



FMHP FAQ's



What is a Free Market Health Plan?

A free market health plan is a health insurance plan that is not part of the ACA (a.k.a. Obamacare) marketplace. Plans on the free market do not have to meet the same criteria or enrollment period as the ACA. Often non-ACA plans are underwritten, and eligibility is determined by your health history and any ongoing medical conditions.

When can I enroll?

The plans we offer are not part of the ACA (Obamacare) exchange, so you can apply at any time of the year.

Are my doctors in network?

The plans we offer use large nationwide PPO networks, so they are accepted by most doctors and hospitals. Use the search tool to look up your doctor for the plan you are considering to be sure.

[Link](#)

What is the advantage of having a Free Market Health Plan?

1. You do not have to wait for the annual enrollment period. You can apply for these plans any time of the year.
2. Monthly premiums are often much more affordable compared to ACA plans because the plans are medically underwritten.
3. Acceptance by many providers is common because the plans we offer use large national PPO's and not state/county specific HMO's
4. There is no longer a tax penalty for not having an ACA plan. The mandate was lifted in 2018 and will likely stay that way.



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How do I know if I will qualify?

Speak with one of our agents to discuss any past or ongoing medical issues you think would be a concern to determine if you would be eligible. A few conditions that are unacceptable based on the insurance company's underwriting guidelines are:

- Heart issues (heart attack, afib, surgery relating to a heart condition)
- Type I or insulin dependent diabetes
- Type II diabetes or prediabetes for some plans, not all.
- Stroke or TIA
- Currently pregnant or an expecting parent
- Cancer within the last 5 years
- AIDS or HIV
- Bipolar disorder or Schizophrenia
- Substance abuse within the last 5 years
- Chron's disease or Ulcerative Colitis
- Lupus or MS
- Kidney, liver, or blood disorders (does not include high blood pressure)
- Emphysema or COPD
- Neck or back disorder or joint replacement within the last 5 years for some plans, not all.
- Any condition that a diagnosis has not been determined, or treatment or testing as been recommended but not yet completed.

This is not an exhaustive list. Underwriting requirements vary depending on insurance carrier. Final determination of eligibility is at the discretion of the insurance carrier and approval of an application.

How does the underwriting process work?

The underwriting process for the plans we offer is fairly straightforward. No physical exam is required or necessary. During the application process we will ask you a few health questions (Yes or No answer), and document on the application. The amount and type of questions vary by plan and insurance carrier.

Sometimes the insurance company will investigate your past medical claims to verify your eligibility. The insurance company may contact you if they need additional information.

Final determination of eligibility is at the discretion of the insurance carrier and approval of an application. All your health information is protected under HIPPA laws (Health Insurance Portability and Accountability Act).



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Do these plans cover preventative care?

The base plans we offer have limited preventative care, as is common among non-ACA health plans. If preventative care coverage is something you want, we would suggest adding a supplemental plan along with the base plan.

We offer preventative care plans through SafeGuard Health. These plans have 100% coverage for in-network preventative care and offer a \$35 copay for your primary care physician. Rx copays are also available. Plans start at \$69 per month.

Combined with the base plan for protecting your out of pocket for catastrophic claims, the SafeGuard plan will provide you with a robust overall health plan at a great value!

What is a pre-existing condition?

A pre-existing condition is any ongoing medical condition that you have been treated for or taken medication for 12-24 months (depending on plan) prior to the effective date of the policy.

Pre-existing condition exclusions are limited to a specific condition. Legally they CANNOT be extrapolated on and connected to a completely new condition.

About Free Market Health Plans

Free Market Health Plans is an insurance agency and consultant located in Mason, Ohio dedicated to educating the consumer on strategies for health insurance and risk management. We specialize in health insurance plans and alternatives to the ACA (Obamacare). Our goal is to provide clients better choices and better coverage for the healthcare and protection they need. The Right Plan, with Real Value

We offer plans in Florida, Georgia, Kentucky, Michigan, Missouri, North Carolina, Ohio, South Carolina, and Tennessee.

Visit our website www.freemarketplans.com, or call us at (855)-222-7033 to learn more. You can also shop and enroll in a health insurance plan directly through our website!



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