

# Cascade Care Workgroup

*Dec. 17, 2024*



# Cascade Care Workgroup Agenda

Time	Topic	Facilitator
1:00	<b>Welcome &amp; Introductions</b> <ul style="list-style-type: none"><li>Cascade Care Savings update</li></ul>	Laura Kate Zaichkin, Director of Market Competition & Affordability (she/her)
1:10	<b>Exchange Legislative Priorities Preview</b> <ul style="list-style-type: none"><li>Sharpening Cascade Care tools next steps</li></ul>	Shirley Prasad, Government Affairs Director (she/her)
1:35	<b>2026 Cascade Care Savings Policy Draft 1</b>	Julia Nestor, Policy Analyst (she/her) Christine Gibert, Director of Policy & Market Strategy (she/her)
2:10	<b>2026 Standard Plan Designs</b>	Kristin Villas, Senior Policy Analyst (she/her) Christine Gibert
2:25	<b>Next Steps &amp; Adjourn</b>	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**

SHARPENING CASCADE CARE TOOLS NEXT STEPS

# Legislative Priorities Preview



# The external environment

- ▶ Cascade Care Workgroup input
  - ▶ Standard plans
  - ▶ Public option
- ▶ 2024 federal election outcomes and possible impacts
  - ▶ Affordable Care Act
  - ▶ Exchange marketplaces and Medicaid
  - ▶ CMS waivers
- ▶ State budget landscape



# State election outcomes

**Senate (49 seats)**

Democrats (30 seats)

Republicans (19 seats)

**House (98 seats)**

Democrats (59 seats)

Republicans (39 seats)

# 2025 session focus



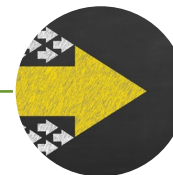
New Governor



New Insurance Commissioner



New Attorney General



New Agency Secretaries  
• DOH, DSHS, HCA



New Health Care and Fiscal Committee Members

# 2025 session focus - continued

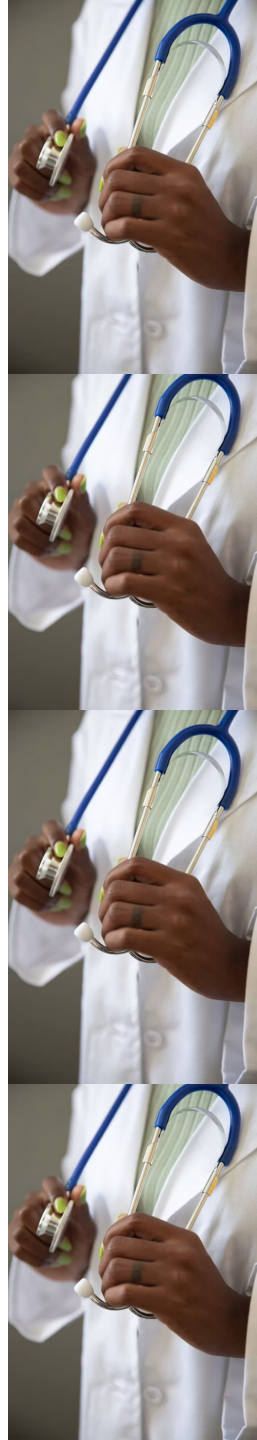
## ▶ Drive affordability – Cascade Care Savings

### ▶ Problem

- ▶ Rising health care premiums
- ▶ Uncertainty of enhanced premium tax credits
- ▶ **Cascade Care Savings only funded through plan year 2025**

### ▶ Solution

- ▶ **Continue Cascade Care Savings and modestly enhance funding**
- ▶ Disproportionate impact on,
  - ▶ Rural residents
  - ▶ Communities of color
  - ▶ People transitioning from Medicaid to commercial coverage



# 2025 session focus - continued

## Contain the cost of health care



Reference-based pricing



Shift resources to primary care



Organizational ownership transparency

## 2025 session focus - continued

Protect equity  
gains –  
noncitizen health  
coverage



Access to health and dental  
plans on Washington  
Healthplanfinder

DACA recipients

Apple Health Expansion

# Cascade Care improvements remain a priority

2025 interim discussions:

- ▶ Simplifying plan choice – standard plans
- ▶ Meaningfully lower premiums – public option





Thank you!

Any issue missing?

What is your organization focusing on this session?

DRAFT FOR DISCUSSION

# 2026 Cascade Care Savings Policy



# PY 2026 Cascade Care Savings Policy Timeline



# PY 2026 Policy Goals and Opportunities

- ▶ Advance equity by prioritizing subsidy for populations most at risk of losing coverage or being uninsured
- ▶ Serve as a responsible steward of state resources:
  - ▶ Encourage market behavior that advances affordability and plan quality
  - ▶ Maximize the benefit of public investment

# Policy Options Released for Public Comment

Target plans eligible for Cascade Care Savings based on affordability

Target plans eligible for Cascade Care Savings based on quality

Refine metal level eligibility

Increase eligibility to 300% FPL

Encourage full use of available federal subsidy to maximize state investment

## Guiding questions

1. What, if any, equity implications might the policy approaches raise?
2. What, if any, concerns do you have about the policy approaches below (as stand-alone policy options or if combined)?
3. Are there any options that should be combined?
4. Are there options not listed that you would like the Exchange to consider?

# Policy Options Public Comment Themes

- ▶ Strong desire from stakeholders for stability and predictability in the policy given:
  - ▶ Federal environment
  - ▶ Expectations of losing ePTC
- ▶ Strong consensus:
  - ▶ Refine metal level eligibility (e.g., for CSR eligible)
  - ▶ Encourage the full use of available federal subsidies
- ▶ Alternative options considered



# Proposed PY 2026 Initial Draft Policy Updates

# Refine Metal Level Eligibility

- ▶ Proposed premium assistance eligible plans are:
  - ▶ Silver Cascade plan for customer 200% FPL and below who qualify for federal cost sharing reductions
  - ▶ Silver or Gold Cascade Care plans for customers above 200% FPL to 250% FPL and customers who do not qualify for federal cost sharing reductions

# Encourage Full Use of Available Federal Subsidy to Maximize State Investment

- ▶ Proposed customers ineligible for state subsidies are:
  - ▶ Customers with other affordable minimum essential coverage
  - ▶ Customer that has indicated they do not intend to file taxes
  - ▶ Customers that have failed to file or reconcile taxes for the past two years without attestation of having filed or reconciled
- ▶ An exception process will be available for customers with taxable income below the tax filing threshold

# Minimum Contribution Requirement

- ▶ The Exchange has proposed adjusting the CCS calculation to include a monthly contribution from the customer toward the premium of the benchmark plan (lowest cost Cascade silver plan)
- ▶ Customers will only receive CCS if their net premium (after federal tax credits) is \$10 or more in the benchmark plan
- ▶ The amount of their CCS is the difference between their net premium in the benchmark plan and the \$10 minimum contribution
- ▶ As is the case today, that amount is portable toward the premium of any Cascade Care Silver or Gold\* plan.

\*As proposed, CCS applied to Cascade Care Gold plans only for customers over 200% FPL or customers who do not receive federal subsidies

# Minimum Contribution Requirement Example

Current Cascade Care Savings Calculation:

Calculation	Example
Customer Premium in benchmark plan	\$100
Customer APTC	- \$75
Net premium in benchmark plan	= \$25
Customer CCS	\$25

Proposed Future Cascade Care Savings Calculation:

Calculation	Example
Customer Premium in benchmark plan	\$100
Customer APTC	- \$75
Net premium in benchmark plan	= \$25
Minimum Contribution	Up to \$10
Customer CCS	= \$15

Proposed Future Cascade Care Savings Calculation:

Calculation	Example
Customer Premium in benchmark plan	\$100
Customer APTC	- \$95
Net Premium in benchmark plan	= \$5
Minimum Contribution	Up to \$10
Customer CCS	\$0

# Other Policy Considerations

## Plan affordability & quality:

- ▶ The Exchange will monitor plan affordability and quality
- ▶ The Exchange will analyze the impact of applying minimum affordability and/or quality standards to premium assistance-eligible plans for future plan years

## Concepts not in draft for discussion:

- ▶ Expanding CCS eligibility to Cascade Care Bronze plans for targeted populations



# Next Steps

- Please provide feedback by Dec 23 to [cascadecare@wahbexchange.org](mailto:cascadecare@wahbexchange.org)
- Final draft 2026 CCS Policy will be released and a public comment period held early 2025
- Final 2026 CCS Policy will be finalized by April

STANDARD PLAN DESIGNS

# 2026 Cascade Care Plans



# Today's Discussion

- ▶ PY 2026 standard plans approved by Exchange Board
  - ▶ Background & public comment feedback in appendix
- ▶ Mitigating 2026 customer affordability challenges
  - ▶ Considering additional 2026 standard plan

# 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) plan
- ▶ Customer affordability challenges
  - ▶ Expiration of Enhanced Premium Tax Credit (ePTC) in 2026\*
  - ▶ Uncertainty regarding state subsidy funding
  - ▶ Changes in authorizing and regulatory environments

\*Established by American Rescue Plan Act (ARPA),  
extended by Inflation Reduction Act (IRA) through 2025

# Approved 2026 Cascade Care Plans: Bronze, Silver, Gold

Benefits	2026 Standard Gold	2026 Standard Silver	2026 Standard Bronze
<b>Deductible and Out-of-Pocket Maximum</b>			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,000	\$2,500	\$6,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$9,750	\$10,150
<b>Office Visits</b>			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$20***	\$40***
Specialist Visit	\$40	\$65	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$20***	\$40***
<b>Emergency/Urgent Care Services</b>			
Emergency Care Services	\$450	\$800	40%
Urgent Care	\$35	\$65	\$100
Ambulance	\$375	\$375	40%
<b>Outpatient Services</b>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$600	40%
Outpatient Surgery Physician/Surgical Services	\$75	\$200	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$30	40%
<b>Outpatient Diagnostic Tests</b>			
Laboratory Outpatient and Professional Services	\$20	\$40	40%
X-rays and Diagnostic Imaging	\$30	\$65	40%
Advanced Imaging (CT/PET Scans, MRIs)	\$300	30%	40%
<b>Inpatient Services</b>			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$800*	40%
Skilled Nursing Facility	\$350**	\$800**	40%
<b>Pharmacy</b>			
Generics	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	40%
Non-Preferred Brand Drugs	\$100	\$250	40%
Specialty Drugs (i.e. high-cost)	\$100	\$250	40%
<b>All Other Benefits</b>			
Speech Therapy	\$25	\$40	40%
Occupational and Physical Therapy	\$25	\$40	40%
Durable Medical Equipment (DME)	20%	30%	40%
Home Health	\$15**	\$30**	\$50**
Hospice	\$15**	\$30**	\$50**
All Other Benefits	20%	30%	40%
AV	81.81%	71.84%	64.97%

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.

# Approved 2026 Cascade Care Plans: Silver Cost Sharing Reduction (CSR) Variants

Benefits	2026 Standard Silver 94% AV	2026 Standard Silver 87% AV	2026 Standard Silver 73% AV
<b>Deductible and Out-of-Pocket Maximum</b>			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$0	\$750	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$2,400	\$2,850	\$7,950
<b>Office Visits</b>			
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	\$15	\$30	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$1***	\$5***	\$20***
<b>Emergency/Urgent Care Services</b>			
Emergency Care Services	\$150	\$425	\$800
Urgent Care	\$15	\$30	\$65
Ambulance	\$75	\$175	\$325
<b>Outpatient Services</b>			
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	\$5	\$10	\$30
<b>Outpatient Diagnostic Tests</b>			
Laboratory Outpatient and Professional Services	\$5	\$20	\$40
X-rays and Diagnostic Imaging	\$15	\$40	\$65
Advanced Imaging (CT/PET Scans, MRIs)	15%	20%	30%
<b>Inpatient Services</b>			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$425*	\$800*
Skilled Nursing Facility	\$100**	\$425**	\$800**
<b>Pharmacy</b>			
Generics	\$5	\$12	\$24
Preferred Brand Drugs	\$12	\$35	\$75
Non-Preferred Brand Drugs	\$35	\$160	\$250
Specialty Drugs (i.e. high-cost)	\$35	\$160	\$250
<b>All Other Benefits</b>			
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	94.86%	87.87%	73.95%

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.

# Approved Cost Shares for New WA Required Essential Health Benefits (EHB) Effective in 2026

Benefit	Cost Share for Standard Plan Appendix
Hearing aids	a) Deductible + coinsurance (DME cost share)
Annual Hearing Exams	Primary Care copay
Artificial Insemination	Deductible + coinsurance (All other covered services cost share)
Human Donor Milk	Preventive (\$0)



# PY 2026 Bronze HSA Plan Concept for Discussion

- Specific Exchange customers value HSA plans
- Intention to design Bronze HSA-compatible standard plan in future fully standardized market

## Plan design options:

- Meet IRS High Deductible Health Plan Requirements for 2026
- Per HDHP rules, no services other than preventive before deductible

Benefits	Bronze HSA			
	2025 MOOP and Deductible	Option 1 (2026 Op.3 MOOP, Lower Deductible)	Option 2 (2026 Op.3 MOOP, Lower AV)	Option 3 (2026 Op.3 MOOP, Lowest AV)
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$6,000	\$3,300	\$6,100	\$10,150
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,200	\$10,150	\$10,150	\$10,150
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	40%	40%	40%	100%
Specialist Visit	40%	40%	40%	100%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	40%	40%	40%	100%
Emergency/Urgent Care Services				
Emergency Care Services	40%	40%	40%	100%
Urgent Care	40%	40%	40%	100%
Ambulance	40%	40%	40%	100%
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	40%	100%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%	100%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	40%	40%	40%	100%
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	40%	40%	40%	100%
X-rays and Diagnostic Imaging	40%	40%	40%	100%
Advanced Imaging (CT/PET Scans, MRIs)	40%	40%	40%	100%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	40%	100%
Skilled Nursing Facility	40%	40%	40%	100%
Pharmacy				
Generics	40%	40%	40%	100%
Preferred Brand Drugs	40%	40%	40%	100%
Non-Preferred Brand Drugs	40%	40%	40%	100%
Specialty Drugs (i.e. high-cost)	40%	40%	40%	100%
All Other Benefits				
Speech Therapy	40%	40%	40%	100%
Occupational and Physical Therapy	40%	40%	40%	100%
Durable Medical Equipment (DME)	40%	40%	40%	100%
Home Health	40%	40%	40%	100%
Hospice	40%	40%	40%	100%
All Other Benefits	40%	40%	40%	100%
AV	62.20%	64.42%	61.01%	59.20%

Blue shaded items are not subject to deductible.

# Next Steps

- PY 2026 plan designs the Board approved in December are final
  - No AV adjustments needed
- Any new PY 2026 plan designs: Design, public comment & approval process would occur Q1 2025
  - January workgroup meeting to discuss options for public comment

# Cascade Care Workgroup Next Steps

- ▶ **Cascade Care plan design:** Workgroup plan design activities continue in January
- ▶ **Public option:** Policy option discussions will continue in 2025 interim
- ▶ **Cascade Care Savings:** Final draft of 2026 policy will be released early 2025 for public comment

**Next Cascade Care Workgroup meeting:**  
1 p.m. Jan. 14 (scheduled)



- Cascade Care Workgroup roster
- 2026 standard plan design background

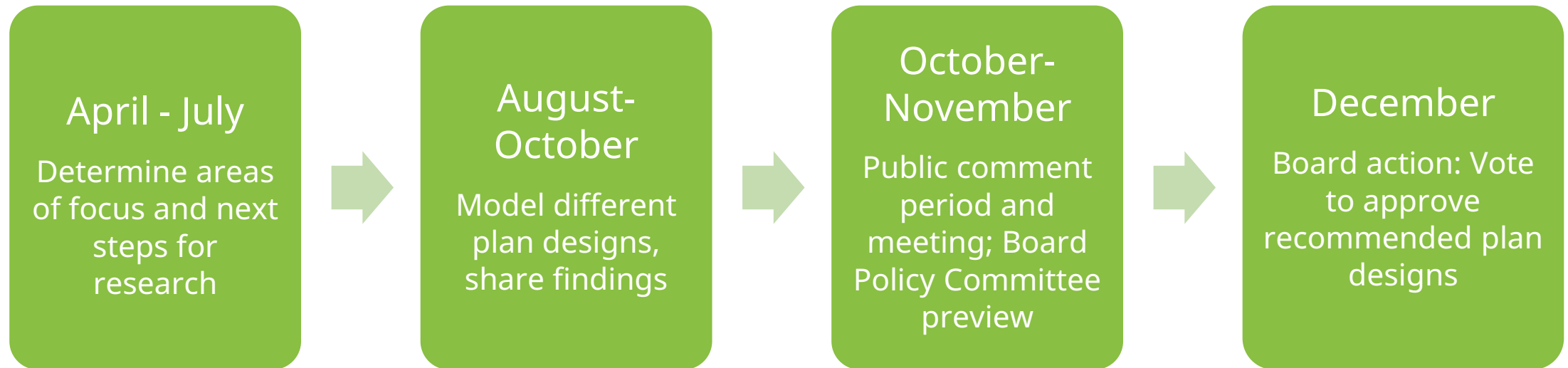
# Appendix



# 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*
- ▶ David Iseminger, *Health Care Authority*
- ▶ Kristin Meadows, *Premera/Lifewise*
- ▶ Daphne Pie, *Public Health-Seattle & King County*
- ▶ Caitlin Safford, *Washington State Hospital Association*
- ▶ Susanne Towill, *Coordinated Care*

# Annual Cascade Care Workgroup and Board Engagement on Standard Plans



# 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 Office Visits in Bronze/Silver and Stability in Gold

- ▶ Modeled a few different plan options for 2026
  - ▶ Keep plan cost-sharing stable; only making changes required to stay within Actuarial Value
  - ▶ Lower copay for all primary care and MHSUD office visits (after two \$1 upfront visits in Bronze and Silver plans)
    - ▶ Gold: increase deductible to keep out-of-pocket maximum stable
    - ▶ Bronze: make specialist visits pre-deductible (currently at a copay after \$6,000 deductible)



# Options Released for Public Comment and Tradeoffs by Metal Level



Metal	Options for Public Comment	Tradeoffs
Bronze	<ol style="list-style-type: none"> <li>1. Minimal changes</li> <li>2. Lower mental health/PCP copay (by \$10)</li> <li>3. Put specialist visits before deductible</li> <li>4. Lower mental health/PCP copay <b>and</b> put specialist visits before deductible</li> </ol>	Options 2-4 require raising MOOP by an additional \$150-\$550 to offer richer benefits in Bronze
Silver	<ol style="list-style-type: none"> <li>1. Minimal changes</li> <li>2. Lower mental health/PCP copay (by \$10)</li> </ol>	Option 2 requires raising MOOP an additional \$150 to make core services more affordable
Gold	<ol style="list-style-type: none"> <li>1. Minimal changes</li> <li>2. Raise deductible (by \$400)</li> <li>3. Lower mental health/PCP copay (by \$5)</li> </ol>	Option 1 requires raising MOOP \$1,000 while option 2 keeps MOOP stable; Option 3 requires \$1,500 MOOP increase for a \$5 copay reduction

# Bronze Plan Options Released for Public Comment

Recommendation: Lower primary care and mental health copays and set specialist pre-deductible for maximal coverage given ePTC expiration

Red font indicates change from 2025;  
 Green shaded header is recommended plan  
 Blue shaded items are not subject to deductible.  
 \*\*\* Eligible for two visits at \$1 copay, after which stated cost-sharing applies

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

# Silver Plan Options Released for Public Comment

Recommendation: Lower primary care and mental health copays to maximize silver design and reduce barriers to most essential care

**Red font** indicates change from 2025;

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 2026 Adjusted	Lower PCP/MH Copay
Deductible and Out-of-Pocket Maximum		
Medical/Pharmacy Integrated Deductible	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,500	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,600	\$9,750
Office Visits		
Preventive Care/Screening/Immunization	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30***	\$20***
Specialist Visit	\$65	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$30***	\$20***
Emergency/Urgent Care Services		
Emergency Care Services	\$800	\$800
Urgent Care	\$65	\$65
Ambulance	\$375	\$375
Outpatient Services		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$30	\$30
Outpatient Diagnostic Tests		
Laboratory Outpatient and Professional Services	\$40	\$40
X-rays and Diagnostic Imaging	\$65	\$65
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%
Inpatient Services		
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$800*
Skilled Nursing Facility	\$800**	\$800**
Pharmacy		
Generics	\$25	\$25
Preferred Brand Drugs	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$250
Specialty Drugs (i.e. high-cost)	\$250	\$250
All Other Benefits		
Speech Therapy	\$40	\$40
Occupational and Physical Therapy	\$40	\$40
Durable Medical Equipment (DME)	30%	30%
Home Health	\$30**	\$30**
Hospice	\$30**	\$30**
All Other Benefits	30%	30%
AV	71.82%	71.84%

# Gold Plan Options Released for Public Comment

Recommendation: Keep MOOP stable, increase deductible by \$400 to \$1,000 to support customers with complex health needs hitting MOOP

Red font indicates change from 2025;  
 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	Gold		
	Stable 2026 Adjusted	Keep MOOP Stable	Lower PCP/MH Copay
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$600	\$1,000	\$600
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$8,000	\$7,000	\$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
All Other Benefits			
Speech Therapy	\$25	\$25	\$25
Occupational and Physical Therapy	\$25	\$25	\$25
Durable Medical Equipment (DME)	20%	20%	20%
Home Health	\$15**	\$15**	\$15**
Hospice	\$15**	\$15**	\$15**
All Other Benefits	20%	20%	20%
AV	81.77%	81.81%	81.77%

# Summary of Stakeholder Feedback from Cascade Care Workgroup and Public Comment

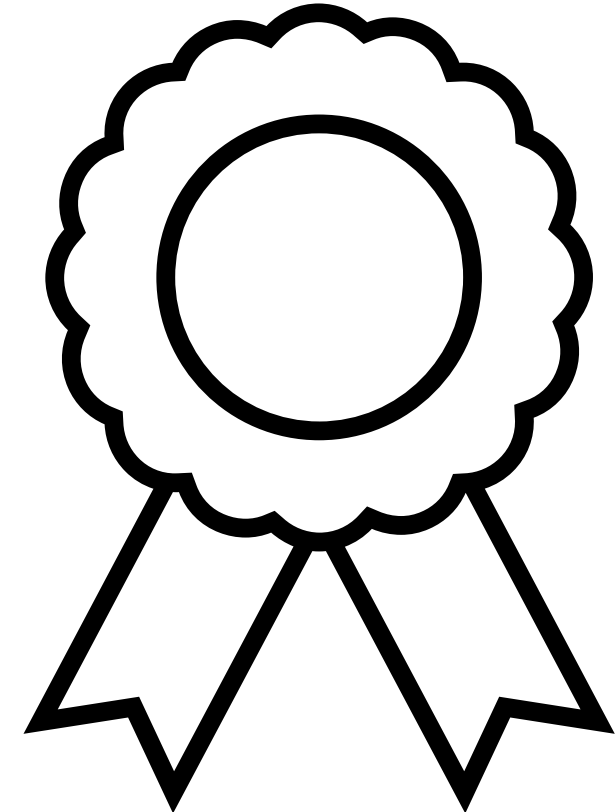
- ▶ Public Comment period held from 10/21-11/20, Public meeting on 11/12
- ▶ Bronze: Interest in reducing barriers to office visit access (primary and specialty)
  - ▶ Mindful of expiration of enhanced tax credits
- ▶ Silver: Majority support lowering primary care and mental health copay in silver
- ▶ Gold: Focus on best serving customers with complex health needs with a stable out-of-pocket maximum
  - ▶ Lowering primary care/mental health copays less impactful
- ▶ Minimal premium impacts for options, range from -2% to 1.5%



# Approved 2026 Cascade Care Plans

## Approach to Meet Needs of Customers at Each Metal

Metal	Final Design	Goal
Bronze	Reduce PCP/MH copays to \$40; put specialists visits pre-deductible	Offer maximum coverage to customers with ePTC expiration
Silver	Reduce PCP/MH copays to \$20	Reduce barriers to most essential care
Gold	Raise deductible to \$1,000; keep MOOP stable	Support customers with complex medical needs



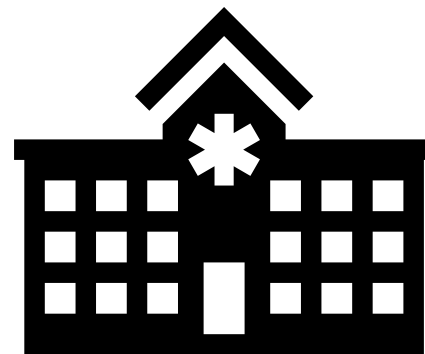
# Next Level Standardizing: Plan and Benefits Template (PBT)

- ▶ Carriers file PBT to OIC with benefit categories and cost sharing
  - ▶ Services can fit into different benefit categories
  - ▶ Analysis showed carriers filed different cost shares into benefit categories, led to different experience for customer
- ▶ Support for standardizing select categories in PBT from all carriers, OIC, and consumer groups
  - ▶ Goal to improve customer experience and consistency between carriers
- ▶ Next steps – will release PBT guidance as new standard plan appendix



# Addressing Facility Fees

- ▶ Customers experience challenges with facility fees
  - ▶ **Example:** An ophthalmologist visit at a clinic owned by a health system 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
- ▶ Next steps - No changes for 2026 standard plans; will continue research in 2025





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