



Individual & Family **SHORT TERM MEDICAL INSURANCE**

- *Protects you while you're between health plans.*

Have a little down time after college or before you start a new job?

If you find yourself between health plans, there's no need to tiptoe around.

Enjoy the break, knowing we'll help protect you when no one else does.





Individual & Family SHORT TERM MEDICAL INSURANCE

Life's full of transitions. Whether you're moving cross-country, are between jobs or just entering the workforce, you don't have to put your life on hold because you don't have health insurance. For less than the cost of your daily espresso, you can take comfort knowing you'll have coverage in case something goes wrong with your health.

HOW IT WORKS

Short Term Medical Insurance bridges the gap when you're between health plans.

1

Temporary time out

You're starting a catering business in your cousin's kitchen. You've graduated from your parents' health plan. Or maybe you've landed a full-time job with a big-time waiting period for health benefits. Whatever the reason, if you need temporary medical insurance, we can help.

2

Plug the gap

Buying Short Term Medical Insurance is quick, cheap and easy. Simply visit our website to get protection within 24 hours, or talk to your insurance producer to request an application. Just choose deductible and coinsurance amounts, plus the length of time you'd like to be covered—from 30 to 185 days.

3

Breathe a little easier

The coverage works like a major medical plan if an illness or accident sends you to the doctor or hospital.

**Need temporary medical insurance?
Talk to your insurance producer or call
LifeMap Assurance Company™.**

New policies: 1 (800) 320-2915

Service and support: 1 (800) 756-4105

WHY SHOULD YOU BUY IT?

Think of Short Term Medical Insurance as protection for the intervals of life.

- **Good and cheap**

Single folks and families can get first-rate coverage at a cut-rate price. For covered accidents or illnesses, you can see the doctor of your choice anywhere, at any time—no referrals needed.

- **Skip the wait**

With no lapse in coverage, you may be able to avoid a benefit waiting period when you find a new job.

- **Option to COBRA**

If you don't have any current health issues, Short Term Medical Insurance could be an affordable alternative to more expensive COBRA coverage. Short Term Medical Insurance doesn't cover preventive care, normal pregnancies or any pre-existing illnesses or injuries.

- **Accidental death benefits**

The plan includes a \$25,000 benefit for your loved ones if you die in an accident.



• **LifeMapCo.com**



LifeMap Assurance Company™
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P.O. Box 1271, MS E-3A
Portland, OR 97207-1271
(800) 756-4105

Short Term Medical Insurance for Utah Individuals and Families

This brochure is designed to give you a very brief description of the important features of the Policy. This is not the insurance contract and only the actual Policy provisions will govern. Please refer to the Policy for a detailed description of the rights and obligations of both you and LifeMap Assurance Company.

Short Term Medical Insurance

Short Term Medical Insurance is designed for people who have a temporary need for medical coverage and who are healthy. Short Term Medical Insurance gives you peace of mind by providing coverage for injuries and sudden-onset illnesses.

Short Term Medical Coverage is available from 30 to 185 Days

This Short Term Medical Policy is non-renewable.

Short Term Medical Insurance offers valuable medical protection on a short-term basis for people who are:

- ◆ Between jobs, laid off, or on strike.
- ◆ Waiting to be covered under a group medical plan.
- ◆ Waiting for issuance of an individual contract.
- ◆ Recent graduates.
- ◆ Starting a business.
- ◆ Taking time off from school.
- ◆ In need of temporary medical insurance.

SHORT TERM MEDICAL INSURANCE OUTLINE OF COVERAGE

Read The Policy Carefully

This outline of coverage provides a very brief description of the important features of the Policy. Please note that this outline is not intended to be a part of the insurance contract. Only the actual Policy provisions are final and binding. The Policy itself sets forth in detail your rights and obligations as well as those of the insurance company. **PLEASE READ THE POLICY CAREFULLY.**

Major Medical Expense Coverage

Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services and out-of-hospital care, subject to the deductibles, copayment provisions and other limitations set forth in the Policy.

Eligibility

You are eligible for this Policy if you and any family members who apply for coverage:

- ◆ Are under age 65 and will remain under age 65 for the term of the policy. Dependent children must be unmarried and under age 26.
- ◆ Are not eligible for Medicare Benefits and will not be eligible for Medicare Benefits for the duration of the Policy.
- ◆ Are not pregnant. If any member of your family is pregnant, you may not apply for coverage until the pregnancy concludes.
- ◆ Are not covered under any other hospital or medical plan.

Temporary Coverage

Short Term Medical Insurance is designed to provide medical coverage on a temporary basis to fill a temporary need. It cannot be renewed and is not intended to replace permanent coverage. However, if the temporary need continues, you may apply for one new policy within a 12-month period.

Important Note: There is no continuous coverage between policies. Any condition which may have existed or occurred under one policy will be a pre-existing condition under the subsequent policy, and therefore, will not be covered under the subsequent policy.

Choice of Providers

This Policy does not contract with a network of providers. This means you may visit the physician or hospital of your choice. You are not limited to any provider networks or out-of-area service restrictions.

How the Policy Works

You choose the term of coverage - a minimum of 30 days up to the maximum policy term of 185 days.

You select the deductible amount - \$500, \$1000, \$2500, \$5000 or \$7500 per member.

After the deductible is met, the policy pays the coinsurance amount you have selected - either 80% or 50% of the next \$10,000 - and then 100% of the balance of covered expenses. We will not pay any amount of expenses which exceed usual and customary or reasonable charges as defined in the policy.

The policy maximum is \$1,000,000 during the policy term per member.

Covered Expenses

Covered expenses are charges for services or supplies prescribed by a physician for treatment of an illness or injury covered by your policy. The charges must be incurred for medically necessary care while the policy is in effect. **A covered expense is incurred on the date a service is rendered or received and may not exceed the usual and customary or reasonable charge as defined by the policy.**

Subject to the exclusions, limitations and conditions described in the policy, the following services and supplies will be considered covered expenses:

- ◆ Hospital room, board, and general nursing care, limited to the hospital's average semi-private room charge, unless confined in a coronary or intensive care unit.
- ◆ Other hospital services including emergency room, outpatient and ambulatory surgical center charges.
- ◆ Skilled nursing facility room, board, and general nursing care, limited to the facility's average semi-private room charge, up to a maximum of 100 days (other limitations apply; see your policy for complete description of benefit).
- ◆ Physician services for diagnosis, treatment, and surgery.
- ◆ X-rays, radioactive treatment, and laboratory tests.
- ◆ Breast and pelvic exams, mammograms, and Pap smear exams (if such exams are related to an annual women's examination).
- ◆ Prostate cancer screening exams.
- ◆ Colorectal cancer screening exams.
- ◆ Anesthesia and oxygen and their administration.
- ◆ Private nursing care by R.N. or L.P.N. in the home (limitations apply).
- ◆ Licensed ambulance service, limited to two trips per illness or injury (other limitations apply; see your policy for complete description of benefit).
- ◆ Physical, occupational, speech and audiological therapy, up to 30 sessions (other limitations apply).
- ◆ Home health care (up to 40 visits) when prescribed by a physician and rendered by a licensed home health agency (see your policy for complete description of benefit).
- ◆ Rental (up to purchase price) of wheel chair, hospital type bed, or other durable medical equipment unique to medical care or treatment.
- ◆ Prosthetic and Orthotic Devices that are medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that are not solely for comfort or convenience.
- ◆ Blood and blood products, administration of blood, and blood processing.
- ◆ Drugs which require the written prescription of a physician (pre-existing limitations and deductibles apply).
- ◆ Non-prescription elemental enteral formula for home use if the formula is medically necessary for the treatment of severe intestinal malabsorption (see your policy for complete description of benefit).
- ◆ Organ transplants, including heart, kidney, liver and bone marrow transplants, up to a maximum of \$250,000 (other limitations apply; see your policy for complete description of benefit).
- ◆ Kidney disease.
- ◆ AIDS, including AIDS, AIDS Related Complex (ARC) or related immuno deficiency disorders.
- ◆ Casts, splints, crutches, orthopedic braces, colostomy bags, catheters, syringes, dressings, and initial contact lens following cataract surgery performed while covered under the policy.

Extension of Benefits While Hospitalized

If a member is confined to a hospital on the expiration date of this policy, that member's coverage under the policy will continue without payment of additional premium.

Coverage will continue:

1. until the date the member is discharged from the hospital; or
2. until the date on which the applicable benefit maximums are reached, whichever occurs first.

Limited Pregnancy Benefit

Covered expenses with respect to the pregnancy benefit are limited to services and supplies that are:

1. Provided in direct connection with the treatment of an involuntary complication of pregnancy; and
2. Incurred while the Member is insured under this Policy.

The term "involuntary complication of pregnancy" includes, but is not limited to:

- toxemia of pregnancy;
- ectopic pregnancy which is terminated;
- acute nephritis or pyelitis of pregnancy;
- puerperal infection;
- nephrosis;
- cardiac decompensation;
- eclampsia;
- pre-eclampsia;
- spontaneous termination of pregnancy when a viable birth is not possible; or
- non-elective cesarean section.

All other charges made in connection with pregnancy or childbirth are excluded.

Limited Alcoholism Benefit

The policy will consider services rendered by a facility or other provider licensed to treat alcoholism as covered expenses. Benefits for treatment of alcoholism are limited to a maximum of \$4,500 during the policy term.

Exclusions

The policy does not cover:

- ◆ **Pre-existing conditions** (see the definition below in the section titled "Pre-Existing Conditions").
- ◆ Illness or injury incurred in the course of any employment for wage or profit or for which benefits are available under Workers' Compensation or similar law.
- ◆ Illness or injury covered by Medicare.
- ◆ Hospital confinement for medical observation or diagnostic exams.
- ◆ Eye refractions and eyeglasses.
- ◆ Well baby care.
- ◆ Immunizations.
- ◆ Hearing tests and hearing aids.
- ◆ Routine physical exams, tests or screening procedures (certain exceptions apply).
- ◆ Treatment of drug abuse or drug addiction.

◆ **Exclusions** (*cont.*)

- ◆ Organ transplant or complications resulting from or related to an organ transplant, except as specifically provided in your policy.
- ◆ Treatment of intentional self-inflicted injury.
- ◆ Elective sterilization, family planning, birth control drugs or devices, artificial insemination, in vitro fertilization, diagnosis or treatment of infertility, reversal of sterilization, or genetic testing or counseling.
- ◆ Cosmetic surgery (certain exceptions apply).
- ◆ Services or supplies not reasonably intended for treatment of illness or injury or which are not medically necessary (as defined in your policy).
- ◆ Acupuncture, massage, or massage therapy.
- ◆ Private duty nursing for hospital or skilled nursing facility inpatients.
- ◆ Mental, emotional or nervous disorders, or counseling of any type, or treatment of learning disorders or disabilities.
- ◆ Any condition caused by or arising out of service in the armed forces of any country, or from war or any act of war, or from voluntary participation in a felony, riot, or insurrection.
- ◆ Sexual dysfunction or inadequacy, or sex change procedures and any resulting complications.
- ◆ Services provided by an immediate family member.
- ◆ Treatment for obesity or weight control, including surgery and any resulting complications.
- ◆ Charges incurred after your policy ends, except as stated in your policy (see section titled "Extension of Benefits While Hospitalized" for brief description).
- ◆ Charges which exceed usual and customary or reasonable (as defined in your policy).
- ◆ Services rendered by governmental agencies or facilities, except as provided by law.
- ◆ Dental exams, treatment, or orthodontics.
- ◆ Services or supplies to change the position of the bone of the upper or lower jaw (certain exceptions apply).
- ◆ Services or supplies that are experimental or investigational (see your policy for complete details).
- ◆ Confinement in a health facility for custodial or maintenance care, rest, or to change a patient's environment.
- ◆ Pregnancy or childbirth, except complications of pregnancy as stated in your policy.
- ◆ Treatment of alcoholism, except as stated in your policy.
- ◆ Charges which are reimbursed due to third party liability or motor vehicle coverage (see your policy for complete details).

Pre-Existing Conditions

There is no coverage for pre-existing conditions under this Policy. Pre-existing condition means an illness or injury for which a Member received any medical diagnosis, advice, treatment, service and supply or drug prescription during the 2 year period immediately preceding the Effective Date of the Policy. A condition is also considered pre-existing if, during the 2 year period immediately preceding the Effective Date of the Policy, symptoms existed which would cause a prudent person to seek diagnosis, advice, care, or treatment.

Accidental Death Benefit

How This Benefit Works

We will pay the benefit shown below if all of the following conditions are met:

1. The member's death results from an accidental bodily injury (as defined in your policy):
2. The accidental bodily injury occurs while insured under the policy; and
3. The death occurs within 365 days after the date of the accidental bodily injury.

Once satisfactory proof of death by accidental bodily injury has been submitted, we will provide the following benefit:

For the Primary Insured (age 18 or older)	\$25,000
For the Covered Spouse	\$25,000
For the Covered Dependent Child (and Primary Insured under age 18)	\$ 5,000

Exclusions

The policy does not cover accidental death resulting from injury caused by, or occurring as the result of:

- ◆ Suicide, intentionally self-inflicted injury, or any attempt to injure oneself, while sane or insane;
- ◆ Voluntary participation in a violent disorder, riot or insurrection;
- ◆ War or any act of war, whether declared or undeclared;
- ◆ Injury suffered while serving in the armed forces of any country;
- ◆ Committing or attempting to commit an assault or felony;
- ◆ Any illness or pregnancy existing at the time of the accident;
- ◆ Voluntary use or consumption of any poison, chemical compound or drug, except a prescription drug used or consumed in accordance with the directions of the prescribing physician;
- ◆ Heart attack (including but not limited to myocardial infarction) or stroke (including but not limited to cerebral infarction);
- ◆ Diagnostic test, medical or surgical treatment; or
- ◆ Bodily infirmity or disease from bacterial or viral infections, other than infection caused from an injury sustained while insured under this benefit.

How to Apply for Short Term Medical Insurance

Please refer to the eligibility section of this brochure to be sure you meet the eligibility requirements.

- ◆ Complete the application in full. Missing information may cause your effective date to be delayed. If you have more than four children, please attach a separate list.
- ◆ Select the Policy Term (the number of days this Policy will be in effect). The minimum term is 30 days; the maximum term is 185 days.
- ◆ Calculate the premium for the Policy Term, coinsurance, and deductible amount you select. (Refer to the following rate calculation pages.) Unless an adult is included in the Policy, each child will require his or her own individual Policy.
- ◆ If applying by mail, payment must be made for the full Policy Term and policy fee. If the payment received is inadequate, the policy term (the number of days the policy will be in effect) will be shortened.
- ◆ You may also apply online at www.LifeMapCo.com. If you applying online you may choose to pay in full or you may elect to authorize automatic monthly credit card payments or automatic monthly electronic check payments.
- ◆ A grace period will apply to payment of premiums (except the initial premium). This grace period means that if you pay your premiums within 15 days after they are due, your coverage remains continuously in force. If you do not, your coverage is terminated and the termination date will be revised to coincide with the amount of coverage provided by the amount of premium received.
- ◆ This policy does not terminate if you become covered by a group or other insurance plan during the Policy Term.
- ◆ Sign and return to us the application and the "Authorization for Use and Disclosure of Protected Health Information".
- ◆ If your application is approved, the policy effective date will be 12:01 a.m. on the **later** of the day after online application is submitted, the date you request, or the day after the postmark date stamped on the application envelope. If there is no postmark, the Policy Effective Date is the later of the date the application is received by us or the date you requested.
- ◆ If you answered "Yes" to any of the questions numbered 1 through 4 on the application, **this policy cannot be issued.**
- ◆ If you have any questions please call 1 (800) 756-4105.
- ◆ Send the application, the authorization and your check or money order for the full payment amount (made payable to LifeMap Assurance Company) to:

LifeMap Assurance Company
P.O. Box 1271, MS E-3A
Portland, OR 97207-1271
- ◆ Keep this brochure for your records.

Refunds

If you are not satisfied with our Short Term Medical Insurance Policy, you may return the policy within 10 days of delivery for a full refund of premium. After that time, if you, or your estate or other entity cancels this coverage, only the pro rata portion of the unused premium will be refunded.

Please note: The Policy fee of \$20 is non-refundable.

Please read your Policy carefully and keep it available for future reference.