

**Association Health Plans** 



# Agenda

- New Association Health Plan
- New for The Builders AHP
- Age Banded Plans
- Builders Composite Plans
- Application Process
- New Combined Adoption Agreement
- Other Benefits of the Associations
- Questions



# New Association Health Plan Launching October 1, 2023

### Carson City Chamber of Commerce AHP

- Service and Manufacturing categories with 2-50 employees
- All Groups Underwritten No MAFs Required!
- Submit a Quote Through Your Account Specialist
- Open to all Nevada based businesses
- Carson City Chamber membership required to enroll
- Savings up to 20% vs. Traditional ACA
- Quoting LIVE Now for 10/1 Effective Dates









HOMETOWN HEALTH IS PROUD TO PARTNER WITH THE CARSON CITY CHAMBER OF COMMERCE

- Savings of up to 20% when compared to Hometown Health Small Employer Group offerings!
- Access all of Hometown Health's amazing products and networks at a significant cost savings (HMO, EPO, and PPO).
- Benefits and plans mirror Hometown Health's other Association Health Plan offerings.
- Provides access to Renown and Carson Tahoe providers.

Contact your Health Insurance Broker to learn more about Hometown Health's Association Health Plans.

Hometown Health • HometownHealth.com • 775-982-3100

Carson City Chamber of Commerce • carsoncitychamber.com • 775-882-1565



### Carson Chamber Underwriting Guidelines

- Service and Manufacturing Categories
  - Business eligibility determined by NAICS code (Required to Quote)
  - Construction Businesses and Government Agencies are Ineligible
- Census with First Name, Last Name, DOB, Gender, and Home Zips Required
  - Excel in Hometown Templated Format Required
  - Required for all Employees (Both Enrolling and Waiving)
  - Dependent Census Info Preferred
  - Quoted rates only valid for EE's listed on census
- Existing Hometown Health Groups Eligible at Renewal
  - Broker must ask Hometown to provide a Chamber quote
  - Cannot move Off-Anniversary

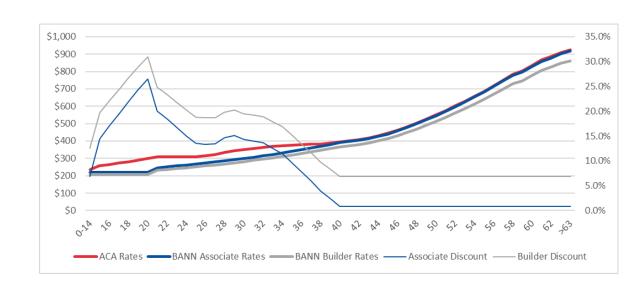


### New This Year for The Builders

- Effective 7/1/23
  - No more Medical Assessment Forms for any size group!
  - Composite rates and plans available to 51+ (as well as 5-50)
  - Age banded groups that grow larger than 50 can stay on plan (subject to underwriting)
- Effective 1/1/24
  - All groups (age banded and composite) underwritten at application and renewal
  - Well-running associate members may be eligible for better rates
  - Adoption agreement and eligibility attestation will be combined Hometoun

### Age Banded Plans

- Builders Two sets of age banded rates (through December 2023 renewals) Associate Members; Builder Developer
- Underwritten at application
  - Chamber beginning 10/1/23
  - Builders beginning 1/1/24
- Same plans as the ACA plans (HMO, EPO & PPO) with minor coverage differences
- Guaranteed issue
- Up to 20% discounts compared to ACA
  - Discounts are best for HMO/EPO plans
- Select up to 3 plans
- Broker compensation same as ACA
- Renews throughout year



### Age Banded Differences from ACA Plans

- These plans do not cover infertility treatment
- These plans cover 60 days of skilled nursing instead of 100 days
- These plans do not cover pediatric vision
- These plans do not cover hearing aids



### Age Banded Service Area



PPO & HMO Areas 2 & 3





Groups must be domiciled within the blue counties to be eligible



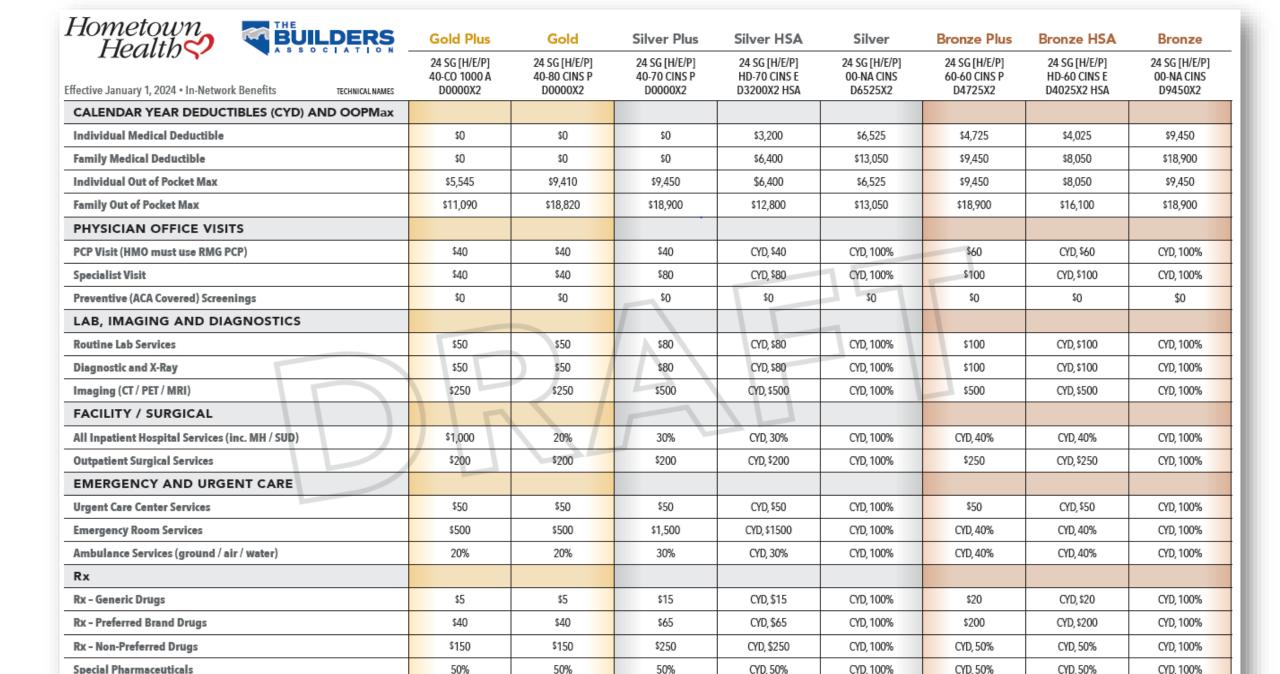


| Hometown_                                       | CARSON CITY            | Gold X                        | Gold                          | Silver                        | Silver HDHP                   | Bronze                        | Bronze HDHP                   | Bronze D9100                  |
|---|------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Health 💙  | CHAMBER of<br>COMMERCE | 23 AP [H/E/P]<br>10-CO 2000 A | 23 AP [H/E/P]<br>20-CO 3000 A | 23 AP [H/E/P]<br>50-CO 4000 A | 23 AP [H/E/P]<br>50-CO 3200 E | 23 AP [H/E/P]<br>80-CO 4000 A | 23 AP [H/E/P]<br>80-CO 3750 E | 23 AP [H/E/P]<br>00-NA 0000 A |
| Effective October 1, 2023 • In-Network Benefits | TECHNICAL NAMES        | D0000X2                       | D0000X2                       | D0000X2                       | D3200X2 HSA                   | D0000X2                       | D3750X2 HSA                   | D9100X2                       |
| CALENDAR YEAR DEDUCTIBLES (C)                   | YD) AND OOPMax         |                               |                               |                               |                               |                               |                               |                               |
| Individual Medical Deductible                   |                        | N/A                           | N/A                           | N/A                           | \$3,200                       | N/A                           | \$3,750                       | \$9,100                       |
| Family Medical Deductible                       |                        | N/A                           | N/A                           | N/A                           | \$6,400                       | N/A                           | \$7,500                       | \$18,200                      |
| Individual Out of Pocket Max                    |                        | \$5,700                       | \$6,900                       | \$9,100                       | \$6,400                       | \$9,100                       | \$7,500                       | \$9,100                       |
| Family Out of Pocket Max                        |                        | \$11,400                      | \$13,800                      | \$18,200                      | \$12,800                      | \$18,200                      | \$15,000                      | \$18,200                      |
| MEDICAL BENEFIT COST SHARING                    | (all plans)            |                               |                               |                               |                               |                               |                               |                               |
| PHYSICIAN OFFICE VISITS                         |                        |                               |                               |                               |                               |                               |                               |                               |
| PCP Visit (HMO must use RMG PCP)                |                        | 3 free vists then \$10        | 3 free vists then \$20        | 3 free vists then \$50        | CYD,\$50                      | 3 free vists then \$80        | CYD,\$80                      | 3 free vists then CYD         |
| Specialist Visit                                |                        | \$30                          | \$40                          | \$100                         | CYD, \$100                    | \$160                         | CYD, \$160                    | CYD, \$0                      |
| Preventive (ACA Covered) Screenings             |                        | \$0 .                         | \$0                           | \$0                           | \$0                           | \$0                           | \$0                           | \$0                           |
| LAB, IMAGING AND DIAGNOSTICS                    |                        |                               |                               |                               |                               |                               |                               |                               |
| Routine Lab Services                            |                        | \$30                          | \$40                          | \$100                         | CYD, \$100                    | \$160                         | CYD, \$160                    | CYD, \$0                      |
| Diagnostic and X-Ray                            |                        | \$30                          | \$40                          | \$100                         | CYD, \$100                    | \$160                         | CYD, \$160                    | CYD, \$0                      |
| Imaging (CT / PET / MRI)                        |                        | \$200                         | \$250                         | \$500                         | CYD, \$500                    | \$500                         | CYD, \$500                    | CYD, \$0                      |
| FACILITY / SURGICAL                             |                        |                               |                               |                               |                               |                               |                               |                               |
| All Inpatient Hospital Services (inc. MH / SUD) |                        | \$2,000                       | \$3,000                       | \$4,000                       | CYD, \$3,200                  | \$4,000                       | CYD, \$3,750                  | CYD, \$0                      |
| Outpatient Surgical Services                    |                        | \$200                         | \$200                         | \$500                         | CYD, \$500                    | \$500                         | CYD, \$500                    | CYD, \$0                      |
| EMERGENCY AND URGENT CARE                       |                        |                               |                               |                               |                               |                               |                               |                               |
| Urgent Care Center Services                     |                        | \$50                          | \$50                          | \$50                          | CYD,\$50                      | \$50                          | CYD,\$50                      | CYD, \$0                      |
| Emergency Room Services                         |                        | \$1,000                       | \$1,500                       | \$2,000                       | CYD, \$2000                   | \$2,500                       | CYD, \$2,500                  | CYD, \$0                      |
| Ambulance Services (ground / air / water)       |                        | 20%                           | 20%                           | 30%                           | CYD, 30%                      | 40%                           | CYD, 40%                      | CYD, \$0                      |
| Rx  |                        |                               |                               |                               |                               |                               |                               |                               |
| Rx - Generic Drugs                              |                        | \$5                           | \$10                          | \$20                          | CYD,\$20                      | \$40                          | CYD,\$40                      | CYD, \$0                      |
| Rx - Preferred Brand Drugs                      |                        | \$40                          | \$50                          | \$80                          | CYD,\$80                      | \$200                         | CYD, \$200                    | CYD, \$0                      |
| Rx - Non-Preferred Drugs                        |                        | \$150                         | \$200                         | \$250                         | CYD, \$250                    | \$500                         | CYD, \$500                    | CYD, \$0                      |
| Special Pharmaceuticals                         |                        | 50%                           | 50%                           | 50%                           | CYD, 50%                      | 50%                           | CYD, 50%                      | CYD, \$0                      |
| OTHER   |                        |                               |                               |                               |                               |                               |                               |                               |
| Teladoc - General Med / Urgent Care             |                        | \$0                           | \$0                           | \$0                           | CYD,\$0                       | \$0                           | CYD,\$0                       | \$0                           |
| Teladoc - Specialist                            |                        | \$20                          | \$20                          | \$20                          | CYD,\$20                      | \$20                          | CYD,\$20                      | \$20                          |





| Hometown Carson City  | Gold Plus                     | Gold                          | Silver Plus                   | Silver HSA                    | Silver                      | Bronze Plus                   | Bronze HSA                    | Bronze                      |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----------------------------|-------------------------------|-------------------------------|-----------------------------|
| Health CHAMBER of COMMERCE                                      | 24 SG [H/E/P]<br>40-CO 1000 A | 24 SG [H/E/P]<br>40-80 CINS P | 24 SG [H/E/P]<br>40-70 CINS P | 24 SG [H/E/P]<br>HD-70 CINS E | 24 SG [H/E/P]<br>00-NA CINS | 24 SG [H/E/P]<br>60-60 CINS P | 24 SG [H/E/P]<br>HD-60 CINS E | 24 SG [H/E/P]<br>00-NA CINS |
| Effective January 1, 2024 • In-Network Benefits TECHNICAL NAMES | D0000X2                       | D0000X2                       | D0000X2                       | D3200X2 HSA                   | D6525X2                     | D4725X2                       | D4025X2 HSA                   | D9450X2                     |
| CALENDAR YEAR DEDUCTIBLES (CYD) AND OOPMax                      |                               |                               |                               |                               |                             |                               |                               |                             |
| Individual Medical Deductible                                   | \$0                           | \$0                           | \$0                           | \$3,200                       | \$6,525                     | \$4,725                       | \$4,025                       | \$9,450                     |
| Family Medical Deductible                                       | \$0                           | \$0                           | \$0                           | \$6,400                       | \$13,050                    | \$9,450                       | \$8,050                       | \$18,900                    |
| Individual Out of Pocket Max                                    | \$5,545                       | \$9,410                       | \$9,450                       | \$6,400                       | \$6,525                     | \$9,450                       | \$8,050                       | \$9,450                     |
| Family Out of Pocket Max  | \$11,090                      | \$18,820                      | \$18,900                      | \$12,800                      | \$13,050                    | \$18,900                      | \$16,100                      | \$18,900                    |
| PHYSICIAN OFFICE VISITS   |                               |                               |                               |                               |                             |                               |                               |                             |
| PCP Visit (HMO must use RMG PCP)                                | \$40                          | \$40                          | \$40                          | CYD, \$40                     | CYD, 100%                   | \$60                          | CYD, \$60                     | CYD, 100%                   |
| Specialist Visit  | \$40                          | \$40                          | \$80                          | CYD, \$80                     | CYD, 100%                   | \$100                         | CYD, \$100                    | CYD, 100%                   |
| Preventive (ACA Covered) Screenings                             | \$0                           | \$0                           | \$0                           | \$0                           | \$0                         | \$0                           | \$0                           | \$0                         |
| LAB, IMAGING AND DIAGNOSTICS                                    |                               |                               |                               |                               | _ \                         |                               |                               |                             |
| Routine Lab Services  | \$50                          | \$50                          | \$80                          | CYD, \$80                     | CYD, 100%                   | \$100                         | CYD, \$100                    | CYD, 100%                   |
| Diagnostic and X-Ray  | \$50                          | \$50                          | \$80                          | CYD, \$80                     | CYD, 100%                   | \$100                         | CYD, \$100                    | CYD, 100%                   |
| Imaging (CT / PET / MRI)  | \$250                         | \$250                         | \$500                         | CYD, \$500                    | CYD, 100%                   | \$500                         | CYD, \$500                    | CYD, 100%                   |
| FACILITY / SURGICAL   |                               |                               |                               |                               |                             |                               |                               |                             |
| All Inpatient Hospital Services (inc. MH / SUD)                 | \$1,000                       | 20%                           | 30%                           | CYD, 30%                      | CYD, 100%                   | CYD, 40%                      | CYD, 40%                      | CYD, 100%                   |
| Outpatient Surgical Services                                    | \$200                         | \$200                         | \$200                         | CYD, \$200                    | CYD, 100%                   | \$250                         | CYD, \$250                    | CYD, 100%                   |
| EMERGENCY AND URGENT CARE                                       |                               |                               |                               |                               |                             |                               |                               |                             |
| Urgent Care Center Services                                     | \$50                          | \$50                          | \$50                          | CYD, \$50                     | CYD, 100%                   | \$50                          | CYD, \$50                     | CYD, 100%                   |
| Emergency Room Services   | \$500                         | \$500                         | \$1,500                       | CYD,\$1500                    | CYD, 100%                   | CYD, 40%                      | CYD, 40%                      | CYD, 100%                   |
| Ambulance Services (ground / air / water)                       | 20%                           | 20%                           | 30%                           | CYD, 30%                      | CYD, 100%                   | CYD, 40%                      | CYD, 40%                      | CYD, 100%                   |
| Rx  |                               |                               |                               |                               |                             |                               |                               |                             |
| Rx - Generic Drugs  | \$5                           | \$5                           | \$15                          | CYD, \$15                     | CYD, 100%                   | \$20                          | CYD, \$20                     | CYD, 100%                   |
| Rx - Preferred Brand Drugs                                      | \$40                          | \$40                          | \$65                          | CYD, \$65                     | CYD, 100%                   | \$200                         | CYD, \$200                    | CYD, 100%                   |
| Rx - Non-Preferred Drugs  | \$150                         | \$150                         | \$250                         | CYD, \$250                    | CYD, 100%                   | CYD, 50%                      | CYD, 50%                      | CYD, 100%                   |
| Special Pharmaceuticals   | 50%                           | 50%                           | 50%                           | CYD, 50%                      | CYD, 100%                   | CYD, 50%                      | CYD, 50%                      | CYD, 100%                   |
| PRODUCT TYPES   | HMO/EPO/PPO                   | HMO/EPO/PPO                   | HMO / EPO / PPO               | HMO/EPO/PPO                   | HMO/EPO/PPO                 | HMO/EPO/PPO                   | HMO/EPO/PPO                   | HMO/EPO/PPO                 |



HMO/EPO/PPO

HMO/EPO/PPO

HMO/EPO/PPO

HMO/EPO/PPO

HMO/EPO/PPO

HMO/EPO/PPO

HMO / EPO / PPO

HMO/EPO/PPO

PRODUCT TYPES

### Builders Composite Plans

- 2 HMO, 4 EPO & 5 PPO plan options
- Look more like large group plans
- Tiered rates (EE, +Sps, +Child, +Family)
- Underwriting required
- Groups with 5+ enrolled subscribers
- Select up to 2 plans
- Broker compensation 6%
- All composite plans renew 7/1



Dental, Vision and Life Insurance plans available through Unum
 ACA Compliant - Plans meet minimum essential coverage guidelines



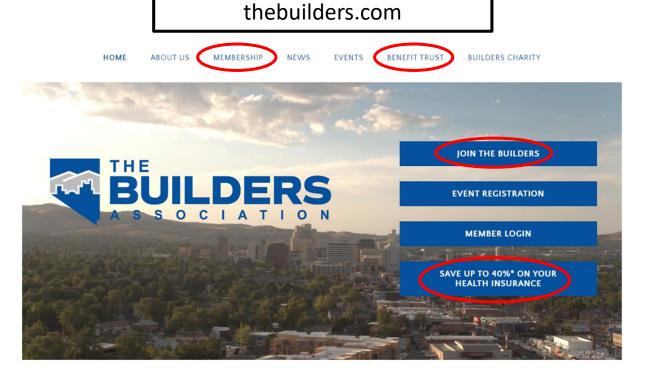


| 110melown in                        |  |                                   |                                |                                   |                      |                                   |                                   |                                   | - · · · · · · · · · · · · · · · · · · · | ASSOCIATION E                     | SENEFIT TRUST                     |                                   |
|-------------------------------------|--|-----------------------------------|--------------------------------|-----------------------------------|----------------------|-----------------------------------|-----------------------------------|-----------------------------------|---|-----------------------------------|-----------------------------------|-----------------------------------|
| Health ?                            | ans are guaranteed<br>rough June 30, 2024. | NEV 10-CO<br>2000 A<br>D0500X2 A1 | NEV 30-70<br>CINS S<br>D5500X2 | EPO 30-70<br>CINS S<br>D1000X3 A4 | 2000 A<br>D2500X3 A1 | EPO 40-70<br>CINS S<br>D4000X2 A1 | EPO 50-70<br>CINS S<br>D5500X2 A3 | PPO 30-70<br>CINS S<br>D1000X3 A4 | PPO HD-NA<br>CINS E<br>D3000X2 HSA      | PPO 40-CO<br>2000 A<br>D2500X3 A1 | PPO 40-70<br>CINS S<br>D4000X2 A1 | PPO 50-70<br>CINS S<br>D5500X2 A3 |
| <b>CALENDAR YEAR DEDUCTIBLES (</b>  | CYD) AND OOPMax                            |                                   |                                |                                   |                      |                                   |                                   |                                   |   |                                   |                                   |                                   |
| Individual Medical Deductible       |  | \$500                             | \$5,500                        | \$1,000                           | \$2,500              | \$4,000                           | \$5,500                           | \$1,000                           | \$3,000                                 | \$2,500                           | \$4,000                           | \$5,500                           |
| Family Medical Deductible           |  | \$1,000                           | \$11,000                       | \$3,000                           | \$7,500              | \$8,000                           | \$11,000                          | \$3,000                           | \$6,000                                 | \$7,500                           | \$8,000                           | \$11,000                          |
| Individual Pharmacy Deductible      |  | \$0                               | \$0                            | \$0                               | \$0                  | \$0                               | \$0                               | \$0                               | Combined                                | \$0                               | \$0                               | \$0                               |
| Family Pharmacy Deductible          |  | \$0                               | \$0                            | \$0                               | \$0                  | \$0                               | \$0                               | \$0                               | Combined                                | \$0                               | \$0                               | \$0                               |
| Individual Out of Pocket Max        |  | \$4,500                           | \$8,150                        | \$7,500                           | \$7,500              | \$7,900                           | \$7,900                           | \$7,500                           | \$3,000                                 | \$7,500                           | \$7,900                           | \$7,900                           |
| Family Out of Pocket Max            |  | \$9,000                           | \$16,300                       | \$15,000                          | \$15,000             | \$15,800                          | \$15,800                          | \$15,000                          | \$6,000                                 | \$15,000                          | \$15,800                          | \$15,800                          |
| PHYSICIAN OFFICE VISITS             |  |                                   |                                |                                   |                      |                                   |                                   |                                   |   |                                   |                                   |                                   |
| PCP Office Visits (Renown/non-Reno  | wn)  | \$0/\$10                          | \$0/\$30                       | \$30                              | \$40                 | \$40                              | \$50                              | \$30                              | CYD, \$0                                | \$40                              | \$40                              | \$50                              |
| Specialist Office Visits            |  | \$20                              | \$60                           | \$60                              | \$80                 | \$80                              | \$80                              | \$60                              | CYD, \$0                                | \$80                              | \$80                              | \$80                              |
| Preventive (ACA Covered) Screenings | S  | No Cost                           | No Cost                        | No Cost                           | No Cost              | No Cost                           | No Cost                           | No Cost                           | No Cost                                 | No Cost                           | No Cost                           | No Cost                           |
| LAB, IMAGING AND DIAGNOSTIC         | S .  |                                   |                                |                                   |                      |                                   |                                   |                                   |   |                                   |                                   |                                   |
| Routine Lab Services                |  | No Cost                           | \$30                           | \$25                              | \$25                 | \$40                              | \$50                              | \$25                              | CYD, \$0                                | \$25                              | \$40                              | \$50                              |
| Diagnostic and X-Ray                |  | \$20                              | \$60                           | \$60                              | \$80                 | \$80                              | \$80                              | \$60                              | CYD, \$0                                | \$80                              | \$80                              | \$80                              |
| Imaging (CT/PET/MRI)                |  | \$250                             | CYD, 30%                       | CYD, 30%                          | CYD, \$250           | CYD, 30%                          | CYD, 30%                          | CYD, 30%                          | CYD, \$0                                | CYD, \$250                        | CYD, 30%                          | CYD, 30%                          |
| FACILITY/SURGICAL                   |  |                                   |                                |                                   |                      |                                   |                                   |                                   |   |                                   |                                   |                                   |
| Inpatient Hospital                  |  | \$2,000                           | CYD, 30%                       | CYD, 30%                          | CYD, \$2,000         | CYD, 30%                          | CYD, 30%                          | CYD, 30%                          | CYD, \$0                                | CYD, \$2,000                      | CYD, 30%                          | CYD, 30%                          |
| Outpatient Surgical Services        |  | \$400                             | CYD, 30%                       | \$1,000                           | CYD, \$1,000         | CYD, 30%                          | CYD, 30%                          | \$1,000                           | CYD, \$0                                | CYD, \$1,000                      | CYD, 30%                          | CYD, 30%                          |
| <b>EMERGENCY AND URGENT CARE</b>    |  |                                   |                                |                                   |                      |                                   |                                   |                                   |   |                                   |                                   |                                   |
| Urgent Care Center Services         |  | \$20                              | \$60                           | \$50                              | \$50                 | \$40                              | \$50                              | \$50                              | CYD, \$0                                | \$50                              | \$40                              | \$50                              |
| Emergency Room Services             |  | CYD, \$200                        | CYD, 30%                       | \$500                             | \$500                | CYD, 30%                          | CYD, 30%                          | \$500                             | CYD, \$0                                | \$500                             | CYD, 30%                          | CYD, 30%                          |
| Ambulance Services (ground/air/wat  | er)  | \$200                             | CYD, 30%                       | CYD, 30%                          | CYD, \$250           | CYD, 30%                          | CYD, 30%                          | CYD, 30%                          | CYD, \$0                                | CYD, \$250                        | CYD, 30%                          | CYD, 30%                          |
| PRESCRIPTION DRUGS AND DIAB         | BETIC SUPPLIES                             |                                   |                                |                                   |                      |                                   |                                   |                                   |   |                                   |                                   |                                   |
| Rx - Generic Drugs                  |  | \$10                              | \$25                           | \$15                              | \$15                 | \$25                              | \$25                              | \$15                              | CYD, \$0                                | \$15                              | \$25                              | \$25                              |
| Rx - Preferred Brand Drugs          |  | \$30                              | \$50                           | \$40                              | \$40                 | \$50                              | \$50                              | \$40                              | CYD, \$0                                | \$40                              | \$50                              | \$50                              |
| Rx - Non-Preferred Brand Drugs      |  | \$50                              | \$70                           | \$60                              | \$60                 | \$70                              | \$70                              | \$60                              | CYD, \$0                                | \$60                              | \$70                              | \$70                              |
| Diabetic Supplies - Preferred       |  | \$30                              | \$50                           | \$40                              | \$40                 | \$50                              | \$50                              | \$40                              | CYD, \$0                                | \$40                              | \$50                              | \$50                              |
| Diabetic Supplies - Non-Preferred   |  | \$50                              | \$70                           | \$60                              | \$60                 | \$70                              | \$70                              | \$60                              | CYD, \$0                                | \$60                              | \$70                              | \$70                              |
| Special Pharmaceuticals             |  | 20%                               | 20%                            | 30%                               | 30%                  | 20%                               | 20%                               | 30%                               | CYD, \$0                                | 30%                               | 20%                               | 20%                               |
| PREMIUMS                            |  |                                   |                                |                                   |                      |                                   |                                   |                                   |   |                                   |                                   |                                   |
| Employee Only                       |  | \$435.54                          | \$267.86                       | \$402.42                          | \$343.76             | \$328.00                          | \$314.80                          | \$427.64                          | \$370.37                                | \$365.52                          | \$347.88                          | \$334.59                          |
| Employee + Spouse                   |  | \$935.19                          | \$610.49                       | \$766.50                          | \$732.38             | \$690.53                          | \$699.93                          | \$814.55                          | \$813.21                                | \$778.75                          | \$732.39                          | \$743.92                          |
| Employee + Child(ren)               |  | \$777.51                          | \$504.58                       | \$689.84                          | \$651.31             | \$621.45                          | \$572.65                          | \$733.08                          | \$666.66                                | \$692.55                          | \$659.13                          | \$608.64                          |
| Employee + Family                   |  | \$1,382.29                        | \$857.18                       | \$1,226.39                        | \$1,146.32           | \$1,077.38                        | \$1,018.07                        | \$1,303.28                        | \$1,146.13                              | \$1,218.90                        | \$1,142.69                        | \$1,082.06                        |

## Summary

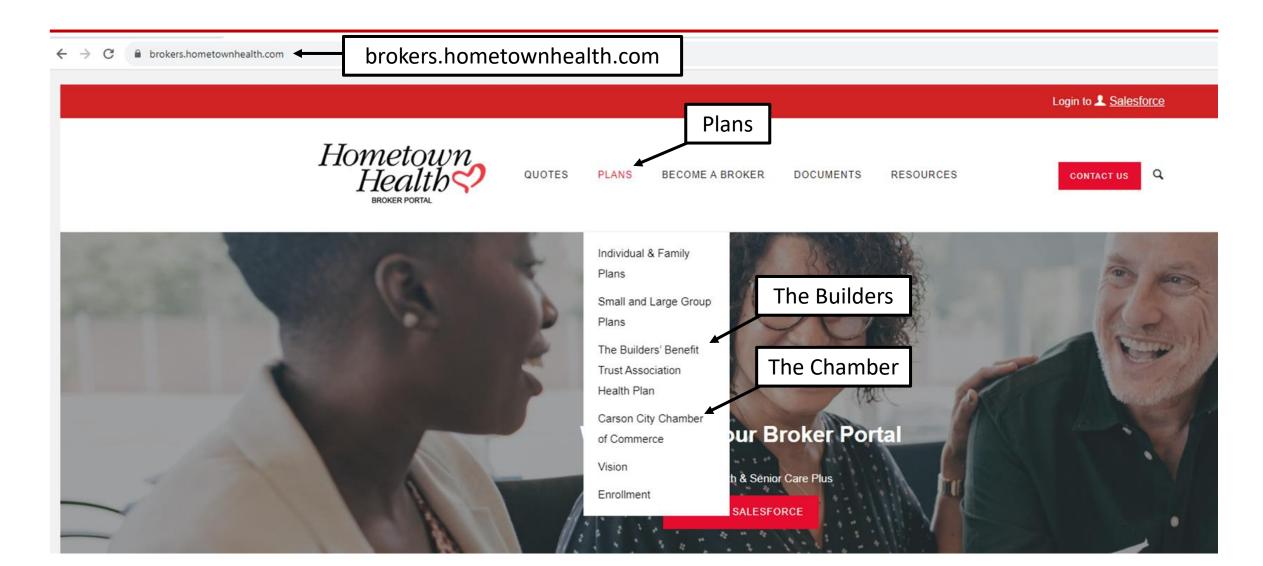
| Age Banded   | Composite                             |  |  |  |  |  |
|--|---------------------------------------|--|--|--|--|--|
| Builders and Chamber                                       | Builder Only                          |  |  |  |  |  |
| Looks like small group ACA plans with minor differences    | Look more like large group plans      |  |  |  |  |  |
| Age banded rates with up to 20% discounts                  | Tiered rates with up to 40% discounts |  |  |  |  |  |
| Renews throughout the year like small group                | Renews on 7/1                         |  |  |  |  |  |
| Guaranteed issue (though rates may be unfavorable)         | Single set of rates, not guaranteed   |  |  |  |  |  |
| 7 PPO, 7 EPO & 7 HMO plan options                          | 5 PPO, 4 EPO & 2 HMO plan options     |  |  |  |  |  |
| May select up to 3 plans                                   | May select up to 2 plans              |  |  |  |  |  |
| Groups with 2-50 employees (renewing groups may be larger) | Groups with 5+ enrolled subscribers   |  |  |  |  |  |
| Broker compensation same as ACA plans                      | Broker compensation 6% of premium     |  |  |  |  |  |

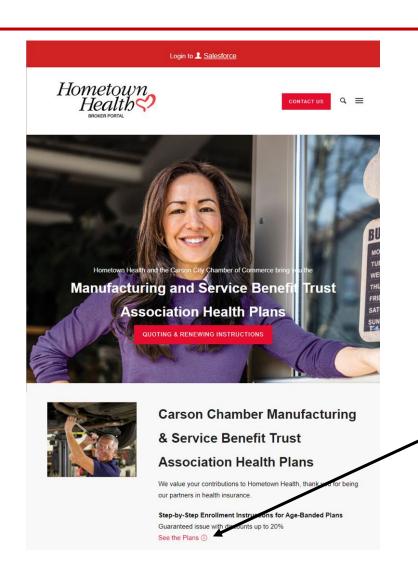




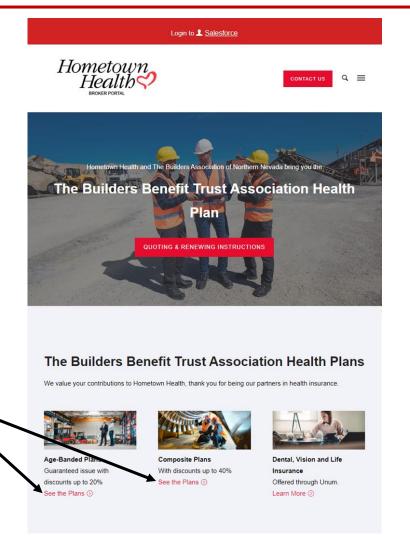
carsoncitychamber.com







"See the Plans"
These links take you to
the step-by-step
instructions shown on
the following page



#### Step 1. Pick Your Plans

2022 THE BUILDERS COMPOSITE PLANS BENEFITS AT A GLANCE

#### Step 2. Determine Your Eligibility

Every employer must be able to comply with the requirements of The Builders Eligib

Every employer must also meet the standards in the Association Health Plan Partic

Additionally, for Composite Plan eligibility, your group must pass underwriting by:

#### Step 3. Become a Builders Association Member

Enroll in The Builders Association by completing the Membership Application.

•

#### Step 7. Distribute Documents to Your Employees

These online step-by-step instructions (abbreviated here) provide you with everything you need to complete the application and enrollment process

### New Combined Adoption Agreement



Adoption Agreement & Eligibility Attestation for



Association Health Plan Employer Group Enrollment

Groups that are renewing

This ADOPTION AGRE! ENROLLMENT ("Agree Service Benefit Trust Fun

FULL LEGAL N

2. LOCATION ADI

Street

REQUESTED EI

All days begin an

I certify and attest that Em below, that Employer Gro

- Employer Group is including continue
- This Agreement aur annually, to confirm Employer Group. I confidentiality agre
- Employer Group ur association health p



Adoption Agreement & Eligibility Attestation

ASSOCIATION BENEFIT TRUST Association Health Plan Employer Group Enrollment

Hometown Health

This Agreement must be signed by an authorized representative at application and each renewal.

This ADOPTION AGREEMENT & ELIGIBILITY ATTESTATION FOR ASSOCIATION HEALTH PLAN EMPLOYER GROUP ENROLLMENT ("Agreement") in the association health plan program provided by the Builders Association of Northern Nevada Benefit Trust Fund ("Association") is hereby submitted by the following Employer Group:

FULL LEGAL NAME OF EMPLOYER GROUP

REQUESTED EFF DATE

LOCATION ADDRESS

Street City State Zip Code

I certify and attest that Employer Group desires to enroll in the association health plan offered by Association, that Employer Group agrees to the terms of this Agreement, the Policy, the Association's Group Subscription Agreement, the applicable Evidence of Coverage and Schedule of Benefits, the Association Health Plan Participation Requirements and Underwriting Guidelines and that:

- Employer Group is a bona-fide business stablishment that meets and will continue to meet all Association Health Plan Participation
  Requirements, including continued enrollment of the Builders Association of Northern Nevada, and one or more of the following
  Association eligibility requirements (check all that apply):
  - ☐ Active Contractors License
  - □ Developer
  - Direct Jobsite Service/Facilitation
  - Critical Component (e.g. Engineering, Architect, Planner, etc.) whose primary revenue stream is the building industry
  - Supplier Direct to Builder or Industry Member whose primary revenue stream is the building industry
  - Specialized scope of work/services offered in building/construction whose primary revenue stream is the building industry
- 2. Employer Group authorizes Association, or its authorized representative, to audit applicable records, no more than one time annually, to confirm that Employer Group meets the eligibility requirements selected in (1) above. Such audit shall not cause undue burden on Employer Group. Employer Group may require Association, or its authorized representative, as applicable, to sign reasonable confidentiality agreements.

The Eligibility Attestation has been combined with the Adoption Agreement – the eligibility attestation will no linger be required for The Builders beginning 1/1/2024

### SPD Distribution and COBRA

- Employers must distribute the Summary Plan Description Wrap document and all other plan documents to employees
- All member employers, regardless of number of employees, must offer COBRA
- iSolved will provide training to each employer
- Employers will need to notify iSolved of terminations through their portal

### Other Non-AHP Benefits of The Builders

#### **NETWORKING**

- FREE Membership Mixers.
- Forecast Breakfasts.
- Golf & Poker Tournaments.
- Industry Networking events.
- Charity Fundraisers.
- Industry Recognition, i.e.
   The BANN-ER Awards.
- Holiday Events and more!

Businesses like doing business with fellow BANN members!



#### **ADVOCACY**



- Our members benefit from the strength of the National Association of Home Builders.
- NAHB's advocacy victories saved builder members about \$6,200 per housing start in 2013. Total est. industry victories in 2013 were \$5.7 billion.
- We represent your interests at local, state and national levels.
- We provide information and resources to help your business grow.

#### **EDUCATION**

- BANN offers professional education classes and resources which keep you on the cutting edge of your industry.
- NAHB offers workshops, tradeshows, conferences, and online courses all designed to help members succeed.



#### **MORE BENEFITS**

- Exclusive Members Only
   Directory of over 400 members.
- Member Discounts for a wide range of products and services you use every day.
- NAHB Membership Included.
- Savings on Group Health and Workers Compensation.
- Weekly Industry News and Information.
- Regulatory Assistance.
- Industry Advocacy Groups.
- Community Involvement.

### Other Non-AHP Benefits of The Chamber

- Networking
- Directory provides community advertising
- Advocacy at state and local level
- Community improvement including safety & security, community growth & attracting new businesses, and quality of life
- Educational seminars
- Partnership with Small Business Development Center and NNDA
- Membership with the U.S. Chamber of Commerce and monthly Business Report of Northern Nevada.

# **Asset Solutions Group**

- Founded in 1997
- Built on Trust
  - ASG focuses only on associations
  - ASG does not compete with brokers for direct group sales
- Four areas of focus:
  - MEWA Compliance and trust set up
  - Insurer efficiency
  - Broker outreach
  - · Long-term, sustainable growth





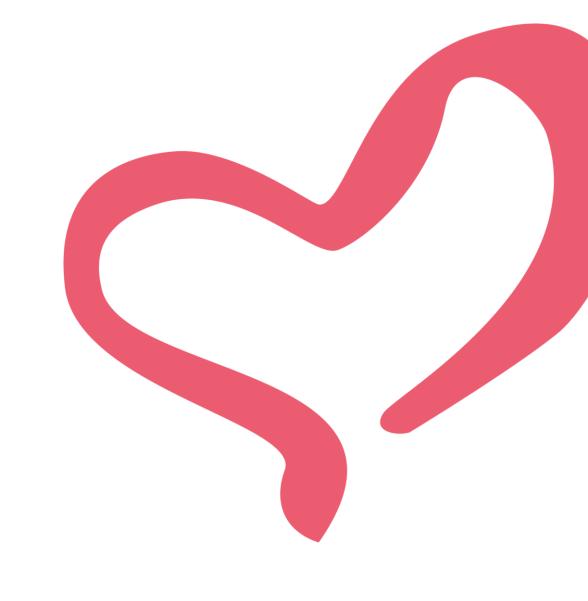
# **Asset Solutions Group**

- Your success is our success
  - No barriers to sell
  - No difference in broker compensation between direct market plans and association health plans
  - We refer employers back to their current broker and follow up with that broker to resolve any issues
  - We provide training and answer questions; call us any time





# Questions



Thank you!

