
OSMA's New Health Benefits Plan: Frequently Asked Questions & Answers

In response to the changes brought about by the Affordable Care Act (ACA), the Ohio Psychological Association (OPA) now offers a new Health Benefits Plan (HBP). OPA has partnered with the Ohio State Medical Association's (OSMA) HBP through a self-funded multiple employer welfare arrangement developed for Ohio Healthcare Providers.

Q. How is the new OSMA HBP different than the ACA?

A. Unlike the current ACA structure, the OSMA HBP

- will be a self-funded plan for small healthcare provider practices,
- will offer a variety of plan designs that meet the minimum essential coverage* requirement, including
 - different plan options with deductibles ranging from \$500 to \$7,000 for single coverage (2x for family coverage),
- will allow for the continued use of Health Reimbursement Accounts (HRA) and Health Savings Accounts (HSA),
- may be less expensive than many comparable options under the ACA,
- will allow for changes in benefits and contribution rates at renewal without being "locked in" by the grandfathered status, and
- no monthly administrative billing fee.

Q. Will my current plan rates go up under the ACA?

A. The ACA premium will be dependent on a variety of factors and specific to each group. Our insurance agents will help you understand your options and will be in a position to help you get the most affordable benefit option available.

Q. Are there any special features to the OSMA HBP?

A. Yes. Our HBP offers:

- **COBRA** – Available for the health coverage for all groups with 20 + employees.
- **Retiree Coverage** – Available with approval, for groups with current Retiree plans that meet the plan requirements of the OSMA HBP.

Q. Does the OSMA HBP provide the employer with a Summary Plan Description (SPD)?

A. Yes. We provide each employer with an SPD for the OSMA HBP that meets ERISA compliance regulations. (All employers are responsible for providing SPD's for all of their health and welfare benefits.)

* The OSMA HBP meets all essential coverage requirements with the exception of Pediatric Dental which is available on a stand-alone basis.



OSMA Insurance Agency
5115 Parkcenter Ave, Suite 205, Dublin, Ohio 43017

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FAQ's Continued (page 2 of 3)

Q. Do I have to switch doctors?

A. The OSMA HBP utilizes the SuperMed Plus network from Medical Mutual of Ohio, one of the largest networks of providers and facilities in the state. (You should, however, always check to make sure your doctor is in network prior to any service

<https://providersearch.medmutual.com/NetworkRealignment.aspx>)

Q. What is the cost to me for joining the OSMA HBP?

A. Each group will have a monthly premium equivalent rate based on a variety of factors including but not limited to:

- Number of Covered Employees
- Medical History
- Gender
- Age
- Tobacco Usage
- Location

Q. Why should I change plans now?

A. Due to the constant policy evolution of the ACA and the uncertainty of future year premiums, many groups will be able to experience a competitive rate that may not be available from Ohio's ACA Marketplace. The OSMA Insurance Agency will provide an easy to understand comparison between the ACA plans and the HBP.

Q. If I leave my current plan (including an ACA plan) will I be subject to pre-existing conditions limitations?

A. No. The coverage will be offered on a guarantee issue basis with no preexisting exclusions.

Q. What happens if I decide to leave the OSMA HBP in the future?

A. Members may elect to withdraw from participation in the Plan at the end of a calendar month by giving written notice to the Plan at least thirty (30) days prior to the end of such month.

Q. Is there a fee to be part of the OSMA HBP Plan?

A. Yes. At least one insured must be an active member of the Ohio Psychological Association. Additionally, an affiliate membership with the OSMA is required at a cost of \$3 per enrolled employee per month. The affiliate fee is charged on an annualized basis at the time of sale and at renewal.

Q. Is the OSMA HBP permitted by the ACA?

A. Yes. The OSMA HBP is a self-funded option allowed under the ACA. The OSMA Insurance Agency is authorized to offer health plans as a Federally-facilitated Marketplace Certified agent and Certified Patient Protection and Affordable Care Act (PPACA) Professional.



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FAQ's Continued (page 3 of 3)

Q. What is the OSMA Health Benefit Plan's legal structure?

A. The OSMA HBP is technically known as a Multiple Employer Welfare Arrangement (MEWA). A MEWA provides health and welfare benefits to employees of two or more employers who pool their contributions, enabling them to offer health coverage at rates and benefits typically available only to larger groups.

OPA is able to partner with the OSMA Insurance Agency as the health plans offered are available to Ohio healthcare providers.

Q. How secure is the OSMA's HBP?

A. The Ohio Department of Insurance and several federal government agencies coordinate the oversight and regulation of the OSMA HBP. This multi-jurisdiction gives the State of Ohio's Department of Insurance primary responsibility for overseeing the financial soundness the OSMA HBP, while the U.S. Department of Labor provides oversight for employee benefit plans and the Internal Revenue Service ensures the non-profit tax status of the OSMA HBP. The plan has experienced an average renewal of 5.5% in 2016, 6.6% in 2017, and for the January 1, 2018 renewal the average increase will be 3.5%.

Q. Is there a situation when my practice should use the ACA's marketplace options?

A. Yes. The demographics of your practice may be better suited for the ACA Marketplace. Contact us by phone, fax or email and we'll discuss the specifics of your options carefully so you can make an informed decision.

Q. How do I learn more about the OSMA Health Benefit Plan?

Visit www.ohpsych.org/healthbenefitsplan

or call the...

Ohio Psychological Association - 614.224.0034

OSMA Insurance Agency – 800-860-4525



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