

Keeping you and your family healthy

Maine Individual & Family
Product Guide

Plan Year 2022



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Getting coverage is easy

Maine's NEW health insurance Marketplace

Maine residents will be able to buy coverage from the new state-run health insurance Marketplace, www.CoverME.gov, for 2022. Whether you purchased your 2021 plan from the federal Exchange (www.HealthCare.gov) or directly from Harvard Pilgrim, it's easy to renew your coverage.



Important dates

**Monday, November 1, 2021-
Saturday, January 15, 2022***

- Enroll by December 15 for coverage effective January 1.
- Enroll between December 16 and January 15 for coverage effective February 1.

Renewing for 2022

Current Harvard Pilgrim members will receive a renewal package in late October.

If you purchased your current plan from the federal Health Insurance Exchange:

- 1 Go to www.CoverME.gov and select "Create an Account."
- 2 Set up a username and password.
- 3 Answer a few questions to confirm your identity and connect with your account.
- 4 Once you create your account, review your application information to ensure everything is complete and correct.
- 5 Pay your premium by January 1, 2022.

If you purchased your current plan directly from Harvard Pilgrim:

- 1 Visit www.harvardpilgrim.org/renew. You can review your current plan, look at other coverage options and make changes.
- 2 Pay the premium by January 1, 2022.

Buying from the Marketplace

New for 2022, Maine residents can buy health insurance from the state-run Marketplace. Visit www.CoverME.gov to review Harvard Pilgrim plans available through the Maine Marketplace.



www.CoverME.gov

Buying from Harvard Pilgrim

You can purchase an off-Marketplace plan directly from Harvard Pilgrim. Visit our website to see our plan offerings. An insurance broker can help you purchase coverage, as well.



www.harvardpilgrim.org

*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 www.CoverME.gov to review the eligibility guidelines and submit your enrollment.

Our plans include great benefits

These core benefits are included with each of our plans.

 <p>Acupuncture and chiropractic Unlimited acupuncture and chiropractic visits per year</p>	 <p>Hospitalization Inpatient services, such as surgery</p>	 <p>Pregnancy, maternity and newborn care Care before, during and after pregnancy</p>
 <p>Ambulatory patient services Outpatient care without hospital admission</p>	 <p>Laboratory services Blood work, screenings, etc.</p>	 <p>Prescriptions Access to safe, effective medications; certain over-the-counter drugs are included on our formulary</p>
 <p>Emergency services Trips to the emergency room (ER), when medically necessary</p>	 <p>Behavioral health and substance use disorder services Counseling and psychotherapy</p>	 <p>Rehabilitation and habilitative services and devices Rehab services, hospital beds, crutches, oxygen tanks, etc.</p>
 <p>Eye exams One preventive screening every year</p>	 <p>Pediatric vision hardware Covers children up to age 19</p>	 <p>Routine physical exams Annual preventive visit with your primary care provider</p>

Our prescription drug benefits focus on choice and value.

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. You can fill prescriptions at retail pharmacies nationwide or through our mail order program.

We cover certain generic over-the-counter drugs on our formulary. With a prescription from a provider, members will pay Tier 1 Rx cost sharing for certain drugs including cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.

Questions about our prescription drug program?

Visit www.harvardpilgrim.org/rx to learn more.

Select the year and the plan (e.g., 2022 Value 5-Tier) to:

 <p>See which drugs are covered</p>	 <p>Find nearby in-network pharmacies</p>
 <p>Look up drug prices</p>	 <p>Get details on home delivery, and more!</p>

How the prescription drug tiers work

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

Maximize your well-being

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



Living Well EverydaySM

Our free online community is packed with activities, tracking tools, well-being challenges and more. **Earn points and entries for monthly gift card drawings.** Visit www.harvardpilgrim.org/wellbeingforall today.

And be sure to check out www.harvardpilgrim.org/livingwellathome for our online wellness classes.



Lifestyle management coaches

Let one of our certified lifestyle management coaches get to know you, understand your goals and — through regular phone check-ins — help you achieve these goals. Visit www.harvardpilgrim.org/healthcoach to learn more.



Clinical care team support

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our clinical care team of nurses, social workers, pharmacists and health coaches can guide you to better health. Learn more at www.harvardpilgrim.org/clinicalcareteam today.

Maintaining a healthy mind

Behavioral health and substance use conditions can be complex, confusing and sometimes overwhelming.

Together with our behavioral health administrator, United Behavioral Health/Optum, we offer support, resources and tools to help you on your behavioral health journey.

The licensed care advocates at our 24/7 **Behavioral Health Access Center** can help you understand your coverage and treatment options and find available providers, including those who offer virtual visits.

Call **(888) 777-4742** to visit speak confidentially with a care advocate and get started.



Visit www.harvardpilgrim.org/behavioralhealth to learn about additional resources that can help you choose the path that's right for you:

- 24/7 support helplines (emotional support and substance use disorder treatment)
- Peer coaching for substance use disorders
- Convenient online resources (Talkspace digital therapy, Sanvello mobile app and more)*

Most non-HSA plans give you access to one outpatient behavioral health visit per calendar year at no charge.

* Sanvello and Talkspace are not affiliated with Harvard Pilgrim. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.

Keep more money in your pocket

We have tools and programs designed to help you save.



Doctor On Demand

This is our real-time telemedicine service, which connects members to providers via smartphone, tablet or computer. **With our non-HSA plans, you won't pay cost sharing for urgent care virtual visits with Doctor On Demand providers.**

www.doctorondemand.com



Reduce My Costs¹

This voluntary program helps you find and schedule care with lower-cost providers for elective outpatient medical procedures and diagnostic tests. You'll receive rewards for choosing a more affordable option. Call **(855) 772-8366** or use the **chat feature** to speak with a Reduce My Costs nurse.

www.harvardpilgrim.org/reducecosts



Discounts & Savings

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

- Vision and hearing
- Healthy eating and fitness
- Dental
- Holistic wellness
- Smoking cessation
- Family and senior care

www.harvardpilgrim.org/discounts

Fitness reimbursement



A family is eligible to receive **up to \$300 in annual fitness reimbursement** on fees for health and fitness club memberships, classes or virtual subscriptions! 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.²

Learn more by visiting www.harvardpilgrim.org/fitnessreimbursement.

¹ Rewards are considered taxable income; please consult with your tax advisor. Certain services may require a referral and/or prior authorization before you can receive services from the lower-cost provider. To ensure the services will be covered, refer to your plan documents or call us at (888) 333-4742. The Reduce My Costs program is not offered with all Harvard Pilgrim plans. Please review your plan documents to confirm whether the Reduce My Costs program is offered with your plan.

² 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.

Know your options for urgent care

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 [urgent care options](#) — other than the ER — that can save time and money.

		Typical out-of-pocket costs	Common symptoms	
	<p>Telemedicine services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</p>	<p>\$ You may pay cost sharing for telemedicine services*</p>	<ul style="list-style-type: none"> • Coughs, colds • Sore/strep throat • Flu • Pediatric issues • Sinus and allergies 	<ul style="list-style-type: none"> • Nausea/diarrhea • Rashes and skin issues • UTIs, yeast infections • Sports injuries • Eye issues
	<p>Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacies)</p>	<p>\$ You'll typically pay a copayment for going to a participating clinic*</p>	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections 	<ul style="list-style-type: none"> • Skin conditions like poison ivy and ringworm • Strep throat
	<p>Freestanding urgent care clinic Walk-in clinic for urgent care (See next page for a list of participating clinics)</p>	<p>\$\$ You'll typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit*</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains 	<ul style="list-style-type: none"> • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
	<p>Hospital-based urgent care clinic Walk-in clinic for urgent care</p>	<p>\$\$\$ You'll typically pay their deductible, then a hospital-based urgent care copay*</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains 	<ul style="list-style-type: none"> • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
	<p>Emergency room (ER) Part of a local hospital</p> <p>Members who think they are having medical emergencies should call 911 or go to the nearest ER</p>	<p>\$\$\$\$ You'll typically pay a higher copayment than an office visit; plus, ER services are often subject to a deductible*</p>	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss 	<ul style="list-style-type: none"> • Seizures • Severe head trauma • Shock • Stroke

* What you pay out of pocket depends on your specific Harvard Pilgrim plan. Refer to your plan documents for specific benefit information.

Participating clinics you can visit

Urgent, convenience, express and walk-in care

Auburn: St. Mary's Urgent Care

Augusta: Concentra Urgent Care & MaineGeneral Express Care Center

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

Belfast: Penobscot Community Health Center Walk-In Care

Berwick: York Hospital Walk-In Care Center

Brewer: Penobscot Community Health Center Walk-In Care

Brunswick: Concentra Urgent Care & ConvenientMD

Ellsworth: ConvenientMD

Freeport: Freeport Medical Center

Gardiner: MaineGeneral Medical Center Express Care

Gorham: Mercy Hospital

Houlton: Katahdin Valley Health Center

Jackman: Penobscot Community Health Center Walk-In Care

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

Kittery: York Hospital Walk-In Care Center

Lewiston: Concentra Urgent Care & Maine Urgent Care

Norway: Concentra Urgent Care

Old Town: Penobscot Community Health Center Walk-In Care

Portland: Concentra Urgent Care, ConvenientMD, CVS MinuteClinic & Mercy Hospital

Saco: ConvenientMD & Southern Maine Health Care Walk-In Care

Sanford: Southern Maine Health Care Walk-In Care & York Hospital Walk-In Care Center

Scarborough: Clearchoice MD Urgent Care

South Portland: American Family Care Urgent Care, Concentra Urgent Care & CVS MinuteClinic

Topsham: Topsham Urgent Care Center

Waterboro: Southern Maine Health Care Walk-In Care

Waterville: MaineGeneral Express Care Center

Wells: York Hospital Walk-In Care Center

Westbrook: ConvenientMD & Mercy Hospital

Windham: Mercy Hospital

Yarmouth: Mercy Hospital

York: York Hospital Walk-In Care Center



Helping you choose a plan

If you visit www.CoverME.gov during open enrollment, you'll see several plans with a "Clear Choice" label. These plans — developed by Maine's Office of the Health Insurance Marketplace — have standardized benefits and cost sharing, which makes it easier for you to compare different carriers' offerings. Visit www.CoverME.gov to learn more about Clear Choice plans. Along with our Clear Choice options, Harvard Pilgrim has three alternative plan designs available through the Marketplace.

These questions can help you decide whether a Gold, Silver, Bronze or Catastrophic plan is best for you.

- 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?

See the 2022 health plan options on the following pages for cost sharing details and to learn which of these plans are available on and off the Maine Health Insurance Marketplace.

	Gold HMO plans	Silver HMO plans	Bronze HMO plans	Catastrophic plans
May be best if you:	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 and relatively healthy, and want to protect yourself in worst-case scenarios
Premium level	Highest	Lower than Gold; higher than Bronze	Lower than Silver; higher than Catastrophic	Lowest
Deductible range (individual)	\$1,500-\$3,000	\$3,500-\$7,500	\$5,900-\$8,700	\$8,700
Coinsurance range	30%-50%	10%-50%	0%-50%	None
Clear Choice plan options	<p>HMO Gold 1500 Clear Choice¹</p> <p>Maine's Choice PlusSM HMO Gold 1500 Clear Choice^{1,2}</p>	<p>HMO Silver 3500 Clear Choice¹</p> <p>HMO Silver 5500 Clear Choice¹</p> <p>HMO HSA Silver 3500 Clear Choice³</p> <p>HMO HSA Silver 4500 Clear Choice³</p> <p>Maine's Choice PlusSM HMO: Silver 3500 Clear Choice^{1,2} Silver 5500 Clear Choice^{1,2}</p> <p>Maine's Choice PlusSM HMO HSA Silver 3500 Clear Choice^{2,3}</p> <p>Maine's Choice PlusSM HMO HSA Silver 4500 Clear Choice^{2,3}</p>	<p>HMO: Bronze 7500 Clear Choice¹ Bronze 8700 Clear Choice¹</p> <p>HMO HSA Bronze 5900 Clear Choice^{3,4}</p> <p>HMO HSA Bronze 7000 Clear Choice³</p> <p>Maine's Choice PlusSM HMO Bronze 7500 Clear Choice^{1,2}</p> <p>Maine's Choice PlusSM HMO HSA Bronze 5900 Clear Choice^{2,3}</p>	HMO Catastrophic 8700 Clear Choice ⁵
Alternative plan options		Maine's Choice Plus SM HMO Silver 4250 ^{1,2}	<p>HMO Bronze 8000¹</p> <p>Maine's Choice PlusSM HMO HSA Bronze 6250^{2,3}</p>	

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

¹ Payment is waived for the first non-routine office visit with a PCP and one outpatient behavioral health visit in a calendar year.

² To be eligible to enroll in a Maine's Choice PlusSM 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.

³ Preventive Rx: Deductible does not apply. For HSA (health savings account) plans, a deductible applies before most services are covered.

⁴ Available in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

⁵ The first PCP visit is covered. The second and third visits are \$50. The first three behavioral health visits in the calendar year are covered.

You may qualify for financial help

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

Advance Premium Tax Credit (APTC)

The American Rescue Plan Act increased and expanded eligibility for the APTC to make health insurance coverage more affordable. You can take this credit in advance to lower your monthly health insurance payment (or premium). When you apply for coverage on the Marketplace, 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 can be applied to any of our Platinum, Gold, Silver or Bronze plans offered through the Marketplace.

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 CSR73, CSR87 or CSR94 in the name of the plan.

When you fill out your application at www.CoverME.gov, you will find out if you qualify for either subsidy.

How to find a health care provider

To see if your health care provider participates in our network:

1. Visit www.harvardpilgrim.org
2. Click on **Find a Provider**
3. Log in to your online account to get results for your plan, or select **HMO** or **Maine's Choice PlusSM HMO** (located under the Tiered/Limited Plans option)
4. Search by provider type or other criteria



We are committed to guiding you through the challenges of the COVID-19 pandemic. For the most up-to-date information, visit www.harvardpilgrim.org/coronavirus.

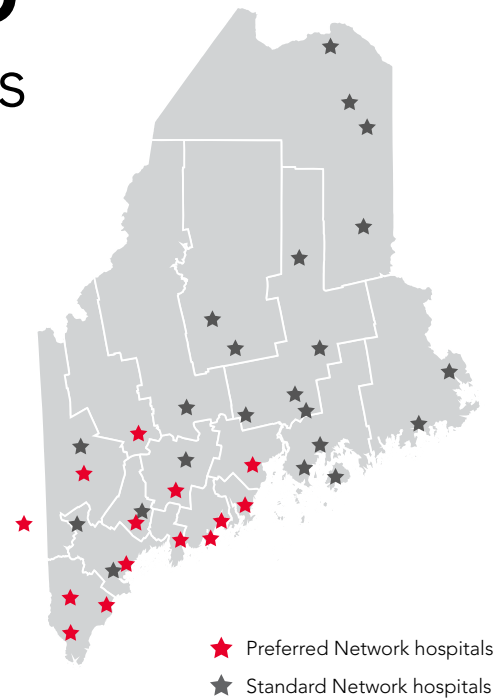
Maine's Choice PlusSM HMO

Choice, flexibility and savings

This plan features two provider networks that let you choose from thousands of trusted physicians.

- **Two networks so you can control your costs.** You'll pay less for care from Preferred Network primary care providers (PCPs), specialists and hospitals.
- **You have the option to choose a PCP from either network.** You'll pay lower cost sharing when you receive care from a Preferred Network PCP and higher cost sharing with a Standard Network PCP.
- **Some services are always in the Preferred Network.** These include behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.
- **Included in your plan:** Copayments for the first non-routine PCP visit, one outpatient behavioral visit per calendar year,* and certain preventive services and tests.
- **Payment and the amount of cost sharing depend on the service and provider's network.** See the product grids on pages 13-24 for details on what you pay for services from Preferred Network and Standard Network providers.
- **Our full network.** Between our Preferred and Standard Networks, you have access to more than 180 hospitals and more than 90,000 doctors and clinicians.
- **To be eligible to enroll in the Maine's Choice PlusSM 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.

* Only available for non-HSA plans.



How you can find a provider

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

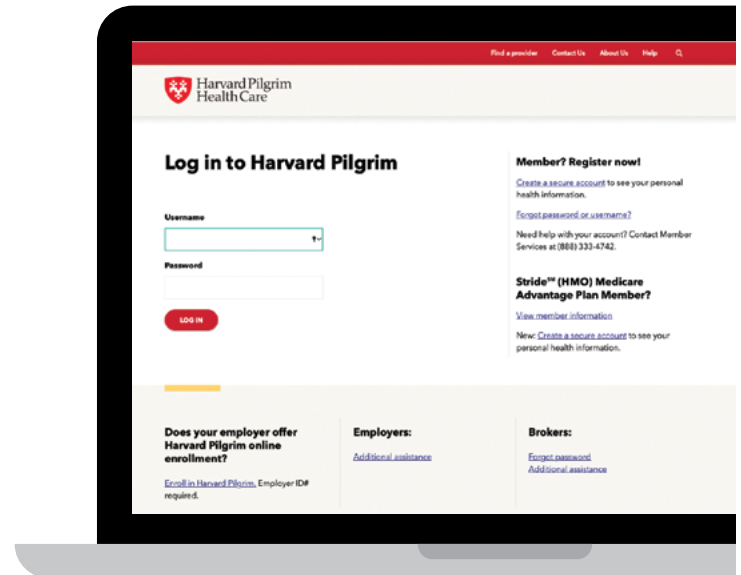
The Maine's Choice PlusSM Preferred Network includes doctors and other health care providers from these leading physician organizations:

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

Set up your member account

Once your membership becomes effective, be sure to set up your online member account at www.harvardpilgrim.org. Use your smartphone, 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



Committed to Maine's 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 health challenges facing our neighbors and communities. And we're dedicated to helping resolve them, through our partnerships with Maine nonprofit organizations.



In 2020, more than **\$2 million** was contributed to more than **110** Maine nonprofit organizations.

2022 Maine plan offerings

2022 Maine Individual Plans — Effective January 1, 2022, through December 31, 2022.

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

On-Marketplace plans

Plan Name	Tier (Maine's Choice Plus SM HMO)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Convenience Care	Non-Hospital-Based	Hospital-Based							
HMO																
HMO Gold 1500 Clear Choice MD0000100377 RX0000100263 96667ME0310039-01	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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$50 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 3500 Clear Choice MD0000100401 RX0000100277 96667ME0310052-01	N/A	\$30 copay/\$60 copay*	\$3,500/\$7,000	\$8,700/\$17,400	40%	Deductible, then 40%	\$30 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 40%	\$60 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 5500 Clear Choice MD0000100575 RX0000100285 96667ME0310054-01	N/A	\$30 copay/\$60 copay*	\$5,500/\$11,000	\$7,500/\$15,000	30%	Deductible, then 30%	\$30 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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$60 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Bronze 7500 Clear Choice MD0000100380 RX0000100265 96667ME0310040-01	N/A	\$40 copay/Deductible, then 50%*	\$7,500/\$15,000	\$8,700/\$17,400	50%	Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$9/\$25/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
HMO Bronze 8000 Clear Choice MD0000100463 RX0000100312 96667ME0310056-01	N/A	\$40 copay/Deductible, then \$80 copay*	\$8,000/\$16,000	\$8,700/\$17,400	50%	Deductible, then 50%	\$40 copay	\$40 copay	Deductible, then \$80 copay	Deductible, then 50%	Freestnd: \$300 copay Hosp: Deductible, then 50%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 50%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 50%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 50%	Deductible, then \$80 copay	\$10/\$30/Deductible, then 30%/Deductible, then 50%/Deductible, then 50%
HMO Bronze 8700 Clear Choice MD0000100382 RX0000100266 96667ME0310041-01	N/A	\$50 copay/\$100 copay*	\$8,700/\$17,400	\$8,700/\$17,400	None	Deductible, then covered in full	\$50 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	\$50 copay	\$100 copay	\$25/\$25/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
HMO Catastrophic 8700 Clear Choice¹ MD0000100398 RX0000100276 96667ME0310051-01	N/A	Deductible, then covered in full**	\$8,700/\$17,400	\$8,700/\$17,400	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 0%/0%/0%/0%/0%
HMO HSA																
HMO HSA Bronze 5900 Clear Choice² MD0000100384 RX0000100267 96667ME0310042-01	N/A	Deductible, then 50%	\$5,900/\$11,800	\$7,050/\$14,100	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%
HMO HSA Bronze 7000 Clear Choice MD0000100386 RX0000100268 96667ME0310043-01	N/A	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	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	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

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

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

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

² Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

Plan Name	Tier (Maine's Choice Plus SM HMO)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Max (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Convenience Care	Non-Hospital-Based	Hospital-Based							
Maine's Choice PlusSM HMO																
Maine's Choice Plus SM HMO Gold 1500 Clear Choice ³ MD0000100390 RX0000100271 96667ME0310046-01	Preferred Network:	\$25 copay/\$50 copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Preferred Network 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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$50 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network:	\$50 copay/Deductible, then 50%*	\$3,000/\$6,000	\$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%		
Maine's Choice Plus SM HMO Silver 3500 Clear Choice ³ MD0000100407 RX0000100281 96667ME0310053-01	Preferred Network:	\$30 copay/\$60 copay*	\$3,500/\$7,000	\$8,700/\$17,400	40%	Preferred Network Deductible, then 40%	\$30 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 40%	\$60 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network:	\$70 copay/Deductible, then 50%*	\$6,500/\$13,000	\$8,700/\$17,400	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 SM HMO Silver 4250 ³ MD0000100471 RX0000100296 96667ME0310058-01	Preferred Network:	\$30 copay/Deductible, then \$70 copay*	\$4,250/\$8,500	\$8,700/\$17,400	30%	Preferred Network Deductible, then \$350	\$30 copay	\$30 copay	Deductible, then \$70 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$30 copay	\$5/\$25/\$50/30%/30% (T4: \$300 script max; T5: \$500 script max)
	Standard Network:	\$60 copay/Deductible, then 50%*	\$7,500/\$15,000	\$8,700/\$17,400	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 SM HMO Silver 5500 Clear Choice ³ MD0000100576 RX0000100289 96667ME0310055-01	Preferred Network:	\$30 copay/\$60 copay*	\$5,500/\$11,000	\$7,500/\$15,000	30%	Preferred Network Deductible, then 30%	\$30 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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$60 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network:	\$70 copay/Deductible, then 50%*	\$7,500/\$15,000	\$8,700/\$17,400	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 SM HMO Bronze 7500 Clear Choice ³ MD0000100393 RX0000100272 96667ME0310047-01	Preferred Network:	\$40 copay/Deductible, then 50%*	\$7,500/\$15,000	\$8,700/\$17,400	50%	Preferred Network Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$9/\$25/Preferred Deductible, then \$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network:	\$75 copay/Deductible, then covered in full*	\$8,700/\$17,400	\$8,700/\$17,400	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		
Maine's Choice PlusSM HMO HSA																
Maine's Choice Plus SM HMO HSA Bronze 5900 Clear Choice ³ MD0000100395 RX0000100273 96667ME0310048-01	Preferred Network:	Deductible, then 50%	\$5,900/\$11,800	\$7,050/\$14,100	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 Deductible, then 50%/50%/50%/50%/50%
	Standard Network:	Deductible, then covered in full	\$7,050/\$14,100	\$7,050/\$14,100	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		
Maine's Choice Plus SM HMO HSA Bronze 6250 ³ MD0000100464 RX0000100313 96667ME0310057-01	Preferred Network:	Deductible, then 50%	\$6,250/\$12,500	\$7,000/\$14,000	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 Deductible, then \$5/\$25/\$50/30%/30%
	Standard Network:	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	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		

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

³ Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

On-Marketplace plans

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

CSR (Cost Sharing Reduction) plans

Plan Name	Tier (Maine's Choice Plus SM HMO)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Convenience Care	Non-Hospital-Based	Hospital-Based							
HMO Silver																
HMO Silver 3500 CSR73 Clear Choice MD0000100404 RX0000100280 96667ME0310052-04	N/A	\$30 copay/ \$60 copay*	\$3,500/\$7,000	\$6,750/\$13,500	35%	Deductible, then 35%	\$30 copay	\$30 copay	\$60 copay	Deductible, then 35%	Freestnd: \$300 copay Hosp: Deductible, then 35%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 35%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 35%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 35%	\$60 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 3500 CSR87 Clear Choice MD0000100403 RX0000100279 96667ME0310052-05	N/A	\$20 copay/ \$40 copay*	\$1,100/\$2,200	\$2,850/\$5,700	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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 20%	Non-hospital-based: \$20 copay Hospital-based: Deductible, then 20%	\$40 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 3500 CSR94 Clear Choice MD0000100402 RX0000100278 96667ME0310052-06	N/A	\$15 copay/ \$30 copay*	\$300/\$600	\$800/\$1,600	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$30 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$150 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	\$30 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 5500 CSR73 Clear Choice MD0000100415 RX0000100288 96667ME0310054-04	N/A	\$30 copay/ \$50 copay*	\$3,800/\$7,600	\$6,950/\$13,900	30%	Deductible, then 30%	\$30 copay	\$30 copay	\$50 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$50 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5500 CSR87 Clear Choice MD0000100414 RX0000100287 96667ME0310054-05	N/A	\$20 copay/ \$40 copay*	\$1,000/\$2,000	\$2,900/\$5,800	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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 20%	Non-hospital-based: \$20 copay Hospital-based: Deductible, then 20%	\$40 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5500 CSR94 Clear Choice MD0000100413 RX0000100286 96667ME0310054-06	N/A	\$15 copay/ \$35 copay*	\$450/\$900	\$750/\$1,500	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$35 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$150 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	\$35 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Maine's Choice PlusSM HMO																
Maine's Choice PlusSM HMO Silver 3500 CSR73 Clear Choice³ MD0000100410 RX0000100284 96667ME0310053-04	Preferred Network:	\$30 copay/ \$50 copay*	\$3,500/\$7,000	\$6,500/\$13,000	40%	Preferred Network Deductible, then 40%	\$30 copay	\$30 copay	\$50 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 40%	\$50 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network:	\$60 copay/ Deductible, then 50%*	\$6,500/\$13,000	\$6,950/\$13,900	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%						
Maine's Choice PlusSM HMO Silver 3500 CSR87 Clear Choice³ MD0000100409 RX0000100283 96667ME0310053-05	Preferred Network:	\$20 copay/ \$40 copay*	\$750/\$1,500	\$2,500/\$5,000	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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 20%	Non-hospital-based: \$20 copay Hospital-based: Deductible, then 20%	\$40 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network:	\$40 copay/ Deductible, then 50%*	\$1,500/\$3,000	\$2,900/\$5,800	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%						
Maine's Choice PlusSM HMO Silver 3500 CSR94 Clear Choice³ MD0000100408 RX0000100282 96667ME0310053-06	Preferred Network:	\$15 copay/ \$30 copay*	\$150/\$300	\$750/\$1,500	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$30 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$150 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	\$30 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network:	\$30 copay/ Deductible, then 30%*	\$400/\$800	\$1,100/\$2,200	30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%						

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

³ Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

On-Marketplace plans

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

CSR (Cost Sharing Reduction) plans

Plan Name	Tier (Maine's Choice Plus SM HMO)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Convenience Care	Non-Hospital-Based	Hospital-Based							
Maine's Choice PlusSM HMO																
Maine's Choice PlusSM HMO Silver 4250 CSR73³ MD0000100474 RX0000100321 96667ME0310058-04	Preferred Network:	\$30 copay/ Deductible, then \$60 copay*	\$4,250/\$8,500	\$6,500/\$13,000	30%	Preferred Network Deductible, then \$300 copay	\$30 copay	\$30 copay	Deductible, then \$60	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$30 copay	\$5/\$25/\$50/30%/30% (T4: \$300 script max; T5: \$500 script max)
	Standard Network:	\$60 copay/ Deductible, then 50%*	\$6,500/\$13,000	\$6,950/\$13,900	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 PlusSM HMO Silver 4250 CSR87³ MD0000100473 RX0000100320 96667ME0310058-05	Preferred Network:	\$20 copay/ Deductible, then \$50 copay*	\$775/\$1,550	\$2,500/\$5,000	20%	Preferred Network Deductible, then \$250 copay	\$20 copay	\$20 copay	Deductible, then \$50	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 20%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 20%	Non-hospital-based: \$20 copay Hospital-based: Deductible, then 20%	\$20 copay	\$5/\$25/\$50/30%/30% (T4: \$300 script max; T5: \$500 script max)
	Standard Network:	\$40 copay/ Deductible, then 50%*	\$1,600/\$3,200	\$2,900/\$5,800	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 PlusSM HMO Silver 4250 CSR94³ MD0000100472 RX0000100319 96667ME0310058-06	Preferred Network:	\$15 copay/ Deductible, then \$40 copay*	\$175/\$350	\$750/\$1,500	10%	Preferred Network Deductible, then \$150 copay	\$15 copay	\$15 copay	Deductible, then \$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$150 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	\$15 copay	\$5/\$25/\$50/30%/30% (T4: \$300 script max; T5: \$500 script max)
	Standard Network:	\$30 copay/ Deductible, then 30%*	\$600/\$1,200	\$1,000/\$2,000	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 PlusSM HMO Silver 5500 CSR73 Clear Choice³ MD0000100420 RX0000100292 96667ME0310055-04	Preferred Network:	\$25 copay/ \$45 copay*	\$4,500/\$9,000	\$6,500/\$13,000	30%	Preferred Network Deductible, then 30%	\$25 copay	\$25 copay	\$45 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$45 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network:	\$50 copay/ Deductible, then 50%*	\$6,500/\$13,000	\$6,950/\$13,900	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 PlusSM HMO Silver 5500 CSR87 Clear Choice³ MD0000100419 RX0000100291 96667ME0310055-05	Preferred Network:	\$20 copay/ \$40 copay*	\$800/\$1,600	\$2,500/\$5,000	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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 20%	Non-hospital-based: \$20 copay Hospital-based: Deductible, then 20%	\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network:	\$40 copay/ Deductible, then 50%*	\$1,600/\$3,200	\$2,900/\$5,800	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 PlusSM HMO Silver 5500 CSR94 Clear Choice³ MD0000100418 RX0000100290 96667ME0310055-06	Preferred Network:	\$15 copay/ \$35 copay*	\$300/\$600	\$650/\$1,300	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$35 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$150 copay Hospital-based: Deductible, then 10%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 10%	\$35 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network:	\$30 copay/ Deductible, then 30%*	\$650/\$1,300	\$950/\$1,900	30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%		

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

³ Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

2022 Maine plan offerings

2022 Maine Individual Plans — Effective January 1, 2022, through December 31, 2022.

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

Off-Marketplace plans

Plan Name	Tier (Maine's Choice Plus SM HMO)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Convenience Care	Non-Hospital-Based	Hospital-Based							
HMO																
HMO Gold 1500 Clear Choice MD0000100377 RX0000100263	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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$50 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 3500 Clear Choice MD0000100399 RX0000100277	N/A	\$30 copay/\$60 copay*	\$3,500/\$7,000	\$8,700/\$17,400	40%	Deductible, then 40%	\$30 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 40%	\$60 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 5500 Clear Choice MD0000100411 RX0000100285	N/A	\$30 copay/\$60 copay*	\$5,500/\$11,000	\$7,500/\$15,000	30%	Deductible, then 30%	\$30 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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$60 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Bronze 7500 Clear Choice MD0000100380 RX0000100265	N/A	\$40 copay/Deductible, then 50%*	\$7,500/\$15,000	\$8,700/\$17,400	50%	Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$9/\$25/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
HMO Bronze 8000 MD0000100463 RX0000100312	N/A	\$40 copay/Deductible, then \$80 copay*	\$8,000/\$16,000	\$8,700/\$17,400	50%	Deductible, then 50%	\$40 copay	\$40 copay	Deductible, then \$80 copay	Deductible, then 50%	Freestnd: \$300 copay Hosp: Deductible, then 50%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 50%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 50%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 50%	Deductible, then \$80 copay	\$10/\$30/Deductible, then 30%/Deductible, then 50%/Deductible, then 50%
HMO Bronze 8700 Clear Choice MD0000100382 RX0000100266	N/A	\$50 copay/\$100 copay*	\$8,700/\$17,400	\$8,700/\$17,400	None	Deductible, then covered in full	\$50 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	\$50 copay	\$100 copay	\$25/\$25/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
HMO Catastrophic 8700 Clear Choice¹ MD0000100398 RX0000100276	N/A	Deductible, then covered in full**	\$8,700/\$17,400	\$8,700/\$17,400	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 0%/0%/0%/0%/0%
HMO HSA																
HMO HSA Silver 3500 Clear Choice MD0000100387 RX0000100269	N/A	Deductible, then 10%	\$3,500/\$7,000	\$7,000/\$14,000	10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%/10%/10%/10%/10%
HMO HSA Silver 4500 Clear Choice MD0000100388 RX0000100270	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%/20%/20%/20%/20%
HMO HSA Bronze 5900 Clear Choice² MD0000100384 RX0000100267	N/A	Deductible, then 50%	\$5,900/\$11,800	\$7,050/\$14,100	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%
HMO HSA Bronze 7000 Clear Choice MD0000100386 RX0000100268	N/A	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	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	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

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

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

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

² Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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

Plan Name	Tier (Maine's Choice Plus SM HMO)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Convenience Care	Non-Hospital-Based	Hospital-Based							
Maine's Choice PlusSM HMO																
Maine's Choice Plus SM HMO Gold 1500 Clear Choice ³ MD0000100390 RX0000100271	Preferred Network:	\$25 copay/ \$50 copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Preferred Network 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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$50 copay	\$5/\$25/\$50/Preferred Deductible then \$100/Preferred Deductible, then \$250
	Standard Network:	\$50 copay/ Deductible, then 50%*	\$3,000/\$6,000	\$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%		
Maine's Choice Plus SM HMO Silver 3500 Clear Choice ³ MD0000100405 RX0000100281	Preferred Network:	\$30 copay/ \$60 copay*	\$3,500/\$7,000	\$8,700/\$17,400	40%	Preferred Network Deductible, then 40%	\$30 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 40%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 40%	\$60 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network:	\$70 copay/ Deductible, then 50%*	\$6,500/\$13,000	\$8,700/\$17,400	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 SM HMO Silver 4250 ³ MD0000100470 RX0000100296	Preferred Network:	\$30 copay/ Deductible, then \$70 copay*	\$4,250/\$8,500	\$8,700/\$17,400	30%	Preferred Network Deductible, then \$350 copay	\$30 copay	\$30 copay	Deductible, then \$70 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital-based: \$15 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$30 copay	\$5/\$25/\$50/30%, (T4: \$300 script max; T5: \$500/script max)
	Standard Network:	\$60 copay/ Deductible, then 50%*	\$7,500/\$15,000	\$8,700/\$17,400	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 SM HMO Silver 5500 Clear Choice ³ MD0000100416 RX0000100289	Preferred Network:	\$30 copay/ \$60 copay*	\$5,500/\$11,000	\$7,500/\$15,000	30%	Preferred Network Deductible, then 30%	\$30 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%	Non-hospital-based: \$250 copay Hospital-based: Deductible, then 30%	Non-hospital-based: \$50 copay Hospital-based: Deductible, then 30%	\$60 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network:	\$70 copay/ Deductible, then 50%*	\$7,500/\$15,000	\$8,700/\$17,400	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 SM HMO Bronze 7500 Clear Choice ³ MD0000100393 RX0000100272	Preferred Network:	\$40 copay/ Deductible, then 50%*	\$7,500/\$15,000	\$8,700/\$17,400	50%	Preferred Network Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$9/\$25/Preferred Deductible, then \$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network:	\$75 copay/ Deductible, then covered in full*	\$8,700/\$17,400	\$8,700/\$17,400	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		

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

³ Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

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

Plan Name	Tier (Maine's Choice Plus SM HMO)	Office Visit (PCP/ Specialist)	Deductible (Individual/ Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Convenience Care	Non-Hospital-Based	Hospital-Based							
Maine's Choice PlusSM HMO HSA																
Maine's Choice PlusSM HMO HSA Silver 3500 Clear Choice ³ MD0000100396 RX0000100274	Preferred Network:	Deductible, then 10%	\$3,500/\$7,000	\$7,000/\$14,000	10%	Preferred Network Deductible, then 10%	Preferred Network Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Preferred Deductible, then 10%/10%/10%/10%/10%
	Standard Network:	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	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		
Maine's Choice PlusSM HMO HSA Silver 4500 Clear Choice ³ MD0000100397 RX0000100275	Preferred Network:	Deductible, then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Preferred Network Deductible, then 20%	Preferred Network 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%	Preferred Deductible, then 20%/20%/20%/20%/20%
	Standard Network:	Deductible, then 30%	\$5,500/\$11,000	\$7,000/\$14,000	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 PlusSM HMO HSA Bronze 5900 Clear Choice ³ MD0000100395 RX0000100273	Preferred Network:	Deductible, then 50%	\$5,900/\$11,800	\$7,050/\$14,100	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 Deductible, then 50%/50%/50%/50%/50%
	Standard Network:	Deductible, then covered in full	\$7,050/\$14,100	\$7,050/\$14,100	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		
Maine's Choice PlusSM HMO HSA Bronze 6250³ MD0000100464 RX0000100313	Preferred Network:	Deductible, then 50%	\$6,250/\$12,500	\$7,000/\$14,000	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 Deductible, then \$5/\$25/\$50/30%/30%
	Standard Network:	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	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		

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

³ Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

Insurance terms that are good to know



Cost sharing

This is the portion you pay for specific health care services like office visits, X-rays and prescriptions. Examples of cost sharing include coinsurance, copayments and deductibles.



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 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 and coinsurance do not count toward a deductible.



Copayments

This is 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 you pick up a prescription at the pharmacy.



Coinsurance

Coinsurance is a fixed percentage of costs that 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 a savings 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 PlusSM HMO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.



Out-of-pocket maximum

This is 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 if you 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.

Important legal information

What's not covered on our plans

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

- 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 that 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 a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment
- Planned home births
- 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



Limitations for Maine individual plans

- 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
Harvard Pilgrim Health Care
93 Worcester St.
Wellesley, MA 02481
Phone: (866) 750-2074, TTY service: 711
Fax: (617) 509-3085
Email: 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 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 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 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (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 1-888-333-4742 (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 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (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. 1-888-333-4742 (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. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

Contact us



Harvard Pilgrim
Health Care

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

1 Market Street, Portland, ME 04101

Already a member?

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