Health Plan Benefits Frequently Asked Questions (FAQ)

New Jersey Theatre Alliance

Supporting Theatre ▪ Engaging Audiences

Q: Who is eligible?

A: Member companies in good standing (per bylaws) may join the Health Plan. The benefits are offered to you, your employees and their dependents.

Q: Why is the Alliance offering this?

A: We are always seeking to improve our member benefits. We saw an opportunity to offer our membership a quality healthcare solution built EXCLUSIVELY for Alliance members.

Q: What are the benefits?

A: This health insurance program was built EXCLUSIVELY for alliance members and offers you, your employees, and their dependents quality healthcare with affordable monthly premiums, discounted group rates, and long term rate stability.

Q: What is the process? How does this work?

A: All enrolling members will submit a PHQ. (Personal Health Questionnaire). The PHQ's are collected through a secure portal and dropped into a HIPAA compliant database. The PHQ is a summary of your health history. Utilizing the combined history of an organization's population, customized rates can be formulated.

Q: What does it cost?

A: Cost is determined only after all PHQs for your Theatre are submitted and reviewed by underwriting. But, we have traditionally seen rates anywhere from 10% - 25% lower than the marketplace for comparable products. We also implement a tiered rating system for the plan that helps reach a majority of the groups.

Q: How long are the plans and rates offered by the Health Plan valid? Can my coverage be canceled at any time?

A: Plans and rates are good for one year from the initial offering date. Once launched, the Health Plan cannot cancel the coverage during the plan year. Groups will receive advance notice of changes or termination upon renewal, as state and federal laws require.

Q: What networks are available to plan members?

A:
- First Health- PPO: https://www.myfirsthealth.com/LocateProvider/LocateProviderSearch/
- RBP - PHCS Provider and open network facilities: www.multiplan.com/webcenter/portal/ProviderSearch

Q: What if there is an emergency and I go to a hospital outside of the network?

A: If you are experiencing a true medical emergency then you can go to any hospital's emergency room. If it is not a true emergency some restrictions may apply.

Q: Could we go with an Open Network? Could we use Blue Cross or United Networks?

A: The Reference Based Pricing option is an "open network" program. While members can see a provider in the PHCS network, they can also see any provider and they will be covered.

Q: Can my employees and their beneficiaries be seen at any facility even if it is out-of-network?

A: Employees and their beneficiaries are covered at any facility of their choice, in or out of network.

Q: Can my employees or I continue the treatment plans that have been authorized by our current carrier?

A: When switching to a new health plan, you must go through the authorization procedures of the new plan. Through a partnership with My Advocate Pro, the Health Plan has a team of highly trained consumer advocates ready to assist with the process.

Q: What does the health plan cover? Does the health plan include dental coverage?

A: The health plan covers all essential coverages required by the ACA as any carrier product. The health plan does not provide dental but it can be purchased as a separate benefit from your agent.

Q: Can an individual employed by a member company enroll individually or is this benefit only available to member companies who would enroll their employees?

A: The plan is offered at the member company level, not the individual level.

Q: Is there an open enrollment period?

A: Eligible employees can join throughout the coverage year. A waiting period or qualifying life event is required.

Q: Is there a minimum number of employees that need to be enrolled?

A: Our plan allows for a " one man " group and does not have a participation requirement
As does the small group marketplace.

Q: How does the Pharmacy discount card work?*

[*$7350 Plan only]

A: On the $7350 deductible plan there is an integrated Rx/Pharmacy card. This allows members access to discounted pharmaceutical pricing that will seamlessly accumulate towards a member's annual deductible. Discount cards are integrated with the PBM so members do not have to worry about keeping track of a separate benefit card. Show your ID card at the pharmacy counter, and let the Health Plan do the rest. This is exclusive to the $7350 Plan as drug copays are generally cheaper on the lower deductible plans. In many cases the discount pharmacy card has less expensive tier 1 & 2 generics for members.

Q: Are these plans subject to the Employee Retirement Income Security Act (ERISA)?

A: Yes, these plans are subject to ERISA.

Q: Can members utilize their local broker to obtain this coverage?

A: That is not an available option at this time.

Contact your liaison:
Vincent Basciano
973-871-1512
vbasciano@jamesaconnors.com