



ChamberCare
SOLUTIONS

ChamberCare Health Alliance product guide

Benefits designed with you in mind.



Meet ChamberCare Health Alliance, great health coverage for your Small Group clients

Because today's small businesses are searching for cost-saving health coverage options, the Indiana Chamber of Commerce and the Indy Chamber have come together to offer the ChamberCare Health Alliance administered by Anthem Blue Cross and Blue Shield (Anthem). This gives chamber members access to a full range of high-quality plans and options that can lead to significant savings for groups with 2 to 50 total employees.

YOUR CLIENTS CAN BECOME CHAMBER MEMBERS TODAY!

A client's location determines which chamber to join:

Indiana Chamber	Indiana Chamber or Indy Chamber	Indy Chamber
All counties outside of Marion	Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Morgan and Shelby counties	Marion and surrounding counties to include: Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Morgan and Shelby

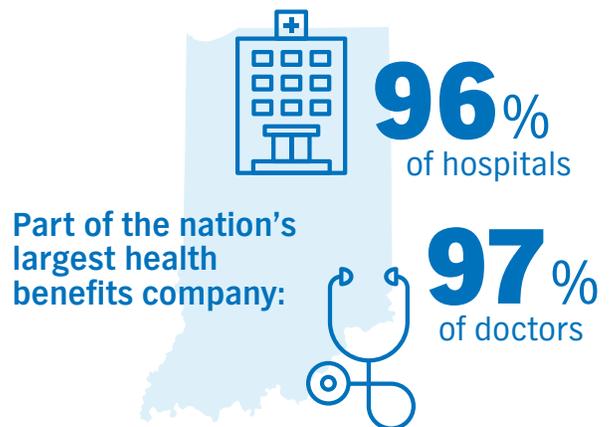
IN ADDITION TO FINANCIAL PROTECTION, THIS INNOVATIVE ALTERNATIVE OFFERS:

- Competitive rates.
- Rating methodology that can lead to lower premiums.
- Flexibility in choice of benefits plans.
- Membership to the Wellness Council of Indiana.
- Anthem's broad Blue Access PPO network and Essential Rx formulary.
- Discounted rates on dental, vision, life and disability.

WHY ANTHEM BLUE CROSS AND BLUE SHIELD?

It's that peace of mind knowing that Anthem has been serving millions of members in Indiana for 75 years and is:

- Part of the nation's largest health benefits company.
- Part of the BlueCard® program through the Blue Cross Blue Shield Association, which includes more than 96% of hospitals and 97% of doctors in Indiana.*



* Blue Cross Blue Shield Association website: *About Blue Cross Blue Shield Association* (accessed May 2019): bcbs.com/about-the-association/.

We've got your clients covered with exceptional health and wellness programs

Chamber members receive a free membership to the Wellness Council of Indiana (WCI): The WCI is dedicated to guiding members through the development, implementation and evaluation of their own comprehensive and sustainable workplace well-being efforts. WCI members receive strategic guidance and evaluation, workplace recognition, best practice sharing and quality programs and wellness tools. As a WCI member, employers have access to:

Recognition

- AchieveWELL is the WCI's assessment, evaluation and recognition program that recognizes excellence in the field of workplace well-being.
- Indiana Healthy Communities provides Hoosier communities with the data, evaluation and strategy to become a healthier place to live, work, learn and play.

Employer solutions

- Indiana Workforce Recovery provides the education, best practices and advocacy to help employers navigate the opioid epidemic.
- Members have access to templates for wellness programs and challenges, compliant smoking cessation programming, research, workbooks and inventories.

Best practice sharing

- IdeaShares are informal roundtable discussions on workplace well-being topics held throughout the state.
- Special interest groups convene organizations of similar industries and size to discuss best practices, challenges and successes.
- Monthly webinars and training provide educational and networking opportunities.

Whole Health ConnectionSM: Our clinical integration solution connects pharmacy, dental, vision, disability and behavioral health data with medical data to put employees at the center of a team-based approach to whole-person care.

24/7 NurseLine: Registered nurses are on call 24/7 to help with everything from a baby's fever to allergy relief tips and can advise employees on where to go for care.

Future Moms: Nurses help moms-to-be follow a health care provider's plan of care, identify any risks, make healthier decisions during pregnancy and prepare for delivery. Future Moms with Breastfeeding Support on LiveHealth Online offers moms visits with a lactation consultant, counselor or registered dietitian through private and secure video using a smartphone, tablet or computer.

MyHealth Advantage: When gaps or risks are identified, we mail a confidential MyHealth Note to the employee outlining specific actions he or she can take for better health and lower health care costs.

SmartShopper Rewards: This program offers employees financial incentives for using lower-cost, high-quality locations for health services and procedures. They can compare costs and if they choose the lower-cost location, they'll get a cash award and save on out-of-pocket costs.

ConditionCare: If employees are dealing with a chronic condition like asthma or diabetes, they get one-on-one help from a health care professional. They'll learn easier ways to manage their health and reach their health goals.

Case management: Employees with complex health issues work with our nurses and behavioral care managers to stay on top of their health issues and navigate the health care system. Backed by a team of doctors, pharmacists, exercise physiologists and others, our case managers have the latest information and treatment options.

Behavioral health: Employees' emotional well-being is as important as their physical well-being to an organization's ability to stay competitive. Employees who are dealing with depression, anxiety, stress or substance abuse need help. Our behavioral health program is integrated with our health plans and includes our extensive network of psychiatrists, social workers and residential treatment centers.

My Health Dashboard: Provides personalized content and delivers suggested clinical and wellness programs through our mobile app, Sydney or anthem.com. Recommendations are fed by claims and conditions-based data so employees get information most relevant to them.

LiveHealth Online: LiveHealth Online gives employees easy and convenient access to the care they need anytime, 24/7, with no appointments or long wait times. Employees can see a board-certified doctor or psychiatrist, licensed therapist* or lactation consultant through live video on their smartphone, tablet or computer with a webcam.

Autism Spectrum Disorder Program: This program helps connect employees with licensed behavioral analysts who work with children on the spectrum.

The Employee Assistance Program (EAP): Employees and their household members can turn to their EAP 24/7/365. They can get information and resources that help address issues that may be causing stress or concern like family, work or finances.

FIND OUT MORE TODAY

To learn more about the ChamberCare Health Alliance advantages, ask your Anthem Sales representative or your chamber for details, or visit us at anthem.com/chambercarehealthalliance.

Be sure to ask about special discounts on dental, vision, life and disability coverage available through the ChamberCare Health Alliance.

* Appointments subject to availability of a therapist.

PRODUCT DETAILS

ChamberCare Health Alliance PPO plans – 2 to 50 total employees

The plan naming structure includes these elements:

CHA MEWA + network name + product type + deductible/coinsurance/out-of-pocket maximum

	CHA MEWA Blue Access PPO 500/20%/3000	CHA MEWA Blue Access PPO 1000/20%/3500	CHA MEWA Blue Access PPO 1500/20%/5000
Network	Blue Access	Blue Access	Blue Access
Contract code	46QB	46Q6	46Q7
Deductible¹ (individual/family)	\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$3,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$3,000/\$6,000	\$3,500/\$7,000	\$5,000/\$10,000
Office visits: Primary care physician (PCP) Specialist (SPC) Retail health clinic (RHC)	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25
Doctor visits: LiveHealth Online	\$10	\$10	\$10
Urgent care² (facility)	\$100	\$100	\$100
Emergency room² (facility)	\$300, then 20% coinsurance	\$300, then 20% coinsurance	\$300, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance per admission	Deductible, then 20% coinsurance per admission	Deductible, then 20% coinsurance per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Pharmacy deductible³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy:⁴ 30-day supply	Level 1: \$10/\$35/\$70/25% up to \$300 per script Level 2: \$20/\$45/\$80/25% up to \$400 per script	Level 1: \$10/\$35/\$70/25% up to \$300 per script Level 2: \$20/\$45/\$80/25% up to \$400 per script	Level 1: \$10/\$35/\$70/25% up to \$300 per script Level 2: \$20/\$45/\$80/25% up to \$400 per script
Home delivery pharmacy: 90-day supply	\$25/\$105/\$210/25% up to \$300 per script	\$25/\$105/\$210/25% up to \$300 per script	\$25/\$105/\$210/25% up to \$300 per script

¹ All ChamberCare Health Alliance plans have embedded deductibles. An embedded deductible means each family member has an individual deductible and out-of-pocket maximum. Any deductible amount contributed by an individual family member applies to the family deductible amount, but no individual family member contributes more to the family deductible than their individual deductible amount.

² Some services received in an urgent care and emergency room setting are subject to deductible and applicable coinsurance.

³ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

⁴ Retail 90 is included on all plans. Employees can get a 90-day supply of maintenance medications from a participating retail pharmacy.

The below overview represents network benefits. Our preferred provider organization (PPO) plans also include non-network benefits with higher cost shares, including deductible, coinsurance and copays. For more plan information, please refer to the *Summary of Benefits (SOB)*. To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to regulatory review and approval and are subject to change.

CHA MEWA Blue Access PPO 2000/20%/5000	CHA MEWA Blue Access PPO 2500/20%/6000	CHA MEWA Blue Access PPO 4000/20%/7900	CHA MEWA Blue Access PPO 6200/30%/7550
Blue Access	Blue Access	Blue Access	Blue Access
46Q8	46Q9	46QA	46QJ
\$2,000/\$4,000	\$2,500/\$5,000	\$4,000/\$8,000	\$6,200/\$12,400
20%	20%	20%	30%
\$5,000/\$10,000	\$6,000/\$12,000	\$7,900/\$15,800	\$7,550/\$15,100
PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$40 SPC: \$80 RHC: \$40
\$10	\$10	\$10	\$10
\$100	\$100	\$100	\$100
\$300, then 20% coinsurance	\$300, then 20% coinsurance	\$300, then 20% coinsurance	\$600, then 30% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Deductible, then 20% coinsurance per admission	Deductible, then 20% coinsurance per admission	Deductible, then 20% coinsurance per admission	Deductible, then 30% coinsurance
Rx Choice Tiered Network with R90/Essential			
Tiers 1-4: No deductible			
Level 1: \$10/\$35/\$70/25% up to \$300 per script Level 2: \$20/\$45/\$80/25% up to \$400 per script	Level 1: \$10/\$35/\$70/25% up to \$300 per script Level 2: \$20/\$45/\$80/25% up to \$400 per script	Level 1: \$10/\$35/\$70/25% up to \$300 per script Level 2: \$20/\$45/\$80/25% up to \$400 per script	Level 1: \$15/\$40/\$80/25% up to \$300 per script Level 2: \$25/\$50/\$90/25% up to \$400 per script
\$25/\$105/\$210/25% up to \$300 per script	\$25/\$105/\$210/25% up to \$300 per script	\$25/\$105/\$210/25% up to \$300 per script	\$38/\$120/\$240/25% up to \$300 per script

PRODUCT DETAILS

ChamberCare Health Alliance PPO Health Savings Account (HSA) plans – 2 to 50 total employees

The plan naming structure includes these elements:

CHA MEWA + network name + product type + deductible/coinsurance/out-of-pocket maximum

	CHA MEWA Blue Access PPO 2800E/0%/2900 w/HSA	CHA MEWA Blue Access PPO 2800E/20%/5400 w/HSA	CHA MEWA Blue Access PPO 3000EC/0%/4000 w/HSA
Network	Blue Access	Blue Access	Blue Access
Contract code	46QC	46QD	46QH
Deductible¹ (individual/family)	\$2,800/\$5,600	\$2,800/\$5,600	\$3,000/\$6,000
Coinsurance	0%	20%	0%
Out-of-pocket maximum (individual/family)	\$2,900/\$5,800	\$5,400/\$10,800	\$4,000/\$8,000
Office visits: Primary care physician (PCP) Specialist (SPC) Retail health clinic (RHC)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	PCP: Deductible, then \$30 SPC: Deductible, then \$60 RHC: Deductible, then \$30
Doctor visits: LiveHealth Online	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$10
Urgent care² (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$100
Emergency room² (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$300
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance per admission	Deductible, then 20% coinsurance per admission	Deductible, then 0% coinsurance per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Pharmacy deductible³ (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy:⁴ 30-day supply	Level 1: 0% Level 2: 10%	Level 1: \$10/\$35/\$70/25% Level 2: \$20/45/\$80/35%	Level 1: \$10/\$35/\$70/25% Level 2: \$20/45/\$80/35%
Home delivery pharmacy: 90-day supply	0%	\$25/\$105/\$210/25%	\$25/\$105/\$210/25%

¹ All ChamberCare Health Alliance plans have embedded deductibles. An embedded deductible means each family member has an individual deductible and out-of-pocket maximum. Any deductible amount contributed by an individual family member applies to the family deductible amount, but no individual family member contributes more to the family deductible than their individual deductible amount.

² Some services received in an urgent care and emergency room setting are subject to deductible and applicable coinsurance.

³ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

⁴ Retail 90 is included on all plans. Employees can get a 90-day supply of maintenance medications from a participating retail pharmacy.

The below overview represents network benefits. Our preferred provider organization (PPO) plans also include non-network benefits with higher cost shares, including deductible, coinsurance and copays. For more plan information, please refer to the *Summary of Benefits* (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to regulatory review and approval and are subject to change.

CHA MEWA Blue Access PPO 4000E/0%/5000 w/HSA	CHA MEWA Blue Access PPO 5000E/20%/6550 w/HSA	CHA MEWA Blue Access PPO 6250E/0%/6400 w/HSA
Blue Access	Blue Access	Blue Access
46QE	46QF	46QG
\$4,000/\$8,000	\$5,000/\$10,000	\$6,250/\$12,500
0%	20%	0%
\$5,000/\$10,000	\$6,550/\$13,100	\$6,400/\$12,800
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance per admission	Deductible, then 20% coinsurance per admission	Deductible, then 0% coinsurance per admission
Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Level 1: \$10/\$35/\$70/25% Level 2: \$20/45/\$80/35%	Level 1: \$10/\$35/\$70/25% Level 2: \$20/45/\$80/35%	Level 1: 0% Level 2: 10%
\$25/\$105/\$210/25%	\$25/\$105/\$210/25%	0%

ChamberCare Health Alliance Dental plan options

Anthem dental plans fill gaps in care that many dental plans don't. All plans include a carry-over option, composite (tooth-colored) fillings, implants, and accidental dental injury coverage. Employees with certain health conditions who are participating in Anthem's ConditionCare programs also receive additional dental benefits including cleanings, periodontal-treatment and more through our Anthem Whole Health Connection benefit to promote better overall health and wellness.



Employer sponsored	Contract code	Deductible	Annual benefit maximum	Coinsurance In network (INN) Out of network (OON)	Active/ passive	Endo, perio, oral surgery basic/major	Out-of-network reimbursement	Orthodontia lifetime maximum
MEWA Essential Choice Classic IN-C19	48Z9	\$50/\$150	\$1,000	100%/80%/50% INN 80%/60%/50% OON	Active	Major	90th ¹	Not covered
MEWA Essential Choice Classic IN-C3	48ZA	\$50/\$150	\$1,000	100%/80%/50% INN 100%/80%/50% OON	Passive	Major	90th ¹	Not covered
MEWA Essential Choice Classic IN-C4	00OR	\$50/\$150	\$1,000	100%/80%/50% INN 100%/80%/50% OON	Passive	Major	Maximum allowable charge	Not covered
MEWA Essential Choice Classic IN-C1	48ZB	\$50/\$150	\$1,000	100%/80%/50% INN 100%/80%/50% OON	Passive	Basic	90th ¹	Not covered
MEWA Essential Choice Classic IN-C5	48ZC	\$50/\$150	\$1,000	100%/80%/50% INN 100%/80%/50% OON	Passive	Basic	90th ¹	\$1,000
MEWA Essential Choice Classic IN-C11	48CD	\$50/\$150	\$1,500	100%/80%/50% INN 100%/80%/50% OON	Passive	Major	90th ¹	Not covered
MEWA Essential Choice Classic IN-C9	48ZE	\$50/\$150	\$1,500	100%/80%/50% INN 100%/80%/50% OON	Passive	Basic	90th ¹	Not covered
MEWA Essential Choice Classic IN-C13	48ZG	\$50/\$150	\$1,500	100%/80%/50% INN 100%/80%/50% OON	Passive	Basic	90th ¹	\$1,000

Voluntary	Contract code	Deductible	Annual benefit maximum	Coinsurance In network (INN) Out of network (OON)	Active/ passive	Endo, perio, oral surgery basic/major	Out-of-network reimbursement	Orthodontia lifetime maximum
Essential Choice Voluntary IN-V1 ²	48CJ	\$50/\$150	\$1,000	100%/80%/50% INN 100%/80%/50% OON	Passive	Basic	90th	Not covered
Essential Choice Voluntary IN-V3 ^{2,3}	48ZK	\$50/\$150	\$1,000	100%/80%/50% INN 100%/80%/50% OON	Passive	Major	90th	Not covered
Essential Choice Voluntary IN-V13 ^{2,4}	48ZL	\$50/\$150	\$1,500	100%/80%/50% INN 100%/80%/50% OON	Passive	Basic	90th	\$1,000

1 90th percentile of FAIR Health.

2 12-month waiting period for major services.

3 12-month waiting period for endo, perio or oral surgery.

4 12-month waiting period for orthodontia.

ChamberCare Health Alliance vision plan options¹

Saving money is important to your clients and their employees. And convenience and choice are right up there, too. That's why Blue View VisionSM is a clear winner for both. Ours is one of America's biggest vision networks, so it's easy for employees to find an eye care provider online or close to their home or work. And our network discounts keep out-of-pocket costs down. Members save an average of 63% in the Blue View Vision network!

Employer sponsored	Contract code	Exam	Materials	Frames	Contacts
MEWA FS.A.10.25.150.150	490F	\$10	\$25	\$150	\$150
MEWA FS.A.10.0.130.130	48ZX	\$10	\$0	\$130	\$130
MEWA FS.B.10.20.130.130	4903	\$10	\$20	\$130	\$130
MEWA FS.C.20.20.130.130	4909	\$20	\$20	\$130	\$130
Blue View Vision MEWA exam ²	490K	\$20	N/A	N/A	N/A

Voluntary	Contract code	Exam	Materials	Frames	Contacts
MEWA FS.A.10.25.150.150	490E	\$10	\$25	\$150	\$150
MEWA FS.A.10.0.130.130	48ZW	\$10	\$0	\$130	\$130
MEWA FS.B.10.20.130.130	4902	\$10	\$20	\$130	\$130
MEWA FS.C.20.20.130.130	4908	\$20	\$20	\$130	\$130

	A plans	B plans	C plans
Eye exam	Once every calendar year	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year	Once every two calendar years
Frames	Once every calendar year	Once every two calendar years	Once every two calendar years
Contacts	Once every calendar year	Once every calendar year	Once every two calendar years

¹ Low-cost, access to Blue View Vision network - including all the materials and discounts that come with our network.
² Plans cover out-of-network. Only one plan may be selected.





Life and disability plans (2 to 50 total employees)

For extra support, our life and disability plans offer Resource Advisor, which includes counseling by phone, face-to-face or LiveHealth Online; financial and legal counseling; online tools for the whole family and Perks at Work discounts on goods and services to help employees stay healthy and more. Travel Assistance is included with all life plans to give employees help with emergency medical evacuations, lost baggage and more.*

Basic life with Accidental Death and Dismemberment (AD&D)

Life and AD&D coverage		
\$15,000	\$25,000	\$50,000

Basic life insurance and AD&D coverage is guaranteed issue for amounts shown. Coverage is not guaranteed issue for late enrollees. Benefits reduce by 35% at age 65 and 50% at age 70. Waiver of premium included for an employee who becomes totally disabled before reaching age 60, after they meet a six-month elimination period. Life insurance coverage continued under waiver of premium terminates at age 65. Living benefit/accelerated death benefit included - employees can receive an accelerated payout of up to 75% of their life insurance benefit if they are diagnosed as terminally ill. AD&D coverage includes seat belt benefit, airbag benefit, education benefit and repatriation benefit, coma benefit and common carrier benefit.

Basic life with AD&D and Dependent life

Life and AD&D coverage	Dependent life coverage
\$15,000	\$5,000/\$2,500 (spouse/child)
\$25,000	\$5,000/\$2,500 (spouse/child)
\$50,000	\$10,000/\$5,000 (spouse/child)

Coverage begins at 15 days from birth. Children are eligible until they reach age 26. Spouse benefits terminate when spouse reaches age 70. Dependent benefits may not exceed 50% of the employee benefit amount.

* All Travel Assistance services must be arranged in advance by Generali Global Assistance in order to be covered.

Short-term disability

Short-term disability coverage integrates with Anthem health benefits to improve employee health and productivity. We refer disability claimants with certain chronic conditions and maternity claims to appropriate medical care management programs. It helps reduce disability costs, increase engagement in health and wellness programs to reduce cost of care and improve the overall member experience.

Short-term disability benefit	Maximum weekly benefit	Elimination period	Maximum benefit period
\$250 per week	\$250	Benefits begin on the 1st day for disability injury or 8th day for disability illness	26 weeks
\$250 per week	\$250	Benefits begin on the 1st day for disability injury or 8th day for disability illness	13 weeks

All coverage is guaranteed issue for groups of 6-50. Groups of 2-5, guaranteed issue amount is \$500 - all employees must submit *Evidence of Insurability* for benefit amounts over \$500. Coverage is for nonoccupational disabilities only. Definition of disability includes partial-day and zero-day residual. Work retention benefit included. W-2 preparation service for disabled employees included.

Additional plans, including long-term disability and salary based life and short-term disability are available. Please contact your Anthem Sales representative for details or to request a quote.

When your clients package disability with one of our medical plans, employees are connected with teams of clinical, behavioral health, vocational rehabilitation and counseling specialists who can help them get back to life and back to work.



Additional information for life and AD&D, and short-term disability and long-term disability coverage:

- Not all industries qualify for coverage. Plan availability based on group's SIC.
- Plans are only available when paired with a **ChamberCare Health Alliance** medical product. Termination of all active ancillary products will apply when the **ChamberCare Health Alliance** medical product is terminated.
- Timely enrollment is required for new employees. Employees hired after the effective date of the plan will become eligible for insurance after completing the waiting period specified in the policy. Eligible employees must be enrolled within 31 days after they satisfy the employer's eligibility period, or they will be required to submit *Evidence of Insurability* for underwriting approval.
- Groups must be in good financial standing. Groups must be in business for at least one year for disability coverage.
- Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.
- This brochure is not the Contract. This brochure provides coverage highlights only, and does not modify, expand or interpret any provisions of the policy. Unless otherwise stated, the policy will be issued using our standard policy wording. The policy to be issued will contain complete details of benefits, policy provisions, limitations, etc. A specimen copy is available upon request. In case of a conflict between the brochure and policy, the terms of the policy will govern.
- Not all benefits are available in all states; benefits and features may vary by state. The benefit descriptions contained in this brochure are intended to be a brief outline of coverage and are not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the *Group Contract and Certificate*. In the event of a conflict between the *Group Contract* and this description, the terms of the *Group Contract* will prevail.





ChamberCare Health Alliance frequently asked questions

What is a ChamberCare Health Alliance plan?

The ChamberCare Health Alliance plan is a self-funded trust that is established or maintained for the purpose of offering group health coverage. It is governed by trustees and bylaws that satisfy the Indiana Department of Insurance (IDOI) requirements.

Who makes the decisions for the ChamberCare Health Alliance plan?

The ChamberCare Health Alliance Board of Trustees will be responsible for the oversight of the plan and ensuring that the plan complies with all applicable laws and regulations.

How is it determined if groups are eligible to participate?

The ChamberCare Health Alliance is available to small business employers that have at least two employees enrolled on their medical plan and no more than 50 total employees including part time and seasonal (vs. eligible employees). The business must be domiciled in Indiana and a member in good standing with the Indiana Chamber of Commerce and/or the Indy Chamber.

Why would groups choose ChamberCare Health Alliance over an Affordable Care Act (ACA) plan?

This alternative self-funded solution could be a good fit for your clients for many reasons including:

- Competitive rates.
- Rating methodology that can lead to lower premiums.
- Flexibility in choice of benefit plans.
- Membership to the Wellness Council of Indiana.
- Anthem's broad Blue Access PPO network and Essential Rx formulary.
- Discounted rates on dental, vision, life and disability.

Can groups join the ChamberCare Health Alliance plan at any time during the year?

Yes, however, all participating employers in the ChamberCare Health Alliance plan renew on October 1 of every year starting in 2020.

Are sole proprietor businesses eligible?

No, they are not eligible.

How will my clients' premium equivalent rate be determined?

There are multiple factors that impact the premium equivalent rate including:

- Medical history and expected risk of employees' future health claims.
- Age and gender of employees.
- The number of employees enrolled in the benefit plan.
- Where your client's company is located.
- Benefits that are being offered.

What components are included in the premium equivalent rate? Are there other amounts that groups have to pay in addition to the premium equivalent rate?

The premium equivalent rate covers expected claims, administrative expenses, taxes and assessments and stop loss premium. In addition, chamber membership dues and product dues are billed separately and paid directly to the Chamber.

Can groups terminate their policy at any time?

During the policy period, they may only elect to withdraw from the ChamberCare Health Alliance plan at the end of a calendar month by giving written notice at least 60 days prior to that date. At renewal time, they must give written notice at least 30 days in advance.

How will the annual renewal increase be determined?

An overall renewal increase needed for the ChamberCare Health Alliance plan will be calculated based on a projection of the claims for the upcoming policy year for the entire plan. Each participating employer's increase will then be calculated based on that employer's risk profile including claims history, changes in the demographics and number of enrolled employees of the group.

My clients currently have an Anthem Blue Cross and Blue Shield policy. Will their employees have to change their doctors?

Not necessarily. The ChamberCare Health Alliance plan uses Anthem Blue Cross and Blue Shield's broad Blue Access PPO network — one of the largest networks in the state. (It's always wise to make sure doctors are in-network prior to any service using the "Find a Doctor" tool on [anthem.com](https://www.anthem.com).)



Are dental, vision, life and disability options available?

Yes, participating employers in the ChamberCare Health Alliance plan are eligible for discounted ancillary plans offered by Anthem. This includes dental, vision, life and disability. These are stand-alone, fully insured plans for which the participating employer contracts directly with Anthem.

Are all premiums paid through electronic funds transfer (EFT)?

Yes. There will be two EFT transactions, one draft for medical and one draft for specialty (dental, vision, life or disability).

Are groups eligible for refunds?

No. Under this arrangement there will be no claims settlement at the end of the contract period.

Are there participation requirements?

Yes. The participation requirements are the same for the ChamberCare Health Alliance plan as they are for ACA. A group must also be domiciled in Indiana and a chamber member in good standing with the Indiana Chamber of Commerce and/or the Indy Chamber.

How will I obtain rates and coverage options such as copays, deductibles and medication coverage?

Quotes will be received as they are today from our QuickQuote team or our Front Office Automation quoting system. These quotes will show all medical and specialty options. Binding quotes will only be available after medical risk of the group is evaluated.

Is a Per Employee Per Month (PEPM) commission paid to brokers? If so, what is the amount of the PEPM commission?

Medical commissions are paid to brokers at the same rate as all of our Small Group products.

Do regular participation requirements apply?

Yes.

Can local brokers sell this product and how do they get signed in with Anthem?

All appointed, licensed brokers are eligible to sell ChamberCare Health Alliance. Brokers must be a member of the Indiana Chamber of Commerce and/or the Indy Chamber. More information on how to become an appointed broker can be found at anthem.com in the *Producer* section.

Does Anthem require the employer to pay the premium on the 1st of each month via EFT?

Medical premiums will be paid each month through EFT on the 25th of each month.

Is there a ChamberCare Health Alliance network of doctors and medical facilities? How will out-of-network situations be handled?

The network for The ChamberCare Health Alliance plan is our Blue Access PPO. Out-of-network claims will be handled as explained in each *SBC* and *Benefit Booklet*. For details, go to anthem.com.

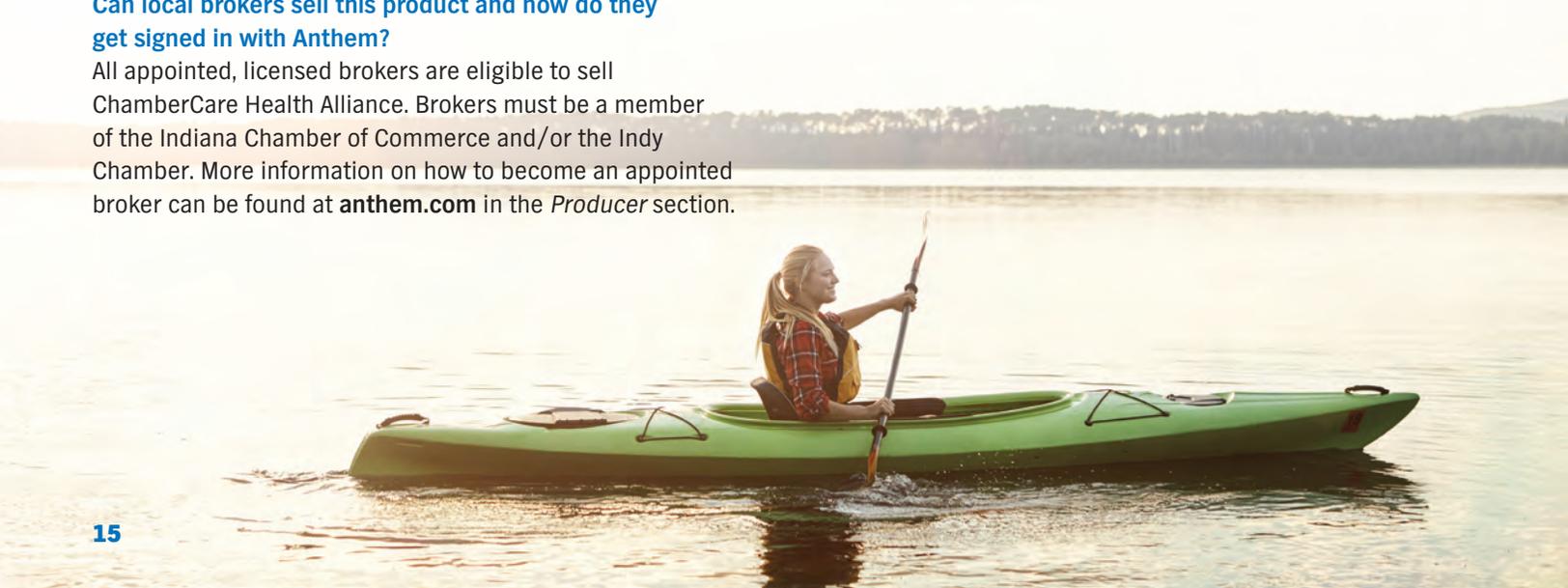
What chamber should my clients join?

A client's location will determine which chamber to join.

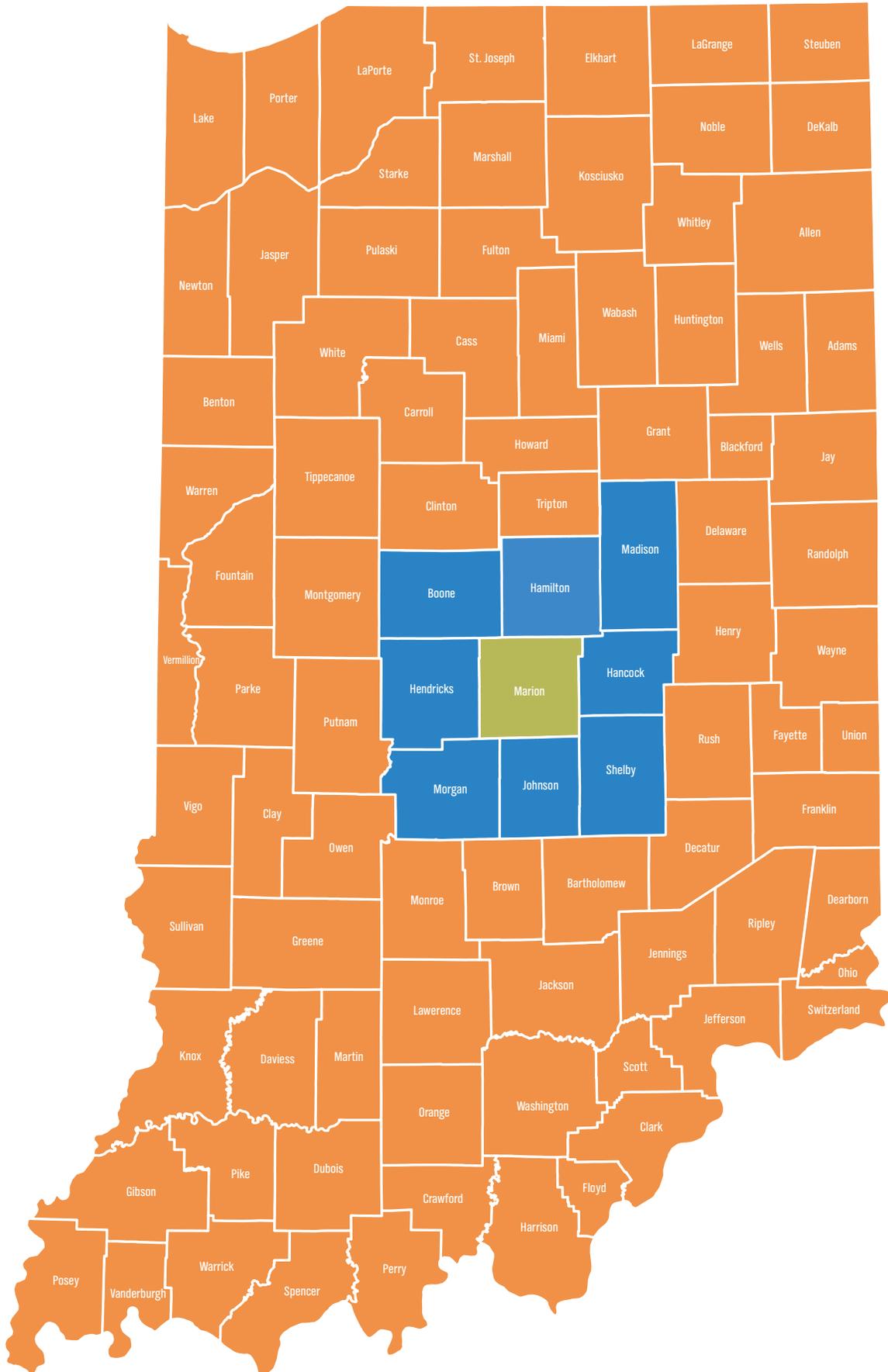
Indiana Chamber	Indiana Chamber or Indy Chamber	Indy Chamber
All counties outside of Marion	Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Morgan and Shelby counties	Marion and surrounding counties to include: Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Morgan and Shelby

For more information, visit anthem.com/chambercarehealthalliance, call your Anthem Sales representative or the chamber

- Indiana Chamber of Commerce**
 Brett Hulse, director of membership strategy
 1-317-264-6858
bhulse@indianachamber.com
Indianachamber.com/chambercare
- Indy Chamber**
 Karina Platacis, membership administrator
 1-317-464-2280
kplatacis@indychamber.com
indychamber.com/chambercare



Chamber territory map





Real people who are always here to help you

As always, we're committed to offering you support through the service teams you know and trust. They're ready to answer any questions you may have.

Your time matters — rest easy knowing we're working hard to give you more.



SMALL BUSINESS



ChamberCare
SOLUTIONS

This is not a contract or policy. This guide is not a contract with Anthem Blue Cross and Blue Shield (Anthem). If there is any difference between this guide and the Booklet, Member Booklet, Summary of Benefits, and related amendments, the provisions of the Booklet, Member Booklet, Summary of Benefits and related amendments will govern. For more information, please call your Anthem representative.
Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.