



Assurant Affordable Health Access Frequently Asked Questions

ASSURANT
Health®

1. What makes Health Access Plans limited-benefit plans?

Health Access limited-benefit plans are an affordable option for everyday health care needs. They are not major medical health plans and are not replacements for them. Health Access Plans have calendar year maximums. Certain dollar limits are in place for:

- Brand and generic prescriptions
- Inpatient and outpatient hospital services
- Ground and air ambulance
- Emergency room services
- Surgical services

Please note Health Access Plan A does not cover some of the services listed above.

Limited-benefit plans are an affordable solution to going without coverage. They provide access to services people value most, like doctors' office visits and prescriptions. Limited-benefit plans also deliver benefits for preventive care and immunizations. They also provide savings through discounts for services by in-network providers.

2. Who is eligible for the Health Access Plans?

The eligibility rules include anyone through age 63.

3. How much do Health Access Plans cost?

Plan premiums start as low as \$40 per month. You can get quick pricing information from the comprehensive plan brochure or the rate sheet. In certain states, a Health Advocates Alliance membership (includes 24-hour Nurse Line access) is required and is only \$4 per month.

4. What is the difference in offerings between the three Health Access Plans?

Health Access Plan A is not subject to medical underwriting and is issued without pre-existing condition limitations. It provides limited benefits for services such as doctors' office visits, wellness care, and outpatient diagnostic services (subject to per office visit and calendar year limits). Health Access Plans B and C require limited medical underwriting questions for eligibility and provide limited coverage for physician services, plus hospitalization, outpatient medical services, ambulance, and emergency room subject to calendar year limits. See the plan brochure for details on plan benefits and limitations.

5. Are there pre-existing limitations?

Health Access Plan A is not subject to any pre-existing limitations. For Health Access Plans B and C, no benefits are paid for charges incurred due to a pre-existing condition until an insured has been continuously insured under the plan for 12 months. State variations apply. See brochure or contract for pre-existing definition.

6. Can Health Access Plans be set up for dependents only?

Yes. Health Access Plans are often an affordable alternative to adding dependents to major medical plans. They are also a solution for dependents who are not covered by employer plans.

7. Do policyholders receive network discounts?

Yes. Doctors and hospitals in the MultiPlan Limited Payor Network may give discounts for covered charges even if benefit maximums are reached (www.MultiPlan.com/Assurant).

8. Can a Health Access Plan be paired with an existing health plan?

A Health Access Plan cannot be paired with an Assurant Health Individual Medical, Small Group or Short Term Medical plan at this time, but can be a perfect supplement to other carriers' health plans. Adding Health Access Plan A to a high-deductible health plan is a good way to provide first-dollar benefits. Note: Health Access Plans should not be sold with HSA-qualified plans.

Worksite Topics Questions and Answers on back side

WORKSITE TOPICS

9. Why would an employer want to offer employees access to Health Access Plans?

Health Access Plans are an affordable alternative when the costs of small group health insurance are out of reach. They are a way for small employers to offer employees access to coverage without having to fund it and a way to attract and retain good employees. Note: In AL and WI, individual medical coverage cannot be marketed through the workplace of an employer with 2-50 full-time employees.

10. What if an employee who has a Health Access Plan leaves his or her employer?

Health Access Plans provide individual coverage and are portable — meaning the individual can take the plan with him or her. Since the employer is not paying the premiums, an employee doesn't have to lose coverage.

11. How can payments be made for Health Access Plans?

A convenient payment method is to set up payroll deduction (List Bill). The entire premium is deducted from each employee's paycheck and the employer remits one consolidated check to Assurant Health. There are no fees for this service. The other methods of payment are monthly Electronic Funds Transfer (EFT) from an individual's checking account, credit card (first payment only in most states), and direct billing (paper mailed bill).

12. Can an employer contribute money toward the individual plan for employees?

No. The employer cannot contribute to the monthly premium in any way.

13. Can employers purchase a Section 125 plan with individual medical insurance to pay part of the employees' premiums?

Employee premiums cannot be paid through a Section 125 or a Health Reimbursement Arrangement (HRA) plan without the plan being subject to small group reform laws, which require all employees be issued coverage. Therefore, this approach is not allowed when purchasing individual medical plans, including Health Access Plans.

14. If payroll deduction is selected, when is the bill generated?

The bill is mailed to the account holder (typically the employer) approximately 24 days before the billing due date.

15. How does the account holder remit payment to Assurant Health?

The account holder should remit one check, along with the coupon attached to the bill, to the P.O. Box address indicated on the coupon.

16. What options for payment are available to an individual who leaves the company and wants to continue his/her individual coverage?

An individual can choose EFT or direct billing. If the employer notifies Assurant Health to remove an employee from a payroll deduction (List Bill) account, this individual is automatically placed on quarterly direct billing.

17. Can the employer payroll deduct the premiums for dependent insurance?

Yes.

18. Can independent contractors pay premiums through payroll deduction?

Yes. However, in DE, ID, MD, NC, and OR, the employer must have more than 50 full-time employees in order to payroll deduct for independent contractors who receive a 1099.

19. Can premiums be deducted on a pre-tax basis for employees?

No. Deductions for premiums must be on a post-tax basis.

For specific costs and further details of the coverage, including exclusions, reductions, limitations, and the terms under which coverage may be continued in force, contact your agent.

This document is not for use in AL and WI.

In AL and WI, individual medical coverage cannot be marketed through the workplace of an employer with 2-50 full-time employees.

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

Form 29909 (Rev. 4/2009) © 2009 Assurant, Inc. All rights reserved.