



## Broker Frequently Asked Questions for Plan Year 2025

Below are answers to questions asked by brokers during Community Health Options training sessions for 2025:

### **Which states are included in the New England network for plans without national coverage?**

Community Health Options [offers the broadest provider network](#) in Maine, and includes clinicians, hospitals and pharmacies in New Hampshire, Vermont and Centers of Excellence in Massachusetts. This network is the backbone of all our plans whether they are New England (NE) regional or National plans. To make access even easier, we also offer [virtual primary care](#) to all our Members over 18 as well as virtual urgent care and [behavioral health through Amwell](#).

### **Can you provide information about your tiered plans?**

Community Health Options' Tiered New England Plans feature the same broad New England network as all of our plans. These plans provide access to high-quality preferred providers with reduced copays or coinsurance. Standard providers have a standard copay or coinsurance, and the plans have separate preferred and standard deductibles, and out-of-pocket maximums. All preferred provider cost sharing is applied to the preferred deductible and both the preferred and standard out-of-pocket maximum. Standard cost sharing is applied to the standard deductible and standard out of pocket maximum.

### **Which plans provide out-of-country coverage?**

All Large and Small Group (Off MP) plans include coverage for emergent conditions outside of the United States. Additionally, all Individual national gold and silver PPO plans include this same coverage, whether on or off exchange.

### **Do you offer PPO plans with national coverage?**

For 2025, Community Health Options is the only carrier in Maine offering National PPO and HMO plans in the Individual market. We continue to offer National PPO and HMO plans in the group markets. Our national plans offer in-network coverage through [the First Health® network](#).

### **What do you mean by "Site of Service?"**

Site of Service means Members can save money when they receive care at specified locations for X-rays and labs on all plans except for Catastrophic and urgent care on Large Group and select Individual plans. Members have a copay with no deductible on non-HSA plans at these locations, rather than paying coinsurance after the deductible. HSA Members will also have a copay once they meet their deductible.



Additionally, on select plans, Members can save when they use specified urgent care locations or Firefly Health virtual primary care services.

Here are the details:

- \$25 copay on labs per visit at [these specified locations](#).
- \$75 copay for X-rays per visit at [these specified locations](#).
- Lower copay for urgent care visits at [these specified locations](#) (Large Group and select Individual plans only)

#### **Is chiropractic a copay benefit for 2025?**

All Individual and Small Group non-HSA plans, except the Catastrophic plans and most Large Group plans, include coverage for chiropractic and osteopathic adjustments with a copay. Detailed information about coverage can be found in specific plan documents.

#### **How do you cover acupuncture?**

All non-HSA large group plans, many non-HSA Small Group plans and select Individual plans, including Healthy Maine plans, have an acupuncture benefit with a copay for in-network provider visits, and reimbursement for out-of-network providers. For HSA plans with acupuncture, there is a reimbursement benefit for in and out-of-network providers with no deductible. There is an annual 12-visit limit and acupuncture benefits do not accumulate to the deductible or out-of-pocket maximum on any plan, since they are not considered an essential health benefit. Detailed information can be found in plan documents.

#### **If a Member chooses Firefly Health, do all family members have to participate with Firefly Health as well?**

No. Any family member 18 and over can choose [virtual care with Firefly Health](#) for a primary care provider. Each Member in a family can choose their own primary care provider and Members can change from Firefly Health as their primary care provider at any time.

#### **What will Members pay with Firefly Health in different regions, particularly regions 4 and 5, where it can be difficult to find a nearby provider accepting new patients?**

Firefly Health is available for the same copayment or coinsurance as traditional primary care in group or individual plans. However, there is a \$25 site of service copay for Firefly Health on the \$4200 HMO Tiered NE and \$7500 HMO Tiered NE plans. These plans are only available in rating areas 1, 2, 3 for Individuals or Small Groups.



**When a Member needs in-person care, how do Firefly Health providers know they are referring someone to a local provider?**

Firefly Health has access to Community Health Options' full provider network and will refer Members to local providers.

**How can Members take advantage of working with a Community Health Options' Care Manager?**

Members can self-refer by calling Member Services and asking for help from a Care Manager. Our Care Managers are specially trained to help Members with needed medical services, including supporting transition back home after a hospital discharge, disease management, chronic condition management, cancer care, pregnancy/post-partum care and behavioral healthcare. Our Maine-based team also partners with a range of local agencies to offer community support. Care Managers may contact Members directly who need support—often discovered through specific claims codes.

**Are birth control pills available for a \$0 copay?**

Yes, this is available on all plans with a prescription.

**Do you cover semaglutide/GLP-1 medications?**

We have, and will continue, to cover GLP-1 inhibitors for diabetes. We currently do not include them in our formulary for individual and small group markets for obesity, but Large Group employers can choose to cover them for obesity in addition to diabetes with our newly introduced Rx3 formulary. We continue to work with our pharmacy benefit manager and closely follow cost changes and use recommendations.

**Is the Member guide tailored to specific plans?**

We produce separate Large Group and Small/Individual Member guides. These Member guides include information for fully-insured plans. Most benefit topics are covered, but because there are differences in benefits from plan-to-plan, Members should check specific plan documents for detailed information on their respective plan.

**Does Community Health Options include vision care in its plans?**

Our plans include pediatric and adult vision coverage with one eye exam every 12 months. Pediatric eye exams have a PCP copay on all non-HSA plans, except for the Catastrophic plan. Most non-HSA large group plans and select individual and small group plans also have a copay for adult vision exams. All plans include pediatric and adult coverage for frames, lenses or contacts every 24 months with coinsurance after deductible. Benefits are available on HSA plans after deductible.



## FAQs Specifically About Individual and Small Group Plans

### **Are plan codes the same whether they are purchased on or off-marketplace?**

Plan ID numbers are unique to each plan and type of coverage (Individual or Small Group). All of these Community Health Options plans can be purchased by Individuals or Small Groups with the corresponding plan ID. A plan that can be purchased **on or off the exchange** will have the same 14-digit base plan ID plus 2 digits to show it was purchased on the exchange, off exchange, and if it is a cost share variant. A plan that can be purchased **off marketplace only** will also have a 14-digit base plan ID plus 2 digits to show it is purchased off MP (those 2 digits will always be 00 for Off-MP only plans)

### **What is the rate increase for Individual and Small Group 2025 plans?**

Community Health Options' average rate increase for Individual plans in 2025 is 8%, and 13% for Small Group (off-marketplace) plans.

### **Will the \$8000 HMO Tiered NE plan replace the \$7500 as the lowest cost Bronze ACA plan, or will another carrier have that spot?**

Community Health Options' \$8000 HMO Tiered NE plan which is available across the state, and the \$7500 HMO Tiered NE plan available in rating areas 1, 2, 3 are competitively priced and will frequently surface as the most competitively priced bronze plans on CoverME. However, individual results will depend on advance premium tax credits and specific individual benefit requirements.

### **As we look toward 2026, what do you expect will happen when the extension of premium tax credits from the Inflation Reduction Act expires? Can you suggest resources brokers can use?**

Community Health Options will be anxiously awaiting updates on premium tax credits for 2026 and beyond. We will be staying close to the news for more information and will share information in our broker bulletins, as appropriate.

### **Where can I learn more about the CoverME.gov certification process?**

You can find information about becoming a CoverME.gov certified broker on the [CoverME.gov website](#). For questions, call the CoverME.gov Consumer Assistance Center at (866) 636-0355.