



Americas Health Options

A RAINBOW OF BENEFITS

NEW MEMBER USER GUIDE

Important information for new clients

Your Health Plan is simply a bundle of products that, when stacked together, provide comprehensive health coverage at significantly lower prices and keeps you out of the penalty. It is NOT an “all in one” solution like Obamacare with all of its problems. In order to get the most out of this plan, it takes a little effort on behalf of the member. It is very important that you read the Outlines of Coverage so that you better understand the coverage. However, while it may take a little getting used to, the plan is simple and will save you a ton of money.

COVERAGE INCLUDES



PREVENTATIVE
CARE & WELLNESS



PRESCRIPTION
DRUG PROGRAM



FIXED BENEFIT
PLAN



CRITICAL
ILLNESS



ACCIDENT



DENTAL

Products can be sold individually



PREVENTATIVE AND WELLNESS (Minimal Essential Coverage of MEC)

- It provides you Wellness and Preventive services and keeps you ACA compliant so that you stay out of the tax penalty (see [brochure](#) for details)
- If you have not yet enrolled in the MEC, please click on this [link](#) to enroll.
- Network: You can go to any doctor but using a network provider will lower your out of pocket costs. The network directory of primary care physicians can be found at this link [PHCS/Multiplan network](#) or you can call 888-342-7427 to find a doctor.
- **Make sure your provider knows that you have PHCS/Multiplan - that's where the provider files the claim or if using an out of network doctor you may choose to negotiate a cash patient rate and get reimbursed. If your doctor is not in the network, they can be added by following the credentialing process at this [link](#) or the provider can call 800-950-7040.**
- Your electronic ID card will be emailed to you. You will receive your cards in the Primary applicant's name only. The administrator of the MEC is Caprock. The administrator of the preventative Rx benefits is WelLDYNE. Simply show your ID to your Primary Care Physician at point of service and the rest is handled for you. Enroll 1st will be the name on your bank or credit card draft.
- You will receive a 1095 form to file with your taxes to provide proof that you met the requirements of the Affordable Care Act individual mandate

ILLNESS & INJURY COMPREHENSIVE HEALTH coverage from Philadelphia American (PALIC)

BENEFITS

The Fixed Benefit health plan provides you coverage for inpatient and outpatient services. You can use any provider you want, but using a network provider lowers your out of pocket costs. The network directory can be found at this link [PHCS/Multiplan network](#) or you can call 888-342-7427. If your doctor is not in the network, they can be added by following the credentialing process at this [link](#) or the provider can call 800-950-7040. There are over 100,000 facilities and 800,000 providers nationwide.

Doctor/Hospital

Remember, when you go to see a physician or hospital for an injury or illness you will received a fixed benefit for each visit. That means any difference will be your out of pocket cost. If in network, simply show your card and you will be responsible for the amount over and above your plan's fixed benefit. If using an out of network doctor, you may choose to negotiate a cash patient rate, file a claim and get reimbursed your fixed amount.

Prescription Discounts

Included in the Fixed Benefit product is a prescription drug discount benefit. You can look up the discounts by pharmacy and download an ID card at [ScriptSave](#) and enter group code #2242. The differences in costs can be substantial. Here is some helpful information including:



- Where to find the [ScriptSave website](#)
- An addition to the card that comes in the policy, [where to get a member ID card](#)
- [Answers to FAQ's](#)
- [Other discounts included with the card](#) including discounts for Diagnostic Imaging, Diabetic Supplies, Gym Membership, Hearing, Hearing Aids, Lab Tests, Vision and Lasik
- [List of Preferred Medications](#) that provide great discounts

Mild Illnesses



Also included is the [Teladoc benefit](#) at no additional premium or copay to use if you are sick. It will save you a ton of money and time from not having to go to the doctor's office when you have a simple illness like cold or flu. You will receive information in your policy or you can call 1-800-TELADOC. Physicians are available by phone or Skype 24/7/365. You have unlimited use of this benefit at no cost. Here is some additional helpful information on Teladoc:

- [How Teladoc works](#)
- [What kind of health care issues can it be used for?](#)
- [Answers to FAQ's](#)
- A video to [help members understand the benefits](#)
- A video to [help members understand how to use the mobile app](#)



ILLNESS & INJURY COMPREHENSIVE HEALTH coverage from Philadelphia American (PALIC)

BENEFITS

Healthcare Assistance



Making healthcare work all begins with the Karis360 platform of services that are designed to assist at each stage of your healthcare experience. With Karis360, you have unlimited access to a dedicated team of professional Advisors available by phone to assist with healthcare-related questions and concerns. For more info visit: www.thekarisgroup.com.

- **Healthcare Navigator®** Policyholders gain a resource and concierge-style service to help them through the chaos and confusion often associated with the healthcare marketplace. Our expert advisors will find everything needed to quickly and thoroughly solve your needs, including finding doctors and healthcare facilities, obtaining best available pricing for procedures, or help shop for better pricing on prescription drugs, imaging services or lab tests.
- **Karis Surgery Saver®** For those planning non-emergency surgical procedures, our team works to save money by “shopping” the local and regional market for healthcare facility options that combine affordability and quality services for a given nonemergency surgery.
- **Karis Bill Negotiator®** Is available to address your out-of-pocket portion of medical bills incurred after healthcare services are performed—this element of our service is quite valuable and often reduces the amount owed by the customer.
- **Concierge Phone Service.** Our focus is on providing a concierge-type patient advocacy service by a toll free phone number for the use of each of our policyholders. Upon receiving a inquiry via phone, our team will define the issue, establish mutual expectations and proceed in fulfilling the request.

Karis360 is not insurance and does not provide funds to pay for bills. This is a best-efforts service and results can not be guaranteed.

- Your PALIC IDs cards and policies will be mailed directly to you. You will receive separate policies and ID cards for each plan you have stacked and should receive them 7 to 10 working days after your approval date. You should read your all policy information carefully.
- To file a claim with PALIC simply complete a [claim form](#), attach the medical bill and submit to PALIC. You can find [claims instructions here](#). However, you can also simply provide your ID card and have the provider file the claim. Your choice.
- **Make sure your provider knows that you have PHCS/Multiplan – that’s where the provider files the claim, not the insurance company.** When a claim is filed (either by you or the provider), PALIC automatically processes the claim against all of the policies that you have stacked together. That way you only have to file the claim once.
- Don’t forget this definition: ***‘Pre-Existing condition means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person’s Effective Date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under this policy for 12 consecutive months.’***

PRE-EXISTING CONDITIONS

- We will not provide benefits for any loss caused by or resulting from, a Pre-Existing Condition. A Pre-Existing Condition is defined as charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment diagnosis, care or advice within the sixty-month period immediately preceding such Person’s Effective Date are excluded for the first 12 months of coverage here under.
- Pre-existing conditions include conditions that produced any symptoms which would have caused a reasonable person to seek diagnosis, care or treatment within the sixty-month period immediately prior to the coverage effective date. (The Pre-Existing Conditions Limitation varies by state and the look back period for the pre-existing condition may be less than 5 years.)



ILLNESS & INJURY COMPREHENSIVE HEALTH coverage from Philadelphia American (PALIC)

CLAIMS

1. Policyholder will present PALIC ID Card at the time of service.
2. Doctor/Hospital will verify coverage based on information on card.
3. Charges will be forward to National Claims Clearing House.
4. National Clearing House will electronically forward information to ECOM who will re-price the claim.
5. ECOM will re-price claim and send it electronically into PALIC's Claim System.
6. The PPO discount will be shown on the EOB that is sent along with the claim payment to the provider of service (benefits in most cases are assigned to participating providers).
7. **If the HSP policy pays more than the billed charges less the PPO discount (PPO allowable charge), we will send the provider the PPO allowable amount and reimburse the policyholder the difference.**

Present ID Card to Provider (Most will file claim and will ask client to assign benefits)

If a Provider will not file, instructions are as follows.

1. Provide itemized statement showing full name, address, and Tax ID of the provider.
2. The statement must include the date of service, amount for each service, and diagnosis/procedure codes.
3. ER or Outpatient Hospital visits must include 3 digit Revenue Codes.
4. Copy of EOB must be supplied!!!
5. Name and policy number must appear on all documents.



ADDITIONAL BENEFITS

ADDITIONAL BENEFITS

- Critical Illness coverage pays cash in the event that you are diagnosed with a critical illness such cancer, heart attack, stroke, etc. Here are the [Critical Illness claim instructions](#).
- Accident and Disability pays a cash benefit in the event of an accident and a cash income in the event of a disability due to an accident. Here are the [Accident claim instructions](#)
- Out of Pocket/Deductible protector, Life insurance with Critical Illness, and stand-alone Cancer coverage is also available
- Dental, Vision (including LASIK), and Hearing all use the [Careington network](#)

CRITICAL ILLNESS CLAIMS

Complete Supplemental Claim Form and attached signed and completed Authorization Form.

Provide the following documents based on the Illness.

- **Cancer:** Pathology Report (With type of Cancer)
- **Heart Attack:** Medical Records
- **Stroke:** Medical Records and Neurology Report
- **Coronary Artery Bypass:** Copy of the Operative Report or Surgeon Statement
- **Angioplasty:** Copy of the Operative Report or Surgeon Statement
- **Pacemaker:** Copy of the Operative Report or Surgeon Statement

ACCIDENT CLAIMS

1. Complete Claim Form and Authorization
2. If related to a motor vehicle accident a copy of the MVA Report will be needed
3. In some cases additional information maybe needed



ADDITIONAL BENEFITS

BILLING

Once your policy is approved, your checking account will be drafted and will continue to be drafted each month at that same time. Keep in mind that the first draft includes the one time only application fee(s). Everything is billed separately so that you can easily add and subtract pieces of your plan as you see fit.



PRESCRIPTION DRUG PLAN

- If you purchased the optional Prescription Drug plan, this plan is fully insured and guaranteed issue (no underwriting and full take-over). There is both retail as well as mail order options.
- There are an extensive national network including 100% of chain pharmacies and nearly all independents (66,000+ pharmacies in total). Members can look up local pharmacies by registering as a member on RxEDO's site located here: [RxEDO Member Login](#) (you will also have access to the formulary specific to your plan).
- Remember, even if you did not purchase this optional insurance drug coverage, your plan includes the ScriptSave Rx discount card.

HELPFUL REFERENCE - HEALTHCARE BLUEBOOK™

Healthcare Bluebook helps you save money on out-of-pocket medical expenses. Shop for affordable care in your area and save hundreds or thousands of dollars while making informed decisions about your healthcare.

[VISIT WEBSITE](#)

