

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

Small Group Plans 2022



Table of Contents

► CLICK ON ANY TITLE TO JUMP TO THAT SECTION

- 3** [Community Health Options Overview](#)
- 4** [Summary of Special Small Group Plan Benefits](#)
- 5** [Network Providers](#)
- 6** [Preventive Care](#)
- 7** [Chronic Illness Support Program \(CISP\)](#)
- 8** [Wellness Benefits](#)
- 10** [Medical and Care Management](#)
- 12** [Pharmacy Management](#)
- 14** [Group Administration and Member Service](#)
- 16** [Partnership](#)
- 17** [Small Group Plan Details and Selection Process](#)
- 18** [FAQs](#)
- 19** [Contact Us or Your Broker](#)



Community Health Options Overview

Founded in 2011 and located in Lewiston, Maine, Community Health Options (Health Options), is a health insurance pioneer that has your back. We are a local, nonprofit option that was created to serve Members, not profit off them. We strive to keep costs low, while providing the benefits you and your employees deserve.

We are one of Maine's largest carriers for the individual health insurance market and proudly partner with nearly 1,300 businesses, a number that continues to grow. Across all plans, we have a robust network of 48,000 providers in New England. Most group plans include national coverage, with select plans offering New England only coverage to enhance premium savings. With a high retention rate within our employer group business, high recommendation rates from our brokers, and high Member service scores, we are proud to know that Health Options is delivering excellence for all our partners. Our sophisticated in-house systems were built from the ground up and are managed here in Maine by Maine-based employee experts.



Health Options At-a-Glance

- **18** small group plans and designs
- **\$2.26 Billion** in payments to providers
- **48.7% reduction** in hospital readmission rate (2018 to 2020), working hard to keep Members healthy and their costs low
- **\$12.1+ Million** saved through Care Management Programs since 2017, helping Members save money, keeping premium increases low
- **\$153 Million** in capital surplus demonstrating financial health
- **Excellence** in fast, accurate claims processing with an average turnaround time of **≤ 1 week**
- Average Member caller satisfaction rate of **100%** for courtesy and respect, speed of answer, and receipt of information

Health Options cares about our employees as much as our Members. We understand the importance of a healthy, fulfilled workforce in achieving business and retention goals. This means better service and lower costs for you. We are pleased to be the recipient of the following business awards:

- **2021 Best Places to Work in Maine**
- **2019 National Psychologically Healthy Workplace Award**



Summary of Special Small Group Benefits

Health Options offers small group employers with 2-50 eligible employees a selection of Health Options' Gold, Silver, Bronze, PPO and PPO/HSA plans, that have been thoughtfully designed with guidance from our experienced health plan advisory team. These plans enable our Members to utilize high-quality, convenient, and cost-effective healthcare and wellness programs delivered by a broad provider network.

Special small group benefits include:



Easy-to-use prescription benefit and electronic tools for employees



Chronic Illness Support Program (CISP) offered in many non-HSA plans to reduce financial barriers for Members with chronic conditions (asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, hypertension).



NEW! Joint offering with **Unum for group life and disability insurance.** Quotes are available through Health Options or your Broker.



A carefully created **drug list** for HSA Plans to help manage chronic conditions and illnesses.



First 3 in-network, outpatient behavioral health visits annually per Member with no cost-share on most non-HSA plans for in-person or online/telephonic visits.



Adult and pediatric vision coverage including exam and glasses/contacts for pediatrics.



First in-network primary care visit annually per Member has no cost-share in non-HSA Plans.



Partnership with Northeast Delta Dental, New England's leading dental carrier to offer pediatric dental coverage with a separate low deductible on most plans.



Routine reports available through our easy-to-use employer portal.



Ability to connect with Employer Human Resource Information System and Health Reimbursement Accounts for updates and to provide data feeds to Group Dynamic, Inc.



Healthwise®, a website containing educational materials such as videos, articles and interactive questionnaires on a large variety of health related topics included on all plans. View more here: [healthwise.net](https://www.healthwise.net).



NEW! Amwell® services now includes **Urgent Care telehealth visits with \$0 cost-share** for non-HSA plans.

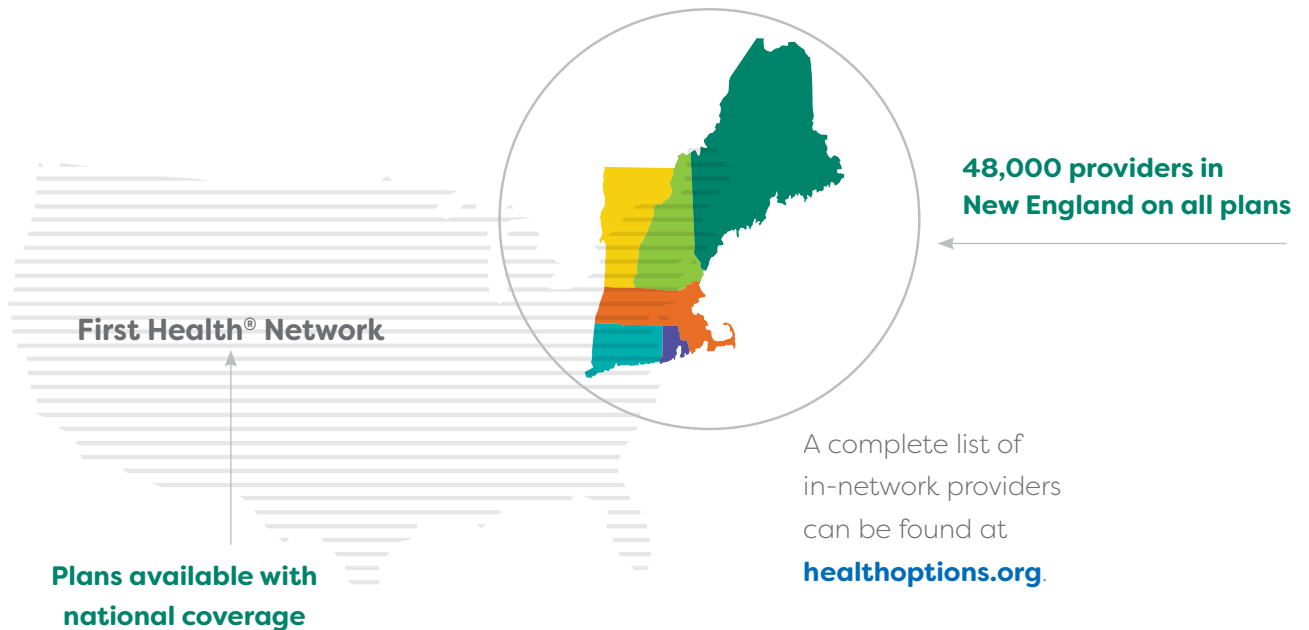


4 SHOP (Small Business Health Options Program) plans are available on the exchange, an exclusive benefit only offered by Health Options.



Network Providers

Health Options has a robust network of providers designed to make it easy and convenient for Members to receive care. Our network includes 48,000 providers in New England. Plans are available with in-network U.S. national coverage through the **First Health® Network**.



| MEMBER NETWORK BY GEOGRAPHIC LOCATION | | |
|---|--|---|
| Service Type | Within ME/NH | Outside ME/NH |
| Medical/Behavioral Health, Substance Use Disorder | Community Health Options' Service Area Network is broad within ME & NH and is available to all plans | Access to contracted providers on all plans and First Health on plans with national network |
| Pharmacy | Express Scripts National Pharmacy Network includes most national and local pharmacies | Express Scripts National Pharmacy Network includes most national and local pharmacies |

While our network comprises **100% of hospitals in Maine and most in New Hampshire***, it extends well beyond these states, including many premier institutions within New England.

- Dana Farber Cancer Institute
- Massachusetts General
- Brigham and Women's Hospital
- Brigham and Women's Faulkner Hospital
- Boston Children's Hospital
- Dartmouth-Hitchcock
- Newton-Wellesley Hospital
- North Shore Medical Center, Spaulding Hospital
- Springfield Hospital

*Except Togus VA Hospital



Preventive Care

Health Options has your back when it comes to preventive health and wellness. Many preventive healthcare services, including screenings, check-ups, and counseling, **have no cost-share.**



We offer **100% of the preventive care benefits** required by the Affordable Care Act and the State of Maine. Services defined in the federal law that meet the criteria of preventive care and are administered by in-network providers are covered with no cost-share.



Preventing influenza is important to Health Options, which is why we provide full coverage for a flu vaccination at in-network providers (doctors or pharmacies*) each flu season for all adult and pediatric Members.



There is no cost-share for **COVID-19** vaccinations or provider-recommended COVID-19 testing/screening.



Preventive screenings identify diseases or medical conditions before any signs or symptoms are present, enabling early diagnosis of health problems. Preventive screenings do not include tests or services to monitor or manage a condition or disease once it has been diagnosed.



NEW! Preventive Screening Colonoscopies with no cost-share for Members ages 45 and older, preventive health screening colonoscopies have no deductible, co-insurance or co-pay.



Preventive counseling usually occurs when a person has been identified (but not yet diagnosed) as being at risk for a specific disease or medical condition at a preventive screening. Preventive counseling and intervention are intended to provide basic information about a medical condition and help you develop the skills to manage health.

**For children aged 9 or older, flu vaccines are covered at in-network pharmacies and not "minute clinics" within pharmacies. Call ahead to confirm availability.*



Chronic Illness Support Program

Select plans include our Chronic Illness Support Program (CISP), designed to improve the health of Members with chronic conditions. CISP saves Members money, contributes to the healthy maintenance of chronic illnesses, and helps reduce medical complications and unnecessary hospitalizations associated with many chronic illnesses.

For CISP-eligible plans, Members with **asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), diabetes, and hypertension** who manage their conditions through in-network office visits and prescriptions have access to savings on routine care. **In order to maximize savings under this benefit, CISP medications must be obtained through the Express Scripts home delivery pharmacy.**

Benefits include:

- **\$0 cost through home delivery for specific Tier 1 generic medications** used to treat the chronic illness
- **50% reduction in cost-share through home delivery for select Tier 2 and 3 medications** (preferred brand medications used to treat the chronic illness) and deductible is waived
- **Medical services at no cost-share** when performed by a network provider for the following services (unless otherwise noted)

| CHRONIC ILLNESS SUPPORT PROGRAM (CISP) MEDICAL SERVICES | | | | |
|--|--|---|---|--|
| Asthma | Coronary Artery Disease (CAD) | Chronic Obstructive Pulmonary Disease (COPD) | Diabetes | Hypertension |
| <p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider, Pulmonologist, Allergist for routine management of asthma • Palliative care conversations with provider to discuss chronic condition treatment • Immunotherapy for allergen sensitization <p>Also covered:</p> <ul style="list-style-type: none"> • Inhaler adjuncts (e.g., holding chamber/spacer) through mail order • Pulmonary function tests • Allergy sensitivity testing • Asthma education • Targeted laboratory tests for the routine management of asthma | <p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider, Cardiologist for routine management of CAD • Palliative care conversations with provider to discuss chronic condition treatment <p>Also covered:</p> <ul style="list-style-type: none"> • Electrocardiogram (ECG) • Nutritional counseling, up to six (6) visits per year • Cardiac rehabilitation and associated exercise programs are covered at 50% cost-share reduction. • Targeted laboratory tests for the routine maintenance of CAD | <p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider, Pulmonologist for routine management of COPD • Palliative care conversations with provider to discuss chronic condition treatment <p>Also covered:</p> <ul style="list-style-type: none"> • Inhaler adjuncts (e.g., holding chamber/spacer) through mail order • Pulmonary function tests • Home oxygen therapy assessment • Pulmonary rehabilitation and associated exercise program are covered at 50% cost share reduction • Targeted laboratory tests for the routine management of COPD <p>Note that oxygen delivery and supplies are subject to routine coverage</p> | <p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider, Endocrinologist, Podiatrist, Optometrist/ Ophthalmologist for routine management of diabetes • Palliative care conversations with provider to discuss chronic condition treatment <p>Also Covered:</p> <ul style="list-style-type: none"> • Nutritional counseling, up to six (6) visits per year • Diabetes education with a certified diabetes educator • Targeted laboratory tests for the routine management of diabetes <p>Diabetic supplies specified on the formulary and dispensed via ESI home delivery are covered at \$0 cost-share:</p> <ul style="list-style-type: none"> • One glucometer per year • Glucose test strips: up to 150 strips every 30 days or 450 strips every 90 days <p>Note that Insulin pumps and continuous glucose monitors and associated supplies are subject to routine coverage</p> | <p>Office visits to the following providers:</p> <ul style="list-style-type: none"> • Primary Care Provider for routine management of hypertension • Cardiologist and Nephrologist for consultation and routine hypertension management • Palliative care conversations with provider to discuss chronic condition treatment <p>Also Covered:</p> <ul style="list-style-type: none"> • Nutritional Counseling, up to six (6) visits per year • Targeted laboratory tests for the routine management of hypertension |



Wellness Benefits

❖ Chronic Illness Support Program (CISP) (continued)

When it comes to prescription drug adherence in the treatment of chronic illnesses, we know our programs work. We have experienced positive outcomes largely due to CISP. We think your experience will be positive too, with healthy, productive employees who are less likely to experience costly claims.

Consistent Medication Adherence Rates for Chronic Illnesses >90% over the past 2 years for diabetes, hypertension and hyperlipidemia

2020 and 2021 drug adherence rates for select drugs.

❖ Primary Care

A Member's first primary care visit during a calendar year has no cost-share in non-HSA plans. Tests and services provided during that visit may be subject to standard cost share.

❖ Telehealth for Provider Visits

A provider visit can be just a click away. Health Options removes obstacles that may keep Members from accessing the healthcare needed. If the provider offers the service, Members can use a video-conferencing telehealth visit via the internet, and the visit will have the same plan coverage as in-network or out-of-network provider office visits. They can also receive telehealth services 24/7 for urgent care and behavioral healthcare through our partnership with Amwell®.

There is no cost share for Amwell urgent care telehealth visits on non-HSA plans.

❖ Behavioral Health

Health Options is committed to prioritizing emotional wellbeing along with physical health. That is why in most non-HSA group plans **the first three in-network, outpatient behavioral health visits per year per Member have no cost-share for in-person or online/telephonic visits.** In fact, Health Options will cover a medical visit and a behavioral health visit on

the same day. We want our Members to reach out and get help when they need it.

We offer telehealth psychiatry and counseling/therapy through a partnership with Amwell, a company offering online provider visits 24/7. This makes it easy and fast for Members and their dependents to access care from these providers. Utilizing these services is as simple as visiting the Member portal.



Wellness Benefits

Tobacco Cessation Support

All group plans offer an enhanced benefit for over-the-counter nicotine replacement therapy (NRT) products, including nicotine patches, gum, lozenges, and certain FDA-approved medications listed on the drug formulary.

Chiropractic and Osteopathic Manipulative Coverage

All Health Options small group plans include coverage for chiropractic and osteopathic manipulative therapy. Some of our small group plans have a co-pay as low as \$30 per visit while other plans, including HSA plans, require satisfying a deductible first.

Vision

Adult and pediatric vision coverage includes a routine eye exam (one per 12-calendar-month period) with a co-pay or deductible and co-insurance. Coverage for glasses and contacts for pediatrics is also included (every 24-calendar-month period) with varying co-insurance, co-payment, or deductible requirements.

Oral Health

Health Options partners with Northeast Delta Dental (NEDD) to provide dental coverage for pediatric Members in most of our small group plans. Separate low deductible applies.

LifeBalance Program

Our LifeBalance partnership is available on most group plans, offering valuable discounts on services and activities to support a healthy lifestyle. Discounted access to hundreds of recreational, cultural, wellness, and travel opportunities can be found on the Health Options' Member portal. Members will find discounts on their favorite activities such as:

- Fitness/Gyms
- Travel
- Attractions
- Sports
- Outdoor activities
- Spa & Relaxation
- Ski/Snowboard Lift Tickets



Medical and Care Management

Medical Management

Our Medical Management team includes a variety of healthcare professionals who work together to remove barriers, making it easier for Members to obtain medications and durable medical equipment. These specialists serve as a connection between Members and providers assisting with communication and education.



Care Management

Programs are available to aid Members through a broad spectrum of services. These include transitions of care such as hospital to home, disease management, chronic condition management, cancer care, maternity/post-partum care, and behavioral healthcare. Our Care Management team partners with a range of local agencies to assist with community supports and other wellbeing related issues.

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 transitioning from a prior health insurance carrier will be paired with a Complex Care Manager to assist with transition to their new Health Options' plan.
- Members identified with high health risks have access to complex care management resources.

HOSPITAL READMISSION PREVENTION PROGRAM

With a **48.7% reduction** in readmission rate (2018-2020), we are working hard to help Members get well while reducing the 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.



Medical and Care Management

Care Management (continued)

SITE OF CARE PROGRAM

Our Site of Care Program has saved millions of dollars in healthcare costs for our Members by offering the ability to transition certain medications and infusions to a preferred site of care, including a Member's own home. This program delivers a meaningful choice with **reduced out-of-pocket cost savings** and **increased quality of life**. An incentive program may be available for select medications and select sites of care.

SUBSTANCE USE DISORDER

Our Care Management team works closely with Members and dependents who are seeking treatment for substance use disorder. Our team provides **high-quality, cost-effective, and convenient in-network program options**. This also includes transitional support after discharge from an inpatient behavioral health or substance use facility.

We're working every day to keep costs low and give you the healthcare benefits you expect and deserve.

Care Management Success Story

Recently, a Member diagnosed with cancer was referred to a Boston medical facility for treatment and a stem cell transplant. The Member had significant financial barriers, unreliable transportation, and was living in a home that contained mold. The Care Management team made a referral to the Maine Area Agencies on Aging which worked with our Member to arrange payment plans for a reliable car and a safe, new mobile home. The agency also helped the Member apply for monies from the Lymphoma Society, resulting in a \$5,000 grant to help with medical expenses.



Pharmacy Management

Health Options' in-house pharmacists support the development of a competitive and cost-effective prescription drug formulary in partnership with our Pharmacy Benefits Manager (PBM), Express Scripts Inc. They have designed an easy-to-use formulary with five tiers based on cost. For more information on co-pays by tier, see plan details.

healthoptions.org.

| PRESCRIPTION DRUG FORMULARY TIERS | |
|-----------------------------------|---------------------|
| TIER 1 | Preferred Generics |
| TIER 2 | Generics |
| TIER 3 | Preferred Brand |
| TIER 4 | Non-Preferred Brand |
| TIER 5 | Specialty |

Special Insulin Provision

Members requiring insulin **will have a cost-share not to exceed \$35** for up to a 30-day supply on all plans.

ACA Preventive Drug Coverage

Under the Affordable Care Act (ACA), pharmacy benefits cover certain categories of preventive care drugs and products at 100% in all plans when ACA preventive care requirements are met. This means there is no cost-share (deductible, co-payment or co-insurance). These drugs will be designated with ACA on the formulary. To view the ACA included medications, visit the Member portal or [click here](#) to go to the formulary.

HSA Preventive Drug Coverage

All group HSA Plans include a carefully created list containing medications to help prevent the development of and reduce the risk of complications due to chronic conditions and illnesses. These prescription drugs are identified on the formulary with an H.S.A notation. These drugs indicated as H.S.A. bypass the deductible. Members pay only the applicable co-insurance or co-payment amounts. To view the H.S.A. designated drugs, visit the Member Portal or healthoptions.org to go to the formulary. Details on specific formulary coverage will be available in the Member portal.

> 100% of Members being treated for asthma with less than a 75% adherence rate with their inhaled controllers have been reached to provide education and assistance in removing barriers to adherence.

(December 2020)



Pharmacy Management

Pharmacy Benefit Manager

Our pharmacy benefit manager, Express Scripts® offers a portal that gives Members a high degree of control over their prescription ordering and prescription costs with auto-generated comparisons and suggestions for lower cost Rx options. **In a recent prescription drug utilization review, our team found that 86% of filled Member prescriptions were for generics**, which means our Members are saving money, making it easier to adhere with prescribed medications. This means healthier employees. For more information on the drug formulary visit healthoptions.org.



Our pharmacy benefit manager, Express Scripts®, offers a portal that gives Members a **high degree of control over their prescription ordering and prescription costs.**

Non-HSA Plans

Many group non-HSA plans offer our Chronic Illness Support Program (CISP) which removes certain cost barriers to help Members secure the prescription drugs needed to manage their chronic illness when filled by mail-order. Qualified CISP medications have a CISP designation on the formulary. To view these medications, visit the Member portal or visit healthoptions.org to go to the formulary.

In a recent prescription drug utilization review, our team found that **86% of filled Member prescriptions were for generics.**



Group Administration and Member Service

Health Options' advanced administrative systems are fully integrated and have been 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 complex cases receive the extra attention necessary. 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

Ease of Implementation

When it comes to doing business, Health Options' electronic paperless quoting and onboarding system can seamlessly move employee census data through the process, from quote to enrollment and onboarding. We can even connect with your HRIS (Human Resource Information System) to receive employee updates and send health reimbursement account data to Group Dynamic, Inc.

Convenient Employer and Member Portals

It is easy for you and your employees to manage benefits administration. You will have access to our convenient Online Insight tool, where you can handle employee census data and pay or manage your monthly invoice. Your employees can utilize our convenient 24/7 Member portal, where they will find all the information they need to stay on top of their health plan's benefits and services, including 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 Service



Member Service Excellence

Our Maine-based, in-house customer service representatives from Lewiston to Fort Kent handle Member, prospective Member, broker and provider calls and earn high satisfactions scores. You can be assured that your employees will not waste time trying to get answers. The Health Options' Member Services team is led by two guiding principles:

PROMISES DELIVERED

When we make a promise to do something, we keep our promise. We always have your back. We are committed to Members' satisfaction every day. In recent post-call surveys with our Members, we earned **100% satisfaction for courtesy and respect, 97% for receipt of information needed and 98% for the speed of answer.**

WE DON'T ISSUE HOMEWORK

If a matter requires follow-up or more information is needed from a provider, pharmacy, or another department at Health Options, we will advocate for our Member to get the information needed, or be sure to connect them with the right people.

MEMBER SURVEY RESULTS:

100% satisfaction for courtesy and respect

97% satisfaction for receipt of information needed

98% satisfaction for speed of answer

“Community Health Options has impressed me with their responses to my emails. I have had other insurers and they never helped me the way you have so far. A big shout out to the email team and the great job you provide on a daily basis!”

— Member Survey 2020



Partnership

We know what it means to be a good partner. **With a year-end retention rate of 93% in 2020 for 2021 within our employer group clients, we are proud to know that Health Options is delivering high satisfaction among employers and Members.**

- Plus, we have solid relationships with the brokers you have come to trust. **86% of brokers score Health Options an 8 or higher out of 10 for willingness to recommend Health Options to their colleagues** (Broker Satisfaction Survey).
- And we offer easy access to local Maine-based account management and senior leadership.

“Incredible Team and underwriting, excellent communication.”

— V.M., Broker Satisfaction Survey

Health Options is a pioneer that has your back. You can always count on us to work hard to keep your costs low and deliver the benefits your business deserves. Reach out and let us show you how. **You can contact your broker or Business Development at businessdevelopmentinfo@healthoptions.org.**

“The broker support team is responsive and good to work with. The plan designs and costs are in line with the market demand.”

— P.W., Broker Satisfaction Survey



Small Group Plan Details and Selection Process

Plan Selection

Choose the health plan that is best for your organization. There are 18 small group plans (PPO, PPO/HSA, National and New England) to select from. Our plans offer deductibles that range from \$1,000 to \$8,700 with a variety of co-insurances 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 Health Options Account Manager or Business Development at businessdevelopmentinfo@healthoptions.org.

Any of the above contacts can take you through the easy application process and seamless transition.



Frequently Asked Questions

What is a fully insured group health plan?

A fully insured group health plan is an employer-sponsored health plan for employers in which the employer pays a premium to the insurance company for their employees to be covered. Small group premiums are determined by a community rate which is the rate to be charged to all eligible groups for small group health plans prior to any adjustments for family membership, participation in wellness programs, geographic area, age, or tobacco use. The rates are set for a contract period of 12 months.

How many employees does a group need to have to obtain a fully insured small group quote?

- Health Options uses “eligible or head count” to determine market segment.
- 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.
- We quote as a small group when the group has 50 or fewer eligible employees.

Will you work with my broker?

Yes, we are happy to work with your broker. We have established strong relationships with many brokers.

How do I get a quote if I do not want to go through a broker?

It is easy to get a quote if you do not want to go through a broker. You can contact Business Development at 207-402-3353 or email businessdevelopmentinfo@healthoptions.org for more information, or complete the form on our website in the “for more information” section at healthoptions.org.

Can I keep my 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.





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 Business Development at businessdevelopmentinfo@healthoptions.org or call **207-402-3353**.

For more detailed information about our health plans or to review our Member Benefit Agreement and Schedule of Benefits, Provider Directory, Prescription Formulary or Privacy Notice, please visit our website at healthoptions.org or call the Business Development Team at 207-402-3353. ©2022 Community Health Options. All rights reserved.

