



# CoOpportunity Premier

**FOR EMPLOYER GROUPS OF 1-50 EMPLOYEES**

**PPO Plan Options:** Bronze, Silver, Gold, Platinum

**HSA Plan Options:** Bronze, Silver, Gold

Qualified Health Plans for Groups

**For coverage beginning on or after January 1, 2015**

2015  
PPO & HSA  
Plans



.....  
**IN NEBRASKA**

# New World. A New Kind of Health Insurance Company.

CoOpportunity Health is a new kind of health insurance company, a CO-OP — Consumer Operated and Oriented Plan — designed for the new world of health insurance created by the Affordable Care Act (ACA). CO-OPs like CoOpportunity Health were created to give businesses and consumers more choice by adding new competition to the marketplace.

CoOpportunity Health is also a small business, so we understand the importance of working with a company that makes it easy to do business with so that you can concentrate on running your business. Here are just a few ways we're different than the competition.

## Maximizing Value Rather Than Profits

As the only nonprofit health insurance CO-OP in Nebraska, we exist to create maximum value for our customers by providing cost-efficient health insurance solutions. Because we're small, we're efficient and nimble, allowing us to maintain low administrative overhead, which translates to premium savings.



## Streamlined Benefit Options With Broad Network Access

You're busy running your business. You don't have the time or most likely the expertise to sift through a multitude of plan designs. That's why we've put together a select portfolio of products that are ACA-compliant, are easy to understand and can be purchased on SHOP, the online Health Insurance Marketplace for small businesses, or in the open market (off-Exchange) through our online shopping and enrollment tool. Broad network access gives your employees the flexibility to choose from a multitude of options, making it easy and convenient to stay in-network and save on out-of-pocket costs.



## Benefits Loaded With Value

Every employee counts in a small business. Because the health of your employees has a direct connection to your bottom line, we've embedded key health and wellness features in all of our plans. Free preventive care, rewards for getting an annual physical and taking an online health survey, and discounts to popular retail and online services, including fitness clubs, set us apart from other health plans. All of these extras require no extra work on your part yet you gain the rewards of healthier employees.



## Hassle-Free Administration

It takes time to administer health benefits. That's why we've developed an online solution for you to enroll your employees and make updates. No more paper applications to distribute, track down and turn in. Instead, initial enrollment and maintenance is done online, saving you time and energy. Enrollment occurs quickly and with fewer errors, so you have fewer questions and problems to handle.

## Over-the-Top Service

Providing stellar service — from your personal billing representative in case you have questions about your monthly bill to one "universal" number for your employees to use to get the answers, advice, education and support they need — is a priority. Member service experts provide personalized, enthusiastic and compassionate support and take pride in achieving first-call resolution. That means your employees can stay focused on their jobs rather than dealing with health insurance benefit problems and you can put your energy into running your business.

# CoOpportunity Premier & CoOpportunity Premier HSA Plan Features

If you're looking for a plan that gives your employees broad provider choice both in Nebraska and when traveling, CoOpportunity Premier and CoOpportunity Premier HSA are great options. The PPO plan design provides cost savings for accessing care through in-network providers. The plans feature the Midlands Choice Premier provider network that include 100 percent of hospitals and 97 percent of practitioners in Nebraska.

Interested in giving your employees a tax break? You may want to consider a qualified high-deductible health plan that works in combination with a health savings account (HSA). Your employees can use their HSA to pay for qualified medical expenses. HSA contributions are tax deductible and earn interest tax-free. The money in the HSA account can accumulate indefinitely to build savings for future expenses as well as pay for current costs.

## Plan Levels

We offer four levels of health insurance plans that vary based on out-of-pocket costs. The chart below highlights each plan by the metal level. The higher the metal level, the more financial protection your employees will receive. A Bronze plan, for example, covers approximately 60 percent of the healthcare costs and is the least expensive. On the other hand, a Platinum plan will have a higher premium but will cover approximately 90 percent of the healthcare costs.

|                     |                                                                                                                            |                                                                                                                                          |                                                                                                                                                                         |                                                                                                                                          |                                                                                                                                                                       |                                                                                                                                          |                                                                                                                                                                       |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name           | Bronze                                                                                                                                                                                                       |                                                                                                                                          | Silver                                                                                                                                                                                                                                                    |                                                                                                                                          | Gold                                                                                                                                                                                                                                                      |                                                                                                                                          | Platinum                                                                                                                                                                                                                                                  |
|                     | Premier                                                                                                                                                                                                      | Premier HSA                                                                                                                              | Premier                                                                                                                                                                                                                                                   | Premier HSA                                                                                                                              | Premier                                                                                                                                                                                                                                                   | Premier HSA                                                                                                                              | Premier                                                                                                                                                                                                                                                   |
| Plan Cost           | \$\$                                                                                                                                                                                                         |                                                                                                                                          | \$\$\$                                                                                                                                                                                                                                                    |                                                                                                                                          | \$\$\$\$                                                                                                                                                                                                                                                  |                                                                                                                                          | \$\$\$\$\$                                                                                                                                                                                                                                                |
| Out-of-Pocket Costs | \$\$\$\$\$                                                                                                                                                                                                   |                                                                                                                                          | \$\$\$                                                                                                                                                                                                                                                    |                                                                                                                                          | \$                                                                                                                                                                                                                                                        |                                                                                                                                          | \$                                                                                                                                                                                                                                                        |
| Cool Features       | <ul style="list-style-type: none"> <li>• \$10 generics with no deductible; deductible must be met for all other services</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul> | <ul style="list-style-type: none"> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> <li>• Tax savings</li> </ul> | <ul style="list-style-type: none"> <li>• First three office visits free</li> <li>• \$20 primary care and behavioral health outpatient visits</li> <li>• \$10 generics</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul> | <ul style="list-style-type: none"> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> <li>• Tax savings</li> </ul> | <ul style="list-style-type: none"> <li>• First three office visits free</li> <li>• \$20 primary care and behavioral health outpatient visits</li> <li>• \$10 generics</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul> | <ul style="list-style-type: none"> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> <li>• Tax savings</li> </ul> | <ul style="list-style-type: none"> <li>• First three office visits free</li> <li>• \$20 primary care and behavioral health outpatient visits</li> <li>• \$10 generics</li> <li>• Free preventive care</li> <li>• Rewards for healthy behaviors</li> </ul> |

# Extensive Options for Providers & Pharmacies

With CoOpportunity Premier and CoOpportunity Premier HSA, your employees will have lots of opportunities for getting their care from network doctors, hospitals and pharmacies.

| TIER 1 — Formulary Generic Drugs | TIER 2 — Formulary Preferred Brand-Name Drugs | TIER 3 — Non-Preferred Drugs | TIER 4 — Specialty & High-Cost Drugs |
|----------------------------------|-----------------------------------------------|------------------------------|--------------------------------------|
| \$10 copay                       | \$40 copay                                    | \$80 copay                   | Coinsurance (varies by metal level)  |

**Note:** For Premier Bronze and all of the HSA plans, the cost shares apply after the overall deductible is met, except for generic drugs in the Bronze plan.

## Away From Home Care

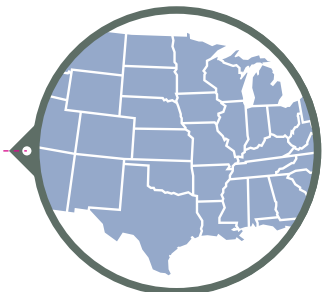
Your employees can be confident they can receive care from network providers when traveling for work or while on vacation through our seamless solution of national provider networks. The PHCS Network and the MultiPlan network give your employees access to providers across the country with in-network savings.

### PHCS Network

- Largest independent primary PPO network in the country with providers in all 50 states
- Includes more than 4,200 hospitals, 68,000 ancillary care facilities and 590,000 health care professionals<sup>1</sup>

### MultiPlan Network

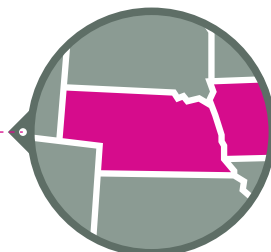
- Nationwide network that complements the PHCS Network by giving access to an additional choice of providers at discounted rates
- Includes more than 4,600 hospitals, 93,000 ancillary care facilities and 620,000 providers<sup>1</sup>



## Broad Local Provider Network

It will be easy for your employees to receive care from a network provider and enjoy lower out-of-pocket costs. CoOpportunity Premier and CoOpportunity Premier HSA use the Midlands Choice Premier network. This network includes providers in Nebraska and Iowa as well as bordering states, giving your employees comprehensive options:

- 33,500 physicians and other healthcare providers<sup>2</sup>
- 339 hospitals<sup>2</sup>
- 1,700 other healthcare facilities<sup>2</sup>
- 100 percent of the hospitals and 97 percent of the clinicians in Nebraska and Iowa<sup>2</sup>



## 65,000+ Network Pharmacies

MedImpact is our pharmacy benefits manager (PBM). MedImpact contracts with more than 65,000 retail pharmacies across the United States.<sup>3</sup> All of our plans include prescription drug coverage under the same deductible and out-of-pocket maximum as medical expenses. Other important features of our pharmacy benefits include:

- Mail order options for long-term maintenance drugs with cost savings; your employees will pay \$20 for a 93-day supply of Tier 1 generic drugs and \$80 for Tier 2 brand-name formulary drugs
- Specialty drugs are purchased through CVS Caremark Specialty Pharmacy, providing additional cost savings; specialty drugs are limited to a 31-day fill
- Copayments for most drugs, making it easy for your employees to know their out-of-pocket costs

<sup>1</sup> MultiPlan, 2014  
<sup>2</sup> Midlands Choice, 2014  
<sup>3</sup> MedImpact, 2014

# Tools & Services for Your Employees

We know your employees are busy. That's why we've made it easy for your employees to connect with us electronically, on-the-go and on-the-phone.

## Phone Support

One central phone number — **1.888.324.2064** — serves as the entry point for a variety of member benefit and personal health support services. Personal health support services are integrated in every plan including:

- **Member Services** — Answer questions about benefits or claims
- **CareLine<sup>SM</sup> 24/7** — Registered nurses available for help with home treatment advice, medications, urgent healthcare questions, and questions from pregnant members and new parents
- **Healthy Pregnancy** — At-risk moms work with a personal nurse trained to work with pregnant women and their families
- **Disease Support** — Support for members living with a condition such as asthma, diabetes, heart disease or depression. Nurses help members follow treatment plans, find life balance, build skills and knowledge about the condition, and work with the clinical care team
- **Case Managers** — Specially trained individuals who help members with complex health issues like major injury or a catastrophic medical or mental health condition
- **Nurse Navigators** — Help with decision support and coordination-of-care questions for medical issues
- **Pharmacy Navigators** — Help anticipate, research and answer complex pharmacy questions
- **Behavioral Health Navigators** — Assistance in finding a mental or chemical healthcare professional or questions about coverage



## Personalized Member Website

When your employees register for [coOpportunityhealth.com](http://coOpportunityhealth.com), they get access to personalized, real-time account information, including these key features:

- Access Live Chat with Member Services
- Look up medical and pharmacy benefits
- See claims including deductible details and other cost breakdowns
- Read and respond to secure email messages
- Search for network providers
- Save favorite providers to their home page
- Access health assessment
- Access their ID card and sign up for paperless online delivery of health plan documents

## Mobile Phone Resources

Your employees are mobile, so are we. Your employees can access popular online tools from their smartphone:

- “*Help Me Find*” tools: Doctors and Hospitals, Pharmacies, Drug List
- Secure account tools
- View and use your virtual ID card
- Call CareLine 24/7 or Member Services
- Symptom Checker and Health A-Z Library



# CoOpportunity Premier Plan Comparison Chart – Small Business 1-50

Out-of-Pocket Costs for Health Plans Available on the Nebraska Health Insurance Marketplace (SHOP) and in the Open Market (Off-Exchange)

| Plan Benefits                                                                                      | Bronze                                   |   | Silver                                   |   | Gold                                     |   | Platinum                                 |   |
|----------------------------------------------------------------------------------------------------|------------------------------------------|---|------------------------------------------|---|------------------------------------------|---|------------------------------------------|---|
| Deductible (Individual/Family)                                                                     | \$3,200/\$6,400                          |   | \$2,250/\$4,500                          |   | \$1,600/\$3,200                          |   | \$500/\$1,000                            |   |
| Coinsurance                                                                                        | 40%                                      |   | 30%                                      |   | 20%                                      |   | 10%                                      |   |
| Out-of-Pocket Max (Individual/Family)                                                              | \$6,600/\$13,200                         |   | \$6,600/\$13,200                         |   | \$3,200/\$6,400                          |   | \$1,000/\$2,000                          |   |
| <b>Medical Benefits</b>                                                                            | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   |
| Preventive Care/Screenings/Immunizations                                                           | \$0                                      |   | \$0                                      |   | \$0                                      |   | \$0                                      |   |
| First Three Office Visits Free (Includes Primary Care, Specialists & Outpatient Behavioral Health) | No                                       |   | Yes                                      |   | Yes                                      |   | Yes                                      |   |
| Primary Care Visits                                                                                | \$40                                     | ✔ | \$20                                     |   | \$20                                     |   | \$20                                     |   |
| Specialist Visits                                                                                  | \$80                                     | ✔ | \$40                                     |   | \$40                                     |   | \$40                                     |   |
| Behavioral Health (Inpatient)                                                                      | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| Behavioral Health (Outpatient)                                                                     | \$40                                     | ✔ | \$20                                     |   | \$20                                     |   | \$20                                     |   |
| Habilitative & Rehabilitative Services (Physical Therapy, Occupational Therapy, Speech Therapy)    | \$40 (Primary Care)<br>\$80 (Specialist) | ✔ | \$20 (Primary Care)<br>\$40 (Specialist) |   | \$20 (Primary Care)<br>\$40 (Specialist) |   | \$20 (Primary Care)<br>\$40 (Specialist) |   |
| Laboratory Services (Outpatient)                                                                   | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| X-Ray/Diagnostic Imaging                                                                           | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| High-Tech Imaging (MRI/CT/PET)                                                                     | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| Emergency Room Services (Waived If Admitted)                                                       | \$500 plus coinsurance                   | ✔ | \$250 plus coinsurance                   | ✔ | \$250 plus coinsurance                   | ✔ | \$225 plus coinsurance                   | ✔ |
| Home Health Care                                                                                   | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| Inpatient Admission                                                                                | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| Outpatient Services                                                                                | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| Skilled Nursing Care                                                                               | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| Hospice                                                                                            | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| Durable Medical Equipment                                                                          | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| Temporomandibular Disorders (TMD) (Inpatient & Outpatient)                                         | \$2,500 Benefit Period Maximum           | ✔ | \$2,500 Benefit Period Maximum           | ✔ | \$2,500 Benefit Period Maximum           | ✔ | \$2,500 Benefit Period Maximum           |   |
| <b>Prescription Drug Benefits</b>                                                                  | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   |
| Preferred Generic Drugs                                                                            | \$10                                     |   | \$10                                     |   | \$10                                     |   | \$10                                     |   |
| Preferred Brand Drugs                                                                              | \$40                                     | ✔ | \$40                                     |   | \$40                                     |   | \$40                                     |   |
| Non-Preferred Generic & Brand Drugs                                                                | \$80                                     | ✔ | \$80                                     |   | \$80                                     |   | \$75                                     |   |
| Specialty & High-Cost Drugs                                                                        | 40%                                      | ✔ | 30%                                      |   | 20%                                      |   | 10%                                      |   |
| <b>Routine Pediatric Vision Services</b>                                                           | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   | ✔ = Deductible Applies                   |   |
| Eye Exam                                                                                           | \$0                                      |   | \$0                                      |   | \$0                                      |   | \$0                                      |   |
| Prescription Glasses & Frames (Limit One Pair Per Year)                                            | 40%                                      | ✔ | 30%                                      | ✔ | 20%                                      | ✔ | 10%                                      | ✔ |
| <b>Out-of-Network Benefits</b>                                                                     |                                          |   |                                          |   |                                          |   |                                          |   |
| Deductible (Individual/Family)                                                                     | \$6,400/\$12,800                         |   | \$4,500/\$9,000                          |   | \$3,200/\$6,400                          |   | \$1,000/\$2,000                          |   |
| Coinsurance                                                                                        | 50%                                      |   | 50%                                      |   | 50%                                      |   | 50%                                      |   |
| Out-of-Pocket Max (Individual/Family)                                                              | \$13,200/\$26,400                        |   | \$9,000/\$18,000                         |   | \$6,400/\$12,800                         |   | \$2,000/\$4,000                          |   |

CoOpportunity Premier plans do not include pediatric dental services. This coverage is available on the Nebraska Health Insurance Marketplace (Exchange) and can be purchased as stand-alone coverage.

The family deductible and out-of-pocket maximum can be met through any combination of family members.

Deductibles, copays and coinsurance apply toward the out-of-pocket maximum.

# CoOpportunity Premier HSA Plan Comparison Chart – Small Business 1-50

Out-of-Pocket Costs for HSA Health Plans Available on the Nebraska Health Insurance Marketplace (SHOP) and in the Open Market (Off-Exchange)

| Plan Benefits                                                                                      | Bronze HSA                               |   | Silver HSA                     |   | Gold HSA                       |   |
|----------------------------------------------------------------------------------------------------|------------------------------------------|---|--------------------------------|---|--------------------------------|---|
| Deductible (Individual/Family)                                                                     | \$4,300/\$8,600                          |   | \$2,050/\$4,100                |   | \$1,500/\$3,000                |   |
| Coinsurance                                                                                        | 40%                                      |   | 30%                            |   | 20%                            |   |
| Out-of-Pocket Max (Individual/Family)                                                              | \$6,450/\$12,900                         |   | \$4,500/\$9,000                |   | \$2,000/\$4,000                |   |
| <b>Medical Benefits</b>                                                                            | ✓ = Deductible Applies                   |   | ✓ = Deductible Applies         |   | ✓ = Deductible Applies         |   |
| Preventive Care/Screenings/Immunizations                                                           | \$0                                      |   | \$0                            |   | \$0                            |   |
| First Three Office Visits Free (Includes Primary Care, Specialists & Outpatient Behavioral Health) | No                                       |   | No                             |   | No                             |   |
| Primary Care Visits                                                                                | \$40                                     | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Specialist Visits                                                                                  | \$80                                     | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Behavioral Health (Inpatient)                                                                      | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Behavioral Health (Outpatient)                                                                     | \$40                                     | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Habilitative & Rehabilitative Services (Physical Therapy, Occupational Therapy, Speech Therapy)    | \$40 (Primary Care)<br>\$80 (Specialist) | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Laboratory Services (Outpatient)                                                                   | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| X-Ray/Diagnostic Imaging                                                                           | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| High-Tech Imaging (MRI/CT/PET)                                                                     | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Emergency Room Services (Waived If Admitted)                                                       | \$500 plus coinsurance                   | ✓ | \$250 plus coinsurance         | ✓ | \$250 plus coinsurance         | ✓ |
| Home Health Care                                                                                   | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Inpatient Admission                                                                                | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Outpatient Services                                                                                | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Skilled Nursing Care                                                                               | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Hospice                                                                                            | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Durable Medical Equipment                                                                          | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| Temporomandibular Disorders (TMD) (Inpatient & Outpatient)                                         | \$2,500 Benefit Period Maximum           | ✓ | \$2,500 Benefit Period Maximum | ✓ | \$2,500 Benefit Period Maximum | ✓ |
| <b>Prescription Drug Benefits</b>                                                                  | ✓ = Deductible Applies                   |   | ✓ = Deductible Applies         |   | ✓ = Deductible Applies         |   |
| Preferred Generic Drugs                                                                            | \$10                                     | ✓ | \$10                           | ✓ | \$10                           | ✓ |
| Preferred Brand Drugs                                                                              | \$40                                     | ✓ | \$40                           | ✓ | \$40                           | ✓ |
| Non-Preferred Generic & Brand Drugs                                                                | \$80                                     | ✓ | \$80                           | ✓ | \$80                           | ✓ |
| Specialty & High-Cost Drugs                                                                        | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| <b>Routine Pediatric Vision Services</b>                                                           | ✓ = Deductible Applies                   |   | ✓ = Deductible Applies         |   | ✓ = Deductible Applies         |   |
| Eye Exam                                                                                           | \$0                                      |   | \$0                            |   | \$0                            |   |
| Prescription Glasses & Frames (Limit One Pair Per Year)                                            | 40%                                      | ✓ | 30%                            | ✓ | 20%                            | ✓ |
| <b>Out-of-Network Benefits</b>                                                                     |                                          |   |                                |   |                                |   |
| Deductible (Individual/Family)                                                                     | \$8,600/\$17,200                         |   | \$4,100/\$8,200                |   | \$3,000/\$6,000                |   |
| Coinsurance                                                                                        | 50%                                      |   | 50%                            |   | 50%                            |   |
| Out-of-Pocket Max (Individual/Family)                                                              | \$13,200/\$26,400                        |   | \$9,000/\$18,000               |   | \$6,000/\$12,000               |   |

CoOpportunity Premier HSA plans do not include pediatric dental services. This coverage is available on the Nebraska Health Insurance Marketplace (Exchange) and can be purchased as stand-alone coverage.

The entire family deductible must be met before benefits are paid for any family member with the exception of routine preventive services.

Deductibles, copays and coinsurance apply toward the out-of-pocket maximum.

# Benefits Loaded With Value

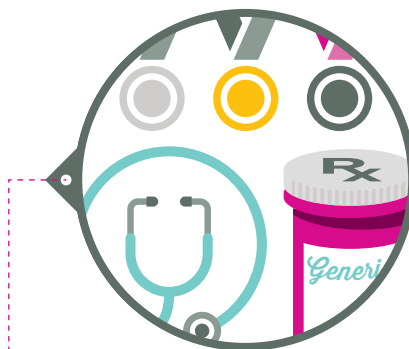
Many people think health insurance is to protect them when they are sick. At CoOpportunity Health, we believe health insurance also should help your employees stay healthy. That's why our plans have a strong foundation of preventive care and primary care with rewards for healthy behaviors. When you choose a CoOpportunity Health plan, your employees receive immediate value from their health insurance.

## Ready On Day One

Your employees have 100 percent coverage for preventive care services. There's no cost-sharing and the deductible doesn't apply when using in-network providers, including:\*

- Routine exams and periodic health assessments
- Appropriate immunizations for men, women and children
- Routine screening for colorectal, breast and cervical cancer
- Routine prenatal and postnatal services, exams, screenings, tests, counseling
- Routine and appropriate screenings for adults and children
- Routine eye and hearing exams for children
- Obesity screening and nutrition counseling for adults and children
- Screenings and cessation interventions for tobacco users

\*A detailed listing of ACA-required preventive services provided at no cost-share for adults, women and children is available at [coOpportunityhealth.com/PreventiveCare](http://coOpportunityhealth.com/PreventiveCare).



## Cool Features of CoOpportunity Premier

- Silver, Gold and Platinum plans include Three-for-Free, first three office visits free for primary, specialty or behavioral health clinicians
- Low \$10 copay for generics
- Rewards when your employees get a routine preventive exam and take an online survey about their health
- Perks like discounts to popular retail and online services including fitness clubs

## Cool Features of CoOpportunity Premier HSA

- Tax savings when your employees open a health savings account and use the funds to pay for qualified medical expenses
- Low cost share for primary care visits and \$10 copay for generics after reaching the deductible
- Rewards when your employees get a routine preventive exam and take an online survey about their health
- Perks like discounts to popular retail and online services including fitness clubs



# Rewarding Your Employees for Healthy Behaviors



You're busy running your business. Yet, having employees who are engaged in their health is important to you. That's why we've developed the CoOpportunity Healthy Rewards program, a turnkey program that rewards your employees for healthy living.

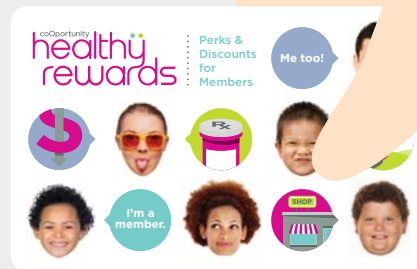
There are two components to the program: **1** Rewards for Healthy Living **2** Discounts to save your employees money  
CoOpportunity Health will take care of the communications to your employees about these programs.



## Rewards for Healthy Living\*

Your employees will receive a one-time \$100 Healthy Rewards gift card after completing two simple steps:

- 1 Get a Routine Preventive Physical Exam:** A physical exam with a primary care physician is part of your employees' free preventive care. Encouraging your employees to establish a relationship (a medical home) with a doctor and receiving appropriate preventive care are important for overall health and well-being.
- 2 Complete Online Health Assessment:** After registering for [coOpportunityhealth.com](http://coOpportunityhealth.com), your employees can complete an online health assessment. Knowing their numbers like blood pressure, body mass index (BMI) and cholesterol (LDL and HDL) are helpful to complete the assessment. After completing the assessment, they will receive a personalized report and gain access to information and programs based on their results.



## Discounts to Help Employees Save

Soon after your employees become members, we'll send them a Healthy Rewards card that gives access to discounts from popular retail and online services.

- Prescription savings program for drugs not covered through the health plan
- Vision services including eye exams, glasses and contacts
- LASIK eye surgery
- Hearing tests and supplies including name-brand hearing aids
- Diabetic supplies and drugs
- Laboratory services including blood tests
- Gym and fitness club memberships
- Weight-loss programs
- Lifestyle health coaching
- Exercise equipment and programs

Visit our website for more information about the program at [coOpportunityhealth.com/HealthyRewards](http://coOpportunityhealth.com/HealthyRewards).

\*Available to members 18 years of age and older (limited to two \$100 gift cards per contract per plan year; one card per member per year).

Health Assessment available in Spanish by contacting Member Services.

Both program steps must be completed by December 31, 2015, to receive the \$100 Healthy Rewards gift card, regardless of effective date.

# Health Savings Account Made Easy

Looking for a way to provide additional value to your employees? You may want to consider a qualified high-deductible plan that allows your employees to open a tax-advantaged Health Savings Account (HSA).

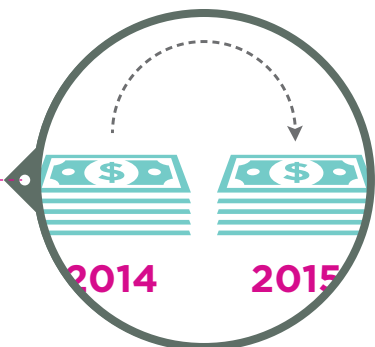
## How an HSA Works

Your employees each open up a fully-portable, tax-advantaged credit union or bank account to pay for current or future medical expenses.

Employees contribute money to the HSA. The yearly contributions cannot exceed the applicable limit set by the Internal Revenue Service (IRS).

Employees use their HSA contributions to pay for qualified health expenses, giving them greater control over their healthcare dollars. HSA funds can be used for:

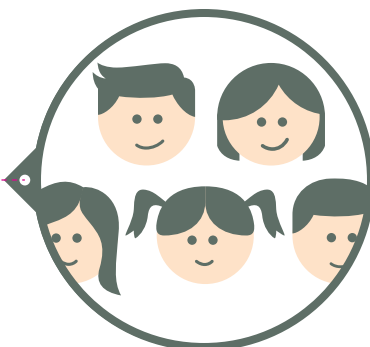
- Paying for qualified medical expenses to help satisfy the required deductible before benefits begin
- Paying coinsurance
- Covering other qualified medical expenses that may not be covered under the health plan, but are reimbursable under IRS guidelines
- Saving for future medical expenses through investment options offered by the financial institution providing the HSA



## Advantages of an HSA

There are four reasons why your employees will love an HSA:

- Contributions are made on a tax-advantaged basis
- Any unused funds carry over from year-to-year and grow tax-deferred
- When used to pay for qualified medical expenses, funds can be withdrawn tax-free
- Employees keep the account with them if they change employers or retire



## Aggregate Medical Deductible

CoOpportunity Health HSA plans use an aggregate medical deductible. This means that if the plan covers more than one family member, benefits will begin for all family members once the family deductible is met.

Out-of-pocket maximum amounts are also aggregate, requiring the family out-of-pocket maximum to be met before all services are covered in full for any single family member. Routine preventive care is covered at no cost share or deductible requirements.



## Opening an HSA

An HSA can be opened when the following criteria are met:

- Employee is covered by a qualified high-deductible health plan such as CoOpportunity Premier HSA
- Employee is not covered under another medical plan (including spouse's or domestic partner's)
- Employee is not enrolled in Medicare
- Employee cannot be claimed as a dependent on someone else's tax return

# Important Information About CoOpportunity Health Small Group Plans

## Summary of Health Management Programs

CoOpportunity Health case and utilization management programs help ensure effective, accessible and high quality healthcare. These programs are based on the most up-to-date medical evidence to evaluate appropriate levels of care and establish guidelines for medical practices. Our programs include activities to reduce the underuse, overuse and misuse of healthcare services. These programs include:

- Inpatient care coordination to support timely care and ensure a safe and timely transition from the hospital
- Complex case management to provide care coordination
- The CareCheck® program to coordinate out-of-network hospitalizations and certain services

## Prior Approvals

We require prior approval for a small number of services and procedures. For a complete list, go to [coOpportunityhealth.com/MedicalPolicies](https://coOpportunityhealth.com/MedicalPolicies) or call Member Services toll-free at 1.888.324.2064.

## Out-of-Network Services

Members must call CareCheck® at 1.800.316.9807 to receive maximum benefits when using out-of-network providers for inpatient hospital stays: same-day surgery; new or experimental or reconstructive outpatient technologies or procedures; durable medical equipment or prosthetics costing more than \$3,000; home health services after visits exceed 30; and skilled nursing facility stays. We will review the member's proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care received. Benefits will be reduced by 20 percent if CareCheck® is not notified.

## Protecting Your Privacy and Personal Health Information

CoOpportunity Health complies with federal and state laws regarding the confidentiality of medical records and personal information about our members. Our policies and procedures help ensure that the collection, use and disclosure of information complies with the law. When needed, we get consent and authorization from our members (or an approved member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable laws and standards. Our policies and practices support

appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members while being sensitive to privacy. For a copy of our Notice of Privacy Practices, please visit [coOpportunityhealth.com](https://coOpportunityhealth.com) or call Member Services toll-free at 1.888.324.2064.

## We Can't Wait For Members To Call

We want your employees to be happy with their health plan. Serving our members is our number one priority! In fact, it's what sets us apart from other insurance companies. Because we are a CO-OP, we exist only to serve our member-owners.

**Member Services** is available to help your employees with benefits questions and services from 7 a.m. to 6 p.m. CT, Monday through Friday. Call toll-free at 1.888.324.2064.

**Live Chat** is available when your employees are registered for our secure Member website, 8 a.m. to 5 p.m. CT, Monday through Friday.

**CareLine 24/7** services are available to help your employees anytime of the day, 365 days a year, at 1.888.324.2064. Your employees can call with questions about treatments, medicines, urgent healthcare advice, pregnancy and new baby questions or just about any kind of question they may have after business hours.

CareCheck® is a registered mark of HealthPartners



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 the company. This is a solicitation for business and a response to this brochure will generate communication by a licensed producer.



For more information: [coOpportunityhealth.com](http://coOpportunityhealth.com)

Individual Sales Hotline: 1.866.217.6111

Email: [sales@coOpportunityhealth.com](mailto:sales@coOpportunityhealth.com)

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