Welcome! Whether you are joining us for the seventh time in seven years or for the first time, we are grateful to have you spend this next 90 minutes with us to learn more about Community Health Options and our plans and programming for 2020.

We have heard from our Assistors that they often refer back to this presentation as a resource so we have included a lot of detail for you to keep and use in your work over time.
Thank You!

- **Thank you** from all of us at Community Health Options for the work you do with your clients and our Members to help people here in Maine get the health coverage they need.
- **Our Mission**: To partner locally with Members, businesses and health professionals to provide affordable, high-quality benefits that promote health and wellbeing.
- **Our Vision**: To be a leader in transforming and improving individual and community health and positively affecting local economies.

As we are all busily preparing for Open Enrollment, our seventh, we share your commitment to working out in the community with Members and partners and to live our mission.

Just a few examples of living that mission and vision during this month:

- Partnering with health care professionals, advocates and Assisters at Healthcare for Maine as a sponsor/exhibitor
- Supporting and participating in all Assister Regional Roundtables and delivering Assister educational webinars
- Educating and engaging with our partner brokers at three Broker Trainings
- Meeting and collaborating with the Maine Provider community regarding policies and procedures, our operations, and future areas of opportunity.

- Improving individual and community health is integral to what we do every day. And we do it with our partners, Members, and employees here in Maine.
Agenda – Key Topics of Interest

- Community Health Options Today
- 2020 Plan Designs and Benefits
- Member Health and Wellbeing
- Enrollment/Reenrollment
- Tools and Resources
- Questions?
Community Health Options Today
Our Purpose and Commitment to Our Members

- Purpose – To deliver meaningful health insurance benefits designed to improve consumer health and well-being.

- Commitment – We prepare for our seventh year of offering high-quality health plans to individuals and groups; we emphasize our commitment to the Members we serve.

- Our focus remains on giving Members the most for their premium dollars.
  - Our plan designs maintain our brand of high-quality coverage and include a broad array of providers that are in network.
  - We continue to offer our broad range of options: PPO plans, HMO plans, HSA compatible plans, and the variety that you and our Members have come to expect.
  - With a focus on improving health and reducing out of pocket expenses, we continue to offer innovative programs to our Members including:
    - Medical Management / Care Management
    - Our Chronic Illness Support Program

Community Health Options continues to be the only health insurer who has consistently participated in the Health Insurance Marketplace each and every year.

We are a nonprofit, local option with a unique voice for our Members, who can serve on our Board of Directors and participate in the many board committees that drive our strategy, policy and practice.
What We’ve Been Up To…

- Member Service Performance - We continue to exceed expectations based on the call center surveys.
  
  855-624-6463 – Monday through Friday, 8am to 6pm

- Superior Claims System Performance – average age of a claim < 6 days

- Provider Network – our Assisters tell us that our broad provider network and access to Centers of Excellence in Boston is important to our Members! Currently, over 34,000 providers are in-network.

- Enrollment & Eligibility and Accounts Receivable - now in house with greater accuracy and controls.

- Website and Member Portal – New enhancements are continuously added to the site. Members can see their claims, view important documents and search for a provider.

- Care Management - In addition to working with our Members on individual health concerns, our Care Management team has been outreaching to employer groups to bring them health and wellness guidelines.

Regarding the speed of claims processing, most recent average has been more like 4.5 days.

Regarding the website and Member portal: In the next few weeks, Members will also see their EOBs and invoices within their portal.

Regarding the excellent efforts of our Care Management team, they are now working with sites to bring tobacco cessation programs to employer groups.
Health Options Website and Member Portal

- In response to our Members and partners, improvements made to both website and Member Portal:
  - Website: more intuitive and intelligent Provider search tool
  - Member Portal:
    - “Family Manager” Role for Members who may not be Primary Subscriber but need to access information for all family Members.
    - Notifications section will be used as an alert for new documents (EOBs, Invoices) and messaging. Printer-friendly documents will provide a higher-level of detail on provider, dates and services through interactive elements on Member EOBs.
    - Opt-in or Opt-out of paperless settings for invoices, Explanations of Benefits (EOBs), or both expected in 4th quarter of 2019.

Please encourage your clients to go green and opt-in for this paperless option once available!

All of the required letters will still be mailed as per current regulations.

We want to encourage our Members to go green and opt in for paperless invoices and paperless Explanations of Benefits moving forward! Thank you for helping us to promote this efficient, green and cost saving opportunity.
Hopefully, you all spend some time on our website HealthOptions.org -- we have resources and tools to help Members better understand their plans and coverage, and to provide for 24/7 self-service.

Here’s what you see on the Individual and Families landing page and we’ll discuss each of these key topics in our session today:

• Our Provider Network
• Our Chronic Illness Support Program
• Opportunities to Save money with Prescriptions
• Our integrated physical and mental health approach
• Preventive Services
• Health Options Online – telemedicine for behavioral health services
Telemedicine for Outpatient Behavioral Health:
Health Options Online

Telemedicine Services rendered by providers:

- Health Options Online provides a convenient way to see a psychiatrist or therapist.
- Services have same cost-sharing and benefit requirements as the same type of service if it had been provided through an in-person visit.
- An interactive audio and video telecommunications system that permits real-time communication between the patient and the provider site must be used.
- Telemedicine does not include audio-only telephone, facsimile machine, texting or email.

Supplemental Telehealth Services available to Members:

- Health Options provides Telehealth access for behavioral health (mental health and substance use disorders) services through American Well.

New in 2019: we have an exciting new platform that will increase access to a larger group of behavioral health providers for mental health and substance use disorder services by partnering with American Well.
Why Health Options Online?

- Offers our Members increased treatment access for a full range of mental health and substance use disorders.
- Reduces the need for Members to travel long distances to see a mental/behavioral health practitioner.
- Increases access to current providers, while making additional psychiatrists and therapists available, to meet Member needs and reduce wait times.
- Provides Members with another option to quickly see a psychiatrist for a follow-up visit after discharge from the hospital.
- Helps employers support their employees with a convenient, confidential way to obtain behavioral health support.

Cost share is the same as office visit with this easy-to-use program.

We want to emphasize that the program is easy to use.

We are addressing known barriers for Maine people to get the behavioral health services needed: distance challenges, trying to fit their outpatient behavioral health appointments into a busy schedule, availability of behavioral health practitioners, and long wait times to see these therapists and psychiatrists.
LifeBalance Discounts for Individuals/Families

- The LifeBalance Vision: Inspire every Member to lead a balanced life.
- LifeBalance believes that happiness and fulfillment are found when we stick to one guiding principle: Never get so busy making a living that you never make a life.

What does this mean for our Members?
- LifeBalance is a value-add program for Members.
- Discount Program where Members will enjoy savings on thousands of well-being-related purchases
  - Offers thousands of recreational, cultural, well-being and travel-related discounts on many of our favorite things: fitness, travel, attractions, sports, outdoor activities, spa and relaxation opportunities, and ski/snowboard lift tickets.
  - Vendor suggestions are welcome and vendors offering discounts can be expanded over time so we can build out opportunities for savings here in Maine.

LifeBalance discounts will be available in 2020 to all of our individual and group Members.

We had successfully piloted this discount program with our group Members in 2019 and are now expanding it to all Members beginning January 2020.

Recent examples of notifications to our group employees with the LifeBalance benefit included select theatre productions, pet toys, yoga studios, climbing gyms and art classes with specific vendors.
Pharmacy and Formulary

- **Five-Tier Formulary** - Express Scripts National Preferred Formulary for all lines of business.
- **Exclusive Specialty Pharmacy** – Accredo is the exclusive specialty pharmacy.
- **Specialty Medications (SP)** - Allowed one courtesy fill at a participating pharmacy, then fill through Accredo.
- **Mandatory Specialty Medications (MSP)** – Accredo is the exclusive pharmacy for MSP drugs, and drugs purchased at any other participating pharmacy will not be covered.
- **CISP** - CISP medications must be filled through Home Delivery to realize savings with the program.
- **Home Delivery** – Drug tiers with a co-pay will get 3 fills for the price of 2.
- **Narcan and Naloxone** - $0 cost share by-passing the deductible to reduce barriers in treating opioid addiction.
- **Formulary can change** throughout the year but majority occur 1/1 and 7/1.
- **Members that are negatively impacted** are provided a 60-day notification.
Formulary Medication Changes – effective 1/1/2020

- CISP medication additions: metoprolol, glimepiride, propranolol, verapamil, albuterol nebulizer solution, ipratropium-albuterol nebulizer solution, Ramipril.
- Drug tier changes or removals from formulary (handout available).
- HIV and Transplant drugs continue to be classified as Mandatory Specialty Pharmacy (MSP) in the formulary. This provides enhanced support for medication adherence, access to Accredo’s therapeutic resource centers, and cost saving opportunities for the Member and health plan.
- Utilization management criteria (PA, ST, QL) is updated on an ongoing basis as needed. Please refer to the formulary for specific requirements.

Reminders that are worth repeating here:

Formulary changes can occur throughout the year but the majority occur January 1 and July 1.

Members that are negatively impacted are provided a 60-day notification.
Express Scripts - Why Home Delivery?

- Easy to set up
- Member Savings:
  - Drug tiers with a co-pay will get 3 fills for the price of 2 (90 day supply)
  - Automatic refills saving monthly trips to the pharmacy
- Dispensing accuracy
- 19% better adherence
- Access to pharmacists

Convenient Mobile App for use anytime, anywhere

It's easy to manage your medicine anytime, anywhere.

<table>
<thead>
<tr>
<th>Useful feature</th>
<th>How it helps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track times and money with Home delivery</td>
<td>Save time and money</td>
</tr>
<tr>
<td>Refill and review your prescriptions</td>
<td>Track refill status</td>
</tr>
<tr>
<td>Find and manage prices with Price-a-Medication and My Rx Chosen</td>
<td>Know the cost</td>
</tr>
<tr>
<td>Check for drug interactions and sign up for medication alerts</td>
<td>Stay informed</td>
</tr>
</tbody>
</table>

*Must register app, valid in states for on-hand drugs.
Within the Member Portal, our Members can set up home delivery of maintenance medications with Express Scripts, our Pharmacy Benefit Manager.

To take full advantage of this pharmacy benefit and activate the personalized services through Express Scripts online portal, Members simply need to:

- Sign into their Health Options Member portal
- Click on the “Medications” tab
- Choose “Get Started/Log in” under Express Scripts

Express Scripts Mail Order Pharmacy
800-462-6605
Broad Network for All Plans

- “Community Health Options Service Area Network” in Maine
  - All Maine hospitals are in-network.
  - Same network for all HMO and PPO plans.
  - Our Network works for Maine people getting local care from providers they know and trust.

- Many hospitals and providers in New Hampshire are in-network.

- Multiple Centers of Excellence in Boston/Eastern Massachusetts are in-network including:
  - Dana Farber Cancer Institute
  - Boston Children’s Hospital
  - Massachusetts General Hospital
  - Brigham and Women’s Hospital
  - Brigham and Women’s Faulkner Hospital
  - Newton-Wellesley Hospital
  - North Shore Medical Center
  - Spaulding Hospital Cambridge*
  - Spaulding Rehabilitation Hospital Boston*
  *Spaulding Hospitals are for continued care/rehabilitation.

We needed to file a network name with the Bureau of Insurance for our Maine network, which is why you see “Community Health Options Service Area Network” in quotes.

We have created this broad network of providers to help our Members get the care and expertise they need from Maine to Boston. By staying within our broad network, our Members save money.

InterMed will accept Health Options’ coverage for Members who are already established InterMed patients. InterMed is in-network, however, InterMed will not accept new patients with Health Options’ coverage.
Out-of-Network Coverage

- **HMO**
  - No Out-of-Network coverage (except emergency services rendered within the US)
  - No referrals are required for specialist visits.

- **PPO**
  - Out-of-Network coverage:
    - Higher cost sharing
    - May be subject to balance billing
    - Member is responsible for ensuring that Prior Approval requirements are met.

Call Member Services with questions regarding Out-of-Network services.

- All individual plans: cover Emergency Services in the Emergency Department at the in-network level of Benefits in the US.
  - Emergency services provided by non-plan providers may be subject to balance billing.

- All individual plans: no coverage outside the US
2020 Plans Designs & Benefits
Legislative changes for 2020 have resulted in expansion of benefits to include: Elective Abortions (all plans except large group plans who choose to eliminate the benefit) and Adult Hearing aids as described.
We get a lot of questions about these key areas so just providing some additional clarification here.
<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Plan Name</th>
<th>Distribution Channel</th>
<th>COP</th>
<th>Pediatric Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>Community Safe Harbor</td>
<td>On/Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bronze</td>
<td>Community Secure HMO</td>
<td>On/Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bronze</td>
<td>Community Reliant HSA PPO</td>
<td>On/Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bronze</td>
<td>Community Focus PPO</td>
<td>On/Off</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Bronze</td>
<td>Community Align PPO</td>
<td>On/Off</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bronze</td>
<td>Community Best HMO</td>
<td>On/Off</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Foundation HMO</td>
<td>On/Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Delta HSA HMO</td>
<td>Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Partner HMO</td>
<td>Off</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Capital HMO</td>
<td>Off</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Value HMO</td>
<td>Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Complete HMO</td>
<td>On/Off</td>
<td>-</td>
<td>Yes</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Plus HMO</td>
<td>On/Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Choice PPO</td>
<td>On/Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Advance PPO</td>
<td>On/Off</td>
<td>-</td>
<td>Yes</td>
</tr>
<tr>
<td>Silver</td>
<td>Community Vital HMO</td>
<td>On/Off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gold</td>
<td>Community Edge PPO</td>
<td>On/Off</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Please note all changes in red.

Slightly higher deductibles and out-of-pocket maximums for Community Safe Harbor, Community Reliant HSA PPO, and Community Vital HMO.

Community Best had changes made so that the plan could fit into the actuarial values of a bronze plan.

- The deductible dropped from $4,200 to $3,800. Tier 1 and Tier 2 medications maintained the copays of $5 and $30, respectively.
- PCP visits and Behavioral Health outpatient visits are now deductible then 40% coinsurance.
Please note changes in red.

Plan grid handouts and 2020 brochures are now available. Please email outreachandeducation@healthoptions.org to receive electronic copies of our plan grid with all base plans on one side and all silver variants on the other. These detailed grids cover many relevant categories and outline coverage comparisons.
Referrals for specialist will not be required for 2020 HMO plans.

<table>
<thead>
<tr>
<th><strong>2020 Individual Plans – HMO Specifics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-Network benefits</strong></td>
</tr>
<tr>
<td>• HMO plans offer no Out-of-Network benefits (except Emergency Services inside the U.S.)</td>
</tr>
<tr>
<td><strong>PCP Selection and Referrals</strong></td>
</tr>
<tr>
<td>• PCP selection is a requirement after enrollment. Members are encouraged to utilize their PCP to coordinate care. At this time, referrals are not required.</td>
</tr>
<tr>
<td><strong>Pediatric Dental Benefits</strong></td>
</tr>
</tbody>
</table>
| • HMO plans that include Pediatric Dental will utilize our existing Delta Dental’s PPO benefit arrangement so there will be Out-of-Network benefits for Pediatric Dental.  
• There will be no out-of-pocket maximum on Out-of-Network benefits |
Individual Plans with Embedded Pediatric Dental

2020 plans with Embedded Pediatric Dental:
- Community Align PPO
- Community Complete HMO
- Community Advance PPO
- Community Capital HMO

- Diagnostic/Preventive services are not applied toward the Dental Deductible
- Dental out of pocket costs count towards Medical OOP Max
- Please refer to the Member Benefit Agreement for more benefit details
- Members will receive a separate Dental ID Card (received with the medical card)
Medical Management is key to improving the health and wellbeing of our Members.

The experience of our Members and the support available as they work to improve their individual health and to navigate the complexities of the health care system is greatly enhanced by our Care Managers and our Medical Management team and leadership as a whole.
Members can access important information about their benefits and claims, easily pay their bills, save money, and learn more to benefit their individual health and wellbeing – all on their secure Member portal.

Recent improvements to the Member Portal have included:

• An easier, more intuitive way to access the information needed
• Better viewing on mobile devices, and
• Updated claims and accumulator information more readily available.

To set up their Member Portal, Members can go to HealthOptions.org and select “sign in,” create their account using their Member ID, last name and date of birth, and then go to their dashboard where they can execute many functions.

In the future, they can sign in with just their email and password.

We are really committed to encouraging our Members to take this active role in engaging about their health plan, health access, cost-savings, and their own health and wellbeing.
Our Medical Management Team

Our Care Managers are registered nurses, licensed social workers, dieticians, and certified health coaches who partner with providers, local services and other care managers to support our Members.

Care Managers assist Members who need additional support to manage their health and healthcare by:

- Answering general or complex medical questions;
- Assisting Members to address barriers to care;
- Helping with Complex Care Management during critical events or diagnoses, care transitions, and with intensive Medical and Behavioral Health needs

These services are provided at no additional out-of-pocket costs for Members.

To reach our Care Managers, simply call Member Services at (855) 624-6463 to be connected.

Our Medical Management team earns really high marks from our Members for the comprehensive and compassionate outreach in the areas of care management, disease management, care navigation and lifestyle coaching/modifications.

We emphasize that these services are an no additional out-of-pocket costs to our Members, and we are heartened by the differences that this support has made in the lives and the health of our Members.

The Medical Management team works collaboratively with the Member’s trusted local healthcare professionals to avoid duplication of services and optimize care coordination.

Additionally, when a Member is identified for a service, a Clinical Specialist or Clinical Navigator will reach out to the Member, or provider when indicated, by phone.

If a Member (or a Member’s provider) feels s/he meets inclusion for any of our Population Health Programs described below, self-referral is encouraged by calling Member Services at our toll-free number [855] 624-6463, Monday- Friday, 8am-6pm.

Medical Management provides the following services:
- Complex Case Management - Members who have experienced a catastrophic event
or require extensive use of resources.
Case Management - Members with complex or multiple chronic conditions who have or may experience barriers to achieving desired health outcomes.
Disease Management - Members with chronic conditions who may benefit from supplemental support in identifying and working towards effective self-management strategies.
Transitions of Care - Members who are transitioning from one level of care to another such as: from an acute care facility to acute rehabilitation, skilled nursing facility to the Member's home, and inpatient mental health to outpatient services.
Point-of-Service Barriers - Members who need additional support in obtaining prescribed medications, durable medical equipment, or other treatments that are prescribed by a provider.
Care Navigation - Members who need support finding an in-network primary care or specialty provider.
Behavioral Health - Members with mental health or substance use disorders who need ongoing support in optimizing integrated healthcare (physical and mental wellbeing).
Cancer Care
High Risk Maternity - Members with high risk pregnancies who need ongoing support during pregnancy or in the post-partum period.
Healthy Options lifestyle support - Members who want additional support with making lifestyle changes to improve overall health and wellbeing.]
Chronic Illness Support Program is included on these plans:

- Community Focus PPO bronze
- Community Align PPO bronze
- Community Best HMO Bonze
- Community Partner HMO silver off-exchange only
- Community Capital HMO silver off-exchange only

### Prescription Drug Benefit (when filled through home delivery)

- $0 Cost for specific Tier 1 generic medications used to treat the chronic illness.
- For select Tier 2 and Tier 3 medications: 50% cost reduction for preferred brand medications used to treat the chronic illness, and deductible waived.

### Medical Services

- $0 Cost when performed by a network provider for the following services (unless otherwise noted).

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Diabetes</th>
<th>Asthma/COPD</th>
<th>Hypertension</th>
<th>Coronary Artery Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Office visits to a PCP for routine management of Diabetes.</td>
<td>Office visits to a PCP for routine management of Asthma/COPD/ Emphysema.</td>
<td>Office visits to a PCP for routine management of Hypertension.</td>
<td>Office visits to a PCP for routine management of CAD.</td>
</tr>
<tr>
<td></td>
<td>Endocrinology consultation and management of Diabetes.</td>
<td>Immunotherapy for Members diagnosed with Asthma.</td>
<td>Office visits for consultation and management specifically for a diagnosis of Hypertension with cardiology or nephrology specialists.</td>
<td>Cardiology consultation and routine management of CAD.</td>
</tr>
<tr>
<td></td>
<td>Podiatry consultation for routine diabetic foot care.</td>
<td>Inhaler adjucts (e.g., spacer).</td>
<td>Lab services that are linked to a hypertension primary diagnosis code and considered routine for the management of Hypertension.</td>
<td>Electrocardiogram (ECG).</td>
</tr>
<tr>
<td></td>
<td>Nutritional counseling.</td>
<td>Pulmonologist consultation and management of Asthma, COPD, or Emphysema.</td>
<td>Lab services linked to a hyperlipidemia primary diagnosis code and considered routine for the management of CAD.</td>
<td>Cardiac rehabilitation.</td>
</tr>
<tr>
<td></td>
<td>Diabetes education, and behavioral modification counseling.</td>
<td>Pulmonary function test once per year, home oxygen therapy</td>
<td></td>
<td>Center rehabilitation.</td>
</tr>
<tr>
<td></td>
<td>Annual diabetic eye exam.</td>
<td>Asthma education.</td>
<td></td>
<td>*Stethescope is waived and the co-pay is reduced by half.</td>
</tr>
<tr>
<td></td>
<td>One glucometer each year as specified on the formulary.</td>
<td>Pulmonary rehab and ongoing exercise program.</td>
<td></td>
<td>Lab services linked to a hyperlipidemia primary diagnosis code and considered routine for the management of CAD.</td>
</tr>
<tr>
<td></td>
<td>Glucose test strips listed on the formulary and dispensed through our Home Delivery Program, up to 156 every 30 days or 450 every 90 days at $0 cost-up-pocket cost.</td>
<td>Asthma only: Up to $75/year for environmental home assessment (Requires Prior Approval).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lab services linked to a diabetes primary diagnosis code and considered routine for the management of diabetes.</td>
<td>Lab services that are linked to an Asthma or COPD primary diagnosis code and considered routine for the management of the diagnosed condition.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CISOP does not include reduced cost for coverage of complications caused by the chronic illness.
Our Commitment to Behavioral Health

Out-patient services

- For most plans, the first 3 visits are at no cost, then same cost share as PCP visit.
  - Excludes: Community Secure HMO, Community Reliant HSA PPO, Community Best HMO, Community Delta HSA HMO
  - Services same day as PCP visit are covered with an in-network provider.

- As of January 2020, some services provided through BHCP will transition to the Health Options Medical Management Team. These services include all prior approval requests, notifications, and certain appeals (Level I and Level II), which will be processed by Community Health Options.
  - We will continue to use the BHCP provider network as we build our own proprietary network.

- Questions from Members about Behavioral Health should be directed to Member Services at 855-624-6463. Our Member Services Associates will escalate calls as appropriate to our Medical Management team.
The Plan provides Benefits for FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) with no Out-of-Pocket costs when prescribed by an in-network Provider (limited to two 90-day treatment regimens for prescription medications per Member per Calendar Year).

To be eligible for Benefits, prescription and over-the-counter medications must be prescribed by your in-network Provider for tobacco cessation purposes and be procured through your pharmacy benefits.

Medications covered at $0 cost with prescription:
- Generic Nicotine Replacement Therapy (NRT): gum, patch, lozenge
- Buproban (Zyban equivalent)
- Chantix (up to a 90 day supply)

Free cessation education and counseling.

Tobacco rating band
- 5% more between age 30-34
- 10% more between at age 35-39
- 20% more for individuals age 40 and over
Care Value Programs – Express Scripts

What it is -
• Condition-specific programs to our Members in partnership with our pharmacy partners at Express Scripts.
• Offers disease and medication education, maximized cost savings opportunities and a way to assist Members in taking medication as prescribed
• Members are asked by invitation only from Express Scripts based on condition/prescribed medication

How it helps -
• Designed to provide specialized individual care to Members
• Reduces the cost of treatment
• Ensures Members have access to the medications they need
• Provided by specialty pharmacists, nurses, other clinicians and your team of Care Managers at Health Options

What conditions –
• Hepatitis Care Value
• Cholesterol Care Value
• Diabetes Care Value
• Oncology Care Value
• Multiple Sclerosis (MS) Care Value
• Inflammatory Conditions Care Value
• Rare Conditions Care Value

These robust Care Value Programs will continue in 2020.

Again, we are looking for opportunities to improve the health of our Members and support our Members with these specific conditions.
Manufacturer Meter Programs

- A voluntary cost savings program from the manufacturers for our Members
- Targeted to Members who use a "non preferred" meter and test strips and Members are eligible annually.
- For CISP Members
  - Meter and the test strips are $0 cost share for Members annually.
- For Non-CISP Members
  - Meter is $0 cost share.
  - Test strips are Tier 3 subject to plan benefit.

To order:
- OneTouch Verio, Verio Flex or Verio IQ, visit [www.OneTouch.orderpoints.com](http://www.OneTouch.orderpoints.com), or call 1-800-668-7148, and use code 573EXP333.
- Abbott FreeStyle, visit [www.ChooseFreeStyle.com](http://www.ChooseFreeStyle.com) or call 1-866-224-8892, and use code RAFITLWP.

All Members have access to this program.
Enrollment and Reenrollment
Renewal Notices

All 2019 individual plans are available for 2020.

Renewal letters will be mailed to all Members in October with information about:

• Open Enrollment, key dates and deadlines for re-enrollment
• Benefit and cost-sharing changes to the plan for 2020, if any, and an estimated monthly premium.

For Members receiving an Advance Premium Tax Credit (APTC), the estimate will reflect the new premium minus the tax credit received in 2019.

What can Members do now?

• For financial assistance, Members should go to Healthcare.gov and update their personal information (household size, income, etc.) to ensure they receive the correct APTC or cost-sharing reductions for which they are eligible in 2020!
• Members can see whether they qualify for a tax credit, cost-sharing reductions, or if they qualify for MaineCare.
• Use the Find a Plan tool on at HealthOptions.org to get a realistic estimate of 2020 APTC and their 2020 plan choices.

Renewal letters will be in the mail the week of October 21st.
Reenrollment

- Reenrollment or Plan Renewal is the transition of current Members from one plan year to the next.

- If a Member does not actively reenroll during the Open Enrollment period, November 1 to December 15, 2019, they will be cross-walked or renewed into the same or similar plan. This is known as “Passive Reenrollment.”

- No individual plans are being discontinued for 2020.

- Therefore, all Members who passively reenroll will be cross-walked to the same plan offering from 2019 to 2020 unless they:
  - Are aging off their Community Safe Harbor, catastrophic plan, or
  - Are otherwise no longer eligible for the Community Safe Harbor plan
    - For example, they do not have a current ECN (exception certificate number)

- Members in the Community Safe Harbor plan that are 30 or older prior to the 2020 plan year will be cross-walked to the Community Reliant HSA plan unless they obtain a hardship waiver and actively reenroll through the Marketplace.
Payment Information

- Members can make a payment by:
  - Logging into your Member Portal and clicking the “Pay My Premium” button.
    - For step-by-step instructions for Setting up and Managing the Health Options Online Payment System, go to https://healthoptions.org/mediapath/individualsguides/healthoptionspayonline/
    - Autopay made easy!
  
  - Accessing the automated payment line at (844) 722-6243 toll-free
    - For debit card payments, please have your Member ID number and debit card number, security code and expiration date ready.
    - For payments by check, please have your Member ID number, bank routing number and account number ready.
    - Note: Members should not include the last three digits that differentiate between Members on the same plan – 001, 002, 003, etc.
  
  - Mailing a check to Community Health Options, P.O. Box 326, Lewiston, Maine 04243. Please include your invoice coupon and policy number on the check or money order.
  
- Please note: Community Health Options will soon accept credit cards for all premium payments – a great convenience for many of our Members.
  Stay tuned for details!

Please encourage your clients to consider signing up for autopay, which may help Members to avoid a lapse in paying their premiums and the loss of health coverage.

Also, we have listened to feedback from our Members and our Assister partners and will soon be accepting credit cards for all premium payments!
We’re excited to offer this option as we move forward.
Tools and Resources

Our Member Services team has gotten huge accolades from you, our Assister Community
Our Member Services Team – your greatest resource!

855-624-6463

- Active and Prospective Members, Providers, Brokers, and Groups
  - Lewiston: 27 phone professionals currently and will double for Open Enrollment; some have varying specialties.
  - Ameridial Call Center, partner in Fort Kent: handful of MSAs year-round; additional 20 professionals for Open Enrollment
    - 3 weeks of training, nesting period of 1 to 2 weeks
  - “Promises Made / Promises Kept” Program - tracking at 100%!
  - Claims calls will begin to be routed to a new dedicated team
  - Robust Quality Assurance Program
  - Post Call Survey Results: 98%+
    - Respondents indicating that their call was answered in a timely way, handled with courtesy and respect, and that they received the information they needed.
  
  Available Monday through Friday, 8 am to 6 pm.

As we speak with many of our Assisters throughout the year and especially over this past summer, we have learned how much you value and appreciate our Member Services team and their exceptional service they offer to our Members and our partners alike!

Our Member Services Associates (MSAs) field calls from brokers, providers, groups, active and prospective members, and are ready to answer questions about eligibility, benefits, claims, authorizations, and billing. Our recruitment and hiring philosophy is to focus on finding self-motivated professionals who work well with people. To ensure readiness, they receive a minimum of three weeks classroom education and then participate in a nesting period of 1-2 weeks taking calls with an experienced MSAs side by side for the duration.

MSAs have extensive resources to draw upon when speaking to callers, including enrollment, billing, claims, and authorization systems, and an online “knowledge library,” a database of articles documenting our benefits and workflows. In addition, MSAs may call upon one of four team leads, who can address complex questions and field escalated calls.

Health Options utilizes a language line, offering translation services (covering 240 languages) for non-English-speaking callers, and supports deaf and hard-of-hearing callers through the 711 reply service.
We strive for first-call resolution, but if follow-up is required, MSAs employ our “promises made / promises kept” program, designed to ensure that appropriate follow up is conducted and issues are fully resolved. A visible callback reminder is created and seen by their peers and management, ensuring that working collaboratively the follow-up is performed when promised. To date, Health Options has fulfilled 100% of the callback promises made under this program.

Calls are monitored by a quality assurance team, which evaluate six calls a month for MSA, rating each call for HIPAA compliance, accuracy and completeness, member advocacy, active listening, resource utilization, and call documentation.

Our toll free customer service number is designed to ensure callers reach a live person within 2 selections within the options which helps to ensure calls are routed to the correct place and minimize frustration that come with more complex phone trees. We do not require any manual entry of Member policy numbers to reach a live MSA.

At the start of every call, callers can opt in to participate in a brief 3 question post-call survey, rating their satisfaction with the service they have received. This survey has yielded excellent results, with most callers indicating that they reached an MSA within an acceptable hold time, that their questions were answered, and that they were treated with courtesy and respect.
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<thead>
<tr>
<th>Important Numbers to Remember</th>
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<tr>
<td><strong>MEMBER SERVICES</strong></td>
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<tr>
<td>Telephone: (855) 624-6463</td>
</tr>
<tr>
<td>Monday - Friday: 8:00 AM - 6:00 PM (except holidays)</td>
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<td>Automated information is available 24/7</td>
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| **MEDICAL MANAGEMENT TEAM**   |
| Care Managers are available to assist Members with various Disease Management Programs and the Community Health Options' Chronic Illness Support Program. |
| Telephone: (855) 624-6463     |
| Monday - Friday: 8:00 AM - 5:00 PM (except holidays) |

| **BEHAVIORAL HEALTH QUESTIONS** |
| Members with questions about Behavioral Health should call Member Services. |
| Telephone: (855) 624-6463       |
| Monday - Friday: 8:00 AM - 6:00 PM (except holidays) |
| Maine Behavioral Health Statewide Crisis Hotline: 888-568-1112 |

| **CONTACT US BY MAIL**        |
| If you need to contact us by mail, please use the following mailing address: (Note: not for payments) |
| Community Health Options       |
| Mail Stop 100                  |
| PO Box 1121                    |
| Lewiston, ME 04243             |

Enroll207.com is being revived and should be an added resource to all Maine consumers looking for enrollment Assistance.
Assister Contacts

- Outreach and Education: 207-402-3342
- Outreachandeducation@HealthOptions.org
  - Please request printed materials from this email.

- Beth O’Hara-Miklavic, MPPM, Outreach, Education & Engagement Consultant, boharamiklavic@healthoptions.org
- Kara Ohlund, Outreach, Education & Social Media Consultant, kohlund@healthoptions.org
- Leigh Curtis, Outreach & Education Consultant, lcurtis@healthoptions.org

Please look for a simple handout that we are creating and will send to you to hand to your clients who select a Community Health Options plan for 2020.

We will include some details about how to make payments, get on their secure Member Portal, choose mail order for prescriptions when appropriate, and opt in for electronic delivery of EOBs and/or invoices, if they choose.

We will be sending the handout via email to you prior to Open Enrollment.

If we don’t have your contact information, please send us an email at Outreachandeducation@HealthOptions.org with your name, title, organization, and phone number and we will add you to our contact list. Thank you!
Questions??

Thank you for joining us!

Bringing better value to our Members