

# Individual & Family Product Training

2024



*Putting Members First. Pursuing Better Healthcare.*

# Agenda

- 🔥 About Common Ground Healthcare Cooperative
- 🔥 Service Area and Network
- 🔥 2024 Plans & Rates
- 🔥 Reminders
- 🔥 Q&A

# Who we are



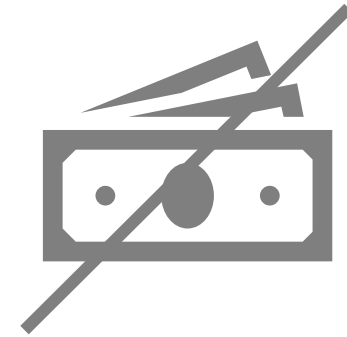
## Cooperative

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.



## Nonprofit

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



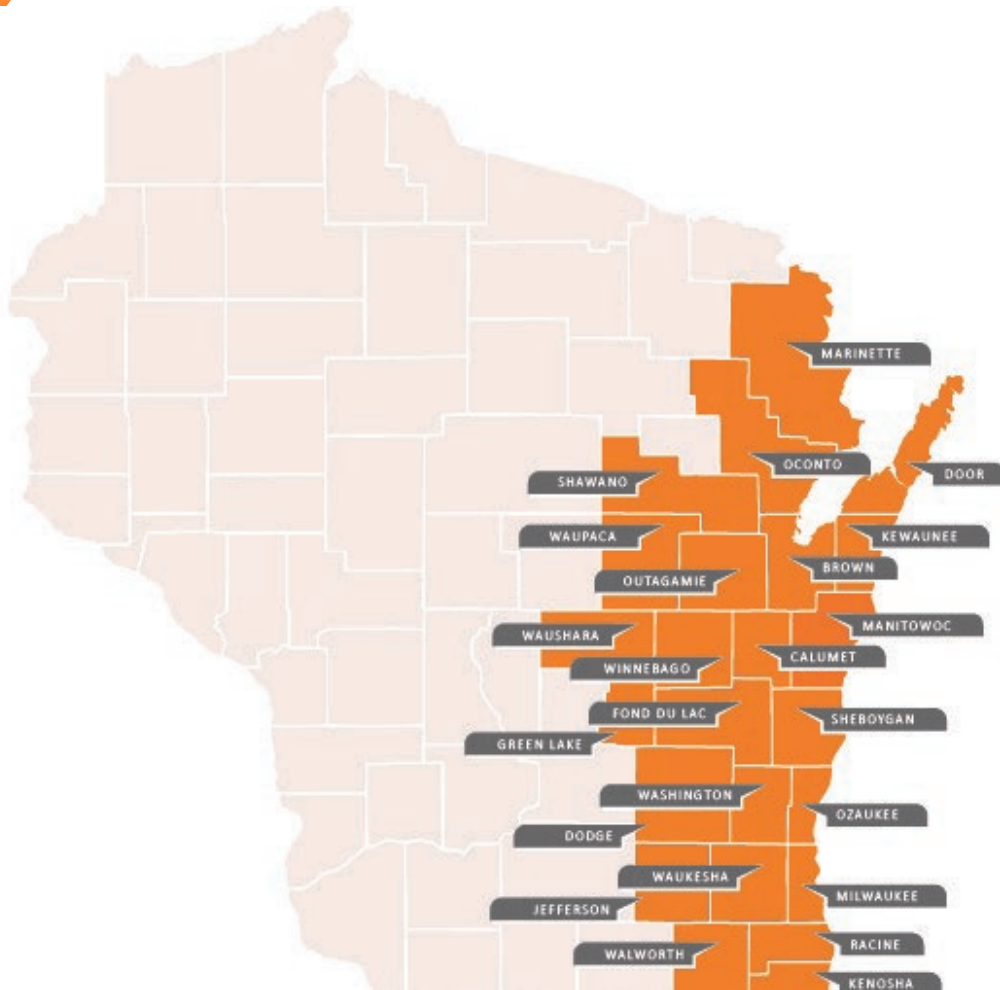
Jennifer Wenner  
SG Account Executive



# 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 Network

- Envision Network remains unchanged
  - EPO
  - High Value Provider Network

# Envision Network - Hospitals





# Pharmacy Network

- 🔥 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





# Plan Changes & Rates

2024

# Actuarial Value (AV)

## 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:

METAL TIER	Actuarial Value Percent
Bronze	60 percent
Silver	70 percent
Gold	80 percent
Platinum	90 percent

# 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.

Plan Years	De Minimis Range
2023 - 2024	-2 / +2
2018 - 2022	-4 / +2
2013 - 2017	-2 / +2

\* CSR Plans have a narrower de minimis

# New & Sunset Plans

## 2024 INDIVIDUAL AND FAMILY BENEFIT PLAN DESIGN

Adult Vision Exam benefits are available for additional premium with these On-Exchange Bronze plan.

Envision EPO Plan Name	Calendar Year Deductible	Out-of-Pocket Maximum	Coinsurance	Provider Visits In-Network Copays / Coinsurance				
	Single / Family	Single / Family		Quick / Fast Care	PCP <sup>1</sup>	Specialist	Emergency <sup>2</sup>	Urgent
CGHC Copay Bronze \$0 Ded / \$2250 Rx Ded LCS Plan ID: 87416WI003000303 Plan ID: 87416WI006002303 Plan ID: 87416WI007002303	\$0 / \$0	\$9,450 / \$18,900	50%	\$30	\$40	\$100	\$1,800	\$200
CGHC Bronze \$6000 LCS Plan ID: 87416WI003003503 Plan ID: 87416WI006001703	\$6,000 / \$12,000	\$9,450 / \$18,900	40%	\$25	\$35 after Ded	D/c <sup>3</sup>	\$1,500 after Ded	D/c <sup>3</sup>
CGHC Bronze Standard \$7500 LCS Plan ID: 87416WI003004103	\$7,500 / \$15,000	\$9,400 / \$18,800	50%	\$30	\$50	\$100	D/c <sup>3</sup>	\$75
CGHC Bronze \$7500 LCS Plan ID: 87416WI003003103 Plan ID: 87416WI006001803	\$7,500 / \$15,000	\$7,500 / \$15,000	0%	D/c <sup>3</sup>	D/c <sup>3</sup>	D/c <sup>3</sup>	D/c <sup>3</sup>	D/c <sup>3</sup>
CGHC Bronze \$9450 (\$35 PCP Copay) LCS Plan ID: 87416WI003002703 Plan ID: 87416WI006001503	\$9,450 / \$18,900	\$9,450 / \$18,900	0%	\$25	\$35	D/c <sup>3</sup>	D/c <sup>3</sup>	D/c <sup>3</sup>

All plans offer preventive health benefits for \$0. All plans offer 10 Virtuwel visits for \$0 except the CGHC Bronze \$7500 LCS plan, Virtuwel visits apply to deductible / coinsur

### 🔥 New Plan

- Expanded Bronze Standard plan
  - Will be called the Bronze Standard \$7500

### 🔥 Sunset Plans

- Medical only and Medical with Vision & Allergy Test plans
  - Copay Silver \$0 Ded
  - Bronze \$8150
  - Bronze Standard
    - Known as Bronze \$9100 for the Vision & Allergy Test version
- Medical with Vision & Allergy Test plans
  - Platinum \$500
  - Platinum \$1000
  - Gold \$2000
- Note no On Exchange plans will have Allergy Testing buy up

# Plan Name Changes

ON EXCHANGE BASE PLANS

ON EXCHANGE COST SHARING  
REDUCTION (CSR) BASE PLANS

OFF EXCHANGE BASE PLANS

Click the links below to access the Schedule of Benefits for these On-Exchange 2023 plans:

[\(Click Here for 2022 Plans\)](#)

## Gold Plans

- [CGHC Copay Gold \\$0 Deductible -Envision Network](#)
- [CGHC Gold \\$1800 -Envision Network](#)
- [Gold Standard Plan – Envision Network](#)
- [CGHC Gold \\$3000 – Envision Network](#)
- [CGHC HSA Gold \\$3000 -Envision Network](#)
- [CGHC Copay Gold \\$0 Ded – Envision Network \(Vision Exam + Allergy Test\)](#)
- [CGHC Gold \\$1800 – Envision Network \(Vision Exam + Allergy Test\)](#)
- [CGHC Gold \\$2000 – Envision Network \(Vision Exam + Allergy Test\)](#)
- [CGHC Gold \\$3000 – Envision Network \(Vision Exam + Allergy Test\)](#)

## Silver Plans

- [CGHC Copay Silver \\$0 Deductible / \\$1000 Rx Deductible -Envision Network](#)
- [CGHC Silver \\$4000-Envision Network](#)
- [CGHC Silver \\$5000 Deductible- Envision Network](#)
- [CGHC Silver \\$5650 Deductible – Envision Network](#)
- [Silver Standard Plan – Envision Network](#)
- [CGHC HSA Silver \\$3000-Envision Network](#)
- [CGHC Copay Silver \\$0 Ded – Envision Network \(Vision Exam + Allergy Test\)](#)
- [CGHC Silver \\$4000 – Envision Network \(Vision Exam + Allergy Test\)](#)
- [CGHC Silver \\$5000 – Envision Network \(Vision Exam + Allergy Test\)](#)
- [CGHC Silver \\$5650 – Envision Network \(Vision Exam + Allergy Test\)](#)
- [CGHC HSA Silver \\$3000 – Envision Network \(Vision Exam + Allergy Test\)](#)
- [CGHC Silver \\$5000 – Envision Network \(Dental/Vision Exam + Allergy Test\)](#)
- [CGHC Silver \\$5650 – Envision Network \(Dental/Vision Exam + Allergy Test\)](#)

## Bronze Plans / Catastrophic Plans

- [Copay Bronze \\$0 Deductible / \\$2250 Rx Deductible – Envision Network](#)
- [CGHC Bronze \\$6000 – Envision Network](#)
- [CGHC Bronze \\$8150 – Envision Network](#)
- [Bronze Standard Plan – Envision Network](#)
- [CGHC Bronze \\$9100 Deductible \(\\$35 PCP Copay\) – Envision Network](#)

## Plan Name Changes

- Standard Plans
  - Will include “CGHC” and the deductible amount
- Plans with Medical and Rx deductibles
  - Will include the Rx deductible amount
- On-Exchange plans with Vision & Allergy Test and Dental, Vision & Allergy Test
  - Will no longer include Allergy Test in the name
  - REMINDER: Dental is only available on plans in Rating Areas 1, 9 & 12


# Plan Crosswalks

- 🔥 Crosswalks are necessary when plans are retired.
- 🔥 In most cases, members will crosswalk to plans in the same metal tier as their sunset plan.
- 🔥 There are some members where their crosswalk is to a medical plan with greater member responsibility. We will be providing these members with specific renewal communications.
- 🔥 All crosswalks are included in an appendix of this presentation.

**Next slides show only plans that  
had changes**




# Individual Benefit Changes – Gold Plans

 -  
 Benefits  
 are  
 richer in  
 2024

PLAN YEAR	PLAN NAME	CHANGES
2023	CGHC Copay Gold \$0 Ded - Envision Network	Maximum Out-of-Pocket: \$8,000 / \$16,000 Quick/Fast Care: \$20 Primary Care Provider: \$30 Specialist: \$70 X-Rays & Diagnostic Imaging: \$50
2024	CGHC Copay Gold \$0 Ded - Envision Network	Maximum Out-of-Pocket: \$8,500 / \$17,000 Quick/Fast Care: \$25 Primary Care Provider: \$35 Specialist: \$75 X-Rays & Diagnostic Imaging: \$60
2023	CGHC Gold \$3000 - Envision Network	Maximum Out-of-Pocket: \$9,100 / \$18,200 Specialist: \$60 Generic Rx: \$15
2024	CGHC Gold \$3000 - Envision Network	Maximum Out-of-Pocket: \$9,300 / \$18,600 Specialist: <b>\$50</b> Generic Rx: <b>\$10</b>
2023	CGHC HSA Gold \$3000 - Envision Network	Deductible: \$3,000 / \$6,000 Maximum Out-of-Pocket: \$3,000 / \$6,000
2024	CGHC HSA Gold \$3200 - Envision Network	Deductible: \$3,200 / \$6,400 Maximum Out-of-Pocket: \$3,200 / \$6,400
2023	Gold Standard Plan - Envision Network	Deductible: \$2,000 / \$4,000
2024	CGHC Gold Standard \$1500 - Envision Network	Deductible: <b>\$1,500</b> / <b>\$3,000</b>

# Individual Benefit Changes – Silver \$4000 & its CSR Variants

 -  
 Benefits  
 are  
 richer in  
 2024

Plan Year	Plan Name	Changes
2023	CGHC Silver \$4000 - Envision Network	Maximum Out-of-Pocket: \$9,100 / \$18,200 Primary Care Provider: \$50 Preferred Rx: \$75 after Deductible
2024	CGHC Silver \$4000 - Envision Network	Maximum Out-of-Pocket: \$9,450 / \$18,900 Primary Care Provider: <b>\$40</b> Preferred Rx: <b>\$75</b>
2023	CGHC Silver \$3600 CSR 73% - Envision Network	Quick/Fast Care: \$30 Primary Care Provider: \$50
2024	CGHC Silver \$3600 CSR 73% - Envision Network	Quick/Fast Care: <b>\$25</b> Primary Care Provider: <b>\$35</b>
2023	CGHC Silver \$700 CSR 87% - Envision Network	Quick/Fast Care: \$20 Primary Care Provider: \$30 Specialist: \$50 Preferred Rx: \$60
2024	CGHC Silver \$700 CSR 87% - Envision Network	Quick/Fast Care: <b>\$10</b> Primary Care Provider: <b>\$20</b> Specialist: <b>\$40</b> Preferred Rx: <b>\$50</b>

# Individual Benefit Changes - Silver \$5000 & its CSR Variants

Plan Year	Plan Name	Changes	Plan Year	Plan Name	Changes
2023	<b>CGHC Silver \$600 CSR 87% - Envision Network</b>	Maximum Out-of-Pocket: \$3,000 / \$6,000 Quick/Fast Care: \$30 Coinsurance: 15% Primary Care Provider: \$40 Specialist: \$80 Generic Rx: \$10 Preferred Rx: \$75 Non-Preferred Rx: Deductible / Coinsurance Specialty Rx: 30% Coinsurance	2023	CGHC Silver \$5000 - Envision Network	Maximum Out-of-Pocket: \$9,100 / \$18,200
2024	<b>CGHC Silver \$600 CSR 87% - Envision Network</b>	Maximum Out-of-Pocket: \$3,150 / \$6,300 Quick/Fast Care: <b>\$20</b> Coinsurance: 25% Primary Care Provider: <b>\$30</b> Specialist: <b>\$70</b> Generic Rx: <b>\$5</b> Preferred Rx: <b>\$50</b> Non-Preferred Rx: 20% Coinsurance Specialty Rx: 40% Coinsurance	2024	CGHC Silver \$5000 Ded / \$5000 Rx Ded - Envision Network	Maximum Out-of-Pocket: \$9,450 / \$18,900
2023	<b>CGHC Silver \$0 CSR 94% - Envision Network</b>	Maximum Out-of-Pocket: \$2,500 / \$5,000 Coinsurance: 10% Primary Care Provider: \$10 Emergency Room: \$75 Generic Rx: \$5 Preferred Rx: \$30 Non-Preferred Rx: 15% Coinsurance Specialty Rx: 30% Coinsurance	2023	CGHC Silver \$3400 CSR 73% - Envision Network	Deductible: \$3,400 / \$6,800 Maximum Out-of-Pocket: \$7,250 / \$14,500 Primary Care Provider: \$70 Generic Rx: \$20 Specialty Rx: Deductible / Coinsurance
2024	<b>CGHC Silver \$0 CSR 94% - Envision Network</b>	Maximum Out-of-Pocket: \$3,150 / \$6,300 Coinsurance: 15% Primary Care Provider: <b>\$5</b> Emergency Room: <b>\$55</b> Generic Rx: <b>\$0</b> Preferred Rx: <b>\$20</b> Non-Preferred Rx: 20% Coinsurance Specialty Rx: 40% Coinsurance	2024	CGHC Silver \$4000 CSR 73% - Envision Network	Deductible: \$4,000 / \$8,000 Maximum Out-of-Pocket: \$7,550 / \$15,100 Primary Care Provider: <b>\$65</b> Generic Rx: <b>\$15</b> Specialty Rx: 40% Coinsurance

 - Benefits are richer in 2024

# Individual Benefit Changes – HSA Silver \$3000 & its CSR Variants

Plan Year	Plan Name	Changes
2023	CGHC HSA Silver \$3000 - Envision Network	Deductible: \$3,000 / \$6,000 Maximum Out-of-Pocket: \$7,500 / \$15,000
2024	CGHC HSA Silver \$3200 - Envision Network	Deductible: \$3,200 / \$6,400 Maximum Out-of-Pocket: \$8,000 / \$16,000
2023	CGHC Silver \$2625 CSR 73% - Envision Network	Deductible: \$2,625 / \$5,250 Maximum Out-of-Pocket: \$6,400 / \$12,800
2024	CGHC Silver \$2850 CSR 73% - Envision Network	Deductible: \$2,850 / \$5,700 Maximum Out-of-Pocket: \$6,600 / \$13,200
2023	CGHC Silver \$800 CSR 87% - Envision Network	Deductible: \$800 / \$1,600 Maximum Out-of-Pocket: \$2,750 / \$5,500
2024	CGHC Silver \$850 CSR 87% - Envision Network	Deductible: \$850 / \$1,700 Maximum Out-of-Pocket: \$2,800 / \$5,600

# Individual Benefit Changes – Silver Standard & its Variants

Benefits are richer in 2024

Plan Year	Plan Name	Changes
2023	Silver Standard Plan - Envision Network	Deductible: \$5,800 / \$11,600 Maximum Out-of-Pocket: \$8,900 / \$17,800
2024	CGHC Silver Standard \$5900 - Envision Network	Deductible: \$5,900 / \$11,800 Maximum Out-of-Pocket: \$9,100 / \$18,200
2023	Silver Standard Plan CSR 73% - Envision Network	Quick/Fast Care: \$20 Primary Care Provider: \$30 Specialist: \$60 Urgent Care: \$45 Physical, Occupational & Speech Therapy: \$30
2024	CGHC Silver Standard \$5700 CSR 73% - Envision Network	Quick/Fast Care: \$30 Primary Care Provider: \$40 Specialist: \$80 Urgent Care: \$60 Physical, Occupational & Speech Therapy: \$40
2023	Silver Standard Plan CSR 87% - Envision Network	Deductible: \$800 / \$1,600
2024	CGHC Silver Standard \$700 CSR 87% - Envision Network	Deductible: \$700 / \$1,400
2023	Silver Standard Plan CSR 94% - Envision Network	Maximum Out-of-Pocket: \$1,700 / \$3,400
2024	CGHC Silver Standard \$0 CSR 94% - Envision Network	Maximum Out-of-Pocket: \$1,800 / \$3,600


# Individual Benefit Changes – Silver \$5650 & its CSR Variants

Plan Year	Plan Name	Changes
2023	CGHC Silver \$600 CSR 87% (\$30 PCP Copay) - Envision Network	Maximum Out-of-Pocket: \$3,000 / \$6,000 Quick/Fast Care: \$20 Coinsurance: 15% Primary Care Provider: \$30 Generic Rx: \$15 Preferred Rx: \$75 Specialty Rx: 30% Coinsurance
2024	CGHC Silver \$600 CSR 87% (\$25 PCP Copay) - Envision Network	Maximum Out-of-Pocket: \$3,140 / \$6,280 Quick/Fast Care: <b>\$15</b> Coinsurance: 25% Primary Care Provider: <b>\$25</b> Generic Rx: <b>\$5</b> Preferred Rx: <b>\$50</b> Specialty Rx: 40% Coinsurance
2023	CGHC Silver \$0 CSR 94% (\$5 PCP Copay) - Envision Network	Maximum Out-of-Pocket: \$2,750 / \$5,500 Coinsurance: 10% Primary Care Provider: \$5 Specialist: \$20 Generic Rx: \$5 Preferred Rx: \$25 Specialty Rx: 30% Coinsurance
2024	CGHC Silver \$0 CSR 94% (\$0 PCP Copay) - Envision Network	Maximum Out-of-Pocket: \$3,000 / \$6,000 Coinsurance: 15% Primary Care Provider: \$0 Specialist: <b>\$10</b> Generic Rx: <b>\$0</b> Preferred Rx: <b>\$15</b> Specialty Rx: 40% Coinsurance

Plan Year	Plan Name	Changes
2023	CGHC Silver \$5650 - Envision Network	Maximum Out-of-Pocket: \$9,100 / \$18,200 Primary Care Provider: \$55
2024	CGHC Silver \$5650 Ded / \$5000 Rx Ded - Envision Network	Maximum Out-of-Pocket: \$9,450 / \$18,900 Primary Care Provider: <b>\$50</b>
2023	CGHC Silver \$3450 CSR 73% - Envision Network	Deductible: \$3,450 / \$6,900 Maximum Out-of-Pocket: \$7,250 / \$14,500 Primary Care Provider: \$55 Specialist: \$90 Generic Rx: \$15 Specialty Rx: Deductible / Coinsurance
2024	CGHC Silver \$4050 CSR 73% - Envision Network	Deductible: \$4,050 / \$8,100 Maximum Out-of-Pocket: \$7,550 / \$15,100 Primary Care Provider: <b>\$40</b> Specialist: <b>\$80</b> Generic Rx: <b>\$10</b> Specialty Rx: 40% Coinsurance

 - Benefits are richer in 2024

# Individual Benefit Changes – Bronze Plans

 -  
 Benefits  
 are  
 richer in  
 2024

Plan Year	Plan Name	Changes
2023	CGHC Copay Bronze \$0 Ded - Envision Network	Maximum Out-of-Pocket: \$9,100 / \$18,200 Quick/Fast Care: \$5 Primary Care Provider: \$15 Specialist: \$200 Imaging: \$1,000 Lab Outpatient & Professional Services: \$50 X-Rays & Diagnostic Imaging: \$50 Physical, Occupational & Speech Therapy: \$200 Generic Rx: \$25 Preferred Rx: \$125
2024	CGHC Copay Bronze \$0 Ded / \$2250 Rx Ded - Envision Network	Maximum Out-of-Pocket: \$9,450 / \$18,900 Quick/Fast Care: \$30 Primary Care Provider: \$40 Specialist: <b>\$100</b> Imaging: \$1,075 Lab Outpatient & Professional Services: \$75 X-Rays & Diagnostic Imaging: \$150 Physical, Occupational & Speech Therapy: <b>\$100</b> Generic Rx: \$35 Preferred Rx: \$140

Plan Year	Plan Name	Changes
2023	CGHC Bronze \$9100 (\$35 PCP Copay) - Envision Network	Deductible: \$9,100 / \$18,200 Maximum Out-of-Pocket: \$9,100 / \$18,200
2024	CGHC Bronze \$9450 (\$35 PCP Copay) - Envision Network	Deductible: \$9,450 / \$18,900 Maximum Out-of-Pocket: \$9,450 / \$18,900
2023	CGHC Bronze \$6000 - Envision Network	Maximum Out-of-Pocket: \$9,100 / \$18,200 Quick/Fast Care: \$20 Primary Care Provider: \$30 after Deductible Generic Rx: \$20
2024	CGHC Bronze \$6000 - Envision Network	Maximum Out-of-Pocket: \$9,450 / \$18,900 Quick/Fast Care: \$25 Primary Care Provider: \$35 after Deductible Generic Rx: \$25

# Individual Benefit Changes – Catastrophic Plans

Plan Year	Plan Name	Changes
2023	CGHC Catastrophic \$9100 - Envision Network	Deductible: \$9,100 / \$18,200 Maximum Out-of-Pocket: \$9,100 / \$18,200 Quick/Fast Care: \$0
2024	CGHC Catastrophic \$9450 - Envision Network	Deductible: \$9,450 / \$18,900 Maximum Out-of-Pocket: \$9,450 / \$18,900 Quick/Fast Care: Deductible / Coinsurance



# Base Plans – On Exchange/Off Exchange

Metal Tier	Standard Plan	Other Base Plans	CSR	NCS/LCS	Off Exchange
Gold	1	4	No	Yes	5
Silver	1	4	Yes	Yes	5
Bronze	1	4	No	Yes	5
Catastrophic	No	1	No	No	1

\* CSR = Cost Share Reduced plans 94%, 87% and 73% are available based on income.

\*\* NCS/LCS = No Cost Share/Limited Cost Share plans available to members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders

# Dental and Vision Buy Up Options



- 🔥 Adult Vision (limited to below services):
    - Covered Services with no cost share:
      - 1 Adult Annual Routine Vision Exam
      - Does NOT include refraction
  - 🔥 Dental (limited to below services)\*:
    - Covered Services with no cost share:
      - 2 Exams
      - 2 Cleanings
      - X-Rays - One full mouth, One bite-wing
      - Fluoride (Up to Age 14)
      - Sealants (Up to Age 14 on Permanent Molars Only)
- \*only available in rating areas 1, 9, and 12 and on limited plan designs

# Premium Rate Changes

*As a non-profit, we set our premiums to keep pace with the cost of the health care our members receive. Our 2024 individual 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 7.03%
- 🔥 Some rating areas will be higher, and some will be lower



# Reminders

# Renewals

- 🔥 You will receive your member renewals via the broker portal, prior to members receiving them in the mail
- 🔥 An email will go out to alert you when those are available
- 🔥 Member Experience: Renewal link in the member portal will be to HealthSherpa landing page vs. healthcare.gov.

POLICY TYPE	RECEIVE DATE
Off-Exchange	Mid to Late October
On-Exchange	Once files are received from CMS

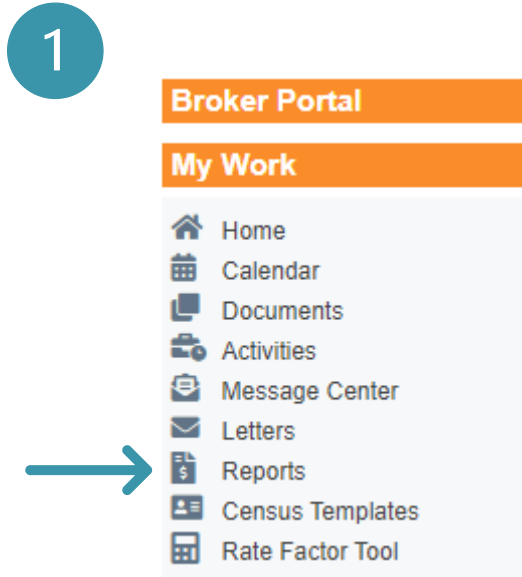
# Broker Portal -Renewals

1

**Broker Portal**

**My Work**

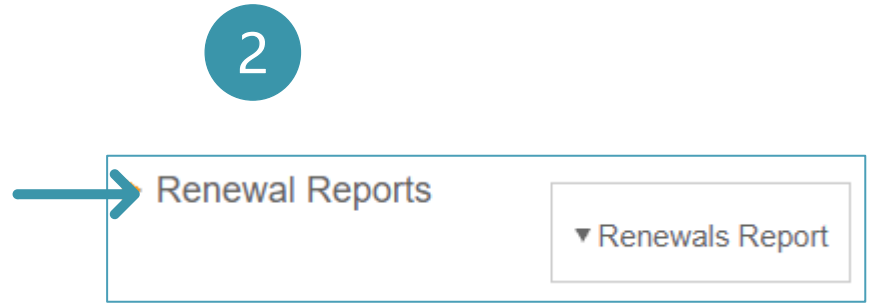
- Home
- Calendar
- Documents
- Activities
- Message Center
- Letters
- Reports
- Census Templates
- Rate Factor Tool



2

Renewal Reports

▼ Renewals Report



\*\*You will need to run separate reports for Off Exchange and On Exchange.

4

**Generate**



3

Product Type: Individual Health Policies

Anniversary Date: 1/1/2024

Group Type: All

Issuer Subscriber ID: [Text Field]

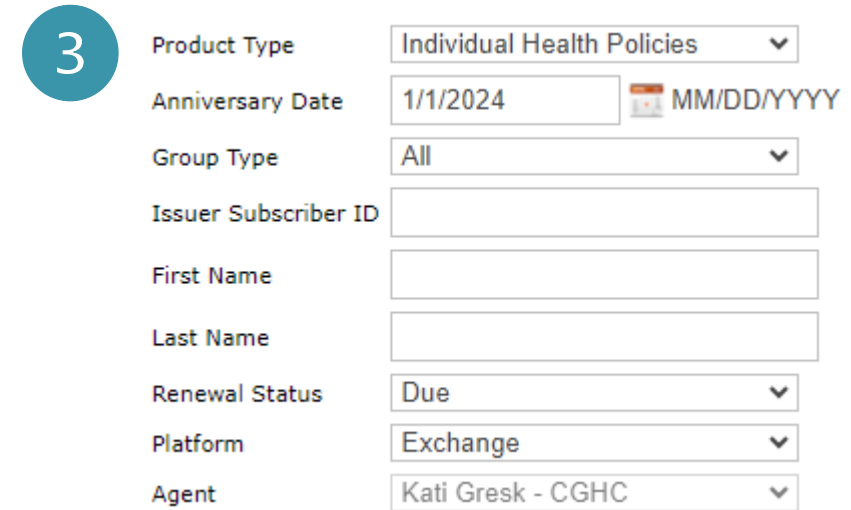
First Name: [Text Field]

Last Name: [Text Field]

Renewal Status: Due

Platform: Exchange

Agent: Kati Gresk - CGHC



# Broker Portal - Policy Details

To see your client's 2024 renewal activity and payment information:

1. Click 'Policies'
2. Enter ID or Policy Name and click on 'Search'
3. Select 'View/Edit' on the applicable Policy.
4. Click on 'View Details'.
5. This will bring you to the Member Portal where you will be able to look at the member's information.

**1**

**Broker Portal**

**My Work**

- Home
- Calendar
- Documents
- Activities
- Message Center
- Letters
- Reports
- Census Templates
- Rate Factor Tool

**Account**

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

**2**

Home > Search

**Policy Search**

Product: All

Issuer Subscriber ID: [input]

Exchange Subscriber ID: [input]

Policy Name: [input]

DCN Number: [input]

Effective Date From: [input] MM/DD/YYYY

Effective Date To: [input] MM/DD/YYYY

First Name: [input]

Last Name: [input]

Agent: [input]

Date of Birth: [input] MM/DD/YYYY

Group Type: All

Platform: All

Email Address: [input]

Plan Type: All

Status: All

**3**

**Search**

**View/Edit**

**4**

**View Details**

**Member Portal**

- Policy Summary
- Enrollment History
- Member Invoices
- Transaction History
- Member Payments
- Payment Options
- Notifications
- View Plan SBC
- View Plan SOB
- Documents
- ID Card Request
- Communication Preferences
- Update Personal Info

# Member ID Numbers

Members will receive a NEW member ID number if we receive a NEW application ID number.

## 🔥 Examples of when we would receive a new application ID number:

- If a member has an *existing policy* and creates a *new application*
  - Health Sherpa
  - Healthcare.gov
- 🔥 If a member switches from on-exchange to off-exchange or vice versa
- 🔥 If a member has a gap in coverage

In your Broker Portal, we suggest searching by First and Last Name to ensure all policies are displayed.



# ID Cards

- 🔥 New Members: As soon as their first month's premium is paid in full and their policy is then effectuated, their ID Cards will be processed and sent out
- 🔥 Renewing Members: 2024 ID Cards for renewing members will be processed and sent out right after we issue the December Invoices for January coverage.

If a member changes their plan after the initial ID Card is sent out, they will receive an updated ID Card in late December.

# Payment Options

## 🔥 Option 1: Online

- Go to CGCares.org and click “Pay My Premium”
- Sign Into Payment Portal
- Pay by Bank Account or Credit/Debit Card
- Recurring or one-time payments

## 🔥 Option 2: Mail to CGHC PO Box 78553, Milwaukee, WI 53278:

- Check, Cash, One-time Authorization Slip, or Money Order
- Include Invoice Stub or Subscriber ID

## 🔥 Option 3: Pay by Phone.

- Initial Premium Payment cannot be made by phone
- After Initial Premium Payment, members can call 877-514-2442

# Copay \$0 Deductible Plans

- 🔥 CGHC and the members begin to share the costs of services right away
  - Members will know upfront what their cost will be when they receive medical care.
  - With other plans, the members would typically need to meet their deductible before CGHC would begin to share the costs of services.
- 🔥 There will still be some out-of-pocket costs.
  - Members are still responsible for the cost of copayments and/or coinsurance,.
- 🔥 Some Copay \$0 deductible plans will have a prescription deductible to meet for non-preferred and/or specialty prescriptions.
  - May have higher monthly premiums, but cost-sharing benefits will begin on day one.
- 🔥 Like other plans, there is also a maximum out-of-pocket, which is an annual cap on what members spend for covered in-network services.
- 🔥 Members are still fully responsible for out-of-network care or uncovered healthcare services.

# Marketing Materials



🔥 In the follow up email you will receive PDFs of the:

- Slide Deck
- Plan Grids
- Dental Provider Directory

All appointed agents will receive an Open Enrollment Kit with hard copies of plan grids and other helpful documents

# Contact Us:

## Broker Services:

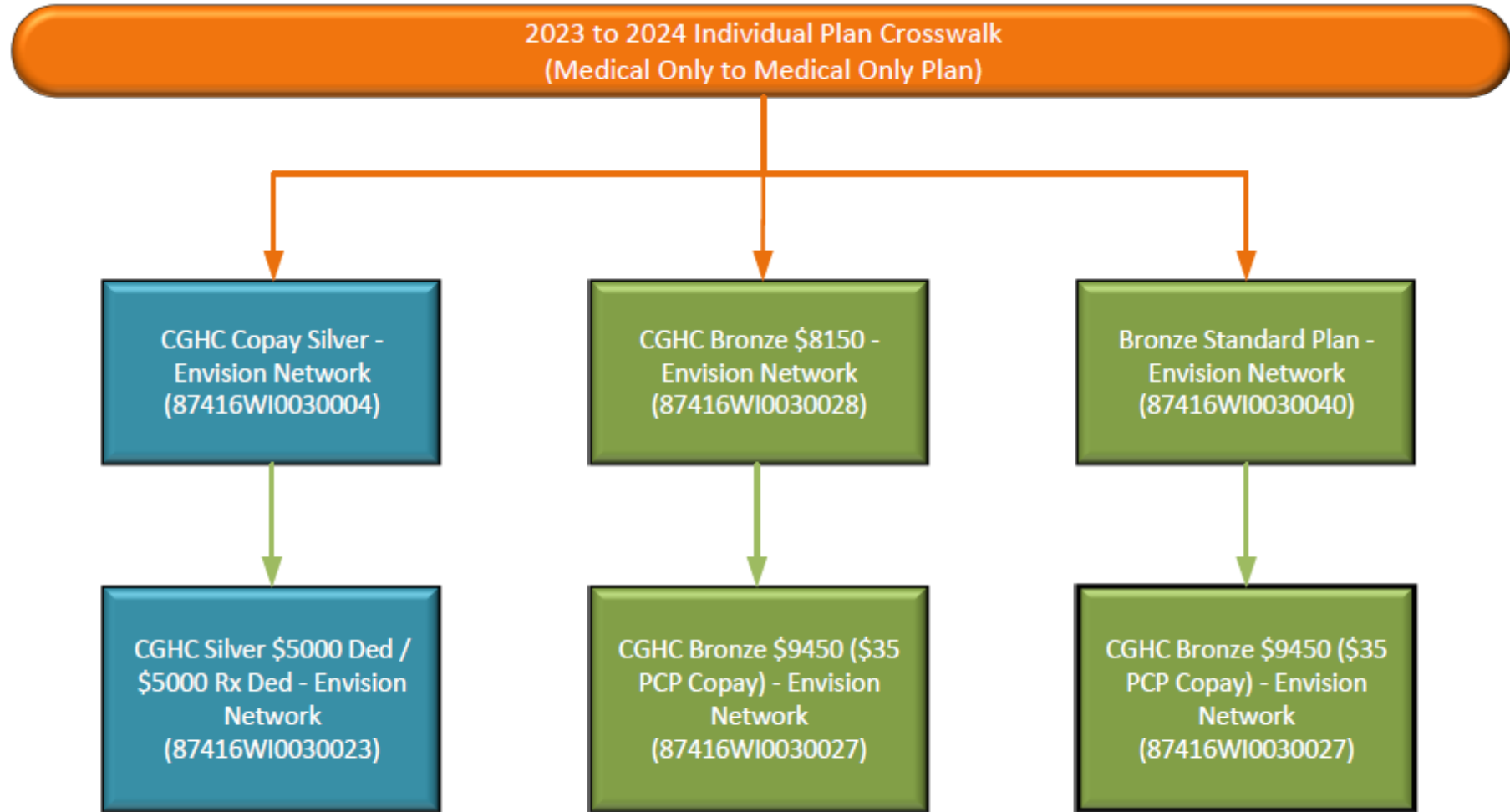
- Email: [sales@commongroundhealthcare.org](mailto:sales@commongroundhealthcare.org)
- Phone: 888-870-4717

# Question & Answers

# Appendix

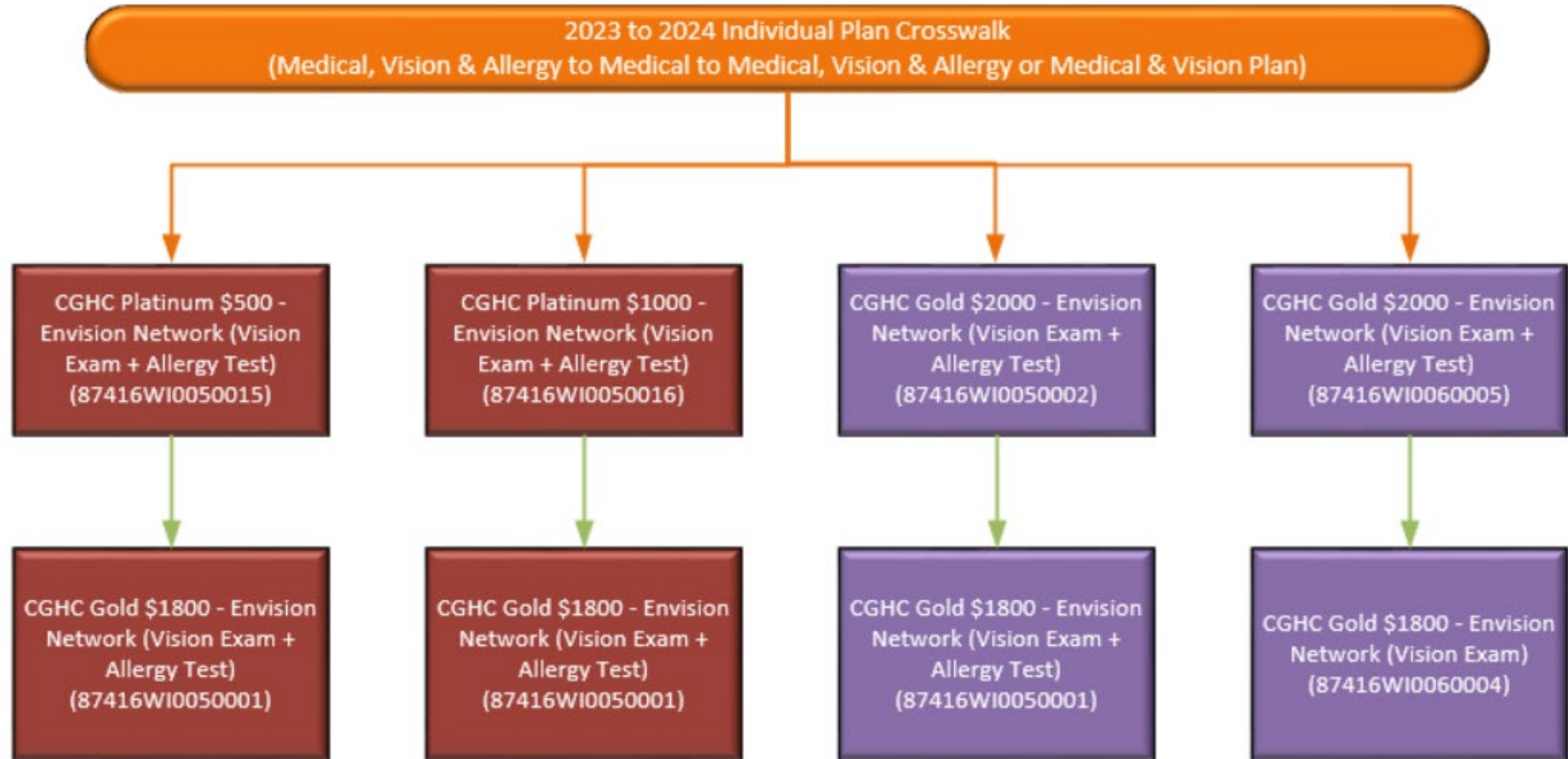


# Individual Cross Walk





# Individual Cross Walk



# Individual Cross Walk

