

Maine - Medicare Advantage 2026

MARKET HIGHLIGHTS



2026 Proposed Service Area

- Partnership with MaineHealth
- Lead D-SNP plan has embedded Everyday Options Allowance for OTC, Assistive Devices, Healthy Foods and Utilities plus Rx Tiers 1 and 6 at \$0
- HMO plans with OTC, Vision and Hearing benefits

SERVICE AREA

All Counties

SERVICE AREA REDUCTIONS AND NON-RENEWALS

Plan Type	Non-Renewal (# of Counties)
Anthem MaineHealth Advantage Extra (HMO-POS) H9065-006	11
Anthem MaineHealth Advantage Extra (HMO-POS) H9065-007	5
Anthem MaineHealth Advantage Access (PPO) H9219-001	All



Maine 2026 Plan Highlights

★ **Anthem | MaineHealth Advantage Dual Plus
(HMO D-SNP)**
H9065-001

MEDICAID STATUS	Full Dual	FBDE, SLMB+, QMB+, QMB
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Maine 2026 Plan Highlights

★ **Anthem | MaineHealth Advantage Dual Plus
(HMO D-SNP)**
H9065-001

MEDICAID STATUS	Full Dual	FBDE, SLMB+, QMB+, QMB
ESSENTIAL EXTRAS		N/A
DENTAL		\$2,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$80 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay – SilverSneakers®
TRANSPORTATION		\$0 copay – 40 one-way trips per year
PERS		\$0 copay
PODIATRY		N/A
HEALTHY MEALS		14 post discharge 30 chronic



Maine 2026 Plan Highlights

Anthem | MaineHealth Advantage Choice (HMO-POS) H9065-002

PREMIUM	\$28
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,900 (IN) / \$13,900 (OON)
PCP	\$0 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$250 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay – T1 – T3 mail order 30 - 60 day supply, T4 – T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Cumberland, York



Maine 2026 Plan Highlights

Anthem | MaineHealth Advantage Choice (HMO-POS) H9065-002

ESSENTIAL EXTRAS	N/A
DENTAL	N/A
VISION	\$0 copay – 1 routine eye exam every year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	\$0 copay
PODIATRY	N/A
HEALTHY MEALS	N/A



Maine 2026 Plan Highlights

Anthem | MaineHealth Advantage Choice (HMO-POS) H9065-003

PREMIUM	\$55
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,550 (IN) / \$13,900 (OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 31% / \$0 \$0 copay – T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington



Maine 2026 Plan Highlights

**Anthem | MaineHealth Advantage Choice
(HMO-POS)
H9065-003**

ESSENTIAL EXTRAS	N/A
DENTAL	N/A
VISION	\$0 copay – 1 routine eye exam every year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	N/A



Maine 2026 Plan Highlights

Anthem | MaineHealth Advantage Plus (HMO-POS) H9065-008

PREMIUM	\$25
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,800
PCP	\$0 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$425 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$235 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 30% / 30% / \$0 \$0 copay – T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Penobscot, Sagadahoc, Somerset, Waldo



Maine 2026 Plan Highlights

Anthem | MaineHealth Advantage Plus (HMO-POS)

H9065-008

ESSENTIAL EXTRAS	N/A
DENTAL	N/A
VISION	\$0 copay – 1 routine eye exam every year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	N/A
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	28 post discharge



Maine 2026 Plan Highlights

**Anthem | MaineHealth Advantage Veteran
(PPO)
H9219-004**

PREMIUM	\$0
PART B GIVEBACK	\$64
MEDICAL DEDUCTIBLE	\$750 (applies only to OON)
MAX OUT-OF-POCKET	\$7,200 (IN) / \$11,500 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York



Maine 2026 Plan Highlights

Anthem | MaineHealth Advantage Veteran (PPO) H9219-004

ESSENTIAL EXTRAS	N/A
DENTAL	<p>\$750 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% comprehensive services per year Out of Network: 20% for preventive and 50% for comprehensive services per year</p>
VISION	<p>\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</p>
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PODIATRY	N/A
HEALTHY MEALS	N/A

