



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 HEALTH INSURANCE IN MAINE



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Basics of Individual Health Care in Maine Under the Affordable Care Act (ACA)

The Individual Mandate:

The federal Affordable Care Act (ACA) requires individuals to have health insurance or pay a tax penalty. The requirement of the *individual mandate* can be met by having a plan with *minimal essential coverage*, either through an employer or another group, or by purchasing an individual policy through Maine's federally-facilitated Marketplace. Any Maine resident who is not eligible for Medicare can buy an individual health insurance policy.

Tax Penalties:

If you did not have coverage in 2016 and did not qualify for an exemption, your tax penalty when you file in 2017 will be the **higher** of either:

- 2.5% of your yearly household income OR
- \$695 per adult, and \$347.50 per child under the age of 18 to a maximum of \$2,085.

In 2017 and future years, these amounts will increase in line with inflation.

If insurance is unaffordable to you based on your income, you may qualify for an exemption from the tax penalty. (See "Getting Help" on pg. 6 for agencies you can contact for more information.)

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 all health insurance plans:

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

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 diagnostic exams or procedures.

Check with your insurance company before your appointment to see which services are covered without additional cost to you.

“Metal Levels”

The ACA has standardized levels of coverage into “metal levels” — Bronze, Silver, Gold and Platinum. The levels are meant to more easily compare plans. In general, plans with lower cost-sharing will have higher premiums, and vice versa.

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.).

Plan Level	Actuarial Value ¹ (This is the estimated % of total costs your plan will pay)	Your Expected Cost Share
Gold	80%	20%, up to maximum OOP
Silver ²	70%	30%, up to maximum OOP
Bronze	60%	40%, up to maximum OOP
Catastrophic ³	Not applicable	100% up to maximum OOP

¹ Actuarial Value is the average amount of total cost the plan will cover for your care.

² When purchasing certain Silver plans, individuals who qualify for a premium subsidy may also qualify for assistance with out-of-pocket cost-sharing.

³ Catastrophic plans are only available to individuals age 30 and younger, or to those who qualify for a “hardship exemption.”

Health Coverage and Federal Taxes:

For information about filing your taxes and how tax credits and penalties related to health care coverage are processed and paid, visit:

www.irs.gov/Affordable-Care-Act/Individuals-and-Families



Dependent Coverage - Young Adults:

Insurance companies generally 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.

2017 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.

2017 Plans By Metal Level Offered By Each Carrier							
Insurance Carrier	Bronze	Silver	Gold	Catastrophic	Network Types	On Exchange	Off Exchange
Aetna Health Inc. (800) 694-3258 www.aetna.com	✓	✓	✓		HMO		X
Anthem Blue Cross Blue Shield (including OPM) (800) 547-4317 www.anthem.com	✓	✓	✓ (OPM Only)	✓	HMO (South) POS (North)	X X	X X
Maine Community Health Options (MCHO) (855) 624-6463 www.maineoptions.org	✓	✓	✓	✓	PPO	X	X
Harvard Pilgrim Health Care/ (888) 333-4742 www.harvardpilgrim.org	✓	✓	✓		HMO	X	X

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. See more information on page 4 under "Premium Rates."



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 under this type of policy.
- **Point of Service (POS)** - 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 or 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 (and in the case of Aetna’s and Harvard Pilgrim’s tiered networks, a provider in a lower tier), not only will your cost-share be higher, but you will have more than one out-of-pocket maximum amount to meet for the year, which can add significant expense.

Premium Rates: Rates for insurance premiums vary, based on three factors: geographic area, smoking status, and age.

- For a quick calculation or the premium **estimate** of each plan available to you, on or off the Marketplace, visit maine.gov/insurance/ACA/Price_compare/Instructions.html. (This calculator does **not** apply any potential subsidies you may qualify for to help pay your premium.)
- If you are likely to qualify for tax credits, go to www.healthcare.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 tax credits.
- For an **exact quote**, you will need to contact the insurance company or an insurance agent.

Comparing Plans

Before purchasing a plan, compare benefits, exclusions and premiums carefully. 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 exempted 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 “Navigator”** who can assist you with your application, at www.enroll207.com/locator.
- **Call an insurance broker or agent** to compare plans and rates. Note, not all brokers and agents represent all insurers.*
- **Contact the insurance companies offering plans in Maine.** You can call all the insurance companies directly to ask questions or to buy your insurance. However, to have a tax credit or subsidy applied, you must purchase your plan through the Marketplace rather than directly from the insurance carrier. Please see insurance company contact information on page 3.
- **Call the Maine Bureau of Insurance** at 800-300-5000, (TTY, please use Maine Relay 711), or visit the Bureau’s website at www.maine.gov/insurance for more information about your options.
- **Visit www.healthcare.gov** or call 1-800-318-2596 for answers to questions about the Marketplace and subsidies.
- **Call Consumers for Affordable Health Care** at 1-800-965-7476 (TTY:1-877-362-9570) for additional support in understanding your options, or visit www.maineceahc.org.

*The National Association of Health Underwriters provides a list of NAHU-member agents, including those certified to sell plans on the Marketplace, at <http://www.nahu.org/consumer/findagent2.cfm> (use their search tool). Also, the web-based tool www.enroll207.com/locator lists Navigators and Marketplace certified broker. (These are provided as resources, not endorsements.)

A GLOSSARY OF TERMS



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 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.
Deductible	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.
Effective Date	The date on which an insurance policy coverage starts.
Expiration Date	The date on which the policy ends.
Guaranteed Renewal	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.
Indemnity Plan	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.
Individual Policy	All Maine residents who are not eligible for Medicare can buy health insurance policies 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 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 2016 Marketplace plan is \$6,850 for an individual plan and \$13,700 for a family plan. For 2017, these amounts increase to \$7,150 and \$14,300. No individual within the family can be required to pay more than the individual MOOP amount.
Network	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.
Premium	The amount of money an insurance company charges for insurance coverage.
Usual and Customary Charges	Usual and customary — also called reasonable and customary — is the fee charged by most of the 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.

2017 Open Enrollment

Start date: November 1, 2016

End date: January 31, 2017

To have a **new** plan in place by 1/1/17 purchase a plan by 12/15/16.

If you are renewing your plan, see the Bureau's publication about renewing.



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

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

Visit the Bureau's website:
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 Medicaid or the Children's Health Insurance Program (CHIP).
- 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.