

HSA Saver

Underwriting Guidelines and Quote Request for the HSA Saver** February 2008

Guaranteed Issue

All participants of the Major Medical Plan of the Employer will be accepted.

No waiting periods for Pre-existing Conditions

Participants of the HSA Saver Plan will not have a waiting period for benefits because of medical conditions that existed before the policy effective date.

No medical Exclusions

There are no specific medical conditions that are excluded from coverage. (Example- drug and alcohol abuse, metal and nervous disorders)

Participation Requirement

Every participant (including dependents) covered by the group's Major Medical Plan must participate (enroll) with the HSA Saver Plan. There are no age restrictions.

Eligibility

All employees and their dependents that are covered under the group's major medical plan are eligible for this coverage.

Product Availability

See the approved state list. Groups based in approved states can offer this plan to all of their employees regardless of where the employee lives.

Effective Dates

Effective dates must be the 1ST of the month.

Group Size – Mississippi and Oklahoma

The minimum group size is 5 enrolled for the HSA Saver Plan

Continuation

COBRA is applicable provided the employee's group major medical is active under COBRA.

Plan Design

Each group can choose a plan design and benefit amounts to achieve the maximum overall premium savings and desired coverage for their group. The Maximum Total Benefit Amount (selected by the group) is the maximum dollar amount of benefits payable under this policy and all riders per Calendar Year per insured person.

HSA Saver Benefit Options**

This group plan offers permitted insurance coverage for those individuals that elect to have a Health Savings Account (HSA).

There are three benefit options:

1. Accident Coverage
2. Accident Coverage and a Sickness Hospital Indemnity Daily Benefit of \$500 a day for a maximum of up to 6 days.
3. Accident Coverage and a Sickness Hospital Indemnity Daily Benefit of \$1000 a day for a maximum of up to 6 days.

HSA Saver Benefit Amount**

Self-only HSA Saver Maximum Total Benefit Amount is the amount payable during a calendar year for each insured person. The group can select annual benefit amounts of \$500, \$1000, \$1500, \$2000, \$2500, \$3000, \$3500, \$4000, \$4500.

Family HSA Saver Maximum Total Benefit Amount is the amount payable during a calendar year for all family members. The group can select Maximum Total Benefit Amount of \$1500, \$2000, \$2500, \$3000, \$3500, \$4000, \$4500, \$5000, \$5500, \$6000, \$6500, \$7000, \$7500, \$8000, \$8500, \$9000, and \$9500.

Once any combination of family members reach the HSA Saver family deductible and co-insurance (if any), the HSA Saver will pay up to the Maximum Total Benefit Amount for any combination of family members.

HSA Saver ** Deductible and Coinsurance

Deductible options are: \$0, \$500, \$1000, \$1500, \$2000, \$2500, and \$3000. Coinsurance options are: 0/0 80/20, 70/30, 60/40, 50/50.

Covered Facilities

The HSA Saver pays benefits for claims only if they are incurred in certain facilities: **Hospital, Outpatient Department of a Hospital, Ambulatory or Day Surgical Center, Emergency Room, or MRI facility.** (Optional riders are available that enhance the outpatient benefit). There are some situations where a claim could be applied to the deductible or coinsurance of a major medical policy and not in one of the covered facilities. Here are four examples of where the treatment could be applied to the Major Medical deductible or coinsurance and not paid by the HSA Saver. 1. An insured goes to a doctor's office and requires a brace or crutches. 2. The insured orders supplies (such as diabetic syringes and needles) by mail order. 3. The doctor performs a surgery in his office instead of at an outpatient surgical center.

Optional Riders

Designed to improve the coverage

Allied Services Rider

When the Allied Services Rider (ASR) is purchased it extends the benefits of the Outpatient Accident Benefit and will apply after deduction for the Insured Person's Co-payment, policy deductible or coinsurance amounts (if any).

The Allied Service Rider expands Outpatient Accident Benefit coverage to include accident expenses incurred any outpatient facility when the expense is applied to the HDHP deductible or co-insurance. This rider pays up to the Outpatient Accident Benefit amount stated in the Policy Schedule. **The Allied Services Rider does not cover professional fees in a doctor's office or medical clinic and outpatient prescription drugs.**

Adding the ASR increases the premiums of the Premium Saver by 5 to 15%, (varies by major medical carrier) **ASR rider premium is non commissionable. There is no agent commission paid on the ASR rider premium.**

Credit For Prior Plan Deductible Rider

Your group can now elect to receive deductible credit towards their HSA Saver deductible. Because the HSA Saver and most major medical plans have a calendar year deductible, it is possible that some employees have met part or all of their major medical deductible prior to the HSA Saver contract year. This rider prevents the possibility that an employee might have to pay their deductible or a portion of their deductible twice during the first year of the contract. Adding this rider increases the premiums of the HSA Saver by 1/2% per month up to a maximum of 5%. **This rider does not give credit for prior plan coinsurance amounts paid before the contract year of this plan.**

Marketing and Sales Material

Custom Quotes

Please fill out and fax or email MWG Marketing the attached quote request. We will work with you on a case-by-case basis. The completed quote sheet is required for all quotes. We can normally build the proposal and email it to you within 48 hours. (Fax 601-956-1702)

How does a group enroll?

Enrollment

1. The employer signs the group application
2. The agent sends MWG Marketing the completed group application and the enrollment information with the first month's premium 14 days prior to the requested effective date.

Employee applications are not required

MWG prefers electronic transfer of enrollment information if the employer can furnish the needed information on disc or by email. Contact MWG Marketing and ask about our simplified enrollment guidelines.

How do you file a claim?

The HSA Saver pays the benefits to the medical provider.

Let the provider file the claim. This is the easiest and best way to receive benefits.

MWG will send insurance cardholders for each employee. All the insured has to do is to put their major medical and HSA Saver insurance cards in the cardholder and hand the cardholder to the provider. Most providers will file the claims because the benefits are paid to the provider. The provider will file your major medical as your primary insurance and the HSA Saver as your secondary insurance. Guidelines and claims assistance number are listed on the cardholder.

There is no claim form. All the provider has to do is to fax the EOB from the major medical carrier and the itemized bill (UB92 or HCFA 1500) from the medical provider to MorganWhite Administrators Inc. MWA fax # 601-956-1147.

On the last page of the group application please list the providers the group expects to use. MorganWhite Administrators Inc. will send a letter to each provider explaining how to file claims. Call 1-888-888-2519 for claims inquires.

Questions?

Please call our MWG Marketing at 1 800 800 1397.

**HSA Saver® is a federally registered trademark of Golden Rule Insurance Company. Morgan-White Group, Inc., and its product(s), are not affiliated with Golden Rule Insurance Company, or its HSA Saver® product, which is marketed to individuals and their families.

The HSA Saver**

Quote Sheet

Group Name: _____

Type of Business: _____

Address: _____

City, State Zip: _____

Phone Number: _____

RENEWAL DATE: _____

EFF DATE: _____

MAJOR MEDICAL INFORMATION REQUIRED

Current Major Medical Carrier _____ Currently on HSA Comp plan.
 New Carrier _____
 Renewal Date: _____ Effective Date: _____ Contact Name: _____
 Current Ded: _____ Self Only - HDHP Ded _____ Family- HDHP Ded _____
 Current Co-insurance _____ Self Only Co-Ins _____ Family Co-Insurance _____

	# OF EMP	CURRENT PREMIUM	RENEWAL PREMIUM	NEW DEDUCTIBLE/CO-INSURANCE PREMIUM	SAVINGS
EMPLOYEE	_____	_____	_____	- _____	= \$0.00
EMPLOYEE/SPOUSE	_____	_____	_____	- _____	= \$0.00
EMPLOYEE/CHILD(REN)	_____	_____	_____	- _____	= \$0.00
FAMILY	_____	_____	_____	- _____	= \$0.00
TOTALS	0	0	0	- 0	= 0

HSA SAVER** PLAN DESIGNS

Check one of these plan design options:

- _____ 1. Accident Coverage
- _____ 2. Accident Coverage and a Sickness Hospital Indemnity Daily Benefit of \$500 a day for a maximum of up to 6 days.
- _____ 3. Accident Coverage and a Sickness Hospital Indemnity Daily Benefit of \$1000 a day for a maximum of up to 6 days.

Select Total Benefit Amount

_____ **Self Only** - (choose from \$500,1000, 1500, 2000, 2500, 3000, 3500, 4000, 4500)
 _____ **Family** - (choose from \$1000, \$1500, 2000, 2500, 3000, 3500, 4000, 4500, 5000, 5500, 6000, 7000, 7500, 8000, 9000, 9500)

Deductible Options - \$0, \$500, \$1000, \$1500, \$2000, \$2500, \$3000

Co-Insurance % Options - 0/0 80/20 70/30 60/40 50/50

HSA Saver - Self Only Ded \$ _____ - Family Deductible \$ _____ -
 HSA Saver Co-Insurance _____ Co-Insurance Amount \$ _____ -

Does this group want the allied service rider? _____
 Does this group want to pay additional premium to receive credit for prior plan deductible? _____

Agent Name: _____ Phone: _____
 Fax: _____ E-mail: _____

Rule Insurance Company. Morgan-White Group, Inc., and its product(s),
 HSA Saver® product, which is marketed to individuals and their families.