



Small Group Plans for 2026

Health coverage your team can count on.

Community Health Options is the only Maine-based, Member-led, nonprofit health insurer created to serve Mainers with **local care and national access—all while delivering a 93% client satisfaction rate**. Our network includes more than 48,000 providers, clinicians, hospitals and pharmacies, comprising all hospitals in the state, and most in New Hampshire, along with access to many Centers of Excellence in New England. National plans feature an easy-to-use supplemental network, and Tiered HMO New England plans provide lower copays and coinsurance with preferred in-network providers that include 100% of Maine-based in-patient hospitals and all Northern Light Health facilities.

Plan Features That Matter

- Copays of \$25 for labs and \$75 for X-rays at specified locations on non-HSA plans.
- New copays for advanced imaging (MRI, PET, CT) on Silver and Gold Off-Marketplace Small Group plans are set at \$350 for Silver and \$250 for Gold.
- \$0–\$5 copays for Tier 1 generics on non-HSA plans.
- Virtual care on all plans: with \$0 **Amwell** urgent care; and **Firefly Health** primary care.
- **Chronic Illness Support Program (CISP)** for asthma, diabetes, CAD, COPD, hypertension on non-HSA plans, reducing Member cost sharing.
- Copays on many services including office-based physical, occupational and speech therapy visits, plus chiropractic and osteopathic services on non-HSA plans.
- Prescription programs that help Members save on medications, coordinate refills, and reduce costs with tools like Price Assure, Medication Synchronization, and ScriptSaver.

Enhanced Member Benefits

- Local, trusted Member Services team with 98% caller satisfaction.
- Local account team for Group Administrators and Brokers.
- New North Star plans (On/Off Exchange) available in northern areas provide savings on select coinsurance services after the deductible at Northern Light Health locations.
- Coverage for emergent care outside the U.S. on all Off-Marketplace Small Group plans, and all National Gold and Silver plans.



healthoptions.org

Contact our Business Development Team:
(207) 402-3353

Available On and Off Marketplace	Health Options Essential Bronze \$8500 HMO Tiered NE	Health Options Essential Bronze \$8500 PPO NE	Health Options Clear Choice Bronze \$8000 HSA Plus PPO NE	Health Options Clear Choice Bronze \$7500 HMO Tiered NE Rating area 1,2,3 only	Health Options Clear Choice North Star Bronze \$7500 HMO Tiered NE Rating area 4 and 5 only	Health Options Clear Choice Bronze \$7500 PPO NE	Health Options Clear Choice Bronze \$6300 HSA PPO NE
Individual deductible	\$8,500†	\$8,500	\$8,000	\$7,500†	\$7,500†	\$7,500	\$6,300
Individual max out-of-pocket	\$10,600†	\$10,600	\$8,000	\$10,000†	\$10,000†	\$10,000	\$8,000
Member coinsurance	50%†	50%	0%	50%†	50%†	50%	50%
HSA Eligible	Individual only	Individual only	✓	Individual only	Individual only	Individual only	✓
SHOP Eligible	✓	✓	✓	✓	✓	✓	✓
\$25 Labs and \$75 X-rays*	✓	✓		✓	✓	✓	After ded
Primary Care Office Visits**	\$75 copay†	\$75 copay	0% coins after ded	\$45 copay†	\$45 copay†	\$45 copay	50% coins after ded
Specialty Care Office Visits	\$55 copay after ded†	\$55 copay after ded	0% coins after ded	\$80 copay†	\$80 copay†	\$80 copay	50% coins after ded
Urgent Care Visits- Facility	\$90 copay	\$90 copay	0% coins after ded	\$95/\$50 copay	\$60 copay	\$60 copay	50% coins after ded
Mental Health/ Substance Use Disorder - Outpatient**	\$75 copay	\$75 copay	0% coins after ded	\$45 copay	\$45 copay	\$45 copay	50% coins after ded
Emergency Room Care	50% coins after ded	50% coins after ded	0% coins after ded	50% coins after ded	50% coins after ded	50% coins after ded	50% coins after ded
Retail: Tier 1 - Preferred Generics	\$5 copay	\$5 copay	0% coins after ded	\$5 copay	\$5 copay	\$5 copay	50% coins after ded
Retail: Tier 2 - Generics	\$40 copay	\$40 copay	0% coins after ded	\$30 copay	\$30 copay	\$30 copay	50% coins after ded
Retail: Tier 3 - Preferred Brands	50% coins after ded	50% coins after ded	0% coins after ded	\$50 copay after ded	\$50 copay after ded	\$50 copay after ded	50% coins after ded
Retail: Tier 4 - Non-Preferred Brands	50% coins after ded	50% coins after ded	0% coins after ded	\$100 copay after ded	\$100 copay after ded	\$100 copay after ded	50% coins after ded
Retail: Tier 5 - Specialty	60% coins after ded	60% coins after ded	0% coins after ded	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded	50% coins after ded
Other Benefits	  	  	 	    	     	  	 

 Pediatric Vision  Pediatric Dental  CISP  Acupuncture  Wellness Benefits  Out-of-Country Emergency Coverage

 North Star Plan  Lower Copay at Firefly Health & Designated Urgent Care Locations

* At select locations

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

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

HSA plans labeled HSA Plus include prescription coverage for select drugs without a deductible.

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



Available On and Off Marketplace	Health Options Silver \$5800 HMO Tiered NE	Health Options Clear Choice Silver \$5000 HMO Tiered NE Rating area 1,2,3 only	Health Options Clear Choice North Star Silver \$5000 HMO Tiered NE Rating area 4 and 5 only	Health Options Clear Choice Silver \$5000 PPO NE	Health Options Clear Choice Silver \$4000 HMO Tiered NE	Health Options Clear Choice Silver \$4000 PPO NE	Health Options Clear Choice Silver \$4000 PPO National
Individual deductible	\$5,800†	\$5,000†	\$5,000†	\$5,000	\$4,000†	\$4,000	\$4,000
Individual max out-of-pocket	\$9,500†	\$8,500†	\$8,500†	\$8,500	\$8,500†	\$8,500	\$8,500
Member coinsurance	40%†	30%†	30%†	30%	30%†	30%	30%
HSA Eligible							
SHOP Eligible	✓	✓	✓	✓	✓	✓	✓
\$25 Labs and \$75 X-rays*	✓	✓	✓	✓	✓	✓	✓
Primary Care Office Visits**	\$30 copay†	\$40 copay†	\$40 copay†	\$40 copay	\$40 copay†	\$40 copay	\$40 copay
Specialty Care Office Visits	\$80 copay†	\$60 copay†	\$60 copay†	\$60 copay	\$60 copay†	\$60 copay	\$60 copay
Urgent Care Visits- Facility	\$55 copay	\$75/\$30 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Mental Health/ Substance Use Disorder - Outpatient**	\$30 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Emergency Room Care	40% coins after ded	30% coins after ded	30% coins after ded	30% coins after ded	30% coins after ded	30% coins after ded	30% coins after ded
Retail: Tier 1 - Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Retail: Tier 2 - Generics	\$5 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Retail: Tier 3 - Preferred Brands	\$60 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Retail: Tier 4 - Non-Preferred Brands	40% coins after ded	30% coins after ded	30% coins after ded	30% coins after ded	\$100 copay after ded	\$100 copay after ded	\$100 copay after ded
Retail: Tier 5 - Specialty	60% coins after ded	50% coins after ded	50% coins after ded	50% coins after ded	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded
Other Benefits	   	    	    	  	  	  	    

 Pediatric Vision  Pediatric Dental  CISP  Acupuncture  Wellness Benefits  Out-of-Country Emergency Coverage

 North Star Plan  Lower Copay at Firefly Health & Designated Urgent Care Locations

* At select locations

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

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

HSA plans labeled HSA Plus include prescription coverage for select drugs without a deductible.

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



Available On and Off Marketplace	Health Options Clear Choice Gold \$2500 HMO Tiered NE	Health Options Clear Choice Gold \$2500 PPO NE	Health Options Clear Choice Gold \$2500 PPO NE Dental	Health Options Clear Choice Gold \$1500 PPO NE	Health Options Clear Choice Gold \$1500 PPO National	Health Options Clear Choice Platinum PPO NE
Individual deductible	\$2,500†	\$2,500	\$2,500	\$1,500	\$1,500	\$500
Individual max out-of-pocket	\$6,000†	\$6,000	\$6,000	\$5,000	\$5,000	\$3,000
Member coinsurance	30%†	30%	30%	30%	30%	20%
HSA Eligible						
SHOP Eligible	✓	✓	✓	✓	✓	✓
\$25 Labs and \$75 X-rays*	✓	✓	✓	✓	✓	✓
Primary Care Office Visits**	\$20 copay†	\$20 copay	\$20 copay	\$25 copay	\$25 copay	\$20 copay
Specialty Care Office Visits	\$50 copay†	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$40 copay
Urgent Care Visits- Facility	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$25 copay
Mental Health/ Substance Use Disorder - Outpatient**	\$20 copay	\$20 copay	\$20 copay	\$25 copay	\$25 copay	\$20 copay
Emergency Room Care	30% coins after ded	30% coins after ded	30% coins after ded	30% coins after ded	30% coins after ded	20% coins after ded
Retail: Tier 1 - Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$0 copay
Retail: Tier 2 - Generics	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$0 copay
Retail: Tier 3 - Preferred Brands	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$15 copay
Retail: Tier 4 - Non-Preferred Brands	30% coins up to max of \$300 / script	30% coins up to max of \$300 / script	30% coins up to max of \$300 / script	\$80 copay after ded	\$80 copay after ded	\$80 copay after ded
Retail: Tier 5 - Specialty	50% coins up to max of \$600 / script	50% coins up to max of \$600 / script	50% coins up to max of \$600 / script	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded
Other Benefits	    	    	    	    	    	    

 Pediatric Vision  Pediatric Dental  CISP  Acupuncture  Wellness Benefits  Out-of-Country Emergency Coverage

 North Star Plan  Lower Copay at Firefly Health & Designated Urgent Care Locations

* At select locations

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

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

HSA plans labeled HSA Plus include prescription coverage for select drugs without a deductible.

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 Bronze \$7500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP	Health Options Silver \$5800 HMO Tiered NE Dental Off MP	Health Options Silver \$5800 PPO NE Dental Off MP	Health Options Silver \$5800 PPO National Dental Off MP	Health Options Clear Choice Silver \$5000 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$5000 PPO National Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	Health Options Silver \$4500 HMO National Dental Off MP
Individual deductible	\$7,500†	\$6,300	\$5,800†	\$5,800	\$5,800	\$5,000†	\$5,000	\$4,500†	\$4,500
Individual max out-of-pocket	\$10,000†	\$8,000	\$9,500†	\$9,500	\$9,500	\$8,500†	\$8,500	\$7,000†	\$10,600
Member coinsurance	50%†	50%	40%†	40%	40%	30%†	30%	20%†	40%
HSA Eligible		✓						✓	
SHOP Eligible									
\$25 Labs and \$75 X-rays*	✓	After ded	✓	✓	✓	✓	✓	After ded	✓
Copays on Advanced Imaging*			✓	✓	✓	✓	✓	After ded	✓
Primary Care Office Visits**	\$45 copay†	50% coins after ded	\$30 copay†	\$30 copay	\$30 copay	\$40 copay†	\$40 copay	20% coins after ded†	\$55 copay
Specialty Care Office Visits	\$80 copay†	50% coins after ded	\$80 copay†	\$80 copay	\$80 copay	\$60 copay†	\$60 copay	20% coins after ded†	\$100 copay
Urgent Care Visits-Facility	\$60 copay	50% coins after ded	\$55 copay	\$55 copay	\$55 copay	\$40 copay	\$40 copay	20% coins after ded	\$50 copay
Mental Health/ Substance Use - Outpatient**	\$45 copay	50% coins after ded	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$40 copay	20% coins after ded	\$55 copay
Emergency Room Care	50% coins after ded	50% coins after ded	40% coins after ded	40% coins after ded	40% coins after ded	30% coins after ded	30% coins after ded	20% coins after ded	40% coins after ded
Retail: Tier 1 - Preferred Generics	\$5 copay	50% coins after ded	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	20% coins after ded	\$5 copay
Retail: Tier 2 - Generics	\$30 copay	50% coins after ded	\$5 copay	\$5 copay	\$5 copay	\$25 copay	\$25 copay	20% coins after ded	\$30 copay
Retail: Tier 3 - Preferred Brands	\$50 copay after ded	50% coins after ded	\$60 copay	\$60 copay	\$60 copay	\$50 copay	\$50 copay	20% coins after ded	\$70 copay
Retail: Tier 4 - Non-Preferred Brands	\$100 copay after ded	50% coins after ded	40% coins after ded	40% coins after ded	40% coins after ded	30% coins after ded	30% coins after ded	20% coins after ded	30% coins before ded
Retail: Tier 5 - Specialty	\$250 copay after ded	50% coins after ded	60% coins after ded	60% coins after ded	60% coins after ded	50% coins after ded	50% coins after ded	20% coins after ded	50% coins after ded
Other Benefits	👁️ 🦷 🩺 🌐	👁️ 🦷 🌐	👁️ 🦷 🩺 🌐	👁️ 🦷 🩺 🌐	👁️ 🦷 🩺 🌐	👁️ 🦷 🩺 🌐	👁️ 🦷 🩺 🌐	👁️ 🦷 🌐	👁️ 🦷 🩺 🌐

👁️ Pediatric Vision 🦷 Pediatric Dental 🩺 CISP 🌐 Acupuncture 🍏 Wellness Benefits 🌐 Out-of-Country Emergency Coverage
 ★ North Star Plan 📍 Lower Copay at Firefly Health & Designated Urgent Care Locations

* At select locations
 **Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible in all non-HSA and non catastrophic plans
 † Indicates preferred network. Tiered plans have lower copays, coinsurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.
 HSA plans labeled HSA Plus include prescription coverage for select drugs without a deductible.
 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 \$4000 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$4000 PPO NE Dental Off MP	Health Options Clear Choice Silver \$4000 PPO National Dental Off MP	Health Options Clear Choice Silver \$4000 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Gold \$1500 PPO National Dental Off MP
Individual deductible	\$4,000†	\$4,000	\$4,000	\$4,000	\$1,500
Individual max out-of-pocket	\$8,500†	\$8,500	\$8,500	\$7,000	\$5,000
Member coinsurance	30%†	30%	30%	20%	30%
HSA Eligible				✓	
SHOP Eligible					
\$25 Labs and \$75 X-rays*	✓	✓	✓	After ded	✓
Copays on Advanced Imaging*	✓	✓	✓	After ded	✓
Primary Care Office Visits**	\$40 copay†	\$40 copay	\$40 copay	20% coins after ded	\$25 copay
Specialty Care Office Visits	\$60 copay†	\$60 copay	\$60 copay	20% coins after ded	\$50 copay
Urgent Care Visits-Facility	\$40 copay	\$40 copay	\$40 copay	20% coins after ded	\$40 copay
Mental Health/ Substance Use - Outpatient**	\$40 copay	\$40 copay	\$40 copay	20% coins after ded	\$25 copay
Emergency Room Care	30% coins after ded	30% coins after ded	30% coins after ded	20% coins after ded	30% coins after ded
Retail: Tier 1 - Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay after ded	\$5 copay
Retail: Tier 2 - Generics	\$25 copay	\$25 copay	\$25 copay	\$25 copay after ded	\$25 copay
Retail: Tier 3 - Preferred Brands	\$50 copay	\$50 copay	\$50 copay	\$50 copay after ded	\$50 copay
Retail: Tier 4 - Non-Preferred Brands	\$100 copay after ded	\$100 copay after ded	\$100 copay after ded	\$100 copay after ded	\$80 copay after ded
Retail: Tier 5 - Specialty	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded
Other Benefits	👁️ 🦷 🩺 🌐	👁️ 🦷 🩺 🌐	👁️ 🦷 🩺 🧘 🌐	👁️ 🦷 🩺 🍏 🌐	👁️ 🦷 🩺 🧘 🍏 🌐

👁️ Pediatric Vision 🦷 Pediatric Dental 🩺 CISP 🧘 Acupuncture 🍏 Wellness Benefits 🌐 Out-of-Country Emergency Coverage

★ North Star Plan 📺 Lower Copay at Firefly Health & Designated Urgent Care Locations

* At select locations

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

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

HSA plans labeled HSA Plus include prescription coverage for select drugs without a deductible.

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

