coverME.gov

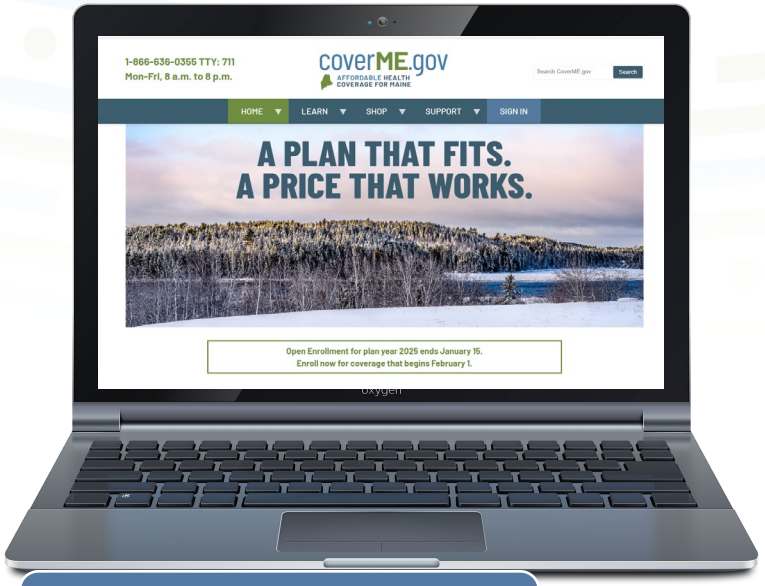
AFFORDABLE HEALTH COVERAGE FOR MAINE

THE OFFICE OF HEALTH INSURANCE MARKETPLACE (OHIM)

MAY 2026

COVERME.GOV: MAINE'S HEALTH INSURANCE MARKETPLACE

- Single, secure and trusted **online marketplace** for **health and dental insurance**
  - **More easily shop** for and **compare** plans across private companies (Anthem, Community Health Options, Delta Dental, Harvard Pilgrim, & Mending)
- **Fills gap** between employer-provided insurance and government programs (i.e., MaineCare, Medicare or VA/TRICARE)
- **Only place** to access federal **financial savings**:
  - Advance Premium Tax Credits (APTC) which lower premiums
  - Cost Sharing Reductions (CSR) which lower out-of-pocket costs
- "**No wrong door**" – preliminary assessment for MaineCare – transfer likely eligible consumers to OFI for eligibility determination



Eligibility Requirements

- Live in Maine
- US Citizen or lawfully present
- Not incarcerated
- Not eligible for Medicare

**Not eligible for financial savings if eligible for other "affordable" coverage*

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QUALITY PLANS WITH PREVENTATIVE SERVICES

- The following ten essential health benefits must be included in all health insurance plans sold on CoverME.gov:
  - Ambulatory patient services
  - Emergency services
  - Hospitalization
  - Laboratory services
  - Maternity & newborn care
  - Prescription drugs
  - Mental health & substance use disorders
  - Pediatric services
  - Preventive, wellness services, & chronic disease management
  - Rehabilitative & habilitative services/devices
- Individuals do not pay co-pays, coinsurance or deductibles for certain preventive health services that are provided by network providers, including routine immunizations, routine physical exams, recommended health care screenings.
- Most plans have significant pre-deductible coverage (e.g., office visits, prescription drugs, urgent care).
- As a state-based marketplace, CoverME.gov has the flexibility to offer enrollees tailored resources and communications to help Mainers take full advantage of their comprehensive coverage.

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Recent Federal Changes to Maine's Health Insurance Marketplace

Key:

- 2025 Implementation
- 2026 Implementation
- 2027 Implementation
- 2028 Implementation
- CMS.gov — Provision in CMS Marketplace Integrity and Affordability Final Rule
- Provision in HR 1 (2025 Federal Budget Reconciliation Act)
- Provision sunsets December 31, 2026
- Enhanced Premium Tax Credits Expire

August 25, 2025

CMS.gov

Deferred Action for Childhood Arrivals (DACA) recipients are no longer eligible to enroll in marketplace coverage

October 24, 2025

CMS.gov

Special Enrollment Period (SEP) no longer available for individuals with household income less than or equal to 150% of Federal Poverty Level (FPL)

December 31, 2025

Enhanced Premium Tax Credits Expire

January 1, 2026

CMS.gov

Individuals must have filed federal income taxes with the IRS within the last year to receive future advanced premium tax credits*

Those who have income below 100% FPL and are in the five-year Medicaid waiting period (due to immigration status) no longer eligible for premium tax credits

Premium tax credits no longer available for individuals enrolled in an SEP based on income and events not specified by HealthCare.gov

Individuals must pay back the full amount of excess premium tax credits received in the prior year (likely beginning in 2027 with credits received in 2026)

All bronze and catastrophic plans sold through the marketplace are HSA eligible.

November 1, 2026

CMS.gov

Open enrollment shortened (reduces open enrollment to a maximum of 9-weeks)

January 1, 2027

Individuals who are otherwise eligible for Medicaid, but do not meet the community engagement requirements, are not eligible for premium tax credits for Marketplace coverage

Many lawfully present immigrants no longer eligible for premium tax credits

January 1, 2028

Individuals who receive APTC must actively verify household income and family size, immigration status, eligibility for coverage, and place of residence; eliminates annual auto-reenrollment and conditional eligibility

* = Provision is stayed pending resolution of City of Columbus v Kennedy

FEDERAL CHANGES TO MARKETPLACE COVERAGE

Affordability

- Expiration of Enhanced Premium Tax Credits – ended Dec 31, 2025
- Elimination of Advance Premium Tax Credit repayment limits except for lowest-income households

Value of Health Plans

- Affordability issues resulting in more consumers choosing plans with higher deductibles
- All bronze and catastrophic plans are eligible for Health Savings Accounts

Eligibility and Enrollment Restrictions

- Some immigrant populations no longer eligible for coverage or premium tax credits
- New pre-verification requirements including auto-re-enrollment no longer allowed
- Additional documentation required when application information differs from data checks
- Open Enrollment Period shortened by 3 weeks starting for Plan Year 2027 (Nov 2026)
- MaineCare eligible that do not meet “work requirements” not eligible for premium tax credits

EPTC EXPIRATION

Populations most impacted: Older, rural adults, HH with children, self-employed

- Enhanced Premium Tax Credits (EPTC): authorized in American Rescue Plan Act (ARPA) for tax years 2021-2022; extended in Inflation Reduction Act (IRA) for tax years 2023-2025

	Premium Tax Credits (Original ACA law)	Enhanced PTC (Temporary changes)
Eligibility	HH w/incomes 100%-400% FPL. "Subsidy cliff" for HH>400% FPL	Eligibility limit of 400% FPL eliminated; eliminates "subsidy cliff"
Subsidy Mechanics	Amount based on sliding-scale share of HH income and benchmark "silver" plan premium	No difference
Max Share of Income Individuals are Required to Contribute for Premiums	2%-9.5% (lower income contribute less); no limit for >400% FPL	0% - 8.5%, includes HH >400% FPL

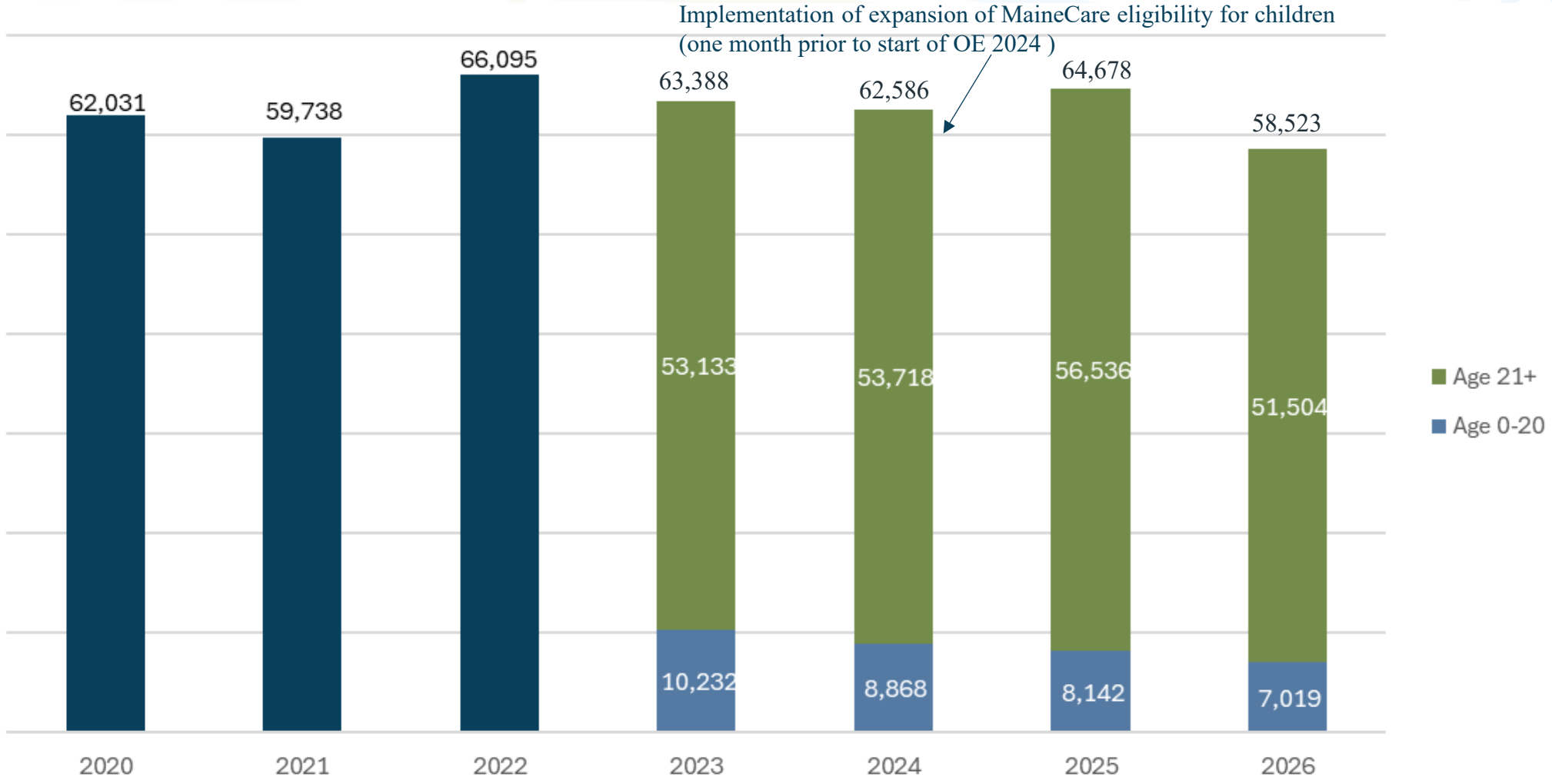
Case Study: Penobscot

Family of three in Penobscot (ages 63, 60, 25) with annual household income of $107,000 (401% FPL) enrolled in a Silver plan

- Premium (with EPTC)**: $9,177/year**
- Premium (without EPTC): **$47,300/year**
- Premium Difference: **415% increase**

- EPTC expired December 31, 2025, as Congress did not take action to extend

ENROLLMENT DURING OPEN ENROLLMENT PERIOD*



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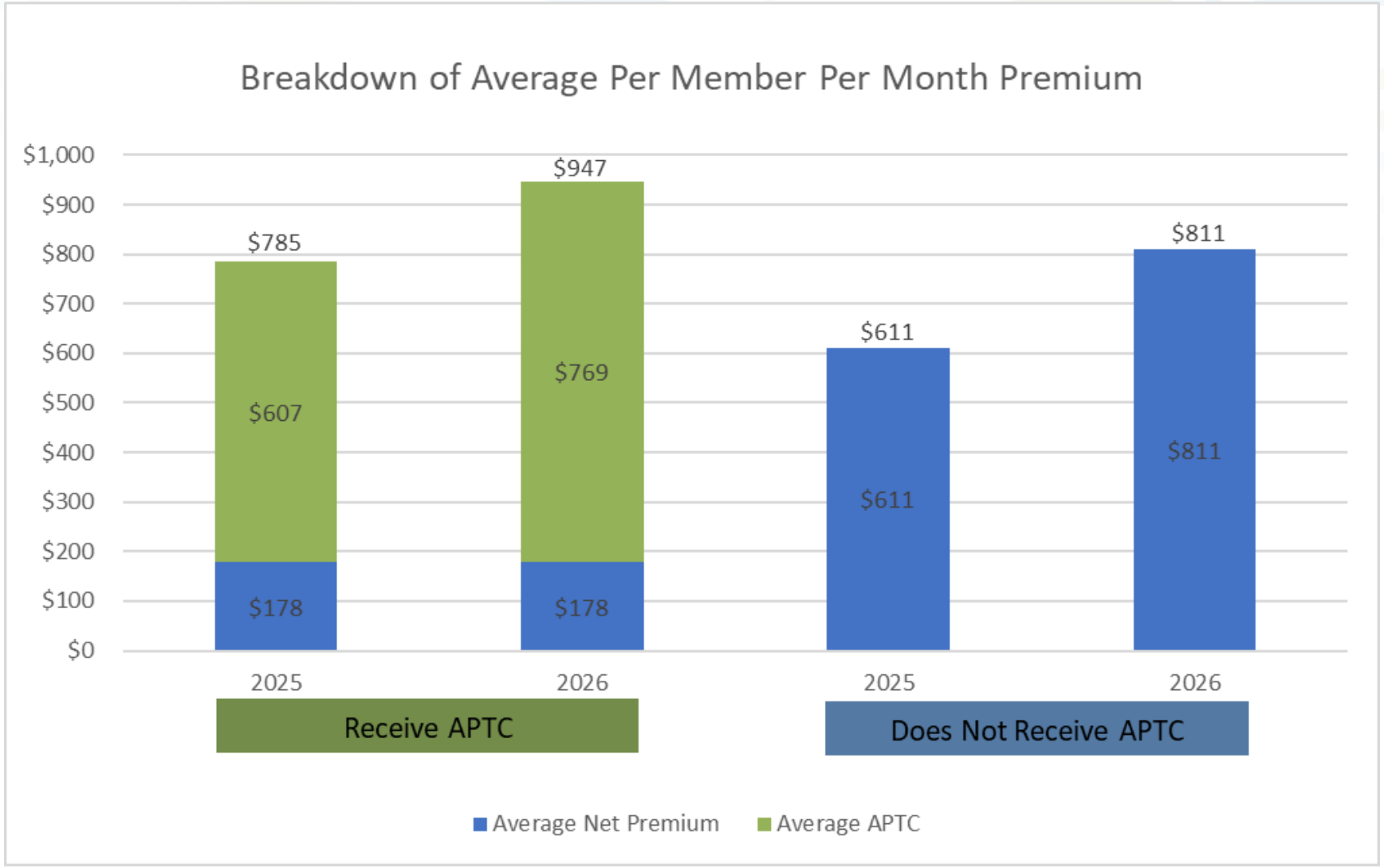
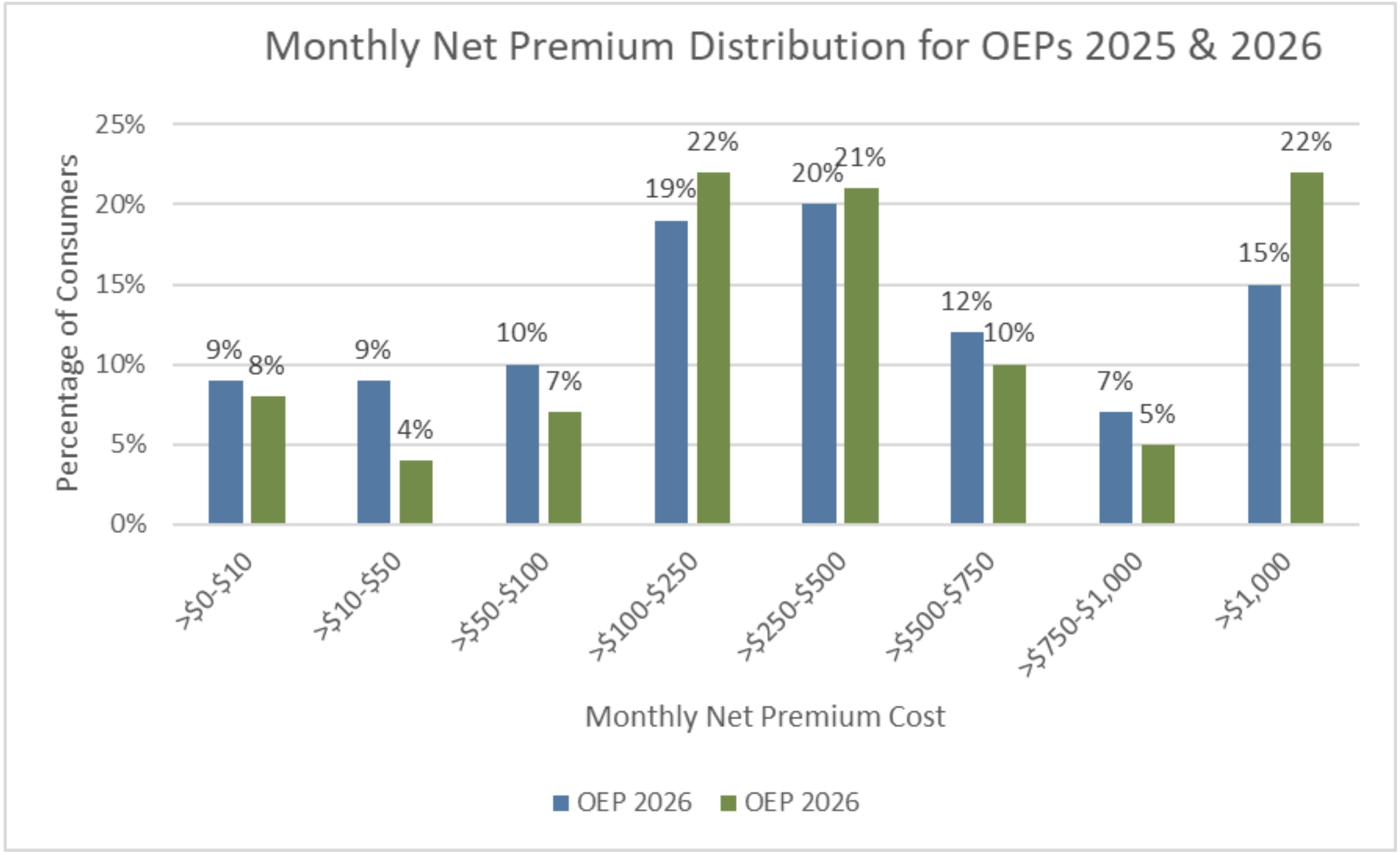
**Open Enrollment Period (OEP) typically runs from Nov 1- Jan 15 each year. Occasionally, extended by a day or two due to last day of Open Enrollment falling on MLK Day or weekend.*

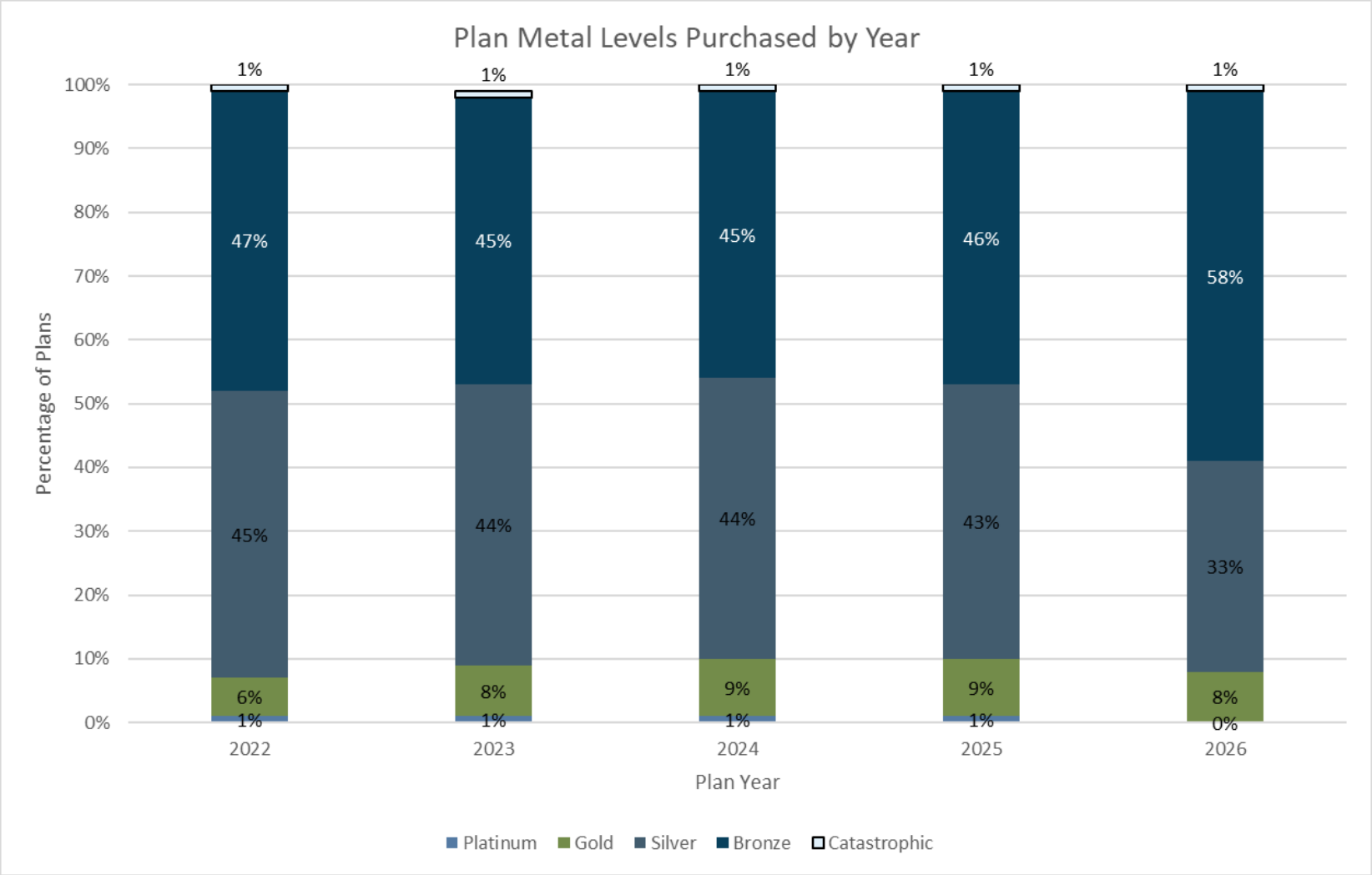
AFFORDABILITY - PREMIUMS

% CoverME.gov consumers receiving APTC:
2026: 75%
2025: 85%

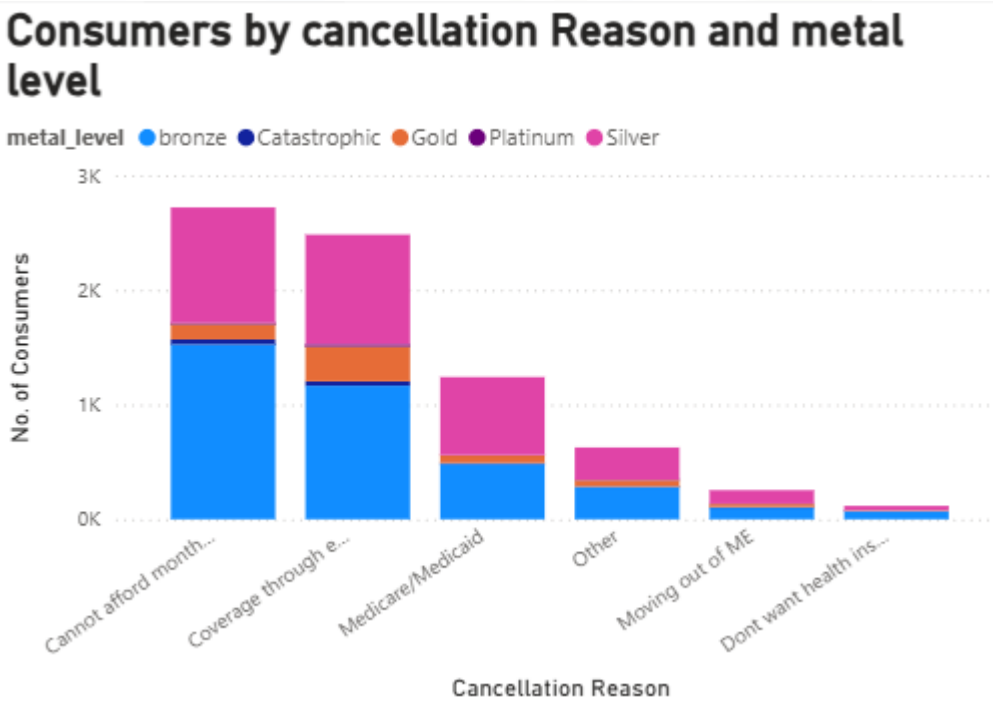


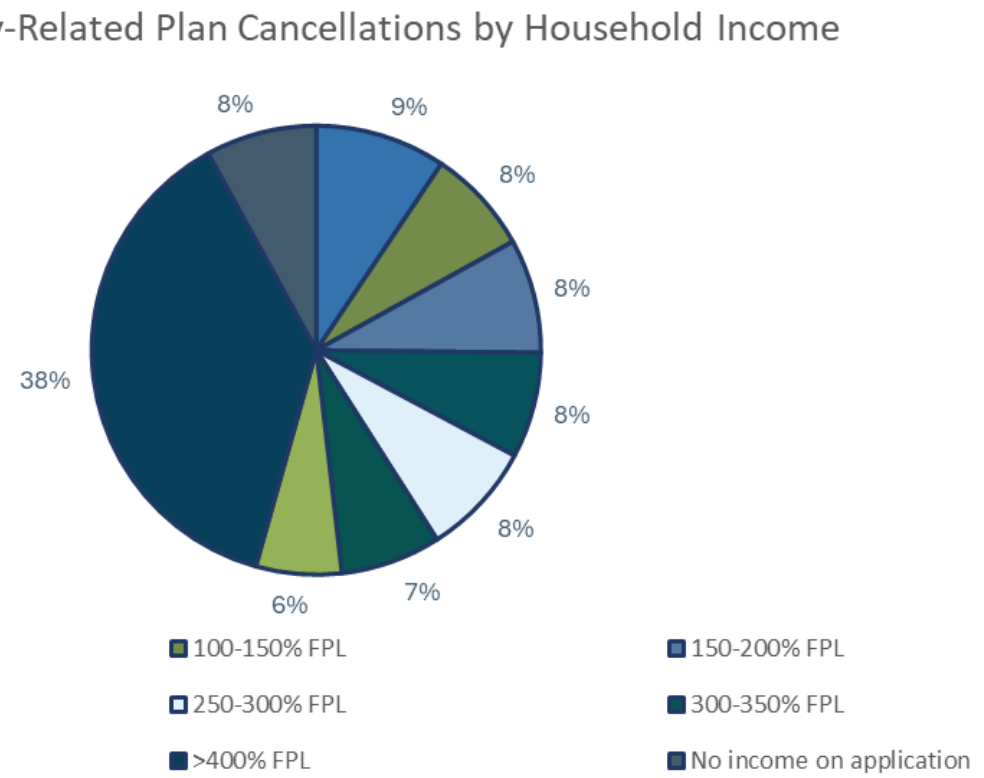

Monthly Net Premium Distribution for OEPs 2025 & 2026
Percentage of Consumers
25%
20%
15%
10%
5%
0%
9%
8%
9%
4%
10%
7%
19%
22%
20%
21%
12%
10%
7%
5%
15%
22%
>$0-$10
>$10-$50
>$50-$100
>$100-$250
>$250-$500
>$500-$750
>$750-$1,000
>$1,000
Monthly Net Premium Cost
OEP 2026
OEP 2026

AFFORDABILITY – DEDUCTIBLES/OOP COSTS



CANCELLATIONS





MARKET RESEARCH AND HEALTH INSURANCE LITERACY

- **Affordability is KING**, followed by coverage of providers and services consumers utilize
- **Tech comfort of younger consumers ≠ coverage enrollment ease**: Younger consumers (under age 34) report needing more assistance enrolling in health coverage
- **Knowledge** about free and low-cost preventive services **hindered by fear of surprise bills**
- Primary care **access and wait times are barriers to enrolling in coverage**
- Consumers want information and resources in **"words that us normal people use"**
- **Tiered networks and coinsurance** are very confusing to consumers
- Consumers want **information and resources in places they interact with in everyday life** (e.g., provider offices, grocery store, schools, community organizations)

OPPORTUNITIES TO IMPROVE HEALTH CARE ACCESS

- Affordability
  - State subsidies – very expensive unless very targeted; questions about sustainability; can be administratively complex and costly
  - Standardized plans – balance no/low-cost high-value care and cost-shift to other services consumers need
  - Household contribution limits (e.g., limits on household expenditures toward premiums, limits apply to premiums AND deductibles)
  - Educate consumers on ways to maximize eligibility for savings – e.g., ATPC, CSRs
- Value of Coverage
  - Standardized plans – maximize pre-deductible coverage and predictable OOP costs
  - Protect consumers from surprise bills when seeking preventive care
- Informed and Engaged Consumers:
  - Improve health insurance literacy: simplify insurance design and coverage administration; empowerment = improved value
  - Partnerships to meet consumers where they are
  - Improve brand awareness and trust, utilize trusted messengers

STANDARDIZED PLAN DESIGN: PY 2026

Clear Choice Plan Design 2026											
Benefits	Catastrophic	Bronze $6,300 HSA	Bronze $8,000 HSA	Bronze $7,500	Off Exchange **Silver $4,000 HSA	Silver $4,000	Silver $5.000	Off Exchange **Silver $4,500 HSA	Gold $1,500	Gold $2,500	Platinum
Estimated AV Value	N/A	63.55%	63.11%	64.98%	70.71%	71.57%	71.09%	69.87%	81.13%	79.35 - 80.72%	89.55%
Deductible	$10,150	$6,300	$8,000	$7,500	$4,000	$4,000	$5,000	$4,500	$1,500	$2,500	$500
Maximum OOP	$10,150	$8,000	$8,000	$10,000	$7,000	$8,500	$8,500	$7,000	$5,000	$6,000	$3,000
Coinsurance	0%			50%		30%	30%		30%	30%	20%
PCP and Behavioral Health Office Visits*	$50 for 2nd & 3rd visits then deductible			$45		$40	$40		$25	$20	$20
Chiropractic Services, Rehabilitative Occupational, Physical and Speech Therapy	0% Coins. After Ded.	50% Coin. After Ded.	0% Coin. After Ded.	$45	20% Coins. After Ded.	$40	$40	20%	$30	$30	$30
Specialist Visit				$80		$60	$60		$50	$50	$40
Free Standing Urgent Care				$60		$40	$40		$40	$40	$25
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				50% Coins. After Ded.		30% After Deductible	30% After Deductible		30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.
Outpatient Surgery and Physician/Surgical Services											
Inpatient Hospital Services and ER											
Inpatient Physician, Rehabilitation and Surgical Services											
Ambulance											
All other benefits											
RX - Tier 2/3 Generic				$30	$25	$25	$25		$25	$10 / $25	$0
RX - Tier 4 Preferred Brand				$50	$50	$50	$50		$50	$50	$15
RX - Tier 5 NonPreferred				$100	$100	$100	30%		$80	30% up to $300	$80
RX - Tier 6 Specialty				$250	$250	$250	50%		$250	50% up to $600	$250
Preventive Medical Benefits and RX						0%					
Pediatric Dental - Preventive & Diagnostic	0% Coins. After Ded.					0%					
Pediatric Dental - Restorative & Basic Services		20% Coin. After Ded.	0% Coin. After Ded.	20% Coin. After Ded.		20% Coin. After Ded.					
Pediatric Dental - Major Services & Medically Necessary Orthodontics		50% Coin. After Ded.		50% Coin. After Ded.		50% Coin. After Ded.					

* 1st PCP and Behavioral Health Office Visit have $0 copay,subsequent visits have copay before deductible except HSA plans

Before deductible

**Silver $4,000 HSA and Silver $4,500 HSA only off-Marketplace

As of 2/28/2025

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STANDARDIZED PLAN DESIGN: PY 2027

- All marketplace "clear choice" plans have pre-deductible coverage.
- Clear choices between bronze plans (i.e., does the household need specialist and non-generic Rx meds)
- Clear choices between marketplace and off-marketplace plans for Bronze and Silver – in terms of pre-deductible coverage

Clear Choice Plan Design 2027											
Benefits	Catastrophic HSA	Bronze $7,000 HSA	Off Exchange ** Bronze $8,700 HSA	Bronze $7,500 HSA	Off Exchange **Silver $4,000 HSA	Silver $4,500	Silver $6.000	Off Exchange **Silver $5,000 HSA	Gold $2,000	Gold $3,000	Platinum
Estimated AV Value	N/A	64.16%	63.16%	63.86%	70.64%	71.48%	70.70%	68.61%	80.13%	79.89 - 81.13%	90.31%
Deductible	$12,000	$7,000	$8,700	$7,500	$4,000	$4,500	$6,000	$5,000	$2,000	$3,000	$1,000
Maximum OOP	$12,000	$10,000	$8,700	$12,000	$8,700	$10,000	$10,000	$8,700	$6,000	$6,000	$4,000
Coinsurance	0%	50%	0%	50%		30%	30%		30%	30%	20%
PCP and Behavioral Health Office Visits*	$50 for 2nd & 3rd visits then deductible	$45		$45		$40	$40		$25	$20	$20
Chiropratic Services, Rehabilitative Occupational, Physical and Speech Therapy		$45		$45		$40	$40		$30	$30	$30
Specialist Visit		50% Coin. After Ded.		$80		$60	$60		$50	$50	$40
Free Standing Urgent Care		$60		$60	20% Coins. After Ded.	$40	$40		$40	$40	$25
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)											
Outpatient Surgery and Physician/Surgical Services			0% Coin. After Ded.					20% Coins. After Ded.			
Inpatient Hospital Services and ER	0% Coins. After Ded.	50% Coin. After Ded.		50% Coins. After Ded.		30% After Deductible	30% After Deductible		30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.
Inpatient Physician, Rehabilitation and Surgical Services											
Ambulance											
All other benefits											
RX - Tier 2/3 Generic		$30		$30	$25	$25	$25		$25	$10 / $25	$0
RX - Tier 4 Preferred Brand				$50	$50	$50	$50		$50	$50	$15
RX - Tier 5 NonPreferred		50% Coin. After Ded.		$100	$100	$100	30% Up to $300		$80	30% up to $300	$80
RX - Tier 6 Specialty				$250	$250	$250	50% up to $600		$250	50% up to $600	$250
Preventive Medical Benefits and RX						0%					
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* 1st PCP and Behavioral Health Office Visit have $0 copay,subsequent visits have copay before deductible

Before deductible

** Bronze $8,700 HSA and Silver HSA plans are only available off-Marketplace

As of 3/18/2026

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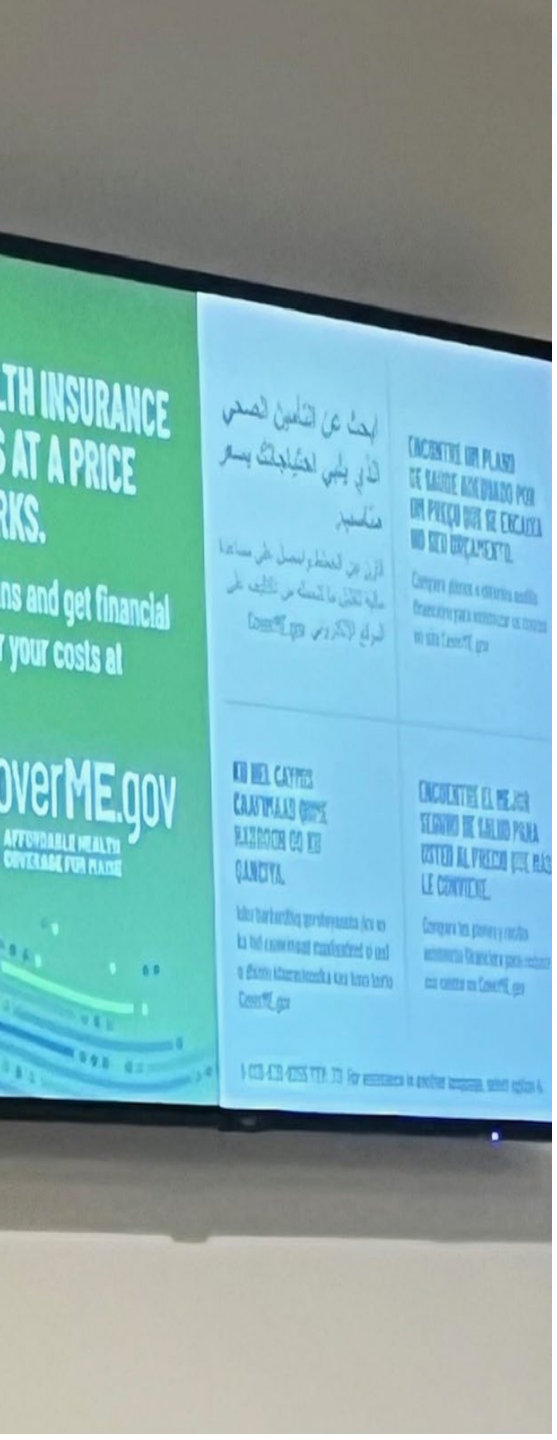

ADVANTAGES OF STATE-BASED MARKETPLACE

- Program Integrity
  - OHIM verifies all brokers' standing with the BOI
  - Consumers must consent to a broker or MEA acting on their behalf
  - Consumers undergo verification processes to ensure they have eligible residency, income, immigration and citizenship statuses for coverage and financial savings, when applicable
  - Local relationships support program integrity
- Certain provisions of new federal rule do not apply to SBMs:
  - For PY 2026, the FFM is newly required to conduct pre-enrollment eligibility verification for special enrollment periods for at least 75% of enrollees
  - The FFM, beginning for PY 2027 will have open enrollment run from Nov 1 – Dec 15. SBMs can run OE for an additional two weeks, until Dec 31
- Control of marketing and outreach funding
  - Messaging and images reflect Maine
  - Meet Mainers where they get their information
- Control and oversight of navigator funding
  - Coordination and collaboration with marketplace outreach
  - Coordinated messaging
- Close partnerships with:
  - Brokers
  - Maine Enrollment Assisters
  - Health and Dental Plans
  - Bureau of Insurance
  - DHHS – MaineCare
  - Other relevant state agencies
- Transparency and Tone

QUESTIONS