

## **Standardized Health Plan Requirements for the 2024 Plan Year**



During the 2020 legislative session, the New Mexico State Legislature passed [HB 100](#) to give the beWellnm Board of Directors the authority to establish Standardized Health Plans. Typically, Standardized Health Plans are plans that all insurers in a market are required to offer that have the same out-of-pocket costs for covered benefits. By offering standardized out-of-pocket costs, the consumer shopping experience can be simplified and streamlined, giving people a way to compare offerings from each health insurance issuer “apples-to-apples” without having to compare each benefit individually. Standardized Health Plans can be designed to improve cost predictability and encourage use of certain high-value health services, like primary care, by lowering out-of-pocket costs for those services.

### **Requirements for Individual Market Health Insurance Issuers During the 2024 Plan Year**

All individual market health insurance issuers offering Qualified Health Plans (QHPs) on the New Mexico Health Insurance Exchange during the 2024 Plan Year are required to offer Standardized Health Plans adopted by the Board of Directors. The Standardized Health Plans offered by each issuer must comply with all applicable federal and state laws and regulations. For Standardized Health Plans, health insurance issuers must only offer the benefits enumerated in the plan designs adopted by the Board of Directors and may not alter the plan design for any covered service. Health insurance issuers must use the same statewide network for Standardized Health Plans as used by other plans they offer on the Exchange.

For the 2024 Plan Year, the Board of Directors established one Silver Standardized Health Plan; one Gold Standardized Health Plan; and Turquoise variants of the applicable Standardized Health Plans for qualifying individuals and families. Turquoise variants are established in accordance with regulations and guidance issued by the New Mexico Office of Superintendent of Insurance (OSI). The required out-of-pocket design for each Standardized Health Plan and Turquoise variant can be found in Appendix A. Health insurance issuers shall comply with all naming conventions for Standardized Health Plans that are required by OSI.

The 2024 Standardized Health Plans contain preferred and nonpreferred tiers for specialty drugs. The intent of this feature is to ensure that specialty medications that are without an approved alternative are not out-of-reach for populations with high health needs, while maintaining opportunities for issuers to manage costs where an alternative exists. To ensure the average out-of-pocket amounts will be similar across issuers, the expected distribution of utilization of Specialty Preferred vs Nonpreferred tiers will

only be allowed to vary within certain limits established by OSI in its Rate Guidance for the 2024 Plan Year.

State statute requires the actuarial value of non-standardized Silver health plans offered on beWellnm to be no lower than the actuarial value of the standardized Silver health plan with the lowest actuarial value. The actuarial value of the standard Silver variant of the Standardized Health Plan for 2024 is 70.2%.

Failure to comply with the requirements in this section, as determined by OSI and beWellnm, may result in loss of QHP certification.

### **Authorization to Approve Minor Adjustments**

Because all plans must meet actuarial value (AV) requirements using the federal AV Calculator and the 2024 AV Calculator has not been released as of the publishing of these requirements, the Health Benefits Committee is authorized to approve minor adjustments in the plan design if any adopted plan designs do not meet the AV targets required by state and federal laws and regulations. Adjustments shall be limited to dollar amounts for copays, deductibles, and the maximum out-of-pocket limit. Adjustments shall not include any reorganization of the co-pay categories or an expansion of services subject to the deductible.

### **Operational Guidance for beWellnm Leadership and Staff**

The Board of Directors directs beWellnm leadership and staff to:

1. Develop branding for Standardized Health Plan options;
2. Develop materials to provide consumers with information about Standardized Health Plans;
3. Provide written notice of Standardized Plan Requirements to health insurance issuers; and
4. Work with the organization's technology vendor to ensure Standardized Health Plans can be easily identified and compared during the consumer shopping experience.

**PASSED, APPROVED, AND ADOPTED on January 27, 2023**

**NEW MEXICO HEALTH INSURANCE EXCHANGE BOARD**

**Approved by:**

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David Shaw  
Chair

**Appendix A: 2024 Standardized Health Plans**

<b>Turquoise 1 Standardized Health Plan for 2024 Plan Year</b>	
Actuarial Value	99.2%
Individual Deductible (Combined Medical and Drug)	\$0
Family Deductible (Combined Medical and Drug)	\$0
Individual Out-of-Pocket Maximum	\$200
Family Out-of-Pocket Maximum	\$400
<b>Medical</b>	
<b>Low Co-Pay Medical Services</b>	
Preventive Care/Screening/Immunization	\$0
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$0
Speech Therapy	\$0
Occupational and Physical Therapy	\$0
<b>Mid Co-Pay Medical Services</b>	
Specialist Visit	\$3
Imaging (CT/PET Scans, MRIs)	\$3
Laboratory Outpatient and Professional Services	\$3
X-rays and Diagnostic Imaging	\$3
Skilled Nursing Facility	\$3
Urgent Care Facility	\$3
<b>Higher Co-Pay Medical Services</b>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$5
Outpatient Surgery Physician/Surgical Services	\$5
Emergency Room Services (Per Visit)	\$30
Inpatient Hospital Services (Per Visit)	\$30
<b>Prescription Medications</b>	
Generics	\$0
Preferred Brand Drugs	\$3
Non-Preferred Brand Drugs	\$15
Preferred Specialty Drugs	\$10
Non-Preferred Specialty Drugs	\$25
Specialty Drugs (For AV Calculator Use Only):	\$13

<b>Turquoise 2 Standardized Health Plan for 2024 Plan Year</b>	
Actuarial Value	95.2%
Individual Deductible (Combined Medical and Drug)	\$200
Family Deductible (Combined Medical and Drug)	\$400
Individual Out-of-Pocket Maximum	\$1,000
Family Out-of-Pocket Maximum	\$2,000
<b>Medical</b>	
<b>Low Co-Pay Medical Services</b>	
Preventive Care/Screening/Immunization	\$0
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$5
Speech Therapy	\$5
Occupational and Physical Therapy	\$5
<b>Mid Co-Pay Medical Services</b>	
Specialist Visit	\$10
Imaging (CT/PET Scans, MRIs)	\$10
Laboratory Outpatient and Professional Services	\$10
X-rays and Diagnostic Imaging	\$10
Skilled Nursing Facility	\$10
Urgent Care Facility	\$10
<b>Higher Co-Pay Medical Services</b>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$35
Outpatient Surgery Physician/Surgical Services	\$35
Emergency Room Services (Per Visit)	\$40
Inpatient Hospital Services (Per Visit)	\$40
<b>Prescription Medications</b>	
Generics	\$3
Preferred Brand Drugs	\$10
Non-Preferred Brand Drugs	\$50
Preferred Specialty Drugs	\$25
Non-Preferred Specialty Drugs	\$65
Specialty Drugs (For AV Calculator Use Only):	\$33
Services Highlighted in Blue are Subject to Deductible	

<b>Turquoise 3 Standardized Health Plan for 2024 Plan Year</b>	
Actuarial Value	90.6%
Individual Deductible (Combined Medical and Drug)	\$750
Family Deductible (Combined Medical and Drug)	\$1,500
Individual Out-of-Pocket Maximum	\$2,000
Family Out-of-Pocket Maximum	\$4,000
<b>Medical</b>	
<b>Low Co-Pay Medical Services</b>	
Preventive Care/Screening/Immunization	\$0
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$7
Speech Therapy	\$7
Occupational and Physical Therapy	\$7
<b>Mid Co-Pay Medical Services</b>	
Specialist Visit	\$20
Imaging (CT/PET Scans, MRIs)	\$20
Laboratory Outpatient and Professional Services	\$20
X-rays and Diagnostic Imaging	\$20
Skilled Nursing Facility	\$20
Urgent Care Facility	\$20
<b>Higher Co-Pay Medical Services</b>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$60
Outpatient Surgery Physician/Surgical Services	\$60
Emergency Room Services (Per Visit)	\$75
Inpatient Hospital Services (Per Visit)	\$75
<b>Prescription Medications</b>	
Generics	\$5
Preferred Brand Drugs	\$10
Non-Preferred Brand Drugs	\$100
Preferred Specialty Drugs	\$50
Non-Preferred Specialty Drugs	\$125
Specialty Drugs (For AV Calculator Use Only):	\$65
Services Highlighted in Blue are Subject to Deductible	

<b>Turquoise 4 Standardized Health Plan for 2024 Plan Year</b>	
Actuarial Value	85.2%
Individual Deductible (Combined Medical and Drug)	\$1,500
Family Deductible (Combined Medical and Drug)	\$3,000
Individual Out-of-Pocket Maximum	\$3,000
Family Out-of-Pocket Maximum	\$6,000
<b>Medical</b>	
<b>Low Co-Pay Medical Services</b>	
Preventive Care/Screening/Immunization	\$0
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15
Speech Therapy	\$15
Occupational and Physical Therapy	\$15
<b>Mid Co-Pay Medical Services</b>	
Specialist Visit	\$45
Imaging (CT/PET Scans, MRIs)	\$45
Laboratory Outpatient and Professional Services	\$45
X-rays and Diagnostic Imaging	\$45
Skilled Nursing Facility	\$45
Urgent Care Facility	\$45
<b>Higher Co-Pay Medical Services</b>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100
Outpatient Surgery Physician/Surgical Services	\$100
Emergency Room Services (Per Visit)	\$125
Inpatient Hospital Services (Per Visit)	\$125
<b>Prescription Medications</b>	
Generics	\$10
Preferred Brand Drugs	\$20
Non-Preferred Brand Drugs	\$100
Preferred Specialty Drugs	\$75
Non-Preferred Specialty Drugs	\$190
Specialty Drugs (For AV Calculator Use Only):	\$98
Services Highlighted in Blue are Subject to Deductible	

<b>Gold Standardized Health Plan for 2024 Plan Year</b>	
Actuarial Value	80.1%
Individual Deductible (Combined Medical and Drug)	\$3,000
Family Deductible (Combined Medical and Drug)	\$6,000
Individual Out-of-Pocket Maximum	\$5,000
Family Out-of-Pocket Maximum	\$10,000
<b>Medical</b>	
<b>Low Co-Pay Medical Services</b>	
Preventive Care/Screening/Immunization	\$0
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$20
Speech Therapy	\$20
Occupational and Physical Therapy	\$20
<b>Mid Co-Pay Medical Services</b>	
Specialist Visit	\$60
Imaging (CT/PET Scans, MRIs)	\$60
Laboratory Outpatient and Professional Services	\$60
X-rays and Diagnostic Imaging	\$60
Skilled Nursing Facility	\$60
Urgent Care Facility	\$60
<b>Higher Co-Pay Medical Services</b>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$125
Outpatient Surgery Physician/Surgical Services	\$125
Emergency Room Services (Per Visit)	\$150
Inpatient Hospital Services (Per Visit)	\$150
<b>Prescription Medications</b>	
Generics	\$20
Preferred Brand Drugs	\$30
Non-Preferred Brand Drugs	\$100
Preferred Specialty Drugs	\$75
Non-Preferred Specialty Drugs	\$190
Specialty Drugs (For AV Calculator Use Only):	\$98

Services Highlighted in Blue are Subject to Deductible

<b>Silver Standardized Health Plan for 2024 Plan Year</b>	
Actuarial Value	70.2%
Individual Deductible (Combined Medical and Drug)	\$5,000
Family Deductible (Combined Medical and Drug)	\$10,000
Individual Out-of-Pocket Maximum	\$8,500
Family Out-of-Pocket Maximum	\$17,000
<b>Medical</b>	
<b>Low Co-Pay Medical Services</b>	
Preventive Care/Screening/Immunization	\$0
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$50
Speech Therapy	\$50
Occupational and Physical Therapy	\$50
<b>Mid Co-Pay Medical Services</b>	
Specialist Visit	\$100
Imaging (CT/PET Scans, MRIs)	\$100
Laboratory Outpatient and Professional Services	\$100
X-rays and Diagnostic Imaging	\$100
Skilled Nursing Facility	\$100
Urgent Care Facility	\$100
<b>Higher Co-Pay Medical Services</b>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$300
Outpatient Surgery Physician/Surgical Services	\$300
Emergency Room Services (Per Visit)	\$300
Inpatient Hospital Services (Per Visit)	\$300
<b>Prescription Medications</b>	
Generics	\$35
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	\$250
Preferred Specialty Drugs	\$100
Non-Preferred Specialty Drugs	\$250
Specialty Drugs (For AV Calculator Use Only):	\$130