



# 2024 Small Business Healthcare Plans

## **Community Health Options** is a Maine-based, Member-led, nonprofit health insurer created to serve Members.

Our plans include New England or national networks with a choice of PPO, HMO and tiered HMO options for premium savings. All plans feature our broad New England network, including 100% of hospitals in Maine, most in New Hampshire and premier facilities in Massachusetts. Importantly, all off-Marketplace Small Group plans include emergency services both in the U.S. and outside the country. In addition, we are the only carrier in Maine offering plans eligible for the Small Business Health Options Program (SHOP) tax credit.

### **Caring about the Health and Well-being of your Employees**

Our collaborative approach distinguishes Community Health Options as a caring health plan provider focused on positive health outcomes, ultimately impacting the total cost of care. On-staff medical and healthcare experts can help Members overcome barriers to care when seeking medication, medical equipment, authorization support, provider outreach and formulary education. The Care Management team can also partner with local agencies to provide one-touch resolution when assisting with financial, transportation, housing and other issues affecting overall well-being.

### **Multiple Medication Programs that Drive Down Costs**

The cost of medication can make access to essential treatment difficult. That's why our Pharmacy team partners with providers to offer Members more options to lower prescription costs. Members with several medications are offered personal outreach with our ScriptSaver 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. Also, our Site of Care Program provides Member incentives to preferred treatment locations for select medications; optimizing cost effective and convenient treatment to obtain the best health outcomes.

## **Plan Highlights:**

- Community Health Options is Maine's exclusive carrier of SHOP plans, which are **eligible for SHOP tax credits for small businesses meeting requirements.**
- Optional joint offering with **Unum for group life and disability insurance.** Quotes are available through Community Health Options or your broker.
- **Partnership with Northeast Delta Dental,** New England's leading dental carrier, to offer pediatric dental coverage with a separate low deductible on most plans.
- HSA plans labeled **HSA Plus** include prescription coverage for select drugs without a deductible.
- **\$5 copay** on Tier 1 preferred generics on all non-HSA plans.
- Support from a **Maine-based Member Services Team** with high satisfaction rates.

- Strong partnerships with a robust provider network of 48,000 providers including clinicians, hospitals, and pharmacies, and **100% of hospitals in Maine, most in New Hampshire, and premier facilities in New England.\***
- **Out-of-country emergency services** on all off-Marketplace Small Group plans. Cost sharing for emergency services applies.
- **Predictable copays** for services like chiropractic and osteopathic visits, physical, speech, and occupational therapy, as well as annual pediatric vision exams in non-HSA plans.
- **Chronic Illness Support Program (CISP)** offered on all non-HSA plans to reduce financial barriers for employees with select chronic conditions.\*\*
- **Urgent care telehealth visits with \$0 cost share** on non-HSA plans and \$0 after deductible for HSA plans via Amwell®.
- **Pediatric and adult vision coverage** including one exam every 12-month calendar year and with copay on pediatrics on non-HSA plans. Pediatric also includes coverage for lenses/frames/contacts every 24-month calendar period.

- **Treatment for tobacco use at \$0 cost** with enhanced benefit for over-the-counter nicotine replacement therapy products, including nicotine patches, gum, lozenges and certain FDA-approved medications listed on our drug formulary.
- Healthy Maine plans include WellRight®, a digital wellness platform and mobile app as well as **unlimited personal health coaching,** all at \$0 cost.

## **Friendly, local help**

We know how hard it can be to navigate health insurance. We're here to help. Contact your trusted broker or call our Business Development team at **(207) 402-3353** for assistance.

\* Except Togus VA

\*\* Chronic conditions include asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes and hypertension. Not available on catastrophic plans.

Available Off Marketplace Only	Health Options Clear Choice Bronze \$9450 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$9450 PPO National Dental Off MP	Health Options Bronze \$8000 Healthy Maine HMO NE Off MP	Health Options Bronze \$8000 Healthy Maine PPO NE Off MP	Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	Health Options Clear Choice Bronze \$7200 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP
<b>Individual Deductible</b>	\$9,450	\$9,450	\$8,000	\$8,000	\$7,500*	\$7,500	\$7,500	\$7,200	\$6,300
<b>Individual Max Out-of-Pocket</b>	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450*	\$9,450	\$9,450	\$7,200	\$7,500
<b>Member Coinsurance</b>	0%	0%	50%	50%	50%*	50%	50%	0%	50%
<b>Provider Network</b>	New England	National	New England	New England	Tiered New England	New England	National	National	National
<b>Out-Of-Network Coverage w/ Cost Share</b>	✓	✓	✗	✓	✗	✓	✓	✓	✓
<b>Out-of-Country Coverage</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Other Benefits</b>									
<b>Primary Care Office Visits**</b>	\$0 first visit, then \$50 copay	\$0 first visit, then \$50 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$45 copay*	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	0% coins. after ded.	50% coins. after ded.
<b>Specialty Care Office Visits</b>	\$80 copay	\$80 copay	\$80 copay after ded.	\$80 copay after ded.	\$80 copay*	\$80 copay	\$80 copay	0% coins. after ded.	50% coins. after ded.
<b>Emergency Room Care</b>	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.
<b>Urgent Care-Amwell (Telehealth)</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.
<b>Urgent Care-Facility</b>	0% coins. after ded.	0% coins. after ded.	\$60 copay	\$60 copay	\$60 copay*	\$60 copay	\$60 copay	0% coins. after ded.	50% coins. after ded.
<b>Mental Health/Substance Use Abuse - Outpatient**</b>	\$0 first visit, then \$50 copay	\$0 first visit, then \$50 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	\$0 first visit, then \$45 copay	0% coins. after ded.	50% coins. after ded.
<b>Retail: Tier 1 - Preferred Generics</b>	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	0% coins. after ded.	50% coins. after ded.
<b>Retail: Tier 2 - Generics</b>	\$30 copay	\$30 copay	\$25 copay	\$25 copay	\$30 copay	\$30 copay	\$30 copay	0% coins. after ded.	50% coins. after ded.
<b>Retail: Tier 3 - Preferred Brands</b>	0% coins. after ded.	0% coins. after ded.	30% coins. after ded.	30% coins. after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	0% coins. after ded.	50% coins. after ded.
<b>Retail: Tier 4 - Non-Preferred Brands</b>	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	0% coins. after ded.	50% coins. after ded.
<b>Retail: Tier 5 - Specialty</b>	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	0% coins. after ded.	50% coins. after ded.

A small business that qualifies for **SHOP** can purchase any Community Health Options plan that is available on the marketplace at [CoverME.gov](https://CoverME.gov). Contact your trusted broker or our Business Development team at (207) 402-3353 for more information on how you can purchase a SHOP plan.

- Amwell Telehealth
- Vision Exams
- Pediatric Dental
- Chiropractic/Osteopathic Care
- CISP
- Acupuncture
- Wellness Benefits
- Personal Health Coaching
- National Coverage
- Preferred Providers & Services

\*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

\*\*Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available Off Marketplace Only	Health Options Clear Choice Silver \$5500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$5500 HMO NE Dental Off MP	Health Options Clear Choice Silver \$5500 PPO National Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO NE Dental Off MP	Health Options Clear Choice Silver \$4200 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$4200 PPO National Dental Off MP	Health Options \$4000 HMO National Off MP	Health Options Clear Choice Silver \$4000 HSA HMO NE Dental Off MP	Health Options Clear Choice Silver \$4000 HSA PPO NE Dental Off MP	Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP
<b>Individual Deductible</b>	\$5,500*	\$5,500	\$5,500	\$4,500*	\$4,500	\$4,200*	\$4,200	\$4,000	\$4,000	\$4,000	\$4,000
<b>Individual Max Out-of-Pocket</b>	\$8,500*	\$8,500	\$8,500	\$7,000*	\$7,000	\$9,100*	\$9,100	\$9,100	\$7,000	\$7,000	\$7,000
<b>Member Coinsurance</b>	30%*	30%	30%	20%*	20%	40%*	40%	40%	20%	20%	20%
<b>Provider Network</b>	Tiered New England	New England	National	Tiered New England	New England	Tiered New England	National	National	New England	New England	National
<b>Out-Of-Network Coverage w/ Cost Share</b>	✗	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓
<b>Out-of-Country Coverage</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Other Benefits</b>											
<b>Primary Care Office Visits**</b>	\$0 first visit, then \$40 copay*	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	20% coins. after ded.*	20% coins. after ded.	\$0 first visit, then \$35 copay*	\$0 first visit, then \$35 copay	\$0 first visit, then \$50 copay	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
<b>Specialty Care Office Visits</b>	\$70 copay*	\$70 copay	\$70 copay	20% coins. after ded.*	20% coins. after ded.	\$80 copay*	\$80 copay	\$85 copay	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
<b>Emergency Room Care</b>	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	20% coins. after ded.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
<b>Urgent Care-Amwell (Telehealth)</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.	\$0 copay after ded.
<b>Urgent Care-Facility</b>	\$40 copay*	\$40 copay	\$40 copay	20% coins. after ded.*	20% coins. after ded.	\$40 copay*	\$40 copay	\$50 copay	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
<b>Mental Health/Substance Use Abuse - Outpatient**</b>	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	20% coins. after ded.	20% coins. after ded.	\$0 first visit, then \$35 copay	\$0 first visit, then \$35 copay	\$0 first visit, then \$50 copay	20% coins. after ded.	20% coins. after ded.	20% coins. after ded.
<b>Retail: Tier 1 - Preferred Generics</b>	\$5 copay	\$5 copay	\$5 copay	20% coins. after ded.	20% coins. after ded.	\$5 copay	\$5 copay	\$5 copay	\$5 copay after ded.	\$5 copay after ded.	\$5 copay after ded.
<b>Retail: Tier 2 - Generics</b>	\$25 copay	\$25 copay	\$25 copay	20% coins. after ded.	20% coins. after ded.	\$20 copay	\$20 copay	\$35 copay	\$25 copay after ded.	\$25 copay after ded.	\$25 copay after ded.
<b>Retail: Tier 3 - Preferred Brands</b>	\$50 copay	\$50 copay	\$50 copay	20% coins. after ded.	20% coins. after ded.	\$50 copay	\$50 copay	\$70 copay	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.
<b>Retail: Tier 4 - Non-Preferred Brands</b>	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	20% coins. after ded.	\$100 copay after ded.	\$100 copay after ded.	30% coins. after ded. up to max of \$400/script	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.
<b>Retail: Tier 5 - Specialty</b>	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	20% coins. after ded.	20% coins. after ded.	\$250 copay after ded.	\$250 copay after ded.	30% coins. after ded. up to max of \$500/script	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.

A small business that qualifies for **SHOP** can purchase any Community Health Options plan that is available on the marketplace at [CoverME.gov](https://www.coverme.gov). Contact your trusted broker or our Business Development team at (207) 402-3353 for more information on how you can purchase a SHOP plan.

- Amwell Telehealth
- Vision Exams
- Pediatric Dental
- Chiropractic/Osteopathic Care
- CISP
- Acupuncture
- Wellness Benefits
- Personal Health Coaching
- National Coverage
- Preferred Providers & Services

\*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

\*\*Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available Off Marketplace Only	Health Options Clear Choice Silver \$3500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$3500 PPO NE Dental Off MP	Health Options Clear Choice Silver \$3500 PPO National Dental Off MP	Health Options Clear Choice Silver \$3000 PPO NE Dental Off MP	Health Options Clear Choice Gold \$2500 PPO NE Dental Off MP	Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	Health Options Clear Choice Gold \$1500 PPO National Dental Off MP
<b>Individual Deductible</b>	\$3,500*	\$3,500	\$3,500	\$3,000	\$2,500	\$2,500	\$1,500
<b>Individual Max Out-of-Pocket</b>	\$9,100*	\$9,100	\$9,100	\$9,100	\$5,000	\$5,000	\$5,000
<b>Member Coinsurance</b>	40%*	40%	40%	40%	30%	30%	30%
<b>Provider Network</b>	Tiered New England	New England	National	New England	New England	National	National
<b>Out-Of-Network Coverage w/ Cost Share</b>	✗	✓	✓	✓	✓	✓	✓
<b>Out-of-Country Coverage</b>	✓	✓	✓	✓	✓	✓	✓
<b>Other Benefits</b>							
<b>Primary Care Office Visits**</b>	\$0 first visit, then \$40 copay*	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$25 copay
<b>Specialty Care Office Visits</b>	\$80 copay*	\$80 copay	\$80 copay	\$80 copay	\$50 copay	\$50 copay	\$50 copay
<b>Emergency Room Care</b>	40% coins. after ded.*	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.
<b>Urgent Care-Amwell (Telehealth)</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Urgent Care-Facility</b>	\$40 copay*	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
<b>Mental Health/Substance Use Abuse - Outpatient**</b>	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$40 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$20 copay	\$0 first visit, then \$25 copay
<b>Retail: Tier 1 - Preferred Generics</b>	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
<b>Retail: Tier 2 - Generics</b>	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
<b>Retail: Tier 3 - Preferred Brands</b>	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
<b>Retail: Tier 4 - Non-Preferred Brands</b>	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	30% coins. up to \$300/ max after ded.	30% coin. up to max of \$300/script ded. does not apply	30% coins. up to max of \$300/script ded. does not apply	\$100 copay after ded.
<b>Retail: Tier 5 - Specialty</b>	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	50% coins. up to \$600/ max after ded.	50% coins. up to max of \$600/script ded. does not apply	50% coins. up to max of \$600/script ded. does not apply	\$250 copay after ded.

A small business that qualifies for **SHOP** can purchase any Community Health Options plan that is available on the marketplace at [CoverME.gov](https://CoverME.gov). Contact your trusted broker or our Business Development team at (207) 402-3353 for more information on how you can purchase a SHOP plan.

- Amwell Telehealth
- Vision Exams
- Pediatric Dental
- Chiropractic/Osteopathic Care
- CISP
- Acupuncture
- Wellness Benefits
- Personal Health Coaching
- National Coverage
- Preferred Providers & Services

\*Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

\*\*Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.

