

CDA Group Health Insurance Overview

Here's a more detailed look at the information you need to know before enrolling your practice in the National General health plan.

- ✓ Plans are offered on a group basis with a minimum of two enrolled employees.
- ✓ CDA members receive a 10% discount through COPIC Financial Service Group.
- ✓ Participation requirements: 50% of all eligible employees after valid waivers must participate.
- ✓ Practice contribution requirement: \$100 per enrollee per month paid by practice to offset the employee cost. The practice can choose to contribute more per employee.
- ✓ Work status: Employee eligibility hours can range from 20-40 hours per week to offer coverage.
- ✓ There are multiple plans to choose from based on enrolling employee count:
 - 2 enrollees—1 plan
 - 3–15 enrollees—2 plans
 - 16+ enrollees—3 plans
- ✓ Underwriting process:
 - Rates are determined on a group by group basis.
 - All active eligible employees must complete an online health statement whether or not they plan on enrolling in the health plan.
- ✓ Plans are “level funded,” meaning groups will have the opportunity to share in the surplus at the end of the year should their claims run well.
- ✓ There are two nationwide networks to choose from: Aetna and Cigna.
- ✓ There are two dedicated service teams: COPIC Financial Service Group and National General.

Frequently Asked Questions

Here are answers to some of the more commonly asked questions.

1. What is the difference between a level funded plan and a traditional fully insured plan?

With a *traditional fully insured plan*, the employer pays a fixed premium to the carrier based on the number of employees enrolled and their demographics. The premiums they pay are nonrefundable, regardless of whether you use the plan or not. With a *level funded plan*, you still have a fixed premium, but at the end of the year the practice could receive a rebate should your claims and administrative costs (on a group basis) be less than your premiums.

2. How can I see if my current doctor is in-network with this plan?

Your health plan will be with either Aetna or Cigna. Visit these websites for a list of in-network providers:

Aetna Signature Administrators: www.aetna.com/asa

Cigna PPO: www.cigna.com

3. If I have a staff member with a pre-existing medical condition, can we still apply for coverage? And would our premium be affected by a staff member's health status?

Yes, any eligible employee can apply for health coverage, regardless of pre-existing conditions. Yes, premiums are determined by the overall health of the group.

4. Does this plan cover my dependents?

Yes. You have the option to enroll as employee only, employee plus spouse, employee plus children, or as a family.

5. Can my staff be a part of this plan if I don't participate as a dentist?

Yes.

6. Do I have to be a practicing dentist to participate in the plan?

Yes. Retirees are not eligible for coverage.

7. If I have already met some of my deductible this year, will it be credited towards the new plan?

Yes, but some restrictions apply.

8. How does this plan differ from the health insurance plan that the CDA offered 10+ years ago?

In the previous plan, any CDA member could enroll on an individual basis. That structure created adverse selection, meaning that every time the premiums increased, the younger, healthier participants left the CDA plan and chose more economical health insurance plans. This ultimately made the CDA plan unsustainable, and it was discontinued in November 2010.

The 2019–2020 National General health plan is only offered at a group level, therefore each group is underwritten separately, autonomous from another group.

For More Information

If you have other questions, and for more information, please contact John Kaufman, the CDA's dedicated agent for more information: 720.858.6299 or healthplan@cdaonline.org.