

Maine Bureau of Insurance

Direct Statements for 2027 Clear Choice Plans

March 18, 2026

All comments are posted on the Bureau (BOI) website. An updated final plan design chart is also posted. The only revision was to designate one Bronze HSA plan off exchange and adjust benefits to comply by removing first dollar coverage except for preventive and change the deductible/MOOP to comply with the expected limits allowed by the IRS. This deductible/MOOP may need to be adjusted again once the IRS officially announces the amounts for 2027.

Comments were received from Consumers for Affordable Healthcare (CAHC), American Heart Association-AHA and Leukemia and Lymphoma Society-LLS referred to as the CAHC comments below. Comments were received from carriers: Community Health Options (CHO), Harvard (Point32Health) and UnitedHealthcare (UHC).

CHO:

3/13/2026

We have some concerns about the potential consumer experience associated with offering both a Bronze \$7,000 and a \$7,500 plan design. We anticipate that it may be challenging for shoppers to meaningfully distinguish between them. Consumers may need to examine detailed benefit differences to understand the value of each plan, which could add complexity to the decision-making process. To help improve clarity for consumers, we recommend considering greater differentiation between these plans, such as widening the gap between deductibles or further varying copay and coinsurance structures.

Additionally, we see a continued need for a traditional HSA-qualified plan option within the Bronze tier for small group members. To help maintain continuity for these employers and members, we recommend that the proposed \$7,000 plan be structured as a traditional HDHP/HSA-qualified plan. This would help accommodate small group members who are currently enrolled in HSA plans such as the \$6,300 or \$7,200 options.

Harvard:

3/11/2026

In the attached, all Bronze plans are labeled as HSA plans. I assume that this is due to CMS' guidance late last year that all Individual Market QHP Bronze, Expanded Bronze, and Catastrophic plans are required to be HSA eligible. This regulation would apply to all Individual Exchange plans and their plan variants (-00 Off-Exchange, -01 On-Exchange, -02 Zero Cost Sharing, and -03 Limited Cost Sharing).

Our question is around Small Group plans and Off-Exchange Only Individual plans that were omitted from the CMS guidance. Since all Clear Choice Bronze plans have first dollar coverage for some services, these Bronze plans would not be HSA eligible for these populations. Can the BOI please confirm that there will be no Clear Choice HSA-eligible Bronze plans for Small Group or Off-Exchange Only members in 2027? If so, would the BOI recommend we exclude "HSA" from the plan name for Small Groups and Off-Exchange Only Individual Bronze plans to reduce member confusion?

3/13/2026

We took some time to further review the IRS guidance as it related to Bronze plans. From the OBBBA FAQ, it is clear that the guidance does not apply to Small Group plans (on or off exchange). See question 8 (page 9) in in the following document: [Expanded Availability of Health Savings Accounts under the One, Big, Beautiful Bill Act \(OBBBA\)](#)

Since all Clear Choice Bronze plans have first dollar coverage for some services, the Bronze plans as drafted would not be HSA eligible for the group populations. Harvard Pilgrim recommends that the BOI considers including at least one Bronze plan that follows standard IRS HSA eligibility rules for the small group population in 2027. While we understand that an alternative plan can be used to meet the small group needs, we have two concerns with that approach:

1. The BOI included two HSA-eligible Bronze plans in the 2026 Clear Choice plan designs that HPHC included in our portfolio. As such, we would be required to use

two of our three allowable alternative plans to continue to provide our small group members with similar Bronze HSA options. While this strategy would help minimize disruption for our members, this would significantly limit our ability to strategically consider the other needs of our members as we would only have one alternative plan left available.

2. Healthcare trends have been above historical averages from both a premium and a cost-of-care perspective. Therefore, Bronze HSA plans provide a key value to the Maine small group market by being both lower cost, and by providing members with a financial savings tool to pay for out-of-pocket expenses as they arise. We encourage the BOI to consider the need for Bronze HSA plans for the entire small group market. Allowing for at least one Clear Choice traditional Bronze HSA plan will create more opportunities for all Maine small group insurers, not just HPHC, to offer a product that meets this need in the market.

Separately, HPHC also wanted to comment that the Clear Choice Silver 6000 CSR 87 plan does not fit within the designated AV range. The AV is 88.12% per the attached. We ask that the BOI considers plan design changes such that the AV falls within the allowable range.

UHC:

3/10/2026

We had a few questions regarding plan design changes for 2027 compared to the 2026 plan designs:

1) 2027 Bronze \$7,000 HSA and Bronze \$10,000 HSA — copays before deductible

The 2027 designs for Bronze \$7,000 HSA and Bronze \$10,000 HSA show copays before the deductible for PCP, PT/OT/ST, Specialist, Urgent Care, and Rx Tier 1.

Our understanding is that to be HSA-qualified, a plan must meet the IRS definition of a High Deductible Health Plan (HDHP). In general, a HDHP may not provide benefits before the deductible is satisfied.

Because the copays listed above appear to apply to non-preventive services, could you please clarify how these plan designs remain HDHP/HSA-qualified with copays applying pre-deductible?

We are aware that there are newer rules that simplify HSA qualification for certain individual market Bronze/Catastrophic plans beginning in 2026; however, our understanding is that this simplification is limited to the individual market and does not automatically extend to employer/small group coverage.

2) Bronze \$7,500 — listed as HSA for 2027 (was not HSA in 2026)

In 2026, the Bronze \$7,500 plan was not listed as an HSA plan, but it is listed as an HSA plan for 2027. Could you please confirm whether this is correct, and if so, what changed to make the plan HSA-qualified for 2027?

CAHC:

3/13/2026

American Heart Association, Blood Cancer United, and Consumers for Affordable Health Care appreciate the opportunity to provide comments on the proposed 2027 Clear Choice Designs for Individual and Small Group Health Plans.

Our organizations represent thousands of Maine patients and consumers who face serious, acute, and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness, and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that we believe is a critical component of any discussion aimed at improving or reforming our system of care.

We appreciate and commend the Bureau of Insurance's continuing efforts to propose plans that include copayments rather than coinsurance. Copayments provide a far simpler way to understand plan benefits than coinsurance.

CSR Plan Designs

We appreciate that the Bureau proposed 2027 plan designs that include standardized coinsurance, deductibles, and out-of-pocket maximums for CSR variants. We also appreciate the changes last year to CSR plan naming conventions to better align plan names with CSR plan deductibles. These have improved the shopping experience for Mainers who are eligible for lower out-of-pocket costs. However, lack of standardization in copays and other cost-sharing undermines the intention of Clear Choice plan designs.

As you can see in the chart below, copays vary dramatically between 2026 Clear Choice Silver 700 CSR 87 Plans in Kennebec County. For example, the cost to see a tier 1 primary care provider ranges from \$10 to \$40. In fact, there is not a single service category type that has a consistent cost-sharing amount throughout all plans within this Clear Choice design.

We encourage the Bureau to also establish standardized copay amounts for CSR variants to ensure Clear Choice designs provide a simplified shopping experience and the ability to make apples-to-apples comparisons between plans, regardless of an individual's income.

2026 Clear Choice Silver \$700 CSR 87 Plans Offered On-Marketplace in Kennebec County

	PCP		Specialist		Urgent Care		Preferred Generic Rx		Generic Rx		Preferred Brand Rx	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
<u>Anthem Clear Choice Silver X Tiered 700 CSR 87</u>	\$10	\$40	\$55	\$105	\$40	\$40	\$15	\$30	\$30	\$45	\$30	\$45
<u>Health Options Clear Choice Silver \$700 HMO Tiered NE CSR 87</u>	\$40	\$75	\$60	\$60 after deductible	\$40	\$40	\$5	N/A	\$25	N/A	\$50	N/A
<u>Clear Choice Maine's Choice Plus HMO Silver 4000 CSR 87</u>	\$20	\$60	\$40	\$80	\$20	40% after deductible	\$5	N/A	\$25	N/A	\$50	N/A
<u>Health Options Clear Choice Silver \$700 PPO NE CSR 87</u>	\$40		\$60		\$40		\$5		\$25		\$50	
<u>MENDING Clear Choice Silver 4000 (No Direct Primary Care/DPC)</u>	\$40		\$60		\$40		N/A		\$25		\$50	
<u>Health Options Clear Choice Silver \$700 PPO National CSR 87</u>	\$40		\$60		\$40		\$5		\$25		\$50	
<u>Anthem Clear Choice Silver X PPO Plus Tiered 700 CSR 87</u>	\$0	\$35	\$25	\$60	\$40	\$40	\$15	\$30	\$30	\$45	\$90	\$140
<u>Clear Choice HMO Silver 4000 CSR 87</u>	\$25		\$40		\$25		\$5		\$25		\$50	

Number of Plan Designs

We appreciate the Bureau's efforts over the past couple of years to reduce the number of plans designs. However, we believe more could still be done to reduce the number of plans and simplify options for consumers.

In 2021, Maine consumers had roughly 30 plans available to them on the Marketplace. Today, individuals in Kennebec County have nearly 50 plans to choose from on the Marketplace.

An excessive number of plan options contributes to consumer confusion and decision fatigue, especially if carriers are permitted to continue offering numerous plans options with only slight variations within a single Clear Choice or alternative benefit design. Dozens of options with minimal or nuanced variations between them offer anything but a clear choice to Maine consumers. Furthermore, according to an issue brief published by the U.S. Department of Health and Human Services, older adults, women, individuals with low-income, and individuals with chronic conditions are more likely to enroll in plans that result in higher costs when presented with larger choice sets. Among uninsured individuals, nine plan options compared to three resulted in lower insurance comprehension, which was associated with at least \$500 in increased expected annual costs. As stated by HHS, "choice overload raises significant concerns in terms of health equity."

We would respectfully request that the Bureau consider paring down the options by consolidating some of the proposed plans, specifically in the bronze tier, which has the highest number of plan designs offered on the Marketplace. Additionally, we urge the Bureau to take action to minimize the proliferation of plans that differ only marginally. to best aid consumers in their decision making, plans should have meaningful differences between one and another.

Increase Standardization

The purpose of Clear Choice designs is to standardize benefits between plans to simplify the plan selection experience and allow consumers to make apples-to-apples comparisons when shopping for health plans. However, the current variation between plans within a single clear choice benefit structure undermines the ability of consumers to

make a true apples-to-apples comparison between plans. This issue is particularly relevant to plans with tiered benefit designs, which in our experiences working with patients and consumers, are particularly confusing for individuals to understand.

If tiered networks continue to be permitted in clear choice plans, we strongly urge the Bureau to ensure that the clear choice cost-sharing amounts, as specified in the benefit designs established by the Bureau, apply to whichever tier provides the lowest level or least amount of coverage. We do not have an issue with carriers offering plans that have a preferred tier with reduced cost-sharing amounts, but consumers should be able to enroll in a clear choice plan with the assurance that they will not have to pay any more for covered in-network services than the cost-sharing amounts specified in the clear choice benefit design for that plan. Otherwise, carriers are able to offer skimpier coverage that can result in consumers being left on the hook for medical bills that are much higher than they expected for covered services or prescription drugs. In addition, when tiered benefit structures are used in silver Marketplace plans, this may make it more expensive for consumers to enroll in clear choice plans that offer the levels of coverage that were intended in the benefit designs established by the Bureau.

Reduce Out-of-Pocket Costs:

If consumers can afford their premium but cannot afford to use their coverage, the overall value of their insurance is minimal. Recent polling found 70% of Mainers with commercial insurance would be more likely to get a recommended medical service or prescription drug if they had a lower deductible or out-of-pocket cost. In addition to delaying care, many Mainers have taken on medical debt after receiving services. Over four out of ten households in Maine report that they have incurred medical debt within the past two years. The large majority of those households – three out of four – were covered by insurance when they took on that debt. We urge the Bureau to continue efforts to keep out of pocket costs as low as possible for Maine consumers, since even small increases to deductibles and copays can exacerbate existing affordability barriers.

To ensure Maine people can afford to access the benefits they pay for, it is vital that pre-deductible coverage be maximized to the greatest extent possible without exceeding AV limits, including for prescription drug coverage. A 2016 study found that standardized silver plans that provided pre-deductible coverage for primary and specialty care visits, all drugs,

mental health visits, and urgent care would have premiums comparable premiums to other non-standardized silver plans.

Maximize Value and Strengthen Consumer Purchasing Power

We strongly urge the Bureau to consider the impact of silver plan benefit designs to Marketplace enrollees. As these plans are used as the benchmark for calculation of advance premium tax credits (“APTC”) received by all consumers in a region purchasing Marketplace plans, the SLCSP has an outsized impact on all consumers receiving APTC, regardless of which plan or metal level an individual selects.

We believe it is extremely important that benefit structures for all silver-level clear choice designs offered on Maine’s State-based Marketplace be designed in a manner to maximize consumer purchasing power and improve the affordability of coverage for individuals. As the Bureau is well aware, premium tax credit amounts are directly tied to the cost of the second-lowest-cost silver plan available to an individual. To ensure consumers are able to afford the most comprehensive and benefit-rich plans possible, it is in the best interests of consumers for silver plans on the Marketplace to provide the maximum amount of coverage permitted in that metal tier.

For this reason, we appreciate that the proposed Silver HSA plans continue to be permitted only off-Marketplace, as they are in 2026. However, we encourage the Bureau to ensure the silver plans that are offered on Maine’s Marketplace provide the maximum amount of coverage permitted in that tier.

When carriers offer silver marketplace plans that do not provide the maximum amount of coverage permitted, it reduces the purchasing power of Marketplace enrollees and contributes to affordability barriers. For this reason, we recommend that adjustments be made to the plan design for Clear Choice Silver \$6,000 to increase the level of coverage offered, such as changing all prescription drug tiers to pre-deductible coverage.

Pediatric Dental Benefits

Embedding pediatric dental into Qualified Health Plan (QHP) benefits is generally the best way to ensure that any family purchasing coverage on the Marketplace actually gets affordable dental coverage for their children (no additional premium, no need to shop for another plan, no risk that they check out without a dental plan, etc.). One analysis published in *The Journal of Pediatrics* compared the difference in premiums and out-of-pocket costs between embedding pediatric benefits in QHP versus and the costs of stand-alone dental plans for various patient profiles. The impact of embedding pediatric dental benefits to QHP premiums was found to be minimal and in almost every scenario, total out-of-pocket spending (including on premiums and cost-sharing) is lower for families when pediatric dental is embedded in the QHP.

We appreciate that the 2027 proposed benefit designs continue to include pediatric dental benefits. However, we urge the Bureau to ensure these benefits are included in all Clear Choice plans, including those on the Marketplace. While pediatric dental benefits were also embedded in the 2026 clear choice designs, most clear choice plans currently offered on Maine's Marketplace do not include pediatric dental coverage. Requiring that *all* clear choice plans embed pediatric dental benefits, as outlined in the clear choice benefit designs, will help ensure more Maine children can get the dental and oral health care services they need.