



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

Large Group Plans 2024



Table of Contents

► CLICK ON ANY TITLE TO JUMP TO THAT SECTION

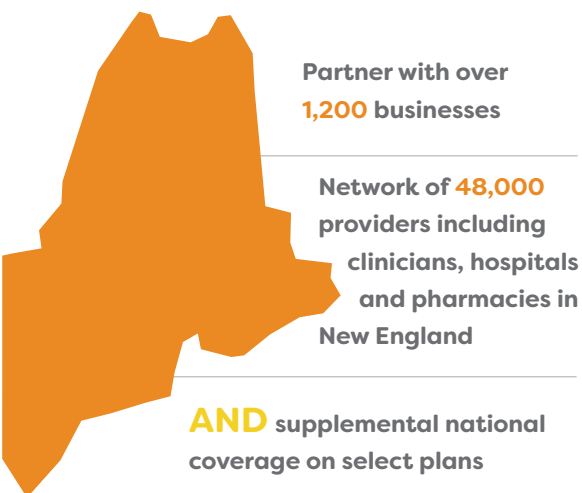
- 3** [Community Health Options Overview](#)
- 4** [Summary of Special Large Group Benefits](#)
- 5** [Network Providers](#)
- 8** [Preventive Care](#)
- 9** [Chronic Illness Support Program \(CISP\)](#)
- 10** [Wellness Benefits](#)
- 12** [Wellness Programs & Tools](#)
- 14** [Pharmacy Management](#)
- 16** [Medical and Care Management](#)
- 18** [Group Administration and Member Services](#)
- 21** [Partnership](#)
- 22** [Large Group Plan Details and Selection Process](#)
- 23** [Frequently Asked Questions](#)
- 24** [Contact Us or Your Broker](#)



Community Health Options Overview

Founded in 2011 and located in New Gloucester, Maine, Community Health Options is a health insurance pioneer that has your back. We are a local nonprofit option 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 PPO NE, PPO National, HMO Tiered NE, and HMO National, as well as a variety of HSA Plus options. 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 Community Health Options delivers 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 employees.



Community Health Options At-a-Glance

- **\$2.81 billion** in payments to providers
- **62.5% reduction** in hospital readmission rate (2018 to 2023), working hard to keep Members healthy and their costs low
- **\$7.2 million** saved in Site of Care program since 2019, helping Members save money, keeping premium increases low
- **\$90.7 million** in capital & surplus as of December 31, 2023, demonstrating financial health
- **Excellence** in fast, accurate claims processing with an average turnaround time **≤ 1 week**
- Average Member caller satisfaction rate of **100%** for courtesy and respect, speed of answer and receipt of information










Community Health Options cares about our employees as much as our Members. We understand that a healthy, fulfilled workforce is critical to achieving business and retention goals, and serving our clients. This means better service and lower costs for you. We are proud to be named one of the **Best Places to Work in Maine** in 2013, 2015, 2017, 2019, 2021, and 2023. We value our employees' well-being and are proud to provide a work environment where they feel supported and empowered to perform at their best.



Overview of Large Group Benefits

Community Health Options offers Large Group employers with 51 or more eligible employees a selection of PPO NE, PPO National, HMO Tiered NE, and HMO National plans, as well as a variety of HSA Plus plan options. And, for employers with 100 or more enrolled employees, we offer customization of cost sharing to make your plans more affordable.*

Most of our plans include the following:

-  **First in-network primary care and first three behavioral healthcare visits** annually per Member have no cost share (excludes HSA plans).
-  **Access to Firefly Health®**, a virtual-first primary care team that includes a primary care provider, nurse practitioner, behavioral health specialist and health guide, available on all plans. Visit fireflyhealth.com/with/cho for more information.
-  **Urgent care telehealth visits with \$0 cost share** on non-HSA plans, and \$0 after deductible for HSA plans via Amwell®.
-  **A digital wellness platform and mobile app** powered by WellRight® for Members 18 years and older. This program is available at \$0 cost. Benefits include a health risk assessment, wellness challenges and gamification.
-  **Unlimited personalized health coaching** is available through the wellness platform to Members 18 years and older at \$0 cost on services such as nutrition, fitness, heart health and more.
-  Members can receive up to \$50 reimbursement **per acupuncture visit** when received out-of-network. Members on an HSA plan can get reimbursed up to \$50 per visit with no deductible, and also get reimbursed for out-of-network visits.
-  **Pediatric and adult vision coverage** with one exam every 12-month calendar year. Vision exams are with a copay on many plans. Coverage also includes lenses, frames and contacts every 24-month calendar period.
-  Quotes for **Unum® group life and disability insurance** available through Community Health Options or your broker.
-  A partnership with **Northeast Delta Dental®**, New England's leading dental carrier. Premium discounts are available when groups contract with Community Health Options and Northeast Delta Dental.

NON HSA MEMBERS HAVE VALUABLE COPAY BENEFITS:

- **\$75 copay** for specified **X-ray locations**.**
- **\$0 or \$5 copays** on 30-day Tier 1 preferred generic medications.
- **\$25 copay** for labs when you choose a **preferred lab**.
- **Copays** on most plans for annual pediatric and adult vision exams.
- **Copays** on most plans for physical, occupational, and speech therapy visits, as well as chiropractic and osteopathic adjustments.
- **Copays** on all in-network acupuncturists with no deductible.

*Cost sharing customization on deductible, maximum out-of-pocket, copays and coinsurance.

**This benefit applies to services after July 1, 2024.

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.



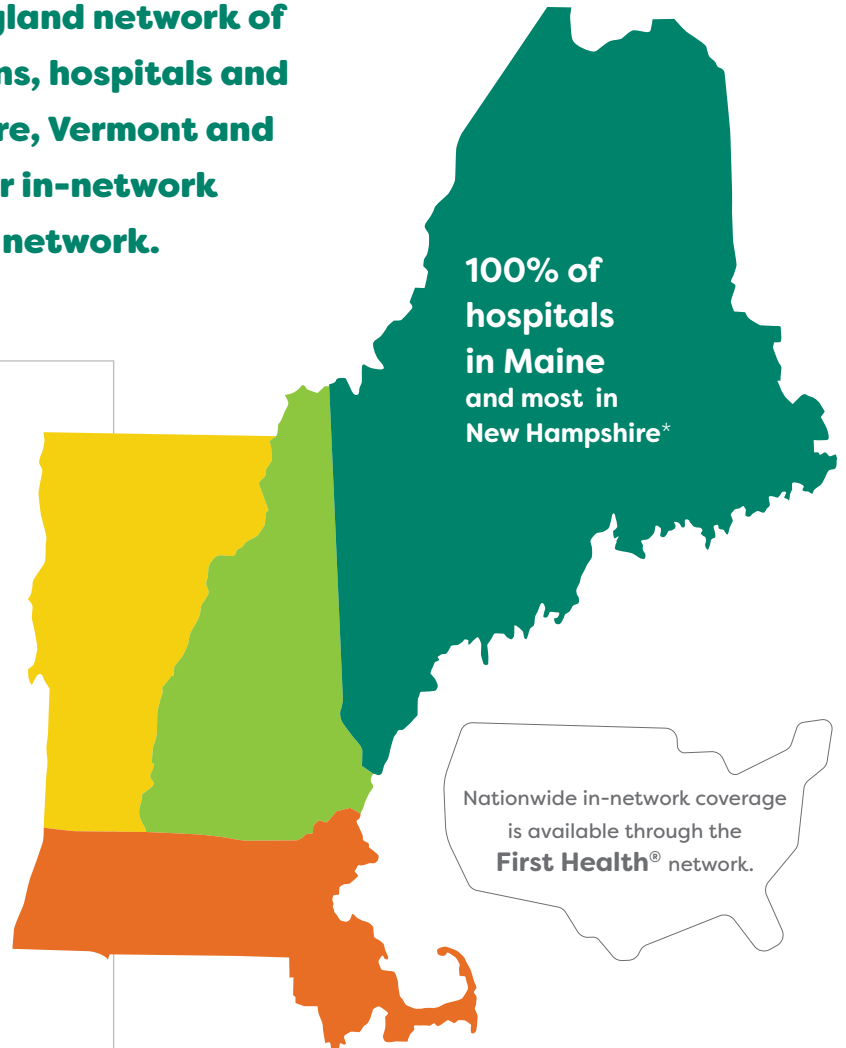
Network Providers

All plans feature our broad New England network of 48,000 providers including clinicians, hospitals and pharmacies in Maine, New Hampshire, Vermont and Massachusetts. National plans offer in-network coverage through the First Health® network.

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.*

- ⊕ Boston Children's Hospital
- ⊕ Brigham and Women's Faulkner Hospital
- ⊕ Brigham and Women's Hospital
- ⊕ Dana-Farber Cancer Institute
- ⊕ Dartmouth Hitchcock Hospital
- ⊕ Mass Eye & Ear
- ⊕ Massachusetts General Hospital
- ⊕ McLean Hospital
- ⊕ Newton-Wellesley Hospital
- ⊕ Salem Hospital
- ⊕ Spaulding Hospital
- ⊕ Springfield Hospital
- ⊕ Walden Behavioral Care LLC

*All Maine hospitals, except Togus VA Hospital



A complete list of in-network providers can be found in your **Member portal**.



Firefly Health: Virtual-First Primary Care

Alongside its traditional provider network, Community Health Options offers Members 18 years and older the option of using a virtual-first primary care team through Firefly Health. Members can choose a virtual primary care team that includes a primary care provider, nurse practitioner, behavioral health specialist and health guide.

To learn more, visit: fireflyhealth.com/with/cho.



Network Providers—HMO

All HMO plans offer in-network coverage to our broad New England network. HMO National plans also include in-network access to the First Health® network providers across the country.

MEMBER NETWORK BY GEOGRAPHIC LOCATION

Service	HMO Tiered NE	HMO National
Medical, Behavioral and Substance Use Disorder	<p>Community Health Options' broad New England network with reduced copays or coinsurance for preferred tier providers. * A lower deductible and out-of-pocket maximum applies for preferred providers. Standard providers have a standard copay, coinsurance, deductible and out-of-pocket maximum.</p> <p>All preferred provider cost sharing is applied to both the preferred and standard out-of-pocket maximum.</p> <p><i>*There is no out-of-network coverage with the exception of emergency services listed below.</i></p>	<p>Community Health Options' broad New England network, plus national in-network coverage through the First Health® network which provides access to thousands of hospitals and almost 1 million professional providers.</p>
Telehealth	<p>If a provider offers telehealth services, routine rates will apply. In-network telehealth through Amwell® for behavioral health and urgent care is available on all plans.</p>	
Emergency Services	<p>All Large Group plans include access to care for emergent conditions within and outside the U.S.</p>	
Pharmacy	<p>The Express Scripts® national pharmacy network includes most national and local pharmacies.</p>	



Network Providers—PPO

All PPO plans have in-network access to our broad New England network, and out-of-network coverage is available with a higher cost sharing. PPO National plans include in-network access to First Health® providers across the country.

MEMBER NETWORK BY GEOGRAPHIC LOCATION

Service	PPO NE	PPO National
Medical, Behavioral and Substance Use Disorder	<p>Community Health Options' broad New England network includes providers across ME & NH as well as direct contracts with key providers in MA & VT.</p> <p><i>For services outside of New England, out-of-network coverage is available with higher cost sharing.*</i></p>	<p>Community Health Options' broad New England network, plus national in-network coverage through the First Health® network which provides access to thousands of hospitals and almost 1 million professional providers.</p>
<p><i>*With the exception of emergency services at the emergency department, Members may be subject to balance billing if services are rendered by an out-of-network provider. Members are responsible for ensuring Prior Approval requirements are met for out-of-network providers.</i></p>		
Telehealth	<p>If a provider offers telehealth services, routine in-network and out-of-network rates will apply. In-network telehealth through Amwell® for behavioral health and urgent care is available on all plans.</p>	
Emergency Services	<p>All Large Group plans include access to care for emergent conditions within and outside the U.S.</p>	
Pharmacy	<p>The Express Scripts® national pharmacy network includes most national and local pharmacies.</p>	



Preventive Care

Many preventive healthcare services, including screenings, checkups and counseling, **are offered at \$0 to Members.**



Take advantage of **adult and pediatric preventive care** benefits, outlined by state and federal laws, which are covered at no cost when performed by in-network providers.



Full coverage for a yearly **influenza/flu vaccination** is available for adult and pediatric Members when administered by an in-network provider (doctor or pharmacy).



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



Preventive screenings often 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 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.



Preventive screening colonoscopies with no cost share for Members 45 years and older. Preventive health screening colonoscopies have no deductible, coinsurance or copay.



Chronic Illness Support Program

All plans (excluding HSA plans) include the Chronic Illness Support Program (CISP) and are designed to improve the health and well-being of Members with asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes and hypertension.*

Members who manage their conditions through in-network office visits can save on routine care. Additionally, Members can save on CISP designated medications when ordering through the Express Scripts (ESI) mail order pharmacy.

BENEFITS INCLUDE

- **Select Tier 1 Generic Medications** at \$0 with ESI mail order.
- **Select Tier 2 and 3 Medications** at 50% cost share reduction with ESI mail order.
- **Select Medical Services** at \$0 when performed by a network provider (see chart below).

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 twelve (12) visits per year • Cardiac rehabilitation and associated exercise programs are covered at 50% cost share reduction • Targeted laboratory tests for the routine management 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 twelve (12) 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 mail order 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 • Monthly FreeStyle Libre Continuous Glucose Monitoring system sensors <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 twelve (12) visits per year • Targeted laboratory tests for the routine management of hypertension

*Not available on catastrophic plans.



Wellness Benefits

Wellness is our priority, which is why our benefits focus on easing access and affordability for Members.

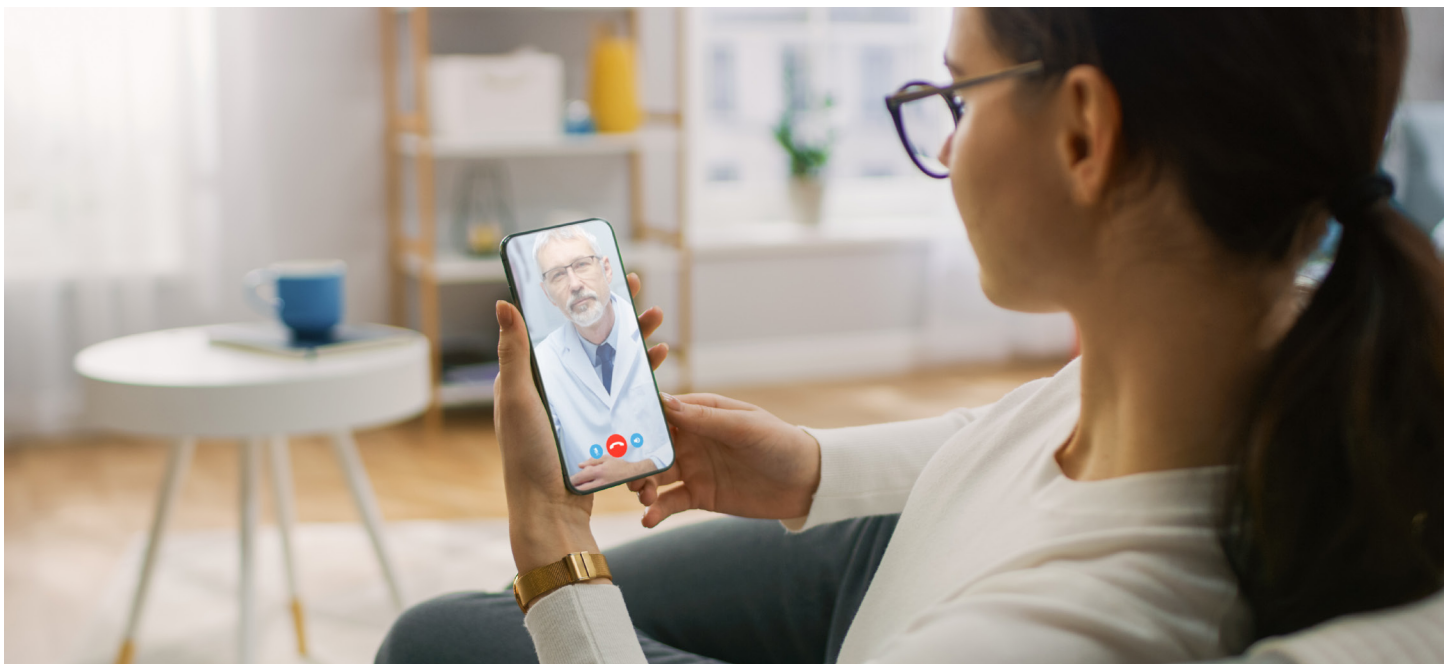
Primary Care and Behavioral Health

Members pay nothing at their first three in-network behavioral health visits or first primary care visit during a plan year (Members on an HSA plan have coinsurance after deductible). Tests and services provided during a primary care visit may be subject to standard cost sharing.

Virtual Care Options

A provider visit can be just a click away, and virtual care services make it easy for Members to schedule appointments and access urgent care needs, all from the comfort of their home.

- If a provider offers telehealth services, **Members can use video-conferencing visits via the internet**. The visits will have the same plan coverage as in-network or out-of-network provider office visits.
- **Members can access Firefly Health, a virtual primary care option available to Members 18 years and older**. Firefly Health offers a virtual primary care team that includes a primary care provider, nurse practitioner, behavioral health specialist and health guide. To learn more, visit fireflyhealth.com/with/chobusiness. Visits will have the same plan coverage as in-network primary care office visits.
- **All plans include telehealth for urgent care, psychiatry and counseling/therapy through Amwell®**. One-time and ongoing behavioral healthcare visits can be easily managed. Urgent care telehealth is available 24/7, providing access to treatment whenever it's needed. Additionally, there is no cost share for Amwell urgent care telehealth visits on non-HSA plans and \$0 after deductible for HSA plans.



Wellness Benefits

Chiropractic and Osteopathic Manipulative Coverage

All plans include coverage for chiropractic and osteopathic adjustments. Detailed information on copays, coinsurance and any visit limitations may be found in the plan documents.

Acupuncture

All plans include coverage for acupuncture services. Detailed information on copays, coinsurance and any visit limitations may be found in the plan documents.

Vision

All group plans offer adult and pediatric vision coverage, including one routine eye exam per 12-calendar-month period. On many plans, visits are with a copay.



Wellness Programs & Tools

We are committed to supporting our Members throughout their wellness journey and recognize that behavior change can be difficult. Our tools and resources are designed to help Members reach their health goals.

Health Education

Healthwise® provides evidence-based, medically reviewed health information that you 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 on topics that matter. Members can access Healthwise materials in their Member portal.

Digital Wellness Platform and App

We partner with WellRight® to provide a digital wellness engagement platform and mobile app at no cost to Members 18 years and older. Benefits include gamified wellness challenges, integration with wearable devices, and a comprehensive health assessment. The holistic and personalized approach guarantees a path toward better health. Members with this program can access their account through the Health and Wellness tab in the Member portal, download the WellRight app, or log on to healthoptions.wellright.com.



Wellness Programs & Tools

Unlimited Personalized Health Coaching

Unlimited personalized health coaching is available through the wellness platform to Members 18 years and older at no cost. Trained health coaches can meet over the telephone, through text, video chat, or email and can assist with the following: Personalized Nutrition, Physical Activity, Weight Management, Financial Fitness, Prenatal Wellness, Heart Health, Tobacco Treatment, Stress Management, and more.

Tobacco Treatment Support

The Tobacco Cessation Program offers an **enhanced benefit** for over-the-counter nicotine replacement therapy products, including nicotine patches, gum, lozenges, and certain FDA-approved medications listed on our drug formulary, and it is available at \$0 out-of-pocket.



Care Management

Our Care teams are specially trained to help Members with needed medical services and to help them save money on prescribed medications. Programs are available to aid our 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. The teams also partner with a range of local agencies to offer community support.



Pharmacy Management

Our in-house pharmacists support the development of a competitive and cost-effective prescription drug formulary in partnership with Express Scripts®, a Pharmacy Benefit Manager. For more information on copays by Tier, see plan details at [healthoptions.org](https://www.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

Prescription Programs

The **Price Assure Program** automatically saves Members money on generic medications when they take their prescriptions to in-network pharmacies that also accept GoodRx®. Through the **Medication Synchronization Program**, our Pharmacy team works directly with Members who are prescribed three or more maintenance medications to coordinate their refills to be picked up at the same time—eliminating multiple trips to the pharmacy. Additionally, through our **ScriptSaver Program**, our Pharmacy team works with Members, their providers, and the pharmacy to find cost-saving opportunities.

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, copayment, or coinsurance). 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 Copay Preferred Generic Medications (Tier 1)

All non-HSA plans offer Tier 1 medications at a **\$0 or a \$5 copay for 30 days**.* When using Express Scripts home delivery, a 90-day supply of medication is available for a **\$0 to \$10 copay**. 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 to pay only the applicable coinsurance or copayment amounts. To view the H.S.A.-designated drugs, review the formulary at [healthoptions.org](https://www.healthoptions.org).

*Not available on catastrophic plans.



Pharmacy Management

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 medication 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 Members. For more information on the drug formulary visit [healthoptions.org](https://www.healthoptions.org).



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

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



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 and assist with communication and education.

Care Management

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, in-patient facilities and national transplant networks.

- Members with special care needs who are switching from a prior health plan will be paired with a Complex Care Manager to ensure a seamless transition.
- Members identified with high health risks have access to complex care management resources.

HOSPITAL READMISSION PREVENTION PROGRAM

With a **62.5% reduction** in readmission rates (2018–2023), we are working hard to help Members get well while reducing 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 voluntary **Site of Care Program** has saved millions of dollars in healthcare costs for Members by offering them the ability to transition certain medications that need to be delivered intravenously (IV) 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 costs** and **increased quality of life**. In addition to these savings, Members will be offered a monetary incentive payment for select medications when receiving infusions from a preferred Site of Care provider.

SUBSTANCE USE DISORDER

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

We work every day to keep costs low and give Members the healthcare benefits they expect and deserve.

Care Management Success Story

A care manager had been working with a Member whose son was struggling with depression, which at one point required hospitalization. The young boy had been waitlisted for care, and the care manager was able to find him a mental health provider and his condition stabilized with regular support and treatment. "I will never forget how my care manager was able to help me and my child. Our lives have changed because of their efforts and guidance. It's scary and intimidating to seek help for yourself, and an even more desperate and troublesome situation when your child is in need. My care manager was amazing in her ability to recognize and point out what we needed and how to navigate all of it," said the boy's mother.



Group Administration and Member Services

Community Health Options' advanced administrative systems are fully integrated and 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 that complex cases receive the necessary attention. 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 doing business, our electronic paperless quoting and onboarding system can seamlessly move employee census data through the process, from quote to enrollment and onboarding. We can also 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

Our benefits administration system is designed to make managing your employee benefits easy and hassle-free. You will have access to our user-friendly administrative portal where you can manage employee census data and pay or review your monthly invoice. Your employees can use the Member portal to access all the information they need to stay on top of their health plan's benefits and services. This includes 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, who work from Lewiston to Fort Kent, earn high satisfaction scores for handling Member, prospective Member, broker and provider calls. You can be assured that your employees will not waste time trying to get answers. The 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 **100% 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 Community Health Options, we will advocate for our Members to get the information needed, or be sure to connect them with the right people.

MEMBER SURVEY RESULTS:

100% satisfaction for courtesy and respect

98% satisfaction for receipt of information needed

98% satisfaction for speed of answer

“The representative I spoke with was the best! She explained the procedure and made me feel like I was family. After my surgery, I called back to ask some questions and spoke with another representative, who was just as great! She educated me on things that would help me save money on prescriptions. After helping me, she transferred me to Express Scripts, where the representative was also awesome. How can one company hire so many wonderful people? What a life changing experience!”

— Member Survey



Group Administration and Member Services

Reporting and Advisory Capability

To help keep costs low, Community Health Options provides Large Group employers regular reporting, analysis and advice via your local broker or local Community Health Options account manager. This will give you an edge in understanding trends and offer a solid understanding of your organization's healthcare costs.

Group Experience Report

Large Employer


Claims Paid March 2023 - February 2024



To northern New England employees and those seeking health insurance, Community Health Options is an innovative, nonprofit health insurance carrier that advocates for high-quality, efficient, healthcare and lower long-term costs.

Premium and Expense Report

Large Employer (0900000001)
Plan Effective: 1/1/2023
Claims Paid March 2023 - February 2024

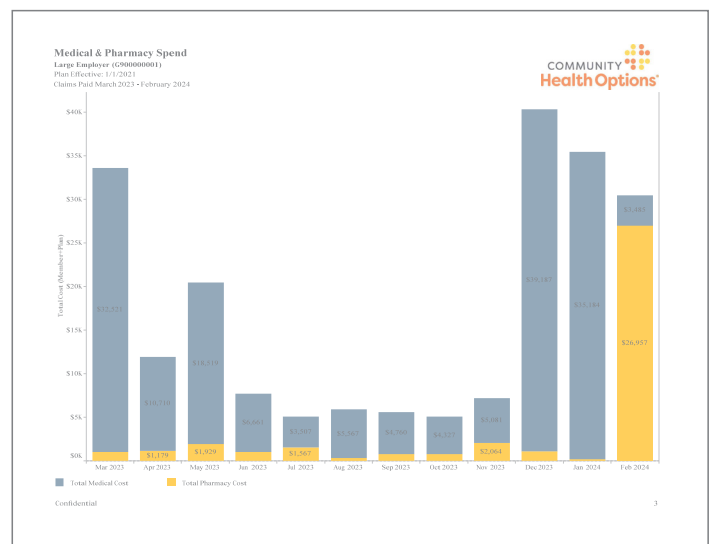
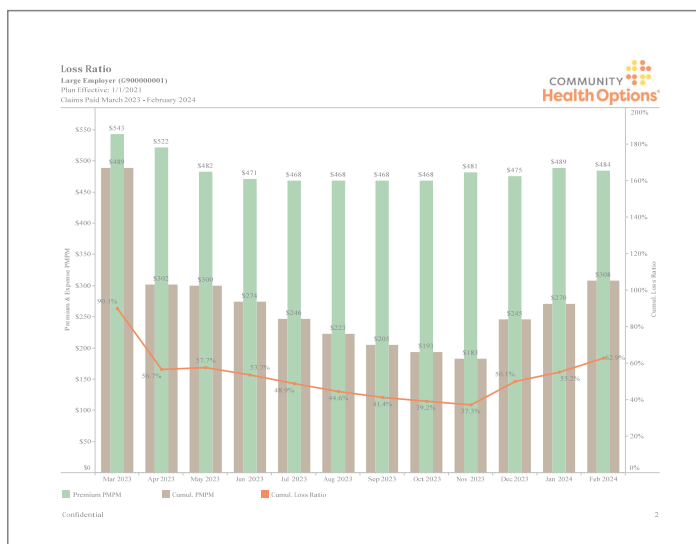


Paid Month	Subscribers	Members	Premium	Plan Med Cost	Plan Rtc Cost	Total Plan Cost	Claims PMPM	Cumul. PMPM along Table (Dollars)	Loss Ratio	Cumul. Loss Ratio along Table (Percent)
Mar 2023	59	59	\$32,046	\$28,151	\$707	\$28,858	\$489	\$489	90.1%	90.1%
Apr 2023	59	61	\$31,837	\$6,021	\$756	\$27,377	\$1211	\$302	23.2%	56.7%
May 2023	25	41	\$19,777	\$10,568	\$1,439	\$12,007	\$293	\$300	60.7%	57.7%
Jun 2023	22	37	\$17,425	\$5,287	\$746	\$6,033	\$163	\$274	34.0%	53.7%
Jul 2023	23	38	\$17,801	\$2,643	\$1,256	\$3,899	\$103	\$246	21.9%	48.9%
Aug 2023	23	38	\$17,801	\$2,055	\$183	\$2,818	\$74	\$223	13.8%	44.6%
Sep 2023	23	38	\$17,801	\$2,153	\$742	\$2,895	\$76	\$205	16.3%	41.4%
Oct 2023	23	38	\$17,801	\$3,183	\$530	\$3,732	\$98	\$193	21.0%	39.2%
Nov 2023	27	42	\$20,215	\$2,192	\$1,950	\$4,142	\$99	\$183	20.5%	37.2%
Dec 2023	24	39	\$18,539	\$33,095	\$844	\$33,939	\$870	\$245	183.1%	50.3%
Jan 2024	21	36	\$17,588	\$20,376	\$124	\$20,499	\$569	\$270	116.6%	55.2%
Feb 2024	20	35	\$16,940	\$1,941	\$26,295	\$28,236	\$807	\$308	166.7%	62.9%
Grand Total	389	502	\$245,978	\$118,844	\$35,292	\$154,435	\$388	\$388	62.9%	62.9%

High Cost Claimants (≥25K) Claims Paid March 2023 - February 2024

Claimant	Current Elig	Major Medical Diagnosis Category	Plan Paid Med	Plan Paid Rtc	Plan Paid Total
Claimant 1	Y	Neoplasms	\$7,198	\$24,487	\$31,685
Claimant 2	N	Complications of pregnancy, childbirth, and the puerperium	\$27,336	\$133	\$27,469
Claimant 3	Y	Diseases of the musculoskeletal system and connective tissue	\$25,046	\$236	\$25,282

Confidential 1



Partnership

We know what it means to be a good partner. **With a 92% employer group retention rate, we are proud to know that Community 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 Community Health Options an 8 or higher out of 10 for overall satisfaction and for ease of doing business. (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

Partner Promise

We want to be your partner over the long term and are committed to you through our **Partner Promise**. We've built our 13-point, time-bound promise for Large Groups on three core principles:

YOU WILL HAVE A SIMPLE TRANSITION

We will provide personalized assistance for employees with complex health needs when they enroll. We will reach out to all new groups via phone or email within 90 days to introduce you and your employees to your new plan. Group administrators will have access to a dedicated phone queue for efficient support.

YOUR GROUP AND EMPLOYEES WILL SAVE MONEY

We will help your employees save on out-of-pocket expenses and reduce your claim expenses. We will offer targeted assistance to high-cost claimants, review expenses and collaborate with our Pharmacy team to help lower medication costs through unique programs. We will also assist with making convenient and cost-effective provider referrals.

YOUR EMPLOYEES WILL FEEL VALUED

Our Care Management team will provide personalized support and referrals for employees and their dependents with chronic conditions and complex care needs. The Member Services team will always advocate for your employees. In fact, we have a 99% overall Member-reported satisfaction rate. We will remove barriers to care with our popular Chronic Illness Support Program for asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease and hypertension. Our digital wellness platform and personal health coaching will help your employees and their dependents 18+ feel supported in their journey to wellness and building healthy habits—with no cost share.

Learn more at healthoptions.org.



Large Group Plan Details and Selection Process

Plan Selection

When it comes to choosing a health plan for your organization, we've got you covered. We have a variety of Large Group plans to select from, including PPO NE, PPO National, HMO Tiered NE, and HMO National plans, as well as a variety of HSA Plus plan options. Our plans offer deductibles ranging from \$1,000 to \$9,000 with various coinsurances to meet your organization's needs. All our plans give you access to our broad New England Network, while our national plans provide in-network coverage with the First Health® network. Cost share customization is available on health and prescription benefits for groups with 100+ enrolled employees.* Plan details can be found at healthoptions.org. To learn more, contact us at **207-402-3353** or BusinessDevelopmentInfo@healthoptions.org.

Enrollment Process

Ready to get started? Enrollment or renewal is as easy as connecting with your current broker, Community Health Options account manager, or Business Development at BusinessDevelopmentInfo@healthoptions.org.



**Cost sharing customization on deductible, maximum out-of-pocket, copays and coinsurance.*



Frequently Asked Questions

What is a fully insured group health plan?

A fully insured group health plan is an employer-sponsored health plan for employees in which the employer purchases health insurance through a commercial insurer. Premiums are determined by the group's overall claims experience. 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 Large Group quote?

Community Health Options quotes groups with 51 or more eligible employees as a Large Group. An eligible employee is any employee who meets the eligibility requirements set forth by the employer and includes those enrolling, those waiving coverage (due to other benefits) or those eligible and declining coverage.

How do I add life and/or disability coverage to my plan?

Community Health Options has a joint offering with Unum® to provide you with the ability to bundle group health insurance with life and/or disability benefits. In addition, special incentives are available for groups when you request a quote through Community Health Options, even if you do not purchase your health insurance with us. Contact a member of our Business Development team or your broker to learn more. For more details on bundling incentives, [click here](#).

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

It's easy. You can simply contact the Business Development team at 207-402-3353, email BusinessDevelopmentInfo@healthoptions.org for more information, or complete the form on our website in the "for more information" section at healthoptions.org.

What options are available to customize my group's plan?

We offer employers with 100 or more enrolled employees cost sharing customization (deductibles, copays, coinsurance, maximum out-of-pocket).

Can I keep my Community Health Options coverage if my company moves from a Large Group to the definition of a Small Group?

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. We want to be your partner over the long term, so we are also happy to transition to a Small Group plan.





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 the Business Development team 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. ©2024 Community Health Options. All rights reserved.

LG20240401

