FAQs

Are Pre-existing Conditions covered on the HD ClassicProtect Accident and Sickness Hospital Indemnity Insurance Plans?

The Accident and Sickness Limited Benefit Health Insurance does not cover pre-existing conditions for the first 12 months Specifically, if members have 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 for 12 months from the effective date before any claims related to their condition will be covered. There is a 30-day waiting period for sickness on the Accident and Sickness Limited Benefit Health Insurance (not applicable for residents of ID and TX). However, there is no waiting period for the Accident Insurance benefits - members are covered for accidents beginning on their effective date.

Is there a co-pay or deductible on the HD ClassicProtect plan benefits?

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

How do the benefits pay?

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, members should choose a provider or facility in the MultiPlan Limited Benefit Plan Network.

How do members file claims for their benefits?

A claim form must be completed within 90 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, then members may register and login to the Member Portal at **myhealthmembers.com**; print the appropriate Claim Form; complete and sign; and send completed forms to: Unified Life Insurance Company, ATTN: Claims, P.O. Box 25326, Overland Park, KS 66225-5326. If they have questions about filing a claim or would like to check on a claim status, they can call Unified at **(800) 237-4463** and their Customer Service Team will be glad to assist them.

How will members identify the monthly drafts from their account?

All drafts will have "**PHS-HEALTH-BILL**" listed as the originator of the drafts.

Can members make changes to their membership?

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 Health Depot Customer Service at **(214) 436-8882**.

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

The policy is a contract governed by the laws of the state where it was purchased, not where the person lives. Therefore, Members will continue coverage under the state certificate they were originally issued.

When Members move, they need to call Health Depot Customer Service at **(214) 436-8882**. It is crucial that their address is correct in our system, because an incorrect address could delay claims.