MarshMcLennan Agency

NCCNP AHP – Informational Meeting

North Carolina Center for Nonprofits - Association Health Plan

Brandon Moorefield, Senior Vice President
Sam Eller, Associate Advisor
Lindsey Larkin, Client Manager
Shay Edwards, Client Support Associate
Mark Lamberth, AHP/MEWA Consultant

Introduction

The MMA Team

Brandon Moorefield
Senior Vice President, Employee Health & Benefits

Lindsey Larkin
Client Manager, Employee Health & Benefits

Sam Eller
Associate Advisor, Employee Health & Benefits

Shay Edwards
Client Support Associate, Employee Health & Benefits

Mark Lamberth
Association Health Plan/MEWA Consultant, Employee Health & Benefits

MMA's role: Broker to the Trust, carrier liaison for BCBS of NC, OneAmerica, and The Hartford relationships, group enrollment support, on going service support, etc.

AHP Introduction & Overview

Why Join NCCNP Group Insurance Trust?

Joining together with other NCCNP members means:

- **Lower Pricing**: Our goal is to offer a lower price through the pooling together of members and risk.
- **Cost Stability and Lowered Risk**: NCCNP Group Insurance Trust is fully underwritten through BCBS of NC, giving you premiums based on your employee's experience, plus long-term rate stability and more predictable renewals. *Meaning this program is designed to help stabilize rates year over year!*
- **Better Benefit Options**: Together, NCCNP members can access benefit options that may not be available to you or your employees.
- **Using Powerful and Intuitive Technology**: NCCNP Group Insurance Trust utilizes Vimly for eligibility, enrollment, education, member support.
- **Reminder:** The Association Health Plan may not be the right for everyone; however, it may be a fit in the future!

Annual renewal is January 1st – but you can join anytime throughout the year.

The plan details in this presentation are summaries, please refer to the benefit documents for the complete details.

Current Enrolled Groups

As of January 1, 2025

- ArtsAVL (Asheville Area Arts Council)
- Carolina Jews for Justice
- Dementia Alliance of NC
- Empowered Parents in Community
- Foster Village Charlotte
- Glenwood Together
- Guilford County
- Haywood Christian Ministry
- Mountains-to-sea Trail
- NCPC (North Carolina Partnership for Children)
- New NC Project
- NIMED (National Institute of Minority Economic Development)
- Northern Moore Family Resources
- Our Wave
- Pamilco Partnership for Children
- Partners for Children and Families
- Senior PharmAssist
- Smart Start Partnership for Children
- Sound Rivers
- The Center for Native Health
- United Arts Council of Wake County
- Wake Smart Start

Carrier Partners & Benefits

Benefit	Provider	Number of Plans
Medical	BCBS of NC	24 (12 Standard and 12 HPN)
Dental	BCBS of NC	3
Vision	BCBS of NC	2
Basic Life and AD&D	OneAmerica	4
Voluntary Life and AD&D	OneAmerica	1
Short-Term Disability	OneAmerica	8 (4 Voluntary and 4 ER Paid)
Long-Term Disability	OneAmerica	8 (4 Voluntary and 4 ER Paid)
Accident	The Hartford	2
Critical Illness	The Hartford	1
Hospital Indemnity	The Hartford	1

NCCNP AHP Technology Vendor

Vimly

Vimly (technology vendor)	SIMON (benefits platform)
Broker Support	Open enrollment
Employer Support (questions, billing, enrollment, etc.)	Member maintenance (support with adds, terms, changes)
COBRA Support (notices, elections, invoicing, collection)	Dependent eligibility verification (QLE management)
1095-C IRS Reporting (ACA)	Resource library with videos and instruction guides to assist the group representatives in employee management (adds, terms, changes, QLE's)
Carrier feed integration	Reporting
Billing – the bill is run on the 20th of each month and due on the 15th of the following month.	

QLE – qualified life event

Considerations, Logistics & Timing

Eligibility Rules of the Road

- Participation Rules:
  - Must be a member of the North Carolina Center for Nonprofits
  - Employees MUST elect medical in order to elect any other benefits
  - 50% of the Full-Time employee population must be enrolled in the medical offering, with a minimum of 2 (Married couple counts as one employee)
  - Participation for all other lines is a minimum of 2
- Employer Contribution Rules:
  - Medical: 50% of the Employee Only tier must be covered by the employer
  - Dental & Vision: 25% of the Employee Only tier must be covered by the employer
  - No other lines have Employer Contribution requirements
- Underwriting/Quoting Process:
  - BCBS of NC uses age, gender, location, and industry to quote your group and assign a risk band (there are 20 risk bands)

What is the process?

- How to receive a proposal/quote?
  - Complete the interest form: https://forms.office.com/Pages/ResponsePage.aspx?id=Bdx-nk5mNk6Nkmd8qy-2-sPZWRxFf99Kto3ODyumd_hUME1EUDRPMFZSV0tEQklNVVAyRkJUM0Q4QS4u
  - We will reach out with a census template to be completed IN FULL
  - Once we receive that back, we will send that to BCBS, and BCBS will determine what your groups risk band will be
  - Once we know your risk band, we will put together your proposal

- If we review the proposal and want to move forward, what are next steps:
  - Tracy will confirm that you ARE a member of the Center, if you are not, you will work with the membership team to become a member of the center
  - From there, we will send you some paperwork to complete, once we have that back we will create your SIMON portal
  - Once that is done and tested, we can open up your groups open enrollment

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Medical Offerings

Your future is limitless.℠

Which Plan Should I Choose?

Example includes 3 of the 12 plan design options

	HDHP HSA	Copay (+Coinsurance)	ALL Copay
Deductible	$2,500	$1,000	$0
Out of Pocket Maximum	$2,500	$4,000	$5,000
Coinsurance (EE %)	0%	20%	No coinsurance / all copays
EX: Monthly Premium Cost (out of paycheck)	$250	$350	$300
EX: Annual Premium Cost (out of paycheck)	$3,000	$4,200	$3,600
TOTAL (plan + premium)	**$5,500**	**$8,200**	**$8,600**

Least Rich Traditional Broad Network Medical Plan Options

	Lowest Risk Band (1)	Highest Risk Band (20)
PPO (Copay)		
Employee Only	$464.22	$1,345.82
Employee & Spouse	$973.59	$2,913.10
Employee & Child(ren)	$846.25	$2,521.28
Employee & Family	$1,355.62	$4,088.57
HDHP (HSA)		
Employee Only	$444.89	$1,286.32
Employee & Spouse	$931.05	$2,782.21
Employee & Child(ren)	$809.51	$2,408.24
Employee & Family	$1,295.67	$3,904.12
All Copay		
Employee Only	$463.06	$1,342.24
Employee & Spouse	$971.03	$2,905.23
Employee & Child(ren)	$844.04	$2,514.49
Employee & Family	$1,352.01	$4,077.48

Most Rich Traditional Broad Network Medical Plan Options

	Lowest Risk Band (1)	Highest Risk Band (20)
PPO		
Employee Only	$518.90	$1,514.07
Employee & Spouse	$1,093.89	$3,283.26
Employee & Child(ren)	$950.14	$2,840.96
Employee & Family	$1,525.13	$4,610.15
HDHP (HSA)		
Employee Only	$503.95	$1,468.07
Employee & Spouse	$1,061.00	$3,182.04
Employee & Child(ren)	$921.74	$2,753.55
Employee & Family	$1,478.78	$4,467.53
All Copay		
Employee Only	$518.11	$1,511.63
Employee & Spouse	$1,092.15	$3,277.89
Employee & Child(ren)	$948.64	$2,836.33
Employee & Family	$1,522.67	$4,602.59

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Non-Medical Offerings

Reminder: an employee MUST be enrolled in medical in order to elect any other plans.

Your future is limitless.℠

Dental

	Plan 1	Plan 2	Plan 3
Employee Only	$29.02	$39.62	$44.90
Employee + Spouse	$58.04	$79.24	$89.80
Employee + Child(ren)	$70.92	$96.83	$109.74
Family	$108.62	$148.30	$168.06

	Plan 1	Plan 2	Plan 3
	In-Network Benefits	In-Network Benefits	In-Network Benefits
Class I Services			
Exams	100%	100%	100%
X-Rays	100%	100%	100%
Cleanings & Fluoride Treatments	100%	100%	100%
Sealants	100%	100%	100%
Palliative Treatment (Emergency)	100%	100%	100%
Class II Services			
Space Maintainers	100%	100%	100%
Basic Restorative (Fillings, etc.)	80%	80%	80%
Endodontics	80%	80%	80%
Non-Surgical Periodontics	80%	80%	80%
Repairs of Crowns, Inlays, Onlays	50%	50%	50%
Repair of Bridges	50%	50%	50%
Simple Extractions	80%	80%	80%
Class III Services			
Surgical Periodontics	50%	50%	50%
Complex Oral Surgery	50%	50%	50%
General Anesthesia	50%	50%	50%
Inlays, Onlays, Crowns	50%	50%	50%
Prosthetics (Bridges, Dentures)	50%	50%	50%
Orthodontics			
Benefit Percentage	N/A	N/A	50%
Lifetime Orthodontia Benefit Maximum	N/A	N/A	$2,000
Deductible	$75 / $225	$50 / $150	$50 / $150
Calendar Year Benefit Maximum	$750	$1,500	$2,000

Non-Voluntary: ER required to pay equal or greater than 25%

Must have 2 enrolled to be eligible.

Vision

	Plan 1	Plan 2
Employee Only	$6.07	$7.41
Employee + Spouse	$11.53	$14.08
Employee + Child(ren)	$12.14	$14.82
Family	$17.85	$21.79

	Plan 1	Plan 2
	In-Network Benefits	**In-Network Benefits**
Exam Copay	$10	$10
Frames	$130 Allowance	$200 Allowance
Lenses		
Single	$25 Copay	$25 Copay
Bifocal	$25 Copay	$25 Copay
Trifocal and lenticular	$25 Copay	$25 Copay
Contact Lenses		
Conventional	$0 Copay	$0 Copay
Medically Necessary	$130 Allowance	$200 Allowance
Frequency (Exam/Lenses/Frame)	12/12/24	12/12/12

Non-Voluntary: ER required to pay equal or greater than 25%

Must have 2 enrolled to be eligible.

Basic Life and AD&D

Basic Life / AD&D Rates	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Basic Life Rate per $1,000	$0.140	$0.140	$0.140	$0.140
Basic AD&D Rate / $1,000	$0.020	$0.020	$0.020	$0.020
Combined Life / AD&D Rate	$0.160	$0.160	$0.160	$0.160

Basic Life / AD&D Plan Features	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Benefit Amount	Flat $25,000	Flat $50,000	1x Salary	1x Salary
Maximum Benefit	Flat $25,000	Flat $50,000	Up to $100,000	Up to $250,000

Must have 2 enrolled to be eligible.

Voluntary Life and AD&D

Voluntary Life / AD&D Rates	OneAmerica
Age-Band	Rates per $1,000
Rate Type	Unisex/Unitobacco
Under 25	$0.06
25-29	$0.06
30-34	$0.08
35-39	$0.11
40-44	$0.18
45-49	$0.30
50-54	$0.47
55-59	$0.68
60-64	$0.80
65-69	$1.28
70-74	$2.86
70+	$2.86
AD&D	$0.03

Voluntary Life / AD&D Plan Features	OneAmerica
Employee May Elect	
Minimum Benefit	$10,000
Maximum Benefit	$500,000 (not to exceed 5x salary)
Guarantee Issue	$200,000
Spouse May Elect	
Minimum Benefit	$5,000
Maximum Benefit	Up to 100% of EE amount
Guarantee Issue	$30,000
Child Benefit	$20,000

Voluntary Short Term Disability (STD)

VOLUNTARY STD	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Benefit Percentage	60%	60%	60%	60%
Maximum Weekly Benefit	$1,500	$1,500	$1,500	$1,500
Benefit Duration	Up to 11 Weeks	Up to 24 Weeks	Up to 12 Weeks	Up to 25 Weeks
Elimination Period Accident	14 Days	14 Days	7 Days	7 Days
Elimination Period Illness	14 Days	14 Days	7 Days	7 Days
Pre-Existing Period	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.

Short-Term Disability Age-Band Rates	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Age-Band	**Rates per $1,000**	**Rates per $1,000**	**Rates per $1,000**	**Rates per $1,000**
0-29	$0.55	$0.65	$0.59	$0.76
30-34	$0.55	$0.65	$0.59	$0.76
35-39	$0.59	$0.76	$0.68	$0.81
40-44	$0.59	$0.76	$0.68	$0.81
45-49	$0.59	$0.76	$0.68	$0.81
50-54	$0.59	$0.76	$0.68	$0.81
55-59	$0.90	$1.08	$1.08	$1.35
60-64	$0.90	$1.08	$1.08	$1.35
65-69	$0.90	$1.08	$1.08	$1.35
70-74	$0.90	$1.08	$1.08	$1.35
70+	$0.90	$1.08	$1.08	$1.35

Employer Paid Short Term Disability (STD)

EMPLOYER PD STD	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Rate Per $10	$0.23	$0.32	$0.27	$0.35

STD Plan Features	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Benefit Percentage	60%	60%	60%	60%
Maximum Weekly Benefit	$2,000	$2,000	$2,000	$2,000
Benefit Duration	Up to 11 Weeks	Up to 24 Weeks	Up to 12 Weeks	Up to 25 Weeks
Elimination Period Accident	14 Days	14 Days	7 Days	7 Days
Elimination Period Illness	14 Days	14 Days	7 Days	7 Days

Must have 2 enrolled to be eligible.

Voluntary Long Term Disability (LTD)

VOLUNTARY LTD	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Benefit Percentage	60%	60%	60%	60%
Maximum Weekly Benefit	$8,000	$8,000	$8,000	$8,000
Benefit Duration	Up to 5 Years	SSNRA	Up to 5 Years	SSNRA
Elimination Period	180 Days	180 Days	90 Days	90 Days
Pre-Existing Period	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.

Long-Term Disability Age-Band Rates	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Age-Band	Rates per $1,000	Rates per $1,000	Rates per $1,000	Rates per $1,000
0-29	$0.08	$0.14	$0.12	$0.19
30-34	$0.27	$0.44	$0.38	$0.65
35-39	$0.27	$0.44	$0.38	$0.65
40-44	$0.27	$0.44	$0.38	$0.65
45-49	$0.65	$1.04	$0.90	$1.49
50-54	$0.65	$1.04	$0.90	$1.49
55-59	$0.65	$1.04	$0.90	$1.49
60-64	$1.17	$1.30	$1.58	$1.58
65-69	$1.17	$1.30	$1.58	$1.58
70-74	$1.17	$1.30	$1.58	$1.58
70+	$1.17	$1.30	$1.58	$1.58

Employer Paid Long Term Disability (LTD)

EMPLOYER PD LTD	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Rate Per $10	$0.21	$0.28	$0.26	$0.35

LTD Plan Features	OneAmerica Plan 1	OneAmerica Plan 2	OneAmerica Plan 3	OneAmerica Plan 4
Benefit Percentage	60%	60%	60%	60%
Maximum Weekly Benefit	$8,000	$8,000	$8,000	$8,000
Benefit Duration	Up to 5 Years	SSNRA	Up to 5 Years	SSNRA
Elimination Period	180 Days	180 Days	90 Days	90 Days
Pre-Existing Period	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.	3 Mon. / 12 Mon.

Must have 2 enrolled to be eligible.

Accident

Tier	Plan 1 - Low Plan	Plan 2 - High Plan
	Accident	Accident
EE	$7.07	$14.48
ES	$11.16	$22.86
EC	$11.54	$24.14
EF	$18.29	$38.01

Sample Covered Conditions	Plan 1 - Low Plan	Plan 2 - High Plan
Ambulance - Air	$1,500	$2,500
Ambulance - Ground	$750	$1,250
Blood/Plasma/Platelets	$300	$500
Burns	Varies	Varies
Chiropractic Care Services	Up to 10 Visits - $50	Up to 10 Visits - $100
Coma (Greater than 168 Hours)	$10,000	$20,000
Concussion	$200	$400
Dislocations and Fractures	Varies	Varies
Emergency Dental Work	Varies $150-$300	Varies $450-$900
Emergency/Initial Treatment	$150	$250
Eye Injury (Surgery)	$500	$1,000
Hospital Admission	$1,500	$2,500
Hospital Confinement (per day)	Up to 365 Days - $250	Up to 365 Days - $750
Hospital ICU (per day)	Up to 30 Days - $500	Up to 30 Days - $1,000
Knee Cartilage - Torn w/ Surgery Repair	$1,000	$3,000
Laceration	Varies $250 - $500	Varies $750 - $1,500
Lodging	Up to 30 Nights - $125	Up to 30 Nights - $175
Medical Imaging (MRI, MR, CT, CAT, EEG)	$300	$500
Paralysis	Varies $25,000 - $50,000	Varies $50,000 - $100,000
Physical Therapy	Up to 10 Visits - $75	Up to 10 Visits - $125
Prosthetic Device / Artifical Limb	Varies $1,500 - $3,000	Varies $2,500 - $5,000
Rehabilitation Confinement	Up to 15 Days - $200	Up to 15 Days - $600
Transportation	Up to 3 Trips - $400	Up to 3 Trips - $800
Additional Features		
Wellness Benefit Rider	$75 Per Enrolled Per Year	$75 Per Enrolled Per Year
Rate Guarantee (Year Plan Renews)	3 Years	3 Years

Critical Illness

Tier	Employee Rate Critical Illness (per $1,000)	Spouse Rate Critical Illness (per $1,000)
<25	$0.25	$0.26
25-29	$0.32	$0.34
30-34	$0.43	$0.42
35-39	$0.57	$0.54
40-44	$0.79	$0.74
45-49	$1.19	$1.11
50-54	$1.53	$1.57
55-59	$1.94	$2.12
60-64	$2.60	$2.96
65-69	$3.49	$4.11
70-74	$4.73	$5.34
75-79	$6.10	$6.84
80-84	$7.38	$8.28
85+	$7.38	$8.28

	Employee Rate	Spouse Rate
Sample Covered Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Major Organ Transplant	100%	100%
End Stage Renal Failure	100%	100%
Invasive Cancer	100%	100%
Skin Cancer	$250 One Time	$250 One Time
Coma	100%	100%
Child - Genetic Disorder	100%	100%
Paralysis	100%	100%
Dementia (includes Alzheimer's)	100%	100%
Advanced Parkinson's	100%	100%
ALS	100%	100%
Multiple Sclerosis	100%	100%
Benefit Amounts		
Employee	$10,000	$10,000
Spouse	Up to 100% of EE Amount	Up to 100% of EE Amount
Child(ren)	Up to 50% of EE Amount	Up to 50% of EE Amount
Additional Features		
Wellness Benefit Rider	$75 Per Enrolled Per Year	$75 Per Enrolled Per Year
Rate Guarantee (Year Plan Renews)	3 Years	3 Years

Hospital Indemnity

	Hospital Indemnity
Tier	Monthly Rates
EE	$18.28
ES	$33.70
EC	$31.41
EF	$49.00

Sample Covered Conditions	Hospital Indemnity
Admission (1 per year)	$1,000 per person
Daily Stay (90 per year)	$100 per day
ICU Daily Stay (30 per year)	$200 per day
Additional Features	
Wellness Benefit Rider	$75 per enrolled per year
Rate Guarantee	3 Years

Questions?

MarshMcLennan Agency

Your future is limitless.℠

A business of Marsh McLennan