

Cascade Care Workgroup

Oct. 8, 2024



Cascade Care Workgroup Agenda

Time	Topic	Facilitator
1:00	Welcome & Introductions	Laura Kate Zaichkin, Director of Market Competition & Affordability (she/her)
1:05	Cascade Care Updates <ul style="list-style-type: none">• 2025 Cascade Care Savings amounts• Sharpening Cascade Care tools	Laura Kate Zaichkin
1:15	2026 Standard Plan Design Options	Kristin Villas, Senior Policy Analyst (she/her) Kristy Piccinini, Acumen LLC
2:25	Next Steps & Adjourn	Laura Kate Zaichkin



Cascade Care

Cascade Care makes health insurance accessible and affordable for every *Washington Healthplanfinder* customer.



Lower premiums



Higher quality benefits



Lower copays



Easier plan shopping



Available in all counties



Extra savings for those who qualify

Cascade Care Updates

- ▶ 2025 Cascade Care Savings amounts [released](#). Maximum monthly state subsidy stable from 2024 to 2025.
 - ▶ Customers with federal subsidies: \$155 PMPM
 - ▶ Customers without federal subsidies: \$250 PMPM
- ▶ Sharpening Cascade Care tools: Workgroup summary and next steps.



**State
Subsidy
Options**



**Standard
Plans
Options**



**Public
Option
Proposal**

2026 PLAN DESIGN OPTIONS

Cascade Care Plans



Today's Discussion

- ▶ Recap: Cascade Care plan design background and prior discussions
- ▶ Review proposed options for public comment and next steps
 - ▶ Releasing options for public comment Oct. 21
 - ▶ Public comment meeting Nov. 12



Cascade Care Plan Design Background

Exchange Standard Plan Program

- ▶ Have designed five years of standard plans.
- ▶ Essential, high value services at co-pay before deductible in all metal levels (primary care, mental/behavioral health, urgent care, generic rx).

Standard Plan Guiding Principles

- ▶ 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.

Environment for 2026 Standard Plan Design



- ▶ Customer affordability challenges
 - ▶ Expiration of enhanced federal subsidies in 2026
 - ▶ Uncertainty regarding state subsidy funding
 - ▶ Changes in authorizing and regulatory environments
- ▶ Benefit changes
 - ▶ New state cost-sharing limits (e.g., inhalers)
 - ▶ New state Essential Health Benefits (EHB)
- ▶ AV calculator timing and limitations
 - ▶ AV requires benefit tradeoffs
 - ▶ We must estimate 2026 AV when developing plans

Recap of 2026 Plan Design Discussions

- ▶ **June:** Determined priorities to model and research
 - ▶ Minimal changes to 2025 plans
 - ▶ More VBID features
 - ▶ Standardizing new EHBs
 - ▶ Addressing Facility fees
 - ▶ Plan and Benefits Template standardization
 - ▶ Formulary standardization



Recap of 2026 Plan Design Discussions



▶ August: Modeled options

- ▶ Lower PCP/Mental Health copays with and without two \$1 upfront PCP/MH visits in Bronze and Silver
 - ▶ Broad preference for keeping two \$1 PCP/MH visits given customer reliance and expected expiration of ARPA subsidies
- ▶ Specialist visits pre-deductible in Bronze
 - ▶ Has come up frequently in workgroup discussion
 - ▶ Equity concerns of encouraging primary care/diagnostics when specialty care is inaccessible
- ▶ Address facility fees by lowering facility fee copay or by changing facility fee cost sharing from copay to coinsurance
 - ▶ Identified need for more research, WA-specific data, and discussion

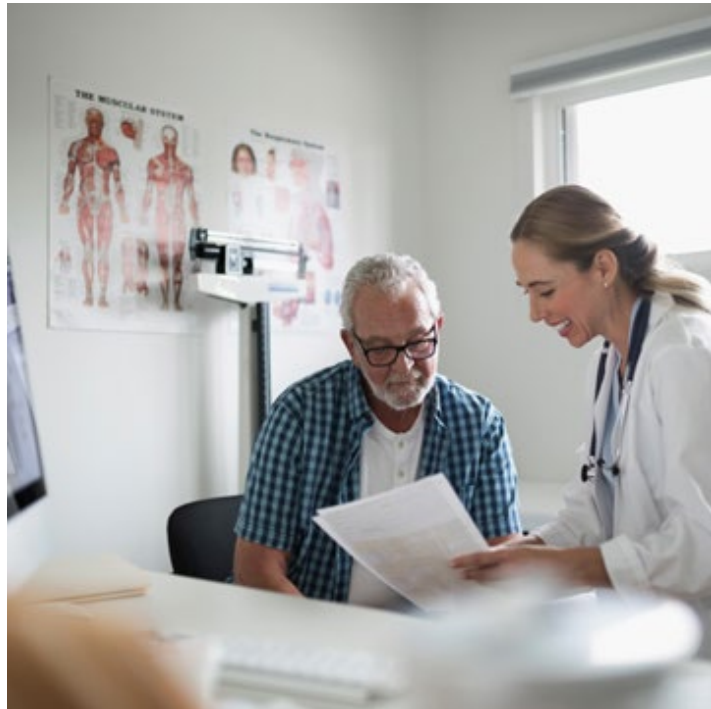
Recap of 2026 Plan Design Discussions

- ▶ **September:** Polled workgroup members about options
 - ▶ Lower PCP/Mental Health copays (Gold, Silver and Bronze)
 - ▶ Retain \$1 visits (Silver and Bronze)
 - ▶ Put specialist pre-deductible (Bronze)
 - ▶ Make facility fee a coinsurance capped at a dollar amount (Silver and Gold)



Poll: Workgroup Member Feedback

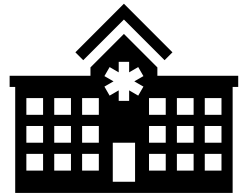
8 out of 16 Responded



	Bronze	Silver	Gold
Priority Option	Lower MH/PCP Copay	Lower MH/PCP Copay	Split on Lower MH/PCP Copay or Minimal Changes
Least Preferred Option	Put Specialist Copay Pre-Deductible	Make Facility Fee a capped coinsurance	Make Facility Fee a capped coinsurance

Poll: Workgroup Member Feedback Facility Fee Research Questions

- ▶ Given the need for additional data and research, not addressing facility fees in 2026 standard plan designs
- ▶ Respondents identified research questions:
 - ▶ How many and what facilities are charging carriers facility fees for Exchange customers?
 - ▶ Any trends with provider specialty, geography, or other billed services?
 - ▶ What percentage of providers add “inappropriate” facility fees in sample?
 - ▶ What Exchange carriers are passing facility fees onto customers?
 - ▶ Any trends observed based on premium (e.g., practices of higher premium or lower premium carriers)
- ▶ Other questions to consider for interim research?



Poll: Workgroup Member Feedback Approaches to Address Facility Fees

- ▶ Add flag in Exchange provider directory that provider charges a facility fee
 - ▶ Based on NPI, geographic location, or claims
- ▶ Consider facility fees based on facility type
- ▶ Possible benefit design changes and/or clarifications
 - ▶ Indicate in standard plan appendix if separate outpatient facility fee cost-share not permitted (e.g., office visit)
 - ▶ Tiered facility fee copay based on setting/type of visit (e.g., outpatient surgery vs. occupational therapy)
 - ▶ Bundle cost-share for outpatient care that covers professional services and facility fees, that is higher than existing copay (e.g., inpatient copay)
 - ▶ Lower facility fee copay (would require significant increases to other cost sharing)



Proposed 2026 Design Options for Public Comment: Minimal Changes or Reduce Copays for Primary Care and Mental Health

- ▶ Option 0: (All metal levels) Make minimal adjustments to offset the AV increase due to trend
- ▶ Option 1: (All metal levels) Keep upfront \$1 visits in Bronze and Silver and lower copay for all primary care and MHSUD office visits
- ▶ Option 2: (Bronze only) Make specialist visits pre-deductible



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	2025, 2026 AV	Option 0	Option 1
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,500	\$2,500	\$2,500	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,200	\$9,200	\$9,600	\$9,750
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30***	\$30***	\$30***	\$20***
Specialist Visit	\$65	\$65	\$65	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$30***	\$30***	\$30***	\$20***
Emergency/Urgent Care Services				
Emergency Care Services	\$800	\$800	\$800	\$800
Urgent Care	\$65	\$65	\$65	\$65
Ambulance	\$375	\$375	\$375	\$375
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$30	\$30	\$30	\$30
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$40	\$40	\$40	\$40
X-rays and Diagnostic Imaging	\$65	\$65	\$65	\$65
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%	30%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$800*	\$800*	\$800*
Skilled Nursing Facility	\$800**	\$800**	\$800**	\$800**
Pharmacy				
Generics	\$25	\$25	\$25	\$25
Preferred Brand Drugs	\$75	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$250	\$250	\$250
Specialty Drugs (i.e. high-cost)	\$250	\$250	\$250	\$250
All Other Benefits				
Speech Therapy	\$40	\$40	\$40	\$40
Occupational and Physical Therapy	\$40	\$40	\$40	\$40
Durable Medical Equipment (DME)	30%	30%	30%	30%
Home Health	\$30**	\$30**	\$30**	\$30**
Hospice	\$30**	\$30**	\$30**	\$30**
All Other Benefits	30%	30%	30%	30%
AV	70.75%	72.21%	71.76%	71.76%

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 \$900

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

Benefits	Bronze				
	2025	2025, 2026 AV	Option 0	Option 1	Option 2
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	\$9,200	\$9,600	\$9,750	\$10,100
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***	\$50***	\$40***	\$50***
Specialist Visit	\$100	\$100	\$100	\$100	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$50***	\$50***	\$50***	\$40***	\$50***
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	63.64%	64.74%	64.26%	64.24%	64.89%

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 1 – PC copay
 - ▶ \$10 copay for Primary Care and MHSUD office visits
 - ▶ MOOP must increase by \$1,500 to offset

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

Speech/Occupational/Physical Therapy, DME, home health, hospice, and other omitted for space; no changes from 2025 design

Benefits	Gold		
	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 (\$)	\$600	\$600	\$600
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$8,000	\$8,500
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	\$10
Specialist Visit	\$40	\$40	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$10
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	\$20	\$20
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
AV	82.40%	81.76%	81.75%

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

- ▶ Hearing Exams and Hearing Aids: propose setting at DME cost share (deductible + coinsurance)
 - ▶ Specify in standard plan appendix and standardize in Plan and Benefits Template (PBT)
- ▶ Artificial Insemination: propose setting at “other covered services” cost share (deductible + coinsurance)
 - ▶ Specify in standard plan appendix
- ▶ Human Donor Milk: propose zero cost share
- ▶ Reactions to these recommendations?



Plan and Benefit Template Standardization Feedback

- ▶ Received feedback from all carriers and OIC on proposal to standardize select benefit categories:
 - ▶ Support for direction to standardize select categories
 - ▶ Will improve experience for customers as there will be less variation for customers between carriers
 - ▶ Example Chiropractic Care:
 - ▶ Before filed as \$15, \$25, \$40, or After Deductible, 20% Coinsurance
 - ▶ Now will be standardized in PBT as \$15



2026 Cascade Care Plan Design Next Steps

- ▶ Options available for public comment from 10/21-11/15
- ▶ Public comment meeting 2 p.m. 11/12, following Workgroup meeting
- ▶ December: Exchange Board approval of 2026 standard plan designs



Cascade Care Workgroup Next Steps

- ▶ **Cascade Care plan design:**
 - ▶ 2026 standard plan design public comment period Oct. 21-Nov. 15.
 - ▶ Continued stakeholder discussions about policy options this month.
- ▶ **Public option:** Continued stakeholder discussions about policy proposal this month.
- ▶ **Cascade Care Savings:**
 - ▶ 2025 maximum monthly subsidy amounts available to customers [finalized](#).
 - ▶ Public comment period about 2026 policy options this month.

Next Cascade Care Workgroup meeting:
1 p.m. Nov. 12



- Cascade Care Workgroup roster
- Plan options in workgroup poll
- Cost sharing for new EHBs
- Categories proposed for PBT standardization

Appendix



Cascade Care Workgroup Members

- ▶ Jane Beyer / Ned Gaines, *Office of the Insurance Commissioner*
- ▶ Jennifer Brackeen, *Summit Pacific Medical Center*
- ▶ Emily Brice, *Northwest Health Law Advocates*
- ▶ John-Pierre Cardenas, *Kaiser Permanente*
- ▶ Dekker Dirksen, *Community Health Plan of Washington*
- ▶ Jim Freeburg, *Patient Coalition of Washington*
- ▶ Stu Freed, *Confluence Health retired*
- ▶ Carrie Glover, *Dziedzic Public Affairs*
- ▶ Sean Graham, *Washington State Medical Association*
- ▶ Rhonda Hauff, *Yakima Neighborhood Health Services*
- ▶ Kristin Meadows, *Premera/Lifewise*
- ▶ Daphne Pie, *Public Health-Seattle & King County*
- ▶ Caitlin Safford, *Washington State Hospital Association*
- ▶ Susanne Towill, *Coordinated Care*
- ▶ Mandy Weeks-Green, *Health Care Authority*

Standard Silver CSR 73 Options

► 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

Benefits	Silver CSR 73% AV			
	2025	2025, 2026 AV	Option 0	Option 1
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,500	\$2,500	\$2,500	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,350	\$7,350	\$7,800	\$7,950
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30***	\$30***	\$30***	\$20***
Specialist Visit	\$65	\$65	\$65	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$30***	\$30***	\$30***	\$20***
Emergency/Urgent Care Services				
Emergency Care Services	\$800	\$800	\$800	\$800
Urgent Care	\$65	\$65	\$65	\$65
Ambulance	\$325	\$325	\$325	\$325
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$30	\$30	\$30	\$30
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$40	\$40	\$40	\$40
X-rays and Diagnostic Imaging	\$65	\$65	\$65	\$65
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%	30%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$800*	\$800*	\$800*
Skilled Nursing Facility	\$800**	\$800**	\$800**	\$800**
Pharmacy				
Generics	\$24	\$24	\$24	\$24
Preferred Brand Drugs	\$75	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$250	\$250	\$250
Specialty Drugs (i.e. high-cost)	\$250	\$250	\$250	\$250
All Other Benefits				
Speech Therapy	\$40	\$40	\$40	\$40
Occupational and Physical Therapy	\$40	\$40	\$40	\$40
Durable Medical Equipment (DME)	30%	30%	30%	30%
Home Health	\$30**	\$30**	\$30**	\$30**
Hospice	\$30**	\$30**	\$30**	\$30**
All Other Benefits	30%	30%	30%	30%
AV	73.14%	74.48%	73.91%	73.89%

Standard Silver CSR 87 Options

► 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

Benefits	Silver CSR 87% AV			
	2025	2025, 2026 AV	Option 0	Option 1
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$750	\$750	\$750	\$750
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$2,500	\$2,500	\$2,800	\$2,850
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$10***	\$10***	\$10***	\$5***
Specialist Visit	\$30	\$30	\$30	\$30
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$10***	\$10***	\$10***	\$5***
Emergency/Urgent Care Services				
Emergency Care Services	\$425	\$425	\$425	\$425
Urgent Care	\$30	\$30	\$30	\$30
Ambulance	\$175	\$175	\$175	\$175
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$325	\$325	\$325	\$325
Outpatient Surgery Physician/Surgical Services	\$120	\$120	\$120	\$120
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$10	\$10	\$10	\$10
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$20	\$20	\$20	\$20
X-rays and Diagnostic Imaging	\$40	\$40	\$40	\$40
Advanced Imaging (CT/PET Scans, MRIs)	20%	20%	20%	20%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$425*	\$425*	\$425*	\$425*
Skilled Nursing Facility	\$425**	\$425**	\$425**	\$425**
Pharmacy				
Generics	\$12	\$12	\$12	\$12
Preferred Brand Drugs	\$35	\$35	\$35	\$35
Non-Preferred Brand Drugs	\$160	\$160	\$160	\$160
Specialty Drugs (i.e. high-cost)	\$160	\$160	\$160	\$160
All Other Benefits				
Speech Therapy	\$20	\$20	\$20	\$20
Occupational and Physical Therapy	\$20	\$20	\$20	\$20
Durable Medical Equipment (DME)	20%	20%	20%	20%
Home Health	\$10**	\$10**	\$10**	\$10**
Hospice	\$10**	\$10**	\$10**	\$10**
All Other Benefits	20%	20%	20%	20%
AV	87.89%	88.58%	87.91%	87.85%

Standard Silver CSR 94 Options

► 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 MHSUD 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	2025, 2026 AV	Option 0	Option 1
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$0	\$0	\$0	\$0
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$1,900	\$1,900	\$2,200	\$2,400
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$5***	\$5***	\$5***	\$1
Specialist Visit	\$15	\$15	\$15	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$5***	\$5***	\$5***	\$1
Emergency/Urgent Care Services				
Emergency Care Services	\$150	\$150	\$150	\$150
Urgent Care	\$15	\$15	\$15	\$15
Ambulance	\$75	\$75	\$75	\$75
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$100	\$100	\$100
Outpatient Surgery Physician/Surgical Services	\$25	\$25	\$25	\$25
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$5	\$5	\$5	\$5
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$5	\$5	\$5	\$5
X-rays and Diagnostic Imaging	\$15	\$15	\$15	\$15
Advanced Imaging (CT/PET Scans, MRIs)	15%	15%	15%	15%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$100*	\$100*	\$100*
Skilled Nursing Facility	\$100**	\$100**	\$100**	\$100**
Pharmacy				
Generics	\$5	\$5	\$5	\$5
Preferred Brand Drugs	\$12	\$12	\$12	\$12
Non-Preferred Brand Drugs	\$35	\$35	\$35	\$35
Specialty Drugs (i.e. high-cost)	\$35	\$35	\$35	\$35
All Other Benefits				
Speech Therapy	\$5	\$5	\$5	\$5
Occupational and Physical Therapy	\$5	\$5	\$5	\$5
Durable Medical Equipment (DME)	15%	15%	15%	15%
Home Health	\$5**	\$5**	\$5**	\$5**
Hospice	\$5**	\$5**	\$5**	\$5**
All Other Benefits	15%	15%	15%	15%
AV	94.73%	95.08%	94.89%	94.86%

Standard Silver

Option 0

- ▶ Minimal adjustments to offset the AV increase due to trending
- ▶ MOOP increases by \$400 from 2025
- ▶ About 7.6% of enrollees estimated to hit MOOP

Option 1

- ▶ Lowers copay for primary care/MHSUD office visits by \$10
- ▶ Requires MOOP increase of additional \$150
- ▶ About 7.4% of enrollees estimated to hit MOOP

Option 2

- ▶ Facility fee copay replaced by 30% coinsurance with maximum of \$600
- ▶ Requires deductible increase of \$200 and MOOP increase of \$900
- ▶ About 6.0% of enrollees estimated to hit MOOP

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

**** The maximum coinsurance payment on facility fee is capped at \$600

Benefits	Silver				
	2025	2025, 2026 AV	Option 0	Option 1	Option 2
Deductible and Out-of-Pocket Maximum					
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,500	\$2,500	\$2,500	\$2,500	\$2,700
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,200	\$9,200	\$9,600	\$9,750	\$10,100
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)	\$30***	\$30***	\$30***	\$20***	\$30***
Specialist Visit	\$65	\$65	\$65	\$65	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$30***	\$30***	\$30***	\$20***	\$30***
Emergency/Urgent Care Services					
Emergency Care Services	\$800	\$800	\$800	\$800	\$800
Urgent Care	\$65	\$65	\$65	\$65	\$65
Ambulance	\$375	\$375	\$375	\$375	\$375
Outpatient Services					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600	\$600	30%****
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200	\$200	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$30	\$30	\$30	\$30	\$30
Outpatient Diagnostic Tests					
Laboratory Outpatient and Professional Services	\$40	\$40	\$40	\$40	\$40
X-rays and Diagnostic Imaging	\$65	\$65	\$65	\$65	\$65
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%	30%	30%
Inpatient Services					
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$800*	\$800*	\$800*	\$800*
Skilled Nursing Facility	\$800**	\$800**	\$800**	\$800**	\$800**
Pharmacy					
Generics	\$25	\$25	\$25	\$25	\$25
Preferred Brand Drugs	\$75	\$75	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$250	\$250	\$250	\$250
Specialty Drugs (i.e. high-cost)	\$250	\$250	\$250	\$250	\$250
All Other Benefits					
Speech Therapy	\$40	\$40	\$40	\$40	\$40
Occupational and Physical Therapy	\$40	\$40	\$40	\$40	\$40
Durable Medical Equipment (DME)	30%	30%	30%	30%	30%
Home Health	\$30**	\$30**	\$30**	\$30**	\$30**
Hospice	\$30**	\$30**	\$30**	\$30**	\$30**
All Other Benefits	30%	30%	30%	30%	30%
AV	70.75%	72.21%	71.76%	71.76%	71.76%

Standard Gold

Option 0

- ▶ Minimal adjustments to offset the AV increase due to trending
- ▶ MOOP increases by \$1,000 from 2025
- ▶ About 6.7% of enrollees estimated to hit MOOP

Option 1

- ▶ Lowers copay for primary care/MHSUD office visits by \$5
- ▶ MOOP increases by additional \$500
- ▶ About 6.1% of enrollees estimated to hit MOOP

Option 2

- ▶ Facility fee copay replaced by 20% coinsurance with maximum of \$350
- ▶ Requires a deductible increase of \$800 and a MOOP increase of \$3,100
- ▶ About 3.2% of enrollees estimated to hit MOOP

Benefits	Gold				
	2025	2025, 2026 AV	Option 0	Option 1	Option 2
Deductible and Out-of-Pocket Maximum					
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$600	\$600	\$600	\$600	\$1,400
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$7,000	\$8,000	\$8,500	\$10,100
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)	\$15	\$15	\$15	\$10	\$15
Specialist Visit	\$40	\$40	\$40	\$40	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$15	\$10	\$15
Emergency/Urgent Care Services					
Emergency Care Services	\$450	\$450	\$450	\$450	\$450
Urgent Care	\$35	\$35	\$35	\$35	\$35
Ambulance	\$375	\$375	\$375	\$375	\$375
Outpatient Services					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$350	\$350	20%****
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$75	\$75	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$15	\$15	\$15
Outpatient Diagnostic Tests					
Laboratory Outpatient and Professional Services	\$20	\$20	\$20	\$20	\$20
X-rays and Diagnostic Imaging	\$30	\$30	\$30	\$30	\$30
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	\$300	\$300	\$300
Inpatient Services					
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$525*	\$525*	\$525*	\$525*
Skilled Nursing Facility	\$350**	\$350**	\$350**	\$350**	\$350**
Pharmacy					
Generics	\$10	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$60	\$60	\$60	\$60	\$60
Non-Preferred Brand Drugs	\$100	\$100	\$100	\$100	\$100
Specialty Drugs (i.e. high-cost)	\$100	\$100	\$100	\$100	\$100
All Other Benefits					
Speech Therapy	\$25	\$25	\$25	\$25	\$25
Occupational and Physical Therapy	\$25	\$25	\$25	\$25	\$25
Durable Medical Equipment (DME)	20%	20%	20%	20%	20%
Home Health	\$15**	\$15**	\$15**	\$15**	\$15**
Hospice	\$15**	\$15**	\$15**	\$15**	\$15**
All Other Benefits	20%	20%	20%	20%	20%
AV	81.39%	82.40%	81.76%	81.75%	81.81%

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

**** The maximum coinsurance payment on facility fee is capped at \$350

Standardizing New WA Essential Health Benefit (EHB) for Hearing Exams/Aids

▶ Hearing Exams

- ▶ Average allowed costs are about \$55 per hearing exam and \$210 per adjustment exam*
- ▶ Chart below assumes customer must pay full deductible and no more \$1 visits

	Bronze	Silver	Gold
Primary Care Visit	\$50	\$30	\$15
Specialty Care Visit	\$210	\$65	\$40

▶ Hearing Aids

- ▶ Average allowed costs are about \$3600 for hearing devices*
- ▶ Chart below assumes customers must pay full deductible and DME coinsurance % applies to balance

	Bronze	Silver	Gold
Customer out-of-pocket cost for device	\$3,600	\$2,830	\$1,200

*Based on 2021 national EDGE (individual market) data projected forward to 2025

Standardizing New WA EHB for Artificial Insemination (AI)

- ▶ Average allowed costs for AI procedure are about \$470
- ▶ Enrollees with claims for this procedure average between 2-3 procedures in the year
- ▶ This does not include cost-sharing for associated office visits and/or medications, which would add to enrollee OOP costs
- ▶ Chart below assumes customer receives 3 procedures, must pay full deductible and all other benefits coinsurance % applies to balance

	Bronze	Silver	Gold
Customer Out-Of-Pocket Cost Share	\$1,410	\$1,410	\$760

Benefit Categories with Plan and Benefit Template Variations to Prioritize for 2026 Standardization

- ▶ Recommend prioritizing standardization of these benefits given
 - ▶ Alignment with intent of standard plan benefit design and/or high-clinical value of these services

Benefit	Recommended Value (s)
Inpatient Physician and Surgical Services	No Charge or \$0*
Prenatal and Postnatal Care	No Charge or \$0
Chiropractic Care	Primary Care or OT/PT Copay
Hearing Aids	DME
Acupuncture	Primary Care or OT/PT Copay
Transplant	Inpatient Copayment
Nutritional Counseling	No Charge or Primary Care Copay
Diabetes Care Management	No Charge or Primary Care Copay

*Per Standard plan appendix, silver and gold plan inpatient copay covers all physician services and facility fees

Benefit Categories with Plan and Benefit Template Variations to Revisit After 2026

- ▶ Benefit categories with understandable variation among carriers
 - ▶ Benefit offered in various care settings (inpatient/outpatient)
 - ▶ Unclear what benefit refers to (e.g. drug or administration of drug)
 - ▶ Suggest not standardizing for 2026 given nuances

Category

Dialysis

Chemotherapy

Radiation

Infusion Therapy

Treatment for TMJ

Reconstructive Surgery

Gender Affirming Care

Inherited Metabolic Disorder (PKU)



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