



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

# 2024 Plans for Small Businesses

COMMUNITY   
**Health Options**<sup>®</sup>

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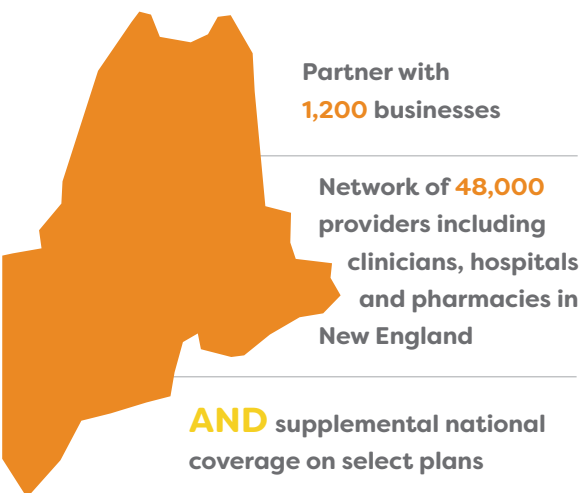
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# Community Health Options Overview

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 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 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

- **\$2.56 billion** in payments to providers
- **53% reduction** in hospital readmission rate (2018 to 2022), working hard to keep Members healthy and their costs low
- **\$6.5 million** saved in Site of Care program since 2019, helping Members save money, keeping premium increases low
- **\$118 million** in capital surplus in 2022, 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.



# Summary of Plan Benefits

Community 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.

## Most of our plans include the following:



**NEW! Copay on in-network acupuncturists** with no deductible on select plans. Members can receive up to **\$50 reimbursement** per visit for out-of-network visits.



**Pediatric and adult vision coverage** with one exam every 12-month calendar year. Adult exams are with deductible and coinsurance, and on non-HSA plans, pediatric visits have a copay. Pediatric coverage also includes lenses, frames and contacts every 24-month calendar period.



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



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



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



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



**Insulin with a copay not to exceed \$35** for up to a 30-day supply for Members who require it.



**Treatment for tobacco use 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.



**Out-of-country emergency services** on all off-Marketplace Small Group plans. Plan cost sharing for emergency services applies.



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



**Healthy Maine plans include Wellright®**, a digital wellness platform and mobile app. Benefits include **unlimited personalized health coaching** at \$0 cost share, gamified wellness challenges, integration with wearable devices, a comprehensive health assessment and reward incentives.



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

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](https://healthoptions.org). If you do not have access to a computer or internet services, please call (855) 624-6463. ©2024 Community Health Options. All rights reserved.





# Summary of Plan Benefits



**Free phone support and personalized help** with complex medical conditions from our Care Management team.



**\$5 copays on 30-day Tier 1 preferred generic medications** in non-HSA plans.



**HSA plans labeled HSA Plus include prescription coverage** for select drugs without a deductible.



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



HMO tiered plans have **lower copays or coinsurance, deductibles and maximum out-of-pocket expenses** when using preferred providers versus standard providers.



**Predictable copays for services like chiropractic and osteopathic visits,** physical, speech, and occupational therapy, and annual pediatric vision exams in non-HSA plans.



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



*\*Not available on catastrophic plans.*

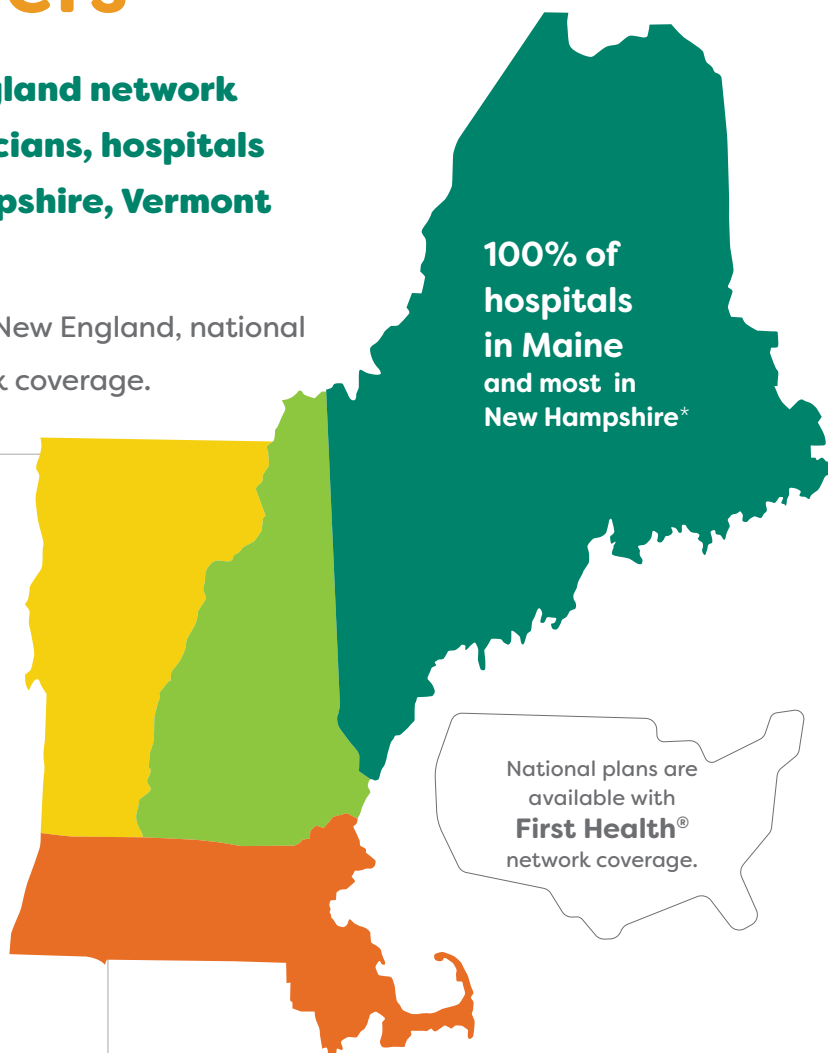
For more detailed information about our health plans or to review our Provider Directory, Drug Formulary or Privacy Notice, please visit our website at [healthoptions.org](https://healthoptions.org). If you do not have access to a computer or internet services, please call (855) 624-6463. ©2024 Community Health Options. All rights reserved.



# 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.

If Members anticipate needing care beyond New England, national plans are available with First Health® network coverage.



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.

## MEMBER NETWORK BY GEOGRAPHIC LOCATION

Service Type	Within New England	Outside of New England	Out-of-Country
<b>Medical, Behavioral and Substance Use Disorder</b>	All Community Health Options plans include an expansive network of providers throughout ME, NH, VT and MA as well as all Centers of Excellence in MA.	Access to providers throughout New England, as well as national providers through the First Health® network.	All off-Marketplace only Small Group plans and all Individual on/off Exchange National Gold and Silver PPO plans include access to care for emergent conditions outside the U.S.
<b>Pharmacy</b>	The Express Scripts® National Pharmacy Network includes most national and local pharmacies.		

A complete list of in-network providers can be found at [healthoptions.org](http://healthoptions.org).



# Network Providers – HMO

**All HMO plans have in-network access to our broad New England network.**

Our HMO tiered plans offer an even more affordable option that includes the same New England network, but offers reduced copays or coinsurance when Members choose a preferred tier provider. Unlike other tiered plans, our tiered plans include preferred providers in Maine, New Hampshire, Vermont and Massachusetts.

**HMO plans do not include out-of-network coverage except for emergency care within the U.S.**

*Note: Off-Marketplace Small Group HMO plans include access to care for emergent conditions outside the U.S.*

## MEMBER NETWORK BY GEOGRAPHIC LOCATION

Service	HMO NE	HMO Tiered NE	HMO National
<b>Medical, Behavioral and Substance Use Disorder</b>	<b>Community Health Options' broad New England network</b> includes providers across <b>ME &amp; NH</b> as well as a limited number of key providers in <b>MA &amp; VT</b> .*	Offers in-network access to Community Health Options' broad New England network with <b>reduced copays or coinsurance for preferred tier providers</b> .* 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.  <i>All preferred provider cost sharing is applied to both the preferred and standard out-of-pocket maximum.</i>	Offers in-network access to <b>Community Health Options' broad New England network</b> , as well as national coverage through the First Health® network.*
<i>*There is no out-of-network coverage except for emergency care within the U.S.</i>			
<b>Telehealth</b>	If a provider offers telehealth services, <b>routine in-network and out-of-network rates will apply</b> . In-network telehealth through Amwell® for behavioral health and urgent care is available on all plans.		
<b>Emergency Services</b>	All plans cover emergency services in the emergency department at the <b>in-network</b> level of benefits in the United States. All off-Marketplace only Small Group HMO plans include access to care for emergent conditions outside the U.S.		
<b>Pharmacy</b>	The Express Scripts® National Pharmacy Network <b>includes most national and local pharmacies</b> .		



# Network Providers–PPO

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

With a PPO plan, Members have coverage for out-of-network services and providers, but will pay more out-of-pocket.\*

Note: All off-Marketplace Small Group plans and national gold and silver on/off exchange PPO plans include access to care for emergent conditions outside the U.S.

## MEMBER NETWORK BY GEOGRAPHIC LOCATION

Service	PPO NE	PPO National
<b>Medical, Behavioral and Substance Use Disorder</b>	<p><b>Community Health Options’ broad New England network</b> includes providers across <b>ME &amp; NH</b> as well as a limited number of key providers in <b>MA &amp; VT</b>.</p> <p><i>For services outside of ME, NH, MA and VT, out-of-network coverage is available with higher cost sharing.*</i></p>	<p>Includes Community Health Options’ broad New England network, as well as <b>in-network national coverage through the First Health® network</b>.</p> <p><i>Out-of-network coverage is available with higher cost sharing.*</i></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 when required.</i></p>		
<b>Telehealth</b>	<p>If a provider offers telehealth services, <b>routine in-network and out-of-network rates will apply</b>.</p>	
<b>Emergency Services</b>	<p>All plans cover emergency services in the emergency department at the <b>in-network</b> level of benefits in the United States. All Individual off-Marketplace only Small Group plans and on/off Exchange National Gold and Silver PPO plans include access to care for emergent conditions outside the U.S.</p>	
<b>Pharmacy</b>	<p>The Express Scripts® National Pharmacy Network <b>includes most national and local pharmacies</b>.</p>	





# Preventive Care

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



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



**Preventing influenza** is important to Community 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-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 Screening Colonoscopies with no cost share** for Members ages 45 and older. Preventive health screening colonoscopies have no deductible, coinsurance or copay.



**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.



# Chronic Illness Support Program

All non-HSA plans include our popular Chronic Illness Support Program (CISP), 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.
- **Preferred Tier 2 and 3 Medications** at 50% cost share reduction with ESI mail order, and deductible is waived.
- **Select Medical Services** at \$0 when performed by a network provider (see list below).

## CHRONIC ILLNESS SUPPORT PROGRAM (CISP) MEDICAL SERVICES

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

\*Not available on catastrophic plans.



# Wellness Benefits

**Wellness is our priority**, which is why our benefits focus on easing access and affordability for the care your employees need.

## Primary Care

**Members pay for nothing at their first primary care visit during a plan year in non-HSA plans.** Tests and services provided during that visit may be subject to standard cost share. Unlike other carriers, Community Health Options does not require a Member to wait the 366 calendar days between visits to see their provider for annual preventive wellness care and checkups. For more information about preventive wellness, please refer to the Preventive Care section of this guide.

## Telehealth for Provider Visits

**A provider visit can be just a click away.** Community Health Options removes obstacles that may keep Members from accessing necessary healthcare. If the provider offers the service, Members can use video-conferencing telehealth visits via the internet. 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 schedule online behavioral healthcare through our partnership with Amwell®. **There is no cost share for Amwell urgent care telehealth visits on non-HSA plans.**

## Behavioral Health

Community Health Options is committed to prioritizing emotional well-being along with physical health. **The first in-network, outpatient behavioral health visits for Members or dependents have no cost share** on non-HSA plans for in-person or online/telephonic visits. Outpatient behavioral health services are provided at preferred cost sharing on tiered HMO plans. Community Health Options will even cover a medical visit and a behavioral health visit on the same day, and we can facilitate same-day referrals. Telehealth psychiatry and counseling/therapy services are also available through Amwell.

## Amwell® Telehealth

**We offer** telehealth for **urgent care, psychiatry** and **counseling/therapy** through our partnership with Amwell. This option makes it easy and fast for Members and their dependents to access care. One-time and continued care behavioral health visits can be easily managed online, scheduling 7 days a week. Our urgent care telehealth is available 24/7, providing access to treatment whenever Members need it. 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 Adjustment Coverage

All plans include coverage for chiropractic and osteopathic adjustments. Non-HSA plans offer coverage with a copay, and Prior Approval is required for some services (e.g., advanced imaging such as MRIs) ordered by a provider. Detailed information is available within a Member's plan documents.

## Acupuncture

Select plans include the acupuncture benefit. Non-HSA plans have visits with a copay for in-network acupuncturists. In addition, Members are not required to meet a deductible before accessing acupuncture benefits and may receive reimbursement of up to \$50 per visit for out-of-network visits.

## Vision

Plans that offer adult and pediatric vision coverage include one eye exam every 12-month calendar year with deductible and coinsurance on adult exams, and on non-HSA plans, pediatric visits are with a copay. Pediatric coverage for glasses and contacts are included on all plans (every 24-month calendar period) with varying coinsurance, copayment or deductible requirements.

## Oral Health

Community Health Options partners with Northeast Delta Dental® (NEDD) to provide dental coverage for pediatric Members in select plans. A special, low dental deductible applies and covered out-of-pocket dental expenses are applied to medical out-of-pocket expenses. We also offer dental PPO contributory or voluntary programs for businesses with as few as two employees.





# Wellness Programs & Tools

Our programs and tools are designed to meet Members where they are and help them reach their full potential, no matter how far along they are on their path to better health. **We'll be there every step of the way.**

**Community Health Options is committed to supporting Members throughout their wellness journey** and we recognize that behavior change can be difficult. Our tools and resources are designed to help Members reach their health goals.

## 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 on topics that matter. Members can access Healthwise materials in their Member portal.

## Wellness App and Platform

Community 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 platform is rich with wellness challenges, a sense of community and gamification—including daily text nudges and an opportunity to earn rewards, and health education all geared toward driving positive habit formation and behavior change. 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](https://healthoptions.wellright.com).





# Wellness Programs & Tools

## Unlimited Personalized Health Coaching

The **Healthy Maine** plans include access to unlimited **personalized health coaching for Members age 18 years and older with no deductible and no cost through the WellRight platform**. Trained health coaches can meet over the telephone or via email and can assist with the following:

- Personalized Nutrition
- Physical Activity
- Weight Management
- Financial Fitness
- Prenatal Wellness
- Heart Health
- Treatment for Tobacco Use
- Stress Management
- And More!

## Treatment for Tobacco Use

Our Tobacco Cessation Program offers an **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, and it is available at **\$0 out-of-pocket**. Our care managers are available to support Members along their journey to becoming tobacco free.



## Care Management

Community Health Options' care managers are specially trained to help Members with needed medical services and to help them save money on prescribed medications. 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 offer community support.



# Pharmacy Management

Our in-house pharmacists support the development of a competitive and cost-effective prescription drug formulary in partnership with our Pharmacy Benefit Manager (PBM), Express Scripts®. They have designed an easy-to-use formulary with five tiers based on cost. For more information on copays by tier, see plan details at [healthoptions.org](http://healthoptions.org).

PRESCRIPTION DRUG FORMULARY TIERS	
<b>TIER 1</b>	Preferred Generics
<b>TIER 2</b>	Generics
<b>TIER 3</b>	Preferred Brand
<b>TIER 4</b>	Non-Preferred Brand
<b>TIER 5</b>	Specialty

## Prescription Programs

Saving our Members money while covering the medications they need is our top priority. Therefore, through our **Price Assure** program, Members automatically save on generic medications when they take their prescriptions to in-network pharmacies that also accept **GoodRx**®. And through our new **Medication Synchronization Program**, our Pharmacy team works directly with Members with three or more chronic prescriptions 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 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 **\$5 copay for 30 days**.<sup>\*</sup> Ninety days of medication is available for a **\$10 copay** 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 to pay only the applicable coinsurance or copayment amounts. To view the H.S.A.-designated drugs, review the formulary in your Member portal or at [healthoptions.org](http://healthoptions.org).

*\*Not available on catastrophic plans.*



# 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 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**, helping 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 transitioning from a prior health insurance carrier will be paired with a Complex Care Manager to assist with transition to their new Community Health Options plan.
- Members identified with high health risks have access to complex care management resources.

### HOSPITAL READMISSION PREVENTION PROGRAM

With a **53% reduction** in readmission rate (2018–2022), 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 our Members by offering 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. Our 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. In 2022, the woman's son was among many patients in Maine waitlisted for care. The care manager was able to find a mental health provider for the woman's son 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 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, Community 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 use 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, who work from Lewiston to Fort Kent, earn high satisfaction scores for their handling of Member, prospective Member, broker and provider calls. You can be assured that your employees will not waste time trying to get answers. The Community 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 **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



# Partnership

We know what it means to be a good partner. **With a 96% employer group retention rate in 2022, 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 out of 10 or higher 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.

Community 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](mailto:businessdevelopmentinfo@healthoptions.org).**

“Having all your Member Service team in Maine sets you apart from the others. I cannot speak highly enough of Community Health Options!”

— B.S., Broker Satisfaction Survey



“As a broker, I do not want to spend my days dealing with appeals, angry clients and back and forth with carriers to simply have the carrier do what it’s supposed to do. Community Health Options keeps that to a minimum. Happy Broker + Happy Clients = Community Health Options as my go-to carrier in Maine.”

— L.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-Marketplace (off MP) 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 copay and coinsurance options to meet your organization's needs. Plan details can be found at [healthoptions.org](https://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 Community Health Options Account Manager or Business Development at [businessdevelopmentinfo@healthoptions.org](mailto:businessdevelopmentinfo@healthoptions.org).



# 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?

- Community Health Options uses “eligible or head count” to determine market segments.
- 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](mailto:businessdevelopmentinfo@healthoptions.org) for more information, or complete the form on our website in the “for more information” section at [healthoptions.org](https://healthoptions.org).

## Can I keep my Community 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. We want to be your partner for as long as you need us. If your business grows beyond 50 eligible employees, we'll help you seamlessly transition to a Large Group plan.

## 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 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](mailto: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](http://healthoptions.org) or call the Business Development Team at 207-402-3353. ©2024 Community Health Options. All rights reserved.

