

2025 Maine Plan Offerings

On Marketplace Plans

On Marketplace plans are offered through the state-based health insurance marketplace, [CoverME.gov](https://www.coverme.gov). These plans maybe best suited for individuals and families who qualify for financial help in paying for health care. These plans are also available directly through Harvard Pilgrim Health Care for individuals not eligible for a subsidy.

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 96667ME0310130-01	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 96667ME0310131-01	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 MD0000201464, RX0000201250 96667ME0310132-01	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/\$40 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 MD0000201496, RX0000201255 96667ME0310133-01	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/\$40 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5500 MD0000201498, RX0000201300 96667ME0310136-01	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/\$40 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice HMO Bronze 7500 MD0000201466, RX0000201251 96667ME0310134-01	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/\$45 copay	\$30/\$30/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Bronze 9200 MD0000201467, RX0000201252*** 96667ME0310135-01	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/\$50 copay	\$30/\$30/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
Clear Choice HMO Catastrophic 9200¹ MD0000201484, RX0000201260*** 96667ME0310143-01	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%
HMO HSA																	
HMO HSA Bronze 5500 MD0000201473, RX0000201259 96667ME0310142-01	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 96667ME0310140-01	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 96667ME0310141-01	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%

*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.

¹ Enrollment in Catastrophic plan is limited to people under age 30, or people of any age with hardship exception or affordability.

² Only available in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

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							Convenience Care	Freestanding	Hospital Based								
Maine's Choice Plus HMO																	
Clear Choice Maine's Choice Plus HMO Gold 2500 ² MD0000201503, RX0000201249 96667ME0310145-01	Preferred Network	\$20 copay/\$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Preferred Network 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 Network	\$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%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 3500 ² MD0000201505, RX0000201250 96667ME0310146-01	Preferred Network	\$40 copay/\$60 copay*	\$3,500/\$7,000	\$8,500/\$17,000	30%	Preferred Network 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/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$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%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 4200 ² MD0000201539, RX0000201255 96667ME0310147-01	Preferred Network	\$40 copay/\$60 copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Preferred Network 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/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/\$110 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%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 4200 w/ PEDI Dental ² MD0000201538, RX0000201279 96667ME0300148-01	Preferred Network	\$40 copay/\$60 copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Preferred Network 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/\$40 copay	\$17/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$100 copay/\$140 copay*	\$8,500/\$17,000	\$9,200/\$18,400	60%			Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%		
Maine's Choice Plus HMO Silver 5500 ² MD0000201518, RX0000201300 96667ME0310149-01	Preferred Network	\$40 copay/\$70 copay*	\$5,500/\$11,000	\$8,000/\$16,000	30%	Preferred Network 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/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/\$100 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%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Bronze 7500 ² MD0000201537, RX0000201268 96667ME0310148-01	Preferred Network	\$45 copay/\$80 copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%	Preferred Network 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/\$45 copay	\$20/\$30/Preferred Deductible, then \$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$80 copay/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		
Maine's Choice Plus HMO HSA																	
Maine's Choice Plus HMO HSA Bronze 5500 ² MD0000201520, RX0000201259 96667ME0310155-01	Preferred Network	Deductible, then 30%	\$5,500/\$11,000	\$8,000/\$16,000	30%	Preferred Network Deductible, then 30%	Preferred Network 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%	Preferred Network Deductible, then 30%	Preferred Deductible, then 30%/30%/30%/30%/40%
	Standard Network	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		
Clear Choice Maine's Choice Plus HMO HSA Bronze 6300 ² MD0000201495, RX0000201258 96667ME0310153-01	Preferred Network	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Preferred Network Deductible, then 50%	Preferred Network 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%	Preferred Network Deductible, then 50%	Preferred Deductible, then 50%/50%/50%/50%/50%
	Standard Network	Deductible, then covered in full	\$7,500/\$15,000	\$7,500/\$15,000	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		
Clear Choice Maine's Choice Plus HMO HSA Bronze 7200 ² MD0000201513, RX0000201254 96667ME0310154-01	Preferred Network	Preferred Network Deductible, then covered in full	\$7,200/\$14,400	\$7,200/\$14,400	None	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Network Deductible, then covered in full	Preferred Deductible, then 0%/0%/0%/0%
	Standard Network	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		

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2025 Maine Plan Offerings

On Marketplace Plans

Cost Sharing Reduction (CSR) plans. These subsidized plans lower the amount you pay when you receive medical services, such as deductibles, copayments and coinsurance. When you fill out your application at CoverME.org, you will find out if you qualify for these types of plans.

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							Convenience Care	Freestanding	Hospital Based								
CSR 73%																	
Clear Choice HMO Silver 3500 CSR 73 MD0000201475, RX0000201261 96667ME0310132-04	N/A	\$35 copay/\$60 copay*	\$3,400/\$6,800	\$7,000/\$14,000	30%	Deductible, then 30%	\$35 copay	\$35 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%	\$35 copay	\$35 copay/\$35 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 CSR 73 MD0000201478, RX0000201280 96667ME0310133-04	N/A	\$35 copay/\$60 copay*	\$3,800/\$7,600	\$6,800/\$13,600	30%	Deductible, then 30%	\$35 copay	\$35 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%	\$35 copay	\$35 copay/\$35 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5500 CSR 73 MD0000201536, RX0000201264 96667ME0310136-04	N/A	\$35 copay/\$65 copay*	\$4,800/\$9,600	\$7,000/\$14,000	30%	Deductible, then 30%	\$35 copay	\$35 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%	\$35 copay	\$35 copay/\$35 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 73 MD0000201521, RX0000201269 96667ME0310146-04	Preferred Network	\$40 copay/\$60 copay*	\$3,500/\$7,000	\$6,500/\$13,000	30%	Preferred Network 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/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$60 copay/\$120 copay*	\$6,500/\$13,000	\$7,000/\$14,000	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%		
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 73² MD0000201525, RX0000201272 96667ME0310147-04	Preferred Network	\$40 copay/\$60 copay*	\$4,200/\$8,400	\$6,200/\$12,400	30%	Preferred Network 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/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/\$110 copay*	\$6,200/\$12,400	\$7,000/\$14,000	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%		
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 73 - w/ Pedi Dental¹ MD0000201528, RX0000201275 96667ME0300148-04	Preferred Network	\$40 copay/\$60 copay*	\$4,200/\$8,400	\$6,200/\$12,400	30%	Preferred Network 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/\$40 copay	\$17/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/\$110 copay*	\$6,500/\$13,000	\$7,350/\$14,700	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%		
Maine's Choice Plus HMO Silver 5500 CSR 73² MD0000201510, RX0000201278 96667ME0310149-04	Preferred Network	\$40 copay/\$70 copay*	\$4,500/\$9,000	\$6,000/\$12,000	30%	Preferred Network 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/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/\$100 copay*	\$6,500/\$13,000	\$7,350/\$14,700	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%		

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2025 Maine Plan Offerings

On Marketplace Plans

Cost Sharing Reduction (CSR) plans. These subsidized plans lower the amount you pay when you receive medical services, such as deductibles, copayments and coinsurance. When you fill out your application at CoverME.org, you will find out if you qualify for these types of plans.

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

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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								
CSR 87%																	
Clear Choice HMO Silver 3500 CSR 87 MD0000201476, RX0000201262 96667ME0310132-05	N/A	\$20 copay/\$40 copay*	\$800/\$1,600	\$2,400/\$4,800	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 CSR 87 MD0000201479, RX0000201265 96667ME0310133-05	N/A	\$20 copay/\$40 copay*	\$1,200/\$2,400	\$2,200/\$4,400	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5500 CSR 87 MD0000201481, RX0000201298 96667ME0310136-05	N/A	\$20 copay/\$40 copay*	\$1,400/\$2,800	\$2,200/\$4,400	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 87² MD0000201522, RX0000201270 96667ME0310146-05	Preferred Network	\$20 copay/\$40 copay*	\$900/\$1,800	\$2,000/\$4,000	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$60 copay/\$80 copay*	\$1,500/\$3,000	\$2,600/\$5,200	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%		
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 87² MD0000201526, RX0000201273 96667ME0310147-05	Preferred Network	\$20 copay/\$40 copay*	\$900/\$1,800	\$2,000/\$4,000	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$40 copay/\$60 copay*	\$1,400/\$2,800	\$2,650/\$5,300	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%		
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 87 - w/ Pedi Dental¹ MD0000201529, RX0000201276 96667ME0300148-05	Preferred Network	\$20 copay/\$40 copay*	\$950/\$1,900	\$2,100/\$4,200	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$17/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$40 copay/\$70 copay*	\$1,500/\$3,000	\$2,700/\$5,400	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%		
Maine's Choice Plus HMO Silver 5500 CSR 87² MD0000201533, RX0000201273 96667ME0310149-05	Preferred Network	\$20 copay/\$35 copay*	\$900/\$1,800	\$2,000/\$4,000	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$40 copay/\$60 copay*	\$1,400/\$2,800	\$2,750/\$5,500	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%		

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

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2025 Maine Plan Offerings

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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								
CSR 94%																	
Clear Choice HMO Silver 3500 CSR 94 MD0000201477, RX0000201263 96667ME0310132-06	N/A	\$15 copay/\$30 copay*	\$350/\$700	\$700/\$1,400	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 CSR 94 MD0000201480, RX0000201266 96667ME0310133-06	N/A	\$15 copay/\$30 copay*	\$360/\$720	\$750/\$1,500	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5500 CSR 94 MD0000201482, RX0000201267 96667ME0310136-06	N/A	\$15 copay/\$30 copay*	\$370/\$740	\$780/\$1,560	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 94² MD0000201524, RX0000201271 96667ME0310146-06	Preferred Network	\$15 copay/\$30 copay*	\$250/\$500	\$580/\$1,160	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$900/\$1,800	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%		
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 94² MD0000201527, RX0000201274 96667ME0310147-06	Preferred Network	\$15 copay/\$30 copay*	\$275/\$550	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$925/\$1,850	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%		
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 94 - w/ Pedi Dental¹ MD0000201530, RX0000201277 96667ME0300148-06	Preferred Network	\$15 copay/\$40 copay*	\$350/\$700	\$680/\$1,360	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$17/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$30 copay/\$60 copay*	\$600/\$1,200	\$965/\$1,930	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%		
Maine's Choice Plus HMO Silver 5500 CSR 94² MD0000201514, RX0000201299 96667ME0310149-06	Preferred Network	\$15 copay/\$30 copay*	\$300/\$600	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$925/\$1,850	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%		

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