



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

# 2025 Plans for Small Businesses



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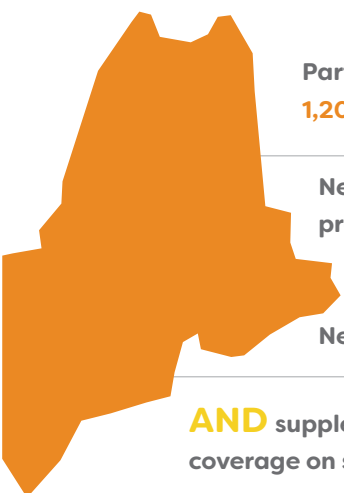
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# Community Health Options Overview

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 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 more than 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 a variety of HSA Plus options for premium savings. With a high retention rate within our employer group business, high recommendation rates from our brokers and high Member satisfaction scores, we are proud to know Community Health Options delivers excellence to all our partners. Our sophisticated in-house systems were built from the ground up and are managed here in Maine by Maine-based employees.



**Partner with 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 through 2023
- **69% reduction** in hospital readmission rate (2018 to 2023), working hard to keep Members healthy and their costs low
- **\$7.2 million** saved in our Infusion Site of Care program since 2019, helping Members save money, and keeping premium increases low
- **\$90.7 million** in capital surplus in 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.



# 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 tiered HMO options for premium savings.

## Our plans include the following:

- 100% of the preventive care benefits required by the Affordable Care Act and the State of Maine at no cost share for in-network providers.
- First in-network primary care and behavioral healthcare visits during a 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 at the same cost as traditional primary care services.
- 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 on select plans, and unlimited personal coaching on Healthy Maine plans.
- Pediatric and adult vision coverage with one exam every 12 months. Pediatric eye exams have a copay on all non-HSA plans and include coverage for frames or contacts every two years.
- \$0 cost treatment for tobacco use including over-the-counter nicotine replacement therapy products such as nicotine patches, gum, lozenges and certain medications listed on our drug formulary.
- Acupuncture benefit with a copay for in-network providers on select plans, and up to \$50 reimbursement for out-of-network providers.
- Our Chronic Illness Support Program on non-HSA plans makes it easier for Members to manage and pay for the treatment of select chronic conditions.
- HSA plans labeled **HSA Plus** include prescription coverage for select drugs without a deductible.
- Free phone support and personalized help with complex medical conditions from our Care Management team.
- Out-of-country coverage for emergent conditions on all Small Group plans.
- Pediatric dental coverage through Northeast Delta Dental® with a special low dental deductible on select plans.
- Ability to connect with an Employer Human Resource Information System and Health Reimbursement Accounts for updates and to provide data feeds to health reimbursement providers.



# Summary of Plan Benefits

## MEMBERS CAN SAVE WITH A COPAY AND NO DEDUCTIBLE WHEN USING THESE SELECT PROVIDERS/SERVICES:

*Excludes HSA & Catastrophic plans.*

- **\$0 or \$5 copays** on 30-day Tier 1 preferred generic medications
- **\$25 copay** for labs when you choose a **specified lab**
- **\$75 copay** for X-rays at **specified locations**
- **Copays** on all plans for annual pediatric vision exams, and on select plans for adult vision exams
- **Copays** on all plans for physical, occupational and speech therapy visits, as well as chiropractic and osteopathic adjustments
- **Copays** on in-network acupuncturists on select plans
- **Lower copays** on tiered plans when using a preferred provider





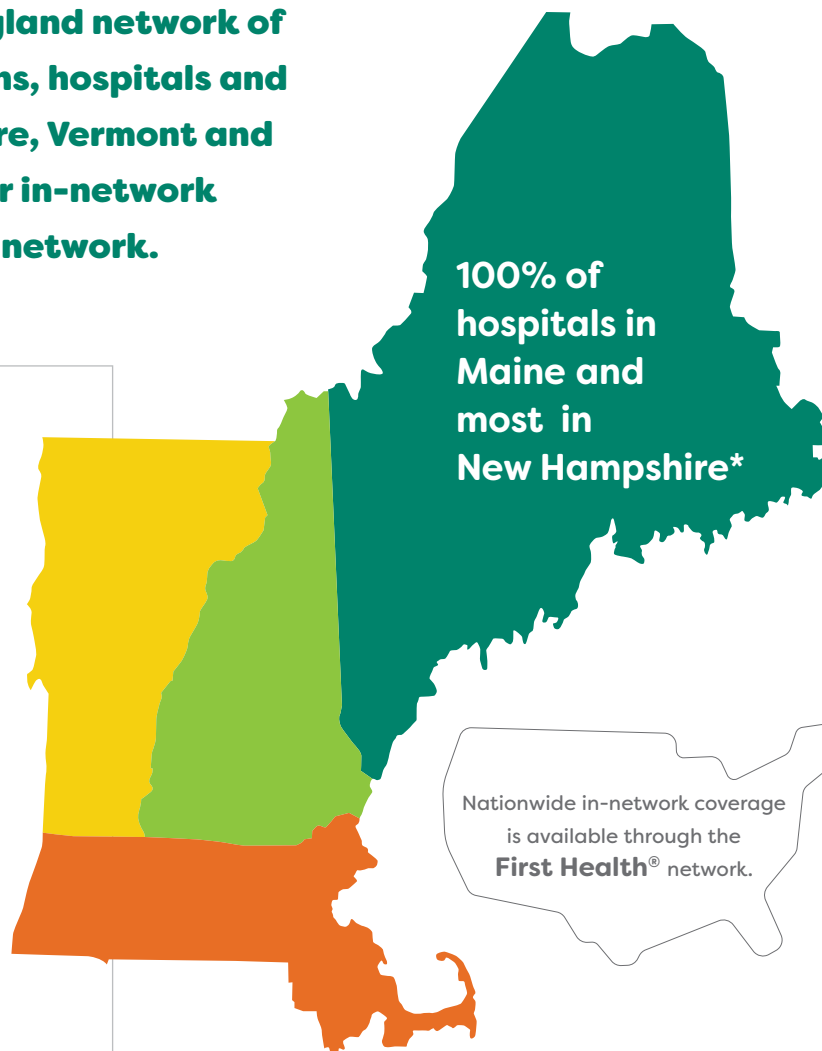
# Network Providers

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 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 medical doctor, nurse practitioner, behavioral health specialist and health guide.

**To learn more, visit: [fireflyhealth.com/with/cho](https://fireflyhealth.com/with/cho).**



# 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 NE	HMO Tiered NE	HMO National
<b>Medical, Behavioral and Substance Use Disorder</b>	Community Health Options' broad <b>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> .*	Community Health Options' broad New England network has <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>	Community Health Options' broad New England network, plus <b>national in-network coverage</b> , provides access to thousands of hospitals and almost 1 million professional providers.*
*There is no out-of-network coverage except for emergency care within the U.S., except in Small Group plans, which also have coverage for emergent conditions outside of the country.			
<b>Telehealth</b>	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.		
<b>Emergency Services</b>	All plans cover emergency services in the emergency department at the in-network level of benefits in the United States. All Small Group plans include coverage for emergent conditions outside of the country.		
<b>Pharmacy</b>	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
<b>Medical, Behavioral and Substance Use Disorder</b>	<p>Community Health Options' broad <b>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>Community Health Options' broad New England network, plus <b>national in-network coverage</b>, 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 when required.</i></p>		
<b>Telehealth</b>	<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>	
<b>Emergency Services</b>	<p>All plans cover emergency services in the emergency department at the in-network level of benefits in the United States. All Small Group plans and all Individual on/off Exchange National Gold and Silver PPO plans include coverage for emergent conditions outside of the country.</p>	
<b>Pharmacy</b>	<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.**



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

All non-HSA plans include the Chronic Illness Support Program (CISP) which is 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><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 twelve (12) 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 management 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: 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 twelve (12) 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> <li>• Monthly FreeStyle Libre Continuous Glucose Monitoring system sensors</li> </ul> <p><b>Note: Aside from FreeStyle Libre, all other continuous glucose monitors, insulin pumps, 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 twelve (12) visits per year</li> <li>• Targeted laboratory tests for the routine management of hypertension</li> </ul>

\*Not available on HSA plans or 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

**There is no cost for the first in-network behavioral health visit or the 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 makes it easy for Members to schedule appointments and access urgent care, all from the comfort of their home.

- If a provider offers telehealth services, the visit will have the same plan coverage as in-network or out-of-network provider office visits.
- All Members 18 years and older can access virtual primary care through **Firefly Health**, which 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](https://fireflyhealth.com/with/chobusiness). Visits will have the same plan coverage as in-network primary care office visits. Our Health Options Clear Choice \$4200 HMO Tiered NE and Health Options Clear Choice \$7500 HMO Tiered NE plans have a site-of-service copay of \$25 for Firefly Health primary care provider visits.
- All plans include telehealth for urgent care, psychiatry and counseling/therapy through **Amwell**<sup>®</sup>. One-time and ongoing behavioral healthcare visits can be easily managed through the Amwell patient portal. 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 Adjustment Coverage

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

## Acupuncture

Select non-HSA plans, including Healthy Maine plans, have coverage for acupuncture services with a copay for in-network providers, and up to \$50 reimbursement for out-of-network providers. HSA Members with this benefit can get in and out-of-network reimbursement up to \$50 per visit with no deductible. Detailed information on copays, coinsurance and any visit limitations is available in the plan documents.

## Vision

All plans offer adult and pediatric vision coverage including one eye exam every 12-month calendar year. On non-HSA plans, pediatric visits have a copay, and on certain plans, adult visits also have a copay. All plans include pediatric coverage for glasses and contacts (every 24-month calendar period) with varying coinsurance, copayment and deductible requirements.

## Oral Health

Community Health Options partners with **Northeast Delta Dental**® to provide dental coverage for pediatric Members on 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

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

Healthwise® provides evidence-based, medically reviewed health information that Members can trust. This education platform includes a symptom checker, decision support tools and thousands of articles and videos with up-to-date health information. Members can access Healthwise through their Member portal.

## Wellness App and Platform

On select plans we partner with WellRight® to provide a digital wellness platform and mobile app at no cost for Members 18 years and older. Benefits include gamified wellness challenges, integration with wearable devices, and a comprehensive health risk assessment. Members with this program can access their account through the Health and Wellness tab in the Member portal, by downloading the WellRight app or logging on to [healthoptions.wellright.com](https://healthoptions.wellright.com). When Members download the app, they need to enter the company code “healthoptions” to begin a personalized experience.



# Wellness Programs & Tools

## Unlimited Personalized Health Coaching

Our Healthy Maine plans include unlimited personalized health coaching for Members 18 years and older at no cost through our wellness platform, WellRight. 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

## 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 is available at \$0 out-of-pocket. Care managers are also available to support Members along their journey to becoming tobacco free.

## Care Management

Our care managers are specially trained to help Members with needed medical services and to help them with saving 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, pregnancy/post-partum care and behavioral healthcare. Our 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 Express Scripts®, a Pharmacy Benefit Manager. For more information on copays by Tier, see plan details at [healthoptions.org](http://healthoptions.org).

## 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 Express Scripts pharmacy card, Members get any possible savings while the cost applies to their deductible, accumulator 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 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

All non-HSA plans offer Tier 1 medications at **\$0 or \$5 copay for 30 days**. Ninety days of medication is available for a **\$10 copay** if obtained through mail order with Express Scripts. HSA Plus plans offer select preventive medications with no deductible, but cost shares 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, identified on the formulary with an **HSA+** notation, bypass the deductible and require Members to pay only the applicable coinsurance or copayment amounts. To view **HSA+** medications, visit the Member portal or [click here](#) to go to the formulary.

### PRESCRIPTION DRUG FORMULARY TIERS

**TIER 1** Preferred Generics

**TIER 2** Generics

**TIER 3** Preferred Brand

**TIER 4** Non-Preferred Brand

**TIER 5** Specialty



# 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 90% 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://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 **90% of filled Member prescriptions were for generics**, helping our Members save money and have improved outcomes.

\*As of 1st quarter 2024



# 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 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 transitioning from a prior health insurance carrier 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 **69% reduction** in readmission rate (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)

### INFUSION SITE OF CARE PROGRAM

Our voluntary **Infusion Site of Care Program** has saved millions of dollars for our Members by offering the ability to transition certain intravenous (IV) medications and infusions to a preferred site of care, including a Member's own home. This program delivers a meaningful choice with **reduced cost shares** 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 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 through his childhood.



# 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 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 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, our 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 Portsmouth to Fort Kent, earn high satisfaction scores for their handling of Member, prospective Member, broker and provider calls. You can be assured 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 **99% satisfaction for courtesy and respect, 97% for receipt of information needed and 98% for 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:

**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. ”





# Partnership

We know what it means to be a good partner. **With a high employer group retention rate in 2023, we are proud to know that employers and Members are highly satisfied with Community Health Options.**

- Notably, 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 leaders.

“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

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 employees expect and deserve. Reach out and let us show you how. **You can contact your broker directly or email [businessdevelopmentinfo@healthoptions.org](mailto:businessdevelopmentinfo@healthoptions.org).**



“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

When it comes to choosing a health plan for your organization, we've got you covered. Small businesses can choose the plan that best fits their needs, with a variety of plan networks in both PPO and HMO networks, along with a variety of HSA plus 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 by emailing 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?

- We quote as a Small Group when the group has 50 or fewer eligible employees.
- 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.

## Will you work with my broker?

We have established strong relationships with local brokers and are happy to work with your broker.

## 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. For more information, you can contact Business Development at 207-402-3353 or email [businessdevelopmentinfo@healthoptions.org](mailto:businessdevelopmentinfo@healthoptions.org), or complete the form on our website in the “for more information” section at [healthoptions.org](http://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.





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 email Business Development at [businessdevelopmentinfo@healthoptions.org](mailto:businessdevelopmentinfo@healthoptions.org) or call **207-402-3353** from 8 a.m. to 6 p.m., Monday through Friday.

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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](https://healthoptions.org) or call the Business Development Team at 207-402-3353. ©2025 Community Health Options. All rights reserved.

