

# Health Plans for You and Your Family

Maine Individual & Family Product Guide

Plans available On and Off Exchange

Plan Year 2024



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# Enrolling and Renewing



## Important dates

**2024 Open Enrollment\* November 1, 2023 – January 15, 2024**

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](https://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](https://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](https://harvardpilgrim.org/renew) today.

If you purchased your health plan through the state-run Marketplace, visit [CoverME.gov](https://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](https://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 care -unlimited visits



Laboratory, radiology and diagnostic services



Rehabilitative and habilitative services and devices like hospital beds, crutches and physical/occupational therapy



Mental health and substance use disorder treatment



Pediatric dental\* and vision hardware covers children up to age 19



Wellness Exams, routine screenings and tests



Emergency and urgent care



Prenatal, maternity and newborn care



Virtual care delivered by licensed medical and behavioral health providers



Routine eye exams for adults and children



Prescription drug coverage including generic and over-the-counter medications



Wellness-focused discounts and savings including fitness reimbursements



Hospitalization, inpatient services, such as surgery

## Our prescription drug benefits focus on choice and value.

All plans include our Value 5-tier prescription drug coverage through our Pharmacy Benefits Manager, OptumRx. 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. Members can get prescriptions from more than 67,000 pharmacies nationwide or shipped to their home through our mail order pharmacy 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](https://harvardpilgrim.org/rx) to learn more.

Select the year and the plan (e.g., 2024 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 Everyday<sup>SM</sup>** — 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](https://harvardpilgrim.org/wellbeingforall) today. And be sure to check out [harvardpilgrim.org/livingwellathome](https://harvardpilgrim.org/livingwellathome) for our online wellness classes.

**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](https://harvardpilgrim.org/clinicalcareteam) today. Available for members via the MyConnect mobile app or by phone.

## Whole-Person Care

### A New Integrated Approach to Behavioral Health

Harvard Pilgrim members can access a comprehensive network of medical and behavioral health care providers, along with innovative programs and services, to improve both physical and mental well-being in traditional and virtual settings. Our dedicated team will guide you from the first phone call to aftercare planning, to ensure that you receive “whole-person” care through an integrated approach.

#### **Behavioral health service navigation**

Our specially trained service navigators provide personalized help to navigate the complex health care system, locate providers, connect to internal supports and programs, and learn more about innovative tools and services.

#### **Care management programs**

Our licensed care managers work with you and your providers to ensure optimal health and functioning through a variety of care management programs, including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.

#### **Behavioral health programs and services**

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents, and adults:

- Virtual therapy services
- Quick and easy access to specialty providers

Substance use treatment services are available through multiple network providers, including Better Life Partners. Members are supported after inpatient treatment by our internal Addiction Recovery Care Management Team.

Better Life Partners services are available in Massachusetts, New Hampshire, Maine and Vermont. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

For assistance with accessing these innovative programs and services, please call the number on the back of your member ID card.

If you're experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away. Harvard Pilgrim, a Point32Health company, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.  
若需免費的中文版本，請撥打ID卡上的電話號碼。

## Family Centered Care

### **Included Health**

Included Health's LGBTQ+ Health offers whole-person care focused on LGBTQ+ members and their needs while working within their health plan ecosystem to ensure members feel safe, understood and supported:

- Gender Affirming Care
- Family Building
- Benefits Navigation
- Provider Matching
- Community Support
- Mental Well being

### **Care Concierge**

Helping families get things done. Dedicated, hands-on support from experts who get to know each family and tackle their to-dos

### **Care Dashboard**

Helping families plan and learn. Comprehensive care planning tools and resources in one centralized, accessible place

### **Wellthy**

Wellthy helps members tackle the logistical and administrative tasks of caring for the ones they love, including themselves, across a wide array of needs

- Aging
- Childcare Needs
- Mental Health
- Health Concerns
- Financial Hardship
- Veteran Support

### **Wellthy Community**

Helping families feel less alone. Peer-to-peer platform where family caregiver

Visit [Includedhealth.com/harvardpilgrim](https://Includedhealth.com/harvardpilgrim) to learn more.

# Ways to Save Money

We have tools and programs designed to help you save.



## Doctor on Demand

Our telehealth service connects you with licensed medical care providers via your smartphone, tablet or computer. Members receive convenient and private care from their home or any location.

**Available to members traveling internationally** Excluding U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.

**With our non-HSA plans, you won't pay any cost share for urgent care virtual visits with Doctor On Demand providers.**

[doctorondemand.com/harvardpilgrim](https://doctorondemand.com/harvardpilgrim)



## Reduce My Costs

With this program, members can pay less in out-of-pocket expenses and may also be eligible for a reward if they choose a more affordable option. And if they're already seeing a lower-cost provider, members receive a reward just for calling.<sup>1</sup>

- Compare provider costs and inform them of the lower-cost providers in their area
- Assist with scheduling or rescheduling their appointment and help with any paperwork

Call **855-772-8366** or use the **chat feature** to speak with a Reduce My Costs nurse.

[harvardpilgrim.org/reducecosts](https://harvardpilgrim.org/reducecosts)



## Wellness Discounts and Savings

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

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

[harvardpilgrim.org/discounts](https://harvardpilgrim.org/discounts)

# Fitness Reimbursement

Members can get reimbursement for a fitness club membership or virtual fitness subscription. Up to two members on a family plan can be reimbursed. One member is eligible for reimbursement of \$150 or one month of fitness club membership or virtual fitness subscription (whichever is greater). A second covered family member (dependent or spouse) can also be reimbursed.<sup>2</sup>

Learn more by visiting [harvardpilgrim.org/fitnessreimbursement](https://harvardpilgrim.org/fitnessreimbursement).






<sup>1</sup> 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.

<sup>2</sup> There is a \$300 maximum reimbursement per family contract for up to two members on the Harvard Pilgrim policy with a maximum of \$150 per member per calendar year. Restrictions apply. Reimbursement may be considered taxable income; consult your tax advisor.



# Know Your Options for Urgent Care

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

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

\* 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 2024 Maine plans to see what plans we offer.**

	Bronze HMO plans	Silver HMO plans	Gold HMO plans
<b>May be best if you:</b>	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
<b>Premium level</b>	\$	\$\$	\$\$\$
<b>Deductible range (individual)</b>	\$\$\$	\$\$	\$

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](https://CoverME.gov), you will find out if you qualify for either subsidy.



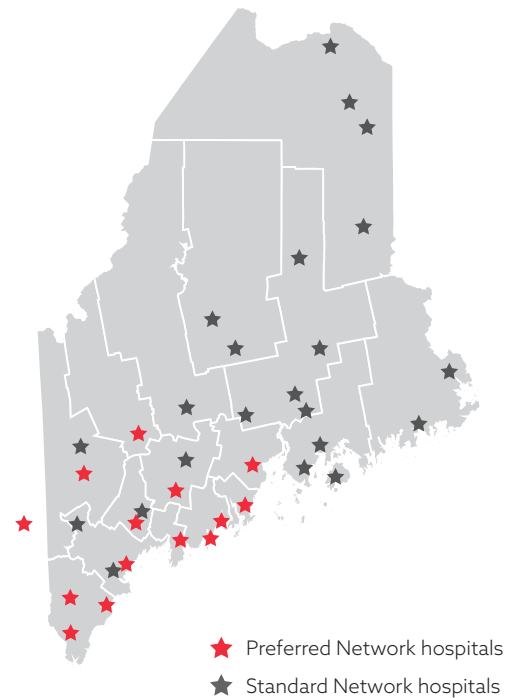
# Maine's Choice Plus HMO

## 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

## 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

2024 Maine Individual Plans – Effective January 1, 2024, through December 31, 2024.

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							
<b>HMO</b>																
<b>Clear Choice HMO Gold 1500</b> MD0000201165, RX0000201092 96667ME0310100-01	N/A	\$25 copay/ \$50 copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$25 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$30 copay	\$25 copay/\$30 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Gold 2500</b> MD0000201167, RX0000201094 96667ME0310101-01	N/A	\$20 copay/ \$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$30 copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
<b>Clear Choice HMO Silver 3500</b> MD0000201169, RX0000201095 96667ME0310102-01	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%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$40 copay/\$40 copay	\$15/\$25/\$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Silver 5500</b> MD0000201172, RX0000201127 96667ME0310104-01	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%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$40 copay	\$40 copay/\$40 copay	\$6/\$25/\$50/Deductible, then 30%/Deductible, then 50%
<b>Clear Choice HMO Bronze 7500</b> MD0000201174, RX0000201098 96667ME0310105-01	N/A	\$45 copay/ \$80 copay*	\$7,500/\$15,000	\$9,450/\$18,900	50%	Deductible, then 50%	\$45 copay	\$60 copay	\$60 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$45 copay	\$45 copay/\$45 copay	\$30/\$30/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Bronze 9450</b> MD0000201175, RX0000201099 96667ME0310106-01	N/A	\$50 copay/ \$80 copay*	\$9,450/\$18,900	\$9,450/\$18,900	None	Deductible, then covered in full	\$50 copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	\$50 copay	\$50 copay/\$50 copay	\$30/\$30/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
<b>Clear Choice HMO Catastrophic 9450<sup>1</sup></b> MD0000201176, RX0000201100 96667ME0310107-01	N/A	Deductible, then Covered in full**	\$9,450/\$18,900	\$9,450/\$18,900	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

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

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

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

<sup>2</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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

# On-Marketplace Plans

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							Convenience Care	Freestanding	Hospital Based								
<b>HMO HSA</b>																	
<b>HMO HSA Bronze 5400<sup>2</sup></b> MD0000201233, RX0000201124 96667ME0310125-01	N/A	Deductible, then 30%	\$5,400/\$10,800	\$7,800/\$15,600	30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then \$5/\$25/\$50/30%, \$300/script max/30%, \$600/script max
<b>Clear Choice HMO HSA Bronze 5900<sup>2</sup></b> MD0000201199, RX0000201106 96667ME0310117-01	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%	Deductible, then 50%/50%/50%/50%/50%
<b>Clear Choice HMO HSA Bronze 7200</b> MD0000201200, RX0000201107 96667ME0310118-01	N/A	Deductible, then covered in full	\$7,200/\$14,400	\$7,200/\$14,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

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

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

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

<sup>2</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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

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							Convenience Care	Freestanding	Hospital Based							
<b>Maine's Choice Plus HMO</b>																
<b>Clear Choice Maine's Choice Plus HMO Gold 2500<sup>3</sup></b> MD0000201186, RX0000201094 96667ME0310109-01	Preferred Network	\$20 copay/ \$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Preferred Network Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$30 copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
	Standard Network	\$50 copay/ \$90 copay*	\$5,000/\$10,000	\$7,000/\$14,000	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 3000<sup>3</sup></b> MD0000201189, RX0000201101 96667ME0310110-01	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%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$40 copay/\$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*	\$5,000/\$10,000	\$9,100/\$18,200	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 3500<sup>3</sup></b> MD0000201191, RX0000201102 96667ME0310111-01	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%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$40 copay/\$40 copay	\$5/\$20/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$80 copay/ \$120 copay*	\$7,000/\$14,000	\$9,100/\$18,200	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 4200<sup>3</sup></b> MD0000201193, RX0000201096 96667ME0310112-01	Preferred Network	\$35 copay/ \$80 copay*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Preferred Network Deductible, then 40%	\$35 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$35 copay/\$40 copay	\$5/\$20/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$70 copay/ \$110 copay*	\$7,500/\$15,000	\$9,100/\$18,200	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 5500<sup>3</sup></b> MD0000201195, RX0000201097 96667ME0310113-01	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%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/ \$100 copay*	\$7,500/\$15,000	\$9,450/\$18,900	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Bronze 7500<sup>3</sup></b> MD0000201196, RX0000201103 96667ME0310114-01	Preferred Network	\$45 copay/ \$80 copay*	\$7,500/\$15,000	\$9,450/\$18,900	50%	Preferred Network Deductible, then 50%	\$45 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestnd: \$300 copay Hosp: Deductible, then 50%	Non-hospital based: \$15 copay Hospital based: Deductible, then 50%	Non-hospital based: \$250 copay Hospital based: Deductible, then 50%	\$45 copay	\$45 copay/\$45 copay	\$20/\$30/Preferred Deductible, then \$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$80 copay/ Deductible, then covered in full*	\$9,450/\$18,900	\$9,450/\$18,900	None			Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		

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

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							Convenience Care	Freestanding	Hospital Based							
<b>Maine's Choice Plus HMO HSA</b>																
<b>Maine's Choice Plus HMO HSA Bronze 5400<sup>3</sup></b> MD0000201234, RX0000201124 96667ME0310126-01	Preferred Network	Deductible, then 30%	\$5,400/\$10,800	\$7,800/\$15,600	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/30%, \$600/script max
	Standard Network	Deductible, then covered in full	\$7,800/\$15,600	\$7,800/\$15,600	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		
<b>Clear Choice Maine's Choice Plus HMO HSA Bronze 5900<sup>3</sup></b> MD0000201210, RX0000201106 96667ME0310121-01	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	\$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		
<b>Clear Choice Maine's Choice Plus HMO HSA Bronze 6300</b> MD0000201211, RX0000201106 96667ME0310122-01	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	\$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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							Convenience Care	Freestanding	Hospital Based							
<b>CSR 73%</b>																
<b>Clear Choice HMO Silver 3500 CSR 73</b> MD0000201212, RX0000201108 96667ME0310102-04	N/A	\$40 copay/ \$80 copay*	\$3,500/\$7,000	\$7,550/\$15,100	40%	Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Silver 5500 CSR 73</b> MD0000201215, RX0000201111 96667ME0310104-04	N/A	\$40 copay/ \$70 copay*	\$4,800/\$9,600	\$7,200/\$14,400	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Deductible, 30%/Deductible, 50%
<b>Clear Choice Maine's Choice Plus HMO Silver 3000 CSR 73<sup>3</sup></b> MD0000201218, RX0000201129 96667ME0310110-04	Preferred Network	\$40 copay/ \$80 copay*	\$3,000/\$6,000	\$7,500/\$15,000	40%	Preferred Network Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Preferred Deductible, 30%, \$300/script max/Preferred Deductible, 50%, \$600/script max
	Standard Network	\$80 copay/ \$120 copay*	\$5,000/\$10,000	\$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%		
<b>Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 73<sup>3</sup></b> MD0000201221, RX0000201115 96667ME0310111-04	Preferred Network	\$40 copay/ \$80 copay*	\$3,500/\$7,000	\$7,400/\$14,800	40%	Preferred Network Deductible, then 40%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Preferred Deductible, \$100/Preferred Deductible, \$250
	Standard Network	\$80 copay/ \$120 copay*	\$7,000/\$14,000	\$7,400/\$14,800	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 73<sup>3</sup></b> MD0000201224, RX0000201130 96667ME0310112-04	Preferred Network	\$35 copay/ \$80 copay*	\$4,200/\$8,400	\$7,400/\$14,800	40%	Preferred Network Deductible, then 40%	\$35 copay	\$35 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$35 copay/\$40 copay	\$5/\$20/\$50/Preferred Deductible, \$100/Preferred Deductible, \$250
	Standard Network	\$70 copay/ \$110 copay*	\$6,000/\$12,000	\$7,400/\$14,800	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 5500 CSR 73<sup>3</sup></b> MD0000201227, RX0000201120 96667ME0310113-04	Preferred Network	\$40 copay/ \$70 copay*	\$4,500/\$9,000	\$7,500/\$15,000	30%	Preferred Network Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Deductible, then 50%
	Standard Network	\$70 copay/ \$100 copay*	\$6,500/\$13,000	\$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%		

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# On-Marketplace Plans

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							Convenience Care	Freestanding	Hospital Based							
<b>CSR 87%</b>																
<b>Clear Choice HMO Silver 3500 CSR 87</b> MD0000201213, RX0000201109 96667ME0310102-05	N/A	\$20 copay/ \$40 copay*	\$800/\$1,600	\$2,650/\$5,300	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Silver 5500 CSR 87</b> MD0000201216, RX0000201112 96667ME0310104-05	N/A	\$20 copay/ \$35 copay*	\$1,000/\$2,000	\$2,500/\$5,000	20%	Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
<b>Clear Choice Maine's Choice Plus HMO Silver 3000 CSR 87<sup>3</sup></b> MD0000201219, RX0000201113 96667ME0310110-05	Preferred Network	\$20 copay/ \$40 copay*	\$700/\$1,400	\$2,400/\$4,800	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Preferred Deductible, then 30%, \$300/script max/Preferred Deductible, then 50%, \$600/script max
	Standard Network	\$40 copay/ \$80 copay*	\$1,200/\$2,400	\$2,400/\$4,800	40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		
<b>Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 87<sup>3</sup></b> MD0000201222, RX0000201116 96667ME0310111-05	Preferred Network	\$20 copay/ \$40 copay*	\$700/\$1,400	\$2,300/\$4,600	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 copay Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$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%		
<b>Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 87<sup>3</sup></b> MD0000201225, RX0000201118 96667ME0310112-05	Preferred Network	\$20 copay/ \$40 copay*	\$900/\$1,800	\$2,300/\$4,600	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$20/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$40 copay/ \$60 copay*	\$1,400/\$2,800	\$2,650/\$5,300	40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		
<b>Clear Choice Maine's Choice Plus HMO Silver 5500 CSR 87<sup>3</sup></b> MD0000201228, RX0000201121 96667ME0310113-05	Preferred Network	\$20 copay/ \$35 copay*	\$900/\$1,800	\$2,300/\$4,600	20%	Preferred Network Deductible, then 20%	\$20 copay	\$20 copay	\$40 copay	Deductible, then 20%	Freestnd: \$300 Hosp: Deductible, then 20%	Non-hospital based: \$15 copay Hospital based: Deductible, then 20%	Non-hospital based: \$250 copay Hospital based: Deductible, then 20%	\$20 copay	\$20 copay/\$20 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$40 copay/ \$60 copay*	\$1,400/\$2,800	\$2,750/\$5,500	40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		

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							Convenience Care	Freestanding	Hospital Based							
<b>CSR 94%</b>																
<b>Clear Choice HMO Silver 3500 CSR 94</b> MD0000201214, RX0000201110 96667ME0310102-06	N/A	\$15 copay/\$30 copay*	\$350/\$700	\$700/\$1,400	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Deductible, then \$100/Preferred Deductible, then \$250
<b>Clear Choice HMO Silver 5500 CSR 94</b> MD0000201217, RX0000201128 96667ME0310104-06	N/A	\$15 copay/\$30 copay*	\$400/\$800	\$700/\$1,400	10%	Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Deductible, then 30%/Preferred Deductible, then 50%
<b>Clear Choice Maine's Choice Plus HMO Silver 3000 CSR 94<sup>3</sup></b> MD0000201220, RX0000201114 96667ME0310110-06	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%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$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%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%		
<b>Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 94<sup>3</sup></b> MD0000201223, RX0000201117 96667ME0310111-06	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%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$925/\$1,850	30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%		
<b>Clear Choice Maine's Choice Plus HMO Silver 4200 CSR 94<sup>3</sup></b> MD0000201226, RX0000201119 96667ME0310112-06	Preferred Network	\$15 copay/\$30 copay*	\$275/\$550	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$20/\$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%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%		
<b>Clear Choice Maine's Choice Plus HMO Silver 5500 CSR 94<sup>3</sup></b> MD0000201229, RX0000201122 96667ME0310113-06	Preferred Network	\$15 copay/\$30 copay*	\$300/\$600	\$600/\$1,200	10%	Preferred Network Deductible, then 10%	\$15 copay	\$15 copay	\$40 copay	Deductible, then 10%	Freestnd: \$150 copay Hosp: Deductible, then 10%	Non-hospital based: \$15 copay Hospital based: Deductible, then 10%	Non-hospital based: \$150 copay Hospital based: Deductible, then 10%	\$15 copay	\$15 copay/\$15 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$30 copay/\$50 copay*	\$600/\$1,200	\$925/\$1,850	30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%		

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

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

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# Maine Plan Offerings

2024 Maine Individual Plans – Effective January 1, 2024, through December 31, 2024.

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							
<b>HMO</b>																
<b>Clear Choice HMO Gold 1500</b> MD0000201165, RX0000201092	N/A	\$25 copay/\$50 copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$25 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$30 copay	\$25 copay/\$30 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Gold 2500</b> MD0000201167, RX0000201094	N/A	\$20 copay/\$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$30 copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
<b>Clear Choice HMO Silver 3500</b> MD0000201168, RX0000201095	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%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital Deductible, then 40%	\$40 copay	\$40 copay/\$40 copay	\$15/\$25/\$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Silver 4200</b> MD0000201171, RX0000201096	N/A	\$35 copay/\$80 copay*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Deductible, then 40%	\$35 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$35 copay/\$40 copay	\$5/\$20/\$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Silver 5500</b> MD0000201173, RX0000201127	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%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$40 copay	\$40 copay/\$40 copay	\$6/\$25/\$50/Deductible, then 30%/Deductible, then 50%
<b>HMO Silver 6500</b> MD0000201235, RX0000201125	N/A	\$40 copay/\$80 copay*	\$6,500/\$13,000	\$9,100/\$18,200	30%	Deductible, then 30%	\$40 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/30%, \$300/script max/30%, \$600/script max
<b>Virtual Choice HMO Silver 6500</b> MD0000201238, RX0000201125	N/A	Virtual PCP: \$15 copay/\$80 copay* Office Based PCP: \$40 copay/\$80 copay*	\$6,500/\$13,000	\$9,100/\$18,200		Virtual PCP: 15% Office Based PCP: 30%	Virtual PCP: \$25 copay Office Based PCP: \$50 copay	Virtual PCP: \$25 copay Office Based PCP: \$50 copay	Virtual PCP: \$50 copay Office Based PCP: \$50 copay	Virtual PCP: 15% Office Based PCP: 30%	Virtual PCP: 15% Office Based PCP: 30%	Virtual PCP: 15% Office Based PCP: 30%	Virtual PCP: 15% Office Based PCP: 30%	Virtual PCP: 15% Office Based PCP: 30%	\$40 copay (Acupuncture) / Virtual PCP: \$25 copay/ Office Based PCP: \$40 copay (Chiropractic)	Deductible, then 30%, \$300/script max/Deductible, then 30%, \$600/script max
<b>Clear Choice HMO Bronze 7500</b> MD0000201174, RX0000201098	N/A	\$45 copay/\$80 copay*	\$7,500/\$15,000	\$9,450/\$18,900	50%	Deductible, then 50%	\$45 copay	\$60 copay	\$60 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$45 copay	\$45 copay/\$45 copay	\$30/\$30/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
<b>Clear Choice HMO Bronze 9450</b> MD0000201175, RX0000201099	N/A	\$50 copay/\$80 copay*	\$9,450/\$18,900	\$9,450/\$18,900	None	Deductible, then covered in full	\$50 copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	\$50 copay	\$50 copay/\$50 copay	\$30/\$30/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
<b>Clear Choice HMO Catastrophic 9450<sup>1</sup></b> MD0000201176, RX0000201100	N/A	Deductible, then Covered in full**	\$9,450/\$18,900	\$9,450/\$18,900	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

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

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# Maine Plan Offerings

2024 Maine Individual Plans – Effective January 1, 2024, through December 31, 2024.

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## 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								
<b>HMO HSA</b>																	
<b>HMO HSA Silver 3300</b> MD0000201230, RX0000201123	N/A	Deductible, then 30%	\$3,300/\$6,600	\$7,500/\$15,000	30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
<b>Clear Choice HMO HSA Silver 4000</b> MD0000201197, RX0000201104	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%	Deductible, then 20%
<b>Clear Choice HMO HSA Silver 4500</b> MD0000201198, RX0000201105	N/A	Deductible, then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>HMO HSA Bronze 5400</b> MD0000201233, RX0000201124	N/A	Deductible, then 30%	\$5,400/\$10,800	\$7,800/\$15,600	30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
<b>Clear Choice HMO HSA Bronze 5900</b> MD0000201199, RX0000201106	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%	Deductible, then 50%
<b>Clear Choice HMO HSA Bronze 7200</b> MD0000201200, RX0000201107	N/A	Deductible, then covered in full	\$7,200/\$14,400	\$7,200/\$14,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
<b>Maine's Choice Plus HMO</b>																	
<b>Clear Choice Maine's Choice Plus HMO Gold 1500</b> MD0000201185, RX0000201092	Preferred Network	\$25 copay/ \$50 copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Preferred Network Deductible, then 30%	\$25 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$30 copay	\$25 copay/\$30 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%			\$50 copay
<b>Clear Choice Maine's Choice Plus HMO Gold 2500</b> MD0000201186, RX0000201094	Preferred Network	\$20 copay/ \$50 copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Preferred Network Deductible, then 30%	\$20 copay	\$40 copay	\$40 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$30 copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max	
	Standard Network	\$50 copay/ \$90 copay*	\$5,000/\$10,000	\$7,000/\$14,000	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%			\$50 copay

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							Convenience Care	Freestanding	Hospital Based							
<b>Maine's Choice Plus HMO</b>																
<b>Clear Choice Maine's Choice Plus HMO Silver 3000</b> MD0000201189, RX0000201101	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%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$40 copay/\$40 copay	\$10/\$25/\$50/Deductible, then 30%, \$300/script max/Deductible, then 50%, \$600/script max
	Standard Network	\$80 copay/ \$120 copay*	\$5,000/\$10,000	\$9,100/\$18,200	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 3500</b> MD0000201190, RX0000201102	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%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$80 copay/ \$120 copay*	\$7,000/\$14,000	\$9,100/\$18,200	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 4200</b> MD0000201192, RX0000201096	Preferred Network	\$35 copay/ \$80 copay*	\$4,200/\$8,400	\$9,100/\$18,200	40%	Preferred Network Deductible, then 40%	\$35 copay	\$40 copay	\$40 copay	Deductible, then 40%	Freestnd: \$300 copay Hosp: Deductible, then 40%	Non-hospital based: \$15 copay Hospital based: Deductible, then 40%	Non-hospital based: \$250 copay Hospital based: Deductible, then 40%	\$40 copay	\$35 copay/\$40 copay	\$5/\$20/\$50/Preferred Deductible, then \$100/Preferred Deductible, then \$250
	Standard Network	\$70 copay/ \$110 copay*	\$7,500/\$15,000	\$9,100/\$18,200	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Silver 5500</b> MD0000201194, RX0000201097	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%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%/Preferred Deductible, then 50%
	Standard Network	\$70 copay/ \$100 copay*	\$7,500/\$15,000	\$9,450/\$18,900	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Maine's Choice Plus HMO Silver 6500</b> MD0000201236, RX0000201125	Preferred Network	\$40 copay/ \$80 copay*	\$6,500/\$13,000	\$9,100/\$18,200	30%	Preferred Network Deductible, then 30%	\$40 copay	\$40 copay	\$60 copay	Deductible, then 30%	Freestnd: \$300 copay Hosp: Deductible, then 30%	Non-hospital based: \$15 copay Hospital based: Deductible, then 30%	Non-hospital based: \$250 copay Hospital based: Deductible, then 30%	\$40 copay	\$40 copay/\$40 copay	\$5/\$25/\$50/Preferred Deductible, then 30%, \$300/script max/Preferred Deductible, then 30%, \$600/script max
	Standard Network	\$70 copay/ \$120 copay*	\$8,000/\$16,000	\$9,450/\$18,900	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO Bronze 7500</b> MD0000201196, RX0000201103	Preferred Network	\$45 copay/ \$80 copay*	\$7,500/\$15,000	\$9,450/\$18,900	50%	Preferred Network Deductible, then 50%	\$45 copay	\$60 copay	\$60 copay	Deductible, then 50%	Freestnd: \$300 copay Hosp: Deductible, then 50%	Non-hospital based: \$15 copay Hospital based: Deductible, then 50%	Non-hospital based: \$250 copay Hospital based: Deductible, then 50%	\$45 copay	\$45 copay/\$45 copay	\$20/\$30/Preferred Deductible, then \$50/Preferred Deductible, then \$100/Deductible, then \$250
	Standard Network	\$80 copay/ Deductible, then covered in full*	\$9,450/\$18,900	\$9,450/\$18,900	None			Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		

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

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

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

<sup>2</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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

# Maine Plan Offerings

2024 Maine Individual Plans – Effective January 1, 2024, through December 31, 2024.

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							
<b>Maine's Choice Plus HMO HSA</b>																
<b>Maine's Choice Plus HMO HSA Silver 3300</b> MD0000201231, RX0000201123	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/30%, \$600/script max
	Standard Network	Deductible, then 50%	\$6,600/\$12,600	\$7,500/\$15,000	50%	Preferred Network Deductible, then 30%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%		
<b>Clear Choice Maine's Choice Plus HMO HSA Silver 4000</b> MD0000201208, RX0000201104	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 \$5/\$25/\$50/\$100/\$250
	Standard Network	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	None	Preferred Network Deductible, then 20%	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		
<b>Clear Choice Maine's Choice Plus HMO HSA Silver 4500</b> MD0000201209, RX0000201105	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	\$7,500/\$15,000	\$7,500/\$15,000	None	Preferred Network Deductible, then 20%	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		
<b>Maine's Choice Plus HMO HSA Bronze 5400</b> MD0000201234, RX0000201124	Preferred Network	Deductible, then 30%	\$5,400/\$10,800	\$7,800/\$15,600	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/30%, \$600/script max
	Standard Network	Deductible, then covered in full	\$7,800/\$15,600	\$7,800/\$15,600	None	Preferred Network Deductible, then 30%	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		
<b>Clear Choice Maine's Choice Plus HMO HSA Bronze 5900</b> MD0000201210, RX0000201106	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	\$7,500/\$15,000	None	Preferred Network Deductible, then 50%	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		
<b>Clear Choice Maine's Choice Plus HMO HSA Bronze 6300</b> MD0000201211, RX0000201141	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	\$7,500/\$15,000	None	Preferred Network Deductible, then 50%	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		

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

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

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

<sup>2</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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



# Key Insurance Terms

## Premium

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

## Cost sharing

Your out-of-pocket costs for services included within your health plan including copayments, deductibles, and coinsurance.

## Copayments

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

## Deductible

The amount you owe or pay out-of-pocket during a coverage period (always one year) for certain covered health care services before your plan begins to pay.

## Coinsurance

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

## Out-of-pocket maximum

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

## Embedded deductible/ out-of-pocket maximum

All non-HSA plans contain embedded deductibles and out-of-pocket maximums (OOPM). Embedded deductible refers to a family plan that has two components, an individual deductible and a family deductible. The maximum contribution by an individual toward the family deductible is limited to the individual deductible amount and allows for the individual to receive benefits before the family component is met. When any number of members collectively meet the family deductible, services for the entire family are covered for the remainder of the year.

Embedded OOPM (Out of Pocket Maximum) refers to a family plan that has two components, an individual OOPM and a family OOPM. The maximum contribution by an individual toward the family OOPM is limited to the individual OOPM and once met, has no additional cost sharing for the remainder of the year. When any number of members collectively meet the family OOPM, then all members have no additional cost sharing for the remainder of the year.

## 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.

## 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 Tier 1 providers.

## HSA (health savings account)

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

# 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
- 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
- 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
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging

## Broker compensation disclosure

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

**Brokers:** \$20 PMPM up to \$60 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](mailto: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

[hhs.gov/ocr/office/file/index.html](https://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 includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.