



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% |
| 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. |

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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 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% |
| 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; ded. does not apply | \$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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 **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 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% |
| 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%* |
| 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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|--|---|---|---|---|---|
| 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% |
| 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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