



Date: April 20, 2026

From: The Maryland Health Benefit Exchange

To: Issuers Seeking to Participate in Maryland Health Connection in 2027

Title: Final 2027 Letter to Issuers Seeking to Participate in Maryland Health Connection

The Maryland Health Benefit Exchange (MHBE) is releasing this Final 2027 Letter to Issuers (the Letter). This Letter provides guidance to issuers seeking to offer qualified plans, which include Qualified Health Plans (QHPs), Vision Plans, and Stand-Alone Dental Plans (SADPs), through Maryland Health Connection on the Individual and Small Business Marketplaces. Unless otherwise specified, references to the Marketplace include both the Individual and Small Business Marketplaces. Further, requirements for plan certification and issuer certification, unless otherwise specified, are required for issuers of health plans, vision plans, and stand-alone dental plans.

Published rules concerning market-wide and QHP certification standards, eligibility and enrollment procedures, and other Marketplace-related topics, are defined in 45 C.F.R. Subtitle A, Subchapter B and in COMAR 14.35.07, COMAR 14.35.14, COMAR 14.35.15. and COMAR 14.35.16. Supplemental guidance, and other market rules applicable to issuers, may be found in the most recent Maryland Health Connection Carrier Reference Manual and the 834 Companion Guide.¹ MHBE expects issuers to consult all applicable regulations, in conjunction with this Letter, to ensure full compliance with the requirements of the Affordable Care Act and other applicable state and federal requirements. Throughout the plan year, qualified plans may be required to correct deficiencies identified in MHBE's post-certification activities, as a result of the investigation of consumer complaints, oversight by the Maryland Insurance Administration (MIA) or by MHBE, or an issuer's own industry standard internal compliance, on-going monitoring, and risk management program. While this Letter explains certain issuer requirements it is not a complete list of the regulatory requirements for issuers.

¹ Issuer guidance available here: <https://www.marylandhbe.com/carriers/>

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CHAPTER 1: ISSUER ANNUAL CERTIFICATION PROCESS AND STANDARDS

The Affordable Care Act, Sections 31-106 and 31-108 of the Insurance Article, Maryland Code, and COMAR 14.35.15 establish that issuers must meet a number of standards in order to be certified or recertified to operate within the Individual and Small Business Marketplaces. In accordance with these authorities, MHBE has established an Annual Certification Process for health, vision, and dental issuers to become certified to offer qualified plans (QHPs, Vision, and SADPs) on the Individual and Small Business Marketplaces. Unless otherwise specified, the Marketplace refers to the Individual and Small Business Marketplaces.

As in prior years, the certification process will take place during calendar year 2026 for plans effective beginning in 2027. Applications for certification must be submitted annually. MHBE will review and approve or deny each application. This process is described in Chapter 3 of the Carrier Reference Manual. Table 1-A-1 provides an overview of the required submission dates for items included in the certification application. MHBE will review the application against the certification standards described in this chapter and the Carrier Reference Manual.

A. Submission of the Carrier Certification Application

Annually, each issuer must submit a Carrier Certification Application to MHBE to participate in the Marketplace. The application is updated annually and posted to the MHBE partner website at www.marylandhbe.com. For the 2027 plan year, MHBE will continue using a web-based Carrier Certification Application.

As part of the Carrier Certification Application, issuers must also provide the documents listed in Table 1- A-1. Additional information regarding the certification standard addressed by each of these documents is described in section C of this chapter. The table provides due dates for the required documentation and the location of the template for each item, which may be found on MHBE's partner website or with the issuer.

Unless otherwise listed in Table 1-A-1, QHP and SADP issuers must submit carrier certification data through the secure System for Electronic Rate and Form Filing (SERFF) Binders. Exceptions to this general rule are for biennial Amendments and Restatements of the Carrier Business Agreement and other legal documents that require submission of a physical copy to MHBE.

Issuers should be mindful of the appropriate formatting and specifications of the submissions to ensure timely approval of the Carrier Application.

Table 1-A-1. Carrier Certification Submission Dates

| Item Name | QHP/SAD P/ Vision | Source | Submission Location for Completed Item | Due Date to MHBE |
|---|--------------------------|---------------|---|-------------------------|
| Carrier Application | All | MHBE | MHBE website | June 1, 2026 |
| Carrier Logo | All | Issuer | SERFF | June 1, 2026 |
| List of Subcontractors Attestation | All | Issuer | SERFF | June 1, 2026 |
| Carrier Business Agreement – Attestation | All | MHBE | SERFF | June 1, 2026 |
| Non-Exchange Entity Agreement – Attestation | All | MHBE | SERFF | June 1, 2026 |
| Network Adequacy Attestation | QHP | MHBE | SERFF | June 1, 2026 |
| Provider Directory Attestation | QHP/SADP | MHBE | SERFF | June 1, 2026 |
| Patient Data Availability Attestation | QHP - Individual | MHBE | SERFF | June 1, 2026 |
| State Reinsurance Program Attestation | QHP - Individual | MHBE | SERFF | June 1, 2026 |
| Discriminatory Benefit Design Attestation | All | MHBE | SERFF | June 1, 2026 |
| Carrier Certification Review Period | All | MHBE | | June 1 - August 3, 2026 |

| | | | | |
|---|-----|------|-----------------------------------|-------------------|
| Carrier Certification Approval/Denial Notice | All | MHBE | SERFF/Issuer Point- of Contact | August 3, 2026 |
|---|-----|------|-----------------------------------|-------------------|

B. Review of Carrier Certification Applications & Certificate of Carrier Authorization

MHBE must review a Carrier Certification Application submitted to MHBE by an issuer within 45 calendar days of receipt of the completed application. MHBE will notify an issuer if its submitted application is not considered complete and which items are outstanding. All issuers will receive a Carrier Certification Approval or Denial Notice from MHBE within the 45-day period. A Carrier Certification Approval Notice informs the issuer that they are eligible to submit plans for certification by MHBE for the plan year of 2027. Plans submitted to MHBE are required to meet the annual Plan Certification Process and Standards, which are described in the Carrier Reference Manual and Chapter 4 of this Letter.

In such cases where an issuer is denied from participating in the Marketplace, MHBE will provide reasons for the denial and appeal rights to the issuer.

C. Carrier Certification Standards

Issuers must meet certain certification standards to offer plans on the Marketplace. These standards are covered in this section and include licensure and accreditation, among other requirements. These standards are detailed in Chapter 3 of the Carrier Reference Manual. This section includes summary information for each of the standards. Please refer to Table 1-A-1 for information on whether a standard applies to health, dental, and/or vision issuers.

i. Maryland Insurance Administration (MIA) Requirements for Marketplace Participation

To be certified to participate in the Marketplace, issuers must provide attestation of licensure by the State of Maryland as a risk-bearing entity operating in good standing with MIA, and adherence to applicable rules and standards in the Insurance Article of the Annotated Code of Maryland. This will be collected as part of the Carrier Application.

ii. Requirement for Accreditation

To be certified to participate in the Marketplace, issuers must be accredited by the National Committee for Quality Assurance, Accreditation Association for Ambulatory Health Care, or the Utilization Review Accreditation Commission by 2026. MHBE will consider an issuer accredited if it meets the federal accreditation standard at 45 CFR § 156.275, and follows the accreditation timeline under 45 CFR § 155.1045.

Issuers will submit their accreditation information for carrier certification through the Carrier

Application. MHBE will not collect more information than what is collected by the Federally-Facilitated Marketplace (FFM).

For issuers that offer vision or dental benefits only, this standard will be met if the issuer holds a current and valid MIA Certificate of Authority.

iii. Requirement for an Active Carrier Business Agreement

To be certified to participate in the Marketplace, issuers must have an active Carrier Business Agreement (CBA) on file with MHBE. The most recent iteration of the Carrier Business Agreement was released in 2026 and, as of 2026, includes the Non-Exchange Entity Agreement as Exhibit A. Additional information may be found in the Carrier Reference Manual.

iv. Network Adequacy, and Provider Directory Attestations

Issuers must complete Network Adequacy and Provider Directory Attestations within the Carrier Application. The attestations require that issuers meet their regulatory and statutory obligations on network adequacy and provider directories in accordance with COMAR 31.10.44 and Insurance Article, §15-112(p)(2)(ii), Annotated Code of Maryland.

Issuers must also adhere to Network Adequacy submission requirements for the Maryland Insurance Administration (MIA). For more information visit the MIA website.

v. Patient Data Availability Attestation

Issuers must complete the Patient Data Availability Attestation within the Carrier Application. The attestation requires that individual market QHP issuers comply with the CMS requirements at 45 CFR 156.221.

vi. State Reinsurance Program Attestation

As the requirement to submit claims data to MHBE is delegated to CMS, issuers submitting claims under the SRP must submit an annual attestation to the Maryland Health Benefit Exchange attesting compliance with COMAR 14.35.17.05 and the distributed data environments, data requirements, establishment and usage of masked enrollee identification numbers, and data submission deadlines outlined in 45 C.F.R. 153 Subpart H – Distributed Data Collection for HHS-Operated Programs (153.700 – 153.730).

vii. Value Plan Standards Attestation

Issuers must complete the Value Plan Standards Attestation within the Carrier Application. This step requires issuers to attest that all out-of-pocket costs for services and benefits not captured on the Plan and Benefits template adhere to the requirements outlined by MHBE as approved by the MHBE Board of Trustees. NOTE: This requirement applies to Individual Market medical carriers only.

viii. Additional Requirements

To be certified to participate in the Marketplace, an issuer must also submit the below items to MHBE. Additional specifications for these items may be found in Chapter 3 of the Carrier Reference Manual.

1. Carrier Logo
2. List of Subcontractors
3. Non-Discriminatory Benefit Design Attestation

D. Waiver Authority

MHBE, with the approval of the MHBE Board of Trustees, may grant a waiver to specific provisions described in this chapter. MHBE may grant the waiver with or without corresponding conditions. To request a waiver, the issuer should inquire with their MHBE Account Manager.²

E. Denial, Suspension and Revocation of Certification

MHBE may deny, suspend, revoke, or seek other remedies against the QHP issuer offering a plan under Section 31-115(k) of the Insurance Article, Maryland Code for failure to adhere to certification requirements.

Furthermore, MHBE may conduct compliance reviews of a plan during the plan benefit year. The scope of such compliance reviews extends to only include certification standards covered in Section 31-115(k) of the Insurance Article, Maryland Code. If, as a result of such compliance reviews, MHBE finds an issuer to be non-compliant, MHBE will require the issuer to correct and meet compliance. Any denial, suspension or revocation of certification and compliance review findings and corrective action plans is subject to any and all remedies available under state and federal laws and regulations.

CHAPTER 2: QUALIFIED HEALTH PLAN/STAND-ALONE DENTAL PLAN CERTIFICATION PROCESS

The Affordable Care Act, Section 31-115 of the Insurance Article, Maryland Code, and COMAR 14.35.16 establish that QHPs and SADPs must meet a number of standards in order to be certified or recertified to operate within the Marketplace. Several of these are market-wide standards that apply to plans offered in the individual market inside as well as outside of the Marketplace. The remaining standards are specific to qualified plans (QHPs and SADPs) seeking certification or recertification from the Marketplaces.

² The MHBE Account Manager is the issuer's MHBE Point of Contact for all Plan Management/Operational initiatives. All issuers participating in Maryland Health Connection currently work with an MHBE Account Manager.

MHBE has established an Annual Certification Process for certification of qualified plans that a certified issuer would like to offer on the Marketplace. This chapter describes the Individual and Small Business Marketplaces Certification Process for a QHP or SADP to be certified and offered in the Marketplace. Applicable requirements for SADPs have been clearly identified with “SADP.” Subject to any changes to federal or state requirements, such as in the MIA Bulletin on the 2027 Rate and Form Filing Deadline or the 2027 Notice of Benefit and Payment Parameters, the following dates are considered finalized.

A. Submission Requirements for QHP/SADP Certification

For a QHP/SADP to be certified for sale through the Marketplace, the plan’s issuer must submit the Qualified Plan Certification Application and all required templates for each plan for 2027. Specific details of the documentation within the Plan Certification Application are included in Chapter 4 of the Carrier Reference Manual and within this section.

i. Templates

The templates required as part of the Plan Certification Application are listed in Table 2-A-1. Templates will be located on the CCIIO website for issuer resources at <https://www.qhpcertification.cms.gov> and the MHBE partner site <https://www.marylandhbe.com>. All items must be submitted through the plan issuer’s SERFF Binders. By June 1, 2026, the 2027 SERFF Binders should be available for use in document submission by issuers. Exceptions to this general rule are limited and may be granted upon request by the issuer and approval by MHBE. Table 2-A-1 includes an initial and final due date. Issuers are encouraged to submit completed templates and supporting documentation, especially if no extensive benefit modifications are expected, earlier than the dates outlined in the table.

For Individual QHPs and SADPs, the entire suite of templates and supporting documentation must be uploaded into the 2027 SERFF Binders by June 1, 2026, for preliminary validation. From the period between June 1 and September 18, 2026, MHBE will engage with Individual QHP and SADP issuers on the data and plan display reconciliation process, which is addressed in further detail in section B of this chapter. Issuers will be unable to view plan data in plan display of the online Maryland Health Connection portal during this period. Issuers are required to participate in plan display testing in the Maryland Health Connection User Acceptance Testing Environment before plans are certified.

Issuers must have their final template suite and supporting documentation into their SERFF Binders by September 18, 2026 (for Individual QHPs and SADPs) and September 25, 2026 (for Small Business QHPs). Final certification in the SERFF portal will occur on September 18, 2026, for Individual QHPs and SADPs. From September 18, 2026, until the start of the 2027 Open Enrollment Period, all plan data for Individual QHP and SADPs will be frozen in production until the change request period begins on November 1, 2026.

Plan Management has scheduled the completion of Small Business Plan Certification for September 25, 2026.

Issuers must include correct data in the QHP templates in the final submissions that the issuer

signs off on (see final submission dates in Tables 2-A-1 and 2-A-2, and issuer signoff dates in Table 2-A-2). For 2027 plans and beyond and subject to the contested case hearing provisions of Title 10, Subtitle 2 of the State Government article, MHBE may impose penalties, including but not limited to financial penalties, on an issuer that signs off on incorrect data in a QHP template per MHBE’s authority under MD Ins. Code § 31-115(j) and COMAR 14.35.16.04 and 14.35.16.11. Should the agency take action against a carrier consistent with this paragraph, the carrier will be provided with appeal rights at that time.

Table 2-A-1. QHP/SADP Plan Certification Templates and Submission Dates

| Item Name | QHP/ SADP | Initial Submission Date to MHBE | Individual – Final Submission Date to MHBE | SADP – Final Submission Date to MHBE | SHOP – Final Submission Date to MHBE | Description of Item |
|------------------------------|--------------|--|---|--|--|--|
| Plan and Benefits Template | QHP/ SADP | June 1, 2026 | Sept. 18, 2026 | Sept. 18, 2026 | Sept. 25, 2026 | Template used to collect plan and benefit details. |
| Unified Rate Review Template | QHP | June 1, 2026 | Sept. 18, 2026 | Not Applicable | Sept. 25, 2026 | Provides information and data necessary for ERR Reasonableness Review, rate increase monitoring and Market Rating Rules Compliance Reviews by states and CMS |
| Prescription Drug Template | QHP | June 1, 2026 | Sept. 18, 2026 | Not Applicable | Sept. 25, 2026 | Template to capture prescription drug tiers and cost-sharing structure |
| Network Template | QHP/ SADP | June 1, 2026 | Sept. 18, 2026 | Sept. 18, 2026 | Sept. 25, 2026 | Template to capture network ID numbers |
| Service Area Template | QHP/ SADP | June 1, 2026 | Sept. 18, 2026 | Sept. 18, 2026 | Sept. 25, 2026 | Information identifying a plan’s geographic service area. |

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|---|----------|----------------|----------------|----------------|----------------|---|
| Rate Data Template | QHP/SADP | June 1, 2026 | Sept. 18, 2026 | Sept. 18, 2026 | Sept. 25, 2026 | A table for entering plan rates based on rating area, age, and tobacco use |
| Plan Crosswalk Template | QHP/SADP | June 1, 2026 | Sept. 18, 2026 | Sept. 18, 2026 | Sept. 25, 2026 | Part of 2026 Plan Certification, used in the auto-renewal process to ensure appropriate transfer of enrollees in case of plan exit. |
| Part III: Actuarial Memorandum | QHP | June 1, 2026 | Sept. 18, 2026 | Not Applicable | Sept. 25, 2026 | Part of 2026 Plan Certification, provides actuarial written narrative describing and supporting the information provided in Part I. |
| Partial County Service Area Justification Attestation | QHP | Not Applicable | Sept. 18, 2026 | Not Applicable | Sept. 25, 2026 | Part of 2026 Plan Certification, justification from any issuer that submits a partial county service area. Issuers without changes from prior plan years may submit an attestation to meet this requirement. |
| Maryland ECP Template | QHP/SADP | June 1, 2026 | Sept. 18, 2026 | Sept. 18, 2026 | Sept. 25, 2026 | Part of 2026 Plan Certification, collects information from issuers on the number of Essential Community Providers they have contracted with. Used to evaluate network inclusion standard. |

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|--|--------------|--------------|-------------------|----------------|----------------|---|
| Transparen- cy in Coverage Template | QHP/ SADP | June 1, 2026 | Sept. 18, 2026 | Sept. 18, 2026 | Sept. 25, 2026 | Part of 2026 Plan Certification, collects numerical claims data from issuers. |
| URL Template | QHP/ SADP | June 1, 2026 | Sept. 18, 2026 | Sept. 18, 2026 | Sept. 25, 2026 | Part of 2026 Plan Certification, collects URLs data that will display in plan shopping on MHC. Submit in SERFF Supporting Documents Section. |
| Telehealth Cost Share Template | QHP | June 1, 2026 | Sept. 18, 2026 | Not Applicable | Sept. 25, 2026 | State-specific QHP template to collect information on cost sharing for virtual care. |

ii. Plan Display Reconciliation

A critical part of plan certification is ensuring that the QHP/SADP data displayed to consumers accurately displays premiums, benefits, and cost sharing. This requires an extensive reconciliation process between issuer data, including plan templates and URLs, and the display outputs of these items in plan shopping. **Consistent with the process established for plan year 2026, issuers will be required to submit a final Rate Data Template that has been MIA approved prior to MHBE’s plan upload. This requirement will coincide with issuer sign-off in the month of September of each year. In addition, issuers must submit an actuarial certification that the rates in the final Rate Data Template are the same as the rates approved by the MIA. See note on financial penalties for incorrect data in section 2.A.i. above.** Plan display reconciliation includes issuers participating in the Small Business Marketplace. Issuers offering plans for small businesses should follow the reconciliation process as detailed in Table 2-A-2 (QHP/SADP Plan Display Reconciliation Timeline).

Table 2-A-2. QHP/SADP Plan Display Reconciliation Timeline

| Event/Period | Entity Responsible for Event/Period | Date of Action | Action Description | Source/ Submission Format |
|----------------------------------|--|-----------------------|---|----------------------------------|
| Preliminary Template Submission | Issuers | June 1, 2026 | Issuers submit a full suite of Plan Management Templates. | SERFF |
| Validation Analysis | MHBE | June 1- June 26, 2026 | MHBE will analyze submitted templates for Plan Management Application Validation. MHBE will provide specific required changes to ensure validation. | SERFF Note to Filer |
| First Round Template Submission | Issuers | July 6, 2026 | Issuers will submit full suite of Plan Management Templates with validation changes. Submissions that require no changes do not need to be resubmitted. | SERFF |
| Extract Analysis + Feedback | MHBE | July 13, 2026 | MHBE will deliver to Issuers Plan Management Module Extracts + Feedback. MHBE will provide specific required changes to ensure an improved data extract. | SERFF Note to Filer |
| Second Round Template Submission | Issuers | July 20, 2026 | Issuers will submit a full suite of Plan Management Templates with extract changes. | SERFF |

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|--|------------------|---|---|--|
| Extract Analysis/Plan Display Printouts | MHBE | July 27, 2026 | <p>MHBE will deliver to issuers Plan Management Module Extracts, Feedback, and Plan Display Printouts.</p> <p>MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Printouts. MHBE will provide specific required changes to ensure an improved Plan Display.</p> | SERFF Note to Filer |
| Third Round Template Submission | Issuers | August 3, 2026 | Issuers will submit full suite of Plan Management Templates with plan display changes. | SERFF |
| Live Module Data Review | Issuers/ MHBE | August 17 2026 through August 21, 2026 | <p>Issuers will perform data review in the Maryland Health Connection Anonymous Browsing UAT environment + Template Fixes and Submissions.</p> <p>MHBE will provide specific required changes to ensure an improved Plan Display.</p> | MHC Anonymous Browsing + SERFF + SERFF Note to Filer |
| Extract Analysis/ Plan Display Printouts | MHBE | August 31, 2026 | <p>MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Printouts. MHBE will provide specific required changes to ensure an improved Plan Display.</p> <p>If rates are not finalized by Aug. 30, MHBE will provide a printout of Plan Display as soon as possible after rate finalization to include rates as approved by the MIA.</p> | SERFF Note to Filer |
| Final Binder Submission | Issuers | <p>Individual QHP and SADP:</p> <p>Sept. 18, 2026</p> <p>SHOP:</p> <p>Sept. 25,</p> | Issuers will submit final Plan Management Template Suite into SERFF. | SERFF |

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|-----------------------------|---------|--|---|--|
| | | 2026 | | |
| Issuer Signoff | Issuers | Individual QHP and SADP: Before Sept. 21, 2026 SHOP: Sept. 25, 2026 | Issuers will sign-off on plans displayed in the UAT environment. | MHC Anonymous Browsing + SERFF Disposition |
| Plan Upload into Production | MHBE | Individual QHP and SADP: Sept. 22, 2026 SHOP: Sept. 28, 2026 | MHBE will target uploading the final individual QHP and SADP templates into production by September 22nd and no later than October 1st. | MHC Plan Management Module – Production |

Plan Data/Template Point-of-Contact

To facilitate the plan data reconciliation process, issuers are required to submit an Issuer/Administrator Point of Contact for Template Error Resolution to MHBE. This information must include: Legal Entity/Issuer, Name, Title, Phone Number and Email. MHBE collects this information via the Carrier Application.

iii. Special Enrollment Period Resulting from Data Errors in Plan Display

MHBE expects robust issuer participation in the plan display reconciliation process to ensure that consumers on Maryland Health Connection enroll with clear expectations of a QHP/SADP’s benefits (including cost sharing), service area, and premium. Consumers who enroll in plans with a materially erroneous data display and demonstrate that the erroneous data influenced the consumer’s enrollment decision are eligible for a special enrollment period under 45 CFR § 155.420 (d)(12). As in previous years, MHBE staff will work with partner issuers to ensure minimal errors in plan display.

B. Review of Plan Certification Applications & Certificate of Plan Certification

MHBE must review a Plan Certification Application submitted to MHBE by an issuer within 45 calendar days of receipt of the completed application. MHBE will notify an issuer if its submitted application is not considered complete and which items are outstanding. After the 45-day period, all issuers will receive a Plan Certification Approval or Denial Notice from MHBE, with information on issuer options for appeal. A Plan Certification Approval Notice informs the issuer that they are eligible to offer plans through the Marketplace for the applicable plan year. The plan certification period begins on the date of confirmation of receipt of a complete plan certification application package by the MHBE Account Manager.

C. Waiver Authority

MHBE, with the approval of the MHBE Board, may waive specific provisions described in this chapter, pursuant to COMAR 14.35.16. MHBE may grant the waiver with or without corresponding conditions. To request a waiver, the issuer should inquire with their MHBE Account Manager.

D. Denial, Suspension and Revocation of Certification

MHBE may deny, suspend, revoke, or seek other remedies against the QHP/SADP issuer offering a plan under Section 31-115(k) of the Insurance Article, Maryland Code.

Furthermore, MHBE may conduct compliance reviews of a plan during the plan benefit year. The scope of such compliance reviews extends to only include certification standards established under Section 31-115(k) of the Insurance Article, Maryland Code. Denials, suspensions, revocations of certification, compliance review findings, and corrective action plans are subject to any and all remedies available under state and federal laws and regulations.

If, as result of such compliance reviews, MHBE finds a QHP/SADP to be non-compliant, MHBE will require the QHP/SADP issuer to implement corrective actions and come into compliance. If an issuer chooses to withdraw from the Exchange or the plan is decertified by MHBE, the issuer shall follow plan management guidance as specified by MHBE in ceasing to do business on the Exchange.

CHAPTER 3. OFF-EXCHANGE SADP CERTIFICATION PROCESS AND STANDARDS

MHBE will continue to certify Off-Exchange SADPs. Issuers must complete an application after receiving rate and form approval from MIA.

A. Off-Exchange SADP Submission Requirements & Submission Timeline

SADPs that participate in the Exchange-Certified program must submit an Off-Exchange Dental Carrier Application and provide MHBE with notice of intent to participate after they have been approved by MIA. Exchange certification of the plan can occur any time prospectively or within an eligible plan year.

Unless otherwise directed by MHBE, issuers must submit plan certification data through the secure SERFF Binders. Exceptions to this general rule are limited, and non-allowable before rate release by MIA. MHBE has 45 calendar days from the beginning of the plan certification period to notify the issuer of approval or denial to offer qualified plans on the Marketplace. In such cases where a single plan or a product-type is denied participation on the Marketplace, MHBE will provide to the issuer the reasons for denial and instructions to reapply or appeal.

B. Certification Standards

In order to be certified as an Off-Exchange SADP, plans are required to:

1. Cover the State benchmark pediatric dental essential health benefits,
2. Comply with annual limits and lifetime limits applicable to essential health benefits, and
3. Comply with rules applicable to stand-alone dental plans under 45 CFR § 156.150.

CHAPTER 4: QHP AND SADP CERTIFICATION STANDARDS

The Affordable Care Act, Sections 31-106 and 31-108 of the Insurance Article, Maryland Code, and COMAR 14.35.16, establish that QHPs and SADPs must meet a number of standards in order to be certified or recertified as QHPs and SADPs for sale in the Individual and Small Business Marketplaces.

MHBE notes that issuers must comply with the rate and form review procedures established by the MIA in its annual bulletin to issuers. MHBE will provide the MIA with issuer Marketplace data, upon request, to support rate and form review. Further, issuers must comply with the rate increase notification requirements under 45 CFR § 155.1020.

MHBE continues to review its Marketplace participation policies to determine if they continue to meet the needs for supporting consumer choice. MHBE must certify QHPs that are in the interest of qualified individuals as determined by MHBE pursuant to the Affordable Care Act § 1311(e)(1)(B), 45 CFR §155.1000(c)(2), and Insurance Article, § 31-115(b)(7), Maryland Code.

A. Existing Qualified Plan Standards

This chapter presents plan certification standards that are new for the 2027 plan year. Issuers that seek

to offer coverage on Maryland Health Connection must also comply with existing qualified plan certification standards. These existing standards may be found in Chapter 4 of the Carrier Reference Manual and in previous years' Annual Letter to Issuers.

B. New 2027 Qualified Plan Standards

This section reviews the 2027 Qualified Plan Standards that are new for 2027. MHBE has also included technical guidance to aid issuers in implementation.

The MHBE Board of Trustees voted to approve the proposed Qualified Plan Certification Standards that will be new for 2027 at the January 20, 2026 meeting. The only proposed standards for 2027 are the Value Plan Standards. The Board voted to finalize the 2027 Plan Certification Standards at the April 20, 2026 meeting.

Value Plans

In 2027, Value Plans will have standardized cost sharing for commonly used services as they have since 2024. Each individual market licensed issuer must offer one Value Plan at each of the Bronze, Silver, and Gold metal levels. Carriers must identify these standardized Value Plans, and only these plans, with "Value" or "Value Plan" in the plan name. Value Plans must also include \$0 cost sharing for certain diabetes care management services.

The final 2027 Value Plan designs are included in Appendix 1 of this letter. They include \$0 cost sharing for certain diabetes care management services. The Value Plan Workgroup, consisting of eighteen stakeholders from diverse sectors and regions of the state, voted to approve and recommend the designs.³ After the late release of the Actuarial Value Calculator (AVC), MHBE staff and the Workgroup determined that changes to cost-sharing were necessary for compliance with federal restrictions on plan generosity. Because of this, the final designs differ from the proposed designs significantly and include changes to cost sharing as shown in Appendix 1. The recommendations include that:

- At least one covered continuous glucose monitor (CGM) product is available with \$0 cost sharing for patients with a diabetes diagnosis.
 - 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.

³ Please see the Value Plan Workgroup [webpage](#) for more details on the workgroup's process and discussions.

- Carriers must 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, and
 - A link to the carrier’s medical policy for determining eligibility for a CGM.
- Carriers submit utilization and prior authorization denials data specific to the diabetes Value Plan benefits (and overall utilization and prior authorization denials data, for comparison) to identify any consumer challenges accessing \$0 diabetes benefits. MHBE will provide carriers with detailed guidance on this data request and ensure sufficient time is afforded for carriers to complete the request.

The proposed 2027 Value Plans were released for a 30-day public comment period January 23, 2026 - February 23, 2026. MHBE received one comment (on March 17, during the Issuer Letter comment period), suggesting that language be added allowing a webpage as an alternative to a searchable document; MHBE will extend flexibility to carriers to publish this information as either a document or as a webpage.

CHAPTER 5: QUALIFIED VISION PLAN CERTIFICATION PROCESS AND STANDARDS

In PY2024, MHBE began partnering with vision plans to offer adult vision benefits to consumers in the individual market. MHC hosts links to external vision plan websites where consumers may enroll in vision plans. Section 31-115 of the Insurance Article, Maryland Code establishes that Qualified Vision Plans (QVPs) must meet a number of standards in order to be certified or recertified to operate within the Marketplace.

This chapter describes the Certification Process and Standards for a QVP to be certified and offered. (Please refer to Chapter 1 for information on the issuer annual certification process and standards applicable to QVP issuers.) Subject to any changes to federal or state requirements, the following dates are considered finalized.

A. Submission Requirements for QVP Certification

Table 5-A-1. QVP Certification Documents and Submission Dates

| Item Name | Initial Submission Date to MHBE | Final Submission Date to MHBE | Description of Item |
|----------------------------------|--|--------------------------------------|--|
| Plan documents and rates | June 1, 2026 | Sept. 14, 2026 | 2027 plan documents and rates filed with MIA for the high and low plan to be offered through MHC. |
| Information for MHC website | June 1, 2026 | August 26, 2026 | Vision plan website URL to which MHC will link, brief description of the vision issuer to include on the MHC website, and vision plan call center toll free phone number and hours |
| Vision plan website screenshots | June 1, 2026 | August 26, 2026 | Screenshots illustrating consumer plan shopping and enrollment experience on vision plan website |
| Enrollment and billing documents | June 1, 2026 | August 26, 2026 | Mock member card, enrollment packet, invoice, and payment policy |

Table 5-A-2. Other QVP Certification Key Dates

| Event/Period | Entity Responsible for Event/Period | Date of Action | Action Description |
|---------------------|--|-------------------------|--|
| Link testing | MHBE and Issuers | Sep. 21 - Sept 25, 2026 | Test MHC link to vision carrier website |
| Plan shopping | Issuers | Oct. 1 - Oct. 31, | Issuers' websites live for consumers to review plans |

| | | | |
|----------------------------|---------|--------------|--|
| | | 2026 | |
| Enrollment starts for PY27 | Issuers | Nov. 1, 2026 | Issuers accept enrollment in PY27 coverage |

B. Plan Certification Standards for QVPs in the Individual Market

- Participating vision plans must:
- Be available at a high and a low level (two QVPs per carrier)
- Be licensed for sale in the MD individual market as of plan year 2026
- Provide a Maryland-specific account manager to work with the MHBE plan management team
 - Offer the following services:
 - A website co-branded with MHC that serves as a landing page for consumers and includes a provider directory, a simple and easy-to-understand description of plans' covered benefits and out-of-pocket expenses, and allows consumers to compare and enroll in plans;
 - A customer service call center with a toll-free number that is sufficiently staffed to handle questions and assist consumers;
 - Ability for member to pay bill electronically;
 - Ability to generate member enrollment materials and notices;
 - Ability to provide reporting to MHBE on plan selection, enrollment, and member demographics (reporting template to be provided by MHBE); and
 - Other services determined necessary by MHBE.

C. Review of Plan Certification Applications & Certificate of Plan Certification

MHBE must review a Plan Certification Application submitted to MHBE by an issuer within 45 calendar days of receipt of the completed application. MHBE will notify an issuer if its submitted application is not considered complete and which items are outstanding. After the 45-day period, all issuers will receive a Plan Certification Approval or Denial Notice from MHBE, with information on issuer options for appeal. A Plan Certification Approval Notice informs the issuer that they are eligible to offer plans through the Marketplace for the applicable plan year. The plan certification period begins on the date of confirmation of receipt of a complete plan certification application package by the MHBE Account Manager.

D. Denial, Suspension and Revocation of Certification

MHBE may deny, suspend, revoke, or seek other remedies against a QVP issuer offering a plan under Section 31-115(k) of the Insurance Article, Maryland Code.

Furthermore, MHBE may conduct compliance reviews of a plan during the plan benefit year. The scope of such compliance reviews extends to only include certification standards established under Section 31-115(k) of the Insurance Article, Maryland Code. Denials, suspensions, revocations of certification, compliance review findings, and corrective action plans are subject to any and all remedies available under state and federal laws and regulations.

If, as result of such compliance reviews, MHBE finds a QVP to be non-compliant, MHBE will require the issuer to implement corrective actions and come into compliance. If an issuer chooses to withdraw from the Exchange or the plan is decertified by MHBE, the issuer shall follow plan management guidance as specified by MHBE in ceasing to do business on the Exchange.

CHAPTER 6: ISSUER REQUIREMENTS FOR THE STATE REINSURANCE PROGRAM

This chapter details issuer requirements for participation in the State Reinsurance Program (SRP) under Md. Insurance Code Ann. § 31-117. Issuers should also refer to regulations under COMAR 14.35.17 for information on other requirements under the State Reinsurance Program.

MHBE has extended the agreement with the Centers for Medicare and Medicaid Services (CMS) to administer the SRP by using the External Data Gathering Environment (EDGE) server infrastructure through 2029. Issuers will continue to follow EDGE server data submission timelines and protocols, as under the Risk Adjustment program.

Payment under the SRP is based on reinsurance reports received from CMS. Pursuant to the agreement between MHBE and CMS, CMS applies the approved reinsurance attachment point, coinsurance rate, and cap to carriers' final EDGE server claims and reports the resulting undampened reinsurance payments to CMS. After receipt of CMS's report, in accordance with COMAR § 14.35.17.04, a carrier specific adjustment factor is calculated by applying the applicable year's dampening factor to the risk adjustment results reported by CMS. The final State Reinsurance Program payment amounts are determined by applying each carrier-specific adjustment factor to the corresponding carrier's reinsurance results.

Please note that carriers participating in the SRP are required to comply with applicable components of the 1332 State Waiver Program Compliance Supplement August 2020, including but not limited to,

documented adherence with the Procurement Suspension and Debarment requirements.⁴

A. Parameters for the State Reinsurance Program

The MHBE Board of Trustees set the final parameters for the 2026 SRP at its August 18, 2025 meeting. For the 2026 plan year, the SRP will remit payments for eligible claims according to the below 2026 parameters. Prior years' parameters are included for reference. The Board set estimated 2027 SRP parameters at its April 20, 2026 meeting and will set final parameters for 2027 at the July 20, 2027 meeting.

Table 6-A-1. 2019-2027 State Reinsurance Program Parameters

| Parameters | 2019 - 2022 | 2023 | 2024 | 2025 | 2026 | Estimated 2027 |
|-------------------|-------------|-----------|-----------|-----------|-----------|----------------|
| Attachment Point: | \$20,000 | \$18,500 | \$20,000 | \$21,000 | \$24,000 | \$28,000 |
| Coinsurance Rate: | 80% | 80% | 80% | 80% | 80% | 80% |
| Cap: | \$250,000 | \$250,000 | \$250,000 | \$250,000 | \$250,000 | \$250,000 |
| Dampening Factor | .760 - .805 | .840 | .850 | .850 | .850 | TBD |

B. Program Payment

MHBE will remit reinsurance payments under the SRP no later than September 30 of the year following the program year.

C. Reporting Requirements

Issuers are expected to continue regular data submission operations to their EDGE servers as under the

⁴ https://www.whitehouse.gov/wp-content/uploads/2020/08/2020-Compliance-Supplement_FINAL_08.06.20.pdf; See section 4-93.423.

Risk Adjustment program. In addition, MHBE will contact issuers in spring 2026 to collect claims and enrollment data and 2025 EDGE data, which will be used by MHBE to update SRP projections.

As outlined in COMAR 14.35.17.03(C), for each year that a carrier which offers a reinsurance-eligible plan participates in the State Reinsurance Program, the carrier shall submit to the Board a Carrier Accountability Report by June 30th following the end of the plan year. Carriers participating in the reinsurance program in plan year 2025 must file a report by June 30, 2026. Carriers participating in the reinsurance program in plan year 2026 must file a report by June 30, 2027.

The report must detail carrier actions to manage the costs and utilization of enrollees whose claims are reimbursed under the program. Guidance to carriers on the plan year 2024 report, submitted in 2025, is available on the MHBE website.⁵ This guidance will be updated in 2026 for the plan year 2025 report.

⁵ <https://www.marylandhbe.com/home/carriers/>

Appendix 1: Final 2027 Value Plan Designs

2027 Value Plan designs are shown below. Highlighted cells in the table indicate a change from 2026. Bolded text below the table represents new requirements for 2027.

| | 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 |

Blue text indicates the benefit is covered with cost sharing before the deductible is met. The deductibles and 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.

| | 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% |

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.

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 agents drug class. Other than the below requirements, this list is at the carrier's discretion. The below requirements are offered in response to a request for more guidance on this coverage requirement; all carriers already met these requirements in 2024. All carriers must include:
 - Test strips and glucometers
 - Preferred brands of insulin
 - **At least one covered continuous glucose monitor (CGM) product for patients with a diabetes diagnosis.**
 - **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)

Diabetes Information Webpage/PDF Guidance

Carriers must also develop and maintain an easy-to-understand, transparent, and searchable webpage or document (i.e., PDF) on the carrier's website publicizing the \$0 diabetes benefits to promote consumers' awareness and understanding. These pages or documents should have a standard title (to be specified by MHBE) and should include the following information:

1. A clear statement that Value Plans provide coverage of diabetic supplies at \$0 cost-sharing.
2. 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.
 - a. At all times, the list shall include all of the diabetic supplies that are covered for the current plan year.
 - b. 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.

1. 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.
2. 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.