

Frequently Asked Questions

Q. Are pre-existing conditions covered on the ThriveHealth STM plan?

- A. Benefits are not payable for Pre-Existing Conditions within the 36 months immediately preceding the Covered Person's Effective Date.

Q. Are there any Pre-Authorization requirements on the ThriveHealth STM plan?

- A. All Inpatient Hospitalizations and procedures done at an Outpatient Surgical Facility must be pre-authorized. Pre-Authorization does not guarantee payment of benefits. Benefits are subject to all of the terms, conditions, provisions and exclusions of the plan.

Q. When can members begin using their ThriveHealth STM plan benefits?

- A. Members can begin using the benefits on their membership's effective date, subject to the terms and conditions of the plan. There is a 5-day waiting period for sickness, and a 30-day waiting period for cancer. There is no waiting period for injuries.

Q. Will members receive identification cards and materials?

- A. Yes, members will receive a letter in the mail with personalized identification cards for their ThriveHealth STM plan. Members will be able to view, download and print their Member Materials, including an electronic card for their NCE membership, on our Member Portal - myhealthmembers.com. Members will also find phone numbers, web links and information describing how to use their benefits.

Q. How does a Member check if their physician or specialist is in the network?

- A. Members simply go to multiplan.com/phcspracanc and click on "Find a Provider" - see page 11 for full details about the network. Members should use an in-network provider to maximize their savings. If members use an out-of-network provider, they may charge an additional fee. Note: Members should always reference PHCS Practitioner & Ancillary Plan Network when making an appointment or speaking with a doctor.

Q. If Members move to another state, will they be able to continue on the ThriveHealth STM plan?

- A. Yes, Members will continue in their current plan if they move to another state. Note: The plan is not available outside the U.S. and cannot be used while traveling or relocating outside the U.S.

Q. Are Members allowed to make changes to their ThriveHealth STM plan?

- A. Members may only make changes to their program on their Annual Enrollment Date or if they experience a Qualified Event. A Qualified Event is one of the following:
- Change in legal marital status – marriage, divorce, annulment, death of a spouse or legal separation
 - Change in dependent children – birth, adoption, legal guardianship or death of a child
 - Loss of spousal coverage – loss of job, etc.
 - Dependent children "age out" – child's age exceeds the age limitations of the membership
- To make changes to their Program, members need to call Customer Service at **(214) 436-8881**.

Q. When does the ThriveHealth STM plan terminate?

- A. Members on the ThriveHealth STM plan will be termed at midnight on the day of their 65th birthday or when they become eligible for Medicare.

Q. How will members identify the monthly drafts from their account?

- A. All drafts will have "amemberbill.com" listed as the originator of the drafts.

Q. Can Members cancel at any time?

- A. Yes, Members may cancel at any time. If a Member cancels within the first 10 days of their effective date, the Member is entitled to a full refund, provided that no benefits have been utilized and no claims have been filed. However, if any benefits have been utilized and/or claims have been filed, refunds will not be issued. If at any time after the first 10 days, Members are not satisfied with the plan, they may request a cancellation and their ThriveHealth STM and NCE membership will be terminated at the end of the billing cycle for their last monthly payment, and they will not be billed any further.

Q. Who do Members contact if they have questions about their ThriveHealth STM plan?

- A. Members can contact Customer Service at **(214) 436-8881** and one of our friendly representatives will be glad to help them!