

# Health Care Plan Benefits Frequently Asked Questions (FAQ)

## **Q: Who is eligible?**

**A:** Member companies in good standing (per by laws) may join the Health Plan. The benefits are offered to you, your employees and their dependents.

## **Q: Why is the association offering this?**

**A:** We are always seeking to improve our member benefits. We saw an opportunity to offer our membership a quality healthcare solution with long term rate stability, built EXCLUSIVELY for SPFA members.

## **Q: What are the benefits?**

**A:** This health insurance program was built EXCLUSIVELY for association members and offers you and your employees, and their dependents quality healthcare with affordable monthly premiums and long term rate stability.

## **Q: What is the process? How does this work?**

**A:** All enrolling members will submit a PHQ. (Personal Health Questionnaire). The PHQ's are collected through a secure portal and dropped into a HIPPA compliant database. The PHQ is a summary of your health history. Utilizing the combined history of an organization's population, customized rates can be formulated.

## **Q: What does it cost?**

**A:** The cost is to be determined after the census gathering portion of the process. There is no way to determine exact rates until the stop loss

carrier can see a sample of the groups. But, we have traditionally seen rates anywhere from 10% - 25% lower than the marketplace for comparable products. We also implement a tiered rating system for the plan that helps reach a majority of the groups.

## **Q: How long are the plans and rates offered by the Health Plan valid? Can my coverage be canceled at any time?**

**A:** Plans and rates are good for one year from the initial offering date of 2022. Once launched, the Health Plan cannot cancel the coverage during the plan year. Groups will receive advance notice of changes or termination upon renewal, as state and federal laws require.

## **Q: What networks are available to plan members?**

**A:** First Health-PPO  
[www.myfirsthealth.com](http://www.myfirsthealth.com)

RBP - PHCS Provider and open network facilities:

[www.multipplan.com/webcenter/portal/ProviderSearch](http://www.multipplan.com/webcenter/portal/ProviderSearch)

## **Q: What if there is an emergency and I go to a hospital outside of the network?**

**A:** If you are experiencing a true medical emergency then you can go to any hospital's emergency room. If it is not a true emergency some restrictions may apply.

# FAQs

**Contact Your Agent Today!**

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**Q: Could we go with an Open Network?  
Could we use Blue Cross or United Networks?**

**A:** The Reference Based Pricing option is an “open network” program. While members can see a provider in the PHCS network, they can also see any provider and they will be covered.

**Q: Can my employees and their beneficiaries be seen at our facility even if we are out-of-network?**

**A:** Employees are covered at their own facility or that of their spouse or parent.

**Q: Can my employees or I continue the treatment plans that have been authorized by our current carrier?**

**A:** When switching to a new health plan, you must go through the authorization procedures of the new plan. Through a partnership with My Advocate Pro, the Health Plan has a team of highly trained consumer advocates ready to assist with the process.

**Q: What does the health plan cover?  
Does the health plan include dental coverage?**

**A:** The health plan covers all essential coverages required by the ACA as any carrier product. The health plan does not provide dental but it can be purchased as a separate benefit from your agent.

**Q: Is there an open enrollment period?**

**A:** The program opens October 1, 2022. Companies can subsequently join the program on the first of every month, provided all documentation is received by HCS by the 15<sup>th</sup> of the preceding month.

**Q: Can an individual employed by a member company enroll individually or is this benefit only available to member companies who would enroll their employees?**

**A:** The plan is offered at the member company level, not the individual level.

**Q: Is there a minimum number of employees that need to be enrolled?**

**A:** The plan requires two eligible employees enroll. Those employees can be related.

**Q: How does the Pharmacy discount card work? \***

**A:** On the \$7350 deductible plan there is an integrated Rx/Pharmacy card. This allows members access to discounted pharmaceutical pricing that will seamlessly accumulate towards a member's annual deductible. Discount cards are integrated with the PBM so SPFA members do not have to worry about keeping track of a separate benefit card. Show your ID card at the pharmacy counter, and let the SPFA Health Plan do the rest. This is exclusive to the \$7350 Plan as drug copays are generally cheaper on the lower deductible plans. In many cases the discount pharmacy card has less expensive tier 1 & 2 generics for members.

\*\$7350 Plan only

**Q: Are these plans subject to the Employee Retirement Income Security Act (ERISA)?**

**A:** Yes, these plans are subject to ERISA.

**Q: Can members utilize their local broker to obtain this coverage?**

**A:** That is not an available option at this time.