



**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:** 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:** 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 plan termination, each employer is eligible to receive back any unused dollars in the claims fund after the runout period.

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

**A: NO.** By partnering with Medova Healthcare, the program's Third Party Administrator (TPA), administrative burdens are removed from both the employee and the 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 then handles the rest! No claims filing, no separate accounting, no extra work!

**Q:** What is the start up cost to the Lifestyle Health Plan?

**A:** The only start up cost is your first monthly

premium payment.

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

**A:** By choosing from multiple different national and regionally based PPO networks, we try to match up the providers as best as possible. As with any change in carriers, some providers aren't in every network. We 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:** The Lifestyle Health Program offers 16 different plan designs that your group can choose from. Depending on the group size, up to 4 plans can be offered to the employees to choose from. While there will be some differences between the LHP plans and your current, we should be able to improve the benefits to the employees by offering a Deductible Credit through the Wellness Program as well as some other new additional benefits (Care Coordination, Lab Benefit, Diabetic Supplies, Telemedicine, etc).

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

**A:** For groups over 50 eligible lives, Lifestyle Health Plans offers a turnkey solution for group medical benefits, including five Minimum Essential Coverage (MEC) Plans and a variety of plans that meet Minimum Value. In addition, from the standard 16 plan designs, there are also a host of 'buy up' options for richer benefits. The whole

program offers turnkey 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? How do we know that it won't fail? I know my current carrier and they are huge.**

**A:** Lifestyle Health Plans is a innovative, boutique health benefits program and as 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: Why should we trust a Third Party Administrator (TPA) to handle our claims versus having a carrier do it?**

**A:** Carriers are first concerned with their bottom line, not yours. A Third Party Administrator (TPA) solely works on your behalf and has your group's interests in mind. 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 here to support our agents, clients, and employee members. A friendly voice and great customer service... all standards of care for you, our client.