

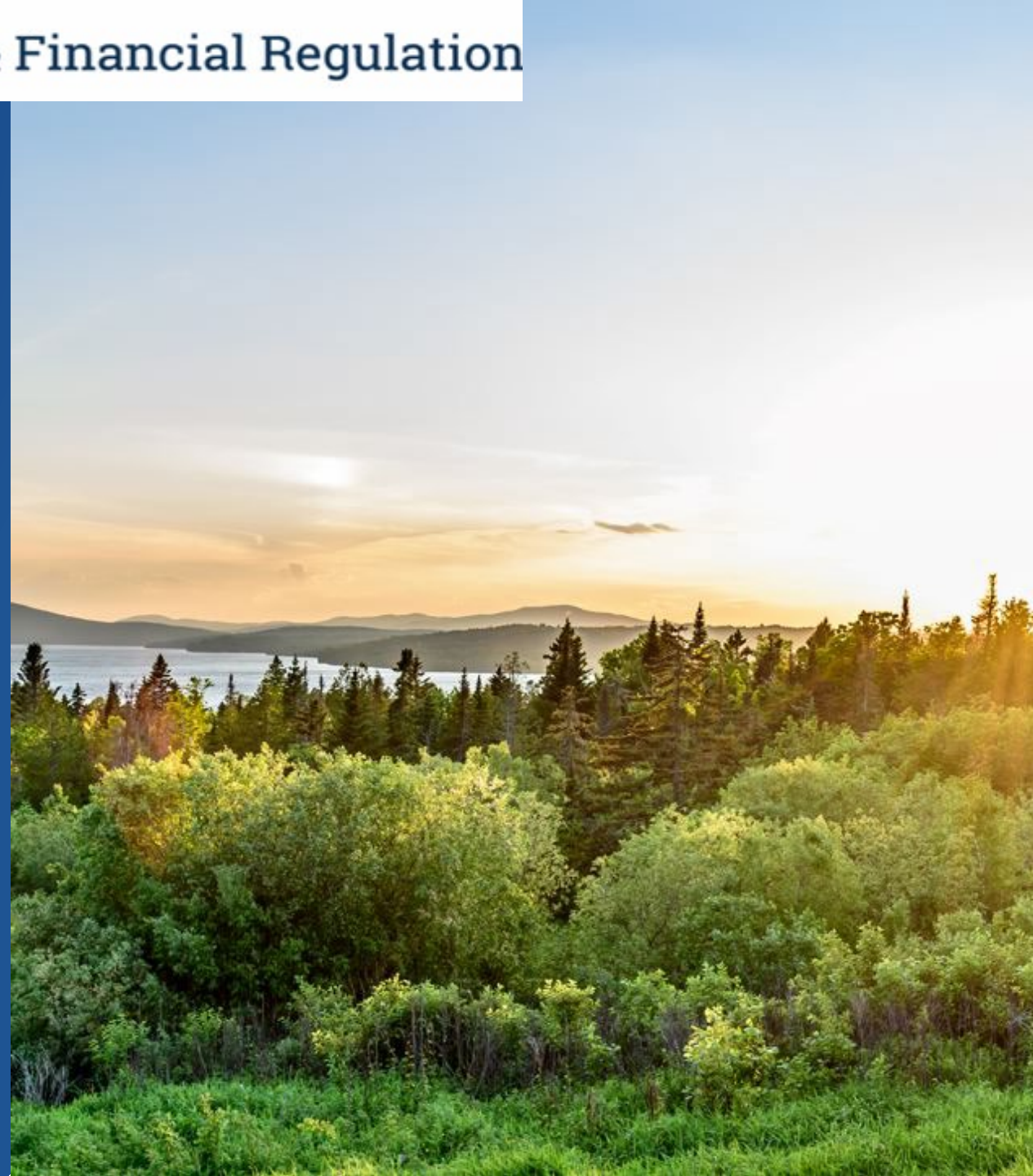


# Maine Bureau of Insurance

## Essential Health Benefits (EHB) Benchmark Plan Update

132<sup>nd</sup> Maine Legislature  
Health Coverage, Insurance, and  
Financial Services Committee

Bob Carey, Superintendent  
January 2025



# Contents

- ❑ Overview of EHB-Benchmark Plan
- ❑ Federal EHB-Benchmark Plan Requirements
- ❑ The Bureau's Process
- ❑ Evaluation Criteria
- ❑ Benefits Evaluated
- ❑ Completing the EHB-Benchmark Plan Update
- ❑ Next Steps / Key Dates

# Overview of EHB-Benchmark Plan

The Affordable Care Act (ACA) requires health plans sold in the Individual and Small Employer markets to cover essential health benefits (EHB), which must include items and services in the following ten categories:

1. Ambulatory patient services (office visits, outpatient care);
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services; and
10. Pediatric oral and vision care.

U.S. Dept. of Health and Human Services (HHS) regulations direct each state to select an EHB-Benchmark plan, supplemented if necessary to cover all ten categories.

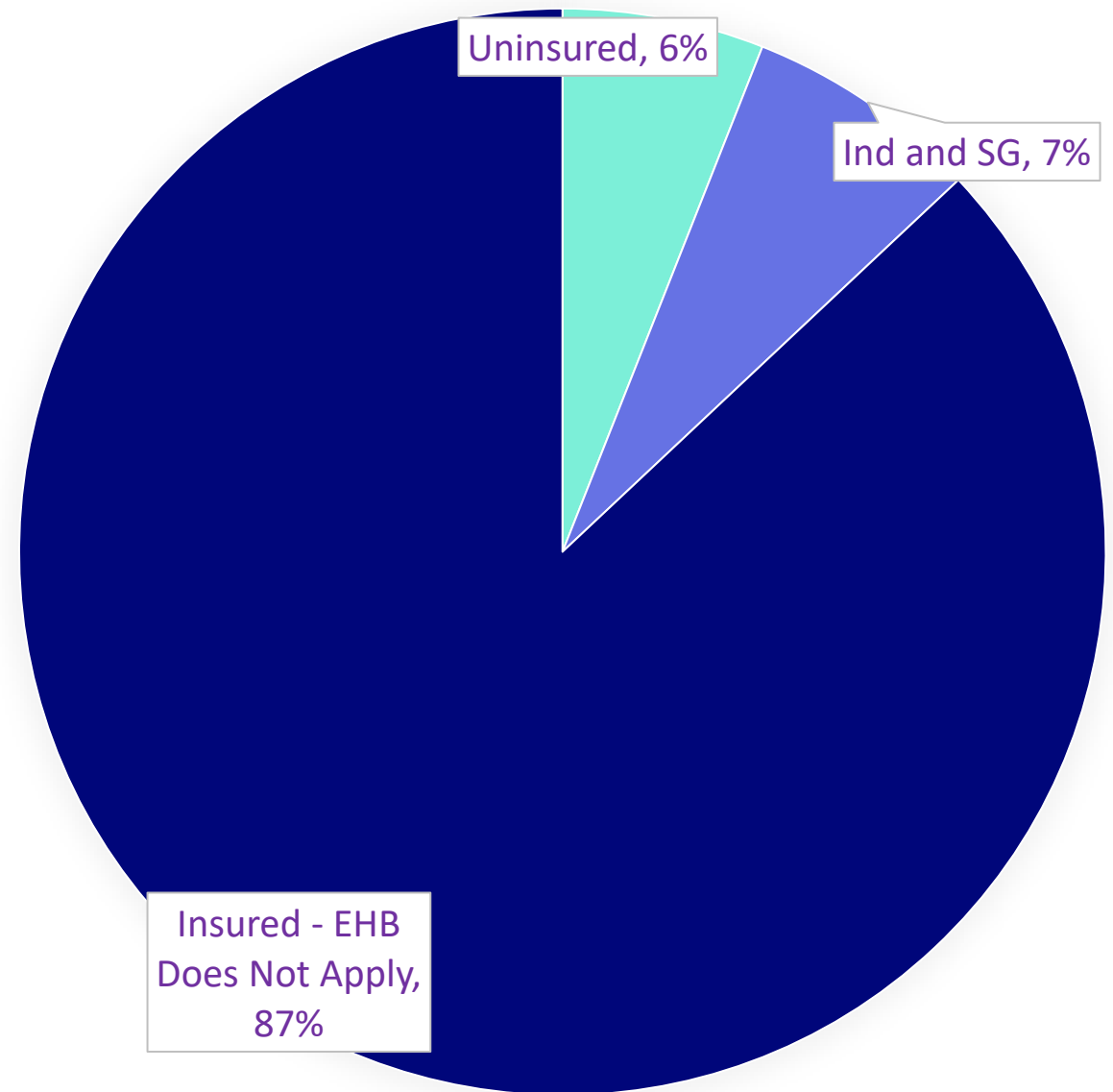
The cost of state-mandated benefits not included under the EHB-Benchmark plan must be paid by the state (defrayed) for people purchasing coverage through CoverME.gov.

# Maine's Current EHB-Benchmark Plan

Roughly 7% of Mainers are enrolled in Individual and Small Employer plans directly affected by the EHB-Benchmark plan.

The EHB-Benchmark plan requirements do not apply to:

- Commercially-insured large group market (i.e., employers with over 50 eligible employees);
- Employers that self-fund benefits;
- Medicare;
- MaineCare;
- TriCare and VA Benefits; and
- Other health coverage programs



# Federal Requirements – Updating the Benchmark Plan

Maine's current EHB-Benchmark plan is an Anthem Small Employer plan from 2014, supplemented by pediatric benefits under the Federal Employees' Dental & Vision plan.

Updated EHB-Benchmark plan may not exceed actuarial limits:

- The plan must be as, or more generous than the scope of benefits in the state's least generous employer plan; and
- The plan must be as, or less generous than the scope of benefits in the state's most generous employer plan.

Plan generosity considers only the benefits and services covered.

- Deductibles, co-pays, and co-insurance are excluded.

Federal regulations place limits on the benefits that may be included in the EHB-Benchmark plan, and states are not permitted to include coverage of services that are not found in a "typical" employer plan.

# Identifying The Typical Employer Plan

Federal regs limit the “typical” employer plans that a state can use:

- Plans in effect in 2014 – including Small Employer market, state employees, federal employees, and commercial HMO plans
- Plans in effect after 12/31/2023 – fully insured large group market and the State of Maine employee (SOM) plan

More recent state-mandated benefits may be included in the updated EHB-Benchmark plan, so long as the total benefits package does not exceed actuarial limits.

The Bureau selected the existing EHB-Benchmark plan as the “least generous” and the 2024 SOM plan as the “most generous.”

- The difference in actuarial value between the current EHB-Benchmark plan and the SOM plan was estimated to be \$26.82 PMPM.
- This difference represents the maximum value of benefits that can be added to the EHB-Benchmark plan, per federal rules.

# The Bureau's Process

Over the past six months, the Bureau has undertaken a structured process to update the EHB-Benchmark plan.

- Engaged outside actuarial firm and experienced project manager to provide subject matter expertise.
- Sought initial input from stakeholders, advocates, insurers, health care providers, and others to establish a framework for potential plan modifications.
- Compared Maine's current EHB-Benchmark plan to employer plans in Maine and to benchmark plans in peer states.
- Developed list of benefits to evaluate, including, but not limited to, newly-enacted state mandates (e.g., fertility services) and other benefits considered by the legislature (e.g., PFAS testing, biomarker testing).
- Completed initial actuarial analysis.
- Assessed each proposed benefit against evaluation criteria.

# Evaluation Criteria

The Bureau focused on a six key considerations to guide its 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 might inclusion of a benefit impact the cost of insurance paid by Individuals and Small Employers?
4. Will inclusion of a benefit under the EHB-Benchmark plan affect an insurer's ability to place limits on coverage (e.g., annual or lifetime limits that are in effect for certain services)?
5. Is the proposed benefit supported by peer-reviewed medical research?
6. Does the proposed change fit within federal guidelines for plan generosity?



# Benefits Evaluated

The current EHB-Benchmark plan is comprehensive:

- ❑ Based on our review, there are no major services or benefits covered in peer states' benchmark plans that are not covered in Maine.
- ❑ With the exception of fertility services, we did not identify any significant benefits or services covered by commercial health insurance in Maine that are not included in the current EHB-Benchmark plan.
- ❑ Initial input from stakeholders suggested the following possibilities:
  - Make no changes to current benchmark plan;
  - Include fertility services and all other state mandates;
  - Cover PFAS testing;
  - Add Biomarker testing;
  - Include adult dental coverage;
  - Add PrEP to covered prescription drugs;
  - Require telehealth coverage;
  - Remove annual limits on PT/ST/OT; and
  - Separate habilitation from rehabilitation services.

# Completing The EHB-Benchmark Plan Update

Over the next couple of weeks, the Bureau will work on finalizing its recommended approach to updating the EHB-Benchmark plan.

Update HCIFS and other interested legislators as recommendations are drafted.

Initiate broad public engagement to solicit input on the proposed EHB-Benchmark plan update:

- Posted on the Bureau's website.
- Outreach to >10,000 individuals who have signed up for BOI updates
- Open forum to provide an overview of the project, discuss recommendations, and accept public comments
- If appropriate and within federal guidelines, revise the EHB-Benchmark plan update, based on public comments

CMS must receive Maine's EHB-Benchmark plan application by May 7, 2025, for the plan to be effective January 1, 2027.

# Next Steps/Key Dates

## February / March 2025

- Develop recommendations
- Brief legislators and interested parties
- Publish analysis and recommend changes to EHB-Benchmark plan
- Hold public forum and publicize opportunity for public comment

## April 2025

- Submit EHB-Benchmark plan update application to CMS

## Spring / Summer 2025

- Respond to CMS questions and requests for clarification, modify application as may be required by CMS

## January 2027

- Updated EHB-Benchmark plan becomes effective