

# FIXED FUNDING SOLUTIONS PLAN OPTIONS

ConnectiCare's Fixed Funding Solutions suite of products provides businesses the advantages of self-funding with the protections of stop loss insurance and predictable billing. These plans are available exclusively through CBIA Health Connections.

	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
<b>PLAN/MEDICAL DEDUCTIBLE</b>					
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
<b>IN-NETWORK MEDICAL BENEFITS</b>					
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
<b>OUT-OF-NETWORK MEDICAL BENEFITS</b>					
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
<b>PRESCRIPTION DRUG BENEFITS</b>					
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

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