

# IAC Group Health Plans

## Frequently Asked Questions

**Q What if an employee lost their health plan ID card or certificate booklet?**

A You may contact us and order a new identification card (ID card) or Certificate booklet (or both if needed).

**Q When is the premium payment due?**

A Premium is always due on the first of the month and you are paying for the upcoming month. So premium due on February 1<sup>st</sup> is paying for the month of February.

**Q What if I do not pay the premium by the due date?**

A A 31-day grace period is always provided.

**Q What if I do not pay by the end of the grace period?**

A Your policy will lapse for non-payment of premium.

**Q Can I reinstate coverage if the policy lapses?**

A If an employer's participation in the policy lapses due to non-payment of the required premiums, such employer may reinstate its participation in the policy, provided that within 20 calendar days immediately following the expiration of the 31-day Grace Period the employer makes payment to us or to our authorized administrator of:

1. All premium remaining unpaid at the expiration of the grace period  
**and**
2. The current month's due premium

An employer may reinstate participation in the policy once in any consecutive 24-month period and no employer will have the privilege to reinstate participation in the Policy more than once during any consecutive 24-month period.

**Q How can an employee change their personal information such as a name, social security number, address, or date of birth?**

A If it is a simple correction, such as a transposed number on a social security number or date of birth, or a misspelling of their name the employee may send a written request or contact us via telephone.

However, if the change represents a new social security number, year of birth, or a new name which does not match the original application, we will require documentation such as a driver's license or a social security card.

In the event of a legal name change we will require the legal documents to make the change.

Please note that changes in birthdates may cause a change in premium.

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**Q How can an employee add a dependent?**

A The employee must complete an application in its entirety in regards to the dependent information. If the addition is due to marriage or an event such as loss of other coverage, please include this documentation. The application should be submitted immediately.

A newborn being added within the first 31-days of birth does not require an application, only the submission of a written letter from the member or spouse. The employer may also complete a *newborn notification form* on the employee's behalf.

**Q How can an employee remove a dependent?**

A The employee should complete a *decline of coverage form* and they will be removed from coverage the first of the month following receipt of the request.

**Q How can I remove an employee who no longer works for the company from our health plan?**

A Simply complete the *termination form* and submit the form to IAC. Applicable credits will be processed on the next billing statement.

**Q How do I remove an employee who is still employed, but no longer wants to participate on our health plan?**

A The employee should complete a *decline coverage (waiver) form* and they will be removed from coverage the first of the month following receipt of the request.

**Q How do I change our company's name or address?**

A To change your company name or address complete the *Business Address or Name Change form* and submit to IAC. You may also place your request on company letterhead and have it signed by an owner, officer, or health plan administrator and submit the request to IAC. Please note that an address change may cause a change in premium.

**Q Can I change our Preferred Provider Organization (PPO) Network?**

A Yes. Submit a written request to change your PPO network on company letterhead, have it signed by an owner, officer, or company contact and submit the request to IAC. Changes are generally effective within 30-60 days of receipt. Please note that this may cause a change in premium.

**Q Can our company have more than one Preferred Provider Organization (PPO) Network?**

A If you have more than one location in two different states (both in which we do business in), you may request a second PPO network. Submit a written request to change your PPO on company letterhead, have it signed by an owner, officer, or company contact and submit to IAC. PPO network additions are generally effective within 30-60 days of receipt.

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**Q When can we make a change to our health plan or deductible?**

A Plan changes can be made at your annual anniversary. Anniversary changes include changing from one plan to another, changing coinsurance or removing optional benefits. Certain plan changes may require underwriting approval.

A deductible change is allowed at any time and would be effective the first of the month following receipt of a written request from a company officer or owner. Please note that lowering the deductible is subject to underwriting approval and may require new applications.

**Q Can I add optional benefits to our health plan?**

A Most optional benefits\* can be added at any time with a written request. Submit your request on company letterhead, signed by an owner, officer, or company contact, and submit the request to IAC. Optional benefit changes will be effective the first of the month following receipt.

\*Maternity is not an Optional Benefit that can be added after your policy is issued, unless you reach 15 or more employees.

**Q Can I remove optional benefits from our health plan?**

A Optional benefits may be removed only during your annual anniversary period.

**Q Can I make changes to our health plan's waiting period?**

A Waiting periods may be changed at any time based upon underwriting approval. Submit your request on company letterhead and have it signed by an owner, officer, or company contact, then submit your request to IAC. The requested change will be effective the first of the month following approval.

Changing your company's health plan waiting period will only affect an employee that is hired after the change is in place.

**Q How does IAC determine the effective date of coverage for my newly-enrolled employees?**

A A new employee is eligible for coverage the first of the month following satisfaction of the waiting period. If the employee signs the application prior to their eligible effective date, they will be effective on their eligible date as a timely enrollee.

For example if your company has a 30-day waiting period and the employee is hired on March 1, the employee's eligible effective date is April 1. If the application is signed April 1 or prior, the effective date will be April 1. You must submit the application within 31 days of the signature date to ensure the employee is added to the health plan as a timely enrollee.

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HIPAA also provides the enrollee with a 30-day grace period. For example, if the enrollee signed his application between April 1 and May 1, the enrollee would now be eligible for a May 1 effective date, as long as the application is submitted within 31 days of the signature date.

**Q What if an employee didn't apply for coverage during our health plan eligibility period and now wishes to enroll for coverage?**

A An employee that did not apply for coverage during the eligibility period is considered a "late enrollee." A late enrollee must complete an application for coverage. A late enrollee's effective date will be the first of the month following receipt and underwriting approval of the completed application.

**Please note:** Employees who enrolled on the health plan during the eligibility period have a 12 month pre-existing condition waiting period. However, a late enrollee has an 18 month pre-existing condition waiting period. Enrollees may reduce their pre-existing condition waiting periods by providing IAC proof of other continuous coverage in place prior to coming on to the IAC health plan.

**Q What is Consolidated Omnibus Budget Reconciliation Act (COBRA)?**

A COBRA includes provisions that allow certain former employees, retirees, spouses and dependent children the right to continue their health insurance coverage through your health plan. This law generally applies to employers with 20 or more employees in the prior year. IAC does not administer COBRA. For additional information on COBRA, visit the [United States Department of Labor COBRA Web site](#).

**Q Why does IAC need our company's wage and tax statements?**

A Wage and Tax statements are used to verify your company's employee participation. This is done on an annual basis to ensure employee participation in the health plan meets minimum participation requirements.

**Q How can I obtain rates for adding new employees and dependents to the plan?**

A Contact IAC Customer Service by phone or email to request the new enrollee's premium. The representative will need to know the enrollee's date of birth, gender, tier of coverage (employee, employee and spouse, employee and child(ren) or family coverage) and coverage elections (medical, dental, life, etc).