FAOs

Does the HD Tri-Protect plan cover pre-existing conditions?

The Critical Illness benefits have a 12-month pre-existing conditions limitation. No benefits will be paid for a pre-existing condition during the first 12 months of coverage. A Pre-Existing Condition is a condition or illness for which medical advice or treatment was recommended by, or received from a physician, within the Pre-Existing Period before the Effective Date of the Covered Person's coverage.

Is there a waiting period before members can use their HD Tri-Protect plan benefits?

The Term Life benefit has a 30-day waiting period. No benefits will be paid for a claim that occurs during the first 30 days of coverage. The Critical Illness benefits have a 30-day waiting period. No benefits will be paid for a claim that occurs during the first 30 days of coverage.

How do the benefits pay?

The insurance pays a lump sum benefit directly to members enrolled on a HD Tri-Protect membership plan as shown in the Benefit Description.

How do members locate In-Network providers and facilities?

There is no "In-Network" requirement on the HD Tri-Protect plan. Members may go to the doctor, hospital or emergency center of their choice.

When do the plan benefits terminate?

The benefits stay active as long as the membership remains in good standing. However, the Term Life coverage reduces 35% of the original amount at age 65; and reduces 50% of the original amount at age 70. The Critical Illness benefit reduces 50% of the original amount at age 70. The Accidental Death & Dismemberment benefits remain the same for the duration of the membership.

How do members access their HD Tri-Protect plan materials?

Members will receive a "welcome" email from Health Depot which contains registration instructions for our secure, online member portal, **myhealthmembers.com**. On the Member Portal, members can manage their account and access their plan information, including Membership Guide, Insurance Certificates and more. Members should read through all of their materials carefully, and they can contact Customer Service if they have any questions.

How do members file claims for their benefits?

After a covered loss occurs (or as soon as reasonably possible), members need to log in to the member portal at **myhealthmembers.com**; print the appropriate Claim Form(s); complete and sign; and mail completed form(s) to the address listed on the form(s). Members will find the claim forms in the "View Your Documents" section of the member portal.

If members need to file a death claim, they need to contact Customer Service at (214) 436-8882.

If members move to another state, will they still be covered under their HD Tri-Protect plan?

Members will continue coverage under the Certificate they were issued for their original state of residence.

How do members change their beneficiary?

Members can contact Customer Service at (214) 436-8882 and one of their friendly representatives will be glad to help them!

Who do members contact if they have additional questions about their membership benefits?

Members can contact Customer Service by phone at **(214) 436-8882** or email **customerservice@premierhsllc.com** and one of their friendly representatives will be glad to help them!