

Draft 2026 Standard Plan Designs

*Proposed plan designs for 2026 Cascade and
Cascade Select plans*

*Instructions for submitting public comment
(Oct. 21-Nov. 20, 2024)*



Standard Plan Design Background

Exchange Standard Plan Program

- ▶ Have designed five years of standard plans starting in 2021.
- ▶ Essential, high value services at co-pay 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.

Standard Plan Changes 2022-2024

Moved from technical adjustments in early years to value-based insurance design (VBID) focus more recently, to support Cascade Care vision

2022: Technical changes to meet regulations (e.g., mental health parity)

2023: Minor adjustments to stay in AV range

2024: Bringing Value Forward

Clinically driven plan designs, like *V-BID X*, reduce spending on **low-value care**



...creating headroom to reallocate spending to **high-value services** without increasing **premiums or deductibles**

Recent Incorporation of Additional VBID Elements into Standard Plans

2024: Pre-Deductible Services

- Considered standardization of virtual care
- Added two \$1 primary care and mental health visits to Bronze and Silver Plans



2025: Explored VBID Expansion

- Considered additional \$1 visits and high-value generic tier for chronic conditions
- Opted to make minimum changes for stability given uncertainty



Goals for 2026 Cascade Care Plans

Direction of PY 2026 plan design based on feedback to date

- ▶ **Desire stability for customers amid uncertainty**
- ▶ **Focus on affordability**
 - ▶ Minimize design-driven premium impacts with possibility of enhanced federal subsidies expiring
 - ▶ Awareness that intended first-dollar access to services may not always happen (e.g., facility fees on office visits)
- ▶ **Interest in consistent and predictable customer experience**
 - ▶ E.g., variation between carriers in how benefits are filed and applicable cost-sharing

Environment for 2026 Standard Plan Design



- ▶ Actuarial Value plan limits
 - ▶ Must stay within metal level means lowering cost sharing in one place requires increase elsewhere
- ▶ New State Benefit Mandates
 - ▶ New state cost-sharing limits (e.g., inhalers)
 - ▶ New state Essential Health Benefits (EHB)
- ▶ Customer affordability challenges
 - ▶ Expiration of enhanced federal subsidies in 2026
 - ▶ Uncertainty regarding state subsidy funding
 - ▶ Changes in authorizing and regulatory environments

Recap of 2026 Plan Design Discussions

- ▶ Determined priorities to model and research
 - ▶ More VBID Features (lowering PCP/Mental health copay)
 - ▶ Standardizing New Essential Health Benefits
 - ▶ Formulary Standardization
 - ▶ Plan and Benefit Template Standardization
 - ▶ Address Facility Fees
- ▶ Themes of affordability and consistent and predictable customer experience



Prioritize Affordability of Primary Care and Mental Health Visits

- ▶ We modeled a few different plan options for 2026:
 - ▶ Keeping plan cost-sharing stable; only making changes required to stay within AV
 - ▶ Lower copay for all primary care and MHSUD office visits (after two \$1 upfront visits in Bronze and Silver plans)
 - ▶ In Bronze plan, make specialist visits pre-deductible (currently at a copay after \$6000 deductible)



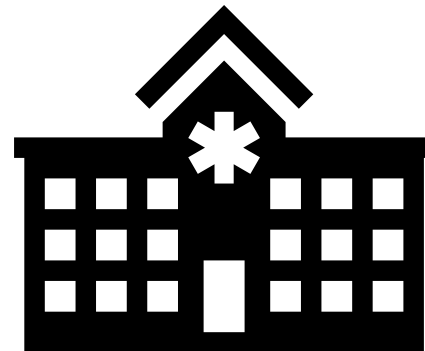
Standardizing New WA Essential Health Benefit (EHBs) Effective in 2026

- ▶ Hearing Instruments: propose setting at either (a) DME cost share (deductible + coinsurance) or (b) pre-deductible coinsurance
 - ▶ Requesting carrier feedback on premium impacts of offering pre-deductible
- ▶ Hearing Visits: propose setting at PCP copay
- ▶ Artificial Insemination: propose setting at “other covered services” cost share (deductible + coinsurance)
- ▶ Human Donor Milk: propose including as preventive (\$0 cost share)
- ▶ Added guidance in draft 2026 standard plan appendix



Addressing Facility Fees

- ▶ Customers experience challenges with facility fees
 - ▶ Example: An ophthalmologist visit at a clinic owned by a health system like Multicare results in two charges: one from the provider and one from the facility.
- ▶ Explored whether standard plans can help
 - ▶ Specify facility fee cost-sharing based on facility type.
 - ▶ Prohibit or limit fees in benefit design.
 - ▶ Add flag in Exchange provider directory that provider charges a facility fee.
- ▶ Proposing no changes for 2026 standard plans; will continue research in 2025:
 - ▶ How many/what facilities are charging carriers facility fees?
 - ▶ What Exchange carriers are passing facility fees onto customers?



Next Level Standardizing: Plan and Benefits Template

- ▶ Can we improve customer experience in standard plans by standardizing benefit fields in the PBT?
 - ▶ Today: standardized at a category level
 - ▶ Example: Chiropractic Care
 - ▶ Carriers put this benefit in different categories like office visit or “all other services”
 - ▶ Result is different cost share in standard silver plan: \$15; \$40; or After Deductible, 20% Coinsurance
- ▶ Support for standardizing select categories from all carriers and OIC and consumer groups
- ▶ Included new standard plan appendix with guidance on cost shares in PBT for public comment on pages 20-22



Standard Silver Options

- ▶ Option 0 – Minimal changes
 - ▶ MOOP increased by \$400 to offset trend-induced rise in AV and stay in required AV range

- ▶ Option 1 – PC & MHSUD copay
 - ▶ Lowers copay for primary care/MHSUD office visits by \$10
 - ▶ Requires MOOP increase of additional \$150

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		
	2025, 2026 AV	Option 0	Option 1
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 (\$)	\$9,200	\$9,600	\$9,750
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30***	\$30***	\$20***
Specialist Visit	\$65	\$65	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$30***	\$30***	\$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	\$30
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	72.21%	71.82%	71.84%

Standard Bronze Options

- ▶ Option 0 – Minimal changes
 - ▶ MOOP increases to \$9,600 to match the standard silver MOOP
- ▶ Option 1 – PC & MHSUD copay
 - ▶ Lowers the copay for primary care/MHSUD office visits by \$10
 - ▶ Requires MOOP increase of additional \$150
- ▶ Option 2 – Specialist visits
 - ▶ Specialist visit not subject to the deductible
 - ▶ Requires a MOOP increase of an additional \$500
- ▶ Option 3 - Combination of Options 1 and 2
 - ▶ Requires a MOOP increase of an additional \$550

Shaded Items are not Subject to Deductible.
 *** Eligible for two visits at \$1 copay, after which stated cost-sharing applies

Benefits	Bronze				
	2025, 2026 AV	Option 0	Option 1	Option 2	Option 3
Deductible and Out-of-Pocket Maximum					
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,200	\$9,600	\$9,750	\$10,100	\$10,150
Office Visits					
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$50***	\$50***	\$40***	\$50***	\$40***
Specialist Visit	\$100	\$100	\$100	\$100	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$50***	\$50***	\$40***	\$50***	\$40***
Emergency/Urgent Care Services					
Emergency Care Services	40%	40%	40%	40%	40%
Urgent Care	\$100	\$100	\$100	\$100	\$100
Ambulance	40%	40%	40%	40%	40%
Outpatient Services					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	40%	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%	40%	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	40%	40%	40%	40%	40%
Outpatient Diagnostic Tests					
Laboratory Outpatient and Professional Services	40%	40%	40%	40%	40%
X-rays and Diagnostic Imaging	40%	40%	40%	40%	40%
Advanced Imaging (CT/PET Scans, MRIs)	40%	40%	40%	40%	40%
Inpatient Services					
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	40%	40%	40%
Skilled Nursing Facility	40%	40%	40%	40%	40%
Pharmacy					
Generics	\$32	\$32	\$32	\$32	\$32
Preferred Brand Drugs	40%	40%	40%	40%	40%
Non-Preferred Brand Drugs	40%	40%	40%	40%	40%
Specialty Drugs (i.e. high-cost)	40%	40%	40%	40%	40%
All Other Benefits					
Speech Therapy	40%	40%	40%	40%	40%
Occupational and Physical Therapy	40%	40%	40%	40%	40%
Durable Medical Equipment (DME)	40%	40%	40%	40%	40%
Home Health	\$50**	\$50**	\$50**	\$50**	\$50**
Hospice	\$50**	\$50**	\$50**	\$50**	\$50**
All Other Benefits	40%	40%	40%	40%	40%
AV	64.76%	64.30%	64.26%	64.89%	64.97%

Standard Gold Options

- ▶ Option 0 – Minimal changes
 - ▶ MOOP is increased by \$1,000 to offset trend induced rise in AV and stay in required AV range
- ▶ Option 0a – Deductible increase
 - ▶ Deductible is increased by \$400 to keep MOOP same as 2025
- ▶ Option 1 – PC copay
 - ▶ \$10 copay for Primary Care and MH/SUD office visits
 - ▶ MOOP must increase by an additional \$500 to offset lowering copay

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

Benefits	Gold			
	2025, 2026 AV	Option 0	Option 0a	Option 1
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$600	\$600	\$1,000	\$600
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$8,000	\$7,000	\$8,500
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$15	\$15	\$10
Specialist Visit	\$40	\$40	\$40	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$15	\$10
Emergency/Urgent Care Services				
Emergency Care Services	\$450	\$450	\$450	\$450
Urgent Care	\$35	\$35	\$35	\$35
Ambulance	\$375	\$375	\$375	\$375
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$350	\$350
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$75	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$15	\$15
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$20	\$20	\$20	\$20
X-rays and Diagnostic Imaging	\$30	\$30	\$30	\$30
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	\$300	\$300
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$525*	\$525*	\$525*
Skilled Nursing Facility	\$350**	\$350**	\$350**	\$350**
Pharmacy				
Generics	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$60	\$60	\$60	\$60
Non-Preferred Brand Drugs	\$100	\$100	\$100	\$100
Specialty Drugs (i.e. high-cost)	\$100	\$100	\$100	\$100
All Other Benefits				
Speech Therapy	\$25	\$25	\$25	\$25
Occupational and Physical Therapy	\$25	\$25	\$25	\$25
Durable Medical Equipment (DME)	20%	20%	20%	20%
Home Health	\$15**	\$15**	\$15**	\$15**
Hospice	\$15**	\$15**	\$15**	\$15**
All Other Benefits	20%	20%	20%	20%
AV	82.42%	81.77%	81.81%	81.77%

Standard Silver CSR 73 Options for Customers

201% - 250% FPL

► Option 0

- MOOP is increased by \$450 to offset trend induced rise in AV and stay in required AV range

► Option 1

- \$20 copay for Primary Care and MHSUD office visits
- MOOP must increase by additional \$150 to offset

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		
	2025, 2026 AV	Option 0	Option 1
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 (\$)	\$7,350	\$7,800	\$7,950
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30***	\$30***	\$20***
Specialist Visit	\$65	\$65	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$30***	\$30***	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$65	\$65	\$65
Ambulance	\$325	\$325	\$325
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	\$30
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	\$24
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	74.54%	73.99%	73.95%

Standard Silver CSR 87 Options for Customers

151% - 200% FPL

► Option 0

- MOOP is increased by \$300 to offset trend induced rise in AV and stay in required AV range

► Option 1

- \$5 copay for Primary Care and MHSUD office visits
- MOOP must increase by additional \$50 to offset

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		
	2025, 2026 AV	Option 0	Option 1
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 (\$)	\$2,500	\$2,800	\$2,850
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$10***	\$10***	\$5***
Specialist Visit	\$30	\$30	\$30
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$10***	\$10***	\$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	\$10
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$20	\$20	\$20
X-rays and Diagnostic Imaging	\$40	\$40	\$40
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	\$12
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	88.60%	87.93%	87.87%

Standard Silver CSR 94 Options for Customers up to 150% FPL

► Option 0

- MOOP is increased by \$300 to offset trend induced rise in AV and stay in required AV range

► Option 1

- \$1 copay for Primary Care and MH/SUD office visits
 - Assume need \$1 to pass Mental Health Parity Testing
- MOOP must increase by additional \$200 to offset

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

Benefits	Silver CSR 94% AV		
	2025, 2026 AV	Option 0	Option 1
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 (\$)	\$1,900	\$2,200	\$2,400
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***	\$1
Specialist Visit	\$15	\$15	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$5***	\$5***	\$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	\$5
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$5	\$5	\$5
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	95.08%	94.89%	94.86%

2026 Standard Plans Designs Appendix **A**

This Appendix applies to standard plan designs at all metal levels unless otherwise designated. These requirements apply only for covered services under the plan.

1. The standard plan designs outline the cost-sharing for the consumer for a given benefit category.
2. The standard plan designs do not address cost-sharing amounts for any out-of-network services except for those services required under state or federal law to have the in-network cost-share amount. For example, out-of-network emergency care services would have an in-network cost-sharing under the Balance Billing Protection Act.
3. For all services with a copay that are not subject to the deductible, the copay amount does not accumulate toward the deductible, but the full copay amount paid for the service will accumulate toward the maximum out-of-pocket amount.
4. For services with a copay that are subject to the deductible, the full amount of first-dollar out-of-pocket spending accrues toward the deductible.
5. Per the essential health benefit base-benchmark plan, the following services must be covered for, at minimum, the identified number of visits:
 - a. Chiropractic: 10 visits
 - b. Acupuncture: 12 visits
 - c. Home health care services: 130 days
 - d. Hospice respite services: 14 days per lifetime
 - e. Outpatient rehabilitation, combined physical, occupational and speech therapy services: 25 visits
 - f. Outpatient habilitation services: 25 visits
 - g. Inpatient rehabilitative services: 30 days
 - h. Inpatient habilitative services: 30 days
 - i. Skilled nursing facility services: 60 days
6. Copayments charged to a consumer may never exceed the actual cost for the service. For instance, if a copay is \$45 and the service is \$30, the cost-share responsibility of the consumer would be \$30.
7. For prescription drugs in any tier, the cost-share defined is for a 30-day supply. Carriers may determine to allow for mail order prescriptions at a reduced per-unit cost (e.g.; a 90-day supply).
8. Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the plan's in-network maximum out-of-pocket.
9. Office visits for the treatment of mental health, behavioral health or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient - Office Visits, regardless of provider type. Other Practitioner Office Visits (Nurse, Physician Assistant) shall generally be treated as a Primary Care Visit to Treat an Injury or Illness or Preventive Care/Screening Immunization. A carrier may include in the Other Practitioner category: nurse practitioners, certified nurse midwives, respiratory therapists, clinical psychologists, licensed clinical social worker, marriage and family therapists, applied behavior analysis therapists, acupuncture practitioners, chiropractic practitioners, registered dietitians and other nutrition advisors. A carrier is not precluded from using another comparable benefit category for a service provided by one of these practitioners. Services provided by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office

Visits or Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other. The copay for Mental/Behavioral Health and Substance Use Disorder Outpatient Office visits may be applied to Mental/Behavioral Health and Substance Use Disorder Outpatient services provided in an urgent care setting.

10. Services with a copay should be charged with the following methodology: one copay per benefit category per day per provider. For example, a charge for a lab draw and read at a primary care visit by the same provider would result in one lab copay and one primary care office visit copay for the individual.
11. For outpatient services where a facility fee and physician/surgical services are not billed separately, an issuer may apply the cost-sharing requirements for both the facility fee and the physician/surgical services to the total charge.
12. For outpatient encounters that include multiple services, an issuer may apply the cost-sharing requirements for each service provided. For instance, an outpatient encounter involving a surgeon, radiologist and anesthesiologist would result in three cost-share payments for the consumer.
13. For instances where there is a copay for Skilled Nursing Facility and All Inpatient Hospital Services, it is a per-day copay (with a limit of five copays for an inpatient stay). For instance, a two-day stay would result in two copays for the consumer.
14. The co-pay for All Inpatient Hospital Services is a bundled fee that covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Gold standard plan would pay only the \$525 co-pay for Inpatient Hospital Services and no charge for the Inpatient Physician and Surgical Services. Any charges would first accrue to the deductible, and after the deductible is met, the individual would pay the applicable copay.
15. The cost-share amount for Emergency Care Services covers facility fee and professional services.
16. Unless otherwise noted in this appendix, carriers are permitted to assign any service to any benefit category if permissible under state and federal law.
17. 2026 WA Essential Health Benefits (EHBs) additions are categorized as follows:
 - a. Hearing Exams shall be categorized as Primary Care Visits.
 - b. Hearing Aids shall be categorized as either option a) DME (deductible and coinsurance) or option b) New category that is pre-deductible coinsurance.
 - c. Artificial Insemination shall be categorized as All Other Benefits.
 - a-d. Human Donor Milk cost sharing shall be categorized as Preventive Care.
18. While these 2026~~5~~ standard plan designs do not specify any requirements for virtual care, HBE-the Exchange is exploring this option for future years and is planning to collect existing data from carriers to support this work.

2026 Standard Plans Designs Appendix B Plan and Benefit Template Standardization

Carriers shall file standard plan benefits in the CMS Plan and Benefits Template (PBT) with the OIC in accordance with the below chart. The Exchange may standardize more categories in the PBT in future years. The Exchange understands different cost shares may apply depending on the specific service, but the intent is for alignment across carriers at the PBT level.

Benefit	Gold Cost Share	Silver Cost Sharing	Bronze Cost Share
Primary Care Visit to Treat an Injury or Illness*	\$15	\$30	\$50
Specialist Visit	\$40	\$65	\$100 copay after deductible
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$15	\$30	\$50
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350 copay after deductible	\$600 copay after deductible	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical Services	\$75 copay after deductible	\$200 copay after deductible	40% coinsurance after deductible
Hospice	\$15 copay per day	\$30 copay per day	\$50 copay per day
Urgent Care Centers or Facilities	\$35	\$65	\$100
Home Health Care Services	\$15 copay per day	\$30 copay per day	\$50 copay per day
Emergency Room Services	\$450 copay after deductible	\$800 copay after deductible	40% coinsurance after deductible
Emergency Transportation/Ambulance	\$375 copay	\$375 copay	40% coinsurance after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$525 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Inpatient Physician and Surgical Services	No charge	No charge	40% coinsurance after deductible
Prenatal and Post Natal Care	No charge	No charge	No charge
Delivery and All Inpatient Services for Maternity Care**	\$525 copay	\$800 copay after deductible	40% coinsurance

			after deductible
Mental/Behavioral Health Outpatient Services*	\$15	\$30	\$50
Mental/Behavioral Health Inpatient Services	\$525 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Substance Abuse Disorder Outpatient Services*	\$15	\$30	\$50
Substance Abuse Disorder Inpatient Services	\$525 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Generic Drugs	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	40% coinsurance after deductible
Non-Preferred Brand Drugs	\$100	\$250 copay after deductible	40% coinsurance after deductible
Specialty Drugs	\$100	\$250 copay after deductible	40% coinsurance after deductible
Outpatient Rehabilitation Services	\$25	\$40	40% coinsurance after deductible
Habilitation Services	\$25	\$40	40% coinsurance after deductible
Chiropractic Care	\$15	\$30	\$50
Durable Medical Equipment	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Hearing Aids Option A	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Hearing Aids Option B	20% coinsurance	30% coinsurance	40% coinsurance
Imaging (CT/PET Scans, MRIs)	\$300 copay after deductible	30% coinsurance after deductible	40% coinsurance after deductible

Preventive Care/Screening/Immunization	No charge	No charge	No charge
Acupuncture	\$15	\$30	\$50
Routine Eye Exam for Children	No charge	No charge	No charge
Eye Glasses for Children	No charge	No charge	No charge
Rehabilitative Speech Therapy	\$25	\$40	40% coinsurance after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$25	\$40	40% coinsurance after deductible
Well Baby Visits and Care	No charge	No charge	No charge
Laboratory Outpatient and Professional Services	\$20	\$40	40% coinsurance after deductible
X-Rays and Diagnostic Imaging	\$30	\$65	40% coinsurance after deductible
Abortion for Which Public Funding is Prohibited	No charge	No charge	No charge
Transplant**	\$525 copay	\$800 copay after deductible	40% coinsurance after deductible
Diabetes Education	No charge	No charge	No charge
Prosthetic Devices	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Nutritional Counseling	No charge	No charge	No charge
Diabetes Care Management	No charge	No charge	No charge

*Carrier shall administer benefit such that the first two Primary Care Visits and the first two Mental/Behavioral Health Visits are \$1 for Silver and Bronze plans.

**Carrier shall administer copay per day up to 5 days like Inpatient Hospitals for Gold and Silver plans.

***Request that requests Carrier provide estimates of premium impacts on Options A and B.

Public Comment Period: October 21 – November 20, 2024

- ▶ To provide public comment on the draft 2026 standard plans, either:
 - ▶ Submit written public comment by 5:00 pm PST on November 20, 2024:
 - ▶ Send an email to: cascadecare@wahbexchange.org
 - ▶ Please include “Public Comment” in the subject line of your email
 - ▶ Attend the virtual public meeting and provide comment in the meeting:
 - ▶ Attend the virtual public meeting scheduled for 1:00 p.m. PST, Nov. 12, 2024.
 - ▶ This virtual meeting will provide an opportunity for the public to provide comments regarding the proposed 2026 Standard Plan Design options.
 - ▶ This meeting will be conducted via Teams
 - ▶ [Meeting Link](#)
- ▶ To request additional information about this meeting, or to request accessibility services, please email: cascadecare@wahbexchange.org



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