

Group Medical Insurance

OVERVIEW

The rules keep changing! Historically, the RepCare philosophy was based on developing a portfolio of uniform group medical plans with a single carrier, so the individual representative firm could choose from a pre-selected menu, and could benefit from the association's preferred relationship with the carrier. The member firm could find its own comfort level as to premium outlay and degree of risk among the offerings.

As governments, both state and federal, have involved themselves in the health care environment, it has become impossible either for associations or for carriers to offer uniformity of approach to clients across the fifty states. Accordingly the RepCare trustees have adopted a new strategic approach for the 21st century. While our working relationship with UniCare, our long-time insurer, will remain close, it will not be exclusive. Recognizing that our primary responsibility is to our Association members, we will now "shop the market," to offer the best advice available anywhere, and the best health insurance policies offered in the state and for the circumstances of the member firm.

PROGRAM OPTIONS AND SPECIAL FEATURES

With the RepCare member-centered approach, each proposal will be designed to meet the preferences of the individual representative firm. Although \$250, \$500 and \$1000 deductibles will most likely be typical, you'll be able to ask for zero deductible on the one hand, or \$5000 on the other. Other options will include co-pay provisions ranging from \$10 to \$40, stop-loss provisions from \$1000 to \$20,000, and co-insurance from 50% to 90%.

All offerings allow complete freedom to choose your physicians and hospitals, but include PPO features that allow for higher benefits when you choose within the PPO network. Typically when using network providers, the deductible will be waived, the co-insurance will be 90%, and your co-pay for a doctor visit will be \$10 to \$20.

All RepCare plans recognize that not only rep firms, but families, come in various sizes. Programs can be structured for single, single plus one (spouse or child), or family coverage. All comply with the Federal Age Discrimination in Employment Act.

COST CONTAINMENT, LIMITATIONS AND EXCLUSIONS

Because RepCare shops the market, and offerings differ with geography and special circumstances, some features described here may be relatively standard without necessarily being universal. For example, most plans have cost containment features built in, designed to reduce both your medical costs and your insurance premiums. These safeguards against unnecessary expenses – such as pre-certification of all hospital admissions and continued stay review — never compromise your care, but only help to reduce cost.

Mental or nervous disorders, as well as alcohol and drug addiction, are subject to limitations.

REPCARE

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Group Medical Insurance (Continued)

ELIGIBILITY

You are eligible for RepCare Medical Insurance if you are a dues-paying member firm in good standing in a RepCare sponsoring association. Current group insurance rules require that all full-time payroll employees be listed on your census form, even if they have medical coverage elsewhere, through a spouse at another employer. Every full-time payroll employee is required to complete an enrollment form, including health history questions, even though that employee is “waiving” coverage. All employees must be insured under the same option, but you may change your firm’s coverage to a different option at the time of the policy’s anniversary.

New employees are eligible for coverage after thirty days of full-time employment. Family coverage includes spouses and unmarried children to age 19 (23 if a full-time student). Independent contractors are not eligible for inclusion in your group.

A copy of your Firm’s most recent Quarterly State Wage and Tax Contribution Report will be required with your application and enrollment for coverage. Any employee on the census who is not found on the Quarterly Report or any employee on the Quarterly Report who is not on the census will cause a delay in underwriting and approval.

If more than 10% of your employees live and work out of the state in which your Firm is headquartered, we may have a limited number of insurance providers available.

New member firms may apply for medical insurance coverage on the first day of the month following 30 days active membership.

HOW TO APPLY

To apply for RepCare Group Medical Insurance, send us your employee list, indicating age, family status, and residence ZIP code. Supplying information now about health history and about preferred policy options will expedite getting you accurate estimates about the cost of coverage for your company. Do not cancel your existing coverage until the total application and underwriting process is complete, typically four to six weeks or more from the time of application.

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