

Frequently Asked Question's

1. I am a sole proprietor, can I participate?

Yes, as long as your chamber membership is a business membership under your business name, then you have access to this coverage.

2. What is my financial responsibility as a participating employer?

Because this health plan is 100% ACA compliant, you are only required to contribute 50% of the most economical single option offered, toward your employees' premium. For example, if an employee chooses one of the family options, the employer is still only federally required to pay 50% of the most economical single option toward that family premium.

3. Are the premiums tax deductible?

Yes, they sure are.

4. Can the employee portion be withheld from their paycheck?

Yes, if you so choose.

5. Will I get my own invoice for my participating employees?

Yes, each month each employer will receive an invoice for their participating employees. You can pay that premium with cash, check, EFT, ACH, etc.

6. Am I limited by the number of office visits I can have?

No, you can see your doctor as many times as you need to make sure your health is taken care of.

7. Will my provider be in network?

This plan utilizes two provider networks. For any provider in KS, you can search the ProviDRs Care Network by selecting this link (www.providrscare.net).

Nationwide, the First Health Network (www.firsthealth.com).

8. The chamber plan renewal is January 1, what if my current plan renewal is July 1 (or any other time)?

You can still come onto the chamber plan at your renewal, you and your employees will need to submit health questionnaires no sooner than 3 months from your renewal, and no later than 2 months. However, if your group is reviewed by the underwriter and everything checks out fine, then your group will be expected to come on at the current rates. If the risk assessed for the new group is higher than the initial participants, then your rates may be higher. Please keep in mind, coming onto the chamber plan mid-year like that will result in

renewing again with the totality of the group at the chamber plan renewal of January 1. Your renewal will align with the chamber plan at this point.

9. How many employees need to participate for the employer to offer this plan to them?

There will be a participation percentage requirement. For example, if the Chamber Insurance Board decides on 75% of the full time, (30+ hours per week) eligible employees, then 75% of eligible employees have to participate for the employer to be able to offer it. Please keep in mind that waivers do not count against your participation total. Waivers such as they are on their spouse, parents, the marketplace, etc. If the employee has coverage anywhere else, and they elect not to participate, they do not count against your total participation percentage. We recommend you have all of your employees complete the questionnaire so they will have the option to participate when the rates are disclosed and the enrollment period is open, however, if they decline to provide health information initially, they will not be able to participate until next year's open enrollment.

10. How much is this plan going to cost?

Because the Atchison Area Chamber and its members/employees have not gone through the underwriting process yet, we will not know exact costs, however, it is imperative to maximize participation (at no obligation) to drive down the costs as much as possible. As it is not required, we would encourage you to have all of your eligible employees complete the health questionnaire, even if they have coverage elsewhere. There are several health and prescription options to choose from, so the cost will vary plan to plan.

11. What about pre-existing conditions, will they be covered?

Yes, per the ACA federal requirement, individuals with pre-existing conditions cannot be denied coverage.

12. What about preventative care? Well-woman checkups? Man checks?

Yes, again, per the ACA federal requirement, preventative care will be covered 100%.

13. Will I be able to continue using the local pharmacy?

Yes, of course, this effort is to try to use as many local resources as possible.

14. What about the dental and vision network? Will my eye doctor/dentist be in network?

If the Chamber decides to package a dental and vision policy along with the health plan, there will be no dental/vision network, so all dental and vision providers will be considered in network.

15. I am NOT a chamber member; can I still participate and have access to the coverage?

You can participate and include yourself in all of the underwriting processes, however, if you enroll in the coverage, you will be required to be current on your chamber business membership prior to the coverage start date.

16. When is open enrollment for the chamber plan?

Open enrollment is from 11/1 - 12/31 each year.

17. Are qualifying events approved for access to this coverage?

If you are employed by a participating chamber member, but have health coverage elsewhere, and you have a qualifying life event, you can then submit a health questionnaire and have immediate access to the chamber health plan through your participating employer.

18. What's the timeline moving forward?

The chamber health plan is expected to start on January 1, 2021. See below for the anticipated timeline.

August – September: Email marketing to continue informing community of progress. Health Plan Brochure will be released in preparation for health questionnaire which will be disclosed on 9/1.

September 1 – October 1: Health Questionnaire link will be released, and submission period will close on midnight of 10/1.

October 2 – October 20: Underwriting period.

October 21 – November 11: Preliminary rates will be disclosed to the interested businesses who completed health questionnaires. Initial enrollment link will be shared, and enrollment period will close on midnight of 11/11.

11/12 – 11/20: Initial enrollment review, as the census may change from questionnaires received.

11/21 – 11/28: Confirm enrollment with enrolled businesses.

11/29 – 12/20: Administrator prepares benefit packages and sends first invoice along with packages to participating employers to disperse to participating employees for coverage beginning 1/1/2021.