



Harvard Pilgrim
Health Care

a Point32Health company

Delivering Quality Care

Maine Small Group Product Guide

Plan Year 2026





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Leading the Way to Better Health

At Harvard Pilgrim, we're not just a health plan provider; we are your local health care partner.

We offer flexible health plans with robust local and national provider networks, preventive care programs, digital tools for added convenience and inclusive, family-focused benefits. Our plans deliver outstanding coverage, choice and value for your small group clients.

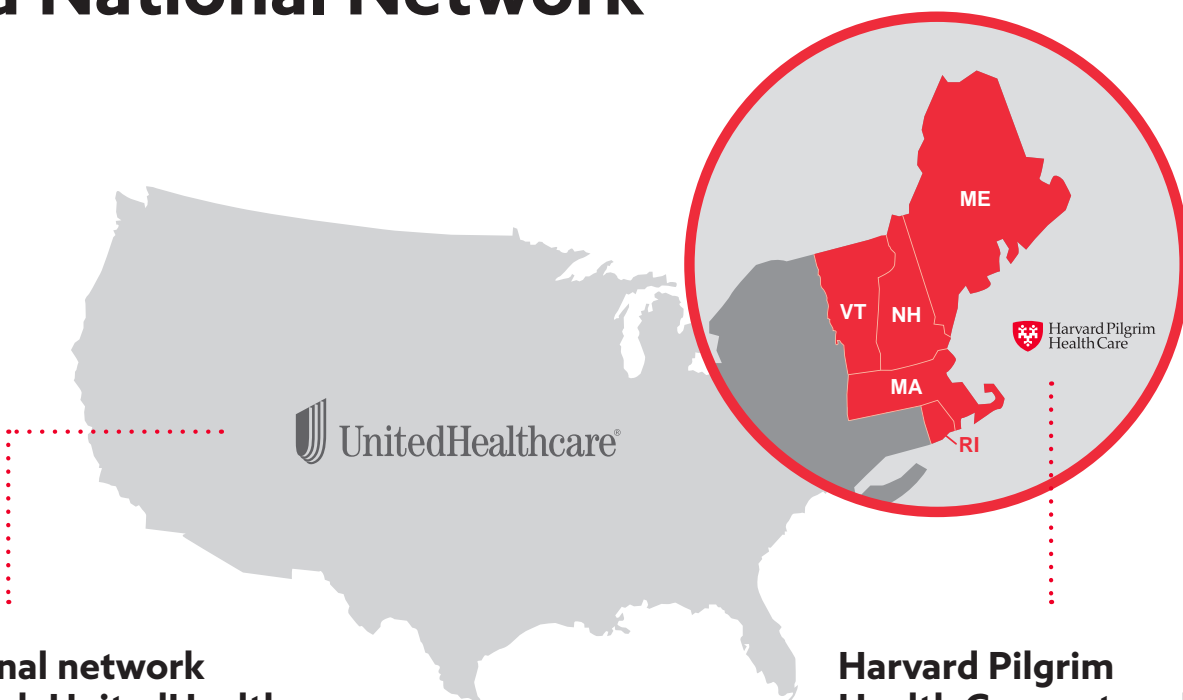
Full, tiered and network plans

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

Alternative funding options

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

Your Local Partner with the Strength of a National Network



National network through UnitedHealthcare

- **950,000+** doctors & clinicians, including **662,000** Behavioral Health Providers
- **4,300** hospitals

Harvard Pilgrim Health Care network:

- **74,000+** doctors & clinicians, including **27,000** Behavioral Health Providers
- **152+** hospitals

* PPO Access plans are underwritten by HPHC Insurance Company.

Plan Type Offerings

When choosing a plan, your clients should consider a number of factors:

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

Types of plans:

HMO

- Care within Harvard Pilgrim's network
- HMO members select a PCP and get referrals for specialist visits

PPO Access¹

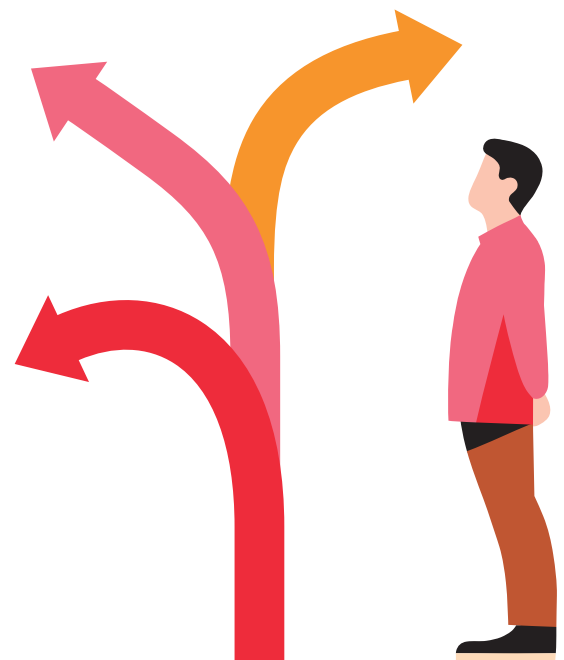
- Covered in-network (includes our national network)
- Option to go out of network and pay more
- No PCP selection or referrals required

Tiered Network Plan (Maine's Choice Plus HMO)²

- HMO
- Provider networks determine cost
- Choose network in which to receive services
- Expanded network

Qualified High Deductible Plan

- HMO HSA, PPO Access HSA, Maine's Choice Plus HMO HSA
- Meet a deductible before we pay for services
- Some employers may offer an HRA or HSA to help



¹PPO Access plans are underwritten by HPHC Insurance Company.

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

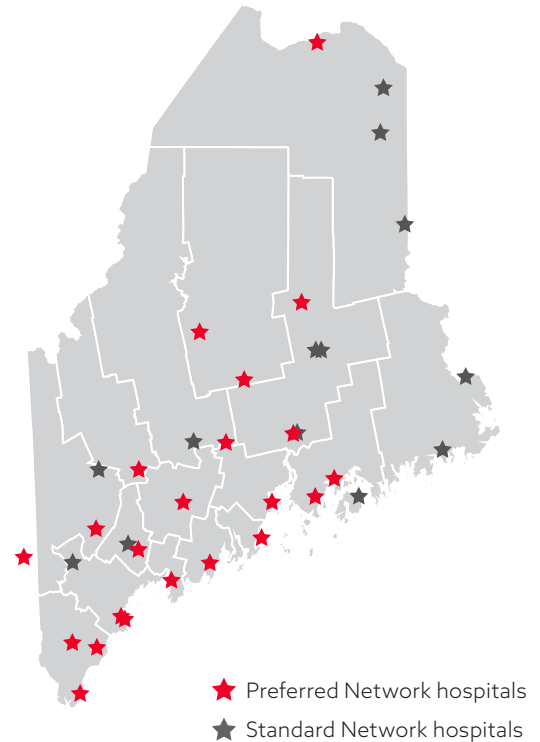
Maine's Choice Plus HMO

Choice, Flexibility and Savings

Maine's Choice Plus HMO

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

- **NEW Expanded Network** Harvard Pilgrim Health Care is expanding its Maine's Choice network in 2026, **bringing coverage across the state**. As part of this expansion, Northern Light Health hospitals will be designated as Preferred providers in the Maine's Choice Plus HMO network. This enhancement improves statewide access to high-quality care and strengthens our commitment to provider choice and affordability.
- **Two provider networks so members can control their costs.** They'll pay less for care from Preferred Network primary care providers (PCPs), specialists and hospitals, and they can expand access with providers in our Standard Network.
- **Members have the option to choose a PCP from either network.** They'll pay lower cost sharing when they receive care from Preferred Network PCPs, and higher cost sharing when they receive care from Standard Network PCPs.
- **Available to members statewide.** Members from all 16 counties in Maine are eligible to enroll in Maine's Choice Plus HMO.
- **Some services are always in the Preferred Network.** This includes behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.
- **Some services are on us.** Copayments for non-HSA plans are waived for the first non-routine PCP visit each year, the first behavioral health visit each year and certain preventive services and tests.
- **Payment, or form of cost sharing, depends on the service and provider's network.** Services are either covered in full, or members pay a fixed amount or copayment, maximum out-of-pocket costs or deductible, or a percentage of service cost also known as coinsurance.
- **Our full network.** Members have access to more than 152 hospitals and more than 74,000 doctors and clinicians in the Maine's Choice Standard Network.




How members can find a provider

- 1 Visit harvardpilgrim.org
- 2 Click on Find a provider
- 3 Select Maine's Choice Plus HMO (under the Tiered/Limited Plans section)

Maine's Choice Plus HMO Tiering

- A selection of Massachusetts hospitals and physician groups have moved from the Standard Tier to Preferred Tier.
- Preferred MA hospitals include but are not limited to: Boston Medical Center, Brigham & Women's Faulkner Hospital, Beth Israel Deaconess Hospital, Lahey Clinic Hospital, Tufts Medical Center - just to name a few!

2026 Updates

Plan Updates	Details
Expanded Network	<p>Harvard Pilgrim Health Care is expanding its Maine's Choice network in 2026, bringing coverage across the state. As part of this expansion, Northern Light Health hospitals will be designated as Tier 1 providers in the Maine's Choice Plus HMO network. This enhancement improves statewide access to high-quality care and strengthens our commitment to provider choice and affordability.</p>
Plan Updates	<p>To better meet evolving market demands, we've streamlined our portfolio to focus on what matters most — delivering greater value with increased efficiency and agility.</p> <p>Plans no longer offered upon 2026 renewal:</p> <ul style="list-style-type: none"> Clear Choice PPO Access Gold 1500 Clear Choice HMO HSA Silver 3500 Clear Choice PPO Access Silver 4200 HMO Silver 5500 HMO Silver 5700 Maine's Choice Plus HMO Silver 5500 PPO Access Silver 5700 HMO HSA Bronze 5500 Maine's Choice Plus HMO HSA Bronze 5500 PPO Access HSA Bronze 5500 Clear Choice PPO Access HSA Bronze 6300 Clear Choice PPO Access HSA Bronze 9200 Clear Choice Maine's Choice Plus HMO HSA Bronze 7200 Clear Choice HMO Bronze 9200 Clear Choice HMO Catastrophic 9200 All POS plans <p>Increased cost sharing: PT/OT/ST, Deductible, OOPM, Outpatient surgery, Applied Behavioral Analysis and Pharmacy.</p> <p>For a complete list of plan options and cost sharing scan the QR code:</p> 
Benefits Updates	Details
Behavioral Health	<p>NEW InStride Health: InStride Health offers specialized virtual therapy for children and teens (ages 7-22) struggling with severe anxiety and obsessive-compulsive disorder (OCD).</p> <p>NEW Meru Health: Meru Health offers members 13 years and older access to its 12-week provider-led, digital mental health program. The program is designed to help support teens and adults experiencing anxiety, depression, burnout and related mental and behavioral conditions.</p> <p>Grow Therapy: We're excited to expand our nationwide access to virtual behavioral health services with our new partner, Grow Therapy, a leading provider in medication management and virtual outpatient therapy. Our goal is to make behavioral health care as accessible and seamless as other medical services, helping to ensure timely and inclusive care for our members.</p> <p>Service Navigation Program reminder: Harvard Pilgrim's specially trained Behavioral Health Service Navigators provide personalized support to our members and guide them through the complex healthcare system.</p>

Benefits Updates	Details
Weight Loss Medications	Effective January 1, 2026, Harvard Pilgrim will expand the existing (weight loss drug) exclusion (within Core ME) to encompass medications prescribed for weight loss and all FDA approved, alternative indications including cardiovascular conditions and comorbidities.
Maternal Health & Family Support	<p>ENHANCED ProgenyHealth: Expanded NICU care management support services are expanded from 60 days to 365 days to support improved health and care for the infant. Included for all fully insured plans.</p> <p>Tinyhood: Virtual Pregnancy and Parenting Classes: Get 1 month free followed by 25% off your annual membership. Learn everything you need to know when it comes to birth, baby and beyond. Learn from Tinyhood's expanding library of hundreds of lessons ranging from childbirth, baby care, infant and child CPR, sleep, potty training, toddler behavior and much more!</p>
Reminders	Details
Rewards	Enroll in the Living Well Program and earn up to \$120 in gift cards by participating in fun and interactive well-being programs such as stress management classes, healthy eating, financial literacy and self-care.
Health and Nutrition	Healthy Weight Program: Offers individualized coaching by registered dietitians for employees who want to eat healthier, lose weight or prevent or manage a nutrition-related health condition. The Healthy Weight program is available to fully insured members.
Family-centered Care	Wellthy: Supports members in managing the logistical and administrative responsibilities of caregiving—for both loved ones and themselves—across a broad spectrum of needs, including aging, childcare, mental health and more.
Site Of Service Benefits¹	<p>Members can pay lower costs when they receive these services from non-hospital providers:</p> <ul style="list-style-type: none"> • Lab tests • Advanced diagnostic imaging • Ambulatory services <p>Not available on HSA plans, Clear Choice HMO Bronze 7500 and HMO Bronze 8500</p>

All Harvard Pilgrim plans offer access to comprehensive and high-quality care including some of these great benefits, programs and services. Please check your plan benefit documents for complete details:

Benefits and Services to Support Well-being

- Acupuncture and chiropractic care – unlimited visits
- Urgent and emergent care, hospitalization, laboratory and outpatient therapy when medically necessary
- Chronic disease management
- Eye exams for adults and children
- Pediatric dental
- Pediatric vision hardware
- Preventive care with no member cost sharing
- Preventive Rx on HSA plans
- Virtual care delivered by telehealth providers including Doctor on Demand for non-emergency care and advice. With our non-HSA plans, members won't pay any cost share for urgent care virtual visits with Doctor On Demand providers

Cost Savings Programs

- Prescription drug coverage – including Tier 1 cost share for some over-the-counter (OTC) medications like cold, cough and allergy when prescribed by a provider
- Perks, discounts and more savings across a wide array of fitness and well-being products
- Reduce My Costs savings program where members can save and earn rewards when selecting a lower cost provider for outpatient or diagnostic tests such as a mammogram, MRI or colonoscopy.*
- Wellness education, programs, services and fitness reimbursements up to \$150 (individual subscriber) or up to \$300 (family coverage)**

➤ **Questions? Contact your Harvard Pilgrim account executive for more details.**

2026 Maine Plan Offerings

For employers with 2 to 50 eligible employees

Maine Small Group 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	Urgent Care		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
							Hospital Based	Freestanding								
HMO																
Clear Choice HMO Gold 1500 MD0000201704, RX0000201375	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	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 MD0000201714, RX0000201378	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 MD0000201716, RX0000201379	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	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	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 Silver 4500 MD0000201705, RX0000201382	N/A	Ded then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%/20%/20%/20%/20%
Clear Choice HMO HSA Bronze 6300 MD0000201699, RX0000201383	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	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																
Clear Choice Maine's Choice Plus HMO Gold 1500 MD0000201701, RX0000201375	Preferred	\$25 */\$50	\$1,500/\$3,000	\$5,000/\$10,000	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%	\$30	Acu: \$25 Chiro: \$30	\$5/\$25/\$50/Ded then \$80/Ded then \$250
	Standard	\$50 */\$100	\$4,000/\$8,000	\$5,000/\$10,000	50%		Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	\$60		
Clear Choice Maine's Choice Plus HMO Gold 2500 MD0000201706, RX0000201391	Preferred	\$20 */\$50	\$2,500/\$5,000	\$6,000/\$12,000	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%	\$30	Acu: \$20 Chiro: \$30	\$10/\$25/\$50/30%, \$300/script max/50%, \$600/script max
	Standard	\$50 */\$100	\$5,500/\$11,000	\$6,000/\$12,000	50%		Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	\$60		
Clear Choice Maine's Choice Plus HMO Silver 4000 MD0000201707, RX0000201378	Preferred	\$40 */\$60	\$4,000/\$8,000	\$8,500/\$17,000	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 \$100/Preferred Ded then \$250
	Standard	\$80 */\$120	\$7,500/\$15,000	\$8,500/\$17,000	50%		Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	\$70		
Clear Choice Maine's Choice Plus HMO Silver 5000 MD0000201710, RX0000201379	Preferred	\$40 */\$60	\$5,000/\$10,000	\$8,500/\$17,000	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	\$7,500/\$15,000	\$8,500/\$17,000	50%		Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	\$80		
Maine's Choice Plus HMO Silver 6000 MD0000201742, RX0000201392	Preferred	\$45 */\$70	\$6,000/\$12,000	\$9,000/\$18,000	30%	Preferred Ded then \$300 then 30%	\$45	\$45	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%	Ded then 30%	\$45	\$5/\$25/Preferred Ded then 30%/Preferred Ded then 30%/Preferred Ded then 50%
	Standard	\$75 */\$100	\$8,500/\$17,000	\$10,000/\$20,000	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%		
Clear Choice Maine's Choice Plus HMO Bronze 7500 MD0000201731, RX0000201396	Preferred	\$45 */\$80	\$7,500/\$15,000	\$10,000/\$20,000	50%	Preferred Ded then 50%	\$60	\$60	Ded then 50%	Non-Hospital: \$300 Hospital: Ded then 50%	Non-Hospital: \$15 Hospital: Ded then 50%	Ded then 50%	Non-Hospital: \$250 Hospital: Ded then 50%	\$45	\$45	\$20/\$30/Preferred Ded then \$50/Preferred Ded then \$100/Preferred Ded then \$250
	Standard	\$80 */Ded then CIF	\$10,000/\$20,000	\$10,000/\$20,000	None		Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	\$65		
Maine's Choice Plus HMO Bronze 8500** MD0000201737, RX0000201395	Preferred	\$50 */Ded then \$80	\$8,500/\$17,000	\$10,000/\$20,000	50%	Preferred Ded then \$300 then 50%	\$60	\$60	Ded then 50%	Non-Hospital: \$300 Hospital: Ded then 50%	Non-Hospital: \$15 Hospital: Ded then 50%	Ded then 50%	Non-Hospital: \$250 Hospital: Ded then 50%	Ded then 50%	\$50	\$20/\$30/Preferred Ded then 50%/Preferred Ded then 50%/Preferred Ded then 50%
	Standard	\$85 */Ded then CIF	\$10,000/\$20,000	\$10,000/\$20,000	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		

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

**This plan is not Medicare Credible.

Maine Small Group 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	Urgent Care		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
							Hospital Based	Freestanding								
Maine's Choice Plus HMO HSA																
Clear Choice Maine's Choice Plus HMO HSA Silver 4000 MD0000201698, RX0000201393	Preferred	Ded then 20%	\$4,000/\$8,000	\$7,000/\$14,000	20%	Preferred Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Preferred Ded then 20%	Preferred Ded then \$5/\$25/\$50/\$100/\$250
	Standard	Ded then CIF	\$7,000/\$14,000	\$7,000/\$14,000	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		
Clear Choice Maine's Choice Plus HMO HSA Silver 4500 MD0000201711, RX0000201382	Preferred	Ded then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	Preferred Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Preferred Ded then 20%	Preferred Ded then 20%/20%/20%/20%/20%
	Standard	Ded then CIF	\$7,000/\$14,000	\$7,000/\$14,000	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		
Clear Choice Maine's Choice Plus HMO HSA Bronze 6300 MD0000201732, RX0000201383	Preferred	Ded then 50%	\$6,300/\$12,600	\$8,000/\$16,000	50%	Preferred 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%	Preferred Ded then 50%	Preferred Ded then 50%/50%/50%/50%/50%
	Standard	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		
Maine's Choice Plus HMO HSA Bronze 7200 MD0000201733, RX0000201394	Preferred	Ded then 50%	\$7,200/\$14,400	\$8,000/\$16,000	50%	Preferred Ded then \$300 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%	Preferred Ded then 50%	Preferred Ded then 50%/50%/50%/50%/50%
	Standard	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		
PPO Access																
Clear Choice PPO Access Gold 2500 MD0000201702, RX0000201397	In-Network	\$20*/\$50	\$2,500/\$5,000	\$6,000/\$12,000	30%	IN 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	\$5/\$25/\$50/30%, \$300/script max/50%, \$600/script max
	Out-of-Network	Ded then 50%	\$5,000/\$10,000	\$12,000/\$24,000	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%	
Clear Choice PPO Access Silver 4000 MD0000201743, RX0000201378	In-Network	\$40*/\$60	\$4,000/\$8,000	\$8,500/\$17,000	30%	IN 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%	Ded then 50%	\$40	\$5/\$25/\$50/Ded then \$100/Ded then \$250
	Out-of-Network	Ded then 50%	\$8,000/\$16,000	\$17,000/\$34,000	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%	
PPO Access HSA																
Clear Choice PPO Access HSA Silver 4000 MD0000201703, RX0000201393	In-Network	Ded then 20%	\$4,000/\$8,000	\$7,000/\$14,000	20%	IN Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	IN Ded then \$5/\$25/\$50/\$100/\$250
	Out-of-Network	Ded then 40%	\$8,000/\$16,000	\$14,000/\$28,000	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	
Clear Choice PPO Access HSA Silver 4500 MD0000201738, RX0000201382	In-Network	Ded then 20%	\$4,500/\$9,000	\$7,000/\$14,000	20%	IN Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	IN Ded then 20%/20%/20%/20%/20%
	Out-of-Network	Ded then 40%	\$9,000/\$18,000	\$14,000/\$28,000	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	
Clear Choice PPO Access HSA Bronze 8000 MD0000201739, RX0000201384	In-Network	Ded then CIF	\$8,000/\$16,000	\$8,000/\$16,000	None	IN 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	IN Ded then 0%/0%/0%/0%/0%
	Out-of-Network	Ded then 20%	\$15,000/\$30,000	\$16,000/\$32,000	20%		Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	

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

**This plan is not Medicare Credible.

Get Instant, Accurate Quotes Online

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

Small group brokers who do business in Maine will manage their 2026 quoting and renewals through the broker account.

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

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

Access the Broker Account

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

Need help?

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



We have the information you need

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

Business Rules

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

All 2026 small group plans are calendar year.

Minimum number of participating subscribers

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

Side-by-side pairing rules for all plan offerings

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

Group size determination/employee counting for group insurance

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

Preventive medications with a high-deductible health plan

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

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

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

Embedded deductible/OOPM

All 2026 Maine small group plans contain embedded deductibles and out-of-pocket maximums (OOPM).

Embedded deductible refers to a family plan that has two components: an individual deductible and a family deductible. The maximum contribution by an individual toward the family deductible is limited to the individual deductible amount and allows for the individual to receive benefits before the family component is met. When any number of members collectively meet the family deductible, services for the entire family are covered for the remainder of the year.

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

Important Legal Information

What's not covered on our plans.

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

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services that were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging
- Custodial Care
- Any service supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided, in accordance with Medical Necessity Guidelines
- Routine foot care, except for members diagnosed with diabetes or systemic circulatory diseases
- Over the counter hearing aids
- Services provided under an individualized education program (IEP) delivered by school personnel, contractor, or vendor.
- (HMO ONLY) Delivery outside the service area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery
- Services provided by a Doula

Limitations for Maine small group plans

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

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા હિાય વિાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા ભિ્ય આઈડી કાડ પરના નંબર પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके ललए ननःशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी कार्ड पर ददए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាសាខ្មែរ) ប្រសិនបើអ្នក កនិយាយភាសាបសដេបប្រាំពីភាសាអង់គ្លេស ស បសវាកម្មមជ្ឈម ន្ទ យភាសា ដលៃឥតលិតថ្លៃ លំអាចរកមានសហារអ្នក ក្រ មូហ័ហ័កាន់បលខហល ID កាតសាជីករសអ្នក ក្រ

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະລຸນາ ຮັບຊາບ: ຖ້າ ທ່ານເວົ້າພາສາອື່ນທີ່ບໍ່ແ ມ່ນພາສາ ອັງກິດ, ທ່ານສາມາດໃຊ້ບໍລິການພາສາໄ ັ້ ໂດຍບໍ່ເສຍ ຄ່າ. ກະລຸນາໂທຫາເບີທູ່ ຢືນ ບັດປະຈຳ ຕົວສະມາຊິກຂອງ ທ່ານ.

Polish (polski) UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項: 如果您講非英語的其他語言, 我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

General Notice About Nondiscrimination and Accessibility Requirements

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

HPHC:

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

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

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

Point32Health Civil Rights Legal Coordinator

1 Wellness Way

Canton, MA 02021-1166

866-750-2074, TTY service: 711

Fax: 617-668-2754

Email: OCRCoordinator@point32health.org

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html

Contact us

80 Exchange Street, 2nd Floor, Suite 200
Portland, ME 04101

myserviceteam@harvardpilgrim.org

harvardpilgrim.org

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

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



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