



Plan Information	
Types of Plans	PPO, HMO, HSA
Plan Descriptions	<p>PPO: traditional plan, in and out of network coverage, no PCP or referrals</p> <p>HMO: traditional plan, in-network coverage only, no PCP or referral</p> <p>HSA: offered alongside PPO, allows Members to contribute to a health savings account</p>
Narrow Networks	<p>Tiered Plans: Covers the same network as NE plans; Preferred & Standard providers</p> <p>All Major hospitals in ME for in-patient are Preferred</p>
Coverage Area	Our own direct network in Maine, which also includes providers in New Hampshire and many Centers of Excellence in New England. Our network comprises 100% of the hospitals in Maine, and most in New Hampshire. Our national plans feature our national wrap through the First Health Network.
Deductible and OOP	Calendar Year
Embedded Deductible/OOP Max	Embedded deductible and out-of-pocket
Cross Accumulation	Preferred will be applied to Standard but Standard will not be applied to Preferred
Telemedicine	Telemedicine Telehealth Services (Amwell Urgent Care and Behavioral Health & Firefly for direct PCP)
Pediatric Dental and Vision	<p>Pediatric dental is included in the plans that have dental attached to the name</p> <p>Pediatric vision is included on all plans</p>
Eye Exam	Included once annually
Acupuncture and Chiropractic	. Acupuncture is available on selected plans. Chiropractic is included
Preventive Rx – Deductible waived	Included on HSA PLUS plans only; excluded from regular HSA plans
Pharmacy Requirements	Specialty drugs must be filled through Preferred Specialty Pharmacy, or Member pays 100% of allowed drug cost. The specialty pharmacy is Accredo.
Mail Order	<p>For medications with a copay (rather than deductible and/or coinsurance), the Member would pay two 30-day copays for a 90-day supply of medication when filling through ESI's mail-order pharmacy.</p> <p>For medications that apply to the member's deductible and/or coinsurance, there is no mail-order discount</p>

Drug Formulary	Community Health Options Drug Formulary
Drug Tiers	Tier 1: Preferred Generics Tier 2: Generics Tier 3: Preferred Brands Tier 4: Non-Preferred Brands Tier 5: Specialty

New Business and Renewals	
Quoting System	Community Health Options Quoting System
Minimum / Maximum Lives	2 to 50 eligibles (can have 1 enrolled on the plan if others have coverage elsewhere)
Renewal Required for Prospects	No
Renewal ETA	60 days
Pre-Renewal Form Required	Yes, groups of 30+ employees and groups with 3 or fewer employees
Renewal Provided to Group or Broker	Broker to access renewal in the system, the portal allows you to send it directly to the client
Re-Rate for Census Changes	Yes
Types of Rates	Composite or Member
Deductible Credits Accepted	Yes
Coinsurance Credits Accepted	Yes
New Business Deadline	25th of the month prior to the effective date Will accept until the last day if the submission is clean, all enrolled/waived members, and a signed attestation form
New Business Onboarding	Paper forms from the client, broker keys into the system
Rates for Quoting - ETA	75 days
4th Quarter Carryover Allowed	No
Enrollment Kits	Electronic Kits

Administration	
Timeframe for Adds/Changes	30 days Broker can send an email request to Community Health Options Account Manager for exceptions
Administrative Portal (Name and Link)	Employer Portal
Member Portal and App (Name and Link)	Member Portal
Welcome / Portal Registration Email	Auto generated to administrator, members, etc.; timing
Coverage Begins	First of the month (no mid-month or pro-rating)
Coverage Ends	End of month (no mid-month or pro-rating)
Loss of Coverage Letter	By request - Call the Service Center (855) 624-6463
Dependent Turns 26, Coverage ends	End of birthday month
PCP Changes	HMO plans do not require PCP or referrals
ID Cards	Mailed to the home address when enrolled, and upon request, it takes 7 to 10 business days Temporary ID cards are available through the Community Health Options portal New cards can be ordered through Community Health Options portal by an administrator, Member, or broker
Processing Adds and Changes	Community Health Options portal - administrator, broker, or member New enrollments and Open Enrollment are done by the employee or administrator
EDI File Feed Capability	Yes to HRA with Flores (GDI was bought out) and csOne.
Broker Access to Group Portal	Community Health Options portal - Full access to administrative functions, billing access

Billing	
Billing Cut Off	Around the 15th of the month
Billing Options (email, mail, paycheck, ACH)	Mailed; option to pay by check or ACH (new business first payment only can be on a card)
Billing Access Online	Yes

Underwriting Guidelines	
Participation Requirement	70% of eligible employees must enroll
Pairing Rules	Small Groups with 1 - 19 enrolled – a dual plan option is allowed; no deductible spread requirement Small Groups with 20 – 50 enrolled – a triple option allowed; no deductible spread requirement
Minimum EEs Must Reside in ME	51% of eligible employees must live in ME and NH
Mid-Year Changes	Would have to treat as an off-cycle renewal with updated rates
Rehires	WP may be waived if rehired within 12 months