



AGC of Ohio Partner Plan – FAQs

Questions for Employers

- How are you protecting your employees from overpaying for medical and pharmacy care?
- How do your benefits help attract and retain valuable employees?
- What strategies are you using to manage health plan renewal increases?
- Are your employees satisfied with their out-of-pocket costs and monthly contributions?

Q1. What is the AGC of Ohio Partner Plan?

The AGC Ohio Health Plan is a level-funded or self-funded health insurance solution designed specifically for construction companies. It pools AGC member firms into a larger program, offering the stability and purchasing power typically reserved for large employers.

Q2. What are the key benefits of participating in the plan?

- Renewal stability with annual rate caps
 - No new lasers in perpetuity on stop-loss coverage
 - Guaranteed renewability on every contract
 - Transparent pricing set by independent actuaries
 - Flexibility to keep your current plan design, TPA, and carrier network
 - Consolidated billing and access to full claims and financial data
 - Proven performance with 94%+ member retention
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Q3. What is level funding and how does it work?

Level funding combines the predictability of a fully insured plan with the cost-saving potential of self-insurance. Employers pay a fixed monthly premium that covers:

- Administrative fees
- TPA services
- Stop-loss insurance

At year-end, if claims are lower than projected, employers may receive a 100% surplus refund. If claims exceed expectations, stop-loss coverage protects the employer. Even if you do not renew.

Q4. What is self-funding and how is it different?

In a self-funded arrangement, the employer pays for medical claims directly as they occur. Fixed costs include admin fees and stop-loss premiums, while variable costs depend on actual claims. This model offers:

- Maximum flexibility in plan design
- Long-term cost control
- Full transparency into claims data

Q5. What data is needed to receive a quote?

To begin underwriting, please submit:

- Dependent-level census
- Plan designs or SBCs
- Current and renewal rates
- Disclosure form (required if no claims data or <200 enrolled)

Additional data (if available):

- Monthly enrollment and claims reports
 - High-cost claimant report (12-month period)
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Q6. How long does it take to receive a quote?

- 7–10 business days with renewal and no claims
- 4–6 business days if disclosure form is included

Q7. Who administers the level funded plan?

- Medical claims: Maritain Health (an Aetna company)
- Pharmacy benefits: CVS or TrueScripts
- Stop-loss coverage: Managed with no extra cost and no renewal surprises

Q8. Can I keep my current carrier or network?

Yes. The self-funded plan allows you to retain your existing:

- TPA
- Carrier network (Aetna, CIGNA, Anthem, UHC)
- Plan design

Q9. How does this plan address rising healthcare costs?

The AGC Ohio Health Plan tackles cost challenges through:

- Aggregated stop-loss purchasing power
- Transparent underwriting using Gradient AI
- Strategic consulting to manage pharmacy, specialty care, and plan design

Q10. What support does Henderson Brothers provide as the exclusive broker of the AGC of Ohio Partner Plan?

Henderson Brothers offers:

- Strategic roadmap development tailored to your workforce
- Executive sponsorship and consulting
- Ongoing support for compliance, cost management, and employee engagement