

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
June 30, 2026**

2026



HEALTH QUARTERLY STATEMENT
AS OF JUNE 30, 2026
OF THE CONDITION AND AFFAIRS OF THE
Maine Community Health Options

NAIC Group Code00000000NAIC Company Code15077Employer's ID Number45-3416923
(Current)(Prior)

Organized under the Laws ofMaine, State of Domicile or Port of EntryME

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

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

Incorporated/Organized09/26/2011Commenced Business01/01/2014

Statutory Home Office60 Pineland Drive, Auburn Hall, Suite 301New Gloucester, ME, US 04260
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office60 Pineland Drive, Auburn Hall, Suite 301New Gloucester, ME, US 04260
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

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

Primary Location of Books and Records60 Pineland Drive, Auburn Hall, Suite 301New Gloucester, ME, US 04260
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.healthoptions.org

Statutory Statement ContactJoanne Lauterbach207-330-2390
(Name)(Area Code) (Telephone Number)
jlauterbach@healthoptions.org207-402-3318
(E-mail Address)(FAX Number)

OFFICERS

Chief Executive OfficerKevin Lewis

Chief Financial OfficerJoanne Lauterbach

Chief Operating OfficerDaniel Teague

Chief Medical OfficerChristine Seals M.D. #

OTHER

DIRECTORS OR TRUSTEES

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

State of
County ofSS:

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

Daniel Teague
Chief Operating Officer

State of Pennsylvania, County of Beaver
Subscribed and sworn to before me this
14th day of August 2026

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.....

Commonwealth of Pennsylvania - Notary Seal
MICHAEL J WEBB, Notary Public
Beaver County
My commission expires November 8, 2029
Commission Number 1290457

Notarized remotely online using communication technology via Proof.

STATEMENT AS OF JUNE 30, 2026 OF THE Maine Community Health Option

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	52,233	78,401	154,151
2. Net premium income (including \$ non-health premium income).....	XXX	48,780,476	55,726,696	108,223,480
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	48,780,476	55,726,696	108,223,480
Hospital and Medical:				
9. Hospital/medical benefits		21,284,156	30,329,995	55,463,460
10. Other professional services		1,200,269	1,615,984	2,901,101
11. Outside referrals		1,793,112	150,380	294,116
12. Emergency room and out-of-area		7,170,188	9,813,560	20,152,622
13. Prescription drugs		11,341,520	12,698,449	29,819,986
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		172,613	205,581	371,034
16. Subtotal (Lines 9 to 15)	0	42,961,858	54,813,949	109,002,319
Less:				
17. Net reinsurance recoveries		3,750,708	2,725,653	9,148,383
18. Total hospital and medical (Lines 16 minus 17)	0	39,211,150	52,088,296	99,853,936
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$956,863 cost containment expenses		1,475,717	2,361,169	4,854,577
21. General administrative expenses		5,250,409	7,741,261	15,188,944
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .		2,474,608	(6,464,030)	(11,134,234)
23. Total underwriting deductions (Lines 18 through 22).....	0	48,411,884	55,726,696	108,763,223
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	368,592	0	(539,743)
25. Net investment income earned		94,583	277,019	539,544
26. Net realized capital gains (losses) less capital gains tax of \$		(305,051)	(150,472)	(261,245)
27. Net investment gains (losses) (Lines 25 plus 26)	0	(210,468)	126,547	278,299
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 360,685)].		(360,685)	(14,110)	(36,789)
29. Aggregate write-ins for other income or expenses	0	0	0	(2,013)
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	(202,561)	112,437	(300,246)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	(202,561)	112,437	(300,246)
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. Settlement				(2,013)
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	0	(2,013)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	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
Total Members at end of:														
1. Prior year	12,207	11,077	1,130	0	0	0	0	0	0	0	0	0	0	0
2. First quarter	8,752	7,739	1,013	0	0	0	0	0	0	0	0	0	0	0
3. Second quarter	8,158	7,135	1,023											
4. Third quarter	0													
5. Current year	0													
6. Current year member months	52,233	46,124	6,109											
Total Member Ambulatory Encounters for Period:														
7 Physician	23,095	20,731	2,364											
8. Non-physician	13,567	12,310	1,257											
9. Total	36,662	33,041	3,621	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	896	815	81											
11. Number of inpatient admissions	164	149	15											
12. Health premiums written (a)	48,881,505	44,931,209	3,950,296											
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned.....	48,881,505	44,931,209	3,950,296											
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services.....	44,076,176	39,929,862	4,146,314											
18. Amount incurred for provision of health care services	42,961,858	38,620,545	4,341,313											

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