DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

Date: **July 31, 2026**
From: **Peter Nelson, Deputy Administrator and Director, Center for Consumer Information & Insurance Oversight**
Subject: **Plan Year 2027 Standardized Plan Option Plan Designs**

The following tables identify the Plan Year 2027 standardized plan option plan designs.

2027 Standardized Options Set One (For All FFE and SBE-FP Issuers, Excluding Issuers in Delaware, Louisiana, and Oregon)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	63.10%	70.00%	73.07%	87.02%	94.01%	78.05%	88.00%
Deductible	$7,500	$6,400	$2,900	$800	$0	$2,500	$0
Annual Limitation on Cost Sharing	$12,000	$10,300	$9,000	$3,600	$3,500	$8,600	$5,900
Emergency Room Services	50%	40%	40%	30%	25%*	25%	$250*
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	50%	40%	40%	30%	25%*	25%	$400*
Primary Care Visit	$50*	$40*	$40*	$20*	$0*	$30*	$20*
Urgent Care	$75*	$60*	$60*	$30*	$5*	$45*	$30*
Specialist Visit	$100*	$80*	$80*	$40*	$10*	$60*	$40*
Mental Health & Substance Use Disorder Outpatient Office Visit	$50*	$40*	$40*	$20*	$0*	$30*	$20*
Imaging (CT/PET Scans, MRIs)	50%	40%	40%	30%	25%*	25%	$250*
Speech Therapy	$50*	$40*	$40*	$20*	$0*	$30*	$20*
Occupational, Physical Therapy	$50*	$40*	$40*	$20*	$0*	$30*	$20*
Laboratory Services	50%	40%	40%	30%	25%*	25%	$60*
X-rays/Diagnostic Imaging	50%	40%	40%	30%	25%*	25%	$60*
Skilled Nursing Facility	50%	40%	40%	30%	25%*	25%	$250*
Outpatient Facility Fee (Ambulatory Surgery Center)	50%	40%	40%	30%	25%*	25%	$250*
Outpatient Surgery Physician & Services	50%	40%	40%	30%	25%*	25%	$250*
Generic Drugs	$25*	$20*	$20*	$10*	$0*	$15*	$10*
Preferred Brand Drugs	$50	$40*	$40*	$20*	$15*	$30*	$20*
Non-Preferred Brand Drugs	$100	$80	$80	$60	$50*	$60*	$60*
Specialty Drugs	$500	$350	$350	$250	$150*	$250*	$250*

*Benefit category not subject to the deductible

2027 Standardized Options Set Two (For Issuers in Delaware and Louisiana)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	63.10%	70.00%	73.00%	87.05%	94.02%	78.03%	88.01%
Deductible	$7,500	$6,400	$3,000	$700	$0	$2,500	$0
Annual Limitation on Cost Sharing	$12,000	$10,300	$9,000	$3,800	$3,700	$8,700	$6,400
Emergency Room Services	50%	40%	40%	30%	25%*	25%	$250*
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	50%	40%	40%	30%	25%*	25%	$400*
Primary Care Visit	$50*	$40*	$40*	$20*	$0*	$30*	$20*
Urgent Care	$75*	$60*	$60*	$30*	$5*	$45*	$30*
Specialist Visit	$100*	$80*	$80*	$40*	$10*	$60*	$40*
Mental Health & Substance Use Disorder Outpatient Office Visit	$50*	$40*	$40*	$20*	$0*	$30*	$20*
Imaging (CT/PET Scans, MRIs)	50%	40%	40%	30%	25%*	25%	$250*
Speech Therapy	$50*	$40*	$40*	$20*	$0*	$30*	$20*
Occupational, Physical Therapy	$50*	$40*	$40*	$20*	$0*	$30*	$20*
Laboratory Services	50%	40%	40%	30%	25%*	25%	$60*
X-rays/Diagnostic Imaging	50%	40%	40%	30%	25%*	25%	$60*
Skilled Nursing Facility	50%	40%	40%	30%	25%*	25%	$250*
Outpatient Facility Fee (Ambulatory Surgery Center)	50%	40%	40%	30%	25%*	25%	$250*
Outpatient Surgery Physician & Services	50%	40%	40%	30%	25%*	25%	$250*
Generic Drugs	$25*	$20*	$20*	$10*	$0*	$15*	$5*
Preferred Brand Drugs	$50	$40*	$40*	$20*	$5*	$30*	$10*
Non-Preferred Brand Drugs	$100	$80	$80	$60	$10*	$60*	$50*
Specialty Drugs	$150	$125	$125	$100	$20*	$100*	$75*

*Benefit category not subject to the deductible