Greetings my fellow cooperative members!

Autumn has arrived and that means that it’s time for Open Enrollment! For most of us, Open Enrollment is the only chance we have to sign up for a health plan. Which makes this a great time to review your renewal package and assess your needs.

This year, Open Enrollment runs from November 1, 2023, through January 15, 2024. Actively renewing your Common Ground Healthcare Cooperative (CGHC) coverage ensures that you will be enrolled in the plan design that’s right for your financial needs. If you’re thinking of switching to a different CGHC health plan, please keep December 15th in mind. That’s the deadline for making a change if you want your new plan to start on January 1st.

Here are my top 10 reasons for renewing CGHC coverage.

1. **Nonprofit cooperative** – CGHC was created specifically to provide healthcare solutions to Wisconsin individuals, families, and small businesses! As a cooperative, we are in this together. We are making healthcare better for Wisconsin!

2. **Continuous ACA presence** – CGHC is the only insurer to continuously serve the individual healthcare market since the start of the Affordable Care Act (ACA).

3. **Putting members first** – CGHC exists solely to serve its members. When you need help, we’re here for you.

4. **Financially responsible** – CGHC is accountable to members on how we use the premium dollars they entrust to us. CGHC never stops looking for ways to keep health insurance costs as low as possible. This is our number one challenge, and we work hard at this every day.

5. **Membership** – With CGHC we are more than customers; we are members! CGHC answers to members, not corporate shareholders.

6. **Governed by members** – Our Board of Directors is made up of individuals who buy CGHC insurance and are elected by our entire membership.

7. **Advocating for members** – Whenever and wherever possible, CGHC’s Government Affairs advocacy focuses on making health insurance better for individuals and families.

8. **Open and honest communications** – CGHC will always tell members the truth and be transparent in our decision making. At our annual member meeting, we show you our financials and talk about our opportunities and challenges.

9. **Listens to members** – CGHC uses the information that members provide via surveys and other interactions to improve.

10. **Expert in serving individuals and families** – Thanks to you, CGHC has grown to become the largest ACA carrier in Wisconsin. More than 60,000 members entrust us to provide their ACA health coverage.

At CGHC, every decision we make, past, present, and future, revolves around our members and providing them with high-quality health insurance options. As a member-governed, nonprofit organization, we listen to you with an unwavering commitment to value and service. CGHC contracts with high-quality healthcare systems and professionals who are committed to your health and well-being.

Thank you for allowing us to serve your health insurance needs in 2023. Enjoy the season. We look forward to your continued membership in 2024 and for many years to come.

Tonni Larson, CGHC Board Chair
Happy Fall! The seasons change so quickly, and it is truly one of the things I love the most about living in Wisconsin. The beauty autumn brings us is really something special. As mentioned in this newsletter, earlier this year we invited all adult members to complete our annual Member Satisfaction Survey where we solicit feedback from you about how you think we’re doing. Being a nonprofit, member-centered health plan means that feedback is really important to us. We are grateful to the members who take the time to tell us what’s on their mind. We take your feedback seriously and use it to make improvements.

We have been doing this survey for eight years and throughout that time one consistent theme has emerged – my health insurance is so expensive, why are my deductibles going up? We know our members get frustrated with rising out-of-pocket costs – I do too! That’s why I want to take this opportunity to address your concern, because I agree with the comments about rising costs. The cost of health insurance reflects the cost of health care (hospital services, physician visits, imaging, lab tests, prescription drugs and more). When we set our premiums for the coming year, we look at the history of healthcare costs we have received and estimate the costs that we expect in the next year. We then set premiums so we can cover these costs. The challenge is that healthcare costs are constantly increasing.

To bring down health insurance costs would require bringing down the cost of healthcare. Unfortunately, there has not been much progress on that front. I encourage you to watch this 5-minute video that talks about our country’s health care system and why costs are so high. The real reason American health care is so expensive: https://www.youtube.com/watch?v=r1Na9nyR6Mq

As a nation, we must be willing to look at the underlying causes driving rising healthcare costs because the trend is not sustainable. We all want, and need, a strong healthcare system. Expecting consumers to pay increasingly more out of their own pocket is not a solution. Which is why we are constantly talking to lawmakers and policymakers, advocating on your behalf to let them know we cannot continue to shift these costs to patients. Fortunately, as a nonprofit cooperative, we are able to offer you premiums that do not include exorbitant profit margins. We are here to serve you, our members – not outside shareholders or provider owners. This model makes us unique and ensures that we live our mission to put members first.

Thank you for being a member of Common Ground Healthcare Cooperative. As you review your plan options for 2024, we would be honored to continue to serve you. Together, we can make our health plan stronger and keep fighting to lower costs. As always, if you have any questions, comments, or feedback, please email me at AskTheCEO@CommonGroundHealthcare.org.

### Introducing CGHC’s RN Care Manager

We’ve added a new role to the CGHC medical team – Registered Nurse (RN) Care Manager. If you are living with one or more health issues, or you feel you are struggling with your day-to-day health, our RN Care Manager, Brooke, is here to help – at no extra cost to you!

Our RN Care Manager can help you better manage your health through valuable resources and services:

- Facilitating care with your provider(s);
- Explaining your provider’s care plan;
- Addressing the challenges of your health condition;
- Connecting you with our CGHC Social Worker;
- Working with your provider(s) and you on a plan to help you reach an optimal level of health.

If you’re interested in talking with our RN Care Manager, please call Brooke at 855-643-5011 #3.

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### Important Dates Related To Open Enrollment

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>November 1</td>
<td>Open Enrollment begins. Watch for an envelope arriving via U.S. Postal Service containing your renewal information. You can also view your renewal packet online by logging into the Pay My Premium portal at <a href="https://CommonGroundHealthcare.org/Pay">https://CommonGroundHealthcare.org/Pay</a>.</td>
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<tr>
<td>December 1</td>
<td>Renewal plan: The 2024 health plan detailed in your renewal packet is set up for you in our system. To ensure you have coverage, the government requires CGHC to automatically enroll you in this plan unless you select a different plan by December 15th. Invoice: The CGHC 2024 health plan that is on file for you as of December 1st will be the plan that is used to create your invoice for January coverage. ID Card: ID cards will be mailed shortly after invoices are generated. The ID card will be for the plan that is billed on your invoice for January coverage. If you make a coverage change between December 1-15, a new ID card will be mailed at the end of December.</td>
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| December 15 | Automatic renewal: If you didn’t select a different plan by December 15th, we are required by the government to automatically enroll you in the 2024 health plan detailed in your renewal packet. Invoice: If you make a coverage change that impacts your premium responsibility:
  - During the first half of December (1-15), a revised invoice for January coverage will be produced. You can find the revised invoice in the Pay My Premium portal at https://CommonGroundHealthcare.org/Pay on December 21st.
  - During the second half of December (16-31), changes made will be added to your invoice for February coverage and will take effect on February 1st. |
| December 25 | Payment is due for January coverage.
  - Are you set up for recurring payments? The amount shown in the Pay My Premium portal on December 21st will be withdrawn on December 25th.
  - Do you make one-time payments? You can pay the revised amount by phone, online or by check. |
| January 1  | 2024 Health plan: On January 1st, the health plan that was on file for you as of December 15th will take effect. This includes any coverage changes made through December 15th. Invoice: The CGHC 2024 health plan that is on file for you as of January 1st will be the plan that is used to create your invoice for February coverage. This includes any coverage changes made between December 15-31. |
| January 15 | Open Enrollment ends. No changes can be made to your plan unless you qualify for a Special Enrollment Period. Effective date: coverage changes made between December 16th and January 15th will take effect on February 1st. Invoice: During the first half of January, if you make a change that...
  - DECREASES your premium responsibility, a revised invoice for February coverage will be created. You can view the revised invoice in the Pay My Premium portal before payment is due on January 25th.
  - INCREASES your premium responsibility, the adjustment to your premium responsibility for February coverage will be added to your invoice for March coverage. |
| January 25 | Payment is due for February coverage. Your invoice for February coverage will include any coverage change made by January 15th. |
| February 1 | Effective date: changes made between January 1-15 take effect on February 1st. Invoice: The CGHC 2024 health plan that is on file for you as of February 1st will be the plan that is used to create your invoice for March coverage. |
Every July, Common Ground Healthcare Cooperative (CGHC) invites all adult members who have an active policy with us to participate in a member satisfaction survey. It’s a simple survey with two questions:

1) On a scale of 0-10, how likely are you to recommend CGHC to a friend or relative?
2) If you didn’t rate us a 10, what changes would we have to make for you to give us a higher rating?

More than 4,000 members responded to our survey this year! We appreciate everyone who took the time to provide this valuable feedback. We’ve analyzed the results and want to share some of the outcomes with you.

**CGHC’s Net Promoter Score this year is 62.3!**

The Net Promoter Score is used widely across all industries as a way to benchmark companies against each other. On a scale of -100 to 100, most insurers score between 20 and 40. By comparison, our score this year is 62.3, which ranks us at the top of the health insurance industry! Yet we know we still have opportunities for improvement. The best companies in the world (across all industries) score between a 75 and 80.

How is the Net Promoter Score calculated? The question about how likely you are to recommend the company being surveyed is used to determine the Net Promoter Score (NPS). To calculate the NPS, we subtract the percent of Detractors (members that rated us as 0-6) from the percent of Promoters (members that rated us as 9-10).

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**How does CGHC use the survey feedback?**

The second question about what changes we would have to make for you to give us a higher rating is extremely helpful. We use these comments to identify members who need outreach and areas where we can improve.

- **Member outreach** – When we see a specific problem or concern communicated in the comments, our Member Services team calls the member to address their issue. This year, our team was able to help 75 members as a result of the member satisfaction survey!
- **Opportunities to improve** – Each year, we receive excellent, constructive feedback from members that helps us improve our service to you. Last year, some of the recurring themes we heard included concerns or lack of understanding about how to:
  - Use the Find a Doctor tool on our website
  - Make payments using the Pay My Premium portal
  - Change communication preferences (e.g., choose the paperless invoice option)

As a result, we created newsletter articles, flyers that were included with invoices, and targeted emails. These communications helped address some of these challenges our members identified and provided important education on these topics.

Our leaders are currently reviewing this year’s survey feedback and we will be creating improvement plans across the organization to address the pain points or challenges shared in member comments. Thank you again for the excellent feedback. We look forward to sharing more information with you at a later date!

Congratulations to Sheila H. of Milwaukee. She was the lucky winner of the Amazon gift card.

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**When Does CGHC Send Out Premium Rebate Checks?**

In the past, CGHC has returned over $100 million to our members! As a result, some members have been asking if they will receive a premium rebate check this year.

The Affordable Care Act (ACA) includes a requirement that health insurance companies use the majority of their members’ premium dollars to cover the costs of medical and pharmacy claims and quality improvements. As a nonprofit cooperative, we support this requirement. We believe all insurers should use the money entrusted to them to pay for claims and other quality improvements. This requirement is known as the Medical Loss Ratio (MLR).

Each year when our member-governed Board of Directors establishes our premiums, they make every attempt to forecast accurately. We work hard to ensure that we are paying 80 cents of every premium dollar on our members’ medical and pharmacy expenses. While members have enjoyed receiving premium rebate checks in the past, our Board strives to set our premiums as precisely as possible.

Getting back to the original question. Will members receive a premium rebate check this year? We can proudly say that in the 2022 reporting year, CGHC, your nonprofit, member-governed cooperative, spent more than 80% of your premium dollars on medical and pharmacy claims. That result is a Medical Loss Ratio that exceeds 80% of premiums paid by members. For that reason, CGHC will not be issuing a premium rebate check in 2023.

We work hard to keep your premiums competitive. We will also continue to manage our cooperative in the most efficient manner possible. Our mission of putting members first and pursuing better health care is top of mind in everything we do. Thank you again for your trust in CGHC. We value your membership and look forward to many more years of serving your health insurance needs.

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**Free COVID-19 At-Home Tests Available Online**

The federal government has relaunched its free COVID-19 test program. Americans can once again order free at-home tests online at [COVIDTests.gov](https://www.covid.gov/tests). This is due to a $600 million investment in 12 domestic COVID-19 test manufacturers. Each household can order four (4) free tests through the website [https://www.covid.gov/tests](https://www.covid.gov/tests). These tests are designed to detect current COVID-19 variants. The tests will remain valid for use until the end of 2023. Clear instructions on how to verify extended expiration dates will be included with the tests.

The program is part of the Administration for Strategic Preparedness and Response’s (ASPR) comprehensive plan. Its goal is to strengthen the domestic supply chain and ensure ongoing access to coronavirus tests. Over 755 million free tests have already been issued via the U.S. Postal Service. This new effort is projected to secure about 200 million new over-the-counter tests for future use.