Small Group Product Training
2024

Agenda

- Who We Are
- Service Area and Network
- 2024 Plans & Rates
- Reminders
- Q&A
Who we are

Cooperative
We are not owned by any corporation or health system. We are member governed and member centered.

Board of Directors
The Board is made up of CGHC members. The board provides the strategic direction of the cooperative.

Non-profit
Operated for the mutual benefit of our members. Any earnings we make are returned to our members in the form of lower prices and improved services.
Our Mission

Putting Members First.

Pursuing Better Healthcare.
Sales Team

- Jennifer Walkowiak
  VP Business Development

- Kati Gresk
  Business Development Specialist

- April Schultz
  Broker Specialist

- Aidy Hichez
  Admin Specialist - SG

- Verina Girgis
  SG Acct Manager

- Jennifer Wenner
  SG Account Executive
Service Area Changes

2024
Service Area & Networks

**Service Area Changes**
- Exiting Florence County
  - Communication being sent to current members
- Remaining in existing 24 counties

**Provider Networks**
- Can only have Envision or RISE then EPO Plus
- Envision Network remains unchanged
  - EPO
  - High Value Provider Network
- Rise Network
  - New EPO network available 1/1/2024
  - Network includes the same providers as the Envision network, but will also include Ascension hospitals and providers
  - Will only be offered to employers in Rating Areas 1, 9 and 12; however, employees can reside outside of these rating areas and have access to Ascension
Rise Network - Hospitals

- Aurora Health Care
- Ascension
- bellin health
- ThedaCare
- Watertown Regional Medical Center
- Door County Medical Center
- Children's Wisconsin
- Marshfield Medical Center

Trusted team. Close to home.

Kids deserve the best.
Solution for employers with out-of-area employees

- 10 EPO Plus plans that match the 10 most sold base plans
- Employees access care via First Health Complementary Network
- One of the largest provider networks in the country
- Contracted providers in all 50 states

Employees who select an In-Service Area (Envision or Rise) plan but experience the need to seek out-of-area urgent and/or emergency services are allowed to access our First Health Complementary Network: https://www.firsthealthcomplementary.com/
Managed by OptumRX

Wide pharmacy network
- Within service area
- Nationwide
- Note: CVS Pharmacy will **NO LONGER** be in the network starting 1/1/24

Many Independent Pharmacies

Note: All mail order must use OptumRX

Other updates
- Generic Alternative Program
- Manufacturer Coupons
Definition

“Actuarial value” measures the relative generosity of benefits covered by a health insurance plan. Under the ACA, a health insurance plan's actuarial value indicates the average share of medical spending that is paid by the plan, as opposed to being paid out of pocket by the consumer.

ACA Metal Tiers are determined by the percent of the actuarial value with respect to essential benefits:

<table>
<thead>
<tr>
<th>METAL TIER</th>
<th>Actuarial Value Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>60 percent</td>
</tr>
<tr>
<td>Silver</td>
<td>70 percent</td>
</tr>
<tr>
<td>Gold</td>
<td>80 percent</td>
</tr>
<tr>
<td>Platinum</td>
<td>90 percent</td>
</tr>
</tbody>
</table>
De Minimis

Definition

💪 The de minimis range is the allowable variation in the AV of a health plan that does not result in a material difference in the true dollar value of the health plan.

Due to difficulty for insurers to design plans that have a precise actuarial value, the ACA allows a de minimis range for each metal tier.

<table>
<thead>
<tr>
<th>Plan Years</th>
<th>De Minimis Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023 - 2024</td>
<td>-2 / +2</td>
</tr>
<tr>
<td>2018 - 2022</td>
<td>-4 / +2</td>
</tr>
<tr>
<td>2013 - 2017</td>
<td>-2 / +2</td>
</tr>
</tbody>
</table>

* CSR Plans have a narrower de minimis
New Plans

- Envision Plan
  - CGHC EPO Gold $0 Deductible/20% - Envision Network

- Rise Plans
  - Will mirror all Envision EPO plans including the new Gold $0 Deductible plan; however, the name will end with “Rise Network”

New Plan IDs

- All existing plans will have new Plan IDs each year going forward
## Small Group Benefit Changes – Gold Plans

<table>
<thead>
<tr>
<th>Plan Year</th>
<th>Plan Name</th>
<th>Changes</th>
</tr>
</thead>
</table>
| 2023      | CGHC EPO Gold $2750 Deductible/15% - Envision Network | Deductible: $2,750 / $5,500  
Maximum Out-of-Pocket: $8,550 / $17,100  
Primary Care Provider: $35  
Specialist: $70 |
| 2024      | CGHC EPO Gold $2600 Deductible/15% - Envision or Rise Network | Deductible: $2,600 / $5,200  
Maximum Out-of-Pocket: $8,500 / $17,000  
Primary Care Provider: $20  
Specialist: $60 |
| 2023      | CGHC EPO HSA Gold $3000 Deductible/0% - Envision Network* | Deductible: $3,000 / $6,000  
Maximum Out-of-Pocket: $3,000 / $6,000 |
| 2024      | CGHC EPO HSA Gold $3200 Deductible/0% - Envision or Rise Network* | Deductible: $3,200 / $6,400  
Maximum Out-of-Pocket: $3,200 / $6,400 |
| 2024      | NEW: CGHC EPO Gold $0 Deductible/20% - Envision or Rise Network | Deductible: $0/$0  
Maximum Out-of-Pocket: $8,000 / $16,000  
Primary Care Provider: $35  
Specialist: $70 |

- Benefits are richer in 2024
<table>
<thead>
<tr>
<th>Plan Year</th>
<th>Plan Name</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>CGHC EPO HSA Silver $4800 Deductible/0% - Envision Network*</td>
<td>Deductible: $4,800 / $9,600 Maximum Out-of-Pocket: $4,800 / $9,600</td>
</tr>
<tr>
<td>2024</td>
<td>CGHC EPO HSA Silver $5100 Deductible/0% - Envision or Rise Network*</td>
<td>Deductible: $5,100 / $10,200 Maximum Out-of-Pocket: $5,100 / $10,200</td>
</tr>
<tr>
<td>2023</td>
<td>CGHC EPO HSA Silver $3000 Deductible/20% - Envision Network</td>
<td>Deductible: $3,000 / $6,000 Maximum Out-of-Pocket: $6,800 / $13,600</td>
</tr>
<tr>
<td>2024</td>
<td>CGHC EPO HSA Silver $3200 Deductible/20% - Envision or Rise Network</td>
<td>Deductible: $3,200 / $6,400 Maximum Out-of-Pocket: $7,000 / $14,000</td>
</tr>
</tbody>
</table>
## Small Group Benefit Changes – Bronze Plans

<table>
<thead>
<tr>
<th>Plan Year</th>
<th>Plan Name</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>CGHC EPO HSA Bronze $7000 Deductible/0% - Envision Network*</td>
<td>Deductible: $7,000 / $14,000</td>
</tr>
<tr>
<td>2024</td>
<td>CGHC EPO HSA Bronze $7100 Deductible/0% - Envision or Rise Network*</td>
<td>Deductible: $7,100 / $14,200</td>
</tr>
</tbody>
</table>
Envision/Rise Network plans that also have a matching EPO Plus plan

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>EPO Plus Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGHC EPO Platinum $500 Deductible/20%</td>
<td></td>
</tr>
<tr>
<td>CGHC EPO Platinum $500 Deductible/10%</td>
<td></td>
</tr>
<tr>
<td>NEW: CGHC EPO Gold $0 Deductible/20%</td>
<td></td>
</tr>
<tr>
<td>CGHC EPO Gold $800 Deductible/20%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO Gold $1500 Deductible/20%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO Gold $2000 Deductible/20%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO Gold $2750 Deductible/15%</td>
<td></td>
</tr>
<tr>
<td>CGHC EPO Gold $2750 Deductible/15% - ER Copay</td>
<td></td>
</tr>
<tr>
<td>CGHC EPO Gold $2200 Deductible/20%</td>
<td></td>
</tr>
<tr>
<td>CGHC EPO HSA Gold $3000 Deductible/0%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO Silver $4000 Deductible/20%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO HSA Silver $4800 Deductible/0%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO Silver $5000 Deductible/20%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO HSA Silver $3000 Deductible/20%</td>
<td></td>
</tr>
<tr>
<td>CGHC EPO Silver $5500 Deductible/20%</td>
<td></td>
</tr>
<tr>
<td>CGHC EPO Silver $6000 Deductible/20%</td>
<td></td>
</tr>
<tr>
<td>CGHC EPO HSA Bronze $7000 Deductible/0%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO Bronze $8550 Deductible/0%</td>
<td>Yes</td>
</tr>
<tr>
<td>CGHC EPO Bronze $5500 Deductible/30%</td>
<td>Yes</td>
</tr>
</tbody>
</table>
As a non-profit, we set our premiums to keep pace with the cost of the health care our members receive. Our 2024 small group plan composite premium increase is driven by both an increase in the cost of services as well as an increase in the utilization of services.

🔥 Composite Rate Increase 7.71%

🔥 Some rating areas will be higher, and some will be lower
Reminders
Quoting & Renewals

1/1/24 Rates will be available on 10/1/24
  • Quoting can then begin
  • Also available on Benefix, Zywave and from Ideon

Renewals for 1/1/24
  • Renewal packets generate on October 3rd (90 days out)
  • Renewals available to be completed as of October 18th (75 days out)

Section 111 Form
  • Reporting required by CMS
  • Please assist in obtaining this information

Auto Renewal
  • 1 month prior to the renewal date
  • Changes can still be made up until day prior to renewal date
  • Allows invoices and ID cards to process timely and accurately
General Eligibility

- Employer is located within 24-county service area.
- Employer has 2-50 total employees
- Full-time employees work at least 30 hours/week
- At least 80% of applying employees reside within service area
- Employer contributes at least 50% of the employee premium
*Members in all other WI counties and outside of the State always have the First Health Complementary Network through the EPO Plus plan.
Broker Portal Quoting

OPTION #1:
1. LOG INTO YOUR BROKER PORTAL AT CGCARES.ORG
2. HOVER OVER ‘GET QUOTE’ BUTTON
3. CLICK ON ‘SMALL GROUP QUOTE’

OPTION #2: Email quotes@commongroundhealthcare.org

Information Required

Group: Name, Zip Code, County, and Requested Effective Date

Employees: Name, Zip Code and Date of Birth

Dependents: Date of Birth
### Broker Portal Renewals

1. **Download the renewal packet**
2. **View more plans or complete the renewal offer**
3. **Check the status of the renewal**

#### Account
- Contacts
- My Quotes
- Individual Applications
- Small Group Applications
- Policies
- Renewals
- IFP Marketplace

#### Search Results

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Policy Name</th>
<th>Policy Type</th>
<th>Anniversary Date</th>
<th>Workflow State</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFXS800425-00</td>
<td>Olson Pro Consulting, LLC</td>
<td>ACA</td>
<td>11/01/2023</td>
<td>Renewal Offer Sent</td>
</tr>
</tbody>
</table>

**Product:** Small Business Renewals

**Workflow State:** All

**Group Type:** All

**Policy Type:** All
Small Group Portal Enhancements

Renewals
- Renewal notification to agent 15 days prior to group
- Renewal offer mimics current plan selection for groups offering more than 1 plan

Quoting
- Employee zip code field, also auto populates OOA question
- Date of birth field for dependents (Age field still available)
- Select All button for plan selection

Enrollment
- Required documents checklist
- Missing requirements notification from portal
- Initial payment 1 month pay option

Plan name added to Invoice
Employee portal and more!
If you are not seeing the updates; clear cache and cookies
Small Group Submission Base Requirements

- Employer Application
- Employee Applications & Waivers
- Disclosure of Rating & Renewability
- Copy of Prior Carrier Invoice
- Current copy of most recent Wage and Tax report

**All requirements must be submitted by the 25th of the month for consideration of 1st of the month effective date**

Send submissions to: sales@commongroundhealthcare.org

Additional information may be requested such as recent Payroll or Ownership verification

Remember clean submissions will go through faster! Please review to ensure you have gathered all the information
Marketing Materials

We will be sending the following materials in a training follow-up email:

- Slide Deck
- Plan Grids
- Summary of Benefits (SOBs)
- CGHC Employee Census Form
- Group Submission Packet
- **NEW** Agent Underwriting Guidelines
- Link to Appointment documents

All appointed agents will also receive an Open Enrollment Kit with hard copies of the plan grids and other helpful information.
Broker Services:

• Email: sales@commongroundhealthcare.org
• Phone: 888-870-4717

To request an in-person presentation on our Small Group product please contact Jen Wenner at jwenner@commongroundhealthcare.org
Question & Answers