

2018 ME Small Group Benefit Designs

Effective 1/1/2018 - 12/31/2018

The following are the Maine Small Group Benefit Designs for 1/1/2018 through 12/31/2018.

Key Changes:

- Added higher deductible Maine's Choice HSA HMO plan (4000)
- Increased deductible on Core Coverage HMO plan (5000)
- Urgent Care Free Standing Locations are now Level 1 copay
- Emergency Room services are now subject to deductible then coinsurance on all plans excluding all-Maine's Choice plans, which will remain the same at deductible and copay
- Standard Option RX tier 2 Pharmacy copays will now increase from \$20 to \$25 on the 30 day supply
- Low Option RX will now apply straight copays for all tiers: PPO/POS/HMO - (Retail: \$5/\$25/\$100/\$500/\$750
PPO/POS - (Mail: \$10/\$50/\$200/\$1,000/\$2,250), HMO - (Mail: \$15/\$75/\$300/\$1,500/\$2,250)
- Side by Side Pairing (Revised Q4 2017)
- In 2018, SHOP will no longer be offered



Harvard Pilgrim
Health Care

HMO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)
Maine Difference HMO 1500 Gold MD0000004546 RX0000001534	\$25/\$50	\$1,500/\$3,000	\$4,500/\$9,000	20%	Ded then 20%	Hosp: \$50 Freestand: \$25	Ded then 20%	Ded then 20%	Ded then 20%	\$50	\$25	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max)
Maine Difference HMO 2500 Gold MD0000004547 RX0000001535	\$25/\$50	\$2,500/\$5,000	\$6,000/\$12,000	20%	Ded then 20%	Hosp: \$50 Freestand: \$25	Ded then 20%	Ded then 20%	Ded then 20%	\$50	\$25	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max)
Maine Difference HMO 3150 Silver MD0000004548 RX0000001536	\$35/\$70	\$3,150/\$6,300	\$7,350/\$14,700	30%	Ded then 30%	Hosp: \$70 Freestand: \$35	Ded then 30%	Ded then 30%	Ded then 30%	\$50	\$35	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Low Option RX Available RX0000001537
Maine Difference HMO 4500 Silver MD0000004549 RX0000001536	\$35/\$70	\$4,500/\$9,000	\$7,350/\$14,700	30%	Ded then 30%	Hosp: \$70 Freestand: \$35	Ded then 30%	Ded then 30%	Ded then 30%	\$50	\$35	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Low Option RX Available RX0000001537
Maine Difference HMO 5000 Silver MD0000004550 RX0000001536	\$35/\$70	\$5,000/\$10,000	\$7,350/\$14,700	20%	Ded then 20%	Hosp: \$70 Freestand: \$35	Ded then 20%	Ded then 20%	Ded then 20%	\$50	\$35	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Low Option RX Available RX0000001537

*Low Option RX - Retail: \$5/\$25/\$100/\$500/\$750, Mail: \$15/\$75/\$300/\$1,500/\$2,250

HMO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupunture	RX Cost Share (Value Formulary)
Core Coverage HMO 5000 Silver MD0000004551 RX0000001536	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 30%	\$5,000/\$10,000	\$7,350/\$14,700	30%	Ded then 30%	Hosp: Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 30%	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 30%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Low Option RX Available RX0000001569

*Low Option RX - Retail: \$5/\$25/\$100/\$500/\$750, Mail: \$15/\$75/\$300/\$1,500/\$2,250

Best Buy HSA HMO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupunture	RX Cost Share (Value Formulary)
Best Buy HSA HMO 2800 Silver MD0000004561 RX0000001547	Ded then 20%	\$2,800/\$5,600	\$5,000/\$10,000	20%	Ded then 20%	Hosp: Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail
Best Buy HSA HMO 3500 Silver MD0000004562 RX0000001548	Ded then 20%	\$3,500/\$7,000	\$5,500/\$11,000	20%	Ded then 20%	Hosp: Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail

Best Buy HSA HMO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)
Best Buy HSA HMO 4750 Bronze MD0000004563 RX0000001549	Ded then 30%	\$4,750/\$9,500	\$6,550/\$13,100	30%	Ded then 30%	Hosp: Ded then 30% Freestand: Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail
Best Buy HSA HMO 5300 Bronze MD0000004564 RX0000001550	Ded then 50%	\$5,300/\$10,600	\$6,550/\$13,100	50%	Ded then 50%	Hosp: Ded then 50% Freestand: Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail
Best Buy HSA HMO 6250 Bronze MD0000004565 RX0000001551	Ded then CIF	\$6,250/\$12,500	\$6,550/\$13,100	None	Ded then CIF	Hosp: Ded then CIF Freestand: Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail

Maine's Choice HMO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)
Maine's ChoiceSM HMO 1250 Gold MD0000004572 RX0000001560	T1: \$20/\$50 T2: T2 Ded then 30%	T1: \$1,250 /\$2,500 T2: \$3,000/6,000	T1: \$3,000/ \$6,000 T2: \$6,000/12,000	T1: 20% T2: 30%	T1/T2: T1 Ded then \$250	T1: Hosp: \$50 T1: Freestand: \$20 T2: T2 Ded then 30%	T1: T1 Ded then 20% T2: T2 Ded then 30%	T1: T1 Ded then 20% T2: T2 Ded then 30%	T1: T1 Ded then 20% T2: T2 Ded then 30%	T1: \$50 T2: T2 Ded then 30%	T1/T2: \$20	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max)
Maine's ChoiceSM HMO 2000 Gold MD0000004573 RX0000001561	T1: \$20/\$50 T2: T2 Ded then 40%	T1: \$2,000 /\$4,000 T2: \$4,000/8,000	T1: \$5,000/ \$10,000 T2: \$6,500/13,000	T1: 20% T2: 40%	T1/T2: T1 Ded then \$250	T1: Hosp: \$50 T1: Freestand: \$20 T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: \$50 T2: T2 Ded then 40%	T1/T2: \$20	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max)
Maine's ChoiceSM HMO 3500 Silver MD0000004574 RX0000001562	T1: \$35/\$70 T2: T2 Ded then 40%	T1: \$3,500 /\$7,000 T2: \$6,500/13,000	T1: \$6,500/ \$13,000 T2: \$7,350/14,700	T1: 20% T2: 40%	T1/T2: T1 Ded then \$350	T1: Hosp: \$70 T1: Freestand: \$35 T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: \$50 T2: T2 Ded then 40%	T1/T2: \$35	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max)
Maine's ChoiceSM Best Buy HSA HMO 3000 Silver MD0000004575 RX0000001563	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: \$3,000 /\$6,000 T2: \$5,000/10,000	T1: \$4,500/ \$9,000 T2: \$6,550/13,100	T1: 20% T2: 40%	T1/T2: T1 Ded then 20%	T1: Hosp/ Freestand: T1 Ded then 20% T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1: T1 Ded then 20% T2: T2 Ded then 40%	T1/T2: T1 Ded then 20%	Retail: T1 Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: T1 Ded then \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail

Maine's Choice HMO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture	RX Cost Share (Value Formulary)
Maine's Choice SM Best Buy HSA HMO 4000 Bronze MD0000004576 RX0000001564	T1: T1 Ded then 30% T2: T2 Ded then 50%	T1: \$4,000 /\$8,000 T2: \$6,000/12,000	T1: \$6,000/\$12,000 T2: \$6,550/13,100	T1: 30% T2: 50%	T1/T2: T1 Ded then 30%	T1: Hosp/ Freestand: T1 Ded then 30% T2: T2 Ded then 50%	T1: T1 Ded then 30% T2: T2 Ded then 50%	T1: T1 Ded then 30% T2: T2 Ded then 50%	T1: T1 Ded then 30% T2: T2 Ded then 50%	T1: T1 Ded then 30% T2: T2 Ded then 50%	T1/T2: T1 Ded then 30%	Retail: T1 Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: T1 Ded then \$15/\$75/\$150/30%/30% (T4 \$900/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail

PPO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture	RX Cost Share (Value Formulary)
PPO 1500 Gold MD0000004555 RX0000001543	IN: \$25/\$50 OON: Ded then 40%	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000	IN: \$4,500/\$9,000 OON: \$9,000/\$18,000	IN: 20% OON: 40%	IN/OON: Ded then 20%	IN: Hosp: \$50 IN: Freestand: \$25 OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: \$50 OON: Ded then 40%	IN: \$25 OON: Ded then 40%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)
PPO 2500 Gold MD0000004556 RX0000001544	IN: \$25/\$50 OON: Ded then 40%	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000	IN: \$6,000/\$12,000 OON: \$12,000/\$24,000	IN: 20% OON: 40%	IN/OON: Ded then 20%	IN: Hosp: \$50 IN: Freestand: \$25 OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: \$50 OON: Ded then 40%	IN: \$25 OON: Ded then 40%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)
PPO 3150 Silver MD0000004557 RX0000001541	IN: \$35/\$70 OON: Ded then 50%	IN: \$3,150/\$6,300 OON: \$6,300/\$12,600	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: \$70 IN: Freestand: \$35 OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: \$50 OON: Ded then 50%	IN: \$35 OON: Ded then 50%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Low Option RX Available RX0000001542
PPO 4500 Silver MD0000004558 RX0000001541	IN: \$35/\$70 OON: Ded then 50%	IN: \$4,500/\$9,000 OON: \$9,000/\$18,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: \$70 IN: Freestand: \$35 OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: \$50 OON: Ded then 50%	IN: \$35 OON: Ded then 50%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Low Option RX Available RX0000001542

*Low Option RX - Retail: \$5/\$25/\$100/\$500/\$750, Mail: \$10/\$50/\$200/\$1,000/\$2,250

PPO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture	RX Cost Share (Value Formulary)
PPO 5000 Silver MD0000004559 RX0000001541	IN: \$35/\$70 OON: Ded then 50%	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: \$70 IN: Freestand: \$35 OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: \$50 OON: Ded then 50%	IN: \$35 OON: Ded then 50%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Low Option RX Available RX0000001542
Core Coverage PPO 3000 Silver MD0000004560 RX0000001545	IN: \$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 30% OON: Ded then 50%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$6,600/\$13,200 OON: \$13,200/\$26,400	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: Ded then 30% IN: Freestand: \$35 OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: \$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 30% OON: Ded then 50%	IN: \$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 30% OON: Ded then 50%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Low Option RX Available RX0000001546

*Low Option RX - Retail: \$5/\$25/\$100/\$500/\$750, Mail: \$10/\$50/\$200/\$1,000/\$2,250

Best Buy HSA PPO												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture	RX Cost Share (Value Formulary)
Best Buy HSA PPO 2800 Silver MD0000004566 RX0000001552	IN: Ded then 20% OON: Ded then 40%	IN: \$2,800/\$5,600 OON: \$5,600/\$11,200	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000	IN: 20% OON: 40%	IN/OON: Ded then 20%	IN: Hosp: Ded then 20% IN: Freestand: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20%	IN: Ded then 20%	IN: Ded then 20%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail
Best Buy HSA PPO 3500 Silver MD0000004567 RX0000001553	IN: Ded then 20% OON: Ded then 40%	IN: \$3,500/\$7,000 OON: \$7,000/\$14,000	IN: \$5,500/\$11,000 OON: \$11,000/\$22,000	IN: 20% OON: 40%	IN/OON: Ded then 20%	IN: Hosp: Ded then 20% IN: Freestand: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20%	IN: Ded then 20%	IN: Ded then 20%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail
Best Buy HSA PPO 4750 Bronze MD0000004568 RX0000001554	IN: Ded then 30% OON: Ded then 50%	IN: \$4,750/\$9,500 OON: \$9,500/\$19,000	IN: \$6,550/\$13,100 OON: \$13,100/\$26,200	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: Ded then 30% IN: Freestand: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30%	IN: Ded then 30%	IN: Ded then 30%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail
Best Buy HSA PPO 5300 Bronze MD0000004569 RX0000001557	IN: Ded then 50% OON: Ded then 50%	IN: \$5,300/\$10,600 OON: \$10,600/\$21,200	IN: \$6,550/\$13,100 OON: \$13,100/\$26,200	IN: 50% OON: 50%	IN/OON: Ded then 50%	IN: Hosp: Ded then 50% IN: Freestand: Ded then 50% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Ded then 50%	IN: Ded then 50%	IN: Ded then 50%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail

POS												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture	RX Cost Share (Value Formulary)
POS 2000 Gold MD0000004552 RX0000001539	IN: \$25/\$50 OON: Ded then 40%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$4,500/\$9,000 OON: \$9,000/\$18,000	IN: 20% OON: 40%	IN/OON: Ded then 20%	IN: Hosp: \$50 IN: Freestand: \$25 OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: \$50 OON: Ded then 40%	IN: \$25 OON: Ded then 40%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)
POS 3500 Silver MD0000004553 RX0000001541	IN: \$35/\$70 OON: Ded then 50%	IN: \$3,500/\$7,000 OON: \$7,000/\$14,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: \$70 IN: Freestand: \$35 OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: \$50 OON: Ded then 50%	IN: \$35 OON: Ded then 50%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Low Option RX Available RX0000001542
POS 5500 Silver MD0000004554 RX0000001541	IN: \$35/\$70 OON: Ded then 50%	IN: \$5,500/\$11,000 OON: \$11,000/\$22,000	IN: \$7,350/\$14,700 OON: \$14,700/\$29,400	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: \$70 IN: Freestand: \$35 OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: \$50 OON: Ded then 50%	IN: \$35 OON: Ded then 50%	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Low Option RX Available RX0000001542

*Low Option RX - Retail: \$5/\$25/\$100/\$500/\$750, Mail: \$10/\$50/\$200/\$1,000/\$2,250

HSA POS												
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture	RX Cost Share (Value Formulary)
HSA POS 3250 Silver MD0000004570 RX0000001566	IN: Ded then 10% OON: Ded then 30%	IN: \$3,250/\$6,500 OON: \$6,500/\$13,000	IN: \$5,500/\$11,000 OON: \$11,000/\$22,000	IN: 10% OON: 30%	IN/OON: Ded then 10%	IN: Hosp: Ded then 10% IN: Freestand: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail
HSA POS 5550 Bronze MD0000004571 RX0000001567	IN: Ded then 30% OON: Ded then 50%	IN: \$5,550/\$11,100 OON: \$11,100/\$22,200	IN: \$6,550/\$13,100 OON: \$13,100/\$26,200	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: Ded then 30% IN: Freestand: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max) Preventive RX applies to Retail & Mail

Plans that cannot be paired Side-by-Side

Plan	HMO / POS	PPO
Maine's Choice SM HMO 1250 (4572)	Maine Difference HMO 5000 Core Coverage HMO 5000 Best Buy HSA HMO 5300 Maine Difference POS 5500 Best Buy HSA POS 5550 Best Buy HSA HMO 6250	Maine Difference PPO 5000 Best Buy HSA PPO 5300
Maine Difference HMO 1500 (MD0000004546) Maine Difference PPO 1500 (MD0000004555)	Best Buy HSA HMO 5300 Maine Difference POS 5500 Best Buy HSA POS 5550 Best Buy HSA HMO 6250	Best Buy HSA PPO 5300
Maine's Choice SM HMO 2000 Maine Difference POS 2000	Best Buy HSA POS 5550 Best Buy HSA HMO 6250	
Maine Difference HMO 2500 Maine Difference PPO 2500	Best Buy HSA HMO 6250	
Best Buy HSA HMO 2800 Best Buy HSA PPO 2800 Core Coverage PPO 3000 Core Coverage PPO 3000 (Low Rx) Maine's Choice SM Best Buy HSA HMO 3000 Maine Difference HMO 3150 Maine Difference HMO 3150 (Low Rx) Maine Difference PPO 3150 Maine Difference PPO 3150 (Low Rx) Best Buy HSA POS 3250 Maine Difference POS 3500 Maine Difference POS 3500 (Low Rx) Best Buy HSA HMO 3500 Best Buy HSA PPO 3500 Maine's Choice SM HMO 3500 Maine's Choice SM Best Buy HSA HMO 4000	Can be paired with any plan	

Plans that cannot be paired Side-by-Side

Plan	HMO / POS	PPO
Maine Difference HMO 4500 Maine Difference HMO 4500 (Low Rx) Maine Difference PPO 4500 Maine Difference PPO 4500 (Low Rx) Best Buy HSA HMO 4750 Best Buy HSA PPO 4750	Can be paired with any plan	
Maine Difference HMO 5000 Maine Difference HMO 5000 (Low Rx) Core Coverage HMO 5000 Maine Difference PPO 5000 Maine Difference PPO 5000 (Low Rx) Core Coverage HMO 5000 (Low Rx)	Maine's ChoiceSM HMO 1250	
Best Buy HSA HMO 5300 Best Buy HSA PPO 5300 Maine Difference POS 5500 Maine Difference POS 5500 (Low Rx)	Maine's ChoiceSM HMO 1250 Maine Difference HMO 1500	Maine Difference PPO 1500
Best Buy HSA POS 5550	Maine's ChoiceSM HMO 1250 Maine Difference HMO 1500 Maine Difference POS 2000 Maine's ChoiceSM HMO 2000	Maine Difference PPO 1500
Best Buy HSA HMO 6250	Maine's ChoiceSM HMO 1250 Maine Difference HMO 1500 Maine Difference POS 2000 Maine's ChoiceSM HMO 2000 Maine Difference HMO 2500	Maine Difference PPO 1500 Maine Difference PPO 2500

Business Rules

Minimum Number of Participating Subscribers:

75% of those employees who are eligible for health benefits must participate in an HPHC group health plan sponsored by the employer, except during the Small Group Special Open Enrollment Period.

At least 51% of eligible employees in the account must work within Maine.

Side-By-Side Rules for Standard Plans and Maine's Choice Plans:

Any plan may be paired with any other plan with no more than a \$3,500 Deductible difference. A single plan design cannot be offered with the standard and low option RX on a side-by-side basis.

Accounts must have at least 6 eligible employees in order to offer a dual option plan offering. Triple option offerings are allowed if there are at least 20 eligible employees. For the triple option, with Maine's Choice plans, two of the three plans must be Maine's Choice plans.

Affordable Care Act (ACA):

All plan designs meet applicable Accountable Care Act (ACA) and Essential Health Benefits requirements, including pediatric (under age 19), vision, and dental coverage. All member cost sharing applies to the out-of-pocket maximum.

- The pediatric vision coverage includes 1 pair of glasses (frames and lenses) or contact lenses every 24 months. The first \$50 is covered in full, followed by 50% member coinsurance.
- The pediatric dental benefit member cost sharing is a \$100/child, \$200/family deductible followed by the following coinsurance: Tier 1: 20%, Tier 2: 50%, Tier 3: 50%, Tier 4: 50%.

Embedded Deductible/OOPM:

All of the 2018 Maine Small Group plans contain Embedded Deductibles and Out of Pocket Maximums

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

Notes: For any questions on the application of these rules to a specific account, please call your HPHC representative.