



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE



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Bulletin 484

Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans With Effective Dates of Coverage During 2026

The form and rate filing deadline is June 5, 2025 for all non-grandfathered health plans and stand-alone dental plans that are subject to the Affordable Care Act (ACA) and offered with effective dates during 2026 in the merged individual and small group markets. This schedule allows time for the Bureau of Insurance (Bureau) to transfer initial rate submissions to the Centers for Medicare and Medicaid Services (CMS) by July 16, 2025 and approve rates by August 14, 2025. The complete filing will be approved no later than October 1, 2025. No new products or plans may be added by a carrier after the initial submission in June unless required by the Bureau. If a plan is not available statewide, the areas where the plan will be available should be specified in the initial submission.

Maine continues to operate a State-Based Marketplace with CMS-required templates. State-specific templates will be announced by the Marketplace at a later date. SERFF will continue to allow direct transfer of rates in the URRT to HIOS. CMS has requested separate individual and small group filings, but rates must be based on a single risk pool consisting of the entire merged market. Small group rates may be trended quarterly for groups renewing/enrolling throughout the year and those factors need to be filed with the initial rate filing. The Bureau has revised the rate review template that must be filled out for each rate filing to assist with review and data gathering.

Marketplace plan names should not exceed 80 characters including spaces. Carriers are strongly encouraged to limit plan names to 50 or fewer characters for clear display and consumer comprehension. Carriers need to include their company name and may abbreviate their company name if needed. Names of Clear Choice plans must include "Clear Choice" in full, rather than "CC." For example: [Clear Choice Silver 4000][company preferred name/branding]. In addition, CSR variations must be clearly identified, and CSR names may reflect the deductible for the CSR variant to reduce confusion. For example: [Clear Choice Silver 700 CSR 87][company preferred name/branding]. Carriers may use plan names that distinguish individual and small group versions of the plans. A cross-walk document with plan names indicating matching plans from 2025 to 2026 must be submitted with the rate filing. This will assist consumers and the Marketplace with renewals. The [final Clear Choice cost-sharing plan chart](#) is posted on the Bureau website for reference. Notices to consumers of proposed premium increases must also indicate the plan name for their renewing plan name in 2026, as well as the current plan name (if different).

Revisions to rate submissions are acceptable through July 16, 2025, or the deadline for submission of prefiled testimony in the first individual market rate review hearing, whichever is earlier. No

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rate revisions may be made after that date unless the revision is required by the Bureau or is necessary due to updated information related to risk adjustment, continuation of enhanced subsidies or other federal change. Updates to claims experience are not a valid reason for extending the deadline.

Geographic rating factors will be limited to a spread maximum of 1.15. Rate filings, including the URRT, should be submitted assuming the enhanced subsidies expire for plan year 2026 and should include the assumptions for any adjustment that was made to the rates to reflect the termination of the enhanced subsidies. A separate URRT and Rate Table must be filed in the Supporting Documents tab of SERFF assuming the enhanced subsidies are extended. If the enhanced subsidies are continued into 2026 then the alternate rates will be approved and transferred to the Marketplace.

Maine's Innovation Waiver under ACA § 1332, for the operation and funding of Maine Guaranteed Access Reinsurance Association (MGARA), requires the Bureau to provide accurate reporting of the impact of MGARA on premium rates, and on the cost of the baseline Silver plan used to calculate the federal premium tax credits. Carriers must file an additional set of "shadow" rates for all Marketplace Silver QHPs, detailing what total premiums would have been for the plan year without the waiver and the assumptions used to develop the premiums if the Innovation Waiver were not in effect in 2026. The filing should include details of the impact of the waiver including merging the market to account for changes in risk adjustment transfers, morbidity, and variable non-benefit expenses. Issuers should not include conservatism for market effects when measuring the impact of reinsurance and the merged market. Because the MGARA \$4 per member per month assessment is not contingent on the Innovation Waiver, this assessment should be recognized as an expense when calculating these alternative Silver premiums.

Form filings, both on and off the Marketplace, must include all supporting information related to the filing in one submission. That includes, but is not limited to: Policy/Certificate, Applications, Outline of Coverage, Notice of Coverage, Schedule of Benefits, and Summary of Benefits and Coverage.

The Bureau anticipates a 5-business-day turnaround to requested additional information or filing modification. Rates are public documents when submitted. Forms will be public when they are approved by the Bureau. Rates and forms should be submitted separately and cross-referenced to each other on the corresponding filings.

Carriers must follow the revised SERFF Form and Rate General Instructions page for further instructions and additional requirements. For plans to be offered on the Marketplace, carriers must follow the Plan Management General Instructions page.

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NOTE: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Bureau of Insurance if additional information is needed.