



IMAGO DEI
INSURANCE ADVISORS



FREQUENTLY ASKED QUESTIONS

Everything you need to know
about Triad Benefits

(832) 263-3394

www.imagodeinsuranceadvisors.com

david@imagodeinsurance.com



FAQs

Q: Who is eligible for this plan?

Member companies in good standing with any Chamber affiliated with the Christian Chamber Coalition. (per bylaws) may join the Health Program. The benefits are offered to you, your employees, and their dependents.

This program has some restrictions regarding the states it can be offered in. To learn more about the restrictions, please reach out to Imago Dei Insurance for more information.

Q: Why is the Chamber offering this program?

One of the biggest barriers Christian business owners face is affordable, quality healthcare. That's why we've partnered with Imago Dei Insurance and Triad Benefits—to give our members access to health plans once reserved for big corporations. Now, even a business with one employee can offer coverage that competes with Fortune 500 packages.

Q: What are the benefits available to our company?

This healthcare program was built in partnership with Triad Benefits as an exclusive member benefit for any active members of the Christian Chamber Coalition, including all affiliated local, state and national chamber. Companies are able to offer their employees as well as any dependents quality healthcare coverage with affordable monthly costs and long-term rate stability.

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

All enrolling member companies will go through Underwriting to determine their rates. Groups of under 10 enrolled employees will need to complete a personal health questionnaire (PHQ) to determine the custom rate tier they qualify for. PHQs are collected through a secure online portal and delivered to underwriting.

Groups of over 10 enrolling employees can simply submit a dependent level census in order to do underwriting.

Any group that has current group coverage in place must also provide a copy of current benefits and rates. If a renewal is available, that will be required as well.

Once rates are tabulated and delivered based on the above information, group can decide to move forward with their custom benefits package.

**** A small percentage of companies (<10%) may be declined based on underwriting results ****



FAQs

Q: What does this plan cost?

This program uses custom rate tiers to price members. The tier determination is based on age, gender and health history of the individual member group. Healthier groups qualify for lower rate tiers and the older groups with more risk can qualify for higher rate tiers. Because this is an underwritten program, a small segment of groups can be declined to be offered a proposal based on the overall risk profile of the group. This happens less than 10% of overall cases.

Q: How long are the plans/rates offered by the Chamber valid?

Plans and rates are good for one year from the initial offering date. Once launched, the member cannot cancel coverage of the health program during the plan year (12 months). Groups will receive advanced notice of changes or termination upon renewal, as state and federal laws require. When a member group sets up a plan, it is considered as the plan sponsor for that plan for the purposes of ERISA compliance.

Q: What networks are available to plan members?

Each member group can choose their own plan designs as well as the best network that will work for them.

- **Cigna PPO Network** [Cigna Provider Link](#)
- **Reference Based Pricing with the PHCS Practitioner and Ancillary Network for providers** [PHCS PAN Provider Link](#)

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

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, then some restrictions apply.

It is always suggested to visit and Urgent Care or utilize the Telemedicine services for any non-emergency situations.



FAQs

Q: Could we use an Open Network and go anywhere?

The Reference Based Pricing (RBP) program is an 'open network' program. There are no network restrictions when utilizing a hospital or facility-based service. This typically handles the high cost, low frequency services.

This plan does incorporate a network through PHCS PAN for any professional or doctor related services. This will handle any of the low cost, high frequency services that members may receive.

Q: Can my employees and their dependents be seen at any facility, even if out of network?

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

However, on the Cigna network plan, out of network benefits (at a higher member cost share) may apply.

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

The benefits covered under the health program are described in the Summary of Benefits and Coverage that is available upon request. Full detailed information for the employer can be found in the Summary Plan Description, available upon request.

The Triad program doesn't cover dental or vision benefits. However, these benefits are available through your partnership with Imago Dei Insurance

Q: Can individuals be enrolled in this plan by themselves?

The program is available to any member companies and their employees. The program is able to work with 1099 contractors but that requires additional setup.

Individuals are NOT able to be written under this program when there is no affiliation with a company.



FAQs

Q: Is there an Open Enrollment period?

Member companies are eligible to enroll at any point throughout the year. Effective dates will always be on the first of the month.

For in-force member groups, an employee needs to satisfy the company's waiting period or have a qualified life event (QLE) to enroll.

Q: Is there a minimum number of employees needed to enroll?

There is no minimum for enrollment. Groups as small as one employee can enroll.

There are also no participation requirements which allows for groups in special situations to enroll.

Examples would be management carve outs, groups with a large number of waivers, hospitality groups and many more.

Q: Are these plans subject to ERISA or to state laws?

The Triad Benefits Health Program is governed by the Employee Retirement Income Security Act (ERISA). This means that they are federally governed and do not necessarily have to adhere to each state's rules/guidelines

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

This is not an available option at this time. The Chamber has an agreement to offer coverage to its membership exclusively through Imago Dei Insurance.



Contact us for
more information
or to receive a
proposal



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