



Plan Year 2026 Standard Plans Benefit Design Recommendation of the Standard Plans Working Group (SPWG)

Insurance Market Committee

Wednesday, November 13, 2024

Request for Insurance Committee vote on the non-consensus recommendation of the SPWG – Plan Year 2026 Standard Plans benefit design

- Annually, the SPWG provides a recommendation to the Executive Board for the standard plans design for the next plan year.
- Typically, plan designs must be adjusted annually due to changes in the federal AV calculator.
- The SPWG also continues to implement the Social Justice and Health Disparities Recommendations approved by the Board in 2021.
- Because we do not have a consensus recommendation from the SPWG this year, we are seeking the Insurance Committee's vote on a recommendation for the Executive Board to consider.
- You have received a draft report describing the SPWG process and recommendation; today we will briefly summarize and ask for your vote.

Overview

- This year's workgroup was chaired by Claire Heyison, a member of the SAB and a senior policy analyst at the Center on Budget and Policy Priorities. The vice chair was Dock Winston, MD, also a member of the SAB and a practicing physician.
- For PY2026, to address the Social Justice and Health Disparities recommendations, the SPWG considered reduced copays (\$0 or \$5) in standard plans, across metal levels, for services and prescription drugs used by people living with Human Immunodeficiency Virus (HIV).

Overview – HIV and disparities

- The National HIV/AIDS Strategy (2022-2025) recognizes racism as a serious public health threat that affects HIV outcomes and disparities.
- Black people in the U.S. have been disproportionately affected by HIV since the epidemic's beginning, and that disparity has deepened over time.
- Nationally there also is a growing Latino HIV crisis. Although the estimated number of new HIV infections per year decreased by 19% between 2010 and 2022, there was a 12% increase among Latino people.
- Of the nearly 12,000 people living with HIV in D.C., 71% are Black and 8% are Latino. DC Health
 - 1.7% of DC Residents are people living with HIV – ranking D.C. as the jurisdiction with the highest prevalence of HIV in the U. S.
 - Black and Latino men are disproportionately affected
 - 4% of Black men and 2.2 percent of Latino men in DC are living with HIV.
- Black people face disparities related to linkage to care and viral suppression. Nationwide, at the end of 2022, 88% of Black people with HIV were diagnosed, 64% were linked to care, and 53% were virally suppressed. In comparison, 89% of White people with HIV were diagnosed, 70% were linked to care, and 63% were virally suppressed (KFF).

Treatment scenario for people with HIV

- As in past years, consultants at the Whitman Walker Institute (WWI) prepared a **treatment scenario** for the health condition being considered for the equity design
 - This year: services, lab tests, and prescription drugs needed by **people with HIV** to be provided at no or low cost-sharing in the standard plan design
- This treatment scenario was the starting point for the working group's discussion of the plan design.
 - **Who is covered?**
 - Diagnosis codes that identify people with HIV
 - **What is covered?**
 - Unlimited office visits to manage HIV
 - Laboratory tests.
 - Prescription drugs – i.e., drugs in HIV drug classes (antiretrovirals)

Considerations for the HIV benefit design – Prescription Drugs

- The WWI treatment scenario recommended reduced cost sharing for **all prescription drugs** in HIV classes – **brand and generic Rx**. Group considered \$0 and \$5 copays.
- Some SPWG members argued for excluding prescription drugs from the scenario since there are other sources of copay assistance available to people with HIV.
 - The Ryan White/AIDS Drug Assistance Program (ADAP) helps fill in gaps in private insurance coverage –including covering copayments for HIV drugs.
 - Manufacturer patient assistance programs
- Another consideration: eliminating copays in standard plans could interfere with the manufacturer “partial pay” rebates that DC-ADAP receives; ADAP must make a copay wraparound payment to qualify for rebates.
- A \$5 copay (instead of \$0) would address that concern because the rebate ADAP receives is based on units of the brand medication dispensed, not the dollar amount of the copay assistance provided.

HIV benefit design – compromise option

Ultimately the SPWG coalesced around a compromise option for HIV benefit design with the following:

- \$0 copay for medical visits
 - Visits w/ CPT codes developed by WWI and agreed to by SPWG
- \$0 copay for labs
 - List developed by WWI and agreed to by SPWG
- \$0 generic Rx in all ARV classes
 - Within each drug class, the generic drugs selected for formulary coverage are at the carrier's discretion

The SPWG considered 3 options for the HIV benefit design

	Description	Copay for specified services and Rx		Other
		Services and Labs	Prescription drugs	
Option 3	HIV scenario with generic Rx only	\$0 copay	\$0 copay for generic prescription drugs in all ARV classes; within each drug class, the generic drugs selected for formulary coverage are at the carrier's discretion.	<u>Outreach</u> : Carriers undertake outreach activities to inform enrollees about the availability of copay assistance programs such as the Ryan White/AIDS Drug Assistance programs and manufacturer copay assistance programs.

Considerations for the 2026 design – Actuarial Value

- At the start of the working group meetings, analysis using the **2025** AV Calculator showed that adding an HIV equity design with \$0 copay (for services and Rx) would have a **minimal impact on AV**. Adding HIV did not increase the AV outside of the de minimis range.
- However, when the **2026** AV Calculator was released, every current Standard Plan at every metal level -- with no changes for HIV -- were well **outside the de minimis range for AV**.

Plan	Analysis using 2025 AV Calculator Final Metal AV	Analysis using 2026 AV Calculator W/O HIV Scenario	
		Final Metal AV	Additive Impact
Platinum Plan 2025	91.90%	92.40%	0.50%
Gold Plan 2025	81.95%	82.95%	1.00%
Silver Plan 2025	70.80%	72.32%	1.52%
Bronze Copay Plan 2025	64.74%	66.28%	1.54%

- Therefore, sizable cost offsets are required for 2026 – regardless of whether we add the HIV equity benefit.

SPWG Changes to Meet 2026 AVC and Add HIV Compromise Scenario

Text in red indicates that the AV is outside the de minimis range based on the 2026 AV calculator

Standard Plan Design 2026 – AV and cost offsets W/ HIV Scenario Option 3		Option 3
Plan	Scenario	HIV services, labs, and generic Rx only, \$0 copay
Platinum	Current 2025 Plan	92.40%
	Increase OP surgery copay from \$0 to \$50 and decrease OP facility fee from \$250 to \$200	91.68%
Gold	Current 2025 Plan	82.95%
	Increase MOOP from \$6,050 to \$6,950 (+\$900)	81.94%
Silver	Current 2025 Plan	72.32%
	Increase MOOP from \$8,850 to \$9,150 (+\$300)	71.92%
Bronze Copay	Current 2025 Plan	66.28%
	Increase MOOP from \$9,150 to \$10,150 (+\$1,000) + Increase Rx deductible from \$850 to \$1,000 (+\$150)	64.88%

Insurance Market Committee Vote: Recommendation to the Executive Board

- Consider the PY2026 standard plan benefit design recommended by the SPWG in a non-consensus vote (1 carrier voted No, all other members voted Yes)
 - Add the recommended **HIV equity benefit** to the approved 2025 standard plan benefit design.
\$0 copay for the HIV treatment scenario
 - Selected services and lab tests
 - **Generic** drugs in the specified HIV drug classes (i.e., generic drugs on the plan formulary)
- Approve the **cost offsets** needed to lower the standard plan AVs so they fall within the de minimis range at each metal level [see next page].

Recommendation to the Executive Board

Snip of grid to highlight 2026 cost sharing compared the 2025 – changes shown in red text/strikethrough; no other changes to the cost sharing.

DC Health Benefit Exchange, Standard Plans, PY2026		Platinum		Gold		Silver		Bronze Copay	
Actuarial Value		91.68% [91.90%]		81.94% [81.95%]		71.92% [70.80%]		64.88% [64.74%]	
Individual Overall Deductible		\$0		\$500		\$5,200		\$8,350	
Other Individual Deductibles for Specific Services									
Medical		\$0		\$500		\$4,850		\$7,500	
Prescription Drugs		\$0		\$0		\$350		\$1,000 [\$850]	
Dental		\$0		\$0		\$0		\$0	
Individual Out-of-Pocket Maximum		\$2,100		\$6,950 [\$6,050]		\$9,150 [\$8,850]		\$10,150 [\$9,150]	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health Care Provider's Office or Clinic visit	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$20		\$25		\$40		\$45	
	Specialist visit	\$40		\$50		\$80		\$105	
	Preventive care/screening/immunization	\$0		\$0		\$0		\$0	
Tests	Laboratory tests**	\$20		\$30		\$60		\$55	X
	X-rays and diagnostic imaging	\$40		\$50		\$80		\$80	X
	Imaging (CT/PET scans, MRIs)	\$150		\$250		\$400		\$500	X
Drugs to treat Illness or Condition	Generic	\$5		\$15		\$20		\$25	
	Preferred brand	\$15		\$50		\$50	X	\$75	X
	Non-preferred Brand	\$25		\$70		\$70	X	\$100	X
	Specialty	\$100		\$150		\$150	X	\$150	X
Outpatient Surgery	Facility fee (e.g., hospital room)	\$200 [\$250]		\$375		20%	X	40%	X
	Physician/Surgeon fee	\$50 [\$0]		\$125		20%	X	40%	X