

AMALGAMATED LOCAL 426 MEMBER BENEFIT PROGRAM

Frequently Asked Questions

1. Is CapCare a Health Plan or Insurance Company?

Neither. CapCare is the Program Manager for the sponsored Member Benefit Program offered through Amalgamated Local 426 and NY Practice Mgmt. Association. CapCare has partnered with Local 426 which is the Union for participants enrolled through CapCare's efforts. As Program Manager, CapCare is not an insurance company or a health plan.

2. What is the Member Benefit Program?

The Member Benefit Program is an invitation only program available to approved Associations, PEOs and other dually authorized membership organizations. Members who choose to participate in this Program will have the opportunity to participate in membership related benefits that include life insurance, accident, and health insurance as well as prescription benefits.

3. Does an employee have to join a union?

Yes. To gain access to the membership program, individual members must join Amalgamated Local 426 as an Associate member.

4. Are there dues associated with union membership?

Yes. Individual members invited to join Local 426 as an Associate Member are required to sign a Dues Authorization Form that discloses the dues amount. It should be noted that the dues are included in the monthly rates – there are no additional fees.

5. Why does the Employee become an Associate Member versus the Employer?

The Member Benefits Program is not an employer sponsored plan. To gain access to the benefits offered, an individual member (participant) must become an Associate Member of the Member Benefit Program Sponsor, N.Y. Practice MGMT Assoc Inc. to be eligible for benefits.

6. What is an Associate Member Program?

Associate Member programs came into existence in the 1980's as unions needed a way to give the apprentices working in union shops the ability to receive benefits. As such, unions adopted these programs with the hope that the apprentices would at some point become full union members. These programs afforded these associate members the opportunity to participate in various union programs and benefits including health care coverage, dental and vision coverage, life insurance, disability, accident, 401K programs and others depending on the overall benefits of each individual union.

7. How does an Associate Member access membership benefits?

Amalgamated Local 426 accesses the Health and Welfare Funds of Local 298 and Local 22 (collectively, the "Sponsors") through Affiliation agreements. Both Health and Welfare Funds are considered Taft Hartley Plans.

8. What is a Health and Welfare Benefit Plan?

Health and Welfare Plan means any plan, fund or program which was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, dental, surgical or hospital care or benefits, or benefits in the event of sickness, accident, disability, death or unemployment, or vacation benefits, apprenticeship or other training programs or day care centers, scholarship funds, or prepaid legal services, including any such plan, fund or program as defined in Section 3 (1) of ERISA.

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9. What is a Taft Hartley Plan?

A Taft-Hartley plan, also called a multi-employer plan, is a health plan that is created solely for the benefit of collectively bargained employees working for many employers. It is an older law that governs collective bargaining agreements (CBAs) for unions. As part of a Taft-Hartley plan, unions negotiate a wellness plan into a bargaining agreement. In short, a Taft-Hartley plan is a health plan the union is providing to union members on behalf of the employer.

10. Is the Member Benefit Program a small group insurance plan?

No, the Member Benefit Program is NOT a small group insurance plan. The program is an opportunity for Associate memberships to be offered to qualified members and thus, if they choose to join will have access to member benefits provided to an eligible individual member or employer member through an employer's Affiliated Association membership.

11. What network of Providers does the Member Benefit Program have access to?

The Plan Administrator has entered into an agreement with one or more networks of hospitals and physicians, called "PPO Networks." These PPO networks offer participants healthcare services at discounted rates. In Network Services for PPO providers are paid at 100% of the fee schedule contracted by Blue Cross Blue Shield with their participating providers.

How to find a Participating provider without an online account:

Log on to www.Anthem.com

1. On the right side of the page, click on **'Find Care'** Button
2. Prior to Enrollment or Setting up Online Account, click on **"Basic search as a guest."**
3. Under Select the type of plan or network click drop down arrow to **"Select One."**
 - Select **"Medical Plan or Network (may also include dental, vision, or pharmacy benefits)"** Option.
4. Under Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's sponsored plan is contracted in. Most of the time, it's where the headquarters is located.)
 - Select **<Your State >** in the drop-down menu
5. Under Select how you get health insurance
 - Select **Medical (Employer-Sponsored)**
6. Under Select a plan or network
 - Select **National PPO (BlueCard PPO)**
7. You will now be able to search for providers and facilities
 - 8. Enter your City, County or Zip
 - 9. You will be able to Search by name or by type of care

12. What are the eligibility criteria for an individual member to participate in the Member Benefit Program?

Individual members must be active at work and either an active member or employee of an active member of an approved Affiliated Association, PEO, or such other dually authorized Membership Organization.

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13. What information is required to receive a quote?

Please note, this is not a “quoted” program. The rates and plans offered do not change from state to state and are not dependent on census information. The program is a Member Benefit Program offered through an Affiliated Association.

14. Are the rates valid for a 12-month period?

No. The sponsoring Union publishes annual rates. However, based on the date of enrollment, you will either renew July 1st or January 1st. You may have a short 1st year and then your rates will be renewed every 12 months.

15. Does the Program require an employee to answer Medical Questions to enroll?

No. Individual members are not required to answer medical questions. If the individual member or employer member is eligible to offer the member benefit program. Any active at work individual is eligible to enroll. Once an individual becomes an Associate Member, coverage cannot be denied.

16. What does a member need to enroll in the Member Benefits Program?

An individual member will be required to complete an online enrollment form, complete an online Affiliate membership Dues Application, and provide information related to spouse and/or dependents if applicable. If a spouse is covered under the Plan, a marriage certificate is required to be uploaded at time of enrollment. In dependents are covered, birth certificates of children are also required to be uploaded at time of enrollment.

17. Are sole proprietors and independent contractors eligible to enroll in this Member Benefit Program?

Yes. If the individual member meets the eligibility criteria (active at work and an active member of the Affiliated Association) they can enroll in the Member Benefit Program.

18. What other documentation does a member need to enroll in the Member Benefit Program? Program?

Members will be required to provide documentation to validate that they are a legal business entity or associated with a legal business entity. Documents include but are not limited to tax filings, business formation documents, 1099 documents, independent contractor agreements, K1 or Schedule C.

19. How do I find more information on the Member Benefit Program?

Information will be provided by your sponsoring Affiliated Associations website or by calling a dedicated team of member benefit advisors. For additional information contact capcareenrollment@concordmgt.com or by calling 833-287-4765.