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Comments Regarding 2026 Clear Choice Standardized Plan Designs

The Office of Affordable Health Care greatly appreciates the opportunity to provide comments regarding the proposed 2026 Clear Choice standardized plan designs and welcomes any collaboration with the Bureau of Insurance in order to advance affordability and accessibility of health coverage for all Maine people.

Shopping for health coverage is complex; research finds that consumers often struggle shopping for and enrolling in a plan that they feel meets their medical and financial needs.¹ A 2023 survey found that almost half of Mainers found it difficult to enroll in the coverage they qualify for.² Standardized plans alleviate some of this burden by making the shopping process more straightforward and also encourage competition between carriers by empowering consumers to more effectively compare plan benefits, costs, and networks.³

We are grateful to the Bureau and its staff for their work to implement Clear Choice designs, and to work with all stakeholders to refine the program for Maine's market. In particular, we applaud the Bureau for reducing the number of plan designs available over the past three years, which we believe is key to realizing the benefits of plan standardization for consumers. We also appreciate the Bureau's responsiveness to consumer-centric adjustments to the plan designs, including maximizing the Actuarial Value of plans and requiring co-pays and pre-deductible coverage when possible. We also appreciate the inclusion of guidance for Clear Choice CSR variants in the 2026 proposal, and would support more specific cost-sharing requirements for CSR plans like those implemented in New Mexico and California's plan standardization programs.

We are generally supportive of the 2026 Clear Choice designs as proposed, and are writing to encourage the Bureau to take steps during the finalization and implementation of the designs to ensure that they provide maximum benefit to Maine's consumers.

Ensure consistency in application of Clear Choice designs. Variation among carriers and among plans in how Clear Choice designs are operationalized can cause consumer confusion and reduce affordability for customers who receive federal Advance Premium Tax Credits. In particular, we are concerned that permitting tiered network plans to charge cost-sharing

¹ <https://aspe.hhs.gov/sites/default/files/documents/222751d8ae7f56738f2f4128d819846b/Standardized-Plans-in-Health-Insurance-Marketplaces.pdf>

² https://drive.google.com/file/d/14-Ywr3GM8FdKP5qa9U3Kp6Q3EdlclG_4/view

³ <https://aspe.hhs.gov/sites/default/files/documents/222751d8ae7f56738f2f4128d819846b/Standardized-Plans-in-Health-Insurance-Marketplaces.pdf>

amounts that exceed those outlined in Clear Choice designs dilutes the effectiveness of plan comparison and can lead to frustration and disappointment for consumers. We would therefore encourage the Bureau to require that the Clear Choice cost-sharing structures apply to the lowest-level tier of each network. This would not infringe on the carrier's ability to provide more generous coverage in higher tiers, to incentivize consumers to use lower-cost or higher-quality providers or facilities, but would allow consumers to confidently understand and compare Clear Choice plans. We would also encourage the Bureau to limit carriers' ability to introduce plans of the same design with minimal differences in network or other factors, which contribute to a proliferation of plan options without providing meaningful variation. We would also encourage the Bureau to carefully review variation in submitted plans at the Silver level, given the importance of Silver plan value in determining purchasing power for subsidized consumers in the health insurance Marketplace. We suggest the Bureau consider establishing a de minimis standard for variation from established Clear Choice AV values, to ensure that carriers do not suppress Silver plan value in their effort to achieve market position.

Carefully assess the benefits of requested alternate plan designs. Carriers in Maine are permitted to offer up to three plans that deviate from Clear Choice designs, provided that the Superintendent determines that the alternate plan designs would benefit consumers. This provision was included in Maine's Clear Choice law to ensure that the standardization of plan options did not hinder the ability of carriers in Maine to develop truly innovative plan offerings, including plans tailored for individuals with specific chronic diseases. The Office encourages the Bureau to work with carriers to ensure clear parameters for the approval of alternate plan designs, weighing the benefits of a given proposal against the potential downsides for consumers of increasing numbers of plans, and ensuring that distinctions between alternate designs and Clear Choice structures are meaningful, accessible, and easy for consumers to understand.

Clarify naming conventions. Finally, we would recommend the Bureau clarify the plan naming conventions outlined on slide 8 of the proposal to specify that the deductible component in the plan name should be adjusted for CSR variant plans, to ensure it accurately reflects the CSR variant deductible amount. We believe this will assist consumers, assisters, and brokers to more clearly recognize CSR plans, and reduce unnecessary confusion.

The Office thanks the Bureau for the opportunity to provide these comments regarding Clear Choice plan designs for 2026, and would be happy to discuss our comments or answer any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "M. E. Garratt-Reed". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Meg Garratt-Reed
Executive Director