

Frequently Asked Questions

Choosing health coverage is an important decision. This FAQ answers common questions about how the program works, including coverage options, provider access, enrollment timing, and what to expect when applying.

What size groups are eligible to participate?

Groups as small as one employee are eligible to participate. The program is available to:

- Self-employed individuals
- Small businesses
- Independent professionals
- Groups with multiple employees

What types of health coverage options are available?

- Major medical plans
- Multiple deductible options
- HSA-qualified plan options

Plans are designed to be flexible and can be customized based on your group's needs and budget.

Are dental and vision benefits included?

Dental and vision coverage are not automatically included with the medical plan, but ancillary benefits are available and can be added, including:

- Dental and vision
- Life insurance
- Disability coverage
- Accident and illness protection
- Other voluntary benefits

What coverage levels are available?

- Employee
- Employee + Spouse
- Employee + Child(ren)
- Family



What provider networks are available?

Plans provide access to nationwide provider networks, making it easier to find in-network doctors, specialists, and hospitals across the country.

Can I keep my current doctor?

Many participants are able to keep their current doctors. You can check provider participation in the applicable network before enrolling to confirm whether your preferred providers are in network.

When is the enrollment period?

Enrollment is available year-round. Coverage typically becomes effective on the first of the month following enrollment, provided all requirements are completed on time.

For groups already enrolled, mid-year changes may require a qualifying life event.

How are my rates determined?

Rates are determined through underwriting and are based on factors such as:

- Age and demographic information
- Health history and risk factors
- Once approved, rates are typically locked in for a 12-month period.

When does coverage begin?

Coverage usually begins on the first day of the month following enrollment, once all paperwork and underwriting requirements are completed.

What happens in a medical emergency?

In a true medical emergency, you can seek care at any emergency room. Non-emergency care is subject to plan network rules and cost-sharing guidelines.

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QUESTIONS? Contact Jeanie Cunningham
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