2026 Maine Plan Offerings

On Marketplace Plans

On Marketplace plans are offered through the state-based health insurance marketplace, **CoverME.gov**. These plans maybe best suited for individuals and families who qualify for financial help in paying for health care. These plans are also available directly through Harvard Pilgrim Health Care for individuals not eligible for a subsidy.

2026 Maine Individual Plans — Effective January 1, 2026, through December 31, 2026. This is only a summary of plans. For more complete information, please refer to the **Schedule of Benefits**.

Product Name	In-Network	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Max (Ind/Fam)	Coinsurance	Emergency Room	Urgen Hospital Based	t Care Freestanding	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
Clear Choice HMO Gold 1500 MD0000201704, RX0000201375 96667ME0310157-01	N/A	\$25*/\$50	\$1,500/\$3,000	\$5,000/\$10,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$30	Acu: \$25 Chiro: \$30	\$5/\$25/\$50/Ded then \$80/Ded then \$250
Clear Choice HMO Gold 2500 MD0000201713, RX0000201377 96667ME0310158-01	N/A	\$20*/\$50	\$2,500/\$5,000	\$6,000/\$12,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$30	Acu: \$20 Chiro: \$30	\$10/\$25/\$50/30%, \$300/script max/50%, \$600/script max
Clear Choice HMO Silver 4000 MD0000201715, RX0000201378 96667ME0310159-01	N/A	\$40*/\$60	\$4,000/\$8,000	\$8,500/\$17,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then \$100/Ded then \$250
Clear Choice HMO Silver 5000 MD0000201717, RX0000201379 96667ME0310160-01	N/A	\$40*/\$60	\$5,000/\$10,000	\$8,500/\$17,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then 30%/Ded then 50%
Clear Choice HMO Bronze 7500 MD0000201718, RX0000201380 96667ME0310161-01	N/A	\$45*/\$80	\$7,500/\$15,000	\$10,000/\$20,000	50%	Ded then 50%	\$60	\$60	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	\$45	\$45	\$30/\$30/Ded then \$50/Ded then \$100/Ded then \$250
HMO Bronze 8500 MD0000201719, RX0000201381** 96667ME0310162-01	N/A	\$50*/Ded then \$80	\$8,500/\$17,000	\$10,000/\$20,000	50%	Ded then \$300 then 50%	\$60	\$60	Ded then 50%	Ded then 50%	Ded then 50%	Ded then50%	Ded then50%	Ded then 50%	\$50	\$30/\$30/Ded then 50%/Ded then 50%/Ded then 50%
HMO HSA																
Clear Choice HMO HSA Bronze 6300 MD0000201699, RX0000201383 96667ME0310163-01	N/A	Ded then 50%	\$6,300/\$12,600	\$8,000/\$16,000	50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%/50%/50%/50%/50%
Clear Choice HMO HSA Bronze 8000 MD0000201700, RX0000201384 96667ME0310164-01	N/A	Ded then CIF	\$8,000/\$16,000	\$8,000/\$16,000	None	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then 0%/0%/0%/0%/0%
Maine's Choice Plus HMO																
Figure 3 Offorce I (d3 III-10																
Clear Choice Maine's Choice Plus HMO Gold 2500	Preferred	\$20*/\$50	\$2,500/\$5,000	\$6,000/\$12,000	30%	D (1D 11 000)	\$40	\$40	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$30	Acu: \$20	\$10/\$25/\$50/30%, \$300/script max/50%,
Clear Choice Maine's Choice Plus HMO	Preferred Standard	\$20*/\$50 \$50*/\$100	\$2,500/\$5,000 \$5,500/\$11,000	\$6,000/\$12,000 \$6,000/\$12,000	30%	Preferred Ded then 30%	\$40 Ded then 50%	\$40 Ded then 50%	Ded then 30% Ded then 50%			Ded then 30% Ded then 50%		\$30 \$60	Acu: \$20 Chiro: \$30	\$10/\$25/\$50/30%, \$300/script max/50%, \$600/script max
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391							·	·		Hospital: Ded then 30%	Hospital: Ded then 30%		Hospital: Ded then 30%		Chiro: \$30	
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO	Standard	\$50*/\$100	\$5,500/\$11,000	\$6,000/\$12,000	50%	Preferred Ded then 30% Preferred Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50% Non-hospital: \$300	Hospital: Ded then 30% Ded then 50% Non-hospital: \$15	Ded then 50%	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250	\$60	The state of the s	\$600/script max
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201708, RX0000201378	Standard Preferred	\$50*/\$100 \$40*/\$60	\$5,500/\$11,000 \$4,000/\$8,000	\$6,000/\$12,000 \$8,500/\$17,000	50% 30%	Preferred Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50% Ded then 30%	Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: Ded then 30%	Ded then 50% Ded then 50% Non-hospital: \$15 Hospital: Ded then 30%	Ded then 50% Ded then 30%	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30%	\$60	Chiro: \$30 \$40	\$600/script max \$5/\$25/\$50/ Preferred Ded then
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201708, RX0000201378 96667ME0310166-01 Clear Choice Maine's Choice Plus HMO	Standard Preferred Standard	\$50*/\$100 \$40*/\$60 \$80*/\$120	\$5,500/\$11,000 \$4,000/\$8,000 \$7,500/\$15,000	\$6,000/\$12,000 \$8,500/\$17,000 \$8,500/\$17,000	50% 30% 50%		\$40 Ded then 50%	Ded then 50% \$40 Ded then 50%	Ded then 50% Ded then 30% Ded then 50%	Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300	Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Non-hospital: \$15	Ded then 50% Ded then 30% Ded then 50%	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250	\$60 \$40 \$70	Chiro: \$30	\$500/script max \$5/\$25/\$50/ Preferred Ded then \$100/Preferred Ded then \$250
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201708, RX0000201378 96667ME0310166-01 Clear Choice Maine's Choice Plus HMO Silver 5000 MD0000201729, RX0000201379 96667ME0310167-01 Clear Choice Maine's Choice Plus HMO	Standard Preferred Standard Preferred	\$50*/\$100 \$40*/\$60 \$80*/\$120 \$40*/\$60	\$5,500/\$11,000 \$4,000/\$8,000 \$7,500/\$15,000 \$5,000/\$10,000	\$6,000/\$12,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000	50% 30% 50% 30%	Preferred Ded then 30%	Ded then 50% \$40 Ded then 50% \$40	Ded then 50% \$40 Ded then 50% \$40	Ded then 50% Ded then 30% Ded then 50% Ded then 30%	Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: Ded then 50%	Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 30%	Ded then 50% Ded then 30% Ded then 50% Ded then 30%	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30%	\$60 \$40 \$70 \$40	\$40 \$40	\$5/\$25/\$50/ Preferred Ded then \$100/Preferred Ded then \$250 \$5/\$25/\$50/ Preferred Ded then 30%/ Preferred Ded then 50%
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201708, RX0000201378 96667ME0310166-01 Clear Choice Maine's Choice Plus HMO Silver 5000 MD0000201729, RX0000201379 96667ME0310167-01	Standard Preferred Standard Preferred Standard	\$50*/\$100 \$40*/\$60 \$80*/\$120 \$40*/\$60 \$70*/\$110	\$5,500/\$11,000 \$4,000/\$8,000 \$7,500/\$15,000 \$5,000/\$10,000 \$7,500/\$15,000	\$6,000/\$12,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000	50% 30% 50% 30% 50%	Preferred Ded then 30%	Ded then 50% \$40 Ded then 50% \$40 Ded then 50%	Ded then 50% \$40 Ded then 50% \$40 Ded then 50%	Ded then 50% Ded then 30% Ded then 50% Ded then 30% Ded then 30%	Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: Ded then 30% Ded then 50% Non-hospital: \$300	Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15	Ded then 50% Ded then 30% Ded then 50% Ded then 30% Ded then 50%	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250	\$60 \$40 \$70 \$40 \$80	Chiro: \$30 \$40	\$5/\$25/\$50/ Preferred Ded then \$100/Preferred Ded then \$250
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201708, RX0000201378 96667ME0310166-01 Clear Choice Maine's Choice Plus HMO Silver 5000 MD0000201729, RX0000201379 96667ME0310167-01 Clear Choice Maine's Choice Plus HMO Bronze 7500 MD0000201731, RX0000201396	Standard Preferred Standard Preferred Standard Preferred	\$50*/\$100 \$40*/\$60 \$80*/\$120 \$40*/\$60 \$70*/\$110 \$45*/\$80	\$5,500/\$11,000 \$4,000/\$8,000 \$7,500/\$15,000 \$5,000/\$10,000 \$7,500/\$15,000 \$7,500/\$15,000	\$6,000/\$12,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$10,000/\$20,000	50% 30% 50% 30% 50% None	Preferred Ded then 30% Preferred Ded then 30%	Ded then 50% \$40 Ded then 50% \$40 Ded then 50% \$60 Ded then CIF	Ded then 50% \$40 Ded then 50% \$40 Ded then 50% \$60	Ded then 50% Ded then 30% Ded then 50% Ded then 50% Ded then 50%	Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: Ded then 50%	Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 50%	Ded then 50% Ded then 30% Ded then 50% Ded then 30% Ded then 50% Ded then 50%	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 50%	\$60 \$40 \$70 \$40 \$80 \$45	\$40 \$40	\$5/\$25/\$50/ Preferred Ded then \$100/Preferred Ded then \$250 \$5/\$25/\$50/ Preferred Ded then 30%/ Preferred Ded then 50%
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201708, RX0000201378 96667ME0310166-01 Clear Choice Maine's Choice Plus HMO Silver 5000 MD0000201729, RX0000201379 96667ME0310167-01 Clear Choice Maine's Choice Plus HMO Bronze 7500 MD0000201731, RX0000201396 96667ME0310168-01	Standard Preferred Standard Preferred Standard Preferred	\$50*/\$100 \$40*/\$60 \$80*/\$120 \$40*/\$60 \$70*/\$110 \$45*/\$80	\$5,500/\$11,000 \$4,000/\$8,000 \$7,500/\$15,000 \$5,000/\$10,000 \$7,500/\$15,000 \$7,500/\$15,000	\$6,000/\$12,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$10,000/\$20,000	50% 30% 50% 30% 50%	Preferred Ded then 30% Preferred Ded then 30%	Ded then 50% \$40 Ded then 50% \$40 Ded then 50% \$60	Ded then 50% \$40 Ded then 50% \$40 Ded then 50% \$60	Ded then 50% Ded then 30% Ded then 50% Ded then 30% Ded then 50% Ded then 50% Ded then 50%	Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: Ded then 50%	Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 50%	Ded then 50% Ded then 30% Ded then 50% Ded then 30% Ded then 50% Ded then 50%	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 50%	\$60 \$40 \$70 \$40 \$80 \$45	\$40 \$40	\$5/\$25/\$50/ Preferred Ded then \$100/Preferred Ded then \$250 \$5/\$25/\$50/ Preferred Ded then 30%/ Preferred Ded then 30%/ Preferred Ded then 50% \$20/\$30/ Preferred Ded then \$50/ Preferred Ded then \$50/ Preferred
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201708, RX0000201378 96667ME0310166-01 Clear Choice Maine's Choice Plus HMO Silver 5000 MD0000201729, RX0000201379 96667ME0310167-01 Clear Choice Maine's Choice Plus HMO Bronze 7500 MD0000201731, RX0000201396 96667ME0310168-01 Maine's Choice Plus HMO HSA	Standard Preferred Standard Preferred Standard Preferred Standard	\$50*/\$100 \$40*/\$60 \$80*/\$120 \$40*/\$60 \$70*/\$110 \$45*/\$80 \$80*/Ded then CIF	\$5,500/\$11,000 \$4,000/\$8,000 \$7,500/\$15,000 \$5,000/\$10,000 \$7,500/\$15,000 \$7,500/\$15,000	\$6,000/\$12,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$10,000/\$20,000	50% 30% 50% 30% 50% None	Preferred Ded then 30% Preferred Ded then 30%	Ded then 50% \$40 Ded then 50% \$40 Ded then 50% \$60 Ded then CIF	Ded then 50% \$40 Ded then 50% \$40 Ded then 50% \$60 Ded then CIF	Ded then 50% Ded then 30% Ded then 50% Ded then 30% Ded then 50% Ded then 50% Ded then 50%	Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: \$300 Hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: \$200 Hospital: Ded then 50% Ded then CIF	Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 50% Non-hospital: \$15 Hospital: Ded then 50% Ded then CIF	Ded then 50% Ded then 30% Ded then 50% Ded then 50% Ded then 50% Ded then 50% Ded then Fom the f	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 50% Ded then CIF	\$60 \$40 \$70 \$40 \$80 \$45 \$65	\$40 \$40	\$5/\$25/\$50/ Preferred Ded then \$100/Preferred Ded then \$250 \$5/\$25/\$50/ Preferred Ded then 30%/ Preferred Ded then 30%/ Preferred Ded then 50% \$20/\$30/ Preferred Ded then \$50/ Preferred
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391 96667ME0310165-01 Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201708, RX0000201378 96667ME0310166-01 Clear Choice Maine's Choice Plus HMO Silver 5000 MD0000201729, RX0000201379 96667ME0310167-01 Clear Choice Maine's Choice Plus HMO Bronze 7500 MD0000201731, RX0000201396 96667ME0310168-01 Maine's Choice Plus HMO HSA Clear Choice Maine's Choice Plus HMO HSA Bronze 6300 MD0000201732, RX0000201383	Standard Preferred Standard Preferred Standard Preferred Standard Preferred	\$50*/\$100 \$40*/\$60 \$80*/\$120 \$40*/\$60 \$70*/\$110 \$45*/\$80 \$80*/Ded then CIF	\$5,500/\$11,000 \$4,000/\$8,000 \$7,500/\$15,000 \$5,000/\$10,000 \$7,500/\$15,000 \$7,500/\$15,000 \$10,000/\$20,000	\$6,000/\$12,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$8,500/\$17,000 \$10,000/\$20,000 \$10,000/\$20,000	50% 30% 50% 30% 50% None	Preferred Ded then 30% Preferred Ded then 30% Preferred Ded then 50%	Ded then 50% \$40 Ded then 50% \$40 Ded then 50% \$60 Ded then CIF	Ded then 50% \$40 Ded then 50% \$40 Ded then 50% \$60 Ded then CIF	Ded then 50% Ded then 30% Ded then 50% Ded then 50% Ded then 50% Ded then 50% Ded then CIF	Ded then 50% Non-hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: \$300 Hospital: Ded then 30% Ded then 50% Non-hospital: \$300 Hospital: Ded then 50% Ded then CIF	Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 30% Ded then 50% Non-hospital: \$15 Hospital: Ded then 50% Non-hospital: \$15 Hospital: Ded then 50% Ded then CIF	Ded then 50% Ded then 30% Ded then 50% Ded then 50% Ded then 50% Ded then CIF	Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 30% Ded then 50% Non-hospital: \$250 Hospital: Ded then 50% Ded then CIF Ded then 50%	\$60 \$40 \$70 \$40 \$80 \$45 \$65	\$40 \$40 \$45	\$5/\$25/\$50/ Preferred Ded then \$100/Preferred Ded then \$250 \$5/\$25/\$50/Preferred Ded then 30%/Preferred Ded then 50% \$20/\$30/Preferred Ded then \$50/Preferred Ded then \$100/Preferred Ded then \$250

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

^{**} This plan is not Medicare Credible.

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Product Name	In-Network	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Max (Ind/Fam)	Coinsurance	Emergency Room	0.80.	nt Care Freestanding	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
CSR 73%																
Clear Choice HMO Silver 4000 CSR 73 MD0000201722, RX0000201385 96667ME0310159-04	N/A	\$40*/\$60	\$3,200/\$6,400	\$7,200/\$14,400	30%	Ded then 30%	\$40	\$40	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then \$100/Ded then \$250
Clear Choice HMO Silver 5000 CSR73 MD0000201724, RX0000201388 96667ME0310160-04	N/A	\$40*/\$60	\$3,800/\$7,600	\$7,200/\$14,400	30%	Ded then 30%	\$40	\$40	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then 30%/Ded then 50%
Clear Choice Maine's Choice Plus HMO Silver 4000 CSR 73 MD0000201709, RX0000201385 96667ME0310166-04	Preferred	\$30*/\$60	\$3,200/\$6,400	\$7,200/\$14,400	30%	Preferred Ded then 30%	\$30	\$30	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$30	\$30	\$5/\$25/\$50/Preferred Ded then \$100/Preferred Ded then \$250
	Standard	\$60*/\$120	\$6,000/\$12,000	\$7,200/\$14,400	50%		Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	\$30	400	
Clear Choice Maine's Choice Plus HMO Silver 5000 CSR 73 MD0000201741, RX0000201388 96667ME0310167-04	Preferred	\$40*/\$60	\$3,800/\$7,600	\$7,200/\$14,400	30%	Preferred Ded then 30%	\$40	\$40	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Preferred Ded then 30%/Preferred Ded then 50%
	Standard	\$70*/\$110	\$5,500/\$11,000	\$7,200/\$14,400	50%		Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	\$60		
CSR 87%																
Clear Choice HMO Silver 4000 CSR 87 MD0000201735, RX0000201386 96667ME0310159-05	N/A	\$25*/\$40	\$700/\$1,400	\$2,300/\$4,600	30%	Ded then 30%	\$25	\$25	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$25	\$25	\$5/\$25/\$50/Ded then \$100/Ded then \$250
Clear Choice HMO Silver 5000 CSR 87 MD0000201725, RX0000201389 96667ME0310160-05	N/A	\$20*/\$40	\$900/\$1,800	\$2,300/\$4,600	25%	Ded then 25%	\$20	\$20	Ded then 25%	Non-hospital: \$300 Hospital: Ded then 25%	Non-hospital: \$15 Hospital: Ded then 25%	Ded then 25%	Non-hospital: \$250 Hospital: Ded then 25%	\$20	\$20	\$5/\$25/\$50/Ded then 30%/Ded then 50%
Clear Choice Maine's Choice Plus HMO Silver 4000 CSR 87	Preferred	\$20*/\$40	\$700/\$1,400	\$2,300/\$4,600	30%	Preferred Ded then 30%	\$20	\$20	Ded then 30%	Non-hospital: \$300 Hospital: Ded then 30%	Non-hospital: \$15 Hospital: Ded then 30%	Ded then 30%	Non-hospital: \$250 Hospital: Ded then 30%	\$20	\$20	\$5/\$25/\$50/Preferred Ded then \$100/Preferred Ded then \$250
MD0000201727, RX0000201386 96667ME0310166-05	Standard	\$60*/\$80	\$1,500/\$3,000	\$2,300/\$4,600	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	\$20		
Clear Choice Maine's Choice Plus HMO Silver 5000 CSR 87 MD0000201736, RX0000201389 96667ME0310167-05	Preferred	\$20*/\$40	\$900/\$1,800	\$2,300/\$4,600	25%	Preferred Ded then 25%	\$20	\$20	Ded then 25%	Non-hospital: \$300 Hospital: Ded then 25%	Non-hospital: \$15 Hospital: Ded then 25%	Ded then 25%	Non-hospital: \$250 Hospital: Ded then 25%	\$20	\$20	\$5/\$25/\$50/Preferred Ded then 30%/Preferred Ded then 50%
	Standard	\$40*/\$60	\$1,400/\$2,800	\$2,300/\$4,600	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	\$20		
CSR 94%																
Clear Choice HMO Silver 4000 CSR 94 MD0000201723, RX0000201387 96667ME0310159-06	N/A	\$15*/\$30	\$250/\$500	\$800/\$1,600	25%	Ded then 25%	\$15	\$15	Ded then 25%	Non-hospital: \$150 Hospital: Ded then 25%	Non-hospital: \$15 Hospital: Ded then 25%	Ded then 25%	Non-hospital: \$150 Hospital: Ded then 25%	\$15	\$15	\$5/\$25/\$50/Ded then \$100/Ded then \$250
Clear Choice HMO Silver 5000 CSR 94 MD0000201726, RX0000201390 96667ME0310160-06	N/A	\$10*/\$20	\$400/\$800	\$900/\$1,800	25%	Ded then 25%	\$10	\$10	Ded then 25%	Non-hospital: \$150 Hospital: Ded then 25%	Non-hospital: \$15 Hospital: Ded then 25%	Ded then 25%	Non-hospital: \$150 Hospital: Ded then 25%	\$10	\$10	\$5/\$25/\$50/Ded then 30%/Ded then 50%
Clear Choice Maine's Choice Plus HMO Silver 4000 CSR 94 MD0000201728, RX0000201387 96667ME0310166-06	Preferred	\$15*/\$30	\$250/\$500	\$800/\$1,600	25%		\$15	\$15	Ded then 25%	Non-hospital: \$150 Hospital: Ded then 25%	Non-hospital: \$15 Hospital: Ded then 25%	Ded then 25%	Non-hospital: \$150 Hospital: Ded then 25%	\$15	445	\$5/\$25/\$50/Prederred Ded then
	Standard	\$30*/\$50	\$600/\$1,200	\$800/\$1,600	30%	Preferred Ded then 25%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	\$35	\$15	\$100/Preferred Ded then \$250
Clear Choice Maine's Choice Plus HMO Silver 5000 CSR 94	Preferred	\$10*/\$15	\$400/\$800	\$900/\$1,800	25%	Professed Dod than 25%	\$10	\$10	Ded then 25%	Non-hospital: \$150 Hospital: Ded then 25%	Non-hospital: \$15 Hospital: Ded then 25%	Ded then 25%	Non-hospital: \$150 Hospital: Ded then 25%	\$10	\$10	\$5/\$25/\$50/Preferred Ded then
MD0000201730, RX0000201390 96667ME0310167-06	Standard	\$20*/\$30	\$500/\$1,000	\$900/\$1,800	40%	Preferred Ded then 25%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	\$20	\$10	30%/Preferred Ded then 50%

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

^{**} This plan is not Medicare Credible.