



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



Janet T. Mills
Governor

Robert L. Carey
Superintendent

Joan F. Cohen
Commissioner

Bulletin 493

Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans with Effective Dates of Coverage During 2027

The form and rate filing deadline is June 5, 2026 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 2027 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 15, 2026 and approve rates by August 14, 2026. The complete filing will be approved no later than September 11, 2026. 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 50 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 must reflect the deductible for the CSR variant to reduce confusion. For example: [Clear Choice Silver 700 CSR 87][company preferred name/branding].

All Catastrophic and Bronze exchange plans must be designated as HSA eligible. Carriers may use plan names that distinguish individual and small group versions of the plans. Small group Bronze Clear Choice plans do not have to be designated as HSA plans. A cross-walk document with plan names indicating matching plans from 2026 to 2027 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 2027, as well as the current plan name (if different).

Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/pfr/insurance

Phone: (207) 624-8475

TTY: Please Call Maine Relay 711

Consumer Assistance: (800) 300-5000

Fax: (207) 624-8599

Revisions to rate submissions after the initial filing are acceptable only if requested by the Bureau of Insurance and through July 15, 2026, or the deadline for submission of pre-filed testimony in the first individual market rate review hearing, whichever is earlier. No 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 changes if requested by the Bureau. Updates to claims experience are not a valid reason for extending the deadline.

Geographic rating factors will be limited to a spread maximum of 1.10.

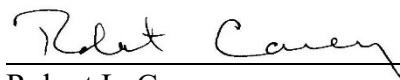
Maine's Innovation Waiver under ACA § 1332, for the operation and funding of Maine Guaranteed Access Reinsurance Association (MGARA), requires the Bureau to provide accurate reporting of the impact of MGARA on premium rates, enrollment and on the cost of the baseline Silver plan used to calculate the 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 2027. The filing should also include enrollment projections with and without the waiver for both the individual and small group market. Please provide details of the impact of the waiver including merging of 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 per member per month assessment used to fund MGARA 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. This 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.

March 20, 2026


 Robert L. Carey
 Superintendent of Insurance

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.