



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

Large Group Plans 2025



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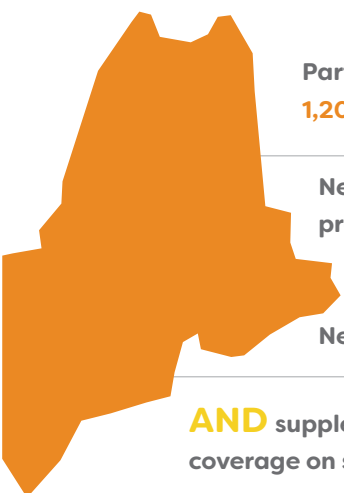
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Community Health Options Overview

Founded in 2011 and headquartered in New Gloucester, Maine, Community Health Options is a health insurance pioneer that understands the unique needs of Maine businesses and their employees. We offer health insurance and wellness tools your employees deserve and can actually use, while lowering out-of-pocket costs and leading to better health and higher productivity for everyone.

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. Our plans include PPO NE, PPO National, HMO Tiered NE and HMO National, as well as HSA Plus options for premium savings. With high retention among employers, enthusiastic recommendations from our brokers and high service rankings from our Members, we are proud to know Community Health Options delivers excellence for all our partners. We built our in-house systems from the ground up and manage them right here in Maine with Maine-based employees.



Partner with over 1,200 businesses

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

AND supplemental national coverage on select plans



Community Health Options At-a-Glance

- **\$2.81 billion** in payments to providers
- **69% 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 **98%** 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 HSA Plus plan options. And for employers with 100 or more enrolled employees, we can customize cost sharing to align your plans to your unique needs.*

Most of our plans include the following:

-  **NEW!** HSA Plus plans offer a specially designed **Chronic Illness Support Program (CISP)**. All other plans continue to have our popular CISP program.
-  **NEW!** Select plans include **coverage for GLP-1 products** approved for weight loss.
-  **First in-network primary care and first three behavioral healthcare visits** each plan year have no cost share on non-HSA plans.
-  **Access to Firefly Health**, a virtual-first primary care team that includes a medical doctor, nurse practitioner, behavioral health specialist and health guide, available on all plans.
-  **Urgent care telehealth visits with \$0 cost share** on non-HSA plans and \$0 after deductible for HSA plans via Amwell®.
-  **\$0 cost digital wellness platform and mobile app** for Members 18 years and older.
-  **\$0 cost unlimited personalized health coaching** available through the wellness platform to Members 18 years and older for services such as nutrition, fitness, heart health and more.
-  **Copay for in-network acupuncture** on non-HSA plans and up to \$50 reimbursement on HSA plans with no deductible. All plans offer up to \$50 reimbursement for out-of-network providers.
-  Copay for **adult and pediatric vision exams** on most non-HSA plans and lenses/frames/contacts with coinsurance after deductible.
-  Quotes for **Unum® group life and disability insurance** are 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 X-ray at specified **X-ray locations**.
- **\$25 copay** for labs at specified **lab locations**.
- **\$0 or \$5 copays** on 30-day Tier 1 preferred generic medications.
- **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** for urgent care with reduced cost at specified **urgent care locations**.

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

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.



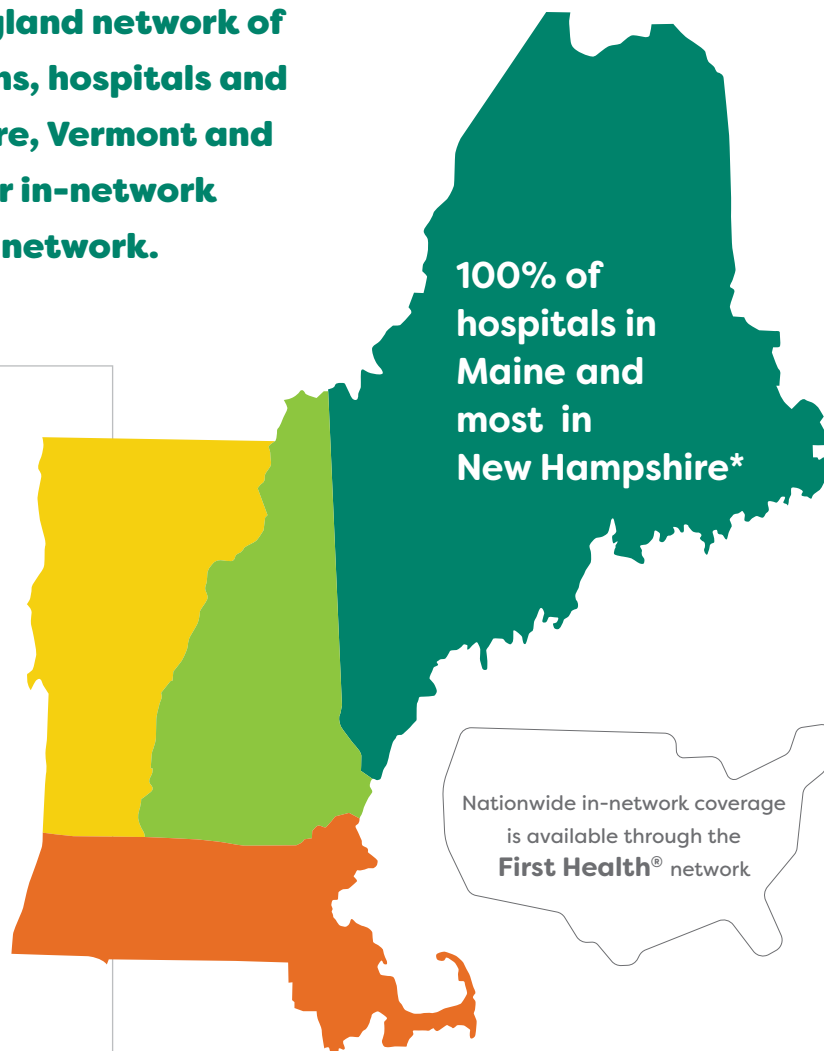
Network Providers

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 the **Member portal**



Firefly Health: Virtual-First Primary Care

Alongside its traditional provider network, Community Health Options offers Members 18 and older the option to use virtual-first primary care through Firefly Health, giving them access to primary care anytime, anywhere. They'll have a team that includes a medical doctor, nurse practitioner, behavioral health specialist and health guide who will all work with our network when Members need in-person care.

To learn more, visit: <https://fireflyhealth.com/with/chobusiness>.



Network Providers–HMO

All HMO plans offer in-network coverage through our broad New England network. HMO Tiered plans provide access to high-quality preferred providers at lower cost sharing, and HMO National plans offer national in-network coverage through the First Health® network.

MEMBER NETWORK BY GEOGRAPHIC LOCATION

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



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 offer national in-network coverage through the First Health® network.

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, 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. All plans offer in-network telehealth through Amwell® for behavioral health and urgent care, as well as primary care through Firefly Health.</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 cost to Members.**



Members can 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).



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 age 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

Non-HSA plans include a 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—with \$0 cost on select medical services listed below. Additionally, Members can save on CISP-designated medications when ordering through the Express Scripts (ESI) mail-order pharmacy. See below for details on services and pharmacy.

FOR NON-HSA PLANS ONLY

CHRONIC ILLNESS SUPPORT PROGRAM (CISP) MEDICAL SERVICES				
Asthma	Coronary Artery Disease (CAD)	Chronic Obstructive Pulmonary Disease (COPD)	Diabetes	Hypertension
<p>Office visits for care related to asthma for:</p> <ul style="list-style-type: none"> Primary care, pulmonologist, allergist for routine management Palliative care to discuss 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 routine management 	<p>Office visits for care related to CAD for:</p> <ul style="list-style-type: none"> Primary care, cardiologist for routine management Palliative to discuss condition treatment <p>Also covered:</p> <ul style="list-style-type: none"> Electrocardiogram (ECG) Nutritional counseling, up to 12 visits per year Cardiac rehabilitation & associated exercise programs are covered at 50% cost share reduction Targeted laboratory tests for routine management 	<p>Office visits for care related to COPD for:</p> <ul style="list-style-type: none"> Primary care, pulmonologist for routine management Palliative care to discuss 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 & associated exercise program are covered at 50% cost share reduction Targeted laboratory tests for routine management <p>Note: Oxygen delivery and supplies are subject to routine coverage.</p>	<p>Office visits for care related to diabetes for:</p> <ul style="list-style-type: none"> Primary care, endocrinologist, podiatrist, optometrist/ophthalmologist for routine management Palliative care to discuss condition treatment <p>Also covered:</p> <ul style="list-style-type: none"> Nutritional counseling, up to 12 visits per year Diabetes education with a certified diabetes educator Targeted laboratory tests for routine management <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: Aside from FreeStyle Libre, all other continuous glucose monitors, insulin pumps, and associated supplies are subject to routine coverage.</p>	<p>Office visits for care related to hypertension for:</p> <ul style="list-style-type: none"> Primary care for routine management Cardiologist and nephrologist for consultation and routine management Palliative care to discuss condition treatment <p>Also covered:</p> <ul style="list-style-type: none"> Nutritional counseling, up to 12 visits per year Targeted laboratory tests for routine management Blood pressure cuff
<p>Pharmacy Benefits include:</p>	<ul style="list-style-type: none"> Select Tier 1 Generic Medications designated with CISP on the drug formulary at \$0 with ESI mail order on 35+ days of medication. Select Tier 2 and 3 Medications designated with CISP on the drug formulary at 50% cost share reduction with ESI mail order on 35+ days of medication and maximum savings with 90-day supply. 			

All other drug tiers and drugs without an HSA+ designation on the most current drug formulary require routine cost sharing. Talk with your provider about whether a lower-tier medication is available for your chronic illness.



Large Group HSA Plus Chronic Illness Support Program

All Large Group HSA Plus plans include a specially designed Chronic Illness Support Program (CISP) that meets the preventive requirements of high deductible health plans. Our goal is to support Members with asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes and hypertension in improving their health and well-being.

To make this possible, select medical services for preventive care or screening are available with no copay or coinsurance, and no deductible, when performed by an in-network provider. Additionally, select Tier 1, 2 and 3 medications designated as HSA+ are available with copay or coinsurance, with no deductible required.

FOR HSA PLUS PLANS

CHRONIC ILLNESS SUPPORT PROGRAM (CISP) MEDICAL SERVICES				
Asthma	Coronary Artery Disease (CAD)	Chronic Obstructive Pulmonary Disease (COPD)	Diabetes	Hypertension
<p>Up to 3 primary care visits and 1 specialist visit annually (allergist or pulmonologist) for care related to asthma.</p> <ul style="list-style-type: none"> Pulmonary function test management Asthma education during an office visit Targeted laboratory tests for the routine management of asthma <p>Also covered:</p> <ul style="list-style-type: none"> Inhaler adjuncts (e.g. holding chamber/spacer) through ESI mail order 	<p>Up to 3 primary care visits and 1 specialist visit annually (cardiologist) for care related to CAD.</p> <ul style="list-style-type: none"> Nutritional counseling, up to 12 visits per year at \$0 cost <p>Also covered:</p> <ul style="list-style-type: none"> Electrocardiogram (ECG) LDL laboratory test 	<p>Up to 3 primary care visits and 1 specialist visit annually (pulmonologist) for care related to COPD.</p> <ul style="list-style-type: none"> Pulmonary function test Home oxygen therapy assessment Targeted laboratory tests for the routine management of COPD <p>Also covered:</p> <ul style="list-style-type: none"> Inhaler adjuncts (e.g., holding chamber/spacer) through mail order <p>Note: Oxygen delivery and supplies are subject to routine coverage.</p>	<p>Up to 3 primary care visits and 1 specialist visit annually (endocrinologist, podiatrist or optometrist/ophthalmologist) for care related to diabetes.</p> <ul style="list-style-type: none"> Nutritional counseling up to 12 visits per year at \$0 cost share Retinopathy screening Diabetes education with a certified diabetes educator A1C laboratory tests <p>Also covered:</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: Aside from FreeStyle Libre, all other continuous glucose monitors, insulin pumps, and associated supplies are subject to routine coverage.</p>	<p>Up to 3 primary care visits and 1 specialist visit annually (cardiologist or nephrologist) for care related to hypertension.</p> <ul style="list-style-type: none"> Nutritional counseling up to 12 visits per year at \$0 cost share <p>Also covered:</p> <ul style="list-style-type: none"> Blood pressure screening Blood pressure monitoring Blood pressure cuff
<ul style="list-style-type: none"> Select Tier 1, 2 and 3 medications designated as HSA+ on the drug formulary are available with copay or coinsurance, with no deductible required at in-network retail pharmacies. Additional savings are offered through ESI mail order with two 30-day copays or coinsurance payments for 90 days of medication. 				

All other drug tiers and drugs without an HSA+ designation on the most current drug formulary require routine cost sharing. Talk with your provider about whether a lower tier medication is available for your chronic illness.



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 on non-HSA plans pay nothing for their first three in-network behavioral health visits or their first primary care visit during a plan year. 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. Virtual care services make it easy for Members to schedule appointments and access urgent care needs, all from their phone or tablet, whenever and wherever they want.

- If a provider offers telehealth services, the visits will have the same plan coverage as in-network or out-of-network in-person 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 medical doctor, 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 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 have coverage for acupuncture services with a copay for in-network providers on non-HSA plans, and up to \$50 reimbursement for out-of-network providers. HSA plan Members can receive a reimbursement of up to \$50 for in-network and out-of-network provider visits, with no deductible.

Vision

All plans offer adult and pediatric vision coverage, including one eye exam every 12-month calendar year. Most non-HSA plans offer both pediatric and adult visits with a copay. All plans include coverage for glasses and contacts (every 24-month calendar period) with deductible and varying coinsurance amounts.



Wellness Programs & Tools

Community Health Options is committed to supporting Members throughout their wellness journey and recognizes 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 Members can trust, including a symptom checker, decision support tools and thousands of articles and videos with up-to-date health information. Members can use this education platform to gain knowledge and stay informed on topics that matter. Members can find a link to Healthwise in their Member portal through the Health & Wellness tab.

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 & 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: personalized nutrition, physical activity, weight management, financial fitness, prenatal wellness, heart health, tobacco treatment, stress management, and more.

Tobacco Treatment Support

Our 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 is available at \$0 out-of-pocket. Members can rely on our care managers to help them quit tobacco and use the free health coaching available through the wellness platform.



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 that offer or can connect you with community support.



Pharmacy Management

Our in-house pharmacists support the development of competitive and cost-effective prescription drug formularies 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). Employers have the option of selecting plans with a formulary that includes GLP-1 medications approved for weight loss to meet employee needs.

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

We offer Members several ways to make it easier to take prescribed medications. **The Price Assure Program** automatically saves Members money on generic medications when they take their prescriptions to in-network pharmacies that also accept GoodRx®. By using their health insurance Member ID card, Members get any possible savings, and the cost applies to their deductible and out-of-pocket costs. 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 **ScriptSaver**, our Pharmacy team works on behalf of Members with providers and pharmacies to find cost-saving opportunities, including manufacturers' coupons.

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.



Pharmacy Management

Low Copay Preferred Generic Medications (Tier 1)

All non-HSA plans offer Tier 1 preferred generics at a **\$5 copay for 30 days**. When using Express Scripts home delivery, 90 days of medication is available for **two 30-day copays**.

HSA Plus Enhanced Preventive Drug Coverage

HSA Plus plans include a carefully curated list of medications to help prevent the development of and reduce the risk of complications due to chronic conditions and illnesses. These prescription drugs, designated as **HSA+** on the formulary, bypass the deductible and require Members to pay only the applicable coinsurance or copayment amounts. To view the **HSA+** drugs, review the formulary at healthoptions.org.

Pharmacy Benefit Manager

Our pharmacy benefit manager, Express Scripts, offers a portal giving Members auto-generated cost comparisons and suggestions for generic alternatives, giving them a high degree of control over how they order their prescriptions and how much they'll pay. **In a recent prescription drug use review, our team found that Members chose generics 90% of the time**, resulting in savings and making it easier to take medications as prescribed. That means our Members are saving money and can more easily take medications as prescribed—leading to better health outcomes. 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 costs**.



Medical and Care Management

Medical Management

Our Medical Management team, all healthcare professionals, 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 to 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 only about 5% of Members readmitted to the hospital within 30 days of discharge, 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)

INFUSION SITE OF CARE PROGRAM

Our voluntary **Infusion Site of Care Program** has saved millions of dollars in healthcare costs for Members and employers' claims cost by offering Members the ability to transition certain infused medications that need to be delivered intravenously (IV) to a preferred site of care, including a Member's own home. Members will be offered a monetary incentive payment for select medications when receiving infusions from a preferred Site of Care provider; Our program delivers a meaningful choice with **reduced out-of-pocket costs** and **increased quality of life**.

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 Northern Maine couple chose to have their premature baby boy at a city hospital several hours away so they could get the specialized care their baby needed. But the commute put an incredible strain on Mom and Dad and their two other children. Once the baby was doing well, care managers worked with the family and providers to move him to a hospital closer to home and transfer his care to the same local pediatrician who would hopefully care for him throughout his childhood.



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

Easy Implementation

Our electronic, paperless quoting and onboarding system seamlessly moves 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 employee benefits easy and hassle-free. You will have access to user-friendly administrative portal to manage employee census data and pay or review your monthly invoice. 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

When you and your employees need assistance, you'll get to speak with a Maine-based service representative, without being kept on hold in an automated system. You can be assured that we'll work hard to get your questions answered as soon as possible. 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 that 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, 97% for receipt of information needed and 98% for speed of answer.**

WE DON'T ISSUE HOMEWORK

We're our Members' strongest advocates. When there's a need for information from providers, pharmacies or even our own departments, we don't send Members off to do the work. We follow up ourselves, or connect Members with the right people.

MEMBER SURVEY RESULTS:

99% satisfaction for courtesy and respect

97% satisfaction for receipt of information needed

98% satisfaction for speed of answer

“I am a subscriber AND a provider. As a psychotherapist, I regularly call Community Health Options and have uniformly excellent experiences. Their customer service is outstanding. There are very short hold times—if any—and the customer service folks are knowledgeable, efficient, polite and kind. In the last 12 months, I have called Community Health Options 8 or 9 times and always had my questions answered politely and promptly. Proud that I live in Maine and have a GREAT Maine company that serves me professionally and personally.”



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 gives you an edge in understanding trends and a solid understanding of your organization's healthcare costs.

Group Experience Report

Large Employer

Claims Paid March 2023 - February 2024




To northern New England employers 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: 1/1/2021
Claims Paid March 2023 - February 2024

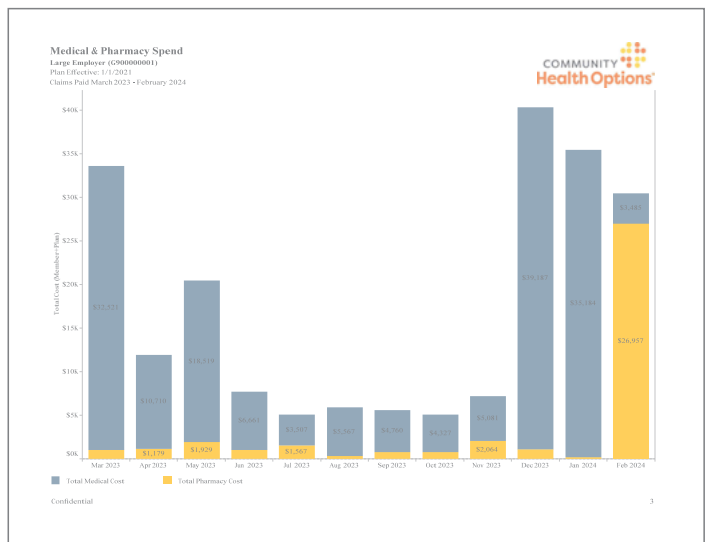
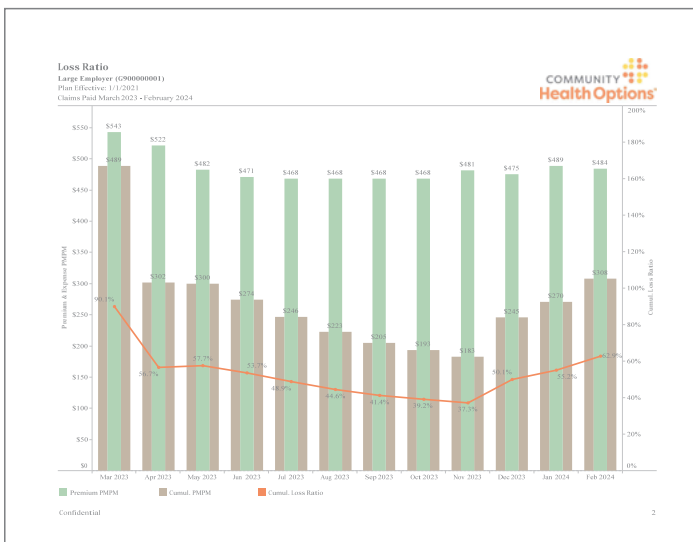
Paid Month	Subscribers	Members	Premium	Plan Med Cost	Plan Rr Cost	Total Plan Cost	Claims PMPM	Cumul. PMPM along Table (Dollars)	Loss Ratio	Cumul. Loss Ratio along Table (Percent)
Mar 2023	39	59	\$32,046	\$28,151	\$707	\$28,858	\$489	\$489	90.1%	90.1%
Apr 2023	39	61	\$31,837	\$6,021	\$756	\$27,817	\$1211	\$3802	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	34.6%	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	\$2,655	\$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	\$350	\$3,792	\$98	\$193	21.0%	39.2%
Nov 2023	27	42	\$20,215	\$2,192	\$1,590	\$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	309	502	\$245,578	\$118,844	\$35,292	\$154,435	\$388	\$388	62.9%	62.9%



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

Claimant	Current Elig	Major Medical Diagnosis Category	Plan Paid Med	Plan Paid Rr	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





Partnership

We know what it means to be a good partner. **With a high 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.

“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

Partner Promise

We want to be your partner over the long term and are committed to you through our **Partner Promise**, a 13-point, time-bound promise build 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 98% 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 have you covered. You can choose from a variety of plans, including PPO NE, PPO National, HMO Tiered NE and HMO National, as well as HSA Plus options for premium savings. Deductibles range from \$1,000 to \$9,000 with various coinsurances to meet your organization's needs. All plans give you access to our broad New England Network, while 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 contacting your current broker, Community Health Options account manager, or Business Development at BusinessDevelopmentInfo@healthoptions.org.



**Cost sharing customization on deductibles, 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 my company need to have to request 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® that enables you to bundle group health insurance with life and/or disability benefits. In addition, you may be eligible for special incentives when you ask for 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.

How can I 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. ©2025 Community Health Options. All rights reserved.

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