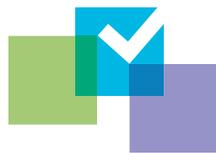




Individual Health Insurance Resource Guide



FREE MARKET HEALTH PLANS[®]

The Right Coverage. Real Value.

513.229.7957 | 855.222.7033
info@freemarketplans.com www.freemarketplans.com



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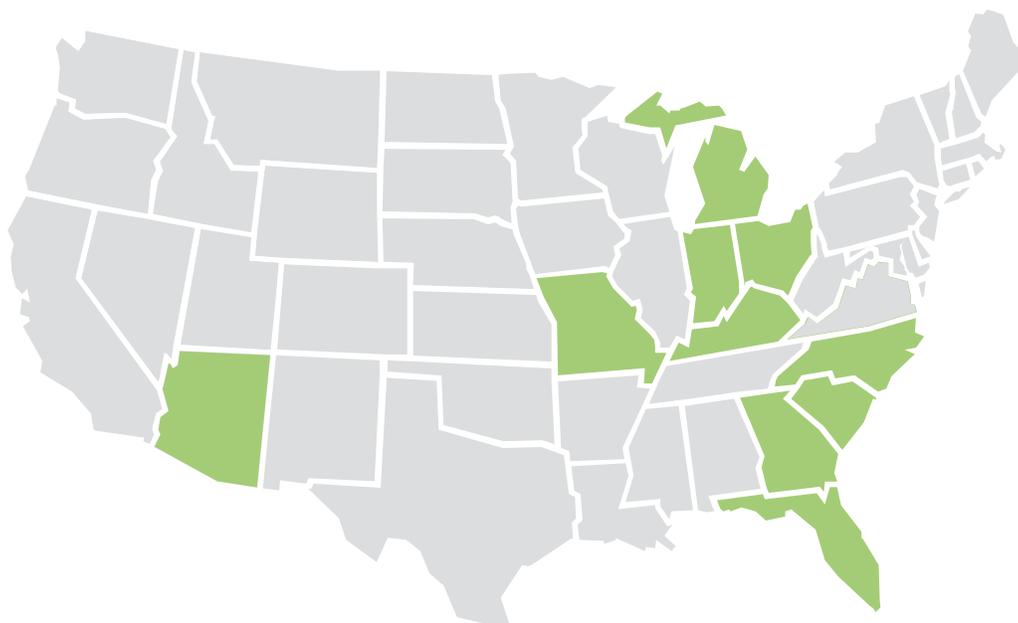
The Right Coverage. Real Value.

About Us

We are an insurance agency and consultant dedicated to educating and guiding consumers on health insurance plans to meet their needs. These include ACA/Marketplace Plans and alternatives to ACA/Marketplace Plans. We provide better choices and better coverage for the healthcare and protection you need. The Right Plan, with Real Value.

There are many ways you can structure and purchase a health insurance plan; Deductibles, Coinsurance, Copays, Prescription Coverage, out of Pocket Maximums and more. We try to simplify that through being transparent, offering plans and packaging plans so you get the right coverage for you, at the best possible price.

We offer plans in OHIO, KENTUCKY, INDIANA, FLORIDA, GEORGIA, MICHIGAN, MISSOURI, NORTH CAROLINA, SOUTH CAROLINA, and ARIZONA.





Your Options For Individual Health Insurance

Individual health insurance is a plan that is purchased by an individual, and not provided by an employer.

In today's market there are three (3) options for individual coverage:

- **Healthcare Marketplace (ACA/Obamacare)** - Managed and subsidized by the federal government, the marketplace offers individual plans through private insurance companies. Plans have no pre-existing conditions and no underwriting. With the recent additional funding of the American Recovery Plan, subsidies and tax credits have been increased making the plans more affordable for everyone based upon your income. The current Special Election Period (SEP) goes until August 15, 2021 then the annual election period is November 1 – December 15.
- **Short Term Medical Plan** - These plans all have a term that varies by state. They range from 6 months - 3 years. When the term expires, you have to reapply for coverage. The term gets around laws in the ACA. These provide you protection from big medical bills, but there are things they don't cover. Plus, they are underwritten, so you will need to qualify for the plan based upon your health history.
- **Defined Benefit/Indemnity Plans** - These are permanent plans that provide you defined or fixed benefits based upon the care you receive. There are great supplements to ACA/Marketplace or Short Term Plans, as they offer help to cover deductibles, additional coverage and a greater access to more healthcare facilities and doctors. They are also underwritten, so you will need to qualify for them as well.



Important Facts about ACA/Marketplace Plans

The federal government operates a national “Marketplace” in which individuals can purchase and enroll in health insurance plans offered by private insurance companies. These plans include federal subsidies, which are tax credits that help reduce the monthly cost of the plan. Like any health insurance plan they have deductibles, co-insurance, co pays, out of pocket limits, networks, etc. Plans vary by where you live and can be very different, so we can help determine what is a good fit for you.

- **No Pre-Existing Conditions** - Your current health or past health conditions do not matter, the ACA plans will cover everything on your first day of coverage.
- **Broad Coverage** - The plans cover everything you would expect, 100% coverage for all preventative care plus coverage for mental health care, pregnancy, surgery, hospitalization, doctor visits, prescription coverage, etc.
- **Most plans are HMOs** - This means you must stay in their network or there is no coverage. It is manageable, but you need to do your homework and make sure every doctor you see or any facility you visit is in network.
- **Most individuals now get some amount of subsidy** - The American Recovery Plan has expanded the subsidies and tax credits to make the plan much more affordable. 4 out of 5 enrollees can find a plan for \$10 a month or free.
- **If you currently have an ACA plan, you can upgrade** - Many individuals who currently have an ACA plan can upgrade to a new plan for the same premium or less.
- **Contact us for help** - While the improvements to the ACA plans are great, it can be very confusing. The best way to figure this out is to contact us, and we will help.

Important Facts about non-ACA Plans

Any non-ACA/Obamacare Plan works differently than a plan through the Marketplace, which is managed by the government. These differences are important to understand and we will help determine if one of our plans is a good fit for you.

- **Pre-Existing Conditions** - These plans do not cover pre-existing conditions, which means that anything you have been treated for in the past twelve (12) months, may not be covered under your new plan for a period time, usually 12 months, if ever. We work with you to determine what pre-existing conditions should be a concern.
- **Internal Limits** - All non-Obamacare plans will have some limitations on their coverage. Some plans have more than others and may contain internal limits on how much they will cover certain medical treatments. These *internal limits* are very important, they are the “fine print” of an insurance policy that could end up costing you thousands of dollars. When reviewing a health plan, and asking questions, asking “Is that covered” is not enough also ask “how much is covered?”
- **Items NOT Covered** - All plans will have some exclusions of coverage, items not covered by the plan at all. The most common medical conditions not covered are pre-existing conditions, pregnancy, mental illness, some physical or speech therapy, voluntary abortions, joint replacement, prescriptions and cosmetic surgery. Also, plans will have limited coverage for preventive care.



Short Term Plans Availability

Short Term Medical plans can be a very effective and economical way to secure protection from medical expenses. They offer a more traditional health insurance plan that provides you access to a large national PPO. The **length of the terms vary by state** and can be good for up to three (3) years.

Important Parts of a Short-Term Plan

Term - The most important part, how long is the plan good for without the requirement of a new application and underwriting. This is very important, as you want to secure coverage for as long as you can, just in case you do have health problems.

- **PPO** - A large national PPO, like Aetna, United Healthcare or Cigna, will provide you great access to providers. Just as important it will also give you great discounted pricing on medical treatment, which is the biggest factor in what healthcare actually costs you.
- **Out-of-Pocket Limit** - This is the limit of your out of pocket expenses, which you should know. It is not always just the deductible.
- **Internal Limits & Exclusions** - What the plan won't cover, or if there are any limits to coverage.



Terms by State

	OHIO	KENTUCKY	INDIANA	FLORIDA
NAT GEN/AETNA	2 Years (12 Months x 2)	3 Years	3 Years	3 Years
UHC	1 Year	3 Years (Tri Term)	3 Years (Tri Term)	3 Years (Tri Term)
PIVOT	1 year	2 years (364 x 2)	1 Year (2 x 180)	2 years (364 x 2)
IHC	364 Days	36 Months	36 Months	36 Months

	N. CAROLINA	S. CAROLINA	GEORGIA	MISSOURI
NAT GEN/AETNA	1 Year (12 Months)	2 1/2 Years (33 Months)	3 Years	1 Year (3 Months x2)
UHC	3 Years (Tri Term)	3 Years (Tri Term)	3 Years (Tri Term)	3 Years (Tri Term)
PIVOT	1 year (364 Days)	N/A	2 Years (12 Months x2)	N/A
IHC	36 Months	36 Months	36 Months	N/A

	ARIZONA
NAT GEN/AETNA	3 Years
UHC	3 Years (Tri Term)
PIVOT	3 Years
IHC	36 Months



Things to KNOW when buying health insurance

1. **KNOW it is real insurance.** Make sure that it is not just an association, a ministry, a sharing or some other insurance-like product. You want real big dollar coverage, that is backed by a company with a proven track record.
2. **KNOW who the TPA is (Plan administrator).** Just as important as the insurance company is who manages the plan, which includes payments, claims and networks. The TPA should have a large reputable PPO or HMO to make sure you have access to providers and get network discounts.
3. **KNOW what is covered, more importantly KNOW what is NOT.** You always hear “yes that’s covered”, but know what is NOT. Things like preventive care, eye surgery, back and joint surgery are all examples of exclusions for some health plans. Ask “What’s not covered?” Every health plan has exclusions, know them.
4. **KNOW how long the policy is good for.** The only way to get real big dollar coverage is with an ACA/Marketplace Plan or Short Term Plan. ACA Plans are technically good for a calendar year (Jan-Dec). At the end of the year the plan can change, the price can change or the plan could be discontinued, which means you may need to choose a new one to meet your needs. Short Term plans can be good for 1 to 3 years.
5. **KNOW the limits of the coverage.** While many plans boast big policy limits like \$1 or \$2 million, they also may contain internal limits. These limits can seriously lower coverage amounts and put you in a bad financial situation. Know them. Ask about limits.
6. **KNOW the Network.** Every health plan has some type of network, the doctors, hospitals and facilities you can visit and get the most coverage from your health plan. Most ACA/Marketplace Plans are HMOs, which are a closed network and you must stay in-network for all care.

Health Savers Gold

Our goal is to provide you simple, transparent and affordable healthcare in today's world where rapidly rising premiums, and unpredictable provider charges, make healthcare confusing and financially difficult to manage.

HSP Gold offered through Philadelphia American Insurance Company, offers coverage with simple, transparent benefits for doctor visits, preventive care, surgeries, hospital stays and more. The plan helps meet the expectation of medical needs for you and your family, with real first dollar benefits being paid to providers with no deductible that will lower your out of pocket costs. A robust plan that offers a more long term solution to health insurance with minimal annual rate increases.

HSP Gold is a best of class Indemnity/Defined Benefit plan that pays benefits to providers based upon the type of medical care you receive. You may keep the plan as long as you like and choose any doctor, facility or hospital. Along with its base coverage HSP Gold also offers access to free TeleDoc, Karis 360 and ScriptSave WellRX.

For the best plan add an ACA Marketplace plan or a short term plan from National General/Aetna for big claim protection. The combination gives you the best coverage available in the individual health insurance market.



Health Savers Gold - Hospital Indemnity Benefits - Facility Fees

	Deductible Applies	Plus (Two Unit)	Preferred (Three Unit)
Confinement in a Hospital as a Result of a Covered Injury or Sickness Indemnity Benefit <i>Includes Observation Unit stay for 24-hours or more</i>		Per Day	Per Day
	Covered Sickness Benefit	\$3,000	\$4,500
	Covered Injury Benefit	\$4,500	\$6,750
Confinement in a Hospital's Intensive Care Unit (ICU) Indemnity Benefit <i>Up to twenty (20) days per Calendar Year as a result of a covered Injury or Sickness.</i>		Per Day	Per Day
	Covered Sickness Benefit	\$4,500	\$6,750
	Covered Injury Benefit	\$5,000	\$7,500
Confinement in a Hospital for Mental Illness, Alcohol and/or Substance Abuse Dependency Indemnity Benefit <i>Limited to a maximum of sixty (60) days per Insured person per Calendar Year.</i>		Per Day \$400	Per Day \$600
Confinement in a Rehabilitation Facility or a Skilled Nursing Facility Indemnity Benefit <i>Does not include Mental Illness, Alcohol and/or Substance Abuse Dependency.</i>		Per Day \$1,500	Per Day \$2,250
Outpatient Hospital or Ambulatory Surgical Center Services When Surgery is Performed Indemnity Benefit <i>Benefit for Surgery Performed Under General Anesthesia</i> <i>Benefit for Surgery Performed not Requiring General Anesthesia</i>		Per Day \$3,500 \$1,500	Per Day \$5,000 \$2,250
Outpatient Radiation Therapy, Chemotherapy and Immunotherapy Indemnity Benefit		Per Day \$1,500	Per Day \$2,250
Professional Services		Plus	Preferred
Inpatient Physicians Care Indemnity Benefit <i>When medical care is from a physician other than an operating surgeon.</i>		Per Day \$100	Per Day \$150
Surgery Indemnity Benefit for Covered Services When Performed in a Hospital or in an Ambulatory Surgical <i>Per procedure for your provider location.</i>		Per Day 2X Surgical Schedule	Per Day 3X Surgical Schedule
Inpatient Pathology /Radiology Indemnity Benefit for Covered Services <i>Per procedure for your provider location.</i>		Per Day \$160	Per Day \$240
Assistant Surgeon Surgical Services Indemnity Benefit for Covered Services		Per Day 2X Surgical Schedule	Per Day 3X Surgical Schedule
Anesthesia Indemnity Benefit for Covered Services		Per Day 2X Surgical Schedule	Per Day 3X Surgical Schedule

Health Savers Gold - Additional Outpatient Benefits

	Plus (Two Unit) Per Year \$6,000	Preferred (Three Unit) Per Year \$8,000
Aggregate Calendar Year Maximum for Outpatient Benefits <i>Per Insured person.</i>		
Physician Indemnity Benefit <i>For each day an Insured person sees a Physician in office or at an outpatient clinic. Maximum of twenty (20) benefit days including six (6) chiropractor and two (2) Specialist Physician visits per Insured person per Calendar Year.</i>	Per Day \$120	Per Day \$160
Specialist Physician Indemnity Benefit <i>Maximum of two (2) benefit days paid at the Specialist Physician rate per Insured person per Calendar Year. After the first two Specialist Physician Benefits are paid at this rate, you will be paid the Physician Indemnity Benefit amount, assuming that you have not met your maximum of twenty (20) benefit days per Insured person per Calendar Year.</i>	Per Day \$150	Per Day \$200
Surgery Benefit in a Physicians/Specialists Office or Outpatient Clinic <i>Maximum of two (2) benefits per Insured person per Calendar Year.</i>	Per Day \$200	Per Day \$300
MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit	Per Day \$500	Per Day \$700
X-rays or Other Diagnostic Testing Indemnity Benefit	Per Day \$160	Per Day \$240
Laboratory Indemnity Benefit	Per Day \$80	Per Day \$120
Injection Indemnity Benefit	Per Day \$60	Per Day \$90
Emergency Department Indemnity Benefit <i>Maximum of one (1) benefit per Insured person per Calendar Year. Maximum of two (2) benefits combined Emergency Department Benefit/Urgent Care Center Benefit per Insured person per Calendar Year.</i>	Per Day	Per Day
	Facility Fee/Charges \$300	\$400
	Professional Services \$300	\$400
Urgent Care Center Indemnity Benefit <i>Maximum of two (2) benefits per Insured person per Calendar Year. Maximum of two (2) benefits combined Emergency Department Benefit/Urgent Care Center Benefit per Insured person per Calendar Year.</i>	Per Day \$300	Per Day \$400
Ambulance Indemnity Benefit <i>Maximum of two (2) ground benefit payments and one (1) air benefit payment per Insured person per Calendar Year.</i>	Per Day \$1,000 (Ground) \$2,500 (Air)	



Health Savers Gold - How It Works (how claims are processed)

- Step 1:** Policyholder will present both PALIC ID card and ACA or STM card at the time of service.
- Step 2:** Doctor/Hospital will verify coverage based upon information on card.
- Step 3:** Policyholder will get the best negotiated price of both plans, claim will be repriced with network discount.
- Step 4:** Allowable amount counts towards your deductible with your ACA or STM plan, then HSP Gold pays benefit to provider.
- Step 5:** If the HSP Gold policy pays more than the billed charges minus the PPO discount, the allowable amount is sent to the provider and policyholder receives the difference.

Real Claim Examples

A listing or real claim example from real life experiences:

Claim Type	Billed Amount	Negotiated Rate	Benefit (HSP2 Plus)	Out of Pocket
Primary Care Office Visit	\$129.00	\$95.65	\$120.00	\$0
CAT Scan	\$910.58	\$441.13	\$500.00	\$0
Outpatient Surgery – Kidney Stone	\$8,678.00	\$4,680.00	\$3,500.00	\$1,680
Office Visit Specialist - Urologist	\$265.00	\$147.52	\$150.00	\$27.52
Outpatient Test – Upper GI	\$4,695.00	\$2,635.00	\$3,500	\$0
Diagnostic X Ray	\$736.00	\$460.28	\$160	\$300.28
Office Visit Specialist - Ortho	\$265.00	\$98.53	\$150	\$0

BIG Claim Examples

Claim Type	Billed Amount	Negotiated Rate	Benefit	Out of Pocket
Heart Surgery – Multiple Bypass	\$101, 855	\$88,864.00	\$30,000	\$58,864.00

Product Partners

We work with a variety of health insurance companies, providers and partners to find you the best products in the market.





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8118 Corporate Way, Suite 168
Mason, OH 45040