



**Consumers for
Affordable
Health Care**



**LEUKEMIA &
LYMPHOMA
SOCIETY***



**American
Heart
Association.**

The organizations listed appreciate the opportunity to provide comments on the proposed 2024 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.

Reduce Number of Plan Designs

We appreciate the Bureau's efforts to reduce the number of plans designs but believe more still needs to 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 up to 70 plan options, depending on where they live. In Kennebec County, consumers have 64 plans to choose from on the Marketplace. While a total of six plan designs have been removed in the proposed 2024 Clear Choice Plan Designs, the net reduction in designs allowed for Marketplace plans is less significant, since two of the 2023 designs that are being eliminated are off-Marketplace only, and two other plan designs that were previously designated as off-Marketplace only in 2023 have been proposed to be allowed on the Marketplace in 2024. A single benefit design can result in several plans, even from an individual carrier. Residents in Kennebec County have 29 silver plans available to them, including eight Clear Choice Silver \$3,500 plans, four 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

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.

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, which have the highest number of plan designs. We also suggest that the Silver \$4,000 HSA and the Silver \$4,500 HSA continue to be permitted only off-Marketplace, as they were in 2023. 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 in order 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 for 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, half of the six Silver \$4,200 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 \$4,200 clear choice design. In addition to higher deductibles and copay amounts, one plan even requires enrollees to meet a \$7,000 deductible for tier 2 specialist visits, which have a pre-deductible copay in the standard clear choice benefit design.

2023 Tiered Clear Choice Silver \$4,200 Plans Offered On-Marketplace in Kennebec County

Clear Choice Silver \$4,200 Benefit Design		Deductible		Max OOP		PCP		Specialist	
		\$4,200		\$7,000		\$50		\$80	
Tiered Plans		T1	T2	T1	T2	T1	T2	T1	T2
CHO	Health Options Clear Choice Silver \$4200 HMO Tiered NE	\$4,200	\$5,040	\$9,100	\$9,100	\$50	\$70	\$80	\$95
Anthem	Anthem Clear Choice Silver X Tiered 4200	\$4,200	\$6,300	\$9,100	\$9,100	\$35	\$70	\$80	\$130 after deductible
Harvard Pilgrim	Clear Choice Maine's Choice Plus HMO Silver 4200	\$4,200	\$7,000	\$9,100	\$9,100	\$50	\$80	\$80	\$110

*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 provided the lowest level of coverage. We do not have an issue with carriers offering plans that 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. For example, in Kennebec County, the top five Marketplace silver plans with the lowest premiums all utilize tiered benefits and all have an AV that is lower than the AV amounts specified for those plans in the clear choice benefit designs created by the Bureau.

2023 Lowest-premium Silver Plans Available On-Marketplace in Kennebec County

Carrier	Plan Name	Plan AV	BOI Clear Choice Design AV	Difference in AV
CHO	Health Options Clear Choice Silver \$4200 HMO Tiered NE	70.21%	70.26%	-0.05%
CHO	Health Options Clear Choice Silver \$3500 HMO Tiered NE	71.07%	71.18%	-0.11%
Anthem	Anthem Clear Choice Silver X Tiered 6000	70.04%	70.44%	-0.40%
Anthem	Anthem Clear Choice Silver X Tiered 5500	70.05%	70.69%	-0.64%
Anthem	Anthem Clear Choice Silver X Tiered 4200	70.03%	70.26%	-0.23%

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 2023 plans, but encourage the Bureau to continue to look for ways to maximize affordability for consumers and use copays instead of coinsurance.

In order 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

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.

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 SLCSPP 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 maximize consumer purchasing power and improve the affordability of coverage for individuals. The vast majority of Marketplace 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 coverage permitted in that metal tier.

An analysis of 2023 individual rate filing documents shows that very few silver clear choice Marketplace plans offered in Kennebec County were close to hitting the 72% maximum actuarial value permitted in silver plans. In fact, roughly half of the silver plans currently available on the Marketplace in Kennebec County have an actuarial value of less than 71%. Furthermore, nearly half of silver clear choice plans in this area have AVs that are lower than the AV included in the clear choice plan design chart for that clear choice plan design.

Allowing carriers to offer silver marketplace plans that do not provide the maximum amount of coverage permitted, 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%.

Standardize CSR Plan Designs

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. Thus far, carriers have been given flexibility in how silver Clear Choice plan designs are modified for Marketplace enrollees eligible for cost-sharing reductions (CSR). This has resulted in significant confusion among consumers who, understandably, have difficulty understanding what it means for a plan to be a “clear choice” plan, when the cost-sharing structures for plans within the same clear choice design look completely different from one another. For example, in Kennebec County, there are currently six plan options available for the Silver \$4,200 Clear Choice benefit design. Below is a chart showing the differing cost-sharing amounts for the CSR-87 silver plan variants of this plan that are available to enrollees with household incomes between 150 and 200% FPL in Kennebec County.

2023 Marketplace Clear Choice Silver \$4,200 CSR-87 Plans in Kennebec County									
Benefits	Health Options Clear Choice Silver \$4200 HMO Tiered NE		Health Options Clear Choice Silver \$4200 HMO NE	Health Options Clear Choice Silver \$4200 PPO NE	Anthem Clear Choice Silver X Tiered 4200		Harvard Pilgrim Clear Choice Maine's Choice Plus HMO Silver 4200		Harvard Pilgrim Clear Choice HMO Silver 4200
	Tier 1	Tier 2			Tier 1	Tier 2	Tier 1	Tier 2	
Deductible	\$1,300	\$1,560	\$1,300	\$550	\$1,550	\$900	\$1,400	\$1,000	
Maximum OOP	\$2,850		\$2,850	\$2,400	\$2,950	\$2,400	\$2,750	\$2,650	
Coinsurance	20%	40%	20%	25%	45%	20%	40%	20%	
PCP and Behavioral Health Office Visits	\$15	\$35	\$15	\$20	\$50	\$20	\$40	\$20	
Specialist Visit	\$25	\$45	\$25	\$50	\$100 after deductible	Level 1: \$20 Level 2: \$40	Level 1: \$40 Level 2: \$60	Level: 1 \$20 Level: 2 \$40	
Free Standing Urgent Care	\$50	\$70	\$50	\$30		Convenience care clinic: \$20 Urgent care center: \$20 Hospital urgent care center: \$50	Convenience care clinic: \$20 Urgent care center: 40% after deductible Hospital urgent care center: 40% after deductible	Convenience care clinic: \$20 Hospital Urgent Care \$50	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	40% after deductible	20% after deductible	25% after deductible	45% after deductible	Nonhospital affiliated facility: \$300 Hospital affiliated facility: 20%	40% after deductible	Nonhospital affiliated facility: \$300 Hospital affiliated facility: 20%	
Outpatient Surgery and Physician/Surgical Services	20% after deductible	40% after deductible	20% after deductible	25% after deductible	45% after deductible	Nonhospital affiliated facility: no charge Hospital affiliated facility: 20%	40% coinsurance after deductible	Nonhospital affiliated facility: no charge Hospital affiliated facility: 20%	
All other benefits	20% after deductible	40% after deductible	20% after deductible	25% after deductible	45% after deductible	20% after deductible	40% after deductible	20% after deductible	
RX – Tier 1 Generic	Preferred generic (retail): \$5 Preferred generic (mail): \$10 Generic (retail): \$10 Generic (mail): \$20			\$10 (retail) \$25 (mail)	\$30 (retail)	Tier 1: \$5 Tier 2: \$25			
RX – Tier 2 Preferred Brand	Retail: \$20 Mail: \$40			\$40 (retail) \$120 (mail)	\$55 (retail)	\$50			
RX – Tier 3 Nonpreferred	Retail: \$60 after deductible Mail: \$120 after deductible			\$75 (retail) \$225 (mail)	Tier 2 \$125 after deductible	\$100 after deductible			
RX – Tier 4 Specialty	\$180 after deductible			\$200 after deductible	\$250 after deductible	Tier 4: \$100 after deductible Tier 5: \$250 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. In fact, there is not a single service that has a consistent cost-sharing amount applied across all CSR-87 variants of this clear choice design. The chart also shows that some of the 87% CSR variants of the Silver \$4,200 Clear Choice design have higher out-of-pocket costs for several tier 2 benefits, including for specialist visits, urgent care, outpatient surgery, and most prescription drug tiers.

Furthermore, the current plan naming convention exacerbates 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.

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. We strongly encourage the Bureau to develop standardized benefit designs for CSR variants of clear choice plans. We also suggest updating the clear choice plan names, as displayed to CSR-eligible consumers, so that the deductible amount used in the plan name matches the deductible for that CSR variant.

Coverage for 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 (about \$7/month) and in almost every scenario, total out-of-pocket spending (including on premiums and cost-sharing) are lower for families when pediatric dental is embedded in the QHP.³

We appreciate that the 2024 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 on the Marketplace. While pediatric dental benefits were also embedded in the 2023 clear choice plans, very few clear choice plans currently offered on Maine's Marketplace actually include pediatric dental coverage. Plan selection data from the most recent open enrollment period shows that, of the 8,682 children under 18 years old in Maine that had a Marketplace plan selection during open enrollment, less than 15% selected a stand-alone dental plan.⁴ 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 continue to provide comments and input as the Bureau of Insurance moves toward implementing Clear Choice benefit designs.

American Cancer Society Cancer Action Network-ACSCAN

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).

⁴ 2023 OEP State-Level Public Use File, Centers for Medicare & Medicaid Services. Available at <https://www.cms.gov/research-statistics-data-systems/marketplace-products/2023-marketplace-open-enrollment-period-public-use-files>.