FAQs

TrioMED PLAN QUESTIONS

Q: What about Domestic Partners, Common Law Marriages and Same Sex Marriage?

A: Couples who are not within the "traditional" structure of marriage may or may not be permitted to claim their partner on the same plan as a spouse. However, a "registered" domestic partnership will be treated as a "traditional" marriage. These circumstances are to be presented to the plan administrator. This will be submitted to the carrier for the most up to date laws of the resident state that will determine the outcome.

Q: What are the age parameters for the plans?

A: The primary member must be at least 18 years old. The plan terminates upon the attained age of 65. Plans should not be sold to those who are 64. This applies only to the primary. The spouse max age is 70 years old.

Eligible dependents are;

1. A lawful spouse; and
2. An unmarried child or children who:
    a. Reside in the primary member's home for more than 6-months a year;
    b. Chiefly relies on primary member for support and maintenance; and
    c. Who is under 26 years of age (the legal limiting age). Must be classified as a dependent and a full-time student.

"Child" includes stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Benefit decreases.

100% for primary

50% for covered spouse

25% for covered children

Q: Can a person have or be part of more than one plan?

A: No, a person may only enroll in one plan. Duplicate or multiple memberships are not permitted by the LIFE Association or the carrier.

Q: Are the plans available nationwide?

A: While the plans are not currently available in all states, check with your agent for the plan's current state availability. [*If this FAQ list is for agents: consult the Carrier Gateway*]

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COMPLIANCE QUESTIONS

Q: What are the requirements to sell Life Association plans?

A: All agents soliciting sales and enrolling consumers must hold a valid health and life insurance license in the agent's resident state and in the state in which the consumer resides. The agent is also required to be appointed will all insurance carriers that provide benefits to the members. In addition, the insurance products available to members in the states of GA and PA require that the agent is pre-appointed in those states prior to selling.

Q: Can an agent create their own marketing materials?

A: No. Marketing materials are provided for the agent by the Life Association and preapproved by the carrier. If the agent wishes to develop their own marketing such as a website, blue or mailing, it must be pre-approved by the plan administrator prior to its release.

BENEFIT QUESTIONS

Q: Is Pregnancy covered?

A: No, the insurance portion of the plans does not cover normal pregnancy or childbirth. The only exception is that complications of pregnancy are covered. Members may receive discounted rates if services are provided by an in network provider.

Q: If a member is having outpatient surgery does the pre-ex still apply?

A: Yes, it applies to any pre-existing conditions for Critical Illness'

Q: Is there a wait period for critical illness?

A: There is a 90 day reduced benefits period for any critical illness claims. During this 90 day wait period if there is a critical illness claim they will receive 10% of their maximum allowed benefit amount.

CANCELATION QUESTIONS

Q: When does the 30 day free look period start?

A: The 30 day free look begins the day the member enrolls in the plan; not the effective date.

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Q: How does a member cancel their plan if it does not fit their needs?

A: The cancellation must be provided in writing to a Member Services Representative by emailing memberservices@ahcpsales.com and/or calling (888) 781-0585. Members canceling within the first 30 days of signing up for the plan will be refunded their first month's payment. Refunds take 2 – 4 weeks for processing. Members canceling after the 30 day free look period are subject to a 30-day cancellation notice, and not entitled to a refund or pro-rated payment. Their membership will terminate at the end of their billing cycle no sooner than 30-days out from the date of their cancellation notice.

Q: If a member cancels the plan when can they rejoin the plan?

A: A member has 30 days following the cancellation date to reinstate, all premiums must be paid up to date (including the inactive time). Beyond 30 days there is a 30 day wait in order to rejoin.

Q: If a member is inactive when will they be able to reactivate their coverage?

A: A member has 30 days following the cancellation date to reinstate, all premiums must be paid up to date (including the inactive time). Beyond 30 days there is a 30 day wait in order to rejoin.

BILLING QUESTIONS

Q: What are the acceptable payment methods?

A: Credit Card (American Express, MasterCard, Visa, Discover) or ACH. There are no paper bills.

Q: Is there any way to stop a charge once it is paid for through ACH?

A: No, once it is charged there is no way to stop it. A refund can be issues 8 days after the initial charge date as long as the payment clears. However, if a member wishes to change their payment method, they can do so at any time by contacting member services at 888-781-0585.

Q: What effective dates are available to an individual when signing up for the plan?

A: Applications issued between the 26th through the 9th will have a 15th of the following month effective date. Applications issued between the 10th and the 25th will have a 1st of the following month effective date.

Q: What Name will show on my credit card or bank Statement

A: ACA Care Financial

Q: What happens if a payment declines?

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A: The system will attempt to draw funds again on the following Friday after a payment decline. If the payment declines again, a representative from member services will reach out to you to update your payment information so you don't experience a lapse in coverage.

Q: Is the agent notified when the member's payment declines?

A: No, the agent is not notified when the member's payment declines. However, member services will attempt several times to obtain updated payment information to ensure the membership does not lapse.

Q: Can the member change their billing method?

A: Yes, a member's payment method can be changed at any time just by calling member services.

FULFILLMENT QUESTIONS

Q: When will an E-Mail confirming enrollment be sent?

A: An E-Mail is sent as soon as the application is processed in the system as long as we have a valid E-Mail address. The agent is copied on the E-Mail that is sent as well.

Q: If a member didn't receive an E-Mail, what should they do?

A: If an E-Mail is not in their inbox, please be sure to have them check their "Spam or Junk mail" box. If it is not in either place, please call Member Services at (888) 781-0585 and a representative will send them another E-Mail

Q: If a member is having problems registering online to view their Membership Benefits, what can they do?

A: They should call Member Services at (888) 781-0585 and a representative will walk the member through the registration process.

Q: What happens if a member misplaced their cards?

A: They should call Member Services at (888) 781-0585 to request a second set of cards sent to them.

Q: If the member's name is misspelled, who should the member call?

A: The member should call Member Services at (888) 781-0585 and a representative will make the proper corrections and request another set of cards be sent to them, which will be sent the following business day.

Q: If the member is missing dependents on their membership cards, what should they do?

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A: They should call Member Services at (888) 781-0585 where they will verify the type of membership purchased. Once the membership has been verified a representative will add any missing dependents. At that time another set of cards will be requested and sent to the member on the following business day.

UPGRADE/DOWNGRADE QUESTIONS

Q: Can a member upgrade/downgrade their plan after it is already in effect?

A: No upgrades/downgrades are allowed.

Q: If a plan has not become effective yet, what is the time frame in which a member can change the plan type (i.e. changing from one benefit level to another)?

A: No upgrades/downgrades are allowed.

Q: What is the time frame in which a member can make changes to the level of coverage of the plan (I.E. changing to a family or member+spouse plan)?

A: A member can change the coverage type by adding or dropping eligible dependents at any time to an existing plan. They must make the request in writing and it will be processed on their next bill date. The monthly amount will be changed and new membership cards will be sent.