



**Consumers for
Affordable
Health Care**



**LEUKEMIA &
LYMPHOMA
SOCIETY***



**American
Heart
Association.**

The organizations listed appreciate the opportunity to provide comments on the proposed 2026 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 2026 plan designs that include standardized coinsurance, deductibles, and out-of-pocket maximums for CSR variants. This will make a significant difference in the shopping experience for Mainers who are eligible for lower out-of-pocket costs. However, 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.

Additionally, we encourage the Bureau to modify the naming convention used for CSR variants. The current plan naming convention creates confusion for CSR-eligible individuals, since the deductible amount in a plan name frequently doesn't match the plan deductible for the CSR variant that is displayed to the individual.

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 may have over 60 plan options, depending on where they live. In Kennebec County, consumers have 55 plans to choose from on the Marketplace. While a total of three plan designs were removed in the 2025 Clear Choice Plan Designs, twelve remain, including ten plans that will be available on the Marketplace. A single benefit design can result in several plans, even from an individual carrier. Residents in Kennebec County have 20 silver plans available to them, including ten Clear Choice Silver \$3,500 plans, six of which are offered by the same company.

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.”¹

We would respectfully request that the Bureau consider paring down the options by consolidating some of the proposed plans, especially in the bronze tier, which has the highest number of plan designs. Additionally, we urge the Bureau to take action to minimize the proliferation of plans that differ only marginally, such as through small network structure variations. 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. For example, in Kennebec County, three of the Silver \$3,500 clear choice plans offered on the Marketplace utilize tiered networks, all of which offer different levels of cost-sharing and include cost-sharing amounts that are higher than the cost-sharing levels specified in the Silver \$3,500 clear choice design. In addition to higher deductibles and copay amounts, two plans even require enrollees to meet a deductible of \$8,500 or more prior to receiving coverage for a tier 2 specialist visit, which has a pre-deductible copay in the standard clear choice benefit design.

2025 Tiered Clear Choice Silver \$3,500 Plans Offered On-Marketplace in Kennebec County

Clear Choice Silver \$3,500		Deductible \$3,500		Max OOP \$8,500		PCP \$40		Specialist \$60	
Tiered Plans		T1	T2	T1	T2	T1	T2	T1	T2
CHO	Clear Choice Silver \$3500 HMO Tiered NE	\$3,500	\$4,200	\$8,500	\$8,500	\$40	\$70	\$60	\$60 after deductible
Anthem	Clear Choice Silver X Tiered 3500	\$3,500	\$5,000	\$8,500	\$9,200	\$40	\$70	\$60	\$110 after deductible
Harvard Pilgrim	Clear Choice Maine's Choice Plus HMO Silver 3500	\$3,500	\$7,500	\$8,500	\$9,200	\$40	\$80	\$60	\$120

¹ Chu,R.C., Rudich,J., Lee,A., Peters, C., De Lew,N., and Sommers, B.D. Facilitating Consumer Choice: Standardized Plans in Health Insurance Marketplaces (Issue Brief No. HP-2021-29). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December 2021.

***Cost-sharing is higher than the amount specified in the base Clear Choice plan design.**

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. We appreciate the Bureau's continued efforts to keep out of pocket costs as low as possible for Maine consumers, especially for preventive and routine care. A \$40 or \$50 copay is significant enough to cause many Mainers to avoid or delay care at times when health conditions can be treated more easily and with lower overall costs. We want to make sure that efforts are exhausted to prevent Mainers from delaying, avoiding or skipping necessary care. We appreciate that there are few increases in deductibles, copays, coinsurance from 2025 plans. However, even small increases can exacerbate existing affordability barriers, which is why we encourage the Bureau to continue to look for ways to maximize affordability for consumers and use copays instead of coinsurance.

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.²

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 SLCS 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. The vast majority of Marketplace

²Chu,R.C., Rudich,J., Lee,A., Peters, C., De Lew,N., and Sommers, B.D. Facilitating Consumer Choice: Standardized Plans in Health Insurance Marketplaces (Issue Brief No. HP-2021-29). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December 2021.

enrollees in Maine are eligible for premium tax credits through the Marketplace. As the Bureau is well aware, the amounts of these tax credits are directly tied to the cost of the second-lowest cost silver plan available to the 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 overage 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 2025. 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 all clear choice silver plans available on the Marketplace be required to have an actuarial value of at least 71.5%.

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.³

We appreciate that the 2026 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 2025 clear choice designs, only a few clear choice plans currently offered on Maine's Marketplace actually 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.

On behalf of the organizations below, we thank you for the opportunity to provide comments and input as the Bureau of Insurance develops Clear Choice benefit designs for 2026.

American Heart Association-AHA
Consumers for Affordable Health Care-CAHC
Leukemia and Lymphoma Society-LLS

³ Marko Vujicic, PhD, and Cassandra Yarbrough, MPP, "Estimating Premium and Out-of-Pocket Outlays Under All Child Dental Coverage Options in the Federally Facilitated Marketplace," *The Journal of Pediatrics*, Vol. 182. P349-355.E1, March 01, 2017. Available at: [https://www.jpeds.com/article/S0022-3476\(16\)31275-6/fulltext](https://www.jpeds.com/article/S0022-3476(16)31275-6/fulltext).