



# 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](http://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

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- 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](#)



# UNDERSTANDING YOUR HEALTH TICKET

Philadelphia American Life Insurance Company is simplifying your access to health care and plan information with Health Ticket. The provider directory provides you with one source to check if a provider is a member of any networks available to you. You also have the ability to print a Health Ticket which is a virtual medical plan ID card for you to print out and take with you to medical appointments. Even though your Health Ticket is not a guarantee that benefits will be paid, it provides coverage information to describe what your plan will pay for covered services; including what your plan will pay for office visits, wellness benefits, hospital stays, surgical procedures and generic or brand name prescriptions.

Accessing your one source provider directory and Health Ticket is quick and easy! Simply go to our web page at <https://apps.newerlife.com/site> and click on the Policyholder Portal section to login. Once you have logged in simply click the link to Health Ticket and answer a few questions.

When prompted, enter your Policy Number, Last Name and Zip Code. Next select the name of the policyholder visiting the provider then click on View and Print Health Ticket. And then select Agree Terms and Conditions.

You have options for finding a provider on your Search for a Doctor or Hospital page. You may look for a new provider by Specialty, Hospital or Facility or by geographic Location, or if you have a specific provider in mind, you can specify the name under Doctor Name. After selecting your search parameters, select Search.

Select a provider from the list provided. If you would like more information on a provider's location, select Map to the right of the provider's name. Using this tool, you can find your provider and even directions to their office.

Once you have selected your provider, select Print Health Ticket next to the provider's name. If you do not have access to the website, or have any other question feel free to contact our **Claims Customer Service Unit at 1-800-556-8452 extension 1331**. We will be happy to check the provider directory for you and can even print Your Health Ticket and send it to you or your provider.

**Philadelphia American Life Insurance Benefits Snapshot**

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY PHCS United Benefit Plan

Insured: John Smith  
 Policy #: T5TH02140  
 Payer ID: 75261  
 Effective Date:  
 First Day Hospital Confinement Benefit Percentage: 20%

To find a provider go to [www.apps.newerlife.com](https://apps.newerlife.com) and click on the Provider Search button. See below for additional information.

<b>CONTACT INFORMATION:</b> IFFO Network: PHCS IFFO 888-875-7427 Send Claims to: Philadelphia American Life Insurance Company PO Box 4284 Houston, TX 77220-4284 For Customer Service Call: 800-556-7679 Ext. 1331 Please call for benefits not listed and to confirm eligibility.		<b>TELADOC INFORMATION:</b> 1-800-Teladoc (833-2342) <a href="http://www.teladoc.com">www.teladoc.com</a> Philadelphia American Life Insurance Company is providing you and your eligible dependents with 24/7/365 access to U.S. board-certified doctors and pediatricians by phone or online video. <b>Consults are free for insureds.</b>	
<b>PHARMACY INFORMATION:</b> Customer Care: 1-800-700-8957 <a href="http://www.pharmacy.com">www.pharmacy.com</a> Pharmacy Help Desk (Pharmacists Only): 1-800-808-2011 RxPIN: 006093 Administered by Medical Security Care Company, LLC, Paramar, AZ Discount card program only			
<b>PLAN EXCLUSIONS, LIMITATIONS &amp; PRE-EXISTING CONDITIONS</b> (Refer to your policy document for state specific requirements)			
Treatment that is not a Covered Service described in Section 1 of the policy, outside or outside attempt, intentionally self-inflicted injury or sickness, self-inflicted suicide, surgery or treatment for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an injury if involvement of the Covered Person is begun within 12 months of the date of the injury. Amputation, mastectomy, and prostate amputation, except as otherwise covered under the policy, includes mastectomy, including mastectomy for any reason, including diagnosis, except where the mother's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion, pregnancy of a Dependent (AGE, unless required by law, a Covered Person's participation in a trial, and cosmetic, self-inflicted, or otherwise accidental. This does not include a loss which occurs while acting in a healthful manner within the scope of authority, a Covered Person's participation in a trial, or participating in an illegal occupation, a Covered Person's participation in a contest of speed, parachuting, skydiving, hot air ballooning, or hang gliding, an event, except (1) as a fare-paying passenger on a commercial air line on a regularly scheduled route or (2) as a passenger for transportation only and not as a pilot or crew member, any injury occurring as a result of the voluntary use of intoxicants, narcotics or hallucinogens unless taken on the written advice of a Physician except for treatment of Alcohol or other Substance Abuse Dependency as provided in the Schedule of Benefits, any change, any dental care, experimental treatment or surgery, the removal of a tattoo, or non-medical artificial insemination, in vitro fertilization, and but not fertilization, including any related testing, medications, or Physician's services, unless required by law, obesity or weight control, an act of war, whether declared or undeclared, this exclusion includes injury sustained or sickness contracted while in the service of any military, naval or air force of any country engaged in war, injury or sickness arising out of or as the result of any work for wage or profit where coverage is in force for the injury or sickness under Workers' Compensation or similar laws or coverage, any treatment that is not Medically Necessary, any facility charges for treatment at a hospital in excess of the amounts specified in the Schedule of Benefits, pregnancy, childbirth or infanticide abortion, except for complications of pregnancy as defined, Pre-Existing Conditions, any service or treatment rendered outside the territorial limits of the United States of America, treatment of eye and ear problems, voluntary sterilization. Consult your policy for the actual Exclusions and Limitations that apply.			
This report is provided only as an aid to help with a member best understanding of your Policy. It contains general information of the benefits, limitations and exclusions that may be applicable to your Policy and is not your final and complete coverage or an actual copy or representation of the actual benefits to be covered on an actual claim. Claims submitted under your Policy will be reviewed and adjudicated using the actual terms, conditions and exclusions contained in the Policy issued to you by the Company and not summarized in this report. This Company reserves the right to modify or amend the policy terms, conditions or representations of various facts from time to time of which you have the best and most authoritative source. If you are a member, please contact your broker or the company for more information.			

Health Choice Schedule of Benefits	
Benefit Features: 08214 - 1 UNIT - PA	
*First Day Hospital Confinement Benefit Percentage (one per CT per Covered Person)	20%
Lifetime Maximum (per policy)	\$1,000,000
Maximum Covered Benefits per Covered Person per Calendar Year	\$250,000
<b>Hospital Indemnity Benefits:</b>	
Facility Fees (Daily Indemnity Benefit)	
Hospital (including observation) (not stay for 48 hrs or more - *First Day Hospital Confinement Benefit)	Subject: \$4,000 Daily: \$4,000
Medical Office, Accident/Substance Abuse Dependency	None
Intensive Care Unit (ICU) (20 to 22 hrs per CT - *First Day Hospital Confinement Benefit) (Subsequent approval)	Subject: \$6,750 Daily: \$6,750
Perioperative/Infused Nursing Facility (Does not include Mental Offices, Accident or Substance Abuse Dependency)	\$3,250
Adjustment Hospital or Sanatorium Surgical Center - (When surgery is performed)	Surgery performed under general anesthesia: \$4,000 Surgery performed and requiring general anesthesia: \$2,250
Adjustment Radiation Therapy or Chemotherapy	\$3,000
Professional Services (Daily Indemnity Benefit)	
Outpatient Physician Care - (Non-Surgical)	\$100
Surgery - (Not covered unless when performed in a hospital or Ambulatory Surgical Center - (ASC)) or the Medically Necessary (MNC) schedule used by Medicare)	50 of current MNC's per calendar for your provider location
Outpatient Psychologist/Psychiatrist - (Not covered unless MNC's in the alternate MNC schedule used by Medicare)	50 of current MNC's per calendar for your provider location
Outpatient Surgical Services - (Not covered unless in (Not covered unless))	20% of surgical benefits payable
Additional Outpatient Benefits	
Prostate for services performed on outpatient basis only	\$4,000
Aggregate Calendar Year Maximum (per covered person)	\$6,000
<b>Outpatient Daily Indemnity Benefits:</b>	
Outpatient Physician - (for each day a covered person acts as a physician in office or outpatient clinic - Maximum limit of 20 benefit days (including 3 intensive days) per covered person per CT)	\$100
AMB, ICD, IAD from or Nuclear Testing	\$100
Intensive Care (Emergency) Testing	\$100
Outpatient (Other) Intensive Testing	\$100
Emergency Department - (Limit 3 benefit per covered person per CT)	Facility Fee/Charges: Subject Professional Services: Daily Indemnity: \$100
Outpatient Care Center - (Limit 3 benefit per covered person per CT)	\$100
Prostate - (Limit 3 benefit payments (ground B & C) benefit payment (all per covered person per CT)	\$100 ground / \$4,000 per
Genetic Prescription - (Per covered person - no prescription limit)	\$100
Brand Name Prescription - (Per covered person - no prescription limit)	\$100
Prescription Case Benefit - (Coverage starts 60 days after the effective date of each covered person - Limit 3 benefit per covered person per CT - Not subject to Practitioner Conditions/Exclusions)	Maximum: \$225 per CT The 600 policy year: \$225 every 3 years - Beginning the 600 policy year: \$225 every 3 years All other Prescription Case Benefits: \$225 per CT



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