



2025 Small Business Healthcare Plans

Community Health Options is a Maine-based, Member-led, nonprofit health insurer created to serve Mainers and their employers. Our plans include PPO NE, PPO National, HMO NE, HMO Tiered NE, and HMO National, along with tax-advantaged HSA options, all offering access to care and services Members can count on.

Better Access to Care

Many people wait months for medical appointments or must travel far to see a provider who accepts new patients. That's why we partnered with Firefly Health to offer your employees and their dependents 18 years and older virtual-first primary care with a team that includes a medical doctor, nurse practitioner, behavioral health specialist and a health guide. The first appointment can be scheduled within 3 business days, and the cost is the same as local primary care. New in 2025, select plans even offer a \$25 copay for Firefly Health primary care visits. For more information, visit www.fireflyhealth.com/with/chobusiness.

Site of Service Savings

We now offer cost savings when your employees receive care at specified locations. At these sites, Members have \$25 copays for labs and \$75 copays for X-rays without having to meet their deductible. And on HSA plans, employees have a copay after meeting their deductible. Select HMO Tiered plans also have copays for specific urgent care locations, as well as a \$25 copay for virtual primary care with Firefly Health.

Medication Programs That Drive Down Costs

It's hard to take medicines when they cost so much. That's why our pharmacists work to lower costs through our **ScriptSaver** program, while **Price Assure** guarantees the lowest possible price for generics at in-network pharmacies through a partnership with GoodRx. And our **Infusion Site of Care Program** offers lower-cost sites to receive intravenous medications or infusions, including treatment at home. Members on non-HSA plans also have \$0 or \$5 copays for Tier 1 preferred generics, and all Members save when they use mail order for most maintenance medications.



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Plan Highlights:

- **Copay for in-network services** like chiropractic and osteopathic visits, physical, speech and occupational therapy, and annual pediatric vision exams on non-HSA plans.
- **\$0 or \$5 copay** for Tier 1 preferred generics on non-HSA plans. Plus, all Members save when they use mail order for most maintenance medications.
- **\$25 copay** for labs at [specified labs](#).*
- **\$75 copay** for X-rays at [specified locations](#).*
- **\$0 cost treatment for tobacco use** including over-the-counter nicotine replacement therapy products and select drugs on our formulary.
- \$0 cost digital wellness platform and mobile app on select plans and unlimited health coaching on **Healthy Maine** plans.
- Members requiring **insulin** will have a **cost share not to exceed \$35** for up to a 30-day supply.
- **Chronic Illness Support Program**, offered on all non-HSA plans, makes it easier for Members to manage and pay for the treatment of select chronic conditions.**
- HSA plans labeled **HSA Plus** include prescription coverage for select drugs without a deductible.
- **Pediatric and adult vision coverage** with one exam every 12 months. Pediatric eye exams have a copay on all non-HSA plans and include coverage for frames or contacts every two years. Some plans also include exams for adults with a copay.
- **Pediatric dental** through Northeast Delta Dental® is available on plans with dental in the name, with a separate low deductible.
- **Prescriptions are available by mail** or through **retail pharmacies**. Members generally save money on maintenance drugs by switching to mail order.
- **A robust network** of 48,000 providers including clinicians, hospitals and pharmacies, and 100% of hospitals in Maine, most in New Hampshire and premier institutions in New England.***
- **Access to care for emergent conditions outside the U.S.** available on all Small Group plans.
- Support from a **Maine-based Member Services Team** with high satisfaction rates.
- **Virtual care partnerships** with Firefly Health for primary care and Amwell® for urgent care and behavioral health services. Amwell urgent care at \$0 on non-HSA plans and \$25 copay for Firefly Health visits on select plans.
- Optional joint offering with **Unum for group life and disability insurance**. Quotes are available through Community Health Options or your broker.

Maine's only carrier offering Small Business Health Options Program (SHOP) eligible plans.

* HSA plans offer copay after deductible.

** Chronic conditions include asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes and hypertension.

*** Except Togus VA

Meet Our Team:

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Available On and Off Marketplace	Health Options Clear Choice Bronze \$9200 HMO NE	Health Options Clear Choice Bronze \$9200 PPO NE	Health Options Bronze \$8000 Healthy Maine HMO Tiered NE	Health Options Bronze \$8000 Healthy Maine HMO NE	Health Options Bronze \$8000 Healthy Maine PPO NE	Health Options Clear Choice Bronze \$7500 HMO Tiered NE	Health Options Clear Choice Bronze \$7500 HMO NE	Health Options Clear Choice Bronze \$7500 PPO NE	Health Options Clear Choice Bronze \$7500 PPO NE Dental	Health Options Clear Choice Bronze \$7200 HSA Plus PPO NE	Health Options Clear Choice Bronze \$6300 HSA PPO NE
Deductible	\$9,200	\$9,200	\$8,000*	\$8,000	\$8,000	\$7,500*	\$7,500	\$7,500	\$7,500	\$7,200	\$6,300
Max Out-of-Pocket	\$9,200	\$9,200	\$9,200*	\$9,200	\$9,200	\$9,200*	\$9,200	\$9,200	\$9,200	\$7,200	\$7,500
Coinsurance	0%	0%	50%*	50%	50%	50%*	50%	50%	50%	0%	50%
Cost share reduction available	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provider Network	New England	New England	Tiered New England	New England	New England	Tiered New England	New England	New England	New England	New England	New England
Includes out-of-network coverage		✓			✓			✓	✓	✓	✓
Site of Service: Labs & X-rays	✓	✓	✓	✓	✓	✓	✓	✓	✓	After ded.	After ded.
Other Benefits											
Primary Care Office Visits**	\$50 copay	\$50 copay	\$50 copay*	\$50 copay	\$50 copay	\$45 copay*	\$45 copay	\$45 copay	\$45 copay	0% coins. after ded.	50% coins. after ded.
Specialty Care Office Visits	\$80 copay	\$80 copay	\$80 copay after ded.*	\$80 copay after ded.	\$80 copay after ded.	\$80 copay*	\$80 copay	\$80 copay	\$80 copay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Facility	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$95 copay	\$60 copay	\$60 copay	\$60 copay	0% coins. after ded.	50% coins. after ded.
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.
Mental Health/ Substance Use - Outpatient**	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	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.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	0% coins. after ded.	50% coins. after ded.
Rx Tier 2 Generics	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	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.	30% coins. after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay 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.	50% coins. after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay 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.	50% coins. after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	0% coins. after ded.	50% coins. after ded.

A small business that qualifies for **SHOP** can purchase any Community Health Options plan that is available on the marketplace at CoverME.gov. Contact your trusted broker or call our Business Development team at (207) 402-3353 for more information on how you can purchase a SHOP plan.

Vision Exams Pediatric Dental CISP Acupuncture Wellness Benefits Personal Health Coaching
 Lower Copay at Firefly Health & Designated Urgent Care Locations Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, 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) copays accumulate to the deductible on all non-HSA plans.

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









Available On and Off Marketplace	Health Options Clear Choice Silver \$4200 HMO Tiered NE	Health Options Clear Choice Silver \$4200 HMO NE	Health Options Clear Choice Silver \$4200 PPO NE	Health Options Clear Choice Silver \$3500 HMO Tiered NE	Health Options Clear Choice Silver \$3500 HMO NE	Health Options Clear Choice Silver \$3500 HMO NE Dental	Health Options Clear Choice Silver \$3500 PPO NE	Health Options Clear Choice Silver \$3500 PPO NE Dental	Health Options Clear Choice Silver \$3500 PPO National
Deductible	\$4,200*	\$4,200	\$4,200	\$3,500*	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500
Max Out-of-Pocket	\$8,000*	\$8,000	\$8,000	\$8,500*	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
Coinsurance	30%*	30%	30%	30%	30%	30%	30%	30%	30%
Cost share reduction available	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provider Network	Tiered New England	New England	New England	Tiered New England	New England	New England	New England	New England	National
Includes out-of-network coverage			✓				✓	✓	✓
Site of Service: Labs & X-rays	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other Benefits									
Primary Care Office Visits**	\$40 copay*	\$40 copay	\$40 copay	\$40 copay*	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Specialty Care Office Visits	\$60 copay*	\$60 copay	\$60 copay	\$60 copay*	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Urgent Care Visits- Facility	\$75 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mental Health/ Substance Use - Outpatient**	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Emergency Room Care	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Rx Tier 2 Generics	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Rx Tier 3 Preferred Brands	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Rx Tier 4 Non-Preferred Brands	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.
Rx Tier 5 Specialty	50% coins. after ded.	50% coins. after ded.	50% coins. after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.

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Vision Exams Pediatric Dental CISP Acupuncture Wellness Benefits Personal Health Coaching
 Lower Copay at Firefly Health & Designated Urgent Care Locations Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, 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) copays accumulate to the deductible on all non-HSA plans.
 This is only a summary. For more information about specific plan coverage, please see the Schedule of Benefits.



Available On and Off Marketplace	Health Options Clear Choice Gold \$2500 PPO NE	Health Options Clear Choice Gold \$2500 PPO NE Dental	Health Options Clear Choice Gold \$2500 PPO National Dental	Health Options Clear Choice Gold \$1500 PPO NE	Health Options Clear Choice Gold \$1500 PPO National	Health Options Clear Choice Platinum PPO NE
Deductible	\$2,500	\$2,500	\$2,500	\$1,500	\$1,500	\$500
Max Out-of-Pocket	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$3,000
Coinsurance	30%	30%	30%	30%	30%	20%
Cost share reduction available	✓	✓	✓	✓	✓	✓
Provider Network	New England	New England	National	New England	National	New England
Includes out-of-network coverage	✓	✓	✓	✓	✓	✓
Site of Service: Labs & X-rays	✓	✓	✓	✓	✓	✓
Other Benefits						
Primary Care Office Visits**	\$20 copay	\$20 copay	\$20 copay	\$25 copay	\$25 copay	\$20 copay
Specialty Care Office Visits	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$40 copay
Urgent Care Visits- Facility	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$25 copay
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mental Health/ Substance Use - Outpatient**	\$20 copay	\$20 copay	\$20 copay	\$25 copay	\$25 copay	\$20 copay
Emergency Room Care	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$0 copay
Rx Tier 2 Generics	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$0 copay
Rx Tier 3 Preferred Brands	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$15 copay
Rx Tier 4 Non-Preferred Brands	30% coins. up to max of \$300/script	30% coins. up to max of \$300/script	30% coins. up to max of \$300/script	\$100 copay after ded.	\$100 co-pay after ded.	\$100 copay after ded.
Rx Tier 5 Specialty	50% coins. up to max of \$600/script	50% coins. up to max of \$600/script	50% coins. up to max of \$600/script	\$250 co-pay after ded.	\$250 co-pay after ded.	\$250 copay after ded.

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 Vision Exams  Pediatric Dental  CISP  Acupuncture  Wellness Benefits  Personal Health Coaching
 Lower Copay at Firefly Health & Designated Urgent Care Locations  Out-of-Country Coverage

*Indicates preferred network. Tiered plans have lower copays, coinsurance, 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) copays accumulate to the deductible on all non-HSA 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 Bronze \$9200 PPO National Dental Off MP	Health Options Clear Choice Bronze \$8000 Healthy Maine HMO National Off MP	Health Options Clear Choice Bronze \$7500 HMO Tiered NE Dental Off MP	Health Options Clear Choice Bronze \$7500 PPO National Dental Off MP	Health Options Clear Choice Bronze \$7200 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Bronze \$6300 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Silver \$4500 HSA HMO Tiered 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 Silver \$4000 HMO National Off MP	Health Options Clear Choice Silver \$3500 HMO Tiered NE Dental Off MP
Deductible	\$9,200	\$8,000	\$7,500*	\$7,500	\$7,200	\$6,300	\$4,500*	\$4,200*	\$4,200	\$4,000	\$3,500*
Max Out-of-Pocket	\$9,200	\$9,200	\$9,200*	\$9,200	\$7,200	\$7,500	\$7,000*	\$8,000*	\$8,000	\$9,100	\$8,500*
Coinsurance	0%	50%	50%*	50%	0%	50%	20%*	30%*	30%	40%	30%*
Cost share reduction available											
Provider Network	National	National	Tiered New England	National	National	National	Tiered New England	Tiered New England	National	National	Tiered New England
Includes out-of-network coverage	✓			✓	✓	✓			✓		
Site of Service: Labs & X-rays	✓	✓	✓	✓	After ded.	After ded.	After ded.	✓	✓	✓	✓
Other Benefits											
Primary Care Office Visits**	\$50 copay	\$50 copay	\$45 copay*	\$45 copay	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.*	\$40 copay*	\$40 copay	\$45 copay	\$40 copay*
Specialty Care Office Visits	\$80 copay	\$80 copay after ded.	\$80 copay*	\$80 copay	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.*	\$60 copay*	\$60 copay	\$80 copay	\$60 copay*
Urgent Care Visits- Facility	\$60 copay	\$60 copay	\$60 copay	\$60 copay	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.	\$40 copay	\$40 copay	\$50 copay	\$40 copay
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.	\$0 copay after ded.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mental Health/ Substance Use - Outpatient**	\$50 copay	\$50 copay	\$45 copay	\$45 copay	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.	\$40 copay	\$40 copay	\$45 copay	\$40 copay
Emergency Room Care	0% coins. after ded.	0% coins. after ded.	50% coins. after ded.	50% coins. after ded.	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.	30% coins. after ded.	30% coins. after ded.	40% coins. after ded.	30% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Rx Tier 2 Generics	\$30 copay	\$30 copay	\$30 copay	\$30 copay	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.	\$25 copay	\$25 copay	\$35 copay	\$25 copay
Rx Tier 3 Preferred Brands	0% coins. after ded.	30% coins. after ded.	\$50 copay after ded.	\$50 copay after ded.	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.	\$50 copay	\$50 copay	\$70 copay	\$50 copay
Rx Tier 4 Non-Preferred Brands	0% coins. after ded.	50% coins. after ded.	\$100 copay after ded.	\$100 copay after ded.	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.	30% coins. after ded.	30% coins. after ded.	30% coins. after ded. up to max of \$400/script	\$100 copay after ded.
Rx Tier 5 Specialty	0% coins. after ded.	50% coins. after ded.	\$250 copay after ded.	\$250 copay after ded.	0% coins. after ded.	50% coins. after ded.	20% coins. after ded.	50% coins. after ded.	50% coins. after ded.	30% coins. after ded. up to max of \$500/script	\$250 copay after ded.

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- Vision Exams Pediatric Dental CISP Acupuncture Wellness Benefits Personal Health Coaching
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**Primary Care and Behavioral Health (Mental Health/ Substance Use Disorder - Outpatient) copays accumulate to the deductible on all non-HSA plans.

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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 \$3500 HSA Plus PPO National Dental Off MP	Health Options Clear Choice Silver \$3500 HSA PPO NE Dental Off MP	Health Options Clear Choice Gold \$1500 PPO National Dental Off MP
Deductible	\$3,500	\$3,500	\$3,500	\$3,500	\$1,500
Max Out-of-Pocket	\$8,500	\$8,500	\$7,000	\$7,000	\$5,000
Coinsurance	30%	30%	20%	20%	30%
Cost share reduction available					
Provider Network	New England	National	National	New England	National
Includes out-of-network coverage	✓	✓	✓	✓	✓
Site of Service: Labs & X-rays	✓	✓	After ded.	After ded.	✓
Other Benefits					
Primary Care Office Visits**	\$40 copay	\$40 copay	20% coins. after ded.	20% coins. after ded.	\$25 copay
Specialty Care Office Visits	\$60 copay	\$60 copay	20% coins. after ded.	20% coins. after ded.	\$50 copay
Urgent Care Visits- Facility	\$40 copay	\$40 copay	20% coins. after ded.	20% coins. after ded.	\$40 copay
Urgent Care Visits- Amwell® Telehealth	\$0 copay	\$0 copay	\$0 copay after ded.	\$0 copay after ded.	\$0 copay
Mental Health/ Substance Use - Outpatient**	\$40 copay	\$40 copay	20% coins. after ded.	20% coins. after ded.	\$25 copay
Emergency Room Care	30% coins. after ded.	30% coins. after ded.	20% coins. after ded.	20% coins. after ded.	30% coins. after ded.
Rx Tier 1 Preferred Generics	\$5 copay	\$5 copay	\$5 copay after ded.	\$5 copay after ded.	\$5 copay
Rx Tier 2 Generics	\$25 copay	\$25 copay	\$25 copay after ded.	\$25 copay after ded.	\$25 copay
Rx Tier 3 Preferred Brands	\$50 copay	\$50 copay	\$50 copay after ded.	\$50 copay after ded.	\$50 copay
Rx Tier 4 Non-Preferred Brands	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.
Rx Tier 5 Specialty	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.	\$250 copay after ded.

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