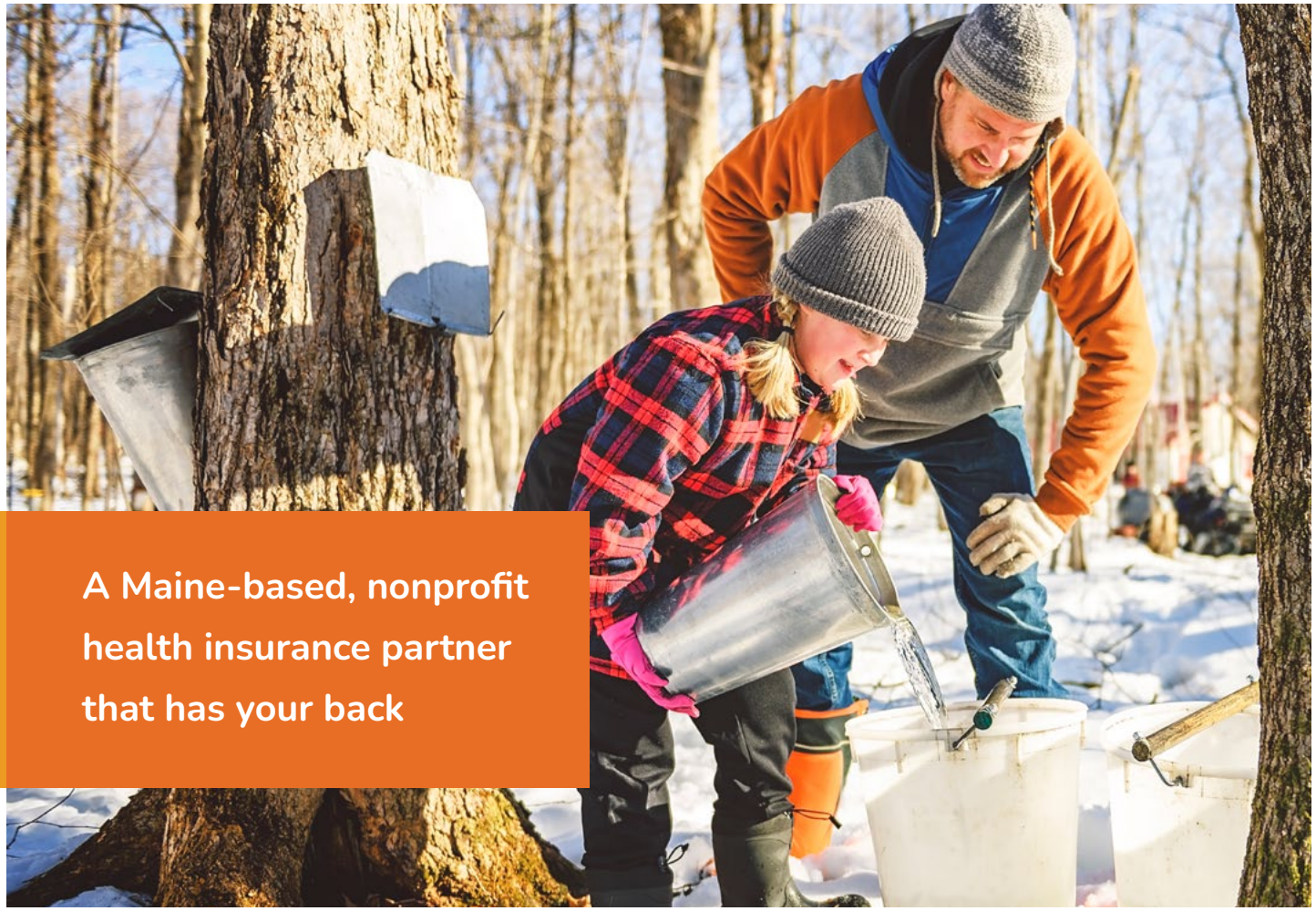

A Maine-based, nonprofit health insurance partner that has your back

2026 Small Group Product Guide

COMMUNITY Health Options®

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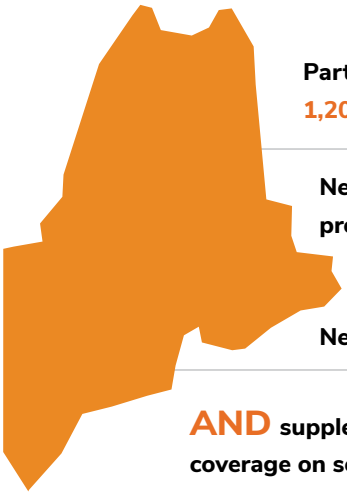
Community Health Options Overview

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 are one of Maine's largest carriers, proudly supporting more than 1,200 businesses with comprehensive health insurance solutions tailored to meet their needs. At the heart of our mission is a commitment to delivering accessible, high-quality care that empowers businesses and individuals to achieve better health outcomes. Our values—rooted in community, integrity and innovation—drive us to continuously improve our offerings and foster strong partnerships. We provide a robust network of over 48,000 clinicians, hospitals and pharmacies across New England and many more across the country in our National network plans. We proudly offer Small groups affordable HMO tiered and HMO national plans, as well as PPO New England and PPO National plans with HSA options. With high retention rates among our employer group clients, strong broker recommendations, and excellent member satisfaction scores, Community Health Options is proud to be a trusted partner in supporting your employees' health and wellness journey. Guided by our vision to create healthier communities, our sophisticated in-house systems were built from the ground up and are managed here in Maine.



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

Group Administration and Member Services

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

Fast, Accurate Claims Processing

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

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

Easy Implementation

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

Convenient Employer and Member Portals

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

> **"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."

Summary of Plan Benefits

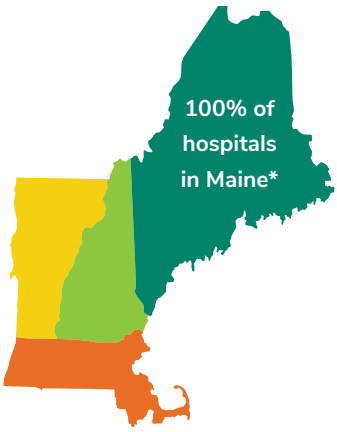
Most of our plans include the following:

- Our **Chronic Illness Support Program** on non-HSA plans make it easier for Members to manage and pay for the treatment of select chronic conditions.
- 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.
- First in-network primary care and behavioral healthcare visits during a plan year with no 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 on all plans.
- $0 cost digital wellness platform and mobile app for Members 18 years and older on select plans.
- $0 cost tobacco use treatment including over-the-counter nicotine replacement therapy products such as nicotine patches, gum, lozenges and certain medications listed on our drug formulary.
- HSA plans labeled HSA Plus with prescription coverage for select drugs without a deductible.
- Free phone support and personalized help with complex medical conditions from our Care Management team.
- Out-of-country coverage for emergent conditions on all Small Group plans.
- Pediatric dental coverage through Northeast Delta Dental® on most off-marketplace, Small Group plans with a special low dental deductible.
- Site of service copay benefit at specified locations for labs and X-rays on all non-HSA plans. There is a copay or coinsurance after deductible on HSA plans.
- Advanced imaging with a copay on Gold and Silver non-HSA off-market place, Small Group 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.

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
- **$25 copay** for labs at **specified lab locations**
- **$75 copay** for X-rays at **specified X-ray locations**
- **Copays** for advanced imaging at **specified locations** of **$250 on gold** and **$350 on silver** off-MP, small group plans
- **Copays** on all plans for annual pediatric vision exams, and on select plans for adult vision exams
- **Copays** on all plans for physical, occupational and speech therapy visits, as well as chiropractic and osteopathic adjustments at free-standing locations
- **Copays** on in-network acupuncturists on select plans
- **Lower copays** on tiered HMO NE plans when using a preferred provider

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	✓	✓	✓	✓

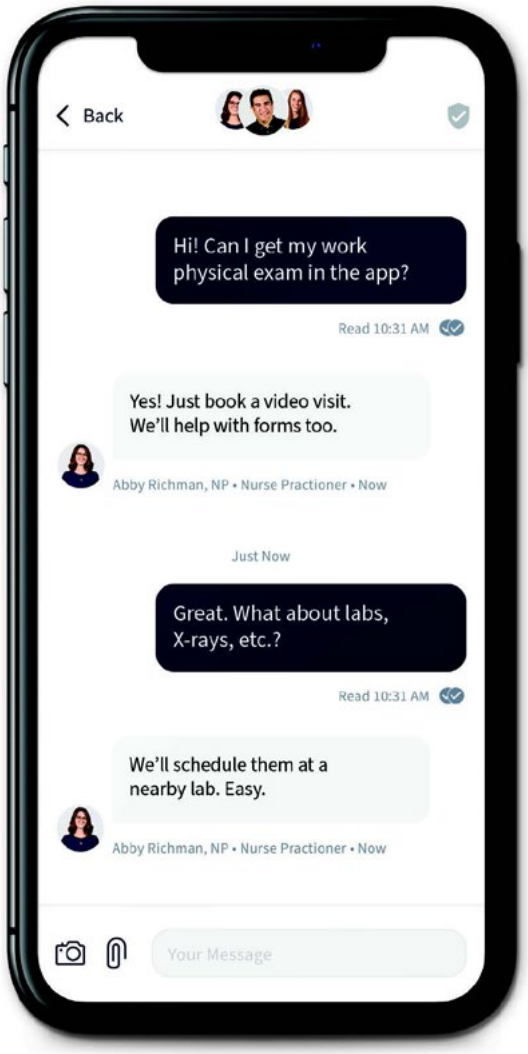
✓ = Included in Network
✗ = Not included in Network

*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

fireflyhealth

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

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	• Primary care, pulmonologist, allergist for routine management • Palliative care to discuss condition treatment • Immunotherapy for allergen sensitization	• 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)	• Primary care, cardiologist for routine management • Palliative care to discuss condition treatment	• 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)	• Primary care, pulmonologist for routine management • Palliative care to discuss condition treatment	• 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 **Note: Oxygen delivery and supplies are subject to routine coverage.**
Diabetes	• Primary care, endocrinologist, podiatrist, optometrist/ophthalmologist for routine management • Palliative care to discuss condition treatment	• Nutritional counseling, up to 12 visits per year • Diabetes education with a certified diabetes educator • Targeted laboratory tests for routine management Diabetic supplies specified on the formulary and dispensed via ESI mail order are covered at $0 cost share: • 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 **Note: Except FreeStyle Libre, continuous glucose monitors, insulin pumps, and associated supplies are subject to routine coverage.**
Hypertension	• Primary care, cardiologist and nephrologist for consultation and routine management • Palliative care to discuss condition treatment	• 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.

Wellness Benefits

Wellness is our priority, which is why our benefits focus on easing access and affordability for Members.

Primary Care and Behavioral Health

There is no cost for the first in-network primary care and behavioral health visits during a plan year 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 Options

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

- If a provider offers telehealth services, the visit 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**, a virtual primary care team that includes a medical doctor, nurse practitioner, behavioral health specialist and health guide who can refer to local in-person providers when necessary. To learn more, visit **Firefly Health**. Visits will have the same plan coverage as in-network primary care office visits. Our Health Options Clear Choice $4200 HMO Tiered NE and Health Options Clear Choice $7500 HMO Tiered NE plans have a site-of-service copay of $25 for Firefly Health primary care provider visits.
- All plans include telehealth for urgent care, psychiatry and counseling/therapy through **Amwell®**. One-time and ongoing 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

Select non-HSA plans have coverage for acupuncture services with a copay for in-network providers, 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 visits have a copay, and on certain plans, adult visits also have a copay. All plans include pediatric coverage for glasses and contacts (every 24-month calendar period) with varying coinsurance, copayment and deductible requirements.

Oral Health

Community Health Options partners with **Northeast Delta Dental®** to provide dental coverage for pediatric 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. We also offer dental contributory or voluntary programs for businesses with as few as two employees.

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 App and Platform

On select plans we partner with WellRight® to provide a digital wellness platform and mobile app at no cost for Members 18 years and older. Benefits include gamified wellness challenges, integration with wearable devices, and a comprehensive health risk assessment. Members with this program can access their account through the Health and Wellness tab in the Member portal, by downloading the WellRight app or logging on to **healthoptions.wellright.com**. When Members download the app, they need to enter the company code "healthoptions" to begin a personalized experience.

Wellness Programs & Tools

Treatment for Tobacco Use

Our Tobacco Cessation Program offers an enhanced benefit for over-the-counter nicotine replacement therapy (NRT) products, including nicotine patches, gum, lozenges and certain FDA-approved medications listed on our drug formulary, and is available at $0 out-of-pocket.* Care managers are also available to support Members along their journey to becoming tobacco free.

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 switching to and 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 and $350 copay on select plans, for advanced imaging at specified imaging 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.

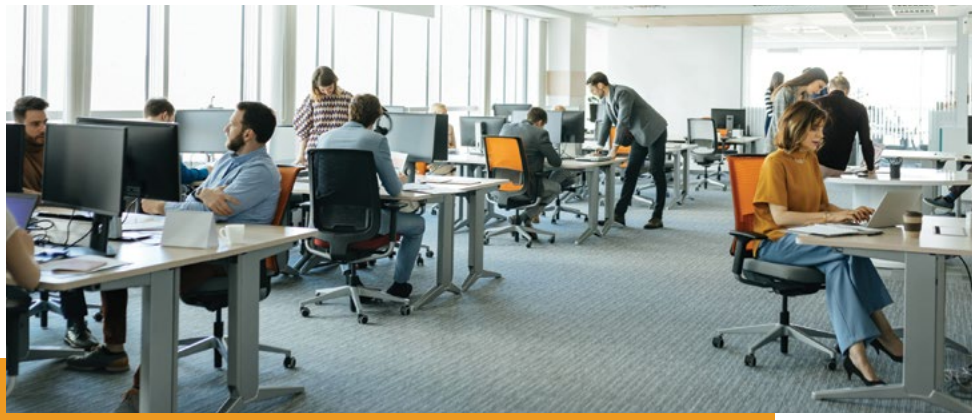
Partnership

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 leaders.

> **"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

Community Health Options is a health insurance pioneer that has your back. You can always count on us to work hard to keep your costs low and deliver the benefits your employees expect and deserve. Reach out and let us show you how. **You can contact your broker directly or email businessdevelopmentinfo@healthoptions.org**.



> "As a broker, I do not want to spend my days dealing with appeals, angry clients and back and forth with carriers to simply have the carrier do what it's supposed to do. Community Health Options keeps that to a minimum. Happy Broker + Happy Clients = Community Health Options as my go-to carrier in Maine."
>
> — L.W., Broker Satisfaction Survey

Plan Details and Selection Process

Plan Selection

When it comes to choosing a health plan for your organization, we've got you covered. Small businesses can choose the plan that best fits their needs, with a variety of plans in both PPO and HMO networks, along with HSA and HSA plus options for premium savings. Our plans offer a wide range of deductibles with a variety of copay and coinsurance options to meet your organization's needs. Plan details can be found at **healthoptions.org**.

Enrollment Process

Ready to get started or to renew your benefits? Enrollment or renewal is as easy as connecting with your broker, your current Community Health Options account manager or by emailing Business Development at **businessdevelopmentinfo@healthoptions.org**.

Frequently Asked Questions

How many employees does a group need to obtain a fully insured Small Group quote?

We quote as a Small Group when the group has 50 or fewer eligible employees. Community Health Options uses “eligible or head count” to determine market segments.

- Eligible Employee—any employee who meets the eligibility requirement set forth by the employer and includes those enrolling, waiving coverage due to other coverage, and those eligible and declining coverage.

What information is needed to obtain a fully insured Small Group quote?

- Name of employer.
- Maine physical zip code for company headquarters location. (not a mailing address)
- Completed census that includes all eligible employees – Any eligible employee that meets the company’s employment requirements.
- Include any eligible employees waving coverage due to other coverage and eligible employees that are declining coverage.

Do you have a minimum participation requirement?

Yes, we have a minimum participation requirement of 70%. Note that we do not include the eligible employees that are waiving coverage due to having other coverage when calculating the minimum participation requirement percentage.

Will you work with my broker?

We have established strong relationships with local brokers and are happy to work with your broker.

Frequently Asked Questions

Can I keep my Community Health Options coverage if my company grows larger than 50 eligible employees?

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 today and into the future. If your business grows beyond 50 eligible employees, we'll help you seamlessly transition to a Large Group plan.

Definitions

- **Eligible employee** – Any employee who meets the eligibility requirement set forth by the employer.
- **Declining employee** – Does not enroll in health plan and does not have coverage elsewhere.
- **Waiving employees** – not enrolling on this plan since they have coverage elsewhere.
  Example: Employer has 12 eligible employees:
    - 2 employees waive coverage due to being enrolled in other coverage.
    - 8 employees enroll in the plan.
    - This represents an 80% participation rate based on 8 enrolling.

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 email Business Development at **businessdevelopmentinfo@healthoptions.org** or call **207-402-3353** from 8 a.m. to 5 p.m., Monday through Friday.

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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.

COMMUNITY Health Options®

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