

A BETTER WAY

to control group health benefit costs



CHAMBER of COMMERCE
EASTERN CONNECTICUT

LOWER PREMIUM COSTS WHILE IMPROVING EMPLOYEE HEALTH

THE CHAMBER OF COMMERCE OF EASTERN CONNECTICUT

now provides a strategic group health insurance solution designed to help employers strategically manage healthcare costs while still providing employees great benefits! Affordable group health benefits represent one of the top challenges for Chamber members and we have a solution that can help you!



WHY IS LIFESTYLE HEALTH'S PROGRAM SO UNIQUE?

- Level-funded group medical plans underwritten by "A" rated carriers
- Premium savings averaging 5-15%
- Up to a \$500 deductible credit available to all wellness participants
- Integrated cash rewards and incentives for lifestyle improvement
- 24/7/365 telemedicine access
- Innovative prescription, outpatient lab, and diabetic supply coverage included
- Proactive cost-containment measures integrated into every plan design

QUESTIONS?

To learn more about Lifestyle Health Plans call (860) 448-2277
Kevin S. Morin, CFP ext. 210 - Kevin@MorinAssociates.com
Rick Mattson, CLTC ext. 225 - Rick@MorinAssociates.com
Tom Burrows - Tom@TMBurrows.com (860) 443-2277

FLEXIBLE. INNOVATIVE. COMPLIANT.



CHAMBER of COMMERCE
EASTERN CONNECTICUT



GET TO KNOW THE LIFESTYLE HEALTH BENEFITS PROGRAM

This program provides Chamber members with a comprehensive health insurance program designed to strategically manage healthcare costs while still providing employees great benefits! By offering affordable coverage along with proactive cost containment and employee wellness features, member companies can strategically manage healthcare costs while still maximizing benefits for their employees.

YOUR COMPANY CAN ENJOY:

- ✚ Flexible, Level-funded Group Medical Plans
- ✚ Value-added Benefits to Save Out-of-pocket
- ✚ Integrated Wellness with Deductible Credits and Cash Rewards
- ✚ Chamber-negotiated Economies of Scale Pricing
- ✚ Premium Savings of 5-15% from Traditional Insurance Plans
- ✚ Consumer-driven Features for Proactive Cost Containment

QUESTIONS? TO LEARN MORE CONTACT:

Kevin S. Morin, CFP
Kevin@MorinAssociates.com
Rick Mattson, CLTC
Rick@MorinAssociates.com
Tom Burrows
Tom@tmburrows.com
(860) 448-2277
www.morinassociates.com

INTEGRATED BENEFIT FEATURES

Personalized Wellness Program

Online HRA & integrated lab testing frame up series of individualized healthy actions for members

Telemedicine Hotline

On-demand access to telemedicine consultations anywhere, anytime to assist members pro-actively

Just Diabetic Supplies

100% benefit for diabetic supplies - shipped to your door each quarter

Innovative Rx Benefits

\$0 copay maintenance meds with mail order Rx options

Reward Incentives

Member reward incentives through deductible credits, credit matching and bonus bucks for participating

Patient Care Coordination

Program offers assistance in scheduling all outpatient diagnostic and surgery services

DirectHealth Lab Card

100% lab benefit program through preferred lab for out-of-pocket savings through LabCorp



AVAILABLE PLAN DESIGNS



◆ HealthyChoice

- Choice PPO Plans
- Lower Deductible Levels with 80/20 Co-insurance
- Office Visit, Hospital/ER and Rx Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

◆ Healthy100

- 100% Co-insurance Plans, Mid-range Deductible Levels
- Minimum Value Plan Options: H100 5000 Plan
- Office Visit, Hospital/ER and Rx Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

◆ HealthyValue

- Cost-saving Plan Designs
- Higher Deductible Levels / Varied Co-insurance
- Minimum Value Plan Option: HV 6850 Plan
- Office Visit, Hospital/ER and Rx Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

◆ HealthyConsumer

- Qualified HDHP Plans for HRA / HSA integration
- Higher Deductibles (Embedded) / 100% Co-insurance
- Minimum Value Plan Options: HCons 5000 & 6500 Plans
- Preventive Services are covered at 100%
- Office Visit Copays apply once deductible is met
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

To take advantage of our exclusive **pre-negotiated rates** contact either

Kevin Morin, CFP | Kevin@MorinAssociates.com
Rick Mattson, CLTC | Rick@MorinAssociates.com
Tom Burrows | Tom@tmburrows.com



CHAMBER OF COMMERCE OF EASTERN CONNECTICUT BENEFITS PROGRAM

Health benefit costs are ranked as one of the top concerns for chamber members today. This program provides members a strategic health benefits solution. By offering affordable coverage along with proactive cost containment & employee wellness features, member companies can strategically manage healthcare costs while still maximizing employee benefits.

	HealthyChoice	Healthy100	HealthyValue	HealthyConsumer
Deductible	\$1000/1500/2000/2500	\$2500/3000/3500/5000	\$2500/3500/6850/10,000	\$3000/3500/5000/6500
Lifestyle Deductible	\$500 Deductible Credit	\$500 Deductible Credit	\$500 Deductible Credit	\$500 Deductible Credit
Co-insurance	80/20	None	50/50 None	None
Office Visits Copay	\$30 / \$50	\$30 / \$50	\$30 / \$50	\$30 ¹ / \$50 ¹
Hospital ER Visits ²	\$250 Copay	\$250 Copay	\$250 Copay	Deductible / Co-insurance
Urgent Care Visits ³	\$50 Copay	\$50 Copay	\$50 Copay	Deductible / Co-insurance
Rx Drug Benefits Copay	\$1/\$15, \$50, \$80	\$1/\$15, \$50, \$80	\$1/\$15, \$50, \$80	\$1/\$15, \$50, \$80 ¹
Allergy Treatment	\$25 Copay	\$25 Copay	\$25 Copay	Deductible / Co-insurance
Diabetic Testing Supplies	100% thru Lifestyle	100% thru Lifestyle	100% thru Lifestyle	Deductible / Co-insurance
Telemedicine Consult	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Lab Testing	100% thru Lifestyle	100% thru Lifestyle	100% thru Lifestyle	Deductible / Co-insurance

**For questions about the program
or to receive a proposal, contact either:**

Kevin S. Morin, CFP

Kevin@MorinAssociates.com

Rick Mattson, CLTC

Rick@MorinAssociates.com

Tom Burrows

Tom@tmburrows.com

(860) 448-2277

SAMPLE MEDICAL RATES

Each client group will go through underwriting. Premiums may be higher or lower based on underwriting results.

PLAN OPTION	HealthyChoice 1500	Healthy100 3000	HealthyValue 6850	HealthyConsumer 5000
Employee Only	\$409.36	\$383.56	\$322.50	\$310.89
Employee / Spouse	\$880.12	\$824.65	\$693.38	\$668.41
Employee / Child(ren)	\$798.25	\$747.94	\$628.88	\$606.24
Family	\$1,215.80	\$1,139.17	\$957.83	\$923.34

¹ After deductible is met. ²After Copay then 100% to \$500 per visit, then Deductible/Co-insurance. ³Hospital ER Facility Charge Only, after Copay then Deductible/Co-insurance. Copay is waived if admitted. * Groups of 4-9 employees can choose two plans. Groups of 10-25 employees can choose three plans. Groups of 26+ employees can choose up to four plans. ** Eligibility for all plans is 30 hours. Plans are underwritten by our re-insurance partners and utilize various provider networks throughout the country. Contact your Lifestyle Sales Representative for more details.



FREQUENTLY ASKED QUESTIONS



Q: Because this program is technically a ‘Self-Funded’ Program, does that mean our group has to have reserves set aside to cover the claims in case of a bad month (or year)?

A: NO. Because of the insurance components of the program, we have taken the best aspects of a self-funded program and the best aspects of a fully-insured program and blended them together. This is a fixed-cost, level-funded program. Your rates are your rates, period.

Q: What does Level Funded mean?

A: The Lifestyle Health Program is ‘level funded’ meaning that by design, any risk to the sponsoring employer has been removed beyond the 12 months of premium paid. Based on employer size, we can offer a unique, self-funded health benefit program that maximizes the benefits to employees, while implementing cost-saving opportunities for employers to stabilize benefit costs without reducing benefits.

Q: If our claims exceed the allotted amount, what happens? Do we have to come up with the difference at the end of the year?

A: NO. The Lifestyle Health Program is level funded by your monthly premiums. Regardless of what your claims experience is in any given plan year, you will never pay more than the monthly cost quoted to you

Q: If we choose to leave the program at the end of the plan year, is there a termination cost associated with the plan?

A: NO. All run out costs are accounted for within the monthly premiums.



Q: During our plan year, what if our claims run better than expected?

A: Once all claims have been paid for the plan year, any unused dollars in the claims fund will be used to reduce future premium rate increases. In the event of a plan termination, each employer is eligible to receive back any unused dollars in the claims fund after the run out period.

Q: Will our employees and administrators have to do more work on this type of program?

A: NO. By partnering with Medova Healthcare, the program’s Third-Party Administrator (TPA), administrative burdens are removed from both the employee and the employer. Employees play their usual role including seeing providers within their PPO Network, using their ID card at the provider’s office, paying a copay and then paying their shared responsibility. The employer simply pays their monthly premiums. Medova then handles the rest! No claims filing, no separate accounting, no extra work!

Q: Are there any startup costs to our Lifestyle Health Plan?

A: The only start-up cost is your first monthly premium payment.

Q: Will my employees still have access to their hospitals, doctors and pharmacists?

A: By choosing from multiple national and regionally based PPO networks, we try to match up the providers as well as possible. As with any change in carriers, some providers aren't in every network. We thoroughly examine the networks that are available during the decision-making process.

Q: What about the benefits? Will they be 'apples to apples' to our current plan?

A: The Lifestyle Health Program offers 16 different plan designs that your group may select from. Depending on the group size, up to 4 plans can be offered to the employees to choose from. While there will be some differences between the LHP plans and your current plan, we should be able to improve the benefits to the employees by offering a deductible credit through the Wellness Program as well as some other value-added benefits (Care Coordination, Lab Benefit, Diabetic Supplies, Telemedicine, Rx Benefits, etc.).

Q: What are some of the cost-containment features with our Lifestyle Health Plan?

A: A key focus for Lifestyle Health Plans is finding creative ways to manage healthcare costs. Traditional benefit designs and cost management techniques have been relatively unsuccessful in assisting employers and their members with cost containment. Lifestyle Health has integrated a number of cost management programs and benefit coverage solutions into our plan designs. Some of these address ER utilization, implant cost containment, specialty medications and self-injectables and alternative generic drug utilization.

Q: What options are available to ensure that my group is ACA-compliant?

A: For groups of over 50 eligible lives, Lifestyle Health Plans offers a turnkey solution for group medical benefits, including five Minimum Essential Coverage (MEC) Plans and a variety of plans that meet Minimum Value. In addition, from the standard 16 plan designs, there are also a host of 'buy up' options for richer benefits. The whole program offers turnkey administration and billing through Medova Healthcare.

Q: I have never heard of Lifestyle Health Plans. Will my doctor recognize it? Is this a new program? How do we know that it won't fail? I know my current carrier and they are huge.

A: Lifestyle Health Plans is an innovative, boutique health benefits program and has been offered throughout the country since 2006 in partnership with a host of A-rated reinsurance carrier partners. Since Lifestyle relies on PPO networks for discounts and re-pricing, it is important to use a doctor in the network selected (just like your current plan). On your Member ID Card, you will find a logo for your plan's PPO Network. Your provider will recognize the PPO Network even if they have not yet had extensive experience with Lifestyle.

Q: What are the benefits of having a Third-Party Administrator (TPA) handle our claims versus having a carrier do it?

A: Many would say that traditional carriers are first concerned with their bottom line, not yours. A Third-Party Administrator (TPA) works solely on your behalf and has your group's interests in mind. As the program administrator, Medova Healthcare strategically partners with each client company to proactively address factors that contribute to the rising cost of healthcare. Plus, wouldn't it be nice to speak directly to the person who pays your claims versus a different customer service person every time you call? At Lifestyle Health Plans, our committed member and client service teams are here to support our agents, clients, and employee members. A friendly voice and great customer service... all standards of care for you, our client.

Kevin S. Morin, CFP
Kevin@MorinAssociates.com

Rick Mattson, CLTC
Rick@MorinAsssociates.com

Tom Burrows
Tom@tmburrows.com

(860) 448-2277
www.morinassociates.com

