

Connections

FOR INDIVIDUAL MEMBERS OF COOPORTUNITY HEALTH

Fall/Winter 2014

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Meet the
**CROSS
FAMILY**



**THERE'S
STILL TIME**
Earn your \$100
VISA® gift card

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PARTICIPATE.
Vote and
Join Us!

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SPECIAL
PULLOUT
SECTION

**YOUR GUIDE
TO OPEN
ENROLLMENT
2015** IT STARTS
NOVEMBER 15!





6 | TAKE AN ACTIVE ROLE

It's time to vote for three board directors



YOUR GUIDE TO OPEN ENROLLMENT 2015

See your Special Pullout Section in the middle of this issue



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Check out the new *My Activity Timeline* tool when you log on to coOpportunityhealth.com



Questions?

CONTACT US

Member Services:

1.888.324.2064
7a - 6p (CT) | Mon-Fri

Hearing & Speech Impaired (TTY):

1.888.850.4762
7a - 6p (CT) | Mon-Fri

Website:

coOpportunityhealth.com

Connections Newsletter:

Connections@coOpportunityhealth.com

Language Assistance

If you need assistance in a language other than English, our Member Services department is ready to help. Contact us at 1.888.324.2064.

Si necesita asistencia en un idioma que no es en Inglés, nuestro departamento de Servicios al Cliente está disponible para ayudarle. Llámenos al siguiente número, 1.888.324.2064.

Connections is published twice a year. Information in Connections is not intended to take the place of care from your healthcare provider. For individual healthcare needs, contact your provider. For costs and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, see your agent or write to us.

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CoOpportunity Health is a Qualified Health Plan issuer in the Iowa and Nebraska Health Insurance Marketplace.

CoOpportunity Health does not discriminate on the basis of age, color, creed, disability, gender identity, health status, national origin, race, religion, sex or sexual orientation in the administration of its products and plans, including enrollment and benefit determinations.

BUILDING ON 2014

YOU HELPED START SOMETHING GOOD

When you selected CoOpportunity Health as your health insurance provider, you became part of a nonprofit CO-OP designed to offer affordable, consumer-friendly and high-quality health insurance options. Now it's almost time for you to renew your health coverage during the Open Enrollment Period — Nov. 15, 2014 through Feb. 15, 2015.

We've included a special Pullout Section in this month's *Connections* to help guide you through the 2015 renewal process. Here are some tips to help you make choices that get you the most for your money.

YOUR LIFE

Where you are in your life can have a big impact on your health needs and personal finances. For instance, if you're *young, single and healthy*, your focus may be on coverage for accidents and emergencies, to help ease any financial burden they could cause.

For *couples*, whether it's just the two of you, you're starting a family, or planning more children, having broader coverage to provide access to quality healthcare when needed can bring tremendous peace of mind.

YOUR HEALTH

Do you have a health condition that requires special treatment or specific doctors you prefer? Then you might want the flexibility of a PPO (preferred provider organization) like our "Premier" plans. If not, you could save money with a narrow selection of high quality doctors and facilities with our new "CorePlus" or "Preferred" plan choices.*

YOUR BUDGET

Do you qualify for help with your premiums based on your income? Do you need the certainty of a predictable monthly payment? Then consider a higher monthly premium with lower out-of-pocket costs. Or if you can cover a greater share of unexpected medical expenses yourself, you could save money with lower monthly premiums. Plus, you could save tax-free for future medical expenses with an HSA (health savings account) plan.

Tear out the special Pullout Section to be sure you are ready for Open Enrollment.

* Available in 64 Iowa counties only.

MARKETPLACE = MALL

Think of the Health Insurance Marketplace as a mall. And as we all know, you can walk around and browse at the mall. But without a good idea of what you need and what sizes and colors, you could end up wasting a lot of time and money.



NEED HELP PICKING A PLAN? CALL OUR RENEWAL HOTLINE: **1.855.394.8844**



PREVENTIVE CARE 101: NO COST AND SHARED COST: WHY DO LAB TESTS PAY DIFFERENTLY?

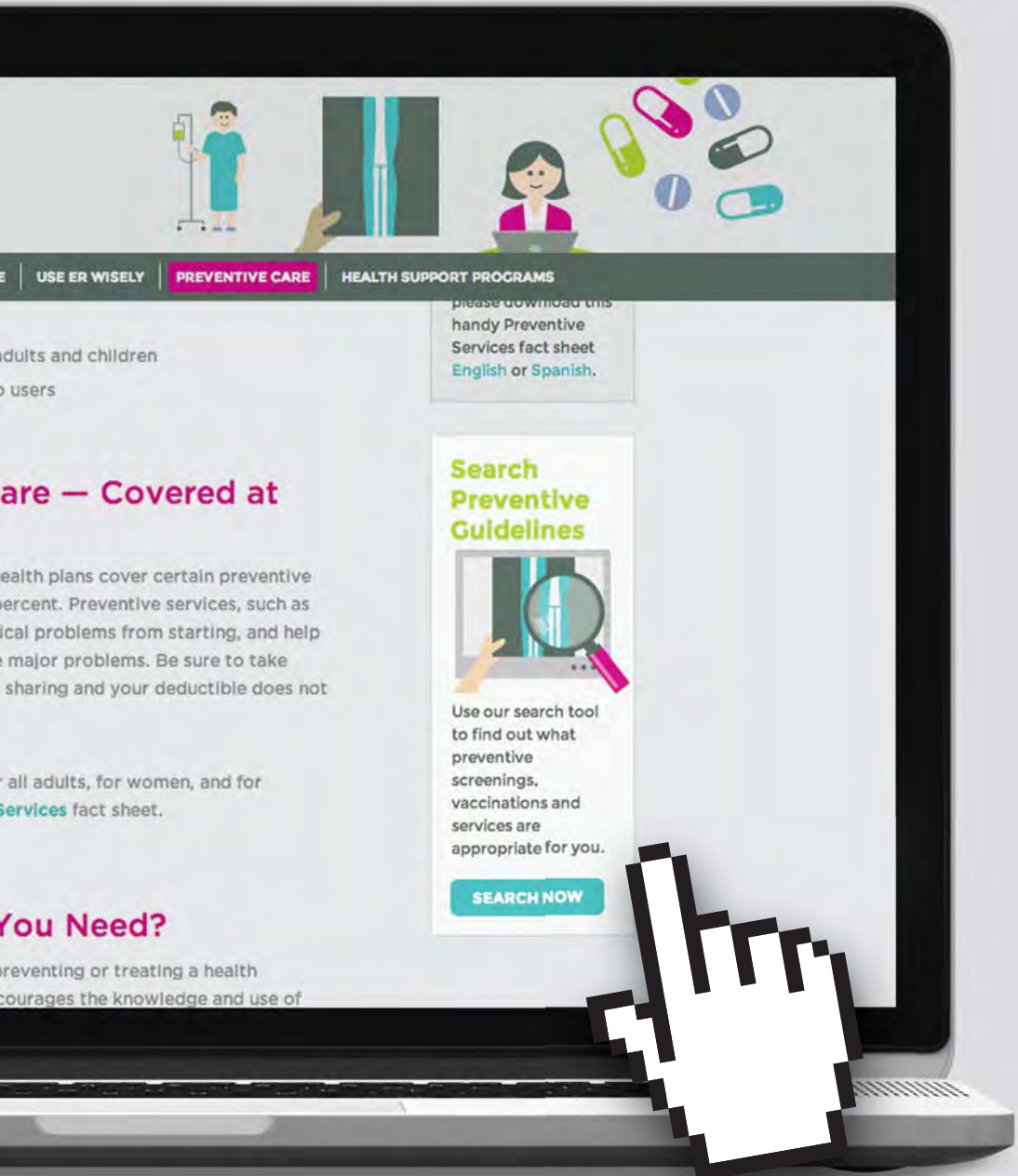
A routine preventive physical exam is one way to stay healthy. Plus you can get help with any problems you're having before they get more serious. The best part is that the exam and lab tests are covered with no cost share, as long as they are preventive care.

.....

However, to be covered at 100 percent as a routine preventive service, lab work cannot be done to check an existing problem or figure out why you're having a symptom. If it is, the service is typically filed as care related to an illness or injury and subject to your plan's cost-share amounts. *These examples help explain the difference:*

- 1 You have **heart disease** and take high blood pressure and cholesterol drugs. You visit your doctor once a year to track your disease. He checks your numbers by taking blood samples. Your doctor also takes a blood sample to screen for Type 2 diabetes.
 - » **All services are subject to your cost share except the Type 2 diabetes screening, which is considered preventive.**
- 2 You have a **sore throat** on the day of your scheduled routine preventive physical. The doctor does a throat swab to see if you have strep throat. She also performs a breast and pelvic exam, takes a Pap smear, and checks your cholesterol and blood sugar levels.
 - » **All services pay as preventive at 100 percent except the throat culture, which is subject to your cost share because it was done to help diagnose your illness.**

KEEP IN MIND: To be covered at 100 percent, routine preventive services must be received from an in-network doctor or clinic. Because a doctor's or clinic's network status can change, **check our Provider Directory** and always ask them about their status before receiving care.



USE THE SEARCH TOOL TO FIND OUT WHAT ROUTINE PREVENTIVE CARE SERVICES ARE RIGHT FOR YOU. GO TO coOpportunityhealth.com/UsingBenefits/PreventiveCare



YOU'VE GOT THE POWER

That's right. When you became a member of CoOpportunity Health, you didn't just buy health insurance. You joined a member-owned, member-powered and member-governed nonprofit health insurance CO-OP. A Consumer Operated and Oriented Plan.

CoOpportunity Health is governed by our members and exists to offer affordable, consumer-friendly and high-quality health insurance options for individuals and employer groups in Iowa and Nebraska.

YOU NOMINATED

This past summer nominations were received for candidates to fill three positions on the CoOpportunity Health board of directors.

The Nominating Committee, appointed by the current "formation" board of directors, was responsible for reviewing nomination applications and recommending a slate of candidates for election to the board.

All candidates must be members of CoOpportunity Health, insured through an individual policy or employer group plan. Four nominees will appear on the ballot and three will be elected and join the board in January 2015.

NOW YOU WILL ELECT

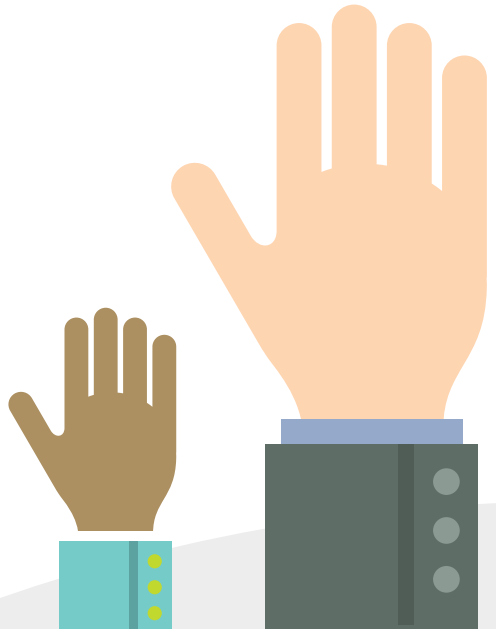
So, here's another chance to get involved. Members who are 18 years of age or older as of Oct. 1, 2014, will be asked to vote for three directors from this slate of candidates.

Ballots will be mailed mid-October.

Members can vote by mail, returning the ballot that will be provided, through a secure website, or by phone. Watch your mailbox for your ballot and instructions. Votes must be cast by midnight on Nov. 24.



YOU CAN READ ABOUT THE NOMINEES ON OUR WEBSITE AT coOpportunityhealth.com/governance/NominationsandElections



Yea!

YEA!

Nay!

WE ENCOURAGE YOU TO ATTEND

Take advantage of the opportunity to attend the Annual Membership Meeting. All CoOpportunity Health members are invited. You'll hear the results of the board of director elections, learn about how the company is doing, and meet the key people running the day-to-day operations of CoOpportunity Health.



Meeting Details

WHEN

Thursday, Dec. 4, 2014
11 a.m. to 1 p.m.
Lunch will be provided

WHERE

Metropolitan Community College
South Omaha Campus
Industrial Training Center, Room 120
S. 27th Street & Q Street
Omaha, NE 68107

RSVP

You don't have to register for the Annual Membership Meeting, but it would be helpful for us to know how many members plan to attend. Go to coOpportunityhealth.com/governance/AnnualMembership to register for the meeting.





FOCUS ON DIABETES:

STEPS YOU CAN TAKE

If you've been told you have prediabetes or are at risk for developing diabetes, you're actually lucky. There are things you can do now that can help you avoid or delay the disease.

The choice belongs to you: make simple changes now, or you could end up having to deal with a disease that is a leading cause of kidney failure, lower limb loss, and new cases of blindness.*

THOSE WHO DO NOT FIND TIME FOR EXERCISE WILL HAVE TO FIND TIME FOR ILLNESS.

—EDWARD SMITH-STANLEY
(1752-1834)

START SMALL

Even a small change can make a big difference when you make it a habit. Here are a few ways you can get started:

GET MOVING

Start by taking a walk or a bike ride. Maybe it's just a few minutes at first. That's okay. Soon you'll be able to work your way up to 20 minutes. That will make a big impact on your health. Pick a time of day that works best for you so you'll find it easier to do it more often. Ideally, every day.

EAT SMARTER

Start by adding more fresh vegetables and fruits to your diet. Really notice how much better you feel after just a few days.

GET MORE INFO

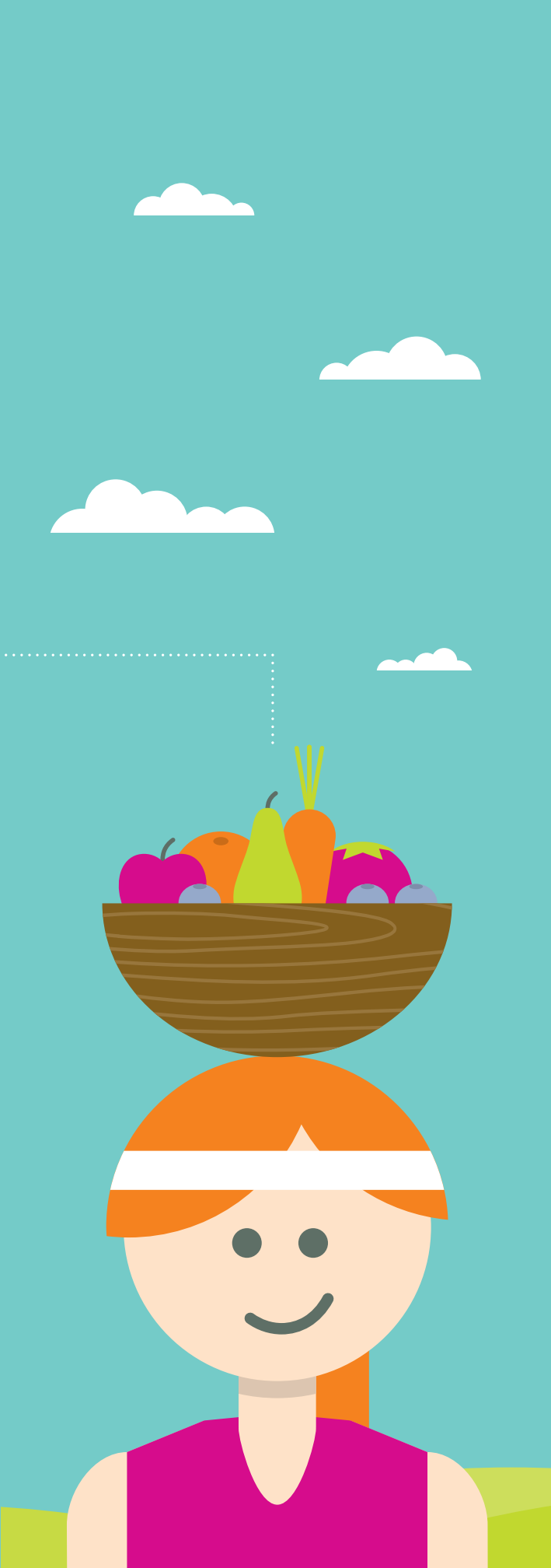
Check out our *Get Moving* or *Eating Smart* tips for more ideas at coOpportunityhealth.com/Member/HealthyLiving.

SAVE MONEY, TOO

Use your Healthy Rewards Discount Card to save money on fitness products, gym memberships, weight loss programs and more!

DETAILS AT coOpportunityhealth.com/Member/RewardsandPerks/DiscountPrograms

* Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf (July 22, 2014).



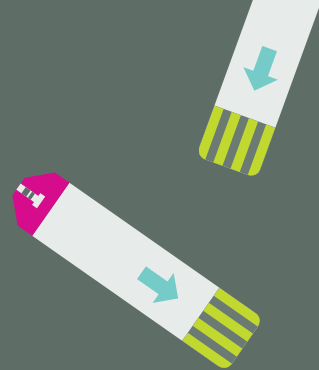
ARE YOU LIVING WITH DIABETES?

If you have diabetes, our Personal Health Support programs can help.

- **Personal Nurse Support** helps you build skills and knowledge about your condition, follow your treatment plan, and find balance in your life. They also work with your clinical care team to make sure you're getting the care you need.
- **Nurse Navigators** help you make medical care decisions and coordinate the care you are getting.
- **Pharmacy Navigators** help anticipate, research and answer complex pharmacy questions.



FIND OUT MORE ABOUT
PERSONAL HEALTH
SUPPORT PROGRAMS.
CALL **1.800.871.9243**
MON - FRI, 8 AM TO 5 PM.



HOW TO PICK THE BEST PLAN

THREE THINGS TO CONSIDER

During Open Enrollment (Nov. 15–Feb. 15) you can make a plan change. That’s a great thing because if you experienced any surprises in how your plan worked, you can choose another plan that meets your needs. Remember — you do not need to worry about medical underwriting. All health plan issuers must enroll you thanks to the “guarantee issue” rule in the Affordable Care Act.

Here are three tips to help you consider the best plan for you:

1 LOOK BEYOND THE PREMIUM AMOUNT

Keep in mind: the lower the premium, the higher your out-of-pocket costs. A lower premium amount may look attractive. But typically the lowest-priced health plans have higher deductibles, higher copayment amounts, and higher annual out-of-pocket costs. That means that you will pay more when you go to the doctor or need other healthcare services. So low premiums may look like a bargain,

but you need to consider the overall cost (premiums + out-of-pocket costs) before you select a plan.

CoOpportunity Health offers a range of plans for individuals and families. If you need help evaluating plans and the differences in premium amounts, talk to your agent or call our Renewal Hotline at 1.855.394.8844.

2 UNDERSTAND STANDARD HEALTH PLANS VERSUS HSA-QUALIFIED PLANS

High deductible health plans (HDHP) or HSA-qualified plans (health savings account) look attractive because the premium is almost always lower than premium amounts for standard health plans. But HDHP/HSA plans require that the deductible amount must be fully met before the plan pays. So, for a plan with a \$2,500 deductible, you must cover all costs for healthcare service up to \$2,500 **before** your health plan starts to pay. Family plans have even higher deductibles. Unless you have a savings account or other financial resources to fund the deductible amount,

you may want to reconsider enrolling in an HDHP/HSA plan. These plans work best for people who can easily cover the initial costs and want to set up a tax-sheltered health savings account (HSA) with their local bank or credit union.

CoOpportunity Health offers a range of plans for individuals and families. If you need assistance evaluating these plans versus standard plans, talk to your agent or call our Renewal Hotline at 1.855.394.8844.

3 PAY ATTENTION TO THE NETWORK

There are more plan choices and network choices available than ever before. Select or narrow network plans are attractive to many people because premiums are often lower than broad network plans. And, copayment amounts are also typically lower when you use certain providers. But, it’s important to understand the network of providers (doctors, hospitals, clinics and other healthcare practitioners) that participate in one plan versus another plan. Always check the provider network

directory before you enroll or re-enroll in a health plan. And, always show your ID card when you receive care to be sure the provider participates in the health plan network.

CoOpportunity Health offers a range of plans for individuals and families. If you need assistance evaluating provider network options, talk to your agent or call our Renewal Hotline at 1.855.394.8844.

OPEN ENROLLMENT PERIOD
NOV. 15, 2014 – FEB. 15, 2015

STAYING COVERED IN 2015



YOUR GUIDE TO OPEN ENROLLMENT PERIOD

- 1 Open Enrollment
- 2 Marketplace Notices
- 3 Renewal Packets
- 4 Plans Being Discontinued
- 5 Important Deadlines
- 6 Help Picking a Plan
- 7 Make Sure Your Providers Are In-Network
- 8 Check Covered Drug List
- 9 How to Make a Plan Change
- 10 What to Expect: ID Cards
- 11 Paying Your Premium



Soon you will begin receiving important information in the mail about renewing your health insurance coverage for 2015. It is important for you to pay attention to these notices and complete any necessary steps to ensure your coverage continues with no interruption. This special section is designed to give you an overview of the process, what to expect, and how to take action. Please read it carefully and save as a quick reference guide for Open Enrollment.

1 OPEN ENROLLMENT

NOV. 15, 2014 TO FEB. 15, 2015

The Open Enrollment Period is Nov. 15, 2014, through Feb. 15, 2015.

This is the period of time when you can make changes in your coverage — such as switching from one plan to another.

2 MARKETPLACE NOTICES

If you currently receive help paying for your premiums through tax credits, or other financial assistance from the Individual Health Insurance Marketplace (HealthCare.gov), you will receive a notice from the Marketplace before Open Enrollment begins. It is very important for you to **follow the steps** outlined in the notice to **confirm you still qualify for** advanced payments of premium tax credit and cost-sharing reduction for the upcoming year. You are required to report any changes in income and family size, as well as all other eligibility information currently on file with the Marketplace.

Note: If you do not currently qualify for financial assistance, you will not receive a notice.

3 RENEWAL PACKETS

You will receive a renewal packet from CoOpportunity Health before **Nov. 15**. Your 2015 premium rate information will be enclosed, as well as information about how to make a plan change. Be sure to follow the steps outlined in this packet. Remember, any plan changes

you want to make must happen during Open Enrollment, Nov. 15, 2014 to Feb. 15, 2015.

4 PLANS BEING DISCONTINUED

CHANGES IN IOWA AND NEBRASKA

Platinum Plans: Platinum plans are not being offered in 2015. If you are enrolled in a Platinum metal level plan, your renewal packet will explain the steps you need to take.

CHANGES IN IOWA ONLY

CoOpportunity Choice UIHA: This plan will not be offered in 2015. If you are enrolled in this plan, your renewal packet will explain the steps you need to take.

CoOpportunity Preferred UIHA: This plan will be discontinued in 15 counties: Buchanan, Butler, Cherokee, Crawford, Des Moines, Dubuque, Greene, Grundy, Guthrie, Ida, Iowa, Louisa, Monona, Plymouth and Tama. If you live in one of these counties, your renewal packet will explain other plan options available for 2015.

Off Marketplace Plans: We will no longer be offering plans off Marketplace in Iowa. Identical plans are offered on the Health Insurance Marketplace. Your renewal packet will explain how to enroll using HealthCare.gov.

What if I don't want the plan selected? If you do not want to be renewed on the plan selected by CoOpportunity Health, you may select a different plan during the Open Enrollment Period.

7 MAKE SURE YOUR PROVIDERS ARE IN-NETWORK

It is always important to make sure providers you want to use are in-network for the plan you are selecting. The 2015 version of our provider directories will be available at coOpportunityhealth.com/ProviderSearch by early November. Or, you may call Member Services (1.888.324.2064) to verify provider participation.

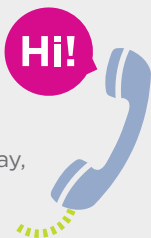
8 CHECK COVERED DRUG LIST

Be sure to check the 2015 CoOpportunity Health Drug List. See article on page 13.

9 HOW TO MAKE A PLAN CHANGE

Marketplace Enrollees: If you enrolled on the Marketplace (HealthCare.gov) you can make a plan change during the Open Enrollment Period one of two ways:

- Call Marketplace Customer Service at **1.800.318.2596**, available 24 hours a day, 7 days a week. (TTY: 1.855.889.4325)
- Log in to your HealthCare.gov account and follow the steps to make a plan change.



Open Market (Off Exchange):

If you did not enroll through the Marketplace, you need to complete the Medical Change Form. It

will be provided in your renewal packet, or you can access online at coOpportunityhealth.com/Renewals.

NOT MAKING A PLAN CHANGE?

No action is needed if you are NOT changing the plan option outlined in your renewal notice and rate sheet. Your new coverage starts Jan. 1, 2015.

10 WHAT TO EXPECT: ID CARDS

If you are making a change in your plan, you'll receive new ID cards in the mail before your new coverage starts.

If you are not making changes, you will NOT be receiving new ID cards. Keep using the ID cards you received in 2014.



11 PAYING YOUR PREMIUM

Your new 2015 premium is due by your effective date. If you pay online through automatic bill pay, your new 2015 premium will be withdrawn on the date you've indicated. If you pay by paper bill, you will receive your January bill by mid-December.



WHY DO PREMIUM RATES CHANGE EVERY YEAR?

When you receive your renewal packet in the mail from CoOpportunity Health, you will notice several changes. The packet will provide you with a summary of any plan modifications being made for 2015. You also will receive notice of your 2015 premium. If you qualify for Marketplace financial assistance (advanced premium tax credits and/or cost-sharing reduction), your renewal notice also will explain how these subsidies will apply to your 2015 premium.

Here are some important reasons why you may see an increase in your 2015 premium or changes in your Marketplace subsidy calculation. Remember, the Affordable Care Act establishes many of these rating factors. All health insurance issuers must follow the same rules for establishing premium rates.

- **Age:** If you are over 21, you will receive an adjustment each year as you age.
- **Geography:** Rates may vary by rating region. Iowa has seven rating regions and Nebraska has four rating regions. Healthcare services in Omaha or Des Moines, for example, cost more than services in Scottsbluff or Oskaloosa.
- **Change in Benchmark Plan:** Marketplace subsidies are determined each year by the second lowest silver plan in a rating region. The second lowest plan and its premium amount in 2014 might not

be the same plan/premium in 2015. That will mean the subsidy amounts for premium tax credits and/or cost-sharing reductions could change (be higher or lower) and impact the amount for which you qualify.

- **Base Premium Rate Increases:** All health insurance issuers must submit base rate increases (or decreases) to their state insurance regulator for approval. Base rates are determined by evaluating increases in the cost of covered services (often called healthcare trend), the use of services by the group of people currently enrolled, and the cost of new technologies or medicines. Administrative costs and taxes/fees the issuer must pay (to states or the Marketplace) also are factored into the base premium rate.
- **Use of Tobacco Products:** If you use tobacco products, your premium will be higher than non-tobacco users.



If you have questions about your premium for 2015 when you receive your renewal packet, please contact your agent, or call our Renewal Hotline at 1.855.394.8844, Mon-Fri, 7 a.m. to 6 p.m.



7 QUESTIONS TO ASK YOUR DOCTOR WHEN YOU GET A PRESCRIPTION

Use these questions to get the most from your medicine and avoid problems and costly surprises at the drugstore.

1 Why am I taking the drug?

Learn why you are taking the drug and what it is treating.

2 How do I take the drug?

Make sure you understand how to take the drug. What time of day? With or without food? How often? How much? How long?

3 Are there any side effects?

Find out what they are and what you should do if you start having side effects.

4 How will I know if the drug is working?

Find out what improvements you should notice and when to expect results.

5 How will this drug work with my other drugs?

Tell your doctor about all of the drugs you are taking including over-the-counter drugs.

6 Is it a generic?

Generic drugs work the same as brand-name drugs but cost you less.

7 Are approvals needed?

Some drugs require your doctor to get special approval from CoOpportunity Health before the prescription can be filled.

CUT OUT THIS PAGE AND TAKE IT TO YOUR NEXT DOCTOR VISIT



AVOID SURPRISES AT THE DRUG STORE: PREPARE FOR JAN. 1 DRUG LIST CHANGES

A number of drug list changes start January 1. If your drug's coverage level is changing, you will receive a letter in the mail in November. Depending on the change, you may need to talk to your doctor and explore other options.

To check our list of changes, visit coOpportunityhealth.com/DrugList after November 1. You will see a 2014 and a 2015 drug list. If you are filling a prescription prior to January 1, use the 2014 drug list. Use the 2015 drug list to check the status of a drug's coverage level in 2015. To make it easy to see what is changing, we'll also have a list of January 2015 updates on the website.

What's changing January 1

Drugs Requiring a Prior Authorization:

More than 70 additional drugs will require a prior authorization to be covered. If you're currently taking one of these drugs, talk to your doctor to see if a different covered drug is an option. Otherwise, your doctor will need to document how you meet the drug's prior authorization criteria or the drug will not be covered.

Drugs that require prior authorization have other options that are both effective and less costly.

High-Cost Drugs: More than 100 high-cost drugs will have the same cost share in 2015 as specialty drugs. These high-cost drugs cost roughly \$800 or more per 30-day supply.

Please remember to ask your doctor if a generic is available whenever you receive a prescription. Some doctors may be unaware of a drug's cost, so check with your pharmacist to learn more about less costly options.

SPECIALTY DRUGS HAVE SPECIAL RULES

If you have a chronic, complex health problem such as arthritis, Hepatitis C or cancer, your doctor may prescribe what is known as a specialty drug. If you need to take a specialty drug, you'll need to use *CVS Caremark Specialty Pharmacy* to fill your prescription instead of your local pharmacy.



SPECIALTY

If you need to start taking a specialty drug, your doctor can start the process for you by sending the prescription directly to CVS Caremark

Specialty Pharmacy. You'll then get a phone call from CVS Caremark Specialty Pharmacy to confirm delivery. For your convenience, you can have the drug delivered to your home.



Meet the **CROSSES**

I've been self-employed, running my own business since I was 18 years old. I always purchased individual health insurance through an agent, because I felt it was my only choice. When I asked my agent to provide additional options, I received an insurance rating spreadsheet that was overwhelming with no guidance or explanation. I was equally frustrated by the continuous rate increases year after year, especially when I also was nicked and dimed for things like wellness visits for my kids, because my plan capped wellness visits at \$500 per child annually. I literally reached that cap with my newborn within the first month with immunization shots and checkups!



Because of this I was very excited when CoOpportunity Health became a new option for me to explore. From the minute I called them directly on the phone to get more information, I already knew the CO-OP was different. I purchased directly and was impressed with the service. The person I talked with gave me her phone number extension and

I was able to talk to her again when I had follow-up questions. She even remembered me! She guided me through the enrollment process, pointing out the differences in each plan, asking all kinds of questions about how we would use our healthcare to ensure I chose a plan that took care of all my family's needs ... like a health insurance Sherpa!

"For the first time in many years, I have peace of mind and I really trust that I made the right health insurance decision. Three-for-Free is an extremely important plan benefit feature that's saving me money. Overall I'm paying thousands of dollars less per year. While my deductible is higher than my previous plan, the premium is so much lower that even if I reached the deductible maximum, I would still be saving money. I not only feel empowered, I believe CoOpportunity Health will advocate for me and my family when I need it."

JASON CROSS



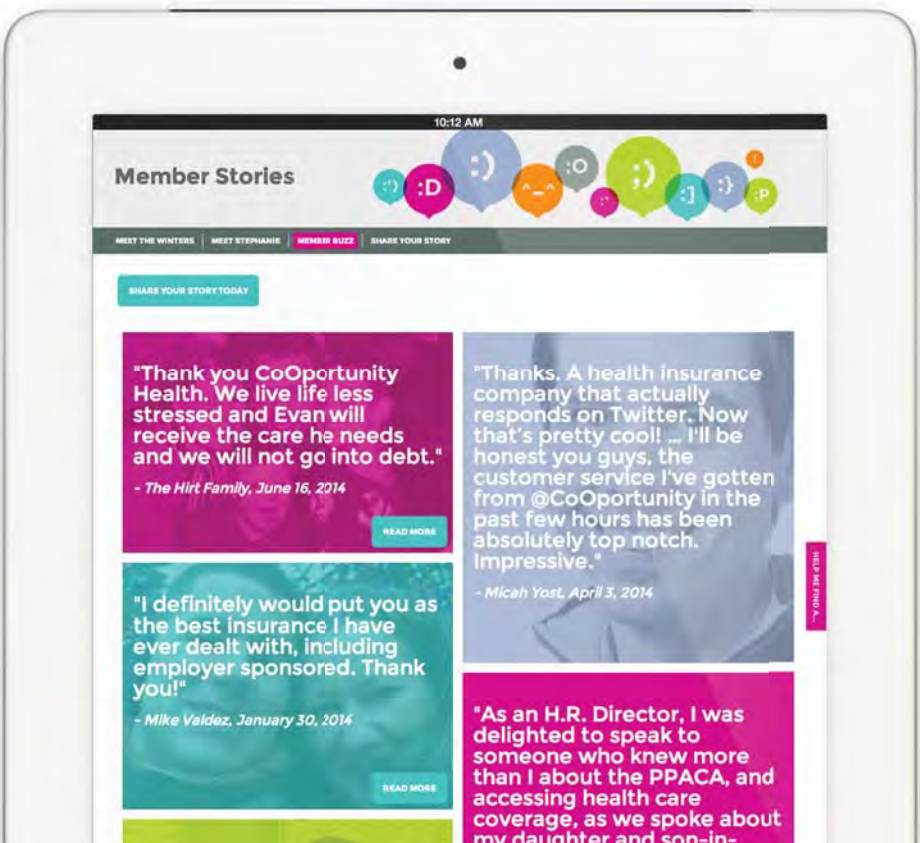
CONNECT & SHARE

If you haven't visited the *Connect & Share* section of our website lately, then you're missing a lot! We recently updated the section so members can connect with us and with each other, too. In *Member Buzz* you can read what your fellow CO-OPers are telling us about their experiences using their CoOpportunity Health benefits, talking with our Member Services representatives, navigating through the public Member section of our website and more.

Tell us what's going on with you. Are you enjoying new peace of mind like the Hirt family? Have you earned your Healthy Rewards \$100 VISA® gift card like Jill Morton-Von Stein? Then take a few minutes to *Share Your Story*. And don't forget to upload a picture or video with your story. We want to hear from you, too!



GO TO coOpportunityhealth.com/ShareYourStory





FEEL BETTER AND SAVE MONEY

How can you get the most from your CoOpportunity Health insurance? Take advantage of the Healthy Rewards program! As a CO-OP member you're automatically enrolled in Healthy Rewards.

GET MONEY-SAVING DISCOUNTS

The Healthy Rewards program gives you discounts to save you money every day on products and services from online and local retailers for things like:

- Eye exams, glasses, contact lenses
- Hearing tests and hearing aid products
- Off-plan prescription drugs* (even for pets)
- Diabetic supplies and lab tests*
- Gym membership
- Lifestyle coaching to quit smoking
- Gym equipment from brands like Schwinn® and StairMaster®
- And more!



You can learn all the details you'll need to start saving now online at coOpportunityhealth.com/Discounts.

THREE-FOR-FREE

If you have a Silver, Gold, or Platinum non-HSA plan, here's another easy way to get the most from your CO-OP health coverage. Three-for-Free pays the doctor's fees for each covered member's first three office visits during a plan year. No kidding!



That's for **every** member of your family covered under your Silver, Gold or Platinum non-HSA plan. It includes office visits to any in-network or Tier 1 doctors, including primary care, specialists, outpatient behavioral health, urgent care, and convenient care/walk-in clinics. The more members in your family, the more this benefit pays you back.

* Use these discounts for drugs, supplies and services not covered by your health plan benefits; purchases made with your Healthy Rewards Discount Card will not count toward your plan deductible or out-of-pocket maximum.

** Large group (101+) members each receive a Healthy Rewards Discount Card to cut out on the back page/outside cover of their Health Plan Enrollment Guide.

HURRY!

TIME IS RUNNING SHORT. YOU MUST COMPLETE BOTH STEPS BY DEC. 31, 2014, TO EARN A HEALTHY REWARDS VISA CARD IN 2014.

EARN A \$100 VISA® GIFT CARD

The good news is you still have time to earn your \$100 VISA gift card. But time is running out. You must complete both steps by Dec. 31, 2014, to earn the gift card for 2014.

- 1 Get a free routine preventive physical exam from an in-network doctor. Not every visit to the doctor is included. To learn what qualifies as a routine exam, read the *Preventive 101* article on page 4.
- 2 Complete an online health survey. It's not hard, but you'll need the information from your physical exam in hand to answer all the questions. Log on to coOpportunityhealth.com to complete.





NEW!

ORGANIZE YOUR MEDICAL INFORMATION ALL IN ONE PLACE

Keeping track of doctors' names, phone numbers, appointments, and medicines can be overwhelming. Take advantage of CoOpportunity Health's new online tool on the home page of the secure Member website — called *My Activity Timeline* — to help you stay organized. Remember, it only takes a few minutes to register for the website. Once you do, you can:

- Keep all of your doctors, clinics and drug store addresses and phone numbers in one place
- Keep track of upcoming appointments
- View your family's insurance claims information (children 12 and under)
- Manage your contact information, including emergency contacts and email addresses
- Read and respond to secure emails from Member Services

LOG ON



My Activity Timeline Today, August 4

Activity shown back to 2014... [See more claims](#)

Jun 27 Jul 10 Jul 25

Your office visit - Jun 27, 2014

Dr. Jonathan Doe
The Clinic

Your cost: **\$0.00**
from 3 claims

2014 Today

This feature is new! Learn more →



GETS TIPS FOR BETTER HEALTH ON OUR WEBSITE

Being healthy feels better and can save you time and money, too. Go to coOpportunityhealth.com/Member/HealthyLiving to explore information on:

- Reaching and keeping a healthy weight (BMI)
- Quitting smoking and tobacco use
- Getting more physical activity
- Eating healthier
- Managing stress better
- Avoiding problem drinking
- Identifying signs of depression

CHANGES TO YOUR ADDRESS AND/OR FAMILY SIZE?

Change is going to happen and we know that. If you have had a change of address or phone number, or for information regarding enrollment periods:

FOR THOSE WHO ENROLLED ON HEALTHCARE.GOV:

Call Marketplace Customer Service at 1.800.318.2596 to make a change. They are available 24 hours a day, 7 days a week.

PROVIDER DIRECTORY: BE SURE TO CHECK CHANGES

To help our members know what doctors and hospitals currently participate in your CoOpportunity Health plan, and which will be part of your coverage for 2015, be sure to access the correct searchable directory.

For Care in 2014

Please use the 2014 online Provider Directory during the months of October through December 2014.

For Care in 2015

Please use the 2015 online Provider Directory to check and see if your providers are contracted with us for the 2015 calendar year. The 2015 directories will be available in mid-October.

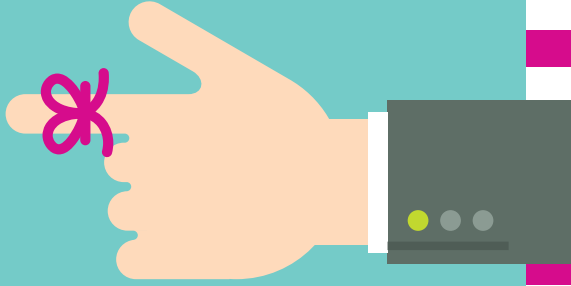
Remember: Depending on your coverage, seeing a doctor, clinic or hospital that is not contracted with us could result in either higher out-of-pocket costs or being charged the full amount of the bill without any insurance coverage.





DETAILS AT coOpportunityhealth.com/governance/AnnualMembership

Remember!



VOTE

IN THE BOARD ELECTIONS

By mail, online
or by phone.
Watch your mailbox
for your ballot
mid-October.



REGISTER

FOR THE ANNUAL MEMBERSHIP MEETING

Check the
CoOpportunity
Health website
mid-October for
registration details.



ATTEND

THE MEMBERSHIP MEETING
IN OMAHA

Dec. 4, 2014
11 a.m. to 1 p.m.
Metropolitan
Community College
South Omaha Campus
Omaha, Neb.



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