

# HEALTH PLAN

Frequently Asked Questions

Effective January 2023



Society of Louisiana  
Certified Public Accountants  
**LCPA SPONSORED**



## Q: WHO IS ELIGIBLE?

**A:** Members in good standing with a business TIN. Available to groups as small as 1 person. These benefits are offered to you, your employees, and their dependents.

## Q: WHY ARE WE 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 members.

## Q: WHAT ARE THE BENEFITS?

**A:** There are six (6) plan options offering ACA coverage with copay and deductible options.

## 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 HIPAA 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.

SCAN THE QR CODE TO  
Access the PHQ



## 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 VALID?  
CAN MY COVERAGE BE CANCELLED AT ANY TIME?**

**A:** Plans and rates are good for one year from the initial offering date of 2023. 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:** The plan offers the following:

- First Health - PPO - [www.firsthealth.com](http://www.firsthealth.com)
- RBP - PHCS Provider and open network facilities.
- [www.multiplan.com/webcenter/portal/ProviderSearch](http://www.multiplan.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.

**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 consultant.

## **Q: IS THERE AN OPEN ENROLLMENT PERIOD?**

**A:** The open enrollment period will be 30 days prior to the launch of the plan and 30 days post-launch.

## **Q: CAN AN INDIVIDUAL EMPLOYED BY A MEMBER ENROLL INDIVIDUALLY OR IS THIS BENEFIT ONLY AVAILABLE TO MEMBER COMPANIES WHO WOULD ENROLL THEIR EMPLOYEES?**

**A:** These plans are available for individual qualified members or qualified members' employees when the employer chooses to offer a plan.

## **Q: IS THERE A MINIMUM NUMBER OF MEMBERS OR EMPLOYEES THAT NEED TO BE ENROLLED?**

**A:** There is no minimum requirement.

## **Q: HOW DOES THE PHARMACY DISCOUNT CARD WORK? \***

[\*\$7350 Plan only]

**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 members do not have to worry about keeping track of 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.

## **Q: ARE THESE PLANS SUBJECT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)?**

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

## CONSULTANT CONTACT INFORMATION

Jen Hern  
985.871.1889  
jhern@gilsbar.com



Society of Louisiana  
Certified Public Accountants  
**LCPA SPONSORED**

**GILSBAR**