

Health Plans for You and Your Family

Maine Individual & Family Product Guide

Plan Year 2023



Table of Contents

➤ Enrolling and Renewing.....	1
➤ Core Health Plan Benefits	2
➤ Programs and Services to Maximize Your Well-Being.....	3
➤ Keep More Money in Your Pocket.....	4
➤ Know Your Options for Urgent Care.....	5
➤ Helping You Choose a Plan	6
➤ Maine’s Choice Plus HMO	7
➤ 2023 Plan Offerings – On-Marketplace Plans.....	8-27
➤ 2023 Plan Offerings – Off-Marketplace Plans.....	28-45
➤ Key Insurance Terms.....	46
➤ Important Legal Information	47

Enrolling and Renewing



Important dates

2023 Open Enrollment* November 1, 2022 – January 15, 2023

Enroll by December 15 for coverage effective January 1.

New members:

You can view our plans and enroll directly on our website, visit harvardpilgrim.org. A local insurance broker can also help you purchase your plan. Our plans offer great care, coverage and benefits.

If you qualify for financial assistance, you should purchase your Harvard Pilgrim health plan through the state-run Marketplace CoverME.gov

Current members:

Your renewal package will include a recommended health plan for the upcoming year. If you are happy with the plan we have recommended, just pay your premium by January 1 and you're all set.

If you would like to review other available health plans from Harvard Pilgrim, visit harvardpilgrim.org/renew today.

If you purchased your health plan through the state-run Marketplace, visit CoverME.gov



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

Core Health Plan Benefits

All Harvard Pilgrim plans offer access to comprehensive and high-quality care including some of these great benefits, programs and services.



Acupuncture and chiropractic

Unlimited acupuncture and chiropractic visits per year



Laboratory services

Blood work, screenings, etc.



Prescriptions

Access to safe, effective medications; certain over-the-counter drugs are included on our formulary



Ambulatory patient services

Outpatient care without hospital admission



Behavioral health and substance use disorder services

Counseling and psychotherapy



Rehabilitation and habilitative services and devices

Rehab services, hospital beds, crutches, oxygen tanks, etc.



Eye exams

One preventive screening every year



Pediatric vision hardware

Covers children up to age 19



Routine physical exams

Annual preventive visit with your primary care provider



Hospitalization

Inpatient services, such as surgery



Pregnancy, maternity and newborn care

Care before, during and after pregnancy

Our prescription drug benefits focus on choice and value.

All plans include our Value 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 harvardpilgrim.org/rx to learn more.

Select the year and the plan (e.g., 2023 Value 5-Tier) to:



See which drugs are covered



Find nearby in-network pharmacies



Look up drug prices



Get details on home delivery and more!

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

Programs and Services to 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 harvardpilgrim.org/wellbeingforall today.

And be sure to check out 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 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 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 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.**

doctorondemand.com/harvardpilgrim



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.

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

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 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.

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 that can save time and money.

		Typical out-of-pocket costs	Common symptoms
	<p>Telehealth services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</p>	<p>\$ Members 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 • Nausea/diarrhea • Rashes and skin issues • Yeast infections • Sports injuries • Eye issues
	<p>Retail clinic Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacies)</p>	<p>\$ Members typically pay a copayment for going to a participating clinic*</p>	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • 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>\$\$ Members 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 • 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>\$\$ Members 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 • 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>\$\$\$ Members 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 • 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.

Helping You Choose a Plan

These questions can help you decide which plan is best for you.

- Do you frequently go to the doctors or need ongoing medical treatments?
- Are you willing to pay more for a higher level of coverage?
- Are you more comfortable paying higher monthly premiums and lower cost share when you see a doctor or receive care?

View our 2023 Maine plans to see what plans we offer.

	Bronze HMO plans	Silver HMO plans	Gold HMO plans
May be best if you:	Are healthy and do not expect to use services	Are eligible for a subsidy and want strong coverage value	Are willing to pay for richer benefits
Premium level	\$	\$\$	\$\$\$
Deductible range (individual)	\$\$\$	\$\$	\$

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 CoverME.gov, you will find out if you qualify for either subsidy.

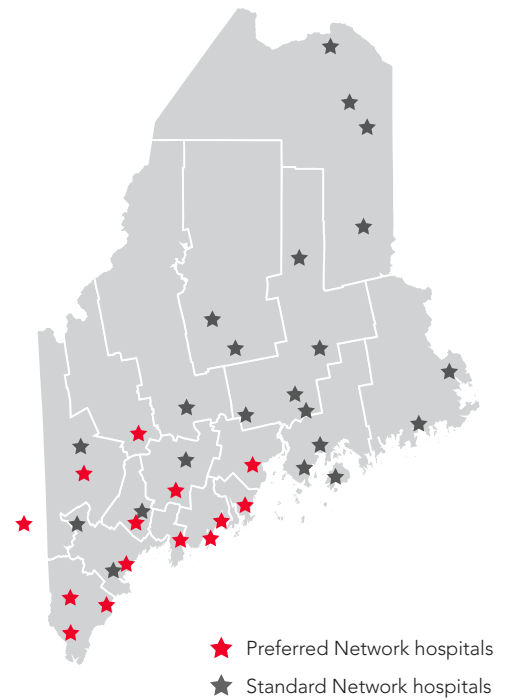
Maine's Choice Plus HMO

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 8–25 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.
- **On Marketplace:** You must live in one of the following 10 counties at least nine months out the year – Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.
- **Off Marketplace:** These plans are recommended for members who reside in in the counties listed above. Access to lower cost providers (Preferred providers) may be limited if selected.

* Only available for non-HSA plans.



How you can find a provider

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

New: Maine's Choice Plus HMO Tiering

- A selection of Massachusetts hospitals and physician groups have moved from the Standard Tier to Preferred Tier.
- **New Preferred hospitals include:** Boston Medical Center, Brigham & Women's Faulkner Hospital, Beth Israel Deaconess Hospital, Lahey Clinic Hospital and Tufts Medical Center.

Maine Plan Offerings

2023 Maine Individual Plans — Effective January 1, 2023, through December 31, 2023.

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

On-Marketplace Plans

Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
HMO																
Clear Choice HMO Gold 1500 MD0000200368, RX0000200200 96667ME0310059-01	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%	Freestand: \$300 copay Hospital based: 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%	\$25 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Gold 2500 MD0000200369, RX0000200203 96667ME0310060-01	N/A	\$20 copay/\$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$20 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
Clear Choice HMO Silver 3000 MD0000200372, RX0000200205 96667ME0310061-01	N/A	\$40 copay/\$80 copay*	\$3,000/\$6,000	\$9,100/\$18,200	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$20/\$25/\$50/Deductible, then 30%, \$300/script max/Deductible, then 50%, \$600/script max
Clear Choice HMO Silver 3500 MD0000200374, RX0000200204 96667ME0310062-01	N/A	\$40 copay/\$80 copay*	\$3,500/\$7,000	\$9,100/\$18,200	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$15/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 MD0000200375, RX0000200201 96667ME0310063-01	N/A	\$50 copay/\$80 copay*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Deductible, then 40%	\$50 copay	\$50 copay	\$50 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 5500 MD0000200407, RX0000200215 96667ME0310070-01	N/A	\$40 copay/\$70 copay*	\$5,500/\$11,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice HMO Silver 6000 MD0000200409, RX0000200216 96667ME0310071-01	N/A	\$35 copay/\$70 copay*	\$6,000/\$12,000	\$9,100/\$18,200	30%	Deductible, then 30%	\$35 copay	\$35 copay	\$35 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$35 copay	\$5/\$20/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 6800 MD0000200479, RX0000200255 96667ME0310084-01	N/A	\$40 copay/\$70 copay*	\$6,800/\$13,600	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$75 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Ded then 30%	Non-hospital based: \$50 copay Hospital based: Deductible, then 30%	\$40 copay	\$5/\$25/\$50/30%, \$300/script max/30%, \$500/script max

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

On-Marketplace Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
HMO																
Clear Choice HMO Bronze 7500 MD0000200411, RX0000200217 96667ME0310072-01	N/A	\$40 copay/ Deductible, then 50%*	\$7,500/\$15,000	\$9,100/\$18,200	50%	Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$15/\$25/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Bronze 8000 MD0000200412, RX0000200218 96667ME0310073-01	N/A	\$40/ Deductible, then \$80 copay*	\$8,000/\$16,000	\$9,100/\$18,200	50%	Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$5/\$25/Deductible, then 30%/Deductible, then 50%/Deductible, then 50%
Clear Choice HMO Bronze 9100 MD0000200413, RX0000200219 96667ME0310074-01	N/A	\$50 copay/\$80 copay*	\$9,100/\$18,200	\$9,100/\$18,200	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	Deductible, then covered in full	\$50 copay	\$15/\$25/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
Clear Choice HMO Catastrophic 9100¹ MD0000200414, RX0000200220 96667ME0310075-01	N/A	Deductible, then covered in full**	\$9,100/\$18,200	\$9,100/\$18,200	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																
Clear Choice HMO HSA Bronze 5900² MD0000200387, RX0000200212 96667ME0310065-01	N/A	Deductible, then 50%	\$5,900/\$11,800	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
Clear Choice HMO HSA Bronze 6300² MD0000200388, RX0000200213 96667ME0310066-01	N/A	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
Clear Choice HMO HSA Bronze 7000 MD0000200389, RX0000200214 96667ME0310067-01	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 per year.

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

On-Marketplace Plans

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Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
Maine's Choice Plus HMO																
Clear Choice Maine's Choice Plus HMO Gold 2500³ MD0000200432, RX0000200203 96667ME0310076-01	Preferred Network	\$20 copay/\$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Preferred Network Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$20 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
	Standard Network	\$50 copay/\$90 copay*	\$5,000/\$10,000	\$6,000/\$12,000	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 3000³ MD0000200434, RX0000200221 96667ME0310077-01	Preferred Network	\$40 copay/\$80 copay*	\$3,000/\$6,000	\$9,100/\$18,200	40%	Preferred Network Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$10/\$25/\$50/Preferred Deductible, then 30%, \$300/script max/Preferred Deductible, then 50%, \$600/script max
	Standard Network	\$80 copay/\$120 copay*	\$4,500/\$9,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 3500³ MD0000200436, RX0000200222 96667ME0310078-01	Preferred Network	\$40 copay/\$80 copay*	\$3,500/\$7,000	\$9,100/\$18,200	40%	Preferred Network Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$80 copay/\$120 copay*	\$7,000/\$14,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 4200³ MD0000200437, RX0000200201 96667ME0310079-01	Preferred Network	\$50 copay/\$80 copay*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Preferred Network Deductible, then 40%	\$50 copay	\$50 copay	\$50 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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	\$80 copay/\$110 copay*	\$7,000/\$14,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 5500³ MD0000200441, RX0000200215 96667ME0310081-01	Preferred Network	\$40 copay/\$70 copay*	\$5,500/\$11,000	\$8,500/\$17,000	30%	Preferred Network Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/\$100 copay*	\$7,000/\$14,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 6000³ MD0000200439, RX0000200216 96667ME0310080-01	Preferred Network	\$35 copay/\$70 copay*	\$6,000/\$12,000	\$9,100/\$18,200	30%	Preferred Network Deductible, then 30%	\$35 copay	\$35 copay	\$35 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$35 copay	\$5/\$20/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$70 copay/\$100 copay*	\$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%		

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On-Marketplace Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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							Convenience Care	Freestanding	Hospital Based							
Maine's Choice Plus HMO																
Clear Choice Maine's Choice Plus HMO Bronze 7500³ MD0000200443, RX0000200223 96667ME0310082-01	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%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$15/\$25/Preferred Deductible, then \$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$75 copay/Deductible, then covered in full *	\$9,100/\$18,200	\$9,100/\$18,200	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		
Clear Choice Maine's Choice Plus HMO Bronze 8000³ MD0000200444, RX0000200218 96667ME0310083-01	Preferred Network	\$40 copay/Deductible, then \$80 copay*	\$8,000/\$16,000	\$9,100/\$18,200	50%	Preferred Network Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$5/\$25/Preferred Deductible, then 30%/Preferred Deductible, then 50%, Preferred Deductible, then 50%
	Standard Network	\$75 copay/Deductible, then covered in full*	\$9,100/\$18,200		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 HMO HSA																
Clear Choice Maine's Choice Plus HMO HSA Silver 3000³ MD0000200380, RX0000200206 96667ME0310064-01	Preferred Network	Deductible, then 15%	\$3,000/\$6,000	\$7,000/\$14,000	15%	Preferred Network Deductible, then 15%	Preferred Network Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Preferred Network Deductible, then 15%	Preferred Deductible, then \$5/\$25/\$50/\$100/\$250
	Standard Network	Deductible, then 30%	\$6,000/\$12,000		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%		
Clear Choice Maine's Choice Plus HMO HSA Bronze 5900³ MD0000200393, RX0000200212 96667ME0310068-01	Preferred Network	Deductible, then 50%	\$5,900/\$11,800	\$7,500/\$15,000	50%	Preferred Network Deductible, then 50%	Preferred Network Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Preferred Network Deductible, then 50%	Preferred Deductible, then 50%/50%/50%/50%/50%
	Standard Network	Deductible, then covered in full	\$7,500/\$15,000		None			Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		
Clear Choice Maine's Choice Plus HMO HSA Bronze 6300³ MD0000200394, RX0000200213 96667ME0310069-01	Preferred Network	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Preferred Network Deductible, then 50%	Preferred Network Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Preferred Network Deductible, then 50%	Preferred Deductible, then 50%/50%/50%/50%/50%
	Standard Network	Deductible, then covered in full	\$7,500/\$15,000		None			Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		

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On-Marketplace Plans

Cost Sharing Reduction (CSR) Plans

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							Convenience Care	Freestanding	Hospital Based							
CSR Plans - 73%																
Clear Choice HMO Silver 3000 CSR 73 MD0000200464, RX0000200242 96667ME0310061-04	N/A	\$35 copay/\$80 copay*	\$3,000/\$6,000	\$7,250/\$14,500	40%	Deductible, then 40%	\$35 copay	\$35 copay	\$40 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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%	\$35 copay	\$20/\$25/\$50/Preferred Deductible, then 30%, \$300/script max/Preferred Deductible, then 50%, \$600/script max
Clear Choice HMO Silver 3500 CSR 73 MD0000200445, RX0000200225 96667ME0310062-04	N/A	\$35 copay/\$75 copay*	\$3,500/\$7,000	\$7,250/\$14,500	40%	Deductible, then 40%	\$35 copay	\$35 copay	\$40 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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%	\$35 copay	\$15/\$25/\$50/Deductible, then \$100/Deductible, then 250
Clear Choice HMO Silver 4200 CSR 73 MD0000200461, RX0000200237 96667ME0310063-04	N/A	\$50 copay/\$80 copay*	\$4,200/\$8,400	\$7,250/\$14,500	40%	Deductible, then 40%	\$50 copay	\$50 copay	\$50 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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/Deductible, then \$100/Deductible, then 250
Clear Choice HMO Silver 5500 CSR 73 MD0000200451, RX0000200231 96667ME0310070-04	N/A	\$35 copay/\$65 copay*	\$4,800/\$9,600	\$7,250/\$14,500	30%	Deductible, then 30%	\$35 copay	\$35 copay	\$40 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$35 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice HMO Silver 6000 CSR 73 MD0000200470, RX0000200248 96667ME0310071-04	N/A	\$30 copay/\$65 copay*	\$6,000/\$12,000	\$7,250/\$14,500	30%	Deductible, then 30%	\$30 copay	\$30 copay	\$35 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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/\$20/\$50/Deductible then \$100/Deductible then \$250
HMO Silver 6800 CSR 73 MD0000200483, RX0000200257 96667ME0310084-04	N/A	\$40 copay/\$70 copay*	\$5,500/\$11,000	\$7,250/\$14,500	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$70 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$5/\$25/\$50/30%, \$300/script max/30%, \$500/script max

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On-Marketplace Plans

Cost Sharing Reduction (CSR) Plans

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							Convenience Care	Freestanding	Hospital Based							
Maine's Choice Plus HMO																
Clear Choice Maine's Choice Plus HMO Silver 3000 CSR 73³ MD0000200467, RX0000200245 96667ME0310077-04	Preferred Network	\$35 copay/\$80 copay*	\$3,000/\$6,000	\$7,250/\$14,500	40%	Preferred Network Deductible, then 40%	\$35 copay	\$35 copay	\$35 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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%	\$35 copay	\$10/\$25/\$50/Preferred Deductible, then 30%, \$300/script max/Preferred Deductible, then 50%, \$600/script max
	Standard Network	\$75 copay/\$120 copay*	\$4,500/\$9,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 73³ MD0000200448, RX0000200238 96667ME0310078-04	Preferred Network	\$40 copay/\$80 copay*	\$3,500/\$7,000	\$7,250/\$14,500	40%	Preferred Network Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$5/\$25/\$50/Preferred Deductible then \$100/Preferred Deductible then \$250
	Standard Network	\$80 copay/\$120 copay*	\$7,000/\$14,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 73³ MD0000200458, RX0000200237 96667ME0310079-04	Preferred Network	\$50 copay/\$80 copay*	\$4,200/\$8,400	\$7,250/\$14,500	40%	Preferred Network Deductible, then 40%	\$50 copay	\$50 copay	\$50 copay	Deductible, then 40%	Freestand: \$300 copay Hospital based: 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	\$80 copay/\$110 copay*	\$7,000/\$14,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 5500 CSR 73³ MD0000200455, RX0000200234 96667ME0310081-04	Preferred Network	\$40 copay/\$70 copay*	\$4,500/\$9,000	\$7,250/\$14,500	30%	Preferred Network Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%, /Preferred Deductible, then 50%
	Standard Network	\$70 copay/\$100 copay*	\$6,500/\$13,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 6000 CSR 73³ MD0000200473, RX0000200248 96667ME0310080-04	Preferred Network	\$35 copay/\$70 copay*	\$6,000/\$12,000	\$7,250/\$14,500	30%	Preferred Network Deductible, then 30%	\$35 copay	\$35 copay	\$35 copay	Deductible, then 30%	Freestand: \$300 copay Hospital based: 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%	\$35 copay	\$5/\$20/\$50/Preferred Deductible, then \$100, /Preferred Deductible, then \$250
	Standard Network	\$70 copay/\$100 copay*	\$7,250/\$14,500		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO HSA Silver 3000 CSR 73³ MD0000200486, RX0000200260 96667ME0310064-04	Preferred Network	Deductible, then 15%	\$3,000/\$6,000	\$4,900/\$9,800	15%	Preferred Network Deductible, then 15%	Preferred Network Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Preferred Network Deductible, then 15%	Preferred Deductible, then \$5/\$25/\$50/\$100/\$250
	Standard Network	Deductible, then 30%	\$4,000/\$8,000		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%		

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							Convenience Care	Freestanding	Hospital Based							
CSR Plans - 87%																
Clear Choice HMO Silver 3000 CSR 87 MD0000200465, RX0000200243 96667ME0310061-05	N/A	\$20 copay/\$40 copay*	\$850/\$1,700	\$2,650/\$5,300	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/Deductible, then 30%, \$300/script max /Deductible, then 30% \$600/script max
Clear Choice HMO Silver 3500 CSR 87 MD0000200446, RX0000200226 96667ME0310062-05	N/A	\$20 copay/\$40 copay*	\$900/\$1,800	\$2,650/\$5,300	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 CSR 87 MD0000200462, RX0000200240 96667ME0310063-05	N/A	\$20 copay/\$40 copay*	\$1,000/\$2,000	\$2,650/\$5,300	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$50 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 5500 CSR 87 MD0000200452, RX0000200232 96667ME0310070-05	N/A	\$20 copay/\$35 copay*	\$1,100/\$2,200	\$2,600/\$5,200	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/Deductible, then 30%/Deductible, then 50%
Clear Choice HMO Silver 6000 CSR 87 MD0000200471, RX0000200249 96667ME0310071-05	N/A	\$20 copay/\$35 copay*	\$1,200/\$2,400	\$2,650/\$5,300	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$35 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/\$20/\$50/Deductible then \$100/Deductible then \$250
HMO Silver 6800 CSR 87 MD0000200484, RX0000200258 96667ME0310084-05	N/A	\$20 copay/\$35 copay*	\$1,000/\$2,000	\$3,000/\$6,000	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$35 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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%, \$300/script max/30%, \$500/script max

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

On-Marketplace Plans

Cost Sharing Reduction (CSR) Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
Maine's Choice Plus HMO																
Clear Choice Maine's Choice Plus HMO Silver 3000 CSR 87³ MD0000200468, RX0000200246 96667ME0310077-05	Preferred Network	\$20 copay/\$40 copay*	\$750/\$1,500	\$2,400/\$4,800	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/Preferred Deductible, then 30%, \$300/script max/Preferred Deductible, then 50%, \$600/script max
	Standard Network	\$40 copay/\$80 copay*	\$1,400/\$2,800	\$2,750/\$5,500	40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		
Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 87³ MD0000200449, RX0000200229 96667ME0310078-05	Preferred Network	\$20 copay/\$40 copay*	\$800/\$1,600	\$2,400/\$4,800	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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 40%	\$20 copay	\$5/\$25/\$50/Preferred Deductible then \$100/Preferred Deductible then \$250
	Standard Network	\$40 copay/\$80 copay*	\$1,400/\$2,800	\$2,750/\$5,500	40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 87³ MD0000200459, RX0000200228 96667ME0310079-05	Preferred Network	\$20 copay/\$40 copay*	\$900/\$1,800	\$2,400/\$4,800	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$50 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/Preferred Deductible then \$100/Preferred Deductible then \$250
	Standard Network	\$40 copay/\$60 copay*	\$1,400/\$2,400	\$2,750/\$5,500	40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		
Clear Choice Maine's Choice Plus HMO Silver 5500 CSR 87³ MD0000200456, RX0000200235 96667ME0310081-05	Preferred Network	\$20 copay/\$35 copay*	\$950/\$1,900	\$2,400/\$4,800	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$40 copay/\$60 copay*	\$1,500/\$3,000	\$2,750/\$5,500	40%			Deductible, then 40%	Ded then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		
Clear Choice Maine's Choice Plus HMO Silver 6000 CSR 87³ MD0000200474, RX0000200252 96667ME0310080-05	Preferred Network	\$20 copay/\$35 copay*	\$1,000/\$2,000	\$2,600/\$5,200	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$35 copay	Deductible, then 20%	Freestand: \$300 copay Hospital based: 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/\$20/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$40 copay/\$60 copay*	\$1,500/\$3,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		
Clear Choice Maine's Choice Plus HMO Silver Deduct 3000 CSR 87³ MD0000200487, RX0000200261 96667ME0310064-05	Preferred Network	Deductible, then 15%	\$1,000/\$2,000	\$1,500/\$3,000	15%	Preferred Network Deductible, then 15%	Preferred Network Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Preferred Network Deductible, then 15%	Preferred Deductible, then \$5/\$25/\$50/\$100/\$250
	Standard Network	Deductible, then 30%	\$1,500/\$3,000	\$2,500/\$5,000	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 per year.

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

On-Marketplace Plans

Cost Sharing Reduction (CSR) Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
CSR Plans - 94%																
Clear Choice HMO Silver 3000 CSR 94 MD0000200466, RX0000200244 96667ME0310061-06	N/A	\$15 copay/\$30 copay*	\$300/\$600	\$700/\$1,400	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/Deductible, then 30%, \$300/script max/Deductible, then 50%, \$600/script max
Clear Choice HMO Silver 3500 CSR 94 MD0000200447, RX0000200227 96667ME0310062-06	N/A	\$15 copay/\$30 copay*	\$350/\$700	\$700/\$1,400	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 CSR 94 MD0000200463, RX0000200241 96667ME0310063-06	N/A	\$15 copay/\$30 copay*	\$375/\$750	\$700/\$1,400	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$50 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 5500 CSR 94 MD0000200454, RX0000200233 96667ME0310070-06	N/A	\$15 copay/\$30 copay*	\$400/\$800	\$700/\$1,400	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/Deductible, then 30%/Deductible, then 50%
Clear Choice HMO Silver 6000 CSR 94 MD0000200472, RX0000200250 96667ME0310071-06	N/A	\$15 copay/\$30 copay*	\$450/\$900	\$700/\$1,400	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$35 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/\$20/\$50/Deductible then \$100/Deductible then \$250
HMO Silver 6800 CSR 94 MD0000200485, RX0000200259 96667ME0310084-06	N/A	\$15 copay/\$25 copay*	\$400/\$800	\$800/\$1,600	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$25 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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%, \$300/script max/30%, \$500/script max

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

On-Marketplace Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

Cost Sharing Reduction (CSR) Plans

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

Plan Name	Network Tier	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	Rx 30-Day Retail	
							Convenience Care	Freestanding	Hospital Based								
Maine's Choice Plus HMO																	
Clear Choice Maine's Choice Plus HMO Silver 3000 CSR 94³ MD0000200469, RX0000200247 96667ME0310077-06	Preferred Network	\$15 copay/\$30 copay*	\$200/\$400	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/Preferred Deductible, then 30%, \$300/script max/Preferred Deductible, then 50%, \$600/script max	
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$925/\$1,850	30%			Deductible, then 30%	Deductible, then 30%								Deductible, then 30%
Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 94³ MD0000200450, RX0000200230 96667ME0310078-06	Preferred Network	\$15 copay/\$30 copay*	\$250/\$500	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	\$15 copay	\$5/\$25/\$50/Preferred Deductible then \$100/Preferred Deductible then \$250	
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$925/\$1,850	30%			Deductible, then 30%	Deductible, then 30%								Deductible, then 30%
Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 94³ MD0000200460, RX0000200239 96667ME0310079-06	Preferred Network	\$15 copay/\$30 copay*	\$275/\$550	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$50 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/Preferred Deductible then \$100/Preferred Deductible then \$250	
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$925/\$1,850	30%			Deductible, then 30%	Deductible, then 30%								Deductible, then 30%
Clear Choice Maine's Choice Plus HMO Silver 5500 CSR 94³ MD0000200457, RX0000200236 96667ME0310081-06	Preferred Network	\$15 copay/\$30 copay*	\$300/\$600	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/Preferred Deductible, then 30%/Preferred Deductible, then 50%	
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$925/\$1,850	30%			Deductible, then 30%	Deductible, then 30%								Deductible, then 30%
Clear Choice Maine's Choice Plus HMO Silver 6000 CSR 94³ MD0000200475, RX0000200253 96667ME0310080-06	Preferred Network	\$15 copay/\$30 copay*	\$325/\$650	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$35 copay	Deductible, then 10%	Freestand: \$150 copay Hospital based: 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/\$20/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250	
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$950/\$1,900	30%			Deductible, then 30%	Deductible, then 30%								Deductible, then 30%
Clear Choice Maine's Choice Plus HMO Silver Deduct 3000 CSR 94³ MD0000200488, RX0000200262 96667ME0310064-06	Preferred Network	Deductible, then 10%	\$250/\$500	\$500/\$1,000	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 Network Deductible, then 10%	Preferred Deductible, then \$5/\$25/\$50/\$100/\$250
	Standard Network	Deductible, then 25%	\$500/\$1,000	\$1,000/2,000	25%			Deductible, then 25%	Deductible, then 25%								

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

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

Maine Plan Offerings

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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

Off-Marketplace Plans

Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
HMO																
Clear Choice HMO Gold 1500 MD0000200368, RX0000200200	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%	Freestand: \$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%	\$25 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Gold 2500 MD0000200369, RX0000200203	N/A	\$20 copay/\$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$20 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
HMO Gold 2700 MD0000200476, RX0000200254	N/A	\$25 copay/\$60 copay*	\$2,700/\$5,400	\$6,000/\$12,000	30%	Deductible, then 30%	\$25 copay	\$25 copay	\$60 copay	Deductible, then 30%	Freestand: \$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%	\$25 copay	\$5/\$25/\$50/30%, \$300/script max/30%, \$500/script max
Clear Choice HMO Silver 3000 MD0000200370, RX0000200205	N/A	\$40 copay/\$80 copay*	\$3,000/\$6,000	\$9,100/\$18,200	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$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%	\$40 copay	\$20/\$25/\$50/Deductible, then 30%, \$300/script max/50%, \$600/script max
Clear Choice HMO Silver 3500 MD0000200373, RX0000200204	N/A	\$40 copay/\$80 copay*	\$3,500/\$7,000	\$9,100/\$18,200	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$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%	\$40 copay	\$15/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 MD0000200376, RX0000200201	N/A	\$50 copay/\$80 copay*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Deductible, then 40%	\$50 copay	\$50 copay	\$50 copay	Deductible, then 40%	Freestand: \$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/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 5500 MD0000200408, RX0000200215	N/A	\$40 copay/\$70 copay*	\$5,500/\$11,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$40 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice HMO Silver 6000 MD0000200410, RX0000200216	N/A	\$35 copay/\$70 copay*	\$6,000/\$12,000	\$9,100/\$18,200	30%	Deductible, then 30%	\$35 copay	\$35 copay	\$35 copay	Deductible, then 30%	Freestand: \$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%	\$35 copay	\$5/\$20/\$50/Deductible, then \$100/Deductible, then \$250
HMO Silver 6800 MD0000200480, RX0000200255	N/A	\$40 copay/\$70 copay*	\$6,800/\$13,600	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$75 copay	Deductible, then 30%	Freestand: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	Non-hospital based: \$50 copay Hospital based: Deductible, then 30%	\$40 copay	\$5/\$25/\$50/30%, \$300/script max/30%, \$500/script max

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

Off-Marketplace Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
HMO																
Clear Choice HMO Bronze 7500 MD0000200411, RX0000200217	N/A	\$40 copay/ Deductible, then 50%*	\$7,500/\$15,000	\$9,100/\$18,200	50%	Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestand: \$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%	\$40 copay	\$15/\$25/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Bronze 8000 MD0000200412, RX0000200218	N/A	\$40 copay/ Deductible, then \$80 copay*	\$8,000/\$16,000	\$9,100/\$18,200	50%	Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestand: \$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%	\$40 copay	\$5/\$25/Deductible, then 30%/Deductible, then 50%/Deductible, then 50%
Clear Choice HMO Bronze 9100 MD0000200413, RX0000200219	N/A	\$50 copay/\$80 copay*	\$9,100/\$18,200	\$9,100/\$18,200	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	Deductible, then covered in full	\$50 copay	\$15/\$25/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
Clear Choice HMO Catastrophic 9100¹ MD0000200414, RX0000200220	N/A	Deductible, then covered in full**	\$9,100/\$18,200	\$9,100/\$18,200	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																
Clear Choice HMO HSA Silver 3000 MD0000200378, RX0000200206	N/A	Deductible, then 15%	\$3,000/\$6,000	\$7,000/\$14,000	15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then \$5/\$25/\$50/\$100/\$250
Clear Choice HMO HSA Silver 3500 MD0000200382, RX0000200208	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 \$5/\$25/\$50/\$100/\$250
Clear Choice HMO HSA Silver 4000 MD0000200384, RX0000200209	N/A	Deductible, then 20%	\$4,000/\$8,000	\$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%
Clear Choice HMO HSA Silver 4500 MD0000200385, RX0000200210	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%
Clear Choice HMO HSA Bronze 5200 MD0000200386, RX0000200211	N/A	Deductible, then 20%	\$5,200/\$10,400	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
Clear Choice HMO HSA Bronze 5900 MD0000200387, RX0000200212	N/A	Deductible, then 50%	\$5,900/\$11,800	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
Clear Choice HMO HSA Bronze 6300 MD0000200388, RX0000200213	N/A	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
Clear Choice HMO HSA Bronze 7000 MD0000200389, RX0000200214	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%

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Off-Marketplace Plans

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							Convenience Care	Freestanding	Hospital Based							
Maine's Choice Plus HMO																
Clear Choice Maine's Choice Plus HMO Gold 1500² MD0000200431, RX0000200200	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%	Freestand: \$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%	\$25 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$50 copay/\$90 copay*	\$3,500/\$7,000	\$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%		
Clear Choice Maine's Choice Plus HMO Gold 2500² MD0000200432, RX0000200203	Preferred Network	\$20 copay/\$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Preferred Network Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$20 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
	Standard Network	\$50 copay/\$90 copay*	\$5,000/\$10,000	\$6,000/\$12,000	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 HMO Gold 2700² MD0000200477, RX0000200254	Preferred Network	\$25 copay/\$60 copay*	\$2,700/\$5,400	\$6,000/\$12,000	30%	Preferred Network Deductible, then 30%	\$25 copay	\$25 copay	\$60 copay	Deductible, then 30%	Freestand: \$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%	\$25 copay	\$5/\$25/\$50/30%, \$300/script max/30%, \$500/script max
	Standard Network	\$50 copay/\$90 copay*	\$4,500/\$9,000	\$7,500/\$15,000	50%			Deductible, then 30%	Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 3000² MD0000200433, RX0000200221	Preferred Network	\$40 copay/\$80 copay*	\$3,000/\$6,000	\$9,100/\$18,200	40%	Preferred Network Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$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%	\$40 copay	\$10/\$25/\$50/Preferred Deductible, then 30%, \$300/script max/Preferred Deductible, then 50%, \$600/script max
	Standard Network	\$80 copay/\$120 copay*	\$4,500/\$9,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 3500² MD0000200435, RX0000200222	Preferred Network	\$40 copay/\$80 copay*	\$3,500/\$7,000	\$9,100/\$18,200	40%	Preferred Network Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$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%	\$40 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$80 copay/\$120 copay*	\$7,000/\$14,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 4200² MD0000200438, RX0000200201	Preferred Network	\$50 copay/\$80 copay*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Preferred Network Deductible, then 40%	\$50 copay	\$50 copay	\$50 copay	Deductible, then 40%	Freestand: \$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	\$80 copay/\$110 copay*	\$7,000/\$14,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 5500² MD0000200442, RX0000200215	Preferred Network	\$40 copay/\$70 copay*	\$5,500/\$11,000	\$8,500/\$17,000	30%	Preferred Network Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/\$100 copay*	\$7,000/\$14,000		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO Silver 6000² MD0000200440, RX0000200216	Preferred Network	\$35 copay/\$70 copay*	\$6,000/\$12,000	\$9,100/\$18,200	30%	Preferred Network Deductible, then 30%	\$35 copay	\$35 copay	\$35 copay	Deductible, then 30%	Freestand: \$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%	\$35 copay	\$5/\$20/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$70 copay/\$100 copay*	\$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%		

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							Convenience Care	Freestanding	Hospital Based							
Maine's Choice Plus HMO																
Clear Choice Maine's Choice Plus HMO Bronze 7500² MD0000200443, RX0000200223	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%	Freestand: \$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%	\$40 copay	\$15/\$25/Preferred Deductible, then \$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$75 copay/Deductible, then covered in full*	\$9,100/\$18,200	\$9,100/\$18,200	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		
Clear Choice Maine's Choice Plus HMO Bronze 8000² MD0000200444, RX0000200218	Preferred Network	\$40 copay/Deductible, then \$80 copay*	\$8,000/\$16,000	\$9,100/\$18,200	50%	Preferred Network Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestand: \$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%	\$40 copay	\$5/\$25/Preferred Deductible, then 30%/Preferred Deductible, then 50%, Preferred Deductible, then 50%
	Standard Network	\$75 copay/Deductible, then covered in full*	\$9,100/\$18,200		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 HMO HSA																
Clear Choice Maine's Choice Plus HMO HSA Silver 3000² MD0000200379, RX0000200206	Preferred Network	Deductible, then 15%	\$3,000/\$6,000	\$7,000/\$14,000	15%	Preferred Network Deductible, then 15%	Preferred Network Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Preferred Network Deductible, then 15%	Preferred Deductible, then \$5/\$25/\$50/\$100/\$250
	Standard Network	Deductible, then 30%	\$6,000/\$12,000		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 Plus HMO HSA Silver 3300² MD0000200482, RX0000200256	Preferred Network	Deductible, then 30%	\$3,300/\$6,600	\$7,500/\$15,000	30%	Preferred Network Deductible, then 30%	Preferred Network Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Preferred Network Deductible, then 30%	Preferred Deductible, then \$5,\$25, \$50, 30%, \$300 script max/50%, \$500 script max
	Standard Network	Deductible, then 50%	\$6,300/\$12,600		50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
Clear Choice Maine's Choice Plus HMO HSA Silver 3500² MD0000200383, RX0000200208	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%	Preferred Network Deductible, then 10%	Preferred Deductible, then \$5/\$25/\$50/\$100/\$250
	Standard Network	Deductible, then covered in full	\$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		
Clear Choice Maine's Choice Plus HMO HSA Silver 4000² MD0000200390, RX0000200209	Preferred Network	Deductible, then 20%	\$4,000/\$8,000	\$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%	Preferred Network Deductible, then 20%	Preferred Deductible, then 20%/20%/20%/20%/20%
	Standard Network	Deductible, then covered in full	\$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		
Clear Choice Maine's Choice Plus HMO HSA Silver 4500² MD0000200391, RX0000200210	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%	Preferred Network Deductible, then 20%	Preferred Deductible, then 20%/20%/20%/20%/20%
	Standard Network	Deductible, then covered in full	\$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		

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							Convenience Care	Freestanding	Hospital Based							
Maine's Choice Plus HMO																
Clear Choice Maine's Choice Plus HMO HSA Bronze 5200² MD0000200392, RX0000200211	Preferred Network	Deductible, then 50%	\$5,200/\$10,400	\$7,500/\$15,000	50%	Preferred Network Deductible, then 50%	Preferred Network Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Preferred Network Deductible, then 50%	Preferred Deductible, then 50%/50%/50%/50%/50%
	Standard Network	Deductible, then covered in full	\$7,500/\$15,000					Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		
Clear Choice Maine's Choice Plus HMO HSA Bronze 5900² MD0000200393, RX0000200212	Preferred Network	Deductible, then 50%	\$5,900/\$11,800	\$7,500/\$15,000	50%	Preferred Network Deductible, then 50%	Preferred Network Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Preferred Network Deductible, then 50%	Preferred Deductible, then 50%/50%/50%/50%/50%
	Standard Network	Deductible, then covered in full	\$7,500/\$15,000					Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		
Clear Choice Maine's Choice Plus HMO HSA Bronze 6300² MD0000200394, RX0000200213	Preferred Network	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Preferred Network Deductible, then 50%	Preferred Network Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Preferred Network Deductible, then 50%	Preferred Deductible, then 50%/50%/50%/50%/50%
	Standard Network	Deductible, then covered in full	\$7,500/\$15,000					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		
Virtual Choice HMO Gold 2700 MD0000200489, RX0000200254	N/A	Virtual PCP: \$15/\$60* Office-based PCP: \$25/\$60*	\$2,700/\$5,400	\$6,000/\$12,000	Virtual PCP: 15% Office-based PCP: 30%	Deductible, then 15%	Virtual PCP: \$25 copay Office-based PCP: \$45 copay	Virtual PCP: \$25 copay Office-based PCP: \$45 copay	Virtual PCP: \$60 copay Office-based PCP: \$60 copay	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	\$25 copay	\$5/\$25/\$50/30%, \$300 script max/30%, \$500/script max
Clear Choice Virtual Choice HMO Silver 6000 MD0000200490, RX0000200216	N/A	Virtual PCP: \$15/\$70* Office-based PCP: \$35/\$70*	\$6,000/\$12,000	\$9,100/\$18,200	Virtual PCP: 15% Office-based PCP: 30%	Deductible, then 15%	Virtual PCP: \$25 copay Office-based PCP: \$45 copay	Virtual PCP: \$25 copay Office-based PCP: \$45 copay	Virtual PCP: \$70 copay Office-based PCP: \$70 copay	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%	\$35 copay	\$5/\$20/\$50/Deductible, then \$100/Deductible, then \$250

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

² These plans are recommended for members who reside in the following counties: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York. Access to lower cost providers (Preferred providers) may be limited if selected.

Off-Marketplace Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
POS																
Clear Choice POS Gold 2500 MD0000200415, RX0000200203	IN	\$20/\$50*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$20 copay	\$5/\$25/\$50/30%, \$300/script max, 50%, \$600/script max
	OON	Deductible, then 50%	\$5,000/\$10,000	\$10,000/\$20,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice POS Silver 3000 MD0000200416, RX0000200205	IN	\$40/\$80*	\$3,000/\$6,000	\$9,100/\$18,200	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$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%	\$40 Copay	\$20/\$25/\$50/Deductible, then 30%, \$300/script max/Deductible, then 50%, \$600/script max
	OON	Deductible, then 50%	\$6,000/\$12,000	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice POS Silver 3500 MD0000200417, RX0000200204	IN	\$40/\$80*	\$3,500/\$7,000	\$9,100/\$18,200	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$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%	\$40 copay	\$15/\$25/\$50/Deductible, then \$100/Deductible, then \$250
	OON	Deductible, then 50%	\$7,000/\$14,000	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice POS Silver 4200 MD0000200418, RX0000200201	IN	\$50/\$80*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Deductible, then 40%	\$50 copay	\$50 copay	\$50 copay	Deductible, then 40%	Freestand: \$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/Deductible, then \$100/Deductible, then \$250
	OON	Deductible, then 50%	\$8,400/\$16,800	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice POS Silver 5500 MD0000200420, RX0000200215	IN	\$40/\$70*	\$5,500/\$11,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$40 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
	OON	Deductible, then 50%	\$11,000/\$22,000	\$17,000/\$34,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice POS Silver 6000 MD0000200419, RX0000200216	IN	\$35/\$70	\$6,000/\$12,000	\$9,100/\$18,200	30%	Deductible, then 30%	\$35 copay	\$35 copay	\$35 copay	Deductible, then 30%	Freestand: \$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%	\$35 copay	\$5/\$20/\$50/Deductible, then \$100/Deductible, then \$250
	OON	Deductible, then 50%	\$12,000/\$24,000	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	

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

Off-Marketplace Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Network Tier	Office Visit (PCP/)	Deductible (Individual/	Out-of-Pocket Maximum	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
POS HSA																
Clear Choice POS HSA Silver 3500 MD0000200403, RX0000200208	IN	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 \$5/\$25/\$50/\$100/\$250
	OON	Deductible, then 30%	\$7,000/\$14,000	\$14,000/\$28,000	30%		Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	
Clear Choice POS HSA Silver 4500 MD0000200404, RX0000200210	IN	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%
	OON	Deductible, then 40%	\$9,000/\$18,000	\$14,000/\$28,000	40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
Clear Choice POS HSA Bronze 6300 MD0000200405, RX0000200213	IN	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
	OON	Deductible, then 50%	\$12,600/\$25,200	\$15,000/\$30,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice POS HSA Bronze 7000 MD0000200406, RX0000200214	IN	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%
	OON	Deductible, then covered in full	\$14,000/\$28,000	\$14,000/\$28,000	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	
PPO																
Clear Choice PPO Gold 1500 MD0000200421, RX0000200200	IN	\$25/\$50*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$25 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$25 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
	OON	Deductible, then 50%	\$3,000/\$6,000	\$10,000/\$20,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Gold 2500 MD0000200422, RX0000200203	IN	\$20/\$50*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$20 copay	\$5/\$25/\$50/30%, \$300/script max, 50%, \$600/script max
	OON	Deductible, then 50%	\$5,000/\$10,000	\$10,000/\$20,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
PPO Gold 2700 MD0000200478, RX0000200254	IN	\$25/\$60*	\$2,700/\$5,400	\$6,000/\$12,000	30%	Deductible, then 30%	\$25 copay	\$60 copay	\$60 copay	Deductible, then 30%	Freestand: \$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%	\$25 copay	\$5/\$25/\$50/30%, \$300/script max, 30%, \$500/script max
	OON	Deductible, then 50%	\$5,400/\$9,000	\$12,000/\$24,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	

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

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							Convenience Care	Freestanding	Hospital Based							
PPO																
Clear Choice PPO Silver 3000 MD0000200423, RX0000200205	IN	\$40/\$80*	\$3,000/\$6,000	\$9,100/\$18,200	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$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%	\$40 copay	\$20/\$25/\$50/Deductible, then 30%, \$300/script max/Deductible, then 50%, \$600/script max
	OON	Deductible, then 50%	\$6,000/\$12,000	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Silver 3500 MD0000200424, RX0000200204	IN	\$40/\$80*	\$3,500/\$7,000	\$9,100/\$18,200	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestand: \$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%	\$40 copay	\$15/\$25/\$50/Deductible, then \$100/Deductible, then \$250
	OON	Deductible, then 50%	\$7,000/\$14,000	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Silver 4200 MD0000200425, RX0000200201	IN	\$50/\$80*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Deductible, then 40%	\$50 copay	\$50 copay	\$50 copay	Deductible, then 40%	Freestand: \$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/Deductible, then \$100/Deductible, then \$250
	OON	Deductible, then 50%	\$8,400/\$16,800	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Silver 5500 MD0000200427, RX0000200215	IN	\$40/\$70*	\$5,500/\$11,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestand: \$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%	\$40 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
	OON	Deductible, then 50%	\$11,000/\$22,000	\$17,000/\$34,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Silver 6000 MD0000200426, RX0000200216	IN	\$35/\$70*	\$6,000/\$12,000	\$9,100/\$18,200	30%	Deductible, then 30%	\$35 copay	\$35 copay	\$35 copay	Deductible, then 30%	Freestand: \$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%	\$35 copay	\$5/\$20/\$50/Deductible, then \$100/Deductible, then \$250
	OON	Deductible, then 50%	\$12,000/\$24,000	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
PPO Silver 6800 MD0000200481, RX0000200255	IN	\$40/\$70*	\$6,800/\$13,600	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$70 copay	Deductible, then 30%	Freestand: \$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%	\$40 copay	\$5/\$25/\$50/30%, \$300/script max, 50%, \$500/script max
	OON	Deductible, then 50%	\$13,600/\$27,200	\$17,000/\$34,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Bronze 7500 MD0000200428, RX0000200217	IN	\$40/ Deductible, then 50%*	\$7,500/\$15,000	\$9,100/\$18,200	50%	Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestand: \$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%	\$40 copay	\$15/\$25/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
	OON	Deductible, then 50%	\$15,000/\$30,000	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Bronze 8000 MD0000200429, RX0000200218	IN	\$40/ Deductible, then \$80*	\$8,000/\$16,000	\$9,100/\$18,200	50%	Deductible, then 50%	\$40 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestand: \$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%	\$40 copay	\$5/\$25/Deductible, then 30%/Deductible, then 50%/Deductible, then 50%
	OON	Deductible, then 50%	\$16,000/\$32,000	\$18,200/\$36,400	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO Bronze 9100 MD0000200430, RX0000200219	IN	\$50/\$80*	\$9,100/\$18,200	\$9,100/\$18,200	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	Deductible, then covered in full	\$50 copay	\$15/\$25/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
	OON	Deductible, then covered in full	\$18,200/\$36,400	\$18,200/\$36,400	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	

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

Off-Marketplace Plans

2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Network Tier	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	Rx 30-Day Retail
							Convenience Care	Freestanding	Hospital Based							
PPO HSA																
Clear Choice PPO HSA Silver 3000 MD0000200395, RX0000200206	IN	Deductible, then 15%	\$3,000/\$6,000	\$7,000/\$14,000	15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then \$5/\$25/\$50/\$100/\$250
	OON	Deductible, then 30%	\$6,000/\$12,000	\$14,000/\$28,000	30%		Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	
Clear Choice PPO HSA Silver 3500 MD0000200396, RX0000200208	IN	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 \$5/\$25/\$50/\$100/\$250
	OON	Deductible, then 30%	\$7,000/\$14,000	\$14,000/\$28,000	30%		Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	
Clear Choice PPO HSA Silver 4000 MD0000200397, RX0000200209	IN	Deductible, then 20%	\$4,000/\$8,000	\$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%
	OON	Deductible, then 40%	\$8,000/\$16,000	\$14,000/\$28,000	40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
Clear Choice PPO HSA Silver 4500 MD0000200398, RX0000200210	IN	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%
	OON	Deductible, then 40%	\$9,000/\$18,000	\$14,000/\$28,000	40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
Clear Choice PPO HSA Bronze 5200 MD0000200399, RX0000200211	IN	Deductible, then 50%	\$5,200/\$10,400	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
	OON	Deductible, then 50%	\$10,400/\$20,800	\$15,000/\$30,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO HSA Bronze 5900 MD0000200400, RX0000200212	IN	Deductible, then 50%	\$5,900/\$11,800	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
	OON	Deductible, then 50%	\$11,800/\$23,600	\$15,000/\$30,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO HSA Bronze 6300 MD0000200401, RX0000200213	IN	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
	OON	Deductible, then 50%	\$12,600/\$25,200	\$15,000/\$30,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
Clear Choice PPO HSA Bronze 7000 MD0000200402, RX0000200214	IN	Deductible, then covered in full	\$7,000/\$14,000	\$7,500/\$15,000	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%
	OON	Deductible, then covered in full	\$14,000/\$28,000	\$15,000/\$30,000	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	

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

Key Insurance Terms

Premium

This is the monthly cost of your health insurance coverage and plan.

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.

Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Preferred providers.

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.

Health Savings Account (HSA)

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 Plus 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.

In-network

Generally, this describes coverage for care that HMO, POS and PPO members receive from participating providers in the plan's network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

Out-of-network

Out-of-network coverage applies to HMO, POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral. HMO members cannot receive care from out-of-network providers except in an emergency.

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

Broker compensation disclosure

Below are fees we pay to brokers and other entities to support enrollment for our plans:

Brokers: \$17.50 PMPM up to \$52.50 per subscriber

CoverME.gov: Admin fee: 3% of premium

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 and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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 (see below for contact information).

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, sex, sexual orientation, or gender identity, you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way
Canton, MA 02021

(866) 750-2074, TTY service: 711,

Fax: (617) 509-3085

Email: civil.rights@point32health.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/smartscreen/main.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.

Important Legal Information

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)

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

ខ្មែរ (Cambodian) សុំជូនដំណឹង៖ បើអ្នកនិយាយភាសាខ្មែរ, 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, 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

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**



Harvard Pilgrim
Health Care

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