Americas Health Options™
A RAINBOW OF BENEFITS™

New Member User Guide

Understanding Your Plans / Your Benefits and How They Work Together

"When facing any policy issue, it helps to take a step back and run it through the lens of common sense. Can you imagine going to the grocery store, getting the groceries you need for the week, but never knowing the price of your items until a week later when the store sends you a bill? Sadly, that's how health care works every day."

Seema Verma, Administrator of the Centers for Medicare & Medicaid Services

QUICK REFERENCE GUIDE

Major Medical Health Insurance Policies will simply show, in the description of benefits, what the Insured or policyholder will pay for healthcare provider services. These policies also refer to "Co-Pays," "Deductibles," and "Co-Insurance." The cost of the services and how much the insurance company actually paid remains hidden. Today, the Policy Holder is issued an "Explanation of Benefits" (EOB). This EOB may show a "Network Discount" but the overall charges shown, on the EOB, are typically artificially inflated.

Price honesty and transparency are essential in any free market, and today, it is sorely lacking in our current healthcare model. What many consumers fail to realize is that the Health Insurance arrangement they use is often the culprit to secretive pricing, obfuscation and the disgusting mark ups that go on in medical billing. What I mean by that is many people only care about their monthly premium, their co-pay and their maximum out of pocket as it pertains their insurance plan. At claim time, they present their card and hope for the best never asking or caring about what things cost. It is here that the "bad guys" have realized that they can get away with robbery and do so every day. An example might be a pacemaker which costs around **$10,000**, wholesale might be billed at **$100,000** to the 3rd party insurance company, and nobody cares or challenges how that price was determined.

MAJOR MEDICAL PLANS PAY

- Based on the **Claim**
- After **Deductibles** and **Co-pays**
- After **Out of Pocket Maximums**

MAJOR MEDICAL NEGATIVES

- Usually **requires** that the patient **stay in network** or face **huge penalties**
- Have little **first Dollar benefits** due to **high deductibles**
- Face **20% or more** in **annual** rate increases
- May add a **new pre-existing condition clause** or **never cover** a **pre-existing condition**

Take Back Control of Healthcare

The first step is to become aware of what's going on. Even with healthcare in the spotlight today, most of the public is unaware of these factors. There are also forces intent on keeping it this way.

Healthcare Blue Book: download this App to identify low prices for procedural services needed.

- https://www.healthcarebluebook.com/

TeleDoc: Whenever possible choose the unlimited **$0** co-pay doctor access from your home or office at:

- https://www.teladoc.com/

Green Imaging: MRI, CT / PET Scans, Ultrasound, Bone Density, and more.

- https://greenimaging.net/

Scans and Imaging

- www.Medmo.com

Lab Work
- https://www.discountedlabs.com/

Minor Non-Emergent Surgery
- https://surgerycenterok.com/

Prescriptions
- https://www.scriptsave.com/ (enter 2242)
- https://www.goodrx.com/
- https://drexi.com/welcome/
- https://prescriptionhope.com/
- https://www.universaldrugstore.com/

Indemnity Health Insurance as an Alternative to "Obamacare" Major Medical

Indemnity Health Insurance Plan contracts have been in existence longer than Major Medical Plans. They are not subject to the mandates of the Affordable Care Act (Obamacare) and can have similar benefits as Major Medical Plans.

They can include coverages for:
- Doctor Office Visits
- Labs
- Testing
- Diagnostic
- Preventative and Wellness
- Prescriptions
- Hospitalization
- Critical Illness
- Accidents
- Dental / Vision

ALL BEFORE HAVING TO MEET A DEDUCTIBLE!!!

These plans can provide comprehensive coverage for **30%** to **50%** less than the cost of Major Medical Plans. The **popularity** of **these plans** has **continued to grow.** In **2017** Indemnity Health Insurance plans **made up 20%** of the market for Individual and Small Employer Groups. In **2018** it was **up to 30%.** This is obviously due to the increasing premiums of Obamacare Major Medical coupled with the decreasing coverages (increasing deductibles, out of pocket expenses, etc.) **Indemnity Health Insurance plans** are often combined with supplemental coverages such as Critical Illness (heart attack, stroke, cancer, etc.) and Accident benefits to insure out of pocket expenses are minimized or eliminated.

You Can Enroll at Any time During the Year

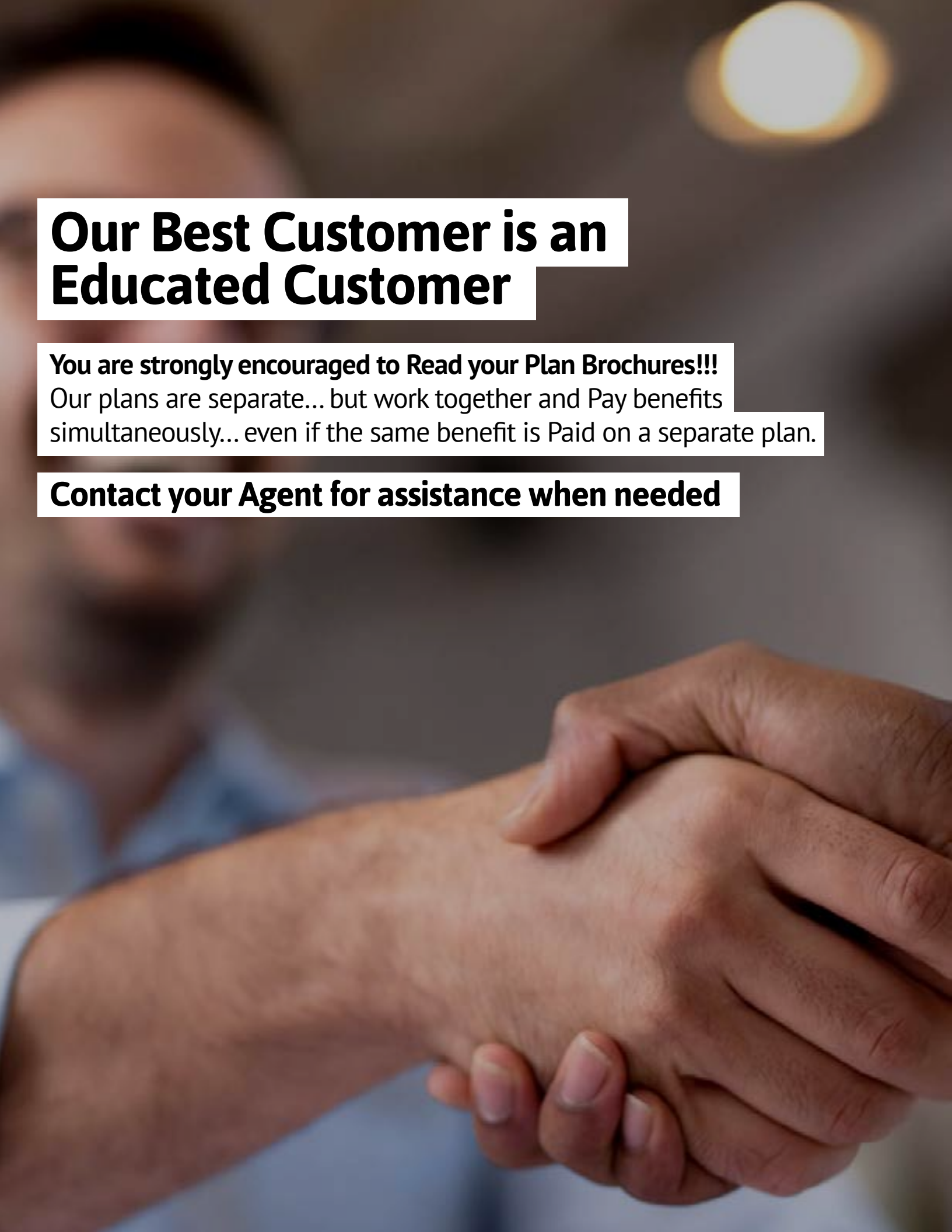
With **Indemnity Health Insurance Plans** there is NO Open Enrollment Period. You can enroll anytime. Because these plans are not subject to the Obamacare Market Place restraints, there is no need to wait for open enrollment periods or "Life Qualifying Events" to replace your health insurance.

Not everyone will qualify

Indemnity Health Insurance Plans are not a "Guarantee Issue," like the Obamacare Market Place, they are "Underwritten." This means, before approving a policy, the insurance companies will screen applicants for recent serious medical conditions such as cancer, heart attacks, and stroke.

Your Benefits Can be ACA Compliant

Effective in 2019 there is no longer an "IRS Tax Penalty" for not having a qualified health insurance plan. **While Indemnity Health Insurance Plans are NOT ACA Compliant on their own, there are benefits that can be added that will provide "qualifying coverage."** For a nominal premium they offer additional wellness and preventive care only. These added benefits are called **"Minimal Essential Coverages" (MEC).** Keep in mind that most Indemnity Health Insurance Plans already include wellness and preventive care. MEC plans will issue a 1095 letter for IRS compliance purposes.



Our Best Customer is an Educated Customer

You are strongly encouraged to Read your Plan Brochures!!!
Our plans are separate… but work together and Pay benefits simultaneously… even if the same benefit is Paid on a separate plan.

Contact your Agent for assistance when needed

HEALTH SAVER PLUS GOLD PLAN

What is a Health Insurance Indemnity Plan?

This is a Defined Benefit plan that provides fixedIndemnity benefits. Since all benefits are defined in the plan, it allows you to know exactly what the policy pays before accessing any health care services.

$5,000,000 Lifetime Coverage Maximum per policy, per person.

You have a Calendar Year Bucket, that you've chosen, in the amount of **$250,000 - $500,000** or **$1,000,000.** Each time you have an eligible medical expense, money comes out of your bucket for those medical expenses based on the Benefit Plan you selected. **Your bucket reloads each January 1st.**

1st Day Dollar Coverage: Your **Deductible** is **activated** upon **Hospital Confinement.** As you receive services, your plan provides fixed dollar payments for those services. As First dollar payments add up, the will reduce and eliminate the deductible owed. NO money out of pocket.

For additional savings, the **PHCS PPO Network** is available at no additional cost with over **1,000,000 doctors and hospitals nationwide.** You can go to any doctor, clinic or hospital in or out of network. Remember… **you receive your greatest discounts by receiving services in network.**

NOTE: If asked if you have Health Insurance… **Do Not** present your **ID Card**. Your **Response** should be… "**I'm Private Pay"** or **"I'm Self Pay".** The **bill** will **come to you.**

Once you have received the **bill,** you will then **call your Agent** to assist you with your claim **to ensure** that your claim is **filed correctly** and in order.

AHO / Philadelphia American Claims Process

Here is how the Plan will work

1. When asked… **Do you have Insurance?**… The **Policy Holder** is **advised** to declare that they are **Self Pay** or **Private Pay**. In this example client will be billed for services. Upon receipt of bills the adviser will assist the client through the claims process.

   a. The reason why you are **Self Pay** or **Private Pay**, is because your health insurance is just like a car. You would never pay full MSRP (cost). You would negotiate the price. Your health insurance plan allows you to take control of your health care cost by allowing you to negotiate your cost with the health insurance company; and we provide additional resources to assist you as well.

   b. With Self Pay or Private Pay… it's simple. **(1)** The charges to the patient will potentially be a lot Less because the Hospital is billing you and NOT the Insurance company. **(2)** The Hospital Bill is sent directly to you. **(3)** Together, we'll complete your claim and file it with Philadelphia American Life Insurance Company. (who underwrites your Health plan) **(4)** Philadelphia American pays the Hospital at the **"In Network"** discount price.

c. If the **Policy Holder** says... **Yes, I have Health Insurance** and **presents** their **Health Insurance ID Card**, this is when an increasing possibility of the Hospital charges are greatly inflated. The patient is billed an astronomical amount over the actual cost to cover services. The patient will have a high cost for co-pays, deductibles and total out-of-pocket expenses.

2. In the event that the client presented their **Philadelphia American Life Insurance Company (PALIC) ID Card** at the time of service. The doctor or hospital will verify coverage based on information on the card.
3. Charges will be forwarded to the **National Claims Clearing House.**
4. The **National Claims Clearing House** will electronically forward information through the Electronic Commerce Operations Management Line, **(ECOM)** for short, who will reprice the claim.
5. **ECOM** will reprice the claim and send it electronically to **PALIC's claim system**.
6. The **PPO discount** will be shown on the **Explanation of Benefits** or **EOB** that is sent along with the claim payment to the provider of service. (Benefit payments in most cases are sent directly to the participating provider).
7. If the **Health Choice Select (HCS)** or **Health Saver Plus (HSP)** policy pays **more** than the bill charges but **less** than the **PPO discount or allowable charge, PALIC** will send the provider the PPO allowable amount and reimburse the **policy holder** the difference.
8. **Consequently...** If the **Health Choice Select (HCS)** or **Health Saver Plus (HSP)** policy pays **less** than the bill charges but **more** than the **PPO discount or allowable charge, PALIC** will send the provider the PPO allowable amount and the **policy holder** will be responsible for the difference.

NaviGo Health

Saves Money On Out-Of-Pocket Medical Expenses

One of the nation's premier healthcare savings platforms, **NaviGo Health** delivers effective telehealth solutions that successfully merge employer affordability with quality, accessible care for members across the United States. Our concierge suite of healthcare services provides access to top-notch telemedicine (available 24/7/365), negotiates the best price for medical services, saves up to **80%** off prescription medications and more!

Our Program Offers:

- FREE Shopping Card

Telemedicine:

- Urgent Care
- Dermatology included
- Labs
- Behavioral Health Option 2
- Clinic Access Option 2
- Rx Savings Option 2
- Diabetic Testing Supplies
- MRI/Imaging
- Bill Negotiation
- Medical Records

Services included with the above bundle:

- Healthcare Liaison

- Medical Bill Financing
- Durable Medical Equipment
- AME $7,500 benefit + $500 DI
- Trauma Coverage
- Accidental Death & Dismemberment
- Counseling
- Income Recuperation
- Infectious Diseases including viruses as noted by the CDC being notifiable
- Assault-violent crime
- Sexual Assault

Total Bundle price: $155.50

In-Network Clinic Visits

We provide integrated access to over 7,000 clinics nationwide for chronic disease management and conditions that transcend telehealth services.

Unlimited access for a $25 per visit fee.

Medical Bill Negotiation

Our expert medical advocates review and negotiate medical bills directly with hospitals and providers on behalf of our members. We have an average in-network bill reduction of **50%** and out-of-network reductions in excess of **50%**. We have a $750 bill minimum requirement. We also have several third-party financing options for patients that need terms to take advantage of upfront discounted claims.

NaviGo Health's network of providers is made up of experienced clinicians specially trained in behavioral health to provide reliable care for common conditions such as:

- Depression
- Anxiety
- Work-related stress
- Alcohol or Drug problems
- Grief and loss
- Eating Disorders
- Education
- Stress Management
- Marriage or relationship problems
- Eldercare, childcare, and parenting issues
- and much more!

Behavioral Health

Our Behavioral Health program includes the **first 2 sessions** at **no cost** to the member. We have a **network of 4,000 providers nationwide** so that members can receive prompt care from Counselors, Therapists or Psychiatrists.

Labs

NaviGo Health is contracted with **LabCorp** and **Quest Diagnostics** to provide laboratory testing for a wide range of conditions, with over **5,000 testing** locations nationwide, our physicians can seamlessly order laboratory testing for members to pinpoint illness. After screening, members can speak with a physician if education and treatment plans are required. Laboratory fees are transparent with a menu of fees reflecting negotiated discounted pricing.

Electronic Medical Records Depository

We have built a secure, **HIPAA compliant depository** where members can access and store their entire suite of medical records. **NaviGo Health's Healthcare Liaisons** assist our members in procuring their medical records **within 48 hours of request** and there are no fees passed on to the member.

COMMONLY TREATED ILLNESSES INCLUDE

- ⊘ Allergies
- ⊘ Cold/Flu
- ⊘ Insect Bites
- ⊘ Skin Infections
- ⊘ Ear Infections
- ⊘ Sinusitis
- ⊘ Arthritic Pain
- ⊘ Respiratory Infections
- ⊘ **and more!**

SPECIFIED DISEASE PLAN

$2,000,000 Lifetime Coverage Maximum per policy, per person.

You have a Calendar Year Bucket, that you've chosen, in the amount of **$250,000** or **$500,000.** Each time you have an eligible medical expense, money comes out of your bucket for those medical expenses based on the Benefit Plan you selected. **Your bucket reloads each January 1st.**

With this Plan, you have a Deductible of **$25,000 - $50,000 - $75,000** or **$100,000** to chosen from.

IMPORTANT – Example:

The **lower** the **Deductible,** the **faster** you open your **Calendar Year Bucket** of **$250,000** for all inpatient and outpatient services.

Question:

How can my **Critical Illness Plan help to eliminate** most of the **$25,000 Deductible** in my **Specified Disease Plan?**

CRITICAL ILLNESS PLAN

This plan provides between **$10,000** and **$50,000** of coverage. When combined with the **Specified Disease plan**, the maximum benefit allowed is **$20,000.**

Benefits are paid for Internal **Cancer, Heart Attack, Stroke, End Stage Renal Failure, Major Organ Transplant, Coronary Artery Bypass and Anglopiasty.**

Provides a unique coverage to allow benefits for **2 different kinds of certain critical illness** (such as **cancer** and **stroke**) as long as they **are separated** by **more** than **90 days.**

Answer:

Very IMPORTANT - If you also have the **Specified Disease plan** and a qualifying diagnosis triggers a **$20,000 benefit payout** from your **Critical Illness Plan**, it is suggested that you **do not** spend the money!

Instead... assign the **$20,000** to the **Specified Disease plan** in order to **quickly reduce** the **$25,000** deductible which will open your **$250,000** or **$500,000 Calendar Year Bucket** that will cover all inpatient and outpatient services.

CATASTROPHIC ACCIDENT EXPENSE PLAN

$2,000,000 Lifetime Coverage Maximum per policy, per person.

You have a **Calendar Year Bucket,** that you've chosen, in the amount of **$250,000** or **$500,000.** Each time you have an eligible medical expense, money comes out of your bucket for those medical expenses based on the Benefit Plan you selected. **Your bucket reloads each January 1st.**

With this Plan, you have a Deductible of **$25,000 - $50,000 - $75,000** or **$100,000** to chosen from.

IMPORTANT – Example:

The **lower** the **Deductible,** the **faster** you open your **Calendar Year Bucket** of **$250,000** for all inpatient and outpatient services.

Question:

How can my **Enhanced 24-Hour Accident Expense Plan help to eliminate** most of the **$25,000 Deductible** in my **Catastrophic Accident Expense Plan?**

ENHANCED 24 HOUR ACCIDENT EXPENSE PLAN

The Optional **Medical Expense Benefit Rider** is available in conjunction with **2 units** of the base plan. The **Rider** pays **"in addition"** to the **base plan... $24,000** of **Inpatient medical expenses** and **$2,000** of **Outpatient medical expenses.**

Answer:

Very Important - If you suffer a **Catastrophic Accident,** you are encouraged to **assign** your **Unit 2 Maximum Inpatient Benefit of $24,000,** from your **24 Hour Accident Expense Plan** to your **Catastrophic Accident Plan** to eliminate most of the **$25,000 deductible required** to open your **$250,000 Calendar Year Bucket** to cover all inpatient and outpatient services.

VALUE ADDED BENEFITS AT NO ADDITIONAL COST AND HOW THEY WORK

Prescription Savings Card – ScriptSave – Brand Name and Generic Prescriptions:

You can Compare before you buy after downloading (ScriptSave WellRx Rx Discounts) If needed, call 1-800-700-3957 for help finding a Pharmacy.

TeleDoc

Contact 24 / 7 / 365 – TeleDoc is a convenient alternative to Urgent care and ER visits.

Karis 360

Advocating for Patients with "Healthcare Navigator", "Surgery Saver" and "Bill Negotiator".

By signing this form, you acknowledge and agree that you have received the…"Understanding Your Plan / Your Benefits and How They Work Together" quick reference guide that provides a brief overview of our plans and how they can be used together to: suggest how to offset deductibles, provide explanations that are easy to understand, etc…

Signature

/ /

Date