



Dear Members,

Common Ground Healthcare Cooperative (CGHC) is making changes to your health insurance policy for the 2018 plan year and we have some disappointing information to share with you regarding our price increase.

You may be aware that the federal government has been considering changes to the Affordable Care Act. This has created a lot of uncertainty around ongoing programs and payments such as “Cost Share Reductions” that impact most of our members. The situation may have contributed to several health insurance carriers exiting the marketplace. Due to the uncertainty of the Cost Share Reduction payments, the Wisconsin Insurance Commissioner’s office directed health insurance companies to set their prices assuming these payments to insurance companies will not continue in 2018.

The uncertainty has led CGHC to propose higher premium increases for 2018 than we would otherwise. This situation is very unfortunate and not something the founders of this cooperative ever envisioned. Given the current circumstances, we did not feel we had any alternative to increasing premiums. Many of us on the CGHC Board of Directors will be hurt by premium increases just as you are. Several Wisconsin insurance carriers have already pulled out of the Wisconsin insurance market and while we could have made the same decision, we felt it was important that we continue to offer coverage. This is especially true in counties where we will be the only insurance carrier offering coverage on the federal Marketplace in 2018.

If the state and federal governments eliminate the uncertainties and allow us to adjust our rates, we would certainly pursue that option. For now, we need to ensure that we can continue to serve our members in 2018 and beyond, no matter what happens.

Other Changes to Your Plan

It is important that you also understand that the CGHC Board of Directors has voted to discontinue our Preferred Provider Organization (PPO) plans. Instead, we are offering you one of our new Exclusive Provider Organization (EPO) plans. This means no payment will be made for out-of-network care except for emergency care, urgent care outside of our service area, or when there is no in-network provider that is qualified to treat your condition with a referral approved by us from an in-network provider. Our network consists mainly of Aurora and Bellin health care providers. You can search for your doctor at **www.CGcares.org/Find-A-Doctor**.

We are also making adjustments to our Certificate of Coverage (your health insurance contract). The changes for 2018 are summarized in the enclosed document titled “Summary of 2018 Benefit Changes.” Please know that your deductibles, copays and out of pocket maximums may have gone up or down to keep our plans compliant with federal regulations. The enclosed documents and Schedule of Benefits outline these changes.

What can I do?

We are providing this information to you well before the deadline so you can begin to consider your options. November 1 marks the start of open enrollment – the only time of year that individuals have the option to change health insurance plans and/or insurance companies unless you qualify for a special enrollment period. This year, the federal government shortened the open enrollment period to allow consumers only 45 days from November 1 to December 15, 2017, to enroll or change plans. If you do not make changes, we are required by law to enroll you in the plan outlined in this packet for coverage beginning January 1, 2018.

The enclosed letter details your new premium amount. The numbers provided assume you'll want to keep the EPO product benefit plan most similar to your current plan, but please know we have other insurance plans available should you want to look at different options. Be sure to make any changes before open enrollment ends on December 15.

If you utilized a health insurance agent to enroll in your health plan, we encourage you to call your agent to discuss any questions or options you have on and off the federal Marketplace. If you don't have an agent, we included answers to Frequently Asked Questions to help. If you do not have an agent but would like to find one, please call our Sales department at 855.494.2667.

You might also consider contacting the federal Marketplace to see whether in 2018, you will qualify for a tax credit that could lower your monthly premium. The number for the federal Marketplace (**Healthcare.gov**) is 800.318.2596.

If you do nothing, please understand that we will enroll you in the plan most similar to your current plan with the changes described for a January 1, 2018 effective date. We want you to find the health plan that is right for you, so please do not hesitate to contact us at 855.562.2442 if you have questions.

Want to Discuss these Changes with Us?

As a member-elected Board, we understand that we are accountable to our members for the decisions we make. That is why we are hosting informational meetings to give anyone that wants to make their voice heard the opportunity to speak and ask questions about this announcement. The enclosed flyer provides the time and location for these town hall meetings.

I wish I had better news for you than what I am sharing here today. As your cooperative, we believe our members deserve open and honest communication, but I understand that is little comfort when you are facing premium increases. If you cannot attend one of our meetings and have questions, concerns or just want to vent your frustration, please feel free to send an email to us at CGHCBoard@CommonGroundHealthcare.org. I assure you it will be read by me and the other CGHC Board Directors.

Sincerely yours,

Jim Wesp, Policyholder
Chairman of the Board