



TENNESSEE CHAMBER of Commerce & Industry

TENNESSEE MANUFACTURERS ASSOCIATION

Tennessee Chambers of Commerce Member Association Health Plan (AHP) Interest Survey (2020 Coverage Year)

Thank you for your membership and support of Chambers of Commerce across the Volunteer State. As Chambers of Commerce, a crucial component of our mission is to offer valuable services and benefits to support business. You may know that the U.S. Department of Labor recently modified rules that enhance the ability for associations to offer health insurance plans (AHP's). The purpose of the revised AHP rule is to allow associations, like chambers of commerce, to offer employee health insurance options through a pooled employer approach that would hopefully lower costs through collective buying power. The purpose of this questionnaire is to gauge interest in an AHP across the state. If you are interested reviewing health insurance coverage options for you and your employees through an Association Health Plan, please complete the following brief questionnaire. Thank you for your consideration.

1. Size of your business / number of employees that would participate in a health insurance plan: (please check)

- | | |
|---|----------------------------------|
| <input type="checkbox"/> One Individual / Self Employed | <input type="checkbox"/> 0-5 |
| <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-50 |
| <input type="checkbox"/> 50 -100 | <input type="checkbox"/> 101-250 |
| <input type="checkbox"/> 251-500 | <input type="checkbox"/> 500+ |

2. **All respondents:** Location: Tennessee County, City and Zip: _____

3. You or company currently provide health insurance coverage today?

If yes, then:

A. Is your insurance plan provided through a group (employer sponsored) plan?

B. **Business with multiple employees or individual / self-employed:** Currently, how many total employees are covered and as a business how much do you contribute per month per **employee** on average for your health insurance?

4. Participant Information: Please check the number of employees that would be covered for each age category:.

Age:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 10-20 | <input type="checkbox"/> 21-30 |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 41-50 |
| <input type="checkbox"/> 51-60 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 70+ | |

C. For individual / self-employee responses: House hold (direct family members) members including you (who would be on the plan): check box

- 1 2
- 3 4
- 5 6+

5. Information Question: Since a Chamber AHP plan is new, the plan most likely will require that employees or members complete a short one-page health questionnaire (We would not see any of this info – it would be handled by a separate third-party underwriter and not shared outside of the health plan). Would you be willing to answer an anonymous questionnaire if one was needed? Circle answer

- a. YES
- b. NO
- c. Comments

6. Cost Question: Our goal is to work with insurance professionals to create a program that will provide quality healthcare at a competitive and stable price. Please circle your answer

- a). Would you as an individual be willing to contribute \$150 or less per month for individual coverage?
- b). If insuring an entire family (spouse and children), would you be willing to contribute \$500 or less for health insurance coverage?
- c) Pricing and Coverage Comments:

Company and name of person completing / please add if necessary additional contact for health insurance related inquiries:

Thank you, January 2020 is our anticipated time frame for offering health insurance plans. We ask that all responses be received by March 1, 2019. Please return responses to:

MAIL: _____ **OR** _____ **SCAN AND EMAIL:**
Tennessee Chamber of Commerce & Industry info@tnchamber.org
AHP Response
414 Union Street, Suite 107
Nashville, TN 37219

ADDITIONAL COMMENTS OR QUESTIONS:
