

PHCS RBP Practitioner & Ancillary Frequently Asked Questions

For the Prospective Consumer

Q: Can I enroll my children?

A: Yes, children as dependents are covered up to age 26. This cutoff is because of the Affordable Care Act (ACA), which only requires health insurance providers to cover a dependent on a parent's plan until the age of 26.

Q: Can I make changes to my policy i.e. add dependents, move up or down plan levels, change effective dates, etc?

A: During Open Enrollment (mid-November each year), changes can be made. Outside of open enrollment, changes require a Qualified Life Event (QLE). See full list of QLEs here: [Qualifying life event \(QLE\) - Glossary | HealthCare.gov](#)

Q: Can you explain the Working Owner and how this works?

A: As a Working Owner, Members become holders of preferred shares of the LLC via a Joinder Agreement. Members complete activities via their Personal Health Dashboard (PHD) at a required frequency in return for guaranteed payments from the LLC. Preferred Shareholders have no liability to the company and have no voting right. K-1s will be issued to members at the end of the year showing earnings, which will be declared on tax returns.

Q: These products are for self-employed individuals. What is your definition of self-employed?

A: Please see the guidelines here: <https://www.irs.gov/businesses/small-businesses-self-employed/self-employed-individuals-tax-center>

Q: “Failure to complete mandatory activities will result in termination.” What is this referring to?

A: This is in reference to the *active participation* in the LLC as a Working Owner. Activities such as watching videos, completing surveys, or filling out an assessment within the Personal Health Dashboard (PHD) all qualify as examples of mandatory participation.

Q: What is the free look period?

A: The plan offers a 10-day free look period, the refund for which is issued after 60 days, provided no claims have been incurred.

Q: 6 months out of the year I live outside of the United States. Will I still be covered?

A: You can enroll and be covered for the time you are living in the US. Once you move outside of the US, the plan would not cover you as we do not have any networks outside of the US, so you would have to cancel.

Q: Can I choose my payment draft date?

A: Not at this time. The initial payment comes out at time of enrollment submission and each recurring payment auto-drafts each month on the 20th starting in the active month.

Q: Are fertility treatments covered on these plans?

A: The visit to the provider to determine fertility is covered, but the fertility treatments themselves are not covered.

Q: Are pregnancies covered?

A: If the individual is enrolled in a plan, then becomes pregnant there is maternity coverage. Please review the plan documents and/or summary of benefits and coverage as benefits are outline within. Additionally, if a dependent on the plan becomes pregnant, dependent pregnancies are *not* covered.

Q: Do the plans cover maternity services at a birthing center?

A: Our plans only allow for maternity services at birth centers provided that the facility must be licensed and operated in accordance with the laws pertaining to Birthing Centers in the jurisdiction where the facility is located. The Birthing Center must provide facilities for obstetrical delivery and short-term recovery after delivery; provide care under the full-time supervision of a Physician and either a registered nurse (R.N.) or a licensed nurse-midwife; and have a written agreement with a hospital in the same locality for immediate acceptance of patients who develop complications or require pre- or post-delivery confinement.

Q: Would the plan cover us at our residence in the Bahamas?

A: The Bahamas is a foreign country with its own healthcare system. As with all foreign nations, reimbursements can be issued for covered services for covered Members based on submission of receipts, subject to plan allowable.

Q: Can same sex married couples come onto the plan?

A: Yes.

Q: Can I pay the premium for the whole year up front?

A: Not at this time.

Q: Do the plans offer fully or partially covered gym memberships?

A: The medical plan itself does not have this option, however, there are wellness benefits inside the Personal Health Dashboard.

Q: How do I check if my medication is covered?

A: Reference the Plan Document or Summary of Benefits to find the applicable formulary. You can then visit the formulary and look for your medication. Find the formularies here:

[Affordable Employee Health Insurance for Small Business | Detego Health](#)

Q: Are the plans guaranteed renewable?

A: Renewability depends on the Working Owner status being in good standing.

Q: What have been normal renewal rate increases?

A: Absent additions/enhancements to plan designs, we have maintained a 3% annual average increase over the last 3 years.

Q: Are there exclusions?

A: Yes, of course. Please reference the Summary of Benefits or Plan Documents.

Q: Is there a waiting period?

A: No. If the member is able to clear the application, then coverage begins right away on the effective date.

Q: How do I look up my current providers to make sure they are contracted with this network?

A: First, we recommend a web search by going to [MultiPlan – Delivering affordability, efficiency and fairness to the US healthcare system > MultiPlan](#)

1. Click “Find a provider” in the top right and acknowledge you have read the disclaimer that pops up on the screen
2. Click on the green button “Select Network”
3. Choose “PHCS” as your network
4. Choose “Practitioner & Ancillary”
5. Enter one of the search criteria suggested in the search box drop down
6. If your browser settings do not allow your location to be detected, enter the zip code

Second, we recommend current or potential members to check with their provider to confirm participation in the selected network.

Furthermore, we will work with ANY facility to gain financial clearance for your episode of care at plan-approved rates through pre-certification.