

## Frequently Asked Questions



### *I have group health benefits. Why would I need an Assured Access plan?*

Having health coverage today is crucial, but it does not necessarily cover you forever. Group health benefits can be lost for multiple reasons, including career changes, a long-term disability leave of absence and retirement, just to name a few. The question is: what would you do if you lost your group health benefits?

*Assured Access* provides access to a comprehensive personal health plan in the event you no longer qualify for group benefits. It takes a snapshot of your health situation today and guarantees your access to a personal health plan that would cover any new medical condition developed after the snapshot has been taken, if you lost your group health benefits. It provides long term security.

### *Do I need to answer medical questions to qualify for Assured Access?*

Yes. To be eligible for *Assured Access* you will have to answer medical questions and qualify medically. Your plan will be based on your health situation today even though you may not need to access a personal health plan for several years.

### *If I have Assured Access, will there be more medical questions to answer when I lose my group plan?*

No. As long as you activate your personal health plan within 60 days of losing group benefits.

### ***Will my current medications be covered under Assured Access?***

No. Any health conditions existing when you purchased *Assured Access*, also called “pre-existing conditions”, will not be covered. However you will be protected should you develop any new conditions.

### ***If I am prescribed new medication to treat a pre-existing medical condition, will the new medication be covered?***

The exclusion is based on the condition and not for one particular medication. So if new medication is prescribed to treat the pre-existing condition, it will not be covered either.

### ***Will Assured Access cover all my family members?***

At time of purchase, you may choose single, couple or family coverage. If family members qualify medically, they can be covered.

### ***Can I add children or a spouse to my Assured Access plan later?***

Yes. Children and a spouse can be added to your *Assured Access* plan later. A spouse can be added within 60 days of marriage, and children can be added within 60 days of birth or adoption without having to answer medical questions. Otherwise, you can still add a spouse or dependents to your *Assured Access* plan, but they will be required to answer medical questions.

### ***What happens when my child becomes an overage dependent?***

Under most group benefit plans, children are no longer eligible for benefits once they become 21 years of age. Some plans cover children up to age 25 or 26, if they are attending a post-secondary institution full time.

Dependent children covered under your *Assured Access* plan would be eligible to get their own personal health plan coverage when they are no longer eligible under your group plan. If your child develops a medical condition after enrolling in *Assured Access*, upon loss of group health benefits, this new condition will be covered by his or her personal health plan. Many customers purchase *Assured Access* to protect their children

### ***Are premiums guaranteed for Assured Access?***

Premiums are reviewed and adjusted once a year.

### ***How long can I keep Assured Access?***

You can keep *Assured Access* as long as you have group benefits. Customers working past age 65 can also keep their *Assured Access* until they lose their group health benefits. The important thing to remember with *Assured Access* is to contact your Agent at East Coast Care to activate your personal health plan within 60 days of losing your group health benefits.

### ***Do my premiums change when I switch from Assured Access to the personal health plan?***

Yes. When you switch your *Assured Access* plan to a personal health plan, you will begin to pay the current rates for the personal health plan. When you activate the personal health plan, you become eligible to claim reimbursements for expenses covered under the plan. The change in premium reflects this new coverage. Rates are based on age, number of dependents and benefits selected. Contact your advisor to see today's rates.

### ***If my partner and I separate, can we enroll into our own plans?***

Yes. We can split the policy so you can each have your own *Assured Access* or personal health plan.

### ***Can I claim my Assured Access premiums on my work Health Spending Account?***

Yes. Premiums for *Assured Access* can qualify towards your group Health Spending Account.

### ***Can I claim the cost of Assured Access on my income tax?***

Yes. Premiums for *Assured Access* can be added to your other medical expenses when calculating tax credits. We recommend you consult with your accountant for any specific tax questions.

### ***Can exclusions be removed?***

If you are treatment and symptom free for over a year, you can apply to have your exclusion removed. You will need to complete a questionnaire about your exclusion

### ***Will there be waiting periods for benefits when I activate my personal health plan?***

Waiting periods for health and hospital benefits will be waived automatically. If you wish to have dental benefits and had dental coverage under your group plan, we can waive your dental waiting periods as well. A letter from your former employer stating you had dental coverage, may be required.

### ***How long can I keep my personal health plan once it is activated?***

Your plan will remain active as long as premiums are paid.

### ***If I retire and activate my personal health plan, and decide to go back to work with an employer offering group health benefits, can I reactivate Assured Access?***

Yes. You can opt to continue paying for *Assured Access* when you activate your personal health plan. This provides you the ability to put your health plan on hold again should you gain group benefits.