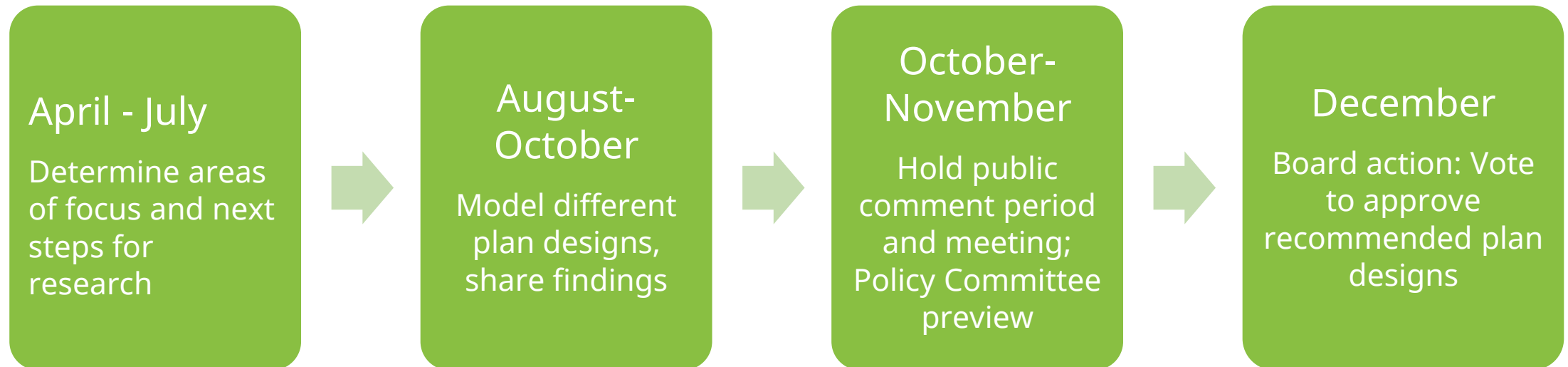


2027 Standard Plans

Leah Hole-Marshall (she/her), General Counsel and Chief Strategist

Kristin Villas (she/her), Senior Policy Analyst

Annual Stakeholder and Board Engagement on Standard Plans



Anticipated 2027 market environment

- ▶ Customers facing higher premiums and reduced financial assistance
- ▶ Assume federal changes will harm risk pool and raise premiums
- ▶ Uncertainties
 - ▶ Funding for Cascade Care Savings after PY 2026
 - ▶ Continuation of premium alignment
 - ▶ Allowed AV ranges



Standard plan design background

Exchange standard plan program

- ▶ Designed six years of standard plans since 2021.
- ▶ Essential, high value services at copay before deductible in all metal levels (primary care, mental/behavioral health, urgent care, generic Rx).

Goals for standard plans from [Cascade Care Legislation](#)

- ▶ Lower deductibles and access to services before the deductible.
- ▶ Prioritize copays where possible to provide predictability for consumers when seeking services.
- ▶ Limit premium impacts.
- ▶ Maximize tax credits with Silver plan design.

2027 plan design discussions - affordability, stability and consistent customer experience

- ▶ Determined priorities to model and research
 - ▶ Maintain copays or increase cost sharing
 - ▶ Address facility fees
 - ▶ Further standardization
 - ▶ Formulary
 - ▶ Cost sharing



Workgroup direction for 2027 standard plan goals & approaches to date

- ▶ High priorities include:
 - ▶ Lowering premiums by raising select cost shares
 - ▶ Maintain existing cost shares for core services (e.g., primary care)
- ▶ Cascade Bronze HSA support effort outside of plan design
- ▶ Additional standardization efforts are noncritical



Strategy for each Cascade Care plan

Plan	2027 AV	Position in AV Range for Metal	Approach	Intended Customer
Bronze	63.95%	Middle	Raise deductible and MOOP to maintain core pre-deductible coverage	For people who may otherwise drop coverage
Silver* & CSR Variants	71.90%	High	Maximize tax credit; Raise MOOP to lower some cost shares	Customers under 200% FPL who are high utilizers
Vital Gold	78.02%**	Low	Lower premium by raising deductible, coinsurances for high-cost drugs	Customers wanting comprehensive coverage with low to medium utilization
Complete Gold	81.87%	high	Raise deductible keep MOOP stable	High utilizers over 200% FPL



Goal: Most customers in Vital Gold and Silver variants

*Sets floor for Silver plans on the Exchange

**May be adjusted down based on outcome of lawsuit against market integrity rule

Summary of Stakeholder Feedback from Cascade Care Workgroup and Public Comment

- ▶ Bronze and Silver: prioritize consistency and affordability in cost sharing for core services
- ▶ Gold: leverage designs of the Vital (low AV) plan and Complete (high AV) plan to signal which plan is best for their needs
 - ▶ Key differences are deductible amount, Rx cost shares, and inpatient hospital costs

Cascade Care Bronze

Recommendation: Limit increases to deductible and primary care/mental health copays

Benefits	Bronze		
	Stable 2027	Raise Deductible; PCP/MH Copay	Greater Raise in Deductible; PCP/MH Copay
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$6,000	\$7,000	\$7,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$10,150	\$11,800	\$11,800
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40***	\$45***	\$50***
Specialist Visit	\$100	\$100	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$40***	\$45***	\$50***
Emergency/Urgent Care Services			
Emergency Care Services	40%	40%	40%
Urgent Care	\$100	\$100	\$100
Ambulance	40%	40%	40%
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	40%	40%	40%
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	40%	40%	40%
X-rays and Diagnostic Imaging	40%	40%	40%
Advanced Imaging (CT/PET Scans, MRIs)	40%	40%	40%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	40%
Skilled Nursing Facility	40%	40%	40%
Pharmacy			
Generics	\$32	\$32	\$32
Preferred Brand Drugs	40%	40%	40%
Non-Preferred Brand Drugs	40%	40%	40%
Specialty Drugs (i.e. high-cost)	40%	40%	40%
All Other Benefits			
Speech Therapy	40%	40%	40%
Occupational and Physical Therapy	40%	40%	40%
Durable Medical Equipment (DME)	40%	40%	40%
Home Health	\$50**	\$50**	\$50**
Hospice	\$50**	\$50**	\$50**
All Other Benefits	40%	40%	40%
AV	66.21%	63.95%	63.72%

Red font indicates change from 2026;

Green shaded header is recommended plan

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

***Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Cascade Care Silver

Recommendation:

- Keep at high end of AV range to maximize amount of tax credits
- Align mental health copays

Red font indicates change from 2026;

Green shaded header is recommended plan Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

***Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Benefits	Silver		
	Stable 2027	Raise MOOP	Lower MH Other - Copay
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,500	\$2,500	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,750	\$11,150	\$11,200
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$20***	\$20***	\$20***
Specialist Visit	\$65	\$65	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$20***	\$20***	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$65	\$65	\$65
Ambulance	\$375	\$375	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$30	\$30	\$20
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$40	\$40	\$40
X-rays and Diagnostic Imaging	\$65	\$65	\$65
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$800*	\$800*
Skilled Nursing Facility	\$800**	\$800**	\$800**
Pharmacy			
Generics	\$25	\$25	\$25
Preferred Brand Drugs	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$250	\$250
Specialty Drugs (i.e. high-cost)	\$250	\$250	\$250
All Other Benefits			
Speech Therapy	\$40	\$40	\$40
Occupational and Physical Therapy	\$40	\$40	\$40
Durable Medical Equipment (DME)	30%	30%	30%
Home Health	\$30**	\$30**	\$30**
Hospice	\$30**	\$30**	\$30**
All Other Benefits	30%	30%	30%
AV	73.17%	71.92%	71.90%

Cascade Care Vital Gold - 78%

- **Recommendation:**
- Set more expensive drug tiers at coinsurance for lower premium
- Encourage customers with high-cost drugs to enroll in Complete Gold plan

Red font indicates change from 2026;

Green shaded header is recommended plan

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

Benefits	Vital Gold 78% AV		
	Stable 2027	Tier 4 Rx at Coinsurance	Tier 3 and 4 Rx at Coinsurance
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,900	\$2,100	\$2,100
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$8,800	\$10,550	\$10,650
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$15	\$15
Specialist Visit	\$40	\$40	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$15
Emergency/Urgent Care Services			
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$35	\$35	\$35
Ambulance	\$375	\$375	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$350
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$15
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$30	\$30	\$30
X-rays and Diagnostic Imaging	\$30	\$30	\$30
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	\$300
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$650*	\$650*	\$650*
Skilled Nursing Facility	\$350**	\$350**	\$350**
Pharmacy			
Generics	\$10	\$10	\$10
Preferred Brand Drugs	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$200	\$200	20%
Specialty Drugs (i.e. high-cost)	\$200	20%	20%
All Other Benefits			
Speech Therapy	\$30	\$30	\$30
Occupational and Physical Therapy	\$30	\$30	\$30
Durable Medical Equipment (DME)	20%	20%	20%
Home Health	\$15**	\$15**	\$15**
Hospice	\$15**	\$15**	\$15**
All Other Benefits	20%	20%	20%
AV	79.28%	78.02%	78.02%

Cascade Care Complete Gold

Recommendation: higher deductible increase to keep cost shares stable such as MOOP and office visit copays (physical, speech) for high-utilizers

Red font indicates change from 2026;

Green shaded header is recommended plan

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

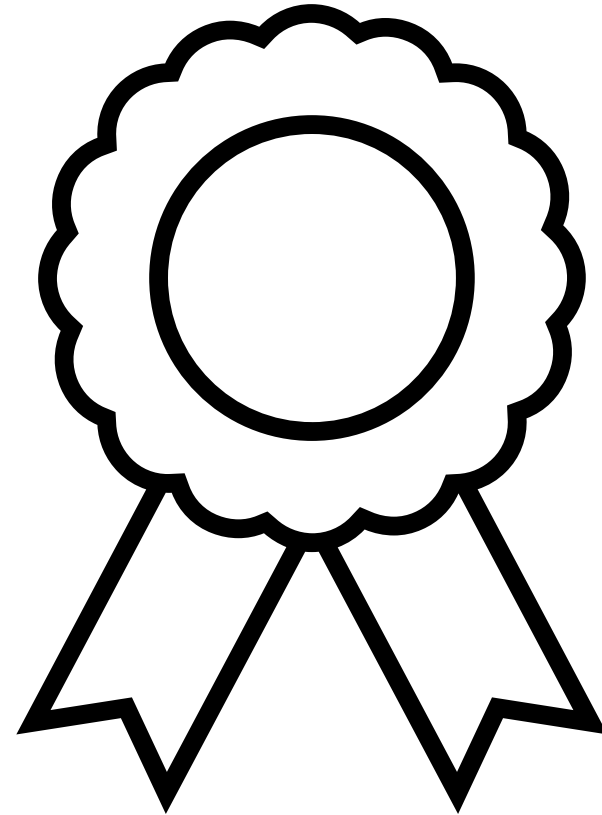
** Per day copay

Benefits	Complete Gold		
	Stable 2027	Keep MOOP Stable	Raise MOOP and Therapies
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,000	\$1,400	\$1,150
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$7,000	\$7,150
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$15	\$15
Specialist Visit	\$40	\$40	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$15
Emergency/Urgent Care Services			
Emergency Care Services	\$450	\$450	\$450
Urgent Care	\$35	\$35	\$35
Ambulance	\$375	\$375	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$350
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$15
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$20	\$30	\$30
X-rays and Diagnostic Imaging	\$30	\$30	\$30
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	\$300
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$525*	\$525*
Skilled Nursing Facility	\$350**	\$350**	\$350**
Pharmacy			
Generics	\$10	\$10	\$10
Preferred Brand Drugs	\$60	\$60	\$60
Non-Preferred Brand Drugs	\$100	\$100	\$100
Specialty Drugs (i.e. high-cost)	\$100	\$100	\$100
All Other Benefits			
Speech Therapy	\$25	\$25	\$30
Occupational and Physical Therapy	\$25	\$25	\$30
Durable Medical Equipment (DME)	20%	20%	20%
Home Health	\$15**	\$15**	\$15**
Hospice	\$15**	\$15**	\$15**
All Other Benefits	20%	20%	20%
AV	82.83%	81.87%	81.91%

Board Approval – 2027 Cascade Care Plans

- ▶ Next steps
 - ▶ Board votes on 2027 plans today

Please consider the plans on the next slides for approval as the 2027 Cascade Care plan designs.



Proposed 2027 Cascade Care Plans: Bronze, Silver, and Gold

Benefits	2027 Bronze	2027 Silver	2027 Vital Gold	2027 Complete Gold
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$7,000	\$2,500	\$2,100	\$1,400
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$11,800	\$11,200	\$10,650	\$7,000
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$45***	\$20***	\$15	\$15
Specialist Visit	\$100	\$65	\$40	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$45***	\$20***	\$15	\$15
Emergency/Urgent Care Services				
Emergency Care Services	40%	\$800	\$800	\$450
Urgent Care	\$100	\$65	\$35	\$35
Ambulance	40%	\$375	\$375	\$375
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	\$600	\$350	\$350
Outpatient Surgery Physician/Surgical Services	40%	\$200	\$75	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	40%	\$20	\$15	\$15
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	40%	\$40	\$30	\$30
X-rays and Diagnostic Imaging	40%	\$65	\$30	\$30
Advanced Imaging (CT/PET Scans, MRIs)	40%	30%	\$300	\$300
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	\$800*	\$650*	\$525*
Skilled Nursing Facility	40%	\$800**	\$350**	\$350**
Pharmacy				
Generics	\$32	\$25	\$10	\$10
Preferred Brand Drugs	40%	\$75	\$75	\$60
Non-Preferred Brand Drugs	40%	\$250	20%	\$100
Specialty Drugs (i.e. high-cost)	40%	\$250	20%	\$100
All Other Benefits				
Speech Therapy	40%	\$40	\$30	\$25
Occupational and Physical Therapy	40%	\$40	\$30	\$25
Durable Medical Equipment (DME)	40%	30%	20%	20%
Home Health	\$50**	\$30**	\$15**	\$15**
Hospice	\$50**	\$30**	\$15**	\$15**
All Other Benefits	40%	30%	20%	20%
AV	63.95%	71.90%	78.02%	81.87%

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

*** Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Proposed 2027 Cascade Care Plans: Silver Cost Sharing Reduction (CSR) Variants

Benefits	2027 Standard Silver 94% AV	2027 Standard Silver 87% AV	2027 Standard Silver 73% AV
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$0	\$750	\$2,300
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$3,200	\$3,375	\$10,700
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$1	\$5***	\$20***
Specialist Visit	\$10	\$25	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$1	\$5***	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$150	\$425	\$800
Urgent Care	\$15	\$30	\$65
Ambulance	\$75	\$175	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$325	\$600
Outpatient Surgery Physician/Surgical Services	\$25	\$120	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$1	\$5	\$20
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$10	\$20	\$40
X-rays and Diagnostic Imaging	\$15	\$30	\$65
Advanced Imaging (CT/PET Scans, MRIs)	15%	20%	30%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$425*	\$800*
Skilled Nursing Facility	\$100**	\$425**	\$800**
Pharmacy			
Generics	\$5	\$10	\$20
Preferred Brand Drugs	\$12	\$35	\$75
Non-Preferred Brand Drugs	\$35	\$160	\$250
Specialty Drugs (i.e. high-cost)	\$35	\$160	\$250
All Other Benefits			
Speech Therapy	\$5	\$20	\$40
Occupational and Physical Therapy	\$5	\$20	\$40
Durable Medical Equipment (DME)	15%	20%	30%
Home Health	\$5**	\$10**	\$30**
Hospice	\$5**	\$10**	\$30**
All Other Benefits	15%	20%	30%
AV	94.83%	87.94%	73.16%

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

*** Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Appendix

Cascade Care Silver 73% AV CSR Variant

Recommendation: align cost shares for mental health office visits and mental health outpatient services – other to reduce customer confusion

Red font indicates change from 2026;

Green shaded header is recommended plan

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

***Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Benefits	Silver CSR 73% AV		
	Stable 2027	Raise MOOP	Raise MOOP; Lower Deductible and Copays
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,500	\$2,500	\$2,300
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,950	\$9,100	\$10,700
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$20***	\$20***	\$20***
Specialist Visit	\$65	\$65	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$20***	\$20***	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$65	\$65	\$65
Ambulance	\$325	\$325	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$30	\$30	\$20
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$40	\$40	\$40
X-rays and Diagnostic Imaging	\$65	\$65	\$65
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$800*	\$800*
Skilled Nursing Facility	\$800**	\$800**	\$800**
Pharmacy			
Generics	\$24	\$24	\$20
Preferred Brand Drugs	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$250	\$250
Specialty Drugs (i.e. high-cost)	\$250	\$250	\$250
All Other Benefits			
Speech Therapy	\$40	\$40	\$40
Occupational and Physical Therapy	\$40	\$40	\$40
Durable Medical Equipment (DME)	30%	30%	30%
Home Health	\$30**	\$30**	\$30**
Hospice	\$30**	\$30**	\$30**
All Other Benefits	30%	30%	30%
AV	75.20%	73.90%	73.16%

Cascade Care Silver 87% AV CSR Variant

Recommendation: Lower copays and raise MOOP to promote day-to-day affordability

Red font indicates change from 2026;

Green shaded header is recommended plan

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

***Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Benefits	Silver CSR 87% AV		
	Stable 2027	Raise MOOP	Raise MOOP; Lower Copays
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$750	\$750	\$750
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$2,850	\$3,250	\$3,375
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$5***	\$5***	\$5***
Specialist Visit	\$30	\$30	\$25
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$5***	\$5***	\$5***
Emergency/Urgent Care Services			
Emergency Care Services	\$425	\$425	\$425
Urgent Care	\$30	\$30	\$30
Ambulance	\$175	\$175	\$175
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$325	\$325	\$325
Outpatient Surgery Physician/Surgical Services	\$120	\$120	\$120
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$10	\$10	\$5
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$20	\$20	\$20
X-rays and Diagnostic Imaging	\$40	\$40	\$30
Advanced Imaging (CT/PET Scans, MRIs)	20%	20%	20%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$425*	\$425*	\$425*
Skilled Nursing Facility	\$425**	\$425**	\$425**
Pharmacy			
Generics	\$12	\$12	\$10
Preferred Brand Drugs	\$35	\$35	\$35
Non-Preferred Brand Drugs	\$160	\$160	\$160
Specialty Drugs (i.e. high-cost)	\$160	\$160	\$160
All Other Benefits			
Speech Therapy	\$20	\$20	\$20
Occupational and Physical Therapy	\$20	\$20	\$20
Durable Medical Equipment (DME)	20%	20%	20%
Home Health	\$10**	\$10**	\$10**
Hospice	\$10**	\$10**	\$10**
All Other Benefits	20%	20%	20%
AV	88.56%	87.83%	87.94%

Cascade Care Silver 94% AV CSR Variant

Recommendation: Lower copays to promote day-to-day affordability and align copays for mental health outpatient care to reduce customer confusion

Red font indicates change from 2026;

Green shaded header is recommended plan

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

Benefits	Silver CSR 94% AV		
	Stable 2027	Raise MOOP; Raise Lab and Specialty Copay	Lower MH Other - Copay
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$0	\$0	\$0
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$2,400	\$3,200	\$3,200
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$1	\$1	\$1
Specialist Visit	\$15	\$10	\$10
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$1	\$1	\$1
Emergency/Urgent Care Services			
Emergency Care Services	\$150	\$150	\$150
Urgent Care	\$15	\$15	\$15
Ambulance	\$75	\$75	\$75
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$100	\$100
Outpatient Surgery Physician/Surgical Services	\$25	\$25	\$25
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$5	\$5	\$1
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$5	\$10	\$10
X-rays and Diagnostic Imaging	\$15	\$15	\$15
Advanced Imaging (CT/PET Scans, MRIs)	15%	15%	15%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$100*	\$100*
Skilled Nursing Facility	\$100**	\$100**	\$100**
Pharmacy			
Generics	\$5	\$5	\$5
Preferred Brand Drugs	\$12	\$12	\$12
Non-Preferred Brand Drugs	\$35	\$35	\$35
Specialty Drugs (i.e. high-cost)	\$35	\$35	\$35
All Other Benefits			
Speech Therapy	\$5	\$5	\$5
Occupational and Physical Therapy	\$5	\$5	\$5
Durable Medical Equipment (DME)	15%	15%	15%
Home Health	\$5**	\$5**	\$5**
Hospice	\$5**	\$5**	\$5**
All Other Benefits	15%	15%	15%
AV	95.20%	94.82%	94.83%

Cascade Care Vital Gold - 76%

- **Recommendation:** Follow approach to 78% AV plan where tier 3 and tier 4 drugs are set at a coinsurance for lower premium

Red font indicates change from 2026;

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

Benefits	Vital Gold 76% AV		
	2026, 2027 AV	Option 1	Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,000	\$2,300	\$2,300
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,500	\$11,000	\$11,000
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$15	\$15
Specialist Visit	\$40	\$40	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$15
Emergency/Urgent Care Services			
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$35	\$35	\$35
Ambulance	\$375	\$375	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$350
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$15
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$35	\$35	\$35
X-rays and Diagnostic Imaging	\$35	\$35	\$35
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	\$300
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$650*	\$650*	\$650*
Skilled Nursing Facility	\$350**	\$350**	\$350**
Pharmacy			
Generics	\$20	\$20	\$20
Preferred Brand Drugs	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$200	\$200	25%
Specialty Drugs (i.e. high-cost)	\$200	25%	25%
All Other Benefits			
Speech Therapy	\$35	\$35	\$35
Occupational and Physical Therapy	\$35	\$35	\$35
Durable Medical Equipment (DME)	20%	25%	25%
Home Health	\$15**	\$15**	\$15**
Hospice	\$15**	\$15**	\$15**
All Other Benefits	20%	25%	25%
AV	77.30%	76.04%	76.03%



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