



Fixed Funding Solutions

for employers with 51-99 employees

Administrative services and stop-loss coverage are provided by ConnectiCare Insurance Co., Inc. A fixed monthly payment covers estimated claims funding amount, stop-loss premium, run-out claims, and administrative fees. Contribution, participation, and acceptance rules apply. Surplus sharing occurs if the plan is renewed into the Fixed Funding Solutions product suite and total medical costs are less than the medical costs paid out after a 90-day run-out period. This material is for informational purposes only and is neither an offer of coverage nor an invitation to contract. Plans are subject to limitations and exclusions.

© 2024 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. Teladoc does not replace the primary care provider (PCP). Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe Drug Enforcement Administration (DEA) controlled substances, non-therapeutic drugs, and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc medical visits cost \$45 or less depending on your plan benefits. Please check your benefit summary, available at my.connecticare.com. Telemedicine is not appropriate for all covered services, and restrictions may apply.

ConnectiCare is the brand name used for products and services provided by one or more ConnectiCare group of subsidiary companies. In Connecticut, individual and family health coverage is underwritten by ConnectiCare, Inc. (CCI), a licensed health care center, or by ConnectiCare Benefits, Inc. (CBI) or ConnectiCare Insurance Company, Inc. (CICI), licensed insurers. Individual, family, and group dental coverage is underwritten by CICI. Group health coverage is insured by CCI or insured or administered by CICI. In Massachusetts, group health insurance is underwritten by ConnectiCare of Massachusetts, Inc. (CMI), a licensed HMO. All insurance contracts, policies, and group benefit plans contain exclusions and limitations. Not all coverage is available in all markets. For costs and details of coverage, call or write your insurance broker or the company.



Fixed Funding Solutions



A different option
for Connecticut
businesses

Insurance premiums have risen dramatically, due, in part, to Affordable Care Act (ACA) requirements. ACA-related taxes and mandatory benefit requirements contribute to the higher costs.

Enter Fixed Funding Solutions, a suite of self-funded plans available to businesses with 51-99 eligible employees. These plans aren't subject to all of the ACA requirements, which means companies may see lower rates than they would with traditional fully-insured plans.

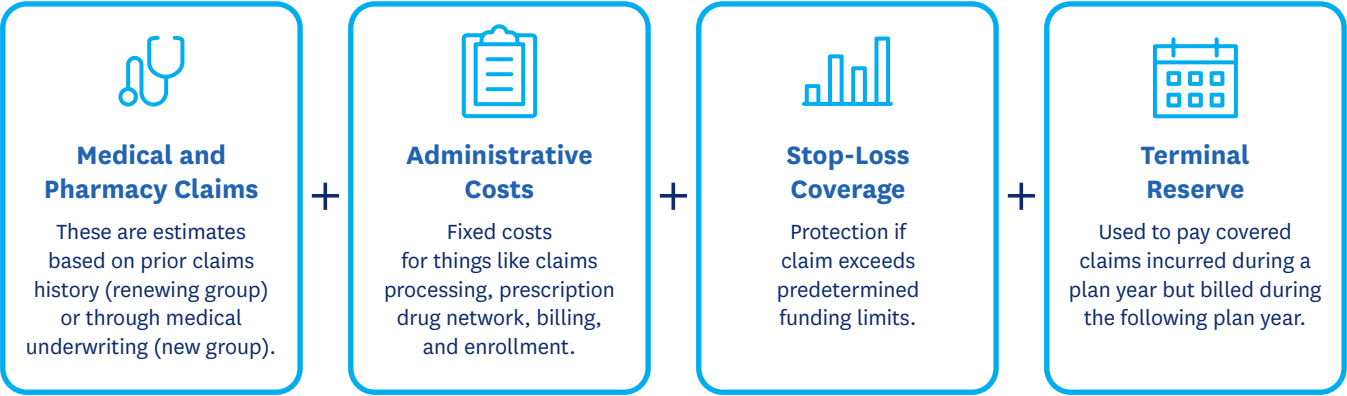
Fully-Insured Plan	Self-Funded Plan	Fixed Funding Solutions Plan
An employer contracts with a health insurance carrier that assumes financial responsibility for medical and pharmacy claims. These plans are subject to state mandates and ACA-related taxes.	An employer assumes financial responsibility for paying medical and pharmacy claims. The employer may buy additional coverage to protect against large claims.	An employer makes a fixed payment each month to fund an account used to pay claims, administrative costs, and premiums for additional coverage to protect against large claims.

Taking a Closer Look

	FULLY-INSURED PLANS	FIXED FUNDING SOLUTIONS PLANS
Predictable monthly payments	✓	✓
Lower taxes on premiums		✓
Protection from big claims	✓	✓
Freedom from many ACA rules		✓

Monthly Fees Without the Guesswork

With Fixed Funding Solutions, your fixed monthly payment covers:



YOUR FIXED MONTHLY PAYMENT = TOTAL FROM ABOVE ÷ 12



Fixed Funding Solutions plan options for groups with 51-99 employees	FlexPOS HSA* \$5,000 20% CNT	FlexPOS HSA* \$6,000/\$12,000 10% CNT	FlexPOS HSA* \$4,000I/\$8,000F CNT	FlexPOS \$5,000/\$10,000 20% COINS CNT	FlexPOS HSA* \$3,300 25% CNT
PLAN/MEDICAL DEDUCTIBLE					
Deductible (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000	\$4,000/\$8,000	\$5,000/\$10,000	\$3,300/\$6,600
Maximum out-of-pocket limit (individual/family)	\$6,750/\$13,500	\$6,225/\$12,450	\$7,000/\$14,000	\$9,000/\$18,000	\$6,750/\$13,500
IN-NETWORK MEDICAL BENEFITS					
Preventive care/screenings/immunizations	\$0	\$0	\$0	\$0	\$0
Primary care provider (PCP) services	\$30 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Specialist services	\$50 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Mental health and substance use office visits	\$30 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Telemedicine visit through Teladoc® Primary care members must be age 18 and older	Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologists: \$50 copay after deductible	Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologists: 10% coinsurance after deductible	Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologists: 20% coinsurance after deductible	Primary care, mental health, and general medical services: No charge Dermatologists: 20% after deductible	Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologists: 25% coinsurance after deductible
Routine vision	\$50 copay (deductible waived)	10% coinsurance; deductible does not apply	20% coinsurance; deductible does not apply	20% coinsurance after deductible	25% coinsurance (deductible waived)
Walk-in/urgent care center	\$75 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Worldwide emergency coverage**	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Inpatient hospital coverage	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Hospital outpatient facilities	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Outpatient surgery freestanding locations	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Lab services	\$10 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
X-rays	\$40 copay after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Advanced imaging (CT scans ad MRI)	Freestanding facility: \$100 copay after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: 10% coinsurance after deductible Hospital setting: 10% coinsurance after deductible	Freestanding facility: 20% coinsurance after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: 20% coinsurance after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: 25% coinsurance after deductible Hospital setting: 25% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS					
Deductible (individual/family)	\$10,000/\$20,000	\$10,000/\$20,000	\$8,000/\$16,000	\$6,350/\$12,700	\$6,000/\$12,000
Coinsurance	50%	50%	50%	50%	50%
Maximum out-of-pocket limit (individual/family)	\$13,500/\$27,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$13,500/\$27,000
PRESCRIPTION DRUG BENEFITS					
Prescription drug deductible (individual/family)	Plan has integrated deductible with medical	Plan has integrated deductible with medical	Plan has integrated deductible with medical	N/A	Plan has integrated deductible with medical
Tier 1 – Generic drugs	\$10 copay after deductible	\$10 copay after deductible	\$10 copayment after deductible	\$10 copayment	\$10 copay after deductible
Tier 2 – Preferred brand drugs	\$50 copay after deductible	\$50 copay after deductible	\$50 copayment after deductible	\$50 copayment	\$50 copay after deductible
Tier 3 – Non-preferred brand drugs	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription after deductible
Tier 4 – Specialty drugs	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription after deductible

*Health savings account
**Subject to limitations.

Fixed Funding Solutions plan options for groups with 51-99 employees (continued)	FLEXPOS HSA* \$5,000/\$10,000 CNT	FlexPOS \$30POV \$2,500 50% CNT	FlexPOS \$30POV \$2,500 20% CNT	FLEXPOS HSA* \$2,500I/\$5,000F CNT
PLAN/MEDICAL DEDUCTIBLE				
Deductible (individual/family)	\$5,000/\$10,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Maximum out-of-pocket limit (individual/family)	\$7,000/\$14,000	\$6,350/\$12,700	\$5,000/\$10,000	\$6,000/\$12,000
IN-NETWORK MEDICAL BENEFITS				
Preventive care/screenings/immunizations	\$0	\$0	\$0	\$0
Primary care provider (PCP) services	0% coinsurance after deductible	\$30 copayment/visit; deductible does not apply	\$30 copayment; deductible does not apply	0% coinsurance after deductible
Specialist services	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Mental health and substance use office visits	No charge	No charge	No charge	0% coinsurance after deductible
Telemedicine visit through Teladoc® Primary care members must be age 18 and older	Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologists: 0% coinsurance after deductible	Primary care, mental health, and general medical services: No charge Dermatologists: 50% coinsurance after deductible	Primary care, mental health, and general medical services: No charge Dermatologists: 20% coinsurance after deductible	Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologists: 0% coinsurance after deductible
Routine vision	No charge	50% coinsurance; deductible does not apply	20% coinsurance; deductible does not apply	No charge
Walk-in/urgent care center	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Worldwide emergency coverage**	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Inpatient hospital coverage	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Hospital outpatient facilities	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Outpatient surgery freestanding locations	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Lab services	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
X-rays	0% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Advanced imaging (CT scans and MRI)	Freestanding facility: 0% coinsurance after deductible Hospital setting: 0% coinsurance after deductible	Freestanding facility: 50% coinsurance after deductible Hospital setting: 50% coinsurance after deductible	Freestanding facility: 20% coinsurance after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: 0% coinsurance after deductible Hospital setting: 0% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS				
Deductible (individual/family)	\$10,000/\$20,000	\$6,000/\$12,000	\$6,000/\$12,000	\$5,000/\$10,000
Coinsurance	30%	50%	50%	30%
Maximum out-of-pocket limit (individual/family)	\$15,000/\$30,000	\$12,000/\$24,000	\$12,000/\$24,000	\$10,000/\$20,000
PRESCRIPTION DRUG BENEFITS				
Prescription drug deductible (individual/family)	Plan has integrated deductible with medical	N/A	N/A	Plan has integrated deductible with medical
Tier 1 – Generic drugs	\$10 copayment after deductible	\$10 copayment	\$10 copayment	\$10 copayment after deductible
Tier 2 – Preferred brand drugs	\$50 copayment after deductible	\$50 copayment	\$50 copayment	\$50 copayment after deductible
Tier 3 – Non-preferred brand drugs	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription after deductible
Tier 4 – Specialty drugs	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription after deductible

*Health savings account
 **Subject to limitations.

Fixed Funding Solutions plan options for groups with 51-99 employees (continued)	FlexPOS HSA Copay* \$1,650/\$3,300 CNT	FlexPOS HSA* \$2,000/\$4,000 10% CNT	FlexPOS \$35/\$50 \$4,000 20% CNT	FlexPOS \$30/\$50 \$3,500 20% CNT
PLAN/MEDICAL DEDUCTIBLE				
Deductible (individual/family)	\$1,650 / \$3,300	\$2,000/\$4,000	\$4,000/\$8,000	\$3,500/\$7,000
Maximum out-of-pocket limit (individual/family)	\$5,000/\$10,000	\$3,000/\$6,000	\$7,900/\$15,800	\$7,900/\$15,800
IN-NETWORK MEDICAL BENEFITS				
Preventive care/screenings/immunizations	\$0	\$0	\$0	\$0
Primary care provider (PCP) services	\$30 copayment per visit after deductible	10% coinsurance after deductible	\$35 copay (deductible waived)	\$30 copay (deductible waived)
Specialist services	\$45 copayment per visit after deductible	10% coinsurance after deductible	\$50 copay (deductible waived)	\$50 copay (deductible waived)
Mental health and substance use office visits	\$30 copayment per visit after deductible	10% coinsurance after deductible	\$35 copay (deductible waived)	\$30 copay (deductible waived)
Telemedicine visit through Teladoc® Primary care members must be age 18 and older	Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologists: \$45 copay after deductible	Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologists: 10% coinsurance after deductible	Primary care, mental health, and general medical services: No charge Dermatologists: \$50 copay (deductible waived)	Primary care, mental health, and general medical services: No charge Dermatologists: \$50 copay (deductible waived)
Routine vision	\$45 copayment per visit; deductible does not apply	10% coinsurance, deductible does not apply	\$50 copay (deductible waived)	\$50 copay (deductible waived)
Walk-in/urgent care center	\$100 copayment per visit after deductible	10% coinsurance after deductible	\$75 copay (deductible waived)	\$75 copay (deductible waived)
Worldwide emergency coverage**	\$350 copayment per visit after deductible	10% coinsurance after deductible	20% coinsurance after deductible	\$350 copay (deductible waived)
Inpatient hospital coverage	\$350 copayment per day; up to \$1,400 per admission after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Hospital outpatient facilities	\$350 copayment per visit after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient surgery freestanding locations	\$200 copayment per visit after deductible	10% coinsurance after deductible	20% coinsurance (deductible waived)	\$500 copay (deductible waived)
Lab services	\$10 copayment per visit after deductible	10% coinsurance after deductible	\$10 copay (deductible waived)	\$10 copay (deductible waived)
X-rays	\$40 copayment per visit after deductible	10% coinsurance after deductible	\$40 copay (deductible waived)	\$40 copay (deductible waived)
Advanced imaging (CT scans and MRI)	Freestanding facility: \$100 copayment per service after deductible Hospital setting: \$100 copayment per service after deductible	Freestanding facility: 10% coinsurance after deductible Hospital setting: 10% coinsurance after deductible	Freestanding facility: 20% coinsurance (deductible waived) Hospital setting: 20% coinsurance after deductible	Freestanding facility: \$100 copay (deductible waived) Hospital setting: \$500 copay (deductible waived)
OUT-OF-NETWORK MEDICAL BENEFITS				
Deductible (individual/family)	\$3,000/\$6,000	\$4,000/\$8,000	\$8,000/\$16,000	\$7,000/\$14,000
Coinsurance	30%	50%	50%	50%
Maximum out-of-pocket limit (individual/family)	\$8,000/\$16,000	\$8,000/\$16,000	\$15,800/\$31,600	\$15,800/\$31,600
PRESCRIPTION DRUG BENEFITS				
Prescription drug deductible (individual/family)	Plan has integrated deductible with medical	Plan has integrated deductible with medical	N/A	N/A
Tier 1 – Generic drugs	\$10 copayment after deductible	\$10 copayment after deductible	\$10 copay	\$10 copay
Tier 2 – Preferred brand drugs	\$50 copayment after deductible	\$50 copayment after deductible	\$50 copay	\$50 copay
Tier 3 – Non-preferred brand drugs	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription after deductible	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription
Tier 4 – Specialty drugs	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription after deductible	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription

*Health savings account

**Subject to limitations.

Fixed Funding Solutions plan options for groups with 51-99 employees (continued)	FlexPOS \$30/\$45 \$5,000 DED CNT	FlexPOS \$30/\$50 \$2,000 CNT	FlexPOS \$30/\$45 \$1,500 DED CNT	FLEXPOS \$30/\$45 \$500 \$500 DAY CNT
PLAN/MEDICAL DEDUCTIBLE				
Deductible (individual/family)	\$5,000/\$10,000	\$2,000/\$4,000	\$1,500/\$3,000	\$0/\$0
Maximum out-of-pocket limit (individual/family)	\$7,000/\$14,000	\$5,500/\$11,000	\$6,850/\$13,700	\$5,000/\$10,000
IN-NETWORK MEDICAL BENEFITS				
Preventive care/screenings/immunizations	\$0	\$0	\$0	\$0
Primary care provider (PCP) services	\$30 copayment per visit; deductible does not apply	\$30 copay (deductible waived)	\$30 copayment per visit; deductible does not apply	\$30 copayment/visit
Specialist services	\$45 copayment per visit; deductible does not apply	\$50 copay (deductible waived)	\$45 copayment per visit; deductible does not apply	\$45 copayment
Mental health and substance use office visits	\$30 copayment per visit; deductible does not apply	\$30 copay (deductible waived)	\$30 copayment per visit; deductible does not apply	\$30 copayment/visit
Telemedicine visit through Teladoc® Primary care members must be age 18 and older	Primary care, mental health, and general medical services: No charge Dermatologists: \$45 copay (deductible waived)	Primary care, mental health, and general medical services: No charge Dermatologists: \$50 copay (deductible waived)	Primary care, mental health, and general medical services: No charge Dermatologists: \$45 copay (deductible waived)	Primary care, mental health, and general medical services: No charge Dermatologists: \$45 copay
Routine vision	\$45 copayment per visit; deductible does not apply	\$50 copay (deductible waived)	\$45 copayment per visit; deductible does not apply	\$45 copayment
Walk-in/urgent care center	\$100 copayment per visit; deductible does not apply	\$75 copay (deductible waived)	\$100 copayment per visit; deductible does not apply	\$75 copayment
Worldwide emergency coverage**	\$350 copayment per visit; deductible does not apply	\$350 copay (deductible waived)	\$350 copayment per visit; deductible does not apply	\$150 copayment per per visit (copayment waived if admitted)
Inpatient hospital coverage	0% coinsurance after deductible	\$500 copay/day; \$2,500 maximum per admission after deductible	0% coinsurance after deductible	\$500 copayment per day up to \$2,000 per admission
Hospital outpatient facilities	0% coinsurance after deductible	\$500 copay after deductible	0% coinsurance after deductible	\$500 copayment/per visit
Outpatient surgery freestanding locations	0% coinsurance after deductible	\$500 copay after deductible	0% coinsurance after deductible	\$500 copayment/per visit
Lab services	No charge	\$10 copay (deductible waived)	\$10 copayment per visit; deductible does not apply	\$0
X-rays	\$40 copayment per visit; deductible does not apply	\$40 copay (deductible waived)	\$40 copayment per visit; deductible does not apply	\$10 copayment/per visit
Advanced imaging (CT scans and MRI)	Freestanding facility: \$100 copayment per service; deductible does not apply Hospital setting: \$100 copayment per service; deductibe does not apply	Freestanding facility: \$100 copay (deductible waived) Hospital setting: \$100 copay after deductible	Freestanding facility: \$100 copayment per service; deductible does not apply Hospital setting: \$100 copayment per service; deductibe does not apply	Freestanding facility: \$75 copayment per service Hospital setting: \$75 copayment per service
OUT-OF-NETWORK MEDICAL BENEFITS				
Deductible (individual/family)	\$8,000/\$16,000	\$4,000/\$8,000	\$5,000/\$10,000	\$4,000/\$8,000
Coinsurance	50%	50%	30%	50%
Maximum out-of-pocket limit (individual/family)	\$12,000/\$24,000	\$11,000/\$22,000	\$10,000/\$20,000	\$10,000/\$20,000
PRESCRIPTION DRUG BENEFITS				
Prescription drug deductible (individual/family)	N/A	N/A	N/A	N/A
Tier 1 – Generic drugs	\$10 copayment	\$10 copay	\$10 copayment	\$10 copayment
Tier 2 – Preferred brand drugs	\$50 copayment	\$50 copay	\$50 copayment	\$50 copayment
Tier 3 – Non-preferred brand drugs	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription	20% coinsurance; \$250 maximum per prescription
Tier 4 – Specialty drugs	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription	20% coinsurance; \$500 maximum per prescription

**Subject to limitations.

Unlocking a World of Wellness for Your Team

Embark on a journey toward comprehensive employee well-being with our tailored health insurance plans designed exclusively for businesses like yours. At the heart of our offering is the FlexPOS advantage, ensuring unparalleled flexibility with nationwide coverage through the trusted First Health Network.

Here’s why our plan is the perfect fit for your team.

Teladoc® Primary360: Your gateway to holistic health

- Seamless 100% coverage for primary care, mental health, dermatology, and urgent care post-deductible.*
- Your employees get the care they need, when they need it, and without the hassle.

Pharmacy benefits

- Pharmacy programs that put your team first.
- Navigate medicine costs effortlessly with our National Preferred Drug Formulary (Express Scripts).
- Member choice for maintenance medicines, with CVS or Walgreens for retail convenience.
- GoodRX brings discounts on select generic drugs, bridging the gap towards deductible costs.
- Value Rx: High Deductible Health Plan (HDHP) HSA*-compatible plans offering a list of generic drugs that bypass deductible cost-share.

Empowering financial health with HSA/HRA** integration

- Streamlined administration through HealthEquity with ConnectiCare covering the fees (optional).
- A powerful combination to boost your employees’ financial wellness.

Exclusive member discounts

- We care about your team’s everyday needs. Enjoy special discounts on select items and major purchases.

*Not all Teladoc services are available 24/7. For primary care, members must be age 18 or older; for Teladoc mental health services, members must be 13 or older.
**Health savings account (HSA)/health reimbursement account (HRA)

Choosing health insurance for your employees shouldn’t be a puzzle.

With ConnectiCare, it’s a seamless journey toward a healthier, happier, and more engaged team. Let’s build a future of well-being **together**.

Is Fixed Funding
Solutions right for
your business?

Talk to your agent
and find out.

