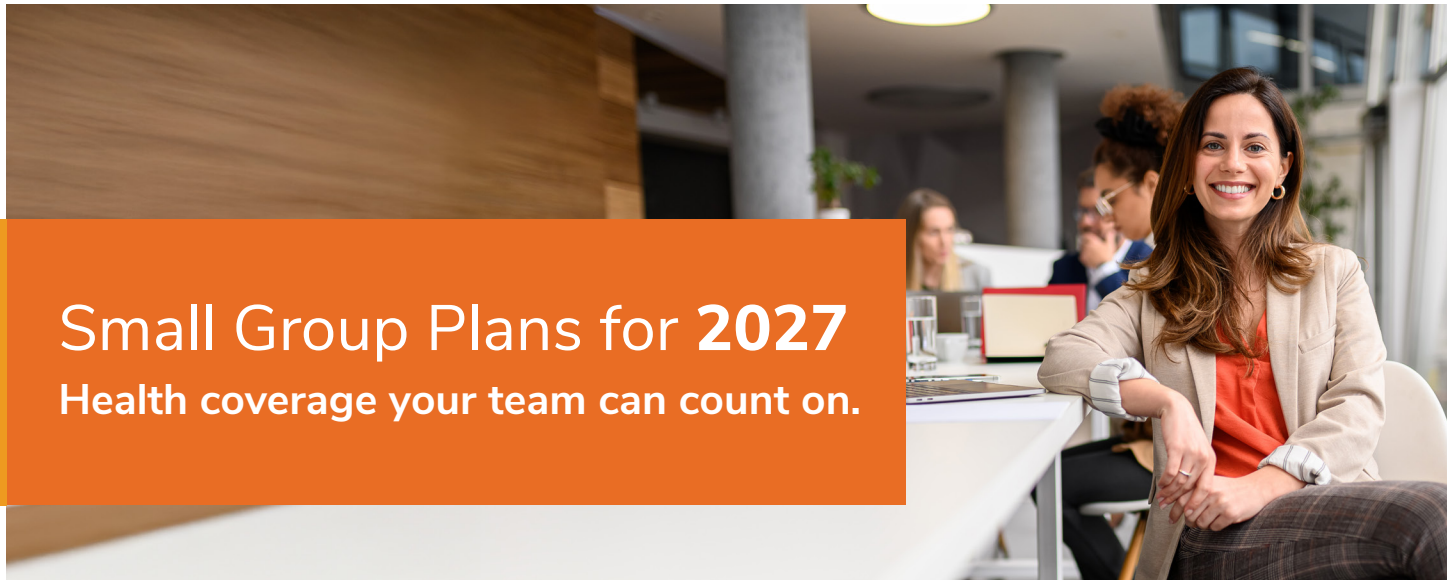

Small Group Plans for **2027**

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.

Plan Features That Matter

- Copays of $35 for labs and $75 for X-rays at specified locations on non-HSA plans.
- Copays for advanced imaging (MRI, PET, CT) on Silver and Gold Off-Marketplace Small Group plans of $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 24/7 urgent care**; and **Firefly Health** primary care.
- **Chronic Illness Support Program (CISP)** on non-HSA plans to save out-of-pocket costs for asthma, diabetes, chronic artery disease, COPD.
- 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 Direct Primary Care Essential Bronze HMO plan with $0 cost primary care and behavioral health visits through Mending Health Network.
- New Virtual HSA PP0 plan with two $0 cost PCP visits with deductible waived, plus preventive visit through Firefly Health virtual primary care.
- 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.

COMMUNITY Health Options®

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 Direct Primary Care Essential Bronze $8500 HMO NE	Health Options Clear Choice Bronze $7500 HMO Tiered NE	Health Options Clear Choice North Star Bronze $7500 HMO Tiered NE	Health Options Clear Choice Bronze $7500 PPO NE
Individual Deductible	$8,500‡	$8,500	$8,500	$7,500‡	$7,500‡	$7,500
Individual Max Out-of-Pocket	$12,000‡	$12,000	$12,000	$12,000‡	$12,000‡	$12,000
Member Coinsurance	50%‡	50%	50%	50%‡	50%‡	50%
HSA Eligible						
SHOP Eligible	✓	✓	✓	✓	✓	✓
$35 Labs and $75 X-rays*	✓	✓	✓	✓	✓	✓
$250 or $350 Advanced Imaging*						
Primary Care Office Visits**	$75 copay‡	$75 copay	$75 copay	$45 copay‡	$45 copay‡	$45 copay
Specialty Care Office Visits	$55 copay after ded.‡	$55 copay after ded.	$55 copay after ded.	$80 copay‡	$80 copay‡	$80 copay
Urgent Care Visits — Facility	$90 copay	$90 copay	$90 copay	$50 copay	$60 copay	$60 copay
Mental Health/ Substance Use Disorder - Outpatient**	$75 copay	$75 copay	$75 copay	$45 copay	$45 copay	$45 copay
Emergency Room Care	50% coins. after ded.	50% 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	$5 copay	$5 copay	$5 copay	$5 copay
Retail: Tier 2 — Generics	$40 copay	$40 copay	$40 copay	$30 copay	$30 copay	$30 copay
Retail: Tier 3 — Preferred Brands	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$50 copay after ded.	$50 copay after ded.	$50 copay after ded.
Retail: Tier 4 — Non-Preferred Brands	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$100 copay after ded.	$100 copay after ded.	$100 copay after ded.
Retail: Tier 5 — Specialty	60% coins. after ded.	60% coins. after ded.	60% 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 Direct Primary Care (DPC)

* 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 co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.
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 Silver $6000 HMO Tiered NE	Health Options Clear Choice North Star Silver $6000 HMO Tiered NE	Health Options Clear Choice Silver $6000 PPO NE	Health Options Clear Choice Silver $4500 HMO Tiered NE	Health Options Clear Choice Silver $4500 PPO NE	Health Options Clear Choice Gold $3000 HMO Tiered NE	Health Options Clear Choice Gold $3000 PPO NE	Health Options Clear Choice Platinum $1000 PPO NE
Individual Deductible	$6,000‡	$6,000‡	$6,000	$4,500‡	$4,500	$3,000‡	$3,000	$1,000
Individual Max Out-of-Pocket	$10,000‡	$10,000‡	$10,000	$10,000‡	$10,000	$6,000‡	$6,000	$4,000
Member Coinsurance	30%‡	30%‡	30%	30%‡	30%	30%‡	30%	20%
HSA Eligible								
SHOP Eligible	✓	✓	✓	✓	✓	✓	✓	✓
$35 Labs and $75 X-rays*	✓	✓	✓	✓	✓	✓	✓	✓
$250 or $350 Advanced Imaging*								
Primary Care Office Visits**	$40 copay‡	$40 copay‡	$40 copay	$40 copay‡	$40 copay	$20 copay‡	$20 copay	$20 copay
Specialty Care Office Visits	$60 copay‡	$60 copay‡	$60 copay	$60 copay‡	$60 copay	$50 copay‡	$50 copay	$40 copay
Urgent Care Visits — Facility	$30 copay	$40 copay	$40 copay	$40 copay	$40 copay	$40 copay	$40 copay	$25 copay
Mental Health/ Substance Use Disorder - Outpatient**	$40 copay	$40 copay	$40 copay	$40 copay	$40 copay	$20 copay	$20 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.	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	$5 copay	$5 copay	$0 copay
Retail: Tier 2 — Generics	$25 copay	$25 copay	$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	$50 copay	$50 copay	$15 copay
Retail: Tier 4 — Non-Preferred Brands	30% coins up to max of $300 / script after ded.	30% coins up to max of $300 / script after ded.	30% coins up to max of $300 / script after ded.	$100 copay after ded.	$100 copay after ded.	30% coins up to max of $300 / script	30% coins up to max of $300 / script	$80 copay after ded.
Retail: Tier 5 — Specialty	50% coins up to max of $600 / script after ded.	50% coins up to max of $600 / script after ded.	50% coins up to max of $600 / script after ded.	$250 copay after ded.	$250 copay after ded.	50% coins up to max of $600 / script	50% coins up to max of $600 / script	$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 Direct Primary Care (DPC)

* 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 co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.
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 $8700 HSA Plus PPO NE Dental Off MP	Health Options Bronze $6300 HSA Plus PPO National Dental Off MP	Health Options Bronze $6300 HSA Plus PPO NE Dental Off MP	Health Options Clear Choice Silver $6000 PPO NE Dental Off MP	Health Options Clear Choice Silver $6000 PPO National Dental Off MP	Health Options Silver $4500 HMO National Dental Off MP	Health Options Clear Choice Silver $4500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver $4500 PPO NE Dental Off MP
Individual Deductible	$8,700	$6,300	$6,300	$6,000	$6,000	$4,500	$4,500‡	$4,500
Individual Max Out-of-Pocket	$8,700	$8,700	$8,700	$10,000	$10,000	$11,600	$10,000‡	$10,000
Member Coinsurance	0%	50%	50%	30%	30%	40%	30%‡	30%
HSA Eligible	✓	✓	✓					
SHOP Eligible								
$35 Labs and $75 X-rays*		after deductible	after deductible	✓	✓	✓	✓	✓
$250 or $350 Advanced Imaging*				✓	✓	✓	✓	✓
Primary Care Office Visits**	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$40 copay	$40 copay	$55 copay	$40 copay‡	$40 copay
Specialty Care Office Visits	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$60 copay	$60 copay	$100 copay	$60 copay‡	$60 copay
Urgent Care Visits — Facility	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$40 copay	$40 copay	$50 copay	$40 copay	$40 copay
Mental Health/ Substance Use Disorder - Outpatient**	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$40 copay	$40 copay	$55 copay	$40 copay	$40 copay
Emergency Room Care	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	30% coins. after ded.	30% coins. after ded.	40% coins. after ded.	30% coins. after ded.	30% coins. after ded.
Retail: Tier 1 — Preferred Generics	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$5 copay	$5 copay	$5 copay	$5 copay	$5 copay
Retail: Tier 2 — Generics	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$25 copay	$25 copay	$30 copay	$25 copay	$25 copay
Retail: Tier 3 — Preferred Brands	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	$50 copay	$50 copay	$70 copay	$50 copay	$50 copay
Retail: Tier 4 — Non-Preferred Brands	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	30% coins up to max of $300 / script after ded.	30% coins up to max of $300 / script after ded.	30% coins before deductible	$100 copay after ded.	$100 copay after ded.
Retail: Tier 5 — Specialty	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins up to max of $600 / script after ded.	50% coins up to max of $600 / script after ded.	50% coins. 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 Direct Primary Care (DPC)

* 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 co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.
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 $4500 PPO National Dental Off MP	Health Options Clear Choice Silver $4000 Virtual HSA Plus PPO National Dental Off MP	Health Options Clear Choice Gold $2000 PPO National Dental Off MP
Individual Deductible	$4,500	$4,000	$2,000
Individual Max Out-of-Pocket	$10,000	$8,700	$6,000
Member Coinsurance	30%	20%	30%
HSA Eligible		✓	
SHOP Eligible			
$35 Labs and $75 X-rays*	✓	after deductible	✓
$250 or $350 Advanced Imaging*	✓	after deductible	✓
Primary Care Office Visits**	$40 copay	20% coins. after ded.	$25 copay
Specialty Care Office Visits	$60 copay	20% coins. after ded.	$50 copay
Urgent Care Visits — Facility	$40 copay	20% coins. after ded.	$40 copay
Mental Health/ Substance Use Disorder - Outpatient**	$40 copay	20% coins. after ded.	$25 copay
Emergency Room Care	30% coins. after ded.	20% coins. after ded.	30% coins. after ded.
Retail: Tier 1 — Preferred Generics	$5 copay	$5 copay after ded.	$5 copay
Retail: Tier 2 — Generics	$25 copay	$25 copay after ded.	$25 copay
Retail: Tier 3 — Preferred Brands	$50 copay	$50 copay after ded.	$50 copay
Retail: Tier 4 — Non-Preferred Brands	$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.
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 Direct Primary Care (DPC)

* 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 co-pays, co-insurance, deductibles, and maximum out-of-pocket expense when services are received from preferred providers.
This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.