

Implementation of Cost Sharing Subsidies

Upon federal approval, starting in 2025 to ease the financial burden on New Yorkers enrolled in Qualified Health Plans (QHP), NY State of Health will be offering new health insurance subsidies to lower consumers' out-of-pocket costs. As authorized in the SFY 2025 Enacted budget and subject to federal approval, NY State of Health will extend subsidies to low- and moderate-income New Yorkers through the reduction of cost-sharing for Qualified Health Plans through the Marketplace (HMH SFY 25 Part J). \$315 million of federal waiver passthrough funding has been allocated for these subsidies in 2025.

We propose to leverage existing cost-sharing plan designs offered today for on-exchange products and extend eligibility for Silver Cost-Sharing Reduction (CSR) products to individuals with higher incomes, which should simplify administration. Specifically, while eligibility for CSR products ends at 250% of FPL today for a 73% actuarial value (AV) product, we propose to extend eligibility for the 87% AV product to individuals with incomes up to 350% of FPL and for the 73% AV product to 400% of FPL (see table below). (Consumers with income to 250% of FPL will be eligible for the Essential Plan.)

2025 Standard Products:

	Platinum	Gold	Silver	Silver 73	Silver 87	Silver 94	Bronze	Bronze HSA	Catastrophic	AI/ ANCSR 100-300% FPL
Deductible										
- Individual	None	\$600	\$2,100	\$1,855	\$350	None	\$3,800	\$5,500	\$9,2000	None
- Family	None	\$1,200	\$4,200	\$3,710	\$700	None	\$7,600	\$11,000	\$18,400	None
Out-of-Pocket Limit										
- Individual	\$2,000	\$7,900	\$9,200	\$7,350	\$3,050	\$1,075	\$9,200	\$8,050	\$9,200	\$0
- Family	\$4,000	\$15,800	\$18,400	\$14,700	\$6,100	\$2,152	\$18,400	\$16,100	\$18,400	\$0

Under current law, eligibility for Cost-Sharing Reduction products varies by income:

- 100% to 150% of FPL, AV is increased to 94% (better than a Platinum plan)
- 150% to 200% of FPL, AV is increased to 87% (nearly as good as a Platinum plan)
- 200% to 250% of FPL, AV is increased to 73% (better than the standard 70% Silver plan)

Because of the Essential Plan (EP) in NY, there is very limited enrollment in the CSR 87 and CSR 94 variants (a small number of individuals age 65+ who are not eligible for EP or Medicare). Through this cost sharing reduction initiative in 2025, we would extend eligibility for these CSR products to higher income levels. Federal waiver funding will cover the cost of these consumer cost sharing subsidies and will be provided by the state to the health plans. Guidance on how the state will pay plans for CSR is forthcoming.

Essential Plan and Qualified Health Plan Cost Sharing for Individuals with Diabetes

Upon federal approval, starting in 2025 to make services more accessible and affordable, NY State of Health will cover the in-network cost-sharing such as deductibles, copayments, and coinsurance for Essential Plan and Qualified Health Plan (QHP) enrollees who have a primary diagnosis of diabetes. Reducing consumers' out-of-pocket costs is expected to improve consumers' ability to manage Diabetes by improving access to recommended care, lowering the likelihood of unnecessary hospitalizations, and improving overall health. Leveraging the experience of other state-based marketplaces and pursuing health equity focused plan designs, the objective is to address health inequities by focusing on conditions that disproportionately impact lower-income communities, including communities of color.

This program will be available to consumers enrolled in all Essential Plan variants, including Essential Plan 1-4 and 200 - 250. For QHPs, this program will be available to consumers who are enrolled in an on exchange, standard and/or nonstandard plan, except for catastrophic plans. Specific rules apply to High Deductible Health Plans (described below).

This program applies to specific items and services and includes medical care, prescription drugs, supplies, and diagnostics, related to the primary diagnosis of diabetes. NYSOH will cover the cost-sharing, including deductibles, copays, and coinsurance, for primary care office visits, but cost-sharing will still apply to hospitalization related costs and specialist office visits, unless indicated otherwise in the table below. For QHPs, NY State of Health payments made on the consumer's behalf must be applied to both the deductible and the out-of-pocket limit. For Essential Plans, NY State of Health payments made on the consumer's behalf must be applied to the out-of-pocket limit.

There will be no required changes to plans' utilization management or preauthorization processes under this initiative.

The list of services, supplies, and prescription drugs outlined in Table 1 below applies when there is a primary diagnosis of diabetes presented.

High Deductible Health Plans

High deductible health plans are subject to specific rules. For a high-deductible health plan, consumers must pay the cost-sharing until they have met the minimum deductible amount required for high deductible plans under the Internal Revenue Code; with the exception of certain in-network items and services as outlined in the subscriber agreement. The items and services related to diabetes that are not subject to cost-sharing before the deductible is met are:

- Glucometer for diabetes;
- Hemoglobin A1c testing for diabetes;
- Insulin and other glucose lowering agents for diabetes;
- Retinopathy screening for diabetes
- Angiotensin Converting Enzyme (ACE) inhibitors for diabetes;
- Statins for diabetes

Table 1. Diabetes Cost-Sharing Reduction Initiative: Essential Plan and Qualified Health Plans

Items and services are subject to change based on updated recommendations/guidance.

Medical and Lab Services	Diabetic Supplies
Unlimited Primary Care visits	Alcohol or peroxide by the pint
1 dilated retinal exam per year	Acetone reagent tablets
1 diabetic foot exam per year	Acetone reagent strips
Unlimited nutritional counseling visits	Glucose reagent tape
Lipid panel test	Glucose kit
Hemoglobin A1C test	Injector (Busher) Automatic
Microalbumin urine test	Injection aides
Basic metabolic panel	Insulin/Insulin cartridge delivery
Liver function test	Lancets and automatic lancing devices
<i>Laboratory procedures and tests for the diagnosis and management of diabetes.</i>	Glucose test strips
	Blood glucose monitors
	Blood glucose monitor for visually impaired
	Control solutions used in glucose monitors
	Diabetes data management systems for management of blood glucose
	Urine testing products for glucose and ketones
	Oral anti-diabetic agents used to reduce blood sugar levels
	Alcohol swabs
	Syringes
	Injection aides including insulin drawing up devises for the visually impaired
	Cartridges for the visually impaired
	Disposable insulin cartridges and pen cartridges
	All insulin preparations
	Insulin pumps and equipment for the use of the pump including batteries
	Insulin infusion devices
	Oral agents for treating hypoglycemia such as glucose tablets and gels
	Glucagon for injection to increase blood glucose concentration
	Continuous Glucose Monitor

Prescription Drugs

Prescription Drugs for the treatment of diabetes on the Plan's formulary or when the Prescription Drug is obtained through the formulary exception process will have cost-sharing waived.

ACARBOSE	INSULIN ASPART PROT/INSULN ASP	INSULIN ZINC, BEEF PURIFIED
ACETOHEXAMIDE	INSULIN ASPART/B3/PUMP CART	INSULIN ZINC, BEEF-PORK
ALBIGLUTIDE	INSULIN DEGLUDEC	INSULIN ZINC, PORK PURIFIED
ALOGLIPTIN BENZ/METFORMIN HCL	INSULIN DEGLUDEC/LIRAGLUTIDE	INSULIN, BEEF
ALOGLIPTIN BENZ/PIOGLITAZONE	INSULIN DETEMIR	INSULIN, PORK
ALOGLIPTIN BENZOATE	INSULIN GLARGINE, HUM.REC.ANLOG	INSULIN, PORK PURIFIED
BEXAGLIFLOZIN	INSULIN GLARGINE- IAGLR	INSULIN, PORK REG. CONCENTRATE
BROMOCRIPTINE MESYLATE	INSULIN GLARGINE- IYFGN	LINAGLIPTIN
CANAGLIFLOZIN	INSULIN GLARGINE/LIXISENATIDE	LINAGLIPTIN/METFORMIN HCL
CANAGLIFLOZIN/METFORMIN HCL	INSULIN GLULISINE	LIRAGLUTIDE
CHLORPROPAMIDE	INSULIN ISOPHANE NPH, BF-PK	LIXISENATIDE
DAPAGLIFLOZ PROPANED/METFORMIN	INSULIN ISOPHANE, BEEF	METFORMIN HCL
DAPAGLIFLOZIN PROPANEDIOL	INSULIN ISOPHANE, BEEF PURE	METFORMIN/AA 7/HERB125/CHOLINE
DAPAGLIFLOZIN/SAXAGLIPTIN HCL	INSULIN ISOPHANE, PORK PURE	METFORMIN/BLOOD SUGAR DIAGNOST
DASIGLUCAGON HCL	INSULIN LISPRO	METFORMIN/CAFF/AA7/HRB125/CHOL
DEXTROSE	INSULIN LISPRO PROTAMIN/LISPRO	MIFEPRISTONE
DEXTROSE/DEXTRIN/MALTOSE	INSULIN LISPRO-AABC	MIGLITOL
DEXTROSE/MALTODEXTRIN	INSULIN NPH HUM/REG INSULIN HM	NATEGLINIDE
DEXTROSE/VITAMIN D3	INSULIN NPH HUMAN ISOPHANE	PIOGLITAZONE HCL
DIAZOXIDE	INSULIN NPH HUMAN ISEMI-SYN	PIOGLITAZONE HCL/GLIMEPIRIDE
DULAGLUTIDE	INSULIN NPH/REGULAR INSULN 5-5	PIOGLITAZONE HCL/METFORMIN HCL
EMPAGLIFLOZ/LINAGLIP/METFORMIN	INSULIN PROTAMINE IZINC, BEEF	PRAMLINTIDE ACETATE
EMPAGLIFLOZIN	INSULIN PROTAMINE ZN, BEEF {P}	REG INSULIN HM/RLSE/CHBR/IHLR

EMPAGLIFLOZIN/LINAGLIPTIN	INSULIN PROTAMINE ZN, BF-PK	REPAGLINIDE
EMPAGLIFLOZIN/METFORMIN HCL	INSULIN PROTAMINE ZN, PORK (P)	REPAGLINIDE/METFORMIN HCL
ERTUGLIFLOZIN PIDOLATE	INSULIN REG HUMAN SEMI-SYN	ROSIGLITAZONE MALEATE
ERTUGLIFLOZIN/METFORMIN	INSULIN REG, HUM S-S BUFF	ROSIGLITAZONE/GLIMEPIRIDE
ERTUGLIFLOZIN/SITAGLIPTIN PHOS	INSULIN REGULAR IN 0.9 % NACL	ROSIGLITAZONE/METFORMIN HCL
EXENATIDE	INSULIN REGULAR, HUMAN	SAXAGLIPTIN HCL
EXENATIDE MICROSPHERES	INSULIN REGULAR, BEEF-PORK	SAXAGLIPTIN HCL/METFORMIN HCL
GLIMEPIRIDE	INSULIN REGULAR, HUMAN BUFFERED	SEMAGLUTIDE
GLIPIZIDE	INSULIN REGULAR, HUMAN&REL. UNT	SITAGLIPTIN
GLIPIZIDE/METFORMIN HCL	INSULIN ZINC BEEF	SITAGLIPTIN PHOS/METFORMINHCL
GLUCAGON	INSULIN ZINC EXT, BEEF (P)	SITAGLIPTIN PHOS/SIMVASTATIN
GLUCAGON HCL	INSULIN ZINC EXTEND HUMAN REC	SITAGLIPTIN PHOSPHATE
GLYBURIDE	INSULIN ZINC EXTENDED, BEEF	SOTAGLIFLOZIN
GLYBURIDE, MICRONIZED	INSULIN ZINC EXTENDED, BF-PK	TIRZEPATIDE
GLYBURIDE/METFORMIN HCL	INSULIN ZINC HUMAN RECOMBINANT	TOLAZAMIDE
INS ZN, BF (P)/INS ZN, PK (P)	INSULIN ZINC HUMAN SEMI-SYN	TOLBUTAMIDE
INSUL, PK PURE/INSUL NPH, PK-P	INSULIN ZINC PROMPT, BEEF	TROGLITAZONE
INSULIN ASPART	INSULIN ZINC PROMPT, BF-PK	
INSULIN ASPART (NIACINAMIDE)	INSULIN ZINC PROMPT, PORK PURE	

Cost Sharing for Prenatal and Postpartum Services for Individuals in a Qualified Health Plan

Upon federal approval, starting in 2025 to make services more accessible and affordable for pregnant and postpartum enrollees in Qualified Health Plans (QHPs), NY State of Health will cover the in-network cost-sharing, including (where applicable) deductibles, coinsurance, and copayments for most services. Removing cost-sharing barriers for this population will allow individuals to obtain needed care including medical services, lab/x-ray services and supplies, and prenatal testing. NY State of Health payments made on the consumer's behalf must be applied to both the deductible and the out-of-pocket limit.

This initiative will apply to on-exchange, standard and/or nonstandard plans, except for catastrophic plans.

Because of the Affordable Care Act's requirements for coverage of preventive health services, many maternal health services are currently covered without cost-sharing. The United States Preventive Services Task Force (USPSTF) and Health Resources & Services Administration (HRSA) broadly define services that are covered without cost-sharing, which include office visits, prenatal vitamins, and breast pumps and supplies.

This initiative will cover cost-sharing for all diagnoses and services for individuals during pregnancy and through 12 months postpartum, except for the services outlined in Table 2 below.

For QHPs, NY State of Health payments made on the consumer's behalf must be applied to both the deductible and the out-of-pocket limit. For Essential Plans, NY State of Health payments made on the consumer's behalf must be applied to the out-of-pocket limit.

There will be no required changes to plans' utilization management or preauthorization processes under this initiative, with the exception of blood pressure monitors. Automatic blood pressure monitors and manual blood pressure monitors may not be subject to preauthorization.

Cost-sharing will still apply to physician, nurse practitioner and midwife services for delivery as well as, inpatient hospital and birthing center services for delivery.

High Deductible Health Plans

High deductible health plans are subject to specific rules. For a high-deductible health plan, consumers must pay the cost-sharing until they have met the minimum deductible amount required for high deductible plans under the Internal Revenue Code, with the exception of certain preventive services. The following items and services are not subject to cost-sharing before the deductible is met:

- Angiotensin Converting Enzyme (ACE) inhibitors for congestive heart failure, diabetes, and/or coronary artery disease;
- Beta-blockers for congestive heart failure and/or coronary artery disease;
- Low-density lipoprotein (LDL) testing for heart disease;
- Statins for heart disease and/or diabetes;
- Glucometer for diabetes;
- Hemoglobin A1c testing for diabetes;
- Insulin and other glucose lowering agents for diabetes;
- Retinopathy screening for diabetes;
- Blood pressure monitor for hypertension;
- Inhaled corticosteroids for asthma;
- Peak flow meter for asthma;

- International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders;
- Anti-resorptive therapy for osteoporosis and/or osteopenia;
- Selective Serotonin Reuptake Inhibitors (SSRIs) for depression.

Table 2. Cost-Sharing *Will* Apply to the Following Services for Pregnant and Postpartum Individuals

Ambulance Services
All Inpatient Services (hospital, rehabilitation, mental health/substance use disorder, hospice)
Emergency Care in a Hospital
Physician, Nurse Practitioner and Midwife services for Delivery
Inpatient Hospital and Birthing Center services for Delivery
Pediatric Vision and Dental