2015 Medical SHOP Platinum and Gold Plans

Plan ID/ Form Schedule #	19304NH0290001		96751NH0160005	59025NH0250020	59025NH0220015	19304NH0280001		61163NH0360001
Issuer	Maine CHO		Anthem	Harvard Pilgrim	Harvard Pilgrim	Maine CHO		Minuteman Health
Plan Name	Community Premier		Anthem Gold Pathway X HMO 500 20 5000 Plus	ElevateHealth HMO 2000	Best Buy Tiered HMO LP 2000	Community Advantage		MyDoc HMO Gold Basic 1000
Metal Level	Platinum		Gold	Gold	Gold	Gold		Gold
Product Type	PPO		HMO	HMO	HMO	PPO		HMO
Network Coverage	NHN001		NHN002	NHN002	NHN001	NHN001		NHN002
	In-Network	Out of Network				In-Network	Out of Network	
Deductible- Individual/Family	$250 / $500	$2000 / $4000	$500 / $1500	$2000 / $4000	$2000 / $4000	$650 / $1300	$2500 / $5000	$1000 / $2000
Coinsurance	10%	30%	20%	10%	10%	20%	40%	20%
Max Out of Pocket- Individual/Family	$1250 / $2500	$2500 / $5000	$5000 / $10000	$3500 / $7000	$3500 / $7000	$4000 / $8000	$8000 / $16000	$3500 / $7000
Preventive Care	No Charge	Not Covered	No Charge	No Charge	No Charge	No Charge	Not Covered	No Charge
PCP Visits (not wellness)	$ 20	Not Covered	$20 Copay for first 3 visits, thereafter 20% Coinsurance after deductible	$ 20	$ 20	$ 20	Not Covered	$ 30
Specialist Visits	$ 50	30% Coinsurance after deductible	$20 Copay for first 3 visits, thereafter 20% Coinsurance after deductible	$ 40	$ 40	$ 75	40% Coinsurance after deductible	20% Coinsurance after deductible
Urgent Care	$ 50	30% Coinsurance after deductible	20% Coinsurance after deductible	$50 Copay after deductible	$50 Copay after deductible	$ 75	40% Coinsurance after deductible	20% Coinsurance after deductible
Outpatient Facility/Surgical Center	10% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	$100 Copay with select providers, 10% coinsurance after deductible with other providers	20% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible
Emergency Room	$ 250	$ 250	20% Coinsurance after deductible	$150 Copay after deductible	$150 Copay after deductible	$ 375	$ 375	20% Coinsurance after deductible
Inpatient Hospital Services	10% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible
Generic Drugs	$ 5	30% Coinsurance after deductible	$ 15	$ 20	$ 20	$ 10	40% Coinsurance after deductible	$ 10
Preferred Brand Drugs	$ 15	30% Coinsurance after deductible	$ 35	20%	20%	$ 25	40% Coinsurance after deductible	30%
Durable Medical Equipment	10% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible
Chiropractic Care	10% Coinsurance after deductible	30% Coinsurance after deductible	$20 Copay for first 3 visits, thereafter 20% Coinsurance after deductible	$ 20	$ 20	20% Coinsurance after deductible	40% Coinsurance after deductible	$ 30
Adult Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered