



# 2023 Individual Healthcare Plans

**Community Health Options** is a Maine-based, member led, nonprofit health insurer 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 consistent cost-sharing design, meaning they have the same deductible, co-pays, and co-insurance for medical services across health insurance carriers.

### **NEW! Healthy Maine plans for Mainers focused on wellness**

Benefits include a digital wellness platform and mobile app, and incentive opportunities with **no deductible** and **no cost-share**, as well as unlimited personalized health coaching for **plan Members 18 years and older**. This plan also includes acupuncture reimbursement with no deductible.

### **NEW! Expanded HMO tiered plans with lower cost-sharing**

Our tiered HMO plans are a cost-effective alternative to traditional network plans. These plans offer reduced deductibles, out-of-pocket maximums and cost-sharing for specific benefits and services received from a preferred network provider. Preferred providers are available for primary care, obstetrics and gynecology, pediatrics, specialty, physical, occupational and speech therapies, urgent care centers, imaging centers, outpatient hospital services, and labs.

### **NEW! HSA Plus plans available on and off exchange**

HSA Plus plans include a carefully curated list of medications to help prevent and reduce the risk of complications due to chronic conditions. Members pay only the applicable co-insurance or co-payment amounts with a no deductible requirement.

## Plan Highlights:

- **NEW! Wellness platform and benefits.** Health Options partners with WellRight® on select plans to provide a digital wellness platform and mobile app at no cost to individuals and their families.
- **NEW! A cost estimator tool** in your portal helps you understand and compare the cost of planned services.
- **\$5 co-pay** on Tier 1 preferred generics on all non-HSA plans.
- **Chronic Illness Support Program (CISP)** offered on all plans except Healthy Maine and HSA plans to reduce financial barriers for Members with chronic conditions (asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, and hypertension).
- **Urgent care telehealth visits with \$0 cost-share** on non-HSA plans and \$0 after deductible for HSA plans via Amwell®.
- All plans include in-network coverage for **chiropractic and osteopathic manipulative therapy**.
- The **first in-network PCP and behavioral health outpatient visits have no cost-share** in non-HSA plans. Thereafter, co-pays accumulate to the deductible.
- 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.
- **Our robust network of 48,000 providers** includes clinicians, hospitals, and pharmacies, 100% of Maine hospitals and most hospitals in New Hampshire\*, and many premier facilities throughout New England.
- **Pediatric and adult vision exam coverage** with one exam every 12-month calendar year. Pediatric also includes coverage for lenses/frames/contacts every 24-month calendar period.
- **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.
- Members requiring **insulin** will have a **cost-share not to exceed \$35** for up to a 30-day supply.
- **Pediatric dental** through Northeast Delta Dental® is available on select plans with a separate low deductible.
- **Tobacco cessation support at \$0 out-of-pocket cost** with enhanced benefits for over-the-counter nicotine replacement therapy (NRT) products, including nicotine patches, gum, lozenges, and certain FDA-approved medications listed on our drug formulary.
- **Free phone support and personalized help** with complex medical conditions from our Care Management team.
- We offer plans with **in-network national coverage** for broader geographic benefits.












\*Except Togus VA Hospital and Dartmouth Hitchcock 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 plan comparison page to find one that's right for you: **HealthOptions.org/plans**

For more detailed information about our health plans or to review our Provider Directory, Drug Formulary or Privacy Notice, please visit our website at healthoptions.org. If you do not have access to a computer or internet services, please call (855) 624-6463. ©2023 Community Health Options. All rights reserved.

COMMUNITY  
**Health Options®**

Available On and Off Marketplace	Health Options Clear Choice Catastrophic HMO NE	Health Options Clear Choice Bronze \$9100 HMO NE	Health Options Clear Choice Bronze \$9100 PPO NE	Health Options Clear Choice Bronze \$8000 Healthy Maine HMO NE	Health Options Clear Choice 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 \$7000 HSA Plus PPO NE	Health Options Clear Choice Bronze \$5900 HSA PPO NE
Individual Deductible	\$9,100	\$9,100	\$9,100	\$8,000	\$8,000	\$7,500*	\$7,500	\$7,500	\$7,500	\$7,000	\$5,900
Individual Max Out-of-Pocket	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100*	\$9,100	\$9,100	\$9,100	\$7,000	\$7,500
Individual Co-insurance	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 co-pay, then deductible	\$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 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.
Specialty Care Office Visits	0% coins. after ded.	\$80 co-pay	\$80 co-pay	\$80 co-pay after ded.	\$80 co-pay after ded.	50% coins. after ded.*	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	60% coins. after ded.
Urgent Care Visits- Facility	0% coins. after ded.	0% coins. after ded.	0% coins. after ded.	\$60 co-pay	\$60 co-pay	\$60 co-pay*	\$60 co-pay	\$60 co-pay	\$60 co-pay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Amwell® Telehealth	\$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 after ded.	\$0 co-pay after ded.
Mental Health/ Substance Use - Outpatient**	\$0 first visit, visits 2-3 \$50 co-pay, then deductible	\$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 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.
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 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	0% coins. after ded.	50% coins. after ded.
Rx Tier 2 Generics	0% coins. after ded.	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	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 co-pay 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.
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 co-pay 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.
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 co-pay 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.

 Amwell Telehealth
  Adult/Pediatric Vision Exams
  Pediatric Dental
  Chiropractic/Osteopathic Care
  CISP
  Acupuncture
  Wellness Benefits

 Personal Health Coaching
  National Coverage
  Preferred Providers & Services

\*Indicates preferred network. Tiered plans have lower co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.

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

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



Available On and Off Marketplace	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 Co-insurance	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 \$50 co-pay*	\$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 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay
Specialty Care Office Visits	\$80 co-pay*	\$80 co-pay	\$80 co-pay	\$80 co-pay*	\$80 co-pay	\$80 co-pay	\$80 co-pay	\$80 co-pay	\$80 co-pay
Urgent Care Visits- Facility	\$50 co-pay*	\$50 co-pay	\$50 co-pay	\$40 co-pay*	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay
Urgent Care Visits- Amwell® Telehealth	\$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
Mental Health/ Substance Use - Outpatient**	\$0 first visit, then \$50 co-pay*	\$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 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay
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 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
Rx Tier 2 Generics	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay
Rx Tier 3 Preferred Brands	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Rx Tier 4 Non-Preferred Brands	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded..	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	30% coins. up to \$300/ max after ded.	30% coins. up to \$300/ max after ded.
Rx Tier 5 Specialty	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	50% coins. up to \$600/ max after ded.	50% coins. up to \$600/ max after ded.

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\*Indicates preferred network. Tiered plans have lower co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.

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

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Available On and Off Marketplace	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 Co-insurance	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 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 \$20 co-pay
Specialty Care Office Visits	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$40 co-pay
Urgent Care Visits- Facility	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$25 co-pay
Urgent Care Visits- Amwell® Telehealth	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Mental Health/ Substance Use - Outpatient**	\$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 \$20 co-pay
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 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$0 co-pay
Rx Tier 2 Generics	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$0 co-pay
Rx Tier 3 Preferred Brands	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$15 co-pay
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 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay 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 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.

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\*Indicates preferred network. Tiered plans have lower co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.

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

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Available Off Marketplace Only	Health Options Clear Choice Bronze \$9100 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$9100 PPO National Dental Off MP	Health Options Clear Choice Bronze \$8000 Healthy Maine HMO NE Off MP	Health Options Clear Choice 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 \$7000 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP
Individual Deductible	\$9,100	\$9,100	\$8,000	\$8,000	\$7,500*	\$7,500	\$7,500	\$7,000	\$6,300
Individual Max Out-of-Pocket	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100*	\$9,100	\$9,100	\$7,000	\$7,500
Individual Co-insurance	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 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 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	0% coins. after ded.	50% coins. after ded.
Specialty Care Office Visits	\$80 co-pay	\$80 co-pay	\$80 co-pay after ded.	\$80 co-pay after ded.	50% coins. after ded.*	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Facility	0% coins. after ded.	0% coins. after ded.	\$60 co-pay	\$60 co-pay	\$60 co-pay*	\$60 co-pay	\$60 co-pay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Amwell® Telehealth	\$0 co-pay	\$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.
Mental Health/ Substance Use - Outpatient**	\$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 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	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 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	0% coins. after ded.	50% coins. after ded.
Rx Tier 2 Generics	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	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 co-pay after ded.	\$50 co-pay after ded.	\$50 co-pay 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 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay 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 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	0% coins. after ded.	50% coins. after ded.

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\*Indicates preferred network. Tiered plans have lower co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.

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

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



Available Off Marketplace 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 NE Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO Tiered 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 Clear Choice Silver \$4000 HSA PPO NE Dental Off MP	Health Options \$4000 HMO National Off MP	Health Options Clear Choice Silver \$3500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$3500 HSA HMO NE Dental Off MP
<b>Individual Deductible</b>	\$5,500*	\$5,500	\$5,500	\$4,500	\$4,500*	\$4,200*	\$4,200	\$4,000	\$4,000	\$3,500*	\$3,500
<b>Individual Max Out-of-Pocket</b>	\$8,500*	\$8,500	\$8,500	\$7,000	\$7,000*	\$9,100*	\$9,100	\$7,000	\$9,100	\$9,100*	\$7,000
<b>Individual Co-insurance</b>	30%*	30%	30%	20%	20%*	40%*	40%	20%	40%	40%*	10%
<b>Available on CoverME.gov</b>	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only	Off Only
<b>Cost-share reduction available</b>	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
<b>Provider Network</b>	Tiered New England	New England	National	New England	Tiered New England	Tiered New England	National	New England	National	Tiered 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 \$40 co-pay*	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	20% coins. after ded.	20% coins. after ded.*	\$0 first visit, then \$50 co-pay*	\$0 first visit, then \$50 co-pay	20% coins. after ded.	\$0 first visit, then \$50 co-pay	\$0 first visit, then \$40 co-pay*	10% coins. after ded.
<b>Specialty Care Office Visits</b>	\$70 co-pay*	\$70 co-pay	\$70 co-pay	20% coins. after ded.	20% coins. after ded.*	\$80 co-pay*	\$80 co-pay	20% coins. after ded.	\$85 co-pay	\$80 co-pay*	10% coins. after ded.
<b>Urgent Care Visits- Facility</b>	\$40 co-pay*	\$40 co-pay	\$40 co-pay	20% coins. after ded.*	20% coins. after ded.	\$50 co-pay*	\$50 co-pay	20% coins. after ded.	\$50 co-pay	\$40 co-pay*	10% coins. after ded.
<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 after ded.	\$0 co-pay	\$0 co-pay	\$0 co-pay after ded.
<b>Mental Health/ Substance Use - Outpatient**</b>	\$0 first visit, then \$40 co-pay*	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	20% coins. after ded.	20% coins. after ded.*	\$0 first visit, then \$50 co-pay*	\$0 first visit, then \$50 co-pay	20% coins. after ded.	\$0 first visit, then \$50 co-pay	\$0 first visit, then \$40 co-pay*	10% coins. after ded.
<b>Emergency Room Care</b>	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.	20% coins. after ded.	40% coins. after ded.	40% coins. after ded.*	10% coins. after ded.
<b>Rx Tier 1 Preferred Generics</b>	\$5 co-pay	\$5 co-pay	\$5 co-pay	20% coins. after ded.	20% coins. after ded.	\$5 co-pay	\$5 co-pay	20% coins. after ded.	\$5 co-pay	\$5 co-pay	\$5 co-pay after ded.
<b>Rx Tier 2 Generics</b>	\$25 co-pay	\$25 co-pay	\$25 co-pay	20% coins. after ded.	20% coins. after ded.	\$25 co-pay	\$25 co-pay	20% coins. after ded.	\$35 co-pay	\$25 co-pay	\$25 co-pay after ded.
<b>Rx Tier 3 Preferred Brands</b>	\$50 co-pay	\$50 co-pay	\$50 co-pay	20% coins. after ded.	20% coins. after ded.	\$50 co-pay	\$50 co-pay	20% coins. after ded.	\$70 co-pay	\$50 co-pay	\$50 co-pay after ded.
<b>Rx Tier 4 Non-Preferred Brands</b>	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	20% coins. after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	20% coins. after ded.	30% coins. after ded. up to max of \$400/ script	\$100 co-pay after ded.	\$100 co-pay after ded.
<b>Rx Tier 5 Specialty</b>	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	20% coins. after ded.	20% coins. after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	20% coins. after ded.	30% coins. after ded. up to max of \$500/ script	\$250 co-pay after ded.	\$250 co-pay after ded.

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

\*Indicates preferred network. Tiered plans have lower co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.

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

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Available Off Marketplace Only	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 HSA Plus 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	\$3,000	\$3,000	\$2,500	\$2,500	\$1,500
Individual Max Out-of-Pocket	\$9,100	\$9,100	\$7,000	\$9,100	\$5,000	\$5,000	\$5,000
Individual Co-insurance	40%	40%	15%	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	New England	National	National	New England	New England	National	National
Includes out-of-network coverage	✓	✓	✓	✓	✓	✓	✓
Other Benefits							
Primary Care Office Visits**	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	15% coins. after ded.	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$20 co-pay	\$0 first visit, then \$20 co-pay	\$0 first visit, then \$25 co-pay
Specialty Care Office Visits	\$80 co-pay	\$80 co-pay	15% coins. after ded.	\$80 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Urgent Care Visits- Facility	\$40 co-pay	\$40 co-pay	15% coins after ded.	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay
Urgent Care Visits- Amwell® Telehealth	\$0 co-pay	\$0 co-pay	\$0 co-pay after ded.	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Mental Health/ Substance Use - Outpatient**	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$40 co-pay	15% coins. after ded.	\$0 first visit, then \$40 co-pay	\$0 first visit, then \$20 co-pay	\$0 first visit, then \$20 co-pay	\$0 first visit, then \$25 co-pay
Emergency Room Care	40% coins. after ded.	40% coins. after ded.	15% 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 co-pay	\$5 co-pay	\$5 co-pay after ded.	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay
Rx Tier 2 Generics	\$25 co-pay	\$25 co-pay	\$25 co-pay after ded.	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay
Rx Tier 3 Preferred Brands	\$50 co-pay	\$50 co-pay	\$50 co-pay after ded.	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Rx Tier 4 Non-Preferred Brands	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay 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 co-pay after ded.
Rx Tier 5 Specialty	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay 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 co-pay after ded.

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