

Issued 4/13/2023

# New Mexico Office of Superintendent of Insurance

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***FINAL***

## 2024 Plan Year Health Insurance Marketplace Affordability Program Policy and Procedures Manual

*Reducing Consumer Costs in the Individual Health Insurance Market*

*Issued April 13, 2023*

# Health Insurance Marketplace Affordability Program

## A. Overview and Summary of Changes

In 2021, the New Mexico State Legislature passed Senate Bill 317, which created the Health Care Affordability Fund (HCAF) to provide resources to the New Mexico Office of Superintendent of Insurance (OSI) to lower health insurance costs for New Mexicans. The law directs OSI to implement several programs under the Fund, including a program to reduce health insurance premiums and out-of-pocket costs for individuals and families who qualify for federal financial assistance on the Health Insurance Marketplace. OSI launched the Health Insurance Marketplace Affordability Program on January 1, 2023. The program only applies to plans sold on beWellnm’s individual market platform and is not available to consumers who enroll in coverage off-exchange. Additional materials can be found on OSI’s [HCAF webpage](#). An FAQ can be found [here](#).

The “2024 Plan Year Health Insurance Marketplace Affordability Program Policy and Procedures Manual” describes the requirements for the program in 2024, administrative policies and procedures, and rate filing requirements. Below is a summary of program changes for the 2024 Plan Year:

- For Turquoise Variants, primary care and generic drugs must use co-pays and a deductible cannot apply to these services.
- Maximum out-of-pocket limits for Turquoise 2 and 3 Variants are aligned with changes to CCHIO’s [PAPI guidance](#).
- Maximum out-of-pocket limits for Turquoise 1 Variants cannot exceed \$500 per individual/\$1,000 per family.
- In the 2023 guidance, issuers were permitted to maintain the same out-of-pocket designs for all Turquoise plans within the specified income range. The out-of-pocket design for all Turquoise Variants must bear a substantial relationship to their underlying -01 standard variant.
- The income limit for Turquoise 3 Variants is raised to 300% FPL. Issuers are no longer required to submit Turquoise 4 Variants.
- Issuers are required to offer the Standardized Health Plans adopted by the beWellnm Board of Directors, including Turquoise Variants

## **B. Federal Financial Assistance**

Under the Affordable Care Act (ACA), the federal government provides two types of financial assistance to qualifying individuals and families to lower their premiums and out-of-pocket costs.

### **Advance Premium Tax Credit (APTC)**

The Advance Premium Tax Credit (APTC) is a federal refundable tax credit that can be used to reduce monthly premium costs for qualifying households. The amount of APTC is calculated using the Essential Health Benefits (EHB) portion of the premium of the second-lowest-cost Silver Plan that is available in the household's Rating Area. APTCs can only be used to purchase Qualified Health Plans (QHPs) offered on the official Health Insurance Marketplace. A QHP is an insurance plan that is certified by beWellnm and provides essential health benefits, follows established limits on cost-sharing, and meets other requirements under the ACA.

APTCs can be used to purchase plans in any metal tier. APTCs cannot be used to purchase Catastrophic plans. If the full premium of a QHP is less than the consumer's maximum APTC, the consumer only receives the portion of the maximum APTC that equals the EHB-share premium of the selected QHP.

### **Federal Silver Plan Variants for Cost Sharing Reductions (CSRs)**

Federal Cost Sharing Reductions (CSRs) are a discount that reduces the amount qualifying individuals and families have to pay towards their out-of-pocket maximum, deductibles, copayments, and coinsurance. All issuers must submit federal Silver plan variants with higher Actuarial Values (AV) than the standard 70% AV Silver plan. These variants provide CSRs to individuals with household income up to 250% FPL who are eligible to purchase qualified health plans on the Marketplace. The AV levels are established by the ACA and vary by income cohort: 1) Qualifying individuals and families under 150% FPL are eligible for 94% AV Silver variants; 2) Qualifying individuals and families between 150-200% FPL are eligible for 87% AV Silver variants; and 3) Qualifying individuals and families between 200-250% FPL are eligible for 73% AV Silver variants. These Silver plan variants have lower annual out-of-pocket maximums, deductibles, and co-payments/coinsurance applied to EHBs provided by in-network providers, compared to the standard (-01 variant) Silver plan.

Federal Silver variants must cover the same benefits and include the same network as the corresponding base Silver plan, also referred to as the standard plan (not to be confused with "standardized health plans"). The out-of-pocket costs for EHBs in any federal Silver plan variant may not exceed the out-of-pocket costs of the corresponding base Silver plan (also known as the "standard variant").

## **C. The Health Insurance Marketplace Affordability Program**

OSI launched the Marketplace Affordability Program on January 1, 2023. The program reduces premiums and out-of-pocket costs using funds appropriated by the Legislature from the HCAF.

The Marketplace Affordability Program builds on top of the federal financial assistance available on beWellnm to offer lower-cost coverage to individuals and families who qualify.

### Eligibility

In order to qualify for the program, consumers must 1) be eligible to purchase a QHP on the Marketplace; 2) qualify for federal Premium Tax Credits; and 3) meet income criteria established annually by the Superintendent.

### Program Parameters

*Effective Date: November 1, 2023 for shopping and enrollment; January 1, 2024 for coverage*  
 Program parameters are in the Policy Manual pursuant to [Bulletin 2022-022](#).

### New Mexico Premium Assistance Program Parameters

- 1) State-funded premium assistance can be used to purchase plans in any metal tier other than Catastrophic.
- 2) The premium assistance amount for the 2024 Plan Year is calculated using the second-lowest-cost Silver plan.
- 3) State-funded premium assistance supplements the federal sliding scale up to 400% FPL.

**Table 1: New Mexico Premium Assistance Scale**

<b>Federal Poverty Level</b>	<b>HCAF Sliding Scale (Premium as % of income)</b>	<b>IRA Sliding Scale (Premium as % of income)</b>
Up to 150% FPL	0%	0%
150-200% FPL	0%	0-2%
200-250% FPL	0-2%	2-4%
250-300% FPL	2-5%	4-6%
300-400% FPL	5-8.5%	6-8.5%
400%+ FPL	Federal Assistance Only	Federal Assistance Only

- 4) State-funded premium assistance is enhanced for members of federally-recognized tribes. Instead of what is described above, members of federally-recognized tribes under 300% FPL will not owe a premium for the lowest cost plan offered by each carrier, with the state covering what would otherwise be owed for the plan after accounting for federal APTCs and state premium assistance. Members of federally-recognized tribes between 300-400% FPL have a premium sliding scale between 1-8.5% of household income for the second-lowest-cost Silver plan.

### *Calculating Monthly New Mexico Premium Assistance Payments*

For Plan Year 2024, the second-lowest-cost Silver plan in the relevant Rating Area is the benchmark for calculating New Mexico Premium Assistance. The monthly New Mexico Premium Assistance payment amount is calculated using the following equation:

**Gross Monthly Premium for Second Lowest Cost Silver Plan – Monthly Federal APTC –  
Applicable Percentage of Income Established by Superintendent x Expected Annual  
Household Income as Outlined in 45 C.F.R. § 155.305(f)(i) / 12.**

The consumer's net premium cannot be lower than \$0. If the combined federal and New Mexico Premium Assistance is greater than the gross premium of the plan selected by the consumer, the New Mexico Premium Assistance payment will be reduced by an amount to reach a \$0 consumer payment.

Health Reimbursement Account (HRA) payments reduce the New Mexico Premium Assistance amount commensurate with the HRA contribution amount after the APTC has been reduced to \$0. For example, consider a consumer with a \$100 gross premium who qualifies for a \$50 APTC and \$30 New Mexico Premium Assistance payment, leaving a \$20 net premium. If this individual received a \$60 HRA payment, the APTC will adjust to \$0 since the \$60 HRA payment exceeds the APTC amount. In this situation, the New Mexico Premium Assistance amount will be reduced by \$10 to account for the remainder of the individual's HRA payment.

To minimize a cliff effect, Native Americans between 300-400% FPL who do not qualify for the Native American Premium Assistance Program described below will have a premium sliding scale between 1-8.5% of household income.

#### *New Mexico Premium Assistance Applicability*

New Mexico Premium Assistance can be used to purchase Bronze, Silver, Gold, and Platinum plans. Catastrophic plans do not qualify for state premium assistance. Consumers over 400% FPL do not qualify for New Mexico Premium Assistance.

#### **Native American Premium Assistance Program Parameters**

OSI offers an additional premium assistance program for Native Americans. In addition to the state premium assistance program described above, Native Americans who qualify for the Zero Cost Sharing Variant (up to 300% FPL) will have access to a \$0 option for each insurer in their Rating Area. That plan is the lowest-cost option offered by the issuer, with what would otherwise be the consumer portion of the premium covered by OSI. This ensures that lower-income Native Americans have access to at least one Zero Cost Sharing plan with a \$0 premium from every issuer.

#### *Eligibility for Native American Premium Assistance Program*

To qualify for the Native American Premium Assistance program, an enrollee must qualify for the federal Zero Cost Sharing Variant

#### *Calculating State Payments for Native American Premium Assistance Program*

The Native American Premium Assistance payment amount is calculated by subtracting the consumer share of the premium of the lowest-cost plan offered by an issuer after federal APTCs and state premium assistance is taken into consideration. Non-EHB benefits that are not eligible

for federal APTCs should be included in the gross monthly premium amount for the Premium Buy-down calculation so that the premium is guaranteed to be \$0.

**Gross Monthly Premium for Lowest Cost Plan Offered by Issuer – Monthly Federal APTC – New Mexico Premium Assistance Monthly Payment = State Native American Payment for Premium Assistance**

*Native American Premium Assistance Applicability*

Qualifying individuals may use the state payment to purchase the lowest-cost option offered by the respective issuer.

**State Out-of-Pocket Assistance (SOPA) Program Parameters**

To reduce consumer out-of-pocket costs, OSI builds upon the framework of the ACA’s CSRs to enhance the Actuarial Value (AV) of certain plans. Issuers are required to submit variants that meet AV targets established by the Superintendent.

- 1) State-funded out-of-pocket assistance only applies to **Silver plans** for eligible individuals up to 200% FPL.
- 2) State-funded out-of-pocket assistance only applies to **Gold plans** for eligible individuals between 200.01-300% FPL.

**Table 2: State Out-of-Pocket Assistance Actuarial Values**

<b>Federal Poverty Level</b>	<b>Marketplace Affordability Program AV Level for SOPA Plans</b>	<b>ACA AV Level for Relevant Federal Variants</b>
Up to 150% FPL	99% AV (Silver)	94% AV (Silver)
150.01-200% FPL	95% AV (Silver)	87% AV (Silver)
200.01-300% FPL	90% AV (Gold)	80% AV (Gold)

*SOPA Applicability*

SOPA is only applied to Silver plans for individuals up to 200% FPL and Gold plans for individuals between 200.01% FPL and 300% FPL. <sup>1</sup>

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<sup>1</sup> This policy has been adopted for two key reasons:

- 1) Gold plans that give individuals more robust coverage are available at prices that are lower than Silver on average and, in many cases, Gold prices are significantly lower than Silver.
- 2) It would cost the State of New Mexico significantly more to subsidize Silver plans (70% AV or 73% AV) up to the levels proposed by OSI than using Gold plans (80%). To align incentives and make the program cost-effective, OSI has adopted this approach to reducing out-of-pocket costs for New Mexicans.

Issuers must submit variants with out-of-pocket costs that meet the AV requirements established by the Superintendent.

*Turquoise Variant Actuarial Values*

To simplify the choice landscape for consumers, the underlying metal tier for plans that offer robust out-of-pocket assistance is replaced with a “Turquoise” label during the shopping experience on beWellnm.com. Turquoise variant names correspond with specific AV requirements. The naming conventions must match the level of income-based out-of-pocket assistance offered to consumers, as shown in **Table 3**. The “Turquoise” label helps consumers identify which plans qualify for the most robust out-of-pocket assistance.

**Table 3: SOPA Plans Actuarial Values and Metal Levels**

Plan Number	Turquoise 1	Turquoise 2	Turquoise 3
FPL Range	Up to 150%	150-200%	200-300%
Actuarial Value	99% AV	95% AV	90% AV
SOPA Metal Level	Silver	Silver	Gold

The 73% federal Silver variant must still be available for purchase to qualifying individuals but will not be marked as a Turquoise Plan.

*Hierarchy for SOPA-Eligible Plan Variants*

The -06 Silver variant and -05 Silver variant, which would otherwise be available to individuals and families up to 150% FPL and between 150.01-200% FPL, respectively, will not be available for purchase on beWellnm’s platform during the 2024 Plan Year. Silver -05 variants will be replaced by -95 variants (Turquoise 2) and Silver -06 variants will be replaced by -99 variants (Turquoise 1).

-01 Gold variants that would otherwise be available to individuals and families between 200.01-300% FPL who select a Gold plan will not be available for purchase on beWellnm’s platform during the 2024 Plan Year. Gold -01 variants will be replaced by the -90 Turquoise Variant for individuals and families between 200.01-300%.

Individuals and families in the 200.01-250% FPL income range will continue to have access to the -04 Silver variant. However, SOPA will not be applied to the -04 Silver variant. **Table 4** demonstrates which federal variants will be replaced with state variants.

All issuers are required to offer Turquoise Variants for Standardized Health Plans. [Click here](#) to view the preliminary plan designs approved by the beWellnm Board of Directors. [Click here](#) to download AV screenshots for the preliminary designs. Please note that the plan designs are subject to change based on the 2024 NBPP and federal AV Calculator. Please also note that the correct underlying metal tier should be used for AV screenshots. OSI will issue plan designs for Silver CSR 73/87/94 standardized plan variants upon publication of the final 2024 AV

Calculator. Please note that issuers are not required to submit Turquoise 4 variants for Standardized Health Plans. For additional information, please see OSI’s Submission Guide.

**Table 4: Turquoise Variant Hierarchy**

<b>SILVER PLANS</b>			
<b>Income Range</b>	<b>Current Federal Variant ID</b>	<b>Does SOPA apply to Silver?</b>	<b>New Turquoise Variant ID</b>
Under 150% FPL	- 06	Yes	- 99
150-200% FPL	- 05	Yes	- 95
200-250% FPL	- 04	No	N/A

<b>GOLD PLANS</b>			
<b>Income Range</b>	<b>Current Federal Variant ID</b>	<b>Does SOPA apply to Gold?</b>	<b>New Turquoise Variant ID</b>
Under 150% FPL	- 01	No	N/A
150-200% FPL	- 01	No	N/A
200-300% FPL	- 01	Yes	- 90

*Maximum Annual Limitation on Cost Sharing for Turquoise Variants*

For qualifying individuals and families between 150.01% and 300% FPL, the maximum out-of-pocket limit for Turquoise Variants cannot exceed \$3,150 (\$6,300 for families) in Plan Year 2024, which is equal to the amount specified in the [2024 PAPI Parameters Guidance](#) for individuals and families who qualify for 94% AV and 87% AV variants. For qualifying individuals and families up to 150% FPL, the maximum out-of-pocket limitation cannot exceed \$500 for individuals (\$1,000 for families) in Plan Year 2024.

*Turquoise Variant Out-of-Pocket Requirements for Primary Care and Generic Medications*

Turquoise Variants must use co-pays for primary care visits and generic prescription medications. Coinsurance is not allowed for these services. In addition, the deductible cannot apply to these services. These requirements only apply to Turquoise Variants and do not apply to any other variant.

*Cohesion Between Standard and Turquoise Variants*

In Plan Year 2024, each Turquoise Variant must closely resemble the general features of its standard variant. For example, if the standard variant of a plan uses co-pays for specialist visits, its Turquoise Variants must also use co-pays for specialist visits. The exception to this rule is the requirement that primary care and generic medications must be co-pays for Turquoise Variants.

To the greatest extent possible, issuers should maintain the overall relativities for the cost sharing amounts for all variants of a plan. For an example of variants that meet this standard, please see beWellnm’s Standardized Health Plan designs. OSI recognizes that perfect relativity may not



always be achievable and will grant issuers leeway to meet AV targets. As is true of federal CSR variants, the maximum out-of-pocket limit, deductible, copays, and coinsurance for Turquoise Variants cannot exceed the amount that is offered under the plan’s standard variant.

#### *De Minimis Variation for Turquoise Variants*

OSI will defer to the National Benefit and Payment Parameters for guidance on de minimis variation for plans with SOPA applied. As such, the AV for Turquoise Variants may only vary +1/0 in Plan Year 2024 (pending finalization of the 2024 NBPP).

#### *Turquoise Variants and Mid-Year Income & Household Status Changes*

Some individuals and families may experience changes in income or other household circumstances during the 2024 Plan Year that could place them in an income cohort that corresponds with a Turquoise Variant that has a different underlying metal level than that in which they originally enrolled. For example, if an individual reports an income change that causes household income to shift from 195% FPL at the time of enrollment to 205% FPL later in the year, that individual would now qualify for Turquoise 3 Variants. Because SOPA can apply to different metal levels based on income, the new underlying metal level of the Turquoise Variant in this example (Gold) would be different from the original variant of the plan (Silver). In such circumstances, enrollees are permitted to switch plans to maintain enrollment in a Turquoise Variant.

When SOPA-eligible consumers switch from one plan offered by an issuer to another plan offered by the same issuer due to changes in household circumstances, issuers are required to carry over any out-of-pocket costs incurred by the consumer when they were enrolled in their original plan to their new plan. See Attachment C for plan mapping details.

#### *Turquoise Variant Risk Adjustment Induced Demand Factors*

CCIIO has confirmed that the following risk adjustment induced demand factors will be applied to Turquoise Variants offered in the Plan Year 2024.

**Table 5: Turquoise Variant Risk Adjustment Induced Demand Factors**

<b>Plan Variant</b>	<b>Risk Adjustment IDF</b>
99% AV Silver	1.12
95% AV Silver	1.12
90% AV Gold	1.07

### **D. Marketplace Affordability Program Administration**

In order to minimize duplication of effort, OSI has attempted to align the administration of the Marketplace Affordability Program with federally required procedures to the greatest extent possible.

## New Mexico Premium Assistance Monthly Payments

beWellnm will aggregate New Mexico Premium Assistance payment amounts for each issuer on a monthly basis and report the amounts to OSI. OSI will issue New Mexico Premium Assistance payments on a monthly basis. Consumers will not need to reconcile New Mexico Premium Assistance payments at the end of the year as they do for APTCs. All invoices sent to consumers should clearly show the federal APTC and the amount of the New Mexico Premium Assistance payment received by the issuer to reduce their premium.

There may be instances where the New Mexico Premium Assistance amount will need to be adjusted due to delayed consumer reporting or delayed beWellnm staff processing. According to beWellnm, issuers reconcile federal APTCs with CMS monthly and will require the same for New Mexico Premium Assistance. In such cases, monthly reconciliation of New Mexico Premium Assistance payments will operate using the same basic method that is used for federal APTCs. beWellnm oversees this process and should be consulted should any questions arise.

## Monthly SOPA Payments

As defined by Superintendent, SOPA payments will be paid directly to the issuer by OSI in the form of monthly advanced payments, subject to an end-of-year reconciliation. Advanced payments are calculated by multiplying the gross member-level premium by the SOPA Variant Multiplier applicable to the enrollee's Turquoise Variant, Table 6 shows the multipliers.

**Table 6: 2024 SOPA Variant Multiplier**

<b>Income Tier</b>	<b>Turquoise Variant</b>	<b>SOPA Metal Tier</b>	<b>SOPA AV</b>	<b>SOPA Variant Multiplier</b>
Up to 150% FPL	Turquoise 1	Silver	99%	.042
150-200% FPL	Turquoise 2	Silver	95%	.066
200-300% FPL	Turquoise 3	Gold	90%	.079

## SOPA Reporting Requirements and Reconciliation

Issuers must reconcile advance SOPA payments annually. [Click here](#) to view the 2023 SOPA Reconciliation Guidance on the HCAF landing page. Additional guidance for the 2024 Plan Year will be issued by OSI at a later date.

*PLEASE NOTE: For -99 and -95 Turquoise Variants, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in -06 and -05 Silver variants, respectively. For the -90 Turquoise Variant, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the -01 Gold variant.*

## Section II: Rate Filing Requirements

### A. Supplemental SOPA Variant Plans and Benefits Template

For SOPA-eligible Turquoise Variants, issuers are required to enter the cost sharing design for each plan in OSI's Supplemental SOPA Variant Plans and Benefits Template in the "Supporting Documentation" tab of the binder. Issuers should fill out this template the same way they would fill out the federal Plans and Benefits Template. The state version will not automatically calculate the plan AV. Issuers should enter the AV output from the AV calculator. In situations where the plan designs are incompatible with the AV calculator, issuers should use an appropriate alternative method pursuant to 45 CFR 156.135(b)(2) or 45 CFR 156.135(b)(3).

In the HIOS Plan ID, please add the corresponding variants after the standard component, as shown below:

- Turquoise Plan 1: 00001NM1234567-**99**
- Turquoise Plan 2: 00001NM1234567-**95**
- Turquoise Plan 3: 00001NM9876543-**90**

### B. Actuarial Value Calculator Requirements

For each SOPA-eligible variant, issuers must submit a supplemental AV calculator output demonstrating that the cost sharing design meets the OSI's AV targets. Issuers should use the 2023 federal AV calculator to produce the output sheets. As is the case in the 2023 NBPP, the AV for Turquoise Variants cannot be lower than what is prescribed and may only be 1 point higher than in the prescribed variant during Plan Year 2024. The calculator output screenshot will come back with an error message. It is up to the issuer to ensure that the AV output is within the de minimis range. If it is entered incorrectly, OSI will flag the issue during the rate review period and require the issuer to modify the sheet.

Step 1: In "Name" insert "Turquoise Variant #" and enter the corresponding number of the income tier before entering the full plan name.

Step 2: In "Desired Metal Tier," select the applicable underlying plan metal level.

Step 3: Enter plan cost sharing information.

Step 4: Click "Calculate" to generate an output.

Step 5: Verify that the AV output is within the de minimis range.

Step 6: Name the output tab the [HIOSPlanID\_Turquoise Plan Number]. The "Turquoise Plan Number" should be the number of the corresponding income tier. The plan number for income tier under 150% FPL is "1". The plan number for income tier between 150.01-200% FPL is "2". The plan number for income tier between 200.01-300% FPL is "3".

### **C. Federal Filing Requirements**

Issuers are still required to submit the ACA's variants for federal validation using the federal Plan Benefits Template (PBT). The federal PBT must be completed and be accompanied by an attestation of accuracy. OSI has requested input from CMS about whether there will be any requirement to submit any attestation to the federal government for the state variants as part of the RBIS process. OSI will inform issuers when we have received a response. Issuers should submit an attestation of accuracy for the Turquoise Variants to OSI with its Supplemental SOPA Variant Plans and Benefits Template.

## **Attachments**

### **Attachment A: Supplemental SOPA Variant Plans and Benefits Template**

[Click here](#) to view an unformatted blank version of the SOPA template. Please note that OSI will post a formatted version that meets beWellnm's system requirements shortly after the Manual is published.

### **Attachment B: Sample AV Calculator with Turquoise Variants**

See the sample on Page 14.

### **Attachment C: Turquoise Plans and Income Changes After OEP**

See Pages 15-19.

## Attachment B: Sample AV Calculator with Turquoise Variants

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?  
 Apply Inpatient Copay per Day?  
 Apply Skilled Nursing Facility Copay per Day?  
 Use Separate OOP Maximum for Medical and Drug Spending?  
 Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier: **1**

HSA/IRA Options

HSA/IRA Employer Contribution?  
 Annual Contribution Amount:

**Step 2**

Tier 1 Plan Benefits Design

	Medical	Drug	Combined
Deductible (\$)			1000.00
Coinsurance (% Insurer's Cost Share)			85.00%
OOP Maximum (\$)			5000.00

**Step 3**

Click Here for Important Instructions

Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
All Inpatient Hospital Services (inc. MMSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/>	<input type="checkbox"/>		
Generic	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Specialty Drugs (i.e., High-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? # Days (1-10):  
 Specialty Rx Coinsurance Maximum:  
 Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):  
 Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-60):  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):

Output **Calculate** **Step 4**

Status/Error Messages: SOPA Variant 2 - Income 150-200% FPL **Step 1**  
 Adversarial Value: 95.0% **Step 5**  
 Metal Tier: **Being verified** **Step 6**

### Example 1: SOPA Variant 2 – AV 95%, Income 150-200% FPL

- Step 1:** In “Name” insert “SOPA Variant #” and enter the corresponding number of the income tier before entering the full plan name.
- Step 2:** In “Desired Metal Tier,” select the applicable underlying plan metal level.
- Step 3:** Enter plan cost sharing information.
- Step 4:** Click “Calculate” to generate an output. You will see an error message indicating that the desired metal tier and the plan calculated AV do not match and if you want to change the desired metal tier. **Respond No.**
- Step 5:** Manually verify that the AV output is within the de minimis range.
- Step 6:** Name the output tab the [HIOSPlanID\_SOPA Plan Type]. The “Turquoise Plan Type” should be the number of the corresponding income tier. For example, the plan number for the Under 150% FPL income tier is 1. The plan number for the 150-200% FPL income tier is 2.

## Attachment C: Turquoise Plans and Income Changes After OEP

### How reporting income changes after Open Enrollment could affect your Turquoise Plan eligibility

**Turquoise Plans** are health plans offered on beWellnm that have reduced out-of-pocket costs. That means you'll get lower costs on things like your deductible, annual maximum out-of-pocket limit, co-pays, and coinsurance. Turquoise Plans are available to people who qualify for federal Premium Tax Credits and make less than 300% FPL. There are three Turquoise Plan types with different levels of out-of-pocket costs depending on household size and income. The table below shows the different plan types and income ranges based on household income and size.

#### Eligibility for Turquoise Plan Types Based on Household Income and Size (2024 Plan Year)

Family Size	Turquoise 1 Plans Up to 150% FPL	Turquoise 2 Plans 150.01-200% FPL	Turquoise 3 Plans 200.01-300% FPL
1	Up to \$21,870	\$21,871 to \$29,160	\$29,161 to \$43,740
2	Up to \$29,570	\$29,582 to \$39,440	\$39,442 to \$59,160
3	Up to \$37,290	\$37,292 to \$49,720	\$49,722 to \$74,580
4	Up to \$45,000	\$45,003 to \$60,000	\$60,003 to \$90,000
5	Up to \$52,710	\$52,714 to \$70,280	\$70,284 to \$105,420
6	Up to \$60,420	\$60,424 to \$80,560	\$80,564 to \$120,840
7	Up to \$68,130	\$68,135 to \$90,840	\$89,845 to \$136,260
8	Up to \$75,840	\$75,845 to \$101,120	\$101,125 to \$151,680

If you are enrolled in a Turquoise Plan on beWellnm and you report an income change during the Plan Year, it could affect your out-of-pocket costs. Federal regulations require beWellnm to reassign enrollees into the health plan variant that matches their household income. However, you will not be required to repay any out-of-pocket assistance that you received before your income change occurred. The tables below explain how reported changes in income that occur outside the Open Enrollment Period may affect your health plan.



**Individuals Currently Enrolled in a Turquoise 1 Plan**

Current Plan	Income Change	What reporting your income change means for your Turquoise Plan
<p><b>Currently enrolled in a Turquoise 1 Plan</b></p> <p><b>(Under 150% FPL when income was last reported)</b></p>	Income is still under 150% FPL and you still qualify for coverage on beWellnm*	You still qualify for a <b>Turquoise 1 Plan</b> . No additional action is necessary.
	Income is now between 150.01-200% FPL	You will be enrolled in a <b>Turquoise 2 Plan</b> from your existing health insurance carrier. No additional action is necessary.
	Income is now between 200.01-300% FPL	You still qualify for Turquoise Plans but you will need to switch to a <b>Turquoise 3 Plan</b> on beWellnm.com. As long as the plan is offered by your existing health insurance carrier, your accumulated out-of-pocket costs can be carried over to your new plan. If you take no action, you will be enrolled in a Silver plan with federal Cost Sharing Reductions offered by your existing health insurance carrier.
	Income now above 300% FPL	You no longer qualify for Turquoise Plans because your reported income is too high. You can still opt to select a different plan with your existing health insurance carrier, including Gold plans with lower premium costs. As long as the plan is offered by your existing health insurance carrier, your accumulated out-of-pocket costs can be carried over to your new plan.

\* If your income is below 138% FPL, you may qualify for no-cost coverage through Medicaid. This could affect your eligibility for beWellnm. Contact a Certified Assister to complete your eligibility determination: <https://www.bewellnm.com/certified-assister/>

NOTE: If your Turquoise Plan eligibility changes due to a change in reported income, the plan design for your coverage will change. However, any out-of-pocket payments you have made during the 2024 Plan Year will be carried over to your new plan as long as you stay with your existing health insurance carrier.



**Individuals Currently Enrolled in a Turquoise 2 Plan**

Current Plan	Income Change	What reporting your income change means for your Turquoise Plan
<b>Currently enrolled in a Turquoise 2 Plan  (150.01-200% FPL when income was last reported)</b>	Income is now under 150% and you still qualify for coverage on beWellnm*	You will be enrolled in a <b>Turquoise 1 Plan</b> from your existing health insurance carrier. No additional action is necessary.
	Income is still between 150.01-200% FPL	You still qualify for a <b>Turquoise 2 Plan</b> . No additional action is necessary.
	Income is now between 200.01-300% FPL	You still qualify for Turquoise Plans but you will need to switch to a <b>Turquoise 3 Plan</b> on beWellnm.com. As long as the plan is offered by your existing health insurance carrier, your accumulated out-of-pocket costs can be carried over to your new plan. If you take no action, you will be enrolled in a Silver plan with federal Cost Sharing Reductions offered by your existing health insurance carrier.
	Income now above 300% FPL	You no longer qualify for Turquoise Plans because your reported income is too high. You can still opt to select a different plan with your existing health insurance carrier, including Gold plans with lower premium costs. As long as the plan is offered by your existing health insurance carrier, your accumulated out-of-pocket costs can be carried over to your new plan.

\* If your income is below 138% FPL, you may qualify for no-cost coverage through Medicaid. This could affect your eligibility for beWellnm. Contact a Certified Assister to complete your eligibility determination: <https://www.bewellnm.com/certified-assister/>

NOTE: If your Turquoise Plan eligibility changes due to a change in reported income, the plan design for your coverage will change. However, any out-of-pocket payments you have made during the 2024 Plan Year will be carried over to your new plan as long as you stay with your existing health insurance carrier.

**Individuals Currently Enrolled in a Turquoise 3 Plan**

<b>Current Plan</b>	<b>Income Change</b>	<b>What reporting your income change means for your Turquoise Plan</b>
<p><b>Currently enrolled in a Turquoise 3 Plan</b></p> <p><b>(200.01-250% FPL when income was last reported)</b></p>	Income is now under 150% and you still qualify for coverage on beWellnm*	You still qualify for Turquoise Plans but you will need to switch to a <b>Turquoise 1 Plan</b> on beWellnm.com. As long as the plan is offered by your existing health insurance carrier, your accumulated out-of-pocket costs can be carried over to your new plan offered by your existing health insurance carrier. If you take no action, you will be enrolled in a Gold plan with no state or federal assistance to lower your out-of-pocket costs. You will still receive state and federal premium assistance.
	Income is now between 150.01-200% FPL	You still qualify for Turquoise Plans but you will need to switch to a <b>Turquoise 2 Plan</b> on beWellnm.com. As long as the plan is offered by your existing health insurance carrier, your accumulated out-of-pocket costs can be carried over to your new plan. If you take no action, you will be enrolled in a Gold plan with no state or federal assistance to lower your out-of-pocket costs. You will still receive state and federal premium assistance.
	Income is still between 200.01-300% FPL	You still qualify for a <b>Turquoise 3 Plan</b> . No additional action is necessary.
	Income now above 300% FPL	You no longer qualify for Turquoise Plans because your reported income is too high. You will be enrolled in a Gold plan offered by your existing health insurance carrier. Your accumulated out-of-pocket costs will still be carried over to your Gold plan.

\* If your income is below 138% FPL, you may qualify for no-cost coverage through Medicaid. This could affect your eligibility for beWellnm. Contact a Certified Assister to complete your eligibility determination: <https://www.bewellnm.com/certified-assister/>

NOTE: If your Turquoise Plan eligibility changes due to a change in reported income, the plan design for your coverage will change. However, any out-of-pocket payments you have made during the 2024 Plan Year will be carried over to your new plan as long as you stay with your existing health insurance carrier.

**Individuals Currently Enrolled in non-Turquoise Silver or Gold Plans\***

<b>Current Plan</b>	<b>Income Change</b>	<b>What reporting your income change means for your Turquoise Plan</b>
<b>Currently enrolled in a Silver Plan  (Over 200% FPL when income was last reported)</b>	Income is now under 150% and you still qualify for coverage on beWellnm*	You now qualify for a <b>Turquoise 1 Plan</b> . Your coverage will now have reduced out-of-pocket costs. No additional action is necessary to take advantage of these savings.
	Income is now between 150.01-200% FPL	You now qualify for a <b>Turquoise 2 Plan</b> . Your coverage will now have reduced out-of-pocket costs. No additional action is necessary to take advantage of these savings.
	Income is still above 200% FPL	Your current plan is not eligible for Turquoise coverage.
<b>Current Plan</b>	<b>Income Change</b>	<b>What reporting your income change means for your Turquoise Plan</b>
<b>Currently enrolled in a Gold Plan  (Under 200% FPL when income was last reported)</b>	Income is now between 200.01-300% FPL	You now qualify for a <b>Turquoise 3 Plan</b> . Your coverage will now have reduced out-of-pocket costs. No additional action is necessary to take advantage of these savings.
	Income is still below 200% FPL	Your current plan is not eligible for Turquoise coverage. You can take advantage of a Special Enrollment Period any time during the year if you would like to switch to a Turquoise Plan.

\* If your income is below 138% FPL, you may qualify for no-cost coverage through Medicaid. This could affect your eligibility for beWellnm. Contact a Certified Assister to complete your eligibility determination: <https://www.bewellnm.com/certified-assister/>

NOTE: If your Turquoise Plan eligibility changes due to a change in reported income, the plan design for your coverage will change. However, any out-of-pocket payments you have made during the 2024 Plan Year will be carried over to your new plan as long as you stay with your existing health insurance carrier.

\* Bronze plans do not qualify for Turquoise coverage under any circumstances.