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KEVEN B. PATCHETT
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HEALTH BENEFIT EXCHANGE
DIVISION

STATE CORPORATION COMMISSION

April 1, 2026

To: All Carriers Licensed to Sell Accident and Sickness Insurance in Virginia; all Health Maintenance Organizations, Health Services Plans, Dental Services Plans, and Dental Plan Organizations Licensed in Virginia

Re: Health Benefit Plans Applying for Certification as Qualified Health Plans or Qualified Dental Plans certified by the Virginia Health Benefit Exchange

This letter notifies carriers of important information and updated requirements for Plan Year 2027 plan offerings and certification. This information applies to carriers intending to offer the following products in Virginia as defined in § 38.2-6500 of the Code of Virginia (the Code):

- Qualified Health Plans (QHPs) in the individual and small group markets, certified by the Health Benefit Exchange (Exchange), including mirrored off-Exchanged component; and,
- Qualified Dental Plans (QDPs), certified by the Exchange, including QDPs sold off the Exchange.

The Exchange separately will provide instruction as to changes from this guidance as soon as possible, following the finalized federal 2027 Notice of Benefit and Payment Parameters, as appropriate.

- The Exchange user fee for carriers offering QHPs and QDPs will remain at 2.5% for PY27.
- For PY27, carriers will continue to submit QHP and QDP application materials via SERFF.
- The Exchange will not certify non-network plans for participation in the Marketplace for PY27.
- The Virginia-specific URL template and Virginia-specific attestations will be filed under the Supporting Documentation tab of the Biner and are found in SERFF binder instructions.
- PY27 Network Adequacy Time and Distance standards will remain unchanged from PY26.
- PY27 Essential Community Provider standards will remain unchanged from PY26.

- Even if the Proposed 2027 CMS Notice of Benefit and Payment Parameters is finalized in its current form, with respect to the termination of standardized plans on the FFE, the Exchange intends to move forward, consistent with the prior 2 plan years, permitting each carrier to submit for certification up to 4 non-standardized plans and requiring a minimum of 1 standardized plan per metal level, per product network type in any service area. Standardized plans offered in Virginia should meet the requirements noted in **Table 1** below.
- **Table 1** plan designs are consistent with 2026 HHS Notice of Benefit and Payment Parameters requirements for standardized plans, except for updates which enable Exchange carriers' 2026 standardized plans to be within the de minimis range for the 2027 Actuarial Value Calculator. This update is achieved by increasing the maximum out of pocket Annual Limitation on Cost Sharing, as indicated. These updates have been made in response to the 2027 HHS NBPP Proposed Rules using actuarial consultation.

Visit marketplace.virginia.gov/carriers for additional information on Virginia's Insurance Marketplace. Please direct questions to: ExchangeCarriers@scc.virginia.gov.

Sincerely,



Keven B. Patchett, Director

Virginia Health Benefit Exchange

Table 1: Plan Year 2027 Virginia Standardized Plan Benefit Designs.*Benefit designs continued from PY26 with Annual Limitation on Cost Sharing adjusted for PY27 federal permitted de minimis range.*

Plan Feature	Expanded Bronze	Standard Silver	Silver 73% CSR	Silver 87% CSR	Silver 94% CSR	Gold	Platinum
2027 Actuarial Value	64.94%	71.76%	73.99%	87.68%	94.92%	79.05%	91.98%
Deductible	\$7,500	\$6,000	\$3,000	\$700	\$0	\$2,000	\$0
Annual Limitation on Cost Sharing	\$10,500 (+\$500)	\$8,900	\$8,000 (+\$600)	\$3,300	\$2,600 (+\$400)	\$8,200	\$5,500 (+\$300)
Emergency Room Services	50%	40%	40%	30%	25%*	25%	\$100*
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	50%	40%	40%	30%	25%*	25%	\$350*
Primary Care Visit	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Urgent Care	\$75*	\$60*	\$60*	\$30*	\$5*	\$45*	\$15*
Specialist Visit	\$100*	\$80*	\$80*	\$40*	\$10*	\$60*	\$20*
Mental Health & Substance Use Disorder Outpatient Office Visit	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Imaging (CT/PET Scans, MRIs)	50%	40%	40%	30%	25%*	25%	\$100*
Speech Therapy	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Occupational, Physical Therapy	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Laboratory Services	50%	40%	40%	30%	25%*	25%	\$30*
X-rays/Diagnostic Imaging	50%	40%	40%	30%	25%*	25%	\$30*
Skilled Nursing Facility	50%	40%	40%	30%	25%*	25%	\$150*
Outpatient Facility Fee (Ambulatory Surgery Center)	50%	40%	40%	30%	25%*	25%	\$150*
Outpatient Surgery Physician & Services	50%	40%	40%	30%	25%*	25%	\$150*
Generic Drugs	\$25*	\$20*	\$20*	\$10*	\$0*	\$15*	\$5*
Preferred Brand Drugs	\$50	\$40*	\$40*	\$20*	\$15*	\$30*	\$10*
Non-Preferred Brand Drugs	\$100	\$80	\$80	\$60	\$50*	\$60*	\$50*
Specialty Drugs	\$500	\$350	\$350	\$250	\$150*	\$250*	\$150*

*Benefit category not subject to the deductible.