

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**.

	Network	Office Visit	Deductible	Annual Out of Pocket				Urgent Care								Acupuncture &	RX
Product Name	Tier	(PCP/Specialist)	(Indiividual/Family)	Max (Individual/Family)	Co-insurance	ER	Convenience Care	Freestanding	Hospital Based	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	30-Day Retail
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 Сорау	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 Сорау	\$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%/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%/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.

2025 Maine Plan Offerings

Off-Marketplace Plans

Product Name	Network Tier	Office Visit	Deductible (Indiividual/Family)	Annual Out of Pocket Max (Individual/Family)	Co-insurance			Urgent Care								Acupuncture &	RX
		(PCP/Specialist)				ER ER	Convenience Care	Freestanding	Hospital Based	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic	30-Day Retail
Maine's Choice Plus HMO Clear Choice Maine's Choice Plus HMO Gold 1500	s Preferred	\$25 Copay/\$50 Copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Deductible, then	\$25 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible,	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible,	\$30 Copay	\$25 copay/\$30	
MD0000201502, RX0000201247	Standard	\$50 Copay/\$100	\$4,000/\$8,000	\$8,000/\$16,000	50%	30%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	then 30% Deductible, then 50%	Deductible, then 50%	then 30% Deductible, then 50%	\$60 Copay	сорау	\$100/Deductible, then \$250
		Copay*	\$4,0007\$8,000	\$8,0007\$10,000	50%			Deddettble, then 50%	Deddettble, then 50%	Deddetible, then 50%		Non-hospital based: \$15	Deddettble, then 50%	Non-hospital based: \$250	500 copay		
Clear Choice Maine's Choice Plu HMO Gold 2500 MD0000201503,	s 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%	Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Copay Hospital based: Deductible, then 30%	\$30 Copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
RX0000201249	Standard	\$50 Copay/\$100 Copay*	\$5,500/\$11,000	\$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%	\$60 Copay		
Clear Choice Maine's Choice Plus HMO Silver 3500 MD0000201504,	s 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
RX0000201250	Standard	\$80 Copay/\$120 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$70 Copay		
Clear Choice Maine's Choice Plus HMO Silver 4200		\$40 Copay/\$60 Copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Deductible, then	\$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%
MD0000201512, RX0000201255	5 Standard	\$70 Copay/\$110 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%	30%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$80 Copay	1	
Clear Choice Maine's Choice Plus HMO Silver 4200 w/ Pedi Dental		\$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,	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible,	\$40 Copay	\$40 Copay	\$17/\$25/\$50/Deductible, then 30%/Deductible, then 50%
MD0000201538, RX0000201279		\$100 Copay/\$140	\$8,500/\$17,000	\$9,200/\$18,400	60%			Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	then 30% Deductible, then 60%	Deductible, then 60%	then 30% Deductible, then 60%	\$140 Copay		
Maine's Choice Plus HMO Silver 5500 MD0000201517, RX0000201300	Preferred	Copay* \$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	\$7,500/\$15,000	\$9,200/\$18,400	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$60 Copay	-	30%/Deductible, then 50%
Maine's Choice Plus HMO Silver 5700	Preferred	Copay* \$45 Copay/\$70 Copay*	\$5,700/\$11,400	\$8,500/\$17,000	30%	Deductible, then	\$45 Copay	\$45 Copay	\$45 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible,	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible,	\$45 Copay	\$45 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
MD0000201535, RX0000201256	5 Standard	\$75 Copay/\$100	\$8,000/\$16,000	\$9,200/\$18,400	50%		Ş45 COPAy	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	then 30% Deductible, then 50%	Deductible, then 50%	then 30% Deductible, then 50%	\$65 Copay		
Clear Choice Maine's Choice Plus	s Preferred	Copay* \$45 Copay/\$80 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%	Deductible, then	645 C	\$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	645 Cooper	\$20/\$30/Deductible, then \$50/Deductible
HMO Bronze 7500 MD0000201537, RX0000201268	3 Standard	\$80 Copay/ Deductible, then covered in full*	\$9,200/\$18,400	\$9,200/\$18,400	None	50%	\$45 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	Deductible, then covered in full	Deductible, then covered in full	\$65 Copay	\$45 Copay	then \$100/Deductible, then \$250
Maine's Choice Plus HMO HSA		Deductible, then															
Clear Choice Maine's Choice Plus HMO HSA Silver 3500		20% Deductible, then	\$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	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
MD0000201506, RX0000201253	³ Standard	covered in full	\$7,000/\$14,000	\$7,000/\$14,000	None			Deductible, then covered in full	Deductible, then covered in full	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		
Clear Choice Maine's Choice Plus HMO HSA Silver 4500	s Preferred	Deductible, then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Deductible, then	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	Deductible, then 20%/20%/20%/20%/20%
MD0000201507, RX0000201257	7 Standard	Deductible, then covered in full	\$7,500/\$15,000	\$7,500/\$15,000	None	20%		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	20%	
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	Deductible, then 30%/30%/30%/30%/40%
	9 Standard	Deductible, then covered in full	\$8,000/\$16,000	\$8,000/\$16,000	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	30%	Deductible, then 30%/30%/30%/30%/40%
Clear Choice Maine's Choice Plus HMO HSA Bronze 6300 MD0000201495, RX0000201258	s 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	¹ Deductible, then 50%/50%/50%/50%/50
	³ Standard	Deductible, then covered in full	\$7,500/\$15,000	\$7,500/\$15,000	None		Deductible, then 50%	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		
Clear Choice Maine's Choice Plus	s Preferred	Deductible, then covered in full	\$7,200/\$14,400	\$7,200/\$14,400	None	Deductible, then	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	l Deductible, then	Deductible, then 0%/0%/0%/0%/0%
HMO HSA Bronze 7200 MD0000201513, RX0000201254	⁴ Standard	Deductible, then covered in full	\$8,000/\$16,000	\$8,000/\$16,000	None	covered in full	Deductible, then covered in full	Deductible, then covered in fu	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	None	Deductione, then 0%/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.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

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Off-Marketplace Plans

	Network	Office Visit	Deductible	Annual Out of Pocket				Urgent Care								Acupuncture &	RY
Product Name	Tier	(PCP/Specialist)	(Indiividual/Family)	Max (Individual/Family)	Co-insurance	ER	Convenience Care	Freestanding	Hospital Based	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic	30-Day Retail
POS												Non-hospital based: \$15		Non-hospital based: \$250			
Clear Choice POS Silver 3500	IN	\$40 Copay/\$60 Copay*	\$3,500/\$7,000	\$8,500/\$17,000	30%	Deductible, then	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Copay Hospital based: Deductible,	Deductible, then 30%	Copay Hospital based: Deductible,	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then
MD0000201486, RX0000201250	OON	Deductible, then 50%	\$7,000/\$14,000	\$17,000/\$34,000	50%	30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	then 30% Deductible, then 50%	Deductible, then 50%	then 30% Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$100/Deductible, then \$250
											Freestnd: \$300 Copay	Non-hospital based: \$15		Non-hospital based: \$250		50%	
Clear Choice POS Silver 4200 MD0000201491, RX0000201255	IN	\$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%	Hosp: Deductible, then 30%	Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
	OON	Deductible, then 50%	\$8,400/\$16,800	\$16,000/\$32,000	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%	
POS Silver 5700	IN	\$45 Copay/\$70	\$5,700/\$11,400	\$8,500/\$17,000	30%	Doductible then	\$45 Copay	\$45 Copay	\$45 Copay	Deductible, then 30%	Freestnd: \$300 Copay	Non-hospital based: \$15 Copay	Deductible, then 30%	Non-hospital based: \$250 Copay	\$45 Copay	\$45 Copay	\$5/\$25/\$50/Deductible, then
MD0000201501, RX0000201256		Copay* Deductible, then				Deductible, then 30%					Hosp: Deductible, then 30%	Hospital based: Deductible, then 30%		Hospital based: Deductible, then 30%		Deductible, then	30%/Deductible, then 50%
	OON	50% \$45 Copay/\$80	\$11,400/\$22,800	\$17,000/\$34,000	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%	50%	
Clear Choice POS Bronze 7500 MD0000201487, RX0000201251	IN	Copay* Deductible, then	\$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 Deductible, then	\$30/\$30/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
POS HSA	OON	50%	\$15,000/\$30,000	\$18,400/\$36,800	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%	, . ,
Clear Choice POS HSA Silver 4500	IN	Deductible, then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Deductible, then	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%	
MD0000201492, RX0000201257	OON	Deductible, then 40%	\$9,000/\$18,000	\$14,000/\$28,000	40%	20%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 20%/20%/20%/20%/20%
Clear Choice POS HSA Bronze 6300	IN	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then	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%
MD0000201494, RX0000201258	OON	Deductible, then 50%	\$12,600/\$25,200	\$15,000/\$30,000	50%	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 POS HSA	IN	Deductible, then covered in full	\$7,200/\$14,400	\$7,200/\$14,400	None	Deductible, then	Deductible, then covered in full	Deductible, then covered in ful	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	
Bronze 7200 MD0000201493, RX0000201254	OON	Deductible, then covered in full	\$14,400/\$28,800	\$14,400/\$28,800	None	covered in full	Deductible, then covered in full	Deductible, then covered in ful	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%
PPO Access												Non-hospital based: \$15		Non bosnital based: \$250			
Clear Choice PPO Access Gold 1500	IN	\$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%	Copay Hospital based: 515 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
MD0000201500, RX0000201247	OON	Deductible, then 50%	\$3,000/\$6,000	\$10,000/\$20,000	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%	
Clear Choice PPO Access Gold 2500	IN	\$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
MD0000201515, RX0000201249	OON	Deductible, then 50%	\$5,000/\$10,000	\$10,000/\$20,000	50%	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%	\$600/script max
												Non-hospital based: \$15		Non-hospital based: \$250		50%	
Clear Choice PPO Access Silver 3500 MD0000201516, RX0000201250	IN	\$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%	Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
MD0000201310, M00000201290	OON	Deductible, then 50%	\$7,000/\$14,000	\$17,000/\$34,000	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%	
Clear Choice PPO Access Silver 4200	IN	\$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%
MD0000201531, RX0000201255	OON	Deductible, then 50%	\$8,400/\$16,800	\$16,000/\$32,000	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%	
PPO Access Silver 5700 MD0000201532, RX0000201256	IN	\$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,	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible,	\$45 Copay	\$45 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
	OON	Deductible, then	\$11,400/\$22,800	\$17,000/\$34,000	50%	5576	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	then 30% Deductible, then 50%	Deductible, then 50%	then 30% Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Access	IN	\$50 Copay/\$80 Copay*	\$9,200/\$18,400	\$9,200/\$18,400	None	Daductible them	\$50 Copay	\$60 Copay	\$60 Copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in	Deductible, then covered in full	Deductible, then covered in	\$50 Copay	\$50 Copay	
Bronze 9200 MD0000201523, RX0000201252***	OON	Deductible, then 20%	\$16,000/\$32,000	\$18,400/\$36,800	20%	Deductible, then covered in full	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%	\$30/\$30/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
PPO Access HSA Clear Choice PPO Access HSA		Deductible, then	40 F00 /#= +++	67 000 ⁽¹ · · · · · · ·	2671											Deductible, then	
Silver 3500	IN	20% Deductible, then	\$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%	20% Deductible, then	Deductible, then \$5/\$25/\$50/\$100/\$250
MD0000201485, RX0000201253 Clear Choice PPO Access HSA		40% Deductible, then	\$7,000/\$14,000	\$14,000/\$28,000	40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	1	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	40% Deductible, then	
Silver 4500	IN OON	20% Deductible, then	\$4,500/\$9,000	\$7,000/\$14,000 \$14,000/\$28,000	20% 40%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20% Deductible, then 40%		Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	20% Deductible, then	Deductible, then 20%/20%/20%/20%/20%
MD0000201488, RX0000201257	IN	40% Deductible, then	\$9,000/\$18,000 \$5,500/\$11,000	\$14,000/\$28,000	30%		Deductible, then 40%	Deductible, then 40% Deductible, then 30%	Deductible, then 40%		Deductible, then 40% Deductible, then 30%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	40% Deductible, then	Deductible, then 30%/30%/30%/30%/40%
PPO Access HSA Bronze 5500 MD0000201508, RX0000201259	OON	30% Deductible, then	\$11,000/\$22,000	\$8,000/\$16,000	30% 50%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%		Deductible, then 30%	Deductible, then 30% Deductible, then 50%	Deductible, then 30% Deductible, then 50%	Deductible, then 30% Deductible, then 50%	Deductible, then 30% 30%	30% Deductible, then	
Clear Choice PPO Access HSA	IN	50% Deductible, then	\$6,300/\$12,600	\$7,500/\$15,000	40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 50%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	50% Deductible, then	
Bronze 6300 MD0000201489, RX0000201258		40% Deductible, then	\$12,600/\$12,800	\$15,000/\$30,000	60%	Deductible, then 40%	Deductible, then 60%	Deductible, then 60%	Deductible, then 40%	Deductible, then 60%	Deductible, then 40%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	40% Deductible, then	Deductible, then 50%/50%/50%/50%/50%
Clear Choice PPO Access HSA	IN	60% Deductible, then	\$7,200/\$14,400	\$7,200/\$14,400	None	Dadu still st	Deductible, then covered in full	Deductible, then covered in full	Deductible, then	Deductible, then	Deductible, then covered in full	Deductible, then covered in	Deductible, then covered in full	Deductible, then covered in	Deductible, then covered in full	60% Deductible, then	
Bronze 7200 MD0000201490, RX0000201254		covered in full Deductible, then	\$12,000/\$24,000	\$14,400/\$28,800	20%	Deductible, then covered in full	Deductible, then 20%	Deductible, then 20%	covered in full Deductible, then 20%	covered in full Deductible, then 20%	Deductible, then 20%	full Deductible, then 20%	Deductible, then 20%	full Deductible, then 20%	Deductible, then 20%	covered in full Deductible, then	Deductible, then 0%/0%/0%/0%/0%
	CON	20%	912,000/924,000	91 4,4 00/928,800	2070		Deddettore, then 2076	Deductione, then 20/6	Seductione, then 20%	2 cudetione, then 20%	Deddettore, then 20%	Deddettore, then 20%	Deddettore, then 20/8	Deddetiole, then 20%	Deddetible, then 2076	20%	

*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.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.