



Harvard Pilgrim  
Health Care

a Point32Health company

# Delivering Quality Care

Maine Individual & Family Product Guide

Off Exchange

Plan Year 2025





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# Enrolling and Renewing



## Important dates

**2025 Open Enrollment\* November 1, 2024 - January 15, 2025**

Enroll between November 1 and December 15 for coverage effective for January 1.

Enroll between December 16 and January 15 for coverage effective for February 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. Please note that pricing is based off a variety of factors and to get an accurate quote please go online or call Individual Market sales at **855-354-4742**. 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.



\*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.

1. Acupuncture and chiropractic care—unlimited visits
2. Mental health and substance use disorder treatment
3. Emergency and urgent care
4. Routine eye exams for adults and children
5. Hospitalization, inpatient services, such as surgery
6. Pediatric dental\* and vision hardware covers children up to age 19
7. Prenatal, maternity and newborn care
8. Prescription drug coverage including generic and over-the-counter medications
9. Rehabilitative and habilitative services and devices like hospital beds, crutches and physical/occupational therapy
10. Wellness Exams, routine screenings and tests
11. Virtual care delivered by licensed medical and behavioral health providers
12. Wellness-focused discounts and savings including fitness reimbursements
13. Laboratory, radiology and diagnostic services
14. **NEW** Childbirth class reimbursement

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

All plans include Core ME 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., 2025 Core ME) 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
CORE ME	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

\*Pediatric dental coverage for children up to age 19 is optional

# 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.

## Integrated 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.

# 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.**

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



## 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.

> Visit [harvardpilgrim.org/reducecosts](https://harvardpilgrim.org/reducecosts) to learn more.



## Living Well Program — Enhanced

Earn up to \$120 in rewards. Enroll in the Living Well<sup>sm</sup> program and earn rewards for participating in a variety of informative, fun and interactive activities. You'll earn rewards incrementally, so the more you participate in the program, the more rewards you earn. Subscribers can achieve up to eight levels, at \$15 each, for a total of \$120 in gift cards each year.<sup>2</sup>

> Visit [harvardpilgrim.org/livingwellportal](https://harvardpilgrim.org/livingwellportal) to learn more.



## 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 for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150.<sup>3</sup>

> Visit [harvardpilgrim.org/fitnessreimbursement](https://harvardpilgrim.org/fitnessreimbursement) to access the fitness reimbursement form.

<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> Rewards are available for fully-insured commercial accounts rated as large group, with 51-999 eligible employees. Effective January 1, 2025, rewards will also be available to fully-insured small group and individual members across all of the states in which we operate: MA, NH, ME and RI. Rewards may be taxable, please consult with your tax adviser.

<sup>3</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.

# 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?

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

**View our 2025 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>	\$\$\$	\$\$	\$



# Maine Plan Offerings

## HMO and HMO HSA

- Choose a primary care provider (PCP) from Harvard Pilgrim's HMO network. They'll coordinate your care with participating specialists and hospitals.

### Plan details:

- PCP required
- Referrals to most kinds of specialists required
- Must receive care for covered services from providers in the HMO directory (exceptions include medical emergencies)
- Includes Value 5-Tier prescription drug coverage

## POS

- Choose to get care with or without referrals and outside of Harvard Pilgrim's network.

### Plan details:

- PCP required
- In-network coverage and lower cost sharing when you receive care for covered services from participating providers with your PCP's referral\*
- Out-of-network coverage and higher cost sharing when you receive care for covered services from:
  - Participating providers without your PCP's referral
  - Non-participating providers
- Find participating doctors and hospitals in the POS provider directory
- Includes Value 5-Tier prescription drug coverage

## Maine's Choice Plus HMO and Maine's Choice Plus HMO HSA

- Flexible plans that can help you save money with two networks of providers and hospitals.

### Plan details:

- Two networks: Preferred Network (lower cost sharing) and Standard Network (higher cost sharing)
- PCP required
- Referrals to most kinds of specialists required
- Must receive care for covered services from providers in the Maine's Choice Plus HMO directory (exceptions include medical emergencies)
- Includes Value 5-Tier prescription drug coverage

## NEW for 2025: PPO Access

- In 2025, our PPO plans will transition to the PPO Access network. This new network offers comprehensive care and coverage from our extensive, network of doctors, specialists and hospitals, ensuring members receive access to top-quality care.

### Plan details:

- The same robust regional network of 154 hospitals and 88,000+ doctors and specialists throughout Maine, Massachusetts, New Hampshire, Vermont and Rhode Island.
- A nationwide network with more than 1.1 million doctors and specialists and 4,500 hospitals
- And the great benefits, programs, and services offered by Harvard Pilgrim.

### It's easy to confirm if your current providers are part of the PPO Access plan network.

- Visit [harvardpilgrim.org/providerdirectory](https://harvardpilgrim.org/providerdirectory)
- Select "PPO ACCESS"
- Search according to your preferences.



# 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 Access 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 Access plans. Harvard Pilgrim will cover care that POS and PPO Access 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.

# 2025 Maine Plan Offerings

## Off-Marketplace Plans

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

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Product Name	Network Tier	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Annual Out of Pocket Max (Individual/Family)	Co-insurance	ER	Urgent Care			Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX 30-Day Retail
							Convenience Care	Freestanding	Hospital Based								
<b>HMO</b>																	
Clear Choice HMO Gold 1500 MD0000201461, RX0000201247	N/A	\$25 Copay/\$50 Copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$25 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$30 Copay	\$25 copay/\$30 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Gold 2500 MD0000201462, RX0000201249	N/A	\$20 Copay/\$50 Copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$30 Copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
Clear Choice HMO Silver 3500 MD0000201463, RX0000201250	N/A	\$40 Copay/\$60 Copay*	\$3,500/\$7,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Silver 4200 MD0000201465, RX0000201255	N/A	\$40 Copay/\$60 Copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5500 MD0000201497, RX0000201300	N/A	\$40 Copay/\$70 Copay*	\$5,500/\$11,000	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
HMO Silver 5700 MD0000201499, RX0000201256	N/A	\$45 Copay/\$70 Copay*	\$5,700/\$11,400	\$8,500/\$17,000	30%	Deductible, then 30%	\$45 Copay	\$45 Copay	\$45 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$45 Copay	\$45 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%
Clear Choice HMO Bronze 7500 MD0000201466, RX0000201251	N/A	\$45 Copay/\$80 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%	Deductible, then 50%	\$45 Copay	\$60 Copay	\$60 Copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$45 Copay	\$45 Copay	\$30/\$30/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250
Clear Choice HMO Bronze 9200 MD0000201467, RX0000201252***	N/A	\$50 Copay/\$80 Copay*	\$9,200/\$18,400	\$9,200/\$18,400	None	Deductible, then covered in full	\$50 Copay	\$60 Copay	\$60 Copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	\$50 Copay	\$50 Copay	\$30/\$30/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
Clear Choice HMO Catastrophic 9200 MD0000201484, RX0000201260***	N/A	Deductible, then covered in full**	\$9,200/\$18,400	\$9,200/\$18,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%
<b>HMO HSA</b>																	
Clear Choice HMO HSA Silver 3500 MD0000201468, RX0000201253	N/A	Deductible, then 20%	\$3,500/\$7,000	\$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 \$5/\$25/\$50/\$100/\$250
Clear Choice HMO HSA Silver 4500 MD0000201483, RX0000201257	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%/20%/20%/20%/20%
HMO HSA Bronze 5500 MD0000201473, RX0000201259	N/A	Deductible, then 30%	\$5,500/\$11,000	\$8,000/\$16,000	30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%/30%/30%/30%/40%
Clear Choice HMO HSA Bronze 6300 MD0000201469, RX0000201258	N/A	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
Clear Choice HMO HSA Bronze 7200 MD0000201471, RX0000201254	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.

\*\*\* This plan is not Medicare Credible.

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							Convenience Care	Freestanding	Hospital Based									
<b>Maine's Choice Plus HMO</b>																		
Clear Choice Maine's Choice Plus HMO Gold 1500 MD0000201502, RX0000201247	Preferred	\$25 Copay/\$50 Copay*	\$1,500/\$3,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$25 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$30 Copay	\$25 copay/\$30 copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250	
	Standard	\$50 Copay/\$100 Copay*	\$4,000/\$8,000	\$8,000/\$16,000	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201503, RX0000201249	Preferred	\$20 Copay/\$50 Copay*	\$2,500/\$5,000	\$5,000/\$10,000	30%	Deductible, then 30%	\$20 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$30 Copay	\$20 copay/\$30 copay	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max	
	Standard	\$50 Copay/\$100 Copay*	\$5,500/\$11,000	\$7,500/\$15,000	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 3500 MD0000201504, RX0000201250	Preferred	\$40 Copay/\$60 Copay*	\$3,500/\$7,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then \$100/Deductible, then \$250	
	Standard	\$80 Copay/\$120 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 4200 MD0000201512, RX0000201255	Preferred	\$40 Copay/\$60 Copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%	
	Standard	\$70 Copay/\$110 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Silver 4200 w/ Pedi Dental MD0000201538, RX0000201279	Preferred	\$40 Copay/\$60 Copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$17/\$25/\$50/Deductible, then 30%/Deductible, then 50%	
	Standard	\$100 Copay/\$140 Copay*	\$8,500/\$17,000	\$9,200/\$18,400	60%													Deductible, then 60%
Maine's Choice Plus HMO Silver 5500 MD0000201517, RX0000201300	Preferred	\$40 Copay/\$70 Copay*	\$5,500/\$11,000	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$40 Copay	\$40 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$40 Copay	\$40 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%	
	Standard	\$70 Copay/\$100 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%													Deductible, then 50%
Maine's Choice Plus HMO Silver 5700 MD0000201535, RX0000201256	Preferred	\$45 Copay/\$70 Copay*	\$5,700/\$11,400	\$8,500/\$17,000	30%	Deductible, then 30%	\$45 Copay	\$45 Copay	\$45 Copay	Deductible, then 30%	Freestnd: \$300 Copay Hosp: Deductible, then 30%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 30%	Deductible, then 30%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 30%	\$45 Copay	\$45 Copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 50%	
	Standard	\$75 Copay/\$100 Copay*	\$8,000/\$16,000	\$9,200/\$18,400	50%													Deductible, then 50%
Clear Choice Maine's Choice Plus HMO Bronze 7500 MD0000201537, RX0000201268	Preferred	\$45 Copay/\$80 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%	Deductible, then 50%	\$45 Copay	\$60 Copay	\$60 Copay	Deductible, then 50%	Freestnd: \$300 Copay Hosp: Deductible, then 50%	Non-hospital based: \$15 Copay Hospital based: Deductible, then 50%	Deductible, then 50%	Non-hospital based: \$250 Copay Hospital based: Deductible, then 50%	\$45 Copay	\$45 Copay	\$20/\$30/Deductible, then \$50/Deductible, then \$100/Deductible, then \$250	
	Standard	\$80 Copay/Deductible, then covered in full*	\$9,200/\$18,400	\$9,200/\$18,400	None													Deductible, then covered in full
<b>Maine's Choice Plus HMO HSA</b>																		
Clear Choice Maine's Choice Plus HMO HSA Silver 3500 MD0000201506, RX0000201253	Preferred	Deductible, then 20%	\$3,500/\$7,000	\$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%	Deductible, then \$5/\$25/\$50/\$100/\$250
	Standard	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	None													
Clear Choice Maine's Choice Plus HMO HSA Silver 4500 MD0000201507, RX0000201257	Preferred	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%	Deductible, then 20%/20%/20%/20%/20%
	Standard	Deductible, then covered in full	\$7,500/\$15,000	\$7,500/\$15,000	None													
Maine's Choice Plus HMO HSA Bronze 5500 MD0000201520, RX0000201259	Preferred	Deductible, then 30%	\$5,500/\$11,000	\$8,000/\$16,000	30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%/30%/30%/30%/40%
	Standard	Deductible, then covered in full	\$8,000/\$16,000	\$8,000/\$16,000	None													
Clear Choice Maine's Choice Plus HMO HSA Bronze 6300 MD0000201495, RX0000201258	Preferred	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%/50%/50%/50%/50%
	Standard	Deductible, then covered in full	\$7,500/\$15,000	\$7,500/\$15,000	None													
Clear Choice Maine's Choice Plus HMO HSA Bronze 7200 MD0000201513, RX0000201254	Preferred	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	Deductible, then 0%/0%/0%/0%/0%
	Standard	Deductible, then covered in full	\$8,000/\$16,000	\$8,000/\$16,000	None													

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

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

\*\*\* This plan is not Medicare Credible.



# 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
- Services provided by a Doula
- Over the counter hearing aids
- Routine foot care, except for members diagnosed with diabetes or systemic circulatory disease
- Routine pre-natal and post-partum care when you are traveling outside the Service Area
- Services provided under an individualized education program (IEP) delivered by school personnel, contractor, or vendor
- Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided, in accordance with medical necessity guidelines
- Custodial Care

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## 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

## 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

## Service and Support: Including Billing Questions?

**Email:** [broker\\_member\\_inquiries@point3health.org](mailto:broker_member_inquiries@point3health.org)

**Phone:** 877-907-4742

# 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 or sex (including pregnancy, sexual orientation and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).**

## **HPHC:**

- 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 HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

### **Civil Rights Compliance Officer**

1 Wellness Way

Canton, MA 02021-1166

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/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

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

# Language Assistance Services

**Arabic (العربية)** انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

**French (Français)** ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

**Greek (Ελληνικά)** ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

**Gujarati (ગુજરાતી)** ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પરના નંબર પર કોલ કરો.

**Haitian Creole (Kreyòl Ayisyen)** ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

**Hindi (हिंदी)** ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए नि:शुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी कार्ड पर दिए गए नंबर पर कॉल करें।

**Italian (Italiano)** ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

**Khmer (ភាសាខ្មែរ)** ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយភាសា ដែលឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមហៅទៅកាន់លេខនៅលើ ID កាតសមាជិករបស់អ្នក។

**Korean (한국어)** 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

**Lao (ພາສາລາວ)** ກະລຸນາຮັບຊາບ: ຖ້າທ່ານເວົ້າພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກິດ, ທ່ານສາມາດໃຊ້ບໍລິການດ້ານພາສາໄດ້ ໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໃຫ້ທ່ານຢູ່ໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

**Polish (polski)** UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

**Portuguese (Português)** ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

**Russian (Русский)** ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

**Spanish (Español)** ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

**Traditional Chinese (繁體中文)** 注意事項: 如果您講非英語的其他語言, 我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

**Vietnamese (Tiếng Việt)** LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.





# 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.



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