How to Make Sure You and Your Loved Ones Will Get the Proper Health Care Treatment in Case of a Serious Accident or Illness

Compliments of:

Guaranteed Health & Annuity Inc.
~Specializing in Protecting Your Dreams~
7457 Harwin, Suite 394
Houston, TX 77036
Phone: (713) 975-6500
Fax: (713) 975-6300
Website: www.netinsurancequote.com

Christopher Reeve stated, "In an instant, an accident can change your life forever". He said these powerful words after his life was drastically changed forever due to an accident.

As you may be aware, Christopher Reeve, the actor who played the man of steel in the movie *Superman*, became paralyzed from the neck down after a freak horseback riding accident in 1995.

Right after his tragic accident, his life was drastically changed in so many ways- physically, mentally, emotionally, spiritually, as well as financially.

For example, while you can probably guess Reeve's medical and other related expenses were horrendous after the accident, did you know his healthcare costs alone were about $400,000 a year?

That's right… FOUR HUNDRED THOUSAND DOLLARS A YEAR!

That's a lot of money, considering an average working person makes only about $1,000,000 in gross income in his or her lifetime.

Imagine what would happen if you got into a similar situation as Christopher Reeve.

If you had to pay $400,000 of medical expenses a year for yourself (or a loved one), would you be able to do so?

Like most people, you probably would have to sell all your assets- your house, your cars, your investments, and so on- to pay off for just one year of medical expenses, wouldn't you?

If so, then what's going to happen in the second year, fifth year, or tenth year?

Now, even if you could get $1,000,000 net after selling all of your assets, with a medical bill of $400,000 a year, you would run out of money after only two and a half years.

Besides, after selling your home and your other assets, where are you and your family members going to live… and how are you going to support them?

Let's face it, even if you or a loved one got into an accident (or had an illness) only a fraction as serious as Christopher Reeve's, and have to pay just $20,000 to $50,000 a year in medical expenses… it can cause huge financial hardships on your family, right?

Sadly, for many people, when a sudden disaster, such as an accident or illness like cancer, heart attack, or stroke happens to a member of their family, the horrendous medical expenses could bankrupt them.

Imagine being forced to sell everything you now own just to pay for the necessary medical care that you or a loved one needs… and to start all over from scratch.

You've probably hoped, or even prayed this situation never happens to you, haven't you? Sure, we all have.

Read closely, the two main reasons Christopher Reeve and his family members didn't have to suffer financial hardships after his tragic accident were…

1. He had health insurance.
2. He was in excellent financial position.

Did you know it cost him about $300,000 a year to hire a special nurse to take care of him 24 hours a day? Also, did you know the special exercise equipment he used cost more than $100,000?

As you can imagine, if Reeve didn't have excellent health insurance, then the massive medical and other related expenses would have slashed away his life savings and investments in no time.

Well, like most people who are in a less fortunate financial position than Reeve, if you suddenly have to pay medical expenses of just $5,000 to $10,000 a month, then your life savings and investments would be used up very quickly, wouldn't they?

Worse, if you or a loved one is hospitalized or disabled for the long term, then the medical expenses may even bankrupt your family, right?

We certainly hope not. And the good news for you is that **an accident or illness, no matter how serious, doesn't have to mean financial disaster for your family!**
That's right, thanks to the miracle of health insurance, if you or a loved one should get into a serious accident or major illness that requires expensive medical care, your family *won't* have to suffer financial hardships.

When you're protected with the *right* health insurance, it will pay for the medical expenses and also the dental, therapeutic, drug, ambulance, optical, and physical aid expenses like crutches, wheelchair, and so on.

Believe it or not, 48 million Americans (or about 1 in 6) didn't have any health insurance protection in 2006. And the figures are still about the same today.

As you can imagine, without any health insurance, if they or their loved ones should get into a serious accident or illness, the medical bills could bankrupt their families. *Worse*, they won't get the necessary medical treatment they need.

Then how come so many people aren't protecting themselves with health insurance?

There are two main reasons.

First, they think disasters like a serious accident or illness could only happen to somebody else.

How many times have you heard someone say, "I never thought that would ever happen to us!"? Dozens of times, right? Perhaps you've even said it to yourself many times.

Let's face it, no one wants to think disasters like being paralyzed or losing a home would ever happen to them… until it's too late!

Sadly, it's this kind of incorrect thinking that has prevented many people from preparing themselves properly to handle unexpected negative events. So, when disasters strike, they usually have to suffer financially, as well as mentally and emotionally.

If you fail to plan, you are planning to fail!

It's fine to expect things to turn out the best for you… as long as you've planned for the worst.

This is because, in life, things *don't* always turn out the way you want them to. And disasters usually strike at the worst time, when you least expect them.

Just check out these statistics. In the United States…

- More people lose their homes through disability than through death and fire!
- For people who are under the age of thirty-five, 1 out of 3 will be disabled for about 6 months, and 1 out of 4 will be disabled for one year or longer… before they turn 65!
- A 42-year old is 4 times more likely to become seriously disabled than to die before age 65!
- The average length of all disabilities lasting longer than three months is 2 years!

The bad news is, you can become disabled from an accident that happens in your home, at work, in a public place, or in a vehicle.

This table shows the number of people who were disabled for one full day or longer by unintentional injuries that happened in different places in 1998, according to the National Safety Council.

Location of Injury	# of People Injured
At home	6,800,000
At work	3,800,000
In a public place	6,700,000
In a vehicle	2,200,000

Well, even if you don't get into a serious accident in your lifetime, you could still become disabled from a serious illness or contract a deadly disease.

According to the American Heart Association, in 2006, 87 million Americans have one or more forms of cardiovascular disease (CVD), as shown in this table…

Condition	# of People Affected
Angina Pectoris (chest pain)	6,200,000
Congenital Cardiovascular Defects	1,000,000
Congestive Heart Failure	4,600,000
Coronary Heart Disease	12,000,000
High Blood Pressure	50,000,000
Myocardial Infarction (acute heart attack)	7,000,000
Rheumatic Fever/ Rheumatic Heart Disease	1,800,000
Stroke	4,400,000

Now, as if cardiovascular diseases aren't bad enough, there are also cancer, osteoporosis, stroke, diabetes, Chron's disease, Alzheimer's disease, Parkinson's disease, and many others.

The American Cancer Society says about 15.2 million Americans alive today have a history of cancer… and 1,221,800 new cancer cases were expected to be diagnosed by the end of 2006.

Wouldn't you agree these statistics are incredibly frightening?

No doubt!

Unfortunately, even if you never had any of these health conditions, statistics tell you that your chance of contracting one of them in your lifetime is quite high.

For example, on November 25, 1998, Michael J. Fox, the star of television show, *Spin City*, announced he has been suffering from Parkinson's disease (a disease of central nervous system) for the past seven years--- since he was 30 years old. (Other well-known people who also have this disease include Muhammad Ali and Reverend Billy Graham).

Have you heard of Florence Griffith Joyner… also known as *Flo-Jo*? She was the American track and field athlete who won four gold medals at the 1988 Summer Olympic Games in Soul, Korea. Although she died in 1998 from heart seizure at the tender age of 38, as of this writing, she's still the current world record holder in the 100- and 200- meter sprints. Some experts say her records may not be broken for many years.

Like most people, before Joyner's untimely death, I bet you probably never thought a person as healthy as she was… would ever die from heart seizure, right?

Well, the lesson is, no matter how healthy you think you are, and even if you don't have any illness right now, you could still contract one- even a fatal one- at any time.

And, when a major illness or a serious accident preys upon you or a family member, the medical expenses could add up to tens or even hundreds of thousand dollars a year (as in Christopher Reeve's case).

So, unless you have the *proper* health insurance protection or deep pockets, your family may have to suffer huge financial hardships.

Anyway, the second reason many people don't have any health insurance protection… is they claim they can't afford it, without checking into it.

Health Care Costs are Sky-Rocketing!

While healthcare costs have sky-rocketed in the last few years, for many people, if they just reorganize their priorities a little, then they will be able to get health insurance for their family.

Let me explain.

Although some people say they can't afford to buy any health insurance for their family… they can afford to drink several cups of *Starbucks* coffee a day, eat *McDonald's* several times a week, drink beer every night, smoke several packs of cigarettes a day, and so on.

As you can see, these people definitively have the wrong priorities.

Listen, even if you're in a tight financial position right now, if you reorganize your finances a little, you'll likely be able to find the money to buy health insurance protection for your family.

Even though healthcare costs are high, for a few dollars a day, you can start getting some health insurance protection for your family. And, as your financial position improves, you can get more and better protection later on.

The question you seriously need to ask yourself is…

"Who will pay the medical bills if a loved one or I have a serious accident or major illness?"

If you don't have a good answer for this question right now, then you need to protect your family with health insurance.

Now, while hospitals are legally required to give **emergency** treatment to you (and everyone who needs it), it's naïve to think you would get the same quality of care as a patient who can pay the medical bills (either through their insurance company or out of their own pocket).

Anyhow, like most responsible people, you’re probably protecting your valuable assets, such as your home, your car, your business, and your life, with insurance products, aren’t you?

Well, since having health insurance is just as important as having the other types of insurance, aren’t you going to give your family the necessary health insurance protection right away, if you haven’t done so already?

Great!

Okay. When you buy a health insurance policy, you may pay money, known as the **premium**, to an insurance company. The insurance company then invests your money, together with those of thousands of other insurance buyers, known as the **policyholders**, to earn a great rate of return.

By doing so, the insurance company will have the money to pay your health benefits, known as the **proceeds**, if you should need medical care due to an injury or illness.

When you buy a health insurance policy, you believe the risk of you getting injured, disabled, or ill… is greater than the premium paid on the policy. And so you want to shift this risk to the insurance company.

On the other hand, by selling you the policy, the insurance company believes the premiums they’re receiving from you over the policy period are greater than the proceeds they must pay out in claims (requests to recover losses covered by an insurance policy).

Insurance Creates a Win-Win Situation!

This is because, after having the right kind of health insurance protection, you’ll gain security and peace of mind, knowing if you should need to pay for expensive medical care one day, then you’ll have the money to do so… without having to sell your assets or suffer financial hardships.

Sure, you may be paying the premiums on a health policy for ten or twenty years and, if you don’t need any expensive medical care, then you don’t get paid anything from the insurance company. But, the good news is, the security and peace of mind you and your family members get to enjoy during this period… is worth many times the premiums paid, wouldn’t you agree?

Besides, like most people who’ve bought health (and others kinds of) insurance, you probably hope you *won’t* ever have to make a claim from the insurance company anyway, right? You bet!

The insurance company also wins by adding the premium dollars you pay those of thousands of other policyholders, and then using that large amount of money to make profitable investments. And they use their financial muscle to fuel the economy, building skyscrapers and providing countless jobs, and so on.

Although some policyholders think their insurance companies are making too much money from them, others think powerful and wealthy insurance companies enable them to sleep better at night, knowing the money will be available to pay their claims should they need to file them.

It doesn't matter whether you think positively or negatively about insurance companies, you probably agree our society is better off with health insurance than without, right?

Let's face it, without health insurance millions of people in our country would suffer huge financial hardships if they get into a serious accident or illness.

On the other hand, with health insurance, for as little as a few dollars a day, you can protect your family's future against financial catastrophes, as well as make sure you'll get the necessary medical treatment you need if you (or a loved one) should get into a serious accident or illness.

Listen to what Winston Churchill, the late British Prime Minister, once said about insurance…

"If I had my way, I would write the word insurance over the door of every house, because I'm convinced, for sacrifices that are inconceivably small, families can be secured against catastrophes which otherwise would smash them up forever."

Through the miracle of insurance, you have the opportunity to use only a small percentage of your assets, like 2%, to protect the other 98%!

This is wonderful, isn't it? It sure is!

Okay. Let's now look at…

The Types of Health Insurance

Health insurance plans are usually described as either PPOs (fee-for-service) or HMOs. The main difference between an indemnity plan and a managed-care plan is that the former gives you more flexibility and usually is more expensive than the latter.

A PPO plan is an affordable and comprehensive health insurance plan. It lets you choose your own doctors, surgeons, cardiologists, hospitals, and other health care providers in the PPO network … without getting prior permission from your insurance company. You then authorize the doctor or hospital to send your bills directly to your insurance company for payments.

As you may be aware, the American healthcare system has changed very rapidly over the last few decades. About twenty-five years ago, most Americans had PPO health insurance coverage. But, today, more than 80% of the people who have health insurance… have PPO plans.

Over the last ten years or so, to make PPO plans more affordable (and to control the medical services available to the policyholders), the insurance companies that used to offer only indemnity plans… started to include some PPO type of options into their plans.

Regardless of whether you choose a PPO plan or an HMO plan, you must pay a premium (usually monthly) to get health insurance coverage.

And, in addition to the premium, with every PPO plan you also have to pay a deductible, a co-payment, as well as co-insurance. A **deductible** is the amount of money you must pay out of your own pocket each year before the insurance payments begin. In many cases, this amount may be $2,500 to $5,000 for each person in your family, with a $5,000 to $10,000 family deductible when at least two people in your family have reached the individual deductible.

Please keep in mind, you must pay the deductible every year (even if you had no claims the previous year) and <u>not</u> every medical expense counts toward your deductible. If you presently have a health insurance policy- whether a group policy through your employer or an individual policy- then check to see what is the deductible and which health expenses are covered.

Co-insurance is the amount you're required to pay for medical care in an indemnity plan after you have met your deductible. The co-insurance rate is usually expressed as a percentage, such as 20%. This means, you pay 20% of the eligible medical costs and your insurance company pays the other 80%.

A **co-payment** is another way of sharing medical costs, in which you pay a flat fee every time you receive a medical service, such as $25 for every visit to the doctor. The insurance company pays rest of your bill.

While we're on definitions, let's look at several other important health insurance terms.

It doesn't matter whether you buy a PPO or HMO plan, only certain medical services are covered under the plan. These **covered expenses**, which are listed in the policy, are the medical procedures or services that your insurance company agrees to pay for.

And, as with almost any type of insurance, your health insurance policy also has **exclusions**. These are simply the specific conditions for which the policy will not provide benefits. To put it another way, exclusions are the non-covered expenses.

Before buying a health insurance policy, you may have a medical condition diagnosed or treated. Insurance companies call this a **pre-existing condition**. The longest you'll have to wait before you're covered for a pre-existing condition is 12 months.

All PPO plans and some HMO plans have out-of-pocket maximums to limit the amount you have to pay in a given year. When your deductible and co-insurance have reached a certain amount, then your insurance company will pay 100% of the cost (instead of just 80%, for example) up to the lifetime maximum benefit amount.

And, when the lifetime maximum benefit has been reached, then your insurance company won't pay for any more of your medical costs. This is why it's important for you to choose a plan that has a lifetime maximum benefit of at least $5,000,000.

If you presently have a health insurance policy, then check to see what the lifetime maximum benefit is. And, if it's less than $3,000,000, then you should consider changing it to give you $5,000,000 of lifetime maximum benefit.

As we've discussed, you just never know when you or a loved one may get into a serious accident or illness that requires expensive medical care.

For instance, in Christopher Reeve's case, if his health insurance policy had a maximum lifetime benefit of $1.2 million, with a medical bill of about $400,000 a year, he would have reached his limit in only 3 years. After the 3 years, he would have paid for all of his medical bills out of his own pocket.

Fortunately, Reeve had the financial resources to pay his medical bills. So his family didn't have to suffer financial hardships while he received the proper medical care he needed.

Unlike Christopher Reeve, you, like most people, probably don't have such a privilege. So you need to protect your family with the right health insurance policy.

Whether you buy a PPO or HMO plan, you should buy one that's **non-cancelable** (or **guaranteed renewable**). This is a policy that guarantees you coverage as long as you pay the premium, regardless of your health condition.

Okay. Before we examine the three main types of managed-care plans, let me summarize the features and benefits of an indemnity or fee-for-service plan for you.

Fee-For-Service Plan

- Offers freedom of choice among healthcare providers, such as doctors, hospitals, etc.
- Has deductible, usually $5,000 for an individual, and $10,000 for family.
- Has co-insurance, usually 20% (the insurance company pays 80%).
- Has out-of-pocket maximums, usually $3,000 for an individual, and $9,000 for family.
- Has lifetime maximum benefit.

Let’s talk about …

The Health Maintenance Organization (HMO)

HMOs are the oldest form of a managed-care plan. They’re prepaid health plans (similar to a fitness membership at a health club). To become a member, you pay a monthly premium. And, in return, the HMO provides extensive medical care for you and your family members, including emergency care, surgery, hospital stays, prescription drugs, lab tests, x-rays, therapy, as well as preventive care like doctor’s visits, immunizations, mammograms, physicals, and so on.

The types of service covered by an HMO vary from one HMO to another. So, if you presently belong to an HMO, make sure to check with your policy to find out which services are covered.

While most HMO plans have no deductibles and no lifetime maximum benefit payments, you may be required to pay a co-payment for some services, such as $25 for a doctor’s visit or $500 for a hospital emergency room treatment.

Your HMO usually arranges for you to receive medical care from its **network** of healthcare providers. So, in most cases, if you choose a doctor or hospital that’s not a member of the network, then your insurance company usually doesn’t pay for your expenses.

That’s why it’s important for you to get permission from your insurance company before using a healthcare provider outside the network, unless it’s an emergency situation.

When you visit a doctor or hospital that belongs to the network, you usually don’t have to fill out any claims forms, which you normally would under an indemnity plan. Instead, you just present your membership card at the doctor’s office or hospital. But, unlike an indemnity plan, in an HMO, you usually have to wait longer for an appointment.

Depending on which HMO you join, the healthcare providers, such as doctors, may be located in an HMO building at one or more locations in your town or city.

Or, your HMO may hire independent groups of doctors, on contract, to take care of you and other HMO members. These are called individual practice associations (IPAs), consisting of private physicians in private offices who agree to serve the HMO members.

Regardless of which HMO you join, in almost every case, you have one doctor serving as your primary or regular doctor. You can choose him or her from a list of doctors who are members of your HMO plan.

This means, if your present family doctor doesn’t belong to your HMO plan, then you’ll need to choose a new family doctor. (If you want to keep your present family doctor, then you may consider asking him or her to join your HMO plan. Who knows, maybe he or she may say, “yes”.)

Your primary care doctor looks after you and your family members by providing you with all of your healthcare needs and helping you make medical decisions. And, if you need to see a specialist, then he or she can refer you to one.

When you use a specialist who was referred by your primary doctor, then you usually have to pay a co-payment and your insurance company will pay for the rest of the bill. On the other hand, if you see a specialist who wasn't referred by your primary doctor, then you usually have to pay 100% of the cost.

Before deciding which HMO plan to join…

Here are 18 Questions to Ask a Potential HMO

1. How many doctors do I get to choose from?
2. Are the doctors, hospitals, and other facilities located close to where I live and work?
3. How long do I usually have to wait for an appointment?
4. Which doctors are accepting new patients?
5. How easy is it for me to change doctors?
6. How are referrals to a specialist handled?
7. How does the HMO handle emergency care?
8. What preventive services does the HMO offer?
9. What limits does the HMO place on surgery, medical tests, mental healthcare, home care, and so on?
10. Can I use special services not provided by the HMO and what are the limitations?
11. How does the plan handle care when I'm away from home?
12. Is the plan non-cancelable?
13. What are the monthly and yearly premiums?
14. What are the co-payments for common medical services like doctor's visits, prescription drugs, emergency care, and so on?
15. If I use doctors outside the plan's network, how much more will I have to pay? Does this amount vary by the type of doctor, service, or health facility used?
16. How much deductible must I pay before the insurance payments begin? And, if there's a deductible, after I've met it, what parts of my medical costs are paid by the plan?
17. Are there any limits to how much I must pay in case of a major illness or serious accident?
18. Is there a limit on how much the plan will pay for my care in a year and over my lifetime?

As you can see, by asking a potential HMO these important questions before you join it, you'll avoid any misunderstandings that may arise after you've become a member. By the way, if you can think of other questions to ask an HMO, please do so.

Let's now talk about…

The Preferred Provider Organization (PPO)

The Preferred Provider Organization (PPO) is a combination of the traditional indemnity and an HMO plan.

Unlike an HMO, you're not limited to the number of doctors and hospitals to choose from. When you use these providers (which can be called "preferred" or "network" providers), then most of your medical bills are covered. But, unlike an HMO, a PPO pays for a healthcare provider who isn't part of the network, but you have to pay a deductible and a higher co-payment, and or higher co-insurance.

The deductible prices vary for in-network and out-of-network care. The co-payment is usually $25 for each visit or 10-20% of the charges for the providers who are part of the network, and usually about 30% of the charges for the ones who are outside the network.

A PPO usually limits the amount of your yearly out-of-pocket costs (for your deductible and co-insurance).

Not similar to an HMO plan, you do not need to choose your primary family doctor under a PPO plan. But, if you don't want to change your present family doctor who's not in-network, then you can still join a PPO plan and still get part of his medical bill paid for.

The premium for a PPO plan is usually lower than that of an HMO plan, and in Texas very few companies offer HMOs, and we don't recommend them because they are expensive, and <u>they are usually offered only to groups</u>.

Before you decide to join a PPO, ask them the 18 questions that you would ask an HMO, plus these:

1. What is the co-payment or co-insurance rate for in-network and out-of-network providers?
2. What are the deductibles for in-network and out-of-network providers?
3. What are my yearly and lifetime maximum out-of-pocket payments for in-network and out-of-network providers?

Next, we'll examine the third type of managed-care plans…

The Point-of-Service Plan

A POS is a combination of an HMO and a PPO. If you use a healthcare provider within the network, then it works like an HMO in which you pay no deductible and only a small co-payment.

On the other hand, if you use a healthcare provider outside your plan's network, then it works like a PPO, in which you pay a deductible and a larger co-payment. The deductible for a POS is slightly higher than for a PPO, varying by plan, but the co-payment is about the same of a PPO.

A POS usually limits the amount of your yearly out-of-pocket costs for out-of-network expenses to $2000 for an individual and $5000 for the family.

Just as the premium for a PPO plan is usually higher than that of an HMO plan, the premium for a POS plan is higher than that for a PPO plan.

Again, before you decide to join a POS, ask them the 18 questions that you would ask an HMO, plus the 3 additional questions that you would ask a PPO, and any other important questions that you feel are important.

All right, now we'll talk about…

Government-Aided Healthcare Programs

The two government-aided healthcare programs are:

1. Medicare
2. Medicaid

Although they may sound familiar, they're not the same. Let's look at each one in more detail.

Medicare

This is a federal healthcare program for people age 65 and older, for some disabled people, and for people with advanced kidney disease.
Medicare has two parts: Part A and Part B. Part A is hospital insurance, covering you for most hospital-related expenses. Part B is supplementary medical insurance, covering you for physician fees and related expenses.

If you're eligible for Medicare, then the premium for Part A, which is funded totally through a payroll tax, is **free**. And, for a premium, you can enroll in Part B.

While Medicare pays for about 80% of many of your healthcare costs, it doesn't cover prescription drugs, for which you will need to buy Part D.

In short, Medicare doesn't pay for any medical expense that is considered routine care, but will pay about 90% of the cost of treatment for diagnosed medical conditions.

For this reason, you may consider buying private insurance, called a 'Medicare Supplement' policy, to pay the medical expenses that Medicare doesn't cover, as well as the Medicare's deductible and co-payment.

For more information on the Medicare program, refer to the Medicare handbook. You can get a free copy by writing to:

Guaranteed Health & Annuity
7457 Harwin, Ste. 394
Houston, TX 77036
(713) 975-6500

Medicaid

This health insurance program is run jointly by the federal government and the states. It provides health coverage to low-income families (especially ones with children and pregnant women), and disabled people.

For more information on the Medicaid program, refer to the Medicaid Fact Sheet. You can get a free copy by writing to:

Health Care Financing Administration, Publications, N1-26-27,
7500 Security Blvd
Baltimore, MD 21244-1850

Or, if you want specifics on Medicaid eligibility and the health services offered, then contact your State Medicaid Program Office.

Okay. Now that you know the different types of health insurance plans available to you, let's discuss…

The Two Main Ways to Get Health Insurance Protection

1. Through your employer's group health insurance plan.
2. Through an individual health insurance plan.

Like some people, you presently may have a health insurance policy through your employer (or your spouse's employer).

If so, that's great. You're very lucky. Many people simply don't have this privilege.

Your employer may offer you only one health insurance plan or a choice of several plans, such as a health maintenance organization (HMO), a preferred provider organization (PPO), or a point-of-service (POS) plan.

While the employers that have less than 25 workers aren't required by federal law to offer their employees any health insurance plans, many of them do so as an added-value for their staff. And, if you're really lucky, then your employer may even pay 100% of your premiums.

Group plans are more expensive than individual plans, but many of them also let you choose from a range of services. Also, you're automatically eligible for coverage and can't be dropped or charged more because you have more claims than other members.

If your employer has a group health insurance plan and you haven't joined, then I suggest you do so right away, especially now that you understand the importance of having health insurance protection for your family.

Let me now explain…

Why You Need More Health Insurance Even If You Already Have it Through Work!

By the way, if you presently have a group health insurance policy through your employer (or your spouse's), even after you've quit your job, you're still able to keep the same policy for a while, provided you agree to pay for the full premium yourself.

That's right, a federal law, called **COBRA** (the Consolidated Omnibus Budget Reconciliation Act of 1985) makes it possible for you to keep your group health insurance policy after you leave your job, are laid off, or are fired (unless the reason is gross misconduct). Only large and medium-sized companies offer a COBRA plan.

As long as you're willing to pay the full premium of the policy, you **can't** be turned down because of bad health. You'll get the same coverage you had for up to 18 months after you become eligible for **COBRA**. And, if you have dependents that were on your plan, then they'll be covered for up to 36 months.

Under **COBRA**, you'll also be able to get insurance coverage if you were on your spouse's group health plan… but now you're widowed or divorced. Or, if you were covered under your parents' group plan while you were in school, then you also can keep the plan for up to 18 months (until you find a job that offers you your own group health plan).

Well, like many people, perhaps you aren't fortunate enough to join a group health insurance plan or if your present group plan doesn't cover your family adequately, then you can buy an individual policy.

Unfortunately, unlike buying a piece of furniture or an appliance, buying the right health insurance plan for your family can be quite challenging.

Without examining your situation in detail, it's difficult for me to tell you which type of health insurance is the best for you. So, at the end of this report, you'll discover how to get a **free**, *No-Risk and No-Obligation Health Insurance Analysis*, which will let you know which type of insurance is best for your family.

Right now, let's talk about…

How to Choose the Right Insurance Company

Earlier, I shared with you many important questions for you to ask a potential insurance company before buying a health insurance policy from them. As important as these questions are, the most important factor in buying a policy may be choosing the right insurance company.

When some people shop for health insurance, they usually just look for an insurance company that offers them the lowest price. They fail to check whether that company is financially secure and pays their claims on time. When you file a claim, you want to get the right amount of money from your insurance company quickly, and with as little hassle as possible.

So, when choosing an insurance company, make sure to check for their claim payment history as well as what they charge. Also, choose a company that has strong financial strength and will be there when you need them.

Organizations, such as A.M. Best, Moody's, Standard & Poor's, Weiss, and Duff & Phelps rate the financial strength and claims paying ability of insurance companies. At a minimum, a qualified insurance company should receive better-than-average ratings from these rating organizations. You can find their publications in your local library or on the internet.

Congratulations for reading this special report from beginning to end.

By doing so, you've taken a gigantic step toward protecting your family's assets, dreams and future against unexpected horrendous medical expenses. Also, when you have the right health insurance protection, if you or a loved one should get into a serious accident or major illness, then you'll have the money to pay for the necessary medical care.

The next step is for you to arrange for your **free**, *No-Risk and No-Obligation Health Insurance Analysis.*

With the Health Insurance Analysis, within 33 minutes, you'll find out what kind of health insurance will give your family the most protection, and at the best price.

Also, if you presently have a health insurance policy, then you'll discover whether it's giving you the right protection for your family.

To get your **free**, *No-Risk and No-Obligation Health Insurance Analysis*, call us at (713) 975-6500. Or, if you prefer, fill out the Request Certificate, located on the last page, and fax it to (713) 975-6300 or mail it to us at 7457 Harwin Ste. 394; Houston, TX 77036. And after we've received your request, we'll get back to you within 48 hours to set up a time for us to meet.

Let me assure you, during our meeting, you won't be asked to buy anything. It isn't important for us to do business now, or even in the future.

The purpose of the **free**, *No-Risk and No-Obligation Business Insurance Analysis* is for me to share some important ideas and information with you. This way, you'll be able to learn how to best protect your family's and your business dreams. And, if it works out that we can help you… great! We'd love to.

But, if we find you have a better buy, are adequately covered, or can improve your coverage by making a few changes with your current insurance company, we'll let you know. There's absolutely no obligation on your part, whatsoever.

Warmest regards,

Arif Rahim
"Your Dream Protector"

P.S. By the way, if you want to give a copy of this special report to a family member, friend, or co-worker, please call us at (713)975-6500.

P.P.S. Even if you think you already have the right insurance protection for your family or business, getting an all important professional second opinion to confirm your good judgment will give you even more peace of mind. So, arrange for your **free**, *No-Risk and No-Obligation Business Insurance Analysis* today! Fill out the Request Certificate, located on the next page, and fax or mail it to us right away. You'll be glad you did.

Your *No- Risk and No-Obligation Health Insurance Analysis* Request Certificate

☐ **Yes!** I want to get together with you to make sure I have the right health insurance protection for my family. I understand, during our meeting, I **won't** be asked to buy anything, and there will be no pressure whatsoever. The purpose of our meeting is simply for you to share some important ideas and information with me.

Name: ____
Street Address: ____
City: __________________________ State: _________ Zip Code: ________
Phone: (___)_____________ Fax: (___)______________ E-mail: _____________________
The best day and time to reach me is: Day: _________________ Time: _______________

Do you have a health insurance policy right now?
☐ Yes ☐ No
☐ Group ☐ Individual
If yes, what is your monthly or yearly premium? Monthly: $__________ Yearly: $_________

To learn how you can protect your family's dreams in case you die unexpectedly, ask for your **free** copy of the special report titled "*How to Make Sure Your Spouse and Children **Don't** Have to Suffer Financial Hardships in Case You Die Prematurely!*"
☐ Yes ☐ No

Comments:
____
____

To get your **free**, *No-Risk and No-Obligation Business Insurance Analysis…*

1. Fax this certificate to (713) 975-6300 or…
2. Call (713) 975-6500 and ask for your **free** packet.
3. Mail this in to:

Guaranteed Health & Annuity, Inc.
7457 Harwin, Ste. 394
Houston, TX 77036
Phone: (713) 975-6500, Fax: (713) 975-6300, on the web: www.netinsurancequote.com