FREQUENTLY ASKED QUESTIONS.

Q: Because this program is technically a 'Self- Funded' Program, does that mean our group has to have reserves set aside to cover the claims in case of a bad month (or year)?

A: NO. Because of the insurance components of the program, we have taken the best aspects of a self-funded program and the best aspects of a fully-insured program and blended them together. This is a fixed-cost, level-funded program. Your rates are your rates, period.

Q: What does level-funded mean?

A: The Lifestyle Health Plans Program is 'level-funded' meaning that by design, any risk to the sponsoring employer has been removed beyond the 12 months of premium paid. Based on employer size, we can offer a unique, self-funded health benefit program that maximizes the benefits to employees, while implementing cost-saving opportunities for employers to stabilize group premium costs without reducing benefits.

Q: If our claims exceed the allotted amount, what happens? Do we have to come up with the difference at the end of the year?

A: NO. The Lifestyle Health Program is level-funded by your monthly premiums. Regardless of what your claims experience is in any given plan year, you will never pay more than the monthly cost quoted to you.

Q: If we choose to leave the program at the end of the plan year, is there a termination cost associated with the plan?

A: NO. All run out costs are accounted for within the monthly premiums.

Q: During our plan year, what if our claims run better than expected?

A: Once all claims have been paid for the plan year, any unused dollars in the claims fund will be used to reduce future premium rate increases. In the event of a plan termination, each employer is eligible to receive back any unused dollars in the claims fund after the run-out period.

Q: Will our employees and HR administrators have to do more work on this type of program?

A: NO. By partnering with Medova Healthcare Financial Group, the program's Third-Party Administrator (TPA), administrative burdens are removed from both the employee and the sponsoring employer. Employees play their usual role including seeing providers within their PPO Network, using their ID card at the provider's office, paying a copay, and then paying their shared responsibility. The employer simply pays their monthly premiums. Medova Healthcare will handle the rest! No claims filing, no separate accounting, no extra work!

Q: Will our employees still have access to their hospitals, doctors, and pharmacists?

A: By choosing from multiple national and regionally-based PPO networks, we try to match up the providers as well as possible. As with any change in carriers, some providers aren't in every network. We partner with your group health benefits agent to thoroughly examine the networks that are available during the decision-making process.

Q: What about the benefits? Will they be 'apples to apples' to our current plan?

A: We offer a variety of plan designs and deductible levels that your group may select from. Our goal is to provide you with integrated cost-management tools to help you control your healthcare spend. While there will be some differences between the Lifestyle plans and a traditional plan, often we are able to improve the benefits to the employees by offering a deductible credit through the Lifestyle Wellness Program as well as some other value-added benefits (Telemedicine, Care Advocacy and Patient Care Coordination, Lab Benefits, Diabetic Supplies, and Rx Benefits).

Q: What are some of the cost-management features with our Lifestyle Health Plan?

A: A key focus for Lifestyle Health Plans is finding creative ways to manage healthcare costs. Traditional benefit designs and cost-management techniques have been relatively unsuccessful in assisting sponsoring employers with cost-containment. Lifestyle Health has integrated a number of cost-management programs and benefit coverage solutions into our plan designs. Some of these address ER utilization, implant cost containment, specialty medications and self-injectables, and alternative generic drug utilization.

Q: What is the difference between the Care Plan Deductible and the 2nd-tier Deductible?

A: In looking for a better way to achieve and maintain a proactive approach to managing health conditions and maintaining individual member health, we believe that a partnership with each plan member's Primary Care Provider (PCP) is the best starting point. Within the first 3 months of the plan year, plan participants can activate the Care Plan Deductible level (and achieve the $1,000 savings differential) by completing the requirements for a Care Management Plan. For those members that do not care to engage in care management activities, a 2nd-tier Deductible is available for their healthcare benefit coverage. Regardless of plan deductible level, plan participants can earn additional deductible rewards for the next year by maximizing their wellness engagement.

Q: What options are available to ensure that my group is ACA-compliant?

A: In addition to the Lifestyle major medical group health program, Medova Healthcare also offers a turnkey solution for Minimum Essential Coverage (MEC), with 6 different MEC plans to choose from with Bridgewell Health. The whole program offers turn-key administration and billing through Medova Healthcare.

Q: I have never heard of Lifestyle Health Plans. Will my doctor recognize it? Is this a new program? My providers know my current carrier - how will it work with Lifestyle?

A: Lifestyle Health Plans is an innovative, group health benefits program and has been offered throughout the country since 2006 in partnership with a host of A-rated reinsurance carrier partners. Since Lifestyle relies on PPO networks for discounts and re-pricing, it is important to use a doctor in the network selected (just like your current plan). On your Member ID Card, you will find a logo for your plan's PPO Network. Your provider will recognize the PPO Network even if they have not yet had extensive experience with Lifestyle.

Q: What are the benefits of having a Third-Party Administrator (TPA) handle our claims versus having a carrier do it?

A: Many would say that traditional carriers are first concerned with their bottom line, not yours. A Third-Party Administrator (TPA) works solely on your behalf and has your group's interests in mind. As the program administrator, Medova Healthcare strategically partners with each client company to proactively address factors that contribute to the rising cost of healthcare. Plus, wouldn't it be nice to speak directly to the person who pays your claims versus a different customer service person every time you call? At Lifestyle Health Plans, our committed member and client service teams are committed to supporting our valued agents, clients, and employee members. A friendly voice and great customer service… all standards of care for you, our client.

Questions?

Contact: Jay Remington
Call: (703) 835-7800
Email: remington@abc.org

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