

Who We Are

Health Alliance, headquartered in Urbana, Illinois, is a top-rated regional health insurance carrier and administrative services provider for self-funded group health plans. We've been in business for more than 30 years and currently serve more than 380,000 total members across four states. More than 88 percent of our fully insured and self-funded commercial groups stay with us from year to year.

Founded by Doctors

Health Alliance has a unique perspective on healthcare coverage. We ensure the care our members receive is of the highest value, and we keep healthcare decisions where they belong—between patients and doctors.



Employer Group Plans

Group Size

Currently, small groups are defined as 1–50 total employees. Large groups are currently defined as 51 or more total employees. Starting in 2016, small groups will be defined as 1–100 full-time equivalent employees and large groups will be defined as 101 or more full-time equivalent employees.

HMO

(Health Maintenance Organization)

Health Alliance HMO offers our most cost-effective coverage. Members choose a primary care physician (PCP) to coordinate all their medical care. While covered services are limited to in-network providers, Health Alliance HMO features a large provider network and low out-of-pocket costs.

PPO

(Preferred Provider Organization)

Our PPO plans allow more freedom of choice in visiting doctors and hospitals by including an out-of-network benefit; however, out-of-pocket costs are lower when members see in-network providers. Members are encouraged, but not required, to select a PCP.

POS/POS-C

(Point of Service/Point of Service Copayment)

Health Alliance POS plans offer comprehensive HMO benefits for in-network services and indemnity coverage for out-of-network services. Members determine their coverage at the “point of service,” or when they choose a doctor, clinic or hospital and receive services. Members choose a primary care physician (PCP) to coordinate all their medical care in-network.

HSA-Compatible

Our HSA-compatible plans work with Health Savings Accounts (HSAs). HSAs combine employee involvement in managing their own health care with tax advantages. They work a bit like IRAs but for health care.

Provider Networks

We continually negotiate contracts with healthcare systems and doctors that help us offer affordable in-network coverage. Our own Health Alliance network consists of more than 12,000 contracted providers. We can also provide access to national extended networks for groups that require even greater choices for their employees.

We know our doctors and hospitals are proud to be part of Health Alliance. According to our latest Provider Satisfaction Survey, 92.4 percent of our providers are very satisfied or satisfied with Health Alliance.



Self-Funding Options



More and more employers are choosing self-funded plans. With self-funded plans, employers retain the risk of paying for their employees' health care. When employees and their dependents have fewer claims and fewer expensive illnesses, the self-funded employer realizes an immediate positive impact on overall healthcare costs. The employer has greater control over how funds are used.

Employers considering self-funded must be comfortable accepting and managing risk.

Most employers who choose self funding also purchase stop-loss insurance to reduce the risk of large individual claims or high claims for the entire plan. Health Alliance provides stop-loss coverage—both individual and aggregate—providing true one-stop service.

Managing a self-funded plan requires solid decision support. Health Alliance gives employers a complete self-funding package with the claims data reporting, benefit management and administration service tools they need.



Balance Plans

For groups with 25–150 qualified employees that want more control over their healthcare expenses.

A Balance plan has several highlights:

- Coordinates essential services, like claims administration, medical management and pharmacy benefits
- Not subject to most taxes and fees that apply to fully insured plans
- Savings potential when claims are lower than expected
- No matter what, costs will never exceed the predetermined amount. This predictability allows employer groups to budget effectively
- Follows federal ERISA rules and is not subject to most state mandates*, like bariatric surgery
- Stop-loss coverage protects businesses by allowing them to set a yearly guaranteed annual plan maximum cost for their employer group
- Several HMO, PPO and POS plans to choose from
- Access to wellness extras, including money-saving pharmacy programs and discounts at fitness and weight-loss centers

With a range of plan designs to fit a variety of needs, a strong provider network and responsible risk-sharing, a Balance plan may be a great health plan option for employer groups.

*If a plan is not governed by ERISA, some state mandates may apply.

Employer Medicare Plans



Health Alliance Medicare makes it easy to offer health plans to Medicare beneficiaries.

Who's Eligible

Retirees, as well as active employees who have Original Medicare as their primary coverage, are eligible.

Plans That Fit

In addition to providing our standard plans, we can create Medicare plans for groups of 25 or more to match the benefits of active employees. We also have Medicare coverage options for employers with beneficiaries who live out-of-network.

Employers Choose Contribution Level

Employers can contribute any amount, from \$0 to the full amount, toward premiums. If beneficiaries within the organization qualify for different levels of employer contribution, the employer can establish those levels, and Health Alliance Medicare can do a group bill or bill beneficiaries individually.

Also, replacing existing retiree medical benefits with a Health Alliance Medicare plan can reduce the employer's accounting accruals for future liabilities.

Member Materials

Beneficiaries receive everything they need to understand and use their coverage. They'll receive a welcome letter, an ID card, an Evidence of Coverage and more. Members with drug coverage also receive a regular report, called an EOB, that details their usage. This helps them know when they are approaching the Coverage Gap.

Welcome Call

After enrolling, beneficiaries receive a welcome call. Our member education coordinators explain the plan's key features, help beneficiaries understand how to use the plan's benefits and guide them through seeking services.

Beneficiaries can rely on our member education coordinators to answer any initial questions they may have and to assist with transitioning care, if needed.

Low-Income Subsidy

Help is available from the Federal government to assist those who qualify pay their monthly premium and prescription drug costs.

No Enrollment Lock-In

Beneficiaries can enroll in a Group Medicare plan at any time during the year. They are not limited to the Annual Election Period like those on individual Medicare plans.

Dedicated Employer Group Client Consultation

Employers have a single point of contact for any questions about Group Medicare benefits.



Direct-to-Consumer Plans



Health Alliance INDIVIDUAL PLANSSM

Health Alliance Individual Plans are available for those who don't get coverage through their employer.

We offer a wide range of plans for individuals, including PPO, POS and HMO plans. There are plans that work with a variety of budgets and health needs, including plans that work with Health Savings Accounts (HSAs).

Visit HealthAlliance.org to learn more.

Health Alliance MEDICARESM

In addition to Group Medicare, we also offer individual Health Alliance Medicare plans. Beneficiaries have plenty of options to choose from, including:

- A plan with medical coverage for no monthly premium
- Medicare Advantage HMO and PPO plans
- Medicare Advantage HMO and PPO plans with prescription coverage
- Medicare Supplement plans

For more information about our individual Health Alliance Medicare plans, please call your client consultant or visit HealthAllianceMedicare.org for plan information and online enrollment.



Value-Added Extras Focus on Health



“Beyond great healthcare coverage, all Health Alliance standard benefit plans feature our suite of wellness programs. The best part? There is no additional cost.”

Be Healthy

Our preventive care benefits help keep members and their dependents healthy. Health Alliance covers 100 percent of the cost for an annual wellness exam, as well as medically appropriate screenings and tests for things like breast and prostate cancer. Immunizations, per national guidelines, along with well-baby and well-child care are also included. For a list of covered preventive services, please refer to our Be Healthy brochure.

Healthy Extras

Besides our standard coverage and resources, we also offer additional wellness services and testing that employers can choose to purchase. Workplace wellness program consultation, over-the-phone health coaching and health screening fairs all reinforce a culture of wellness at the workplace.





Coordination

Managing a major health condition is never easy. Members shouldn't go it alone. Through Personal Health Coordination, our case managers personally help members dealing with a high-risk pregnancy, organ transplant, major illness or accident and many chronic diseases.

Rally

Rally*, is an easy-to-use digital health experience that engages and motivates members through intuitive online tools, personalized plans and rewards. Whether members are ready to eat better, move more, be more informed or just feel good in general, Rally gives them personalized missions and the support they need to get healthier.

*At this time, Rally is available to all Health Alliance members except those with Medicare.



Resolutions Employee Assistance Program

Work or Home

Employers face challenges now, more than ever, in achieving business goals with a healthy, productive workforce. The lines between work and home life have become increasingly blurred. Achieving work/life balance is necessary for optimal health and allows employees to be productive and engaged at work, and able to enjoy activities away from their job. Thankfully, help is waiting. Our Resolutions Employee Assistance Program (EAP) gives employees access to resources to cope with life's demands.

Free and Confidential

Resolutions (EAP), as part of Carle, provides telephonic counseling services by licensed professional counselors for employee plan members and their dependent members over age 18. Trained staff can help with these issues, and more:

- Relationship conflicts
- Emotional stress
- Communication concerns
- Workplace problems
- Legal consultations
- Budget counseling



Resolutions professionals can also provide convenient access to employee benefit information. This includes facilitating a referral process if additional resources are recommended, based on the employee's situation and financial circumstances. Unless mandated by law, all information discussed is kept strictly confidential.

Each employee member and/or his or her dependent members can take advantage of up to six telephonic sessions per plan year, free of charge. This includes active employee members, retiree members and COBRA members.

Employers can offer in-person EAP sessions, as well, to employee members at an additional charge.

Service

Fee

Six (6) telephonic sessions per plan year	FREE, included in the group rate
Three (3) in-person sessions per plan year	\$15 per employee per year
Six (6) in-person sessions per plan year	\$19 per employee per year



Get Your EAP Started

Follow these instructions, and your employees can soon take advantage of professional guidance.

- Contact Resolutions EAP at 1-855-232-4267 to schedule an introductory training session for your Human Resources staff or Benefits Administrator on administering the program.
- Consider providing employees with in-person sessions, available at an additional cost.
- Get promotional materials from Resolutions EAP—brochures, posters, magnets, website access—to get your EAP started.
- Decide if you'd like to hold an employee orientation for the EAP, and contact Resolutions for more details.

Help for a Healthier Workforce

Although detailed EAP performance statistics are limited, studies suggest employer-sponsored EAPs, like Resolutions EAP, can reduce company disability, medical, pharmacy and worker's compensation costs, in addition to lost revenue due to absenteeism and presenteeism.*

*According to the Center for Prevention and Health Services' Employer's Guide to Employee Assistance Programs, 2008.

Health Alliance does not provide legal advice and strongly recommends you consult an attorney regarding your compliance responsibilities with respect to maintaining an EAP group health plan under ERISA, including, but not limited to, ERISA disclosure requirements for a group health plan document, COBRA, HIPAA, MHPAEA and PPACA.

Help While You're Traveling

When your employees travel away from home, it can be a complicated mess if they get injured or sick. That's where we can help with our Assist America service.

How Does it Work?

Assist America is not travel or medical insurance. It allows Health Alliance to provide global emergency services. The coverage is in effect when traveling more than 100 miles from home for less than 90 days. Assist America representatives are available 24 hours a day, 365 days a year, ready to help you:

- Locate and get admitted to a hospital.
- Replace prescription meds if you forget or lose them.
- Get transportation for a loved one to join you if you're alone and hospitalized for more than seven days.
- Find care for children left unattended because you had a travel-related emergency.



Treatment Cost Calculator



A New Era of Patient Power

Our Treatment Cost Calculator lets members decide where to go for care. It's a powerful tool that helps them explore a wide range of healthcare options.

With the Treatment Cost Calculator members can easily:

- Save money with more informed shopping
- Review a helpful estimate of costs for specific treatments (based on their plan's coverage)
- Compare costs for in-network and out-of-network providers
- Search by medical treatment, service or condition
- Find doctors, hospitals and clinics in their area

The screenshot shows the 'TREATMENT COST CALCULATOR' interface. At the top, it says 'New estimate: \$258'. Below that, it lists 'GENERAL ESTIMATE FOR Skin Biopsy'. A 'Cost-Saving Tip' box suggests that many outpatient services can be done in non-hospital settings. The main section displays 'Your likely out-of-pocket cost is: \$258'. A table compares 'In-Network' and 'Out-of-Network' costs for various items like Yearly Share, Deductible, Copayment, and Total Cost. The 'Total Cost' row shows \$258 for in-network and \$520 for out-of-network. A 'Next: Compare providers for a better estimate.' section is visible on the right.

	Low	Likely	High
Yearly Share	\$108	\$108	\$520
Deductible	\$208	\$208	\$208
Copayment	\$0	\$0	\$0
Coinsurance	\$0	\$0	\$0
Additional Out-of-Network Responsibility*			\$292
Employer/Plan Share	\$0	\$0	\$0
Total Cost	\$208	\$208	\$520
Primary Procedure	\$168	\$168	\$168
Other Procedures	\$0	\$0	\$112
Facility	\$0	\$0	\$0
Lab, X-ray, Anesthesia	\$0	\$0	\$112
Other Costs	\$0	\$0	\$0



- ▶ To use the calculator, log in to YourHealthAlliance.org.
- ▶ The Treatment Cost Calculator gives members more control over their healthcare costs, and they'll feel better knowing they made an informed decision about where to go for care.



Join our many members already using YourHealthAlliance.org to get instant access to your coverage anytime, anywhere. When you register as a member, you get:

Plan Materials

Go Green with paperless member materials delivery. You can choose to get important plan documents, like Explanations of Benefits (EOBs), online. And you can always view your plan's information, like:

- Summary of Benefits and Coverage (SBC)
- Policy
- Amendments
- Drug List
- Medical and Drug Policies

ID Cards

Order ID cards online and print temporary cards while you wait for your new ones to arrive in the mail.

Your Accounts

Manage all your medical, dental and vision accounts in one place. You can also sign up for text alerts so you never miss notifications about your coverage.

Claims and Authorizations

See the status of current claims and authorizations and a history of how benefits were applied to past claims and authorizations.

Provider Search

Find all the doctors, hospitals and pharmacies covered by your plan. You can also add or change your Primary Care Physician (PCP).

Treatment Cost Calculator

Find the right treatments, facilities and doctors for your needs by comparing costs with our Treatment Cost Calculator.

Deductible and Out-of-Pocket Spending

Quickly see your deductible and out-of-pocket spending maximums in- and out-of-network and how close you are to reaching them.

Personalized Help

Ask our Customer Service reps an insurance question or a nurse a health question through secure messaging.

Rally

Connect to Rally*, our easy-to-use digital health experience that engages and motivates you in new ways with personalized missions, group challenges, support and rewards.

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Visit YourHealthAlliance.org to get started today!

