A Consumer’s Guide To...

INDIVIDUAL MAJOR MEDICAL INSURANCE
In Maine

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Basics of Individual Major Medical Insurance in Maine

Any Maine resident who is not eligible for Medicare can buy an individual health insurance policy.

**TIP: Make sure you know what you’re buying before you commit.** The insurance described in this guide is Affordable Care Act compliant Major Medical Insurance. Short-term policies, Indemnity coverage, and other supplemental insurance can seem like a good deal, but can end up costing you much more in the long run if you actually need to make a claim. Need help understanding a policy before you purchase it? Feel free to call the Bureau’s Consumer Health Care Division at 800-300-5000, before you seal the deal.

**Financial Assistance:**
Most people get help with paying for a plan that is purchased through CoverME.gov, depending on their income, how many people are in their household, and whether they are eligible for another kind of coverage. The assistance is provided through tax credits, and potentially through lower cost-sharing requirements. The federal government has increased the amount of financial assistance through 2025.

If your employer offers you an insurance plan with "minimal essential coverage" (your plan's Summary of Benefits should state whether it meets the requirement) AND is considered "affordable" (less than 9.12% of your household income), you will not be able to get help with the cost of a plan through CoverME.gov. However, beginning in 2023, your family members may be eligible for financial assistance to buy a CoverME.gov plan, even if you are not.

**Pre-Existing Conditions:**
Major medical insurance must include coverage for pre-existing conditions.

**Essential Health Benefits:**
There are 10 Essential Health Benefits (EHBs) that must be part of all major medical insurance plans. See more at CoverME.gov.

**Increased Coverage and Access:** As of 2021, Maine law requires individual major medical plans to fully cover the cost of your first routine primary care visit and first behavioral health visit, each year, without any out-of-pocket costs. In addition, copays for the second and third routine visits to either a primary care provider or behavioral health provider are applied before needing to meet the deductible. These new requirements do not apply to HSA or catastrophic plans.

**Preventive Services:** You do not pay copays, coinsurance or deductibles for certain preventive health services provided by network providers, including routine immunizations and routine physical exams, such as: gynecological exams, digital rectal exams, pediatric eye exams, mammograms, and routine and medically necessary colorectal cancer screenings. Talk with your provider about whether these procedures are considered “routine” or “diagnostic” in your specific case. You will have to pay a portion of exams or procedures that considered “diagnostic.”
**Cost-sharing**
This refers to the portion you will have to pay for covered services, until you reach the annual maximum out-of-pocket limit. **Deductibles, copays and co-insurance** are all types of cost-sharing. (See page 6 for a glossary of terms.).

**Standardization to Help You Compare**
Insurance plans have standardized levels of coverage called “metal levels” — Bronze, Silver, Gold, Platinum, and Catastrophic. These help you more easily compare the plans’ cost-sharing requirements. All plans in the same metal level will have the same average cost-sharing. Basically when you pay a higher premium upfront, your cost-sharing for specific services will be lower.

Standardized “Clear Choice” plans are also offered through CoverME.gov. Each Clear Choice standard cost-sharing design has the same deductible, copays, and co-insurance for medical services, no matter which health insurance company offers the plan. When comparing each Clear Choice plan you can focus on the provider network available and the premium cost, knowing that the level of cost-sharing for services is the same.

Use the Bureau’s online Rate Calculator to see a quick breakdown of the costs, by metal level and specific plan. (See more about the Bureau’s rate calculator on pg. 5 under “Premium Rates.”) This calculator will simply show the cost of the plan; it will not show any financial assistance you and your family may be eligible for.

Some questions are listed on page 5, for you to consider when you are reviewing the different plans and their cost-sharing differences.

It’s also important to know that **if you choose to purchase certain Silver plans, and you qualify for a premium subsidy, you may also qualify for help with your out-of-pocket costs** (co-pays, co-insurance and deductibles).

Catastrophic plans have the highest out-of-pocket costs and lowest premiums and are only available to individuals age 30 and younger, OR to those who qualify for a “hardship exemption” or an “affordability exemption.” To apply for an exemption so you can purchase catastrophic coverage, visit healthcare.gov/health-coverage-exemptions. If you are approved for a hardship exemption, you should call the CoverME.gov Consumer Assistance Center at 866-636-0355 (TTY 711), for help enrolling. When you call, be prepared to provide the Exemption Certificate Number (ECN) you receive with your approval, as well as details of the plan you wish to enrollment in.

**Dependent Coverage - Young Adults:**

Insurance companies must offer to cover your dependent child up to his or her 26th birthday.

Eligibility is not limited if your dependent child is married or has his or her own dependents or files his or her own taxes. Your dependent child also is not required to be a student to qualify for coverage under your plan.
2023 Individual Plans Offered in Maine
For plan-specific questions and additional information, please use the phone numbers or website addresses below. You may also contact a CoverME.gov navigator/assister, or an insurance agent or broker. The plans and rates insurance companies offer in Maine are reviewed and approved by the Bureau of Insurance. You are welcome to call the Consumer Health Care Division of the Bureau at 800-300-5000 (in Maine), or TTY 711, with any health insurance-related questions.

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>2023 Plans By Metal Level Offered By Each Carrier</th>
<th>Network Types*</th>
<th>On Exchange</th>
<th>Off Exchange</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross Blue Shield (800) 547-4317 <a href="http://www.anthem.com">www.anthem.com</a></td>
<td>Bronze: ✓ Silver: ✓ Gold: ✓ Catastrophic: ✓</td>
<td>HMO</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Maine Community Health Options (MCHO) (855) 624-6463 <a href="http://www.maineoptions.org">www.maineoptions.org</a></td>
<td>Bronze: ✓ Silver: ✓ Gold: ✓ Catastrophic: ✓</td>
<td>HMO</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Taro Health *** (207) 210-3434 <a href="http://www.taroealth.com">www.taroealth.com</a></td>
<td>Bronze: ✓ Silver: ✓ Gold: ✓ Catastrophic: ✓</td>
<td>HMO</td>
<td>X</td>
<td>X</td>
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* See the following page for explanations of these network types.
** Aetna’s Traditional PPO and Whole Health HMO products are not available for purchase through Maine’s Marketplace and will only be offered to Individuals who reside in the following Maine counties: Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York.
*** Taro Health plans are only available for residents of Cumberland County.

Rate Calculator
If you use the Rate Calculator at the Bureau of Insurance website, it will show the plans available based on the county where you live. As you age, your rate will increase. The premium amounts on the calculator do not reflect any subsidies. To see premium amounts with subsidies applied, create an account at CoverME.gov
Health Care Networks and Premium Rates

Health Care Provider Networks: The networks available to you are determined in part on where you live.

The insurance companies offering individual plans in Maine have the following network types:

- **Health Maintenance Organization (HMO)** - You must choose a primary care provider (the provider you see for your annual physical) from a list of participating providers. For any non-emergency hospital or specialty care you must get a referral from your primary care provider first. Typically, out-of-network providers are not covered at all.

- **Preferred Provider Organization (PPO)** - You receive a higher level of benefits – and have less cost-sharing -- if you go to a preferred provider than if you go to an out-of-network provider.

- **Point of Service (POS)** - This type of plan has characteristics of both HMOs and PPOs. Like an HMO, you must choose a primary care provider (PCP) from a list of participating providers, and for any non-emergency hospital or specialty care you must get a referral from your PCP first. Like a PPO, you can see an out-of-network provider but you will pay more than you would to see an in-network provider. Out-of-state providers may not be covered.

- **Tiered Network** - Under this type of plan, you will receive the highest level of benefits if you see providers in the preferred tier. You will still be able to access in-network providers in lower tiers, but your cost-sharing will be higher. Note: If you use an out-of-network provider — or in the case of tiered networks, a provider in a lower tier — your cost-share will be higher.

Premium Rates: Premium rates depend on the plan you choose as well as on three personal factors: the geographic area where you live, your smoking status, and your age.

- For a quick calculation of the premium estimate of each plan available to you, on or off the Marketplace, use the Bureau’s online Rate Calculator. If you need assistance, call the Bureau’s Consumer Health Care Division (800-300-5000 or TTY Maine Relay 711). Note: this calculator does not apply any potential subsidies.

- If you are likely to qualify for subsidies, go to CoverME.gov to input or update your household size and income, see more details about your plan options, and get rate estimates that include your potential subsidies, or to qualify for MaineCare.

TIP: Check with your insurance company before you purchase your plan to see if your providers are in the plan network.
Comparing Plans

Before purchasing a plan, compare benefits, exclusions and premiums carefully. Major Medical plans all offer the same essential health benefits, but some offer extras like acupuncture or adult vision. Also, drug formularies and provider networks vary from plan to plan.

Service is also important; a company that provides superior customer service may be worth additional cost.

Some questions to consider when comparing plans:

Networks and Prescription Formularies:

• What medical providers are part of the network? Are my doctors and hospital in the plan?
• Are out-of-state providers covered?
• What is the formulary (cost) of prescription drugs I may need? Are my drugs covered?

Limitations:

• What are the limits on services or on the number of visits to certain types of providers?
• Will I be covered if I travel?

Cost:

• Am I eligible for a tax credit? If so, does the insurer sell their plan on CoverME.gov?
• What is the annual out-of-pocket cost for in-network services, out-of-network services, or for different tiers in a tiered plan?
• Is the plan compatible with a Health Savings Account (if applicable)?
• Are some services exempt from the deductible?
• Is there a separate deductible for prescriptions?
• What are the co-pays, co-insurance and deductible for out-of-network services?
• Is there one deductible for an individual and another for a family?

Getting Help

• Find a CoverME.gov Assister or a Broker who can assist you with your application at CoverME.gov/get-help

• Contact the insurance companies offering plans in Maine. You can call the insurance companies directly to ask questions or to buy your insurance. (See pg. 4 for insurance company contact info.) However, to have a subsidy applied, you must purchase your plan through CoverME.gov rather than directly from the insurance carrier.
### A GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th><strong>Term</strong></th>
<th><strong>Definition</strong></th>
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<tbody>
<tr>
<td><strong>Catastrophic Coverage</strong></td>
<td>A health insurance policy with a high deductible.</td>
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<tr>
<td><strong>Coinsurance</strong></td>
<td>A percentage of each claim, above the deductible, that is paid by the policyholder.</td>
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<tr>
<td><strong>Copay</strong></td>
<td>The payment that is due at the time you receive a health care service, such as a visit to a doctor’s office, or when you pick up a prescription drug. The copayment is usually a fixed amount ($10, $20, or $30, for example) and may only be part of what you will owe for the service. Copays may not count towards your deductible.</td>
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<tr>
<td><strong>Deductible</strong></td>
<td>The amount that you are responsible to pay before benefits from the insurance company are payable. Choosing a plan with a higher deductible will lower your premium.</td>
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<tr>
<td><strong>Effective Date</strong></td>
<td>The date on which an insurance policy coverage starts.</td>
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<tr>
<td><strong>Expiration Date</strong></td>
<td>The date on which the policy ends.</td>
</tr>
<tr>
<td><strong>Guaranteed Renewal</strong></td>
<td>Once you obtain an individual policy it is renewable as long as premiums continue to be paid. If premiums are not paid the insurer can end the policy.</td>
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<tr>
<td><strong>Indemnity Plan</strong></td>
<td>A health insurance plan that has no network of providers. The insurance company pays a set amount for services and the enrollee pays the rest.</td>
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<tr>
<td><strong>Individual Policy</strong></td>
<td>All Maine residents who are not eligible for Medicare can buy an Individual Major Medical plan for themselves and/or their families, regardless of their employment or health status.</td>
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<tr>
<td><strong>Limit</strong></td>
<td>Maximum amount a policy will pay either overall or for a particular benefit.</td>
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<tr>
<td><strong>Maximum Out-of-Pocket (MOOP)</strong></td>
<td>The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include your monthly premiums or any amount you pay for services that your plan doesn't cover. The maximum out-of-pocket limit for any 2023 Marketplace plan is $9,100 for an individual plan and $18,200 for a family plan. No individual within the family can be required to pay more than the individual MOOP amount.</td>
</tr>
<tr>
<td><strong>Premium</strong></td>
<td>The amount of money an insurance company charges for insurance coverage.</td>
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<tr>
<td><strong>Provider Network</strong></td>
<td>The doctors, hospitals, therapists, and other health care providers who have signed contracts to provide services to a health plan's members. Members who obtain services from providers outside the network will have to pay more.</td>
</tr>
<tr>
<td><strong>Usual and Customary Charges</strong></td>
<td>Usual and customary — also called reasonable and customary — is the fee charged by most providers in a given geographical area for a particular service. Most insurance companies pay claims based on a percentage of these fees.</td>
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Open Enrollment

In general, you only can purchase individual insurance during Open Enrollment periods.

**2023 Open Enrollment**

**Start date:** November 1, 2022  
**End date:** January 15, 2023

To have a new plan in place by 1/1/2023 purchase a plan by 12/15/22.

Other publications are available at the Bureau's website:

www.maine.gov/insurance

(207) 624-8475 or (800) 300-5000  
TTY: Please use Maine Relay 711

Special Enrollment Period (SEP)

Even when Open Enrollment is closed, you can purchase a new policy if you do so within 60 days from experiencing one of these events:

- Loss of eligibility for other coverage (due to quitting a job or a lay off, a reduction in hours, loss of student health coverage upon graduation, etc.).
  
  **Note:** Loss due to failure to pay premiums does NOT trigger a special enrollment opportunity.

- Gaining a dependent (due to marriage, birth or adoption of a child, etc.).
  
  **Note:** Pregnancy does NOT trigger a special enrollment opportunity.

- Divorce or legal separation that results in loss of coverage.

- Loss of dependent status (for example, “aging off” a parent’s plan at age 26).

- Moving to another state, or within a state if you move outside of your health plan service area.

- Exhaustion of COBRA coverage.

- Losing eligibility for MaineCare.

- Income increases or decreases that change eligibility for subsidies.

- Change in immigration status.

- Enrollment or eligibility error made by CoverME.gov or another government agency or somebody acting on behalf of the individual enrollee, such as a Navigator or Assistor.