

Additional 2026 Standard Plans

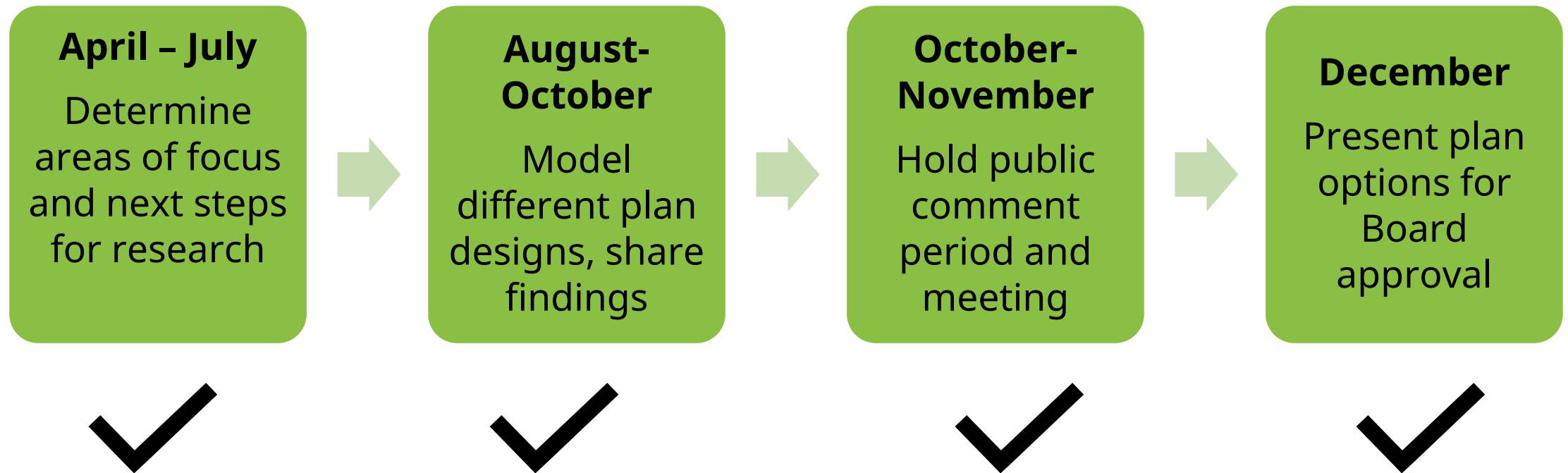
Exchange Board Meeting

February 6, 2025

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Typical timeline of stakeholder and Exchange Board engagement on standard plan design



Exchange Board approved three 2026 standard plans in December

Benefits	2026 Standard Gold	2026 Standard Silver	2026 Standard Bronze
Deductible and Out-of-Pocket Maximum			
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
Office Visits			
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***
Emergency/Urgent Care Services			
Emergency Care Services	\$450	\$800	40%
Urgent Care	\$35	\$65	\$100
Ambulance	\$375	\$375	40%
Outpatient Services			
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%
Outpatient Diagnostic Tests			
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%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$800*	40%
Skilled Nursing Facility	\$350**	\$800**	40%
Pharmacy			
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%
All Other Benefits			
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. Board also approved Silver cost-sharing reduction (CSR) variants.

* 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.

Affordability concerns for 2026 prompted consideration of lower premium standard plans

COVID-era subsidies are set to expire end of 2025

Customers will receive reduced federal premium subsidies or lose them entirely

Customers “buy down” or drop coverage (~80,000 projected to drop)

Considered two new, lower cost 2026 standard plans to meet customer needs

- ▶ Design concepts included:
 - ▶ A Bronze high-deductible health plan (HDHP) that is health savings account (HSA) compatible, with low actuarial value (AV).
 - ▶ A Low-AV Gold plan close in AV to standard Silver.
- ▶ Public comment period from 1/9-1/29
- ▶ Exchange has legislative authority under [SB 5377](#) to design up to three standard plans per metal level.



Bronze HSA plan: “bare bones” plan to help unsubsidized customers maintain coverage

- ▶ Potential customer
 - ▶ Higher income (400%+ FPL); pre-Medicare eligible
 - ▶ Was receiving tax credits prior to ARPA subsidy expiration
 - ▶ Would otherwise drop coverage without very low premium plan
- ▶ Plan key facts:
 - ▶ Meets 2026 IRS rules to be paired with HSA
 - ▶ No services other than preventive before deductible (per IRS)
 - ▶ Non-standard HSA bronze plans available in 30 counties for 2025
 - ▶ Low AV intended to ensure low premium, minimal coverage option



Bronze HSA: feedback and recommendation

- ▶ Mixed stakeholder feedback
 - ▶ No or very little estimated premium savings compared to available non-standard bronze plans
 - ▶ Advocates and carriers concerned about customer confusion and virtually no pre-deductible coverage
 - ▶ Brokers support availability of HSA plan on Exchange
 - ▶ Carriers support Bronze HSA if optional
 - ▶ All stakeholders highlighted need for customer education around HSAs
- ▶ Staff recommendation: Do not add Cascade Bronze HSA for 2026; save this option for fully standardized market
 - ▶ Lack of premium savings compared to existing plans on market shelf
 - ▶ Does not address affordability needs for 2026



Low-AV Gold plan: lower premium, comprehensive coverage

- ▶ Potential customer:
 - ▶ Average utilization
 - ▶ Unlikely to hit MOOP or have conditions requiring ER visits or high-cost drugs
 - ▶ Wants comprehensive coverage, but not eligible for cost-sharing reductions (CSRs) in Silver plan
 - ▶ May also not be eligible for tax credits
- ▶ Plan facts:
 - ▶ Depending on carrier, low-AV Gold plan premiums may be the same price or lower than Silver
 - ▶ Copay structure means low-AV Gold standard plans may have higher premiums than non-standard Gold plans
 - ▶ Predictability of copays encourages use of insurance, which increases plan pricing
 - ▶ Plan would be eligible for Cascade Care Savings and offered in Public Option



Low-AV Gold: feedback and recommendation

- ▶ Support for low-AV Gold plan from all stakeholders
 - ▶ All think it is a meaningful addition to the standard plan shelf
 - ▶ Carriers differ on whether it should be required or optional
 - ▶ Most carriers agree on which plan design option would have lower premium
- ▶ Staff recommendation: Add low-AV Gold as a required Standard plan



Low-AV Gold standard plan options

Staff recommendation: Option 1

- Higher deductible and MOOP, and many of the same copays as approved high-AV Gold plan
- Most carriers said this option, though slightly higher AV, would have lower premium

Red font indicates change from 2026 Approved Gold plan

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

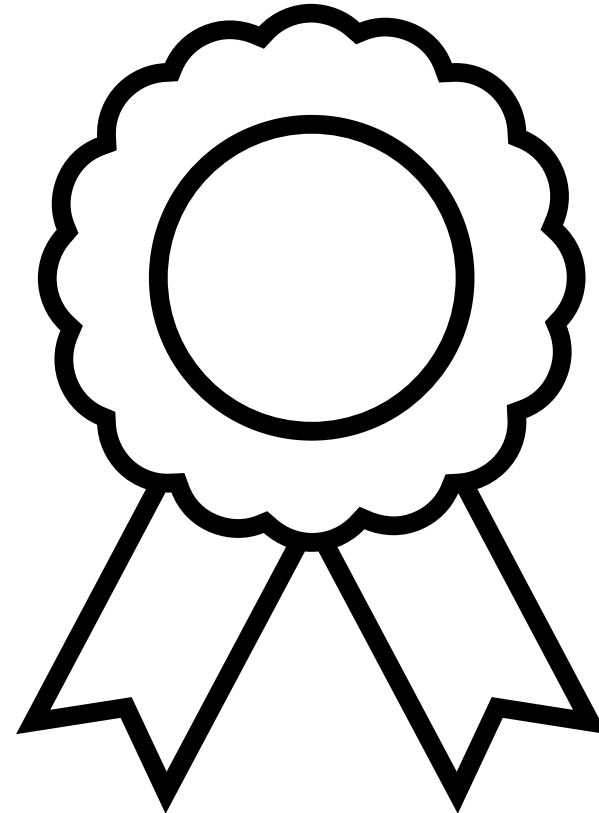
*** Eligible for two visits at \$1 copay, after which stated cost-sharing applies

Benefits	Low AV Gold		
	2026 Gold	Option 1	Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,000	\$1,900	\$1,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$8,800	\$7,550
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	\$20***
Specialist Visit	\$40	\$40	\$45
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$450	\$800	\$800
Urgent Care	\$35	\$35	\$45
Ambulance	\$375	\$375	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$600
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$30
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$20	\$30	\$35
X-rays and Diagnostic Imaging	\$30	\$30	\$40
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	\$300
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$650*	\$800*
Skilled Nursing Facility	\$350**	\$350**	\$800**
Pharmacy			
Generics	\$10	\$10	\$20
Preferred Brand Drugs	\$60	\$75	\$75
Non-Preferred Brand Drugs	\$100	\$200	\$250
Specialty Drugs (i.e. high-cost)	\$100	\$200	\$250
All Other Benefits			
Speech Therapy	\$25	\$30	\$35
Occupational and Physical Therapy	\$25	\$30	\$35
Durable Medical Equipment (DME)	20%	20%	20%
Home Health	\$15**	\$15**	\$30**
Hospice	\$15**	\$15**	\$30**
All Other Benefits	20%	20%	20%
AV	81.81%	78.06%	78.02%

Board approval – 2026 Cascade Care low-AV Gold plan

- ▶ Next steps
 - ▶ Board votes on additional 2026 plan today

Please consider the plan on the next slide for approval as an addition to the 2026 Cascade Care plan designs.



Proposed 2026 Cascade Care Low-AV Gold Plan

Blue shaded items are not subject to deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

Benefits	2026 Low Gold AV Plan
Deductible and Out-of-Pocket Maximum	
Medical/Pharmacy Integrated Deductible	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,900
Medical/Pharmacy Integrated MOOP	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$8,800
Office Visits	
Preventive Care/Screening/Immunization	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15
Specialist Visit	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15
Emergency/Urgent Care Services	
Emergency Care Services	\$800
Urgent Care	\$35
Ambulance	\$375
Outpatient Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350
Outpatient Surgery Physician/Surgical Services	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15
Outpatient Diagnostic Tests	
Laboratory Outpatient and Professional Services	\$30
X-rays and Diagnostic Imaging	\$30
Advanced Imaging (CT/PET Scans, MRIs)	\$300
Inpatient Services	
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$650*
Skilled Nursing Facility	\$350**
Pharmacy	
Generics	\$10
Preferred Brand Drugs	\$75
Non-Preferred Brand Drugs	\$200
Specialty Drugs (i.e. high-cost)	\$200
All Other Benefits	
Speech Therapy	\$30
Occupational and Physical Therapy	\$30
Durable Medical Equipment (DME)	20%
Home Health	\$15**
Hospice	\$15**
All Other Benefits	20%
AV	78.06%

- Allowable AV ranges by metal

Appendix



Bronze HSA standard plan options

All options have out-of-pocket maximum (MOOP) of \$10,150

- Option 1 – Deductible is increased by \$100
- Option 2 – Deductible is increased by an additional \$4,050 (same as MOOP)

Shaded items are not subject to Deductible

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

**Per day copay

Benefits	Bronze HSA		
	2026 Approved Bronze (reference)	Option 1	Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$6,000	\$6,100	\$10,150
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$10,150	\$10,150	\$10,150
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40*	40%	100%
Specialist Visit	\$100	40%	100%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$40*	40%	100%
Emergency/Urgent Care Services			
Emergency Care Services	40%	40%	100%
Urgent Care	\$100	40%	100%
Ambulance	40%	40%	100%
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	100%
Outpatient Surgery Physician/Surgical Services	40%	40%	100%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	40%	40%	100%
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	40%	40%	100%
X-rays and Diagnostic Imaging	40%	40%	100%
Advanced Imaging (CT/PET Scans, MRIs)	40%	40%	100%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	100%
Skilled Nursing Facility	40%	40%	100%
Pharmacy			
Generics	\$32	40%	100%
Preferred Brand Drugs	40%	40%	100%
Non-Preferred Brand Drugs	40%	40%	100%
Specialty Drugs (i.e. high-cost)	40%	40%	100%
All Other Benefits			
Speech Therapy	40%	40%	100%
Occupational and Physical Therapy	40%	40%	100%
Durable Medical Equipment (DME)	40%	40%	100%
Home Health	\$50**	40%	100%
Hospice	\$50**	40%	100%
All Other Benefits	40%	40%	100%
AV	64.97%	61.01%	59.20%

Comparison: 2026 Silver to low-AV Gold options

- ▶ Compared to 2026 approved Silver
 - ▶ Option 1 lowers the deductible by \$600 and lowers many cost shares
 - ▶ Option 2 lowers the deductible by \$1,000; Keeps many cost shares the same

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	Low AV Gold		
	2026 Approved Silver (Reference)	Option 1	Option 2
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$2,500	\$1,900	\$1,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$9,750	\$8,800	\$7,550
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$20***	\$15	\$20***
Specialist Visit	\$65	\$40	\$45
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$20***	\$15	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$65	\$35	\$45
Ambulance	\$375	\$375	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$350	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$75	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$30	\$15	\$30
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$40	\$30	\$35
X-rays and Diagnostic Imaging	\$65	\$30	\$40
Advanced Imaging (CT/PET Scans, MRIs)	30%	\$300	\$300
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$650*	\$800*
Skilled Nursing Facility	\$800**	\$350**	\$800**
Pharmacy			
Generics	\$25	\$10	\$20
Preferred Brand Drugs	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$200	\$250
Specialty Drugs (i.e. high-cost)	\$250	\$200	\$250
All Other Benefits			
Speech Therapy	\$40	\$30	\$35
Occupational and Physical Therapy	\$40	\$30	\$35
Durable Medical Equipment (DME)	30%	20%	20%
Home Health	\$30**	\$15**	\$30**
Hospice	\$30**	\$15**	\$30**
All Other Benefits	30%	20%	20%
AV	71.84%	78.06%	78.02%

Carrier premium estimates

Percentages are relative to carrier's lowest priced plans at the metal level

Carrier	Bronze HSA vs Carrier's Lowest Priced Bronze	Low Gold AV vs Carrier's Lowest Priced Gold
CHPW	5% to 7% decrease	4% decrease
Coordinated Care	0.1% increase to 3.5% decrease	3.5% decrease to 0.7% increase
LifeWise/Premera	4.3% to 7.2% decrease	4.7% to 4.5% decrease
Molina	1.3% to 6.4% decrease	3.8% to 4.4% decrease
Cambia (Regences, BridgeSpan)	9.5% increase to 1.0% decrease	2.0% to 2.5% increase
United OR	2.78% to 4.45% decrease	1.80% to 1.97% decrease

CMS allowable variation in AV ranges

Metal	AV Range
Bronze	58%-62%
Expanded Bronze (includes pre-deductible benefit other than Preventive Care)	58%-65%
Silver	70%-72%
Gold	78%-82%

Source: [Final 2026 Actuarial Value Calculator Methodology](#)



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