

Frequently Asked Questions

1. *What sort of medical questionnaire do I have to fill out for medical coverage?*

You *won't* be required to complete a medical questionnaire for medical, dental or paramedical programs *unless* you are looking for more than the following limits of coverage:

- \$500,000 life insurance and accidental death and dismemberment (AD&D)
- \$30,000 for critical illness
- \$5,000 per month for long term disability

2. *What payment options are available?*

You will be set up on pre-authorized monthly payments through your credit card or bank account.

3. *Can I stop and start whenever I want?*

The minimum commitment is for 12 months.

4. *How soon will my benefit coverage start?*

Your coverage will begin immediately upon Underwriters Alliance receiving your application and first payment.

5. *Is Employee Assistance Program coverage provided?*

Yes, EAP is included.

6. *For dental and vision care, do I have to pay up front and then submit my claim?*

If your service provider is set up to pay claims directly, you will not have to submit your claim. However, if your service provider is *not* set up to pay directly, you will have to pay up front and then submit your claim online to Benecaid, the underwriter of this program. Complete details will be provided when you enroll in the program.

7. *Are some drugs excluded from coverage?*

Yes, there are some drugs not covered – you will have access to a reference guide which lists excluded drugs when you enroll.

If you have a pre-existing medication condition requiring drugs not covered under the base plan or you don't have enough credit in your flexible funds to pay for your drugs, Underwriters Alliance will re-direct the shortfall to the provincial Trillium Drug Program, a provincial plan that may pay for drugs in situations like this. Underwriters Alliance will also and seek additional assistance from the patient assistance program of the drug manufacturer to ensure the full cost of the drug is covered for you.

Frequently Asked Questions continued

8. *What services are covered under paramedical coverage?*

All the usual licensed paramedical practitioners, such as physiotherapists, massage therapists, chiropractors, etc.

9. *What is the maximum I can claim for each paramedical service?*

The annual maximum per service is \$500.

10. *Is a doctor's note required for paramedical services?*

No, it is not required.

11. *For how long are premiums guaranteed?*

The premium you pay is guaranteed for 24 months.

12. *If I can't afford the core plan, are there any other options?*

A program can be customized specifically to your current financial circumstances. A flexible spending account can be set up for an amount you are able to pay, and your medical and dental coverage will be set accordingly.

13. *Can a Broker of Record/Manager of a large brokerage set up this plan as an office-sponsored benefit program?*

Yes – please get in touch with Underwriters Alliance and discuss this option with them.