



A Maine-based, nonprofit
health insurance partner
that has your back

Large Group Plans 2026

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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



Overview of Large Group Benefits

Community Health Options offers Large Group employers with 51 or more eligible employees a selection of PPO NE, PPO National, HMO Tiered NE and HMO National plans, as well as HSA Plus plan options. And for employers with 100 or more enrolled employees, we can customize cost sharing to align your plans to your unique needs.*

Most of our plans include the following:

- All of the **preventive care benefits** required by the Affordable Care Act and the State of Maine with no cost share at in-network providers.
- Our **Chronic Illness Support Program (CISP)** for HSA and non-HSA plans, which makes it easy to manage and pay for treatment of select chronic conditions.
- **Coverage for GLP-1 products** approved for weight loss on select plans.
- **First in-network primary care visit on all plans with \$0 cost share, and first three behavioral healthcare visits** with \$0 cost share on non-HSA plans.
- **Access to Firefly Health**, a virtual-first primary care team that includes a medical doctor, nurse practitioner, behavioral health specialist and health guide, available on all plans.
- **\$0 urgent care** telehealth visits with Amwell®.
- **\$0 cost digital wellness platform and mobile app** for Members 18 years and older.
- **Copay for in-network acupuncture** on most non-HSA plans and up to \$50 reimbursement on HSA plans without having to meet the deductible. All plans offer up to \$50 reimbursement for out-of-network providers.
- Coverage for **chiropractic and osteopathic adjustments** on all plans.
- **Site of service copay benefit** at specified locations for labs, X-rays, and advanced imaging on most non-HSA plans. There is a copay or coinsurance after deductible on HSA plans.
- Prescription programs that help Members save on medications, coordinate refills for multiple prescriptions, and reduce out-of-pocket expenses with tools like **Price Assure**, **Medication Synchronization Program**, and **ScriptSaver**.



*Cost sharing customization on deductibles, maximum out-of-pocket, copays and coinsurance.

For more detailed information about our health plans or to review our Provider Directory, Drug Formulary or Privacy Notice, please visit our website at healthoptions.org.



Navigating Our Network

Community Health Options offers the most robust 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, most in New Hampshire and the premier institutions outlined below:*



- 📍 Boston Children's Hospital
- 📍 Brigham and Women's Faulkner Hospital
- 📍 Brigham and Women's Hospital
- 📍 Dana-Farber Cancer Institute
- 📍 Dartmouth Hitchcock Hospital
- 📍 Mass Eye & Ear
- 📍 Massachusetts General Hospital
- 📍 McLean Hospital
- 📍 Newton-Wellesley Hospital
- 📍 Salem Hospital
- 📍 Spaulding Hospital
- 📍 Springfield Hospital
- 📍 Walden Behavioral Care LLC

*All Maine hospitals, except Togus VA Hospital. A complete list of in-network providers can be found in the [Member portal](#).

Our national plans feature our national wrap network, offering coverage across the country.



SAVE WITH A COPAY ON NON-HSA PLANS:

FOR MORE DETAILED INFORMATION ABOUT OUR HEALTH PLANS OR TO REVIEW OUR PROVIDER DIRECTORY, DRUG FORMULARY OR PRIVACY NOTICE, PLEASE VISIT OUR WEBSITE AT HEALTHOPTIONS.ORG.

- **\$0 or \$5 copays** on 30-day Tier 1 preferred generic medications
- **\$75 copay** for specified **X-ray locations**
- **\$25 copay** for labs at specified **lab locations**
- **\$250 copay for advanced imaging (MRI, CT/PET scans)** at **specified imaging locations**
- **Copays** for urgent care with reduced cost on most plans at specified **urgent care locations**
- **Copays** on most plans for annual pediatric and adult vision exams
- **Copays** for all office-based physical, occupational, and speech therapy visits, as well as chiropractic and osteopathic adjustments
- **Copays** on all in-network acupuncturists



Network Providers

All plans offer in-network coverage through our Community Health Options network, covering Maine, New Hampshire, and many Centers of Excellence in New England.

HMO PLANS

- HMO Tiered plans offer access to high-quality preferred providers at lower costs.
- HMO National plans provide national in-network coverage through our national wrap network, which can be accessed from the Provider Directory.

PPO PLANS

- All PPO plans include out-of-network coverage at a higher cost.
- PPO National plans also feature national in-network coverage through our national wrap network, which can be accessed from the Provider Directory.

OVERVIEW OF OUR NETWORK OPTIONS

SERVICE	HMO TIERED NE	HMO NATIONAL	PPO NE	PPO NATIONAL
Robust ME and NH coverage, including 100% of hospitals in ME and most in NH	✓	✓	✓	✓
Many Centers of Excellence in New England	✓	✓	✓	✓
In-network national coverage through our national wrap network	✗	✓	✗	✓
Lower copays or coinsurance at preferred providers**	✓	✗	✗	✗
Out-of-network coverage*	✗	✗	✓	✓
Virtual care for urgent care, PCP and behavioral health visits	✓	✓	✓	✓
Express Scripts® retail pharmacy and mail order	✓	✓	✓	✓

✓ = Included in Network

✗ = Not included in Network

*All Large Group plans include out-of-country emergency coverage. Please see plan docs for more information.

**Starting in 2026, Northern Light providers and facilities are in the preferred tier along with many others.



Network Providers



Virtual Primary Care with Firefly Health

How does this help your employees?

PRIMARY CARE. ANYTIME, ANYWHERE.

No more long waits to get into a primary care provider or wasted time on the phone trying to make an appointment. Your employees can get high quality, personalized primary care right in their pocket, with anytime access to their care team, wherever they are.

PERSONAL CARE TEAM

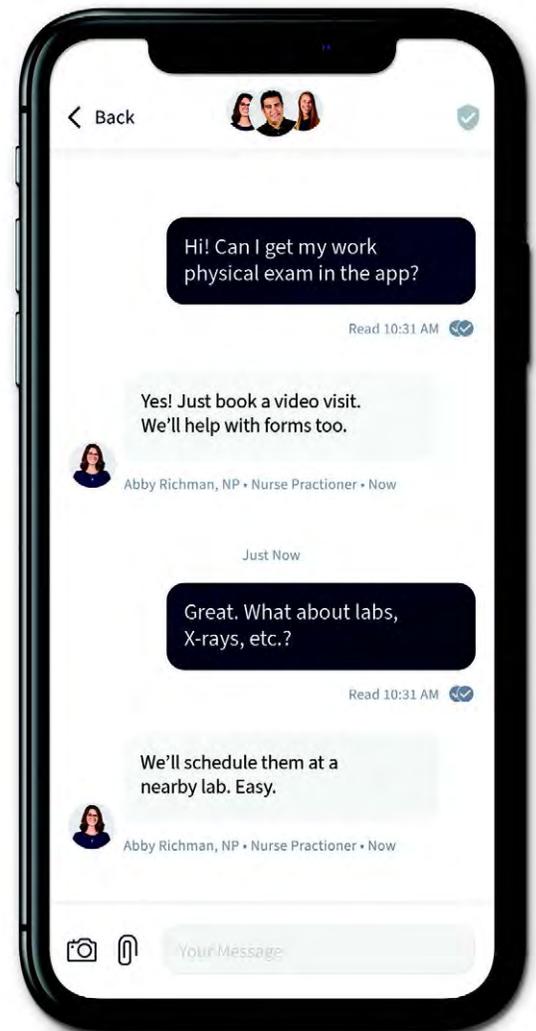
When Members 18 years and older choose Firefly primary care, they get their own care team with a physician, nurse practitioner, health guide, and behavioral health specialist.

CARE THAT'S ON A MEMBER'S SCHEDULE

Members can talk to their team via chat or video.

FIREFLY NEARBY

The Firefly care team can deliver most care safely and virtually. When Members do need in-person care (such as a physical exam or a swab), their team will guide them to Firefly Nearby providers in their area. These may be urgent care clinics, retail or convenient care clinics, or even providers that come into the home.



Access to primary care just got a whole lot easier. Visit fireflyhealth.com/with/cho to learn more.



Preventive Care

Many preventive services are covered at no cost, including screenings, checkups and counseling to avoid medical conditions. While it's usually best to schedule annual checkups about every 12 months for the maximum benefit, Members don't have to wait 365 calendar days to see their provider for wellness care and checkups. Benefits reset based on the first day coverage begins, so Members have peace of mind knowing they can make appointments on their schedule. Refer to plan documents for details on all covered preventive services.



Adult and pediatric preventive care benefits, outlined by state and federal laws, covered at no cost when you visit in-network providers.



Yearly flu vaccinations for adults and children at in-network doctors or pharmacies.



COVID-19 vaccinations or provider-administered COVID-19 testing/screening at no cost to you.



Preventive screenings that can find diseases or medical conditions before any symptoms, so an early diagnosis may be possible. These screenings exclude tests or services to monitor or manage an existing condition or disease.



Screening colonoscopies with no cost share for Members age 45 and older. Preventive health screening colonoscopies have no deductible, coinsurance or copay.



Preventive counseling when the provider determines that a Member is at risk for a disease or medical condition. This counseling offers important information about the risk and supports the Member in managing their health.



Chronic Illness Support Program

Non-HSA plans include a Chronic Illness Support Program (CISP) designed to improve the health and well-being of Members with asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes and high blood pressure (hypertension).

Members who manage their conditions through in-network office visits can save on routine care—with \$0 cost on select medical services listed below. Additionally, Members can save on CISP-designated medications when ordering through the Express Scripts (ESI) mail-order pharmacy. See below for details on services and pharmacy.

FOR NON-HSA PLANS ONLY: CHRONIC ILLNESS SUPPORT PROGRAM (CISP) MEDICAL SERVICES

CONDITION	OFFICE VISITS WITH DIAGNOSIS CODE FOR	ALSO COVERED
Asthma	<ul style="list-style-type: none"> Primary care, pulmonologist, allergist for routine management Palliative care to discuss condition treatment Immunotherapy for allergen sensitization 	<ul style="list-style-type: none"> Inhaler adjuncts (e.g., holding chamber/spacer) through mail order Pulmonary function tests Allergy sensitivity testing Asthma education Targeted laboratory tests for routine management
Coronary Artery Disease (CAD)	<ul style="list-style-type: none"> Primary care, cardiologist for routine management Palliative care to discuss condition treatment 	<ul style="list-style-type: none"> Electrocardiogram (ECG) Nutritional counseling, up to 12 visits per year Cardiac rehabilitation and associated exercise programs are covered at 50% cost share reduction Targeted laboratory tests for routine management
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> Primary care, pulmonologist for routine management Palliative care to discuss condition treatment 	<ul style="list-style-type: none"> Inhaler adjuncts (e.g., holding chamber/spacer) through mail order Pulmonary function tests Home oxygen therapy assessment Pulmonary rehabilitation and associated exercise program are covered at 50% cost share reduction Targeted laboratory tests for routine management <p>Note: Oxygen delivery and supplies are subject to routine coverage.</p>
Diabetes	<ul style="list-style-type: none"> Primary care, endocrinologist, podiatrist, optometrist/ ophthalmologist for routine management Palliative care to discuss condition treatment 	<ul style="list-style-type: none"> Nutritional counseling, up to 12 visits per year Diabetes education with a certified diabetes educator Targeted laboratory tests for routine management <p>Diabetic supplies specified on the formulary and dispensed via ESI mail order are covered at \$0 cost share:</p> <ul style="list-style-type: none"> One glucometer per year Glucose test strips: up to 150 strips every 30 days or 450 strips every 90 days Monthly FreeStyle Libre Continuous Glucose Monitoring system sensors <p>Note: Except FreeStyle Libre, continuous glucose monitors, insulin pumps, and associated supplies are subject to routine coverage.</p>
Hypertension	<ul style="list-style-type: none"> Primary care, cardiologist and nephrologist for consultation and routine management Palliative care to discuss condition treatment 	<ul style="list-style-type: none"> Nutritional counseling, up to 12 visits per year Targeted laboratory tests for routine management Blood pressure cuff

PHARMACY BENEFITS INCLUDE:

- Select Tier 1 Generic Medications** designated with CISP on the drug formulary at \$0 with ESI mail order on 35+ days of medication.
- Select Tier 2 and 3 Medications** designated with CISP on the drug formulary at 50% cost share reduction with ESI mail order on 35+ days of medication and maximum savings with 90-day supply.

All other drug tiers and drugs without an HSA+ designation on the most current drug formulary require routine cost sharing. Members should talk with their providers about whether a lower-tier medication is available for their chronic illness.



Large Group HSA Plus Chronic Illness Support Program

All Large Group HSA Plus plans include a specially designed Chronic Illness Support Program (CISP) that meets the preventive requirements of high deductible health plans. Our goal is to support Members with asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes and hypertension in improving their health and well-being.

To make this possible, select medical services for preventive care or screening are available with copay or coinsurance and no deductible for the outlined chronic illnesses when performed by an in-network provider. Prior Approval requirements may apply for some services. Additionally, select Tier 1 and 2 medications designated as HSA+ are available with copay or coinsurance, with no deductible required.

FOR HSA PLUS PLANS:

CHRONIC ILLNESS SUPPORT PROGRAM (CISP) MEDICAL SERVICES

Asthma	<p>No deductible for up to 3 primary care visits and 1 specialist visit annually (allergist or pulmonologist) with diagnosis code:</p> <ul style="list-style-type: none"> • Pulmonary function test management • Asthma education during an office visit • Targeted laboratory tests for the routine management of asthma <p>Also covered:</p> <ul style="list-style-type: none"> • Inhaler adjuncts (e.g. holding chamber/spacer) through ESI mail order
Coronary Artery Disease (CAD)	<p>No deductible for up to 3 primary care visits and 1 specialist visit annually (cardiologist) with diagnosis code:</p> <ul style="list-style-type: none"> • Nutritional counseling, up to 12 visits per year at \$0 cost <p>Also covered:</p> <ul style="list-style-type: none"> • Electrocardiogram (ECG) • LDL laboratory test
Chronic Obstructive Pulmonary Disease (COPD)	<p>No deductible for up to 3 primary care visits and 1 specialist visit annually (pulmonologist) with diagnosis code:</p> <ul style="list-style-type: none"> • Pulmonary function test • Home oxygen therapy assessment • Targeted laboratory tests for the routine management of COPD <p>Also covered:</p> <ul style="list-style-type: none"> • Inhaler adjuncts (e.g., holding chamber/spacer) through mail order <p>Note: Oxygen delivery and supplies are subject to routine coverage.</p>
Diabetes	<p>No deductible for up to 3 primary care visits and 1 specialist visit annually (endocrinologist, podiatrist or optometrist ophthalmologist) with diagnosis code:</p> <ul style="list-style-type: none"> • Nutritional counseling up to 12 visits per year at \$0 cost share • Retinopathy screening • Diabetes education with a certified diabetes educator • A1C laboratory tests <p>Also covered:</p> <ul style="list-style-type: none"> • One glucometer per year • Glucose test strips: up to 150 strips every 30 days or 450 strips every 90 days • Monthly FreeStyle Libre Continuous Glucose Monitoring system sensors <p>Note: Except FreeStyle Libre, continuous glucose monitors, insulin pumps, and associated supplies are subject to routine coverage.</p>
Hypertension	<p>No deductible for up to 3 primary care visits and 1 specialist visit annually (cardiologist or nephrologist) with diagnosis code:</p> <ul style="list-style-type: none"> • Nutritional counseling up to 12 visits per year at \$0 cost share <p>Also covered:</p> <ul style="list-style-type: none"> • Blood pressure screening • Blood pressure monitoring • Blood pressure cuff

- Select medications designated as HSA+ on the drug formulary are available with copay or coinsurance, with no deductible required at in-network retail pharmacies.
- Additional savings are offered through ESI mail order with two 30-day copays or coinsurance payments for 90 days of medication.

All other drug tiers and drugs without an HSA+ designation on the most current drug formulary require routine cost sharing. Talk with your provider about whether a lower-tier medication is available for your chronic illness.



Wellness Benefits

For easy access to these resources and services, Members should [set up a portal at healthoptions.org](https://healthoptions.org).

Primary Care and Behavioral Health

There is no cost for the first in-network primary care visit on all plans, and the first three in-network behavioral health visits on non-HSA plans (Members on an HSA plan have a copay after reaching their deductible). A Member's plan covers many preventive healthcare services, including screenings, checkups and counseling at no cost, but some tests and services provided during a primary care visit could be subject to standard cost sharing. For more information about preventive wellness, please refer to the Preventive Care section of this guide or plan documents.

Virtual Care

A provider visit can be just a click away, and virtual care services make it easy to schedule appointments and access urgent care, all from the comfort of home.

- If a provider offers telehealth services, the Member will have the same plan coverage as in-network or out-of-network provider office visits.
- Members 18 years and older can choose virtual primary care through Firefly Health, with a virtual primary care team that includes a medical doctor, nurse practitioner, behavioral health specialist and health guide, who will refer them to local in-person providers when necessary. To learn more, visit [Firefly Health](#). Appointments will have the same plan coverage as in-network primary care office visits.
- All plans include telehealth for urgent care, psychiatry and counseling/therapy through **Amwell®**. One-time and continued behavioral healthcare visits can be easily managed through the Amwell patient portal. Urgent care telehealth is available night or day, providing access to treatment whenever needed **at \$0 cost**.



Wellness Benefits

Chiropractic and Osteopathic Adjustment Coverage

All plans include coverage for chiropractic and osteopathic adjustments. Members will find detailed information in plan documents located in the portal.

Acupuncture

All plans have coverage for acupuncture services with a copay for in-network providers on non-HSA plans, and up to \$50 reimbursement for out-of-network providers. HSA Members with this benefit can get in and out-of-network reimbursement up to \$50 per visit with no deductible. Members will find detailed information in plan documents located in the portal.

Vision

All plans offer adult and pediatric vision coverage including one eye exam every 12-month calendar year. On non-HSA plans, pediatric and adult visits have a copay. All plans include coverage for glasses and contacts (every 24-month calendar period) with varying coinsurance and deductible requirements.

Oral Health

Groups may contract with Northeast Delta Dental® to provide dental coverage for both pediatric and adult Members. A special, low dental deductible applies, and covered out-of-pocket dental expenses are applied to medical out-of-pocket expenses. Additionally, when you contract with Delta Dental and Community Health Options, a discount is available on both group premiums.



Wellness Programs & Tools

Our programs and tools can help Members reach their wellness goals. Whether a Member is already on a path to better health or just getting started, we'll be there every step of the way.

Wellness Platform and App

We partner with WellRight® to provide a digital wellness platform and mobile app at no cost to Members 18 years and older. Benefits include gamified wellness challenges, integration with wearable devices, and a comprehensive health risk assessment. This can be accessed through the Health and Wellness tab in the Member portal, or by downloading the WellRight app, or logging in at healthoptions.wellright.com. When downloading the mobile app, Members will need to enter the company code “healthoptions” to begin their personalized experience.

Treatment for Tobacco Use

Our Tobacco Cessation Program offers an 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 and it is available at \$0 out of pocket.* Our care managers are available to support Members along their journey to becoming tobacco free. It is as easy as calling Member Services at (855) 624-6463 to get started.

Care Management

Our Maine-based care teams are specially trained to help with the medical services Members need and to help save money on prescribed medications. They also provide a range of services, including transitions of care (such as hospital to home), disease management, chronic condition management, cancer care, pregnancy/postpartum and behavioral healthcare. Additionally, our care managers partner with local agencies to access community support.

*Limited to two (2) ninety (90) day treatment cycles



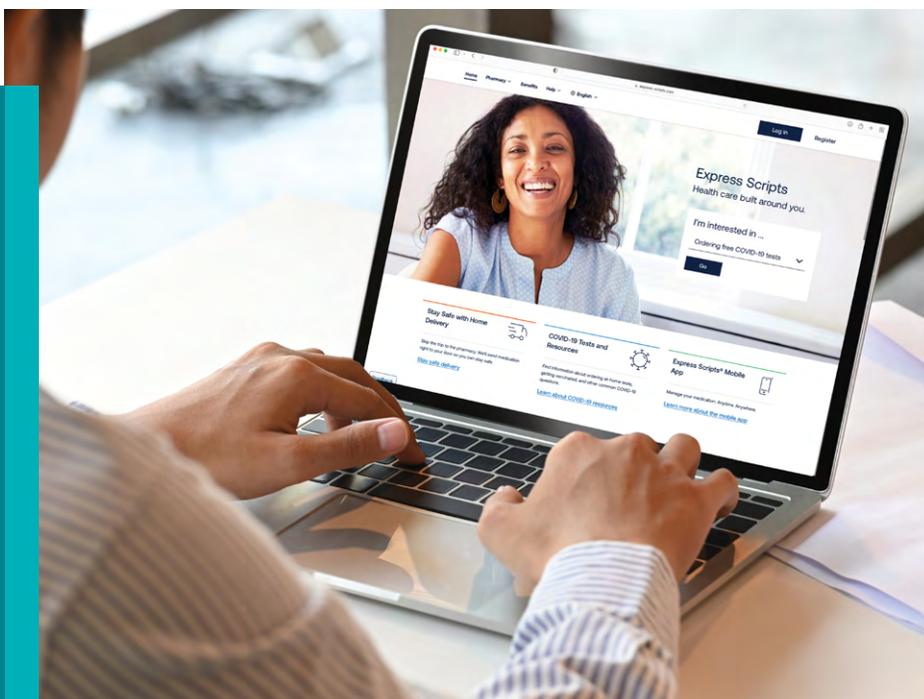
Pharmacy Management

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.



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.



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 \leq 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.

“Your systems for quoting and enrollment are extremely easy to work with, much easier than some of your larger competitors.”

— J.O., 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."



Group Administration and Member Services

Reporting and Advisory Capability

To help keep costs low, Community Health Options provides Large Group employers regular reporting, analysis and advice via your local broker or local Community Health Options account manager. This gives you an edge in understanding trends and a solid understanding of your organization's healthcare costs.

Group Experience Report

Large Group Employer

Claims Paid January 2024 - December 2024

Community Health Options is the Maine-based health insurance company that puts Members first, working to improve access to care while keeping costs low so that Members can actually use their benefits.

Premium and Expense Report

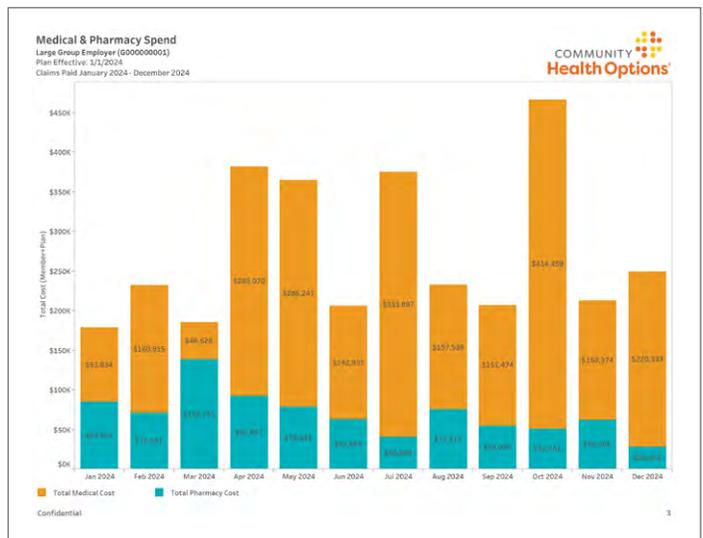
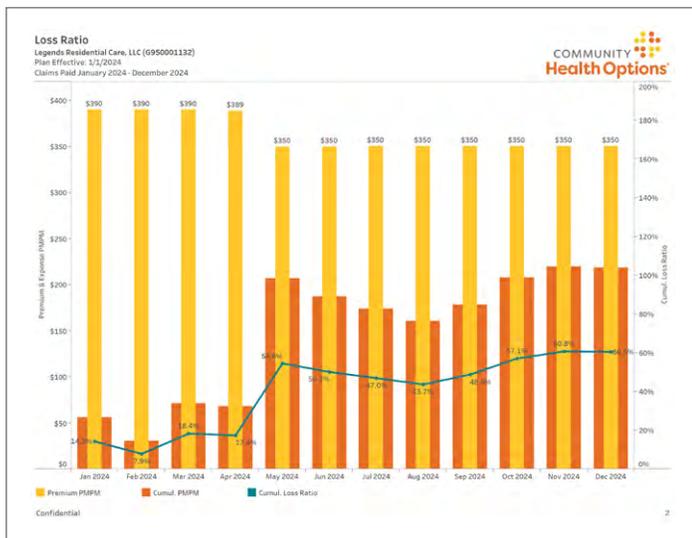
Large Group Employer (0000000001)
Plan Effective: 1/1/2024
Claims Paid January 2024 - December 2024

Paid Month	Subscribers	Members	Premium	Plan Med Cost	Plan Rx Cost	Total Plan Cost	Claims PMPM	Cumul. PMPM along Table (Down)	Loss Ratio	Cumul. Loss Ratio along Table (Down)
Jan 2024	137	296	\$167,820	\$47,103	\$62,739	\$109,842	\$373	\$373	65.5%	65.5%
Feb 2024	136	295	\$167,058	\$26,408	\$53,997	\$126,405	\$632	\$491	108.0%	86.7%
Mar 2024	138	300	\$169,598	\$28,096	\$100,199	\$128,295	\$428	\$470	75.6%	83.0%
Apr 2024	143	315	\$177,848	\$200,039	\$66,262	\$266,281	\$845	\$568	149.7%	100.4%
May 2024	140	311	\$174,916	\$209,123	\$60,032	\$289,154	\$857	\$659	253.8%	113.3%
Jun 2024	139	305	\$171,987	\$94,561	\$51,625	\$146,136	\$479	\$604	85.0%	106.9%
Jul 2024	144	316	\$177,387	\$269,582	\$35,095	\$304,677	\$964	\$657	171.8%	116.4%
Aug 2024	144	316	\$177,347	\$107,449	\$61,657	\$209,106	\$535	\$641	95.4%	113.7%
Sep 2024	139	304	\$172,446	\$118,759	\$60,830	\$198,399	\$557	\$632	98.2%	112.0%
Oct 2024	135	294	\$166,153	\$376,803	\$43,720	\$440,523	\$1,430	\$709	253.1%	123.6%
Nov 2024	136	297	\$167,794	\$119,340	\$58,654	\$177,995	\$599	\$699	106.1%	123.9%
Dec 2024	136	298	\$168,289	\$174,566	\$25,749	\$198,315	\$665	\$697	117.8%	123.4%
Grand Total	1,667	3,647	\$2,058,643	\$1,871,748	\$668,359	\$2,640,107	\$697	\$697	123.4%	123.4%

High Cost Claimants (\$25K+) Claims Paid January 2024 - December 2024

Claimant	Current Elig	Major Medical Diagnosis Category	Plan Paid Med	Plan Paid Rx	Plan Paid Total
Claimant 1	N	Neoplasms	\$14,125	\$146,000	\$160,125
Claimant 2	N	Pregnancy, childbirth and the puerperium	\$26,512	\$0	\$26,512

Confidential



Partnership

We know what it means to be a good partner. **With a high employer group retention rate, we are proud to know that Community Health Options is delivering high satisfaction among employers and Members.**

- Plus, we have solid relationships with the brokers you have come to trust. **They have given Community Health Options a score of 9 out of 10 for likelihood to recommend, which is linked to overall satisfaction and ease of doing business.** (Broker Satisfaction Survey)
- And we offer easy access to local Maine-based account management and senior leadership.

“Having all your Member Service team in Maine sets you apart from the others. I cannot speak highly enough of Community Health Options!”

— B.S., Broker Satisfaction Survey

Partner Promise

We want to be your partner over the long term and are committed to you through our **Partner Promise**, a 13-point, time-bound promise built on three core principles:

YOU WILL HAVE A SIMPLE TRANSITION

We will provide personalized assistance for employees with complex health needs when they enroll. We will reach out to all new groups via phone or email within 90 days to introduce you and your employees to your new plan. 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 on out-of-pocket expenses and reduce your claim expenses. We will offer targeted 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.

YOUR 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 employees. 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. Our digital wellness platform will help your employees and their dependents 18+ feel supported in their journey to wellness and building healthy habits—with no cost share.

*2025 Member post call survey results

Learn more at healthoptions.org.



Large Group Plan Details and Selection Process

Plan Selection

When it comes to choosing a health plan for your organization, we have you covered. You can choose from a variety of plans, including PPO NE, PPO National, HMO Tiered NE and HMO National, as well as HSA Plus options for premium savings. Deductibles range from \$1,000 to \$10,600 with various coinsurances to meet your organization's needs. All plans give you access to our broad New England Network, while national plans provide in-network coverage with our national wrap network. Cost share customization is available on health and prescription benefits for groups with 100+ enrolled employees.* Plan details can be found at healthoptions.org. To learn more, contact us at (207) 402-3353 or BusinessDevelopmentInfo@healthoptions.org.

Enrollment Process

Ready to get started? Enrollment or renewal is as easy as contacting your current broker, Community Health Options account manager, or Business Development at BusinessDevelopmentInfo@healthoptions.org.



*Cost sharing customization on deductibles, maximum out-of-pocket, copays and coinsurance.



Frequently Asked Questions

WHAT IS A FULLY INSURED GROUP HEALTH PLAN?

A fully insured group health plan is an employer-sponsored health plan for employees in which the employer purchases health insurance through a commercial insurer. Premiums are determined by the group's overall claims experience. The rates are set for a contract period of 12 months.

HOW MANY EMPLOYEES DOES MY COMPANY NEED TO HAVE TO REQUEST A FULLY INSURED LARGE GROUP QUOTE?

Community Health Options quotes groups with 51 or more eligible employees as a Large Group. An eligible employee is any employee who meets the eligibility requirements set forth by the employer and includes those enrolling, those waiving coverage (due to other benefits) or those eligible and declining coverage.

HOW DO I GET A QUOTE IF I DO NOT WANT TO GO THROUGH A BROKER?

It's easy. You can simply contact the Business Development team at **(207) 402-3353**, email

BusinessDevelopmentInfo@healthoptions.org for more information, or complete the form on our website in the "for more information" section at **[healthoptions.org](https://www.healthoptions.org)**.

HOW CAN I CUSTOMIZE MY GROUP'S PLAN?

We offer employers with 100 or more enrolled employees cost sharing customization (deductibles, copays, coinsurance, maximum out-of-pocket).

CAN MY COMPANY KEEP ITS COMMUNITY HEALTH OPTIONS COVERAGE IF WE MOVE FROM A LARGE GROUP TO THE DEFINITION OF A SMALL GROUP?

Yes, you can keep your coverage. Your quote remains intact for 12 months as we use the eligible employee number for the previous 12 months. We want to be your partner over the long term, so we are also happy to transition to a Small Group plan.





Community Health Options is an innovative, Maine-based nonprofit health insurance partner that has your back.

Connect with us to learn how we can provide the benefits your business deserves at a cost you can afford. Contact your broker or the Business Development team at BusinessDevelopmentInfo@healthoptions.org or call (207) 402-3353.



For more detailed information about our health plans or to review our sample Member Benefit Agreement, Summary of Benefits and Coverage, Provider Directory, Drug Formulary or Privacy Notice, please visit our website at healthoptions.org, or call the Business Development Team at (207) 402-3353.

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