



2023 Small Business Healthcare Plans

Community Health Options is a Maine-based, member led, nonprofit health insurer created to serve Members — not profit off them. **We strive to keep costs low, while providing the benefits Maine people expect and deserve.**

NEW! A merged market means more options.

The Maine Bureau of Insurance has announced the merger of the Individual and Small Group markets for 2023 health insurance plans. This change was designed to slow the trend of high premium increases and provide more stable pricing for both markets. As a result, individuals and small groups will have the opportunity to purchase any plan in the merged market, including off-exchange only plans designed specifically for small groups, as well as our on-exchange Small Business Health Options Program (SHOP) eligible plans.

NEW! HMO tiered plans with lower cost-sharing.

Our tiered HMO plans are a cost-effective alternative to traditional network plans. These plans offer reduced deductibles, out-of-pocket maximums and cost-sharing for specific benefits and services received from a preferred network provider. Preferred providers are available for primary care, obstetrics and gynecology, pediatrics, specialties, physical, occupational and speech therapies, urgent care centers, imaging centers, outpatient hospital services, and labs.

NEW! Clear Choice plans mean more transparency.

Health Options is pleased to offer new Clear Choice plans which are designed to make it easier for employers to understand and compare options. Plans have a consistent cost-sharing design, meaning they have the same deductible, co-pays, and co-insurance for medical services across health insurance carriers.

Plan Highlights:

- **NEW!** National Silver HMO Plan offers an affordable HMO premium with a national network.
- **NEW!** Wellness platform and benefits. Health Options partners with WellRight® on select plans to provide a digital wellness platform and mobile app at no cost to individuals and their families.
- **NEW!** Healthy Maine plans include a wellness platform for family members 18+ with **no deductible** and **no cost-share** as well as unlimited personalized health coaching.
- Health Options is Maine's exclusive carrier of the SHOP, providing **reduced cost plans for eligible small group employers.**
- **Joint packaging with Unum® for group life and disability insurance** on all plans with 2 or more eligible employees.

- **\$5 co-pay** on Tier 1 preferred generics on all non-HSA plans.
- **HSA plans labeled HSA Plus include prescription coverage** for select drugs without a deductible.
- **Chronic Illness Support Program (CISP)** offered on all plans except Healthy Maine and HSA plans to reduce financial barriers for Members with chronic conditions.
- **Urgent care telehealth visits with \$0 cost-share** on non-HSA plans and \$0 after deductible for HSA plans via Amwell®.
- The **first in-network PCP and behavioral health outpatient visits have no cost-share** in non-HSA plans. Thereafter, co-pays accumulate to the deductible.
- **Strong partnerships with a robust provider network of 48,000 providers** including clinicians, hospitals, and pharmacies, and 100% of hospitals in Maine and most in New Hampshire*, and many premier facilities throughout New England.

- **Pediatric and adult vision coverage** with one exam every 12-month calendar year. Pediatric also includes coverage for lenses/frames/contacts every 24-month calendar period.
- **100% of the preventive care benefits** required by the Affordable Care Act and the State of Maine at no out-of-pocket cost from in-network providers.
- **Pediatric dental** through Northeast Delta Dental® available on select plans with a separate low deductible.
- **Tobacco cessation support with \$0 out-of-pocket cost** with enhanced benefits for over-the-counter nicotine replacement therapy (NRT) products, including nicotine patches, gum, lozenges, and certain FDA-approved medications listed on our drug formulary.
- **Free phone support and personalized help** with complex medical conditions from our Care Management team.

*Except Togus VA and Dartmouth Hitchcock Hospital

For Maine people. For Maine companies.

Contact your trusted broker or call our Business Development team at **(207) 402-3353** for assistance selecting a plan.

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. If you do not have access to a computer or Internet services, please call (855) 624-6463. ©2023 Community Health Options. All rights reserved.



Available Off Marketplace Only	Health Options Clear Choice Bronze \$9100 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$9100 PPO National Dental Off MP	Health Options Clear Choice Bronze \$8000 Healthy Maine HMO NE Off MP	Health Options Clear Choice Bronze \$8000 Healthy Maine PPO NE Off MP	Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	Health Options Clear Choice Bronze \$7000 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP
Individual Deductible	\$9,100	\$9,100	\$8,000	\$8,000	\$7,500	\$7,500	\$7,500	\$7,000	\$6,300
Individual Max Out-of-Pocket	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$7,000	\$7,500
Member Co-insurance	0%	0%	50%	50%	50%	50%	50%	0%	50%
Provider Network	New England	National	New England	New England	Tiered New England	New England	National	National	National
Out-of-Network Coverage	✓	✓	✗	✓	✗	✓	✓	✓	✓
Other Benefits									
Primary Care Office Visits**	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible*	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	0% coins. after ded.	50% coins. after ded.
Specialty Care Office Visits	\$80 co-pay	\$80 co-pay	\$80 co-pay after ded.	\$80 co-pay after ded.	50% coins. after ded.*	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Facility	0% coins. after ded.	0% coins. after ded.	\$60 co-pay	\$60 co-pay	\$60 co-pay*	\$60 co-pay	\$60 co-pay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Amwell® Telehealth	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay after ded.	\$0 co-pay after ded.
Mental Health/ Substance Use- Outpatient**	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible*	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	0% coins. after ded.	50% coins. after ded.
Emergency Room Care	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	0% coins. after ded.	50% coins. after ded.
Rx Tier 2 Generics	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	0% coins. after ded.	50% coins. after ded.
Rx Tier 3 Preferred Brands	0% coins. after ded.	0% coins. after ded.	30% coins. after ded.	30% coins. after ded.	\$50 co-pay after ded.	\$50 co-pay after ded.	\$50 co-pay after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 4 Non-Preferred Brands	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 5 Specialty	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	0% coins. after ded.	50% coins. after ded.

Amwell Telehealth
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*Indicates preferred network. Tiered plans have lower co-pays, co-insurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) co-pays accumulate to the deductible on all non-HSA and non catastrophic plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available Off Marketplace Only	Health Options Clear Choice Silver \$5500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$5500 HMO NE Dental Off MP	Health Options Clear Choice Silver \$5500 PPO National Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO NE Dental Off MP	Health Options Clear Choice Silver \$4200 HMO Tiered NE Dental Off MP	Health Options Clear Choice Silver \$4200 PPO National Dental Off MP	Health Options Clear Choice Silver \$4000 HSA PPO NE Dental Off MP	Health Options \$4000 HMO National Off MP	Health Options Clear Choice Silver \$3500 HSA HMO NE Dental Off MP	Health Options Clear Choice Silver \$3500 HMO Tiered NE Dental Off MP
Individual Deductible	\$5,500	\$5,500	\$5,500	\$4,500	\$4,500	\$4,200	\$4,200	\$4,000	\$4,000	\$3,500	\$3,500
Individual Max Out-of-Pocket	\$8,500	\$8,500	\$8,500	\$7,000	\$7,000	\$9,100	\$9,100	\$7,000	\$9,100	\$7,000	\$9,100
Member Co-insurance	30%	30%	30%	20%	20%	40%	40%	20%	40%	10%	40%
Provider Network	Tiered New England	New England	National	Tiered New England	New England	Tiered New England	National	New England	National	New England	Tiered New England
Out-of-Network Coverage	✗	✗	✓	✗	✗	✗	✓	✓	✗	✗	✗
Other Benefits											
Primary Care Office Visits**	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible*	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	20% coins. after ded.*	20% coins. after ded.	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible*	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible	20% coins. after ded.	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible	10% coins. after ded.	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible*
Specialty Care Office Visits	\$70 co-pay*	\$70 co-pay	\$70 co-pay	20% coins. after ded.*	20% coins. after ded.	\$80 co-pay*	\$80 co-pay	20% coins. after ded.	\$85 co-pay	10% coins. after ded.	\$80 co-pay*
Urgent Care Visits- Facility	\$40 co-pay*	\$40 co-pay	\$40 co-pay	20% coins. after ded.*	20% coins. after ded.	\$50 co-pay*	\$50 co-pay	20% coins. after ded.	\$50 co-pay	10% coins. after ded.	\$40 co-pay*
Urgent Care Visits- Amwell® Telehealth	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay after ded.	\$0 co-pay after ded.	\$0 co-pay	\$0 co-pay	\$0 co-pay after ded.	\$0 co-pay	\$0 co-pay after ded.	\$0 co-pay
Mental Health/ Substance Use- Outpatient**	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible*	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	20% coins. after ded.*	20% coins. after ded.	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible*	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible	20% coins. after ded.	\$0 first visit, then \$50 co-pay. Co-pays accumulate to the deductible	10% coins. after ded.	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible
Emergency Room Care	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	20% coins. after ded.	40% coins. after ded.	40% coins. after ded.	20% coins. after ded.	40% coins. after ded.	10% coins. after ded.	40% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 co-pay	\$5 co-pay	\$5 co-pay	20% coins. after ded.	20% coins. after ded.	\$5 co-pay	\$5 co-pay	20% coins. after ded.	\$5 co-pay	\$5 co-pay after ded.	\$5 co-pay
Rx Tier 2 Generics	\$25 co-pay	\$25 co-pay	\$25 co-pay	20% coins. after ded.	20% coins. after ded.	\$25 co-pay	\$25 co-pay	20% coins. after ded.	\$35 co-pay	\$25 co-pay after ded.	\$25 co-pay
Rx Tier 3 Preferred Brands	\$50 co-pay	\$50 co-pay	\$50 co-pay	20% coins. after ded.	20% coins. after ded.	\$50 co-pay	\$50 co-pay	20% coins. after ded.	\$70 co-pay	\$50 co-pay after ded.	\$50 co-pay
Rx Tier 4 Non-Preferred Brands	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	20% coins. after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	20% coins. after ded.	30% coins. after ded. up to max of \$400/script	\$100 co-pay after ded.	\$100 co-pay after ded.
Rx Tier 5 Specialty	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	20% coins. after ded.	20% coins. after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	20% coins. after ded.	30% coins. after ded. up to max of \$500/script	\$250 co-pay after ded.	\$250 co-pay after ded.

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**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) co-pays accumulate to the deductible on all non-HSA and non catastrophic plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available Off Marketplace Only	Health Options Clear Choice Silver \$3500 PPO NE Dental Off MP	Health Options Clear Choice Silver \$3500 PPO National Dental Off MP	Health Options Clear Choice Silver \$3000 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Silver \$3000 PPO NE Dental Off MP	Health Options Clear Choice Gold \$2500 PPO NE Dental Off MP	Health Options Clear Choice Gold \$2500 PPO National Dental Off MP	Health Options Clear Choice Gold \$1500 PPO National Dental Off MP
Individual Deductible	\$3,500	\$3,500	\$3,000	\$3,000	\$2,500	\$2,500	\$1,500
Individual Max Out-of-Pocket	\$9,100	\$9,100	\$7,000	\$9,100	\$5,000	\$5,000	\$5,000
Member Co-insurance	40%	40%	15%	40%	30%	30%	30%
Provider Network	New England	National	National	New England	New England	National	National
Out-of-Network Coverage	✓	✓	✓	✓	✓	✓	✓
Other Benefits							
Primary Care Office Visits**	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	15% coins. after ded.	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$20 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$20 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$25 co-pay. Co-pays accumulate to the deductible
Specialty Care Office Visits	\$80 co-pay	\$80 co-pay	15% coins. after ded.	\$80 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Urgent Care Visits- Facility	\$40 co-pay	\$40 co-pay	15% coins. after ded.	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay
Urgent Care Visits- Amwell® Telehealth	\$0 co-pay	\$0 co-pay	\$0 co-pay after ded.	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Mental Health/ Substance Use- Outpatient**	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	15% coins. after ded.	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$20 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$20 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$25 co-pay. Co-pays accumulate to the deductible
Emergency Room Care	40% coins. after ded.	40% coins. after ded.	15% coins. after ded.	40% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 co-pay	\$5 co-pay	\$5 co-pay after ded.	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay
Rx Tier 2 Generics	\$25 co-pay	\$25 co-pay	\$25 co-pay after ded.	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay
Rx Tier 3 Preferred Brands	\$50 co-pay	\$50 co-pay	\$50 co-pay after ded.	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Rx Tier 4 Non-Preferred Brands	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	30% coins. up to \$300/max after ded.	30% coins. up to \$300/script ded. does not apply	30% coins. up to \$300/script ded. does not apply	\$100 co-pay after ded.
Rx Tier 5 Specialty	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	50% coins. up to \$600/max after ded.	50% coins. up to \$600/script ded. does not apply	50% coins. up to \$600/script ded. does not apply	\$250 co-pay after ded.

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













*Indicates preferred network. Tiered plans have lower co-pays, co-insurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) co-pays accumulate to the deductible on all non-HSA and non catastrophic plans.

This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



A small business that qualifies for SHOP can purchase any plan available on the marketplace. These plans are specifically designed for small groups eligible for SHOP. For a complete listing of marketplace plans, visit healthoptions.org/employers/plans.

Small Business Health Options Program (SHOP) Plans	Health Options Clear Choice Bronze \$7000 HSA Plus PPO NE	Health Options Clear Choice Silver \$3500 HMO Tiered NE	Health Options Clear Choice Silver \$3500 PPO National	Health Options Clear Choice Gold \$1500 PPO National
Individual Deductible	\$7,000	\$3,500	\$3,500	\$1,500
Individual Max Out-of-Pocket	\$7,000	\$9,100	\$9,100	\$5,000
Member Co-insurance	0%	40%	40%	30%
Provider Network	New England	Tiered New England	National	National
Out-of-Network Coverage	✓	✗	✓	✓
Other Benefits		     	   	      
Primary Care Office Visits**	0% coins. after ded.	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible*	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$25 co-pay. Co-pays accumulate to the deductible
Specialty Care Office Visits	0% coins. after ded.	\$80 co-pay*	\$80 co-pay	\$50 co-pay
Urgent Care Visits- Facility	0% coins. after ded.	\$40 co-pay*	\$40 co-pay	\$40 co-pay
Urgent Care Visits- Amwell® Telehealth	\$0 co-pay after ded.	\$0 co-pay	\$0 co-pay	\$0 co-pay
Mental Health/ Substance Use - Outpatient**	0% coins. after ded.	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible*	\$0 first visit, then \$40 co-pay. Co-pays accumulate to the deductible	\$0 first visit, then \$25 co-pay. Co-pays accumulate to the deductible
Emergency Room Care	0% coins. after ded.	40% coins. after ded.	40% coins. after ded.	30% coins. after ded.
Rx Tier 1 Preferred Generics	0% coins. after ded.	\$5 co-pay	\$5 co-pay	\$5 co-pay
Rx Tier 2 Generics	0% coins. after ded.	\$25 co-pay	\$25 co-pay	\$25 co-pay
Rx Tier 3 Preferred Brands	0% coins. after ded.	\$50 co-pay	\$50 co-pay	\$50 co-pay
Rx Tier 4 Non-Preferred Brands	0% coins. after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.	\$100 co-pay after ded.
Rx Tier 5 Specialty	0% coins. after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 co-pay after ded.

 Amwell Telehealth  Adult/Pediatric Vision Exams  Pediatric Dental  Chiropractic/Osteopathic Care  CISP  Acupuncture  Wellness Benefits  Personal Health Coaching  National Coverage  Preferred Providers & Services

*Indicates preferred network. Tiered plans have lower co-pays, co-insurance, deductibles, and maximum out-of-pocket expenses when services are received from preferred providers.

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