Harvard Pilgrim Health Care

a Point32Health company

Maine Small Group Alternative Funding Options for 2025

Available for small group employers with 15 to 50 enrolled employees



P1511725144-1024

Why choose an alternative funding benefits solution from us?

Exceptional expertise and experience

- A national provider of benefit administration and population health management services
- More than 35 years of delivering best-in-class solutions and proven results
- Providing strong value through a commitment to quality, technology and personalized service

A complete administrative solution

- Predictable budgeting — monthly payment based on number of employees
- Enrollment and eligibility administration (COBRA available for additional fee)
- Claims adjudication and processing, with up to 50% return of funds to renewing accounts when actual claims are less than projected
- Pharmacy benefit administration, with competitive prescription drug rebate program

Plan options, network coverage and support

- Available plans include:

  EPOs, EPO HSAs, PPO Access, PPO Access HSA, Maine's Choice Plus EPO, Maine's Choice Plus EPO HSA
- Access to regional and national provider networks
- Population health management supporting members at every stage of the health care continuum
- Includes certain state mandates

Stop-loss protection, providing seamless coverage and one-stop shopping

- Individual coverage — typically $30,000 per member per policy year financial liability limit
- Aggregate coverage at 120% — a set-dollar financial liability limit for the total workforce per policy year

Monthly reporting to help analyze plan performance, make informed decisions and improve outcomes

- Plan expenditures
- Medical and pharmacy benefit utilization
- Medical management
- Large claim reporting to help understand what's driving plan costs



HPHC Insurance Company and its affiliate, Health Plans, Inc. — one of New England's largest third-party administrators — have teamed up to bring savings opportunities, predictability and simplicity to your health benefits.

Our self-funded solution blends the ease and financial peace of mind of a fully insured plan with the cost-savings potential of a self-funded plan. Because it features set monthly payments, you have more control over cash flow. And, you have protection from unexpected financial risk through stop-loss insurance.

P1511725144-1024

2025 Maine Small Group Alternative Funding Plan Offerings

For employer groups with 15 to 50 eligible employees

EPO

Product Name	Network Tier	Office Visit	Deductible	Annual Out-of-Pocket Max	Coinsurance	ER	Urgent Care Freestanding	Labs	Inpatient	Chiro/ Acupuncture	PT/OT/ST	Rx Cost Sharing	
												Retail	Mail
EPO 1000	N/A	$25/$60	$1,000/$2,000	$4,500/$9,000	0%	100% (after ded)	$25	100% (after ded)	100% (after ded)	$25	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO 1500	N/A	$25/$60	$1,500/$3,000	$5,000/$10,000	20%	80% (after ded)	$25	80% (after ded)	80% (after ded)	$25	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO 2500	N/A	$25/$60	$2,500/$5,000	$6,000/$12,000	20%	80% (after ded)	$25	80% (after ded)	80% (after ded)	$25	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO 3500 (0%)	N/A	$35/$70	$3,500/$7000	$7,500/$15,000	0%	100% (after ded)	$35	100% (after ded)	100% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO 3500 (20%)	N/A	$25/$60	$3,500/$7000	$7,000/$14,000	20%	80% (after ded)	$25	80% (after ded)	80% (after ded)	$25	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO 4000	N/A	$35/$70	$4,000/$8,000	$8,000/$16,000	30%	70% (after ded)	$35	70% (after ded)	70% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO 5000	N/A	$35/$70	$5,000/ $10,000	$8,000/$16,000	30%	70% (after ded)	$35	70% (after ded)	70% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO 5500	N/A	$35/$70	$5,500/$11,000	$9,100/$18,200	0%	100% (after ded)	$35	100% (after ded)	100% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)

Exclusions: Adult Dental Care, Alternative/Complementary Care Benefit, Bariatric Surgery, Cosmetic Surgery, Gender Dysphoria Treatment & Related Services, Gene based cellular and other Innovative Therapies (GCIT), Hypnosis/Hypnotherapy, Infertility Treatment, Learning Deficiencies, Behavioral Problems/Developmental Delays, Massage Therapy, Podiatry (Foot) Care, Private Duty Nursing, Qualified Clinical Trials, Routine Eyewear, TMJ, Weight loss drugs**, Weight Loss Reimbursement Benefit, Wigs

**GLP-1's for Diabetes will be covered with Prior Authorization.

EPO and EPO HSA

Product Name	Network Tier	Office Visit	Deductible	Annual Out-of-Pocket Max	Coinsurance	ER	Urgent Care Freestanding	Labs	Inpatient	Chiro/ Acupuncture	PT/OT/ST	Rx Cost Sharing	
												Retail	Mail
EPO 7350	N/A	$35/$70	$7,350/$14,700	$9,200/$18,400	30%	70% (after ded)	$35	70% (after ded)	70% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO 8100	N/A	$35/$70	$8,100/$16,200	$9,200/$18,400	0%	100% (after ded)	$35	100% (after ded)	100% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO HSA 3300	N/A	80% (after ded)	$3,300/$6,600	$7,000/$14,000	20%	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO HSA 3500	N/A	100% (after ded)	$3,500/$7,000	$7,000/$14,000	0%	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO HSA 4000	N/A	80% (after ded)	$4,000/$8,000	$7,000/$14,000	20%	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO HSA 5000	N/A	70% (after ded)	$5,000/ $10,000	$7,500/$15,000	30%	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO HSA 5500	N/A	100% (after ded)	$5,500/$11,000	$8,000/$16.000	0%	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO HSA 6000	N/A	70% (after ded)	$6,000/ $12,000	$8,000/$16,000	30%	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
EPO HSA 7500	N/A	100% (after ded)	$7,500/$15,000	$7,500/$15,000	0%	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	Ded then 0%/0%/0%/0%/0%	Ded then 0%/0%/0%/0%/0%

Exclusions: Adult Dental Care, Alternative/Complementary Care Benefit, Bariatric Surgery, Cosmetic Surgery, Gender Dysphoria Treatment & Related Services, Gene based cellular and other Innovative Therapies (GCIT), Hypnosis/Hypnotherapy, Infertility Treatment, Learning Deficiencies, Behavioral Problems/Developmental Delays, Massage Therapy, Podiatry (Foot) Care, Private Duty Nursing, Qualified Clinical Trials, Routine Eyewear, TMJ, Weight loss drugs**, Weight Loss Reimbursement Benefit, Wigs

**GLP-1's for Diabetes will be covered with Prior Authorization.

PPO Access

Product Name	Network Tier	Office Visit	Deductible	Annual Out-of-Pocket Max	Coinsurance	ER	Urgent Care Freestanding	Labs	Inpatient	Chiro/ Acupuncture	PT/OT/ST	Rx Cost Sharing	
												Retail	Mail
PPO Access 1000	IN	$25/$60	1,000/$2,000	$4,500/$9,000	0%	100%	$25	100% (after ded)	100% (after ded)	$25	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	80% allowed amount (after ded)	$4,500/$9,000	$9,000/$18,000	20%	100% allowed amount (after In-Network ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	OON: 80% allowed amount (after ded)		
PPO Access 1500	IN	$25/$60	$1,500/$3,000	$5,000/$10,000	20%	80% (after ded)	$25	80% (after ded)	80% (after ded)	$25	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	60% allowed amount (after ded)	$3,000/$6,000	$10,000/ $20,000	40%	80% allowed amount (after In-Network ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)		
PPO Access 2500	IN	$25/$60	$2,500/$5,000	$6,000/$12,000	20%	80% (after ded)	$25	80% (after ded)	80% (after ded)	$25	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	60% allowed amount (after ded)	$5,000/ $10,000	$12,000/ $24,000	40%	80% allowed amount (after In-Network ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)		
PPO Access 3500 (0%)	IN	$35/$70	$3,500/$7,000	$7,500/$15,000	0%	100% (after ded)	$35	100% (after ded)	100% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	80% allowed amount (after ded)	$8,000/ $16,000	$15,000/$30,000	20%	100% allowed amount (after In-Network ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)		
PPO Access 3500 (20%)	IN	$25/$60	$3,500/$7,000	$7,000/$14,000	20%	80% (after ded)	$25	80% (after ded)	80% (after ded)	$25	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	60% allowed amount (after ded)	$8,000/ $16,000	$14,000/ $28,000	40%	80% allowed amount (after In-Network ded)	60% allowed amount (after ded)	60% allowed amount (after In-Network ded)	60% allowed amount (after ded)	60% allowed amount (after In-Network ded)	60% allowed amount (after In-Network ded)		
PPO Access 4000	IN	$35/$70	$4,000/$8,000	$8,000/$16,000	30%	70% (after ded)	$35	70% (after ded)	70% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	50% allowed amount (after ded)	$8,000/ $16,000	$16,000/$32,000	50%	70% allowed amount (after In-Network ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)		

Exclusions: Adult Dental Care, Alternative/Complementary Care Benefit, Bariatric Surgery, Cosmetic Surgery, Gender Dysphoria Treatment & Related Services, Gene based cellular and other Innovative Therapies (GCIT), Hypnosis/Hypnotherapy, Infertility Treatment, Learning Deficiencies, Behavioral Problems/Developmental Delays, Massage Therapy, Podiatry (Foot) Care, Private Duty Nursing, Qualified Clinical Trials, Routine Eyewear, TMJ, Weight loss drugs**, Weight Loss Reimbursement Benefit, Wigs

**GLP-1's for Diabetes will be covered with Prior Authorization.

PPO Access and PPO Access HSA

Product Name	Network Tier	Office Visit	Deductible	Annual Out-of-Pocket Max	Coinsurance	ER	Urgent Care Freestanding	Labs	Inpatient	Chiro/ Acupuncture	PT/OT/ST	Rx Cost Sharing	
												Retail	Mail
PPO Access 5000	IN	$35/$70	$5,000/ $10,000	$8,000/$16,000	30%	70% (after ded)	$35	70% (after ded)	70% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	50% allowed amount (after ded)	$10,000/ $20,000	$16,000/$32,000	50%	70% allowed amount (after In-Network ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)		
PPO Access 5500	IN	$35/$70	$5,500/$11,000	$9,100/$18,200	0%	100% (after ded)	$35	100% (after ded)	100% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	80% allowed amount (after ded)	$11,000/ $22,000	$18,200/$36,400	20%	100% allowed amount (after In-Network ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)		
PPO Access 7350	IN	$35/$70	$7,350/$14,700	$9,200/$18,400	30%	70% (after ded)	$35	70% (after ded)	70% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	50% allowed amount (after ded)	$14,700/ $29,400	$18,400/ $36,800	50%	70% allowed amount (after In-network ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)		
PPO Access 8100	IN	$35/$70	$8,100/$16,200	$9,200/$18,400	0%	100% (after ded)	$35	100% (after ded)	100% (after ded)	$35	$50	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	80% allowed amount (after ded)	$16,200/ $32,400	$18,400/ $36,800	20%	100% (after In-network ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)		
PPO Access HSA 3300	IN	80% (after ded)	$3,300/$6,600	$7,000/$14,000	20%	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	60% allowed amount (after ded)	$6,600/ $13,200	$14,000/ $28,000	40%	80% allowed amount (after In-Network ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)		
PPO Access HSA 3500	IN	100% (after ded)	$3,500/$7,000	$7,000/$14,000	0%	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	80% allowed amount (after ded)	$7,000/$14,000	$14,000/ $28,000	20%	100% (after In-Network ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)		

Exclusions: Adult Dental Care, Alternative/Complementary Care Benefit, Bariatric Surgery, Cosmetic Surgery, Gender Dysphoria Treatment & Related Services, Gene based cellular and other Innovative Therapies (GCIT), Hypnosis/Hypnotherapy, Infertility Treatment, Learning Deficiencies, Behavioral Problems/Developmental Delays, Massage Therapy, Podiatry (Foot) Care, Private Duty Nursing, Qualified Clinical Trials, Routine Eyewear, TMJ, Weight loss drugs**, Weight Loss Reimbursement Benefit, Wigs

**GLP-1's for Diabetes will be covered with Prior Authorization.

PPO Access HSA

Product Name	Network Tier	Office Visit	Deductible	Annual Out-of-Pocket Max	Coinsurance	ER	Urgent Care Freestanding	Labs	Inpatient	Chiro/ Acupuncture	PT/OT/ST	Rx Cost Sharing	
												Retail	Mail
PPO Access HSA 4000	IN	80% (after ded)	$4,000/$8,000	$7,000/$14,000	20%	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	60% allowed amount (after ded)	$8,000/ $16,000	$14,000/ $28,000	40%	80% allowed amount (after In-Network ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)	60% allowed amount (after ded)		
PPO Access HSA 5000	IN	70% (after ded)	$5,000/ $10,000	$7,500/$15,000	30%	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	50% allowed amount (after ded)	$10,000/ $20,000	$15,000/$30,000	50%	70% allowed amount (after In-Network ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)		
PPO Access HSA 5500	IN	100% (after ded)	$5,500/$11,000	$8,000/$16,000	0%	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	80% allowed amount (after ded)	$11,000/ $22,000	$16,000/$32,000	20%	100% allowed amount (after In-Network ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)		
PPO Access HSA 6000	IN	70% (after ded)	$6,000/ $12,000	$8,000/$16,000	30%	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	Ded then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Ded then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	OON	50% allowed amount (after ded)	$12,000/ $24,000	$16,000/$32,000	50%	70% allowed amount (after In-Network ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)	50% allowed amount (after ded)		
PPO Access HSA 7500	IN	100% (after ded)	$7,500/$15,000	$7,500/$15,000	0%	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	100% (after ded)	Ded then 0%/0%/0%/0%/0%	Ded then 0%/0%/0%/0%/0%
	OON	80% allowed amount (after ded)	$14,000/ $28,000	$15,000/$30,000	20%	100% allowed amount (after In-Network ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)	80% allowed amount (after ded)		

Exclusions: Adult Dental Care, Alternative/Complementary Care Benefit, Bariatric Surgery, Cosmetic Surgery, Gender Dysphoria Treatment & Related Services, Gene based cellular and other Innovative Therapies (GCIT), Hypnosis/Hypnotherapy, Infertility Treatment, Learning Deficiencies, Behavioral Problems/Developmental Delays, Massage Therapy, Podiatry (Foot) Care, Private Duty Nursing, Qualified Clinical Trials, Routine Eyewear, TMJ, Weight loss drugs**, Weight Loss Reimbursement Benefit, Wigs

**GLP-1's for Diabetes will be covered with Prior Authorization.

Maine's Choice Plus EPO

Product Name	Network Tier	Office Visit	Deductible	Annual Out-of-Pocket Max	Coinsurance	ER	Urgent Care Freestanding	Labs	Inpatient	Chiro/ Acupuncture	PT/OT/ST	Rx Cost Sharing	
												Retail	Mail
Maine's Choice Plus℠ EPO 1500	Preferred	$20/$50*	$1,500/$3,000	$5,500/$11,000	20%	Preferred ded, then $250 per visit	$20	80% (after ded)	80% (after ded)	$20 per visit, then 100% (ded waived)	$50 per visit, then 100% (ded waived)	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	Standard	$40/ded, then 60%)	$3,500/$7,000	$7,500/$15,000	40%		60% (after ded)	60% (after ded)	60% (after ded)		60% (after ded)		
Maine's Choice Plus℠ EPO 2500	Preferred	$20/$50*	$2,500/$5,000	$6,000/$12,000	20%	Preferred ded, then $250 per visit	$20	80% (after ded)	80% (after ded)	$20 per visit, then 100% (ded waived)	$50 per visit, then 100% (ded waived)	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	Standard	$40/ded, then 60%	$5,000/ $10,000	$8,000/$16,000	40%		60% (after ded)	60% (after ded)	60% (after ded)		60% (after ded)		
Maine's Choice Plus℠ EPO 3500	Preferred	$35/$70*	$3,500/$7,000	$7,000/$14,000	30%	Preferred ded, then $350 per visit	$35	70% (after ded)	70% (after ded)	$35 per visit, then 100% (ded waived)	$50 per visit, then 100% (ded waived)	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	Standard	$70/ded, then 50%	$7,000/$14,000	$8,000/$16,000	50%		50% (after ded)	50% (after ded)	50% (after ded)		50% (after ded)		
Maine's Choice Plus℠ EPO 4000	Preferred	$35/$70*	$4,000/$8,000	$8,000/$16,000	30%	Preferred ded, then $350 per visit	$35	70% (after ded)	70% (after ded)	$35 per visit, then 100% (ded waived)	$50 per visit, then 100% (ded waived)	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	Standard	$70/ded, then 50%	$7,500/$15,000	$9,200/$18,400	50%		50% (after ded)	50% (after ded)	50% (after ded)		50% (after ded)		
Maine's Choice Plus℠ EPO 5500	Preferred	$35/$80*	$5,500/$11,000	$9,100/$18,200	30%	Preferred ded, then $350 per visit	$35	70% (after ded)	70% (after ded)	$35 per visit, then 100% (ded waived)	$50 per visit, then 100% (ded waived)	$5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	$10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	Standard	$70/ded, then 50%	$7,500/$15,000	$9,100/$18,200	50%		50% (after ded)	50% (after ded)	50% (after ded)		50% (after ded)		

* Copay waived for the first non-routine PCP office visit per year. PCPs can be in Tier 1 or Tier 2.

Exclusions: Adult Dental Care, Alternative/Complementary Care Benefit, Bariatric Surgery, Cosmetic Surgery, Gender Dysphoria Treatment & Related Services, Gene based cellular and other Innovative Therapies (GCIT), Hypnosis/Hypnotherapy, Infertility Treatment, Learning Deficiencies, Behavioral Problems/Developmental Delays, Massage Therapy, Podiatry (Foot) Care, Private Duty Nursing, Qualified Clinical Trials, Routine Eyewear, TMJ, Weight loss drugs**, Weight Loss Reimbursement Benefit, Wigs

**GLP-1's for Diabetes will be covered with Prior Authorization.

Maine's Choice Plus EPO HSA

Product Name	Network Tier	Office Visit	Deductible	Annual Out-of-Pocket Max	Coinsurance	ER	Urgent Care Freestanding	Labs	Inpatient	Chiro/ Acupuncture	PT/OT/ST	Rx Cost Sharing	
												Retail	Mail
Maine's Choice Plus℠ EPO HSA 3300	Preferred	80% (after ded)	$3,300/$6,600	$7,000/$14,000	20%	Preferred ded, then 80% (after ded)	80% (after ded)	80% (after ded)	80% (after ded)	Preferred ded, then 80% (after ded)	80% (after ded)	Preferred ded, then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Preferred ded, then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	Standard	60% (after ded)	$5,000/ $10,000	$7,500/$15,000	40%		60% (after ded)	60% (after ded)	60% (after ded)		60% (after ded)		
Maine's Choice Plus℠ EPO HSA 4000	Preferred	70% (after ded)	$4,000/$8,000	$7,000/$14,000	30%	Preferred ded, then 70% (after ded)	70% (after ded)	70% (after ded)	70% (after ded)	Preferred ded, then 70% (after ded)	70% (after ded)	Preferred ded, then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Preferred ded, then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	Standard	50% (after ded)	$6,000/ $12,000	$7,500/$15,000	50%		50% (after ded)	50% (after ded)	50% (after ded)		50% (after ded)		
Maine's Choice Plus℠ EPO HSA 6250	Preferred	50% (after ded)	$6,250/$12,500	$7,000/$14,000	50%	Preferred ded, then 50% (after ded)	50% (after ded)	50% (after ded)	50% (after ded)	Preferred ded, then 50% (after ded)	50% (after ded)	Preferred ded, then $5/$25/$50/30%/30% (T4 $300/script max, T5 $500/ script max)	Preferred ded, then $10/$50/$100/30%/30% (T4 $600/script max, T5 $1,500/ script max)
	Standard	50% (after ded)	$6,950/$13,900	$8,000/$16,000	50%		50% (after ded)	50% (after ded)	50% (after ded)		50% (after ded)		

Exclusions: Adult Dental Care, Alternative/Complementary Care Benefit, Bariatric Surgery, Cosmetic Surgery, Gender Dysphoria Treatment & Related Services, Gene based cellular and other Innovative Therapies (GCIT), Hypnosis/Hypnotherapy, Infertility Treatment, Learning Deficiencies, Behavioral Problems/Developmental Delays, Massage Therapy, Podiatry (Foot) Care, Private Duty Nursing, Qualified Clinical Trials, Routine Eyewear, TMJ, Weight loss drugs**, Weight Loss Reimbursement Benefit, Wigs

**GLP-1's for Diabetes will be covered with Prior Authorization.

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Stop-loss coverage underwritten by HPHC Insurance Company.

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