



Affordable Employee Health Benefits That Bolster Your Ability to Recruit and Retain Qualified Employees

What is the Plan?

The new AHCA/NCAL Insurance Solutions plan was developed by Compass Total Benefit Solutions and offers AHCA/NCAL members two new affordable options for providing many of the health insurance benefits that are important to long term care employees. The new plans feature affordable premiums and co-pays for valued and commonly used services. The Compass 1 plan costs about \$1 per hour for a full-time employee or \$161 per month.

The plan was designed with long term care staff members in mind. It was developed to help long term care employees who cannot afford Affordable Care Act (ACA) compliant plan premiums or the high deductibles associated with many ACA plans. Even though traditional ACA compliant plans are classified as “affordable,” they are not an option that many long term care employees can afford.

In the long term care sector, this plan is available to AHCA/NCAL member facilities only.

How much does the plan cost?

The “Compass 1” plan costs \$161.29 per month for an employee. The “Compass 2” plan which includes higher hospitalization indemnity benefits costs \$181.75 per month per employee? Both plans amount to slightly more than \$1 per hour for a full-time employee. There is a two-year cap rate not exceed 3% per year on the plans and a minimum of five enrolled employees. Both plans offer affordable options for coverage of spouses, children and families.

Monthly Premiums	Compass 1	Compass 2
EE	\$161.29	\$181.75
EE & Spouse	\$264.70	\$306.39
EE & Children	\$244.19	\$279.94
Family	\$356.70	\$417.20

What are the differences between the Compass 1 plan and the Compass 2 plan?

The difference is in the hospitalization indemnity payments with the Compass 2 plan having higher indemnity payments for hospitalizations.

Does the employer cover all the costs?

Employers decide the level of contribution for plan expenses for coverage for employees, their spouses, their children or family coverage. Employers can pay all the costs, share the costs with employees, or have employees pay for coverage completely as a voluntary option. In addition, employers have options such as covering all the costs for employee coverage but having the employee pay the premiums for their spouse and/or children. Both plans are flexible.

How is this employee health benefit different than an ACA compliant plan?

Even though large employers are still required to offer an “affordable” health plan to employees under the ACA, most long term care employees choose to forgo ACA health insurance plans due to the cost despite wanting access to a physician, specialists, prescription benefits and help with hospitalization expenses.

While this new AHCA/NCAL Insurance Solutions plan satisfies all 71 benefits required under the Affordable Care Act, it is not a fully compliant ACA plan. It is considered a Minimum Essential Coverage (MEC) plan and should be offered alongside a traditional ACA compliant plan to avoid any ACA employer penalties.

It is recommended that AHCA/NCAL members continue to offer their employees ACA-compliant plans as in the past. Employers can also offer this new minimum essential coverage (MEC) plan to employees who don't choose to enroll in ACA employee health benefit plans. The added value of this plan is enabling AHCA/NCAL members to offer commonly used health benefits at an affordable price that are attractive value-added benefits for current and prospective long term care employees.

Will this impact my current major medical plan rates?

Always read your current major medical plan policy prior to making any changes to your employee health benefits. Many carriers have renewal offers that allow for a pricing change if your participation levels change up or down by more than 10%. Most major medical carriers would consider the Compass Plans 1 or 2 as a valid waiver of “other coverage” which could also help your participation percentages. If offering the Compass Plan decreases your participation in major medical, your carrier might have the option to change your premiums as well. It's best to tell your carrier that you are considering offering a MEC or Minimum Essential Coverage plan alongside your current offering.

Do all my employees need to be enrolled in the Compass plan?

No. However, there is a minimum of five employees that must be enrolled to offer the plan to employees.

How long is waiting period for new employees to get on the Compass plan?

You can design your own waiting periods for your plan and they can match your current major medical offering. We suggest that members use an effective date of *1st of the month following 60 days of employment* to help with administration but other options are available.

How do I use this plan to recruit and retain employees?

The ability to offer a health insurance plan at little to no cost to employees allows you to market your facility as a superior employer in comparison to your competitors and other employers in your area. This plan is much less expensive to an employer compared to a traditional employee health benefit plan and costs far less than the expense of an employee who turns over.

Key to success is communication. Talk the Compass plan up with current employees and prospective employees and explain how the plan offers valuable health care benefits that people use. Both Compass Plans 1 & 2 cover many of the services most important to employees such as primary care, specialists, urgent care, x-rays and even CT Scans and MRIs. The plan provides prescription drug coverage and hospital indemnity benefits – all vital benefits that can make an employer more attractive to workers. Offering these benefits can easily distinguish an employer from other employers in a community that don't offer similar health benefits.

Is there an underwriting process for this plan that could impact rates?

No. There is a two-year rate cap not to exceed a three percent increase per year, except for FL where the plan it is not allowed. There is a minimum of five employees who must enroll per employer (Independent Owner, Regional Multi or National Chain). The plan is available in most states at the listed benefits and prices with the exceptions of **DC, HI, ID, ME, NH, NJ, NY PA, UT and VT**. **These states require a different hospital indemnity benefit design or the Beazley hospital indemnity benefits or are not approved (HI, NY & VT).**

Who are the companies involved in this health plan?

Compass Total Benefit Solutions is the broker firm that is the foundation of AHCA/NCAL Insurance Solutions. Nick Cianci owns Compass Total Benefit Solutions and is a knowledgeable resource on insurance matters for AHCA/NCAL members.

PHCS is a national PPO network that includes over 900,000 providers

WellDyneRx is the PBM or Pharmacy Benefit Manager

TELEDOC is a 24/7/365 telemedicine option that has a \$0 copay

Apex Management is the trust manager that holds all the claims reserves

Beazley Insurance Company, Inc is the underwriter for the hospital indemnity benefits

Swiss Re is the stop-loss carriers protecting the trust from catastrophic claims

Regional Care Inc. (RCI) is the Third Party Administrator (TPA) that pays the claims

Do physicians and health care providers in my area accept PHCS?

PHCS is the most widely accepted insurance after the BUCAs (Blue Cross, United, Cigna and Aetna). There are over 900,000 providers nationwide who are in the PCHS network. To determine which health care providers in your area participate in this plan, visit www.multiplan.com and do a provider search by zip code.

How are pharmacy benefits accessed?

The Pharmacy Benefit Manager, WellDyneRx, information is right on the card that your employees will receive. They hand the card to the pharmacist just as they would with a traditional health plan. The open access formulary can be seen at www.welldynrx.com under the resources tab.

How are hospitals and other health care providers paid under this plan?

They are paid directly by the TPA, Regional Care Inc, with claims reserves from the trust. So, for instance, under the Compass 1 plan, if an employee was hospitalized, the indemnity benefits (hospital admission and daily in-hospital indemnity payments) for the hospitalization go directly to the hospital, not to the employee or employer. That means it is a guaranteed payment for the health care provider delivering the services.

Do employees need to file claims under this plan?

Providers of services get paid directly under this plan. Employees never file claims to get reimbursed for covered services. Employees are given one card for all benefits and present that card to participating health care providers and pharmacies when services are delivered or prescriptions are filled.

How does TELADOC work and what are the TELEDOC physicians allowed to do?

This 24/7/365 service gets members in touch with a trained health care professional who can diagnose and prescribe most common prescriptions and send those orders to a local participating pharmacy.

How will the third-party administrator handle claims for my employees?

Employees will receive a card just like traditional health coverage. They will present the card to the participating provider and the provider will submit the claims to RCI for payment.

Why isn't this specific plan available in CT, DC, HI, ID, ME, NH, NJ, NY, PA, UT and VT at the listed prices?

Certain states approve hospital indemnity benefits differently and allow or don't allow certain benefits to be offered. Similar plans have been designed in these states but each will have unique hospital indemnity benefits and similar pricing, except in HI, NY and VT where the Beazley portion of the plan is not approved.

Why can't marketing material related to this plan be distributed in AZ, MO, NH, OR, WA and WY?

Each of these states have administrative reviews and approval processes for health insurance related marketing materials. AHCA/NCAL Insurance Solution's marketing materials have not been approved by the governing state agencies for distribution within the boundaries of these states.

When did Compass Plan 1 and Plan 2 become available?

July 1, 2018.

Who do I contact to enroll or to get more information about the plan?

Contact Nick Cianci at 202-898-2841 or Dave Kylo at 202-898-6312 or email ahcainsurancesolutions@ahca.org.