

# BENEFIT

CHAMBERS OF COMMERCE  
GROUP INSURANCE PLAN®

## facts:

## HOW TO BUY GROUP BENEFITS

You've done the research: you know the kind of benefits you want for your company and its employees. Now how do you get the best value in the marketplace?

There *are* differences you can identify among the options available to you, even if you're not a benefits expert. Ask a few pointed questions and you'll be able to separate the good group plan alternatives from those that may fall short of your expectations!

### AM I LOOKING FOR A PACKAGE OR FOR CUSTOMIZABLE COVERAGE?

Some plans are packaged for you. You can take them or leave them: you just can't change them! While this may make the buying process easier, it can also be more expensive. If you're considering such a plan, are you paying for benefits you don't want? Missing coverages you are interested in? ■ 'Value' is as important as price for most companies, so give serious consideration to a custom benefit plan. You're more likely to use – and appreciate – the coverages *you* choose.

### WILL MY COMPANY STAND ALONE ON PRICE?

Traditionally, benefit plans are 'experience rated'. That means the insurance company sets each group's premiums based on the claims the firm's own employees make — plus additional charges for expenses, inflation, and marketplace changes like government health plan cutbacks. In these kinds of plans, the insurance company has the right to increase your premiums without limit, or to decline to renew your coverage entirely. This is especially a risk for small companies where, if just one employee has an accident or illness, health claims can skyrocket. ■ To protect your company from this uncertainty, look for a "pooled plan" where prices are set for a large number of employers under one umbrella. Pooled plans can offer you more stable, predictable premiums.

### WHAT ARE GUARANTEES WORTH TO ME?

When you look at benefit options, you want a minimum number of exclusions and a maximum number of guarantees. Some plans are particularly hard on small firms: rejecting many industry types, companies less than a year old, and firms with too few employees. ■ Such plans are unlikely to offer guaranteed renewable coverage, or to offer employees basic levels of benefits without medical questionnaires or tests. ■ Solid product features, like reasonable entry requirements and coverage guarantees, not only make coverage more valuable to you, they tell you a lot about the organization you'll be dealing with. When you compare the cost of various plans, take into account the value of the plan's rules and guarantees.

### HOW QUICKLY ARE CLAIMS PAID?

Having coverage on paper and paid claims in your pocket don't always go hand in hand as quickly as plan sponsors would like. So consider what good service is worth. Some plans take weeks to pay health and dental claims – and that's the most common contact most employees have with their benefit plan. Do you want fast turnaround or payment alternatives like claims paid directly to employees' bank accounts and drug benefits paying prescriptions right in the pharmacy, at the point of purchase? Better plans will offer you a solid payment track record and up-to-date payment alternatives.

### IS IT THE RIGHT COVERAGE FOR THE LONG RUN?

Finally, if you're interested in an employee benefit program today, chances are you want one that will last your company for years to come. So, when you're choosing a plan, get a sense of how forward-looking your supplier is. ■ That's critical because, no matter who you choose, the cost of coverage is virtually guaranteed to go up in the future. That's especially true with health care because on-going Medicare changes will shift costs to consumers and benefit plans will rise to this challenge in different ways. ■ Look for a plan that gives you a say in how your benefits evolve, with tools like a broad range of coverage options. And look for a benefit advisor who has access to cost control tools, from co-insured plans that involve employees in each claim they submit, to "managed care" coverage options.

## HERE'S THE BOTTOM LINE

Over the years, smaller businesses have had the most difficult time getting group benefits. That's why the Chambers of Commerce Group Insurance Plan® was introduced in 1970. The plan's mandate is to offer competitively priced benefits for small to medium sized firms. ■ But the Chambers Plan, while often one of the best-priced plans in the market, really emphasizes overall value. It does so through a program that lets business owners customize coverage from dozens of options, and it delivers critical product features employers should weigh in comparing the cost of coverage – especially against alternatives from packaged programs: Flexible design; Pooled benefits; Guaranteed renewal coverage; Guaranteed minimum coverage amounts for companies with 5 or more employees; 48 hour typical processing of health and dental claims; Direct deposit claim reimbursement and pharmacy card options; Cost control options and new coverages, from managed health care to critical illness benefits. ■ Your business shouldn't have to settle for someone else's idea of a group benefit plan. You deserve choice, whether you want basic coverages or a comprehensive program. And, whether you're looking to add or review an employee benefit plan for your small company, the Chambers Plan is worth a look! 20,000 Canadian firms think so: they're covered by the program today!



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AT WORK FOR SMALL BUSINESS.

Benefit Facts presents topical information to help you manage your employee benefits. Brought to you by your Chambers of Commerce Group Insurance Plan® agent, representing Canada's largest plan for small business. **1 800 665-3365**