

2027 Maine Plan Offerings

Off Marketplace Plans

2027 Maine Individual Plans — Effective January 1, 2027, through December 31, 2027.

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

Product Name	In-Network	Office Visit ¹ (PCP/Specialist)	Deductible (Ind/Fam)	Annual Out of Pocket Max	Coinsurance	Emergency Room	Urgent Care ²		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
HMO							Hospital Based	Freestanding								
Clear Choice HMO Gold 2000 MD0000201883, RX0000201477	N/A	Designated VPCP: \$0 \$25*/\$50	\$2,000/\$4,000	\$6,000/\$12,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$30	\$30	\$5/\$25/\$50/Ded then \$80/Ded then \$250
Clear Choice HMO Gold 3000 MD0000201886, RX0000201480	N/A	Designated VPCP: \$0 \$20*/\$50	\$3,000/\$6,000	\$6,000/\$12,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$30	\$30	\$10/\$25/\$50/30%, \$300/script max/50%, \$600/script max
Clear Choice HMO Silver 4500 MD0000201896, RX0000201485	N/A	Designated VPCP: \$0 \$40*/\$60	\$4,500/\$9,000	\$10,000/\$20,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then \$100/Ded then \$250
Clear Choice HMO Silver 6000 MD0000201916, RX0000201495	N/A	Designated VPCP: \$0 \$40*/\$60	\$6,000/\$12,000	\$10,000/\$20,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then 30%, \$300/script max/Ded then 50%, \$600/script max
HMO HSA																
HMO HSA Bronze 7200 MD0000201933, RX0000201499	N/A	Designated VPCP: Ded then \$0 Ded then 50%	\$7,200/\$14,400	\$8,700/\$17,400	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 7500 MD0000201934, RX0000201503	N/A	Designated VPCP: Ded then \$0 \$45*/\$80	\$7,500/\$15,000	\$12,000/\$24,000	50%	Ded then 50%	\$60	\$60	Ded then 50%	Freestnd: \$300 Hosp: Ded then 50%	Non-hospital based: \$25 Hospital based: Ded then 50%	Ded then 50%	Non-hospital based: \$250 Hospital based: Ded then 50%	\$45	\$45	\$10/\$30/Ded then \$50/Ded then \$100/Ded then \$250
Maine's Choice Plus																
Clear Choice Maine's Choice Plus HMO Gold 2000 MD0000201885, RX0000201477	Preferred	Designated VPCP: \$0 \$25*/\$50	\$2,000/\$4,000	\$6,000/\$12,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$30	\$30	\$5/\$25/\$50/Ded then \$80/Ded then \$250
	Standard	\$50*/\$100	\$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 3000 MD0000201888, RX0000201480	Preferred	Designated VPCP: \$0 \$20*/\$50	\$3,000/\$6,000	\$6,000/\$12,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$30	\$30	\$10/\$25/\$50/30%, \$300/script max/50%, \$600/script max
	Standard	\$50*/\$100	\$6,000/\$12,000		None		Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	\$60		
Clear Choice Maine's Choice Plus HMO Silver 4500 MD0000201901, RX0000201485	Preferred	Designated VPCP: \$0 \$40*/\$60	\$4,500/\$9,000	\$10,000/\$20,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then \$100/Ded then \$250
	Standard	\$80*/\$120	\$9,000/\$18,000		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 6000 MD0000201920, RX0000201495	Preferred	Designated VPCP: \$0 \$40*/\$60	\$6,000/\$12,000	\$10,000/\$20,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then 30%, \$300/script max/Ded then 50%, \$600/script max
	Standard	\$70*/\$110	\$9,000/\$18,000		50%		Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	\$80		
Clear Choice Maine's Choice Plus HMO Bronze 7500 MD0000201935, RX0000201503	Preferred	Designated VPCP: Ded then \$0 \$45*/\$80	\$7,500/\$15,000	\$12,000/\$24,000	50%	Ded then 50%	\$60	\$60	Ded then 50%	Freestnd: \$300 Hosp: Ded then 50%	Non-hospital based: \$25 Hospital based: Ded then 50%	Ded then 50%	Non-hospital based: \$250 Hospital based: Ded then 50%	\$45	\$45	\$10/\$30/Ded then \$50/Ded then \$100/Ded then \$250
	Standard	\$80/Ded then CIF	\$12,000/\$24,000		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 HSA																
Maine's Choice Plus HMO HSA Bronze 7200 MD0000201926, RX0000201499	Preferred	Designated VPCP: Ded then \$0 Ded then 50%	\$7,200/\$14,400	\$8,700/\$17,400	50%	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%	Ded then 50%	Ded then 50%/50%/50%/50%/50%
	Standard	Ded then CIF	\$8,700/\$17,400		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		
National Access																
Clear Choice National Access Gold 3000 MD0000201889, RX0000201480	N/A	Designated VPCP: \$0 \$20*/\$50	\$3,000/\$6,000	\$6,000/\$12,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$30	\$30	\$10/\$25/\$50/30%, \$300/script max/50%, \$600/script max
Clear Choice National Access Silver 4500 MD0000201907, RX0000201485	N/A	Designated VPCP: \$0 \$40*/\$60	\$4,500/\$9,000	\$10,000/\$20,000	30%	Ded then 30%	\$40	\$40	Ded then 30%	Freestnd: \$300 Hosp: Ded then 30%	Non-hospital based: \$25 Hospital based: Ded then 30%	Ded then 30%	Non-hospital based: \$250 Hospital based: Ded then 30%	\$40	\$40	\$5/\$25/\$50/Ded then \$100/Ded then \$250
National Access HSA																
Clear Choice National Access HSA Bronze 7500 MD0000201938, RX0000201504	N/A	Designated VPCP: Ded then \$0 \$45*/\$80	\$7,500/\$15,000	\$12,000/\$24,000	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

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

1

For Members enrolled on non-HSA plans that select a designated virtual-only PCP, all virtual vists with the VPCP will be covered with no cost sharing. Members on HSA plans will be responsible for the cost of the visits up to the deductible.

2

Members enrolled in non-HSA plans pay no cost-sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be responsible for the cost of the visit, up to the deductible.