



# 2021 Individual Healthcare Plans



## Community Health Options

is a local, nonprofit organization created to serve Members—not profit off them. We strive to keep costs low, while providing the benefits Maine people expect and deserve.

### Provider Network

Health Options has a robust network of providers designed to make it easy and convenient for Members to receive care. Our regional network includes **48,000** providers, 100% of hospitals in Maine, most New Hampshire hospitals, and many premier institutions in New England.\*

\* A complete list of in-network providers can be found at [healthoptions.org](http://healthoptions.org). Outside of our network, any emergency services are covered at the maximum allowable amount within the U.S. Emergency coverage outside of the U.S. is not included in individual plans.

### Overview of Plan Benefits

Each of our individual plans has been designed with guidance from our experienced health plan advisory team. We are pleased to offer **new, competitive rates for 2021**. Our goal is to provide high-quality, convenient, cost-effective healthcare and wellness programs.

### Service Excellence

“Today was my first time calling, and I had an amazing experience. Associates were extremely helpful and went above and beyond with all my questions.”

— Health Options Member

## Here are some plan highlights:

- Our **Maine-based Member Services** team earns an average Member caller satisfaction rate of **99%**.
- Prescriptions can be filled by mail or through retail pharmacies, and we offer **cost comparisons and savings options**.
- **New!** The **first primary care visit** during a calendar year is free — no co-pay, no co-insurance, no deductible in non-HSA plans.
- We offer **100% of the preventive care benefits** required by the Affordable Care Act and the State of Maine at no out-of-pocket costs from in-network providers.
- **The first three outpatient in-network behavioral health visits** per Member are free — no co-pay, no co-insurance, no deductible for in-person or online/telehealth visits in non-HSA Plans.
- Select plans include our Chronic Illness Support Program (CISP), to **reduce financial barriers** for Members with asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), diabetes, hypertension.
- **New!** Beginning with new enrollments and renewals effective with a 2021 start date, Members requiring insulin will have a **cost share not to exceed \$35** for up to a 30-day supply.
- All plans offer **pediatric vision coverage** including exam and glasses/contacts for children 18 or younger.
- **Free phone support and personalized help** with complex medical conditions from our Care Management team.
- Tobacco Cessation Support: Enhanced benefits for over-the-counter nicotine replacement therapy.
- **New!** Most plans include coverage for **chiropractic and osteopathic** manipulative therapy.

## Income Ranges for 2021 Advance Premium Tax Credits

Members with household incomes that fall within the levels indicated on the chart below may be eligible for the Advanced Premium Tax Credits\*. These credits can be used to reduce the monthly healthcare premium for your qualified health plan. For more information about tax credit qualifications, go to: [healthcare.gov](http://healthcare.gov).

HOUSEHOLD SIZE	HOUSEHOLD INCOME
1	\$17,609 - \$51,040
2	\$23,792 - \$68,960
3	\$29,974 - \$86,880
4	\$36,156 - \$104,800
5	\$42,339 - \$122,720
6	\$48,521 - \$140,640
7	\$54,704 - \$158,560
8	\$60,886 - \$176,480

\*2020 Federal Guidelines for 2021 Plans

Our interactive tools on [healthoptions.org](http://healthoptions.org) can help calculate estimated Advance Premium Tax Credit and savings.

## SERVICE EXCELLENCE

Our team of Maine-based Member Services Associates can help you understand our plan options. Call with plan questions: **Mon. – Fri., 8 am to 6 pm.**

**(855) 624-6463**

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# Community Health Options 2021 Individual Healthcare Plans

## PLAN LEVELS




Individual plans are offered at four metal levels that reflect different coverage options, premiums, cost-sharing reductions and deductibles.

**Catastrophic Level:** These plans have the lowest monthly premiums and highest deductibles. This level is an affordable way to protect from worst-case scenarios. Eligibility for catastrophic plans is limited to individuals under 30 or those with a hardship exemption from the Marketplace.

**Bronze Level:** Bronze plans have low monthly premiums but require Members to pay more for services used. These plans keep costs low, but still provide coverage for medical bills when you receive care.

**Silver Level:** Silver plans offer moderate monthly premiums and moderate costs when you need care. **If your income qualifies you for cost-sharing reductions,** you must choose a Silver level plan for the associated savings.

**Gold Level:** Gold plans have the highest monthly premiums but lower costs when you need care. These plans are a good option if you can afford higher monthly payments and anticipate the need for high-cost medical treatment.

-  These plans feature pediatric dental.
-  These plans feature our Chronic Illness Support Program (CISP), which offers additional benefits and savings for Members with these conditions:
  - Diabetes
  - Asthma & Emphysema
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Coronary Artery Disease
  - Hypertension
-  These plans feature acupuncture.

Metal Level	Catastrophic	Bronze						Silver							Silver Direct (off Marketplace) Purchase			Gold
Plan Name	Community Safe Harbor PPO	Community Secure HMO	Community Asset PPO	Community Reliant HSA PPO	Community Focus PPO	Community Align PPO	Community Best HMO	Community Plus HMO	Community Foundation HMO	Community Value HMO	Community Complete HMO	Community Choice PPO	Community Advance PPO	Community Vital HMO	Community Delta HSA HMO	Community Partner HMO	Community Capital HMO	Community Edge PPO
Deductible	\$8,550	\$8,550	\$8,550	\$6,800	\$5,800	\$5,800	\$5,550	\$6,000	\$4,000	\$3,350	\$3,350	\$2,500	\$2,500	\$2,300	\$3,000	\$2,500	\$2,500	\$2,000
Family Deductible	\$17,100	\$17,100	\$17,100	\$13,600	\$11,600	\$11,600	\$11,100	\$12,000	\$8,000	\$6,700	\$6,700	\$5,000	\$5,000	\$4,600	\$6,000	\$5,000	\$5,000	\$4,000
Member Coinsurance	0%	0%	0%	50%	50%	50%	40%	0%	40%	40%	40%	40%	40%	30%	40%	40%	40%	25%
Out-of-Pocket Max-Individual	\$8,550	\$8,550	\$8,550	\$7,000	\$8,550	\$8,550	\$8,550	\$6,000	\$8,550	\$8,000	\$8,000	\$7,500	\$7,500	\$7,500	\$7,000	\$7,500	\$7,500	\$7,500
Out-of-Pocket Max-Family	\$17,100	\$17,100	\$17,100	\$14,000	\$17,100	\$17,100	\$17,100	\$12,000	\$17,100	\$16,000	\$16,000	\$15,000	\$15,000	\$15,000	\$14,000	\$15,000	\$15,000	\$15,000
Office Visit for Primary Care Provider	First visit @\$0, then visits 2-3 @\$50, then Deductible	First visit @\$0, then visits 2-3 @\$50, then Deductible	First visit @\$0, then \$60 Copay	50% Coinsurance after Deductible	First visit @\$0, then visits 2-3 @\$50, then 30% Coinsurance after Deductible	First visit @\$0, then visits 2-3 @\$50, then 30% Coinsurance after Deductible	First visit @\$0, then visits 2-3 @\$50, then 40% Coinsurance after Deductible	First visit @\$0, then visits 2-3 @\$40, then Deductible	First visit @\$0, then visits 2-3 @\$40, then 40% Coinsurance after Deductible	First visit @\$0, then \$25 Copay	First visit @\$0, then \$25 Copay	First visit @\$0, then \$20 Copay	First visit @\$0, then \$20 Copay	First visit @\$0, then \$25 Copay	40% Coinsurance after Deductible	First visit @\$0, then \$20 Copay	First visit @\$0, then \$20 Copay	First visit @\$0, then \$25 Copay
Office Visit-Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Office Visit for Mental Health & Substance Abuse Disorder	First 3 visits @\$0, then Deductible	First 3 visits @\$0, then Deductible	First 3 visits @\$0, then \$60 Copay	50% Coinsurance after Deductible	First 3 visits @\$0, then 30% Coinsurance after Deductible	First 3 visits @\$0, then 30% Coinsurance after Deductible	First 3 visits @\$0, then 40% Coinsurance after Deductible	First 3 visits @\$0, then Deductible	First 3 visits @\$0, then 40% Coinsurance after Deductible	First 3 visits @\$0, then \$25 Copay	First 3 visits @\$0, then \$25 Copay	First 3 visits @\$0, then \$20 Copay	First 3 visits @\$0, then \$20 Copay	First 3 visits @\$0, then \$25 Copay	40% Coinsurance after Deductible	First 3 visits @\$0, then \$20 Copay	First 3 visits @\$0, then \$20 Copay	First 3 visits @\$0, then \$25 Copay
Urgent Care	0% Coinsurance after Deductible	0% Coinsurance after Deductible	0% Coinsurance after Deductible	\$95 Copay after Deductible	\$95 Copay	\$95 Copay	\$95 Copay	0% Coinsurance after Deductible	\$95 Copay	\$95 Copay	\$95 Copay	\$95 Copay	\$95 Copay	\$95 Copay	\$95 Copay after Deductible	\$95 Copay	\$95 Copay	\$90 Copay
Emergency Room	0% Coinsurance after Deductible	0% Coinsurance after Deductible	0% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	0% Coinsurance after Deductible	40% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	40% Coinsurance after Deductible

## PRESCRIPTION DRUG BENEFITS

Tier 1-Preferred Generics	0% Coinsurance after Deductible	0% Coinsurance after Deductible	\$5 Copay	50% Coinsurance after Deductible	30% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible	0% Coinsurance after Deductible	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	30% Coinsurance after Deductible	40% Coinsurance after Deductible	\$5 Copay	\$5 Copay	\$5 Copay
Tier 2-Generics	0% Coinsurance after Deductible	0% Coinsurance after Deductible	\$30 Copay	50% Coinsurance after Deductible	30% Coinsurance after Deductible	30% Coinsurance after Deductible	40% Coinsurance after Deductible	0% Coinsurance after Deductible	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	30% Coinsurance after Deductible	40% Coinsurance after Deductible	\$30 Copay	\$30 Copay	\$30 Copay
Tier 3-Preferred Brand	0% Coinsurance after Deductible	0% Coinsurance after Deductible	0% Coinsurance after Deductible	50% Coinsurance after Deductible	30% Coinsurance after Deductible	30% Coinsurance after Deductible	50% Coinsurance after Deductible	0% Coinsurance after Deductible	40% Coinsurance after Deductible	40% Coinsurance after Deductible	40% Coinsurance after Deductible	40% Coinsurance after Deductible	40% Coinsurance after Deductible	50% Coinsurance after Deductible	40% Coinsurance after Deductible	40% Coinsurance after Deductible	40% Coinsurance after Deductible	40% Coinsurance after Deductible	20% Coinsurance after Deductible
Tier 4-Non-Preferred Brand	0% Coinsurance after Deductible	0% Coinsurance after Deductible	0% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	0% Coinsurance after Deductible	40% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Tier 5-Specialty	0% Coinsurance after Deductible	0% Coinsurance after Deductible	0% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	0% Coinsurance after Deductible	40% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible	50% Coinsurance after Deductible

Not all plans are available to all Members. Certain plans have eligibility requirements based on age, income or other factors. If you have any questions, please contact Member Services at (855) 624-6463.