

QUARTERLY STATEMENT

for the

HMO-Line of Business

for

Maine Community Health Options

of

New Gloucester

in the State of

Maine

to the

Bureau of Insurance

of the State of

Maine

**For the Quarter Ended
September 30, 2025**

2025



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Maine Community Health Options

NAIC Group Code 0000 0000 NAIC Company Code 15077 Employer's ID Number 45-3416923
(Current) (Prior)

Organized under the Laws of Maine, State of Domicile or Port of Entry ME

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 09/26/2011 Commenced Business 01/01/2014

Statutory Home Office 60 Pineland Drive, Auburn Hall, Suite 301, New Gloucester, ME, US 04260
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 60 Pineland Drive, Auburn Hall, Suite 301
(Street and Number)
New Gloucester, ME, US 04260
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 1121, Lewiston, ME, US 04243-1121
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 60 Pineland Drive, Auburn Hall, Suite 301
(Street and Number)
New Gloucester, ME, US 04260
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.healthoptions.org

Statutory Statement Contact Joanne Lauterbach, 207-330-2390
(Name) (Area Code) (Telephone Number)
jlauterbach@healthoptions.org, 207-402-3318
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer Kevin Lewis Chief Financial Officer Joanne Lauterbach
Interim Chief Operating Officer Sarah Johansson #

OTHER

DIRECTORS OR TRUSTEES

<u>Leslie Clark</u>	<u>Rebecca Swanson Conrad</u>	<u>Jim Harrison</u>
<u>Ralph Johnson</u>	<u>Holly Korda</u>	<u>Asher Kramer</u>
<u>Robert Lorenzo</u>	<u>Cory McKenna</u>	<u>Jeff Norris</u>
<u>Martin Puckett #</u>	<u>Laurie Reed</u>	<u>Sharon Reishus</u>
<u>Judiann Smith</u>	<u>Andy Tomlinson</u>	<u>Elizabeth Whittemore #</u>

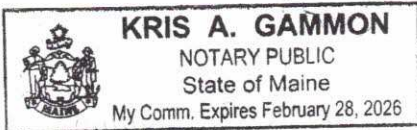
State of Maine SS:
County of Cumberland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kevin Lewis Chief Executive Officer
Joanne Lauterbach Chief Financial Officer
Sarah Johansson Interim Chief Operating Officer

Subscribed and sworn to before me this 12th day of November 2025
Kris A Gammon

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....





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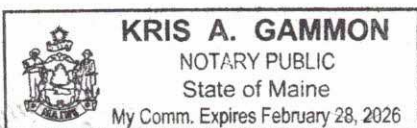
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STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	116,767	108,617	143,722
2. Net premium income (including \$ non-health premium income).....	XXX	82,560,244	66,517,962	90,698,089
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	82,560,244	66,517,962	90,698,089
Hospital and Medical:				
9. Hospital/medical benefits		42,961,428	40,131,007	43,357,069
10. Other professional services		2,303,970	1,577,677	2,270,811
11. Outside referrals		232,122	603,834	382,779
12. Emergency room and out-of-area		15,462,074	13,455,463	15,439,550
13. Prescription drugs		20,520,423	15,615,584	22,278,899
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		307,982	249,687	335,214
16. Subtotal (Lines 9 to 15)	0	81,787,999	71,633,252	84,064,322
Less:				
17. Net reinsurance recoveries		5,666,057	14,089,984	12,796,561
18. Total hospital and medical (Lines 16 minus 17)	0	76,121,942	57,543,268	71,267,761
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 2,316,342 cost containment expenses		3,387,114	3,599,706	5,142,540
21. General administrative expenses		11,458,277	9,971,639	13,666,124
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(8,403,157)	(3,394,459)	4,137,648
23. Total underwriting deductions (Lines 18 through 22).....	0	82,564,176	67,720,154	94,214,073
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(3,932)	(1,202,192)	(3,515,984)
25. Net investment income earned		445,969	503,754	647,930
26. Net realized capital gains (losses) less capital gains tax of \$		(173,436)		0
27. Net investment gains (losses) (Lines 25 plus 26)	0	272,533	503,754	647,930
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 4,246)].....		(4,246)	(181,046)	(260,616)
29. Aggregate write-ins for other income or expenses	0	0	57	(183)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	264,355	(879,427)	(3,128,853)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	264,355	(879,427)	(3,128,853)
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Fixed Asset Gain (Loss)			57	(183)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	57	(183)

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Maine Community Health Option

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	11,549	10,353	1,196	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	13,277	12,022	1,255	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	12,981	11,818	1,163	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	12,710	11,562	1,148											
5. Current Year	0													
6. Current Year Member Months	116,767	105,958	10,809											
Total Member Ambulatory Encounters for Period:														
7. Physician	50,121	46,060	4,061											
8. Non-Physician	28,531	26,085	2,446											
9. Total	78,652	72,145	6,507	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,850	1,706	144											
11. Number of Inpatient Admissions	299	266	33											
12. Health Premiums Written (a)	82,876,130	76,303,777	6,572,353											
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	82,876,130	76,303,777	6,572,353											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	73,200,508	68,276,165	4,924,343											
18. Amount Incurred for Provision of Health Care Services	81,787,999	76,186,648	5,601,351											

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$