

Maine Bureau of Insurance

EHB Benchmark Plan

November 7, 2024



Goals

Review Maine's current Essential Health Benefits (EHB) Benchmark plan, which is 10 years old, to ensure the base benefits package provides Maine individuals and small employers with comprehensive health coverage that is financially affordable.

Reminder – the EHB-Benchmark plan does not apply to the large group market (i.e., employers with over 50 eligible employees), nor does it apply to self-funded groups.

Key Metrics

In our review, we are focused on a few key metrics to help guide our evaluation.

1. How does Maine's EHB-Benchmark plan compare to the benchmark plans in neighboring states?
2. Are there benefits not included in the EHB-Benchmark plan that are routinely covered by commercial health insurance sold in Maine?
3. How will inclusion of an additional benefit impact the cost (premium)?
4. Will inclusion of a benefit under the EHB-Benchmark plan affect an insurer's ability to place limits on the coverage (e.g., annual or lifetime limits that are in effect for certain services, such as infertility treatment)?
5. Is the proposed benefit change supported by peer-reviewed medical research?
6. Does the proposed change fit within federal guidelines for plan generosity?

Current Status

Over the past two months, the Bureau of Insurance has completed the following:

- Established internal team to lead this effort
 - Core team includes Superintendent Bob Carey, Joanne Rawlings-Sekunda (head of Consumer Health Care Division), Stacy Bergendahl (Senior Staff Attorney), and Marti Hooper (Health Care Actuary).
- Hired project manager
 - Jennifer Hammer, experience EHB consultant and former commissioner of Illinois Insurance Department.
- Hired actuarial consultant
 - Lewis & Ellis.
- Identified commercial health plans sold in the large group market to serve as guideposts
 - EHB Benchmark plan must fit between the most and least generous plans.
- Reviewed EHB-Benchmark plan with MaineCare staff
- Solicited initial input to develop framework for EHB-Benchmark plan review.
 - Outreach to 30 advocacy groups, industry reps, and legislators
 - Received feedback from 13 individuals / organizations

Immediate Next Steps

Prior to the end of the calendar year 2024, the Bureau plans to complete the following:

- Identify upper and lower bounds to determine plan generosity.
- Assemble list of potential changes to the EHB-Benchmark plan.
- Establish criteria to evaluate each potential change.
- Determine actuarial value and pricing impact of potential changes.
- Evaluate each potential change against the key metrics.
- Draft initial recommendations on potential changes, if any, to the EHB-Benchmark plan.

Plan for Completion

After the initial recommendations are drafted, the Bureau will engage the public. This will include:

- Outreach to broader constituency via:
 - Email to >10,000 individuals who have signed up for BOI updates
 - Analyses and recommendations posted on Bureau website, and
 - Notice to House and Senate leadership and HCIFS committee members.
- Hold public forum to provide an overview of the project and to accept comments.
- If appropriate and within federal guidelines, revise the EHB-Benchmark plan update, based on public comments, if necessary.

If the Bureau recommends a revised EHB-Benchmark plan, the Centers for Medicare and Medicaid Services (CMS) must receive the EHB-Benchmark plan application from Maine by May 2, 2025, for the plan to be effective January 1, 2027.