

# MHBE Value Plan Workgroup - 2027 Plans

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Session 5 – March 23, 2026



This meeting will be recorded

# Agenda

11:30 - 11:35 | Welcome  
Co-chairs Justin Giovannelli and Emily Hodson

11:35 - 11:40 | Vote on Minutes from Meeting 4  
All members

11:40 - 12:00 | Present updated draft design options  
Becca Lane, Senior Health Policy Analyst, MHBE

12:00 - 12:45 | Discuss plan design options; possible vote  
All

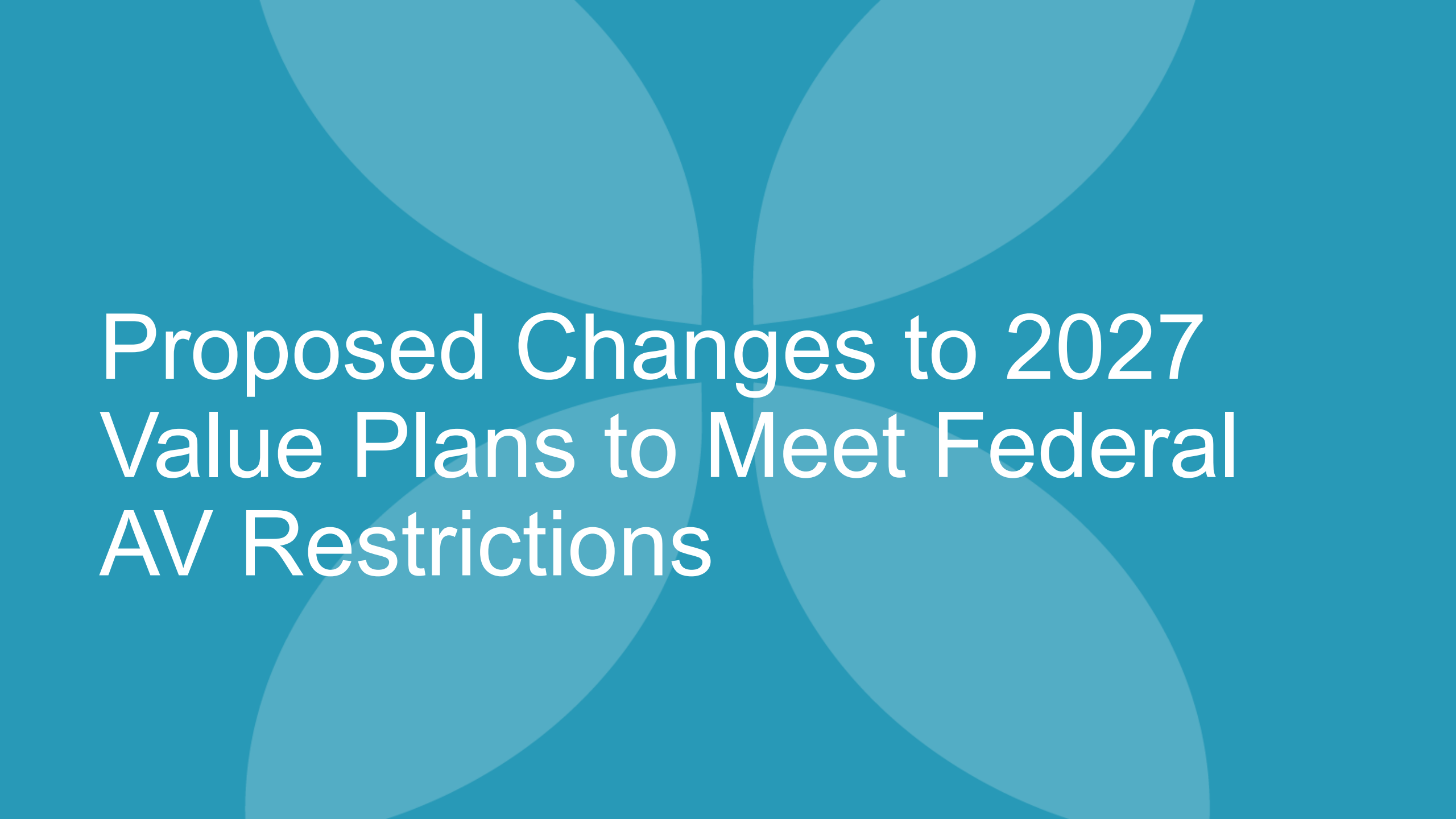
12:45-12:50 | Next steps

12:50-1:00 | Public comment

1:00 | Adjourn

## Vote: 11/4/25 Meeting 4 Minutes

“I move to approve the minutes from the November 4, 2025 meeting of the Value Plan Workgroup [as presented/as amended].”



# Proposed Changes to 2027 Value Plans to Meet Federal AV Restrictions

# Summary: Original Proposal for 2027 Value Plans (1/2)

- Maintain 2026 cost sharing for 2027 (subject to 2027 AVC) - *2027 AVC does necessitate changes to cost sharing*
- Add diabetes coverage requirement that at least one CGM be available at \$0 cost sharing - *wording needs to be updated to avoid triggering state defrayal mandate— “Add requirement that at least one covered 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 consumers on how to access the \$0 CGM
  - A link to the carrier’s medical policy for determining eligibility for a CGM

# Summary: Proposal for 2027 Value Plans (2/2)

- Additionally, we recommend 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 diabetes related utilization and prior authorization denials data on all plans, including the Value Plans, to identify any consumer challenges accessing \$0 diabetes benefits

# Maximum Out-of-Pocket (MOOP)

- The maximum out-of-pocket amount is the most an enrollee will pay towards covered in-network healthcare expenses in a plan year
- The federal government sets a MOOP limit each year; plans on MHC cannot have MOOPs that exceed the limit
  - 2026: \$10,150 (\$3,350 for Silver 94 & 87; \$8,100 for Silver 73)
  - 2027: \$12,000 (\$4,000 for Silver 94 & 87; \$9,600 for Silver 73)\*
- Based on an MIA analysis of 2020 data, only about 2-5% of enrollees meet the MOOP
- Raising a plan's MOOP:
  - Reduces the plan's AV
  - Impacts a relatively smaller portion of enrollees than raising cost sharing on services that a larger share of enrollees may use

# Gold Plan Options (1/3)

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

|                                                                                |  | 2026        | 2027                 | 2027                 |
|--------------------------------------------------------------------------------|--|-------------|----------------------|----------------------|
|                                                                                |  | Gold        | *Proposed*<br>Gold 1 | *Proposed*<br>Gold 2 |
| Actuarial Value                                                                |  | 81.89%      | 81.90%               | 81.87%               |
| Medical Deductible                                                             |  | \$1,000     | \$1,000              | \$1,500              |
| Drug Deductible                                                                |  | \$150       | \$150                | \$150                |
| Medical MOOP                                                                   |  | \$8,500     | \$8,500              | \$8,500              |
| Rx MOOP                                                                        |  | \$600       | \$900                | \$600                |
| Combined MOOP                                                                  |  | \$9,100     | \$9,400              | \$9,100              |
| Emergency Room Services                                                        |  | \$350       | \$450                | \$450                |
| All Inpatient Hospital Services (inc. MH/SUD)                                  |  | \$450       | \$500                | \$500                |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) |  | <b>\$10</b> | <b>\$15</b>          | <b>\$15</b>          |
| Specialist Visit                                                               |  | <b>\$35</b> | <b>\$40</b>          | <b>\$40</b>          |
| Mental/Behavioral Health and Substance Use Disorder Office Visits              |  | <b>\$10</b> | <b>\$15</b>          | <b>\$15</b>          |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        |  | <b>\$10</b> | <b>\$15</b>          | <b>\$15</b>          |

**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.

# Gold Plan Options (2/3)

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

|                                                           | 2026         | 2027                 | 2027                 |
|-----------------------------------------------------------|--------------|----------------------|----------------------|
|                                                           | Gold         | *Proposed*<br>Gold 1 | *Proposed*<br>Gold 2 |
| Imaging (CT/PET Scans, MRIs)                              | \$400        | \$400                | \$400                |
| Speech Therapy                                            | <b>\$10</b>  | <b>\$15</b>          | <b>\$15</b>          |
| Occupational and Physical Therapy                         | <b>\$10</b>  | <b>\$15</b>          | <b>\$15</b>          |
| Preventive Care/Screening/Immunization                    | <b>\$0</b>   | <b>\$0</b>           | <b>\$0</b>           |
| Laboratory Outpatient and Professional Services           | <b>\$25</b>  | <b>\$45</b>          | <b>\$35</b>          |
| X-rays and Diagnostic Imaging                             | <b>\$50</b>  | <b>\$65</b>          | <b>\$65</b>          |
| Skilled Nursing Facility                                  | \$75         | \$100                | \$100                |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <b>\$250</b> | <b>\$160</b>         | <b>\$160</b>         |
| Outpatient Surgery Physician/Surgical Services            | <b>\$125</b> | <b>\$220</b>         | <b>\$220</b>         |
| Generic Drugs                                             | <b>\$10</b>  | <b>\$10</b>          | <b>\$10</b>          |
| Preferred Brand Drugs                                     | <b>\$30</b>  | <b>\$45</b>          | <b>\$45</b>          |
| Non-Preferred Brand Drugs                                 | \$60         | \$75                 | \$75                 |
| Specialty Drugs (i.e. high-cost)                          | \$75         | \$90                 | \$90                 |

# Gold Plan Options Summary (3/3)

## Option 1

- Med deductible: no change
- RX MOOP: increase from 600 to 900
- Labs: increase 25 to 45

## Option 2

- Med deductible: increase 1,000 to 1,500
- RX MOOP: no change
- Labs: increase 25 to 35

### Other copay changes same between options 1 and 2:

- Emergency Room Services (350 to 450), All Inpatient Hospital Services (450 to 500), Primary Care Visit (10 to 15), Specialist Visit (35 to 40), Skilled Nursing Facility (75 to 100)
- RX: Preferred Brand Drugs (30 to 45), Non-Preferred Brand Drugs (60 to 75), Specialty Drugs (75 to 90).
- Correcting Outpatient facility/surgery fees:
  - Outpatient Facility Fee: decreases from 250 to 160.
  - Outpatient Surgery Physician/Surgical Services: increases from 125 to 220

# Silver 94 Options (1/3)

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

|                                                                                |  | 2026         | 2027                    | 2027                    |
|--------------------------------------------------------------------------------|--|--------------|-------------------------|-------------------------|
|                                                                                |  | CSR 94%      | *Proposed*<br>CSR 94% 1 | *Proposed*<br>CSR 94% 2 |
| Actuarial Value                                                                |  | 94.92%       | 94.92%                  | 94.91%                  |
| Medical Deductible                                                             |  | \$0          | \$0                     | \$0                     |
| Drug Deductible                                                                |  | \$0          | \$0                     | \$0                     |
| Medical MOOP                                                                   |  | \$1,950      | \$3,200                 | \$2,900                 |
| Rx MOOP                                                                        |  | \$250        | \$500                   | \$500                   |
| Combined MOOP                                                                  |  | \$2,200      | \$3,700                 | \$3,400                 |
| Emergency Room Services                                                        |  | <b>\$75</b>  | <b>\$110</b>            | <b>\$110</b>            |
| All Inpatient Hospital Services (inc. MH/SUD)                                  |  | <b>\$150</b> | <b>\$185</b>            | <b>\$185</b>            |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) |  | <b>\$5</b>   | <b>\$5</b>              | <b>\$10</b>             |
| Specialist Visit                                                               |  | <b>\$20</b>  | <b>\$35</b>             | <b>\$30</b>             |
| Mental/Behavioral Health and Substance Use Disorder Office Visits              |  | <b>\$5</b>   | <b>\$5</b>              | <b>\$10</b>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        |  | <b>\$5</b>   | <b>\$5</b>              | <b>\$10</b>             |

**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.

# Silver 94 Options (2/3)

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

|                                                           |  | 2026    | 2027                    | 2027                    |
|-----------------------------------------------------------|--|---------|-------------------------|-------------------------|
|                                                           |  | CSR 94% | *Proposed*<br>CSR 94% 1 | *Proposed*<br>CSR 94% 2 |
| Imaging (CT/PET Scans, MRIs)                              |  | \$125   | \$175                   | \$175                   |
| Speech Therapy                                            |  | \$5     | \$5                     | \$10                    |
| Occupational and Physical Therapy                         |  | \$5     | \$5                     | \$10                    |
| Preventive Care/Screening/Immunization                    |  | \$0     | \$0                     | \$0                     |
| Laboratory Outpatient and Professional Services           |  | \$10    | \$20                    | \$20                    |
| X-rays and Diagnostic Imaging                             |  | \$20    | \$45                    | \$45                    |
| Skilled Nursing Facility                                  |  | \$30    | \$55                    | \$55                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) |  | \$50    | \$60                    | \$60                    |
| Outpatient Surgery Physician/Surgical Services            |  | \$60    | \$70                    | \$70                    |
| Generic Drugs                                             |  | \$0     | \$0                     | \$0                     |
| Preferred Brand Drugs                                     |  | \$5     | \$15                    | \$15                    |
| Non-Preferred Brand Drugs                                 |  | \$15    | \$20                    | \$20                    |
| Specialty Drugs (i.e. high-cost)                          |  | \$25    | \$30                    | \$30                    |

# Silver 94 Options Summary (3/3)

## Option 1

- TOTAL MOOP increase: 2,200 to 3,700 (RX 250 to 500; Med 1,950 to 3,200)
- Primary care, mental health, PT/ST/OT UNCHANGED at \$5 copay
- Specialist 20 to 35

## Option 2

- Total MOOP increase: 2,200 to 3,400 (RX 250 to 500, Med 1,950 to 2,900)
- Primary care, mental health, PT/ST/OT INCREASE 5 to 10
- Specialist 20 to 30

### Other copay changes same between options 1 and 2:

- ER copay (75 to 110); Inpatient Hospital (150 to 185)
- Imaging 125 to 175; X-rays 20 to 45; SNF 30 to 55;
- Outpatient facility fee 50 to 60; outpatient surgery 60 to 70
- Preferred drugs 5 to 15, non preferred 15 to 20, specialty 25 to 30

# Silver 87 Options (1/3)

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

|                                                                                |  | 2026        | 2027                    | 2027                    |
|--------------------------------------------------------------------------------|--|-------------|-------------------------|-------------------------|
|                                                                                |  | CSR 87%     | *Proposed*<br>CSR 87% 1 | *Proposed*<br>CSR 87% 2 |
| Actuarial Value                                                                |  | 87.92%      | 87.92%                  | 87.91%                  |
| Medical Deductible                                                             |  | \$1,000     | \$1,125                 | \$1,000                 |
| Drug Deductible                                                                |  | \$150       | \$200                   | \$150                   |
| Medical MOOP                                                                   |  | \$2,850     | \$3,300                 | \$3,300                 |
| Rx MOOP                                                                        |  | \$500       | \$700                   | \$700                   |
| Combined MOOP                                                                  |  | \$3,350     | \$4,000                 | \$4,000                 |
| Emergency Room Services                                                        |  | \$150       | \$150                   | \$150                   |
| All Inpatient Hospital Services (inc. MH/SUD)                                  |  | \$350       | \$350                   | \$350                   |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) |  | <b>\$10</b> | <b>\$10</b>             | <b>\$10</b>             |
| Specialist Visit                                                               |  | <b>\$35</b> | <b>\$35</b>             | <b>\$35</b>             |
| Mental/Behavioral Health and Substance Use Disorder Office Visits              |  | <b>\$10</b> | <b>\$10</b>             | <b>\$10</b>             |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services        |  | <b>\$10</b> | <b>\$10</b>             | <b>\$10</b>             |

**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.

# Silver 87 Options (2/3)

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

|                                                           |  | 2026    | 2027                    | 2027                    |
|-----------------------------------------------------------|--|---------|-------------------------|-------------------------|
|                                                           |  | CSR 87% | *Proposed*<br>CSR 87% 1 | *Proposed*<br>CSR 87% 2 |
| Imaging (CT/PET Scans, MRIs)                              |  | \$350   | \$350                   | \$350                   |
| Speech Therapy                                            |  | \$10    | \$10                    | \$10                    |
| Occupational and Physical Therapy                         |  | \$10    | \$10                    | \$10                    |
| Preventive Care/Screening/Immunization                    |  | \$0     | \$0                     | \$0                     |
| Laboratory Outpatient and Professional Services           |  | \$25    | \$25                    | \$25                    |
| X-rays and Diagnostic Imaging                             |  | \$50    | \$50                    | \$60                    |
| Skilled Nursing Facility                                  |  | \$75    | \$75                    | \$75                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) |  | \$75    | \$75                    | \$75                    |
| Outpatient Surgery Physician/Surgical Services            |  | \$125   | \$125                   | \$130                   |
| Generic Drugs                                             |  | \$6     | \$6                     | \$6                     |
| Preferred Brand Drugs                                     |  | \$25    | \$25                    | \$30                    |
| Non-Preferred Brand Drugs                                 |  | \$50    | \$50                    | \$55                    |
| Specialty Drugs (i.e. high-cost)                          |  | \$60    | \$60                    | \$65                    |

# Silver 87 Options Summary (3/3)

## Option 1

- Med deductible increase 1,000 to 1,125
- RX deductible 150 to 200
- NO copay increases

## Option 2

- No change to medical deductible
- No change to RX deductible
- X-rays 50 to 60
- Outpatient surgery 125 to 130
- RX: preferred brand 25 to 30;  
non-preferred 50 to 55; specialty 60 to 65

### MOOP changes same between options 1 and 2:

- Medical MOOP: increase 2,850 to 3,300
- Rx MOOP: increase from 500 to 700
- → Combined MOOP increase 3,300 to 4,000

# Proposed Silver 73

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

|                                               |  | 2026            | 2027                  |
|-----------------------------------------------|--|-----------------|-----------------------|
|                                               |  | 2025<br>CSR 73% | *Proposed*<br>CSR 73% |
| Actuarial Value                               |  | 73.87%          | 73.87%                |
| Medical Deductible                            |  | \$4,500         | \$4,500               |
| Drug Deductible                               |  | \$750           | \$750                 |
| Medical MOOP                                  |  | \$6,800         | \$7,605               |
| Rx MOOP                                       |  | \$1,300         | \$1,500               |
| Combined MOOP                                 |  | \$8,100         | \$9,105               |
| Emergency Room Services                       |  | \$500           | \$500                 |
| All Inpatient Hospital Services (inc. MH/SUD) |  | \$550           | \$550                 |

- No changes other than MOOP increases (highlighted).

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

# Proposed Base Silver

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

|                                                                               |  | 2026        | 2027                      |
|-------------------------------------------------------------------------------|--|-------------|---------------------------|
|                                                                               |  | Base Silver | *Proposed*<br>Base Silver |
| Actuarial Value                                                               |  | 71.75%      | 71.75%                    |
| Medical Deductible                                                            |  | \$4,500     | \$4,500                   |
| Drug Deductible                                                               |  | \$750       | \$750                     |
| Medical MOOP                                                                  |  | \$8,500     | \$9,300                   |
| Rx MOOP                                                                       |  | \$1,300     | \$1,650                   |
| Combined MOOP                                                                 |  | \$9,800     | \$10,950                  |
| Emergency Room Services                                                       |  | \$500       | \$500                     |
| All Inpatient Hospital Services (inc. MH/SUD)                                 |  | \$550       | \$550                     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays) |  | <b>\$35</b> | <b>\$35</b>               |

- No changes other than MOOP increases (highlighted).

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

# Proposed Bronze

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

|                                               |  | 2026              | 2027                            |
|-----------------------------------------------|--|-------------------|---------------------------------|
|                                               |  | Bronze - Expanded | *Proposed*<br>Bronze - Expanded |
| Actuarial Value                               |  | 64.71%            | 64.71%                          |
| Medical Deductible                            |  | \$10,150          | \$11,110                        |
| Drug Deductible                               |  | n/a               | n/a                             |
| Medical MOOP                                  |  | \$10,150          | \$11,110                        |
| Rx MOOP                                       |  | n/a               | n/a                             |
| Combined MOOP                                 |  | \$10,150          | \$11,110                        |
| Emergency Room Services                       |  | n/a               | n/a                             |
| All Inpatient Hospital Services (inc. MH/SUD) |  | n/a               | n/a                             |

- No changes other than MOOP/deductible increases (highlighted).

**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.

# Vote on Draft Recommendations

“I move to approve the 2027 Value Plan designs, [as proposed or as amended], as the workgroup’s draft recommendation, including:

- Gold [Option 1 or Option 2]
- Silver 94 [Option 1 or Option 2]
- Silver 87 [Option 1 or Option 2]
- and the proposals for Silver 73, Base Silver, and Bronze,

in addition to the other recommendations approved by the group in November, including:

- Add requirement that at least one covered 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 consumers on how to access the \$0 CGM
  - A link to the carrier’s medical policy for determining eligibility for a CGM.”

*Charter: “Support for each recommendation will be included in the meeting minutes at the member level” - please individually state your vote for the record when your name is called.*



# Public Comment

The background features a solid blue color with a central graphic consisting of four overlapping circles of a lighter blue shade, arranged in a cross pattern.

# Next Steps

## Next Steps

- **Week of 3/23 or 3/30:** Reconvene if necessary to discuss design tweaks
- **Week of 3/30:** Release workgroup-recommended designs for public comment period (length TBD– as long as possible before Board meeting)
- **April 20, 2026:** MHBE Board votes to finalize 2027 Value Plans

# Appendix

The background of the slide features a decorative pattern of four overlapping circles, each in a different shade of blue, arranged in a cross-like formation. The circles overlap in the center, creating a darker blue square. The overall background is a solid medium blue.

# Members

| Member                             | Affiliation                                              |
|------------------------------------|----------------------------------------------------------|
| <del>Richard Amador-Resigned</del> | <del>HealthCare Access Maryland</del>                    |
| 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                     |
| <del>Molly O'Brien</del> -sending new rep | Wellpoint                                         |
| Karen Pollitz                             | Consumer and Health Policy Professional (Retired) |
| Lisa Solomon                              | Senior Health Benefits Assistance                 |
| David Stewart                             | AHEC West                                         |
| Adam Zimmerman                            | Maryland Insurance Administration                 |

\* 2025 co-chair

# 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>

# \$0 CGM Language

*All carriers must cover, at \$0 cost sharing: ...*

“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.

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 (adapted from Colorado)

- 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

# Proposed 2027 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
      - \$0 CGM - language TBD—this is where the language we are workshopping will be located
      - 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 must maintain a document on their websites detailing \$0 diabetes coverage that adheres to MHBE guidance (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.