	\$350
Habilitation Services	\$5	\$5	\$10	\$10	\$35	\$35
Home Health Care Services	\$10	\$10	\$25	\$25	\$45	\$45
Hospice Services	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	\$10	\$10	\$25	\$25	\$40	\$40
Outpatient Rehabilitation Services	\$5	\$5	\$10	\$10	\$35	\$35
Substance Abuse Disorder Outpatient Services	\$5	\$5	\$10	\$10	\$35	\$35
Urgent Care Centers or Facilities	\$15	\$15	\$30	\$30	\$75	\$75
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	20%	20%	30%	30%	40%	40%
Class IV Major Services – Restorative	20%	20%	30%	30%	40%	40%
Class V Orthodontic Services	50%	50%	50%	50%	50%	50%

Final 2027 Value Plan Designs

- Enrollees with a primary diagnosis of diabetes pay \$0 cost sharing for the following covered items and services:
 - 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.
 - Test strips and glucometers
 - Preferred brands of insulin
 - A continuous glucose monitor (CGM)
 - If the carrier covers CGMs on the formulary only, the \$0 benefit must be on the formulary.
 - If the carrier covers CGMs through the medical benefit (such as durable medical equipment (DME)) only, the \$0 benefit must be through the medical benefit.
 - If the carrier covers CGMs on both the formulary and through the medical benefit, MHBE encourages but does not require carriers to include the \$0 benefit on both the formulary and through the medical benefit.
 - 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)
- Carriers must also maintain a searchable PDF or document on their websites publicizing \$0 diabetes benefits that adheres to the specifications established by MHBE (see separate guidance)
- 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

\$0 CGM Language

Enrollees with a primary diagnosis of diabetes pay \$0 cost sharing for the following covered items and services: [...]

- A continuous glucose monitor (CGM)
 - If the carrier covers CGMs on the formulary only, the \$0 benefit must be on the formulary.
 - If the carrier covers CGMs through the medical benefit (such as durable medical equipment (DME)) only, the \$0 benefit must be through the medical benefit.
 - If the carrier covers CGMs on both the formulary and through the medical benefit, MHBE encourages but does not require carriers to include the \$0 benefit on both the formulary and through the medical benefit.

Carriers must also maintain a searchable PDF or document on their websites publicizing the \$0 diabetes benefits that adheres to the specifications established by MHBE.”

Website Requirement

- To ensure consumers are adequately aware of the availability of diabetic supplies offered with \$0 cost-sharing, individual market carriers must develop an easy-to-understand, transparent, and searchable document on the carrier's website with a standard title to be specified by MHBE that includes the following information:
 - A clear statement that Value Plans provide coverage of diabetic supplies at \$0 cost-sharing.
 - A complete list of all diabetic supplies, including the name of the item or supply and the category (e.g., continuous glucose monitors, lancets, test strips) that are covered at \$0 cost-sharing under the Value Plans.
 - At all times, the list shall include all of the diabetic supplies that are covered for the current plan year.
 - During the annual Open Enrollment Period, the website shall also display the diabetic supplies covered for the upcoming plan year.
- Next to each item or supply, the carrier must clearly indicate whether it is covered under the medical benefit, including durable medical equipment (DME), or prescription drug benefit.
 - If an item or supply is covered as DME, the carrier must include clear instructions for how a consumer may obtain the diabetic supply through the covered DME supplier, including where to find the contact information for their plan's DME supplier.
 - If an item or supply is covered under the prescription drug benefit, the carrier must include clear instructions on how a consumer can access the most recent prescription drug formulary and the carrier's provider directory.
- On this page, the carrier must include a link to the company's policy on medical necessity criteria and prior authorization requirements for CGMs