



Fixed Funding Solutions

(5-50 Employees)

A ConnectiCare level-funded product for small groups delivered exclusively to members of CBIA.

ConnectiCare

A great option to help Connecticut small businesses save on health care costs.



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 is determined after a 90-day claims run-out period.

Fixed Funding Solutions

Small Business Priorities: Controlling Costs While Providing Quality Health Coverage to Employees

Offering quality health insurance is more important than ever for attracting and retaining employees. But for most small businesses, keeping costs down is key. With ConnectiCare's Fixed Funding Solutions for small businesses, affording employee health insurance just got easier.

The Way it Was: Fully Insured Plans

Traditionally, most companies provided health insurance to their employees one way: through fully insured health plans. With fully insured plans, an employer pays a fixed premium every month and lets the health insurance company take care of the rest, from handling all administrative tasks to paying claims and taxes. The employer group's claims may fluctuate up and down, but the premiums the employer pays are the same each month. It's predictable for the small business, but also costly. Due in part to Affordable Care Act (ACA) requirements and related taxes, insurance premiums have risen so dramatically that many small businesses simply can no longer afford to offer these traditional health plans.

LEARN THE BASICS

Fully Insured Plans

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 Plans

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

Alternate Funding Arrangements

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.

What's the Alternative?

ConnectiCare Fixed Funding Solutions

With these plans, employers get the best of both worlds: the potential savings associated with self-funding, combined with the predictable fixed monthly payments of fully insured plans. Fixed Funding Solutions offer:

- **Cost Savings:** Our Fixed Funding Solutions plans aren't subject to all the ACA requirements that fully insured plans are, so we can offer lower monthly payments.
- **Best-in-Class Administration:** We consistently provide timely responses to your questions and make sure we are available pre and post-sale to provide you and your clients with the best experience possible. All group installation and administration is managed right here in Connecticut.
- **Fixed Monthly Payments:** A stop-loss insurance policy kicks in if covered claims are higher than expected. There's no fluctuation in costs unless there's a change in the number of enrolled members during the policy year.
- **Surplus Rewards:** Employers can benefit when claims are lower than expected. After an employer renews their coverage, they may receive 50% of any surplus in their claims fund from the previous policy year.*

Bottom Line: ConnectiCare's Fixed Funding Solutions for small businesses offer the predictable monthly payments you get with fully insured plans, plus the ability to benefit when claims are low.

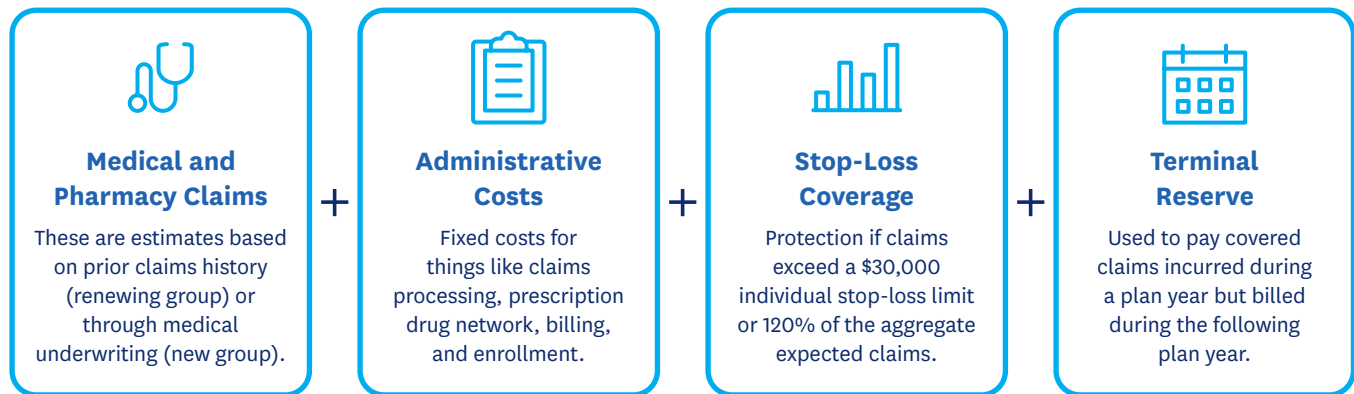
*As long as you renew into the Fixed Funding Solutions product suite.

High Claims Year? You're Covered. Lower Than Expected Claims? You're Rewarded.

With Fixed Funding Solutions, you never have to worry about having a bad claims year. When claims are lower than expected, you get money back. If your claims are higher than anticipated, our stop-loss coverage is there to protect you.

High Claims Year Example		Low Claims Year Example	
Anticipated claims	\$100,000	Anticipated claims	\$100,000
Claims funding (aggregate stop-loss/budgeted claims)	\$120,000	Claims funding (aggregate stop-loss/budgeted claims)	\$120,000
Actual paid claims	\$170,000	Actual paid claims	\$80,000
Negative balance	\$50,000	Favorable balance	\$40,000
Stop-loss has you covered and you owe:	\$0	We share the surplus with you and send you a check for 50%*:	\$20,000

With Fixed Funding Solutions, your fixed monthly payment covers:



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

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

*As long as you renew into the Fixed Funding Solutions product suite.



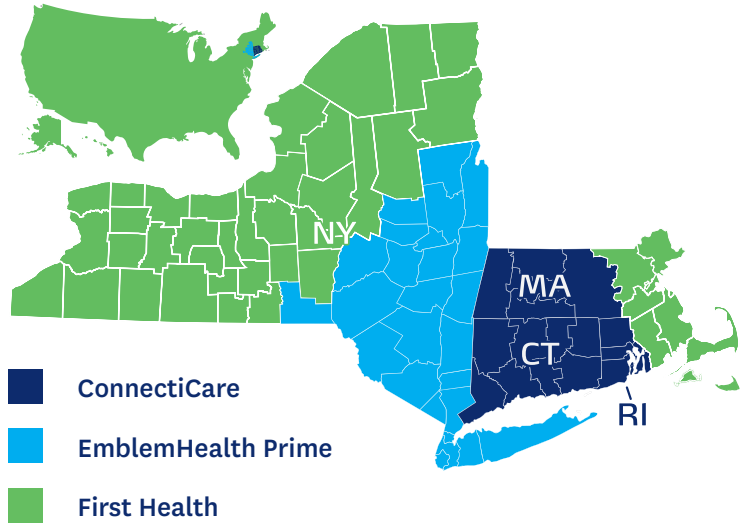
Getting Into the Details

Our Networks

All Fixed Funding Solutions plans offer nationwide coverage plus robust regional access. Network coverage includes:

- ConnectiCare's FlexPOS network for all of Connecticut, plus Massachusetts and Rhode Island.
- The EmblemHealth Prime Network for coverage in New York.
- First Health Network, our partner for access to care nationwide.

To find an in-network provider, go to [Find Care](#).



Prescription Benefits

Fixed Funding Solutions includes three convenient, cost-savings programs through Express Scripts:



New! Member Choice, a pharmacy benefit, allows members on maintenance medicines (drugs you take every day, month after month) to choose where to get convenient, 90-day supplies. They can fill these prescriptions at either CVS or Walgreens, or through ESI mail order. Other prescriptions can be filled at any in-network pharmacy.* You have the option to switch your pharmacy chain once per plan year.



ValueRX

Our ValueRX program for health savings account (HSA) compatible plans offers coverage with no cost-sharing for certain common generic prescription drugs.



ACA Drug List

Certain medicines that are considered preventive and no-cost under the ACA will also be covered at no cost on Fixed Funding Solutions plans. These are labeled as Tier 0 on the plans formulary.

Teladoc Primary360®

Members get enhanced telemedicine with access to primary care providers (PCPs), dermatologists, and mental health professionals via phone, video, and messaging.**

* Please note, if members choose to fill maintenance medicines at CVS, Walgreens will become out-of-network. If Walgreens, CVS will become out-of-network. ESI mail order for maintenance drugs will continue to be an option at any time, even after you choose a retail network. Copayments for 90-day supplies will be the same whether filling through home delivery or the participating pharmacy.

** Restrictions apply. For primary care, members must be age 18 or older; for mental health services, you must be age 13 or older. Not all services are available 24 hours a day, seven days a week.

Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs), Made Easier

HSA-compatible plans can include an integration with HealthEquity for easier health savings account and health reimbursement arrangement management. And the best part is ConnectiCare covers the setup and monthly maintenance fees! Integration puts managing payments, enrollment transactions, and claim entries at your fingertips.

Employee Wellness through WellSpark Health

WellSpark Health, an affiliate company of ConnectiCare, delivers powerful, proprietary tools and programs to help employees develop healthier habits and live healthier lives.



Fixed Funding Solutions come with a WellSpark rewards program, offering eligible members up to **\$100 in rewards** when they complete activities like scheduling preventive care visits and screenings, meeting physical activity goals, and more. Rewards are given in e-gift cards from popular online and retail locations.

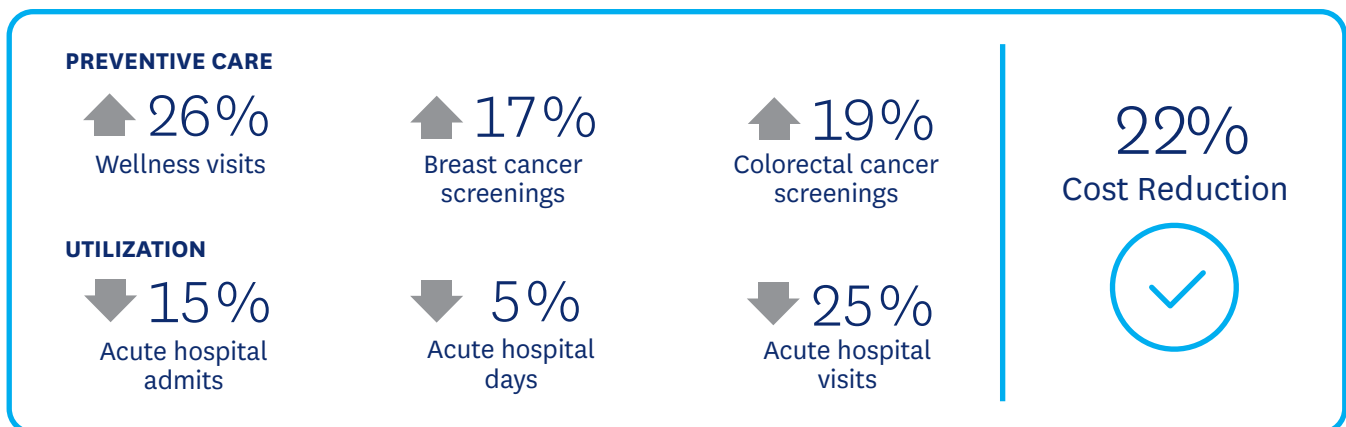
A Focus on Better Health Outcomes

Good claims performance leads to lower costs. ConnectiCare has many initiatives to help you get there including coordinated care with our participating providers that focuses on:

- Increased preventive care.
- Rewarding our members for wellness activities.
- Medical and pharmacy management programs to help our members manage chronic conditions.

ConnectiCare will continue to work toward better health outcomes for our members, which directly results in lower medical claims and overall cost reductions.

Utilization and Cost Reduction Strategy



The ConnectiCare Difference

We've been headquartered in Connecticut for more than 40 years, delivering outstanding care and customer service to our members. Through the years, we've built the strong local partnerships needed to offer access to quality care and best-in-class discounts to Connecticut employer groups.

Fixed Funding Solutions is Available Exclusively Through CBIA Health Connections

For more than 20 years, CBIA Health Connections has provided Connecticut businesses with comprehensive, cost-effective solutions for their employee benefits needs. Fixed Funding Solutions builds on that legacy.

In addition to medical and service support with ConnectiCare, CBIA offers an extra level of employer-focused customer service with:

- 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.
- Administration of federal COBRA and continuation of coverage.
- Access to CBIA's in-house human resources advisor.

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

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



Is Fixed Funding Solutions right for your business?
Talk to your broker and find out.

Fixed Funding Solutions Plan Options

	Contract-Year FlexPOS \$40/\$80 \$5,000 20%	Contract-Year FlexPOS \$35/\$50 \$4,000 35%	Contract-Year FlexPOS \$30/\$50 \$3,500 20%
PLAN/MEDICAL DEDUCTIBLE			
Deductible (Individual/Family)	\$5,000/\$10,000	\$4,000/\$8,000	\$3,500/\$7,000
Maximum out-of-pocket limit (Individual/Family)	\$7,300/\$14,600	\$7,900/\$15,800	\$7,900/\$15,800
IN-NETWORK MEDICAL BENEFITS			
Preventive care/Screenings/Immunizations	\$0	\$0	\$0
Primary care services	\$40 copay (deductible waived)	\$35 copay (deductible waived)	\$30 copay (deductible waived)
Telemedicine visits through Teladoc® ¹	Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived) Dermatologist: \$80 copay (deductible waived)	Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived) Dermatologist: \$50 copay (deductible waived)	Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived) Dermatologist: \$50 copay (deductible waived)
Specialist services	\$80 copay (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)
Vision	\$80 copay (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)
Walk-in/Urgent care center	\$75 copay (deductible waived)	\$75 copay (deductible waived)	\$75 copay (deductible waived)
Worldwide emergency coverage ²	\$400 copay (deductible waived)	35% coinsurance after deductible	\$350 copay (deductible waived)
Outpatient surgery independent	\$500 copay (deductible waived)	35% coinsurance (deductible waived)	\$500 copay (deductible waived)
Hospital outpatient facilities	20% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible
Inpatient hospital coverage	20% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible
Lab services	20% coinsurance after deductible	\$10 copay (deductible waived)	\$10 copay (deductible waived)
X-rays	Independent facility: \$50 copay (deductible waived) Hospital setting: 20% coinsurance after deductible	\$40 copay (deductible waived)	\$40 copay (deductible waived)
Advanced imaging (CT Scans and MRI)	Independent facility: \$100 copay (deductible waived) Hospital setting: 20% coinsurance after deductible	Independent facility: 35% coinsurance (deductible waived) Hospital setting: 35% coinsurance after deductible	Independent facility: \$100 copay up to \$500 (deductible waived) Hospital setting: \$500 copay (deductible waived)
OUT-OF-NETWORK MEDICAL BENEFITS			
Deductible (Individual/Family)	\$10,000/\$20,000	\$8,000/\$16,000	\$7,000/\$14,000
Coinsurance	50% after deductible	50% after deductible	50% after deductible
Maximum out-of-pocket limit (Individual/Family)	\$15,000/\$30,000	\$15,800/\$31,600	\$15,800/\$31,600
PRESCRIPTION DRUG BENEFITS			
Prescription drug deductible (Individual/Family)	N/A	N/A	N/A
Tier 1 – Preferred generic drugs	\$10 copay	\$10 copay	\$10 copay
Tier 2 – Non-preferred generic drugs	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	\$50 copay	\$50 copay
Tier 4 – Non-preferred brand drugs	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	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription
Tier 6 – Non-preferred specialty drugs	50% coinsurance \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription

All plans are contract-year.

¹Telemedicine is not appropriate for all covered services, and restrictions apply. For Primary Care services, members must be 18 or older. ²Subject to limitations.

Contract-Year	Contract-Year	Contract-Year
FlexPOS \$40/\$80 \$2,750 20%	FlexPOS \$30/\$50 \$2,000	FlexPOS \$30/\$45 \$500
\$2,750/\$5,500	\$2,000/\$4,000	N/A
\$6,000/\$12,000	\$5,500/\$11,000	\$5,000/\$10,000
\$0	\$0	\$0
\$40 copay (deductible waived)	\$30 copay (deductible waived)	\$30 copay
Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)	Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)	Primary Care, Mental Health, and General Medical Services: \$0
Dermatologist: \$80 copay (deductible waived)	Dermatologist: \$50 copay (deductible waived)	Dermatologist: \$45 copay
\$80 copay (deductible waived)	\$50 copay (deductible waived)	\$45 copay
\$80 copay (deductible waived)	\$50 copay (deductible waived)	\$45 copay
\$75 copay (deductible waived)	\$75 copay (deductible waived)	\$75 copay
\$350 copay (deductible waived)	\$350 copay (deductible waived)	\$150 copay
\$400 copay (deductible waived)	\$500 copay after deductible	\$500 copay
20% coinsurance after deductible	\$500 copay after deductible	\$500 copay
20% coinsurance after deductible	\$500 copay/day; \$2,500 maximum per admission after deductible	\$500 copay/day; \$2,000 maximum per admission
20% coinsurance after deductible	\$10 copay (deductible waived)	No charge
Independent facility: \$50 copay (deductible waived)	\$40 copay (deductible waived)	\$10 copay
Hospital setting: 20% coinsurance after deductible		
Independent facility: \$100 copay up to \$500 (deductible waived)	Independent facility: \$100 copay up to \$500 (deductible waived)	Independent facility: \$75 copay
Hospital setting: 20% coinsurance after deductible	Hospital setting: \$100 copay after deductible	Hospital setting: \$75 copay
\$7,000/\$14,000	\$4,000/\$8,000	\$4,000/\$8,000
50% after deductible	50% after deductible	50% after deductible
\$15,800/\$31,600	\$11,000/\$22,000	\$10,000/\$20,000
N/A	N/A	N/A
\$10 copay	\$10 copay	\$10 copay
50% coinsurance; \$250 maximum per prescription	50% coinsurance \$250 maximum per prescription	50% coinsurance \$250 maximum per prescription
\$50 copay	\$50 copay	\$50 copay
50% coinsurance; \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription
50% coinsurance; \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription
50% coinsurance; \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription

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Fixed Funding Solutions Plan Options

	Contract-Year	Contract-Year	Contract-Year
	FlexPOS HSA \$6,800 40%	FlexPOS HSA \$5,000 50%	FlexPOS HSA \$3,200 25%
PLAN/MEDICAL DEDUCTIBLE			
Deductible (Individual/Family)	\$6,800/\$13,600	\$5,000/\$10,000	\$3,200/\$6,400
Maximum out-of-pocket limit (Individual/Family)	\$7,050/\$14,100	\$6,750/\$13,500	\$6,750/\$13,500
IN-NETWORK MEDICAL BENEFITS			
Preventive care/Screenings/Immunizations	\$0	\$0	\$0
Primary care services	40% coinsurance after deductible	\$30 copay after deductible	25% coinsurance after deductible
Telemedicine visits through Teladoc ^{® 1}	Primary Care, Mental Health, and General Medical Services: 0% coinsurance after deductible Dermatologist: 40% coinsurance after deductible	Primary Care, Mental Health, and General Medical Services: 0% coinsurance after deductible Dermatologist: \$50 copay after deductible	Primary Care, Mental Health, and General Medical Services: 0% coinsurance after deductible Dermatologist: 25% coinsurance after deductible
Specialist services	40% coinsurance after deductible	\$50 copay after deductible	25% coinsurance after deductible
Vision	20% coinsurance (deductible waived)	\$50 copay (deductible waived)	25% coinsurance (deductible waived)
Walk-in/Urgent care center	40% coinsurance after deductible	\$75 copay after deductible	25% coinsurance after deductible
Worldwide emergency coverage ²	40% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible
Outpatient surgery independent	40% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible
Hospital outpatient facilities	40% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible
Inpatient hospital coverage	40% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible
Lab services	40% coinsurance after deductible	\$10 copay after deductible	25% coinsurance after deductible
X-rays	40% coinsurance after deductible	\$40 copay after deductible	25% coinsurance after deductible
Advanced imaging (CT Scans and MRI)	Independent facility: 40% coinsurance after deductible Hospital setting: 40% coinsurance after deductible	Independent facility: \$100 copay after deductible Hospital setting: 50% coinsurance after deductible	Independent facility: 25% coinsurance after deductible Hospital setting: 25% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS			
Deductible (Individual/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$6,000/\$12,000
Coinsurance	50%	50%	50%
Maximum out-of-pocket limit (Individual/Family)	\$15,000/\$30,000	\$13,500/\$27,000	\$13,500/\$27,000
PRESCRIPTION DRUG BENEFITS			
Prescription drug deductible (Individual/Family)	Plan has integrated deductible with medical	Plan has integrated deductible with medical	Plan has integrated deductible with medical
Tier 1 – Preferred generic drugs	\$10 copay after deductible	\$10 copay after deductible	\$10 copay after deductible
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 after deductible
Tier 3 – Preferred brand drugs	\$50 copay after deductible	\$50 copay after deductible	\$50 copay after deductible
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 after deductible
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 after deductible
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 after deductible

All plans are contract-year.

¹Telemedicine is not appropriate for all covered services, and restrictions apply. For Primary Care services, members must be 18 or older. ²Subject to limitations.



ConnectiCare and CBIA

Working together for more than 20 years

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.



ConnectiCare® is the brand name used for products and services provided by one or more ConnectiCare group of subsidiary companies. In Connecticut, individual and family health coverage is underwritten by ConnectiCare, Inc. (CCI), a licensed health care center, or by ConnectiCare Benefits, Inc. (CBI) or ConnectiCare Insurance Company, Inc. (CICI), licensed insurers. Individual, family and group dental coverage is underwritten by CICI. Group health coverage is insured by CCI or insured or administered by CICI. In Massachusetts, group health insurance is underwritten by ConnectiCare of Massachusetts, Inc. (CMI), a licensed HMO. All insurance contracts, policies, and group benefit plans contain exclusions and limitations. Not all coverage is available in all markets. For costs and details of coverage, call or write your insurance broker or the company.

All insurance contracts, policies, and group benefit plans contain exclusions and limitations. Not all coverage is available in all markets. For costs and details of coverage, call or write your insurance broker or the company. 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.