

## Maine Bureau of Insurance

### Clear Choice Response to March 24, 2023 Comments Regarding 2024 Plan Designs

All comments are posted on the Bureau website. An updated plan design chart is also posted.

Comments were received by Consumers for Affordable Healthcare (CAHC), American Cancer Society Cancer Action Network-ACSCAN, American Heart Association-AHA and Leukemia and Lymphoma Society-LLS referred to as the CAHC comments below. Comments were received from the carriers Harvard, Community Health Options (CHO) and Anthem as well as the Maine Association of Health Plans (AHIP). Also received were comments from Gwen Simons with the Maine American Physical Therapy Association (MEAPTA), Robert Reed with the Maine Chiropractic Association and Donna Power with Cross Agency.

1. CAHC suggested further reducing the number of plans allowed to be offered. This is complicated because of our merged market and needing to include typical group plans as well as those that meet the individual market needs. Enrollment does not yet fully reflect small group choices due to the rolling renewals through the year. We will have a better idea of the plans requested by small group for 2025. There continues to be two designated Silver (\$4,000 HSA and \$4,500 HSA) as “off exchange only” to limit the number of plans on the exchange. The Bureau will continue to evaluate enrollment in plans and suggest reductions for future years.
2. CAHC objected to network tiering and encouraged more standardization for tiered benefit designs. We appreciate the concern and will include for consideration for next year as we work toward more standardizing over time.
3. CAHC recommended reducing out-of-pocket costs to provide consumers with value for their premiums. This is another item to continue working on and will keep on the work tasks for next year plan design.
4. CAHC recommended that all Clear Choice Silver plans available on the Marketplace be required to have an actuarial value of at least 71.5%. It is very difficult to set the AV that precisely because each carrier does have differences in their plans that requires each carrier to calculate their own AV and necessitates a certain available range to meet the ACA requirements.
5. CAHC also suggested having a standardized cost structure for the cost share reduction (CSR) plans. While the ACA has constraints for how CSR plans are developed, Clear Choice could include a standard approach. The Bureau will consider that for next year. Additional concern was mentioned regarding how CSR plans are displayed on the exchange and over the naming convention that will be shared with the state exchange. We would encourage the exchange to use the deductible amount in the plan name that matches the deductible for that CSR variant.

6. CAHC would like pediatric dental embedded in all on exchange plans. No change to the current requirement has been made. This is described in the rule and not necessary to change with the revised chart.
7. CHO requested that the \$7,000 HSA Bronze plan with 0-10% coinsurance allowed. Harvard suggested changing this plan to a \$7,200 deductible and maximum out of pocket (MOOP). This plan has been added back into the chart with the change to \$7,200 deductible and MOOP with the 0% coinsurance.
8. AHIP, Anthem, CHO objected to the physical, occupational and speech therapy (PT/OT/ST) copay approach saying it would be expensive and they prefer their approach of coinsurance coverage. Anthem estimated a 0.5% increase in premium for the copay design. MEAPTA and MCA encouraged the use of the copay design for PT/OT/ST and chiropractic services. The Bureau received a March 30, 2023 letter from the Health Coverage Insurance and Financial Services (HCIFS) committee that is posted to the Bureau website and recommends the Bureau include the lower copayment structure for these services into the Clear Choice plan designs. The copay approach has been adopted for the 2024 Clear Choice plans that are not HSA. Chiropractic Services were added to the PT/OT/ST category.
9. AHIP asked for more standardization for the fertility benefit cost sharing. This is not a Clear Choice specific issue and will be handled with rulemaking that should start very soon.
10. Several commentors included a question about which plans were designated as off exchange only plans. The two Silver HSA plans \$4,000 and \$4,500 will continue as off exchange only.
11. Anthem suggested that at least one of the remaining 2024 Silver HSA plans have deductible/copay for the pharmacy benefit because the eliminated plans had that cost share. We accepted this change to the lowest Silver deductible plan \$4,000 HSA to now have prescription copay instead of coinsurance.
12. Anthem suggested a larger spread between the Silver HSA like Clear Choice Silver 3500 HSA and Clear Choice Silver 4500 HSA. We eliminated the \$3,000 and \$3,500 HSA plans because they didn't meet AV or have significant enrollment. There is still the opportunity for carriers to fill any gaps with an alternate plan.
13. Anthem suggested a change to meet mental health parity for Specialist cost share for the \$7,500 Bronze plan from 50% coinsurance to an \$80 copay. This change has been made.
14. Harvard suggested increasing the MOOP to \$7,000 for the Silver \$4,500 HSA. That change was made.
15. Donna Power from Cross Agency asked if there could be a Silver or Bronze plan available with tier 3 & 4 prescriptions covered before deductible. Currently there is only a Gold plan that offers before deductible coverage for tiers 3 & 4 prescriptions due to premium and AV concerns. The Bureau will continue to consider this request for the 2025 plan design.