



Harvard Pilgrim
Health Care

a Point32Health company

Delivering Quality Care

Maine Small Group Product Guide

Plan Year 2025



Table of Contents

>	Empowering and Guiding Healthier Lives	1
>	Your Local Partner with the Strength of a National Network.....	1
>	We Make Switching Insurance Easy	2
>	Plan Type Offerings	3
>	2025 Updates	4-5
>	Freestanding Clinics	6
>	Keeping Our Members Healthy.....	7-9
>	2025 Maine Plan Offerings	10-15
>	Maine's Choice Plus HMO Choice, Flexibility and Savings.....	16
>	Get Instant, Accurate Quotes Online.....	17
>	Business Rules	18
>	Important Legal Information	19

Empowering and Guiding Healthier Lives

Harvard Pilgrim offers a full range of health insurance solutions. Our plans deliver outstanding coverage, choice and value for your small group clients.

Full tiered and network plans

Our HMO, POS, PPO* Access and Maine's Choice Plus HMO products are built around best-in-class local providers who deliver high-quality care at an excellent value.

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.

The PPO Access plan network offers members:

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



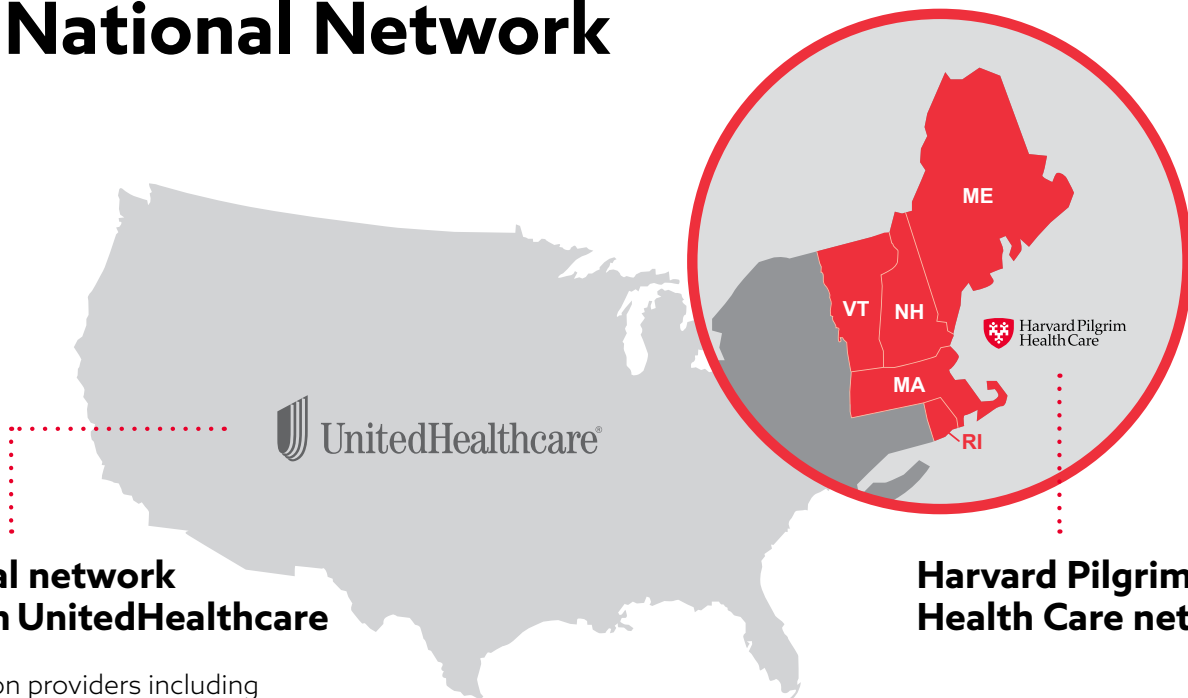
88,000+
DOCTORS & CLINICIANS

154+
HOSPITALS

Alternative funding options

Harvard Pilgrim and its affiliate, Health Plans, Inc., offer plans with strong choice and flexibility to meet varying needs. Our Maine small group self-funded PPO Access, EPO and Maine's Choice Plus EPO plans feature savings opportunities and are available for employers with 15 to 50 enrolled employees.

Your Local Partner with the Strength of a National Network



National network through UnitedHealthcare

- 1.5 million providers including 200k Behavioral Health Providers
- 6,700 hospitals

Harvard Pilgrim Health Care network

We Make Switching Insurance Easy

Harvard Pilgrim SmartStart is our fully integrated clinical and administrative transition program is unique in the industry, servicing employer groups of all sizes across New England. The program has an outstanding track record for seamlessly onboarding new employer groups and supporting existing ones, with a 96% satisfaction rate.

Superior Service

- Make the transition for your organization, your employees and their families easy and seamless
 - Develop a comprehensive and customized implementation project plan, including open enrollment activities
 - Train HR staff on self-service tools to better support your business practices
 - Support from your dedicated account management team every step of the way
 - Facilitate clinical data transfer from prior carrier into our systems.*
 - Develop a custom well-being program from flu clinics to pop-up wellness events
-

Engaging and supporting employees early — even before they enroll

Pre-enrollment phone line

Our pre-enrollment call center staff is specially trained on your plan options. They answer employees' questions about your new benefits including prior authorizations and clinical transitions — providing needed support even before their new plan is!

On-site education

Your dedicated sales team is available for formal presentations, drop-in sessions and benefit fairs and tables. Fully versed on your plan options, our representatives can answer employees' questions and talk with them about the plan that best suits their needs.

Clinical transition support

Nurse care managers are available before and after enrollment for employees and dependents living with complex medical conditions, to ensure a smooth clinical transition process and to help them navigate the care system.

Secure member account

Once employees are enrolled, they can activate their online account at harvardpilgrim.org/create or via the Tufts Health Plan mobile app, to quickly and securely access their health plan benefits information such as:

- Viewing ID cards or finding a provider
 - Find a doctor or a hospital
 - Selecting a Primary Care Provider (PCP)
 - Estimating their out of pocket costs and more
-

Digital Journey

MyWire

Stay informed while on the go. Whether you're a new or existing Harvard Pilgrim Health Plan member, MyWire secure text messaging channel is a great resource for you. It offers a convenient way to get started with your health plan journey or optimize your membership by providing actionable and timely information.

Save time and money

- Get updates on exclusive member discounts and perks
- Quick and easy access to health plan resources, new services, and digital tools
- Preventive care reminders such as annual checkups or preventive screening and health education tips

Plan Type Offerings

When choosing a plan, members should consider a number of factors:

- Do they frequently go to the doctor or need medical treatment?
- Do they regularly take medication? Or take several medications?
- Is having the flexibility to see doctors outside the network important to them?
- Do they prefer a higher premium and lower payments when they receive treatment?

Types of plans:

HMO	PPO Access ¹	POS	Tiered Network Plan (Maine's Choice Plus HMO) ²	Qualified High Deductible Plan
<ul style="list-style-type: none"> • Care within Harvard Pilgrim's network • HMO members select a PCP and get referrals for specialist visits 	<ul style="list-style-type: none"> • Covered in-network (includes our national network) • Option to go out of network and pay more • No PCP selection or referrals required 	<ul style="list-style-type: none"> • Covered in-network (includes our national network) • Option to go out of network and pay more • Get in-network referrals to pay less 	<ul style="list-style-type: none"> • HMO • Provider networks determine cost • Choose network in which to receive services 	<ul style="list-style-type: none"> • HMO HSA, PPO Access HSA, POS HSA • Meet a deductible before we pay for services • Some employers may offer an HRA or HSA to help

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://www.harvardpilgrim.org/providerdirectory)
- Select "PPO ACCESS"
- Search according to your preferences.

¹PPO Access plans are underwritten by HPHC Insurance Company.

²These plans have two benefit levels: 1) the Preferred Network and 2) the Standard Network. Members pay different levels of cost sharing depending on the affiliation of the provider delivering a covered service. If a provider changes affiliations at any time, the network of that provider may also change. Members should consult the provider directory ([harvardpilgrim.org/providerdirectory](https://www.harvardpilgrim.org/providerdirectory)) to determine a provider's network.

2025 Updates

Enhancements, updates and reminders effective January 1, unless otherwise noted.

Updates	Details
Plan Updates	All plans are being offered with EHB Pedi Dental included. New CORE ME formulary to improve costs and access, replacing the value formulary.
PPO Access Network	The PPO Access offers our members a better solution, with minimal disruption around provider access.
Behavioral Health	<p>Grow Therapy The Grow Therapy program provides virtual and in-person outpatient therapy and medication management for a wide range of behavioral health needs. This program helps to ensure timely and personalized care for members ages 6+ across the country.</p> <p>Autism Care Provider We have partnered with Autism Care Partners to increase access and advance the quality of care for members with developmental disabilities. Autism Care Partners operates across communities in the Northeast.</p>
Enhanced Rewards	NEW: Enroll in the Living Well Program and earn rewards for participating in a variety of informative, fun and interactive activities such as stress management classes, healthy eating, financial literacy, and self-care.
Health and Nutrition	<p>Good Measures Healthy Weight Program Individualized coaching by registered dietitians for employees who want to eat healthier, lose weight, or prevent or manage a nutrition-related health condition.</p>
Maternal Health Support	<p>Childbirth Education Classes Get reimbursed for childbirth education courses. Harvard Pilgrim members can get reimbursed for one childbirth education class at a hospital or facility. Taking a class is a great way to build your confidence and prepare for childbirth and early parenthood.</p> <p>Tinyhood: Virtual Pregnancy and Parenting Classes Get 1 Month Free followed by 25% off your annual membership. Learn everything you need to know when it comes to birth, baby, and beyond. Learn from Tinyhood’s expanding library of hundreds of lessons ranging from childbirth, baby care, infant and child CPR, sleep, potty training, toddler behavior, and much more!</p>

¹ Cost share on PT/OT/ST and Chiropractic may be slightly higher on some plans than office visits.

Reminders	Details
Pharmacy benefit manager (PBM)	OptumRx will offer a fully integrated PBM including retail, specialty and mail order services to Harvard Pilgrim members. Members have access to a wide network of pharmacies and a cost-saving mail order program.
Site of service benefits¹	Members can pay lower costs when they receive these services from non-hospital providers: <ul style="list-style-type: none"> • Lab tests • Advanced diagnostic imaging • Ambulatory services <i>Not available on HSA plans, Clear Choice HMO Bronze 7500/9200, Clear Choice POS Bronze 7500, Clear Choice PPO Access Bronze 9200.</i>
Over-the-counter drug coverage	With a prescription from their provider, members will pay Tier 1 Rx cost sharing for OTC drugs, including cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.
Enhanced fitness reimbursement	Members can qualify to receive up to \$150 in an annual fitness reimbursement — or up to \$300 per family contract — on fees for health club memberships, classes or virtual subscriptions! ²
No cost for Doctor On Demand urgent care visits	Members enrolled in non-HSA plans are not required to pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits, and they will apply toward the in-network deductible.
Reduce My Costs	When members are scheduled for outpatient procedures or diagnostic tests, Reduce My Costs ³ helps them find lower-cost providers and care while: <ul style="list-style-type: none"> • Saving on out-of-pocket costs • Earning rewards for choosing a more affordable care option Reduce My Costs is available at no extra cost to fully insured groups.

¹ Site of service benefits are not available on HSA.

² 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. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement and active fitness club members for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income; members should consult their tax advisors.

³ Certain services may require a referral and/or prior authorization before members can receive services from the lower-cost provider. To ensure the services will be covered, members should refer to their plan documents or contact Harvard Pilgrim at 888-333-4742.

Freestanding Clinics

Members have access to these participating urgent, convenience, express and walk-in care clinics:

Auburn: St. Mary's Urgent Care

Augusta: Concentra Urgent Care, MaineGeneral Express Care Center and ConvenientMD

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

Belfast: Penobscot Community Health Center Walk-In Care

Berwick: York Hospital Walk-In Care Center

Brewer: Penobscot Community Health Center Walk-In Care

Brunswick: Concentra Urgent Care & ConvenientMD

East Waterboro: Southern Maine Health Care Walk In Care

Ellsworth: ConvenientMD

Freeport: Freeport Medical Center

Gardiner: MaineGeneral Medical Center Express Care

Gorham: Northern Light Mercy Walk In Care

Houlton: Katahdin Valley Health Center

Jackman: Penobscot Community Health Center Walk-In Care

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

Kittery: York Hospital Walk-In Care Center

Lewiston: Concentra Urgent Care & Maine Urgent Care

Norway: Concentra Urgent Care

Old Town: Penobscot Community Health Center Walk-In Care

Portland: Concentra Urgent Care, ConvenientMD & CVS MinuteClinic

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

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

Scarborough: Clearchoice MD Urgent Care

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

Waterboro: Southern Maine Health Care Walk-In Care

Waterville: MaineGeneral Express Care Center

Wells: York Hospital Walk-In Care Center

Westbrook: ConvenientMD

Windham: Northern Light Mercy Walk In Care

York: York Hospital Walk-In Care Center

Keeping Our Members Healthy

As a recognized leader in integrated population health programs, we're ready to put our expertise and experience to work for the health and well-being of each member.



Engage clinical expertise

Our clinical care team of nurses, social workers, pharmacists and health coaches connects with and guides members to better health.

Chronic care support

- Diabetes
- COPD
- Asthma
- Heart disease

Specialty care support

- Rare diseases
- Transgender care
- Oncology care
- Chronic kidney disease

Clinical care team support

Available for members via the MyConnect mobile app or by phone.

Utilization management¹

Our programs ensure that members get the right care, at the right time and at the right place.

Aspire Health²

We've partnered with one of the largest non-hospice palliative care organizations to provide whole-person support for patients with advanced stages of serious illnesses.

Visit [harvardpilgrim.org/clinicalcareteam](https://www.harvardpilgrim.org/clinicalcareteam) to learn more.



Whole-Person Care

An 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 services¹, 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.



Improve health and wellness

Harvard Pilgrim members have access to a robust suite of tools and programs to help improve and maintain their health and well-being.

Digital tools and apps

- **WebMD:**
Well-being activities with built-in incentives to encourage healthy actions
- **Living Well at Home:**
Online wellness classes

Good Measures Healthy Weight Program

- Individualized coaching by registered dietitians for employees who want to eat healthier, lose weight, or prevent or manage a nutrition-related health condition.

Living WellSM Workplace

Everything an employer needs to start a wellness program, all in one place. Visit harvardpilgrim.org/wellnessprogram to check out our turnkey toolkit, online engagement platform and popular buy-up programs.

Living Well EverydaySM

Our free online community is packed with activities, tracking tools, well-being challenges and more. Earn rewards for participating in a variety of informative, fun and interactive activities. Visit harvardpilgrim.org/wellbeingforall today. And be sure to check out harvardpilgrim.org/livingwellathome for our online wellness classes.

Discounts and savings

- Vision and hearing
- Fitness and workout gear
- Complementary and alternative medicine

Fitness reimbursement

Members can qualify to receive up to \$150 in an annual fitness reimbursement — or up to \$300 per family contract — on fees for health and fitness club memberships, classes or virtual subscriptions!

¹ 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. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement and active fitness club members for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income; members should consult their tax advisors.



Family-Centered Care

Designed to offer access to complementary services and support that aim to improve our members' overall health and well-being.

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

Visit

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

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 caregivers can find support and exchange knowledge

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

Visit

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



Support maternity and family wellness

Parenthood is the journey of a lifetime. And with every journey, it helps to have support and guidance along the way.

Ovia Health

This suite of mobile apps help members:

- Starting families (**Ovia**)
- Navigating pregnancy (**Ovia Pregnancy**)
- Raising young children (**Ovia Parenting**)

Tinyhood Virtual Pregnancy and Parenting Classes

Get 1 Month Free followed by 25% off your annual membership. Learn everything you need to know when it comes to birth, baby, and beyond. Learn from Tinyhood's expanding library of hundreds of lessons ranging from childbirth, baby care, infant and child CPR, sleep, potty training, toddler behavior, and much more!

ProgenyHealth

Harvard Pilgrim has partnered with ProgenyHealth to help improve health outcomes for premature and medically complex babies in neonatal intensive care, and to provide support for their families.

Visit

harvardpilgrim.org/familyhealth to learn more.

2025 Maine Plan Offerings

Maine Small Group 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.

For employers with 2 to 50 eligible employees

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									
HMO																		
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 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%	
HMO HSA																		
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 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%	Deductible, then 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%	Deductible, then 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%	Deductible, then 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 covered in full	Deductible, then 0%/0%/0%/0%
Maine's Choice Plus HMO																		
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%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$60 Copay		
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%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$60 Copay		
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%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$70 Copay		
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%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$80 Copay		
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%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$65 Copay		
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	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	\$65 Copay		

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

**This plan is not Medicare Credible.

Maine Small Group 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									
Maine's Choice Plus HMO HSA																		
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%	
	Standard	Deductible, then covered in full	\$7,000/\$14,000	\$7,000/\$14,000	0%			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
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%	
	Standard	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	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Maine's Choice Plus HMO HSA 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%	
	Standard	Deductible, then covered in full	\$8,000/\$16,000	\$8,000/\$16,000	None			Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
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%	
	Standard	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	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Clear Choice Maine's Choice Plus HMO HSA Bronze 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	
	Standard	Deductible, then covered in full	\$8,000/\$16,000	\$8,000/\$16,000	None			Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
POS																		
Clear Choice POS Silver 3500 MD0000201486, RX0000201250	IN	\$40 Copay/\$60 Copay*	\$3,500/\$7,000	\$8,500/\$17,000	30%	Deductible, then 30%	\$40 Copay	\$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	
	OON	Deductible, then 50%	\$7,000/\$14,000	\$17,000/\$34,000	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Clear Choice POS Silver 4200 MD0000201491, RX0000201255	IN	\$40 Copay/\$60 Copay*	\$4,200/\$8,400	\$8,000/\$16,000	30%	Deductible, then 30%	\$40 Copay	\$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	
	OON	Deductible, then 50%	\$8,400/\$16,800	\$16,000/\$32,000	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%
POS Silver 5700 MD0000201501, RX0000201256	IN	\$45 Copay/\$70 Copay*	\$5,700/\$11,400	\$8,500/\$17,000	30%	Deductible, then 30%	\$45 Copay	\$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	
	OON	Deductible, then 50%	\$11,400/\$22,800	\$17,000/\$34,000	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Clear Choice POS Bronze 7500 MD0000201487, RX0000201251	IN	\$45 Copay/\$80 Copay*	\$7,500/\$15,000	\$9,200/\$18,400	50%	Deductible, then 50%	\$45 Copay	\$60 Copay	\$60 Copay	\$60 Copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$45 Copay	\$45 Copay
	OON	Deductible, then 50%	\$15,000/\$30,000	\$18,400/\$36,800	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%
POS HSA																		
Clear Choice POS HSA Silver 4500 MD0000201492, RX0000201257	IN	Deductible, then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	
	OON	Deductible, then 40%	\$9,000/\$18,000	\$14,000/\$28,000	40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%
Clear Choice POS HSA Bronze 6300 MD0000201494, RX0000201258	IN	Deductible, then 50%	\$6,300/\$12,600	\$7,500/\$15,000	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	
	OON	Deductible, then 50%	\$12,600/\$25,200	\$15,000/\$30,000	50%			Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Clear Choice POS HSA Bronze 7200 MD0000201493, RX0000201254	IN	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	
	OON	Deductible, then covered in full	\$14,400/\$28,800	\$14,400/\$28,800	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

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

**This plan is not Medicare Credible.

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									
PPO Access																		
Clear Choice PPO Access Gold 1500 MD0000201500, RX0000201247	IN	\$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	
	OON	Deductible, then 50%	\$3,000/\$6,000	\$10,000/\$20,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Clear Choice PPO Access Gold 2500 MD0000201515, RX0000201249	IN	\$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	
	OON	Deductible, then 50%	\$5,000/\$10,000	\$10,000/\$20,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Clear Choice PPO Access Silver 3500 MD0000201516, RX0000201250	IN	\$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	
	OON	Deductible, then 50%	\$7,000/\$14,000	\$17,000/\$34,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Clear Choice PPO Access Silver 4200 MD0000201531, RX0000201255	IN	\$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%	
	OON	Deductible, then 50%	\$8,400/\$16,800	\$16,000/\$32,000	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%
PPO Access Silver 5700 MD0000201532, RX0000201256	IN	\$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%	
	OON	Deductible, then 50%	\$11,400/\$22,800	\$17,000/\$34,000	50%		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Clear Choice PPO Access Bronze 9200 MD0000201523, RX0000201252**	IN	\$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	Deductible, then covered in full	\$50 Copay	\$50 Copay	\$30/\$30/Deductible, then 0%/Deductible, then 0%/Deductible, then 0%
	OON	Deductible, then 20%	\$16,000/\$32,000	\$18,400/\$36,800	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%
PPO Access HSA																		
Clear Choice PPO Access HSA Silver 3500 MD0000201485, RX0000201253	IN	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
	OON	Deductible, then 40%	\$7,000/\$14,000	\$14,000/\$28,000	40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%
Clear Choice PPO Access HSA Silver 4500 MD0000201488, RX0000201257	IN	Deductible, then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%/20%/20%/20%/20%
	OON	Deductible, then 40%	\$9,000/\$18,000	\$14,000/\$28,000	40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%
PPO Access HSA Bronze 5500 MD0000201508, RX0000201259	IN	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%
	OON	Deductible, then 50%	\$11,000/\$22,000	\$16,000/\$32,000	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%
Clear Choice PPO Access HSA Bronze 6300 MD0000201489, RX0000201258	IN	Deductible, then 40%	\$6,300/\$12,600	\$7,500/\$15,000	40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 50%/50%/50%/50%/50%
	OON	Deductible, then 60%	\$12,600/\$25,200	\$15,000/\$30,000	60%		Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%	Deductible, then 60%
Clear Choice PPO Access HSA Bronze 7200 MD0000201490, RX0000201254	IN	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%
	OON	Deductible, then 20%	\$12,000/\$24,000	\$14,400/\$28,800	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%

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

**This plan is not Medicare Credible.

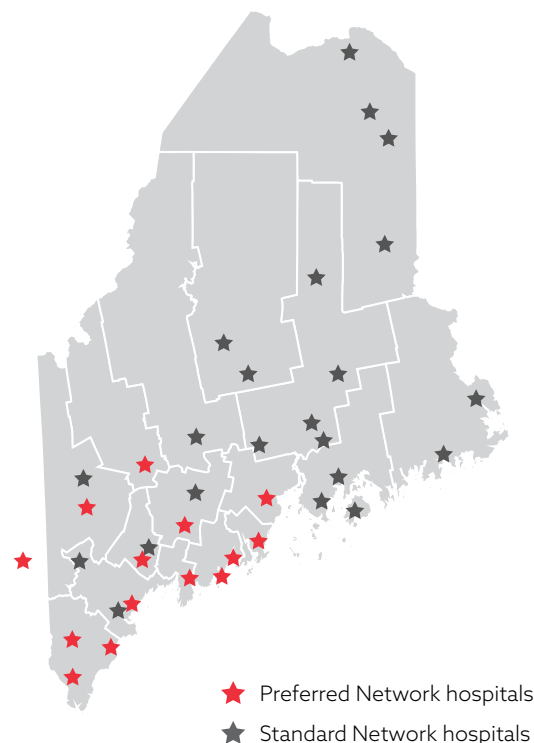
Maine's Choice Plus HMO

Choice, Flexibility and Savings

Maine's Choice Plus HMO

features two provider networks that let members choose from thousands of trusted physicians.

- **Two provider networks so members can control their costs.** They'll pay less for care from Preferred Network primary care providers (PCPs), specialists and hospitals, and they can expand access with providers in our Standard Network.
- **Members have the option to choose a PCP from either network.** They'll pay lower cost sharing when they receive care from Preferred Network PCPs, and higher cost sharing when they receive care from Standard Network PCPs.
- **Available to members statewide.** Members from all 16 counties in Maine are eligible to enroll in Maine's Choice Plus HMO.
- **Some services are always in the Preferred Network.** This includes behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.
- **Some services are on us.** Copayments for non-HSA plans are waived for the first non-routine PCP visit each year, the first behavioral health visit each year and certain preventive services and tests.
- **Payment, or form of cost sharing, depends on the service and provider's network.** Services are either covered in full, or members pay a fixed amount or copayment, maximum out-of-pocket costs or deductible, or a percentage of service cost also known as coinsurance.
- **Our full network.** Members have access to more than 180 hospitals and more than 90,000 doctors and clinicians in the Maine's Choice Standard Network.



How members 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)

Maine's Choice Plus HMO Tiering

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

Get Instant, Accurate Quotes Online

Visit the **broker account** for online quotes, plan details and more

Small group brokers who do business in Maine will manage their 2025 quoting and renewals through the broker account.

With it's refreshed homepage, personalized dashboards, user friendly navigation our Broker Account makes it easy to:

- Receive instant quotes
- PDF documentation available to email to your clients
- View product highlights or detailed Summary of Benefits and Coverage (SBCs) and Schedules of Benefits
- Manage group and census data
- Get instant rates for updated census data
- Create professional proposals

Access the Broker Account

Log in <https://brokers.point32health.org/auth/login.htm> to access your online books of business, commissions, user administration and more.

Need help?

If you have trouble accessing the Online Quoting system or have other issues, contact the Small Group Implementation & Quoting Team at HPSmallGroupRenewals@point32health.org or if it's urgent, call **800-637-4751** and select option 3.



We have the information you need

Visit harvardpilgrim.org/broker for Summary of Benefits and Coverage documents, our plan comparison tool and other helpful resources.

Business Rules

Harvard Pilgrim reserves the right to change premium rates at any time before the effective date of the policy if there is a change in applicable state laws or regulations. Changes to rates after the effective date of coverage are governed by the employer agreement.

All 2025 small group plans are calendar year.

Minimum number of participating subscribers

75% of those employees eligible for health benefits must participate in a Harvard Pilgrim group health plan sponsored by the employer, except during the Small Group Special Open Enrollment Period. **At least 51% of eligible employees must work in Maine.**

Side-by-side pairing rules for all plan offerings

Accounts must have at least two subscribers to offer a dual option. Triple option offerings are allowed if there are at least 10 subscribers. Any plans offered side by side must have no more than a \$3,800 difference in deductible among them.

Group size determination/employee counting for group insurance

In 2019, the Maine Bureau of Insurance announced changes to the methodology by which employees are counted in determining an employer's group size. Now, size for all new and renewing groups is determined by the number of the employees who are eligible for health insurance. For example, if an employer has 10 full-time employees and 75 employees working 20 hours per week, it has 10 eligible employees but has 60 or more full-time eligible (FTE) employees. This difference in methodology could change whether a group is considered a "small" or "large" employer for the purposes of purchasing health care.

Preventive medications with a high-deductible health plan

For members with a high-deductible health plan, the deductible will not apply to certain medications used for preventive care. If the health care provider prescribes one of the designated preventive medications, the deductible will not apply to that prescription.

However, a member will be required to pay the applicable copayment or coinsurance amount for the drug.

The plan may change the listing of designated preventive medications from time to time. For a current list of designated preventive medications, please visit our web site at harvardpilgrim.org/rx. These plans include the words "Preventive Drug Benefit" on the member ID card.

Embedded deductible/OOPM

All 2025 Maine small group 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 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, there is 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.

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
- 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
- Custodial Care
- 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
- Routine foot care, except for members diagnosed with diabetes or systemic circulatory diseases
- Over the counter hearing aids
- Services provided under an individualized education program (IEP) delivered by school personnel, contractor, or vendor.
- (HMO ONLY) Delivery outside the service area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery
- Services provided by a Doula

Limitations for Maine small group 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 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

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

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. ກະລຸນາໃຫ້ທ່ານເບິ່ງໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

Polish (polski) UWAGA: Jeśli postugujesz 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

80 Exchange Street, 2nd Floor, Suite 200

Portland, ME 04101

myserviceteam@harvardpilgrim.org

harvardpilgrim.org

Broker & Employer Service: **800-637-4751**

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



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