



The organizations listed appreciate the opportunity to provide comments on the proposed 2023 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.

However, we are concerned by the significant increase in the number of plans in the market. There are now twenty Clear Choice options being proposed, compared with the previous twelve. Each of these plan designs may translate to numerous plan options available to consumers, which would be in addition to the significant number of alternative plans that insurers continue to offer. For instance, in 2021, Maine consumers had roughly 30 plans available to them on the Marketplace. Today, a consumer in Kennebec County has 49 plans to choose from on the Marketplace. Almost doubling the number of Clear Choice designs could lead 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 plan design. Dozens of options with minimal or nuanced variations between them offer anything but a clear choice to Maine consumers.

We would respectfully request that the Bureau consider paring down the options by consolidating some of the proposed plans, especially in the bronze and silver tiers where the AV in several of those plans are separated by less than a tenth of a percentage point and the maximum out-of-pocket costs are identical. We would additionally suggest that the Bureau either further restrict the number of alternative plans that carriers are allowed to propose or take action to minimize the proliferation of plans that differ only marginally, such as through small network structure variations. In order to best aid consumers in their decision making, plans should have meaningful differences between one and other.

While we share concerns regarding the affordability of premiums, we would note, as we have in the past, that premiums are not the only expense incurred when shopping for coverage. If consumers can afford to pay a premium but cannot afford to use their coverage, the overall value of their insurance is

minimal. We feel it is vital that pre-deductible coverage be maximized to ensure that consumers can afford to access the benefits they pay for. Given the significant affordability barriers Mainers already face when accessing health care, we urge the Bureau to decrease out-of-pocket costs to the extent possible without exceeding AV limits. We also strongly discourage the Bureau from increasing deductibles or maximum-out-of-pocket limits, unless such increases are necessary to reduce other cost-sharing amounts or increase the number of pre-deductible benefits available under the plan without exceeding AV limits.

Recent polling conducted in October 2021 found that Mainers faced significant affordability barriers when accessing health care, regardless of income or insurance type. However, those who purchased coverage on their own (not through an employer) were more likely to experience healthcare affordability burdens compared to Mainers with other types of coverage, such as insurance through an employer. In fact, 73% of Mainers with health insurance they purchased on their own reported experiencing one or more affordability burdens in the previous 12 months, such as delaying or skipping medical care or struggling to pay for medical bills, including going into credit card debt or not being able to pay for basic necessities, like food, heat or housing, because of medical bills.¹ Compared to Mainers with employer-sponsored coverage, Mainers who purchased health insurance on their own were also more likely to report not adhering to medications as prescribed due to cost, with 40% reporting they did not fill a prescription, had cut pills in half, and/or had skipped a dose of medication in the last 12 months because of cost.² Mainer should not have to choose between filling a prescription or going to see the doctor and being able to pay for food, housing, and other necessities.

Comments during previous public meetings have pointed out that Clear Choice designs, as well as other plans offered in the individual market, are often less generous than many existing small group plan options. We agree that it is important to ensure small businesses and their employees can continue to access plans that provide coverage that is at least comparable to their current coverage. However, this can be done without significantly increasing the number of Clear Choice plan designs. Rather, Clear Choice plans should be designed to provide the maximum amount of benefit to both small groups as well as individuals. Carriers should not be permitted to market plans with more generous benefit designs exclusively to small groups, while promoting less benefit rich plans with more narrow networks to individuals.

Furthermore, we encourage the Bureau to ensure Clear Choice designs provide the same simplified shopping experience and ability to make apples-to-apples comparisons between plans, regardless of an individual's income. In 2022, carriers were given flexibility in how silver Clear Choice plan designs were modified for Marketplace enrollees eligible for cost-sharing reductions (CSR). As a result, Clear Choice plans do not provide the same level of standardization to people with incomes below 250% of the federal poverty level. For example, in Cumberland County, there are currently six plan options available for the Silver \$3,500 Clear Choice design. Below is a chart showing cost-sharing amounts for the CSR-87 silver plan variants for two of these plans, which would be available to enrollees with household incomes between 150 and 200% FPL.

¹ <https://www.healthcarevaluehub.org/advocate-resources/consumer-healthcare-experience-state-survey/maine-consumer-healthcare-experience-state-survey>

² <https://www.healthcarevaluehub.org/advocate-resources/publications/maine-residents-worried-about-high-drug-costs-support-range-government-solutions>

	Silver \$3,500 Clear Choice (Base design)	Health Options CC Silver \$3500 PPO National- 87% CSR	Anthem Silver X Clear Choice Tiered 3500 S05
Deductible	\$3,500	\$1,500	Tier 1: \$525 Tier 2: \$1,250
OOPM	\$8,700	\$2,900	Tier 1: \$2,200 Tier 2: \$2,900
PCP	\$30	\$15	Tier 1: \$15.00 Copay Tier 2: \$45.00 Copay
Mental/Behavioral Health Outpatient	\$30	\$15	Tier 1: \$15.00 Copay Tier 2: \$45.00 Copay
Specialist	\$60	\$20	Tier 1: \$55.00 Copay Tier 2: \$125.00 Copay after deductible*
Urgent Care	\$40	\$40	\$40
Rx tier 1	\$25	\$5	Tier 1: \$15.00 Copay Tier 2: \$25.00 Copay
Rx tier 2	\$50	\$30	Tier 1: \$30.00 Copay Tier 2: \$40.00 Copay
Rx tier 3	\$100 after deductible	\$80 after deductible	Tier 1: \$90.00 Copay after deductible Tier 2: \$140.00 Copay after deductible*
Rx tier 4	\$250 after deductible	\$180 after deductible	Tier 1: \$200.00 Copay after deductible Tier 2: \$250.00 Copay after deductible

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

As you can see, cost sharing amounts vary, sometimes significantly between plans. Additionally, according to Rule Chapter 851, carriers may offer tiered networks in Clear Choice plans, “as long as the specified cost sharing is offered at the broadest network tier.” However, as you can see from the chart above, Anthem’s 87% CSR variant of the Silver \$3,500 Clear Choice design has higher out-of-pocket costs for certain tier 2 benefits, including for primary care visits, mental/behavioral health outpatient services, and tier 3 prescription drugs, than the cost-sharing amounts specified in base plan design for that Clear Choice plan.

Standardization in Clear Choice plans should apply regardless of whether someone is eligible for CSRs. Designating and labeling plans with different cost-sharing structures as one “Clear Choice” design undermines the fundamental purpose of Clear Choice designs and creates even more confusion for consumers attempting to understand and compare their plan options. For these reasons, we encourage the Bureau to establish the benefit structure and set cost-sharing amounts for silver variants of Clear Choice plans. On behalf of the organizations below, we thank you for the opportunity to continue to provide comments and input as the Bureau of Insurance moves toward implementing Clear Choice benefit designs.

- The Leukemia and Lymphoma Society-LLS**
- The American Cancer Society Cancer Action Network-ACSCAN**
- The American Heart Association-AHA**
- Consumers for Affordable Health Care-CAHC**