

FAQ**Case studies****Sign up**

Frequently Asked Questions

▲ How many members do I need to open the Community Plan?

Currently, the minimum number of members required to open a Community Plan is five.

▲ What is the pricing by age?

Standard Plan: price per month for each age band

0-17: \$50

18-39: \$80

40-49: \$120

50-59: \$190

60-74: \$350

Premium Plan

0-17: \$85

18-39: \$130

40-49: \$200

50-59: \$310

60-74: \$575

FAQ**Case studies**

60-74: \$740

▲ **What is covered in the base package common to all plans?**

The base package includes a \$1,500,000 maximum limit per policy year and covers emergency room care, hospital stays, surgeries, prescription medications (in-patient), and lab tests or diagnostic studies when you are in the hospital.

▲ **Can members in a group plan choose their own plans?**

Yes, members can choose the plan that works best for their needs!

▲ **Can you upgrade your plan mid-policy year? Also, can we cancel the plan mid-policy year?**

No, you'll have to wait to upgrade at the next renewal. This is because it protects insurance companies from people upgrading only when they "need" the insurance (for example, you get pregnant and then buy the upgrade).

You also can't cancel the plan mid-policy year unless you have a qualifying life event. Qualifying life events would be something like your new spouse putting you on their insurance instead.

▲ **Can I switch between the Standard Plan and Premium plan?**

Switching plans mid-policy year (twelve months) is not currently an option. You will have to wait until the policy renewal.

▲ **When someone leaves my team, when does coverage end? For example, if they leave on the 21st, does it end that day, and will we receive a credit of the amount back to the company? Or will coverage remain active through the end of the month?**

FAQ**Case studies**

your next invoice for the unused premium.

- ▲ **In the standard plan, there's a \$5,000 limit for outpatient benefits per year. Can that money be used for medical visits to a general practitioner, and does it include ophthalmologists, gynecologists, dentists, etc.?**

You can visit any specialist you wish for any medically necessary visits.

For example, you could visit your ophthalmologist if you have an eye injury. But for your annual eye exam, you would need the Premium or Premium Plus Maternity Plan with routine vision coverage.

Same with the gynecologist. Any medically necessary visits because you have symptoms and need treatment would go under your outpatient. A routine gynecological visit would only be approved under screenings, for which you would need the Premium or Premium Plus Maternity Plan.

In short, any treatment or visits that are routine, annual check-ups, or visits without symptoms or medical need would be covered with the Premium and Premium Plus Maternity plans.

Anything deemed medically necessary requiring a hospital stay would be covered with the Core Plan (on all three plans) or outpatient (all three plans, \$5,000 USD limit; 10% co-insurance on Standard Plan outpatient only).

- ▲ **Where can I see the full policy?**

You can find the most up-to-date versions of all our policies [here](#).

- ▲ **What discount do we get by using the Community Plan model?**

The discount for the Remote Health Community Plan, as opposed to opening individual plans for each member, is over 50%.

FAQ**Case studies**

Standard: \$80 per plan; with the add-on, the total would be roughly \$150.

Premium: \$130 per plan; with the add-on, the total would be roughly \$240.

Premium Plus Maternity: \$155 per plan; with the add-on, the total would be roughly \$300.

▲ **How does payment for Remote Health work?**

When you submit your group policy application, you can choose between a credit card payment or a bank transfer. Paying with a credit card allows you to sign up for auto charges as well, so you don't have to worry about a lapse in coverage due to non-payment. If you have a U.S.-based bank account, you can also sign up for an auto-draft.

Please note that when you select bank transfer, you must submit a wire confirmation after each payment is made to ensure your payment is received.

The first payment will be made once the application has been approved. You can choose your preferred billing cycle (quarterly, semi-annually, or annually).

If applicable, you would invoice your members internally. You will get an invoice each month with your members' names and their individual costs.

▲ **What is the billing cycle for Remote Health? Can we pay for our insurance using different company accounts?**

Companies can pay quarterly, semi-annually or annually for Remote Health. The payment can come from whatever account you choose.

▲ **Are the premium prices per month?**

Yes, these prices listed are monthly, per member.

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Because all members of one policy need to be on the same plan, if you wish to include Maternity coverage, every family member would be on the Premium Plus Maternity plan.

- ▲ **If a member passes to the next age band during their current policy year, do they continue paying the price for the initial age band for the rest of the policy year?**

Members sign up for annual plans with Remote Health. This guarantees that your premium and benefits stay the same for 1 full policy year. If you have a birthday during the policy year and pass into the next age band, this will only be reflected at renewal at the end of the policy year.

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- ▲ **Can I cover my contractors and freelancers?**

Yes! You can cover contractors and freelancers with Remote Health.

- ▲ **What happens after sign-up?**

Your account will be assigned to an Account Manager, who will be your go-to person here at SafetyWing to make insurance as easy as possible.

Your Account Manager will schedule a couple of onboarding calls with you. The first call is a one-on-one where your Account Manager will review the benefits you are offering to your team, and they will show you how to manage your team from your SafetyWing admin dashboard and review any questions you have. This call is about 30 minutes.

The second call is a town hall, to which all your members are invited. Your Account

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▲ **How do I submit a request to add a new member, add a dependent, or cancel the policy?**

Use your SafetyWing admin dashboard to manage your members' policies! This includes adding and removing members.

If a member is allowed to include their dependents, you can make this selection when you add them to your plan, and the member will automatically be prompted to add their dependent's details at the time of their enrollment.

Dependents can be added to a member's plan within the first 30 days from the start date. So, if you didn't give the member access to include their family, please get in touch with your Account Manager.

▲ **Do I need to add all my employees or contractors to the policy?**

No, you don't. You must, however, offer it to everyone in a given category of your company. For example, if you want "Directors" covered, then all Directors must be offered the plan within your company. But if you only want to cover "Directors," you do not need to also cover "Managers."

▲ **How will the activation email look when it goes out to our members?**

The activation email will have the company name on it as well as a SafetyWing-branded request for members to activate their health insurance.

▲ **What if we have an employee with a start date in the future, can we add them in advance, and will they be covered?**

Yes. You can reach out to your dedicated Account Manager any time you wish to add an employee/member.

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- ▲ **If an employee leaves our company but wishes to keep their health plan, will they be able to?**

Employees who leave your company cannot keep their Remote Health coverage.

- ▲ **Are members able to pause their coverage over the 12-month period? What if they move countries?**

Members are not able to pause coverage during the one-year term. If a member moves, they will need to notify the SafetyWing team of their move.

Without the worldwide add-on, members will become ineligible for coverage if they move to Hong Kong or Singapore. [Here](#) is the full list of restricted countries.

- ▲ **What is considered a qualifying reason to cancel a plan for one of our members?**

The annual plan by the company is a twelve-month commitment. Employees can be removed if they leave the company, or if they have a qualifying life event such as being added to their spouse's health insurance.

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We can't specifically advise on misclassification and there are differing rules around this globally. In the US there may be considerable risk of misclassification by providing healthcare to contractors but this risk may not be as high in other countries.

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