

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend the Code of Virginia by adding a section numbered 38.2-3407.15:9, relating to health*
 3 *insurance; limit on cost-sharing payments for prescription drugs under certain plans.*

4 [H 625]

5 Approved

6 **Be it enacted by the General Assembly of Virginia:**

7 **1. That the Code of Virginia is amended by adding a section numbered 38.2-3407.15:9 as follows:**
 8 **§ 38.2-3407.15:9. Limit on cost-sharing payments for prescription drugs under certain plans.**

9 *A. As used in this section:*10 *"Carrier" has the same meaning as provided in subsection A of § 38.2-3407.15.*11 *"Cost-sharing payment" means the total amount a covered person is required to pay at the point of sale in*
 12 *order to receive a prescription drug that is covered under the covered person's health plan.*13 *"Covered person" means a policyholder, subscriber, participant, or other individual covered by a health*
 14 *plan.*15 *"Health plan" means any health benefit plan, as defined in § 38.2-3438, that provides coverage for*
 16 *prescription drugs.*17 *B. Notwithstanding any other provision of law, each carrier that offers a health plan in either the*
 18 *individual or small group market shall ensure that at least one health plan in each metal level of coverage*
 19 *offered by the carrier, as defined in 45 C.F.R. § 156.140, in each rating area in the individual and small*
 20 *group market conform with the following:*21 *1. A plan that offers a platinum level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's*
 22 *cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed \$150*
 23 *per 30-day supply of the prescription drug;*24 *2. A plan that offers a gold level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's*
 25 *cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed \$200*
 26 *per 30-day supply of the prescription drug;*27 *3. A plan that offers a silver level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's*
 28 *cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed \$250*
 29 *per 30-day supply of the prescription drug; and*30 *4. A plan that offers a bronze level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's*
 31 *cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed \$300*
 32 *per 30-day supply of the prescription drug.*33 *The limits described in subdivisions 1 through 4 shall apply at any point in the benefit design, including*
 34 *before and after any applicable deductible is reached.*35 *C. Any health plan offered to meet the requirements of subsection B shall be (i) clearly and appropriately*
 36 *named to aid the consumer or plan sponsor in the plan selection process and (ii) marketed in the same*
 37 *manner as other plans offered by the health insurance carrier.*38 *D. No health plan offered pursuant to subsection B shall count against any limit on plan options*
 39 *established by the Commission or the Virginia Health Benefits Exchange.*40 *E. If the application of the provisions of this section would result in a health plan's ineligibility to qualify*
 41 *as a Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C. § 223, then the*
 42 *requirements of this section shall not apply with respect to the deductible of such health plan until after the*
 43 *enrollee has satisfied the minimum deductible under 26 U.S.C. § 223.*44 **2. That the provisions of this act shall apply to any individual or group accident and sickness insurance**
 45 **policy, any individual or group accident and sickness subscription contract, and any health care plan**
 46 **for health care services delivered, issued for delivery, or renewed in the Commonwealth on and after**
 47 **January 1, 2028.**