DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services
200 Independence Avenue SW
Washington, DC 20201

**Date:** August 8, 2023

**From:** Center for Consumer Information and Insurance Oversight and Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services

**Title:** Standardized Plan Options Information Bulletin

**Subject:** CMS Bulletin on Standardized Plan Options Display Requirements for Qualified Health Plan (QHP) Issuers Using Direct Enrollment (DE) and Web-brokers

## I. Background and Purpose

Standardized plan options are Qualified Health Plans (QHPs) that offer standardized cost-sharing and pre-deductible coverage at every product network type, as described in the definition of "product" at 45 C.F.R. § 144.103, and throughout every service area that offers non-standardized QHP options. During OEP for Plan Year 2023, CMS differentially displayed these standardized plan options on the *HealthCare.gov* platform in accordance with 45 C.F.R. § 155.205(b)(1).

45 C.F.R. § 155.220(c)(3)(i)(H) and 45 C.F.R. § 156.265(b)(3)(iv) establish a requirement for DE entities[1] that assist consumers with enrolling in QHPs to differentially display all standardized options prominently and in accordance with the requirements under § 155.205(b)(1) in a manner consistent with that adopted by HHS for display on the Federally-facilitated Exchange (FFE) website, unless HHS approves a deviation.

HHS established standardized plan options display requirements for approved web-brokers and QHP issuers using a direct enrollment pathway to facilitate enrollment through an FFE or State-based Exchanges on the Federal Platform (SBE-FP)—including both the Classic DE and EDE Pathways—in the HHS Notice of Benefit and Payment Parameters ("Payment Notice") for 2018. Standardized options were discontinued in the 2019 Payment Notice and then later resumed in the 2023 Payment Notice.

This bulletin serves as guidance on the manner in which standardized plan options must be displayed on DE entity websites beginning with the Plan Year (PY) 2024 Open Enrollment Period (OEP). In addition, this guidance provides information on the process for requesting a deviation in the display of standardized plan options.

The contents of this document do not have the force and effect of law and are not meant to bind the public directly. This document is intended to provide clarity regarding existing requirements

[1] The scope of 45 C.F.R. § 155.220(c)(3)(i)(H) and 45 C.F.R. § 156.265(b)(3)(iv) is applicable to web-brokers and QHP issuers using direct enrollment (including both classic Direct Enrollment or Enhanced Direct Enrollment), respectively. Although the term DE entities may cover entities beyond those discussed in this guidance, references to DE entities within this document refer to QHP issuers using direct enrollment and web-brokers.

under the law.

## II. Guidance

Standardized plan options must be displayed in a manner consistent with *HealthCare.gov* and must be displayed on both consumer-facing websites and agent/broker(A/B)-facing websites. Refer to Appendix A for examples of the *HealthCare.gov* display for each of the requirements referenced throughout this document[2].

DE entities must display an "Easy pricing" label and an accompanying price tag icon for all standardized plans. The labeling and iconography must be displayed for each standardized plan on all QHP display pages (including plan compare and plan details pages).

DE entities must display the following help text in relevant language(s) to describe standardized plan options:

"**Consider plans with easy pricing**

Marketplace plans marked **easy pricing**:

- Include some benefits before you reach the deductible. As soon as coverage starts, you'll pay only a copayment for:
    - Doctor and specialist visits, including mental health
    - Urgent care
    - Physical, speech, and occupational therapy
    - Generic and **most** preferred drugs
- Are easier to compare because they have the same out-of-pocket costs within their health plan category, like:
    - Deductibles
    - Out-of-pocket maximums
    - Copayments/coinsurance"

This help text must be prominently displayed on DE entity websites. The following guidelines apply to the prominent display of this text:

- CMS considers the help text to be prominently displayed if the text dynamically appears when a user hovers over the "Easy pricing" label or iconography, or if it is displayed as a static or linked pop-up description in close proximity to where the "Easy pricing" label and icon appear.
- The help text must use the exact language provided by HHS.

[2] CMS may modify the display of the plan cards so that they no longer match the screen shots in this document. However, the guidance on language and labeling still applies, and CMS does not plan at this time to change any of the language around how standard plans are described to consumers prior to OE.

- The help text must be written in a font size no smaller than the majority of the text on the webpage.
- The help text and corresponding "Easy pricing" label must be displayed in the same non-English language as any language(s) the web-broker or issuer maintains screens for on its website. See Appendix B for Spanish translations.
- The help text must be noticeable in the context of the website (e.g., use a font color that contrasts with the background of the webpage).

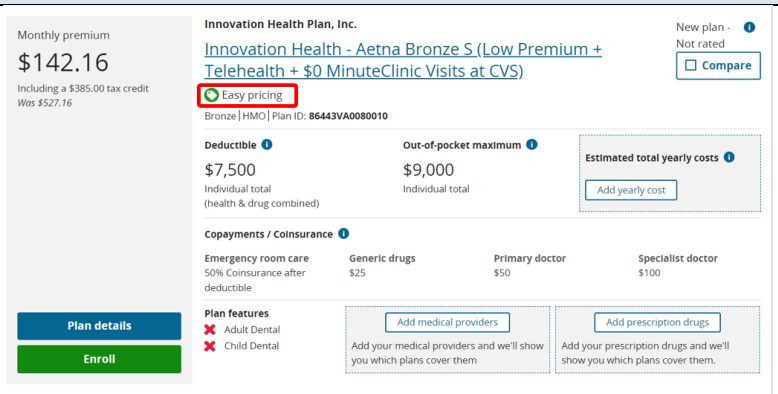
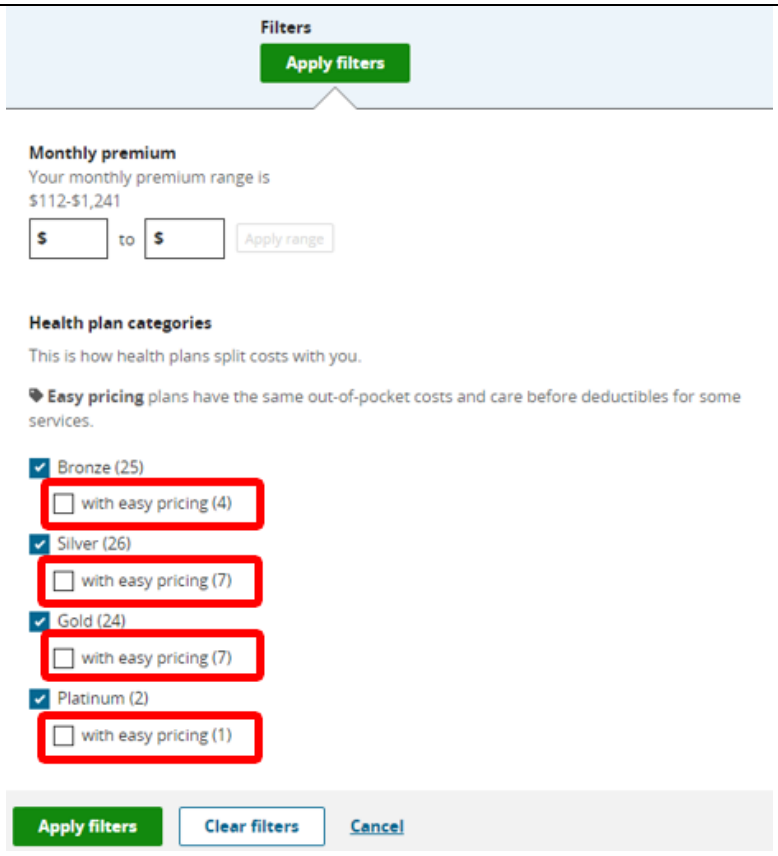
In addition, DE entities must provide an option for website users to filter the QHP display to show only standardized plan options.

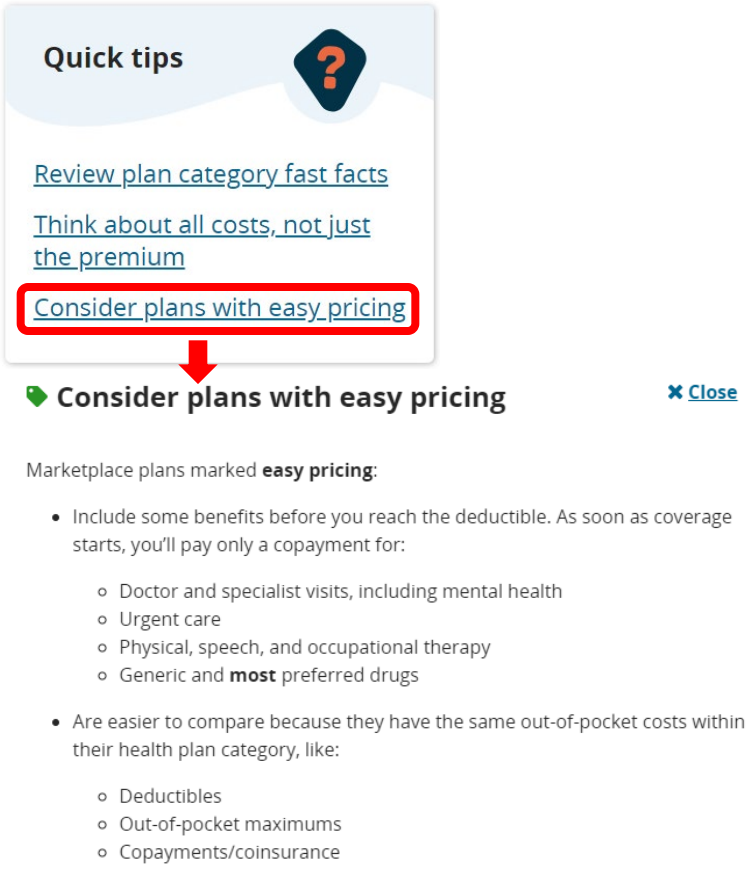
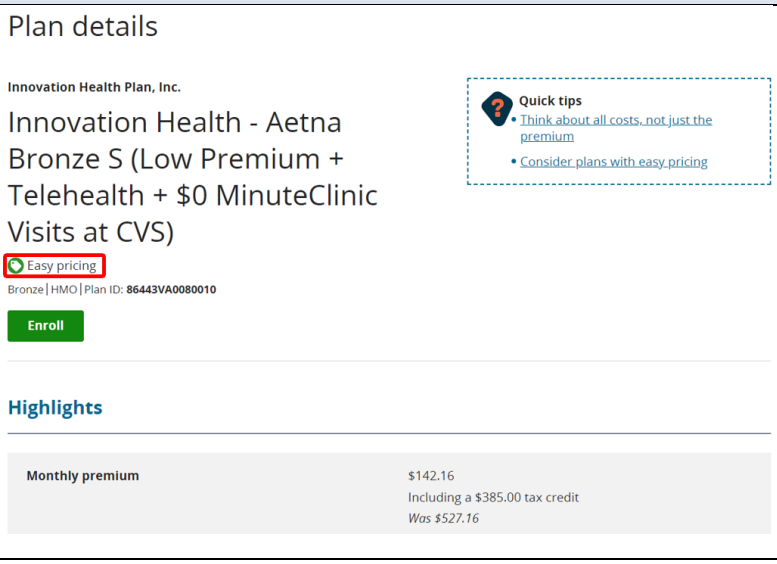
Information on standardized plan options is available through the Marketplace API (MAPI) or the public use files (PUF).

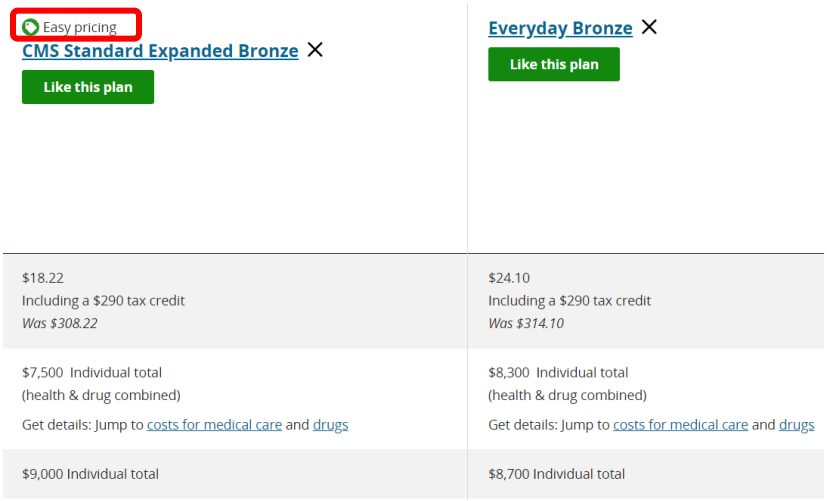
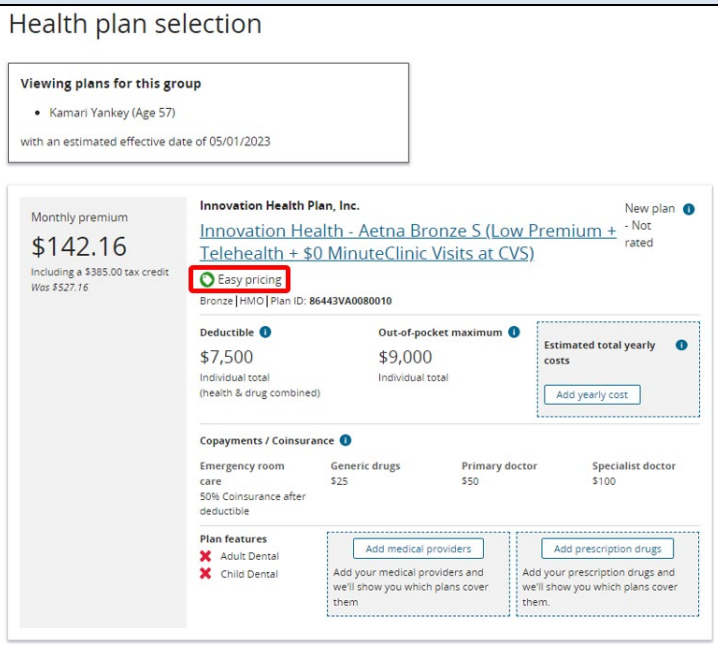
- Standardized plans can be identified in a MAPI response by the **"design_type"** field. A value of **DESIGN1**, **DESIGN2**, **DESIGN3**, **DESIGN4**, or **DESIGN5** indicates a standardized plan. A value of **"NOT_APPLICABLE"** indicates a non-standard plan.
- Standardized plans can be identified in the Plan Attributes PUF by the **"DesignType"** field. A value of **"Design Type 1"**, "**Design Type 2"**, or "**Design Type 3"** indicates a standardized plan. A value of **"Not Applicable"** indicates a non-standard plan.

To request a deviation in the display of standardized plan options, web-brokers and issuers must submit a request to directenrollment@cms.hhs.gov. Requests should use the subject line "Easy Pricing Display Question" and any associated documents or design mock-ups must be submitted via the DE/EDE PME site. CMS may require additional documentation to assess requested deviations.

## Appendix A – HealthCare.gov Standardized Plan Options Display Examples

| Requirements | *HealthCare.gov* Examples |
|---|---|
| **Plan Display** | |
| Standardized plans include an "Easy pricing" label.<br><br>A price tag icon displays next to the "Easy pricing" label. |  |
| Filtering options include filtering for "Easy pricing" plans.<br><br>Note: "Easy pricing" filters may be standalone filters and do not need to be nested within Health Plan Category filters. |  |

| Requirements | *HealthCare.gov* Examples |
|---|---|
| Help text explaining "Easy pricing" plans is available for consumers. |  |
| **Plan Details** | |
| The plan details page includes the "Easy pricing" label and icon for standardized plans. |  |

| Requirements | *HealthCare.gov* Examples |
|---|---|
| **Plan Compare** | |
| The plan compare feature includes the "Easy pricing" label and icon for standardized plans. |  |
| **Plan Selection** | |
| The plan selection page includes the "Easy pricing" label and icon for standardized plans. |  |

## Appendix B – Spanish Translations

| Requirement | Translation |
|---|---|
| "Easy pricing" label | Precios fáciles |
| Help Text | **Considere planes con precios fáciles**<br><br>Los planes del Mercado marcados como **precios fáciles:**<br><br>• Incluyendo algunos beneficios antes de alcanzar el deducible. Tan pronto como comience la cobertura, solo pagará un copago por:<br>o Visitas a médicos y especialistas, incluyendo la salud mental<br>o Atención de urgencias<br>o Terapia física, del habla y ocupacional<br>o Medicamentos genéricos y preferidos<br><br>• Son más fáciles de comparar porque tienen los mismos gastos de bolsillo dentro de su categoría de plan de salud, como:<br>o Deductibles<br>o Gastos máximos de bolsillo<br>o Copagos/coseguro |