



A Maine-based
health insurer
that has your back

Broker Guide 2026



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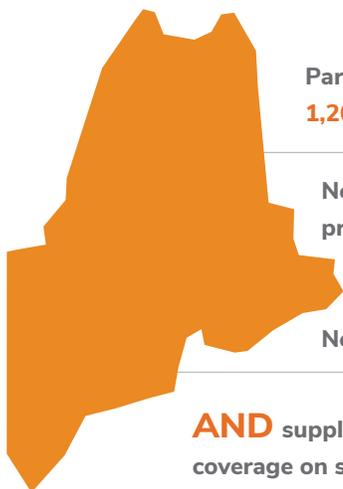
Site of Service Locations



Community Health Options Overview

Founded in 2011 and headquartered in New Gloucester, Maine, Community Health Options is a health insurance pioneer that understands the unique needs of Maine businesses and their employees. We provide health insurance and wellness tools that your employees deserve and will actually use—helping lower out-of-pocket costs, improve health outcomes, and boost productivity across your workforce.

We are one of Maine's largest carriers for the individual health insurance market and proudly partner with 1,200 businesses, a number that continues to grow. Across all plans, we have a robust network of 48,000 providers including clinicians, hospitals and pharmacies in New England. Our plans include PPO NE, PPO National, HMO Tiered NE and HMO National, as well as HSA Plus options for premium savings. With high retention among employers, enthusiastic recommendations from our brokers and high service rankings from our Members, we are proud to know Community Health Options delivers excellence for all our partners. We built our in-house systems from the ground up and manage them right here in Maine with Maine-based employees.



Partner with over
1,200 businesses

Network of **48,000**
providers including
clinicians, hospitals
and pharmacies in
New England

AND supplemental national
coverage on select plans



Medical and Care Management

Medical Management

Our Medical Management team, all healthcare professionals, work together to remove barriers, making it easier for Members to obtain medications and durable medical equipment. These specialists serve as a connection between Members and providers to assist with communication and education.

Care Management

MANAGING SERIOUS ILLNESS OR INJURY

When it comes to serious illness, our nationally accredited complex care management programs provide compassionate, personalized support for metastatic cancers, pediatric intensive care and transplants. Assistance includes contacting providers, in-patient facilities and national transplant networks.

- Members with special care needs who are switching from a prior health plan will be paired with a Complex Care Manager to ensure a seamless transition.
- Members identified with high health risks have access to complex care management resources.

HOSPITAL READMISSION PREVENTION PROGRAM

With only about 5% of Members readmitted to the hospital within 30 days of discharge, we are working hard to help Members get well while reducing costs associated with readmission to the hospital. In-house specialists coordinate with Care Management to assist Members at high risk of readmission. Examples include partnering with home health agencies, community agency care teams and other local agencies.

INFUSION SITE OF CARE PROGRAM

Our voluntary [Infusion Site of Care Program](#) has saved millions of dollars in healthcare costs for Members and employers' claims cost by offering Members the ability to transition certain infused medications that need to be delivered intravenously (IV) to a preferred site of care, including a Member's own home. Members will be offered a monetary incentive payment for select medications when receiving infusions from a preferred Site of Care provider. Our program delivers a meaningful choice with **reduced out-of-pocket costs** and **increased quality of life**.

SUBSTANCE USE DISORDER

Our Care Management team works closely with Members and dependents who are seeking treatment for substance use disorder. The team provides **high-quality, cost-effective and convenient in-network program options**. This includes transitional support after discharge from an inpatient behavioral health or substance use facility.



Medical and Care Management

Site of Service

RECEIVING CARE AT SPECIFIED LOCATIONS CAN SAVE MONEY

Members pay less for care by choosing specific sites for lab tests, X-rays and advanced imaging locations. There is a copay with no deductible at these specified locations on most non-HSA plans, rather than coinsurance after the deductible. HSA Members also have a copay once their deductible is met.

Members can find site-of-service locations by visiting Providers & Hospitals in the portal or clicking the links below.

- \$25 copay on [labs at specified locations](#)
- \$75 copay on [X-rays at specified locations](#)
- \$250 copay on [advanced imaging at specified locations](#)

We work every day to keep costs low and give Members the healthcare benefits they expect and deserve.

Members also save when they visit specified [urgent care locations](#) or use Amwell telehealth for urgent care.

CARE MANAGEMENT SUCCESS STORY

A Northern Maine couple chose to have their premature baby boy at a city hospital several hours away so they could get the specialized care their baby needed. But the commute put an incredible strain on Mom and Dad and their two other children. Once the baby was doing well, care managers worked with the family and providers to move him to a hospital closer to home and transfer his care to the same local pediatrician who would hopefully care for him throughout his childhood.



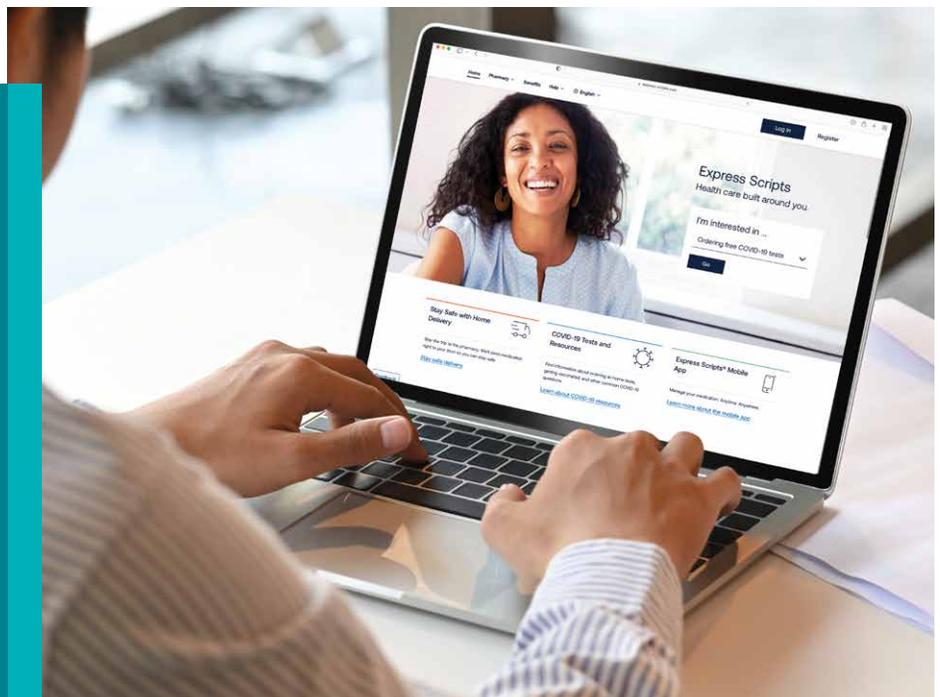
Pharmacy Management

Our in-house pharmacists work to develop a competitive and cost-effective prescription drug formulary in partnership with Express Scripts®, our pharmacy benefit manager. Notably, our Pharmacy team has found that 90% of the prescriptions filled for our Members were generics—saving Members and Groups money and making it easier to stay on schedule.

Prescription Programs

- **Price Assure** guarantees the lowest possible cost for generic medications at in-network pharmacies that also accept GoodRx. By using a Member ID card, Members will receive the lowest price, which will count toward their maximum out-of-pocket expenses.
- Through the **Medication Synchronization Program**, our Pharmacy team works directly with Members to coordinate refills when three or more maintenance medications are prescribed. Everything can be picked up at the local pharmacy at once.
- With **ScriptSaver**, our Pharmacy team works with Members, providers and the pharmacy to lower out-of-pocket costs, including finding manufacturers' coupons. The program has saved Members more than \$680,000 since it began.

Our pharmacy benefit manager, Express Scripts, offers a portal that gives Members a high degree of control over their prescription ordering and costs.



Pharmacy Management

ACA Preventive Drug Coverage

Under the Affordable Care Act (ACA), pharmacy benefits cover many preventive care drugs and products at no cost provided that ACA preventive care requirements are met. This means there is no cost share (deductible, copayment or coinsurance). These drugs will be marked with ACA on the formulary. Plus, Members pay no more than **\$35 for a 30-day supply of all formulary covered insulins**.

Low Copay Preferred Generic Medications (Tier 1)

Tier 1 preferred generic prescription drugs cost \$0 or a \$5 copay for a 30-day supply on all non-HSA plans. Members can save even more through Express Scripts' mail-order home delivery, which offers a 90-day supply for the cost of two 30-day copays.

HSA Plus Enhanced Preventive Drug Coverage

HSA Plus plans include a carefully curated list of medications to help prevent the development of and reduce the risk of complications from chronic conditions and illnesses. Members will have a copay or coinsurance without having to meet a deductible for these prescription drugs, which are marked HSA+ in the formulary.

Pharmacy Benefit Manager

Our pharmacy benefit manager, Express Scripts, offers a portal giving Members auto-generated cost comparisons and suggestions for generic alternatives, giving them a high degree of control over how they order their prescriptions and how much they'll pay.

Easy-to-Use Formulary

All plans include a comprehensive prescription drug formulary. Designations by drug indicate whether the drug is included under HSA Plus coverage or the Chronic Illness Support Program offered on all non-HSA plans.* To view the prescription drug formulary visit healthoptions.org.

Incentive and Managed Formularies

In 2026, we will introduce two formularies: the Managed Formulary, meant for individuals and small employer groups, and the Incentive Formulary, designed for large employer groups. The type of formulary will be listed on Member ID cards issued in the new plan year.

COMMUNITY Health Options			
Subscriber Name: John Doe	Plan Details	Preferred	Standard
Member ID: 12345678912345 001	Ind Deductible	\$7,500	\$15,000
Group ID: FFMEEXCHANGE	Family Deductible	\$8,700	\$17,400
John Doe 002	Ind Maximum OOP	Not Applicable	Not Applicable
	Family Maximum OOP	Not Applicable	Not Applicable
BIN: 003858	Services	Preferred	Standard
PCN: A4	PCP Visit	50% Coins	\$70 Copay
Rx GRP: COMMHOP	Emergency Visit	50% Coins	50% Coins
Formulary Type: Managed	Specialist Visit	\$60 Copay	\$60 Copay
	Afternoon Urgent Telehealth	\$0 Copay	\$0 Copay
	No out-of-network coverage. Coinsurance (Coins) applied after deductible is met. OOP references out-of-pocket.		
Health Options CC Bronze \$7500 HMO Tiered NE Dental			



Group Administration and Member Services

Community Health Options' advanced administrative systems are fully integrated and built with the satisfaction of our Members, groups and brokers in mind. Our systems are managed by our Maine-based professionals who understand the local healthcare market.

Fast, Accurate Claims Processing

Our best-in-class claims management processes and systems have been refined through managing millions of claims. Our in-house claims professionals ensure Members' claims are paid quickly and that complex cases receive the necessary attention. This creates satisfied employees, employers and providers.

- Average turnaround ≤ 1 week
- Sophisticated adjudication process
- Collaboration with in-house medical management for complex claims
- Detailed high-cost claims review process
- Pre- and post-pay audit program to ensure claims processing accuracy

Easy Implementation

Our electronic, paperless quoting and onboarding system seamlessly moves employee census data through the process, from quote to enrollment and onboarding. We can also connect with your HRIS (Human Resource Information System) to receive employee updates and send health reimbursement account data.

Convenient Employer and Member Portals

Our benefits administration system is designed to make managing employee benefits easy and hassle-free. You will have access to a user-friendly administrative portal to manage employee census data and pay or review your monthly invoice. Employees can use the Member portal to access all the information they need to stay on top of their health plan's benefits and services. This includes checking claim status, downloading forms and documents, and learning more about their benefits.

“I always get my answers before I hang up. If they have to call you or e-mail you back it is 99% of the time in the same day.”

— C.J., Broker Satisfaction Survey



Group Administration and Member Services



Member Services Excellence

When you and your employees need assistance, you'll get to speak with a Maine-based service representative, without being kept on hold in an automated system. You can be assured that we'll work hard to get your questions answered as soon as possible. The Community Health Options Member Services team is led by two guiding principles:

PROMISES DELIVERED

When we make a promise to do something, we keep that promise. We always have your back. We are committed to Members' satisfaction every day. In recent post-call surveys with our Members, we earned **99% satisfaction for courtesy and respect, 97% for receipt of information needed and 97% for speed of answer.**

WE DON'T ISSUE HOMEWORK

We're our Members' strongest advocates. When there's a need for information from providers, pharmacies or even our own departments, we don't send Members off to do the work. We follow up ourselves, or connect Members with the right people.

MEMBER SURVEY RESULTS:

99% satisfaction for courtesy and respect

97% satisfaction for receipt of information needed

97% satisfaction for speed of answer

"I am a subscriber AND a provider. As a psychotherapist, I regularly call Community Health Options and have uniformly excellent experiences. Their customer service is outstanding. There are very short hold times—if any—and the customer service folks are knowledgeable, efficient, polite and kind. In the last 12 months, I have called Community Health Options 8 or 9 times and always had my questions answered politely and promptly. Proud that I live in Maine and have a GREAT Maine company that serves me professionally and personally."



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
- Collateral resource page



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.

Claims Assistance

Call Member Services
(855) 624-6463



PRESS 5 for Broker



PRESS 2 for Claims

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.



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.



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.



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.



Broker Support

Sales Tools

Community Health Options provides informative electronic resources, including broker bulletins and news releases, for use in all all lines of business. Find them through your portal.

Ease of Implementation

When it comes to doing business, Community Health Options' electronic paperless quoting and onboarding system can seamlessly move employee census data through the process, from quote to enrollment and onboarding. We can even connect with your group clients' Human Resource Information System (HRIS) to receive employee updates and send health reimbursement account data.

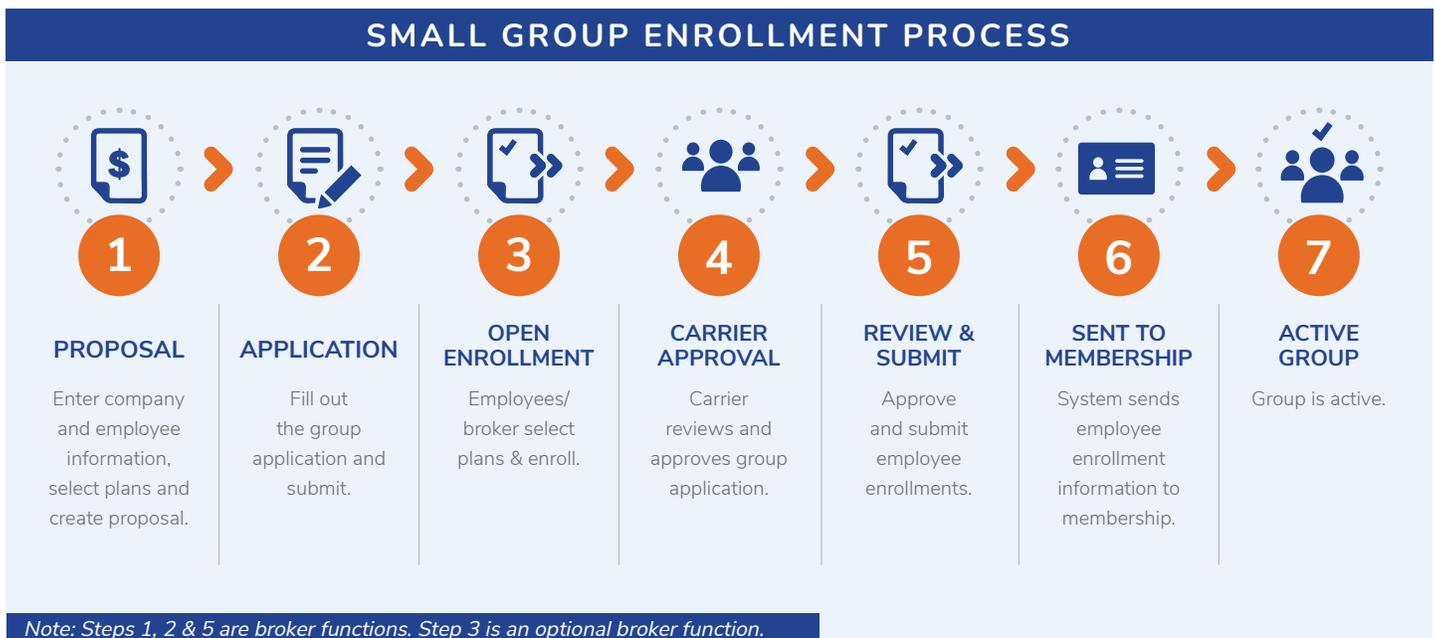
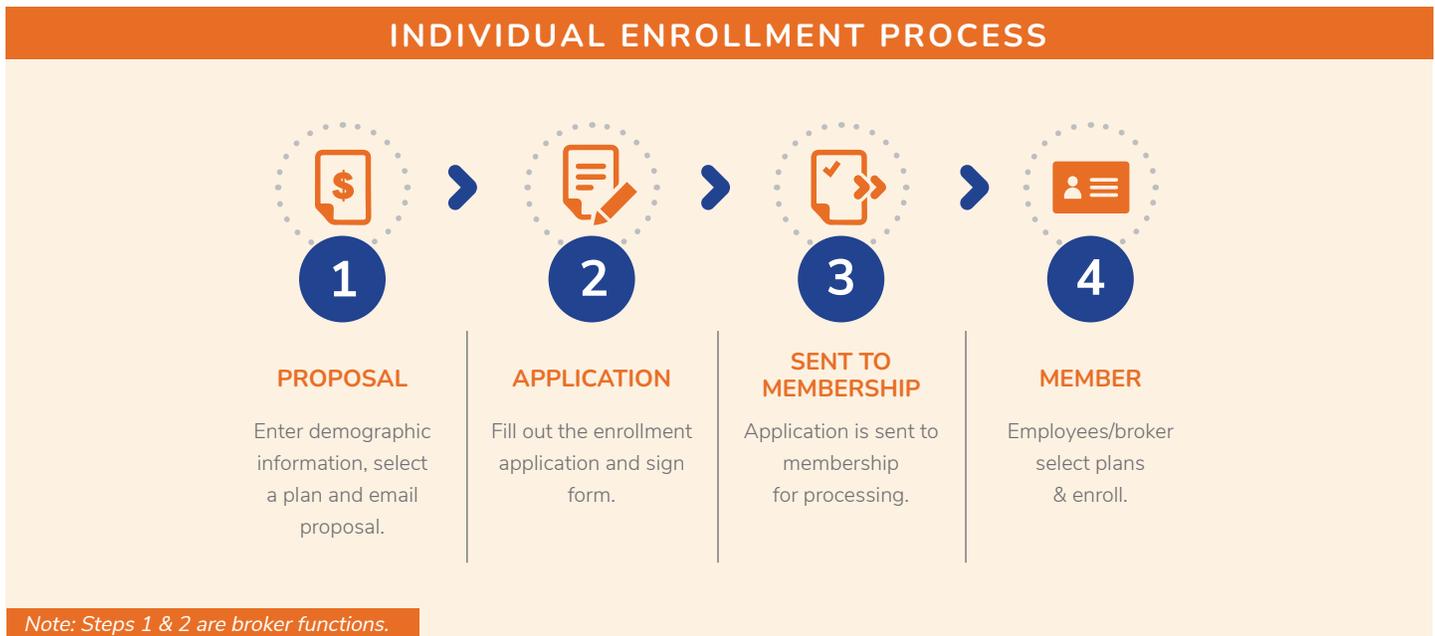
“Your service representative answers the phone and announces that they are from Maine. Giving clients opportunities to save money on labs and X-rays, the Amwell app, and especially the CISP program, make your products rise above the rest.”

—J.B., Broker Satisfaction Survey



Broker Support

Understanding the Enrollment Process



Large Group Proposals can be emailed to the Large Group Sales Team.



Partnership

Instead of continually refining our plans to make them more profitable, we're focused on making them more practical—helping Maine businesses reduce costs, attract talent, and improve the health and productivity of your workforce. **90% of brokers scored us 8 out of 10 for ease of doing business, and we are proud to know that Community Health Options is delivering high satisfaction among employers and brokers.**

We offer easy access to local, Maine-based account management and senior leadership, and we have solid relationships with the broker community. We are happy to hear endorsements from brokers like you.

“I've dealt with Community Health Options since their inception. Easy to deal with, great people, local to Maine.”

—A.W.,
Broker Satisfaction Survey

Partner Promise

We want to be your partner over the long term and are committed to you through our Partner Promise. We've built our 13-point, time-bound promise for Large Groups on three core principles:

YOU WILL HAVE A SIMPLE TRANSITION

We will provide personalized assistance for employees with complex health needs when they enroll. As a new group, we'll reach out via phone or email within 90 days to introduce you and your employees to your new plan. And group administrators will have access to a dedicated phone queue for efficient support.

YOUR GROUP AND EMPLOYEES WILL SAVE MONEY

We will help your employees save money on out-of-pocket expenses and reduce your claim expenses. We will offer assistance to high-cost claimants, review expenses and collaborate with our Pharmacy team to help lower medication costs through unique programs. We will also assist with making convenient and cost-effective provider referrals.

EMPLOYEES WILL FEEL VALUED

Our Care Management team will provide personalized support and referrals for employees and their dependents with chronic conditions and complex care needs. The Member Services team will always advocate for your clients. In fact, we have a 98% overall Member-reported satisfaction rate. We will remove barriers to care with our popular Chronic Illness Support Program for asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease and hypertension. And our digital wellness platform and personal health coaching will help your employees and their dependents 18+ feel supported in their journey to wellness and building healthy habits—with no cost share. **Learn more at healthoptions.org.**

Community Health Options is a pioneer that has your back. You can always count on us to work hard to keep your clients' costs low and deliver the benefits they deserve. Reach out and let us show you how. **Contact Business Development at (207) 402-3353 or email BusinessDevelopmentInfo@Healthoptions.org.**



Contact Us

Business Development:

(207) 402-3353

BusinessDevelopmentInfo@Healthoptions.org



Assistance with Broker Portal:

CONTACT ACCOUNT MANAGEMENT
OR BUSINESS DEVELOPMENT:

(207) 402-3353

Member Services

(855) 624-6463



Press 5 for Broker



Press 1
Group Admin/
Group Sales

Press 2
Claims

Press 3
Other
Inquiries

memberservices@healthoptions.org



Contact Us



When calling Member Services, HIPAA guidelines require the following:

BROKER CALLING ON BEHALF OF A MEMBER:

- Provide the broker NPN number, your name, the first and last name of the broker (if you are an assistant calling on behalf of the broker), and the agency name.
- Provide three complete pieces of the Member information: ID number, first and last name (in that order), date of birth, last 4 of the social security number, address including state and zip code, telephone number with area code, or email address.
- Provide a business relationship with the Member if you aren't the broker of record in our system, or the policy has been terminated.

BROKER CALLING ON BEHALF OF A GROUP:

- Provide the broker NPN number, your name, the broker's name (if you are an assistant calling on behalf of the broker), and the agency name.
- Provide three complete pieces of the group information: group name, group number, group address, or group phone number with area code.
- State a business relationship with the group if you are not listed as the broker of record in our system.

BROKER/ASSISTANT EMAILING ON BEHALF OF A MEMBER:

- Provide the broker NPN number, your name, the first and last name of the broker (if you are an assistant emailing on behalf of the broker), agency name, agency fax number, or agency address.
- Provide three complete pieces of the Member information: ID number, first and last name (in that order), date of birth, last 4 of the social security number, address including state and zip code, telephone number with area code, or email address.
- Provide a business relationship with the Member if you aren't the broker of record in our system, or the policy has been terminated. Once verified, all Member information may be disclosed, including claim information.



Appendix - Sales Tools

▶ [CLICK ON ANY LINK TO OPEN THE SALES MATERIAL](#)

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