



Large Group 2025 Product Training

September 26, 2024

Agenda

- Introduction and Personnel Updates
- 2025 Product Portfolio
- Network and Tiering Structure
- 2025 New Product Benefits
- Wellness Highlights
- Additional Bundled Services
- Medical/Care Management Highlights
- Pharmacy Programs
- New Marketing Collateral and Advertising

New People / Organization

- **Kaleb Mayhew, Promoted to Large Group Benefit Consultant**
- **April Pelletier, Implementation Manager**
- **We will be hiring the Small Group Benefit Consultant position**
- **In an updated organizational structure, Will Kilbreth formerly Chief Information Officer, has been appointed Chief Operations Officer.**
 - **Responsible for Claims, Member Services, Eligibility Enrollment, Configuration and IT services. Will's role replaces David Stuart's role, as he has moved on to a new opportunity.**
- **Jennifer Cyr, PharmD promoted to Pharmacy Director, replacing Mike Takach who has opted to step down to Senior Consultant of Pharmacy, as he looks to retire in the future.**



2025 Plan and Benefits

Nancy Connelly, Director, Product Development

Portfolio Overview for 2025

January 2025, Large Group Portfolio

34 Plans*

- 26 National PPO plans
 - 16 non-HSA compatible
 - 11 HSA compatible
- 3 New England PPOs
- 1 National HMO
- 4 New England Tiered HMOs
 - 3 non-HSA compatible
 - 1 HSA compatible

GROUPS 100+ ENROLLED

- Ability to customize cost-sharing design

Click [Here](#) to view all our Large Group Plan Offerings in an Excel Spreadsheet. (*Note: 3 additional Rx2 plans are available for renewal only)

HMO and PPO Networks

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.
	*There is no out-of-network coverage with the exception of emergency services listed below.	
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.	

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	Community Health Options' broad New England network includes providers across ME & NH as well as direct contracts with key providers in MA & VT . <i>For services outside of New England, out-of-network coverage is available with higher cost sharing.*</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.
	*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.	
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, as well as 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.	

Introducing GLP-1 Benefit for Weight Loss

- Introducing an Rx 3 with a formulary that includes new GLP-1 products for weight loss (**Wegovy, Zepbound, Saxenda**) in Tier 3 along with other GLP-1s for diabetes on select plans.
- Added to assist Large Group employers who want to offer the products to their employees in response to employee demand, and employer wellness goals.
- Rx3 has different cost-sharing in Tiers 3-5 compared to Rx1 to help off-set the cost of adding GLP-1s for weight loss. ***This increase in cost-sharing for the employee helps off-set the increased cost for the employer.***
- ESI will manage access to the medications with the Weight Value Program. Parameters will include the following medical criteria:
 - BMI \geq 32 or BMI 27-32 with 2 documented comorbidities
 - Includes outreach by ESI to assist with adherence
 - ESI's routine prior approval process will be utilized

Rx1 and Rx3 Formularies

Rx 1 Prescription Cost Sharing

Tier 1 Preferred Generic: \$5 copay

Tier 2 Generic: \$25 copay

Tier 3 Preferred Brand*: \$50 copay, no deductible

Tier 4 Non-preferred Brand: 30% coinsurance max of \$300, no deductible

Tier 5 Specialty: 30% coinsurance max of \$500, no deductible

Note: Mail order available for Tier 1-4 on 35+ days of medication, (2) 30-day copays or coinsurance for 90 days of medication

*GLP-1s for diabetes

Rx 3 Prescription Cost Sharing

Tier 1 Preferred Generic: \$5 copay

Tier 2 Generic: \$25 copay

Tier 3 Preferred Brand*: Up to \$100 coinsurance, no deductible

Tier 4 Non-preferred Brand: 40% coinsurance max of \$350, no deductible

Tier 5 Specialty: 40% coinsurance, max of \$550, no deductible

Note: Mail order available for Tier 1-4 on 35+ days of medication, (2) 30-day copays or or coinsurance for 90 days of medication

*GLP-1s included for diabetes and those indicated for weight loss

Note: HSA Plans have the same copays and coinsurance after deductible

Plans and Cost Sharing for Rx 3

- Rx 3 added to 6 popular plans as well as an HMO Tiered Plan
- Can also be included on plans with customized cost-sharing (100+ enrolled Members)
- Available for self-funding employers

- Cornerstone PPO \$1500 20% \$3000 Rx3
- Cornerstone PPO \$2500 20% \$5000 Rx3
- Cornerstone PPO \$3500 20% \$7000 Rx3

- Cornerstone PPO HSA Plus \$5000 20% \$6000 Rx3
- Cornerstone HMO Tiered NE \$6500 20% \$7000 Rx3
- Cornerstone PPO HSA Plus \$6200 30% \$7000 Rx3

* Includes GLP-1 products for diabetes and weight loss

Large Group Chronic Illness Support Program for HSA Plus Plans

- Offers Large Group employers the ability to support all employees with a chronic illness. The program has a few less benefits than our traditional CISP due to HDHP Rules.
- Covers all the same chronic illnesses in our current non-HSA program (coronary artery disease, hypertension, diabetes, chronic obstructive pulmonary disease and asthma)
- Includes **3 PCP** visits and **one specialist** visit with copay/coins only, the deductible is waived to prevent complications of chronic illness
- Program includes the **Plus medications and durable medical equipment outlined on our formulary which are labeled HSA+** and CISP (drugs for Coronary artery disease, hypertension, diabetes, chronic obstructive pulmonary disease and asthma, and items such as blood pressure cuff and spacer for inhalers).

Large Group Chronic Illness Support Program for HSA Plus Plans

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 Blood pressure screening Blood pressure monitoring Blood pressure cuff <p>Also covered:</p> <ul style="list-style-type: none"> Blood pressure monitoring Blood pressure cuff
<p>• 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.</p> <p>• Additional savings are offered through ESI mail order with two 30-day copays or coinsurance payments for 90 days of medication.</p>				

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.

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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 Blood pressure screening Blood pressure monitoring Blood pressure cuff <p>Also covered:</p> <ul style="list-style-type: none"> Blood pressure monitoring Blood pressure cuff
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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.

Urgent Care Site of Service

- Created new lower copay for specified, free-standing urgent care providers.
- Non-site of service providers (hospital affiliated) have increased to encourage steerage and savings for employee and employer in claims.
- Specified locations will be available via the provider directory

	Current	SoS	Non-SoS
Silver	\$50	\$40	\$95
Gold	\$40	\$30	\$85
Platinum	\$30	\$25	\$75

Other Plan or Benefit Changes

- Changes to cost-sharing for plans designed to be lower cost options for the market (PPO NE, HMO Tiered, high coinsurance PPO)
 - Cornerstone HMO Tiered NE \$4000 20% \$7500 RX1
 - Cornerstone HMO Tiered NE \$6500 20% \$7000 RX1
 - Cornerstone PPO \$2500 30% \$6500 RX1
 - Cornerstone PPO NE \$2500 30% \$6500 RX1
- Pediatric vision exam reduced to PCP copay and available on most plans
- Adult vision exam changed to \$50 copay if deductible >\$2500, or \$40 copay if deductible is ≤\$2500 (HSA has the copay after deductible)
- Early intervention limit changes from 33 visits per year to 40 visits per year (BOI mandate)

Reminder of Recently Added Benefits January and July 2024

- Site of Service for **X-ray** with a **copay of \$75** at specified free standing radiology locations (HSA after deductible).
- Site of Service for **Labs** with a **copay of \$25** at specified free standing labs (HSA after deductible).
- **Firefly Health** Virtual Primary care with PCP and/or behavioral health copay.

Firefly Offering



As of January 1, 2024, **all** of our **Members 18+** have the option to choose a new virtual primary care physician through Firefly Health regardless of the plan they have selected.

When Members choose a Firefly PCP, they get a full team with a **primary care doctor, nurse practitioner, health guide, and behavioral health specialist.**

If for some reason the Member doesn't like the virtual Firefly PCP option, they can change to another traditional PCP. There is no requirement to stay with the Firefly selection.

[Firefly B2B Flyer](#)
[Firefly B2C Flyer](#)

Firefly is available by phone call, chat, and video appointments

**Appointments are available
Monday - Friday**

7a-7p

**Care Coordinators are
available**

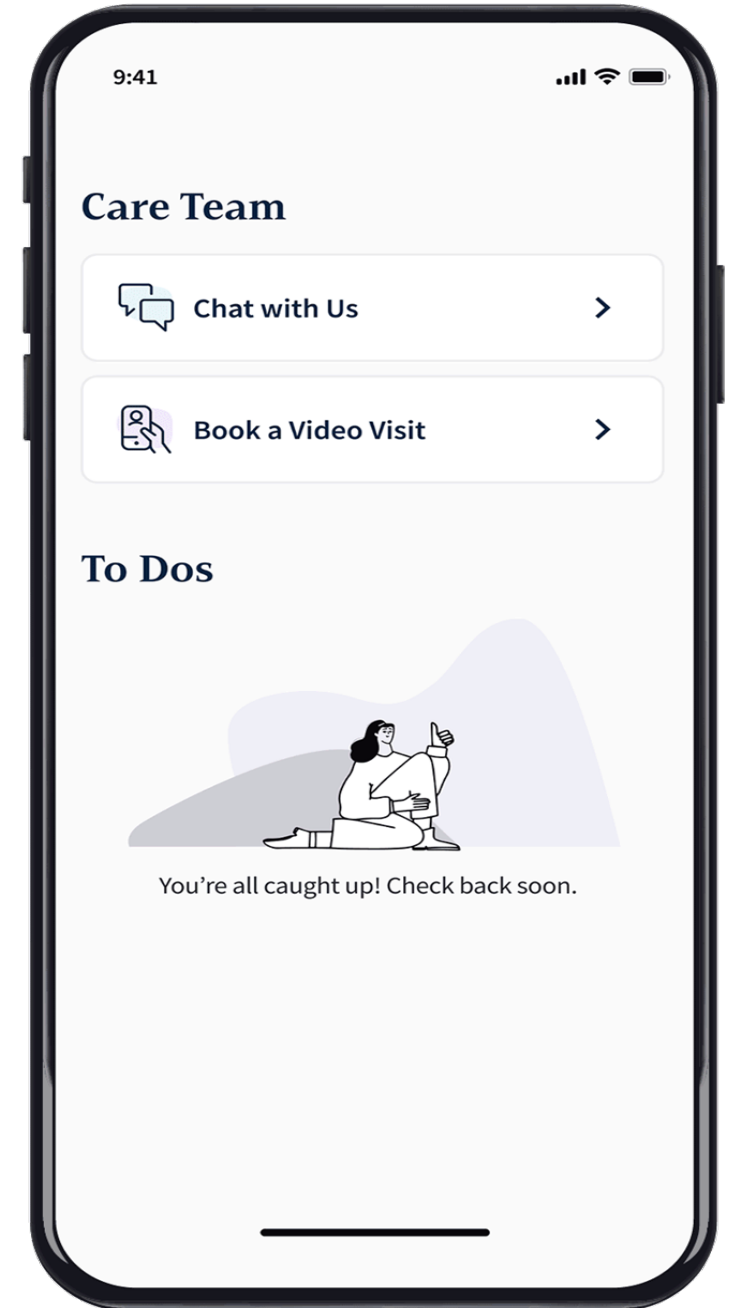
7 days a week

Clinicians are on-call to

24/7/365

**New patients can schedule
a PCP visit in less than**

7 days



Not all care can be handled virtually. Firefly coordinates in person care and gets the results back.

In-Person Care:

- ✔ Dermatology
- ✔ Ear, Nose, and Throat
- ✔ Imaging
- ✔ Labs & Testing
- ✔ OB/GYN
- ✔ Orthopedics
- ✔ Physical Therapy

How does the referral process work at Firefly?

- PCP determines that the member has an in-person primary care need or should see a specialist, submits request to Care Coordinator
- Coordinator locate an in-network option for the member, taking into account the below. They provide the patient up to 3 options for provider
 - Clinical urgency, preference, clinical needs, availability, accessibility to member, & quality scoring
- Once the patient has selected a provider, our Coordinator works with the provider office sending any clinical context or records needed to treat the member, and any pertinent health insurance details
- Our team ensures a visit is complete & pulls patient notes into our system

Where does Firefly send patients? They navigate members to hands on care within the CHO network

fireflyhealth

9:41

Back

Sam, thanks for sending the photo. We consulted a dermatologist specialist and think it's best to see an in-person dermatologist for a biopsy so we can run some tests.

I'll send some referral options close to your home.

Samantha Reed • Nurse Practitioner

Okay thank you. I definitely want to get that scheduled

To Dos Care Plans Profile Programs Appointments **Provider Search**

Showing results for: [Edit Search](#) Care Pass: [View Pass](#)

Clinicians Dermatology 27617 Dermatology

15 results 10 miles

Recommended Partner, Great Cost/Quality High Certainty Phone/Fax Verified

Adrien Adams 2.2 miles
NPI 202920502

Dermatology Associates Dermatology, Dermatology-MOHS-Micrographic Surgery
7920 Main Blvd, Ste 100 Raleigh, NC 27617
Ph: (252) 876-8455 Fax: (252) 876-8444

Male English

Partner

Cost \$\$ Quality ★★★★★ Ratings (24) ★★★★★

Booking out 14 days (verified May 07, 2023)

Not Recommended Poor Quality Low Certainty

Sherri Duvall 2.4 miles
NPI 202920478

Midtown Dermatology Dermatology, Dermatology-MOHS-Micrographic Surgery
2238 Great Hwy, Ste 201 Raleigh, NC 27617
Ph: (252) 827-2615

Female English

Cost \$\$\$ Quality ★★★☆☆ Ratings (9) ★★★☆☆

9:41

Back

10:26 AM

Dermatology for Sam
Use by April 30, 2023

Recommended Providers

Adriene Adams, MD ★ Top rated
7920 Main Blvd, Ste 100 Raleigh, NC 27617
[Call 252-876-8455 to schedule](#)

Selected

Alberto Lark, MD ★ Top rated
7920 Main Blvd, Ste 100 Raleigh, NC 27617
[Call 617-549-2317 to schedule](#)

Select this Provider

Partner Promise:

13 Time-Bound Promises Built Around 3 Principles

Groups Will Have a Simple Transition	Groups and Employees Will Save Money	Employees Will Feel Valued
<ul style="list-style-type: none">• Complex care support through the transition and beyond for employees with high-risk needs• New Member welcome outreach with 1:1 calls/emails• Efficient support for Group Administrators with a dedicated phone queue	<ul style="list-style-type: none">• Targeted high-cost claimant assistance• Medication programs that drive down employee out-of-pocket expenses and claims expense (ScriptSaver Program, Price Assurance Program with GoodRx, and the Site of Care Program)	<ul style="list-style-type: none">• Care management for referrals and complex care needs• Member Service advocates readily available for questions• Popular programs and services like our digital wellness platform/app via WellRight®, 1:1 unlimited personal health coaching; and our Chronic Illness Support Program

Partner Promise Details

Partner Promise		COMMUNITY Health Options
Commitment	Timing	Desired Goal
High-Cost Claimant Assistance Outreach to high-cost risk Members with greatest predicted impact of intervention or cost reduction (medical/pharmacy combined) based on claims history.	Within 60 days of high-cost claims identification.*	<ul style="list-style-type: none"> Reduce Member expenses, ensure Members' care needs are being met, help manage claim expenses.
Complex Care Support Outreach to Members with complex care needs based on claims history.	Within 30 days of identified need.*	<ul style="list-style-type: none"> Support Members' care needs and cost-effective use of resources (provider network, Rx formulary, durable medical equipment, etc.).
Post Behavioral Health Inpatient Hospitalization Care Outreach to behavioral health inpatient discharges within 7 days of discharge date.	Available on Day One and on an ongoing basis.	<ul style="list-style-type: none"> Ensure Member has access to follow-up care, support with referrals as needed. Prevent readmission.
Site of Care Program (SOC) <ul style="list-style-type: none"> Outreach to Member receiving specified infusions to assist with locating the most convenient, cost-effective locations for infusions, including their own home. Offer Member incentives to encourage switching when applicable and incentives for each specified infusion at specific preferred provider locations. 	*Group will be enrolled on Day One and ongoing outreach will be made upon receipt of the initial request for a drug included in the SOC program.	<ul style="list-style-type: none"> Make it easy for Members to adhere to treatment regimen with convenient and cost-saving locations. Reduce claims expense, which could impact the group's renewal rate. Reward Members with financial incentives.
ScriptSaver Program Outreach to Members to assist with saving money on Rx's.	Ongoing basis as claims are received.	<ul style="list-style-type: none"> Save Members money and assist them with medication adherence. Reduce claims expense, which could impact the group's renewal rate.
Price Assure Program Members benefit from a partnership between Members benefit manager (Express Scripts®) our pharmacy benefit manager and GoodRx, which unlocks additional potential savings on generic medications at retail in-network pharmacies. Members pay the lower of their copay, pharmacy usual & customary cost, or GoodRx price.	Group will automatically be enrolled in program on Day One.	<ul style="list-style-type: none"> Offer Members a way to secure the lowest price for generic Rx's, helping them save money.
SafeGuardRx® Programs Members will have access to a suite of products offered through our pharmacy benefit manager (Express Scripts) to tackle difficult-to-manage conditions—combining engagement tools and effective support, patient engagement tools and effective cost containment strategies. More information can be found at: www.safeguardrx.com.	Group will automatically be enrolled in program on Day One.	<ul style="list-style-type: none"> These programs offer lower downstream medical and prescription costs, which will ultimately reduce claims expense and offer the potential to favorably impact the renewal rate.

[Click here to view the Partner Promise](#)

Partner Promise Client Report



Our Partner Promise

2Q 2024

Commitment	Timing	Quarter To Date
High-Cost Claimant Assistance Outreach to the high cost risk members with greatest predicted impact of intervention or cost reduction (medical/pharmacy combined) based on claims history.	*Within 60 days of high-cost claims identification.	Within this quarter, 17 Members were identified for outreach. Of those identified, 6 Members were successfully reached. 3 Members enrolled in a care management program this quarter.
Complex Care Support Outreach to Members with existing complex care needs based on claims history.	*Within the first 30 days of identified need.	
Post Behavioral Health Inpatient Hospitalization Care Outreach to behavioral health inpatient discharges within 7 days of discharge date.	Ongoing, beginning on Day One .	In this quarter, 1 Member was discharged with a primary Behavioral Health diagnosis, of which 0 Members were reached.
Site of Care Program (SOC) • Outreach to Members receiving specified infusions to assist with locating the most convenient, cost-effective locations for infusions, including their own home. • Offer Member incentives to encourage switching when applicable and incentives for each specified infusion at specific preferred provider locations.	*Group will be enrolled on Day One and ongoing, outreach will be made upon receipt of the initial request for a drug included in the Medical Infusion SOC program.	2 Members were receiving a service for specialty drug infusion. Of those Members, 1 is utilizing a preferred Site of Care infusion provider. In Health Options' total member population, the average annualized savings for a member receiving infusions at a preferred Site of Care is \$49,544.
ScriptSaver Program Outreach to Members to assist with saving money on Rx.	Ongoing, beginning on Day One .	2 Members are currently using Script Saver. In Health Options' total member population, the average annualized savings per member utilizing Script Saver is \$4,361.
Price Assure Program Members benefit from a partnership between our pharmacy benefit manager (Express Scripts) and GoodRx, which unlocks additional potential savings on generic medications at retail in-network pharmacies. Members pay the lower of their copay, pharmacy usual & customary cost, or GoodRx price.	Group will automatically be enrolled in program on Day One .	100% of the group's Members were provided access to the Price Assure program.

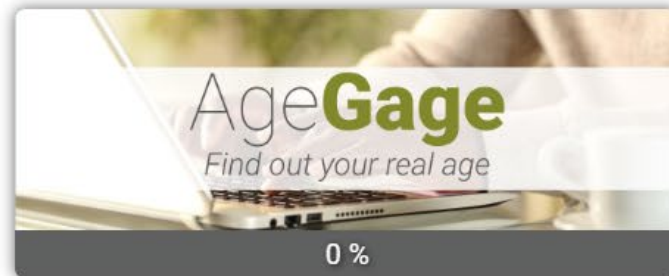
- Report provided quarterly to large groups of 100+
- Our Medical Management and Pharmacy teams are available for more information on programs.

Summary of Benefit Changes for 2025

- **Rx 3 formulary** available which includes **GLP-1s for weight loss** in Tier 3 on **6 plans**. Also available for customized plans and/or self-funded plans.
- New lower copay **site of service** benefit for **urgent care** visits at specified freestanding facilities.
- Special **HDHP compatible CISP** Program on large group HSA Plus plans introduced for 1/1/25 that includes provider visits and Rx with deductible waived. **Now all large group plans have a CISP Benefit.**
- Low pediatric and adult vision copays on most non-HSA plans.
- Early intervention limit changes from 33 visits per year to 40 visits per year (BOI Mandate).

Digital Wellness Platform

Our digital wellness platform & mobile app powered by WellRight® offers a robust wellness benefit



- **Comprehensive health risk assessment** learn where you are doing well and where you may be at risk
- **Wearable integration** sync your device and track your steps
- **Challenges** either personal or Community Health Options wellbeing challenges-offer choice, build new habits and help you stay motivated
- **Stay on target and get support** with unlimited personalized health coaching
- **Learn** with hundreds of health education courses
- **Earn rewards** for participating
- **Invite family** age 18+ to participate in activities and health coaching

Unlimited Health Coaching

Wellness goals may be personal, but nobody should have to navigate it alone

For all Large Group Members 18+

- \$0 out-of-pocket cost
- Unlimited number of sessions
- Dedicated 1:1 support with guidance to determine your personal wellness goals
- Expertise to help you achieve healthier habits
- Availability to connect via phone, email or video chat
- Flexibility to meet as often as you like: weekly, monthly, or on another schedule

TALK TO A HEALTH COACH

Offering Support for:

- ✓ Tobacco Cessation
- ✓ Personalized Nutrition
- ✓ Sleep Hygiene
- ✓ Fitness Goals
- ✓ Stress Management
- ✓ Family Relationships
- ✓ Occupational Wellness
- ✓ Prenatal Health
- ✓ Finances
- ✓ Weight Management



Coaching Testimonial

Health Coaching Member enrolled in Tobacco Cessation program

"Thank-you for your coaching. I believe accountability has been instrumental in quitting. It helped to put into action the thoughts of quitting and combined with the great tools, put a plan into action."

"I love the journaling prompts, printing them and putting them by my bed with my journal. I'm looking forward to my 3-month mark of being tobacco free. It will feel great to actually attest to being smoke free."



National Fitness Campaign

We are pleased to announce the opening of our third outdoor Fitness Court® at the University of Maine at Farmington

Community Health Options is proud to have opened 3 Fitness Courts:

- **University of Maine at Farmington 131 Perkins Street in Farmington**
- **Simard Payne Memorial Park in Lewiston**
- **VFW Park and Field on Canoe Club Road in Hampden**

To learn more please visit:

<https://nationalfitnesscampaign.com/maine>



Fitness Court



Prioritizing Employee Wellness

We will help groups create a successful employee well-being strategy.

- Collaboration to foster engagement with the WellRight® platform and health coaching
- Ability to provide aggregate Health Risk Assessment data when >25 employees complete the assessment
- Employer centric messaging through banner ads that promote internal events or programs that address well-being
- Custom sections and wellness challenges unique to the organization's goals/needs
- If applicable; opportunity to create custom wellness URL with unique program design, branding and incentive model through consultation with our Wellness Program Manager





Additional Offerings

Incentives for Medical and Dental



Northeast Delta Dental

Northeast Delta Dental is a leader in the dental insurance industry with a mission to advance oral health and overall wellness.

- Specializes in the administration of dental programs
- Health Options and Northeast Delta Dental offer a co-marketing discounting for large group employers
- Discounts for both medical and dental premiums when benefits are bundled
 - **Medical rate reduced by 1%**
 - **Delta Dental rate reduced by 5%***

*Minimum number of enrollees required.



Self Funded Step-Up Strategy

Keith Johnson, Director, Business Development

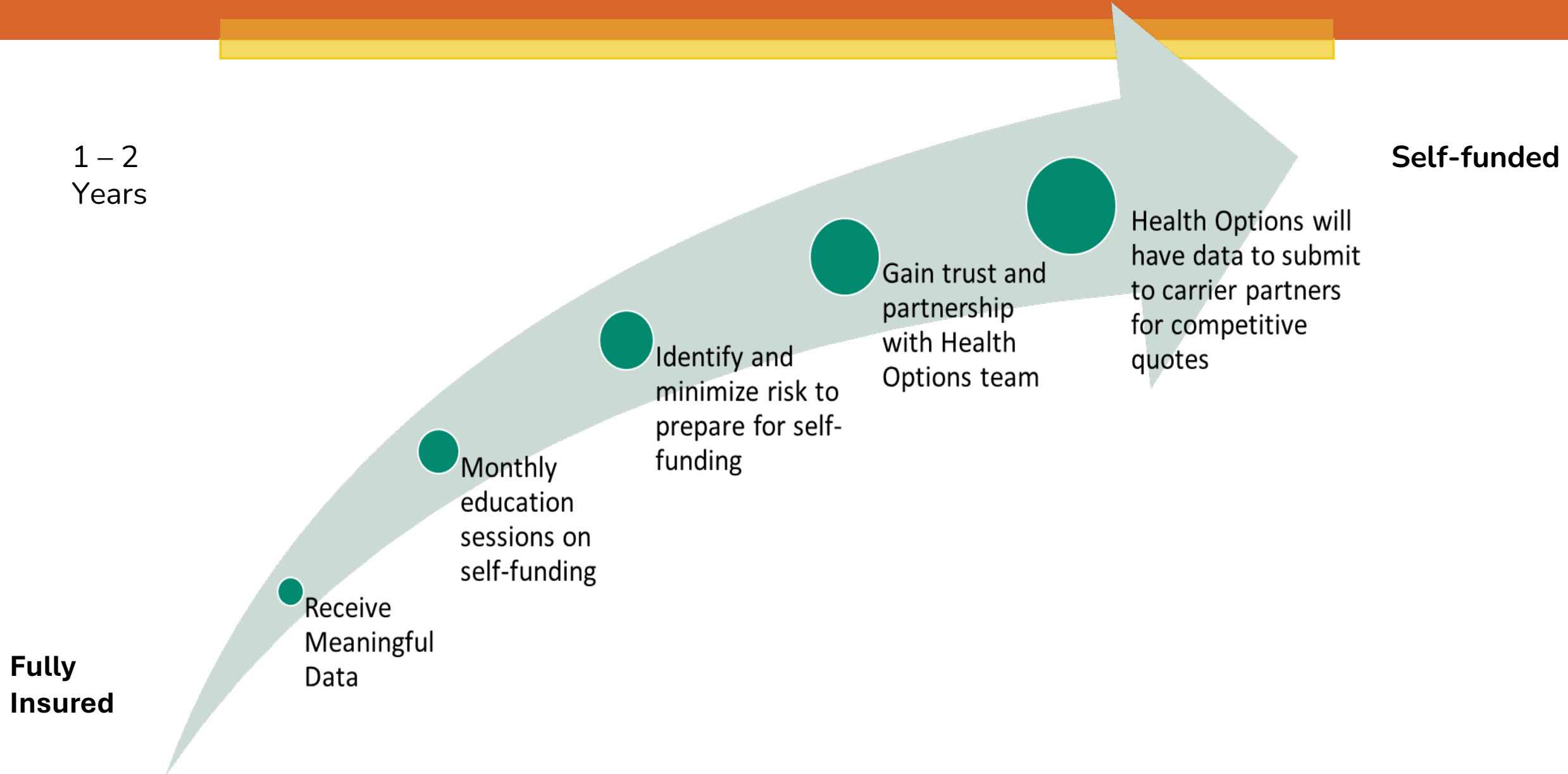
Step Up Option

To provide the market with a better way to set up an employer for self-funded success

Advantages:

- Sharing of plan data with employer and underwriting to learn more about their risk
- Manage risk with focused medical management
- We will have the data and clinical notes to provide to the stop loss carrier for more competitive underwriting
- Identify preventive and Wellness opportunities to lower risk
- Gain trust and partnership with Health Options

Step Up Option



Self-funded Summary

Program Growth

- **1st employer group selecting Health Options 2023**
- **Employer groups 2 and 3 selecting Health Options 2024**
- **Employer group 4 selecting Health Options 2025**
- **Total Self-funded membership, including 2025 : 1,900**



2025 Regulatory Updates

Kaleb Mayhew, Large Group Benefit Consultant

Large Group Regulatory Updates

2025 HSA Contribution Limits

- Single \$4,300
- Family \$8,550
- Age 55 and older, \$1,000 catch up contributions
- HDHP minimum deductible is \$1,650 for self-only and \$3,300 for family

Fertility Coverage Mandate is in full force

- 24-A M.R.S. § 4320-U, Coverage for fertility services
- Impacts Individual, Small and Large Group Fully Insured as of 1/1/24
- Included for all new business on and after 1/1/24, and upon a group's renewal.
- Will not impact level and self-funded plans.

Large Group Regulatory Updates

- IRS issued Revenue Procedure 2024-35.
- This revenue procedure is for determining the affordability of an employer's plan under the Affordable Care Act (ACA).
- Beginning in 2025, employer-sponsored coverage will be considered affordable under the ACA's pay or play rules if the employee's required contribution for self-only coverage does not exceed **9.02%** of their household income for the year.
- The ACA's pay or play rules require applicable large employers (ALEs) to offer affordable, minimum-value health coverage to their full-time employees (and dependents) or pay a penalty. The affordability of health coverage is a key point in determining whether an ALE will be subject to a penalty.
- ALE's health coverage is **considered affordable if the employee's required contribution to the plan does not exceed 9.5% (as adjusted)** of the employee's household income for the taxable year. This percentage is adjusted annually based on health plan premium growth rates in relation to income growth rates.
- ALEs will need to consider this affordability percentage in developing their health plan contribution strategies for the 2025 plan year.



Medical, Care Management & Pharmacy Programs

Lori Tishler M.D., Chief Medical Officer,
Jennifer Cyr, PharmD, Director of Pharmacy

Medical & Care Management

Removing Barriers

- Ease access to services and medications
- Help communication between Members and providers
- Partner with community services for wellbeing, such as meals or transport

Managing Care

- Help to manage chronic conditions
- Oversee care for diseases
- Ensure smooth transitions from the hospital to home
- Assist with behavioral health resources
- Maternity/post-partum care

Coordinating Complex Care

- Assist with metastatic cancer, pediatric intensive care and transplants
- Manage transition between carriers
- Coordinate providers, transplant networks and in-patient facilities

Behavioral Health Differentiators

We treat behavioral and physical health equally, including substance use disorders.

We take the same Continuity of Care approach for Members who are currently in treatment for behavioral health issues and substance use disorders.

On all non-HSA plans, we cover the first three in-network behavioral health visits annually per Member with no cost share for in-person or online/telephonic visits.

Our care managers can assist members in finding providers and resources.

All in-network behavioral health specialists are preferred on tiered plans with a preferred cost sharing.

Stress management tools available through wellness platform/app with unlimited 1:1 personal health coaching for support.

Through our partnership with Amwell, behavioral telehealth services are included on all plans to help address behavioral and mental health needs.

- Therapists and psychologists who are available seven days a week, with appointments available on nights and weekends.
- Members can see a provider or therapist from home using a phone, tablet or computer with prescription needs sent electronically to their pharmacy. This service is intended to expand access to behavioral health providers.

Pharmacy Overview

Our in-house pharmacists support the development of a competitive and cost-effective prescription drug formulary in partnership with our Pharmacy Benefits Manager (PBM), Express Scripts®. We have an easy-to-use formulary with 5 tiers based on cost. We also partner with Accredo to manage specialty medication needs.



PRESCRIPTION DRUG FORMULARY TIERS

TIER 1 Preferred Generics

TIER 2 Generics

TIER 3 Preferred Brand

TIER 4 Non-Preferred Brand

TIER 5 Specialty

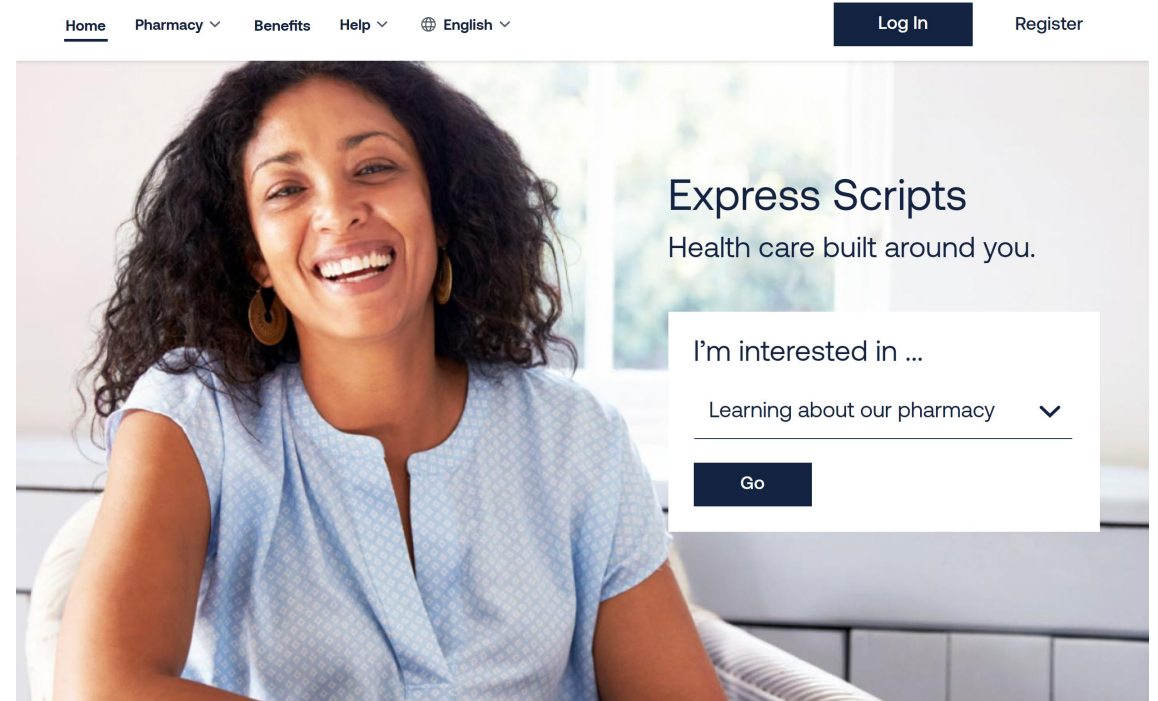
Note: The formulary is updated monthly to add new medications.

Benefits of Home Delivery

EXPRESS SCRIPTS HOME DELIVERY BENEFITS

- Order 90 days of a medication normally subject to a 30-day co-pay and pay only two co-pays for the 90-day supply
- Fill maintenance medications for three months at a time through ESI Extended Pay, allowing the cost to be divided into three equal payments, 30 days apart
- Speak directly with an Express Scripts pharmacist if Members have questions

Note: 90-day supply of medications is available through Retail Pharmacies subject to a Member cost-share for each 30-day supply



Sign-up for home delivery is easy. Members go to [express-scripts.com](https://www.express-scripts.com) to set up a portal.

Specialty Medications

We partner with **Accredo Specialty** to manage specialty medication needs.

- Accredo Home Delivery offers medications that treat chronic and complex conditions.
- Accredo is Health Options' exclusive pharmacy for drugs listed as Mandatory Specialty Medication (MSP). A Member would be responsible for the full cost of the medication if it was filled at any other pharmacy.
- Drugs listed on the formulary as Specialty Pharmacy (SP) allow one courtesy fill at a participating pharmacy, then it must be filled by Accredo in order to realize Member's full benefit. Otherwise, the Member may experience a higher cost share.
- Our in-house pharmacists and Accredo benefit-specialists coordinate with Members to navigate their insurance coverage

Note: Specialty medications are limited to a 30-day supply



Key Pharmacy Programs

ACA Preventative Drugs	Members pay \$0 for medications included in the USPSTF A and B recommendations for coverage when certain criteria are met
HSA Preventative Drugs	With HSA Plus , drugs included on the formulary (with HSA+ notation) bypass the deductible and Members pay the applicable tier cost-share <i>HSA Plus benefit included on all large group HSA plans and select on & off exchange plans</i>
Insulin	Members pay a maximum of \$35 for up to a 30-day supply
Naloxone Nasal Spray	Members have a \$0 cost share, bypassing the deductible to reduce barriers in treating opioid addiction

Key Pharmacy Programs

Treatment for Tobacco Use	Members pay \$0 for two 90-day courses of therapy on selected OTC and Rx products annually
Blood Glucose Meters	Members pay \$0 for a One Touch or Freestyle meter through a program directly with the manufacturer using a Health Options coupon code
Chronic Illness Support Program (CISP)	Members receive substantial savings when select products for covered chronic conditions are filled through Express Scripts Home Delivery.
Medication Synchronization	Reduces the number of trips Members need to take to the pharmacy. Cost-share is prorated in order to accomplish. Adherence to medication treatment regimens can be improved.

Key Pharmacy Programs

Price Assure™	Partnership between Express Scripts and GoodRx®. Members pay the lesser of their cost-share, pharmacy usual & customary, or GoodRx® price.
Script Saver Program	Prescription claim data mining to identify opportunities to save Members money. Outreach is performed to identified Members to discuss options.
SafeGuard Rx®	A suite of products offered through our pharmacy benefit manager (Express Scripts) to tackle difficult-to-manage conditions combining specialized clinical support, patient engagement tools and effective cost containment strategies.
Site of Care Incentive Program	Members can receive incentive payments for using preferred infusion sites for select medications (e.g., Remicade, Ocrevus, IVIG, Entyvio)

^ Examples on next few slides

Medication Synchronization

Objectives:

- Identify Members currently taking multiple chronic medications that are being filled on different time schedules
- Synch chronic medications to fill on the same day every 3 months

Interventions:

- Telephonic outreach to identified Members
- Work with Member's pharmacy and prescribers (if necessary) to synch chronic medications to fill on the same day
- Assist with any needs or barriers identified

Benefits:

- Reduces number of trips to the pharmacy → Increased convenience, saving money and time
- Reduces delayed or missed doses due to missed refills
- Greater insight of full therapeutic picture (drug interactions, duplication of therapy, contraindications, etc.)
- Increased medication adherence

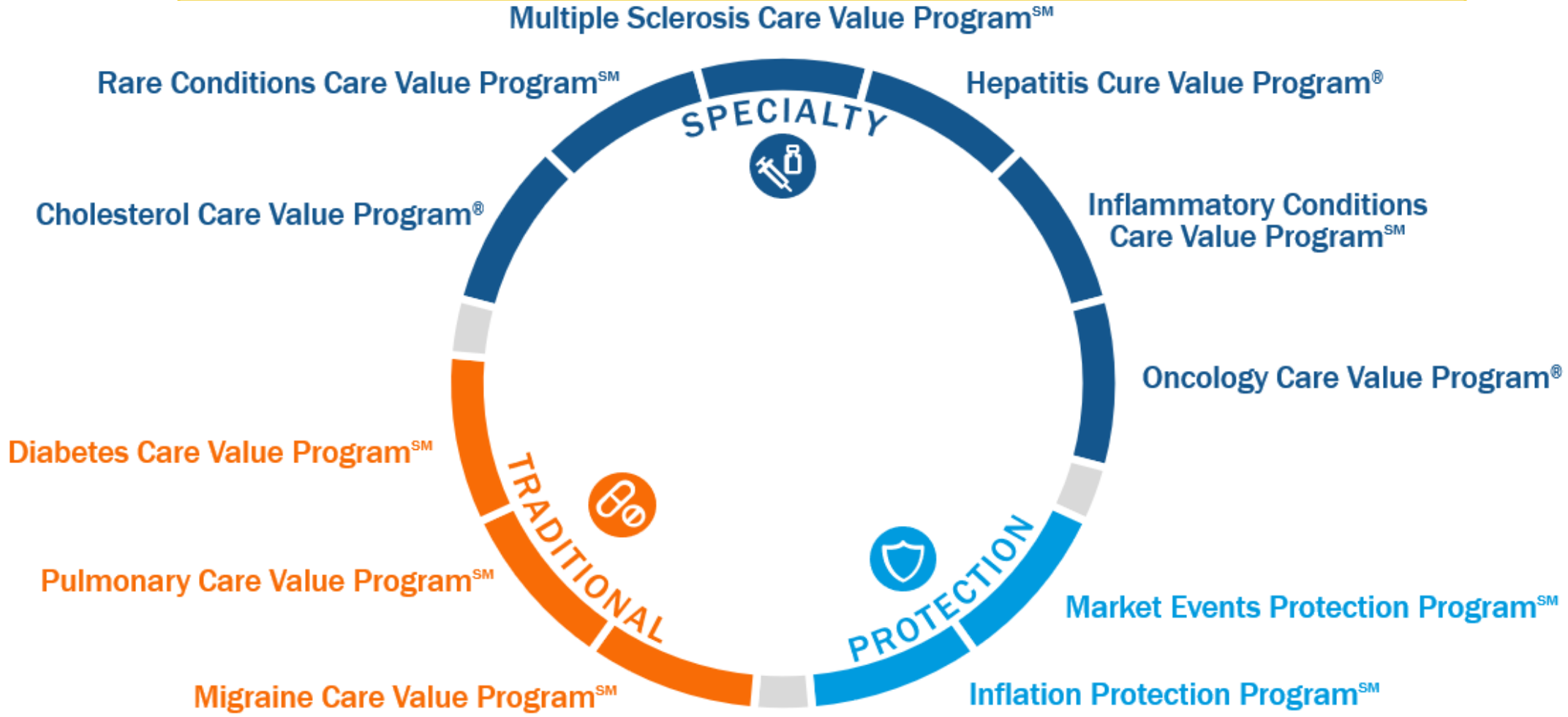
ScriptSaver Program



Saving Member Out-of-Pocket Costs

- Claims reviewed identifying potential Member saving opportunities
- Therapeutic alternative availability (preferred products)
- Evaluate differences in drug strengths and dosage forms
- Assist Member with understanding their prescription benefit
- Assist with financial barriers or clinical needs
- Increase medication adherence
- Assist Member to facilitate intervention (e.g., provider outreach, ESI account set-up, pharmacy outreach)
- Member savings since 2020 - \$417,000
- Plan savings realized in reduced ingredient cost and increase in rebates

SafeGuard RxSM



Pulmonary Care Value Program

Asthma Remote Monitoring



- ESI designed a pilot to provide asthma patients with real-time education and clinical support.
- **The pilot was hugely successful, resulting in 80% fewer rescue events.**
- This helped support an adherence outreach program implemented by our clinical pharmacist and care managers.



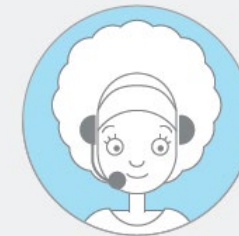
Connected inhaler sensors

Propeller sensors attach to your inhalers and track your medication use.



Personalized experience

The Propeller app builds your profile with tips for your asthma or COPD.



One-on-one expert care

Based on your medication use, Express Scripts pharmacists may contact you to offer help.

Site of Care

SITE OF CARE PROGRAM

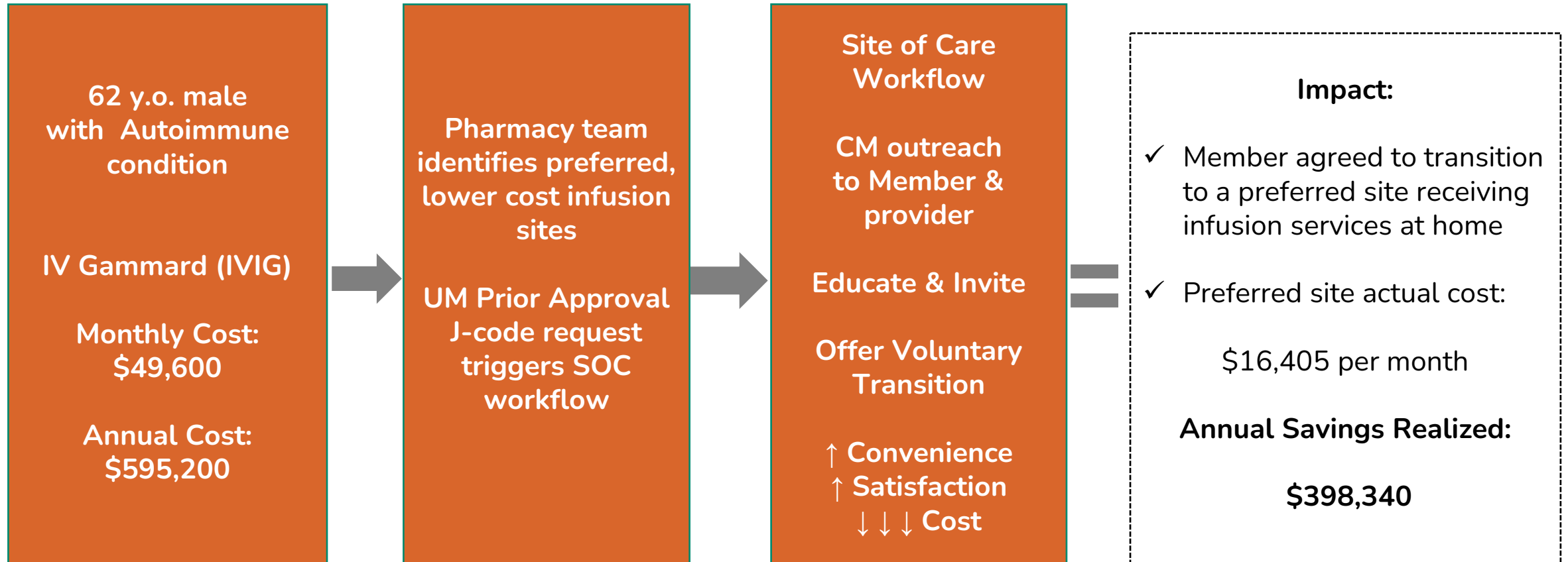
Our site of care program has saved millions of dollars in healthcare costs for our Members while offering them the ability to transition certain medications and infusions to a preferred site of care, including their homes.

This program delivers a meaningful choice for Members with **reduced out-of-pocket cost savings** and increased quality of life. An incentive program may be available for select medications and select sites of care.

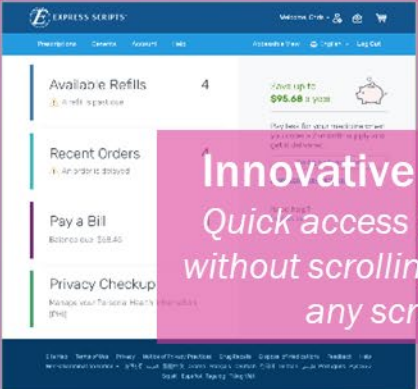
\$6.8 million saved through the Site of Care Program for Infusion Therapy since 2019, improving health outcomes, reducing the total cost of care passing 100% of savings back in reduced premiums.



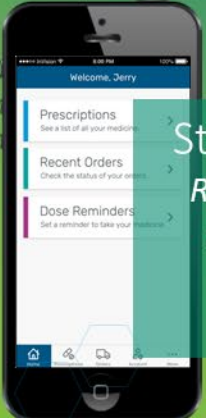
Site of Care Case Study



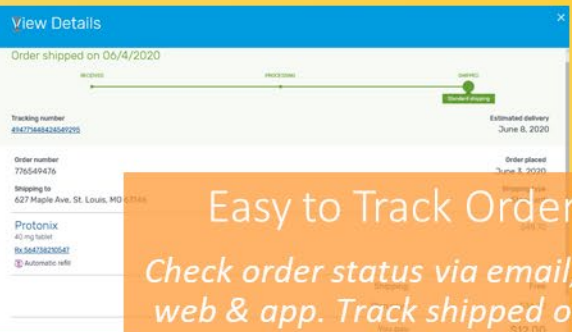
Pharmacy Tools Powered by ESI



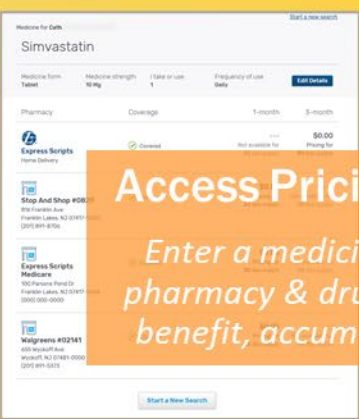
Innovative Dashboard
Quick access to helpful tools without scrolling; responsive to any screen size



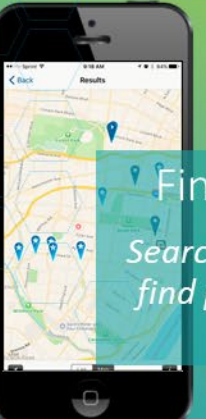
Streamlined Mobile App
Refill in 2-clicks & setup dose reminders; use easy device features (camera, GPS, & fingerprint sensor)



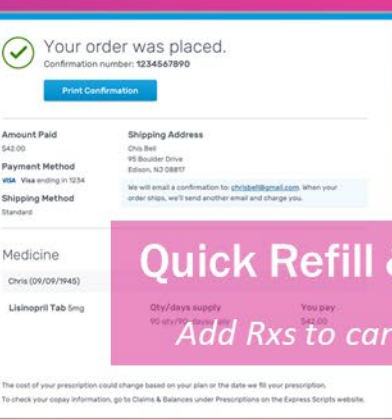
Easy to Track Orders
Check order status via email, text, web & app. Track shipped orders to the door.



Access Pricing & Coverage
Enter a medicine to view pricing, pharmacy & drug options based on benefit, accumulators & coverage



Find a Nearby Pharmacy
Search by ZIP or current location to find preferred pharmacies to save time & money.



Quick Refill & Check Out
Add Rx's to cart, confirm, go!



Marketing Collateral and Advertising

Ariel Thomas,
Communications Consultant

LG Sell Sheet



Community Health Options

Health insurance made for Mainers, powered by Members.

Instead of continually refining our plans to make them more profitable, we're focused on making them more practical—helping you reduce costs, attract talent and improve the health and productivity of your workforce.

- 13-point Partner Promise with quantifiable, time-based commitments
- 99% client satisfaction, leading to high group retention
- Fair rates offered at the first quote
- A trusted partner with a long-term view
- Plus, health plan administration for self-funded businesses or those looking to move to a self-funded model



It's about choice
Customized cost sharing on plans for groups of 100+ enrolled employees*

37 PLANS TO SELECT FROM FOR LARGE GROUPS OF ANY SIZE:

- PPO NE and PPO National plans
- HMO Tiered NE and HMO National plans
- High deductible HSA Plus options with cost shares ideal for HRA wraps
- Low and midrange deductible plans with predictable copays

ALL PLANS have access to Community Health Options' broad New England network, which comprises **all hospitals in Maine and most in New Hampshire**, as well as many premier institutions within New England.** National HMOs and PPOs include in-network national coverage through the First Health® network, and all Large Group plans have emergency out-of-country coverage.

It's about benefits that help employees thrive

NEW LARGE GROUP PLAN ENHANCEMENTS FOR 2025:

- Select plans have a formulary that includes GLP-1 products approved for weight loss.
- HSA Plus plans now include a Chronic Illness Support (CISP) program designed for HSA compatibility. All other plans continue to have our popular CISP program.
- Reduced copays for specified urgent care locations on non-HSA plans.

PLANS INCLUDE THE FOLLOWING:

- \$25 lab copays and \$75 X-ray copays at specified locations on non-HSA plans.
- \$5 copays on 30-day Tier 1 preferred generic medications on non-HSA plans.
- \$5 copays on select, 30-day Tier 1 preferred generic medications on HSA Plus plans. No deductible required.
- Copays for in-network acupuncture on non-HSA plans, and up to \$50 reimbursement on HSA plans. No deductible required.
- Copays for in-network adult and pediatric vision exams, coinsurance for lenses/frames/contacts after deductible.
- Copays for in-network chiropractic and osteopathic visits, physical, speech and occupational therapy on non-HSA plans.
- \$0 unlimited personal health coaching and a digital wellness platform and app.
- Virtual care partnerships with Firafly Health for primary care and Armwell® for urgent care and behavioral health services.
- Enhanced behavioral health with the first three in-network visits at \$0 cost on non-HSA plans.

Looking to self-fund your employee healthcare coverage? Ask your broker for information on our administrative services.

Multiple Medication Programs That Drive Down Costs
The cost of medication can make access to essential treatments difficult. That's why we partner with our Pharmacy team and providers to give Members more options for affordable prescriptions. Members with several medications are offered personal outreach with our **ScriptsSaver Program** to help them reduce out-of-pocket costs, and our **Price Assure Program** offers a partnership with **GoodRx** to deliver the best price on generics. Additionally, our **Site of Care Program** provides Members incentives to receive cost-effective and convenient treatment at preferred infusion locations.

YOUR EMPLOYEES WILL FEEL VALUED

Ongoing Care Management
Our professionally degreed care managers are available to assist with referrals and provide personalized complex care support. They will reach out to providers and pharmacies on behalf of Members when necessary.

Member Services: Advocates at Your Service
Members enjoy seamless and responsive access to our expert team, which boasts a 100% Member satisfaction rate. With guided support, we can save your employees time and help them maximize their benefits. And Members will never get homework—we do all the follow-up.

Popular Programs Make It Easy for Employees to Focus on Health and Wellness
With CISP, we reduce barriers to care for employees with **asthma, diabetes, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD) and hypertension**. Our **digital wellness platform and app**, together with **personalized health coaching**, give employees and dependents the support and encouragement they need to form healthy habits, **all at \$0 cost.**

Reach out to your valued broker to get a quote from Community Health Options.

COMMUNITY Health Options
www.healthoptions.org

[Link to Large Group Sell Sheet](#)

Large Group Member Guide



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

Large Group Member Guide 2025



Overview of Large Group Benefits

Welcome to Community Health Options! We are happy to have you as a Member. Now that you're enrolled, getting the most from your plan begins with understanding your benefits and services. We want our Members to get optimal care at the best prices, and our team is ready to help you at every step of this process.

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 on 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.
- Coverage for chiropractic and osteopathic adjustments** on all plans.

NON-HSA MEMBERS HAVE VALUABLE COPAY BENEFITS:

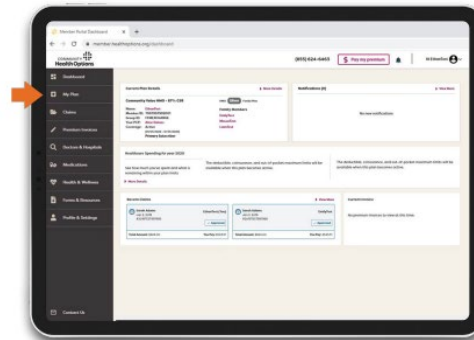
- **\$75 copay** for specified **X-ray locations**
- **\$25 copay** for labs at specified **lab locations**
- **\$0 or \$5 copays** on 30-day Tier 1 preferred generic medications
- **Copays** on most plans for annual pediatric and adult vision exams
- **Copays** on most plans for physical, occupational,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

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

Get to Know Your Member Portal

Once you set up your account, your **portal** displays your personal dashboard. From there, you can click on the menu on the left to navigate to the section you need.

Your home screen will also have quick links to items like your claims, deductible status and current notifications.



To view important plan documents, click on **My Plan** on the left side menu. Then, under **Benefits and Coverage** click **Health Plan Information**:

MEMBER BENEFIT AGREEMENT

Your contract with Community Health Options, which specifies the services covered under your plan.

SUMMARY OF BENEFITS AND COVERAGE

An overview of your plan benefits, including your potential out-of-pocket costs.

SCHEDULE OF BENEFITS

A summary of services, benefit limits and cost sharing responsibilities under your health plan.

[Link to Large Group Member Guide](#)

Large Group Booklet



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

Large Group Plans 2025



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

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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
Office visits for care related to asthma for: <ul style="list-style-type: none"> Primary care, pulmonologist, allergist for routine management. Reflexive care to discuss condition treatment. Immunotherapy for allergen sensitization. Also covered: <ul style="list-style-type: none"> Inhaler devices (e.g., inhaler chamber/spacer) through mail order. Pulmonary function tests. At-home nebulizer. At-home nebulizer. Targeted laboratory tests for routine management. 	Office visits for care related to CAD for: <ul style="list-style-type: none"> Primary care, cardiologist for routine management. Reflexive care to discuss condition treatment. Also covered: <ul style="list-style-type: none"> Electrocardiogram (ECG). Nutritional counseling, up to 12 visits per year. Cardiac rehabilitation programs (one covered at 50% cost share reduction). Targeted laboratory tests for routine management. 	Office visits for care related to COPD for: <ul style="list-style-type: none"> Primary care, pulmonologist for routine management. Reflexive care to discuss condition treatment. Also covered: <ul style="list-style-type: none"> Inhaler devices (e.g., inhaler chamber/spacer) through mail order. Pulmonary function tests. Nurse-led therapy assessment. Pulmonary rehabilitation program (one covered at 50% cost share reduction). Targeted laboratory tests for routine management. Note: Oxygen delivery and supplies are subject to routine coverage.	Office visits for care related to diabetes for: <ul style="list-style-type: none"> Primary care, endocrinologist, podiatrist, optometrist, ophthalmologist for routine management. Reflexive care to discuss condition treatment. Also covered: <ul style="list-style-type: none"> Nutritional counseling, up to 12 visits per year. Diabetes education with a certified diabetes educator for routine management. Targeted laboratory tests for routine management. Blood pressure cuff. Diabetic supplies specified on the formulary and are covered at \$0 cost share: <ul style="list-style-type: none"> One glucometer per year. 100-count test strips, up to or 450 strips every 90 days. Memory ReadyStyle Libre Continuous Glucose Monitoring system sensors. Note: Supplies from ReadyStyle Libre, all other continuous glucose monitors, insulin pumps, and associated supplies are subject to routine coverage.	Office visits for care related to hypertension for: <ul style="list-style-type: none"> Primary care for routine management. Cardiologist and nephrologist for consultation and routine management. Reflexive care to discuss condition treatment. Also covered: <ul style="list-style-type: none"> Nutritional counseling, up to 12 visits per year. Targeted laboratory tests for routine management. Blood pressure cuff.
Pharmacy Benefits include: <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 tests and drugs without an HSA designation on the most current drug formulary require routine cost sharing. Talk with your provider about whether a lower-cost medication is available for your chronic illness.

▲ BACK TO TABLE OF CONTENTS

100% of hospitals in Maine and most in New Hampshire*

Nationwide in-network coverage is available through the First Health® network

work providers member portal

are health Options primary care anytime. doctor, nurse who will all who business.

[Link to Large Group Booklet](#)

Broker Booklet



A Maine-based
health insurer
that has your back

Broker Guide 2025

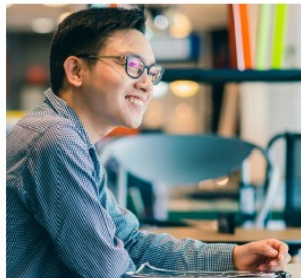


Broker Support

We know you are important to our success and your time is valuable. That is why Community Health Options has designed systems and tools that make your job easier.

Comprehensive Broker Portal

The broker portal will help you perform various electronic tasks from quoting a new group to managing current group service. The portal also contains information on the history of commissions paid and agency activity for new groups, individuals and renewals. You will have the same capabilities as a group administrator and will have access to various reporting options, as well as the ability to review billing transactions and make payments on your clients' behalf. Our tool can be used by agency account managers and assistants.



EASY-TO-USE FEATURES

- Manage groups from new quote to renewals
 - Quote/proposal for new groups and renewals
 - Upload all necessary documents
 - Enter employee and employer demographics
 - Submit/make payments on your clients' behalf
 - View payment and invoice history
 - Add/term/update employee demographics
- Review commission information
- Individual enrollment
- Multiple self-serve reporting options with enrollment and demographic data
- **NEW!** Collateral resource page

Appendix - Sales Tools

Broker Support

Specialized Claims Resource

While our claims process is fast and accurate, there are times you may have questions or want additional information for your clients on specific claims. To assist you, our Member Services' phone line enables you to direct your claims questions to a specialized, experienced claims professional who is empowered to help you.

Check the **Contact Us** section to review the HIPAA guidelines for contacting Member Services on behalf of a Member or group.

Training

Training and education are important components of our service for Members, brokers and employers. We provide a variety of training and educational opportunities.



Our annual training for brokers is hosted each year at the start of each Open Enrollment season. These sessions are designed to review the latest in organizational capabilities, plan options and updates to benefits. It is also a great time to connect with Community Health Options' subject matter experts.



We provide on-demand training for brokers when you need a refresher or are onboarding a new broker. We also provide various learning sessions for Members.



The Business Development team conducts and facilitates in-person or remote enrollment education meetings for your groups.



We provide timely and relevant communications to the broker community to update you on changes to benefits throughout the year.



Member education and communication tools are constantly created and shared to assist your clients in improving Members' health, wellness and out-of-pocket costs. Current health and disease education is available on-demand in the Member portal.

Claims Assistance

Call Member Services
(855) 624-6463

▼
PRESS 5 for Broker

▼
PRESS 2 for Claims

[Link to Broker Booklet](#)


Broker Collateral

Broker Resources


A place on our site just for you—whether you broker Large Group, Small Group, or Individual policies, this page is meant to be your one stop for learning and comparing what Community Health Options can offer you and your clients.

On this Page:


- [Press Releases](#) →
- [Downloadable Resources](#) →
- [Broker Bulletins](#) →
- [Contact](#) →



Get Started



2023 Company Profile
Community Health Options, by the numbers.
[Download PDF](#) ↓



Broker Guide
How we help you.
[Download PDF](#) ↓

Press Releases

Maine Nonprofits Receive \$50,000 in Wellness Grants from Community Health Options

Jun 11, 2024

Ten Maine nonprofit organizations received a total of \$50,000 in funding through Community Health Options' 2024 Wellness Grants to support programs that promote physical and emotional well-being in communities across the state.

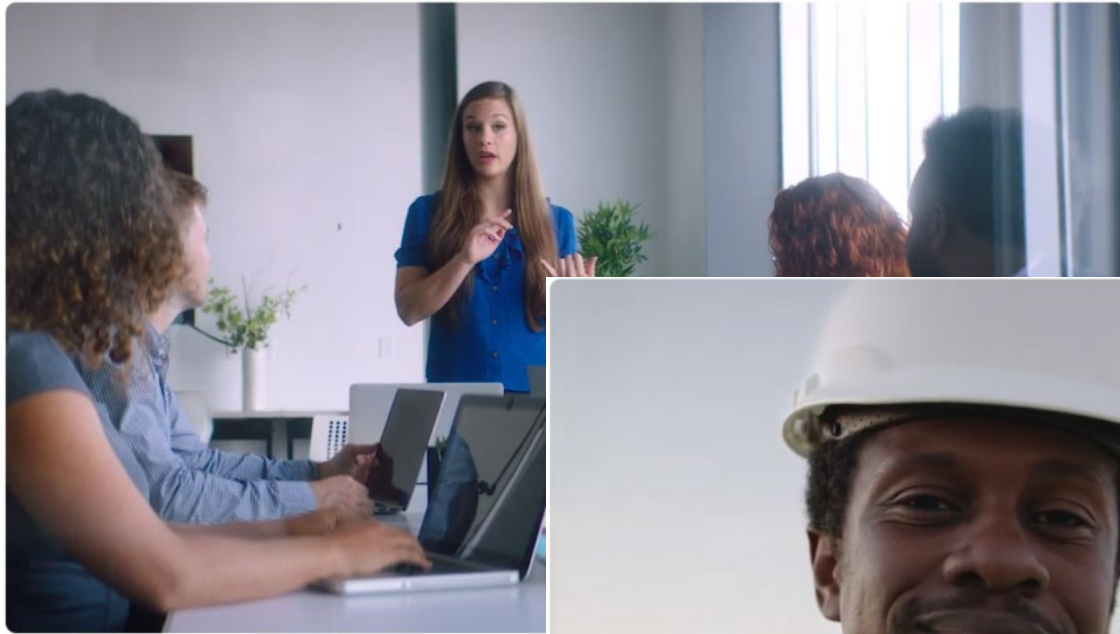
Press Release Archive

- [Mar 28, 2024: Community Health Options Now Accepting Provider Claims through Availity](#)
- [Mar 11, 2024: Community Health Options Invites Nonprofits to Apply for 2024 Wellness Grants](#)
- [Nov 28, 2023: Community Health Options Partners](#)

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Large Group Ad Spots



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LG Group Advertising Campaign

Landing page for Large Group business:

Health Insurance Made for Maine's Large Businesses

Reduce costs, attract talent, and improve the health of your workforce with the only Maine-based health insurer and plan administrator. Stress less. Thrive more.



Your partner in health

Work with us and gain a partner who's in it for the long term. Cut costs for your employees, attract talent and improve the health of your workforce. With our signature [Partner Promise](#), a 13-point, time-bound pledge, we are proud to boast a 99% overall client satisfaction rate* and high retention rate.

Reduce costs

Enjoy customized cost sharing on plans for groups of 100+ enrolled employees, while our ScriptSaver and Price Assure programs help employees save money by reducing out-of-pocket prescription costs.

24/7 access to care

Our partnership with [Firefly Health](#) provides your employees with 24/7 virtual access to primary care on all plans, including their very own care team comprising a doctor, nurse practitioner, health guide, and a behavioral health specialist. Redefining primary care with accessible service, anytime, anywhere.

Ready for a quote?
Contact your broker or
our Business
Development team at
(207) 402-3353.

Health insurance
made for
Maine businesses.
99% client satisfaction.
Find out why.

[Learn more](#)



COMMUNITY
Health Options

Health insurance from a trusted Maine nonprofit

Better priced
health insurance
plans for Maine
businesses.

[Learn More](#)



COMMUNITY
Health Options

Primary care your
employees can actually use.

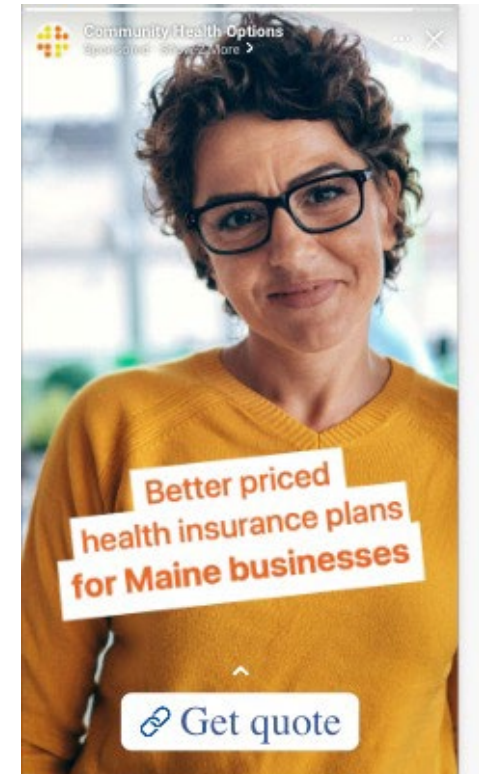
Virtual-first primary
care available 24/7



COMMUNITY
Health Options

[Learn More](#)

- Ads had 84% conversion; reflecting strong results for Large Group Business.
- Instagram Stories had great results for click-thru rates



Large Group Advertising with MaineBiz



Your employees need primary care, anytime, anywhere.
We've got you covered.

Community Health Options has partnered with Firefly Health to offer your employees virtual-first primary care services.

What does this mean for you and your team?

Ridiculously convenient care for medical issues, emotional well-being, and healthy habits all connected through a device.

Access to primary care just got a whole lot easier.

Learn more at fireflyhealth.com/with/chobusiness



Schedule

- Banner Ads → Live 8/21, ongoing
- Print Ad → Live 3/6, 3/20, 7/27, 8/55
- Ask the Expert → 9/26, 11/4
- Thought Leadership → 7/8, 11/13
- MaineBiz Email Blast → 8/28
- LinkedIn InMail → 9/8

Large Group Advertising with MaineBiz

Sponsored by: **Community Health Options**

Updated: November 5, 2023

The Most Important Part of a Health Plan Won't Be Found on a Schedule of Benefits



Earlier this year, a Community Health Options Member gave birth to a premature baby. Thankfully, the newborn received the best possible care at a big city hospital, but Mom and Dad lived two hours away with two more children to care for, putting incredible strain on the whole family, on top of having a new baby with complex medical needs.

Our care managers began looking for a solution to end the family's four-hour commute. Once the baby was stabilized and doing well, we worked with the family, the hospital and their pediatrician to move the newborn closer to home, transferring his care to the same pediatrician who would hopefully care for him the rest of his long and healthy childhood.

The move obviously relieved financial strain, but by first considering what was best for the baby and his family, care managers with an intimate knowledge of local resources are helping a baby bond with his family and allowing parents to visit at a hospital close to home, while enjoying dinner and bedtime with their other children. These practices are commonplace for us as we work toward earning a company's



What sets us apart

- Thought Leadership
- Ask the Expert
- Group retention

Health insurance made for **Maine businesses.**

99% client satisfaction.
Find out why.

[Learn more](#)



COMMUNITY
Health Options

Health insurance from a trusted Maine nonprofit

Sponsored by: **Community Health Options**

Updated: 1 week ago

Community Health Options – We're members and patients, too



Q: What should a Maine-based company look for in a health insurance carrier?

A: Employers need health and wellness benefits that help employees and their families through each stage of life so they can get the care they need when and where they need it. The best partner shares a dedication to well-being and removes barriers to care, particularly for complex issues. Employers should expect that an insurer always has their best interest in mind, providing flexible, nimble world-class service, alongside specialized care teams who excel at finding providers and resources to help overcome the challenges of getting care throughout Maine, especially in rural areas.

Q: How should an employer evaluate the trade-off between the cost of premiums and coverage benefits?

A: It's important to provide high-quality benefits backed with excellent service as part of a total compensation package for current and future employees. Attracting and retaining talented people is a challenge felt everywhere, and it often means foregoing the lowest-cost, bargain benefits. Employees can thrive when they have access to wellness resources, along with caring and meaningful help through life's challenges from people who are right here in Maine. That's where Community Health Options comes in – as a long-term partner committed to managing the overall costs of benefits and lowering out-of-pocket costs for Members.

Q: Why are collaborative insurer-provider relationships important? Isn't it most important that insurers just make sure claims are paid?

A: Providers are truly our partners as we seek to lower our Members' healthcare costs without creating hurdles that make it harder to deliver the best patient care experience and improved health outcomes. Our care managers, for instance, can help ease a mother's mind by finding behavioral health resources for a teenage son in crisis, or work with a cancer patient's provider to coordinate chemotherapy treatments, often saving thousands on medications. And sometimes our teams find ways to provide more care – not less. We know how important this is because we're Members and patients, too.

THANK YOU

Questions, Feedback and Closing



APPENDIX

Cost-Sharing Changes

Cornerstone HMO Tiered NE \$4000 20% \$7500 RX1

- ER changed to coins. After ded
- PCP and Mental Health copay changed from \$25 to \$30 (standard tier +20)
- Specialist standard tier copay changed from \$60 to \$80
- Chiro / Osteo copay changed from \$25 to \$50
- PT/OT/ST standard tier copay changed from \$60 to \$80

Cornerstone HMO Tiered NE \$6500 20% \$7000 RX1

- ER changed to coins. After ded
- PCP and Mental Health copay changed from \$25 to \$35 (standard tier +20)
- Specialist copay changed from \$50 to \$55 (standard tier changed to coins. After ded)
- Chiro / Osteo copay changed from \$25 to \$50
- PT/OT/ST copay changed from \$50 to \$55 (standard tier changed from \$60 to \$85)

Cornerstone PPO \$2500 30% \$6500 RX1

- Previous MOOP was \$5000, ER changed to coins. after ded

Cornerstone PPO NE \$2500 30% \$6500 RX1

- Previous MOOP was \$5000, ER changed to coins. after ded

HMO Tiering Structure

Tiered HMO plans are a cost-effective alternative to traditional HMO network plans, offering savings in premiums and cost-sharing (accumulators/copays/coinsurance) with the use of preferred providers.

- Preferred providers are available for **all provider types**. They will be designated with a **\$**.
 - It's important to note, one type of provider may be preferred at a given location, but a different provider type or service at the same location **may not be** preferred. (Ex. Chiropractor and PT)
 - A provider may be preferred at one location and not at another (practicing at health system but the provider may have their own private practice)
- HMO Tiered plans include preferred providers in Maine, NH, VT and MA. Plus 100% of in-network hospitals are preferred, (all hospitals in Maine, most in NH and centers of excellence in MA) for **in-patient services**.
- Services will be applied to Preferred and Standard accumulators
- All claims for preferred providers will be applied to the preferred deductible and to both the preferred and standard out-of-pocket maximums