

WAHBE 2025 Standard Plan Designs

Individual Market Gold, Silver, and Bronze Plans

Benefits	2025 Standard Gold	2025 Standard Silver	2025 Standard Bronze
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$600	\$2,500	\$6,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$9,200	\$9,200
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$30***	\$50***
Specialist Visit	\$40	\$65	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$30***	\$50***
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%
Final 2025 AV	81.39%	70.75%	63.64%

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.

Note: For all plans except the Gold standard plan, final 2025 AV is based on a modified version of the federal Final 2025 AV Calculator that accounts for unique plan features. Gold standard plan AV is provided directly by the Final 2025 AV Calculator.

Individual Market Silver Plan and CSR Variations

Benefits	2025 Standard Silver 94% AV	2025 Standard Silver 87% AV	2025 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 (\$)	\$1,900	\$2,500	\$7,250
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$5***	\$10***	\$30***
Specialist Visit	\$15	\$30	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$5***	\$10***	\$30***
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%
Final 2025 AV	94.73%	87.89%	73.28%

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.

Note: For all plans except the Gold standard plan, final 2025 AV is based on a modified version of the federal Final 2025 AV Calculator that accounts for unique plan features. Gold standard plan AV is provided directly by the Final 2025 AV Calculator.

2025 Standard Plans Designs Appendix

This Appendix applies to standard plan designs at all metal levels unless otherwise designated. These requirements apply only for covered services under the plan.

1. The standard plan designs outline the cost-sharing for the consumer for a given benefit category.
2. The standard plan designs do not address cost-sharing amounts for any out-of-network services except for those services required under state or federal law to have the in-network cost-share amount. For example, out of network emergency care services would have an in-network cost-sharing under the Balance Billing Protection Act.
3. For all services with a co-pay that are not subject to the deductible, the co-pay amount does not accumulate toward the deductible, but the full co-pay amount paid for the service will accumulate toward the maximum out-of-pocket amount.
4. For services with a co-pay that are subject to the deductible, the full amount of first-dollar out-of-pocket spending accrues toward the deductible.
5. Per the essential health benefit base-benchmark plan, the following services must be covered for, at minimum, the identified number of visits:
 - a. Chiropractic: 10 visits
 - b. Acupuncture: 12 visits
 - c. Home health care services: 130 days
 - d. Hospice respite services: 14 days per lifetime
 - e. Outpatient rehabilitation, combined physical, occupational, and speech therapy, services: 25 visits
 - f. Outpatient habilitation services: 25 visits
 - g. Inpatient rehabilitative services: 30 days
 - h. Inpatient habilitative services: 30 days
 - i. Skilled nursing facility services: 60 days
6. Co-payments charged to a consumer may never exceed the actual cost for the service. For instance, if a co-pay is \$45 and the service is \$30, the cost-share responsibility of the consumer would be \$30.
7. For prescription drugs in any tier, the cost-share defined is for a 30-day supply. Carriers may determine to allow for mail order prescriptions at a reduced per-unit cost (e.g.; a 90-day supply).
8. Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the plan's in-network maximum out-of-pocket.
9. Office visits for the treatment of mental health, behavioral health, or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient - Office Visits, regardless of provider type. Other Practitioner Office Visits (Nurse, Physician Assistant) shall generally be treated as a Primary Care Visit to Treat an Injury or Illness or Preventive Care/Screening Immunization. A carrier may include in the Other Practitioner category: nurse practitioners, certified nurse midwives, respiratory therapists, clinical psychologists, licensed clinical social worker, marriage and family therapists, applied behavior analysis therapists, acupuncture practitioners, chiropractic practitioners, registered dietitians and other nutrition advisors. A carrier is not precluded from using another comparable benefit category for a service provided by one of these practitioners. Services provided by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office

Visits or Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other. The copay for Mental/Behavioral Health and Substance Use Disorder Outpatient Office visits may be applied to Mental/Behavioral Health and Substance Use Disorder Outpatient services provided in an urgent care setting.

10. Services with a co-pay should be charged with the following methodology: one co-pay per benefit category per day per provider. For example, a charge for a lab draw and read at a primary care visit by the same provider would result in one lab co-pay and one primary care office visit co-pay for the individual.
11. For outpatient services where a facility fee and physician/surgical services are not billed separately, an issuer may apply the cost-sharing requirements for both the facility fee and the physician/surgical services to the total charge.
12. For outpatient encounters that include multiple services, an issuer may apply the cost-sharing requirements for each service provided. For instance, an outpatient encounter involving a surgeon, radiologist, and anesthesiologist would result in three cost-share payments for the consumer.
13. For instances where there is a co-pay for Skilled Nursing Facility and All Inpatient Hospital Services, it is a per-day co-pay (with a limit of five co-pays for an inpatient stay). For instance, a two-day stay would result in two co-pays for the consumer.
14. The co-pay for All Inpatient Hospital Services covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Gold standard plan would pay only the \$525 co-pay.
15. The cost share amount for Emergency Care Services covers facility fee and professional services.
16. Unless otherwise noted in this appendix, carriers are permitted to assign any service to any benefit category if permissible under state and federal law.
17. While these 2025 standard plan designs do not specify any requirements for virtual care, HBE is exploring this option for future years and is planning to collect existing data from carriers to support this work.