

Standardized Health Plan Requirements for the 2026 Plan Year



During the 2020 legislative session, the New Mexico State Legislature passed [HB 100](#) to give the BeWell 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 2026 Plan Year

All individual market health insurance issuers offering Qualified Health Plans (QHPs) on the New Mexico Health Insurance Exchange during the 2026 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 2026 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 Health Care Authority (HCA). 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 the Office of Superintendent of Insurance (OSI).

OSI and HCA will jointly develop and issue a sample Plan and Benefits Template that specifies cost sharing amounts for all benefits that appear in the federal Plan and Benefits Template. These amounts must fit within the “Low/Mid/High” structure adopted for other benefits categories. Issuers will still be required to enter the correct cost sharing amounts into the Plan and Benefits Template and SOPA templates.

The 2026 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. An issuer may opt to offer only one Specialty tier, provided that the co-pay value is equal to the value of the Specialty Preferred tier of the approved Standardized Health Plan. OSI will issue a date by which carriers must specify if they will offer a single Specialty co-pay tier in OSI’s QHP guidance.

State statute requires the actuarial value (AV) of non-standardized Silver health plans offered on BeWell

to be no lower than the AV of the standardized Silver health plan with the lowest AV. The AV of the standard Silver variant of the Standardized Health Plan for 2026 is 70.00%.

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

Authorization to Approve Minor Adjustments

Because all plans must meet AV requirements using the federal AV Calculator, and it is not clear whether the current 2026 AV Calculator will be finalized as currently proposed, 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 co-pays, 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 BeWell Leadership and Staff

The Board of Directors directs BeWell leadership and staff to:

1. Enhance branding for Standardized Health Plan options;
2. Update 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 improve the consumer shopping experience related to Standardize Health Plans.

PASSED, APPROVED, AND ADOPTED on January 24, 2025

NEW MEXICO HEALTH INSURANCE EXCHANGE BOARD

Approved by:

Signed by:

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Dr. Nandini Kuehn
Chair

Appendix A: Proposed 2026 Standardized Health Plans

Turquoise 1 Standardized Health Plan for 2026 Plan Year	
Actuarial Value	99.25%
Individual Deductible (Combined Medical and Drug)	\$0
Family Deductible (Combined Medical and Drug)	\$0
Individual Out-of-Pocket Maximum	\$250
Family Out-of-Pocket Maximum	\$500
Medical	
Low Co-Pay Medical Services	
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
Mid Co-Pay Medical Services	
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
Higher Co-Pay Medical Services	
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
Prescription Medications	
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

Turquoise 2 Standardized Health Plan for 2026 Plan Year	
Actuarial Value	95.05%
Individual Deductible (Combined Medical and Drug)	\$200
Family Deductible (Combined Medical and Drug)	\$400
Individual Out-of-Pocket Maximum	\$1,200
Family Out-of-Pocket Maximum	\$2,400
Medical	
Low Co-Pay Medical Services	
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
Mid Co-Pay Medical Services	
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
Higher Co-Pay Medical Services	
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
Prescription Medications	
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	

Turquoise 3 Standardized Health Plan for 2026 Plan Year	
Actuarial Value	90.13%
Individual Deductible (Combined Medical and Drug)	\$700
Family Deductible (Combined Medical and Drug)	\$1,400
Individual Out-of-Pocket Maximum	\$2,800
Family Out-of-Pocket Maximum	\$5,600
Medical	
Low Co-Pay Medical Services	
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
Mid Co-Pay Medical Services	
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
Higher Co-Pay Medical Services	
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
Prescription Medications	
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	

Gold Standardized Health Plan for 2026 Plan Year	
Actuarial Value	80.10%
Individual Deductible (Combined Medical and Drug)	\$3,000
Family Deductible (Combined Medical and Drug)	\$6,000
Individual Out-of-Pocket Maximum	\$6,000
Family Out-of-Pocket Maximum	\$12,000
Medical	
Low Co-Pay Medical Services	
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
Mid Co-Pay Medical Services	
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
Higher Co-Pay Medical Services	
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
Prescription Medications	
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	

Silver Standardized Health Plan for 2026 Plan Year	
Actuarial Value	70.00%
Individual Deductible (Combined Medical and Drug)	\$4,800
Family Deductible (Combined Medical and Drug)	\$9,600
Individual Out-of-Pocket Maximum	\$9,300
Family Out-of-Pocket Maximum	\$18,600
Medical	
Low Co-Pay Medical Services	
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
Mid Co-Pay Medical Services	
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
Higher Co-Pay Medical Services	
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
Prescription Medications	
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

Federal CSR Plan 73% AV for 2026 Plan Year	
Actuarial Value	73.19%
Individual Deductible (Combined Medical and Drug)	\$4,500
Family Deductible (Combined Medical and Drug)	\$9,000
Individual Out-of-Pocket Maximum	\$7,500
Family Out-of-Pocket Maximum	\$15,000
Medical	
Low Co-Pay Medical Services	
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)	\$40
Speech Therapy	\$40
Occupational and Physical Therapy	\$40
Mid Co-Pay Medical Services	
Specialist Visit	\$90
Imaging (CT/PET Scans, MRIs)	\$90
Laboratory Outpatient and Professional Services	\$90
X-rays and Diagnostic Imaging	\$90
Skilled Nursing Facility	\$90
Urgent Care Facility	\$90
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250
Outpatient Surgery Physician/Surgical Services	\$250
Emergency Room Services (Per Visit)	\$255
Inpatient Hospital Services (Per Visit)	\$255
Prescription Medications	
Generics	\$30
Preferred Brand Drugs	\$45
Non-Preferred Brand Drugs	\$205
Preferred Specialty Drugs	\$96
Non-Preferred Specialty Drugs	\$240
Specialty Drugs (For AV Calculator Use Only):	\$124
Services Highlighted in Blue are Subject to Deductible	

Federal CSR Plan 87% AV for 2026 Plan Year	
Actuarial Value	87.25%
Individual Deductible (Combined Medical and Drug)	\$1,100
Family Deductible (Combined Medical and Drug)	\$2,200
Individual Out-of-Pocket Maximum	\$3,250
Family Out-of-Pocket Maximum	\$6,500
Medical	
Low Co-Pay Medical Services	
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)	\$12
Speech Therapy	\$12
Occupational and Physical Therapy	\$12
Mid Co-Pay Medical Services	
Specialist Visit	\$35
Imaging (CT/PET Scans, MRIs)	\$35
Laboratory Outpatient and Professional Services	\$35
X-rays and Diagnostic Imaging	\$35
Skilled Nursing Facility	\$35
Urgent Care Facility	\$35
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$85
Outpatient Surgery Physician/Surgical Services	\$85
Emergency Room Services (Per Visit)	\$105
Inpatient Hospital Services (Per Visit)	\$105
Prescription Medications	
Generics	\$8
Preferred Brand Drugs	\$15
Non-Preferred Brand Drugs	\$100
Preferred Specialty Drugs	\$65
Non-Preferred Specialty Drugs	\$164
Specialty Drugs (For AV Calculator Use Only):	\$85
Services Highlighted in Blue are Subject to Deductible	

Federal CSR Plan 94% AV for 2026 Plan Year	
Actuarial Value	94.23%
Individual Deductible (Combined Medical and Drug)	\$250
Family Deductible (Combined Medical and Drug)	\$500
Individual Out-of-Pocket Maximum	\$1,750
Family Out-of-Pocket Maximum	\$3,500
Medical	
Low Co-Pay Medical Services	
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
Mid Co-Pay Medical Services	
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
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$40
Outpatient Surgery Physician/Surgical Services	\$40
Emergency Room Services (Per Visit)	\$45
Inpatient Hospital Services (Per Visit)	\$45
Prescription Medications	
Generics	\$3
Preferred Brand Drugs	\$10
Non-Preferred Brand Drugs	\$60
Preferred Specialty Drugs	\$30
Non-Preferred Specialty Drugs	\$75
Specialty Drugs (For AV Calculator Use Only):	\$39
Services Highlighted in Blue are Subject to Deductible	