



Here is a list of the most common asked questions during the Cost Saver Webinar.

**Q: What is the minimum group size for the Cost Saver plan?**

A: The minimum group size is two lives. There is no maximum group size and we've insured groups of several hundred employees

**Q: Does "immediate benefits" imply no waiting periods of any kind?**

A: Correct, there are no waiting periods for any benefits.

**Q: Is there pre-existing on the Cost Saver plan?**

A: Yes, if a person does not have prior creditable coverage, pre-existing conditions would not be covered. Pre-ex limitations are the same as our comprehensive plans and vary by state. Cost Saver does have a \$1,000 pre-existing condition allowance benefit that would pay before any pre-ex limit

**Q: What is the size limit on small groups?**

A: Cost saver is for groups of two or more. Groups of over 100 employees are eligible for a premium discount based on certain factors. We have a participation/contribution questionnaire we will review with you, prior to quoting. We have groups of 400+ insured with us.

**Q: Can I write Cost Saver along side a high deductible PPO or HMO plan?**

A: Cost Saver can be sold as part of class carve out with an employer under several circumstances:

- 1) Employer offers another carrier's major medical plan. Cost Saver could then be offered to all employees not covered under the major medical plan.
- 2) Employer offers an Allied major medical plan. This is possible if the plans are only available to a defined employee class (e.g. Major Medical for management and Cost Saver for non-management).

Please call sales at (888) 767-7133 so we can discuss all dual options or dual class benefits available for your state.

**Q: How do we submit business? Just send a census?**

A: To submit business we need: the employer master applications, employee applications or waivers, copy of the quote, if we are taking over a current plan we need current bill and bill from 12 months ago, copy of the state quarterly tax and wage report.

A: For a quote, we need the name of the group, locations, SIC code or nature of business, census including employee and spouses date of birth and number of children.

**Q: What are participation percentages? Is a DE6 used?**

A: Participation for all group sizes: We require the employer to contribute 25 percent of the premium and we require 75 percent employee participation after waivers. If we have valid waivers, we can have up to half the group waiving with the other half enrolling. We use the state wage and tax report as part of our underwriting process to verify eligibility and participation.

**Q: Can employee add their family? Can employee have their family and just pay for them through the employer?**

A: Yes, we can have dependents enroll on the plan and the employees would contribute through payroll deduction, as the employer would be the one making the premium payments.

**Q: Can I get on a Web site and do my own quotes?**

A: Yes, if you go to the agent home page, you can download the software and do the quotes. Be sure to register the software so you can be notified of updates

**Q: What are the best groups for the Cost Saver, the ones that you sell to most?**

A: At this time, we are really selling to a wide variety of groups. Any group struggling in this current economy. However, primary target groups with huge success are low wage earner industries. Restaurants, nursing homes, long haul trucking, lawn care workers and agricultural groups.

**Q: How many Cost Saver plans do you have in force? Do you have some input from employers?**

A: We have enrolled over 30,000 insureds for the Allied Cost Saver plan in groups as small as tow to as large as several hundred employees. The reaction to being covered under a limited benefit plan like Cost Saver has been uniformly positive from employees who have never had employers sponsored benefits before. They're receiving benefits for the routine care that concerns them most; Office Visit benefits, access to prescription drugs, plus both outpatient and inpatient benefits for more extensive care. For individuals who are used to paying cash or being turned away at a provider because of lack of an insurance ID card, the Cost Saver plan is the best thing they have. Since they are now cover under a PPO style plan, they also receive tremendous discounts for care, even for care that might exceed their benefit limits.

**Q: What are the major exclusions?**

A: Please see our plan disclosure for the complete list of exclusions and limitations.

**Q: Will Cost Saver + Major Medical be issued to a group of two? What about a husband and wife group of two?**

A: Yes, Cost Saver Plus Major Medical can be issued for groups of 2 – 50. Husband & Wife only groups can enroll on the plan subject to underwriting approval. They must both draw full-time wages to be eligible employees. They are not eligible for the cost saver plan, unless mandated by their state.

**Q: Is reimbursement to the provider or employee?**

A: This is not a mini-medical or cash indemnity plan. Typically, as this is part of a traditional group plan, all claims reimbursements are made to the provider through an assignment of benefits.

**Q: What is the coverage limit for the Cost Saver?**

A: It varies based upon with plan they pick. We have four available and all four have different limitations. Please see the brochures on our Web site. [www.alliednational.com/pdfs/667.pdf](http://www.alliednational.com/pdfs/667.pdf).

**Q: I assume there's underwriting on a group non-major medical plans, correct?**

A: No, we do not do any medical underwriting on the Cost Saver plan. We only underwrite for eligibility and participation.

**Q: Why not HIPPA compliant?**

A: We give credit for prior coverage towards satisfaction of pre-existing conditions limits. For insureds leaving the plan and moving to another carrier, it is up to the other carrier as to whether our limited benefit plan is considered creditable coverage. We do issue a letter of creditable coverage upon request.