

Cascade Care Workgroup

June 10, 2025



Cascade Care Workgroup Agenda

Time	Topic	Facilitator
1:00	Welcome and Introductions	Laura Kate Zaichkin, <i>Director of Market Competition & Affordability (she/her)</i>
1:10	Market Risks Update <ul style="list-style-type: none">Federal activityInitial 2026 carrier filings previewMarket stewardship mitigation activities	Laura Kate Zaichkin
1:40	2027 Cascade Care Plan Design	Kristin Villas, <i>Senior Policy Analyst (she/her)</i> Dimitra Politi, <i>Acumen Senior Research Manager</i>
2:25	Next Steps and 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**

PY 2027 DIRECTION

Standard plan design



Planned approach of premium alignment Washington




- ▶ OIC issued an emergency rule to standardize Silver loading factors for PY 2026 rates.
 - ▶ Unclear if loading of CSR costs into rates will still be permitted given federal activity
 - ▶ Monitoring federal proposals while continuing to implement premium alignment as planned
- ▶ Upshot: Estimated \$110M/year in additional premium support to offset the loss of enhanced premium tax credits (~\$275M/year).
- ▶ The Exchange is supporting OIC's premium alignment loading approach.










Premium alignment for 2026 offsets loss of enhanced tax credits

- **Premium impact:** Gross Silver plan premiums become *more expensive* while gross Gold and Bronze plan premiums *decrease*.

Legend

Helped:	
No effect:	
Should change plans:	

	APTC-eligible	Not APTC-eligible
Bronze		
Silver	 	
Gold		

Considering a paradigm shift to respond to possible 2027 marketplace

- ▶ Factors at play when determining direction and designing 2027 standard plans:
 - ▶ Higher premiums
 - ▶ Proposed federal rule and reconciliation bill would harm risk pool and raise premiums
 - ▶ Reduction in available financial assistance
 - ▶ Expiration of enhanced federal subsidies
 - ▶ Unclear if silver loading still permitted
 - ▶ Uncertainty regarding state subsidy funding after 2026



Today's focus: Seeking direction on approaches to 2027 standard plan design

- ▶ Opportunity to **lower premiums** (e.g., adjust plan cost shares).
- ▶ **New benefit option** from reconciliation bill (Health Savings Account compatible Cascade Bronze plan).
- ▶ Promote access to **high-clinical value services** (e.g., reducing facility fees).
- ▶ **Additional standardization** for a consistent customer experience (e.g., formulary).



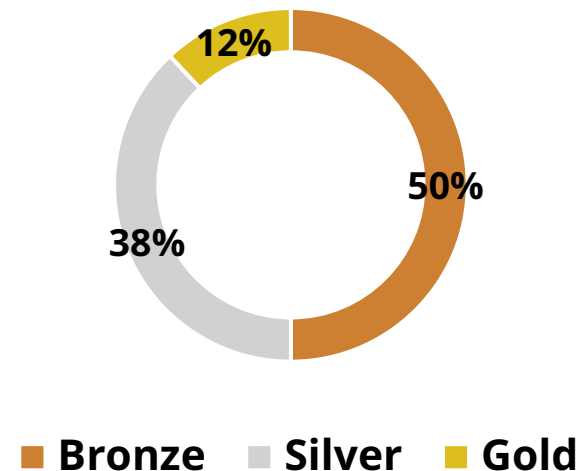
Opportunities to lower standard plan premiums

- Standard plans have higher premiums because of use of copays and many pre-deductible benefits
- In response to potential 2027 environment of increased premiums and reduced subsidization, could consider increasing cost shares to secure a lower premium for the customer
 - Plans near top of AV range
 - Likely return to pre-pandemic bronze enrollment levels

2026 AV Ranges in Proposed Federal Rule

Metal	Min AV	Cascade Plan AV	Max AV
Bronze	56%	64.97%	65%
Silver	66%	71.84%	72%
Gold	76%	78.06% (Vital) 81.81% (Complete)	82%

Pre-ePTC Affordability Metal Level % Breakdown (2021)



Approach to value-based insurance design (VBID) in 2027 market

- ▶ Prior years VBID meant to improve access to high clinical value care
- ▶ Given increased price sensitivity of customers, implement VBID differently
 - ▶ Consider what cost shares we should not increase
 - ▶ Primary care
 - ▶ Mental health
 - ▶ Generic drugs



Investigate opportunity to pair Health Savings Account (HSA) with Cascade Bronze plan



- ▶ Proposal in Reconciliation bill would make any bronze or catastrophic plan HSA eligible
 - ▶ Could pair HSA with Cascade Bronze plan
 - ▶ Customer would maintain access to pre-deductible benefits in Cascade Bronze
 - ▶ Customer has option to set up an HSA, which is an account they can put funds in to pay for health care expenses later
 - ▶ Pros and cons of this option, depending on customer
- ▶ Exchange opportunity is to help customers access and utilize HSA
 - ▶ Adjust plan naming, customer education, and support to set up HSA

Address facility fees to improve access to high-clinical value services



Should we pursue plan design changes related to facility fees?

One approach: Instead of focusing on facility fee cost share amount, give directives on customer cost-share applicability

- Determine what services are not appropriate for customer to pay facility fee cost sharing
- Carrier responsible for covering any facility fees for services Cascade Care Workgroup decides are inappropriate, so customer responsibility at \$0.
 - Provide list in Standard Plan Appendix on specific services/codes where customer cost-sharing may not apply for a facility fee.
- Benefit is guaranteed low copay access to select services, downside is higher premiums

Standardization of customer experience

Ensuring consistency and predictability of customer experience across carriers

- ▶ Standardizing cost shares at benefit level.
 - ▶ Carriers may interpret and reflect standard plan benefit categories differently in filings, results in inconsistent benefit administration.
 - ▶ Standardized half of PBT entries for 2026 – will continue to standardize for 2027
- ▶ Formulary – **New opportunity**
 - ▶ Formularies at discretion of carrier (subject to federal/state regulations).
 - ▶ Formularies often changing and drugs not in expected cost sharing tier drugs (e.g., generic drugs not in generic drug cost-sharing tier).
 - ▶ Large variation in number of drugs in a category covered and placement in cost sharing tier between carriers.



Formulary investigation - Background

- ▶ Research question: Is there variation in formulary placement among standard plans?
 - ▶ Differences across plans in coverage and tier placement of drugs could lead to different enrollee experience depending on plan choice.
- ▶ Investigation: Analyze carrier drug coverage for selected chronic conditions to understand differences in carrier formularies for standard silver plans.*
 - ▶ Data: 2021 EDGE LDS data, 2023 standard Silver plan formularies.
 - ▶ Methodology:
 - ▶ Calculate the percentage of drug claims covered by for each chronic condition.
 - ▶ Show the distribution of covered drugs across tiers.

*Chronic conditions and associated drugs are selected based on the 2023 QHP tool.



Formulary investigation – Overall coverage findings

Condition	Range of Coverage (% of Claim Counts)	Range of Coverage (% of Allowed Spending)
Asthma	67% - 100%	43% - 100%
Bipolar Disorder	97% - 100%	61% - 100%
Breast Cancer	91% - 100%	24% - 100%
Diabetes	77% - 100%	52% - 100%
HIV	61% - 100%	66% - 100%
Hepatitis C	34% - 100%	19% - 100%
Multiple Sclerosis	78% - 100%	40% - 100%
Opioid Use Disorder	40% - 100%	17% - 98%
Prostate Cancer	85% - 100%	38% - 100%
Rheumatoid Arthritis	85% - 100%	69% - 100%
Schizophrenia	93% - 100%	49% - 100%

- ▶ There are substantial differences across standard Silver plans in overall drug coverage for chronic conditions.
- ▶ Coverage is measured using two approaches:
 1. The percentage of drug **claim counts** covered by each carrier's formulary, showing the breadth of the formulary.
 2. The percentage of drug claim **allowed spending** covered by each carrier's formulary, focusing on drugs with higher costs and/or drugs with higher utilization.
- ▶ Some carriers' coverage is reduced to a lower percentage when measured by the percentage of allowed spending.
 - ▶ Coordinated Care and UHC's drug coverage for bipolar lowers from 97% to 61% due to not covering some high-cost drugs such as Vraylar.

Formulary investigation



Key takeaways:

- ▶ There is substantial variation in drug coverage and tier placement across standard Silver plans.
- ▶ Same drugs are placed into different tiers with varying cost-sharing for the same standard plan.
- ▶ Customers with chronic conditions may experience significantly different coverage and cost-sharing, depending on their choice of specific carrier.

Formulary standardization: Potential approaches

- ▶ Should we pursue formulary standardization for PY 2027?
- ▶ What dimension of standardization to focus on?
 - ▶ Formulary breadth: Require specific drugs to be covered by carriers
 - ▶ Formulary cost sharing: Require certain drugs to be placed on specific tiers
 - ▶ Focus on a subset of chronic conditions



Seeking workgroup direction on 2027 standard plan goals & approaches

Focus Area	Mechanism
Lowering premiums	Raising select cost shares
New benefits	Cascade Bronze HSA
Access to high-clinical value services	Prioritize maintaining existing shares for some services
	Standardize facility fees
Standardization of customer experience	More PBT standardization
	Formulary standardization

Share with us: What are your priorities?



Next steps: Milestones for 2027 standard plan design

- ▶ **Summer/fall 2025:** Develop and refine different design concepts and options
- ▶ **Oct.-Nov. 2025:** Public comment period on proposed 2027 Cascade Care plan designs
- ▶ **Nov. 2025:** Anticipate CMS will release Draft 2027 AV Calculator
- ▶ **Dec. 2025:** Exchange Board approval of 2027 Cascade Care plan designs

Cascade Care Workgroup

Next steps

- ▶ **Cascade Care plan design:** PY 2027 design conversations will continue through summer and fall.
- ▶ **Public option:** PY 2026 HCA renewal decisions expected this month.
- ▶ **Cascade Care Savings:** PY 2026 PMPM methodology development begins this summer.

Next Cascade Care Workgroup meeting: 1 p.m., July 8

- ▶ Focused on Exchange market stewardship & Cascade Care tools



- Cascade Care Workgroup roster
- Standard plan design background

Appendix



Cascade Care Workgroup members

- ▶ Jane Beyer,
Office of the Insurance Commissioner
- ▶ Jennifer Brackeen,
Washington State Hospital Association
- ▶ Emily Brice, *Northwest Health Law Advocates*
- ▶ John-Pierre Cardenas, *Kaiser Permanente*
- ▶ Justin Cusber, *Premera/Lifewise*
- ▶ 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*
- ▶ Daphne Pie,
Public Health-Seattle & King County
- ▶ Susanne Towill, *Coordinated Care*

Approved 2026 Standard Plans

Benefits	2026 Standard Complete Gold	2026 Standard Vital Gold	2026 Standard Silver	2026 Standard Bronze
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,000	\$1,900	\$2,500	\$6,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$8,800	\$9,750	\$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)	\$15	\$15	\$20***	\$40***
Specialist Visit	\$40	\$40	\$65	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$20***	\$40***
Emergency/Urgent Care Services				
Emergency Care Services	\$450	\$800	\$800	40%
Urgent Care	\$35	\$35	\$65	\$100
Ambulance	\$375	\$375	\$375	40%
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$600	40%
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$200	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$30	40%
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$20	\$30	\$40	40%
X-rays and Diagnostic Imaging	\$30	\$30	\$65	40%
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	30%	40%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$650*	\$800*	40%
Skilled Nursing Facility	\$350**	\$350**	\$800**	40%
Pharmacy				
Generics	\$10	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	\$75	40%
Non-Preferred Brand Drugs	\$100	\$200	\$250	40%
Specialty Drugs (i.e. <u>high-cost</u>)	\$100	\$200	\$250	40%
All Other Benefits				
Speech Therapy	\$25	\$30	\$40	40%
Occupational and Physical Therapy	\$25	\$30	\$40	40%
Durable Medical Equipment (DME)	20%	20%	30%	40%
Home Health	\$15**	\$15**	\$30**	\$50**
Hospice	\$15**	\$15**	\$30**	\$50**
All Other Benefits	20%	20%	30%	40%
AV	81.81%	78.06%	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

Cascade Vital (Low AV Gold Plan) Modeling

- ▶ Proposed federal rule would allow 76% AV Gold Plan
- ▶ Use 2026 Option 2 preferred by most carriers
 - ▶ Estimated \$5-\$15 lower premium compared to approved Vital Gold

Benefits	Vital Gold			
	Approved 2026	Option 2	2026 Silver (Reference)	2026 Complete Gold (Reference)
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,900	\$2,000	\$2,500	\$1,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$8,800	\$9,500	\$9,750	\$7,000
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	\$20***	\$15
Specialist Visit	\$40	\$40	\$65	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$20***	\$15
Emergency/Urgent Care Services				
Emergency Care Services	\$800	\$800	\$800	\$450
Urgent Care	\$35	\$35	\$65	\$35
Ambulance	\$375	\$375	\$375	\$375
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$600	\$350
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$200	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$30	\$15
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$30	\$35	\$40	\$20
X-rays and Diagnostic Imaging	\$30	\$35	\$65	\$30
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	30%	\$300
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$650*	\$650*	\$800*	\$525*
Skilled Nursing Facility	\$350**	\$350**	\$800**	\$350**
Pharmacy				
Generics	\$10	\$20	\$25	\$10
Preferred Brand Drugs	\$75	\$75	\$75	\$60
Non-Preferred Brand Drugs	\$200	\$200	\$250	\$100
Specialty Drugs (i.e. high-cost)	\$200	\$200	\$250	\$100
All Other Benefits				
Speech Therapy	\$30	\$35	\$40	\$25
Occupational and Physical Therapy	\$30	\$35	\$40	\$25
Durable Medical Equipment (DME)	20%	20%	30%	20%
Home Health	\$15**	\$15**	\$30**	\$15**
Hospice	\$15**	\$15**	\$30**	\$15**
All Other Benefits	20%	20%	30%	20%
AV	78.06%	76.04%	71.84%	81.81%

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

Formulary investigation – Tier placement

Common Tiers	Range of Coverage (% of Claim Counts)	Range of Coverage (% of Allowed Spending)
	Asthma	
\$25	43% - 86%	5% - 27%
\$75	9% - 43%	23% - 46%
\$250 After Deductible	2% - 32%	27% - 66%
	Breast Cancer	
\$0 Cost Preventive	0% - 78%	0% - 6%
\$25	15% - 98%	0.2% - 19%
\$250 After Deductible	0.3% - 13%	8% - 97%
	Opioid Use Disorder	
\$25	0.2% - 100%	0.1% - 100%
\$250 After Deductible	0% - 59%	0% - 81%

- ▶ Tier placement varies largely by carrier.
 - ▶ Examples using the claim count measure:
 - ▶ **Asthma drugs:** Premera and LifeWise have about 30% of claim counts in the \$250 after deductible tier. UHC puts 43% of claim counts into the \$75 tier. All other carriers have at least 67% of claim counts in the \$25 tier.
 - ▶ **Opioid Use Disorder drugs:** UHC and Kaiser WA place 50% of covered drugs on the \$250 after deductible tier. Other put them in the \$25 tier.
 - ▶ Examples using the allowed spending measure:
 - ▶ **Breast Cancer drugs:** Only Kaiser WA has 88% of allowed spending in their special \$65 tier. Most carriers have about 81% of allowed spending in the \$250 after deductible tier.

Formulary investigation – Top drugs

Top Drugs* (Condition)	\$25	\$75	\$250 After Deductible
Albuterol Sulfate (Asthma)	PacificSource, CHPW, BridgeSpan, Regence BCBS, Kaiser WA, Molina, Regence BS	Kaiser NW, UHC	Premera, LifeWise, Coordinated Care
	\$0 Cost Preventive	\$75	\$250 After Deductible
Descovy (HIV)	BridgeSpan, Regence BCBS, Regence BS	CHPW, Kaiser NW, Molina	PacificSource, LifeWise, Premera, Kaiser WA
	\$25		\$250 After Deductible
Buprenorphine sublingual film (OUD)	PacificSource, CHPW, LifeWise, Premera, BridgeSpan, Coordinated Care, Regence BCBS, Molina, Regence BS		UHC, Kaiser WA

- ▶ Same drugs are placed into tiers with different cost-sharing.
 - ▶ **Albuterol Sulfate** (Asthma): Premera, LifeWise, and Coordinated Care place this drug in the \$250 after deductible tier, while Kaiser NW and UHC place it in the \$75 tier. All other carriers categorize this drug in the \$25 copay tier.
 - ▶ **Descovy** (HIV): Coordinated Care and UHC don't cover this drug. BridgeSpan, Regence BCBS, and Regence BS place it in the \$0 cost share tier. Other carriers put it in either the \$75 or the \$250 after deductible tier.
 - ▶ **Buprenorphine sublingual film** (OUD): Kaiser NW doesn't cover this drug. UHC and Kaiser WA put it into the \$250 after deductible tier, while all other carriers place it in the \$25 tier.

*Drugs and tiers are based on the allowed spending measure

Formulary investigation - Appendix

- ▶ Method 1: Examine **the percent of drug claim counts** covered by each carrier's formulary in each tier.
 - ▶ This method checks the breadth of the formulary, which focuses on the range of different drugs for each condition included in a carrier's formulary.
- ▶ Asthma
 - ▶ 67% - 100% of claim counts for drugs covered by carriers.
 - ▶ CHPW (67%), Kaiser NW (68%) and Coordinated Care (71%) have relatively narrow formularies.
 - ▶ Most carriers have 70%-80% of drug claims in the \$25 copay tier. Premera and Lifewise have 30% of claim counts in the \$250 after deductible tier.
 - ▶ Among the top five drugs by claim count, Albuterol Sulfate (costing \$30-\$40 per claim) exhibits the greatest variation in cost sharing. Premera and Lifewise place it in the \$250 after deductible tier, while UHC places it in the \$75 tier. All other carriers categorize this drug in the \$25 copay tier.

Formulary investigation - Appendix

▶ Breast cancer

- ▶ All carriers have wide coverage with over 90% of claim counts covered.
- ▶ CHPW, Kaiser NW, Coordinated Care, UHC and Molina place the majority of drugs on the \$25 tier, while PacificSource, LifeWise, Premera, BridgeSpan, Regence BCBS and Regence BS place most of the drugs into the zero cost share preventive tier.
- ▶ Drugs in the preventive tier are mainly estrogen inhibiting drugs to treat and prevent breast cancer.

▶ Diabetes

- ▶ 77% – 100% of claim counts for drugs covered by carriers.
- ▶ Kaiser NW and UHC have relatively low coverage (77% claim counts).
- ▶ Most carriers place diabetes drugs on the \$25 or \$75 tier. Kaiser WA place some drugs on the \$250 after deductible tier.
- ▶ Despite covering all types of drugs, Kaiser WA places Lantus Solostar on the \$250 tier, while other carriers put it on the \$75 tier. Kaiser WA also puts a few other drugs on the \$250 tier such as Trulicity and Ozempic, which are put on the \$75 tier by other carriers.

Formulary investigation - Appendix

▶ HIV

- ▶ 61%-100% of claim counts for drugs covered by carriers.
- ▶ UHC has the lowest coverage of 61%.
- ▶ Lifewise, Premera, Coordinated Care, UHC, and Kaiser WA place many common drugs on the \$250 after deductible tier. Others place most drugs on the \$75 tier.

▶ Hepatitis C

- ▶ 34% – 100% of claim counts for drugs covered by carriers.
- ▶ Molina has the lowest coverage of 34%.
- ▶ Kaiser NW put most of the covered drugs on the \$75 tier. All other carriers place almost all drugs on the \$250 after deductible tier.

Formulary investigation - Appendix

- ▶ Opioid use disorder
 - ▶ 40%-100% of claim counts for drugs covered by carriers.
 - ▶ Kaiser NW has the lowest coverage of 40%. All other carriers are above 87%
 - ▶ UHC and Kaiser WA place 50% of covered drugs on the \$250 after deductible tier. Others put them in the \$25 tier.
- ▶ Schizophrenia
 - ▶ 92% - 100% of claim counts for drugs covered by carriers.
 - ▶ Molina is the only carrier putting top three covered drugs in the \$250 after deductible tier. All other carriers use the \$25 tier for all top 25 drugs.
- ▶ Bipolar disorder, multiple sclerosis, prostate cancer and rheumatoid arthritis
 - ▶ Coverage and tiering are fairly consistent across carriers.

Formulary investigation - Appendix

- ▶ Example of how Asthma drugs are covered by each carrier and the tier distribution for covered drugs:

Asthma	Coverage	\$25	\$75	\$250 After Deductible	\$65 (Kaiser WA only)	Zero Cost Share Preventive Tier	Medical Service Drugs
PacificSource	93.84%	78.13%	19.03%	2.84%	N/A	0.00%	0.00%
CHPW	67.28%	86.34%	10.98%	2.69%	N/A	0.00%	N/A
Kaiser NW	68.11%	74.64%	16.08%	9.28%	N/A	N/A	N/A
LifeWise	89.02%	50.93%	17.40%	31.60%	N/A	0.00%	0.07%
Premera	89.02%	50.93%	17.40%	31.60%	N/A	0.00%	0.07%
BridgeSpan	86.11%	73.80%	23.85%	2.35%	N/A	0.00%	N/A
Coordinated Care	71.35%	66.57%	14.29%	19.14%	N/A	0.00%	N/A
UHC	91.51%	43.06%	43.28%	13.59%	N/A	0.00%	0.07%
Regence BCBS	86.11%	73.80%	23.85%	2.35%	N/A	0.00%	N/A
Kaiser WA	99.93%	70.28%	11.25%	18.40%	0.00%	0.00%	0.08%
Molina	84.60%	76.51%	9.42%	14.07%	N/A	0.00%	0.00%
Regence BS	86.11%	73.80%	23.85%	2.35%	N/A	0.00%	N/A

Formulary investigation - Appendix

- ▶ Method 2: Examine **the percent of drug claim allowed spending** covered by each carrier's formulary in each tier.
 - ▶ This method assigns greater weight to drugs that are more expensive and to those with higher utilization.
 - ▶ Patterns for HIV and Hepatitis C look similar compared to the previous results using the claim count method, while patterns for other conditions change .
- ▶ Bipolar
 - ▶ Coordinated Care and UHC's coverage become much narrower (from 96% to 61%) because they don't cover Vraylar.
- ▶ Breast cancer
 - ▶ Kaiser WA mainly uses their special \$65 tier, while the other issuers mainly use the \$250 tier.

Formulary investigation - Appendix

▶ Diabetes

- ▶ Kaiser WA has about 79% of covered drugs on the \$250 tier, while other carriers mostly use the \$75 tier.

▶ Opioid use disorder

- ▶ Kaiser NW has low coverage. UHC and Kaiser WA place many covered drugs on the \$250 tier, whereas others keep most covered drugs in the \$25 tier.

▶ Schizophrenia

- ▶ Molina is no longer an outlier when looking at allowed spending, but there are more differences in tiering across carriers.

Summary of key 2026 standard plan changes to respond to federal uncertainty

Standard Plan Metal	Change
Complete Gold	Increased deductible from \$600 to \$1,000 to keep MOOP stable
Vital Gold	New low gold plan
Silver	Decreased primary care/mental health copay from \$30 to \$20
Bronze	Put Specialty Care before the deductible; decreased primary care/mental health copay from \$50 to \$40



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