

# Maine Individual & Family Product Guide Plan Year 2020

Guiding Maine  
to better health.



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# Insurance terms

## Cost sharing

The portion you pay for specific health care services like office visits, X-rays and prescriptions. Coinsurance, copayments and deductibles are all examples.

## Deductible

This is a set amount of money you pay out of your own pocket for certain services. For a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan's deductible, you will need to pay for them when you pick them up from the pharmacy. Copayments do not count toward a deductible.

## Copayments

The flat dollar amount you pay for certain services on your plan. There may be different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due at the time of an appointment or when picking up a prescription at the pharmacy.

## Coinsurance

A fixed percentage of costs you pay for covered services. For example, for a plan with coinsurance, you may have to pay 20% of a provider's bill for care, while Harvard Pilgrim pays 80%. Coinsurance is usually something paid after you have paid an annual deductible.

## HSA (health savings account)

This is an account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan, such as the HMO HSA or the Maine's Choice HMO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

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## Important dates

### November 1 – December 15, 2019\*

2019 open enrollment period for selecting health care coverage, which goes into effect starting January 1, 2020

\*You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period please visit [HealthCare.gov](https://www.healthcare.gov) to review the eligibility guidelines and submit your enrollment.

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## Out-of-pocket maximum

A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet the out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

## Catastrophic plan

You can buy a catastrophic plan if you are under 30 or have a hardship exemption or affordability exemption. Catastrophic plans have low monthly premiums and high deductibles. They cover three primary care provider office visits outside of the deductible. You will pay out of your own pocket for most other covered services before the plan helps pay.

# Our promise: Guide you to better health.

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## Coverage for individuals and families.

Harvard Pilgrim has a full range of health plans to meet your needs, with outstanding coverage, choice and value. You'll have access to **183 hospitals** and more than **80,000 doctors and other clinicians** in New England.

To see if a provider participates in our network:

1. Visit [harvardpilgrim.org](http://harvardpilgrim.org)
2. Click on **Find a Provider**
3. Select either **Maine's Choice HMO** or **HMO or HMO Open Access**
4. Search by provider type

## Maine's Choice<sup>SM</sup> HMO

This plan features a two-tiered provider network. Save money when you receive care from a provider in the Preferred network. You also have flexibility to see providers in the Standard network throughout New England.

## Other HMO plans

Our standard HMO plans have the same cost sharing for all providers throughout New England that participate in our network.

With all of our plans, you'll choose a primary care provider (PCP) to arrange your care.

## Our programs help you maximize your well-being.

These programs and services are included in your plan **at no additional cost**.

## Well-being community

Our free online community is packed with activities, tracking tools, well-being challenges and more. Earn points and entries for monthly Amazon gift card drawings. Visit [harvardpilgrim.org/wellbeingforall](http://harvardpilgrim.org/wellbeingforall).

## Personal health coaching

Through one-on-one coaching sessions over the phone and email check-ins, our certified health and wellness coaches will help you set realistic health goals, identify and address any barriers and keep track of your progress.

## Care management

When you're dealing with a chronic illness, getting better can involve much more than medical treatment. Our team of certified nurse care managers is there to help. They can reach out to you when and how it's best for you—at home, work or on the road—whether by phone, email or mobile app. Our "whole person" approach means that we get to know you and look at all of the factors that affect your well-being.



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## We have ways to help you save money

Keep more money in your pocket with tools and programs designed to help you save.

### Health care cost estimator

Costs for the same test or procedure can vary greatly among different providers. Our online cost estimator can help you find less expensive options.

### Doctor On Demand

With our non-HSA plans, you won't pay cost sharing for urgent care virtual visits with Doctor On Demand providers. See page 6 for more information.

### Reduce My Costs

This voluntary program helps you find lower-cost outpatient procedures, such as radiology, X-rays, laboratory tests and more, and rewards you for choosing a more affordable option. Starting January 1, 2020, you can call (855) 772-8366 to speak with a Reduce My Costs nurse.

### Fitness reimbursement

A family is eligible to receive up to a maximum of \$300 in annual fitness reimbursement on fees for health and fitness club memberships and classes. Each plan member (up to two individuals), can receive up to \$150. To qualify, you or one of your dependents must be an active member of the fitness club for at least four months within a calendar year.<sup>1</sup>

### Discounts & Savings

Save on a variety of products and services that can help you stay healthy:

- Vision
- Hearing
- Healthy eating
- Fitness
- Dental
- Holistic wellness
- Smoking cessation
- Family & senior care

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## We're committed to our communities.

### Service is more than good business.

As a not-for-profit, service inspires our social mission. We're driven by a human concern for the particular health challenges our Maine neighbors and communities face—and a dedication to helping resolve them.

### Funding Programs in Maine

In 2018, the Harvard Pilgrim Health Care Foundation supported dozens of local non-profit agencies and health initiatives with nearly half a million dollars in grants and sponsorships.

### Partnering with Other Non-profits

We are proud to partner with dozens of nonprofit organizations throughout the state to promote health and fitness, eliminate hunger, help grieving families, help students reach their full potential and more.



**\$450,000**  
GRANTS & SPONSORSHIPS

<sup>1</sup>There is a \$300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.

# What we cover

## Core benefits



No matter which plan you choose, it will include these benefits.

-  **Acupuncture and Chiropractic**  
20 acupuncture and 40 chiropractic visits per year
-  **Hospitalization**  
Inpatient services, such as surgery
-  **Pregnancy, Maternity, and Newborn Care**  
Care before, during and after pregnancy
-  **Ambulatory Patient Services**  
Outpatient care without hospital admission
-  **Laboratory Services**  
Blood work, screenings, etc.
-  **Prescriptions**  
Access to safe, effective medications
-  **Emergency Services**  
Trips to the emergency room (ER), when medically necessary
-  **Mental Health and Substance Use Services**  
Counseling and psychotherapy
-  **Rehabilitation & Habilitative Services and Devices**  
Rehab services, hospital beds, crutches, oxygen tanks
-  **Eye Exams**  
One preventive screening every year
-  **Pediatric Vision**  
Covers children up to age 19
-  **Routine Physical Exams**  
Annual preventive visit with your primary care provider

# Prescription drug benefits

Our prescription drug coverage focuses on choice and value to help you get the most out of your benefits.

All plans include our 5-tier prescription drug coverage: The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. Members can fill prescriptions at retail pharmacies nationwide or through our mail order program.

## Is a prescription covered?

Visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx). Select the year and the plan as shown on the ID card (example: Value 5-Tier), then look up drugs by tier or category.



Plan tiers

## How the prescription drug tiers work

TIER	VALUE 5-TIER
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Tier 1	Lower-cost generics
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Tier 2	Higher-cost generics
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Tier 3	Preferred brands (some higher-cost generics)
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Tier 4	Non-preferred brands and preferred specialty (some higher-cost generics)
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Tier 5	Non-preferred specialty drugs, and selected brand and generic drugs
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# Behavioral health online or in person

We understand mental health and substance use issues can be complex, confusing and sometimes overwhelming, especially for members beginning their mental health journey.

Through our partnership with United Behavioral Health (also known as Optum), you have access to resources and treatment for a wide number of behavioral health issues, such as depression, anxiety, ADHD, eating disorders or concerns about substance use or addiction.



Our confidential **Behavioral Health Access Center** can help you understand your coverage and treatment options and makes it easy for you to get started with treatment.

Call **(888) 777-4742** to get started.

# The care you need, when you need it

When your primary care provider's office isn't open, and you need medical care for a non-life-threatening injury or illness, you have options—other than the ER—that can save you time and money.

	Typical out-of-pocket costs	Common symptoms
 <p><b>Telemedicine services</b> Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</p>	<p><b>New for 2020 - No cost sharing for Doctor On Demand urgent care virtual visits.<sup>1</sup></b></p>	<ul style="list-style-type: none"> <li>• Coughs, colds</li> <li>• Sore/strep throat</li> <li>• Flu</li> <li>• Pediatric issues</li> <li>• Sinus and allergies</li> <li>• Nausea/diarrhea</li> <li>• Rashes and skin issues</li> <li>• Women's health: UTIs, yeast infections</li> <li>• Sports injuries</li> <li>• Eye issues</li> </ul>
 <p><b>Convenience care/retail clinic</b> Walk-in, convenience care or retail clinic (MinuteClinic inside of CVS pharmacies in South Portland and Portland)</p>	<p><b>\$</b> You'll typically pay a copayment for going to a participating clinic<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Bronchitis</li> <li>• Ear infections</li> <li>• Eye infections</li> <li>• Strep throat</li> <li>• Skin conditions like poison ivy and ringworm</li> </ul>
 <p><b>Freestanding urgent care clinic</b> Walk-in clinic for urgent care (see next page for a list of participating clinics)</p>	<p><b>\$\$</b> You'll typically pay a copayment for urgent care, sometimes a higher one than for an office visit or convenience care clinic visit<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>
 <p><b>Hospital-based urgent care clinic</b> Walk-in clinic for urgent care</p>	<p><b>\$\$\$</b> You'll typically pay your deductible, then a hospital-based urgent care copayment<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>
 <p><b>Emergency room (ER)</b> Part of a local hospital</p> <p>If you think you're having a medical emergency, call 911 or go to the nearest ER.</p>	<p><b>\$\$\$\$</b> You'll typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Choking</li> <li>• Convulsions</li> <li>• Heart attack</li> <li>• Loss of consciousness</li> <li>• Major blood loss</li> <li>• Seizures</li> <li>• Severe head trauma</li> <li>• Shock</li> <li>• Stroke</li> </ul>

<sup>1</sup> What you pay out-of-pocket depends on your specific Harvard Pilgrim plan. If you have an HSA plan, your deductible, coinsurance and any additional cost sharing applies. After the deductible is met on an HSA plan, you are covered in full. Please refer to your plan documents for your specific benefit information.

# Maine freestanding urgent care clinics

**Auburn:** St. Mary's Urgent Care

**Augusta:** Concentra Urgent Care & MaineGeneral Express Care Center

**Bangor:** Concentra Urgent Care & Penobscot Community Health Center Walk-In

**Belfast:** Penobscot Community Health Center Walk-In

**Berwick:** York Hospital Walk-In Care Center

**Brewer:** Penobscot Community Health Center Walk-In

**East Waterboro:** Southern Maine Health Care Walk-In Care

**Freeport:** Freeport Medical Center

**Gorham:** Mercy Hospital

**Houlton:** Katahdin Valley Health Center

**Jackman:** Penobscot Community Health Center Walk-In

**Kennebunk:** York Hospital Walk-in Care Center & Southern Maine Health Care Walk-In Care

**Kittery:** York Hospital Walk-In Care Center

**Lewiston:** Concentra Urgent Care

**Norway:** Concentra Urgent Care

**Old Town:** Penobscot Community Health Center Walk-In

**Portland:** Mercy Hospital

**Saco:** Southern Maine Health Care Walk-In Care

**Sandford:** York Hospital Walk-In Care Center

**Scarborough:** ClearChoiceMD Urgent Care

**South Portland:** American Family Care Urgent Care & Concentra Urgent Care

**Topsham:** Topsham Urgent Care Center

**Yarmouth:** Mercy Hospital

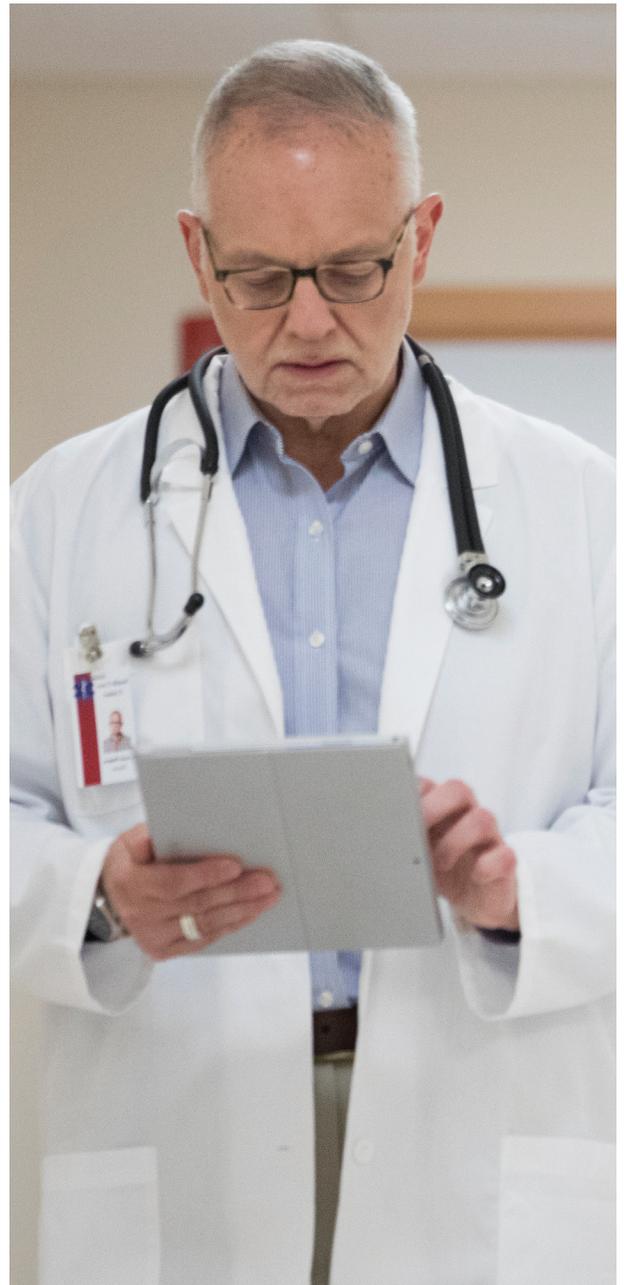
**York:** York Hospital Walk-In Care Center

**Waterville:** MaineGeneral Express Care Center

**Wells:** York Hospital Walk-In Care Center

**Westbrook:** Mercy Hospital

**Windham:** Mercy Hospital



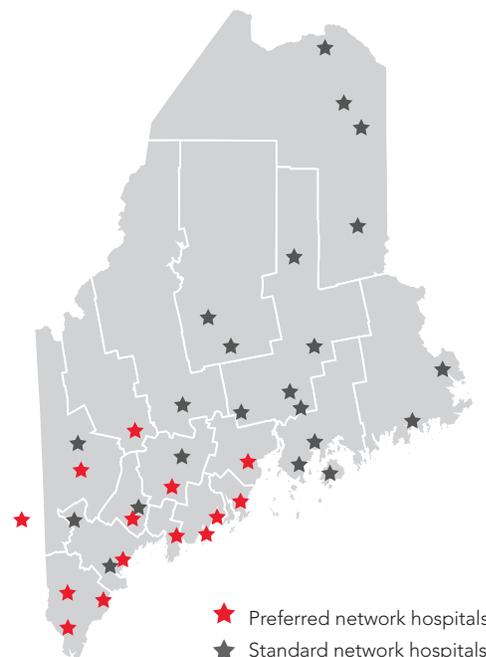
# Maine's Choice<sup>SM</sup>

## HMO overview

### Choice, meet savings

Our Maine's Choice HMO plan features a two-tiered provider network that lets you choose from thousands of trusted physicians.

- **Two tiers so you can control your costs.** You'll pay less for care from Preferred network primary care providers (PCPs), specialists and hospitals, and you can expand access with providers in our Standard network.
- **Some services are always in the Preferred network.** Behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.
- **You must choose a PCP from the Preferred network.** The PCP you select from the Preferred tier will arrange your care.
- **Some services are on us.** Copayments for the first non-routine PCP visit, first behavioral health visit each year, and certain preventive services and tests.
- **Payment, or form of cost sharing, depends on the service and provider's network.** Either covered in full, a fixed amount or copayment, maximum out-of-pocket costs or deductible, or a percentage of service cost also known as coinsurance.
- **Our full network.** Members have access to 183 Hospitals and more than 80,000 doctors and clinicians.
- **To be eligible to enroll in the Maine's Choice HMO,** you must live in one of the following 10 counties at least nine months out of the year; Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.



## How you can find a provider

- 1 Visit [harvardpilgrim.org](http://harvardpilgrim.org)
- 2 Click on **Find a Provider**
- 3 Select **Maine's Choice HMO** (under the Tiered/Limited Plans section)
- 4 Search by provider type

**The Maine's Choice Preferred network also includes doctors and other health care providers from these leading physician organizations:**

- InterMed
- Maine Medical Center PHO
- Spectrum Medical Group
- Kennebec Region Health Alliance
- Martin's Point Health Care
- York Hospital

# Helping you choose a plan

## Ask yourself some questions

Your answers to these questions are helpful for figuring out whether a Gold, Silver, Bronze or Catastrophic plan is best for you. See the 2020 product grids starting on the next page for more details on cost sharing for each plan.

## Questions to consider

What kind of care do you expect to need in the next year? Are you willing to pay more for a higher level of coverage? Would you rather pay higher monthly premiums in exchange for lower costs when you receive care?

## You may qualify for financial help

To help expand access to affordable health insurance, there are two types of subsidies offered on the Health Insurance Exchange.

### Advance Premium Tax Credit (APTC)

You can take this credit in advance to lower your monthly health insurance payment (or premium). When you apply for coverage on the Exchange, you estimate your expected income for the year. If you qualify for the APTC based on your estimate, you can use any amount of the credit in advance to lower your premium. The APTC is available if you earn between 100% and 400% of the federal poverty level, and it may apply to any of the plans we offer through the Exchange.

### Cost Sharing Reduction (CSR)

This discount lowers the amount you pay when you receive medical services, such as deductibles, copayments and coinsurance. If your income is up to 250% of the federal poverty level, you can purchase a silver-level CSR plan with lower out-of-pocket costs. These plans are identified on the following pages with CSR 73%, CSR 87% or CSR 94% above the name of the plan.

When you fill out your application at [HealthCare.gov](https://www.healthcare.gov), you will find out if you qualify for either subsidy.

With all of our plans, you'll choose a primary care provider (PCP) to arrange your care.

	Gold HMO plans	Silver HMO plans	Bronze HMO plans	Catastrophic plans
<b>May be best if you:</b>	Are willing to pay for richer benefits	Are eligible for a subsidy and want strong coverage value	Are healthy and do not expect to use services	Have a hardship exemption or affordability exemption, OR if you're under 30, relatively healthy, and want to protect yourself in worst-case scenarios.
<b>Premium level</b>	Highest	Lower than Gold; higher than Bronze	Lower than Silver; higher than Catastrophic	Lowest
<b>Deductible range (individual)</b>	\$1,500	\$2,700 - \$7,500	\$5,000 - \$6,500	\$8,150
<b>Coinsurance range</b>	25%	30% - 50%	30% - 50%	None
<b>Available plans</b>	<b>Gold HMO 1500<sup>1</sup></b>	<b>HMO Silver 3000<sup>1</sup></b> Maine's Choice <sup>SM</sup> HMO: <sup>1,2</sup> - <b>HMO Silver 2700</b> - <b>HMO Silver 4500</b> - <b>HMO Silver 6200</b>	<b>HMO Bronze 6500<sup>1</sup></b> <b>HMO HSA Bronze 5400<sup>3,4</sup></b> Maine's Choice <sup>SM</sup> HMO: <sup>2,3</sup> - <b>HMO HSA Bronze 5000</b>	<b>HMO Catastrophic</b>

<sup>1</sup> Copayment is waived for the first non-routine office visit with a PCP and the first outpatient behavioral health visit in the calendar year.

<sup>2</sup> To be eligible to enroll in the Maine's Choice HMO, you must live in one of the following 10 counties at least nine months out of the year: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.

<sup>3</sup> Preventive Rx: Deductible does not apply. For HSA (Health Savings Account) plans, a Deductible applies before most services are covered.

<sup>4</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

# HMO

## ON-EXCHANGE

	GOLD	SILVER
<b>PRODUCT NAME</b>	<b>HMO GOLD 1500</b> MD0000005097, RX0000001836 96667ME0310012-01	<b>HMO SILVER 3000</b> MD0000005099, RX0000001845 96667ME0310013-01
<b>OFFICE VISIT PCP/SPECIALIST</b>	\$25/Deductible then 25%. Copay waived for first non-routine PCP visit.	\$35/Deductible then 35%. Copay waived for first non-routine PCP visit.
<b>DEDUCTIBLE</b>	\$1,500/\$3,000	\$3,000/\$6,000
<b>ANNUAL OUT-OF-POCKET MAX</b>	\$6,750/\$13,500	\$8,100/\$16,200
<b>COINSURANCE</b>	25%	35%
<b>MEDICAL EMERGENCY SERVICES IN THE ER</b>	Deductible then 40%	Deductible then 50%
<b>HOSPITAL-BASED URGENT CARE</b>	Deductible then 25%	Deductible then 35%
<b>FREESTANDING URGENT CARE</b>	\$25	\$35
<b>CONVENIENCE CARE</b>	\$25	\$35
<b>INPATIENT</b>	Deductible then 25%	Deductible then 35%
<b>DAY SURGERY</b>	Deductible then 25%	Deductible then \$750
<b>LABS</b>	Deductible then 25%	Deductible then 35%
<b>X-RAYS</b>	Deductible then 25%	Deductible then 35%
<b>SCANS: CT, MRI, PET</b>	Deductible then 25%	Deductible then 35%
<b>PT/OT/ST</b>	Deductible then 25%	Deductible then 35%
<b>ACUPUNCTURE</b>	Deductible then 25%	Deductible then 35%
<b>RX COST SHARING</b>	<b>Retail:</b> \$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)	<b>Retail:</b> \$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)

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

# HMO (continued)

## ON-EXCHANGE

### BRONZE

#### HMO BRONZE 6500

MD0000005103, RX0000001840  
96667ME0310014-01

PRODUCT NAME	
OFFICE VISIT PCP/SPECIALIST	\$25/Deductible then 50%. Copay waived for first non-routine PCP visit.
DEDUCTIBLE	\$6,500/\$13,000
ANNUAL OUT-OF-POCKET MAX	\$8,100/\$16,200
COINSURANCE	50%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 50%
HOSPITAL-BASED URGENT CARE	Deductible then 50%
FREESTANDING URGENT CARE	\$25
CONVENIENCE CARE	\$25
INPATIENT	Deductible then 50%
DAY SURGERY	Deductible then 50%
LABS	Deductible then 50%
X-RAYS	Deductible then 50%
SCANS: CT, MRI, PET	Deductible then 50%
PT/OT/ST	Deductible then 50%
ACUPUNCTURE	Deductible then 50%
RX COST SHARING	<p><b>Retail:</b> \$5/\$25/30%/50%/50% (Deductible applies to T3, T4 &amp; T5)</p> <p><b>Mail:</b> \$15/\$75/30%/50%/50% (Deductible applies to T3, T4 &amp; T5)</p>

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

# HMO HSA

## ON-EXCHANGE

## BRONZE

### HMO HSA BRONZE 5400<sup>1</sup>

MD0000005117, RX0000001855

96667ME0310019-01

#### PRODUCT NAME

#### OFFICE VISIT PCP/ SPECIALIST

Deductible then 30%

#### DEDUCTIBLE

\$5,400/\$10,800

#### ANNUAL OUT-OF-POCKET MAX

\$6,850/\$13,700

#### COINSURANCE

30%

#### MEDICAL EMERGENCY SERVICES IN THE ER

Deductible then 50%

#### HOSPITAL-BASED URGENT CARE

Deductible then 30%

#### FREESTANDING URGENT CARE

Deductible then 30%

#### CONVENIENCE CARE

Deductible then 30%

#### INPATIENT

Deductible then 30%

#### DAY SURGERY

Deductible then 30%

#### LABS

Deductible then 30%

#### X-RAYS

Deductible then 30%

#### SCANS: CT, MRI, PET

Deductible then 30%

#### PT/OT/ST

Deductible then 30%

#### ACUPUNCTURE

Deductible then 30%

#### RX COST SHARING

**Retail:** Deductible then  
\$5/\$25/30%/50%/50%

**Mail:** Deductible then  
\$15/\$75/30%/50%/50%

<sup>1</sup> Available only in Aroostock, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.  
This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

# MAINE'S CHOICE<sup>SM</sup> HMO

## ON-EXCHANGE

### PRODUCT NAME

SILVER

**MAINE'S CHOICE<sup>SM</sup> HMO SILVER 2700<sup>2</sup>**  
 MD0000005104, RX0000001841  
 96667ME0310015-01

SILVER

**MAINE'S CHOICE<sup>SM</sup> HMO SILVER 4500<sup>2</sup>**  
 MD0000005108, RX0000001846  
 96667ME0310016-01

	Preferred Network	Standard Network	Preferred Network	Standard Network
<b>OFFICE VISIT PCP/ SPECIALIST</b>	\$25/\$75 Copay waived for first non-routine PCP visit.	Deductible then 50%	\$30/\$75 Copay waived for first non-routine PCP visit.	Deductible then 50%
<b>DEDUCTIBLE</b>	\$2,700/\$5,400	\$6,200/\$12,400	\$4,500/\$9,000	\$6,800/\$13,600
<b>ANNUAL OUT-OF-POCKET MAX</b>	\$7,000/\$14,000	\$8,100/\$16,200	\$7,300/\$14,600	\$8,100/\$16,200
<b>COINSURANCE</b>	30%	50%	30%	50%
<b>MEDICAL EMERGENCY SERVICES IN THE ER</b>	Deductible then 40%		Deductible then 40%	
<b>HOSPITAL-BASED URGENT CARE</b>	\$75	Deductible then 50%	\$75	Deductible then 50%
<b>FREESTANDING URGENT CARE</b>	\$25	Deductible then 50%	\$30	Deductible then 50%
<b>CONVENIENCE CARE</b>	\$25		\$30	
<b>INPATIENT</b>	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>DAY SURGERY</b>	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>LABS</b>	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>X-RAYS</b>	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>SCANS: CT, MRI, PET</b>	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>PT/OT/ST</b>	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
<b>ACUPUNCTURE</b>	\$25		\$30	
<b>RX COST SHARING</b>	<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)		<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)	

<sup>1</sup> Available only in Aroostock, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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

# MAINE'S CHOICE<sup>SM</sup> HMO (continued)

## ON-EXCHANGE

SILVER

MAINE'S CHOICE<sup>SM</sup> HMO SILVER 6200<sup>2</sup>

MD0000005112, RX0000001850

96667ME0310017-01

### PRODUCT NAME

	Preferred Network	Standard Network
OFFICE VISIT PCP/ SPECIALIST	\$35/\$75 Copay waived for first non-routine PCP visit.	Deductible then 50%
DEDUCTIBLE	\$6,200/\$12,400	\$7,500/\$15,000
ANNUAL OUT-OF-POCKET MAX	\$7,600/\$15,200	\$8,100/\$16,200
COINSURANCE	30%	50%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 40%	
HOSPITAL-BASED URGENT CARE	\$75	Deductible then 50%
FREESTANDING URGENT CARE	\$35	Deductible then 50%
CONVENIENCE CARE	\$35	
INPATIENT	Deductible then 30%	Deductible then 50%
DAY SURGERY	Deductible then 30%	Deductible then 50%
LABS	Deductible then 30%	Deductible then 50%
X-RAYS	Deductible then 30%	Deductible then 50%
SCANS: CT, MRI, PET	Deductible then 30%	Deductible then 50%
PT/OT/ST	Deductible then 30%	Deductible then 50%
ACUPUNCTURE	\$35	
RX COST SHARING	<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)	

<sup>1</sup> Available only in Aroostock, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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

# MAINE'S CHOICE<sup>SM</sup> HMO HSA

## ON-EXCHANGE

SILVER

MAINE'S CHOICE<sup>SM</sup> HMO HSA BRONZE 5000<sup>2</sup>

MD0000005096, RX0000001835

96667ME0310011-01

### PRODUCT NAME

### OFFICE VISIT PCP/ SPECIALIST

### DEDUCTIBLE

### ANNUAL OUT-OF-POCKET MAX

### COINSURANCE

### MEDICAL EMERGENCY SERVICES IN THE ER

### HOSPITAL-BASED URGENT CARE

### FREESTANDING URGENT CARE

### CONVENIENCE CARE

### INPATIENT

### DAY SURGERY

### LABS

### X-RAYS

### SCANS: CT, MRI, PET

### PT/OT/ST

### ACUPUNCTURE

### RX COST SHARING

	Preferred Network	Standard Network
	Deductible then 30%	Deductible then 50%
	\$5,000/\$10,000	\$6,000/\$12,000
	\$6,850/\$13,700	\$6,850/\$13,700
	30%	50%
	Deductible then 40%	
	Deductible then 30%	Deductible then 50%
	Deductible then 30%	Deductible then 50%
	Deductible then 30%	
	Deductible then 30%	Deductible then 50%
	Deductible then 30%	Deductible then 50%
	Deductible then 30%	Deductible then 50%
	Deductible then 30%	Deductible then 50%
	Deductible then 30%	Deductible then 50%
	Deductible then 30%	
	<b>Retail:</b> Preferred deductible then \$5/\$25/30%/50%/50% <b>Mail:</b> Preferred deductible then \$15/\$75/30%/50%/50%	

<sup>1</sup> Available only in Aroostock, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.  
 This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

# CATASTROPHIC

## ON-EXCHANGE

### CATASTROPHIC

#### HMO CATASTROPHIC<sup>3</sup>

MD0000005120, RX0000001858  
96667ME0310022-01

PRODUCT NAME	
OFFICE VISIT PCP/ SPECIALIST	PCP: \$25 for the first 3 visits per member; all other visits Deductible then Covered in Full Specialist: Deductible then Covered in Full
DEDUCTIBLE	\$8,150/\$16,300
ANNUAL OUT-OF-POCKET MAX	\$8,150/\$16,300
COINSURANCE	None
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then Covered in Full
HOSPITAL-BASED URGENT CARE	Deductible then Covered in Full
FREESTANDING URGENT CARE	Deductible then Covered in Full
CONVENIENCE CARE	Deductible then Covered in Full
INPATIENT	Deductible then Covered in Full
DAY SURGERY	Deductible then Covered in Full
LABS	Deductible then Covered in Full
X-RAYS	Deductible then Covered in Full
SCANS: CT, MRI, PET	Deductible then Covered in Full
PT/OT/ST	Deductible then Covered in Full
ACUPUNCTURE	Deductible then Covered in Full
RX COST SHARING	<b>Retail:</b> Deductible then 0%/0%/0%/0%/0% <b>Mail:</b> Deductible then 0%/0%/0%/0%/0%

<sup>3</sup> Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.

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

# HMO SILVER CSR

## ON-EXCHANGE

### PRODUCT NAME

SILVER - CSR 73%

#### HMO SILVER 3000 CSR73

MD0000005102, RX0000001839  
96667ME0310013-04

SILVER - CSR 87%

#### HMO SILVER 3000 CSR87

MD0000005101, RX0000001838  
96667ME0310013-05

<b>OFFICE VISIT PCP/ SPECIALIST</b>	\$35/Deductible then 30% Copay waived for first non-routine PCP visit.	\$25/Deductible then 20% Copay waived for first non-routine PCP visit.
<b>DEDUCTIBLE</b>	\$2,250/\$4,500	\$600/\$1,200
<b>ANNUAL OUT-OF-POCKET MAX</b>	\$6,500/\$13,000	\$2,300/\$4,600
<b>COINSURANCE</b>	30%	20%
<b>MEDICAL EMERGENCY SERVICES IN THE ER</b>	Deductible then 50%	Deductible then 40%
<b>HOSPITAL-BASED URGENT CARE</b>	Deductible then 30%	Deductible then 20%
<b>FREESTANDING URGENT CARE</b>	\$35	\$25
<b>CONVENIENCE CARE</b>	\$35	\$25
<b>INPATIENT</b>	Deductible then 30%	Deductible then 20%
<b>DAY SURGERY</b>	Deductible then \$750	Deductible then \$250
<b>LABS</b>	Deductible then 30%	Deductible then 20%
<b>X-RAYS</b>	Deductible then 30%	Deductible then 20%
<b>SCANS: CT, MRI, PET</b>	Deductible then 30%	Deductible then 20%
<b>PT/OT/ST</b>	Deductible then 30%	Deductible then 20%
<b>ACUPUNCTURE</b>	Deductible then 30%	Deductible then 20%
<b>RX COST SHARING</b>	<b>Retail:</b> \$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5) <b>Mail:</b> \$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)	<b>Retail:</b> \$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5) <b>Mail:</b> \$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)

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

# HMO SILVER CSR (continued)

## ON-EXCHANGE

SILVER - CSR 94%

### HMO SILVER 3000 CSR94

MD0000005100, RX0000001837

96667ME0310013-06

PRODUCT NAME	
OFFICE VISIT PCP/ SPECIALIST	\$20/Deductible then 10% Copay waived for first non-routine PCP visit.
DEDUCTIBLE	\$400/\$800
ANNUAL OUT-OF-POCKET MAX	\$750/\$1,500
COINSURANCE	10%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 30%
HOSPITAL-BASED URGENT CARE	Deductible then 10%
FREESTANDING URGENT CARE	\$20
CONVENIENCE CARE	\$20
INPATIENT	Deductible then 10%
DAY SURGERY	Deductible then \$250
LABS	Deductible then 10%
X-RAYS	Deductible then 10%
SCANS: CT, MRI, PET	Deductible then 10%
PT/OT/ST	Deductible then 10%
ACUPUNCTURE	Deductible then 10%
RX COST SHARING	<p><b>Retail:</b> \$5/\$25/30%/50%/50% (Deductible applies to T3, T4 &amp; T5)</p> <p><b>Mail:</b> \$15/\$75/30%/50%/50% (Deductible applies to T3, T4 &amp; T5)</p>

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

# MAINE'S CHOICE<sup>SM</sup> HMO CSR

## ON-EXCHANGE

SILVER - CSR 73%

SILVER - CSR 87%

**MAINE'S CHOICE<sup>SM</sup> HMO SILVER 2700 CSR73<sup>2</sup>**

**MAINE'S CHOICE<sup>SM</sup> HMO SILVER 2700 CSR87<sup>2</sup>**

MD0000005107, RX0000001844

MD0000005106, RX0000001843

96667ME0310015-04

96667ME0310015-05

### PRODUCT NAME

	Preferred Network	Standard Network	Preferred Network	Standard Network
<b>OFFICE VISIT PCP/ SPECIALIST</b>	\$25/\$75 Copay waived for first non-routine PCP visit.	Ded then 50%	\$20/\$50 Copay waived for first non-routine PCP visit.	Deductible then 50%
<b>DEDUCTIBLE</b>	\$2,250/\$4,500	\$4,500/\$9,000	\$300/\$600	\$1,250/\$2,500
<b>ANNUAL OUT-OF-POCKET MAX</b>	\$6,000/\$12,000	\$6,500/\$13,000	\$2,000/\$4,000	\$2,700/\$5,400
<b>COINSURANCE</b>	30%	50%	20%	50%
<b>MEDICAL EMERGENCY SERVICES IN THE ER</b>	Deductible then 40%		Deductible then 30%	
<b>HOSPITAL-BASED URGENT CARE</b>	\$75	Deductible then 50%	\$50	Deductible then 50%
<b>FREESTANDING URGENT CARE</b>	\$25	Deductible then 50%	\$20	Deductible then 50%
<b>CONVENIENCE CARE</b>	\$25		\$20	
<b>INPATIENT</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>DAY SURGERY</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>LABS</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>X-RAYS</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>SCANS: CT, MRI, PET</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>PT/OT/ST</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>ACUPUNCTURE</b>	\$25		\$20	
<b>RX COST SHARING</b>	<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)		<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)	

<sup>2</sup> Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

# MAINE'S CHOICE<sup>SM</sup> HMO CSR (continued)

## ON-EXCHANGE

SILVER - CSR 94%

SILVER - CSR 73%

**MAINE'S CHOICE<sup>SM</sup> HMO SILVER 2700 CSR94<sup>2</sup>**

**MAINE'S CHOICE<sup>SM</sup> HMO SILVER 4500 CSR73<sup>2</sup>**

MD0000005105, RX0000001842

MD0000005111, RX0000001849

96667ME0310015-06

96667ME0310016-04

PRODUCT NAME	SILVER - CSR 94%		SILVER - CSR 73%	
	Preferred Network	Standard Network	Preferred Network	Standard Network
OFFICE VISIT PCP/ SPECIALIST	\$15/\$40 Copay waived for first non-routine PCP visit.	Deductible then 40%	\$30/\$75 Copay waived for first non-routine PCP visit.	Deductible then 50%
DEDUCTIBLE	\$100/\$200	\$400/\$800	\$2,500/\$5,000	\$4,500/\$9,000
ANNUAL OUT-OF-POCKET MAX	\$750/\$1,500	\$1,200/\$2,400	\$6,000/\$12,000	\$6,500/\$13,000
COINSURANCE	10%	40%	30%	50%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 30%		Deductible then 40%	
HOSPITAL-BASED URGENT CARE	\$40	Deductible then 40%	\$75	Deductible then 50%
FREESTANDING URGENT CARE	\$15	Deductible then 40%	\$30	Deductible then 50%
CONVENIENCE CARE	\$15		\$30	
INPATIENT	Deductible then 10%	Deductible then 40%	Deductible then 30%	Deductible then 50%
DAY SURGERY	Deductible then 10%	Deductible then 40%	Deductible then 30%	Deductible then 50%
LABS	Deductible then 10%	Deductible then 40%	Deductible then 30%	Deductible then 50%
X-RAYS	Deductible then 10%	Deductible then 40%	Deductible then 30%	Deductible then 50%
SCANS: CT, MRI, PET	Deductible then 10%	Deductible then 40%	Deductible then 30%	Deductible then 50%
PT/OT/ST	Deductible then 10%	Deductible then 40%	Deductible then 30%	Deductible then 50%
ACUPUNCTURE	\$15		\$30	
RX COST SHARING	<b>Retail:</b> Preferred deductible then \$5/\$25/30%/50%/50%  <b>Mail:</b> Preferred deductible then \$15/\$75/30%/50%/50%		<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)	

<sup>2</sup> Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

# MAINE'S CHOICE<sup>SM</sup> HMO CSR (continued)

## ON-EXCHANGE

SILVER - CSR 87%

SILVER - CSR 94%

**MAINE'S CHOICE<sup>SM</sup> HMO SILVER 4500 CSR87<sup>2</sup>**

**MAINE'S CHOICE<sup>SM</sup> HMO SILVER 4500 CSR94<sup>2</sup>**

MD0000005110, RX0000001848  
96667ME0310016-05

MD0000005109, RX0000001847  
96667ME0310016-06

PRODUCT NAME	SILVER - CSR 87%		SILVER - CSR 94%	
	Preferred Network	Standard Network	Preferred Network	Standard Network
OFFICE VISIT PCP/ SPECIALIST	\$20/\$50 Copay waived for first non-routine PCP visit.	Deductible then 50%	\$15/\$40 Copay waived for first non-routine PCP visit.	Deductible then 40%
DEDUCTIBLE	\$400/\$800	\$1,250/\$2,500	\$125/\$250	\$400/\$800
ANNUAL OUT-OF-POCKET MAX	\$2,000/\$4,000	\$2,700/\$5,400	\$750/\$1,500	\$1,200/\$2,400
COINSURANCE	20%	50%	10%	40%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 30%		Deductible then 30%	
HOSPITAL-BASED URGENT CARE	\$50	Deductible then 50%	\$40	Deductible then 40%
FREESTANDING URGENT CARE	\$20	Deductible then 50%	\$15	Deductible then 40%
CONVENIENCE CARE	\$20		\$15	
INPATIENT	Deductible then 20%	Deductible then 50%	Deductible then 10%	Deductible then 40%
DAY SURGERY	Deductible then 20%	Deductible then 50%	Deductible then 10%	Deductible then 40%
LABS	Deductible then 20%	Deductible then 50%	Deductible then 10%	Deductible then 40%
X-RAYS	Deductible then 20%	Deductible then 50%	Deductible then 10%	Deductible then 40%
SCANS: CT, MRI, PET	Deductible then 20%	Deductible then 50%	Deductible then 10%	Deductible then 40%
PT/OT/ST	Deductible then 20%	Deductible then 50%	Deductible then 10%	Deductible then 40%
ACUPUNCTURE	\$20		\$15	
RX COST SHARING	<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)		<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies to T3, T4 & T5)	

<sup>2</sup> Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

# MAINE'S CHOICE<sup>SM</sup> HMO CSR (continued)

## ON-EXCHANGE

SILVER - CSR 73%

SILVER - CSR 87%

MAINE'S CHOICE<sup>SM</sup> HMO SILVER 6200 CSR73<sup>2</sup>

MAINE'S CHOICE<sup>SM</sup> HMO SILVER 6200 CSR87<sup>2</sup>

MD0000005115, RX0000001853  
96667ME0310017-04

MD0000005114, RX0000001852  
96667ME0310017-05

### PRODUCT NAME

	Preferred Network	Standard Network	Preferred Network	Standard Network
<b>OFFICE VISIT PCP/ SPECIALIST</b>	\$30/\$75 Copay waived for first non-routine PCP visit.	Deductible then 50%	\$20/\$50 Copay waived for first non-routine PCP visit.	Deductible then 50%
<b>DEDUCTIBLE</b>	\$2,750/\$5,500	\$4,500/\$9,000	\$500/\$1,000	\$1,250/\$2,500
<b>ANNUAL OUT-OF-POCKET MAX</b>	\$6,000/\$12,000	\$6,500/\$13,000	\$2,000/\$4,000	\$2,700/\$5,400
<b>COINSURANCE</b>	30%	50%	20%	50%
<b>MEDICAL EMERGENCY SERVICES IN THE ER</b>	Deductible then 40%		Deductible then 30%	
<b>HOSPITAL-BASED URGENT CARE</b>	\$75	Deductible then 50%	\$50	Deductible then 50%
<b>FREESTANDING URGENT CARE</b>	\$30	Deductible then 50%	\$20	Deductible then 50%
<b>CONVENIENCE CARE</b>	\$30		\$20	
<b>INPATIENT</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>DAY SURGERY</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>LABS</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>X-RAYS</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>SCANS: CT, MRI, PET</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>PT/OT/ST</b>	Deductible then 30%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>ACUPUNCTURE</b>	\$30		\$20	
<b>RX COST SHARING</b>	<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies T3, T4 & T5)		<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies T3, T4 & T5)	

<sup>2</sup> Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

# MAINE'S CHOICE<sup>SM</sup> HMO CSR (continued)

## ON-EXCHANGE

SILVER - CSR 94%

MAINE'S CHOICE<sup>SM</sup> HMO SILVER 6200 CSR94<sup>2</sup>

MD0000005113, RX0000001851

96667ME0310017-06

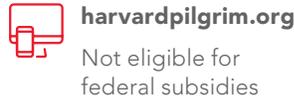
### PRODUCT NAME

	Preferred Network	Standard Network
OFFICE VISIT PCP/ SPECIALIST	\$15/\$40 Copay waived for first non-routine PCP visit.	Deductible then 40%
DEDUCTIBLE	\$100/\$200	\$400/\$800
ANNUAL OUT-OF-POCKET MAX	\$150/\$300	\$1,200/\$2,400
COINSURANCE	10%	40%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 30%	
HOSPITAL-BASED URGENT CARE	\$40	Deductible then 40%
FREESTANDING URGENT CARE	\$15	Deductible then 40%
CONVENIENCE CARE	\$15	
INPATIENT	Deductible then 10%	Deductible then 40%
DAY SURGERY	Deductible then 10%	Deductible then 40%
LABS	Deductible then 10%	Deductible then 40%
X-RAYS	Deductible then 10%	Deductible then 40%
SCANS: CT, MRI, PET	Deductible then 10%	Deductible then 40%
PT/OT/ST	Deductible then 10%	Deductible then 40%
ACUPUNCTURE	\$15	
RX COST SHARING	<b>Retail:</b> \$5/\$25/30%/50%/50% (Preferred deductible applies T3, T4 & T5)  <b>Mail:</b> \$15/\$75/30%/50%/50% (Preferred deductible applies T3, T4 & T5)	

<sup>2</sup> Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

## How to enroll

If you are eligible for federal subsidies, you can purchase Harvard Pilgrim coverage from the federal exchange. If you are not eligible for a subsidy, you can purchase coverage directly from Harvard Pilgrim. An insurance broker can help you purchase either type of coverage.



## Renewing your plan

You will receive a renewal package in late October. If you are happy with the plan that is outlined in the renewal package, all you need to do is pay your premium by January 1, 2020. Please visit [HealthCare.gov](https://www.healthcare.gov) if you:

- Need to update information on your Exchange application form
- Want to change the current plan you purchased through [HealthCare.gov](https://www.healthcare.gov)

If you purchased a plan through HealthCare.gov and do not need to make changes to your Exchange application form or switch your current plan, your coverage will be automatically renewed as long as you pay your monthly premium.

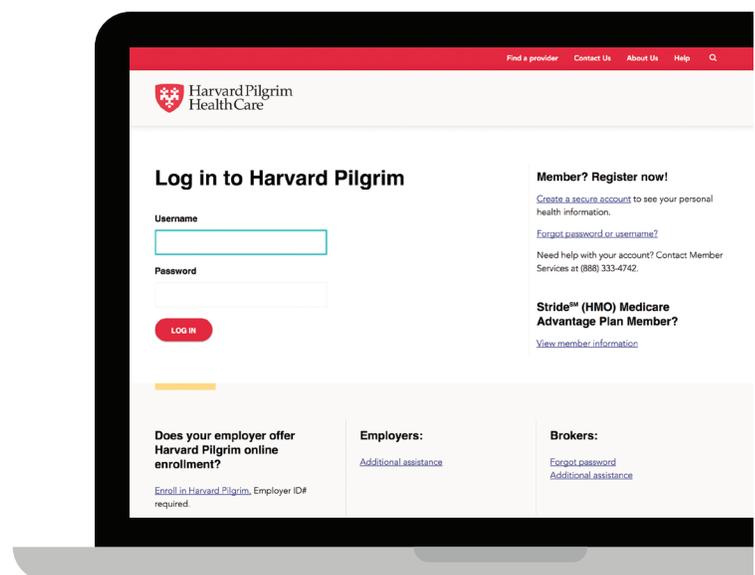
Please call us at **(866) 673-2638** if you have any questions.

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## Set up your member account

Once your membership becomes effective, be sure to set up your online member account at [harvardpilgrim.org](https://www.harvardpilgrim.org). Use your mobile phone, tablet or computer to:

- Get your electronic ID card
- Choose your primary care provider (PCP)
- Make sure your providers are in your plan's network before upcoming appointments
- Look up your prescriptions to see how they are covered
- Check your claims and deductible status



# Important legal information

## What's not covered in our plans

For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

### Maine HMO

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for preventive foot care for members with diabetes
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services, which were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- Language assistance services



## Limitations for Maine Individual Plans

- Chiropractic – 40 visits per year
- Acupuncture – 20 visits per year
- Early intervention – 40 visits per year
- Physical, speech and occupational therapies – 60 visits combined per year
- Skilled nursing facility and inpatient rehabilitation – 150 days combined per year
- Routine eye exam – 1 exam per year

## General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

### Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St., Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Español (Spanish)** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-877-907-4742 (TTY: 711).

**Português (Portuguese)** ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-877-907-4742 (TTY: 711).

**Kreyòl Ayisyen (French Creole)** ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-877-907-4742 (TTY: 711).

**繁體中文 (Traditional Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-907-4742 (TTY: 711)。

**Tiếng Việt (Vietnamese)** CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-877-907-4742 (TTY: 711).

**Русский (Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-907-4742 (телетайп: 711).

**العربية (Arabic)**

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 877-907-4742 (TTY: 711)

**ខ្មែរ (Cambodian)** ជំនួយសេវាភាសាខ្មែរ: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាភាសាខ្មែរ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរស័ព្ទ 1-877-907-4742 (TTY: 711)។

**Français (French)** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-907-4742 (ATS: 711).

**Italiano (Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-907-4742 (TTY: 711).

**한국어 (Korean)** '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-907-4742 (TTY: 711) 번으로 전화해 주십시오.

**ελληνικά (Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-877-907-4742 (TTY: 711).

**Polski (Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-907-4742 (TTY: 711).

**हिंदी (Hindi)** ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-877-907-4742 (TTY: 711)

**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-877-907-4742 (TTY: 711)

**ພາສາລາວ (Lao)** ໂປດລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຕະມັນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-907-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-907-4742 (TTY: 711).

# Contact us



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

**1 Market Street, Portland, Maine 04101**

Already a member?

**(866) 673-2638** (Renewing your coverage)

**(877) 907-4742** (Questions about your current benefits)

Not yet a member?

**(855) 354-4742**

TTY: **711**