



700 Main Street, Suite 100
Alamosa, CO 81101

Phone: (719) 580-2666

Fax: (719) 589-4901

Email: carepoint.slv@gmail.com

EMPLOYEE COST SUMMARY ESTIMATE

PAY PERIOD	EMPLOYEE ONLY COST	EMPLOYEE ONLY PRE-TAX COST	EMPLOYEE + SPOUSE COST	EMPLOYEE + SPOUSE PRE-TAX COST	+ 1 DEPENDENT COST*	+ 1 DEPENDENT PRE-TAX COST *
Weekly	\$ 11.54	\$ 8.86	\$ 34.62	\$ 26.58	\$ 23.08	\$ 17.72
Bi-Weekly	\$ 23.08	\$ 17.72	\$ 69.23	\$ 53.17	\$ 46.15	\$ 35.45
Semi-Monthly	\$ 25.00	\$ 19.20	\$ 75.00	\$ 57.60	\$ 50.00	\$ 38.40
Monthly	\$ 50.00	\$ 38.40	\$ 150.00	\$ 115.20	\$ 100.00	\$ 76.80

* To cover dependent children under CarePoint, you must obtain written coverage denial from Child Health Plan *Plus* (CHP+)



700 Main, #100
 Alamosa, CO 81101
 Phone: (719) 589-3696
 Fax: (719) 589-4901

Enrollment, Waiver, Termination & Change Form

- Employee Enrollment
 Termination of Coverage
 Addition of Dependent
 Address Change
 Decline Coverage
 Physician Change

A. Complete & Return form by the 25th: 700 Main St, #100, Alamosa, CO 81101 or Fax (719) 589-4901

Name of Employer:			Employer Group #:		
Employee's Occupation:			Date of Hire:		Hourly Wage:
Employee Name (Last, First, Middle Initial)			<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
Home Address (Street, City, State, Zip Code)					
Home Phone:		Work Phone:		Email:	
<u>Complete for all family members</u>		Social Security Number	Date of Birth	Sex M/F	CO* Child
First Name Initial Last Name					All children must have a Medicaid or CHP+ denial
Employee					<input type="checkbox"/> I currently do <u>not</u> have ANY health coverage.**
Spouse					<input type="checkbox"/> I currently do <u>not</u> have ANY health coverage.**
Dependents					<input type="checkbox"/> I currently do <u>not</u> have ANY health coverage.**
					<input type="checkbox"/> I currently do <u>not</u> have ANY health coverage.**
					<input type="checkbox"/> I currently do <u>not</u> have ANY health coverage.**

*Designate if child is on Child Health Care + or attach Medicaid Denial.
 **Other Coverage includes VA, Medicare, Medicaid, CHP+, Individual, and Group Health.

Primary Care Physician-Verify w/their office if you have chosen a new pcp	Effective Date if New
Employee's Physician Name:	
Spouse's Physician Name:	
Dependent's Physician Name:	
Dependent's Physician Name:	
Dependent's Physician Name:	

Most recent previous or current health coverage: (includes Medicaid or other health coverage)

Name(s):	Previous or Current Coverage	End Date	Comments

I hereby represent and agree that all statement in this request are full, complete and true, to the best of my knowledge and understand that the said statements form the basis upon which coverage will be made effective. I understand that omissions, misrepresentations or misstatements could result in the denial of an otherwise valid claim rescission, voiding, reformation or termination of coverage subject to the time limit on certain defense provision set forth in the Policy. I understand explanation of the coverage as stated in the Handbook. I agree that my CarePoint membership may be cancelled if I do not comply with my obligations as stated in the Handbook. My signature on this form authorizes all medical records, to be released to CarePoint for the period of eligibility for the enrolled members. When applicable, I authorize my employer to deduct contributions from my earnings to be applied to the cost of coverage.

Employee Signature for Enrollment

Date

Employer Signature for Enrollment

Date

B. Termination/Waiver - Employer signature is required

- Other healthcare coverage Declining Coverage (I understand I am not eligible to enroll for 1 year)
- Termination Change in Employee Class Other Reason/List _____

Employee: I am terminating or waiving my coverage:

Employee Signature

Date

Employer: I am terminating above employee's coverage for above listed reason: (Due by the 25th of the month)

Employer Signature

Date

C. Employee Checklist

- Form 1: CarePoint Health Employee/Dependent Enrollment, Term Form
- Write Legibly! We must be able to read all of your information
 - Complete Sections A & B to enroll and be to sign and date.
 - You must have a participating primary care physician before coverage is activated.
 - Forms and payment must be received by the 25th of the month prior to the start of coverage.
- Form 2: Health Assessment
- Completely answer all questions and information requested honestly, all information is confidential. This form is used to compile data that is non-specific to your individual identity and used by CarePoint Case Management.

D. Orientation

- I have met with a CarePoint representative.
- I understand that CarePoint is **not an insurance product** and may ask me to participate in ways that are different from other plans & that there are limitations and exclusions to this coverage.
- I agree to utilize community resources and other health initiatives.
- I understand that CarePoint expects me and all enrolled family members to fully participate in improving our individual health.

E. Privacy and Medical Records Authorization

- I have received a copy of the "Privacy Notice" which explains my privacy rights and I authorize CarePoint to obtain and review medical records and protected health information for all enrolled family members.

F. Covered and Non-Covered Benefits Overview - Standard Plan

- I understand that CarePoint is for uninsured individuals and I verify that I do not qualify for any other type of health coverage.
- Member Rights/Responsibilities: Comply with the Handbook, and actively participate in your health care.
- Accessing Care: CarePoint coordinates care. Pay Co-pay at the time of service.
- I understand some services may require a Referral and/or Prior Authorization prior to receiving the service, if a service is not authorized it may not be a covered benefit. I (the member) am responsible for obtaining the prior authorization.
- I will use emergency services for an emergency medical condition only.
- I understand that some services may require Protocols before I receive certain services.
- CarePoint covers medical benefits only in the San Luis Valley and only with participating providers.
- I understand there are exclusions and understand that these services are not benefits.
- I understand that Motor-Vehicle injuries are not covered benefits.
- I understand that Work-Related injuries are not covered benefits and should be directed to the employers for Worker's Compensation.
- I will contact CarePoint if I have any questions.

CarePoint Office Use:

Received:

Effective Date:

Member ID:



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HEALTH RISK ASSESSMENT FORM

Today's Date: _____

General Information

1. Name: _____
Last First MI
2. Gender: Male Female
3. Date of Birth: _____
4. Address: _____
Street City State Zip
5. Phone: _____
6. E-mail: _____
7. Employer: _____
8. Enrolling as: Employee/Subscriber Spouse/Dependent
9. Primary Care Physician: _____
10. Date of Last Complete Physical: _____
11. Height (without shoes): _____
12. Weight (without shoes): _____
13. Race: Caucasian African American Native American
 Asian Alaskan Native Multiracial/Other
 Hispanic or Spanish Origin
14. Primary Language (if not English): _____
15. Marital Status: Married Divorced Widowed Separated
 Unmarried Couple Never Married (single)
16. Highest Level of Education: Some High School or less High School Graduate
 Some College College Graduate
 Graduate or Professional Degree
17. Expected household income this year:
 \$11,499 and under \$11,500-\$16,999 \$17,000-\$21,999
 \$22,000-\$26,999 \$27,000-\$31,999 \$32,000-\$36,999
 \$37,000-\$49,999 \$50,000 and over
18. How often do you wear a seatbelt while driving and/or when you are a passenger?
 Always Frequently Sometimes Never

19. In the past 12 months, how many times have you:
Visited a physician's office or clinic?
 0 1-2 3-5 6 or more
Gone to the emergency room?
 0 1-2 3-5 6 or more
Stayed overnight in a hospital?
 0 1-2 3-5 6 or more
20. What is your blood pressure (systolic/diastolic)? _____
21. If you do not remember your blood pressure values, how would you describe it?
 High Low Normal
22. What is your total cholesterol level? _____ Mg/dl
23. If you do not remember your cholesterol level, how would you describe it?
 High Low Normal
24. What is your HDL cholesterol level? _____ Mg/dl
25. If you do not remember your HDL cholesterol level, how would you describe it?
 High Low Normal
26. Do you now or have you in the past smoked cigarettes or used tobacco products of any kind? (Pipes, cigars, chewing tobacco)
 Yes (Go to Question 28) No (Go to Question 30)
27. How would you describe your cigarette smoking habits?
 Still Smoke – Average number of cigarettes per day: _____
 Used to Smoke – When did you quit? _____
Average number of cigarettes you used to smoke per day: _____
 Occasionally smoke – How often? _____
Average number of cigarettes you smoke on occasion: _____
28. Would you participate in a smoking cessation class? Yes No
29. In an average month, how often do you drink alcohol?
 None, I do not drink alcohol 0-2 days 3-6 days
 7-12 days 13 or more
30. How many times in an average month do you have five (5) or more drinks on one occasion?
 0-3 4-8 9-15 16-21 Everyday
31. Are you currently receiving Substance Abuse Treatment? Yes No
32. How often do you use drugs or medication (including prescription drugs) which affect your mood or help you to relax?
 Almost everyday Sometimes Rarely or never
33. List all medications, vitamins, and supplements that you take. Include dosage if known.
- _____
- _____

34. How many hours of sleep do you usually get at night?

- 6 hours or less 7 hours 8 hours 9 hours or more

35. How often do you examine your breasts or testicles for lumps?

- Monthly Once every few months Rarely or never

36. Do you have a family history (brother, sister, mother, father, grandparents) of:

(Check all that apply)

- High blood pressure Heart Problems
 Diabetes High Cholesterol
 Cancer - Type: _____

37. Check all health conditions that you currently have or have had in the past:

- | | |
|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis/rheumatism |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back or neck problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chronic bronchitis/emphysema | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Depression/anxiety/emotional problems | <input type="checkbox"/> Eye/vision problems |
| <input type="checkbox"/> Diabetes – HgA1c: _____ | <input type="checkbox"/> Hearing problem |
| <input type="checkbox"/> Fractures, bone/joint injury | <input type="checkbox"/> Heart problem |
| <input type="checkbox"/> Heart burn/acid reflux | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Lung problems |
| <input type="checkbox"/> Menopause | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Walking problem | <input type="checkbox"/> Other condition |

38. When was the last time you had these preventive services or health screenings?

- Colon cancer screen: Within the past year 1-2 years
 3-5 years 6 or more years
 Never

- Rectal Exam: Within the past year 1-2 years
 3-5 years 6 or more years
 Never

- Flu Shot: Within the past year 1-2 years
 3-5 years 6 or more years
 Never

- Tetanus Shot: Within the past year 1-2 years
 3-5 years 6 or more years
 Never

General Health

Blood pressure: Within the past year 1-2 years
 3-5 years 6 or more years
 Never

Cholesterol: Within the past year 1-2 years
 3-5 years 6 or more years
 Never

Pap test (for women): Within the past year 1-2 years
 3-5 years 6 or more years
 Never

Mammogram: Within the past year 1-2 years
 3-5 years 6 or more years
 Never

Breast or prostate exam by MD or nurse:
 Within the past year 1-2 years
 3-5 years 6 or more years
 Never

Nutrition

39. How many times do you eat out in an average week, including fast food?

0-1 2-4 5-7 8 or more

40. How many servings of food do you eat in a day that high in fiber, such as whole grain bread, high fiber cereal, fresh fruit or vegetables? (1 serving= 1 slice of bread, ½ C. vegetables, 1 medium fruit, ¾ C. cereal)

5-6 3-4 1-2 Rarely or never

41. How many servings of food do you eat in a day that are high in cholesterol or fat, such as fatty meat, cheese, fried foods, or eggs? (1 serving= 3 ½ ounces meat, 1 egg, 1 ounce sliced cheese)

5-6 3-4 1-2 Rarely or never

42. How often do you drink 48-64 ounces of water each day?

Never Sometimes Often Routinely

Activity

Physical

43. Physical activity is important for your health (running, playing outside, bicycling, swimming). How many times per week do you engage in physical activity for 60 minutes or more in a day?
- Less than once a week 1-2 3 or more
44. How often do you exercise for 20 or more minutes at least three times a week?
- Never Sometimes Often Routinely
45. How often do you take part in leisure-time activities (watching TV, playing video games, working/playing on the computer)?
- Never Sometimes Often Routinely
46. How often do you get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking)?
- Never Sometimes Often Routinely
47. Have you recently had to cut down the amount of time you spend on work or other regular daily activities as a result of your physical health?
- Yes No
48. Considering your age, how would you describe your overall physical health?
- Excellent Very Good Good Fair Poor

Emotional Health

49. Have you suffered a personal loss or misfortune in the past year? (For example, job loss, disability, divorce, separation, jail term or death of someone close to you)
- Yes, two or more losses Yes, one serious loss No
50. How often do you feel tense, anxious, or depressed?
- Often Sometimes Rarely Never
51. Have you recently had to cut down the amount of time you spend on work or regular activities as a result of any emotional problems, such as feeling depressed or anxious?
- Yes No
52. During the past year, how much effect has stress had on your health?
- A lot Some Hardly Any None
53. Are you currently receiving counseling for any emotional difficulties?
- Yes No
54. How strong are your social ties with your family and/or friends?
- Very Strong About Average Less than Average Weak
55. In general, how satisfied are you with your personal and professional life?
- Completely Satisfied Mostly Satisfied
 Somewhat Satisfied Not Satisfied

56. Do you think you may start eating a healthier diet?
- I have already started eating a healthier diet
 - I am planning to start eating a healthier diet in this month or the next
 - I am thinking about eating a healthier diet
 - No, none of these
57. Do you think you may increase the amount of exercises you do?
- I have already started to do more exercises
 - I am planning to do more exercises in this month or the next
 - I am thinking about doing more exercises
 - No, none of these
58. Which one of these health goals is most important to you? Please choose only one.
- Cutting down or quitting smoking
 - Eating a healthier diet
 - Increasing your level of physical activity
 - Getting to my goal weight
 - Managing stress better
 - No preference
59. Which of the following goals do you wish to achieve? Check all the apply.
- Manage my weight
 - Learn what exercise would be the best for me
 - Improve my sleep
 - Learn how to choose healthier foods
 - Stop using tobacco
 - Improve my fitness
 - Learn how to live a healthier life
 - Other _____
60. In the next 6 months, would you participate in a program that would help you to enhance your overall health?
- Yes No I'm not sure
61. If available, would you like follow-up information and other services to enhance your health?
- Yes No

Thank you for your participation!



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Health Access Plan Benefit Design*

Item Description	Plan A Cost
Pricing	\$150
Pricing per Share (Community, Employer, Employee)	\$50
Care outside the San Luis Valley	None
Annual Deductible	None
Annual Benefit Maximum (does not apply to all services)	\$30,000
Benefits below <u>ARE NOT</u> subject to the Annual Benefit Maximum	
Preventive Care	No Copay
Primary Care Physician Office Visit	\$10 per visit copay
Specialist Physician Office Visit	\$25 per visit copay
Routine Laboratory & X-Ray	No Copay
Mental Health Outpatient Visits (Benefit limit of 4 visits)	\$15 copay
Diabetic Supplies	\$20 for 30 day supply
Durable Medical Equipment & Oxygen (Benefit limit of \$500)	30% copay
Prescriptions (Generic only, Closed Formulary, \$2000 Max Benefit)	\$15
Benefits below <u>ARE</u> subject to the Annual Benefit Maximum	
Inpatient Hospital	\$50 per day up to \$300 per admission
Outpatient Surgeries and Procedures	\$75 per procedure copay
Imaging (CT/MRI/PET, Ultrasounds, etc)	\$75 per service
Non-Routine Lab and X-ray	\$25 copay
Emergency Care	\$75 per visit copay
Ambulance (Ground only)	30% copay
Physical/Occupational & Speech Therapy (limited to 10 visits each)	\$25 per visit copay
Home Health Care	\$15 per visit copay
*Partial List of Exclusions: Dialysis, Transplants, Inpatient Mental Health and Substance Abuse, Care Outside of the San Luis Valley	



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Frequently Asked Questions

What is CarePoint?

CarePoint is the San Luis Valley's own multi-share plan. It was established for businesses throughout the Valley and is offered to employees by sharing the cost. The CarePoint program is not health insurance, but rather provides access to health care services for people working in the Valley who are not eligible or cannot afford other insurance coverage.

Is CarePoint a health insurance plan? What's the difference?

CarePoint is NOT health insurance; it is a health ACCESS program. The biggest difference is that a health access program does not follow the same regulations of traditional insurance. Therefore, access programs, like CarePoint, offer greater flexibility by requiring participation in wellness, prevention, and education programs.

Do participants have wellness and education requirements?

Since CarePoint does not follow the same regulations as traditional insurance, it can require prevention and wellness classes to keep members healthier, provide early detection and ongoing health awareness education.

What does CarePoint cost?

The employer pays \$50 per month per employee and the employee pays \$50 month. The employer can choose to pay for a portion or the entire employee's cost.

Why is CarePoint so affordable?

Providers in the San Luis Valley have committed to substantially reduced rates for CarePoint members. Through prevention and wellness care and the use of community resources, CarePoint is able to keep costs down for its members.

How can a business qualify?

- Employers must have between 1 to 50 employees in the eligible class. The employer can determine the class (within certain guidelines) of eligible employees including number of hours worked and an enrollment waiting period for new employees.
- The business must be located in the San Luis Valley.
- The employer cannot have provided health insurance to the uninsured class of employees within the past 12 months. The business can have a traditional health insurance plan for some classes of employees, and still offer CarePoint to the class of employees not offered the traditional health insurance plan. The uninsured employees who do not qualify for an existing health insurance plan may be eligible for CarePoint.
- Employers must provide an Unemployment Wage & Tax Report (UITR).

Do I have to offer the plan to everyone including new employees?

As the employer, you have the flexibility to set the guidelines by which employee eligibility will be decided. For example, you can offer it to employees that have been with the company for a year or longer or only to employees that work 30 hours or more, etc.

Helping to improve lives, in the San Luis Valley, by providing access to affordable health care

When can employees that become eligible to enroll in CarePoint?

As soon as employees become eligible according to the employer designated guidelines, employees may choose to enroll in CarePoint. However, if the employee meets the eligibility requirements and waives his/her right to participate, they cannot enroll until open enrollment which is held once a year.

How can my employees qualify?

- An eligible employee is one who works a minimum of 15 hours per week and is uninsured. Employees are not eligible if they are eligible for: Medicaid, CHP+, Medicare, VA Benefits, or Indian Health Services; or enrolled in employer sponsored coverage through a spouse or parent, individual insurance policy, Cover Colorado, COBRA or Colorado Continuation.
- An employee is not allowed to drop existing coverage to enroll in CarePoint. If an employee experiences a life change (qualifying event) such as divorce, marriage or job change, they are eligible to enroll within 30 days.
- The median wage of employees enrolled is \$15/hour or less. Participants must be a W-2 employee (not 1099).
- The employer may offer CarePoint spouse and dependent coverage to its employees. If the employer does offer spouse and dependent coverage, it must be offered to all eligible employees. It is not a requirement that the employer contribute to the spouse or dependent coverage. Children must have applied for CHP+ and been denied to be eligible for CarePoint.

What if I have personal catastrophic coverage with a high deductible, will I still qualify?

Yes, you may still be able to participate. The law requires that CarePoint cannot replace any insurance and you may not drop existing personal or group coverage to enroll in this program. CarePoint coverage is always deemed to be secondary to any other health coverage.

What if I have CICP/CHC through Valley Wide Health Systems, can I still enroll?

Yes you may still participate. CICP/CHC or any Valley Wide program is not insurance and can be used in conjunction with CarePoint. However, just like with catastrophic coverage, CarePoint is always deemed secondary to any other coverage.

What if an employee does not have a social security number?

An employee may participate if they have a work visa, green card information, or any legal document allowing them to work in the San Luis Valley.

Are there any pre-existing conditions?

There are no pre-existing conditions with CarePoint. The only exception is in the case of an elective or non-emergent surgery, where a waiting period of 6 months after enrollment must be followed.

How will Health Care Reform affect CarePoint?

We do not know what the future will hold, but we believe there will still be uninsured San Luis Valley residents even after the initialization of the new health care reform act. CarePoint will be needed, and we will adjust our mission to our community's needs.

How do I enroll?

Our CarePoint team can guide you through your eligibility and enrollment process. **Contact us at (719) 580-2666 or carepoint.slv@gmail.com.**