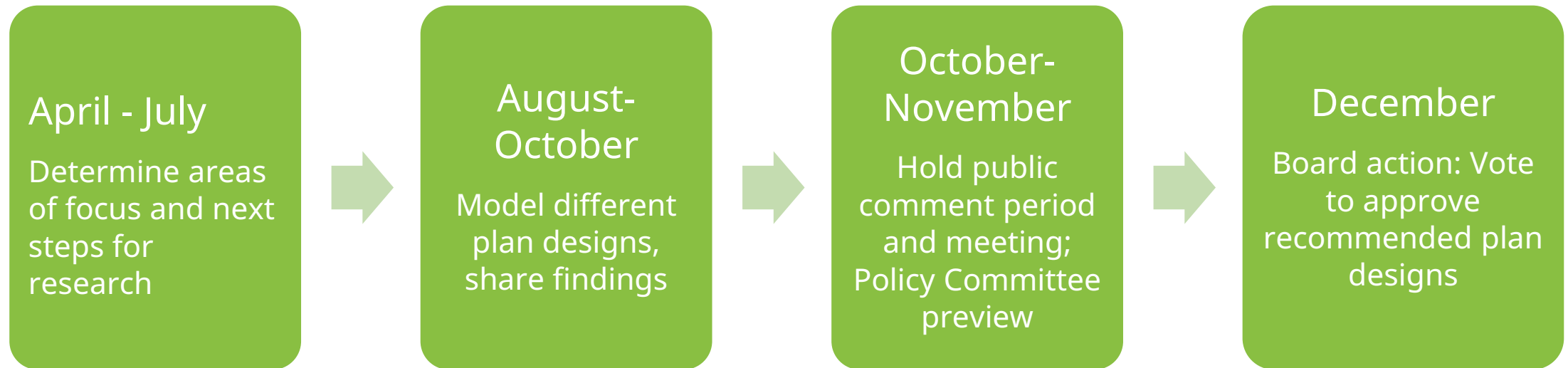


# 2026 Standard Plans

Christine Gibert (she/her), Director of  
Policy & Market Strategy

Kristin Villas (she/her), Senior Policy  
Analyst

# Annual Stakeholder and Board Engagement on Standard Plans



# 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

# Legislative Guiding Principles for Standard Plans



- Lower deductibles
- Services available before deductible
- Prioritize co-pays for predictable cost-sharing
- Maximize tax credits through silver plan design
- Limit premium increases

# Standard Plan Changes 2022-2025

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

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**

# 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



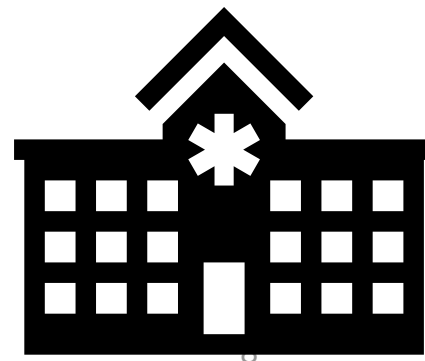
# Standardizing New WA Required Benefits Effective in 2026

Benefit	Proposed 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)



# 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
- ▶ Proposing no changes for 2026 standard plans; will continue research in 2025



# 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



# 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)



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

- ▶ Public Comment period held from 10/21-11/20
- ▶ 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%



# Bronze Plan Options

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

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%

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

# Silver Plan Options

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

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

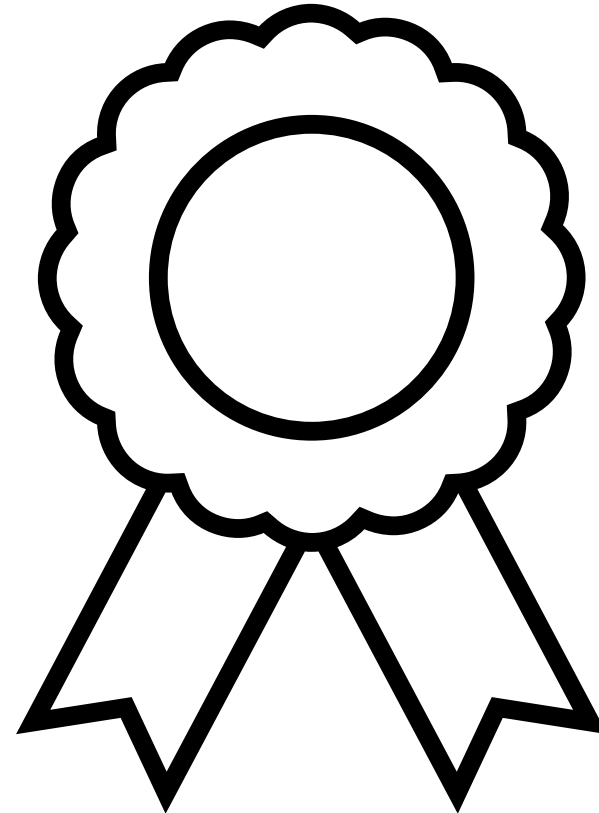
Red font indicates change from 2025;  
 Green shaded header is recommended plan  
 Blue shaded items are not subject to deductible.  
 \* Per day copay, maximum of five copays per stay  
 \*\* Per day copay

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%

# Board Approval – 2026 Cascade Care Plans

- ▶ Next steps
  - ▶ Board votes on 2026 plans today

**Please consider the plans on the next slides for approval as the 2026 Cascade Care plan designs.**



# Proposed 2026 Cascade Care Plans: Bronze, Silver, and 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.

# Proposed 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
Deductible and Out-of-Pocket Maximum			
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
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$1***	\$5***	\$20***
Specialist Visit	\$15	\$30	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$1***	\$5***	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$150	\$425	\$800
Urgent Care	\$15	\$30	\$65
Ambulance	\$75	\$175	\$325
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$325	\$600
Outpatient Surgery Physician/Surgical Services	\$25	\$120	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$5	\$10	\$30
Outpatient Diagnostic Tests			
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%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$425*	\$800*
Skilled Nursing Facility	\$100**	\$425**	\$800**
Pharmacy			
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
All Other Benefits			
Speech Therapy	\$5	\$20	\$40
Occupational and Physical Therapy	\$5	\$20	\$40
Durable Medical Equipment (DME)	15%	20%	30%
Home Health	\$5**	\$10**	\$30**
Hospice	\$5**	\$10**	\$30**
All Other Benefits	15%	20%	30%
AV	94.86%	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.



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