

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.



Fixed Funding Solutions

for employers with 51-99 employees

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.

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 available to businesses with 51-99 eligible 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	Self-Funded Plan	Fixed Funding Solutions 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.	An employer assumes financial responsibility for paying medical and pharmacy claims. The employer may buy additional coverage to protect against large claims.	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.

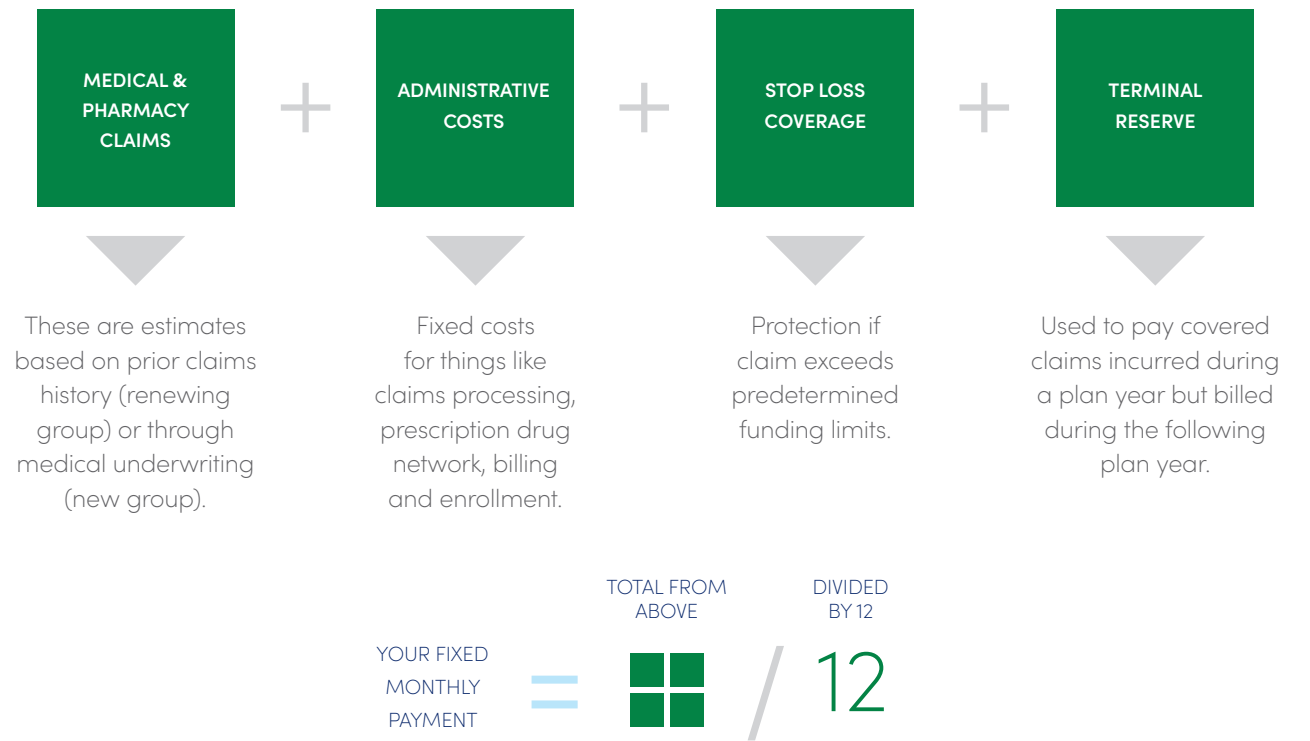
*Fixed Funding Solutions are also available to eligible employers with as few as 5 eligible employees or with greater than 99 eligible employees.

Taking a closer look

	FULLY-INSURED PLANS	FIXED FUNDING SOLUTIONS PLANS
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:



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

Fixed Funding Solutions plan options: for Groups with 51-99 employees	FlexPOS HSA \$5,000 20%	FlexPOS HSA \$6,000 10%	FlexPOS HSA \$4,000	FlexPOS \$5000 20%	FlexPOS HSA \$3,000 25%	FlexPOS HSA \$5000	FlexPOS \$30 \$2,500 50%	FlexPOS \$30 \$2,500 20%	FlexPOS HSA \$2500
PLAN/MEDICAL DEDUCTIBLE									
Deductible (Individual/Family)	\$5,000/\$10,000	\$6,000/\$12,000	\$4,000/\$8,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$10,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Maximum out-of-pocket limit (Individual/Family)	\$6,750/\$13,500	\$6,225/\$12,450	\$7,000/\$14,000	\$9,000/\$18,000	\$6,750/\$13,500	\$7,000/\$14,000	\$6,350/\$12,700	\$5,000/\$10,000	\$6,000/\$12,000
IN-NETWORK MEDICAL BENEFITS									
Preventive care/Screenings/Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary care provider (PCP) services	\$30 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	\$30 copayment/visit deductible does not apply	\$30 copayment, deductible does not apply	0% coinsurance after deductible
Specialist services	\$50 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Mental health and substance abuse office visits	\$50 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Telemedicine visit through Teladoc @ Primary Care- members must be 18 and older	Primary Care, Mental Health and General medicine Service: 0% coinsurance after deductible Dermatologists: \$50 copay after deductible	Primary Care, Mental Health and General medicine Service: 0% coinsurance after deductible Dermatologists: 10% coinsurance after deductible	Primary Care, Mental Health and General medicine Service: 0% coinsurance after deductible Dermatologists: 20% coinsurance after deductible	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: 20% after deductible	Primary Care, Mental Health and General medicine Service: 0% coinsurance after deductible Dermatologists: 25% coinsurance after deductible	Primary Care, Mental Health and General medicine Service: 0% coinsurance after deductible Dermatologists: 0% coinsurance after deductible	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: 50% coinsurance after deductible	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: 20% coinsurance after deductible	Primary Care, Mental Health and General medicine Service: 0% coinsurance after deductible Dermatologists: 0% coinsurance after deductible
Routine vision	\$50 copay (deductible waived)	10% coinsurance, deductible does not apply	20% coinsurance, deductible does not apply	20% coinsurance after deductible	25% coinsurance (deductible waived)	No charge	50% coinsurance; deductible does not apply	20% coinsurance, deductible does not apply	No charge
Walk-in/Urgent care center	\$75 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Worldwide emergency coverage**	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Inpatient hospital coverage	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Hospital outpatient facilities	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Outpatient surgery freestanding locations	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Lab services	\$10 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
X-rays	\$40 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Advanced imaging (CT Scans & MRI)	Freestanding facility: \$100 copay after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: 10% coinsurance after deductible Hospital setting: 10% coinsurance after deductible	Freestanding facility: 20% coinsurance after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: 20% coinsurance after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: 25% coinsurance after deductible Hospital setting: 25% coinsurance after deductible	Freestanding facility: 0% coinsurance after deductible Hospital setting: 0% coinsurance after deductible	Freestanding facility: 50% coinsurance after deductible Hospital setting: 50% coinsurance after deductible	Freestanding facility: 20% coinsurance after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: 0% coinsurance after deductible Hospital setting: 0% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS									
Deductible (Individual/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$8,000/\$16,000	\$6,350/\$12,700	\$6,000/\$12,000	\$10,000/\$20,000	\$6,000/\$12,000	\$6,000/\$12,000	\$5,000/\$10,000
Coinsurance	50%	50%	50%	50%	50%	30%	50%	50%	30%
Maximum out-of-pocket limit (Individual/Family)	\$13,500/\$27,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$13,500/\$27,000	\$15,000/\$30,000	\$12,000/\$24,000	\$12,000/\$24,000	\$10,000/\$20,000
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	N/A	Plan has integrated deductible with medical	Plan has integrated deductible with medical	N/A	N/A	Plan has integrated deductible with medical
Tier 1 – Generic drugs	\$10 copay after deductible	\$10 copay after deductible	\$10 copayment after deductible	\$10 copayment	\$10 copay after deductible	\$10 copayment after deductible	\$10 copayment	\$10 copayment	\$10 copayment after deductible
Tier 2 – Preferred brand drugs	\$50 copay after deductible	\$50 copay after deductible	\$50 copayment after deductible	\$50 copayment	\$50 copay after deductible	\$50 copayment after deductible	\$50 copayment	\$50 copayment	\$50 copayment after deductible
Tier 3 – Non-preferred brand drugs	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription after deductible
Tier 4 – Specialty drugs	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription after deductible

Fixed Funding Solutions plan options: for Groups with 51-99 employees	FlexPOS HSA \$1500	FlexPOS HSA \$2,000 10%	FlexPOS \$35/\$50 \$4,000 20%	FlexPOS \$30/\$50 \$3,500 20%	FlexPOS \$30/\$45 \$5000	FlexPOS \$30/\$50 \$2,000	FlexPOS \$30/\$45 \$1500	FlexPOS \$30/\$45
PLAN/MEDICAL DEDUCTIBLE								
Deductible (Individual/Family)	\$1,500/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,500/\$7,000	\$5,000/\$10,000	\$2,000/\$4,000	\$1,500/\$3,000	\$0/\$0
Maximum out-of-pocket limit (Individual/Family)	\$5,000/\$10,000	\$3,000/\$6,000	\$7,900/\$15,800	\$7,900/\$15,800	\$7,000/\$14,000	\$5,500/\$11,000	\$6,850/\$13,700	\$5,000/\$10,000
IN-NETWORK MEDICAL BENEFITS								
Preventive care/Screenings/Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary care provider (PCP) services	\$30 copayment/visit after deductible	10% coinsurance after deductible	\$35 copay (deductible waived)	\$30 copay (deductible waived)	\$30 copayment/visit deductible does not apply	\$30 copay (deductible waived)	\$30 copayment/visit deductible does not apply	\$30 copayment/visit
Specialist services	\$45 copayment/visit after deductible	10% coinsurance after deductible	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$45 copayment/visit deductible does not apply	\$50 copay (deductible waived)	\$45 copayment/visit deductible does not apply	\$45 copayment
Mental health and substance abuse office visits	\$45 copayment/visit after deductible	10% coinsurance after deductible	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$45 copayment/visit deductible does not apply	\$50 copay (deductible waived)	\$45 copayment/visit deductible does not apply	\$45 copayment
Telemedicine visit through Teladoc ® Primary Care- members must be 18 and older	Primary Care, Mental Health and General medicine Service: 0% coinsurance after deductible Dermatologists: \$45 copay after deductible	Primary Care, Mental Health and General medicine Service: 0% coinsurance after deductible Dermatologists: 10% coinsurance after deductible	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: \$50 copay (deductible waived)	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: \$50 copay (deductible waived)	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: \$45 copay (deductible waived)	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: \$50 copay (deductible waived)	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: \$45 copay (deductible waived)	Primary Care, Mental Health and General medicine Service: No charge Dermatologists: \$45 copay
Routine vision	\$45 copayment/visit deductible does not apply	10% coinsurance, deductible does not apply	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$45 copayment/visit deductible does not apply	\$50 copay (deductible waived)	\$45 copayment/visit deductible does not apply	\$45 copayment
Walk-in/Urgent care center	\$100 copayment/visit after deductible	10% coinsurance after deductible	\$75 copay (deductible waived)	\$75 copay (deductible waived)	\$100 copayment/visit deductible does not apply	\$75 copay (deductible waived)	\$100 copayment/visit deductible does not apply	\$75 copayment
Worldwide emergency coverage**	\$350 copayment/visit after deductible	10% coinsurance after deductible	20% coinsurance after deductible	\$350 copay (deductible waived)	\$350 copayment/visit deductible does not apply	\$350 copay (deductible waived)	\$350 copayment/visit deductible does not apply	\$150 copayment/per visit (copayment waived if admitted)
Inpatient hospital coverage	\$350 copayment per day up to \$1400 per admission after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	\$500 copay/day; \$2,500 maximum per admission after deductible	0% coinsurance after deductible	\$500 copayment/day up to \$2,000 per admission
Hospital outpatient facilities	\$350 copayment/visit after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	\$500 copay after deductible	0% coinsurance after deductible	\$500 copayment/per visit
Outpatient surgery freestanding locations	\$200 copayment/visit after deductible	10% coinsurance after deductible	20% coinsurance (deductible waived)	\$500 copay (deductible waived)	0% coinsurance after deductible	\$500 copay after deductible	0% coinsurance after deductible	\$500 copayment/per visit
Lab services	\$10 copayment/visit after deductible	10% coinsurance after deductible	\$10 copay (deductible waived)	\$10 copay (deductible waived)	No charge	\$10 copay (deductible waived)	\$10 copayment/visit deductible does not apply	\$0
X-rays	\$40 copayment/visit after deductible	10% coinsurance after deductible	\$40 copay (deductible waived)	\$40 copay (deductible waived)	\$40 copayment/visit deductible does not apply	\$40 copay (deductible waived)	\$40 copayment/visit deductible does not apply	\$10 copayment/per visit
Advanced imaging (CT Scans & MRI)	Freestanding facility: \$100 copayment/service after deductible Hospital setting: \$100 copayment/service after deductible	Freestanding facility: 10% coinsurance after deductible Hospital setting: 10% coinsurance after deductible	Freestanding facility: 20% coinsurance (deductible waived) Hospital setting: 20% coinsurance after deductible	Freestanding facility: \$100 copay (deductible waived) Hospital setting: \$500 copay (deductible waived)	Freestanding facility: \$100 copayment/service deductible does not apply Hospital setting: \$100 copayment/service deductible does not apply	Freestanding facility: \$100 copay (deductible waived) Hospital setting: \$100 copay after deductible	Freestanding facility: \$100 copayment/service deductible does not apply Hospital setting: \$100 copayment/service deductible does not apply	Freestanding facility: \$75 copayment/service Hospital setting: \$75 copayment/service
OUT-OF-NETWORK MEDICAL BENEFITS								
Deductible (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$8,000/\$16,000	\$7,000/\$14,000	\$8,000/\$16,000	\$4,000/\$8,000	\$5,000/\$10,000	\$4,000/\$8,000
Coinsurance	30%	50%	50%	50%	50%	50%	30%	50%
Maximum out-of-pocket limit (Individual/Family)	\$8,000/\$16,000	\$8,000/\$16,000	\$15,800/\$31,600	\$15,800/\$31,600	\$12,000/\$24,000	\$11,000/\$22,000	\$10,000/\$20,000	\$10,000/\$20,000
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	N/A	N/A	N/A
Tier 1 – Generic drugs	\$10 copayment after deductible	\$10 copayment after deductible	\$10 copay	\$10 copay	\$10 copayment	\$10 copay	\$10 copayment	\$10 copayment
Tier 2 – Preferred brand drugs	\$50 copayment after deductible	\$50 copayment after deductible	\$50 copay	\$50 copay	\$50 copayment	\$50 copay	\$50 copayment	\$50 copayment
Tier 3 – Non-preferred brand drugs	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription
Tier 4 – Specialty drugs	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription

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

*As of January 2023

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

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



Is Fixed Funding Solutions right for your business?

Talk to your agent and find out.

*For employers with 5-99 eligible employees, Fixed Funding Solutions is available exclusively through CBIA.

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