

THE FUNDAMENTAL CARE TRI-LEVEL PLAN

An Affordability-Based Medical Plan Strategy to Help the Working Uninsured



FUNDAMENTAL CARE
TRI-LEVEL LIMITED DAY PLANS



MEC & MVP PLANS

BROKER QUICK REFERENCE GUIDE

602-884-8096 or info@fundamental-care.com

Version 1.5.19.21

Fundamental Care Tri-Level Limited Day Plans

3 Levels of Coverage



1 Plan overview

Fundamental Care Tri-Level Plans are designed to meet the affordability needs of employers who cannot afford the cost of most High Deductible health plans. Limited day plans provide usable benefits for employees, with no deductible and first dollar copays for all covered benefits. Fundamental Care Tri-Level Plans offer three levels of coverage. Outpatient MEC, Out and Inpatient MEC, and a Minimum Value Plan, all with no deductible. This provides the employer with avoidance of both the “A” and “B” penalties.

Fundamental Care Limited Day and Tri-level plans are self-funded, level-funded offered by Coterie Advisory group, and administered by Allied National. Reinsurance is provided by a pool of reinsurers with A or better ratings from AM Best. Unused claims fund is returned to the employer after a 9-month run-out period.

Our Tri-Level plans use a combination of a PPO Network and Reference Based Pricing. Professional services are repriced using the Prime Health Network – A preferred provider physician-only network with 600,000 contracted providers. Facility fees such as hospital, surgicenter, and emergency rooms are paid at 150% of Medicare allowable. Patient advocacy is provided throughout the process, from pre-cert to resolution of any balance bill.

2 Underwriting rules

- Minimum required employer contribution - 50% of single coverage *
- Minimum participation – Limited Day plans (No MVP) – 10% of the eligible class with a minimum of 5 enrolled
- Minimum participation – Tri-Level Plans - 30% (combined all levels of coverage) of the eligible class with a minimum of 10 enrolled
- Rating is three tiers by default – composite only may be used on takeover groups with a minimum of 100 enrolled employees
- No health underwriting or health questionnaires

** For the Bronze to be a qualified MVP, the employer needs to contribute enough to meet the affordability criteria in ACA, updated annually. Depending on wages, that could exceed 50% of the total premiums.*

3 Implementation

HOW TO QUOTE: Proposals are generated by the submission of a “Request for Proposal” document. Rates are issued with three age bands. Under 50, 50-59, and 60+. Factors affecting rates are SIC code and Zip code. Submit the RFP form directly to your Fundamental Care Rep, or email us at info@fundamental-care.com

WHO IS ELIGIBLE: The employer establishes and defines the eligible class of employees, the new hire waiting period, and employer contribution (minimum 50% of single coverage for the plans chosen).

HOW TO INITIATE COVERAGE: Coverage initiation is triggered by receipt of an “Employer Agreement” form. Upon receipt of that form the process is as follows:

- Employee enrollments may be taken by paper, spreadsheet format, or electronic enrollment platform. Once the employee's enrollment is entered into our system, it allows for immediate access to a temporary ID card as well as other plan documents.
- A binder check or ACH form needs to be included with submission to Allied National once a total for the enrollment is reached.
- Once employer and employee applications have been received, Allied National will issue Final Rates to be signed by the employer.
- Allied National will then send the Stoploss agreement via DocuSign. This is to be signed first by the writing agent, then sent to the employer for signature.
- Once the stop-loss documents have been signed, Allied National will mail the ID cards for all employees to the employer for distribution.

4 Administration

Coterie Advisory Group handles day-to-day sales admin and assistance for agents and their clients. Allied National provides member services such as claims and billing.

A Billing Statement looks like a traditional bill and shows the total due for each covered employee and dependent. This will be sent to the employer approximately 10 days before the due date, and payment for all charges is due no later than 30 days following the due date. The bill is comprised of fixed costs (stop-loss insurance and sales and administrative expense) and claim fund contribution. Employers also receive a monthly claims summary that illustrates the claims summary and how the plan is running.

Contact Information

Contact Coterie Sales team with any pre-sale questions - 602-884-8096

Claims Questions and member services – Allied National Customer Service: 800-825-7531

This guide is a general description of a health benefit alternative plan and is an invitation to inquire only. You should not take action or rely on the information contained herein without the advice of your attorney or tax professional. Coterie Advisory Group makes no warranty information in this brochure. This plan does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. This plan is not available in all states. See SPD for a full explanation of the benefits.