



Belleville Chamber of Commerce, Inc. Health & Wellness Plan

"Keeping our community healthy,
economically strong, and
thriving."

Sponsored by:
Belleville Chamber of
Commerce, Inc.



Coordinated by:

Joshua Sapp, President/CEO

Heartland Benefits Group, LLC.
(316)670-2856

Plan Administrator:

CPM, Inc.

(785) 273-8398



The Belleville Community Chamber of Commerce 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.

The BCC 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 BCC 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 BCC 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 Chamber, 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.

BCC



Belleville Chamber of Commerce, Inc.

Waylon Sheetz, Executive Director / (785) 527-5524

Claims Administered by:



call: (800) 999-1781

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, BCC wanted to be progressive in providing additional Chamber benefits to assist employers. By offering a Health Benefit Plan, BCC 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 prior to the effective date of January 1
- ◆ 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 BCC 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 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 - HDHP / HSA		Plan D - HDHP / HSA	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible Amount								
<i>Single</i>	\$1,000	\$2,000	\$3,000	\$6,000	\$4,500	\$9,000	\$6,000	\$12,000
<i>Family</i>	\$3,000	\$6,000	\$6,000	\$12,000	\$9,000	\$18,000	\$12,000	\$24,000
Co-Insurance	%80/20	%70/30	%80/20	%70/30	%50/50	%40/60	N/A	N/A
Max Out of Pocket								
<i>Single</i>	\$2,000	\$4,000	\$6,000	\$12,000	\$8,150	\$16,300	\$6,000	\$12,000
<i>Family</i>	\$6,000	\$12,000	\$12,000	\$24,000	\$16,300	\$32,600	\$12,000	\$24,000
Maximum Out of Pocket = Deductible + Co-Insurance								
Preventative	100%	Ded./Co-ins.	100%	Ded./Co-ins.	100%	Ded./Co-ins.	100%	Ded./Co-ins.
Office Co-Pay								
Primary Care	\$25	Ded./Co-ins.	\$25	Ded./Co-ins.	\$25	Ded./Co-ins.	N/A	Ded./Co-ins.
Specialist	\$50	Ded./Co-ins.	\$50	Ded./Co-ins.	\$50	Ded./Co-ins.	N/A	Ded./Co-ins.
Urgent Care	\$100	Ded./Co-ins.	\$100	Ded./Co-ins.	\$100	Ded./Co-ins.	N/A	Ded./Co-ins.
ER	\$250	Ded./Co-ins.	\$250	Ded./Co-ins.	\$250	Ded./Co-ins.	N/A	Ded./Co-ins.

<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

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	Plan A	Plan B	Plan C	Plan D
Generic	\$1	\$1	\$1	\$1
Preferred	\$35	\$35	%50/50 Co-ins.	\$35
Non-Preferred	\$70	\$70	%50/50 Co-ins.	\$70
Specialty	\$200	%50/50 Co-ins.	%50/50 Co-ins.	ALL EXCLUDED

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

Benefits Exclusion:

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