

MHBE 2025 Value Plan Workgroup

Session 3 – October 21, 2025



This meeting will be recorded

Agenda

1:00 - 1:05 | Welcome

Becca Lane, Senior Health Policy Analyst

All members

1:05 - 1:10 | Vote on Minutes from Meeting 2 (and maybe revote on Meeting 1 minutes)

All members

1:10 - 1:20 | MHBE's Current Marketing of Value Plans

Becca Lane or Amy Barley

1:20 - 1:30 | Overview of CGM Features

Becca Lane

1:30 - 1:40 | Overview of Carriers' Medical Necessity Policies

Becca Lane

1:40-2:20 | Discussion

Becca Lane; All members

2:20 - 2:30 | Public Comment

2:30 | Adjournment

Vote: 9/23/25 Meeting 2 Minutes

“I move to approve the minutes from the September 23, 2025 meeting of the Value Plan Workgroup [as presented/as amended].”

Meeting 1 (8/26/25) minutes: vote again



MHC Value Plan Marketing

Current Value Plan Marketing

1. Social media posts

2. Website

- Glossary term: Value Plan
- Fact sheets - Value Plans and Understanding Value Plan Costs
- Internal linking and cross promotion on website

3. Plan shopping features

Shop for a value plan: Choosing a Value Plan may reduce your out-of-pocket costs because certain diabetes care services and medications are included for free in these plans. Learn more: bit.ly/3u2weiF

Shop Value Plans!



Value plans may reduce your out-of-pocket costs



Maryland Health Connection

Published by Sprout Social · November 9, 2023 ·

Check out the @MarylandConnect value plans!

Value plans are health plans that offer lower deductibles and useful coverage for more health care services before your deductible is met.

Learn more: <https://bit.ly/3u2weiF>



**Value Plans keep you
covered at a lower cost**

2025 Value Plan Summary - MHC Consumer Site

Plan Metal Level	Bronze	Silver	Gold
Medical Deductible	\$9,200	\$0, \$1,000, or \$4,500*	\$1,000
Included free in all plans	- Preventive care - Diabetes care including insulin, glucometers, test strips and certain routine diabetes care services, such as foot exams and lab tests. For the full list of diabetic care benefits, visit MarylandHealthConnection.gov/Value-Plan.		
Services covered with a copay before deductible is met	- Primary care (\$35) - Urgent care (\$75) - Specialist visit (\$100) - Mental health and substance use disorder office visits (\$35) - Lab tests (\$80) - X-rays and diagnostics (\$150) - Generic drugs (\$25)	- Primary care (\$5-\$35) - Urgent care (\$15-\$75) - Specialist visit (\$20-\$100) - Mental health and substance use disorder office visits (\$5-\$35) - Lab tests (\$5-\$80) - X-rays and diagnostics (\$20-\$150) - Generic drugs (\$0-\$25) - Additional services for eligible enrollees**	- Primary care (\$10) - Urgent care (\$40) - Specialist visit (\$35) - Mental health and substance use disorder office visits (\$10) - Lab tests (\$25) - X-rays and diagnostics (\$50) - Generic drugs (\$10) - Preferred brand drugs (\$30)

Understanding Value Plan Costs 2025

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



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

¹ All Value Plans cover insulin, glucometers, test strips, and routine diabetic care for \$0. For the full list of diabetic care benefits, visit MarylandHealthConnection.gov/value-plan

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

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

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

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

Edit Health Care Use

Filters



i Estimated Monthly Premium

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

i Annual Deductible

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

i Annual Out of Pocket Maximum

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

i Metal Level

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

i Health Insurance Company

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

i Quality Rating

- ☐ ★★★★★
- ☐ ★★★★☆

i Plan Type

- ☐ HMO *i*
- ☐ PPO *i*

i Value Plans

- ☐ Display only Value Plans

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

Value Plan



UHC Bronze Value Plan

2024-72375MD0070028-01

METAL LEVEL:
BRONZE

QUALITY RATING:
★★★★★*i*

Details

ESTIMATED MONTHLY PREMIUM <i>i</i>	ANNUAL DEDUCTIBLE <i>i</i>	ANNUAL OUT-OF-POCKET MAX <i>i</i>	PRIMARY CARE <i>i</i>	URGENT CARE CENTER <i>i</i>	GENERIC DRUG
\$255.50 Price after estimated \$0.00 tax credit	\$9450 per person \$18900 per group	\$9450 per person \$18900 per group	\$35.00 Copay	\$75.00 Copay	\$25.00 Copay

H.S.A. Qualified :No

Telehealth: Primary Care: \$35 Copay | Urgent Care: \$75 Copay | Mental health outpatient: \$35 Copay

Find a Health Care Provider

Important Plan Information

Plan Costs & Benefits

Drug Search

Email Quote

Add to Compare

APPLY

Promotion Opportunities

Email campaigns

- Raise awareness about value plans and diabetes benefits among our email subscriber list

Social media and digital ads

- Short-form videos (educational, storytelling, intro to Value Plans, etc.)
- Partner with diabetes support groups in Maryland to share posts
- Leverage influencers / micro-influencers in diabetes management for awareness campaigns
- Run Facebook Live / Instagram Live Q&A sessions with MHC navigators or diabetes educators

SEO (search engine optimization)

- Blog post
- Backlinking strategy (i.e., include links to value plans page on Carrier pages, Local health department websites (county-level) – Add Value Plans info under “Health Insurance Resources, or diabetes-focused organizations like American Diabetes Association (ADA Maryland chapter), Diabetes Action Network of Maryland, etc.

Host a Virtual Webinar - i.e., “Affordable Diabetes Care in Maryland: Value Plans with Maryland Health Connection”, etc.

CGM Features

The background of the slide features a dark blue field with four large, overlapping circles in a lighter shade of blue. These circles are arranged in a cross-like pattern, with each circle's center positioned at one of the four quadrants, creating a central area where all four circles overlap.

Features of Currently Available CGMs (1/2)

	Description	Details
Brands	Brands offering CGM products (may offer several)	Abbott FreeStyle Libre; Dexcom; Medtronic
Frequency	How often the device does a glucose reading	1-15 mins (some 1, some 5, only one 15)
Placement location	Where the device can be worn on the body	Upper arm; abdomen; upper buttocks for certain ages of children
Sensor life	Length of time before device must be replaced:	7-15 days
Calibration	Require input of manual glucose readings to ensure CGM readings are correct	Most do not require calibration; one requires daily and one requires weekly
Warm-up time	Before readings can be relied upon	30 mins - 2 hrs
Alerts/Alarms	To alert wearer to high or low glucose	most yes, two no (visual-only)

Features of Currently Available CGMs (2/2)

	Description	Details
Implantable vs non-implantable	Sensor is implanted but transmitter is external; can last for a year	Approved by FDA in 2024; offered by one company
Real-time vs. intermittently scanned - maybe not relevant	Real-time continuously measures and displays glucose values; intermittent device measures continuously but requires scanning to show and store glucose values. Studies comparing rtCGM to isCGM show greater benefits from rtCGM usage (reduced hypoglycemia and improved time in range). isCGMs may no longer be on the market.	

- American Diabetes Association's recommendations include that the choice of a device "should be made based on the individual's circumstances, preferences, and needs."
- Several websites offer guidance to patients on selecting a CGM or other diabetes technology based on personal needs

Other Programs' Approaches

- Medicare
 - CGMs of any brand are covered
 - Patients qualify if they meet Medicare's medical criteria (see upcoming slide)
- Maryland Medicaid
 - MCOs (managed care organizations) must cover CGMs
 - MCOs write their own clinical criteria on medical necessity
- Colorado Exchange
 - Requires \$0 CGM but does not require particular features or brands
 - No specific medical necessity criteria; carriers may apply prior authorization or step therapy
 - Now requires insulin pump and associated supplies covered at \$0 for PY2026

The background features a solid teal color with a pattern of four large, overlapping circles in a lighter shade of teal. These circles are arranged in a cross-like pattern, with their centers at the corners of the frame, creating a symmetrical, flower-like design.

Medical Necessity / Eligibility

Medicare Eligibility Criteria

To be eligible for coverage of a CGM and related supplies, the beneficiary must meet all of the following initial coverage criteria (1)-(5):

1. The beneficiary has diabetes mellitus ...; and,
2. The beneficiary's treating practitioner has concluded that the beneficiary (or beneficiary's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; and,
3. The CGM is prescribed in accordance with its FDA indications for use; and,
4. The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least one of the criteria below:
 - A. The beneficiary is insulin-treated; or,
 - B. The beneficiary has a history of problematic hypoglycemia with documentation of at least one of the following ... :
 - Recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; or,
 - A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia
5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare-approved telehealth visit with the beneficiary to evaluate their diabetes control and determined that criteria (1)-(4) above are met.

CGM Medical Necessity Comparison

	Medicare	CareFirst	Kaiser Permanente	United Healthcare
Type 1	✓	✓	✓	✓
<i>Prior Authorization Required?</i>	No	Yes, if claims lookback does not show 6 months of insulin use	Yes	No
Type 2				
<i>Prior Authorization Required?</i>	No	Yes, if claims lookback does not show 6 months of insulin use	Yes	Requires initial authorization and authorization every 6 months thereafter
“Insulin-treated” or “Intensive insulin regimen”	✓	✓ 4+ daily injections	✓ 1+ daily injection or insulin pump use	✓ 3+ daily injections or insulin pump use
History of hypoglycemic events unresolved by medication change	✓	✓ Short-term only (max. 14 days). Hypoglycemic events may not justify CGM if patient is not on an insulin regimen	✓	✓

For adults. Some other requirements may apply, such as beneficiary or their caregiver has sufficient training to use the device, or the device is prescribed in accordance with FDA indications for use. Documentation often required. Also in all cases, a provider must have evaluated the patient and prescribed the CGM

Wellpoint did not respond to requests for information.

The background of the slide features a pattern of overlapping circles in two shades of teal. The circles are arranged in a way that creates a central area where multiple circles overlap, with the text centered within this area. The overall effect is a modern, geometric design.

Draft CGM Requirement Language

\$0 CGM Language

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

“At least one 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.”

Proposed 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 page on the carrier's website titled "[TBD]" that includes the following information:
 - A clear statement that [Value Plans (name TBD)] 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

Discussion

- Should MHBE do more to market/increase awareness of the Value Plans, and if so, how?
- Should MHBE require that the \$0 CGM have any particular features?
 - Does anyone have insight on the real-time vs intermittently scanned types of CGMs?
 - Should access to both types be ensured?
- Should MHBE establish a medical necessity policy, or defer to carriers' medical policies?

Vote on Draft Recommendations

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

- Maintain 2026 cost-sharing for 2027
 - Workgroup will meet again after CMS releases the actuarial value calculator if cost-sharing needs to be adjusted to meet AV restrictions
- Add diabetes coverage requirement that at least one CGM be available at \$0 cost sharing
 - Include requirement that carriers develop an “easy-to-understand, transparent, and searchable page on the carrier’s website” that includes specific information on the \$0 diabetes benefit as outlined by MHBE (similar to Colorado guidance), instructions for how to access the \$0 CGM, and a link to the carrier’s medical policy for determining eligibility for a CGM
- Change name of Value Plans, informed by results of consumer survey (winter 2025-2026)



Public Comment

Next Steps

- Next meeting: TBD. After publication of AVC, or earlier if there are still items up for discussion or if the group has not voted.

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
~~Richard Amador-Resigned~~	~~HealthCare Access Maryland~~
Nikki Blake	CareFirst BlueCross BlueShield
Ken Brannan	Leadership Maryland
Evalyne L Bryant-Ward	University of Maryland Charles Regional
Matthew Celentano	League of Life & Health Insurers of Maryland, Inc.
Jake Whitaker	Maryland Hospital Association
Ashton Nicole DeLong	MedChi, The Maryland State Medical Society
Brian Espindola	UnitedHealthcare
Justin Giovannelli*	Georgetown University Center on Health Insurance Reforms
Brandy Guy	Avery Hall Benefit Solutions
Emily Hodson*	Chase Brexton Health Care

Member	Affiliation
Stephanie Klapper	Maryland Citizens' Health Initiative
Allison Mangiaracino	Kaiser Permanente
Kathleen McGuire	Maryland Department of Health
~~Molly O'Brien~~ -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

2026 Value Plan Diabetes Cost-Sharing

- Enrollees with a primary diagnosis of diabetes pay \$0 cost-sharing for:
 - PCP visits
 - Dilated retinal exam (1x per year)
 - Diabetic foot exam (1x per year)
 - Nutritional counseling visits
 - Lipid panel test (1x per year)
 - Hemoglobin A1C (2x per year)
 - Microalbumin urine test or nephrology visit (1x per year)
 - Basic metabolic panel (1x per year)
 - Liver function test (1x per year)
 - A select list of diabetes supplies and medications within the diabetic agent's drug class, as defined by the insurer. An insurer is not required to change the drugs that are on the insurer's formulary.
 - All carriers must cover, at \$0 cost sharing:
 - Test strips and glucometers
 - Preferred brands of insulin
 - At least one from each of the following classes of oral hypoglycemics:
 - Biguanides (such as metformin)
 - Thiazolidinediones (such as pioglitazone or rosiglitazone)
 - Sulfonylureas (such as glipizide, glyburide, gliclazide, or glimepiride)

Continuous Glucose Meters (CGMs)

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

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

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

Current CGM Cost-Sharing by Carrier

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

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

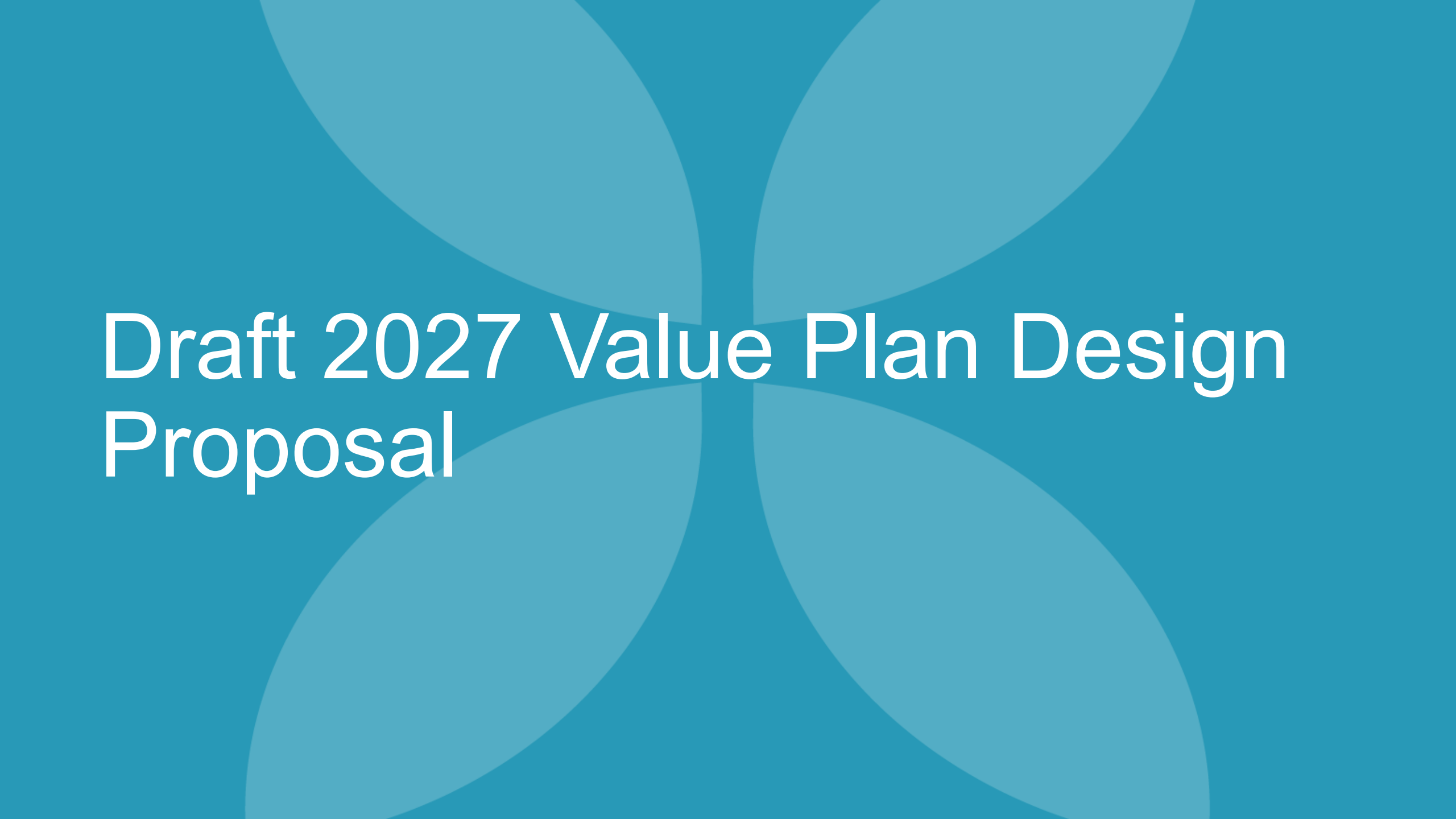
Current Promotions

1. Social media posts

2. Website

- Glossary term: Value Plan
- Internal linking and cross promotion on website
- Fact sheets - Value Plans and Understanding Value Plan Costs
- Video: “[What Are Metal Levels?](#)”



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

Draft 2027 Value Plan Design Proposal

Proposed 2027 Value Plan Designs (1/5)

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

		Proposed 2027 Gold	Proposed 2027 CSR 94%	Proposed 2027 CSR 87%	Proposed 2027 CSR 73%	Proposed 2027 Base Silver	Proposed 2027 Expanded Bronze
Actuarial Value		TBD	TBD	TBD	TBD	TBD	TBD
Medical Deductible		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$10,150
Drug Deductible		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP		\$8,500	\$1,950	\$2,850	\$6,800	\$8,500	\$10,150
Rx MOOP		\$600	\$250	\$500	\$1,300	\$1,300	n/a
Combined MOOP		\$9,100	\$2,200	\$3,350	\$8,100	\$9,800	\$10,150
Emergency Room Services		\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)		\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)		\$10	\$5	\$10	\$35	\$35	\$35
Specialist Visit		\$35	\$20	\$35	\$110	\$110	\$110
Mental/Behavioral Health and Substance Use Disorder Office Visits		\$10	\$5	\$10	\$35	\$35	\$35
Mental/Behavioral Health and Substance Use Disorder Outpatient Services		\$10	\$5	\$10	\$35	\$35	\$0

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

Proposed 2027 Value Plan Designs (2/5)

		Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
Imaging (CT/PET Scans, MRIs)		\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy		\$10	\$5	\$10	\$35	\$35	\$35
Occupational and Physical Therapy		\$10	\$5	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization		\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services		\$25	\$10	\$25	\$45	\$45	\$55
X-rays and Diagnostic Imaging		\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility		\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services		\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs		\$10	\$0	\$6	\$25	\$25	\$25
Preferred Brand Drugs		\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs		\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)		\$75	\$25	\$60	\$100	\$100	n/a

Proposed 2027 Value Plan Designs (3/5)

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

Proposed 2027 Value Plan Designs (4/5)

		Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
Additional Standardized Service Categories							
Pediatric Vision							
	Routine Eye Exam for Children (optometrist)	\$0	\$0	\$0	\$0	\$0	\$0
	Eye exam by an Ophthalmologist	\$0	\$0	\$0	\$0	\$0	\$0
	Basic Lenses	\$0	\$0	\$0	\$0	\$0	\$0
	Frames	\$0	\$0	\$0	\$0	\$0	\$0
	Contacts – elective (i.e. in lieu of lenses and frames)	\$0	\$0	\$0	\$0	\$0	\$0
	Contacts – medically necessary	\$0	\$0	\$0	\$0	\$0	\$0
	Low vision testing	\$0	\$0	\$0	\$0	\$0	\$0
	Low vision aid	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Dental							
	Class I Preventive & Diagnostic Services	\$0	\$0	\$0	\$0	\$0	\$0
	Class II Basic Services	20%	20%	20%	20%	20%	20%
	Class III Major Services	50%	20%	30%	40%	50%	50%
	Class IV Major Services – Restorative	50%	20%	30%	40%	50%	50%
	Class V Orthodontic Services	50%	50%	50%	50%	50%	50%

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
 - 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 page 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.

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 page on the carrier's website titled "[TBD]" that includes the following information:
 - A clear statement that [Value Plans (name TBD)] 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

Summary: Staff Proposal for 2027 Value Plans

- Maintain 2026 cost-sharing for 2027
 - Workgroup will meet again after CMS releases the actuarial value calculator if cost-sharing needs to be adjusted to meet AV restrictions
- Add diabetes coverage requirement that at least one CGM be available at \$0 cost sharing
 - Include requirement that carriers develop an “easy-to-understand, transparent, and searchable page on the carrier’s website” that includes specific information on the \$0 diabetes benefit as outlined by MHBE (similar to Colorado guidance), instructions for how to access the \$0 CGM, and a link to the carrier’s medical policy for determining eligibility for a CGM
- Change name of Value Plans, informed by results of consumer survey (winter 2025-2026)