Health Plans for You and Your Family

Maine Individual & Family Product Guide
Plan Year 2023
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Enrolling and Renewing

Important dates
2023 Open Enrollment*: November 1, 2022 – January 15, 2023
Enroll by December 15 for coverage effective January 1.

New members:
You can view our plans and enroll directly on our website, visit harvardpilgrim.org. A local insurance broker can also help you purchase your plan. Our plans offer great care, coverage and benefits.
If you qualify for financial assistance, you should purchase your Harvard Pilgrim health plan through the state-run Marketplace CoverME.gov

Current members:
Your renewal package will include a recommended health plan for the upcoming year. If you are happy with the plan we have recommended, just pay your premium by January 1 and you’re all set.
If you would like to review other available health plans from Harvard Pilgrim, visit harvardpilgrim.org/renew today.
If you purchased your health plan through the state-run Marketplace, visit CoverME.gov

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

All Harvard Pilgrim plans offer access to comprehensive and high-quality care including some of these great benefits, programs and services.

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

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

- **Eye exams**
  One preventive screening every year

- **Hospitalization**
  Inpatient services, such as surgery

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

- **Behavioral health and substance use disorder services**
  Counseling and psychotherapy

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

- **Pregnancy, maternity and newborn care**
  Care before, during and after pregnancy

- **Prescriptions**
  Access to safe, effective medications; certain over-the-counter drugs are included on our formulary

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

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

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

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

- **Formulary**
  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 Value 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 cover certain generic over-the-counter drugs on our formulary. With a prescription from a provider, members will pay Tier 1 Rx cost sharing for certain drugs including cough, cold and allergy, dermatology, gastrointestinal, pain, and ophthalmic preparations.

Questions about our prescription drug program?

Visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx) to learn more.

Select the year and the plan (e.g., 2023 Value 5-Tier) to:

- **See which drugs are covered**
- **Find nearby in-network pharmacies**
- **Look up drug prices**
- **Get details on home delivery and more!**

How the prescription drug tiers work

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

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

Living Well Everyday℠

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

And be sure to check out harvardpilgrim.org/livingwellathome for our online wellness classes.

Lifestyle management coaches

Let one of our certified lifestyle management coaches get to know you, understand your goals and — through regular phone check-ins — help you achieve these goals. Visit harvardpilgrim.org/healthcoach to learn more.

Clinical care team support

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our clinical care team of nurses, social workers, pharmacists and health coaches can guide you to better health. Learn more at harvardpilgrim.org/clinicalcareteam today.

Maintaining a Healthy Mind

Behavioral health and substance use conditions can be complex, confusing and sometimes overwhelming.

Together with our behavioral health administrator, United Behavioral Health/Optum, we offer support, resources and tools to help you on your behavioral health journey.

The licensed care advocates at our 24/7 Behavioral Health Access Center can help you understand your coverage and treatment options and find available providers, including those who offer virtual visits.

Call (888) 777-4742 to visit speak confidentially with a care advocate and get started.

Visit harvardpilgrim.org/behavioralhealth to learn about additional resources that can help you choose the path that’s right for you:

• 24/7 support helplines (emotional support and substance use disorder treatment)
• Peer coaching for substance use disorders
• Convenient online resources (Talkspace digital therapy, Sanvello mobile app and more)*

Most non-HSA plans give you access to one outpatient behavioral health visit per calendar year at no charge.

* Sanvello and Talkspace are not affiliated with Harvard Pilgrim. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.
Keep More Money in Your Pocket

We have 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.

doctorondemand.com/harvardpilgrim

Reduce My Costs

This voluntary program helps you find and schedule care with lower-cost providers for elective outpatient medical procedures and diagnostic tests. 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.

harvardpilgrim.org/reducemycosts

Discounts & Savings

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

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

Learn more by visiting harvardpilgrim.org/discounts

Fitness Reimbursement

A family is eligible to receive up to $300 in 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 harvardpilgrim.org/fitnessreimbursement.

1 Rewards are considered taxable income; please consult with your tax advisor. Certain services may require a referral and/or prior authorization before you can receive services from the lower-cost provider. To ensure the services will be covered, refer to your plan documents or call us at (888) 333-4742.

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.
# Know Your Options for Urgent Care

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

<table>
<thead>
<tr>
<th>Typical out-of-pocket costs</th>
<th>Common symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telehealth services</strong></td>
<td>• Coughs, colds</td>
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<tr>
<td>Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</td>
<td>• Sore/strep throat</td>
</tr>
<tr>
<td>$</td>
<td>• Flu</td>
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<tr>
<td></td>
<td>• Pediatric issues</td>
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<tr>
<td></td>
<td>• Sinus and allergies</td>
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<tr>
<td><strong>Retail clinic</strong></td>
<td>• Nausea/diarrhea</td>
</tr>
<tr>
<td>Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacies)</td>
<td>• Rashes and skin issues</td>
</tr>
<tr>
<td></td>
<td>• Yeast infections</td>
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<td>• Sports injuries</td>
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<td></td>
<td>• Eye issues</td>
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<td>$</td>
<td><strong>Freestanding urgent care clinic</strong></td>
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<tr>
<td>Walk-in clinic for urgent care (See next page for a list of participating clinics)</td>
<td>• Bronchitis</td>
</tr>
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<td></td>
<td>• Ear infections</td>
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<tr>
<td></td>
<td>• Eye infections</td>
</tr>
<tr>
<td></td>
<td>• Skin conditions like poison ivy and ringworm</td>
</tr>
<tr>
<td></td>
<td>• Strep throat</td>
</tr>
<tr>
<td><strong>Hospital-based urgent care clinic</strong></td>
<td>• Burns, rashes, bites, cuts and bruises</td>
</tr>
<tr>
<td>Walk-in clinic for urgent care</td>
<td>• Infections</td>
</tr>
<tr>
<td></td>
<td>• Coughs, cold and flu</td>
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<td></td>
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<tr>
<td>Part of a local hospital</td>
<td></td>
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<td></td>
<td>Members who think they are having medical emergencies should call 911 or go to the nearest ER</td>
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* What you pay out of pocket depends on your specific Harvard Pilgrim plan. Refer to your plan documents for specific benefit information.
Helping You Choose a Plan

These questions can help you decide which plan is best for you.

- Do you frequently go to the doctors or need ongoing medical treatments?
- Are you willing to pay more for a higher level of coverage?
- Are you more comfortable paying higher monthly premiums and lower cost share when you see a doctor or receive care?

View our 2023 Maine plans to see what plans we offer.

<table>
<thead>
<tr>
<th></th>
<th>Bronze HMO plans</th>
<th>Silver HMO plans</th>
<th>Gold HMO plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>May be best if you:</strong></td>
<td>Are healthy and do not expect to use services</td>
<td>Are eligible for a subsidy and want strong coverage value</td>
<td>Are willing to pay for richer benefits</td>
</tr>
<tr>
<td><strong>Premium level</strong></td>
<td>$</td>
<td>$$</td>
<td>$$$</td>
</tr>
<tr>
<td><strong>Deductible range (individual)</strong></td>
<td>$$$</td>
<td>$$</td>
<td>$</td>
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To help expand access to affordable health insurance, there are two types of subsidies offered on the Marketplace.

**Advance Premium Tax Credit (APTC)**

The American Rescue Plan Act increased and expanded eligibility for the APTC to make health insurance coverage more affordable. You can take this credit in advance to lower your monthly health insurance payment (or premium). When you apply for coverage on the Marketplace, you estimate your expected income for the year. If you qualify for the APTC based on your estimate, you can use any amount of the credit in advance to lower your premium. The APTC can be applied to any of our Platinum, Gold, Silver or Bronze plans offered through the Marketplace.

**Cost Sharing Reduction (CSR)**

This discount lowers the amount you pay when you receive medical services, such as deductibles, copayments and coinsurance. If your income is up to 250% of the federal poverty level, you can purchase a Silver-level CSR plan with lower out-of-pocket costs. These plans are identified on the following pages with CSR73, CSR87 or CSR94 in the name of the plan.

When you fill out your application at CoverME.gov, you will find out if you qualify for either subsidy.
Maine’s Choice Plus HMO
Choice, flexibility and savings

This plan features two provider networks that let you choose from thousands of trusted physicians.

- **Two networks so you can control your costs.** You’ll pay less for care from Preferred Network primary care providers (PCPs), specialists and hospitals.
- **You have the option to choose a PCP from either network.** You’ll pay lower cost sharing when you receive care from a Preferred Network PCP and higher cost sharing with a Standard Network PCP.
- **Some services are always in the Preferred Network.** These include behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.
- **Included in your plan:** Copayments for the first non-routine PCP visit, one outpatient behavioral visit per calendar year,* and certain preventive services and tests.
- **Payment and the amount of cost sharing depend on the service and provider’s network.** See the product grids on pages 8–25 for details on what you pay for services from Preferred Network and Standard Network providers.
- **Our full network.** Between our Preferred and Standard Networks, you have access to more than 180 hospitals and more than 90,000 doctors and clinicians.
- **On Marketplace:** You must live in one of the following 10 counties at least nine months out the year — Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.
- **Off Marketplace:** These plans are recommended for members who reside in in the counties listed above. Access to lower cost providers (Preferred providers) may be limited if selected.

* Only available for non-HSA plans.

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How you can find a provider

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

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New: Maine’s Choice Plus HMO Tiering

- A selection of Massachusetts hospitals and physician groups have moved from the Standard Tier to Preferred Tier.
- **New Preferred hospitals include:** Boston Medical Center, Brigham & Women’s Faulkner Hospital, Beth Israel Deaconess Hospital, Lahey Clinic Hospital and Tufts Medical Center.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visits (PCP/Specialist)</th>
<th>Deductible Individual/Family</th>
<th>Out-of-Pocket Maximum Individual/Family</th>
<th>Coinsurance</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>P/F/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx</th>
<th>30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Choice HMO Gold 2500</td>
<td>N/A</td>
<td>3 copay/$500 copay*</td>
<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>$25 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 30%</td>
<td>Freestanding: $100 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 30%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Clear Choice HMO Gold 2550</td>
<td>N/A</td>
<td>20 copay/$500 copay*</td>
<td>$2,500/$5,000</td>
<td>$5,000/$10,000</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 30%</td>
<td>Freestanding: $100 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 30%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 3000</td>
<td>N/A</td>
<td>40 copay/$800 copay*</td>
<td>$3,000/$6,000</td>
<td>$9,100/$18,200</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $100 copay Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 40%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 3550</td>
<td>N/A</td>
<td>50 copay/$1,000 copay*</td>
<td>$4,200/$8,400</td>
<td>$9,100/$18,200</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $100 copay Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 40%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 4200</td>
<td>N/A</td>
<td>40 copay/$800 copay*</td>
<td>$3,500/$7,000</td>
<td>$9,100/$18,200</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $100 copay Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 40%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 5500</td>
<td>N/A</td>
<td>50 copay/$1,000 copay*</td>
<td>$4,200/$8,400</td>
<td>$9,100/$18,200</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $100 copay Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 40%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 6800</td>
<td>N/A</td>
<td>35 copay/$700 copay*</td>
<td>$6,000/$12,000</td>
<td>$9,100/$18,200</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>Deductible, then 30%</td>
<td>Freestanding: $100 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 30%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>HMO Silver E800</td>
<td>N/A</td>
<td>40 copay/$800 copay*</td>
<td>$6,800/$13,600</td>
<td>$8,500/$17,000</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$75 copay</td>
<td>Deductible, then 30%</td>
<td>Freestanding: $100 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 30%</td>
<td>Deductible, then 30%</td>
</tr>
</tbody>
</table>

* Copay waived for the first non-routine PCP per year.
**2023 Maine Individual Plans — Effective January 1, 2023, through December 31, 2023. This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-Insurance</th>
<th>IR</th>
<th>Inpatient</th>
<th>Day/Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OF/ST</th>
<th>Acupuncture &amp; Osteopathic</th>
<th>Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Choice HMO</td>
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<tr>
<td>Bronze 7500</td>
<td>N/A</td>
<td>$40 copay/ Deductible, then 50%*</td>
<td>$7,500/$15,000</td>
<td>$9,100/$18,200</td>
<td>Deductible, then 50%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 50%</td>
<td>Freestanding: $300 copay Hospital based: Deductible, then 50%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 50%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 50%</td>
<td>Non-hospital based: $50 copay Hospital based: Deductible, then 50%</td>
<td>$40 copay</td>
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<tr>
<td>Clear Choice HMO</td>
<td>N/A</td>
<td>$40/ Deductible, then $30 copay*</td>
<td>$8,000/$18,000</td>
<td>$9,100/$18,200</td>
<td>Deductible, then 50%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 50%</td>
<td>Freestanding: $300 copay Hospital based: Deductible, then 50%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 50%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, then 50%</td>
<td>Non-hospital based: $50 copay Hospital based: Deductible, then 50%</td>
<td>$40 copay</td>
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<tr>
<td>Clear Choice HMO</td>
<td>N/A</td>
<td>$50 copay/50% copay*</td>
<td>$9,100/$18,200</td>
<td>$9,100/$18,200</td>
<td>Deductible, then covered in full</td>
<td>$50 copay</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 $50 copay</td>
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<td>Clear Choice HMO</td>
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<tr>
<td>Catastrophic 9100</td>
<td>N/A</td>
<td>Deductible, then covered in full</td>
<td>$9,100/$18,200</td>
<td>$9,100/$18,200</td>
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<td>Deductible, then covered in full</td>
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<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
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<td>Deductible, then 0%</td>
</tr>
<tr>
<td>Clear Choice HMO/VA</td>
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<tr>
<td>Bronze 8000</td>
<td>N/A</td>
<td>$5,900/$11,800</td>
<td>$7,300/$15,000</td>
<td>$9,100/$18,200</td>
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<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 50%</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>Clear Choice HMO/VA</td>
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<tr>
<td>Bronze 9000</td>
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<td>$6,300/$12,600</td>
<td>$7,100/$15,000</td>
<td>$9,100/$18,200</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 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>Clear Choice HMO/VA</td>
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<tr>
<td>Bronze 7000</td>
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<td>$7,000/$14,000</td>
<td>$7,000/$14,000</td>
<td>$7,000/$14,000</td>
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<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%</td>
</tr>
</tbody>
</table>

* Copay waived for the first non-routine PCP per year.
** Copay waived for the first non-routine PCP visit per year, then $50 copay for the second and third visit per year.
1 Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.
2 Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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On-Marketplace Plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>ESR</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT/MRI/PT</th>
<th>Pts/Ost/Int</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 3-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Choice Maine's Choice Plus HMO Gold 3500</td>
<td>Preferred Network</td>
<td>$30 copay/$50 copay*</td>
<td>$2,500/$5,000</td>
<td>$5,000/$10,000</td>
<td>30%</td>
<td>Preferred Network Deductible, then 30%</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 30%</td>
<td>$300 copay</td>
<td>Hospital based: Deductible, then 30%</td>
<td>$250 copay</td>
<td>Hospital based: Deductible, then 30%</td>
</tr>
<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 3500</td>
<td>Preferred Network</td>
<td>$40 copay/$60 copay*</td>
<td>$3,500/$7,000</td>
<td>$7,000/$14,000</td>
<td>40%</td>
<td>Preferred Network Deductible, then 40%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>$300 copay</td>
<td>Hospital based: Deductible, then 40%</td>
<td>$250 copay</td>
<td>Hospital based: Deductible, then 40%</td>
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<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 4200</td>
<td>Preferred Network</td>
<td>$40 copay/$60 copay*</td>
<td>$4,200/$8,400</td>
<td>$8,400/$16,800</td>
<td>40%</td>
<td>Preferred Network Deductible, then 40%</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>Deductible, then 40%</td>
<td>$300 copay</td>
<td>Hospital based: Deductible, then 40%</td>
<td>$250 copay</td>
<td>Hospital based: Deductible, then 40%</td>
</tr>
<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 5500</td>
<td>Preferred Network</td>
<td>$40 copay/$60 copay*</td>
<td>$5,500/$11,000</td>
<td>$11,000/$22,000</td>
<td>30%</td>
<td>Preferred Network Deductible, then 30%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 30%</td>
<td>$300 copay</td>
<td>Hospital based: Deductible, then 30%</td>
<td>$250 copay</td>
<td>Hospital based: Deductible, then 30%</td>
</tr>
<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 6000</td>
<td>Preferred Network</td>
<td>$40 copay/$60 copay*</td>
<td>$6,000/$12,000</td>
<td>$12,000/$24,000</td>
<td>30%</td>
<td>Preferred Network Deductible, then 30%</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>Deductible, then 30%</td>
<td>$300 copay</td>
<td>Hospital based: Deductible, then 30%</td>
<td>$250 copay</td>
<td>Hospital based: Deductible, then 30%</td>
</tr>
</tbody>
</table>

* Copay waived for the first non-routine PCP per year.
* Only available in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

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<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>DR</th>
<th>Convenience Care</th>
<th>Outpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/O/T</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maine’s Choice Flex HMO</strong></td>
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</tr>
<tr>
<td>Clear Choice Maine’s Choice Plus HMO Bronze 7500&lt;sup&gt;1&lt;/sup&gt; (96667ME0310083-01)</td>
<td>Preferred Network</td>
<td>$40 copay/Deductible, than $50&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$7,500/$15,000</td>
<td>None</td>
<td>15%</td>
<td>$40 copay</td>
<td>Deductible, then 50%</td>
<td>Freestanding: $300 copay</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Non-hospital based: $15 copay</td>
<td>Hospital based: Deductible, then 50%</td>
</tr>
<tr>
<td>Clear Choice Maine’s Choice Plus HMO Bronze 3000&lt;sup&gt;1&lt;/sup&gt; (96667ME0310082-01)</td>
<td>Preferred Network</td>
<td>$40 copay/Deductible, than $50&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$7,500/$15,000</td>
<td>None</td>
<td>15%</td>
<td>$40 copay</td>
<td>Deductible, then 50%</td>
<td>Freestanding: $300 copay</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Non-hospital based: $15 copay</td>
<td>Hospital based: Deductible, then 50%</td>
</tr>
<tr>
<td><strong>Maine’s Choice Flex HMO/ISA</strong></td>
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</tr>
<tr>
<td>Clear Choice Maine’s Choice Plus HMO/ISA Silver 3000&lt;sup&gt;1&lt;/sup&gt; (96667ME0310084-01)</td>
<td>Preferred Network</td>
<td>Deductible, than 15%</td>
<td>$1,000/$6,000</td>
<td>None</td>
<td>15%</td>
<td>$40 copay</td>
<td>Deductible, than 50%</td>
<td>Freestanding: $300 copay</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Non-hospital based: $15 copay</td>
<td>Hospital based: Deductible, then 50%</td>
</tr>
<tr>
<td>Clear Choice Maine’s Choice Plus HMO/ISA Bronze 3000&lt;sup&gt;1&lt;/sup&gt; (96667ME0310085-01)</td>
<td>Preferred Network</td>
<td>Deductible, than 50%</td>
<td>$6,000/$12,000</td>
<td>None</td>
<td>15%</td>
<td>$40 copay</td>
<td>Deductible, than 50%</td>
<td>Freestanding: $300 copay</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Non-hospital based: $15 copay</td>
<td>Hospital based: Deductible, then 50%</td>
</tr>
</tbody>
</table>

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

<sup>1</sup> Only available in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.
### On-Marketplace Plans

**Cost Sharing Reduction (CSR) Plans**

2023 Maine Individual Plans — Effective January 1, 2023, through December 31, 2023. This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/ Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-payment</th>
<th>Convenience Care</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Osteopathic</th>
<th>Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Choice HMO Silver 3000 CSR 73</td>
<td>N/A</td>
<td>$15 copay/$80 copay*</td>
<td>$1,000/$6,000</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>$40 copay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$35 copay</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 3500 CSR 73</td>
<td>N/A</td>
<td>$15 copay/$77 copay*</td>
<td>$1,500/$7,000</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>$40 copay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$35 copay</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 4200 CSR 73</td>
<td>N/A</td>
<td>$50 copay/$80 copay*</td>
<td>$4,200/$8,400</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
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<td></td>
<td>$50 copay</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 5500 CSR 73</td>
<td>N/A</td>
<td>$35 copay/$65 copay*</td>
<td>$4,800/$9,600</td>
<td>$7,250/$14,500</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>$40 copay</td>
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<td>$35 copay</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 6000 CSR 73</td>
<td>N/A</td>
<td>$30 copay/$65 copay*</td>
<td>$6,000/$12,000</td>
<td>$7,250/$14,500</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>$35 copay</td>
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<td>$30 copay</td>
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<tr>
<td>Clear Choice HMO Silver 6600 CSR 73</td>
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<td>$40 copay/$70 copay*</td>
<td>$5,500/$11,000</td>
<td>$7,250/$14,500</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$70 copay</td>
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<td>$40 copay</td>
</tr>
</tbody>
</table>

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

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**Note:**

- **CSR Plans - 73%**
- **Plan Name**
- **Network Tier**
- **Office Visit (PCP/ Specialist)**
- **Deductible (Individual/Family)**
- **Out-of-Pocket Maximum (Individual/Family)**
- **Co-payment**
- **Convenience Care**
- **Urgent Care**
- **Inpatient**
- **Day Surgery**
- **Labs**
- **Scans: CT, MRI, PET**
- **PT/OT/ST**
- **Acupuncture & Osteopathic**
- **Rx 30-Day Retail**

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- **2023 Maine Individual Plans**
- **Effective January 1, 2023, through December 31, 2023.**
- **This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.**

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### Cost Sharing Reduction (CSR) Plans

**On-Marketplace Plans**


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| Plan Name | Network Tier | Office Visit (PCP/ Specialist) | Deductible Individual/Family | Out-of-Pocket Maximum Individual/Family | Con- 
monence | ER | Urgent Care | Inpatient | Day Surgery | Labs | Scans: CT, MRI, PET | PT/O&P | Acupuncture & Chiropractic | Rx 30-Day Retail |
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</tr>
</thead>
<tbody>
<tr>
<td>Choice Blue Maine’s Choice Plus HMO Silver 3000 CSM 73*</td>
<td>Preferred Network</td>
<td>$35 copay</td>
<td>$1,000/$6,000</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Preferred Network, Deductible, then 40%</td>
<td>$45 copay</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $300 copay</td>
<td>Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Choice Blue Maine’s Choice Plus HMO Silver 3500 CSM 73*</td>
<td>Preferred Network</td>
<td>$40 copay</td>
<td>$4,500/$9,000</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Preferred Network, Deductible, then 40%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $100 copay</td>
<td>Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Choice Blue Maine’s Choice Plus HMO Silver 4200 CSM 73*</td>
<td>Preferred Network</td>
<td>$50 copay</td>
<td>$4,200/$8,400</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Preferred Network, Deductible, then 40%</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $300 copay</td>
<td>Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Choice Blue Maine’s Choice Plus HMO Silver 5500 CSM 73*</td>
<td>Preferred Network</td>
<td>$60 copay</td>
<td>$5,000/$10,000</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Preferred Network, Deductible, then 40%</td>
<td>$60 copay</td>
<td>$60 copay</td>
<td>$60 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $500 copay</td>
<td>Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Choice Blue Maine’s Choice Plus HMO Silver 6500 CSM 73*</td>
<td>Preferred Network</td>
<td>$70 copay</td>
<td>$6,600/$13,200</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Preferred Network, Deductible, then 40%</td>
<td>$70 copay</td>
<td>$70 copay</td>
<td>$70 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $700 copay</td>
<td>Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Choice Blue Maine’s Choice Plus HMO Silver 8000 CSM 73*</td>
<td>Preferred Network</td>
<td>$80 copay</td>
<td>$8,000/$16,000</td>
<td>$7,250/$14,500</td>
<td>40%</td>
<td>Preferred Network, Deductible, then 40%</td>
<td>$80 copay</td>
<td>$80 copay</td>
<td>$80 copay</td>
<td>Deductible, then 40%</td>
<td>Freestanding: $1,000 copay</td>
<td>Hospital based: Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
</tr>
</tbody>
</table>

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## On-Marketplace Plans

### Cost Sharing Reduction (CSR) Plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-Insurance</th>
<th>DRI</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day/Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Choice HMO Silver 3500 CSR 87</td>
<td>N/A</td>
<td>$20 copay/$40 copay*</td>
<td>$800/$1,700</td>
<td>20%</td>
<td>Deductible, then 20%</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>Deductible, then 20%</td>
<td>$200 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 3500 CSR 87</td>
<td>N/A</td>
<td>$20 copay/$40 copay*</td>
<td>$900/$1,800</td>
<td>20%</td>
<td>Deductible, then 20%</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$40 copay</td>
<td>Deductible, then 20%</td>
<td>$200 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 4200 CSR 87</td>
<td>N/A</td>
<td>$20 copay/$50 copay*</td>
<td>$1,000/$2,000</td>
<td>20%</td>
<td>Deductible, then 20%</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$50 copay</td>
<td>Deductible, then 20%</td>
<td>$200 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
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<tr>
<td>Clear Choice HMO Silver 5500 CSR 87</td>
<td>N/A</td>
<td>$20 copay/$50 copay*</td>
<td>$2,200/$3,200</td>
<td>20%</td>
<td>Deductible, then 20%</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$50 copay</td>
<td>Deductible, then 20%</td>
<td>$200 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
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<tr>
<td>Clear Choice HMO Silver 6800 CSR 87</td>
<td>N/A</td>
<td>$20 copay/$50 copay*</td>
<td>$3,000/$4,000</td>
<td>20%</td>
<td>Deductible, then 20%</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$50 copay</td>
<td>Deductible, then 20%</td>
<td>$200 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

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

---

2023 Maine Individual Plans — Effective January 1, 2023, through December 31, 2023. This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.
### On-Marketplace Plans

**Cost Sharing Reduction (CSR) Plans**

| Plan Name | Network Tier | Office Visit (PCP/Specialist) | Deductible (Individual/Family) | Out-of-Pocket Maximum (Individual/Family) | Con-

### Maine's Choice Flex HMO

**Clear Choice Maine's Choice Plus HMO Silver 3000 CSR B7**
- **Preferred Network**
- **Deductible**
- **$20 copay/$40 copay**
- **$750/$1,500**
- **$2,400/$4,800**
- **20%**
- **Preferred Network**
- **Deductible, then 20%**
- **$20 copay**
- **$20 copay**
- **$40 copay**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$15 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$250 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$20 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **$20 copay**
- **$3/25/50/Preferred Deductible, then 30%**
- **$100/script max/Preferred Deductible, then 50%**
- **$600/script max**
- **Rx 30-Day Retail**
- **$20**

**Clear Choice Maine's Choice Plus HMO Silver 3500 CSR B7**
- **Preferred Network**
- **Deductible**
- **$20 copay/$40 copay**
- **$800/$1,600**
- **$2,400/$4,800**
- **20%**
- **Preferred Network**
- **Deductible, then 20%**
- **$20 copay**
- **$20 copay**
- **$40 copay**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$15 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$250 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$20 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **$20 copay**
- **$3/25/50/Preferred Deductible, then 100%/Preferred Deductible, then 25%**
- **Rx 30-Day Retail**
- **$20**

**Clear Choice Maine's Choice Plus HMO Silver 4200 CSR B7**
- **Preferred Network**
- **Deductible**
- **$20 copay/$40 copay**
- **$900/$1,800**
- **$2,400/$4,800**
- **20%**
- **Preferred Network**
- **Deductible, then 20%**
- **$20 copay**
- **$20 copay**
- **$50 copay**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$15 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$250 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$20 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **$20 copay**
- **$5/25/50/Preferred Deductible, then 30%/Preferred Deductible, then 50%**
- **Rx 30-Day Retail**
- **$20**

**Clear Choice Maine's Choice Plus HMO Silver 5500 CSR B7**
- **Preferred Network**
- **Deductible**
- **$20 copay/$35 copay**
- **$950/$1,900**
- **$2,400/$4,800**
- **20%**
- **Preferred Network**
- **Deductible, then 20%**
- **$20 copay**
- **$20 copay**
- **$40 copay**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$15 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$250 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$20 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **$20 copay**
- **$5/25/50/Preferred Deductible, then 100%/Preferred Deductible, then 75%**
- **Rx 30-Day Retail**
- **$20**

**Clear Choice Maine's Choice Plus HMO Silver 6500 CSR B7**
- **Preferred Network**
- **Deductible**
- **$20 copay/$35 copay**
- **$1,000/$2,000**
- **$2,600/$5,200**
- **20%**
- **Preferred Network**
- **Deductible, then 20%**
- **$20 copay**
- **$20 copay**
- **$55 copay**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$15 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$250 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **Non-hospital based**
- **$20 copay**
- **Hospital based**
- **Deductible, then 20%**
- **Deductible, then 20%**
- **$20 copay**
- **$5/25/50/Preferred Deductible, then 100%/Preferred Deductible, then 75%**
- **Rx 30-Day Retail**
- **$20**

**Clear Choice Maine's Choice Plus HMO Silver 3500 CSR B7**
- **Preferred Network**
- **Deductible**
- **$20 copay/$35 copay**
- **$1,000/$2,000**
- **$2,600/$5,200**
- **20%**
- **Preferred Network**
- **Deductible, then 15%**
- **$1,500/$3,000**
- **$3,000/$6,000**
- **15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**

**Clear Choice Maine's Choice Plus HMO Silver 3000 CSR B7**
- **Preferred Network**
- **Deductible**
- **$20 copay/$35 copay**
- **$1,500/$3,000**
- **$2,500/$5,000**
- **30%**
- **Preferred Network**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**
- **Preferred Network**
- **Deductible, then 15%**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Con-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2023 Maine Individual Plans — Effective January 1, 2023, through December 31, 2023.**

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### On-Marketplace Plans

#### Cost Sharing Reduction (CSR) Plans

**2023 Maine Individual Plans — Effective January 1, 2023, through December 31, 2023.**

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<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/ Specialist)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day/Surgery</th>
<th>Labs</th>
<th>Scan/ CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Osteopathic</th>
<th>Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Choice HMO Silver 3000 CSR 94</td>
<td>N/A</td>
<td>$15 copay/$30 copay*</td>
<td>$100/$600</td>
<td>Office Visit (PCP/ Specialist)</td>
<td>$700/$1,400</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Freestanding</td>
<td>Hospital Based</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Non-hospital based</td>
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<tr>
<td>Clear Choice HMO Silver 3500 CSR 94</td>
<td>N/A</td>
<td>$15 copay/$30 copay*</td>
<td>$195/$970</td>
<td>Office Visit (PCP/ Specialist)</td>
<td>$700/$1,400</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Freestanding</td>
<td>Hospital Based</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Non-hospital based</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 4200 CSR 94</td>
<td>N/A</td>
<td>$15 copay/$30 copay*</td>
<td>$375/$1,575</td>
<td>Office Visit (PCP/ Specialist)</td>
<td>$700/$1,400</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Freestanding</td>
<td>Hospital Based</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Non-hospital based</td>
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<tr>
<td>Clear Choice HMO Silver 5500 CSR 94</td>
<td>N/A</td>
<td>$15 copay/$30 copay*</td>
<td>$400/$800</td>
<td>Office Visit (PCP/ Specialist)</td>
<td>$700/$1,400</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Freestanding</td>
<td>Hospital Based</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Non-hospital based</td>
</tr>
<tr>
<td>Clear Choice HMO Silver 6000 CSR 94</td>
<td>N/A</td>
<td>$15 copay/$30 copay*</td>
<td>$450/$900</td>
<td>Office Visit (PCP/ Specialist)</td>
<td>$700/$1,400</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Freestanding</td>
<td>Hospital Based</td>
<td>Deductible, than 10%</td>
<td>$15 copay</td>
<td>Non-hospital based</td>
</tr>
</tbody>
</table>

* Copay waived for the first non-routine PCP per year.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/ Specialist)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-Insurance</th>
<th>Deductible, then 10%</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Semi-Annual/Outpatient</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 30-Day Retail</th>
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</thead>
<tbody>
<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 3200 CSR 94</td>
<td>Preferred Network</td>
<td>$15 copay/$30 copay*</td>
<td>$200/$500</td>
<td>$600/$1,200</td>
<td>10%</td>
<td>Preferred Network Deductible, then 10%</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$40 copay</td>
<td>Deductible, than 10%</td>
<td>Freestanding: $150 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $15 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $250 copay Hospital based: Deductible, than 10%</td>
</tr>
<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 3500 CSR 94</td>
<td>Preferred Network</td>
<td>$15 copay/$30 copay*</td>
<td>$250/$500</td>
<td>$600/$1,200</td>
<td>10%</td>
<td>Preferred Network Deductible, then 10%</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$40 copay</td>
<td>Deductible, than 10%</td>
<td>Freestanding: $150 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $15 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $250 copay Hospital based: Deductible, than 10%</td>
</tr>
<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 3300 CSR 94</td>
<td>Preferred Network</td>
<td>$15 copay/$30 copay*</td>
<td>$275/$550</td>
<td>$600/$1,200</td>
<td>10%</td>
<td>Preferred Network Deductible, then 10%</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$50 copay</td>
<td>Deductible, than 10%</td>
<td>Freestanding: $150 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $15 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $250 copay Hospital based: Deductible, than 10%</td>
</tr>
<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 4300 CSR 94</td>
<td>Preferred Network</td>
<td>$15 copay/$30 copay*</td>
<td>$300/$600</td>
<td>$600/$1,200</td>
<td>10%</td>
<td>Preferred Network Deductible, then 10%</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$40 copay</td>
<td>Deductible, than 10%</td>
<td>Freestanding: $150 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $15 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $250 copay Hospital based: Deductible, than 10%</td>
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<tr>
<td>Clear Choice Maine's Choice Plus HMO Silver 5300 CSR 94</td>
<td>Preferred Network</td>
<td>$15 copay/$30 copay*</td>
<td>$350/$700</td>
<td>$600/$1,200</td>
<td>10%</td>
<td>Preferred Network Deductible, then 10%</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$55 copay</td>
<td>Deductible, than 10%</td>
<td>Freestanding: $150 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $15 copay Hospital based: Deductible, than 10%</td>
<td>Non-Hospital based: $250 copay Hospital based: Deductible, than 10%</td>
</tr>
</tbody>
</table>

* Copay waived for the first non-routine PCP per year.
** Copay waived for the first non-routine PCP visit per year, then $50 copay for the second and third visit per year.
1 Enrollment in a Catalytic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.
2 Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

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#### Off-Marketplace Plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/ Specialist)</th>
<th>Deducible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans/ CT/ MRI/ PET</th>
<th>PTO/PT</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 30-Day Retail</th>
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</thead>
<tbody>
<tr>
<td>Clear Choice HMO Gold 2500</td>
<td>N/A</td>
<td>$25 copay/$50 copay*</td>
<td>$1,500/$3,000 $5,000/$10,000 $15,000/$30,000</td>
<td>30% Deductible, then 30%</td>
<td>$25 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 30%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $25 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $50 copay Hospital based: Deductible, then 30%</td>
<td>Non-hospital based: $50 copay Hospital based: Deductible, then 30%</td>
<td>$25 copay</td>
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* Copay waived for the first non-routine PCP per year.
### Off-Marketplace Plans

#### General Business

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<th>Office Visit (PCP/ Specialist)</th>
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<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Coinsurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day/Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 10-Day Retail</th>
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</thead>
<tbody>
<tr>
<td>Clear Choice HMO Bronze 7500</td>
<td>N/A</td>
<td>$40 copay/ Deductible, then 50%*</td>
<td>$7,500/$15,000</td>
<td>$9,100/$18,200</td>
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<td>Deductible, then 50%</td>
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<td>Deductible, than 50%</td>
<td>Freestanding: $300 copay Hosp: Deductible, than 50%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, than 50%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, than 50%</td>
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<tr>
<td>Clear Choice HMO Bronze 9000</td>
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<td>$8,000/$16,000</td>
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<td>50%</td>
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<td>$60 copay</td>
<td>Deductible, than 50%</td>
<td>Freestanding: $300 copay Hosp: Deductible, than 50%</td>
<td>Non-hospital based: $15 copay Hospital based: Deductible, than 50%</td>
<td>Non-hospital based: $250 copay Hospital based: Deductible, than 50%</td>
<td>Non-hospital based: $50 copay Hospital based: Deductible, than 50%</td>
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<tr>
<td>Clear Choice HMO Bronze 9100</td>
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<td>$9,100/$18,200</td>
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<td>Deductible, than covered in full</td>
<td>$50 copay</td>
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#### N/A

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<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/ Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Coinsurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day/Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 10-Day Retail</th>
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<tbody>
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<td>N/A</td>
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<td>Deductible, than covered in full</td>
<td>Deductible, than covered in full</td>
<td>Deductible, than covered in full</td>
<td>Deductible, than covered in full</td>
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<td>Deductible, than 0%/0%/0%/0%/0%</td>
</tr>
</tbody>
</table>

* Copay waived for the first non-routine PCP per year.
### Off-Marketplace Plans

**Maine’s Choice Plus HMO**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-Insurance</th>
<th>SFT</th>
<th>Urgent Care</th>
<th>ER</th>
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<tr>
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<td>Conveniences Care</td>
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<tr>
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<td>Preferred Network</td>
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<td>$180 copay</td>
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</tr>
<tr>
<td><strong>Maine’s Choice Plus HMO Silver 2000</strong></td>
<td>Preferred Network</td>
<td>$40 copay/$80 copay*</td>
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<td>$40 copay</td>
<td>$40 copay</td>
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<tr>
<td></td>
<td>Standard Network</td>
<td>$70 copay/$140 copay*</td>
<td>$7,500/$15,000</td>
<td>$9,900/$19,800</td>
<td>50%</td>
<td>$110 copay</td>
<td>$180 copay</td>
<td>$180 copay</td>
</tr>
</tbody>
</table>

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

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### Off-Marketplace Plans


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<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
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<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Imaging</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 10-Day Retail</th>
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<tbody>
<tr>
<td><strong>Maine’s Choice Plus HMO</strong></td>
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<tr>
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<td>$40 copay/Preferred Deductible, then 15%</td>
<td>$8,000/$16,000</td>
<td>$1,000/$4,000</td>
<td>50%</td>
<td>Preferred Network Deductible, then 15%</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
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<td>$40 copay</td>
</tr>
<tr>
<td></td>
<td>Preferred Network</td>
<td>$40 copay/Preferred Deductible, then 15%</td>
<td>$8,000/$16,000</td>
<td>$1,000/$4,000</td>
<td>50%</td>
<td>Preferred Network Deductible, then 15%</td>
<td>Deductible, then covered in full</td>
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<td>$8,000/$16,000</td>
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<tr>
<td>Clear Choice Maine’s Choice Plus HMO HSA Silver 3000†</td>
<td>Preferred Network</td>
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<td>$8,000/$16,000</td>
<td>$1,000/$4,000</td>
<td>50%</td>
<td>Preferred Network Deductible, then 15%</td>
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<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
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<td>$40 copay/Preferred Deductible, then 15%</td>
<td>$8,000/$16,000</td>
<td>$1,000/$4,000</td>
<td>50%</td>
<td>Preferred Network Deductible, then 15%</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
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<td>$1,000/$4,000</td>
<td>50%</td>
<td>Preferred Network Deductible, then 15%</td>
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<td>Preferred Network Deductible, then 15%</td>
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<td>$40 copay</td>
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</tbody>
</table>

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<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans, CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx</th>
<th>30-Day Retail</th>
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<td>None</td>
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<td>Preferred Deductible, then 50%/50%/50%/50%</td>
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<td>$55 copay</td>
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<td>Virtual PCP: $25 copay Office-based PCP: $45 copay</td>
<td>Virtual PCP: $60 copay Office-based PCP: $60 copay</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
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<td>Deductible, then 15%</td>
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<td>Virtual PCP: $25 copay Office-based PCP: $45 copay</td>
<td>Virtual PCP: $60 copay Office-based PCP: $60 copay</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>$5/125/50/10, $300 script max/30%, $500/script max</td>
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<tr>
<td>Virtual Choice HMO Silver6000</td>
<td>N/A</td>
<td>Virtual PCP: $15/$50* Deductible, then 30%</td>
<td>Deductible, then 15%</td>
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<td>Virtual PCP: $25 copay Office-based PCP: $45 copay</td>
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<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
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<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
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<td>Virtual PCP: $25 copay Office-based PCP: $45 copay</td>
<td>Virtual PCP: $25 copay Office-based PCP: $45 copay</td>
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<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
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<td>Virtual PCP: Ded then 15% Office-based PCP: Ded then 30%</td>
<td>$5/125/50/10, $300 script max/30%, $500/script max</td>
</tr>
</tbody>
</table>

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### Off-Marketplace Plans

**General Business**

| Plan Name               | Network Tier | Office Visit (PCP/Specialist) | Deductible (Individual/Family) | Out-of-Pocket Maximum (Individual/Family) | Co-insurance | Urgent Care | Inpatient | Day/Surgery | Labs | Scans: CT, MRI, PET | PT/OT/ST | Ambulance & Concierge | Rx | 10-Day Retail
|-------------------------|--------------|-------------------------------|--------------------------------|------------------------------------------|--------------|-------------|-----------|-------------|------|----------------------|----------|------------------------|----|------------------
| **POS**                 |              |                               |                                |                                          |              |             |           |             |      |                      |          |                        |    |                  |
| Clear Choice POS Gold   | IN           | $20/$50*                      | $2,500/$5,000                  | $5,000/$10,000                          | 30%          | Deductible, then 30% | $20 copay | $40 copay | $40 copay | Deductible, then 30% | Non-hospital based: $15 copay | Hospital based: | Deductible, then 30% | Non-hospital based: $25 copay | Hospital based: | Deductible, then 30% | $20 copay |
| Clear Choice POS Silver | OON          | Deductible, then 50%         | $1,000/$2,000                  | $2,000/$4,000                           | 50%          | Deductible, then 50% | $40 copay | $40 copay | $40 copay | Deductible, then 40% | Non-hospital based: $15 copay | Hospital based: | Deductible, then 40% | Non-hospital based: $25 copay | Hospital based: | Deductible, then 40% | $40 Copay |
| Clear Choice POS Silver | IN           | $40/$50*                      | $3,000/$6,000                  | $6,000/$12,000                          | 40%          | Deductible, then 40% | $40 copay | $40 copay | $40 copay | Deductible, then 40% | Non-hospital based: $15 copay | Hospital based: | Deductible, then 40% | Non-hospital based: $25 copay | Hospital based: | Deductible, then 40% | $40 Copay |
| Clear Choice POS Silver | OON          | Deductible, then 50%         | $6,000/$12,000                 | $12,000/$24,000                         | 50%          | Deductible, then 50% | $20 copay | $25 copay | $25 copay | Deductible, then 30% | Non-hospital based: $15 copay | Hospital based: | Deductible, then 30% | Non-hospital based: $25 copay | Hospital based: | Deductible, then 30% | $35 copay |

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

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**2023 Maine Individual Plans – Effective January 1, 2023, through December 31, 2023.**

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.
## Off-Marketplace Plans


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

### Table: Deductibles and Co-Pays for Various Services

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Deductible, then</th>
<th>Out-of-Pocket Maximum</th>
<th>Co-insurance</th>
<th>IR</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>10-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POS HSA</strong></td>
<td></td>
<td>Deductible, then 10%</td>
<td>$3,500/$7,000</td>
<td>$7,000/$14,000</td>
<td>10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
</tr>
<tr>
<td>Clear Choice POS HSA Silver 3500</td>
<td>IN</td>
<td>Deductible, then 20%</td>
<td>$4,500/$9,000</td>
<td>$7,000/$14,000</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>
</tr>
<tr>
<td></td>
<td>OON</td>
<td>Deductible, then 30%</td>
<td>$7,000/$14,000</td>
<td>$14,000/$28,000</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Clear Choice POS HSA Silver 4500</td>
<td>IN</td>
<td>Deductible, then 20%</td>
<td>$4,500/$9,000</td>
<td>$7,000/$14,000</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>
</tr>
<tr>
<td></td>
<td>OON</td>
<td>Deductible, then 40%</td>
<td>$9,000/$18,000</td>
<td>$14,000/$28,000</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td>Clear Choice POS HSA Bronze 4000</td>
<td>IN</td>
<td>Deductible, then 50%</td>
<td>$6,300/$12,600</td>
<td>$7,500/$15,000</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 50%</td>
</tr>
<tr>
<td></td>
<td>OON</td>
<td>Deductible, then 50%</td>
<td>$7,000/$14,000</td>
<td>$14,000/$28,000</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 50%</td>
</tr>
</tbody>
</table>

* Copay waived for the first non-routine PCP per year.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible Individual/Family</th>
<th>Out-of-Pocket Maximum Individual/Family</th>
<th>Co-insurance Type</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans CT/MRI/PET</th>
<th>P/OF/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx Exclusion Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Choice PPO Silver 3000</td>
<td>IN</td>
<td>$50/$50*</td>
<td>$1,000/$5,000</td>
<td>$1,000/$5,000</td>
<td>50% Deductible, then 50%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Clear Choice PPO Silver 3500</td>
<td>OON</td>
<td>Deductible, then 50%</td>
<td>$1,000/$5,000</td>
<td>$1,000/$5,000</td>
<td>50% Deductible, then 50%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Clear Choice PPO Silver 4000</td>
<td>IN</td>
<td>$50/$50*</td>
<td>$1,000/$5,000</td>
<td>$1,000/$5,000</td>
<td>50% Deductible, then 50%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Clear Choice PPO Silver 5500</td>
<td>IN</td>
<td>$50/$50*</td>
<td>$1,000/$5,000</td>
<td>$1,000/$5,000</td>
<td>50% Deductible, then 50%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
</tr>
<tr>
<td>Clear Choice PPO Silver 7500</td>
<td>IN</td>
<td>$50/$50*</td>
<td>$1,000/$5,000</td>
<td>$1,000/$5,000</td>
<td>50% Deductible, then 50%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
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<tr>
<td>Clear Choice PPO Silver 9500</td>
<td>IN</td>
<td>$50/$50*</td>
<td>$1,000/$5,000</td>
<td>$1,000/$5,000</td>
<td>50% Deductible, then 50%</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Deductible, then 40%</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
<td>Non-hospital based: $15 copay</td>
</tr>
</tbody>
</table>

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### Off-Marketplace Plans

**2023 Maine Individual Plans — Effective January 1, 2023, through December 31, 2023.**

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<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-Insurance</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans - CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rs 10-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clear Choice PPO HSA Silver 3000</strong>&lt;br&gt;MD000020003055, MD000020003066</td>
<td>IN</td>
<td>Deductible, then 15%</td>
<td>$4,000/$8,000</td>
<td>$7,000/$14,000</td>
<td>15%</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
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<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deductible, then 30%</td>
<td>$6,300/$12,600</td>
<td>$14,000/$28,000</td>
<td>30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>Clear Choice PPO HSA Silver 3500</strong>&lt;br&gt;MD000020003066, MD000020003067</td>
<td>IN</td>
<td>Deductible, then 10%</td>
<td>$7,500/$15,000</td>
<td>$15,000/$30,000</td>
<td>50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
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<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deductible, then 30%</td>
<td>$14,000/$28,000</td>
<td>$14,000/$28,000</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 50%</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td><strong>Clear Choice PPO HSA Silver 4000</strong>&lt;br&gt;MD000020003097, MD000020003108</td>
<td>IN</td>
<td>Deductible, then 20%</td>
<td>$4,000/$8,000</td>
<td>$7,000/$14,000</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 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deductible, then 40%</td>
<td>$8,000/$16,000</td>
<td>$14,000/$28,000</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td><strong>Clear Choice PPO HSA Bronze 5200</strong>&lt;br&gt;MD000020003099, MD000020003111</td>
<td>IN</td>
<td>Deductible, then 40%</td>
<td>$9,000/$18,000</td>
<td>$14,000/$28,000</td>
<td>40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td><strong>Clear Choice PPO HSA Bronze 5300</strong>&lt;br&gt;MD000020003040, MD000020003122</td>
<td>IN</td>
<td>Deductible, then 50%</td>
<td>$5,200/$10,400</td>
<td>$7,500/$15,000</td>
<td>50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
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<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td><strong>Clear Choice PPO HSA Bronze 6300</strong>&lt;br&gt;MD000020003041, MD000020003123</td>
<td>IN</td>
<td>Deductible, then 50%</td>
<td>$6,300/$12,600</td>
<td>$7,500/$15,000</td>
<td>50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
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<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td><strong>Clear Choice PPO HSA Bronze 7200</strong>&lt;br&gt;MD000020003042, MD000020003124</td>
<td>IN</td>
<td>Deductible, then covered in full</td>
<td>$7,000/$14,000</td>
<td>$7,500/$15,000</td>
<td>None</td>
<td>Deductible, then covered in full</td>
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<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>
</tr>
</tbody>
</table>

* Copay waived for the first non-routine PCP per year.
Key Insurance Terms

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

**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 and coinsurance 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.

**Tier**
Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you’ll save money when you see Preferred providers.

**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.

**Health Savings Account (HSA)**
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.

**In-network**
Generally, this describes coverage for care that HMO, POS and PPO members receive from participating providers in the plan’s network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

**Out-of-network**
Out-of-network coverage applies to HMO, POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider’s referral. HMO members cannot receive care from out-of-network providers except in an emergency.
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
- 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
- Planned home births
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers’ compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance

Broker compensation disclosure

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

**Brokers:** $17.50 PMPM up to $52.50 per subscriber  
**CoverME.gov:** Admin fee: 3% of premium
Limitations for Maine Individual Plans

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

General notice about nondiscrimination and accessibility requirements

Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Harvard Pilgrim Health Care:

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

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Civil Rights Compliance Officer
1 Wellness Way
Canton, MA 02021

(866) 750-2074, TTY service: 711,
Fax: (617) 509-3085
Email: civil.rights@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.
Important Legal Information

Language assistance services

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


Kreyòl Ayisyen (French Creole) ATANSYON: Si nou pela 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）。


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

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

ខ្មែរ (Cambodian) អប់រំភ្លឺជេះ ពោលឈឺសុវត្ថិភាព ដែលកើតឡើងវិញ ពី ឈឺសុវត្ថិភាព ដែលបានបង្កើត ក្នុងការជំនឿឈឺសុវត្ថិភាព ដែលបានបង្កើត ក្នុងការជំនឿ 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) ATENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) 알림: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711)번으로 전화해 주십시오.

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

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

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

ગુજરાતી (Gujarati) ધ્યાન આપો: ત્યાં ગુજરાતી બોલતા હો તો આપને માત્ર ભાષાની સહાય તકની મહત્ત્વ ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ໂFirstname: ເປີດ姶 ກ່ຽວກັບພາສາ ລາວ, ສ່ວນບັດຊອບພາສາລາວ, ປະຊາຊົນການ, ປະຕາບັນຈົກການ. ໂທລ່落在 1-888-333-4742 (TTY: 711).

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

Already a member?
(866) 673-2638 (Renewing your coverage)
(877) 907-4742 (Questions about your current benefits)

Not yet a member?
(855) 354-4742

TTY: 711