

Applying for another STM plan

When your plan expires, you may be eligible for another plan depending on how long you have been covered by Short Term Medical plans. Short Term Medical is temporary coverage, so plans cannot be renewed like permanent insurance. If you are issued a new Short Term Medical plan, the new plan will not provide benefits for any conditions or symptoms that existed during the previous plan.

Keep in mind that short-term plans are not meant to be a substitute for permanent health insurance coverage. An Assurant Health individual medical plan may be a better option.

Eligibility

To be considered for coverage, each person must be between the age of 30 days and 64 years, 11 months. To be considered dependents your child(ren) must be younger than 25 regardless of student status.

Extended protection

If you become injured or ill while your plan is in force

- your benefits may be extended at no additional cost for up to 12 months* if you are hospitalized.
- you can receive up to \$1,000 in benefits at no additional cost for up to 60 days if you have a nondisabling condition.

* With the 12 month plan (181-360 days), coverage continues beyond the policy period for up to 90 days if you are totally hospitalized — at no additional cost.

Pre-existing conditions

Short Term Medical plans provide coverage for unexpected illnesses and injuries, meaning they do not cover pre-existing conditions. A pre-existing condition is a disease, illness, condition or an injury and related complications:

- For which medical advice, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed within the 5-year period immediately preceding the Insured's effective date of coverage; or
- That produced signs or symptoms within the 5-year period immediately preceding the insured's effective date of coverage which would have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

Premium refunds

If you aren't completely satisfied with your Short Term Medical plan, simply call and cancel coverage within 10 days of delivery and receive a premium refund, no questions asked. The one-time application fee is not refundable.

Exclusions

- Sickness or injury caused or aggravated by suicide, attempted suicide or self-inflicted sickness or injury, even if you did not intend to cause the harm which resulted from the action which led to the self-inflicted sickness or injury. This exclusion applies whether you were sane or insane at the time of the suicide, attempted suicide or self-inflicted sickness or injury.
- Sickness or injury to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or third party medical coverage under any automobile or no fault insurance.
- Sickness or injury eligible for benefits under worker's compensation, employers' liability or similar laws even when you do not file a claim for benefits.
- Treatment of sickness or injury caused by or contributed to by:
 - War or any act of war; or
 - Participation in the military service of any country. Any premium paid for a time not covered will be returned pro-rata.
- Charges for dental care, including dental braces and dental appliances unless a hospital stay is required due to injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient hospital care must be the least expensive setting needed to produce a professionally adequate result and the hospital charges only are covered expense. The treatment must be received while the policy is in force.
- Charges for:
 - Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
 - Preventive treatment including, but not limited to, routine physical exams and immunizations, unless otherwise noted as a covered expense in this policy or a rider to this policy.
 - Treatment, services or supplies to address: Smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement, except for treatment of Acquired Brain Injury as covered in the Benefits section of this policy.
 - Weight reduction or weight control programs or treatment; or surgery for weight control, obesity or morbid obesity; or any type of gastric bypass surgery.
 - Therapy or treatment for learning disorders or disabilities or developmental delays, unless otherwise noted as a covered expense in this policy or a rider to this policy.

Exclusions *continued*

- Custodial care; respite care; rest care; or supportive care.
- Private duty nursing services rendered during Hospital confinement; or standby health care practitioners.
- Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, and case management fees.
- Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising therefrom, except as provided in the Benefits section.
- Treatment of mental illness or substance abuse, whether chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, unless otherwise noted as a covered expense in this policy or a rider to this policy.
- Treatment or services rendered by, or supplies purchased from, a member of your immediate family or an employer.
- Treatment or services required due to accidental injury sustained in operating a motor vehicle while the insured's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the injury occurred. This exclusion applies whether or not the injury occurred in connection with an incident involving the operation of a motor vehicle, and whether or not the insured is charged with any violation in connection with the accident.
- Treatment or services required due to injury sustained while participating in any inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition.
- Expense incurred due to sickness or injury of which a contributing cause was the insured's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the insured's being under the influence of illegal narcotics or non-prescribed controlled substances.
- Expenses incurred outside of the United States or its possessions or Canada.
- Charges that are incurred for experimental or investigational treatment; in excess of the reasonable and customary amount; not medically necessary.
- Transplants, except as covered in the Benefits section.
- Charges for foot conditions, including, but not limited to: Care of corns; bunions, except capsular or bone surgery; calluses; toenails; and foot supportive devices, including orthotics and corrective shoes.
- Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Drugs prescribed for treatment of a sickness or an injury that is not covered under this policy.
- Charges for reproductive or sexual treatment including, but not limited to: normal pregnancy or childbirth; routine well baby care, including hospital nursery charges at birth; abortion, except as otherwise covered in the complications of pregnancy provision in the benefits section; infertility diagnosis and treatment for males and females including, but not limited to, drugs and medications, artificial insemination, in-vitro fertilization and reversal of sterilization; sterilization and drugs or devices used directly or indirectly to promote or prevent conception; genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing; and treatment of sexual dysfunction or inadequacy.

Short Term Medical and Health Care Reform

Short-term, limited duration plans are not subject to certain provisions of Federal health care reform, including the provisions related to lifetime limits, dependent coverage, preventive care, and pre-existing conditions. The pre-existing condition exclusion for Short Term Medical plans will apply for all insureds, including those under the age of 19.

Know your plan — Short Term Medical plans offer affordable major medical coverage, but are underwritten and do not provide Minimum Essential Coverage. What does this mean for you?

- You may need to pay a tax penalty depending upon your income level and the cost of plans available.
- This plan is an affordable option because it is underwritten. Examples of the benefits STM plans do not cover are preventive care, maternity, mental health and benefits for ongoing medical conditions diagnosed prior to your plan.