

FAQs

Answers to most asked questions about Assured Access

Do I need to have RAMQ to qualify?

Yes, all applicants must be covered under the Quebec provincial health plan.

I have group health benefits. Why would I need an Assured Access plan?

Having health coverage today is crucial, but it does not necessarily cover you forever. Group health benefits can be lost for multiple reasons, including career changes, a long-term disability leave of absence and retirement, just to name a few. The question is: what would you do if you lost your group health benefits?

Assured Access provides access to a comprehensive personal health plan in the event you no longer qualify for group benefits. It takes a snapshot of your health situation today and guarantees your access to a personal health plan that would cover new medical conditions developed after the snapshot has been taken, if you lost your group health benefits. It provides long term security.

Do I need to answer medical questions to qualify for Assured Access?

Yes. To be eligible for *Assured Access* you will have to answer medical questions and qualify medically. Your plan will be based on your health situation today even though you may not need to access a personal health plan for several years.

If I have Assured Access, will there be more medical questions to answer when I lose my group plan?

No, as long as you activate your personal health plan within 60 days of losing group benefits.

Will my current medications be covered under Assured Access?

Any health conditions existing when you purchased *Assured Access* - also called pre-existing conditions - may not be covered. However, you will be protected should you develop new conditions.

If I am prescribed new medication to treat a pre-existing medical condition, will the new medication be covered?

The exclusion is based on the condition and not for one particular medication. So if new medication is prescribed to treat the pre-existing condition, it will not be covered either. That is why its important to apply while you are healthy and before developing new conditions.

Will Assured Access cover all my family members?

At time of purchase, you may choose single, couple or family coverage. If family members qualify medically, they can be covered.

Can I add children or a spouse to my Assured Access plan later?

Yes. Children and a spouse can be added to your *Assured Access* plan later. A spouse can be added within 60 days of marriage, and children can be added within 60 days of birth or adoption without having to answer medical questions. Otherwise, you can still add a spouse or dependents to your *Assured Access* plan, but they will be required to answer medical questions.

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What happens when my child grows up and has to leave my plan?

Under most group benefit plans, children are no longer eligible for benefits once they become 21 years of age. Some plans cover children up to age 25 or 26, if they are attending a post-secondary institution full time.

Dependent children covered under your *Assured Access* plan would be eligible to get their own personal health plan coverage when they are no longer eligible under your group plan. If your child develops a medical condition after enrolling in *Assured Access*, upon loss of group health benefits, this new condition will be covered by his or her personal health plan. Many customers purchase *Assured Access* to protect their children.

Are premiums guaranteed for Assured Access?

Premiums are reviewed once a year.

How long can I keep Assured Access?

You can keep *Assured Access* as long as you have group benefits. Customers working past age 65 can also keep their *Assured Access* until they lose their group health benefits. The important thing to remember with *Assured Access* is to contact Blue Cross 1-855-906-8993 to activate your personal health plan within 60 days of losing your group health benefits.

Do my premiums change when I switch from Assured Access to the personal health plan?

Yes. When you switch your *Assured Access* plan to a personal health plan, you will begin to pay the current rates for the personal health plan. When you activate the personal health plan, you become eligible to claim reimbursements for expenses covered under the plan. The change in premium reflects this new coverage. Rates are based on age, number of dependents and benefits selected.

If my partner and I separate, can we enroll into our own plans?

Yes. We can split the policy so you can each have your own *Assured Access* or personal health plan.

Can I claim my Assured Access premiums on my work Health Spending Account?

Yes. Premiums for *Assured Access* can qualify towards your group Health Spending Account. Please verify with your group benefits provider.

Can I claim the cost of Assured Access on my income tax?

Yes. Premiums for *Assured Access* can be added to your other medical expenses when calculating tax credits. We recommend you consult with your accountant for any specific tax questions.

Will I have the same benefits and premiums as I currently have with my group health benefits plan? If not, what program will replace my group benefits?

You will have access to our most comprehensive and affordable personal health plan. *Elements* allows you to mix and match your coverage by selecting various health, drug and dental modules to design a plan to best meet your needs and budget.

If I was to die while covered under my group benefits plan, and my benefits terminated, what would happen to my spouse and dependents if we had Assured Access?

If your group benefits did not continue for your family, then your family members could activate their personal health plan with 60 days of losing the group health benefits.

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What do I need to do if I want to get an Assured Access plan?

You can complete an *Assured Access* application by consulting with a Blue Cross licensed advisor.

Can exclusions be removed?

If you are treatment and symptom free for over a year, you can apply to have your exclusion removed. Contact Individual Member Services by phone 1-855-906-8993.

Will there be waiting periods for benefits when I activate my personal health plan?

Waiting periods for health (e.g. vision care and hearing aids) and hospital benefits will be waived automatically. If you wish to have dental benefits and had dental coverage under your group plan, we can waive your dental waiting periods as well. A letter from your former employer stating you had dental coverage, may be required.

How long can I keep my personal health plan once it is activated?

Your plan will remain active as long as premiums are paid.

If I retire and activate my personal health plan, and decide to go back to work with an employer offering group health benefits, can I reactivate Assured Access?

Yes. You can opt to continue paying a reduced fee for Assured Access when you activate your personal health plan. This provides you the ability to put your health plan on hold again should you gain group benefits.

When I activate my personal health plan, do I need to continue paying Assured Access?

It is not necessary, however, it may be recommended. We encourage you to discuss your future plans with a Blue Cross licensed advisor to understand your options.