



2019 FIXED FUNDING SOLUTIONS

FIXED FUNDING SOLUTIONS



A NEW
OPTION FOR
CONNECTICUT
BUSINESSES

Insurance premiums have risen dramatically, due, in part, to Affordable Care Act (ACA) requirements. ACA-related taxes and mandatory benefit requirements contribute to the higher costs.

Enter Fixed Funding Solutions, a suite of self-funded plans for businesses with two or more enrolled employees. These plans aren't subject to all of the ACA requirements, which means companies may see lower rates than they would with traditional fully-insured plans.

FULLY-INSURED PLAN

An employer contracts with a health insurance carrier that assumes financial responsibility for medical and pharmacy claims. These plans are subject to state mandates and ACA-related taxes.

SELF-FUNDED PLAN

An employer assumes financial responsibility for paying medical and pharmacy claims. The employer may buy additional coverage to protect against large claims.

FIXED FUNDING SOLUTIONS PLAN

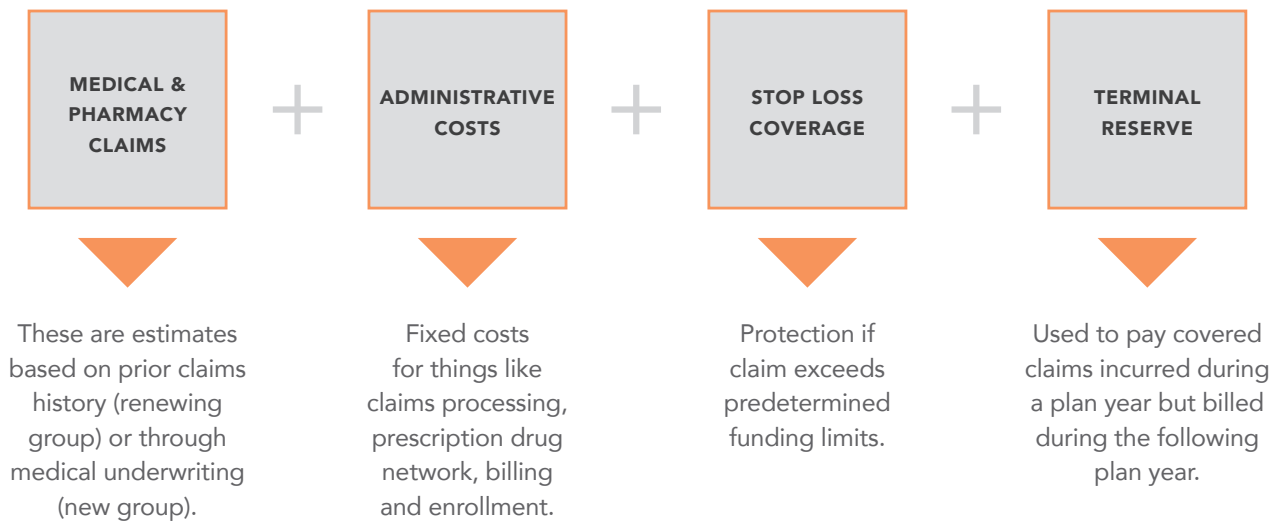
An employer makes a fixed payment each month to fund an account used to pay claims, administrative costs and premiums for additional coverage to protect against large claims.

TAKING A CLOSER LOOK

	FULLY-INSURED PLANS	FIXED FUNDING SOLUTIONS
Predictable monthly payments	✓	✓
Lower taxes on premiums		✓
Protection from big claims	✓	✓
Freedom from many ACA rules		✓

Monthly fees without the guesswork

With Fixed Funding Solutions, your fixed monthly payment covers:



$$\text{YOUR FIXED MONTHLY PAYMENT} = \frac{\text{TOTAL FROM ABOVE}}{\text{DIVIDED BY 12}} / 12$$

Your monthly payment only changes if the number of enrolled employees changes within the plan year or at renewal.

FIXED FUNDING SOLUTIONS PLAN OPTIONS

	FlexPOS HSA \$5,000 50%	FlexPOS HSA \$3,000 25%	FlexPOS \$35/\$50 \$4,000 35%	FlexPOS \$30/\$50 \$3,500 20%	FlexPOS \$30/\$50 \$2,000
PLAN/MEDICAL DEDUCTIBLE					
Deductible (Individual/Family)	\$5,000/\$10,000	\$3,000/\$6,000	\$4,000/\$8,000	\$3,500/\$7,000	\$2,000/\$4,000
Maximum out-of-pocket limit (Individual/Family)	\$6,750/\$13,500	\$6,750/\$13,500	\$7,900/\$15,800	\$7,900/\$15,800	\$5,500/\$11,000
IN-NETWORK MEDICAL BENEFITS					
Preventive care/Screenings/Immunizations	\$0	\$0	\$0	\$0	\$0
Primary care services	At a Sanitas Medical Center: \$0 after deductible For all other primary care: \$30 copay after deductible	25% coinsurance after deductible	\$35 copay (deductible waived)	\$30 copay (deductible waived)	\$30 copay (deductible waived)
Specialist services	\$50 copay after deductible	25% coinsurance after deductible	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)
Vision	\$50 copay (deductible waived)	25% coinsurance (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)
Walk-in/Urgent care center	\$75 copay after deductible	25% coinsurance after deductible	\$75 copay (deductible waived)	\$75 copay (deductible waived)	\$75 copay (deductible waived)
Worldwide emergency coverage*	50% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	\$350 copay (deductible waived)	\$350 copay (deductible waived)
Outpatient surgery freestanding locations	50% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance (deductible waived)	\$500 copay (deductible waived)	\$500 copay after deductible
Hospital outpatient facilities	50% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	\$500 copay after deductible
Inpatient hospital coverage	50% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	\$500 copay/day; \$2,500 maximum per admission after deductible
Lab services	\$10 copay after deductible	25% coinsurance after deductible	\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$10 copay (deductible waived)
X-rays	\$40 copay after deductible	25% coinsurance after deductible	\$40 copay (deductible waived)	\$40 copay (deductible waived)	\$40 copay (deductible waived)
Advanced imaging (CT Scans & MRI)	Freestanding facility: \$100 copay after deductible Hospital setting: 50% coinsurance after deductible	Freestanding facility: 25% coinsurance after deductible Hospital setting: 25% coinsurance after deductible	Freestanding facility: 35% coinsurance (deductible waived) Hospital setting: 35% coinsurance after deductible	Freestanding facility: \$100 copay up to \$500 (deductible waived) Hospital setting: \$500 copay (deductible waived)	Freestanding facility: \$100 copay up to \$500 (deductible waived) Hospital setting: \$100 copay after deductible
OUT-OF-NETWORK MEDICAL BENEFITS					
Deductible (Individual/Family)	\$10,000/\$20,000	\$6,000/\$12,000	\$8,000/\$16,000	\$7,000/\$14,000	\$4,000/\$8,000
Coinsurance	50%	50%	50%	50%	50%
Maximum out-of-pocket limit (Individual/Family)	\$13,500/\$27,000	\$13,500/\$27,000	\$15,800/\$31,600	\$15,800/\$31,600	\$11,000/\$22,000
PRESCRIPTION DRUG BENEFITS					
Prescription drug deductible (Individual/Family)	Plan has integrated deductible with medical	Plan has integrated deductible with medical	N/A	N/A	N/A
Tier 1 – Preferred generic drugs	\$10 copay after deductible	\$10 copay after deductible	\$10 copay	\$10 copay	\$10 copay
Tier 2 – Non-Preferred generic drugs	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance \$250 maximum per prescription	50% coinsurance \$250 maximum per prescription	50% coinsurance \$250 maximum per prescription
Tier 3 – Preferred brand drugs	\$50 copay after deductible	\$50 copay after deductible	\$50 copay	\$50 copay	\$50 copay
Tier 4 – Non-Preferred brand drugs	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription
Tier 5 – Preferred specialty drugs	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription
Tier 6 – Non-Preferred specialty drugs	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription

All plans are contract-year.

*Subject to limitations

PLAN FEATURES PROVIDE CHOICE AND COST SAVINGS

Network

All Fixed Funding Solutions plans use ConnectiCare's FlexPOS network, giving your employees flexibility, with no referrals to see specialists and in-network coverage through:

- Our regional network that includes all of Connecticut and extends into New York, Massachusetts and Rhode Island. In Connecticut, we have EVERY hospital and most of the doctors, too.
- A national provider network that lets your employees get care across the United States

Prescription benefits

Fixed Funding Solutions includes two programs through Express Scripts to help lower costs:

- **Smart90**
Enrollees who take maintenance medications make a choice: get a 90-day supply through home delivery or pick up 90-day supplies at a Walgreens or Walgreens-affiliated pharmacy. This means less trips to the pharmacy and money savings — three months' worth of medicine for the cost of two, applicable to HSA-compatible plans once the deductible has been met.
- **ValueRX**
HSA-compatible plans include coverage for generic medicines that treat some common health conditions at a lower cost. There is no cost share for these medicines and they're exempt from the plan deductible.

HSA management has never been easier

HSA-compatible plans can include a partnership with HealthEquity for HSA management. HealthEquity takes care of all enrollment transactions and member claims so you or your staff don't have to.

All you have to do is elect this benefit; all your employees have to do is sign up.

GET REWARDED FOR GOOD CLAIMS PERFORMANCE

When your company's claims performance is better than expected in a given plan year, you'll be rewarded with a percentage of the surplus as long as you renew into the Fixed Funding Solutions product suite.

Please note: Surplus sharing determined after a 90-day claims run-out period.

AVAILABLE EXCLUSIVELY THROUGH CBIA HEALTH CONNECTIONS

For nearly three decades, CBIA Health Connections has provided Connecticut businesses comprehensive, cost-effective solutions for their employee benefits needs. Fixed Funding Solutions builds on that legacy. In addition to medical benefits, and at no additional cost to your CBIA membership, you get:

- A wide array of group and voluntary non-medical coverage*
- Products for Medicare-eligible employees
- One enrollment form for simple, easy administration and one monthly bill
- CBIA Benefits Hub, an online enrollment and benefits management tool
- Health reimbursement account (HRA) administration
- Administration of Federal COBRA and continuation of coverage
- Access to CBIA's in-house HR advisor
- Superior, personal customer service

▶ [LEARN MORE AT CBIA.COM](https://www.cbiamn.com)



IS FIXED FUNDING
SOLUTIONS RIGHT
FOR YOUR BUSINESS?

Talk to your agent
and find out.

*Products may be provided by carriers unaffiliated with ConnectiCare under a direct relationship with CBIA. ConnectiCare is not responsible for such products.

CONNECTICARE AND CBIA

WORKING TOGETHER SINCE 2000

We're two Connecticut-based businesses
focused on the health of our state and
the people who live and work here.

When you choose Fixed Funding Solutions,
you're choosing to work with
two companies that *know and love*
Connecticut and its residents.



Administrative services and stop loss coverage are provided by ConnectiCare Insurance Co., Inc. A fixed monthly payment covers estimated claims funding amount, stop loss premium, run-out claims and administrative fees. Contribution, participation and acceptance rules apply. Surplus sharing occurs if the plan is renewed into the Fixed Funding Solutions product suite and total medical costs are less than the medical costs paid out after a 90-day run-out period. This material is for informational purposes only and is neither an offer of coverage nor an invitation to contract. Plans are subject to limitations and exclusions.