

1. Because this is ERISA, are there any instances of enrollment that require a Qualified Life Event? (QLE) For example, adding a family member later? Yes, we do require a QLE form to be filled out whenever there is a change to a plan. Supporting documentation of birth certificates, wedding certificates, etc are required with QLE form. We do require a QLE form when a dependent is terminating coverage, but do not require any supporting documentation.
2. Under what circumstances is pre-authorization required and how does the policyholder go about it? ... Hospital and surgery? What about Emergency room? Pre-authorization is needed for specific medical services. Some of those are MRI, CT, PET scans, Surgeries, DME, etc. There is a pre-authorization form and our advocacy department works to assist. Emergency room, falls under the emergency room benefits of the plan and does not need a pre-authorization.
3. How does Telehealth work? Is it provided by America's Choice, or is it covered by the plan when they do a virtual visit with their own provider? or is it by some other way? Telemedicine benefits are via My Live Doc. When a member enrolls in a plan, they will receive an email prior to their coverage effective date with information on how to activate their telemedicine portal and use it. Each dependent over the age of 18 does have their own portal due to HIPAA.
4. Is there any documentation required to prove a person is 1099 or self employed eligible? If so what is the time frame? I have a client who wanted to enroll, but he is working on his certification to be a personal trainer, and won't have it for another 30 days. If a member is ever asked for proof of a 1099 they would need to provide. They do attest and sign off agreeing that they are a 1099 during the application process. It is the #1 question on the signature page. If a member ever loses their 1099 status they would need to find new coverage. Also, the self-employed/1099 definition we use is from the IRS and can be found here: <https://www.irs.gov/businesses/small-businesses-self-employed/self-employed-individuals-tax-center#:~:text=Generally%2C%20you%20are%20self%2Demployed,business%20or%20a%20gig%20worker>
5. If we have an underwriting question, if we're not sure if someone qualifies, who can we call? I have someone who was on disability in the past 5 years due to West Nile Virus, but he is completely healed and back to work. Could he qualify? I also have a baby with hip dysplasia due to being born breech. She is wearing a brace which will correct it within a few years and will not need surgery. If you have any underwriting questions you can ask your upline or contact agentsupport@chcquotes.com or support@americaschoicehealthplan.com It is very important that you are asking if members are self-employed/1099. We have had to unfortunately remove members because of not being able to provide proof. For example, the individual with the West Nile Virus, what type of self-employment does he have? He would need to have some sort to come on an AC plan. The child is fine and passes.

6. Our understanding of the network, is that Dr. visits, labs, imaging all fall under the Network and then the Hospital, outpatient surgery and emergency room fall under Reference Based Pricing. Can you please confirm that? Yes, each plan has different copays, limits, deductibles, etc. There are plan brochures on each product on your agent website to show. Also, does the policyholder simply show their ID card for all situations or is there a different process for RBP? We are thinking this is where Pre-auth comes in?... except with emergency room that would not be possible. For member inquiries that need a pre-authorization they can call 866-815-6001 or email memberservices@detegohealth.com to start the process. But their member ID card has the network "PHCS" listed and all plan information that would be looked up when going to the doctor/clinic for regular visits and medical needs.