



A Maine-based nonprofit
health insurance partner
that has your back

2023 Plans for Small Businesses

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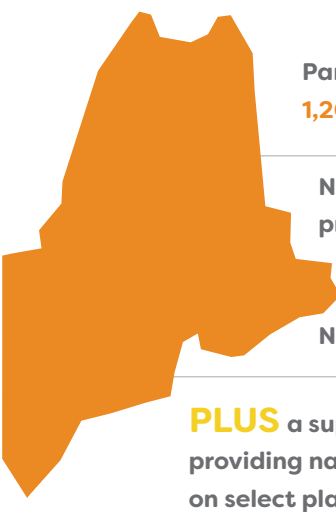
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Community Health Options Overview

Founded in 2011 and located in Lewiston, Maine, Community Health Options (Health Options), is a health insurance pioneer that has your back. We are a local, nonprofit option that was created to serve Members, not profit off them. We strive to keep costs low, while providing the benefits you and your employees deserve.

We are one of Maine's largest carriers for the individual health insurance market and proudly partner with 1,200 businesses, a number that continues to grow. Across all plans, we have a robust network of 48,000 providers including clinicians, hospitals, and pharmacies in New England. Plans include New England or national networks with a choice of PPO, HMO, and HMO tiered options for premium savings. With a high retention rate within our employer group business, high recommendation rates from our brokers, and high Member service scores, we are proud to know that Health Options is delivering excellence for all our partners. Our sophisticated in-house systems were built from the ground up and are managed here in Maine by Maine-based employee experts.



Partner with 1,200 businesses

Network of 48,000 providers including clinicians, hospitals, and pharmacies in New England

PLUS a supplemental network providing national coverage on select plans



Health Options At-a-Glance

- **\$2.41 billion** in payments to providers
- **52% reduction** in hospital readmission rate (2018 to 2021), working hard to keep Members healthy and their costs low
- **\$6 million** saved in Site of Care Program since 2019, helping Members save money, keeping premium increases low
- **\$120 million** in capital surplus in 2021, demonstrating financial health
- **Excellence** in fast, accurate claims processing with an average turnaround time **≤ 1 week**
- Average Member caller satisfaction rate of **99%** for courtesy and respect, speed of answer, and receipt of information

Health Options cares about our employees as much as our Members. We understand the importance of a healthy, fulfilled workforce in achieving business and retention goals. This means better service and lower costs for you. We were again ranked among Maine's **Best Places to Work**. The wellness of our own employees is paramount to our success, and we are proud to have received this honor in 2013, 2015, 2017, 2019, and most recently in 2021.



Summary of Plan Benefits

Health Options offers a selection of off-exchange plans designed specifically for small businesses, along with on-exchange Small Business Health Options Program (SHOP) eligible plans. Small businesses can choose the network that best fits their needs, from New England to national networks, with a choice of PPO, HMO and HMO tiered options for premium savings.

New in 2023, businesses will also have an opportunity to select one of our **Healthy Maine plans**, which include Wellright®, a digital wellness platform and mobile app, with benefits including unlimited health coaching at \$0 cost-share, gamified wellness challenges, a comprehensive health assessment, and acupuncture with no deductible. Our new **HSA Plus plans** (labeled as HSA Plus) are also available and provide prescription coverage for select drugs without a deductible.

Most of our plans include the following:



NEW! A **cost estimator tool** to help your employees understand the cost of planned provider visits.



Pediatric and adult vision coverage with one exam every 12-month calendar year. Pediatric also includes coverage for lenses/frames/contacts every 24-month calendar period.



Chronic Illness Support Program (CISP) offered on all plans except Healthy Maine and HSA plans to reduce financial barriers for Members with chronic conditions (asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, hypertension).



Partnership with Northeast Delta Dental, New England's leading dental carrier to offer pediatric dental coverage with a separate low deductible on most plans.



Joint offering with **Unum for group life and disability insurance**. Quotes are available through Health Options or your broker.



Ability to connect with Employer Human Resource Information System and Health Reimbursement Accounts for updates and to provide data feeds to Group Dynamic, Inc.



First in-network primary care and behavioral healthcare visits annually per Member have no cost-share in non-HSA plans.



Urgent care telehealth visits with \$0 cost-share on non-HSA plans, and \$0 after deductible for HSA plans via Amwell®.



100% of the preventive care benefits required by the Affordable Care Act and the State of Maine at **no out-of-pocket cost** from in-network providers.



Tobacco cessation support at \$0 out-of-pocket cost with enhanced benefit for over-the-counter nicotine replacement therapy (NRT) products, including nicotine patches, gum, lozenges, and certain FDA-approved medications listed on our drug formulary.



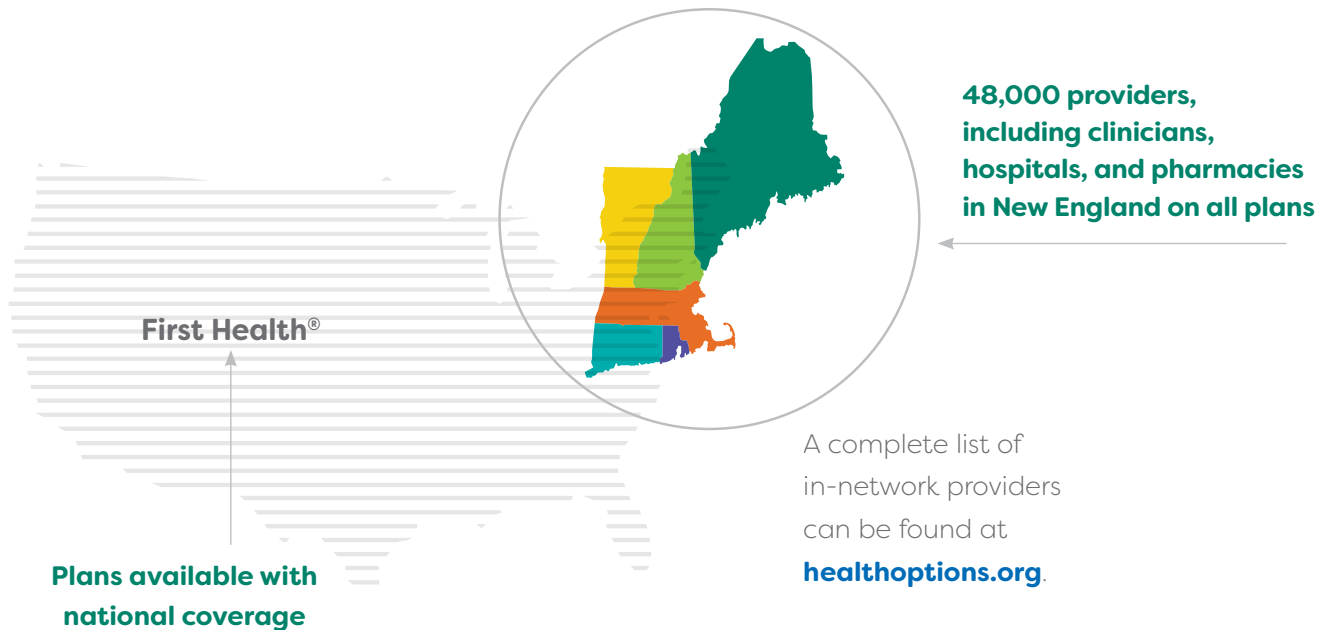
Members requiring insulin will have a cost-share not to exceed \$35 for up to a 30-day supply.

For more detailed information about our health plans or to review our Provider Directory, Drug Formulary or Privacy Notice, please visit our website at healthoptions.org. If you do not have access to a computer or internet services, please call (855) 624-6463. ©2023 Community Health Options. All rights reserved.



Network Providers

Health Options has a robust network of providers designed to make it easy and convenient for Members to receive care. All of our plans have in-network access to our broad New England network. We also have plans with national networks through **First Health®**.



MEMBER NETWORK BY GEOGRAPHIC LOCATION		
Service Type	Within ME/NH	Outside ME/NH
Medical/Behavioral Health, Substance Use Disorder	Community Health Options' Service Area Network is broad within ME & NH and is available to all plans	Access to contracted providers on all plans and First Health on plans with national network
Pharmacy	Express Scripts® National Pharmacy Network includes most national and local pharmacies	Express Scripts® National Pharmacy Network includes most national and local pharmacies

While our network comprises **100% of hospitals in Maine and most in New Hampshire***, it extends well beyond these states, including many premier institutions within New England.

- Dana-Farber Cancer Institute
- Massachusetts General
- Brigham and Women's Hospital
- Brigham and Women's Faulkner Hospital
- Boston Children's Hospital
- Newton-Wellesley Hospital
- North Shore Medical Center, Spaulding Hospital
- Springfield Hospital

*Except Togus VA Hospital and Dartmouth Hitchcock Hospital



Preventive Care

Many preventive healthcare services, including screenings, check-ups, and counseling, **have no cost-share**.



We offer **100% of the preventive care benefits** required by the Affordable Care Act and the State of Maine. Services defined in the federal law that meet the criteria of preventive care and are administered by in-network providers are covered with no cost-share.



Preventing influenza is important to Health Options, which is why we provide full coverage for a flu vaccination at in-network providers (doctors or pharmacies*) each flu season for all adult and pediatric Members.



There is no cost-share for **COVID-19** vaccinations or provider-recommended COVID-19 testing/screening.



Preventive screenings identify diseases or medical conditions before any signs or symptoms are present, enabling early diagnosis of health problems. Preventive screenings do not include tests or services to monitor or manage a condition or disease once it has been diagnosed.



Preventive Screening Colonoscopies with no cost-share for Members ages 45 and older. Preventive health screening colonoscopies have no deductible, co-insurance or co-pay.



Preventive counseling usually occurs when a person has been identified (but not yet diagnosed) as being at risk for a specific disease or medical condition at a preventive screening. Preventive counseling and intervention are intended to provide basic information about a medical condition and help Members develop the skills to better manage their health.

**For children aged 9 or older, flu vaccines are covered at in-network pharmacies and not "minute clinics" within pharmacies. Call ahead to confirm availability.*



Chronic Illness Support Program

Most non-HSA plans include our Chronic Illness Support Program (CISP), designed to improve the health of Members with chronic conditions. CISP saves Members money, contributes to the healthy maintenance of chronic illness, and helps reduce associated medical complications and unnecessary hospitalizations.

For CISP-eligible plans, Members with **asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), diabetes, and hypertension** who manage their conditions through in-network office visits and prescriptions have access to savings on routine care. In order to maximize savings under this benefit, CISP medications must be obtained through the Express Scripts® home delivery pharmacy.

Benefits include:

- **\$0 cost through home delivery for specific Tier 1 generic medications** used to treat the chronic illness
- **50% reduction in cost-share through home delivery for select Tier 2 and 3 medications** (preferred brand medications used to treat the chronic illness) and deductible is waived
- **Medical services at no cost-share** when performed by a network provider for the following services (unless otherwise noted)

CHRONIC ILLNESS SUPPORT PROGRAM (CISP) MEDICAL SERVICES				
Asthma	Coronary Artery Disease (CAD)	Chronic Obstructive Pulmonary Disease (COPD)	Diabetes	Hypertension
<p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider, Pulmonologist, Allergist for routine management of asthma • Palliative care conversations with provider to discuss chronic condition treatment • Immunotherapy for allergen sensitization <p>Also covered:</p> <ul style="list-style-type: none"> • Inhaler adjuncts (e.g., holding chamber/spacer) through mail order • Pulmonary function tests • Allergy sensitivity testing • Asthma education • Targeted laboratory tests for the routine management of asthma 	<p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider, Cardiologist for routine management of CAD • Palliative care conversations with provider to discuss chronic condition treatment <p>Also covered:</p> <ul style="list-style-type: none"> • Electrocardiogram (ECG) • Nutritional counseling, up to six (6) visits per year • Cardiac rehabilitation and associated exercise programs are covered at 50% cost-share reduction. • Targeted laboratory tests for the routine maintenance of CAD 	<p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider, Pulmonologist for routine management of COPD • Palliative care conversations with provider to discuss chronic condition treatment <p>Also covered:</p> <ul style="list-style-type: none"> • Inhaler adjuncts (e.g., holding chamber/spacer) through mail order • Pulmonary function tests • Home oxygen therapy assessment • Pulmonary rehabilitation and associated exercise program are covered at 50% cost share reduction • Targeted laboratory tests for the routine management of COPD <p>Note that oxygen delivery and supplies are subject to routine coverage.</p>	<p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider, Endocrinologist, Podiatrist, Optometrist/ Ophthalmologist for routine management of diabetes • Palliative care conversations with provider to discuss chronic condition treatment <p>Also Covered:</p> <ul style="list-style-type: none"> • Nutritional counseling, up to six (6) visits per year • Diabetes education with a certified diabetes educator • Targeted laboratory tests for the routine management of diabetes <p>Diabetic supplies specified on the formulary and dispensed via ESI home delivery are covered at \$0 cost-share:</p> <ul style="list-style-type: none"> • One glucometer per year • Glucose test strips: up to 150 strips every 30 days or 450 strips every 90 days <p>Note that insulin pumps and continuous glucose monitors and associated supplies are subject to routine coverage.</p>	<p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider for routine management of hypertension • Cardiologist and Nephrologist for consultation and routine hypertension management • Palliative care conversations with provider to discuss chronic condition treatment <p>Also Covered:</p> <ul style="list-style-type: none"> • Nutritional Counseling, up to six (6) visits per year • Targeted laboratory tests for the routine management of hypertension



Wellness Benefits

Chronic Illness Support Program (CISP) (continued)

When it comes to prescription drug adherence in the treatment of chronic illnesses, we know our programs work. We have experienced positive outcomes largely due to CISP. We think your experience will be positive too, with healthy, productive employees who are less likely to experience costly claims.

Primary Care

A Member's first primary care visit during a plan year has no cost-share in non-HSA plans and any future co-pays accumulate toward the deductible. Tests and services provided during that visit may be subject to cost share. Unlike other carriers, Health Options does not require Members to wait the 366 calendar days between visits to see their provider for annual preventive wellness care and checkups. These annual visits reset based on the date the plan coverage begins, not the date of a Member's last appointment. While it is best to schedule yearly preventive services approximately 12 months apart to get the maximum benefit, Members have some flexibility with appointment dates and peace of mind knowing their care is on their schedule. Annual wellness visits based on plan year include preventive wellness visits, mammograms, adolescent hearing screenings, low dose CT scans for lung cancer screening, labs, and immunizations.

Consistent Medication Adherence Rates for Chronic Illnesses >85% over the past 2 years for diabetes, hypertension and hyperlipidemia

2020 through 1st quarter 2022 drug adherence rates for select drugs.

Telehealth for Provider Visits

A provider visit can be just a click away. Health Options removes barriers that may keep Members from accessing the healthcare they need. If the provider offers the service, Members can use a video-conferencing telehealth visit via the internet, and the visit will have the same plan coverage as in-network or out-of-network provider office visits. They can also receive telehealth services 24/7 for urgent care and behavioral healthcare through our partnership with Amwell®. **There is no cost-share for Amwell urgent care telehealth visits on non-HSA plans.**

Behavioral Health

Health Options is committed to prioritizing emotional wellbeing along with physical health. The **first in-network outpatient behavioral health visit for Members or dependents has no cost-share** on non-HSA compatible plans for in-person or online/telephonic visits. Any future co-pays accumulate towards the deductible in non-HSA plans. Health Options will even cover a medical visit and a behavioral health visit on the same day, and we can facilitate same-day referrals.



Wellness Benefits

Tobacco Cessation Support

All group plans offer an **enhanced benefit** for over-the-counter nicotine replacement therapy (NRT) products, including nicotine patches, gum, lozenges, and certain FDA-approved medications listed on the drug formulary, all available at **\$0 out-of-pocket cost**.

Chiropractic and Osteopathic Manipulative Coverage

All Health Options plans include coverage for chiropractic and osteopathic manipulative therapy. Varying co-insurance or co-pays after the deductible apply on most plans. Prior Approval is required for some services (e.g., advanced imaging such as MRIs) ordered by a provider. Detailed information is available within plan documents.

Vision

Adult and pediatric vision coverage includes a routine eye exam (one per 12-calendar-month period) with a co-pay or deductible and co-insurance. Coverage for glasses and contacts for pediatrics is also included (every 24-calendar-month period) with varying co-insurance after the deductible.

Oral Health

Health Options partners with Northeast Delta Dental® (NEDD) to provide dental coverage for pediatric Members in select plans. A special, low dental deductible applies. Covered out-of-pocket dental expenses are applied to medical out-of-pocket expenses. Ask your broker or Benefits Consultant for a quote for a small group dental plan that includes adults.

Acupuncture

Some plans, including all Healthy Maine plans, include our acupuncture benefit with a reimbursement of up to \$50 per treatment session and no deductible. Each plan Member receives a maximum of 12 visits per calendar year.



Wellness Benefits

Health Education

Our partners at Healthwise® provide evidence-based, medically reviewed health information that Members can trust including a symptom checker, decision support tools, and thousands of articles and videos with up-to-date health information. Use this education platform to gain knowledge and stay informed. Members can access Healthwise materials in their Member portal.

Wellness Platform

Health Options partners with WellRight® on select plans to provide a digital wellness engagement platform and mobile app at no cost to Members 18 years and older. The program is rich with wellness challenges, a sense of community, gamification – including daily text nudges, an opportunity to earn rewards, and health education that is all geared toward driving positive habit formation and behavior change. The holistic and personalized approach guarantees a path toward better health.



Unlimited Personalized Health Coaching

The **Healthy Maine** plans offer unlimited personalized health coaching to Members age 18 years and older with no deductible and no cost. Trained health coaches can meet over the telephone, through text, video chat, or email, and can assist with the following:

- Personalized Nutrition
- Financial Fitness
- Tobacco Cessation
- Physical Activity
- Prenatal Wellness
- Stress Management
- Weight Management
- Heart Health



Medical and Care Management

Medical Management

Our Medical Management team includes a variety of healthcare professionals who work together to remove barriers, making it easier for Members to obtain medications and durable medical equipment. These specialists serve as a connection between Members and providers assisting with communication and education.



Care Management

Programs are available to aid Members through a broad spectrum of services. These include transitions of care such as hospital to home, disease management, chronic condition management, cancer care, maternity/postpartum care, and behavioral healthcare. Our Care Management team partners with a range of local agencies to assist with community supports and other well-being related issues.

MANAGING SERIOUS ILLNESS OR INJURY

When it comes to serious illness, our Nationally Accredited complex care management programs provide compassionate, personalized support for metastatic cancers, pediatric intensive care, and transplants. Assistance includes contacting providers, inpatient facilities and national transplant networks.

- Members with special care needs who are transitioning from a prior health insurance carrier will be paired with a Complex Care Manager to assist with transition to their new Health Options' plan.
- Members identified with high health risks have access to complex care management resources.

HOSPITAL READMISSION PREVENTION PROGRAM

With a **52% reduction** in readmission rate (2018–2021), we are working hard to help Members get well while reducing the costs associated with readmission to the hospital. In-house specialists coordinate with Care Management to assist Members at high risk of readmission. Examples include partnering with home health agencies, community agency care teams and other local agencies.



Medical and Care Management

Care Management (continued)

SITE OF CARE PROGRAM

Our Site of Care Program has saved millions of dollars in healthcare costs for our Members by offering the ability to transition certain medications and infusions to a preferred site of care, including a Member's own home. This program delivers a meaningful choice with **reduced out-of-pocket cost savings** and **increased quality of life**. An incentive program may be available for select medications and select sites of care.

SUBSTANCE USE DISORDER

Our Care Management team works closely with Members and dependents who are seeking treatment for substance use disorder. Our team provides **high-quality, cost-effective, and convenient in-network program options**. This also includes transitional support after discharge from an inpatient behavioral health or substance use facility.

We're working every day to keep costs low and give you the healthcare benefits you expect and deserve.

Care Management Success Story

Recently, a Member diagnosed with cancer was referred to a Boston medical facility for treatment and a stem cell transplant. The Member had significant financial barriers, unreliable transportation, and was living in a home that contained mold. The Care Management team made a referral to the Maine Association of Area Agencies on Aging which worked with our Member to arrange payment plans for a reliable car and a safe, new mobile home. The agency also helped the Member apply for monies from the Lymphoma Society, resulting in a \$5,000 grant to help with medical expenses.



Pharmacy Management

Health Options' in-house pharmacists support the development of a competitive and cost-effective prescription drug formulary in partnership with our Pharmacy Benefits Manager (PBM), Express Scripts®. They have designed an easy-to-use formulary with five tiers based on cost. For more information on co-pays by tier, see plan details. healthoptions.org.

PRESCRIPTION DRUG FORMULARY TIERS

TIER 1 Preferred Generics

TIER 2 Generics

TIER 3 Preferred Brand

TIER 4 Non-Preferred Brand

TIER 5 Specialty

Special Insulin Provision

Members requiring insulin **will have a cost-share not to exceed \$35** for up to a 30-day supply on all plans.

ACA Preventive Drug Coverage

Under the Affordable Care Act (ACA), pharmacy benefits cover certain categories of preventive care drugs and products at 100% in all plans when ACA preventive care requirements are met. This means there is no cost-share (deductible, co-payment, or co-insurance). These drugs will be designated with ACA on the formulary. To view the ACA-included medications, visit the Member portal or [click here](#) to go to the formulary.

Low Co-Pay Preferred Generic Medications (Tier 1)

All non-HSA plans offer Tier 1 medications at a **\$5 co-pay for 30 days. 90 days of medication is available for a \$10 co-pay** if obtained through mail order with Express Scripts. HSA Plus plans offer select Tier 1 medications with no deductible, but out-of-pocket costs apply.

HSA Plus Enhanced Preventive Drug Coverage

HSA Plus plans include a carefully curated list containing medications to help prevent the development of and reduce the risk of complications due to chronic conditions and illnesses. These prescription drugs are identified on the formulary with an H.S.A notation. These drugs indicated as H.S.A. bypass the deductible and require Members pay only the applicable co-insurance or co-payment amounts. To view the H.S.A. designated drugs, visit the formulary available at healthoptions.org.

A majority of diabetic Members who had an adherence rate of 80% or less with their oral medication were reached for education and assistance by Health Option's Pharmacy Team to help remove barriers to increased adherence.



Pharmacy Management

Pharmacy Benefit Manager

Our pharmacy benefit manager, Express Scripts®, offers a portal that gives Members a high degree of control over their prescription ordering and prescription costs with auto-generated comparisons and suggestions for lower cost Rx options. **In a recent prescription drug utilization review, our team found that 88% of filled Member prescriptions were for generics**, which means our Members are saving money, making it easier to adhere to prescribed medications. This means healthier employees. For more information on the drug formulary visit healthoptions.org.



Our pharmacy benefit manager, Express Scripts®, offers a portal that gives Members a **high degree of control over their prescription ordering and prescription costs.**

In a recent prescription drug utilization review, our team found that **88% of filled Member prescriptions were for generics**, helping our Members save money.



Group Administration and Member Services

Health Options' advanced administrative systems are fully integrated and have been built with the satisfaction of our Members, groups and brokers in mind. Our systems are managed by our Maine-based professionals who understand the local healthcare market.

Fast, Accurate Claims Processing

Our best-in-class claims management processes and systems have been refined through managing millions of claims. Our in-house claims professionals ensure Members' claims are paid quickly, and complex cases receive the extra attention necessary. This creates satisfied employees, employers and providers.

- Average turnaround ≤ 1 week
- Sophisticated adjudication process
- Collaboration with in-house medical management for complex claims
- Detailed high-cost claims review process
- Pre and post-pay audit program to ensure claims processing accuracy

Ease of Implementation

When it comes to doing business, Health Options' electronic paperless quoting and onboarding system can seamlessly move employee census data through the process, from quote to enrollment and onboarding. We can even connect with your HRIS (Human Resource Information System) to receive employee updates and send health reimbursement account data to Group Dynamic, Inc.

Convenient Employer and Member Portals

It is easy for you and your employees to manage benefits administration. You will have access to our convenient administrative portal, where you can handle employee census data and pay or manage your monthly invoice. Your employees can utilize our convenient 24/7 Member portal, where they will find all the information they need to stay on top of their health plan's benefits and services, including checking claim status, downloading forms and documents, and learning more about their benefits.

“Your systems for quoting and enrollment are extremely easy to work with, much easier than some of your larger competitors.”

— J.O., Broker Satisfaction Survey



Group Administration and Member Services



Member Services Excellence

Our Maine-based, in-house customer service representatives from Lewiston to Fort Kent handle Member, prospective Member, broker and provider calls and earn high satisfactions scores. You can be assured that your employees will not waste time trying to get answers. The Health Options' Member Services team is led by two guiding principles:

PROMISES DELIVERED

When we make a promise to do something, we keep our promise. We always have your back. We are committed to Members' satisfaction every day. In recent post-call surveys with our Members, we earned **99% satisfaction for courtesy and respect, 98% for receipt of information needed and 98% for the speed of answer.**

WE DON'T ISSUE HOMEWORK

If a matter requires follow-up or more information is needed from a provider, pharmacy, or another department at Health Options, we will advocate for our Member to get the information needed, or be sure to connect them with the right people.

MEMBER SURVEY RESULTS:

99% satisfaction for courtesy and respect

98% satisfaction for receipt of information needed

98% satisfaction for speed of answer

“Community Health Options has impressed me with their responses to my emails.

I have had other insurers and they never helped me the way you have so far.

A big shout-out to the email team and **the great job you provide on a daily basis!**”

— Member Survey



Partnership

We know what it means to be a good partner. **With a 2021 year-end retention rate of greater than 93% within our employer group clients, we are proud to know that Health Options is delivering high satisfaction among employers and Members.**

- Plus, we have solid relationships with the brokers you have come to trust. **90% of brokers score Health Options an 8 or higher out of 10 for overall satisfaction** (Broker Satisfaction Survey).
- And we offer easy access to local Maine-based account management and senior leadership.

“Incredible team and underwriting; excellent communication.”

— V.M., Broker Satisfaction Survey

Health Options is a health insurance pioneer that has your back. You can always count on us to work hard to keep your costs low and deliver the benefits your business deserves. Reach out and let us show you how. **You can contact your broker or Business Development at businessdevelopmentinfo@healthoptions.org.**

“The broker support team is responsive and good to work with. The plan designs and costs are in line with the market demand.”

— P.W., Broker Satisfaction Survey



Plan Details and Selection Process

Plan Selection

Choose the plan that is best for your organization. We offer a selection of off-exchange plans designed specifically for small businesses, along with on-exchange Small Business Health Options Program (SHOP) eligible plans. Small businesses can choose the network that best fits their needs, from New England to national networks, with a choice of PPO, HMO and HMO tiered options for premium savings. Our plans offer a wide range of deductibles with a variety of co-pay and co-insurance options to meet your organization's needs. Plan details can be found at healthoptions.org.

Enrollment Process

Ready to get started or to renew your benefits? Enrollment or renewal is as easy as connecting with your broker, your current Health Options Account Manager or Business Development at businessdevelopmentinfo@healthoptions.org.

Any of the above contacts can take you through the easy application process and seamless transition to one of our fully insured groups.



Frequently Asked Questions

What is a fully insured group health plan?

A fully insured group health plan is an employer-sponsored plan in which the employer purchases health insurance through a commercial insurer. The employer pays costs through premiums and may require employees to share the cost of the premium payments. The rates are set for a contract period of 12 months.

How many employees does a group need to have to obtain a fully insured small group quote?

- Health Options uses “eligible or head count” to determine market segment.
- Eligible Employee—any employee who meets the eligibility requirement set forth by the employer and includes those enrolling, waiving coverage due to other coverage and those eligible and declining coverage.
- We quote as a small group when the group has 50 or fewer eligible employees.

Will you work with my broker?

Yes, we are happy to work with your broker. We have established strong relationships with local brokers.

How do I get a quote if I do not want to go through a broker?

It is easy to get a quote if you do not want to go through a broker. You can contact Business Development at 207-402-3353 or email businessdevelopmentinfo@healthoptions.org for more information, or complete the form on our website in the “for more information” section at healthoptions.org.

Can I keep my Health Options coverage if my company grows larger than 50 eligible employees?

Yes, you can keep your coverage. Your quote remains intact for 12 months as we use the eligible employee number for the previous 12 months.

What does a merged market mean?

The Maine Bureau of Insurance announced the merger of the individual and small group markets in 2023, seeking to provide more stable pricing for both markets over time by pooling the risks of both markets. As a result, individuals and small groups will have the opportunity to purchase any plan in the merged market. Members and groups should continue to purchase on-exchange plans if they plan to use on-exchange credits.





Community Health Options is an innovative, Maine-based nonprofit health insurance partner **that has your back.**

Connect with us to learn how we can provide the benefits your business deserves at a cost you can afford. Contact your broker or Business Development at businessdevelopmentinfo@healthoptions.org or call **207-402-3353**.

For more detailed information about our health plans or to review our Sample Member Benefit Agreement, Summary of Benefits and Coverage, Provider Directory, Drug Formulary or Privacy Notice, please visit our website at healthoptions.org or call the Business Development Team at 207-402-3353. ©2023 Community Health Options. All rights reserved.

