



# Alternative Correctional Healthcare

2025

Employee Open Enrollment



# Today's Agenda

Open Enrollment Timeline

Free Resources

- *Employee Advocate*
- *Employee Benefit Center Website*
- *Employee Assistance Program (EAP)*

Benefit Plan Options

- *Medical*
- *Dental*
- *Vision*
- *Life & Disability*
- Important Reminders
- Questions



# Now is the time...

- Open enrollment is the time when employees can elect what plans they'd like to enroll in, and who will be covered under their benefits for the new plan year, 7/1/2025 – 6/30/2026
- This is the time when you can make enrollment changes (add or drop a dependent, join the plan etc.) to your benefit plans.



# Open Enrollment Timeline

- All employees must complete a “Benefit Election Form” and return to HR by **Friday, June 20<sup>th</sup>** (even if you are waiving coverage)
- If you are newly enrolling or wish to change dependents covered, you must complete a new Enrollment Form.
- If you have questions regarding the enrollment process, please contact HR.



# Making Benefit Changes Later

- After July 1<sup>st</sup>, you will not be able to add or drop coverage until the next plan year unless you experience a “Qualifying Event”.
  - Qualifying Events include: marriage, divorce, loss or gain of employment, birth or adoption of a child, aging-off parents’ coverage at age 26.
- Employees making changes must complete, sign and submit an enrollment form within 30-days of the event.
- Changes submitted after the 30-days will not be allowed and requests will have to be made during next annual open enrollment.



# Employee Advocate

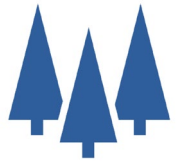


Understanding claims, referrals and making sense of bills can be overwhelming and complicated. Acadia Benefits provides complimentary Employee Advocate services to ensure issues are resolved timely, accurately and seamlessly. You can contact our Employee Advocate, Sara Closson to help with:

- Claims resolution
- Referral and authorization assistance
- Issues with prescription drug coverage

## **Contact Our Employee Advocate:**

- Toll Free: 866-761-2426 Ext. 223
- Direct Dial: 207-523-0065
- [sclosson@acadiabenefits.com](mailto:sclosson@acadiabenefits.com)



# Employee Benefits Center

The Employee Benefit Center website “EBC” is a one-stop spot to find all Alternative Correctional Healthcare benefit information at anytime, online, 24/7.



[Home](#) [Benefits](#) [Employee Advocate](#) [Contact Us](#)



<https://ach.acadiabenefitsportal.com/>

Welcome to Alternative  
Correctional Healthcare's Benefits  
Portal.

Your benefits are an important part of your total compensation, so we invite you to familiarize yourself with details of these plans and encourage you to seek clarification when necessary.

[View Benefits](#)





# 2025 Employee Benefit Overview

Insurance Carrier	Coverage	Plan Design Change?	Premium Changes?
Community Health Options	Medical	No	<b>Yes (increase)</b>
Northeast Delta Dental	Dental	No	<b>Yes (increase)</b>
Northeast Delta Vision	Vision	No	<b>Yes (decrease)</b>
Unum	Life/AD&D	No	No 100% Employer Paid
Unum	STD & Critical Illness	No	No 100% Employee-Paid
Unum	LTD	No	No 100% Employer-Paid (must enroll in STD)
Northern Light Healthy Life	Employee Assistance Program (EAP)	No	No 100% Employer-Paid





# Healthy Life EAP Plan Highlights



## How can EAP help?

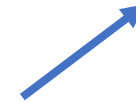
Although Healthy Life EAP will help you through a crisis, it is primarily designed to help you manage the life changes we all experience in areas such as:

- Family or marital relationships
- Death in the family
- Alcohol or drug problems
- Emotional or psychological adjustment
- Depression
- Stress
- Parenting
- Anxiety
- Retirement
- Legal or financial problems
- Work stressors

Healthy Life EAP counselors are trained to deal with a wide variety of problems. They will offer you professional support and direction toward resolving the problem.

**Telephone: 1-800-769-9819**

**Website: [www.healthylifeeap.com](http://www.healthylifeeap.com)**



- Click the **link** & then scroll down to click: the *Employee Assistance Program* tab
- Click on **Work/Life Services**, located on the left
  - Click on **Current clients log in here**

*For first time users only*, click on the **Register button**

-Enter the requested info & choose your own username/pw

- **Your Company Code is: ahc-altcor**

**24/7 Support for you  
and your household members**



# Community Health Options



# Community Health Options

## Additional Resources

### **Telehealth for Provider Visits**

- If the provider offers the service, Members can use a video-conferencing telehealth visit via the internet, and the visit will have the same plan coverage as in-network or out-of-network provider office visits. They can also receive telehealth services 24/7 for urgent care and behavioral healthcare through CHO's partnership with Amwell. There is no cost-share for Amwell urgent care telehealth visits on non-HSA plans.

### **Tobacco Cessation Support**

- All plans offer an enhanced benefit for over-the-counter nicotine replacement therapy (NRT) products, including nicotine patches, gum, lozenges, and certain FDA-approved medications listed on the drug formulary, all available at \$0 out-of-pocket cost.



# Community Health Options: 2 Medical Plans Available

## **Option #1: Clear Choice Silver \$3,500 HMO Tiered NE Plan**

## **Option #2: Clear Choice Bronze \$7,500 HMO Tiered NE Plan**

- The HMO Tiered NE plans provide access to Health Options' broad New England (NE) network with reduced co-pays or co-insurance for Preferred Tier providers. A lower deductible & out-of-pocket max. applies for Preferred providers.
- Standard Tier providers have a standard co-pay, coinsurance, deductible & out-of-pocket max.
- Both plans include Preferred providers in ME and NH and select Providers in MA – Plus 100% of in-network hospitals are Preferred for inpatient services (all hospitals in ME, most in NH and Centers of Excellence in MA).
- It's important to note that one type of provider may be Preferred at a given location, but a different provider type or service at the same location **may not be** Preferred (Ex. Chiropractor & PT).
- A provider may be Preferred at one location and not at another (practicing within health system, but may have their own private practice).



# Community Health Options: 2 Medical Plans Available (Continued)

## **Option #1: Clear Choice Silver \$3,500 HMO Tiered NE Plan**

## **Option #2: Clear Choice Bronze \$7,500 HMO Tiered NE Plan**

- Both medical plans offer no out-of-network, coverage except for emergency care within the U.S.
- If a provider is not in the NE network, the member pays 100% of the out-of-network cost.
- Community Health Options does not require a referral to see a specialist, but the specialist may require a referral from your PCP before scheduling an appointment.



# How do I select a PCP?

- Log in to the secure Member portal: <https://healthoptions.org>
- Click “Sign in” to Member Login
- Click on “Doctors & Hospitals.”
- Click on “Find a doctor or hospital.”
- Use the provider directory to select your PCP.
- Click on the provider's name.
- Click on "Select as PCP."
- Choose the Member or Members (you and/or a dependent) for whom you're selecting and click "Next."
- Click "Confirm."
- First Time User? Create a member account at <https://login.healthoptions.org/Account/ValidateMemberInformation>
- Call **Member Services** with any questions: 855-624-6463



# Community Health Options 2025

(In Network)	HMO Tiered \$3500	HMO Tiered \$7500
<b>Member Deductible</b>		
In-Network <i>Single/Family</i>	Tier 1: \$3,500 / \$7,000	Tier 1: \$7,500 / \$15,000
	Tier 2: \$4,200 / \$8,400	Tier 2: \$9,000 / \$18,000
<b>Member Coinsurance</b>		
In-Network	<b>Tier 1: 30% / Tier 2: 50%</b>	Tier 1: 50% / Tier 2: 60%
<b>Total Member Out Of Pocket</b>		
In-Network <i>Single/Family</i>	<b>\$8,500 / \$17,000</b>	<b>\$9,200 / \$18,400</b>
<b>Covered Services</b>		
Routine Preventive Care	Covered In Full	Covered In Full
Primary Care Visit (\$0 1 <sup>st</sup> Visit Non-Prev)	Tier 1: \$40; <b>Tier 2: \$70</b>	Tier 1: \$45; <b>Tier 2: \$80</b>
Specialist Visit	<b>Tier 1: \$60;</b> <b>Tier 2: Deductible, then \$60</b>	Tier 1: \$80; <b>Tier 2: Deductible, then \$80</b>
Inpatient & Outpatient	Ded. & Coinsurance	Ded. & Coinsurance
MRI/Cat/Pet Scan	Ded. & Coinsurance	Ded. & Coinsurance
Emergency Room & Ambulance	Ded. & Coinsurance	Ded. & Coinsurance
Urgent Care	<b>\$40</b>	<b>\$60</b>
Physical, Speech, Occ. Therapy (60 Visits/Year)	Tier 1: \$40; Tier 2: \$140	Tier 1: \$45; Tier 2: \$145
Routine Eye Exam	Ded. & Coinsurance Adult/ \$40 Pediatric	Ded. & Coinsurance Adult/ <b>\$45 Pediatric</b>





# Prescription Drugs

(Both Medical Plans)

Rx Tier	Tier Description	HMO Tiered \$3500	HMO Tiered \$7500
Tier 1	Preferred Generic	\$5	\$5
Tier 2	Non-Preferred Generic	\$25	\$30
Tier 3	Preferred Brand	\$50	Deductible, then \$50
Tier 4	Non-Preferred Brand	Deductible, then \$100	Deductible, then \$100
Tier 5	Specialty	Deductible, then \$250	Deductible, then \$250



# Prescription Drugs

(Continued)

## **Chronic Illness Support Program:**

- The HMO Tiered \$3500 and HMO Tiered \$7500 plans include the Chronic Illness Support Program (CISP). Members with chronic conditions such as asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, and hypertension have access to savings on routine care. In order to maximize savings, CISP medications must be obtained through the Express Scripts (ESI) home delivery pharmacy.

**To view the drug formulary or find a pharmacy visit:**

<https://www.healthoptions.org/members/medications>



# 2025 Medical Cost

	HMO Tiered \$3500	HMO Tiered \$7500
Employee Only	\$137.08	\$115.93
Employee & Spouse	\$274.15	\$231.87
Employee & Child(ren)	\$253.59	\$214.48
Family	\$424.94	\$359.40

Amounts above are the employee's cost per bi-weekly payroll period



# Northeast Delta Dental



# Northeast Delta Dental Plan

## Premium Plus w/ PPO plus Premier Network

### **LIFETIME Deductible**

Preventive

N/A

Basic/Major

\$100 Single / \$300 Family

Orthodontics

N/A

### **Coinsurance**

Preventive

100%

Basic

80%

Major

50%

Orthodontics (Child & Adult)

50%

### **Maximum Benefits Per Person**

Annual Benefit

\$2,000

Lifetime Orthodontics Benefit

\$1,500 (child/adult)

### **Maximum Rollover Provision**

Dental plans include Double-Up Max. Members can double their annual maximum by earning and additional \$250 per year for use in future benefit periods. Members must have a claim paid for an oral exam or a cleaning during a calendar year and total paid claims cannot exceed \$500 during the same calendar year.

### **Waiting Periods – New Hires**

Major & Orthodontics

**6 Months**



# 2025 Dental Employee Cost

Northeast Delta Dental Plan Cost	
Employee	\$13.72
Employee & Spouse	\$24.46
Employee & Child(ren)	\$26.42
Family	\$43.26

Amounts above are the employee's cost per bi-weekly payroll period



# Northeast Delta Vision





# Delta Vision Plan Benefits

Delta Vision (In-Network)	
Frequency:	
Exam	1 every calendar year
Lenses	1 every calendar year
Frame	1 every other calendar year
Contacts	1 every calendar year
Exam	\$10 Copay
Prescription Glasses (lenses) <i>Single, Bifocal &amp; Trifocal</i>	\$10 Copay
Frame Allowance	\$180 then 20% off balance
Contact Lenses Allowance	\$180 (Instead of glasses) then 15% off balance
Standard Progressive lenses	\$75 Copay
Standard Anti-Reflective lenses	\$45 Copay



# Delta Vision Plan Benefits

(continued)

Delta Vision is supported by the nationwide **EyeMed Vision Care** Access Network, including private practitioners and the most popular retail and online retail locations.

- To make the most of your vision plan, visit **[member.eyemedvisioncare.com/nedd](https://member.eyemedvisioncare.com/nedd)**
- View benefits
- See claim status
- See Explanation of Benefits
- See next eligible date of service
- Locate a provider – Access Network
- And much more



# 2025 Vision Employee Cost

Northeast Delta Vision Plan Cost	
Employee	\$1.30
Employee & Spouse	\$2.53
Employee & Child(ren)	\$2.46
Family	\$3.81

Amounts above are the employee's cost per bi-weekly payroll period



# Unum Life, Disability & Critical Illness



# Unum Life/AD&D

## 100% Employer-Paid Term Life/AD&D

Life/AD&D Amount	Flat \$10,000
AD&D Benefit	\$10,000
Portability	Yes
<p>Life/AD&amp;D benefits and guarantee issue amounts are subject to age reductions:</p> <ul style="list-style-type: none"><li>- At age 65, amounts reduce to 65%</li><li>- At age 70, amounts reduce to 50%</li></ul>	

### ***Beneficiary Designation***

As a reminder, please ensure that you have a beneficiary elected (or update as needed). Your beneficiary may be anyone, not just a family member and your beneficiary designation may be updated at any time (not just at Open Enrollment)



# Unum Short-Term & Long-Term Disability

<b>100% Employee-Paid STD</b>	
Max Weekly Benefit %	60%
Max Weekly Benefit \$	\$1,200
Elimination Period	7 Days Accident /7 Days Illness
Benefit Period	12 Weeks
Pre-Existing Condition	3/12
Rate/\$10	Age Banded

<b>100% Employer-Paid LTD*</b>	
Max Monthly Benefit %	60%
Max Monthly Benefit \$	\$5,000
Elimination Period	90 Days
Own Occupation	2 Years Own Occ
Benefit Duration	Age 65
Pre-existing Condition	3/12

\*Employees must enroll on the voluntary STD plan, to be covered on the LTD plan



# Unum Critical Illness

<b><u>100% Employee</u>-Paid Voluntary Critical Illness</b>	
Benefit Amount	\$10,000 or \$20,000
Spouse Benefit	\$5,000 or \$10,000
Child Benefit (Children up to age 26 are automatically enrolled for 50% of employee's benefit amount)	\$5,000 or \$10,000
Annual Be Well Benefit	\$50
Rates	Age-Banded





# Unum Additional Resources

## **Employee Assistance Program (EAP)**

- Confidential resource for employees for assistance on numerous personal issues from finances to counselling needs
- Toll-Free 24/7 access:

1-800-854-1446

[www.unum.com/lifebalance](http://www.unum.com/lifebalance)

## **Worldwide Travel Assistance**

- 100+ miles from home: medical or crisis assistance while travelling
- 24/7 Access to Support:

1-800-872-1414 (within the U.S.)

+1 609-986-1234 (outside the U.S.)

Email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)



# Important Reminders

- All benefit-eligible employees must complete a 2025 Benefit Election Form.
- If you are enrolling in the CHO medical plan for the first time, you are required to complete a new CHO Enrollment Form.
- If you are currently enrolled in the CHO medical plan, you are not required to complete a new Enrollment Form. Only the Benefit Election Form is needed.
- If you are currently enrolled in the CHO medical plan and would like to make changes, such as adding or removing a dependent, you need to complete a new Enrollment Change Form.
- Anyone who is enrolled or will enroll in a Health Options medical plan for the first time or changes plans will receive a new ID card (delivered to your home).



# Important Reminders

## (Continued)

- All eligible employees interested in enrolling in the Delta Dental or Delta Vision plans are required to complete a new Enrollment Form.
- Once enrolled in the Delta Dental and/or Delta Vision plan, you will receive a new ID card (delivered to your home).
- Vision ID cards are sent out from EyeMed.
- All eligible employees will be automatically enrolled in the Unum Life/AD&D plan, so no enrollment form is needed. Please update Beneficiary form if needed.
- All eligible employees that enroll in the Voluntary STD plan will be automatically enrolled in the employer-paid LTD plan.
- All open enrollment forms must be submitted to HR no later than **June 20<sup>th</sup>**



# Questions?