



# ChamberCHOICE LEVEL FUNDING ASO

**DESIGNED FOR BUSINESSES WITH 5-99 EMPLOYEES**

Chamber**CHOICE**  
by   Kansas City

# ChamberCHOICE LEVEL FUNDING ASO OPTION



## THIS IS ChamberCHOICE AT WORK FOR SMALL BUSINESS.

Control costs.

Protect the bottom line.

Empower employees.

Blue Cross and Blue Shield of Kansas City (Blue KC) has made small business a priority for more than 80 years. And we understand the unique challenges you face today.

Today's small employers are under constant pressure to mind the bottom line. That's why there's ChamberCHOICE – a suite of hand-picked health insurance products designed in partnership with the Greater Kansas City Chamber of Commerce for small employers across the Kansas City region. Chamber membership is not required to select these plans.

ChamberCHOICE Level Funding Administrative Services Only (ASO) plans provide a great alternative to traditional, fully insured small group health plans. The plans have been designed to be fully funded. Blue KC will help you evaluate your maximum claims risk and then blend specific and aggregate stop-loss insurance to create level funding you can budget for each month.



# ChamberCHOICE WORKS FOR SMALL EMPLOYERS. AND THEIR EMPLOYEES.

ChamberCHOICE is based on a health insurance model called Defined Contribution. Employers provide employees with a health insurance allowance, or “contribution,” to spend on their healthcare. It’s a win-win because employees get to choose the plan that fits their needs. And employers get to control their annual costs.

## What is Defined Contribution?

With a group-based Defined Contribution model, the business (employer) sets a specified amount to contribute to employees’ health insurance premiums while providing a menu of group health insurance options for their employees to choose from. The employee can then choose the plan option that best fits their needs. ChamberCHOICE gives employees a choice of six plan options.

## How can Defined Contribution Help Small Businesses?

Many small business owners want to provide benefits to their employees, but the rising cost of health insurance prevents them from doing so financially. This is where Defined Contribution health plans can help a small business compete for and retain the most qualified employees. The Defined Contribution arrangement allows an employer to designate a specific dollar amount for each employee. That employee is then empowered to choose a health insurance plan that meets his or her family’s needs.

Defined Contribution allows businesses to manage their costs by eliminating the uncertainty of fluctuating insurance premiums. If the cost goes up, it’s the employee’s responsibility to decide if he or she wants to search for another plan during Open Enrollment given their employer’s Defined Contribution, or to accept the increase.

The monthly level-funded money remitted to Blue KC will include:

- Administrative costs and stop-loss insurance
- Claims funding

Your maximum annual claims, including claims run-out liability, are predetermined to create level funding that is easy to administer. Employees can elect the following coverage levels:

- Employee Only
- Employee and Spouse
- Employee and Children
- Employee and Family



# OUR NETWORKS

Blue KC understands the importance of access to high-quality healthcare services. Our provider contracting team ensures our networks deliver by negotiating rates that help keep care affordable, while also ensuring each provider meets Blue KC’s standards for high-quality care.

When your employees select a Blue KC product, it’s important for them to also understand the provider network they have chosen.

## Preferred-Care Blue®

Preferred-Care Blue (PPO) offers your employees the largest selection of providers within the Blue KC 32-county service area.

## BlueSelect Plus

BlueSelect Plus gives employees access to a network specially designed for sustainable savings and easy access to quality healthcare in and around the Kansas City metro area.

To choose a BlueSelect Plus plan, companies must be headquartered in the 12-county region listed below, and members must:

- Live in one of these 12 counties:
  - **Missouri:** Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell
  - **Kansas:** Johnson, Wyandotte
- Seek care from any of the **3,600+ providers and ten hospitals** primarily located in these six counties:
  - **Missouri:** Clay, Jackson, Platte, Clinton
  - **Kansas:** Johnson, Wyandotte

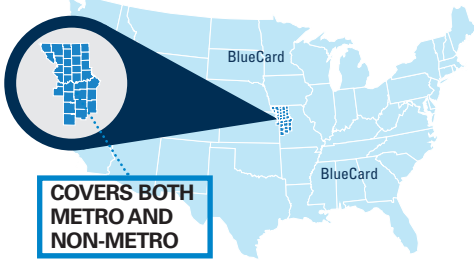
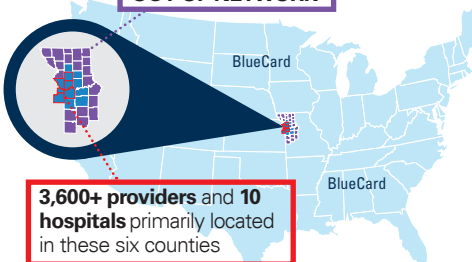
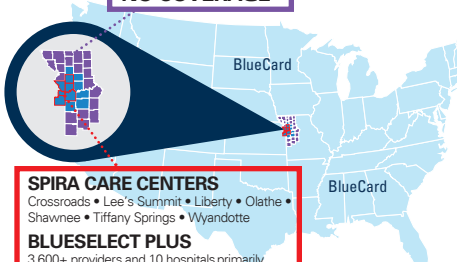
## NEW! Spira Care + BlueSelect Plus

Spira Care is a combined care and insurance offering developed by Blue KC. It’s designed to make the member healthcare experience simpler and more transparent. Spira Care members enjoy access to comprehensive, personal primary care at convenient Care Centers, as well as access to all the benefits of the BlueSelect Plus network in and around the Kansas City metro area.

Spira Care is built on an Exclusive Provider Organization (EPO) insurance model. Members must receive all care from in-network providers (12-county BlueSelect Plus network or BlueCard network outside the 32-county service area) except for emergency services. Non-emergency services received out-of-network are not covered.

## BlueCard®

Most Blue KC plans allow you to take your healthcare benefits with you – across the country and around the world – with the BlueCard program. BlueCard gives you access to doctors and hospitals almost everywhere. Outside of the U.S., you have access to doctors and hospitals in nearly 200 countries and territories through the BlueCard Worldwide® program.

<p><b>Preferred-Care Blue</b> (BlueCard for outside 32-county service area).</p>	<p><b>BlueSelect Plus</b> (BlueCard for outside 32-county service area).</p>	<p><b>Spira Care + BlueSelect Plus</b> (BlueCard for outside 32-county service area).</p>
 <p><b>COVERS BOTH METRO AND NON-METRO</b></p>	<p><b>OUT OF NETWORK</b></p>  <p><b>3,600+ providers and 10 hospitals</b> primarily located in these six counties</p>	<p><b>NO COVERAGE</b></p>  <p><b>SPIRA CARE CENTERS</b> Crossroads • Lee's Summit • Liberty • Olathe • Shawnee • Tiffany Springs • Wyandotte <b>BLUESELECT PLUS</b> 3,600+ providers and 10 hospitals primarily located in these six counties</p>
<p><b>PRODUCT TYPE</b> Preferred Provider Organization (PPO)</p> <p><b>PLAN FAMILY</b> ChamberCHOICE</p>	<p><b>PRODUCT TYPE</b> Preferred Provider Organization (PPO)</p> <p><b>PLAN FAMILY</b> ChamberCHOICE</p>	<p><b>PRODUCT TYPE</b> Exclusive Provider Organization (EPO)</p> <p><b>PLAN FAMILY</b> ChamberCHOICE</p>

For a full listing of in-network hospitals, visit Find A Doctor on BlueKC.com.



# SPIRA CARE™: LOWER COST, QUALITY CARE, SIMPLIFIED EXPERIENCE

## The Plan That Puts Care First.

Spira Care, developed by Blue KC, combines integrated primary care and coverage in one place, simplifying the healthcare experience to make it more personal and affordable. Blue KC members enrolled in Spira Care have access to convenient Care Centers located across the metro area, the expertise of our Care Guides to help them on their health journey, and all the benefits of the BlueSelect Plus network.

**No additional cost<sup>1</sup>:** Primary care – including X-rays<sup>2</sup>, labs and behavioral health services – is completely covered at the convenient Spira Care centers.

**No deductibles or copays<sup>1</sup>:** Members pay no additional cost for procedures received at any Spira Care location.

**Personal Care Guides:** Real, live, local experts help members navigate the oftentimes confusing world of healthcare. They can coordinate care, explain benefits, manage claims, refer to specialists and more.

**A broad and trusted network:** Members have access to more than 3,600 physicians and specialists across the BlueSelect Plus network<sup>3</sup>, which includes ten leading hospitals. And that's in addition to our Spira Care centers.

<sup>1</sup> There are no additional costs for any procedure provided at Spira Care Centers, but select prescriptions are available on-site subject to applicable copay.

<sup>2</sup> X-rays are available at select locations only, must be ordered by a Spira Care provider and are at no additional cost to members.

<sup>3</sup> Subject to plan cost share

## Where Can Employees Go for Care?

### Spira Care Centers with integrated primary care services.

- Spira Care – no additional cost

### BlueSelect and BlueCard networks.

- Networks and services outside the Care Centers<sup>3</sup>







## LOCATIONS





Crossroads • Lee's Summit • Liberty • Olathe • Shawnee • Tiffany Springs • Wyandotte

## A Closer Look at Spira Care Benefits

### COMPREHENSIVE SERVICES

<p>Routine Preventive Care</p>  <p>Chronic Condition Management</p>  <p>Digital (select locations only)</p>	<p>Adult &amp; Pediatric Primary Care</p>  <p>Behavioral Health Consultations</p>  <p>Lab Draws</p>
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### CONVENIENT BENEFITS

<p>Common Prescriptions Filled On-Site</p>  <p>Patient Wellness Follow-ups</p>  <p>Routine Preventive Care</p>	<p>Specialist Referrals &amp; Scheduling</p>  <p>Outside-of-Care Center Support</p>  <p>Access to A Healthier You Platform™</p>
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# ChamberCHOICE

## LEVEL FUNDING ASO PLAN OPTIONS

For Businesses with 5-99 Employees

With ChamberCHOICE, employers offer six unique Level Funding ASO medical plans. Employees then have the freedom to choose the plan that best fits their coverage needs. If an employer opts to offer dental and vision coverage, employees have a choice of three dental/vision plans. ChamberCHOICE Level Funding ASO plans require a minimum of five enrollees to participate.

MEDICAL PLANS	Member Coinsurance		Deductible				Out-of-Pocket Maximum				Copay / Cost-Share per Occurrence					RX Copay / Cost-Share				Deductible Type
	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Network					Network				
			Single	Family	Single	Family	Single	Family	Single	Family	PCP <sup>1</sup>	Spec	Urgent Care	ER	Facility / Hospital	TR1	TR2	TR3	T4	
CHOICE PCB PPO \$1,000	10%	30%	\$1,000	\$2,000	\$1,000	\$2,000	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb
CHOICE PCB PPO \$2,500	20%	40%	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	\$10,000	\$20,000	\$25	\$25	\$25	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb
CHOICE PCB PPO \$5,000	20%	40%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,500	\$13,000	\$13,000	\$26,000	\$30	\$30	\$30	\$100 + Ded/Coins	Ded/Coins	\$15	\$70	\$100	\$200	Emb
CHOICE PCB BlueSaver HSA \$3,500	0%	20%	\$3,500	\$7,000	\$3,500	\$7,000	\$3,500	\$7,000	\$7,000	\$14,000	Deductible									Emb
CHOICE BlueSelect Plus <sup>2</sup> PPO \$4,500	0%	30%	\$4,500	\$9,000	\$4,500	\$9,000	\$4,500	\$9,000	\$9,000	\$18,000	\$40	\$40	\$40	\$100 + Ded/Coins	Deductible	\$15	\$70	\$100	\$200	Emb
CHOICE BSP <sup>3</sup> Spira Care EPO <sup>3</sup> \$3,000	0%	N/A	\$3,000	\$6,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	Spira No Charge <sup>4</sup> BSP Ded	Deductible	Deductible	Deductible	Deductible	\$15	\$50	Deductible		Emb

<sup>1</sup>Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics

<sup>2</sup>To select a BlueSelect Plus plan, companies must be headquartered in the 12-county region. Additionally, members must live in one of these 12 counties: (Missouri) Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell, and (Kansas) Johnson and Wyandotte.

<sup>3</sup>EPO members must receive all care from in-network providers (BlueSelect Plus in the 12-county Kansas City area or BlueCard network outside of the 32-county area) except for emergency services.

<sup>4</sup>Only primary care services received at a Spira Care Center are at no additional charge. All other primary care services available through the BlueSelect Plus network are subject to deductible.

OPTIONAL DENTAL & VISION PLANS	Vision Plans					Dental Plans						
	Routine Exam	Frames	Std. Plastic Lenses <sup>1</sup>	Contact Lens Exam	Contact Lenses <sup>2</sup>	Calendar Year Maximum	Deductible	Diagnostic & Preventative	Basic Services	Major Services	Orthodontics	Non-Participating Providers <sup>8</sup>
CHOICE Base Vision & Dental	\$0	35% Off Retail	\$50/\$70/\$105	100% Member Responsibility	15% Off Retail / 100% Member Responsibility	\$1,000 Preventative <b>does not</b> apply towards Calendar Year Max	\$50 Indv / \$150 Family • Basic	PPO/GRID Providers <sup>6</sup> - 100% Choice/GRID+ Providers <sup>7</sup> - 100%	PPO/GRID Providers <sup>6</sup> - 90% Choice/GRID+ Providers <sup>7</sup> - 70%	Not Covered	Not Covered	Diagnostic & Preventative - 80% Basic - 60%
CHOICE Value Vision & Dental	\$0	\$130 Allowance <sup>3</sup>	\$10/\$10/\$10	Std. Lens to \$40 Allowance <sup>4</sup>	\$130 Allowance <sup>5</sup>	\$1,000 Preventative <b>does</b> apply towards Calendar Year Max	\$50 Indv / \$150 Family • Basic & Major	PPO/GRID Providers <sup>6</sup> - 100% Choice/GRID+ Providers <sup>7</sup> - 100%	PPO/GRID Providers <sup>6</sup> - 80% Choice/GRID+ Providers <sup>7</sup> - 70%	PPO/GRID Providers <sup>6</sup> - 50% Choice/GRID+ Providers <sup>7</sup> - 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%
CHOICE Buy-up Vision & Dental	\$10	\$150 Allowance <sup>3</sup>	\$25/\$25/\$25	Std. Lens to \$40 Allowance <sup>4</sup>	\$150 Allowance <sup>5</sup>	\$1,500 Preventative <b>does</b> apply towards Calendar Year Max	\$50 Indv / \$150 Family • Basic & Major	PPO/GRID Providers <sup>6</sup> - 100% Choice/GRID+ Providers <sup>7</sup> - 100%	PPO/GRID Providers <sup>6</sup> - 90% Choice/GRID+ Providers <sup>7</sup> - 80%	PPO/GRID Providers <sup>6</sup> - 60% Choice/GRID+ Providers <sup>7</sup> - 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%

<sup>1</sup>Single Vision/Bifocal/Trifocal; <sup>2</sup>Conventional/Disposable; <sup>3</sup>20% off balance over Allowance; <sup>4</sup>Premium Lens: 10% off Retail;

<sup>5</sup>Conventional: 15% off balance >Allowance; Disposable: 100% member responsibility >Allowance; Medically Necessary: \$0 Copay

See Benefits Summaries for Out-of-Network benefits

Limits: Routine Exam: 1 per 12 months; Frames: 1 per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 per 12 or 24 months (check plan details)

<sup>6</sup>Blue Dental PPO Providers: The preferred network of coverage in the Blue KC service area. Lowest out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

<sup>7</sup>Blue Dental Choice Providers: An additional network of coverage in the Blue KC service area. Higher out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

<sup>8</sup>Non-Participating Providers: Seeing a non-participating dentist results in the highest out-of-pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider



# UNDERSTANDING YOUR PLAN

Here's a quick overview of how the ChamberCHOICE Level Funding ASO Option functions. These are self-funded plans designed specifically for the needs of small employers. Easy to administer, the ChamberCHOICE Level Funding ASO plans are comprised of maximum claims funding, administrative services and stop-loss insurance.



Please note: Fixed Costs include administration fees and stop-loss insurance premiums.

## Self Funding

As an employer, when you choose to provide a self-funded medical plan, you are responsible for your employees' medical benefits directly. Your company assumes direct risk for the payment of claims filed with your plan. ChamberCHOICE Level Funding ASO plans have been specifically packaged for ease of administration and limited risk.

## The Medical Plan

Blue KC offers a suite of hand-picked Level Funding ASO plan designs. Your employees will choose from six unique plan designs to fit their needs. Blue KC will provide a Benefit Booklet explaining the plan benefits, exclusions and limitations.

## ASO Agreement

Blue KC will manage all claims administration for your Medical Plan. The ASO agreement is the contract you will sign authorizing Blue KC to process claims, billing, reporting, enrollment, membership changes, customer services, materials fulfillment, etc.

## Stop-Loss Insurance Policy

The Stop-Loss Insurance Policy, also referred to as an Excess Loss Insurance Policy, protects your self-funded group health plan from catastrophic claims incurred by a single covered member (specific stop loss) or overall protections in the event that all of the claims exceed the dollar amount budgeted (aggregate stop loss). ChamberCHOICE Level Funding ASO plans include specific stop loss at \$20,000 and aggregate stop loss of 120 percent. This coverage will be for a 12-month contract period plus an additional 12-month run-out period. The Stop-Loss Insurance Policy outlines the coverage included with your ChamberCHOICE Level Funding ASO plans.

*Note – The stop-loss policy is issued by Missouri Valley Life and Health Insurance Company (MVLH), a wholly-owned subsidiary of Blue KC.*

## Claim Funding

ChamberCHOICE Level Funding ASO plans have been specifically designed to determine your maximum claims liability. Once determined, the amount of your maximum claims liability will be remitted by you to Blue KC each month based on enrollment on the 20th day of the prior month. Money not paid out in claims in a given month will roll over. If your claims exceed the aggregate or specific stop-loss thresholds, your Stop-Loss Insurance Policy covers the additional eligible claims.

## Year-End Settlement

In the event your plan does not incur the budgeted maximum claims liability, the medical plan will share the benefits of a positive claims experience. Two-thirds of the unused claims funds will be returned to the medical plan and one-third will be retained by Blue KC to help offset administrative costs (deferred administration fee). Settlement reconciliation will occur 15 months after the end of the contract period (plan year).

## Contractual Agreements

As an employer, you are directly responsible for your self-funded medical plan. Any services provided by Blue KC to help administer your plan must be supported by contracts. The following legal documents must be agreed to and signed by both parties.

- Business Associate Agreement (BAA)
- Administrative Services Agreement (ASA)
- Excess Loss Agreement (Issued by MVLH)

## Financial Responsibility

The PCORI fee does not apply to plan years ending on or after Oct. 1, 2019. However, For noncalendar-year plans that ended between Jan. 1, 2019 and Sept. 30, 2019, there is one last PCORI payment due by July 31, 2020.





# ADDITIONAL INFORMATION

## Billing & Payment

ChamberCHOICE Level Funding ASO Plans will require electronic remittance of all plan funds (monthly maximum claims liability, administrative fees, and stop-loss insurance fees) by the first of the month. If the funds are not received, all claims payments will be put on hold until appropriate funds are received. If remittance is not received by the end of the month, your plan will be terminated (including Stop-Loss Insurance and Administrative Services).

Date	Sample Monthly Billing Cycle for May
April 20	E-bill generated (viewable online within 48 hours)
May 1	May payment due
May 1	May remittance pulled via Electronic Fund Transfer (EFT)
May 10	Blue KC confirms May payment has posted
May 10	If payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied

*Note – Employers electing a ChamberCHOICE Level Funding ASO Plan will be required to provide Blue KC with a binder payment equal to the first month remittance (maximum claims liability, administrative services fees and Stop-Loss Insurance). This must be received prior to any plan setup occurring in Blue KC’s systems.*

## Important: Self-Funded Plan Group Responsibilities

Offering a Self-Funded Group Health Plan has many unique benefits; however, there are also additional actions and responsibilities. Blue KC recommends that employers work with legal counsel to ensure they are able to fully fulfill the obligations of the Self-Funded Group Health Plan.

Below is a list of helpful resources:

- Health Benefits Plan Resource Guide, provided by Blue KC and available online at [BlueKC.com](http://BlueKC.com), or by contacting your Blue KC representative.
- The Employee Benefits Security Administration’s Guide *Understanding Your Fiduciary Responsibilities Under a Group Health Plan* available at <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/understanding-your-fiduciary-responsibilities-under-a-group-health-plan.pdf>.
- The Center for Consumer Information & Insurance Oversight, [www.CMS.gov](http://www.CMS.gov).
- Minimum Essential Coverage Reporting (section 6055) is the responsibility of the Group. More information is available at <https://www.cms.gov/ccio/index.html>.

# QUESTIONS?

For more information on the ChamberCHOICE program, visit us online at **BlueKC.com/ChamberChoice**. Prefer to talk in person? Call your broker or contact a small group Blue KC representative at 816-395-2939.



## Disclosure Notices

All plans that cover prescription drugs are considered creditable coverage for Medicare Part D.

Blue KC subcontracts with other organizations to perform certain services such as utilization management (e.g., hospital concurrent review, prior authorizations, peer medical necessity review, denials/approvals, appeals), member complaints, provider credentialing, and case management for members with complex and catastrophic conditions.



[BlueKC.com/ChamberChoice](http://BlueKC.com/ChamberChoice)

2301 Main Street | Kansas City, MO 64108