



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

## A Consumer's Guide To...

# INDIVIDUAL MAJOR MEDICAL INSURANCE In Maine



Published by:

**The Maine Bureau of Insurance**

December 2021

## Basics of Individual Major Medical Insurance in Maine

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

*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.*

### **Tax Credits:**

Some people can get help with paying for a plan that is purchased through the Marketplace, depending on their income, household size, and whether they are eligible for another kind of coverage. The assistance is provided through tax credits, (and potentially through lower cost-sharing requirements.)

If you are eligible for insurance with *minimal essential coverage* through your employer or through the employer of your spouse or parents, you will not be able to get help with the cost of a plan through the Marketplace. You can still buy individual coverage on or off the Marketplace, but you will want to carefully consider whether the group coverage available to you has better benefits, or costs less.

### **Pre-Existing Conditions:**

Major medical insurance issued on or after January 1, 2014 cannot exclude coverage for pre-existing conditions.

### **Essential Health Benefits:**

The following ten essential health benefits must be included in major medical insurance plans:

- emergency services
- maternity and newborn care
- prescription drugs
- laboratory services
- pediatric services, including vision \*
- ambulatory patient services (outpatient care)
- hospitalization
- mental health & substance use disorder services
- rehabilitative and habilitative services and devices
- preventative/wellness services/chronic disease mgt.

\*Adult dental & vision coverages aren't essential health benefits. Dental plans may be purchased separately.

**Preventive Services:** Individuals do not pay co-pays, coinsurance or deductibles for certain preventive health services that are 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."

**Increased Coverage and Access:** Beginning in 2021, the *Made for Maine Health Coverage Act* requires individual major medical plans to fully cover the cost of a member's 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.

### **Cost-sharing**

This refers to the portion you will have to pay (or “share”) for covered services, at least until you reach the annual maximum out-of-pocket (MOOP) limit. *Deductibles, co-pays* and *co-insurance* are all types of cost-sharing. (See page 6 for a glossary of terms.).

### **“Metal Levels”**

The ACA has standardized levels of coverage into “metal levels” — Bronze, Silver, Gold, and Catastrophic. The levels are meant to more easily compare the cost-sharing requirements of different plans. 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 on the back-end will be lower.

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.”)

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 **when purchasing certain Silver plans, individuals who qualify for a premium subsidy may also qualify for assistance with out-of-pocket cost-sharing** (through lower 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.

## 2022 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 local independent agent, broker or Marketplace navigator (see page 5 for more information). 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.

2022 Plans By Metal Level Offered By Each Carrier								
Insurance Carrier	Bronze	Silver	Gold	Platinum	Catastrophic	Network Types*	On Exchange	Off Exchange
Anthem Blue Cross Blue Shield (800) 547-4317 <a href="http://www.anthem.com">www.anthem.com</a>	✓	✓	✓		✓	HMO	X	X
Maine Community Health Options (MCHO)(855) 624-6463 <a href="http://www.maineoptions.org">www.maineoptions.org</a>	✓	✓	✓		✓	HMO	X	X
Harvard Pilgrim Health Care (888) 333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>	✓	✓	✓		✓	HMO	X	X

\* See the following page for explanations of these network types.

**Rate Calculator**

If you use the rate calculator at the Bureau of Insurance website, it will show the plans that are available to you, based on the county where you live and your age. In general, 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](http://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:

*Check with your insurance company before you purchase your plan to see if your providers and hospital are in the plan network.*

- **Preferred Provider Organization (PPO)** - The insurer contracts with a network of hospitals and other medical providers (“preferred providers”) who agree to accept lower fees. You receive a higher level of benefits if you go to a preferred provider than if you go to an out-of-network provider.\*
- **Health Maintenance Organization (HMO)** - You must choose a primary care provider (the provider you would 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.
- **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 lowertier — 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.

## Comparing Plans

Before purchasing a plan, compare benefits, exclusions and premiums carefully. Most plans on the individual market offer the same basic benefits (listed on pg. 2), 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 doctor 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:

- 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)?
- Am I eligible for a tax credit? If so, does the insurer sell their plan on the Marketplace?
- 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 Marketplace Assistant or Broker** who can assist you with your application at [CoverME.gov/get-help](https://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. However, to have a subsidy applied, you must purchase your plan through Maine's new State-Based Health Insurance Market at [CoverME.gov](https://CoverME.gov) rather than directly from the insurance carrier. (See pg. 3 for insurance company contact info.)

## A GLOSSARY OF TERMS



<b>Catastrophic Coverage</b>	A health insurance policy with a high deductible.
<b>Coinsurance</b>	A percentage of each claim, above the deductible, that is paid by the policyholder.
<b>Copay</b>	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.
<b>Deductible</b>	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.
<b>Effective Date</b>	The date on which an insurance policy coverage starts.
<b>Expiration Date</b>	The date on which the policy ends.
<b>Guaranteed Renewal</b>	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.
<b>Indemnity Plan</b>	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.
<b>Individual Policy</b>	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.
<b>Limit</b>	Maximum amount a policy will pay either overall or for a particular benefit.
<b>Maximum Out-of-Pocket (MOOP)</b>	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 2019 Marketplace plan is \$7,900 for an individual plan and \$15,000 for a family plan. For 2020, these amounts increase to \$8,150 and \$16,300. No individual within the family can be required to pay more than the individual MOOP amount.
<b>Premium</b>	The amount of money an insurance company charges for insurance coverage.
<b>Provider Network</b>	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.
<b>Usual and Customary Charges</b>	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.

## Open Enrollment

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

### 2022 Open Enrollment

**Start date:** November 1, 2021

**End date:** January 15, 2022

To have a **new** plan in place by 1/1/2022 purchase a plan by 12/15/21.



**Other publications are available through:**  
Maine Bureau of Insurance  
34 State House Station, Augusta, Maine 04333

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

**Visit the Bureau's website:**  
[www.maine.gov/insurance](http://www.maine.gov/insurance)

## *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 the Marketplace or another government agency or somebody acting on behalf of the individual enrollee, such as a Marketplace Assistor.