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Human Capital Management

FREQUENTLY ASKED QUESTIONS

Q: Why should I consider an association health plan?

A: There are inherent benefits of economies of scale.

Q: How does that benefit me?

A: By being a member of a large risk pool of insureds the risk is spread among a larger number of insureds, which can provide rate stabilization and premium savings.

Q: How does an association health plan differ from my current options?

A: The ability to retain unused premium dollars.

A: Transparency of claims and expenses.

A: Proactive risk management and value-added wellness programs.

A: Access to level-funded and self-funded health insurance plans.

Q: Because this program is technically a 'Self-Funded' Program, does that mean our group has to have reserves set aside to cover the claims in case of a bad month (or year)?

A: NO. Because of the insurance components of the program, we have taken the best aspects of a self-funded program and the best aspects of a fully-insured program and blended them together. This is a fixed-cost, level-funded program. Your rates are your rates, period.

A: However, based on the employer size and risk tolerance, we can offer a unique, self-funded health benefit program that maximizes the benefits to employees, while implementing cost-saving opportunities for employers in an effort to stabilize benefit costs without reducing benefits. Employers assume fiduciary risk when being self-funded.

Q: What does Level-Funded mean?

A: The Virginia Society of Association Executives program would be "level-funded," meaning that by design, any risk to the sponsoring employer has been removed within the 12 months of premium paid. Based on employer size, we can offer a unique, self-funded health benefit program that maximizes the benefits to employees, while implementing cost-saving opportunities for employers to stabilize benefit costs without reducing benefits.

Q: If our claims exceed the allotted amount, what happens? Do we have to come up with the difference at the end of the year?

A: NO. The Virginia Society of Association Executives group health offering would be level-funded by your monthly premiums. Regardless of what your claims experience is in any given plan year, you will never pay more than the monthly cost quoted to you.

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Q: Are our premiums commingled with the other groups to pay claims?

A: NO. Each employer has its own separate trust fund account and only that fund is used to pay its claims.

Q: During our plan year, what if our claims run better than expected?

A: Once all claims have been paid for the plan year, any unused dollars in the claims fund will be used to reduce future premium rate increases. In the event of plan termination, each employer is eligible to receive back any unused dollars in the claims fund to offset future renewals.

Q: Will our employees and administrators have to do more work on this type of program?

A: NO. The program has Third Party Administrators (TPA). Administrative burdens are removed from both the employee and the employer. Employees play their usual role including seeing providers within their PPO Network, using their ID card at the provider's office, paying a copay and then paying their shared responsibility. The employer simply pays its monthly premiums. TPA then handles the rest! No claims filing, no separate accounting, no extra work!

Q: Are there any start-up costs?

A: The only start-up cost is your first monthly premium deposit payment.

Q: What if we are already self-funded and like our plan and price?

A: You may stay self-funded, mirror your plan and join the purchasing pool for the discounts, risk management and value adds.

Q: Will my employees still have access to their hospitals, doctors and pharmacists?

A: By choosing from multiple national and regionally based PPO networks, we try to match up the providers as best as possible. As with any change in carriers, some providers aren't in every network. We thoroughly examine the networks that are available during the decision-making process.

Q: What about the benefits? Will they be 'apples to apples' to our current plan?

A: 16 different plan designs your group can choose from. The group size determines how many can be offered for the employees to choose from. While there may be some differences between Association offerings and your current plan, we should be able to improve the benefits to the employees with better plan designs than are available now for the under-50 market as well as include other value-added benefits. Those that want to mirror their current plan may do so after the affiliation agreement is signed.

Q: What are some of the cost-containment features with the Association offering?

A: A key focus is finding creative ways to manage healthcare costs. Traditional benefit designs and cost management techniques have been relatively unsuccessful in assisting employers and their members with cost containment. National Group Health Alliance has integrated a number of cost management programs and benefit coverage solutions into our plan designs. Some of these address MRI , CT and Pet Scan testing, ER utilization, Teledoc 24/7/365 services, implant cost containment, specialty medications, self-injectibles and alternative generic drug utilization, concierge member support.

Q: What options are available to ensure that my group is ACA-compliant?

A: Our compliance support keeps employers in check with everything that needs to be met to be compliant and educated regarding the changes of ACA. National Group Health Alliance plans are all ACA compliant, avoiding all penalties. The HR support portal clients receive as a member of our programs has many tools and services that allow HR a dashboard of very valuable information on a daily basis per state along with handbook-building tools, a laws and regulations portal and compliance ACA dashboard.

Q: I have never heard of National Group Health Alliance. Will my doctor recognize it? Is this a new program? How do we know that it won't fail? I know my current carrier and they are huge.

A: National Group Health Alliance is a innovative, boutique health benefits program being offered throughout the country with a host of A-rated reinsurance carrier partners. Since National Group Health Alliance relies on PPO networks for discounts and re-pricing, it is important to use a doctor in the network selected (just like your current plan). On your Member ID Card you will find a logo for your plan's PPO Network. Your provider will recognize the PPO Network.

Q: What are the benefits of having a Third-Party Administrator (TPA) handle our claims versus having a carrier do it?

A: Many would say that traditional carriers are first concerned with their bottom line, not yours. A Third-Party Administrator (TPA) solely works on your behalf and has your group's interests in mind. As the program administrator, TPAs strategically partner with each client company to proactively address factors that contribute to the rising cost of healthcare. Plus, isn't it nice to speak directly to the person who pays your claims versus a different customer service person every time you call? Our committed member and client service teams are here to support our agents, clients, and employee members. A friendly voice and great customer service -- all standards of care for you, our client. This also provides transparency for purposes of justifying cost to provide a long-term, cost-effective solution for healthcare.

For More Information Please Contact

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