



# Major Medical Health Benefits Program

## ENROLLMENT INSTRUCTIONS FOR INDIVIDUALS

(Employee, Employee + Spouse, Employee + Children, Employee + Family)

**All plans have age-band rates**

**All plans run from January 1-December 31**

Mid-year enrollments will renew on January 1

Mid-year enrollments have a 1<sup>st</sup>-of-the-month effective date following a 60-day waiting period

If you are an individual applicant (single owner-operator, W2 full-time employee, part-time employee, or 1099 contractor), follow these **step-by-step instructions** to select and enroll in one of 5 major medical plans:

Visit the [AAFD Major Medical Health Benefits Program website](#)

**STEP 1:** SELECT A PLAN (\*see 2<sup>nd</sup> page if you need help selecting a plan): Click on any plan tab to see the benefits. If you want to include Accident and Critical Illness coverage, select the **Pro** or **Premier** options. Even though there are deductibles attached to all plans, you have the ability to eliminate them. All plans (except HSA 5000 and MVP) offer 3 tiers of benefits:

- **Tier 1 Preferred In-Network:** If a member allows a *Care Coordinator* to select a hospital or facility, the deductible is waived and there is \$0 copay/coinsurance
- **Tier 2 In-Network:** If a member opts to select their own hospital or facility, they will be subject to deductible and copay/coinsurance
- **Tier 3 Out-Of-Network:** If a member selects a non-network provider, they will be subject to deductible and will pay the highest coinsurance

**STEP 2:** SEE PLAN PRICES (Single, Married, Single w/Kids, Family): [Click here for Plan Pricing](#) or on the website to see your monthly premium. All plans are age-band rated. Rates are the same for male and female applicants in all 50 states.

**STEP 3: ENROLL NOW:** Click any of these tabs on the website and you will be taken to the online application.

**NOTE:** All primary applicants must be employed at the time of enrollment.



- Pre-Membership Health History:** If you or a dependent have a medical condition listed in this section of the enrollment form, it will not disqualify you from enrolling. However, medications

required to treat it may not be covered by these plans. Please be sure to review the [prescription drug formulary](#) before continuing your enrollment.


- b. All plans use the PHCS network of providers. To find a participating practitioner/doctor through the PHCS Network for Value-Driven Health Plans, visit: [www.hstconnect.com/PHCS](http://www.hstconnect.com/PHCS).

These plans use an open network of hospitals/facilities and pricing is negotiated directly with them, using a payment methodology called **Reference Based Pricing**, which pays a multiple (150%) of what Medicare pays for the same services. 95%+ of all hospitals/facilities in the US accept this form of payment. **Please send an email to [steven@simplhealth.net](mailto:steven@simplhealth.net) with your city, state, and zip code and I will send you a list of hospitals in your area that accept RBP.**

**\*If you would like help selecting the best plan, scroll to the bottom of the website page and follow these instructions:**

1. Click on the  tab
2. Next, click on the tab, **Let's Get Started**.
3. Select primary policyholder age range. Click next.
4. On the next 2 screens, check the appropriate box(es) if you or a dependent are currently being treated or expect to be treated in the next 12 months for one of the listed medical conditions, Otherwise, select **None of the Above**. Click next.
  - a. **Note:** See 3a, on 1<sup>st</sup> page. You may still continue to select and enroll in a plan. But please make sure that your medications will be covered.
5. If you have checked any of the medical conditions listed, the next screen will say "Plans through **Healthcare.gov** are likely the best fit for you." 

But if you still wish to see AAFD plans, click "NEXT" below [Continue to review other plan options](#).

6. 
  - a. Select who will be on your plan. Click next.
  - b. Select if you want an HSA plan.
  - c. Select what is most important to you.
  - d. Select age range of primary plan member.
  - e. Select if you want to see ancillary benefits.
  - f. Select your current type of health plan.
  - g. Select your current monthly premium. Click Submit.
  - h. Enter all contact information fields.
  - i. Check I Agree box. Click Submit.
  - j. See your recommended plan.