

Overview of NON – ACA Options

How do NON-ACA options generally compare to/work with typical ACA plans?

	ACA	NON – ACA ALTERNATIVES					
COVERAGE	INSURANCE CARRIER	OPTION 1: Medi-Share	OPTION 2: Altrua	OPTION 3: Sedera	OPTION 4: IHA	OPTION 5: STM National General/IHC	OPTION 6: Hospital Indemnity
ISSUE-ABILITY	Guaranteed Issue during OEP or if SEP qualified	GI if of Christian Faith <i>and</i> Lifestyle. No Tobacco, drugs, etc.	SI, but <u>Any</u> Faith. UW like a Med Supp, No Tobacco, drugs, etc.	GI, but <u>Any</u> Faith. Individual or Group. Tobacco OK.	UW, 4 levels: Pref, Pref +, Std., Sub Std. Declined. 1099 only, no W-2	SI, if healthy, is better/deeper/cheaper Also, GI (NG) “Fee Schedule”	Simplified Issue**
PRE – EX, ALL benefits are subject to the Pre-Ex if present	None. All conditions covered upon effective date.	Yes – 36 Mo then, limited coverage if clear of condition.	Yes 24/24, no cancer for 12 mo. No surgery / 90 days unless life threat	Yes, for 36 months. It phases out over time. Pays partial benefit yrs. 2/3	None. Covered upon effective date 100%.	Yes	Yes
WELLNESS	Yes - \$0 cost	No (PPO Discount)	No (PPO Discount)	Limited: Mam / Pap / PSA	Yes – 100% by ACA guidelines	No	Limited if any
COMPREHENSIVE?	Yes - all 10 ACA Essential Benefits	“Major Med Model” with strong In/Out Patient benefits	“Major Medical Model” with strong In/Out Patient benefits	“Major Medical Model” with strong In/Out Patient benefits	Yes - all 10 ACA Essential Benefits	SI is \$1 -2 m “Major Med.” GI is a Limited Benefit HI	No - Hospital Indemnity – Fee Based with some limited OP
DOCTOR	Yes	Yes – after AHP & \$35 copay. \$0 Teledoc	Yes, copays available by plan	Yes, no copay. \$0 Teledoc. Option to add Dr Copay	Yes, with or without copay	SI – Optional copays - \$0 Teledoc	Yes – Limited. usually has Telemedicine
OUTPATIENT	Yes	Yes	Yes (No, with Bronze/Copper)	Yes	Yes	Yes	Yes – Limited
DRUGS	Yes – has a formulary	Limited, new conditions, 6 Mo. Covers “Treatment” RX	No Maintenance. Treatment RX are covered	Covers “Treatment” RX, no current Maintenance RX	Yes – has a formulary and copay options	Yes, after deductible/co, if not pre-ex	No. Some limited RX coverage

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Coverage (Cont.)	INSURANCE CARRIER	OPTION 1: Medi-Share	OPTION 2: Altrua	OPTION 3: Sedera	OPTION 4: IHA	OPTION 5: STM	OPTION 6: Hospital Indemnity
CANCER	Yes	Yes	Yes	Yes. But Tobacco 50+ limits Cancer coverage to \$50k	Yes	Yes	Hospital/Surg. only . Chemo/Rad LIMITED O/P
CANCER PLAN	Optional - ML	Optional - ML	Optional - ML	Optional – ML. Tobacco limits!	Optional - ML	Optional - ML	Must be added ML
GAP	Recommended ML	Recommended ML	Recommended ML	Recommended ML	Recommended ML	Recommended ML	Yes, but not w same Ins. Co.
DVH	Recommended	Recommended	Recommended	Recommended	Recommended	Recommended	Recommended
DRUG/ ALCOHOL REHAB	Yes, covered to ACA guidelines	Not covered	Not covered	Very Limited Coverage	Covered to ACA guidelines	Not covered	Not covered or very limited
ANNUAL/ INCIDENT & LIFETIME MAX	None. There is a max out of pocket exposure for member	None except on Maternity, RX and Pre-ex conditions	\$1 – 3 million, less on Copper / Bronze	No except maintenance RX, Maternity, Smokers 50+	None. There is a max out of pocket exposure for member	Yes, \$1 - \$2 m on SI plan. GI is a limited indemnity plan	Pays by Fee/Schedule
NETWORK	Narrow, No coverage OUT of network (ER)	Large – w IN & Out of network coverage. PHCS	Large, w IN & Out of network coverage PHCS	None – Karis repricing. Pays any provider.	PHCS for Doctor. Any Hospital that takes Medicare	Large – w IN & Out coverage	Optional – Pays any provider, usually has PPO
SIZE/ EXPERIENCE	DOI approval. Large block.	400k+ members since 1993	1999, approx 50k	6 years – 30k	Approx. 2 years	Large - strong	Millions have a STM
TYPICAL COSTS – FAMILY/IND.	High without subsidy	Low - Moderate	Low - Moderate	Low - Moderate	Moderate Excellent value for 45+	Moderate	Moderate. High for “benefit to premium” ratio
HSA OPTION	Yes	No	No	No	Optional MEC	No	No
PRE -TAX	ICHRA	No	No	No	CPA. Group, Yes	No	No
GROUP	Yes, a different appointment	No	No	Yes, 3+ w excellent rates		No	No
ACA Compliant/No Penalty	Yes	Yes	Yes	No	Yes	No	No

*STM now up to 36 months renewable in some states. Check your state/plan.

Primary “Hospital Indemnity” (Option 6) plans: **US Health/Freedom, Philadelphia American, Reserve National/Kemper, United Health One, National General, IHC and Manhattan/CUL. Plans sold emphasizing Rates, No Deductible & Any Provider. Clients don’t know it’s an HI plan with scarce Chemo/Treatment & RX!