



June 25, 2019

<Member First Name> <Member Last Name>
<Subscriber Mailing Address Line1> <Subscriber Mailing Address Line2>
<Subscriber Mailing State>, <Subscriber Mailing State> <Subscriber Mailing Zip>

Dear Subscriber,

Community Health Options has filed proposed rate increases for 2020 individual health plans which are subject to regulatory approval. These rate increases range from 3.8% to 11.4%.

Enclosed please find a **sample summary of the proposed 2020 rates** for a 26 year old Member, a 45 year old Member, and a 60 year old Member living in rating area 1 (comprised of Sagadahoc, York, and Cumberland counties). Individual rates will vary above or below the average based on a Member's age, tobacco usage and the region where he/she resides. Please note, the summary of proposed rate increases does not include the Advance Premium Tax Credit subsidy.

For more information about proposed rate increases by plan and rating area, please visit our website at www.healthoptions.org or contact our Member Services team at (855) 624-6463.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kevin Lewis", is written over a light blue horizontal line.

Kevin Lewis
Chief Executive Officer

The Maine Bureau of Insurance has planned a public forum at 9:00 a.m. on July 25, 2019, at the Department of Professional and Financial Regulations, Gardiner Annex, 76 Northern Avenue, Gardiner, Maine.

Written comments may be submitted to the Maine Bureau of Insurance by mail or email at the following addresses:

By Mail: Bureau of Insurance
Attn: Susan Tardiff
34 State House Station
Augusta, ME 04333

By Email: Susan.P.Tardiff@maine.gov

Proposed Rates as of January 1, 2020

Plan Name	26 year old Member				45 year old Member				60 year old Member			
	Rating Area 1				Rating Area 1				Rating Area 1			
	(Cumberland, Sagadahoc, York Counties)				(Cumberland, Sagadahoc, York Counties)				(Cumberland, Sagadahoc, York Counties)			
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
	Non-Smoker	Non-Smoker	Smoker	Smoker	Non-Smoker	Non-Smoker	Smoker	Smoker	Non-Smoker	Non-Smoker	Smoker	Smoker
Community Safe Harbor PPO	\$192.21	\$210.39	\$192.21	\$210.39	\$271.04	\$296.68	\$325.25	\$356.02	\$509.43	\$557.61	\$611.31	\$669.13
Community Focus PPO	\$279.25	\$304.97	\$279.25	\$304.97	\$393.79	\$430.06	\$472.55	\$516.07	\$740.13	\$808.30	\$888.16	\$969.96
Community Align PPO	\$307.73	\$335.46	\$307.73	\$335.46	\$433.94	\$473.05	\$520.73	\$567.66	\$815.60	\$889.10	\$978.72	\$1,066.92
Community Reliant HSA PPO	\$278.33	\$303.41	\$278.33	\$303.41	\$392.49	\$427.85	\$470.99	\$513.42	\$737.69	\$804.15	\$885.23	\$964.98
Community Best HMO	\$306.91	\$333.20	\$306.91	\$333.20	\$432.78	\$469.87	\$519.34	\$563.84	\$813.42	\$883.12	\$976.10	\$1,059.75
Community Foundation HMO	\$412.23	\$453.81	\$412.23	\$453.81	\$581.31	\$639.95	\$697.57	\$767.94	\$1,092.57	\$1,202.78	\$1,311.08	\$1,443.34
Community Value HMO	\$422.25	\$451.04	\$422.25	\$451.04	\$595.43	\$636.04	\$714.52	\$763.25	\$1,119.12	\$1,195.44	\$1,342.94	\$1,434.53
Community Complete HMO	\$461.16	\$494.36	\$461.16	\$494.36	\$650.31	\$697.13	\$780.37	\$836.55	\$1,222.26	\$1,310.25	\$1,466.71	\$1,572.31
Community Choice PPO	\$440.73	\$457.54	\$440.73	\$457.54	\$621.49	\$645.21	\$745.79	\$774.25	\$1,168.10	\$1,212.67	\$1,401.72	\$1,455.20
Community Advance PPO	\$481.08	\$500.07	\$481.08	\$500.07	\$678.40	\$705.18	\$814.09	\$846.22	\$1,275.06	\$1,325.39	\$1,530.07	\$1,590.47
Community Vital HMO	\$468.18	\$510.89	\$468.18	\$510.89	\$660.20	\$720.43	\$792.24	\$864.51	\$1,240.85	\$1,354.05	\$1,489.02	\$1,624.85
Community Delta HSA HMO	\$320.01	\$353.33	\$320.01	\$353.33	\$451.26	\$498.25	\$541.51	\$597.90	\$848.14	\$936.46	\$1,017.77	\$1,123.76
Community Partner HMO	\$332.70	\$364.68	\$332.70	\$364.68	\$469.16	\$514.25	\$562.99	\$617.10	\$881.79	\$966.54	\$1,058.14	\$1,159.85
Community Capital HMO	\$359.29	\$400.36	\$359.29	\$400.36	\$506.66	\$564.57	\$607.99	\$677.48	\$952.26	\$1,061.10	\$1,142.72	\$1,273.32
Community Edge PPO	\$469.96	\$518.60	\$469.96	\$518.60	\$662.71	\$731.31	\$795.25	\$877.57	\$1,245.57	\$1,374.49	\$1,494.68	\$1,649.39



NON-DISCRIMINATION NOTICE

Community Health Options does not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the number on the back of your Member ID card.

If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. If you need help filing a complaint, please contact Nancy Johnson, Assistant Vice President of Compliance and Regulatory Affairs at P.O. Box 1121, Mail Stop 100, Lewiston, ME 04243; by telephone at 855-624-6463 TTY/TDD 711; by email at compliance@healthoptions.org; or by fax to 207-402-3318.

You can also contact the U.S. Department of Health and Human Services at the Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
- Phone: 800-368-1019 or 800-537-7697 (TDD)
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-624-6463 (TTY/TDD: 711)	Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-624-6463 (TTY/TDD: 711)	Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-624-6463 (TTY/TDD: 711)。
Cushite XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 855-624-6463 (TTY/TDD: 711)	Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-624-6463 (TTY/TDD: 711)	Arabic إفتية: إنا كنت نتكلم العربية، خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بنا رقم 855-624-6463 (رقم الجهاز النصي للعميم: 711).
Cambodian, Mon-Khmer យកាចិន្តុកម្ពុជា: ប្រសិនបើ អ្នក និយាយភាសាខ្មែរ, ជំនួយភាសាឥតគិតថ្លៃ គឺ មានសេវាសម្រាប់អ្នក។ ទូរស័ព្ទ លេខ: 855-624-6463 (711 TTY / TDD)	Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-624-6463 (телетайп: 711)	Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855-624-6463 (TTY/TDD: 711).
German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-624-6463 (TTY/TDD: 711).	Thai หมายเหตุ: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือฟรีได้ โทร 855-624-6463 (TTY/TDD: 711).	Nilotic-Dinka PIN KENE: Na ve jam ne Thuonjag, ke kuony yenê koc waar thook ats kuka lieu yök abac ke cin wênh cuatê piny. Yuopê 855-624-6463 (TTY/TDD: 711).
Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-624-6463 (TTY/TDD: 711)번으로 전화해 주십시오.	Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855-624-6463 (TTY/TDD: 711).	Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。855-624-6463 (TTY/TDD: 711) まで、お電話にてご連絡ください。