



Major Medical Health Insurance Program

Frequently Asked Questions

When can I enroll?

YTB major medical health insurance plans are available to Travel Site Owners year round. To enroll, you simply need to contact a benefit representative toll-free at 1-877-611-5952. The representative will help you choose the best benefit design and carrier to meet your financial and medical needs. If you prefer, you also have the option of completing our simple online application.

How can I get a quote for individual coverage?

The quoting process is fast, easy and free! By simply entering basic information into our secure online quoting tool, you will receive free, online quotes from many of the best "excellent rated" national carriers. A benefit representative will contact you directly to help you through the purchasing process.

I am a Secondary Travel Site Owner. Can I enroll?

Yes, both Primary and Secondary Travel Site Owners are eligible to enroll.

I'm a sole proprietor and my wife doesn't work full time. Can we get insurance?

In addition to our huge selection of health insurance carriers, we have thousands of products and plan types available. Whether you're looking for a family or individual plan, a sole proprietor plan, or an affordable student health plan, we have many options to choose from.

How do I pay my premiums?

Travel Site Owners will send premium payment directly to the carrier that they select to provide their health insurance coverage. Billing cycles are determined by the carrier.

I just got laid off and have started a business but am still covered under COBRA. Should I continue COBRA?

COBRA is a good alternative for situations where individuals need coverage after a loss of coverage from an employer but it is not the only alternative to getting insurance. Short-term medical policies and individual policies can also be a good alternative that helps individuals fulfill their health insurance needs until they are able to find employment.

Is an HDHP/HSA a good option for me?

If you are looking to pay lower monthly premiums, an HDHP/HSA plan is a good option for you. A Health Savings Account (HSA)-Qualified Plan lets people pay for certain medical expenses with pre-tax dollars. An affordable alternative to the traditional health plan option, an HSA is a specialized savings account that is linked to a High-Deductible Health Plan (HDHP). Health deductible plans can help to transfer cost allowing customers to pay lower monthly premiums shifting out-of-pocket cost toward actual plan deductibles when services are rendered.

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Why is health insurance so important?

Health insurance helps to manage an individual's overall medical risk creating a balance between the cost of medical claims shared between you and the insurance carrier. Health insurance shares in a consumer's out-of-pocket cost and can be an essential attribute when large claims occur.

Why is health insurance so expensive?

Some skeptics hold the endless stream of medical innovations responsible for rapidly rising health care costs, such as new drugs and delicate tools for microsurgery. Other skeptics blame the rising cost of health care on the aging baby boomer populations and still others look toward the overall American need for having the best of the best services for all of their medical needs. Unfortunately, there is not just one reason for the rising cost of health insurance, but there are ways to help control your own insurance. Become a consumer of your benefits: understand what plan design best meets your financial and medical needs; manage your benefits by focusing on services that will give you adequate care with less out-of-pocket cost; stay healthy, continue to have regular check-ups and don't let minor sicknesses escalate.

What is co-insurance?

Co-insurance translates to a health insurance company paying a certain percentage of an individual's health care bill, while the individual pays for the remaining percentage.

What is a co-pay?

Insurance policies help you pay for your medical needs but they rarely cover 100% of the cost of your care. As a patient, you are responsible for paying some of the cost. This cost can be characterized as either a co-pay or co-insurance. A co-pay is a fixed dollar amount, while co-insurance is a percentage of the total cost that you are responsible for.

What is an out-of-pocket maximum?

The annual out-of-pocket maximum is the maximum amount your insurer will require you to contribute out-of-pocket towards the cost of your care. This protects you from very high costs by capping the total amount you will have to spend on your health care each year. You must meet your annual deductible first before the annual out-of-pocket maximum applies. Once the deductible is met, your co-pay will count toward your annual out-of-pocket maximum. Once the annual out-of-pocket maximum is reached, you should no longer be required to contribute toward the cost of your care. In most cases, your insurance covers 100% of the services you require.

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