



FREQUENTLY ASKED QUESTIONS

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: What does Level Funded mean?

A: The Lifestyle Health Program is 'level funded' meaning that by design, any risk to the sponsoring employer has been removed beyond the 12 months of premium paid. Based on employer size, we can offer a unique, self-funded health benefits program that maximizes the benefits to employees, while implementing cost-saving opportunities for employers to stabilize benefit costs without reducing benefits.

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 in the quoted monthly premiums.

Q: During our plan year, 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 run-out 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: Are there any start-up costs to our Lifestyle Health Plan?

A: The only start-up cost is your first monthly premium payment.

Q: What are the benefits of having a Third Party Administrator (TPA) handle our claims versus having a carrier do it?

A: Many would say that traditional carriers are first concerned with their bottom line, not yours. A Third Party Administrator (TPA) works solely on your behalf and has your group's interests in mind. As the program administrator, Medova Healthcare strategically partners with each client company to proactively address factors that contribute to the rising cost of healthcare. Plus, isn't it 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.



Additional Questions? To learn more & take advantage of our program-specific rates visit www.CSCshopinsurance.com or call (833) 202-6495