

Join a health plan for small businesses in your state

Enjoy a cost-saving solution providing benefits your employees want



Get peace of mind with the strength of a care network serving millions locally and nationwide

- ▶ Serving millions of people in Missouri for more than 85 years
- ▶ 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 1.7 million doctors and hospitals nationwide that contract with Blue Cross Blue Shield companies, more than any other insurer¹

You deserve an easy, affordable way to offer high-quality healthcare to your employees. The Chamber Benefit Plan, available through the Missouri Chamber Federation, offers small businesses in your state access to comprehensive healthcare benefits at rates usually reserved for larger organizations. These plans are designed specifically for businesses that are Missouri Chamber Federation members and include the benefits, programs, and services that reflect your local communities.

Big benefits for small business

When you join the Chamber Benefit Plan, your small business becomes part of a large, self-funded group that shares in the overall claims risk with other small businesses. As part of this group, you'll enjoy financial protection backed by Anthem's stop loss coverage and a flexible choice of plans designed exclusively for Chamber Benefit Plan participants. Lower, predictable costs and easier administration make it a great alternative to Affordable Care Act (ACA) plans, letting you focus on running your business — not your health plan.

A healthy business depends on healthy employees

Along with financial peace of mind, you can offer your employees access to care through one of the nation's largest networks of high-quality doctors, hospitals, and other healthcare professionals. Eligible businesses also receive expanded health and wellness tools, services, and resources designed to empower employees to make more-informed healthcare decisions that can improve health and help lower costs for everyone.



The Anthem difference

Joining a larger self-funded group helps small businesses save on costs while providing robust Anthem benefits to their employees. Our health plans, and the doctors and other care professionals we choose to work with, must meet our high standards before we connect them with local businesses like yours. Plus, you have stop loss protection included with the plan. The cost of this coverage is built into predictable monthly payments, so you know what to expect in health plan costs.

Cost advantages

- Competitive rates
- Fixed, predictable payments
- Stop loss coverage to protect you from high-cost claims
- Additional savings for dental, vision, life, and disability benefits

Inclusive, flexible access

- A choice of benefit plans
- Anthem's broad Blue Access preferred provider organization (PPO) network and Essential Rx formulary
- Virtual care through the SydneySM Health app
- Inclusive access for people who reflect local communities where they work

Ease in use

- One local account management team ready to answer questions and resolve issues
- Simpler plan administration and streamlined renewal process
- One place to manage multiple plans

Virtual care through the Sydney Health app

Employees can have a video visit or chat with a doctor 24/7, in English or Spanish, for common health concerns for no or low cost using our Sydney Health app. They can also check their symptoms, find a doctor or pharmacy, and price a drug. Mental healthcare is available by appointment. Your employees can set up a video visit with a licensed therapist, board-certified psychologist, or psychiatrist.² Visits can be scheduled in four days or less with a therapist or psychologist and within two weeks with a psychiatrist.³ Psychiatrists help manage drugs; they do not provide counseling or talk therapy.⁴

Add on benefits and see how they connect — with Anthem Whole Health Connection®

By adding dental, vision, life, or disability benefits to your medical coverage, not only do you get a discount, but your benefits are connected. This helps doctors see a complete view of a person's health, resulting in better outcomes, efficiencies, and savings.

Frequently asked questions

What is a Chamber Benefit Plan?

The Chamber Benefit Plan is a self-funded employee welfare benefit plan, trust, or other arrangement that is established or maintained for the purpose of offering group insurance to Missouri Chamber Federation members. It is governed by trustees and bylaws that satisfy the Missouri Chamber Federation/Missouri Department of Insurance.

Who makes the decisions for the Chamber Benefit Plan?

There is a board of trustees that oversees the plan and ensures that it complies with all applicable laws and regulations.

Why choose the Chamber Benefit Plan plan over an ACA plan?

By being part of a self-funded group, a business shares overall claims risk, as well as the cost for financial protection provided by stop loss coverage. Being part of a larger group also gives a business access to competitive, predictable rates and high-quality benefits through one of the largest national healthcare networks. In addition, expanded access to innovative tools, programs, and services empowers employees to make more-informed healthcare decisions that can improve their health, and can lower overall group costs.

Which businesses are eligible to participate?

The Chamber Benefit Plan is available to small business employers who:

- Have at least two employees enrolled in the medical plan and no more than 50 full-time eligible employees.
- Have no more than 99 total employees, including full time, part time, seasonal, and temporary.
- Are in good standing with the Missouri Chamber Federation that satisfies the Missouri Department of Insurance.

Qualification to offer the plan depends on the business's location in the state.

Do businesses have to join the Missouri Chamber Federation to participate in the plan?

A business needs to join a local chamber of commerce that is part of the Missouri Chamber Federation to be eligible for the plan. Your location will determine which chamber to join. Contact the Missouri Chamber Federation for details about about which local chambers participate and how to join. Brokers can contact their Anthem representative to learn more about requirements for selling the plan, including joining a local chamber.

Do businesses need to meet certain participation and contribution requirements?

Yes. At least 50% of eligible employees, excluding valid waivers, and a minimum of two employees must be covered under the plan.

The program also requires a minimum employer contribution of at least 50% of the premium equivalent rate for employee-only benefits, and 25% of the premium equivalent rate for employee/dependent benefits.

If a business contributes 100% of the premium equivalent rate, then 100% of the net eligible employees must enroll.

Can a business join the Chamber Benefit Plan at any time during the year?

Yes. Renewals for participating businesses in the Chamber Benefit Plan plan occur at different times of the year. A group's renewal date is based on the group's original effective date.

How are premium equivalent rates (monthly premium payments) determined?

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

- Medical history and expected future health claims risk of enrollees
- Age and gender of enrollees
- Number of people enrolled
- Where the business is located
- Benefits being offered

What costs are included in the premium equivalent rate?

The premium equivalent rate covers expected claims, administrative expenses, taxes and assessments, and stop loss premiums.

Are there other payments to make in addition to the premium equivalent rate?

Yes. In addition to monthly medical premiums, businesses receive invoices for product dues, and must also pay membership dues to the chamber of which they are a member.

How will the annual renewal increase be determined?

Any overall increase needed for the Chamber Benefit Plan will be calculated based on a projection of the claims for the upcoming policy year for the entire plan. The increase for each participating business will then be calculated based on their specific risk profile and claims history, as well as any changes in their demographics and number of enrollees.

Can a business terminate the plan at any time?

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

We currently have an Anthem health plan. Will our employees have to change their doctors?

The Chamber Benefit Plan uses Anthem Blue Cross and Blue Shield's Blue Access healthcare provider network — one of the largest networks in the state. To make sure doctors are in the plan's network prior to receiving any service, employees can use [anthem.com](https://www.anthem.com) or our Sydney Health app to find care.

Are dental, vision, life, and disability options available?

Yes, participating employers in the Chamber Benefit Plan are eligible for other plans offered by Anthem at a discounted rate. These are stand-alone, fully insured plans for which the participating employer contracts directly with Anthem.

Explore a better healthcare solution for your small business.



Call your broker or
Anthem Sales representative.



Visit
chamberbenefitplan.com.

¹ Blue Cross and Blue Shield Association: *The Blue Cross Blue Shield System* (accessed October 2021): [bcbs.com](https://www.bcbs.com).

² Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the Sydney Health app or [anthem.com](https://www.anthem.com).

³ Appointments subject to availability.

⁴ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or [anthem.com](https://www.anthem.com).

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022. The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health. In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.