



Frequently Asked Questions

Q: Who is eligible?

A: Credit union employees, members, and their dependents in the United States (except Washington state) may join the I-Care Health Plan.

Q: Why is InterLutions offering this?

A: We are always seeking to improve our solutions offerings for credit unions. We saw an opportunity to offer small credit unions a quality healthcare solution with better benefits at a lower cost, so we took it!

Q: What are the benefits?

A: This health insurance program was built EXCLUSIVELY for small employers across the United States who do not have access to competitive health plans. Our solution offers you, your employees, and their dependents quality healthcare with affordable monthly premiums, discounted group rates, and long-term rate stability. The ACA Marketplace Exchange is not always a fit and can be quite expensive for many employees.

Q: What networks are available to plan members?

A: We offer two competitive and nationwide networks with access to most doctors and healthcare facilities. For a PPO option, we utilize the First Health Network. You can search for providers at www.firsthealth.com. We also use the PHCS/Multiplan network for a Reference Based Plan (RBP). You can search for providers at www.multiplan.us.

Q: What does it cost?

A: The cost is to be determined after the census gathering portion of the process. There is no way to determine exact rates until employees complete a health questionnaire. However, we have traditionally experienced rates anywhere from 10% - 25% lower than the marketplace for comparable products. We also implement a tiered rating system for the plan that helps reach a majority of the groups.

Q: How long are the plans and rates offered by the I-Care Health Plan valid? Can my coverage be canceled at any time?

A: Plans and rates are good for one year from the initial offering date. Once launched, the I-Care Health Plan cannot cancel the coverage during the plan year. Groups will receive advance notice of changes or termination upon renewal, as state and federal laws require.

Q: Could we go with an open network? Could we use Blue Cross or United networks?

A: The Reference Based Pricing option is an “open network” program. While members can see a provider in the PHCS network, they can also see any provider and they will be covered.

Q: Can I utilize a local broker to obtain this coverage?

A: That is not an available option at this time.

Q: Can my employees and their beneficiaries be seen at any facility even if it is out-of-network?

A: Employees and their beneficiaries are covered at any facility of their choice, in or out of network.

Q: Can my employees or I continue the treatment plans that have been authorized by our current carrier?

A: When switching to a new health plan, you must go through the authorization procedures of the new plan. Through a partnership with My Advocate Pro, the Health Plan has a team of highly trained consumer advocates ready to assist with the process.

Q: What does the health plan cover? Does the health plan include dental coverage?

A: The health plan covers all essential coverages required by the ACA as any carrier product. The health plan does not provide dental but it can be purchased as a separate benefit from your agent.

Q: How does the enrollment process work and when does my coverage begin?

A: Once your PHQ application is completed, it is sent to our underwriting team to evaluate the appropriate rates. Typically within 7 days, you will be contacted by our licensed agent to discuss and review the available rates and plans. Once a plan is selected, your coverage will begin within 15-30 days.

Q: Is there a minimum number of employees that need to be enrolled?

A: The plan requires two eligible employees enroll. Those employees can be related.

Q: Are these plans subject to the Employee Retirement Income Security Act (ERISA)?

A: Yes, these plans are subject to ERISA.

Q: What is the process? How does this work?

A: After reviewing the different plan options and coverages, all interested candidates will complete a no cost, no obligation Personal Health Questionnaire (PHQ). The PHQ's are collected through a secure portal and dropped into a HIPAA-compliant database. The PHQ is a summary of your health history. Utilizing the combined history of an organization's population, customized rates can be formulated. The credit union will then select which plan works best for them. It's as easy as 1, 2, 3!

Schedule a free consultation to learn how the I-Care Health Plan can help you find the best plan for today and the future!



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