

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](https://www.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 8.39% of your household income), you will not be able to get help with the cost of a plan through [CoverME.gov](https://www.coverme.gov). However, your family members may now be eligible for financial help to buy a [CoverME.gov](https://www.coverme.gov) plan, even if you are not.

Pre-Existing Conditions:

Major medical insurance must include coverage for pre-existing conditions.

Increased Coverage and Access: Maine law now 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](https://www.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. 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](https://www.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.

2024 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](https://coverme.gov) navigator/assister at [CoverME.gov/get-help](https://coverme.gov/get-help), or an insurance agent or broker. The plans and rates offered by insurance companies in Maine are reviewed and approved by the Bureau of Insurance. You are welcome to call the Bureau's Consumer Health Care Division at 800- 300-5000, or TTY 711, with any health insurance-related questions.

Insurance Carrier	2024 Plans By Metal Level							
	Bronze	Silver	Gold	Platinum	Catastrophic	Network Types*	Available at CoverME.gov	Not available at CoverME.gov
Aetna Health and Aetna Life ** 1-866-529-2517 www.aetna.com	✓	✓	✓			HMO		X
	✓	✓	✓			PPO		X
Anthem Blue Cross Blue Shield (800) 547-4317 www.anthem.com	✓	✓	✓		✓	HMO	X	X
	✓	✓	✓			PPO	X	X
Maine Community Health Options (MCHO) (855) 624-6463 www.maineoptions.org	✓	✓	✓	✓		PPO	X	X
	✓	✓			✓	HMO	X	X
Harvard Pilgrim Health Care (888) 333-4742 www.harvardpilgrim.org	✓	✓	✓		✓	HMO	X	X
	✓	✓	✓			POS		X
	✓	✓	✓			PPO		X
Taro Health *** (207) 210-3434 www.tarohealth.com	✓	✓	✓			HMO	X	X
United Healthcare/United Healthcare of New England (844) 422-6916 www.uhc.com	✓	✓	✓	✓		POS		X
	✓	✓	✓	✓		HMO		X

* 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 CoverME.gov and are only offered in Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York counties.

*** Taro Health plans are only available for residents of Cumberland, Lincoln, Sagadahoc

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:

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

- **Health Maintenance Organization (HMO)** - You must choose a primary care provider (the provider you see for your annual physical) from a list of providers participating in the plan's network. 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 an in-network provider rather than 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 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 CoverME.gov, 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. This is also a place you can find out if you qualify for MaineCare.

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 eye exams. 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? Will my child have access to providers they need if they go to college or other schools out of state?

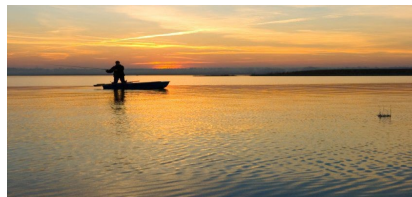
Cost:

- 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 financial help, you must purchase your plan through CoverME.gov rather than directly from the insurance company.

TERMS YOU MAY HEAR



Catastrophic Coverage	A health insurance policy with a high deductible.
Coinsurance	A percentage of each claim, above the deductible, that is paid by the policyholder.
Copay	The payment due at the time you receive a health care service, such as when you visit a doctor's office, or pick up a prescription drug. The copay 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.
Deductible	The amount you are responsible to pay before benefits are paid by the insurance company. Choosing a plan with a higher deductible will lower your premium.
Effective Date	The date an insurance policy coverage starts.
Expiration Date	The date the policy ends.
Guaranteed Renewal	Once you obtain an individual policy you can keep renewing it as long as you keep paying premiums. If premiums are not paid the insurer can end the policy.
Individual Policy	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.
Limit	Maximum amount a policy will pay either overall or for a particular benefit.
Maximum Out-of-Pocket (MOOP)	The most you must 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 2024 Marketplace plan is \$9,450 for an individual plan and \$18,900 for a family plan. No individual within the family can be required to pay more than the individual MOOP amount.
Premium	The amount of money an insurance company charges for insurance coverage.
Provider Network	The doctors, hospitals, therapists, behavioral health counselors, 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.

Open Enrollment

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

Maine's Annual Health Insurance Open Enrollment

Start date: November 1

End date: January 15

To have a **new** plan and coverage in place by January 1 of any year, be sure to purchase it by December 15 of the previous year.



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.