

2025 Maine Plan Offerings

Off-Marketplace Plans

2025 Maine Individual Plans – Effective January 1, 2025, through December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Product Name	Network Tier	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Annual Out of Pocket Max (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX 30-Day Retail
							Convenience Care	Freestanding	Hospital Based								
HMO																	
Clear Choice HMO Gold 1500 MD0000201461, RX0000201247	N/A	\$25 Copay/\$50 Copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$25 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$30 Copay	\$25 copay/\$30 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Gold 2500 MD0000201462, RX0000201249	N/A	\$20 Copay/\$50 Copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$30 Copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
Clear Choice HMO Silver 3500 MD0000201463, RX0000201250	N/A	\$40 Copay/\$60 Copay*	\$3,500/\$7,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 MD0000201465, RX0000201255	N/A	\$40 Copay/\$60 Copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5500 MD0000201497, RX0000201300	N/A	\$40 Copay/\$70 Copay*	\$5,500/\$11,000	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5700 MD0000201499, RX0000201256	N/A	\$45 Copay/\$70 Copay*	\$5,700/\$11,400	\$8,500/\$17,000	30%	Deductible, then 30%	\$45 Copay	\$45 Copay	\$45 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$45 Copay	\$45 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice HMO Bronze 7500 MD0000201466, RX0000201251	N/A	\$45 Copay/\$80 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%	Deductible, then 50%	\$45 Copay	\$60 Copay	\$60 Copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$45 Copay	\$45 Copay	\$30/\$30/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Bronze 9200 MD0000201467, RX0000201252***	N/A	\$50 Copay/\$80 Copay*	\$9,200/\$18,400	\$9,200/\$18,400	None	Deductible, then covered in full	\$50 Copay	\$60 Copay	\$60 Copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	\$50 Copay	\$50 Copay	\$30/\$30/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
Clear Choice HMO Catastrophic 9200 MD0000201484, RX0000201260***	N/A	Deductible, then covered in full**	\$9,200/\$18,400	\$9,200/\$18,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%
HMO HSA																	
Clear Choice HMO HSA Silver 3500 MD0000201468, RX0000201253	N/A	Deductible, then 20%	\$3,500/\$7,000	\$7,000/\$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then \$5/\$25/\$50/\$100/\$250
Clear Choice HMO HSA Silver 4500 MD0000201483, RX0000201257	N/A	Deductible, then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%/20%/20%/20%/20%
HMO HSA Bronze 5500 MD0000201473, RX0000201259	N/A	Deductible, then 30%	\$5,500/\$11,000	\$8,000/\$16,000	30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%/30%/30%/30%/40%
Clear Choice HMO HSA Bronze 6300 MD0000201469, RX0000201258	N/A	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
Clear Choice HMO HSA Bronze 7200 MD0000201471, RX0000201254	N/A	Deductible, then covered in full	\$7,200/\$14,400	\$7,200/\$14,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

*Copay waived for the first non-routine PCP visit per year.

** Copay waived for the first non-routine PCP visit per year, then \$50 copay for the second and third visit per year.

*** This plan is not Medicare Credible.

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							Convenience Care	Freestanding	Hospital Based									
Maine's Choice Plus HMO																		
Clear Choice Maine's Choice Plus HMO Gold 1500 MD0000201502, RX0000201247	Preferred	\$25 Copay/\$50 Copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$25 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$30 Copay	\$25 copay/\$30 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250	
	Standard	\$50 Copay/\$100 Copay*	\$4,000/\$8,000	\$8,000/\$16,000	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201503, RX0000201249	Preferred	\$20 Copay/\$50 Copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$30 Copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max	
	Standard	\$50 Copay/\$100 Copay*	\$5,500/\$11,000	\$7,500/\$15,000	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 3500 MD0000201504, RX0000201250	Preferred	\$40 Copay/\$60 Copay*	\$3,500/\$7,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250	
	Standard	\$80 Copay/\$120 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 4200 MD0000201512, RX0000201255	Preferred	\$40 Copay/\$60 Copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%	
	Standard	\$70 Copay/\$110 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 4200 w/ Pedi Dental MD0000201538, RX0000201279	Preferred	\$40 Copay/\$60 Copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$17/\$25/\$50/Deductible, then 30%/Deductible, then 50%	
	Standard	\$100 Copay/\$140 Copay*	\$8,500/\$17,000	\$9,200/\$18,400	60%													Deductible, then 60%
Maine's Choice Plus HMO Silver 5500 MD0000201517, RX0000201300	Preferred	\$40 Copay/\$70 Copay*	\$5,500/\$11,000	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%	
	Standard	\$70 Copay/\$100 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%													Deductible, then 50%
Maine's Choice Plus HMO Silver 5700 MD0000201535, RX0000201256	Preferred	\$45 Copay/\$70 Copay*	\$5,700/\$11,400	\$8,500/\$17,000	30%	Deductible, then 30%	\$45 Copay	\$45 Copay	\$45 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$45 Copay	\$45 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%	
	Standard	\$75 Copay/\$100 Copay*	\$8,000/\$16,000	\$9,200/\$18,400	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Bronze 7500 MD0000201537, RX0000201268	Preferred	\$45 Copay/\$80 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%	Deductible, then 50%	\$45 Copay	\$60 Copay	\$60 Copay	Deductible, then 50%	Freestnd: \$300 Copay Hosp: Deductible, then 50%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 50%	Deductible, then 50%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 50%	\$45 Copay	\$45 Copay	\$20/\$30/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250	
	Standard	\$80 Copay/Deductible, then covered in full*	\$9,200/\$18,400	\$9,200/\$18,400	None													Deductible, then covered in full
Maine's Choice Plus HMO HSA																		
Clear Choice Maine's Choice Plus HMO HSA Silver 3500 MD0000201506, RX0000201253	Preferred	Deductible, then 20%	\$3,500/\$7,000	\$7,000/\$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then \$5/\$25/\$50/\$100/\$250
	Standard	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	None													
Clear Choice Maine's Choice Plus HMO HSA Silver 4500 MD0000201507, RX0000201257	Preferred	Deductible, then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%/20%/20%/20%/20%
	Standard	Deductible, then covered in full	\$7,500/\$15,000	\$7,500/\$15,000	None													
Maine's Choice Plus HMO HSA Bronze 5500 MD0000201520, RX0000201259	Preferred	Deductible, then 30%	\$5,500/\$11,000	\$8,000/\$16,000	30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%/30%/30%/30%/40%
	Standard	Deductible, then covered in full	\$8,000/\$16,000	\$8,000/\$16,000	None													
Clear Choice Maine's Choice Plus HMO HSA Bronze 6300 MD0000201495, RX0000201258	Preferred	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
	Standard	Deductible, then covered in full	\$7,500/\$15,000	\$7,500/\$15,000	None													
Clear Choice Maine's Choice Plus HMO HSA Bronze 7200 MD0000201513, RX0000201254	Preferred	Deductible, then covered in full	\$7,200/\$14,400	\$7,200/\$14,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%
	Standard	Deductible, then covered in full	\$8,000/\$16,000	\$8,000/\$16,000	None													

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