

# **Green Mountain Care Board**

## **Department of Vermont Health Access (DVHA) Presentation of Proposed 2026 Standard Qualified Health Plan (QHP) Designs**

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# 2026 Standard Qualified Health Plans Presentation Objectives

- I. **Provide Overview:** Supporting Information and Approach For Developing 2026 Proposed QHPs for Vermont Health Connect  
(Dana Houlihan)
  
- II. **Describe Federal Guidance Changes  
Present Proposed Plan Designs:**  
Recommendations, Alternatives, Considerations  
(Darren Johnson, Jared Asprer: Wakely Consulting)
  
- III. **Comments, Questions & Discussion**
  
- IV. **GMCB Vote**

# Summary of Qualified Health Plans Currently Offered By VHC (2025)

## Twenty-eight (28) medical plans\*:

### For Review Today:

#### 14 Standard plans (7 from each issuer)

- Platinum: 1 BCBS & 1 MVP
- Gold: 1 BCBS & 1 MVP
- Silver: 2 BCBS & 2 MVP (One from each issuer structured as HDHP)
- Bronze: 3 BCBS & 3 MVP (One from each issuer structured as HDHP)

### Also Offered on the Vermont Marketplace:

#### 14 Non-Standard plans: (7 from each issuer):

- Gold: 2 BCBS & 2 MVP (One from each issuer is structured as HDHP)
- Silver: 2 BCBS & 2 MVP (One from each issuer is structured as HDHP)
- Bronze: 2 BCBS & 2 MVP (One from each issuer is structured as HDHP)
- Catastrophic: 1 BCBS & 1 MVP (Not included in one-page handout)

\* Refer to one-page handout displaying 2025 medical QHP benefits & rates

# Planning for 2026 Standard QHPs Stakeholder Group Composition

## **DVHA:**

Plan Management Director

**All VT Issuers:** BCBSVT, MVP, NEDD

**Vermont Office of Healthcare Advocate**

**Department of Financial Regulation Staff**

**Green Mountain Care Board Staff**

- 
- Stakeholders met regularly from November 2024 – January 2025
  - Stakeholders are actively involved, reviewing updated plan modeling to meet AV compliancy requirements, leading to the final QHP design proposal with broad-based support

# 2026 Stakeholder Group Benefit Design Principles

- **Value:** Provide compliant, comprehensive coverage
- **Affordability:** Balance impact on premium vs. consumer cost-share
- **Stability:** Implement cost share changes gradually to minimize large cost share or premium increases in future years
- **Attractiveness:** Focus on increased simplification of plan benefit designs and messaging for customers with different medical needs, a range of income levels
- **Usefulness:** Create/maintain incentives for low-cost primary & behavioral health care visits, emphasis on low-cost Generic Pharmacy, no-cost preventive services

# 2026 Stakeholder Group Benefit Design Principles

## Affordability

- Higher actuarial value (AV) generally aligns with higher premiums
- At the silver level, higher premiums mean increased advanced premium tax credits (APTC) available to eligible enrollees
  - APTC amount is tied to the second lowest cost silver plan premium
- The State supports the goal of maximizing silver AV in order to increase subsidy availability
- Federal AV ranges facilitate this principle
- Silver loading is enhanced in the 2025 plan year, expected to continue in 2026

# 2026 Stakeholder Group Process Highlights

- **Strategic, Minimal Increases:** Balancing required changes across cost-share for multiple services, avoiding abrupt year/year changes.
- **Overall Cost:** Being mindful of benefit cost share decisions and their anticipated corresponding premium impact
- **Consumer Education (O & E):** Being mindful of proposing plan designs that are consistent and customer-friendly

## 2026 QHP Certification High-Level Timeline:

- **DVHA Presents Plan Design Adjustments; GMCB Approval:** February 2025
- **Medical & Dental Issuers File Forms With DFR:** March 2025  
(Form review finalized, form approval: June 2025)
- **Final IRS limits on HDHPs for 2026:** Expected, Spring 2025
- **Issuers Submit Rate Proposals:** May 2025  
(GMCB completes rate review & issues decisions: August 2025)
- **2026 Plan Certification (DVHA Commissioner):** August 2025
- **2026 Open Enrollment:** November 1, 2025, to January 15, 2026



## Outline

- Regulation Changes for 2026 and changes in 2026 Federal AV Calculator (AVC)
- Recommended Plan Design Changes by Metal Level with 2025 Premiums Included

# 2026 Key Regulatory Changes

## Key Changes from 2025 Related to Benefits and Plan Designs

The Annual Limitation on Cost Sharing was released in a separate guidance letter and has been finalized for 2026. The limitation will be \$10,150 for 2026, an increase of \$950 from the \$9,200 limit in 2025.

- Federal HDHP minimum deductible and out-of-pocket maximum (OOPM) limits are not yet released for 2026
  - The 2025 minimum single deductible and OOPM are \$1,650 and \$8,250, respectively
  - The proposed plan designs do not currently account for potential changes in the 2026 HDHP deductible. Should the final limit for the deductible increase, the Rx deductible for the HDHP plans will need to be adjusted.
  - The minimum deductible typically increases between \$50-\$100. Despite lowered inflation, **it is likely there will be another increase for 2026** that could impact plan designs.
  - The MOOP typically increases about \$100-\$200 each year although it had larger increases as recently as two years ago. Similar to the deductible limit, the MOOP limit is likely to increase again for 2026.

There are other changes in the 2026 Notice of Benefit and Payment Parameters not listed here as they do not impact plan designs as directly as the items above

# 2026 Actuarial Value Calculator

## The Center for Consumer Information and Insurance Oversight (CCIIO) releases an Actuarial Value Calculator (AVC) for each plan year

- This model must be used to determine the actuarial value (AV) of a plan for purposes of determining compliance with metal level requirements
- The calculator includes inputs for various plan design features, including:
  - Deductible
  - Out-of-pocket maximums
  - Member cost sharing for 20 different service categories (emergency room, inpatient, primary care, etc.)
    - Copays and/or coinsurance
    - Whether the deductible applies
- Some plan design features are not supported by the AVC
  - If the impact of these features is considered substantial, an actuary can either modify the inputs to most closely represent the plan design or can modify the results of the AVC to account for these features. This requires an actuarial certification documenting the development of the modification.

## The resulting AV from the calculator will differ from the pricing AV used by carriers to determine premiums

- The Federal AVC is based on summarized national data whereas carriers will likely use their own experience
- Each carrier will use their own model and the methodology may differ from that used in the AVC
- As noted above, not all service categories are represented in the AVC

# 2026 Final Actuarial Value Calculator

The 2026 Federal Actuarial Value Calculator is final. Going forward there will be no draft AVCs pending changes in guidance.

## Underlying Data Trended Forward

- The dataset backing the 2026 AVC remains 2021 EDGE data
- Underlying data was trended from 2021 to 2026
- The trend used from 2025 to 2026 is slightly higher than prior years at 6.1% for medical cost trend and 10.1% for drug cost trend.

## Trend-Driven Update Changes

- Trend drives benefit leveraging across metal levels resulting in high AVs with the same plan design
- Silver and Gold Plans most likely to be impacted due to de minimis ranges
- Maximum MOOP in the model is updated to \$10,150 from \$9,200 in 2025

## Estimated Premium Impact – Notes and Caveats

“Estimated Premium Impact”: The premium changes shown on subsequent slides are meant to illustrate the trade-off between premium increases and cost sharing increases. The actual premium change will be based on each carrier’s model and experience and may differ significantly from what is shown

- The premium change is based on the Wakely benefit model and was not adjusted for any benefit designs that are not accommodated in the model (for example, the embedded aggregate drug MOOP on the HDHPs). The actuarial values were based on high-level estimates of allowed PMPMs and adjusted for each metal level by induced utilization factors. These estimates should be used as high-level estimates and an additional reference point, but not as the actual expected premium changes.

# 2026 Estimated Actuarial Value

## Impact on the Actuarial Value of Vermont Standard Plan Designs

### Changes are required to the Silver Deductible, Silver HDHP, and the Bronze with Pharmacy Limit plans due to the Federal AVC changes

- Even if changes are not required, changes may still be desired to avoid the AV increase being passed on as a premium increase
- Changes are required for all Silver Deductible and Silver HDHP CSR plan designs

The acceptable AV ranges reflect the proposed changes in the 2026 final NBPP and have been adjusted for the following design features unsupported by the Federal AVC and for which a specific adjustment is not made

- Waiving the deductible for preventive prescription drugs: 0.5% “cushion” on HDHPs
- Limiting Out-of-Pocket Expenses for Insulin: 0.1% “cushion” on Bronze plans
- 3 free MHSA Visits on Non-HDHP Plans: 1.001 multiplicative factor for Silver Deductible (including 73% and 77% CSR Variants) and Bronze Deductible w/o Pharmacy Limit

# 2026 Estimated Actuarial Value

## Impact on the Actuarial Value of VT Standard Plan Designs

|                         | Plan                            | Final 2025 Federal AVC | Final 2026 Federal AVC | Acceptable Range | Out of Range |
|-------------------------|---------------------------------|------------------------|------------------------|------------------|--------------|
| <b>Deductible Plans</b> | Platinum                        | 90.0%                  | 90.6%                  | 88.0%-92.0%      | No           |
|                         | Gold                            | 81.0%                  | 82.0%                  | 78.0%-82.0%      | No           |
|                         | Silver                          | 71.0%                  | 72.4%                  | 70.0%-72.0%      | Yes          |
|                         | Bronze (with pharmacy limit)    | 61.8%                  | 63.2%                  | 58.0%-64.9%      | No           |
|                         | Bronze (without pharmacy limit) | 64.6%                  | 66.1%                  | 58.0%-64.9%      | Yes          |
| <b>HDHPs</b>            | Silver - Embedded OOPM          | 70.8%                  | 71.9%                  | 70.0%-71.5%      | Yes          |
|                         | Bronze - Embedded OOPM          | 62.1%                  | 63.2%                  | 58.0%-64.4%      | No           |

1. Any plan with N/A had a 2024 OOPM greater than the 2025 \$9,200 Federal Maximum and thus could not be run through the 2025 AVC

# 2026 QHP Proposal Changes Requiring GMCB Approval

|             | Changes that do not Require Formal Approval                                    |
|-------------|--|
| Copay       | Less than or equal to \$15   |
| Coinsurance | Less than or equal to 5 percentage points                                      |
| Deductible  | Less than or equal to \$200  |
| OOPM        | Less than or equal to increase in Federal OOPM limit (\$250 decrease for 2026) |
| Other       | Modification required to meet Federal guidance                                 |

- For the recommended and alternative plan designs, any changes from the 2025 plan designs are shown in boxes and shaded in orange. **Any changes requiring approval are shaded in green.**



# 2026 QHP Proposal Summary of Plan Design Changes

| Deductible Plans   |  |
|--|--|
| <b>Platinum</b>  | <b>Gold</b>  |
| Increase medical deductible from \$450 to \$500          | Increase medical deductible from \$1,400 to \$1,500    |
| Decrease specialist office visit copay from \$40 to \$30 | Increase pharmacy deductible from \$200 to \$250       |
| Decrease urgent care copay from \$50 to \$40             | Increase medical OOPM from \$5,600 to \$5,700          |
|  | Increase pharmacy OOPM from \$1,600 to \$1,650         |
|  |  |
| <b>Silver</b>  | <b>Bronze w/ Rx Limit</b>                              |
| Increase medical OOPM from \$9,200 to \$10,150           | Increase medical OOPM from \$9,200 to \$10,150         |
| Increase pharmacy OOPM from \$1,500 to \$1,650           | Increase pharmacy OOPM from \$1,500 to \$1,650         |
|  |  |
| <b>Bronze w/o Rx Limit</b>                               |  |
| Increase medical deductible from \$9,200 to \$10,150     |  |
| Increase medical OOPM from \$9,200 to \$10,150           |  |
|  |  |
| HDHPs  |  |
| <b>Silver - Embedded MOOP</b>                            | <b>Bronze - Embedded MOOP</b>                          |
| Increase embedded single OOPM from \$9,200 to \$10,150   | Increase embedded single OOPM from \$9,200 to \$10,150 |
| Increase medical deductible from \$2,100 to \$2,300      | Increase medical deductible from \$5,800 to \$6,000    |
| Increase medical OOPM from \$7,050 to \$7,250            | Increase medical OOPM from \$7,100 to \$7,600          |

# 2014 to 2025 QHPs Platinum Deductible Plan

| Deductible/OOP Max             | 2014-2016              | 2017                   | 2018                   | 2019                   | 2020                   | 2021                   | 2022                   | 2023                          | 2024                          | 2025                          |
|--------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------------|-------------------------------|-------------------------------|
| Type of Plan                   | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible                    | Deductible                    | Deductible                    |
| Medical Ded                    | \$150                  | \$250                  | \$300                  | \$350                  | \$350                  | \$350                  | \$400                  | \$425                         | \$450                         | \$450                         |
| Rx Ded                         | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                           | \$0                           | \$0                           |
| Integrated Ded                 | No                     | No                     | No                     | No                     | No                     | No                     | No                     | No                            | No                            | No                            |
| Medical OOPM                   | \$1,250                | \$1,300                | \$1,300                | \$1,350                | \$1,350                | \$1,400                | \$1,400                | \$1,500                       | \$1,500                       | \$1,600                       |
| Rx OOPM                        | \$1,250                | \$1,300                | \$1,300                | \$1,350                | \$1,350                | \$1,400                | \$1,400                | \$1,400                       | \$1,500                       | \$1,600                       |
| Integrated OOPM                | No                     | No                     | No                     | No                     | No                     | No                     | No                     | No                            | No                            | No                            |
| Family Deductible / OOP        | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual        | Stacked, 2x Individual        | Stacked, 2x Individual        |
| Medical Deductible waived for: | Prev, OV, UC, Amb, ER  | Prev, OV, UC, Amb, ER  | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             |
| Drug Deductible waived for:    | N/A                    | N/A                    | N/A                    | N/A                    | N/A                    | N/A                    | N/A                    | N/A                           | N/A                           | N/A                           |
| Service Category               | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance           | Copay / Coinsurance           | Copay / Coinsurance           |
| Inpatient                      | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                           | 10%                           | 10%                           |
| Outpatient                     | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                           | 10%                           | 10%                           |
| ER                             | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                         | \$100                         | \$100                         |
| Radiology (MRI, CT, PET)       | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                    | 10%                           | 10%                           | 10%                           |
| Preventive                     | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                           | \$0                           | \$0                           |
| PCP Office Visit               | \$10                   | \$10                   | \$10                   | \$10                   | \$15                   | \$15                   | \$15                   | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$15 |
| MH/SA Office Visit             | \$10                   | \$10                   | \$10                   | \$10                   | \$15                   | \$15                   | \$15                   | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$15 |
| Specialist Office Visit        | \$20                   | \$30                   | \$30                   | \$30                   | \$40                   | \$40                   | \$40                   | \$40                          | \$40                          | \$40                          |
| Physical Therapy/Chiropractic  | \$20                   | \$30                   | \$30                   | \$30                   | \$20                   | \$20                   | \$20                   | \$20                          | \$20                          | \$20                          |
| Urgent Care                    | \$40                   | \$40                   | \$40                   | \$40                   | \$50                   | \$50                   | \$50                   | \$50                          | \$50                          | \$50                          |
| Ambulance                      | \$50                   | \$50                   | \$50                   | \$50                   | \$60                   | \$60                   | \$60                   | \$60                          | \$60                          | \$60                          |
| Rx Generic                     | \$5                    | \$5                    | \$5                    | \$5                    | \$10                   | \$10                   | \$10                   | \$10                          | \$10                          | \$10                          |
| Rx Preferred Brand             | \$40                   | \$50                   | \$50                   | \$50                   | \$50                   | \$50                   | \$50                   | \$50                          | \$50                          | \$50                          |
| Rx Non-Preferred Brand         | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                           | 50%                           | 50%                           |
| Rx Specialty                   | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                           | 50%                           | 50%                           |

Year over year changes made to the plan design are shaded in orange.

# 2026 QHPs Platinum Deductible Plan

Target 88.0%-92.0%

| Deductible/OOP Max                             | 2026 Plan Design              | Preferred Option              | Backup Option                 |
|--|-------------------------------|-------------------------------|-------------------------------|
| Type of Plan                                   | Deductible                    | Deductible                    | Deductible                    |
| Medical Ded                                    | \$450                         | \$500                         | \$450                         |
| Rx Ded   | \$0                           | \$0                           | \$0                           |
| Integrated Ded                                 | No                            | No                            | No                            |
| Medical OOPM                                   | \$1,600                       | \$1,600                       | \$1,600                       |
| Rx OOPM  | \$1,600                       | \$1,600                       | \$1,600                       |
| Integrated OOPM                                | No                            | No                            | No                            |
| Family Deductible / OOP                        | Stacked, 2x Individual        | Stacked, 2x Individual        | Stacked, 2x Individual        |
| Medical Deductible waived for:                 | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             |
| Drug Deductible waived for:                    | N/A                           | N/A                           | N/A                           |
| Service Category                               | Copay / Coinsurance           | Copay / Coinsurance           | Copay / Coinsurance           |
| Inpatient                                      | 10%                           | 10%                           | 10%                           |
| Outpatient                                     | 10%                           | 10%                           | 10%                           |
| ER   | \$100                         | \$100                         | \$100                         |
| Radiology (MRI, CT, PET)                       | 10%                           | 10%                           | 10%                           |
| Preventive                                     | \$0                           | \$0                           | \$0                           |
| PCP Office Visit                               | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$15 |
| MH/SA Office Visit                             | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$15 |
| Specialist Office Visit                        | \$40                          | \$30                          | \$40                          |
| Physical Therapy/Chiropractic                  | \$20                          | \$20                          | \$20                          |
| Urgent Care                                    | \$50                          | \$40                          | \$50                          |
| Ambulance                                      | \$60                          | \$60                          | \$60                          |
| Rx Generic                                     | \$10                          | \$10                          | \$10                          |
| Rx Preferred Brand                             | \$50                          | \$50                          | \$50                          |
| Rx Non-Preferred Brand                         | 50%                           | 50%                           | 50%                           |
| Rx Specialty                                   | 50%                           | 50%                           | 50%                           |
| Actuarial Value                                |                               |                               |                               |
| 2026 Federal AVC, Adjusted if Necessary        | 90.0%                         | N/A                           | N/A                           |
| <b>2026 Federal AVC, Adjusted if Necessary</b> | <b>90.6%</b>                  | <b>90.6%</b>                  | <b>90.6%</b>                  |
| Difference from 2026 Federal AVC, Adjusted     | 0.6%                          | 0.7%                          | 0.6%                          |
| Estimated Premium Impact                       | N/A                           | 0.24%                         | 0.31%                         |
| Estimated Premium Impact PMPY                  | N/A                           | \$40.72                       | \$51.74                       |
| Estimated Premium Impact PMPM                  | N/A                           | \$3.39                        | \$4.31                        |

# 2026 QHPs – Changes for Platinum Deductible Plan

Even though the 2025 plan design is within the AV range, changes are recommended

- Decrease specialist and urgent care copays slightly
- Balance with a small deductible increase to avoid outsized premium increases

# 2014 to 2025 QHPs Gold Deductible Plan

| Deductible/OOP Max             | 2014-2016              | 2017                   | 2018                     | 2019                   | 2020                   | 2021                   | 2022                   | 2023                                 | 2024                          | 2025                          |
|--------------------------------|------------------------|------------------------|--------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------------------|-------------------------------|-------------------------------|
| Type of Plan                   | Deductible             | Deductible             | Deductible               | Deductible             | Deductible             | Deductible             | Deductible             | Deductible                           | Deductible                    | Deductible                    |
| Medical Ded                    | \$750                  | <b>\$850</b>           | \$850                    | \$850                  | <b>\$900</b>           | <b>\$1,100</b>         | <b>\$1,200</b>         | <b>\$1,400</b>                       | \$1,400                       | \$1,400                       |
| Rx Ded                         | \$50                   | <b>\$100</b>           | \$100                    | \$100                  | \$100                  | \$100                  | <b>\$150</b>           | <b>\$200</b>                         | \$200                         | \$200                         |
| Integrated Ded                 | No                     | No                     | No                       | No                     | No                     | No                     | No                     | No                                   | No                            | No                            |
| Medical OOPM                   | \$4,250                | <b>\$4,500</b>         | \$4,500                  | <b>\$4,700</b>         | <b>\$5,000</b>         | <b>\$5,200</b>         | <b>\$5,400</b>         | <b>\$5,600</b>                       | \$5,600                       | \$5,600                       |
| Rx OOPM                        | \$1,250                | <b>\$1,300</b>         | \$1,300                  | <b>\$1,350</b>         | \$1,350                | <b>\$1,400</b>         | \$1,400                | \$1,400                              | <b>\$1,500</b>                | <b>\$1,600</b>                |
| Integrated OOPM                | No                     | No                     | No                       | No                     | No                     | No                     | No                     | No                                   | No                            | No                            |
| Family Deductible / OOP        | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual   | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual               | Stacked, 2x Individual        | Stacked, 2x Individual        |
| Medical Deductible waived for: | Prev, OV, UC, Amb, ER  | Prev, OV, UC, Amb, ER  | <b>Prev, OV, UC, Amb</b> | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb                    | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             |
| Drug Deductible waived for:    | Generic scripts        | Generic scripts        | Generic scripts          | Generic scripts        | Generic scripts        | Generic scripts        | Generic scripts        | Generic scripts                      | Generic scripts               | Generic scripts               |
| Service Category               | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance      | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance                  | Copay / Coinsurance           | Copay / Coinsurance           |
| Inpatient                      | 20%                    | 20%                    | <b>30%</b>               | 30%                    | 30%                    | 30%                    | 30%                    | 30%                                  | 30%                           | 30%                           |
| Outpatient                     | 20%                    | 20%                    | <b>30%</b>               | 30%                    | 30%                    | 30%                    | 30%                    | 30%                                  | 30%                           | 30%                           |
| ER                             | \$150                  | \$150                  | \$150                    | \$150                  | \$150                  | \$150                  | \$150                  | \$150                                | \$150                         | \$150                         |
| Radiology (MRI, CT, PET)       | 20%                    | 20%                    | <b>30%</b>               | 30%                    | 30%                    | 30%                    | 30%                    | 30%                                  | 30%                           | 30%                           |
| Preventive                     | \$0                    | \$0                    | \$0                      | \$0                    | \$0                    | \$0                    | \$0                    | \$0                                  | \$0                           | \$0                           |
| PCP Office Visit               | \$15                   | \$15                   | \$15                     | \$15                   | <b>\$20</b>            | \$20                   | \$20                   | <b>First 3 Visits \$0, Then \$20</b> | First 3 Visits \$0, Then \$20 | First 3 Visits \$0, Then \$20 |
| MH/SA Office Visit             | \$15                   | \$15                   | \$15                     | \$15                   | <b>\$20</b>            | \$20                   | \$20                   | <b>First 3 Visits \$0, Then \$20</b> | First 3 Visits \$0, Then \$20 | First 3 Visits \$0, Then \$20 |
| Specialist Office Visit        | \$25                   | <b>\$30</b>            | \$30                     | \$30                   | <b>\$50</b>            | \$50                   | \$50                   | \$50                                 | <b>\$55</b>                   | \$55                          |
| Physical Therapy/Chiropractic  | \$25                   | <b>\$30</b>            | \$30                     | \$30                   | \$30                   | \$30                   | \$30                   | \$30                                 | <b>\$35</b>                   | \$35                          |
| Urgent Care                    | \$45                   | \$45                   | <b>\$40</b>              | \$40                   | <b>\$60</b>            | \$60                   | \$60                   | \$60                                 | <b>\$65</b>                   | \$65                          |
| Ambulance                      | \$50                   | \$50                   | \$50                     | \$50                   | <b>\$70</b>            | \$70                   | \$70                   | \$70                                 | <b>\$75</b>                   | \$75                          |
| Rx Generic                     | \$5                    | \$5                    | \$5                      | <b>\$10</b>            | \$10                   | <b>\$12</b>            | \$12                   | \$12                                 | <b>\$15</b>                   | \$15                          |
| Rx Preferred Brand             | \$40                   | <b>\$50</b>            | \$50                     | \$50                   | \$50                   | <b>\$55</b>            | \$55                   | \$55                                 | <b>\$60</b>                   | \$60                          |
| Rx Non-Preferred Brand         | 50%                    | 50%                    | 50%                      | 50%                    | 50%                    | 50%                    | 50%                    | 50%                                  | 50%                           | 50%                           |
| Rx Specialty                   | 50%                    | 50%                    | 50%                      | 50%                    | 50%                    | 50%                    | 50%                    | 50%                                  | 50%                           | 50%                           |

# 2026 QHPs Gold Deductible Plan

Target 78.0%-82.0%

| Deductible/OOP Max                                   | 2025 Plan Design              | Preferred Option              | Backup Option                 |
|--|-------------------------------|-------------------------------|-------------------------------|
| Type of Plan   | Deductible                    | Deductible                    | Deductible                    |
| Medical Ded  | \$1,400                       | <b>\$1,500</b>                | <b>\$1,500</b>                |
| Rx Ded   | \$200                         | <b>\$250</b>                  | \$200                         |
| Integrated Ded                                       | No                            | No                            | No                            |
| Medical OOPM   | \$5,600                       | <b>\$5,700</b>                | <b>\$5,700</b>                |
| Rx OOPM  | \$1,600                       | <b>\$1,650</b>                | <b>\$1,650</b>                |
| Integrated OOPM                                      | No                            | No                            | No                            |
| Family Deductible / OOP                              | Stacked, 2x Individual        | Stacked, 2x Individual        | Stacked, 2x Individual        |
| Medical Deductible waived for:                       | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             |
| Drug Deductible waived for:                          | Generic scripts               | Generic scripts               | Generic scripts               |
| Service Category                                     | Copay / Coinsurance           | Copay / Coinsurance           | Copay / Coinsurance           |
| Inpatient  | 30%                           | 30%                           | 30%                           |
| Outpatient   | 30%                           | 30%                           | 30%                           |
| ER   | \$150                         | \$150                         | \$150                         |
| Radiology (MRI, CT, PET)                             | 30%                           | 30%                           | 30%                           |
| Preventive   | \$0                           | \$0                           | \$0                           |
| PCP Office Visit                                     | First 3 Visits \$0, Then \$20 | First 3 Visits \$0, Then \$20 | First 3 Visits \$0, Then \$20 |
| MH/SA Office Visit                                   | First 3 Visits \$0, Then \$20 | First 3 Visits \$0, Then \$20 | First 3 Visits \$0, Then \$20 |
| Specialist Office Visit                              | \$55                          | \$55                          | \$55                          |
| Physical Therapy/Chiropractic                        | \$35                          | \$35                          | \$35                          |
| Urgent Care  | \$65                          | \$65                          | \$65                          |
| Ambulance  | \$75                          | \$75                          | \$75                          |
| Rx Generic   | \$15                          | \$15                          | \$15                          |
| Rx Preferred Brand                                   | \$60                          | \$60                          | \$60                          |
| Rx Non-Preferred Brand                               | 50%                           | 50%                           | 50%                           |
| Rx Specialty   | 50%                           | 50%                           | 50%                           |
| Actuarial Value                                      |                               |                               |                               |
| 2025 Federal AVC, Adjusted if Necessary              | 81.0%                         | N/A                           | N/A                           |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>82.0%</b>                  | <b>81.6%</b>                  | <b>81.7%</b>                  |
| Difference from 2025 Federal AVC, Adjusted           | 0.7%                          | 0.3%                          | 0.4%                          |
| Estimated Premium Impact                             | N/A                           | 0.40%                         | 0.43%                         |
| Estimated Premium Impact PMPY (Individual Contract)  | N/A                           | \$56.96                       | \$60.97                       |
| Estimated Premium Impact PMPM (Individual Contract)  | N/A                           | \$4.75                        | \$5.08                        |

## 2026 QHPs – Changes for Gold Deductible Plan

Even though the 2025 plan design is within the AV range, changes are recommended

- Minor increments to deductible amounts serve to:
  - Reduce premium impacts
  - Limit the magnitude of changes required

# 2014 to 2025 QHPs Silver Deductible Plan

| Deductible/OOP Max             | 2014                   | 2015                   | 2016                   | 2017                         | 2018                   | 2019                   | 2020                   | 2021                   | 2022                   | 2023                                 | 2024                          | 2025                          |
|--------------------------------|------------------------|------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------------------|-------------------------------|-------------------------------|
| Type of Plan                   | Deductible             | Deductible             | Deductible             | Deductible                   | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible                           | Deductible                    | Deductible                    |
| Medical Ded                    | \$1,900                | \$1,900                | <b>\$2,000</b>         | <b>\$2,150</b>               | <b>\$2,600</b>         | <b>\$2,800</b>         | <b>\$3,200</b>         | \$3,200                | <b>\$3,400</b>         | <b>\$4,000</b>                       | \$4,000                       | <b>\$3,500</b>                |
| Rx Ded                         | \$100                  | \$100                  | <b>\$150</b>           | \$150                        | <b>\$300</b>           | <b>\$300</b>           | <b>\$350</b>           | \$350                  | <b>\$400</b>           | <b>\$500</b>                         | \$500                         | \$500                         |
| Integrated Ded                 | No                     | No                     | No                     | No                           | No                     | No                     | No                     | No                     | No                     | No                                   | No                            | No                            |
| Medical OOPM                   | \$5,150                | <b>\$5,100</b>         | <b>\$5,600</b>         | <b>\$6,000</b>               | <b>\$6,800</b>         | <b>\$7,500</b>         | <b>\$7,900</b>         | <b>\$8,150</b>         | <b>\$8,550</b>         | <b>\$9,100</b>                       | <b>\$9,300</b>                | <b>\$9,200</b>                |
| Rx OOPM                        | \$1,250                | \$1,250                | \$1,250                | <b>\$1,300</b>               | \$1,300                | <b>\$1,350</b>         | \$1,350                | \$1,400                | \$1,400                | \$1,400                              | <b>\$1,500</b>                | \$1,500                       |
| Integrated OOPM                | No                     | No                     | No                     | <b>Rx -No, Medical - Yes</b> | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes                | Rx -No, Medical - Yes         | Rx -No, Medical - Yes         |
| Family Deductible / OOP        | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual       | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual               | Stacked, 2x Individual        | Stacked, 2x Individual        |
| Medical Deductible waived for: | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb            | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb      | Prev, OV, UC, Amb                    | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             |
| Drug Deductible waived for:    | Generic scripts        | Generic scripts        | Generic scripts        | Generic scripts              | Generic scripts        | Generic scripts        | Generic scripts        | Generic scripts        | Generic scripts        | Generic scripts                      | Generic scripts               | Generic scripts               |
| Service Category               | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance          | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance                  | Copay / Coinsurance           | Copay / Coinsurance           |
| Inpatient                      | 40%                    | 40%                    | 40%                    | 40%                          | 40%                    | 40%                    | <b>50%</b>             | 50%                    | 50%                    | 50%                                  | 50%                           | 50%                           |
| Outpatient                     | 40%                    | 40%                    | 40%                    | 40%                          | 40%                    | 40%                    | <b>50%</b>             | 50%                    | 50%                    | 50%                                  | 50%                           | 50%                           |
| ER                             | \$250                  | \$250                  | \$250                  | \$250                        | \$250                  | \$250                  | \$250                  | \$250                  | \$250                  | <b>\$500</b>                         | \$500                         | <b>\$250</b>                  |
| Radiology (MRI, CT, PET)       | 40%                    | 40%                    | 40%                    | 40%                          | 40%                    | 40%                    | <b>50%</b>             | 50%                    | 50%                    | 50%                                  | 50%                           | 50%                           |
| Preventive                     | \$0                    | \$0                    | \$0                    | \$0                          | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                                  | \$0                           | \$0                           |
| PCP Office Visit               | \$20                   | <b>\$25</b>            | \$25                   | \$25                         | \$25                   | <b>\$30</b>            | <b>\$35</b>            | \$35                   | \$35                   | <b>First 3 Visits \$0, Then \$40</b> | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 |
| MH/SA Office Visit             | \$20                   | <b>\$25</b>            | \$25                   | \$25                         | \$25                   | <b>\$30</b>            | <b>\$35</b>            | \$35                   | \$35                   | <b>First 3 Visits \$0, Then \$40</b> | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 |
| Specialist Office Visit        | \$40                   | <b>\$45</b>            | <b>\$50</b>            | <b>\$65</b>                  | <b>\$75</b>            | <b>\$75</b>            | <b>\$80</b>            | \$80                   | \$80                   | <b>\$90</b>                          | \$90                          | \$90                          |
| Physical Therapy/Chiropractic  | \$40                   | \$45                   | \$50                   | \$65                         | \$75                   | \$75                   | <b>\$45</b>            | \$45                   | \$45                   | <b>\$50</b>                          | \$50                          | \$50                          |
| Urgent Care                    | \$60                   | \$60                   | \$60                   | \$60                         | <b>\$85</b>            | <b>\$85</b>            | <b>\$90</b>            | \$90                   | \$90                   | <b>\$100</b>                         | \$100                         | \$100                         |
| Ambulance                      | \$100                  | \$100                  | \$100                  | \$100                        | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                                | \$100                         | \$100                         |
| Rx Generic                     | \$12                   | \$12                   | <b>\$15</b>            | \$15                         | \$15                   | \$15                   | \$15                   | \$15                   | \$15                   | <b>\$20</b>                          | \$20                          | <b>\$15</b>                   |
| Rx Preferred Brand             | \$50                   | \$50                   | <b>\$60</b>            | \$60                         | \$60                   | \$60                   | \$60                   | \$60                   | \$60                   | <b>\$70</b>                          | \$70                          | \$70                          |
| Rx Non-Preferred Brand         | 50%                    | 50%                    | 50%                    | 50%                          | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                                  | 50%                           | 50%                           |
| Rx Specialty                   | 50%                    | 50%                    | 50%                    | 50%                          | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                                  | 50%                           | 50%                           |

Year over year changes made to the plan design are shaded in orange.



# 2026 QHPs Silver Deductible Plan

Target: 70.0%-72.0%

| Deductible/OOP Max                                   | 2025 Plan Design              | Preferred Option              | Backup Option                 |
|--|-------------------------------|-------------------------------|-------------------------------|
| Type of Plan   | Deductible                    | Deductible                    | Deductible                    |
| Medical Ded  | \$3,500                       | \$3,500                       | \$3,500                       |
| Rx Ded   | \$500                         | \$500                         | \$500                         |
| Integrated Ded                                       | No                            | No                            | No                            |
| Medical OOPM   | \$9,200                       | <b>\$10,150</b>               | <b>\$10,150</b>               |
| Rx OOPM  | \$1,500                       | <b>\$1,650</b>                | \$1,500                       |
| Integrated OOPM                                      | Rx -No, Medical - Yes         | Rx -No, Medical - Yes         | Rx -No, Medical - Yes         |
| Family Deductible / OOP                              | Stacked, 2x Individual        | Stacked, 2x Individual        | Stacked, 2x Individual        |
| Medical Deductible waived for:                       | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             |
| Drug Deductible waived for:                          | Generic scripts               | Generic scripts               | Generic scripts               |
| Service Category                                     | Copay / Coinsurance           | Copay / Coinsurance           | Copay / Coinsurance           |
| Inpatient  | 50%                           | 50%                           | 50%                           |
| Outpatient   | 50%                           | 50%                           | 50%                           |
| ER   | \$250                         | \$250                         | \$250                         |
| Radiology (MRI, CT, PET)                             | 50%                           | 50%                           | 50%                           |
| Preventive   | \$0                           | \$0                           | \$0                           |
| PCP Office Visit                                     | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 |
| MH/SA Office Visit                                   | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 |
| Specialist Office Visit                              | \$90                          | \$90                          | \$90                          |
| Physical Therapy/Chiropractic                        | \$50                          | \$50                          | \$50                          |
| Urgent Care  | \$100                         | \$100                         | \$100                         |
| Ambulance  | \$100                         | \$100                         | \$100                         |
| Rx Generic   | \$15                          | \$15                          | \$15                          |
| Rx Preferred Brand                                   | \$70                          | \$70                          | \$70                          |
| Rx Non-Preferred Brand                               | 50%                           | 50%                           | 50%                           |
| Rx Specialty   | 50%                           | 50%                           | 50%                           |
| Actuarial Value                                      |                               |                               |                               |
| 2025 Federal AVC, Adjusted if Necessary              | 71.0%                         | N/A                           | N/A                           |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>72.4%</b>                  | <b>71.4%</b>                  | <b>71.5%</b>                  |
| Difference from 2025 Federal AVC, Adjusted           | 1.4%                          | 0.4%                          | 0.5%                          |
| Estimated Premium Impact                             | N/A                           | 0.06%                         | 0.06%                         |
| Estimated Premium Impact PMPY (Individual Contract)  | N/A                           | \$9.44                        | \$9.44                        |
| Estimated Premium Impact PMPM (Individual Contract)  | N/A                           | \$0.79                        | \$0.79                        |

## 2026 QHPs – Changes for Silver Deductible Plan

### Considerations for recommended changes

- Maintain the deductible at the lowered 2025 level
- Out of Pocket Max has historically been at or close to the maximum allowable level

# 2014 to 2025 QHPs Silver HDHP Plans

| Deductible/OOP Max             | 2014-2016                | 2017  | 2018  | 2019  | 2020  | 2021  | 2022  | 2023  | 2024  | 2025  |
|--------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|
| Type of Plan                   | HSA Q/HDHP               | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP  |
| Medical Ded                    | \$1,550                  | <b>\$1,550</b>  | \$1,550   | \$1,550   | <b>\$1,700</b>  | <b>\$1,750</b>  | <b>\$1,850</b>  | <b>\$2,100</b>  | \$2,100   | \$2,100   |
| Rx Ded                         | \$1,250                  | \$1,300   | <b>\$1,350</b>  | \$1,350   | <b>\$1,400</b>  | \$1,400   | \$1,400   | <b>\$1,500</b>  | <b>\$1,600</b>  | <b>\$1,650</b>  |
| Integrated Ded                 | Yes                      | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   | Yes   |
| Medical OOPM                   | \$5,750                  | <b>\$6,400</b>  | \$6,400   | <b>\$6,650</b>  | <b>\$6,750</b>  | <b>\$6,900</b>  | \$6,900   | <b>\$7,050</b>  | \$7,050   | \$7,050   |
| Rx OOPM                        | \$1,250                  | \$1,300   | <b>\$1,350</b>  | \$1,350   | <b>\$1,400</b>  | \$1,400   | \$1,400   | <b>\$1,500</b>  | <b>\$1,600</b>  | <b>\$1,650</b>  |
| Integrated OOPM                | Rx -No, Medical - Yes    | Rx -No, Medical - Yes   | Rx -No, Medical - Yes   | Rx -No, Medical - Yes   | <b>Yes</b>  | Yes   | Yes   | Yes   | Yes   | Yes   |
| Family Deductible / OOP        | Aggregate, 2x Individual | <b>Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$8,700 Single OOPM; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$9,200 Single OOPM; 2x Individual</b> |
| Medical Deductible waived for: | Preventive               | Preventive  | Preventive  | Preventive  | Preventive  | Preventive  | Preventive  | Preventive  | Preventive  | Preventive  |
| Drug Deductible waived for:    | Wellness scripts         | Wellness scripts  | Wellness scripts  | Wellness scripts  | Wellness scripts  | Wellness scripts  | Wellness scripts  | Wellness scripts  | Wellness scripts  | Wellness scripts  |
| Service Category               | Copay / Coinsurance      | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance   |
| Inpatient                      | 20%                      | 25%   | <b>30%</b>  | 30%   | 30%   | 30%   | 30%   | 30%   | 30%   | <b>35%</b>  |
| Outpatient                     | 20%                      | 25%   | <b>30%</b>  | 30%   | 30%   | 30%   | 30%   | 30%   | 30%   | <b>35%</b>  |
| ER                             | 20%                      | 25%   | <b>30%</b>  | 30%   | 30%   | 30%   | 30%   | 30%   | 30%   | <b>35%</b>  |
| Radiology (MRI, CT, PET)       | 20%                      | 25%   | <b>30%</b>  | 30%   | 30%   | 30%   | 30%   | 30%   | 30%   | <b>35%</b>  |
| Preventive                     | 0%                       | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  |
| PCP Office Visit               | 10%                      | 10%   | 10%   | 10%   | 10%   | 10%   | 10%   | 10%   | 10%   | <b>15%</b>  |
| MH/SA Office Visit             | 10%                      | 10%   | 10%   | 10%   | 10%   | 10%   | 10%   | 10%   | 10%   | <b>15%</b>  |
| Specialist Office Visit        | 20%                      | 25%   | <b>30%</b>  | 30%   | 30%   | 30%   | 30%   | 30%   | 30%   | <b>35%</b>  |
| Physical Therapy/Chiropractic  | 20%                      | 25%   | <b>30%</b>  | 30%   | 30%   | 30%   | 30%   | 30%   | 30%   | <b>35%</b>  |
| Urgent Care                    | 20%                      | 25%   | <b>30%</b>  | 30%   | 30%   | 30%   | 30%   | 30%   | 30%   | <b>35%</b>  |
| Ambulance                      | 20%                      | 25%   | <b>30%</b>  | 30%   | 30%   | 30%   | 30%   | 30%   | 30%   | <b>35%</b>  |
| Rx Generic                     | \$10                     | \$10  | \$10  | \$10  | \$10  | \$10  | \$10  | \$10  | \$10  | \$10  |
| Rx Preferred Brand             | \$40                     | \$40  | \$40  | \$40  | \$40  | \$40  | \$40  | \$40  | \$40  | \$40  |
| Rx Non-Preferred Brand         | 50%                      | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   |
| Rx Specialty                   | 50%                      | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   | 50%   |

Year over year changes made to the plan design are shaded in orange.

# 2026 QHPs Silver HDHP Plan Options

Target: 70.0%-71.5%

| Deductible/OOP Max                                   | 2025 Plan Design   | Preferred Option   | Backup Option  |
|--|--|--|--|
| Type of Plan   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   |
| Medical Ded  | \$2,100  | <b>\$2,300</b>   | <b>\$2,400</b>   |
| Rx Ded   | \$1,650  | \$1,650  | \$1,650  |
| Integrated Ded                                       | Yes  | Yes  | Yes  |
| Medical OOPM   | \$7,050  | <b>\$7,250</b>   | <b>\$7,350</b>   |
| Rx OOPM  | \$1,650  | \$1,650  | \$1,650  |
| Integrated OOPM                                      | Yes  | Yes  | Yes  |
| Family Deductible / OOP                              | Aggregate with Combined Medical/Rx embedded \$9,200 Single OOPM; 2x Individual | <b>Aggregate with Combined Medical/Rx embedded \$10,150 Single OOPM; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$10,150 Single OOPM; 2x Individual</b> |
| Medical Deductible waived for:                       | Preventive   | Preventive   | Preventive   |
| Drug Deductible waived for:                          | Wellness scripts   | Wellness scripts   | Wellness scripts   |
| Service Category                                     | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  |
| Inpatient  | 35%  | 35%  | 35%  |
| Outpatient   | 35%  | 35%  | 35%  |
| ER   | 35%  | 35%  | 35%  |
| Radiology (MRI, CT, PET)                             | 35%  | 35%  | 35%  |
| Preventive   | 0%   | 0%   | 0%   |
| PCP Office Visit                                     | 10%  | 10%  | 10%  |
| MH/SA Office Visit                                   | 10%  | 10%  | 10%  |
| Specialist Office Visit                              | 35%  | 35%  | 35%  |
| Physical Therapy/Chiropractic                        | 35%  | 35%  | 35%  |
| Urgent Care  | 35%  | 35%  | 35%  |
| Ambulance  | 35%  | 35%  | 35%  |
| Rx Generic   | \$10   | \$10   | \$10   |
| Rx Preferred Brand                                   | \$40   | \$40   | \$40   |
| Rx Non-Preferred Brand                               | 50%  | 50%  | 50%  |
| Rx Specialty   | 50%  | 50%  | 50%  |
| Actuarial Value                                      |  |  |  |
| 2025 Federal AVC, Adjusted if Necessary              | 70.8%  | N/A  | N/A  |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>71.9%</b>   | <b>71.0%</b>   | <b>70.7%</b>   |
| Difference from 2025 Federal AVC, Adjusted           | 1.2%   | 0.3%   | 0.0%   |
| Estimated Premium Impact                             | N/A  | 0.5%   | 0.2%   |
| Estimated Premium Impact PMPY (Individual Contract)  | N/A  | \$78.41  | \$34.80  |
| Estimated Premium Impact PMPM (Individual Contract)  | N/A  | \$6.53   | \$2.90   |

Should the HDHP minimum deductible for 2026 not equal \$1,650, the pharmacy deductible and OOPM will be aligned with the finalized amount.

## 2026 QHPs – Changes for Silver HDHP

### Considerations for recommended changes:

- Deductible has been held steady for 2 years but an increase is needed to bring the plan into compliance
- The large embedded deductible increase helps lower the required changes a bit

# 2014 to 2025 QHPs Bronze Deductible Plan, with Pharmacy Limit



| Deductible/OOP Max             | 2014                   | 2018                   | 2019                   | 2020                   | 2021                   | 2022                   | 2023                   | 2024                   | 2025                   |
|--------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Type of Plan                   | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             |
| Medical Ded                    | \$3,500                | \$5,000                | \$5,500                | \$6,000                | \$6,250                | \$6,450                | \$6,450                | \$6,450                | \$6,450                |
| Rx Ded                         | \$200                  | \$900                  | \$900                  | \$1,000                | \$1,000                | \$1,100                | \$1,100                | \$1,100                | \$1,100                |
| Integrated Ded                 | No                     | No                     | No                     | No                     | No                     | No                     | No                     | No                     | No                     |
| Medical OOPM                   | \$6,350                | \$7,350                | \$7,900                | \$8,150                | \$8,400                | \$8,700                | \$9,100                | \$9,450                | \$9,200                |
| Rx OOPM                        | \$1,250                | \$1,300                | \$1,350                | \$1,350                | \$1,400                | \$1,400                | \$1,400                | \$1,500                | \$1,600                |
| Integrated OOPM                | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  |
| Family Deductible / OOP        | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual |
| Medical Deductible waived for: | Preventive             | Preventive             | Preventive             | Preventive             | Preventive             | Preventive             | Preventive             | Preventive             | Preventive             |
| Drug Deductible waived for:    | Applies to all scripts | Applies to all scripts | Applies to all scripts | Applies to all scripts | Generic Scripts        | Generic Scripts        | Generic Scripts        | Generic Scripts        | Generic Scripts        |
| Service Category               | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    |
| Inpatient                      | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    |
| Outpatient                     | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    |
| ER                             | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    |
| Radiology (MRI, CT, PET)       | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    | 50%                    |
| Preventive                     | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    |
| PCP Office Visit               | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   |
| MH/SA Office Visit             | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   | \$35                   |
| Specialist Office Visit        | \$80                   | \$90                   | \$90                   | \$90                   | \$90                   | \$90                   | \$90                   | \$90                   | \$90                   |
| Physical Therapy/Chiropractic  | \$80                   | \$90                   | \$90                   | \$45                   | \$45                   | \$45                   | \$45                   | \$45                   | \$45                   |
| Urgent Care                    | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  |
| Ambulance                      | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  |
| Rx Generic                     | \$20                   | \$20                   | \$20                   | \$20                   | \$15                   | \$15                   | \$15                   | \$20                   | \$15                   |
| Rx Preferred Brand             | \$80                   | \$85                   | \$85                   | \$85                   | \$85                   | \$85                   | \$85                   | \$85                   | \$85                   |
| Rx Non-Preferred Brand         | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    |
| Rx Specialty                   | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    | 60%                    |

Year over year changes made to the plan design are shaded in orange.

# 2026 QHPs Bronze Deductible Plan, with Pharmacy Limit

Target 58.0%-64.9%

| Deductible/OOP Max                                   | 2025 Plan Design       | Preferred Option       | Backup Option          |
|--|------------------------|------------------------|------------------------|
| Type of Plan   | Deductible             | Deductible             | Deductible             |
| Medical Ded  | \$6,450                | \$6,450                | \$6,450                |
| Rx Ded   | \$1,100                | \$1,100                | <b>\$1,000</b>         |
| Integrated Ded                                       | No                     | No                     | No                     |
| Medical OOPM   | \$9,200                | <b>\$10,150</b>        | <b>\$10,150</b>        |
| Rx OOPM  | \$1,600                | <b>\$1,650</b>         | <b>\$1,650</b>         |
| Integrated OOPM                                      | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  |
| Family Deductible / OOP                              | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual |
| Medical Deductible waived for:                       | Preventive             | Preventive             | Preventive             |
| Drug Deductible waived for:                          | Generic Scripts        | Generic Scripts        | Generic Scripts        |
| Service Category                                     | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    |
| Inpatient  | 50%                    | 50%                    | 50%                    |
| Outpatient   | 50%                    | 50%                    | 50%                    |
| ER   | 50%                    | 50%                    | 50%                    |
| Radiology (MRI, CT, PET)                             | 50%                    | 50%                    | 50%                    |
| Preventive   | \$0                    | \$0                    | \$0                    |
| PCP Office Visit                                     | \$35                   | \$35                   | \$35                   |
| MH/SA Office Visit                                   | \$35                   | \$35                   | \$35                   |
| Specialist Office Visit                              | \$90                   | \$90                   | \$90                   |
| Physical Therapy/Chiropractic                        | \$45                   | \$45                   | \$45                   |
| Urgent Care  | \$100                  | \$100                  | \$100                  |
| Ambulance  | \$100                  | \$100                  | \$100                  |
| Rx Generic   | \$15                   | \$15                   | \$15                   |
| Rx Preferred Brand                                   | \$85                   | \$85                   | \$85                   |
| Rx Non-Preferred Brand                               | 60%                    | 60%                    | 60%                    |
| Rx Specialty   | 60%                    | 60%                    | 60%                    |
| Actuarial Value                                      |                        |                        |                        |
| 2025 Federal AVC, Adjusted if Necessary              | 61.8%                  | N/A                    | N/A                    |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>63.1%</b>           | <b>62.2%</b>           | <b>62.2%</b>           |
| Difference from 2025 Federal AVC, Adjusted           | 1.3%                   | 0.4%                   | 0.4%                   |
| Estimated Premium Impact                             | N/A                    | -0.08%                 | -0.07%                 |
| Estimated Premium Impact PMPY                        | N/A                    | -\$7.95                | -\$6.60                |
| Estimated Premium Impact PMPM                        | N/A                    | -\$0.66                | -\$0.55                |

## 2026 QHPs – Changes for Bronze Deductible Plan, with Pharmacy Limit

Even though the 2025 plan design is within the AV range, changes are recommended

- Maintain the deductible at the 2022 level
- Out of Pocket Max has historically been at or close to the maximum allowable level
- Generally, members in this plan would trade a higher Out of Pocket Max for a steady deductible



# 2018 to 2025 QHPs Bronze Deductible Plan, w/o Pharmacy Limit

| Deductible/OOP Max             | 2018                   | 2019                   | 2020                   | 2021                   | 2022                   | 2023                          | 2024                          | 2025                          |
|--------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------------|-------------------------------|-------------------------------|
| Type of Plan                   | Deductible             | Deductible             | Deductible             | Deductible             | Deductible             | Deductible                    | Deductible                    | Deductible                    |
| Medical Ded                    | \$7,350                | \$7,600                | \$7,900                | \$8,400                | \$8,700                | \$9,000                       | \$9,400                       | \$9,200                       |
| Rx Ded                         | N/A                    | N/A                    | N/A                    | N/A                    | N/A                    | N/A                           | N/A                           | N/A                           |
| Integrated Ded                 | Yes                    | Yes                    | Yes                    | Yes                    | Yes                    | Yes                           | Yes                           | Yes                           |
| Medical OOPM                   | \$7,350                | \$7,600                | \$7,900                | \$8,400                | \$8,700                | \$9,000                       | \$9,400                       | \$9,200                       |
| Rx OOPM                        | N/A                    | N/A                    | N/A                    | N/A                    | N/A                    | N/A                           | N/A                           | N/A                           |
| Integrated OOPM                | Yes                    | Yes                    | Yes                    | Yes                    | Yes                    | Yes                           | Yes                           | Yes                           |
| Family Deductible / OOP        | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual | Stacked, 2x Individual        | Stacked, 2x Individual        | Stacked, 2x Individual        |
| Medical Deductible waived for: | Preventive, OV         | Preventive, OV         | Preventive, OV         | Preventive, OV         | Preventive, OV         | Preventive, OV                | Preventive, OV                | Preventive, OV                |
| Drug Deductible waived for:    | Generic Scripts        | Generic Scripts        | Generic Scripts        | Generic Scripts        | Generic Scripts        | Generic Scripts               | Generic Scripts               | Generic Scripts               |
| Service Category               | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance    | Copay / Coinsurance           | Copay / Coinsurance           | Copay / Coinsurance           |
| Inpatient                      | 0%                     | 0%                     | 0%                     | 0%                     | 0%                     | 0%                            | 0%                            | 0%                            |
| Outpatient                     | 0%                     | 0%                     | 0%                     | 0%                     | 0%                     | 0%                            | 0%                            | 0%                            |
| ER                             | 0%                     | 0%                     | 0%                     | 0%                     | 0%                     | 0%                            | 0%                            | 0%                            |
| Radiology (MRI, CT, PET)       | 0%                     | 0%                     | 0%                     | 0%                     | 0%                     | 0%                            | 0%                            | 0%                            |
| Preventive                     | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                           | \$0                           | \$0                           |
| PCP Office Visit               | \$40                   | \$40                   | \$40                   | \$40                   | \$40                   | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 |
| MH/SA Office Visit             | \$40                   | \$40                   | \$40                   | \$40                   | \$40                   | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 |
| Specialist Office Visit        | \$100                  | \$100                  | \$100                  | \$100                  | \$100                  | \$100                         | \$100                         | \$100                         |
| Physical Therapy/Chiropractic  | \$100                  | \$100                  | \$50                   | \$50                   | \$50                   | \$50                          | \$50                          | \$50                          |
| Urgent Care                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                           | \$0                           | \$0                           |
| Ambulance                      | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                           | \$0                           | \$0                           |
| Rx Generic                     | \$25                   | \$25                   | \$25                   | \$30                   | \$30                   | \$30                          | \$30                          | \$25                          |
| Rx Preferred Brand             | \$0                    | \$0                    | \$0                    | \$0                    | \$0                    | \$0                           | \$0                           | \$0                           |
| Rx Non-Preferred Brand         | 0%                     | 0%                     | 0%                     | 0%                     | 0%                     | 0%                            | 0%                            | 0%                            |
| Rx Specialty                   | 0%                     | 0%                     | 0%                     | 0%                     | 0%                     | 0%                            | 0%                            | 0%                            |

# 2026 QHPs Bronze Deductible Plan w/o Pharmacy Limit Options

Target 58.0%-64.9%

| Deductible/OOP Max                                   | 2025 Plan Design              | Preferred Option              | Backup Option                 |
|--|-------------------------------|-------------------------------|-------------------------------|
| Type of Plan   | Deductible                    | Deductible                    | Deductible                    |
| Medical Ded  | \$9,200                       | \$10,150                      | \$10,000                      |
| Rx Ded   | N/A                           | N/A                           | N/A                           |
| Integrated Ded                                       | Yes                           | Yes                           | Yes                           |
| Medical OOPM   | \$9,200                       | \$10,150                      | \$10,000                      |
| Rx OOPM  | N/A                           | N/A                           | N/A                           |
| Integrated OOPM                                      | Yes                           | Yes                           | Yes                           |
| Family Deductible / OOP                              | Stacked, 2x Individual        | Stacked, 2x Individual        | Stacked, 2x Individual        |
| Medical Deductible waived for:                       | Preventive, OV                | Preventive, OV                | Preventive, OV                |
| Drug Deductible waived for:                          | Generic Scripts               | Generic Scripts               | Generic Scripts               |
| Service Category                                     | Copay / Coinsurance           | Copay / Coinsurance           | Copay / Coinsurance           |
| Inpatient  | 0%                            | 0%                            | 0%                            |
| Outpatient   | 0%                            | 0%                            | 0%                            |
| ER   | 0%                            | 0%                            | 0%                            |
| Radiology (MRI, CT, PET)                             | 0%                            | 0%                            | 0%                            |
| Preventive   | 0%                            | 0%                            | 0%                            |
| PCP Office Visit                                     | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 |
| MH/SA Office Visit                                   | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 | First 3 Visits \$0, Then \$40 |
| Specialist Office Visit                              | \$100                         | \$100                         | \$100                         |
| Physical Therapy/Chiropractic                        | \$50                          | \$50                          | \$50                          |
| Urgent Care  | 0%                            | 0%                            | 0%                            |
| Ambulance  | 0%                            | 0%                            | 0%                            |
| Rx Generic   | \$25                          | \$25                          | \$25                          |
| Rx Preferred Brand                                   | 0%                            | 0%                            | 0%                            |
| Rx Non-Preferred Brand                               | 0%                            | 0%                            | 0%                            |
| Rx Specialty   | 0%                            | 0%                            | 0%                            |
| Actuarial Value                                      |                               |                               |                               |
| 2025 Federal AVC, Adjusted if Necessary              | 64.6%                         | N/A                           | N/A                           |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>66.1%</b>                  | <b>64.6%</b>                  | <b>64.9%</b>                  |
| Difference from 2025 Federal AVC, Adjusted           | 1.5%                          | 0.0%                          | 0.3%                          |
| Estimated Premium Impact                             | N/A                           | -0.3%                         | -0.1%                         |
| Estimated Premium Impact PMPY                        | N/A                           | -\$33.81                      | -\$8.64                       |
| Estimated Premium Impact PMPM                        | N/A                           | -\$2.82                       | -\$0.72                       |

# 2026 QHPs – Changes for Bronze Deductible Plan, without Pharmacy Limit

## Considerations for recommended changes:

- Very simple plan design, Out of Pocket Max typically at or near limit
- Members tend to be very premium conscious
- Maintain plan AV near 2025 levels

# 2014 to 2025 QHPs Bronze HDHP

| Deductible/OOP Max             | 2014                     | 2015                     | 2016   | 2017   | 2018   | 2019   | 2020   | 2021   | 2022   | 2023   | 2024   | 2025   |
|--------------------------------|--------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|
| Type of Plan                   | HSA Q/HDHP               | HSA Q/HDHP               | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   |
| Medical Ded                    | \$2,000                  | \$2,000                  | \$4,100  | \$5,050  | \$5,250  | \$5,250  | \$5,500  | \$5,500  | \$5,700  | \$5,800  | \$5,800  | \$5,800  |
| Rx Ded                         | \$1,250                  | \$1,300                  | \$1,300  | \$1,300  | \$1,350  | \$1,350  | \$1,400  | \$1,400  | \$1,400  | \$1,500  | \$1,600  | \$1,650  |
| Integrated Ded                 | Yes                      | Yes                      | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  |
| Medical OOPM                   | \$6,250                  | \$6,250                  | \$6,500  | \$6,550  | \$6,550  | \$6,650  | \$6,750  | \$6,900  | \$7,050  | \$7,100  | \$7,200  | \$7,100  |
| Rx OOPM                        | \$1,250                  | \$1,300                  | \$1,300  | \$1,300  | \$1,350  | \$1,350  | \$1,400  | \$1,400  | \$1,400  | \$1,500  | \$1,600  | \$1,650  |
| Integrated OOPM                | Rx -No, Medical - Yes    | Rx -No, Medical - Yes    | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  |
| Family Deductible / OOP        | Aggregate, 2x Individual | Aggregate, 2x Individual | Aggregate with Combined Medical/Rx embedded \$6,850 Single MOOP; 2x Individual | Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual | Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual | Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded \$8,700 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded \$9,200 Single OOPM; 2x Individual |
| Medical Deductible waived for: | Preventive               | Preventive               | Preventive   | Preventive   | Preventive   | Preventive   | Preventive   | Preventive   | Preventive   | Preventive   | Preventive   | Preventive   |
| Drug Deductible waived for:    | Wellness scripts         | Wellness scripts         | Wellness scripts   | Wellness scripts   | Wellness scripts   | Wellness scripts   | Wellness scripts   | Wellness scripts   | Wellness scripts   | Wellness scripts   | Wellness scripts   | Wellness scripts   |
| Service Category               | Copay / Coinsurance      | Copay / Coinsurance      | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  |
| Inpatient                      | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| Outpatient                     | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| ER                             | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| Radiology (MRI, CT, PET)       | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| Preventive                     | 0%                       | 0%                       | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   |
| PCP Office Visit               | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| MH/SA Office Visit             | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| Specialist Office Visit        | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| Physical Therapy/Chiropractic  | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| Urgent Care                    | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| Ambulance                      | 50%                      | 50%                      | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  | 50%  |
| Rx Generic                     | \$12                     | \$12                     | \$12   | \$12   | \$12   | \$12   | \$12   | \$12   | \$12   | \$12   | \$12   | \$12   |
| Rx Preferred Brand             | 40%                      | 40%                      | 40%  | 40%  | 40%  | 40%  | 40%  | 40%  | 40%  | 40%  | 40%  | 40%  |
| Rx Non-Preferred Brand         | 60%                      | 60%                      | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  |
| Rx Specialty                   | 60%                      | 60%                      | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  | 60%  |

Year over year changes made to the plan design are shaded in orange.

# 2026 QHPs Bronze HDHP

Target: 58.0%-64.4%

| Deductible/OOP Max                                   | 2025 Plan Design   | Preferred Option   | Backup Option  |
|--|--|--|--|
| Type of Plan   | HSA Q/HDHP   | HSA Q/HDHP   | HSA Q/HDHP   |
| Medical Ded  | \$5,800  | <b>\$6,000</b>   | <b>\$6,000</b>   |
| Rx Ded   | \$1,650  | \$1,650  | \$1,650  |
| Integrated Ded                                       | Yes  | Yes  | Yes  |
| Medical OOPM   | \$7,100  | <b>\$7,600</b>   | <b>\$7,400</b>   |
| Rx OOPM  | \$1,650  | \$1,650  | \$1,650  |
| Integrated OOPM                                      | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  | Rx -No, Medical - Yes  |
| Family Deductible / OOP                              | Aggregate with Combined Medical/Rx embedded \$9,200 Single OOPM; 2x Individual | <b>Aggregate with Combined Medical/Rx embedded \$10,150 Single OOPM; 2x Individual</b> | <b>Aggregate with Combined Medical/Rx embedded \$10,150 Single OOPM; 2x Individual</b> |
| Medical Deductible waived for:                       | Preventive   | Preventive   | Preventive   |
| Drug Deductible waived for:                          | Wellness scripts   | Wellness scripts   | Wellness scripts   |
| Service Category                                     | Copay / Coinsurance  | Copay / Coinsurance  | Copay / Coinsurance  |
| Inpatient  | 50%  | 50%  | 50%  |
| Outpatient   | 50%  | 50%  | 50%  |
| ER   | 50%  | 50%  | 50%  |
| Radiology (MRI, CT, PET)                             | 50%  | 50%  | 50%  |
| Preventive   | 0%   | 0%   | 0%   |
| PCP Office Visit                                     | 50%  | 50%  | 50%  |
| MH/SA Office Visit                                   | 50%  | 50%  | 50%  |
| Specialist Office Visit                              | 50%  | 50%  | 50%  |
| Physical Therapy/Chiropractic                        | 50%  | 50%  | 50%  |
| Urgent Care  | 50%  | 50%  | 50%  |
| Ambulance  | 50%  | 50%  | 50%  |
| Rx Generic   | \$12   | \$12   | \$12   |
| Rx Preferred Brand                                   | 40%  | 40%  | 40%  |
| Rx Non-Preferred Brand                               | 60%  | 60%  | 60%  |
| Rx Specialty   | 60%  | 60%  | 60%  |
| Actuarial Value                                      |  |  |  |
| 2025 Federal AVC, Adjusted if Necessary              | 62.1%  | N/A  | N/A  |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>63.2%</b>   | <b>62.3%</b>   | <b>62.5%</b>   |
| Difference from 2025 Federal AVC, Adjusted           | 1.1%   | 0.2%   | 0.4%   |
| Estimated Premium Impact                             | N/A  | 0.7%   | 0.9%   |
| Estimated Premium Impact PMPY                        | N/A  | \$67.30  | \$91.62  |
| Estimated Premium Impact PMPM                        | N/A  | \$5.61   | \$7.64   |

Should the HDHP minimum deductible for 2026 not equal \$1,650, the pharmacy deductible and OOPM will be aligned with the finalized amount

## 2026 QHPs – Changes for Bronze HDHP

Even though the 2025 plan design is within the AV range, changes are recommended

- Maintain plan AV near 2025 levels
- Members tend to be very premium conscious

# 2026 QHP Proposal Summary of Plan Design Changes

| Deductible Plans   |  |
|--|--|
| <b>Platinum</b>  | <b>Gold</b>  |
| Increase medical deductible from \$450 to \$500          | Increase medical deductible from \$1,400 to \$1,500    |
| Decrease specialist office visit copay from \$40 to \$30 | Increase pharmacy deductible from \$200 to \$250       |
| Decrease urgent care copay from \$50 to \$40             | Increase medical OOPM from \$5,600 to \$5,700          |
|  | Increase pharmacy OOPM from \$1,600 to \$1,650         |
|  |  |
| <b>Silver</b>  | <b>Bronze w/ Rx Limit</b>                              |
| Increase medical OOPM from \$9,200 to \$10,150           | Increase medical OOPM from \$9,200 to \$10,150         |
| Increase pharmacy OOPM from \$1,500 to \$1,650           | Increase pharmacy OOPM from \$1,500 to \$1,650         |
|  |  |
| <b>Bronze w/o Rx Limit</b>                               |  |
| Increase medical deductible from \$9,200 to \$10,150     |  |
| Increase medical OOPM from \$9,200 to \$10,150           |  |
|  |  |
| HDHPs  |  |
| <b>Silver - Embedded MOOP</b>                            | <b>Bronze - Embedded MOOP</b>                          |
| Increase embedded single OOPM from \$9,200 to \$10,150   | Increase embedded single OOPM from \$9,200 to \$10,150 |
| Increase medical deductible from \$2,100 to \$2,300      | Increase medical deductible from \$5,800 to \$6,000    |
| Increase medical OOPM from \$7,050 to \$7,250            | Increase medical OOPM from \$7,100 to \$7,600          |

**QUESTIONS?**



# 2026 QHPs Appendices

- Appendix A: 2026 Recommended Plan Designs - All Metals and CSR Plans
- Appendix B: 2026 Silver On/Off Exchange Plan Designs
- Appendix C: Proposed Federal Standard Plan Designs

# Appendix A: 2026 QHP Deductible Plans

| Deductible/OOP Max                             | Platinum                      | Gold                          | Silver                        | Bronze w/ Pharmacy Limit | Bronze w/o Pharmacy Limit     |
|--|-------------------------------|-------------------------------|-------------------------------|--------------------------|-------------------------------|
| Type of Plan                                   | Deductible                    | Deductible                    | Deductible                    | Deductible               | Deductible                    |
| Medical Ded                                    | \$500                         | \$1,500                       | \$3,500                       | \$6,450                  | \$10,150                      |
| Pharmacy Ded                                   | \$0                           | \$250                         | \$500                         | \$1,100                  | N/A                           |
| Integrated Ded                                 | No                            | No                            | No                            | No                       | Yes                           |
| Medical OOPM                                   | \$1,600                       | \$5,700                       | \$10,150                      | \$10,150                 | \$10,150                      |
| Pharmacy OOPM                                  | \$1,600                       | \$1,650                       | \$1,650                       | \$1,650                  | N/A                           |
| Integrated OOPM                                | No                            | No                            | Rx -No, Medical - Yes         | Rx -No, Medical - Yes    | Yes                           |
| Family Deductible / OOP                        | Stacked, 2x Individual        | Stacked, 2x Individual        | Stacked, 2x Individual        | Stacked, 2x Individual   | Stacked, 2x Individual        |
| Medical Deductible waived for:                 | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             | Prev, OV, UC, Amb             | Preventive               | Preventive, OV                |
| Drug Deductible waived for:                    | N/A                           | Generic scripts               | Generic scripts               | Generic Scripts          | Generic Scripts               |
| Service Category                               | Copay / Coinsurance           | Copay / Coinsurance           | Copay / Coinsurance           | Copay / Coinsurance      | Copay / Coinsurance           |
| Inpatient                                      | 10%                           | 30%                           | 50%                           | 50%                      | 0%                            |
| Outpatient                                     | 10%                           | 30%                           | 50%                           | 50%                      | 0%                            |
| ER   | \$100                         | \$150                         | \$250                         | 50%                      | 0%                            |
| Radiology (MRI, CT, PET)                       | 10%                           | 30%                           | 50%                           | 50%                      | 0%                            |
| Preventive                                     | \$0                           | \$0                           | \$0                           | 0%                       | 0%                            |
| PCP Office Visit                               | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$20 | First 3 Visits \$0, Then \$40 | \$35                     | First 3 Visits \$0, Then \$40 |
| MH/SA Office Visit                             | First 3 Visits \$0, Then \$15 | First 3 Visits \$0, Then \$20 | First 3 Visits \$0, Then \$40 | \$35                     | First 3 Visits \$0, Then \$40 |
| Specialist Office Visit                        | \$30                          | \$55                          | \$90                          | \$90                     | \$100                         |
| Physical Therapy/Chiropractic                  | \$20                          | \$35                          | \$50                          | \$45                     | \$50                          |
| Urgent Care                                    | \$40                          | \$65                          | \$100                         | \$100                    | 0%                            |
| Ambulance                                      | \$60                          | \$75                          | \$100                         | \$100                    | 0%                            |
| Pharmacy Generic                               | \$10                          | \$15                          | \$15                          | \$15                     | \$25                          |
| Pharmacy Preferred Brand                       | \$50                          | \$60                          | \$70                          | \$85                     | 0%                            |
| Pharmacy Non-Preferred Brand                   | 50%                           | 50%                           | 50%                           | 60%                      | 0%                            |
| Pharmacy Specialty                             | 50%                           | 50%                           | 50%                           | 60%                      | 0%                            |
| Actuarial Value                                |                               |                               |                               |                          |                               |
| <b>2026 Federal AVC, Adjusted if Necessary</b> | <b>90.6%</b>                  | <b>81.6%</b>                  | <b>71.4%</b>                  | <b>62.2%</b>             | <b>64.6%</b>                  |

# Appendix A: 2026 QHP Deductible Plans – CSR Variations



| Deductible/OOP Max                                   | 70% AV Silver<br>2026 Plan Design | 250-300% FPL (73% AV)<br>2026 Plan Design | 200-250% FPL (77% AV)<br>2026 Plan Design | 150-200% FPL (87% AV)<br>2026 Plan Design | 133-150% FPL (94% AV)<br>2026 Plan Design |
|--|-----------------------------------|---|---|---|---|
| Type of Plan   | Deductible                        | Deductible                                | Deductible                                | Deductible                                | Deductible                                |
| Medical Ded  | \$3,500                           | \$3,150                                   | \$2,950                                   | \$1,300                                   | \$350                                     |
| Pharmacy Ded   | \$500                             | \$450                                     | \$350                                     | \$250                                     | \$0                                       |
| Integrated Ded                                       | No                                | No  | No  | No  | No  |
| Medical OOPM   | \$10,150                          | \$7,875                                   | \$7,100                                   | \$2,700                                   | \$1,100                                   |
| Pharmacy OOPM  | \$1,650                           | \$1,500                                   | \$1,400                                   | \$500                                     | \$275                                     |
| Integrated OOPM                                      | Rx -No, Medical - Yes             | Rx -No, Medical - Yes                     | Rx -No, Medical - Yes                     | Rx -No, Medical - Yes                     | Rx -No, Medical - Yes                     |
| Family Deductible / OOP                              | Stacked, 2x Individual            | Stacked, 2x Individual                    | Stacked, 2x Individual                    | Stacked, 2x Individual                    | Stacked, 2x Individual                    |
| Medical Deductible waived for:                       | Prev, OV, UC, Amb                 | Prev, OV, UC, Amb                         | Prev, OV, UC, Amb                         | Prev, OV, UC, Amb                         | Prev, OV, UC, Amb                         |
| Drug Deductible waived for:                          | Generic scripts                   | Generic scripts                           | Generic scripts                           | Generic scripts                           | N/A                                       |
| <b>Service Category</b>                              | <b>Copay / Coinsurance</b>        | <b>Copay / Coinsurance</b>                | <b>Copay / Coinsurance</b>                | <b>Copay / Coinsurance</b>                | <b>Copay / Coinsurance</b>                |
| Inpatient  | 50%                               | 50%                                       | 50%                                       | 40%                                       | 10%                                       |
| Outpatient   | 50%                               | 50%                                       | 50%                                       | 40%                                       | 10%                                       |
| ER   | \$250                             | \$250                                     | \$200                                     | \$125                                     | \$75                                      |
| Radiology (MRI, CT, PET)                             | 50%                               | 50%                                       | 50%                                       | 40%                                       | 10%                                       |
| Preventive   | \$0                               | \$0                                       | \$0                                       | \$0                                       | \$0                                       |
| PCP Office Visit                                     | First 3 Visits \$0, Then \$40     | First 3 Visits \$0, Then \$40             | First 3 Visits \$0, Then \$30             | First 3 Visits \$0, Then \$10             | First 3 Visits \$0, Then \$5              |
| MH/SA Office Visit                                   | First 3 Visits \$0, Then \$40     | First 3 Visits \$0, Then \$40             | First 3 Visits \$0, Then \$30             | First 3 Visits \$0, Then \$10             | First 3 Visits \$0, Then \$5              |
| Specialist Office Visit                              | \$90                              | \$90                                      | \$60                                      | \$30                                      | \$15                                      |
| Physical Therapy/Chiropractic                        | \$50                              | \$50                                      | \$35                                      | \$12                                      | \$6                                       |
| Urgent Care  | \$100                             | \$100                                     | \$70                                      | \$40                                      | \$25                                      |
| Ambulance  | \$100                             | \$100                                     | \$100                                     | \$100                                     | \$50                                      |
| Pharmacy Generic                                     | \$15                              | \$15                                      | \$15                                      | \$10                                      | \$5                                       |
| Pharmacy Preferred Brand                             | \$70                              | \$70                                      | \$60                                      | \$50                                      | \$20                                      |
| Pharmacy Non-Preferred Brand                         | 50%                               | 50%                                       | 50%                                       | 50%                                       | 30%                                       |
| Pharmacy Specialty                                   | 50%                               | 50%                                       | 50%                                       | 50%                                       | 30%                                       |
| <b>Actuarial Value</b>                               |                                   |   |   |   |   |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>71.4%</b>                      | <b>74.0%</b>                              | <b>78.0%</b>                              | <b>87.9%</b>                              | <b>94.9%</b>                              |

# Appendix A: 2026 QHP HDHPs

| Deductible/OOP Max                                   | Silver  | Bronze  |
|--|---|---|
| Type of Plan   | HSA Q/HDHP  | HSA Q/HDHP  |
| Medical Ded  | \$2,300   | \$6,000   |
| Pharmacy Ded   | \$1,650   | \$1,650   |
| Integrated Ded                                       | Yes   | Yes   |
| Medical OOPM   | \$7,250   | \$7,600   |
| Pharmacy OOPM  | \$1,650   | \$1,650   |
| Integrated OOPM                                      | Yes   | Rx -No, Medical - Yes   |
| Family Deductible / OOP                              | Aggregate with Combined Medical/Rx embedded \$10,150 Single OOPM; 2x Individual | Aggregate with Combined Medical/Rx embedded \$10,150 Single OOPM; 2x Individual |
| Medical Deductible waived for:                       | Preventive  | Preventive  |
| Drug Deductible waived for:                          | Wellness scripts  | Wellness scripts  |
| Service Category                                     | Copay / Coinsurance   | Copay / Coinsurance   |
| Inpatient  | 35%   | 50%   |
| Outpatient   | 35%   | 50%   |
| ER   | 35%   | 50%   |
| Radiology (MRI, CT, PET)                             | 35%   | 50%   |
| Preventive   | 0%  | 0%  |
| PCP Office Visit                                     | 10%   | 50%   |
| MH/SA Office Visit                                   | 10%   | 50%   |
| Specialist Office Visit                              | 35%   | 50%   |
| Physical Therapy/Chiropractic                        | 35%   | 50%   |
| Urgent Care  | 35%   | 50%   |
| Ambulance  | 35%   | 50%   |
| Pharmacy Generic                                     | \$10  | \$12  |
| Pharmacy Preferred Brand                             | \$40  | 40%   |
| Pharmacy Non-Preferred Brand                         | 50%   | 60%   |
| Pharmacy Specialty                                   | 50%   | 60%   |
| Actuarial Value                                      |   |   |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>71.1%</b>  | <b>62.3%</b>  |

# Appendix A: 2026 QHP HDHPs – CSR Variations

| Deductible/OOP Max                                   | 70% AV Silver<br>2026 Plan Design   | 250-300% FPL (73% AV)<br>2026 Plan Design   | 200-250% FPL (77% AV)<br>2026 Plan Design   | 150-200% FPL (87% AV)<br>2026 Plan Design | 133-150% FPL (94% AV)<br>2026 Plan Design |
|--|---|---|---|---|---|
| Type of Plan   | HSA Q/HDHP  | HSA Q/HDHP  | HSA Q/HDHP  | Deductible<br>(NOT HSAQ)                  | Deductible<br>(NOT HSAQ)                  |
| Medical Ded  | \$2,300   | \$2,000   | \$2,000   | \$1,750                                   | \$700                                     |
| Pharmacy Ded   | \$1,650   | \$1,700   | \$1,700   | N/A                                       | N/A                                       |
| Integrated Ded                                       | Yes   | Yes   | Yes   | Yes                                       | Yes                                       |
| Medical OOPM   | \$7,250   | \$6,175   | \$5,000   | \$1,750                                   | \$700                                     |
| Pharmacy OOPM  | \$1,650   | \$1,700   | \$1,700   | N/A                                       | N/A                                       |
| Integrated OOPM                                      | Yes   | Rx -No, Medical - Yes   | Rx -No, Medical - Yes   | Yes                                       | Yes                                       |
| Family Deductible / OOP                              | Aggregate with Combined<br>Medical/Rx embedded \$10,150<br>Single OOPM; 2x Individual | Aggregate with Combined<br>Medical/Rx embedded \$10,150<br>Single OOPM; 2x Individual | Aggregate with Combined<br>Medical/Rx embedded \$10,150<br>Single OOPM; 2x Individual | Aggregate, 2x Individual                  | Aggregate, 2x Individual                  |
| Medical Deductible waived for:                       | Preventive  | Preventive  | Preventive  | Preventive                                | Preventive                                |
| Drug Deductible waived for:                          | Wellness scripts  | Wellness scripts  | Wellness scripts  | Wellness scripts                          | Wellness scripts                          |
| Service Category                                     | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance   | Copay / Coinsurance                       | Copay / Coinsurance                       |
| Inpatient  | 35%   | 30%   | 30%   | 0%  | 0%  |
| Outpatient   | 35%   | 30%   | 30%   | 0%  | 0%  |
| ER   | 35%   | 30%   | 30%   | 0%  | 0%  |
| Radiology (MRI, CT, PET)                             | 35%   | 30%   | 30%   | 0%  | 0%  |
| Preventive   | 0%  | 0%  | 0%  | 0%  | 0%  |
| PCP Office Visit                                     | 10%   | 10%   | 10%   | 0%  | 0%  |
| MH/SA Office Visit                                   | 10%   | 10%   | 10%   | 0%  | 0%  |
| Specialist Office Visit                              | 35%   | 30%   | 30%   | 0%  | 0%  |
| Physical Therapy/Chiropractic                        | 35%   | 30%   | 30%   | 0%  | 0%  |
| Urgent Care  | 35%   | 30%   | 30%   | 0%  | 0%  |
| Ambulance  | 35%   | 30%   | 30%   | 0%  | 0%  |
| Pharmacy Generic                                     | \$10  | \$10  | \$10  | \$0                                       | \$0                                       |
| Pharmacy Preferred Brand                             | \$40  | \$40  | \$40  | \$0                                       | \$0                                       |
| Pharmacy Non-Preferred Brand                         | 50%   | 50%   | 50%   | 0%  | 0%  |
| Pharmacy Specialty                                   | 50%   | 50%   | 50%   | 0%  | 0%  |
| <b>Actuarial Value</b>                               |   |   |   |   |   |
| <b>2026 DRAFT Federal AVC, Adjusted if Necessary</b> | <b>71.4%</b>  | <b>73.5%</b>  | <b>77.5%</b>  | <b>87.4%</b>                              | <b>94.3%</b>                              |

# Appendix B: 2026 Silver On/Off Exchange Plans

| Deductible/OOP Max                            | 2026 Plan Designs – Silver Deductible Plan |                               |
|---|--|-------------------------------|
|   | On the Exchange                            | Off the Exchange              |
| Type of Plan                                  | Deductible                                 | Deductible                    |
| Medical Ded                                   | \$3,500                                    | \$3,500                       |
| Pharmacy Ded                                  | \$500                                      | \$500                         |
| Integrated Ded                                | No   | No                            |
| Medical OOPM                                  | \$10,150                                   | \$10,150                      |
| Pharmacy OOPM                                 | \$1,650                                    | \$1,650                       |
| Integrated OOPM                               | Pharmacy -No, Medical - Yes                | Pharmacy -No, Medical - Yes   |
| Family Deductible / OOP                       | Stacked, 2x Individual                     | Stacked, 2x Individual        |
| Medical Deductible waived for:                | Prev, OV, UC, Amb                          | Prev, OV, UC, Amb             |
| Drug Deductible waived for:                   | Generic scripts                            | Generic scripts               |
| Service Category                              | Copay / Coinsurance                        | Copay / Coinsurance           |
| Inpatient                                     | 50%  | 50%                           |
| Outpatient                                    | 50%  | 50%                           |
| ER  | \$250                                      | \$250                         |
| Radiology (MRI, CT, PET)                      | 50%  | 50%                           |
| Preventive                                    | \$0  | \$0                           |
| PCP Office Visit                              | First 3 Visits \$0, Then \$40              | First 3 Visits \$0, Then \$40 |
| MH/SA Office Visit                            | First 3 Visits \$0, Then \$40              | First 3 Visits \$0, Then \$40 |
| Specialist Office Visit                       | \$90                                       | \$90                          |
| Physical Therapy/Chiropractic                 | \$50                                       | \$50                          |
| Urgent Care                                   | \$100                                      | \$100                         |
| Ambulance                                     | \$100                                      | <b>\$105</b>                  |
| Pharmacy Generic                              | \$15                                       | \$15                          |
| Pharmacy Preferred Brand                      | \$70                                       | \$70                          |
| Pharmacy Non-Preferred Brand                  | 50%  | 50%                           |
| Pharmacy Specialty                            | 50%  | 50%                           |
| Actuarial Value                               |  |                               |
| 2026 DRAFT Federal AVC, Adjusted if Necessary | 71.4%                                      | 71.4%                         |

| 2026 Plan Designs – Silver HDHP   |   |
|---|---|
| On the Exchange   | Off the Exchange  |
| HSA Q/HDHP  | HSA Q/HDHP  |
| \$2,300   | \$2,300   |
| \$1,650   | \$1,650   |
| Yes   | Yes   |
| \$7,250   | \$7,250   |
| \$1,650   | \$1,650   |
| Yes   | Yes   |
| Aggregate with Combined Medical/Pharmacy embedded \$10,150 Single OOPM; 2x Individual | Aggregate with Combined Medical/Pharmacy embedded \$10,150 Single OOPM; 2x Individual |
| Preventive Wellness scripts   | Preventive Wellness scripts   |
| Copay / Coinsurance   | Copay / Coinsurance   |
| 35%   | 35%   |
| 35%   | 35%   |
| 35%   | 35%   |
| 35%   | 35%   |
| 0%  | 0%  |
| 15%   | 15%   |
| 15%   | 15%   |
| 35%   | 35%   |
| 35%   | 35%   |
| 35%   | 35%   |
| 35%   | 35%   |
| 35%   | <b>40%</b>  |
| \$10  | \$10  |
| \$40  | \$40  |
| 50%   | 50%   |
| 50%   | 50%   |
| Actuarial Value   |   |
| 71.1%   | 71.1%   |

# Appendix C: 2026 Federal Standard Plan Designs

| Deductible/OOP Max                             | Platinum               | Gold                       | Silver  | Expanded Bronze                |
|--|------------------------|----------------------------|---|--------------------------------|
| Type of Plan                                   | Deductible             | Deductible                 | Deductible                                    | Deductible                     |
| Medical Ded                                    | \$0                    | \$2,000                    | \$6,000                                       | \$7,500                        |
| Integrated Ded                                 | Yes                    | Yes                        | Yes   | Yes                            |
| Medical OOPM                                   | \$5,200                | \$8,200                    | \$8,900                                       | \$9,200                        |
| Integrated OOPM                                | Yes                    | Yes                        | Yes   | Yes                            |
| Family Deductible / OOP                        | Stacked, 2x Individual | Stacked, 2x Individual     | Stacked, 2x Individual                        | Stacked, 2x Individual         |
| Medical/Integrated Deductible waived for:      | N/A                    | Prev, OV, UC, All Pharmacy | Prev, OV, UC, Generic and Pref Brand Pharmacy | Prev, OV, UC, Generic Pharmacy |
| Service Category                               | Copay / Coinsurance    | Copay / Coinsurance        | Copay / Coinsurance                           | Copay / Coinsurance            |
| Inpatient                                      | \$350                  | 25%                        | 40%   | 60%                            |
| Outpatient                                     | \$150                  | 25%                        | 40%   | 60%                            |
| ER   | \$100                  | 25%                        | 40%   | 60%                            |
| Radiology (MRI, CT, PET)                       | \$100                  | 25%                        | 40%   | 60%                            |
| Preventive                                     | \$0                    | \$0                        | \$0   | \$0                            |
| PCP Office Visit                               | \$10                   | \$30                       | \$40  | \$60                           |
| MH/SA Office Visit                             | \$10                   | \$30                       | \$40  | \$60                           |
| Specialist Office Visit                        | \$20                   | \$60                       | \$80  | \$120                          |
| Physical Therapy                               | \$10                   | \$30                       | \$40  | \$60                           |
| Urgent Care                                    | \$15                   | \$45                       | \$60  | \$90                           |
| Ambulance                                      | Not Specified          | Not Specified              | Not Specified                                 | Not Specified                  |
| Pharmacy Generic                               | \$5                    | \$15                       | \$20  | \$25                           |
| Pharmacy Preferred Brand                       | \$10                   | \$30                       | \$40  | \$50                           |
| Pharmacy Non-Preferred Brand                   | \$50                   | \$60                       | \$80  | \$100                          |
| Pharmacy Specialty                             | \$150                  | \$250                      | \$350   | \$500                          |
| Actuarial Value                                |                        |                            |   |                                |
| <b>2026 Federal AVC, Adjusted if Necessary</b> | <b>88.0%</b>           | <b>78.0%</b>               | <b>70.0%</b>                                  | <b>64.4%</b>                   |

# Disclosures and Limitations

**Responsible Actuaries.** Darren Johnson is the actuary responsible for this communication. Darren is a Member of the American Academy of Actuaries and reasonableness but Fellow of the Society of Actuaries. He meets the Qualification Standards of the American Academy of Actuaries to issue this report.

**Intended Users.** This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

**Risks and Uncertainties.** The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

**Conflict of Interest.** Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the Federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuaries are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the state of Vermont.

**Data and Reliance.** We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- The Final 2026 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- 2019 VHCURES data supplied by the state was used in the development of the HDHP model.

**Subsequent Events.** Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to:

1. The Federal HDHP minimum deductible and Maximum Out of Pocket (OOPM) limits are not yet released for 2026. The 2025 minimum deductible and OOPM are \$1,600 and \$8,050, respectively. The plan designs presented may need to change once the final 2026 HDHP limits are released.
2. Other changes to regulations passed subsequent to this report.

**Contents of Actuarial Report.** This document and the supporting exhibits/files constitute the entirety of actuarial report and supersede any previous communications on the project.

**Deviations from ASOPS.** Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.