Plans to keep you and your family healthy

Maine Individual & Family Product Guide

Plan Year 2021

# Table of contents

1. **Enrolling and renewing**

2. **Core benefits and prescription drug coverage**

3. **Programs to maximize your well-being**

4. **Ways to save money**

5. **Virtual care and urgent care**

7. **Helping you choose a plan**

8. **Maine’s Choice Plus HMO overview**

10. **Health plan options**

18. **Insurance terms to know**

19. **Important legal information**
We make getting coverage easy

Where to buy your plan

Whether you are eligible for federal subsidies or not, you can purchase coverage directly from Harvard Pilgrim. An insurance broker can help you purchase coverage, as well.

www.harvardpilgrim.org

How to renew your plan

If you are a current Harvard Pilgrim member, you will receive a renewal package in late October. If you are happy with the plan that is outlined in the renewal package, all you need to do is pay your premium by January 1, 2021.

New: This year, you will be able to view and make plan changes by logging into www.harvardpilgrim.org/renew.

Please call us at (866) 673-2638 if you have any renewal questions.

Important dates

Sunday, November 1 - Tuesday, December 15, 2020*

How to find a health care provider

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

1. Visit www.harvardpilgrim.org
2. Click on Find a Provider
3. Select a Plan: HMO or HMO Open Access or Maine’s Choice Plus HMO (located under the Tiered/Limited Plans option)
4. Search by provider type

COVID-19 benefits & coverage

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

* You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period, please visit www.HealthCare.gov to review the eligibility guidelines and submit your enrollment.
All the coverage you’ll need

These core benefits are included with each of our plans.

**Updated Acupuncture and chiropractic**
Unlimited acupuncture and chiropractic visits per year

**Ambulatory patient services**
Outpatient care without hospital admission

**Laboratory services**
Blood work, screenings, etc.

**Prescriptions**
Access to safe, effective medications

**Emergency services**
Trips to the emergency room (ER), when medically necessary

**Mental health and substance use services**
Counseling and psychotherapy

**Rehabilitation and habilitative services and devices**
Rehab services, hospital beds, crutches, oxygen tanks

**Eye exams**
One preventive screening every year

**Pediatric vision hardware**
Covers children up to age 19

**Routine physical exams**
Annual preventive visit with your primary care provider

---

Our prescription drug benefits focus on choice and value.

All plans include our 5-tier prescription drug coverage: The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. You can fill prescriptions at retail pharmacies nationwide or through our mail order program.

We’ve added some over-the-counter drugs to our formularies. 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.

Is a prescription covered?

To find out, visit www.harvardpilgrim.org/rx. Select the year and the plan as shown on the ID card (example: Value 5-Tier), then look up drugs by tier or category.

How prescription drug tiers work

<table>
<thead>
<tr>
<th>TIER</th>
<th>VALUE 5-TIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Lower-cost generics</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Higher-cost generics</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Preferred brands (some higher-cost generics)</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Non-preferred brands and preferred specialty (some higher-cost generics)</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Non-preferred specialty drugs, and selected brand and generic drugs</td>
</tr>
</tbody>
</table>

---

Plan tiers
Maximize your well-being with our Living Well℠ programs

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

Living Well℠

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

Lifestyle Management Coaching

Through one-on-one coaching sessions over the phone and email check-ins, our certified health and wellness coaches will help you set realistic health goals, address barriers, and keep track of your progress.

Care management

Whether you’re coming to terms with a new diagnosis, newly pregnant, contemplating a procedure, struggling with diabetes, asthma, or staying on top of your medications – our clinical care team of registered nurses is here to help. No matter what you’re facing, our nurses in Maine will guide you to the available resources and look at all the factors that affect your well-being.

Supporting your emotional and mental well-being

We understand mental health and substance use conditions can be complex, confusing and sometimes overwhelming.

Through our partnership with United Behavioral Health (also known as Optum), you have access to resources and treatment for a wide number of behavioral health conditions. These can include depression, anxiety, ADHD, eating disorders, and/or concerns about substance use or addiction.

Our confidential Behavioral Health Access Center can help you understand your coverage and treatment options and makes it easy for you to get started with treatment.

Call (888) 777-4742 or visit www.harvardpilgrim.org/behavioralhealth to get started.

For all non-HSA plans, you have access to three outpatient behavioral health visits per calendar year at no charge.
Ways to help you save money
Keep more money in your pocket with tools and programs designed to help you save.

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

Start a virtual visit: www.doctorondemand.com

Reduce My Costs
This voluntary program helps you find and schedule care at a lower-cost facility for elective outpatient medical procedures, diagnostic tests and more. You’ll receive rewards for choosing a more affordable option. Call (855) 772-8366 or use the chat feature to speak with a Reduce My Costs nurse. Find out more at www.harvardpilgrim.org/reducemycosts.

Discounts & Savings
Save on a variety of products and services that can help you stay healthy:
• Vision
• Hearing
• Healthy eating
• Fitness
• Dental
• Holistic wellness
• Smoking cessation
• Family & senior care

Fitness reimbursement
A family is eligible to receive up to $300 in an annual fitness reimbursement on fees for health and fitness club memberships, classes or virtual subscriptions! Each plan member (up to two individuals) can receive up to $150. To qualify, you or one of your dependents must be an active member of the fitness club for at least four months within a calendar year.

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

---

1 Rewards are considered taxable income; please consult with your tax advisor.
2 There is a $300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.
# Care options to save you time and money

When your primary care provider’s office isn’t open, and you need medical care for a non-life-threatening injury or illness, you don’t have to use the emergency room.

<table>
<thead>
<tr>
<th>Telemedicine services</th>
<th>Typical out-of-pocket costs</th>
<th>Common symptoms</th>
</tr>
</thead>
</table>
| Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer | No cost sharing for Doctor On Demand urgent care virtual visits<sup>1</sup> | • Coughs, colds  
• Sore/strep throat  
• Flu  
• Pediatric issues  
• Sinus and allergies  
• Nausea/diarrhea  
• Rashes and skin issues  
• Women’s health: UTIs, yeast infections  
• Sports injuries  
• Eye issues |

| Convenience care/retail clinic | $ You’ll typically pay a copayment for going to a participating clinic<sup>2</sup> | • Bronchitis  
• Ear infections  
• Eye infections  
• Strep throat  
• Skin conditions like poison ivy and ringworm |

| Freestanding urgent care clinic | $$ You’ll typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit<sup>2</sup> | • Minor injuries  
• Respiratory infections  
• Sprains and strains  
• Burns, rashes, bites, cuts and bruises  
• Infections  
• Coughs, cold and flu |

| Hospital-based urgent care clinic | $$$ You’ll typically pay your deductible, then a hospital-based urgent care copayment<sup>2</sup> | • Minor injuries  
• Respiratory infections  
• Sprains and strains  
• Burns, rashes, bites, cuts and bruises  
• Coughs, cold and flu |

| Emergency room (ER) | $$$$ You’ll typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible<sup>2</sup> | • Choking  
• Convulsions  
• Heart attack  
• Loss of consciousness  
• Major blood loss  
• Seizures  
• Severe head trauma  
• Shock  
• Stroke |

---

1 Members on non-HSA plans will not pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will pay cost sharing up to the deductible amount.

2 What you pay out-of-pocket depends on your specific Harvard Pilgrim plan. Please refer to your plan documents for your specific benefit information.
All of these participating freestanding urgent care clinics are available to you

<table>
<thead>
<tr>
<th>Location</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auburn</td>
<td>St. Mary’s Urgent Care</td>
</tr>
<tr>
<td>Augusta</td>
<td>Concentra Urgent Care &amp; MaineGeneral Express Care Center</td>
</tr>
<tr>
<td>Bangor</td>
<td>Concentra Urgent Care, ConvenientMD &amp; Penobscot Community Health Center Walk-In Care</td>
</tr>
<tr>
<td>Belfast</td>
<td>Penobscot Community Health Center Walk-In Care</td>
</tr>
<tr>
<td>Berwick</td>
<td>Concentra Urgent Care &amp; York Hospital Walk-In Care Center</td>
</tr>
<tr>
<td>Brewer</td>
<td>Penobscot Community Health Center Walk-In Care</td>
</tr>
<tr>
<td>Brunswick</td>
<td>Concentra Urgent Care &amp; ConvenientMD</td>
</tr>
<tr>
<td>Freeport</td>
<td>Freeport Medical Center</td>
</tr>
<tr>
<td>Gardiner</td>
<td>Maine General Medical Center Express Care</td>
</tr>
<tr>
<td>Gorham</td>
<td>Mercy Hospital</td>
</tr>
<tr>
<td>Houlton</td>
<td>Katahdin Valley Health Center</td>
</tr>
<tr>
<td>Jackman</td>
<td>Penobscot Community Health Center Walk-In Care</td>
</tr>
<tr>
<td>Kennebunk</td>
<td>York Hospital Walk-In Care Center &amp; Southern Maine Health Care Walk-In Care</td>
</tr>
<tr>
<td>Kittery</td>
<td>York Hospital Walk-In Care Center</td>
</tr>
<tr>
<td>Lewiston</td>
<td>Concentra Urgent Care &amp; Maine Urgent Care</td>
</tr>
<tr>
<td>Norway</td>
<td>Concentra Urgent Care</td>
</tr>
<tr>
<td>Old Town</td>
<td>Penobscot Community Health Center Walk-In Care</td>
</tr>
<tr>
<td>Portland</td>
<td>ConvenientMD &amp; Mercy Hospital</td>
</tr>
<tr>
<td>Saco</td>
<td>ConvenientMD &amp; Southern Maine Health Care Walk-In Care</td>
</tr>
<tr>
<td>Sanford</td>
<td>Southern Maine Health Care Walk-In Care &amp; York Hospital Walk-In Care Center</td>
</tr>
<tr>
<td>Scarborough</td>
<td>Clearchoice MD Urgent Care</td>
</tr>
<tr>
<td>South Portland</td>
<td>American Family Care Urgent Care &amp; Concentra Urgent Care</td>
</tr>
<tr>
<td>Topsham</td>
<td>Topsham Urgent Care Center</td>
</tr>
<tr>
<td>Yarmouth</td>
<td>Mercy Hospital</td>
</tr>
<tr>
<td>York</td>
<td>York Hospital Walk-In Care Center</td>
</tr>
<tr>
<td>Waterboro</td>
<td>Southern Maine Health Care Walk-In Care</td>
</tr>
<tr>
<td>Waterville</td>
<td>MaineGeneral Express Care Center</td>
</tr>
<tr>
<td>Wells</td>
<td>York Hospital Walk-In Care Center</td>
</tr>
<tr>
<td>Westbrook</td>
<td>ConvenientMD &amp; Mercy Hospital</td>
</tr>
<tr>
<td>Windham</td>
<td>Mercy Hospital</td>
</tr>
</tbody>
</table>
Helping you choose a plan

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

- What kind of care do you expect to need in the next year?
- Are you willing to pay more for a higher level of coverage?
- Would you rather pay higher monthly premiums in exchange for lower costs when you receive care?

See the 2021 health plan options on the following pages for more details on cost sharing for each plan.

<table>
<thead>
<tr>
<th>May be best if you:</th>
<th>Gold HMO plans</th>
<th>Silver HMO plans</th>
<th>Bronze HMO plans</th>
<th>Catastrophic plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Are willing to pay for richer benefits</td>
<td>Are eligible for a subsidy and want strong coverage value</td>
<td>Are healthy and do not expect to use services</td>
<td>Have a hardship exemption or affordability exemption, OR if you’re under 30, relatively healthy, and want to protect yourself in worst-case scenarios</td>
</tr>
<tr>
<td>Premium level</td>
<td>Highest</td>
<td>Lower than Gold; higher than Bronze</td>
<td>Lower than Silver; higher than Catastrophic</td>
<td>Lowest</td>
</tr>
<tr>
<td>Deductible range (individual)</td>
<td>$1,000 – $4,000</td>
<td>$2,700 – $8,000</td>
<td>$6,000 – $8,550</td>
<td>$8,550</td>
</tr>
<tr>
<td>Coinsurance range</td>
<td>20% – 40%</td>
<td>20% – 50%</td>
<td>0% – 50%</td>
<td>None</td>
</tr>
<tr>
<td>Available plans</td>
<td>HMO 1000</td>
<td>HMO Silver 3000</td>
<td>HMO Bronze 7000&lt;sup&gt;1&lt;/sup&gt;</td>
<td>HMO Catastrophic&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>HMO Gold 1500</td>
<td>HMO 5000</td>
<td>HMO Bronze 8550&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maine’s Choice Plus&lt;sup&gt;SM&lt;/sup&gt; HMO Gold 1200&lt;sup&gt;2&lt;/sup&gt;</td>
<td>HMO HSA 3000</td>
<td>HMO HSA Bronze 6000&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maine’s Choice Plus&lt;sup&gt;SM&lt;/sup&gt; HMO: -HMO Silver 2700&lt;sup&gt;1,2&lt;/sup&gt; -HMO Silver 4800&lt;sup&gt;1,2&lt;/sup&gt; -HMO Silver 6500&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Maine’s Choice Plus&lt;sup&gt;SM&lt;/sup&gt; HMO: -HMO HSA 6000&lt;sup&gt;2,3&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maine’s Choice Plus&lt;sup&gt;SM&lt;/sup&gt; HMO: -HMO HSA Bronze 6000&lt;sup&gt;2,3&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

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

---

<sup>1</sup> Payment is waived for the first non-routine office visit with a PCP and for three outpatient behavioral health visits in the calendar year.

<sup>2</sup> To be eligible to enroll in the Maine’s Choice Plus HMO, you must live in one of the following 10 counties at least nine months out of the year: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.

<sup>3</sup> Preventive Rx: Deductible does not apply. For HSA (Health Savings Account) plans, a deductible applies before most services are covered.

<sup>4</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

<sup>5</sup> The first three PCP and outpatient behavioral health visits in the calendar year are covered.
Maine’s Choice Plus℠ HMO: Where choice and flexibility meet savings

Enhanced features for 2021!

For 2021, Maine’s Choice HMO is becoming Maine’s Choice Plus℠ HMO. Maine’s Choice Plus℠ HMO will continue to feature two provider networks that let you choose from thousands of trusted physicians.

• **Two networks so you can control your costs.** You’ll pay less for care from Preferred Network primary care providers (PCPs), specialists and hospitals.

• **NEW: You have the option to choose a PCP from either network.** You’ll pay lower cost sharing when you receive care from a Preferred Network PCP and higher cost sharing with a Standard Network PCP.

• **Some services are always in the Preferred Network.** These include behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.

• **Some services are on us.** These include copayments for the first non-routine PCP visit, three outpatient behavioral visits per calendar year,* and certain preventive services and tests.

• **Payment and the amount of cost sharing depend on the service and provider’s network.** See the product grids on pages 14 - 17 for details on what you pay for services from Preferred Network and Standard Network providers.

• **Our full network.** Between our Preferred and Standard Networks, members have access to more than 180 hospitals and more than 90,000 doctors and clinicians.

• **To be eligible to enroll in the Maine’s Choice Plus℠ HMO, you must live in one of the following 10 counties at least nine months out of the year:** Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.

How you can find a provider

1. Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

2. Click on **Find a Provider**

3. Select **Maine’s Choice Plus℠ HMO** (under the Tiered/Limited Plans section)

4. Search by provider type

The Maine’s Choice Plus℠ Preferred Network includes doctors and other health care providers from these leading physician organizations:

– InterMed
– Kennebec Region Health Alliance

– Maine Medical Center PHO
– Martin’s Point Health Care

– Spectrum Medical Group
– York Hospital

* Only available for non-HSA plans.
Set up your member account

Once your membership becomes effective, be sure to set up your online member account at www.harvardpilgrim.org. Use your mobile phone, tablet or computer to:

- Get your electronic ID card
- Choose your primary care provider (PCP)
- Make sure your providers are in your plan’s network before upcoming appointments
- Look up your prescriptions to see how they are covered
- Check your claims and deductible status

We’re committed to Maine’s communities

Service is more than good business.

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

As a not-for-profit, service inspires our social mission. We’re driven by a human concern for the health challenges facing our neighbors and communities. And we’re dedicated to helping resolve them through our partnerships with dozens of Maine nonprofit organizations.
## 2021 Maine plan offerings

### HMO

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Convenience Care</th>
<th>Labs</th>
<th>Inpatient</th>
<th>Acupuncture &amp; Chiro</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HMO 1000</strong>&lt;br&gt;Metal Tier: Gold&lt;br&gt;MD0001000134&lt;br&gt;RX0001000713</td>
<td>$25/$50*</td>
<td>$1,000/ $2,000</td>
<td>$5,000/ $10,000</td>
<td>20%</td>
<td>Deductible than 40%</td>
<td>$25</td>
<td>Deductible than 20%</td>
<td>$25</td>
<td>Deductible than 20%</td>
<td>$50/ Deductible than 20%</td>
<td>$50</td>
<td>$15/$75/30%/50%/50%&lt;br&gt;(Deductible applies to T3, T4 &amp; T5)</td>
</tr>
<tr>
<td><strong>HMO Gold 1500</strong>&lt;br&gt;Metal Tier: Gold&lt;br&gt;MD0001000117&lt;br&gt;RX0001000660</td>
<td>$25/Deductible than 25%*</td>
<td>$1,500/ $3,000</td>
<td>$7,000/ $14,000</td>
<td>25%</td>
<td>Deductible than 40%</td>
<td>$25</td>
<td>Deductible than 25%</td>
<td>$25</td>
<td>Deductible than 25%</td>
<td>Deductible than 25%</td>
<td>Deductible than 25%</td>
<td>$15/$75/30%/50%/50%&lt;br&gt;(Deductible applies to T3, T4 &amp; T5)</td>
</tr>
<tr>
<td><strong>HMO Silver 3000</strong>&lt;br&gt;Metal Tier: Silver&lt;br&gt;MD0001000124 (dental)&lt;br&gt;MD0001000125 (no dental)&lt;br&gt;RX0001000669</td>
<td>$35/Deductible than 35%*</td>
<td>$3,000/ $6,000</td>
<td>$8,550/ $17,100</td>
<td>35%</td>
<td>Deductible than 50%</td>
<td>$35</td>
<td>Deductible than 35%</td>
<td>$35</td>
<td>Deductible than 35%</td>
<td>Deductible than 35%</td>
<td>Deductible than 35%</td>
<td>$15/$75/30%/50%/50%&lt;br&gt;(Deductible applies to T3, T4 &amp; T5)</td>
</tr>
<tr>
<td><strong>HMO 5000</strong>&lt;br&gt;Metal Tier: Silver&lt;br&gt;MD0001000122&lt;br&gt;RX0001000668</td>
<td>$30/Deductible than 30%*</td>
<td>$5,000/ $10,000</td>
<td>$8,550/ $17,100</td>
<td>30%</td>
<td>Deductible than 40%</td>
<td>$30</td>
<td>Deductible than 30%</td>
<td>$30</td>
<td>Deductible than 30%</td>
<td>Deductible than 30%</td>
<td>Deductible than 30%</td>
<td>$15/$75/30%/50%/50%&lt;br&gt;(Deductible applies to T3, T4 &amp; T5)</td>
</tr>
<tr>
<td><strong>HMO Bronze 7000</strong>&lt;br&gt;Metal Tier: Bronze&lt;br&gt;MD0001000119&lt;br&gt;RX0001000661</td>
<td>$25/Deductible than 50%*</td>
<td>$7,000/ $14,000</td>
<td>$8,550/ $17,100</td>
<td>50%</td>
<td>Deductible than 50%</td>
<td>$25</td>
<td>Deductible than 50%</td>
<td>$25</td>
<td>Deductible than 50%</td>
<td>Deductible than 50%</td>
<td>Deductible than 50%</td>
<td>$10/$30/30%/50%/50%&lt;br&gt;(Deductible applies to T3, T4 &amp; T5)</td>
</tr>
</tbody>
</table>

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

** Members may purchase up to a 90-day supply of maintenance medications.

---

1. Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.
3. Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Convenience Care</th>
<th>Labs</th>
<th>Inpatient</th>
<th>Acupuncture &amp; Chiro</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO Bronze 8550</td>
<td>Deductible then Covered in Full*</td>
<td>$8,550/17,100</td>
<td>None</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>$5/$25/$50/30%/50%/50%</td>
</tr>
<tr>
<td>HMO Catastrophic</td>
<td>PCP: Covered in Full for the first 3 visits per member. All other visits: Deductible then Covered in Full*</td>
<td>$8,550/17,100</td>
<td>None</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then Covered in Full</td>
<td>Deductible then 0%/0%/0%/0%/0%</td>
</tr>
<tr>
<td>HMO HSA 3000</td>
<td>Deductible then 20%</td>
<td>$3,000/6,000</td>
<td>20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 20%</td>
<td>Deductible then 10/$50/100/30%/30%</td>
</tr>
<tr>
<td>HMO HSA Bronze 6000</td>
<td>Deductible then 50%</td>
<td>$6,000/12,000</td>
<td>50%</td>
<td>Deductible then 50%</td>
<td>Deductible then 50%</td>
<td>Deductible then 50%</td>
<td>Deductible then 50%</td>
<td>Deductible then 50%</td>
<td>Deductible then 50%</td>
<td>Deductible then 15/$75/100/50%/50%</td>
<td></td>
</tr>
</tbody>
</table>

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

** Members may purchase up to a 90-day supply of maintenance medications.

---

1 Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.
2 Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.
3 Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.
## Maine’s Choice Plus℠ HMO

### Product Name

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Network Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Convenience Care</th>
<th>Labs</th>
<th>Inpatient</th>
<th>Acupuncture &amp; Chiro</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
<th>Metal Tier</th>
<th>Network:</th>
<th>Standard Network:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Standard Deductible than 40%*</td>
<td>Preferred Network: $25/$75**</td>
<td>Preferred Network: $1,200/$2,400</td>
<td>Preferred Network: $5,800/$11,600</td>
<td>Preferred Network: 20%</td>
<td>Preferred Network: $25</td>
<td>Preferred Network: $75</td>
<td>Preferred Network: Deductible than 20%</td>
<td>Preferred Network: Deductible than 20%</td>
<td>Preferred Network: Deductible than 20%</td>
<td>Preferred Network: Deductible then 20%</td>
<td>$5/$25/30%/50%/50% (Preferred Deductible applies to T3, T4 &amp; T5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maine’s Choice Plus℠ HMO Gold 1200²</strong></td>
<td><strong>Maine’s Choice Plus℠ HMO Silver 2700²</strong></td>
<td><strong>Maine’s Choice Plus℠ HMO Silver 4800²</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Metal Tier: Gold</strong></td>
<td><strong>Metal Tier: Silver</strong></td>
<td><strong>Metal Tier: Silver</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MD0000100131</strong></td>
<td><strong>MD0000100176 (dental)</strong></td>
<td><strong>MD0000100180 (dental)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RX0000100070</strong></td>
<td><strong>RX0000100131</strong></td>
<td><strong>RX0000100103</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $5/$25/30%/50%/50%</strong></td>
<td><strong>Preferred Network: $5/$25/30%/50%/50%</strong></td>
<td><strong>Preferred Network: $5/$25/30%/50%/50%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard Network: $50/ Deductible than 50%</strong></td>
<td><strong>Standard Network: $50/ Deductible than 50%</strong></td>
<td><strong>Standard Network: $50/ Deductible than 50%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $25/$75</strong></td>
<td><strong>Preferred Network: $25/$75</strong></td>
<td><strong>Preferred Network: $25/$75</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $2,700/$5,400</strong></td>
<td><strong>Preferred Network: $2,700/$5,400</strong></td>
<td><strong>Preferred Network: $2,700/$5,400</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $7,600/$15,200</strong></td>
<td><strong>Preferred Network: $7,600/$15,200</strong></td>
<td><strong>Preferred Network: $7,600/$15,200</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $2,800/$5,600</strong></td>
<td><strong>Preferred Network: $2,800/$5,600</strong></td>
<td><strong>Preferred Network: $2,800/$5,600</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $7,200/$14,400</strong></td>
<td><strong>Preferred Network: $7,200/$14,400</strong></td>
<td><strong>Preferred Network: $7,200/$14,400</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $30/ Deductible than 50%</strong></td>
<td><strong>Preferred Network: $30/ Deductible than 50%</strong></td>
<td><strong>Preferred Network: $30/ Deductible than 50%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $1,200/$2,400</strong></td>
<td><strong>Preferred Network: $1,200/$2,400</strong></td>
<td><strong>Preferred Network: $1,200/$2,400</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $3,000/$6,000</strong></td>
<td><strong>Preferred Network: $3,000/$6,000</strong></td>
<td><strong>Preferred Network: $3,000/$6,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $7,000/$14,000</strong></td>
<td><strong>Preferred Network: $7,000/$14,000</strong></td>
<td><strong>Preferred Network: $7,000/$14,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $6,000/$12,000</strong></td>
<td><strong>Preferred Network: $6,000/$12,000</strong></td>
<td><strong>Preferred Network: $6,000/$12,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $1,900/$3,800</strong></td>
<td><strong>Preferred Network: $1,900/$3,800</strong></td>
<td><strong>Preferred Network: $1,900/$3,800</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $5,800/$11,600</strong></td>
<td><strong>Preferred Network: $5,800/$11,600</strong></td>
<td><strong>Preferred Network: $5,800/$11,600</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $11,600/ Deductible than 50%</strong></td>
<td><strong>Preferred Network: $11,600/ Deductible than 50%</strong></td>
<td><strong>Preferred Network: $11,600/ Deductible than 50%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $25/ Deductible than 50%</strong></td>
<td><strong>Preferred Network: $25/ Deductible than 50%</strong></td>
<td><strong>Preferred Network: $25/ Deductible than 50%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Network: $75/ Deductible than 50%</strong></td>
<td><strong>Preferred Network: $75/ Deductible than 50%</strong></td>
<td><strong>Preferred Network: $75/ Deductible than 50%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

** Members may purchase up to a 90-day supply of maintenance medications.

---

1. Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.
3. Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Network Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Convenience Care</th>
<th>Labs</th>
<th>Inpatient</th>
<th>Acupuncture &amp; Chiro</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine's Choice Plus℠ HMO Silver 6500</td>
<td>Preferred Network: Deductible then 30%</td>
<td>$35/$75*</td>
<td>$6,500/$13,000</td>
<td>Preferred Network: 30%</td>
<td>Preferred Network: $35</td>
<td>Preferred Network: $75</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>$5/$25/30%/50%/50% (Preferred Deductible applies to T3, T4 &amp; T5)</td>
</tr>
<tr>
<td></td>
<td>Preferred Network: Deductible then 50%*</td>
<td>Standard Network: $70/ $16,000</td>
<td>Standard Network: $8,500/$17,100</td>
<td>$6,000/$12,000</td>
<td>Deductible then 40%</td>
<td>Standard Network: Deductible then 50%</td>
<td>Standard Network: Deductible then 50%</td>
<td>$35</td>
<td>Standard Network: Deductible then 50%</td>
<td>Standard Network: Deductible then 50%</td>
<td>Standard Network: Deductible then 50%</td>
<td>Standard Network: Deductible then 50%</td>
</tr>
<tr>
<td></td>
<td>Preferred Network: Standard Network: $8,000/$16,000</td>
<td>Standard Network: $8,500/$17,100</td>
<td>Preferred Network: $6,950/$13,900</td>
<td>Preferred Network: 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
<td>Preferred Network: Deductible then 30%</td>
</tr>
</tbody>
</table>

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

** Members may purchase up to a 90-day supply of maintenance medications.

---


This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.
These insurance terms are good to know

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

Deductible
This is a set amount of money you pay out of your own pocket for certain services. For a $2,000 annual deductible, for example, you will pay $2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan’s deductible, you will need to pay for them when you pick them up from the pharmacy.

Copayments do not count toward a deductible.

Copayments
This is the flat dollar amount you pay for certain services on your plan. There may be different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due at the time of an appointment, or when you pick up a prescription at the pharmacy.

HSA (health savings account)
This is a savings account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan, such as the HMO HSA or the Maine’s Choice Plus℠ HMO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

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

Catastrophic plan
You can buy a catastrophic plan if you are under 30 or if you have a hardship exemption or affordability exemption. Catastrophic plans have low monthly premiums and high deductibles. They cover three primary care provider office visits outside of the deductible. You will pay out of your own pocket for most other covered services before the plan helps pay.

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

What’s not covered on our HMO plans

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

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for preventive foot care for members with diabetes
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services that were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers’ compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- Language assistance services
Limitations for Maine individual plans

- Early intervention – 40 visits per year
- Physical, speech and occupational therapies – 60 visits combined per year
- Skilled nursing facility and inpatient rehabilitation – 150 days combined per year
- Routine eye exam – 1 exam per year

General notice about nondiscrimination and accessibility requirements

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St., Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at 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)

Language assistance services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).


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

繁體中文 (Traditional Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ cho mọi người. Gọi số 1-888-333-4742 (TTY: 711).

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

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

ភាសាខ្មែរ (Cambodian) ព័ត៌មានជាអក្សរអង់គ្លេស: ប្រការិយ៍អំពីការផ្តល់សេវាកម្មដំបូងនៃការផ្តល់សេវាកម្ម។ សេវាកម្មនេះអាចផ្តល់បាន 1-888-333-4742 (TTY: 711)។

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

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


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

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

हिन्दी (Hindi) ध्यान दियेजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है। जानकारी के लिये फोन करें: 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન દીયે: તમે ગુજરાતી બોલતા હો તો આપણે માટે સાધારણ રીતે તમારી કામગીરી માટે મુક્ત ઉપલબ્ધ કરીશીએ. વિષય માહિતી માટે ફોન કરો: 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ຃່າວ: ແ(hr) ທ່ານ ຜ່າитет ການປະເພດ ການ, ການບາງເວ옴ປະເພດ ການ, ການປະເພດ, ການມີຊີວິດຊອນ. ການ 1-888-333-4742 (TTY: 711).

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

1 Market Street, Portland, Maine 04101
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