



## FAQ's for America's Choice

### Summary Plan Documents

- Attached LINK with summary information on benefits and costs.

\*\*ALL 13 plans use additional PAP (Patient Assistance Program), or PIP (Pharmacy Importation Program) that may allow specialty medications to be covered through importation and foundational RX services.

### PPO or Out-of-Network Coverage

- Plans include the MultiPlan PHCS PPO network for Practitioner & Ancillary (no facility acute care hospitals).
  - This allows the client to use any of the network's medical providers. If a medical provider in-network is used, the charge for the service is covered at the PHCS contracted rate. No balance billing, the network contracted rate is final payment.
    - Plans with the PHCS network where the client requires hospitalization and/or surgery, outpatient surgery, imaging, chemo/radiation, etc., require pre-certification. The TPA staff will use RBP to negotiate the best rates for these services in advance. Clients will have a choice in the facility/provider they wish to use; out-of-pocket costs are a consideration the client can make in choosing their selected facility/medical provider. In the case of



emergencies (pre-cert isn't possible), the TPA negotiates with the medical providers using RBP.

- Out-of-network; a client may elect to use a non-network medical provider.
  - The TPA will adjudicate the out-of-network claims according to the PHCS contracted rate in the locale where service is provided. For non-network services which would normally require pre-certification, client out-of-pocket costs will be a factor. The TPA uses usual & customary costs as a reference in paying for non-network services.

#### **Are the plans qualified? ( ACA)**

- Yes, all 13 plans have full MEC benefits included.

#### **Are there limits on the calendar year or lifetime maximum benefit amounts?**

- The three “Max” plans have calendar year maximum benefit limits per covered person and lifetime maximum benefits per covered person (five times the calendar year per person max benefit). The other ten plans have no maximum benefit level.



### **How does a Working Owner become eligible for any of the America's Choice plans?**

- The enrolling client must answer 11 health criteria questions (including the enrolling client's spouse and/or children if they are enrolling in the plan as well).

### **Do clients have to provide proof of self-employment?**

- The clients attest to self-generated income in the application. The low potential to verify "self-employment" if requested could be in any various form including banking, tax documents, EIN, or other formal Corp, LLC documentation. \*\*To date that has never been requested.

### **Is there an age limit to the plans?**

- Issue ages 18-62; applicants over the age of 62 cannot purchase any of the plans.

### **At what age does the plan terminate?**

- The plan terminates at attained age 65 for covered individuals. Dependent children's coverage terminates at attained age 26.

### **What are there required activities to qualify to continue the coverage?**

Working Owner activities are those items which America's Choice makes available and is tracked ensure the person meets all the



guidelines which establishes their Working Owner Status. There are 8 required activities to be completed each year; they can be done at any time during the year. These activities are simple and can be accomplished in less than 15 minutes; and most are accessible via a smart phone. The activities accomplished by the Working Owner are compensated by Employers Benefit Alliance; each year, the Working Owner will receive a Schedule K-1 (Form 1065). This represents payment for the activities performed. The amount of compensation each year may fluctuate and typically is expected to be under \$600 annually. The Working Owner must complete the required annual activities to remain in the plan. Please refer to the America's Choice Owner's Activities flyer for more details.

### **What occurs when the enrollment process is completed?**

1. Immediate transaction confirmation is emailed to the client, and the enrolling agent is copied.
2. A Welcome email sent to the client with access to a temporary Medical ID card in their Personal Health Dashboard Portal, and access to necessary contacts for communication.
  - a. Detego (the TPA) Card Guide Advocate contact for any questions regarding plan, providers, medical ID cards, etc.
  - b. Help Desk contact for issues logging into Personal Health Dashboard (PHD).



3. Hard Card fulfillment and Welcome Kit is mailed out within two weeks.
4. Ongoing HealthNews newsletters, reminders and utilization encouragement is sent to clients via email and texts.

### **Enrollment deadlines and effective date options:**

- Applicants can enroll up to midnight on the 23<sup>rd</sup> of each month for a 1<sup>st</sup> of month effective date or an effective date no later than 90 days after the actual enrollment/application date.
  - For example, an August 23<sup>rd</sup> enrollment will go into effect September 1<sup>st</sup> (unless postdated to go into effect later).
- If an enrollment occurs on the 24<sup>th</sup> of the month, the application will be effective on the 1<sup>st</sup> of the following month (i.e. October 1<sup>st</sup> with an application date of August 24<sup>th</sup>).

### **What are the licensing requirements?**

- Writing Agent must be actively licensed in the state the applicant resides, resident or non-resident. All newly contracted agents or agencies must be actively licensed in their resident state, with writing agents required to have active non-resident licenses in any states the market the plan(s). Overriding agents/agencies do not require active licenses in non-resident states where their downline writing agents do require active licenses.



- Under the plan guidelines no carrier appointments are required.

### **Health Plan: Company Compliance Questions:**

- Background of the America's Choice Compliance Officer for the plan
  - Approximately 20 years as a Lawyer in healthcare and consulting with all the company's legal firms engaged with extensive ERISA regulations background. Based on the America's Choice company structure, there are no compliance issues as all necessary guidelines are being met. If someone requires viewing compliance information, they are required to execute an NDA to provide the Memorandum.

### **Working Owners Criteria:**

- How do members join the LLC?
  - Each member will join the Population Science Management (PSM) LLC when they enroll in one of the plans as a Working Owner.
- Do members pay a fractional membership?
  - No, they do not. Each member is a bona fide partner and Working Owner.



- Are there any attachment points?
  - Not applicable to insured.

#### **Carrier Questions:**

- Who owns the insurance carrier?
  - Alphabet (Google) owns the carrier.
- Who is the stop loss carrier?
  - The stop loss carrier is Granular Insurance Company, owned by Alphabet. (A.M. Best rated "A-")
- Are the rates guaranteed?
  - July is the renewal date for the plans; based on health claim utilization, rates are reviewed for adequacy. All enrolled clients have a minimum of 12 months of no rate adjustments; if rates are adjusted, all rates for all enrollees take place each July.

#### **TPA Questions:**

- The TPA (Detego) is licensed in all 50 States. Plans are offered in all states except CA, OR, HI, WA, VT, and NH.