Standardized Health Plan Requirements for the 2027 Plan Year

Issued May 21, 2026

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 2027 Plan Year

All individual market health insurance issuers offering Qualified Health Plans (QHPs) on the New Mexico Health Insurance Exchange during the 2027 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 2027 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 2027 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.

During the 2026 legislative session, the New Mexico State Legislature passed HB 38, which creates new coverage requirements for Complex Rehabilitation Technology Devices, which are a type of Durable Medical Equipment (DME). To ensure these devices are covered, the 2027 standardized health plans contain a 2-level approach to DME to accommodate a mid-level co-pay category and a second level high co-pay tier category. Level 1 consists of standard DME and is placed in the mid co-pay tier. These devices include canes, crutches, and standard wheelchairs. Level 2 consists of more costly Complex Rehabilitation Technology Devices, which will be placed in the high co-pay category. According to the new law, a Complex Rehabilitation Technology Device:

> "(a) consists of complex rehabilitation manual and power wheelchairs and mobility devices, including specialized seating and positioning items, options and accessories;
> (b) is designed, manufactured, configured, adjusted or modified for a specific person to meet that person's unique medical, physical, functional and environmental needs and capacities;
> (c) is generally not useful to a person in the absence of a disability, illness, injury or other medical condition; and
> (d) requires specialized services to ensure appropriate use of the item, including:
> 1) an evaluation of the features and functions necessary to assist the person who will use the device; or
> 2) configuring, fitting, programming, adjusting or adapting the particular device for use by a person."

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 2027 is 70.31%.

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 the 2027 AV Calculator has not been released as of the adoption of this guidance, 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 update materials to provide consumers with information about Standardized Health Plans and provide written notice of Standardized Plan Requirements to health insurance issuers when finalized.

ADJUSTMENTS PASSED, APPROVED, AND ADOPTED on May 15, 2026

NEW MEXICO HEALTH INSURANCE EXCHANGE BOARD HEALTH BENEFITS COMMITTEE

Approved by:

Colin Baillio Digitally signed by Colin Baillio
Date: 2026.05.21 09:30:35 -06'00'

Colin Baillio, Committee Chair

Appendix A: Final Adjusted 2027 Standardized Health Plans

Turquoise 1 Standardized Health Plan for 2027 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	$300
Family Out-of-Pocket Maximum	$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)	$0
Speech Therapy	$0
Occupational and Physical Therapy	$0
Mid Co-Pay Medical Services	
Specialist Visit	$5
Imaging (CT/PET Scans, MRIs)	$5
Laboratory Outpatient and Professional Services	$5
X-rays and Diagnostic Imaging	$5
Skilled Nursing Facility	$5
Urgent Care Facility	$5
Basic Durable Medical Equipment	$5
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$10
Outpatient Surgery Physician/Surgical Services	$10
Emergency Room Services (Per Visit)	$35
Inpatient Hospital Services (Per Visit)	$35
Complex Rehabilitation Technology Devices	$35
Prescription Medications	
Generics	$0
Preferred Brand Drugs	$3
Non-Preferred Brand Drugs	$15
Preferred Specialty Drugs	$15
Non-Preferred Specialty Drugs	$25
Specialty Drugs (For AV Calculator Use Only):	$13

Turquoise 2 Standardized Health Plan for 2027 Plan Year	
Actuarial Value	95.21%
Individual Deductible (Combined Medical and Drug)	$400
Family Deductible (Combined Medical and Drug)	$800
Individual Out-of-Pocket Maximum	$1,400
Family Out-of-Pocket Maximum	$2,800
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)	$10
Speech Therapy	$10
Occupational and Physical Therapy	$10
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
Basic Durable Medical Equipment	$20
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$45
Outpatient Surgery Physician/Surgical Services	$45
Emergency Room Services (Per Visit)	$55
Inpatient Hospital Services (Per Visit)	$55
Complex Rehabilitation Technology Device	$55
Prescription Medications	
Generics	$10
Preferred Brand Drugs	$20
Non-Preferred Brand Drugs	$55
Preferred Specialty Drugs	$55
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 2027 Plan Year	
Actuarial Value	90.24%
Individual Deductible (Combined Medical and Drug)	$1,350
Family Deductible (Combined Medical and Drug)	$2,700
Individual Out-of-Pocket Maximum	$3,600
Family Out-of-Pocket Maximum	$7,200
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)	$15
Speech Therapy	$15
Occupational and Physical Therapy	$15
Mid Co-Pay Medical Services	
Specialist Visit	$30
Imaging (CT/PET Scans, MRIs)	$30
Laboratory Outpatient and Professional Services	$30
X-rays and Diagnostic Imaging	$30
Skilled Nursing Facility	$30
Urgent Care Facility	$30
Basic Durable Medical Equipment	$30
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$90
Outpatient Surgery Physician/Surgical Services	$90
Emergency Room Services (Per Visit)	$100
Inpatient Hospital Services (Per Visit)	$100
Complex Rehabilitation Technology Device	$100
Prescription Medications	
Generics	$15
Preferred Brand Drugs	$30
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 2027 Plan Year	
Actuarial Value	80.34%
Individual Deductible (Combined Medical and Drug)	$3,850
Family Deductible (Combined Medical and Drug)	$7,700
Individual Out-of-Pocket Maximum	$6,850
Family Out-of-Pocket Maximum	$13,700
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
Basic Durable Medical Equipment	$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
Complex Rehabilitation Technology Device	$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 2027 Plan Year	
Actuarial Value	70.31%
Individual Deductible (Combined Medical and Drug)	$6,250
Family Deductible (Combined Medical and Drug)	$12,500
Individual Out-of-Pocket Maximum	$10,750
Family Out-of-Pocket Maximum	$21,500
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)	$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
Basic Durable Medical Equipment	$100
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$325
Outpatient Surgery Physician/Surgical Services	$325
Emergency Room Services (Per Visit)	$325
Inpatient Hospital Services (Per Visit)	$325
Complex Rehabilitation Technology Device	$325
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 2027 Plan Year	
Actuarial Value	73.15%
Individual Deductible (Combined Medical and Drug)	$5,550
Family Deductible (Combined Medical and Drug)	$11,100
Individual Out-of-Pocket Maximum	$8,550
Family Out-of-Pocket Maximum	$17,100
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
Basic Durable Medical Equipment	$100
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$255
Outpatient Surgery Physician/Surgical Services	$255
Emergency Room Services (Per Visit)	$275
Inpatient Hospital Services (Per Visit)	$275
Complex Rehabilitation Technology Device	$275
Prescription Medications	
Generics	$35
Preferred Brand Drugs	$50
Non-Preferred Brand Drugs	$225
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 2027 Plan Year	
Actuarial Value	87.06%
Individual Deductible (Combined Medical and Drug)	$1,350
Family Deductible (Combined Medical and Drug)	$2,700
Individual Out-of-Pocket Maximum	$3,600
Family Out-of-Pocket Maximum	$7,200
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)	15
Speech Therapy	$15
Occupational and Physical Therapy	$15
Mid Co-Pay Medical Services	
Specialist Visit	$30
Imaging (CT/PET Scans, MRIs)	$30
Laboratory Outpatient and Professional Services	$30
X-rays and Diagnostic Imaging	$30
Skilled Nursing Facility	$30
Urgent Care Facility	$30
Basic Durable Medical Equipment	$30
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$95
Outpatient Surgery Physician/Surgical Services	$95
Emergency Room Services (Per Visit)	$105
Inpatient Hospital Services (Per Visit)	$105
Complex Rehabilitation Technology Device	$105
Prescription Medications	
Generics	$15
Preferred Brand Drugs	$30
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 2027 Plan Year	
Actuarial Value	94.37%
Individual Deductible (Combined Medical and Drug)	$675
Family Deductible (Combined Medical and Drug)	$1,350
Individual Out-of-Pocket Maximum	$1,675
Family Out-of-Pocket Maximum	$3,350
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)	$10
Speech Therapy	$10
Occupational and Physical Therapy	$10
Mid Co-Pay Medical Services	
Specialist Visit	$25
Imaging (CT/PET Scans, MRIs)	$25
Laboratory Outpatient and Professional Services	$25
X-rays and Diagnostic Imaging	$25
Skilled Nursing Facility	$25
Urgent Care Facility	$25
Basic Durable Medical Equipment	$25
Higher Co-Pay Medical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$45
Outpatient Surgery Physician/Surgical Services	$45
Emergency Room Services (Per Visit)	$55
Inpatient Hospital Services (Per Visit)	$55
Complex Rehabilitation Technology Device	$55
Prescription Medications	
Generics	$10
Preferred Brand Drugs	$20
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	