



2024 Individual Healthcare Plans

Community Health Options is a Maine-based, Member-led, nonprofit health insurer created to serve Members. From New England to national networks, we offer a range of PPO, HMO and tiered HMO options for premium savings and services our Members can count on.

Caring about the Health and Well-Being of our Members

Our collaborative approach distinguishes Community Health Options as a caring health plan provider focused on positive health outcomes, ultimately impacting the total cost of care. On-staff medical and healthcare experts can help Members overcome barriers to care when seeking medication, medical equipment, authorization support, provider outreach and formulary education. The Care Management team can also partner with local agencies to provide one-touch resolution when assisting with financial, transportation, housing and other issues affecting overall well-being.

Multiple Medication Programs that Drive Down Costs

The cost of medication can make access to essential treatment difficult. That's why our Pharmacy team partners with providers to offer more options to lower prescription costs. Members with several medications are offered personal outreach with our ScriptSaver Program to help them reduce out-of-pocket costs; and our Price Assure Program offers a partnership with GoodRx to deliver the best price on generics. In addition, our Site of Care Program provides Member incentives to preferred treatment locations for select medications; optimizing cost effective and convenient treatment to obtain the best health outcomes. Lastly, we offer a \$5 copay on Tier 1 preferred generics on all non-HSA plans.

Plan Highlights:

- **NEW! Predictable copays** for services like chiropractic and osteopathic visits, physical, speech and occupational therapy, and annual pediatric vision exams in non-HSA plans.
- **NEW! Copay for in-network acupuncturists** with no deductible on select plans. Members can receive up to a \$50 reimbursement per visit for out-of-network visits.
- **Strong partnerships** with a robust provider network of 48,000 providers including clinicians, hospitals, and pharmacies, and 100% of hospitals in Maine, most in New Hampshire, and many premier facilities in New England.*
- We offer PPO national plans with **in-network national coverage** for broader geographic benefits.
- All Individual National Gold and Silver plans include **access to care for emergent conditions outside the U.S.**
- **Healthy Maine plans** include WellRight®, a digital wellness platform and mobile app as well as **unlimited personal health coaching**, all at **\$0 cost**.

- **First in-network primary care and behavioral healthcare visits annually per Member have no cost share** in non-HSA plans.
- **Prescription fulfillment** is available **by mail** or through **retail pharmacies**. Our pharmacy benefit manager, Express Scripts®, offers a cost comparison tool and mobile app, making it easy to save money and order the medications you need.
- **Chronic Illness Support Program (CISP)** offered on all non-HSA plans to reduce financial barriers for Members with select chronic conditions.**
- **Urgent care telehealth visits with \$0 cost share** on non-HSA plans and \$0 after deductible for HSA plans via Amwell®.
- Members requiring **insulin** will have a **cost share not to exceed \$35** for up to a 30-day supply.
- **Treatment for tobacco use at \$0 cost** with enhanced benefit for over-the-counter nicotine replacement therapy products, including nicotine patches, gum, lozenges and certain FDA-approved medications listed on our drug formulary.

- **A cost estimator tool** in your portal helps you understand and compare the cost of planned services.
- **Pediatric and adult vision coverage** including one exam every 12-month calendar year and with copay on pediatrics on non-HSA plans. Pediatric also includes coverage for lenses/frames/contacts every 24-month calendar period.
- **Pediatric dental** through Northeast Delta Dental® is available on select plans with a separate low deductible.

Friendly, local help

We know how hard it can be to navigate health insurance. We're here to help. Call for friendly, local support 8 a.m. to 6 p.m. Monday–Friday. We'll help you get the most from your current plan or find the perfect plan. Want to do your own research online first? Use our interactive online comparison tool to find plans that fit your life.

Call **(855) 624-6463**

Visit compareplans.healthoptions.org

*Except Togus VA Hospital

**Chronic conditions include asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes and hypertension. Not available on catastrophic plans.

Available On and Off CoverME.gov	Health Options Clear Choice Catastrophic HMO NE	Health Options Clear Choice Bronze \$9450 HMO NE	Health Options Clear Choice Bronze \$9450 PPO NE	Health Options Bronze \$8000 Healthy Maine HMO NE	Health Options Bronze \$8000 Healthy Maine PPO NE	Health Options Clear Choice Bronze \$7500 HMO Tiered NE	Health Options Clear Choice Bronze \$7500 HMO NE	Health Options Clear Choice Bronze \$7500 PPO NE	Health Options Clear Choice Bronze \$7500 PPO NE Dental	Health Options Clear Choice Bronze \$7200 HSA Plus PPO NE	Health Options Clear Choice Bronze \$5900 HSA PPO NE
Individual Deductible	\$9,450	\$9,450	\$9,450	\$8,000	\$8,000	\$7,500*	\$7,500	\$7,500	\$7,500	\$7,200	\$5,900
Individual Max Out-of-Pocket	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450*	\$9,450	\$9,450	\$9,450	\$7,200	\$7,500
Individual Coinsurance	0%	0%	0%	50%	50%	50%*	50%	50%	50%	0%	50%
Available on CoverME.gov	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off
Cost share reduction available	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Provider Network	New England	New England	New England	New England	New England	Tiered New England	New England	New England	New England	New England	New England
Includes out-of-network coverage	✗	✗	✓	✗	✓	✗	✗	✓	✓	✓	✓
Other Benefits											
Primary Care Office Visits**	\$0 first visit, visits 2-3 \$50 copay, then 0% coins. after ded.	\$0 first visit, then \$50 copay	\$0 first visit, then \$50 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$45 copay*	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	0% coins. after ded.	50% coins. after ded.
Specialty Care Office Visits	0% coins. after ded.	\$80 copay	\$80 copay	\$80 copay after ded.	\$80 copay after ded.	\$80 copay*	\$80 copay	\$80 copay	\$80 copay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Facility	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	\$60 copay	\$60 copay	\$60 copay*	\$60 copay	\$60 copay	\$60 copay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.
Mental Health/Substance Use - Outpatient**	\$0 first visit, visits 2-3 \$50 copay, then 0% coins. after ded.	\$0 first visit, then \$50 copay	\$0 first visit, then \$50 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	0% coins. after ded.	50% coins. after ded.
Emergency Room Care	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 1 Preferred Generics	0% coins. after ded.	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	0% coins. after ded.	50% coins. after ded.
Rx Tier 2 Generics	0% coins. after ded.	\$30 copay	\$30 copay	\$25 copay	\$25 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	0% coins. after ded.	50% coins. after ded.
Rx Tier 3 Preferred Brands	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	30% coins. after ded.	30% coins. after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 4 Non-Preferred Brands	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 5 Specialty	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	0% coins. after ded.	50% coins. after ded.

Amwell Telehealth
 Vision Exams
 Pediatric Vision Exams
 Pediatric Dental
 Chiropractic/Osteopathic Care
 CISP
 Acupuncture
 Wellness Benefits
 Personal Health Coaching
 National Coverage
 Preferred Providers & Services
 Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available On and Off CoverME.gov	Health Options Clear Choice Silver \$4200 HMO Tiered NE	Health Options Clear Choice Silver \$4200 HMO NE	Health Options Clear Choice Silver \$4200 PPO NE	Health Options Clear Choice Silver \$3500 HMO Tiered NE	Health Options Clear Choice Silver \$3500 HMO NE	Health Options Clear Choice Silver \$3500 HMO NE Dental	Health Options Clear Choice Silver \$3500 PPO National	Health Options Clear Choice Silver \$3000 PPO NE	Health Options Clear Choice Silver \$3000 PPO NE Dental
Individual Deductible	\$4,200*	\$4,200	\$4,200	\$3,500*	\$3,500	\$3,500	\$3,500	\$3,000	\$3,000
Individual Max Out-of-Pocket	\$9,100*	\$9,100	\$9,100	\$9,100*	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100
Individual Coinsurance	40%*	40%	40%	40%*	40%	40%	40%	40%	40%
Available on CoverME.gov	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off
Cost share reduction available	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provider Network	Tiered New England	New England	New England	Tiered New England	New England	New England	National	New England	New England
Includes out-of-network coverage	✗	✗	✓	✗	✗	✗	✓	✓	✓
Other Benefits									
Primary Care Office Visits**	\$0 first visit, then \$35 copay*	\$0 first visit, then \$35 copay	\$0 first visit, then \$35 copay	\$0 first visit, then \$40 copay*	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay
Specialty Care Office Visits	\$80 copay*	\$80 copay	\$80 copay	\$80 copay*	\$80 copay	\$80 copay	\$80 copay	\$80 copay	\$80 copay
Urgent Care Visits- Facility	\$40 copay*	\$40 copay	\$40 copay	\$40 copay*	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mental Health/ Substance Use - Outpatient**	\$0 first visit, then \$35 copay	\$0 first visit, then \$35 copay	\$0 first visit, then \$35 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay
Emergency Room Care	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Rx Tier 2 Generics	\$20 copay	\$20 copay	\$20 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Rx Tier 3 Preferred Brands	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Rx Tier 4 Non-Preferred Brands	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	30% coins. up to \$300/ max after ded.	30% coins. up to \$300/ max after ded.
Rx Tier 5 Specialty	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	50% coins. up to \$600/ max after ded.	50% coins. up to \$600/ max after ded.

Amwell Telehealth
 Vision Exams
 Pediatric Vision Exams
 Pediatric Dental
 Chiropractic/Osteopathic Care
 CISP
 Acupuncture
 Wellness Benefits
 Personal Health Coaching
 National Coverage
 Preferred Providers & Services
 Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available On and Off CoverME.gov	Health Options Clear Choice Gold \$2500 PPO NE	Health Options Clear Choice Gold \$2500 PPO NE Dental	Health Options Clear Choice Gold \$2500 PPO National Dental	Health Options Clear Choice Gold \$1500 PPO NE	Health Options Clear Choice Gold \$1500 PPO National	Health Options Clear Choice Platinum PPO NE
Individual Deductible	\$2,500	\$2,500	\$2,500	\$1,500	\$1,500	\$500
Individual Max Out-of-Pocket	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$3,000
Individual Coinsurance	30%	30%	30%	30%	30%	20%
Available on CoverME.gov	On and Off	On and Off	On and Off	On and Off	On and Off	On and Off
Cost share reduction available	✗	✗	✗	✗	✗	✗
Provider Network	New England	New England	National	New England	National	New England
Includes out-of-network coverage	✓	✓	✓	✓	✓	✓
Other Benefits						
Primary Care Office Visits**	\$0 first visit, then \$20 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$25 copay	\$0 first visit, then \$25 copay	\$0 first visit, then \$20 copay
Specialty Care Office Visits	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$40 copay
Urgent Care Visits- Facility	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$25 copay
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mental Health/ Substance Use - Outpatient**	\$0 first visit, then \$20 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$25 copay	\$0 first visit, then \$25 copay	\$0 first visit, then \$20 copay
Emergency Room Care	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$0 copay
Rx Tier 2 Generics	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$0 copay
Rx Tier 3 Preferred Brands	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$15 copay
Rx Tier 4 Non-Preferred Brands	30% coins. up to max of \$300/script Ded. does not apply	30% coins. up to max of \$300/script Ded. does not apply	30% coins. up to max of \$300/script Ded. does not apply	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.
Rx Tier 5 Specialty	50% coins. up to max of \$600/script Ded. does not apply	50% coins. up to max of \$600/script Ded. does not apply	50% coins. up to max of \$600/script Ded. does not apply	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.

Amwell Telehealth
 Vision Exams
 Pediatric Vision Exams
 Pediatric Dental
 Chiropractic/Osteopathic Care
 CISP
 Acupuncture
 Wellness Benefits
 Personal Health Coaching
 National Coverage
 Preferred Providers & Services
 Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available for Direct Purchase Only	Health Options Clear Choice Bronze \$9450 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$9450 PPO National Dental Off MP	Health Options Bronze \$8000 Healthy Maine HMO NE Off MP	Health Options Bronze \$8000 Healthy Maine PPO NE Off MP	Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	Health Options Clear Choice Bronze \$7200 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP
Individual Deductible	\$9,450	\$9,450	\$8,000	\$8,000	\$7,500*	\$7,500	\$7,500	\$7,200	\$6,300
Individual Max Out-of-Pocket	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450*	\$9,450	\$9,450	\$7,200	\$7,500
Individual Coinsurance	0%	0%	50%	50%	50%*	50%	50%	0%	50%
Available on CoverME.gov	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only
Cost share reduction available	✗	✗	✗	✗	✗	✗	✗	✗	✗
Provider Network	New England	National	New England	New England	Tiered New England	New England	National	National	National
Includes out-of-network coverage	✓	✓	✗	✓	✗	✓	✓	✓	✓
Other Benefits									
Primary Care Office Visits**	\$0 first visit, then \$50 copay	\$0 first visit, then \$50 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$45 copay*	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	0% coins. after ded.	50% coins. after ded.
Specialty Care Office Visits	\$80 copay	\$80 copay	\$80 copay after ded.	\$80 copay after ded.	\$80 copay*	\$80 copay	\$80 copay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Facility	0% coins. after ded.	0% coins. after ded.	\$60 copay	\$60 copay	\$60 copay*	\$60 copay	\$60 copay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.
Mental Health/Substance Use - Outpatient**	\$0 first visit, then \$50 copay	\$0 first visit, then \$50 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	0% coins. after ded.	50% coins. after ded.
Emergency Room Care	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	0% coins. after ded.	50% coins. after ded.
Rx Tier 2 Generics	\$30 copay	\$30 copay	\$25 copay	\$25 copay	\$30 copay	\$30 copay	\$30 copay	0% coins. after ded.	50% coins. after ded.
Rx Tier 3 Preferred Brands	0% coins. after ded.	0% coins. after ded.	30% coins. after ded.	30% coins. after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 4 Non-Preferred Brands	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 5 Specialty	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	0% coins. after ded.	50% coins. after ded.

Amwell Telehealth
 Vision Exams
 Pediatric Vision Exams
 Pediatric Dental
 Chiropractic/Osteopathic Care
 CISP
 Acupuncture
 Wellness Benefits
 Personal Health Coaching
 National Coverage
 Preferred Providers & Services
 Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available for Direct Purchase Only	Health Options Clear Choice Silver \$5500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$5500 HMO NE Dental Off MP	Health Options Clear Choice Silver \$5500 PPO National Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO NE Dental Off MP	Health Options Clear Choice Silver \$4200 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$4200 PPO National Dental Off MP	Health Options \$4000 HMO National Off MP	Health Options Clear Choice Silver \$4000 HSA HMO NE Dental Off MP	Health Options Clear Choice Silver \$4000 HSA PPO NE Dental Off MP	Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP
Individual Deductible	\$5,500*	\$5,500	\$5,500	\$4,500*	\$4,500	\$4,200*	\$4,200	\$4,000	\$4,000	\$4,000	\$4,000
Individual Max Out-of-Pocket	\$8,500*	\$8,500	\$8,500	\$7,000*	\$7,000	\$9,100*	\$9,100	\$9,100	\$7,000	\$7,000	\$7,000
Individual Coinsurance	30%*	30%	30%	20%*	20%	40%*	40%	40%	20%	20%	20%
Available on CoverME.gov	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only
Cost share reduction available	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Provider Network	Tiered New England	New England	National	Tiered New England	New England	Tiered New England	National	National	New England	New England	National
Includes out-of-network coverage	✗	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓
Other Benefits											
Primary Care Office Visits**	\$0 first visit, then \$40 copay*	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	20% coins. after ded.*	20% coins. after ded.	\$0 first visit, then \$35 copay*	\$0 first visit, then \$35 copay	\$0 first visit, then \$50 copay	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
Specialty Care Office Visits	\$70 copay*	\$70 copay	\$70 copay	20% coins. after ded.*	20% coins. after ded.	\$80 copay*	\$80 copay	\$85 copay	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
Urgent Care Visits- Facility	\$40 copay*	\$40 copay	\$40 copay	20% coins. after ded.*	20% coins. after ded.	\$40 copay*	\$40 copay	\$50 copay	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.	\$0 copay after ded.
Mental Health/Substance Use - Outpatient**	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	20% coins. after ded.	20% coins. after ded.	\$0 first visit, then \$35 copay	\$0 first visit, then \$35 copay	\$0 first visit, then \$50 copay	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
Emergency Room Care	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	20% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	20% coins. after ded.	20% coins. after ded.	\$5 copay	\$5 copay	\$5 copay	\$5 copay after ded.	\$5 copay after ded.	\$5 copay after ded.
Rx Tier 2 Generics	\$25 copay	\$25 copay	\$25 copay	20% coins. after ded.	20% coins. after ded.	\$20 copay	\$20 copay	\$35 copay	\$25 copay after ded.	\$25 copay after ded.	\$25 copay after ded.
Rx Tier 3 Preferred Brands	\$50 copay	\$50 copay	\$50 copay	20% coins. after ded.	20% coins. after ded.	\$50 copay	\$50 copay	\$70 copay	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.
Rx Tier 4 Non-Preferred Brands	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	20% coins. after ded.	\$100 copay after ded.	\$100 copay after ded.	30% coins. after ded. up to max of \$400/script	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.
Rx Tier 5 Specialty	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	20% coins. after ded.	20% coins. after ded.	\$250 copay after ded.	\$250 copay after ded.	30% coins. after ded. up to max of \$500/script	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.

Amwell Telehealth
 Vision Exams
 Pediatric Vision Exams
 Pediatric Dental
 Chiropractic/Osteopathic Care
 CISP
 Acupuncture
 Wellness Benefits
 Personal Health Coaching
 National Coverage
 Preferred Providers & Services
 Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available for Direct Purchase Only	Health Options Clear Choice Silver \$3500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$3500 PPO NE Dental Off MP	Health Options Clear Choice Silver \$3500 PPO National Dental Off MP	Health Options Clear Choice Silver \$3000 PPO NE Dental Off MP	Health Options Clear Choice Gold \$2500 PPO NE Dental Off MP	Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	Health Options Clear Choice Gold \$1500 PPO National Dental Off MP
Individual Deductible	\$3,500*	\$3,500	\$3,500	\$3,000	\$2,500	\$2,500	\$1,500
Individual Max Out-of-Pocket	\$9,100*	\$9,100	\$9,100	\$9,100	\$5,000	\$5,000	\$5,000
Individual Coinsurance	40%*	40%	40%	40%	30%	30%	30%
Available on CoverME.gov	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only
Cost share reduction available	✗	✗	✗	✗	✗	✗	✗
Provider Network	Tiered New England	New England	National	New England	New England	National	National
Includes out-of-network coverage	✗	✓	✓	✓	✓	✓	✓
Other Benefits							
Primary Care Office Visits**	\$0 first visit, then \$40 copay*	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$25 copay
Specialty Care Office Visits	\$80 copay*	\$80 copay	\$80 copay	\$80 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care Visits- Facility	\$40 copay*	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mental Health/ Substance Use - Outpatient**	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$25 copay
Emergency Room Care	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Rx Tier 2 Generics	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Rx Tier 3 Preferred Brands	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Rx Tier 4 Non-Preferred Brands	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	30% coins. up to \$300/ max after ded.	30% coins. up to max of \$300/script Ded. does not apply	30% coins. up to max of \$300/script Ded. does not apply	\$100 copay after ded
Rx Tier 5 Specialty	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	50% coins. up to \$600/ max after ded.	50% coins. up to max of \$600/script Ded. does not apply	50% coins. up to max of \$600/script Ded. does not apply	\$250 copay after ded.

Amwell Telehealth
 Vision Exams
 Pediatric Vision Exams
 Pediatric Dental
 Chiropractic/Osteopathic Care
 CISP
 Acupuncture
 Wellness Benefits
 Personal Health Coaching
 National Coverage
 Preferred Providers & Services
 Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.

