



# Fixed Funding Solutions

**(5-50 Employees)**

ConnectiCare level-funded product for small groups

**ConnectiCare**

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



# 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.



### 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.

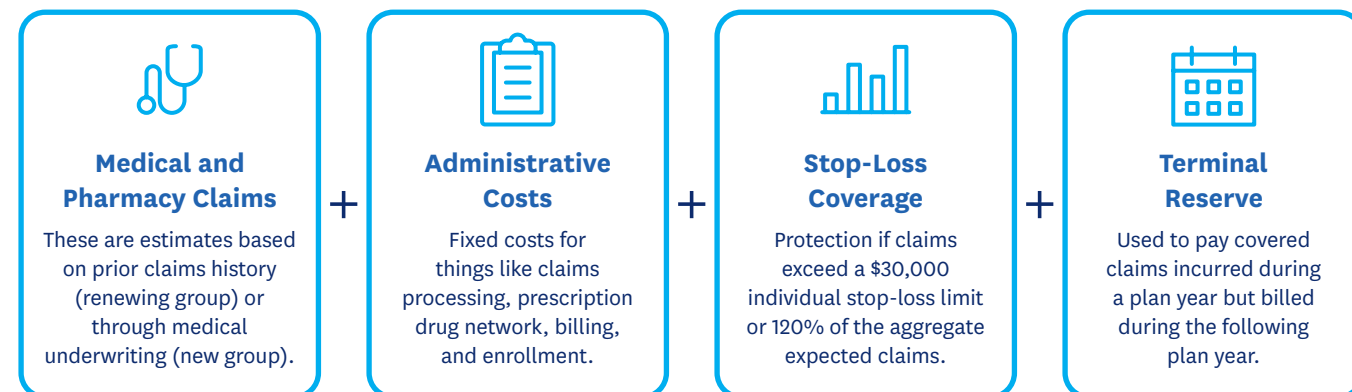
\*As long as you renew into the Fixed Funding Solutions product suite.

# 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<br>(aggregate stop-loss/budgeted claims) | \$120,000 | Claims funding<br>(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.

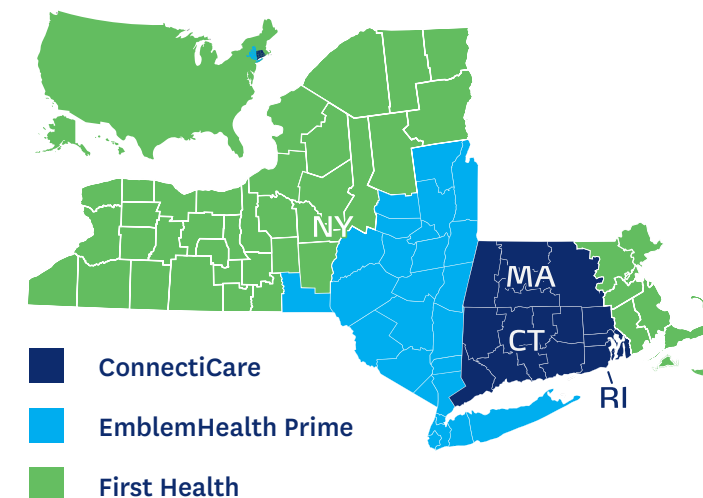
\*As long as you renew into the Fixed Funding Solutions product suite.

## 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 visit [connecticare.com](https://connecticare.com) and use the Find Care tool.

### Prescription Benefits

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



**Member Choice**, A pharmacy benefit where members choose their pharmacy network 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.

If members choose to fill maintenance medicines at CVS, Walgreens will become out-of-network. If they choose 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.



**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 plan's formulary.

### Teladoc Primary360®

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

\*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.

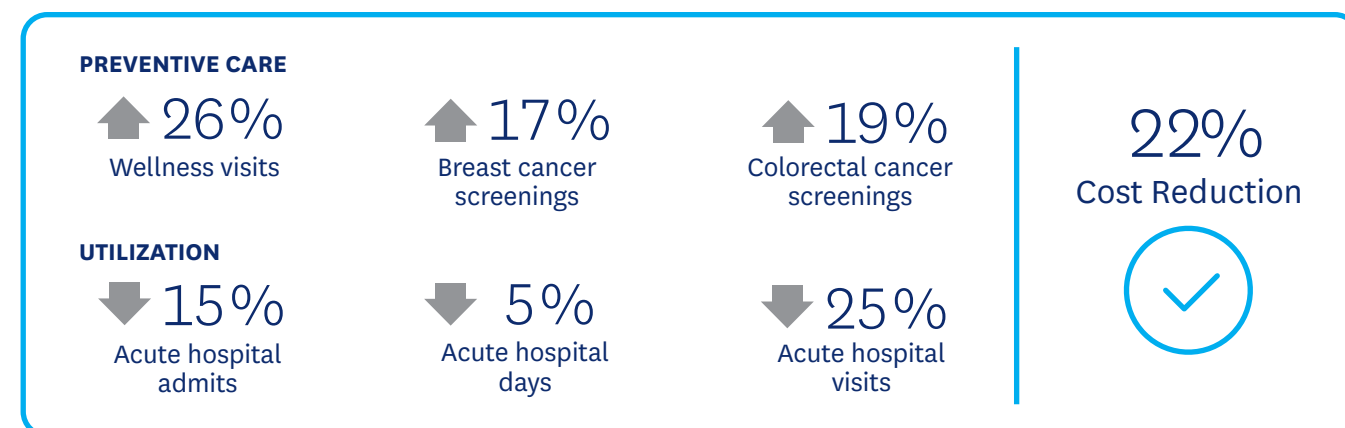
# A Focus on Better Health Outcomes

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



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

### 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 Plan Options

|  | Contract-Year   | Contract-Year   | Contract-Year   | Contract-Year   | Contract-Year   | Contract-Year   |
|--|---|---|---|---|---|---|
|  | FlexPOS<br>\$40/\$80 \$5,000 20%  | FlexPOS<br>\$35/\$50 \$4,000 35%  | FlexPOS<br>\$30/\$50 \$3,500 20%  | FlexPOS<br>\$40/\$80 \$2,750 20%  | FlexPOS<br>\$30/\$50 \$2,000  | FlexPOS<br>\$30/\$45 \$500  |
| <b>PLAN/MEDICAL DEDUCTIBLE</b>                     |   |   |   |   |   |   |
| Deductible (Individual/Family)                     | \$5,000/\$10,000  | \$4,000/\$8,000   | \$3,500/\$7,000   | \$2,750/\$5,500   | \$2,000/\$4,000   | N/A   |
| Maximum out-of-pocket limit (Individual/Family)    | \$7,300/\$14,600  | \$7,900/\$15,800  | \$7,900/\$15,800  | \$6,000/\$12,000  | \$5,500/\$11,000  | \$5,000/\$10,000  |
| <b>IN-NETWORK MEDICAL BENEFITS</b>                 |   |   |   |   |   |   |
| Preventive care/Screenings/Immunizations           | \$0   | \$0   | \$0   | \$0   | \$0   | \$0   |
| Primary care services                              | \$40 copay (deductible waived)  | \$35 copay (deductible waived)  | \$30 copay (deductible waived)  | \$40 copay (deductible waived)  | \$30 copay (deductible waived)  | \$30 copay  |
| Telemedicine visits through Teladoc <sup>8</sup> 1 | Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)<br>Dermatologist: \$80 copay (deductible waived) | Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)<br>Dermatologist: \$50 copay (deductible waived) | Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)<br>Dermatologist: \$50 copay (deductible waived) | Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)<br>Dermatologist: \$80 copay (deductible waived) | Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)<br>Dermatologist: \$50 copay (deductible waived) | Primary Care, Mental Health, and General Medical Services: \$0<br>Dermatologist: \$45 copay |
| Specialist services                                | \$80 copay (deductible waived)  | \$50 copay (deductible waived)  | \$50 copay (deductible waived)  | \$80 copay (deductible waived)  | \$50 copay (deductible waived)  | \$45 copay  |
| Vision   | \$80 copay (deductible waived)  | \$50 copay (deductible waived)  | \$50 copay (deductible waived)  | \$80 copay (deductible waived)  | \$50 copay (deductible waived)  | \$45 copay  |
| Walk-in/Urgent care center                         | \$75 copay (deductible waived)  | \$75 copay (deductible waived)  | \$75 copay (deductible waived)  | \$75 copay (deductible waived)  | \$75 copay (deductible waived)  | \$75 copay  |
| Worldwide emergency coverage <sup>2</sup>          | \$400 copay (deductible waived)   | 35% coinsurance after deductible  | \$350 copay (deductible waived)   | \$350 copay (deductible waived)   | \$350 copay (deductible waived)   | \$150 copay   |
| Outpatient surgery independent                     | \$500 copay (deductible waived)   | 35% coinsurance (deductible waived)   | \$500 copay (deductible waived)   | \$400 copay (deductible waived)   | \$500 copay after deductible  | \$500 copay   |
| Hospital outpatient facilities                     | 20% coinsurance after deductible  | 35% coinsurance after deductible  | 20% coinsurance after deductible  | 20% coinsurance after deductible  | \$500 copay after deductible  | \$500 copay   |
| Inpatient hospital coverage                        | 20% coinsurance after deductible  | 35% coinsurance after deductible  | 20% coinsurance after deductible  | 20% coinsurance after deductible  | \$500 copay/day;<br>\$2,500 maximum per admission after deductible  | \$500 copay/day;<br>\$2,000 maximum per admission   |
| Lab services                                       | 20% coinsurance after deductible  | \$10 copay (deductible waived)  | \$10 copay (deductible waived)  | 20% coinsurance after deductible  | \$10 copay (deductible waived)  | No charge   |
| X-rays   | Independent facility: \$50 copay (deductible waived)<br>Hospital setting: 20% coinsurance after deductible                          | \$40 copay (deductible waived)  | \$40 copay (deductible waived)  | Independent facility: \$50 copay (deductible waived)<br>Hospital setting: 20% coinsurance after deductible                          | \$40 copay (deductible waived)  | \$10 copay  |
| Advanced imaging (CT Scans and MRI)                | Independent facility: \$100 copay (deductible waived)<br>Hospital setting: 20% coinsurance after deductible                         | Independent facility: 35% coinsurance (deductible waived)<br>Hospital setting: 35% coinsurance after deductible                     | Independent facility: \$100 copay up to \$500 (deductible waived)<br>Hospital setting: \$500 copay (deductible waived)              | Independent facility: \$100 copay up to \$500 (deductible waived)<br>Hospital setting: 20% coinsurance after deductible             | Independent facility: \$100 copay up to \$500 (deductible waived)<br>Hospital setting: \$100 copay after deductible                 | Independent facility: \$75 copay<br>Hospital setting: \$75 copay                            |
| <b>OUT-OF-NETWORK MEDICAL BENEFITS</b>             |   |   |   |   |   |   |
| Deductible (Individual/Family)                     | \$10,000/\$20,000   | \$8,000/\$16,000  | \$7,000/\$14,000  | \$7,000/\$14,000  | \$4,000/\$8,000   | \$4,000/\$8,000   |
| Coinsurance  | 50% after deductible  | 50% after deductible  | 50% after deductible  | 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   | \$15,800/\$31,600   | \$11,000/\$22,000   | \$10,000/\$20,000   |
| <b>PRESCRIPTION DRUG BENEFITS</b>                  |   |   |   |   |   |   |
| Prescription drug deductible (Individual/Family)   | N/A   | N/A   | N/A   | N/A   | N/A   | N/A   |
| Tier 1 - Preferred generic drugs                   | \$10 copay  | \$10 copay  | \$10 copay  | \$10 copay  | \$10 copay  | \$10 copay  |
| Tier 2 - Non-preferred generic drugs               | 50% coinsurance<br>\$250 maximum per prescription   | 50% coinsurance<br>\$250 maximum per prescription   | 50% coinsurance<br>\$250 maximum per prescription   | 50% coinsurance;<br>\$250 maximum per prescription  | 50% coinsurance<br>\$250 maximum per prescription   | 50% coinsurance<br>\$250 maximum per prescription   |
| Tier 3 - Preferred brand drugs                     | \$50 copay  | \$50 copay  | \$50 copay  | \$50 copay  | \$50 copay  | \$50 copay  |
| Tier 4 - Non-preferred brand drugs                 | 50% coinsurance<br>\$500 maximum per prescription   | 50% coinsurance<br>\$500 maximum per prescription   | 50% coinsurance<br>\$500 maximum per prescription   | 50% coinsurance;<br>\$500 maximum per prescription  | 50% coinsurance<br>\$500 maximum per prescription   | 50% coinsurance<br>\$500 maximum per prescription   |
| Tier 5 - Preferred specialty drugs                 | 50% coinsurance<br>\$500 maximum per prescription   | 50% coinsurance<br>\$500 maximum per prescription   | 50% coinsurance<br>\$500 maximum per prescription   | 50% coinsurance;<br>\$500 maximum per prescription  | 50% coinsurance<br>\$500 maximum per prescription   | 50% coinsurance<br>\$500 maximum per prescription   |
| Tier 6 - Non-preferred specialty drugs             | 50% coinsurance<br>\$750 maximum per prescription   | 50% coinsurance<br>\$750 maximum per prescription   | 50% coinsurance<br>\$750 maximum per prescription   | 50% coinsurance;<br>\$750 maximum per prescription  | 50% coinsurance<br>\$750 maximum per prescription   | 50% coinsurance<br>\$750 maximum per prescription   |

(continued on next page)

All plans are contract-year.

<sup>8</sup>Telemedicine is not appropriate for all covered services, and restrictions apply. For Primary Care services, members must be 18 or older. <sup>2</sup>Subject to limitations.

# Fixed Funding Solutions Plan Options

## Notes

|   | Contract-Year   | Contract-Year  | Contract-Year   |
|---|---|--|---|
|   | FlexPOS HSA<br>\$6,800 40%  | FlexPOS HSA<br>\$5,000 50%   | FlexPOS HSA<br>\$3,200 25%  |
| <b>PLAN/MEDICAL DEDUCTIBLE</b>                          |   |  |   |
| <b>Deductible (Individual/Family)</b>                   | \$6,800/\$13,600  | \$5,000/\$10,000   | \$3,200/\$6,400   |
| <b>Maximum out-of-pocket limit (Individual/Family)</b>  | \$7,050/\$14,100  | \$6,750/\$13,500   | \$6,750/\$13,500  |
| <b>IN-NETWORK MEDICAL BENEFITS</b>                      |   |  |   |
| <b>Preventive care/Screenings/Immunizations</b>         | \$0   | \$0  | \$0   |
| <b>Primary care services</b>                            | 40% coinsurance after deductible  | \$30 copay after deductible  | 25% coinsurance after deductible  |
| <b>Telemedicine visits through Teladoc®<sup>1</sup></b> | Primary Care, Mental Health, and General Medical Services: 0% coinsurance after deductible<br>Dermatologist: 40% coinsurance after deductible | Primary Care, Mental Health, and General Medical Services: 0% coinsurance after deductible<br>Dermatologist: \$50 copay after deductible | Primary Care, Mental Health, and General Medical Services: 0% coinsurance after deductible<br>Dermatologist: 25% coinsurance after deductible |
| <b>Specialist services</b>                              | 40% coinsurance after deductible  | \$50 copay after deductible  | 25% coinsurance after deductible  |
| <b>Vision</b>   | 20% coinsurance (deductible waived)   | \$50 copay (deductible waived)   | 25% coinsurance (deductible waived)   |
| <b>Walk-in/Urgent care center</b>                       | 40% coinsurance after deductible  | \$75 copay after deductible  | 25% coinsurance after deductible  |
| <b>Worldwide emergency coverage<sup>2</sup></b>         | 40% coinsurance after deductible  | 50% coinsurance after deductible   | 25% coinsurance after deductible  |
| <b>Outpatient surgery independent</b>                   | 40% coinsurance after deductible  | 50% coinsurance after deductible   | 25% coinsurance after deductible  |
| <b>Hospital outpatient facilities</b>                   | 40% coinsurance after deductible  | 50% coinsurance after deductible   | 25% coinsurance after deductible  |
| <b>Inpatient hospital coverage</b>                      | 40% coinsurance after deductible  | 50% coinsurance after deductible   | 25% coinsurance after deductible  |
| <b>Lab services</b>                                     | 40% coinsurance after deductible  | \$10 copay after deductible  | 25% coinsurance after deductible  |
| <b>X-rays</b>   | 40% coinsurance after deductible  | \$40 copay after deductible  | 25% coinsurance after deductible  |
| <b>Advanced imaging (CT Scans and MRI)</b>              | Independent facility: 40% coinsurance after deductible<br>Hospital setting: 40% coinsurance after deductible                                  | Independent facility: \$100 copay after deductible<br>Hospital setting: 50% coinsurance after deductible                                 | Independent facility: 25% coinsurance after deductible<br>Hospital setting: 25% coinsurance after deductible                                  |
| <b>OUT-OF-NETWORK MEDICAL BENEFITS</b>                  |   |  |   |
| <b>Deductible (Individual/Family)</b>                   | \$10,000/\$20,000   | \$10,000/\$20,000  | \$6,000/\$12,000  |
| <b>Coinsurance</b>                                      | 50%   | 50%  | 50%   |
| <b>Maximum out-of-pocket limit (Individual/Family)</b>  | \$15,000/\$30,000   | \$13,500/\$27,000  | \$13,500/\$27,000   |
| <b>PRESCRIPTION DRUG BENEFITS</b>                       |   |  |   |
| <b>Prescription drug deductible (Individual/Family)</b> | Plan has integrated deductible with medical   | Plan has integrated deductible with medical  | Plan has integrated deductible with medical   |
| <b>Tier 1 - Preferred generic drugs</b>                 | \$10 copay after deductible   | \$10 copay after deductible  | \$10 copay after deductible   |
| <b>Tier 2 - Non-preferred generic drugs</b>             | 50% coinsurance; \$250 maximum per prescription after deductible  | 50% coinsurance; \$250 maximum per prescription after deductible   | 50% coinsurance; \$250 maximum per prescription after deductible  |
| <b>Tier 3 - Preferred brand drugs</b>                   | \$50 copay after deductible   | \$50 copay after deductible  | \$50 copay after deductible   |
| <b>Tier 4 - Non-preferred brand drugs</b>               | 50% coinsurance; \$500 maximum per prescription after deductible  | 50% coinsurance; \$500 maximum per prescription after deductible   | 50% coinsurance; \$500 maximum per prescription after deductible  |
| <b>Tier 5 - Preferred specialty drugs</b>               | 50% coinsurance; \$500 maximum per prescription after deductible  | 50% coinsurance; \$500 maximum per prescription after deductible   | 50% coinsurance; \$500 maximum per prescription after deductible  |
| <b>Tier 6 - Non-preferred specialty drugs</b>           | 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.

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

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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.