



DEPARTMENT OF

**Professional &
Financial Regulation**

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

Annual Report on Mandated Health Insurance Benefits – CY 2024

Prepared by the Maine Bureau of Insurance

April 2026

Janet T. Mills
Governor

Joan F. Cohen
Commissioner

Robert L. Carey
Superintendent

Table of Contents

Executive Summary1

Introduction and Background.....2

Total Medical Claims Paid.....3

Claims Associated with Mandated Benefits5

Alcohol and Drug Treatment6

Mental Health Services.....9

Chiropractic Services11

Mammography12

Breast Cancer Treatment13

Fertility Treatment14

Executive Summary

Maine statutes¹ require health insurance carriers to report to the Bureau of Insurance annually on the amount of claims paid for Mental Health Services, Substance (Alcohol and Drug) Abuse Treatment, Mammograms and other breast examinations, Breast Cancer Treatment, Chiropractic Services, and Fertility Treatment claims.

Data for this report includes medical claims incurred in calendar year 2024 (with comparison to prior years 2021 through 2023) in the fully insured individual,² small group,³ and large group markets.⁴ Claims for prescription drugs are not included in this analysis.

Many of the medical benefits that insurance carriers are required to cover under state law are mandated by federal law under the Affordable Care Act (ACA) as well. In addition, the ACA requires benefits covered in the “essential health benefits” (EHB) benchmark plan, which includes all state mandates, to be covered by all individual and small group plans as of January 1, 2014.

Between 2023 and 2024, the total amount paid for all medical claims in the group markets increased 5%; this occurred while the total number of members covered in the group markets declined 1.2%, resulting in an effective per member increase of 6.4% in total medical claims. During the same period, the total amount paid for medical claims in the individual market increased 15% while the number of individual members remained relatively stable.

For 2024, Mental Health Services claims represented 5.3% of Total Medical Claims Paid while Alcohol and Drug Treatment Claims Paid comprised 1.1% of Total Medical Claims Paid. The percentage of Mental Health Services group claims paid has been tracked since 1984 and has historically been between 3%-4% of total group health claims. Alcohol and Drug Treatment Claims Paid have remained flat at 1%-1.2% of Total Medical Claims Paid from 2021 through 2024. Chiropractic Services from 2021 through 2024 represent 0.5% of Total Medical Claims Paid. Chiropractic Services Claims Paid declined 12% over this period.

Mammography screenings represented 0.8% of Total Medical Claims Paid from 2021 through 2024. The number of Diagnostic Mammograms has doubled since 2015, while the number of Screening Mammograms has increased 26%. Mammography screenings represented 80% of all Mammography

¹ 24-A M.R.S. §§ 2745-A(4), 2748(3), 2749-C(4), 2837-C, 2840-A(3), 2842(9), 2843(7), 4222-B(14), 4234-A(10), 4236, 4237, 4237-A, and 4320-U and 24 M.R.S. §§ 2320-A, 2320-C, 2325-A, and 2329.

² 24-A M.R.S. §2850 (2)(B): "Individual market" means individual or group policies or contracts subject to section 2736-C.

³ 24-A M.R.S. §2850 (2)(D): "Small group market" means group policies issued to employer groups with 50 or fewer eligible employees, which are subject to section 2808-B.

⁴ 24-A M.R.S. §2850(2)(C): "Large group market" means groups of 51 or more employees otherwise not subject to section 2736-C or 2808-B.

claims over the last 10 years. Despite increases in mammograms over time, Breast Cancer Treatment claims paid remained level and represented 1.6% of Total Medical Claims Paid from 2021 through 2024.

Fertility Treatment is a newly mandated benefit under state law, which took effect in 2024. While the ACA requires health plans in the individual and small group markets to cover EHBs, if a state enacts new benefit mandates after December 31, 2011, the ACA requires the state to fully cover (i.e., defray) the cost of those benefits for individual plans sold on the state's health insurance exchange (CoverME). As a result of this requirement, the total cost of the fertility defrayal reimbursed to health insurers for claims incurred in the individual market in 2024 was \$669,149. The Bureau did not collect information on fertility claims incurred in the small group and large group markets.

Introduction and Background

This annual report is a compilation of mandated benefits data submitted by insurance carriers and Health Maintenance Organizations (HMOs) to the Bureau of Insurance on medical benefits that these companies are required to cover under Maine law.⁵ Changes in mandated benefits data between 2021 and 2024 are identified to show trends as well as the extent to which some categories of benefits data make up portions of Total Medical Claims Paid. This report does not include prescription drug claims data.

Twenty-two insurance carriers and HMOs reported 2024 claims data for coverage of Mental Health Services, Substance (Alcohol and Drug) Abuse Treatment, Mammography, Breast Cancer Treatment, and Chiropractic Services for all markets. Fertility Treatment data is new as of 2024 and is part of the carriers' rate filings and year-end defrayal requests in the individual ACA market.

The Mental Health and Substance Abuse mandate in Maine goes back to 1983, with parity for group plans beginning in 1996. The percentage of Mental Health Services group claims paid has been tracked since 1984 and has historically been between 3%-4% of total group health claims. Alcohol and Drug Treatment Claims Paid have remained flat at 1%-1.2% of Total Medical Claims Paid from 2021 through 2024. For 2024, both individual and group claims for substance abuse treatment were reported as 1.1% of Total Medical Claims Paid.

Coverage for Chiropractic Services was enacted in 1986 and requires coverage to the extent that the same services would be covered if performed by a physician. Using annual reports from the carriers, the percentage of claims paid has been tracked since 1986. This mandate provides benefits for care by chiropractors at least equal to the benefits paid to other providers treating similar neuro-

⁵ 24 M.R.S. §§ 2320-A, 2320-C, 2325-A, and 2329, and 24-A M.R.S. §§ 2745-A(4), 2748(3), 2749-C(4), 2837-C, 2840-A(3), 2842(9), 2843(7), 4222-B(14), 4234-A(10), 4236, 4237, 4237-A, and 4320-U.

musculoskeletal conditions. It also requires treatment for acute care for a limited period for those who have self-referred for chiropractic services.

The Maine mandate requiring coverage for Screening Mammography was enacted in 1990. Coverage is now required under the ACA for preventive services. In 1997, Maine enacted a law requiring coverage of benefits for Breast Cancer Treatment for a medically appropriate period of time determined by the physician in consultation with the patient.

Total Medical Claims Paid

Exhibit I shows the reported amounts for Total Medical Claims Paid for the group and individual markets for 2021 through 2024. Between 2023 and 2024, the total amount paid for group medical claims increased 5%. This occurred while the total number of group members declined by 1.2%, resulting in an effective per member increase of 6.4%.⁶ During the same period, the total amount paid for individual medical claims increased 15%, while the total number of individual market members remained stable with only a 0.2% decline.

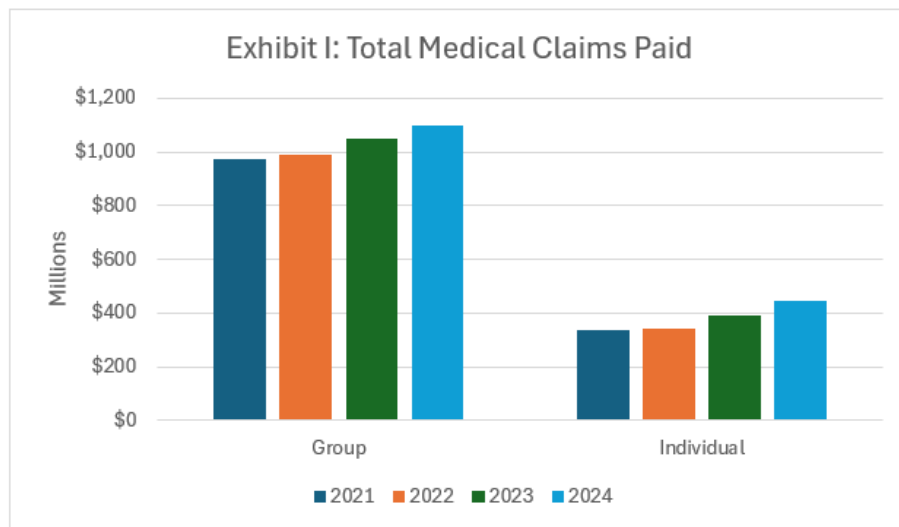


Exhibit II shows the 2024 data separated by treatment type (In-Patient, Day Treatment, or Out-Patient) for all markets. Out-Patient comprises approximately 75% of medical claims paid. Day Treatment services include psychoeducational, physiological, psychological, and psychosocial concepts, and techniques and processes to maintain or develop functional skills of clients (provided to individuals and groups for periods of more than 2 hours but less than 24 hours). As shown in this exhibit, very few claims are for Day Treatment. This breakdown by treatment type has been similar in prior years, although Day Treatment claims increased sharply in 2023.

⁶ Member data is from Rule 945 Reports submitted to the Bureau.

Exhibit II: 2024 Breakdown by Treatment Type

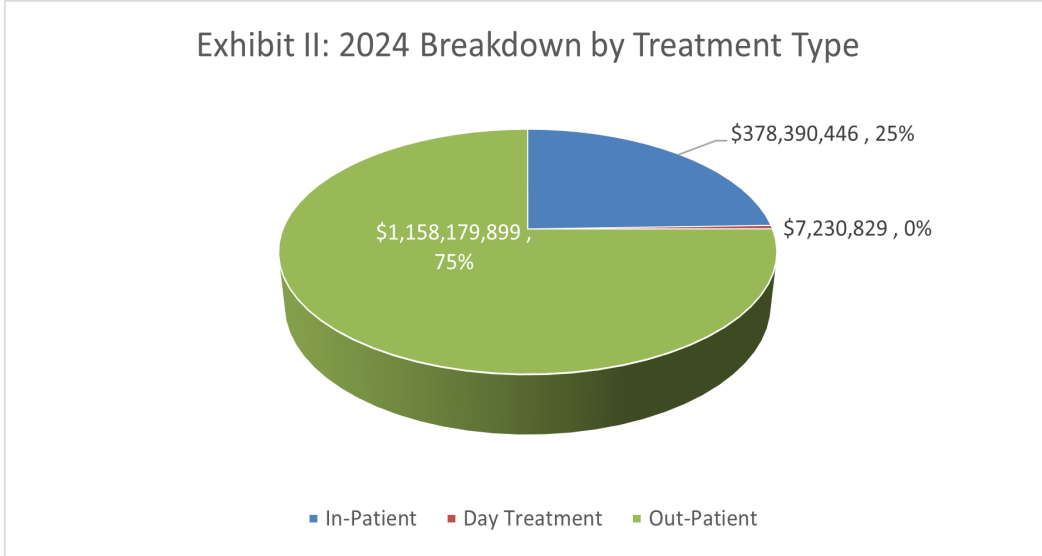


Exhibit III shows In-Patient and Out-Patient Claims broken out by group and individual plans. Out-Patient Claims for individual plans increased 37% from 2021 through 2024 while In-Patient Claims increased 20%. Out-Patient Claims for group plans increased 16% over the same time period.

Exhibit III: In-Patient and Out-Patient Claims

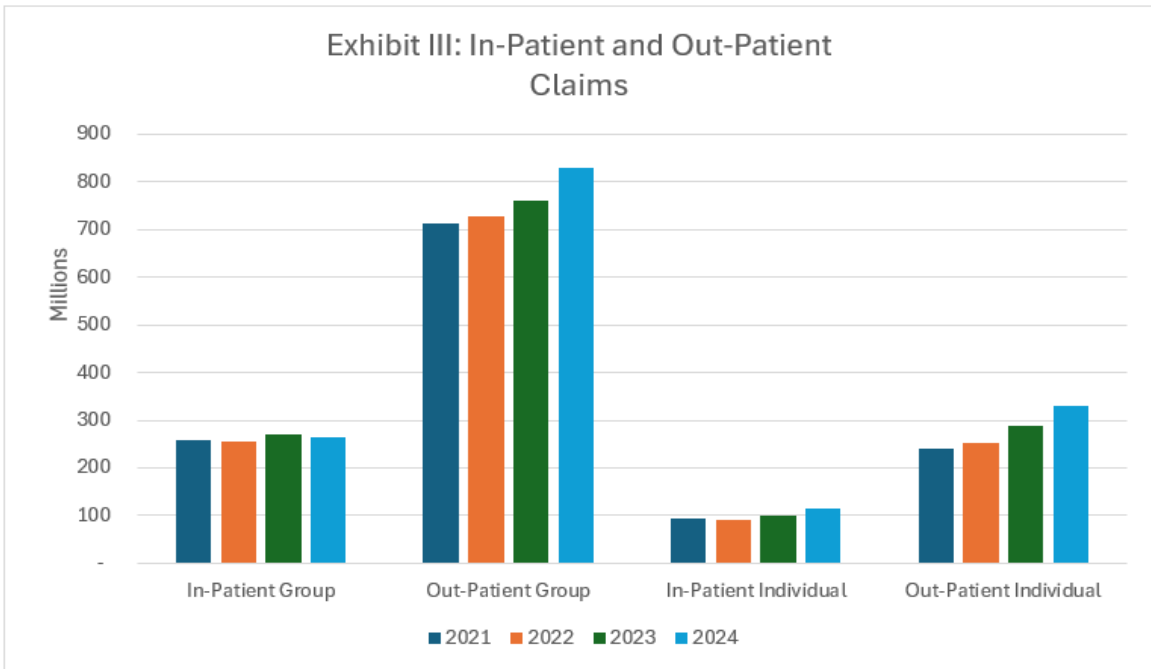
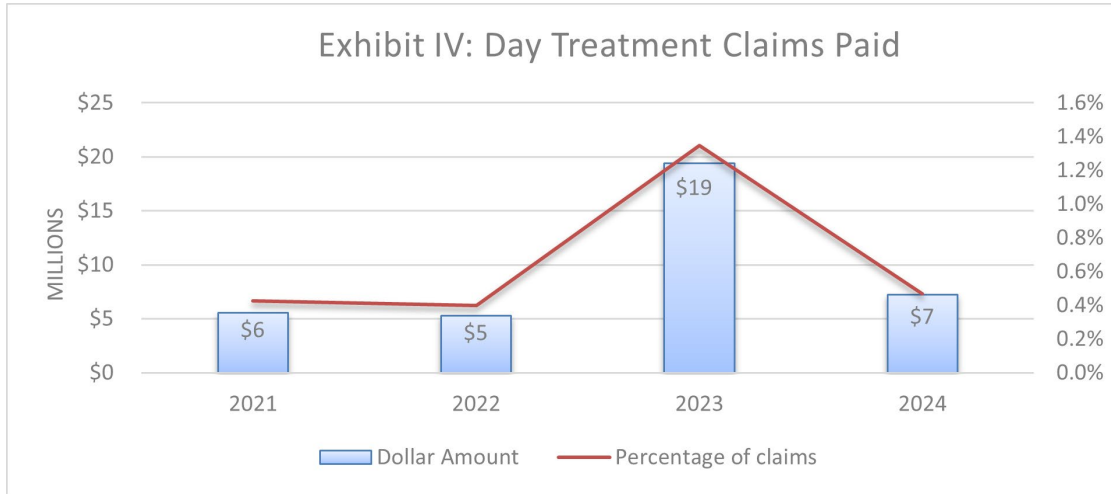
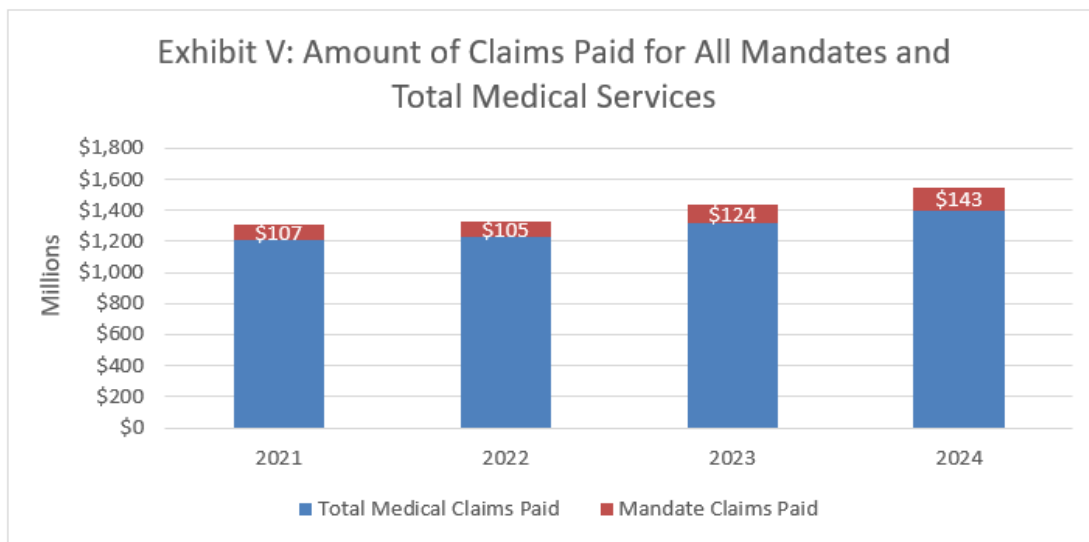


Exhibit IV highlights the spike in Day Treatment Claims reported in 2023. This is mostly due to an increase in claims in the group market where claims were approximately \$19 million in 2023, while only approximately \$5 million in 2021 and 2022. Claims were significantly lower in 2024, at approximately \$7 million.



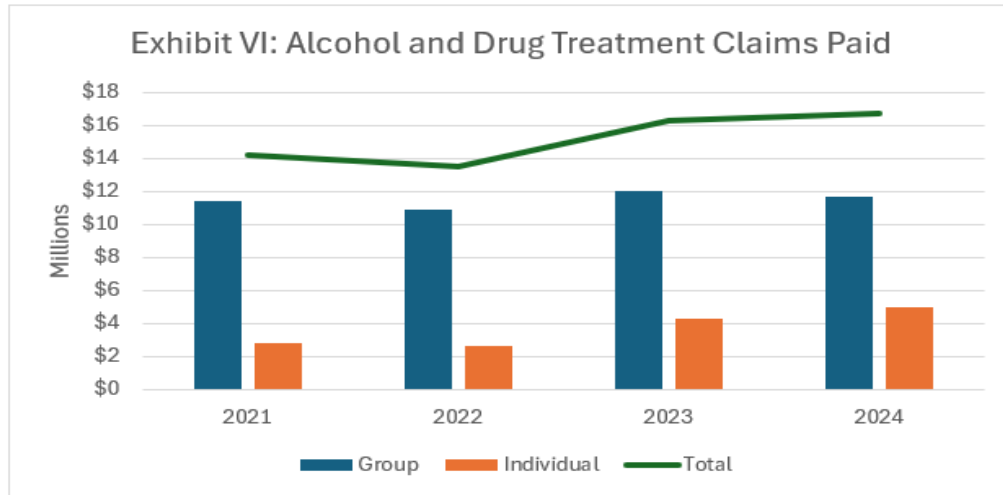
Claims Associated with Mandated Benefits

All mandates combined make up approximately 8%-9% of Total Medical Claims Paid as shown in Exhibit V. For 2024, all mandated benefits claims comprised \$142,712,052 out of the Total Medical Claims Paid of \$1,543,801,174. Medical claims for Fertility Treatment, a newly enacted mandate that took effect in CY 2024, were \$669,149 in the individual (on exchange) market in 2024. Fertility claims paid in the group markets were not reported.

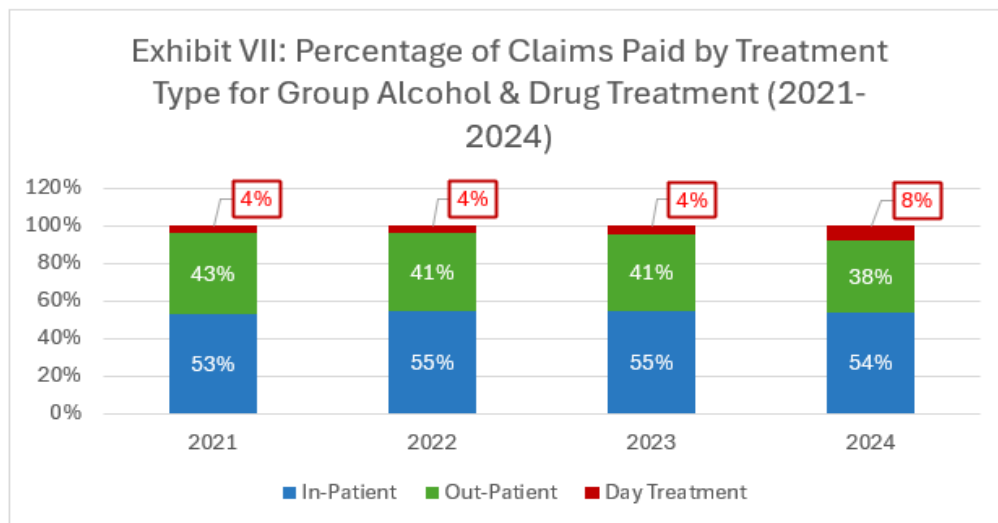


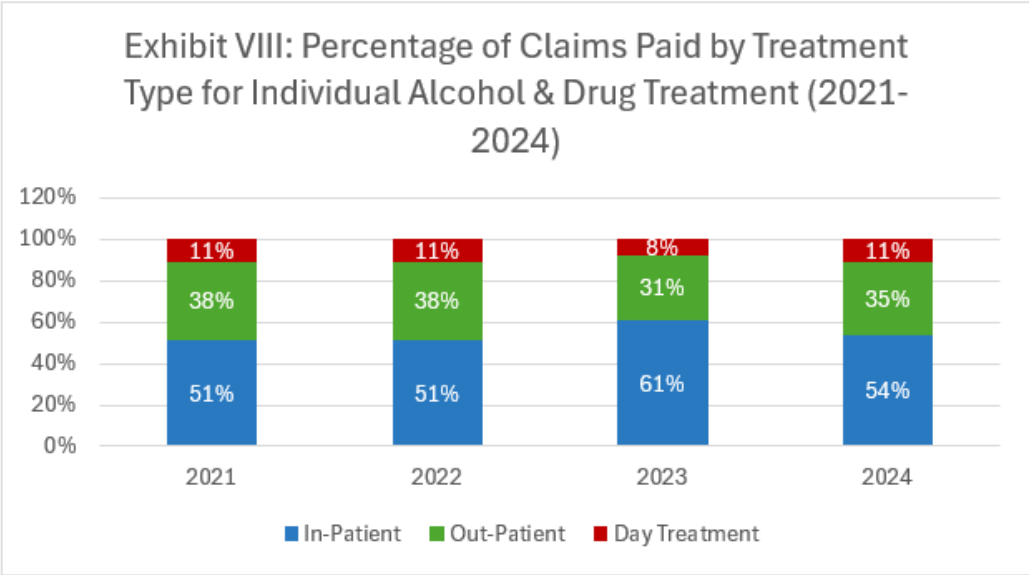
Alcohol and Drug Treatment

Exhibit VI shows the claims paid for Alcohol and Drug Treatment from 2021 through 2024. The information is provided by policy type (group or individual). Total Alcohol and Drug Treatment claims increased from about \$14 million in 2021 to about \$16 million in 2024.



Exhibits VII and VIII include the percentage of paid claims from 2021 through 2024 by group and individual for Alcohol and Drug Treatment services paid by treatment type (In-Patient, Out-Patient, or Day Treatment). The percentages by treatment type are similar for the individual and group markets, with a somewhat higher percentage of claims for Day Treatment in the individual market.





In the individual market, the total amount of claims paid for Alcohol and Drug Treatment services climbed 80% from about \$2.8 million in 2021 to over \$5 million in 2024. This was likely due, at least in part, to providers reducing services during the height of the COVID pandemic and a resurgence in services in 2023 and 2024. Alcohol and Drug Treatment services in 2024 were 1.1% of Total Medical Claims Paid. Exhibit IX shows the breakout by Group and Individual claims in 2024.

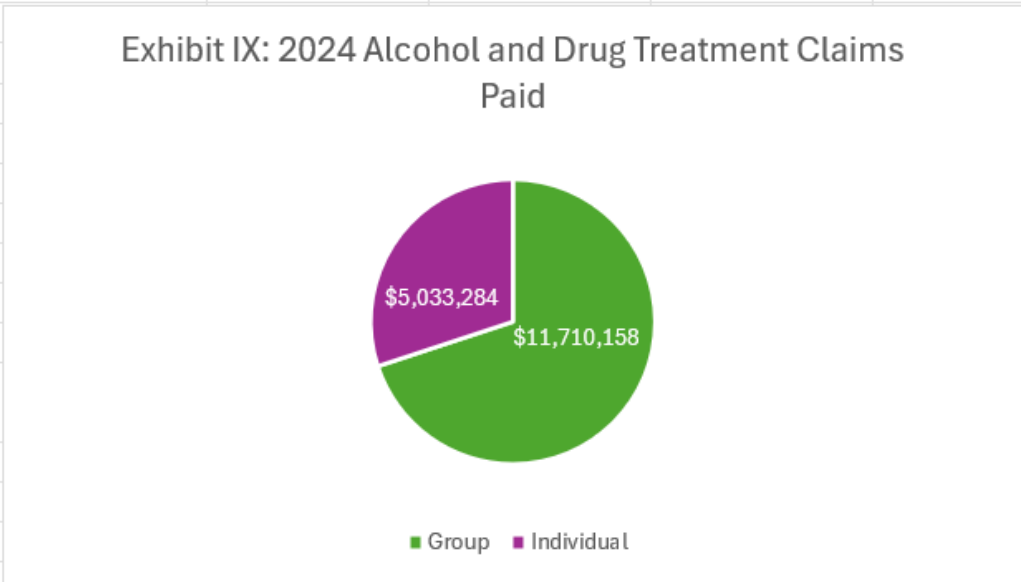


Exhibit X shows the amount of claims paid by year for group & individual Alcohol and Drug Treatment claims and the Total Medical Claims Paid. Total claims increased 18% from 2021 to 2024. Alcohol and Drug Treatment claims continued to make up only 1.1% of Total Medical Claims Paid for 2021 through 2024.

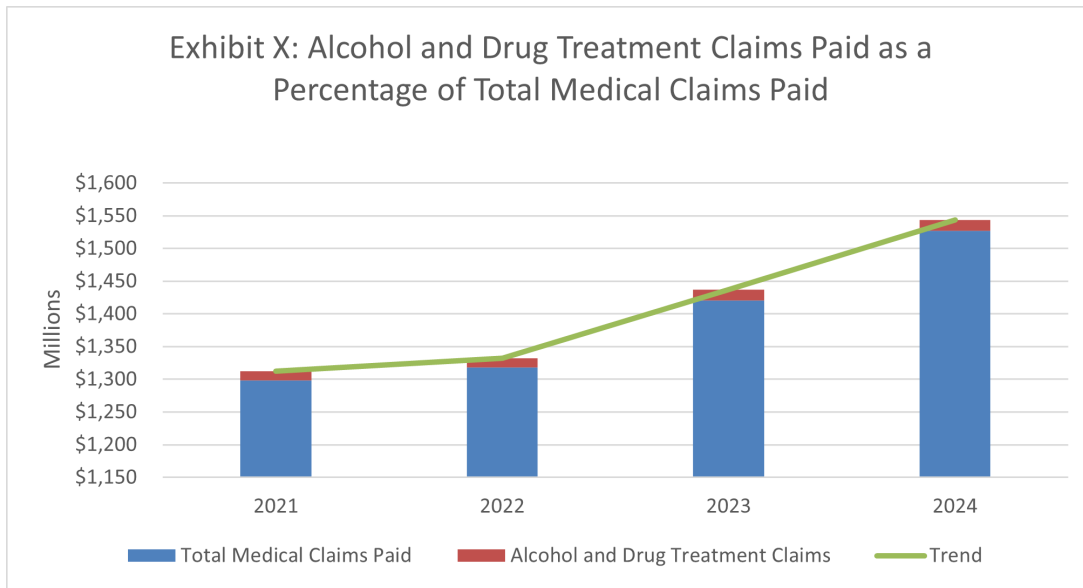
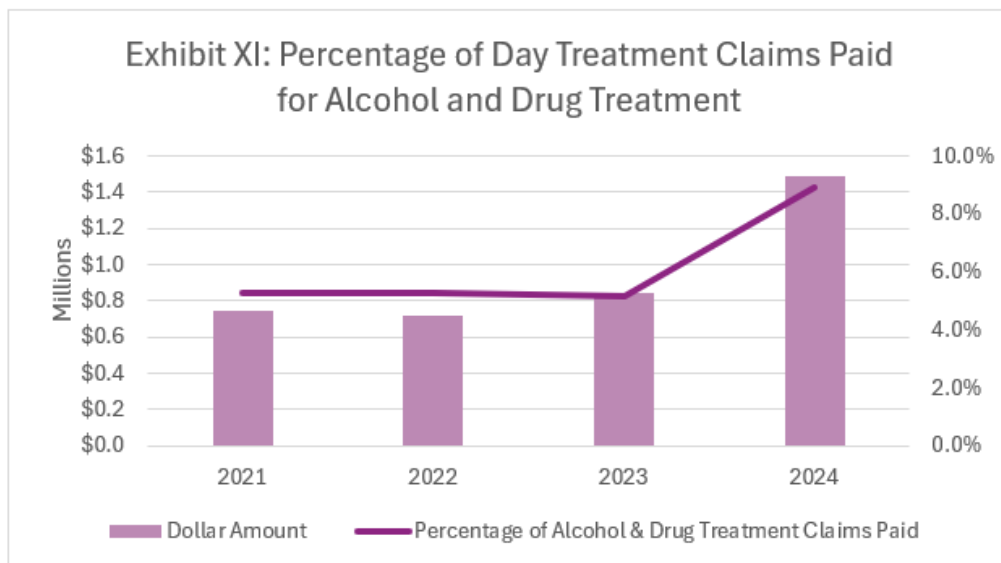


Exhibit XI shows that dollar amounts and percentages of Day Treatment Claims Paid for Alcohol and Drug Treatment were stable between 2021 and 2023 before increasing sharply in 2024. The amount paid for Day Treatment for group claims increased 82% between 2023 and 2024, while the total amount paid for all Alcohol and Drug group claims declined 3%. The amount paid for Day Treatment for individual claims increased 67% between 2023 and 2024, while the total amount paid for all Alcohol and Drug individual claims increased 17%. The amount paid for Day Treatment for combined group & individual claims increased 76% percent between 2023 and 2024, while the total amount paid for all Alcohol or Drug Treatment combined group & individual claims increased 2%.

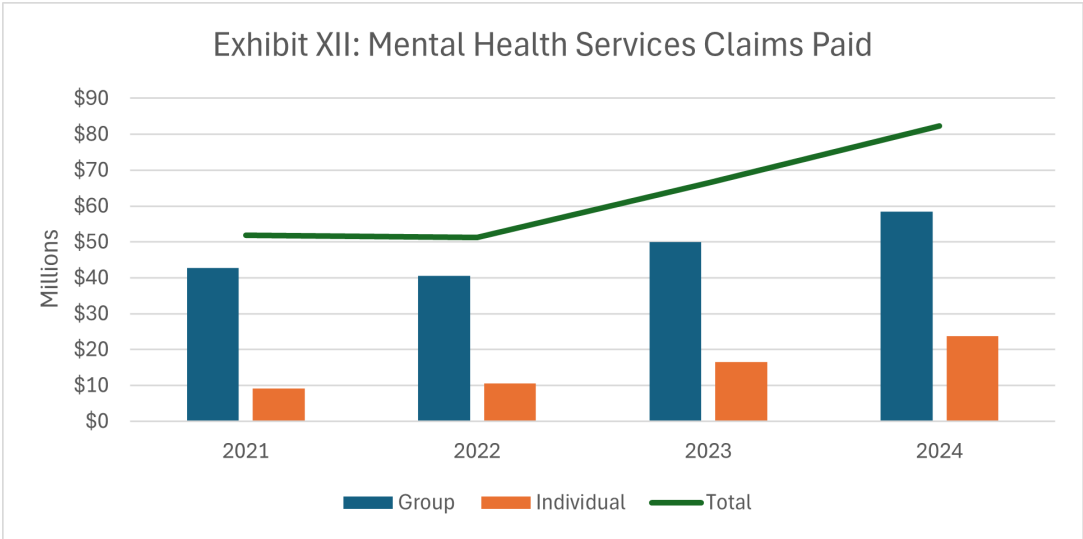


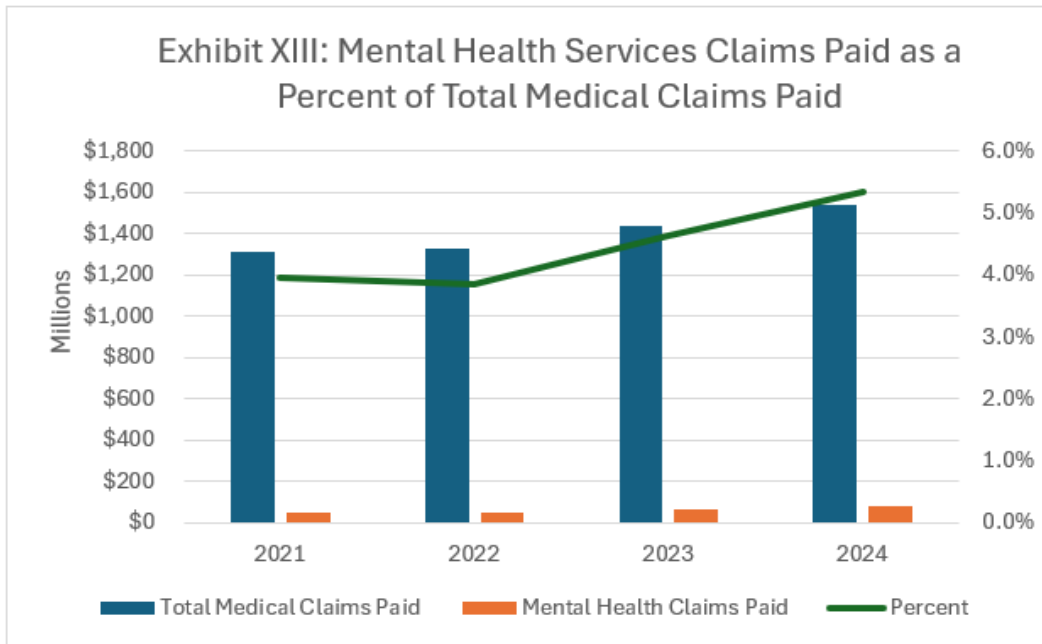
Mental Health Services

Mental health parity for group plans in Maine became effective July 1, 1996 and was expanded in 2003. The percentage of mental health group claims paid has been tracked since 1984 and has historically been between 3%-4% of total group health claims.

Maine mental health parity is included in the essential health benefits for ACA (Affordable Care Act) individual and small group plans beginning 2014. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) amended the PHS Act, ERISA, and the Internal Revenue Code to provide increased parity between mental health and substance use disorder benefits and medical/surgical benefits and extended parity to all individual plans.

Exhibit XII displays the total amount paid for Mental Health Services claims from 2021 through 2024 separated by group and individual. The total amount of Mental Health Services Claims Paid increased 59% between 2021 and 2024, rising to over \$82 million. Despite this large increase over time, Mental Health Services claims have continued to comprise between 4% and 5% of Total Medical Claims Paid as shown in Exhibit XIII.





Exhibits XIV and XV provide the percentage of group and individual Mental Health Services Claims Paid broken out by treatment type (In-Patient, Out-Patient, or Day Treatment) in 2024. Out-Patient treatment accounted for 69% of all Mental Health Services Claims Paid in the group market and 72% in the individual market. In-Patient treatment accounted for 27% in the group market and 21% in the individual market, and Day Treatment accounted for 4% in the group market and 7% in the individual market.

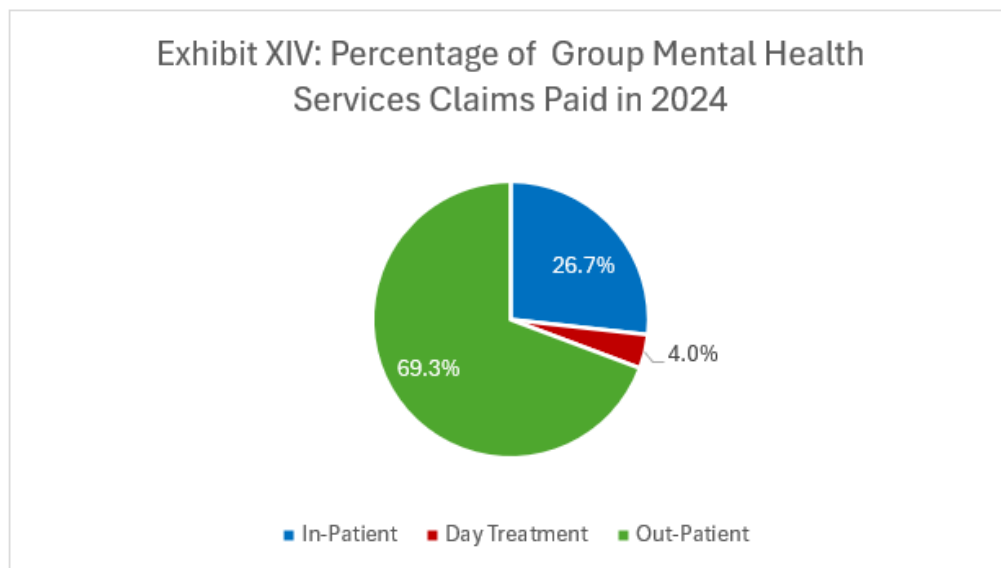


Exhibit XV: Percentage of Individual Mental Health Services Claims Paid in 2024

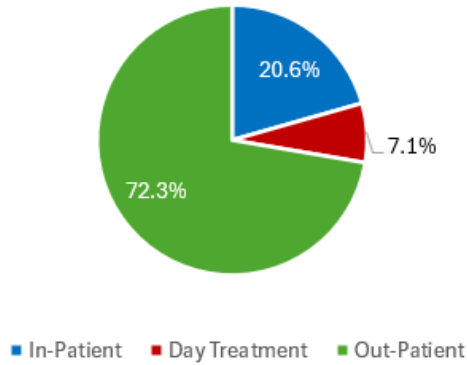
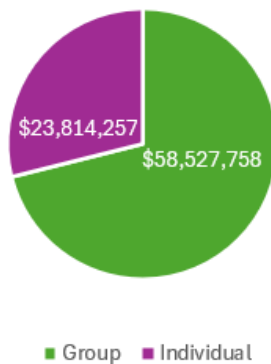


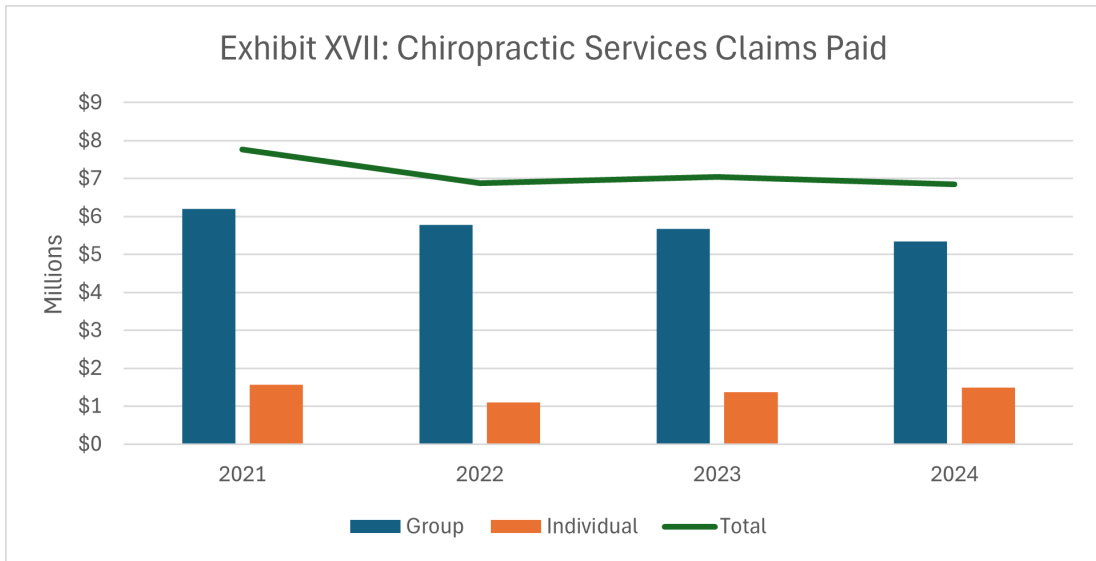
Exhibit XVI shows the breakdown of Mental Health Services Claims Paid in the group market compared to the individual market. Mental Health Services claims were 5% of Total Medical Claims Paid in 2024 for individual and group health plans.

Exhibit XVI: 2024 Mental Health Services Claims Paid



Chiropractic Services

Exhibit XVII shows by year and by market segment (group or individual) the amount of Chiropractic Services Claims Paid. This represents 0.5% of all claims on average over the 4-year period. The total amount of Chiropractic Services Claims Paid declined 12% from 2021 through 2024.



Mammography

Exhibit XVIII compares by year the amount of Screening Mammogram Claims Paid to Total Medical Claims Paid. On average, this represents 0.8% of Total Medical Claims Paid for 2021-2024.

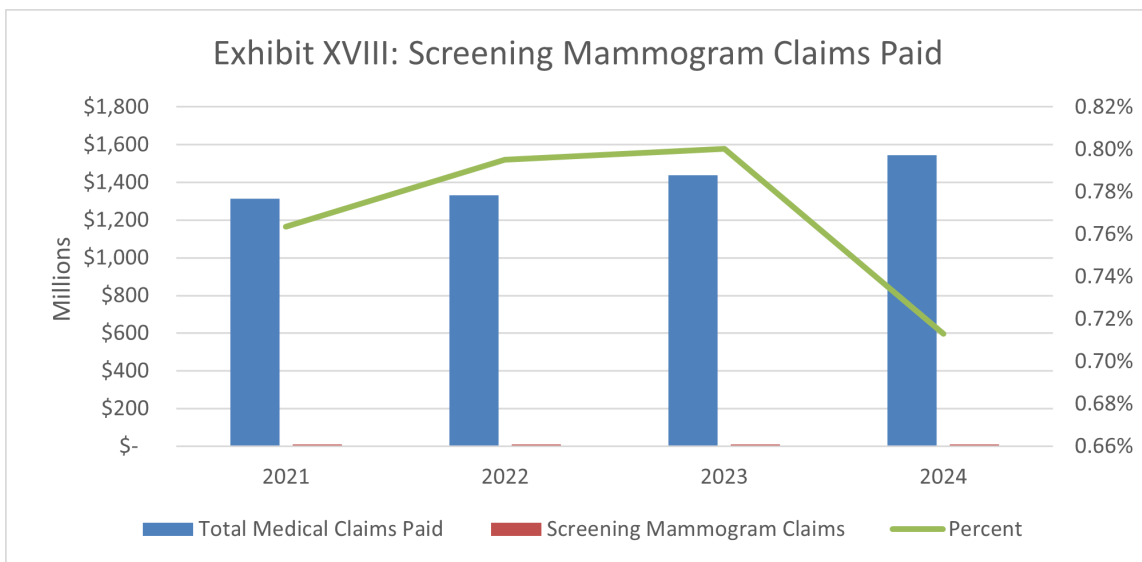
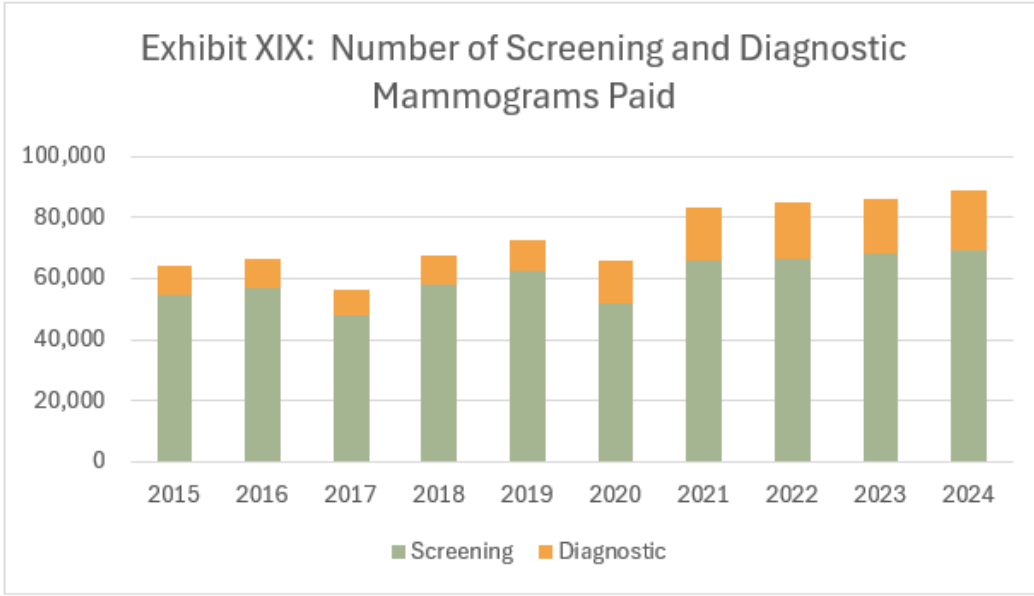
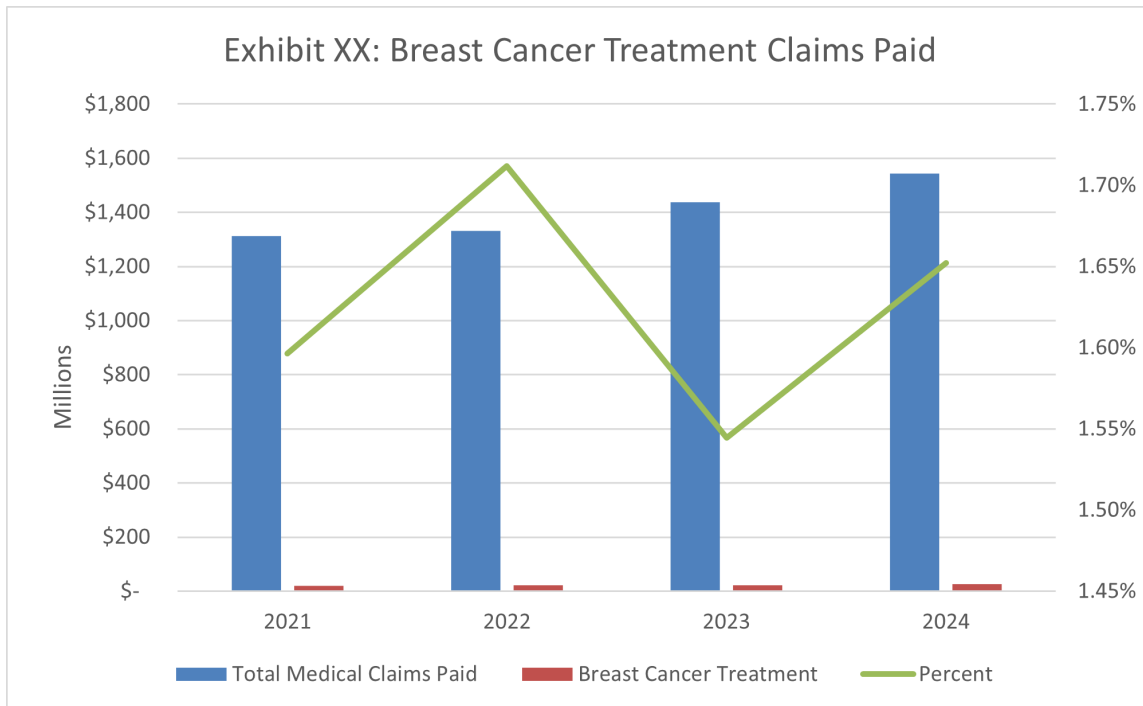


Exhibit XIX shows an overview of the total number of Screening Mammograms and Diagnostic Mammograms by year. The number of Diagnostic Mammograms increased 104% since 2015 while the number of Screening Mammograms increased 26%. Screening Mammograms have comprised 80% of the Mammography claims over the last 10 years. There was a drop in 2020, which was likely a result of decreased visits to providers during COVID restrictions.



Breast Cancer Treatment

Exhibit XX shows by year the amount of Breast Cancer Treatment Claims Paid and as a percentage of Total Medical Claims Paid. Despite increases in mammograms over time, this exhibit shows that Breast Cancer Treatment costs remained level over recent years and have been approximately 1.5%-1.7% of Total Medical Claims Paid on average for 2021 through 2024.



Fertility Treatment

Fertility Treatment is a newly mandated benefit, which took effect in 2024. Exhibit XXI shows the amounts the carriers estimated in their filings compared to the actual amount they were reimbursed for fertility claims paid in the individual (on exchange) market. Taro Health Plan of Maine, Inc. (doing business as Mending) did not incur any Fertility Treatment claims during 2024 and did not submit for reimbursement. The total cost of the fertility defrayal reimbursed to health insurers for 2024 was \$669,149. The Bureau did not collect data on claims paid for fertility treatment provided to enrollees in the small group and large group markets.

