

HOW TO OBTAIN A QUOTE



...rising above the service you expectSM

How do I get a quote if I do not have an insurance agent? Contact Steve James at ADVANTAGE at (317) 573-2835 or sjames@ADVANTAGEplan.com.

How do I get a quote through my insurance agent? If your agent is a current member of one of the Hamilton County Chambers of Commerce, they will need to provide their membership number (validated by ADVANTAGE with the respective Chamber at the time of quote submission) along with the necessary information to provide a quote. Your agent must be a licensed and appointed agent with ADVANTAGE. If your agent is not a current member of a Hamilton County Chamber of Commerce organization, they must first join one of the Chamber organizations to receive a quote from ADVANTAGE. Have your agent contact ADVANTAGE for details.

What information is needed in order to get a firm quote and what are the underwriting requirements?

- Confirmation of membership in one of the Hamilton County Chambers of Commerce. Please provide your membership number at the time of your quote request.
- Census (in Excel format) of eligible employees including gender, date of birth, and coverage tier (employee only, employee plus spouse, employee plus child (ren), family). Please also include any eligible employees that are waiving coverage.
- Requested effective date of coverage
- Requested plan options
- Individual health statements required for groups with 2-50 eligible employees. Health statements must be signed and dated within 60 days prior to the effective date of coverage with ADVANTAGE.
- Detailed claims information (including monthly paid claims and high claimant report) covering 24 months for groups with 51 or more eligible employees. If claims are not available, the group will need to submit individual health statements.
- ADVANTAGE will accept another carrier's health statement (i.e., Anthem, Principal, Humana, etc.) as long as all employees sign an ADVANTAGE Authorization for Release of Health Information form.

How long will it take to get my quote? Groups with 2-50 eligible employees can expect a quote returned in 3-5 business days. Groups with 51 or more eligible employees can expect a quote returned in 7-10 business days.

What if I am a currently covered by an ADVANTAGE medical plan not offered through the Chamber?

How do I get access to the Chamber discount plans and rates? Current ADVANTAGE members are subject to the same underwriting procedures as non-ADVANTAGE members. The plans and discounted rates offered through the Chamber are exclusive to Chamber members. For more information, please contact your insurance broker or ADVANTAGE.

What if I want to change my insurance to ADVANTAGE before the actual renewal date with my current group medical carrier? All eligible Chamber members can enroll in the Chamber health plan on the 1st of any month. However, they will be subject to normal underwriting procedures, and their new renewal date will be one (1) year from their effective date of new coverage through the Chamber.

What plan designs are available? ADVANTAGE offers 8 customized plan options (4 point-of-service plans and 4 high deductible plans that are HSA qualified). These plans can be offered with in-network benefits only or with a point-of-service (out of network) rider. In addition, ADVANTAGE offers several pharmacy options and 4 benefit riders (vision, family planning, chiropractic care & morbid obesity). Please contact your local Chamber representative, your insurance agent or ADVANTAGE for additional information regarding the plans available through your Chamber.

continued on back

How are wellness and preventive care covered? All plans include co-pays for wellness/preventive care services received through participating providers. Wellness and preventive care services include routine annual physicals, routine gynecological services, routine mammographies, routine prostate specific antigen (PSA) testing, routine blood cholesterol screening, colorectal cancer screening, routine immunizations and routine hearing tests. Routine vision exams can be purchased as a rider.

Does ADVANTAGE offer care management or disease management programs? Yes. As part of ADVANTAGE's commitment to ensuring quality healthcare, personalized and comprehensive management programs are offered for a wide range of diseases and chronic conditions. ADVANTAGE's disease management programs (called *Care-ADVANTAGE*) are designed to focus on a member's specific health condition, and to provide members with personal support and services. These programs are designed to help members better control their condition through a planned partnership between the member, their healthcare provider, and ADVANTAGE. This approach facilitates more effective communication between physicians and patients, as well as continuous disease management support to members affected by chronic conditions. Some of the disease management programs include asthma, coronary artery disease (CAD), congestive heart failure (CHF), diabetes or high blood sugar, hypertension or high blood pressure, and migraine headaches. As a member of the disease management program, you may be eligible for reduced prescription co-payments on medications you take for your chronic conditions by utilizing the ADVANTAGE prescription mail order program. ADVANTAGE also offers a smoking cessation program and covers some smoking cessation medications.

How are radiology services covered? Radiology services performed on an outpatient basis at a participating physician's office or facility are covered at 100% (not subject to any deductible or coinsurance).

Why do I need to choose a primary care physician (PCP)? A primary care physician model promotes wellness education and coordination of care. All enrollees accessing the ADVANTAGE proprietary provider network must elect a PCP. The doctor's name and telephone number will be printed on the member's ID card. In addition, family members are allowed to choose different PCP's in separate hospital networks (i.e., one family member can have a PCP in the St. Vincent hospital network and another family member can have a PCP in the St. Francis hospital network). Although all members must select a PCP, most specialist services can be "self-referred" to a participating in-network provider without a referral. It is important to note that even when referrals are not necessary, pre-certification is mandatory for any outpatient surgical procedure or any planned hospitalization. Groups with 51 or more eligible employees can offer a "buy-up" plan that includes a PPO-type network option. Employees enrolling in the PPO network option must also elect a PCP on their enrollment form, but are not obligated to use that provider for any services. Members enrolling in the PPO-type network are asked to select a PCP so that their doctor's name and phone number are printed on their ID card.

How does ADVANTAGE cover employees or dependents that live outside of the service area?

Subject to underwriting approval, ADVANTAGE will cover employees or dependents that reside outside of the service area by utilizing one of their partnering regional or national PPO networks.

Are there rules for minimum employer contribution and employee participation? Each employer must contribute a minimum of 50% of the "employee only" premium for each enrolling employee. Each employer group must have a minimum of 75% of their "net eligible" employees participating in the health plan. Employees who waive coverage due to "other qualified coverage" (i.e., through a spouse, Medicare, etc.) are not included in the "net eligible" calculation.