ANNUAL 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 Year Ended
December 31, 2024

2024

1507720242010010 0

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Maine Community Health Options

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

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 (Street and Number), New Gloucester, ME, US 04260 (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 (Street and Number or P.O. Box), Lewiston, ME, US 04243-1121 (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 (Name), 207-330-2390 (Area Code) (Telephone Number)
jlauterbach@healthoptions.org (E-mail Address), 207-402-3318 (FAX Number)

OFFICERS

Chief Executive Officer	Kevin Lewis	Chief Financial Officer	Joanne Lauterbach
Chief Operations Officer	William Kilbreth #	Chief Medical Officer	Dr. Lori Tishler

OTHER

DIRECTORS OR TRUSTEES

Paul Andrews	Lisa Bard Levine #	Leslie Clark
Jerod Cronkite	Cheryl Greaney	Jim Harrison
Ralph Johnson	Holly Korda	Asher Kramer
Robert Lorenzo	Cory McKenna	Jeff Norris
Laurie Reed #	Sharon Reishus	Judiann Smith
Rebecca Swanson Conrad	Andy Tomlinson #	

State of Maine
County of Cumberland SS

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

William Kilbreth
Chief Operations Officer

Subscribed and sworn to before me this 28th day of February 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.....

KRIS A. GAMMON
NOTARY PUBLIC
State of Maine
My Comm. Expires February 28, 2026

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	143,722	137,724
2.	Net premium income (including $ non-health premium income)	XXX	90,698,089	76,905,181
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4.	Fee-for-service (net of $ medical expenses)	XXX	0	0
5.	Risk revenue	XXX	0	0
6.	Aggregate write-ins for other health care related revenues	XXX	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	90,698,089	76,905,181
	Hospital and Medical:			
9.	Hospital/medical benefits		43,357,069	47,941,361
10.	Other professional services		2,270,811	1,873,884
11.	Outside referrals		382,779	736,001
12.	Emergency room and out-of-area		15,439,550	15,911,685
13.	Prescription drugs		22,278,899	18,023,365
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		335,214	255,792
16.	Subtotal (Lines 9 to 15)	0	84,064,322	84,742,088
	Less:			
17.	Net reinsurance recoveries		12,796,561	15,932,464
18.	Total hospital and medical (Lines 16 minus 17)	0	71,267,761	68,809,624
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $ 3,232,194 cost containment expenses		5,142,540	4,707,401
21.	General administrative expenses		13,666,124	12,295,761
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		4,137,648	2,946,974
23.	Total underwriting deductions (Lines 18 through 22)	0	94,214,073	88,759,760
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(3,515,984)	(11,854,579)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		647,930	705,233
26.	Net realized capital gains (losses) less capital gains tax of $		0	(95,188)
27.	Net investment gains (losses) (Lines 25 plus 26)	0	647,930	610,045
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $ 260,616)]		(260,616)	(278,450)
29.	Aggregate write-ins for other income or expenses	0	(183)	19,957
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	(3,128,853)	(11,503,027)
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	(3,128,853)	(11,503,027)
	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
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.		XXX		
0702.		XXX		
0703		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901.	Fixed Asset Loss		(183)	
2902.	Vendor Settlement			19,957
2903				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(183)	19,957

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income	90,698,089	81,338,686	9,359,403											
2.	Change in unearned premium reserves and reserve for rate credit	0													
3.	Fee-for-service (net of $ medical expenses)	0													XXX
4.	Risk revenue	0													XXX
5.	Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6.	Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.	Total revenues (Lines 1 to 6)	90,698,089	81,338,686	9,359,403	0	0	0	0	0	0	0	0	0	0	0
8.	Hospital/medical benefits	43,357,069	39,540,904	3,816,165											XXX
9.	Other professional services	2,270,811	2,070,941	199,870											XXX
10.	Outside referrals	382,779	349,088	33,691											XXX
11.	Emergency room and out-of-area	15,439,550	14,080,605	1,358,945											XXX
12.	Prescription drugs	22,278,899	20,317,974	1,960,925											XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	335,214	312,360	22,854											XXX
15.	Subtotal (Lines 8 to 14)	84,064,322	76,671,872	7,392,450	0	0	0	0	0	0	0	0	0	0	XXX
16.	Net reinsurance recoveries	12,796,561	11,716,189	1,080,372											XXX
17.	Total medical and hospital (Lines 15 minus 16)	71,267,761	64,955,683	6,312,078	0	0	0	0	0	0	0	0	0	0	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including $ 3,232,194 cost containment expenses	5,142,540	3,810,457	1,332,083											
20.	General administrative expenses	13,666,124	10,689,142	2,976,982											
21.	Increase in reserves for accident and health contracts	4,137,648	3,085,298	1,052,350											XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	94,214,073	82,540,580	11,673,493	0	0	0	0	0	0	0	0	0	0	0
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(3,515,984)	(1,201,894)	(2,314,090)	0	0	0	0	0	0	0	0	0	0	0
	DETAILS OF WRITE-INS														
0501.															XXX
0502.															XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.															XXX
1302.															XXX
1303.															XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX