

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, 2025**

2025



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 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, (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

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, (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

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
Chief Operating Officer Daniel Teague #

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 ~~Nevada~~ Nevada *JS*
County of ~~Clark~~ Clark *JS* 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 A Lewis
Kevin Lewis
Chief Executive Officer

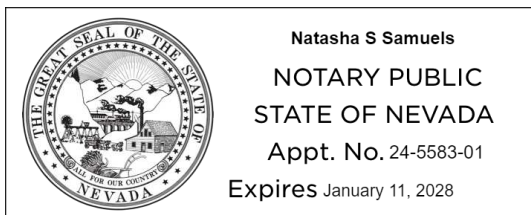
Joanne Lauterbach
Joanne Lauterbach
Chief Financial Officer

Daniel Carter Teague
Daniel Carter Teague
Daniel Teague
Chief Operating Officer

Subscribed and sworn to before me this 2nd day of March 2026
by Joanne Lauterbach.

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.....

Natasha S Samuels
Natasha S Samuels
Notary Public, State of Nevada



Notarized remotely using audio-video communication technology via Proof.

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Jurat

Document Date: 03/02/2026

Number of Pages (including notarial certificate): 2

State of Texas

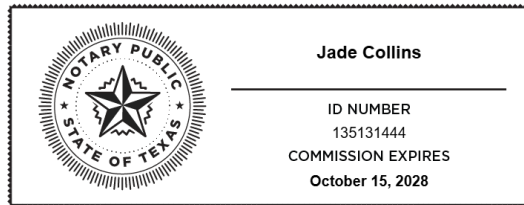
County of Montgomery

Sworn to and subscribed before me

on 03/02/2026 by Daniel Carter Teague.

Electronically signed and notarized online using the Proof platform.

Jade Collins



DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Jurat

Document Date: 03/02/2026

Number of Pages (including notarial certificate): 3

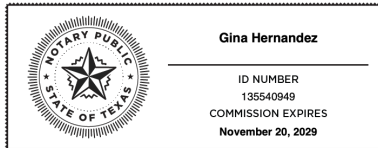
Sworn to and subscribed before me
on 03/02/2026 by Kevin A Lewis.

State of Texas
County of Denton

Notary Public, State of Texas



Gina Hernandez
03/02/2026
135540949
exp: 11/20/2029



Electronically signed and notarized online using the Proof platform.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Maine Community Health Options

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	154,151	143,722
2. Net premium income (including \$ non-health premium income)	XXX	108,223,480	90,698,089
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	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	108,223,480	90,698,089
Hospital and Medical:			
9. Hospital/medical benefits		55,463,460	43,357,069
10. Other professional services		2,901,101	2,270,811
11. Outside referrals		294,116	382,779
12. Emergency room and out-of-area		20,152,622	15,439,550
13. Prescription drugs		29,819,986	22,278,899
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		371,034	335,214
16. Subtotal (Lines 9 to 15)	0	109,002,319	84,064,322
Less:			
17. Net reinsurance recoveries		9,148,383	12,796,561
18. Total hospital and medical (Lines 16 minus 17)	0	99,853,936	71,267,761
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 3,067,404 cost containment expenses		4,854,577	5,142,540
21. General administrative expenses		15,188,944	13,666,124
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(11,134,234)	4,137,648
23. Total underwriting deductions (Lines 18 through 22).....	0	108,763,223	94,214,073
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(539,743)	(3,515,984)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		539,544	647,930
26. Net realized capital gains (losses) less capital gains tax of \$		(261,245)	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	278,299	647,930
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 36,789)]		(36,789)	(260,616)
29. Aggregate write-ins for other income or expenses	0	(2,013)	(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	(300,246)	(3,128,853)
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	(300,246)	(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
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. Settlement		(2,013)	0
2902. Fixed Asset Loss			(183)
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	(2,013)	(183)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Maine Community Health Options
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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											
1. Net premium income	108,223,480	98,735,356	9,488,124											
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)	108,223,480	98,735,356	9,488,124	0	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	55,463,460	50,330,199	5,133,261											XXX
9. Other professional services	2,901,101	2,632,598	268,503											XXX
10. Outside referrals	294,116	266,895	27,221											XXX
11. Emergency room and out-of-area	20,152,622	18,287,454	1,865,168											XXX
12. Prescription drugs	29,819,986	27,060,083	2,759,903											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	371,034	351,193	19,841											XXX
15. Subtotal (Lines 8 to 14)	109,002,319	98,928,422	10,073,897	0	0	0	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	9,148,383	8,415,471	732,912											XXX
17. Total medical and hospital (Lines 15 minus 16)	99,853,936	90,512,951	9,340,985	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 \$ 3,067,404 cost containment expenses	4,854,577	4,405,276	449,301											
20. General administrative expenses	15,188,944	14,055,015	1,133,929											
21. Increase in reserves for accident and health contracts	(11,134,234)	(9,698,143)	(1,436,091)											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)	108,763,223	99,275,099	9,488,124	0	0	0	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(539,743)	(539,743)	0	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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Maine Community Health Options

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	99,115,947		380,591	98,735,356
2. Comprehensive (hospital and medical) group	9,524,597		36,473	9,488,124
3. Medicare supplement				0
4. Vision only				0
5. Dental only				0
6. Federal employees health benefits plan				0
7. Title XVIII - Medicare				0
8. Title XIX - Medicaid				0
9. Credit A&H				0
10. Disability income				0
11. Long-term care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	108,640,544	0	417,064	108,223,480
14. Life				0
15. Property/casualty				0
16. Totals (Lines 13 to 15)	108,640,544	0	417,064	108,223,480

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Maine Community Health Options

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	11,549	13,277	12,981	12,710	12,207	154,151
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	11,549	13,277	12,981	12,710	12,207	154,151
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Maine Community Health Options

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Maine Community Health Options

2. New Gloucester, ME

NAIC Group Code	0000	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Maine		2025										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2	3	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		
Total Members at end of:															
1. Prior year	11,549	10,353	1,196												
2. First quarter	13,277	12,022	1,255												
3. Second quarter	12,981	11,818	1,163												
4. Third quarter	12,710	11,562	1,148												
5. Current year	12,207	11,077	1,130												
6. Current year member months	154,151	139,884	14,267												
Total Member Ambulatory Encounters for Year:															
7. Physician	66,167	60,839	5,328												
8. Non-physician	37,793	34,707	3,086												
9. Total	103,960	95,546	8,414	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	2,278	2,117	161												
11. Number of inpatient admissions	390	350	40												
12. Health premiums written (b)	108,640,544	99,115,947	9,524,597												
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	108,640,544	99,115,947	9,524,597												
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	109,265,602	102,495,093	6,770,509												
18. Amount incurred for provision of health care services	109,002,319	98,928,422	10,073,897												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Maine Community Health Options

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Maine Community Health Options

2. New Gloucester, ME

NAIC Group Code	0000	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)			
		2025			2025										NAIC Company Code			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
Total	2	3	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					
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	0	0	0	0	0	0	0	0	0	0	0				
5. Current year	12,207	11,077	1,130	0	0	0	0	0	0	0	0	0	0	0				
6. Current year member months	154,151	139,884	14,267	0	0	0	0	0	0	0	0	0	0	0				
Total Member Ambulatory Encounters for Year:																		
7. Physician	66,167	60,839	5,328	0	0	0	0	0	0	0	0	0	0	0				
8. Non-physician	37,793	34,707	3,086	0	0	0	0	0	0	0	0	0	0	0				
9. Total	103,960	95,546	8,414	0	0	0	0	0	0	0	0	0	0	0				
10. Hospital patient days incurred	2,278	2,117	161	0	0	0	0	0	0	0	0	0	0	0				
11. Number of inpatient admissions	390	350	40	0	0	0	0	0	0	0	0	0	0	0				
12. Health premiums written (b)	108,640,544	99,115,947	9,524,597	0	0	0	0	0	0	0	0	0	0	0				
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
15. Health premiums earned	108,640,544	99,115,947	9,524,597	0	0	0	0	0	0	0	0	0	0	0				
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
17. Amount paid for provision of health care services	109,265,602	102,495,093	6,770,509	0	0	0	0	0	0	0	0	0	0	0				
18. Amount incurred for provision of health care services	109,002,319	98,928,422	10,073,897	0	0	0	0	0	0	0	0	0	0	0				

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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