

A SELF-FUNDED MEDICAL PLAN
for OHIO FARM BUREAU MEMBERS



HEALTH BENEFITS PLAN

SELF-FUNDED MEDICAL PLAN

As **today's farmers** and **small businesses** continue to search for health coverage options, the Ohio Farm Bureau Federation has taken action to help employers save on these expenses. The Ohio Farm Bureau Health Benefits Plan can lead to more rate stability and is a smart solution that offers potential savings for Ohio farmers and small businesses with 1-99 employees.

In addition to financial protection, this health benefits plan offers:

- Competitive rates through a self-funded arrangement
- Fixed, predictable monthly payments
- A variety of plan designs - four Deductible with Coinsurance and four High Deductible plans
- Medical Mutual of Ohio's broad provider network and Rx formulary
- Protection from financial liability should your business leave the plan.

To top it off, the Farm Bureau plan provides expanded wellness offerings so your employees can benefit from your investment in them even further.



WHO IS ELIGIBLE FOR THE OFB HEALTH BENEFITS PLAN?

The OFB Health Benefits Plan is available to sole proprietors and employers of fewer than 100 employees with headquarters in Ohio. Eligible businesses must be in the agricultural economic sector, measured from "Farm to Fork." One in eight employees in Ohio are a part of this economic sector. Sole proprietors are eligible.

WHY JOIN THE OFB HEALTH BENEFITS PLAN?

The OFB Health Benefits Plan was created to help the agricultural sector and related businesses address the high cost of medical care and promote a healthier Ohio. Through incentives for wellness, this self-funded medical plan encourages the production and consumption of nutritious foods and offers new ways to address the health problems of our communities.

To learn more about the OFB Health Benefits Plan and its many advantages, contact the Ohio Farm Bureau today at 800-937-4567 for a referral to a local OFB Health Benefits Plan approved agent.



We've got you covered with standard health and wellness programs. Your employees can get help taking care of their health. Our programs include 24/7 NurseLine and a telephonic physician consultation service.



EMPLOYER FAQ

WHAT IS THE OFB HEALTH BENEFITS PLAN?

It is an employee welfare benefit plan and trust arrangement that is maintained for the purpose of offering employee medical benefits. It is governed by trustees and by-laws that satisfy Ohio Department of Insurance requirements. Benefits are paid for from the trust fund.

HOW WILL THE OFB HEALTH BENEFITS PLAN PAY OUR EMPLOYEES' CLAIMS? WILL THEY HAVE THE FUNDS NECESSARY?

The initial capital requirement that Ohio Farm Bureau has made is \$500,000. This requirement has been satisfied. The Ohio Legislature increased this requirement from \$150,000 with the objective to protect consumers. The Ohio Department of Insurance provides risk based capital monitoring of the plan to insure that the plan will have adequate resources to pay claims. The OFB Health Benefits Plan has agreements in place to cover employers' liabilities when they leave the plan and in the event this plan discontinues operations.

WHO MAKES THE DECISIONS FOR THE OFB HEALTH BENEFITS PLAN?

The OFB Health Benefits Plan board of trustees will be responsible for the oversight of the plan and ensuring the plan complies with all applicable laws and regulations. The plan is regulated by the Ohio Department of Insurance, the U.S. Department of Labor, the Internal revenue Service and other federal agencies





WHY WOULD AN EMPLOYER CHOOSE THE OFB HEALTH BENEFITS PLAN (WHICH IS A MULTIPLE EMPLOYER WELFARE ARRANGEMENT) OVER AN AFFORDABLE CARE ACT POLICY?

The solution, provided for in Ohio Revised Code Chapter 1739, could be a good fit for employers for many reasons including:

- Competitive rates, in many cases lower than what is available in the ACA market
- Predictable, fixed monthly payments
- Protection of being part of a larger self-funded pool
- Broad network of doctors and hospitals
- Flexibility in choice of benefit plans.

DO I NEED TO MEET CERTAIN PARTICIPATION AND CONTRIBUTION REQUIREMENTS?

Yes. At least 75 percent of the Net Eligible Employees must be covered under the plan. The minimum employer contribution is at least 25 percent of the total cost for chosen health benefits.

CAN WE JOIN THE OFB HEALTH BENEFITS PLAN AT ANY TIME DURING THE YEAR?

Yes, however, all participating employers in the OFB Health Benefits Plan renew on Jan. 1 of every year.

HOW WILL THE PREMIUM EQUIVALENT RATE BE DETERMINED?

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

- Medical history and expected risk of your employees' future health claims
- Age and gender of your employees
- The number of employees enrolled in the benefit plan
- Where the company is located
- Benefits that are being offered.

EMPLOYER FAQ

WHAT COMPONENTS ARE INCLUDED IN THE PREMIUM EQUIVALENT RATE? ARE THERE OTHER AMOUNTS THAT HAVE TO BE PAID IN ADDITION TO THE PREMIUM EQUIVALENT RATE?

The premium equivalent rate covers expected claims, administrative expenses, taxes and assessments, and stop loss premium. In addition, Ohio Farm Bureau membership dues are required to be paid at the same time as the premium equivalent rate is paid (employees will not be required to pay dues directly).

HOW WILL THE ANNUAL RENEWAL INCREASE BE DETERMINED?

An overall renewal increase needed for the OFB Health Benefits Plan will be calculated based on a projection of the claims for the upcoming policy year for the entire OFB Health Benefits Plan. Each participating employer's increase will then be calculated based on that employer's specific claims history and risk profile, as well as any changes in the demographics and number of enrolled employees of the group.

CAN THE POLICY BE TERMINATED AT ANY TIME?

During the policy period, employers may only elect to withdraw from the plan as of the end of a calendar month by giving written notice at least 30 days prior to that date. The plan has an assessment provision where an employer leaving the plan may need to contribute to any deficit of the plan. However, the OFB Health Benefits Plan has terminal liability protection which means the employer who may choose to leave is protected from any assessment should he or she leave the plan or the plan does not have enough assets to provide benefits.

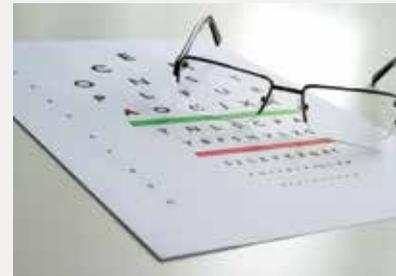
I CURRENTLY HAVE A MEDICAL MUTUAL OF OHIO POLICY. WILL MY EMPLOYEES HAVE TO CHANGE THEIR DOCTOR?

The OFB Health Benefits Plan uses Medical Mutual of Ohio's health care provider network – one of the largest provider networks in state. You should, however, always use the provider directory to make sure doctors are in-network prior to any service

WHAT IS THE OHIO FARM BUREAU FEDERATION? WHAT DOES IT DO?

The Ohio Farm Bureau Federation established this health benefits plan. Ohio Farm Bureau Federation is a grassroots membership organization that works to support Ohio's food and farm community. The organization:

- Supports farmers through advocacy and education on current issues.
- Provides landowners with information and resources to protect their quality of life.
- Connects advocates of local food through community activities and events.
- Provides a network for young farmers and agricultural professionals to share ideas and learn about new opportunities.
- Strengthens relationships across our food system which supports 1 in 8 Ohio jobs.
- Brings communities together to support the contributions of local agriculture.





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