



# Frequently Asked Questions

## **Q. Why does the AWA make Accident and Sickness Limited Benefit Health Insurance available to its members?**

A. 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 health benefits, so we bring the buying power of the association membership together to offer these benefit rates. The HealthGuard membership is available to all AWA members between the ages of eighteen (18) and sixty-four (64).

## **Q. Are Pre-existing Conditions covered on the AWA HealthGuard Accident and Sickness Hospital Indemnity Insurance Plans?**

A. The Accident and Sickness Limited Benefit Health Insurance does not cover pre-existing conditions for the first 12 months. Specifically, if you have had care rendered or prescribed to you by a physician within the 12 months leading up to your effective date, you will have a waiting period for 12 months from the effective date before any claims related to your condition will be covered.

## **Q. Is there a waiting period before members can use their AWA HealthGuard plan benefits?**

A. There is a 30-day waiting period for sickness on the Accident and Sickness Limited Benefit Health Insurance (not applicable for residents of CA, ID and TX). However, there is no waiting period for covered accidents - members are covered for accidents beginning on their effective date. The Term Life benefit provided by Amalgamated Life and included in the Max membership has a 30 day waiting period. No benefits will be paid for a claim that occurs during the first 30 days of coverage.

## **Q. Can members access their HealthGuard membership information online?**

A. Yes, AWA membership includes access to our secure online Member Portal– [members.affiliatedworkersassociation.org](https://members.affiliatedworkersassociation.org). On the website, members will be able to view, download and print their Member Materials, including ID cards. Members will also find phone numbers, web links and information describing how to use the HealthGuard membership and Association benefits.

## **Q. Will members receive ID cards?**

A. Yes, members will receive a letter in the mail with personalized ID cards for their wallet. Members can access their Member Materials, including temporary ID cards, on our Member Portal– [members.affiliatedworkersassociation.org](https://members.affiliatedworkersassociation.org). If members do not have computer access, they can contact Member Services at (855) 351-7536 to request Member Materials.

## **Q. When can members begin using the benefits in their HealthGuard membership?**

A. Members can begin using the benefits on their membership's effective date, subject to the terms and conditions.

## **Q. Can members use any doctor or hospital with the HealthGuard membership?**

A. 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 HealthGuard membership.

## **Q. What is the co-pay or deductible?**

A. There are no co-pays and only one benefit has a deductible. The Accident Excess Medical Expense Benefit has a \$250 deductible per occurrence.

## **Q. How do the benefits pay?**

A. Accident and Sickness Limited Benefit Insurance pays a maximum benefit amount toward each specific service. Members are responsible for any remaining balance on the amount billed that is above the maximum amount. To guarantee the lowest out-of-pocket expenses, choose a provider or facility in the MultiPlan Limited Benefit Plan Network. Accident Excess Medical Expense, Accidental Death & Dismemberment and Term Life pay a lump sum payment.



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## Q. How do members file claims for the services that the insurance covers?

A. A claim form must be completed within 90 days after the covered loss begins or as soon as it is reasonably possible. Members need to ask their provider to file the claim and send it to the address on the back of their medical ID card.

If the provider does not file the claim, then members may register and login to the Member Portal at **members.affiliatedworkersassociation.org**; print the appropriate Claim Form; complete and sign; and send completed forms to:

Unified Life Insurance Company,  
P.O. Box 25326  
Overland Park, KS 66225

If members have questions about filing a claim or would like to check on a claim status, please call **(800) 237-4463** and their Customer Service Team will be glad to assist them.

If members need to file a death claim, they need to contact AWA's Customer Service at **(855) 351-7536**.

## Q. Can members make changes to their membership?

A. Members may make changes to their membership during the first thirty (30) days of coverage. After that, they may only make changes 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

If members need to make changes to their membership, they can call AWA Customer Service at **(855) 351-7536**.

## Q. What does a member need to do if they move?

A. Members need to login to the Member Portal and change their address or they can call AWA Customer Service at **(855) 351-7536**. It is crucial that their address is correct in our system, because an incorrect address could delay claims.

## Q. What if a member needs to go to the doctor and they haven't received an identification card yet or have lost it?

A. If the membership is in effect, and the member does not have ID cards yet, they can download and print a copy through the Member Portal - **members.affiliatedworkersassociation.org**, or they can contact AWA's Member Services at **(855) 351-7536**. Providers may also contact AWA's Member Services at **(855) 351-7536** and a Member Services Representative can provide the doctor with verification of coverage as well as all information needed to process claims.