



Funding Advantage Freedom Hybrid Q&A

Q. Will 50% participation make collecting waivers unnecessary?

A. Correct! Our participation guideline is **EITHER** 75% of employees after valid waivers **OR** 50% of the total eligible employees, whichever is easier for you to meet. However, to protect the employer and employee, we strongly urge you to get waivers of coverage on all eligible employees who do not elect coverage. This proves an offer and refusal of coverage.

Q. Second Opinions – who reviews the medical and offers the second opinion?

A. We engage with an outside vendor who finds specialists in the member's area to provide them with options for a second opinion at no cost to the member.

Q. Is there a pricing difference between PHCS and Prime Health Services?

A. Yes, each network is priced based on the level of discount we receive on services in each geographic region. In some areas, rates are similar, in others there can be 5% difference between the networks.

Q. Which is the more robust network?

A. That's up to the employer to determine the network that best suits their needs. Both networks are very extensive in most markets.

Q. How to educate providers to file claims?

A. Our members' ID cards contain all information to file claims, including contact information for Allied. In the case of a non-network provider with questions about plan acceptance or reimbursement, we strongly urge providers (and members) to call our Elite Experience team for assistance.

Q. Do you have any statistics on how many balance bills Allied is seeing? What's the percentage and turnaround time for Allied to get the balance bill taken care of?

A. Balance bills are relatively rare (less than 2% of all large claims). Most providers will appeal directly to Allied where the reimbursement is settled without the member being involved. In the rare instance a provider does issue a balance bill to a member, the member should immediately contact our Elite Experience team at Allied and we'll take over from there.

Q. Using a non-network doctor, is balance billing covered?

A. Yes. Members are only responsible for their normal copays, deductibles and out-of-pocket expenses. Any increased reimbursement for a non-network RBP settled claim is NOT the responsibility of the member.

Q. Understanding there are two PPO networks, does the member group choose one or the other, or are both PPO networks available?

A. The group must select one network for all members. If the employer has multiple locations, we can allow the employer to select the network that best meets the needs for each location.

Q. Are individual health questions required? FormFire, EasyApps Online?

A. Yes. Our plans are medically underwritten. For all groups, we take enrollment online through FormFire, EasyApps, Ease and Ehealth. We also have our own dedicated online enrollment platform.

Q. Is specific stop loss per person or per claim?

A. Specific stop loss covers the plan from the claims for a single member during the course of the plan year. All claims costs for the member during the year accumulate to the stop loss deductible.

Q. What's the max size employer? What's your sweet spot?

A. For our medically underwritten plans, we will cover groups up to 100 lives. Groups over this size typically should consider a true self-funded plan through our sister company offices at 90 Degree Benefits.

Q. Are the majority of new businesses signing up with you utilizing the Premium Only Plans (POP) through Section 125 setups?

A. All employers should definitely utilize a POP plan setup to take advantage of the tax savings that accrue to both the employer and employees for the employee portion of the monthly premium. For those employers who do not currently have POP plan documents in place, we'll do this for free for our medical plan employers. More info is available at: www.alliednational.com/premium-only-plan.html.

Q. From your past experience with RBP and physician acceptance, what has been the average percent of doctors that did not accept RBP?

A. Very few providers will not take an RBP plan once they've been educated that it's an ACA-compliant, employer-sponsored group medical plan. With a pure RBP plan ID card, the lack of a recognizable PPO logo on the card will sometimes confuse a physician's office assistant, but we provide info to the provider on how to contact us to verify plan benefits. In almost all instances this satisfies the provider. The new Freedom Hybrid plan eliminates this point of confusion with physicians' offices by providing a PPO network that covers the vast majority of encounters members have with a medical provider.

Q. Where do we go to get access to set up an employer's Section 125 POP documents?

A. For more info: www.alliednational.com/premium-only-plan.html

Q. What is the cost difference from the Freedom plan without the physician PPO option?

A. A Freedom Traditional plan can be up to 7% to 10% cheaper than a Freedom Hybrid plan depending on location.