



FAQ for the Recruiter

General

Who is Population Science Management (PSM)?

Population Science Management (PSM) is a data research and analytics company with the mission of empowering individuals to earn money by sharing their personal data.

Is PSM an insurance plan?

No, PSM is not an insurance plan. Active Consumer Data Respondents are eligible to participate in Group Benefit Plans, including group medical benefit plans, provided they make their member contributions on time.

Is there any association or LLP Agreement associated with these plans?

No. There is a Joinder Agreement that is signed as a part of the member becoming a Consumer Data Respondent, Working Owner of PSM.

Who holds the trust and how long has it been around?

This is not a trust model. You are joining a Group Benefit Plan as a Consumer Data Respondent of PSM.

Do clients have to file this Group Plan under their taxes? If so, how can we access the necessary documentation?

The plan issues an IRS Form 1095 to the member and PSM issues the IRS 1065 K-1 to the member. Members should consult their Tax Professional to determine how to appropriately apply each.

What is the free look period?

There is no free look period because this is not insurance. Free look periods are typically associated with insurance plans, allowing policyholders a set time to review and cancel their coverage without penalty.

Is there a form to submit when a member needs to add or remove a dependent?

Yes, this is considered a Qualifying Life Event (QLE). Please have the member contact Detego Health's Care Guides at memberservices@detegohealth.com to receive the correct form and submission instructions.

"Failure to complete mandatory tasks and surveys will result in termination." What does this mean?

When joining PSM as a Consumer Data Respondent, they are required to complete surveys when requested. This keeps the member in good standing.

FAQ for the Recruiter *Continued*

Is this a MEWA, and where are they based out of (state)? Are there reserve requirements for the organization, and if the funds are overspent then are members assessed with additional funding requirements?

This is not MEWA. It's a self-funded group benefit plan which is regulated by ERISA. Members become Working Owners of PSM. As Working Owners, members do not hold any additional risk beyond co-pays, deductibles, or percentage of their out-of-pocket maximum.

Can you clarify the role of a Consumer Data Respondent and how this arrangement works?

A Consumer Data Respondent (CDR) provides insights into their health and consumer habits by completing short but impactful surveys. As a CDR, they are recognized as a Working Owner of PSM and are expected to complete tasks and surveys as requested. Their contributions are highly valued and play a crucial role in advancing PSM's mission to improve healthcare.

As a Working Owner, members hold preferred shares of PSM through a Joinder Agreement. In exchange for completing surveys via their portal, they receive guaranteed payments from PSM. Preferred shareholders have no liability to the company and no voting rights. Each year, members receive a K-1 form detailing their earnings from the previous calendar year, which they can use for tax filing purposes.

Enrollment Related

I am having issues with an enrollment. Who do I contact?

This is different for each recruiter, you can contact your up line Recruiter Manager.

If pre-qualification is required for all hospitalizations, what happens if the member has an emergency and there's no time for pre-qualification? Is it covered?

Yes, it is covered. Emergencies do not require pre-certification. However, if the member is admitted or undergoes surgery, the member and hospital have up to 5 days after admission or the procedure to submit a pre-certification form to avoid a penalty on their claim.

What is the deadline each month for enrollments?

- Enrollment cutoff for PSM plans is before midnight of the 23rd each month.
- Enrollment cutoff for GigCare plans is before midnight of the 18th each month.

What happens when a dependent turns 26?

Dependents will automatically be removed from the policy at the end of the month they turn 26.

Can a Working Owner enroll and still be covered when they move out of the US some months later?

Consumer Data Respondents can remain as a Working Owner but the Group Benefit Plan does not offer a network outside of the US.

FAQ for the Recruiter *Continued*

Can employees of PSM choose their payment draft date?

Not at this time. The initial payment comes out at time of enrollment submission and each recurring payment auto-drafts each month on the 20th starting in the active month.

Is there a link to look up contracted providers?

Yes, you can find links to contracted providers on the Network's website. For the most accurate information, we recommend confirming directly with the provider to ensure they participate in the selected network.

Specific Plan Related

What is the maximum out-of-pocket on the deductible plans?

All maximum out-of-pockets can be found in the Plan Documents or Summary of Benefits document for the plan of interest. There are also brochures linked within each product on your website.

On the plans where the brochure says, "Subject to Plan Allowable" after listing a copay for the service (for example: Room & Board \$1,000 copay, subject to plan allowable), what is meant by that, specifically? Are they actually paying more than the co-pay?

When there is a copay, and it is with a contracted provider, then the plan pays the balance after the copay. Plan allowable means that service must comport to what is allowed according to the Plan Document.

What does "100% of allowable" mean pertaining to Preventive Services?

Allowed procedures defined within the Summary of Benefits and Coverage, such as preventive services, the plan will pay 100% of the bill as long as the service is performed in network.

Is preventative wellness free like a major med plan?

All preventative care services across our plans are covered 100% In Network. If the member goes out of network for these services, there could be a balance.

What is the Reference Based Pricing Reimbursement?

Reference based pricing is a method of reimbursing providers for services based on a percentage of Medicare.

Are fertility treatments covered on these plans?

The visit to the provider to determine fertility is covered per outlined within the summary of benefits and coverage, but the fertility treatments themselves are not covered.

FAQ for the Recruiter *Continued*

Are pregnancies covered?

If the individual is enrolled in a plan, then becomes pregnant there is maternity coverage which is outline within the Plan Documents and Summary of Benefits and Coverage. Additionally, if a dependent on the plan becomes pregnant, dependent pregnancies are not covered.

Do the plans cover maternity services at a birthing center?

Our plans only allow for maternity services at birth centers provided that the facility must be licensed and operated in accordance with the laws pertaining to Birthing Centers in the jurisdiction where the facility is located. The Birthing Center must provide facilities for obstetrical delivery and short-term recovery after delivery; provide care under the full-time supervision of a Physician and either a registered nurse (R.N.) or a licensed nurse-midwife; and have a written agreement with a hospital in the same locality for immediate acceptance of patients who develop complications or require pre- or post-delivery confinement.

Does the pre-certification team work with in-network and out-of-network hospitals?

Yes, the pre-certification team works with both in-network and out-of-network hospitals. Pre-certification is independent of the site of care. Since there are no network limitations for providing care, the team collaborates with any facility to obtain financial clearance for your episode of care at plan-approved rates.

How can we ensure that members visit in-network locations if hospitals are not listed in the provider search?

We encourage the member to contact our Care Guides for assistance with coordinating procedures. Additionally, recruiters should verify all of a client's doctors before enrolling them in Population Science Management (PSM) Plans to ensure the plan aligns with their needs.

How do we know the specific limits on drugs?

Members should refer to the formulary associated with their specific plan. Formularies can be found here:

<https://detegohealth.com/resources/>

Note: You must check the notations next to each drug to confirm whether they are covered.

Do we have access to the formularies?

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Note: You must check the notations next to each drug to confirm whether they are covered.

Do we have access to the Summary of Benefits and Coverage for each plan?

Yes, SBCs are linked within each product tile on your enrollment website.

Are there exclusions?

Yes, there are exclusions. Please reference the Plan Documents for list of all exclusions.

FAQ for the Recruiter *Continued*

Is there indemnification for a balance bill? Is there protection?

Balance bill protection applies to all emergency room and related admissions. There is no balance bill protection outside of those two situations.

E123 Related

Why can't I see any plans when I open my website? "You have selected a state that has no products or programs available."

In order to see and sell the plans on your website, you must enter your license information in your back office. You do not have to upload a file, you can simply select the state, the license type, the license number, and the inactive (expiration) date. Do this for each state you hold a license in that you plan on selling to.

I am having issues logging into my recruiting platform. Who do I contact?

There is a reset password on the home screen you can use to reset your password. If further issues arise, please contact your platform manager.

Is there a recruiter support contact?

Recruiters, please contact your up line Recruiter Manager. For member-related questions like plan details, provider networks, pre-certifications, and so on, the member should email memberservices@detegohealth.com or call 866-815-6001.

Is there a weekly recruiter training I can join?

Yes. Contact support@ironhealthbenefits.com for details and scheduling information.