

# AOPA Affinity Health Plan Frequently Asked Questions



Effective January 2022

## Q: Who is eligible?

**A:** Member companies in good standing (per AOPA bylaws) may join the AOPA Affinity Health Plan. The benefits are offered to you, your employees and their dependents.

## Q: Why is AOPA offering this?

**A:** AOPA is 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 AOPA members.

## Q: What are the benefits?

**A:** This health insurance program was built EXCLUSIVELY for AOPA members and offers you, your employees, and their dependents quality healthcare with affordable monthly premiums and long term rate stability.

## 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.

## 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: Does the plan offer Dental and Vision coverage?

**A:** Yes, dental and vision are available via the AOPA Health Plan offering.



**Q: How long are the plans and rates offered by the AOPA Affinity Health Plan valid? Can my coverage be canceled at any time?**

**A:** Plans and rates are good for one year from the initial offering date of 2022. Once launched, the AOPA Affinity 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 AOPA Affinity Health Plan offers the following options:

- **Aetna** - PPO: <https://providerlocator.firsthealth.com/LocateProvider/LocateProviderSearch/>
- **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: Could AOPA go with an Open Network? Could we use Blue Cross or United Networks?**

**A:** The Reference Based Pricing option is an "open network" program. While members can see a provider in the PHCS network, they can also see any provider and they will be covered.

**Q: Can my employees and their beneficiaries be seen at our facility even if we are out-of-network?**

**A:** Employees are covered at their own facility or that of their spouse or parent.



**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 AOPA Affinity 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 agent.

**Q: Is there an open enrollment period?**

**A:** The open enrollment period will be 30 days prior to launch (1/1/22) and 30 days post-launch (1/30/22).

**Q: Can an individual employed by an AOPA member enroll individually or is this benefit only available to AOPA member companies who would enroll their employees?**

**A:** The plan is offered at the AOPA member company level, not the individual level.

**Q: Is there a minimum number of employees that need to be enrolled?**

**A:** The plan requires two eligible employees enroll. Those employees can be related.

**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 AOPA members do not have to worry about keeping track of a separate benefit card. Show your ID card at the pharmacy counter, and let the AOPA Affinity Health Plan do 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.

**Q: Can AOPA members utilize their local broker to obtain this coverage?**

**A:** That is not an available option at this time.

**Q: Is O&P coverage included in all plans offered with CIGNA?**

**A:** Yes, Orthotics & Prosthesis are covered at 80% after deductible for all plans.

**For additional inquiries please contact your**

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