



Offer a health plan
that treats your
employees like family



**Small businesses, like yours,
are the backbone of our economy.
You deserve a cost-effective
plan that helps your employees
lead healthy, productive lives.**

You don't have to do it alone

Join other small businesses and save money as a group



Together you can provide benefits that help your employees feel **covered**, **protected**, and **confident**.

The SOCA Benefit Plan, in partnership with Anthem, offers plans designed to help small businesses **enjoy lower costs, simplify healthcare, and build healthier employees** and communities. These plans:

- Deliver care through diverse networks with nationwide reach.
- Include benefits, programs, and services reflective of local employee communities.

Introducing: The SOCA Benefit Plan

Who:

The SOCA Benefit Plan
partnering with
Anthem

Partnership with one of the nation's largest health companies means confidence, protection, and stability for your small business, your employees, and their families.

What:

A self-funded employee
welfare benefit plan, trust,
or other arrangement

Established as a simpler, more cost-effective way to offer group insurance to small business chamber members.

Why:

Joining a larger group for
access to financial protection
and competitive rates

Small businesses share overall claims risk and enjoy lower, predictable costs, providing comprehensive benefits to employees.

Big benefits for small business

The SOCA Benefit Plan membership has its perks



Affordable rates

Rates similar to large groups
Underwritten for
Small Group market



Stable costs

Built-in stop loss coverage
Fixed monthly payments



Broad network

Diverse network of doctors
and health professionals
serving millions locally
and nationwide



Additional savings

One time credit for
adding dental, vision
and/or life coverage



Flexible benefits

Designed for local, small
business employees



Simplified administration

Locally managed,
streamlined processes

The Anthem difference

Drive down costs while providing benefits your employees want through a network they know and trust.

**Financial protection
and stability**



Cost advantages

**Power of
partnership**



Inclusive access

**Simplified
healthcare**



Ease of use

Cost advantages

Confidence comes from financial safeguards, cost savings, and knowing what to expect.

- **Competitive rates** based on medically underwritten Small Group market
- **Stop loss coverage** protects you from high-cost claims
- **Premium equivalent rate** means predictable monthly payments
- **One time credit** for adding dental, vision and/or life coverage



9 out of 10 small business owners renew with Anthem each year.¹
The SOCA Benefit Plan can lead to significant savings.

¹ Anthem/HealthLink internal data, 2022

Cost advantages (continued)

The premium equivalent rate

Know what to expect to pay with fixed monthly payments that include:



Administrative service fees



Stop loss coverage



Claims fund



Taxes and assessments



General expense allowance

Cost advantages (continued)

Save when you add on coverage

Add dental, vision, life, and/or disability coverage to your medical plan and:

- Have more choices, more savings, and more protection.
- Give doctors a complete view of a person's health, leading to better health and more long-term savings.

Anthem Whole Health Connection®

A cost-effective way to help your employees lead healthy, productive lives.



The savings add up when specialty coverage is added

Save even more with a one-time credit to your medical premium equivalent invoice when you add new dental, vision and/or life coverage ^{1,2}

	Credit to Medical Premium Equivalent Invoice**						
Number of enrolled medical subscribers:	2	3-5	6-9	10-14	15-24	25-39	40-50
Dental	\$200	\$400	\$600	\$1,000	\$1,700	\$2,800	\$4,000
Vision	\$100	\$200	\$300	\$500	\$850	\$1,400	\$2,000
Life	\$100	\$200	\$300	\$500	\$850	\$1,400	\$2,000
Max total	\$400	\$800	\$1,200	\$2,000	\$3,400	\$5,600	\$8,000



¹ Sole proprietors are not eligible for group life and disability benefits.

² One-time credit will appear on invoice within 90 days of the effective date of the newly purchased specialty product(s)

Inclusive access

Employees can access integrated care when, where, and how they need it



Network options (depending on plan design) include:

- Anthem's broad Blue Access preferred provider organization (PPO), Essential Rx formulary, and BlueCard program (care away from home)
- Anthem Link HMO Network, Essential Rx formulary, and Anthem Blue Connection HMO (care away from home)



Virtual care through our SydneySM Health app



Health and wellness tools designed for every moment of health



Plans designed exclusively for your local employee communities

Care around the corner — and across the country

The BlueCard program available in Anthem's PPO and Link HMO Networks through the Blue Cross Blue Shield Association includes more than 1.7 million doctors and hospitals nationwide, more than any other insurer.¹ Employees can also have a video visit or chat with a doctor 24/7 in English or Spanish through the Sydney Health app.²

¹ Blue Cross and Blue Shield Association: *The Blue Cross Blue Shield System* (accessed June 2022): bcbs.com.

² Appointments subject to availability.

Inclusive access to care anytime, anywhere

Sydney Health makes healthcare easier with one place to access real-time personalized health information



Annual virtual wellness visits on video



Wellness incentives and challenges



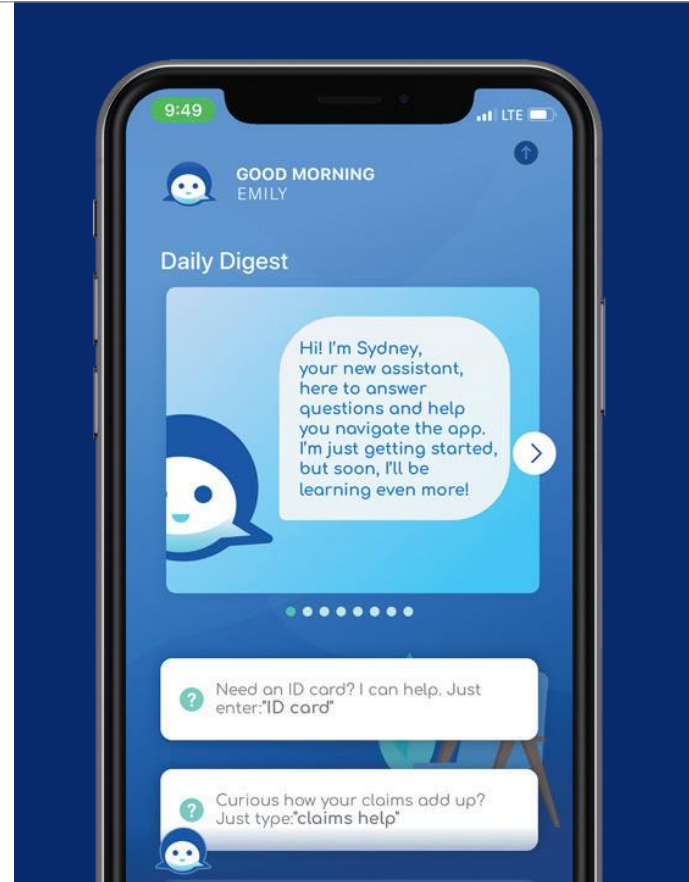
In-app chat available 24/7



Account and benefit information

Inspire your healthiest workforce

- Simplify access to healthcare
- Increase and enhance engagement
- Lower risk
- Improve health outcomes
- Reduce costs
- Expand personalization



Ease of use

You want a plan that's easy for employees to use and saves you time, hassle, and worry.



**One local team
to handle
your issues**



**Streamlined plan
administration
and renewal**



**A single place
to manage
multiple plans**

Easier for your employees

Your employees access care and view benefits using one ID card, one enrollment website, and one mobile app.

Frequently asked questions

What is the SOCA Benefit Plan?

The SOCA Benefit Plan is a self-funded multiple employer welfare arrangement (MEWA). A MEWA is an employee welfare benefit plan, trust, or other arrangement that is established or maintained for the purpose of offering group insurance. It is governed by the SOCA Benefit Plan Board of Trustees and bylaws that satisfy the Ohio Department of Insurance (ODI) requirements.

Who makes the decisions for the SOCA Benefit Plan?

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

Which businesses are eligible to participate?

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

- Have 2 to 50 total employees (minimum of two enrolled in the medical plan)
- Have their corporate headquarters located in Ohio.
- Are a member in good standing with a chamber of commerce that is qualified to offer the SOCA Benefit Plan.

Sole proprietors are also eligible to participate under certain conditions.¹

Sole proprietors must:

- Meet underwriting requirements and demonstrate they are working more than 30 hours per week.
- Submit a cover page for Form 1040 with a Schedule C or Schedule F and a Schedule SE.

Frequently asked questions (continued)

Do businesses have to join a participating chamber to participate in the plan?

Yes. All eligible businesses must be a member in good standing with a chamber of commerce that is qualified to offer the SOCA Benefit Plan. These chambers must belong to one of the following associations or alliances:

- Southern Ohio Chamber Alliance (SOCA)
- Northern Ohio Area Chambers of Commerce (NOACC)
- Central Ohio Chambers of Commerce (COCC)
- Dayton Area Chamber of Commerce (DACC)
- Youngstown/Warren Regional Chamber (YWRC)

Do businesses need to meet certain participation and contribution requirements?

Yes. At least 75% of the net eligible employees and a minimum of two employees must be covered under the plan. The plan also requires a minimum employer contribution of at least 25% of the employee rate for dependent benefits and at least 50% of the employee rate for individual 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 SOCA Benefit Plan at any time during the year?

Yes. Renewal for all participating businesses in the SOCA Benefit Plan is on one of three common renewal dates each year (January, May, and September). A group's renewal date is based on the group's original effective date.

Frequently asked questions (continued)

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 SOCA 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.

Frequently asked questions (continued)

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 SOCA 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 SOCA 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.