What is SASid?

- Smart and Simple Insurance Development
- We are an insurance plan and enrollment system developer.
- We also own insuranceTPA which is an insurance administrator.
- Our insurance carrier partners manage funds while we handle billing, claims processing, customer service, compliance and distribution through our valued distribution partners.

What is AUIC?

- Association of United Internet Consultants
- AUIC membership offers it's members various discounts and access to group insurance.
- Visit AUIC.org for more details

How does AUIC relate to Core Health Insurance?

- Core Health Insurance is filed with the Department of Insurance as a group insurance plan.
- For an individual to be eligible for Core Health, they must first join a group...that group being the AUIC association.
- AUIC currently has two levels to choose from...
 - AUIC Participant (Level 1- \$25 app fee + \$2 per month)
 - AUIC Health Advantage (Level 2- \$50 app fee + \$24.95 per month)
 - Within the quote go to the "AUIC Membership" box and click "view all available plans" to change levels
 - Plan brochures at <u>sasidplans.com</u> (scroll down to AUIC Membership)

What is Core Health Insurance?

- Core Health is fixed indemnity medical insurance. "Indemnity" means the plan pays set dollar amounts according to a pre-set schedule. Benefits are paid out "first dollar" meaning there are no deductibles or copays to meet. The one exception is the excess accident medical expense.
- Indemnity medical plans are different than major medical and short term medical which are "expense" insurance plans, meaning they pay out claims according to the actual cost of the procedure after deductibles and coinsurance limits are met. Core Health pays out its benefits (except the AME benefit) according to the plan benefit schedule while Multiplan PPO + DMP upgrade offers significant discounts which reduce client out-of-pocket costs.

When is Core Health a good fit?

- The ideal client for Core Health either can't afford or doesn't want Obamacare and has pre-existing conditions that eliminate simplified issue insurance plans.
- When major medical is too expensive...Core Health may be an affordable option and also has the advantage of paying first dollar benefit. **IMPORTANT NOTE**: Clients who choose to purchase indemnity medical and choose not purchase MEC or a QHP may be subject to the individual mandate penalty if they do not qualify for a "Hardship Exemption" using this form:

(https://www.healthcare.gov/health-coverage-exemptions/hardship-exemptions/).

- During "closed ACA enrollment"...Unless the client qualifies for a "special enrollment period" they can no longer purchase major medical outside of open enrollment. During this period short term medical is the only expense based medical insurance available to individuals. Some clients may not pass the "underwriting" which consists of the medical questions they must pass to be approved. Core Health is a "guaranteed acceptance" alternative.
- As a supplement plan....Often major medical plans have high deductibles and "out of pocket" costs. Generally, the lower priced levels are used to supplement major medical. Core Health works particularly well as a supplement for clients who have pre-existing conditions and need to be monitored by a doctor regularly. Examples include diabetes, heart disease, stroke ect.

Core Health Insurance Benefit Details

Pre-Existing Condition Clause

- Hospital/ICU and Surgery/Anesthesia benefits have a 12 month wait for pre-existing conditions (conditions acquired after the effective date have a 30 day wait). Pre-x look-back period is 12 months prior to effective date. All other plan benefits have a 30 day wait for pre-existing conditions
- All benefits have a 30 day wait on sickness and no wait for accidents

Up to 10 Doctor Office Visits Annually per Insured

- Pays out for doctor visit codes at hospitals, doctor offices, urgent cares, chiropractors and other licensed medical doctors authorized alternative medicine providers.
- Does not pay out for procedural codes

Doctor Office Wellness Visits

- Pays out for routine physicals, checkups, immunizations
- Pays out when providers code a wellness doctor office visit, which some provider's code in addition to a wellness diagnostic test
- Does not pay out for wellness diagnostic tests (pap, mammogram)

Diagnostic, X-ray, Laboratory (DXL)

- This benefit pays out 1 per date of service. If the provider codes 1 diagnostic, 1 x-ray, 1 lab test on the same date of service, Core Health still pays out 1 DXL benefit for that date of service
- DXL benefit pays out for sickness or injury codes
- DXL benefit does not pay out for wellness or preventive codes
- DXL benefit does not pay out for pap, mammogram diagnostic tests when they are coded as wellness or preventive

Hospital Confinement Benefit

- Hospital Confinement benefit pays out the daily benefit for each day up to the policy limit per policy year
- Hospital Confinement benefit is independent of the ICU benefit.

ICU/CCU Benefit

- ICU/CCU benefit pays out the daily benefit for each day up to the plan limit on days per policy year.
- ICU/CCU benefit is independent of the Hospital Confinement benefit and does not reduce the total Hospital Confinement days.

Emergency Room Benefit

• Pays out for hospital emergency (ER) room visit

Surgery/Anesthesia

- Pays out for inpatient or outpatient surgery/anesthesia according to schedule in brochure (not all procedures are listed)
- Pays out for colonoscopy when coded as sickness, does not pay out when coded as wellness.

• Surgery/anesthesia benefit usage per policy year depending on plan

Excess Accident Medical Expense Benefit (AME)

- Pays out for provider charges related to an accident that exceed the benefit amounts of all other applicable benefits of the plan (ER, DXL, HC, ICU, ect...)
- Expense benefit (not fixed indemnity)- meaning it will pay up to the amount shown for each plan level
- Pays out 1 time per policy year even if an accident does not max out the benefit amount of the plan

• AME deductible applies to the provider bill (not the benefit amount paid out by the insurance plan) Prescription Drugs (Rx)

• Core Health does not have insured Rx benefit (in development). Our association membership includes an Rx discount card that may provide discounts ranging from 0 to 50%

Multiplan Limited Benefit Provider Network

- Accepted by 800,000+ providers- the surest way to know if a provider is part of the network is to call the provider and ask.
- You can access an online provider search at Multiplan.com by searching the "Multiplan limited benefit" network at <u>www.sasidplans.com</u>
- Providers may not recognize the Core Health brand name- Advise clients to ask providers if they accept a Multiplan Limited Benefit insurance plan.
- If providers are part of the Multiplan Limited Benefit Plan network:
 - Bills will be re-priced up to 40% lower than retail
 - Providers will file a claim with Core Health using the insurance card information
 - Core Health will pay the provider directly
 - Multiplan will re-price non-insured and excluded procedures except for prescription drugs
- If providers are not part of the Multiplan Limited Benefit Plan network:
 - Core Health will still pay our full insurance benefit
 - There will be no Multiplan re-pricing applied
 - Some providers will not file a claim with Core Health and require the client to pay the bill directly
 - <u>www.sasidplans.com</u> has client claim forms so that the client can submit their claim and receive re-reimbursement directly
- Discount Medical Plan (DMP) Upgrade
 - \$12.95 per month Discount Network Upgrade (included in the plan premium) for better discounts and lower out-of-pocket costs
 - DMP Upgrade is recommended with any Core Health plan but not automatically included for compliance reasons.

Enrollment

- Core Health does not require employment or social security number to be approved Entering a social security will help speed the claims process, but if you wish to bypass you may enter 333-22-3333
- Core Health accepts credit, debit, ETF. Paper check is accepted with \$5 additional processing fee per month
- AUIC Membership now bills on a separate line from Core Health Insurance for compliance reasons and currently does not offer paper check processing

<u>Availability</u>

- Available in: AL, AR, AZ*, CA, DC*, DE, FL, GA, HI, ID, IL*, IN, IA, KY, LA, MI, MS, NE, NV*, ND, NM, OH OK, PA, RI, SC, TN, TX, VA, WV, WI, WY
- * To qualify in these states member will have to agree to attestation statement that they will purchase an ACA qualified health plan. This ruling was thrown out in federal court and the only enforcement is the ACA individual mandate penalty.
- Plans for Individual, Primary + Spouse, Primary + Dependent's, Full Family

<u>Eligibility</u>

- Primary ages 18 to 64
- Spouses 18 to 70
- Dependents 0 to 18 through 26 (depending on state regulation)

Limitations & Exclusions

- Non-pre-existing routine pregnancy is not excluded and will receive benefits based on the provider medical billing codes
- See the full list of exclusions in the product brochure posted within the Core Health box at <u>sasidplans.com</u>

Brochures

- Product brochures, state availability, provider lookup, and claims instructions at sasidplans.com
- Individual "Plan" brochures are available by clicking "view schedule" next to the plan name bullet list
- These "Plan Brochures" include the Discount Medical Program benefit:
 - eBasic + DMP (10 Doctor Visit Plan) View Schedule
 - eAdvantage + DMP (10 Doctor Visit Plan) View Schedule
 - Plus + DMP (10 Doctor Visit Plan) View Schedule
 - Premier + DMP (10 Doctor Visit Plan) View Schedule
 - eValue + DMP (1 Doctor Visit Plan) View Schedule
 - eComplete + DMP (2 Doctor Visit Plan) <u>View Schedule</u>
 - ePremier + DMP (2 Doctor Visit Plan) View Schedule
 - eMaximum + DMP (2 Doctor Visit Plan) View Schedule

Add-Ons

- We encourage agents to create and insurance "bundle" within our quote/enroll platforms. Any of our products can be combined to create a more comprehensive insurance bundle.
- Bundle Option- Core Health plan with Smart Accident 5k or 10k accident expense plan with zero coordination and optional 25k critical illness rider.
- Bundle Option- Core Dental/Vision plans
- Products will bill on separate lines but all will show on billing statements as "InsurnaceTPA.com" which is our administration company.

Policy Changes

- Requests, policy changes and customer emails can be done via your SAS back office login at <u>www.sasidplans.com</u>. Type customer name or email or policy number into the "search customer data" box up top. Click on the app ID that you need to modify. For policy changes click "submit request ticket" button up top. Select the most appropriate action from the drop down and enter any specific instructions in the comment box.
- To re-email your customer login click the "Resend Login" button at the top of the page.
- For cancellations the customer will receive an email form that needs to be signed. You can prevent any future billing by stating **"turn off auto billing"** in the comment box.
- Customers can also make changes by calling customer service at 800-279-2290

Quote/Enroll Link

• Login to your back-office at <u>www.sasidplans.com</u>. Click "login" from the top menu bar. Click on "Begin Quote" then "Quoting Link for Customer" and bookmark this website for future use. You do not need to login to quote with this website.

Enrolling an existing Quote

• Login to your back-office at <u>www.sasidplans.com</u>. Click "login" from the top menu bar. Type customer name or email or policy number into the "search customer data" box up top. Click on the quote ID you want to continue.

Claims and Billing

- Billing email- <u>support@insurancetpa.com</u>
- Claims email- <u>claims@insurancetpa.com</u>
- <u>800-279-2290</u>
- <u>http://www.insurancetpa.com/</u>