



I-Care Alliance Q&A

1. What credit unions are currently participating in the I-Care program?
 - a) We have large and small CUs across the country participating. Here is a link to our [client testimonials](#) and we can provide CUs with a complete reference list.

2. How long is the commitment to this program?
 - a) Like most medical insurance plans, the commitment is one year.
Credit unions will experience the most success if they consider this as a long-term strategy.
Collaborative healthcare solutions perform the best when multiple CUs join for an extended period of time.

3. When is the enrollment period?
 - a) We will offer windows for CUs to join Sept, Oct, Nov, Dec, and Jan 1st.
Enrollment for employees typically occurs about 30 days in advance of the policy taking effect.

4. When are renewal rates released?
 - a) 60 days in advance of the renewal is the minimum amount of notice, but we always push for 90 days.

5. How much of an additional workload is given to the credit union, and would they need to hire additional resources to handle the program?
 - a) Although there will be some initial work during implementation, we expect the workload to decrease over time.
There should not be a need to hire additional resources – our solution is structured so we are the HR team's additional resources.

6. What does self-funding mean?
 - a) Self-funding is a common strategy for employers to reduce their medical insurance costs where the employer pays for a percentage of their employees' lower-cost medical claims. Higher-dollar claims are paid through an Insurance Captive, and the highest-dollar claims are paid through stop-loss insurance.

Credit unions still pay a flat monthly premium, like they do today, and a third-party administrator (WellNet) handles all claims processing.

Self-funded insurance plans also provide CUs with enhanced claims data to better understand what's driving our medical insurance expenses so we can implement specific strategies to help the employees that need you the most.



7. What is an Insurance Captive
 - a) An insurance captive is a group of employers forming their own insurance company by depositing monies into a captive to fund their employees' higher-cost medical claims. Our program offers a captive manager to facilitate the formation, reporting, and maintenance of the captive. Captives can be exclusive to credit union employees and any unused claims funds from the captive can be returned as a surplus to the CU participants on an annual basis.

8. How are employees' medical insurance claims paid?
 - a) The CU will pay a flat monthly premium like they do today - and the claims and expenses for administering the CU's health plan will be paid from those premiums by our third-party administrator. If an employee claim surpasses the CU's Self-Funded deductible, the claim is transferred to the insurance captive pool.

9. How does the credit union manage the health data information and protect the employee's privacy?
 - a) Our partner can provide high-level data reporting activity on the plan without showing employee names. As a self-funded plan the CU does have the ability and right to see names and we help implement the proper protections in place to abide by HIPAA requirements and protect employees' privacy.

10. Is it a requirement that the employee selects the lowest cost provider?
 - a) The employee can choose to go to any provider as they do today.
We can help identify doctors with the highest ratings (quality of care), best outcomes (fewer complications and additional services required after service), and lowest cost.
If a member selected the lowest cost provider without consideration of quality, it has significant potential to increase claims cost as employees then often have to have additional procedures/medical services.

11. Is it required to get "pre-approved" before making/seeking a medical appointment?
 - a) No, but it is encouraged for any high-cost elective procedures and diagnostic services (anything other than a routine visit with a Primary Care Physician or Specialist).

12. Can a one or two-person credit union participate?
 - a) The threshold for this program is currently at 10 employees participating on the medical plan. The ACA (Affordable Care Act) program was structured to benefit the smallest employers (those with <10 insured employees).
We've found that most of the smallest CUs are better protected with a traditional ACA fully-insured plan.



13. Is there a minimum percentage of employees from the CU that must be enrolled in the medical plan?
 - a) We require 75% of all eligible full time employees to participate within the plan unless they have a valid waiver, such as having coverage provided by a spouse, parent, Military/Tri- Care, Medicare/Medicaid, ACA or State/Individual plans.

14. Can we see a list of coverages, deductibles, co-pays, and maximum out-of-pocket limits (per year and lifetime maximum)?
 - a) As a self-funded plan, we have complete flexibility on plan designs. As we work with each CU, we will offer a number of plan designs that cover the range of designs your employees currently utilize. If there is too much variance and too many options, it can cause confusion for CUs. In the first year, CUs will most likely maintain the same or similar plan design as you have today.

15. Can each credit union select its levels of coverage? Yes

16. Does the employee have the option to see any doctor or go to the hospital of their choice? Yes. (In-network vs. out-of-network)

17. Are there any pre-existing conditions clauses included in the plan?
 - a) This is largely a non-issue under a self-funded plan like this, but there is potential for higher deductibles (for the CU) that might apply for rare conditions where it is known that there will be significant ongoing healthcare costs.

18. Is each credit union under-written individually?
 - a) Yes. This is necessary to maintain a healthy insurance program that is fair and equitable for all participants.

19. What happens if one credit union causes a disproportionate of the claims?
 - a) If they have what appears to be a one-time spike, the captive structure protects the CU. If they have recurring issues, their rates are adjusted accordingly.

20. Does everyone's premiums increase?
 - a) This only occurs if the group as a whole has rising costs – this is extremely rare in a group program like this (typically there are only a few CUs that have a “bad year” in any given plan year).

21. Is there a portal or app for employees to access their information, claims, etc.? Yes