



Southwest Kansas Chamber Alliance Health & Wellness Plan

Keeping our communities healthy,
economically strong and thriving

Sponsored by:
Your Local Chamber, a
member of The Southwest
Kansas Chamber Alliance

Coordinated by:

Heartland Benefits Group

Advisor: Joshua Sapp
(316) 670-2856

CPM, Inc.

Matt Marple
(800) 999-1781



Plan Description



The Southwest Kansas Chamber Alliance Health and Wellness Plan is a non-grandfathered benefit Plan under the Patient Protection and Affordable Care Act of 2010. This means the Plan includes the mandated coverage(s) as required in the law for the benefit of Plan participants. For additional information regarding the benefits provided due to this legislation, as well as all other available coverage levels limitations, please refer to the Plan Description and the Summary Plan Document.

Participating Chambers

- Colby/Thomas County Chamber of Commerce
- Dodge City Area Chamber of Commerce
- Garden City Area Chamber of Commerce
- Grant County Chamber of Commerce & Tourism
- Hugoton Area Chamber of Commerce
- Liberal Chamber of Commerce
- Scott City Area Chamber of Commerce

The SKCA Health and Wellness Plan is:

- ▶ A Welfare Benefit Plan established under Internal Revenue Service Code and applicable Department of Labor regulations.
- ▶ A Plan where contributions are held in a Trust that is directed by a Board of Trustees chosen from the member participants of the Plan.
- ▶ A Plan governed by the SKCA Board, the Plan Sponsor, and its Board of Directors who assigns a Plan Administrator; all working for the benefit of the participants.
- ▶ A Plan where CPM, Inc. retains Legal Counsel, Accounting & Auditing Services and other Administrative Services as needed for the management of the Plan.
- ▶ A Plan where claims are paid by the contracted Claims Administrator (TPA), CPM, Inc., as directed by applicable State and Federal laws, the Trust Document, the Plan Declaration and the Summary Plan Description(s) of the benefit programs offered and administered by the Alliance.
- ▶ A Trust which contracts with insurance and/or reinsurance companies in order to ensure the overall financial stability of the Trust and of the benefits offered. These contracts may change from time to time and are voted upon and approved by the SKCA Board and the Trust Board or its designee.
- ▶ A Plan where the benefits offered are reviewed annually to determine their viability for the members and participants. The Alliance, with available contracted counsel and advice, may alter these benefits, remove a plan of benefits completely and/or add new plans for consideration, without the consent of participating employers or participating employees.
- ▶ A Trust that is participant-owned along with any surplus or deficits incurred.

SKCA



Health & Wellness Plan



Claims Administered by:



call: (800) 999-1781

Southwest Kansas Chamber Alliance
 Lindsay Singley, President / Plan Administrator

Southwest Kansas Chamber Alliance
 PO Box 676
 Liberal, KS 67905

Program Objectives

- ✓ More stability in insurance premiums, now and in the future
- ✓ Broader accessibility to health insurance and coverage options within the community
- ✓ Creation of a community-wide wellness mind-set and culture
- ✓ Education about access to a broader range of choices to promote better healthcare decision making

For years, employers have provided benefits for employees and planned for those benefits to meet the needs of those employees and their families. The challenge for employers is that healthcare has become much more specialized and variable while benefit programs have adhered to a more "one-size-fits-all" model.

Due to evolving benefit needs of employees and their families, SKCA wanted to be progressive in providing additional Chamber benefits to assist employers. By offering a Health Benefit Plan, SKCA continues supporting employers in their efforts to stay economically strong and competitive in the marketplace, keeping employers and employees in the community.

One benefit plan
DOES NOT fit all
 employees' healthcare needs!

EMPLOYEES CHOOSE the benefit program that best fits their needs and their ability to afford the premiums for that benefit plan choice. Any amount of premium for coverage, which is more than the employer contribution, is withheld from employee compensation pre-tax.

(See your employer for more information.)

ENROLLMENT REQUIREMENTS/CONTINGENCIES:

- ◆ The employer must be a current member in good standing for at least 60 days, of at least one participating Chamber of Commerce, prior to Effective Date of coverage.
- ◆ Each employer must have a minimum of 65% of eligible employees participating (after Qualified waivers). Minimum group size is 1 if they are a sole proprietor.
- ◆ Completed Health Questionnaires are required from each employee in order to qualify. Following underwriting, the premium rates will be supplied. Each employer that chooses the SKCA Health Benefit Plan is required to submit Employee Enrollment/Waiver Applications from each employee.
- ◆ The PLAN's renewal date is January 1st of each calendar year. Regardless of when enrollment is completed, any changes to the PLAN rates and/or benefits will take place on January 1st. Open enrollment (the ability to add employees who waived coverage or dependents which had previously waived) is the month of November and December of each year for each participating employer (subject to HIPAA Qualifying Event rules).
- ◆ Premium Contributions are made by the employer directly into the Trust Account and are used as described in the Trust Document, Summary Plan Description and Plan Declaration. The Trust is governed by a Board of Trustees, elected as described in the Trust Document.
- ◆ Employer must contribute a minimum of 50% of the single premium of the most affordable plan option of each employee's premium, Paying too little for employee's premium may have tax implications under the ACA (for Applicable Large Employers).

Benefit Plans

Notes:

Prescription Plans are chosen by the Participant at enrollment. The Prescription Plans DO NOT coincide with the Medical Plans.

IT IS IMPORTANT to seek care with In Network physicians and/or facilities in order to protect financial exposure. This includes services from standalone laboratory services and physical therapy service entities. Do not assume ... check and make sure.

Medical	Plan A		Plan B		Plan C	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible Amount						
Single	\$1,000	\$2,000	\$2,500	\$5,000	\$5,500	\$11,000
Family	\$2,000	\$4,000	\$5,000	\$10,000	\$11,000	\$22,000
Co-Insurance	80%	60%	80%	60%	80%	60%
Out of Pocket Maximum	Single		Single		Single	
	\$2,000	\$4,000	\$3,500	\$7,000	\$7,900	\$15,800
	Family		Family		Family	
	\$4,000	\$8,000	\$7,000	\$14,000	\$15,800	\$31,600
	Max Out of Pocket is deductible + Co-Insurance				Co-Pays count to MAX OOP	
Preventative	100%	Ded & Co-ins	100%	Ded & Co-ins	100%	Ded & Co-ins
Dr. Office Co-Pay						
Primary Care	\$25	Ded & Co-ins	\$25	Ded & Co-ins	\$25	Ded & Co-ins
Specialist	\$25	Ded & Co-ins	\$25	Ded & Co-ins	\$25	Ded & Co-ins
Prescription	Plan 1		Plan 2		Plan 3	
Rx Card Co-Pay						
Generic	\$1		\$1		\$1	
Preferred	\$75		50%/50 Co-Insurance		\$75	
Non-Preferred	\$150		50%/50 Co-Insurance		\$150	
Specialty	\$250		50%/50 Co-Insurance		Not Covered	

<u>LOCATION</u>	<u>PPO NETWORK NAME</u>	<u>PPO Website</u>	<u>Phone Number</u>
In Kansas	ProviDRs Care Network	www.providrscare.net	800-801-9772
Outside of Kansas	First Health	www.firsthealth.com	800-226-5116

Benefit Plans

Medical	Plan D-HSA		Plan E DPC option	
	In Network	Out of Network	In Network	Out of Network
Deductible Amount				
Single	\$4,000	\$8,000	\$7,900	\$15,800
Family	\$8,000	\$16,000	\$15,800	\$31,600
Co-Insurance	N/A	N/A	N/A	N/A
Out of Pocket Maximum	Single		Single	
	\$4,000	\$8,000	\$7,900	\$15,800
	Family		Family	
	\$8,000	\$16,000	\$15,800	\$31,600
	No Co-pay or Co-Insurance		No Co-pay or Co-Insurance	
Preventative	100% Ded & Co-ins		100% Ded & Co-ins	
Dr. Office Co-Pay				
Primary Care	N/A	N/A	N/A	N/A
Specialist	N/A	N/A	N/A	N/A

Notes:

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Prescription	Plan 1	Plan 2	Plan 3
Rx Card Co-Pay			
Generic	\$0	\$0	\$0
Preferred	\$75	50%/50 Co-Insurance	50%/50 Co-Insurance
Non-Preferred	\$150	50%/50 Co-Insurance	50%/50 Co-Insurance
Specialty	\$250	50%/50 Co-Insurance	Not Covered

ALL PLANS INCLUDE:

- Medically Necessary Ambulance Coverage (Air and Ground)
- Pre-Existing Conditions Covered
- Unlimited Lifetime Maximum
- Out-of-Pocket Maximum = Deductible amount + Co-insurance amount
- Includes Chiropractic and Physical / Speech Therapy Benefits (when medically appropriate)
- Routine Wellness - Paid at 100% ***(Based on Physician Codes)***
- *Non-network paid at the 60th percentile of Reasonable & Customary*
- Dr. Office Co-Pay - No Annual Visit Limitation
- Choice of Prescription Coverage

Benefits available...but NOT limited to:

Allergy tests and allergy injections	Nursing Services
Ambulatory/Outpatient Surgery Facility Care	Occupational Therapy
Anesthesia charges	Orthopedic braces
Assistant surgeon charges (if required due to the surgical aspects)	Oxygen & the equipment for its administration
Birthing Center	Pathological Services
Blood and blood related products	Physical Therapy
Cardiac Rehabilitation	Prescription drugs requiring a prescription under federal law
Chemotherapy for treatment of a malignancy	Professional ambulance service if medically necessary (Includes air ambulance)
Chiropractic. Manipulation or adjustment of the spinal column	Prosthetic Orthotics
Colonoscopy (Diagnostic)	Radiation Therapy
Diabetes Education. Equipment and supplies for persons with diabetes	Respiratory/Inhalation Therapy
Durable medical equipment	Services of Physicians
Elective Sterilization	a. Hospital visits
Emergency Room	b. Doctor's office calls
Hospital inpatient or outpatient services	c. Doctor's office surgery
Laboratory services	Speech Therapy, but not only to restore speech abilities lost due to illness or injury
Mastectomy due to diagnosed breast cancer	Surgery charges
Mental & Nervous Treatment	X-Ray Services

Benefits Exclusion:

Abortion; excepting "risk to mother", rape or incest	Hypnotism
Acupuncture or acupressure therapy	Liposuction
Adoption or surrogate expenses	Mailing expenses
Biofeedback Therapy	Massage therapy
Blood handling and storage charges	No obligation to pay
Cosmetic surgery	No physician recommendation
Chelation Therapy, except for heavy metal poisoning	Nonprescription items
Non-prescribed Corrective footwear	Not appropriate or not medically necessary
Cosmetic services	Occupational
Custodial care	Personal comfort of convenience items
(Under Medical) Dental & Dental Implants	Providing medical information
Developmental delays	Relative giving services
Preferred Provider discount amounts or "cash discounts" Educational or vocational testing	Riot
Excess charges	Sales tax
Exercise	Self-Inflicted
Experimental or investigational	Services before or after coverage
Cosmetic Eyelid and Eyebrow Surgery	Sex changes
Failure to keep appointments	Smoking cessation (except under Preventative Care)
Illegal Acts	Surgical sterilization reversal
Food	Telephone consultations
Cosmetic Foot Care	Third Party liability
Foreign medical care or Government provided services	Visual training or orthoptics
Hair loss	War or Acts of War
	Worker's Compensation