



Frequently Asked Questions

On UA's Underage Health Plans

Q: Do the words “sickness” and “illness” mean the same thing?

A: Yes, these words are used interchangeably.

Q: Does the Benefit Department check for all applicable UA in force plans when a claim is received?

A: Yes, claims submitted to the Home Office go through an “other coverage” look-up process. This process helps identify all Underage Health plans that were in effect at the time of the claim.

Q: Does surgery have to be performed in a hospital setting in order for benefits to be paid?

A: No, surgical benefits are available if the procedures are performed in an office, clinic, hospital, or ambulatory surgical facility setting.

Q: Are certain surgical procedures not covered by the UA Underage Health plans?

A: Although few, there are some elective procedures that would not be covered. Some examples would be cosmetic surgery and sterilization procedures. There must be a medical basis for surgery.

Q: The Surgical Schedule contained in the policy contract does not list all of the surgical procedures. How can policyholders determine how much their policy will pay for a particular procedure?

A: There are thousands of surgical procedures, so listing all of them in the policy contract would not be possible. The Surgical Schedule contained in the policy provides a limited overview of the most common procedures. Currently, if a policyholder needs to know the benefit for a particular procedure that is not listed in the schedule, you can contact Agency for this information. Make sure you provide the CPT code for the procedure.

Q: Do UA Underage Health plans cover MRIs, CT scans, ultrasounds, or other similar tests?

A: Yes, many of the plans would allow a benefit for these tests, provided the services are performed at a covered facility. For example, under the GSP plan, an MRI, CT scan, or similar radiological procedure would be eligible for consideration if these tests are performed in an outpatient hospital setting. If these tests are performed at a radiology center, they would not be eligible for consideration. On the SMXC plan, these tests would fall under the Diagnostic Benefit — regardless of the place of service.

Q: Do most UA Underage Health plans cover routine mammograms?

A: Yes, most of the plans cover routine mammograms. If a particular plan includes a benefit for outpatient hospital expense (GSP, HSXC) or a diagnostic benefit (SMXC), a routine mammogram would be covered. The level of benefits provided may vary based on individual state requirements and/or policy limitations. Typically, only one routine mammogram is covered in a 12 month period.

Q: Do any of the UA Underage plans pay for treatment at a physician's office?

A: Yes, the SMXC and MSXC provide benefits for non-surgical treatment received at a physician's office. The SMXC pays up to \$25 per treatment at the office and MSXC pays up to \$6 per treatment. These benefits begin with the first visit for an injury and the third visit for a covered sickness.

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