



# 2022 Individual Healthcare Plans

**Community Health Options** is a local, nonprofit organization created to serve Members — not profit off them. **We strive to keep costs low, while providing the benefits Maine people expect and deserve.**

### **NEW! Clear Choice plans mean more transparency**

Health Options is pleased to offer new Clear Choice plans which are designed to make it easier for Maine people and families to understand and compare options. Plans have a standard cost-sharing design, meaning they have the same deductible, co-pays, and co-insurance for medical services across health insurance carriers.

### **NEW! Tiered plans with lower cost-sharing**

Our tiered network plans are a cost-effective alternative to traditional network plans. These plans offer reduced cost-sharing for specific benefits and services received from a preferred network provider. Types of providers and services include primary care, urgent care centers, imaging centers, outpatient hospital services, and labs.

### **NEW! Plans with in-network national coverage for broader geographic benefits**

Several Health Options' plans include in-network coverage nationally through First Health®. These plans are ideal for individuals and families who spend time outside the New England region.

## Plan Highlights:

- **NEW!** Access to **urgent care telehealth** via Amwell® with **no out-of-pocket costs** in non-HSA plans and no cost-share after deductible in HSA plans
- Robust provider network of 48,000 including 100% of Maine hospitals\*, most in N.H., and many premier facilities throughout New England
- Prescription fulfillment is available **by mail** or through **retail pharmacies**. In addition, we offer a **cost comparison tool** and app, making it easy to save and order
- The **first in-network primary care visit during a calendar year has no cost-share** in all non-HSA plans
- **No cost-share for your first in-network, outpatient, behavioral health visit in all non-HSA plans**, and many plans offer no cost-share for the first three visits
- **NEW!** No out-of-pocket costs for in-network preventive screening **colonoscopies beginning at age 45**
- All plans include in-network coverage for **chiropractic and osteopathic manipulative therapy**
- We offer **100% of the preventive care benefits** required by the Affordable Care Act and the State of Maine at **no out-of-pocket cost** from in-network providers
- Select plans include in-network support for chronic conditions through a **Chronic Illness Support Program (CISP)**, which helps Members with asthma, coronary artery disease, chronic pulmonary disease, diabetes, and hypertension **save money**
- Members requiring **insulin** will have a **cost-share not to exceed \$35** for up to a 30-day supply
- All plans offer **pediatric vision coverage**, including exams and glasses/contacts for children 18 or younger
- **Pediatric dental** through Northeast Delta Dental® available on select plans with a separate low deductible
- **Tobacco cessation support** with enhanced benefits for over-the-counter nicotine replacement therapy
- **Personalized help for complex medical conditions** from our Care Management Team

\*Except Togus VA Hospital

**We know it can be hard to choose the right plan. We're here to help.**

Call **(855) 624-6463** Monday-Friday 8 a.m. to 6 p.m. for assistance selecting a plan or use our interactive comparison tool to find one that's right for you: **HealthOptions.org/plans**

For more detailed information about our health plans or to review our Member Benefit Agreement and Schedule of Benefits, Provider Directory, Prescription Formulary or Privacy Notice, please visit our website at healthoptions.org. ©2022 Community Health Options. All rights reserved.



COMMUNITY  
**Health Options**™

	Health Options Clear Choice Catastrophic HMO NE	Health Options Clear Choice Bronze \$8700 HMO NE	Health Options Clear Choice Bronze \$8700 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 \$7000 HSA PPO NE	Health Options Clear Choice Bronze \$5900 HSA PPO NE	Health Options Evergreen Bronze HMO Tiered NE	Health Options Evergreen Bronze HMO NE	Health Options Evergreen Bronze PPO NE
<b>Individual Deductible</b>	\$8,700	\$8,700	\$8,700	\$7,500	\$7,500	\$7,500	\$7,000	\$5,900	\$5,700	\$5,700	\$5,700
<b>Individual Max Out-of-Pocket</b>	\$8,700	\$8,700	\$8,700	\$8,700	\$8,700	\$8,700	\$7,000	\$7,050	\$8,700	\$8,700	\$8,700
<b>Individual Co-insurance</b>	0%	0%	0%	50%*	50%	50%	0%	50%	35%*	35%	35%
<b>Available on CoverME.gov</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Cost-share reduction available</b>	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
<b>Provider Network</b>	Tiered New England	New England	New England	Tiered New England	New England	New England	New England	New England	Tiered New England	New England	New England
<b>Includes out of network coverage</b>	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✓
<b>Other Benefits</b>											
<b>Primary Care Office Visits</b>	\$0 first visit, then visits 2-3 \$50 co-pay, then 0% coins. after ded.	\$0 first visit, then \$50 co-pay	\$0 first visit, then \$50 co-pay	\$0 first visit, then \$40 co-pay*	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	0% coins. after ded.	50% coins. after ded.	\$0 first visit, then visits 2-3 \$50 co-pay, then 35% coins. after ded.*	\$0 first visit, then visits 2-3 \$50 co-pay, then 35% coins. after ded.	\$0 first visit, then visits 2-3 \$50 co-pay, then 35% coins. after ded.
<b>Specialty Care Office Visits</b>	0% coins. after ded.	\$100 co-pay	\$100 co-pay	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.	35% coins. after ded.	35% coins. after ded.	35% coins. after ded.
<b>Urgent Care Visits- Facility</b>	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	\$60 co-pay*	\$60 co-pay	\$60 co-pay	0% coins. after ded.	50% coins. after ded.	\$95 co-pay*	\$95 co-pay	\$95 co-pay
<b>Urgent Care Visits- Amwell® Telehealth</b>	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay after ded.	\$0 co-pay after ded.	\$0 co-pay	\$0 co-pay	\$0 co-pay
<b>Mental Health/Substance Use - Outpatient</b>	\$0 cost first 3 visits, then 0% coins. after ded.	\$0 first visit, then \$50 co-pay	\$0 first visit, then \$50 co-pay	\$0 first visit, then \$40 co-pay*	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	0% coins. after ded.	50% coins. after ded.	\$0 first 3 visits, then 35% coins. after ded.*	\$0 cost first 3 visits, then 35% coins. after ded.	\$0 cost first 3 visits, then 35% coins. after ded.
<b>Emergency Room Care</b>	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.	35% coins. after ded.	35% coins. after ded.	35% coins. after ded.
<b>Rx Tier 1 Preferred Generics</b>	0% coins. after ded.	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	0% coins. after ded.	50% coins. after ded.	35% coins. after ded.	35% coins. after ded.	35% coins. after ded.
<b>Rx Tier 2 Generics</b>	0% coins. after ded.	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	0% coins. after ded.	50% coins. after ded.	35% coins. after ded.	35% coins. after ded.	35% coins. after ded.
<b>Rx Tier 3 Preferred Brands</b>	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	\$50 co-pay after ded.	\$50 co-pay after ded.	\$50 co-pay after ded.	0% coins. after ded.	50% coins. after ded.	35% coins. after ded.	35% coins. after ded.	35% coins. after ded.
<b>Rx Tier 4 Non-Preferred Brands</b>	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	0% coins. after ded.	50% coins. after ded.	35% coins. after ded.	35% coins. after ded.	35% coins. after ded.
<b>Rx Tier 5 Specialty (30-day supply only)</b>	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	0% coins. after ded.	50% coins. after ded.	35% coins. after ded.	35% coins. after ded.	35% coins. after ded.

Amwell Telehealth Pediatric Vision Pediatric Dental Chiropractic/Osteopathic Care CISP National Coverage Preferred Providers & Services

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



	Health Options Evergreen Bronze PPO NE Dental	Health Options Clear Choice Silver \$5500 Off Marketplace HMO Tiered NE Dental	Health Options Clear Choice Silver \$5500 Off Marketplace HMO NE Dental	Health Options Clear Choice Silver \$4500 HSA Off Marketplace HMO NE Dental	Health Options Clear Choice Silver \$3500 HSA Off Marketplace HMO NE Dental	Health Options Clear Choice Silver \$3500 HMO Tiered NE	Health Options Clear Choice Silver \$3500 HMO NE	Health Options Clear Choice Silver \$3500 PPO National	Health Options Katahdin Silver HMO Tiered NE	Health Options Katahdin Silver HMO NE	Health Options Acadia Silver HMO NE
<b>Individual Deductible</b>	\$5,700	\$5,500	\$5,500	\$4,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,000	\$3,000	\$2,500
<b>Individual Max Out-of-Pocket</b>	\$8,700	\$7,500	\$7,500	\$7,000	\$7,000	\$8,700	\$8,700	\$8,700	\$7,500	\$7,500	\$7,500
<b>Individual Co-insurance</b>	35%	30%*	30%	20%	10%	40%*	40%	40%	40%*	40%	40%
<b>Available on CoverME.gov</b>	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓
<b>Cost-share reduction available</b>	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓
<b>Provider Network</b>	New England	Tiered New England	New England	New England	New England	Tiered New England	New England	National	Tiered New England	New England	New England
<b>Includes out of network coverage</b>	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗
<b>Other Benefits</b>											
<b>Primary Care Office Visits</b>	\$0 first visit, then visits 2-3 \$50 co-pay, then 35% coins. after ded.	\$0 first visit, then \$30 co-pay*	\$0 first visit, then \$30 co-pay	20% coins. after ded.	10% coins. after ded.	\$0 first visit, then \$30 co-pay*	\$0 first visit, then \$30 co-pay	\$0 first visit, then \$30 co-pay	\$0 first visit, then \$30 co-pay*	\$0 first visit, then \$30 co-pay	\$0 first visit, then \$20 co-pay
<b>Specialty Care Office Visits</b>	35% coins. after ded.	\$60 co-pay	\$60 co-pay	20% coins. after ded.	10% coins. after ded.	\$60 co-pay	\$60 co-pay	\$60 co-pay	\$50 co-pay	\$50 co-pay	40% coins. after ded.
<b>Urgent Care Visits- Facility</b>	\$95 co-pay	\$40 co-pay*	\$40 co-pay	20% coins. after ded.	10% coins. after ded.	\$40 co-pay*	\$40 co-pay	\$40 co-pay	\$95 co-pay*	\$95 co-pay	\$95 co-pay
<b>Urgent Care Visits- Amwell® Telehealth</b>	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay after ded.	\$0 co-pay after ded.	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
<b>Mental Health/Substance Use - Outpatient</b>	\$0 cost first 3 visits, then 35% coins. after ded.	\$0 first visit, then \$30 co-pay*	\$0 first visit, then \$30 co-pay	20% coins. after ded.	10% coins. after ded.	\$0 first visit, then \$30 co-pay*	\$0 first visit, then \$30 co-pay	\$0 first visit, then \$30 co-pay*	\$0 first 3 visits, then \$30 co-pay*	\$0 first 3 visits, then \$30 co-pay	\$0 first 3 visits, then \$20 co-pay
<b>Emergency Room Care</b>	35% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	10% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	50% coins. after ded.	50% coins. after ded.	40% coins. after ded.
<b>Rx Tier 1 Preferred Generics</b>	35% coins. after ded.	\$5 co-pay	\$5 co-pay	20% coins. after ded.	10% coins. after ded.	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay
<b>Rx Tier 2 Generics</b>	35% coins. after ded.	\$25 co-pay	\$25 co-pay	20% coins. after ded.	10% coins. after ded.	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$30 co-pay	\$30 co-pay	\$30 co-pay
<b>Rx Tier 3 Preferred Brands</b>	35% coins. after ded.	\$50 co-pay	\$50 co-pay	20% coins. after ded.	10% coins. after ded.	\$50 co-pay	\$50 co-pay	\$50 co-pay	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.
<b>Rx Tier 4 Non-Preferred Brands</b>	35% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	10% coins. after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.
<b>Rx Tier 5 Specialty (30-day supply only)</b>	35% coins. after ded.	50% coins. after ded.	50% coins. after ded.	20% coins. after ded.	10% coins. after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.

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



	Health Options Acadia Silver HMO NE Dental	Health Options Acadia Silver PPO NE	Health Options Acadia Silver PPO NE Dental	Health Options Acadia Silver PPO National	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
<b>Individual Deductible</b>	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$1,500	\$1,500	\$500
<b>Individual Max Out-of-Pocket</b>	\$7,500	\$7,500	\$7,500	\$7,500	\$6,000	\$6,000	\$6,000	\$5,000	\$5,000	\$3,000
<b>Individual Co-insurance</b>	40%	40%	40%	40%	30%	30%	30%	30%	30%	20%
<b>Available on CoverME.gov</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Cost-share reduction available</b>	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
<b>Provider Network</b>	New England	New England	New England	National	New England	New England	National	New England	National	New England
<b>Includes out of network coverage</b>	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Other Benefits</b>										
<b>Primary Care Office Visits</b>	\$0 first visit, then \$20 co-pay	\$0 first visit, then \$20 co-pay	\$0 first visit, then \$20 co-pay	\$0 first visit, then \$20 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$20 co-pay
<b>Specialty Care Office Visits</b>	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$40 co-pay
<b>Urgent Care Visits- Facility</b>	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$95 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$25 co-pay
<b>Urgent Care Visits- Amwell® Telehealth</b>	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
<b>Mental Health/Substance Use - Outpatient</b>	\$0 first 3 visits, then \$20 co-pay	\$0 first 3 visits, then \$20 co-pay	\$0 first 3 visits, then \$20 co-pay	\$0 first 3 visits, then \$20 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$25 co-pay	\$0 first visit, then \$20 co-pay
<b>Emergency Room Care</b>	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.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.
<b>Rx Tier 1 Preferred Generics</b>	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$0 co-pay
<b>Rx Tier 2 Generics</b>	\$30 co-pay	\$30 co-pay	\$30 co-pay	\$30 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$0 co-pay
<b>Rx Tier 3 Preferred Brands</b>	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$15 co-pay
<b>Rx Tier 4 Non-Preferred Brands</b>	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	30% coins. up to max of \$300/Rx. Ded does not apply	30% coins. up to max of \$300/Rx. Ded does not apply	30% coins. up to max of \$300/Rx. Ded does not apply	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.
<b>Rx Tier 5 Specialty (30-day supply only)</b>	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. up to max of \$600/Rx. Ded does not apply	50% coins. up to max of \$600/Rx. Ded does not apply	50% coins. up to max of \$600/Rx. Ded does not apply	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.

