

The image features a vibrant green background with a white rectangular frame. Inside the frame, the text is centered and reads:

AFFORDABLE HEALTHCARE SOLUTIONS

**FOR INDIVIDUALS
& FAMILIES**

Affordable Healthcare Options For Individuals and Families

Health insurance alternatives may be a great way to get coverage you can afford. Here's the good and bad points of each.



This special report is presented by John Barrett. Learn more about John, and how to contact him at the end of this special report.

Health insurance premiums have increased dramatically!

If you don't qualify for financial assistance from the government you are feeling the full brunt of the rate increases. It's the working middle class that are being hit hardest with soaring Obamacare premium hikes.

Average Individual Health Insurance Premiums Increased 99% Since 2013, the Year Before Obamacare, & Family Premiums Increased 140%, According to eHealth.com Shopping Data

Costs will continue to soar

***The first projections for Obamacare 2019 are in:
Expect rate increases of up to 30%
~ LA Times***

Because the law requiring you to have health insurance or pay a penalty to the IRS goes away January 1, 2019, some of these options become more attractive.

Americans deserve and need choice when it comes to their healthcare. A good benefits advisor is an expert in ACA alternative plans and can help you determine which plans make the most sense for your unique situation.

You deserve information on affordable healthcare options.

This special report will cover the following

- Association Health Plans
- Short-Term Medical (STM)
- Limited Medical Plans / Hospital Indemnity
- Telemedicine & Medical Discount Plans
- HealthSharing
- Integrated Health Benefits

Association Health Plans (AHP)

Association health plans (AHP) are a type of health insurance that's offered by, and tailored for, people with a "commonality of interest".

Plan members must:

- share the same industry or profession, OR
- work in the same state or geographic area.

Points In Favor of AHPs

- AHPs can set different monthly prices based on gender, age, lifestyle factors (unlike the Affordable Care Act which prevents this type of pricing)
- AHPs cannot charge someone for being sick, or exclude coverage for a pre-existing condition.
- AHPs can, if they choose, be accessible all year round, and not just in the Open Enrollment Period. This will make them easier to join.
- AHPs can be designed to appeal to certain groups more than others, which can in some cases allow them to be appealing to healthy individuals, drawing them away from Affordable Care Act coverage.
- AHPs can work across some state lines.
- AHPs can avoid expensive Obamacare coverage requirements, for example single men and middle aged couples need not have the ACA mandated pregnancy coverage.

Problems With AHPs

- AHPs don't focus on consumer protections. Obamacare plans must spend 80% or more of monthly premiums on medical care, Association plans do not.
- AHPs are seen as weakening the Obamacare market, if a significant number of healthy people move to this alternative.
- The flexibility in AHP plan design means that "junk plans" can be created and deceptively marketed to unwary customers.
- May not even be a viable option for national associations due to individual state laws. California, for example, is opposed to Association Health Plans and calls them "junk" plans. New Jersey has passed a law decertifying AHPs from counting as "minimum essential coverage."
- ***The biggest proponent of Association plans was National Federation of Independent Business (NFIB), no longer sees Association plans as a viable option due to how the regulations were written.***

Bottom Line: an AHP might be good for you, if you can accept more risk, and are really well informed. Contact John Barrettt for a personal discussion of whether this might be right for you. But beware! There will be deceptive AHP plans hitting the market this year and next.

Short-Term Medical (STM)

Under the Obama administration STM plans were limited to three months. Prior to this STM could be written for up to 364 days, depending upon the state. California, for example, limited STM to 6 months.

The Trump administration issued new regulations regarding STM. They now can be written up to one year and can be renewed up to three years. States like CA are vehemently opposed to allowing STM plans being sold and California has passed Bill SB 910 that would ban the sale of short-term medical plans in CA.

Short-term medical plans do ask medical questions, so you are not guaranteed to be approved for coverage and they generally do not cover pre-existing medical conditions and prescriptions.

STMs are considered major medical insurance and typically cover 100% of medical costs after a deductible and out of pocket maximum to a lifetime limit of \$500,000 or \$1 million depending upon the plan and carrier.

Points In Favor Of STM Plans

- Most STM plans have broad network coverage, and are often accepted at the best hospitals
- Premiums are often low, in the range of half of Obamacare plans
- Apply all year round, not limited to Open Enrollment periods
- Premium savings can be used to purchase other care plans, Including John Q, Agent's **Integrated Health Benefits**.
- Ask John for his special report on **Integrated Health Benefits**.

Problems With STMs

- Pre-existing conditions coverage not available
- Applications may be rejected due to health status
- Poor prescription drug coverage
- Many health benefits may be left uncovered, check carefully!
- Even though the STM may be extended, it's still basically short term coverage.
- In some states, STM may not ever save you money!

Limited Medical/Indemnity Plans

These plans are also referred to as "hospital indemnity" plans.

They provide first dollar coverage for medical services such as hospitalization, surgery, and physician office visits. They are not major medical insurance.

Points In Favor of Limited Medical/Indemnity Plans

- Premiums can be very affordable.
- Member receives a cash payment upon a qualifying event such as an accident, or specific critical illnesses, as specified in the plan. You are paid first, then are responsible for paying the providers.
- Usually this is "first dollar coverage," no deductibles or copayments.
- Many such plans include Telemedicine, Prescription Discount Card, Accident coverage and AD&D

- Applications can be made any time of the year, no waiting for Open Enrollment
- Usually are “guaranteed issue” which means there is no medical underwriting, so applications are not rejected due to health status of applicants.
- Generally these plans have pre-negotiated rates with a healthcare provider network

Problems With Limited Medical/Indemnity Plans

- Benefits are tied to specific incidences, such as an accident, critical illness, doctors visit, or hospital admission, depending on the policy
- No benefits for general conditions such as diabetes, arthritis, etc.
- Medical expenses often capped at a rate much lower than major medical plans
- These plans are often sold via deceptive marketing. Beware!

Medical Discount Plans (MDP)

Watch out!

When considering a medical discount plan you really need expert guidance.

MDPs are not health insurance. When you buy a health insurance plan, it covers a broad range of services, and pays you or the healthcare provider a portion of your medical bills.

But you must beware of Medical Discount Scams.

Here’s what the FTC says...

Beware of “Up To” Discounts

“Discounts of up to 70%!” — but how often will you save that much? Savings with discount plans typically are a lot less. When you consider a discount plan monthly premiums and enrollment fees, there may be no “discount” at all. What’s more, if you have major health problems or an emergency, you will have to cover most, or all, of the bills if you don’t have health insurance.

With an MDP, you pay a small monthly fee to get discounts on specific services.

For example, one excellent MDP can

- Save you 10% to 85%, with an average savings of 46% on your prescriptions.
- Save 40% to 75% on MRI and CT scans
- Save 10% to 60% on routine lab work
- Save 15% to 60% on Hearing Aids

Please make sure to speak to me before committing to any specific Medical Discount Plan, my contact information is at the end of this special report.

Telemedicine

Telemedicine is simply the use of telephones, computers, and tablets to provide clinical health care from a distance. It has been used to overcome distance barriers and to improve access to medical services.

Benefits Of Telemedicine

Instead of visiting a doctor in person, you speak to a doctor via phone or video conferencing.

It can be used to diagnose and prescribe meds for 80% of common ailments.

The best telemedicine services give you 24/7 access to board certified physicians who will call you back within 6 minutes on average. No cost or copay.

Here are some more telemedicine statistics gathered by FS Health.

High Patient Satisfaction: A 2016 survey funded by the NIH (which analyzed responses from 3,000 patients) concluded that between 94 percent and 99 percent were “very satisfied” with telehealth, while one-third of respondents preferred the telehealth experience to an in-office doctor visit.

Equivalent Quality of Care: According to the American Telemedicine Association, “Studies have consistently shown that the quality of healthcare services delivered via telemedicine are as good those given in traditional in-person consultations.”

No Long Waits: A recent Harris Poll survey found that 23% of people have delayed seeing a doctor because it takes too long, while an additional 13% have delayed a doctor visit because they are too busy. A study published in 2015 in the *American Journal of Managed Care*, by researchers at Harvard Medical School, concluded that the average doctor visit took 121 minutes; 37 minutes of travel time, 64 minutes of waiting time, and just 20 minutes of face-to-face time with physicians.

Better Access to Care: A 2016 Commonwealth Fund study found that 51% of U.S. adults struggled to get health care at nights and on weekends without visiting the emergency room.

Limited Facetime with Doctors: While the total time involved in a physician visit often involves several hours, including travel time, waiting time, and completing paperwork, a 2017 Medscape survey found that 56% of all physician visits included 16 minutes or less of actual face-to-face time with patients. This analysis included visits to specialty and primary care physicians.

No Wait to See New Doctors: In 2017, the average wait for an appointment with a new Family Medicine doctor in 15 major metropolitan areas increased by 51% to 29.3 days, from 19.5 day in 2014. The average wait for an appointment with a new Family Practice doctor in mid-sized metropolitan areas was 54.3 days in 2017. When you join a good telemedicine plan, you are accepted within a day or two, and can speak with a board certified physician just minutes after you are accepted.

HealthSharing

What Is HealthSharing?

Medical cost sharing, or **health sharing** ministries, are a group of like-minded individuals that agree to come together and help each other pay their medical expenses.

HealthSharing plans are not right for everyone, but for the right person or family, they can be better than conventional health insurance.

Traditional Health Sharing Plans, or Health Care Sharing Ministries (HCSM) have been around for hundreds of years. These organizations have very strict and theologically specific requirements that essentially limit themselves to evangelical Christians who conform

Modern HealthSharing Plans are perhaps *the* most exciting development in healthcare in the last 30 years. It's the new healthcare solution that's delivering better coverage, better treatment and controlling costs for millions of Americans. Health Sharing is still not well known, but is growing fast, and for very good reasons.

Modern Health Sharing Major Benefits

- High quality coverage at half the cost of Obamacare
- The nation's largest PPO network, this means you get access to the best hospitals, and medical providers nationwide
- Enroll year round, no qualifying event needed
- No government involvement, it's true healthcare freedom

Ask for my special report [7 Reasons Why Modern HealthSharing Is Better Than Insurance](#) to learn more.

Integrated Health Benefits (IHB)

What are integrated health benefits?

It's a way of creatively integrating different insurance policies for complete coverage at the lowest possible price.

Your individual situation will determine what elements are a part of you and your family's IHB.

By integrating some of the affordable healthcare options in this report, you can save money and still have complete peace of mind, knowing you and your family are well covered in virtually every situation.



Integrated Health Benefits

Call Now To Learn More

(626) 689-7654

John Barrett



As a health insurance broker, I offer creative strategies in three areas:

The self-employed, and other individuals, who may be required to provide their own health insurance, and income protection from disability or illness.

Business owners, and professional firms on their group employee benefits, and assist in the compliance

with the Affordable Care Act (Obamacare).

Seniors in their choice of Medicare Supplement, Part D drug plans, and

Medicare Advantage plans.

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