



ASSURANT
Health

Medical Coverage Offered To Individuals and Families

Ohio Underwriting & Administrative Guidelines

These guidelines are in place in order to comply with health insurance legislation in Ohio and include the underwriting practices and procedures of Time Insurance Company. For state specific product information, refer to your product brochures and State Variations.

Enrollment for Standard Portfolio Plans: For those agents not using EASE, and applying for Standard Portfolio Plans, the following forms are required:

Distribution Channel	Paper Enrollment Form Number	Revision Date	Tele-App Part 1 Form Number included in Tele-App Packet	Revision Date	Tele-App Packet Form Number	Revision Date
RSD, MGA, RBG, NA, USAA & DSC	29300-OH	Rev. 4/2010	29400-OH	Rev. 4/2010	39400-OH-PKT	Rev. 7/2010
State Farm	29300-OH	Rev. 4/2010	29400-OH	Rev. 4/2010	29304- OH	Rev. 7/2010

For the most current version of the application forms listed above as well as product brochures and State Variations, please refer to the Individual Medical option on Find A Form on the Agent Health Sales website at www.assuranthealthsales.com State Farm agents; please refer to the Assurant Health Sales Site.

Enrollment for Health Access Limited-Benefit Fixed-Indemnity Plans: These plans may be quoted and submitted using EASE or manually quoted using rate sheets. For those agents not using EASE and applying for a Health Access Plans Limited-Benefit Fixed-Indemnity Plan, the following forms are required:

Distribution Channel	Health Access Limited Benefit Fixed Indemnity Enrollment Form	Revision Date	Rate Sheet Packet for Health Access Limited Benefit Fixed Indemnity	Revision Date
RSD, MGA, NA, USAA & DSC	49800-OH	New 7/2010	49801-OH-PKT	New 8/2010

For the most current version of the application form listed above as well as product brochures, Health Access Limited-Benefit Fixed-Indemnity Plan Rate Sheet Packets and State Variations, please refer to the Health Access option on Find A Form on the Assurant Health Agent Information website at www.assuranthealthsales.com.

Inforce Health Access Plan B or C Enrollment Form: To service your clients with an existing Health Access Plan B or C plan, you should use the following forms available under the Health Access option on Find A Form:

Distribution Channel	Health Access Plan B or C Enrollment Form	Revision Date	Inforce Underwriting Change Request Packet for Health Access Plan B or C	Revision Date
RSD, MGA, NA, USAA & DSC	29800-OH	Rev. 1/2010	29801-OH-PKT	Rev. 8/2010

Health Access Limited-Benefit Fixed-Indemnity Plan Internal Replacement Form: If an applicant is replacing an existing Assurant Health medical plan with a Health Access Limited-Benefit Fixed-Indemnity Plan, the Notice to Applicant Regarding Replacement of Comprehensive Medical Plan, Form 49802 must be completed. This form is available under the Health Access option on Find A Form.

Time Insurance Company also offers two state-designed plans: the Ohio Basic and Standard Plans, Forms 185 and 186 respectively. The Basic and Standard plans are available via open enrollment to qualifying Federally Eligible and Non-Federally eligible individuals on a guaranteed issue basis until Time Insurance Company meets its quota. Guidelines for Federally Eligible (HIPAA) and Non-Federally Eligible individuals are found later in this document.

Assurant Supplemental Coverage(ASC): These supplemental plans may be quoted and submitted using EASE or manually quoted using rate sheets. For those agents not using EASE and applying for any of the Assurant Supplemental Plans available in your state, please refer to the Supplemental option on Find A Form on the Assurant Health Agent Information website at www.assuranthealthsales.com

Eligibility: In order to be eligible for any of the above medical products, an individual must be a resident of Ohio, must be a member of the Health Advocates Alliance Association and must not have the coverage sponsored by a small employer. If a small employer is sponsoring coverage for any eligible employees as defined below, then they are ineligible for this plan and should apply for a small group health plan. All individuals enrolling for coverage will be medically underwritten

Standard Portfolio applications with a signed date of 7/17/2010 and later:

- No child only applications are allowed if all children are under 19.

Health Access Limited-Benefit Fixed-Indemnity Plans:

- Child only applications are allowed for the Health Access Limited-Benefit Fixed-Indemnity Plans.

Employer Sponsorship: Ohio defines employer sponsorship as meeting any one of the following criteria:

- Any part of the premium or benefits is paid by a small employer.
- A covered person is reimbursed, whether through wage adjustments or otherwise, by a small employer for any part of the premium.
- The health benefit plan is treated by the employer as part of a plan or program for the purposes of Internal Revenue Code sections 106 or 162.

If an employer's only role is collecting premium through payroll deduction on behalf of an employee, the health benefit plan is not considered employer sponsored.

The capability exists to debit multiple individual policies on one Check-O-Matic (COM) account, up to a maximum of 18 policies per COM account. The employer should have one common draft date for all policies, even though the effective dates may be different. The multiple COM group must also qualify per the state employer sponsorship requirements as outlined in this guideline.

A List Bill payment option is available to small employers and their eligible employee as defined later in this guideline. When establishing a new List Bill Account, the List Bill Account Agreement Form 29237 is required as well as the List Bill Transmittal Form, Form 29236, for each application. Please refer to the Agent Administration Guide for List Bill, Form 29240, for additional details.

Small Employer: A small employer is an employer who employed an average of at least 2 but no more than 50 eligible employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

Eligible Employee: An eligible employee is an employee who works a normal week of 25 or more hours. The eligible employee definition does not include a temporary or substitute employee or seasonal employees who work only part of the calendar year on the basis of natural or suitable times or circumstances.

Employer Sponsored Business (ESB) Statement: Please have your clients review the statement and answer appropriately. It is particularly important that they answer the statement in the following situations:

- if you are adding an enrollee to an existing Check-O-Matic (COM) or List Bill account
- if you are submitting 2 or more Enrollment Forms with a common billing mode of multiple COM or List Bill
- if you are submitting 2 or more Enrollment Forms with an employer or business check, or with an employer or business billing address.

Employer Sponsored Business Questionnaire Form 29174-OH for Standard Portfolio Plans: is state specific for Ohio. It is incorporated into the paper enrollment form 29300-OH and is available as a stand alone employer sponsorship verification tool in the rare event that a separate form is needed.

Employer Sponsored Business Questionnaire Form 49808-OH for Health Access Plan B or C is state specific for Ohio. It is incorporated into the Plan B or C enrollment form 49800-OH. It is available as a stand alone employer sponsorship verification tool in the rare event that a separate form is needed.

Neither of the Employer Sponsored Business Questionnaire Forms is required with the EASE or Tele-App process. Verification that coverage is not employer sponsored will be completed during the Personal Health History Interview.

Underwriting Actions Standard Portfolio Plans: Underwriting actions for our Standard Portfolio Plans may include the following and coverage may be issued with:

- preferred non-tobacco or preferred tobacco rates.
 - standard non-tobacco or standard tobacco rates.
 - a special class premium.
 - a condition specific deductible endorsement. *
 - a special exception rider. *
- or
- Coverage may be declined based on medical history.**

* Not applicable to persons under the age of 19.

** Not applicable to persons under the age of 19 (with effective dates on or after 9/23/2010).

Underwriting Actions Health Access Limited-Benefit Fixed-Indemnity Plan:

- Coverage may be declined based on medical history and/or eligibility criteria.

Preferred Rating Questionnaire Packet Form 26566-PKT: If submitting paper Enrollment Form 29300-OH and applying for preferred rates, then the Preferred Rating Questionnaire Form 26566 must be completed and submitted. **Note:** Preferred Rating is not available for Health Access Plans.

Form 26566 will not be required with the EASE or Tele-App process. Preferred Rating class eligibility will be verified during the Personal Health History Interview.

Open Enrollment Underwriting Guidelines for the Basic and Standard Plans

The following sections contain information regarding eligibility criteria for Ohio Open enrollment, underwriting requirements to obtain a quote for the Basic (Form 185) or Standard (Form 186) Plans and plan/benefit basics.

Ohio law requires us to accept a certain number of individuals for open enrollment coverage without regard to health status. There are two types of open enrollment, one for Federally Eligible (HIPAA) individuals and one for Non-Federally Eligible individuals.

If an applicant qualifies as a Federally Eligible (HIPAA) individual, the applicant will be effective to coincide with the termination of prior state continuation or COBRA coverage as long as that date is not earlier than the date they apply for coverage with Assurant Health. Federally Eligible persons are not subject to pre-existing condition limitation exclusion periods. If an applicant does not qualify as Federally Eligible, he or she may meet the criteria to be considered Non-Federally Eligible and can apply for consideration under that open enrollment.

Federally Eligible Individuals: An applicant would be considered Federally Eligible if he or she met all of the following conditions:

- Had prior creditable* health coverage for at least 18 months without a break in coverage greater than 63 days.
- The most recent health coverage was under a group health plan, governmental plan or church plan
- Is not eligible for coverage under any of the following plans:
 - A group health plan
 - Medicare
 - Medicaid
- Does not have any other health coverage
- Most recent health coverage was not terminated because of nonpayment of premiums or fraud.
- If the applicant had been offered the option to continue coverage under COBRA or a state continuation plan, the applicant both elected and exhausted the continuation coverage.

***Creditable Coverage:** Creditable coverage is defined as coverage provided under any of the following: A group health benefit plan; Health insurance coverage; Part 1 or Part B of Medicare; Medicaid; TRICARE; A medical care program of the Indian Health Service or of a tribal organization; A state health benefits high risk pool; a health plan offered by the Federal Employees Health Benefits Program; A public health plan as authorized by the Public Health Service Act; A health benefits plan under the Peace Corps Act; The children's health insurance program; Foreign Coverage.

If Time Insurance Company has not yet met our enrollment quota for Federally Eligible Individuals, we will offer the applicant the Ohio health care Basic or Standard benefit plans for purchase. The applicant will need to submit proof of previous creditable coverage.

Non-Federally Eligible Individuals: An applicant would be considered Non-Federally Eligible if he or she met all of the following conditions:

- Is not applying for coverage as an employee or an employer, member of an association or member of any other group
- Does not have any other health coverage and is not eligible to be covered under any private or public health benefit plans including the following:
 - Medicare or Medicare supplement policy
 - Medicaid
 - Any COBRA or state continuation coverage plan
 - Other health benefits arrangement
- Is not confined to a health care facility due to chronic illness or permanent injury at the time of enrollment

If Time Insurance Company has not yet met our enrollment quota for Non-Federally Eligible Individuals, we will offer the applicant the Ohio health care Basic or Standard benefit plans for purchase.

Effective dates for Non-Federally Eligible individuals will be 90 days from the date they sign the application (no effective dates of the 29th, 30th or 31st of the month).

Non-Federally Eligible Individuals **are** subject to a pre-existing condition limitation exclusion for the first 12 months that the policy is in force. The pre-existing condition period will be reduced by the length of time the insured was continuously covered under a prior health insurance plan, provided there is a gap in coverage of 63 days or less between the termination date of the prior health insurance coverage and the enrollment date of this plan.

Underwriting Requirements: To receive a quote or to apply for coverage under either the Basic or Standard plans, please submit all of the following:

Federally Eligible Persons may complete the following:

- Paper Enrollment Form with completed Person Health History
- Tele-App Part 1 with a completed Personal Health History
- Ohio Open Enrollment application, form 30190 – which can be found on our Ohio Open Enrollment website at www.assuranthealth.com/corp/ah/state/ohio
- The other coverage information section of the Enrollment Form/Tele-app Part 1 will be utilized to verify eligibility requirements. Please fully complete all fields within this section of the enrollment form. In addition, please provide the prior policy number, prior carrier contact

number, reason for coverage termination and if replacing group coverage, prior employer name and contact number.

- The Ohio Open Enrollment Application must be fully completed in order to determine an applicant's eligibility for enrollment as either a Federally Eligible or Non-Federally Eligible Individual.

Non-Federally Eligible Persons should complete the following:

- Ohio Open Enrollment application, form 30190 – which can be found on our Ohio Open Enrollment website at www.assuranthealth.com/corp/ah/state/ohio
- The Ohio Open Enrollment Application must be fully completed in order to determine an applicant's eligibility for enrollment as either a Federally Eligible or Non-Federally Eligible Individual.

Open Enrollment Plans: Federally and Non-Federally Eligible individuals are eligible for either the Ohio Basic (Form 185) or Standard (Form 186) plan without medical underwriting.

The Time Insurance Company plans are:

- Basic Plan: \$1,000 deductible, 50% coinsurance to out of pocket maximum of \$6,000, \$2,500 calendar year maximum on prescription drugs after deductible and coinsurance and a \$50,000 per calendar year maximum.
- Standard Plan: \$750 deductible, 70% coinsurance to out of pocket maximum of \$5,750, \$2,500 calendar year maximum on prescription drugs after deductible and coinsurance and a \$1,000,000 lifetime maximum.