

Final 2026 Plan Certification Standards

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Value Plan Standards

A stylized graphic of a plant with four large, rounded leaves. The leaves are a lighter shade of red than the background. The plant is positioned on the right side of the slide, with its base at the bottom center and its leaves extending upwards and outwards.

Timeline

- Summer 2024 – Value Plan Workgroup developed / unanimously recommended draft designs
- September 12, 2024 – Proposed 2026 standards presented to Standing Advisory Committee
- September 16, 2024 – Present draft proposed 2026 standards to the Board
- October/November 2024 – Actuarial Value (AV) Calculator released; staff adjust designs
- December 17 - Workgroup convened to approve AV adjustments
- December 18 - January 10 – Informal public comment period
- January 21, 2025 – Board vote on final proposed 2026 Value Plan standards
- Jan 21 – Feb 7 – Public comment period: **received no comments**
- February 18, 2025 – Board vote on final 2026 standards

Background

- MHBE sets plan certification standards for individual market plans sold through Maryland Health Connection, which encompass plan design, operational, and other requirements
- Value Plan standards are a type of plan certification standard
 - Established in 2020
 - All carriers must offer a Value Plan at each of the Bronze, Silver, Silver Cost Share Reduction (CSR) variants, and Gold metal levels
- Value Plan goals: promote affordability/access (pre-deductible coverage), simplify plan choice, promote health equity (i.e. free diabetes care)

Proposed Changes for 2026 Value Plans (from 2025)

These recommendations were developed and unanimously approved by the Value Plan Workgroup.

Update	Metal Levels Affected	Reason
Reduce lab copay	Bronze - \$55 (was \$80) Silver 73 and Base Silver - \$45 (was \$80)	Health equity and affordability for chronic, high disparity conditions
Align pediatric dental coinsurance across Classes III and IV Major Services and vary coinsurance amount by income	All metal levels	Alignment with other states/markets; technical fix
Raise maximum out-of-pocket (“MOOP”) amount*	All metal levels	Comply with federal AV restrictions; Low impact way to reduce AV (impacts 2-5% of enrollees)
Raise specialist copay to \$110 (from \$100)*	Bronze, Base Silver, Silver 73	Federal actuarial value restrictions
Raise lab copay to \$10 (from \$5)*	Silver 94 only	Federal actuarial value restrictions
Raise outpatient rehabilitation and habilitative services copays (to \$5 from \$2) to align with physical, speech, and occupational therapy copay*	Silver 94 only	Technical fix– these copays are usually aligned and services are the same

*New since September

Proposed 2026 Designs (1/3)

	Subject to Deductible	Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
Actuarial Value		81.89%	94.92%	87.92%	73.87%	71.75%	64.71%
Medical Deductible		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$10,150
Drug Deductible		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP		\$8,500	\$1,950	\$2,850	\$6,800	\$8,500	\$10,150
Rx MOOP		\$600	\$250	\$500	\$1,300	\$1,300	n/a
Combined MOOP		\$9,100	\$2,200	\$3,350	\$8,100	\$9,800	\$10,150
Emergency Room Services	Yes - No	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	Yes - No	\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Specialist Visit	Yes - No	\$35	\$20	\$35	\$110	\$110	\$110
Mental/Behavioral Health and Substance Use Disorder Office Visits	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Yes - No	\$10	\$5	\$10	\$35	\$35	\$0
Imaging (CT/PET Scans, MRIs)	Yes - No	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	Yes - No	\$25	\$10	\$25	\$45	\$45	\$55
X-rays and Diagnostic Imaging	Yes - No	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	Yes - No	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes - No	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	Yes - No	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	Yes - No	\$10	\$0	\$6	\$25	\$25	\$25
Preferred Brand Drugs	Yes - No	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	Yes - No	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	Yes - No	\$75	\$25	\$60	\$100	\$100	n/a

Proposed 2026 Designs (2/3)

	Subject to Deductible	Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
Additional Standardized Service Categories							
Durable Medical Equipment	Yes - No	20%	10%	20%	30%	30%	n/a
Emergency Transportation/Ambulance	Yes - No	\$300	\$50	\$100	\$350	\$350	n/a
Habilitation Services	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Home Health Care Services	Yes - No	\$30	\$10	\$25	\$45	\$45	n/a
Hospice Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	Yes - No	\$30	\$10	\$25	\$40	\$40	n/a
Outpatient Rehabilitation Services	Yes - No	\$10	\$5	\$10	\$35	\$35	\$35
Urgent Care Centers or Facilities	Yes - No	\$40	\$15	\$30	\$75	\$75	\$75
Pediatric Vision							
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Dental							
	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Yes - No	20%	20%	20%	20%	20%	20%
	Yes - No	50%	20%	30%	40%	50%	50%
	Yes - No	50%	20%	30%	40%	50%	50%
	Yes - No	50%	50%	50%	50%	50%	50%

Proposed 2026 Value Plan Designs (3/3)

- Enrollees with a primary diagnosis of diabetes pay \$0 cost-sharing for:
 - PCP visits
 - Dilated retinal exam (1x per year)
 - Diabetic foot exam (1x per year)
 - Nutritional counseling visits
 - Lipid panel test (1x per year)
 - Hemoglobin A1C (2x per year)
 - Microalbumin urine test or nephrology visit (1x per year)
 - Basic metabolic panel (1x per year)
 - Liver function test (1x per year)
 - A select list of diabetes supplies and medications within the diabetic agent's drug class, as defined by the insurer. An insurer is not required to change the drugs that are on the insurer's formulary.
 - All carriers must cover, at \$0 cost sharing:
 - Test strips and glucometers
 - Preferred brands of insulin
 - At least one from each of the following classes of oral hypoglycemics:
 - Biguanides (such as metformin)
 - Thiazolidinediones (such as pioglitazone or rosiglitazone)
 - Sulfonylureas (such as glipizide, glyburide, gliclazide, or glimepiride)
- Insurers may charge less than the copays shown for services delivered via telehealth.
- Insurers may combine the two outpatient surgery copays into a single copay.

A large, stylized leaf graphic in a lighter shade of red, positioned behind the text. The leaf has a central vein and several smaller veins branching out, creating a symmetrical, fan-like shape.

Proposed Mental Health and Substance Use Disorder Office Visit Cost Sharing Standard

Proposed Mental Health and Substance Use Disorder Office Visit Cost Sharing Standard

- **Require equivalent cost-sharing for primary care and mental health/substance use disorder office visits**
 - Require equivalent cost-sharing between these service types
 - Encourage carriers to use copay structure for these service types
- Discussed with SAC on November 14, 2024; committee expressed support.
- No comments received

Proposed Mental Health and Substance Use Disorder Office Visit Cost Sharing Standard

Background

- Federal and state parity laws generally provide that **financial requirements** (e.g., coinsurance and copays) and **treatment limitations** (e.g., visit limits) imposed on MH/SUD benefits **cannot be more restrictive** than the ***predominant financial requirements and treatment limitations that apply to substantially all medical/surgical benefits*** in a classification (e.g.inpatient/outpatient/emergency/Rx)
- Plans sold through MHC must comply with parity laws, but it is possible for a plan to be compliant and still have less favorable cost sharing for MH/SUD office visits than for primary care
- Of the 5 MHC insurers, 3 currently use the same cost sharing for these service types, 1 has voluntarily agreed to implement equivalent cost sharing in 2026, and 1 is evaluating our request to do so.

Request for Approval of Final 2026 Plan Certification Standards

MOTION: I move to [approve/defer/reject] the final plan certification standards for plan year 2026 [as presented] *or* [as amended].

Appendix



Detailed Proposed Changes for AV Compliance

- Bronze:
 - Raise MOOP (and deductible) to maximum (\$10,150 from \$9,200 in 2025) and
 - Raise specialist copay to \$110 (from \$100 in 2025)
- Base Silver:
 - Raise medical MOOP to \$8,500 (from \$7,600 in 2025),
 - Raise RX MOOP to \$1,300 (from \$1,500) for total MOOP of \$9,800, and
 - Raise specialist copay to \$110 (from \$100)
- Silver 73:
 - Raise medical MOOP to \$6,800 (from \$5,850 in 2025),
 - Reduce RX MOOP to \$1,300 (from \$1,500) for total \$8,100;
 - Raise specialist copay to \$110 (from \$100 in 2025)
- Silver 87: Raise medical MOOP to \$2,850 (from \$2,550 in 2025)
- Silver 94:
 - Raise medical MOOP to \$1,950 for total of \$2,200;
 - Raise labs to \$10 (from \$5);
 - Align outpatient rehabilitation and habilitative services copays with physical, speech, and occupational therapy copays
- Gold: Raise medical MOOP to \$8,500 (from \$6,750) for a total MOOP of \$9,100

Summary of 2026 Proposed Value Plans (1/2)

- Reduce lab copays – affordability for chronic conditions/comorbidities/high disparity conditions
 - Bronze lab copay - \$55 (from \$80)
 - Silver 73 and Base Silver lab copays - \$45 (from \$80)
- Align pediatric dental coinsurance across the two Major Services classes to align Maryland

	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026
	Gold	*Proposed* Gold	CSR 94%	*Proposed* CSR 94%	CSR 87%	*Proposed* CSR 87%	2025 CSR 73%	*Proposed* CSR 73%	2025 Base Silver	*Proposed* Base Silver	2025 Bronze - Expanded	*Proposed* Bronze - Expanded
Class I Preventive & Diagnostic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Class II Basic Services	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class III Major Services	20%	50%	20%	20%	20%	30%	20%	40%	20%	50%	20%	50%
Class IV Major Services – Restorative	50%	50%	50%	20%	50%	30%	50%	40%	50%	50%	50%	50%
Class V Orthodontic Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

Summary of 2026 Proposed Value Plans - (2/2)

- Modifications to comply with federal AV requirements
 - **Raise Maximum Out-of-Pocket (MOOP) amounts for all metal levels**
 - MOOP is the most an enrollee will pay towards covered in-network healthcare expenses in a plan year
 - Low impact way of bringing down AV (impacts 2-5% of enrollees)
 - **Raise specialist copays for Bronze, Base Silver, Silver 73 from \$100 to \$110**
 - **Raise labs in Silver 94 from \$5 to \$10**
- **Align outpatient rehabilitation and habilitative services copays with physical, speech, and occupational therapy copays in the Silver 94 plan**

Value Plan History

- 2019 – Affordability Workgroup: Implement Value Plans (affordability, consumer friendliness)
 - Pre-deductible coverage; **capped** deductibles; **capped** cost-sharing **some** services; diabetes requirements
- 2020 – Value Plans first offered on MHC; slight annual design adjustments thereafter
- 2022 – Affordability Workgroup: Standardize Value Plans (**all** cost-sharing **specified**)
- 2024 – First year of **standardized** Value Plans (\$0 for a suite of diabetes care management services - equity)
 - Finalized 2025 designs - adjustments to comply with 2025 Actuarial Value Calculator
- Present – draft/propose Value Plan designs for PY2026