



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

# Large Group Member Guide



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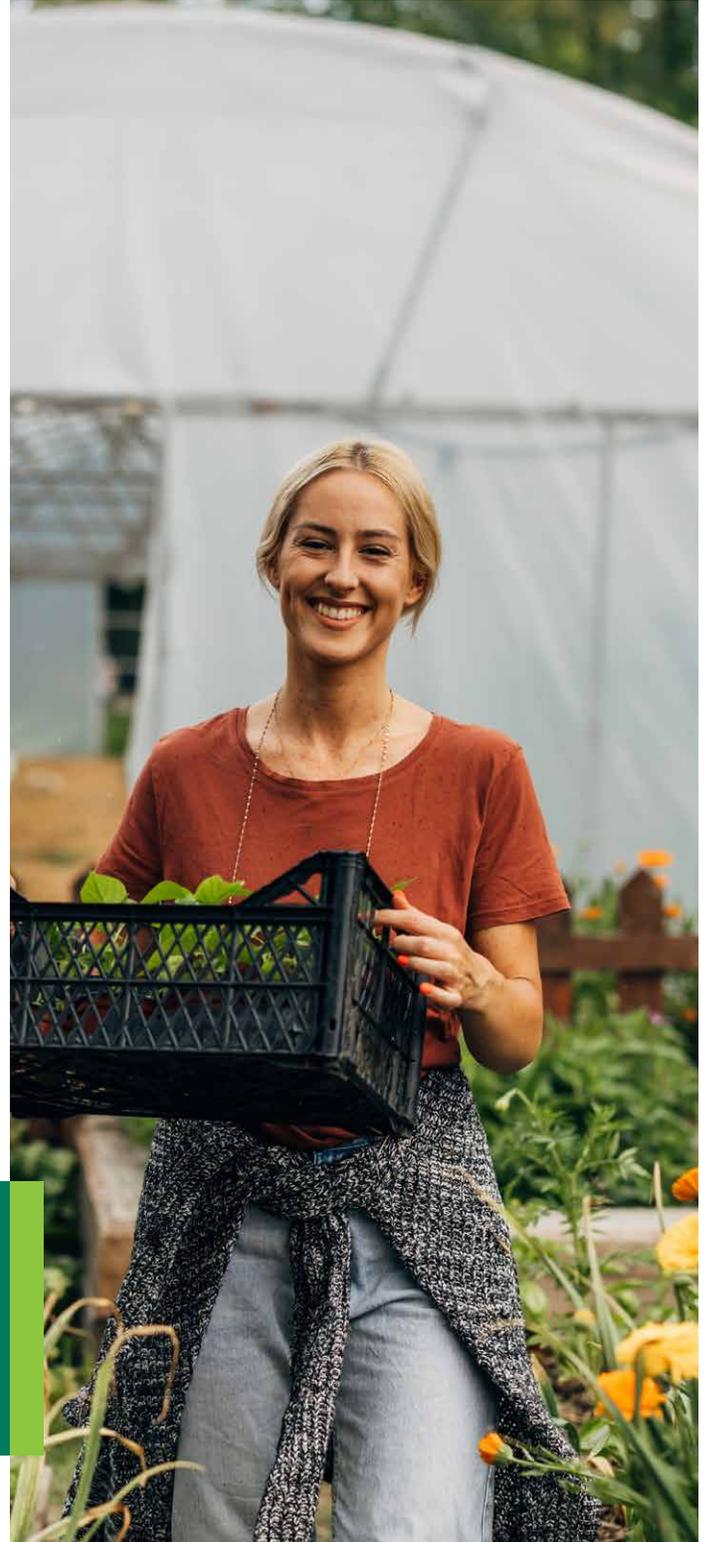
# Community Health Options Overview



Community Health Options is a nonprofit, Maine-based health insurer that gets you and is here to help you access the healthcare you need and deserve. You're the reason we do what we do—provide health insurance and wellness tools you can actually use, while helping lower out-of-pocket costs and improve health outcomes.

Our network of more than 48,000 providers is the most robust you'll find in Maine. It includes clinicians, hospitals and pharmacies across Maine and in New Hampshire, Vermont and Massachusetts. The network includes all hospitals in Maine and most in New Hampshire, along with access to many Centers of Excellence in Massachusetts. If you live outside of Maine part-time, like to travel or have a child away at college, we offer national plans that include coverage for care across the U.S.

When you need help, we're here for you. Our Maine-based Member Services team is ready to help you get the most from your plan benefits and answer any questions you may have. It's healthcare insurance that feels different—because it's health insurance the way it should be.



**We strive to keep costs low while providing the benefits you deserve.**



# Overview of Large Group Benefits

Welcome to Community Health Options! We are happy to have you as a Member. Now that you're enrolled, getting the most from your plan begins with understanding your benefits and services. We want our Members to get the best possible care at the best prices, and our team is ready to help you at every step.

## 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. If you have an HSA plan, you'll pay a copay or coinsurance once you meet your deductible.
- 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**.



# Overview of Large Group Benefits

## 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](https://www.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



# Finding Important Information About Your Plan

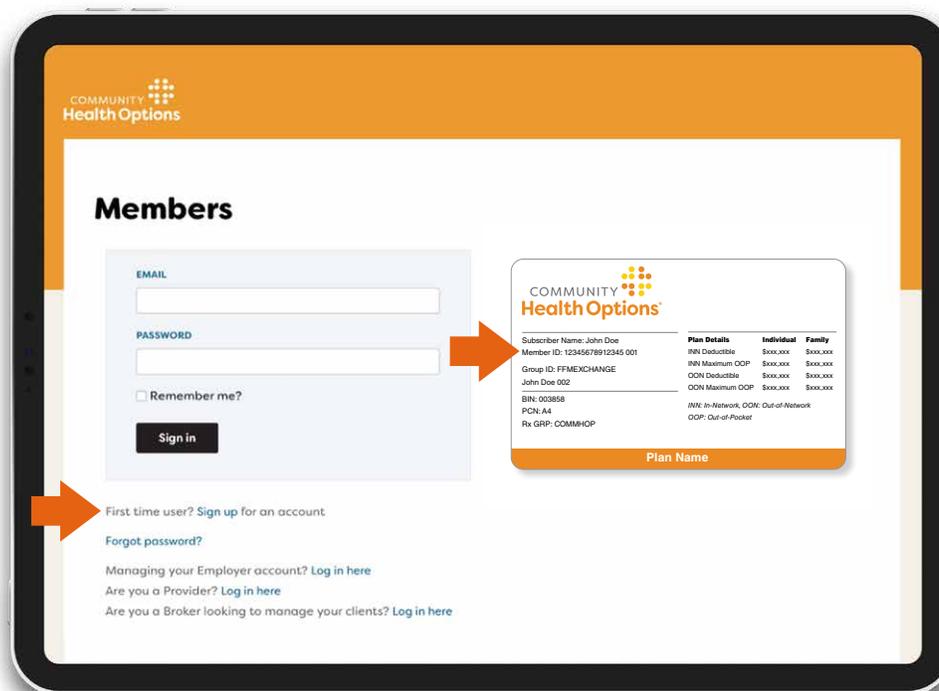
When you enrolled, you received a welcome packet with a Member ID card and instructions to set up your online portal. The Member portal provides access to plan benefits, claims, paperless delivery, primary care provider (PCP)/pediatrician (PED) selection and more. You'll also find a form that gives a family member or caregiver access to your protected health information. Simply download the Protected Health Information (PHI) disclosure form in the "Forms & Resources" tab in your portal, fill it out and send it to us via mail or email.

## Getting Started Online: Your Portal

The portal has everything you need to get started with your new benefits plan. Setting up your **secure, personal portal** takes just a few minutes and gives you **24/7 online access** to your plan benefits and documents.

### HERE'S HOW TO GET STARTED:

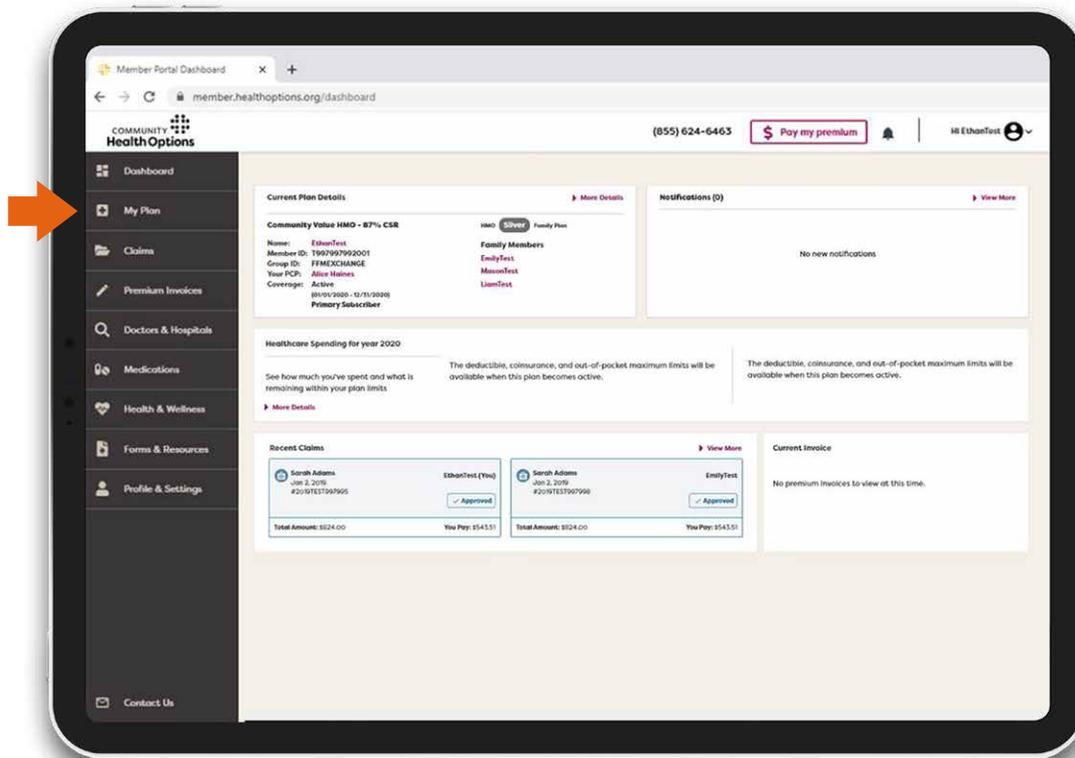
- Go to [healthoptions.org](http://healthoptions.org).
- Click on **Sign In** at the far right upper corner of the screen.
- Select **Member Login**.
- Click on **First Time User? Sign up for an account**.
- At the next screen, enter your Member ID number, last name and date of birth.



# Get to Know Your Portal

Once you set up your account, your **portal** shows your personal dashboard. From there, you can click on the menu to the left to find the information you need.

Your home screen will also have quick links to items like your claims, deductible status and current notifications.



●● To view important plan documents, click on **My Plan** on the left side menu. Then, under **Benefits and Coverage**, click **Health Plan Information**:

## MEMBER BENEFIT AGREEMENT

Your contract with Community Health Options, which specifies the services covered under your plan.

## SUMMARY OF BENEFITS AND COVERAGE

An overview of your plan benefits, including your potential out-of-pocket costs.

## SCHEDULE OF BENEFITS

A summary of services, benefit limits and cost sharing responsibilities under your health plan.



# Get to Know Your Portal

More ways to use your portal to manage your benefits:

## FIND A PROVIDER

You have several options through your portal to find the healthcare that's right for you. To get started, click on **Providers & Hospitals** to open the provider search tool.

## FIND ESTIMATES FOR SERVICES

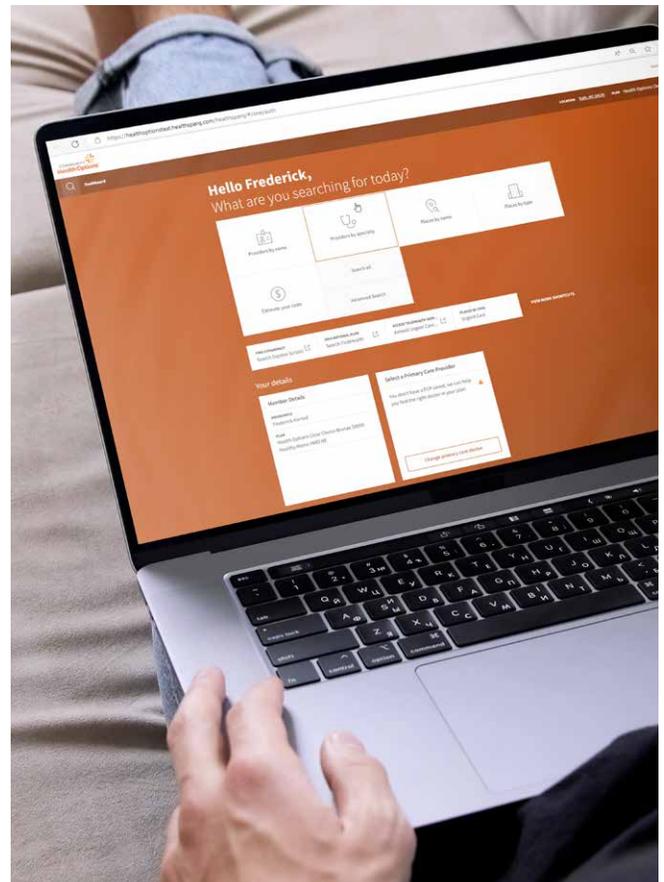
Use the cost estimator tool to understand and compare the costs of products and planned services. On your dashboard, click **Estimate My Costs** to learn more. This will present estimated costs and a customized cost share experience based on your plan.

## FIND MEDICATIONS

Find and confirm medications covered by your plan and set up delivery for most maintenance prescriptions right to your door—often with better savings than most pharmacies. Click on **Medications** to get started.

## PAPERLESS DELIVERY

Many communications are sent electronically to your portal, including Prior Approval letters, Explanation of Benefits and invoices. It's simple, secure and convenient. Plus, you can check your claims, see updates and more. **If you prefer to receive paper documentation, contact Member Services at (855) 624-6463 from 8 a.m. to 5 p.m., Monday through Friday, or email the team using our contact form.**



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

\*All Maine hospitals, except Togus VA Hospital. A complete list of in-network providers can be found in your Member portal.

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



## Selecting a Provider

When planning a visit to the doctor, it is important to understand your plan type and plan network.

Your plan name is listed on your Member ID card.

### 1 FIND YOUR PLAN TYPE

Look at your Member ID card to find your plan type, **HMO** or **PPO**. HMO plans provide access to our robust network with no out-of-network coverage, while PPO plans provide out-of-network coverage with higher cost sharing.

### 2 FIND YOUR NETWORK TYPE

Look at your Member ID card to find your network type, **New England (NE)**, **Tiered NE** or **National**.

**New England:** Includes the Community Health Options network with more than 48,000 clinicians, hospitals, and pharmacies in **Maine, New Hampshire, Vermont and Massachusetts**. All plans have access to this network.

COMMUNITY Health Options			
Subscriber Name: John Doe	<b>Plan Details</b>	<b>Preferred</b>	<b>Standard</b>
Member ID: 12345678912345 001	Ind Deductible	\$7,500	\$15,000
Group ID: FFMEXCHANGE	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	<b>Services</b>	<b>Preferred</b>	<b>Standard</b>
PCN: A4	PCP Visit	35% Coins	\$70 Copay
Rx GRP: COMMHOP	Emergency Visit	50% Coins	\$50 Coins
	Urgent Care Center	\$60 Copay	\$60 Copay
	Amwell® Urgent Telehealth	\$0 Copay	\$0 Copay
	<small>No out-of-network coverage. Coinsurance (Coins) applied after deductible is met. OOP = out-of-pocket.</small>		
Health Options CC Bronze \$750 HMO Tiered NE Dental			

Find your plan and network type at the bottom of your card.

**Tiered NE:** Includes the Community Health Options network and offers **reduced copays or coinsurance** when you choose a preferred provider.

**National:** Includes the Community Health Options **network and in-network access to providers across the country**.



# 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 may 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

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

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



# Network Providers



## Virtual Primary Care with Firefly Health

### How does this help you?

#### 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. Get high-quality, personalized primary care right in your pocket, with anytime access to your care team, wherever you are.

#### PERSONAL CARE TEAM

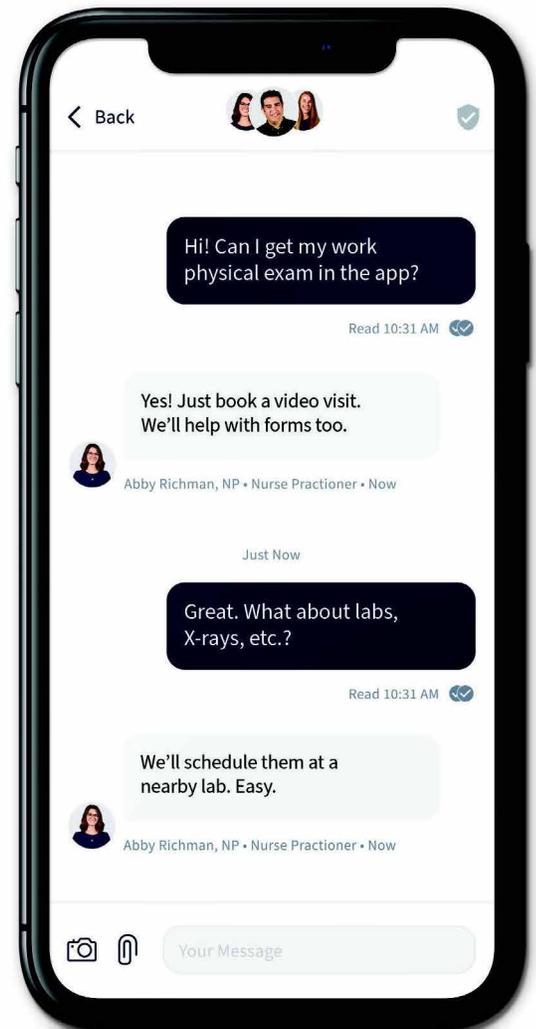
When Members 18 years and older choose Firefly primary care, they get their own care team with a physician, nurse practitioner, health guide, and behavioral health specialist.

#### CARE THAT'S ON YOUR SCHEDULE

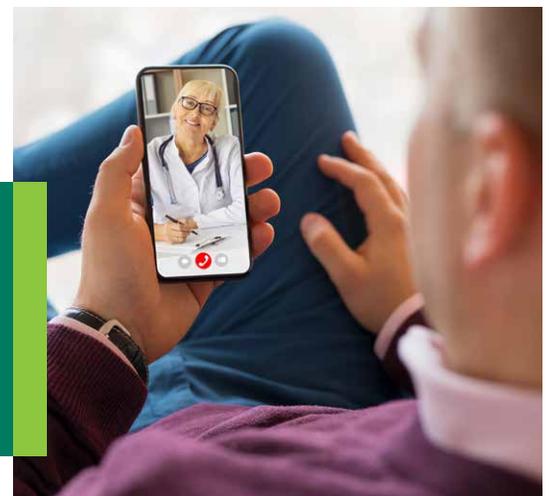
You can talk to your team via chat or video.

#### FIREFLY NEARBY

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



Access to primary care just got a whole lot easier. Visit [fireflyhealth.com/with/cho](https://fireflyhealth.com/with/cho) to learn more.



# Network Providers

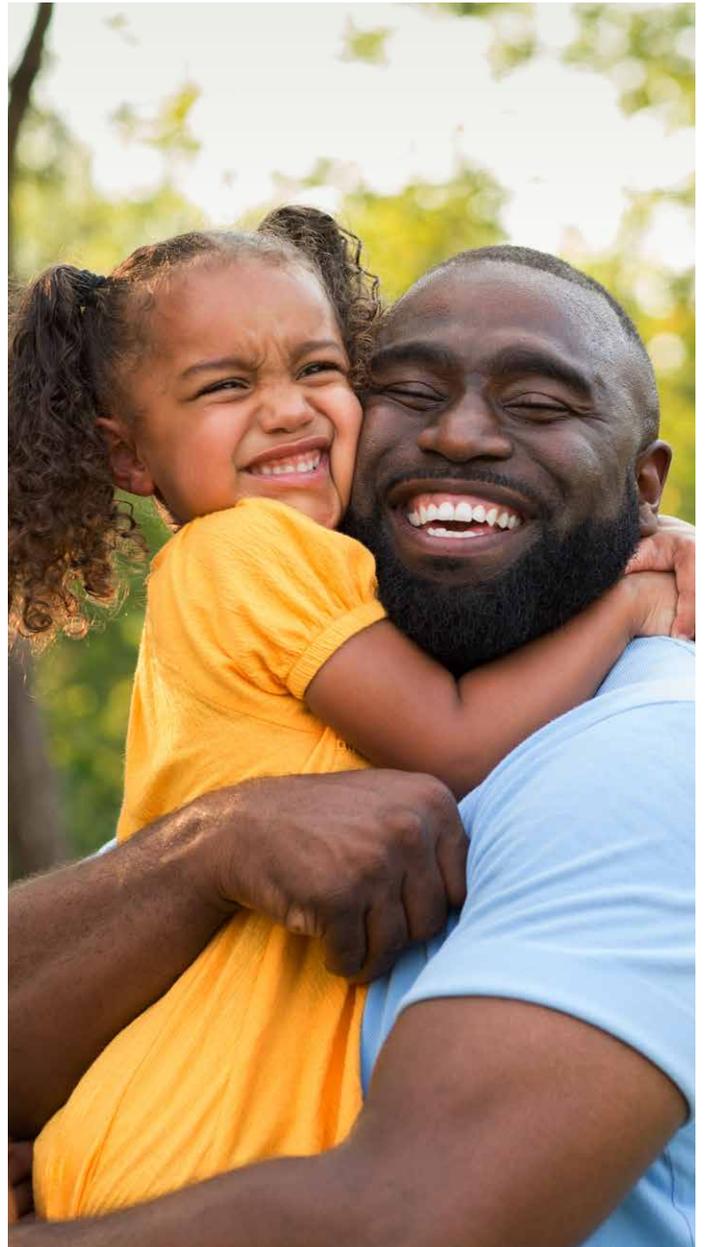
## Finding the Care You Need

Use this guide for tips on getting the care you need when and where you need it.

### SELECTING A PRIMARY CARE PROVIDER (PCP) OR PEDIATRICIAN (PED)

You can find and select a PCP or PED in your Member portal for you and members of your family. To make sure you find a provider who fits your needs:

- Ask the PCP/PED about office hours and whom to contact after hours.
- If you are on a tiered plan, check the provider directory to see if your doctor is standard or preferred.
- Check how long it will take to get an appointment, and whether the provider will speak with you over the phone.
- Ask how long a typical waiting room time is.
- If you need help selecting a PCP/PED, contact Member Services at (855) 624-6463.
- For easy access, consider selecting an in-network virtual primary care team at Firefly Health. Learn more by visiting [fireflyhealth.com/with/cho](https://fireflyhealth.com/with/cho).



### BEFORE YOUR PCP VISIT

- Confirm how much you'll pay (in your Summary of Benefits & Coverage in your portal).
- Check to see if you need to pay at the appointment.
- Bring a list of medications and your questions. Importantly, you'll pay nothing for a preventive visit with coverage based on [services listed at healthcare.gov](https://www.healthcare.gov). *Note: You may have to pay for tests and additional services. Please view your plan documents or visit your portal for more information.*



# Network Providers

## Site of Service

### RECEIVING CARE AT SPECIFIED LOCATIONS CAN SAVE YOU MONEY

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

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

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

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

## WHERE TO GO FOR CARE: PRIMARY CARE

HEALTHCARE SERVICE	WHEN & WHY TO CHOOSE THIS OPTION	TYPICAL EXPENSE
<p><b>Primary Care Provider (PCP)/ Pediatrician (PED)</b></p> <p>Your doctor, physician assistant, or nurse practitioner you selected when your Community Health Options coverage started. This also includes virtual primary care services offered through Firefly Health.</p> <p><i>Note: If you are on a tiered plan, make sure you select a preferred provider for reduced costs.</i></p>	<p><b>Call or visit your PCP/PED for:</b></p> <ul style="list-style-type: none"> <li>• Regular wellness checks</li> <li>• Preventive services</li> <li>• Minor skin conditions</li> <li>• Cold- and flu-related symptoms</li> <li>• Referrals to specialists</li> <li>• Assessing medical conditions or concerns</li> <li>• Vaccinations</li> <li>• General health management of chronic conditions</li> </ul>	<p><b>\$</b></p>
<p><b>Walk-in Primary Care Service</b></p> <p>A walk-in clinic is a healthcare facility that provides convenient basic medical care and can usually be found near pharmacies or retail stores. These services are generally associated with a PCP practice and have extended hours and walk-in service.</p>	<p><b>Use walk-in primary care when you need quick care for non-life-threatening conditions.</b></p> <ul style="list-style-type: none"> <li>• Sprains</li> <li>• Minor injuries that require stitches</li> <li>• Minor burns</li> <li>• Minor broken bones</li> <li>• Minor infections</li> <li>• Cold, flu, strep symptoms</li> <li>• Respiratory infections</li> </ul>	<p><b>\$-\$ \$</b></p> <p>Costs vary but will generally be lower than in a hospital emergency department.</p>



# Network Providers

## WHERE TO GO FOR CARE: URGENT CARE

HEALTHCARE SERVICE	WHEN & WHY TO CHOOSE THIS OPTION	TYPICAL EXPENSE
<p><b>Amwell® Urgent Care Telehealth</b></p> <p>Visits online or over the phone with a clinically licensed urgent care provider.</p>	<p><b>Log in to Amwell® Urgent Care when you need quick care for non-life-threatening conditions.</b></p> <ul style="list-style-type: none"> <li>• Headaches</li> <li>• Minor burns</li> <li>• Minor infections</li> <li>• Cold, flu, strep symptoms</li> <li>• Respiratory infections</li> </ul>	<p><b>\$0</b></p>
<p><b>Urgent Care</b></p> <p>These are stand-alone, walk-in clinics.</p> <p>For a list of in-network urgent care locations, visit the provider directory in your Member portal. An easy, printable reference list may also be found in your portal, under Forms and Resources.</p>	<p><b>Go to an urgent care center when you need quick care for non-life-threatening conditions.</b></p> <ul style="list-style-type: none"> <li>• Sprains</li> <li>• Minor injuries that require stitches</li> <li>• Minor burns</li> <li>• Minor broken bones</li> <li>• Minor infections</li> <li>• Cold, flu, strep symptoms</li> <li>• Respiratory infections</li> </ul>	<p><b>\$ \$</b></p>
<p><b>Emergency Department (ED) at a hospital</b></p>	<p><b>Go to the ED or call 911 for serious, life-threatening injuries or conditions:</b></p> <ul style="list-style-type: none"> <li>• Large open wounds</li> <li>• Heavy bleeding</li> <li>• Chest pains</li> <li>• Sudden weakness or trouble talking</li> <li>• Major burns</li> <li>• Severe head injuries</li> <li>• Major broken bones</li> <li>• Difficulty breathing</li> </ul>	<p><b>\$ \$ \$</b></p>



# Preventive Care

Your plan covers many preventive healthcare services at no cost, including screenings, checkups and counseling to avoid medical conditions. It's usually best to schedule your annual checkup about every 12 months for the maximum benefit, but you don't have to wait 365 calendar days to see your provider for wellness care and checkups. Your benefit resets based on the first day your coverage begins, so you have peace of mind knowing you can make appointments on your schedule. Refer to your 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 you have any symptoms, so you get an early diagnosis. These screenings exclude tests or services to monitor or manage a condition or disease you already have.



**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 your provider finds you're at risk for a disease or medical condition. This counseling can give you the information you need about the risk and help you manage your health.



# Preventive Care

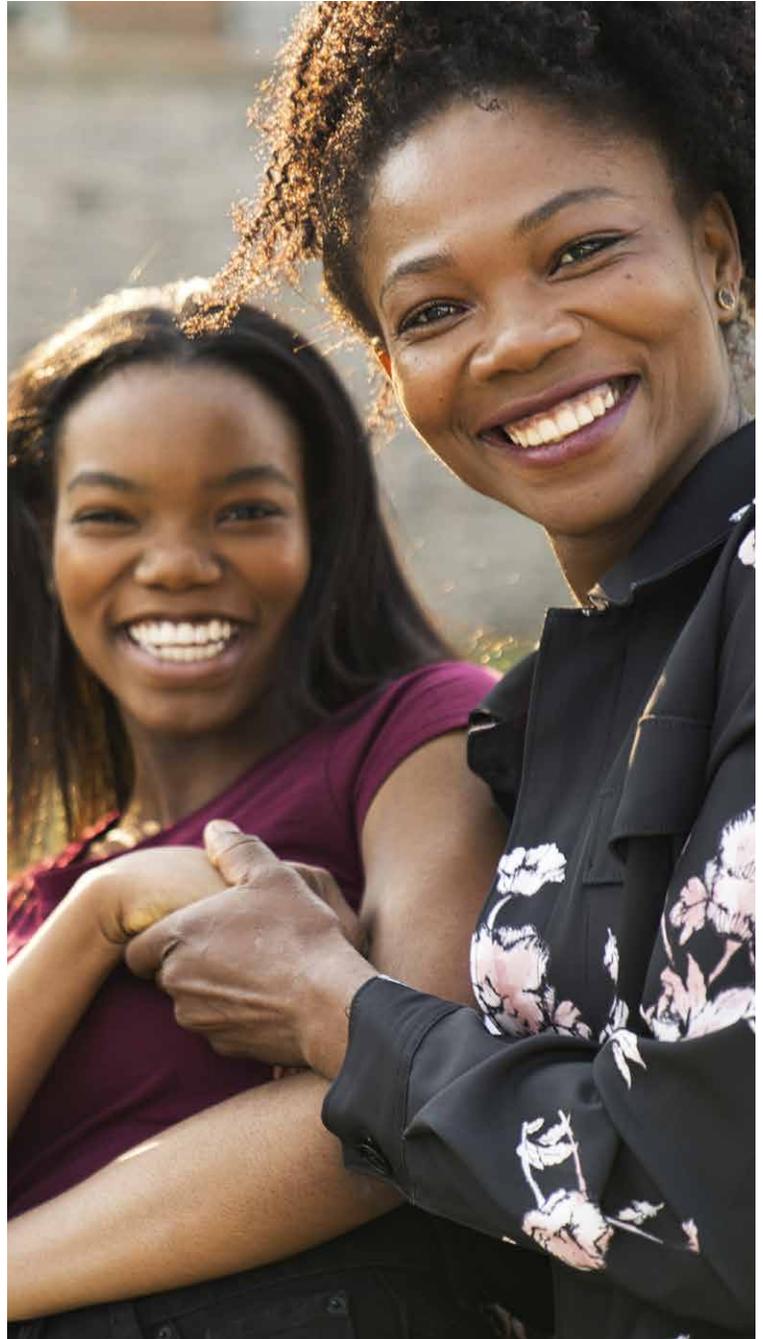
## Diagnostic versus Preventive Services

**Diagnostic services**, subject to routine cost sharing, include a range of tests or procedures your provider uses to figure out what's causing **symptoms**, or to diagnose or monitor a medical condition. These could include lab tests, imaging, cardiovascular tests and other procedures designed to find an illness and set a course for treatment.

**Preventive services** include tests often suggested by your provider when you have a routine physical or checkup, when you're symptom-free and have no reason to be concerned. You can get many screenings for yourself and your family with no out-of-pocket cost. Check [healthcare.gov](https://www.healthcare.gov) to find out which **preventive tests are included**, as outlined by the Affordable Care Act (ACA).

If your provider recommends a specific service, it's helpful to ask:

- What is this test for?
- Why do I need this service?
- Does the test have risks?
- Are there alternatives to this procedure?
- Will you please refer me to an **in-network** or Site of Service location?



# Preventive Care

## Commonly asked preventive services questions

### Where can I find a list of preventive services covered with no out-of-pocket cost?

Visit [healthcare.gov](https://www.healthcare.gov) to learn more about preventive services for children and adults, along with specific services for women.\* In addition, the following services are covered:

- Routine immunizations for children, adolescents and adults recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices; and
- Services for women, infants, children and adolescents as outlined by the Health Resources and Services Administration.

### Which immunizations are covered as a preventive service?

Community Health Options covers routine immunizations listed on the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices website for children, adolescents and adults.

This includes:

- Most childhood (age 18 or younger) vaccinations, including HPV for boys and girls. View [child and adolescent routine immunizations](#) (age 18 or younger).
- [Common adult routine immunizations](#).

### Are lab tests covered as a preventive service?

Many lab tests, like a complete blood count (CBC), Lyme disease, Vitamin D or thyroid test are considered diagnostic and subject to cost sharing. Note that you can often save money by visiting specific labs. However, screening tests like cholesterol and blood sugar tests are covered at no cost to you, based on your age and risk factors, as long as those tests aren't monitoring a condition you already have. You can find [preventive lab tests at healthcare.gov](#) or by visiting the specific pages below:

- View the [Preventive Care Benefits for women](#).
- View the [Preventive Care Benefits for children](#).
- View the [Preventive Care Benefits for adults](#).

\*New guidelines may be published. The timing of no-cost coverage is applied to a future date. For example, a recommended service release date in March 2026 may not be covered as a preventive service until 2028.



# Wellness Benefits

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

## Primary Care and Behavioral Health

**There is no cost for your first in-network primary care visit on all plans, and first three in-network behavioral health visits on non-HSA plans** (Members on an HSA plan have a copay after reaching their deductible). Your plan covers many preventive healthcare services, including screenings, checkups and counseling at no cost, but some tests and services provided during your 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 your plan documents.

## Virtual Care

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

- If your provider offers telehealth services, you'll 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 you 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**<sup>®</sup>. 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 you need it **at \$0 cost**.



# Wellness Benefits

## Chiropractic and Osteopathic Adjustment Coverage

All plans include coverage for chiropractic and osteopathic adjustments. You'll find detailed information in your plan documents located in your 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. You'll find detailed information in your plan documents located in your 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

Your employer may contract with Northeast Delta Dental® to provide dental coverage for both pediatric and adult Members on select plans. A special, low dental deductible applies, and covered out-of-pocket dental expenses are applied to medical out-of-pocket expenses. Detailed information is available within your plan documents located in your portal.



# Wellness Programs & Tools

Our programs and tools can help you reach your wellness goals. Whether you are already on your 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. You can access your account through the Health and Wellness tab in your portal, by downloading the WellRight app or by logging on to [healthoptions.wellright.com](https://healthoptions.wellright.com). When you download the mobile app, you will need to enter the company code “healthoptions” to begin your 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 you along your journey to becoming tobacco free. Call 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 you need and to help you 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*



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

### 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. Talk with your provider about whether a lower-tier medication is available for your 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

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

- 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.



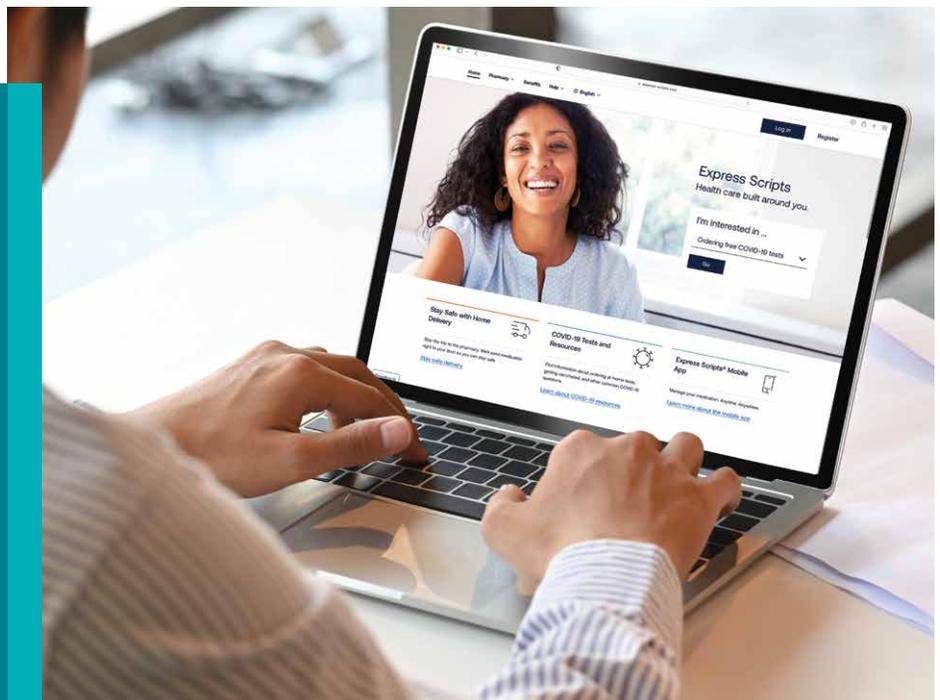
# Pharmacy Management

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 you money and making it easier to stay on schedule. To get started and view the drug formulary, visit your portal and click on the “Medications” tab.

## Prescription Programs

- **Price Assure** guarantees the lowest possible cost for generic medications at in-network pharmacies that also accept GoodRx. By using your Member ID card, you can be sure that your cost applies to your maximum out-of-pocket expense.
- Through the **Medication Synchronization Program**, our Pharmacy team works directly with you to coordinate refills when prescribed three or more maintenance medications. That way, you can pick up everything at your local pharmacy at once.
- With **ScriptSaver**, our Pharmacy team works with you, your 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 to you 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, you'll pay no more than **\$35 for a 30-day supply of all formulary covered insulins**. To view the ACA-included medications, visit your portal or view the [formulary](#).

## 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. You'll have a copay or coinsurance without having to meet a deductible for these prescription drugs, which are marked HSA+ in the formulary. To view the HSA+ medications, visit your portal.

In a recent prescription drug utilization review, our team found that **90% of filled Member prescriptions were for generics**, helping our Members save money.



# Pharmacy Management

## Getting Started: Filling Prescriptions

We want you to benefit from the best prices for prescriptions and over-the-counter medicines ordered by a provider. Our pharmacy network gives you access to retail pharmacies across the country and home delivery by mail order through Express Scripts®.

### Mail order savings:

- Order most prescribed maintenance medications for three months at a time through the ESI Extended Payment Program (EPP), which allows you to divide the cost over three payments.\*
- Pay only two 30-day copays when you order a 90-day supply.\*
- Order Chronic Illness Support Program qualified medications through mail order at the CISP discount.
- Speak directly with an Express Scripts pharmacist when you have questions or concerns about your medications.

For more information, go to [Express Scripts](#) to set up your account. It's as easy as clicking on the **Register** button and following the prompts.

*\*Certain limitations apply.*

## SET UP YOUR EXPRESS SCRIPTS ONLINE PORTAL

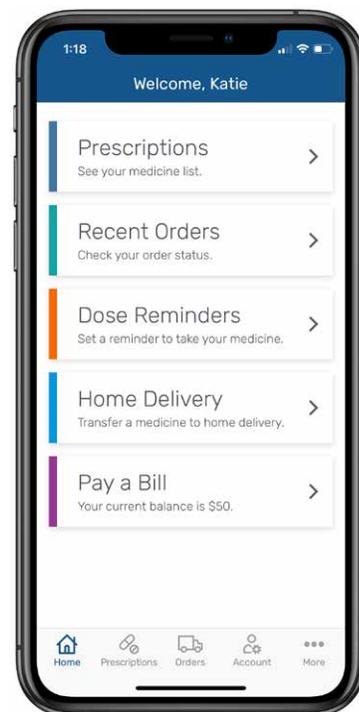
- Express Scripts, our pharmacy benefit manager, provides help with prescription-related information and services through its own website.
- Register with Express Scripts by going to the portal's Medications section and clicking **Get started / Log in**.

## Express Scripts Mobile App

### STAY ON TRACK WHILE YOU ARE ON THE GO

The Express Scripts mobile app helps you manage your personal medication information—anytime, anywhere. You can order refills and renewals, check order status, transfer to mail order, price medications, and more.

Just search for “Express Scripts” and download the app from your app store. Log in with your username and password. First-time visitors must register using your Member ID number or Social Security number. You can also use your device's touch or Face ID authentication to log in, if available.



# Pharmacy Management

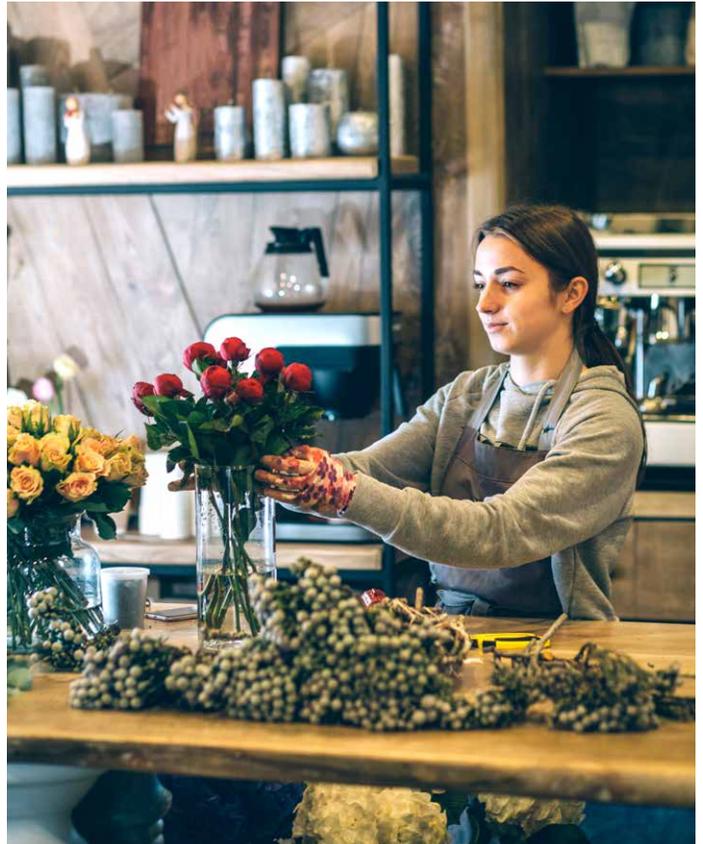
## Specialty Pharmacy

Community Health Options partners with Accredo to help you with medications for complex, chronic or rare conditions that require special handling or monitoring.

### Benefits include:

- Medications mailed directly to your home
- Pharmacists, nurses and other clinicians who support you every step of the way
- Support to ensure your benefits are covered by your plan and that you have the right approvals
- Help to find and use manufacturer and community financial assistance programs to cover the expense of specialty medications

Learn more from [Accredo](#) or call (877) 895-9697.



## SUCCESS STORY

When severe winter storms caused shipping delays, a Member with multiple sclerosis was unable to get her medication. She called Member Services, terrified of a relapse. Our pharmacist found a local supply for \$250, but reduced the Member's cost to \$0 with a manufacturer's coupon.



# Medical and Care Management

## Medical Management

Our Medical Management team includes a variety of healthcare professionals who work together to remove barriers, making it easier for you to obtain medications and durable medical equipment. These specialists also help to connect you with providers to assist with communication and education.

## Our Care Team

### 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, transplants, and more. Assistance includes contacting providers, in-patient facilities and national transplant networks.

- Members with special care needs who are transitioning from a prior health insurance carrier 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

If you're admitted to the hospital, Community Health Options will work after you're discharged to help you stay at home and fully recover. Specifically, our in-house specialists work with our care team to help those at a high risk of being readmitted to the hospital to ensure they have access to the resources they need for recovery. That includes partnering with home health agencies, community agency care teams and other local organizations.



# Medical and Care Management

## Our Care Team (continued)

### INFUSION SITE OF CARE PROGRAM

If you need intravenous (IV) medications or infusions, you can save money through our voluntary **Infusion Site of Care Program**, which has saved millions of dollars in treatment costs for Members. This program offers reduced out-of-pocket costs and the opportunity to get treatment at a preferred site of care, which may even be your home. In addition to these savings, you'll be eligible for a monetary incentive payment for select medications when getting infusions from a preferred Site of Care provider.

### SUBSTANCE USE DISORDER

Our Care Management team works closely with Members and dependents who are seeking treatment for substance use disorder. This includes support post-discharge from an inpatient behavioral health or substance use facility. Our team will work to help schedule **high-quality, cost-effective and convenient in-network care** to keep you from the financial and emotional stress of readmission.

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

### 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 through his childhood.



# Member Services



## Member Service Excellence

Our Maine-based, in-house customer service representatives work from York to Fort Kent, and earn high satisfaction rates from our community. When you call our team, you can be assured that you will get the information you need.

The 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, 98% for receipt of information needed and 98% for speed of answer.**\*

### WE DON'T ISSUE HOMEWORK

If a matter requires follow-up or if more information is needed, we will advocate for you to get the information, or be sure to connect you with the right people.

\*2024 post-call survey results

### MEMBER SURVEY RESULTS:

**99%** satisfaction for courtesy and respect

**98%** satisfaction for receipt of information needed

**98%** 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 Maine Community Health Options eight or nine 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."**



# Frequently Asked Questions

## What is a Preferred Provider Organization (PPO)?

PPO stands for preferred provider organization. These plans provide coverage for both in-network and out-of-network services and providers.

- PPOs encourage you to select an in-network primary care provider (PCP) who has a contracted agreement with Community Health Options. In-network means we have a contract that states these providers will accept payment on the contracted dollar amount instead of their usual charges. Network providers cannot bill you for the difference between their charged rate and their contracted rate.
- PPOs **do not** require you to get a PCP referral for specialist care. However, many specialists DO require referrals, even if our plans do not.
- If you choose out-of-network services and providers, these costs are applied to a separate deductible and out-of-pocket maximum than your in-network services and providers. Costs are paid at the “usual and customary” rate. If the costs exceed this amount, you may be billed for the difference.

## What is a Health Maintenance Organization (HMO)?

HMO and PPO plans both require that you select a primary care provider (PCP) from our network, but HMO plans generally come with lower premiums and have fewer provider choices. With an HMO:

- Your PCP coordinates in-network care.
- You have no out-of-network coverage.

## What is an HMO Tiered plan?

Tiered HMO plans provide access to Community Health Options’ broad New England network. Providers and facilities that meet or exceed our quality, price and efficiency standards are “preferred,” and other in-network providers are “standard.” The preferred tier offers high quality and lower cost share to you including lower copays, coinsurance, deductible and out-of-pocket maximum. Tiered plan Members can continue receiving care from a standard tier provider with a standard cost sharing. These plans do not have out-of-network coverage, except for emergency services within the U.S.



# Frequently Asked Questions

## What is a Health Savings Account (HSA)?

An HSA, or Health Savings Account, is a specialized account for individuals with qualifying high deductible health plans (HDHPs). These accounts are a tax-free way for Members to pay for qualified medical expenses. Medical payments made from an HSA are tax-free. Interest earned by an HSA is tax-free. HSAs have no “use it or lose it” restriction. If you don’t use funds, they remain in your HSA each year, and your money continues to earn tax-free interest. It’s important to recognize that only specific HDHPs are compatible with HSAs, and not all plans with high deductibles meet the requirements. For detailed guidance on whether your plan qualifies and to understand the associated tax benefits, it is recommended to seek advice from a tax professional.

## What is a Primary Care Provider (PCP)?

A PCP can be an in-network physician, physician assistant or specialist in internal medicine, family practice, general practice, pediatrics, obstetrics or gynecology. PCPs can also be an advanced practice registered nurse or certified midwife licensed by the applicable state nursing board. Your PCP is a partner in your healthcare, advises you, and provides treatment on a range of health-related issues. They may assist you in your interactions with specialists.

## What happens if my healthcare eligibility changes?

If you experience a life change, such as changing jobs, moving, or having a new baby, you may qualify for a Special Enrollment Period, which is time outside of the annual Open Enrollment when you or a family member can sign up for health insurance. The enrollment window is up to 60 days after the qualifying event and for some events up to 60 days prior. For more information, please check with your human resource department or group administrator.

## What does in-network and out-of-network mean?

- **Our in-network providers** have signed a contract with Community Health Options or our national network to accept payment on our lower contracted dollar amount instead of their usual charges. In-network providers cannot bill you for the difference between their charged rate and their contracted rate.
- **Our out-of-network providers** have no contractual working relationship with Community Health Options. However, you may still receive care from these out-of-network providers if you have a PPO plan. If you see a doctor out-of-network, we will cover the visit at the out-of-network rate. It is the Member’s responsibility to obtain Prior Approval for services provided by an out-of-network provider. The difference between the amount the provider bills you and the amount your benefits pay is defined as balance billing. This differential amount would be at your cost and does not apply to your maximum out-of-pocket expense per plan guidelines. As a reminder, HMO plans do not offer out-of-network benefits.

*Note: Our national wrap network is available only on National plans. Refer to plan documents and your ID card to determine availability.*



# Frequently Asked Questions

## What happens if I need to use my plan while out of the country?

All plans cover emergency services in the emergency department at the in-network level of benefits in the United States. All Large Group plans include coverage to care for emergent conditions outside the country, which may be paid by way of reimbursement. If you plan to travel outside the U.S., including Canada, please check your plan benefits and consider supplemental travel insurance.

## What is a prescription drug formulary?

The formulary is a list of covered prescription medicines deemed safe and effective. All plans include a carefully curated prescription drug formulary that emphasizes the prevention of chronic conditions and illnesses. Our formulary includes drug designations to indicate whether the drug requires Prior Authorization (PA), is covered under the Chronic Illness Support Program (CISP) or the Affordable Care Act (ACA), and other benefits offered on many Community Health Options plans. To review our prescription Drug Formulary, click [here](#).

*Note: Formulary changes can occur throughout the year, but the majority occur on or near January 1 and July 1. Members are notified when one of their medications is being removed from the formulary.*

## What are covered vs. non-covered services?

Covered benefits are health services that your insurance policy pays for. You may be required to pay copays, coinsurance or deductibles. **Non-covered benefits or exclusions are those that an insurance plan does not pay for.** For more information about covered services, please read your Member Benefit Agreement located in your Member portal.

## What do out-of-pocket costs include?

Out-of-pocket costs, also known as cost sharing, vary slightly according to your plan but in general, copays, deductibles, and coinsurance are your out-of-pocket costs. Non-covered services or expenses for nonessential health services are not included in out-of-pocket costs. See your Schedule of Benefits for more information.

## What is a copayment (copay)?

A copayment is a fixed amount that you pay for a covered healthcare service, usually at the time you receive the service. Your copay is determined by your plan. Unless specified on your Schedule of Benefits, the deductible does not have to be met for the application of a copayment. Copayments do not count toward your deductible unless otherwise stated on your Schedule of Benefits.



# Frequently Asked Questions

## What is an Explanation of Benefits?

An Explanation of Benefits (EOB) is a statement we will send you to explain what medical treatments and/or services were paid on your behalf. EOBs are sent upon the completed processing of a medical claim and are found in your Member portal. An EOB will explain the benefit plan payment and your financial responsibility pursuant to the terms of the policy. If you need assistance reading or interpreting your EOB, please **contact Member Services at (855) 624-6463**.

## What is a deductible?

The deductible is the amount you pay for certain covered services before your plan pays benefits. **Payments for services that apply to the deductible are applied toward your deductible until the total is met.** If you have a family plan of three or more people, you may collectively meet a family deductible, at which point all individual deductibles are considered met. You can find more information about your deductibles in the Member portal.

## How do I calculate my coinsurance?

The coinsurance amount you owe is based on a percentage of the allowed amount on a claim. You and the plan each pay a certain percentage, which together equals 100%. This normally applies once a deductible has been satisfied for many covered services. Please consult your plan's Schedule of Benefits for specific cost sharing information.

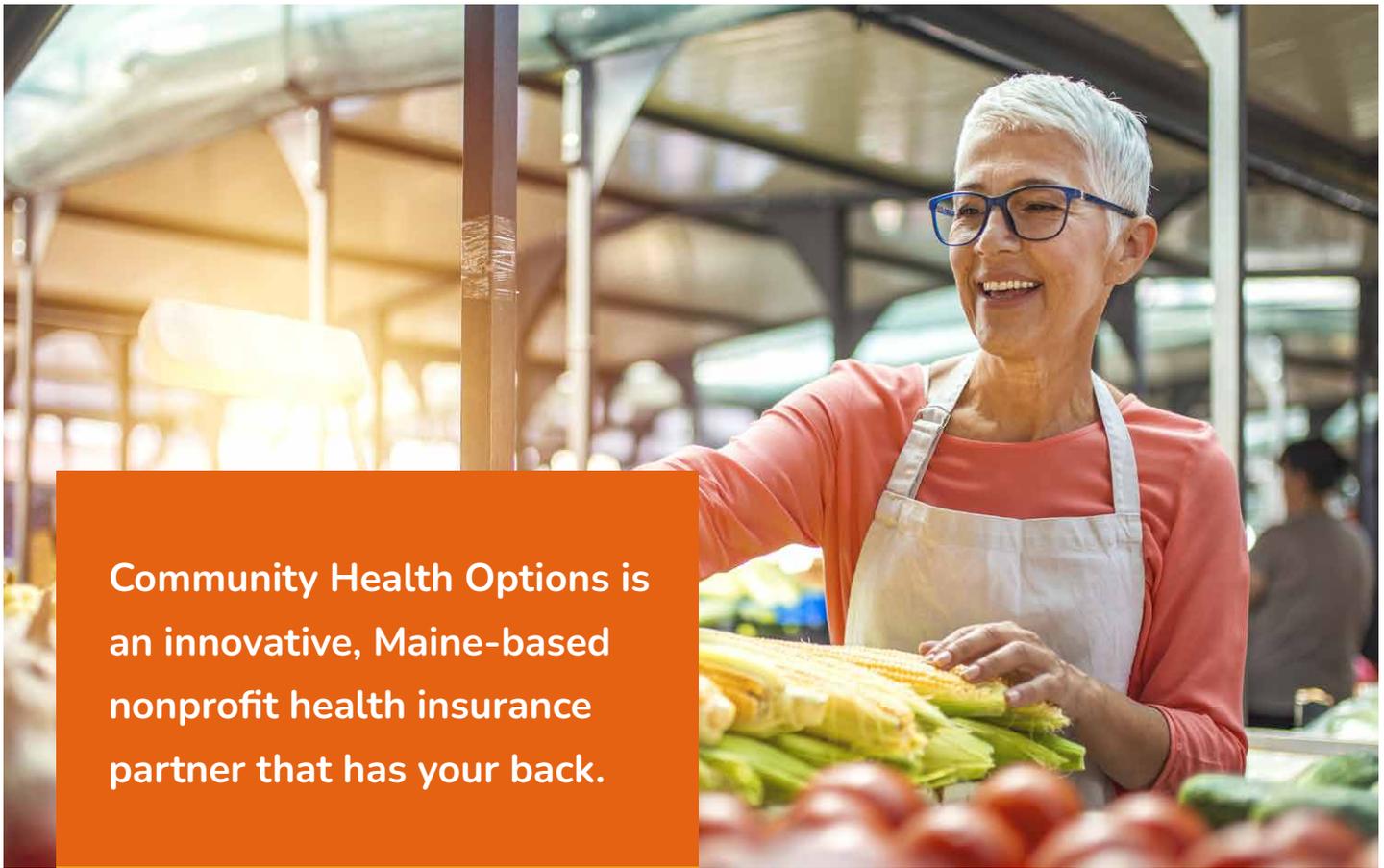
## How are claims submitted?

In-network providers will file claims directly with the plan. Members may need to submit a claim for reimbursement for services from an out-of-network provider.

## Do I need Prior Approval for services?

Certain services and prescriptions require review and approval from our Utilization Management team or from our partner, Express Scripts before allowing coverage by the plan. If you receive care from an in-network provider, your provider is responsible for obtaining these approvals. If you receive care from an out-of-network provider, it is your responsibility to obtain these approvals. More information about Prior Approvals for medical, behavioral health, and prescription benefits is available [here](#), or contact our Member Services team for assistance.





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

At Community Health Options, Members talk to real people with real solutions. Our Maine-based Members Services team members earn high marks for providing accurate information with courtesy and respect. Give them a call with your questions at (855) 624-6463, 8:00 a.m. to 5:00 p.m., Monday through Friday.



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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](https://healthoptions.org). If you do not have access to a computer or internet services, please call (855) 624-6463.

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