



December 2013

Dear CBIA Health Connections Employer:

Your company's CBIA Health Connections group insurance coverage will renew on February 1, 2014. Enclosed is a copy of your renewal and a guide to help you to understand it. As always, your agent will also receive a copy of your renewal package and continue to work with you throughout your open enrollment.

Beginning January 2014, the Affordable Care Act (ACA) will impact nearly every company that offers employee health benefits. CBIA has been preparing for these changes to ensure that you are offering benefit plans that are fully compliant with this law.

Introducing CBIA Health Connections

Our New Suite of Medical Plans featuring plans from Aetna, ConnectiCare, and UnitedHealthcare/Oxford

All small employer benefit plans must conform to the requirements of the ACA in 2014. This means at your renewal, your company will be moved into the new CBIA Health Connections (ACA-compliant) suite of plans. To make sure your enrolled employees have no gaps in coverage, they will be moved into a plan with their current chosen carrier that most closely matches their current benefits. Your renewal will show the new medical plan, carrier, and rate as well as other low cost plan options for each enrolled employee.

The flexibility to allow each employee to choose *both* a carrier and benefit plan is unique to CBIA Health Connections. During open enrollment, you may allow employees to elect a different carrier and/or benefit plan or they can do nothing and remain with the plan and carrier we have moved them to.

Oxford Conversion from Calendar Year to Contract Year

Effective on your company's next renewal date, all Oxford plans will convert from operating on a "calendar year" to a "contract year" basis. This means employees with Oxford deductible plans will notice their deductibles re-setting upon your company's Feb. 1st renewal date. We have enclosed an employee roster and notice so you can notify each employee directly of this change.

New Rating Rules

The ACA changes the rules governing health insurance pricing. It eliminates the use of gender, five year age bands, and family tiers. Family rates are now calculated by adding together age-based rates for each enrolled family member. We have included a page titled Group Demographics to help you understand these changes.

These mandates will impact each of your employees quite differently. This makes the choices available through CBIA Health Connections more vital than ever before to help you control costs while providing employees the flexibility they need. Contact your agent to learn more.

Everything You Need To Conduct Your Company's Open Enrollment

We have created a new section of our employer website that provides everything you need to conduct your company's open enrollment. Visit cbia.com/hcopenenrollment to access:

- New 2014 plan summaries to print for all enrolled employees
- A notice you can use to help communicate healthcare reform changes to your employees
- Summaries of Benefits & Coverage (SBCs)
- Forms for employees to make carrier or plan changes
- The CBIA Healthcare Resource Center (cbia.com/healthcare2014) to help answer all your ACA questions

To be sure all changes appear on your February CBIA Health Connections bill, all open enrollment changes should be submitted to CBIA by January 1, 2014.

You're making an excellent choice by renewing with CBIA Health Connections, the state's leading insurance exchange for nearly 20 years. For any renewal or open enrollment questions, please contact your agent. CBIA Account Management is available for additional assistance at 860.244.1900.

Sincerely,

Michelle Molyneux
Insurance Specialist

CBIA Service Corp.

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About Your CBIA Health Connections Renewal

This document will help you understand the various pages and terms you may find in your renewal package. Please contact your agent or CBIA account management if you have any questions.

Health Connections Medical Rate Renewal

This is your medical renewal page. It contains information about your company and a list of employees enrolled in a medical benefit with associated rates.

It's important to note that your company's medical rates are determined by your company's billing zip code, age of enrolled employees, and age of dependents.

- **# Family Enrolled:** This is the total number of family members enrolled. According to new rating rules, while there is no limit on the number of eligible dependents who may be enrolled, they might not all be included in the calculation of the employee rate. See Group Demographics below for more details on calculating the rate.
- **New Benefit Plan:** This is the plan your employees will renew into if they do not make any changes during your open enrollment. Paperwork is required for an employee to change to another renewal option. To see the plan employees were previously enrolled in, see the Group Demographics page.
- **Current Medical Rate:** The rate currently billed for each employee.
- **New Medical Rate:** The rate that will be billed for the employee if he/she makes no plan or carrier changes.
- **Lowest Cost Like Plan:** If another carrier in the program offers the same plan at a lower cost, it will be indicated here. If an employee is already enrolled with the carrier offering the lowest cost for that plan, there will be no alternative choice indicated.

Lowest Available Option by Plan

This exhibit displays the lowest available rate within each plan for each of your enrolled employees. To determine which of the three carriers the rate represents, or to learn more about any of the plans shown, contact your agent.

This illustration can help you select a plan on which to base your employee contributions. A defined contribution strategy can lock in your cost and allow your employees to choose a plan that works for them. Talk with your agent about the contribution strategy that works best for your company.

Group Demographics

All dependents are individually rated based on their ages. A maximum of three children under age 21, all children 21 and over, and spouse (regardless of age) are included in the rate calculation. Family rates are calculated by adding together age-based rates for each enrolled family member.

This illustration displays all enrolled dependents and indicates those who were not included in the rate calculation. This also shows the plan that employees were previously enrolled in.

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Life Renewal

This displays all employees enrolled with life insurance benefits including current rates, renewal rates, and monthly premiums.

Supplemental Life Renewal

This displays all employees enrolled with supplemental life insurance benefits including current rates, renewal rates, and monthly premiums.

Dental Rate Renewal

This is your dental renewal page. It contains information about your company (name, agent name, etc.) and a list of employees enrolled in a dental benefit along with associated rates.

“Total Dental Enrollees” indicates the number of employees currently enrolled in dental coverage.

It’s important to note that your company’s dental rates are determined by the number of employees enrolled in dental insurance, not the total number of eligible employees in your company.

- **Current dental rate** is the rate currently billed for each employee.
- **Renewal dental rate** is the rate that will be billed for the employee if he/she makes no benefit changes.
- **Comparable Renewal Option** displays alternative dental benefits available to employees within the current dental suite offered. If your company is eligible for another dental suite, you will see those benefits here.

STD/LTD Renewal

This displays all employees currently enrolled with short- and long-term disability benefits including current rates, renewal rates, and monthly premiums.

- **STD Benefit Description**
The numbers in this section correspond to “accident – illness - maximum weeks covered - weekly benefit amount.”
Example: 8-8-13 400 MAX = Coverage may begin after the 8th day of an accident or the 8th day of an illness and lasts for up to 13 weeks. The employee may receive up to \$400 per week maximum.
- **LTD Benefit Description**
The numbers in this section correspond to “number of days disabled – percentage of salary – maximum monthly benefit.”
Example: 90-60-3000 = Coverage may begin after the employee has been disabled for 90 days. The employee will receive 60% of their salary, not to exceed \$3,000 per month.

Health Reimbursement Account (HRA) Renewal Information

This page is included if your company is enrolled in CBIA’s HRA Administration Service. It indicates which benefit plans are linked to your HRA. You must review, sign, and submit this form regardless of any changes.