



*Yourhealth. Yourchoice.*

## FREQUENTLY ASKED QUESTIONS

1. What is O'NA HealthCare™ and how does it work?  
O'NA HealthCare™ is a co-operative healthcare system that provides you with more freedom in treatment and service options, promotes healthcare empowerment through education, and leverages the power of community to keep healthcare costs as low as possible for you, your family or your business team members. All of this is achieved while still providing you with the very best in globally covered healthcare treatments, services, and technologies.
2. When does coverage start?  
You may choose for your coverage to start on the 1st or 15th of the month.
3. When will my monthly payments be made?  
You can select at enrollment, the 1st or 15th day of each month to pay your Plan payments.
4. Can I cover just my child or children?  
Yes.
5. What types of plans are available?  
One product is available and it acts like a traditional high deductible HSA (Health Savings Account) plan. We offer the same Plan for two categories i.e. A Group Plan with an employer/employee relationship and an Individual Plan for a self-employed person or someone that does not have coverage through their place of work. The Individual Plan is available for a single person, a couple or a family.
6. Does this plan cover pre-existing conditions?  
On the Group Plan, pre-existing conditions are covered. On the Individual Plan, pre-existing conditions may be covered although a temporary or permanent waiver may be included. The waiver may be removed if and when the Member follows and completes a protocol that addresses the health issue in question.
7. What qualifies as family coverage?  
More than two people; therefore, three or more people qualifies as a family.
8. Can non-traditional families be covered?  
Yes they can. We recognize blended and "non-traditional" families and cover them in the same way as so-called "traditional" family units.
9. How do I track my expenses?  
We provide you with a tracking sheet that you may use for tracking your expenses.
10. Do I or my medical providers issue receipts?  
You are responsible to track and retain your own receipts for wellness and supplements. Providers are required to register with O'NA HealthCare and submit services.
11. How do you protect my private information?  
Through full HIPAA compliance and the full authority and protection of Tribal Sovereignty.
12. What payment options are available?  
Payments can be made by Debit/Credit Card (\$15 Fee each month) or ACH (FREE).
13. What process should I go through during a medical emergency?  
Proceed immediately to the nearest medical facility. Your Provider should submit the claim to O'NA HealthCare™

14. Is O'NA HealthCare™ reinsured by a third party insurance company?

O'NA HealthCare™ holds a reinsurance policy through Oceania Insurance Company, a USA insurance company listed with the National Association of Insurance Commissioners.

15. Is catastrophic coverage guaranteed and if so, to what limit?

As with all traditional insurance plans, there are no absolute guarantees. Allowed costs are based on necessary, usual, and customary. Your O'NA HealthCare™ plan has a 1 million dollar annual maximum limit, giving you peace of mind that the treatment you need will be covered without the potential for reaching a limit before you are required to pick up the ongoing costs.

16. How does a medical practitioner join the list of approved providers?

A medical professional is required to fill out an online application to become an Approved Circle Provider (ACP). Following submission of the completed application, they will be assessed and either approved or disapproved by O'NA HealthCare™.

17. If I practice a type of alternative healing, how do I become part of the O'NA HealthCare™ network?

Because O'NA HealthCare™ is committed to providing the highest quality of healthcare, all Practitioners seeking to become part of the network must submit an online application for approval. Once accepted by O'NA HealthCare™, a Practitioner becomes an Approved Circle Provider. To become an ACP, contact O'NA HealthCare™ or visit <https://www.onacare.com/providers.html> for further details.

18. What costs can be used against my Maximum Out of Pocket

All eligible expenses outlined in the Plan Document and list of Eligible Medical Benefits may be used. Please see the referred documents for details.

19. What benefits do I receive when using a medical practitioner from the Approved Circle Provider list?

An ACP will most likely use more of an integrative approach to treatments and services, focusing on treating causes rather than symptoms.

20. Am I eligible to create and use an HSA (flexible spending account)?

Yes. You should talk to your tax adviser, financial planner, or bank about setting up an HSA. You will be able to utilize your HSA to offset healthcare costs when using your O'NA HealthCare™ Plan.

21. What if I am not Native American?

It does not make any difference but you do need to be a member of an Indigenous Healthcare Practitioner Organization or another Native American entity to receive benefits.

22. Is it a requirement to be associated with a Native American Tribe in order to be a member of O'NA HealthCare™?

To be an accepted Member in the O'NA HealthCare™ Plan, you are required to be a legally recognized Native American or apply and be accepted as a member of a tribally affiliated program. This affiliation allows tribally authorized benefits to be extended to you through a corresponding tribe-to-tribe agreement, as a Native entity with an Indigenous Healthcare Practitioner Organization, or by your accepted membership into a tribal entity, created under the 1919 Act to preserve and protect indigenous medicine by creating a tribal church. Your acceptance into the Indigenous Healthcare Practitioner Organization does not make you Native American. It does mean, however, that you are entitled to many other benefits including an exemption from The Affordable Care Act (Obamacare).

23. Is this plan PPACA ( Obamacare) compliant?

O'NA HealthCare™ is exempt from PPACA (Obamacare)

24. Is there an open enrollment period?

No. You can join at any time, even on the 4th of July!

25. Can my insurance broker sell this plan?

As O'NA HealthCare™ is an example of a paradigm shift in healthcare provision, and because it is not strictly health insurance in the traditional sense, we do not require a broker or agent to sell this plan. We have enlisted Membership Advisors to provide input on the suitability of O'NA HealthCare™ and to make sure that it suits your healthcare wants and needs. We also encourage our members to use word of mouth marketing to spread the

message and assist us in building the O'NA HealthCare™ community. If your insurance broker is an O'NA HealthCare™ Membership Advisor, he or she can sell the Plan.

26. What exclusions are there to meet my Maximum Out of Pocket costs?  
Non-covered or ineligible expenses are found in the Plan Document.
27. What qualifies as a documented expense?  
A receipt for services or goods eligible per the Plan Document.
28. What triggering event would terminate my coverage?  
A Member will be removed from being entitled to receive coverage if they stop paying their monthly membership fees, do not adhere to the the Indigenous Healthcare Practitioner Organization Guidelines, improperly disclose appropriate medical information, or commit fraud or a felony.
29. How long does a child remain on a parental plan and what counts as a child?  
A child may remain on a parental plan until she/he reaches the age of 26 years. A child is a person that is natural, legally adopted, or under legal guardianship of the Plan holder.
30. If monthly membership costs change, how far in advance will I be notified?  
Members will receive a minimum 30-day notice of any changes to the fee schedule.
31. What is the geographical coverage area?  
All 50 states.
32. Are Nutritional Supplements covered on my O'NA HealthCare™ Plan and if so, how?  
Nutritional Supplements are covered in your O'NA HealthCare™ Plan in the following two ways.
  - 1 – You may deduct up to \$750.00 per year of your preferred nutritional supplements from your Maximum Out of Pocket. Not all nutritional supplements are of good quality and it is almost impossible without costly testing to demonstrate proof of efficacy. That said, taking a good quality broad spectrum multi-vitamin and a small selection of other, more specific supplements may be beneficial to your health. It is always better to speak with a professional healthcare specialist than to give in to marketing hype and attractive looking labels.
  - 2 – You will be covered for unlimited use of a nutraceutical that is “prescribed/recommended” by a healthcare professional that is of high quality and medicinal grade. You are still required to purchase any and all supplements until you reach your Maximum Out of Pocket limit after which, O'NA HealthCare™ will continue to pay for them.

O'NA HealthCare™, like with prescription drugs, may require you to purchase an equally efficacious supplement that is available at a lower price. Your GoodRx card may enable you to save money and O'NA HealthCare™ may have listings of suitable nutritional supplements.

In short, #1 above is intended to provide a maintenance program for your health while #2 is intended to be used when recommended by a healthcare professional in response to your specific health need.
33. If I lose my job, can I remain on the plan?  
Yes. This is a great benefit to you. No more expensive COBRA payments or short term accessibility to it!
34. How does becoming a member of O'NA HealthCare™ exempt my business from Obamacare?  
If you offer O'NA HealthCare™ to your employees and if they enroll in the Plan, then each individual Plan Member is exempt from Obamacare. A business entity is NOT exempt from Obamacare but any person that becomes a Member is. Appropriate exemption forms and documents will be delivered to each Plan Member for filing with the IRS.
35. What is Medical Tourism?  
Medical Tourism allows you to travel outside of your home city, state, or country to acquire medical treatment. Because O'NA HealthCare™ does not have an In Network restriction, we can utilize the power of Medical Tourism. An example would be: A knee surgery in one state may cost as much as \$30,000. The same procedure could be carried out in another state for \$12,000 or outside of the USA for \$5,000. If there is a sufficient price difference, O'NA HealthCare™ may eliminate your contribution (Maximum Out of Pocket costs) to the procedure. Additionally, O'NA HealthCare™ will pay for a travel partner to accompany you. Price differential is not the primary issue though. If a procedure can be performed in a high quality facility in Mexico, you have the option of attending that hospital. O'NA HealthCare™ is contracted with Sky Medicus, a leader in the Medical Tourism industry and they will facilitate every aspect of the program on your behalf.

36. Do we receive a certificate or card stating we have acceptable coverage under Obamacare?

You will not receive a certificate or card even though O'NA HealthCare™ is exempt from Obamacare or the PPACA. You will receive a Tribal Tax Exemption Letter showing your period of coverage for the tax year and Tribal ID. You will submit the letter along with your taxes.

37. Are annual check-ups paid for by the program?

You are responsible for payments of all treatments until you meet your Maximum Out of Pocket. However, we want all of our members to be in the best health possible and we offer the ability to receive, for example, annual check-ups at highly discounted rates.

38. If I need treatment, do I need to be pre-approved? What happens if I don't get pre-approval or if it's an emergency situation?

Pre-approval for procedures other than wellness care as outlined in the Plan Document is necessary except in the case of an emergency. Benefits are reduced by 50% if they are not pre-approved. Always call your Care Advocate whenever possible.

39. If I travel outside of the USA and I need treatment, what happens? Do I have coverage and if so, what does it look like?

You have treatment coverage just like you do inside the USA. You can make a call to Teladoc for a referral to any provider outside of the USA, and in case of an emergency, go to the nearest medical facility and you will be covered.

40. Are there maximum pay-outs on a single health issue?

There is a 1 million dollar limit per single health issue.

41. What if my doctor, clinic, or hospital does not take this plan?

We don't know why anyone wouldn't take it as it is based on the patient not the plan. We pay in cash and so far, no one has turned it down.

42. Will this Plan pay for my medications?

Yes, it will pay for approved medications after you have met your Maximum Out of Pocket costs.

43. Does the plan cover dental, vision or prescriptions?

At this time, we do not cover vision but we provide access to discounted services to assist you in keeping your financial outlay as low as possible. You may be able to utilize your HSA benefit to further reduce your costs. Consult your Tax Adviser for details. Beginning 2017 we will be including coverage for biological/holistic dental care wellness.

44. Do I need to stay inside a specific Network like my current plan demands?

No, because we don't have a Network like traditional insurance plans.

45. Do you cover every kind of alternative modality and every kind of alternative practitioner?

No. Alternative practitioners must fill out a provider application and be approved by O'NA HealthCare™.

46. Does O'NA HealthCare™ cover ALL medical situations?

Very few limitations exist because the O'NA HealthCare™ Plan is extremely flexible, providing you with a broad and deep product and service offering. Some limitations do exist, and they are outlined in the Plan document. If there is a procedure that you need or would like us to consider that is not in our Plan document or is excluded from coverage, please call O'NA HealthCare™ to discuss it.

47. Do my monthly plan payments count toward my Maximum Out of Pocket costs?

Similar to a traditional health insurance plan, monthly payments are the costs associated with your membership or policy and do not count toward your O'NA HealthCare™ Maximum Out of Pocket costs.

48. What do I need to do to pay my healthcare providers?

We prefer to have the provider send their bill directly to us so that we can determine usual and customary costs for services. If your provider is part of the O'NA HealthCare™ Provider community then they will have an in-house method for billing us. Once you receive your Explanation of Benefits you should pay upon receipt if you have not met your Maximum Out of Pocket costs. If you have met your Maximum Out of Pocket costs for the year, O'NA HealthCare™ will pay your provider directly.

49. I have a lower deductible on my current plan, why is O'NA HealthCare™ a better option for me?

We can't guarantee that O'NA HealthCare™ will be the best choice for everyone but typically, the overall cost is less expensive than that of a traditional health insurance program. Even if the cost is similar, you will still benefit from the freedom to choose and use the provider, treatment and facility of your choice, including traditional allopathic and natural holistic alternative care.

50. Additional benefits include:

- 👉 Treatments anywhere in the world.
- 👉 We cover many nutritional and natural supplements.
- 👉 You have 24/7 access to medical practitioners and providers.
- 👉 You can receive monthly referral income for referring people to the plan.

We also work with lower administration costs meaning that we can keep your costs down without compromising what we offer you.

Here are some things to take into consideration to determine if O'NA HealthCare™ is a suitable choice for you:

- 👉 If you prefer to utilize natural remedies as well as allopathic modalities and spend money on alternative or natural treatments and supplementation, then O'NA HealthCare™ may be better for you as both types can be covered.
- 👉 If you prefer to have a wider choice of ways to resolve health issues when they arise, and do not want to be limited only to western healthcare modalities, then O'NA HealthCare™ may be better for you.
- 👉 If you have a desire to reduce or even eliminate medications, surgeries, and the ever-growing list of side effects that are traditionally in western medicine modalities, then O'NA HealthCare™ may be better for you.
- 👉 If you prefer to have access to the most cutting edge treatments and options, wherever they are geographically available, then O'NA HealthCare™ may be better for you
- 👉 If you would appreciate having a Care Advocate to work with you to explore all of your options, then O'NA HealthCare™ may be better for you.
- 👉 However, if you believe that your Doctor is always right, drugs are always the best answer, and if taking personal responsibility for your healthcare is a foreign concept or beyond you, then O'NA HealthCare™ is definitely NOT right for you.

51. What about copays and deductibles. Are they a part of this coverage?

There are no copays. Maximum Out of Pocket (deductibles) costs are \$5000 for an individual and \$10,000 for a two party or family. When an individual reaches or pays \$5,000 out of pocket, 100% of their expenses are eligible for coverage and payments, whether they are a single person, a couple (two party) or a member of a family. Each person is treated as an individual.

52. Does the plan cover preventative care? Allergies? Mental health? Substance abuse? Elderly care? Physical therapy? Durable medical equipment? Pregnancy?

All of these are covered after you have met your Maximum Out of Pocket costs for the year. Always talk to your personal Care Advocate when you have questions. There may be limitations for certain conditions and these can be found in the Plan Document. Call your Care Advocate with any questions or concerns.

53. Is policy renewal guaranteed?

No. Your renewal is based on adhering to the guidelines found in the Native American tribal membership agreement.

54. My company already has a self-insured health plan. What possible benefits and drawbacks might there be in converting over to O'NA HealthCare™?

Major benefits may include lower monthly or overall costs. Members have the freedom to use a provider, treatment and facility of their choice, including traditional allopathic medicine and natural holistic alternative medicine, which is typically not covered by traditional health insurance plans. Additionally, Members can receive treatments anywhere in the world whether they become sick on travel or wish to utilize our Medical Tourism program. Members have 24/7 access to providers. And there is more; much more! Please contact O'NA HealthCare™ to schedule an appointment to discuss your specific business and its healthcare wants and needs.

55. Where can I get a copy of the “Plan Document”?

[Contact Us](#) here to request the plan document.

To learn more, contact us at [1-888-813-0646](tel:1-888-813-0646) or  
visit us online at [ONACare.com](http://ONACare.com)



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