Q **What kind of Policy is the HI-2014-2016?**
A The HI-2014-2016 Freedom of Choice Plan is a Daily Hospital Indemnity Policy. The Freedom of Choice Policy is a Limited Benefit Plan and pays a Daily Fixed Amount Benefit to help defray the cost of Hospital & Medical services, such as Doctor Visits, Diagnostic Tests and X-rays, MRI’s, Pet Scans, Emergency Room, Intensive Care, Wellness Services, Immunizations and Pap Smears.

Q **Will the Freedom of Choice Plan provide an indemnity benefit to any Physician or Hospital?**
A Yes…The policyholder is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belong to a network.

Q **Can dependents be insured by Freedom of Choice Plan?**
A Yes…We offer family group rates and children only policies.

Q **Can the Freedom of Choice Plan be used if the insured has separate health insurance?**
A Yes…Our Policy pays regardless of any other health policies you may have.

Q **Is the policyholder allowed to assign benefits to their healthcare provider?**
A Yes…Benefits are automatically assigned to the policyholder’s healthcare provider. If policyholder would like to receive the benefit payments directly, they would complete the medical claim form and sign the Authorization, and send it to the Home Office.

Q **Are surgeries schedules paid on a fixed daily amount?**
A Yes…The surgeries are paid on a fixed daily amount as per HHS regulations.

Q **Does the Freedom of Choice Plan offer discounts for any doctors and hospitals?**
A Yes…Although HI-2014-2016 Freedom of Choice Plan is NOT a PPO policy our policyholders have access to Galaxy Health Network’s Participating Providers for pre-negotiated discounts. Galaxy is one of the Largest Networks in the United States.

Q **Does the HI-2014-2016 Freedom of Choice Policies satisfy the minimum essential coverage requirements under the Affordable Care Act?**
A No… It is an “excepted benefit policy” under ACA, but doesn’t meet the ACA minimum standards.

All benefits are set out and explained in the policy. These benefits are subject to the policy provisions including any limitations and exclusions that are in the policy.
**FREQUENTLY ASKED QUESTIONS**

Q: What is The Freedom of Choice SD15 & SD16A Plans?
A: The Freedom of Choice Policy is a Specified Disease & Accident Policy that covers the body’s Seven Major Health Systems. Unlike other Specified Disease Policies, that just covers one Specified Disease our SD Freedom of choice policy covers **Malignant Cancers, Specified Diseases of the Respiratory System, Musculoskeletal System and Connective Tissue, the Endocrine System, Diseases of the Heart and Circulatory System, Diseases of the Genitourinary System as well as Accidents.**

Q: What does the policy cover?
A: The policy provides coverage for Hospital Confinement and Physician’s treatment In and Out of the Hospital resulting from Specified Sicknesses and Accidents. Hospital benefits are paid on a Daily Indemnity Basis depending on which Plan you select. The Physician’s Services for Covered Surgeries, Outpatient Services Benefits and Doctor’s office visits are paid on either a 60/40, 70/30, or 80/20 Co-Insurance percentage amounts depending on the plan you choose. Please refer to the Outline of Coverage for specific benefit amounts.

Q: Will the Freedom of Choice Policy provide benefits for any licensed Physician or Hospital?
A: Yes..... The policyholder is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belongs to a PPO or HMO network and you do not need a referral to see a specialist.

Q: Can dependents be insured by the Freedom of Choice Policy?
A: Yes.....we offer family group rates and/or children-only policies.

Q: Can the Freedom of Choice Policy be used if the insured has other health insurance?
A: Yes.....the Specified Disease & Accident Policy will pay full policy benefits in addition to any other private insurance coverage you may have.

Q: Is the policyholder allowed to assign benefits to their healthcare provider?
A: Yes.....our policyholders may assign benefits to any accredited Hospital or licensed Physician. Or, if the policyholder would like, cash benefit payments can be sent directly to the policyholder.

Q: Are surgeries limited to surgical schedules?
A: No…. The policy pays benefits for surgeries based on the level of Co-Insurance percentage you choose, either 60/40, 70/30 or 80/20 percent of the usual and customary charges for such surgery. Please see Outline of Coverages for specific benefit amounts.

Q: Does the Freedom of Choice Policy pay for Annual Physicals or Well Care Visits? My present company doesn’t.
A: Yes.....We cover Annual Physicals for the whole family. Also Annual Pap smears, Detection of HPV and diagnostic exams for early detection of cervical cancer for women, plus Annual Prostate screening for men.

Q: Does the Company have the right to cancel my policy?
A: No…. Your Policy is Guarantee Renewable up to age 65.

Q: Does the Freedom of Choice SD15 & SD16A Policies offer discounts on any hospitals or doctors?
A: Yes.....although the Freedom of Choice Policy is not a PPO policy, our policyholders do have access to the Galaxy Health Network. Galaxy is one of the largest Hospital & Doctors discount providers in the United States and our policyholders are eligible for pre-negotiated discounts for treatment by participating Hospitals & Doctors that are in Galaxy’s network. This is very important and can provide a big savings for the insured on any charges paid or not paid by the policy.

All benefits are set out and explained in the policy. These benefits are subject to the policy provisions including any limitations and exclusions that are spelled out in the policy. **These policies do not meet the minimum essential coverage under the Patient Protection and Affordable Care Act of 2010.**

Please see reverse side…….