



EMPLOYER SPONSORED
GROUP PLANS
JULY 2020





Our Mission

*To make high quality, fully
credentialed chiropractors
and acupuncturists available
and affordable to Members
seeking alternative care.*

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Landmark Healthplan and the Value of Alternative Healthcare

Landmark Healthplan is a licensed, specialized health services plan that has offered chiropractic and acupuncture benefit plans since 1985.

As costs increase with major medical insurance plans, Landmark offers cost saving alternatives with flexible chiropractic and acupuncture benefit plans.

Landmark benefit plans are available to employer groups and health insurance carriers throughout California on an insured basis and on an Administrative Services Only (ASO) basis nationwide. With Landmark, employers and employees enjoy:

- Over 18,000 credentialed practitioners in our nationwide network
- Benefit plans that are affordable and easy to access. Prior authorization is never required.
- Extensive oversight to ensure that the care delivered is of the highest quality
- Affordable access to chiropractic and acupuncture, which have been shown to be cost effective alternatives to drugs and surgery.

At Landmark, we are proud to work directly with chiropractors and acupuncturists to develop benefit plans that meet the growing physical medicine needs of our members while mitigating the high-cost of healthcare for employers.

Why Landmark—As healthcare costs continue to rise, many employers are recognizing the challenges associated with maintaining quality health benefit plans that support productivity and foster healthy, happy employees.

Landmark asks you to consider the *measurable value* and cost savings of employer-sponsored alternative care that:

- Lowers the overall cost of medical care. Landmark's chiropractic and acupuncture benefits help mitigate the high-cost of healthcare for employers by replacing high-cost medical procedures with low-cost, natural alternatives.
- Lowers the cost of Workers Compensation insurance. As an alternative to more medically aggressive treatments, Landmark's chiropractic and acupuncture services can lower the physical medicine treatment costs associated with your company's underwriting profile.
- Provides a quicker return to work, when compared to traditional drugs and/or surgery. Due to the less aggressive nature of a natural treatment alternative, employees will be able to return to work sooner and/or continue treatments while working.

Landmark Healthplan asks you to consider the *flexibility* and convenience of employer-sponsored healthcare for both the employer and the employee:

- Landmark's benefit plans are transferable and can stay in-place when an employer switches primary health plan carriers or offers several carriers.
- Landmark offers first-dollar benefits that are not subject to deductibles or co-insurance. While most major medical plans have a chiropractic and acupuncture benefit, access to these is often out of reach to the average employee who must first satisfy a high deductible and/or pay a co-insurance or higher-cost specialty co-payment.
- Landmark members can access care directly—no PCP referrals are required.
- Landmark offers many plan design choices for small groups and even more choices for large groups. With more options than the typical one rider choice, or the one embedded benefit option program offered by primary plan carriers, Landmark empowers you to purchase a more tailored benefit to better meet the needs of your employees.
- Enrolled members get the care they want and need with all of our plans, which provide freedom to access care for any reason, not just medically necessary treatments.

Landmark is uniquely qualified to serve and promote a healthy workforce nationwide:

- Landmark is the **ONLY** standalone, direct to employer group chiropractic/acupuncture plan available in California, providing benefits on an ASO basis nationwide.
- Landmark is your **only** chiropractic solution for small groups on ACA compliant plans that do not include chiropractic benefits.
- Landmark's chiropractic and acupuncture treatments provide effective low cost alternatives to drugs and surgery, starting at under \$3 per employee per month.

Customize a Benefit Plan Tailored to Your Unique Needs

Step 1: Consider Which Products to Offer

Chiropractic Care: Chiropractic care is a form of alternative medicine that emphasizes diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, especially the spine, with evidence that these disorders affect general health via the nervous system.

Acupuncture Care: Acupuncture is the stimulation by needles of specific points along the skin of the body. It is a form of complementary and alternative medicine and a key component of Traditional Chinese Medicine (TCM). According to TCM, stimulating specific acupuncture points corrects imbalances in the flow of *qi* (vital energy) through channels known as meridians. Acupuncture aims to treat a range of conditions, though is most commonly used for pain relief.

Herbal Therapies: Available as an optional benefit rider to any acupuncture plan, herbal therapies are for oral ingestion or external application of naturally occurring botanical, animal, or mineral substances. Herbal therapies support normal structure and function of the human body, according to the principles of TCM.

Combined Chiropractic/Acupuncture Plans: With access to the best of both treatment options, members may split the total number of annual office visits between one or both treatments in any combination desired.

Step 2: Choose the Products that Best Meet Your Needs

Single-Option Plan: Allows employers to offer a single plan to a group of employees.

Dual-Option Plan: Allows employers to offer any two plans to the same group of employees; this is different from providing a single combined Chiropractic/Acupuncture plan option. A combined plan is a single plan that allows access to both types of providers. A dual-option plan offering enables the employer to offer two different plans to employees. Employees would have the option of enrolling in the base plan offered or “buy-up” to the richer benefit plan if they are willing to pay the additional cost. As an example, the employer decides to offer a dual-option program to their employees; the employer will cover 100% of the cost of a \$20 copay / 20 visit Chiropractic plan and allow employees to “buy-up” to a \$20 copay / 30 visit Combined Chiropractic/Acupuncture plan. If an employee chooses the Chiropractic plan, they would not have any cost sharing for this benefit. If an employee wants the Combined Chiropractic/Acupuncture plan, they will pay 100% of the additional cost of the plan. If the Chiropractic plan costs \$3 PEPM and the Combined Chiropractic/Acupuncture plan costs \$5.50 PEPM, the employee would pay \$2.50 PEPM for the “buy-up” option. This flexibility allows employees to decide if they want or need more than the base plan’s 20 visits, access to Acupuncture providers or both.

As healthcare costs continue to rise, many employers are recognizing the challenges associated with maintaining quality health benefit plans.

ASO Plan: An ASO plan will enable you to self-fund your complimentary benefits in or outside of California and is required if you wish to cover more than a few employees in any state outside of California. See page 4 for more information on self-funding.

Herbal Benefit Acupuncture Rider: An herbal benefit rider of \$5 per bottle, \$500 annual maximum is also available for plans containing the acupuncture benefit. Herbal Therapies are for oral ingestion or external application of naturally occurring botanical, animal, or mineral substances. These support normal structure and function of the human body according to the principles of Traditional Chinese Medicine. Herbs will be prescribed and filled by the attending Acupuncturist.

Step 3: Choose an Office Visit Co-payment

With Landmark, members have access to chiropractic and acupuncture care with office visit co-pays as low as \$5 for large groups, and \$10 for small groups. Note that higher co-payments result in lower premiums.

Small Group (2-50 Employees): \$10, \$15 or \$20

Large Group (51+ Employees): \$5, \$7, \$10, \$15 or \$20

Step 4: Choose a Maximum Number of Annual Office Visits

(Fewer visits result in lower premiums)

Small Group (2-50 Employees): 20 or 30

Large Group (51+ Employees): 12, 20, 24, 30, 36 or 40



**Download our new quoting tool,
enrollment forms and census enrollment
template from the Landmark website
at www.LHP-CA.com.**

Landmark's National Network

For more than 35 years, Landmark has been providing Chiropractic and Acupuncture benefit plans to employer groups, trade associations, and Labor & Trust groups in California. Effective January 1, 2020, Landmark has made these benefit plans available on a national basis through the MultiPlan NCQA accredited provider network.

By combining Landmark's California provider network with MultiPlan's, we can now offer a fully-credentialed NCQA national network to cover employees in all 50 states. Benefits can be funded in two ways:

Fully-insured in California/self-funded Administrative Services Only (ASO) outside of California – Great for California based companies with a small percentage of out-of-state employees. This option allows the same benefit plan to be offered to all employees nationwide.

Self-funded ASO Nationwide – The best option for companies with more employees outside of California than in California.

How a Self-Funded ASO Plan Can Work for You

Self-Funded ASO Plans Vs. Fully-Insured Plans

With a fully-insured health plan, which is the traditional funding arrangement for small and mid-sized groups, you pay a premium to your insurance company. The insurance

company uses that premium to pay for health care and is at risk for claims costs. This means that if your employees' claims cost exceeds what you pay in premiums during your contract year, the insurance company pays the excess with its own money.

With a self-funded health plan, you pay for your employees' claims out of your own funds. In effect, you act as your own insurer. You contract with a third party, like Landmark, to administer the plan. This contract is called "Administrative Services Only" or ASO. The third-party (Landmark) processes claims, answers phone calls, issues member ID cards, maintains the provider network, and provides a variety of other services and programs. In essence, the third-party does all the "busy work" of health coverage while you provide the funds to pay claims.

Is ASO Right for You?

With self-funding, you only pay for the treatment services your employees use during the plan year, and never pay for benefits that are available but are not accessed. You will pay a small administrative fee to Landmark to administer the plan starting at just \$2.89 per employee per month (PEPM). The PEPM fee covers both the employee and all of their dependents. Importantly, chiropractic and acupuncture



do not generate large individual or “catastrophic” claims and so there is no need to purchase Stop-Loss coverage. Additionally, the copay and annual office visit maximums limit your maximum liability in any given plan year.

PROS and CONS of Self-Funded Solutions

PROS:

Cost Savings: You enjoy lower total costs because you avoid the insurance risk charges, premium taxes, and insurance company profits most carriers bundle into fully-insured premiums.

You pay lower state premium taxes.

Your organization only pays for claims when they are incurred.

Your plan is exempt from many state insurance laws, regulations, and mandates, all of which can drive up the cost of fully-insured coverage.

Control: Free from the ACA and state regulations that mandate coverage and carrier negotiations, you have more flexibility to customize benefits and coverage levels.

Coverage: You can self-fund most medical benefits, including chiropractic/acupuncture, dental, vision, etc.

Multi-State Benefits: Employers that self-fund across multiple states must comply only with the Employee Retirement Income Security Act (ERISA) regulations and are exempt from most state regulations.

CONS:

Risk: With a self-funded plan you assume the financial risk associated with your employee’s utilization patterns. Usage may fluctuate resulting in changes in claims costs from month to month.

Administration: More administrative duties fall on the employer with a self-funded plan, from budgeting and reporting to ensuring compliance with federal laws such as ERISA and COBRA. One way around this is to out-source these obligations to a third-party administrator like Landmark.

ASO Underwriting Requirements:

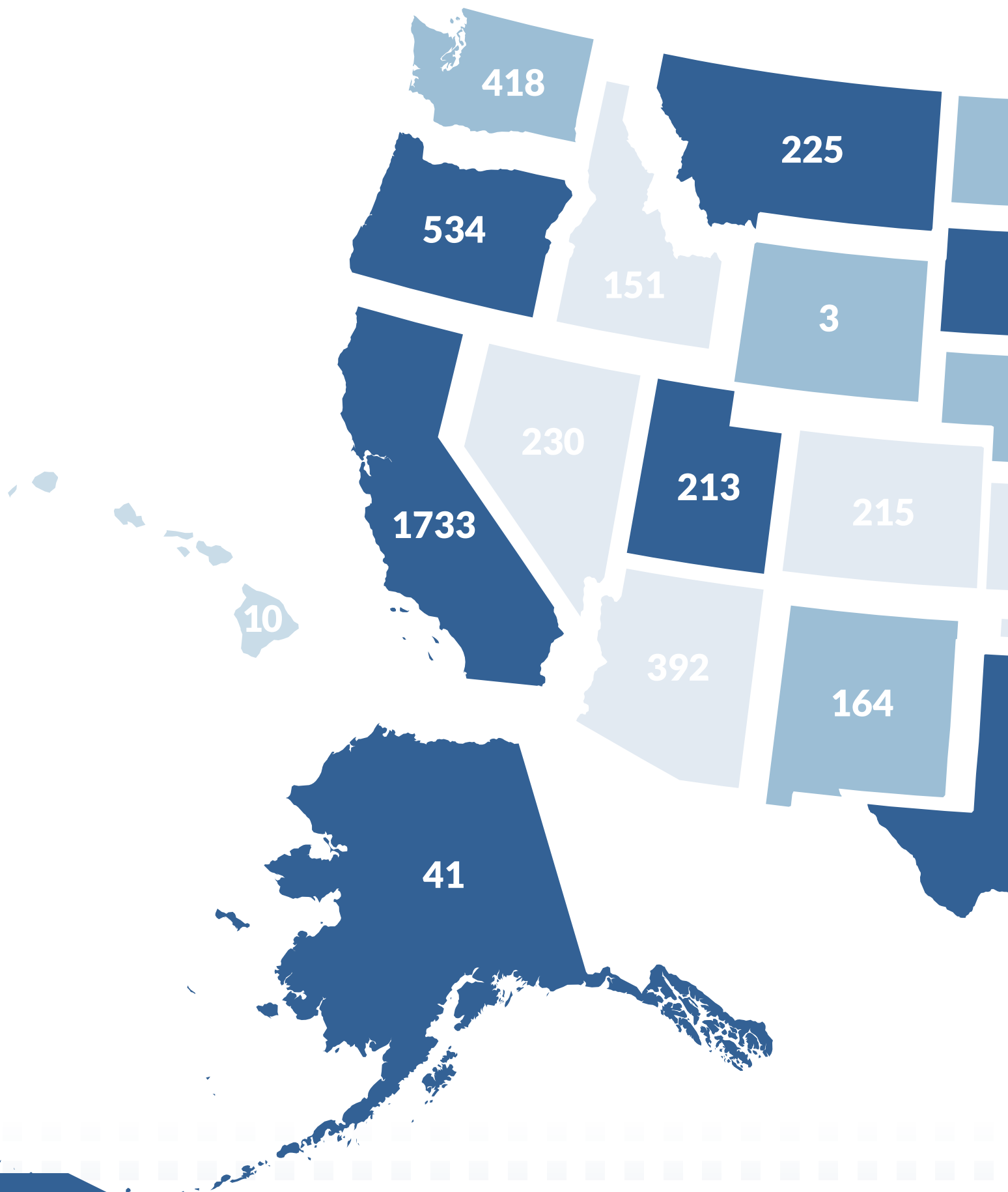
A minimum of 25 enrolled employees is required, unless paired with a fully-insured Landmark plan. In this case, the minimum ASO enrollment is waived.

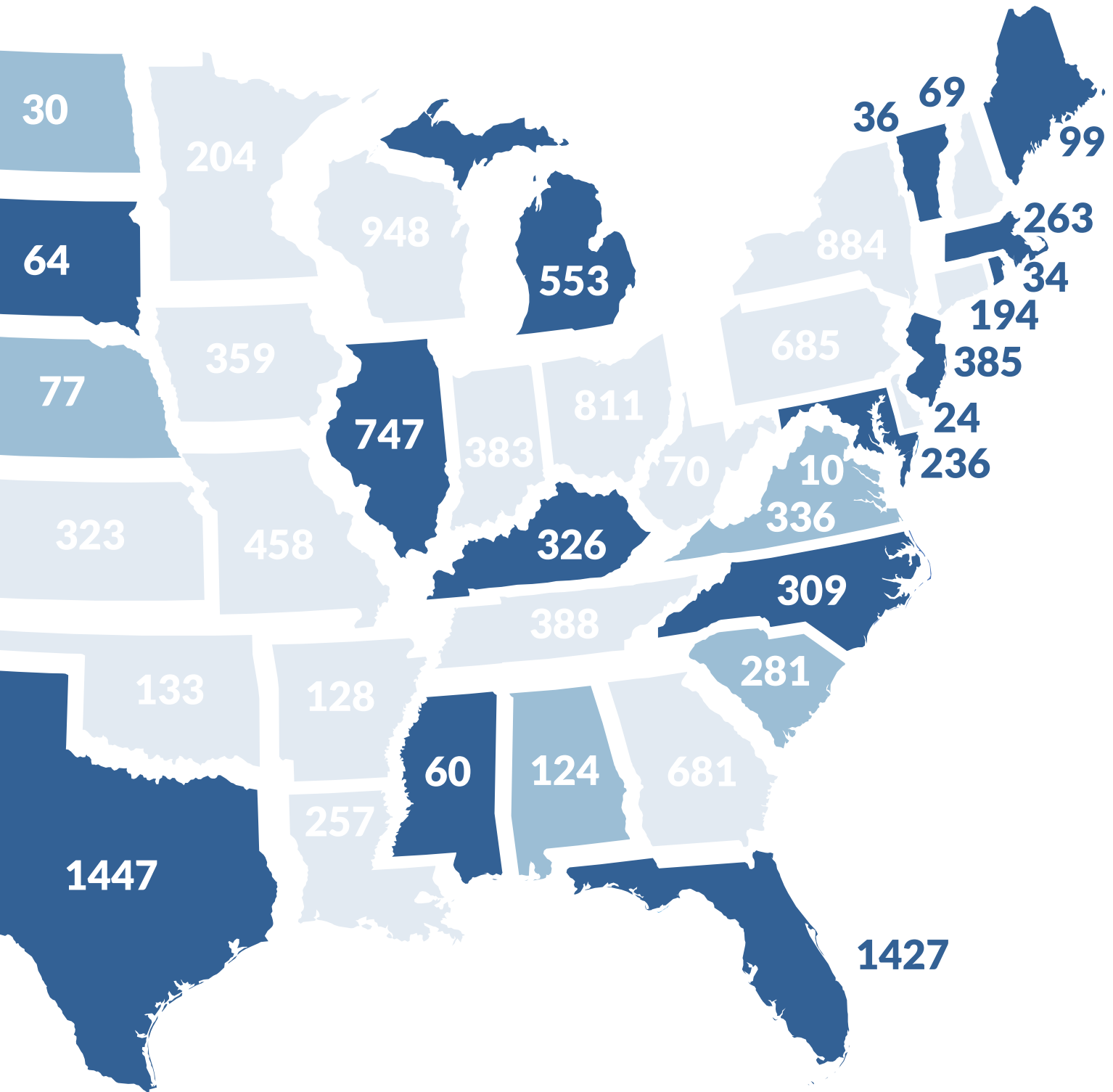
No other standalone chiropractic or acupuncture coverage will be offered alongside Landmark.



***We now offer a fully-credentialed
NCQA national network to cover all
employees in all 50 states.***

National Network Provider Counts





Underwriting and Group Submission Requirements

Underwriting Guidelines for Fully-Insured Groups:

- Landmark Employer Sponsored Plans are not voluntary. All employees and dependents enrolled in the employer-sponsored major medical plan must enroll in the Landmark Plan(s).
- Only employees and dependents with primary medical coverage are eligible.
- Groups must have a minimum of ten enrolled employees to offer a Dual-Option Plan or two enrolled employees for a Single-Option Plan.
- Major Medical Product Carve-outs are allowed. All carve-out employees and dependents must enroll in the Landmark Plan(s). Group size will be based on the number of enrolled carve-out employees. A minimum of ten employees must enroll for a Dual-Option Plan or five employees for a Single-Option Plan.
- Employees who waive group medical are not eligible for Landmark coverage, unless they are covered by a spouse's group medical plan or a government program.
- The employer must contribute at least 50% of the Landmark premium for employees in a Single-Option offering or at least 60% of the lowest cost option in a Dual-Option offering.
- Subscriber and dependent(s) plan choice must match when offering a Dual-Option Plan.

Group Submission Requirements:

Completed new group paperwork must be received on or before the 5th of the month in which coverage is to start. Please submit the following four documents:

1. Group application
2. Completed Landmark Census Enrollment template for the entire group, or individual enrollment forms for each employee or equivalent third party forms (e.g.: medical plan enrollment forms)
3. Current copy of the group's detail medical billing to verify eligibility or copy of medical ID card for waivers
4. Copy of the binder check; the original should be made out to "Landmark Healthplan of California, Inc." and sent to:
Landmark Healthplan of California, Inc.
ATTN: Group Services
P.O. Box 981809,
El Paso, TX 79998-1809

Quoting Tool & Enrollment Forms:

Please download our latest quoting tool, enrollment forms and census enrollment template from the Landmark website at www.LHP-CA.com. Or, feel free to request an RFQ e-mail from sales@LHP-CA.com which contains all the updated forms and provides you with everything you need to quote and enroll a group in Landmark.

Landmark is uniquely qualified to serve and promote a healthy workforce nationwide.



Chiropractic Plans Benefit Summaries

BENEFIT	BENEFIT OPTIONS
Covered Chiropractic Services Services include: • Examinations • Manipulation • Conjunctive Physiotherapy • X-Rays	Services are those within the scope of chiropractic care that are supportive or necessary to help patients achieve the physical state enjoyed before an injury or illness. <i>In addition, services for preventive, maintenance, and wellness care for any mechanical neuromusculoskeletal condition are also covered. Services need not be pre-authorized, will not be reviewed for medical necessity.</i>
Office Visit Co-Pay Paid to provider at time of service.	[\$5, \$7], \$10, \$15 or \$20
Office Visits Annual maximum per plan year.	[12], 20, [24], 30, [36 or 40]
X-Rays Annual maximum per plan year.	\$75
Durable Medical Equipment (DME) Annual maximum per plan year.	\$50

Note: [Bracketed] options are only available to large groups (51+ employees).

Acupuncture Plans Benefit Summaries

BENEFIT	BENEFIT OPTIONS
Covered Acupuncture Services Services include: • Acupuncture • Electro-acupuncture • Moxibustion • Cupping • Acupressure, only when acupuncture is contraindicated	Covered Acupuncture Services are those within the scope of acupuncture care for the treatment of neuromusculoskeletal pain resulting from an injury or illness. In addition, coverage is provided for preventive, maintenance, and wellness care for any mechanical neuromusculoskeletal condition, uncomplicated adult asthma (that which is not effected by another condition or disease), allergic rhinitis, post-operative or chemotherapy nausea and vomiting, nausea of pregnancy, post-operative (including dental) pain, headaches and low-back pain. Services need not be pre-authorized and will not be reviewed for medical necessity.
Office Visit Co-Pay Paid to provider at time of service.	[\$5, \$7], \$10, \$15 or \$20
Office Visits Annual maximum per plan year.	[12], 20, [24], 30, [36 or 40]
Durable Medical Equipment (DME) Annual maximum per plan year.	\$50
Herbal Benefit Rider (Optional) \$500 annual maximum per plan year.	\$5 per bottle/\$500 Annual Maximum per Plan Year

Note: [Bracketed] options are only available to large groups (51+ employees).

Combined Chiropractic and Acupuncture Plans Benefit Summaries

BENEFIT	BENEFIT OPTIONS
Covered Chiropractic Services Services include: • Examinations • Manipulation • Conjunctive Physiotherapy • X-Rays	Services are those within the scope of chiropractic care that are supportive or necessary to help patients achieve the physical state enjoyed before an injury or illness. <i>In addition, services for preventive, maintenance, and wellness care for any mechanical neuromusculoskeletal condition are also covered. Services need not be pre-authorized and will not be reviewed for medical necessity.</i>
Covered Acupuncture Services Services include: • Acupuncture • Electro-acupuncture • Moxibustion • Cupping • Acupressure, only when acupuncture is contraindicated	Services are those within the scope of acupuncture care for the treatment of neuromusculo-skeletal pain resulting from an injury or illness. In addition, coverage is provided for preventive, maintenance and wellness care for any mechanical neuromusculoskeletal condition, uncomplicated adult asthma (that which is not effected by another condition or disease), allergic rhinitis, post-operative or chemo-therapy nausea and vomiting, nausea of pregnancy, post-operative (including dental) pain, headaches and low-back pain. <i>Services need not be pre-authorized and will not be reviewed for medical necessity.</i>
Office Visit Co-Pay Paid to provider at time of service.	[\$5, \$7], \$10, \$15 or \$20
Office Visits Annual maximum per plan year.	20, [24], 30, [36 or 40] Combined Chiropractic and Acupuncture visits
X-Rays Annual maximum per plan year.	\$75
Durable Medical Equipment (DME) Annual maximum per plan year.	\$50
Herbal Benefit Rider (Optional) \$500 annual maximum per plan year.	\$5 per bottle/\$500 Annual Maximum per Plan Year

Note: [Bracketed] options are only available to large groups (51+ employees).

Contact Us

Through employers like you, Landmark Healthplan makes high quality, fully credentialed chiropractors and acupuncturists available at affordable rates.

We're looking forward to helping you offer your employees the best and largest network of alternative healthcare coverage available in the U.S. For questions, quotes, guidance, and consultation, please call us at (800) 298-4875.

Select one of the options below for the assistance you need:

⇒ **Option 1: If You Know Your Party's Extension**

If you know the extension of the person you are trying to reach

⇒ **Option 2: Member Services**

Member Services, Claims Inquiries, Benefits and Eligibility, Website Assistance

⇒ **Option 3: Provider Services**

Provider Services, Locate a Provider, Nominate a Provider to our Network

⇒ **Option 4: Billing & Enrollment (Group Services)**

Enrollment, Billing and Broker Commissions, Premium Billing Processing, Account Updates and Inquiries, Electronic Eligibility Updates, Eligibility Verification, Enrollment Status Changes, COBRA and HIPAA Inquiries, Schedule A Requests (Form 5500), Tax ID Request

⇒ **Option 5: Sales**

Sales/Broker Services, Large and Small Group Quotes/Rates, General Agent Support, New Sales and Products, Strategic Planning and Development, New Accounts and Benefit Designs, New Broker Agreements

⇒ **Option 6: Renewals**

Renewals/Employer Group Services, Group Renewals and Amendments, Benefit Changes, SOBs/Custom Benefit Summaries, EOC/Disclosure Forms, Broker of Record Changes, Enrollment Packets and Materials, Open Enrollment Participation



Phone: **(800) 298-4875**

Fax: **(916) 307-5250**

Mailing Address: **P. O. Box 981809, El Paso, TX 79998-1809**



Rate Quote Information

Rate Quotes for Group with 2-199 Enrolled Employees

Download our Rate Quote and Premium Calculator spread sheet to run quotes or print rate tables for groups with 2-199 enrolled employees.

Rate Quote for Groups with 200+ Enrolled Employees or ASO Groups

For a Large Group Quote of 200+ employees, please e-mail your request for quote to **sales@LHP-CA.com** and provide the following:

- Provide the group's name and requested effective date.
- The group's primary location.
- A census including employees' birthdates or ages.
- Plan Category – Choose a plan category as defined on page 2.
- Benefit Levels – Choose a co-pay amount (\$5, \$7, \$10, \$15, \$20) and office visit maximum (12, 20, 24, 30, 36, 40) for each plan category you want quoted.
- ASO self-funded benefit services are available for groups wishing to self-insure their complementary benefits program.

www.LHP-CA.com/CABrokers/GroupRates

