

# Agent Guide

HealthAmericaOne



Pennsylvania / Ohio

HealthAmerica is pleased to offer HealthAmerica*One*<sup>®</sup> health insurance for individuals and families.

This Agent Guide provides detailed information about eligibility requirements, quoting methods, premiums, and the application process for HealthAmerica*One* products.

If you have any questions or need additional information regarding HealthAmerica*One* products, please contact the HealthAmerica*One* Customer Service department at 866-874-2624.

Note: This Guide is for Agent use only.

## CONTACT LIST

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Contact the HealthAmericaOne Account Executives listed above for assistance with marketing materials, application procedures, plan options and details, underwriting procedures, rating, service area, contracting & appointment and renewals.

### **HealthAmericaOne Customer Service 866-874-2624**

Contact the HealthAmericaOne Customer Service Team for assistance with claims and benefits, premium payment, commissions, application status and renewals.

- § When prompted, select “**Other**” from the recorded menu, then follow the prompts accordingly
- § Please also verify yourself as the broker and indicate if you are associated with a General Agency (GA), if applicable.
- § Indicate whether you are calling about an in-force member or an applicant.

### **Claims Address**

**HealthAmericaOne Claims**  
HealthAmericaOne  
PO Box 7142  
London, KY 40742

### **HealthAmericaOne Enrollment**

The HealthAmericaOne Enrollment Department must be notified in writing either via mail or fax of:

- § Voluntary termination or policy cancellations
- § Change of address or other demographic changes or updates

**HealthAmericaOne Enrollment Dept.**  
PO Box 7756  
London, KY 40742  
**FAX: (866) 294-4301**  
[hapagadmconvty@cvty.com](mailto:hapagadmconvty@cvty.com)

### **Website: [www.HealthAmericaOne.com](http://www.HealthAmericaOne.com)**

To access our provider directory, marketing materials, quoting and application tool, appointment paperwork, rates and our service area map, visit:

**[www.HealthAmericaOne.com](http://www.HealthAmericaOne.com), and click on “Brokers.”**

### **Applicant Inquiry Procedure Regarding MUW Decisions**

Applicants requiring additional information regarding an underwriting decision may submit a written request for further explanation by mail to the following address within ninety (90) days from the date of their receipt of the written MUW notice of approval or denial.

**HealthAmericaOne**  
Attn: Inquiries  
Individual Underwriting Department  
P.O. Box 61440  
TecPort Drive  
Harrisburg, Pennsylvania 17106-9912

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## Overview

The HealthAmericaOne product is a PPO (Preferred Provider Organization) plan that gives members the flexibility to access medical care from a network of contracted providers or from providers outside of the network.

*No referral is needed to see a specialist.*

The HealthAmericaOne product portfolio includes health care benefits, outpatient, prescription drugs and several deductible, coinsurance and copayment options for your clients. Please refer to the benefit summaries for a detailed listing of benefits.

The HealthAmericaOne Service Area, as well as other important, up-to-date information on HealthAmericaOne, can be viewed online at [www.HealthAmericaOne.com](http://www.HealthAmericaOne.com).

## Eligibility Guidelines

- All subscribers must:
  - Enroll as a member of the HealthAmerica Ohio Insurance Trust
  - Be under the age of 65 and not be eligible for Medicare
  - **Must be a legal resident of the U.S.**
  - Must maintain permanent primary residence in the HealthAmericaOne service area
- Dependent eligibility
  - Be under the age of 65 and not be eligible for Medicare
  - Must maintain permanent primary residence in the HealthAmericaOne service area
  - Dependents may include the lawful spouse, or the domestic partner, or be an unmarried child or grandchild,
  - Dependent children must be under the age of 25.
  - Please refer to the Non-Employer Group Certificate of Insurance for more details.

### *Child-Only Coverage*

Dependent children can be insured on their own policy. The parent or legal guardian who has knowledge of the child's health and can attest to the accuracy of the answers to the health questions must complete the application.

### *Current Pregnancy/Expectant Parent*

A woman who is currently pregnant is not eligible for coverage until after the baby is born. To apply at that time, she must first complete her six-week postpartum exam. The exam must indicate the mother is in good health and indicate no adverse postpartum medical conditions.

An expectant parent (male or female) is not eligible for coverage until after the baby is born.

## **U.S. Citizenship**

The applicant *must* be a legal resident of the United States also residing in the respective HealthAmericaOne service area and must show proof by providing a valid social security number or valid visa.

## *Other Coverage*

HealthAmericaOne does not prevent subscribers from being covered under more than one plan. However, it is important for subscribers to understand the coordination of benefits policies of HealthAmericaOne as well as their other carrier(s). Subscribers may not be able to collect benefits from both plans. The coordination of benefits section of the Certificate of insurance should be consulted for details.

## *Pre-existing Condition Limitation*

Pre-existing Medical Conditions are those for a subscriber received medical advice, diagnosis, care, treatment or recommended treatment from an individual licensed or similarly authorized to provide such services under applicable state law within the six (6) month period prior to application for coverage.

- If a condition is disclosed at the time of application and the applicant is rated up for that condition, a pre-existing waiting period for the disclosed condition will not apply.
- All conditions are subject to a 12 month pre-existing condition period unless a condition is disclosed at the time of application.

## *Prior Authorization*

Prior authorization and prospective review are used to determine the medical necessity and benefit coverage of proposed medical care. They promote the concept of appropriate care for the appropriate conditions administered in the most cost-effective setting. If a member seeks care from a participating provider, it is the responsibility of the provider to request prior authorization from the plan. However, if a member seeks care from a nonparticipating provider, it is the member's responsibility to request prior authorization from the plan. The member should refer to the Certificate of Insurance for a listing of benefits that require prior authorization or prospective review.

# **Application Process**

HealthAmericaOne offers a convenient application process for prospective members. In order to be considered for coverage, completion of an application is required. One application may be submitted for all prospective subscribers and dependents.

After you present HealthAmericaOne to your client and help them to determine which plan best meets their needs, there are two ways for your client to complete and submit an application:

1. Online (preferred)
2. Paper

Applications submitted online are preferred, as they are more legible, and consistency checks are built into the online tool. There are many agent benefits to electronic submission:

- Through the Agent Portal, agents have access to tools that help support and monitor client contact and management throughout the sales process, including sales activity information, proposal generating capabilities, web marketing tools, and reports and analytics.
- When clients view proposals and the online plan store through an agent's unique URL, all agent information is pre-loaded, eliminating the need for agents to fill in information for every application.
- Online submission requires clients to enter information for required fields, eliminating tedious and time-intensive scrubbing.

To learn more about online quoting and submission, as well as the features and benefits, please see the separate, detailed agent tutorials and guides such as the *HealthAmericaOne Agent Portal Guide* and the *HealthAmericaOne Agent Portal Quick Reference Guide*.

Whether submitted electronically or on paper, your client must:

1. Complete the demographic information portion
2. Provide personal banking information to pay the premium
3. Complete health information for each member of the family
4. Provide prescription information, including name, dosages and frequency
5. Sign the application (if child only, parent or legal guardian signs).

After a complete application is submitted, the turnaround time for the medical underwriting process is 5 - 10 business days if no further information is required.

#### *Effective dates*

Effective dates of coverage are the 1<sup>st</sup> of the month. Applications must be submitted by the 25<sup>th</sup> of the month to be considered for coverage for the following month. Retroactive effective dates are not available. The effective date cannot be more than 60 days after the signature date on the application.

AGENTS MAY NOT GUARANTEE EFFECTIVE DATES SINCE ADDITIONAL MEDICAL INFORMATION MAY BE NECESSARY.

#### *Additional Information*

Applications will pend up to 45 days for missing information. If missing information is not received in that amount of time, the application will be denied and the application will need to complete a new application. If any information on the application is crossed out or covered with correct fluid, the applicant must initial next to the change. If additional medical information is needed, Medical Underwriting may contact the applicant directly or request medical records from the applicant's physician.

### *Fraudulent Representation*

Any misrepresentation or failure to disclose pertinent health issues will be grounds for either rescission of the policy coverage or re-rating of the premium back to the original effective date of coverage.

### *Grace Period*

Applicants have the right to review the contract for 10 days. If an applicant decides they do not want coverage under the contract, return it to:

HealthAmericaOne Enrollment Dept.  
PO Box 7756 London, KY 40742  
or, by fax at (866) 294-4301.

By returning the contract to us within 10 days, the contract will be void and all premiums paid for the contract will be refunded to the applicant. If the applicant does not return the contract to us within 10 days, the contract will be in force as of the member effective date and the applicant will be required to pay applicable premiums for continued coverage.

### *HIPPA*

All medical and personal information will be treated as outlined in HIPAA guidelines and to assure that appropriate administrative, technical and physical safeguards to protect the privacy of Protected Health Information are maintained.

### *Tips for Completing and Submitting Applications*

- Applications must be completed and signed by the applicant in blue or black ink. Any changes or white-out must be initialed by the primary applicant.
- The application must be filled out accurately and completely. Any information regarding an applicant's medical history that is communicated to an agent, either verbally or in writing, must be included on the application form.
- The home address on the application must be the applicant's physical address located in the HealthAmericaOne service area. A post office box number is not acceptable.
- If any question on the application is not answered in full, a delay in processing will occur and the agent will be notified by e-mail. The missing information should be completed as quickly as possible, and the application should be faxed to HealthAmericaOne. Failure to submit the requested information within 45 days will result in our decline of the application. A new application will be required if the signature date is more than 60 days old.
- For additional information or explanations to be submitted with the application, attach extra sheets of paper if necessary. All attachments must be signed and dated by applicants.
- A parent or legal guardian who completes an application for a child under the age of 18 must sign the application and accurately describe his/her relationship to the applicant (i.e. parent, legal guardian).

- Applicant must have a bank account and provide information for the monthly EFT (Electronic Funds Transfer).
- Even if an application is approved, any misstatements or omissions may result in denial of future claims and rescission of the plan coverage.
- HealthAmericaOne has the right to require that the applicant be examined by a physician.
- Don't forget to fill in the agent information section on the paper application before submission.

## Underwriting Guidelines

The separate publication, *HealthAmericaOne Agent's Guide to Medical Underwriting* contains helpful questions and probable underwriting outcomes with regard to pre-existing health conditions in order to aid you in placing business with HealthAmericaOne.

The HealthAmericaOne Medical Underwriting Team will make a final decision to accept, rate-up or decline an applicant. Agents have no authority to bind or guarantee coverage. Please caution all applicants to maintain prior coverage until notified by HealthAmericaOne of their acceptance and the effective date when coverage begins.

## Rating Information

Rates are calculated on the demographic and medical information of each applicant. Each applicant's age, gender and zip code determine the illustrative rate presented.

There are two ways to get rating and quote information for HealthAmericaOne:

1. Using the online quoting tool, which can be accessed through the Agent Portal, on [www.HealthAmericaOne.com](http://www.HealthAmericaOne.com), or directly at <https://HealthAmericaOne.inshealth.com>;
2. Paper rate sheets, available on [www.HealthAmericaOne.com](http://www.HealthAmericaOne.com) or through your Account Executive.

Note: If a family is applying for coverage, each person in the family unit is rated as an individual and will be accepted or declined on an individual basis.

### *Rating Outcomes*

- Approved Without Rate-Up

An applicant has no medical conditions and takes no medications, or has medical conditions and / or listed medications that do not warrant a rate-up.

Once medical underwriting has approved the application, the applicant automatically enrolls in *HealthAmericaOne* as of the effective date identified by Medical Underwriting.

- Approved With Rate-Up

An applicant may have medical conditions and / or other application information that warrant a rate-up. After the appropriate decision and rate is determined by Medical Underwriting, the applicant's agent is notified of the offer and should communicate the offer to the applicant. When the agent notifies *HealthAmericaOne* that the applicant has accepted the offer, the applicant is enrolled in *HealthAmericaOne* as of the effective date identified by Medical Underwriting.

- Declined

If an applicant's medical conditions, medications, or other application information has warranted a decline from Medical Underwriting, the applicant's agent is notified by phone or e-mail and a denial notice is sent to the applicant. If one or more members of a family have been approved but one or more family members have been declined, the remaining approved applicants will not be processed until the agent provides affirmation of acceptance of coverage back to *HealthAmericaOne*.

## Payment Information

The only payment method offered to applicants enrolling in *HealthAmericaOne* is a system of auto-debit payments from a checking or savings account. This must be activated at the time of acceptance of this policy.

The monthly premium due for coverage under the contract is stated in the enrollment form and may be updated. The first premium payment is due no later than 10 days after the effective date of an applicant's contract. For example, a contract beginning April 1 has a first premium payment due by April 10<sup>th</sup>. Each payment thereafter must be paid by the 10<sup>th</sup> of each month. All premium payments must be automatically deducted from either a checking or savings account of a banking institution. If funds are not available at the time of the automatic deduction, the subscriber will receive a notice and have 10 days to make any payments due directly to Coventry Health and Life Insurance Company. If this occurs, a subscriber can send payment with a cashier's check payable to Coventry Health and Life Insurance Company to the following address:

Mailing Address: *CoventryOne*  
Attn: A/R – ACH Dept.  
PO Box 2778  
Bismarck, ND 58502

### *Reinstatement*

If there is a lapse in coverage due to nonpayment of premium, application for reinstatement may be made. Reinstatement is not guaranteed, and all back premium due must be paid.

An attempt to collect the monthly payment for the policy will occur on or about the 10<sup>th</sup> of each month. If the funds are not available, a letter will be sent to the guarantor requesting payment be made either by mail or in person, no later than 10 days after the due date. If this does not occur, a retroactive termination back to the last date covered by the premium paid will occur.

## Commissions

Commissions are paid in accordance with the commission schedule in your contractual arrangement direct with HealthAmericaOne or through your up line agency.

The commission payment is based on paid premium and is paid in the month following the premium payment. Commissions will be paid through EFT (electronic funds transfer) or by check.

Upon the renewal, the commission is paid according to the current year renewal premium pursuant to the commissions schedule in the contractual arrangement with HealthAmericaOne.

## Complaint Resolution

### *Member Appeal Procedures*

- *Informal Complaint Resolution* – The plan encourages members to resolve complaints informally by working with a Member Services representative for resolution of the complaint.

A member who has a complaint should contact Member Services to discuss an informal resolution of his or her complaint. Each complaint will be promptly investigated and the member will receive a response to his or her concern.

- *Formal Appeal Process* – In the event of a dispute or controversy involving the plan's handling of an informal complaint or inquiry that cannot be informally resolved, the member has the option to file a written or oral appeal for review by the plan's Appeals Committee. To obtain information about filing an appeal the member should contact Member Services at the number listed on his or her identification card or refer to the appeal procedures described in the Certificate of Insurance. A member has the right to appoint a representative to appeal on his or her behalf or may request the assistance of a plan employee to aid him or her in the appeals process.

Within the timeframe determined by regulatory guidelines, the appeal will be reviewed, investigated, and a determination will be made by the Appeals committee, which is composed of one or more plan representatives who have not

had any previous involvement in the issue under the review. The committee review of medical necessity disputes will also include a physician. The member will be notified in writing of the committee's decision including the reason for the decision and further appeal rights, if applicable.

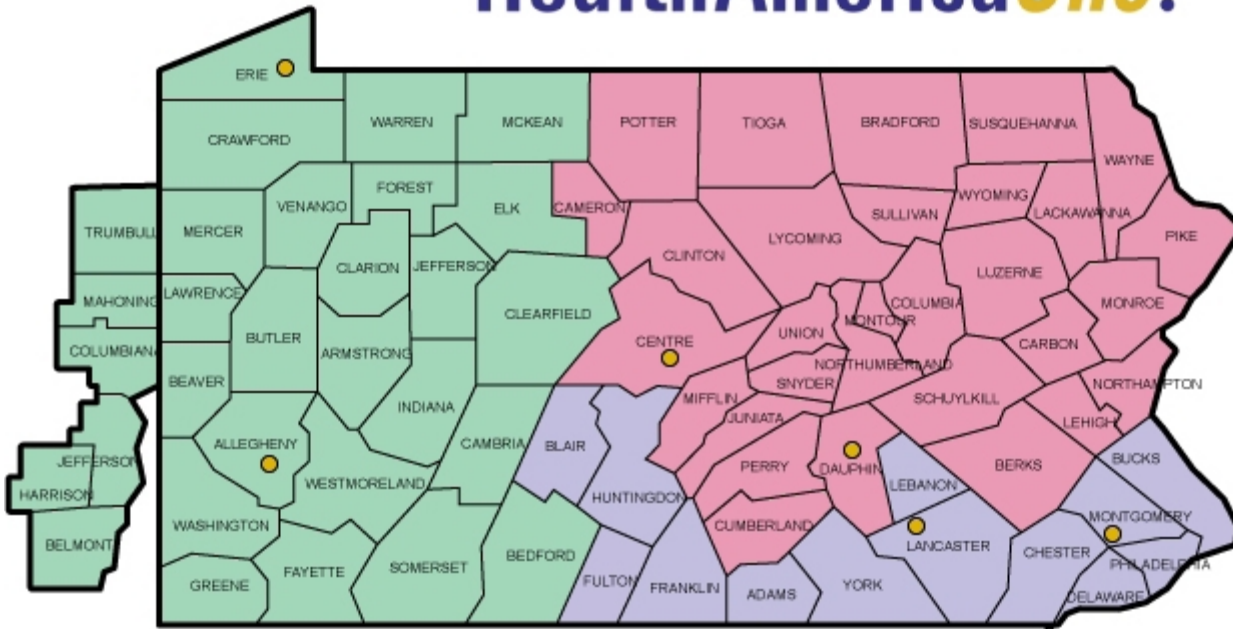
- *Expedited Review Process* – For those issues in which a member or member's physician believes that the life, health or ability to regain maximum function of the member is in jeopardy, an expedited review procedure is available. A provider or member may request an expedited appeal review by contacting Member Services.


## Changes to In-Force Business

Change Request	Process
Addition of Newborn or Adopted Child	Provide written notification with the applicable HealthAmericaOne Application form by marking the "Dependent Add" box, adding the dependent information, and, if needed, the appropriate legal documents. The request may be faxed to 1-866-347-2380 or emailed to <a href="mailto:HapaApps@cvty.com">HapaApps@cvty.com</a> . Applications for newborn or adopted child dependents that are received within 31 days are not subject to medical underwriting. Applications received after 31 days are subject to medical underwriting and may be declined.
Addition of a Spouse	A new spouse can be added to the in-force policy by submitting an application. The new dependent applicant will be medically underwritten, and the policy holder and the agent will be notified of the outcome.
Increase in the Benefit Level	The policy holder may request to increase the benefit level upon renewal. The increase must be accompanied by a new Application. The members will be medically underwritten, and the policy holder and the agent will be notified of the outcome.
Decrease in the Benefit Level	The policy holder may request to decrease the benefit level at any time. No medical underwriting is required. A decrease in benefit levels shall take effect on the first of the following month. This request can be made by faxing a request in writing to 1-866-347-2380 or emailed to <a href="mailto:HapaApps@cvty.com">HapaApps@cvty.com</a> .
Cancellation of Coverage	If the member chooses to cancel their coverage, HealthAmericaOne must receive the request in writing. The request must be received by HealthAmericaOne by the end of the month prior to the requested date. The request may be faxed to (866) 294-4301. No retro terminations are allowed.
Remove Tobacco Rating	At time of renewal, written requests can be made if the use of all tobacco products has been discontinued for one year. Such requests are subject to medical underwriting. Request may be faxed to 1-866-347-2380.
Rescission of Coverage (by the carrier)	If any information on any form is misstated or omitted, coverage may later be rescinded. Rescission voids coverage from the effective date and any premiums paid will be refunded. Any claims paid will be reversed, whether or not the treatment was related to the condition that was omitted or misstated.  We may also terminate coverage if: <ul style="list-style-type: none"> <li>• Premium was due and not paid.</li> <li>• We do not renew all plans with the same type and level of benefits for the HealthAmericaOne product line.</li> <li>• We no longer sell similar health coverage.</li> <li>• The insured individual moves out of the service area.</li> </ul>
Termination of Coverage (voluntary by member)	The subscriber may terminate his or her contract for any reason upon 30 days prior written notice to us. Such terminations will be effective at 11:59 p.m. on the termination date provided by the subscriber in the notice to us. Notice of termination should be sent to:  HealthAmericaOne Enrollment Dept. PO Box 7756 London, KY 40742 FAX: (866) 294-4301 <a href="mailto:hapagadm@cvty.com">hapagadm@cvty.com</a>
Banking Changes Request (for brokers)	Updated banking information should be provided on the ACH Authorization Form and faxed to Accounts Receivable at 866-635-9392, which is also detailed on the form. For your convenience, this form is provided in Appendix A.
Agent-of-Record Changes	Agent-of-Record changes are not allowed.

# Service Area Map

## HealthAmericaOne.



-  Lorraine Lancaster
-  Nancy Dudek
-  Steve Archer
-  Indicates HealthAmerica and HealthAssurance Regional Office Location

Rev.06/09/09

## Code of Ethics

Any person selling HealthAmericaOne products or other HealthAmerica products, or representing HealthAmerica in any way shall:

1. Seek to represent HealthAmericaOne and all HealthAmerica products in the most truthful and accurate manner.
2. Follow HIPAA guidelines when working with individuals, and commit to using customer information with professional integrity.
3. Follow all regulatory guidelines set forth by the states of Pennsylvania and Ohio.
4. Use only authorized HealthAmericaOne promotional materials.
5. Treat any and all customers with respect and courtesy compliant with the standards of professional ethics and legal business practices.