

# Frequently Asked Questions

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## Why does the AWA make Group Accident Only Insurance benefits available to its members?

We are dedicated to empowering American workers and helping them make sound financial, personal and health decisions. We understand that not all workers have access to affordable supplemental health benefits, so we bring the buying power of the association membership together to offer these benefits. The EliteHealth membership is available to all eligible AWA members.

## Are Pre-existing Conditions covered on the AWA EliteHealth Group Fixed Indemnity Limited Benefit Medical Insurance Plans?

The Group Fixed Indemnity Limited Benefit Medical Insurance does not cover pre-existing conditions for the first 12 months. Specifically, if members had care rendered or prescribed to them by a physician within the 12 months leading up to their effective date, they will have a waiting period of 12 months from the effective date before any claims related to their condition will be covered. May vary by state.

## Is there a co-pay or deductible on the AWA EliteHealth plan insurance benefits?

There are no co-pays or deductibles. This is a fixed indemnity benefit.

## Can members use any doctor or hospital with the AWA EliteHealth membership?

Yes, members may go to any doctor or hospital. However, members can receive discounts for covered medical care when they visit a provider in the MultiPlan Limited Benefit Plan network included with the AWA EliteHealth membership.

## How do the benefits pay?

Group Fixed Indemnity Limited Benefit Medical Insurance pays a fixed benefit amount toward each specific service. Members are responsible for any remaining balance on the amount billed that is above the fixed amount. For the lowest out-of-pocket expenses, members should choose a provider or facility in the MultiPlan Limited Benefit Plan Network. (The MultiPlan Limited Benefit Plan Network is not insurance and is not associated with Fidelity Security Life Insurance Company®)

## How will members identify the monthly drafts from their account?

All drafts will have “**amemberbill.com**” listed as the originator of the drafts.

## How do members file claims for their benefits?

A claim form must be completed within 30 days after the covered loss begins or as soon as it is reasonably possible. Members can ask their provider to file the claim and send it to the address on the back of their ID card. If the provider does not file the claim, members can log in to the Member Portal at **myhealthmembers.com**; print the Claim Form; complete and sign; and send completed form to: Premier Access, Inc., Attn: Claims Department, P.O. Box 1468, Arlington, TX 76004. If members have questions about filing a claim or would like to check on a claim status, they can call **(866) 854-7266** and their Customer Service Team will be glad to assist you.

## Can members make changes to their membership?

Members may make changes to their membership if they experience an event listed below:

- Change in legal marital status – marriage, divorce, annulment, death of a spouse or legal separation
- Change in dependent children – birth, adoption, legal guardianship or death of a child
- Dependent children “age out” – child’s age exceeds the age limitations of the membership

To make changes to their membership, members need to call Customer Service at **(214) 436-8881**.

## If members move to another state, will they be able to continue in their plan?

If members move to an approved state, they will continue their coverage under the insurance certificate they were issued upon enrollment.

If members move to an unapproved state, their coverage will terminate on the last day of their monthly membership period. For example: If their active date is on the 15th, their monthly membership period is from 15th of one month through the 14th of the following month. So, if they move to a new state on the 28th of a month, their coverage will term on the 14th of the following month. They will receive an email notifying them that their coverage will be terming.

## How and when can members contact Customer Service?

Customer Service representatives are available Monday - Friday from 7:00 am - 7:00 pm Central Time by phone at **(214) 436-8881** or via online chat (available in the Member Portal). Members may also send an email 24/7 to **customerservice@premierhsllc.com**. Emails will be responded to within 24-48 hours in the order they are received.